KERN COUNTY MENTAL HEALTH

Mental Health Services Act

Annual Update

Fiscal Year 2015-2016

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WELCOME MESSAGE

Message from the Director

Welcome to the Kern County Mental Health (KCMH) Department's Mental Health Services Act (MHSA) Fiscal Year (FY) 2015/2016 Annual Update. Welfare and Institutions Code, Section (WIC) 5847 states that county mental health programs shall prepare and submit a Three Year Program and Expenditure Plan followed by Annual Updates for Mental Health Services Act (MHSA) programs and expenditures. Since the inception in 2005, MHSA funded programs have provided a wide variety of mental health services to promote wellness, resilience and recovery, incorporating the values of cultural competence, community-based collaboration, diversity and inclusion in all aspects of program planning and service delivery. This Annual Update is an opportunity for the Department to highlight progress made during the previous fiscal year, engage the community in a meaningful stakeholder process, and update the Plan.

It is my hope that you find the Annual Update informative and reflective of the progress being made toward prevention, health education, and outreach programs to promote wellness in our community. You can review each program update to assess how MHSA funds are being used to meet the needs of specific target populations, including system development, community services and supports, prevention and early intervention and other types of programs.

A critical component of MHSA is the stakeholder feedback process, so please take time to review and provide feedback on this Annual Update. Your feedback and recommendations are vital to the process of making our programs more inclusive and respectful of cultural diversity.

Bill Walker, LMFT
Director
Kern County Mental Health

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Background

In November 2004, California voters passed Proposition 63, which imposed a 1% tax on adjusted annual income over $1,000,000 to adopt the Mental Health Services Act (MHSA) (effective January 1, 2005). According to the MHSA, the intent of the funding is "to reduce the long term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness…" In addition, local mental health delivery systems have been charged to "create a state-of-the-art, culturally competent system that promotes recovery/wellness for adults and older adults with serious mental illness and resilience for children and youth with serious emotional disorders and their families." The MHSA identifies five (5) primary program components for funding that are locally developed via a Community Program Planning (CPP) process that is now integrated into a Three-Year Program and Expenditures Plan (Plan).

An update to the Plan, such as this document, is required on an annual basis. The components include:

- Prevention and Early Intervention
- Community Services and Support
- Innovation
- Workforce Education and Training
- Capital Facilities (buildings and housing) and Technology Needs

Summary

Kern County Mental Health respectfully submits the annual update of its Mental Health Services Act Fiscal Year 2014-2017 Three Year Program and Expenditure Plan as prescribed by the California Welfare and Institutions Code Section (WIC) Section 5847. This Three Year Plan was adopted by the Kern County Board of Supervisors on June 24, 2014 and submitted to the Mental Health Services Oversight and Accountability Commission within 30 days of their adoption. The Kern County Behavioral Health Board, appointed by the Board of Supervisors, conducted a public hearing on October 26, 2015 at the close of the 30 day comment period.

This annual update addresses each MHSA component. It includes detailed information about Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Innovative Programs (INN) and Capital Facilities and Technology Needs (CFTN).

This Plan was developed with local stakeholders including adults and seniors with severe mental illness; families of children, adults and seniors with severe mental illness; service providers; law enforcement agencies; education; social service agencies; veterans and veteran associations; alcohol and drug service providers; health care organizations, and the general public. Stakeholders reflected the diversity of the demographics of the county and unserved and/or underserved populations.

The Kern MHSA update process built on previous stakeholder planning processes from Fiscal Year 2005-2006 to the present. This process includes many focus groups, individual surveys, and discussion of evaluation and planning in administrative and program implementation meetings within program teams, local Behavioral Health Board committees, consumer and family advocacy groups such as the National Alliance on Mental Illness (NAMI) and the Consumer Family Learning Center steering committee, partner agencies, and community service collaboratives.

Meeting participants included a group of individuals that reflect the diversity of Kern County, as well as historically underserved populations. Group participants were transition age youth, older adults, the Latino Spanish-speaking community, and residents from rural geographical areas of the county. Also included were those with severe mental illness, family members, mental health and substance use disorder treatment providers, law enforcement representatives, public and private community service providers, and faith-based organizations.

Community Services and Supports (CSS) programs represent the largest component of Kern County's Mental Health Services Act (MHSA) supported programs. They are designed to meet the intention of the Act to transform the publicly funded mental health system to provide appropriate, integrated and timely services for all who need them.

Prevention and Early Intervention (PEI) projects are the second largest component. These programs are built upon a broad philosophy where early identification becomes universal and interventions are targeted to ameliorate potential problems in settings most common for the general public. These settings include schools, primary care health centers, and in the homes of isolated older adults.

By definition, "innovative projects" are an opportunity for publicly funded mental health systems to conduct research and development in a variety of approaches, settings, and practice. These projects should be anchored in the following conceptual framework:

- Will they increase access to underserved populations?
- Will they improve the quality of services and produce better outcomes?
- Will they promote collaboration?
- Will they increase overall access to appropriate services?
- Will they transform the publicly funded mental health system?
- Will they increase the role of peers and their families?

Consumers and families have been articulating future innovative projects for consideration in years two and three of the Three-Year Plan. Some of these projects include:

- Transitional/Damp (sobering) Housing for Co-occurring Individuals
- CSOC, Co-occurring Treatment
- Transportation Assistance
- 911 Special Needs Registry
- Recovery Stations
- Therapy Drop-in Center
- Digital Mental Health Program for Patients and Providers
- Peer-run Medication Visit Preparation: Common Ground

Some of these projects are in varying degrees of literature search, planning stages, and evaluation designs. Kern County plans to finalize with meaningful stakeholder involvement, especially with peers and family members, any new projects which are to be determined.

The State has provided Kern County's MHSA allocation estimate for the 2014-15 through 2016-17 fiscal years. The 2015-16 allocation is estimated to be $29.6 million. In addition, funds unspent from prior fiscal years after any potential reversion amounts continues to be appropriated to cover future costs that exceed each yearly estimated allocation.

EXHIBIT A:

MHSA COUNTY COMPLIANCE CERTIFICATION

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: KERN COUNTY

☐ Three-Year Program and Expenditure Plan

X Annual Update

Local Mental Health Director	Program Lead
Name: Bill Walker, LMFT	Name: Bradley Cloud, PsyD
Telephone Number: 661-868-6609	Telephone Number: 661-868-6622
E-mail: bwalker@co.kern.ca.us	E-mail: bcloud@co.kern.ca.us
Local Mental Health Mailing Address: Kern County Mental Health 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 December 8, 2015.

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
Local Mental Health Director (PRINT)

Signature

11/4/15
Date

EXHIBIT B:

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Kern

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Bill Walker, LMFT	Name: Mary B. Bedard, CPA
Telephone Number: (661) 868-6609	Telephone Number: (661) 868-3599
E-mail: bwalker@co.kern.ca.us	E-mail: mbedard@co.kern.ca.us
Local Mental Health Mailing Address: 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 7/2/15
Date

I hereby certify that for the fiscal year ended June 30, 2015, 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 12/23/14 for the fiscal year ended June 30, 2014. I further certify that for the fiscal year ended June 30, 2015, 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 7-1-15
Date

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

COUNTY DEMOGRAPHICS

County Demographics

Kern County continues to be a major oil-producer, and is consistently ranked in the top counties for agricultural production in the entire nation. Largely rural and undeveloped, the county features a varied topography with natural attractions ranging from dry deserts to high, forested mountains. The city of Bakersfield remains the urbanized, metropolitan centerpiece in the county with several smaller communities in the outlying areas. Located in the southern San Joaquin Valley just to the north of Los Angeles, Kern County is a vibrant, diverse, and rapidly growing community with an ethnically mixed demographic. Although the county has higher rates of unemployment than the state as a whole, it has also seen steady economic and job growth, with the potential for even greater improvement in the future.

Population growth remains high in Kern County, bolstered by a young population, growing job opportunities, and affordable home prices. According to the California Economic Forecast report, Kern will continue to attract new residents over the forecast horizon and the growth of population will modestly accelerate. By 2018, the total population will reach 943,800 individuals. And over the 2013-2018 periods, Kern County will gain more than 76,800 new residents – an annual average increase of 2%!

Population Demographics

Bakersfield and its surrounding unincorporated area have a population of 367,315 people, which is approximately 42 percent of the county's total population of 873,092 (2015 Census, U.S. Census Bureau). 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. In 2010, the median age in Kern County was 30.7 years old with 122,046 individuals in the 25-34 age range—about 15 percent of the total population. Children under 10 also make up a substantial portion of the population, approximately 17 percent at 141,579.

Estimated Population Growth

Year	Bakersfield	Kern County
2020	437,800	1,010,800
2025	462,025	1,153,100
2030	541,600	1,208,200
2035	609,600	1,321,000
2040	719,500	1,444,100

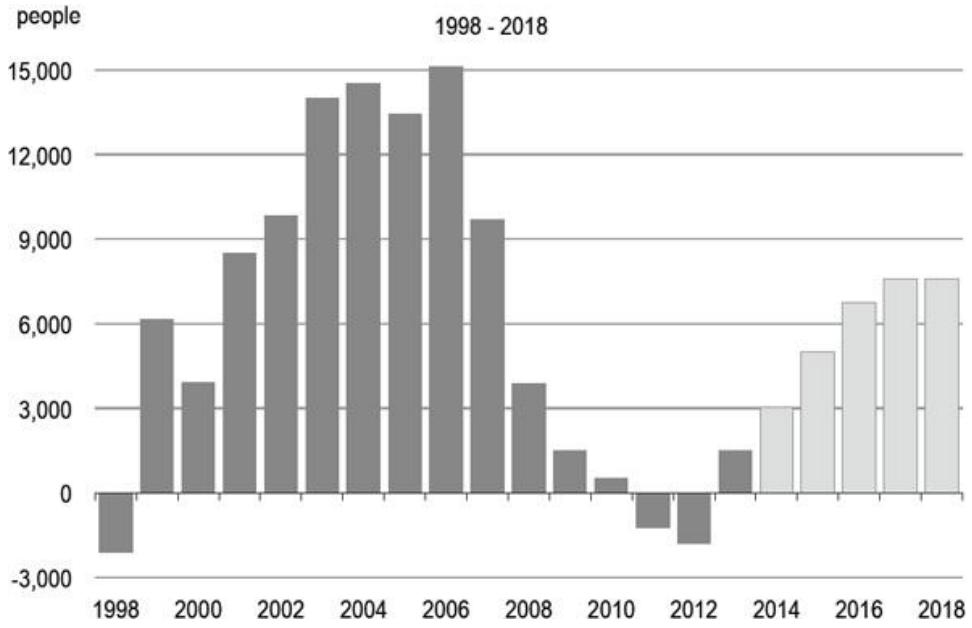
Kern County Population Breakdown

Ethnicity	Percentage of Population
Hispanic or Latina Origin	49.8%
White, not Hispanic	37.9%
Black	5.3%
Asian	4.1%
Two or more races	2.0%
American Indian and Alaska Native	0.7%
Native Hawaiian and Pacific Islander persons	0.1%
Gender	
Female	48.5%
Male	51.5%
Age	
0-14	25.0%
15-39	37.3%
40-64	28.4%
65+	9.3%

Source: U.S Census Bureau, 2013 American Community Survey (5-year estimates)

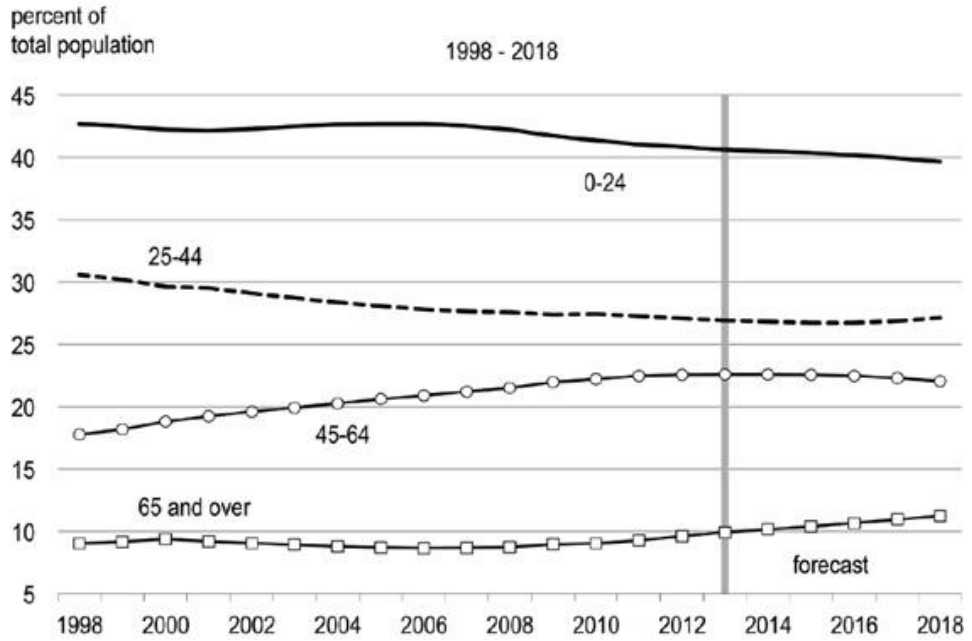
Net Migration

Net in-migration is forecast to accelerate over the next 5 years, as more jobs are created in the farm, professional services, healthcare, retail, and construction sectors. From 2014 to 2018, the population gain from net in-migration is forecast at just under 30,000.



Population by Age

Kern County has a relatively young population, but over the forecast period, the older cohorts will become more prevalent. In particular, the 65-and-over group will account for a larger share of the total population, while the 24-and-under segment will account for a smaller share.



Employment Statistics

Kern County is experiencing higher rates of unemployment than the rest of California as well as the United States as a whole. According to the Employment Development Department, the unemployment rate for May 2015 in Kern County was 10.0%, down from a revised 10.3 percent in April 2015, and below the 2014 rate of 10.1%. This compares with an unadjusted unemployment rate of 6.2 percent for California and 5.3 percent for the nation during the same period.

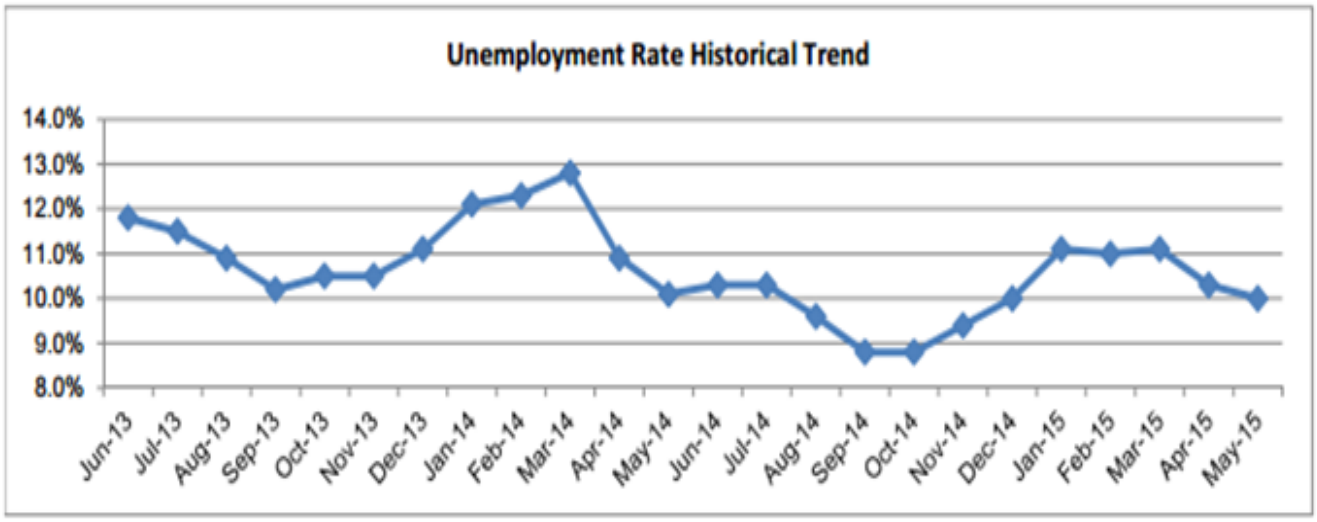
Labor Force: 390,900

No. of Employed: 351,300

No. of Unemployed: 39,600

Unemployment Rate: 10.0%

May 2015 Unemployment Rate Historical Trends



Industry	Apr-2015 Revised	May-2015 Prelim	Change		May-2014	May-2015 Prelim	Change
Total, All Industries	310,500	322,200	11,700		321,300	322,200	900
Total Farm	51,000	62,300	11,300		64,000	62,300	(1,700)
Total Nonfarm	259,500	259,900	400		257,300	259,900	2,600
Mining and Logging	10,900	10,700	(200)		13,100	10,700	(2,400)
Construction	17,200	17,100	(100)		18,200	17,100	(1,100)
Manufacturing	14,600	14,400	(200)		14,400	14,400	0
Trade, Transportation & Utilities	51,100	51,100	0		49,200	51,100	1,900
Information	2,400	2,400	0		2,400	2,400	0
Financial Activities	8,600	8,600	0		8,800	8,600	(200)
Professional & Business Services	24,900	25,200	300		25,600	25,200	(400)
Educational & Health Services	33,600	33,300	(300)		32,700	33,300	600
Leisure & Hospitality	26,000	26,200	200		24,300	26,200	1,900
Other Services	8,100	8,200	100		7,900	8,200	300
Government	62,100	62,700	600		60,700	62,700	2,000

Notes: Data not adjusted for seasonality. Data may not add due to rounding
Labor force data are revised month to month
Additional data are available on line at www.labormarketinfo.edd.ca.gov

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 authority which is specifically conferred by law. Kern County's Board of Supervisors oversees 37

departments, with a staff of almost 7,500 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 in order to meet the needs of its residents.

Countywide services include:

- Jails and Juvenile Detention Facilities
- Environmental Health
- Law Enforcement (Sheriff)
- Waste Disposal
- Fire Protection
- Child Protection and Social Services
- Criminal Justice
- Public Assistance
- District Attorney
- Agricultural Commissioner
- Public Defender
- Weights & Measures
- Probation
- Public Hospital
- Indigent Defense
- Elections and Voter Registration
- Grand Jury
- Tax Assessment and Collection
- Coroner
- Recorder
- Forensic Services
- Indigent Medical Services
- Family Support Enforcement
- Emergency Medical Services
- Airports
- Libraries
- Parks and Recreation
- Public Health
- Mental Health (Including Substance Use Disorder Services)
- Employment Training

COMMUNITY PLANNING

COMMUNITY PLANNING

In California, voters approved the Mental Health Services Act (MHSA), which requires a one percent income tax on individuals earning in excess of $1 million to provide funding for public mental health programs. The funds expand capacity to serve mentally ill individuals, increase the infrastructure to support these programs, and develop innovative methods to provide a broad spectrum of intervention, from prevention and early identification of mental illness and emotional disturbances to appropriate treatment for severe mental illness.

This MHSA Plan combines each of the five MHSA components into one integrated Plan. The MHSA funding components include Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technology Needs (CFTN).

Community Program Planning Process

The Kern MHSA planning process builds on previous stakeholder planning processes from Fiscal Year 2005-2006 to the present. This process includes many focus groups, key informant interviews, individual surveys, and discussion of evaluation and planning in administrative and program implementation meetings within program teams, local Behavioral Health Board committees, consumer and family advocacy groups such as the National Alliance on Mental Illness (NAMI) and the Consumer Family Learning Center steering committee, partner agencies, and community service collaboratives. The information below provides date and location of these focus groups.

July 13, 2015	Kern County Mental Health Consumer Family Learning Center 5121 Stockdale Highway, Bakersfield
July 13, 2015	Kern County Mental Health Commonwealth Building 3300 Truxtun Ave, Bakersfield
July 14, 2015	Kern County Mental Health Commonwealth Building 3300 Truxtun Ave, Bakersfield
July 14, 2015	Kern County Mental Health Children's Services Facility 2621 Oswell, Bakersfield
July 15, 2015	Kern County Mental Health – West Kern Clinic 930 F Street, Wasco
July 16, 2015	Kern County Mental Health – 2nd Floor Stockdale Building 5121 Stockdale Hwy, Bakersfield Ca
July 21, 2015	Kern County Mental Health Commonwealth Building 3300 Truxtun Ave, Bakersfield

August 5, 2015	Behavioral Health Board – Housing Committee 601 24th Street, Bakersfield, CA

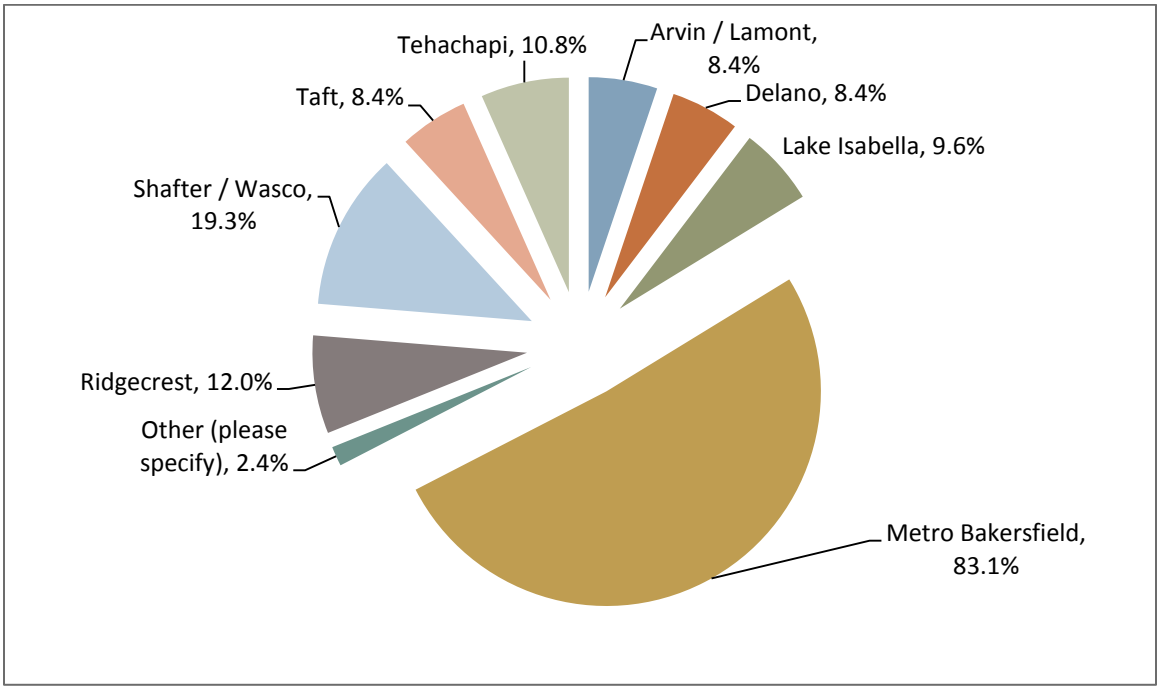
Participants

Meeting participants included groups of individuals that reflect the diversity of Kern County, as well as historically underserved populations. Group participants included adults, transition age youth, older adults, the Spanish-speaking community, LGBTQ, veterans, diverse ethnic groups, and residents from rural geographical areas of the county. Also included were those with severe mental illness, family members, mental health and substance use disorder treatment providers, law enforcement representatives, public and private community service providers, and faith-based organizations.

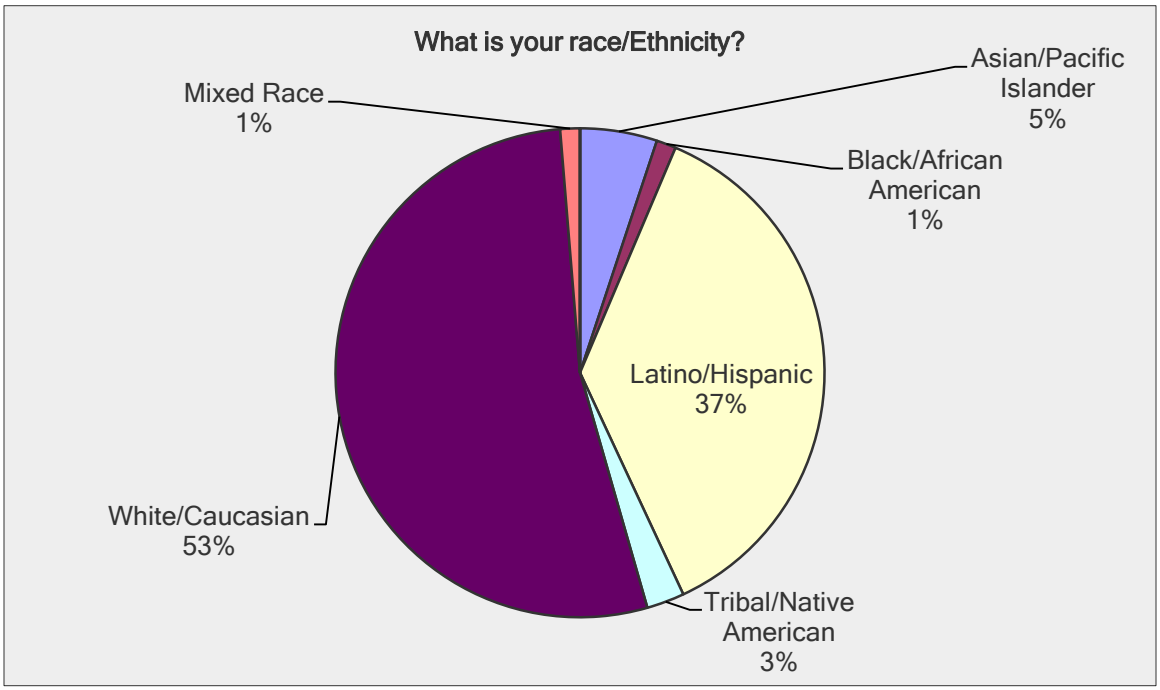
Agencies and organizations included:

- Room and Board Adult Residential Facilities
- Kern County Probation
- NAMI of Kern County
- Community Action Partnership of Kern
- Kern County Veterans Services
- Clinica Sierra Vista
- Good Samaritan Hospital
- Alliance Against Family Violence and Sexual Assault
- Greater Bakersfield Legal Assistance
- College Community Services
- Mental Health Systems
- Crestwood Psychiatric Health Facility
- Independent Living Center of Kern County
- Kern County Aging and Adult Services
- California State University, Bakersfield
- Kern County Public Health Department
- Family Resource Centers

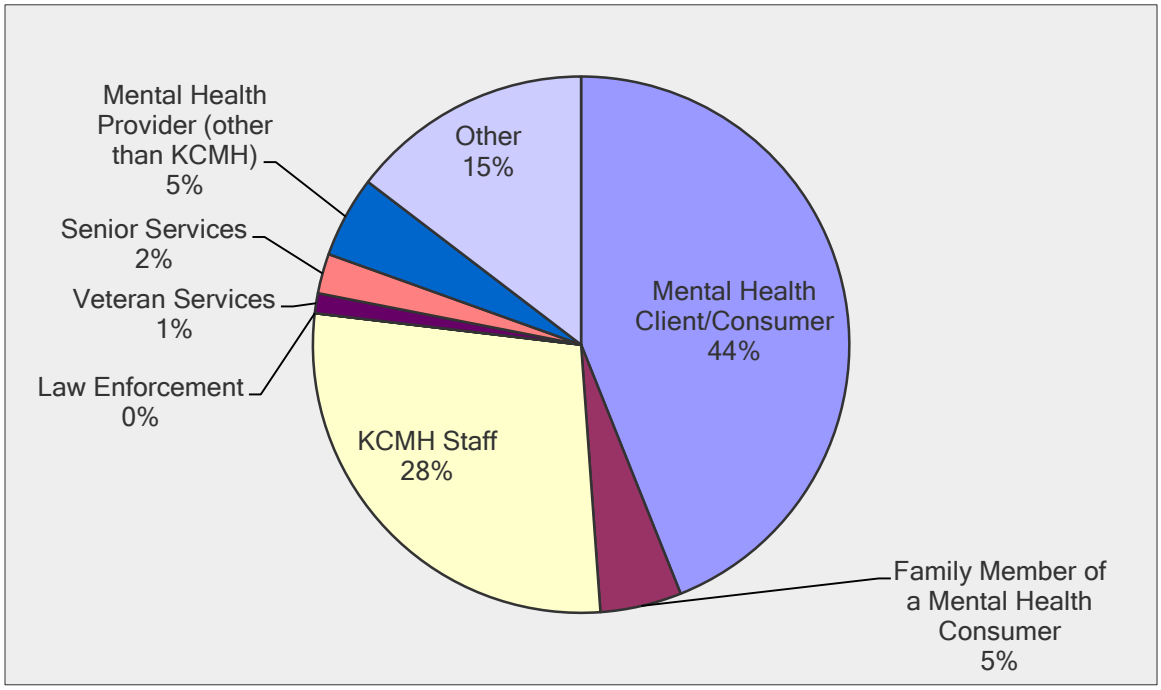
What regions of the county were represented?



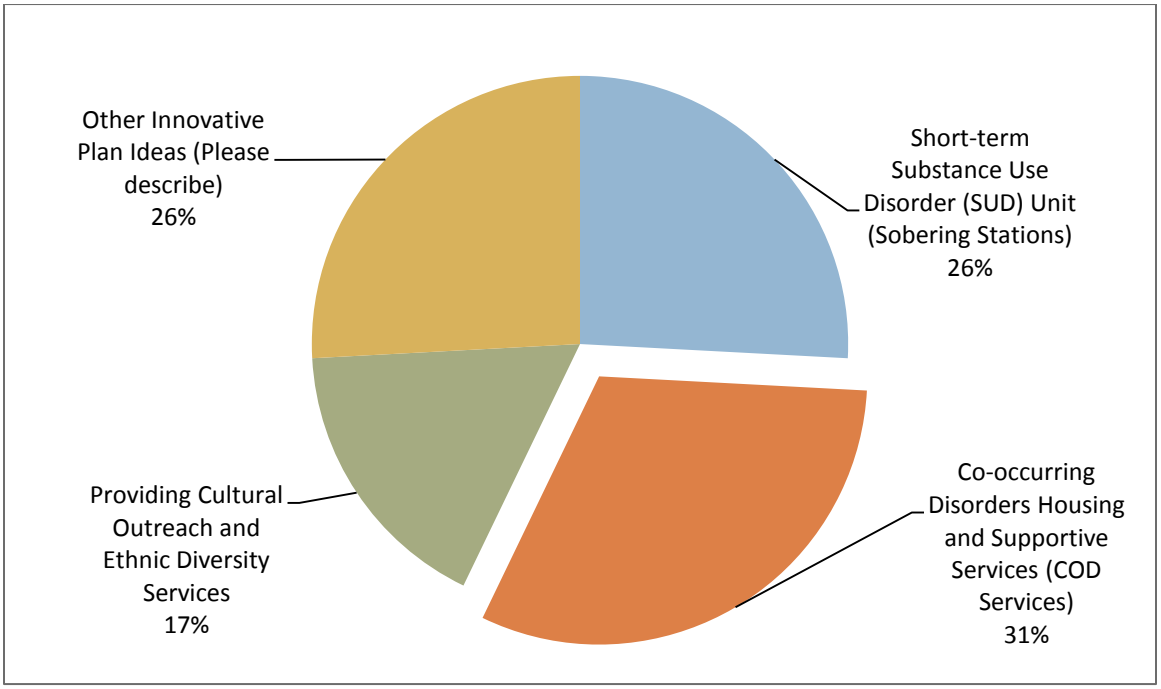
Race and Ethnicity



Groups Represented



Innovative Plans



COMMUNITY SERVICES AND SUPPORTS

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS Component Information

Community Services and Supports (CSS) programs represent the largest component of Kern County's Mental Health Services Act (MHSA) supported programs. They are designed to meet the intention of the Act to transform the publicly funded mental health system to provide appropriate, integrated and timely services for all who need them.

