



**AB114 Prevention and Early Intervention
and
Innovative Program Plan**

TABLE OF CONTENTS

Executive Summary

Community Planning and Stakeholder Process

AB114 Prevention and Early Intervention Program Development

Proposed Prevention and Early Intervention Programs

- **FRED: Freedom, Recovery and Empowerment with Dogs**
- **Packed for Recovery**
- **Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH)**
- **Family Connections**
- **Transitions Curriculum**
- **Biblical Counseling**
- **Suicide Prevention and Outreach**
- **Zero Suicide**
- **Kern Youth Resilience and Support**
- **Transitional Aged Youth Dual-Recovery Program**
- **Transitional Aged Youth Self-Sufficiency Project**
- **TAY University Counseling Training Center**
- **Yoga: Stress Management and Mindfulness**
- **Early Psychosis Outreach and Intervention**
- **Help Me Grow**

Innovative Programs

Budget Summary

Budget Appendix

Executive Summary

The 2017 California State budget approved by Governor Jerry Brown included a trailer bill (Assembly Bill 114) that addressed unspent Mental Health Services Act (MHSA) funds. The bill reverted and reallocated certain Prevention and Early Intervention (PEI) and Innovation (INN) funds unspent by any counties prior to July 1, 2017 with the caveat that the funds be utilized before July 1, 2020 following an approval process detailed in MHSUDS Information Notice 17-059 issued by the California Department of Healthcare Services (DHCS) on December 28, 2017.

Prevention and Early Intervention

Kern Behavioral Health and Recovery Services (KernBHRS) has developed a plan to utilize Assembly Bill (AB114) funds for 13 potential new programs designed to expand the scope of services within the Prevention and Early Intervention program schedule. The plan includes prevention and early intervention programs that reach all Kern County communities and address the needs of all age groups. The programs includes holistic approaches to prevention such as non-traditional Animal Assisted Therapy as well as school-based services, expanded access and linkage for difficult-to-engage individuals and several other promising programs.

Innovation

KernBHRS recently received approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to implement a five-year Innovative Program called The Healing Project. This program is the latest of the three active KernBHRS innovative programs.

Through its stakeholder process, KernBHRS has developed a plan that fully utilizes all Kern County AB114 funds July 2020.

Community Planning and Stakeholder Feedback

The plan incorporates historical information about prevention and early intervention services from earlier KernBHRS stakeholder processes as well as additional stakeholder information obtained in 2018.

Building on stakeholder feedback received during the 2016 Community Planning Process, KernBHRS completed a series of eight stakeholder sessions in the Spring of 2017 to gather feedback for Prevention and Early Intervention (PEI) programs. Stakeholder sessions included information on components, existing services and recognized underserved populations. Sixty-two surveys were received during the 2017 stakeholder meetings.

Continued stakeholder efforts through the Fall 2017 Community Planning Process helped further define and shape feedback to better determine the focus of PEI program additions. As can be seen in Table 1, priority PEI program components for stakeholders were: Early Intervention, Access and Linkage to Care, Prevention, Outreach for Recognizing the Early Signs of Mental Illness and Stigma and Discrimination Reduction. This feedback included support for non-required PEI programs provided by peers as well as intensive outpatient services typically funded by MHS Community Services and Supports funding.

