

Kern County Behavioral Health Board  
**Annual Report to the Board of Supervisors**



BEHAVIORAL  
HEALTH & RECOVERY  
SERVICES



2017 2017 2017 2017

**Patience & Persistence**

*The Way of Hope!*

**Shirley "Jean" Lockhart** - Behavioral Health Board Chair  
**Bill Walker** - Behavioral Health & Recovery Services Director

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*This report, and information about the Behavioral Health Board and its committees, can be found at <http://www.kernbhers.org/>*

# MEMBERS OF THE 2017 KERN COUNTY BEHAVIORAL HEALTH BOARD

## MISSION STATEMENT

The mission of the Kern County Behavioral Health Board is to advocate for individuals and families living with mental illness and/or addiction by support and oversight of Kern Behavioral Health and Recovery Services and recommendations to the Board of Supervisors.

## Executive Committee

|                   |   |   |
|-------------------|---|---|
| Jean Lockhart     | ~ | Chair   |
| David Stabenfeldt | ~ | First Vice-Chair                                  |
| Richard Hofferd   | ~ | Second Vice-Chair                                 |
| Shelly Castaneda  | ~ | Parliamentarian                                   |
| Bill Walker       | ~ | Director of Behavioral Health & Recovery Services |
| John Antonaros    | ~ | Board of Supervisors Representative               |
| Dr. Brad Cloud    | ~ | Department Liaison                                |
| Cindy Coe         | ~ | Board Coordinator                                 |

## Member Representation by District and Supervisor

### District One – Mick Gleason

Jeff Burdick  
Shelly Castaneda

### District Two – Zack Scrivner

John Antonaros  
Fawn Dessy  
Deborah Fabos  
Shirley Jean Lockhart

### District Three – Mike Maggard

Anna Laven

### District Four – David Couch

Frank Ramirez  
David Stabenfeldt  
Kate Tandy

### District Five – Leticia Perez

Richard Hofferd



2017 BEHAVIORAL HEALTH BOARD

Seated left to right: Dr. Kate Tandy, Fawn Dessy. Standing left to right: Dr. Brad Cloud, Richard Hofferd, Jeff Burdick, Frank Ramirez, Rev. Dr. David Stabenfeldt. Not shown: John Antonaros, Shelly Castaneda, Deborah Fabos, Anna Laven, Jean Lockhart.

*See page 39 for Board member information*



## A FORWARD FROM THE CHAIR



The Behavioral Health Board is pleased to present their 2017 Annual Report to the Board of Supervisors. This annual report focuses on committee activities, data and reports from the department, and contract provider reports about their agencies and what services they provide.

The department officially changed its name to Kern Behavioral Health and Recovery Services early in 2017 and did a successful job of introducing the new name and brand to the community. The Consumer Family Learning Center also moved to the 2001 28<sup>th</sup> Street location, celebrating the achievement with a grand opening and ribbon cutting ceremony.

The Board heard several informative presentations and reports throughout the year on a variety of topics, including these areas:

- A presentation on the Virtual Mobile Evaluation Team's use of mobile devices in outlying communities to assist law enforcement in determining the need for mental health intervention;
- An overview of the AB 109 program that included in-custody services and linkage to department services;
- A review of the 2017 Data Notebook submitted to the California Mental Health Planning Council;
- The System Improvement Project (SIP) that is undertaking a process to improve services and remain fiscally prudent within the adult system;
- The Fiscal Year 2017-2018 budget submission and possible changes to the Affordable Care Act that may impact the budget;
- A presentation on Zero Suicide efforts to make everyone in our community suicide aware and address the stigma surrounding suicide;
- The Smart 911 special needs registry that allows users to enter their information in a password-protected website accessible only to emergency dispatchers responding to a mental health or non-mental health related emergency;
- The Mental Health Services Act (MHSA) budget;
- Contracted provider Aegis Treatment Centers on their narcotic treatment program services;
- The Children's System of Care presentation on the Kern County Network for Children's 2017 Report Card;
- NAMI (National Alliance on Mental Health) presentation on their members, activities, and services;
- The MHSA Three-Year Plan submission to the Mental Health Services Oversight and Accountability Commission;
- An MHSA project proposal to increase access to mental health services and supports utilizing a suite of technology-based mental health solutions;
- The MHSA proposal for recovery stations and building partnerships;
- A presentation by Clinica Sierra Vista and the services their agency provides to California communities.

In 2017 the Board welcomed new members Deborah Fabos, representing District 2, and John Antonaros, representing Supervisor Zack Scrivner, District 2. The Board also received a resignation from member Dr. Anna Laven. The Board continues to recruit new members to fill vacant positions.

The annual BHB training focused on our roles as Board members and how we can get and remain involved through committees and the work of the department. The Board also enjoyed presentations on various initiatives that will impact current systems.

The Behavioral Health Board has established these goals:

**Goal 1: The Behavioral Health Board educates the public about the mission and scope of responsibilities of the Behavioral Health Board by:**

- Increasing public knowledge and understanding about mental illness and substance abuse and about the role of the BHB in ensuring effective services.
- Enhancing collaboration with individuals, families and communities to better advocate for constituents.
- Supporting the work of the Kern County Mental Health Department.
- Making effective recommendations to the Kern County Board of Supervisors.

**Goal 2: The Behavioral Health Board:**

- Participates in the oversight of current Mental Health Department services.
- Participates in the planning for new services.
- Evaluates the outcomes of services to ensure that individuals in communities throughout Kern County receive a full array of services and supports.

I am honored to have had the privilege of serving as the 2017 Board Chair. I have learned so much by being on the Board, but it even surprised me the information and resources covered through our meetings. To help others, to be their voice, when they cannot speak out themselves has been a personal goal. Decisions we make can make a difference. I've learned to not give up on projects or changes that you want and to be persistent by listening and supporting the Board in decision making. A special thanks to Bill Walker, KernBHRS Director, for making personal contact when it was needed.



*Jean Lockhart*  
**2017 Behavioral Health Board Chair**

As Chair, I have been working with staff at the Consumer Family Learning Center (CFLC) to support mental illness recovery. I am grateful for the support the Board members provided during my service as Chair. Those who serve on the Board are a dedicated group of individuals who give of their time and effort to advocate for those suffering from mental illness and substance use issues.



**2017 Annual Report Committee Members**

- BHB – David Stabenfeldt, Chair
- BHB – Richard Hofferd
- BHB – Kate Tandy
- Kern BHRS – Cindy Coe

## DIRECTOR'S REPORT



It is a privilege to serve as director of Kern Behavioral Health and Recovery Services as we navigate the various changes that are taking place due to new regulations, the implementation of new programs, the expansion of existing programs to meet community needs, and the growth of the department to meet those needs. The department and its contracted providers and community partners strive to make a difference in the lives of those impacted by mental illness or substance use. The collaboration with these partners and the families of those we serve helps to offer an environment of inclusiveness, recovery, and wellness. On the next few pages are short updates on the accomplishments made during 2017 and those challenges we will face in 2018.

### **Fiscal Year 2017-2018 Accomplishments:**

1. Executive Administration expanded into a 3-deputy model. The department renamed and rebranded as Kern Behavioral Health and Recovery Services, or KernBHRS, in order to remain consistent with the industry standard for mental health and substance use disorder treatment.
2. The Lean Six Sigma team worked with the County Administrative Office to provide executive level training on Lean Six Sigma and trained all KernBHRS administrator and supervisor staff to begin to set a culture and expectation of excellence. We expanded Lean Six Sigma Greenbelt training to three additional KernBHRS staff.
3. Crisis Services facilitated the successful opening of the Ridgecrest Crisis Stabilization Unit, with plans to create a recovery station nearby. They also launched Virtual MET and expanded to several rural communities. The SMART 911 project is currently being implemented, along with the Zero Suicide initiative in the next fiscal year.
4. Human Resources successfully implemented Lean Six Sigma efforts to streamline Employee Performance Report completion, created electronic processes, and shortened the onboarding process. We are developing relationships with undergraduate and graduate programs to assist filling key professional positions. HR also secured underserved status to make the department staff eligible for tuition payback programs.
5. Patients' Rights Advocate / Family Advocate staff provided training to the entire system on roles and responsibilities of the PRA and the problem resolution process. They also instituted a weekly Family Orientation class to assist all family members and support persons in navigating the system, and Family Integration and Engagement Brainstorming/Coaching sessions with all clinical teams and contract providers to assist with interactions with families and caregivers.
6. Specialty Clinical Services, with the hiring of a full-time PIO and marketing position, launched a media campaign surrounding the renaming and rebranding of the department. They also created and facilitated a Core Academy for all new staff that provides an overview of all department divisions, services, and functions.
7. Three Innovation projects were approved: Smart 911, a multi-county technology-based Innovation Plan we call Tech Suites, and the Healing Project. An additional Innovations project, the Peer Assisted Transportation Plan, may be proposed to the Mental Health Services Oversight and Accountability Committee (MHSOAC) before the end of 2018. The Prevention and Early Intervention (PE&I) REACH outreach program has been implemented. The MHSOAC funding system has been reviewed to optimize fund allocations and prudent reserves.

8. The Children's System of Care implemented Continuum of Care Reform (CCR) and KernBHRS has joined with the Department of Human Services and Probation to implement a wide range of services aimed at decreasing the time to achieve permanency for children in foster care. KernBHRS is working toward reducing the number of foster children placed out of county by developing 10 short-term residential treatment programs and increasing use of in-home-based services to meet the behavioral health needs of our foster youth population.
9. Recovery Supports Administration moved an entire consumer program, the Consumer Family Learning Center, to a new location in 2017. They are now operating 7 days a week offering evening and weekend classes and programming. One clinical team is providing at minimum one evening per month and one two-day weekend a month of clinical services including psychiatric/medication. The SET Peer Navigators have helped increase the first team service appointment attendance by over 70% from last fiscal year. Engagement of consumers and families in system changes has resulted in two consumers serving on the Behavioral Health Board (BHB) and consumer/ family members serving on the BHB Adult Treatment & Recovery Services Committee and System Quality Improvement Committee.
10. The Kern Linkage Division, in partnership with the Kern County Superior Court and other community agencies, implemented the Sustained Treatment and Recovery Court (STAR Court). Funding is directed to support certification and monitoring of community-based organizations, staffing and equipment for the MET Co-Response Team, staffing to provide substance use disorder case management, additional evidence-based programming, and the development of recovery stations. Mental health and substance use disorder jail services have been expanded with the addition of 21 new positions.
11. Administrative Services launched a successful Lean Six Sigma project to reduce the under-utilization of fleet vehicles. They were instrumental in securing additional sites such as the Residency Clinic and IT building. Three more staff are being trained as Lean Six Sigma Greenbelts, bringing the department total to seven.
12. Medical Services worked collaboratively with Kern Medical hospital in their transition from a county facility to an independent Hospital Authority. The Psychiatric Residency program has been stabilized and the UCLA Kern faculty appointments redeveloped. Additional medical staff were hired and the Residency Clinic was relocated.
13. Finance's business manager led a budget process to address financial needs and planning of the department specifically to address changes and facilitated management and contractor participation in Payment Reform webinars led by leaders in the behavioral health care industry. We also developed interim rates for the Drug Medi-Cal Substance Use Disorder Waiver.
14. Information Technology Services moved to a new location with the ability to offer computer lab classes for the electronic medical record and other programs. The team implemented Quantum external evaluation recommendations with the goal of modernizing and streamlining technology, reliability, training, ease of access, and mobility. Several major system upgrades were achieved and staffing increased to meet the new demands on the system.
15. The Substance Use Disorder Division progressed towards implementation of the Organized Deliver System Waiver. In preparation for waiver services, a phone access system was initiated, along with a pilot case management program. Adolescent services were expanded this year, and the department's ODS Waiver Implementation Plan was approved by DHCS. The department also began working with community partners in development of a county-wide opioid plan.

16. Under Adult Clinical Service Special Projects, a Housing Team was developed, and the department began the process of moving all housing oversight and processes under this team. Certification standards were established for all housing types and the department's work progressed towards a system-wide housing plan. In addition, the department increased involvement with the local Housing Collaborative, and work continued with the "No Place Like Home" initiative.
17. The Quality Improvement Division is overseeing Final Rule implementation and facilitated the EQRO review and several other reforms and improvement projects through evidence-based practices, promising practices, and skill sets. The division is addressing Network Adequacy standards established by the state to certify the department as a Mental Health Plan with an adequate network and provision of service providers. Quality improvement and quality assurance for substance use disorder programs was integrated within the QID, allowing the department to leverage internal resources, and move towards fully integrated quality practices.
18. The Adult System of Care, through the System Improvement Process, continued the process of redesigning adult clinical services. This included issuing a Request for Proposals to expand service capacity and the development of a standardized practice model to be implemented both internally and with contracted adult service providers. The redesign will move the department towards both standardized practices and outcomes, as well as further integrated peer, family, and engagement services.



## 2018 and Beyond

### SUD Drug Medi-Cal Organized Delivery System Waiver

We have ramped up to implement the SUD Drug Medi-Cal Organized Delivery System Waiver and will be fully functional by fall of 2018. Treatment access for individuals with substance use disorders will improve greatly under the DMC-ODS Waiver, prioritizing expediency and efficiency. KernBHRS will expand access to include phone access and continue to make in-person screenings available to beneficiaries when requested. We are looking forward to improved outcomes because of the benefit of case management services, which has never been a funded intervention. We have looked at ways to use this state mandate to redesign our services so that our clients will have the potential to make the greatest improvements possible.

### Smart 911

The Special Needs Registry – Smart 911 is highly favored among stakeholders in the public safety community, this program would be designed for recovery specialists to work with clients to create a special needs registry based on individual mental, physical and other health needs. The premise of the program is to provide pertinent information to first responders so that should an emergency arise, special needs which clients have identified may be met.

### The Healing Project – A Recovery Station and Housing First Program

The Healing Project involved two Recovery Stations in Kern County, with the aim of engaging individuals with untreated or undiagnosed mental health conditions who are experiencing a substance use disorder crisis. Recovery Stations will reduce the number of arrests, emergency room, and psychiatric evaluation center visits by those who are under the influence, while providing a safe place to become sober. Access and linkage to mental health and co-occurring substance use disorder care would be provided on site. A key element of the project is the incorporation of peer support; learned to be effective to break barriers to engagement during the initial Kern Innovation Program, Freise HOPE House.

### Prevention and Early Intervention Projects

KernBHRS has developed a plan to utilize AB 114 funds for 13 potential new programs designed to expand the scope of services within the Prevention and Early Intervention program schedule. The plan

includes prevention and early intervention programs that reach all Kern County communities and address the needs of all age groups. The programs include holistic approaches to prevention such as non-traditional Animal Assisted Therapy as well as school-based services, expanded access and linkage for difficult-to-engage individuals and several other promising programs.