Approximately 76% of each year's MHSA allocation is budgeted for CSS. These programs are available to children (birth to age 15), transition age youth (ages 16-25), adults (ages 26-59), and older adults (ages 60 and above).

The CSS component involves two types of programs:

- Six (6) Full Service Partnership programs – Expanded

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

- Seven (7) General System Development programs – Expanded

  - RSA- Consumer Family Learning Centers (CFLC)
  - RSA -Recovery and Wellness Centers (RAWC)
  - Adult Wraparound
  - Access to Care- Mental Health Hotline
  - Access to Care – Access Center
  - Access to Care – Assessment Center
  - Outreach and Education

The program descriptions of the CCS Plan are organized to present the programs along the age continuum. For example, the programs for children are identified as "C", transition age youth as "T", adults as "A" and older adults as "O". The budget pages will be organized between Full Service Partnership programs and System Development programs to adequately demonstrate the allocations.

CSS programs seek to deliver services beyond a "business as usual" approach. Programs in this component are intended to begin building a system where

access to services is easier, services are more effective, and there are a reduction of out-of-home care placements, institutional care, homelessness and incarcerations. CSS programs strive to eliminate stigma toward those who are diagnosed with serious mental illness or serious emotional disturbance.

All CSS programs are recovery-oriented and include active consumer and family involvement in design, implementation and course-correction(s). Full Service Partnership programs are designed to engage consumers who have either been un-served or inappropriately served. General System Development programs are each unique with an overarching goal to create access to consumer recovery planning and support, and a place for empowerment and influence. Outreach and Education services are based upon the MHSA Needs Assessment to address disparities and meet the needs of the changing demographics in Kern County.

Community Services and Support – Full Service Partnership	
C1 – Youth Multi-Agency Integrated Service Team	
Estimated annual number to be served in FY 15-16	**50**
MHSA funds budgeted FY 15-16	**$864,962**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 17,299**
Number of clients served in FY 14-15	**43**

1. **Program Description**

   The Multi-agency Integrated Service Team (MIST) was created to extend services to youth previously underserved, and to enhance existing services to children and adolescents with serious emotional and behavioral issues separated or at risk of separation from their families. MIST consists of representatives from the Kern County Departments of Mental Health, Juvenile Probation, and Human Services. The collaboration between these agencies provides comprehensive services for youth and their families.

2. **Service Goals**

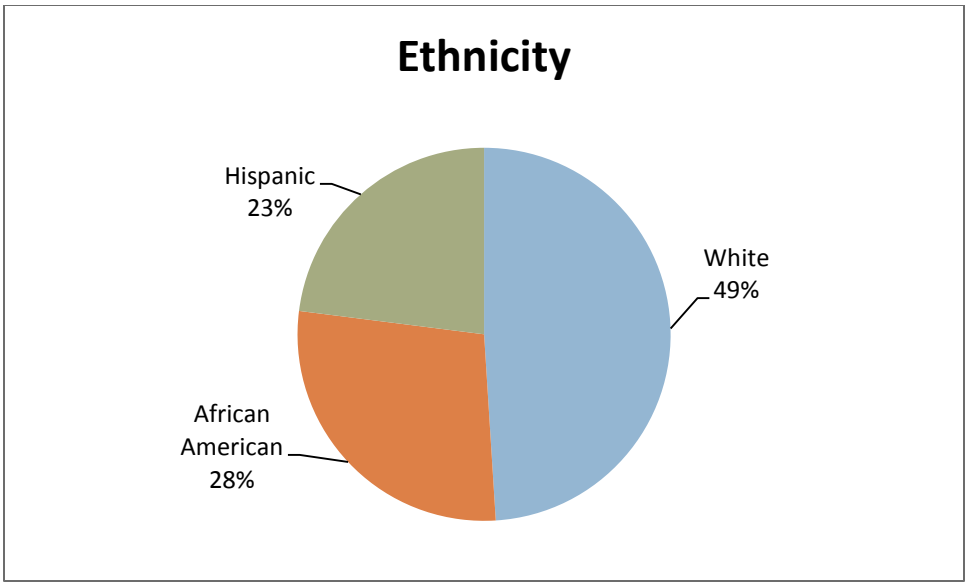
   - Provide recovery based services with the firm belief that recovery is possible for everyone.
   - Provide a full continuum of intensive mental health services which include individual and group counseling, skills training, family and other collateral services including parent partner, assessments, dual diagnosis treatment, medication and medication support, crises intervention and case management.
   - Provide culturally competent, effective and appropriate services for individuals inclusive of all racial and ethnic groups, genders and sexual orientation.

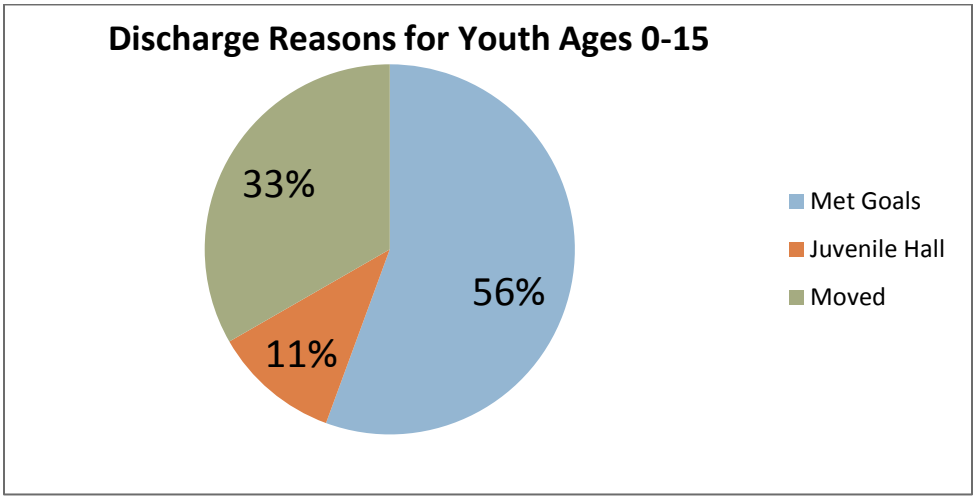
3. **Positive Results for Fiscal Year 2014-2015**

   Based on a Data Collection Reporting (DCR) Full Service Partnership indicator report run for this time period, 55.6% of MIST clients (age range 0-15) met their goals, 33.3% moved, and 11.1% were placed in juvenile hall. MIST client(s) discharged in the older age category (age range 16-25) met their goal 100%. There is one youth in this age range who was discharged.

4. **Program Data:**

   According to the MHSA database, MIST served 43 clients during this time period. Of those clients, 49% were White or Caucasian, 28% were Black or African American and 23% were Hispanic.





5. Making a Difference

MIST received a referral from the Department of Human Services for a family who had been recently living in a "safe house" due to an extremely abusive father. This father had his own severe mental health issues, exacerbated by drug and alcohol use, and refused mental health treatment. The family was terrified of father and he had told mom if she ever left him then he would find her and kill her. Mother and all the children were diagnosed with post traumatic stress disorder, anxiety and depression. The children had intermittent schooling as they were often homeless, and also father would

take them out of school because he believed school personnel were "demons and devils." Two years ago the oldest child in this family was diagnosed with Ewing's Sarcoma, a rare bone cancer, and had numerous surgeries, which left him with several severe physical impairments. His anxiety increased and he began having panic attacks and showed symptoms of agoraphobia. The therapist used a trauma focused Cognitive Behavioral Therapy (CBT) approach and client, being extremely bright, was engaged in the process. Anxiety management, desensitization, self-soothing and other coping skills were incorporated into the therapy. This client passed his high school exit exams in the "advanced" category, scored very high on the SAT's, graduated from high school (all his teachers cried when he was handed his diploma) and has been accepted into three prestigious universities. His goal in life is to be an oncologist.

6. Challenges

- The foster care system is experiencing a decrease in foster homes while the need for quality foster care is increasing. The Kern County Treatment Foster Care Oregon (KCTFCO, formerly MTFC) 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 improvised homes, leads to the likelihood those children and youth will engage in undesirable activities.
- Children/youth on the run for various reasons, including victims of human trafficking/survival sex, chronic runaways, and running from an abusive situation, etc., have no safe place to go. Lack of a "safe house" puts these children/youth at continued high risk of abuse and exploitation.

7. Solutions in Progress

- Ongoing creative efforts to recruit new foster parents while supporting existing foster parents and providing ongoing training to keep them skilled and effective.
- Increasing mental health services, and utilizing services such as Therapeutic Behavioral Services (TBS), WRAP 163, and food banks.
- Providing mental health services in the home, community, and school.

Community Services and Supports – Full Service Partnership	
C2 – Youth Wraparound	
Estimated annual number to be served in FY 15-16	**270**
MHSA funds budgeted FY 15-16	**$1,008,148**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 3,734**
Number of clients served in FY 14-15	**240**

1. Program Description

When a youth/family experiences a crisis, they can spiral into a loop of crisis-stabilization-crisis-stabilization, resulting in negative outcomes, including increased depression, self–harm and suicidal ideation/attempts. Youth Wraparound was created with the purpose of slowing down or stopping this cycle. The wraparound process helps youth and families discover expanded support and a sense of hope that can sustain the family and children while they learn healthier ways to cope. By linking and delivering immediate services to improve the causes of the crisis, we can reduce the chance of the cycle continuing to spiral down.

The focus of the Youth Wraparound teams is to provide support and education, while building independence to achieve a life worth living. Treatment will be provided on site or in the community to meet the individual's needs. Under the expansion, due to the Mental Health Services Act (MHSA), the Wraparound teams have been able to intervene to strengthen the family unit, monitor and serve youth in high-level group homes more closely, decrease hospitalizations and ensure that youth and families have needed support to enter into their recovery.

2. Service Goals

- Decrease mental health symptoms and high-risk behavior among youth.
- Reduce crises and hospitalizations.
- Stabilize and maintain children in the least restrictive safe environment.
- Retain children in their homes or as close to a home-like setting.

3. Positive Results for Fiscal Year 2014-2015

The purpose of wraparound services is to provide comprehensive community-based care to children and families. Stressed and trauma exposed families experiencing problems often need more interventions than clinic-based treatment services. They may need professionals to go into the home to assist the family and provide supportive services. Some examples

may include crisis intervention, medication, individual therapy, family therapy, group counseling, psychiatric consultation, medication monitoring, and/or case management services. These services may take place at the office, in the school or home, or in the community.

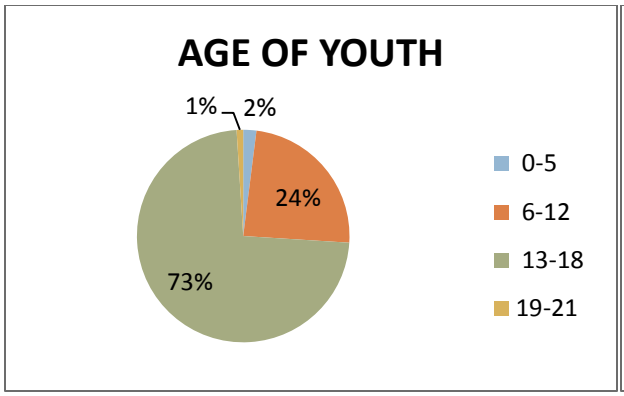
Collaboration with community partners to maximize support and linkage is essential to the wraparound process. Families may access wraparound services through a myriad of providers throughout the county. Critical to quality service delivery is ensuring that as families express a need for assistance that services are provided in a timely manner. Collaboration is such a strong component of the work that the Wraparound supervisor heads the Special Multi-disciplinary Assessment and Referral Team (SMART), a committee put together, by court order, to allow mental health providers and the departments of Human Services, Public Health and Probation to work together to quickly provide needed care to our highest risk youth that are dependents and wards of the court.

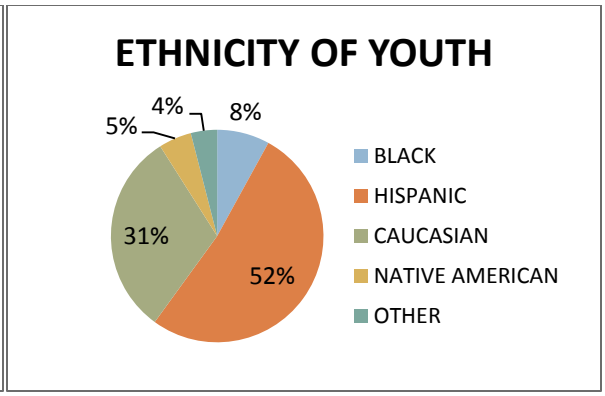
Wraparound services currently target youth at risk who are receiving Level 3-4 mental health services, and have experienced severe disruptions or incapacitation that may include but not be limited to crisis, hospitalization, multiple placements, runaway behavior, or self-harming behavior. Wraparound staff are responsible for ensuring that families and youth that have experienced crisis are swiftly provided with needed services to aid in their recovery.

4. Program Data

Fiscal Year 2014-15 is the first year of implementing the new Full Service Partnership so DCR data is not yet available; however preliminary data is reflecting improvements in reducing hospitalizations. In reviewing the Electronic Medical Record from July 1, 2014 through April 30, 2015, 12% of youth had been hospitalized just prior to or early in treatment. The number of youth that had entered treatment but had a second hospitalization dropped to 2%.

Based on the Electronic Medical Record, below are percentage of youth served by age and ethnicity.





5. Making a Difference

Sally grew up in a home with her mother, father, and sister. Growing up, she had a strong bond with both her parents, especially her father. At the age of 14, her parents told her that they were going to get a divorce. Sally had a difficult time accepting this. It became even more difficult for her knowing her father was going to move to another city. As a result, Sally began to experience much loss and depression; losing motivation to the point where she began to experience thoughts of wanting to harm herself. During a call to 911 Sally expressed thoughts of wanting to harm herself and subsequently was admitted to the Psychiatric Evaluation Center (PEC).

Upon being released from the PEC, Sally was referred to the MHSA Youth Wrap-around program. In Sally's first meeting with her therapist she told her she wanted to "give up." From the beginning, she was assured that she was in a safe and non-judgmental environment in order to help her communicate her stressors. She was also educated on the supports available to her and she became engaged in treatment.

Sally started to receive services from her therapist and recovery coordinator. She had difficulties in reaching her goals and was offered Therapeutic Behavioral Services (TBS). The TBS coach and her recovery coordinator worked together in order to develop activities that would promote positive communication, self-praise, goal setting, assertiveness, and positive engagement with family members. The recovery coordinator and the TBS coach both emphasized the importance of practicing constant positive self-talk, positive thinking, focusing on herself, and communicating her concerns.

After multiple sessions of treatment Sally began responding and meeting her treatment goals. In a meeting with Sally and her mother, Sally's mother expressed that her daughter was "doing a lot better now" and Sally shared, "I don't have any problems anymore." She was released from treatment as

she continued to improve, and put into practice the skills she had learned. She is currently focusing on academic achievement and improving her relationship with her family.

6. Challenges

- Ensuring multiple agencies coordinate care effectively, and provide the appropriate level of services.

7. Solutions in Progress

- Refining processes used within the SMART committee to facilitate a seamless transition.

Community Services and Support – Full Service Partnership	
T1 – Transition Age Youth (TAY)	
Estimated annual number to be served in FY 15-16	**200**
MHSA funds budgeted FY 15-16	**$896,522**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 4,483**
Number of clients served in FY 14-15	**107**

1. **Program Description**

   For youth emancipating from dependency or wardship it is very common for them to not want to be involved in any kind of organized "agency" services. These are young adults who are in need of assistance and support to transition successfully into adulthood. In the past, youth turning 18 were no longer eligible for services and were at high risk of becoming homeless, unemployed, incarcerated, addicted and exploited. This underserved population is often distrustful of adults and, as a result, struggle alone with mental health symptoms, ultimately making minimal progress toward independent living goals. The MHSA-funded Transition Age Youth (TAY) program strives to integrate mental health and independent living services for these youth, using a consumer-driven approach to improve self-empowerment and trust. From the onset of treatment, youth are supported in designing and making decisions for their own lives; through this consumer-driven approach, youth begin to develop trust and feel safe to freely discuss important decisions in their life.

2. **Service Goals**

   - 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.

3. **Positive Results for Fiscal Year 2013-2014**

   The TAY program focuses on developing services that engage youth ages 16-25 that are emancipating from foster care, exiting the juvenile justice system or the youth's mental health system of care. Services are delivered in a comprehensive, flexible and welcoming manner, with a primary goal of the TAY team being to assist youth with self-managing their mental health symptoms while simultaneously helping youth to develop a future-oriented plan that is rooted in the individual's strengths, interests, preferences, and dreams for their future. The TAY team is able to do this by providing intensive

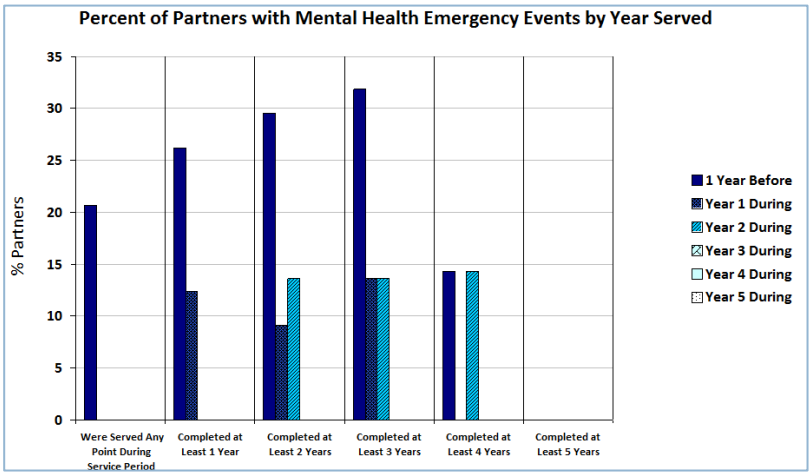
mentoring/case management and wraparound services to youth that includes an after-hours phone line with a TAY staff member available at all times. The TAY team offers a wide variety of integrated services including mental health/substance use disorder treatment (both individual and group), medication services, physical health linkage, vocational/educational support and linkage, social and life skills, housing assistance, and social opportunities that best serve youth as they move into this new phase of life. The program follows the evidence-supported Transition to Independence Process (TIP) model, which focuses on strengths, development of positive relationships, personal choice and responsibility, and self-sufficiency. The TAY team is currently serving a variety of youth with racial/ethnic diversity, and strives to tailor services to meet these youth's individualized needs. TAY team staff members, three of whom are Spanish speaking, are also culturally diverse and all staff members participate in ongoing cultural competence training to effectively meet the needs of this underserved population.

As dictated by each youth, inclusion of family members or other supportive persons are integrated into their overall plan through the TIP model's Futures Planning. In addition to individual services, the TAY team also provides a large array of group processes, including, over the past fiscal year, Futures Planning group, independent living skills, a psychoeducational mental health/substance use disorder group, a peer-led art group, and a mental health and nutrition/wellness group led by the psychiatric nurse.

Collaboration with community partners is essential to ensure that youth in need of mental health services are referred to the TAY program. The youth are typically identified and referred for services by collaborative partners such as a social worker, probation officer, or another mental health service provider. The TAY program also receives self-referrals and referrals from group homes and educators. Young people in this age group often do not fit well into adult programs because of their unique developmental needs and interests. Therefore, services are designed to engage the youth and help them connect with other transition age youth to develop a support system that will assist them in the often challenging road to independent adulthood. Youth are in the driver's seat – active participants in the development of their treatment plans and selection of services that are individualized to meet their specific needs and goals.

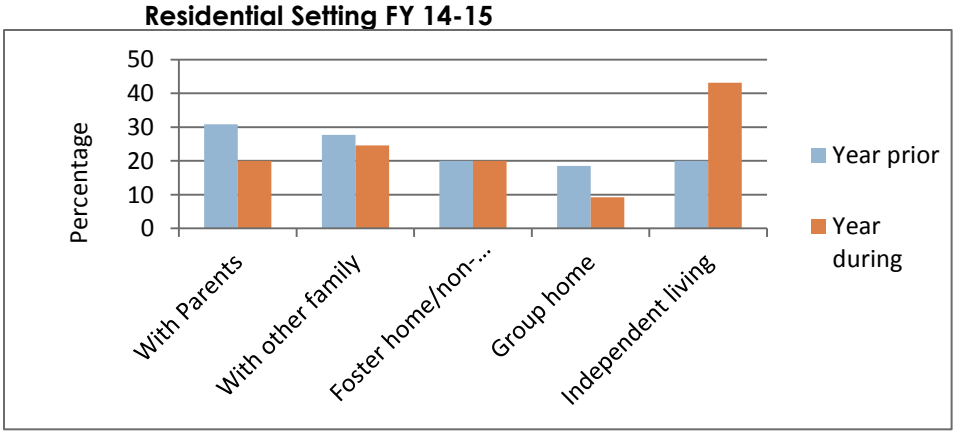
4. Program Data

Figure 1



The data in Figure 1 shows a decrease in mental health emergencies by those being served on the TAY team. From baseline, there was a 12% decrease during the first year of being served, a 16% decrease during the second, and an 18% decrease during the third year. Figure 2 below shows that the largest change was an increase in independent living, from 20% of partners at baseline to 43% of partners during the first year of service. Additionally, discharge reports from last year indicated over half of discharges were from an inability to locate the youth. This number went down to 20%, demonstrating that the engagement utilized through the TIP model is effective.

Figure 2



5. Making a Difference

Lisa began her mental health recovery while living in group homes. She was placed in the foster care system while in high school, due to physical and emotional abuse and neglect from her parents. Lisa did not do well in foster care, and was frequently on runaway status. She struggled with PTSD, depression, low self-esteem, and drug use. At first she used marijuana and ecstasy, and at the height of her drug abuse, she was using IV heroin. She often felt hopeless that her life would ever get better, self-harming by cutting to ease her emotional pain, and was hospitalized for being at risk for suicide. She began receiving mental health treatment 5 years ago, initially with the hopes of reunifying with her mother. She received substance abuse treatment and began Dialectical Behavior Therapy (DBT) to learn to regulate her emotions. She transitioned to the TAY team in 2012.

Engagement was difficult at first, particularly since she was still in her addiction and struggling with not being able to live with her mother. With persistence, Lisa showed commitment and resilience, working diligently with the TAY team. She finally recognized her own self-worth and became goal-oriented, rather than focusing on her past. She is a true success story. She has achieved over a year of sobriety, learned to manage her mental health symptoms using healthy coping skills, moved into her own apartment, built healthy, interpersonal relationships, and graduated from vocational training in the medical field. She has a passion for helping people and hopes to get her Bachelor's degree next. Lisa has asked to be closed to the mental health system of care, stating that she has met her goals and is certain that she can succeed on her own. She is a confident young woman and embodies everything we hope for in successful recovery.

6. Challenges

- 20% of all discharges were the result of not being able to locate the youth.
- Mental health emergencies continue to decline; however there is a need for increased self-efficacy and self-management to bring these numbers to zero.
- Reducing substance abuse, which continues to exacerbate their mental health symptoms.
- Staff attrition.

7. Solutions in Progress

- Implementation of the TIP model, which was developed specifically to increase engagement and produce better outcomes for youth.
- The TAY team has been trained in this model and eight (8) staff are currently becoming Site Base Trainers.
- Staff are in the midst of training collaborative partners in the TIP model, in order to improve communication and engagement with these youth.
- Extra-help (part-time) staff positions are being phased out and replaced with permanent positions, which will increase youth trust and engagement.
- Hiring a second, full-time substance abuse specialist to work with the youth in reducing/eliminating their substance abuse use/abuse and begin focusing on healthy coping skills to self-manage their mental health symptoms.

Community Services and Supports – Full Service Partnership	
A1 – Assertive Community Treatment (ACT)	
Estimated annual number to be served in FY 15-16	**230**
MHSA funds budgeted FY 15-16	**$1,323,246**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 5,753**
Number of clients served in FY 14-15	**200**

1. **Program Description**

As a Full Service Partnership model, Assertive Community Treatment (ACT) is one of the more intensive outpatient service teams. The model requires a team of professionals with backgrounds and training including social work, rehabilitation, counseling, nursing and psychiatry. The multidisciplinary team members are pro-active with consumers, have a small consumer to staff ratio and provide most services with minimal referrals to other programs or providers. Team members share offices and their roles are interchangeable when providing services to ensure minimal disruption due to staff absence or turnover. Staff provides the support necessary to eliminate no-shows and the psychiatrist meets with his/her consumers as often as necessary to maintain their psychiatric stability.

Communities have long recognized the need to provide services, support, and resources to those living with severe and persistent mental illness but who are often reluctant or unable to engage in rehabilitative services. Assertive Community Treatment (ACT) is an evidence-based model which yields positive outcomes in helping this population to live and recover in the community rather than in institutional settings. The ACT program provides intensified treatment and supportive services to the county's most vulnerable, underserved and at-risk individuals, offering an opportunity to build a life worth living. This has yielded dramatic results in transitioning people from institutional settings and improving the "grave disability" of many of our consumers such that conservatorships became unnecessary.

ACT offers comprehensive and intensive mental health services to individuals living with severe and persistent mental illness. Service delivery is innovative and creative to meet the needs of a challenging population. An energetic, clinically strong and diverse team provides about 70% of the services out in the community rather than at the clinic. Severe and persistent mental illnesses such as schizophrenia and other psychotic disorders often render consumers unable to meet their most basic needs or accept third party assistance due to the severity of their illness. ACT serves consumers who have had these struggles, especially those who have experienced multiple mental health crises and emergencies.

ACT continues to demonstrate strong outcomes in reducing psychiatric recidivism, as well as reducing costs related to high utilization of emergency services. During 2014-15, there was an increased collaboration between ACT and law enforcement as part of the Crisis Intervention Team (CIT) efforts to reduce inappropriate emergency calls made of individuals living with severe mental illness. ACT staff and law enforcement work collaboratively in developing specialized plans to reduce these calls while also addressing the underlying mental health concerns. This collaboration yields fiscal benefits as well as an increasing awareness related to mental illness among law enforcement and other community agencies.

While many ACT programs are long-term or even lifelong, a recovery-oriented approach seeks to empower participants rather than foster dependency. The work is founded on the recovery principles of hope, empowerment, and wellness in working with participants. ACT has remained a change agent in helping other providers, families and systems understand how individuals who once were placed in locked facilities can successfully maintain stability in the community with appropriate services and supports.

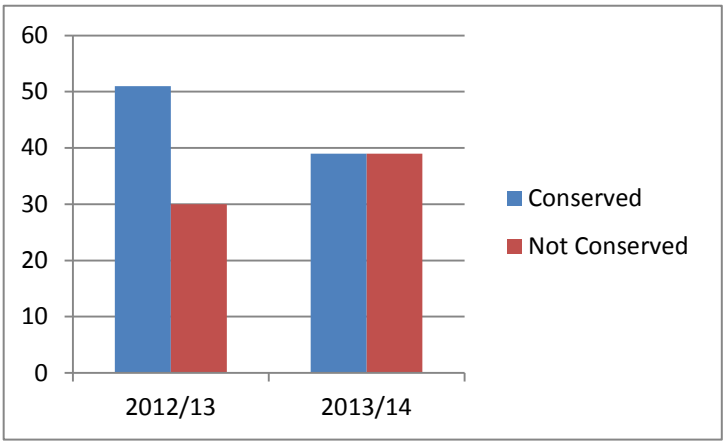
The ACT team has also been very successful in providing consultation to other providers in working with challenging individuals. A specialized outreach worker receives referrals from the family advocate, family members, friends, and community members regarding their concerns related to someone they feel would benefit from services. The outreach worker engages by beginning "where the person is at" to gain trust and incrementally explore the benefits of voluntary treatment.

2. Service Goals

- Reduce psychiatric recidivism for participants living with severe and persistent mental illness.
- Provide outreach and engagement to individuals with severe and persistent mental illness, who are not receptive to traditional mental health treatment due to 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, increasing insight related to the benefit of mental health treatment.
- Reduce costs related to long term care placements.

3. Positive Results for Fiscal Year 2013-2014

The following graph shows efficacy of ACT services in resolving issues related to grave disability as evidenced by a significant increase in participants discharged from LPS Conservatorship.



4. Program Data

- Partners enrolled in FSP: 217
- Partners completing at least one year of FSP: 154
- Partners completing at least two years of FSP: 114
- There was an 18% reduction in hospital days for partners who have been enrolled in FSP for at least one year.
- FY 2014-15 long term care costs decreased by $1.4 million relative to 2013-14.
- 21 participants were discharged from LPS conservatorship during the 2014-15 fiscal year, fully having their civil rights restored and participating in voluntary treatment.

5. Making a Difference

'John' is a 37 year old African-American man diagnosed with schizophrenia who was referred to the ACT Team at the end of 2013. Before receiving ACT services, he had been hospitalized on multiple occasions due to aggressive behaviors or the grave disability resulting from his mental health symptoms and impairments. 'John' was eventually placed on LPS conservatorship due to the severity of his mental illness and the inability to meet his primary needs. He has persistently experienced auditory hallucinations and delusions which have impaired all areas of his life. Due to a lack of insight related to his mental illness called anosognosia, 'John' remained unengaged and unreceptive to traditional outpatient mental health services. He was

eventually placed in a locked facility where his treatment adherence could be monitored and supported. He was discharged to transitional placement nearly one year later, and this is when he was referred for ACT services.

The ACT Team began to tailor specialty services to meet his needs, carefully implementing engagement strategies to optimize a positive outcome. The team developed an Integrated Enhanced Service Plan (IESP) to itemize the types and frequency of services to be delivered. The team's primary objective was to facilitate increased insight related to his mental illness, as well as improve level of engagement in his mental health treatment. It often takes time for the team to fully engage a participant in treatment, but the results are generally remarkable when that goal is achieved.

'John' has made tremendous strides in his recovery since actively participating in ACT services. He has had no more psychiatric hospitalizations since participating in ACT services. He was discharged from conservatorship, fully able to make decisions related to his housing and how he spends his funds. He carefully planned his move to an independent housing placement, where he has successfully maintained placement for over 16 months now. He actively participates in therapeutic and supportive groups, as well as keeps his scheduled mental health appointments. He is also meeting with a Cognitive Behavioral Therapy for Psychosis specialist, addressing concerns related to hearing voices and his ongoing delusions. 'John' reports these sessions do help him and feels that he is able to express his feelings in a positive, safe environment. He also now enjoys strong family support, spending time with them frequently. He hopes to make continued progress in his recovery so he can someday join the work force.

6. Challenges

- Extending coverage to include weekend and after hours coverage. ACT offers on-call phone consultation and support but will be expanding coverage to include weekend and evening services.

7. Solutions in Progress

- Assisted Outpatient Treatment (AOT) services will be provided by ACT.
- An outreach worker will be accepting more referrals from law enforcement and other sources, in addition to referrals from the family advocate.
- Staff have recently been trained in Cognitive Behavioral Therapy for Psychosis (CBTp) to offer another evidence based practice to the services provided.

- A DBT skills group for substance use disorders will be offered to assist with managing concerns related to co-occurring disorders.
- ACT is increasing services to family members, other natural supports and placement operators when appropriate to increase level of support to participants.

