

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

David Stabenfeldt - Behavioral Health Board Chair
Bill Walker - Behavioral Health & Recovery Services Director

Homeless
Outreach

Zero
Suicide

Smart911

F.R.E.D.
Freedom, Recovery &
Empowerment with Dogs

AOT
Assisted Outpatient Treatment

Reach
Risk Reduction Education & Engagement
Accelerated Alternative Community
Behavioral Health

Threads That Connect Our Community
2018



BEHAVIORAL
HEALTH & RECOVERY
SERVICES

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

MEMBERS OF THE 2018 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

David Stabenfeldt	~	Chair
Richard Hofferd	~	First Vice-Chair
Kate Tandy	~	Second Vice-Chair
Jeff Burdick	~	Parliamentarian
Bill Walker	~	Director of Behavioral Health & Recovery Services
Evan Henderson	~	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

District Two – Zack Scrivner

Fawn Dessy
Deborah Fabos
Shirley Jean Lockhart

District Three – Mike Maggard

Evan Henderson
Doug Jauch

District Four – David Couch

Frank Ramirez
David Stabenfeldt
Kate Tandy

District Five – Leticia Perez

Richard Hofferd



2018 BEHAVIORAL HEALTH BOARD

Seated left to right: Fawn Dessy, Dr. Kate Tandy. Standing left to right: Frank Ramirez, Lt. Jeff Burdick, Commander Doug Jauch, Richard Hofferd, Sal Moretti (2019), Rev. Dr. David Stabenfeldt. Not shown: Deborah Fabos, Evan Henderson, Jean Lockhart.

See page 38 for Board member information



A FORWARD FROM THE CHAIR



The Behavioral Health Board is pleased to present their 2018 Annual Report to the Board of Supervisors. Members chose the theme “Threads That Connect Our Community” for 2018 to recognize the many programs and supports available to those with behavioral health or substance use disorder issues and their families.

The annual report contains reports on committee activities, data and reports from the department, and contract provider reports about their agencies and what services they provide.

The department added to its management structure in 2018 by completing its three-deputy model by appointing Stacy Kuwahara to oversee Administrative Services, and Robin Taylor for Adult Specialty Services; these ladies join Alison Burrowes, deputy director over Adult Clinical Services. We also saw the retirement of several long-time management staff, including deputy directors Lamar Kerley and Dr. Brad Cloud, and system administrators Dan Walters and Jamy Garcia.

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

- A presentation on Mental Health Services Act (MHSA) Innovations and Prevention & Early Intervention program components that included recommendations for new and expansion proposals.
- Highlights of the 32-year career of deputy director Lamar Kerley pending his retirement.
- A “State of the Department” report by the director that touched on department growth and program expansion.
- Events and activities that were planned in recognition of May is Mental Health Awareness Month.
- An overview of the proposed budget for Fiscal Year 2018-2019.
- MHSA expansion and PE&I proposed programs.
- Review of the Child and Adolescent Needs and Strengths (CANS) instrument.
- MHSA stakeholders presentation to gather feedback on the Annual Plan.
- A presentation on the Ten-Year Plan to End Chronic Homelessness that included executives from the Homeless Collaborative and Bakersfield Homeless Center.
- A presentation on legislation that was passed during 2018 that dealt with mental health or substance use disorder issues.
- A report on the Crisis Incident Stress Management teams that responded to the Butte County fire.

In 2018 the Board welcomed new members Doug Jauch, representing District 3, Victor Antonio, representing District 3, and Evan Henderson, representing Board of Supervisors Chair Mike Maggard, District 3. The Board continues to recruit new members to fill vacant positions.

The annual BHB training provided an opportunity to conduct an MHSA stakeholder process for members, receive an extensive review of the changes the substance use disorder Organized Delivery System Waiver would bring to expand services, and hear an overview of the Opioid Plan.

Late in 2018 the Board adopted a set of goals that would more closely align with those responsibilities defined by state mandates. With the adoption of these new goals the Board will regularly agendaize these goals and address how they will be or are being accomplished. A report on those goals and accomplishments or shortfalls will be included in the Board’s 2019 report.

For the majority of 2018 the Behavioral Health Board had 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 Kern County Behavioral Health & Recovery Services (KernBHRS).
- Making effective recommendations to the Kern County Board of Supervisors.

Goal 2: The Behavioral Health Board:

- Participates in the oversight of current KernBHRS 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.

After serving on the Behavioral Health Board for the past three years, I've come to respect and appreciate the ways our multi-faceted program seeks to address the needs of Kern County. The scope and range of programming for an area that is the size of a small state is filled with complexity. Yet, in the mix of the complexity, there are the pressing needs of people and communities. And it is in the messiness of human community Kern County Behavioral Health and Recovery Services finds its mission.

As Board Chair this past year, one of my primary goals was to seek a deeper level of engagement by the Board members with the administration and programmatic operations. This was a significant shift in approach. In the past members most often sat on an informational sub-committee. This year Board members were invited to bring their professional and lived-experience expertise to engage the various program directors and staff. This change has offered a paradigm shift. This way of Board participation engenders more open communications. The hope is to facilitate engagement, with encouragement being at the heart of the collaboration among the Board members, the administration, deputy directors and staff. I'm grateful for the cooperative spirit for engagement which is developing. I believe, most importantly, that this more engaged way of operating will be of benefit for those we seek to serve.



David Stabenfeldt
2018 Behavioral Health Board Chair



2018 Annual Report Committee Members

BHB – Deborah Fabos
BHB – Richard Hofferd
BHB – Frank Ramirez
Kern BHRS – Cindy Coe



DIRECTOR'S REPORT

In 1983 I completed an internship with KernBHRS, then known as the Mental Health Department. The regulations of the day provided services in office settings by doctors, social workers, psychologists and nurses. There were no substance use disorder specialists, peer and family navigators, Marriage and Family Therapists or recovery specialists. Street outreach to homeless, home and community-based service delivery and understanding and incorporating the true collaboration with peer and family as a best practice was not yet on the horizon. Children's programs were minuscule as we really didn't appreciate the impacts on children yet.

Six years ago I was in a single vehicle motorcycle accident (totally my fault) on an isolated mountain road of Kern County. A man, living in a trailer without running water or electricity, heard the accident. He found me propped up against a rock. As he waited with me for help to arrive, I discovered he was a veteran who served in Vietnam. He battled alcohol addiction and proudly told me he had been clean and sober for several years. There were things that still bothered him deeply. He was raised in that mountain community and owned a few acres. He lived on Social Security and other benefits. He knew how to take care of himself, and, at that moment, me.

He asked me what I did for a living. I said my job is to take well-meaning regulations and rules and make them work for people's needs at the local level. He thought that seemed important.

In the years since, I have visited him and he has been to my house. He shows up from time-to-time on the motorcycle I crashed, that he rebuilt. This man is resilient. I was humbled to understand some of his life story. He embodied recovery and the value of our experiences.

It is a privilege to serve as director of Kern Behavioral Health and Recovery Services as we navigate the various changes in providing care to people and their loved ones who battle mental illness and/or substance use disorders. In the coming year, the integration and collaboration with physical health, law enforcement, housing/homelessness, and other stakeholders will be significant. Areas to watch this year include federal healthcare reform, federal and state payment reform, the opioid crisis and the changes due to the coming 2020 waivers that align the rules and regulations of our delivery system. Those rules and regulations that have become my life, work to make work on a local level.

The following represents a brief snapshot of significant accomplishments in 2018.

EXECUTIVE ADMINISTRATION – Bill Walker

- **Executive Administration:** Executive Administration has worked closely with County Administrative Office staff on a number of housing and homelessness issues. Staff also currently sit on the Kern County Homeless Collaborative Governing Board to hear and address an extensive array of issues, including involvement in the Point in Time Homeless Count.
- **Human Resources:** Successfully developed relationships with undergraduate and graduate programs outside of Kern County to assist in filling key professional positions. We also secured underserved status to make department staff eligible for tuition payback programs. Staff are developing and implementing a comprehensive recruitment and retention plan as evidenced by reducing vacancies. HR also expanded to include training of administrators and supervisors on topics relevant to HR needs and how to maintain effective staffing systems.
- **Outreach and Education / Public Information:** Developed continuous outreach to the community by regularly attending community events to distribute information and coordinating training such as Mental Health First Aid. Published numerous articles and responses to media requests.
- **Lean Six Sigma:** The Lean Six Sigma team engaged in a series of internal and external quality and efficiency projects to improve services and workflow through the department and worked with the

County Administrative Office to support greater County Lean Six efforts. Regular Lean Six Sigma presentations are being made before the Board of Supervisors.

ADULT CLINICAL SERVICES – Alison Burrowes

- **Housing Services:** Secured funding for the Healing Project, a \$14.5 million MHSA Innovations program that provides funding for 2 Recovery Stations. Individuals brought to the Recovery Station will have the opportunity to “sober up” safely, receive necessities and then be evaluated for mental health and/or substance use services. Recovery Stations will be open 24/7; they are not locked facilities but require a minimum stay for safety. Co-occurring substance use and mental health counseling services are offered onsite. Individuals that are not serious offenders at the time of intoxication are transported to the Recovery Station by local (city and county) law enforcement agencies, KernBHRS treatment teams including REACH, and other agencies. The department secured funding for REACH homeless outreach, a \$1.4 million MHSA Prevention program providing homeless outreach and funding for assisting the Kern County Homeless Collaborative (KCHC) to develop a new 10-year plan to eradicate homelessness.
- **Recovery Supports Administration:** RSA continues to offer Peer Employment Training by Recovery Innovations, Inc. at the Consumer Family Learning Center. In calendar year 2018, 109 people have been trained and 20 have been hired in the department. Crisis Addiction Counseling relocated from Crisis Services/Hotline to RSA; currently, CAC offers individual and group counseling services for individuals with substance use challenges at the CFLC and the Mary K. Shell mental health center. Stockdale Recovery and Wellness Center staff are currently spearheading the launch of the Mindstrong smart phone application to assist and monitor clients in between their visits to the center. A community-based yoga prevention and early intervention program began in Bakersfield, with plans to expand this program to outlying areas. This program assists those persons experiencing early symptoms of anxiety, depression, and post-traumatic stress disorder and introduces them to the services offered.
- **Kern Linkage Division (KLD):** In partnership with the Kern County Sheriff’s Office, transitioned over 800 inmates into the new Lerdo Justice Facility and expanded correctional behavioral health services. Staffing nearly doubled from 30 to 54 in the jail facilities to allow better coordination of services to include individual therapy, medication management and social skills training. The team has continued to work on improving linkage to community resources for inmates being released from custody. The Assisted Outpatient Team, Substance Use Disorder Custody Team, and Long-Term Care teams were moved under the Kern Linkage Division to enhance the services they provide to clients, which will allow for better coordination of services throughout the entire system of care.
- **Substance Use Disorder Division (SUD):** Gateway (centralized screening and referral system) has been expanded to include all outlying area providers as well as narcotic treatment programs. This change provides an easy phone call access system replacing a time delaying face-to-face process. SUD provider budgets were increased to allow for therapists within their teams and increased quality and co-occurring capability of treatment services. A countywide Opioid Plan in collaboration with several county agencies (Public Health, KCSO, Fire, ETR) and community partners (managed care plans, Superintendent of Schools, Bakersfield City Fire, Drug Free Kern Coalition) to identify current and new strategies to mitigate the effects of opioid crisis in Kern. The Department of Healthcare Services (DHCS) approved the Drug Medi-Cal Organized Delivery System Waiver, thus increasing substance use disorder services throughout the county.
- **Adult System of Care (ASOC):** The Department continues to implement changes in the ASOC to improve client care. This includes identifying 3 contracted providers to serve 4 geographic service areas within our system: two new teams will be serving the greater Bakersfield area in central and south Bakersfield, one team in north Bakersfield, and one in west Kern. The expected outcome of these additions includes better access to services, improved treatment outcomes, decreased caseloads, and reduced recidivism.