### No Place Like Home and Homeless Outreach

The No Place Like Home program invests in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The population to be served include 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 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, transition age youth experiencing homelessness or with significant barriers to housing stability.

### Network Adequacy

In early 2018, the California Department of Health Care Services (DHCS) applied new requirements to California County Mental Health Plans and Drug Medi-Cal Organized Delivery Systems (DMC-ODS). In summary, DHCS requires all counties to provide evidence that its internal teams and external providers can deliver timely services to Medi-Cal beneficiaries – to demonstrate “Network Adequacy.” DHCS requires KernBHRS and its partners to submit evidence that they can provide timely services to their clients by submitting data about organizational providers, rendering service providers, community-based settings, American Indian Health Facilities, and more.

### Continuum of Care Reform

The Children’s System of Care, along with DHS, is undergoing enormous change as the state mandates changes through the Continuum of Care Reform (CCR). With the expectation that children no longer be placed in long-term group homes there will be a tremendous expansion in home-based services for all foster care minors. There will be increased costs as we must both increase the numbers of staff dedicated to this program and obtain greater resources for the delivery of more targeted treatment. The end goal of improving the lives of our most vulnerable population is a direction in which we are all focused.

### Medical Services

As the health care field continues to evolve, the Department is taking several strategic steps to stay ahead of the curve. First, we are working to assure that we maintain our close working relationship with Kern Medical. We are partnering with Kern Medical in a ‘Whole Person Care’ pilot clinic which we will jointly staff. These efforts are the beginning of our goal of being able to provide fully integrated health care.

### Succession Planning

The Department continues to transition several staff into management positions as seasoned staff follow through with long-planned retirements, with three more retirements planned in 2018. Active succession planning and mentoring has ensured smooth transitions occur during and following these transitions.



*Bill Walker*  
*Director of Behavioral Health & Recovery Services*



# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Behavioral Health Board

## Board of Supervisors

## Stakeholders

**Bill Walker, L.M.F.T.**  
Director  
868-6609

**EXECUTIVE ADMINISTRATION**  
Human Resources (Disaster Coordination)  
Patient Rights

**DEPUTY DIRECTOR**  
Specialty Clinical Services  
Brad Cloud, Psy.D.  
868-6622

PIO  
MHSA Coordination  
Correctional MH Expansion  
Peer & Family Integration

**DEPUTY DIRECTOR**  
Administrative Services  
Lamar Kerley, LMFT  
868-6831

Special Projects/Fleet Facilities  
Fiscal Monitoring Budget  
Contracts Oversight

**DEPUTY DIRECTOR**  
Adult Clinical Services  
Alison Burrowes  
868-1872

Strategic Planning  
Healing Project  
Housing/No Place Like Home  
SUD & BH RFPs  
Special Projects-Clinical Services

**JOINT CHAIR OF PSYCHIATRY**  
Mohammed Molla, M.D.

**DEPARTMENT SUPPORTS**

- MH System Administrator Vacant
- Intermix/Pharmacum
- Psychology Program
- WEST
- Outreach & Education
- Training

**RECOVERY SUPPORTS ADMIN**

Jamy Garcia, MSW  
Administrator  
868-6986

- CFLC
- BET
- Stockdale RAWC
- Northside Brief Therapy Clinic
- CAC

**KERN LINKAGE PROGRAM**

Greg Gonzalez, BS  
Administrator  
868-1746

- Homeless Adult Team
- Adult Transition Team
- Correctional MH
- Forensic/MH Court
- CONREP Team
- STAR Team
- MIST
- Jail Based Competency
- Kern County Jail
- Child Medical Records

**CRISIS SERVICES**

Robin Taylor, LCSW  
Administrator  
868-5155

- Mobile Evaluation Teams
- CCMO
- Access & Assessment
- Center for Care - Hollis
- Psychiatric Evaluation Center
- Foster Hope House Liaison
- Adult Wraparound
- Crisis Navigation

**MEDICAL SERVICES**

Dr. Sampson, M.D.  
Medical Director  
868-8088

Allissa Pederson, MA, PCC  
Administrator  
868-8001

- Doctors
- Residency Clinic
- GROW
- WPC
- Health Homes

**FINANCE**

Candee Del Rio-Gonzalez, MPA  
Manager  
868-8865

- Contracts
- Payroll/TRACS
- Billing
- General Accounting
- Accounts Payable
- Contracts
- Financial Reporting
- Grant
- Cost
- Purchasing
- Fiscal Compliance

**TECHNOLOGY SERVICES**

Dan Waiters, BS  
Manager  
868-6710

- ITIS
- Software Development
- Tech Support
- Center Support Team

**QUALITY IMPROVEMENT DIVISION**

Ledleigh Davis, MFT  
Interim Administrator  
868-7824

- QI Compliance
- Quality Monitoring
- Care Coordination Unit
- Compliance/Privacy Team
- Cultural Competence
- Incident Authorizations EBP
- MOUT
- Manage Care Plans
- Accreditation
- VA
- Perinatal

Stacy Kuehnbach, LMFT  
Administrator  
868-7841

- Lean Six Sigma
- Grants

**SUBSTANCE USE DISORDER DIVISION**

Ana Oliveira, LMFT  
Administrator  
868-7888

- Outcomes Team
- West Kern-SUD
- CAMOIRIS
- Prevention/PNL
- SUD Provider Contracts
- CARE
- Adolescent TX
- SMART
- Project Care
- Project C
- SUD QID

**ADULT SYSTEM OF CARE**

Heather Hornbuckle, LMFT  
Administrator  
868-6918

- Adult RAWC
- West Kern
- North
- Southeast
- DBT
- WISE
- Long Term Care
- West Kern
- Stockdale
- West Kern
- Adult
- CAMOIRIS
- ADT
- REACH
- CMC
- Green Gardens

- Legend:**
- ACT-Assessive Community Treatment
  - ADT-Assisted Outpatient Treatment
  - CARE-Careworks Access Retention Engagement
  - CFLC-Consumer Family Learning Center
  - CCMO-Crisis Case Management Outreach
  - CAC-Crisis Addiction Counseling
  - CWIC-Crisis Walk-in Clinic
  - DBT-Dialectical Behavior Therapy
  - EBP-Evidence Based Practice
  - FNL-Friday Night Live
  - GROW-Getting connected to Recovery Oriented Whole person care.
  - ITS-Information Technology Services
  - JPPS-Juvenile Probation Psychiatric Services
  - KRC-Kern Regional Center
  - MCP-Managed Care Plans
  - MIST-Multi-Agency Integrated Services Team
  - MOU-Memo of Understanding
  - OTES-On Track Employment Services
  - PEP-Prevention & Early Intervention
  - PIO-Public Information Officer
  - QI-Quality Improvement
  - RAWC-Recovery and Wellness Center
  - REACH-Risk Reduction Education & Engagement Accelerated Alternative Community Behavioral Health
  - SET-Self-Employment Team
  - SUD-Substance Abuse Resource Team
  - SUD-Substance Use Disorder
  - TAY-Transition Age Youth
  - VA-Veterans Administration
  - VSOCP-Volunteer Senior Outreach Program
  - WISE-Wellness, Independence & Senior Enrichment
  - WPC-Whole Person Care
  - WET-Workforce Education Training

(REVISED 10/05/17)

## 2017 BEHAVIORAL HEALTH BOARD COMMITTEES

|  |   |
|--|---|
| Adult Treatment & Recovery Services            | <b>Co-Chairs:</b> Jean Lockhart, Fawn Dessy, Richard Hofferd<br><b>Liaisons:</b> Jamy Garcia, John Badgett<br><b>Support:</b> Nicole Stubbs         |
| Children’s Treatment & Recovery Services       | <b>Co-Chairs:</b> Jeff Burdick, Frank Ramirez<br><b>Liaisons:</b> Jennie Sill, Adrienne Buckle<br><b>Support:</b> Jeanna Bosch                      |
| SQIC<br>(System Quality Improvement Committee) | <b>Co-Chairs:</b> Kate Tandy, Shelly Castaneda<br><b>Liaisons:</b> Lesleigh Davis (Ross Kremsdorf)<br><b>Support:</b> Jamie Alexander, Tamara Brown |

(No Longer Serving)

### Kern BHRS Mission Statement

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

### Kern BHRS Vision Statement

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

### Kern BHRS Values Statement

Hope, Healing, Community, Authority

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



## ADULT TREATMENT & RECOVERY SERVICES COMMITTEE

*MISSION STATEMENT: The Adult Treatment and Recovery Services Committee (ATRSC) provides a forum for study and discussion of issues related to adults seeking, receiving or in need of mental health and substance use services. It provides analysis, information and feedback about the services provided by the Mental Health System of Care to the Behavioral Health Board and the Board of Supervisors.*

The ATRSC researched and discussed a variety of topics in 2017. Typically, a specialist in those areas presented on specific topics, providing data and information for the committee to review so that the committee could then provide recommendations.

### Consumer Family Learning Center

- Reviewed Consumer Family Learning Center (CFLC) data. This included attendance, member demographics, pre- and post-tests, and return rates to the CFLC. Discussion involved how to increase access and diversity of individuals using the Center.
- Learned about the different classes and groups offered at the CFLC for the purpose of recommending increased supports and education for families, the homeless, and veterans.
- Reviewed data from the Learning Centers in Ridgecrest and Tehachapi for the purpose of giving feedback about increasing accessibility and diversity of participation.
- Toured the new CFLC facility located at Westchester for the purpose of giving feedback about the increased accessibility of the site.

### Family/Support Persons

- The KernBHRS Family Advocate provided information on what is available to family members of those persons who are receiving treatment and for the broader community.
- Learned the duties of the Family Advocate, what services are provided to family members, and future efforts regarding family and support person engagement.
- Further learned about KernBHRS's efforts to increase family member and support person inclusion. This includes interviewing staff for their feedback, educating staff and encouraging family inclusion, discussions within the management team, support groups developed for family members and support persons, and developing outreach events. Suggestions were generated to increase the availability of written materials about behavioral health conditions, treatment, and recovery.

### Substance Use Disorder Division

- The Substance Use Disorder Division administrator provided follow-up feedback from the Methadone Subcommittee Report. This subcommittee prepared and submitted this report to the Behavioral Health Board in 2016.
- Received information regarding the training Substance Use Disorder Division staff receive, including training in co-occurring disorders. The processes for assisting those persons receiving treatment for substance use, and internal program changes anticipated with the implementation of the Organized Delivery System Waiver were also reviewed and discussed.

### Crisis Intervention Training

- Received information on the Crisis Intervention Training (CIT) as part of ongoing interest and concern for persons with behavioral health conditions who interface with law enforcement. KernBHRS provides CIT training to law enforcement and emergency personnel to assist individuals experiencing a mental health or emotional crisis to optimize the safety of all individuals involved.

### Stockdale Recovery and Wellness Center

- Learned about the specialty mental health services provided by the Stockdale RAWC team, particularly as individuals transition to community providers. The team focuses on decreasing the symptoms and side effects of behavioral health conditions and decreasing their effect on life functioning areas of an individual. The goal is to transition clients to a lower level of care with a community provider, and with increasing family and social supports.

The committee plans to focus on these specific areas in 2018:

- The function of the Adult System of Care within Kern Behavioral Health & Recovery Services. This includes the services that are provided, the timeliness of services, staffing levels of treatment teams, the adequacy of transition points, such as leaving an inpatient or jail setting, as well as individual and team caseloads.
- Research what services and supports are in place or planned to address the opioid crisis in Kern County and the role of methadone and other treatments.
- Discuss the response to outpatient care, specifically to those individuals that are coming out of the hospital, being released from jail, transitioning from higher level of care to lower level of care or to a community provider. Determine how to prevent clients from falling through the cracks during the transition process.
- Review housing options and availability to clients, including room and board, board and care, sober living and supported housing. Will also monitor the ongoing progress with the “No Place Like Home” program.
- Learn more about the training that is provided to SUD providers serving clients with a mental illness and co-occurring substance use disorders.
- Research how to best help those clients who require increased services just to maintain necessities, such as housing, food, medical assistance, etc.
- Discuss how to best improve the inclusion of family members and support persons in treatment.





## CHILDREN'S TREATMENT & RECOVERY SERVICES COMMITTEE

*MISSION STATEMENT: In their advocacy role for children and families the mission of the Behavioral Health Board of Kern County Children's Treatment & Recovery Services Committee shall be to support the Kern County System of Care as they continue to develop and implement a comprehensive, effective, community-based behavioral health service delivery system which improves recovery and resiliency in the lives of children and families.*

During this past year, the Children's System of Care (CSOC) and Substance Use Disorder (SUD) system has continued to collaborate with contracted providers and partner agencies to provide quality services to children and families in Kern County. We continue to implement the Continuum of Care Reform, including the development of Short-Term Residential Therapeutic Programs (STRTP). In addition, the identification of both Katie A. subclass and Pathway to Well Being youth who would benefit from Therapeutic Foster Care, Intensive Care Coordination (ICC) and In Home Based Services (IHBS) continues to be a priority.

The Children's Treatment and Recovery Services Committee is dedicated to expanding our support to the youth we serve and could not do this without participation from our partner agencies. Some of these include the Kern County Probation Department, Department of Human Services, Kern County Public Health, Child Guidance Clinic, College Community Services, Clinica Sierra Vista, ChildNet, the Kern High School District, Kern County Superintendent of Schools, Network for Children, Bakersfield City School District, and Kern Regional Center.

### New Provider-Continuum of Care Reform Expansion of Services

Through a Request for Proposals (RFP) ChildNet is a new provider that has been selected to provide Therapeutic Foster Care services. Currently, ChildNet is working toward their certification, and the recruiting and training of resource families who can provide caring and therapeutic homes for some of our most vulnerable children.

### Short Term Residential Therapeutic Programs (STRTPs)

Kern BHRS continues to support group homes as they move through the process of becoming a mental health provider. Two Request for Qualifications were released to provide group homes an opportunity to become a mental health provider. Currently, there are nine group home entities in contract that are working on transitioning to a STRTP. In addition to a state provided Mental Health 101 training, Kern BHRS provided a series of trainings specifically designed to orient group homes to Kern BHRS and the CSOC. These trainings included: Trauma Informed Care, Crisis Intervention, TBS, Confidentiality, Medi-Cal Documentation, and ASIST.

### Pathways to Well Being

The CSOC continues to work along with contracted providers on expanding the services of Intensive Care Coordination (ICC) and In Home Based Services (IHBS) to all qualifying Medi-Cal beneficiaries.

### Katie A. Subclass

Kern County participated in a state pilot aimed at increasing the identification of subclass eligible youth through the use of data analysis. Since this pilot was completed, the CSOC has replicated and implemented a similar process to continue to ensure that children receive the services that are needed to help them be successful.

