KERN COUNTY
MENTAL HEALTH SERVICES ACT (MHSA)

THREE-YEAR PROGRAM AND EXPENDITURE PLAN
COMMUNITY SERVICES AND SUPPORTS
Fiscal Years 2005-06, 2006-07, and 2007-08

PLAN SUMMARY

Proposition 63, which proposed a 1% tax on adjusted annual income over $1,000,000, was passed by California voters in November 2004 and enacted into law as the Mental Health Services Act (MHSA) effective January 1, 2005. The MHSA defines serious mental illness as a condition deserving priority attention and seeks to reduce the long-term adverse impact from untreated serious mental illness by expanding successful, innovative, and evidence-based practices at the county level. Planning money was made available to counties in the spring of 2005 to implement comprehensive information gathering and needs assessment activities, and to develop a three-year work plan to carry out the goals and objectives of the MHSA.

Kern County's needs assessment process was designed to create an inclusive and meaningful dialogue between various stakeholder groups (e.g., consumers, family members, representatives of community partner agencies, Mental Health Department staff, and contract providers) and the general public in order to (1) gather information for use in designing a Community Services and Supports (CSS) three-year plan, and (2) to educate stakeholder groups and the public about the MHSA and its implications for system changes.

A draft of Kern County's Community Services and Supports Plan and has been prepared for public distribution and comment for a 30-day period to allow community members to make suggestions for revisions. Following the public review and revision process, the CSS Plan will be reviewed and approved by the Kern County Board of Supervisors. The plan contains all of the elements required by the State Department of Mental Health.

The Mental Health Services Act provides an unprecedented opportunity to improve Kern County's mental health services. The first step in a long-term transformation process is the development of a three-year Community Services and Supports Plan. The Kern County CSS Plan incorporates the five elements essential to transformation and accomplishment of the vision of the MHSA:

1. <u>Community collaboration</u>: Community collaboration means that all the stakeholders (individuals served and their family members community members, public agencies, and non-profit organizations) and businesses work together to share information and resources in order to realize a collective vision by resolving existing and emerging problems.

2. <u>Cultural competence</u>: Kern County embraces a particularly rich diversity of cultures. Cultural competence means that mental health professionals are equipped with the essential tools and training to eliminate barriers to treatment for individuals receiving mental health services thereby improving the quality and effectiveness of services.

3. <u>Client-/Family-driven mental health system</u>: A client/family-driven system maximizes opportunities for consumers and family members to make choices regarding the kind of care they receive, the professionals providing that care, the locations at which services are

provided, and to have a clear voice in decisions regarding allocation of resources. When individuals make choices, they are more fully become invested in the system and become activists in their recovery process.

4. Wellness focus includes the concepts of recovery and resilience: Programs and services developed in concert with the principles of recovery and delivered with a focus on wellness versus illness increase the potential that individuals served are able to live, work, learn and participate fully in their communities, recovering certain aspects of their lives. Resilient individuals more likely to recover full productive lives despite a disability.

5. Integrated service experiences: Integrated services take into account the whole person and not just the person's mental illness by providing individualized service plans uniquely designed and coordinated for each individual so that services are appropriate and available when needed.

Additionally, Kern County's CSS Plan affirms a commitment to outcomes that demonstrate improvement in the quality of life for those we serve. The outcome studies are clear and drive the recovery strategies in Kern County's CCS Plan and include:

- Meaningful use of time and capabilities, including employment, vocational training, education, and social and community activities
- Safe and adequate housing, including safe living environments for families with children and youth; reductions in homelessness
- A network of supportive relationships
- Timely access to needed services, including times of crisis
- Reduction of incarceration in jails and juvenile halls
- Reduction in involuntary services, reduction in institutionalization, and reduction in out of home placements

Finally, the additional funds Kern County will receive for mental health services will amount to about 10% of our current budget. This new funding will support some significant improvements that will be implemented based on community priorities identified in the community needs assessment process.

There are three kinds of MHSA funding California counties can request to make changes and expand mental health services and supports:

1. Full Service Partnerships – funding to provide all of the mental health services a person wants and needs to reach his or her goals.
2. General System Development Funds – funding to improve mental health services and supports for people who receive mental health services.
3. Outreach and Engagement Funds – funding to reach out to people who may need but are not getting services.

Counties can request money for any or all of these funding types. Counties can also request "one time only" funds to start a program or service.

KERN COUNTY'S COMMUNITY PLANNING PROCESS

Kern County's Mental Health Services Act Community Program Planning began in January 2005 and incorporated a range of community engagement strategies:

1. Meaningful involvement of consumers and families

A. One of Kern's first steps to ensure the participation of consumers and family members in the MHSA plan development process was to build an MHSA Workforce that included consumers and family members as employees and consultants for the community information gathering and needs assessment process. In early March, Mental Health staff recruited MHSA Workforce applicants from among consumers and family members involved in the Mental Health System of Care. Additionally, five graduate students in social work from California State University, Bakersfield were recruited as potential workforce members. Both employment standards and a job description specifying essential responsibilities were developed; all hired applicants met the minimum qualifications for the position. A panel conducted employment interviews and made hiring decisions. Seventeen individuals were initially selected; 15 completed the training and worked between eight (8) and 35 hours a week, depending on their availability and the amount of work to do in any given week.

During a two-week period commencing at the end of March, 20 hours of training was provided to the MHSA Workforce. Training topics included (1) recovery vision, (2) the Mental Health Services Act, (3) confidentiality, (4) ethics, (5) position roles and responsibilities, (6) cultural competence, and (7) interview and focus group facilitation skills. In addition, consumer employees were informed about the impact of paid employment on benefits. Social work interns received instruction on how to meet minimum requirements to receive college course credit for their participation in the project. All training was designed to be interactive and to promote team building as well as to break down barriers and/or misconceptions. In facilitated sessions, consumers openly shared their concerns that social work interns might carry stereotypes about mental illness that could compromise work relationships and their fears that symptoms might compromise job performance. In turn, social work interns admitted that they feared being held to a different standard than the rest of the Workforce because they were engaged in postgraduate studies. Openly addressing these issues appeared to contribute substantially to team building. At no point during the data collection phase did interpersonal conflicts arise between members of the Workforce.

The MHSA Workforce met weekly throughout the data collection process in order to debrief about both work-related issues that arose during the previous week and personal issues that might impact work performance. Workforce staff also received the following week's work assignments at these meetings, and made arrangements to attend training and other workshops and conferences related to the MHSA.

B. The MHSA Workforce conducted focus groups with adults, transition-aged youth, and older adults who are currently recipients of mental health services in Bakersfield, Ridgecrest, Wasco, Tehachapi and Lake Isabella. Family focus groups were conducted in the same locations, including two focus groups conducted in Spanish.

C. The final strategy employed by Kern County's MHSA Workforce to capture information from consumers and family members involved making use of the outcomes survey the State of California administers every six months to mental health adult consumers, senior adult consumers, youth consumers, and family members of youth consumers. In order to avoid duplication and to increase the likelihood of consumer participation in the MHSA data collection process, a page of additional items that addressed specific local system MHSA concerns (e.g., medication compliance, dual diagnosis, housing) was paired with the State survey. Kern County Mental Health Department staff distributed state consumer surveys to clinics and providers during the last week of April and offered to have MHSA Workforce members on site to provide assistance to consumers completing the surveys. Teams from the Workforce were scheduled to assist at clinics over the first two weeks of May. The MHSA Workforce role was to encourage consumer participation, explain the MHSA data collection process, and assist consumers who had literacy problems in completing the survey. In the last instance, Workforce staff was directed to avoid interpreting survey questions, but merely to read items aloud and fill in the responses given by the consumer. Consumers submitted the completed surveys to clinic and provider staff, not to members of the MHSA Workforce.