ADMINISTRATIVE SERVICES – Stacy Kuwahara

- Administrative Services: Maintained regular monitoring to improve overall fleet vehicle utilization. Began a pilot project with Enterprise Fleet for additional leased vehicles (a Lean Six Sigma project). Initiated the Mary K. Shell renovation project to update and improve the facility.
- Capital Facilities: Phase 2 of the 28th Street project completed. Acquired new division locations for IT and co-located a medical/psychiatric clinic.
- Finance: Budget process was initiated earlier and included several trainings for management to better understand department fiscal matters. Provided fiscal training to the management team on cost reporting and funding restrictions. Cost allocation software is being implemented which will assist with further fiscal monitoring. Produced a budget with growth of over 11% for FY 2018-19 and added over 100 positions for the upcoming fiscal year
- Technology Services: Implemented an Administrative Business Intelligence (BI) dashboard that is tied to the Electronic Health Record (EHR) and provides reports based on several Key Performance Indicators. Completed implementation of long-awaited updates to the Electronic Health Record. Migrated away from Novell for network authentication and security to Microsoft's Active Directory platform. Additionally, retired GroupWise as the email source of record, replaced with Office 365's Exchange Hybrid environment.
- Contracts Division: Utilized an administrative vacancy to establish a new contracts division which will manage, monitor and streamline all contracting processes. Hired a new administrator and established a new credentialing program and contracts monitoring program under this administrator.
- Quality Improvement Division: Continued to implement the many changes required by the Department of Health Care Services (DHCS) to ensure the Mental Health Plan is compliant with all Final Rule implementation requirements. Completed three rounds of network adequacy certification for mental health and substance use disorder provision. Facilitated a successful EQRO review. Updated and revised auditing processes for chart and progress note reviews.
- Patients' Rights Advocate / Family Advocate: Continued ongoing training for the department and contractors on roles and responsibilities of the PRA and the problem resolution process. Maintained support for family integration and engagement in the service delivery system. Implemented changes required for the grievance and appeals process as part of the Final Rule requirements.
- Medical Services: Hired 6 psychiatrists, recruiting three UCLA- Kern Psychiatric trained residents/fellows, signed one new psychiatrist and converted 2 locums to independent contractors (saving the department money on locum's fees). Re-aligned outpatient nursing under a lead nurse clinical supervisor, supporting nursing services with new leadership. Achieved acceptance of applications for UCLA- Kern Psychiatrist Faculty re-appointments with UCLA. Began data share within the Whole Person Care Partnership with Kern Medical and community partners.

SPECIALTY CLINICAL SERVICES – Robin Taylor

- MHSA (Mental Health Services Act): KernBHRS received approval in 2017-18 to begin two additional MHSA Innovative programs: increasing access utilizing a Suite of Technology-Based Mental Health Solutions (Tech Suite) and The Healing Project (Recovery Stations); both are currently in the implementation process. A series of 14 new programs will provide prevention and early intervention and outreach services to children, families, current clients and the community.
- Department Supports: Implemented Relias, a web-based learning system, allowing staff to access over 800 scholarly and evidence-based courses. Specific courses are identified to assign to staff, such as cultural competence, integrated care, and specific diverse individuals and groups that are related to behavioral health and substance use issues.
- Children's System of Care: KernBHRS has joined with the Department of Human Services and Probation to implement the Continuum of Care Reform (CCR), providing a wide range of services aimed at decreasing time to achieve permanency for children in foster care. KernBHRS has also

continued to support DHS efforts to increase the number of foster care youth that are referred for behavioral health services by initiating a foster care hotline and drop box to increase ease of making a referral. The Child and Family Needs and Strengths Assessment (CANS) was implemented and KernBHRS hosted a CANS train the trainer workshop in June to support the training of all required KernBHRS and DHS staff.

- **Crisis Services:** Launched SMART 911, providing a special needs registry for individuals to input their own behavioral health information to be utilized by first responders when 911 is called. Held an internal workshop to kick off the implementation of the Zero Suicide initiative in Kern County. Released RFPs for two new inpatient psychiatric health facilities to meet adult and minor inpatient needs. Re-implemented the Adult Wraparound team, providing intensified services to clients to reduce psychiatric hospitalization recidivism.
- **Disaster Coordination:** Developed policies, procedures and training to address active shooter and acts of terrorism response. Revision for the Standard Operating Procedures (SOP) for the Department Operations Center is in progress. Department completed annual Critical Incident Stress Management (CISM) training and increased number of disaster response teams.

CHALLENGES AND CONCERNS IN 2019 AND BEYOND

- The Department of Health Care Services (DHCS) has increased county pressure to comply with federal Network Adequacy standards. In response to federal pressure, DHCS has moved to increase sanctions and penalties in areas not previously monitored using systems actively under development. Counties are under great fiscal risk. In the last calendar year DHCS has completed surprise audits and extrapolated the penalties.
- Preparing for the next Mental Health Plan Waiver, the 2020 Initiative, will move towards increased integration between the Mental Health Plan (MHP), Substance Use Disorder Plan (SUD-P) and the Managed Care Plan (MCP). This work is in great flux and will require changes to several delivery systems.
- All California counties are affected by the significant impact of homelessness. The Department will continue to work with the CAO and Kern County Homeless Collaborative to improve county services in order to address homelessness.
- The department must be able to maintain appropriate services in the event of future economic challenges. In consideration of the County's current financial position the department also must function with optimal efficiency and consider opportunities to support other County departments.
- The demand for behavioral services often increases in times of economic crisis. Efficient and effective services will be critical to meet demand.
- Continue to create a recovery-focused service system that addresses substance use, specifically the opioid epidemic and its effects on the county. SUD services are woefully underfunded despite the impact of homelessness and the opioid crisis.



Bill Walker
Director of Behavioral Health & Recovery Services



PROGRAMS ON THE COVER



- **Homeless Outreach Team**

The Homeless Outreach program is designed to serve homeless individuals with behavioral health needs. The program provides a wide range of services and supports to help these individuals achieve and maintain long term stability and permanent housing. The program includes two primary components: homeless street outreach and housing wraparound services. Homeless street outreach involves engagement to identify and connect individuals with mental health or co-occurring mental health and substance use disorders to appropriate treatment services as well as other social supports and housing. This program includes a dedicated toll-free Homeless Outreach Hotline 24/7 phone number for referrals from community members and partners, and outreach to key community agencies and sites to engage with homeless and at-risk individuals, including hospitals, law enforcement, homeless shelters, behavioral health and medical clinics, in-custody settings, psychiatric crisis centers, and others.

- **REACH**

The Risk Reduction Education & Engagement Accelerated Alternative Community Behavioral Health (REACH) program provides community outreach, education and engagement services. Outreach and education services are provided to community members and partner agencies, with the focus of identifying and engaging at risk adults who are experiencing challenges in accessing and/or remaining engaged in traditional mental health and substance use disorder services. Once identified and referred, the REACH program will deliver temporary case management services, with a primary focus of engagement, to assist individuals in getting successfully linked with ongoing outpatient treatment.

- **FRED**

The Freedom, Recovery and Empowerment with Dogs (FRED) program adds an animal interventionist and a certified therapy canine into existing Seeking Safety groups. Individuals receiving behavioral health services for mental illness and substance use disorders at times may not consistently attend their service appointments, and when they do, they may not fully engage in treatment due to various factors. Adding animal-assisted interventions and therapy can help attract certain individuals into group services and to better engage with the facilitators, their peers and receive the material in a more effective manner.

- **SMART 911**

Rave Mobile Safety, Inc. has created Smart 911, a program which allows web-users the ability to create a password protected special needs registry free of charge to the user. The registry itself is accessed via Smart911.com. During calls to 911, from registered users, public safety entities that purchase and install the Smart 911 software are able to view the user-provided information on demand for a period of 45 minutes. This allows dispatchers and first responders to access critical information while also protecting the privacy of that information.

- **ZERO SUICIDE**

Zero Suicide is a national best practice suicide prevention framework designed to implement suicidal ideation screening for adults communitywide. Adult individuals who receive health care and behavioral health services will be screened at every contact to determine if risk of suicide is present. The Zero Suicide framework ensures that access for Adults to suicide screening is expanding beyond the behavioral health crisis services and into all health care and behavioral healthcare access points at every contact.

- **ASSISTED OUTPATIENT TREATMENT**

AOT as permitted by Laura's Law is designed to prevent persons at known risk who are not receiving mental health treatment from deteriorating into states where they are dangerous to themselves or others. It does so by directing such persons into compulsory treatment in the hopes that the person's condition will improve and s/he will seek subsequent treatment voluntarily.

2018 BEHAVIORAL HEALTH BOARD COMMITTEES

Adult Treatment & Recovery Services	Co-Chairs: Jean Lockhart, Fawn Dessy, Richard Hofferd Liaisons: Lynn Corse, John Badgett (Jamy Garcia) Support: Nicole Stubbs
Children’s Treatment & Recovery Services	Co-Chairs: Jeff Burdick, Frank Ramirez Liaisons: Jennie Sill, Pam Coleman Support: Jeanna Bosch
SQIC (System Quality Improvement Committee)	Co-Chairs: Kate Tandy, Deborah Fabos Liaisons: Lesleigh Davis Support: Cindy Childs (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.
-
- Cindy Coe, the Board’s coordinator since 1998, will be retiring in 2019. Ms. Coe has been instrumental in the creation and publication of this annual report since she began in her role as support for the Board. We would like to take this opportunity to wish Ms. Coe early wishes for a fulfilling and enjoyable retirement, as this will be her last report. She has been a constant source of knowledge, information, encouragement, and support and will be missed by Board members.

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 committee researched and discussed a variety of topics in 2018. Typically, a specialist in these areas presented on specific topics, providing data and information for the committee to review. The Adult System of Care encompasses a wide array of services including treatment teams that offer services to individuals involved with law enforcement, seniors, adolescents, homeless, and family members. Committee members received information on the following topics:

- Adult System of Care Redesign
- Crisis Services
- GROW/REACH Clinic
- Substance Use Disorders and Treatment
- Supportive Housing
- Laura's Law
- Samsara Wellness Center
- Drug Free Kern Coalition
- Tech Suite

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.

Popsicles, balloons, skipping in the park, laughter that comes from the belly, and to love and be loved. What do you hope for the children in your life? It is our desire for our children to have hope and resiliency. This past year the Children's System of Care (CSOC) has fostered several major initiatives that seek to work toward providing support to families and children to help them thrive, find resiliency, and have the courage to hope. In 2018 the committee focused attention on the following areas:

- Kern High School District: Overview of services/support provided to students
- Bakersfield Homeless Center: Overview of services provided to women and children
- MHSA PEI Stakeholder Meetings: Overview of current and proposed PEI programs and upcoming stakeholder meetings
- Kristy Tovar & Luca: Therapy dog partnership with Marley's Mutts
- KernBHRS Adolescent Treatment Team: Overview of services
- Smart 911: Overview of program
- Clinica Sierra Vista: Overview of Delano Adolescent Substance Abuse Treatment
- Continuum of Care Reform
- Child and family team meetings
- Functional Assessment Tool implementation
- Substance Use Disorder Division adolescent treatment services

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 Kern Behavioral Health & Recovery Services (KernBHRS) quality improvement program. The co-chairs the SQIC are members of the Behavioral Health Board and serve as liaisons between the two. Committee participants are recruited from all facets of the Kern BHRS delivery system. In addition, peer support specialists, family members, community service providers, and beneficiaries actively participate on the committee.