### AB 1299 Presumptive Transfer

AB1299 became effective in July 2017. The goal of this legislation is to ensure that youth that are placed outside of their county of jurisdiction have swift access to mental health services. As the state continues

to provide direction, the CSOC and the Authorization's team are working to develop system wide processes and policy to ensure that these youths are rendered services in a timely manner.

### MHSA Full Service Partnerships (FSP)

The CSOC currently has three FSPs that offer 24/7 access to intensified services for youth that need a higher level of care with the goal of ensuring the stability and well-being of the youth and family. These FSPs include Youth Wraparound teams embedded throughout our providers, the Youth Multi-Agency Integrated Services Team, and the Transitional Aged Youth Team.

### MHSA Prevention & Early Intervention (PEI)

These services seek to identify and engage youth and their families at early onset to prevent the development of more serious behavioral health issues. Currently these services are being offered through the Transitional Age Youth Career Development Program, Youth Brief Treatment programs, Juvenile Justice Program, and Spoken Word. Spoken Word was a new PEI program this year and is done through the Arts Council.

### Mental Health First Aid

The department has fully embraced a new model, MH First Aid and has trained four children's staff to be trainers in this model. This training focuses on identifying mental health symptoms, engaging others, offering support, and linking to appropriate resources as needed. These trainings are currently being provided to partner agencies and other stakeholders.

### Substance Use Disorder (SUD) Division—Adolescent Treatment Services

The SUD Division has added a county operated team that now offers outpatient treatment and intensive outpatient treatment for adolescents with the array of services offered by contracted providers in various school settings. By expanding these much-needed services from the school sites to a central location and increasing staff, more youth will have access to treatment. The Adolescent Treatment Team increased their staff to include two behavioral health therapists and two substance abuse specialists in order to better meet the needs of the youth and families in this community. In addition, they have been actively preparing for the implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver to begin, which now includes individualized treatment based on the American Society of Addiction Medicine (ASAM) Criteria. This waiver will provide a Continuum of Care Model that will bring parity with the Mental Health System of Care. Roll-out is expected to be in the fall of 2018. Services offered in 2017 included individual, group, and family counseling; peer-led recovery support meetings; and collaboration/coordination with the Children's System of Care including linkage for youth exiting Juvenile Hall. The Leaders in Life Conference was held on March 9<sup>th</sup> and the Hope Through Mentoring Conference was held April 7<sup>th</sup>.

### Community Presentations:

- KernBHRS: Commercially Sexually Exploited Children (CSEC)
- Department of Human Services: Child and Family Team Meeting Implementation for CCR
- Kern Regional Center: Overview of services and continued collaboration with other agencies
- Aspiranet: Transitional Aged Youth Program
- KernBHRS: Presentation on MHSA Prevention & Early Interventions programs
- AmeriCorps: Foster Youth Mentor Program (Youth 2 Leaders)
- Kern County Network for Children: Dream Center new location and services
- KernBHRS: Mental Health First Aid Certifications & Trainings
- Bakersfield City School District: School Site Wellness Centers





## SYSTEM QUALITY IMPROVEMENT COMMITTEE

*MISSION STATEMENT: The mission of the System Quality Improvement Committee is to assure the Kern County Behavioral Health Systems of Care has processes in place to provide the most effective, culturally appropriate, highest quality combination of treatment and support to persons with mental illness, serious emotional disturbance, and/or addiction and to assure that expected recovery outcomes are met.*

The System Quality Improvement Committee (SQIC) is an essential and mandated component of the Department's required "Quality Improvement Committee" activities, which require the active participation of KernBHRS practitioners and providers, beneficiaries and family members in the planning, design and execution of the quality improvement program. SQIC includes departmental staff, contract providers, consumers and family members. With support from KernBHRS Quality Improvement Division (QID), the SQIC reviews and makes recommendations, in a wide variety of quality improvement activities, in support of improvements to administrative and clinical processes.

- As done each year, the SQIC developed a calendar for presentations during the 2017 year. Selected presentations focused on key quality management/quality improvement areas monitored by the Mental Health Plan (MHP). The goal of these presentations was to inform SQIC members of the outcomes specified within the "Quality Management" and "Quality Improvement" programs and provide an opportunity for SQIC member to make recommendations or suggestions. All recommendations and suggestions were reported to the QIC.
- Recognizing the needs and benefits of stakeholder input, the SQIC added to the list of participants to increase representation of direct service employees. In addition, the meeting location was moved to the Consumer Family Learning Center (CFLC), allowing for increased participation of clients and family members. This change in participants has resulted in better communication and exchange of ideas between direct service staff, consumer, and family members and the Quality Improvement Division.
- In preparation for the Drug Medi-Cal Organized Delivery System changes, the SQIC has made efforts to broaden the focus of discussion content. Additional members of the Substance Use Disorders Division have been added to the committee and provided with time on the agenda to address relevant topics and receive feedback from the committee.
- There were several significant changes in the state and federal regulations during the 2017 calendar year. In addition, there were a number of statewide policy directives affecting the organization of behavioral health service delivery. The SQIC played a vital part in guiding the system as these required changes were implemented. A few examples of regulatory changes to system processes include:
  - The Continuum of Care Reform within the Children's Mental Health Plan which has the goal of improving outcomes for children that are in the child welfare and juvenile justice system by reducing the use of congregate care placement settings, increasing the use of home-based family care and decreasing the length of time to achieve permanency. Kern Behavioral Health and Recovery Services has joined with the Kern County Department of Human Services (DHS) and Kern County Probation to implement a wide range of services to meet the behavioral health needs of Kern County foster youth.
  - The Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver expands services within the Substance Use Disorder Division system by providing a continuum of care modeled after the American Society of Addiction Medicine Criteria for Substance Use Disorder treatment services. This waiver allows more local control and oversight and creates utilization controls to improve care.
  - The federal Medi-Caid and CHIP Managed Care Final Rule is the first significant overhaul of the federal Medi-Caid Managed Care regulations since 2002. It addresses key areas to quality processes such as beneficiary rights and protections, quality program integrity, care coordination, and Network Adequacy among others.

The SQIC is an ongoing platform for the administration to present performance information and recommendations from our authorities. This year, information from the Department's External Quality Review was presented, the Correction Action Plan from the Medical Triannual Oversight Review, and the results of our CARF Accreditation Survey. Participants were able to offer ideas and give recommendations for process improvements required by each authority.



Finally, SQIC, along with the Behavioral Health Board, again played a central role in providing information and answering survey questions to embed in the California Department of Health Care Services (DHCS) "Data Notebook." The Data Notebook is a repository of information for consumers and families about mental health departments throughout California. The topic of this Data Notebook was on behavioral health services and needs in the system of care for older adults. The SQIC included multiple stakeholders in this process. Participants included Cal State University at Bakersfield faculty, conservators from the Adult and Aging Services department, members of the Behavioral Health Board, and staff from the Senior Outreach and Treatment team. The completed "Data Notebook" was submitted to the state Mental Health Planning Council by the Behavioral Health Board.

## INFORMATION PRESENTATIONS

On the facing page is a list of the Department’s contracted service providers, the services they provide, and the Supervisorial District in which they provide the service. We have expanded this feature further by asking contracted service providers to submit short paragraphs about their agencies and the services they provide. We have color-coded Supervisorial Districts to more easily see at a glance which areas are served by a particular provider. These presentations begin on page 18.

Statistical and demographic information about the individuals served are presented in the tables and graphs on page 24, and page 25 shows a breakdown of revenue sources and the cost of direct services.

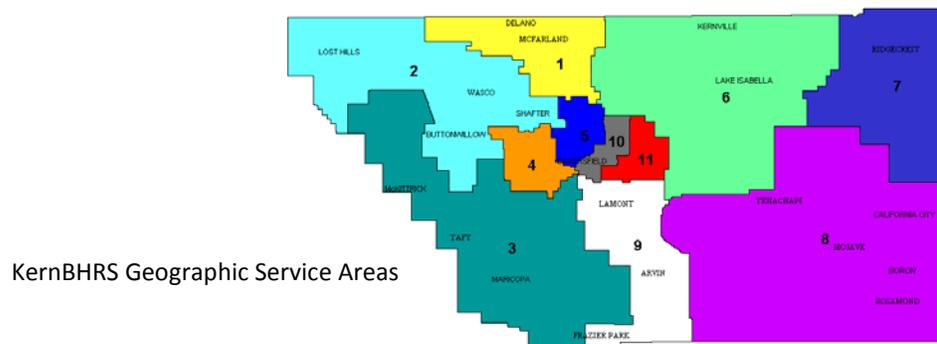
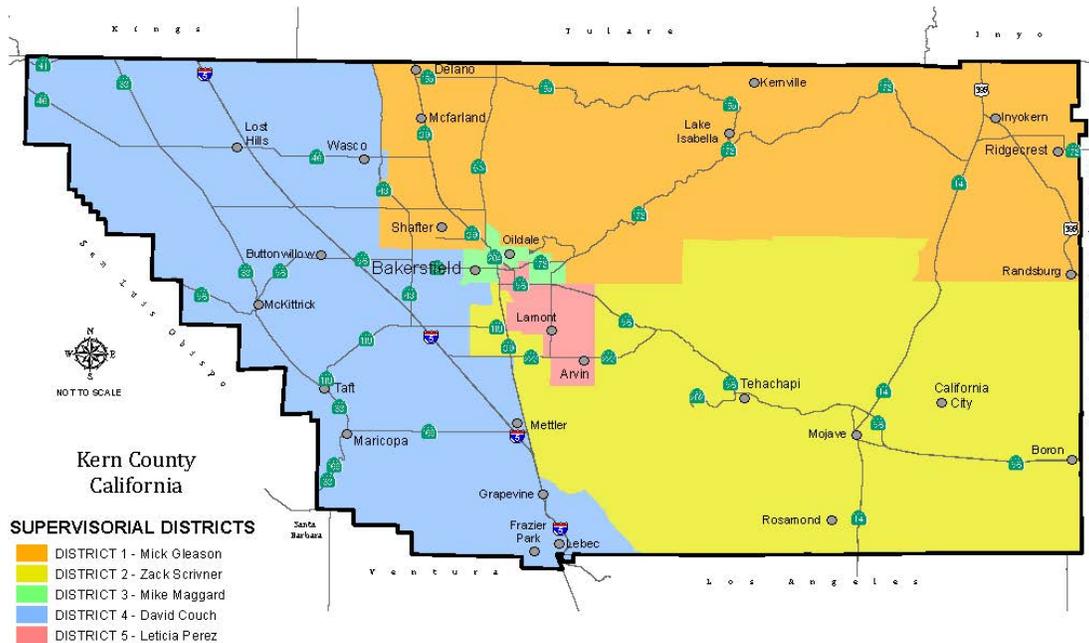
Beginning on page 26, we included quarterly reports that are submitted to the Board of Supervisors. These reports provide information on programs that are of special interest.

**District Populations**

|                              |                              |                              |                              |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>District 1</b><br>169,776 | <b>District 2</b><br>174,370 | <b>District 3</b><br>162,851 | <b>District 4</b><br>166,776 | <b>District 5</b><br>166,338 |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|

### Kern County Supervisorial District Map

The Supervisorial District boundaries shown on this map were approved by the Kern County Board of Supervisors on August 9, 2011 (ordinance effective September 8, 2011). Using information from the 2010 Census, each district contains nearly the same number of people.



**KERN BEHAVIORAL HEALTH & RECOVERY SERVICES  
CONTRACT PROVIDERS  
Fiscal Year 2017-2018**

| Provider   | Services Provided                                  | Adult Mental Health | Children's Mental Health | Substance Use Disorders | Supervisor District by Location of Services |   |   |   |   |
|--|--|---------------------|--------------------------|-------------------------|---|---|---|---|---|
|  |  |                     |                          |                         | 1   | 2 | 3 | 4 | 5 |
| Aegis Treatment Centers                                      | Methadone  |                     |                          | X                       | X   |   | X |   | X |
| American Health Services                                     | Methadone  |                     |                          | X                       |   |   |   |   | X |
| Bakersfield Recovery Services                                | Detox, outpatient, residential, perinatal          |                     |                          | X                       |   |   |   |   | X |
| Child Guidance Clinic  | Outpatient   |                     | X                        |                         | X   |   | X | X |   |
| ChildNet   | Foster homes                                       |                     | X                        |                         |   |   | X |   |   |
| Clinica Sierra Vista   | Outpatient   | X                   | X                        | X                       | X   | X | X | X | X |
| College Community Services                                   | Outpatient, drug diversion, prevention             | X                   | X                        | X                       | X   | X |   | X |   |
| Community Service Organization                               | Outpatient, drug diversion                         |                     |                          | X                       |   |   |   |   | X |
| Cottage of Hope & Gratitude                                  | Residential  | X                   |                          |                         |   |   |   |   | X |
| Crestwood Behavioral Health                                  | Long term inpatient, psychiatric health facilities | X                   |                          |                         |   |   | X |   |   |
| Freedom House  | Residential  | X                   |                          |                         |   | X |   |   | X |
| Good Samaritan Hospital                                      | Inpatient hospitalization                          | X                   | X                        |                         |   |   |   | X |   |
| Kern County Hispanic Commission                              | Outpatient, women's residential                    |                     |                          | X                       |   |   | X |   |   |
| KernBHRS (shown for demonstration purposes – not contracted) | Outpatient, crisis, prevention, drug diversion     | X                   | X                        | X                       | X   |   | X | X | X |
| Mental Health Systems, Inc.                                  | Outpatient   | X                   |                          |                         |   |   | X |   |   |
| STEPS  | Drinking Driver Program, outpatient                |                     |                          | X                       |   |   | X |   |   |
| Stewards, Inc.   | Representative payee                               | X                   |                          |                         |   |   |   |   | X |
| Sycamore Healthcare  | Residential  | X                   |                          |                         |   |   |   | X | X |
| TAASK  | Drinking Driver Program                            |                     |                          | X                       | X   |   |   | X | X |
| United Way   | Public advocate                                    | X                   |                          |                         | X   | X | X | X | X |

# SPOTLIGHT ON PROVIDERS

The Kern Behavioral Health & Recovery Services contracted service providers were asked to contribute short paragraphs providing information about their programs. These partners play a vital role in the “Serve First: Provider Network of Choice...Safe in the Community” concept.



## T.A.A.S.K.

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| District 1 | District 2 | District 3 | District 4 | District 5 |
|------------|------------|------------|------------|------------|

T.A.A.S.K. is a driving under the influence program provider. We have been serving Kern County for 34 years. T.A.A.S.K. provides services in nine locations: Bakersfield, Arvin, Shafter, Taft, Delano, Tehachapi, Lake Isabella, Mojave and Ridgecrest. We serve clients who are mandated by the court or clients who are self-referred through the D.M.V. to complete a D.U.I. Program. We provide 3, 6, 9, 12 or 18 month programs for our clients in English and Spanish. The D.U.I. Program includes group counseling sessions, education classes, and individual case management. When our clients complete the T.A.A.S.K. program they have been completely educated on the consequences of being under the influence while driving a motor vehicle.



