

# Innovation Project Change Request

*This document is an optional template for Innovative Project Change Requests, specifically for Counties who are seeking additional Innovation funds (i.e., an extension of funding). You may choose to submit your change request in another format. Please submit all Innovative Project Change Requests to: [Innovation@bhsoac.ca.gov](mailto:Innovation@bhsoac.ca.gov).*

**County Name:** Kern County

**Project Name:** Early Psychosis – Learning Healthcare Network

**Date of Extension Request:** 11/26/2025

## Original Project Information

**Original Commission Approval Date:** 5/26/2022

**Original Commission Approved Funding Amount:** \$1,632,257.00

**Original Approved Duration of Innovation Project:** 4 years

**Original Local BOS Approval Date:** 2/8/2022

**Project Start Date:** 5/26/2022

## Current Project Request

**Additional Funding Amount Request:** \$4,900,000

**Request for Additional Time (Yes or No):** Yes

→ If YES, include amount of time requested: 1 additional year (thru 05/26/2027)

**30-Day Public Comment Period:** 1/12/2026

**Local Behavioral Health Board Hearing Date:** 01/26/2026

## Project Information

### BACKGROUND INFORMATION

*Provide a brief background on the problem that led to the need for this project.*

Kern County needed a robust model that knitted together the existing services that are provided to people experiencing Early Psychosis (EP). Through the Mental Health Services Act (MHSA) and additional programming throughout the Behavioral Health System of Care, Kern County provides stand-alone programs that support people experiencing psychosis and early psychosis symptoms; however, Kern County’s current system to support this underserved population is fragmented within the System of Care. Kern County needed an approach to serving those with some of the highest levels of need through a well vetted program like a Coordinated Specialty Care (CSC). This led to Kern Behavioral Health and Recovery Services (KernBHRS) applying for and being granted

funding through the Mental Health Services Oversight and Accountability Commission (MHSOAC) for Early Psychosis Intervention Plus Programming as well as innovation funding for the Learning Healthcare Network . These grant and innovation funds will be used to assist Kern County in creating a CSC program treating those experiencing Early Psychosis.

### **ORIGINAL PROJECT DESCRIPTION**

*Include a brief narrative on the original project, its intended purpose, and learning objectives. Include the original sustainability plan.*

This innovation project seeks to develop an EP learning health care network (LHCN) software application (app) to support ongoing data-driven learning and program development across the state; Utilize a collaborative statewide evaluation to examine the impact of the LHCN on the EP care network and evaluate the effect of EP programs on the consumer- and program-level outcomes. Participating in the project Outcome measurements tracking, offsetting the cost of additional staffing needed to run the EP CSC (coordinated specialty care) model to fidelity, and building a collaborative network of leaders and innovators in the field. This project, led by UC Davis, Behavioral Health Center of Excellence in partnership with universities and multiple other counties, gives Kern County the opportunity to share and discuss outcome measurements with clients in a more effective manner, allow programs to learn/ share through training, and position the state to participate in the development of a nation network to inform and improve care for individuals with early psychosis throughout North America.

### **CHANGED PROJECT**

*Include information on how this project will change with this extension request. Include whether there are any changes in the project's primary purpose, original learning objectives, target population, and/or other areas, if applicable. If additional time is requested, explain why this is needed. All Innovative Projects must not exceed a total length of five (5) years. If additional Innovation funds are requested, briefly explain why this project is in need of additional funding (more detailed information may be provided in the BUDGET section of this document).*

The proposed project modification does not change the project's primary purpose, learning objectives, or target population. Rather, the requested extension and additional funding are intended to reinforce the project's ability to fully meet its original goals. The increased budget and additional time will allow the Early Psychosis team to transition key personnel from part-time to full-time FTEs and to add essential staffing needed to effectively implement and sustain the Learning Healthcare Network model.

A significant factor contributing to the need for additional Innovation funds is that the EPI-Cal grant concluded earlier than the projected end of the Innovation Plan. As a result,

Innovation dollars were used at a higher rate than initially anticipated to ensure continuity of services and maintain required program components. In addition, due to a lower-than-expected client census, the Early Psychosis program has not been able to generate the level of billing revenue originally projected, further limiting available program funding.

Additional Innovation funds will also support dedicated marketing and outreach efforts to increase referrals and raise community awareness, which is critical to ensuring that more eligible clients are identified, enrolled, and served. These enhancements will strengthen the project's overall impact and ensure that the intended learning outcomes can be fully achieved.

The request for additional time, remaining within the five-year cap for Innovation Projects, is necessary to allow the expanded staffing and outreach efforts to become fully operational and to maintain service continuity. Extending Innovation funding through FY 2026 will also support a smoother transition into BHSA funding, preventing service disruptions and preserving momentum in data collection, evaluation, and implementation activities.