Each year, the SQIC develops a calendar for presentations and reviews regular reports on the Department's key performance indicators. The diverse membership of the committee and the information provided by the Quality Improvement Division allows the SQIC to offer vital recommendations for system improvement. Examples of 2018 presentations and topic discussions include:

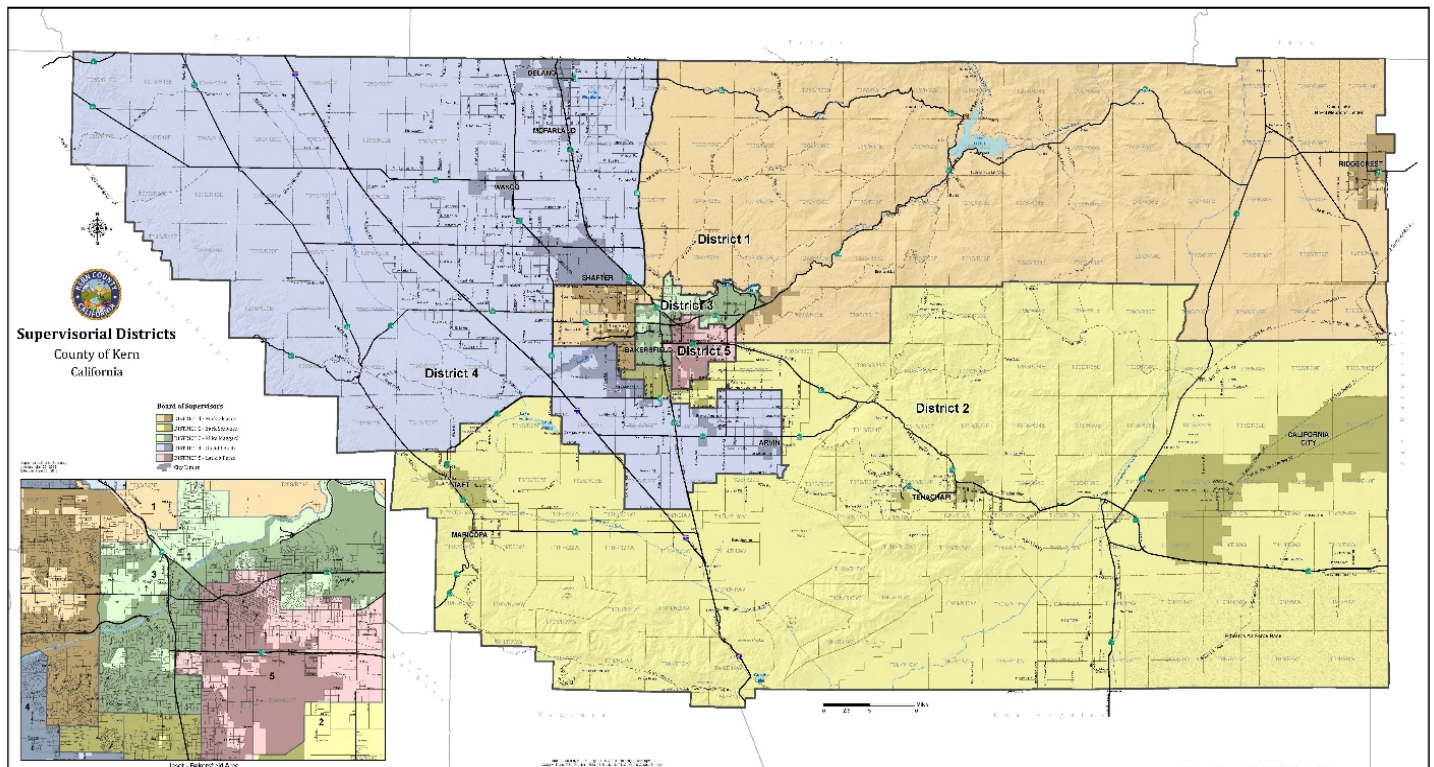
- Cultural competency and diversity efforts including training efforts within the system, compliance with training requirements, linguistic service provision, and outreach to hard to reach populations within our community.
- Consumer perception survey results that were submitted to the Department of Health Care Services (DHCS).
- System redesign efforts including the expansion of service teams and the addition of contract providers.
- Mental Health Services Act (MHSA) program expansion and program oversight.
- Data analysis and trends from unusual occurrence tracking within the system.
- Improved beneficiary protection activities including the addition of the substance use disorder system and the revised timeframes specified by the state. The committee reviewed the department's analysis of grievance and appeals and was able to make recommendations to help decrease future problems.
- Network adequacy certification.
- Continuum of Care Reform.
- Homeless outreach efforts.
- Triennial review preparations were a large focus this year. Triennial review preparation efforts span multiple divisions within the delivery system.
- External Quality Review Organization (EQRO) preparation and outcomes.
- Quality Improvement Workplan efforts and progress tracking.
- Family inclusion improvement plans, and efforts made by the Family Inclusion Committee. This included regular reports of a performance improvement project the committee launched during 2018. The project involved enhanced training for staff on how to better incorporate family members in treatment planning.
- Steps taken to reduce hospital recidivism.
- Penetration rates data for adults and children's treatment programs.
- Steps to address "no-show" rates.
- Expansion of services outside of normal business hours.
- Regulatory changes mandated by the DHCS such as changes to the Notice of Adverse Beneficiary determinations.
- Progress in the Substance Use Disorder Division waiver implementation.
- Development of contract monitoring efforts.

INFORMATION PRESENTATIONS

On the following 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 17.

Statistical and demographic information about the individuals served are presented in the tables and graphs on page 25, and page 26 shows a breakdown of revenue sources and the cost of direct services.

Beginning on page 27, we included quarterly reports that are submitted to the Board of Supervisors. These reports provide information on programs that are of special interest.



	District 1 – Supervisor Mick Gleason
	District 2 – Supervisor Zack Scrivner
	District 3 – Supervisor Mike Maggard
	District 4 – Supervisor David Couch
	District 5 – Supervisor Leticia Perez

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES
CONTRACT PROVIDERS
Fiscal Year 2018-2019

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 Behavioral Healthcare Hospital	Inpatient hospitalization	X	X			X			
Bakersfield Recovery Services	Detox, outpatient, residential, perinatal			X					X
Bethany Services	Supportive services	X							X
Cameron Youth Home Facilities	Short term residential		X					X	
Child Guidance Clinic	Outpatient		X		X		X	X	
ChildNet Youth & Family Services	Short term residential		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, crisis residential	X					X		X
Freedom House	Residential	X				X			X
Global Family Care Network	Short term residential		X				X		
Good Samaritan Hospital	Geropsychiatric inpatient hospitalization	X					X		
Helping Hands Youth Facility	Short term residential		X		X				
KernBHRS (shown for demonstration purposes – not contracted)	Outpatient, crisis, prevention, drug diversion	X	X	X	X		X	X	X
Kern County Hispanic Commission	Outpatient, women's residential			X			X		
Kern Medical	Inpatient hospitalization	X					X		
Mental Health Systems, Inc.	Outpatient	X					X		
New Start Youth Facility	Short term residential		X				X		
North Chester Pharmacy	Prescription services	X	X	X			X		
Rave Mobile Safety	Software and training	X	X	X	X	X	X	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	X
Telecare Corporation	Crisis stabilization	X	X						X
The Art of Tru Light	Short term residential		X						X
The Drug Store	Prescription services	X	X	X					
Unicorn Gardens	Short term residential		X						X
United Way	Public advocate	X			X	X	X	X	X
Your Drug Store	Prescription services	X	X	X			X		
Youth Quest Guidance Center	Short term residential		X			X			

HOUSING SERVICES

The Housing Services Team serves as liaison within the system of care, community-based organizations, providers and partner agencies to support placement of clients into safe, stable, recovery-oriented and supportive housing.

The team serves as a resource and collaborate with treatment teams and community organizations to identify and support opportunities for housing and supportive services, reduce client's risk of homelessness, remove barriers to access and promote retention in stable housing.

The following types of housing are typically available:

- **Enhanced Adult Residential Facilities:** These facilities are homelike environments that are generally used as a step down from state hospital, MHRC/Institute of Mental Diseases, acute hospital and crisis residential or a step up from unenhanced board and care homes and serves lower functioning clients who are less active in recovery and/or require prompting for services. Mental health services are not provided on site though transportation to services and CFCL services are provided. In addition, a daily outing is provided at each facility.
- **Non-Enhanced Licensed Adult Residential Facilities (ARFs):** Non-enhanced licensed ARAFs are facilities of any capacity that provide 24-hour non-medical care for adults ages 18 through 59, who are unable to provide for their own daily needs. Adults may be physically handicapped, developmentally disabled, and/or mentally disabled. There are over 100 licensed ARFs in Kern County; however not all serve the mentally ill.
- **Residential Care Facility for the Elderly (RCFE):** These facilities are state licensed, homelike environments that offer 24- hour a day structured community living that supports a sober lifestyle. These facilities provide services to persons 60 years of age and over and persons under 60 with comparable needs. RCFEs are also known as assisted living facilities, retirement homes, and board and care homes. The facilities can range in size from six beds to over 100 beds.
- **Sober Living Environments (SLEs):** These facilities are homelike environments that offer adult behavioral health clients a 24-hours a day structured community living environment that supports a clean and sober lifestyle free from the use of illicit drugs and alcohol. Facilities can be certified or uncertified.
- **Unlicensed Room & Boards -** These facilities are not licensed or certified by any state or local agencies. The facilities are homelike environments that offer adult mental health clients and supervised group living experience. Kern BHRS currently links clients with approximately 30 homes ranging from 1-21 beds, usually 2 persons/room. Estimated current total capacity is 277 persons.

Visit the KernBHRS website to learn more:

<https://www.kernbhrrs.org/housing-information>

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.



Clinica Sierra Vista

District 1	District 2	District 3	District 4	District 5
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Behavioral Health services within Clinica Sierra Vista play an important part in the health and recovery of our community. Enhancing the holistic care of our patients by tapping into and expanding the role that behavioral health services play across the health spectrum and how its work interacts and complements Clinica’s wide footprint in Kern County has resulted in our commitment to building Behavioral Health Homes to serve Kern BHRS individuals and their families.

Behavioral health is an integral part of motivating behavior and positive health outcomes in specialty as well as primary and substance use disorder care. Quality driven services help mitigate the many social determinants of health; facilitate resilience and recovery from traumatic experience and abide the promise of seeing our patients from a holistic perspective, where behavior change is recognized as a primary means to better mind and body health outcomes.

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.

We work with the Mental Health Plan 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. This year we began a specialty mental health program in south Bakersfield that will soon become Kern County’s first Behavioral Health Home – a place where substance use, mental health and primary care services are delivered by a unified clinical care team, in a single location, architecturally designed from the floor up to meet the needs of this valued population.

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.



College Community Services

District 1	District 2	District 3	District 4	District 5
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Pathways, a parent company of CCS, is one of the largest ***national*** providers of accessible, outcome-based behavioral and mental health services. Our core competencies include a national network of home- and community-based social and behavioral health service delivery systems that further our proven track record of innovative solutions that span the behavioral and social services spectrum. Pathways has more than 5000+ employees in 17 states and the District of Columbia who provide the highest quality home- and community-based social and behavioral health services. We currently serve more than 54,000 unduplicated participants in our behavioral health programs, nationwide. We describe ourselves as a company focused on ***“People, Passion, Service.”***

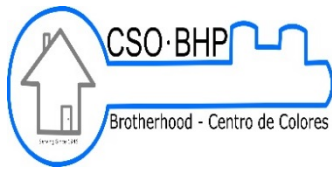
College Community Services (CCS), a subsidiary of Pathways, has been providing a comprehensive continuum of mental health and substance use disorder services for children, youth, adults and families in Kern County since 1996. Our mission is to provide and advocate for recovery-focused, accessible and effective community-based services that build hope and resiliency. We currently provide outpatient services to the communities of Wasco, Taft, Lake Isabella, Ridgecrest, Tehachapi, Mojave, and surrounding areas. In 2018 CCS was awarded 2 adult programs in Wasco and Bakersfield. CCS operates 7 outpatient adult behavioral health clinics and 7 outpatient children behavioral health clinics in Kern County, five outpatient substance use disorder (SUD) programs for adults with Ridgecrest and Wasco offering adolescent outpatient SUD services, in addition to our behavioral health program at Camp Erwin Owens, and two Consumer Family Learning Centers. 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.