Community Services and Supports – Full Service Partnership	
A2 – Adult Transition Team (ATT)	
Estimated annual number to be served in FY 15-16	**438**
MHSA funds budgeted FY 15-16	**$2,539,653**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 5,798**
Number of clients served in FY 14-15	**275**

1. Program Description

This MHSA Full Service Partnership program serves to fill the service gap between jail and the community mental health treatment system. Individuals that come into the Adult Transition Team (ATT) program often suffer from chronic mental illness, addiction to several substances, homelessness, and have a lengthy legal history. They tend to historically be minimally motivated to seek treatment due to lack of insight about their mental health and/or substance dependence. Prior to the MHSA, mentally ill individuals with a secondary addiction to substances were usually released from jail after completing time served. There was no attempt to engage the individual and create a bridge between jail and needed ongoing treatment. The ATT program was the first in Kern County to provide a screener located in the jail to screen and refer individuals to needed mental health services once released from jail.

The Homeless Adult Team (HAT), an expansion of ATT, was created to treat individuals who were also chronically mentally ill, homeless or at risk of homelessness, indigent and uninsured, and not engaged in the mental health system of care. Due to their homelessness and lack of connectivity, these individuals usually require additional outreach to access services. HAT collaborates with other agencies to outreach to homeless individuals who may be in need of mental health services, yet reluctant to seek services on their own. Prior to the team's development, this population remained unserved or underserved by mental health specialty services. Individuals served by HAT usually do not have a significant legal history.

Assisting clients with acquiring housing and Social Security benefits is a critical piece in the engagement process with this population. Team staff members with extensive experience in working with individuals and the Social Security application process assist clients with benefits acquisition. The ATT maintains several housing contracts with community housing providers. Staff also collaborate with outreach and homeless shelter organizations to provide housing vouchers to clients who may be eligible for their various programs. Permanent housing is crucial to maintaining stability upon discharge from

ATT, and/or to prevent homeless individuals from further decompensating and becoming involved with law enforcement. Thus, ATT funds half of the salary for a Homelessness Resources Director with the Kern County Homeless Collaborative aka Kern's Continuum of Care. Through the Collaborative, ATT and HAT staff work alongside other organizations, such as Veterans Administration, payee service providers, legal consultants, sober living environments, and others who provide services to the homeless, including agencies with affordable housing programs. ATT also assists with the annual homeless census. The data collected from this census is crucial for Kern County agencies to apply for Housing and Urban Development (HUD) funding for housing and supportive services for the homeless in Kern County. In the past year, Kern County has received over $3 million dollars in funding for housing.

Kern County Mental Health has recently completed the implementation of the very first mental health court. This project was a result of a partnership and collaborative effort between the Kern County Probation Department, the Kern County Sheriff's Office and Kern County Superior Court along with the Public Defender's Office, District Attorney Office, and other representatives from the community. The program is a diversion program in which mentally ill individuals are offered treatment in lieu of serving a jail sentence. In some cases, charges may be dropped upon completion of the program, to include evidenced-based programming, judicial supervision, and connection to salient community resources.

2. Service Goals

- To reduce homelessness, incarcerations and hospitalizations
- To increase education and employment

3. Positive Results for Fiscal Year 2013-2014

ATT & HAT for Fiscal Year 2013-2014

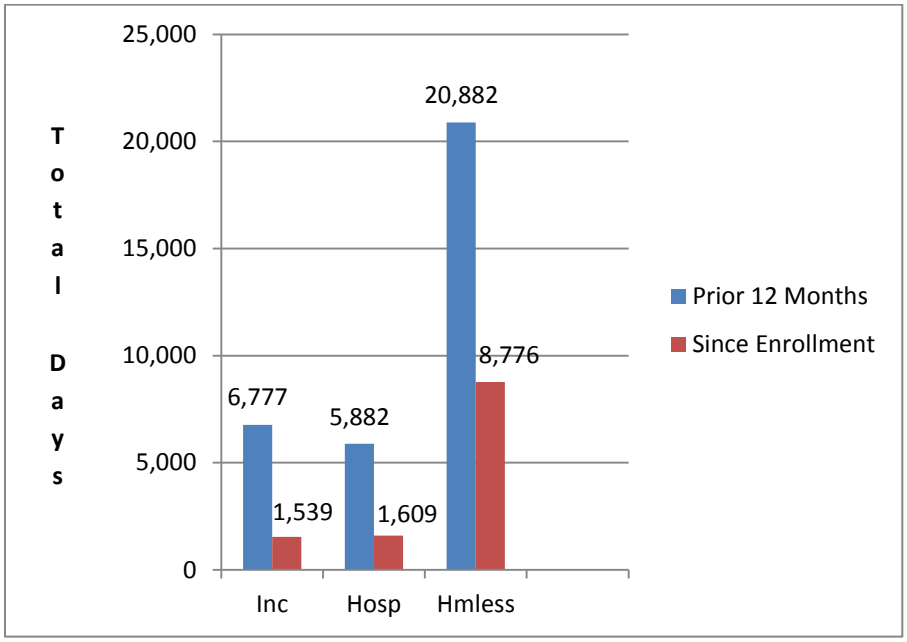
Over this one year period participants collectively showed:

- Decrease in homelessness by 12,048 days
- Decrease in psychiatric hospitalization by 4,273 days
- Decrease in incarceration by 5,238 days

The following graphs illustrate the significant, positive impact of treatment on recidivism rates of incarceration, hospitalization and homelessness since enrollment in the programs. ATT's population is screened and assessed in the jail; consequently, some may leave treatment the first day out of jail, before

data is collected. Thus, the graphs only include the active participants for the past year.

COMBINED ATT / HAT POSITIVE RESULTS
Total Population Served = 257
(143 Male – 114 Female)



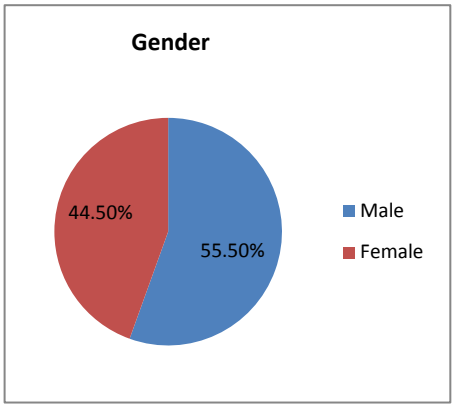
4. Program Data

- In Fiscal Year 2013-2014, ATT& HAT served 257 adults (143 men and 114 women).
- Race and ethnicity reports included 42% Caucasian, 39% Hispanic, 14% African American, and 5% identified themselves as other.
- In Fiscal Year 2014-2015, ATT & HAT projected 438 individuals would be served. Due to recent legal and healthcare changes, it appears that about 70% of this projection may occur. As a result of the Affordable Care Act, many individuals now have Medi-Cal and receive services from geographically located adult teams. Although ATT's cases continue to increase, the individuals accessing mental health services for the first time or having a history of being underserved and coming out of the judicial system are now often classified as AB109. Therefore, they have a different funding source available to them for services.

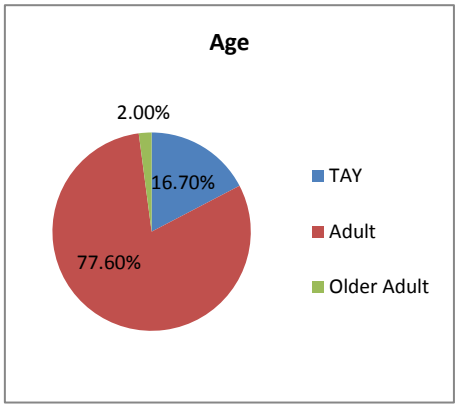
COMBINED ATT / HAT GENDER AND AGE BREAKDOWN – FY2013-14

Total Population Served = 257
(143 Male – 114 Female)

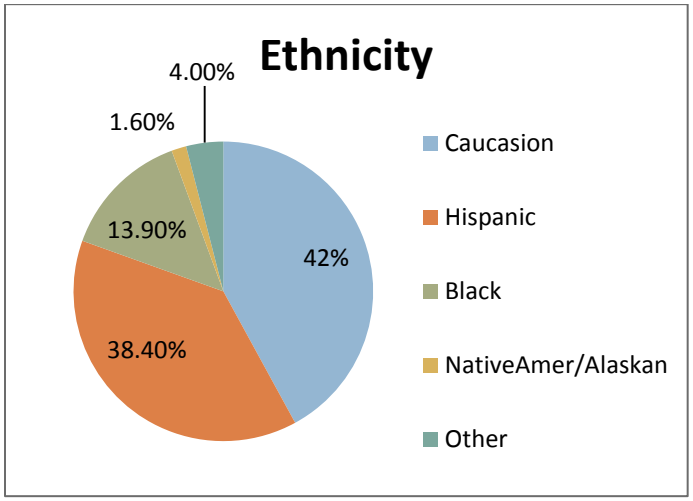
KLP MHSA Gender Breakdown



KLP MHSA Age Breakdown



COMBINED ATT/HAT ETHNICITY BREAKDOWN



ATT & HAT combined # of individuals served for fiscal year 2014/2015

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Projected FY 15/16
213	205	205	215	340

5. Making a Difference

Over 12 months of success! After receiving mental health services under the MHSA Adult Transition Team for two years, a male participant who had multiple admissions to psychiatric hospitals and incarcerations due to fighting and substance use now has been reunited with family. The individual was affected by mental illness at the end of his adolescent years. He started drinking, using methamphetamine and cannabis to cope with the voices and paranoia he was experiencing. His family was supportive, but was unable to handle his aggressive behavior as it worsened. As a result, he eventually lost his housing privileges at home. His drinking affected his liver. A recovery specialist worked with the family to motivate individual towards recovery as he was in denial that he was suffering from a mental illness. Family and treatment team highlighted the difference in his behavior when he was on medication and sober. Eventually, individual started to attend a co-occurring group and illness management group to learn how to manage his symptoms. He became health conscientious and started making his own green smoothies to nurse his liver back to health. He moved back with family after completing a program at a sober living facility. He acquired a dog that he walks and grooms, which helps him to cope when he is not doing well. The individual also started attending the Consumer Family Learning Center and took interest in the computer class offered for clients. He completed probation and obtained employment for a short period of time.

6. Challenges

- Maintaining housing and having a continuum of housing: The majority of clients are homeless and tend to lose housing often due to behavioral problems and/or multiple relapses. Furthermore, our most recent request for proposal (RFP) for board and cares produced no proposals.
- 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 the psychiatric hospitals or jail system.

7. Solutions in Progress

- The Department is working to provide training to help housing providers acquire more skills to work with challenging co-occurring clients.
- ATT liaison will be working with purchasing manager and contract supervisor to develop an ongoing request for specialty housing vendors throughout the year. It has become more difficult to secure vendors with which to contract for housing services that can meet all County requirements.

- ATT and HAT staff meet weekly with sober living housing staff to case conference about common clients and further develop plans to help them maintain their housing.
- ATT and HAT staff communicate with sober living housing facility staff on a regular basis, daily if needed, as individuals appear to start to decompensate as evidenced by stopping to take their medication, beginning to isolate, etc. Early intervention can help maintain housing.
- ATT and HAT staff collaborate with probation officers to help participants comply with their probation terms and conditions.
- Correctional Mental Health staff utilize the Stages of Change model, solution focus and motivational interviewing to engage individuals while in jail.
- Staff collaborate with Self-Empowerment Team staff (hired peers with lived experience) to connect with clients while at their residence to work on instilling hope.
- ATT and HAT staff participate with the Kern County Homeless Collaborative to develop resources for homeless individuals and link them to services, including housing resources, especially permanent housing.
- ATT and HAT staff provide Assertive Community Treatment (ACT) style wrap around services in which the whole team is working with an individual to help stabilize him/her. "On call" staff follow up with individual after hours as needed.

Community Services and Support – System Development	
A3 – Adult Wraparound	
Estimated annual number to be served in FY 15-16	**120**
MHSA funds budgeted FY 15-16	**$1,278,885**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 10,657**
Number of clients served in FY 14-15	**82**

1. Program Description

Based on data collected from a comprehensive needs analysis conducted by Kern County Mental Health (KCMH) in collaboration with other community agencies, community members identified a need for "intensive services to high-risk adults" and "additional treatment for adults with mental illness and substance abuse co-occurring disorders."

A number of high-needs individuals circulate underserved in the KCMH system until they enter the criminal justice system, long-term care psychiatric facilities, appear in the hospital emergency room, or become homeless. These individuals are better served by providing intense, targeted services.

The Adult Wraparound Team (AWA) currently serves the KCMH System of Care specialty level 2 and level 3 treatment teams. Through a referral process, teams identify individuals who would benefit from intensive mental health services in order to prevent further decompensation, hospitalizations or higher level of care. The AWA team, working alongside the primary treatment team, tailors an intervention-based program to address the specific needs of the client. Through an average period of 6 to 8 weeks, interventions are implemented and re-calibrated while actively communicating and engaging with the primary treatment team. Individuals are rated on a MORS scale and a 1-10 Social Supports scale upon entry into the program and once again at the exit in order to quantitatively monitor progress. In addition a tracking of prior and post hospitalizations as well as community living is maintained.

2. Service Goals

- Reduce hospitalizations.
- Increase social supports and community involvement.
- Maintain stable community living.
- Maintain appropriate mental health service engagement.

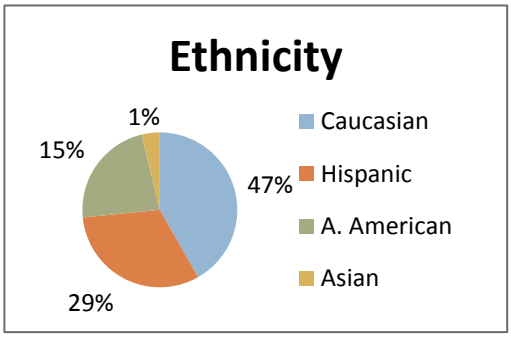
3. Positive Results for Fiscal Year 2014-2015

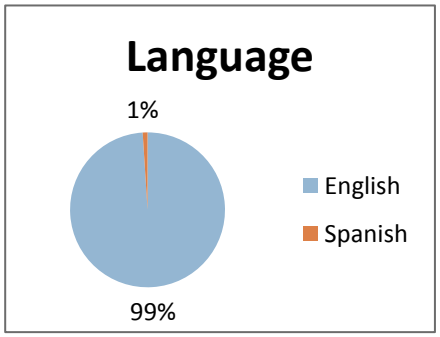
The Adult Wraparound Team (AWA) responds to the needs of underserved adults who suffer from mental health and/or co-occurring illness and are at high risk for hospitalization. This team intensifies services to those persons recently discharged from an inpatient stay at an acute care facility, or those identified by their current treatment provider as benefiting from intensified services due to high risk for de-compensation. Services focus on ensuring that individuals continue to improve following discharge and will not require readmission. AWA ensures that a full array of services are provided, including medication support, home visits, transportation, crisis support, troubleshooting challenges, illness management skill acquisition, and connection with community supports. AWA staff provides transition support as requested and agreed upon with the lead service provider for the designated time period of approximately 6 to 8 weeks.

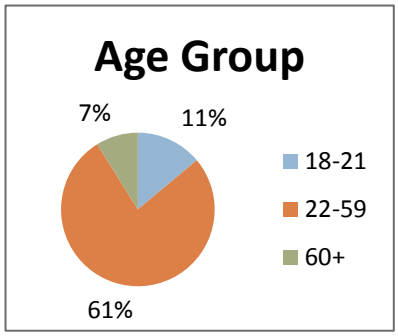
Wraparound team members support individuals served in developing or re-establishing relationships with family, friends, and peers. Culturally appropriate services are provided to reach persons of racial/ethnic and linguistically diverse populations. The Wraparound Team includes bilingual/bicultural staff and relies on and supports inclusion of the natural supports and cultural preferences that are comfortable and familiar to each individual served. Services also include Dialectical Behavior Therapy to persons with "target behaviors" such as self-injury, suicide attempts and substance use disorders.

4. Program Data

During the 2014-2015 fiscal year, the Adult Wraparound Team served 129 individuals. The program goal was a reduction of hospitalizations by at least 70% for individuals served, comparing the 60 days prior to Adult Wraparound services, and the 60 days post Adult Wraparound service linkage. The average reduction in hospitalizations for FY 2012-2013 was 85%. The following tables show a breakdown of the individuals served by ethnicity, preferred language and age group.







5. Making a Difference

A 51 year old Filipino male was referred to Adult Wraparound services after he had consistently been hospitalized for over four month from one psychiatric facility to another due to danger to self. Individual experienced persistent suicidal ideation and depression due to the loss of his entire family, exacerbated by substance abuse. The Adult Wraparound team was requested for assistance with reducing crisis episodes and hospitalizations as well as help with securing housing. Staff made frequent visits to individual and began quickly working on securing stable housing as this was determined to be a crisis trigger for this individual. He was placed at a small board and care facility after helping him prepare for the interview with the housing manager. After securing housing for the individual, his depression quickly improved from hopelessness to believing there may be a ray of light in his life. Individual was kept busy throughout the week in conjunction with his primary case manager where he attended daily groups, appointments and even began attending work preparedness workshops. After the individual's completion of the Wraparound program, individual had successfully applied to several jobs, kept himself from abusing substances, maintained his housing, attended all scheduled appointments and did not utilize any crisis emergency services nor hospitalizations. He began using coping skills to avoid self-harming behaviors, and utilized public transportation to continue to engage in community activities and appointments. In the six months following Adult Wraparound the individual had maintained his housing and had continued to refrain from utilizing emergency psychiatric services. During his time with Adult Wraparound this individual developed the skills necessary to utilize coping skills along with his treatment team to manage his symptoms more effectively.

6. Challenges

- Quality and availability of housing. Housing resources in the community are limited, and the quality of available housing can be subpar.
- Meeting the staffing needs for optimal servicing of the program.

7. Solutions in Progress

- Adult Wraparound continues to work with treatment teams in the system of care to promote its use with individuals who could benefit from the services.
- Adult Wraparound staff continues to work closely with local housing facilities, apartment managers, and housing assistance programs to identify and address the housing needs of the mentally ill in the community. In addition, staff also work on building new and existing relationships with community-based programs, classes and substance use disorder support.

Community Services and Supports – System Development	
A4 – Outreach and Education (O&E)	
Estimated annual number to be served in FY 15-16	**22,000**
MHSA funds budgeted FY 15-16	**$ 130,513**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 6**
Number of clients served in FY 14-15	**21, 699**

1. Program Description

The Outreach and Education Program (O&E) was developed as a result of the initial MHSA Needs Assessment concluding that of serious concern is Kern County's need to increase services to the Hispanic/Latino community across all age groups. According to the data projections provided by the state Department of Finance, the Hispanic/Latino population was projected to continue to increase, becoming the majority population by 2010 and to be nearly 2/3 of the overall population by the year 2050. Kern County must prepare to meet the needs of its changing demographics. Preparations include recruiting, training and retaining mental health professionals who are bilingual and bicultural; outreaching to Spanish speaking residents in their first language, and providing full service partnerships using culturally appropriate assessment and treatment modalities.

According to the 2010 Census Report, one of every three persons in Kern County was Hispanic/Latino; one in 18 was Black/African American; one in 31 was Asian; one in 48 was identified as multi-racial; and one in 67 was another race. Based on Kern County Mental Health Department Prevalence Studies, overall penetration rates for nearly all ethnicities living in Kern is lower than the expected percentages for prevalence. Kern is a large and geographically challenging county, with a mountain range bisecting it east and west. Our needs assessment data tells us that access to assessments and services in the rural and sparsely populated areas of Kern is a great concern among respondents.

Stakeholders, consumers and families identified as a priority need a comprehensive community outreach and education program that targets those who may need mental health services, individuals and families currently receiving services, other health and human services providers, community leaders, the media and the general public.

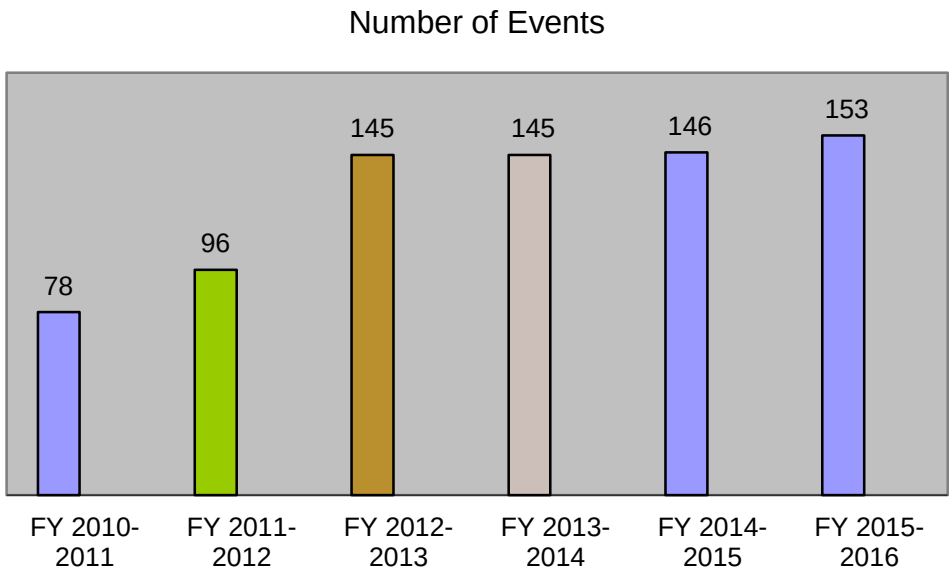
2. Service Goals

- Increase community awareness and understanding of mental illness by educating the public about recovery and the reduction of stigma.

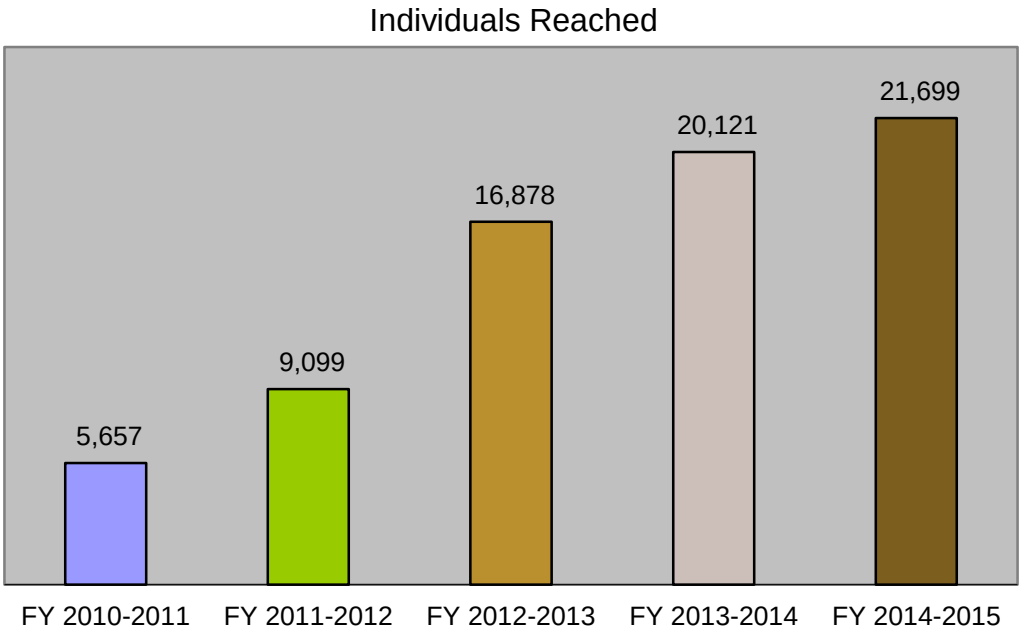
- Outreach to un-served and underserved populations in Kern County with culturally relevant information regarding mental illness and community resources.
- Collaborate with community agencies at special events to provide educational opportunities.
- Educate and train law enforcement agencies and other community partner agencies to improve their understanding of mental illness and its lasting impact.

3. Positive Results for Fiscal Year 2014-2015

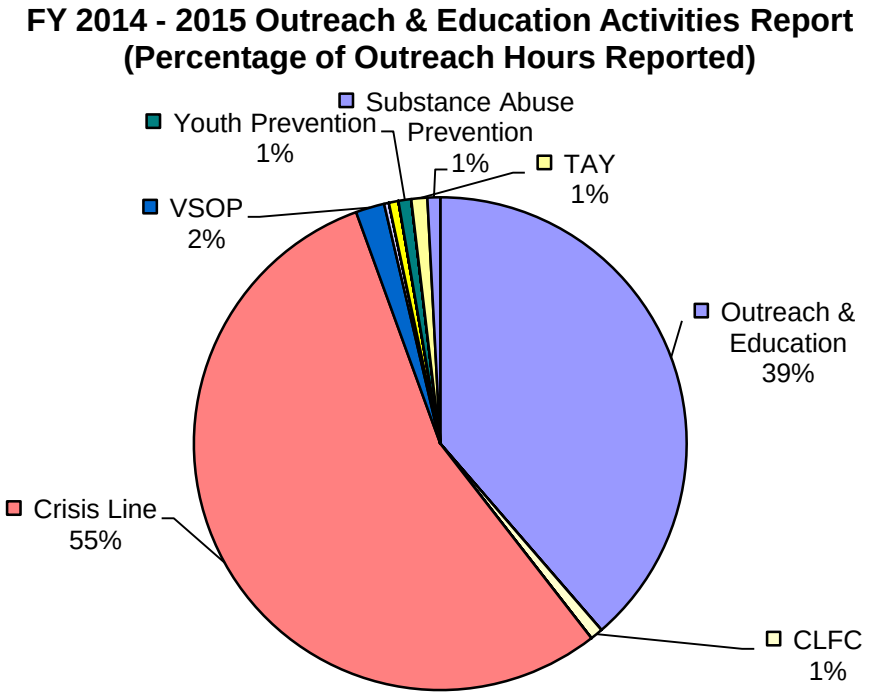
Mental health professionals and peers participated in 146 outreach and education activities during Fiscal Year 2014-2015. The following graphs show activity details.



Numbers for FY 2010-2011 – FY 2014-2015 are based on reported number of events and individuals reached. Numbers for FY 2015-2016 are based on projections and not on actual number of events.



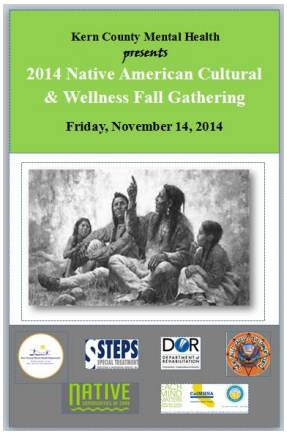
A Department Effort: Reported Outreach Hours per Team (Percentage)



4. Program Data

With department-wide efforts, event participation has increased during the past 3 years at a notable pace. O&E event participation in the community is estimated to increase at a minimum of 10% respectively in FY 2015-2016.

5. Making a Difference



In 2014, the Kern County Mental Health (KCMH) Outreach & Education coordinator joined forces with the Cultural Competence Committee and the Training Services Division to outreach to the Native American population of Kern County.

The O&E coordinator was able to build a partnership with Owen's Valley Career Development Center (OVCDC). OVCDC is a Tribal organization providing career education, family literacy, language and temporary assistance services in the six California counties of Fresno, Inyo, Kern, Kings, Tulare and Mono.

As a direct result of the partnership and collaboration, KCMH, OVCDC, and other local agencies planned and organized the 2014 Native American Cultural & Wellness Fall Gathering. The event took place on Friday, November 14, 2014 at the Bakersfield College campus.

The 2014 Native American Cultural & Wellness Fall Gathering was an event geared to educate mental health professionals and fight stigma among the Native American population.

The event offered those attending the opportunity to attend a morning workshop presenting the historical trauma Native Americans have endured. It also offered an afternoon filled with an array of activities such as a health fair, drumming session, corn husk doll making, talking circle, and a key-note speaker.





6. Challenges

- Data collection system wide.
- Outcome measurements.

7. Solutions in Progress

In addition to the educational efforts pursued by the O&E program to reach underserved populations, the O&E program has worked collaboratively with the Mental Health Plan's (MHP) Cultural Competence Resource Committee (CCRC) to enhance appropriate service delivery to underserved diverse populations.

More specifically, a number of educational and outreach projects have already targeted increasing African-American penetration rates in utilizing mental health services. Because state data continues to indicate that African-American penetration rates lag below the state averages for MHPs, enhanced outreach and engagement efforts will be pursued over the next three year period in this area.

The CCRC and the O&E program have developed a range of enhanced outreach activities that involve increased engagement and linkage efforts to better assure that more African-Americans will receive the mental health services they need.

As of March 2015, KCMH has integrated the recording of outreach and education data into the Anasazi electronic medical record. KCMH staff performing O&E activities have receive training and have begun recording data into the Anasazi electronic medical record.

Community Services and Supports – System Development	
A5 – Access to Care - Hotline	
Estimated annual number to be served in FY 15-16	**25,000**
MHSA funds budgeted FY 15-16	**$559,755**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 22**
Number of clients served in FY 14-15	**22,319**

1. Program Description

The Kern County Mental Health Hotline was created in 2006 to meet needs identified by stakeholders in the original MHSA planning process. Prior to 2006, calls to the Mental Health Department's 800 number were routed to the Crisis Stabilization Unit (CSU), which also had responsibility for all in-person crisis traffic. Stakeholders reported they felt they were not given the time or the support needed when they called the 800 number in crisis, and were often directed to come to the CSU in person rather than receiving any meaningful telephone-based support or intervention. This created access issues for those lacking transportation, while overwhelming an already busy unit. The Hotline was developed as a dedicated telephone-based service offering crisis intervention, suicide risk assessment, problem solving/coping skills support, and support for all mental health or substance use disorder related concerns, as well as information and referral services.

The Hotline is a voluntary program designed to provide individual and family support to consumers and potential consumers of mental health services. The Hotline provides crisis counseling, suicide intervention, referrals for immediate crisis services, information about community based resources and assistance in making contact with those resources whenever possible, including other identified human service needs. One goal of the Hotline is to provide an immediately available telephone-based counseling resource to individuals in crisis. The Hotline provides services to any individual who calls and there are no eligibility requirements.

The Hotline is dedicated to assuring individuals receive the highest quality, most effective, and culturally appropriate combination of individualized treatment, education, and support. Individuals served are involved in all aspects of their care related to the Hotline as well as other mental health services, and services are provided in a manner that is responsive to each individual's unique characteristics, needs, and abilities.

The Hotline abides by the policies and procedures of Kern County Mental Health to promote and protect the rights of each individual. Hotline services are provided by licensed practitioners of the healing arts (LPHA), recovery

specialists, substance abuse specialists, and volunteers who have undergone a minimum of 40 hours of specialized training.

