

Kern Behavioral Health and Recovery Services

# Kern County Mental Health Services Act 3 Year Plan 2023-2026



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# **Kern Behavioral Health & Recovery Services**

## **Land Acknowledgement**

## **Land Acknowledgement in Honor of Kern County Indigenous Peoples; Pueblos, Rancherias, and Tribal Lands**

To the original people native to this land. The area known as Kern County today is the homeland of several American Indian tribes including the federally recognized Tejon Tribe, comprised of Kitanemuk, Yokut, Chumash peoples; the Tübatulabal comprised of Tulami, Tübatulabal, and Palagewan people; the Western Mono peoples; Kawaiisu peoples; and Chalon peoples.

May we acknowledge and honor our Indigenous people who came before us and still walk beside us today on these ancestral lands by choosing to gather today in the active practice of acknowledgment and appreciation for Kern County's Indigenous People's history, contributions, and lives.

*Developed collaboratively with representatives of Bakersfield American Indian Health Project, Owens Valley Career Development Center, the Tejon Tribe, and Kern BHRS.*

# WELCOME MESSAGE FROM THE DIRECTOR

The Mental Health Services Act (MHSA) 3 Year and Annual Report for Fiscal Year 2023-2026 is an opportunity for Kern Behavioral Health and Recovery Services (KernBHRS) to inform stakeholders, community partners, clients and their family members, and the Board of Supervisors of highlights, accomplishments, and changes since the last Annual Plan. KernBHRS continues to embrace the principles of MHSA and holds true to its values. MHSA's programs will continue to improve community collaboration, cultural and linguistic competence, access and linkage to services, and consumer and family driven decision making. Our MHSA funded programs offer services that promote awareness, education, and support with the intention to lower mental health stigma in our community.



Looking back at 2022, I would say the defining theme for this year was BUILDING. Our focus has taken shape around building a new behavioral health future for Kern County.

Change initiatives impacted all areas of service, the people we serve, how we care for our staff, and how programs are funded, driving opportunities to create a better behavior health system. The last few years have brought forward opportunities to build infrastructure, to build out and expand the workforce, and to establish services in new, innovative, or reimagined ways. The actions and initiatives that have emerged are the foundations of what will hopefully be a better, more comprehensive, and healing mental health and substance use system.

Throughout the year when discussing behavioral health, I shared how much the field of behavioral health has grown and changed within the past few generations. I get asked repeatedly, "Is mental health getting worse? It wasn't like this before..." The answer is both yes and no. Our world is different and just as our physical health issues and treatment is changing, as is our mental health. We live differently than our grandparents did, but we are also becoming more comfortable acknowledging the impact of mental health, the value of self-care, and the integration between all aspects of our health and wellbeing.

So, BUILDING a better behavioral health future is building the foundation for a healthier community. I'm excited by what is happening in KernBHRS and what is happening in Kern County!

The following represents a brief snapshot of significant accomplishments.

#### Homeless Initiatives

The department continues to work closely with homelessness collaborative member agencies and local partners to build needed resources to support those living unsheltered on the street and experiencing homelessness.

KernBHRS was granted Mental Health Services Act innovation funding to expand and enhance existing street outreach services. This funding will support the department building two mobile units to be used during outreach activities. Funding will also expand the homeless outreach program, bringing more medical professionals to our unhoused clients. Street medication has been a key intervention supporting efforts to work with those living with mental illness on the street.



Additional Permanent Supported Housing for individuals with behavioral health challenges came online, with the opening of the first of several No Place Like Home funded locations. The department collaborated with the Housing Authority on several successful applications, expanding housing opportunities for Kern County's homeless.

#### Youth Mental Health

Youth mental health needs remain a high priority throughout 2022 as we see increasing demands for services for youth, with a higher level of acuity presenting for services and more opportunities to collaborate with key partners supporting youth behavioral health needs.

Opportunities to partner with schools, managed care plans and key providers to increase accessibility was the theme of 2022. In addition, the Department of Human Services, Probation and KernBHRS collaborated to develop strategies to address youth who have complex needs that may not respond to traditional supports.

#### Crisis Response

Our crisis hotline officially transitioned to a 988-crisis hotline in 2022. This nationwide shift to the suicide prevention lifelines makes it easier for people to remember and access the suicide prevention and crisis hotline when needed.

#### APA Accreditation for Psychology Internship Program




In November 2022, the American Psychological Association (APA) Commission on Accreditation governing body granted approval for Kern Behavioral Health & Recovery Services Psychology Internship Program the "APA Accreditation" status. This recent "golden standard" APA Accreditation for the KernBHRS Psychology Internship program is a tremendous accomplishment for our agency.

The KernBHRS Psychology Internship Program has been in existence since 1999, has trained and graduated 94 psychology interns since inception, and has assisted interns in achieving their State Board licensure as Psychologists. This accomplishment in attaining APA Accreditation status demonstrates the high caliber of the KernBHRS Psychology Internships training program and what it contributes to our department and services to the community.

One of the most notable goals that has been emphasized is to verify and uphold that programs have adequate outcome measurement methods that support its value to the system of care. This year completes a 3-year effort to standardize our outcome measurements using an outside evaluator. Commitment to put our clients and stakeholders needs and wishes are at the forefront of our decisions and are our guiding North Star.

#### Challenges and concerns in 2022 and Beyond

KernBHRS saw an increased impact in sustaining our workforce in 2022. Higher rates of turnover and fewer applicants for vacancies across professional and non- professional job classifications plagued the department. KernBHRS is using this opportunity to find innovative ways to highlight the benefits of working in a highly rewarding and meaningful profession, both addressing recruitment and supporting retention for the existing workforce. A deeper dive of this can be found in our newest Workforce Needs Assessment and Capacity Assessment that is published in this year's report.

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**BEHAVIORAL  
HEALTH & RECOVERY  
SERVICES**

Next year we will see several new programs and funding opportunities come forward to address homeless needs. Care Court is an important program in the effort to address the behavioral health needs of those living unsheltered on the street. Working together to build supportive housing will also remain a significant focus for the department as we seek to ensure those served also have safe places to live.

2023 promises to be a big year as multiple initiatives and changes in the behavioral health field come together to shape services and provision of care. Areas of focused change initiatives include:

- Homeless work, including Care Court, housing resources and more homeless outreach needs.
- Justice involved individuals is another population of priority. Several initiatives will present in 2023 around creating more efficient and expanded diversion programs and jail in-reach (providing services to incarcerated individuals prior to their release). These initiatives promise to support those with mental health needs moving through our justice systems.
- 988 is another initiative with a wide reach, promising to impact our behavioral health hotline and our mobile crisis response system.
- KernBHRS and our providers will be making the transition to a new electronic health record system in 2023.




These significant change initiatives promise to create better opportunities for service. Our focus will be supporting our staff and systems during such significant areas of change.

New mechanisms for payment will be operational in 2023. KernBHRS and our providers will transition to a rate-based payment system in the year ahead. This transition will provide opportunities to evaluate performance, quality and the efficiency of our system and provider network.

We are constantly working process improvement and thinking creatively in hope to provide the best support for individuals that receive services through KernBHRS. We believe that individuals with mental illnesses or addictions can recover and rejoin us as members of thriving community. To be a successful department, we always start with hope. With hope there is recovery.

Sincerely,

Stacy Kuwahara, LMFT  
Behavioral Health Director  
Kern Behavioral Health and Recovery Services

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# EXECUTIVE SUMMARY

## The Mental Health Services Act

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

KernBHRS contracted EVALCORP to evaluate the MHSA System of Care and give recommendations, tools, and strategies to implement a standardized approach through MHSA. During the rework with EVALCORP, MHSA looked at the initial intent of each of the PEI programs and decided to restructure the organization into the five required PEI categories. Additionally, EVALCORP has gone on to standardize our evaluation process and measurement of outcomes.

## Community Services and Support

CSS is the largest component of MHSA. The CSS component is focused on community collaboration, cultural competence, and client and family-driven services and systems. CSS maintains a wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component.

## Important Changes:

### Full-Service Partnership (FSP)

- The Homeless Adult Team (HAT) has expanded supportive services to accommodate the vast needs of those experiencing homelessness. Some of these changes are:
  - Expanding the Relational Outreach Engagement Model (ROEM).
  - Creating a Supportive Housing Treatment Team in response to supporting No Place Like Home (NPLH).
  - Placing treatment teams into two low-barrier navigation shelters.

- Adult Transition Team (ATT) has worked to improve and expand their Diversion program to assist those individuals who meet the criteria for PC 1001.36.
- Adult Wraparound team moved to a new location.
- Individual Services and Supports Plan (ISSP) and Full-Service Partnership (FSP) agreement forms were implemented with all FSPs.

### **System Development (SD)**

- Consumer Family Learning Center (CFLC) Bakersfield reopened its facility for in-person groups in March 2023.
- KernBHRS has partnered with CalMHSAs for Statewide Medi-Cal Certification for Peer Support Services.

### **Prevention and Early Intervention**

The goal of the PEI component of MHSAs is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers, family members, and stakeholders in the development of PEI projects and programs. The plan includes PEI programs that reach all Kern County communities and address the needs of all age groups. The programs such as Living Well provide specialized services to populations underserved in the community such as individuals diagnosed with an eating disorder, LGBTQ+ individuals, and individuals who have experienced severe trauma.

### **Important Changes:**

- Outreach and Education (O&E) in-person events have increased which has allowed the department to reach more unserved and underserved populations.
- The Crisis Hotline team moved to a new location and expanded to support the 988 rollout.
- Suicide Prevention Outreach and Education has implemented a new training which will replace the Question, Persuade and Refer (QPR) training. LEAD (Look and Listen, Explore Reasons, Ask About Suicide, Don't Hesitate Get Help, or Develop a Plan).

### **Innovation**

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

### **Important Changes:**

- Mobile Clinic with Street Psychiatry Innovation Plan was approved by the MHSOAC on 3/24/2022. The first dollar was spent for this Innovation Plan on 3/25/2023 for staffing.
- Learning Health Care Network Innovation Plan was approved by the MHSOAC on 5/26/2022.

### **Workforce Education and Training**

The goal of the Workforce Education and Training (WET) component is the development of a diverse workforce. WET includes education and training programs and activities for prospective and current Public Mental Health System employees, contractors, and volunteers. Employees, contractors, volunteers, clients, families, and caregivers can receive training opportunities and develop skills in promoting wellness and other positive mental health outcomes for the community and clients. WET can be used to provide outreach to unserved and underserved populations. WET gives the county mental health plan the opportunity to invest in further development in linguistically and culturally competent and relevant services and supports.

### **Important Changes:**

- KernBHRS developed 43 individual standardized training plans and moved forward with an automatic enrollment feature that made assigning staff to training a more efficient process.
- For the WET funding stream, KernBHRS has outsourced evaluation annually to a 3<sup>rd</sup> party evaluator for WET Evaluation of Outcome Measurements, the Workforce Needs Assessment, & the Capacity Assessment.

### **Capital Facilities and Technological Needs**

The Capital Facilities and Technological Needs (CFTN) component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support

an increase in peer-support and consumer-run facilities, the development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.

### **Important Changes:**

- Funding was used to purchase the Healing Project property.
- The buy-in to the state Electronic Health Record was used from CFTN.
- Allocap Software was purchased for the Finance Department.
- Funding was spent on the Healing Project to repair damage to the roof and building during a large storm.
- Building improvements will be made to the Mary K Shell Building that houses our Psychiatric Evaluation Center (PEC) & Crisis Stabilization Unit (CSU) to upgrade fire alarm and sprinkler system and provide minor facility renovations to the PEC & CSU.
- Community Care Expansion (CCE) Preservation Program Grant Match was provided by CFTN to match subsidies to existing licensed residential adult & senior care facilities to preserve them in the event of a closure.
- The Heating, Ventilation, and Air Conditioning (HVAC) System was replaced and upgraded in the Westchester Building.
- Website Redesign fee was used from CFTN to make the public-facing website more user-friendly and accessible for all, including translated pages.

### **Fiscal Year 2023/2026 Allocations**

Kern County estimates that in FY 23-24 a drastic increase in MHSA revenue will be experienced due to projection announcements coming from the state level. This potential extra revenue will assist to help offset payment reform for programs with braided funding. According to state predictions, this will be a peak in funding with the following two years predicted to decline in revenue.

Kern County estimates \$74,742,665 in allocations for FY 23-24 for MHSA programs and services. In addition, funds unspent from prior fiscal years continue to be appropriated to cover future costs which exceed each yearly estimated allocation.

# MISSION, VISION & VALUES



### **Mission**

Working together to support hope, healing, and recovery.

### **Vision**

What you need when you need it. Making Behavioral Health normal.

### **Values**

Healing, Service Excellence, Community, Innovation.



# COUNTY COMPLIANCE CERTIFICATION

**Placeholder for County Compliance Certification**

# COUNTY FISCAL CERTIFICATION

## ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: County of Kern

### Local Mental Health Director

Name: Stacy Kuwahara, LMFT

Telephone: (861) 868-6609

Email: skuwahara@kembhrs.org

### Document for Certification:

MHSA Revenue & Expenditure Report FY: 2021-2022

I hereby certify<sup>1</sup> under penalty of perjury under the laws of the State of California that the attached Annual MHSA Revenue and Expenditure Report or Adjustments to Revenue or Expenditure Summary Worksheet is complete and accurate to the best of my knowledge.

Stacy Kuwahara, LMFT	Stacy Kuwahara	Digitally signed by Stacy Kuwahara Date: 2023.01.31 10:32:50 -08'00'	01/31/2023
Local Mental Health Director (PRINT)	Signature		Date

<sup>1</sup> Welfare and Institutions Code section 5899(a)

# IN 19-017 CERTIFICATION

Mental Health and Substance Use Disorder Assessment Reporting Form

Background and Instructions		
<p>Assembly Bill 2265 (Quirk-Silva, 2020) enacted Welfare and Institutions Code 5891.5 which requires counties to report to DHCS the number of people assessed for co-occurring mental health (MH) and substance use disorder (SUD) and the number of people assessed for cooccurring SUD who were later determined to have only an SUD without another co-occurring MH condition.</p> <p>Please enter the requested information in the fields below and submit a completed form electronically to <a href="mailto:MHSA@dhcs.ca.gov">MHSA@dhcs.ca.gov</a> by October 1 following the end of the previous fiscal year.</p>		
Section I: County Information		
a. County Name:	<input type="text" value="Kern"/>	
b. Preferred County Contact Information:		
	<input type="text" value="Christina Rajlal"/>	<input type="text" value="CRajlal@kernbhhs.org"/>
		<input type="text" value="(661) 868-6681"/>
	Contact Name	Phone Number
	Email	
c. Date of Completion:	<input type="text" value="9/22/22"/>	
Section II: Reporting		
a. Reporting Period:	<input type="text" value="7/1/21"/>	through <input type="text" value="6/30/22"/>
b. Number of people assessed for co-occurring MH and SUD:	<input type="text" value="6,819.00"/>	
c. Number of people assessed for co-occurring MH and SUD who were ultimately determined to have only an SUD without another co-occurring MH condition:	<input type="text" value="0.00"/>	

DHCS 5259 (09/2022)

# COUNTY DEMOGRAPHICS

## About Kern County

Located on the Southern edge of the San Joaquin Valley, Kern County is the third largest county in California covering 8,163 square miles. Kern County is home to a diverse population enjoying the benefits of its mountains, valleys, desert, and agricultural landscape. The county is bordered by Ventura County, San Louis Obispo County, Kings County, San Bernardino County, Santa Barbara County, Los Angeles County, Tulare County, and Inyo County.

Kern County is a thoroughfare for travelers and commuters as it connects many on the North-South route via Interstate 5 and Highway 99 and, to the east, Highway 58. Residents have access to recreational activities like hiking trails at Wind Wolves, river rafting at Kern River, and touring museums.

The numbers gathered for this section are based on 2022 estimates from the Census Bureau.

## Economy

Kern County employs about 353,000 people. Kern County has a heavy presence in oil and agriculture. Kern County produces over 70% of oil reserves in California. Both industries have been negatively affected. The decline in oil prices resulted in the loss of many jobs, and the drought has severely affected animal and crop-based agriculture. Kern is known as the “breadbasket of the world.” Its leading agricultural products include table grapes, almonds, citrus, pistachios, and dairy.

Besides those two industries, military-based avionic production and manufacturing play a big role in Kern County’s economy. The Edwards Air Force Base and the China Lake Naval Air Weapons Station is in East Kern County and provides many jobs for residents in Ridgecrest, Mojave, and Rosamond. The Solar and Wind energy industry has been building more momentum in recent years contributing to an increase in construction and operational jobs throughout Kern County. Wind energy-based jobs are provided primarily in the Tehachapi Mountain and Mojave Desert areas.

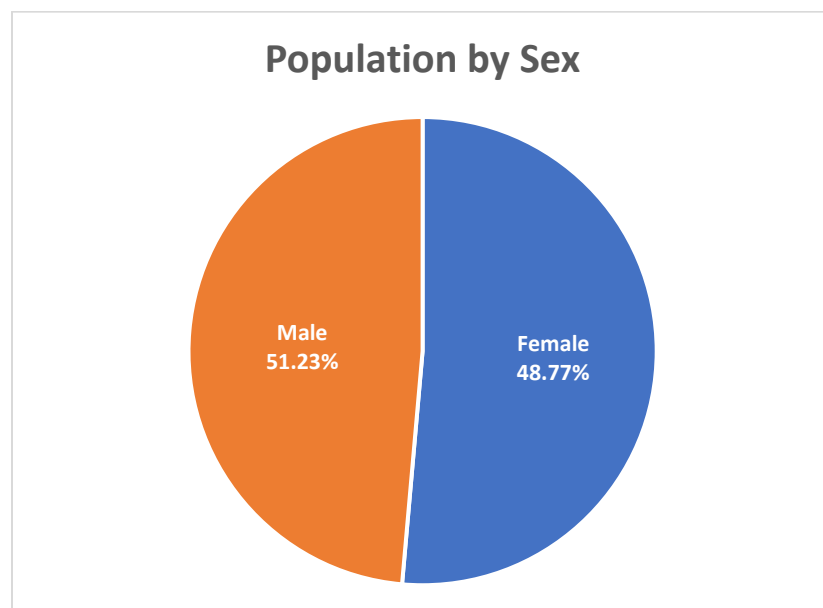
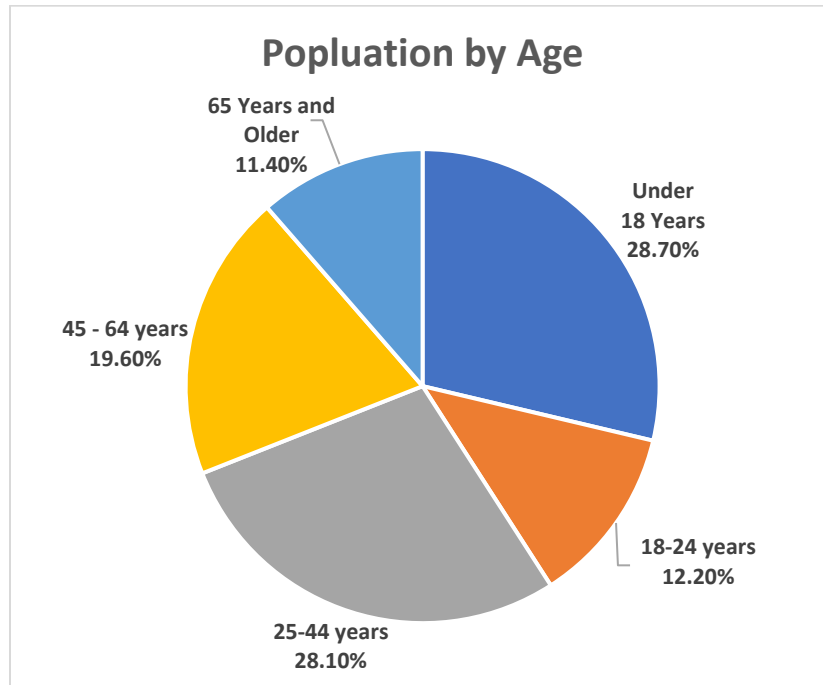
Unemployment Rate in June 2022	Unemployment Rate in June 2021	Median Householder Income	Income Inequality Between Men and Women
3.6 %	5.9%	\$66,275	0.49 higher than the national average.

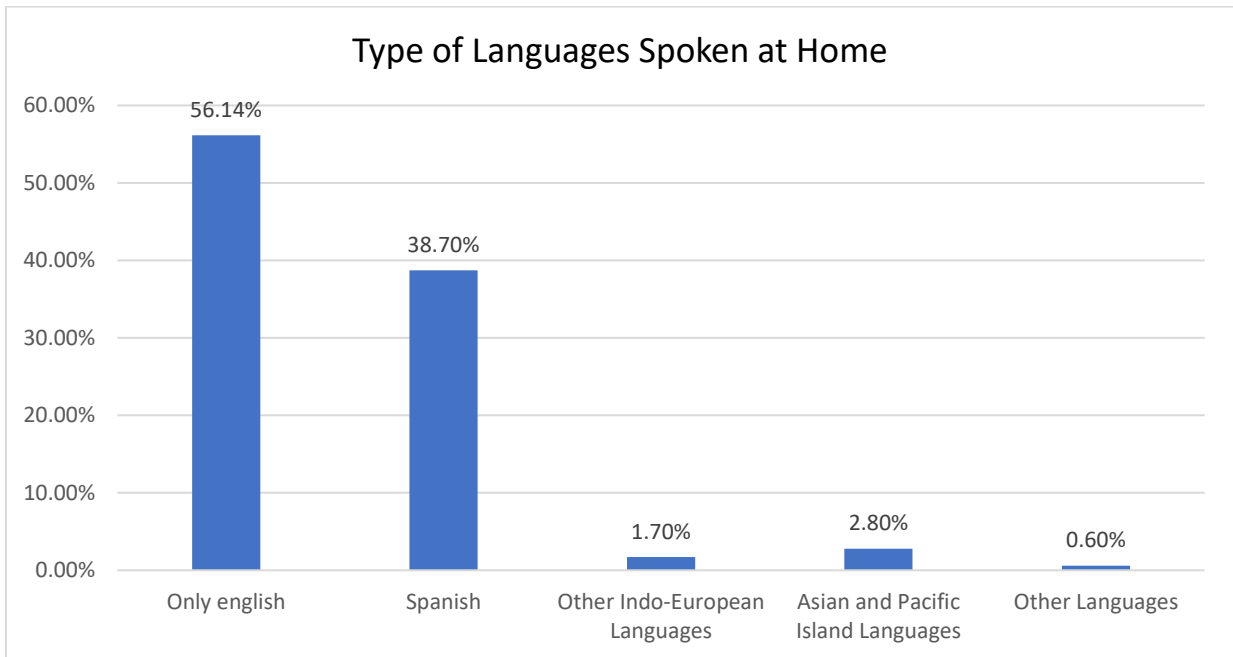
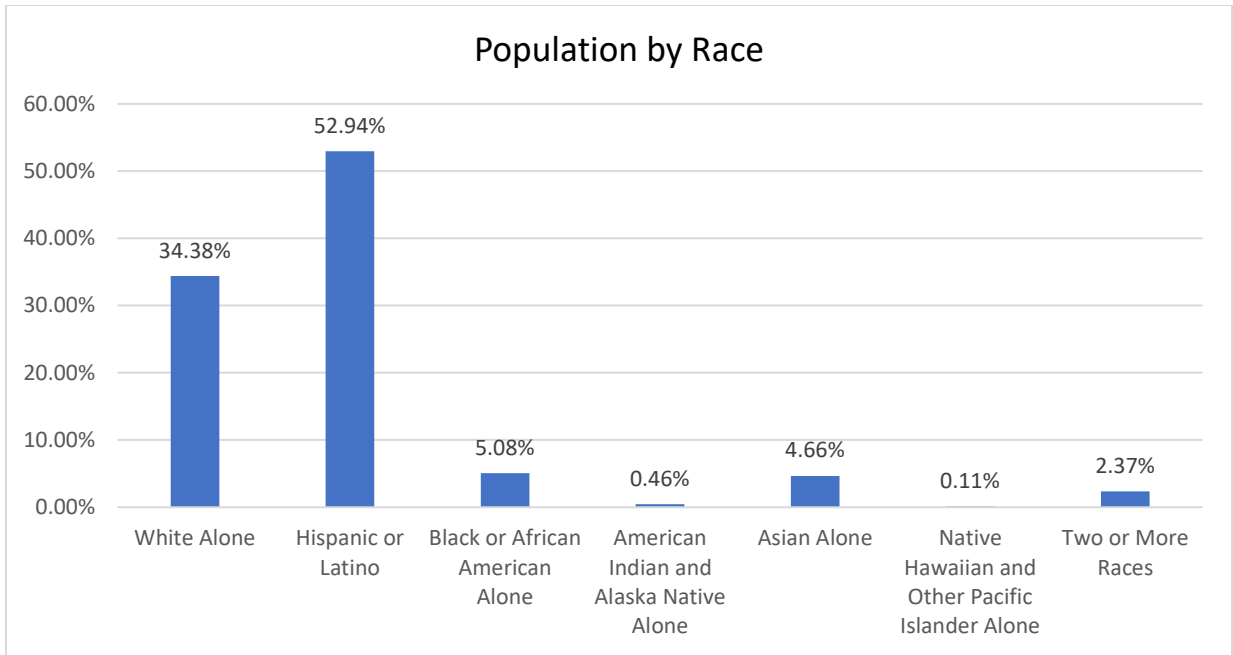
Source: United States Census Bureau

## Population Breakdown



The population of Kern County is most closely estimated to be 917,673 with 407,615 of those individuals living in Bakersfield, according to Census Bureau estimates. Kern County is continually growing each year, with an annual average rate increase of 0.76%, according to the Kern Economic Development Corporation. By 2023, the total population of Kern County is anticipated to reach 939,775. The primary threshold languages in Kern County are English and Spanish. The demographic graphs below are based on data gathered from the United States Census Bureau.





# CAPACITY ASSESSMENT

FY 2021-2022

# Kern County MHSA Capacity Assessment



## INTRODUCTION

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

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

Kern Behavioral Health and Recovery Services lead with Culturally and Linguistically Appropriate Services standards, including the principles listed below:

- Advance and sustain organizational governance and leadership that promotes Culturally and Linguistically Appropriate Services and health equity through policy, practices, and allocated resources.
- Recruit, promote, and support culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
- Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
- Communicate the organization's progress in implementing and sustaining Culturally and Linguistically Appropriate Services to all stakeholders, constituents, and the general public.

## STRENGTHS

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KernBHRS annually provides a Cultural Competence Plan Update which is posted publicly on the KernBHRS website. This plan captures the strengths within the KernBHRS system to meet the needs of racially and ethnically diverse populations. The current plan lists the following strengths within the department to support racially ethnically diverse populations and the department's commitment to cultural competence. Kern County's updated assessment of service needs identifies the strengths of Kern County and service providers that impact their ability to meet the needs of racially ethnically diverse populations below:

- Beginning CalAIM implementation to address specific populations.
- Beginning phase of new Electronic Health Record transition.
- Increasing culturally and linguistically diverse marketing, informational materials, and outreach.
- Hosting additional rounds of the Internship at The Center for Sexuality and Gender Diversity, planning stages of an internship at Bakersfield American Indian Health Project.
- Holding listening sessions & stakeholder meetings with Populations of Focus.
- Hosting Cultural Competence Resource Hispanic/Latinx Subcommittee event: Hispanic Heritage Month.
- Presenting two Cultural Competence Resource African American/Black Subcommittee events: Black History Month & Juneteenth.
- Coordinating Central Valley Asian and Pacific Islander Wellness Collaborative to support information sharing across behavioral health providers and Central Valley Community Based Organizations.
- Continuing Recruitment and Retention of Diverse Workforce Workgroups to identify strategies to recruit and retain staff.
- Completing more than 6 hours of required cultural competence training hours per year.
  - Mental Health staff averaged 10 hours.
  - Substance Use Disorder staff averaged 9 hours.
- Furthering the partnership with Vision y Compromiso-Kern leadership.
- Implementing Phase II of the Multi-Cultural Clinical Supervision Training Program.

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

- Partner with Quality Improvement Division, Cultural Competence Resource Committee, MHSA (Mental Health Services Act), Public Information Office Team, and other stakeholders to monitor disparity rates and reduce disparities.
- Monitor client and consumer satisfaction through Client Perception Surveys (CPS), Treatment Perception Surveys, and Grievances.
- Partner with the Patients' Rights Advocate Team, Quality Improvement Division, Facilities, Public Information Office, Human Resources, MHSA, Cultural Competence Resource Committee, and other relevant entities to ensure facilities and media presence (written and pictures) reflect the diversity of Kern County which go beyond the requirements of site certifications.

- Begin planning community listening sessions to hear what is important to each community in their own words.
- In public forums, practice using lay terms and common language and reducing clinical jargon.
- Initiate planning to expand the internship model to other community agencies that serve diverse populations.
- Partner with (System of Care) to monitor language services provided by a third-party vendor and by on-staff interpreters and translators to ensure that they are provided in threshold language.
- Partner with the Cultural Competence Resource Committee and MHSA to develop a support system for System of Care interpreters and translators.
- Partner with Executive Administration, Cultural Competence Team, Cultural Competence Resource Committee, Public Information Office, and MHSA to begin efforts to incorporate suggestions from “County Leaders Statement on Racism as Public Health Crisis” in the System of Care including but not limited to 1) “Normalizing discussions on race and racial equity” and 2) “Strengthening community and engagement to ensure equity work empowers the voices and experiences of Black, Indigenous, People of Color communities, particularly those that are within our system of care “
- Partner with Executive Administration, Management, Cultural Competence Team, Cultural Competence Resource Committee, Public Information Office, and MHSA to begin efforts to educate staff about pronoun usage and gender identities.
- Partner with Adult Clinical Services Administration and Specialty Clinical Services Administration, Cultural Competence Team, MHSA, Public Information Office, and Training Services to provide information about Prevention and Early Intervention and Stigma Reduction Outreach & Education relating to diverse community groups.
- Partner with Adult Clinical Services Administration and Specialty Clinical Services Administration, to provide at least one representative from each division as a member for Cultural Competence Resource Committee to ensure all division’s perspectives are included in discussions on diversity, equity, and inclusion.
- Partner with the Adult System of Care Administration to Continue to improve the partnership with The Center for Sexuality and Gender Diversity including, but not limited to, internships for KernBHRS Mental Health and Substance Use Staff.
- Partner with Substance Use Disorder Administration to collaborate with the Cultural Competence Team and Substance Use Disorder Quality Improvement Division to research penetration rate standards for African American/Black, American Indian/Alaska Native, and Asian & Pacific Islander American populations.
- Partner with Substance Use Disorder Administration to continue to improve collaboration with Public Information Office, Cultural Competence Team, and Cultural Competence Resource Committee to increase Substance Use Division Outreach & Education to the Hispanic/LatinX population.
- Partner with Kern Linkage Division Administration to continue to improve the partnership between Relational Outreach and Engagement Model (ROEM) team and Flood Ministries, Cultural Competence Team, and Cultural Competence Resource Committee.

- Partner with Recovery Supports Administration to continue to collaborate with Training Services, Cultural Competence team, Cultural Competence Resource Committee, and Public Information Office on training and outreach related to peers, including but not limited to Peer Employment Training, Advanced Peer Employment Training, and ensuring department staff are aware of the role of peers in System of Care.
- Partner with the Contracts Division Administration to improve information-sharing processes between Cultural Competence Team, contract administrators, and contract partners.
- Partner with the Medical Services Administration to continue to improve the partnership between Zero Suicide (ZS) team with MHSA, Public Information Office, Cultural Competence Team, and Cultural Competence Resource Committee to ensure suicide prevention messaging is culturally and linguistically responsive.
- Partner with the Crisis Services Administration to continue a collaboration of the Mobile Evaluation Team and department with local law enforcement.
- Partner with the Children’s System of Care (CSOC) Administration to continue a collaboration with the Kern County Superintendent of Schools (KCSOS).
- Partner with the Department Supports Administration to provide Cultural Competence training to staff, contract partners, and community partners.
- Partner with the Public Information Office team to coordinate proactive, culturally responsive marketing via social, print, broadcast, and radio media, marketing collateral at System of Care sites, and in the community.
- Partner with Human Resources to proactively recruit and retain a diverse workforce systemwide based on findings from Southern Counties Regional Partnership Formal Cultural Competence Assessment, Cultural Competence Plan Report, Mental Health, and Substance Use Division External Quality Review Organization reports, and other key performance indicators.
- Collaborative work with Human Resources, MHSA, Recovery Supports Administration, Substance Use Division, and Management Team on innovative strategies for diverse recruitment efforts including working with County Human Resources to identify limiting structures in the County hiring system; as well as, continued tracking and monitoring of diverse workforce including, but not limited, to ethnic/racial categories, peer, and family supports.
- Partner with MHSA Team and Training Services as well as other relevant entities to ensure that all staff and contract partners are trained in Culturally and Linguistically Appropriate Services Standards and Outreach & Education protocol.
- Partner with MHSA Team, Public Information Office, Substance Use Division, Quality Improvement Division, and other relevant entities to ensure that Outreach & Education materials are disseminated to KernBHRS staff and contact partners.
- Partner with Cultural Competence Resource Committee, Public Information Office, MHSA, and other relevant entities to create and distribute Cultural Competence-related public materials, information, and resources.
- Partner with Public Information Office, Substance Use Division, MHSA, and Cultural Competence Resource Committee to track Cultural Competence-related communications including, but not limited to, community events, newsletters, training, etc.
- Partner with the Quality Improvement Division, MHSA, Substance Use Division, and other relevant entities to address the Department of Health Care Services, External Quality Review Organization, Substance Use Division, and MHSA components such as Community Services and



Supports, Workforce Education and Training, and Prevention and Early Intervention activities and/or programs related to target populations.

- Partner with MHSA Team and relevant entities to list intersectional strategies to reduce population disparities for groups including LGBTQ+, homeless, faith-based programs, and/or other diverse groups.
- Collaborate with MHSA Team, Substance Use Division, and Public Information Office to ensure all outreach and education fliers and announcements strategies activities are translated into threshold language, Spanish, including but not limited to MHSA Stakeholder schedule meetings.
- Partner with MHSA Team, Quality Improvement Division, and relevant entities to measure effectiveness and monitor activities/strategies for reducing population disparities.
- Share with the Cultural Competence Resource Committee, Management Team, Quality Improvement Division, and in various forums accomplishments, gaps, and needs, and the process of KernBHRS development, recommendations, and implementation of strategies geared to reduce specific ethnic and /or other diverse groups disparities (within the Medi-Cal, Department of Health Care Services, Substance Use Division -ODS, Community Services and Supports, Workforce Education and Training, and Prevention and Early Intervention).
- Partner with the MHSA Team, Cultural Competence Resource Committee subcommittee, System of Care Administrators (System of Care Administrators), Quality Improvement Division, Information Technology Service, and other relevant entities on outreach, access, engagement, and services activities to penetrate the Hispanic/Latinx population.
- Share data with Cultural Competence Resource Committee, Management Team, Quality Improvement Division, System Quality Improvement Committee, MHSA Team, and/or in various forums on activities, strategies, accomplishments, and improvement areas to develop and implement to reduce disparities in the Hispanic/Latinx population.
- Partner with Substance Use Division, Information Technology Service, Cultural Competence Resource Committee, Public Information Office, MHSA Team, and other relevant entities to track and monitor Outreach & Education data pertaining to the Hispanic/Latinx population, including the total amount attended in events.
- Partner with Public Information Office, MHSA, and Substance Use Division to track messaging and media communication to the Hispanic/Latinx population.
- Meet or exceed 4.2% of the Mental Health penetration rate of African American/Black population.
- Partner with the MHSA Team, Substance Use Division, System of Care Administrators, Quality Improvement Division, Information Technology Division, and other relevant entities on outreach, access, engagement, and services activities to penetrate the African American/Black population.
- Share data with Cultural Competence Resource Committee, Management Team, Quality Improvement Division MHSA Team, and/or in various forums on activities/strategies that have been working well and improvement areas to develop and implement to reduce disparities in African American/Black population.
- Partner with Substance Use Division, Information Technology Service, Cultural Competence Resource Committee, Public Information Office, MHSA Team, and other relevant entities to track and monitor Outreach & Education data pertaining to the African American/Black population, including the total amount attended in events.

- Partner with Public Information Office, MHSA, and Substance Use Division to track messaging and media communication to African American/Black population.
- Begin research to establish the substance use penetration rate of the Asian/Pacific Islander population.
- Partner with the MHSA Team, Cultural Competence Resource Committee subcommittee, Public Information Office, System of Care Administrators, Quality Improvement Division, Information Technology Division, and other relevant entities on outreach, access, engagement, and services activities to penetrate the Asian and Pacific Islander population.
- Share data with Cultural Competence Resource Committee, Management Team, Quality Improvement Division, System Quality Improvement Committee, MHSA team, and/or in various forums on activities, strategies, accomplishments, and improvement areas to develop and implement to reduce disparities in the Asian and Pacific Islander population.
- Partner with Substance Use Division, Information Technology Service, Cultural Competence Resource Committee, Public Information Office, MHSA team, and other relevant entities to track and monitor Outreach & Education data pertaining to the Asian and Pacific Islander population including total amount attended in events.
- Partner with Public Information Office, MHSA, and Substance Use Division to track messaging and media communication to Asian and Pacific Islander populations.
- Partner with Substance Use Division, Information Technology Service, Cultural Competence Resource Committee Public Information Office, MHSA Team, and other relevant entities to track and monitor Outreach & Education data pertaining to the American Indian and Alaska Native population including the total amount attended in events.
- Partner with Public Information Office, MHSA, and Substance Use Division to track messaging and media communication to American Indian and Alaska Native population.
- Cultural Competence Resource Committee meets monthly to ensure CCRC members are diverse and to review/contribute strategies, recommendations, and/or planning and develop cultural competence items.
- Collaborative work with MHSA Team, Outreach & Education, Public Information Office, contract agency partners, and other internal and external entities to participate and provide feedback in stakeholder meetings and/or community events, such as the MHSA stakeholder planning process, to address gaps and needs of Cultural Competence services for the community.
- Collaborative work to participate in various meetings and/or events, such as the System Quality Improvement Committee, Cultural Competence Resource Committee Quality Improvement Division, KPIC, MHSA, and/or other community forums, so that Cultural Competence issues are included and addressed in committee work.
- Collaborative work with Independent Living Center of Kern County and Kern Disability Collaborative to ensure disability advocate perspectives are proactively considered in Cultural Competence activities.
- All System of Care staff (Mental Health, Substance Use Division, and contractor) complete a minimum of six hours of cultural competence trainings annually, measured by Relias transcript reporting.
- Begin implementation of Southern Counties Regional Partnership Multicultural Clinical Supervision Program to all Mental Health and Substance Use Division clinical supervisors to address Cultural Competence core competency.

- Provide Peer Education Training and refresher courses for peer employees and/or volunteers under Mental Health and Substance Use Division.
- Partner with Training Services to evaluate Cultural Competence training in identified areas of need, including, but not limited to, LGBTQ+, disability, and elder populations.
- Utilize Relias to develop pre- and post-evaluations on trainings.
- Utilize staff feedback to develop Cultural Competence courses tailored to the needs of the department.
- Partner with Training Services and Cultural Competence Resource Committee to provide training, including, but not limited to, the following: telehealth and COVID pandemic; cultural humility; adaption of Evidence-Based Practices; ethnic therapist/client matching; code-switching; Person of color in behavioral health setting; healthy equity and social justice; Black Lives Matter; implicit bias; white privilege (ADDRESSING MODEL); African American and BH setting training; Latinx communities; Asian and Pacific Islander; American Indian and Alaska Native; LGBTQ+; multi-diverse communities.
- Cultural Competence Resource Committee, MHSA, Human Resources, Public Information Office, Information Technology, and other relevant entities to centralize and standardize community events and recruitment efforts.
- Cultural Competence Resource Committee, MHSA, Human Resources, Public Information Office, Information Technology, and other relevant entities to centralize and standardize workforce demographics, including ethnicity, language, job classification such as peer specialist, and minority/ Person of color leadership role.
- Public Information Office, Human Resources, MHSA, Cultural Competence Resource Committee, and other entities to target recruiting a multicultural workforce at all levels by creating pictures and materials reflective of people of color and diverse groups.
- Provide incentives for staff and provide opportunities for trainings, workshops, mentoring, etc. such as the following conferences: Annual Health Equity Summit, Leadership Conference, APA Conference, Annual Forensic Conference, and National Council Conference.
- Attend interpreter training to maintain Tier I (Verbal) and Tier II (Written) interpreter certification.
- Continue to dedicate resources to increase Tier I (Verbal) and Tier II (Written) Interpreters' Certification.
- Maintain a contract with Language Line Solutions to assist with Limited English Proficiency clients, including, but not limited to, verbal interpreter, written translation, and Braille.
- Maintain contract with Independent Living Center of Kern County to assist with Limited English Proficiency clients, including, but not limited to, American Sign Language and Braille interpreter services.
- Maintain and post posters/bulletins in clinics of the availability and information of interpreter assistance, including Limited English Proficiency.
- Partner with the Public Information Office, Quality Improvement Division, Information Technology, Facilities, and Cultural Competence Resource Committee to create materials and pictures for clinical sites, KernBHRS public website, and other community forums reflective of divers and people of color with Limited English Proficiency.
- Track and monitor translated documents for threshold language and locally salient languages, including but not limited to the following: Mental Health and Substance Use Division fliers and

materials, Outreach & Education community events, member service handbook or brochure, Beneficiary problem, resolution, grievance, and fair hearing materials, and other relevant consumer-related documents (relates to both Mental Health Plan and Drug Medi-Cal Organized Delivery System).

- Maintain/update the Beneficiary/Member Handbook to be provided to consumers (relates to Mental Health Plan and Drug Medi-Cal Organized Delivery System).
- Maintain/update the Kern Provider Directories to be available to consumers.
- Continue to assess and improve/adapt clinic sites to ensure materials and information on access and services consist of materials and information (posters, magazines, décor, signs, etc.) are presented to address the needs of persons of culturally and diverse cultural backgrounds and disabilities.
- Maintain/update policies related to beneficiary Grievances and Appeals.
- Partner with Quality Improvement Division and PRA to identify Cultural Competence-related items on the CPS.
- PRA track, monitor, and review changes of provider, second opinion, and/or grievance cases related to cultural and linguistic issues.

## STRENGTHS

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Additionally, other activities or evidence that occur throughout the year include:

- Mandatory 6 hours of Cultural Competence training for all staff annually reflected on the Annual Employee Performance Review.
- An array of Cultural Competence training was available to all staff in the last year.
- Increase in documents translated into other languages.
- Tracking of the penetration rate for outreach, access, engagement, linkage, and services for mental health and substance use disorder.
- Tracking of Outreach & Engagement events for KernBHRS.
- Family engagement and interaction training for staff.

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

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

## AREAS FOR IMPROVEMENT

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

- Establish ongoing collaboration and information sharing about vacancies, especially in Recruitment & Retention Committee and community forums.
- Development of a mentorship or support group to help staff navigate day-to-day concerns and career concerns.
- Development of a Penetration Rate Report (PRR) workgroup to identify how to capture all clients, how to ensure ethno-racial categories are inclusive and in compliance with funding and regulatory requirements, and training staff on entering demographic data.
- Continue to enhance organizational structure and processes to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- Ensure that services are being provided in threshold language throughout the system.
- Enhance and update annual policies and processes to promote the inclusion of culturally and linguistically appropriate practices and/or services.
- Dedication to a diverse workforce.
- Enhance and promote the education of outreach protocols as they pertain to cultural competence and Culturally and Linguistically Appropriate Services Standards.
- Increase dissemination of cultural competence-related information and resources.
- Partner with Quality Improvement Division, Mental Health Services Act Team, Substance Use Division, and other relevant entities to identify target populations with disparities.
- For the threshold group, Hispanic/Latinx monitor, track, and improve the Penetration Rate and Outreach & Education.
- For African American/Black groups, monitor, track, and improve the Penetration Rate and Outreach & Education.
- For Asian/Pacific Islander groups monitor, track, and improve the Penetration Rate and Outreach & Education.
- For American Indian/Alaska Native groups monitor, track, and improve the Penetration Rate and Outreach & Education.
- Enhance collaboration with community partners through the Cultural Competence Resource Committee with the purpose of addressing local cultural concerns and ensuring representation that is reflective of community demographics.
- Utilize MHSA Workforce Education and Training funds to ensure education and culturally competent training are available to the workforce to address effectively serving diverse groups, unserved, and/or underserved populations.
- Enhance analysis of the effectiveness of cultural competence training.
- Offer specific cultural competence training of diverse and Black, Indigenous, People of Color (BIPOC) populations identified in Southern Counties Regional Partnership formal assessment and Cultural Competence Resource Committee subcommittee recommendations.

- Complete Workforce Needs Assessment
- Utilize Workforce Education and Training funds to secure various resources and/or conferences for staff retention and training.
- Dedicate resources such as Mental Health Services Act funding to increase bilingual workforce capacity.
- Provide Language Line materials and information to persons who need interpretation and translation services, and to those who have Limited English Proficiency.
- Provide and make available culturally and linguistically responsive programs to accommodate individual or cultural and linguistic preferences in accordance with the Americans with Disabilities Act.
- Ensure the beneficiary problem resolution process addresses culturally and linguistically appropriate factors to resolve Grievance and Appeals.

## ASSESSMENT OF BILINGUAL PROFICIENCY

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

- Interpreting Services Relias Training offered to staff.
- Continued partnership with Independent Living Center and Language Line services for translation.
- 2,164 verbal and 2 written interpretation services utilized within FY 21-22 through the language line.
- 139 Spanish Speaking Bilingual staff employed with KernBHRS.

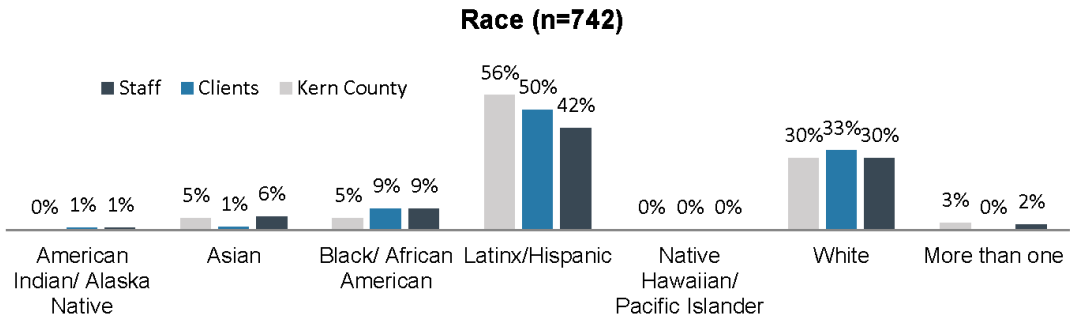
According to the Human Resources report, below are the demographics for KernBHRS staff:

- Spanish= 139
- Total Filipino Dialect= 11
  - Tagalog= 3 out of 11
- Punjabi= 6
- American Sign Language= 2
- Arabic= 2
- Turkish= 2
- Hindi= 2
- Tamil= 2
- Turkish= 2
- Vietnamese= 2
- French= 1
- Farsi= 1
- German= 1
- Japanese= 1
- Bengali= 1
- Mandarin= 1
- Serbian= 1

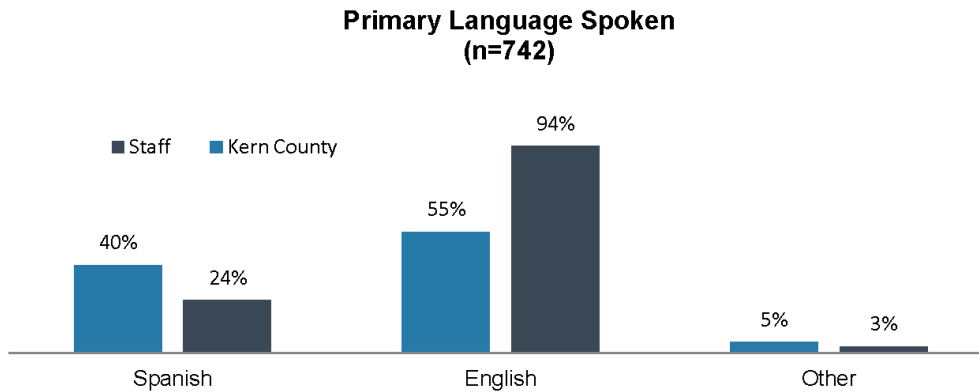


## STAFF AND CLIENT DEMOGRAPHICS

The purpose of this section is to provide breakdowns of diverse cultural, racial/ ethnic, and linguistic groups represented among direct service providers, as compared to the total population needing services and the total population being served. The information shown is volunteered by staff that elect to disclose their ethnoraical identity. In all ethnoraical categories, KernBHRS shows less than a 10% disparity in each ethnic category.



The information provided is volunteered by staff that are certified to provide translation services for KernBHRS and is also comprised of staff that self-disclose languages they speak other than English. Spanish is the only threshold language in Kern County.



## ADDRESSING POTENTIAL BARRIERS

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KernBHRS understands that there is a potential for certain barriers to culturally linguistically centered care. This past year barriers have included:

- Continuing staffing challenges and hard-to-fill vacancies
- Continuing disproportionate representation in staff job categories
- Declining Penetration Rates in several Ethno-racial categories, even in the threshold group of Hispanic/ LatinX

KernBHRS strives towards process improvement and annually assesses through our Cultural Competency planning what we have accomplished and what we would like to continue to improve upon. KernBHRS realizes that there is much more to do to outreach, educate, reduce behavioral stigma, improve access, and provide culturally responsive treatment and services to the community. As found in our FY 21-22 published Cultural Competence Plan, KernBHRS has identified 85 strategic goals towards the new fiscal year that will aim for a deeper partnership with our leadership team, internal teams, community leaders, partners, culturally and diverse community-based-organizations to identify innovative approaches to engage and serve our diverse communities. Overall, KernBHRS is committed to being culturally and linguistically competent at all levels, in all services offered.

# WORKFORCE NEEDS ASSESSMENT

# FY 2021-2022 Workforce Needs Assessment

## Kern County MHS Workforce, Education, & Training



## IDENTIFIED WORKFORCE NEEDS

As a part of the Workforce Needs Assessment, the county is required to identify and evaluate needs of its Public Mental Health System workforce. This report was prepared by EVALCORP in collaboration with KernBHRS.

The primary needs identified in the FY 21-22 Workforce Needs Assessments are shown on the right.

In the time period between this Workforce Needs Assessment and the next Workforce Needs Assessment, progress towards these three needs will be monitored. These three needs align with goals from the Cultural Competency Plan (CCPR) for FY 22-23, as shown in Table 1 (please see CCPR for details).

**Continuing staffing challenges and hard-to-fill vacancies**

**Continuing disproportionate representation in staff job categories**

**Difficulty competing with private sector in terms of work flexibility and pay**

**Table 1 – Identified Workforce Needs Matched to CCP Strategies**

Identified Need	CCP Strategies
Staffing challenges and hard-to-fill vacancies	Criterion 1, Goal 1, Strategy 5 Criterion 1, Goal 4, Strategy 1 Criterion 1, Goal 4, Strategy 2 Criterion 6, Goal 1, Strategy 4
Disproportionate representation in staff job categories	Criterion 1, Goal 4, Strategy 1 Criterion 1, Goal 4, Strategy 2
Difficulty competing with private sector in terms of work flexibility and pay	Not applicable

## OCCUPATIONS BY CATEGORY

A list of occupations in the Public Mental Health System and the number of individuals in each occupation is required for the Workforce Needs Assessment. These occupations are grouped into general categories, such as “Licensed mental health staff.” The number of staff who filled each of these positions in FY 21-22 is listed in Table 2 below.