A survey of family members of adult consumers was developed based on feedback provided by the MHSA Work Group and the MHSA Workforce about the need to meaningfully involve families of adult consumers in the data collection process. A supplemental questionnaire was included with all adult surveys asking consumers - if they were willing - to provide the name and address of a family member whom they would like to have complete a family member survey. The survey was mailed to the family member with a cover letter explaining the MHSA data collection process and asking that they return the completed survey in an enclosed, self-addressed envelope. Family members were reassured that their responses would be reported anonymously and their addresses deleted from all databases after the initial contact. The survey itself focused on family members' satisfaction with the services received by the consumer, and their knowledge of and desire for involvement in the National Alliance for the Mentally Ill (NAMI) or other family-oriented support services.

A total of 710 adult consumer surveys were completed in May 2005, and among the 710 adult respondents, 608 received the supplemental MHSA survey page. A total of 37 older (senior) adult consumer surveys were completed.

Youth under 18 years of age who received mental health services were also surveyed. A total of 141 youth consumer surveys were completed. Youths ranged in age from 4 to 18, with a mean age of nearly 13, and a median age of 13. Not all youths surveyed received the supplemental survey page dedicated to MHSA, resulting in a reduced sample size for some analyses. A total of 156 surveys were completed by family members of youth receiving services: 51 families received the MHSA survey page.

2. Comprehensive and Representative Public Process

The Mental Health Department implemented a countywide, comprehensive set of strategies to educate the public and to collect data on the MHSA. A primary emphasis in Kern's "Plan to Plan" was the inclusion of new or previously unheard voices in the development of our MHSA strategies. Kern County Mental Health's Management Team and the Behavioral Health Board were committed to reaching out to those who receive services, their family members and support persons; to community stakeholders, including providers of mental

health and substance abuse treatment services; to community-based nonprofit organizations and public agency social services providers; as well as members of the general public and local elected or appointed officials. We are confident that, through our outreach and information gathering efforts in every geographic region of the county, the MHSA plan strategies we develop will reflect the opinions of Kern's very diverse populations. We also know that, through the needs assessment process, we have reached out to many residents who will benefit from mental health services and who previously did not know that such services might be available or how to access them.

Kern County has 11 incorporated cities, and we have identified an additional four (4) large population centers that are not formally incorporated cities. Community Program Planning strategies included going out to each of these cities and regions at least once during the community information gathering process, using a variety of data gathering instruments to capture and record ideas and opinions, ensuring recommendations come from throughout Kern's vast geographic boundaries. The following is a synopsis of the steps taken to reach out, educate and gather information from stakeholders and community members about the MHSA.

(1) Educational Strategies

- The Kern County Behavior Health Board (BHB) provided oversight and guidance for the Community Program Plan. The BHB received training on the MHSA, the Recovery Vision and on the roles and responsibilities of the Board in planning and convening a public hearing. Reports on Community Program Planning were a regular agenda item on the BHB's monthly meetings.

- Presentations on the MHSA were made to:

  - The Steering Committee and staff of the Kern County Mental Health Department's peer-focused Consumer/Family Learning Center
  - The Kern County chapter of NAMI
  - The Kern County Mental Health contractors' Strategic Planning Committee
  - The Kern County Network for Children (a countywide collaborative association comprised of management and key staff of organizations providing services to children and families)
  - The Kern County Collaborative (a network of 21 community-based resource centers and "one stop" service sites manned by volunteers and co-located public agency staff/contractors)
  - The Committees of the Behavioral Health Board made up of Board members, community members, advocates, partner public agency staff, and Kern County Mental Health staff. Committees included the Adult Treatment and Recovery Services Committee, Children's Treatment and Recovery Services Committee, Housing Services Committee, Criminal Justice Services Committee, and the Prevention Services Committee
  - Substance Abuse Treatment Providers

- KCMH conducted mandatory training for all staff and contract agencies on the MHSA and on evidence-based practices.

- KCMH worked with the County's media/production unit to develop a video for public education on the MHSA. The video provides information and telephone numbers for the Kern County Mental Health Department, discusses the importance of recovery, and explains the MHSA and its potential for transforming the mental health system in California. The video and a schedule of community input meetings air on the Kern County Government television channel.

- Kern County Mental Health Department Information Technology Services staff created a web page on the Kern County Board of Supervisors' public website devoted to the MHSA. Materials on the web page included the Community Program Plan, regular updates on the progress of Plan implementation, and a one-page survey that could be submitted for community comments.

(2) Information-Gathering Strategies

MHSA Workforce staff were deployed to the field and used a wide range of information gathering strategies:

- Development of a one page MHSA explicit questionnaire that was attached to the DMH semi-annual outcomes survey. MHSA staff assisted at KCMH and contract provider service sites, ensuring that consumers understood the survey process and informing them of their opportunity to impact the future for Kern County's mental health services. In total, 710 adults, 141 youth, and 37 older adults were assisted in participating in the survey process. Additionally, MHSA staff asked consumers if they wished to have a family member or support person complete a survey and thereby have a voice in the planning process. With the permission of consumers, 75 specialized surveys were sent to family members or support persons.

- MHSA staff in locations throughout Kern County conducted a total of 45 focus groups. Invitations were extended to staff and volunteers of KCMH, contract providers, and advocates for specific groups of interested community members such as senior citizens, children, mental health consumers, rural regions of the county, the Spanish-speaking community, faith community and transition-aged youth. Over 400 persons attended focus groups. Two of the groups convened in outlying areas were conducted in Spanish. Community partner agencies were also invited to send representatives to focus groups.

- MHSA staff conducted a total of 1,673 short surveys, in both Spanish and English, with community members interested in commenting on how to improve local mental health services. The surveys were conducted in the following public locations:

  - K-Mart, Bakersfield
  - California State University, Bakersfield (2 days)
  - Kern County Hispanic Health Fair (primarily Spanish language)
  - WalMart, Ridgecrest
  - The Valley Plaza Shopping Center, Bakersfield (2 days)
  - Ranch Market, Delano (primarily Spanish language)
  - Ranch Market, Arvin (primarily Spanish language)

- Ranch Market, Bakersfield (primarily Spanish language)
- Von's Supermarket, Lake Isabella
- K-Mart, Taft
- K-Mart, Tehachapi

At each site staff provided those who completed surveys with information on mental illness, KCMH access information, and information on the MHSA. Intercept surveys were also available on the KCMH public web page. To inform communities of opportunities provided by the MHSA and to invite public participation in the surveys, notices of locations and times were sent to all of the county's newspapers. In one instance, the Shafter Press offered to print the survey and an article on MHSA in its weekly publication, allowing that community to participate even though it was not possible to set up a location in Shafter to conduct intercept surveys.

- Provider surveys were developed and made available to all KCMH employees and contract providers via the Department's intranet website. Hard copies of the surveys with information on the MHSA were sent to administrators of all contract providers with an invitation to submit opinions.

- MHSA staff conducted 15 key informant interviews with local leaders, including members of the Kern County Board of Supervisors, leading community advocates, county department heads, and the members of the judicial system, providing a more global and systemic view of community needs.

- The Kern County Mental Health Department entered into a contract with a private consulting firm, Transforming Local Communities (TLC), to support the information gathering process and to conduct analyses of the qualitative and quantitative data accumulated. The resulting needs assessment information was shared with the KCMH Management Team, Behavioral Health Board, and the MHSA Work Group, providing the foundation for selection of the strategies that will be incorporated into Kern County's MHSA Community Services and Supports Plan.