## Clinica Sierra Vista

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| District 1 | District 2 | District 3 | District 4 | District 5 |
|------------|------------|------------|------------|------------|

Clinica Sierra Vista is committed to client safety and quality. It is our distinct pleasure and honor to be entrusted with the care, treatment and services for more than 10,000 clients, through the course of tens of thousands of encounters each year at low or no cost. Our coordinated system of care for serving mild-moderate through severe and persistent mental health concerns, alongside Drug Medi-Cal certified substance use disorder treatment and programs that help children assimilate and perform better in school, demands a deliberate and well-orchestrated relationship between our patients, their primary care and behavioral health providers and the communities where we practice. Our work for the Mental Health Plan is concentrated largely in rural, farm worker communities where our familiarity and understanding of the language, culture and hardships of poverty and rural life, resonate with our clientele. We also proudly serve children in southeast Bakersfield through school, home and family engagement. We are proud of our commitment to quality service on behalf of the thousands of Kern Behavioral Health and Recovery Services members and look forward to continuing a reliable, innovative and best practice care model in partnership with KernBHRS for many years to come.

Clinica Sierra Vista is privileged and delighted to be of service to the residents of Delano, McFarland, central and south Bakersfield, Lamont, Arvin, Weedpatch, and the Frazier Mountain communities. Clinica provides behavioral health across the continuum for every level of care, to adults, adolescents and children. We also provide treatment for substance use disorders in Delano and Bakersfield to adults and adolescents, and we are the only outpatient perinatal SUD program in Bakersfield. Behavioral health is an integral part of our 31 primary care medical homes.



### College Community Services

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| District 1 | District 2 | District 3 | District 4 | District 5 |
|------------|------------|------------|------------|------------|

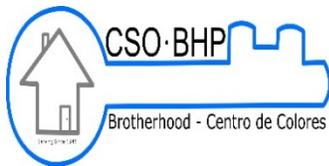
College Community Services (CCS) serves the communities of Wasco, Taft, Lake Isabella, Ridgecrest, Tehachapi, Mojave, and surrounding areas. CCS operates 6 outpatient mental health clinics in Kern County (combining children and adult services), four outpatient substance use disorder (SUD) programs, a mental health program at Camp Erwin Owens, and two Consumer Family Learning Centers. Established in 1996, College Community Services (CCS) provides a comprehensive continuum of mental health and substance abuse services for children, youth, adults and families in Kern County. Our mission is to provide and advocate for recovery-focused, accessible and effective community-based services that build hope and resiliency. CCS was acquired by Molina Healthcare in 2015 and now operates under Pathways by Molina (Pathways). Pathways is a subsidiary of Molina Healthcare and a national leader of in-home and community-based services. CCS offers personalized recovery-oriented treatment planning, trauma-informed care, co-occurring capable services, and evidence-based treatment to meet individualized needs. We use a multidisciplinary team approach to service delivery. This approach provides a network of service providers that best meet the needs of the individuals and families being served. CCS strives to provide strength-based solutions in partnership with clients, their families, and local partner agencies to improve overall life functioning. The use of field-based technologies enhances CCS treatment by facilitating off-site service delivery. Based in the community and driven by our consumers, all services are designed to meet individual linguistic and cultural needs. CCS staff employ a strength-based, family-centered approach that is highly collaborative and consistent with Kern Behavioral Health and Recovery Services. Our commitment is to deliver exceptional value by creating healthy communities through exceptional people working side by side.



### Special Treatment Education & Prevention Services

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| District 1 | District 2 | District 3 | District 4 | District 5 |
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STEPS has been a proud partner with Kern Behavioral Health & Recovery Services for a number of years. Initially STEPS provided only DUI services, but has now expanded to provide outpatient drug-free services in both regular outpatient (1.0) as well as intensive outpatient services (2.1) We also provided minor prevention services through a small Responsible Beverage Service training contract. In January of this year we completed the Community Corrections Partnership grant called “Get Your License Back,” which was successful in having a number of former parolees obtain a legal driver’s license. We also offer the Minors Alcohol and Drug Education Program (MAADep) for those under 18 who have received a DUI. STEPS works to be of service to the community by supporting Mothers Against Drunk Drivers (MADD) and other community efforts. STEPS has two sites in metropolitan Bakersfield that are located to better assist the community. Our efforts allow us the opportunity to offer adults multiple avenues to recovery, and youth a healthier way to live. Ultimately, Kern County benefits in a healthier, safer community and our residents become more productive citizens.



### Community Service Organization

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| District 1 | District 2 | District 3 | District 4 | District 5 |
|------------|------------|------------|------------|------------|

Community Service Organization, Behavioral Health Programs provides 1.0 IOP outpatient services, domestic violence, anger management classes, and PC 1000 education at both the Lamont and Bakersfield locations. CSO provides space for weekly NA meetings for clients. CSO Behavioral Health Programs is a non-profit organization that has been in operation for the past 40 years. We have two locations that serve SUD clients – the Brotherhood Center in metro Bakersfield, and the Centro De Colores facility located in Lamont that serves the outlying communities of Arvin, Lamont, Frazier Park, and Tehachapi.

## Freedom House

|            |            |            |            |            |
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| District 1 | District 2 | District 3 | District 4 | District 5 |
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The husband and wife Huckaby team has been working in the field of recovery for nineteen years. They started Freedom House in 2003 after working with some of the larger treatment programs in Bakersfield. Both have always had a passion for working with men and women with substance abuse problems. Freedom House has locations on Niles Street, Grace Street, and female homes on San Marino. They serve men and women from 18 years old and up, with a total of 86 beds. You can witness their caring hearts in the way they maintain their homes – each has a home-like feel inside and out and provides a welcoming and safe atmosphere. Their very first location was on Niles Street, just a block west of Baker Street, where they witnessed much homelessness. Knowing that so many of the homeless have mental health issues, they need to start working with men and women with dual diagnosis issues became apparent. So many individuals with substance issues also have mental health issues. The Huckabys still have the desire and passion to work with our most vulnerable populations and are grateful to be able to continue serving the community. Although maintaining their homes in such high standards is not always easy, they feel it is an absolute honor to serve this community where they were born and raised.



## Henrietta Weill Memorial Child Guidance Clinic

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| District 1 | District 2 | District 3 | District 4 | District 5 |
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The Henrietta Weill Memorial Child Guidance Clinic is a private non-profit, outpatient mental health center serving children and families since 1946. The Clinic uses evidenced based practices and treatment theories to provide a variety of mental health and substance abuse services to empower parents with the tools and techniques needed to guide their children through emotional and behavior difficulties. Families who reside in Delano/McFarland, north Bakersfield, and west Bakersfield may receive a full array of services including individual, family, and group therapy, Therapeutic Behavioral Services and crisis intervention. Services are provided in the client's home, at school, in the community or wherever the family feels the most comfortable. The Clinic also serves children and adolescents who have experienced various forms of abuse, neglect, or other traumatic events. A psychiatrist and psychiatric nurse practitioner are available to provide medication support services, as needed. All of these services are provided in a bilingual, culturally appropriate environment.



## Hispanic Commission on Alcohol & Drug Abuse Services

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| District 1 | District 2 | District 3 | District 4 | District 5 |
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The Kern County Hispanic Commission offers levels of services based on the client's needs. Our staff is focused on helping the client to successfully achieve their goals of abstinence from substance use. The assessment process aids in identifying the client's needs and helping the client to identify their treatment goals and objectives to maintain abstinence. A client who is placed as a 1.0 may receive services no more than 9 hours a week; the client's needs determine the scheduling of services for the client. A client placed as a 2.1 is attending our intensive outpatient services 4 days a week, 3 hours a day. This is an option for those individuals who may be resistant to a residential treatment program or on a waiting list for a residential program. The individualized schedules help clients to achieve goals and objectives to succeed. Services may range from 3 to 6 months and longer if needed. Services are currently offered day and evening hours, with the hope of offering later evening and weekend services.

## Cottage of Hope & Gratitude Sober Living

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|------------|------------|------------|------------|------------|
| District 1 | District 2 | District 3 | District 4 | District 5 |
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Since 2011 Cottage of Hope & Gratitude Sober Living has been providing housing services to men, ages 18 and up. Not only do we serve individuals from Bakersfield, we have served individuals from outlying areas (Lamont, Shafter, and Taft). Cottage of Hope & Gratitude offers a safe environment that provides structure for those referred by Kern Behavioral Health and Recovery Services' Kern Linkage Division, Kern County Probation Department, and Kern County Sheriff's Office. Housing staff aid case managers and probation officers by identifying residents' Recovery Plans and assisting them in meeting their goals. Cottage of Hope & Gratitude will assist in enrollment into job training programs, Drinking Driver Programs, Consumer Family Learning Center classes and groups, and with getting identification cards. We assist with medical appointments and follow up to ensure their residents are never out of their prescriptions. We support and encourage medication compliance so that individuals are better able to maintain their goals and improve and sustain their recovery. Cottage of Hope & Gratitude makes recommendations to referring case workers, probation officers, and Electronic Monitoring Program (EMP) officers for referrals to enroll individuals into alcohol and drug outpatient treatment when needed. Our caring and compassion show in the welcoming, home-like atmosphere and quality customer service approach.



## Bakersfield Recovery Services, Inc.

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|------------|------------|------------|------------|------------|
| District 1 | District 2 | District 3 | District 4 | District 5 |
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During the year 2017 Bakersfield Recovery Services has been committed to improving treatment results for participants by reducing wait time for appointments, increasing retention, and decreasing no-shows for appointments. We continue to provide services at Lincoln Street Perinatal, Capistrano Women's Residential, Jason's Retreat Men's Residential, and Out Patient. BRS continues to increase the availability and funding for those men and women that need SLE services. Our goal is to assist others in making positive changes in their lives and reunite with their families. BRS has acquired new properties (610 Grace and 609 Bernard) in hopes of giving our counselors more space to enable a higher quality of services. We continue to look for growth and new ideas so we can better assist our clientele. BRS is focusing more on "aftercare" where clients will be able to enroll into programs/ services while in treatment and continue those services after discharge having a safe place to come back to and to continue with their recovery helping others that are new to the program.



## United Way

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| District 1 | District 2 | District 3 | District 4 | District 5 |
|------------|------------|------------|------------|------------|

United Way of Kern County administers the Kern County Homeless Collaborative (KCHC) as fiscal agent and collaborative applicant. In this role, United Way convenes stakeholders across Kern County in collective action to prevent homelessness, provide emergency shelter as needed, and return people to stable housing. Striving to end homelessness, KCHC members and community partners have worked to reduce homelessness nearly 40% since 2007, employing a "housing first" approach. In partnership with Kern Behavioral Health & Recovery Services, one full time position is dedicated to administration and community relations efforts to maximize capacity and services within Kern. United Way is focused on improving the health, education and financial stability of our communities. UWKC promotes early childhood literacy through efforts that support parents' critical role as a child's first teacher, and supports family financial stability through financial literacy education, free income tax preparation and incentivized saving programs. UWKC also serves as the lead organization for the Kern Food Policy Council.



### Good Samaritan Hospital

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| District 1 | District 2 | District 3 | District 4 | District 5 |
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Good Samaritan Hospital is an essential access community mental healthcare organization whose mission is to provide safe, effective, and efficient psychiatric services in a caring manner. Our services include inpatient psychiatric care for adults/adolescents/children, inpatient chemical detoxification services, and intensive outpatient services with specialty tracks in mental health, chemical dependency, or those who have a dual diagnosis. The goal of our inpatient program is to provide intensive services designed to stabilize acute psychiatric illness.



### Crestwood Behavioral Health of Bakersfield

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| District 1 | District 2 | District 3 | District 4 | District 5 |
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Crestwood has been providing residential mental health recovery services to adults age 18 to 84 in Bakersfield since 1998. The Bridge is a 15 bed Adult Residential Facility and the Psychiatric Health Facility (PHF) is a 16 bed designated 5150 facility. Both facilities are innovative programs based on Crestwood’s commitment to providing mental health clients a continuum of care that puts them on the road to recovery. At our 55 bed Mental Health Rehabilitation Facility (MHRC), community integration and dual recovery are key tenets. Community reintegration is designed for those clients who need help developing some of the basic life skills that will assist them when returning to their communities. All of our clients, regardless of their area of focus, participate in a Wellness Recovery Action Plan (WRAP) as well as Dialectical Behavioral Therapy (DBT), an evidenced-based practice used to treat clients with borderline personality disorder. Welcome to Crestwood ...with us you are family!



### Aegis Treatment Centers, LLC

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| District 1 | District 2 | District 3 | District 4 | District 5 |
|------------|------------|------------|------------|------------|

Aegis operates 32 clinics in 14 counties throughout California, making Aegis the largest network of opioid treatment programs in the state. Aegis operates three locations in Kern County; two in the city of Bakersfield, with a third in the city of Delano.

Aegis specializes in the treatment of opioid use disorder and successfully treats thousands of individuals a day through an evidence-based and scientific approach, Medication Assisted Treatment (MAT). MAT combines the use of FDA approved medications buprenorphine, methadone or naltrexone with counseling and behavioral therapies to provide a whole-person approach to the treatment of substance use disorders. These medications in combination with evidence-based curricula, and an integration of services specific to the needs of the person, provide the individual with the highest chance for success.

An individual who receives treatment with Aegis can expect treatment to be personal and individualized. At admission a patient receives a comprehensive biopsychosocial assessment by an Aegis physician. Following this admission process, and in conjunction with the individual and treatment team, a personalized treatment plan is put in place to addresses the individual’s specific clinical diagnosis.

During recovery, patients move forward at their own pace, aiming for both short-term goals and long-term success. Aegis encourages patients to take charge of their health and their future. That’s why individual and group counseling is at the heart of the Aegis program.

## Mental Health Systems, Inc.

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| District 1 | District 2 | District 3 | District 4 | District 5 |
|------------|------------|------------|------------|------------|

The MHS-ACTION Assertive Community Treatment (ACT) program provides 24-hour community-based treatment for serious and persistent mentally ill (S.P.M.I) individuals, and those with a criminogenic background who may also suffer SPMI. All clients are eligible to receive medication management and monitoring, therapy, drug and alcohol counseling, case management, vocational rehabilitation, peer counseling and housing services. Our culturally sensitive, gender responsive services promote mental wellness and independent living and are designed to meet the individual needs of each client. The criteria to meet eligibility for ACT services are clients must be over 18, with a serious and persistent mental illness. Our referrals are made through various resources, including hospitals, jails, the Kern Linkage Program, the Access Center, and other outside agencies.