Table 1: 2017 Program Recommendations by Component

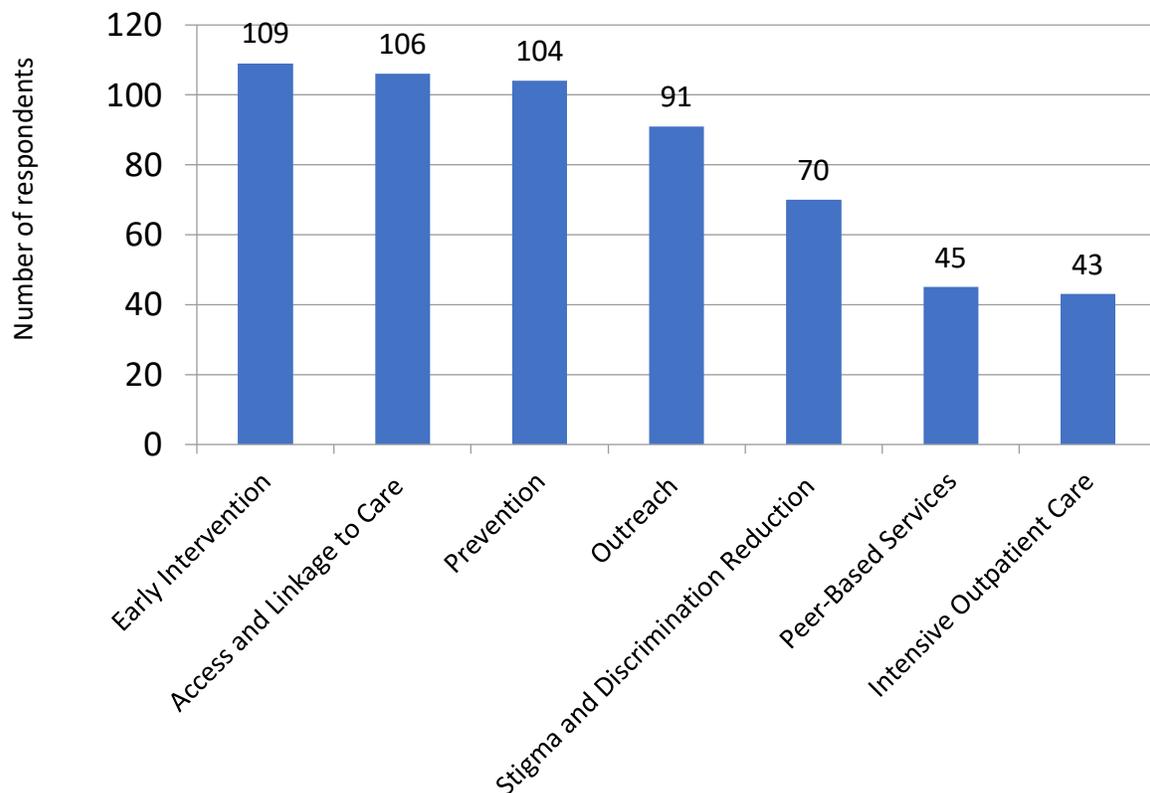
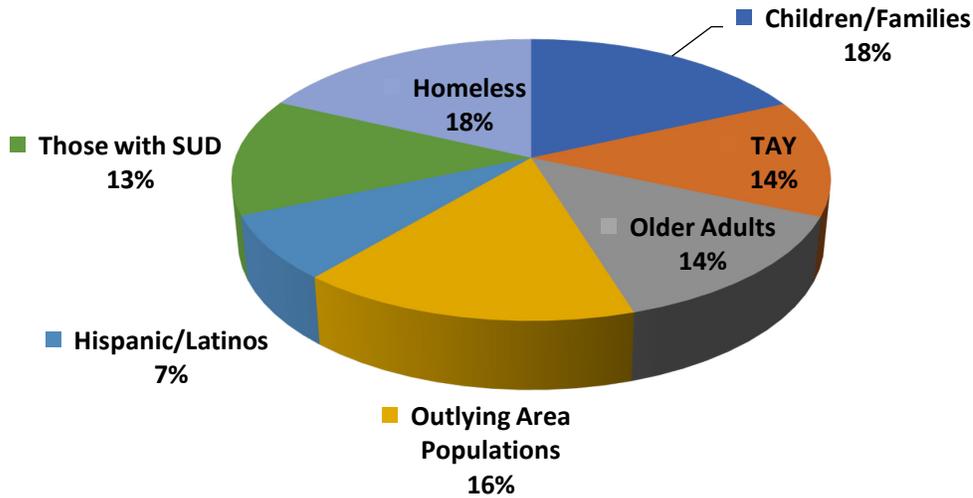