2. Service Goals

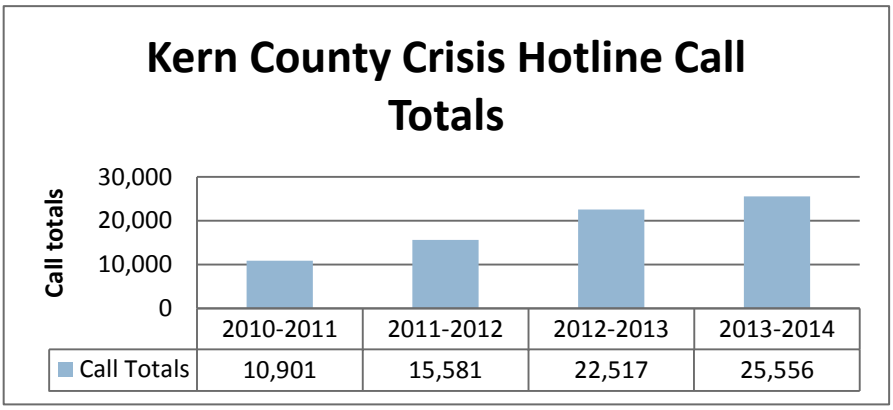
- Offer telephone-based counseling, crisis intervention, and information and referral services.
- Provide a 24/7 support alternative to crisis stabilization or emergency medical/law enforcement services when possible.
- Increase access to care for individuals in Kern County communities.

3. Positive Results for Fiscal Year 2013-2014

During the past year the Hotline has substantially increased outreach and education efforts. In FY 2012-2013 the team had 64 events and in FY 2013-2014 the team participated in 127 community events. Each event has an educational component which provides information about mental health services as well as the services provided on through Hotline. The 24-hour toll free number is promoted and people are encouraged to call for assistance, information about services, and to refer family or friends in need of services. This significant increase has helped to increase number of volunteers available, and call volume and has helped spread the "Know the Signs" suicide prevention message.

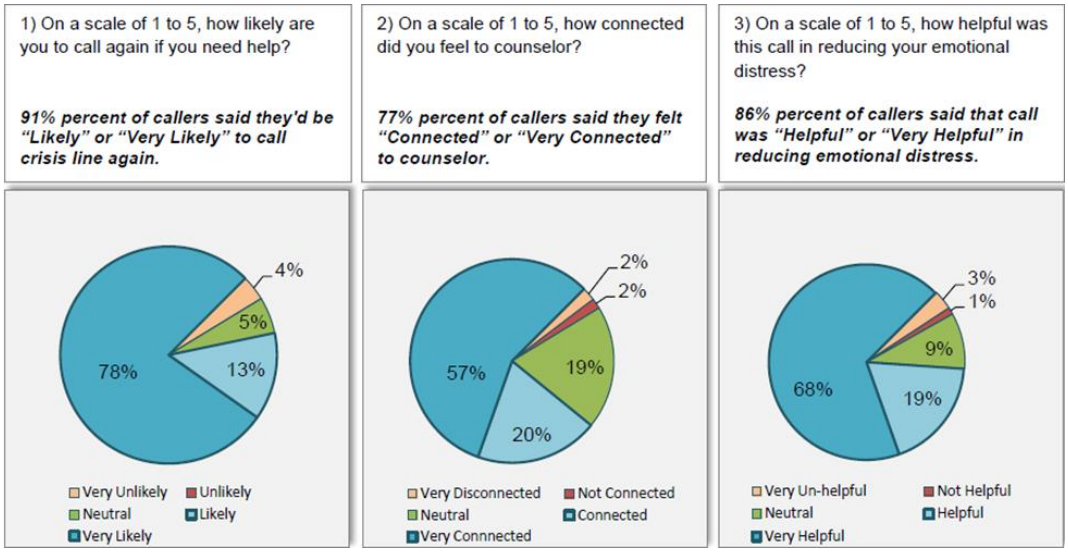
4. Program Data

The Hotline has been working on increasing service capacity for the past several years. In 2010 a volunteer program was created to help increase call capacity. In addition to building a volunteer base, dedicated staff and volunteers have partnered to increase outreach and education, ensuring that more community members are aware of the services available. The graph below details the growth in call volume over the preceding three year period. Though the Hotline is almost at capacity, staff are constantly working to expand the volunteer component of the Hotline, with a goal of continuing to build capacity. The goal of the Hotline expansion is to provide services to a minimum of 27,000 callers in Fiscal Year 2015-2016.



Outcomes: Satisfaction Surveys

The Hotline embarked on a satisfaction survey project in December of 2013. One survey period was completed in December 2013, with subsequent survey periods in March and October of 2014. At present, the initial data from this small inaugural three-question survey sample is available. Results are promising and indicate a high level of caller satisfaction. With the hope of targeting specific areas for service improvement, there are current plans to expand the survey questions as well as the number of participants. Detailed survey information is displayed in the graphs below.



5. Making a Difference

In the spring of 2015, one of our newly trained Hotline staff took a call from a student who was several hundred miles away and on the roof of her university's multi-story math building with a suicidal plan to jump. This particular staff, employed as support staff, had offered to go through all of

the Hotline volunteer trainings so she might be able to back staff up when call volume is high or when staffing challenges arise. This night was one of her first full shifts taking calls and she had been fearful of receiving a call of this acuity. The student, from the Bakersfield area, was relieved to find someone from her home town on the other end of the line when she called the National Suicide Prevention Hotline (1.800.273.8255). The call had been routed through the Lifeline Network, which sends calls to the closest local center based on area code. The Hotline staff engaged this caller with compassion and warmth and encouraged her to simply tell the story of why she was feeling so trapped. With empathic listening and collaborative problem solving, the staff member was able to get the student to see she was in need of help and that death was not her only option. By the time campus police arrived, the student was off of the roof, sitting calmly, and chatting with the Hotline staff member. She was ready and willing to talk to campus police about where to go locally for help. This case provides a nice example of what is needed to do Hotline crisis work: a desire to help and some specialized training. It is not a formal clinical education that makes a crisis worker effective, but their empathy and caring for others shown in their willingness to be present on the phone line when someone is thinking of choosing death. Often a Hotline is a link for counseling, support, and information, but at times, as in the case above, it is a true lifeline.

6. Challenges

- Low call volume from the Spanish speaking community. This population has been identified as underserved.

7. Solutions in Progress

Historically, the KCMHH has had low call volume from the Spanish speaking community. This population has been identified as underserved by the agency as well as Hotline services. For the past 18 months, Hotline staff have partnered with CalMHSA on an active ad campaign targeting the monolingual Spanish-speaking community. Ads with the local Crisis Hotline number in English and Spanish were placed on eighty-three buses. In addition, a bilingual outreach committee has been formed and is actively working on community outreach, education, and marketing of Hotline services in the Spanish-speaking communities within Kern County. Bilingual staff have increased from two to four and bilingual volunteers continue to increase in number as well. We are dedicated to building our capacity and increasing the number of calls from Spanish speaking-community members. We have seen a very slight increase, approximately 1.5%, in Spanish calls this fiscal year. In this next year, we plan to certify three new Spanish speaking QPR trainers. The plan is to increase to community outreach and education

components within the monolingual Spanish speaking community, with the hope that this additional outreach will increase community awareness of the resources available through the Hotline.

Community Services and Supports – System Development	
A5 – Access to Care – Access Center	
Estimated annual number to be served in FY 15-16	**3,400**
MHSA funds budgeted FY 15-16	**$ 269,844**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 79**
Number of clients served in FY 14-15	**3,214**

1. Program Description

The Access Center is the central point of service entry for the adult mental health system of care. It was created to provide initial screenings and timely service to individuals seeking mental health services. The screening process is designed to quickly identify and understand the needs of individuals seeking services, and to assist them in accessing the appropriate services required to meet their needs.

The primary goal of the Access Center is to screen individuals presenting for services in a timely manner and assist all individuals by linking them to services that will address their presenting treatment needs. This process involves referring some individuals to the Assessment Center for an assessment with a Licensed Practitioner of the Healing Arts (LPHA) and referring individuals to a variety of community based treatment options; linking individuals to appropriate treatment resources in an efficient, effective manner.

2. Service Goals

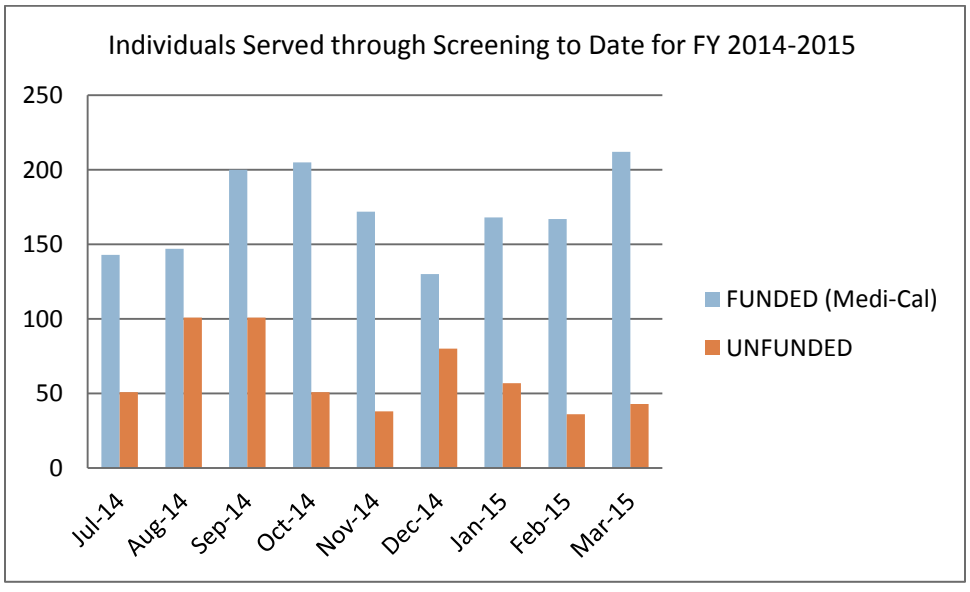
- Reduce individual's problematic symptoms.
- Prevent hospitalization through access to outpatient services.
- Increase social contacts and constructive community interactions.
- Ensure each individual finds services to be easily accessible.
- Satisfaction with treatment services.
- Provide mental health services that are sensitive to cultural background and in the individual's primary language when possible.
- Increase linkage and facilitate coordination to outpatient and community resources.

3. Positive Results for Fiscal Year 2014-2015

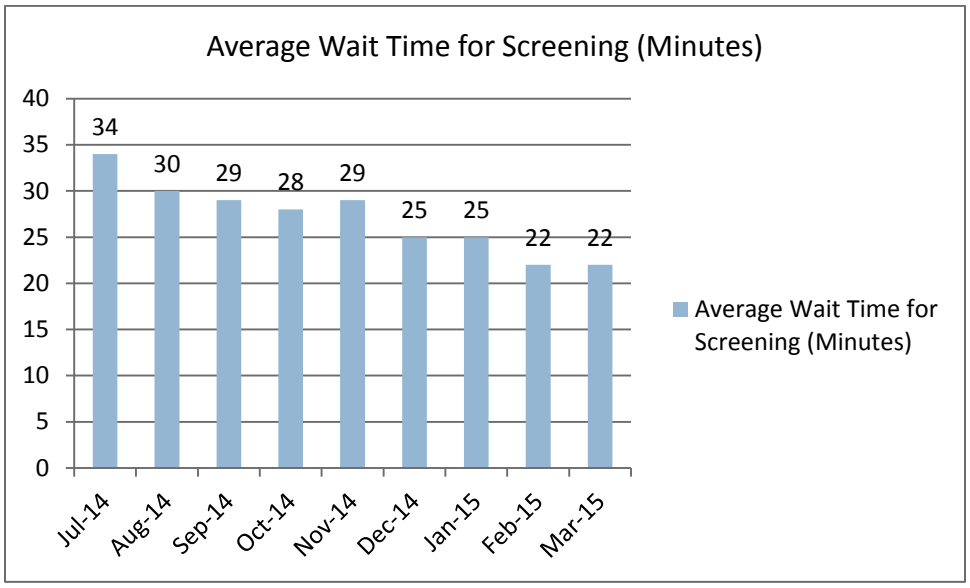
Screenings are provided on a walk-in basis at the Mary K. Shell Mental Health Center. Individuals that arrive in a crisis situation are seen immediately by a member of the Access Team. Screenings and referrals are conducted in a manner that is respectful and considerate of the person's age or developmental level, gender, sexual orientation, cultural background, psychological characteristics, physical condition, and spiritual beliefs. Family members are encouraged to participate in the screening process when invited/included by the individual served, with the goal of engaging the family to obtain collateral information and establish a collaborative plan for ongoing care. Screening staff also actively work with other community program and treatment providers to assist individuals in linking to community based resources to meet their immediate needs and longer term goals. Screening services are provided to any community member presenting for services, regardless of funding.

During Fiscal Year 2014-2015, Access to Care was provided the opportunity to work with collaborating teams such as the PEC/CSU (Psychiatric Evaluation Center/Crisis Stabilization Unit) to increase awareness regarding individuals at risk for suicide and/or homicide, identifying risk factors and determining appropriate care for the individual, such as sending them to a higher level of care. This has allowed the screeners to understand the roles and functions of the PEC/CSU and has increased collaboration and communication between both the screeners and PEC staff when providing services to an individual at risk of suicide and/or homicide.

4. Program Data



The goal is for all individuals to be seen within 30 minutes of completing their screening questionnaire. Average wait times have been calculated over this reporting period and demonstrate a decrease in wait time over the last four months. Current wait times average at 22 minutes, demonstrating an improvement in decreasing average wait times.



5. Making a Difference

Client was a 23 year-old African American male who had been living in Los Angeles, CA and relocated to Bakersfield, CA. He was brought in by his mother for a mental health screening in order to continue with his mental health treatment. He had a previous diagnosis of schizophrenia and was being prescribed Invega Sustenna injections while in Los Angeles. Upon arrival he reported being symptomatic and homeless and was due to receive another shot in order to avoid decompensating. The screener working with the client collaborated with his previous psychiatric doctor to gather his medication records. Client's previous doctor identified a potential risk of hospitalization if client did not receive his medication. The screener worked collaboratively with a therapist, the CCMO team, Kern Medical Center emergency room and the PEC unit to ensure the client received his medication, had an urgent assessment and was linked to the appropriate level outpatient team in a timely manner to avoid an increase in client's symptoms and potential hospitalization.

6. Challenges

- Individuals often present at screening in acute crisis which may be resolved or reported very differently when they are later seen for assessment.
- Individuals were waiting too long to be seen for a mental health screening, at times waiting as long as 90-120 minutes.

7. Solutions in Progress

- Establishment of a process for a direct transfer of clients with urgent needs to move directly from screening to assessment. This process is decreasing waiting periods for assessment and allows faster access to services for clients with identified urgent needs.
- As a solution, staff lunch breaks were shortened to 30 minutes and staggered so all staff no longer went to lunch at the same time. This resulted in more staff time available throughout the day for screening.

Community Services and Supports – System Development	
A5 – Access to Care – Assessment Center	
Estimated annual number to be served in FY 15-16	**1,200**
MHSA funds budgeted FY 15-16	**$ 269,843**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 225**
Number of clients served in FY 14-15	**1,044**

1. **Program Description**

   Access to Care was created to provide timely mental health assessments to individuals seeking mental health services. The team utilizes Licensed Practitioners of the Healing Arts (LPHA) to assess the level of impairment, document symptoms and develop a diagnostic picture which will be utilized to determine the required service provision and appropriate service provider for individuals seeking mental health services.

   Access to Care staff work collaboratively with the individual, as well as obtaining supportive information and collaborating with family and friends (if permitted by the individual) and other previous or concurrent treatment providers to identify the presenting problem, document symptoms, collect relevant history and determine a tentative diagnostic picture. Staff assists the individual in linking to an appropriate service provider or with community providers who will provide non-specialty mental health services.

2. **Service Goals**

   - Complete a culturally sensitive mental health assessment, in the preferred language of the consumer.
   - Provide urgent assessments to individuals in acute crisis within two working days and connect them to interim services when necessary.
   - Identify consumers in need of specialty mental health services and link to appropriate service providers within 7 days of assessment.
   - Schedule orientation appointments within 14 days of the initial contact with mental health services for those needing outpatient specialty mental health services.

3. **Positive Results for Fiscal Year <u>2014-2015</u>**

   Assessments are conducted in a manner that is respectful and considerate of the person's age or developmental level, gender, sexual orientation, cultural background, psychological characteristics, physical condition and spiritual beliefs. The assessment includes an exploration of individual's resources, coping skills and periods of wellness, beginning to establish a foundation and

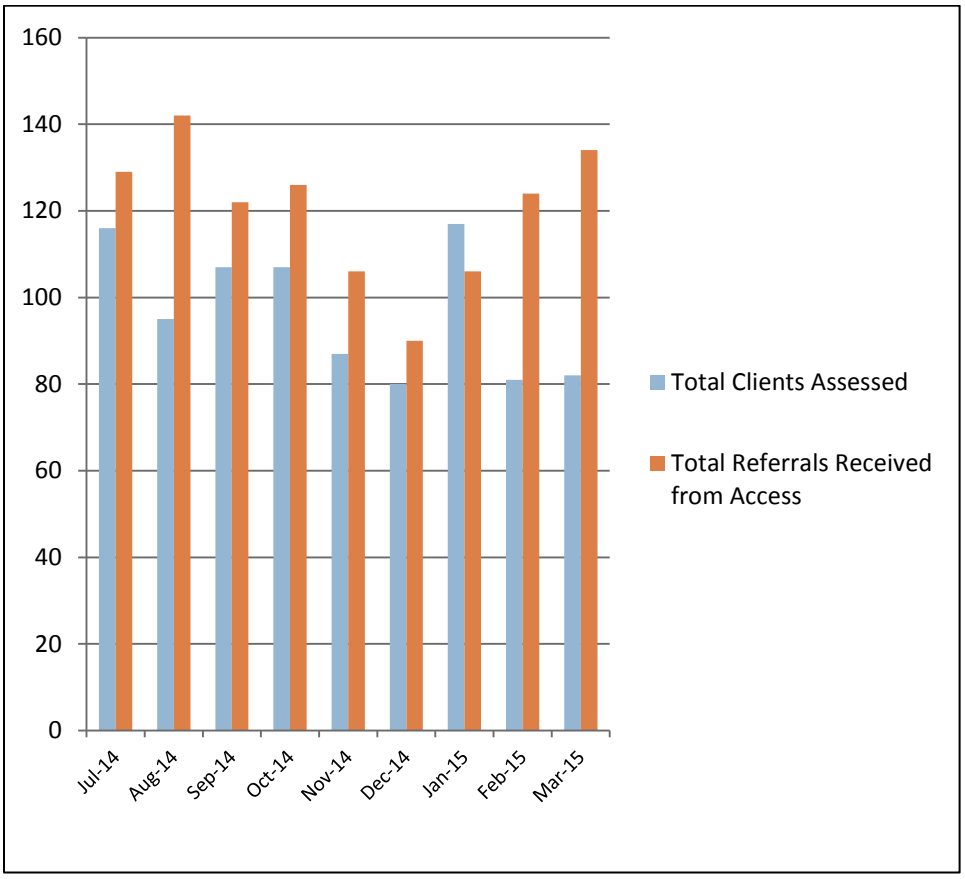
baseline for wellness as well as encouraging the individual to identify his or her own goals. Collaborative discussions regarding an individual's personal goals for wellness are identified in the assessment, providing the foundation for the establishment of treatment goals.

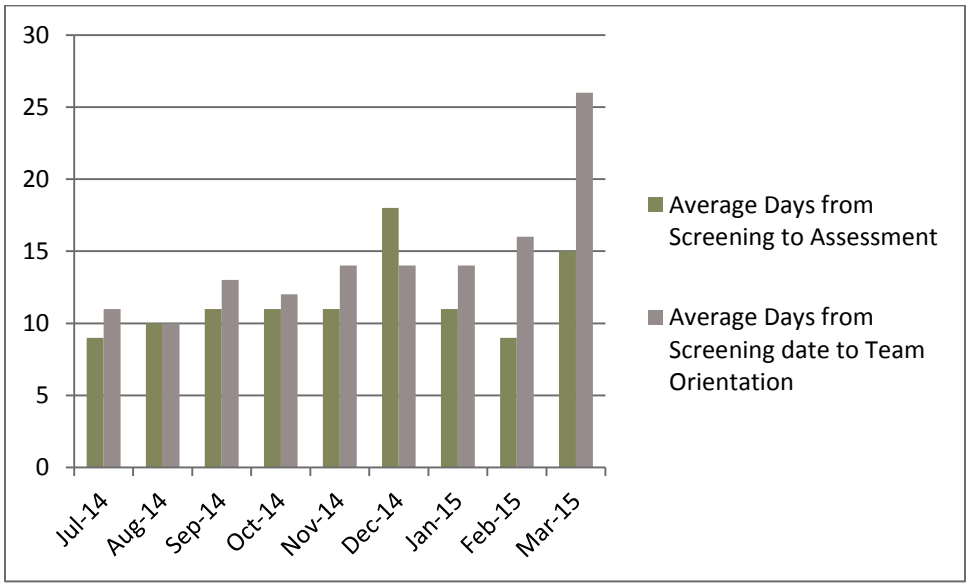
Access to Care collaborates with the Psychiatric Evaluation Center/Crisis Stabilization Unit (PEC/CSU) and Mobile Evaluations Team (MET) to provide expedited assessments to individuals accessing crisis services, providing urgent assessments to individuals identified by PEC, MET and by the Access to Care team. Staff strive to reduce crisis interventions and inpatient hospitalizations for individuals seeking mental health services.

In fiscal year 2014 the Harm Reduction Therapy program (HaRT) has been serving individuals at risk for suicidal and homicidal feelings, thoughts and behaviors with immediate services. The program uses Brief Cognitive Behavioral Therapy, an evidenced based model focused on providing short term, immediate services for individuals to specifically reduce suicidal ideation. Individuals who do not meet medical necessity to be referred to a Kern County Mental Health outpatient team are referred to HaRT to reduce suicidal ideation. For individuals who are referred on to a KCMH team, HaRT therapist will collaborate with the treating team, providing specific interventions to reduce suicidal ideation alongside the treatment offered through the outpatient team. HaRT has served 27 individuals to date in FY 2014-15.

Free group services have been established and are offered on a weekly basis: a DBT based class (Life Skills), and a Cognitive Behavioral based depression class. These psycho-educational classes are open to the public and utilize evidence-based models for service provision. Groups are designed to offer interim services as well as provide an opportunity to deliver educational support to individuals who would not otherwise access individual specialty mental health services.

4. Program Data





5. Making a Difference

A 54-year old Caucasian male came in for a mental health assessment. The client presented very guarded and reported that he had lost hope in life. He had a history of previous suicide attempts and was reporting continuous suicidal ideation and feelings of loneliness. In addition, he had experienced recent significant losses such as his dog, job, and income and was at the verge of losing his living placement. Medical issues contributed to his depression and hopelessness. This individual was pessimistic and resistant to treatment. The assessment therapist, throughout the assessment, worked on establishing a rapport with the client, addressing his identified concerns and helping the client problem solve for solutions. He was immediately linked to HaRT for brief therapy to address the suicidal ideation as well as to an outpatient treatment team. Both the HaRT therapist and the outpatient team worked collaboratively to decrease suicidal ideation and depression. As a result of HaRT therapy and medication management services, the client has reported a reduction in suicidal ideation and depression.

6. Challenges

- No-show rates for scheduled assessments continue to be high (averaging 59-67 appointments per month) and affect timely access to an assessment.
- Longer wait times for scheduled appointments increases no-show rate and impact timely access to service.

7. Solutions in Progress

- Screeners identify individuals who may be able to fill no-show slots on a last-minute basis. A call back list has been in operation as a means of trying to bring people in earlier and fill no-show slots.
- No-show appointment slots are also filled with clients seen directly from screening and also offered to clients being received from crisis teams such as PEC and MET.
- Clinicians have increased booking slots to address high no-show rates.
- Interim services are offered that include free psycho-educational classes and the Harm Reduction Therapy (HaRT) program.

Community Services and Supports – System Development	
A6 – Consumer Family Learning Centers (CFLC)	
Estimated annual number to be served in FY 15-16	**425**
MHSA funds budgeted FY 15-16	**$930,113**
Estimated annual cost per client (direct service programs only) FY 15-16	**$2,189**
Number of clients served in FY 14-15	**425**

1. Program Description

The KCMH Consumer Family Learning Center (CFLC), Family Learning Center (FLC) and Hope Center (HC) were developed and expanded for the purpose of providing education, peer support, self-help, recreational and volunteer opportunities to adults 18 and over in the Bakersfield, Tehachapi, and Ridgecrest communities of Kern County. The Bakersfield CFLC is operated by Kern County Mental Health and the FLC and HC are operated by a contracted service provider. The focus of the learning centers is to encourage persons in recovery from mental illness and/or substance use to acquire and apply sometimes newly-acquired skills and take decisive action on their life and wellness goals. The centers are not drop-in centers; rather they are focused on the belief that clients may learn new skills at the learning centers, but the real work and recovery comes from the application of the new skills and abilities in settings within the person's community.

2. Service Goals

- Increased participation of client and family members in groups and classes.
- Increased volunteerism in the community.
- Increased participation of consumers in system of care committees and evaluations.
- Increased community outreach to reduce stigma about mental illness and recovery.

3. Positive Results for Fiscal Year 2014-2015

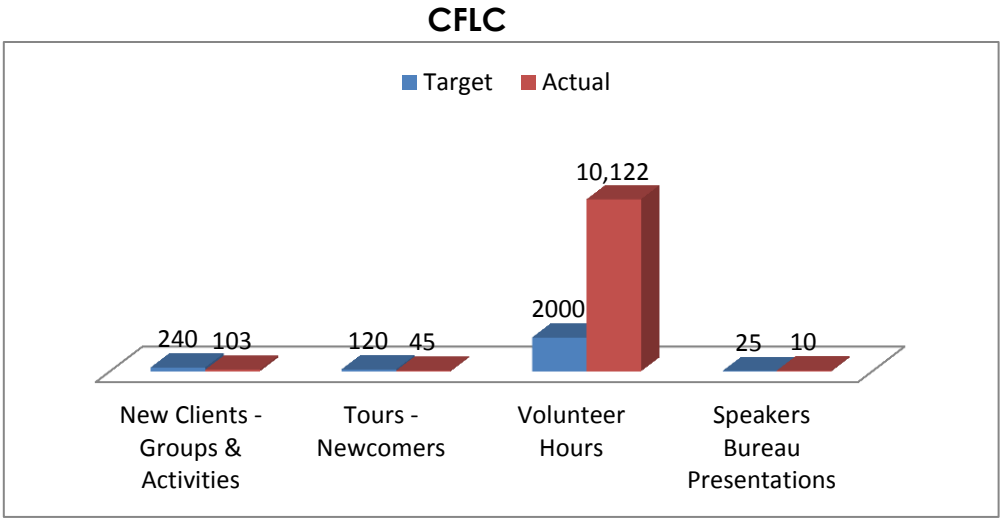
The CFLC, FLC Tehachapi, and the Hope Center Ridgecrest continue to provide over 279 free educational classes, social and recreational events, and volunteer opportunities to persons from the community. Learning center members and participants do not have to be receiving services through county mental health providers to utilize these services. This openness to the community, and focus on involvement in meaningful activities are hallmarks of Kern County's learning center/peer support programs.

The CFLC, Family Learning Center Tehachapi, and the Hope Center, Ridgecrest staff is comprised of paraprofessionals who also identify as being either a family member of a person in recovery and/or are individuals with lived experience as clients themselves. The types of peer-run classes offered include conflict resolution, illness management and recovery, money management, computer instruction and lab, Un Dia a La Vez (one day at a time), cooking skills, sewing and quilting, and meditation/yoga. Through efforts to increase client knowledge and participation in community, the CFLC classes strive to increase a client's engagement in educational and leisure activities and decrease client's need for crisis intervention by increasing the variety and use of social and coping skills.

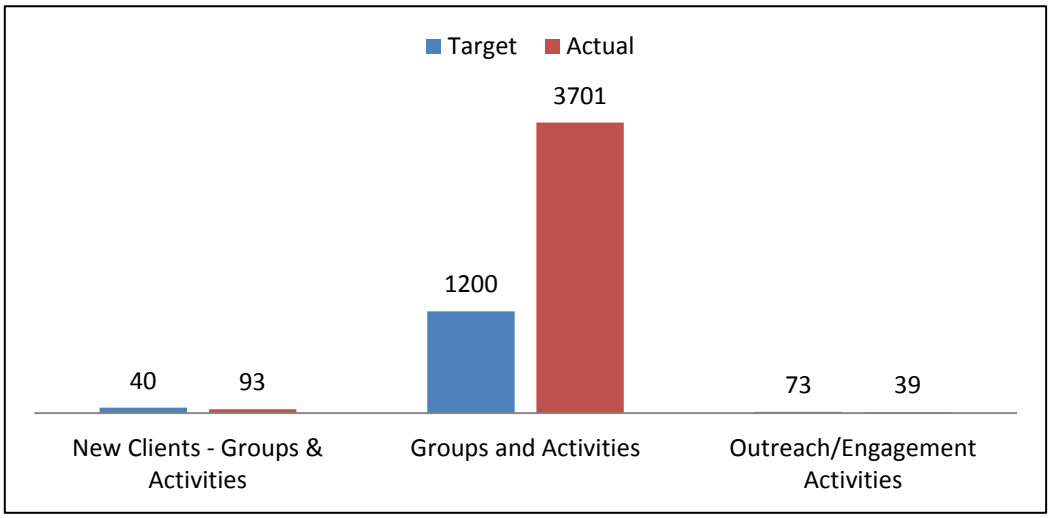
In response to requests from community service providers, and data indicating lower penetration for African American consumers and family members receiving services through KCMH, the CFLC provides a skill building class one time per week in a Bakersfield park facility that is attended by a large number of persons from the African American community.

There are currently thirty (30) KCMH volunteers who provide thousands of hours of service; they facilitate groups, serve on system and advisory subcommittees, as janitors through the Housing Authority of Kern County, and as greeters and speakers at community educational events. Volunteers who serve on the mental health system development committees are reimbursed for their transportation costs for committee attendance and work with Workplace Education and Training (WET) funds for stipends. The learning center staff and volunteers also complete a quarterly newsletter with stories, inspiration, and pictures.

4. Program Data



FLC, Hope Center- East Kern



5. Making a Difference

"Edward" has attended CFLC for over four years. Initially Edward displayed agitation, anger, withdrawal, and regularly challenged females by invading their physical space. Often Edward had difficulty with verbal communication in part due to mental health challenges and to traumatic childhood experiences. Over time, he started attending CFLC groups and classes, though initially he was unable to tolerate groups of people or remain seated. He eventually began facilitating groups and acting as a greeter, giving tours to visitors and new members. Edward was nominated to the CFLC Advisory Committee and began to speak more effectively, and is now able to accept constructive feedback about his interactions with females. Edward has also participated in CFLC's "Voices of Recovery" by sharing his recovery journey to graduate-level social work students for the purpose of educating and reducing the stigma of mental illness. He began to participate more collegially and demonstrated a strong desire to help other clients and help initiate system changes through subcommittee participation. Now that he has completed his GED and graduated from the Peer Employment Training, Edward is working with the KCMH Vocational Services Team to secure a college education so he can become a social worker "like the one who spent so much time to really help me."

6. Challenges

- Clinical outcomes are difficult to ascertain for CFLC participants because the CFLC/learning centers do not use medical record information.

- The centers do not employ the type of questioning that reflect the clients use of crisis, treatment adherence, or other concrete measures of wellbeing.

7. Solutions in Progress

- The CFLC, SET (Self-Empowerment Team), and the east Kern learning centers have initiated Performance Outcome Measures (POM's), using the strategy of identifying a sample of clients who receive mental health treatment, who attend classes or work with the peers of SET, and identify crisis services and events happening before the client came to the learning centers, and compare crisis utilization at three, six, and nine months.
- The CFLC participated in the department's Consumer Recovery Survey for the last three years, and the results indicated a high level of satisfaction in the services and supports offered.