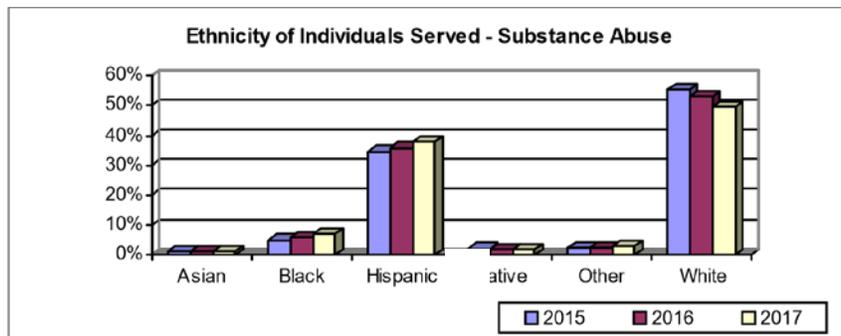
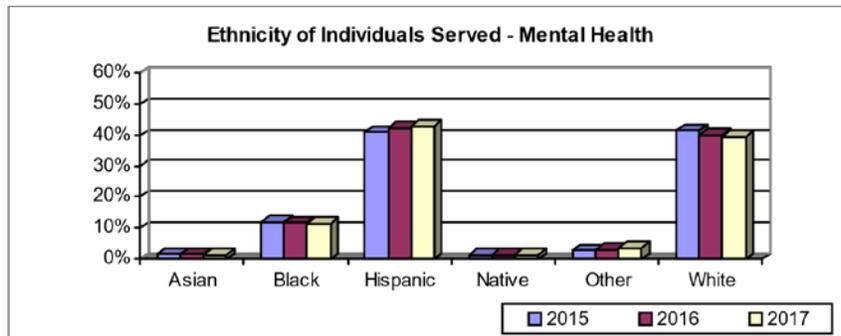
## ChildNet Youth and Family Services

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| District 1 | District 2 | District 3 | District 4 | District 5 |
|------------|------------|------------|------------|------------|

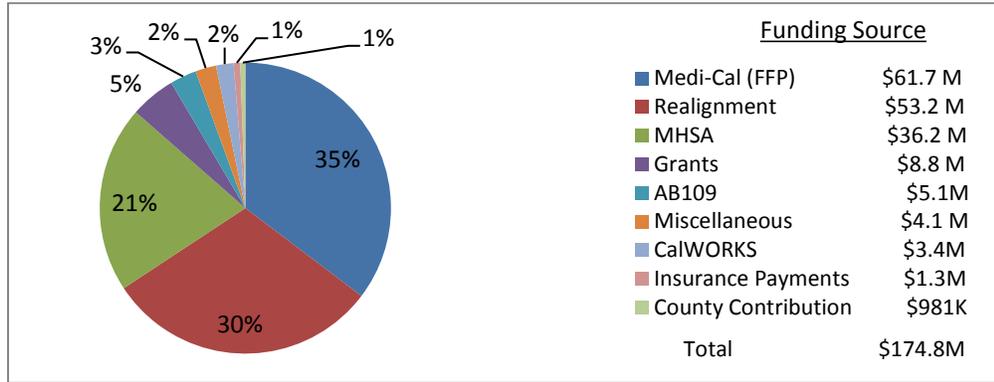
The mission of ChildNet Youth and Family Services is to provide safe homes, education and counseling to vulnerable children and families. Our program philosophy reinforces personal responsibility and the need for a strong family unit. ChildNet Youth and Family Services was founded in 1970 by a group of Long Beach civic leaders whose goal was to foster the social, emotional, and educational development of troubled and disadvantaged youth. It has since grown from a single youth home that served an average of 100 boys annually to an organization with seven locations covering five counties, serving upwards of 7,850 clients annually. ChildNet is contracted to provide adjunctive mental health services that will include Therapeutic Foster Care (TFC) and will provide skill building interventions while the Kern Behavioral Health and Recovery Services geographical service area contracted provider provides the individual and family therapy to the client. The TFC clinician supports the child and the resource/foster family in collaborative skill building in conjunction with the geographical provider serving the mental health diagnosis of the client. TFC is a clinical intervention, which includes placement in specifically trained resource/foster homes, for youth in foster care with severe mental, emotional, or behavioral health needs. Caregivers are trained in specialized skills to address emotional, behavioral, and relational needs of individual youth in their care and are supported and monitored toward measurable goals by TFC professionals. The TFC parent serves as a key participant in the therapeutic treatment process of the child or youth. The TFC parent will provide trauma-informed interventions that are medically necessary for the child or youth. The specialty mental health service activities provided through the TFC service model assist the child or youth to achieve client plan goals and objectives; improve functioning and well-being; and help the child or youth to remain in a family-like home in a community setting, thereby avoiding residential, inpatient, or institutional care.

## CONSUMER DEMOGRAPHICS

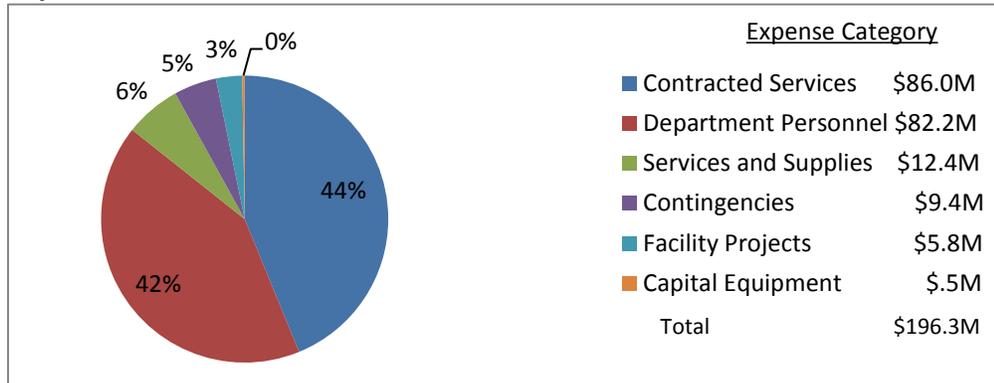
The following is information about mental health (MH) and substance use disorder (SUD) consumers, including graphs of the district in which they live, where they receive services, and the ethnicity of individuals served. While the Supervisorial Districts have approximately equal populations, with centralized services in Bakersfield, such as Kern Medical, the Mary K. Shell Mental Health Clinic, and substance use programs, District 5 has the largest number of persons served. It is important to note that the services provided in any one of the districts are available to all county residents.



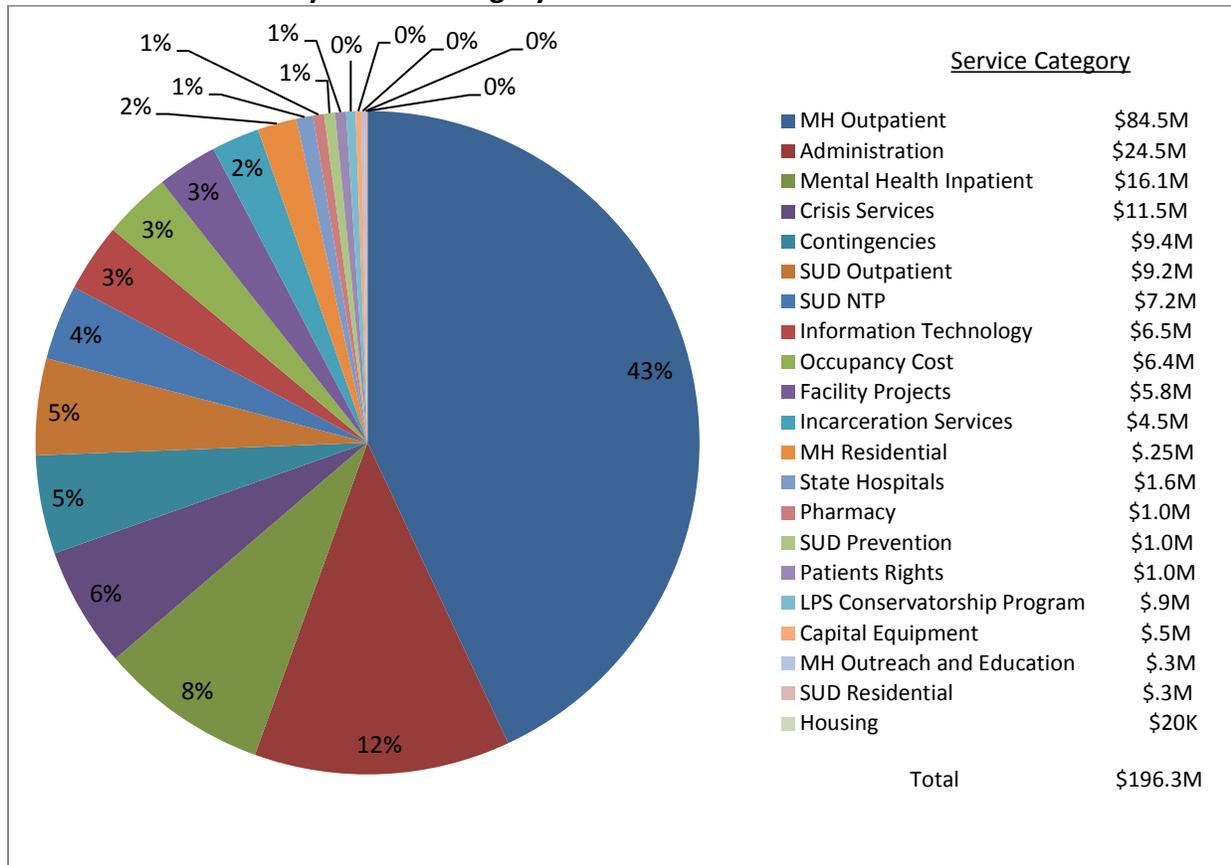
**Revenues FY 17-18**



**Expenses FY 17-18**



**Revenue Breakdown by Service Category**



**QUARTERLY REPORT**  
**KERN BHRS AB109 COMMITTEE**  
*For the period of October 1 to December 31, 2017*

**Goals and Objectives: Mental Health (MH) and Substance Use Disorder (SUD)**

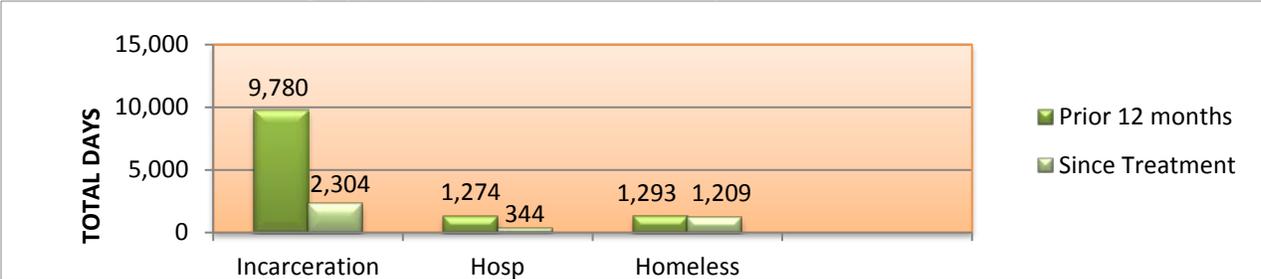
- 1. Goal: Reduce incarceration**
  - **Objective:** Reduce incarceration days for individuals linked to MH and/or SUD treatment by 30%. Achieved: 76% decrease (MH)\* / Achieved 99.9% decrease (SUD)\*\*
- 2. Goal: Reduce psychiatric hospitalizations**
  - **Objective:** Reduce psychiatric hospitalization days for individuals linked to MH and/or SUD treatment by 30%. Achieved: 73% decrease (MH)\* / Achieved: 99.9% decrease (SUD)\*\*
- 3. Goal: Reduce homelessness**
  - **Objective:** Reduce homeless days for individuals linked to MH and/or SUD treatment by 30%. Achieved: 6% decrease (MH)\* / Achieved: 99% decrease (SUD)\*\*
- 4. Goal: Reduce substance use**
  - **Objective:** Reduce substance use days for individuals linked to SUD treatment by 30%. Achieved: 99.9% (SUD)\*\*

**Data and Outcomes – MH:**

# of individuals surveyed = 73

# of individuals in each category (Prior): Incarceration – 66; Hospitalization – 22; Homeless – 14

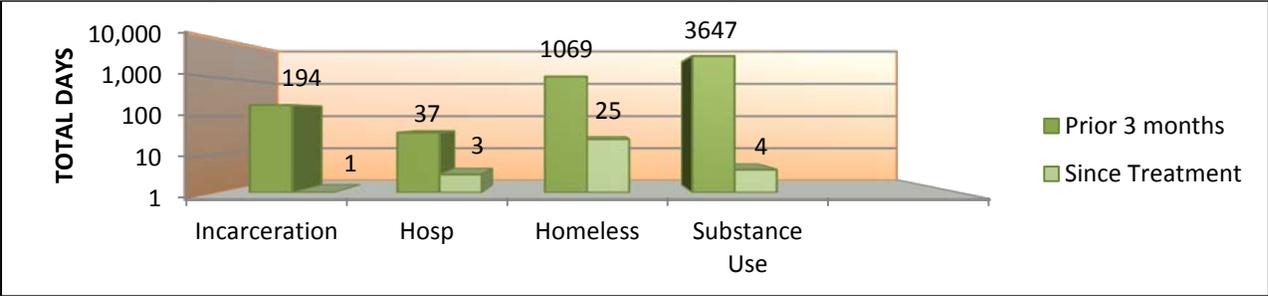
# of individuals in each category (Since): Incarceration – 33; Hospitalization – 25; Homeless – 26



\* Comparison of 12 months prior to treatment, and 12 months since treatment linkage with objective of a 30% reduction from prior fiscal year achieved.

**Data and Outcomes – SUD:**

# Individuals surveyed – Prior = 70; Since Treatment = 28 (All categories)



\*\* Comparison of 3 months prior to treatment, and 3 months since treatment linkage with objective of a 30% reduction from prior fiscal year achieved.