Special Treatment Education & Prevention Services

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
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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

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 twenty 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

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

District 1	District 2	District 3	District 4	District 5
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The Kern County Hispanic Commission on Alcohol and Drugs (KCHC) outpatient recovery offers levels of services based on the client's needs. Our licensed clinical staff is focused on helping the client to successfully achieve their goals of abstinence from substance use. The use of the ASAM helps identify the needs of the client, treatment planning identifies the appropriate services and referral to meet the best needs of our clients. We offer 1.0 and 2.1 services. A client who is placed as a 1.0 may receive services up to 9 hours per 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 with a minimum of 9 hours per week with a maximum of 19 hours per week. 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.

Our hours of operation are 8:00 am to 9:00 pm Monday through Thursday, Friday 8:00 am to 5:00 pm, and Saturday 9:00 am to 1:00 pm. The individualized client schedule is to help make reaching treatment goals and objectives less stressful to obtain success. Services may range from 3 to 6 months and longer if needed. Group services are tailored to meet the needs of clients.

KCHC provides two orientation sessions, on Tuesday and Friday, and we take daily walk-ins who are provided a secure and safe location to complete a screening with the Gateway Team. Orientations provide the client with information on operational hours, beneficiary information, initial intake paperwork, expectations to a successful completion, and information on other services or concerns the client may require. Our clients are also informed of the guidelines and process to obtain a food basket from KCHC if needed. We hope to be approved to offer parenting classes by Fiscal Year 2019-2020 and follow up with anger management classes in fall of 2019.

Cottage of Hope & Gratitude Sober Living

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.

District 1	District 2	District 3	District 4	District 5
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Bakersfield Recovery Services has been improving its facilities by adding additional space not only for our clients but for our professional staff to conduct better quality of services in a more comfortable environment. We continue to provide services at Lincoln Street Perinatal, Capistrano Women's Residential, Jason's Retreat Men's Residential, and at our outpatient facility as well. Our goal is to assist others in making positive changes in their lives and to reunite them with their families. We continue to seek new ideas to help the company grow so that we can better assist our clientele. BRS has turned its focus to more community-based outreach such as assisting each month in "Restoration Wednesday", a project that feeds less fortunate individuals. BRS has a newly redesigned webpage and updated social media pages. All were developed to reach and promote our numerous services to the community.



United Way
of Kern County

United Way

District 1	District 2	District 3	District 4	District 5
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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.



Crestwood Behavioral Health of Bakersfield

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 62 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. Crestwood operates, Freise Hope House, a 15 bed crisis residential facility with over 50% peer staff. 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!



ChildNet Youth and Family Services

District 1	District 2	District 3	District 4	District 5
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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.

Sycamore Healthcare, Inc.

District 1	District 2	District 3	District 4	District 5
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Sycamore Healthcare operates two assisted living facilities for the 18 to 59 years-old population in Kern County. Our Sandpiper facility is a six-bed non-ambulatory and ambulatory facility for female clients, located at 2301 Sandpiper Road in Bakersfield. Sycamore 17th is a six-bed facility for ambulatory males located at 2720 17th Street in Bakersfield. Sycamore Healthcare provides specific individualized plans of care focused on strengthening independent living skills. Our clients also have access to county services such as CFLC and local learning establishments in our community. Our mission is that all our clients learn and maintain the ability to safely live and thrive in a less restrictive homelike environment and to manage their disease with assistance for the long term.



Good Samaritan Hospital

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.



Aegis Treatment Centers, LLC

District 1	District 2	District 3	District 4	District 5
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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
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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 SPML. Within the last year MHS-ACTION has served upwards of 180 clients, including 102 AB109 clients and 85 MHSA clients. All clients are eligible to receive medication management and monitoring, therapy including Dialectical Behavior Therapy (DBT), group 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, while including and encouraging family services. 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 Division, Mary K. Shell Access Center, and other outside agencies.



T.A.A.S.K.

District 1	District 2	District 3	District 4	District 5
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T.A.A.S.K. (Traffic and Alcohol Awareness School of Kern, Inc.) 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.



American Health Services

District 1	District 2	District 3	District 4	District 5
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American Health Services' Bakersfield clinic is an opioid treatment program that provides medication assisted treatment options such as methadone and buprenorphine (pharmacotherapies that are evidenced based practices), counseling, and behavioral interventions essential to recovery.

While we continue to look for opportunities to expand and provide better access to treatment, we strive to weave a culture steeped in compassion. As such, our team embraces the many pathways to recovery; ensures that recovery is self-directed and empowering; promotes personal recognition of the need for change and transformation; infuses cultural and linguistic competency at all levels of the organization; provides a framework to support a continuum of improved health and wellness; imparts hope and gratitude through which recovery emerges; provides services that support healing and self-redefinition; addresses discrimination and transcending shame and stigma; and promotes peer and ally supports.

We are outcome driven while focusing on the "whole person" by integrating the behavioral, mental, and physical care of the patient. Decision making will be a collaborative effort between our team and the patient with emphasis on individualized, person-centered needs. Treatment will be recovery-oriented and based on the severity of the patient's illness and patient's level of functioning at treatment entry and the patient's response to treatment and progress.



Telecare Corporation

District 1	District 2	District 3	District 4	District 5
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TELECARE CORPORATION

Telecare Corporation partners with Kern County BHRS to provide much needed services to the East Kern County region. Telecare operates a Crisis Stabilization Unit in Ridgecrest, CA. The Telecare CSU operates 24/7 and provides services to individuals of all ages experiencing a mental health crisis. Services include crisis stabilization using evidence based practices, skills building, linkage to family and community supports as well as linkage to ongoing behavioral health services. In addition, Telecare is proud to be bringing two Recovery Stations to Kern County. The Recovery Stations will provide screening, access and linkage to care for individuals presenting with co-occurring mental illness and substance use needs. The Recovery Station model integrates elements of a sobering station with the use of peer staffing and an emphasis on beginning recovery from mental illness and substance use disorders.



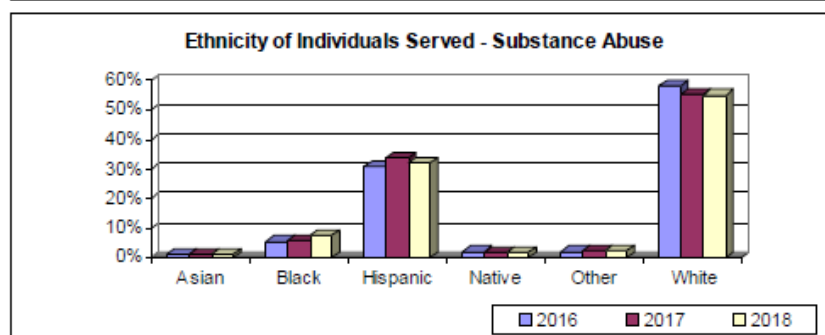
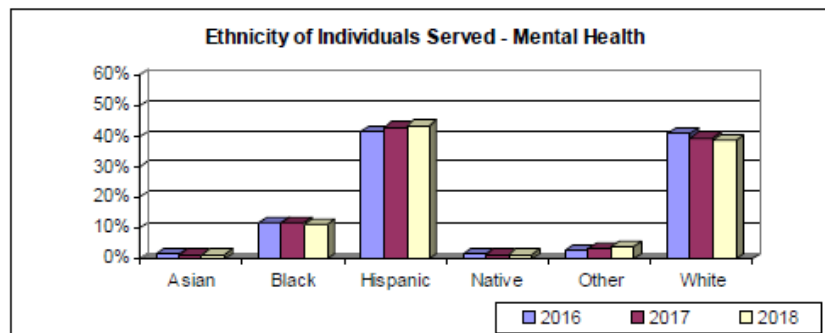
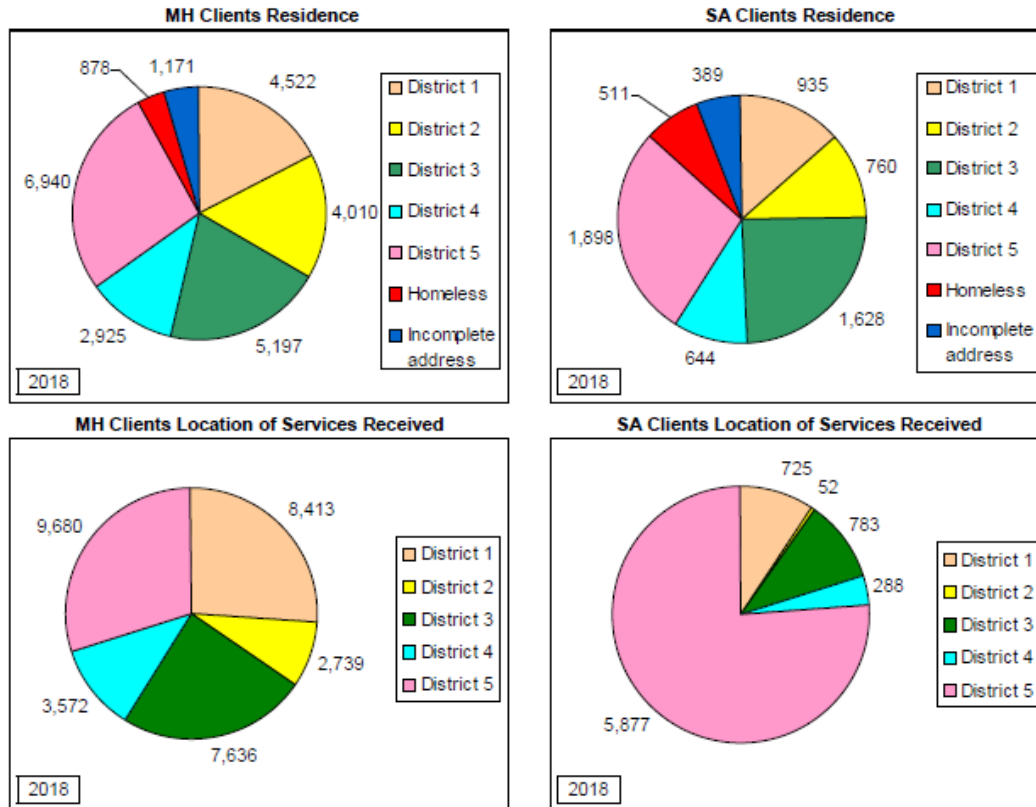
Bakersfield Behavioral Healthcare Hospital

District 1	District 2	District 3	District 4	District 5
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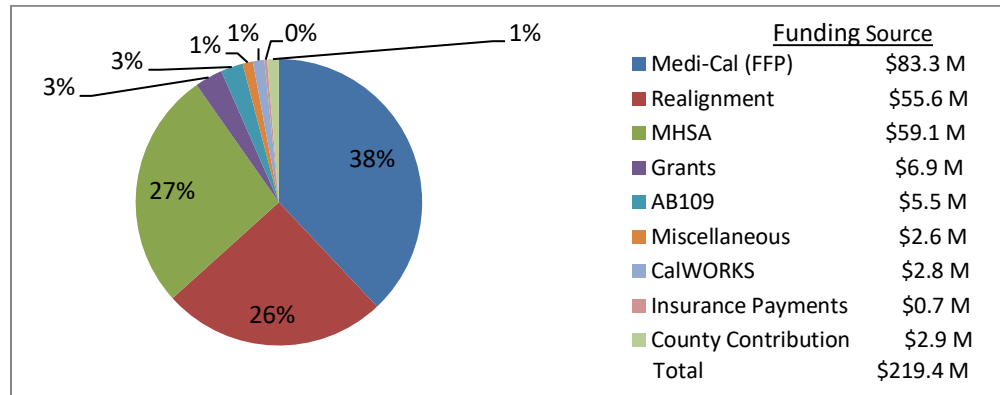
Bakersfield Behavioral Healthcare Hospital is an acute psychiatric 90-bed facility, serving all of Kern County. BBHH offers specialized units for children, adolescents and adults with mental/behavioral health and/or substance abuse concerns. BBHH's Stepping Stones also offers a variety of the same therapeutic programs for adolescents and adults but in an outpatient setting. Stepping Stones offers two programs to meet the needs of those we serve: intensive outpatient or a partial hospitalization program.