**Table 2 – Occupations by Category**

	<i>Occupation</i>	<i>Number of Staff FY 21-22</i>
<i>Licensed mental health staff</i>	Behavioral Health Therapist Trainee	6
	Behavioral Health Therapist I	97
	Behavioral Health Therapist II	33
	Clinical Psychologist I	1
	Clinical Psychologist II	3
	Medical Assistant	8
	Nurse Practitioner	2
	Per Diem Nurse II	9
	Psychiatrist - Contract	1
	Psychiatrist - Contractor	6
	Psychiatrist - KM	8
	Psychiatrist - Locum	2
	Psychiatrist III	2
	Psychiatrist-Contract	6
	Psych-Intern-Contract	4
	Psychologist - Contractor	1
	Resident - KM	26
	Staff Nurse - Locum	1
	<i>Managerial and supervisory positions</i>	Administrative Coordinator
Behavioral Health Recovery System Administrator		10
Behavioral Health Unit Supervisor I		10
Contract Administrator		1
Coordinator of Admin. & Legislative Analysis		3
LAN Systems Administrator		1
Program Support Supervisor		6
Senior Behavioral Health		0
Behavioral Health Unit Supervisor II		34
Behavioral Health Program Supervisor		3
BH Clinical Experience Supervisor		3
BHRS Deputy Director		2

	Clinical Supervisor	1
	Contract System Supervisor	1
	Director of Behavioral Health Services	1
	Fiscal Support Supervisor	3
	Medical Director	1
	Network Systems Administrator	1
	Senior Administrative & Fiscal Services Officer	1
	Senior Behavioral Health Peer Specialist	3
	Senior Human Resources Manager	1
	Senior Human Resources Specialist	1
	Senior Human Resources Specialist-Confidential	3
	Senior Patients Rights Advocate	1
	Senior Systems Analyst	1
	Senior Talent Recruiter	1
	Special Projects Manager	2
	Technology Services Manager	1
	Technology Services Supervisor	3
<i>Mental health staff, not required to be licensed</i>	Behavioral Health Peer Specialist	4
	Behavioral Health Recovery Specialist Aide	18
	Behavioral Health Recovery Specialist I	83
	Behavioral Health Recovery Specialist II	58
	Behavioral Health Recovery Specialist III	72
	Substance Use Disorder Specialist I	12
	Substance Use Disorder Specialist II	28
	Substance Use Prevention Specialist I	0
	Substance Use Prevention Specialist II	2
	<i>Other health care professionals who provide services</i>	Behavioral Health Nurse I
Behavioral Health Nurse II		1
Behavioral Health Nurse III		12
Medical Assistant		8
Pre-Licensed Clinical Psychologist		4
Vocational Nurse I		1
Vocational Nurse II	11	
<i>Support staff</i>	Behavioral Health Planning Analyst	11
	Departmental Analyst I	2
	Departmental Analyst II	4

Electronic Health Record Specialist I	3
Electronic Health Record Specialist II	4
Fiscal Support Specialist	0
Fiscal Support Technician	0
Marketing & Promotions Associate II	2
Office Services Assistant	6
Office Services Specialist	10
Office Services Technician	80
Patient Rights Advocate	3
Program Specialist I	6
Program Specialist II	9
Program Technician	10
Programmer II	1
Senior Office Services Specialist	2
Accountant I	3
Accountant III	3
BH Credentialing Specialist	2
BPD - MOU	1
Chicago School of Psych Trainee	2
Departmental Public Information Officer	1
Deputy Probation Officer II - Probation	1
Electronic Health Record Support Supervisor	2
Facilities and Services Specialist	1
Family Advocate	1
Fiscal Support Specialist	14
Fiscal Support Technician	8
Human Resources Specialist I	2
Human Resources Specialist II- Confidential	2
Mail Clerk	2
Maintenance Worker	3
MFT Trainee - CSUB	1
MSW Trainee - CSUB	7
Program Coordinator	2
Social Service Worker III - DHS	1
Social Service Worker V - DHS	1
Staff Development Specialist	2
System Analyst I	2
System Analyst II	2



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Technical Support Engineer I	2
Technical Support Engineer II	6
Technical Support Specialist II	2
University of Phoenix Trainee	3
Volunteer - Retiree	1
Volunteer - SAGE	2
Volunteer-Smart 911	1

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## ADDITIONAL POSITIONS NEEDED

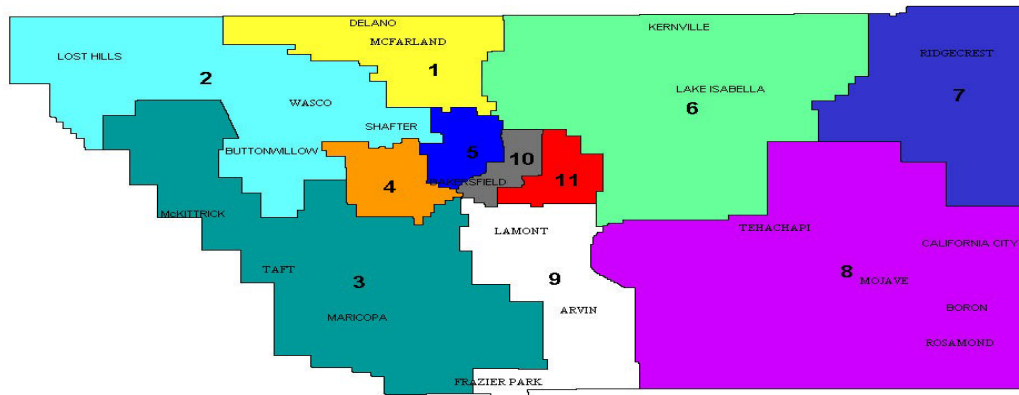
Table 3 shows positions for which staff are needed, the number of staff needed, and the number of positions which are hard to fill or for which it is difficult to retain staff. The number of staff positions that it is hard to fill or hard to retain is not necessarily a subset of the number of staff needed, since these positions may be currently staffed. Additionally, Table 3 shows the specific geographic area where positions are hard to fill or staff are hard to retain and the number of positions for which priority in recruitment will be given to clients and family members of clients. However, at this time there are no specific geographic areas indicated in the Workforce Needs Assessment. A map of the geographic areas of Kern County is provided for reference in Figure 1.

**Table 3. Additional Positions Needed**

<i>Occupation</i>	<b>Staff Needed</b>	<b>Hard to Fill or Retain</b>	<b>Priority Given to Clients or Family of Clients</b>	<b>Geographic Areas</b>
<b><i>Licensed mental health staff</i></b>	<b>25</b>	<b>48</b>	<b>139</b>	<b>All</b>
<i>Behavioral Health Therapist Trainee</i>	25	48	128	All
<i>Clinical Psychologist I</i>			4	All
<i>Medical Assistant</i>			6	All
<i>Nurse Practitioner</i>			1	All
<b><i>Managerial and supervisory positions</i></b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>All</b>
<i>Administrative Coordinator</i>	1			All
<i>Behavioral Health Recovery System Administrator</i>	2			All
<i>Behavioral Health Unit Supervisor</i>	2			All
<i>Contract Administrator</i>	2			All
<i>Coordinator of Admin. &amp; Legislative Analysis</i>	1			All
<i>LAN Systems Administrator</i>	1			All
<i>Program Support Supervisor</i>	1			All
<i>Senior Behavioral Health Credentialing Specialist</i>	1			All
<b><i>Mental health, not required to be licensed</i></b>	<b>45</b>	<b>0</b>	<b>271</b>	<b>All</b>
<i>Behavioral Health Peer Specialist</i>	6		4	All
<i>Behavioral Health Recovery Specialist Aide</i>	2		17	All
<i>Behavioral Health Recovery Specialist</i>	28		204	All
<i>Substance Use Disorder Specialist</i>	6		44	All
<i>Substance Use Prevention Specialist</i>	3		2	All
<b><i>Other health care professionals who provide services</i></b>	<b>34</b>	<b>14</b>	<b>25</b>	<b>All</b>
<i>Behavioral Health Nurse</i>	13	5	16	All
<i>Medical Assistant</i>	4			All
<i>Pre-Licensed Clinical Psychologist</i>	3		2	All
<i>Vocational Nurse</i>	14	9	7	All
<b><i>Support staff</i></b>	<b>42</b>	<b>0</b>	<b>21</b>	<b>All</b>
<i>Behavioral Health Planning Analyst</i>	1			All

<i>Occupation</i>	<i>Staff Needed</i>	<i>Hard to Fill or Retain</i>	<i>Priority Given to Clients or Family of Clients</i>	<i>Geographic Areas</i>
<i>Departmental Analyst I</i>	6			All
<i>Electronic Health Record Specialist I</i>	1			All
<i>Fiscal Support Specialist</i>	2			All
<i>Fiscal Support Technician</i>	3			All
<i>Marketing &amp; Promotions Associate II</i>	1			All
<i>Office Services Assistant</i>	2			All
<i>Office Services Specialist</i>	1			All
<i>Office Services Technician</i>	11			All
<i>Patient Rights Advocate</i>	2			All
<i>Program Specialist I</i>	6		13	All
<i>Program Technician</i>	4		8	All
<i>Programmer II</i>	1			All
<i>Senior Office Services Specialist</i>	1			All
<i>Fiscal Support Technician</i>	3			All

**Figure 1. Map of Kern Geographical Areas**



<i>Area</i>	
1	Delano, McFarland, Pond
2	Shafter, Lost Hills, Buttonwillow, Wasco, Semitropic
3	Taft, McKittrick, Tupman, Maricopa, Fellows
4	West Bakersfield
5	North Bakersfield, Glenville, Woody
6	Kern Mountain, Lake Isabella, Kernville, Weldon

<i>Area</i>	
7	Ridgecrest (North Desert)
8	Tehachapi, Mojave, Rosamond, Boron, California City (South Desert)
9	Arvin, Lamont, Frazier Park
10	Central/Southeast Bakersfield
11	East Bakersfield

## WORKFORCE DEMOGRAPHICS BY OCCUPATION

As a part of the Workforce Needs Assessment, the county is required to provide an estimate of the number of personnel within each racial/ethnic group, as identified through voluntary self-reported data, for each occupation. Since not all staff members chose to participate in the voluntary demographic survey, the figures in Table 4 are necessarily an undercount of the total for some categories. The categories used for this analysis are those used by the US Census and Office of Management and Budget (OMB), plus Latinx/Hispanic and Other.

**Table 4. Workforce Race/Ethnicity Demographics by Occupation**

Occupation	American Indian or Alaskan Native	Asian	Black	Hispanic	White	Native Hawaiian or Other Pacific Islander	More than one race	Other
<b>Licensed mental health staff</b>	<b>2</b>	<b>22</b>	<b>21</b>	<b>103</b>	<b>98</b>	<b>0</b>	<b>7</b>	<b>32</b>
Behavioral Health Therapist Trainee	0	0	1	0	1	0	0	1
Behavioral Health Therapist I	1	3	11	40	14	0	3	11
Behavioral Health Therapist II	0	2	2	10	14	0	1	3
Clinical Psychologist I	0	0	0	1	0	0	0	0
Clinical Psychologist II	0	0	1	0	1	0	0	0
Medical Assistant	0	0	0	4	1	0	0	2
Nurse Practitioner	0	2	0	0	0	0	0	0
Per Diem Nurse II	0	5	0	1	1	0	0	0
Psychiatrist - Contract	0	0	0	0	0	0	0	1
Psychiatrist - Contractor	0	0	0	0	0	0	0	1
Psychiatrist - KM	0	0	0	0	2	0	0	1
Psychiatrist - Locum	0	0	0	0	0	0	0	0
Psychiatrist III	0	2	0	0	0	0	0	0
Psychiatrist-Contract	0	1	0	0	1	0	0	0
Psych-Intern-Contract	0	0	0	0	0	0	0	0
Psychologist - Contractor	0	0	0	0	0	0	0	0
Resident - KM	0	4	0	0	2	0	0	5
Staff Nurse - Locum	0	1	0	0	0	0	0	0
<b>Managerial and supervisory positions</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>41</b>	<b>53</b>	<b>0</b>	<b>3</b>	<b>6</b>
Administrative Coordinator	0	0	1	6	8	0	0	1
Behavioral Health Recovery System Administrator	0	1	0	1	8	0	0	0

<i>Occupation</i>	<i>American Indian or Alaskan Native</i>	<i>Asian</i>	<i>Black</i>	<i>Hispanic</i>	<i>White</i>	<i>Native Hawaiian or Other Pacific Islander</i>	<i>More than one race</i>	<i>Other</i>
<i>Behavioral Health Unit Supervisor I</i>	0	0	1	5	4	0	0	0
<i>Contract Administrator</i>	0	0	0	0	1	0	0	0
<i>Coordinator of Admin. &amp; Legislative Analysis</i>	0	0	1	1	1	0	0	0
<i>LAN Systems Administrator</i>	0	0	0	1	0	0	0	0
<i>Program Support Supervisor</i>	0	0	0	2	4	0	0	0
<i>Senior Behavioral Health</i>	0	0	0	0	0	0	0	0
<i>Behavioral Health Unit Supervisor II</i>	1	1	1	20	9	0	0	1
<i>Behavioral Health Program Supervisor</i>	0	0	0	0	1	0	1	1
<i>BH Clinical Experience Supervisor</i>	0	0	0	0	3	0	0	0
<i>BHRS Deputy Director</i>	0	0	0	0	2	0	0	0
<i>Clinical Supervisor</i>	0	0	0	0	0	0	0	1
<i>Contract System Supervisor</i>	0	0	1	0	0	0	0	0
<i>Director of Behavioral Health Services</i>	0	0	0	0	0	0	1	0
<i>Fiscal Support Supervisor</i>	0	0	0	0	3	0	0	0
<i>Medical Director</i>	0	0	0	0	0	0	0	0
<i>Network Systems Administrator</i>	0	0	0	0	1	0	0	0
<i>Senior Admin &amp; Fiscal Services Officer</i>	0	0	0	1	0	0	0	0
<i>Senior Behavioral Health Peer Specialist</i>	0	0	0	0	1	0	1	0
<i>Senior Human Resources Manager</i>	0	0	0	1	0	0	0	0
<i>Senior Human Resources Specialist</i>	0	0	0	0	1	0	0	0
<i>Senior Human Resources Specialist-Confidential</i>	0	0	0	2	1	0	0	0
<i>Senior Patients Rights Advocate</i>	0	0	0	0	1	0	0	0
<i>Senior Systems Analyst</i>	0	0	0	0	0	0	0	1
<i>Senior Talent Recruiter</i>	0	0	0	0	0	0	0	0
<i>Special Projects Manager</i>	0	0	0	0	1	0	0	1
<i>Technology Services Manager</i>	0	0	0	0	1	0	0	0
<i>Technology Services Supervisor</i>	0	0	0	1	2	0	0	0
<b><i>Mental health, not required to be licensed</i></b>	<b>2</b>	<b>3</b>	<b>25</b>	<b>120</b>	<b>66</b>	<b>0</b>	<b>4</b>	<b>19</b>
<i>Behavioral Health Peer Specialist</i>	0	0	0	1	1	0	0	1
<i>Behavioral Health Recovery Specialist Aide</i>	0	0	2	4	7	0	0	0
<i>Behavioral Health Recovery Specialist I</i>	0	0	6	32	12	0	2	8
<i>Behavioral Health Recovery Specialist II</i>	1	1	7	31	11	0	1	4
<i>Behavioral Health Recovery Specialist III</i>	1	1	8	38	18	0	1	5
<i>Substance Use Disorder Specialist I</i>	0	0	1	2	3	0	0	0

<i>Occupation</i>	<i>American Indian or Alaskan Native</i>	<i>Asian</i>	<i>Black</i>	<i>Hispanic</i>	<i>White</i>	<i>Native Hawaiian or Other Pacific Islander</i>	<i>More than one race</i>	<i>Other</i>
<i>Substance Use Disorder Specialist II</i>	0	1	1	10	14	0	0	1
<i>Substance Use Prevention Specialist I</i>	0	0	0	0	0	0	0	0
<i>Substance Use Prevention Specialist II</i>	0	0	0	2	0	0	0	0
<b><i>Other health care professionals</i></b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>12</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>5</b>
<i>Behavioral Health Nurse I</i>	0	1	0	0	0	0	0	0
<i>Behavioral Health Nurse II</i>	0	1	0	0	0	0	0	0
<i>Behavioral Health Nurse III</i>	0	4	0	1	3	1	0	2
<i>Medical Assistant</i>	0	0	0	4	1	0	0	2
<i>Pre-Licensed Clinical Psychologist</i>	0	1	1	1	0	0	0	1
<i>Vocational Nurse I</i>	0	0	0	0	0	0	0	0
<i>Vocational Nurse II</i>	0	1	1	6	2	0	0	0
<b><i>Support staff</i></b>	<b>3</b>	<b>10</b>	<b>22</b>	<b>94</b>	<b>70</b>	<b>0</b>	<b>7</b>	<b>20</b>
<i>Behavioral Health Planning Analyst</i>	1	1	0	5	2	0	1	0
<i>Departmental Analyst I</i>	0	0	0	1	0	0	0	0
<i>Departmental Analyst II</i>	0	0	1	2	1	0	0	0
<i>Electronic Health Record Specialist I</i>	0	0	1	2	0	0	0	0
<i>Electronic Health Record Specialist II</i>	0	0	1	1	2	0	0	0
<i>Fiscal Support Specialist</i>	0	1	1	3	5	0	1	2
<i>Fiscal Support Technician</i>	0	0	1	1	4	0	0	0
<i>Marketing &amp; Promotions Associate II</i>	0	0	0	1	1	0	0	0
<i>Office Services Assistant</i>	0	0	0	2	0	0	0	2
<i>Office Services Specialist</i>	0	0	0	3	6	0	1	0
<i>Office Services Technician</i>	0	2	7	43	15	0	1	3
<i>Patient Rights Advocate</i>	0	0	1	1	1	0	0	0
<i>Program Specialist I</i>	0	0	0	3	1	0	1	0
<i>Program Specialist II</i>	1	0	1	4	3	0	0	0
<i>Program Technician</i>	0	0	1	5	1	0	0	1
<i>Programmer II</i>	0	0	0	0	1	0	0	0
<i>Senior Office Services Specialist</i>	0	0	0	1	1	0	0	0
<i>Accountant I</i>	0	0	0	0	0	0	0	0
<i>Accountant III</i>	0	1	0	0	1	0	0	0
<i>BH Credentialing Specialist</i>	1	0	0	1	0	0	0	0
<i>BPD - MOU</i>	0	0	0	0	0	0	0	0

<i>Occupation</i>	<i>American Indian or Alaskan Native</i>	<i>Asian</i>	<i>Black</i>	<i>Hispanic</i>	<i>White</i>	<i>Native Hawaiian or Other Pacific Islander</i>	<i>More than one race</i>	<i>Other</i>
<i>Chicago School of Psych Trainee</i>	0	0	1	0	1	0	0	0
<i>Departmental Public Information Officer</i>	0	1	0	0	0	0	0	0
<i>Deputy Probation Officer II - Probation</i>	0	0	0	0	0	0	0	0
<i>Electronic Health Record Support Supervisor</i>	0	0	0	0	1	0	0	1
<i>Facilities and Services Specialist</i>	0	0	0	1	0	0	0	0
<i>Family Advocate</i>	0	0	0	0	1	0	0	0
<i>Fiscal Support Specialist</i>	0	1	1	3	5	0	1	2
<i>Fiscal Support Technician</i>	0	0	1	1	4	0	0	0
<i>Human Resources Specialist I</i>	0	0	0	0	1	0	1	0
<i>Human Resources Specialist II-Confidential</i>	0	0	0	1	1	0	0	0
<i>Mail Clerk</i>	0	1	0	0	0	0	0	1
<i>Maintenance Worker</i>	0	0	0	1	0	0	0	1
<i>MFT Trainee - CSUB</i>	0	0	0	0	0	0	0	1
<i>MSW Trainee - CSUB</i>	0	0	1	1	0	0	0	3
<i>Program Coordinator</i>	0	0	0	1	1	0	0	0
<i>Social Service Worker III - DHS</i>	0	0	0	1	0	0	0	0
<i>Social Service Worker V - DHS</i>	0	0	0	0	0	0	0	0
<i>Staff Development Specialist</i>	0	0	0	2	0	0	0	0
<i>System Analyst I</i>	0	0	0	0	2	0	0	0
<i>System Analyst II</i>	0	1	0	0	1	0	0	0
<i>Technical Support Engineer I</i>	0	0	0	0	1	0	0	1
<i>Technical Support Engineer II</i>	0	0	2	1	2	0	0	1
<i>Technical Support Specialist II</i>	0	0	0	2	0	0	0	0
<i>University of Phoenix Trainee</i>	0	1	1	0	1	0	0	0
<i>Volunteer - Retiree</i>	0	0	0	0	1	0	0	0
<i>Volunteer - SAGE</i>	0	0	0	0	1	0	0	1
<i>Volunteer-Smart 911</i>	0	0	0	0	1	0	0	0

## ESTIMATED NUMBER OF CLIENTS

The County is required to report an estimated number of clients and family members of clients within each racial/ethnic group that the Public Mental Health System will serve during the time period addressed in the Workforce Needs Assessment. For this Workforce Needs Assessment, the time period addressed is five years.

All predictions are estimates that rely on assumptions about long-term trends. The assumptions made to arrive at these predictions include: 1) the numbers of people served by KernBHRS in each ethnic category will not sharply deviate from current trends, 2) KernBHRS will make additional efforts to increase the penetration rate among certain underrepresented groups Latinx/Hispanic and Asian/Pacific Islander (API) and these efforts will yield a 1% annual increase in the total for each group annually, and 3) each client has an average of 2.1 family members. This latter figure is derived from the average household size in Kern County of 3.1 members per household, which is 10% higher than the rate for California and 25% higher than the rate for the United States (American Community Survey, 2021).

**Table 5 – Estimated Number of Clients by Race/Ethnicity**

		2023-2024	2024-2025	2025-2026	2026-2027	2027-2028
<i>Clients</i>	<b>Latinx</b>	15474	15629	15785	15943	16103
	<b>White</b>	10133	10133	10133	10133	10133
	<b>Black</b>	2915	2945	2974	3004	3034
	<b>API</b>	403	407	412	416	420
	<b>Native American</b>	290	290	290	290	290
	<b>Other</b>	1681	1698	1715	1732	1749
<i>Families of Clients</i>	<b>Latinx</b>	32496	32821	33149	33481	33816
	<b>White</b>	21280	21280	21280	21280	21280
	<b>Black</b>	6122	6183	6245	6308	6371
	<b>API</b>	847	856	864	873	882
	<b>Native American</b>	609	609	609	609	609
	<b>Other</b>	3530	3566	3601	3637	3674



## LANGUAGE COMPETENCIES OF STAFF

In order to ensure access to quality public mental health services for people whose primary language is not English, a certain proportion of staff are required to be proficient in other languages. For Kern County, the threshold language is Spanish. In the Workforce Needs Assessment, the County is required to indicate the number of staff who are proficient in that language and the estimated number of additional staff needed to meet the need.

The number of additional staff required to meet the need is calculated by comparing the proportion of staff proficient in Spanish to the proportion of Kern County residents who speak Spanish at home (American Community Survey, 2021). The additional staff required shows the number of staff who would need to be hired – in addition to those already employed – in order to equalize these two proportions.

**Table 6 – Language Competencies of Staff**

	Number of Staff Who Speak this Language	Number of Additional Staff Required to Meet Need
<i>English</i>	872	0
<i>Spanish</i>	139	201
<i>Other Languages</i>	0	0

It is important to understand that Kern County has always had a greater need of certified Spanish translators than the County has staffed. To help offset this ongoing challenge, Kern County has a contract with the Language Line to provide 24/7 interpretation services (verbal & written) in 240 available languages to all of BHR. The Language Line in FY 21-22 provided a little over 505 hours of translated services to BHR. This fills a gap in the need for translated services. The chart below illustrates the frequency of usage of the language line from FY 21-22.

<i>Language</i>	<i>Verbal Translations</i>	<i>Written Translations</i>	<i>Language</i>	<i>Verbal Translations</i>	<i>Written Translations</i>
<i>SPANISH</i>	1988	0	<i>ROMANIAN</i>	5	0
<i>FARSI</i>	81	2	<i>TAGALOG</i>	5	0
<i>PUNJABI</i>	46	0	<i>MANDARIN</i>	4	0
<i>ARABIC</i>	13	0	<i>HINDI</i>	4	0
<i>VIETNAMESE</i>	8	2	<i>TELUGU</i>	1	0
<i>KOREAN</i>	8	0	<i>RUSSIAN</i>	1	0

## EMPLOYEES AND VOLUNTEERS

KernBHRS is staffed by both employees and volunteers. In the Workforce Needs Assessment, the County is required to list the number of employees and volunteers grouped by whether they are directly supervised by County staff or contract agency staff. No volunteers or employees are currently supervised by contract agency staff.

**Table 7 – Employees and Volunteers**

	Supervised by County Staff	Supervised by Contract Agency Staff
<i>Employees</i>	761	0
<i>Volunteers</i>	4	0
<i>Total</i>	765	0

## ADDITIONAL WORKFORCE NEEDS

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Finally, the county may list additional workforce needs not already identified in the above portions of the Workforce Needs Assessment. Additional needs are summarized below.

KernBHRS is in particular need of BH Therapists, BH Nurses, Vocational nurses, and Office Service Technicians. These classifications are essential to our department and have become hard-to-fill. The current number of vacancies for each of the positions is estimated below:

- BH Therapists Trainees: 25 vacancies
- BH Nurses: 13 vacancies
- Vocational Nurses: 14 vacancies
- Office Service Technicians: 11 vacancies

KernBHRS is the primary mental/behavioral health service provider for Kern County and is required to maintain the Network Adequacy Certification standards of keeping vacancies below a 10% percent ratio. As of July 2022, KernBHRS has 921 permanent positions with 160 vacancies. The department's current vacancy percentage rate is 17%.

The Behavioral Health Director has made it a priority to enhance efforts towards recruitment and retention, resulting in a current 8.8% vacancy rate as of May 2023. Measures included:

- Increase telework options for non-direct service staff
- Enhance loan forgiveness programs
- Provide more options for clinical supervision to increase more practicum students to work for BHRS
- Launch a staff wellness program in partnership with the Public Health department to promote long term wellness strategies for workforce and to avoid burnout
- Increased opportunities for existing staff to gain other skill sets by working with other populations, resulting in cross training opportunities in other teams
- BHRS Human Resources coordinated with the larger County Human Resources department to create lean processes to expedite hiring. Reduced the onboarding time for new staff from 2 months to 3-4 weeks.
- Increase partnership with learning institutions for heightened recruitment efforts, including:
  - Human Resources presentations to local High Schools to grow pipeline development and interest to work in the behavioral health field.
  - Increased career outreach to Universities and Colleges outside of Kern County for potential graduates entering the field.
  - Internship recruitment with local career events and fairs.
  - Increased career outreach to Universities that are deemed Hispanic Serving Institutions or API serving institutions.

# COMMUNITY PLANNING AND STAKEHOLDER FEEDBACK

# MHSA Stakeholder Data for FY 21-22

# 24

Stakeholder Meetings



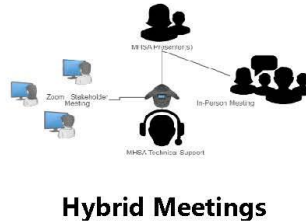
Stakeholder Meetings were conducted virtually in Zoom, In-Person, and Hybrid.

# 848

Stakeholders reached

# 48%

Of Stakeholders completed a survey at SurveyMonkey



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

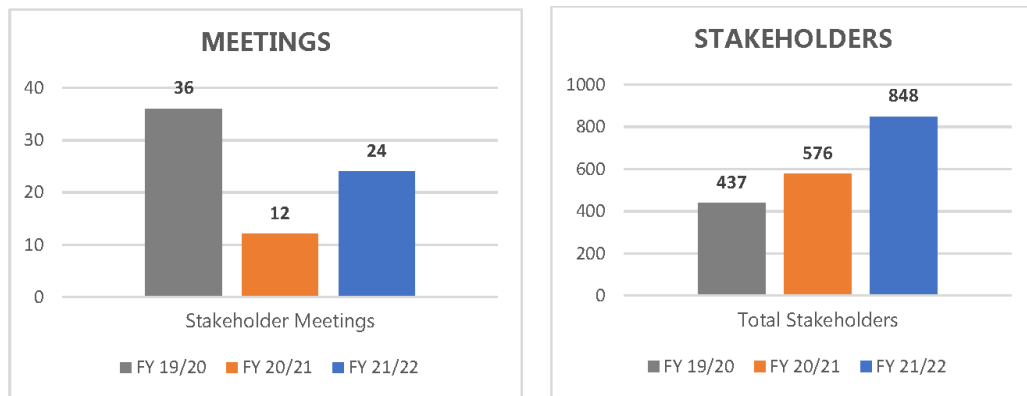
During FY 2021/2022, the Mental Health Services Act (MHSA) team gathered feedback from different communities across Kern County regarding their respective behavioral health needs through the implementation of the Community Program Planning Process (CPPP) also referred as “the Stakeholder process”.

Great importance is placed on the preparation and delivery of the stakeholder process, as it is the driving force behind the consideration of program implementation in their respective communities. Any individual who resides in the community is considered a stakeholder and is welcome to participate and give their feedback.

The focus of the CPPP is to collect feedback on programs and services either already in effect and needing modification, or new programs that need to be created in order to provide appropriate, comprehensive, and meaningful mental health care.

In the FY 2021/2022 the MHSA Team continued dealing with the challenges of “the new normal of living with COVID-19”. The MHSA Coordination team adapted to conduct Virtual Stakeholder Meetings, In-person Stakeholder Meetings and Hybrid Stakeholder Meetings.

Even though we held a smaller number of Stakeholder Meetings than the fiscal year pre-COVID-19 (**36** Stakeholder Meetings for FY19/20 vs **24** Stakeholder Meetings for FY21/22), we experienced an increase of **Total Stakeholders reached** (**437** Stakeholders for FY19/20 vs **848** Stakeholder for FY21/22).



One of the changes we implemented in the FY 21/22 which contributed to the increase in number of stakeholder attendance was the *CPPP Incentive Program*.

**CPPP INCENTIVE PROGRAM**

The CPPP Incentive Program started on December 1, 2021. This incentive program offers a \$20 gift card for consumers/clients, their families, and other MHSA program participants for attending a MHSA Community Forum.

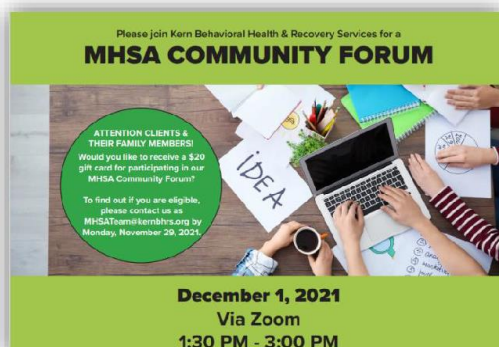
To qualify for the CPPP Incentive Program, interested consumers/clients, family members and other MHSA program participants must first pre-register to attend the MHSA Community Forum. Upon pre-registration, a MHSA staff ensures that those who **pre-register** have reliable access to Zoom. If they do not have reliable access, the MHSA staff provide other options that may be available to them (i.e. Consumer Family Learning Center, County Library, Program site, School, etc.) to ensure their attendance and participation.

During the MHSA Community Forum, MHSA staff confirms the consumer/client, family member or other MHSA program participants attendance. Then, approximately within one business day after the forum, the \$20 gift card is mailed to the address they provided during pre-registration.

During this fiscal year, we distributed the following number of \$20 gift cards:

MHSA Community Forum Date	12/1/21	01/06/22	03/30/22	05/06/22	06/10/22	FY 21/22 TOTAL
# of Gift Cards Distributed	8	3	1	2	1	15

The MHSA/CPPP Incentive Program information was added to both the English and Spanish flyers (see below). The information was also shared through other communication outlets such as weekly electronic newsletters, MHSA email invites and KernBHRS social media platforms (*see samples below*).



MHSA Community Forum Flyer (English)

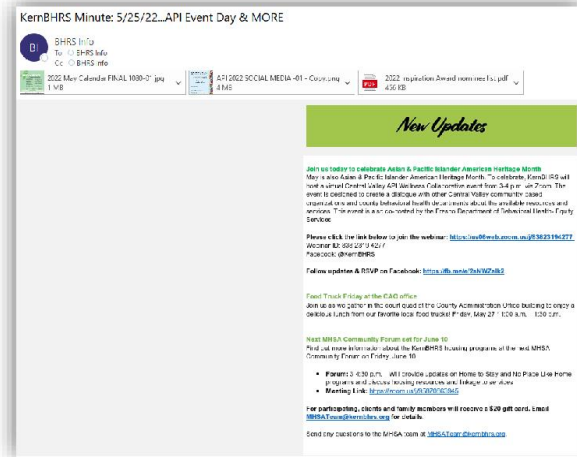


MHSA Community Forum Flyer (Spanish)

## MHSA STAKEHOLDER DATA REPORT FOR FY 2021-2022



*KernBHRS Facebook post*



*KernBHRS Minute – Weekly Electronic Newsletter*

During this fiscal year, we noticed an increase in both, number of attendees and number of surveys completed. However, we also received the attention of “zoom bombers” who were interested in taking advantage of the MHSA/CPHP Incentive Program; however, as Kern County continues to allow more In-Person Community Forums, we do not anticipate “zoom bombers” to be an issue in FY 2022/2023.

### CALENDAR OF STAKEHOLDER MEETINGS FOR FY 2021-2022

Preparation for FY 2021/2022 meetings began with the creation of the Stakeholder Calendar. The calendar consisted of 24 meetings which were strategically scheduled throughout the year.

#### FY 2021 – 2022 – SCHEDULE OF VIRTUAL, IN-PERSON & HYBRID STAKEHOLDER MEETINGS:

Date	Location	Time	Participants	Focus	Attendance	Surveys Received/ Completed
September 8, 2021 (Wednesday)	VIRTUAL Zoom Meeting	10:30 AM	Community Forum	Innovation Projects	33	21
September 29, 2021 (Wednesday)	VIRTUAL Zoom Meeting	3:00 PM	Community Forum	PEI & CFTN Projects	24	10
October 8, 2021 (Friday)	VIRTUAL Zoom Meeting	4:00 PM	Community Forum	Innovation Projects	16	8
October 23, 2021 (Saturday)	VIRTUAL Zoom Meeting	10:30 AM	Community Forum	Innovation Projects & IPS Program	2	2
October 26, 2021 (Tuesday)	VIRTUAL Zoom Meeting	1:00 PM	Community Forum	REACH Rebranding & IPS Program	44	10
November 15, 2021 (Monday)	VIRTUAL Zoom Meeting	10:30 AM	Community Forum	VSOP & WISE Programs	27	9



MHSA STAKEHOLDER DATA REPORT FOR FY 2021-2022

December 1, 2021 (Wednesday)	VIRTUAL Zoom Meeting	1:30 PM	Community Forum	Menu of Services - Children's System of Care	50	19
December 16, 2021 (Thursday)	VIRTUAL Zoom Meeting	12:00 PM	Community Forum	Smart911, MET, and First Responders needs	29	6
January 6, 2022 (Thursday)	VIRTUAL Zoom Meeting	3:00 PM	Community Forum	Recovery Stations and Consumer Family Learning Centers	31	12
January 14, 2022 (Friday)	VIRTUAL Zoom Meeting	12:30 PM	Community Forum	Recovery Stations and Substance Use Disorder Services and Services in the Rural Areas	21	10
January 31, 2022 (Monday)	VIRTUAL Zoom Meeting	2:30 PM	Community Forum	Delano Recovery Station, Smart911 Update and Innovation Projects Updates	33	15
<del>February 10, 2022 (Thursday)</del>	<del>VIRTUAL Zoom Meeting</del>	<del>10:30 AM</del>	<del>Community Forum (Meeting will be conducted in Spanish)</del>	<del>Needs of Spanish Speaking Community (Re-scheduled due to Staffing issues)</del>	0	0
February 23, 2022 (Wednesday)	VIRTUAL Zoom Meeting	10:30 AM	Community Forum	Services to our diverse communities and Cultural Competence Services	27	12
March 15, 2022 (Tuesday)	VIRTUAL Zoom Meeting	3:00 PM	Community Forum	Mobile Clinic Update, Full-Service Partnerships & Assisted Outpatient Treatment Programming	30	14
March 18, 2022 (Friday)	VIRTUAL Zoom Meeting	11:00 AM	Community Forum	Focusing on Needs in Taft, Tehachapi and Lake Isabella	14	5
March 26, 2022 (Saturday)	VIRTUAL Zoom Meeting	5:00 PM	Community Forum	Focusing on Needs of Native Americans, Alaskan Natives and Indigenous People	0	0
March 29, 2022 (Tuesday)	VIRTUAL Zoom Meeting	6:00 PM	Community Forum	Focusing on needs of LGBTQ+ Community	3	2
March 30, 2022 (Wednesday)	VIRTUAL Zoom Meeting	5:00 PM	Community Forum <b>(Meeting conducted in Spanish)</b>	THIS MEETING WAS RE-SCHEDULE FROM 02/10/22. Focus on the needs of Spanish Speaking Community	1	1
April 5, 2022 (Tuesday)	VIRTUAL Zoom Meeting	5:00 PM	Community Forum	Needs of LatinX/Latino(a)/Hispanic Community	11	1
April 26, 2022 (Tuesday)	VIRTUAL Zoom Meeting	12:30 PM	Community Forum	Current Services in the East Kern	5	3
May 3, 2022 (Tuesday)	<b>+/- HYBRID</b> Kern County Network for Children Learning Center	10:00 AM	Community Forum	Hybrid (In-Person & Zoom) with Kern County Network for Children group	108+/- (8 In-Person & 100 via Zoom)	18+/- (8 in paper & 10 via Survey Monkey)
May 6, 2022 (Friday)	<b>+IN-PERSON</b> Bakersfield American Indian Health Project (BAIHP)	2:00 PM	Community Forum	American Indian & Alaska Native Community (In-Person)	41+	41+
May 11, 2022 (Wednesday)	<b>+IN-PERSON</b> Christ's Church of the Valley	6:00 PM	Community Forum	Youth Group with Christ Church of the Valley (In-Person)	50+	49+

MHSA STAKEHOLDER DATA REPORT FOR FY 2021-2022

May 12, 2022 (Thursday)	* VIRTUAL Zoom Meeting	3:00 PM	Community Forum	Presenting MHSA Annual Plan and Annual Revenue and Expenditure Plan (ARER)	87*	49*
June 10, 2022(Friday)	* VIRTUAL Zoom Meeting	3:00 PM	Community Forum	Housing Services	161*	92*
<b>TOTALS</b>					<b>848</b>	<b>409</b>

*On March 16, 2020, The State of California declared a statewide lockdown and ordered all counties to shelter in place until further notice. Even though our direct services and telehealth capabilities continued providing essential services to our clientele, all in-person and/or group meetings were impacted by the statewide lockdown.*

*On June 11, 2021, Governor Newsom announced that effective June 15, 2021, restrictions such as physical distancing, capacity limits and the county tier system would end. The MHSA Coordination Team will work on a new calendar for FY 2022-2023 that will reflect the end of statewide lockdown restrictions.*

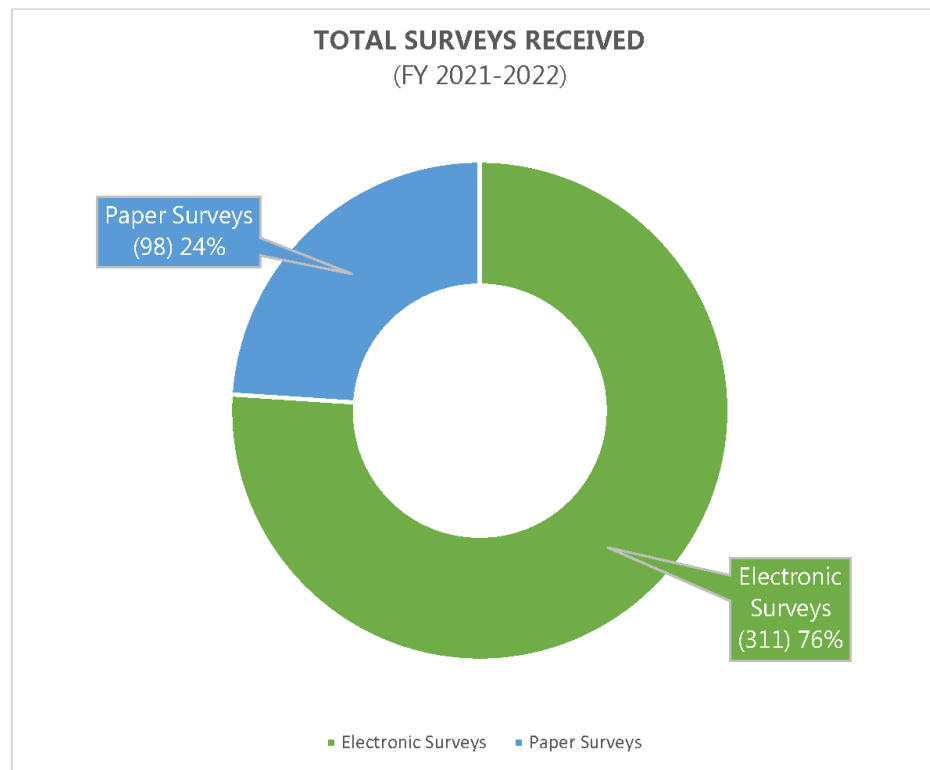
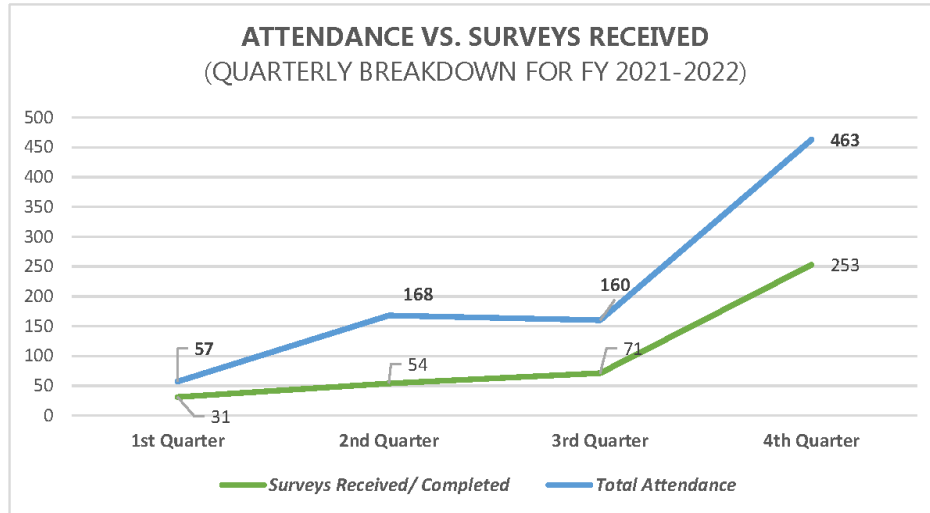
***\*During the Community Forums on May 12th and June 10th, we experienced disruption by “zoom bombers” apparently attracted by the incentive program. On the May 12th forum, we were able to mute and exit anyone who started demonstrating disrespectful behavior towards the presenters and other attendees. We tried to continue with the forum as usual; however, on the June 10th forum, the nature of the audience and the inappropriate content being displayed forced us to shut down the chat. Before logging off, we instructed the audience to contact us with feedback, questions or concerns at [MHSATeam@kernbhrs.org](mailto:MHSATeam@kernbhrs.org).***

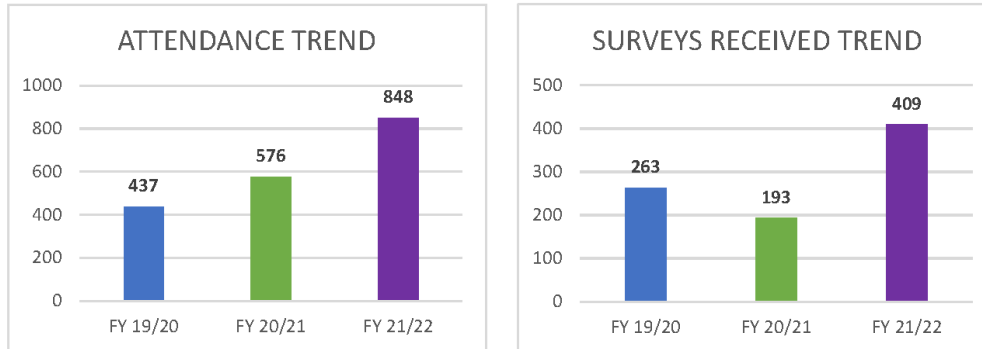
***+ In-Person Community Forum and Stakeholder feedback was received with the use of paper surveys.***

***+/- Hybrid Community Forum (8 In-Person & 100 via Zoom) and Stakeholder feedback was also received in a hybrid fashion (8 in paper & 10 via SurveyMonkey)***

**CPPP – COLLECTING DATA**

The following demographics were compiled based on **409** surveys collected from the **848** Stakeholders who participated in our Virtual, In-Person, and Hybrid Stakeholder Meetings during the FY 2021-2022 (**July 2021 through June 2022**):

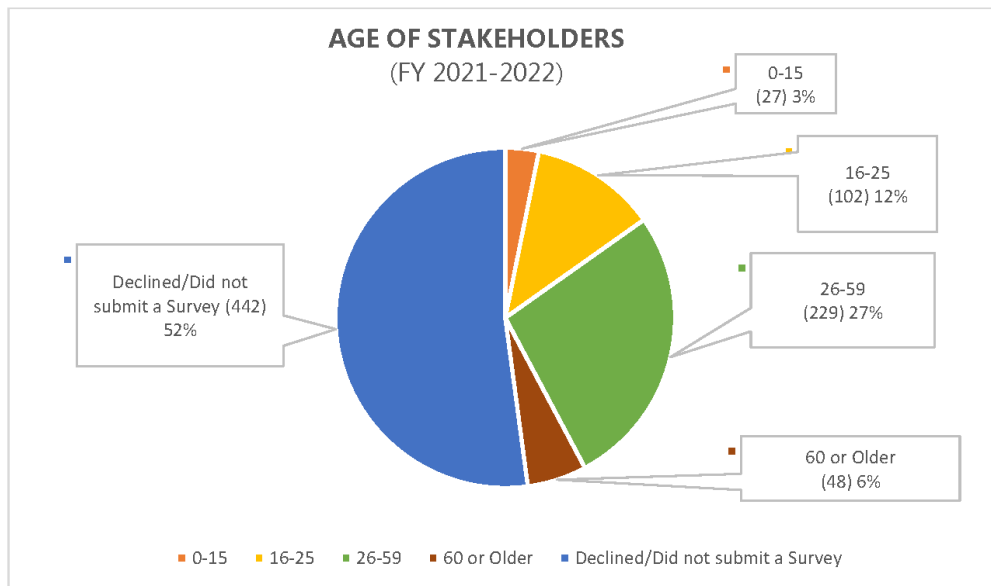


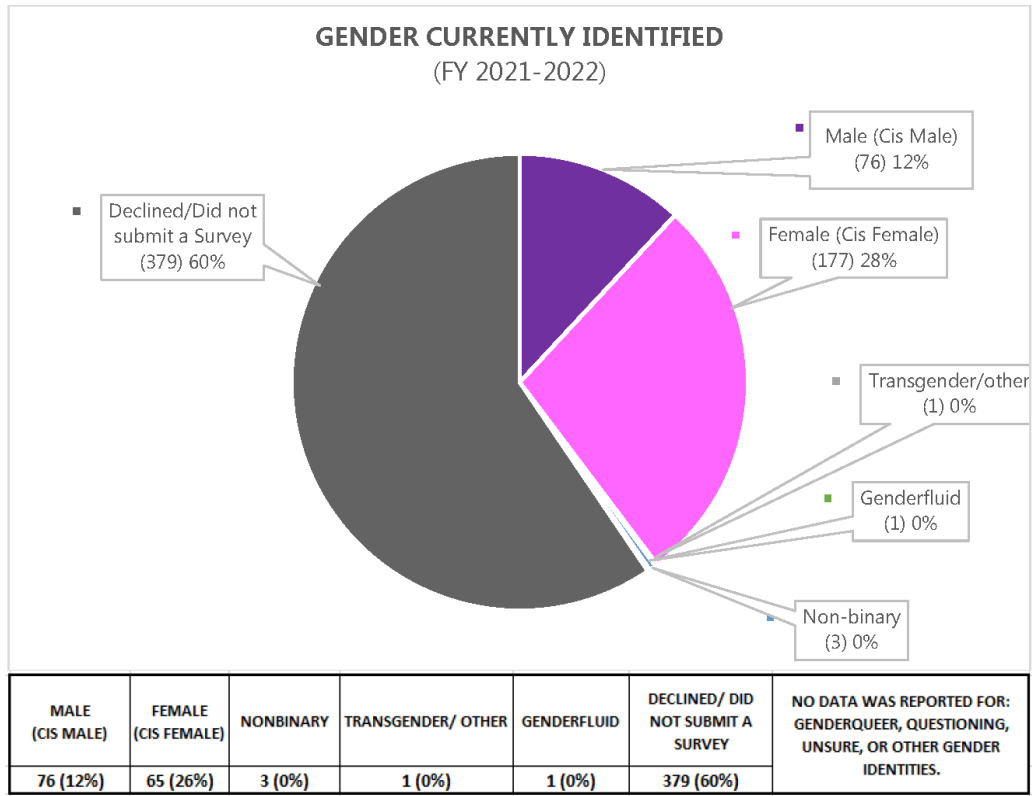


**DEMOGRAPHICS**

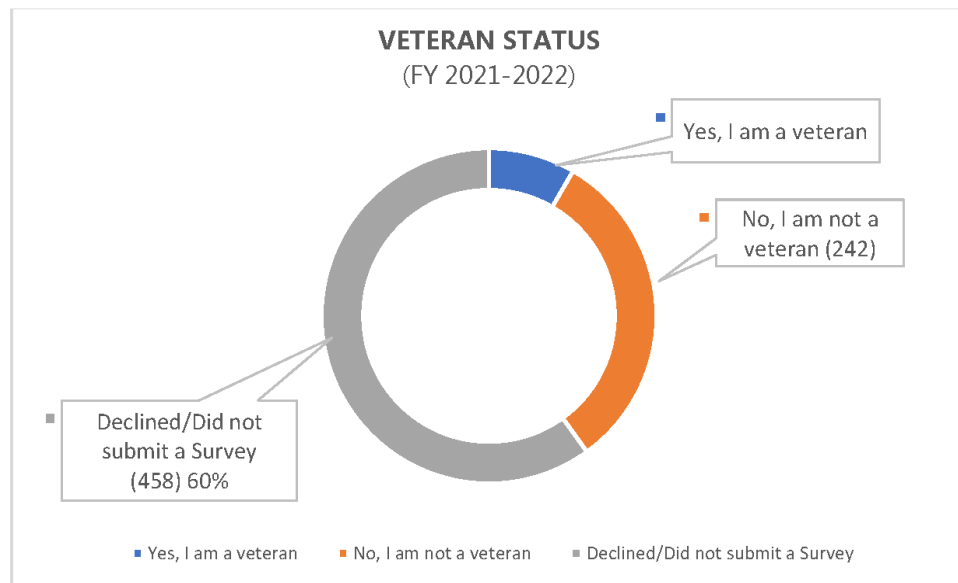
Of the **848** Stakeholders who participated in Community Forums in the FY 2021-2022, **311** (76% of surveys) completed an electronic survey via SurveyMonkey and **98** (24% of surveys) completed paper surveys.

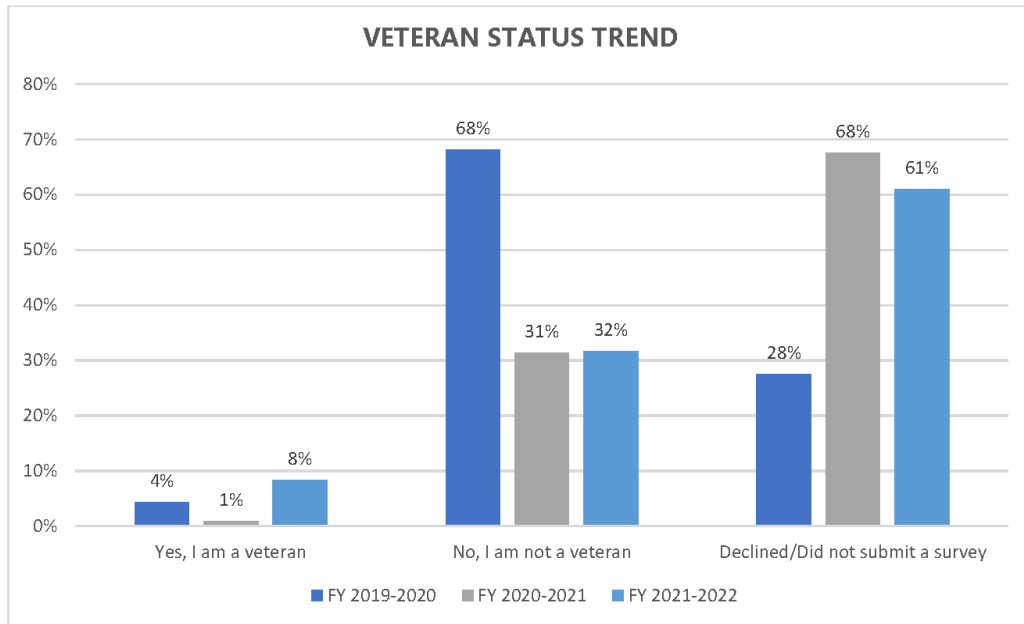
The surveys collected revealed that the majority of those who completed a survey identified as being between the ages of 26-59 (**27%**), with the largest portion of this population identified as **Female**.