### **BHSA ALIGNMENT AND SUSTAINABILITY PLAN**

*Include how this project aligns with the BHSA (e.g., housing interventions, early intervention, Full Service Partnerships, and/or other related areas). Include whether the plan for sustainability has changed and how successful implementation of the project will be supported, particularly considering sunseting MHSA funds and the implementation of the BHSA.*

This Innovation Project is strongly aligned with BHSA requirements and long-term system priorities. Under BHSA, counties are required to operate the evidence-based practice (EBP) of Coordinated Specialty Care for First Episode Psychosis (CSC for FEP) program beginning July 2026. The CSC for FEP model is already embedded within the EPI Plus program, positioning this project as a foundational component of the county's early intervention and specialty behavioral health service continuum. The Learning Healthcare Network (LHCN) model further reinforces BHSA goals by promoting data-driven practice improvement, enhanced care coordination, and timely intervention for individuals experiencing early psychosis.

The sustainability plan is consistent with BHSA implementation guidelines and has been refined to ensure continuity of services following the sunset of MHSA Innovation funding. Upon completion of the Innovation Project, the county will sustain the LHCN activities and core CSC for FEP services through Early Intervention funds under the Behavioral Health Services and Supports (BHSS) funding category. This funding structure supports the staffing model, service components, and ongoing quality-improvement practices necessary to maintain program fidelity and effectiveness.

## **COMMUNITY PLANNING PROCESS**

*Include information on how the community was involved with this project change request. Include any meetings held and the types of participants involved. Provide a brief summary of any comments received. You may also attach any letters of support/opposition (if applicable) to this document.*

**Stakeholder meeting set for 1/14/2026 in English and 1/21/26 in Spanish**

## **BUDGET**

*Include a narrative on how additional funds will be spent. Include whether this funding will go toward any new purchases, services, staffing, additional evaluation, etc. (if applicable). Below the narrative, also include a budget change table outlining the requested funds by fiscal year and areas in which funds will be allocated (i.e., personnel, operations, non-recurring costs, contracts and consultants, and/or other, etc.). Provide cost estimates within the table. An example has been provided below; however, you may edit the table as needed.*

The requested additional Innovation funds will support expanded staffing, essential operations, outreach, and data-driven activities needed to complete the Learning Healthcare Network (LHCN) project and maintain program fidelity through the remainder of the Innovation period. Additional personnel funding will support the transition of several team members to full-time status and the addition of three new positions: Behavioral Health Therapist II, to expand clinical capacity and reduce caseload burden. Office Services Specialist, to support referral tracking, documentation, and administrative needs. Behavioral Health Recovery Specialist III, strengthen outreach, engagement, and field-based support. These positions are necessary to meet program requirements, address lower-than-anticipated billing due to low census, and maintain service continuity after the early conclusion of the EPI-Cal grant. Operational funds can cover essential program supplies, technology, training, outreach materials, and data management tools required for LHCN participation and early psychosis service delivery. Contracts and Consultants funding can support technical assistance, evaluation activities, and specialized training necessary to maintain fidelity to the Coordinated Specialty Care (CSC) model and support

continuous learning. Other funds will be used for marketing and outreach to increase referrals and improve awareness of early psychosis services.

<b>CATEGORY</b>	<b>FY 25-26</b>	<b>FY 26-27</b>	<b>TOTAL</b>
Personnel	\$1,419,176.37	\$1,624,613	<b>\$3,043,789.37</b>
Operations	\$383,994.51.00	\$538,014.00	<b>\$922,008.51</b>
Non-Recurring Costs	\$	\$	<b>\$</b>
Contracts and/or Consultants	\$200,000.00	\$200,000.00	<b>\$400,000.00</b>
Other	\$164,509.12	\$369,693.00	<b>\$534,202.12</b>
<b>TOTAL</b>	<b>\$2,167,680.00</b>	<b>\$2,732,320.00</b>	<b>\$4,900,000.00</b>

**ADDITIONAL INFORMATION (optional)**

*Include any other information that may be helpful. Feel free to include attachments to this document, such as budget sheets, community letters of support, etc.*

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## Information Only: Relevant Citations

CCR, Title 9, Division 1, Chapter 14, Article 9 – Innovation

- [Section 3925](#). Changed Innovative Project
- [Section 3935](#). Changed Innovative Project Request

CCR, Title 9, Division 1, Chapter 14, Article 3 – General Requirements

- [Section 3300](#). Community Program Planning Process
- [Section 3315](#). Local Review Process