CONSUMER DEMOGRAPHICS

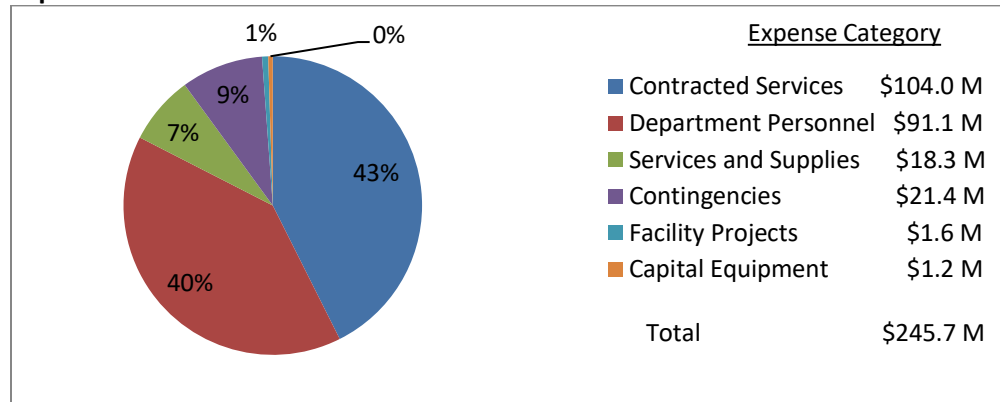
The following is information about mental health (MH) and substance use disorder (SUD) consumers, including graphs of the district in which they live, where they receive services, and the ethnicity of individuals served. While the Supervisorial Districts have approximately equal populations, with centralized 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.



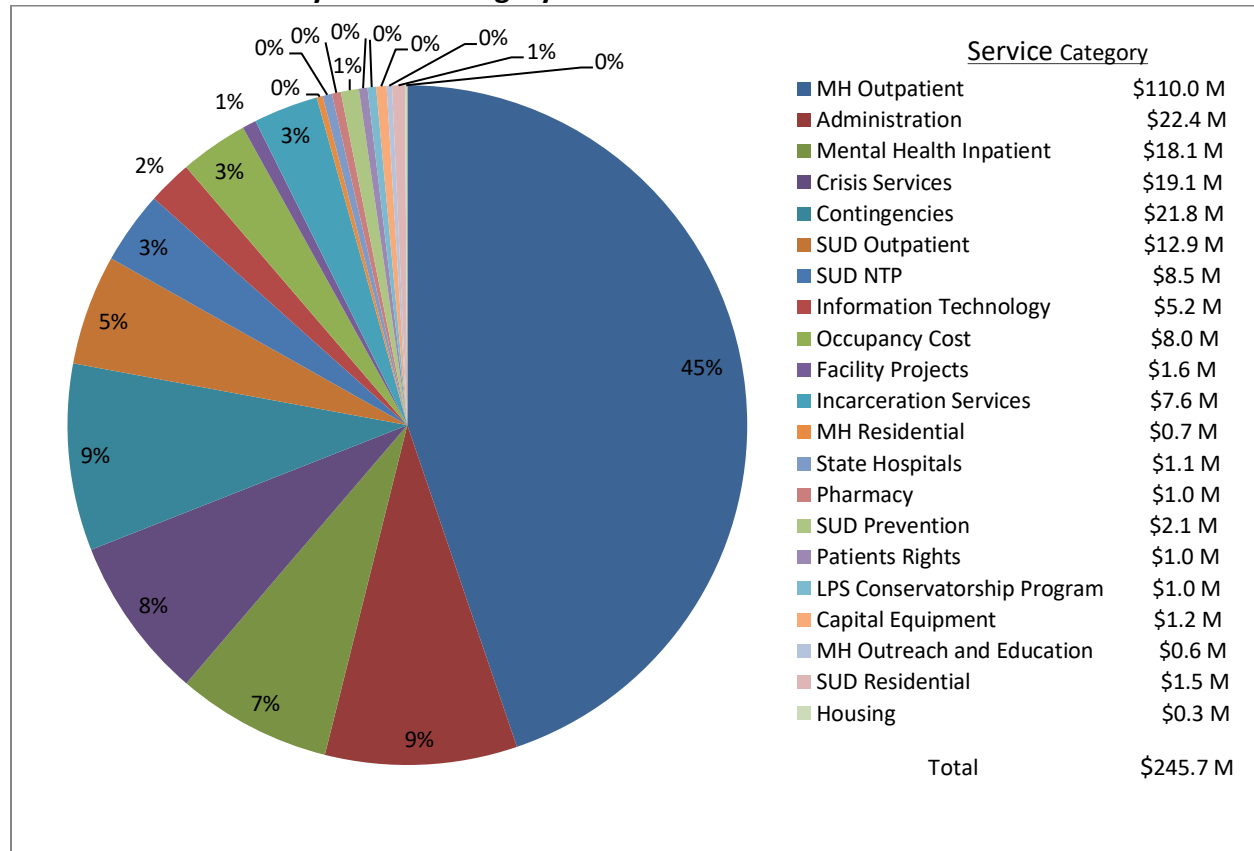
Revenues FY 18-19



Expenses FY 18-19



Revenue Breakdown by Service Category



QUARTERLY REPORT

KERN BHRS AB109 COMMITTEE

For the period of October 1 to December 31, 2018

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

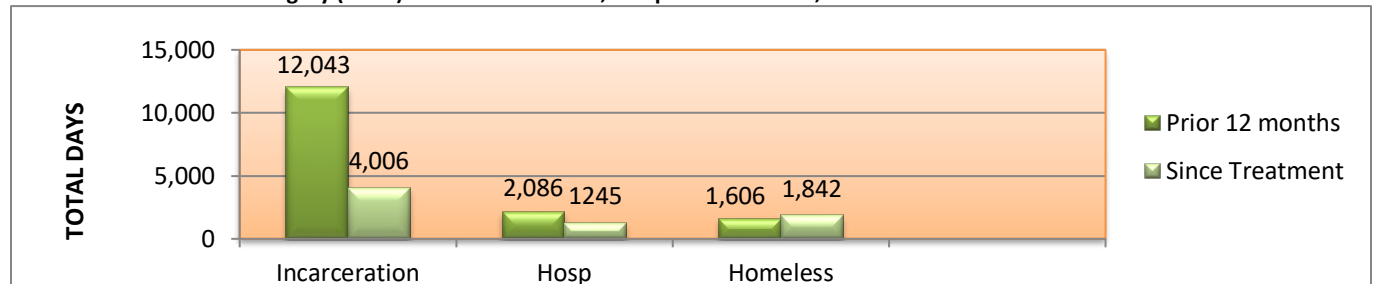
1. Goal: Reduce incarceration
 - Objective: Reduce incarceration days for individuals linked to MH and/or SUD treatment by 30%.
Achieved: 80% decrease (MH)* / Achieved: 100% decrease (SUD)**
2. Goal: Reduce psychiatric hospitalizations
 - Objective: Reduce psychiatric hospitalization days for individuals linked to MH and/or SUD treatment by 60%.
Achieved: 54% decrease (MH)* / Achieved: 60% decrease (SUD)**
3. Goal: Reduce homelessness
 - Objective: Reduce homeless days for individuals linked to MH and/or SUD treatment by 30%.
Not Achieved: 15% increase (MH)* / Achieved: 100% decrease (SUD)**
4. Goal: Reduce substance use
 - Objective: Reduce substance use days for individuals linked to SUD treatment by 30%.
Achieved: 99% decrease (SUD)**

Data and Outcomes – MH:

of individuals surveyed = 88

of individuals in each category (Prior): Incarceration – 59; Hospitalization – 26; Homeless – 16

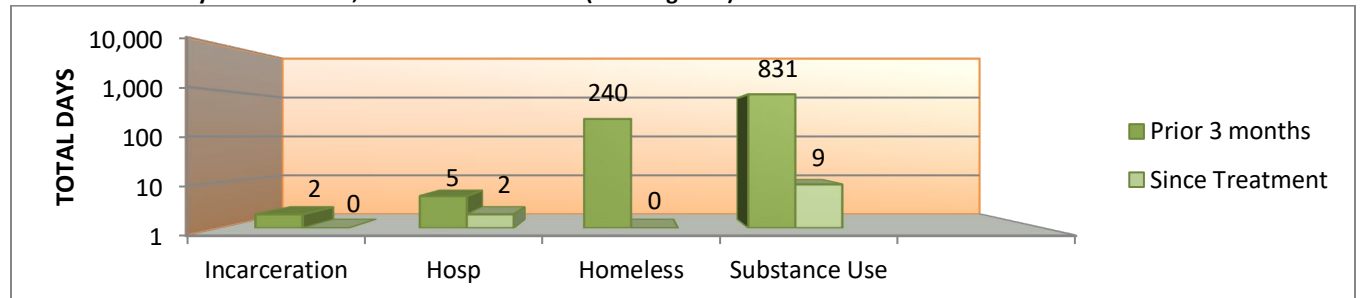
of individuals in each category (Since): Incarceration – 33; Hospitalization – 27; Homeless – 29



*Comparison of 12 months prior to treatment and 12 months since treatment with objective of a 30% reduction. Data generated 1/5/19 for the period 10/1-12/31/2018.

Data and Outcomes – SUD:

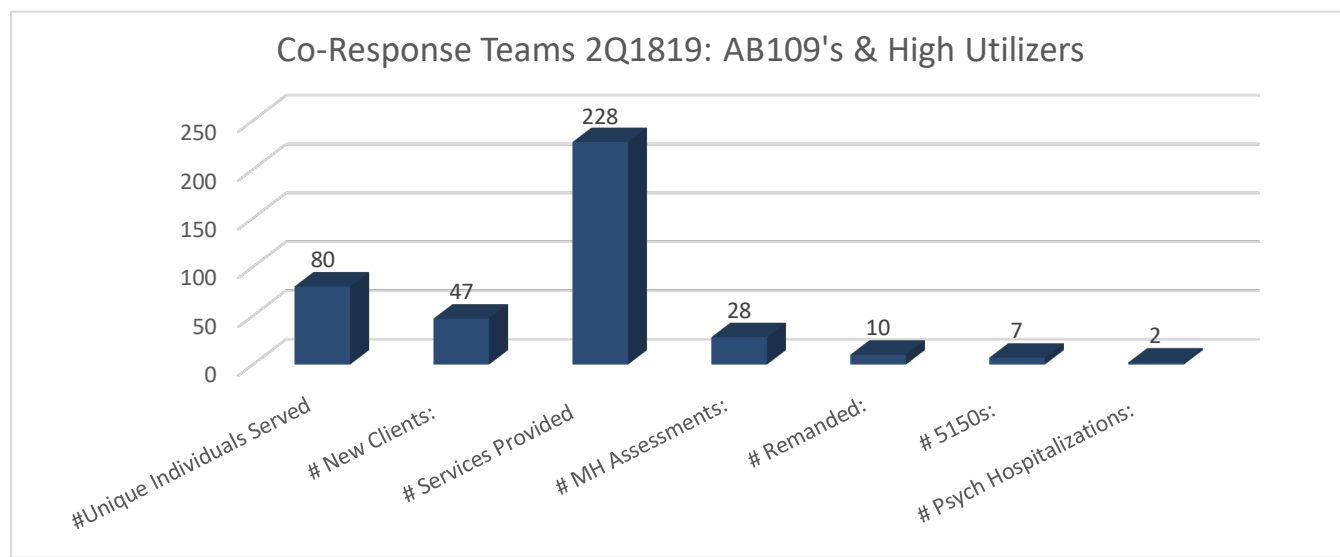
Individuals surveyed – Prior = 36; Since Treatment = 32 (All categories)



**Comparison of 3 months prior to treatment and 3 months since treatment with objective of a 30% reduction. Data for the period 10/1-12/31/18.