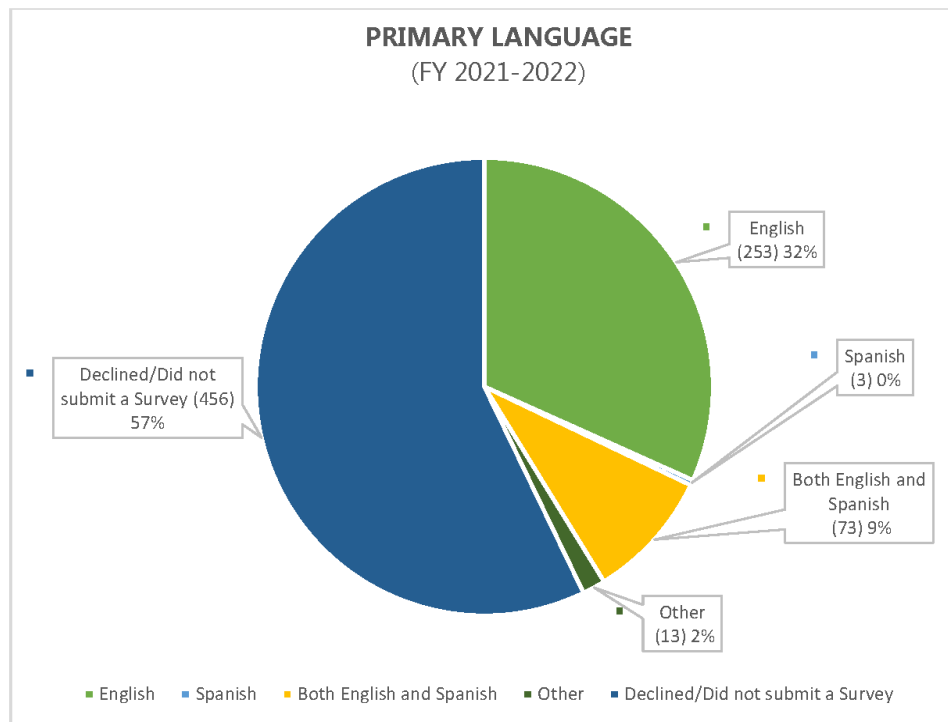


### VETERAN STATUS

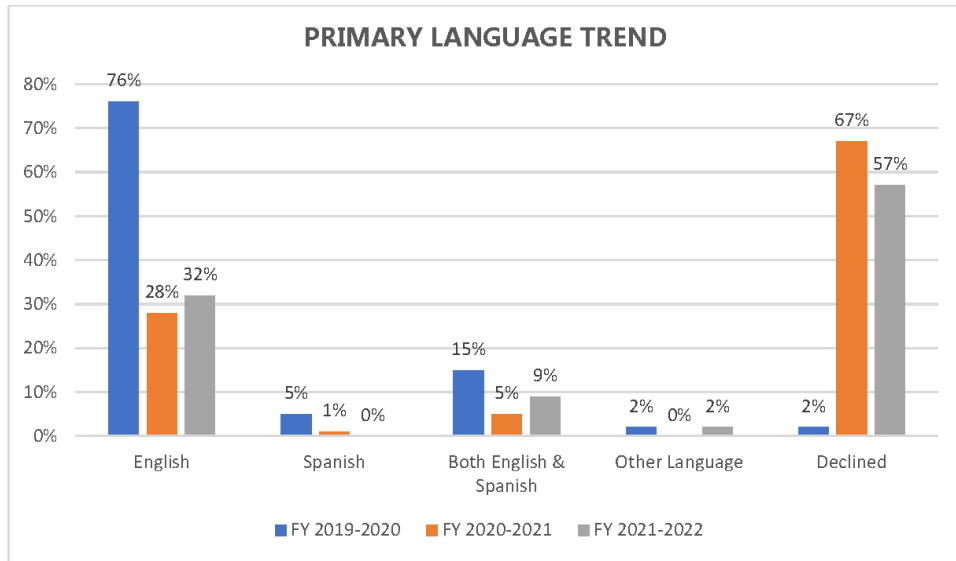
















### PRIMARY LANGUAGE



MHSA STAKEHOLDER DATA REPORT FOR FY 2021-2022

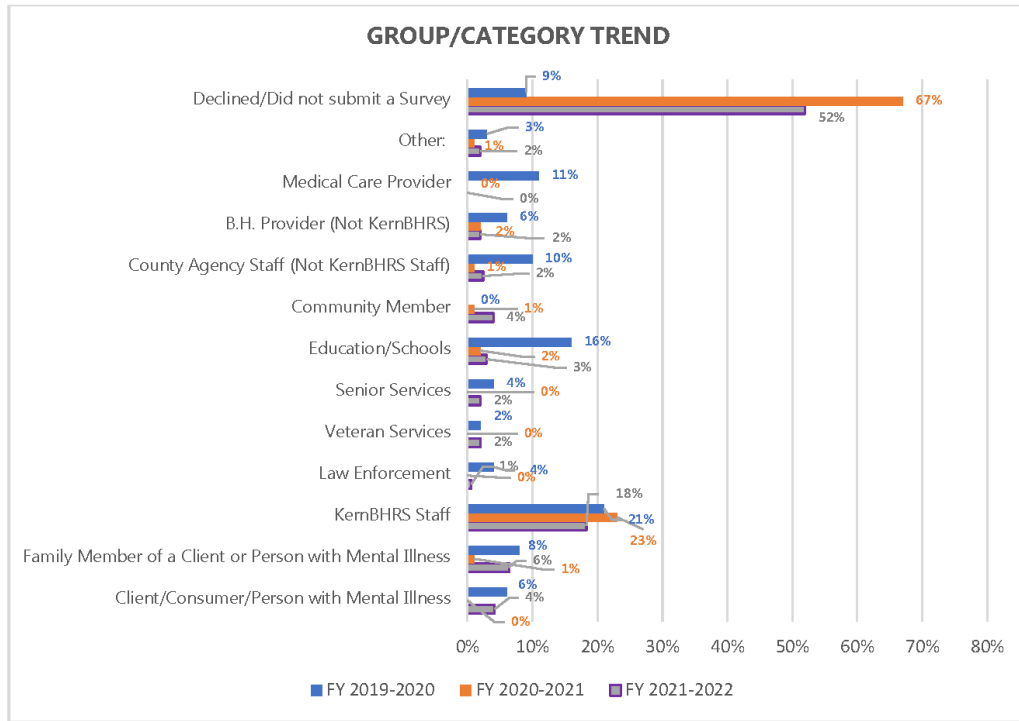


STAKEHOLDER REPRESENTATION

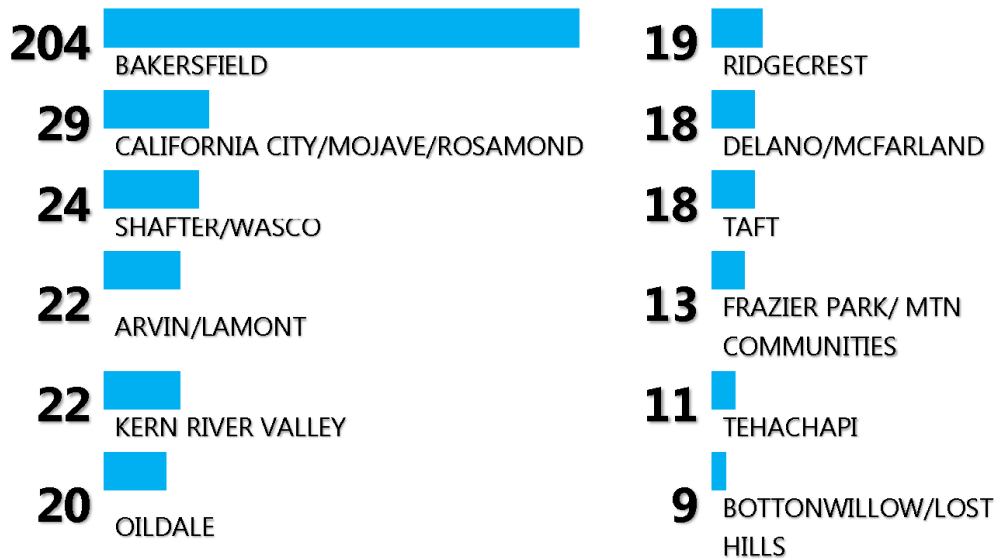
STAKEHOLDER CATEGORIES REPRESENTED* (FY 2021-2022)					
<b>KernBHRS Staff</b> 	<b>Family Members of a Client</b> 	<b>Client/Consumer/Person with Mental Illness</b> 	<b>Community Member</b> 	<b>Education/School</b> 	<b>County Agency Staff (Not KernBHRS)</b> 
132 (18.3%)	46 (6.4%)	30 (4.2%)	30 (4.2%)	22 (3.1%)	17 (2.4%)
<b>Behavioral Health Provider (not KernBHRS)</b> 	<b>Veteran Services</b> 	<b>Senior Services</b> 	<b>Other</b> 	<b>Medical Provider</b> 	<b>Law Enforcement</b> 
17 (2.4%)	15 (2.1%)	14 (1.9%)	12 (1.7%)	5 (0.7%)	4 (0.6%)

\*NOTE: There was a total of 379 (52.2%) stakeholders who Declined/Did not submit a survey who are not represented in the above chart.

MHSA STAKEHOLDER DATA REPORT FOR FY 2021-2022



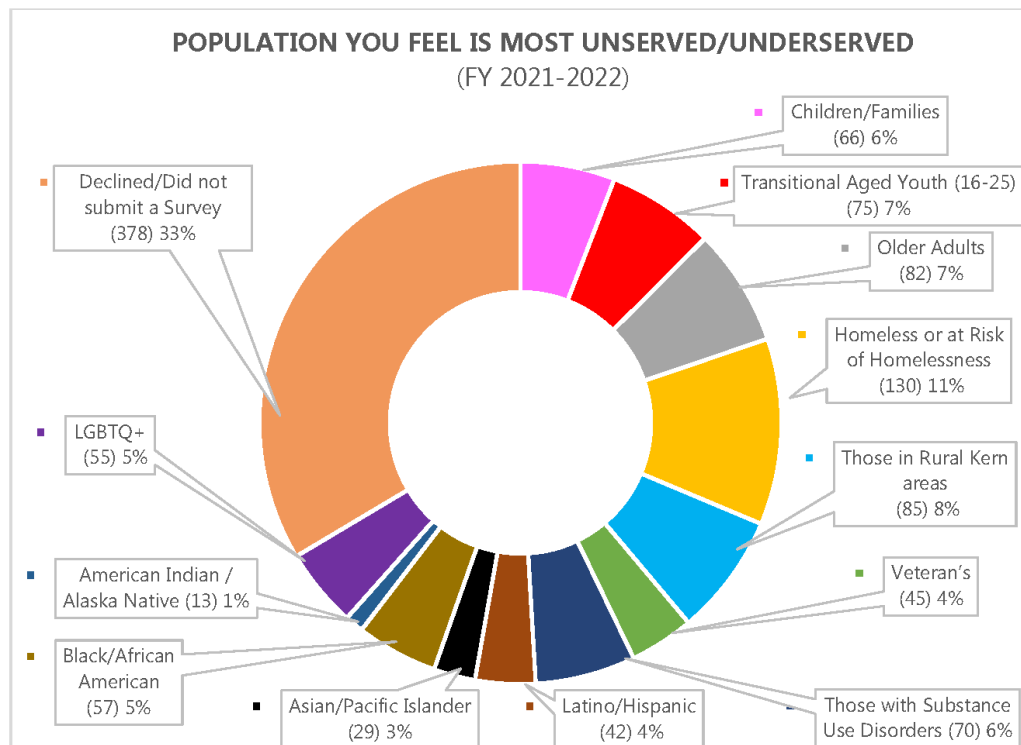
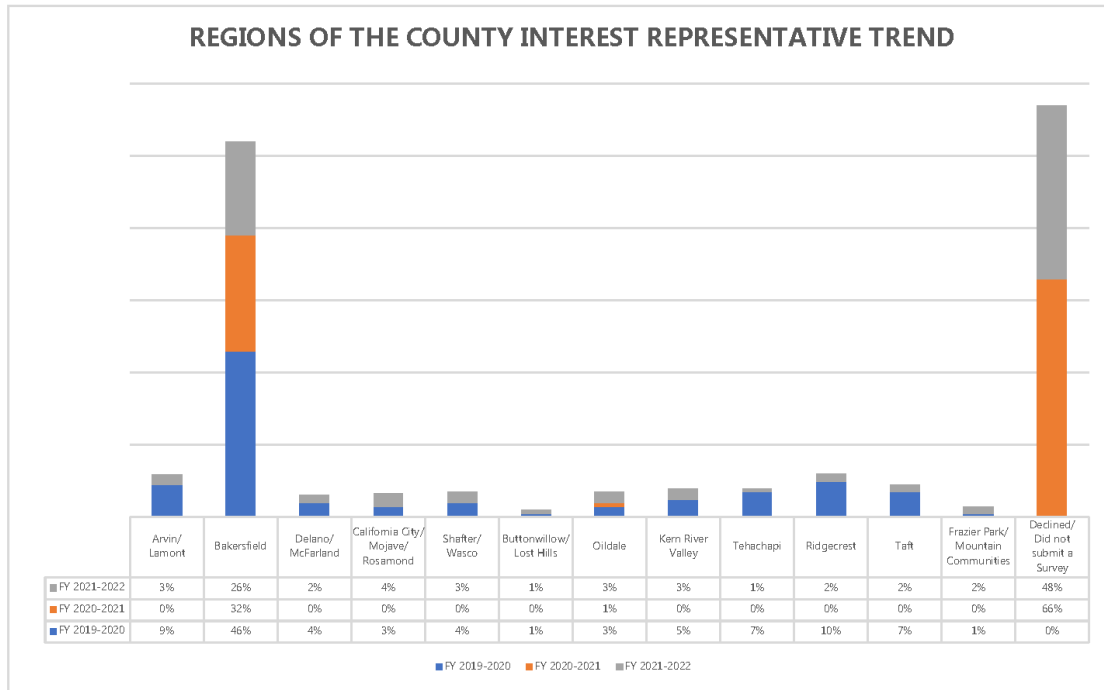
### REGIONS OF THE COUNTY REPRESENTED\* (FY 2021-2022)

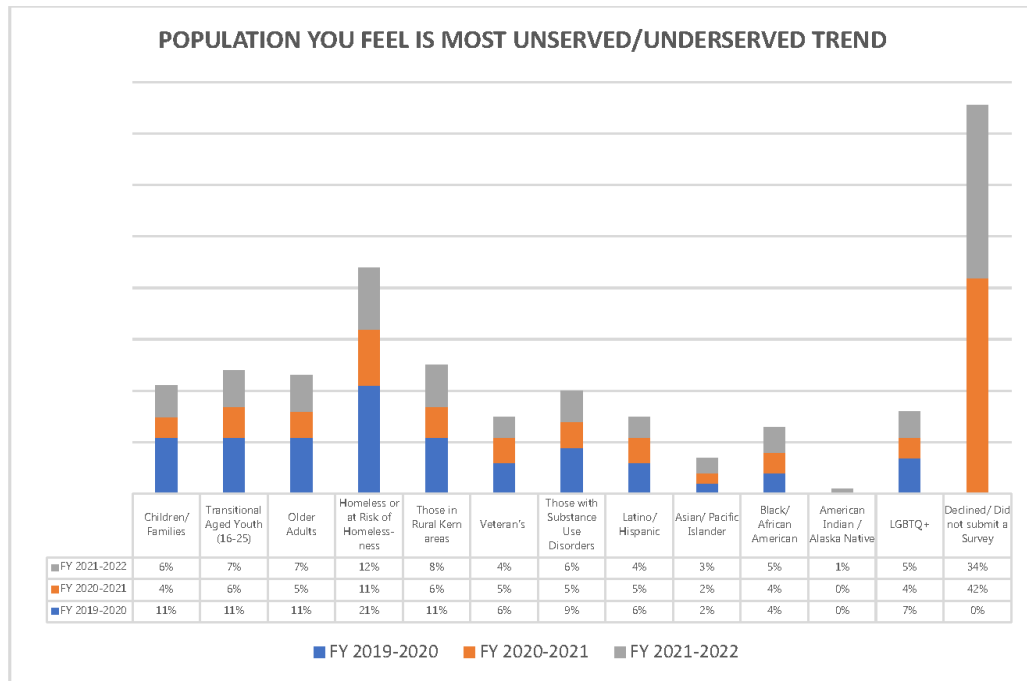


\* NOTE: There was a total of 375 (47.8%) stakeholders who Declined/Did not submit a survey who are not represented in the above chart.

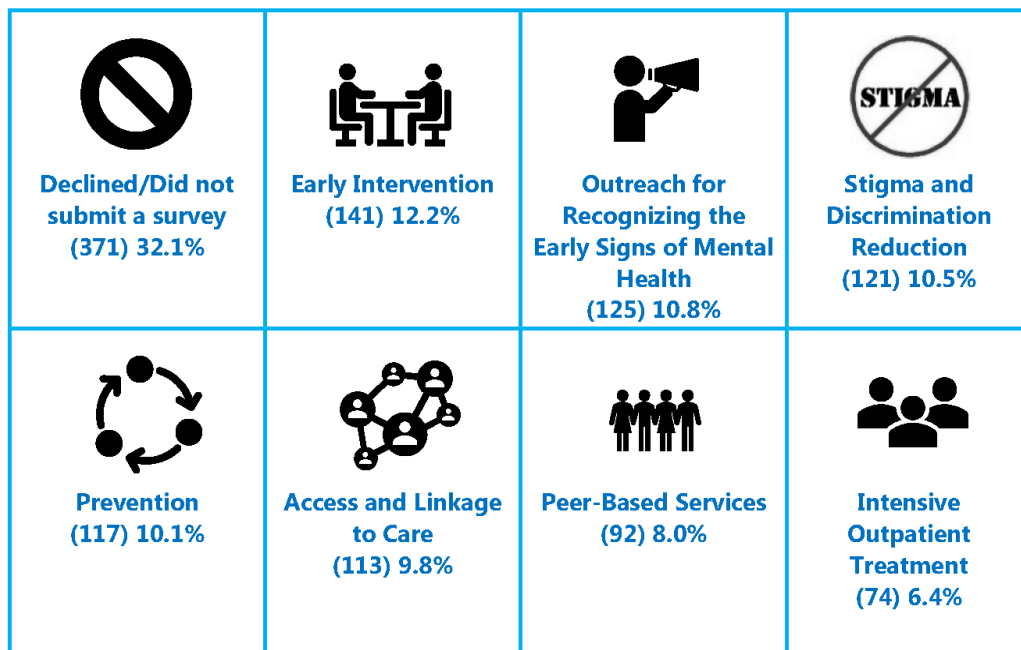


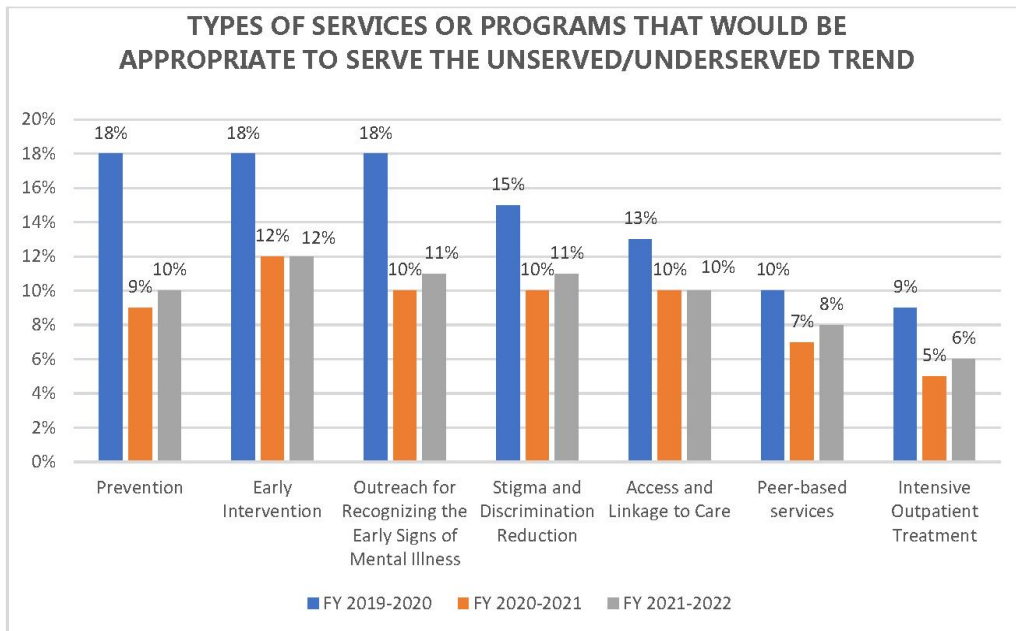
MHSA STAKEHOLDER DATA REPORT FOR FY 2021-2022





### TYPES OF SERVICES OR PROGRAMS THAT WOULD BE APPROPRIATE TO SERVE THE UNSERVED/UNDERSERVED (FY 2021 - 2022)





MHSA STAKEHOLDER DATA REPORT FOR FY 2021-2022

FY 2021-2022 STAKEHOLDER DATA REPORT (JULY 1, 2021– JUNE 30, 2022) <i>(Note: participants have the option to select multiple answers)</i>					
<b>AGE GROUPS:</b>			<b>SEXUAL ORIENTATION:</b>		
0-15	27	3.2%	Straight/Heterosexual	224	27.7%
16-25	102	12.0%	Gay or Lesbian	3	0.7%
26-59	229	27.0%	Questioning	4	1.9%
60 or Older	48	5.7%	Queer	0	0.0%
Declined/Did not submit a Survey	442	52.1%	Asexual	3	0.2%
<b>GENDER ASSIGNED AT BIRTH:</b>			Bisexual	11	0.2%
Male	148	17.5%	Pansexual	7	1.1%
Female	251	29.6%	Another Sexual Orientation	3	0.5%
Intersex	1	0.1%	Declined/Did not submit a Survey	382	60.0%
Declined/Did not submit a Survey	448	52.8%	<b>RACE:</b>		
<b>GENDER CURRENTLY IDENTIFIED WITH:</b>			Asian	6	0.7%
Male	76	10.4%	Native Hawaiian/Pacific Islander	7	0.5%
Female	177	22.0%	Black/African American	110	3.1%
Transgender/other	1	0.0%	Latino/Hispanic	58	9.4%
Genderqueer	0	0.2%	Tribal/Native American	35	1.4%
Non-binary	3	0.5%	White/Caucasian	134	14.3%
Genderfluid	1	0.2%	Two or More Races	37	2.6%
Questioning or Unsure	0	0.0%	Tribe:	0	0.5%
Other Gender Identity	0	0.0%	Declined/Did not submit a Survey	461	67.6%
Declined/Did not submit a Survey	379	59.5%	<b>ETHNICITY:</b>		
<b>DISABILITY:</b>			African	72	8.5%
Vision	33	3.8%	Asian Indian/South Asian	4	0.5%
Hearing, or difficulty understanding speech	14	1.6%	Cambodian	0	0.0%
Mental/Cognitive (excludes behavioral)	31	3.6%	Chinese	0	0.0%
Mobility/Physical	19	2.2%	Eastern European	11	1.3%
Chronic Medical illness (not limited to pain)	15	1.7%	Korean	1	0.1%
None	223	26.0%	Middle Eastern	3	0.4%
Declined/Did not submit a Survey	523	61.0%	Vietnamese	0	0.0%
<b>VETERAN STATUS:</b>			European	52	6.2%
Yes, I am a veteran	64	8.4%	Filipino	2	0.2%
No, I am not a veteran	242	31.7%	Japanese	1	0.1%
Declined/Did not submit a Survey	458	59.9%	Caribbean	5	0.6%
<b>PRIMARY LANGUAGE:</b>			Central American	42	5.0%
English	253	31.7%	Mexican/Mexican American/Chicano	80	9.5%
Spanish	3	0.4%	Puerto Rican	0	0.0%
Both English and Spanish	73	9.1%	South American	13	1.5%
Other	13	1.6%	Two or more ethnicities	42	5.0%
Declined/Did not submit a Survey	456	57.1%	Other:	0	0.0%
			Declined/Did not submit a Survey	516	61.1%

MHSA STAKEHOLDER DATA REPORT FOR FY 2021-2022

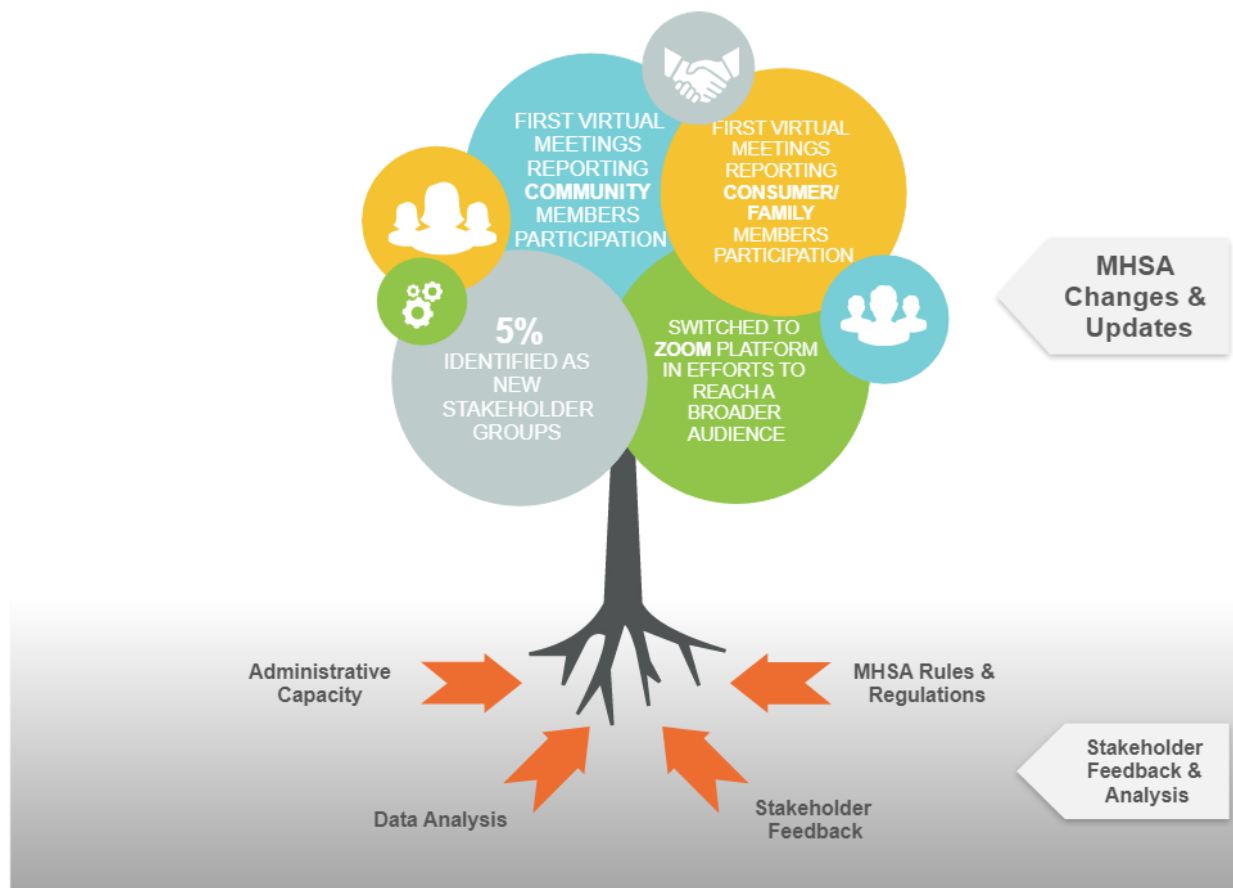
GROUP/CATEGORY:			POPULATION YOU FEEL IS MOST UNSERVED/UNDERSERVED IN THE ABOVE-MENTIONED COMMUNITY:		
Client/Consumer/Person with Mental Illness	30	4.2%	Children/Families	66	5.9%
Family Member of a Client or Person with Mental Illness	46	6.4%	Transitional Aged Youth (16-25)	75	6.7%
KernBHRS Staff	132	18.3%	Older Adults	82	7.3%
Law Enforcement	4	0.6%	Homeless or at risk of Homelessness	130	11.5%
Veteran Services	15	2.1%	Those in Rural Kern areas	85	7.5%
Senior Services	14	1.9%	Veterans	45	4.0%
Education/Schools	22	3.1%	Those with Substance Use Disorders	70	6.2%
Community Member	30	4.2%	Latino/Hispanic	42	3.7%
County Agency Staff (Not KernBHRS Staff)	17	2.4%	Asian/Pacific Islander	29	2.6%
Behavioral Health Provider (Not KernBHRS Staff)	17	2.4%	Black/African American	57	5.1%
Medical Care Provider	5	0.7%	American Indian / Alaska Native	13	1.2%
Other	12	1.7%	LGBTQ	55	4.9%
Declined/Did not submit a Survey	376	52.2%	Other	0	0.0%
			Declined/Did not submit a Survey	378	33.5%
REGION OF THE COUNTY YOU ARE MOST INVOLVED:			PLEASE INDICATE THE TYPES OF SERVICES OR PROGRAMS THAT WOULD BE APPROPRIATE TO SERVICE THE ABOVE-MENTIONED POPULATION:		
Arvin/Lamont	22	2.8%	Prevention	117	10.0%
Bakersfield	204	26.8%	Early Intervention	141	12.2%
Delano/McFarland	18	2.3%	Outreach for Recognizing the Early Signs of Mental Illness	125	10.8%
California City/Mojave/Rosamond	29	3.7%	Stigma and Discrimination Reduction	121	10.5%
Shafter/Wasco	24	3.1%	Access and Linkage to Care	113	9.8%
Buttonwillow/Lost Hills	9	1.1%	Peer-based services	92	8.0%
Oildale	20	2.6%	Intensive Outpatient Treatment	74	6.4%
Kern River Valley	22	2.8%	Declined/Did not submit a Survey	371	32.1%
Tehachapi	11	1.4%			
Ridgecrest	19	2.4%			
Taft	18	2.3%			
Frazier Park/Mountain Communities	13	1.7%			
Declined/Did not submit a Survey	375	47.8%			

## Stakeholder Education

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

This education is presented to every stakeholder, community members, mental health consumers, family members, peers, mental health professionals, law enforcement, educators, medical care providers, etc.

We also provide this information in Spanish to make ensure our Spanish speaking community members are informed of our MHSA programs.



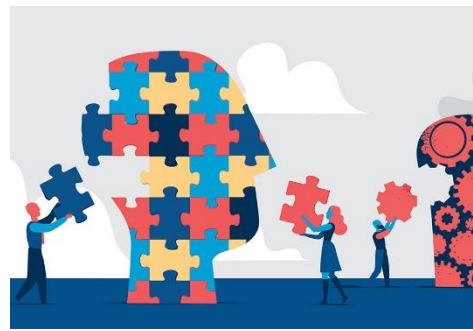
# STAKEHOLDER INVOLVEMENT

## Stakeholder Involvement Referencing WIC Section 5848(a)

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

### Mental Health Policy

KernBHRS sets a standard in the Community Program Planning Process/ Stakeholder Process to give continued education of MHSA Policy and legislative updates that impact the Act. Every stakeholder meeting, MHSA Policy is reviewed. If Legislation that passes impacts changes in a current program or initiates the development of a new program, the Legislative and Policy will be reviewed with



Stakeholders in-depth. If this Legislation will impact change in an existing program or initiate the development of a new program, it will also be presented for a vote of Stakeholder approval.

Additionally, the Behavioral Health Director, throughout the year provides Townhall presentations and local news segments, such as *KGET's Kern County In Depth*, that includes discussions of Mental Health Policies and Legislative impacts.

### Program Planning and Implementation

Throughout all four quarters of the year, the Community Program Planning Process occurs. There is always at least one Stakeholder meeting per quarter but many times there are multiple meetings per quarter as needed to disseminate information to the public and gain support for program changes or implementations from Kern County Stakeholders.

In the last 3 years, the MHSA Team has monitored stakeholder feedback closely to identify areas of high need and growth. This has set a foundational understanding and trends of need for KernBHRS to progressively build ideas and concepts of how to continuously move towards process improvement in service delivery. This Fiscal Year, the Community Program Planning Process shifted from public meetings to incorporating additional perspectives in which feedback from Stakeholders can be collected. This includes



incorporating: General Stakeholder In-Person Sessions, Virtual Stakeholder Meetings, Collaborative or Invitational Stakeholder Meetings, Listening Sessions, and Key Informant Interviews.

Additionally, to encourage clients and family members to participate in the Community Program Planning Process and trainings offered, KernBHRS provides incentives for client and family involvement. Sometimes these incentives are in the form of giveaway items or gift cards for participating in the process.

Kern County's MHSA Team provides a transparency report each quarter of the year followed by an annual report at the end of each year that compiles the program planning, Stakeholder input, Stakeholder comments, Stakeholder support, and implementation. These reports are posted on the KernBHRS Public Webpage for the public to read and review. Stakeholders can always refer to these reports to ensure that their comments, input, suggestions, and support were documented and a part of the decision-making process.

### **Monitoring**

KernBHRS MHSA Team uses the outside evaluator, Evalcorp, as a third-party neutral party for data collecting on outcome measurements. The data that is collected and evaluated is used with Stakeholders for the decision-making process. Additionally, Evalcorp produces evaluation reports throughout each year to monitor the viability of all MHSA programming. These reports are also posted in the Annual and 3 Year Reports which get presented to Stakeholder's for feedback and are posted for the thirty (30) Day public comment period.

### **Quality Improvement**

Every three (3) years, the Department of Health Services visits Kern County to perform the Mental Health Services Act Review. This review acts as an independent quality improvement assessment of Kern's MHSA programming. Throughout the months of prep for this review, the MHSA Coordinator shares publicly the pending review and shares in the Stakeholder's meetings and other outwardly facing meetings details regarding the review.

Once the MHSA review is concluded, MHSA prepares information and an educational recap of the review and the review findings. This recap is usually presented as a one-page infographic that can be shared at in-person meetings as well as virtually. MHSA shares the review finding infographic as a recap and educational session through the Stakeholder's meeting process.

## **Evaluation**

As mentioned in the Monitoring section, KernBHRS MHSA Team uses the outside evaluator, Evalcorp, as a third-party neutral party for data collecting on outcome measurements. After the data is collected, it is evaluated overtime in collaboration with EVALCORP, the MHSA team, programmatic teams, and with Stakeholders through the Stakeholder's meetings and/or published reports from the MHSA Team. This evaluation process assists in making business level decisions for programming currently and for the future. Additionally, EVALCORP's work towards monitoring and evaluation of all MHSA programs can be summarized in their annual evaluation reports which get presented to Stakeholder's for feedback and are posted for thirty (30) Day Public Comment period. These evaluation reports also get published in the final draft of the Annual and three (3) Year Report.

## **Budget Allocations**

The KernBHRS MHSA Team along with the Senior Administrative & Fiscal Services Officer present the budgeted amount of all MHSA programs annually to Stakeholders in-person at the end of the fiscal year Stakeholder meeting for feedback. Additionally, the budget allocations for all use of the MHSA funds along with a copy of the Annual Revenue and Expenditure plan is posted for thirty (30) day public comment within the Annual and 3 Year Plan. Stakeholders can read this plan and also provide feedback in writing to the MHSA Team. Lastly, throughout the year as programs change, evolve, or new ones are created, the MHSA team will propose these programs through the stakeholder program with attached projected Budget Allocations for Stakeholder approval. Through the Stakeholder process, the MHSA Team keeps the public very educated and knowledgeable of budget allocations throughout the use of MHSA funding and MHSA ensures that Stakeholder feedback regarding budget allocations is collected and integrated into the decision-making process.

# MHSA PROGRAM DIRECTORY

Funding Category	Program	Program Description	Program Goal	Services Offered
FSP	<b>Adult Transition Team (ATT)/ Homeless Adult Team (HAT)</b>	<p><b>ATT</b> Provides culturally appropriate and recovery-oriented services to serve adults who have previously been under-served, inappropriately or un-served because traditional mental health services were not effective in engaging them or meeting their needs. After-hours care and services are available.</p> <p><b>HAT</b> Expansion of ATT. Provides services to clients who are homeless or at risk of becoming homeless, who also require specialty mental health treatment. Collaborates with public agencies and community organizations working with the homeless, including Flood Ministries, Veterans Administration, payee service providers, legal assistance programs, sober living environments, and additional agencies providing affordable housing. After-hours care and services are available.</p> <p><b>Program Category:</b> Community Services and Supports <b>Population Focus:</b> Transition Age Youth, &amp; Adults/Older Adults</p>	<p>Reduce the likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrests &amp; homelessness. Increase independent living.</p>	<p><b>ATT</b></p> <ul style="list-style-type: none"> <li>•Intensive case management services.</li> <li>•Housing assistance/placements.</li> <li>•Crisis counseling.</li> <li>•Linkage to employment and education.</li> <li>•Job development.</li> <li>•Job coaching.</li> <li>•Linkage to community resources such as a primary physician, Department of Human Services, and Social Security.</li> <li>•Psychoeducational groups focusing on anger management, coping skills, grief loss, relapse prevention.</li> <li>•Substance abuse counseling including 12-step.</li> <li>•Linkage to Narcotics Anonymous/Alcoholics Anonymous meetings.</li> <li>•Psychiatric services.</li> <li>•Transportation.</li> <li>•Parolee Services.</li> </ul> <p><b>HAT</b></p> <ul style="list-style-type: none"> <li>•Linkage to resources and housing.</li> <li>•Assist with the application process for Medi-Cal and Social Security benefits.</li> <li>•Provide screenings and assessments at Outreach and Education events in a secure setting.</li> <li>•Homeless outreach with Flood Ministries and Crisis Intervention Team (CIT).</li> <li>•Transportation</li> <li>•Parolee Services.</li> <li>•Relational Outreach and Engagement Model ((ROEM)</li> <li>•Supportive Housing Treatment Team (SHTT)</li> </ul>
	Location(s):	<b>KernBHRS 2525 North Chester Ave., Bakersfield, CA 93308</b>		

Funding Category	Program	Program Description	Program Goal	Services Offered
FSP	<b>Adult Wraparound KernBHRS</b>	<p>Offers brief intensive mental health services for adults who are experiencing increased impairment to their life function as a result of increased mental health symptomology. Identify clients that are at risk of hospitalization or frequent use of crisis services. After-hours care and services are available.</p> <p><b>Program Category:</b> Community Services and Supports  <b>Population Focus:</b> Transition Age Youth, &amp; Adults/Older Adults</p>	Reduce the likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrest & homelessness. Increase independent living.	<ul style="list-style-type: none"> <li>•Skill-based interventions.</li> <li>•Intensive support activities.</li> <li>•Case management.</li> <li>•Assist with linkage to community-based services.</li> <li>•Cognitive Behavioral Therapy (CBT).</li> <li>•Motivational Interviewing.</li> <li>•Wellness and Recovery Action Plan (WRAP).</li> <li>•Transportation.</li> <li>•Access and linkage to care.</li> <li>•Engagement with family members and individuals.</li> <li>•Identifying and linking at-risk adults.</li> <li>•Outreach in community settings, homeless shelters, veteran service agencies, homeless encampments, substance use disorder service agencies, churches, sober living homes, parks, and other public settings.</li> <li>•Follow-up with individuals.</li> <li>•Bakersfield Referral Network- This program will expedite outreach to individuals that need support entering the system of care.</li> </ul>
	Location(s):	<b>KernBHRS 5121 Stockdale Highway, Bakersfield, CA 93309</b>		
FSP	<b>Assertive Community Treatment (ACT)</b>	<p>Provides specialty mental health care to those with severe and persistent mental illness. After-hours care and services are available. Additionally, AOT, is a growing model within the ACT program, serving individuals that may be treatment resistant.</p> <p><b>Program Category:</b> Community Services and Supports  <b>Population Focus:</b> Transition Age Youth, &amp; Adults/Older Adults</p>	Reduce the likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrests & homelessness. Increase independent living.	<ul style="list-style-type: none"> <li>•Cognitive Behavioral Therapy for Psychosis (CBTp).</li> <li>•Dialectical Behavioral Therapy (DBT).</li> <li>•Dual Recovery Anonymous Groups.</li> <li>•Individual Therapy.</li> <li>•Referrals to Consumer Family Learning Center (CFLC).</li> <li>•Crisis Intervention and Assessment.</li> <li>•Assisted Outpatient Treatment (AOT).</li> <li>•Individual Placement Support (IPS).</li> <li>•Transportation.</li> </ul>
	Location(s):	<b>KernBHRS 5121 Stockdale Hwy., Bakersfield, CA 93309</b>	<b>MHS Systems, Inc.</b> 5121 Stockdale Hwy., Bakersfield, CA 93309	

Funding Category	Program	Program Description	Program Goal	Services Offered
FSP	Transition Age Youth (TAY)	<p>Provides a full spectrum of services using a youth-driven approach. After-hours care and services are available.</p> <p><b>Program Category:</b> Community Services and Supports</p> <p><b>Population Focus:</b> Transition Age Youth</p>	<p>Reduce substance abuse and high-risk behaviors. Increase independent living.</p> <p>Transitioning TAY aged youth into adulthood. Provide a comfortable non-stigmatizing space, rich in resources for youth who need assistance navigating the foster care system.</p>	<p><b>TAY at KernBHRS</b></p> <ul style="list-style-type: none"> <li>•Assessments.</li> <li>•Psychiatric care.</li> <li>•Individual and group therapy.</li> <li>•Counseling for mental health and/or co-occurring disorders.</li> <li>•Medication management.</li> <li>•Linkage to community resources (including physical health care, housing, and pro-social opportunities).</li> <li>•Substance use assessments and linkage.</li> <li>•Tele-Psych services.</li> <li>•Individual Placement Support (IPS).</li> <li>•Transportation.</li> </ul> <p><b>TAY at Dream Center</b></p> <ul style="list-style-type: none"> <li>•Assist with educational and vocational goals.</li> <li>•Transition to Independent Process (TIP) treatment model.</li> <li>•In-Vivo teaching.</li> <li>•Eye Movement Desensitization and Reprocessing (EMDR).</li> </ul>
	Location(s):	<p><b>KernBHRS</b> 330 Truxtun Ave., Bakersfield, CA 93301</p> <p><b>The Dream Center</b> 1801 19<sup>th</sup> Street., Bakersfield, CA 93301</p>		
FSP	Wellness, Independence, and Senior Enrichment (WISE)	<p>Provides mental health services to older adult population. After-hours care and services are available.</p> <p><b>Program Category:</b> Community Services and Supports</p> <p><b>Population Focus:</b> Older Adults</p>	<p>Assist clients in maintaining or gaining independent. Eliminate barriers to community resources. Reduce likelihood of recidivism in hospitalizations, mental health emergencies, &amp; homelessness. Increase independent living.</p>	<ul style="list-style-type: none"> <li>•Individual rehabilitation and skill building strategies.</li> <li>•Cognitive Behavioral Therapy (CBT).</li> <li>•Dialectical Behavioral Therapy (DBT).</li> <li>•Solution Focused Therapy (SFT).</li> <li>•Problem-Solving Therapy (PST).</li> <li>•Neurocognitive impairments screening.</li> <li>•Assist in accessing community resources (such as Social Security and affordable housing).</li> <li>•Referral to Consumer Family Learning Center (CFLC).</li> <li>•Depression Group.</li> <li>•IT Group.</li> <li>•Geropsychiatric.</li> <li>•Socialization opportunities.</li> <li>•Transportation.</li> </ul>
	Location(s):	<p><b>KernBHRS</b> 5121 Stockdale Hwy., Bakersfield, CA 93309</p>		

Funding Category	Program	Program Description	Program Goal	Services Offered
FSP	Youth Multi-Agency Integrated Services Team (MIST)	<p>Provides a variety of specialty mental health services for children and families. Populations served include youth at risk of losing placement, foster youth (both wards and dependent) and Commercially Sexually Exploited Children (CSEC). After-hours care and services are available.</p> <p><b>Program Category:</b> Community Services and Supports  <b>Population Focus:</b> Children &amp; Transition Age Youth</p>	<p>Reduce the number of recurrent placement(s), mental health symptom(s), &amp; problem behavior(s). Promote pro-social behavior(s). Reduce likelihood of recidivism in hospitalizations, mental health emergencies, &amp; homelessness. Increase independent living.</p>	<ul style="list-style-type: none"> <li>•Treatment Foster Care Oregon (TFCO).</li> <li>•Dialectical Behavioral Therapy (DBT).</li> <li>•Aggression Replacement Training (ART).</li> <li>•Cognitive Behavior Therapy (CBT).</li> <li>•Trauma Informed CBT.</li> <li>•Solution Focused Brief Therapy (SFBT).</li> <li>•Motivational Interviewing.</li> <li>•Stages of Change.</li> <li>•Co-occurring services.</li> <li>•Co-Occurring Recovery Group (COR).</li> <li>•My Life My Choice psychoeducation group.</li> <li>•Medication management.</li> <li>•Crisis intervention.</li> <li>•On Call 24/7/365.</li> <li>•Comprehensive case management.</li> <li>•Reunification with families.</li> <li>•Assist with finding available resource families to provide homes for at-risk adolescent population.</li> <li>•Recruit for resource families for adolescents aged 12-18.</li> <li>•Provide TFCO resource family certification and on-going training.</li> <li>•Transportation.</li> </ul>
	Location(s):	<b>KernBHRS</b> 3300 Truxtun Ave., Bakersfield, CA 93301		
FSP	Youth Wraparound	<p>Provides intensified services for youth at risk of hospitalization or frequent need of crisis intervention. Staff are available after-hours and on weekends and holidays to ensure immediate services are available during times of crisis.</p> <p><b>Program Category:</b> Community Services and Supports  <b>Population Focus:</b> Children &amp; Transition Age Youth</p>	<p>Decrease mental health symptom(s) and high-risk behavioral(s). Ensure children are retained in their homes or as close to a home-like setting as possible. Reduce likelihood of recidivism in hospitalizations, mental health emergencies, &amp; homelessness. Increase independent living.</p>	<ul style="list-style-type: none"> <li>•Intensified treatment services.</li> <li>•Individual and family therapy.</li> <li>•Psychiatric services.</li> <li>•Medication management.</li> <li>•Therapeutic Behavioral Therapy (TBS).</li> <li>•Cognitive Behavioral Therapy (CBT).</li> <li>•Trauma-focused CBT.</li> <li>•Motivational Interviewing.</li> <li>•Dialectical Behavior Therapy (DBT).</li> <li>•Partner with families and community agencies</li> <li>Transportation.</li> </ul>

Funding Category	Program	Program Description	Program Goal	Services Offered
	Location(s):	<p><b>KernBHRS 3300</b> Truxtun Ave., Bakersfield, CA 93301</p> <p><b>Child Guidance Clinic</b> 3628 Stockdale Hwy Bakersfield, CA 93309</p> <p><b>College Community Services</b> 16940 State Hwy 14, Ste F Mojave, CA 93501</p>	<p><b>Child Guidance Clinic</b> 2001 North Chester Ave Bakersfield, CA 93308</p> <p><b>College Community Services</b> 1021 4<sup>th</sup> Street, Ste B Taft, CA 93268</p>	<p><b>Child Guidance Clinic</b> 1430 6<sup>th</sup> Ave Delano, CA 93215</p> <p><b>College Community Services</b> 1400 N. Norma St. Ste. 133 Ridgecrest, CA 93555</p> <p><b>Clinica Sierra Vista</b> 3105 Wilson Road Bakersfield, CA 93304</p> <p><b>Clinica Sierra Vista</b> 8787 Hall Road Lamont, CA 93241</p> <p><b>College Community Services</b> 1113 East "F" St. Tehachapi, CA 93561</p>
<b>SD</b>	<b>Access &amp; Assessment/Crisis Walk in Clinic (CWIC)</b>	<p><b>Access &amp; Assessment:</b> Acts as an entry point to the Adult System of Care for those experiencing mental health-related symptoms. Most clients entering are self-referred as walk-ins or are brought in by family members or collaborating agencies including Kern County Public Health and Kern County Probation.</p> <p><b>CWIC:</b> Provides crisis intervention, screening, assessment, and comprehensive discharge planning for those experiencing crisis-level mental health symptoms, but do not require an involuntary hold or hospitalization.</p> <p><b>Program Category:</b> Community Services and Supports</p> <p><b>Population Focus:</b> Adult &amp; Older Adults</p>	<p><b>Access &amp; Assessment:</b> Complete a culturally sensitive mental health assessment in the preferred language of client. Increase assessments to give access to specialty mental health services or link to other community resources as needed.</p> <p><b>CWIC:</b> Reduce the severity of mental health symptoms. Identify and link clients to necessary and appropriate care. Complete a culturally sensitive mental health assessment in preferred language of client. Increase service delivery to the community to prevent crisis services or hospitalization or incarceration.</p>	<p><b>Access &amp; Assessment:</b></p> <ul style="list-style-type: none"> <li>•Screenings.</li> <li>•Assessments.</li> <li>•Urgent and Emergent Assessments.</li> <li>•Referrals to specialty or non-specialty services.</li> <li>•Linkage to community resources.</li> <li>•Referral to SUD for those presenting with co-occurring symptoms.</li> <li>•Crisis Intervention.</li> <li>•Cognitive Behavioral Therapy (CBT).</li> <li>•Dialectical Behavior Therapy (DBT).</li> <li>•Referrals to PEC and CWIC.</li> </ul> <p><b>CWIC</b></p> <ul style="list-style-type: none"> <li>•Crisis Intervention.</li> <li>•Linkage to community resources.</li> <li>•Mental health access and linkage.</li> <li>•Social Support.</li> <li>•Dialectical Behavior Therapy (DBT).</li> <li>•Cognitive Behavioral Therapy (CBT).</li> </ul>



Funding Category	Program	Program Description	Program Goal	Services Offered	
	Location(s):	<b>Access &amp; Assessment:</b> <b>KernBHRS</b> 2151 College Ave., Bakersfield, CA 93305	<b>CWIC:</b> <b>KernBHRS</b> 2151 College Ave., Bakersfield, CA 93305		
<b>SD</b>	<b>Adult Wraparound Core</b>	<p>Provides distinct services through inpatient and outpatient programs for adults currently served by the system of care. The inpatient program provides one-time hospital discharge planning assistance at the request of the primary treatment team. The outpatient program provides 6-8 weeks of intensified mental health services at the direction of the primary team. Wraparound services are intended to augment mental health services provided by primary outpatient teams and to reduce crises and hospitalizations through intensified case management/linkage, interventions, and individual counseling.</p> <p><b>Program Category:</b> Community Services and Supports  <b>Population Focus:</b> Transition Age Youth, &amp; Adults/Older Adults</p>	<p>Decrease mental health symptoms and high-risk behaviors. Improve overall life-functioning through appropriate mental health interventions. Reduce the likelihood of recidivism in hospitalizations, mental health emergencies, &amp; homelessness. Increase independent living.</p>	<ul style="list-style-type: none"> <li>•Skill-based interventions.</li> <li>•Intensive support activities.</li> <li>•Case management assistance with obtaining resources.</li> <li>•Assist with linkage to community-based services.</li> <li>•Individual therapy.</li> <li>•Family therapy.</li> <li>•Crisis intervention.</li> <li>•Cognitive Behavioral Therapy (CBT).</li> <li>•Motivational interviewing.</li> <li>•Wellness and Recovery Action Plan (WRAP). Socialization opportunities.</li> </ul>	
	Location(s):	<b>Clinica Sierra Vista</b> 828 High Street Delano, CA 93215	<b>Clinica Sierra Vista</b> 8787 Hall Road Lamont, CA 93241	<b>College Community Services</b> 1400 N. Norma St. Ste. 133 Ridgecrest, CA 93555	<b>College Community Services</b> 113 East F Street Tehachapi, CA 93561