Community Services and Support – System Development	
A7 – Recovery and Wellness Centers (RAWC)	
Estimated annual number to be served in FY 15-16	**1,500**
MHSA funds budgeted FY 15-16	**$3,585,569**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 2,390**
Number of clients served in FY 14-15	**1,500**

1. Program Description

The Stockdale Recovery and Wellness Center (RAWC) is a team that provides mental health services to clients who have made good progress in their recovery, and are ready to transition to non-specialty community mental health services. Clients served by this step-down team are offered peer support, solution-focused brief therapy, medication management and consultation with new community providers, as well as linkage to the client's primary care provider.

2. Service Goals

- Successful transition from specialty to non-specialty community-based mental health services.
- Increased consumer participation in wellness and self-management activities such as Consumer Family Learning Center (CFLC), volunteerism, vocational programs and peer support.
- Increased skills to self-manage mental health symptoms and have a plan to avoid crisis episodes.
- Decreased need for crisis interventions and hospitalizations.

3. Positive Results for Fiscal Year 2014-2015

The Recovery and Wellness Centers provide comprehensive mental health services utilizing a multidisciplinary staff that includes trained peer specialists in a unique recovery-oriented environment. The RAWC staff utilizes a brief, Solution-Focused Therapy (SFT) and Stages of Change framework in all services and regularly link their clients to peer support. The knowledge, lived experience, and ability to engage with clients is a strength of the SET Peer Support Team. The peers focus their efforts on operationalizing and completing the client's life goals, which complements traditional mental health services. Our peer specialists not only demonstrate that recovery from mental illness is possible but use their training by Recovery Innovations to help consumers engage in practical, real life skill development defined with – not for – the consumer. Linkage with natural community supports is also emphasized. One such support is the Consumer Family Learning Center

(CFLC) where a vast array of consumer-run activities and supports are available each day.

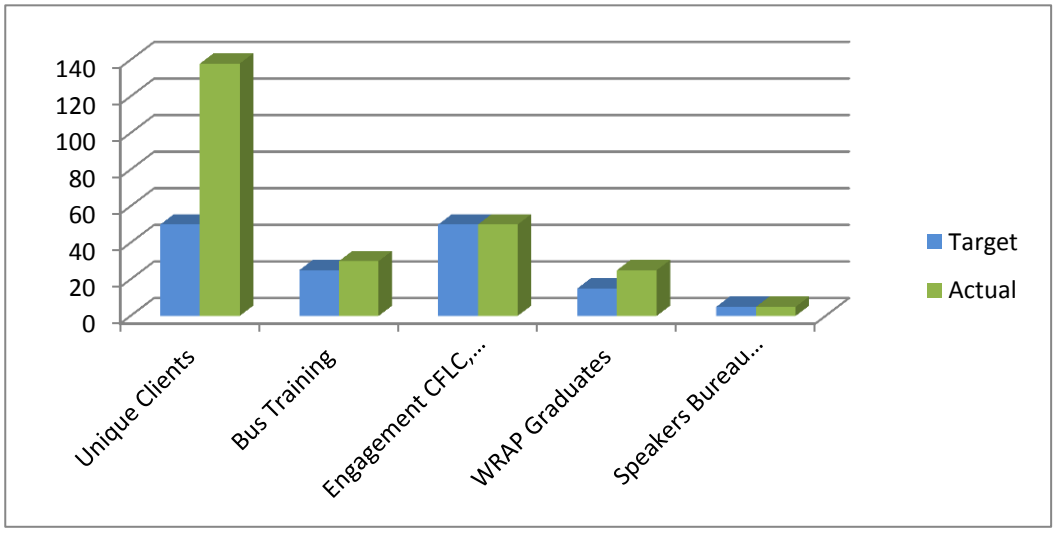
Each RAWC consumer's service is organized by the Milestone of Recovery Scale (MORS). It allows the consumer to collaboratively set recovery goals, evaluate progress and make improvements as needed. Another important tool is Wellness, Recovery Action Plans (WRAP) which helps consumers learn what helps them be well and build self-management strategies into their daily routines. In order to prepare primary care providers for their responsibilities when consumers transition to their care, we complete and share nursing assessments that reflects a consumer's strengths, needs, abilities and preferences as well as treatments found to be beneficial for the consumer.

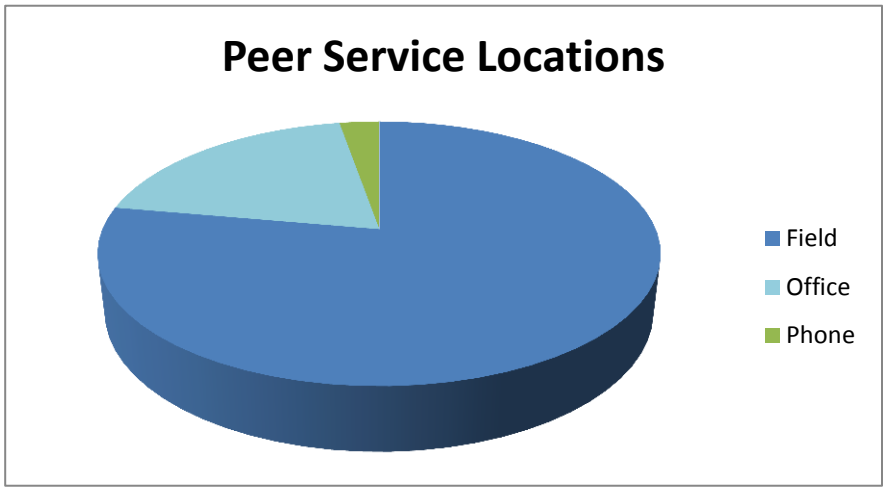
4. Program Data

Stockdale RAWC served 206 new steps-down clients during FY 14-15, and to date transitioned 218 to community primary care provider and behavioral health community providers. This team had 34 clients served by peer support specialists.

- *Peer Specialist Services and Activities*
- *Unique Clients: Target 100. Actual for FY 14-15: 193.*
- *Bus Training: Target 20 Actual 20*
- *Engagement CFLC, Volunteerism: Target: 60. Actual: 102*
- *WRAP Graduates: Target: 20 Actual: 8*
- *Speakers Bureau Presentations: Target 10 Actual: 8*

Peer Specialist Services and Activities





Peer Service Locations:
Field 287
Phone 0
Office 62

5. Making a Difference

"David" has received mental health services since he was 6 years old. After nine years of receiving intensive specialty mental health services through the Children's System of Care, David was transferred to the Stockdale RAWC transition team. Initially David was very guarded and he reported that his only real interest was playing basketball. He had difficulty setting goals for himself and struggled with controlling his angry impulses. As part of the efforts to identify his vision for his future and motivation to take positive action, David was linked to peer support services from the Self- Empowerment Team (SET). The peer support staff developed a strong connection with him in part by playing basketball with him. This supportive relationship helped David to come out of his shell and expand his opportunities for socialization and new learning by attending classes and groups at the Consumer Family Learning Center (CFLC).

Through working with the peer support staff, and later with the Vocational Services Team, David began to be able to focus and explore work and educational options. He learned to cope with and manage his mental health symptoms and find ways to move forward in his life. The peer assisted David in mastering public transportation, which he needed to attend the classes that he grew to enjoy.

David is now a student at Bakersfield College, has a son that he cares for two days a week, and still plays basketball (sometimes with a community team) four or five days a week. He is now in the active transition process, has begun mental health treatment in the community, and is on track to discharge from specialty mental health treatment.

6. Challenges

- Clients come to the Stockdale RAWC with mental health challenges that have largely resolved, but are often very hesitant about leaving KCMH specialty services.
- Limited advanced college education and lack of direct mental health treatment work experience among peers make qualifying for Civil Service positions difficult.
- Primary care providers and other community providers cannot provide injections, so a small cohort of clients otherwise ready for transition to the community cannot be served due to issues around Medi-Cal providers being precluded from providing client shots.

7. Solutions in Progress

- The RAWC teams and peer support team work collaboratively to help clients develop/regain natural supports in the community to complement ongoing medication treatments.
- The RAWC teams work with peer support to increase client involvement in advocating for themselves, gaining new abilities, increasing client's abilities, and illness self-management.
- Employed peer specialists are examples of self-efficacy and the ability to move forward hope and what life can be after graduating from specialty mental health services.
- The Affordable Care Act has increased the number of clients served by KCMH RAWC teams, which will consequently increase the capacity of community providers to take over management of client's mental health treatment.

Community Services and Supports – Full Service Partnership	
O1 – Wellness, Independence and Senior Enrichment (WISE)	
Estimated annual number to be served in FY 15-16	**120**
MHSA funds budgeted FY 15-16	**$319,260**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 2,661**
Number of clients served in FY 14-15	**114**

1. **Program Description**

   The Wellness, Independence and Senior Enrichment (WISE) team was formed in 2006 as a Full Service Partnership as well as to provide a foundation for the eventual development of an older adult system of care. The multidisciplinary team provides mobile assessments and treatment for those aged 60 and above with severe mental disorders. Our stakeholders informed us that seniors were under-represented for services, in part because of their transportation issues, health concerns that reduce mobility and access, and stigma. WISE clinicians receive ongoing specialized training in health conditions that appear as mental health conditions, as well as the evaluation process for cognitive disorders.

2. **Service Goals**

   - Reduce homelessness, crisis and hospitalization related to mental health among older adults.
   - Increased outreach and treatment for older adults from minority and low income populations, though the 12% increase is more modest than anticipated.
   - Increased positive involvement and independent mobility within the community among older adults.

3. **Positive Results for Fiscal Year 2014-2015**

   The acronym WISE is an apt description for the team's mission: Wellness, Independence and Senior Enrichment. Our clients are fiercely dedicated to sustaining independence. Our multidisciplinary team often begins our work according to Maslow's Hierarchy – i.e., securing the basics of safe housing, food, income and medical care. Afterwards our focus increasingly shifts to issues of grief and loss, reality testing, problem solving and coping skills.

   Our board-certified geropsychiatrist carefully evaluates the impacts of aging and comorbid medical conditions upon psychiatric conditions and adjusts accordingly. Because of the delicate balance of these conditions, our seniors receive more frequent care than in typical services, enabling them to

avoid crises, urgent care and emergency care. Our therapists use evidence based interventions such as Healthy Ideas (Behavioral Activation) and Cognitive Behavior Therapy. Nationally validated and normed screening and assessment tools are universally employed not only to identify conditions needing treatment but also to chart our progress.

As individuals progress, we increasingly promote involvement in activities of meaning and pleasure, as defined by the consumers. We also promote linkage to ongoing social programs. Increased awareness of options to those who believe they have none via exposure via challenging consumers to embrace healthier habits, new resources, and new coping strategies. Following surveys in 2011 and 2014, CARF described WISE as "an outstanding model of integrated treatment for older adults" experiencing multiple mental-health-related issues.

4. Program Data

- PHQ 9 scores dropped from an average of 16.6 upon intake to 8.1 at closure, reflecting improvements from moderately severe depression to mild levels.
- GAD7 scores declined from an average of 13.1 to 6.7, reflective of anxiety that reduced from moderate severity to low range moderate at time of discharge.
- Psychiatric hospital days decreased from an average of 5 days per person annually prior to admission down to zero inpatient days amongst the groups within the year prior to discharge.

5. Making a Difference

"Maurice" is a 65 year old gentleman referred from a local psychiatric hospital. He had been responding to sudden onset auditory hallucinations which commanded him not to move. His neighbors noticed that he ceased daily pet care rituals and called police to check on his wellbeing. When discovered immobile in his bed, with live and dead cats throughout the apartment, he was hospitalized and then evicted from the residence. WISE services worked in conjunction with the Wraparound Team from Crisis Services to engage with the skittish individual. Assistance was provided to help him obtain Medi-Cal so that he could obtain medications. The close support of a recovery specialist, nurse, and therapist were essential is helping to encourage his acceptance of treatment and to recover from the loss of his pets and his long-term residence. The specialty services of the geropsychiatrist were essential in helping him to accept medications and to develop healthier ideas about eating and other aspects of self-care, including his ongoing need for medication. Within six months Maurice was

well enough to return to seasonal work. Six months later he is preparing for release from WISE, with plans to obtain medication from his primary care physician so he can continue to work.

6. Challenges

- Clients love the services received at WISE and are often reluctant to transition to other providers when intensive WISE services are no longer needed.
- Our Spanish speaking clients particularly struggle with low income and unstable housing.
- Seniors are slow to recognize that prescription medications such as opiates and benzodiazepines can be problematic and prone to misuse/dependence.

7. Solutions in Progress

- An alumni group solely for the individuals who have graduated from specialty mental health services has begun to ease the sense of loss resulting from provider transitions.
- Groups are often held in community centers to improve the familiarity of our clients with no-cost community resources.
- Bilingual personnel continue to provide increased training to paraprofessionals in the community about specialized funds and resources for immigrants, potentially reducing severe environmental stressors much sooner. Other trainings highlight the mental disorders most common to seniors along with recommendations about communication style and activities to promote recovery from each.
- Our second annual seminar was held in Spanish to assist our Spanish-speaking clients in learning about non-prescriptive methods to cope with pain and depression.
- WISE staff are active participants in the start-up of a private local geropsychiatric unit to increase aftercare linkages to our most vulnerable residents.

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GOOD LIFE

PREVENTION AND EARLY INTERVENTION

PREVENTION AND EARLY INTERVENTION

PEI Component Information

The Prevention and Early Intervention (PEI) projects are the second largest component of Kern County's Mental Health Services Act (MHSA) supported programs. These programs are built upon a broad philosophy where early identification becomes universal and interventions are targeted to ameliorate potential problems in settings most common for the general public. These settings include schools, primary care health centers, and in the homes of isolated older adults.

The key strategy in the PEI component of MHSA is to prevent mental illness from becoming severe and disabling and improve timely access for underserved populations. PEI programs emphasize strategies to reduce negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, or removal of children from their homes. PEI moves toward a help-first instead of a fail-first strategy.

Currently 19% of each year's MHSA allocation is budgeted for PEI. These programs are available to children (birth to age 15), transition age youth (ages 16-25), adults (ages 26-59), and older adults (ages 60 and above).

The original PEI Plan was approved by the California Department of Mental Health and the Oversight and Accountability Committee. This plan included school-based "Student Assistance Programs" (SAPs) and community-based programs for seniors and physical health and behavioral health integration. SAP will discontinue in FY 2015-16.

Continuation of the Plan

The community-based prevention and early intervention projects will continue to be delivered. There are two of these projects. The first is the physical health and behavioral health integration projects for community and hospital-based health centers. California's Medicaid State Plan for the implementation of the Affordable Care Act (ACA) will impact services for mild/moderate mental health services. However the limitations placed upon health centers to only use licensed clinicians is having an adverse effect on the Central Valley, where there are significant shortages of licensed professionals. Yet there is growing evidence demonstrated through UCLA's evaluation of this project that other professional categories are as effective.

The second project targets isolated older adults. This is an under-served population in all regions of Kern County. This project utilizes both prevention and early intervention strategies to ensure older adults are self-sufficient and independent, as long as they are safe. Expansion is planned for this project.

Changes to the Plan

The needs of youth, families and schools have changed since the inception of publicly funded prevention and early intervention services in Kern County approved by the California Department of Mental Health and the Oversight and Accountability Committee.

Increasing incidences of violence on school campuses, traumatic events effecting communities, and increased numbers of stressed youth and families needing to access immediate interventions created a need to re-determine if a student-assistance program model was the highest priority. Since 2013, stakeholders including youth-serving agencies identified a different set of priorities. The identified priorities were:

- Immediate access to mental health services for youth when there is a crisis situation either for an individual child or on a school campus
- Increased services for foster youth
- Increased services for preschool-age children
- Increased services to address substance use disorders among children and youth

These changes continue to address the community mental health needs identified in the original PEI plan and target the same priority populations. These populations are:

- Children and youth in stressed families
- Children and youth at risk for school failure
- Children and youth at risk of juvenile justice involvement
- Trauma exposed individuals
- Individuals experiencing onset of serious psychiatric illness
- Underserved cultural populations

Prevention and Early Intervention – Prevention	
CB1 – Youth Brief Treatment – NEW	
Estimated annual number to be served in FY 15-16	**1,550**
MHSA funds budgeted FY 15-16	**$802,787**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 518**
Number of clients served in FY 14-15	**1,500**

1. **Program Description**

   The needs of youth, families, schools, and community at-large continue to change since the inception of MHSA Prevention and Early Intervention (PEI) services in Kern County. There continues to be an increase in the number of incidences of complex environmental and social challenges, including but not limited to: ongoing violence on school campuses, such as bullying; traumatic events effecting communities involving youth suicides; and increased numbers of stressed youth and families needing to access immediate services. These prevention services will raise the awareness and knowledge about how early detection can prevent prolonged suffering and improve psychosocial, situational, and adjustment stressors, and where to go to get help immediately.

2. **Service Goals**

   - Increase knowledge and supportive attitudes about mental health
   - Outreach to traditionally underserved youth and families
   - Conduct public education campaigns to engage stressed youth and their families

3. **Positive Results Anticipated**

   With less than a year into the implementation of this new program, Kern County Mental Health will continue to collaborate with contracted service providers to ensure the prevention component of PEI is utilized with the mission of educating the public on available mental health resources within their community and how to access those services in all regions of the county. Kern County mental health services are organized into a geographic service delivery system to ensure access in all regions of the county. As a result of this new prevention program a core set of prevention messages have been developed. In recognition of the ethnic and cultural diversity unique to each community or region, prevention resources and services will continue to be refined, as appropriate for each region. Since program implementation, materials such as program brochures and fliers have been

made available in threshold language (i.e. Spanish) required to be effective in each community.

4. Program Data

Fiscal Year 2014-15 is the first year of implementation for this new PEI Youth Brief Treatment Program (YBTP).

The following data represents general information related to the location and number of outreach and education activities (i.e. prevention component of YBTP) provided to the public to engage youth and their families, as well as the number of individuals reached for the time frame beginning July 1, 2014 through April 30, 2015. Participants were educated on mental health services available within their communities.

- Total Outreach & Education Events Conducted (n= 185)

- Total Outreach & Education Participants (n=1,500)

- Types of Community Settings
  - School agencies
  - Collaborative partner agencies (Probation, Department of Human Services, Public Health, etc.)
  - Other community settings (job fairs, street fairs, health fairs, etc.)

5. Making a Difference

During Fiscal Year 2014-15, an outreach and education presentation for the Kern County Superintendent of Schools was provided to underserved families, with the goal of educating and bringing awareness of the available resources within the community. We received very positive feedback from the families in attendance once the presentation concluded. There were numerous comments about how helpful it was to have the presentation offered in the community, and that it was a great opportunity for families to learn about how to easily access care. Many families felt the presentation was helpful by educating them on the new MHSA PEI YBTP, as well as other prevention and early intervention services within their communities. During the presentation, the parent of a former client shared a brief story of a successful and positive experience she had with a local mental health provider.

Following the presentation, there was one parent in particular who approached a KCMH staff indicating her interest in pursuing prevention and early intervention services. She had concerns that her child's stressors, if not

addressed quickly, would significantly worsen. She was thankful for the presentation and she shared that she had felt very overwhelmed at times not having any direction on where to go for services, or information on what resources were available in the community to assist her with preventing her son from following the path of negative peers. This parent was educated about the stigma of mental health, offered support, and provided information about prevention and early intervention services, including the availability of same day screening and assessment for her child. This parent was provided with a business card for contact information, and brochures in her preferred language (Spanish) explaining in detail the services available. The parent was very appreciative of the time staff took to share the additional information, and expressed relief and thankfulness for the materials and information provided to her.

6. Challenges

For this new prevention YBTP and its first year of implementation, the following challenges were identified:

- Training new staff on program goals and benchmarks that are clear and measurable.
- Consistency in utilizing methodology in building data infrastructure to collect the right information.
- Staff requirements for additional training on how to be effective communicators and presenters.
- Implementing various prevention groups (e.g. parenting groups) out in the community.

7. Solutions in Progress

- Create consistent criteria of goals and benchmarks for staff to follow.
- 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 in order for them to feel comfortable participating in various services such as prevention and parenting groups offered in the clinic and community settings.
- Create outreach efforts and surveys about the efficacy of prevention services offered to families and participants.

Prevention and Early Intervention – Prevention	
CB2 – Transition Age Youth Career Development	
Estimated annual number to be served in FY 15-16	**60**
MHSA funds budgeted FY 15-16	**$289,530**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 4,826**
Number of clients served in FY 14-15	**44**

1. **Program Description**

   The goal of the Transitional Age Youth (TAY) Career Development Program is to provide TAY ages 17-25 years old with the unique opportunity to work in conjunction with the professionals from Job Corps of America, Kern High School District, and the Kern County Mental Health's TAY team to develop the necessary skills to enter the workforce while simultaneously learning to self-manage their mental health symptoms. The program addresses psychosocial, situational, and adjustment stressors that impair a participant's ability to seek, find and maintain employment.

   This involves collaboration with supportive family and agencies. Employment staff from Job Corps of America teach basic computer skills and offer workshops for career exploration, resumes writing, budgeting, and interview readiness. Once the youth have completed job-preparedness and have shown proficiency in self-managing their mental health symptoms while working, they are provided opportunities to earn both volunteer and paid work experience through collaborating partner Kern High School District.

2. **Service Goals**

   - To prevent unemployment among transition age youth.
   - To prevent psychosocial, situational, and adjustment stressors that impair transition age youth from seeking, finding, and maintaining employment.

3. **Positive Results for Fiscal Year 2014-2015**

   Many foster and probation youth are not provided with the knowledge or opportunities available to them after leaving high school, and many end up relying on public resources for financial support. The TAY Career Development Program worked with youth to help prevent this by providing these youth with the confidence to follow through with the employment search process, preparing to enter the workforce, as well as to build self-efficacy to maintain employment once found.

4. Program Data

The following graphs represent monthly employment for youth who were enrolled with the TAY team's PEI program during FY 2014-15, as well as success rates for the Career Development Program.

The data in figure 1 shows the largest percentage of employment occurred in September and October, with a decrease in employment during the winter quarter. Job rates increased steadily through the 3rd quarter, ending with 25% of participants being employed.

Figure 1

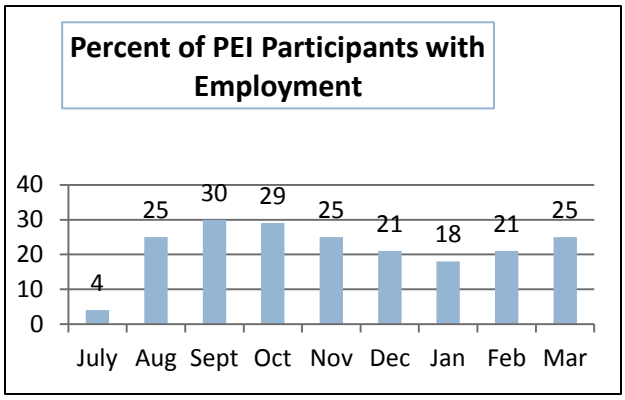
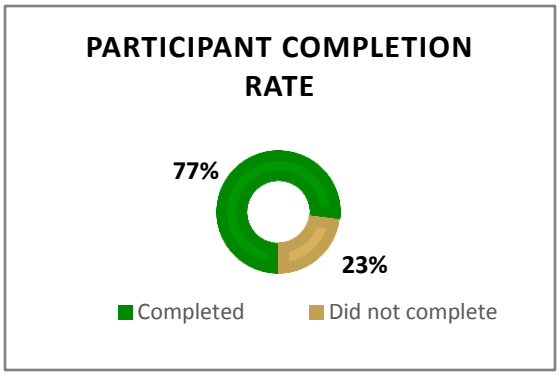


Figure 2



The program served foster youth/probation youth between the ages of 16-25. The preventative Career Development Program had the capacity to serve 49 persons throughout FY 2014-15; of those 49 slots, 44 entered the program and 34 successfully completed (refer to figure 2).

5. Making a Difference

"Before being signed up with TAY, I was lost. I was stressed. Everyone was rushing me to grow up and I just... I didn't even begin to understand how that was to be done. I felt like a clock was ticking...time was running out. I needed to find work, become an adult, make a life for myself, but everything pushed against me doing that. In this world I found myself in, I was given a task, yet given a coming storm of obstacles to prevent me from achieving that, with no tools to work within assisting me. I had so many questions and no one had any answers. It broke me.

But then someone suggested that I be signed up with TAY. They worked through the processes and I was in. At first I was confused and didn't really understand where things were going, but that's just the way I am. But still... never before have I had so much support in my life. And then the four week

program started, training us in job hunting and... I was making progress. I was making real, visible progress and that made me feel better about my life than I had in a very long time. There I met so many wonderful people, from the fellow students following similar paths, to the fantastic staff that helped me along. Now I've started the next phase, an 8-week internship in which I'm on my second week, and the experience is invaluable. There's direction in my life... it's hard to believe it sometimes! But I don't think I can express just quite how much TAY has most definitely improved my life. I really don't know what I would have done or where I would be today if I didn't have this Godsend of a team helping me. I can't thank them enough, I really can't. I imagine that they'll save many others as they step into this adult world that's only getting harder by the day."

6. Challenges

- Some of the youth do not complete the program, or upon completion, do not go on to complete their paid externships, due to increased anxieties or drug use.

- Many of the youth facing these challenges have lost their hope for change, which may cause them to exit the program early if desired outcomes are not quickly forthcoming.

- Some of the youth are not ready for the challenges of entering the workforce and mental health symptoms may arise that need to be addressed before moving forward.

7. Solutions in Progress

The TAY team will address challenges before they arise by using Motivational Interviewing and Transition to Independence Process (TIP) Model's engagement strategies, designed specifically for transitional age youth struggling with emotional and/or behavioral disorders. Continued collaboration with Job Corps of America and Kern High School District has resulted in an extended training program, to include two days of job-shadowing at Job Corps of America, and two weeks of volunteer work at Goodwill, where job coaches and TAY staff can provide In Vivo teaching in a real-work setting to ensure the youth are ready for their 8-week, paid placement. After the externships, a job coach from Job Corps of America will continue to work with the youth to assist them in finding permanent employment.

Prevention and Early Intervention – Prevention	
CB3 – Project Care	
Estimated annual number to be served in FY 15-16	**9,500**
MHSA funds budgeted FY 15-16	**$500,485**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 53**
Number of clients served in FY 14-15	**17,595**

1. Program Description

Stigma regarding mental illness and addiction prevents many from accessing appropriate services and treatment, and hearing these concerns being addressed from a medical professional can serve to reduce this negative societal view. Different ethnic and cultural groups also have varied views and beliefs regarding mental illness and substance use, and these may not be considered a factor in how physical health problems develop or worsen. Integration of these services in the medical setting can aid in providing access to underserved populations in Kern County.

The prevention portion of Project Care targets to screen all patients in primary care clinics around the county using validated tools recommended by UCLA – Integrated Substance Abuse Programs that identify symptoms of depression (PHQ-9), anxiety (GAD-7), and drug and alcohol use (AUDIT C+). The behavioral health staff (psychiatrist, clinical psychologist, LCSW, LMFT, social worker, MFT Intern or a certified alcohol and drug counselor) at these clinics review the results of the screenings and consult with primary care staff (MD, PA, RN, NP, MA, etc.) in order to improve the capacity to provide integrated care for patients. Addressing these concerns during a medical visit allows the primary care provider to encourage recovery and overall wellness from an integrated perspective, as physical health is very much impacted by mental illness and substance use and vice versa.

The prevention element of Project Care was developed in order to screen patients in several primary care clinics around the county who may be at risk of developing serious mental illness or substance use disorders. Behavioral health staff are placed in these clinics to aid primary care providers in identifying symptoms and to begin integrating these concerns into a routine medical visit. Training and collaboration between behavioral health and medical staff serves to reduce stigma associated with mental illness and addiction so that patients that seek medical treatment can access the services that they may not be willing to access in a specialty setting.

2. Service Goals

- Increase capacity of the community health centers to address mental health and substance use disorders for un-served 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 proportion of people who are in need of treatment will use the medical system more often.
- Identify mental health and substance use disorders, and prevent them from worsening by addressing them as part of routine medical care.

3. Positive Results for Fiscal Year 2014-2015

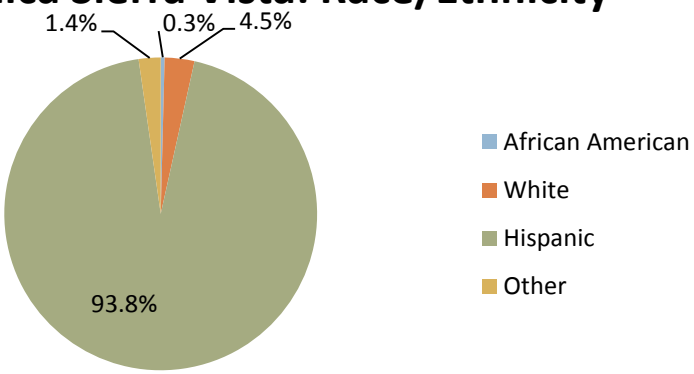
A patient, who had been in a coma after delivering her baby, was experiencing depression (crying all the time, thinking of suicide). She had not been able to return to work due to having lost mobility in one of her legs, and uncontrolled diabetes. She met with a counselor in the primary care setting and was referred to an onsite psychiatrist along with ongoing brief treatment. Her goal was to return to work, but she saw that the physical limitations she had were not going to allow her to do so. She decided to enroll in a nursing program. At the time of treatment end, the individual was in the middle of her educational program, her diabetes was better controlled, and she was adhering to the recommendations for medications that the facility psychiatrist had made.

4. Program Data

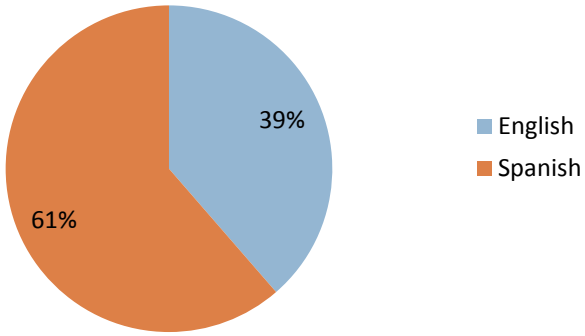
Outcomes for the prevention portion of Project Care includes looking at the percentage of individuals who are able to remain in treatment in a primary care setting due to the brief interventions provided in the primary care setting. These individuals do not require additional services or referrals to specialty mental health or substance use disorder services. For FY 2014-15, 97.3% of individuals who received brief intervention services through Project Care were able to maintain behavioral health services in the primary care setting, and thereby did not require referral to specialty mental health or substance use disorder services.

The following graphs indicate the racial/ethnic makeup and language used by patients based on data from the actual screening tools collected in FY 2014-15.

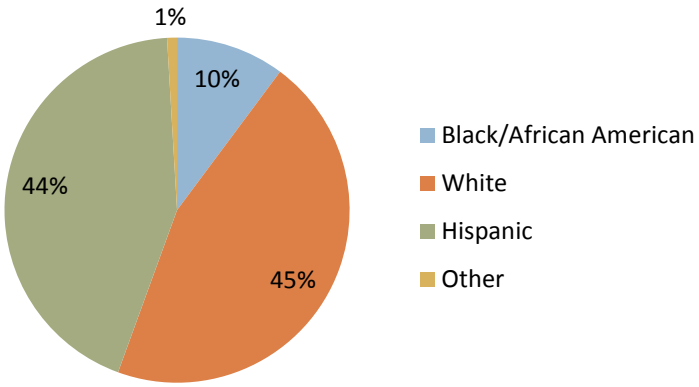
Clinica Sierra Vista: Race/Ethnicity



Clinica Sierra Vista: Language



Sagebrush



5. Making a difference:

Early on in the project, medical staff were concerned if behavioral health services were offered in the primary care clinic, this would change the clinic population to have a larger percentage of patients with mental illness and addiction. This attitude reflects the societal stigma that affects all staff in the clinics, from the clerical staff to the primary care providers.