Accomplishments This Quarter:

- 1. Co-Response Team Services to AB 109 Individuals and High Utilizers** – Served 80 unique individuals during this quarter, of which 47 were new clients to the Co-Response Teams. The Co-Response Teams provided 228 services to individuals on the caseload. A total of 28 mental health assessments were provided; an increase of 54% from the first quarter of FY 18/19. Ten AB 109/High Utilizer individuals were remanded into custody. Seven of the AB 109/High Utilizer individuals were placed on W&IC 5150 Involuntary Holds, and two were admitted for inpatient psychiatric hospitalization. The Co-Response team increased their caseload by 48%, but the number of individuals remanded to custody remained at 13%, which is the same percentage of individuals that were remanded into custody with the case load of 54 in the first quarter of FY 18/19.

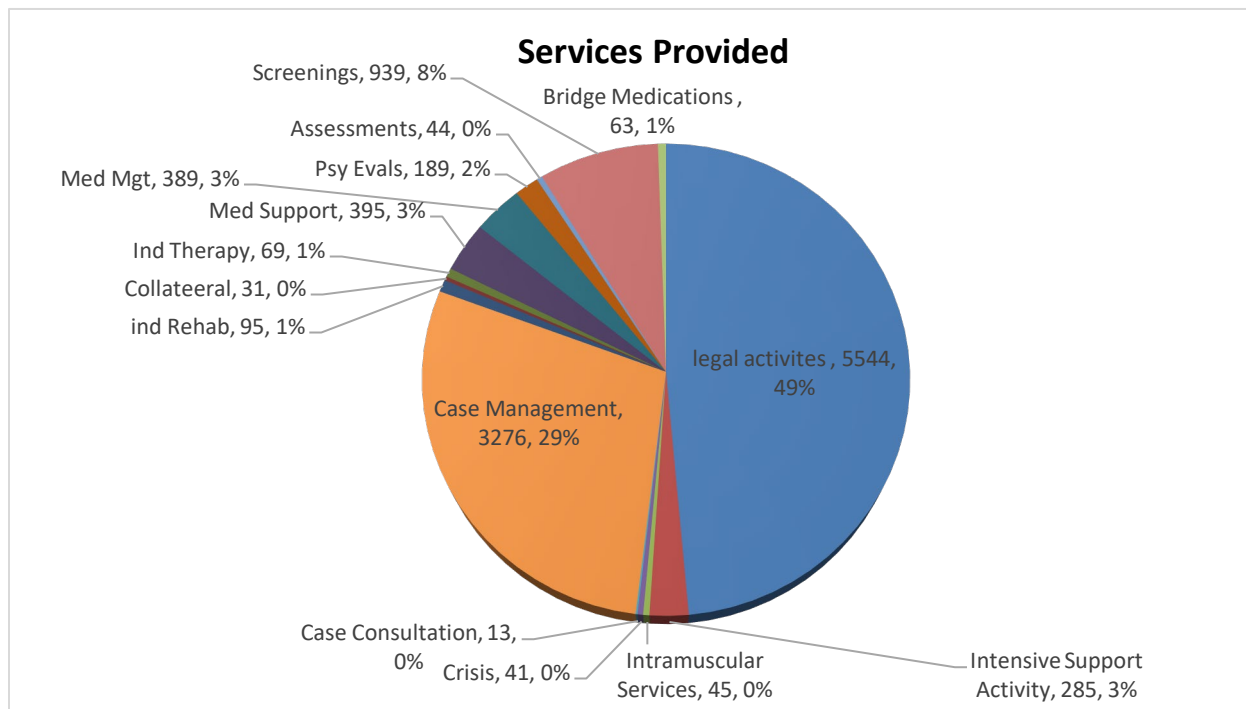


- 2. Access and Assessment Team** – Access and Assessment served a total of 69 AB109 individuals coming through the Mary K. Shell clinic requesting Behavioral Health and Recovery Services this quarter. 54 AB109 individuals came through Access for services. Of the clients screened, ten declined services, two were referred to community providers, two were referred to a contract provider, one was open to BHRS and thirty-nine were referred to Assessment. Of the 39 referred to Assessment, six no-showed their appointments, nine were referred to Brief Therapy Clinic, one was referred to SEBA, two were referred to Stockdale RAWC, one was referred to ATT, two were referred to North RAWC, seven were referred to Residency Outpatient Clinic, one was referred to West RAWC, one was cancelled by client, three were referred to the Care Coordination Unit, two were referred to MHS-Action, two were referred to other community providers, one declined services and, one has an upcoming appointment.

Fifteen individuals bypassed Access and were linked directly to Assessment. Of the 15 scheduled Assessments, two individuals No Showed their appointment, two were referred to the Care Coordination Unit, one was referred to MHS-Action, two were referred to SEBA, two were referred to Brief Therapy, two were referred to a community provider, one was referred to West RAWC, two Stockdale RAWC, and one declined services.

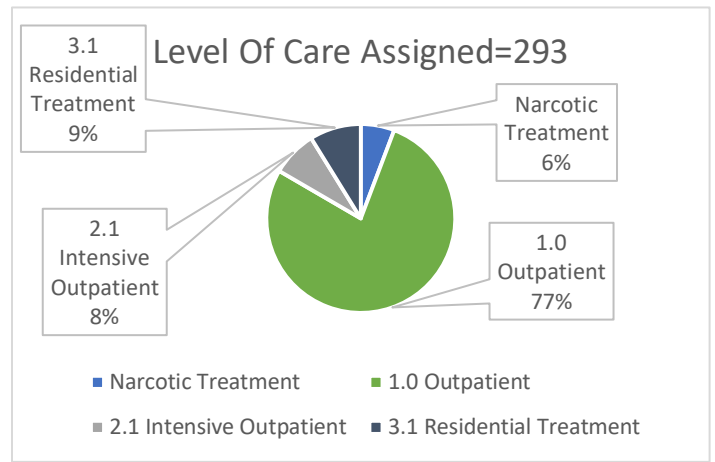
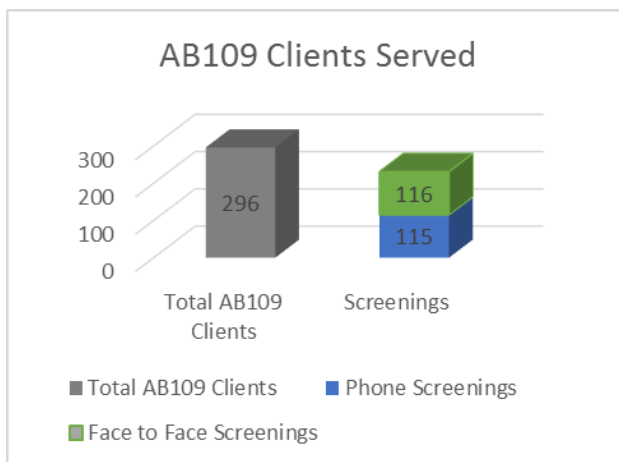
- 3. Adult Transition Team (ATT)** – Seven new AB 109 individuals were enrolled in outpatient mental health treatment with the Kern Linkage Division totaling 100 AB 109 clients this quarter. The team provided 1,497 contacts with these clients, which included the following services: therapy, groups, case management, medication support, and substance abuse services.

4. **Correctional Behavioral Health (CBH)** – This quarter, there were 817 AB 109 clients (Felony Probation, Mandatory Supervision, Post-Release Community Supervision (PRCS) and MH Unclassified) served by CBH staff. Presented in the following graph, 5,811 services were provided in the following categories:



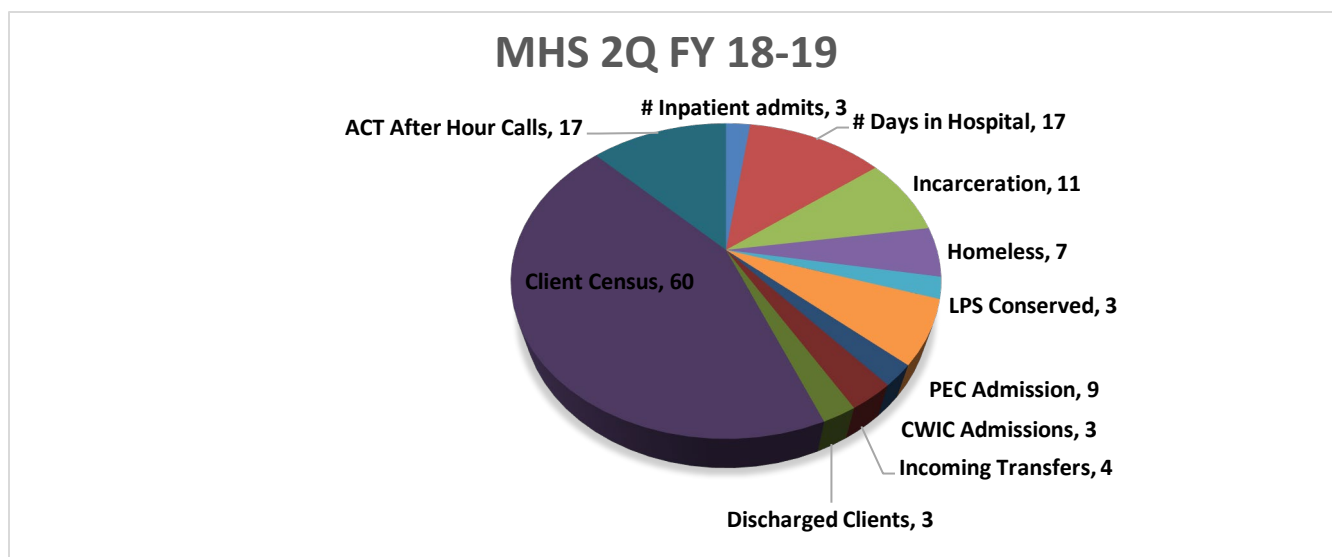
CBH has now been providing services within the Justice Facility at 100% capacity which has allowed an expansion in behavioral health services to inmates for the last seven months where we have been developing a direct observation unit of 12 cells where our most severely ill clients are housed. In this housing unit we provide daily services to each client housed, such as hygiene skills, independent living skills, behavioral health homework worksheets and other various coping skills. This has also decreased recidivism rate of these clients going back onto suicide watch. The length of stay in this unit is approximately two weeks. Another area of service that has been increased during this quarter is our suicide watches. We have now started providing intensive treatment and observation with our clients on suicide watch 3x/day in order to monitor behavior and increase coping skills. CBH has also increased our collaboration with outpatient treatment providers and maintaining engagement while clients are incarcerated, which has increased continuity of care. CBH has continued to pilot completion of assessments for KernBHRS' Co-response Team that provides continued mental health services to those on the Electronic Monitoring Program (EMP) to ensure clients are being provided and linked to continued behavioral health treatment within KernBHRS teams, contract providers and/or community-based services upon release and SUD services such as Gateway.

5. **Gateway** - In our efforts to remove barriers to accessing SUD services and increase our ability to assist clients with linkage to community resources the SUD Access Line, as of December, began operating 24 hours a day, 7 days a week. This quarter Gateway served 296 AB109 individuals seeking substance use disorder treatment (SUD) services. Of these 231 were screened. As shown below 116 of the screenings occurred in-person at a Gateway site and 115 occurred over the phone via the SUD access line. A total of 293 referrals to treatment were made. This consisted of 17 (6%) to narcotic treatment, 229 (77%) to level 1.0 outpatient treatment, 23 (8%) to level 2.1 outpatient treatment, and 26 (9%) to level 3.1 residential treatment.



AB 109 Post-Release – This quarter 36 AB 109 eligible individuals received Post-Release case-management. Sixteen individuals were able to complete the Post-Release program. Eleven individuals were gainfully employed. Twelve individuals are still actively participating in outpatient treatment and eight have been successfully discharged.

- Mental Health Systems (MHS)** – MHS ACTION currently has 60 clients participating in treatment. During this quarter, over 1,500 contacts were provided to AB 109 clients by the team including more than 90 medication management visits with a psychiatrist, 150 individual therapy sessions and hundreds of individual sessions with recovery specialists to provide various case management and individual rehabilitation services. About 60% of services were provided in locations other than the office in an attempt to engage clients in their preferred location. More than 430 home visits were conducted this quarter.