- The MHSA Work Group was convened in 2005, and comprised of 46 members representing various stakeholder interests, including consumers and their families from Bakersfield and two rural areas of the county and community partner agencies (Superintendent of Schools, Probation, law enforcement, Public Defender, First 5 Kern, District Attorney's Office, County Administrative Office, two federally qualified health clinics, the Senior Collaborative, Behavioral Health Board members, KCMH administrators and administrators from contract providers). The Work Group members began learning together and building a shared information base that included review of current services and prevalence rates for all ages, geographic regions, ethnic, and racial populations in Kern County, reports on needs and opportunities for collaboration, and the TLC needs assessment findings.

- On August 25, a workshop took place during which the MHSA Work Group participated in a prioritization process based on community needs identified in the community information gathering process and analyzed by TLC. Work Group members came to consensus agreement on five priority needs they would recommend for the focus of the first three-year Community Services and Supports Plan. They concluded the workshop by developing recommended strategies for addressing the prioritized needs. Those

priority needs and recommended strategies were then conveyed to the KCMH Management Team and to the Behavioral Health Board.

3. Persons responsible, staff functions and time devoted to the planning process

Diane G. Koditek, Director of the Kern County Mental Health Department, provided the leadership for Kern's MHSA system transformation planning process. The MHSA Community Program Planning team was comprised of an MHSA coordinator, key staff from a highly regarded local consulting firm with deep experience in community needs assessment, and two experienced KCMH staff members who provided supervision and Workforce training and support.

The MHSA Workforce was recruited, trained and prepared to become the data collection team for the communities of Kern County. MHSA staff included recipients of mental health services, graduate students in social work from California State University, Bakersfield, and family members of mental health service recipients. Of the 15 individuals employed as the MHSA Workforce, five (5) members and two supervisors were bilingual in English/Spanish.

A MHSA Work Group was convened in March 2005 and was comprised of 46 representatives from various stakeholder interests. The Work Group members built a knowledge base that included review of current services and prevalence rates for all ages, geographic regions, ethnic and racial populations in Kern County, reports on needs and opportunities for collaboration, and the Transforming Local Communities needs assessment findings.

4. Training provided to ensure participation of stakeholders and staff in the local planning process

The following is a synopsis of the steps taken to educate stakeholders and community members:

A. The Kern County Behavior Health Board (BHB) provided oversight and guidance for the Community Program Plan. The BHB received training on the MHSA, the Recovery Vision, and on the roles and responsibilities of the Board in planning and convening a public hearing. Reports on Community Program Planning were a regular agenda item on the BHB's monthly meetings.

B. Presentations on MHSA were made to:

- The Steering Committee and staff of the Kern County Mental Health Department's peer-focused Consumer/Family Learning Center
- The Kern County chapter of NAMI
- The Kern County Mental Health contractors Strategic Planning Committee
- The Kern County Network for Children (a countywide collaborative association comprised of management and key staff of organizations providing services to children and families)
- The Kern County Collaborative (a network of 21 community-based resource centers and "one stop" service sites manned by volunteers and co-located public agency staff/contractors)

- The committees of the Behavioral Health Board (Board members, community members, advocates, partner public agency staff and KCMH staff), including the Adult Treatment and Recovery Services Committee, Children's Treatment and Recovery Services Committee, Housing Services Committee, Criminal Justice Services Committee, and the Prevention Services Committee
- Substance Abuse Treatment Providers

C. KCMH conducted mandatory training for all staff and contract agencies on MHSA and its focus on evidence-based practices.

D. A brochure on the MHSA was developed that explained the MHSA, outlined how it could transform mental health services in California, and contained specific information on community meetings. The English and Spanish brochures were developed and distributed throughout Kern County wherever focus groups or intercept surveys were conducted.

E. A one-page handout providing basic information on mental illness and Kern County Mental Health contact information was developed in English and Spanish and distributed wherever focus groups or intercept surveys were conducted.

F. KCMH worked with the County's media/production unit to develop a video for public education on the MHSA. The video provided information and telephone numbers for KCMH, discussed the importance of recovery, and explained MHSA and its potential for transforming the mental health system in California. The video and a schedule of community input meetings ran on the Kern County Government television channel.

G. Kern County Mental Health Department Information Technology Services staff created a web page devoted to the MHSA on the Kern County Board of Supervisors' public website. Information on the web page includes the Community Program Plan, regular updates on the progress of Plan implementation, and a one-page survey for community comments.

PLAN REVIEW
Preliminary Needs Assessment Data Review
Preliminary Findings

In accordance with the approved Kern County Community Program Planning document, the MHSA Work Group was empowered to review all of the findings (in combination with a review of the KCMH Prevalence and Penetration Rates Report, reports by individual stakeholder representatives, reports from representatives of the Behavioral Health Board committees, and the KCMH director) and to make recommendations for priority issues and strategies to be included in Kern County's MHSA Community Services and Supports Plan. The following is a summary of the MHSA Work Group's Priorities and Recommendations Workshop:

Priority 1: Increase Services to the Uninsured, Underinsured and Un-served

1. Increase services to those individuals who meet medical necessity for mental health services but do not have Medi-Cal, other insurance, or the financial means to pay privately, such as low income individuals with, the working poor and adults and children who are undocumented residents

2. Increase services to geographic regions that are currently underserved.

3. Develop or enhance services and supports to individuals who lack awareness of their mental illness or who refuse treatment and therefore may become homeless, incarcerated, or experience a decline in physical health. This should include individuals who are non-compliant and are unable to benefit from traditional mental health treatment approaches.

   - Adults
   - Transition-aged youth
   - Older adults

4. Develop or enhance services and supports to targeted groups in Kern County who currently have lower than expected prevalence rates for percent of population.

   - Expand capacity to serve Spanish-speaking individuals.
   - Increase services to children 0 to 5 years of age and their families.
   - Develop a KCMH training curriculum to address the needs of older consumers.
   - Expand services and supports designed to meet the needs of older adults: make services and supports available in convenient locations and using approaches that are acceptable to seniors.
   - Create an incentive program for contract providers who outreach to un-served or underserved populations by allowing contracts to be augmented to an agreed upon cap reflecting the increased effective services to an under represented population.

5. Develop an educational tool to teach individuals served by KCMH how to access and make use of low cost prescription programs sponsored by pharmaceutical companies.

Priority 2: Increase the capacity of the mental health system and expand the number of mental health professionals co-located in community partner agencies so that individuals with mental illness or severe emotional disturbance can be identified and treated in a timely and effective manner.

1. Increase the number of mental health staff located in places where individuals enter the justice system, e.g., Lerdo Jail Facility Reception, Juvenile Court arraignments.

   - Develop a program that provides linkage to mental health services for individuals leaving institutions, group homes, hospitals, jail, etc.
   - Develop transitional planning for mentally ill adults or severely emotionally disturbed youth leaving custody.

2. Research evidence-based practices (EBP) curricula and work with law enforcement agencies to better prepare law enforcement and correctional staff, both juvenile and adult, for dealing with individuals with mental illness.

3. Research and implement the use of EBP screening tools so that non-mental health intake staff in correctional settings can identify individuals who may benefit from mental health services.

4. Expand the Mobile Evaluation Team (MET) to all of Kern County.

5. Expand Mental Health Court and diversion services.

6. Develop a transitional case management program that assists mentally ill individuals released from a correctional facility in successfully linking to necessary services and supports in the community including:
   - Housing
   - Mental health services
   - Employment
   - Transportation

Priority 3: Develop an "after-care" and/or transitional services program to support individuals moving from more intense services to successful integration into a chosen community.

1. Develop a full range of housing options to meet the needs and wishes of a large and diverse consumer population. (The Work Group wishes to refer this request to the TAY Committee and the Housing Committee for development of strategies.)