After four years of involvement with Project Care, medical, administrative and behavioral health staff across all sites report seeing little change in their population. They also feel more comfortable with the mix of patients with and without mental health and substance use concerns. This reflects the patient population was already accessing care in this setting and had these unmet needs. They were either overlooked or not addressed adequately.

As staff in the primary care setting become more comfortable and confident in knowing these patient needs are being met, they can in turn become more welcoming and aid in providing appropriate, integrated and timely services for those members of the community that need them.

6. 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.
- A reduction in clinics assigned to the project meant additional planning needed to take place to ensure geographical areas continued to have representation in the project.

7. Solutions in progress

- Building relationships with staff at all levels in the medical clinic through increased interactions and collaborative training.
- Additional staff resources focused on relationship building and oversight of referrals between specialty care and primary care.

Prevention and Early Intervention – Prevention	
CB4 – Volunteer Senior Outreach Program (VSOP)	
Estimated annual number to be served in FY 15-16	**326**
MHSA funds budgeted FY 15-16	**$207,184**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 6,475**
Number of clients served in FY 14-15	**326**

1. **Program Description**

   A needs assessment survey was conducted in Kern County and one of the underserved populations identified was the elderly. The Volunteer Senior Outreach Program (VSOP) was created to become a local resource for seniors who may be isolated, at risk of losing their independence and to ensure the senior's ability to stay safely in their homes. (Seniors throughout the county have traditionally been an underserved population.) VSOP serves four communities, including three in the outlying regions of the county. They are Tehachapi, Lake Isabella, and Wasco/Shafter, and one is based in Bakersfield. Based upon preliminary data from the four communities, the population served has been seniors who are isolated with diminished family support.

2. **Service Goals**

   - Increased social interaction.
   - Improved knowledge and access to community resources.
   - Increased access and participation of older adults from ethnic and culturally underserved populations.

3. **Positive Results for Fiscal Year 2014-2015**

   All VSOP sites have mental health clinicians, program coordinators/case managers, and volunteers working as a team. Bakersfield and Shafter/Wasco also include outreach to Spanish speakers and at least 50% of their clients this year are Hispanic. The VSOP receives referrals from any person or agency that is concerned about the welfare of a senior. Even the senior who is lonely may merit a visit by VSOP because loneliness may evolve into depression.

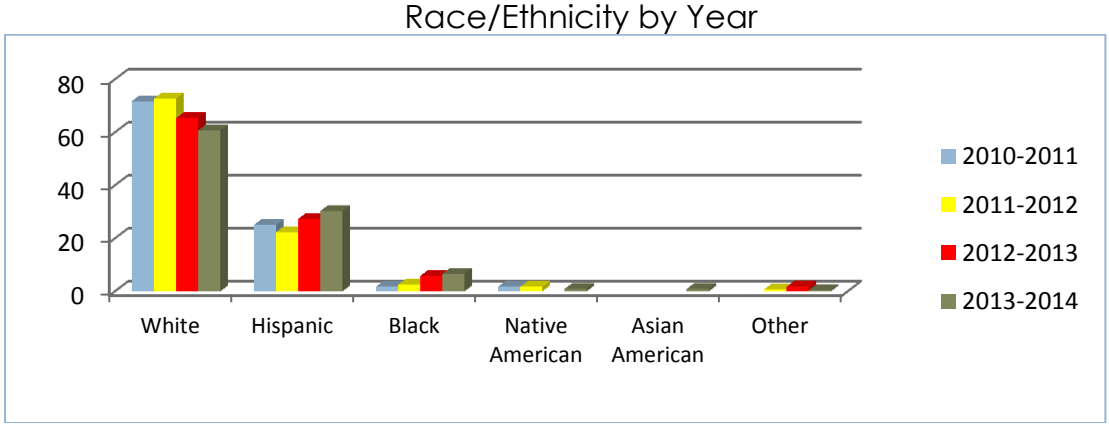
   A project coordinator from the county's Department of Aging and Adult Services is assigned to train and coach program coordinators/case managers and volunteers on how to receive referrals, make home visits and refer appropriately for a myriad of issues facing seniors. The project coordinator also trains program coordinators and volunteers on how to

collect VSOP data for evaluation of the project. The program coordinator/case manager oversees the daily activities of VSOP services and may join the volunteer for home visits that are within and outside city limits. The volunteer provides support and companionship to the senior.

Benefits of becoming a volunteer may include having a sense of meaning in life, feeling involved and appreciated and being able to foster a sense of safety in others, especially if they are former program participants. VSOP staff provides seniors with education and referral to community services, events and activities. Case management services is a core activity and may consist of helping with medical issues, transportation, dealing with food insecurities, filling out government forms and support for caregivers and the participation of family, friends and their primary care provider.

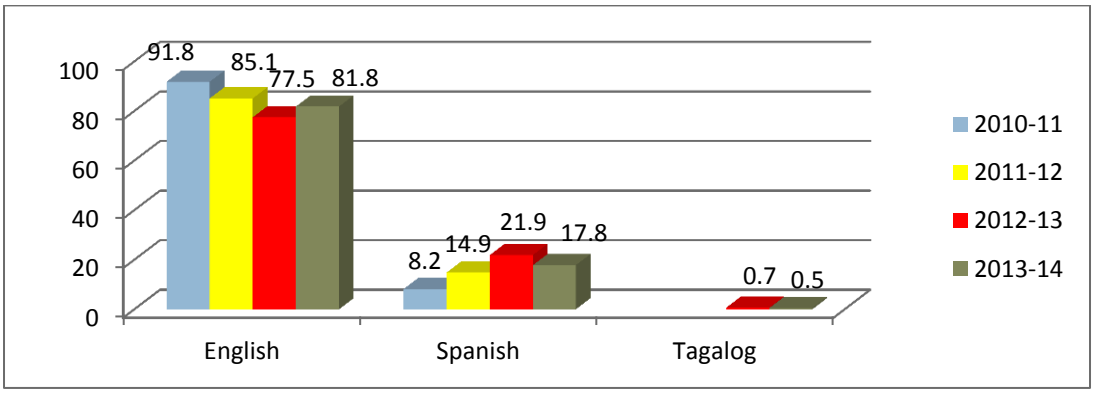
Mental health clinicians provide brief counseling to seniors who experience mild to moderate depression and anxiety features. Mental health clinicians use standardized screening tools with seniors to help assess their needs in such areas as performing activities of daily living, cognitive abilities, depression and prescription medication use. Mental health clinicians provide crisis intervention services to seniors who are suicidal, homeless and neurologically impaired. Mental health clinicians also link seniors to specialty mental health services to address moderate to severe mental health conditions. VSOP teams have marketing and collaborative strategies within their communities. They collaborate with community organizations that can help with referrals and the welfare and safety of seniors. Stakeholder meetings are held in each VSOP community every year. In Bakersfield and Shafter/Wasco, a Spanish translator is invited because of the many Spanish speaking seniors in those communities who attend the stakeholder meetings. At all stakeholder meetings the participants unanimously agree that VSOP is a needed program in the community.

4. Program Data



There is a trend of a decreasing number of White participants and increasing Hispanic and Black participants, suggesting staff outreach efforts targeting minority populations is having an effect.

Preferred Language of Participants (%)



2010-2011 N = 61
2011-2012 N = 121
2012-2013 N = 151
2013-2014 N = 130

The number of participants who preferred to speak Spanish rose in 2011-2013 but dropped slightly in 2013-2014. This may reflect the availability of Spanish-speaking staff.

5. Making a Difference

A male client in his mid-70's, a former biologist, was referred to VSOP by his apartment manager when she noted he seemed irritable and lonely. This client struggled to adjust to single life following the termination of his marriage. He felt resentful and angry towards others, as well as angry with himself. At the time of his assessment he scored 15 on the PHQ9, reflective of moderately severe depression. On the GAD7 he scored 10, indicative of moderate anxiety. He was selected as a candidate for Healthy Ideas and responded well to the interventions and psycho-education provided by a therapist. He enjoyed meetings with his case worker and eagerly participated in outings. When he heard about a planned trip to the local zoo he quickly volunteered to be the guide, a role he was familiar with through his earlier employment. Afterwards he reported that the event left him feeling "such a high that lasted all week." Screenings done at the time of his completion of Healthy Ideas indicate both anxiety and depression fell to the mild range. This client has expressed so much appreciation for what he received from VSOP that he wants to become a volunteer!

6. Challenges

- Transportation for seniors.
- Food insecurities for seniors.
- Lack of socialization activities in senior housing.
- Evaluation for In-home Supportive Services.
- No permanent full-time team in all four sites.
- No permanent full-time Spanish-speaking team member in Shafter/Wasco.
- Lack mileage reimbursement funding for volunteers to conduct VSOP services in geographic service areas of Lake Isabella and Tehachapi.
- Recruitment of volunteers.
- Seniors living in unsafe housing.

7. Solutions in Progress

- Collaboration with transportation entities. VSOP West Kern is now linking seniors with regional and non-emergency medical transportation services.
- Coordinate for Meals on Wheels, grocery delivery and food baskets as well as distribute information about meals at the local senior center and local free food distribution sites, linking seniors with food stamps, providing emergency food to seniors in need, distributing Aging and Adult Services Farmer's Market coupons to eligible seniors, and planning a community garden in collaboration with the City of Wasco; The Center on Race, Poverty, and the Environment; and the Wasco Sheriff's Activity League.
- VSOP West Kern is addressing lack of socialization activities for seniors by meeting in a group with senior housing complex managers. The managers discuss seniors housing challenges and solutions, and share resources on how to provide activities. Managers were recently instrumental in helping a new manager start several activities at her site.
- Trainings about mental health issues, especially suicide awareness and early interventions provided to Housing and Urban Development (HUD) employees.
- Participation in evaluation for In-home Supportive Services.
- Request funding for Shafter/Wasco VSOP site to employ permanent full-time Spanish-speaking staff.
- On-going recruitment of volunteers to include faith-based programs as well as the local Volunteer Center, running an advertisement for volunteers in the free announcement section of the local Wasco and Shafter newspaper, and participating as a vendor in annual health fairs in Bakersfield, Wasco and Shafter.
- Development of youth service learning projects to bring needed household support.
- Linkages with local humanitarian pet care agencies to identify and support at-risk seniors.

Prevention and Early Intervention – Early Intervention	
CB5 – Youth Brief Treatment – NEW	
Estimated annual number to be served in FY 15-16	**1,750**
MHSA funds budgeted FY 15-16	**$3,211,146**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 1,835**
Number of clients served in FY 14-15	**1,701**

1. Program Description

The needs of youth, families, schools, and the general community at large continue to change since the inception of MHSA Prevention and Early Intervention services in Kern County. There continues to be an increase in the number of incidences of violence on school campuses and in neighborhoods, including gang activities, bullying, and traumatic events effecting communities involving youth suicides, and increased numbers of stressed youth and families needing to access immediate services. These Youth Brief Treatment Program (YBTP) intervention services have offered and/or provided a same day, walk-in screening, assessment and brief immediate care and treatment to youth up to 18 years of age. Most participants in this program have never sought mental health treatment before, although some participants have received treatment before, were successful and stable, and have just recently experienced psycho-social and environmental stressors that can be addressed with brief treatment. Specifically, the service goals for this program have addressed the improvement of psychosocial, situational, and adjustment stressors in order to prevent mental illness from becoming severe and persistently chronic, lessening the duration, intensity, and length of treatment. Target population for YBTP is not geared to treat youth and families who are currently receiving specialty mental health treatment and need a lower level of care to address mild to moderate symptoms. The YBTP is early intervention for those youth with mild to moderate impairments who will benefit from six to nine months of treatment.

The intent of YBTP is to provide culturally competent and brief treatment approaches, so that youth can improve mental symptoms and behaviors, improve overall meaningful and quality of life indicators, and prevent youth from having persistent and chronic mental health illness requiring long-term care.

Clinicians will utilize brief treatment approaches such as Solution Focused Brief Therapy interventions to help youth increase effective coping and communication skills in order to improve social relationships and other areas of functioning. The services provided include brief individual and family

therapies, collateral services, social skills interventions, case management services, collaborative work with community partners such as school staff, Department of Human Services, and other professional and natural family support systems, along with other services.

The target population that were identified from the PEI Children's Stakeholder meeting held on October 24, 2013 are youth who exhibited with mild to moderate mental health symptoms to be addressed immediately through brief and immediate access to mental health treatment, to prevent worsening of symptoms and becoming chronically and persistently mentally ill, requiring higher level of care and long-term mental health care.

2. Service Goals

- Provide same day, walk-in screening and assessment.
- Provide immediate brief care.
- Increase effective coping and communication skills to improve social relationships and other areas of functioning.

3. Program Data

Data for the YBTP was collected from the initial Mental Health Assessment and the Mental Health Discharge Assessment Form on level of impairment and severity of symptoms and behaviors. Self-Report Ratings from the youth and caregiver will be obtained at the initial assessment and at the time of discharge. The information obtained in the initial Mental Health Assessment will be used as baseline data or the pre-treatment data for initial symptoms and behaviors. The information on the Mental Health Discharge Assessment Form will be used as post-treatment data. The pre and post data will be compared to measure effectiveness of services in the areas of life functioning impairments such as social relationships and vocational/educational. Specifically, the youth's and family's ratings of progress will be measuring improvement in the areas of academic and behavior functioning. These Self-Report Ratings will evaluate the effectiveness and efficacy of the program's goals.

KCMH and contracted geographic service area providers offered intervention services to ensure all regions of the county are served. From the initial contact from the family/referring party, to offering and/or completing same day, walk-in screening and assessment, and to providing immediate brief care to youth and their families. The assessing clinician accurately identifies level of impairments and symptoms, identifies youth's and family's strengths, and accurately reflects impairments from the beginning of entering into the program, to ongoing reviewing and assessing for progress throughout

treatment, then completing and obtaining Self-Report Ratings from youth and families of improvements in their major life functioning at discharge.

The YBTP has served many families in Kern County and has helped overall well-being and quality of life.

4. Positive Results for Fiscal Year 2014-2015

The intervention services provided to youth and their families in the duration of approximately six to nine months, providing culturally competent approaches to incorporate diversity issues that impact mental health services, have shown positive results. As clinicians utilized brief treatment approaches to help youth increase effective coping and communication skills to improve social relationships and other areas of functioning, youths and families have reported increased improvements in major life areas. YBTP services have included, but not been limited to brief individual and family therapies, collateral services to youth's support system, social skills interventions, case management services, and collaborative work with community partners such as school staff, Department of Human Services, and other professional and natural family support systems.

Fiscal Year 2014-15 is the first year of implementing YBTP intervention services. Demographic data for the period July 1, 2014 thru April 30, 2015 indicated the following populations served:

- Total Number Served of Ages 0-18 (n= 1701)
  - 15.22% Ages 0-5
  - 61.78% Ages 6-13
  - 23.00% Ages 14-18

- Gender
  - 44.32% Female
  - 56.68% Male

- Ethnicity
  - 70.48% Hispanic
  - 15.10% White
  - 9.05% Black/African American
  - 5.37% Other

- Preferred Languages
  - 64.52% English
  - 31.15% Spanish
  - 4.33% Other

Youth/families who provided Self-Ratings on symptoms and impairments at the initial assessment, received at least 10 services, and provided Self-Ratings on improvement in symptoms and impairments at discharge when treatment was completed within six to nine months indicated the below data:

- Total Number Served (n= 330)

  Life Functioning Areas

  - Independent Living:
    - 90% Reported "None" for problems/symptoms (sxs) Or problems/sxs "Stayed the same"
    - 8% Reported "improvement" in problems/sxs
    - 2% Reported "worsen" in problems/sxs

  - Physical Care:
    - 94% Reported "None" for problems/symptoms Or problems/sxs "Stayed the same"
    - 6% Reported "improvement" in problems/sxs
    - 1% Reported "worsen" in problems/sxs

  - Social Relationships:
    - 30% Reported "None" for problems/sxs Or problems/sxs "Stayed the same"
    - 68% Reported "improvement" in problems/sxs
    - 6% Reported "worsen" in problems/sxs

  - Vocational/Educational:
    - 38% Reported "None" for problems/sxs Or problems/sxs "Stayed the same"
    - 59% Reported "improvement" in problems/sxs
    - 11% Reported "worsen" in problems/sxs

  - Academic:
    - 43% Reported "None" for problems/sxs Or problems/sxs "Stayed the same"
    - 36% Reported "improvement" in problems/sxs
    - 21% Reported "worsen" in problems/sxs

  - Behavior:
    - 34% Reported "None" for problems/sxs Or problems/sxs "Stayed the same"
    - 61% Reported "improvement" in problems/sxs
    - 5% Reported "worsen" in problems/sxs

5. Making a Difference

After six months of successfully receiving mental health services under the MHSA YBTP a 15 year old Hispanic female participant who had never sought treatment before being referred by a community agency, reported improved coping and communication skills from treatment. The youth had attempted to overdose prior to coming into treatment, engaged in risk-taking behaviors that negatively impaired her overall functioning, and experienced poor peer relationships, truancy, poor academic performance, and experimentation with using marijuana. After participating in approximately 20 sessions, she reported significant improvements in her attendance at school, academic performance, and not engaging in high-risk behaviors. She also reported relationships with her mother and with others had improved due to learning effective coping communication skills. The youth's mother reported being satisfied with the brief and immediate treatment outcomes. The mother also expressed being happy to see her daughter's symptoms and behaviors had improved substantially, and prevented her daughter's symptoms/behaviors from worsening and becoming chronic.

6. Challenges

- Learning how to efficiently and effectively implement the new program.
- Training staff on the goals and objectives of the new program.
- Training staff on target populations and increasing caseloads.
- Training staff on evidence-based, culturally and appropriate services.
- Using limited resources to ensure services are offered on a timely and effective manner.
- Ongoing training for staff to accurately and systematically assess and reflect initial reported symptoms and behaviors for outcome measure data.
- Continued training for staff to collect Self-Report Ratings from youth and their families of symptoms and behaviors from the initial assessment to discharge, outcome measures data on program effectiveness.

7. Solutions in Progress

- Develop a written "Guideline" to identify specific goals and objectives that will be tracked and monitored for outcome measures data consistency.
- Develop a written "Decision Tree" of the specific criteria to qualify for the program (i.e. YBTP are generally intended for youth who have never sought services in the past, who have mild to moderate impairments, and will benefit from brief treatment of six to nine months, or youth who have

received treatment in the past, completed treatment, and are now experiencing psychosocial kinds of stressors and will benefit from brief treatment. ("Step-down" clients from a higher level of treatment are not a target population for YBTP early interventions.)

- Develop a written "Decision Tree" of specific services offered for youths and their families in the program (i.e. when medications services are offered and milestones to reach before end of treatment of 6 to 9 months).
- Develop a survey for participants to obtain feedback on improving the program.
- Continue to refine systematic methodology in measuring treatment goals and benchmarks.
- Continue to ensure ongoing clinical skills training for staff in order to ensure treatment effectiveness.
- Ensure outcome data/reports are monitored and completed quarterly.

Prevention and Early Intervention – Early Intervention	
CB6 – Transition Age Youth Career Development – NEW	
Estimated annual number to be served in FY 15-16	**120**
MHSA funds budgeted FY 15-16	**$289,530**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 2,413**
Number of clients served in FY 14-15	**83**

1. **Program Description**

   For transition age youth who already struggle with mental health symptoms that may prevent them from seeking employment, the program provides early intervention to guide them through the process while learning the necessary coping skills to help reduce and self-manage their symptoms.

   Therapists and case managers utilize the evidence-supported Transition to Independence Process (TIP) model to assist youth with learning to self-manage their mental health symptoms through strengths discovery, futures planning, prevention planning, In Vivo teaching, and specific problem-solving tools to assist struggling youth with learning to become independent individuals who are able to integrate successfully into their communities.

2. **Service Goals**

   - Decrease anxiety and depression by providing youth In Vivo teaching to assist youth with finding and maintaining employment.
   - Assist transition age youth to learn to self-manage their mental health symptoms while simultaneously developing the necessary skills to enter the workforce.
   - Reduce homelessness.

3. **Positive Results for Fiscal Year 2014-2015**

   The program focused on transition age youth ages 16-25 who have been, or continue to be, in the foster care or juvenile justice systems that have not had mental health services within the past six months or more, and are experiencing recent increases in their mental health symptoms. The Transition Age Youth (TAY) team's services extend to all racial and ethnic groups, male and female, and address other cultural factors such as religious or faith-based affiliation, sexual orientation, gender identification, and/or other cultural populations that have been traditionally underserved in the community.

   To address the needs of transition age youth, as brought forward in stakeholders meetings, the TAY team has dedicated four full-time employees

to non-traditional service locations: three at Employers' Training Resource and one therapist at the Dream Center, where many TAY referrals originate. These steps will reduce the stigma associated with receiving mental health treatment in a "clinic", ultimately decreasing service disparities for racial and ethnic populations.

4. Program Data

These graphs represent monthly employment and homelessness status for youth who were enrolled with the TAY team's Prevention and Early Intervention (PEI) program during FY 2014-15. The program served foster youth and probation youth between the ages of 16-25. Early intervention was provided to many foster youth who were in the midst of obtaining their first independent housing. The TAY team worked closely with social workers and life coaches from both the Department of Human Services and from Aspiranet, collaborating with the youth and their formal key players to assist the youth with being successful. Additionally, the TAY team provided mental health interventions prior to, during, and after completion of the TAY Career Development Program.

Figure 1

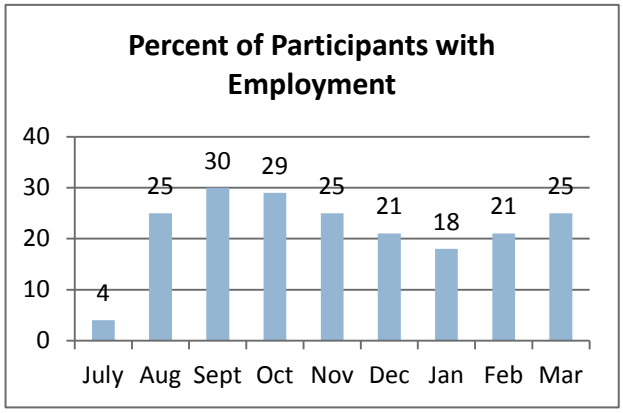
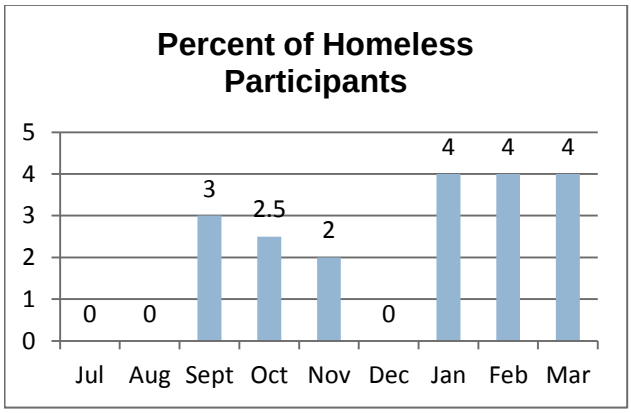


Figure 2



The data in Figure 1 shows the largest percentage of employment occurred in September and October, with a decrease during the winter quarter and a steady incline for the 3rd quarter, ending with 25% of participants being employed.

Figure 2 shows an increase of reported homelessness from 0% in the first quarter to 4% (two individuals) in the 3rd quarter.

5. Making a Difference

Many youth describe TAY services as "life savers." One particular youth had a history of self-harming behaviors that she felt she had overcome, until she was facing adulthood. Her symptoms of low self-worth and depression returned at the thought of all the responsibilities adulthood holds. When she moved out on her own for the first time, even with the assistance of her life-coach she indicated she was "anxious about everything." After working with the TAY team she became more comfortable in her new environment, no longer needed to call the crisis hotline for evening interventions, and was able to find full-time employment independently.

6. Challenges

- Many of these youth struggle with depression, low motivation, distrust, anxiety, and impulsivity; they are not accustomed to a structured work week, which can cause premature exit from the program.
- Eliminating substance use, which prevents some youth from being placed in paid externships, and ultimately can increase homelessness.
- Bringing new youth onto the TAY team to participate in the Career Development Program has proven difficult, due to the short span between cohorts; there is often no time to intervene or ensure the youth entering the program are ready or appropriate for the program.

7. Solutions in Progress

The TAY team is collaborating with Aspiranet, Job Corps of America, Department of Human Resources, Kern High School District, the Dream Center, and the Kern County Probation Department to advocate for the youth and model consistent and effective communication skills to help build motivation and trust. Additionally, the format for the Career Development Program is changing to include pre-placement job practice and coaching to ensure the youth are ready before entering a paid position. The TAY team will address the short turn-around time for new cohorts by lengthening the time between cohorts from 6 weeks to 8 weeks, which will increase the number of participants in each cohort from 7 to 10. This will give the team more time to engage and work with the youth before they enter the program. To address the substance use challenge, the TAY team plans to develop a prevention planning, goal-oriented substance use disorder group, where the youth can learn to think of likely outcomes before acting, to help increase their self-efficacy, reducing their need for mental health interventions.

Prevention and Early Intervention – Intervention	
CB7 – Project Care (*Intervention*)	
Estimated annual number to be served in FY 15-16	**3,601**
MHSA funds budgeted FY 15-16	**$214,494**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 60**
Number of clients served in FY 14-15	**2,613**

1. **Program Description**

   In a primary care setting, patients seeking help fall within a wide spectrum from non-specific complaints, all the way through life-threatening, severe and chronic health conditions. Many patients may not want to seek professional services due to stigma or lack of resources. The cost of providing medical care can potentially be decreased if patients are able to make many of the behavioral changes necessary to improve their health conditions with the support of mental health professionals. Likewise, if patients are able to engage in recovery from mental illness and addiction, they will likely improve self-management of chronic health conditions.

   The Intervention portion of Project Care is aimed at providing short-duration, low intensity evidence-based practices to individuals with mental health and substance use concerns in the primary care setting. Patients with limited resources may seek medical help for behavioral problems, and although the medical staff may refer to specialty treatment, the patient may not follow through or not be eligible for treatment as the condition may not meet medical necessity thresholds.

2. **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 more intensive services are deemed appropriate.

3. **Positive Results for Fiscal Year 2014-2015**

   The Intervention component of Project Care involves meeting with the patient during the course of the medical visit to address either a positive result on any of the screening tools (PHQ-9 for depression, GAD-7 for anxiety, AUDIT C+ for drug and alcohol use), or any concern that the medical provider discusses with the patient. A "warm hand-off" would occur where

the clinician (psychologist, LMFT, LCSW, MFT Intern, or certified drug and alcohol counselor) is introduced to the patient in order to begin building rapport and start a conversation about the identified concerns.

A brief intervention is conducted in the exam room which can include education, referrals to community resources, recommended coping skills, or support regarding management of a health condition, among others. The patient is then invited to consider whether he or she would like to schedule a session with the behavioral health staff shortly after in order to continue to address symptoms. The clinician would also discuss with the medical provider what progress was made and what the plan for the patient will include.

The clinician then provides brief interventions or brief therapy as scope of practice permits, utilizing evidence-based practices that include Solution-Focused Brief Therapy, Matrix Model, Cognitive-Behavioral Therapy, Trauma-Focused Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Motivational Interviewing, counseling and psychotherapy. The patient may be referred to the consulting psychiatrist for evaluation and addition of psychiatric medication to aid in symptom management. Once the psychiatrist has stabilized an appropriate medication regimen, he or she will communicate with the primary care provider to continue medications as part of the patient's overall care.

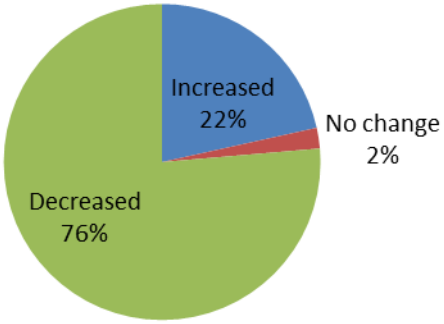
The psychiatrist and primary care provider determine the best course of treatment considering that patients may have multiple medications due to complicated medical history. Referral to specialty treatment can be made at any time by any of the providers when it is determined that a patient's needs can be better addressed and are appropriate for more intensive specialty approaches.

4. Program Data

Screening tools are intended to be administered at 6 month intervals, so for individuals that scored positive (PHQ-9=10, GAD-7=10, AUDIT C+=5 for men, 4 for women) and had a follow-up screening, scores improved for most patients.

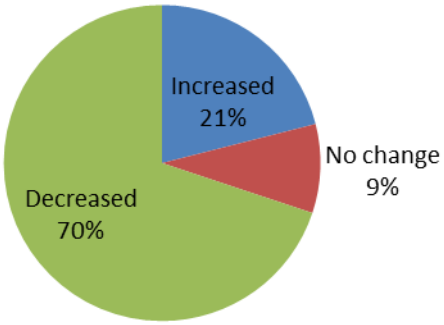
PHQ-9 (Depression)

Change in score, patients w/positive initial screen and a follow-up screen



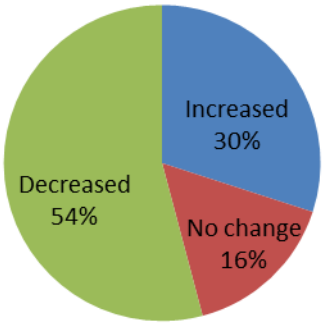
GAD-7 (Anxiety)

Change in score, patients w/positive initial screen and a follow-up screen



Audit C+ (Substance Abuse)

Change in score, patients w/positive initial screen and a follow-up screen



Over the months of February, March, and April patients were asked about their confidence in their ability to manage symptoms after brief interventions. 74.7% reported an increased confidence in their ability to manage their mental health symptoms and/or substance use after brief interventions.

5. Making a Difference

A 29 year old Caucasian male was referred to behavioral health by his primary care doctor. The patient reported a number of depression and anxiety symptoms during completion of behavioral health screening (PHQ-9, GAD-7 AND AUDIT-C). His treatment included medication prescribed by attending doctor and psychotherapy as an adjunct to his treatment. Patient's initial scores prior to treatment were as follows: PHQ-9: 20, GAD-7: 16 and AUDIT-C: 0.

Patient reported in the screening that symptoms were making it difficult to undertake daily activities and symptoms were also interfering with personal relationships (wife and children). He was provided with psychoeducation regarding anxiety, depression and stress management, and was introduced to Diaphragmatic Breathing during psychotherapy sessions. Patient was guided to complete Diaphragmatic Breathing for one week in conjunction with prescribed medication. Patient was administered a Behavioral Health Screening and at his follow up appointment, and reported a decrease in his depression and anxiety symptoms. Patient reported the following drop in his PHQ-9 score: PHQ-9: 6 and AUDIT-C: 0.

After a few more brief sessions patient reported treatment had helped him to feel, "…more under control and be able to manage my anxiety and handle stress in a positive manner. I feel less irritable, tense, and restless. I have implemented a walking program based on the information provided and it has helped tremendously."