QUARTERLY REPORT

Kern BHRS Adult System of Care

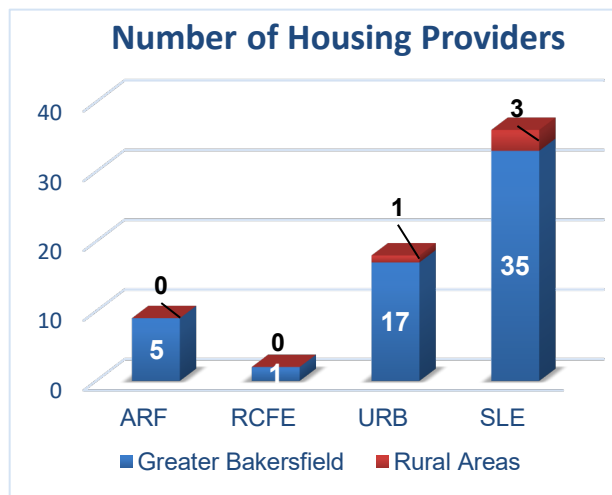
Housing Services

For the period October 1 to December 31, 2018

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/ Metro	Rural Areas	Total Beds
Adult Residential Facility (ARF)	164	0	164
Residential Care for the Elderly (RCFE)	49	0	49
Room & Board (Unlicensed)	190	4	194
Sober Living Environment (SLE)	524	19	543
Total Beds	1007	23	1030

*Rural Areas (Lamont, Tehachapi, Wasco)

Current Housing Available:

1. Adult Residential Facilities (ARF) in Bakersfield: There are five Adult Residential Facilities in the greater Bakersfield area, providing a total of 164 beds.
2. Residential Care for the Elderly (RCFE) in Bakersfield: There is currently one facility on the Quality Standards housing list, with 49 beds.
3. Unlicensed Room and Board (URB): There are 18 Room and Board facilities in Kern County that have met the Quality Standards, providing a total of 194 beds. Of the 18 URB's, 17 are located in Bakersfield providing 190 beds. One is located in the rural area of Wasco, providing four beds.
4. Sober Living Environment (SLE) Homes: There are currently 38 Sober Living Environment facilities for clients with substance use disorders in Kern County, offering a total of 543 beds. Of these, 35 are located in Bakersfield. Three are located in rural areas: Lamont, Tehachapi, and Rosamond.

Accomplishments This Quarter:

1. The Quality Standards were updated, finalized and related tools and documents are now aligned.
2. Housing requests are now typed rather than hand-written, resulting in faster processing.
3. Sixty-five unannounced site visits and reviews were completed.
4. One 22 bed home closed, but the provider opened two new homes with 11 male and 8 female beds, and a new provider opened a home providing six additional female beds. These facilities have successfully completed the KernBHRS Quality Standards process for a total of 25 new beds.
5. Quarterly training in December for KernBHRS housing providers was completed with a total of 35 attendees representing 45 facilities.
6. Housing Services processed a total of 168 funding requests for housing assistance from various funding sources; 91 of those processed were for existing claims for interim funding.

7. Two internal team presentations were completed to inform and provide training on funding and placement assistance.
8. Data elements required to generate reports on housing status and outcomes utilizing the Homeless Management Information System (HMIS) were identified.

Challenges and Opportunities:

1. Implemented an internal database of tracking client services for referrals.
2. Homeless Management Information System for data collection through the development of a pilot project for Housing Services Team to begin data entry and collection of baseline data.
3. Housing Services Team continues to receive requests for housing and other assistance for clients and has identified gaps in the current process that allow for further process improvement.
4. Housing provider who operated a sober living environment facility sold the property resulting in a loss of 20 beds.
5. Continue to identify and develop opportunities for housing in rural areas that will increase capacity.
6. Continue outreach to internal treatment teams to collaborate in providing efficient housing services for Kern BHRS clients.

Future Events:

1. January
 - a. Assist housing providers in submitting new policy and procedure manuals electronically to ensure better support
 - b. Roll out electronic housing request form to ensure faster processing time and more accurate data collection
2. February
 - a. Mental Health First Aid training for housing providers
 - b. Implement Housing Ambassadors to provide recommendations to move individuals to housing independence within 90 or 180 days
 - c. Explore county-wide strategies to develop specialty housing for current clients
3. March
 - a. Mental Health First Aid training for interested housing providers
 - b. Outreach to BHRS contractors to ensure housing requests meet criteria and to suggest other resources

The Healing Project - Recovery Stations:

The MHSA Plan for funding recovery stations has been approved by the MHSA Oversight and Accountability Commission. The plan includes \$14.5 million dollars for a proposal for the Healing Project consisting of two recovery stations; Bakersfield and a yet to be determined second location. Community education and marketing materials have been developed to provide key facts about the purpose, significance and positive community impacts of recovery stations. The contract with the service provider is finalized and a Bakersfield site has been selected. Property negotiations are underway.

QUARTERLY REPORT
Drug Free Kern Coalition
For the period October 1 to December 31, 2018



Drug Free Kern Coalition, formerly Kern Stop Meth Now

Goal: Reducing the impact of substance use in Kern County through prevention strategies and treatment services.

1. Goal: Increase the number of pregnant women who enter Substance Use Disorder treatment in Kern County by 10%.

A total of thirty-three pregnant women were screened by Gateway during the second quarter of FY 18-19. Twelve of those screened entered treatment. The percentage of those entering treatment decreased from the previous quarter, which may be attributed in part to the holiday season.

2. Goal: Increase the number of Kern County residents engaged in Neighborhood Watch Programs.

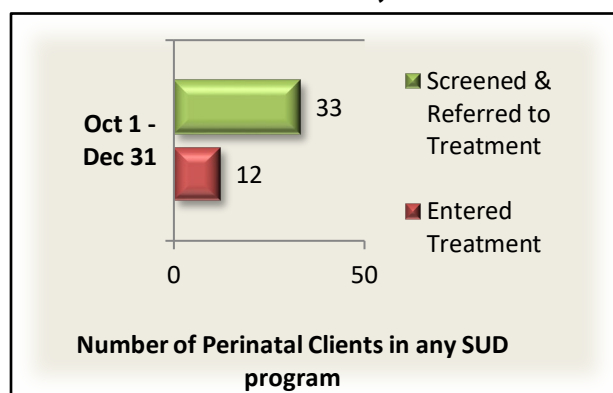
The number of Neighborhood Watch groups has remained steady in both the city of Bakersfield and the county. Neighborhoods are utilizing the Nextdoor.com website and app in place of formal Neighborhood Watch groups. The Public Safety Committee works with the KCSO and BPD to provide education about Neighborhood Watch and the differences between formal Neighborhood Watch groups and Nextdoor.com. The committee will be developing new goals over the next quarter.

3. Goal: Increase the quantity of prescription medication collected and destroyed throughout Kern County.

The DFK Coalition has installed a total of twelve prescription drop boxes throughout Kern County, covering all five supervisorial districts. National Prescription Drug Take Back Day was held on October 27, 2018. The Bakersfield Police Department hosted two locations and the Kern County Sheriff's Office hosted eight locations. A total of 1,019.7 pounds of medication were collected via take-back day in addition to over 120 pounds collected via Kern RxReturn boxes.

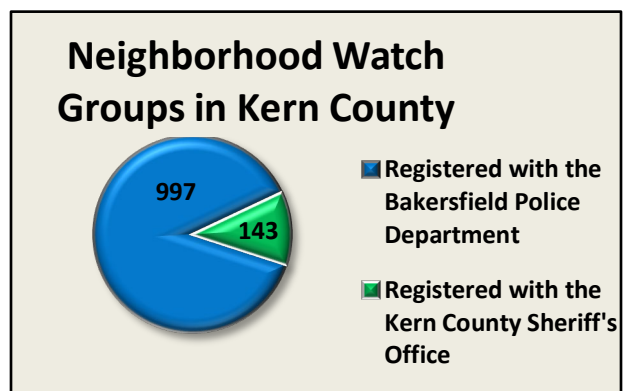
Data and Outcomes for this Period

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 Kern County Sheriff's Office*

Success Story

The Youth and Family Committee worked in collaboration with the CalWORKs team to implement a new program utilizing Family Dinners Make a Difference. CalWORKs clients participated in group counseling with clinical staff while their children participated in prevention activities with prevention staff. Both groups highlighted family dynamics and how utilizing family meal time as a way to connect with each other was advantageous to healthy outcomes for youth. Working with this selected population of youth was a great opportunity to introduce prevention strategies before first drug use. This program also allowed the families to practice using the Family Dinners Make a Difference conversation jars with staff available to support their efforts. The program received such positive feedback there is going to be a new group beginning in early spring.

Accomplishments This Quarter

- The Business Committee's efforts to expand the Kern Rx Return Program has resulted in twelve Rx Return boxes throughout Kern County. There is now at least one box in every supervisorial district.
- The Public Safety Committee has been working hard to strengthen their relationship with law enforcement agencies. As a result, the committee was able to collaborate with three different agencies for various Trunk-or-Treat events that served over 5,000 Kern County residents.
- The Youth and Family Committee collaborated with the Public Health Department to help secure speakers for the first Perinatal Substance Abuse Prevention Partnership (PSAPP) Perinatal Conference.

Opportunities

- The Youth and Family Committee is working in collaboration with STEPS to host a DUI Symposium. Participating agencies include the District Attorney, Public Defender, California Association of DUI Treatment Providers, California Department of Motor Vehicles, Kern Behavioral Health and Recovery Services, Mothers Against Drunk Driving (MADD), California Highway Patrol, Kern County Sheriff's Office, Bakersfield Police Department, and the Orange County Crime Lab.
- The Business Committee is partnering with the Public Health Department to organize a prescriber training event. This venue allows up to 100 physicians and nurses to attend which creates the opportunity to educate a large number of medical professionals in Kern County about best practices when prescribing opioids.

Challenges:

- With the growth of the committees comes the challenge of keeping everyone engaged and focused on current projects. We are working on managing several projects effectively at the same time.
- There has been a lot of turnover/reassignments at some of the agencies that are part of the coalition. This can make gathering information and data difficult because new relationships must be established and developed.

QUARTERLY REPORT

Sustained Treatment and Recovery (STAR) Court

For the period of October –December 2018



Introduction:

The STAR Court program is a non-traditional diversion program which links individuals charged with felonies to mental health and substance use treatment services within the community. The success of the STAR Court program and its participants result from the community services and support provided through the Adult Transition Team (ATT) and the Homeless Adult Team (HAT) and their collaborative partners. *Since October 2018, there have been 9 new referrals; zero qualified for the program. STAR Court is currently serving 16 active participants. One participant graduated during this quarter. Two participants were removed from the program due to program non-compliance this quarter.*

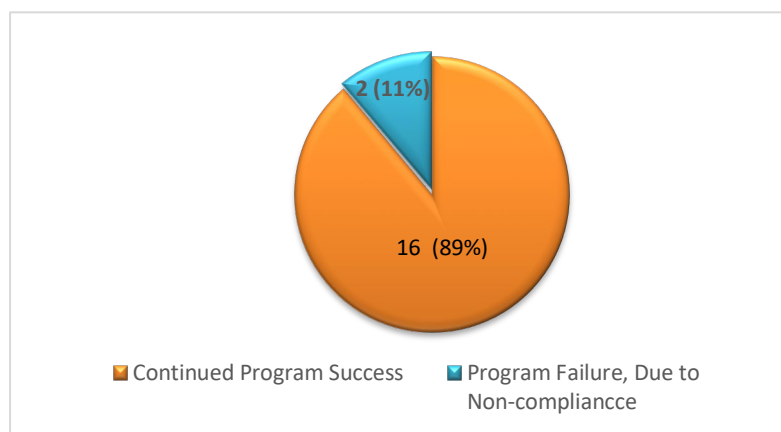
Vision, Goals, and Objectives:

Vision:

1. Enhance public safety.
2. Reduce recidivism of individuals who suffer from serious mental illness and/or substance use and are involved in the criminal justice system.