2. Develop an Assertive Community Treatment (ACT) program.

3. Develop Consumer/Family Learning Centers in other geographic regions of Kern County based on the Recovery Vision and be able to provide supports and services to individuals pursuing recovery plans. Services should include:
   - Transportation services
   - Vocational services
   - Educational services
   - Socialization activities to encourage community integration
   - A 12 Step program tailored to the needs of consumers
   - Recovery specialists and trained peers located at the center and contract provider sites outside Bakersfield to assist individuals to develop and enact his/her individual recovery plan
   - A consumer "warm line" that is available for non-crisis interventions, to give referrals and advice

4. Increase commitment to family support networks such as NAMI
   - Provide respite care
   - Establish a family "warm line" that is available for non-crisis interventions, to give referrals and advice
   - Develop evidence-based practices that provide education and support to parents of seriously emotionally disturbed (SED) children

5. Develop, support and provide training for a range of peer driven/peer run services and supports including:
   - Develop a certificate program for consumers who want to be employed in the mental health system
   - Develop a training program and recruit individuals to become peer mentors
   - Recruit consumers as experts working on stigma elimination and demystifying mental illness

- Create positions and opportunities for consumers to make meaningful contributions to the mental health system as employees and volunteers, e.g., peers as friendly visitors in hospitals or locked facilities, peers as facilitators of groups at board and care facilities, Consumer/Family Learning Centers and mental health clinic sites

Priority 4: Develop and implement a comprehensive community education and information plan that targets those who may need mental health services, individuals and families currently receiving services, other health and human services providers, elected and appointed officials and community leaders, the media and the general public.

1. Develop an annual anti-stigma, community education campaign, including the development of a speaker's bureau that incorporates consumers, targeting:
   - Service organizations
   - Public schools/colleges
   - Churches
   - Primary care providers
   - Potential employers

2. Create a promotional campaign to encourage careers in the field of mental health. Develop a local educational strategy to promote growth in mental health related professions.

3. Work with local law enforcement agencies to develop strategies to improve understanding of mental illness and to strengthen individual officer skills when taking a mentally ill individual into custody.

4. Develop a media campaign.

5. Use Consumer/Family Resource Centers as a base for education forums in communities throughout Kern County.

6. Expand the KCMH website to include more local referral information and more links to informational sites.
   - Develop a "frequently asked questions" page on the website
   - Develop a centralized directory of resource information that is easy to use
   - Develop an on-line newsletter

7. Place mental health educational/informational material in the offices of primary care providers, including culturally appropriate Spanish translations.

8. Develop printed materials and/or videotapes for the lobbies of Kern County Mental Health Department and contract providers' sites to educate consumers and family members.

9. Create information sharing partnerships with advocacy organizations (NAMI and others).

10. Develop an evaluation tool and process to measure the effectiveness/impact of our educational and informational public awareness strategies.

Priority 5: Develop a range of treatment strategies to meet the needs of Kern County's high-risk youth (youth involved with the juvenile justice system, those in high level group homes, those in foster care or aging out of foster care, and those concurrently served by the Probation Department). Treatment options and the youth being treated should not be limited to those covered by Medi-Cal.

1. Develop a residential treatment program for juvenile sex offenders.
2. Develop local high-level group homes (level 12 and above).
3. Research and implement an EBP for children exposed to trauma.
4. Provide training on suicidality for staff of community partner agencies working with high-risk youth.
5. Expand existing evidence-based practices in the Children's System of Care to meet needs of high-risk youth who are not currently served because they are not eligible for Medi-Cal.

Prevalence Data

Located in California's Central Valley, Kern County has primarily relied on "ag and oil" for employment and the county's economy. While employment rates in California overall have decreased, Kern's unemployment rate remained static at a high of 10.4% (not seasonally adjusted), with some rural areas of the county reaching unemployment rates as high as 15.4% (Lost Hills), 18.3% (Mettler), and 21.1% (Onyx). Individuals and families living in these high poverty, low income, rural areas are underserved. Transportation is a critical issue. Isolation is another factor leading to the under reporting or identification of child abuse, domestic violence, substance abuse and untreated mental illness.

The number one priority identified repeatedly among respondents taking part in the Kern County MHSA needs assessment process was increasing services to uninsured, underserved and un-served for all the MHSA target populations. Kern County Mental Health Department's Prevalence Rate Reports support the need to increase penetration rates for all populations, with the greatest disparities as indicated in the following populations.

UNSERVED POPULATIONS OF KERN COUNTY

Children and Youth (Ages 0-18)

The Children Now, California County Data Book indicates that 28.2% of Kern's children live at or below the federal poverty level and a staggering 56% of Kern's children live in low-income homes (below 200% of the poverty level). The First 5 Kern, Children's Health Initiative research tells us that children from low income families, not eligible for Medi-Cal, are more likely to be uninsured and therefore, their medical and mental health needs are more likely to be untreated. In 2004, the First 5 Kern organization estimated that children 0-18 living in Kern County with no health insurance coverage numbered about 33,000. Of that number, approximately two-thirds are believed to be eligible for Medi-Cal or Healthy Families coverage and should be outreached and enrolled. Approximately 8,000 children living in Kern will remain ineligible and without insurance. The First 5 Kern, Children's Health Initiative (called Healthy Kids) is providing coverage for the 0-5 aged children. According to First 5 Kern's statistics, that is between 1,500 and 2,000 children. The remaining 6,000 children, aged 6-18, have no medical or mental health coverage. Additionally, in 2007, First 5 Kern will be faced with making a decision about whether or not to continue to fund Healthy Kids insurance for children 0-5 years of age. These insured and un-served youth are priority concerns identified in the MHSA needs assessment.

Transition-Aged Youth (Age 16-25)

Nearly every category of respondents who participated in the Kern County needs assessment/information gathering processes identified transition-age youth as a high priority for MHSA attention. The major gaps identified in the services to this age group included lack of skills building to prepare for aging out of the foster care and/or children's system of care, lack of health insurance when reaching adulthood and safe affordable housing. One concern expressed was that available single room occupancy housing, room and board homes, or board and care facilities are often oriented to adults and are not appropriate for transition-aged youth who are still maturing. Transition-aged youth exiting the foster care system, the juvenile justice system, and the Children's System of Care who are currently un-served or underserved were identified as a priority target population for MHSA services.

Adults (Ages 21-59)

To determine the number of individuals who may be un-served because they are uninsured, Kern County relied on data from the State of California, Department of Finance's *City and County Population Estimates; January 1, 2004 and 2005,* which states that approximately 28% of Kern's total population has total income that falls at or below 200% of the federal poverty level. According to the *2000 Census Report,* 20.8% of Kern's residents live below the federal poverty level. Those individuals who fall into the 200% of poverty level and are not eligible for Medi-Cal insurance are at greater risk of being un-served, even if they meet the medical necessity criteria for mental health services. Many of those adults living in poverty or extremely low-income households are not eligible for public benefits and reside in the more rural and remote areas of Kern County. Often they are emotionally and geographically isolated and may not be able to reach one of the 11 incorporated areas where most health and human service organizations are sited because they lack reliable transportation. Timely and effective services to those individuals could stabilize homes, reduce domestic violence and child abuse or neglect, and return persons to the work force. As Rusty Silex has said of MHSA, it provides an opportunity to transform the mental health system from a fail-first to a help-first system. The Kern County needs assessment data finds these uninsured, underserved or un-served adults a priority for MHSA funded services.

Older Adults (Aged 60 and over)
With the aging of the "baby boom" generation, this demographic is one of Kern's most rapidly increasing populations. Yet, older adults make up a very small percentage of the adults served by the Mental Health System of Care. According to the Kern County Aging and Adult Services Department, 11.5% of Kern's senior residents (65+ years) live below the poverty level. Most Kern seniors have Medicare or Medi-Cal insurance. However, other issues such as the stigma attached to mental illness and a lack of recognition of mental illness among members of that population, are reasons for resisting services. Additionally, the lack of mental health services co-located in non-traditional settings frequently used by seniors, such as primary care physicians and senior centers contributes to the problem. Kern County's Prevalence Report data confirms that, as a population group, seniors are underserved in the Kern County Mental Health System.