6. Challenges

- Based on patient interviews, some patients felt the questions were unusual and did not like that they were referred to a "drug counselor".
- Inability to see all patients that screen positive during the day of their 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 the screening is done.

- Primary care clinic reception staff being apprehensive in working with clients who have returned for an appointment with behavioral health staff.

7. Solutions in Progress

- Patient perception surveys will be conducted periodically to identify barriers to treatment and illicit recommendations from patients to overcome these barriers.
- Aid the staff to meet patients during the course of 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.

Prevention and Early Intervention – Intervention	
CB8 – Volunteer Senior Outreach Program (VSOP)	
Estimated annual number to be served in FY 15-16	**135**
MHSA funds budgeted FY 15-16	**$483,428**
Estimated annual cost per client (direct service programs only) FY 15-16	**$ 3,581**
Number of clients served in FY 14-15	

1. Program Description

The Mental Health Services Act needs assessment identified older adults as an under-served and/or un-served population in Kern County. The Volunteer Senior Outreach Program (VSOP) was created for isolated seniors who are at-risk of an exacerbation of possible mental, behavioral or substance use problems. Lack of transportation, fear of losing independence, and an overall cultural value of "not being a burden to others" makes serving this population challenging. The program was designed to be home-based, using volunteers for additional social support, and use of clinicians to deliver targeted brief interventions to address depression, anxiety, grief, trauma, suspected elder abuse, and substance misuse in combination with prescribed medications. VSOP serves four communities, including three in the outlying regions of the county (Tehachapi, Lake Isabella, and Wasco/Shafter) and one is based in Bakersfield.

2. Service Goals

- Improved mental health status of isolated older adults.
- Decreased substance use disorders among older adults.
- Improve daily functioning levels of isolated older adults.

3. Positive Results for Fiscal Year 2014-2015

All VSOP sites have mental health clinicians, program coordinators/case managers, and volunteers working as a team. Spanish-speaking staff were added to the VSOP teams of Bakersfield and Shafter/Wasco because of the volume of Spanish-speaking residents in those communities. Referrals to VSOP can be from an individual or any entity that has a concern about the mental health and safety of seniors. Referrals to the program are visited at their home by the mental health clinician and program coordinator/case manager.

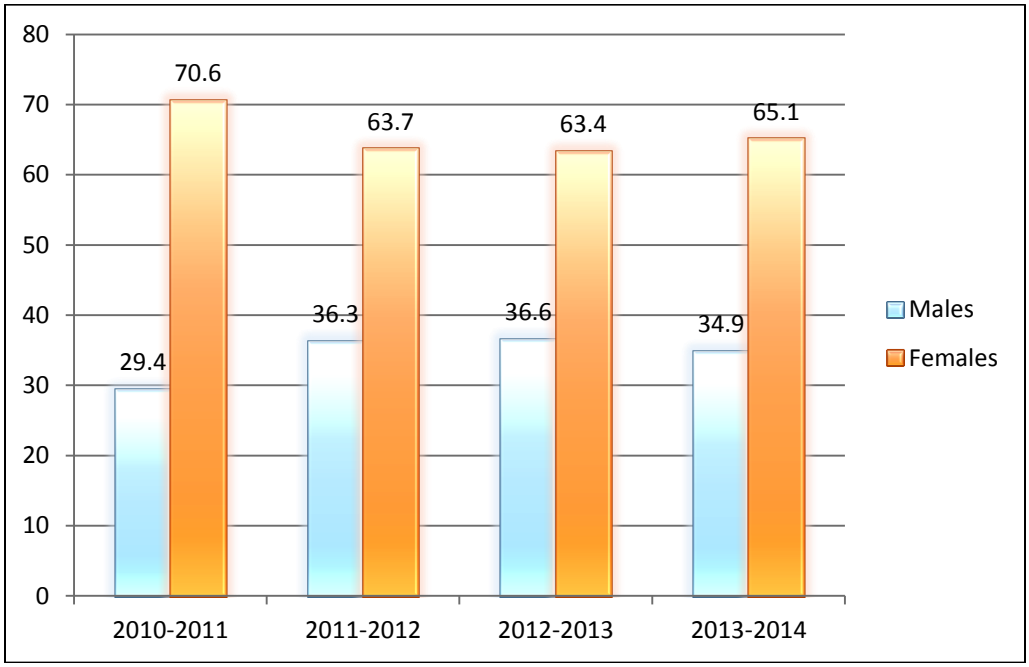
Because the program is voluntary, the senior may refuse VSOP assistance, however, staff will make several home visits to develop a relationship that will

hopefully result in engagement of services. If the senior accepts help from VSOP, the clinician and program coordinator/case manager conduct a screening and assessment. The mental health clinician uses the following screening tools: PHQ9 to measure depression, the GAD 7 for anxiety, the SLUMS for mental health status, the Audit C for drug abuse, the SMAST to measure alcohol abuse, the Prescription Misuse Index for prescription drug abuse, the OARS to measure social support, the Activities of Daily Living for level of independence in daily activities and the Independent Activities of Daily Living for level of independence in instrumental activities. All screening tools are available in Spanish.

Tools are administered at intake, at six months and at discharge as well as when deemed necessary by the clinician. The clinician and program coordinator/case manager provide brief counseling and use an evidence base practice of behavioral activation to treat depression called Healthy IDEAS. In addition, VSOP staff may recommend a psychiatric evaluation and referral to specialty mental health services. Case management of intervention services may include the participation of friends, family, and primary care providers.

4. Program Data

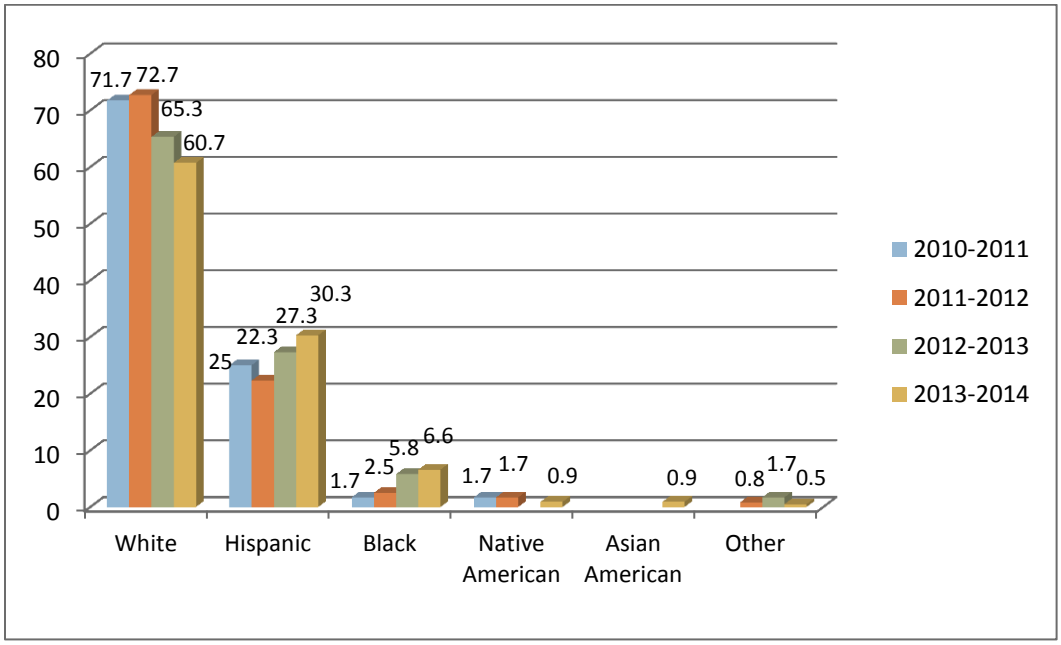
Gender (2010-2014)



Race/Ethnicity by Year

- Reductions in anxiety and depression levels among participants
- An increase in the number of Hispanic and Black persons served
- A decrease in the number of men served
- An increase in service to low income, vulnerable populations
- A total of 572 program participants since 2010
- 63.3% of participants were contacted within 7 days after being referred
- 31.0% of participants were contacted on the same day as the referral
- 84.7% received 3 contacts within 30 days of starting the program

Race/Ethnicity by year (2010-2014)



5. Making a Difference

The Volunteer Senior Outreach Program (VSOP) provides services to a 64 year old Hispanic male living alone in an independent living senior complex. A friend referred him to VSOP. The senior has numerous chronic medical conditions leaving him unable to do most household chores. He has difficulty bathing and dressing. The senior spends a fair amount of time at home alone. VSOP assisted the senior by helping him apply for Aging and Adult In-Home Support Care, and linked him with the local senior center. The senior

was eligible for in home support services, which allows him to continue to live at home. He also routinely visits the local Senior Center where he eats lunch and has an opportunity to interact with others.

6. Challenges

- Reliable and complete data collection
- Staff and volunteer attrition
- Requests to expand VSOP into other regions of the county

7. Solutions in Progress

- Monthly review of data and bi-annual presentation of the data
- Create permanent staff positions
- Advocacy for expansion of VSOP

INNOVATIVE PROGRAMS

Innovation Planning

As a part of the community planning process, stakeholder meetings were conducted to receive feedback on MHSA programming and to discuss possible innovative programs to meet the needs of our community. As a result of that process, many good ideas for innovative programming were introduced. The department is currently considering several innovation plans for development and implementation in our county. In accordance with regulations, there will be a stakeholder process, 30-day review and public hearing at a Behavioral Health Board meeting before being submitted to the Board of Supervisors for approval. Once this process is completed, the Innovative Plan will be submitted to MHSOAC for review and consideration. The following are proposed innovation plans in development:

- Short-term Substance Use Disorder Unit (Sobering Station)
- Smart 911 (Community Emergency Response Program)
- COD Housing & Supportive Services Program (Provider Training Program)
- Cultural & Ethnic Outreach Program (Improving Cultural Competence Skills)
- Comprehensive Care Unit (Outpatient Mental Health/Medical/SUD Services)
- Drop-in Therapy Center (Brief Therapy Sessions)
- Integrated Enhanced Housing Program (Comprehensive Care Housing Program)
- Ginger IO
- Doc Talk

Based on stakeholder feedback and program development, the department will be submitting proposals for MHSOAC review later this year.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

Capital Facilities

In 2014, the Department executed the purchase of a building located at 2001 28th Street, in the north central area of Bakersfield based on a needs assessment and market availability. This building, consisting of 44,979 square feet in two towers, will be used to house the administrative, technology, quality improvement, and system of care leadership, as well as space to relocate the Consumer Family Learning Center (CFLC). The site has good public transportation access and is Americans with Disability Act compliant. The long term savings on lease costs could be funneled back into direct client care. The purchase price was $4.7 million, from a CapTech Fund balance of $6.2 million.

Phased construction is planned for the two towers, with the first tower to house administrative functions. The design of the first tower has been completed and construction of tenant improvements began in July of 2015. Construction costs for tenant improvements are $2.6 million for the first tower and exceed the balance of CFTN funding. The remainder of the costs, as well as the costs to improve the second tower will be paid with departmental fund balances, and lease savings in the short- to mid-term.

A stakeholder group composed equally of staff and clients has been convened to begin the preliminary development of CFLC design for the first floor of the south tower. The group will meet for 6 weeks to gather and review historic utilization of the current CFLC, survey users of the CFLC to determine their "wish list" and submit to department management for potential incorporation into the new facility.

The second floor of the south tower will house the Self-Empowerment Team and the Recovery and Wellness Center, as well as overflow of administrative units. Design of the second floor will begin in August of 2015.

Technological Needs:

1. MHSA CFTN Project #7: Personal Health Record

The Personal Health Record (PHR) will require significant interoperability functionality. A PHR is defined as a health record to which the consumer would have partial access. The foundation for the Cerner/Anasazi PHR is the development of what is called the Behavioral Health "HIE", which is a specialized Health Information Exchange (HIE) designed to provide standard HIE functionality but with the additional controls required to support the

specialized privacy requirements expected of managing behavioral health protected health information (PHI), specifically 42 CFR Part II. This is the technology that allows an interoperable electronic health record (EHR) to communicate the standard HITSP HL7 Continuity of Care Documents (CCD) and lab results to and from the Cerner/Anasazi PHR and to and from other interoperable EHRs and HIEs. The CCD contains a "Patient Summary" consisting of the problem list (diagnoses), current medications, medication allergies and demographic information.

Planned stages of development for project:

- Develop capabilities for the Behavioral Health HIE only to the extent needed to support the Client Portal to the PHR.

- Develop the Client Portal to the PHR. This would provide the ability for the consumer to display and print the HITSP HL7 CCD and HL7 V2.5 lab results.

- Develop the manual Provider Portal interface. External providers would be able to display, print and export CCD documents. They would also be able to manually record entry forms documenting their treatment or could attach CCD documents that had been exported from their EHR.

- Accommodate full automatic interoperability of the CCD documents with all external providers.

2. MHSA CFTN Project #9 – Data Collection and Reporting Batch Module

Specifications for the MHSA FSP Data Collection and Reporting (DCR) system are well documented. Cerner/Anasazi has reviewed these specifications and developed an estimated cost and a high level implementation plan.

This project will imbed the Forms and Data elements of the DCR within the county's electronic health record (EHR). This will avoid the need for duplicate data entry and will give non-FSP programs the ability to collect and analyze outcomes data consistent with the FSP's outcomes. Once the data is collected, it can be submitted in a batch format to the Department of Health Care Services (DHCS) for import into the master data base.

Implementation steps for this project:

- Review vendor specifications, create internal Design Document.

    - The Design Document will include screen layouts associated with required data elements.

- A portion of the data elements are already collected by the system; identify the source of this data.

- County reviews and approves Design Document

- Vendor schedules and performs required software development; this is currently scheduled to be completed in August 2014.

- Vendor and County perform internal testing of system modifications.

- Vendor and County perform certification testing with DHCS.

- County provides required training for MHSA FSP service providers.

BUDGET

FY 2015/16 Mental Health Services Act Annual Update

Funding Summary

County: Kern Date: 5/22/15

	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 2015/16 Funding						
1 Estimated Unspent Funds from Prior Fiscal Years	20,773,104	12,039,924	3,006,766	98,605	1,737,951	
2 Estimated New FY 2015/16 Funding	22,543,363	5,635,841	1,483,338			
3 Transfer in FY 2015/16[a/]	0			0	0	0
4 Access Local Prudent Reserve in FY 2015/16	0	0				0
5 Estimated Available Funding for FY 2015/16	43,316,467	17,675,765	4,490,104	98,605	1,737,951	
B. Estimated FY 2015/16 MHSA Expenditures	16,362,735	5,998,585	1,377,745	98,605	1,737,951	
G. Estimated FY 2015/16 Unspent Fund Balance	26,953,732	11,677,180	3,112,359	0	0	

H. Estimated Local Prudent Reserve Balance	
1 Estimated Local Prudent Reserve Balance on June 30, 2015	12,395,755
2 Contributions to the Local Prudent Reserve in FY 2015/16	0
3 Distributions from the Local Prudent Reserve in FY 2015/16	0
4 Estimated Local Prudent Reserve Balance on June 30, 2016	12,395,755

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.

FY 2015/16 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Kern Date: 05/2015

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated FSP Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. ACT - A1	1,814,971	1,323,246	491,725			
2. Adult Transition - A2	3,692,077	2,539,653	1,152,424			
3. TAY - T1	1,509,115	896,522	612,593			
4. Youth Mist - C1	1,311,395	864,962	446,433			
5. WISE - O1	538,711	319,260	219,451			
6. Youth Wraparound - C2	1,720,006	1,008,148	711,858			
Non-FSP Programs						
1. Recovery Supports CFLC - A6	930,113	930,113	0			
2. Recovery Supports – A7	6,224,600	3,585,569	2,639,031			
3. Adult Wraparound - A3	1,352,879	1,278,885	73,994			
4. Access to Care Hotline- A5	559,755	559,755	0			
Access to Care Access Center –A5	594,735	269,844	324,891			
Access to Care Assessment	594,733	269,843	324,890			
5. Outreach & Education - A4	130,513	130,513	0			
CSS Administration	2,386,422	2,386,422				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	23,360,035	16,362,735	6,997,300	0	0	0
FSP Programs as Percent of Total	64.7%					

FY 2015/16 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Kern Date: 05/2015

	Fiscal Year 2015/16					
	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	Estimated Other Funding
PEI Programs - Prevention						
1. Youth Brief Treatment – CB1	802,787	802,787	0			
2. TAY Career Development – CB2	339,437	289,530	49,906			
3. Project Care – CB3	500,485	500,485	0			
4. Volunteer Senior Outreach – CB4	207,184	207,184	0			
5.						
6.						
7.						
8.						
9.						
10.						
PEI Programs – Early Intervention						
11. Youth Brief Treatment- CB5	3,211,146	3,211,146	0			
12. TAY Career Development – CB6	339,437	289,530	49,906			
13. Project Care – CB7	214,494	214,494	0			
14. Volunteer Senior Outreach – CB8	483,428	483,428	0			
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration	0					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	6,098,397	5,998,585	99,812	0	0	0

FY 2015/16 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Kern Date: 05/2015

	Fiscal Year 2015/16					
	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. To Be Determined	1,377,745	1,377,745				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
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17.						
18.						
19.						
20.						
INN Administration	0					
Total INN Program Estimated Expenditures	1,377,745	1,377,745	0	0	0	0

FY 2015/16 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Kern **Date: 5/22/15**

	Fiscal Year 2015/16					
	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. Expansion & Enhancement of Annual Training	42,330	42,330				
2. Internship Support Program – W2	56,275	56,275				
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
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17.						
18.						
19.						
20.						
WET Administration	0					
Total WET Program Estimated Expenditures	98,605	98,605	0	0	0	0

FY 2015/16 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Kern Date: 05/2015

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs – Capital Facilities Projects						
1. Capital Facilities	1,153,669	1,153,669				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs – Technological Needs Projects						
11. Personal Health Records	584,282	584,282				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	1,737,951	1,737,951				

Fiscal Year 2015/16 Mental Health Services Act Annual Update

Instructions

General: Round all amounts to the nearest whole dollar.

Heading: Enter the County name and the date the worksheet is completed.

Component Worksheets:

General: Each individual component worksheet has a section for fiscal year (FY) 2015/16.
Column A represents the total estimated program expenditures for each program and represents the sum of the funding sources for the program. Counties should do their best to estimate the funding from the sources identified so as to reflect the estimated expenditures of the entire program.

Definitions:

Medi-Cal Federal Financial Participation (FFP) represents the estimated Medi-Cal FFP to be received by the program based on Medi-Cal Certified Public Expenditures (CPE) incurred by the County.

1991 Realignment represents the estimated 1991 Realignment to be used to fund the program.

Behavioral Health Subaccount represents the estimated funding from the Behavioral Health Subaccount used to fund the program. This would generally represent some of the matching funds for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) programs.

Estimated Other Funding represents the any other funds used to fund the program, which could include, but is not limited to, County General Fund, grants, patient fees, insurance, Medicare.

Community Services and Supports Worksheet:

The County should identify Community Services and Support (CSS) programs as either those with Full Service Partnership (FSP) expenditures and those without FSP expenditures (i.e., any program with a FSP expenditure would be reported under the FSP program section). Enter the program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

Enter the estimated funding for CSS Administration in columns B through F. Total estimated CSS Administration is automatically calculated as the sum of columns B through F.

Enter the estimated funding for CSS MHSA Assigned Housing Funding in columns B through F. Total estimated CSS MHSA Assigned Housing Funding is automatically calculated as the sum of columns B through F.

Total CSS estimated expenditures and funding is automatically calculated.

FSP Programs as a percent of total is automatically calculated as the sum of total estimated FSP program expenditures divided by the sum of CSS funding. Counties are required to direct a majority of CSS funding to FSP pursuant to California Code of Regulations Section 3620.

Prevention and Early Intervention Worksheet:

The County should identify Prevention and Early Intervention (PEI) programs as either those focused on prevention or those focused on early intervention. Enter the PEI program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

Enter the estimated funding for PEI Administration in columns B through F. Total estimated PEI Administration is automatically calculated as the sum of columns B through F.

Enter the estimated funding for PEI Assigned Funds in columns B through F. PEI Assigned Funds represent funds voluntarily assigned by the County to California Mental Health Serivces Authority (CalMHSA) or any other organization in which counties are acting jointly. Total estimated PEI Assigned Funds is automatically calculated as the sum of columns B through F.

Total PEI estimated expenditures and funding is automatically calculated.

Innovations Worksheet:

The County should enter the Innovation (INN) program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

Enter the estimated funding for INN Administration in columns B through F. Total estimated INN Administration is automatically calculated as the sum of columns B through F.

Total INN estimated expenditures and funding is automatically calculated.

Workforce, Education and Training Worksheet:

The County should enter the Workforce, Education, and Training (WET) program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

Enter the estimated funding for WET Administration in columns B through F. Total estimated WET Administration is automatically calculated as the sum of columns B through F.

Total WET estimated expenditures and funding is automatically calculated.

Capital Facilities/Technological Needs Worksheet:

The County should identify Capital Facilities/Technological Needs (CFTN) projects as either capital facilities projects or technological needs projects. Enter the CFTN program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

Enter the estimated funding for CFTN Administration in columns B through F. Total estimated CFTN Administration is automatically calculated as the sum of columns B through F.

Total CFTN estimated expenditures and funding is automatically calculated.

Funding Summary Worksheet:

General: The County should report estimated available funding and expenditures for FY 2015/16 by each component. The estimated unspent funds are automatically calculated. The County should use available forecasts of estimated Mental Health Services Act (MHSA) funding to try and determine new available MHSA funding for FY 2015/16.

Sections A, C and E

Line 1 Enter the estimated available funding from the prior fiscal years for FY 2015/16 in Section A.

Line 2 Enter the estimated new funding for FY 2015/16 for each component. The County should reduce the amount of estimated distributions by any estimated prior year reverted funding assuming the reverted funds will be offset against new distributions.

Line 3 Enter the amount of funds requested to be transferred from CSS to CFTN, WET and/or the Local Prudent Reserve. Funds requested to be transferred to CFTN, WET and/or the Local Prudent Reserve will be subtracted from the Estimated Available CSS Funding and the amount is automatically calculated in Column A (CSS). 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.

Line 4 Enter the requested amount to be accessed from the Prudent Reserve for either CSS or PEI. The total is automatically summed in Column F (Prudent Reserve).

Line 5 This amount is automatically calculated and represents the estimated available funding for each component.

Sections B, D and F

This amount is automatically transferred from the CSS, PEI, INN, WET, and CFTN worksheet.

Section G

This amount is automatically calculated and represents the difference between the estimated available funding and the estimated expenditures at the end of FY 2016/17.

Section H

Enter the estimated Local Prudent Reserve balance on June 30, 2015. The rest of the cells are automatically calculated.

APPENDIX I: MINUTES FROM THE BEHAVIORAL HEALTH BOARD PUBLIC HEARING

COUNTY OF KERN
MENTAL HEALTH DEPARTMENT
Bill Walker, LMFT, Director

Working together toward Hope, Recovery and Independence

KERN COUNTY
BEHAVIORAL HEALTH BOARD
REGULAR MEETING MINUTES

Monday,
October 26, 2015
5:30 p.m.
Kern County Mental Health
3300 Truxtun Avenue
Bakersfield

Draft for approval
Approved 11/23/15
ccoe

BOARD MEMBERS:

Richard Hofferd
Nada Yorke
Jeff Burdick
Bonita Steele
Ravi Goklaney
Anna Laven
Jon Mullings (excused)
Frank Ramirez (absent)
Fawn Dessy
Teresa McFarland
Jean Lockhart
Shelly Castaneda
Ryan Shultz
Daniel Soria
David Stabenfeldt (excused)

OTHERS PRESENT:

Bill Walker – KCMH Director
Tom Mitchel
William Lester – NAMI
Kristie Hepper – BC Student
Marie Neel – NAMI
Steve DeVore – KCMH
Cindy Gill – CFLC / NAMI
Katie Sons – TAASK
Melinda Brock – BC Nursing Student
James Dennis – BC Student
Michelle Staat – BCSN
Lesleigh Davis – KCMH
Ann Michalski – NAMI
Adrienne Buckle – KCMH
Monica Sanchez – BC Student
Brad Cloud – KCMH
Jennie Sill – KCMH
Jamy Garcia – KCMH
Brock Caffee – Child Guidance Clinic
Deidre Schilling – BC Nursing
Linda Eviston – STEPS
Rachel Walker – BC
Chris Reilly – Clinica Sierra Vista
Cindy Coe – KCMH

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

2. **Establish Quorum:** 12 present / 3 absent; quorum established.

3. **Approval of September 28, 2015 regular meeting minutes:** Corrections to page 2, Item 7 A, add Bonita Steele to the list of volunteers; page 4, Item 10 D, replace "whole place" with "whole person". MOTIONS by Goklaney / Burdick to approve draft minutes as corrected; APPROVED all ayes.

3300 Truxtun Ave. • P.O. Box 1000 • Bakersfield, CA 93302
Voice: (661) 868-6600 • FAX: (661) 868-6666 • TTY Relay: 1-800-735-2929

4. Public Comment:

A. William Lester, Bakersfield, addressed the Board regarding a family member's situation that involved the MET, Bakersfield Police Department, and incarceration through the Sheriff's Office. Mr. Walker HEARD.

B. Tom Mitchel, Bakersfield, voiced appreciation for the Bakersfield Police Department officers involved in a recent bridge rescue of a suicidal individual.

PUBLIC HEARING

5. Public hearing conducted on MHSA Annual Update (Mental Health Services Act) by Dr. Brad Cloud, KCMH Deputy Director: Dr. Cloud reviewed a PowerPoint regarding the plan, received comments, and addressed questions. The update will be presented to the Board of Supervisors for adoption after the close of the comment period. Ms. McFarland, Ms. Steele, Ms. Dessy, Mr. Walker, and Ms. Yorke HEARD. MOTIONS made by Yorke / Goklaney to close public hearing.

PUBLIC HEARING CLOSED

6. Unfinished Business:

A. Finalize volunteer membership of ad hoc Behavioral Health Board Legislation Committee: Mr. Walker indicated Dr. Rhiyan Quiton would be the liaison for this committee, and Ms. Coe would work with his staff to set a consistent meeting day and time. Chief Deputy Castaneda, Sgt. Burdick, and Chris Reilly of Clinica Sierra Vista also volunteered to serve. Board committee members will be Dr. Goklaney, Ms. McFarland, Dr. Laven, Mr. Hofferd, Ms. Steele, Ms. Castaneda, and Mr. Burdick.

B. Report on Board participation in NAMIWalks event – Dr. Anna Laven: Dr. Laven reported the Board team raised $425 for the event. Marie Neel, NAMI Kern President, announced the event surpassed their $50,000 goal and presented Dr. Laven with a drawing prize she had won. Ms. Steel, Dr. Cloud, and Dr. Goklaney HEARD.

7. New Business:

A. Presentation of proposed slate of officers for 2016 – Members & Marketing Committee: Ms. Steele presented the proposed slate of officers for 2016:

Chair	~	Bonita Steele	District 3
First Vice Chair	~	Jean Lockhart	District 2
Second Vice Chair	~	Ravi Goklaney	District 5

Ms. Steele called for nominations from the floor; none were forthcoming. The proposed slate of officers will be presented at the next regular Board meeting, November 23rd, with election to immediately follow.

Terms expiring December 31, 2015 are: Shelly Castaneda, Daniel Soria, Jonathan Mullings, Bonita Steele, Teresa McFarland, Nada Yorke, and Richard Hofferd. With the exception of Ms. Yorke all plan to seek reappointment.

8. **Chair Report:** Bonita Steele

   A. Ms. Steele spoke of her appreciation for members, staff and others in their efforts to move forward.

9. **Department Report:** Bill Walker, KCMH Director

   A. Mr. Walker introduced Lesleigh Davis, KCMH Quality Improvement Division, to provide an overview of preparation for an upcoming CalEQRO (California External Quality Review Organization) review.

   B. Mr. Walker provided information on areas regarding high cost Medi-Cal populations covered in a recent Governing Board meeting, such as review of data, integration, and the lifespan of those with mental illness.

   C. Kern County is one of eight finalists competing for a California Health Facilities Financing Authority (CHAFFA) grant. If awarded, the grant would be used to create a crisis stabilization unit in Ridgecrest.

   D. UCLA faculty will be conducting a full on-site review next week of the UCLA-Kern Psychiatry Program.

   E. The Board of Supervisors recently approved a resolution for the *Stepping Up Initiative* to reduce the number of mentally ill people involved in the criminal justice system. The initiative will allow Kern County agencies to participate on a state and national level.

   F. The Department will have a fiscal review in November through DHCS (Department of Health Care Services).

   G. Several events are celebrated during the month of October: NAMIWalk, Out of the Darkness Walk, and the Recovery Conference.

   H. Copies of quarterly reports submitted to the Board of Supervisors were shared; the reports cover the AB 109 Committee, the Kern Crisis Intervention Team, Kern Stop Meth Now Coalition, Housing, and Recovery Station Implementation.

10. **Deputy Director Report:** Dr. Brad Cloud

   A. Dr. Cloud provided a PowerPoint update on MHSA Innovations. Public feedback can still be received using the available feedback comment forms.

   B. Dr. Cloud gave information regarding a whole person care conference he attended with staff from Kern Medical Center and Kern Health Systems.

C. The Mental Health Court should have its second and third participant soon; the first participant is reportedly doing well. There have been three referrals to Laura's Law.

11. Behavioral Health Report: Adrienne Buckle, KCMH Program Coordinator

A. The Department was recently awarded a $625,000 Drug-Free Communities grant that will be through the Kern Stop Meth Now Coalition.

B. A town hall meeting was sponsored by the Kern Stop Meth Now Coalition, held in the Oildale community and focused on their community needs.

C. The last week in October will be celebrated as Red Ribbon Week.

D. A statewide substance use disorder conference is currently being held.

E. Substance Use Disorder administration will implement adolescent substance use disorder treatment in Ridgecrest.

F. A mechanism will be created to allow posting of feedback regarding outpatient drug-free services.

12. Board Member item:

A. Ms. Dessy reported on the status of AB 1194 and offered comments regarding Mr. Lester's concerns.

B. Mr. Hoffered indicated he has been reviewing crisis intervention and suicide intervention, and has provided 40 hours of volunteer service this month.

C. Dr. Goklaney provided positive comments regarding things moving forward.

D. Ms. Steele indicated balance is needed and others should or need to share perspectives.

E. Mr. Walker reported the Department is adopting Lean Six Sigma.

F. Ms. McFarland offered comments on doing away with stigma and the need to trust in care providers.

13. Committee meeting minutes filed:

A. Adult Treatment & Recovery Services – 09-09-15: Ms. Lockhart reported.

B. Children's Treatment & Recovery Services – 09-10-15: Sgt. Burdick reported no meeting was held this month.

C. Housing Services – 09-02-15: Ms. Steele reported.

D. SQIC – 09-14-15: Ms. Steele reported.

14. Public Announcements:

A. Dr. Cloud offered thanks to Ann Michalski and the Bakersfield College nursing students for their support of the NAMIWalk event.

B. Dr. Cloud announced Lt. Greg Gonzales would be retiring from the Sheriff's Office. Lt. Gonzales has been instrumental in working with multiple agencies to provide services to inmates in Lerdo Jail.

C. Mr. Reilly asked for volunteers to participate in awarding stipend awards, as Central Valley judges are needed. Mr. Reilly will forward the information to Ms. Coe for distribution.