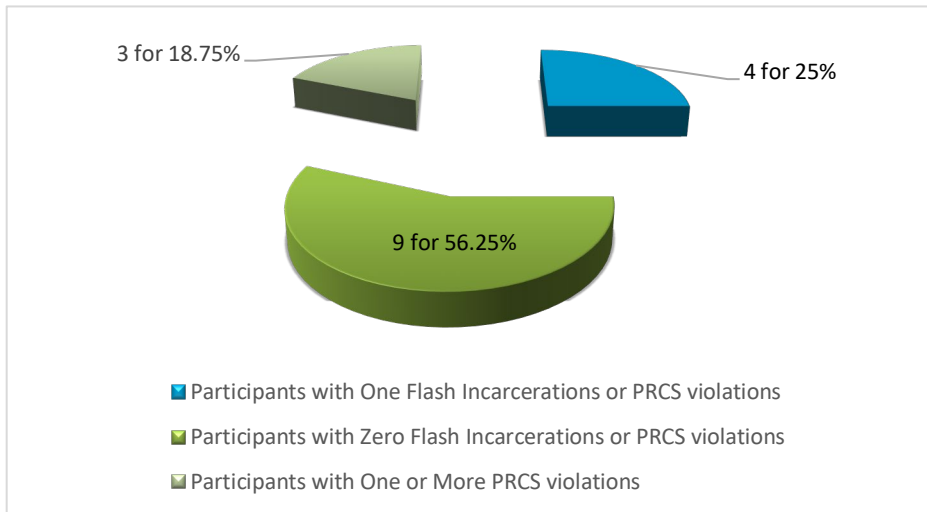
Goals and Objectives:

1. **Goal:** Link all participants to mental health and/or substance use services.
 - **Objective:** Link all participants to mental health and/or substance use services within one month of their entry to the program at 100%.
**Zero participants were accepted this Quarter*
2. **Goal:** Reduce incarceration due to program failures.
 - **Objective:** Incarceration due to program failures not to exceed 20%.



**October-December 2018: Two failed in the STAR program*

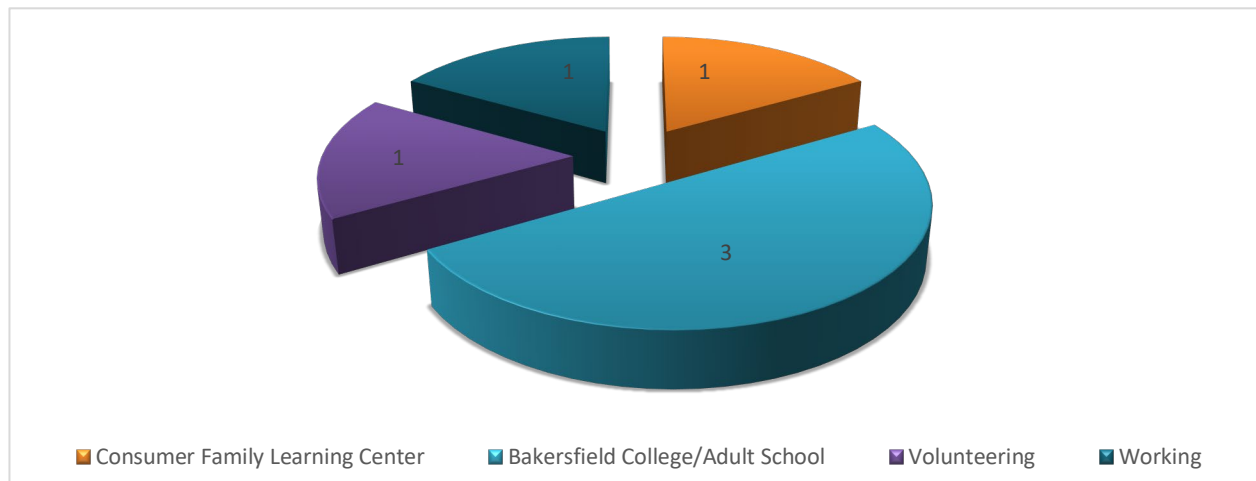
3. **Goal:** Reduce Flash incarcerations with program continuance.
- **Objective:** Number of participants with one or more flash incarcerations with program continuance not to exceed 40%.



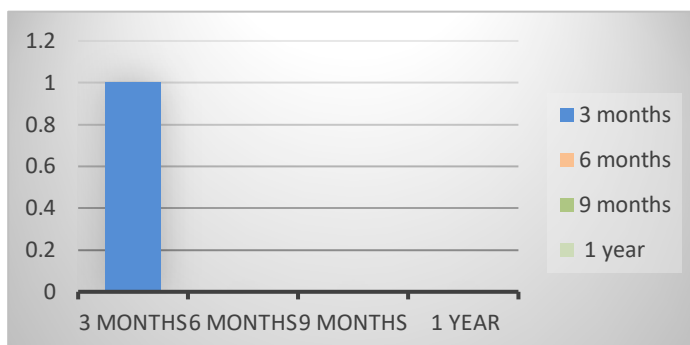
* *PRCS or Flash Incarceration: A period of detention in Jail due to a violation of a participant's terms of probation. Length can range between 1 and 180 consecutive days*

* *October-December 2018: Three Participants violated their terms for PRCS. Four participants were flash incarcerated.*

Participant Community Engagement:



Recidivism following Program Completion:

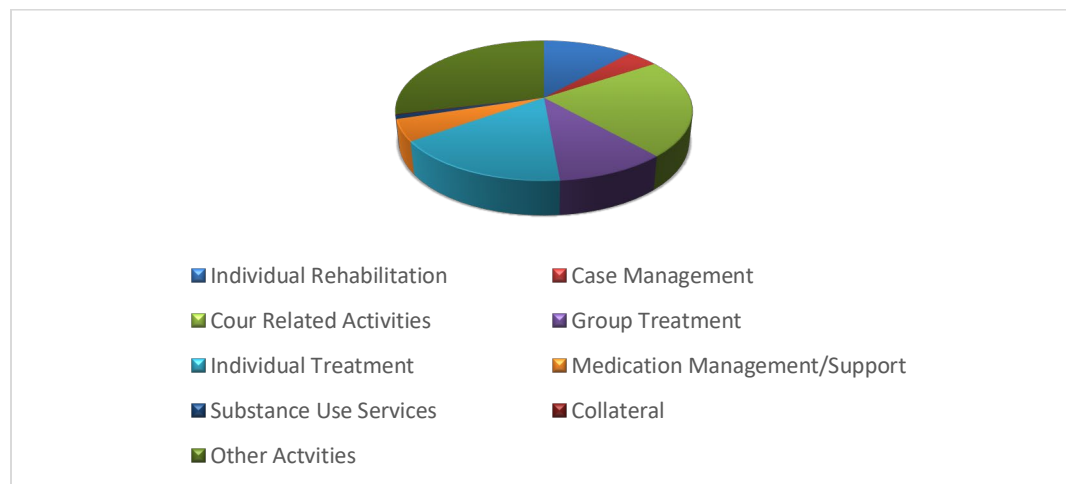


***One of the 13 STAR Court program graduates has recidivated to date within 3 months of their graduation.**

Accomplishments This Quarter:

1. Increased and strengthened collaborative efforts with partner agencies towards the identification of potential STAR Court participants, diverting them from incarceration, and providing linkage to behavioral health services.
2. Provided stable housing for 15 participants. This number includes the one participant who graduated this quarter.
3. Five participants have “stepped up” this quarter; three from Step One to Step Two and two from Step Three to Step Four of their respective individualized STAR Court treatment plans. One participant graduated from the STAR program during this quarter.
4. There were 16 total active participants this quarter. There have been 31 participants since the program’s inception.

For this quarter, the Kern Linkage Division has provided 560 services for 16 active participants.



Challenges and Opportunities:

- Continue to develop outcome measures for program performance tracking and reporting. This will be an opportunity to identify strengths and limitations of the STAR Court program.
- Provide psychoeducation to the collaborative partner agencies to assist in identifying appropriate candidates to increase STAR Court referrals.

Success Story:

This STAR Court participant came into our program in April of 2018. Prior to committing a felony in our county, this individual, between 2009 and 2017, was arrested 37 times in 21 different cities in various states due to his mental illness. Having committed the felony in Kern County, and because of the STAR Court program, he was able to get the help he needed to reduce his recidivism in jail. Since being in our program he has been able to maintain placement, reconnect with his family, learn about his illness, build a support system and financially support himself by obtaining SSI benefits. This client now has the opportunity to move into his own apartment for the first time in his life. These last 8 to 9 months have been the longest that he has been out of custody and in one place since 2009.

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.

2018 EXECUTIVE COMMITTEE



Chair

DAVID STABENFELDT

District 4 ~ Supervisor David Couch



The Rev. Dr. David C. Stabenfeldt moved to Bakersfield ten years ago from Collinsville, Illinois. For over twenty-five years he 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 chaired the 2016 and 2017 Annual Report committees, served as Second Vice-Chair in 2017, Chair in 2018, and joined the Adult Treatment and Recovery Services Committee.

First Vice-Chair

RICHARD HOFFERD

District 5 ~ Supervisor Leticia Perez



Richard Hoffer 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 nine-year certified volunteer and several ongoing private and nonprofit memberships follow years as a substitute

teacher, dedicated caregiver, and election worker. 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 served as the 2018 First Vice-Chair, is an ongoing member of the Adult Treatment & Recovery Services Committee, and served on the 2016, 2017, and 2018 Annual Report Committee.

Second Vice-Chair

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), served on the 2016 and 2017 Annual Report committees, and will serve as chair of the Board in 2019.

Parliamentarian

LT. JEFF BURDICK

District 1 ~ Supervisor Mick Gleason



Lieutenant Jeff Burdick joined the Board in March 2015. He has been employed by the Bakersfield Police Department since 1999. Lieutenant 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. Lt. Burdick is a graduate of Leadership Bakersfield Class of 2011 and the Sherman Block Supervisory Leadership Institute Class 358. Lt. Burdick holds an Associate of Arts degree from Bakersfield College and a Bachelor of Science degree in Business Administration from California State University Bakersfield. Lt. Burdick is co-chair of the Children's Treatment and Recover Services Committee, served as Board parliamentarian in 2018, and will serve as First Vice-Chair in 2019. Lt. Burdick is currently serving as chair of the Leadership Bakersfield Advisory Council. Lt. Burdick volunteers time as a high school baseball coach.

GENERAL MEMBERS

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 and the Chronic Psychosis Work Group.

EVAN HENDERSON

District 3 ~ Supervisor Mike Maggard

Mr. Henderson served on the Board during the 2018 calendar year as a representative for the Board of Supervisors Chairman, District 3, Mike Maggard.

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, SARDAA, The Saks Institute for Mental Health Law, Policy & Ethics and Treatment Advocacy Center. She also serves on the Chronic Psychosis Work Group, chairs the Tehachapi Community Collaborative and is a member of the Mental Health Collaborative of Kern County. She attends conferences and webinars regularly.

DOUG JAUCH

District 1 ~ Supervisor Mick Gleason



Commander Doug Jauch joined the Board in March 2018. Commander Jauch started his career in law enforcement as a correctional officer in 1998 at the California Substance Abuse Treatment Facility and State Prison. He has been employed with the Kern County Sheriff's Office since 2001. Commander Jauch has worked a variety of assignments at the Sheriff's office which include Court Services, Metropolitan Patrol, Frazier Park Substation, Kern Valley Substation, K-9 Unit, Field Training Unit, Training Section, and currently is the Personnel Division Commander. Commander Jauch is a past co-chair of the Crisis Intervention Training (CIT) Steering Committee.

SHIRLEY JEAN LOCKHART

District 2 ~ Supervisor Zack Scrivner



Ms. Lockhart was appointed to the Board in 2013 and is an 19-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.

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 will serve as Second Vice-Chair in 2019 and currently co-chairs the Children's Treatment and Recovery Services Committee.



BEHAVIORAL
HEALTH&RECOVERY
S E R V I C E S