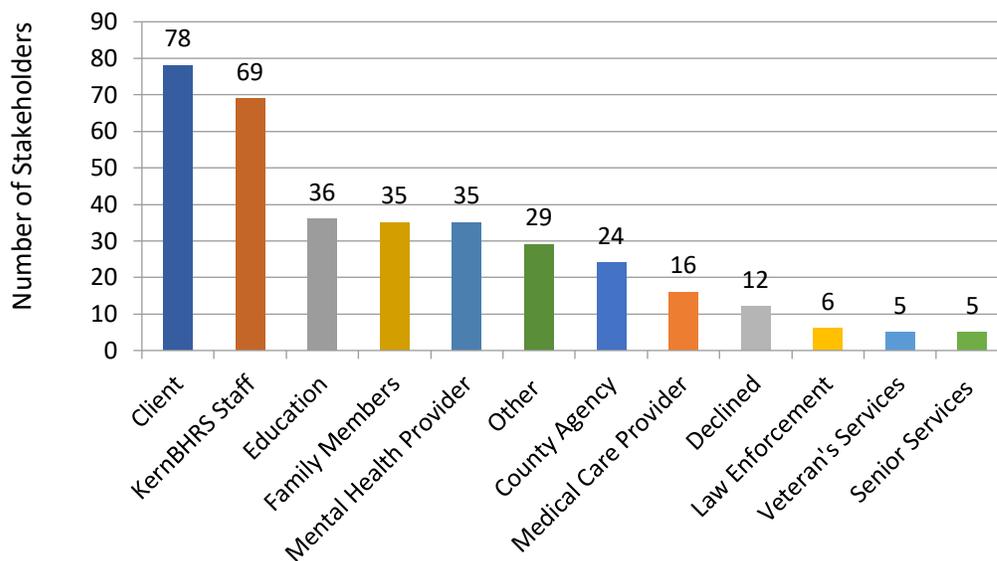
Table 2 shows that Kern County Stakeholders identified service to homeless persons, children and families and persons living in smaller, rural Kern communities as the top priorities. Other groups prioritized for PEI services Transitional Aged Youth, Hispanic/Latinos, Older Adults and individuals with Co-Occurring Substance Use Disorders.

Table 2: 2017 Stakeholder Identified Priority Populations



In Table 3, we can see that three Hundred and forty-eight stakeholders were surveyed in 2017, with Clients leading the most common identified stakeholder group (78 individuals) followed by KernBHRS staff (both clinical and non-clinical) and Educators, Family Members and Mental Health Providers (Non-KernBHRS).

Table 3: 2017 Stakeholder Type



AB114 Prevention and Early Intervention Program Development

KernBHRS issued a request for PEI program proposals in the Summer of 2017 and had received 25 by the Fall. Proposals were submitted by staff within the system of care, community mental health providers, educational institutions such as the local university staff and high school systems, community-based organizations and local businesses. A PEI Workgroup was formed to review and provide recommendations on programs which would be appropriate based on feedback provided by stakeholders.

The Workgroup met weekly between September 2017 and January 2018 to determine programs of best fit. Some programs were disqualified because they did not meet PEI program regulations. Two programs were recommended after being integrated when it was found that other submissions essentially duplicated them with only slight variations. Other programs were found to be inappropriate for the populations they intended to serve.

The 13 programs recommended to move forward for consideration by leadership were vetted through a series of five stakeholder presentations, attended by 74 individuals in March 2018. This series of stakeholder meetings focused on reaching specific groups to provide feedback considered integral to determining whether the proposed programs would be a good fit. This group included two subcommittees of the local Behavioral Health Board – the Children’s Treatment and Recovery subcommittee and the System and Quality Improvement Subcommittee. A focus group was also held with a group of Transitional Aged Youth clients, behavioral health staff and providers, human services staff, representatives from the Superintendent of Schools and community-based organizations working with emancipated foster youth. A general stakeholder meeting was held for interested members of the community, KernBHRS staff and family members to provide feedback on the schedule of proposed programs. The Ridgecrest Community Stakeholder meeting gathered feedback from outlying areas, which have been determined to be an unserved/underserved population.

Presentation Schedule:

- March 8, 2018: Children’s Treatment and Recovery Subcommittee Meeting, Bakersfield, Calif.
- March 12, 2018: System and Quality Improvement Subcommittee Meeting, Bakersfield, Calif.
- March 13, 2018: Transitional Aged Youth and Provider Focus Group, Bakersfield, Calif.
- March 15, 2018: General Stakeholder Presentation, Bakersfield, Calif.
- March 16, 2018: Ridgecrest Community Stakeholder Meeting, Ridgecrest, Calif.

A summary of the Stakeholder Demographics and Feedback can be found on Page 30.



Proposed Prevention and Early Intervention Programs

FRED: Freedom, Recovery and Empowerment with Dogs - NEW

Prevention

Proposed Budget: \$93,000

Target Population(s): Adults with co-occurring Mental Health and Substance Use Disorders

Anticipated Number Served Annually: 50

Program Description:

Registered Therapy Dog(s) and respective owner(s), along with trainer, will work with KernBHRS staff in an Evidenced Based Group: Seeking Safety. The group will incorporate Animal Assisted Therapy practice into regular Seeking Safety group, enhancing the element of the healing. Both facilitators will incorporate and parallel the dog's experience of hope and healing to that of the clients in the group. Typically, Animal Assisted Therapy incorporates one or multiple dogs into an individual or group therapy session. The goal is that by having the dog present, whether to pet or simply kept in the room, allows the client to relax and allows for a better experience.