## Accomplishments

1. **AB109 Co-Response Team:** Served 43 unique individuals during this quarter and provided 21 "first contact" services to AB109 and high utilizer individuals. Provided 127 follow-up visits and 16 MH Assessments. Compared to the prior quarter, the number of AB109 individuals remanded to custody declined from 2 to 1. Also, one AB109/High Utilizer individual was placed on W&IC 5150 Involuntary Hold, and one admitted for inpatient psychiatric hospitalization.
2. **Access and Assessment Team:** Access and Assessment served a total of 40 AB109 individuals requesting behavioral health and recovery services through the Mary K. Shell Clinic this quarter. Twenty-three individuals came through Access for services.
3. **Adult Transition Team (ATT):** Eleven new AB109 individuals were enrolled in outpatient mental health treatment with the Kern Linkage Division totaling 99 AB109 clients this quarter. The team provided 1,913 contacts with these clients, which included therapy, groups, case management, medication support, and substance abuse services.
4. **Correctional Mental Health (CMH):** CMH has begun individualizing treatment planning for clients housed within the behavioral health units, providing mental health education focusing on medication management, social skills training, and providing all clients with resource packets detailing resources available to clients within Kern County. The team will be working to improve linkage to community resources and further improve on the collaboration with outpatient teams.
5. **Gateway in-custody:** This quarter 70 AB109 eligible individuals received SUD treatment. The RSAT program had 35 individuals initiate Matrix and A.R.T treatment. Twenty-seven successfully completed the program, and all were released from custody. Female Minimum had 18 individuals initiate treatment in the Matrix/Seeking Safety program with 17 successfully graduating. Twelve participants were released from custody with nine entering SLEs, three were program releases and the remaining 5 are waiting on a release date. Maximum/ Medium had 17 individuals initiate treatment in the Matrix and T4C programs. Eight successfully graduated the program; 3 were release from custody, 2 were released to SLEs, and 3 re-enrolled in the program.
6. **Mental Health Systems (MHS):** Mental Health Systems (MHS) ACTION currently has 57 AB109 individuals participating in treatment. that included a variety of services including individual services, groups, medication management, co-occurring treatment for substance use related concerns, assistance with transportation, housing assistance, and more. ACTION is working to increase collaboration with the Correctional Mental Health team to create a continuity of care.

## Challenges and Opportunities

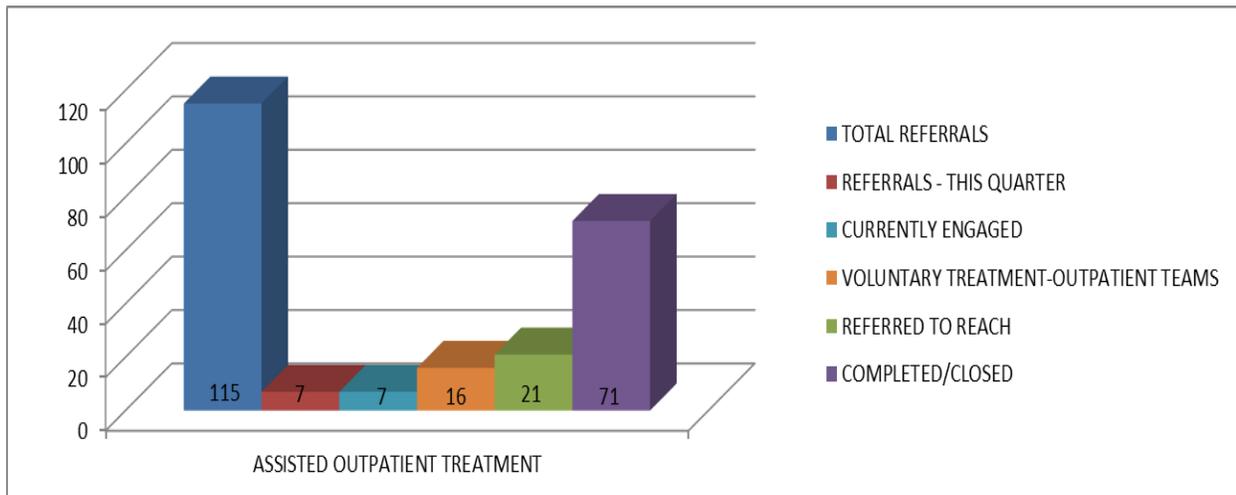
1. **Data Collection:** Teams have identified a need for more timely access and reliable reporting of incarceration recidivism rates. Substance Use Disorder staff continue to face challenges with data collection including staffing resources for data collection due to the large number of individuals served through the SUD system and the challenges associated with engaging this population. A new BH Planning Analyst was hired and will ensure accurate and consistent data is collected for the AB109 Quarterly Report.
2. **Pre- and Post-Test Questionnaires:** Kern BHRS continues to evaluate pre- and post-test questionnaires for a number of evidence-based practices (EBP) and service strategies (EBP/SS) to obtain qualitative information regarding the perceived effectiveness of respective EBP/SS. A final version is being implemented.
3. **Housing:** Kern BHRS' Housing Unit and Kern Linkage staff plan to increase housing opportunities through the County's competitive bid process. A timeline for the process needs to be developed. Housing has been working with Probation and Kern Linkage to secure more beds for individuals.
4. **CCP Ad Hoc Committee:** The Community Corrections Partnership Ad Hoc Committee is working on a preliminary report of its findings and recommendations to present to the CCP Executive Committee.

**QUARTERLY REPORT**  
Kern Behavioral Health and Recovery Services  
Adult System of Care  
Laura's Law (Assisted Outpatient Treatment) Update  
*For the period October 1 to December 31, 2017*

**Vision and Goals**

1. Provide a unique and supportive alternate avenue into mental health/substance use services for families with loved ones in need of proactive engagement.
2. Provide Behavioral Health and Recovery Services outreach to individuals who cannot or will not avail themselves of traditional outpatient service.

**Data for this period**



- Total number of AOT program referrals since the beginning of the program in 2015: **115**, of which, **7** referrals are from this reporting period.
- Number of AOT program referrals currently in the engagement phase: **7**
- Number of AOT candidates in voluntary treatment AOT is monitoring services: **16**
- Number of AOT program referrals referred to Risk Reduction and Engagement Accelerated Alternative Community Behavioral Health (REACH): **21**
- Number of closed cases: **71** ( 45 have been successfully linked to treatment, 19 moved out of the State, 2 deceased, 5 Family requested discontinued services).

Referrals were provided by the following resources: Family Advocate, Outpatient Teams, Inpatient Units, County Website, Police Department, National Association for Individuals with Mental Illness (NAMI) presentation, and the Length of Stay (LOS) meeting.

### Accomplishments This Quarter

1. November 2017- CWIC Presentation.
2. November 2017- Health Alert Presentation on the news.
3. January 2018- Kern Regional Training Center Presentation.
4. Continued CIT Homeless Collaborative meeting
5. Continued communication with County Counsel on Potential Laura's Law clients.
6. Continued bi-weekly training.
7. October-December-continued developing forms required by Laura's Law legislation.
8. October-December-once a month staff meeting discussing progress in implementing the program.
9. Continued delivering Family and Individual Satisfaction Surveys to Supporting Person.
10. Continued Conference Collaboration calls with other counties that have implemented the program (brainstorm).

### Challenges and Opportunities

1. Expand AOT to the rural areas of the County.
2. Increase in the number of families coming into contact with the Family Advocate and the services offered.
3. Increase in the number of family support/involvement in treatment.
4. Standardized training for Outreach Workers.
5. Screening Referrals
6. Securing Assessment Appointments.
7. Retaining staff
8. Data reporting
9. Community Stakeholders view on AOT success.

### Success Stories

In late February 2017, the brother of an individual called the Family Advocate's office requesting help for his loved one. The brother was extremely concerned for his sibling who was decompensating due to unmanaged mental health symptoms. The brother reported that his sibling's symptoms of depression and paranoia continued to exacerbate leading him to isolate in his room and display behaviors of aggression. The brother reported being also concerned for his elderly grandmother, whom the individual resided with. The brother requested AOT services with hopes of getting his loved one the help he needed. The Family Advocate's office helped the family through the initial linkage to the AOT services.

The AOT outreach workers began the outreach phase immediately by visiting the grandmother's home and searching places in the community for any sign of the individual in order to begin the engagement process and establish rapport. The outreach workers continued to gather information as needed from the referring brother and the grandmother with hopes of getting the individual on his way to recovery. After numerous attempts of engagement with the individual at his grandmother's home and in the community, the individual became receptive to participate in mental health treatment and receive therapy as well as medication management. The individual's brother has expressed his relief and sincere appreciation in seeing his loved not only engaging well with family and others in the community, but also seeing how supported he is by the staff at Kern BHRS. The outreach team and assigned treatment team continue to follow the progress of this individual's recovery, continue to involve the brother in the individual's treatment, and all together continue to celebrate the individual's progress towards recovery.

QUARTERLY REPORT  
KERN BHRS & DHS CalWORKs  
*For the period of October 1 to December 31, 2017*

**Vision, Goals and Objectives: Mental Health (MH) and Substance Use Disorder (SUD)**

**1. Goal: Improve accessibility and engagement**

- **Objective:** Increase the percentage of completed assessments for clients referred by DHS to Mental Health from 38% to at least 50%  
**Outcome:** The percent of completed assessments for clients referred in 2Q FY 17-18 was 47%, which is a slight decrease from previous quarter. This is in part due to staff transitions and training at CalWORKs.

**2. Goal: Broaden scope of services provided by KernBHRS CalWORKs staff**

- **Objective:** Increase Evidence-Based Practices utilized by KernBHRS CalWORKs staff by implementing at least one Family Therapy/Case Management approach  
**Achieved:** During this quarter an additional group, "Grief" was added to assist clients who are dealing with death and loss. Additional support was provided to clients in the SUD program by offering transportation to 3 twelve-step support groups.

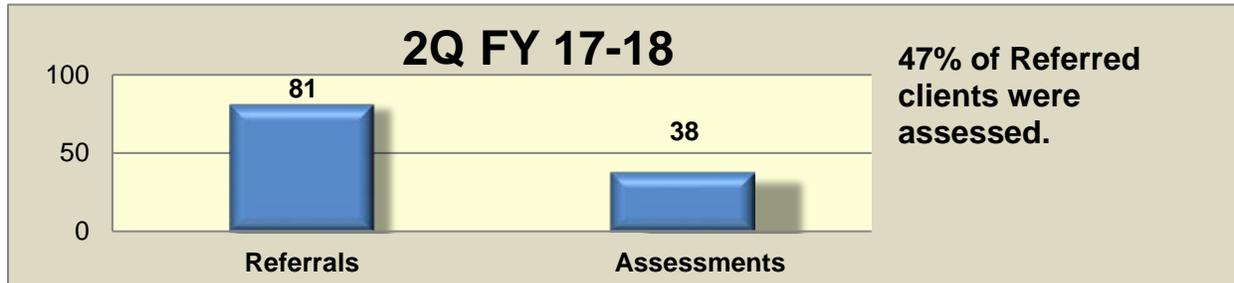
**3. Goal: Provide Outreach Services**

- **Objective:** Develop innovative strategies to ensure early identification, assessment, and access to services.  
**Outcome:** CalWORKs installed new multi-media equipment to provide program information in the lobby. Clients view program overviews and staff introductions to increase rapport and engagement. TED Talks on relevant topics and inspirational stories of hope were shown during the holiday season.  
**Outcome:** CalWORKs client transportation increased from 20 in second quarter of 2016/2017 to 267 in the second quarter of 2017/2018. This helped to increase attendance to group, individual and psychiatric visit appointments.

**Accomplishments This Quarter**

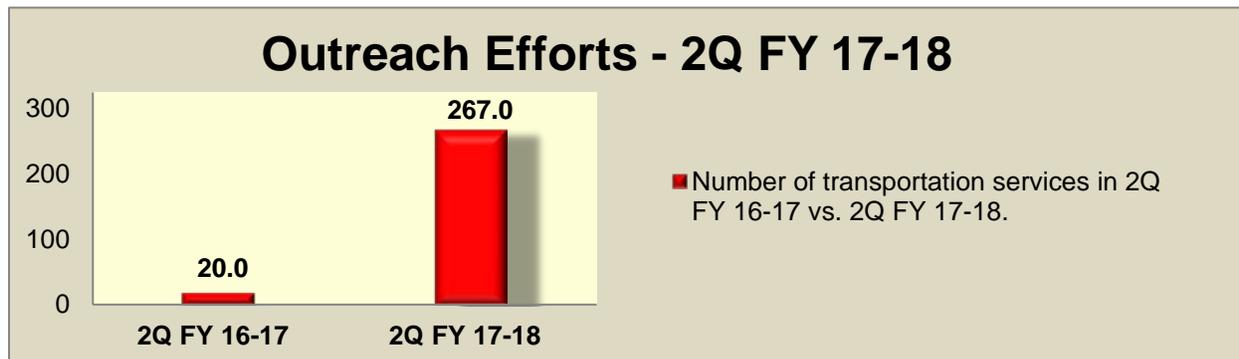
1. **Data Collection:** The reconciliation report continues to allow us to gather and analyze data to determine how to measure the successful removal of barriers to employment. Our goal was 30% of the clients served would be able to participate in their Welfare-to-Work activities at 100% once discharged from KernBHRS. According to data provided and analyzed by both KernBHRS and DHS, the percentage of FTP (full time participation) Welfare-to-Work clients required to participate in activities increased from 37.0% in September 2017 to 43.6% in October 2017.  
\*Most recent data available
2. **Peers:** CalWORKs Behavioral Health has hired three peer employees who are providing support to clients currently participating in treatment. The peer employees are able to engage clients by sharing their own experiences in recovery and through the KernBHRS program.
3. **Holiday Groups:** A total of 18 individuals participated in the three holiday groups offered over the County's winter recess (December 26 through December 28): "Mindfulness and Normalizing Stress", "Good Grief and Gratitude," and "Recovery During the Holiday Season".

## Data and Outcomes Goal #1 - Accessibility and Engagement



\* Data collected for Oct-Nov via referrals received from DHS and monthly reports created in Cerner for MH only

## Data and Outcomes Goal #3 – Provide Outreach Services



\*\*Data collected for MH and/or SUD clients via Cerner for Oct-Dec 2016 and Oct-Dec 2017.

## Challenges and Opportunities

- 1. Integrated Care Conference:** In October 2017, several KernBHRS staff members attended the annual Integrated Care Conference in Universal City. Staff attended multiple break-out sessions with topics related to integrating MH, SUD and physical care. Insight was gained in the growing area of utilizing peer support staff to engage resistant clients, as well as the importance of trauma informed care.
- 2. Co-Training:** KernBHRS CalWORKs and DHS recently finalized a training to provide an overview of the CalWORKs behavioral health program to DHS social workers. These trainings are anticipated to start in the third quarter of this year. In October, KernBHRS CalWORKs staff presented a training to the DHS Domestic Violence Unit. A new peer staff was part of this training. This was an opportunity for both KernBHRS and DHS staff to discuss their experiences, along with a peer staff, and collaborate to best support individuals involved in domestic violence situations.