Funding Category	Program	Program Description	Program Goal	Services Offered		
SD	<b>Consumer Family Learning Center (CFLC)</b>	<p>The Consumer Family Learning Centers are community resources for self-help and peer support for people whose lives have been affected by mental illness and/or substance use. They are open to anyone 18 years of age or older who have an interest in mental health and substance use recovery. Anyone can come to the centers to learn about recovery, make friends and have fun.</p> <p><b>Program Category:</b> Community Services and Supports</p> <p><b>Population Focus:</b> Adults/Older Adults, and TAY</p>	<p>Actively engage members in treatment, self-care, and their own recovery. Promote ongoing participation in groups and classes so that members may choose to become volunteers and help others at the center. Encourage members to learn to facilitate or co-facilitate classes. Increase client participation in the system of care committees and evaluations, so that their voices will be heard.</p>	<ul style="list-style-type: none"> <li>•Evening and Saturday groups, activities and classes offered in Bakersfield.</li> <li>•Spanish speaking groups and classes.</li> <li>•Outreach to community-based organizations.</li> <li>•Arts and crafts.</li> <li>•Music.</li> <li>•Physical activity.</li> <li>•Support groups that are peer-led.</li> <li>•Crisis Addiction Counseling (CAC).</li> <li>•Field trips.</li> <li>•Health classes.</li> <li>•Movie nights.</li> <li>•NAMI events and classes (for example Family to Family, NAMI walk).</li> </ul>		
	Location(s):	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><b>KernBHRS</b> 2001 28<sup>th</sup> Street, South Tower Bakersfield, CA 93301</td> <td style="width: 33%;"><b>College Community Services HOPE Center</b> 1400 N. Norman Street, Ste. 137 Ridgecrest, CA 93555</td> <td style="width: 33%;"><b>College Community Services The Learning Center</b> 107 S. Mill Street, Ste. B Tehachapi, CA 93561</td> </tr> </table>	<b>KernBHRS</b> 2001 28 <sup>th</sup> Street, South Tower Bakersfield, CA 93301	<b>College Community Services HOPE Center</b> 1400 N. Norman Street, Ste. 137 Ridgecrest, CA 93555	<b>College Community Services The Learning Center</b> 107 S. Mill Street, Ste. B Tehachapi, CA 93561	
<b>KernBHRS</b> 2001 28 <sup>th</sup> Street, South Tower Bakersfield, CA 93301	<b>College Community Services HOPE Center</b> 1400 N. Norman Street, Ste. 137 Ridgecrest, CA 93555	<b>College Community Services The Learning Center</b> 107 S. Mill Street, Ste. B Tehachapi, CA 93561				
SD	<b>Home to Stay</b>	<p>Housing first model that provides individuals in the KernBHRS System of Care (SOC) with linkage to housing so they can focus on recovery.</p> <p><b>Program Category:</b> Community Services and Supports</p> <p><b>Population Focus:</b> Children, Transition Age Youth, &amp; Adults/Older Adults</p>	<p>Provide appropriate housing to clients engaged in behavioral health services.</p>	<ul style="list-style-type: none"> <li>•Review case every 90 days.</li> <li>•Recommend appropriate housing options.</li> <li>•Provide an emergency shelter voucher for housing until short-term housing can be arranged.</li> <li>•Review status of benefits acquisition.</li> </ul>		
	Location(s):	<b>KernBHRS</b> 5121 Stockdale Hwy, Suite 205, Bakersfield, CA 93309				

Funding Category	Program	Program Description	Program Goal	Services Offered
SD	<b>Recovery and Wellness Centers (RAWC)</b>	<p>Provides multi-level mental health and substance use treatment services to individuals experiencing challenges in life functioning as the result of mental illness and/or substance use.</p> <p><b>Program Category:</b> Community Services and Supports</p> <p><b>Population Focus:</b> Transition Age Youth, &amp; Adults/Older Adults</p>	<p>Improve access to care and treatment outcomes. Reduce incarceration(s), &amp; inpatient psychiatric hospitalization(s). Increase growth in client responsibility, hope, and self-empowerment. Transition clients to non-specialty community-based mental health care or medication management.</p>	<ul style="list-style-type: none"> <li>•Cognitive Behavioral Therapy (CBT).</li> <li>•Dialectical Behavior Therapy (DBT).</li> <li>•Motivational Interviewing.</li> <li>•Solution Focused Brief Therapy (SFBT).</li> <li>•Depression and anxiety groups.</li> <li>•Seeking safety groups.</li> <li>•Anger management groups.</li> <li>•Conflict resolution groups.</li> <li>•Peer support.</li> <li>•Linkage to primary healthcare.</li> <li>•Medication management.</li> <li>•Linkage to community resources.</li> <li>•Substance Use services.</li> <li>•Individual therapy.</li> <li>•Eye Movement Desensitization and Reprocessing (EMDR) (only at West and SE RAWC).</li> </ul>
	Location(s):	<p><b>KernBHRS- Northeast</b> 3715 Columbus St Bakersfield, CA 93306</p> <p><b>Child Guidance Clinic- Adult Program- North</b> 3509 Union Ave Bakersfield, CA 93305</p>	<p><b>KernBHRS- West</b> 5121 Stockdale Hwy Bakersfield, CA 93309</p> <p><b>College Community Services- West Kern</b> 930 F Street Wasco, CA 93280</p>	<p><b>KernBHRS- Southeast</b> 1600 E. Belle Terrace Ave Bakersfield, CA 93307</p> <p><b>College Community Services- Central</b> 2821 H Street Bakersfield, CA 93301</p>
SD	<b>Self-Empowerment Team (SET)</b>	<p>Utilizes staffed Peer Support Specialist with lived in experience in active recovery from mental health and/or substance use challenges.</p> <p><b>Program Category:</b> Community Services and Supports</p>	<p>Increase awareness by providing a living example to clients and family members that people do recover. Increase awareness by providing services to clients by learning to use the public transportation system to help</p>	<ul style="list-style-type: none"> <li>•Motivational interviewing.</li> <li>•Dialectical Behavior Therapy (DBT).</li> <li>•Coping skills.</li> <li>•Seeking safety.</li> <li>•Wellness Recovery Action Plan (WRAP).</li> <li>•Solution-Focused Brief Therapy (SFBT).</li> </ul>

Funding Category	Program	Program Description	Program Goal	Services Offered
	Self-Empowerment Team (SET) (continued)	<b>Population Focus:</b> Transition Age Youth, & Adults/Older Adults	identify and work toward achieving their own life goals. Increase client participation by incorporating social, educational, and otherwise meaningful activities into their schedule through CFLC activities. Increase participation and support program development for unserved and underserved populations through work with the Cultural Competence Resource Committee.	<ul style="list-style-type: none"> <li>•Assist members in transitioning back into the community.</li> <li>•Assist members in learning to use public transportation.</li> <li>•Assist members in grocery shopping.</li> <li>•Assist members in incorporating social, educational, and otherwise meaningful activities into their schedules.</li> <li>•Assist members and clinicians in developing intensified service or crisis intervention plans.</li> </ul>
	Location(s):	<b>KernBHRS</b> 2001 28 <sup>th</sup> Street, South Tower, Bakersfield, CA 93301		
<b>PEI</b>	<b>Access to Care: Crisis Hotline</b>	<p>24/7 team that provides both crisis and non-crisis counseling, suicide intervention, coping skills guidance, and referrals for persons who call and are in immediate crisis situations. Additionally, the hotline can be used as an access point to assist someone wanting to access care even if they are not in crisis.</p> <p><b>Program Category:</b> Access &amp; Linkage  <b>Population Focus:</b> Children, Transition Age Youth, &amp; Adults/Older Adults</p> <p>988 Suicide and Crisis Lifeline  Crisis Hotline: (800) 991-5272  *Suicide Use Division Hotline: (866)266-4898  *Available after-hours</p>	Collaborate with callers on solutions and coping skills to assist them through their crises. Ensure that callers who are at imminent risk get immediate assistance.	<ul style="list-style-type: none"> <li>•Crisis Intervention.</li> <li>•Suicide risk assessment and intervention.</li> <li>•Mental Health and Substance Use Disorder related support and referral.</li> <li>•Follow-up calls and caring notes.</li> </ul>
	Location(s):	<b>KernBHRS</b> 3300 Truxtun Ave., Bakersfield, CA		

Funding Category	Program	Program Description	Program Goal	Services Offered
PEI	Community Referral Network	<p>The Community Referral Network Program will provide community outreach, education, and engagement services to difficult-to-engage and treatment-resistant populations in the outlying areas of Kern County. Outreach and education services will be provided to community members and partner agencies, with the focus of identifying and engaging at-risk adults who may benefit from traditional mental health, substance use disorder, and other community services. Once identified and referred, Community Referral Network staff will deliver temporary case management services, with a primary focus of engagement, to assist individuals in successfully linking with ongoing outpatient treatment and other services, as appropriate. Community Referral Network staff are embedded in the current treatment team and embrace a “whatever it takes” model of service delivery. Services include psychoeducation, engagement, crisis intervention/response, accelerated access and linkage to mental health, substance use treatment, and other appropriate community services.</p> <p>Referrals to the Community Referral Network Program are typically received from: family members/persons of support, contract providers, law enforcement, behavioral health programs, and other community supports. After successful linkage, program staff will follow-up with individuals and the outpatient treatment team. Ongoing program evaluation, data collection, and data analysis</p>	<p>Improve accessibility of care by successfully linking individuals with ongoing treatment and other community services who may not have been able to access services without assistance.</p>	<ul style="list-style-type: none"> <li>• Identifying and linking at-risk adults.</li> <li>• Access and linkage to care.</li> <li>• Engagement with family members and individuals.</li> <li>• Outreach and education in community settings, homeless shelters and encampments, substance use disorder service agencies, churches, sober living homes, parks, and other public settings.</li> <li>• 24-hour referral line.</li> <li>• Follow-up with individuals.</li> </ul>

Funding Category	Program	Program Description	Program Goal	Services Offered
	Community Referral Network (continued)	will assist in the further development of the Community Referral Network Program <b>Program Category:</b> Access & Linkage <b>Population Focus:</b> Adult/Older Adult		
	<b>Location(s):</b>	<b>CCS Lake Isabella</b> 2731 Nugget Ave, Lake Isabella, CA 93240 <b>CCS Taft</b> 1021 4 <sup>th</sup> St, Taft, CA 93268 <b>CSV Delano</b> 425 Del Sol Pkwy., Delano, CA 93215 <b>CSV Lamont</b> 8933 Panama Rd Suite 101, Lamont, CA 93241		
<b>PEI</b>	<b>Court Appointed Special Advocates (CASA)</b>	Utilizes trained advocates to thoroughly research each child’s trauma and developmental history, then ensure that the information reaches the proper Psychiatrists. <b>Program Category:</b> Access & Linkage <b>Population Focus:</b> Children and Transition Age Youth	Increase cross-system coordination. Increase service time to foster youth by ensuring essential histories that will aid in decision making are known to treatment providers.	<ul style="list-style-type: none"> <li>•File assessments.</li> <li>•Essential History (EH) Form completion.</li> <li>•EH Form to Health &amp; Education Passport in Child Welfare Services.</li> </ul>
<b>PEI</b>	Location(s):	<b>CASA of Kern County</b> 1717 Columbus St., Bakersfield, CA 93305		
	<b>Continuum of Care Reform Foster Youth Engagement</b>	The Continuum of Care Reform (CCR) Foster Youth Engagement (FYE) Team focuses on the fundamental principle of CCR, which is that “Children should not have to change placements to get the services and supports they need”. CCR Foster Youth Engagement focuses on helping to facilitate safety and permanence through trauma-informed care. Through engagement efforts and system coordination, foster youth will be supported within their family or family-like environment whenever possible. As the needs of the youth do require the more structured treatment of a Short-Term Residential Therapeutic Program (STRTP), the CCR Foster Youth Engagement Team will support Intensive Care coordinator (ICC), STRTP, and CFT in the implementation of	Actively engage with foster youth, families, and partner agencies, while providing support, direct services, attend Intensive Care Coordinator’s/Client Family Team (ICC’s/CFT) Meetings, and complete Qualified Individual (QI) assessment when needed providing recommendations to placing agency as to the best placement and treatment options for foster youth.	<ul style="list-style-type: none"> <li>•Engage with Partner Agencies providing support and outreach and education.</li> <li>•Participate in Intensive Care Coordination (ICC) meeting and assist in recommending needed services and supports to foster youth in Short-Term Residential Therapeutic Program’s (STRTP’s) or those referred for Qualified Individual (QI) assessment requesting placement in STRTP.</li> <li>•Conduct Mental Health (MH) Assessments and Treatment plans as deemed necessary.</li> <li>•Consultations</li> <li>•Ongoing collaboration with partner agencies and STRTP’s.</li> </ul>

Funding Category	Program	Program Description	Program Goal	Services Offered
	Continuum of Care Reform Foster Youth Engagement (continued)	<p>trauma-focused care aimed at providing appropriate treatment, so that foster youth may be stepped down to family/family-based home setting in a timely manner.</p> <p><b>Program Category:</b> Outreach for Increasing Recognition of Early Signs of Mental Illness.  <b>Population Focus:</b> Children and Transition Age Youth</p>		
	Location(s):	<b>KernBHRS Children’s System of Care</b> 3300 Truxtun Ave., Bakersfield, CA 93301		
PEI	<b>Foster Care Engagement</b>	<p>Works to actively engage youth in the Foster Care system who are not engaged in mental health services.</p> <p><b>Program Category:</b> Outreach for Increasing Recognition  <b>Population Focus:</b> Children and Transition Age Youth</p>	Actively engage and provide care for foster youth with mild-to-moderate behavioral health care needs. Increase foster care referrals for behavioral health needs through outreach and education efforts.	<ul style="list-style-type: none"> <li>•Outreach and education to Social Workers (SWs) with DHS and Foster Family Agencies (FFA’s).</li> <li>•Psychoeducation to DHS SWs. FFA’s and foster parents.</li> <li>•Consultations.</li> <li>•Review referrals for care.</li> <li>•Prevent lapse in services.</li> <li>•Expedite services for foster youth.</li> <li>•Assessment.</li> <li>•Treatment services</li> </ul>
	Location(s):	<b>KernBHRS Children’s System of Care</b> 3300 Truxtun Ave., Bakersfield, CA 93301		
PEI	<b>Help Me Grow</b>	<p>Offers developmental and behavioral screening to Kern County parents for their children aged 0-5 years old.</p> <p><b>Program Category:</b> Access &amp; Linkage  <b>Population Focus:</b> Children aged 0-5</p>	Provide early screening for the development and behavioral services needs of children. Link to and provide appropriate care for children screening positive for developmental and behavioral care needs.	<ul style="list-style-type: none"> <li>•Developmental and behavioral screenings.</li> <li>•Complete online Ages and Stages Questionnaire screening services.</li> <li>•Referrals to KernBHRS.</li> </ul>

Funding Category	Program	Program Description	Program Goal	Services Offered
	Location(s):	<b>First 5</b> 2724 L St., Bakersfield, CA 93301		
<b>PEI</b>	<b>Homeless Outreach Program</b>	Serves homeless individuals with behavioral health needs. Support to help these individuals achieve and maintain long-term stability and permanent housing. <b>Program Category:</b> Access & Linkage <b>Population Focus:</b> Transition Age Youth, & Adults/Older Adults	Increase the number of homeless individuals referred to behavioral health treatment. Decrease the number of days of homelessness for individuals with behavioral health conditions.	<ul style="list-style-type: none"> <li>•Linkage to appropriate treatment services.</li> <li>•Linkage to housing.</li> <li>•24/7 Homeless Outreach Hotline.</li> <li>•Transportation Services.</li> <li>•Food and clothing assistance.</li> </ul>
	Location(s):	<b>Flood Bakersfield Ministries, Inc.</b> 610 24 <sup>th</sup> St., Bakersfield, CA 93301		
<b>PEI</b>	<b>KCSOS- School-Based Program (formerly known as Kern Youth Resilience and Support Program)</b>	Offers behavioral health interventions and mentoring services to designated school districts. Other services include Outreach and education services, training, and support for staff, students, parents, and communities. <b>Program Category:</b> Access & Linkage <b>Population Focus:</b> Children, Transition Age Youth, & Adults	Increase preventative school-based services for at-promise youth in grades 6-8.	<ul style="list-style-type: none"> <li>•Mental Health First Aid Training.</li> <li>•Forward Thinking Interactive Journaling.</li> <li>•Cognitive Behavioral Therapy (CBT).</li> <li>•Mentoring through the utilization of members of AmeriCorps.</li> <li>•Family/parent engagement projects.</li> <li>•Cross-system coordination.</li> <li>•Monitor families to ensure successful connections to KernBHRS or another behavioral health provider.</li> </ul>
	Location(s):	<b>Beardsley Junior High School</b> 1001 Roberts Lane Bakersfield, CA 93308	<b>Haven Drive Middle School</b> 341 Haven Drive Arvin, CA 93203	<b>KCSOS Community Learning Center</b> 222 34 <sup>th</sup> Street Bakersfield, CA 93301
		<b>Richland Junior High School</b>	<b>Standard Middle School</b>	<b>Wallace Middle School</b>



Funding Category	Program	Program Description	Program Goal	Services Offered
	Location(s): (continued)	331 Shafter Avenue Shafter, CA 93263	126 Ferguson Avenue Bakersfield, CA 93308	3240 Erskine Creek Rd Lake Isabella, CA 93240
<b>PEI</b>	<b>Living Well</b>	Provides specialized services to populations underserved in the community such as individuals diagnosed with an eating disorder, LGBTQ+, and individuals who have experienced severe trauma. <b>Program Category:</b> Stigma & Discrimination Reduction <b>Population Focus:</b> Children, Transition Age Youth, & Adults/Older Adults	Prevent further deterioration in areas of life functioning due to mental illness. Increase access to specialized services for unserved and underserved individuals. Increase staff competency in treating special programs.	<ul style="list-style-type: none"> <li>•Eye Movement Desensitization and Reprocessing (EMDR).</li> <li>•Cognitive Behavioral Therapy (CBT).</li> <li>•Dialectical Behavioral Therapy (DBT).</li> <li>•Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+).</li> <li>•Eating Disorder.</li> <li>•IPS</li> </ul>
	Location(s):	<b>KernBHRS</b> 1120 21 <sup>st</sup> Street Bakersfield, CA 93301	<b>The Center for Sexuality and Gender Diversity</b> 902 18 <sup>th</sup> St., Bakersfield, CA 93301	
<b>PEI</b>	<b>Outreach &amp; Education</b>	Outreach and Education is managed by the Outreach and Education Coordinator who is the main contact for O&E events being attended and represented by KernBHRS staff. Requests to attend events are received by the O&E Coordinator either by email or a Wufoo request. Other O&E events may include representation at town hall meetings, specialized presentation requests, and meetings with community members who are interested in learning more about KernBHRS services. <b>Program Category:</b> Outreach for Increasing Recognition <b>Population Focus:</b> Children, Transition Age Youth, & Adults/Older Adults	Increase stakeholder feedback to identify unserved and underserved populations. Increase Mental Health First Aid Training in the community. Increase participation in community events throughout Kern County. Increase utilization of state-funded campaign information and materials focused on suicide prevention and stigma reduction.	<ul style="list-style-type: none"> <li>•May is Mental Health Awareness Month.</li> <li>•September is Suicide Prevention Awareness Month.</li> <li>•September is Substance Use Recovery Awareness Month.</li> <li>•NAMI Walk.</li> <li>•Save a Life Today (SALT) Walk.</li> <li>•Each Mind Matters.</li> <li>•Know the Signs.</li> <li>•Multiple ethnically, culturally, and spiritually significant community outreach events.</li> </ul>
	Location(s):	<b>KernBHRS</b> 2001 28 <sup>th</sup> St, North Tower, Bakersfield, CA 93301		
<b>PEI</b>	<b>Prepare U</b>	The Prepare U curriculum follows a carefully designed arc to help students learn the skills	Ensure students learn the skills necessary to increase mental	<ul style="list-style-type: none"> <li>•Teacher’s manual.</li> <li>•Student’s manual.</li> </ul>

Funding Category	Program	Program Description	Program Goal	Services Offered							
		<p>needed to identify mental and emotional risks and concerns, more effectively cope with concerns in healthy ways on their own, and know how to engage additional parental, community, or professional support when needed.</p> <p><b>Program Category:</b> Prevention  <b>Population Focus:</b> Children, Transition Age Youth</p>	<p>health and well-being. Increase understanding of biopsychosocial determinants of mental health. Bring awareness of how to safely and effectively conduct experiential learning activities related to mental health in a classroom environment.</p>	<ul style="list-style-type: none"> <li>•Class videos.</li> <li>•Meditation videos.</li> <li>•Interactive card game.</li> <li>•Crisis resources.</li> </ul>							
	Location(s):	<table border="0"> <tr> <td><b>Buena Vista High School-Continuation</b></td> <td><b>Taft Union High School</b></td> <td><b>A.M. Thomas Middle School</b></td> <td><b>KCSOS Alternative Education District</b></td> </tr> <tr> <td>900 N 10<sup>th</sup> St Taft, CA 93268</td> <td>701 Wildcat Way Taft, CA 93268</td> <td>20979 Lobos Court Lost Hills, CA 93249</td> <td>1675 Chester Ave/3<sup>rd</sup> Fl Bakersfield, CA 93301</td> </tr> </table>	<b>Buena Vista High School-Continuation</b>	<b>Taft Union High School</b>	<b>A.M. Thomas Middle School</b>	<b>KCSOS Alternative Education District</b>	900 N 10 <sup>th</sup> St Taft, CA 93268	701 Wildcat Way Taft, CA 93268	20979 Lobos Court Lost Hills, CA 93249	1675 Chester Ave/3 <sup>rd</sup> Fl Bakersfield, CA 93301	
<b>Buena Vista High School-Continuation</b>	<b>Taft Union High School</b>	<b>A.M. Thomas Middle School</b>	<b>KCSOS Alternative Education District</b>								
900 N 10 <sup>th</sup> St Taft, CA 93268	701 Wildcat Way Taft, CA 93268	20979 Lobos Court Lost Hills, CA 93249	1675 Chester Ave/3 <sup>rd</sup> Fl Bakersfield, CA 93301								
PEI	Reengagement	<p>Reengagement services are delivered to clients who are opened to the Adult System of Care but who have disengaged from services.</p> <p>The Reengagement Program will focus on identifying and re-engaging at-risk adults who are experiencing challenges remaining engaged in traditional mental health and substance use disorder services. Once identified and referred, staff will deliver temporary case management services, with a primary focus of clients returning to service with their outpatient treatment team.</p> <p>Reengagement staff is embedded in the current treatment team and embrace a “whatever it takes” model of service delivery. Typical services during the re-engagement phase include psychoeducation, engagement, skill acquisition/building, crisis intervention/response, accelerated access and</p>	<p>Full range of services needed to reengage clients and facilitate family engagement, as appropriate.</p>	<ul style="list-style-type: none"> <li>• Improve accessibility of care by successfully reengaging individuals in ongoing treatment services.</li> <li>• Improve service engagement with family members/significant support persons by attempting to engage family/significant support persons at least once every two weeks (if active Release of Information (ROI) is on file).</li> </ul>							

Funding Category	Program	Program Description	Program Goal	Services Offered
	Reengagement (continued)	<p>linkage to mental health and substance use disorder services, and post-linkage follow-up. Referrals to the Reengagement Program are typically received from the team/staff member from whom the client is currently assigned to, but not in active participation. After successful reengagement, program staff will follow up with the client over a period to ensure the client remains engaged in treatment. Ongoing program evaluation, data collection, and data analysis will assist in the further development of the Reengagement Program.</p> <p><b>Program Category:</b> Access &amp; Linkage <b>Population Focus:</b> Adult</p>		
	Location(s):	<p><b>CCS Lake Isabella</b> 2731 Nugget Ave, Lake Isabella, CA 93240  <b>CCS Taft</b> 1021 4<sup>th</sup> St, Taft, CA 93268  <b>CCS Central Bakersfield</b> 2821 H St, Bakersfield, CA 93301  <b>CGC N. Bakersfield</b> 661 Roberts Ln Ste. B, Bakersfield, CA 93308  <b>CSV Delano</b> 425 Del Sol Pkwy., Delano, CA 93215  <b>CSV Lamont</b> 8933 Panama Rd Suite 101, Lamont, CA 93241  <b>CSV S. Bakersfield</b> 2400 Wible Rd # 14, Bakersfield, CA 93304  <b>Kern BHRS S.E. Bakersfield</b> 1600 E. Belle Terrace, Bakersfield, CA 93307  <b>Kern BHRS N.E. Bakersfield</b> 3715 Columbus St, Bakersfield, CA 93306  <b>Kern BHRS W. Bakersfield</b> 5121 Stockdale Hwy, Bakersfield, CA 93309</p>		
PEI	<b>Suicide Prevention Outreach &amp; Education</b>	<p>Provides KernBHRS staff, members of the community, community-based organizations, businesses, churches, educational organizations, and others seeking education, training, and resources pertaining to suicide prevention.</p> <p><b>Program Category:</b> Outreach for Increasing Recognition <b>Population Focus:</b> Children, Transition Age Youth, &amp; Adults/Older Adults</p>	Identify and provide support for families who have lost a loved one to suicide.	<p>•Culturally competent outreach and training to Kern County:</p> <ul style="list-style-type: none"> <li>• Applied Suicide Intervention Skills Training (ASIST).</li> <li>• More than Sad.</li> <li>• Zero Suicide practices.</li> <li>• Customized training and presentation to fit target population.</li> <li>• Lead Training.</li> </ul>

Funding Category	Program	Program Description	Program Goal	Services Offered
		Suicide Prevention Hotline (800) 273-8255		
	Location(s):	<b>KernBHRS</b> 2525 North Chester Ave., Building H., Bakersfield, CA 93308		
<b>PEI</b>	<b>TAY Dual Recovery</b>	Provides immediate supportive behavioral health and substance use care in a sober living environment for up to 90-days. <b>Program Category:</b> Early Intervention <b>Population Focus:</b> Transition Age Youth	Provide a safe setting for TAY to stabilize, which will improve the likelihood of being able to effectively diagnose and treat emotional and behavioral difficulties.	<ul style="list-style-type: none"> <li>•Substance abuse groups (daily in-house).</li> <li>•Individual substance abuse counseling.</li> <li>•Alcoholics Anonymous or Narcotics Anonymous meetings (one per day).</li> <li>•Transportation assistance.</li> <li>•Teaching life skills group.</li> <li>•Case management.</li> </ul>
	Location(s)	<b>The Third Tradition</b> 3316 Lavern Ave., Bakersfield, CA 93309		
<b>PEI</b>	<b>TAY Self Sufficiency</b>	One-stop resource center for current and former foster youth. <b>Program Category:</b> Access & Linkage <b>Population Focus:</b> Transition Age Youth	Youth goals, progress, and areas for opportunity are reviewed through the Casey Life Skills Assessment and Casey Life Skills Homeless Youth Assessment based on the type of services received. The Casey Life Skills Homeless Youth Assessment will serve as the assessment tool for SSP case-managed youth who are homeless. Once housed, these formerly homeless youth will receive the Casey Life Skills Assessment. Both tools are designed to be used in a collaborative conversation between the SSP Prevention Services Facilitator and the youth.	<ul style="list-style-type: none"> <li>•Engagement and linkage to resources and services.</li> <li>•Medi-Cal assistance.</li> <li>•Emergency food assistance.</li> <li>•Housing assistance.</li> <li>•Educational advocacy/support.</li> <li>•College financial aid.</li> <li>•Workshops and group learning.</li> <li>•Leadership development.</li> </ul>
	Location(s):	<b>The Dream Center</b> 1801 19 <sup>th</sup> St., Bakersfield, CA 93301		
<b>PEI</b>	<b>Volunteer Senior Outreach Program (VSOP)</b>	Recruits and trains volunteers to act as companions and advocates for adults over 60 who are housebound, have a limited support system and/or family support, or have experienced a significant loss. The program also provides peer-to-peer support.	Provide information on mental illness to seniors in the community. Increase access and linkage to treatment for older adults, including those in underserved populations. Provide support for older adults	<ul style="list-style-type: none"> <li>•Public education through health fairs, senior living facilities, churches, and community collaborative meetings.</li> <li>•Provide information on the program as well as signs and symptoms of mental illness to dispel stigma and create access to services.</li> <li>•Referrals to screening at outreach events.</li> </ul>

Funding Category	Program	Program Description	Program Goal	Services Offered
	Volunteer Senior Outreach Program (VSOP) (continued)	<b>Program Category:</b> Outreach for Increasing Recognition <b>Population Focus:</b> Older Adults	by increasing social interaction and meaningful activity in their daily lives.	<ul style="list-style-type: none"> <li>•Screening.</li> <li>•Early intervention treatment.</li> <li>•Referrals to a higher level of care.</li> <li>•Screening to measure prescription drug and alcohol use.</li> <li>•Peer-to-peer support.</li> </ul>
	Location(s):	<b>KernBHRS</b> 5121 Stockdale Hwy., Ste 275 Bakersfield, CA 93309	<b>College Community Services</b> 113 F Street Tehachapi, CA 93561	<b>College Community Services</b> 2731 Nugget Ave Lake Isabella, CA 93240
<b>PEI</b>	<b>Youth Brief Treatment</b>	Provides stigma reduction education materials and outreach designed to allow for ease of access and linkage to treatment for those with behavioral health care needs. Same-day walk-in mental health screening, assessment, and brief interventions for those in need and is available through providers in Geographic Service Areas throughout Kern County. <b>Program Category:</b> Early Intervention <b>Population Focus:</b> Children & Transition Age Youth	Increase knowledge and supportive attitudes about mental health care and stigma reduction. Outreach to traditionally underserved families and youth.	<ul style="list-style-type: none"> <li>•Education and outreach to schools and the community.</li> <li>•Walk-in assessment and brief treatment.</li> <li>•Clinical skills training for staff.</li> </ul>
	Location(s):	<b>KernBHRS</b> <b>Children's System of Care</b> 2621 Oswell Street, #119 Bakersfield, CA 93306	<b>Child Guidance Clinic</b> 3628 Stockdale Hwy Bakersfield, CA 93309	<b>Child Guidance Clinic</b> 1430 6 <sup>th</sup> Ave Delano, CA 93215
		<b>Clinica Sierra Vista</b> 3105 Wilson Rd Bakersfield, CA 93304	<b>Clinica Sierra Vista</b> 7839 Burgundy Ave Lamont, CA 93241	<b>College Community Services</b> 820 6 <sup>th</sup> Street Wasco, CA 93280
<b>PEI</b>	<b>Youth Juvenile Justice Engagement</b>	Provides treatment for those with mild-to-moderate mental health care needs to be involved in the juvenile justice system. <b>Program Category:</b> Access & Linkage	Increase access to mental health care for unserved and underserved youth and families. Reduce the duration of untreated mental illness for	

Funding Category	Program	Program Description	Program Goal	Services Offered
	Youth Juvenile Justice Engagement (continued)	<b>Population Focus:</b> Children & Transition Age Youth	those with serious mental health care needs. Provide outreach to increase recognition of early signs of mental illness.	
	Location(s):	<b>KernBHRS Children's System of Care</b> 3300 Truxtun Ave., Bakersfield, CA 93301		
INN	<b>Early Psychosis Learning Health Care Network</b>	Additional Innovation funding will be used to support the CSC model and run it to fidelity. This will include additional staff positions for the client-to-provider ratio, standardized outcome measurement tracking, and buy-in to a network of leaders within the field of Early Psychosis. <b>Program Category:</b> Innovation <b>Population Focus:</b> TAY & Adults	Enhanced Culturally Appropriate Education to the community. Fast-tracking people experiencing Early Psychosis into care.	•Education and outreach to individuals and families on recognizing the early signs of psychosis and offer treatment options to these individuals.
	Location(s):	<b>KernBHRS Commonwealth</b> 3300 Truxtun Ave, Bakersfield, CA 93301		
INN	<b>Mobile Clinic with Street Psychiatry</b>	Provides a mobile clinic with psychiatry services in the community along with outreach services.	Remove barriers to psychiatric and behavioral health care. Provide additional support to aid the homeless crisis in Kern.	•Street Psychiatry. •Mobile Medical Services. •General Public Outreach Community Support. •Disaster Response.
	Location(s):	*This program goes out to the community to provide services.		
INN	<b>The Healing Project (AKA the Recovery Station)</b>	Provides a safe place for adults to gain sobriety and begin discussions about options and possibilities for achieving sustained sobriety and stability. Once sober a bridge into linkage and access to mental health and substance use services are provided and available. <b>Program Category:</b> Innovation <b>Population Focus:</b> Adults 18 and older	Provide a law enforcement diversion for persons who are acutely intoxicated and have a co-occurring mental illness where, instead of being arrested, they are presented with an opportunity for peer engagement, assessment, brief clinical interventions, and	•Comfort and hygiene services. •Mental health and substance use screening. •Warm hand-off to community services and supports. •Recovery planning. •Peer support services.

Funding Category	Program	Program Description	Program Goal	Services Offered
			linkage with community-based services.	
	Location(s):	<b>The Healing Project- Bakersfield</b> 312 Kentucky Street Bakersfield, CA 93305		
<b>WET</b>	<b>Clinical Internship</b>	KernBHRS staff pursuing licensure in the mental health Licensed Practitioners of Healing Arts (LPHAs) are provided direct clinical supervision hours required by licensing authorities, utilizing training and experiential learning. <b>Program Category:</b> Workforce Education and Training <b>Population Focus:</b> Staff/Workforce	Provide KernBHRS staff development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human diversity consultation, interdisciplinary relationships, supervision, ethics, law, and public policy.	<ul style="list-style-type: none"> <li>•Core Competencies based on the Marriage and Family Therapist, Social Work, and Professional Clinical Counselors Competencies. Associates and/or Interns gain weekly hours based on the number of clients/patients they provided services to each week.</li> </ul>
	Location(s):	<b>Administration</b> Rotations at each KernBHRS Clinical Team Location 3300 Truxtun Ave Bakersfield, CA 93301		
<b>WET</b>	<b>Psychology Internship</b>	Provides interns with a broad range of clinical experiences in a variety of settings. <b>Program Category:</b> Workforce Education and Training <b>Population Focus:</b> Students, Staff/Workforce	Achieve post-doc licensure after the completion of the internship term.	<ul style="list-style-type: none"> <li>•Development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human diversity, consultation, interdisciplinary relationships, supervision, ethics, law, public policy and scientific foundations and research.</li> </ul>
	Location(s):	<b>Psychology Internship Administration</b> 3300 Truxtun Ave., Suite 225, Bakersfield, CA 93301  <b>Foster Care Rotation</b> 2621 Oswell St., Ste 119 Bakersfield, CA 93306		
<b>WET</b>	<b>Relias Learning</b>	Online easy-to-use training system which provides a myriad of training modules for behavioral health agencies. <b>Program Category:</b> Workforce Education and Training <b>Population Focus:</b> Staff/Workforce & Workforce	Provide updated relevant training with over 930 online modules that are updated monthly.	<ul style="list-style-type: none"> <li>•Team Building.</li> <li>•Therapy Methods Specific to Demographic (Children Youth and Families, Older Adults, Serious Mental Illness).</li> <li>•Supervision and Management Skills.</li> <li>•Compliance/Safety.</li> <li>•HR/Legal.</li> <li>•Employee Support and Development.</li> <li>•Addiction.</li> <li>•Integrated Care.</li> <li>•Behavioral Health General, Paraprofessional.</li> </ul>
	Relias Learning (continued)			

Funding Category	Program	Program Description	Program Goal	Services Offered
				•Cultural Competence Trainings.
	Location(s):	<b>KernBHRS</b> 3300 Truxtun Ave., Bakersfield, CA 93301		
<b>WET</b>	<b>Training Enhancement</b>	Provides various workforce development training and conferences for KernBHRS staff, providers, and the public. <b>Program Category:</b> Workforce Education and Training <b>Population Focus:</b> Behavioral Health Staff, Parents, Non-profit agency staff that deal with homeless individuals or victims of domestic violence, K-12 Educators, and School Counselors	Reduce the stigma associated with mental health and increase the knowledge and skills of our workforce.	<ul style="list-style-type: none"> <li>•Conferences.</li> <li>•Training.</li> <li>•Eye Movement Desensitization and Reprocessing (EMDR) startup.</li> </ul>
	Location(s):	<b>KernBHRS</b> 3300 Truxtun Ave. Bakersfield, CA 93301		
<b>CFTN</b>	<b>The Healing Project (AKA the Recovery Station)</b>	The project consists of renovating two buildings and adding technological infrastructure that will transform the buildings into secure locations that meet the needs of people undergoing sobering and recovery treatment. <b>Program Category:</b> Capital Facilities and Technological Needs <b>Population Focus:</b> No clients will be served. The cost to this project is only for building costs.	Signed contracts with contracted providers that will provide services and help with the construction plan of the buildings. During FY 20/21, one Healing Project location will be purchased.	<ul style="list-style-type: none"> <li>• Services within The Healing Project will provide adults with access and linkage to treatment for mental health and/or substance use disorder.</li> </ul>
	Location(s)	<b>KernBHRS</b> 312 Kentucky Street, Bakersfield, Ca, 93305		



<b>Funding Category</b>	<b>Program</b>	<b>Program Description</b>	<b>Program Goal</b>	<b>Services Offered</b>
<b>CFTN</b>	<b>Electronic Health Record</b>	The project is a buy-in statewide initiative option to standardize a new electronic health record (EHR) through many counties in the state of California, as the current Cerner (EHR) ages out.	Due to the age out of the current EHR, the end goal is to acquire a more appropriate and useful EHR that with help standardize charting for services provided to clients.	<ul style="list-style-type: none"> <li>• Opt-in to collaborative purchase and programming of new SmartCare EHR system.</li> </ul>
	Location(s)	No assigned location		
<b>CFTN</b>	<b>Allocap Software</b>	This project consists of purchasing and acquiring Allocap Software for the finance department of KernBHRS that will out the Finance team to enhance their ability to track revenue and expenditures throughout the system of care.	The end goal is to have a more current and relevant software program that tracks the complexity of funding within the department.	<ul style="list-style-type: none"> <li>• Detailed reports including revenue and expenditure reports.</li> <li>• Cost allocation planning and reporting.</li> </ul>
	Location(s)	No assigned location		
<b>CFTN</b>	<b>PEC &amp; CSU Renovation</b>	The Psychiatric Evaluation Center/Crisis Stabilization Unit (PEC-CSU) renovation project will upgrade the fire safety system to the entire Mary K. Shell (MKS) building, including the installation of a new fire alarm and sprinkler system. This site is an older building and renovation of the fire safety system will bring the building into compliance with current fire codes. In addition, during construction, a basic refresh will be completed in the PEC-CSU unit, which has been unable to occur due to the usual 24/7/365 operating scheduled.	At the end of this renovation, the fire safety system will meet all current fire codes. In addition, a basic refresh will be completed, which will add more warmth to the building and assist in making the Crisis Division a more welcoming environment.	<ul style="list-style-type: none"> <li>• Upgrade of the fire safety system.</li> <li>• New paint.</li> <li>• New flooring.</li> <li>• Additional upkeep improvements, including: replacing worn countertops, replacing older toilets.</li> </ul>
	Location(s)	2151 College Ave., Bakersfield, CA 93305		

<b>Funding Category</b>	<b>Program</b>	<b>Program Description</b>	<b>Program Goal</b>	<b>Services Offered</b>
<b>CFTN</b>	<b>CCE Grant Match</b>	The Community Care Expansion (CCE) Grant was offered during the pandemic to assist in preserving settings that currently serve the target populations of the behavioral health departments. The matched funding proposed to be used under CFTN was a requirement to match funds granted by the CCE Grant for improvements needed to these residential settings.	The goal of the CCE Grant and the matched CFTN funds is to provide funding for specified residential providers that may not have access to additional funding to upkeep their facilities to meet requirements and codes. This grant acts as a means of preservation for an existing residential provider to avoid site closure.	<ul style="list-style-type: none"> <li>• Grant funding can be used for tenant improvements.</li> <li>• Funding can be used for capital improvements.</li> <li>• Funds can be used to complete or subsidize partial or full upgrades needed to maintain the standards of local and state requirements.</li> </ul>
	Location(s)	2525 North Chester Ave., Bakersfield, CA 93308		
<b>CFTN</b>	<b>Website Redesign</b>	KernBHRS honors cultural diversity and recognizes that improvements need to be made to the public-facing website to make it more accessible to all.	Website design will be outsourced to a specialist that can upgrade the design to be simpler and user-friendly, enhance the website to be accessible in many different languages for Kern County's constituents, and make the website more ADA compatible.	<ul style="list-style-type: none"> <li>• A website that has multi-lingual options for the viewer.</li> <li>• Easy to access and navigate pages.</li> <li>• Pages that are easier to navigate for Spanish users, so that all resources are listed in one area for easier navigation.</li> <li>• A design that is ADA-compatible.</li> </ul>
	Location(s)	No assigned location		
<b>CFTN</b>	<b>Healing Project Storm Damage Repairs</b>	During an unusual storm, the Healing Project site at Kentucky Street sustained a phenomenal amount of damage to the building and roof, making the site inoperable for a period of time.	CFTN funds were used to repair the storm damage that occurred and reopen the site for services and operations.	<ul style="list-style-type: none"> <li>• Complete repairs needed to reopen the site for operations.</li> </ul>
	Location(s)	312 Kentucky Street, Bakersfield, Ca, 93305		

Funding Category	Program	Program Description	Program Goal	Services Offered
CFTN	<b>Westchester Building HVAC Replacement</b>	The current HVAC system within the Westchester Building is outdated and cannot seem to sustain operation during times of extreme weather, including days in the summer when temperatures soar into the 100s.	An upgrade of the HVAC system is needed to maintain operations especially during time of extreme weather in the summer.	<ul style="list-style-type: none"> <li>• Upgrade of the HVAC system to meet the needs of the building.</li> <li>• Replacement units with higher capacity.</li> </ul>
	Location(s)	2001 28 <sup>th</sup> Street, Bakersfield, Ca, 93301		

# COMMUNITY SERVICES AND SUPPORTS (CSS)

## Community Services and Supports

CSS is the largest component of MHSA. The CSS component is focused on community collaboration, cultural competence, and client and family driven services and systems. CSS maintains a wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component.

### CSS Programs:

#### Full-Service Partnership (FSP)

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

#### System Development (SD)

- Access and Assessment and Crisis Walk-in Clinic (CWIC)
- Adult Wraparound Core
- Consumer Family Learning Center (CFLC)
- Home to Stay
- Recovery and Wellness Center (RAWC)
- Self-Empowerment Team (SET)

#### Outreach and Engagement

- Currently, we do not have an Outreach & Engagement (O&E) Program under this funding stream. O&E programming occurs under our PEI category.

#### Housing Program

- Currently, we do not have a Housing Program under this funding stream. Housing services are provided through our Home to Stay program in System Development. Additionally, under FSP, the No Place Like Home sites and Supportive Housing Treatment Team also provide housing support.

# FULL SERVICE PARTNERSHIP (FSP)

## Full-Service Partnership Programs

KernBHRS continues in FY 2023/2026 with seven (7) Full-Service Partnership (FSP) programs, this FY 2022/2023 FSPs make up 56% (of budgeted funds for the CSS component). FSP programs are designed to serve those with serious mental illness and/or severe emotional disturbance. Mental health care provided by KernBHRS System of Care teams and providers working in FSPs provide “whatever it takes” services, meaning care is available 24/7 to assist with crisis intervention and immediate needs.

Children, Transition Age Youth (TAY), Adults and Older Adults receive care built to fit specific needs to reduce homelessness, suicide, incarcerations, school dropout or failure, unemployment, and prolonged suffering.

**FSP Teams by Age Group:**

<b>FSP Programs</b>	<b>Children (0-15)</b>	<b>TAY (16-25)</b>	<b>Adult (26-59)</b>	<b>Older Adult (60+)</b>
<b>Adult Transition Team (ATT)/ Homeless Adult Team (HAT)</b>		X	X	X
<b>Adult Wraparound KernBHRS</b>		X	X	X
<b>Assertive Community Treatment (ACT)</b>		X	X	X
<b>Transition Age Youth (TAY)</b>		X		
<b>Wellness, Independence, and Senior Enrichment (WISE)</b>				X
<b>Youth Multi-Agency Integrated Services Team (MIST)</b>	X	X	X	X
<b>Youth Wraparound</b>	X	X		

**FSP Proposed Expenditure Plan and Estimated Cost Per Client**

The table below represents the estimated cost per client in FY 2023/2026, including all revenue sources.

<b>Adult Transition Team (ATT) /Homeless Adult Team (HAT)</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$3,969,396</b>	<b>\$3,969,396</b>	<b>\$3,969,396</b>	<b>\$3,969,396</b>
Estimated Annual Cost Per Client	<b>\$3,451.65</b>	<b>\$3084.22</b>	<b>\$2807.21</b>	<b>\$2554.31</b>
Estimated Unduplicated # to be served	<b>1,150</b>	<b>1,287</b>	<b>1,414</b>	<b>1,554</b>
<b>Adult Wraparound KernBHRS</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$695,188</b>	<b>\$695,188</b>	<b>\$695,188</b>	<b>\$695,188</b>
Estimated Annual Cost Per Client	<b>\$11,586.47</b>	<b>\$11,212.71</b>	<b>\$10,852.31</b>	<b>\$10,375.94</b>
Estimated Unduplicated # to be served	<b>60</b>	<b>62</b>	<b>64</b>	<b>67</b>
<b>Assertive Community Treatment (ACT)</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$4,197,809</b>	<b>\$4,197,809</b>	<b>\$4,197,809</b>	<b>\$4,197,809</b>
Estimated Annual Cost Per Client	<b>\$49,385.99</b>	<b>\$47,166.39</b>	<b>\$45,628.36</b>	<b>\$43,727.18</b>
Estimated Unduplicated # to be served	<b>85</b>	<b>89</b>	<b>92</b>	<b>96</b>
<b>Transition Age Youth (TAY)</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$2,184,052</b>	<b>\$2,184,052</b>	<b>\$2,184,052</b>	<b>\$2,184,052</b>
Estimated Annual Cost Per Client	<b>\$15,273.09</b>	<b>\$15,600.37</b>	<b>\$14,560.35</b>	<b>13,650.33</b>
Estimated Unduplicated # to be served	<b>143</b>	<b>140</b>	<b>150</b>	<b>160</b>
<b>Wellness, Independence, and Senior Enrichment (WISE)</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$1,766,959</b>	<b>\$1,766,959</b>	<b>\$1,766,959</b>	<b>\$1,766,959</b>
Estimated Annual Cost Per Client	<b>\$12,270.55</b>	<b>\$10,517.61</b>	<b>\$9,202.91</b>	<b>\$8,218.41</b>
Estimated Unduplicated # to be served	<b>144</b>	<b>168</b>	<b>192</b>	<b>215</b>
<b>Youth Multi-Agency integrated Services Team (MIST)</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$1,636,024</b>	<b>\$1,636,024</b>	<b>\$1,636,024</b>	<b>\$1,636,024</b>
Estimated Annual Cost Per Client	<b>\$7,941.86</b>	<b>\$7,574.19</b>	<b>\$7,207.15</b>	<b>\$6,874.05</b>
Estimated Unduplicated # to be served	<b>206</b>	<b>216</b>	<b>227</b>	<b>238</b>
<b>Youth Wraparound</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$5,174,117</b>	<b>\$5,174,117</b>	<b>\$5,174,117</b>	<b>\$5,174,117</b>
Estimated Annual Cost Per Client	<b>\$3,160.73</b>	<b>\$3,041.81</b>	<b>\$2,921.58</b>	<b>\$3,090.87</b>
Estimated Unduplicated # to be served	<b>1,637</b>	<b>1,701</b>	<b>1,771</b>	<b>1,674</b>



## FSP Programs

### Adult Transition Team (ATT)/ Homeless Adult Team (HAT)

#### Updates:

**Homeless Adult Team:** Within the last year, HAT has expanded supportive services to accommodate the vast needs for those experiencing homelessness. Some of these changes are expanding the ROEM model, creating a Supportive Housing Treatment Team in response to supporting No Place Like Home, and placing treatment teams into two low-barrier navigation shelters. The ROEM model has increased its capacity providing heavy outreach and engagement components along with field-based prevention and treatment strategies. ROEM outreach units are interdisciplinary, including peer services, psychiatric services, mental health, and substance use treatment, case management, and safety assessments. Kern ROEM staff work alongside other community outreach partners, including faith-based organizations, healthcare agencies, and other social services.

**Adult Transition Team:** Over the last year, ATT has worked to improve and expand their Diversion program to assist those individuals who meet criteria for PC 1001.36. We have added new groups specifically to address Criminal Thinking and improving socialization skills for individuals with a significant history of being institutionalized. We have also started accepting Misdemeanor Incompetent to Stand Trial individuals as part of our Diversion program for those individuals who would benefit from mental health treatment instead of jail sentences and are unable to receive services through a state hospital. We have worked directly with the Superior Court judges and Public Defender's office to educate on mental health conditions and treatment, as well as to learn more about the penal code and requirements for diversion approval to ensure appropriate care and referrals are provided to these individuals.

#### Success Story:

##### **Homeless Adult Team:**

A ROEM team participant was referred in November 2020. The referral came from Flood Ministries Outreach, who became familiar with this individual due to the high visibility in the community. The Individual was often found in an alley in Oildale, sleeping behind a dumpster in deplorable conditions, exposed to Bakersfield's inclement weather. ROEM was able to engage with individual daily. Although the interactions were not always pleasant or productive, ROEM was able to get the assistance that was needed for this individual. ROEM was able to build rapport with the individual over time and they started to trust all members of the team. ROEM's psychiatrist was able to meet with the individual in the alley. The Individual declined medication, but ROEM's psychiatrist was able to assist by signing the proper documents to get on the housing list with Flood Ministries. The individual was on the waitlist for about a year and got matched to a voucher in September 2022. The individual now has their own apartment with a pet dog and has been enjoying decorating their new place and working in the front yard.

An individual was referred to services with HAT through Crisis Case Management Outreach (CCMO) in September 2021. This individual walked into the clinic on the same day and was met by HAT staff. The individual was experiencing homelessness and was recently released from inpatient hospitalization. They were seen regularly by the case manager to assist in obtaining temporary housing and improve mental health symptoms. The individual was vouchered at a sober living environment, during this time they continued to have an increase in mental health symptoms. In October 2021, the individual was in the parking lot exhibiting distressing behaviors and reporting excessive worry regarding being homeless and

## FSP Programs

not feeling safe. The individual's case manager provided de-escalation interventions and coordinated them to be placed at Brundage Lane Navigation Center without incident and has maintained placement until obtaining housing voucher for permanent housing. The individual has successfully achieved independent housing as of August 2022, just under a year after engaging in services.

**Adult Transition Team:** The individual began participating in the ATT Diversion program. During this time in treatment, they participated in individual therapy, medication management, and case management services. As a result of treatment, the individual has been able to improve family relationships, have healthier social relationships and navigate in the community. The individual was able to successfully graduate from the Diversion program, which resulted in the court dismissing several charges. The individual has gained confidence to continue mental health treatment through participation in the Diversion program.

### Adult Wraparound KernBHRS

**Updates:** Adult Wraparound has moved to a new location to accommodate the growing team.

**Success Story:** This individual was referred to the Bakersfield Referral Team by a family member, they presented anxiety and severe depression. The individual had been isolated in their bedroom for the past year and expressed that they did not want to be a burden to family or others and was initially ambivalent in accepting services. Staff was able to build rapport over time and finally link individuals to Adult Wraparound for an assessment and linkage to an outpatient team for services. The individual received temporary therapeutic services through Adult Wraparound while pending an appointment with an outpatient team to avoid a delay in engagement. They were successfully linked to an outpatient team and is currently making strides towards recovery.