Rural and Non-English Speaking Individuals (All Ages)
Kern County is a national center for agricultural production. Farm workers and their families are identified as primarily Hispanic/Latino. They contribute an enormous benefit to the economic vitality of the county. Yet, according to Kern County Mental Health's Quality Improvement Division (QID) Prevalence Studies, penetration rates for the farm areas of Kern (Delano, Wasco, Arvin, and Lamont) are considered to be significantly lower for all ages. The disparities in access to services and education about mental health for Latinos is a primary concern because the California Department of Finance, Population Projections by Race/Ethnicity/Gender and Age for California Counties indicates that while other Kern County ethnic populations will remain fairly static for the next 40 years, the Hispanic/Latino population will continue to grow rapidly. By the year 2050, the Hispanic/Latino population of Kern is projected to make up 2/3 of the overall population.

Service Barriers to Treating Non-English-Speaking Individuals
Barriers to serving this population may include the failure of the system to recruit and retain mental health professionals who reflect the culture and language needs of our rural, agricultural communities; the failure of treatment approaches to meet the cultural needs of the Hispanic/Latino population and the lack of information on mental illness and mental health services in a form that is linguistically and culturally useful. Currently KCMH is conducting a Process Improvement Project to determine the root causes of such low service rates in the western and southern region of Kern County. Increasing the level and effectiveness of services to the Hispanic/Latino population and increasing informational and promotional information available in linguistically and culturally effective form is a priority.

COMMUNITY SERVICES AND SUPPORTS WORK PLAN: SUMMARIES OF PROGRAMS TO BE DEVELOPED OR EXPANDED

ASSERTIVE COMMUNITY TREATMENT (ACT) PROGRAM

(Full Service Partnership-Transition-Aged Youth, Adults & Older Adults)
Timeline for Implementation: January 2006

Program Description: KCMH intends to develop an enrollment program based upon the ACT model which is an evidence-based program designed to improve the personal outcomes and recovery for individuals who have previously been underserved, inappropriately served or un-served because traditional mental health services were not effective in engaging them or meeting their needs. Individuals to be served by this program are those who have experienced the most severe symptoms of mental illness, often concurrently with issues of substance abuse, homelessness and encounters with the criminal justice system. These individuals have also experienced multiple involuntary placements. The program will engage a number of effective strategies with an emphasis on self-management of mental illness and independent functioning.

Outreach and Engagement: A Personal Service Coordinator (PSC) will contact the individual served in the place where he/she resides (e.g. a shelter, an open-air camp, an inpatient unit) and begin to build a relationship encouraging discussion of care planning and choices.

Case Consultation: For those individuals who are leaving an inpatient or residential setting and are likely to benefit from ACT, the PSC will attend discharge meetings and will assist in the development of a discharge plan. Transition services will be provided to ensure service continuity as the individual moves from a facility to the community.

Intensive Outpatient Services: The Client to staff ratios will not exceed 10:1, enabling the team to have frequent contact with individuals served. In addition, the team will operate on an expanded schedule – routinely serving persons in the evenings and on weekends. A PSC will be available to enrollees 24/7. Additionally, the PSC will provide linkage to services and supports, including assistance with transportation, medication monitoring and home visitation.

Multidisciplinary Services: A multidisciplinary staff specifically trained in the ACT model will serve individuals. Team members will include a Psychiatrist, a Mental Health Nurse, Mental Health Therapist, Recovery Specialist, and Recovery Specialist Aid – Peer Specialist. Individuals served will have a single PSC but will likely receive services by each member of the team. In addition, substance abuse counseling, vocational rehabilitation, and educational support services will be included whenever possible.

Mobile Evaluation Team (MET): MET currently responds to emergency incidents with Kern law enforcement. When not engaged in crisis, MET will do wellness checks for individuals served by this team and others with less intense needs.

Culturally and Linguistically Competent Services: The ACT team members will include staff members who are bilingual/ bicultural. Staff will rely on and support inclusion of the natural supports comfortable and familiar to each individual served. Such services may include locating housing in an area that matches the culture and language of the individual. Positive connection to community, family and friends is a key treatment objective.

Planned Program Enrollment:

Year 1: 10 individuals by June 30, 2006; Year 2: 60 individuals by June 30, 2007; Year 3: 60 persons by June 30, 2008.

<u>HIGH- RISK TRANSITIONING ADULTS</u>

(Full Service Partnership: Transition-Aged Youth, Adults & Older Adults)
Timeline: Staff Recruitment and Implementation - January 2006

Program Description: Kern County will develop a comprehensive enrollment based team using the AB 2034 model for service delivery for adults who are homeless or at imminent risk of becoming homeless, including those individuals who are released from the criminal justice system; adults who are seriously and persistently mentally ill and who, often suffering from co-occurring disorders, have not been able to benefit from traditional mental health services.

Outreach and Engagement: A Personal Services Coordinator (PSC) will go to the jail or wherever individuals reside to contact and promptly engage them in services upon release. The PSC will coordinate with staff in those locations to assist the individual through the transition process and begin to build a relationship, encouraging discussion of care planning and choice.

Integrated Substance Abuse Mental Health Services: For individuals with dual diagnosis, integrated substance abuse and mental health services are provided concurrently by one team with one service plan for one person; specialized housing to accompany these services as appropriate.

Intensive Community Services and Supports: The PSC will provide linkage to services and supports, including assistance with transportation, medication monitoring, home visitation, and crisis management. The team will provide intensive services and supports where individuals live 24/7.

Community Collaboration: Kern County Mental Health will propose a collaborative project with the United Way of Kern County to fund a homeless coordinator position, to be housed at United Way. Essential functions of the position will be developing an inventory of housing options in Kern County, acting as a resource to organizations who serve individuals and families with housing needs, particularly those who are disabled or chronically homeless; and act as a liaison between services providers and those who live in shelters or are without fixed housing. Individuals served will be supported in finding meaningful uses for time and capabilities. Individuals served will be encouraged to engage in activities at the Consumer/Family Learning Center, to pursue educational opportunities and explore the potential for employment with KCMH's employment services unit, All Aboard.

Culturally and Linguistically Competent Services: The team will include bilingual/bicultural staff to ensure that each individual receives culturally appropriate services and to reach persons of racial/ethnic and linguistically diverse populations. The team will develop integrated services with ethnic specific organizations.

Planned Program Enrollment:
Year 1: 60 individuals by June 30, 2006; Year 2: 120 individuals; Year 3: 120 individuals

TRANSITION-AGE YOUTH PROGRAM

(Full Service Partnership: Transition-Age Youth)
Timeline: Development and Recruitment - July 2006

Program Description: This program is targeted at meeting the needs of un-served and underserved seriously mentally ill youth and young adults at risk for hospitalization, incarceration, and homelessness. The program will implement the Transition to Independence Program (TIP) an evidence-based practice model strategically developed to address the needs of this population. The youth or young adult receiving services will partner with other team members who will identify personal strengths, target areas of concern and develop service needs. Clear goals will be set regarding such issues as education, employment, housing, transition to the community and transitions to the Adult System of Care. Team members will support the individuals served in developing or re-establishing relationships with family, friends, and peers. Team efforts will be made to include the individual and family in service delivery, always with the goal of fostering independence and self-sufficiency.

Outreach and Engagement: Staff will work closely with the Kern County Departments of Human Services and Probation to identify children who qualify for the program. Special attention and outreach will occur in the Hispanic/Latino community to address the ethnic disparity.