The therapy dog used for this project was trained by a certified Animal Assisted Therapy provider and has received the required number of service hours and temperament testing to provide service.

Various programs throughout the nation are incorporating therapy dogs into behavioral health care. Clients who have experienced trauma often relate to dogs who may also have experienced trauma - thereby the hope to heal and overcome trauma is reinforced.

Should this program provide positive outcome, this project has the potential to grow as an ancillary service to multiple group therapy programs.

Service Goals:

Clients participating in dog therapy groups will increase their involvement and attendance in treatment while recognizing more benefits and growth in this program.

Outcome Measures:

Pre and Post questionnaires to be given before clients start group and after they complete group. Mid group questionnaires may also be distributed. These questionnaires will determine prior knowledge of Animal Assisted Therapy with dogs, self-report current symptom levels for anxiety/depression and how they anticipate the addition of Animal Assisted Therapy will add to the Seeking Safety group.

Packed for Recovery – NEW

Prevention

Proposed Budget: \$307,534

Target Population(s): All ages entering housing

Anticipated number served: 746

Program Description:

The Packed for Recovery program ensures that every client being linked to treatment and housing receives a bag/backpack with necessary items to guarantee they have items they will need upon entering new housing. The Packed for Recovery bag will contain basic hygiene items, socks, underwear, snacks, clothing items, a towel, a blanket, a notebook and a pair of shoes. Since immediate placement of clients is paramount to their success and reaching recovery goals, the lack of necessary items at the time of release can be a large hurdle for both the client and staff working with them.

This program was initially proposed and intended to serve those exiting incarceration or jail and entering new housing. Upon reflection, it was determined that this program should include youth entering a new housing environment, those entering housing from homelessness and those exiting incarceration and being placed in housing.

Background:

Numerous studies have indicated that transitional and supportive housing services have the potential to reduce recidivism for clients coming out of jail or incarceration. One such article found that clients who do not have stable housing upon release are more likely to end up back in prison (Cleveland Prisoners' Experiences Returning Home. C. Visher, S. Courtney 2006).

SAMSHA has written an implementation guideline for successful transition of people with mental or substance use disorders from jail and prison. Guideline #5 discusses how "anticipating the periods following release (the first hours, days, weeks) are critical and identifying appropriate interventions as part of transition planning practices for individuals with co-occurring mental and substance use disorders leaving correctional settings" are essential to engaging this specific population.

Service Goals:

Increased longevity of program participation for those receiving the pack.

Increased engagement to care by reducing the barriers that exist for placement from jail to various appropriate housing options

Reduction of self-stigma/discrimination experienced by clients entering a sober living environment

Outcome Measures:

Baseline reports of past year data will be compared to data collected within the first year to determine how many clients were opened, versus those who withdrew from services. This will help determine whether Packed for Recovery has had an impact on engagement.

Client surveys will be given to clients before they are released, at release, and subsequently by quarter.

Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH) – Expansion of services

Access and Linkage to Care

Proposed Budget: \$1,484,774

Target Population: Adults with Serious Mental Illness

Anticipated number served: 300

Program Description:

REACH services were implemented in 2016 in an effort to reduce negative outcomes that often result from ongoing, untreated mental health and substance use disorders. The premise of the REACH program is to provide community outreach, education, and engagement services to individuals not currently treated within the Kern Behavioral Health and Recovery Services Department's (KernBHRS) service system.

Access and linkage to care will be provided to community members and partner agencies through a series of engagement and skill building opportunities. Engagement with family members and individuals is focused on identifying and linking at-risk adults experiencing challenges in accessing and/or remaining in traditional mental health and substance use disorder care. Continued engagement may also be provided as additional support for those linked to care as a preventative measure for symptom relapse, and to provide easy return access for those appropriate for re-admission. Engagement services may also be available post-treatment to continue success in recovery as needed.

Access to service will take place through outreach in community settings with individuals who are experiencing untreated behavioral health challenges. Outreach will occur at a variety of locations, including, but not limited to: homeless shelters, veterans service agencies, homeless encampments, substance use disorder service agencies, churches, sober living homes, parks, and other public settings. Referrals will also be accepted from public agencies, family members, and community supports. Referrals for REACH services are made through a 24-hour referral line, which will be answered during normal business hours.