### Assertive Community Treatment (ACT)

**Updates:** KernBHRS has been thoroughly analyzing how the AOT model works (pros, cons & challenges) in preparation for the Care Court initiative that will be coming in the upcoming years. KernBHRS is invested in having AOT clearly defined so that both models can be clearly differentiated in the populations they will serve. It is anticipated that the implementation of Care Court could change some of the trajectory of AOT & ACT services. AOT was developed to serve one of the highest need populations, individuals that are treatment resistant. KernBHRS is committed to wrapping around this population.

**Success Story:** Team received an Assisted Outpatient Team (AOT) referral and initially the individual refused services who has had long history of mental health issues. The individual had gone missing and after several months was found living on the streets. The team began to build rapport and develop a good therapeutic relationship with the individual slowly and gradually. Through that relationship and process they were willing to attend appointments consistently, began to adhere to medication as prescribed, and eventually began to make progress. The individual reported fewer symptoms over time, did not utilize any crisis services for several months, and was able to establish secure and stable housing. This individual is able to implement skills learned to better manage symptoms, participate consistently in substance abuse rehabilitation care, and is now seeking stable employment.

### Transition Age Youth (TAY)

**Updates:** The TAY continues to partner with the Dream Center Self-Sufficiency Project to aid clients with securing and maintain stable housing. Many youths have benefited from this program and have successfully maintained stable housing. All at risk youth that meet criteria for housing program have been screened for housing. As a practice standard, foster youth that are emancipating from extended foster care are screened six months prior to discharge to decrease their risk for homelessness. The TAY team has been working with the TAY Dual Recovery Program at the

## FSP Programs

Third Tradition Sober Living Environment (SLE) to aid mutual clients with managing mental health symptoms while they reduce their substance use. Several TAY clients have achieved their goals of maintaining their sobriety. Most of the TAY team staff have been trained in Seeking Safety (evidenced-based practice for treatment of trauma and substance use disorders) and will start implementation with clients one on one. The goal is to have all TAY team members trained. There are two Seeking Safety groups planned. One group is scheduled to being May 2023 at Third Tradition Sober Living. Another group will be facilitated at either the TAY office or Dream Center for TAY clients. Most of the TAY team therapists are trained in Eye Movement Desensitization and Reprocessing (EMDR) therapy and several TAY clients are benefiting from this treatment modality.

**Success Story:** A youth currently participating in Transition Age Youth (TAY) services was able to secure two jobs, their own apartment, and continues to work on processing past trauma. Despite all the abuse and trauma, this youth successfully emancipated from extended foster care and is now thriving.

Another youth struggled with suicidal ideations and attempted to die by suicide. Since then, they have used their coping skills, participated in therapy, and worked as a peer support specialist at the Dream Center. They were recently hired by the Department of Human Services. Their goal is to one day work on the TAY team and to continue to give back to the community.

## Wellness, Independence, and Senior Enrichment (WISE)

**Updates:** The WISE Team provided 138 unduplicated services during the FY 2021-2022, and the numbers are expected to increase over the upcoming fiscal years. There was an overall outstanding 6,334 client contacts resulting in 3,924 hours spent with clients at this time. The program is expected to increase Outreach and Education activities in an ongoing attempt to reach out to the target population of seniors for specialty geropsychiatric services appropriate to the needs of individuals reaching the age of maturity. Furthermore, efforts to increase staffing in preparation to meet the demands of higher caseloads have been to include two additional therapist and an Office Services Assistance to the team. Outcome data is collected through Data Collection Reporting (DCR). Saint Louis University Mental Status (SLUMS), Patient Health Questionnaire-9 (PHQ-9), General Anxiety Disorder-7 (GAD-7) are the assessment tools currently used to determine level of impairment and or functioning to determine treatment planning.

**Success Story:** An individual who was linked to the WISE team after seeking help for severe symptoms of depression, anxiety, anger, feelings of worthlessness, visual/auditory hallucinations, and suicidal ideations. Since joining the WISE team, the individual has actively participated in individual rehabilitation and individual therapy and learned cognitive-behavioral therapy techniques and coping skills to manage symptoms. Through extensive targeted case management services this individual was able to get placed with the support of the WISE team and was able to reconnect with friends and family.

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

**Update:** The Supervisor has been working on new initiatives to help increase outreach efforts for the MIST program and find ways to be more inclusive of family members within the treatment model.

**Success Story:** Youth MIST had the pleasure of working with an individual that was brought into care after being placed on probation and the courts recommending foster placement. The youth and family participated in the Treatment Foster Care Oregon (TFCO) program, where the youth

## FSP Programs

was able to complete all court ordered mental health requirements and work in therapy on strengthening the family's relationship. The youth is now attending college, living independently, has employment, recently obtained a driver's license, and purchased a car, and has regular contact with their family.

### Youth Wraparound

**Update:** Youth Wraparound has partnered with Kern Medical Emergency Department as there has been an increase of youth going into crisis. The Youth Wraparound team works in the field at Kern Medical in team meetings with youth when they are in crisis. These meetings can occur at Kern Medical Emergency Department, PEC, CSU, or the inpatient hospital. The Youth Wraparound team ensures the youth in crisis are immediately seen and quickly connected to the appropriate level of care.

**Success Story:** During the past year, Youth Wraparound staff have had the pleasure of working with a youth who struggled with Post-Traumatic Stress Disorder (PTSD) and severe Attention Deficit/Hyperactivity Disorder (ADHD). The youth found it difficult to interact with others in social settings as they would opt to isolate themselves, but, after months of Individual Rehabilitation Intervention services, Individual Therapy, Therapeutic Behavioral services, and youth wraparound services, the youth is kind and insightful when speaking with others. This individual has shown tremendous growth, loves playing, talking with others, completing chores around the house, and eating dinner with their foster family. Earlier in the year, the youth's Youth Wraparound team announced that they had successfully discharged from the Youth Wraparound.

# GENERAL SYSTEM DEVELOPMENT

## General System Development (SD) Programs

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

Access to Care-Access and Assessment is the front door to KernBHRS – from our Crisis Hotline team to Access and Assessment. Access to Care teams are designed to provide access linkage to both system and community mental health care. Recovery Supports is a set of treatment and recovery programs richly involved in peer support, through peer-involved and/or peer-led programs.

### SD Teams by Age Group:

SD Programs	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adult (60+)
Access & Assessment/Crisis Walk-in Clinic (CWIC)		X	X	X
Adult Wraparound Core		X	X	X
Consumer Family Learning Center (CFLC)		X	X	X
Home to Stay	X	X	X	X
Recovery and Wellness Centers (RAWC)		X	X	X
Self-Empowerment Team (SET)		X	X	X

### SD Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per client in FY 23/26, including all revenue sources.

Access & Assessment/ Crisis Walk-in Clinic (CWIC)	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Annual Budgeted Funds	\$2,250,905	\$2,250,905	\$2,250,905	\$2,250,905
Estimated Annual Cost Per Client	\$294.27	\$271.72	\$254.74	\$235.55
Estimated Unduplicated # to be served	7,649	8,284	8,836	9,556
Adult Wraparound Core	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Annual Budgeted Funds	\$695,188	\$695,188	\$695,188	\$695,188
Estimated Annual Cost Per Client	\$2,803.18	\$2,684.12	\$2,603.70	\$2,500.68
Estimated Unduplicated # to be served	248	259	267	278

<b>Consumer Family Learning Center (CFLC)</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$2,028,109</b>	<b>\$2,028,109</b>	<b>\$2,028,109</b>	<b>\$2,028,109</b>
Estimated Annual Cost Per Client	<b>\$150.23</b>	<b>\$150.23</b>	<b>\$150.23</b>	<b>\$150.23</b>
Estimated Unduplicated # to be served	<b>13,455</b>	<b>13,500</b>	<b>13,500</b>	<b>13,500</b>
<b>Home to Stay</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$1,213,345</b>	<b>\$1,213,345</b>	<b>\$1,213,345</b>	<b>\$1,213,345</b>
Estimated Annual Cost Per Client	<b>\$2,649.23</b>	<b>\$2,614.97</b>	<b>\$2,570.65</b>	<b>\$2,533.08</b>
Estimated Unduplicated # to be served	<b>458</b>	<b>464</b>	<b>472</b>	<b>479</b>
<b>Recovery and Wellness Centers (RAWC)</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$12,353,197</b>	<b>\$12,353,197</b>	<b>\$12,353,197</b>	<b>\$12,353,197</b>
Estimated Annual Cost Per Client	<b>\$2,516.95</b>	<b>\$2,420.77</b>	<b>\$2,327.28</b>	<b>\$2,237.49</b>
Estimated Unduplicated # to be served	<b>4,908</b>	<b>5,103</b>	<b>5,308</b>	<b>5,521</b>
<b>Self-Empowerment Team</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$1,6636,331</b>	<b>\$1,6636,331</b>	<b>\$1,6636,331</b>	<b>\$1,6636,331</b>
Estimated Annual Cost Per Client	<b>\$5,546.89</b>	<b>\$4,090.83</b>	<b>\$4,090.83</b>	<b>\$4,090.83</b>
Estimated Unduplicated # to be served	<b>295</b>	<b>400</b>	<b>400</b>	<b>400</b>

Program	
<p><b>Access &amp; Assessment &amp; Crisis Walk-in Clinic (CWIC)</b></p>	<p><b>Updates:</b> Access and Assessment and Crisis Walk In Clinic implemented a standard evaluation process through the MHSA outsources 3<sup>rd</sup> party evaluator to measure outcome measurements. Since implementation, Access and Assessment and Crisis Walk In Clinic have steadily been increasing their response rate in the outcome measurements data collection period.</p> <p><b>Success Story:</b></p> <p><b>Access &amp; Assessment (A&amp;A):</b> We recently had an individual who moved to California and had challenges receiving medication from the pharmacy. We were able to complete an assessment and assist the individual with navigating the system with insurance, previous providers, and the pharmacy. We were also able to secure an urgent psychiatric evaluation in case we were not able to assist with securing medication.</p> <p><b>Crisis Walk-in Clinic (CWIC):</b> Individual was brought to the CWIC unit, they needed medical aide, crisis mental health services, and housing, all were an immediate need based on their symptoms, but they had their dog with them, putting a hinderance on access to certain services. Staff coordinated with management and outside agencies to get them all immediate services while allowing them to keep their dog in their care.</p>
<p><b>Adult Wraparound Core</b></p>	<p><b>Updates:</b> Staff at the CCS Wasco and CCS Ridgecrest clinics have completed Eye Movement Desensitization and Reprocessing (EMDR) training.</p> <p><b>Success Story:</b> An individual was in Wraparound services after a suicide attempt and was severely depressed with passive thoughts of suicide for many weeks following. With intensified services and on-going support from family and staff, they were able to manage stressors of daily life and learn new skills. The individual has now stepped down from Wraparound services. Individual continues to utilize toolbox of coping skills, can identify when a crisis is setting in, and has established an amazing support system to help every step of the way.</p>
<p><b>Consumer Family Learning Center (CFLC)</b></p>	<p><b>Updates:</b> The learning centers have continued to provide services (virtually and/or in person) through the pandemic. The Bakersfield CFLC has expanded Spanish-language services designed to engage monolingual Spanish-speaking consumers and to reduce stigma in Hispanic communities. In the Spring of 2023, the CFLC moved back into their facility, after it was borrowed temporarily for the Recovery Station, and resumed in-person services on site.</p> <p><b>Program Success:</b> A new Spanish-language Women’s support group was launched at the Bakersfield Consumer Family Learning Center (CFLC), in order to expand CFLC services to LatinX consumers and to reduce stigma in Hispanic communities. The group is regularly attended by a core group of women who are monolingual speakers of Spanish. These participants report that they have learned resilience and empowerment; and</p>



<b>Program</b>	
	that they support each other as if they are family. Several participants have reported positive changes in their lives. The Bakersfield CFLC offers daily Spanish-language wellness and recovery groups.
<b>Home to Stay</b>	<p><b>Updates:</b> Home to Stay, Housing Services continue to provide a key component in client recovery.</p> <p><b>Success Story:</b> Individuals who have received housing assistance were able to engage in various employment assistance programs including the KernBHRS Individual Placement and Support (IPS) pilot program along with services through the Employer’s Training Resources (ETR). These programs assist individuals in obtaining gainful employment while promoting self-sufficiency in paying all or a portion of their own rent during their recovery. Family reunification efforts are an important aspect of recovery. During the past year, housing services has observed that several individuals have reunited with family members after receiving short-term housing assistance. Living in a stable environment for a period of time while adjusting to medications and increasing their coping skills promotes recovery so they can once again live with loved ones.</p>
<b>Recovery and Wellness Centers (RAWC)</b>	<p><b>Updates:</b> A graduation checklist was developed and implemented to ensure appropriate transition of clients to lower levels of care. This checklist allows for improved monitoring of the number of clients exiting treatment along with the timeliness of linkage to community providers. Pilot TAY dyads, designed to serve clients ages 18-24, were implemented in October 2022 at the CGC North Bakersfield and KernBHRS Northeast Bakersfield clinics. The TAY therapists and case managers received specialized training in order to provide age-appropriate services and linkage to community services designed to serve this population. Pre- and post-surveys will be collected from clients to obtain honest feedback about the changes to their treatment team, allowing for necessary changes as dyads are rolled out to remaining clinics. By July 2023, TAY dyads are expected to be fully implemented at all RAWC clinics. Staff at the CCS Wasco and CCS Bakersfield clinics have completed Eye Movement Desensitization and Reprocessing (EMDR) training.</p> <p><b>Success Story:</b> Young adult residing in a poverty-stricken community who has received prior treatment in an outpatient children's mental health setting. The individual struggles with limited protective factors, unresolved trauma, and active poly-substance abuse. As rapport was built, the team was able to help identify small goals that were achievable for the individual. The individual started to trust the team and develop safe relationships. Our team demonstrated the power of solution focused approach by highlighting the individual as an agent of their own success and capable. Individual recently accepted a Gateway-Substance Use Disorder (SUD) referral and is actively working on goals.</p>
<b>Self-Empowerment Team (SET)</b>	<p><b>Updates:</b> SET staff provided peer support to individuals with high behavioral needs who are homeless and/or at risk for homelessness. SET staff provided suicide prevention services including screening; linkage to housing case management, medical care, and behavioral health services in the</p>

## Program

KernBHRS System of Care. SET staff provided services in English and Spanish. SET staff provided services in person, in the field, and virtually. KernBHRS has partnered with CalMHSA for Statewide Medi-Cal Certification for Peer Support Services.

**Success Story:** An individual called the Crisis Hotline who was grieving the death of a loved one. The individual had a history of substance use and reached out many times, being in morbid reflection about their life and feeling hopeless. Through services from many teams throughout KernBHRS working collaboratively, the individual started to let go of the sense that it would never get better. The individual states that things still cause some setbacks but utilizes the skills that KernBHRS services have instilled. The individual can get out of bed, has a stronger sense of emotional regulation, and finds self-care and mindfulness in cooking as therapy.

# PREVENTION AND EARLY INTERVENTION

## Prevention and Early Intervention

The goal of the PEI component of the MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs.

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

KernBHRS has practiced demographic reporting throughout PEI programs. This is done via surveys and through outreach opportunities including the Community Stakeholder Planning Process and other Stakeholder meetings.

The Crisis Hotline and Outreach & Education programs provide Stigma and Discrimination Reduction and Outreach for Increasing Recognition of Early Signs of Mental Illness services. The Crisis Hotline, a suicide prevention program also received its five-year re-accreditation through the American Association of Suicidology and is part of the National Suicide Prevention Lifeline.

During 2015/2016, the Crisis Hotline also implemented the Suicide Outreach Team, which works with the Kern County Coroner to identify and provide support for families who have lost a loved one to suicide. PEI programs within the KernBHRS System of Care and its providers have been developed to serve all age groups: Children, TAY, Adults, and Older Adults.

### PEI Programs

- Access to Care – Crisis Hotline
- Community Referral Network
- Continuum of Care Reform Foster Youth Engagement
- Court Appointed Special Advocates (CASA)
- Foster Care Engagement
- Help Me Grow
- Homeless Outreach Program
- KCSOS- School Based Program
- Living Well
- Outreach and Education

- Prepare U
- Reengagement
- Suicide Prevention Outreach & Education
- TAY Dual Recovery
- TAY Self Sufficiency
- Volunteer Senior Outreach Program (VSOP)
- Youth Brief Treatment (YBT)
- Youth Juvenile Justice Engagement
- Zero Suicide

### PEI Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per client in FY 23/26, including all revenue sources.

<b>Access to Care-Crisis Hotline</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$1,878,756</b>	<b>\$1,878,756</b>	<b>\$1,878,756</b>	<b>\$1,878,756</b>
Estimated Annual Cost Per Client	<b>\$48.80</b>	<b>\$46.97</b>	<b>\$45.82</b>	<b>\$44.42</b>
Estimated Unduplicated # to be served	<b>38,500</b>	<b>40,000</b>	<b>41,000</b>	<b>42,300</b>

<b>Continuum of Care Reform Foster Youth Engagement</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$767,777</b>	<b>\$767,777</b>	<b>\$767,777</b>	<b>\$767,777</b>
Estimated Annual Cost Per Client	<b>\$6,979.79</b>	<b>\$5,687.24</b>	<b>%5,484.12</b>	<b>\$6,142.22</b>
Estimated Unduplicated # to be served	<b>110</b>	<b>135</b>	<b>140</b>	<b>125</b>

<b>Court Appointed Special Advocates (CASA)</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$20,000</b>	<b>\$20,000</b>	<b>\$20,000</b>	<b>\$20,000</b>
Estimated Annual Cost Per Client	<b>\$400.00</b>	<b>\$400.00</b>	<b>\$400.00</b>	<b>\$400.00</b>
Estimated Unduplicated # to be served	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>

<b>Foster Care Engagement</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$1,077,867</b>	<b>\$1,077,867</b>	<b>\$1,077,867</b>	<b>\$1,077,867</b>
Estimated Annual Cost Per Client	<b>\$2,708.21</b>	<b>\$2,113.46</b>	<b>\$1,643.09</b>	<b>\$1,272.57</b>
Estimated Unduplicated # to be served	<b>398</b>	<b>510</b>	<b>656</b>	<b>847</b>

<b>Help Me Grow</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	\$261,555	\$261,555	\$261,555	\$261,555
Estimated Annual Cost Per Client	\$871.85	\$871.85	\$871.85	\$871.85
Estimated Unduplicated # to be served	300	300	300	300

<b>Homeless Outreach Program</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000
Estimated Annual Cost Per Client	\$4,451.04	\$4,347.83	\$4,347.83	\$4,347.83
Estimated Unduplicated # to be served	337	345	345	345

<b>KCSOS-School Based</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	\$599,724	\$599,724	\$599,724	\$599,724
Estimated Annual Cost Per Client	\$869.17	\$983.15	\$983.15	\$983.15
Estimated Unduplicated # to be served	690	610	610	610

<b>Living Well</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	\$13,452	\$13,452	\$13,452	\$13,452
Estimated Annual Cost Per Client	\$4,484.00	\$2,242.00	\$1,494.67	\$1,121.00
Estimated Unduplicated # to be served	3	6	9	12

<b>Outreach &amp; Education</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	\$84,477	\$84,477	\$84,477	\$84,477
Estimated Annual Cost Per Client	\$5,41	\$4.83	#3.46	\$2.77
Estimated Unduplicated # to be served	15,625	19,531	24,414	30,517

<b>Prepare U</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	\$500,000	\$500,000	\$500,000	\$500,000
Estimated Annual Cost Per Client	\$1,111.11	\$1,010.10	\$919.12	\$836.12
Estimated Unduplicated # to be served	450	495	544	598

<b>Community Referral Network</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$423,340</b>	<b>\$423,340</b>	<b>\$423,340</b>	<b>\$423,340</b>
Estimated Annual Cost Per Client	<b>\$1,195.88</b>	<b>\$1,088.28</b>	<b>\$989.11</b>	<b>\$898.81</b>
Estimated Unduplicated # to be served	<b>354</b>	<b>389</b>	<b>428</b>	<b>471</b>

<b>Reengagement</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$994,045</b>	<b>\$994,045</b>	<b>\$994,045</b>	<b>\$994,045</b>
Estimated Annual Cost Per Client	<b>\$565.12</b>	<b>\$543.79</b>	<b>\$521.53</b>	<b>\$503.57</b>
Estimated Unduplicated # to be served	<b>1,759</b>	<b>1,828</b>	<b>1,906</b>	<b>1,974</b>

<b>Suicide Prevention Outreach &amp; Education</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	*Due to the decline in Outreach efforts and available staff during the pandemic, Suicide Prevention Outreach & Education was absorbed by the Crisis Hotline. Therefore, this program did not incur a budget or expenditures.			
Estimated Annual Cost Per Client				
Estimated Unduplicated # to be served	<b>12,000</b>	<b>12,700</b>	<b>13,000</b>	<b>13,600</b>

<b>TAY Dual Recovery</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$220,095</b>	<b>\$220,095</b>	<b>\$220,095</b>	<b>\$220,095</b>
Estimated Annual Cost Per Client	<b>\$5,502.38</b>	<b>\$7,336.50</b>	<b>\$7,336.50</b>	<b>\$7,336.50</b>
Estimated Unduplicated # to be served	<b>40</b>	<b>30</b>	<b>30</b>	<b>30</b>

<b>Volunteer Senior Outreach Program (VSOP)</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$1,030,068</b>	<b>\$1,030,068</b>	<b>\$1,030,068</b>	<b>\$1,030,068</b>
Estimated Annual Cost Per Client	<b>\$5,690.98</b>	<b>\$5,024.72</b>	<b>\$4,498.11</b>	<b>\$4,204.36</b>
Estimated Unduplicated # to be served	<b>181</b>	<b>205</b>	<b>229</b>	<b>245</b>

<b>Youth Brief Treatment (YBT)</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$8,333,147</b>	<b>\$8,333,147</b>	<b>\$8,333,147</b>	<b>\$8,333,147</b>
Estimated Annual Cost Per Client	<b>\$3,051.32</b>	<b>\$2,991.08</b>	<b>\$2,932.14</b>	<b>\$2,875.48</b>
Estimated Unduplicated # to be served	<b>2,731</b>	<b>2,786</b>	<b>2,842</b>	<b>2,898</b>

<b>Youth Juvenile Justice Engagement</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$289,197</b>	<b>\$289,197</b>	<b>\$289,197</b>	<b>\$289,197</b>
Estimated Annual Cost Per Client	<b>\$1,285.32</b>	<b>\$1,180.00</b>	<b>\$1,091.31</b>	<b>\$1,029.17</b>
Estimated Unduplicated # to be served	<b>225</b>	<b>245</b>	<b>265</b>	<b>281</b>

<b>Zero Suicide</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$213,465</b>	<b>\$213,465</b>	<b>\$213,465</b>	<b>\$213,465</b>
Estimated Annual Cost Per Client	<b>\$6.67</b>	<b>\$6.67</b>	<b>\$6.67</b>	<b>\$6.67</b>
Estimated Unduplicated # to be served	<b>32,000</b>	<b>32,000</b>	<b>32,000</b>	<b>32,000</b>



## PEI Programs

### Access to Care- Crisis Hotline

**Updates:** In November 2022-Crisis Hotline moved to a larger, fully renovated building, with more staff. Additionally, Crisis Hotline expanded services with the implementation of 988.

**Success Story:** An individual started calling while under the influence and staff would follow up the next day and the individual couldn't remember calling. This continued for a while until staff had tried three (3) days in a row to reach the individual. Finally, law enforcement was contacted for wellness check and individual was taken to a hospital. Caller contacted the hotline a few days later and thanked staff for saving their life. Staff facilitated connection to private substance use disorder (SUD) services and caller checks in sporadically advising staff of recovery status.

### Continuum of Care Reform Foster Youth Engagement

**Updates:** CCR is striving to work collaboratively with placing agencies, STRTP's, and families to ensure each youth received intensified services needed to reduce MH symptoms/behaviors.

**Success Story:** During this past year the Continuum of Care Reform (CCR) Team through the Qualified Individual (QI) assessment was able to recommend a home-based setting versus a Short-Term Residential Therapeutic Program (STRTP) for four (4) youth who would have initially been placed in an STRTP. In addition, the CCR team created and facilitated groups in all the ten (10) STRTP's in which the youth were receptive and participated in.

### Court Appointed Special Advocates (CASA)

**Update:** In November of 2022, CASA of Kern initiated a cross-training program of Advocate Supervisors, and we have since increased our available staff to supervise the Essential History (EH) components of our CASA children.

**Success Story:** The youth was placed in Juvenile Hall and was not getting proper medications and wasn't thriving. Court Appointed Special Advocates (CASA) advocated for testing and meeting with a medical team from UC Davis. Youth went into a group home received proper medications, balanced out, graduated, and is now volunteering.

### Foster Care Engagement

**Updates:** Foster Care Engagement continues to provide frequent training, support, and ongoing collaboration with Social Workers, Family Foster Agencies and resource parents to assist in identifying undiagnosed youth, increase awareness, and provide early intervention services to youth in the foster care system. California Advancing and Innovating Medi-Cal (CalAIM) has provided the opportunity to provide support for an extended assessment allowing additional time to obtain vital collateral information and continue assessing the child who may otherwise not qualify for services due to limited information. CalAIM has also allowed for the assessment to take place at a later time while focusing on the immediate intervention needs of the child and family.

## PEI Programs

**Success Story:** California Advancing and Innovating Medi-Cal (CalAIM) has shifted the team's process in collaborating with social services and providing a longer and thorough assessment for youth who may otherwise not qualify for services. This process provided an opportunity to serve a youth, who needed agency collaboration in various aspects. The youth had difficulty communicating needs due to a speech delay and frequent acts of violence related to developmental needs. Through the CalAIM process, the youth was able to receive a care coordinator, individual interventions, and support to ensure other added services were in place. This youth is now able to communicate with others and successfully engaged in services.

## Help Me Grow

**Update:** Help Me Grow Kern County (HMGKC) continues to enhance the 'Systems Approach' by building a system of care to increase developmental screening and early intervention for children in Kern County. In collaboration with Unite Us (UU), HMGKC has created flexible workflows to include multiple partners, including Bakersfield American Indian Health Project, Omni Health Services, Valley Children's Medical Group, and Rush 2 Learning Child Care Center. Partnering with UU has created a new entry point for HMGKC, as any agency on the platform can directly refer to HMGKC via UU. Additionally, electronic referrals have facilitated the process and referral response. First 5 Kern has invested time and resources in the program planning/design process and streamlined the workflow and data collection. To promote community engagement and education, the HMGKC Collaborative meets quarterly with partner agencies supporting developmental screenings and referrals in Kern County.

**Success Story:** A Help Me Grow Development Specialist (HMGDS) reached out to a parent to complete a scheduled follow-up developmental screening. Parent was walked through the process of completing screening tools over the phone. While completing the screening the parents shared concerns about a delay in speech. After the screening was completed, the HMGDS shared results with the parent. For the screening the child scored close to the cutoff with some parent concerns about child's speech. The HMGDS asked the parent if they would like a referral to be submitted to the Ascension Center, referral was made.

## Homeless Outreach Program

**Updates:** The Homeless Outreach Program with Flood Ministries Bakersfield continues to provide street outreach and temporary or permanent housing placement to homeless individuals in Kern County, including those with high behavioral health needs. Flood serves Metro Bakersfield as well as rural areas of Kern County. Flood street outreach staff have lived experience with homelessness and are specially trained to engage those individuals with significant barriers to housing. Going forward, the Homeless Outreach Program will focus on partnering with new programs serving homeless individuals in Kern, in order to maximize the successful placement of homeless individuals in supportive housing. For example, the Homeless Outreach Program will collaborate with KernBHRS' BH street outreach teams including ROEM and the mobile crisis unit; with law enforcement and the KernBHRS mobile evaluation team; with additional and/or expanded navigation centers/shelters; with CARE Court; and more.

## PEI Programs

**Success Story:** After the street outreach team engaged on a regular basis with an individual facing homelessness, who struggles with substance abuse and mental illness, the team was able to successfully link the individual to mental health and substance abuse services through Kern Behavioral Health and Recovery Services (KernBHRS). The individual is currently housed and working on continued stabilization through behavioral health services.

### KCSOS-School Based Program

**Updates:** For the 2022-2023 school year, the KCSOS School-Based Program was able to add another School Social Worker (SSW). The newly added SSW is placed at Wallace Middle School in the Kernville Union School District. With the placement in Lake Isabella, we have started a new partnership with College Community Services in Lake Isabella. We have already started monthly Coordination of Care meetings with CCS and Wallace Middle School.

**Success Story:** An 8th grade student was referred to the school social worker due to substance use and behavioral concerns. The SSW was able to build rapport quickly with the student and began discussing goals. The student wanted to decrease substance use, make positive choices, and increase grade point average (GPA). The SSW facilitated Forward Thinking Journaling- Substance Using Behaviors as a tiered intervention with the student. The student has made positive changes, raised GPA, has had less referrals and has decreased substance use. The student expressed gratitude to the new-found structure in their life and is encouraged by positive choices.

## PEI Programs

### Living Well

**Updates:** The Living Well Program has continued to grow adding additional projects and with the recent expansion to provide Perinatal Treatment. Our Dialectical Behavioral Therapy (DBT) program provides individual and group therapy. In addition, the DBT team has provided training on DBT skills. Our Eye Movement Desensitization and Reprocessing (EMDR) program has added additional trainees to meet the need of the service primarily in Children's.

Our work with Eating Disorder Specialist Dr. Woodruff provided eating disorder trainings. IPS has undergone its annual fidelity review rating as in "Good" standing. We have added an additional Employment Specialist to meet the high demand for our TAY population.

**Success Story:**

**IPS**

Individual wanted to get a job in the community but was very hesitant to take the first steps to obtain employment because of their high level of anxiety, not feeling comfortable in a public setting, and refusing to talk to employers. Individual was provided with excellent coping skills to reduce their anxiety especially around people in public places. Individual attended some job interviews and was hired in one of the local stores in town which provided the individual with some confidence and empowerment to the point of finding another job at a local restaurant and with more hours of employment. Individual reports feeling they have meaning again.

**EMDR**

Individual was referred to EMDR due to having an accident that caused a disability and reported having challenges even thinking about the future and being happy. Individual was in treatment for nine (9) months and completed processing sessions on the accident that occurred. By the end of EMDR treatment individual was able to plan to attend school and describe and cope with emotions by utilizing resourcing skills.

### Outreach & Education

**Updates:** FY 21/22 we had an increase for in-person outreach events with the pandemic and restrictions lifting which has allowed the department to reach more unserved and underserved populations.

**Success Story:** During September Suicide Prevention Awareness and Recovery Month 2022, the Mental Health Services Act (MHSA) staff attended an outreach event where food baskets and hygiene kits were given away in collaboration with local substance abuse treatment center. Community members from various underserved populations were able to obtain food, hygiene items and books for children. We reached over 1,000 individuals & families in one day. MHSA team provided resources which included: 988, Gateway and Crisis cards in every hygiene bag distributed.

## PEI Programs

<b>Prepare U</b>	<p><b>Update:</b> The KCSOS Community Learning Center (CLC), alternative education program, expanded implementation of the Prepare U curriculum to 4 additional sites FY 22-23. Additionally, KernBHRS is attempting to expand the Prepare U Home Edition curriculum to provide to providers, community-based organizations, and individuals that could benefit from the programming at home.</p> <p><b>Success Highlight:</b> The Live Network (founders) of Prepare U curriculum, worked closely with Kern Behavioral Health and Bakersfield City School District (BCSD) to revamp and revitalize the 5-session skill building series to better meet the needs of Kern County students and youth. With this collaboration and great effort, the curriculum was implemented to eight different sites as a pilot program within BCSD in fiscal year 22/23.</p>
<b>Reengagement</b>	<p><b>Update:</b> Developed and implemented Reengagement Web Application to accurately record client referrals, client and family/support interactions, and client reengagement outcomes. Metrics in the web application have been continuously refined to improve the quality and accuracy of data being collected. Provided ongoing, individualized training to teams experiencing turnover, struggling to understand the program, and/or needing general support to ensure accuracy in data collection and consistency in program operations across all sites.</p> <p><b>Program Highlight and Success:</b> Reengagement staff conducted a home visit due to individual not engaging with mental health team after many attempts by assigned clinical staff. Reengagement staff was able to locate individual and began the process of engagement. Reengagement staff was able link to community resources: Reduced California ID, government phone program, food banks and employee linkage. Reengagement staff worked on building rapport and trust with the individual who was wanting to receive mental health services. Individual is now engaging with therapist, recovery coordinator, peer support and psychiatrist.</p>
<b>Community Referral Network</b>	<p><b>Update:</b> Developed and implemented Community Referral Web Application to accurately record client referrals, client and family/support interactions, client outcomes, and community partner outreach efforts. Metrics in the web application have been continuously refined to improve the quality and accuracy of data being collected. Re-branded program; developed and disseminated clinic-specific marketing materials (i.e.: posters, flyers, cards) for consistency and standardization. Coordinated delivery of Relational Outreach and Engagement Model (ROEM) training and job shadowing for all Community Referral Network staff for the purpose of enhancing existing engagement and service delivery skillsets. Provided ongoing, individualized training to teams experiencing turnover, struggling to understand the program, and/or needing general support to ensure accuracy in data collection and consistency in program operations across all sites. Purchased and disseminated supplies (i.e.: hygiene kits, socks, hats, umbrellas, blankets, water, snacks) to Community Referral Network staff to be utilized for client engagement. Purchased and disseminated Community Referral Network Program T-shirts and pop-up banners detailing the program/services to be utilized at community events. Ensured all teams had dedicated outreach hotline numbers for referrals. Program information was presented on social media platforms, at</p>

## PEI Programs

the Behavioral Health Board, an MHSA Stakeholders meeting, and to the KernBHRS Director and Management team to ensure widespread knowledge of program.

**Success Story:** Individual is unhoused and after many attempts was linked to services by Community Referral Network. A major barrier to attending services was transportation to the clinic. To address this, services have been provided in the field and at the Arvin Navigation Center. Individual is continuously provided with food baskets and hygiene bags, is connected to Flood Ministries, has been provided with hotel vouchers, and is in the process of obtaining long-term housing. Individual was linked to psychiatry, a Primary Care Physician, and a dentist. Individual has made tremendous progress and is committed to behavioral health services and becoming familiar with resources in the community.

Individual was experiencing symptoms of paranoia, delusions, and strange behavior. Community Referral Network Case Manager began to make daily home visits so the individual would become familiar with staff who provided assurance that no harm was intended. In time Community Referral Network Case Manager became a familiar face and although individual continued to be hesitant, started to accept support like food baskets and scheduling appointments with primary care physician. After two (2) months of almost daily visits, individual agreed to attend an appointment and see a psychiatrist. This never would have been possible without the Community Referral Network as it helped ease into services and build trust with the team!

## Reengagement

**Update:** Developed and implemented Reengagement Web Application to accurately record client referrals, client and family/support interactions, and client reengagement outcomes. Metrics in the web application have been continuously refined to improve the quality and accuracy of data being collected. Provided ongoing, individualized training to teams experiencing turnover, struggling to understand the program, and/or needing general support to ensure accuracy in data collection and consistency in program operations across all sites.

**Success Story:** Reengagement staff conducted a home visit due to individual not engaging with mental health team after many attempts by assigned clinical staff. Reengagement staff was able to locate individual and began the process of engagement. Reengagement staff was able link to community resources: Reduced California ID, government phone program, food banks and employee linkage. Reengagement staff worked on building rapport and trust with the individual who was wanting to receive mental health services. Individual is now engaging with therapist, recovery coordinator, peer support and psychiatrist.

## PEI Programs

### Suicide Prevention Outreach & Education

**Update:** No longer utilizing Question, Persuade, and Refer (QPR). Replaced this training with Look and Listen, Explore Reasons, Ask About Suicide, Don't Hesitate Get Help, or Develop Plan (LEAD).

**Success Story:** After conducting a training for first responders, a call was received that night from an individual who had never reached out due to stigma, etc., but they were having a very hard time with work and their personal life. There was a dialog exchange for a while and they collaborated on a Safety Plan, Coping Skills, and facilitated referrals for immediate assistance.

### TAY Dual Recovery

**Updates:** The program is currently thriving thanks to many learning opportunities. There is a strong partnership between TAY (Transition Age Youth) team and Third Tradition. Most participants are remaining at Third Tradition with minimal issues. When a client relapses the TAY team and Third Tradition hold a meeting immediately to address concerns and develop a support plan. Third Tradition permits youth to experience natural consequences and takes into consideration issues such as trauma, poverty, limited support as well as other factors to develop an individualized plan to set up the youth for success. The Third Tradition staff have been receptive to learning more about trauma and other mental health issues to enhance their understanding so they may respond effectively.

**Success Story:** Youth identifies as transgender, and the youth entered Third Tradition at the beginning of the pandemic and had to isolate which was a challenge. The youth quickly adapted to the community and helped teach them about the transgender community. The youth brought greater awareness to diversity issues, changed stereotypical and even hateful perspectives. Has been clean and sober for two years since moving out and is even a sponsor for the 12-step program working hard to support others' sobriety. The young person has successfully completed the TAY Dual Recovery Program, moved into own apartment, is in a healthy relationship, has custody of child, and was able to obtain her driver's license with the help of Third Tradition staff.

### TAY Self Sufficiency

**Updates:** The program continues to support transition age youth with secure and maintaining stable housing. The SSP (Self Sufficiency Program) Team has established relationships with housing partners including landlords to assist youth with obtaining affordable housing. Case management services have aided the youth with overcoming barriers to maintaining housing such as managing conflict with roommates or neighbors, developing parenting skills, and money management required to pay bills. The SSP staff work closely with the TAY (Transition Age Youth) team and adult treatment team providers to provide intensive collaborative services that address the youth's behavioral and independent living needs. There has been an increased focus with emancipation meetings and supporting youth exiting extended foster care with housing plans once they age out to ensure they are not street homeless. The SSP Team has also worked closely with the TAY Dual Recovery Program staff at Third Tradition to support youth with transitioning to independent living after they are ready to exit the Sober Living Environment. This strong

## PEI Programs

collaboration is exemplary of the success, commitment to transition age youth and community building that can be expected from the KCSOS (Kern County Superintendent of Schools) staff at the Dream Center.

**Success Story:** With the assistance of the Self Sufficiency Program (SSP), youth was able to obtain housing and a job at a warehouse. With strong work ethic was promoted twice, however with the demands of the job the youth started struggling and was reluctant to participate in mental health services. Youth was linked to an adult treatment team by SSP Team and unfortunately withdrew from treatment and required crisis intervention. Youth was able to receive services from the Transition Age Youth (TAY) Team and due to the diligent work of the TAY Team Lead, they were able to build trust and engage the youth in mental health services. Although the youth continues to struggle with mental health, youth has started to keep the appointments consistently and has been able to maintain housing.

### Volunteer Senior Outreach Program (VSOP)

**Updates:**

**VSOP:** We anticipate an increase in the number of referrals for the upcoming fiscal years as the state-pandemic restrictions have lifted increasing synergy within the community and improving client referrals and linkage to VSOP. There has also been a rise in Outreach and Education activities with the goal of promoting the program and decreasing stigma and engaging seniors primarily on a preventative level of engagement and provision of services.

**Success Story:** An individual was referred to VSOP with concerns of anger and struggled with healthy communication with family. The team provided Cognitive Behavioral Therapy (CBT), Thought Stopping and Effecting Communication Interventions. Individual began to engage in more meaningful activities and eventually was able to be gainfully employed. Individual has continuously reported improved communication and overall improved relationship with family.

### Youth Brief Treatment (YBT)

**Updates:** KernBHRS Children's System of Care staff have completed Eye Movement Desensitization and Reprocessing (EMDR) training. College Community Services Wasco Location has a new address; 820 6<sup>th</sup> Street, Wasco, CA, 93280.

**Success Story:** Youth presented with trauma related symptoms, Youth Brief Treatment staff provided trauma informed treatment to the family through family and collateral services, in addition to individual therapy and rehab services. Through treatment, parent was able to cope with feelings of guilt and learned to provide a structured environment to the youth while meeting youth's emotional needs. Youth was able to learn to overcome her fear stemming from past trauma and became more social with family, at school, and with children in her neighborhood. Youth is now able to perform age-appropriate independent living skills.

### Youth Juvenile Justice Engagement

**Updates:** Our program has focused on collaboration with the Kern County Probation Department (KCPD) to decrease the time from referral to first services. This has been accomplished by having KCPD refer clients as soon as they come into custody. Thereafter we collaborate to hold an Intensive Case Coordination (ICC) meeting at Youth Detention Center (YDC) and begin connecting the youth to treatment. Our program has also been responsive to the Kern County Juvenile Superior Court and KCPD to broker and link Welfare and Institution Code 709 referrals to the mental



## PEI Programs

health systems of care. Our program has also initiated and sponsored a collaborative meeting once weekly bringing together referral sources from Camp Erwin Owens, Youth Development Center (YDC), Crossroads, Achievement Perseverance and Excellence Academy (APEX), and Juvenile Probation Psychiatric Services (JPPS). This has been extremely effective in ensuring youth whose release is being planned are linked prior to release.

**Success Story:** Much work has been devoted to building trust and rapport as quickly as possible with new referrals to build a bridge to continued treatment once youth are released. One youth after consistent visits while incarcerated started feeling connected and reported an improved mood. Once released the youth continued in treatment for approximately a year, building a therapeutic relationship, and working with our team. The youth began to make better choices, graduated High School, became employed, and later transferred services to Transitional Age Youth.

## Zero Suicide

**Updates:** In KernBHRS, the Zero Suicide program has been adopted as a personal initiative by the Behavioral Health Director to assist in more preventative means in reducing suicide attempts. This program drives KernBHRS staff to think more innovatively and goal oriented on suicide prevention measures including providing more training and post care measures to staff to support them in supporting clients that are high risk for suicide attempts.

**Success Story:** Screening rate continues to rise; currently the departments and providers' combined screening average is 52%. Since the implementation of Zero Suicide at KernBHRS in September 2019, the department and its providers have completed over 620,000 C-SSRS screeners. The number of suicides for the department and its providers fell from 13 in FY 21/22 to 9 in the current fiscal year. A new activity code, 421 Zero Suicide Caring Contacts, has been created to track the use of the Caring Contacts intervention in Cerner.

# INNOVATION

## Innovation

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

### INN Programs:

- **The Healing Project (AKA The Recovery Station)**
  - MHSOAC Approval Date: 2/22/2018
  - Length of Program: 5 years
- **The Mobile Clinic with Street Psychiatry**
  - MHSOAC Approval Date: 3/24/2022
  - Length of Program: 5 years
- **The Learning Health Care Network**
  - MHSOAC Approval Date: 5/26/2022
  - Length of Program: 5 years

### Important Changes:

- **Bakersfield Recovery Station-** major damage to the building was incurred during a severe storm. Due to the pandemic the CFLC location was closed to in-person services and was temporarily used by the Recovery Station while repairs were being completed to the building. 2001 28th St, Bakersfield, CA 93301
- **The Mobile Clinic with Street Psychiatry Plan** – was approved by the MHSOAC on 3/24/2022. The first dollar was spent for this Innovation Plan on 3/25/2023 for staffing.
- **The Learning Health Care Network Plan** – was approved by the MHSOAC on 5/26/2022.

### INN Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per client in FY 23/26, including all revenue sources.

<b>Learning Health Care Network</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$899,336</b>			
Estimated Annual Cost Per Client	*Program is still in the launching stages	<b>\$11,242</b>	<b>\$11,242</b>	<b>\$11,242</b>
Estimated Unduplicated # to be served	*Program is still in the launching stages	<b>Up to 20</b>	<b>Up to 20</b>	<b>Up to 20</b>

<b>The Healing Project (AKA The Recovery Station)</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$2,891,202</b>	<b>\$2,891,202</b>	<b>*Program is slated to sunset at the 5-year mark in 2024.</b>	
Estimated Annual Cost Per Client	<b>\$1,663</b>	<b>\$1,563</b>		
Estimated Unduplicated # to be served	<b>1,739</b>	<b>1,850</b>		

<b>Mobile Clinic with Street Psychiatry</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$8,774,098</b>			
Estimated Annual Cost Per Client	*Program was approved by the MHSOAC in the Spring of 2022	<b>\$222</b>	<b>\$222</b>	<b>\$222</b>
Estimated Unduplicated # to be served	Program was approved by the MHSOAC in the Spring of 2022, in implementation phase.	<b>12,635</b>	<b>12,635</b>	<b>12,635</b>

## INN Programs

<b>Learning Health Care Network</b>	<p><b>Updates:</b> The Learning Health Care Network has experienced some delays due to executing the contract with University of California, Davis (UCD) for sharing database information. Once this contract is executed it will allow UCD to aggregate outcome measurements of individuals participating in the program locally as well as roll up this aggregate information regionally and nationally. This gives Kern County an opportunity to participate in evidence-based research that can further the field of work in Early Psychosis.</p> <p><b>Program Highlight:</b> Learning Health Care Network Innovation Funding assisted to offset additional necessary funding needed to run the program to fidelity. There was an existing gap within the Early Psychosis Intervention (EPI) Plus programming with staffing, as this EPI Plus grant only provided enough funding to cover two positions for outreach and navigation work into the EPI Plus program. The Learning Health Care Network funding was able to provide 6 additional positions including: a peer advocate, recovery specialist, therapist, family advocate, psychiatrist, and Individual Placement Support worker.</p>
<b>The Healing Project (AKA The Recovery Station)</b>	<p><b>Updates:</b> The Healing Project located in Delano is no longer operational as of April 2022. The project did not yield initial admission projections relative to the population of Delano, CA and surrounding areas. Project guidelines state that both facilities (Bakersfield and Delano combined) should admit 1,600 clients each year. The Delano location averaged 9 clients each month from June 2020 to June 2021. The Delano facility admitted a total of 114 clients for the 2020-2021 fiscal year. Estimates projected total admissions for Delano and surrounding areas to be 336 (336 is 21% of 1,600). The Bakersfield site exceeded projections by admitting 1283 clients from June 2020 – May 2021 (80% of 1600). The Delano project fell short by 222 admissions.</p> <p>The Primary location for the Kern County Healing Project (Recovery Station) is located at 312 Kentucky St, Bakersfield, CA 93305. In late October of 2021, the primary site experienced water damage resulting in a temporary relocation to 2001 28th St, Bakersfield, CA 93301. Adjustments to available services include a reduced capacity (6 beds instead of 10), individuals are provided with hygiene kits instead of showers, and laundry services are not offered. Core services remain operational (referrals to SUD/MH treatment, linkage to housing, onsite assessments, access to Counselors, Therapists, Clinicians and Peer Recovery Coaches). The Bakersfield Healing Project added iPads to encourage individuals to participate in our voluntary Satisfaction Surveys. Digital versions of the surveys allow KernBHRS to obtain client feedback promptly and to retain vital suggestions based on their experience during their stay. The surveys now request demographic information granting the Healing Project the ability to better identify less served populations.</p> <p><b>Success Story:</b> A guest reported that he was stranded in Bakersfield, he was a veteran receiving VA services in Los Angeles, and he wanted to return there because he had placement in the VA transitional housing. Staff linked him to the local VA who scheduled him to get to LA the next morning. In LA, he heard from his social worker that due to reports of past suicide reports he was too high risk to stay at the VA home, so he could either go back to Bakersfield or go to Skid Row. He returned to Bakersfield, he found his way back to the Recovery Station, and he was frustrated but grateful he was at a safe place where he wouldn't be triggered to drink again. Staff again linked him to the local VA office, who explained that there had been a mix up, and</p>

## INN Programs

the guest did have placement in LA. The VA helped him with his benefits and got him back to LA. The guest reported to the Recovery Station that he didn't know what he would have done without their help, and, when they checked in with him this week, he is engaging with his VA team, he is in VA transitional housing, and reports that he has been sober ever since.

### **Mobile Clinic with Street Psychiatry**

**Updates:** The Mobile Clinic with Street Psychiatry is in the County bidding system to award the build out of the two customized Behavioral Health Mobile Clinics to a vendor. Additionally, as the bid opened, recruitment for staff started. The staff, when onboarded will go through extensive training to work in this Innovative model.

**Success Story:** The Mobile Clinic with Street Psychiatry has started implementation by hiring staff to train alongside the ROEM team. The ROEM team is the other street outreach team within KernBHRS that provides mobile homeless street outreach. The first staff that was hired to the Mobile Clinic with Street Psychiatry had experience working in mobile street outreach which is a wonderful addition to this Innovation concept.

# WORKFORCE EDUCATION AND TRAINING

## Workforce Education and Training

The goal of the Workforce Education and Training (WET) component is to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes.

KernBHRS' workforce is able to work collaboratively to deliver client-and family-driven services and provide outreach to unserved and underserved populations. They also provide services that are linguistically and culturally competent, relevant, and include viewpoints and expertise of clients and their families/caregivers.

### WET Programs:

- Clinical Internship
- Psychology Internship
- Relias Learning
- Training Enhancement

### Important Changes:

- KernBHRS developed 43 individual standardized training plans and moved forward with an automatic enrollment feature that made assign staff to training a more efficient process.
- For the WET funding stream, KernBHRS has outsourced evaluation annually to a 3<sup>rd</sup> party evaluator for WET Evaluation of Outcome Measurements, the Workforce Needs Assessment, & the Capacity Assessment.

### WET Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per staff/contractor in FY 23/26, including all revenue sources.

Clinical Internship	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Annual Budgeted Funds	\$423,496	\$423,496	\$423,496	\$423,496
Estimated Annual Cost Per Client	\$9,411	\$9,411	\$9,411	\$9,411
Estimated Unduplicated # to be served	45	45	45	45

Psychology Internship	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Annual Budgeted Funds	\$2,020,099	\$2,020,099	\$2,020,099	\$2,020,099



Estimated Annual Cost Per Client	<b>\$505,024.75</b>	<b>\$505,024.75</b>	<b>\$505,024.75</b>	<b>\$505,024.75</b>
Estimated Unduplicated # to be served	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>

<b>Relias Training</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$222,000</b>	<b>\$222,000</b>	<b>\$222,000</b>	<b>\$222,000</b>
Estimated Annual Cost Per Client	<b>\$117.96</b>	<b>\$117.96</b>	<b>\$117.96</b>	<b>\$117.96</b>
Estimated Unduplicated # to be served	<b>1882</b>	<b>1882</b>	<b>1882</b>	<b>1882</b>

<b>Training Enhancement</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>
Annual Budgeted Funds	<b>\$2,404,333</b>	<b>\$2,404,333</b>	<b>\$2,404,333</b>	<b>\$2,404,333</b>
Estimated Annual Cost Per Client	<b>\$1,277.54</b>	<b>\$1,277.54</b>	<b>\$1,277.54</b>	<b>\$1,277.54</b>
Estimated Unduplicated # to be served	<b>1882</b>	<b>1882</b>	<b>1882</b>	<b>1882</b>

## WET Programs

<p><b>Clinical Internship</b></p>	<p><b>Update:</b> For 2023-26 KernBHRS will be continued to implement the Multicultural Clinical Supervision Training Program - Phase III for the Master Level Clinicians and for the Psychology Interns (Clinical Psychology Internship)</p> <p><b>Success Story:</b> Phase I - In 2021-22 Kern BHRS implemented the Multicultural Clinical Supervision Program (MCCSP) as a Pilot (Phase I). During 2021-22 there were a total of 54 participants from Kern Behavioral Health &amp; Recovery Services. All participants were clinical staff. The program was open for participants to take as many modules as they wished and/or to complete the program (18 modules in 12 months). Out of the 54 participants, 10 completed the 18 modules successfully.</p> <p>The Multicultural Clinical Supervision Program is on Phase II (2022-23). The main goal of the program continues to be: MCCSP designed for behavioral health professionals who are licensed to practice, currently are providing clinical supervision, are able and willing to take their licensing examination within six months and would like to provide clinical supervision as prescribed by their respective board. Included participants are those students/interns who are required by their respective universities to obtain formal clinical supervision training to obtain and graduate from clinical psychology programs. The training program rests on the premise that clinical supervision is a distinct core competency domain for behavioral health professionals and requires specific preparation and formal training.</p>
<p><b>Psychology Internship</b></p>	<p><b>Update:</b> Our team continued to meet the demands of the work as well as follow the guidance of the nine Professional Wide Competencies set forth by the American Psychological Association. Overall, the psychologists have contributed to completing approximately 315 court-ordered evaluations, over 24 psychological testing batteries, as well as providing treatment for the residents of Kern County. Our interns and psychologists have participated in the multi-Cultural supervision training as we value the opportunity to develop supervision skills in a culturally sensitive environment.</p> <p>APA certification has been obtained and there is a plan to expand the number of interns over the next few years to meet the growing need of the community.</p> <p><b>Success Story:</b> With great pride, on 11/22/2022, our program transitioned from American Psychological Association (APA) accredited on contingency to FULLY accredited status. Becoming an APA accredited site is a nice recognition as it means our program training and faculty align with the standards set forth by the American Psychological Association.</p>
<p><b>Relias Training</b></p>	<p><b>Update:</b> There have been 1882 unduplicated participants that have completed training in FY 2022-2023. Based on an average monthly completion rate of approximately 3,540 courses completed, at the end of the fiscal year, staff will have completed nearly 42,500 trainings. There has been a return to face-to-face instruction for trainings with regulatory requirements such CPI Non-violent crisis de-escalation training, 5150 Initial and Refresher</p>

## WET Programs

trainings and ASIST suicide prevention training. We have had an addition of a new Staff Development Specialist, as well as a Mental Health First Aid trainer. Three additional ASIST trainers, one additional CPI trainer and one additional trainer for CANS were also identified in FY 2022-2023.