Case Management and Individualized Plans: All individuals will be assisted in developing an individualized service plan before they exit their facility or place of residence. Staff will coordinate the plan elements and the team will be on-call 24/7.

Intensive Outpatient Services: Staff will provide linkage to services and supports, including assistance with transportation, medication monitoring, home visitation, and crisis management.

Wraparound Services: This will have small caseloads, all team members will be familiar with needs/history of all individuals served by the team, and individuals served will know each team member, allowing any team member to respond if a crisis situation should develop.

Seamless Linkage: A single PSC/case manager will follow transition-age youth as they move from children and youth services into adult services and/or into the community as independent adults.

Community Collaboration: Based on the individual's needs and expressed desires for service, team members will work with community partner organizations to deliver services. Staff working with this population will be trained in the development and cultural needs of transition-age youth in community resources, and in implementing a wellness philosophy including the concepts of both recovery and resiliency.

Culturally and Linguistically Competent Services: The TAY team will include staff that are bilingual and will rely on and support inclusion of the natural supports comfortable and familiar to each individual served which may include locating a foster family in an area that matches the culture and language of the individual served. .

Planned Program Enrollment:
75 youth by June 30, 2007; 125 youth by June 30, 2008

CHILDREN AND YOUTH MULTI-AGENCY INTEGRATED SERVICES TEAM (MIST)

(Full Service Partnership-Children & Youth)
Timeline: Development and Recruitment – January 2006

Program Description: The MIST Team will provide family based service alternatives to high-level group homes. MIST is a family-centered, strength-based, needs-driven planned approach for providing individualized services and supports. The MIST Team is a multi-disciplinary team funded by the MHSA and composed of mental health professionals, a probation officer, a social worker, and a public health nurse who will all be trained to provide evidence-based treatment using Multi-dimensional Treatment Foster Care and wraparound care. One staff will be trained in the evidence-based Dialectical Behavior Therapy model to serve youth presenting with symptoms of Borderline Personality Disorder. The MIST Team will serve children and youth 0-19, who are often suffering from co-occurring disorders who are not currently served or who have not been adequately served and are therefore at risk for further hospitalization, out of home placement, changes in placement to more restrictive long term care settings, Juvenile Justice involvement, and frequent use of crisis services.

Outreach and Engagement: Staff will work closely with schools and placement agencies to identify the children who qualify for the program. Special attention and outreach will occur in the Hispanic/Latino community to address the ethnic disparity.

Crisis Services: Staff will be available 24/7 and will provide crisis interventions in the home, school or community as needed.

Intensive Outpatient Services: The Program Service Coordinator will provide linkage to services and supports, including assistance with transportation, medication monitoring, home visitation, and crisis management.

Wraparound Services: The team developed to implement this program will have small caseloads, all team members will be familiar with the needs/history of all individuals served by the team, and individuals served will know each team member, allowing any team member to respond if a crisis situation should develop.

Community Collaboration: The key to the success of the MIST Team is interagency cooperation and collaboration. All community agencies serving high-risk children and youth (Kern County Probation Department, Department of Human Service, and Superintendent of Schools, as well as various community non-profit organizations) are potential partners in developing individualized service plans that are client driven.

Culturally and Linguistically Competent Services: The MIST team is trained to provide culturally appropriate services to reach persons of racial/ethnic and linguistically diverse populations. Services will be integrated services with ethnic-specific organizations, as appropriate. All mental health professional staff included in the model will gain skills through required training in this area of culture. Partner agency staff will also be encouraged to participate in training.

Planned Program Enrollment:
Year 1: 35 individuals by June 30, 2006; Year 2: 75 individuals; Year 3: 100 individuals

MOBILE SERVICES TO UNINSURED AND UNDERSERVED

(Full Service Partnership-All Ages)
Timeline: Recruitment and Implementation – January 2006

Program Description: Kern County will develop two mobile service teams to provide screening and brief services to the outlying, rural areas of the county. One team will be staffed by KCMH and will operate in western Kern County. A KCMH contract provider serving adults in eastern Kern County, will staff the second team. The mobile teams will serve adults, older adults, and transition-aged youth, who may not meet criteria for specialty mental health services, but who are experiencing serious life problems and emotional crises. They may be low-income individuals without insurance coverage or other means of obtaining services who will benefit from brief interventions and/or crisis services.

Screening and Assessment: Mobile Services to Uninsured and Underserved will be located in rural and outlying communities to conduct screening and assessment services. If an individual meets the definition of seriously persistently mentally ill, they will be referred to the outpatient team serving that geographic area. If the individual does not meet criteria and would benefit from brief intervention, the mobile team will open a case.

Crisis Services: Mobile Services to Uninsured and Underserved will provide crisis intervention as needed to individuals in rural and outlying communities and, as appropriate, will refer individuals and families to other community resources such as a homeless shelter, domestic violence services, child support services, faith-based counseling programs, or food bank.

Education: Mobile Services to Uninsured and Underserved will provide education to clients and family members and other support persons about appropriate choices and nature of medications, expected benefits and potential side effects and alternatives to medications.

Brief Treatment Package: Mobile Services to Uninsured and Underserved will provide up to six (6) sessions of mental health or substance abuse counseling and assistance with linkage to primary care/community resources.

Culturally and Linguistically Competent Services: The mobile services teams will include staff who are bilingual and bicultural will rely on and support inclusion of the natural supports comfortable and familiar to each individual served. The mobile services teams will ensure the approaches they use are culturally appropriate and that outreach to the Hispanic/Latino community is culturally sensitive. All mental health professional staff included in the model will gain skills through required training in this area of culture and partner agency staff will also be encouraged to participate.

Planned Program Enrollment:
75 individuals by June 30, 2006; 150 individuals by June 30, 2007; 150 individuals by June 30, 2008

MOBILE GERIATRIC ASSESSMENT, SERVICES AND SUPPORT TEAM (MGASST)
(Full Service Partnership-Older Adults)
Timeline: Recruitment and Development – July 2006

Program Description: The Mobile Geriatric Assessment, Services and Support Team (MGASST) is conceived as a multidisciplinary team that will perform comprehensive integrated assessments of mental health, substance abuse and physical health conditions (via collaboration with primary care). The MGASST will serve persons aged 60 years and older. An additional priority population is the transition-aged adult, ages 55 – 59 years whose service needs are likely to extend into older adulthood. A client and family driven plan of care will be developed to address any behavioral health issues identified in the assessment. Services will be arranged and/or delivered by the team and continuously coordinated and monitored by a single personal service coordinator. These services and supports will be driven by recovery principles, encouraging independence and meaningful activity utilizing natural services and supports as soon as possible. To ensure comprehensive and integrated care and the fulfillment of the recovery vision, the caseload of the team shall not exceed 10 persons to each staff person.

Integrated Substance and Mental Health Services: The MGASST will provide integrated mental health and substance abuse services simultaneously, not sequentially. One team member will provide services with one treatment plan for one person.

Crisis Services: The MGASST will be aware of any high-risk conditions such as abuse, neglect, grave disability, homelessness, and suicide risk presented by the individual served. Individuals served by the MGASST will receive immediate attention 24/7.

Technical Assistance and Training:. The team will receive training in geriatric behavioral health services from three of Kern County's Behavioral Health training programs (UCLA-Kern Psychiatric Residency, KCMH Psychology Internship, CSUB-MSW Program).

Service Coordination: MGASST staff members will engage in collaboration and coordination of services with physical health care providers as conditions are identified.

Consumer/Family Education Plan: Research and develop a range of informational/educational tools for distribution to users of mental health services, their families and other support persons for distribution to the general public and for specific distribution to professionals in allied health fields such as primary care physicians, rural health clinics and public health offices.