15. Items requiring follow up action:

A. Agendize a presentation by Clinica Sierra Vista on Housing Solutions.

B. Agendize a report from the ad hoc committee exploring options for residents in board and care homes who would like to attend church services but are unable due to transportation issues.

C. Agendize a presentation on the Kern Treatment Foster Care Oregon (KTFCO) by the Children's System of Care.

16. Adjourn at 7:20 p.m. to next regular meeting, Monday, November 23, 2015 at 5:30 p.m., at Kern County Mental Health, 3300 Truxtun Avenue; MOTIONS to adjourn by Lockhart / Goklaney.

BW:cc

Items Distributed
Minutes of September 28, 2015 regular meeting
2016 Proposed Slate of Officers memo – *Committee*
BOS Quarterly Reports – *Walker*
Director's Report – *Walker*
CBHDA Weekly – *Walker*
MHSA Annual Update feedback form – *Cloud*
BHB committee meeting minutes

4. **Public Comment:**

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B. Tom Mitchel, Bakersfield, voiced appreciation for the Bakersfield Police Department officers involved in a recent bridge rescue of a suicidal individual.

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PUBLIC HEARING CLOSED

6. **Unfinished Business:**

A. Finalize volunteer membership of ad hoc Behavioral Health Board Legislation Committee: Mr. Walker indicated Dr. Rhiyan Quiton would be the liaison for this committee, and Ms. Coe would work with his staff to set a consistent meeting day and time. Chief Deputy Castaneda, Sgt. Burdick, and Chris Reilly of Clinica Sierra Vista also volunteered to serve. Board committee members will be Dr. Goklaney, Ms. McFarland, Dr. Laven, Mr. Hofferd, Ms. Steele, Ms. Castaneda, and Mr. Burdick.

B. Report on Board participation in NAMIWalks event – Dr. Anna Laven: Dr. Laven reported the Board team raised $425 for the event. Marie Neel, NAMI Kern President, announced the event surpassed their $50,000 goal and presented Dr. Laven with a drawing prize she had won. Ms. Steel, Dr. Cloud, and Dr. Goklaney HEARD.

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Chair	~	Bonita Steele	District 3
First Vice Chair	~	Jean Lockhart	District 2
Second Vice Chair	~	Ravi Goklaney	District 5

Ms. Steele called for nominations from the floor; none were forthcoming. The proposed slate of officers will be presented at the next regular Board meeting, November 23rd, with election to immediately follow.

APPENDIX II: MINUTE ORDER FROM THE BOARD OF SUPERVISORS

SUMMARY OF PROCEEDINGS

BOARD OF SUPERVISORS - COUNTY OF KERN

1115 Truxtun Avenue
Bakersfield, California

Regular Meeting
Tuesday, December 8, 2015

9:00 A.M.

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

BOARD RECONVENED

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

SALUTE TO FLAG - Led by Staff Sergeant Jeremy Piper, Recruiter, National Guard

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

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

BOARD ACTION SHOWN IN CAPS

REPORT ON ACTIONS TAKEN IN CLOSED SESSION ON TUESDAY, NOVEMBER 17, 2015 AT 2:00 P.M.

Item No. 49 concerning CONFERENCE WITH LABOR NEGOTIATORS - Agency designated representatives: Employee Relations Officer Devin Brown, and designated staff - Employee organizations: Committee of Interns and Residents - SEIU; 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; Service Employees' International Union Local 521; Kern County Prosecutors' Association; Unrepresented Employees (Government Code Section 54957.6) - HEARD; NO REPORTABLE ACTION

RESOLUTIONS/PROCLAMATIONS

1) Resolution honoring Curtis Tritch, General Services Division, upon his retirement with 26 years of dedicated service to the County of Kern - ADOPTED RESOLUTION; MADE PRESENTATION TO CURTIS TRITCH; JEFF FRAPWELL, ASSISTANT COUNTY ADMINISTRATIVE OFFICER FOR GENERAL SERVICES, AND CURTIS TRITCH, HEARD

   Scrivner-Maggard: All Ayes

2) Resolution honoring Sherry Davis, Human Services Department, upon her retirement with 29 years of dedicated service to the County of Kern - ADOPTED RESOLUTION; MADE PRESENTATION TO SHERRY DAVIS; DENA MURPHY, DIRECTOR, DEPARTMENT OF HUMAN SERVICES, AND SHERRY DAVIS, HEARD

Perez-Maggard: All Ayes

CA-3) Resolution honoring Debra Poulson, Human Services Department, upon her retirement with 27 years of dedicated service to the County of Kern - ADOPTED RESOLUTION

Perez-Gleason: All Ayes

CA-4) Resolution honoring Margarita Soza, Human Services Department, upon her retirement with 34 years of dedicated service to the County of Kern - ADOPTED RESOLUTION

Perez-Gleason: All Ayes

CA-5) Resolution honoring Vera Vivas, Human Services Department, upon her retirement with 26 years of dedicated service to the County of Kern - ADOPTED RESOLUTION

Perez-Gleason: All Ayes

CA-6) Resolution honoring Kimberly Downs, Sheriff's Office, upon her retirement with 32 years of dedicated service to the County of Kern - ADOPTED RESOLUTION

Perez-Gleason: All Ayes

7) Proclaim December 8 - 14, 2015 as National Guard Week in Kern County - PROCLAIMED; MADE PRESENTATION TO STAFF SERGEANT JEREMY PIPER, RECRUITER, NATIONAL GUARD; STAFF SERGEANT PIPER HEARD

Gleason-Scrivner: All Ayes

PUBLIC REQUESTS

8) Request of Tammy Burns, Local Planning Council Coordinator, Early Childhood Council of Kern, to submit the Council's 2014-2015 Annual Report and hear presentation by Council Chairperson Casey Knaak - HEARD PRESENTATION BY CASEY KNAAK; RECEIVED AND FILED ANNUAL REPORT

Maggard-Gleason: All Ayes

APPOINTMENTS

CA-9) Reappointments of Harmon L. Clement and Richard Freeland as At-large Members to the Kern Mosquito and Vector Control District, terms to expire December 31, 2017 - MADE REAPPOINTMENTS

Perez-Gleason: All Ayes

CA-10) Reappointment of Bonita Steele as Third District Member to the Behavioral Health Board, term to expire December 31, 2018 - MADE REAPPOINTMENT

Perez-Gleason: All Ayes

PUBLIC PRESENTATIONS

11) 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!

RUSSELL JUDD, CHIEF EXECUTIVE OFFICER, KERN MEDICAL CENTER, HEARD REGARDING THE AVAILABILITY OF APPLICATIONS FOR PERSONS INTERESTED IN SEEKING APPOINTMENT TO THE KERN COUNTY HOSPITAL AUTHORITY BOARD OF GOVERNORS

MESONIKA PIECUCH AND GORDON LULL HEARD REGARDING A CODE COMPLIANCE MATTER IN THE SAND CANYON AREA AND A CONDITIONAL USE PERMIT HEARING BY THE PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

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

SUPERVISOR SCRIVNER MADE A REFERRAL TO COUNTY ADMINISTRATIVE OFFICE AND COUNTY COUNSEL TO REPORT BACK TO THE BOARD CONCERNING THE FEASIBILITY OF PROCURING ELECTRICITY RATE SAVINGS FOR KERN COUNTY CUSTOMERS THROUGH COMMUNITY CHOICE AGGREGATION

Scrivner-Gleason: All Ayes

SUPERVISOR PEREZ HEARD REGARDING ANNUAL PAJAMA AND TOY FUNDRAISER TO BENEFIT YOUTH AT THE BAKERSFIELD HOMELESS SHELTER

SUPERVISOR MAGGARD HEARD REGARDING A REQUEST BY CALIFORNIA WATER SERVICE (CWS) REPRESENTATIVES FOR A PRIVATE MEETING WITH HIM AND REQUESTED THE COUNTY ADMINISTRATIVE OFFICE SCHEDULE THE CWS PRESENTATION AT AN UPCOMING PUBLIC SESSION OF THE BOARD OF SUPERVISORS

DEPARTMENTAL REQUESTS

AGING AND ADULT SERVICES

CA-13) Request to employ retired County employee, Margarita Towe, as a Social Service Supervisor I, Step E, for the period expiring June 30, 2016 or 960 hours, whichever occurs first (Fiscal Impact: $58,688; Budgeted; Discretionary) - APPROVED

Perez-Gleason: All Ayes

AUDITOR-CONTROLLER-COUNTY CLERK

CA-14) Resolution from the Kern County Superintendent of Schools requesting the Elections Official to conduct a Special Vacancy Election in the Muroc Joint Unified School District to be held April 5, 2016 (Fiscal Impact: None) - AUTHORIZED THE ELECTIONS OFFICE TO CONDUCT THE ELECTION AS REQUESTED

Perez-Gleason: All Ayes

BOARD OF TRADE

CA-15) Proposed approval of Tourism Promotion Grant Program Award recommendations in the amount of $100,000 (Fiscal Impact: $100,000; Budgeted; Discretionary) - APPROVED; AUTHORIZED ASSISTANT COUNTY ADMINISTRATIVE OFFICER FOR BOARD OF TRADE TO SIGN AGREEMENT FOR EACH GRANTEE TO DISBURSE GRANT AWARDS TO RECIPIENTS

Perez-Gleason: All Ayes

CA-16) Request to employ retired County employee, Steve Flores, as a Special Projects Manager, Step E, for the period expiring June 30, 2016 or 960 hours, whichever occurs first (Fiscal Impact: $30,000; Not Budgeted; Discretionary) - WITHDRAWN

Perez-Gleason: All Ayes

COUNTY ADMINISTRATIVE OFFICE

CA-17) Proposed Resolution authorizing County Administrative Officer to apply to the California Department of Water Resources Sustainable Groundwater Planning Grant Program for funding to address sustainability of stressed groundwater basins (Fiscal Impact: None) - APPROVED; ADOPTED RESOLUTION 2015-315

Perez-Gleason: All Ayes

CA-18) Proposed decrease in the not to exceed General Fund loan to Kern Medical Center Enterprise Fund, from $50 million to $40 million (Fiscal Impact: None) - APPROVED

Perez-Gleason: All Ayes

COUNTY COUNSEL

19) Hearing regarding proposed Resolution approving Kern County Water Agency Zones of Benefit for Fiscal Year 2016-2017 (Zone Nos. 7-17, 17-17, 18-17, and 19-17) and providing for assessments to be levied thereon (Fiscal Impact: None) (from 11/17/2015) - OPENED HEARING; NO ONE HEARD; CLOSED HEARING; HOLLY MELTON, WATER RESOURCES MANAGER, AND AMELIA MINABERRIGARAI, LEGAL COUNSEL, KERN COUNTY WATER AGENCY, RESPONDED TO QUESTIONS POSED BY BOARD MEMBERS; ADOPTED RESOLUTION 2015-316

Scrivner-Gleason: All Ayes

CA-20) Hearing to consider proposed Ordinance amending Chapter 4.24 of the Kern County Ordinance Code (Disaster Relief Ordinance) to conform to California Revenue & Taxation Code Section 170 (Fiscal Impact: None) - OPENED HEARING; NO ONE HEARD; CLOSED HEARING; MADE A FINDING THE ORDINANCE IS NOT A PROJECT SUBJECT TO REQUIREMENTS OF CEQA, AND, IF DETERMINED TO BE A PROJECT, IT IS EXEMPT FROM FURTHER CEQA REVIEW PURSUANT TO SECTIONS 15061(B)(2), 15061(B)(3), AND 15321 OF THE STATE CEQA GUIDELINES; WAIVED READING; ENACTED ORDINANCE G-8606

Perez-Gleason: All Ayes

CA-21) Proposed Joint Powers Agreement (JPA) with California State Association of Counties Excess Insurance Authority on behalf of the Kern County Hospital Authority to develop and fund insurance programs as determined (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 864-2015

Perez-Gleason: All Ayes

CA-22) Proposed Memorandum of Understanding (MOU) with California State Association of Counties Excess Insurance Authority on behalf of the Kern County Hospital Authority to participate in the property program (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 865-2015

Perez-Gleason: All Ayes

CA-23) Request from Aging and Adult Services for authorization to destroy records no longer necessary or required for County purposes and eligible for destruction (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN

Perez-Gleason: All Ayes

CA-24) Request from Kern Medical Center for authorization to destroy records no longer necessary or required for County purposes and eligible for destruction (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN

Perez-Gleason: All Ayes

CA-25) Request from Mental Health for authorization to destroy records no longer necessary or required for County purposes and eligible for destruction (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN

Perez-Gleason: All Ayes

CA-26) Request from Public Health for authorization to destroy records no longer necessary or required for County purposes and eligible for destruction (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN

Perez-Gleason: All Ayes

CA-27) Request from Public Works for authorization to destroy records no longer necessary or required for County purposes and eligible for destruction (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN

Perez-Gleason: All Ayes

CA-28) Request from Sheriff's Office for authorization to destroy records no longer necessary or required for County purposes and eligible for destruction (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN

Perez-Gleason: All Ayes

DISTRICT ATTORNEY

CA-29) Proposed Resolution authorizing District Attorney to enter into a Memorandum of Understanding (MOU) with California Department of Corrections and Rehabilitation for prison investigation and prosecution (Fiscal Impact: None) - APPROVED; ADOPTED RESOLUTION 2015-317; AUTHORIZED DISTRICT ATTORNEY TO SIGN ALL RELATED DOCUMENTS UPON APPROVAL AS TO FORM BY COUNTY COUNSEL

Perez-Gleason: All Ayes

FIRE DEPARTMENT

30) Request to appropriate unanticipated revenue in the amount of $964,220 from State Homeland Security Grant, establish capital asset accounts for the purchase of various emergency equipment and authorize transfer of capital assets (Fiscal Impact: $964,220; State Homeland Security Grant; Not Budgeted; Discretionary) - MICHAEL TURNIPSEED, KERN COUNTY TAXPAYERS ASSOCIATION, HEARD; APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS THE SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Gleason-Scrivner: All Ayes

CA-31) Request to increase sole source Purchase Order with Quinn Equipment from $50,000 to $56,000 for emergency repairs to a Caterpillar dozer (Fiscal Impact: $6,000; Fire Fund; Budgeted; Discretionary) - APPROVED; AUTHORIZED PURCHASING AGENT TO INCREASE PURCHASE ORDER

Perez-Gleason: All Ayes

HUMAN SERVICES

CA-32) Proposed retroactive Amendment No. 1 to Agreement 385-2015 with Ebony Counseling Center for gang prevention education and Medi-Cal outreach and enrollment services to modify services to include Medi-Cal Renewal Assistance from July 1, 2015 through June 30, 2016 and increasing maximum payable by $156,090, for a new total amount not to exceed $377,280 (Fiscal Impact: $156,090; Federal/State; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 866-2015

Perez-Gleason: All Ayes

CA-33) Proposed retroactive Amendment No. 1 to Agreement 388-2015 with New Life Recovery and Training Center for gang prevention education and Medi-Cal outreach and enrollment services to modify services to include Medi-Cal Renewal Assistance from July 1, 2015 through June 30, 2016 and increasing maximum payable by $64,884.19, for a new total amount not to exceed $242,423 (Fiscal Impact: $64,884.19; Federal/State; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 867-2015

Perez-Gleason: All Ayes

CA-34) Proposed retroactive Amendment No. 1 to Agreement 446-2015 with Kern County Superintendent of Schools for gang prevention education and Medi-Cal outreach and enrollment services to modify services to include Medi-Cal Renewal Assistance from July 1, 2015 through June 30, 2016 and increasing maximum payable by $108,034, for a new total amount not to exceed $295,262 (Fiscal Impact: $108,034; Federal/State; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 868-2015

Perez-Gleason: All Ayes

KERN MEDICAL CENTER

35) Proposed selection of Resource Anesthesiology Associates of California, A Medical Corporation, an independent contractor, to provide anesthesiology services for Kern Medical Center (Fiscal Impact: None) - CLEVE MCKNIGHT, LEGAL COUNSEL, AND TERRY HILLIARD, REPRESENTING MERIDIAN MEDICAL SOLUTIONS, INC., HEARD; APPROVED; AUTHORIZED CHIEF EXECUTIVE OFFICER TO NEGOTIATE AGREEMENT

Scrivner-Gleason: All Ayes

CA-36) Proposed Amendment No. 4 to Agreement 336-2012 with Ruby A. Skinner, M.D., APC, an independent contractor, for professional medical services in the Department of Surgery, extending the term from January 1, 2016 through August 31, 2016, and increasing the maximum payable by $266,667, from $1,612,500 to $1,879,167 to cover the extended term (Fiscal Impact: $266,667 [FY 2015-2016: $199,726]; KMC Enterprise Fund; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 869-2015

Perez-Gleason: All Ayes

CA-37) Proposed retroactive Amendment No. 3 to Agreement 1049-2010 with Mission Linen Supply, an independent contractor, for laundry services, extending the term eight months from November 30, 2015 through July 31, 2016, and increasing the maximum payable by $910,000, from $3,211,230 to $4,121,230, to cover the extended term (Fiscal Impact: $910,000 [FY 2015-2016: $798,115]; KMC Enterprise Fund; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 870-2015

Perez-Gleason: All Ayes

CA-38) Proposed Agreement with Shahab Hillyer, M.D., a contract employee, for professional medical services in the Department of Surgery from January 1, 2016 through December 31, 2022, in an amount not to exceed $5,724,358 plus applicable benefits (Fiscal Impact: $6,864,535 [FY 2015-2016: $488,981]; KMC Enterprise Fund; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 871-2015

Perez-Gleason: All Ayes

CA-39) Proposed Agreement with Vinh Quoc Trang, M.D., a contract employee, for professional medical services in the Department of Surgery from January 1, 2016 through December 31, 2022, in an amount not to exceed $5,724,358 plus applicable benefits (Fiscal Impact: $6,864,535 [FY 2015-2016: $488,981]; KMC Enterprise Fund; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 872-2015

Perez-Gleason: All Ayes

CA-40) Proposed Agreement with Jeffrey G. Nalesnik, M.D., a contract employee, for professional medical services in the Department of Surgery from January 1, 2016 through December 31, 2022, in an amount not to exceed $6,424,358 plus applicable benefits (Fiscal Impact: $7,684,700 [FY 2015-2016: $547,403]; KMC Enterprise Fund; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 873-2015

Perez-Gleason: All Ayes

CA-41) Proposed Amendment No. 2 to Agreement 747-2013 with County of Kern Health Care Network Trust doing business as County of Kern Health Care Network, adding Kern Legacy Health Plan Employee and Retiree Medical Benefit Plan as a health benefit plan and designating KMC as a select provider in the Kern Legacy Plan Exclusive Provider Organization network, effective January 1, 2016 (Rates confidential per Health and Safety Code Section 1457) (Fiscal Impact: Unknown Revenue; KMC Enterprise Fund; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 874-2015

Perez-Gleason: All Ayes

42) Proposed mid-year capital asset acquisitions of urologic diagnostic, treatment, and operating equipment and cancellation of designations in Fund 00211 - KHS Excess Reserve, in the amount of $238,337 (Fiscal Impact: $238,337; KHS Restricted Fund; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS THE SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Maggard-Perez: All Ayes

CA-43) Unusual travel request for hospital staff nurses, Susan Kincaid and Patrick Sevegny, to attend the Professional Assault Crisis Training in San Diego, California, from February 24, 2016 through February 29, 2016, in an amount not to exceed $6,100 (Fiscal Impact: $6,100; KMC Enterprise Fund; Budgeted; Discretionary) - APPROVED

Perez-Gleason: All Ayes

CA-44) Request for retroactive approval of confirming purchases and increase to sole source Purchase Order 1428083 with Central Admixture Pharmacy Services, an independent contractor, for intravenous solutions, increasing the maximum payable by $200,000, from $100,000 to $300,000 (Fiscal Impact: $200,000; KMC Enterprise Fund; Budgeted; Discretionary) - APPROVED; AUTHORIZED PURCHASING AGENT TO INCREASE SOLE SOURCE PURCHASE ORDER

Perez-Gleason: All Ayes

CA-45) Request for sole source procurement of spinal cord stimulators from Boston Scientific, an independent contractor, in an amount not to exceed $675,000 (Fiscal Impact: $675,000; KMC Enterprise Fund; Budgeted; Discretionary) - APPROVED; AUTHORIZED PURCHASING AGENT TO ISSUE PURCHASE ORDER

Perez-Gleason: All Ayes

CA-46) Request to increase sole source blanket Purchase Order 1673768 with Acumed, LLC, an independent contractor, for proprietary universal clavicle and wrist plating systems, increasing maximum payable by $180,000, from $100,000 to $280,000 (Fiscal Impact: $180,000; KMC Enterprise Fund; Budgeted; Discretionary) - APPROVED; AUTHORIZED PURCHASING AGENT TO INCREASE SOLE SOURCE PURCHASE ORDER

Perez-Gleason: All Ayes

47) Proposed approval of re-establishment of mid-year capital project to decommission G-wing and remove G-wing from Office of Statewide Health Planning Development (OSHPD) inventory in compliance with SB 1953, in an amount not to exceed $441,000 (Fiscal Impact: $441,000; KMC Enterprise Fund; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS THE SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Gleason-Maggard: All Ayes

LIBRARY

48) Proposed Resolution authorizing closure of all Library Department facilities on every Saturday immediately following the County designated Christmas and New Year's Day holiday when falling on Friday (Fiscal Impact: None) - APPROVED; ADOPTED RESOLUTION 2015-318

Maggard-Gleason: All Ayes

MENTAL HEALTH SERVICES

CA-49) Mental Health Services Act (MHSA) annual plan update for Fiscal Year 2015-2016, and approve submission to the Mental Health Services Oversight and Accountability Commission (Fiscal Impact: None) - APPROVED; ADOPTED ANNUAL PLAN UPDATE

Perez-Gleason: All Ayes

PROBATION

CA-50) Proposed retroactive Amendment No. 1 to Agreement 948-2013 with Freedom House Transitional Living for increased capacity for the Sober Living Environment services for male and female AB 109 clients effective May 22, 2015, extending the term from December 31, 2015 to January 31, 2016 and increasing the maximum contractual amount by $75,000 for a new total amount not to exceed $302,760 (Fiscal Impact: $75,000; AB 109 Realignment; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 875-2015

Perez-Gleason: All Ayes

51) Request approval of mid-year capital asset acquisition of one breaching door, in an amount not to exceed $7,400 (Fiscal Impact: $7,400; State Assembly Bill 109 Realignment; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Gleason-Scrivner: All Ayes

CA-52) Unusual travel request for Deputy Probation Officer Maura Rivas to attend the 260 hour Deputy Probation Officer Core Training course in Camarillo, California, from January 19, 2016 through February 26, 2016, in an amount not to exceed $3,023 (Fiscal Impact: $3,023; Budgeted; Discretionary) - APPROVED

Perez-Gleason: All Ayes

CA-53) Unusual travel request for Deputy Probation Officer Mary Zachary to attend the 80 hour Narcotic School training in Orange, California, from January 3, 2016 through January 15, 2016, in an amount not to exceed $2,246 (Fiscal Impact: $2,246; Budgeted; Discretionary) - APPROVED

Perez-Gleason: All Ayes

PUBLIC HEALTH SERVICES

CA-54) Proposed Coalition Agreement with Safe Kids Worldwide to create a local Safe Kids Kern coalition to reduce childhood death rate from unintentional causes, effective December 8, 2015 (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 876-2015

Perez-Gleason: All Ayes

CA-55) Proposed Agreement with Health Net of California, Inc. for reimbursement of services provided to Health Net members at the current Medi-Cal fee-for-service rate, effective December 8, 2015 (Fiscal Impact: Unknown Revenue) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 877-2015

Perez-Gleason: All Ayes

CA-56) Proposed retroactive Agreement with Getinge Signature Services, containing non-standard terms and conditions, for sterilization of laboratory equipment from December 1, 2015 through September 30, 2016, in an amount not to exceed $11,000 (Fiscal Impact: $11,000; Fees; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 878-2015

Perez-Gleason: All Ayes

CA-57) Request to purchase snack foods and juice for clinic patients receiving medication during a visit, in an amount not to exceed $500 (Fiscal Impact: $500; Fees; Budgeted; Discretionary) - APPROVED

Perez-Gleason: All Ayes

58) Proposed addition of one Supervising Microbiologist and one Microbiologist Trainee positions and deletion of one Microbiologist Specialist position, effective December 8, 2015, and deletion of one Microbiologist Specialist position, effective January 31, 2016, in Budget Unit 4110 (Fiscal Impact: $38,382 Annual Savings [FY 2015-2016 $1,411 Cost]; Fees; Not Budgeted; Mandated) - APPROVED; REFERRED TO HUMAN RESOURCES DIVISION TO AMEND DEPARTMENTAL POSITIONS AND SALARY SCHEDULE

Maggard-Gleason: All Ayes

SHERIFF

CA-59) Memorandum of Understanding (MOU) between Sheriff's Office and Fire Department for operational area search and rescue services and annual operating plan (Fiscal Impact: None) - RECEIVED AND FILED

Perez-Gleason: All Ayes

CA-60) Proposed retroactive Memorandum of Understanding (MOU) with Kern Community College District for instructional services from April 8, 2015 to April 8, 2020 (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 879-2015; AUTHORIZED SHERIFF OR HIS DESIGNEE TO SIGN FUTURE STANDARD LANGUAGE INSTRUCTIONAL SERVICE AGREEMENTS

Perez-Gleason: All Ayes

CA-61) Proposed retroactive 2015 COPS Hiring Grant Agreement with U.S. Department of Justice, Office of Community Policing from September 1, 2015 through August 31, 2018 (Fiscal Impact: None) - APPROVED; AUTHORIZED SHERIFF TO SIGN

Perez-Gleason: All Ayes

62) Request for approval to establish mid-year capital asset accounts for acquisition of six patrol vehicles and other equipment, in an amount not to exceed $562,637 (Fiscal Impact: $562,637; AB 109 Realignment; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS THE SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Perez-Scrivner: All Ayes

CA-63) Update on emergency replacement of programmable logic controller and all components in the Lerdo Pre-Trial Facility C Pod (Fiscal Impact: None) - RECEIVED AND FILED

Perez-Gleason: All Ayes

CA-64) Request authorization for the Sheriff's Office to sell duty weapons valued at less than $500 each (Fiscal Impact: $1,250 Revenue; Not Budgeted; Discretionary) - MADE FINDING THAT WEAPONS LISTED ARE VALUED AT LESS THAN $500 EACH; AUTHORIZED SALES

Perez-Gleason: All Ayes

CA-65) Application to hold a parade, Boron Chamber of Commerce Christmas parade on December 12, 2015 in Boron (Fiscal Impact: None) - FOUND THAT SHERIFF HAS NOTED HIS APPROVAL ON PERMIT AND THAT EVENT WILL NOT RESULT IN UNDUE OR UNMANAGEABLE OBSTRUCTION OR HINDRANCE OF TRAFFIC ON HIGHWAY WHERE IT IS TO BE HELD; WILL NOT LEAD TO BREACH OF THE PEACE, PROPERTY DAMAGE, OR OTHER DISORDERLY OR UNLAWFUL CONDUCT; WILL NOT CONFLICT WITH OTHER EVENTS PREVIOUSLY GRANTED PERMITS, AND THAT SHERIFF HAS FACILITIES TO PROPERLY SUPERVISE EVENT; APPROVED; AUTHORIZED CHAIRMAN TO SIGN

Perez-Gleason: All Ayes

CA-66) Retroactive application to hold a parade, Mountain Memories Association Frazier Mountain Communities Holiday Faire parade on December 5, 2015 in Frazier Park (Fiscal Impact: None) - FOUND THAT SHERIFF NOTED HIS APPROVAL ON PERMIT AND THAT EVENT DID NOT RESULT IN UNDUE OR UNMANAGEABLE OBSTRUCTION OR HINDRANCE OF TRAFFIC ON HIGHWAY WHERE IT WAS HELD; DID NOT LEAD TO BREACH OF THE PEACE, PROPERTY DAMAGE, OR OTHER DISORDERLY OR UNLAWFUL CONDUCT; DID NOT CONFLICT WITH OTHER EVENTS PREVIOUSLY GRANTED PERMITS, AND THAT SHERIFF HAD FACILITIES TO PROPERLY SUPERVISE EVENT; APPROVED; AUTHORIZED CHAIRMAN TO SIGN

Perez-Gleason: All Ayes

TREASURER-TAX COLLECTOR

CA-67) Independent Auditor's Report on Investment Policy Compliance for Year Ended June 30, 2015 (Fiscal Impact: None) - RECEIVED AND FILED

Perez-Gleason: All Ayes

CA-68) Request to approve the 2016 County Treasury Investment Policy and annual delegation of investment authority to the Treasurer-Tax Collector (Fiscal Impact: None) - APPROVED

Perez-Gleason: All Ayes

ADJOURNED TO CLOSED SESSION

Maggard

CLOSED SESSION

COUNTY ADMINISTRATIVE OFFICE

69) CONFERENCE WITH LABOR NEGOTIATORS - Agency designated representatives: County Administrative Officer, John Nilon, and designated staff - Employee organization: Service Employees' International Union, Local 521 (Government Code Section 54957.6) - NO REPORTABLE ACTION TAKEN

70) CONFERENCE WITH LABOR NEGOTIATORS - Agency designated representatives: Employee Relations Officer Devin Brown, and designated staff - Employee organizations: Committee of Interns and Residents - SEIU; 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; Service Employees' International Union Local 521; Kern County Prosecutors' Association; Unrepresented Employees (Government Code Section 54957.6) - NO REPORTABLE ACTION TAKEN

71) PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Titles: Director of Aging and Adult Services; Agricultural Commissioner and County Sealer; Director of Airports; Director of Animal Services; Clerk of the Board of Supervisors; County Administrative Officer; County Counsel; Fire Chief; Director of Human Services; Director of Libraries; Director of Mental Health Services; Director of Parks and Recreation; Director of Planning and Community Development; Public Defender; Director of Public Health Services; Director of Public Works; County Veterans Service Officer (Government Code Section 54957) - NO REPORTABLE ACTION TAKEN

72) CONFERENCE WITH LABOR NEGOTIATORS - Agency designated representatives: County Counsel, Theresa Goldner, and designated staff - Unrepresented Employee: County Administrative Officer (Government Code Section 54957.6) - THIS ITEM WAS NOT HEARD

COUNTY COUNSEL

73) CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION (Government Code Section 54956.9 (d)(1)) Hans Mills v. County of Kern, Kern County Superior Court Case Number: S-1500-CV-280479 - NO REPORTABLE ACTION TAKEN

74) 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 REPORTABLE ACTION TAKEN

75) CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION (Government Code Section 54956.9 (d)(1)) In the matter of the application of California Water Service Company, Public Utilities Commission Application Number 15-07-015 - NO REPORTABLE ACTION TAKEN

76) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (Government Code Section 54956.9 (d)(4)) Number of cases: One (1) Based on existing facts and circumstances, the Board of Supervisors has decided to initiate or is deciding whether to initiate litigation - NO REPORTABLE ACTION TAKEN

77) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (Government Code Section 54956.9 (d)(2)(e)(2)) 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, including, but limited to, an accident, disaster, incident, or a potential plaintiff or plaintiffs: (Government Code Section 54956.9 (e)(2)): Collection of administrative penalty/fine regarding violation of County Ordinance section 5.85 at 6816 Story Lane, Bakersfield, California - NO REPORTABLE ACTION TAKEN

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

/s/ Kathleen Krause
Clerk of the Board

/s/ David Couch
Chairman, Board of Supervisors