**Success Story:** KernBHRS developed 43 individual standardized training plans. By using the automatic enrollment capability in Relias, Training Services staff were able to quickly assign required training to staff based on their hire date (New Hire Training Plans), their job function (Annual Direct Service, Annual Professions & Administrative Staff), their job title (Supervisor Academy Training, Kern Medical resident training plans), as well as specialty training plans (MN Engagement, Zero Suicide-All Staff, Adolescent DBT, Zero Suicide, Direct Service). A due date is also established upon assignment of these training plans. Relias continues to provide updated relevant training with over 930 online modules that are updated monthly.

### Training Enhancement

**Updates:** This program was impacted by COVID-19 considerations and experienced changes and growth that continues to benefit staff development. Some of this growth includes development of and participation in online conferences, as well as an increase in self-paced learning opportunities. Some examples: 100% self-paced learning such as CPI Verbal Intervention (crisis de-escalation) training online and department-developed examples including Narcan training and CLAS, CCP-R, Better Care 2022 (offered in both English & Spanish).

Hybrid training models that include a self-paced module and a live, instructor-led webinar such as Mental Health First Aid (adult curriculum) and Youth Mental Health First Aid (for adults helping youth), tailored crisis de-escalation training for different staff roles, CPI Global Instructor Advanced Physical Skills Training which provided PEC with the knowledge and skills to keep themselves and clients safe even during the most acute crises, CPI Nonviolent Crisis Intervention Training for Direct Service providers which covers both verbal intervention skills and physical safety skills, CPI Verbal Intervention which is offered optionally to administrative and professional staff to be able to attempt verbal de-escalation techniques as needed, shift to all web-based live, instructor-led sessions for guest facilitators which cuts travel and lodging costs, examples include: treating eating disorders: Family-Based and Individual Approaches. Annual Clinical Supervision: Competence, Context, and Practice. Trauma and Homelessness. Online Conferences. Development of Multi-County Suicide Prevention Summit. Participation in 2021 State Health Equity Summit.

**Success Story:** Training formats were diversified as a result of distancing requirements due to the COVID-19 public health emergency. This has led to a greater variety of training opportunities for diverse learners in our workforce and community. Currently, this means that we offer Relias-developed interactive modules, webinars, podcasts, and short-form training known as "pro-on-the-go". KernBHRS-developed training include the following formats: In-person, web-based instructor-led, filmed self-paced, PowerPoint self-paced, and consultations.

# **CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS**

## **Capital Facilities and Technological Needs**

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

### **CFTN Programs:**

- The Healing Project (AKA The Recovery Station) FY 20/21
- Electronic Health Record (EHR)
- Allocap Software
- The Healing Project (AKA The Recovery Station) Repairs
- Psychiatric Evaluation Center (PEC) & Crisis Stabilization Unit (CSU) Renovation
- Community Care Expansion (CCE) Preservation Grant Match
- Westchester Building Heating, Ventilation, and Cooling (HVAC) System Replacement

### **Important Changes:**

- Funding was used to purchase the Healing Project property.
- The buy-in to the state Electronic Health Record was used from CFTN.
- Allocap Software was purchased for the Finance Department.
- Funding was spent on the Healing Project to repair damage to the roof and building during a larger storm.
- Renovations were performed to the Psychiatric Evaluation Center (PEC) & Crisis Stabilization Unit (CSU) to bring the building up to fire code.

- Community Care Expansion (CCE) Preservation Program Grant Match was provided by CFTN to match subsidies to existing licensed residential adult & senior care facilities to preserve them in the event of a closure.
- The Heating, Ventilation, and Air Conditioning (HVAC) System was replaced and upgraded in the Westchester Building.
- Website Redesign fee was used from CFTN to make the public facing website.

### **CFTN Proposed Expenditure Plan and Estimated Cost Per Client**

The table below represents the estimated cost per project in FY 23/26, including all revenue sources.

<b>CFTN Programs</b>	<b>Annual Budgeted Funds</b>
<b>Electronic Health Record</b>	\$150,000.00
<b>Allocap Software</b>	\$20,000.00
<b>Healing Project Property Purchase</b>	\$885,535
<b>PEC &amp; CSU Renovation</b>	\$4,000,000
<b>CCE Grant Match</b>	\$230,000
<b>Website Redesign</b>	\$28,000
<b>Healing Project Storm Damage Repairs</b>	\$1,077,000
<b>Westchester Building HVAC Replacement</b>	\$1,000,000

CFTN Programs	Program Update	Success Story
<b>Electronic Health Record</b>	In Fiscal Year 21-22, KernBHRS used CFTN to fund the buy-in to the statewide EHR development project. This buy-in, allowed KernBHRS to work with CalMHSA and the other participating counties to develop a customized EHR that will be tailored to the needs of the department and clients served.	KernBHRS has heavily invested staff into this project to be able to create an EHR that meets the many needs of the department. This has been an exciting implementation which is slated to launch July 2023.
<b>Allocap Software</b>	In Fiscal Year 21-22, KernBHRS used CFTN funds to purchase Allocap Software as a tool for the Finance Department to expedite accounting processes and strengthen their reporting of fiscal information to the rest of the department.	Since the time Allocap was acquired by the department it has allowed the finance team to expedite accounting and calculations more thoroughly and in depth, previously these were manually calculated. Additionally, since this process has now been automated with Allocap, it allows the finance department to produce reports more quickly to advise on decision making with the management team.
<b>Healing Project Property Purchase</b>	In Fiscal Year 21-22, KernBHRS used CFTN funds to purchase the Kentucky Street Property which houses the Healing Project. Acquiring this property is part of the sustainability plan for this Innovation Project.	A lot of success has been found with the Healing Project and the department is moving towards a sustainability plan of this model. Acquiring this property moved the department closer to sustaining this Innovation Project.
<b>PEC &amp; CSU Renovation</b>	The RFP was awarded in Spring of 2023 to the contractor that will be providing the renovation. Prepping space and identifying a temporary relocation of services is underway. Construction is slated to start June 2023.	The Renovation project is moving along and is slated to be completed in August 2023 which will provide a safer and refreshed atmosphere for individuals receiving crisis services.
<b>CCE Grant Match</b>	Advocates for Human Potential (AHP) provided KernBHRS with an award letter in April 2023 totaling \$4,120,500.00 for	The awarding of these funds will aid KernBHRS to prevent closures and preserving beds in existing licensed facilities.

	<p>Operational Subsidy Payments and Capital Projects for adult residential facilities serving qualified residents, applicants and recipients of Supplemental Security Income/State Supplementary Payment and Cash Assistance Program for Immigrants, with a priority for individuals experiencing or at risk of homelessness. Funds can be used to address critical repairs, required upgrades, and ensuring that facilities are compliant with licensing standards. The Housing Team will move forward with the Standard Agreement and work with AHP to finalize the Implementation Plan to appropriately expend these funds by June 30, 2027.</p>	<p>Preventing their closure will prolong the availability of beds for client's use during their recovery journey.</p>
<p><b>Website Redesign</b></p>	<p>Kern County's Board of Supervisor's recently approved allowing the website redesign project to be contracted out. The bid for work has been received to start processing.</p>	<p>KernBHRS was able to find a vendor with the skill level needed to complete all of the upgrades that the department has noted will improve communication with Kern County's citizens through the public facing website.</p>
<p><b>Healing Project Storm Damage Repairs</b></p>	<p>The Healing Project Storm Damage repairs were completed at the Kentucky Street facility, following damage from heavy rains that resulted in hazardous conditions. The Kentucky Street facility houses the Recovery Station (sobering station) program operated by Telecare. The Recovery Station supports law enforcement by providing an alternative to incarceration or hospitalization of individuals with active substance use disorders. As such, the Kentucky Street facility is a key component of the crisis care continuum in Kern. The Kentucky Street facility also provides office and warehouse space for KernBHRS staff.</p>	<p>Extensive remediation and repair of the facility were completed. The Recovery Station and KernBHRS office staff were able to return to the Kentucky Street Facility to resume operations as normal.</p>



**Westchester  
Building  
HVAC  
Replacement**

The Westchester HVAC system is being replaced due to the unreliable performance of the existing system. After extensive ongoing repairs to the existing system over several years, that did not result in improvement in the performance of the existing system, the HVAC system is being replaced. The replacement project includes engineering design alterations of the Westchester building, to reduce chronic overheating of HVAC control panels that renders the control panels inoperable. Replacement of the HVAC system is designed to ensure that KernBHRS can consistently utilize the facility for both staff and clients (e.g., the CFLC operates from the Westchester facility), especially during the very hot summer months of Kern County.

The replacement project includes engineering design alterations of the Westchester building, to reduce chronic overheating of HVAC control panels that renders the control panels inoperable. Replacement of the HVAC system is designed to ensure that KernBHRS can consistently utilize the facility for both staff and clients (e.g., the CFLC operates from the Westchester facility), especially during the very hot summer months of Kern County.

# 3 YEAR CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS EVALUATION REPORT FY 21-22

## FISCAL YEAR 21-22



**HEALING PROJECT \$885,535**  
TO PURCHASE AND ACQUIRE THE KENTUCKY STREET PROPERTY



**ALLOCAP SOFTWARE \$20,000**  
FOR ACCOUNTING SOFTWARE FOR THE FINANCE DIVISION

**ELECTRONIC HEALTH RECORD \$150,000**  
BUY-IN PURCHASE FOR STATEWIDE NEW EHR SYSTEM



## FISCAL YEAR 22-23



**HEALING PROJECT \$1,077,000**  
STORM DAMAGE REPAIRS



**MARY K SHELL BUILDING \$4,000,000**  
UPGRADE FIRE SAFETY SYSTEM & FACILITY

## BUDGETED



**CCE GRANT MATCH \$230,000**  
CAPITAL REPAIR COSTS FOR ARFS AVOIDING CLOSURE



**WESTCHESTER BUILDING \$1,000,000**  
REPLACEMENT OF HVAC SYSTEM



**WEBSITE REDESIGN \$28,000**  
REDESIGN FOR ACCESSIBILITY

## FISCAL YEAR 23-24

## PROJECTED EXPENDITURES



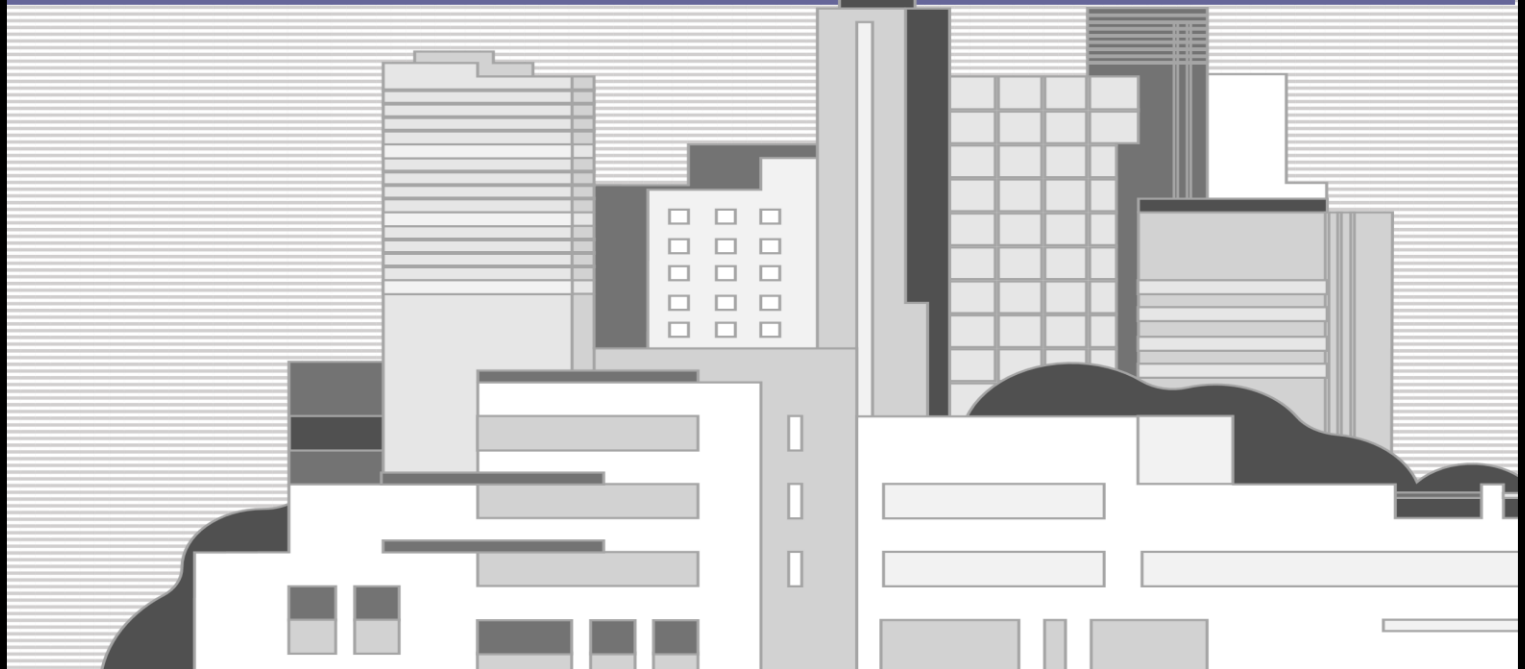
CONTINUED RENOVATION ON WESTCHESTER BUILDING FOR REPLACEMENT AND UPGRADE OF THE HVAC SYSTEM



CONTINUED RENOVATION ON MARY K SHELL BUILDING TO UPGRADE FIRE SAFETY SYSTEM & FACILITY



CONTINUED CONSTRUCTION ON HEALING PROJECT FOR REPAIRS ON STORM DAMAGE OF THE KENTUCKY STREET PROPERTY



# GRANTS

Program	Description	Targeted Group	Goals										
<b>Early Psychosis Intervention PLUS (EPI Plus)</b>	<p>KernBHRS will establish an early psychosis and mood disorder intervention program using the Coordinated Specialty Care (CSC) model with this grant.</p> <p>The term of this contract is for four (4) years.</p> <p>The total amount of this Agreement shall not exceed \$1,999,924 and is allocated as follows for each year:</p> <table border="1" data-bbox="201 581 823 802"> <thead> <tr> <th>Year</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>First Year</td> <td>\$ 502,334</td> </tr> <tr> <td>Second Year</td> <td>\$ 498,804</td> </tr> <tr> <td>Third Year</td> <td>\$ 498,804</td> </tr> <tr> <td>Fourth Year</td> <td>\$ 499,982</td> </tr> </tbody> </table>	Year	Total	First Year	\$ 502,334	Second Year	\$ 498,804	Third Year	\$ 498,804	Fourth Year	\$ 499,982	<p>The target group for this effort is youth and young adults between the age of 15 and 25 but can assist others outside of this age range if needed.</p>	<ul style="list-style-type: none"> <li>• Improve the lives of Californians with mental health needs before those needs escalate and become severe or disabling.</li> <li>• Support a more coordinated effort to decrease the duration of untreated psychosis and mood disorder.</li> <li>• Expand service capacity for early psychosis and mood disorder detection and intervention services in California.</li> <li>• Conduct broad community-based outreach to individuals at clinical high risk (CHR) for psychosis with rapid referral to reduce duration of untreated psychosis.</li> <li>• Develop and maintain a team-based Coordinated Specialty Care (CSC) program with the following components: <ul style="list-style-type: none"> <li>○ Case management</li> <li>○ Recovery-oriented psychotherapy and relapse prevention</li> <li>○ Family psychoeducation and psychotherapy</li> <li>○ Educational and vocational support</li> <li>○ Pharmacotherapy and primary care coordination</li> </ul> </li> </ul>
Year	Total												
First Year	\$ 502,334												
Second Year	\$ 498,804												
Third Year	\$ 498,804												
Fourth Year	\$ 499,982												
<b>Kern Youth Resilience Program-MHSSA</b>	<p>The Mental Health Student Services Act (MHSSA) is a competitive grant program established to fund partnerships between county behavioral health departments and local education entities for the purpose of increasing access to mental health services in locations that are easily accessible to</p>	<p>The target group for this effort is school-aged youth.</p>	<ul style="list-style-type: none"> <li>• Increase in-school connectedness among foster and homeless students</li> <li>• Decrease chronic absenteeism rate for targeted populations</li> <li>• Increased graduation rates</li> </ul>										

Program	Description	Targeted Group	Goals
<b>Student Grant</b>	<p>students and their families. Kern County was selected as one of four large County's awarded the four-year grant. This grant will create greater access to mental health services through a Mental Health MTSS model. Implement a sustainable cross-age Peer to Peer mentoring program that could be replicated at additional school sites and with little to no cost. Build the capacity of the participating districts to access LEA Medi-Cal billing to support LCSWs or LMFTs treatment planning for students in Tiers 1 and 2. Build the capacity of districts to make referral to GSAs (mental health providers) based on the LEA's needs assessment of the student within their multi-tiered systems of support. Build the capacity of districts to provide non-clinical interventions such as Check In Check Out (CICO) to prevent mental health issues from becoming more pervasive. Increase school staff, mental health providers, and community to recognize the signs of experiencing a mental health or addictions challenge or is in crisis. Improve the continuum of care and referral process in Kern County by bringing LEAs, KernBHRS and GSAs together to develop a streamlined referral process. Additionally, in FY 2022-2023, this grant was extended for a 6<sup>th</sup> year for any remaining unspent funds.</p> <p>*Amount not to exceed \$7,619,403</p>		<ul style="list-style-type: none"> <li>• Decreased dropout rates</li> <li>• Improved ELA and Math scores among foster and homeless youth</li> <li>• Decrease in behavior referrals</li> </ul>
<b>No Place Like Home (NPLH)</b>	<p>On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate up to \$2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness,</p>	<p>Adults with serious mental illness, or children with severe emotional disorders and their families and persons who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis</p>	<p>To acquire, design, construct, rehabilitate, or preserve permanent supportive housing for persons who are experiencing homelessness, chronic homelessness or who are at risk of</p>

Program	Description	Targeted Group	Goals										
	<p>chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA). In November 2018 voters approved Proposition 2, authorizing the sale of up to \$2 billion of revenue bonds and the use of a portion of Proposition 63 taxes for the NPLH program.</p> <p>Key features of the program include:</p> <ul style="list-style-type: none"> <li>Counties will be eligible applicants (either solely or with a housing development sponsor).</li> <li>Funding for permanent supportive housing must utilize low barrier tenant selection practices that prioritize vulnerable populations and offer flexible, voluntary, and individualized supportive services.</li> <li>Counties must commit to provide mental health services and help coordinate access to other community-based supportive services.</li> </ul> <p>Through this project two permanent supportive housing sites are slated to open in the summer of 2022.</p>	<p>intervention because of a mental disorder with symptoms of psychosis, suicidality or violence and who are homeless, chronically homeless, or at risk of chronic homelessness. At risk of chronic homelessness includes persons who are at high risk of long-term or intermittent homelessness, including persons with mental illness exiting institutionalized settings with a history of homelessness prior to institutionalization, and transition age youth experiencing homelessness or with significant barriers to housing stability.</p>	<p>chronic homelessness, and who are in need of mental health services.</p> <p>As of the Spring of 2023, 3 NPLH sites have been completed and individuals have moved into their residences. The 4<sup>th</sup> NPLH site is slated to be up and running by the end of the FY 22-23. The 4 NPLH sites are:</p> <table border="1" data-bbox="1541 578 2068 773"> <thead> <tr> <th>Site Name in the Order of Opening</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Pioneer Cottages</td> <td>East Bakersfield</td> </tr> <tr> <td>Benton Park</td> <td>Central Bakersfield</td> </tr> <tr> <td>Glenwood Apartments</td> <td>Delano</td> </tr> <tr> <td>College Heights</td> <td>East Bakersfield</td> </tr> </tbody> </table>	Site Name in the Order of Opening	Location	Pioneer Cottages	East Bakersfield	Benton Park	Central Bakersfield	Glenwood Apartments	Delano	College Heights	East Bakersfield
Site Name in the Order of Opening	Location												
Pioneer Cottages	East Bakersfield												
Benton Park	Central Bakersfield												
Glenwood Apartments	Delano												
College Heights	East Bakersfield												

# BUDGET

DHCS 1822 B (02/19)

Component Summary Worksheet

County:		Kern					
		A	B	C	D	E	F
<b>SECTION 1: Interest</b>		<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CFTN</b>	<b>TOTAL</b>
1	Component Interest Earned	\$738,154.00	\$166,603.00	\$31,472.00	\$0.00	\$0.00	\$936,229.00
2	Joint Powers Authority Interest Earned						\$0.00
<b>SECTION 2: Prudent Reserve</b>		<b>CSS</b>	<b>PEI</b>	<b>C</b>			
3	Local Prudent Reserve Beginning Balance			\$7,476,296.00			
4	Transfer from Local Prudent Reserve	\$0.00	\$0.00	\$0.00			
5	CSS Funds Transferred to Local Prudent Reserve	\$0.00		\$0.00			
6	Local Prudent Reserve Adjustments			\$0.00			
7	Local Prudent Reserve Ending Balance			\$7,476,296.00			
<b>SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Rese</b>		<b>CSS</b>	<b>PEI</b>	<b>WET</b>	<b>CFTN</b>	<b>PR</b>	<b>TOTAL</b>
8	Transfers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>SECTION 4: Program Expenditures and Sources of Funding</b>		<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CFTN</b>	<b>TOTAL</b>
9	MHSA Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	Medi-Cal FFP	\$37,195,779.54	\$12,267,595.04	\$2,395,200.55	\$2,967,631.74	\$885,535.38	\$55,711,742.25
11	1991 Realignment	\$24,596,215.41	\$3,860,083.96	\$0.00	\$0.00	\$0.00	\$28,456,299.37
12	Behavioral Health Subaccount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	<b>TOTAL</b>	<b>\$61,791,994.95</b>	<b>\$16,127,679.00</b>	<b>\$2,395,200.55</b>	<b>\$2,967,631.74</b>	<b>\$885,535.38</b>	<b>\$84,168,041.62</b>
<b>SECTION 5: Miscellaneous MHSA Costs and Expenditures</b>		<b>TOTAL</b>					
15	Total Annual Planning Costs	\$0.00					
16	Total Evaluation Costs	\$0.00					
17	Total Administration	\$0.00					
18	Total WET RP						
19	Total PEI SW	\$0.00					
20	Total MHSA HP	\$33,708.00					
21	Total Mental Health Services for Veterans	\$62,790.57					



DHCS 1822 C (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
**Fiscal Year: 2020-21**  
**Community Services and Supports (CSS) Summary Worksheet**

<b>County:</b>	Kern
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<b>Date:</b>	1/31/2022
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**SECTION ONE**

#	A County Code	B Program Name	C Prior Program Name	D Program Type	E Total MHSA Funds (Including Interest)	F Medi-Cal FFP	G 1991 Realignment	H Behavioral Health Subaccount	I Other	J Grand Total
14	15	Assertive Community Treatment		FSP	\$2,667,209.63	\$1,716,745.58			\$15,995.37	\$4,399,950.58
15	15	Adult Transition		FSP	\$3,745,174.14	\$1,760,341.56			\$95,589.32	\$5,601,105.02
16	15	Home to Stay		FSP	\$406,542.00					\$406,542.00
17	15	Youth MIST		FSP	\$1,293,066.54	\$653,439.75			\$0.00	\$1,946,506.29
18	15	Youth WRAP		FSP	\$3,914,678.31	\$3,156,983.82			\$1,470.66	\$7,073,132.79
19	15	Transitional Aged Youth		FSP	\$1,561,875.31	\$1,185,467.98			\$17,028.67	\$2,764,371.96
20	15	WISE		FSP	\$836,525.98	\$631,365.43			\$3,541.89	\$1,471,433.30
21	15	Adult WRAP		FSP	\$1,445,684.88	\$771,505.04			\$38,180.34	\$2,255,370.26
22	15	Access & Assessment Center		Non-FSP	\$1,944,397.99	\$1,763,181.43			\$83,005.48	\$3,790,584.90
23	15	West Bakersfield RAWC		Non-FSP	\$2,503,085.49	\$1,883,725.44			\$76,475.15	\$4,463,286.08
24	15	Northeast Bakersfield RAWC		Non-FSP	\$1,029,194.21	\$2,095,083.66			\$83,192.00	\$3,207,469.87
25	15	Southeast Bakersfield RAWC		Non-FSP	\$2,176,928.89	\$1,978,785.50			\$77,398.36	\$4,233,112.75
26	15	Bakersfield RAWC - Contractors		Non-FSP	\$1,891,271.46	\$2,940,091.14			\$99,402.29	\$4,930,764.89
27	15	Self-Empowerment Team		Non-FSP	\$667,416.03	\$2,928.77			\$202.85	\$670,547.65
28	15	Consumer Family Learning Center		Non-FSP	\$1,722,113.04					\$1,722,113.04
29	15	Adult Wrap - Contractors		Non-FSP	\$228,846.56	\$494,507.17			\$29,471.80	\$752,825.53
30	15	Home to Stay		Non-FSP	\$1,669,444.27					\$1,669,444.27

**SECTION TWO**

		A	B
		Percent Expended for Clients Age 25 and Under, All PEI	Percent Expended for Clients Age 25 and Under, JPA
9	MHSA PEI Fund Expenditures in Program to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures	48.06%	

#	County Code	Program Name	Prior Program Name	Combined/Standalone Program	Program Type	Program Activity Name (in Combined Program)	Subtotal Percentage for Combined Program	Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program)	Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	15	Youth Juvenile Justice		Standalone	Access and Linkage	Youth Juvenile Justice	100%	100%	0.0%	\$180,981.80	\$132,126.51				\$313,108.31
11	15	Foster care Engagement		Standalone	Outreach	Foster care Engagement	100%	100%	0.0%	\$485,889.70	\$335,375.25				\$821,264.95
12	15	Youth Brief Treatment		Standalone	Early Intervention	Youth Brief Treatment	100%	100%	0.0%	\$2,590,116.87	\$3,140,464.81			\$1,601.73	\$5,732,183.41
13															\$0.00
14															\$0.00
15	15	KCSOS-School Based Program	Youth Resilience & Support	Standalone	Access and Linkage	KCSOS-School Based Program	100%	100%	0.0%	\$475,337.61					\$475,337.61
16	15	Tay Dual Recovery		Standalone	Early Intervention	Tay Dual Recovery	100%	100%	0.0%	\$220,095.00					\$220,095.00
17	15	Self Sufficiency Program		Standalone	Access and Linkage	Self Sufficiency Program	100%	100%	0.0%	\$311,406.99					\$311,406.99
18	15	Help Me Grow		Standalone	Access and Linkage	Help Me Grow	100%	100%	0.0%	\$166,228.91					\$166,228.91
19	15	CASA		Standalone	Access and Linkage	CASA	100%	100%	0.0%	\$19,200.00					\$19,200.00
20	15	Prepare U		Standalone	Prevention	Prepare U	100%	100%	0.0%	\$93,398.86					\$93,398.86
21	15	Volunteer Senior Outreach Program		Standalone	Outreach	VSOP	100%	0%	0.0%	\$740,495.02					\$740,495.02
22															\$0.00
23	15	Crisis Hotline		Standalone	Access and Linkage	Crisis Hotline	100%	40%	0.0%	\$1,431,946.77					\$1,431,946.77
24	15	FRED Program		Standalone	Stigma & Discrimination Reduction	FRED Program	100%	0%	0.0%	\$52,766.76					\$52,766.76

25	15						100%	0%		\$0.00					\$0.00
26	15	Homeless Outreach Team		Standalone	Access and Linkage	Homeless Outreach Program	100%	0%	0.0%	\$1,588,678.00					\$1,588,678.00
27	15	Zero Suicide		Standalone	Outreach	Zero Suicide	100%	0%	0.0%	\$166,884.90					\$166,884.90
28	15	Suicide Prevention Program		Standalone	Outreach	Suicide Prevention Program	100%	40%	0.0%	\$70,564.06					\$70,564.06
29	15	Yoga		Standalone	Outreach	Yoga	100%	0%	0.0%	\$89,422.50					\$89,422.50
30	15	Early Psychosis		Standalone	Early Intervention	Early Psychosis	100%	0%	0.0%						\$0.00
31	15	REACH		Standalone	Access and Linkage	REACH	100%	0%	0.0%	\$928,221.10	\$101,752.90			\$5,247.33	\$1,035,221.33
32															\$0.00
33	15	Outreach & Education		Standalone	Outreach	Outreach & Education	100%	10%	0.0%	\$68,494.40					\$68,494.40
34	15	Living Well	Family Connections	Standalone	Stigma & Discrimination Reduction	Living Well	100%	70%	0.0%	\$1,065,094.77					\$1,065,094.77

**innovation (INN) Summary Worksheet**

County:

Date:

**SECTION ONE**

	A	B	C	D	E	F
	Total MHSA Fund (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	INN Annual Planning Costs	\$0.00				\$0.00
2	INN Indirect Administration					\$0.00
3	INN Funds Transferred to JPA					\$0.00
4	INN Expenditures Incurred by JPA					\$0.00
5	INN Project Administration	\$179,532.89	\$0.00	\$0.00	\$0.00	\$179,532.89
6	INN Project Evaluation	\$51,832.75	\$0.00	\$0.00	\$0.00	\$51,832.75
7	INN Project Direct	\$2,163,834.91	\$0.00	\$0.00	\$0.00	\$2,163,834.91
8	INN Project Subtotal	\$2,395,200.55	\$0.00	\$0.00	\$0.00	\$2,395,200.55
9	Total Innovation Expenditures (Excluding Transfers)	\$2,395,200.55	\$0.00	\$0.00	\$0.00	\$2,395,200.55

SECTION TWO

		A	B	C	D	E	F	G	H	I	J	K	L	M	N
#		County Code	Project Name	Prior Project Name	Project MHSOAC Approval Date	Project Start Date	MHSOAC- Authorized MHSA INN Project Budget	Amended MHSOAC- Authorized MHSA INN Project Budget	Project Expenditure Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	A	15	SPECIAL NEEDS REGISTRY PROJECT: SMART 911		4/27/2017	7/1/2017	\$31,740,514.00		Project Administration	\$3,855.62					\$3,855.62
10	B	15	SPECIAL NEEDS REGISTRY PROJECT: SMART 911		4/27/2017	7/1/2017	\$31,740,514.00		Project Evaluation	\$51,832.75					\$51,832.75
10	C	15	SPECIAL NEEDS REGISTRY PROJECT: SMART 911		4/27/2017	7/1/2017	\$31,740,514.00		Project Direct	\$136,082.54					\$136,082.54
10	D	15	<b>SPECIAL NEEDS REGISTRY PROJECT: SMART 911</b>		<b>4/27/2017</b>	<b>7/1/2017</b>	<b>\$31,740,514.00</b>		<b>Project Subtotal</b>	<b>\$191,770.91</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$191,770.91</b>
11	A	15	THE HEALING PROJECT		2/28/2018	2/20/2018	\$14,685,510.00		\$3,855.62	\$169,830.61					\$169,830.61
11	B	15	THE HEALING PROJECT		2/28/2018	2/20/2018	\$14,685,510.00		\$51,832.75						\$0.00
11	C	15	THE HEALING PROJECT		2/28/2018	2/20/2018	\$14,685,510.00		\$136,082.54	\$2,019,237.20					\$2,019,237.20
11	D	15	<b>THE HEALING PROJECT</b>		<b>2/28/2018</b>	<b>2/20/2018</b>	<b>\$14,685,510.00</b>		<b>\$191,770.91</b>	<b>\$2,189,067.81</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,189,067.81</b>
12	A	15	INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		10/26/2017	4/1/2018	\$2,000,000.00		\$3,855.62	\$5,846.66					\$5,846.66
12	B	15	INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		10/26/2017	4/1/2018	\$2,000,000.00		\$51,832.75						\$0.00
12	C	15	INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		10/26/2017	4/1/2018	\$2,000,000.00		\$136,082.54	\$8,515.17					\$8,515.17
12	D	15	<b>INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES</b>		<b>10/26/2017</b>	<b>4/1/2018</b>	<b>\$2,000,000.00</b>		<b>\$191,770.91</b>	<b>\$14,361.83</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$14,361.83</b>

DHCS 1822 G (02/19)  
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:		Kern
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Date:	
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**SECTION ONE**

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CFTN Annual Planning Costs	\$0.00					\$0.00
2	CFTN Evaluation Costs						\$0.00
3	CFTN Administration Costs						\$0.00
4	CFTN Funds Transferred to JPA						\$0.00
5	CFTN Expenditures Incurred by JPA						\$0.00
6	CFTN Project Expenditures	\$885,535.38	\$0.00	\$0.00	\$0.00	\$0.00	\$885,535.38
7	Total CFTN Expenditures (Excluding Transfers t	\$885,535.38	\$0.00	\$0.00	\$0.00	\$0.00	\$885,535.38

**SECTION TWO**

	A	B	C	D	E	F	G	H	I	J
#	County Code	Project Name	Prior Project Name	Project Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8	15	Healing Project		Capital Facility	\$885,535.38					\$885,535.38
9										\$0.00

# APPENDIX I: BHB PUBLIC HEARING MINUTES

**A summary of the BHB Board Meeting should be included here including comments, suggestions or questions made by board members and how it was addressed by the MHSA Coordinator. This summary should also specifically state if the approval of the plan was passed by the BHB. Additionally, in this summary, the date of the local public hearing must be listed.**

**Placeholder for BHB public hearing minutes**

# APPENDIX II: BOARD OF SUPERVISORS MINUTES

**A summary of the BOS Board Meeting should be included here including comments, suggestions or questions made by board members and how it was addressed by the MHSA Coordinator or Director. This summary should also specifically state if the approval of the plan was passed by the BOS. Additionally, in this summary, the date of the meeting must be listed.**

**Placeholder for Board of Supervisors minutes**

# APPENDIX III: OUTCOME MEASUREMENTS



# FY 2021-2022 Outcomes Report

## Kern County MHS Community Services & Supports



## METHODOLOGY

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### Evaluation Design

To enhance compliance with Mental Health Services Act (MHSA) reporting regulations, Kern Behavioral Health Services (KBHRS) contracted with EVALCORP to streamline current data collection structures and develop standardized data collection tools that are in alignment with reporting requirements. A standardized Community Services and Supports (CSS) outcome survey was developed for adults, which includes consumer satisfaction, demographics, and results of generalized measure of psychological distress (SOS-10). This survey is implemented at intake and exit, within the normal timeline for each program. Programs that serve children also report demographics and changes in scores of developmentally-appropriate assessments, including the PSC-35 measure (see Methods), but do not report consumer satisfaction. To ensure greater inclusivity and maximum reach, surveys were made available in both online and paper forms as well as in English and Spanish. An overview of data reporting requirements for CSS programs is provided in Appendix A of this report.



### Presentation of Results

Data presented in this report reflect the first implementation of the outcome surveys. As such, the data collection and administration procedures are being reviewed as a “pilot administration” with minor revisions to be incorporated in future administrations.

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

Findings are presented differently depending on how many participants responded to each part of the survey. Survey components or survey modules with more than 30 responses are shown as percentages. Modules with fewer than 30 responses are shown as counts. Modules with fewer than ten responses are suppressed to protect the identity of participants.

## Measures

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

## CSS OUTCOME SURVEYS: DATA COLLECTION OVERVIEW



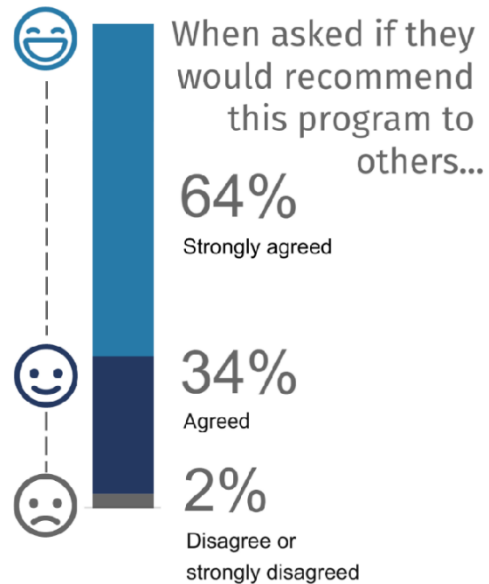
As a result of participating  
in a Kern CSS program

**4 in 10**



people moved to a less  
severe level of  
psychological distress.

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



## COMBINED CSS PROGRAM FINDINGS

### Outcome Surveys Collected by Survey Type

Survey results across all CSS programs are reported together in this section of the report (n=2,036). Among the programs that implemented a pre/post survey design, a total of 518 participants completed the intake survey and 120 participants completed the exit survey - a completion rate of 23%. Participants could choose whether to take the survey in English or Spanish. Across all 2,036 surveys, 1,948 were completed in English and 88 were completed in Spanish. All survey responders were 18 years old or older.

	Kern MHSA CSS Program Name	Program Category	FY21-22 Outcomes Data	
			Pre	Post
1	Access & Assessment Team and Crisis Walk-In Clinic (CWIC)	Systems Development	1,398	*
2	Adult Wraparound Core	Systems Development	34	7
3	Recovery and Wellness Centers (RAWC)	Systems Development	484	113
	<b>Total</b>		<b>1,916</b>	<b>120</b>

\*Access & Assessment Team and Crisis Walk-In Clinic (CWIC) participants were only administered a survey at one time point.

In the program-specific sections, matched pre/post results are only included for a subset of the RAWC clients (n=49) for which a valid pre/post match could be verified. Only 4 of the Adult Wraparound Core respondents had a verified pre/post match, so this program's specific results are limited.

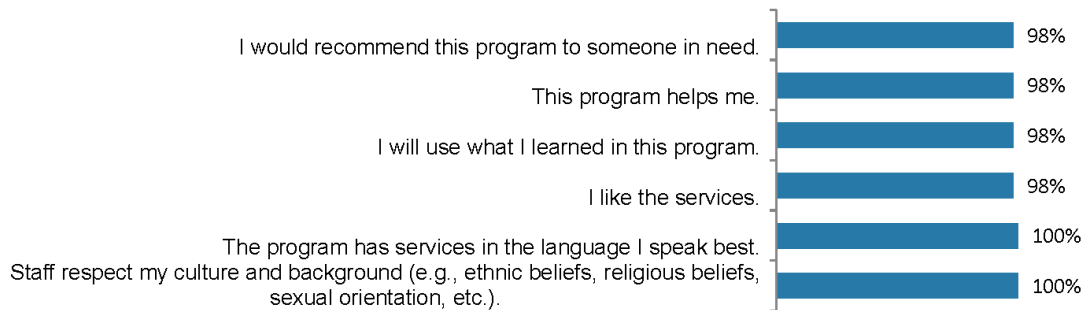
Six programs are included in this report but did not collect survey data from clients. For these programs, other sources of data are used.

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

## COMBINED CSS PROGRAM FINDINGS

### Overall: Self-Report Survey Outcomes

#### Program Satisfaction and Cultural Competence (n=47-48) Percent who Agree



#### Emotional Stress & Psychological Dysfunction (n=49)

SOS-10 Stress and Dysfunction Level	Intake	Follow Up
Minimal (59-40)	27%	45%
Mild (39-33)	12%	18%
Moderate (32-23)	35%	18%
Severe (22-1)	27%	18%
Average SOS-10 Score	30.1	36.3



**41% of respondents moved at least one level from a more severe level of distress to a less severe level of distress.**



**18% of respondents moved two levels from a more severe level of distress to a less severe level of distress.**

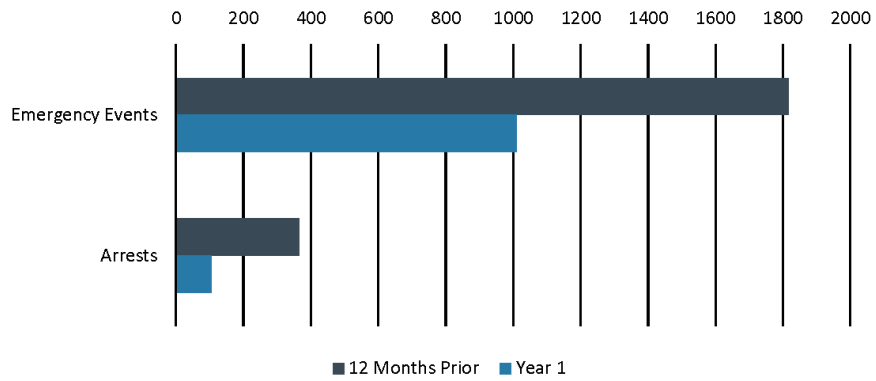


**9% of respondents with a severe level of distress at intake continued the treatment to its conclusion.**

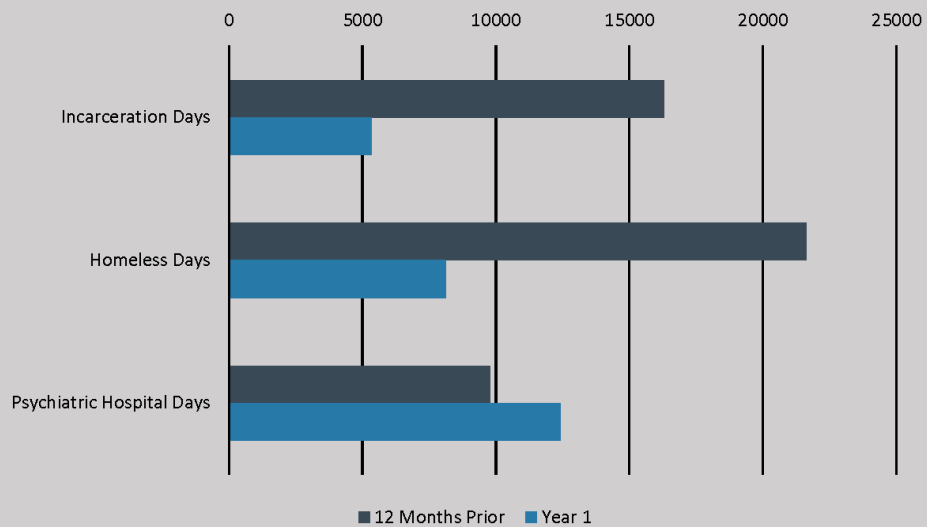
## COMBINED CSS PROGRAM FINDINGS

The number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in Full Service Partnerships. These metrics are compared between 12 months prior to treatment and after one year of treatment.

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



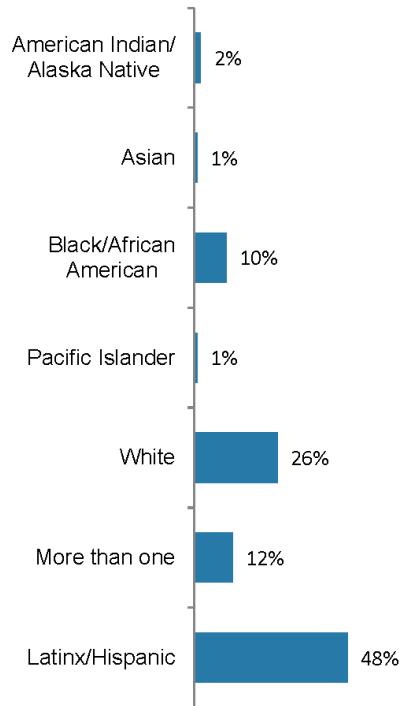
**Total Incarceration, Homeless, and Hospital Days (n=957)**



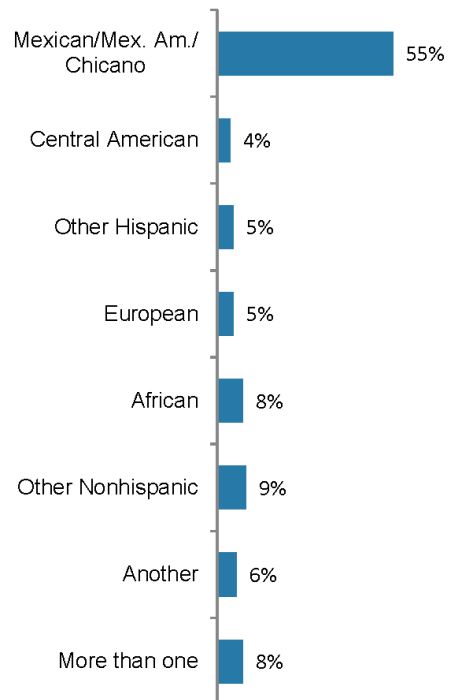
## COMBINED CSS PROGRAM FINDINGS

### Demographics

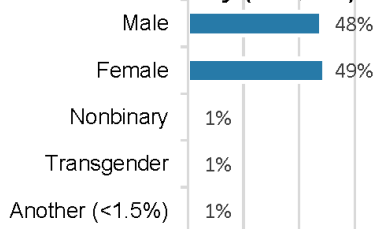
**Race (n=1,452)**



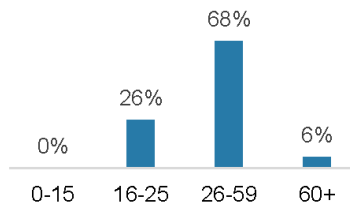
**Ethnicity (n=1,130)**



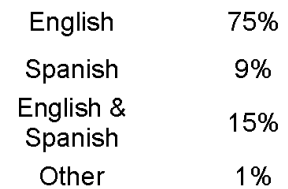
**Gender Identity (n=1,459)**



**Age (n=1,364)**



**Language (n=1,456)**





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

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### Program Description

**Access & Assessment:** This is an entry point to the Adult System of Care for those experiencing mental health related symptoms. Most clients entering are self-referred as walk-ins, brought in by family members, or collaborating agencies including Kern County Public Health and Kern County Probation. At the time of screening or assessment, clients meet with a Therapist or Recovery Specialist with involvement of any third-party supports, including family members, friends, etc., as permitted. Any previous mental health history, if applicable, is reviewed during the assessment process.

**Crisis Walk In Clinic (CWIC):** Provides crisis intervention, screening, assessment, and comprehensive discharge planning for those experiencing crisis-level mental health symptoms, but do not require an involuntary hold or hospitalization. Clients may be referred to the CWIC from their outpatient team, the Mobile Evaluation Team (MET), Psychiatric Evaluation Center/Crisis Stabilization Unit (PEC/CSU), or the Emergency Department at Kern Medical, as they transition out of crisis. Clients served by CWIC are adults 18 and older and reporting current mental health symptoms, a history of symptoms or a mental health challenge. Many clients are homeless, at risk of becoming homeless, at risk for hospitalization and/or incarcerations. Clients may have co-occurring mental health and substance abuse disorders which require care. CWIC services are available for all Kern County residents.

### Updates

- No updates

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

### Self-Report Survey Outcomes



Respondents aged 26-35 were more likely to report a severe level of distress (50%).

Respondents aged 36-45 were less likely to report a severe level of distress (37%).

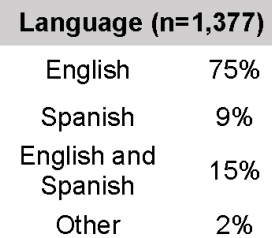
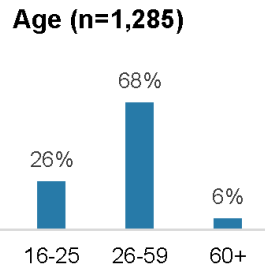
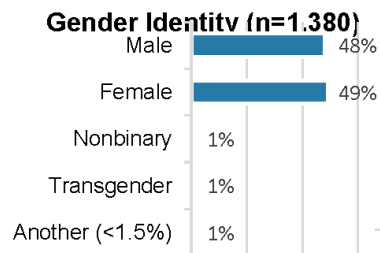
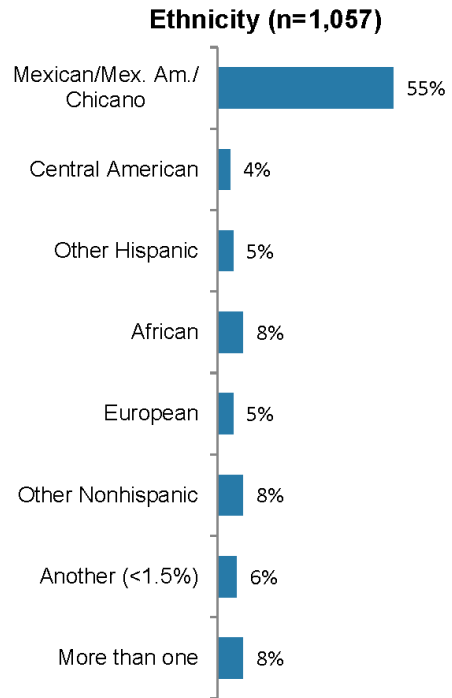
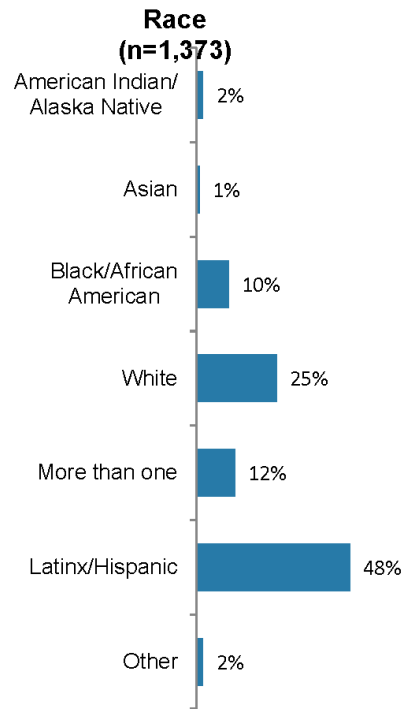
Male respondents were less likely to report a severe level of distress (39%).

### Emotional Stress & Psychological Dysfunction (n=1,298)

SOS-10 Stress and Dysfunction Level	Intake
Minimal (59-40)	21%
Mild (39-33)	12%
Moderate (32-23)	24%
Severe (22-1)	43%
Average SOS-10 Score	26.8

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

### Partner Demographics



## ASSERTIVE COMMUNITY TREATMENT (ACT)

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### Program Description

The Assertive Community Treatment (ACT) Full-Service Partnership teams provide specialty mental health care to those with severe and persistent mental illness. The ACT teams work solely with MHSA ACT individuals while the MHS Action team serves both MHSA ACT and AB109 individuals. The teams provide intensified services to clients with mental health and/or substance use disorders. Intensified services include higher frequency of services with the service team, depending on a client's individual care need. The ACT Teams are composed of Recovery Specialists and Aides, Therapists, Substance Abuse Specialists and Mental Health Nurses. Psychiatrists work with multiple teams within the System of Care, dedicating shifts throughout the week for assessments and medication management appointments. Clients are referred to the ACT teams through lower-level mental health outpatient treatment teams when more intensive care is necessary. The KernBHRS ACT Supervisor reviews the referrals and those that meet criteria for Level 4 ACT services are referred to the KernBHRS or MHS team. AB109 clients are also referred to MHS ACTion by Correctional Behavioral Health and the Adult Transition Team. Those served by the ACT teams have often had a lengthy history of mental health and/or substance use treatment. ACT provides the highest level of care available for outpatient treatment. By nature of the program, Recovery Specialists and Substance Abuse Specialists may meet with clients several times per week to maintain engagement in treatment and progress toward goals. Individualized care is provided by the Therapists and is provided in the client's living environment. Consultation is done with the Staff Nurse for medication management and health education. For physical health care, clients are linked to a primary care provider with whom we coordinate services; ACT team members may take clients to medical appointments as needed.