## Success Stories

In March of 2017, a client was referred by CPS to the Gateway for SUD treatment due to her 2-year old son being removed from her care. She was screened for outpatient treatment but requested residential care to improve her recovery efforts. She was very motivated to complete her case plan components before these were court-ordered. She successfully discharged from the residential program and transitioned to the homeless shelter. She gained employment and continued her attendance to treatment at CalWORKs and outside self-help meetings. When she began her outpatient treatment at CalWORKs, she was reluctant to admit that she may be taking on too much, too soon. With continued attendance to treatment and utilizing newly learned skills, she was able to focus on managing all of her responsibilities. In October of 2017 client was able to move out of the homeless shelter and into her own apartment. She successfully completed her CalWORKs treatment on November 20, 2017 and reunited with her son soon thereafter.

QUARTERLY REPORT  
Kern Crisis Intervention Team  
*For the period October 1 to December 31, 2017*



### Vision and Goals

According to the organization CIT International, the goals of a CIT Program are to improve Officer and Consumer safety at the scene of a mental health crisis; and to redirect individuals with mental illness from the Judicial System to the Mental Health Care System whenever possible. CIT Programs focus on training first responders to de-escalate situations involving mental health crises when it is safe and appropriate to do so, and also focus on “redesigning how behavioral health services are delivered in the community and ensuring that seamless access for law enforcement becomes the norm.”

([www.citinternational.org](http://www.citinternational.org))

### Data and Outcomes This Period

**SB82 Grant 4<sup>th</sup> Round award of \$1.7 Million for the Ridgecrest CSU:** The contracted service provider, Telecare, opened for business under the name (DBA) the **Ridgecrest Mental Health (MH) Urgent Care Center**. The Ridgecrest MH Urgent Care Center **Grand Opening was held on October 26** at the Center, with a **ribbon cutting ceremony** and tours of the facility. The **Ridgecrest CSU** began serving voluntary clients on Nov 6, 2017. The facility provides behavioral health crisis services 24/7 to voluntary clients in East Kern, serving up to 8 adults and 4 minors. The Ridgecrest MH Urgent Care Center is a partnership between Ridgecrest Regional Hospital and KernBHRS. This Center addresses a gap in services that was identified as a high priority by Kern CIT Stakeholders: the provision of mental health crisis care services in East Kern.



**The MET Team** responded **597 times to 543 unique individuals**, at the request of Law Enforcement, during 2Q1718. Of these services, 390 (65%) were provided to individuals who were not previously open to the KernBHRS System of Care. There were four (4) occurrences of arrest, all for Adults. There were 158 occurrences of 5150 Involuntary Holds, and 122 occurrences of psychiatric inpatient hospitalization.

### Success Stories

A Hispanic inmate was referred to the Co-Response Team for engagement services. This client was released from jail with a long drug history, assaultive behavior, anger issues, and severe anxiety. The client had not been taking prescribed psychiatric medication and was very angry upon release from jail. The client had violated probation several times in the past, due to substance use. The Co-Response Team repeatedly offered behavioral health services, which the client declined. Following another arrest and subsequent release from jail, the client accepted the offer of services from the Co-Response Team, in order to avoid prison. Services included placement in a Sober Living Environment, therapy, medication, and working closely with the case manager. The client was able to maintain stable housing, regain custody of a child, continue with treatment goals, and quit using illegal drugs. The client also attended anger management. The client has been clean and sober for 8 months and continues to participate in his/her own recovery and treatment.

## Accomplishments This Quarter

|  |  |  |  |                                       |  |
|--|--|--|--|---------------------------------------|--|
| <p><b>MET and Co-Response Teams:</b></p> | <p><b>The Co-Response Teams served 43 unique individuals</b> during 2nd quarter. None of the AB109 or High Utilizer individuals served by the Co-Response Team were arrested / remanded to custody, nor put on a 5150 Involuntary Hold, nor admitted to Psychiatric Inpatient Hospitalization during the 2<sup>nd</sup> Quarter.</p>   |  |  |                                       |  |
| <p><b>CIT Steering Committee</b></p>     | <p><b>The Smart911 Registry Program:</b> MHS Innovation Program funding provides \$3.1 Million to implement the Smart911 Special Needs Registry in Kern, with a focus on individuals with behavioral health challenges and their family members. The KernBHRS System of Care staff and Kern Public Safety Access Point (PSAP) staff were trained on Smart911 in December. Staff trainings included “Using the Smart911 Profile System” and “Integrating Smart911 into Our System of Care.” Installation of Smart911 at participating Kern PSAPs is underway. KernBHRS is installing online registration kiosks at 40 outpatient clinics in the System of Care. A promotional campaign to inform the Kern general public about the benefits of creating a Smart911 User Profile will begin during 3Q1718. <b>This project was originally initiated by Kern CIT Stakeholders, then the CIT Steering Committee established a CIT subcommittee to assess the need in Kern, identify and evaluate alternative solutions, and make a recommendation: Smart911.</b></p> <p>The <b>CIT Steering Committee will meet in February 2018</b> to hold Kern’s first CIT award ceremony in recognition of law enforcement excellence in CIT (date to be confirmed) and continue the direction of the CIT Subcommittees. The CIT Steering Committee is co-chaired by representatives from KCSO and KernBHRS/MET.</p> |  |  |                                       |  |
| <p><b>CIT Sub-committees</b></p>         | <p>The <b>CIT Homeless Subcommittee</b> focused on thirteen (13) homeless adults during 2Q. Through collaboration with REACH, FLOOD, the Bakersfield PD IMPACT unit, KernBHRS and others, five (5) homeless individuals were successfully linked to Veterans housing services, FLOOD housing services, and to KernBHRS and its REACH team.</p> <p><b>Additional CIT Subcommittees include:</b></p> <ul style="list-style-type: none"> <li>✓ CIT Stakeholders</li> <li>✓ CIT 211 Registry Program</li> <li>✓ CIT Smart911 Special Needs Registry Subcommittee</li> <li>✓ CIT Advocacy Subcommittee</li> <li>✓ CIT Education (Schools) Subcommittee</li> <li>✓ CIT High Utilizer Solutions Planning Programs</li> <li>✓ CIT Homeless Subcommittee</li> <li>✓ CIT Training Subcommittee</li> <li>✓ CIT Veterans Subcommittee</li> </ul>   |  |  |                                       |  |
| <p><b>CIT Training</b></p>               | <ul style="list-style-type: none"> <li>✓ <b>Sept. 11,12,13,14 A 40-hour CIT Training for Law Enforcement</b> academy officers was attended by 52 individuals including KCSO Academy graduates and Bakersfield Police Academy Cadets. CIT Trainings are delivered in partnership with NAMI.</li> <li>✓ <b>Presentation on AB2246</b> provided on Oct 3 to 18 officers of the <b>Kern High School District Police Department</b>. AB2246 requires that “the governing board or body of a local educational agency that serves pupils in grades 7 to 12, inclusive, shall, before the beginning of the 2017–18 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in grades 7 to 12, inclusive.</li> </ul> <p>The following CIT Trainings are available in Kern:</p> <table border="0" style="width: 100%;"> <tr> <td>✓ 40-Hour CIT Training (Basic Academy)</td> <td>✓ 40-Hour CIT Training (non-Basic Academy)</td> </tr> <tr> <td>✓ 8-hour CIT for Corrections Officers</td> <td>✓ 8-hour CIT for Field Training Officers</td> </tr> </table>  | ✓ 40-Hour CIT Training (Basic Academy) | ✓ 40-Hour CIT Training (non-Basic Academy) | ✓ 8-hour CIT for Corrections Officers | ✓ 8-hour CIT for Field Training Officers |
| ✓ 40-Hour CIT Training (Basic Academy)   | ✓ 40-Hour CIT Training (non-Basic Academy)   |  |  |                                       |  |
| ✓ 8-hour CIT for Corrections Officers    | ✓ 8-hour CIT for Field Training Officers   |  |  |                                       |  |

## Challenges and Opportunities

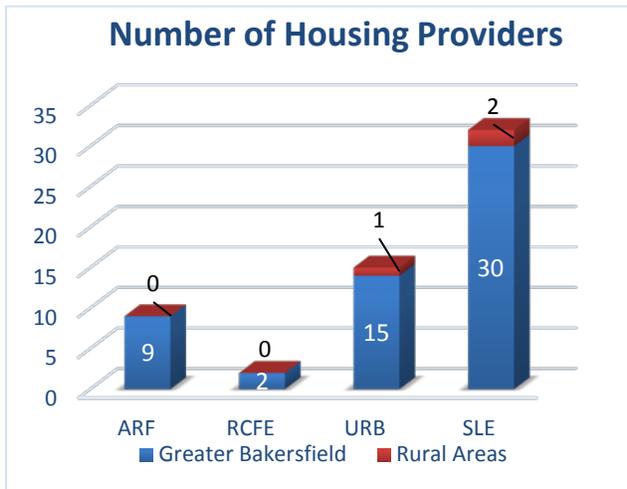
- Kern CIT leadership is under transition due to promotions and changes in roles for the individuals participating in Kern CIT.

**QUARTERLY REPORT**  
**Kern BHRS Adult System of Care**  
**Housing Services Update**  
*For the period October 1 to December 31, 2017*

**Vision and Goals**

1. To continue to increase housing options for Kern County residents experiencing Behavioral Health conditions.

**Data for This Period: Number of Providers and Total Beds**



| Facility Type                           | Bakersfield/<br>Metro | Rural<br>Areas | Total<br>Beds |
|---|-----------------------|----------------|---------------|
| Adult Residential Facility (ARF)        | 234                   | 0              | 234           |
| Residential Care for the Elderly (RCFE) | 55                    | 0              | 55            |
| Room & Board (Unlicensed)               | 176                   | 4              | 180           |
| Sober Living Environment (SLE)          | 463                   | 12             | 475           |
| <b>Total Beds</b>                       | <b>928</b>            | <b>16</b>      | <b>944</b>    |

\*Rural Areas (Lamont, Tehachapi, Wasco)

**Current Housing Available**

1. Adult Residential Facilities (ARF) in Bakersfield: There are currently nine Adult Residential Facilities in the greater Bakersfield area, providing a total of 234 beds.
2. Residential Care Facilities for the Elderly (RCFE) in Bakersfield: There are currently two facilities on the current housing list, providing a total of 55 beds.
3. Unlicensed Room and Board (URB): There are currently sixteen room and board facilities in Kern County, providing a total of 180 beds. Of the sixteen URB's, fifteen are located in Bakersfield, providing 176 beds. One is located in the rural area of Wasco, providing 4 beds.
4. Sober Living Environment Homes: There are currently thirty-two sober living environment (SLE) facilities for clients with substance use disorders in Kern County, offering a total of 475 beds. Of the thirty-two SLE's, thirty are located in Bakersfield, two are located in rural areas, one is located in Tehachapi, and one is in Lamont.

**Accomplishments This Quarter**

1. Achieved marketing goal of developing purpose statement to identify function and role of the Housing Services Team that will be used for branding and outreach.
2. Began integration of KernBHRS Quality Standard and Guidelines into one cohesive process for current and potential KernBHRS housing providers.
3. Sixty-five unannounced site visits and reviews were completed.
4. One new six-bed female sober living environment (SLE) facility successfully completed the KernBHRS Quality Standards and Guidelines process. This SLE is located in Lamont, a rural location and expands capacity for housing option in the community.

5. Fourth quarter training for KernBHRS housing providers completed with a total of thirty-nine attendees representing forty-five facilities.
6. Housing Services processed a total of one-hundred and sixty-eight funding requests for housing assistance from various funding sources; ninety-one of those processed were for existing claims for interim funding.
7. Began internal and external outreach of the Housing Services Team with presentation for Behavioral Health Board; met with two outpatient teams, and housing providers.
8. Identified data elements needed to generate reports on housing status and outcomes utilizing Homeless Management Information System (HMIS).

### Challenges and Opportunities

1. Fully implement Homeless Management Information Management System (HMIS) for data collection through development of pilot project for Housing Services Team to begin data entry and collection of baseline data.
2. Housing Services Team continues to receive requests for housing and other assistance for clients and has identified gaps in the current process that will be further assessed over the next quarter that will assist with process improvement on service delivery.
3. Housing provider who operated a sober living environment facility sold the property, resulting in loss of twenty beds.
4. Continue to identify and develop opportunities for housing in rural areas that will increase capacity.
5. Continue outreach to internal treatment teams to provide centralized department-wide housing services.

### The Healing Project – Recovery Stations

The MHSa Plan for funding recovery stations was submitted to the MHSa Oversight and Accountability Commission. The plan includes a proposal for the Healing Project consisting of two Recovery Stations, one each in Ridgecrest and Bakersfield. Community Education & Marketing materials have been developed to provide key facts about the purpose, significance and positive community impacts of Recovery Stations.

**QUARTERLY REPORT**  
**Kern Stop Meth Now Coalition**  
 For the period October 1 to December 31, 2017

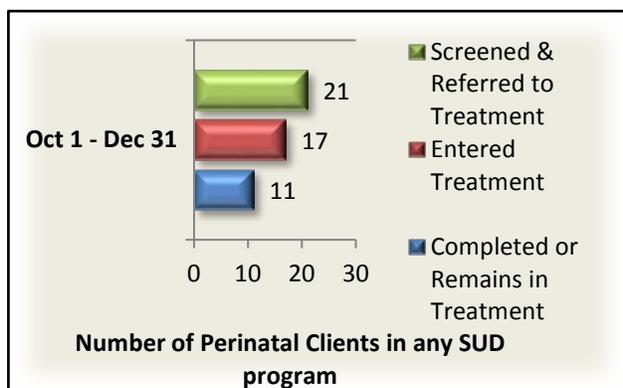


Vision and Goals

- 1. Goal: Increase the number of pregnant women who enter Substance Use Disorder treatment in Kern County by 10%.**
  - The number of pregnant women who entered SUD treatment increased in the second quarter of FY 17-18 by 6.3% compared to the first quarter of the previous fiscal year. Engagement in treatment improved, out of 21 women referred, 81% (17) were able to enter treatment. Retention improved as well: pregnant women who remain in treatment or successfully discharged increased from 28% to 52% for the same period.
  
- 2. Goal: Increase the number of Kern County residents engaged in Neighborhood Watch Programs.**
  - During this quarter, the number of Bakersfield Police Department (BPD) registered Neighborhood Watch groups decreased due to closing of inactive groups. This data provides more accurate information for the KSMN Public Safety Committee and BPD to actively re-engage registered groups and form new groups in targeted neighborhoods.
  
- 3. Goal: Increase the quantity of prescription medication collected and destroyed throughout Kern County.**
  - The KSMN Coalition has installed the first prescription drop box at the North Chester Pharmacy in Oildale. This drop box allows residents to safely dispose of unused or expired prescription medications at their convenience. North Chester pharmacy reports that individuals are utilizing the drop box. Approximately 1,580 pounds of unused or expired medications were collected in October of 2017 via a National Prescription Drug Take Back Day\*\*\*. This is an increase of more than 1,000 pounds from October of 2016 (516 pounds).