To support a continuum of care approach, REACH staff will be integrated within treatment teams. This practice allows for seamless transition between service entry, treatment, and post treatment support and re-engagement. The expansion includes adding two Recovery Coordinators each to the areas of: Delano, Frazier Park, Lake Isabella, Tehachapi and Taft. Additionally, two Therapists and two Recovery Coordinators will be added to the Ridgecrest area. KernBHRS will also include two additional Recovery Specialists to the Bakersfield area team.

Program Service Goals:

- Improve accessibility of care by successfully linking individuals with ongoing treatment services.
- Improve service engagement by increasing the number of individuals remaining engaged in treatment.

- Increase the number of individuals successfully discharging from KernBHRS treatment services.

Outcome Measures:

- Increase the number of individuals successfully linked to treatment through the REACH program by 10%.
- Increase the number of individuals remaining engaged in treatment through utilization of REACH services by 10%.
- Increase the number of individuals successfully discharging from KernBHRS treatment services by 10%.

Additionally, the duration of untreated mental illness will be tracked for clients who are referred for care for serious mental illness who have not previously received treatment.

Family Connections Community Psychoeducation – NEW

Outreach for Recognizing the Early Signs of Mental Illness

Proposed Budget: \$17,518

Target Population: Family members of those experiencing mental illness

Anticipated number served: 54

Program Description:

KernBHRS continues to strive to provide outreach, education and support to families of Kern. Family Connections Community Psychoeducation program proposes to provide general and diagnosis-specific psychoeducation to those with family members experiencing mental health symptoms.

“Family Connections” is a 12-week curriculum-based evidence-based practice class for loved ones of someone with Borderline Personality Disorder. The goals of the program are 1.) Education about Borderline Personality Disorder 2.) Skill development to manage one’s own emotions and to improve family relationships and 3.) Participation in a support network of others sharing similar experiences. The structure of the program entails weekly meetings that review homework practice, present new material and practice material learned.

Additionally, for family members unfamiliar with mental health and symptoms who may seek general knowledge, this program will provide psychoeducation free of cost to the community. The premise behind the program is to create a community-centered approach to breaking stigma for those who may have questions about mental illness.

Program Service Goals:

- Provide opportunity for family members to receive education about their loved one’s needs
- Possibly reduce suicide risk/other risky behaviors in their loved one
- Provide a support to isolated individuals
- Improve relationships between family members

Outcome Measures:

Pre/Post Questionnaires will be administered to determine distress reduction change in family members.

Transitions Curriculum Integration – NEW

Prevention

Proposed Budget: \$86,513

Target Population: High School students at risk for, or experiencing symptoms of anxiety and/or depression

Anticipated number served: 500

Program Description:

The Transitions Curriculum Integration program will provide group or individual training based on the curriculum, designed to prevent prolonged suffering due to mental health symptoms.

Transitioning into adulthood can be a stressful time for youth, especially for those who are experiencing mild mental health issues, such as depression and anxiety. The goal of this program is to provide these students with a “safety net” in order to prevent an increase in severity of mental health issues while they prepare to transition into adult life. Recent studies show that students with disabilities and mental health issues have decreased levels of competency in relation to self-determination, which demonstrates the increased need for transition curriculums (Carter, et al., 2009).

The Transitions Curriculum focuses on three areas of competency critical to successful transition into independent living: Personal Management, Life Management, and Career Management. Program enrollment will be provided on high school campuses within the West Bakersfield community. Between all areas of competency, there are 300 lessons that the facilitator may choose from, depending on what area of competency and unit they are focusing on for that session. The curriculum may also be implemented on an individual or group basis weekly.

Staff facilitating groups will all be trained on the screening process for specialty mental health services. Youth identified in need of specialty care will be referred to and provided care at the West Bakersfield Clinic. Facilitators would request that the referral source complete a form listing the three competency areas to determine specific needs of the students referred and provide lessons surrounding relevant topics. Students benefitting from a one-on-one interaction and teaching setting, rather than a group setting will be provided the Transitions Curriculum individually.

Program Service Goals:

- Give students the skills they need to transition into adulthood successfully.
- Help students to develop the skills they need to be effective in their field of work.
- Assist students with goal setting based on identifying strengths and interests.
- Help students to become effective communicators so that they may be successful adults
- Ensure that students are prepared to meet the demands of adulthood.

Outcomes Measures:

Knowledge-based pre/post questionnaires and regular assessments of each student's progress during a Review Lesson, which occurs every 4-6 lessons. During this review lesson, the students summarize the information they have learned thus far, along with summarizing their efforts and recognition of their progress. Staff can use the lesson as a mechanism to track the effectiveness of the model by measuring the student's knowledge and progress.