Culturally and Linguistically Competent Services: The MGASST will be charged with the responsibility of ensuring that all MHSA programs services and supports are culturally and linguistically appropriate to serve individuals, families and communities of Kern County.

Planned Program Enrollment:
60 individuals by June 30, 2007; 125 individuals by June 30, 2008

RECOVERY SUPPORTS ADMINISTRATION

(System Development-All Ages)
Timeline: January 2006

Program Description: KCMH proposes to develop a new area of administration to enhance access to self-help and support services for consumers and family members throughout Kern County. The Recovery Supports Administration (RSA) will be consumer and family driven with a focus on recovery and outreach activities; training of staff, consumers and family members; and dissemination of recovery-based education and anti-stigma information. The targeted focus of the Recovery Supports Administration will be consumers of mental health services, family members of consumers of mental health services, providers of mental health services, and the general public.

Outreach and Engagement: The Recovery Supports Administration (RSA) will provide outreach to all parts of Kern County to ensure that consumers and family members throughout Kern County have a leadership role in the development of and access to recovery-oriented self-help and support services. The RSA will ensure that information on recovery-based services is publicized throughout Kern County.

Development of Consumer Family Resources: The RSA will ensure that consumer/family self-help and support resources are available throughout Kern County and that the resources supported are culturally and linguistically appropriate for the community. Consumers in locations throughout Kern County will provide self-help and client-run programs including anti-stigma campaigns, job training, advocacy programs and peer education.

Recovery Vision and Staff Mentoring: The RSA will ensure that recovery oriented training becomes a required element in the direct service staff annual training plan for both KCMH and contract providers staff. Staff of the RSA will become experts in the recovery vision and will provide direct service staff with training, coaching and mentoring.

Advocacy and Information: The administrator of the RSA will have a position on the management team as an advocate for peer and family issues and who will ensure that recovery principles are incorporated in all aspects of direct service provision, will keep KCMH administration informed of the activities, services and supports being developed in consumer family resource centers in Kern County. The Administrator and peer employees will provide education and support to staff engaged in learning recovery principles.

Community Collaboration: The RSA will ensure that other consumer/family serving organizations or groups are included in the development of and access to recovery self-help and support resources. Examples are providers of educational, vocational or employment programs, organizations that manage benefit programs such as the Social Security Administration, housing programs, etc.

NON-PROFIT HOUSING DEVELOPMENT CORPORATION

(System Development-All Ages)
Timeline: January 2006

Program Description: Kern County proposes to support a Housing Development Corporation to increase the quality and quantity of housing options available to every age group defined in the MHSA. Kern County, like many California counties, has experienced a sharp rise in the cost of housing. Traditionally, the housing available to mental health consumers has been limited and it has become increasingly difficult to find housing that is safe, affordable and meeting at least minimal standards for quality. Support for the Housing Development Corporation will bring together the interests and the expertise of professional developers and interested stakeholders to focus resources on improving the affordable housing inventory in Kern County. KCMH anticipates that MHSA Capital/Facilities Funds will provide an ongoing source of funding for such long-term development needs.

Financial Support: The Housing Corporation will develop and/or support other non-profit and for-profit agencies through loans and grant awards. The corporation will assist in and sponsor the development of housing using MHSA funds to leverage other funding sources. A full range of housing options will be explored from temporary housing, supportive housing, to permanent long-term options.

Housing Assessment: Kern County will conduct a comprehensive housing assessment to determine the extent and type of housing needs countywide. This information will be useful in planning for future housing and supportive housing requests which might benefit from MHSA funding.

Homeless Collaborative: The Kern County Homeless Collaborative is in need of financial support to continue its activities. Though its member agencies the Collaborative serves thousands of individuals who are hard to reach, underserved homeless or at risk of homelessness. Funds are needed to complete the annual Continuum of Care Plan, which is the basis for obtaining millions of dollars of HDU funding. The focus of the Collaborative is on chronically homeless adults, many of whom are mentally ill.

Green Gardens Support: Support for a single room occupancy (SRO) facility that is dedicated to housing for mentally ill adults. Funds would provide security deposits, funds for clean up and damage repair when rooms are vacated, replacement or repair of community amenities (appliances and furniture), client household amenities (blankets, pillows, cookware and household supplies) for residents without funds when they move into a SRO.

Collaborative Coordinator: Provide a portion of the funding for a position, under the administration of the United Way of Kern County, responsible for improving services to the homeless.

CHILDREN AND YOUTH WRAPAROUND INTENSIVE TEAM

(System Development-Children & Youth)
Timeline: Recruitment and Implementation – July 2006

Program Description: KCMH will expand existing wraparound services to increase the number of high-risk youth to be linked immediately to care as they transition from hospital settings, from high-level group homes, or from other institutional settings such as the local children's shelter or juvenile correctional facilities. The goal of wraparound services is to stabilize and maintain children in the least restrictive safe environment and to retain children in their homes or as close to a home setting as is possible. Families experiencing the transition of a child back into the home, or foster families receiving a child, often need more interventions than can be provided by clinic-based services. They may need professionals coming into the home and assisting the family with supportive services. Some examples include crisis services, transportation, medications, individual and/or family counseling, and case management. The wraparound program serves children (19 and under) with severe emotional disorders who are eligible for mental health services and who intensive services to transition effectively to community living.

Wraparound Services: The team developed to implement this program will have small caseloads. All team members will be familiar with the needs/history of all individuals served by the team; correspondingly, individuals served will know each team member, allowing any team member to respond if a crisis situation should develop.

Outreach and Engagement: Staff will work closely with the Probation Department and the Department of Human Services to serve children who qualify for the program. Special attention will be given to children who are Hispanic/Latino in order to address ethnic disparity.
Integrated Services and Supports: Children, youth and their families, will receive integrated services for co-occurring mental health and substance abuse disorders within the context of a single services supports plan.

Intensive Outpatient Services: Staff will provide linkage to services and supports, including assistance with transportation, medication monitoring, home visitation, and crisis management. Individual youth served will be involved in planning and service development.

Culturally and Linguistically Competent Services: The Wraparound Team will include staff that are bilingual and will rely on and support inclusion of the natural supports comfortable and familiar to each individual served which may include locating a foster family in an area that matches the culture and language of the individual child or youth. The team is trained to provide culturally appropriate services to reach persons of racial/ethnic and linguistically diverse populations. All Wraparound staff will gain skills through required training in this area of culture. Partner agency staff will also be encouraged to participate in training.

Planned Program Enrollment:
125 individuals by June 30, 2007; 175 individuals by June 30, 2008

ADULT WRAPAROUND TEAM

(System Development-Adults, Older Adults & Transition-Age Youth)
Timeline: Recruitment and Implementation – July 2006

Program Description: The KCMH Adult Wraparound Team will respond to the needs of un-served and underserved adults, older adults, transition-aged youth, who often suffer from co-occurring illness and are at high risk for hospitalization, incarceration, or homelessness. Specifically, this team will intensify services to those persons recently discharged from an inpatient hospital stay. Services will be focused on ensuring that the individuals continue to improve following discharge and will not require readmission. Adult Wraparound Team services will consist of a full array of coordinated services including medication support, home visits, transportation, counseling, 24 hour crisis availability, housing and living skills assistance, substance abuse services, and family support. Adults admitted to an inpatient facility may receive services from the Wraparound team. Team members will attend daily treatment focus meetings held in the hospital, to link to resources or coordinate discharge plans. The Wraparound team will be responsible for informing the individual's case coordinator, and if the individual does not have a case coordinator, the Wraparound team will open the case and provide transition services until he/she can be transferred to a permanent case coordinator.

Outreach and Engagement: The Adult Wraparound Team will work closely with the staff of emergency rooms, the Crisis Stabilization Unit, and outpatient teams to identify individuals who would benefit from intense wraparound services to prevent placement in more restrictive settings.