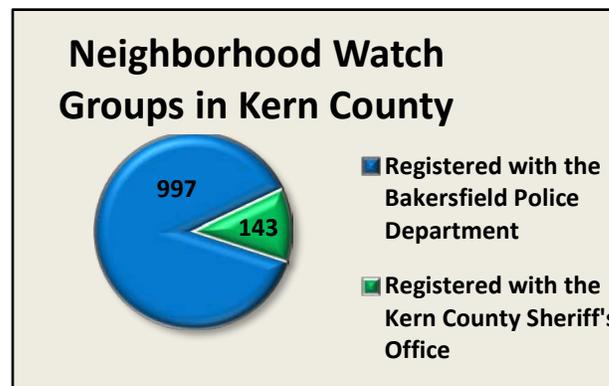
Data and Outcomes This Period

Perinatal SUD Clients, Goal 1



\*Data gathered from Gateway referral notification forms and Cerner reports

Neighborhood Watch Groups, Goal 2



\*\*Data provided by the Bakersfield Police Department and KCSO

\*\*\*Data provided by the Drug Enforcement Administration Bakersfield Resident Office

### Accomplishments This Quarter

1. KSMN Coalition members participated in multiple activities during the past quarter. Members worked in targeted neighborhoods to complete and collect Neighborhood Watch surveys and inform residents of the Social Host Ordinance (SHO). The KSMN Coalition also volunteered to host a day at the Holiday Cottage, which works with community members to provide presents for foster youth for the holidays.
2. October 28<sup>th</sup> was a National Prescription Take Back day and 1579.6 pounds of prescription medication were collected in Kern.

### Opportunities

1. The legalization of marijuana creates increased availability, much like alcohol. Previously successful CBERR coalitions will have the opportunity to create CBERR II to address underage marijuana availability.
2. The current Social Host Ordinance only covers alcohol. It should be updated to include marijuana.
3. Partnerships have been developed with several agencies to utilize the Gateway phone screening for pregnant women. Business cards with the screening phone number have been developed and are available to partners for distribution.

### Challenges

1. A Logic Model (which lists the drug or alcohol problem, contributing factors, and the federal prevention strategies to be implemented) does not exist for the full KSMN Coalition. Data to create the Logic Model was only available for a small number of schools in previous years. In November of 2017, a more robust data set (representative of the whole county) became available, and a new Logic Model is in development.
2. Communicating with the entire KSMN Coalition can be difficult since quarterly meetings are the only convening of the full group.
3. Much work has been done to recruit new coalition members and form partnerships. Progress is being made, and efforts will continue to build membership.

### Success Stories

A media release and ribbon cutting ceremony were held at the North Chester Pharmacy in Oildale on October 30<sup>th</sup> to celebrate the installation of the first prescription drop box in Kern. Several media outlets were present to make the public aware of this new opportunity to make Kern county safer.

# APPENDIX

## **ABOUT OUR MEMBERS**

Each member of the Board of Supervisors appoints three county residents to represent their District and the Chair of the Board of Supervisors also appoints a staff representative from their office. Supervisors are asked to appoint members in three category types: consumer or family member, professional, and public interest, and attempt to make appointments that reflect the diverse ethnic and cultural background of their District.

The Behavioral Health Board must comply with Welfare & Institutes Code Section 5604(a), which requires: 1) Membership reflect the ethnic diversity of the client population in the county; and 2) Membership of the Board must be 50% consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20% of the total membership shall be consumers and at least 20% shall be a parent, spouse, sibling, or adult child of a consumer.

## **2017 EXECUTIVE COMMITTEE**



### **Chair**

**SHIRLEY JEAN LOCKHART**

***District 2 ~ Supervisor Zack Scrivner***



Ms. Lockhart was appointed to the Board in 2013 and is an 18-year resident of Kern County and Bakersfield. Interests include oil painting, family, and animals. Ms. Lockhart has been involved in mental health services for over 40 years, volunteers for the Consumer Family Learning Center, serves on the CFLC Advisory Board and is a long-time member of NAMI. Ms. Lockhart believes it is important to have the voices of clients and family members on the BHB and fulfills that role. She is interested in seeing less long-term hospitalization, more housing options, and more employment of clients served at KernBHRS. Ms. Lockhart served as Chair in 2017, as First Vice-Chair in 2015 and 2016, parliamentarian in 2013 and 2014, and she co-chairs the Adult Treatment & Recovery Services Committee.

### **First Vice-Chair**

**RICHARD HOFFERD**

***District 5 ~ Supervisor Leticia Perez***



Richard Hofferd is a trained professional visual artist, having earned a Liberal Arts degree at Bakersfield College, and a Bachelor of Fine Arts at Santa Barbara, CA. In 1975 Richard had become an adept painter and draftsman when enrolling in the California State University, School of Education and would become a teacher. He has an innate interest in people and the innovations and opportunities we present. Richard lends his voice to inclusiveness, stigma reduction, the merits of diversity and common faith. Public service as a seven-year certified volunteer and several ongoing private and nonprofit memberships follow years as a substitute teacher and dedicated caregiver with some elections work mixed in. He considers his involvement in behavioral health and recovery services a profound privilege. As a fourth year Behavioral Health Board member and committee chair he feels we can and should help one another in the many ways that are beneficial and caring, and he is honored to serve the community. Richard is serving as the 2018 First Vice-Chair, is an ongoing member of the Adult Treatment & Recovery Services Committee, and served on the 2016 and 2017 Annual Report Committee.

**Second Vice-Chair**

**DAVID STABENFELDT**

***District 4 ~ Supervisor David Couch***



The Rev. Dr. David C. Stabenfeldt moved to Bakersfield nine years ago from Collinsville, Illinois. David, for over twenty-five years, was an active community leader in that suburban region of St. Louis. He’s brought with him to Bakersfield a passion for engaging others in seeking the well-being of all community stakeholders. Currently, David serves the First Congregational Church, United Church of Christ as the Senior Minister. He received his undergraduate degree from Western Kentucky University, his master and doctorate degrees from Eden Theological Seminary – St. Louis, and a graduate degree in Spiritual Formation from Aquinas Theological Institute – St. Louis. Since joining the Behavioral Health Board in February 2015, David will serve as Chair in 2018, served as Second Vice-Chair in 2017, has been an active member of the Adult Treatment and Recovery Services Committee, has participated in a number of specific short-term Board task teams, and served on the 2016 and 2017 Annual Report Committees.

**Parliamentarian**

**SHELLY CASTANEDA**

***District 1 ~ Supervisor Mick Gleason***



Chief Deputy Shelly Castaneda was appointed to the Behavioral Health Board in August 2014. Shelly has been a member of the Kern County Sheriff’s Office for the last 25 years, having risen through the ranks from a deputy sheriff to her current position as a Chief Deputy overseeing the Detentions Bureau. She attended CSU Bakersfield where she earned a Bachelor’s Degree in Criminal Justice and a Master’s Degree in Public Administration. In 2008, Shelly attended the California Peace Officer Standards of Training (POST) Command College, an 18 month long academic program for police managers focusing on futures related concerns and their impact on law enforcement. As part of the graduation requirements for Command College, Shelly did extensive research on the topic of future mental health training for law enforcement officers. Subsequent to her project, her article, “Police Response to the Mentally Ill: How prepared are we to take on the task?” was published in the July 2009 issue of the California State Sheriff’s Magazine. Subsequent to this, Shelly successfully collaborated with local stakeholders, including Kern County Mental Health, to establish a state certified 40-hour Crisis Intervention Training course for local law enforcement officers. Shelly hopes to continue educating the law enforcement community about the growing and crucial need for adequate mental health training for patrol officers. With her appointment to the BHB, Shelly’s continued goal is to further facilitate the collaborative stakeholder partnerships which are vital to improving and ensuring the quality of life for the mentally ill citizens of Kern County. Shelly is a member of the Kern County Management Council, Kern Law Enforcement Foundation, Kern Leadership Alliance, Society for Human Resource Management, and the CSUB Alumni Association. In addition, she serves as a board member for the Bakersfield Chapter of the National Alliance for the Mentally Ill (NAMI). Shelly serves on the SQIC, and was appointed to serve as Parliamentarian in 2014, 2015 and 2016, and accepted reappointment for 2017.

**GENERAL MEMBERS**

**JOHN ANTONAROS**

***District 2 ~ Supervisor Zack Scrivner***



John Antonaros has served as Supervisor Scrivner’s Chief of Staff since 2014. A third generation native of Kern County, John was the valedictorian of his graduating class at Bakersfield High School. John attended the University of California, Berkeley (as well as a year abroad at La Universidad de Granada, Spain) where he earned his bachelor’s degree in Integrative Biology and Spanish Literature.

Prior to joining Supervisor Scrivner, John worked in California, Arizona and the Dominican Republic as a manager in the private-sector. Fluent in Spanish, John also taught English at El Centro Cultural Dominicano Americano in Santiago, Dominican Republic. John is actively engaged in the Kern County community and is a member of the Rotary Club of Bakersfield West.



**SGT. JEFF BURDICK**

***District 1 ~ Supervisor Mick Gleason***



Sergeant Jeff Burdick joined the Board in March 2015. He has been employed by the Bakersfield Police Department since 1999. Sergeant Burdick has worked a variety of assignments at the police department which include Patrol Operations, Gang Unit, Directed Policing Unit, Civil Disturbance Team, HIDTA Narcotics Taskforce, Robbery/Homicide, Burglary, and Special Victim Unit. Sergeant Burdick is a graduate of Leadership Bakersfield Class of 2011 and the Sherman Block Supervisory Leadership Institute Class 358. Sergeant Burdick holds an Associate of Arts Degree from Bakersfield College and a Bachelor's of Science Degree in Business Administration from California State University Bakersfield. Sergeant Burdick is co-chair of the Children's Treatment and Recover Services Committee and co-chair of the Behavioral Health Board Legislation Committee. Sergeant Burdick is active on the Domestic Violence Advisory Council, Kern Coalition Against Human Trafficking Steering Committee, Leadership Bakersfield Advisory Council, and the Kern County Dependent and Elder Abuse Review Team. Sergeant Burdick volunteers time as a youth baseball coach, Boy Scouts of America Scoutmaster, and School Site Council Parent Volunteer.

**FAWN DESSY**

***District 2 ~ Supervisor Zack Scrivner***



Fawn Kennedy Dessy is a native of Bakersfield who attended Bakersfield College and California State University, Bakersfield. She graduated from law school in Los Angeles and passed the bar exam in 1979, after which time she returned to Bakersfield, joining a firm specializing in real estate law. In 1985, she and her husband, Ronald D. Dessy, merged their individual practices, and have continued in the practice of real estate and business law since that time. Fawn is a member of the National Native American Bar Association, State Bar of California, Kern County Bar Association, Daughters of the American Revolution and United Daughters of the Confederacy. She is active in the local Native American community and is a small rancher who enjoys hiking and horseback riding. She is the mother of a daughter with chronic psychotic disorder, the founder of the Mental Health Collaborative of Kern County, which provides advocacy to persons with seriously

mentally ill loved ones, is a board member of Advocates For Special Kids of Kern, a nonprofit California Corporation, and is a member of various state and national treatment advocacy organizations. She was appointed to the Behavioral Health Board in 2014 and serves on the Adult Treatment & Recovery Services Committee.

**DEBORAH FABOS**

***District 2 ~ Supervisor Zack Scrivner***

Deborah Fabos joined the Behavioral Health Board in August 2017. Deborah's passions are serving individuals and families who are in a mental health crisis and guiding them to the resources needed for a lasting recovery and improved quality of life. She has administered an online family/caregiver support page for over five years and has organized a support group in Tehachapi. Deborah is a member of NAMI, Brain & Behavior Research Foundation, SARDA, The Saks Institute for Mental Health Law, Policy & Ethics and Treatment Advocacy Center. She also serves on the Chronic Psychosis committee, chairs Tehachapi Community Collaborative and is a member of the Mental Health Collaborative of Kern County. She attends conferences and webinars regularly.

**ANNA LAVEN**

***District 5 ~ Supervisor Leticia Perez***



Dr. Anna Laven was raised in northeast Bakersfield, attending area schools before going on to earn her B.A. in Women’s Studies from Scripps College and an Ed.D. in Educational Leadership from the University of California, Los Angeles. Dr. Laven’s background includes 10 years in higher education, where she oversaw learning support services for students with disabilities at Cal State Northridge and provided student services and fiscal resource management at UCLA. Dr. Laven has experience in public policy work, having provided program evaluation services at a local consulting firm and as a field representative to the Kern County Board of Supervisors (5<sup>th</sup> District). Dr. Laven is happily married to her college sweetheart, Andrew, and welcomed daughter, Hope, into their family in 2008. Dr. Laven managed the Student Center for the School of Arts and Humanities at California State University, Bakersfield. Having written her dissertation on freshman college student mental health and worked extensively supporting college students with mental illness, Dr. Laven continues to support people with disabilities by teaching courses on the ADA and providing training on how to serve students of all abilities. Dr. Laven resigned from the BHB in May 2017.

**FRANK RAMIREZ**

***District 4 ~ Supervisor David Couch***



Mr. Ramirez was appointed to the BHB in 2014 due to expressing an interest in helping our community understand and provide necessary services to people with behavioral health and substance abuse issues present in their lives. He is especially interested in helping youth obtain the services needed and connecting with the Spanish speaking community to help bring awareness to these sensitive issues. His professional experience includes working as a case manager, social worker and various positions within K-12 school districts and universities. He is currently the Executive Director of Youth 2 Leaders Education Foundation where he leads various programs that focus on helping youth reach their educational goals. He brings this combined knowledge to the Board for discussion in relation to behavioral health and substance abuse issues. He is very excited to work with the other board members due to their passion for these important topics. Mr. Ramirez currently co-chairs the Children's Treatment and Recovery Services Committee.

**KATE TANDY**

***District 4 ~ Supervisor David Couch***



Dr. Kate Tandy is an Organizational Consultant with clients that vary from agriculture to healthcare to family businesses. Dr. Tandy joined the BHB in January of 2016. Dr. Tandy has been involved in mental health care in one way or another throughout her career. She began her career in Montana as a Psychotherapist, then as an executive in healthcare, where she oversaw among other departments, the Behavioral Department. She is also on the Board of CASA, CSUB Public Policy Administration, Global Family, Women and Girls Vision Committee, and the Kern Community Foundation. Dr. Tandy is chair of the System Quality Improvement Committee (SQIC) and served on the 2016 and 2017 Annual Report Committees.





BEHAVIORAL  
HEALTH & RECOVERY  
SERVICES



**Patience & Persistence**  
*The Way of Hope!*