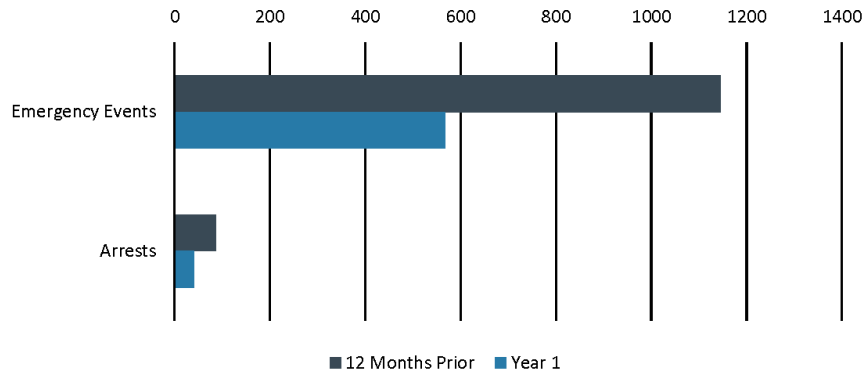
### Updates

- None

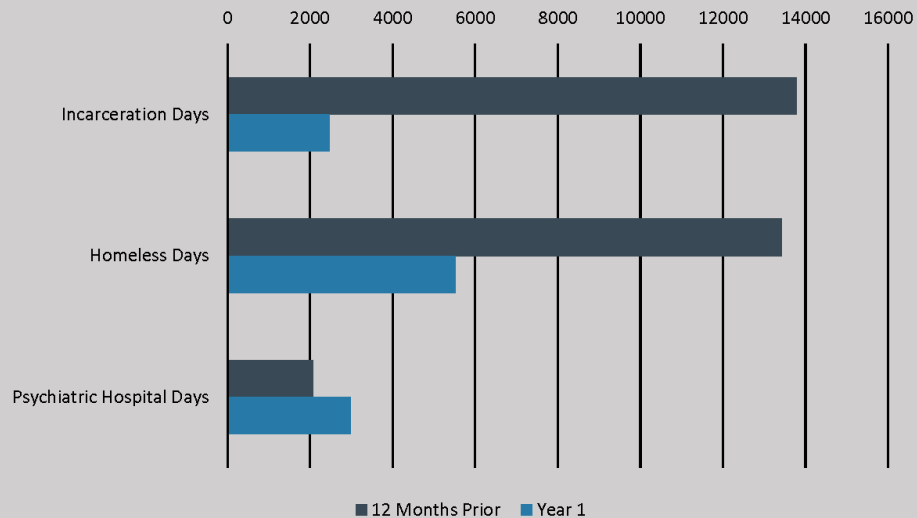
## ASSERTIVE COMMUNITY TREATMENT (ACT)

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in ACT. These metrics are compared between 12 months prior to treatment and after one year of treatment.

**Total Number of Emergency Events and Arrests (n=181)**



**Total Incarceration, Homeless, and Hospital Days (n=182)**



## ADULT WRAPAROUND

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### Program Description

The Adult Wraparound team is a Full Service Partnership that offers brief (60 days average) intensive mental health services for adults who are experiencing increased impairment to their life-function as a result of increased mental health symptomology. Adult Wraparound staff are allocated onto each internal adult outpatient team in the form of dyads (Therapist/Recovery Specialist). The dyads work with their outpatient team to identify clients that are at risk of hospitalization or frequent use of crisis services. They regularly attend team meetings to discuss potential referrals for Adult Wraparound services. The dyad works closely with the treatment team to ensure continuity of care and working towards stabilizing client's symptoms.

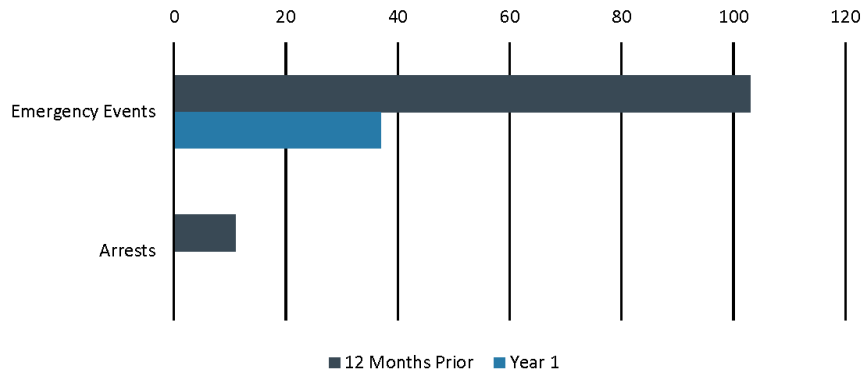
### Updates

- Adult Wraparound has moved to a new location to accommodate the growing team.

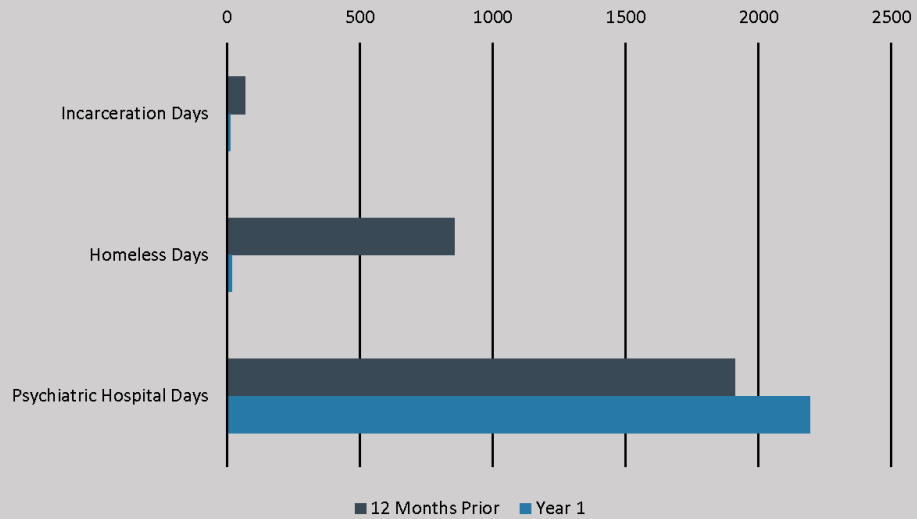
## ADULT WRAPAROUND

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all participants in Adult Wraparound. These metrics are compared between 12 months prior to treatment and after one year of treatment.

**Total Number of Emergency Events and Arrests (n=50)**



**Total Incarceration, Homeless, and Hospital Days (n=50)**



# ADULT WRAPAROUND CORE

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## Program Description

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

## Updates

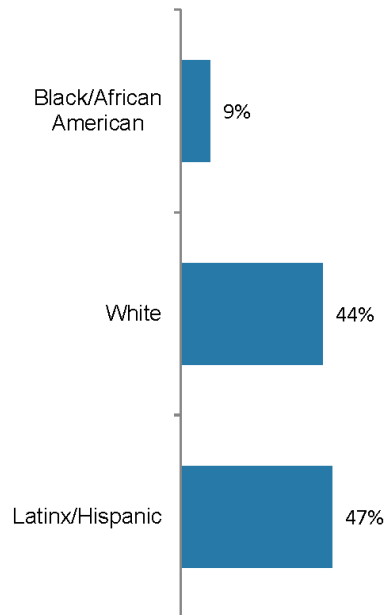
- Staff at the CCS Wasco and CCS Ridgecrest clinics have completed Eye Movement Desensitization and Reprocessing (EMDR) training.



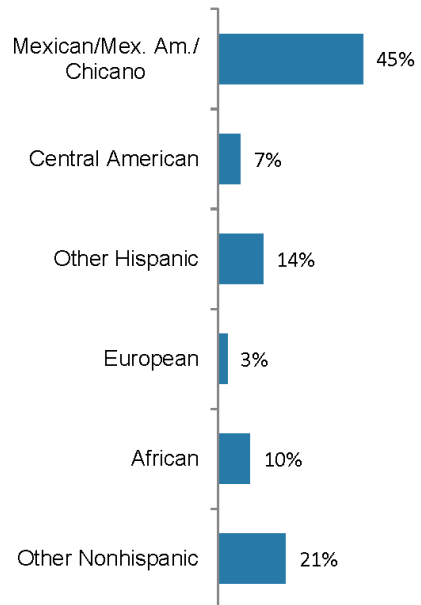
## ADULT WRAPAROUND CORE

### Partner Demographics

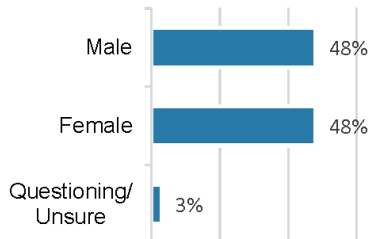
**Race (n=32)**



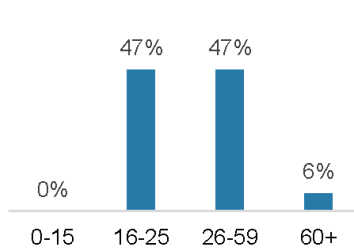
**Ethnicity (n=29)**



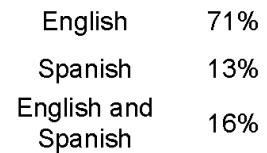
**Gender Identity (n=31)**



**Age (n=32)**



**Language (n=31)**



## ADULT WRAPAROUND CORE

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### Self-Report Survey Outcomes



Adult Wraparound Core participants, on average, tend to be younger than participants of RAWC or A&A/CWIC.

Adult Wraparound Core participants are more likely to report minimal levels of emotional distress at intake than participants of RAWC or A&A/CWIC.

#### Emotional Stress & Psychological Dysfunction (n=30)

SOS-10 Stress and Dysfunction Level	Intake
Minimal (59-40)	50%
Mild (39-33)	3%
Moderate (32-23)	13%
Severe (22-1)	33%
Average SOS-10 Score	34.0

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## ADULT TRANSITION TEAM/HOMELESS ADULT TEAM

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### Program Description

**Adult Transition Team (ATT):** Focuses on the reduction and elimination of re-entry into jail/prison while providing specialty mental health treatment for severe and persistent mental illness. Referrals come from many sources, including in-jail assessments, hospitals or as walk-in self-referrals.

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

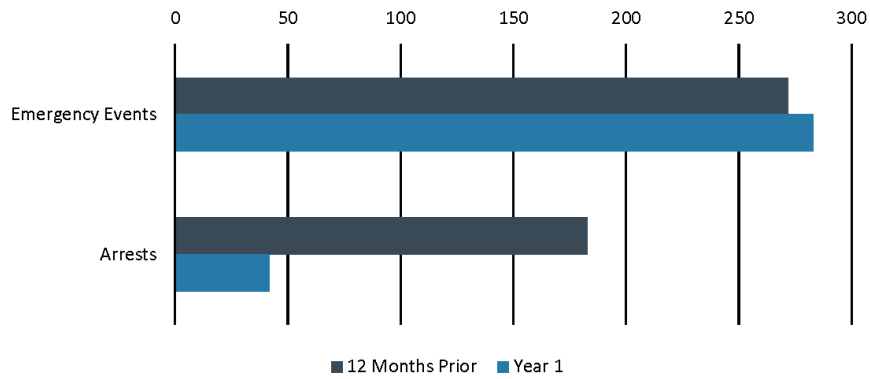
### Updates

- HAT: Within the last year, HAT has expanded supportive services to accommodate the vast needs for those experiencing homelessness. Some of these changes are expanding the Relational Outreach and Engagement (ROEM) model, creating a Supportive Housing Treatment Team in response to supporting No Place Like Home, and placing treatment teams into two low-barrier navigation shelters. The ROEM model has increased its capacity by providing heavy outreach and engagement components along with field-based prevention and treatment strategies. ROEM outreach units are interdisciplinary, including peer services, psychiatric services, mental health and substance use treatment, case management, and safety assessments. Kern ROEM staff work alongside other community outreach partners, including faith-based organizations, healthcare agencies, and other social services.
- ATT: Over FY21-22, ATT has worked to improve and expand their Diversion program to assist those individuals who meet criteria for PC 1001.36. They have added new groups specifically to address Criminal Thinking and improving socialization skills for individuals with a significant history of being institutionalized. ATT has also started accepting Misdemeanor Incompetent to Stand Trial individuals as part of our Diversion program for those individuals who would benefit from mental health treatment instead of jail sentences and are unable to receive services through a state hospital. They have worked directly with the Superior Court judges and Public Defender's office to educate on mental health conditions and treatment, as well as to learn more about the penal code and requirements for diversion approval to ensure appropriate care and referrals are provided to these individuals.

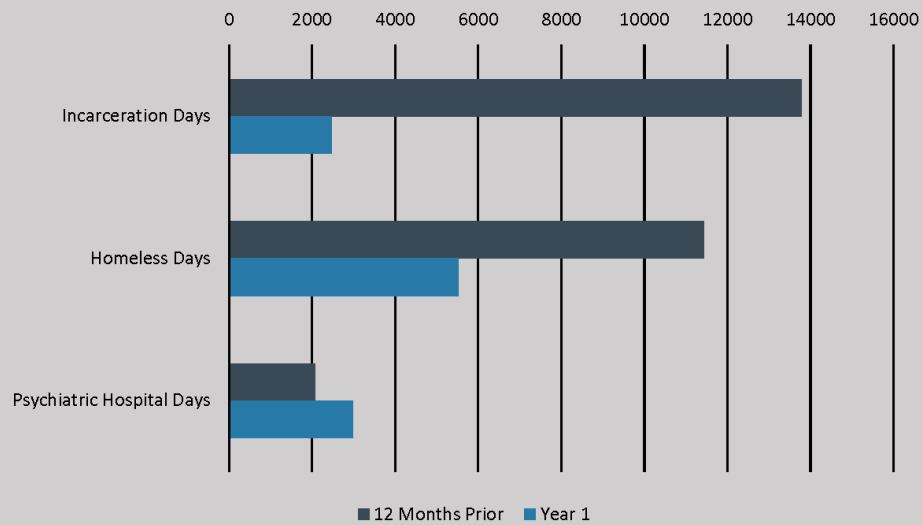
## Adult Transition Team/Homeless Adult Team

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in ATT/HAT. These metrics are compared between 12 months prior to treatment and after one year of treatment.

**Total Number of Emergency Events and Arrests (n=182)**



**Total Incarceration, Homeless, and Hospital Days (n=182)**



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## RECOVERY AND WELLNESS CENTERS (RAWC)

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### Program Description

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

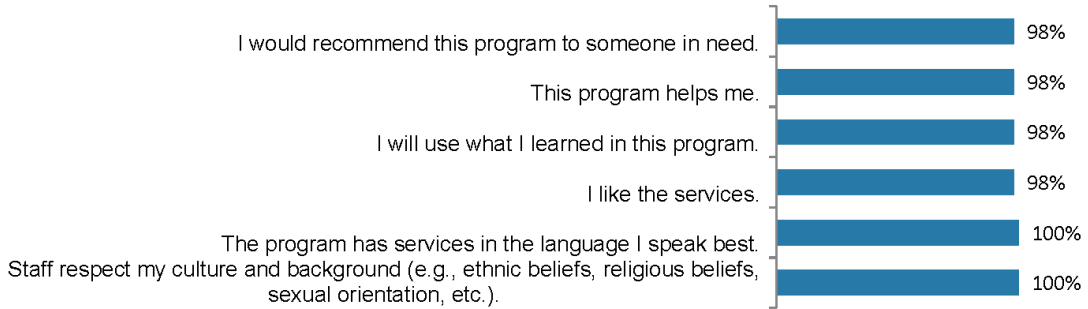
### Updates

- A graduation checklist was developed and implemented to ensure appropriate transition of clients to lower levels of care. This checklist allows for improved monitoring of the number of clients exiting treatment along with the timeliness of linkage to community providers.
- Pilot TAY dyads, designed to serve clients ages 18-24, were implemented in October 2022 at the Child Guidance Clinic North Bakersfield and KernBHRS Northeast Bakersfield clinics. The TAY therapists and case managers received specialized training in order to provide age-appropriate services and linkage to community services designed to serve this population. Pre- and post-surveys will be collected from clients to obtain honest feedback about the changes to their treatment team, allowing for necessary changes as dyads are rolled out to remaining clinics. By July 2023, TAY dyads are expected to be fully implemented at all RAWC clinics.
- Staff at the College Community Services Wasco and CCS Bakersfield clinics have completed Eye Movement Desensitization and Reprocessing (EMDR) training.

## RECOVERY AND WELLNESS CENTERS (RAWC)

### Self-Report Survey Outcomes

#### Program Satisfaction and Cultural Competency Percent of Participants Who Agree (n = 47 - 48)



#### Emotional Stress & Psychological Dysfunction (n = 49)

SOS-10 Stress and Dysfunction Level	Intake	Follow Up
Minimal (59-40)	27%	45%
Mild (39-33)	12%	18%
Moderate (32-23)	35%	18%
Severe (22-1)	27%	18%
Average SOS-10 Score	30.1	36.3



**41% of respondents moved at least one level from a more severe level of distress to a less severe level of distress.**



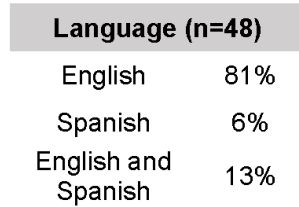
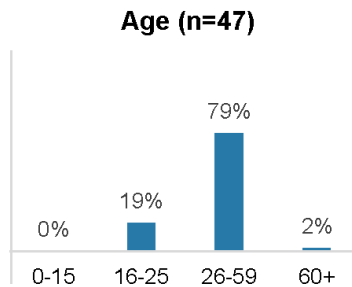
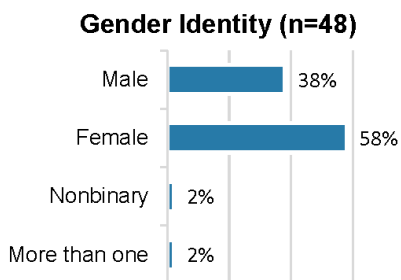
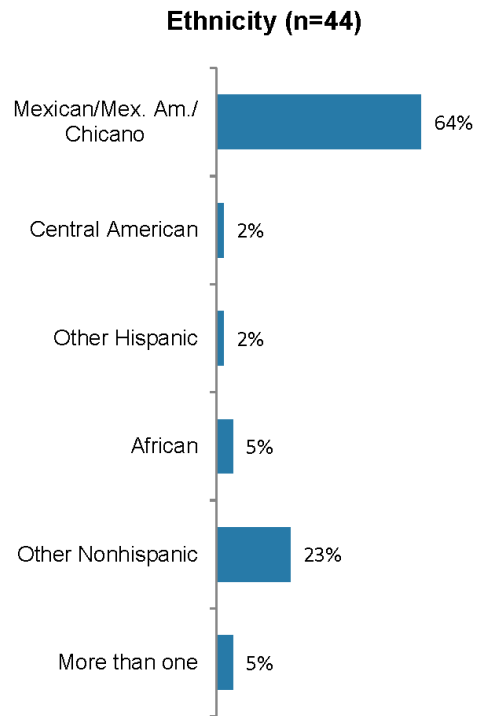
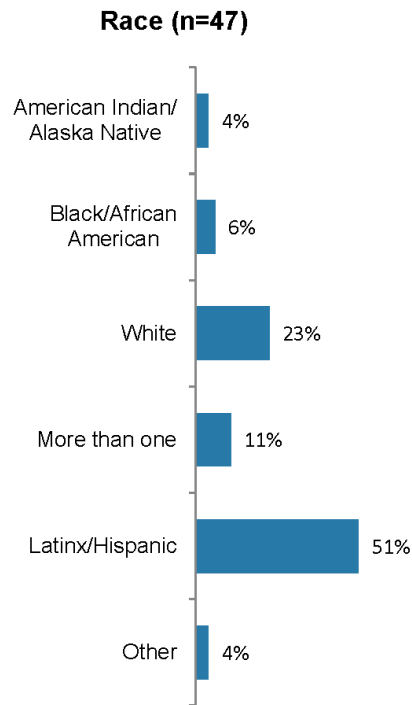
**18% of respondents moved two levels from a more severe level of distress to a less severe level of distress.**



**9% of respondents with a severe level of distress at intake continued the treatment to its conclusion.**

## RECOVERY AND WELLNESS CENTERS (RAWC)

### Partner Demographics



## TRANSITION AGE YOUTH (TAY)

---

### Program Description

The TAY team is a full-service partnership serving young adults ages 16-25, providing a full spectrum of services using a youth-driven approach. TAY youth receive outpatient treatment services based on mental health needs. As the only team serving this age-specific population in Kern County, case management services are provided geographically to meet client's needs. TAY youth are transitioning from the Children's System of Care, self-referring, referred by Department of Human Services, Probation Department, KernBHRS Access to Care Center, group homes, schools, hospitals, or contract providers. The collaboration with Kern County Network for Children, Department of Human Services, Kern High School District, and Probation produced the Dream Center in 2008. The Dream Center was designed to create a positive, pro-social atmosphere for foster youth and transitional foster youth while providing access to resources.

### Updates

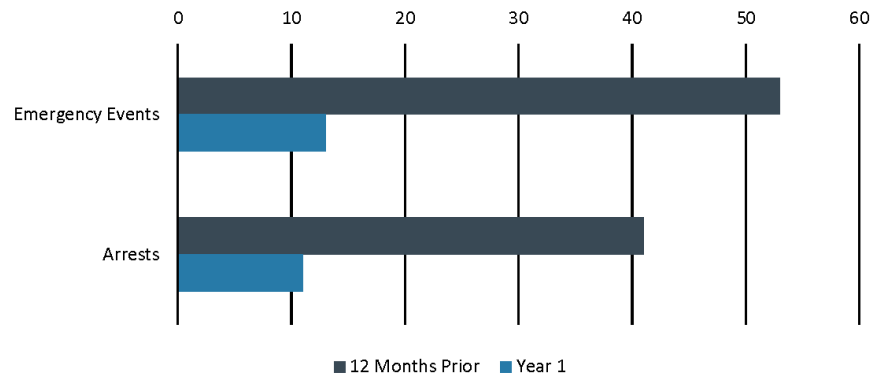
- None



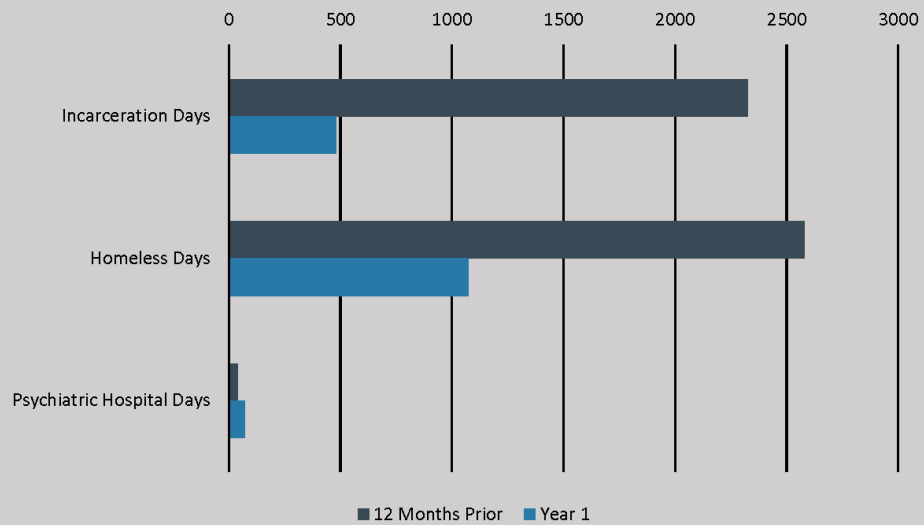
## TRANSITION AGE YOUTH (TAY)

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in TAY. These metrics are compared between 12 months prior to treatment and after one year of treatment.

**Total Number of Emergency Events and Arrests (n=144)**



**Total Incarceration, Homeless, and Hospital Days (n=144)**



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## WELLNESS, INDEPENDENCE, AND SENIOR ENRICHMENT (WISE)

### Program Description

The WISE team provides mental health services to the older adult population. WISE clients experience serious mental illness and require services that are delivered through a “whatever it takes” approach. Referrals to the WISE team come from mental health teams, the Volunteer Senior Outreach Program, the Access to Care Center, the Mobile Evaluation Team, or from psychiatric or medical hospital settings. The WISE team is mobile, providing services in the senior’s home, as many lack transportation. The team includes a Geropsychiatrist, Therapists, and Recovery Specialist. Clients are provided evaluation, medication management, therapy, case management and assistance with obtaining community resources. The Geropsychiatrist may also evaluate and provide integrated care when symptoms are present, offering referrals for physical health care as needed.

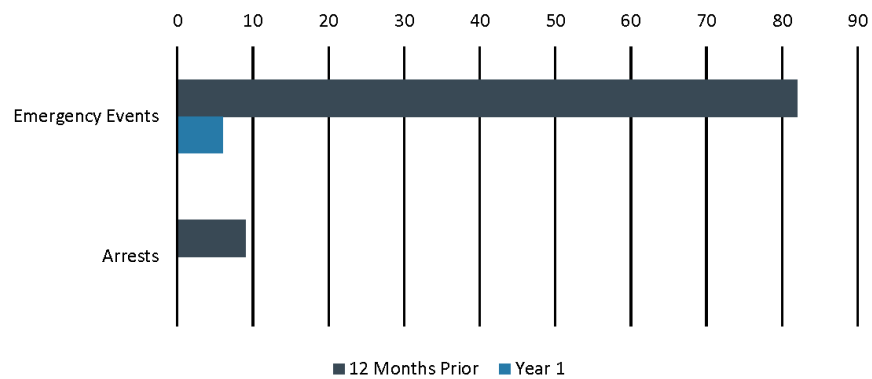
### Updates

- The WISE Team provided 138 unduplicated services during the FY 2021-2022, and the numbers are expected to increase over the upcoming fiscal years. There were 6,334 client contacts resulting in 3,924 hours spent with clients at this time.
- The program is expected to increase Outreach and Education activities in an ongoing attempt to reach out to the target population of seniors for specialty geropsychiatric services appropriate to the needs of individuals reaching the age of maturity.
- Furthermore, efforts to increase staffing in preparation to meet the demands of higher caseloads have been to include two additional therapists and an Office Services Assistant to the team.

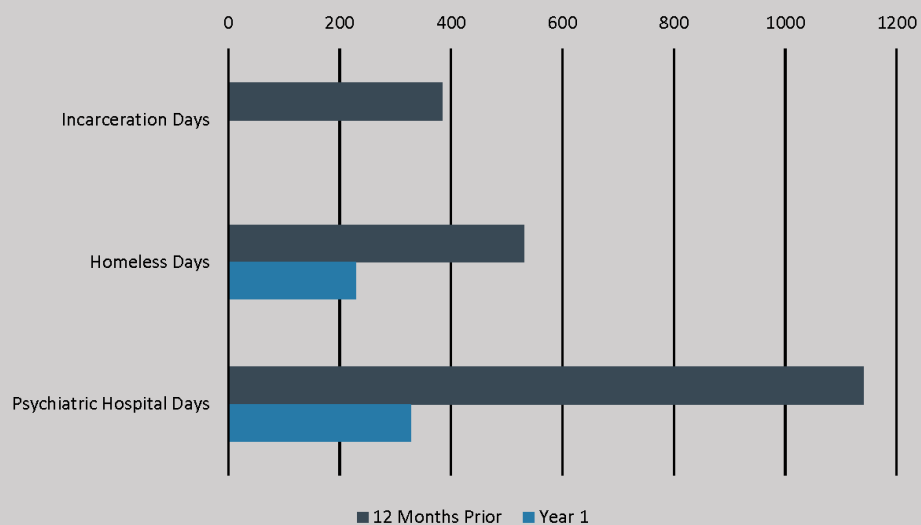
## WELLNESS, INDEPENDENCE, AND SENIOR ENRICHMENT (WISE)

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in WISE. These metrics are compared between 12 months prior to treatment and after one year of treatment.

**Total Number of Emergency Events and Arrests (n=80)**



**Total Incarceration, Homeless, and Hospital Days (n=80)**



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## YOUTH MULTI-AGENCY INTEGRATED SERVICES TEAM (MIST)

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### Program Description

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

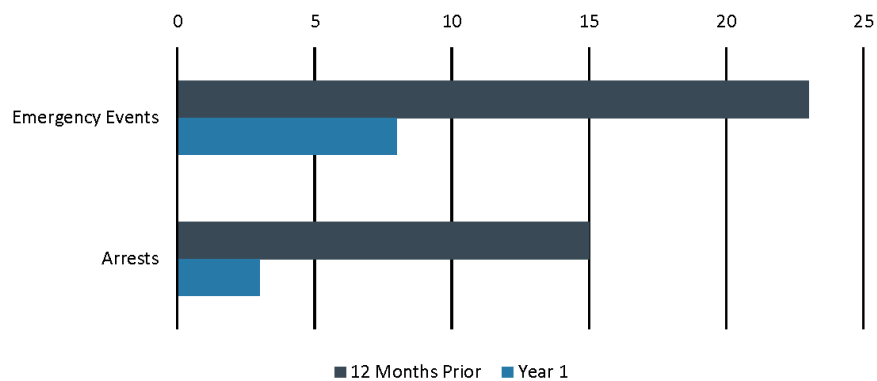
### Updates

- None

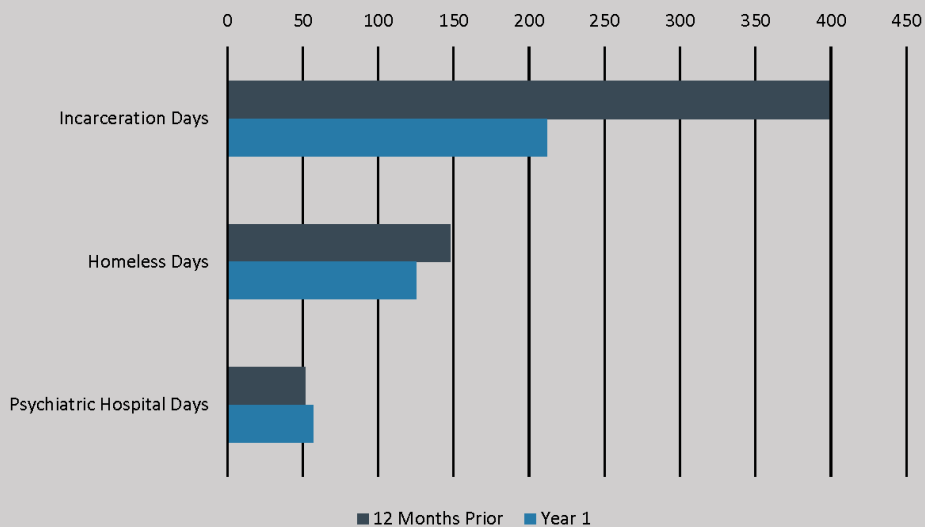
## YOUTH MULTI-AGENCY INTEGRATED SERVICES TEAM (MIST)

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in MIST. These metrics are compared between 12 months prior to treatment and after one year of treatment.

**Total Number of Emergency Events and Arrests (n=57)**



**Total Incarceration, Homeless, and Hospital Days (n=60)**



# FY 2021-2022 Outcomes Report

## Kern County MHS Prevention and Early Intervention



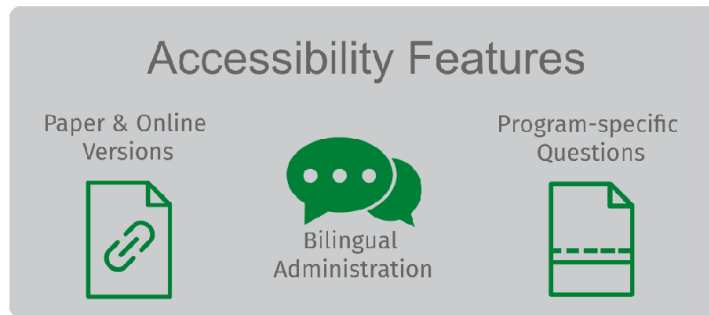
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## METHODOLOGY

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### Evaluation Design

To enhance compliance with Mental Health Services Act (MHSA) reporting regulations, KERN County Behavioral Health Services (KBHRS) contracted with EVALCORP to streamline current data collection structures and develop standardized data collection tools that are in alignment with reporting requirements. Two standardized Prevention and Early Intervention (PEI) outcome surveys were developed: 1) a survey completed by clients about their own experiences with the relevant program, 2) a survey completed by parents/guardians of children under the age of nine. To ensure greater inclusivity and maximum reach, surveys were made available in both online and paper forms as well as in English and Spanish. Not all PEI programs are required to complete the outcome survey, based on state mandates. An overview of data reporting requirements for PEI programs is provided in Appendix A of this report.



### Presentation of Results

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

Findings are presented differently depending on how many participants responded to each part of the survey. Survey components or survey modules with more than 30 responses are shown as percentages. Modules with fewer than 30 responses are shown as counts.

## PEI OUTCOME SURVEYS: DATA COLLECTION OVERVIEW



As a result of participating  
in a Kern PEI program

**9 in 10**



people say that they  
*feel better.*

When asked whether  
they will use what they  
have learned in  
Kern PEI programs,  
**97%** say that  
they will.



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

**68%**

Strongly agreed



**30%**

Agreed



**2%**

Disagree or  
strongly disagreed



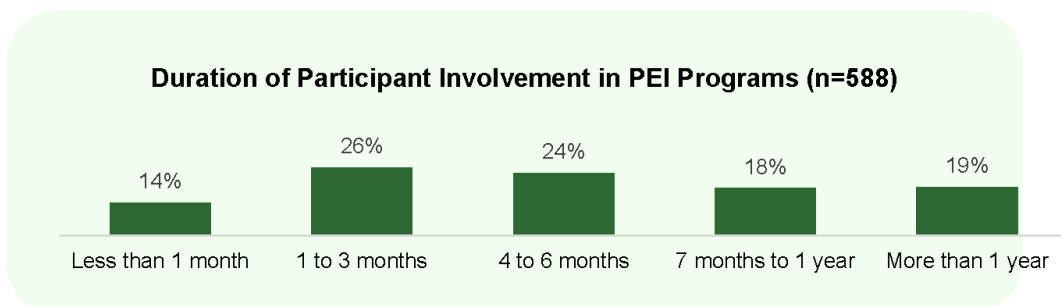
## COMBINED PEI PROGRAM FINDINGS

### Outcome Surveys Collected by Program

Kern MHSA PEI Program Name	October 2021	May 2022
	Number of Surveys	Number of Surveys
1 Foster Care Engagement	11	15
3 KCSOS - School-Based Program	14	23
4 Living Well	49	51
5 Transition Age Youth Dual Recovery	2	6
6 Transition Age Youth Self Sufficiency	49	64
7 Volunteer Senior Outreach Program (VSOP)	24	43
8 Youth Brief Treatment (YBT)	132	111
9 Youth Juvenile Justice Engagement	7	9
<b>Total</b>	<b>288</b>	<b>322</b>

Notes: several PEI programs are not required to collect surveys (e.g. Access to Care Crisis Hotline) and are not included in this table. Additionally, the Prepare U program did not implement their program in October 2021, so outcomes data associated with this program are not presented in this report.

### Duration of Participant Involvement

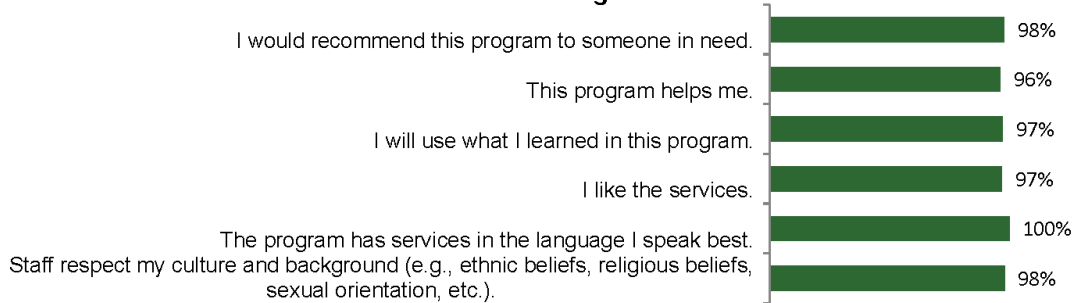


## Overall: Self-Report Survey Outcomes (9+ years old)

Survey results across all programs are reported together in this section of the report (n=610). Since the same programs were surveyed at two different time points, it is likely that this count is partly duplicated. A total of 459 participants completed the self-reported survey (i.e., individuals who were 9 years old or older), while a total of 151 participants completed the child survey (completed by the parent or guardian of children under the age of 9 or children requiring assistance completing the survey). Participants could choose whether to take the survey in English or Spanish; in total 589 surveys were completed in English and 21 surveys were completed in Spanish. Since not all programs were required to administer the second page of the survey, the sample size for the modules of the survey on the second page is smaller.

### Program Satisfaction and Cultural Competence (n=450-459)

#### Percent who Agree



### Outcomes (n=439-447)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	8%	92%
I think treatment can help improve symptoms of mental illness.	6%	94%
I am more likely to seek help for a mental health problem.	10%	90%
I know where to go for mental health services.	6%	94%
I know where to go for substance use services for myself or other household members.	15%	85%

**Outcomes (n=118-121)**

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I know more about how to take care of my mental or emotional health.	7%	93%
I learned how to take steps towards the future I want.	7%	93%
I feel better.	8%	92%
I have more energy during the day.	27%	73%
I feel less worried.	28%	72%
I feel better when I think about the future.	24%	76%
I care more about the things that are happening in my life.	13%	87%
I can handle problems better.	15%	85%
I know when to ask for help with an emotional problem.	8%	92%

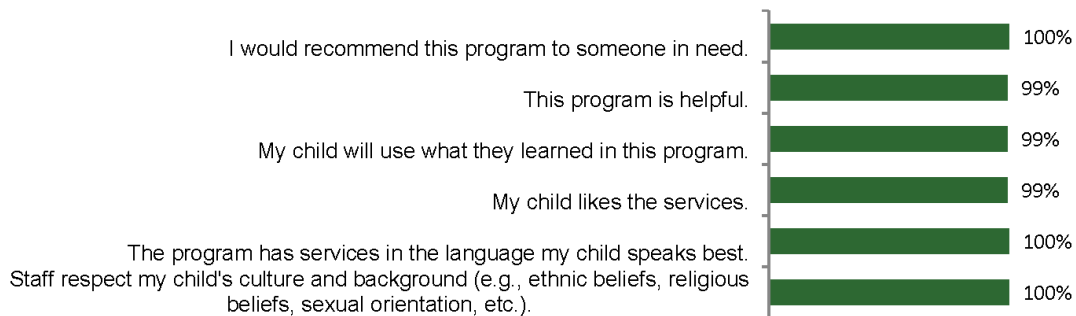
**Outcomes (n=33-106) †**

As a result of participating in this program...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	1%	46%	53%
My grades in school have...	3%	38%	59%
My housing situation has...	3%	45%	52%
My job situation has...	3%	52%	45%
My relationship with friends and family has...	4%	27%	69%

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

## Overall: Child Survey Outcomes

### Program Satisfaction and Cultural Competence (n=150-151) Percent who Agree



### Child Outcomes (n=144-149)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child has a better understanding of mental illness.	18%	82%
My child thinks treatment can help improve symptoms of mental illness.	8%	92%
I know where to go to get mental health services for my child.	1%	99%
My child knows how to get help when they have a mental health problem.	12%	88%
I know where to go for substance use services for myself or other household members.	10%	90%

**Child Outcomes (n=114-121)**

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child knows more about how to take care of their mental or emotional health.	11%	89%
My child is learning to behave more appropriately.	7%	93%
My child feels better.	7%	93%
My child has more energy during the day.	11%	89%
My child feels less worried.	14%	86%
My child feels better when they think about the future.	18%	82%
My child cares more about the things that are happening in their life.	9%	91%
My child can handle problems better.	14%	86%
My child knows when to ask for help with an emotional problem.	16%	84%

**Child Outcomes (n=91-110) ‡**

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My child's school attendance has...	1%	45%	54%
My child's grades in school have...	1%	46%	53%
My child's housing situation has...	1%	41%	58%
My child's relationships with friends and family have...	1%	31%	68%

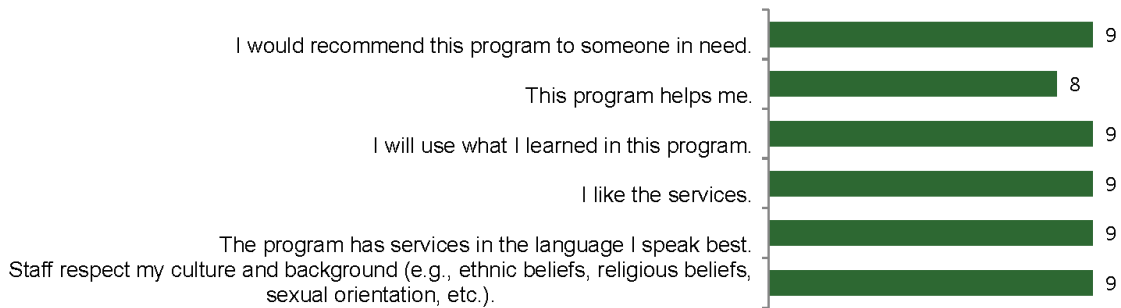
‡ Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

# 1. FOSTER CARE ENGAGEMENT

This section contains the results of surveys from the Foster Care Engagement program. A total of 26 surveys were completed for this program. Of these, 9 were self-reported surveys, while the other 17 were child surveys completed by a parent/guardian about their child. Results from the Self-Report survey are presented first, followed by results from the child survey. Because the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

## Self-Report Survey Outcomes

### Program Satisfaction and Cultural Competence Number of Participants Who Agree (n=8-9)



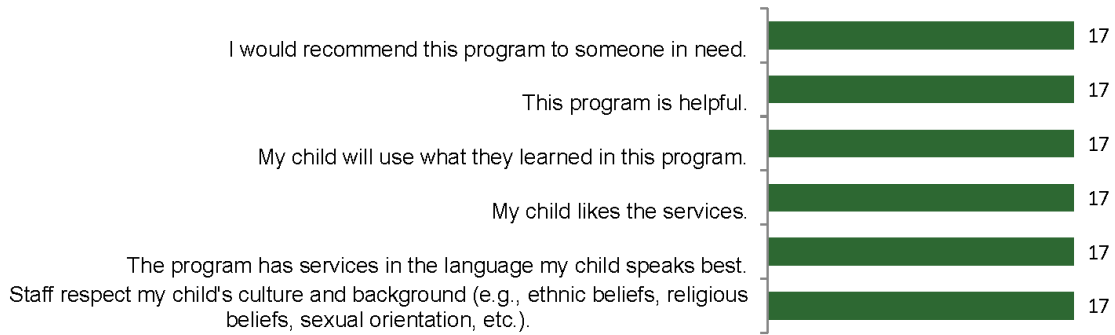
### Outcomes (n=9)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	1	6
I think treatment can help improve symptoms of mental illness.	0	7
I am more likely to seek help for a mental health problem.	1	7
I know where to go for mental health services.	0	7
I know where to go for substance use services for myself or other household members.	1	6

# FOSTER CARE ENGAGEMENT

## Child Survey Outcomes

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



### Child Outcomes (n=17)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	2	7
My child thinks treatment can help improve symptoms of mental illness.	2	10
I know where to go to get mental health services for my child.	0	4
My child knows how to get help when they have a mental health problem.	2	10
I know where to go for substance use services for myself or other household members.	2	9

# FOSTER CARE ENGAGEMENT

## Client Comments

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

### What's the most helpful thing about this program? (n=16)

- Acquiring skills or increased understanding of mental health (n = 5)
- Therapeutic communication (n = 5)
- General help (n = 2)
- Better interactions with family and friends (n=2)
- Availability of services (n =1)
- Strategies or Activities for self-care (n=1)

### What could make this program better? (n=15)

- Nothing or don't know (n = 13)
- More staff (n = 1)
- Additional Activities or Services (n=1)

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

- Improved behavior (n = 5)
- Improved emotional regulation (n = 4)
- Improved self-awareness (n = 3)
- Improved Communication or Relationships (n = 2)
- More Positive Outlook (n = 2)

*"I think that I've been able to express what's going on and not shutting down. You guys help me know what to do and know the pain I feel."*

*"I don't think anything else can [make this program better]. You guys have bent over backwards trying to help him in all ways possible."*

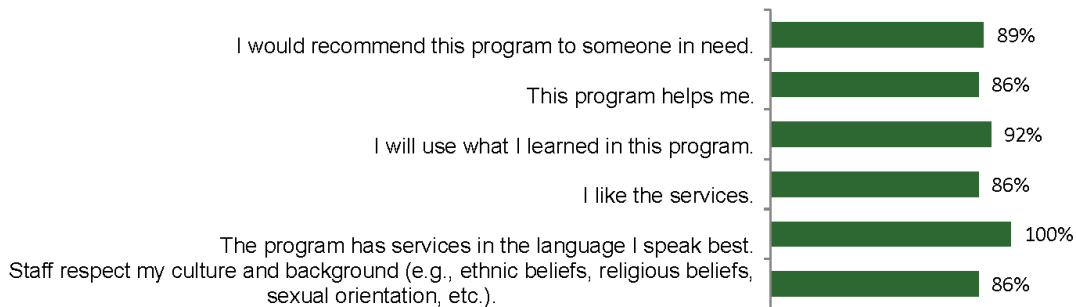


## 2. KCSOS SCHOOL-BASED PROGRAM

This section contains the results of surveys from the KCSOS School-Based Program. A total of 37 surveys were completed for this program. All were self-reported surveys. All participants chose to take the survey in English.

### Self-Report Survey Outcomes

#### Program Satisfaction and Cultural Competence Number of Participants Who Agree (n=35-37)



#### Outcomes (n=34-37)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	24%	76%
I think treatment can help improve symptoms of mental illness.	11%	89%
I am more likely to seek help for a mental health problem.	17%	83%
I know where to go for mental health services.	5%	95%
I know where to go for substance use services for myself or other household members.	25%	75%

# KCSOS SCHOOL-BASED PROGRAM

## Client Comments

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

### What's the most helpful thing about this program? (n=25)

- Therapeutic Communication (n = 11)
- Acquiring Skills or Increased Understanding of Mental health (n = 9)
- Nothing or Don't Know (n=3)
- Strategies or Activities for self-care (n = 1)
- Improved symptoms or behavior (n=1)

### What could make this program better? (n=21)

- Nothing or Don't Know (n = 14)
- More frequent or longer sessions (n=3)
- Additional Activities or Services (n = 2)
- Greater Diversity among Staff or Participants (n = 1)
- Better Communication and Outreach (n=1)

### What has changed about how you think, feel, or behave as a result of this program? (n=28)

- Improved Emotional Regulation (n = 10)
- Nothing or Don't Know (n = 6)
- Improved Communication or Relationships (n = 5)
- Improved Behavior (n = 3)
- Improved Self-Awareness (n = 2)
- More Positive Outlook (n = 1)
- Feel Safe at School (n = 1)

*"I feel like I am more happy and coming out of my shell. I don't have as much anger and hate."*

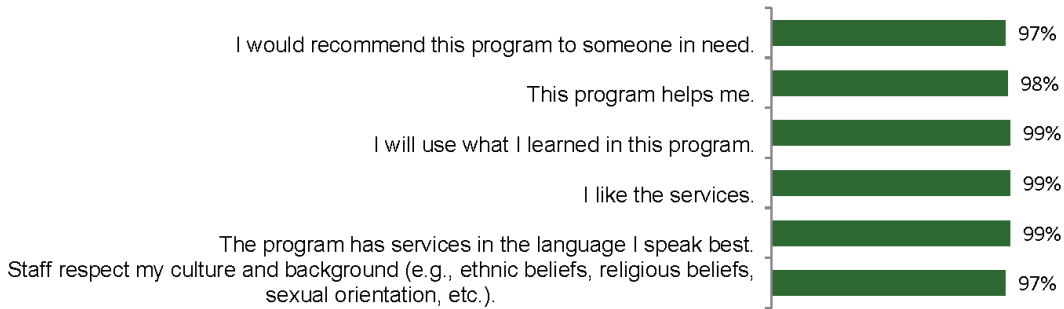
*"I get to tell you how I feel and not keep it inside of me all the time."*

### 3. LIVING WELL

This section contains the results of surveys from the Living Well program. A total of 100 surveys were completed for this program. There were 97 self-report surveys and 3 child surveys. Of these, 99 participants chose to take the survey in English, and 1 took the survey in Spanish. Since the number of surveys taken by parents about their children was small, the results of these surveys are presented as counts rather than as percentages.