Integrated Services: The Adult Wraparound team will work with law enforcement, probation and courts for the purpose of crisis response, alternatives to jail with those with serious mental illness. Referrals to mental health court may be made when appropriate. All individuals will be assisted in developing an individualized service plan detailing services and ensuring participation of the individual to be served.

Intensive Community Services and Supports: The Adult Wraparound Team will provide linkage to services and supports including assistance with transportation, medication monitoring, home visitation, and crisis management. The team will be on call 24/7.

Wraparound Services: The Adult Wraparound Team will have small caseloads. All team members will be familiar with the needs/history of each individual served by the team, and individuals served will know the team members, allowing any team member to respond if a crisis situation should develop.

Community Collaboration: Based on the individual's needs and expressed desires for service, the Adult Wraparound Team will work with community partner organizations to deliver services.
Culturally and Linguistically Competent Services: The Adult Wraparound team will ensure that culturally appropriate services are provided in order to reach persons of racial/ethnic and linguistically diverse populations.

Planned Program Enrollment:
120 individuals by June 30, 2007; 165 individuals by June 30, 2008

OFFICE OF PROGRAM DEVELOPMENT AND IMPLEMENTATION

(System Development-All Ages)
Timeline: Recruitment and Implementation – January 2006

Program Description: KCMH will develop an Office of Program Development and Implementation to: research evidence-based practices to meet specific population needs; identify prevention strategies; provide technical assistance/training to implement program models in the MHSA Plan; establish outcome/evaluation processes for program models in the MHSA Plan; and obtain and oversee contracts with subject matter experts for new model/system changes. The Office of Program Development and Implementation will become a KCMH point of accountability for MHSA-funded programs, services, and supports. It will streamline information flow, facilitate decision-making on research, and support the development of new or expanded services. Further, it will improve the quality of services by guiding implementation strategies, monitoring fidelity to the model programs as they are implemented, and assisting administration and staff charged with implementing the MHSA as they establish outcomes and evaluate programs.

Research: The Office of Program Development and Implementation will respond to requests for information on promising and best practice models for KCMH staff charged with program, service, or supports development.

Identification of Prevention Models: The Office of Program Development and Implementation will partner with the Behavioral Health Board's Prevention Services Committee and staff charged with development of MHSA prevention services to ensure that all programs, services and supports proposed meet the standards of quality and effectiveness required by the MHSA.

Technical Assistance and Training: The Office of Program Development and Implementation will be trained to provide technical assistance and onsite training to administrators and staff charged with implementation of a best practice model. In some instances Office of Program Development and Implementation staff may provide assistance directly; at other times they will be the link to content experts on the model, developing contracts and arranging for training to occur.

Outcomes/Evaluation: The Office of Program Development and Implementation will work with experts in outcome and evaluation development to ensure fidelity to model programs to be implemented under the MHSA and to develop or implement recommended tools for measuring outcomes and evaluating results.

COMPREHENSIVE CONTINUOUS INTEGRATED SYSTEM OF CARE

(System Development-All Ages)
Timeline: Recruitment and Implementation – January 2006

Program Description: KCMH will transform its delivery system for persons suffering from co-occurring disorders into a Comprehensive, Continuous Integrated System of Care (CCIS) that is culturally competent, recovery based and client driven, and incorporates evidence-based practices. The CCIS will serve adults, older adults, transition-age youth, and children.

Consultation, System Development, and Training: Under the direction of subject matter experts, the County will undertake a self-assessment of its current service delivery system. The findings will drive efforts to create a CCIS vision of service delivery, transform current service delivery methods into a CCIS, create policies that support the implementation of the model, and retrain all service delivery staff so as to possess all needed skills.

Culturally and Linguistically Competent Services: The program will incorporate culturally appropriate services to reach persons of racial/ethnic and linguistically diverse populations.

Planned Program Implementation:

Year 1: It is anticipated that this program will begin selecting and recruiting a contract/consultant in January 2006, with an ultimate goal of implementing the consultation and training by June 30, 2006.

Year 2: Continued consultation and training

Year 3: Continued consultation and training

EXPANSION OF THE KERN COUNTY MENTAL HEALTH DEPARTMENT ACCESS TO CARE

(System Development-All Ages)

Timeline: Recruitment and Implementation – January 2006

Program Description: Kern County Mental Health will enhance its outreach activities and expand the tools and staff dedicated to assisting Kern County residents in accessing mental health and substance abuse services. Enhanced and expanded access to care will improve conditions for adults, older adults, transition-aged youth, and children and families who historically may have encountered barriers and/or challenges to accessing services. Some individuals in this population may be uninsured and previously un-served or underserved. A number of strategies will be engaged to eliminate barriers to accessing care.

Screening and Assessment: Individuals who are screened and determined to have a need for assessment for co-occurring illnesses will receive an integrated assessment using tools that are proven effective and culturally appropriate. Assessments will be administered in the individual's language of preference whenever possible.

Public and Agency Education: Line staff will be knowledgeable about community resources and will collaborate with the mobile services teams, and other system resources to make appropriate linkages and referrals.

Super Assessment Center: A "one stop" assessment center will be created for diagnostic services and testing in complicated cases involving co-morbidity.

Culturally and Linguistically Competent Services: The program staff will include bilingual and bicultural staff and will rely on and support inclusion of the natural supports comfortable and familiar to each individual served. The staff will ensure the approaches they use are culturally appropriate and that outreach to the Hispanic/Latino community is culturally sensitive.

Planned Program Enrollment:
500 individuals by June 30, 2007; 1,000 individuals by June 30, 2008

KERN COUNTY MENTAL HEALTH OUTREACH AND EDUCATION PLAN

(Outreach and Engagement-All Ages)
Timeline: Recruitment and Implementation - January 2006

Program Description: The MHSA needs assessment process results, MHSA Work Group, KCMH Management Team, and the Behavioral Health Board have all identified a priority need for a comprehensive community outreach and education plan that targets those who may need mental health services, individuals and families currently receiving services, other health and human services providers, elected and appointed officials, community leaders, the media and the general public. Material developed for the plan would be available in English, Spanish and other languages that are approaching threshold level in Kern County, as the need emerges.

Anti-Stigma Campaign: KCMH will develop an annual anti-stigma, community education campaign, including the development of a speaker's bureau that incorporates consumers and family members. To address the stigma of mental illness in a meaningful and transformational way, the focus of the community education/information strategies must be to increase understanding of recovery, hope and healing for the mentally ill individual, the family and the community.

Promotion/Recruitment for Mental Health Professions: An objective of the program is to **c**reate a promotional campaign to encourage careers in the field of mental health, working with post high school education/vocational training institutions. The program will work to develop an education/information curriculum and distribution strategy to promote student interest in mental health for elementary and high school students and create a link to high school career academies.

Technical Assistance and Training: Program staff will collaborate with law enforcement and other community partner agencies to develop educational tools and implementation strategies that promote understanding of mental illness and strengthen staff skills for interacting with a mentally ill individual, using an evidence-based practice.

KCMH Public Website: The public website will expand to include information and links to information about mental health and wellness, recovery vision, principles and practices, recruitment information on peer/family opportunities for employment and volunteerism, and information on KCMH-sponsored community education, training and special events.

Consumer/Family Education Plan: Research and development will produce a range of informational/educational tools for distribution to users of mental health services, their families and other support persons for distribution to the general public and for specific distribution to professionals in allied health fields such as primary care physicians, rural health clinics and public health offices.

Culturally and Linguistically Competent Services: The Comprehensive Community Outreach and Education Information Plan will be charged with the responsibility of ensuring that all MHSA-funded programs services and supports are culturally and linguistically appropriate to serve individuals, families and communities of Kern County.