#### Self-Report Survey Outcomes

**Program Satisfaction and Cultural Competence  
Number of Participants Who Agree (n=96-97)**



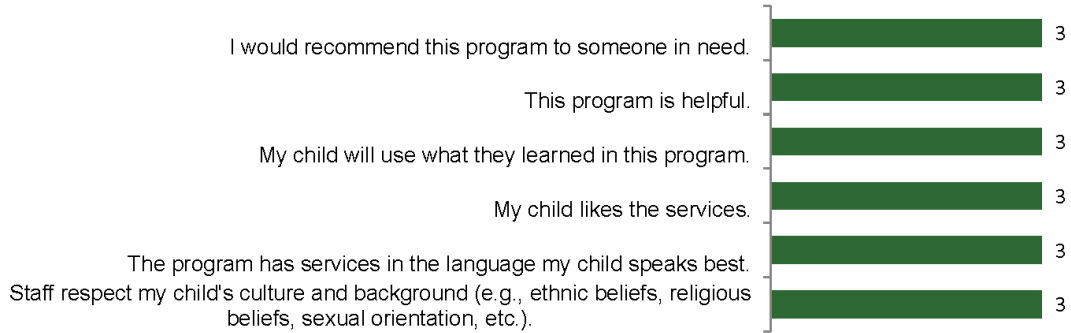
**Outcomes (n=96-97)**

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	6%	94%
I think treatment can help improve symptoms of mental illness.	3%	97%
I am more likely to seek help for a mental health problem.	2%	98%
I know where to go for mental health services.	5%	95%
I know where to go for substance use services for myself or other household members.	15%	85%

# LIVING WELL

## Child Survey Outcomes

### Program Satisfaction and Cultural Competence Number of Participants Who Agree (n=3)



### Child Outcomes (n=3)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	0	2
My child thinks treatment can help improve symptoms of mental illness.	0	1
I know where to go to get mental health services for my child.	0	1
My child knows how to get help when they have a mental health problem.	1	1
I know where to go for substance use services for myself or other household members.	0	1

# LIVING WELL

## Client Comments

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

### What's the most helpful thing about this program? (n=104)

- Acquiring Skills or Increased Understanding of Mental health (n=26)
- Therapeutic Communication (n=20)
- Supportive Staff (n=14)
- Other (n=14)
- Inclusive Environment and Sense of Community (n=10)
- Improved Symptoms or Behavior (n=8)
- Availability of Services (n=6)
- Meeting Basic Needs & Finding Employment (n=4)
- Group Sessions (n=1)
- Strategies or Activities for self-care (n=1)

### What could make this program better? (n=91)

- Nothing or Don't Know (n=51)
- Additional Activities or Services (n=14)
- Other (n=9)
- Better Communication and Outreach (n=8)
- More Frequent or Longer sessions (n=5)
- Reduce cancellations of appointments, notify participants (n=2)
- Additional Instructional Topics or Information (n=1)
- Ability to Test, Diagnose, & Treat (n=1)

### What has changed about how you think, feel, or behave as a result of this program? (n=98)

- Improved Emotional Regulation (n=24)
- More Positive Outlook (n=17)
- Improved Self-Awareness (n=17)
- Improved Communication or Relationships (n=16)
- Nothing or Don't Know (n=10)
- Improved Self-Confidence (n=6)
- Improved Behavior (n=4)
- Feeling Less Isolated (n=2)
- Other (n=2)

*"I have started to feel more confident in myself, and more comfortable with my true self."*

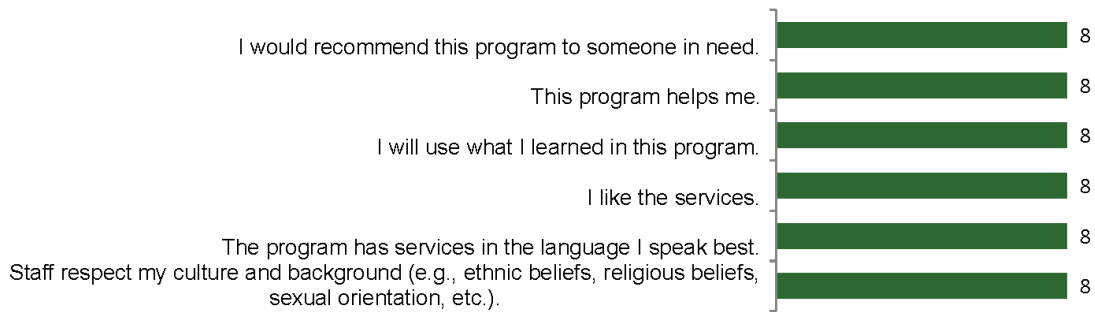
*"Now I have a job and I know my worth at a job, I know how to get along with my coworkers and I bring a positive mindset to my job."*

## 4. TRANSITION AGE YOUTH (TAY) DUAL RECOVERY

This section contains the results of surveys from the Transition Age Youth (TAY) Dual Recovery program. A total of 8 surveys were completed for this program. All were self-reported surveys. Because the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

### Self-Report Survey Outcomes

#### Program Satisfaction and Cultural Competence Number of Participants Who Agree (n=8)



#### Outcomes (n=8)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	0	8
I think treatment can help improve symptoms of mental illness.	0	8
I am more likely to seek help for a mental health problem.	2	6
I know where to go for mental health services.	0	8
I know where to go for substance use services for myself or other household members.	0	8

## TRANSITION AGE YOUTH (TAY) DUAL RECOVERY

### Outcomes (n=8)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I know more about how to take care of my mental or emotional health.	1	7
I learned how to take steps towards the future I want.	0	8
I feel better.	1	7
I have more energy during the day.	2	6
I feel less worried.	3	5
I feel better when I think about the future.	3	5
I care more about the things that are happening in my life.	0	8
I can handle problems better.	0	8
I know when to ask for help with an emotional problem.	2	6

### Outcomes (n=5-8) ‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My school attendance has...	0	1	4
My grades in school have...	0	1	4
My housing situation has...	0	1	6
My job situation has...	0	3	4
My relationship with friends and family has...	0	1	7

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

# TRANSITION AGE YOUTH (TAY) DUAL RECOVERY

## Client Feedback

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

### What's the most helpful thing about this program? (n=8)

- Acquiring Skills or Increased Understanding of Mental Health (n=2)
- Inclusive Environment & Sense of Community (n=2)
- Peer support (n=1)
- Staff or Participants (n=1)
- Improved Symptoms or Behavior (n=1)
- Strategies or Activities for self-care (n=1)

### What could make this program better? (n=7)

- Provide transportation (n=2)
- Nothing (n=2)
- More structured group counseling (n=1)
- Better Communication and Outreach (n=1)
- More Frequent or Longer Sessions (n=1)

### What has changed about how you think, feel, or behave as a result of this program? (n=8)

- Improved Communication or relationships (n=3)
- Improved Emotional Regulation (n=3)
- More Positive Outlook (n=2)

*"This program could be better with more structured group counseling for the first 30-days."*

*"I feel and look better."*

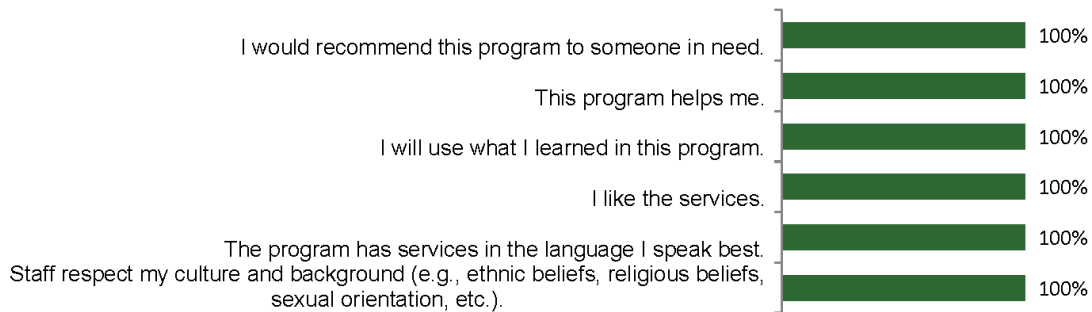


## 5. TRANSITION AGE YOUTH (TAY) SELF-SUFFICIENCY

The charts and tables below display the results of surveys collected from the Transition Age Youth (TAY) Self-Sufficiency program. A total of 113 clients completed the Self-Report Survey; no clients completed the child version of the outcome survey. TAY participants are required to complete the items on the first page of the Outcomes Survey but not the second page. All participants chose to take the survey in English.

### Self-Report Survey Outcomes

#### Program Satisfaction and Cultural Competency Percent of Participants Who Agree (n=112-113)



#### Outcomes (n=112-113)

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

# TRANSITION AGE YOUTH (TAY) SELF-SUFFICIENCY

## Client Comments

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

### What's the most helpful thing about this program? (n=96)

- Meeting Basic Needs & Finding Employment (n = 43)
- Supportive Staff (n = 37)
- Availability of Services (n=10)
- Acquiring Skills or Increased Understanding of Mental health (n = 6)

### What could make this program better? (n=86)

- Nothing or Don't Know (n = 60)
- Additional Activities or Services (n = 16)
- Better Communication and Outreach (n = 9)
- Improved Facilities & Facility Location (n=4)
- More Frequent or Longer sessions (n = 2)
- Larger Office (n = 2)
- Additional Staff (n=2)
- More Caring Staff (n = 1)

### What has changed about how you think, feel, or behave as a result of this program? (n=96)

- More Positive Outlook (n = 28)
- Nothing or Don't Know (n = 17)
- Improved Behavior (n=11)
- Improved Mental Health (n=11)
- Improved Self-Awareness (n = 9)
- Improved Self-Confidence (n = 6)
- Feeling Less Isolated (n = 6)
- Improved Communication or Relationships (n = 4)
- Increased Independence (n=2)
- Improved Emotional Regulation (n = 1)
- Feel More Secure (n = 1)

*"My attitude on the world has changed. I used to be so depressed and jaded about the world, now as a result of this program, I feel optimistic."*

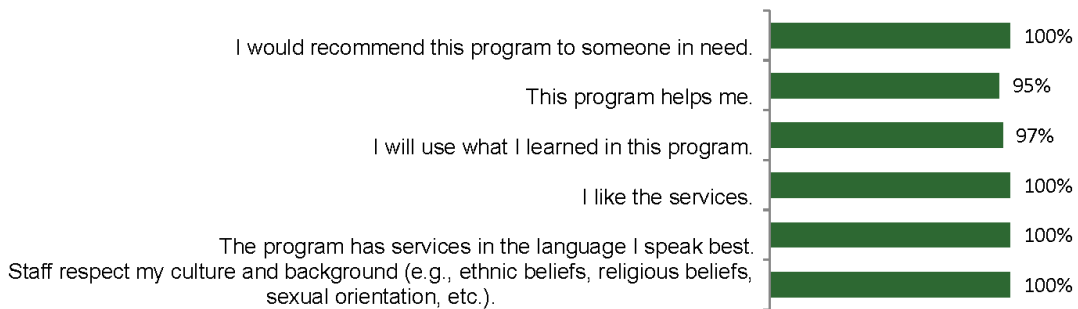
*"The most helpful thing to me would be the little things like food, clothes, and cleaning supplies."*

## 6. VOLUNTEER SENIOR OUTREACH PROGRAM (VSOP)

The data displayed below summarize the results of surveys collected from the Volunteer Senior Outreach Program (VSOP). A total of 67 clients completed the Self-Report Survey; no clients completed the child version of the outcome survey. All participants chose to take the survey in English.

### Self-Report Survey Outcomes

#### Program Satisfaction and Cultural Competence Number of Participants Who Agree (n=63-67)



#### Outcomes (n=54-58)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	4%	96%
I think treatment can help improve symptoms of mental illness.	5%	95%
I am more likely to seek help for a mental health problem.	9%	91%
I know where to go for mental health services.	16%	84%
I know where to go for substance use services for myself or other household members.	22%	78%

# VOLUNTEER SENIOR OUTREACH PROGRAM (VSOP)

## Client Comments

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

### What's the most helpful thing about this program? (n=62)

- Supportive Staff (n = 19)
- Social Interactions (n = 16)
- Availability of Services (n = 8)
- Improved Symptoms & Behavior (n=7)
- Acquiring Skills or Increased Understanding of Mental health (n = 4)
- Strategies or Activities for self-care (n = 3)
- Overall/General Positive Feedback (n = 3)
- Therapeutic Communication (n = 2)

### What could make this program better? (n=53)

- Nothing or Don't Know (n = 24)
- Additional Activities or Services (n = 13)
- Better Communication and Outreach (n = 8)
- More Frequent or Longer sessions (n = 7)
- Additional Instructional Topics or Information (n = 1)
- Additional Staff (n=1)

### What has changed about how you think, feel, or behave as a result of this program? (n=58)

- Improved Mental Health (n=11)
- Feeling Less Isolated (n = 8)
- Nothing or Don't Know (n = 7)
- More Familiar With Resources (n = 5)
- Improved Self-Confidence (n = 5)
- Improved Behavior (n=5)
- Improved Self-Awareness (n = 5)
- Improved Emotional Regulation (n = 4)
- More Positive Outlook (n = 3)
- Improved Communication or Relationships (n= 3)
- Learned Coping Strategies (n = 2)

*"The counselor never gives up. He advocates for me and resources."*

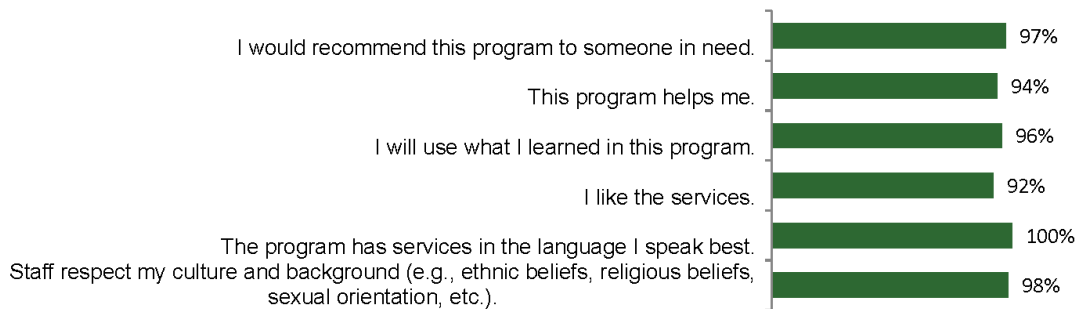
*"Talking with the counselor makes me feel more comfortable."*

## 7. YOUTH BRIEF TREATMENT

The charts and tables below display the results of the surveys collected from the Youth Brief Treatment program. The survey was completed by 243 clients. Of these, 116 participants filled out the Self-Report survey and 127 completed the Child Survey. A total of 227 participants chose to take the survey in English and 16 participants chose to take the survey in Spanish.

### Self-Report Survey Outcomes

#### Program Satisfaction and Cultural Competence Percent of Participants Who Agree (n=112-116)



#### Outcomes (n=111-115)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	8%	92%
I think treatment can help improve symptoms of mental illness.	8%	92%
I am more likely to seek help for a mental health problem.	12%	88%
I know where to go for mental health services.	6%	94%
I know where to go for substance use services for myself or other household members.	21%	79%

## YOUTH BRIEF TREATMENT

### Outcomes (n=100-103)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I know more about how to take care of my mental or emotional health.	8%	92%
I learned how to take steps towards the future I want.	8%	92%
I feel better.	9%	91%
I have more energy during the day.	27%	73%
I feel less worried.	28%	72%
I feel better when I think about the future.	23%	77%
I care more about the things that are happening in my life.	14%	86%
I can handle problems better.	15%	85%
I know when to ask for help with an emotional problem.	8%	92%

### Outcomes (n=22-91) ‡

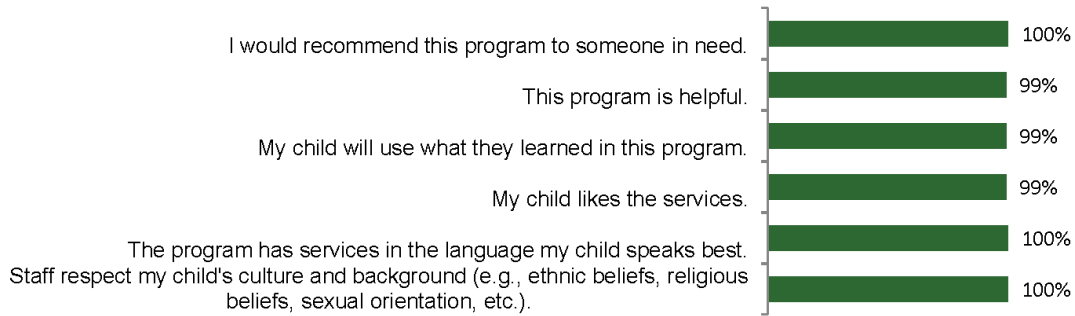
As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	1%	49%	49%
My grades in school have...	3%	40%	56%
My housing situation has...	4%	49%	48%
My job situation has...	5%	55%	41%
My relationship with friends and family has...	3%	29%	68%

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

# YOUTH BRIEF TREATMENT

## Child Survey Outcomes

### Program Satisfaction and Cultural Competence Number of Participants Who Agree (n=126-127)



### Child Outcomes (n=120-125)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child has a better understanding of mental illness.	20%	80%
My child thinks treatment can help improve symptoms of mental illness.	8%	92%
I know where to go to get mental health services for my child.	2%	98%
My child knows how to get help when they have a mental health problem.	12%	88%
I know where to go for substance use services for myself or other household members.	8%	92%

## YOUTH BRIEF TREATMENT

### Child Outcomes (n=110-117)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child knows more about how to take care of their mental or emotional health.	11%	89%
My child is learning to behave more appropriately.	6%	94%
My child feels better.	7%	93%
My child has more energy during the day.	10%	90%
My child feels less worried.	13%	87%
My child feels better when they think about the future.	16%	84%
My child cares more about the things that are happening in their life.	9%	91%
My child can handle problems better.	15%	85%
My child knows when to ask for help with an emotional problem.	16%	84%

### Child Outcomes (n=87-107) ‡

As a result of participating in this program...	% Gotten Worse	% Stayed the Same	% Gotten Better
My child's school attendance has...	1%	45%	54%
My child's grades in school have...	1%	45%	54%
My child's housing situation has...	0%	39%	61%
My child's relationships with friends and family have...	1%	31%	68%

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



# YOUTH BRIEF TREATMENT

## Client Comments

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

### What's the most helpful thing about this program? (n=132)

- Acquiring Skills or Increased Understanding of Mental Health (n=41)
- Improved Symptoms or Behavior (n=25)
- Therapeutic Communication (n=17)
- Inclusive Environment & Sense of Community (n=15)
- Supportive Staff (n=11)
- Availability of Services (n=11)
- Nothing or Don't Know (n=4)
- Everything (n=3)
- Supportive Staff, Strategies or Activities for self-care, Better interactions with family and friends (n=3)
- Access to medication (n=2)

*"What was changed within myself is my understanding of my mental illness and coping skills."*

*"The most helpful thing about this program is being able to talk about my problems."*

### What could make this program better? (n=93)

- Nothing or Don't Know (n=59)
- More Frequent or Longer Sessions (n=14)
- Additional Activities/Topics, Services, or Facilities (n=10)
- Improving Symptoms or Behavior (n=4)
- Other (n=3)
- Ability to Test, Diagnose, & Treat (n=2)
- Better understanding about mental illness (n=1)

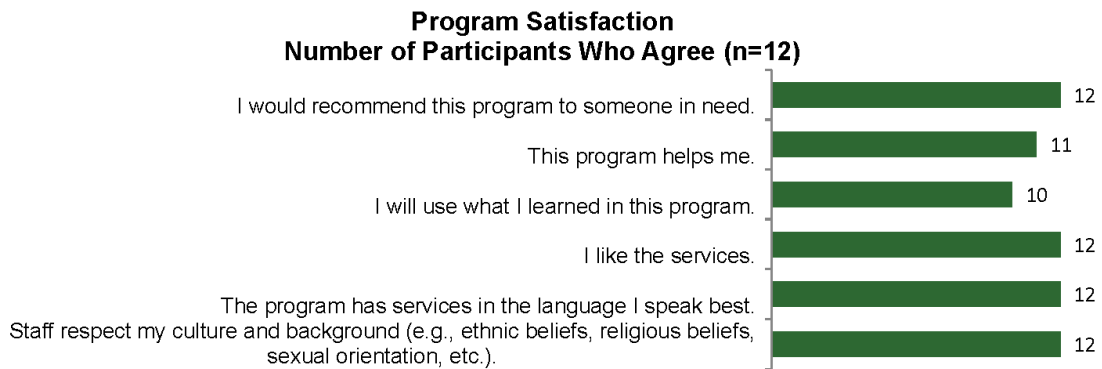
### What has changed about how you think, feel, or behave as a result of this program? (n=109)

- Improved Symptoms or Behavior (n=23)
- Nothing or Don't Know (n=19)
- Improved Emotional Regulation (n=18)
- Acquired New Skills or Understanding of Mental Health (n=15)
- Improved Communication or Relationships (n=12)
- Improved Self-Awareness (n=8)
- More Positive Outlook (n=8)
- Improved Self-Confidence (n=6)

## 8. YOUTH JUVENILE JUSTICE ENGAGEMENT

The chart and table below display the results from surveys collected from the Youth Juvenile Justice Engagement program. A total of 12 clients completed the self-report survey and 4 clients completed the child survey. Because the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

### Self-Report Survey Outcomes



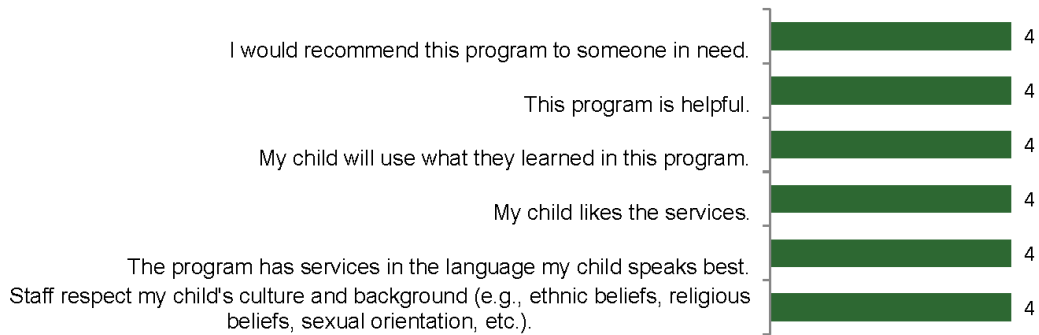
### Adult Outcomes (n=12)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	3	9
I think treatment can help improve symptoms of mental illness.	3	9
I am more likely to seek help for a mental health problem.	4	8
I know where to go for mental health services.	2	10
I know where to go for substance use services for myself or other household members.	1	11

# YOUTH JUVENILE JUSTICE ENGAGEMENT

## Child Survey Outcomes

### Program Satisfaction and Cultural Competence Number of Participants Who Agree (n=4)



### Child Outcomes (n=4)

As a result of participating in this program ...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	0	4
My child thinks treatment can help improve symptoms of mental illness.	0	4
I know where to go to get mental health services for my child.	0	4
My child knows how to get help when they have a mental health problem.	0	4
I know where to go for substance use services for myself or other household members.	2	2

# YOUTH JUVENILE JUSTICE ENGAGEMENT

## Client Comments

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

### What's the most helpful thing about this program? (n=15)

- Therapeutic Communication (n = 9)
- Acquiring Skills or Increased Understanding of Mental health (n = 2)
- Supportive Staff (n = 2)
- Availability of Services (n=1)
- Inclusive Environment & Sense of Community (n=1)

### What could make this program better? (n=14)

- Nothing or Don't Know (n = 12)
- Additional Activities or Services (n=2)

### What has changed about how you think, feel, or behave as a result of this program? (n=15)

- Improved Self-Awareness (n = 6)
- Nothing or Don't Know (n = 4)
- More Positive Outlook (n = 3)
- Improved Emotional Regulation (n = 2)

*"The more time spent in services the more comfortable I feel. Helps me see different ...perspectives."*

*"It's made me change my point of view on things and made me feel like a better person."*

## APPENDIX A: PEI DATA COLLECTION MATRIX

### PEI Programs, Classifications, and Survey Sections for FY21-22

PEI Program Name	Program Classification	Sections of Survey Required to Be Completed
Prepare U	Prevention	Front & back
Transition Age Youth Dual Recovery	Early Intervention	Front & Back
Youth Brief Treatment (YBT)	Early Intervention	Front & Back
Living Well	Stigma and Discrimination Reduction	Front only
Transition Age Youth Self Sufficiency	Access and Linkage to Treatment	Front only
Youth Juvenile Justice Engagement	Access and Linkage to Treatment	Front only
KCSOS - School-Based Program (Previously named "Kern Youth Resilience and Support")	Access and Linkage to Treatment	Front only
Foster Care Engagement	Outreach for Increasing Recognition of Early Signs of Mental Illness	Front only
Volunteer Senior Outreach Program (VSOP)	Outreach for Increasing Recognition of Early Signs of Mental Illness	Front only
Suicide Prevention O&E	Outreach for Increasing Recognition of Early Signs of Mental Illness	None
Zero Suicide	Outreach for Increasing Recognition of Early Signs of Mental Illness	None
Outreach & Education***	Outreach for Increasing Recognition of Early Signs of Mental Illness	None
Access to Care Crisis Hotline	Access and Linkage to Treatment	None
Homeless Outreach Team (HOT)	Access and Linkage to Treatment	None
Help Me Grow	Access and Linkage to Treatment	None
Community Referral Network	Access and Linkage to Treatment	None
Reengagement	Access and Linkage to Treatment	None
Continuum of Care Reform Foster Youth Engagement	Access and Linkage to Treatment	None
Court Appointed Special Advocates±	Access and Linkage to Treatment	May collect data via other avenues

# FY 2021-2022 Outcomes Report

## Kern County MHSA Innovations



## METHODOLOGY

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### Evaluation Design

To fulfil the reporting requirements of the Mental Health Services Act (MHSA), Kern County Behavioral Health (KernBHRS) contracted with EVALCORP to gather and analyze data from Innovations programs conducted during 2021-2022 fiscal year. The evaluation tools in use in FY21-22 for Innovation programs were developed by separate contractors working with programs. For The Healing Project, these tools included 1) a demographics questionnaire and 2) an outcomes questionnaire. The results of these tools are included in the present report.



### Presentation of Results

Findings are presented in aggregate by each of the INN programs required to collect outcome data. In FY21-22, only one INN program was operational – The Healing Project.

Findings may be presented differently depending on how many participants responded to each part of the survey. Survey components or survey modules with more than 30 responses are shown as percentages. Modules with fewer than 30 responses are shown as counts.

## COMBINED INN PROGRAM FINDINGS

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### Outcome Surveys Collected by Survey Type

Kern MHSa INN Program Name		FY21-22 Outcomes Data
		Sample size
1	The Healing Project	992
	<b>Total</b>	<b>992</b>

Survey results across all INN programs are reported together in this section of the report (n=992). A total of 992 participants completed surveys for The Healing Project and 1173 participants declined, with a response rate of 46%.

A second planned INN program, The Learning Healthcare Network, was unable to provide data for this report due to a contract issue with the program's collaborators. The Learning Healthcare Network was operational for only a negligible part of the FY21-22 fiscal year. A full report on the annual progress of the Learning Healthcare Network is planned for the FY22-23 report.



## THE HEALING PROJECT

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### Program Description

The Healing Project is a peer-led recovery station that provides screening, access and linkage to care for individuals presenting with co-occurring mental health and substance use disorder needs. The Healing Project includes one recovery station in Kern County, Bakersfield, CA as of April 2022. The primary Bakersfield facility has 10 beds. The Recovery Station serves the metropolitan area and its immediate surrounds. The number of beds was determined proportionally based on site visits of fully operational sobering centers and information gathered from the KernBHRS Psychiatric Evaluation Center on the number of positive toxicology screenings. The Healing Project recovery station operates 24/7 and serves an estimated average of 1,793 consumers annually. Consideration has been given to anticipated population growth and needs over time with facility adaptability to expand as required.

### Program Goals

The Healing Project will continue to reduce arrests and admissions to the Psychiatric Crisis Centers. The program will offer clients linkage to substance use disorder and/or mental health services. 25% clients will follow up with SUD/MH treatment. 75% of clients will be satisfied with the services they received at the Recovery Station. Client feedback will be tracked using Satisfaction Surveys. The project will serve 1,600 consumers annually.

### Updates

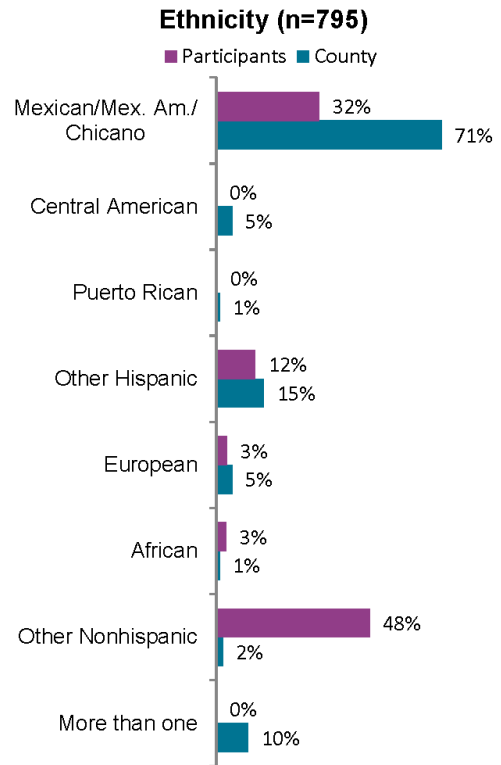
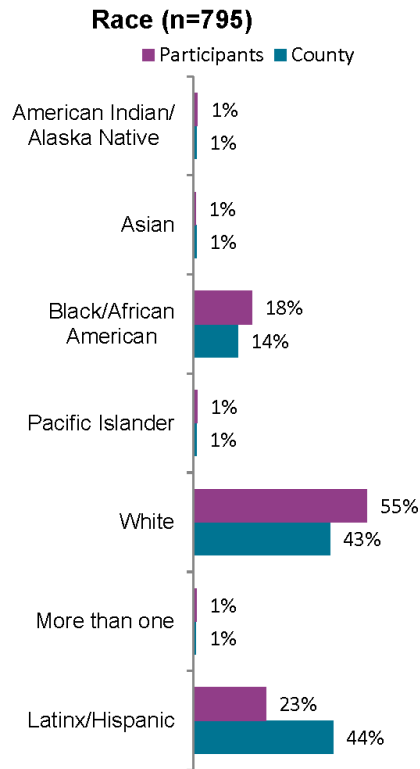
- The Healing Project located in Delano is no longer operational as of April 2022. The project did not yield initial admission rates proportionate to the population of Delano, CA and surrounding areas.
- The Bakersfield Healing Project added iPads to encourage individuals to participate in voluntary Satisfaction Surveys. Digital versions of the surveys allow KernBHRS to obtain client feedback promptly and to retain vital suggestions based on their experience during their stay.

### Program Successes

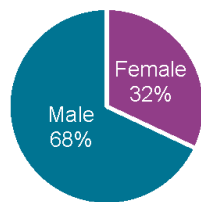
- The Bakersfield Healing Project admitted 2,083 individuals from July 1, 2021 – June 30, 2022. A total of 196 clients accepted a referral for SUD services and 147 (75%) followed through with an appointment. A total of 18 clients accepted a referral to MH services and 17 (94%) followed attended their appointments.
- The Delano Recovery station admitted a total of 310 clients from July 2021 to March 2022. Five (5) clients accepted a referral to MH services and 2 individuals attended their appointment (40%). A total of 45 clients accepted a referral to SUD services and 24 clients attended their appointment (53%).

# THE HEALING PROJECT

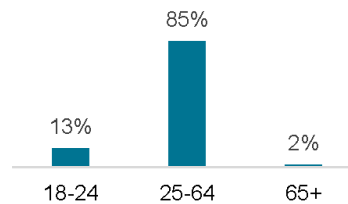
## Demographics



**Sex (n=795)**



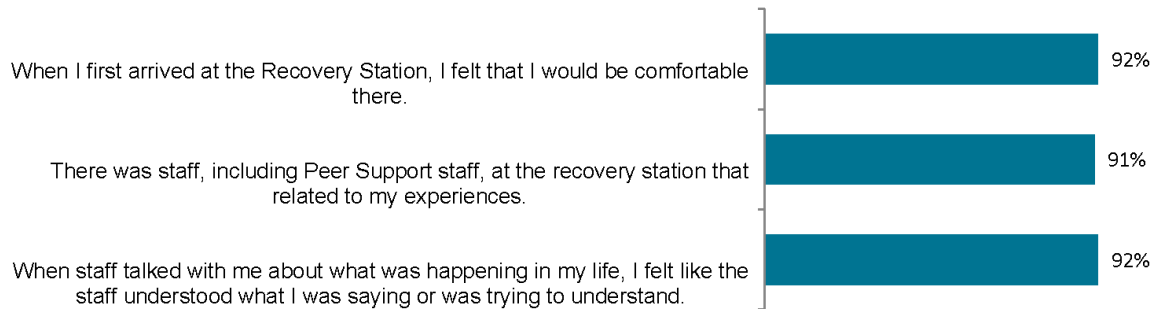
**Age (n=795)**



## THE HEALING PROJECT

### Self-Report Survey Outcomes

#### Program Satisfaction and Cultural Competency Percent of Participants Who Agree (n=905-915)



**92% of participants were “Very Pleased” or “Pleased” with services at The Healing Project.**



**The program did not achieve its target of 75% positive feedback on SUD/MH items (74%). A key learning from this program is that participant needs were higher than initially anticipated (e.g. higher rates of homelessness and SUD).**

#### Peer Support and Intentions to Enter Treatment (n=736-894)

	% Definitely or Probably
During your stay, was it helpful to receive recovery coaching and support from a staff member that has had experiences with drug and alcohol use and/or mental health challenges?	90%
I am likely to begin or continue treatment for alcohol and/or drug use after being at the Recovery Station.	74%
I am likely to begin or continue treatment for mental health challenges after being at the Recovery Station.	74%

# FY 2021-2022 Outcomes Report

## Kern County MHS Workforce, Education, & Training



## METHODOLOGY

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### Evaluation Design

Workforce Education and Training programs report outcomes proposed by EVALCORP and agreed upon by Kern County BHRS. The choice of outcomes that will be measured and reported was informed by two primary sources: (1) the relevant California Code of Regulations referring to WET programs, and (2) any additional outcomes of interest as agreed upon by EVALCORP and Kern County BHRS. In collaboration with KernBHRS leadership, EVALCORP has selected the following outcomes to evaluate, which differ according to each program. A tailored plan was developed for each of the Workforce Education and Training programs specifying in advance which outcomes would be reported.

As a part of the mandated Workforce Needs Assessment (§ 3830), the County must report the ethnoracial demographics of staff as gathered via a voluntary survey. In addition, the County must report the number of staff who are proficient in each language “in which staff proficiency is required to ensure access to and quality of public mental health services for individuals whose primary language is not English” (§ 3830.b.6). This listing includes individuals who are directly supervised by County staff and those who are directly supervised by contract agency staff.

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

### Presentation of Results

Findings are presented in aggregate by each of the four FY21-22 WET programs. Each program contributed data on four indicators. These indicators were selected in collaboration with EVALCORP as key metrics to track program progress. The indicators chosen differ by program.

Findings are presented differently depending on how many participants responded to each part of the survey. Survey components or survey modules with more than 30 responses are shown as percentages. Modules with fewer than 30 responses are shown as counts.

## COMBINED WET PROGRAM FINDINGS

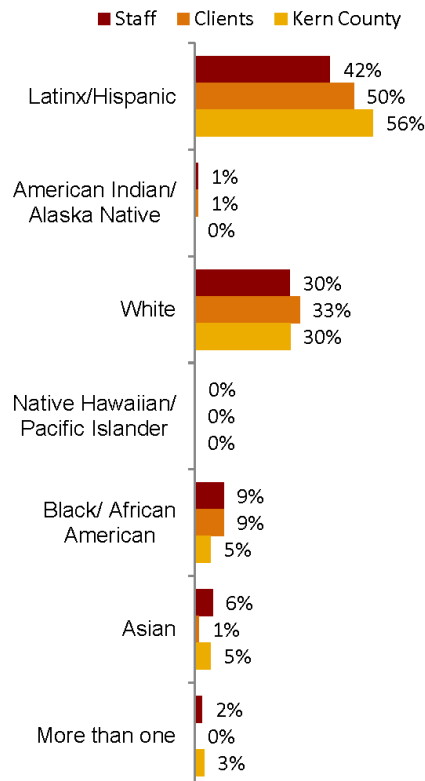
### Data Collected by Type

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

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
<b>Clinical Internship</b>	Count of staff receiving support	Count of candidates achieving licensure	Count of staff supervisors	Count of divisions offering internships
<b>Psychology Internship</b>	Count of interns who have completed the program since 2000	Count of post-docs achieving licensure since 2000	Patients seen by interns during the prior cohort/previous year	Count of interns employed by Kern County after internship, within the past 5 years
<b>Relias</b>	Count of courses completed by staff	Count of courses completed for continuing education credit	Mean number of courses completed by staff	Completion rate for modules
<b>Training Enhancement</b>	Count of staff who completed peer service training	Count of staff who complete most popular training	Count of staff who completed second most popular training	Count of conferences and training opportunities attended by staff

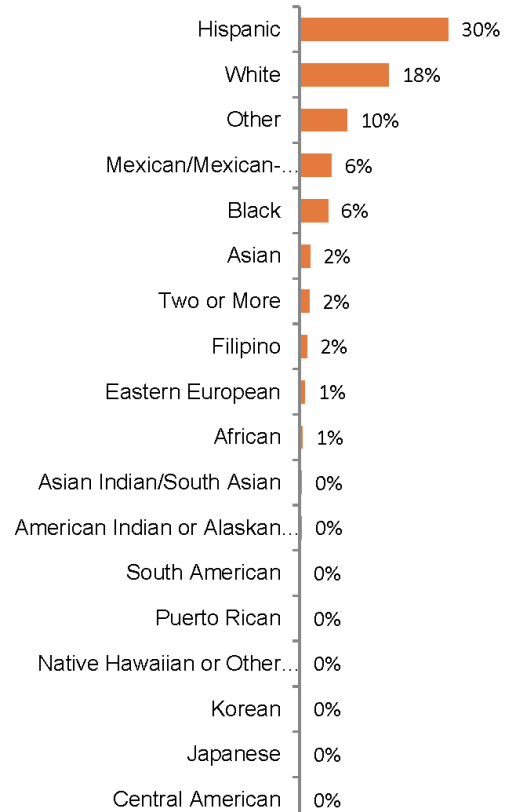
## COMBINED STAFF DEMOGRAPHICS

### Race (n=742)



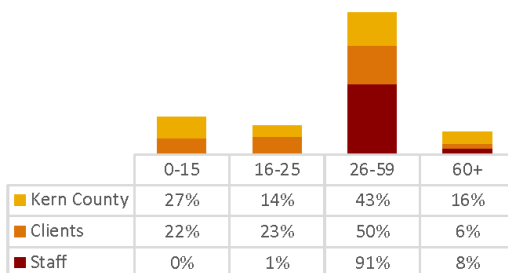
Note: 141 staff participants declined to respond.

### Ethnicity (n=855)



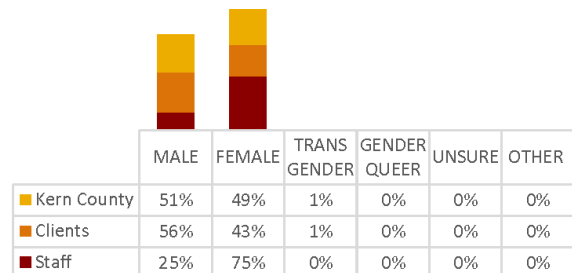
Note: 206 participants declined to respond.

### Age (n=70,262)



Note: 14 participants declined to respond.

### Gender Identity (n=10,617)



Note: 114 participants declined to respond. Some groups round to zero percent when small numbers of participants selected these categories.

## COMBINED STAFF CULTURAL COMPETENCIES

Primary Language Spoken		
	Staff	Kern County
English	94%	55%
Spanish	24%	40%
Other	3%	5%

*Notes: 719 staff participants declined to respond. Percentages do not sum to 100%, since staff members speak multiple languages.*

### Cultural Competency Training

Collectively, provider staff have undertaken or led

**16,915**

hours of cultural competency training in FY21-22. Of these 86% were for mental health and 14% were for SUD.

**65**

Staff are Tier 1 translators, meaning that they are certified for verbal Spanish interpretation.

**73**

Staff are Tier 2 translators, meaning that they are certified for verbal and written Spanish translation.

**36**

Staff participated in training about how to integrate peers into the workforce.



## CLINICAL INTERNSHIP

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### Program Description

Kern BHRS staff pursuing licensure in the mental health Licensed Practitioners of Healing Arts (LPHAs) are provided direct clinical supervision hours required by licensing authorities, utilizing training and experiential learning, this program provides development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human diversity consultation, interdisciplinary relationships, supervision, ethics, law and public policy. Competencies promoted are based on the Marriage and Family Therapist, Social Work, Professional Clinical Counselors Competencies.

### Updates

- This year a new program was started for the Associate Social Workers to provide Field Instruction to students in the social work program. The field instructors will provide supervision on a 1:1 ratio to the practicum students who are doing their placement at KernBHRS.

### Program Successes

- 53 staff participated in Multicultural Clinical Supervision Phase I in FY21-22
- 9 staff participated in Multicultural Clinical Supervision Phase II in FY21-22
- 19 students were placed in a position
- 11 students participated in Employment Based Placement

### Program Outcomes

**124** Staff received support in 2021-2022

**28** Candidates achieved licensure in FY 21-22

**29** Staff supervised interns

**8** Divisions of KernBHRS offered internships

## PSYCHOLOGY INTERNSHIP

### Program Description

As a member of the Association of Psychology Postdoctoral and Internship Careers (APPIC), KernBHRS prepares interns for the professional practice of psychology. The psychology internship provides interns a broad range of clinical experiences in a variety of settings. Participants are trained in the development in psychological assessments, diagnosis, clinical intervention, professional development, appreciation for human diversity, consultation, fostering interdisciplinary relationships, supervision, ethics, law, public policy and scientific foundations and research. Interns aim to achieve post-doc licensure after the completion of the internship term.

### Updates

- Onboarded Dr. Norman as a licensed psychologist who provides clinical supervision and training to the psychology interns. Dr. Norman has a diverse training and experience with evidence-based practices such as Cognitive Behavioral Therapy, serving youths and their families.

### Program Successes

- Probation wanted KernBHRS to see a client who recently was released from jail. The outcome of the psychological testing evaluation resulted in identifying a developmental disability. The Treatment Team got discouraged because the client was an adult and was not responding well to treatment, however the assigned psychology intern was persistent to evaluating and treating the client. Because of the psychological findings of the assigned psychology intern, the client now receives appropriate and effective services to address her developmental disability.
- Psychology Intern was able to conduct psychological testing battery on a client four other clinical teams discharged due to the client being, “difficult and aggressive” and not responding to services. Psychological testing guided treatment providers to address intellectual deficits and a neurological referral. Ultimately, the client was identified as having significant neurological damage that better accounted for client’s presentation. This information allowed for client to receive neurological interventions, and appropriate clinical interventions.

### Program Outcomes

**51** Post-docs have achieved licensure since 2000

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

**256** Patients were seen by interns in 2021-2022

**10** Former interns were employed by Kern County in the past 5 years

## RELIAS LEARNING

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### Program Description

The Relias Learning Management System is an online easy-to-use training system which provides a myriad of training modules for behavioral health agencies. The Relias Library contains over 1,468 online courses, 1,020 of which are Relias-developed and 448 are KernBHRS and/or external facilitator developed. This platform streamlines training in multiple topics and allows staff to complete training sessions in a timely manner from their workstation, removing the need for travel, and improving time management. Courses provide education on levels beyond the capability of available classroom topics, more thoroughly supporting clinical, clerical, and administrative workforce education.

### Updates

- Due to logistical considerations, Zoom has become the primary web-based platform for online trainings. Additionally, in-person training for selected courses has resumed.

### Program Successes

- This year, KernBHRS worked with Contract Partner Agencies to develop tailored training plans. The Program continues to provide current, relevant training to KernBHRS internal and contract partner agency staff while learning new presentation platforms in a remote work environment.

### Program Outcomes

**45** Courses were completed by staff

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

**22** Courses were completed by average staff member

**70%** Completion rate for assigned courses

## TRAINING ENHANCEMENT

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### Program Description

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

### Updates

- KernBHRS uses the technological skills it gained during the COVID pandemic strategically—selected courses which must be offered in-person such as CPI Crisis De-escalation training, 5150 Involuntary Hold training, and ASIST Suicide prevention training have returned to pre-pandemic operations. However, other courses which can be conducted in an online format, such as CANS Child and Adolescent Needs Assessment training and the Core Academy department new hire training have all remained online to save on travel time and allow staff to dedicate more time to their home site.
- KernBHRS Peer staff are working to receive state Peer certification which involves a study group and passing a yet-to-be-released state certification examination.

### Program Successes

- The program Successfully provided courses in various formats including:
  - Online (Live instructor)
  - Pre-recorded (self-pace)
  - In-person
  - Consultations/application session

### Program Outcomes

**50** Staff completed peer service training

**115** People completed ASIST training

**108** Staff completed training for assessment of suicidal behavior

**34,234** Conference and training development opportunities

# APPENDIX IV: STAKEHOLDER'S 30-DAY PUBLIC COMMENT PERIOD

Placeholder for Stakeholder 30 Day Public Comment report

**This section will need to include a description of the methods used by the County to circulate for the purpose of eliciting public comment of the draft plan to representatives of the Stakeholder's interests and any other interested party who requested a copy.**

**This section also needs to include the dates of the 30-day public comment period.**

# APPENDIX V: ACRONYM LIST

- AA**- Alcoholics Anonymous
- A&A**-Access and Assessment
- AA/NA**- Alcoholics Anonymous/Narcotics Anonymous
- AAS**- American Association of Suicidology
- AB**- Assembly Bill
- ACCME**- Accreditation Council for Continuing Medical Education
- ACEs**- Adverse Childhood Experiences
- ACT**- Assertive Community Treatment
- ADA**- Americans with Disabilities Act
- AKA**- Also Known As
- AOT**- Assisted Outpatient Treatment
- APA**- American Psychological Association
- APEX – Achievement, Perseverance and Excellence Academy
- API**- Asian Pacific Islander
- APPIC**- Association of Psychology Postdoctoral and Internship Career
- ARRP**- Art Risk Reduction Program
- ART**- Aggression Replacement Training
- ASIST**- Applied Suicide Intervention Skills Training
- ASL**- American Sign Language
- ASOC**- Adult System of Care
- ASQ**- Ages and Stages Questionnaire
- ASQ-3**- Ages and Stage Developmental Screening Tool
- ASQ:SE2**- Ages and Stages Social Emotional Screening Tool

**ASWB**- Association of Social Work Board

**At-promise**- students who have a high probability of flunking a class or dropping out of their school.

**ATT**- Adult Transition Team

**BAIHP**- Bakersfield American Indian Health Project; local partner

**BAS**- Burden Assessment Scale (Pre/Post)

**BBS**- Board of Behavioral Sciences

**BH**- Behavioral Health

**BHB**- Behavioral Health Board

**BHRS**- Behavioral Health and Recovery Services

**BOS**- Board of Supervisors

**BPD**- Borderline Personality Disorder

**BPD-MOU**- Bakersfield Police Department-Memorandum of Understanding

**BRT**-Bakersfield Referral Team

**CA-BRN**- California Board of Registered Nursing

**CCPR**- Cultural Competence Plan Requirements

**CAC**-Crisis Addiction Counseling

**CAF**- Children Adolescents and Families

**CaIAIM**-California Advancing and Innovating Medi-Cal

**CaIMHSA**-California Mental Health Services Authority

**CANS**-Child Adolescent Needs and Strengths

**CARE TA**- Crisis and Recovery Enhancement Technical Assistance Center

**CASA**- Court Appointed Special Advocates

**CBH**-Correctional Behavioral Health

**CBO**- Community Based Organization

**CBT**- Cognitive Behavior Therapy

**CBTp**- Cognitive Behavioral Therapy specialized for psychosis

**CBT-SP**- Cognitive Behavior Therapy-Suicide Prevention

**CC-** Cultural Competence

**CCAPP-** California Consortium of Addiction Professionals

**CCMO-** Crisis Case Management Outreach

**CCR-** California Code of Regulations

**CCR FYE-**Continuum of Care Reform Foster Youth Engagement

**CCRC-** Cultural Competence Resource Committee

**CCS-** College Community Services

**The Center-** The Center for Sexuality & Gender Diversity

**CFLC-** Consumer Family Learning Center

**CFT-** Child Family Team

**CFTN-** Capital Facilities and Technological Needs

**CGC-** Child Guidance Clinic

**CICO-** Check In Check Out

**CIT-** Crisis Intervention Team

**COR-** Co-Occurring Recovery Group

**COVID-19-** Coronavirus

**CPPP-** Community Program Planning Process

**CRN-**Community Referral Network

**CSEC-** Commercially Sexually Exploited Children

**CSOC-** Children's System of Care

**CSS-** Community Services and Supports

**C-SSRS-** Columbia-Suicide Severity Rating Scale

**CSUB-** California State University-Bakersfield

**CSV-** Clinica Sierra Vista

**CWiC-** Crisis Walk-in Clinic

**CWS-** Child Welfare System

**DASS21-** Depression/Anxiety & Stress Scale (Pre/Post)



**DBH**- Department of Behavioral Health  
**DBT**- Dialectical Behavior Therapy  
**DCR**- Data Collection and Reporting  
**DHCS**- Department of Health Care Services  
**DHS**- Department of Human Services  
**DS**- Direct Service  
**EBP**- Evidence Based Practices  
**EH**- Essential History  
**EHR**- Electronic Health Record  
**EMDR**- Eye Movement Desensitization and Reprocessing  
**EMM**-Each Mind Matters  
**EPI**-Early Psychosis Intervention  
**ETR**-Employer’s Training Resource  
**FACE**- Functional Analysis of Care Environments  
**FFA**- Foster Family Agencies  
**FSP**- Full-Service Partnership  
**FTS**- First Team Services  
**FY**- Fiscal Year  
**GA**- General Assistance  
**GAD-7**- Generalized Anxiety Disorder  
**GSA**- Geographic Service Area  
**HAT**- Homeless Adult Team  
**HET**-Homeless Engagement Team  
**HMG**-Help Me Grow  
**HMIS**- Homeless Management Information System  
**HOT/HOP**-Homeless Outreach Team/Homeless Outreach Program  
**HR**- Human Resources

**HTS**-Home to Stay

**ICC**- Intense Care Coordination

**ICC/CFT**- Intense Care Coordination/Child Family Team

**IDEAS**- Identifying Depression Empowering Activities for Seniors

**IDT**- Individual Daily Treatment

**IEP**- Individual Education Plan

**IESP**- Integrated Enhanced Service Plan

**ILCKC**- Independent Living Center Kern County

**IPS**-Individual Placement and Supports

**ISMIP**- Transitioned Integrated Services for Mentally Ill Paroles

**IHSS**- In Home Supportive Services

**INN**- Innovation

**IT**- Information Technology

**JPPS**- Juvenile Probation Psychiatric Services

**KCPD**- Kern County Probation Department

**KCSOS**- Kern County Superintendent of Schools

**KernBHRS**- Kern Behavioral Health and Recovery Services

**KLD**- Kern Linkage Division

**KM**- Kern Medical

**KYRS**- Kern Youth Resilience and Support

**LAN**- Local Area Network

**Latinx**- A person of Latina American origin or descent (used as a gender-neutral or nonbinary alternative to Latina or Latino)

**LCSW**- Licensed Clinical Social Worker

**LEAD**-Look & listen, Explore reasons, Ask about suicide, Don't hesitate

**LGBTQ+**-Lesbian, Gay, Bisexual, Transgender and Queer

**LHCN**-Learning Health Care Network

**LMFT**- Licensed Marriage and Family Therapist

**Locum**- A person who stands in temporarily for someone else of the same profession; pertains to Staff Nurse and Psychiatrist

**LPCC**- Licensed Professional Clinical Counselor

**LPHA**- Licensed Practitioners of Healing Arts

**MCCSP**-Multi-Cultural Clinical Supervision Program

**MET**- Mobile Evaluation Team

**MFT**- Marriage Family Therapist

**MH**-Mental Health

**MHFA**-Mental Health First Aid

**MHP**- Mental Health Plan

**MHS**- Mental Health Systems

**MHSA**- Mental Health Services Act

**MHSOAC**- Mental Health Services Oversight and Accountability Commission

**MIST**- Youth Multi-Agency Integrated Services Team

**MLA**- Master Lease Agreement

**MNCAMH**- University of Minnesota and the Minnesota Center for Chemical and Mental Health

**MOU**- Memorandum of Understanding

**MSW**- Master of Social Work

**NA**- Narcotics Anonymous

**NACT**- Network Adequacy Certification Tool

**NAMI**- National Alliance on Mental Illness

**NPLH**-No Place Like Home

**NSPL**- National Suicide Prevention Line

**O&E**- Outreach and Education

**OES**- Office Emergency Services

**PATHH**- Positive Action Toward Hope and Healing

**PCL-C**- PTSD Checklist-Civilian Version (behavioral science)

**PCP**- Primary Care Provider

**PEC-** Psychiatric Evaluation Center

**PEC/CSU-** Psychiatric Evaluation Center/Crisis Stabilization Unit

**PEI-** Prevention and Early Intervention

**PET-** Peer Employment Training

**PHQ-9-** Patient Health Questionnaire

**PIO-** Public Information Officer

**PIP-** Psychology Internship Program

**P&P-** Policies and Procedures

**PROMIS-** Patient Reported Outcome Measurement Information System

**PSAP-** Public Service Answering Point

**PST-** Problem Solving Therapy

**PTSD-** Post Traumatic Stress Disorder

**QI-** Qualified Individual

**QID-** Quality Improvement Division

**QPR-** Question, Persuade, and Refer

**RAWC-** Recovery and Wellness Center

**RER-** Revenue and Expenditure Report

**ROEM-** Relational Outreach and Engagement Model

**ROI-** Release of Information

**R&R-** Recruitment and Retention

**SALT-** Save a Life Today

**SAMHSA-** Substance Abuse and Mental Health Services Administration

**SARB-** Student Attendance Review Board

**SCRIP-** Southern Counties Regional Partnership

**SD-** System Development

**SDR-** Stigma and Discrimination Reduction

**SEL-** Social Emotional Learning

**SES-** Socio-Economic Status

**SET-** Self-Empowerment Team

**SFBT-** Solution Focused Brief Therapy

**SFT-** Solution Focused Therapy

**SHTT-** Supportive Housing Treatment Team

**SLUMS-** Saint Louis University Mental Status

**SMART-** Special Multi-Agency Referral Team

**SOC-** System of Care

**SQIC-** System Quality Improvement Committee

**SSDI-** Social Security Disability Insurance

**SSI-** Supplemental Security Income

**SSP-** Self Sufficiency Program

**STAR-** Succeeding Through Achievement and Resilience

**STRTP-** Short-Term Residential Therapeutic Program

**SUD-** Substance Use Division

**T4C-** Thinking for a Change

**TAY-** Transition Age Youth

**TBS-** Therapeutic Behavioral Services

**TFCO-** Treatment Foster Care Oregon

**Tier I/II-** Designates a staff who has both Tier I verbal interpretation and Tier II written translation in Spanish-English language pair; Tier I/II staff receive a stipend for the use of these skills.

**TIP-** Transition to Independence Process

**TTY-** Teletypewriter or Text Telephone

**VI-SPDAT-** Vulnerable Index-Service Prioritization Decision Assistance Tool

**VSOP-** Volunteer Senior Outreach Program

**WET-** Workforce Education and Training

**WHO-DAS-12-** World Health Organization Disability Assessment Schedule

**WISE**- Wellness, Independence, and Senior Enrichment

**WRAP**- Wellness and Recovery Action Plan

**YBT**- Youth Brief Treatment

YDC – Youth Development Center

**ZS**- Zero Suicide

**END OF REPORT**