Biblical Counseling – NEW

Early Intervention

Proposed Budget: \$23,391

Target Population: Adults seeking faith-based counseling

Anticipated number served: 75

Program Description:

The Biblical Counseling Center will implement principals of Nouthetic Counseling to address concerns related to mild depression, anxiety, grief and trauma. The purpose of the Center is to intervene early and quickly. Focus will be given to using biblical methods of problem-solving. Attention is given to discovering basic behavior problem and steps for solutions that bring about Biblical change in thoughts, attitude and behavior. The theory uses three basic elements: concern, confrontation, and change. When examining the support systems that individuals utilize to address daily issues and concerns, religion/spiritually has been identified as a major safety net for families in Kern County.

The Biblical Counseling Center, located at St. John Baptist Church, has been certified through the International Association of Biblical Counselor as an official Biblical Counseling Training Center. The center is manned by volunteers who are Certified Biblical Counselors who have met the rigorous guidelines for certification as a Biblical Counselor through the International Association of Biblical Counselors (IABC)

The goal is to increase the number of individuals served, at the Counseling Center, by increasing the counseling staff and by adding support staff that can facilitate access to care by managing schedules accordingly. Potential counselors will receive the formal training necessary to become a certified counselor. Staff will also be required to attend the International Conference of Biblical Counselors Conference to receive additional training and learning.

Program Service Goals:

- To provide immediate access and care.
- To decrease behaviors related to mild mental health symptoms.
- To engage the faith-based community in the provision of counseling services.

Outcome Measures:

Personal Health Questionnaire – 9 (PHQ-9) to determine presence of symptoms of depression. Over time, it is expected that the scale will show a decrease in depressive symptoms.

General Anxiety Disorder Scale – 7 (GAD-7) to determine the presence of symptoms of anxiety. Like the PHQ-9, it is anticipated that symptoms will be reduced as a result of early intervention services.

Suicide Prevention Outreach and Education – Expansion of service

Suicide Prevention

Proposed Budget: \$278,791

Target Population: KernBHRS and Behavioral Health Provider staff, Community-Based Organizations, Businesses, Schools, Hospitals and others interested in Suicide Prevention Training and Outreach

Anticipated number served: 25,000

Program Description:

The Crisis Hotline team has provided suicide prevention services through the 24/7 hotline, which received nearly 37,000 calls in FY 2016/2017 and outreached to over 20,200 staff, clients and community members throughout Kern. To better support the efforts of KernBHRS in providing opportunities for training and outreach surrounding suicide prevention, this program proposes to increase infrastructure through staffing.

The program will focus on targeted populations including: veterans, school-aged minors, college students and survivors of suicide. Outreach will include providing: Question, Persuade, Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), and More Than Sad and Zero Suicide practices.

The expansion of suicide prevention outreach and education is designed to benefit KernBHRS staff, members of the community, community-based organizations, businesses, churches, educational organizations and others seeking education, training and resources pertaining to suicide prevention. The program is also designed to reduce stigma associated with suicide by promoting awareness and providing suicide prevention information and campaigns through news and social media.

Program Service Goals:

- To expand the reach of KernBHRS suicide prevention efforts by 25 percent over five years

Outcome Measures:

- Pre and post testing of trainees at training events
- Follow up satisfaction surveys for trainings, groups and events

Zero Suicide – NEW

Suicide Prevention

Proposed Budget: \$455,914

Target Population(s): KernBHRS and Behavioral Health Provider staff, Emergency Room and Hospital Staff, Primary Care Physicians

Anticipated number served: 17,000

Program Description:

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 division and into all health care and behavioral healthcare access points at every contact. Should an individual screen positive for suicidal ideation and behavior, then the individual is assessed the same day for suicidal risk. A Safety Plan is collaboratively developed with each Adult individual who is assessed as at risk for suicide, and the Safety Plan is completed the same day as the initial screening. Treatment includes suicide-specific evidence-based practices, counseling on lethal means, development of a Suicide Care Management Plan, provision of supportive contacts, etc.

This program integrates into the community using a multi-phased approach. Zero Suicide is provided first behavioral health staff and builds outward to hospitals, emergency room staff and primary care providers. The intent is to create awareness surrounding suicide while reducing stigma and preventing the likelihood of occurrence.

Community awareness also be a large factor in reducing stigma surrounding suicide. Awareness campaigns and training in suicide prevention will be provided for community partners, including providers of behavioral health services, medical services, Veterans services, emergency services, urgent care services, and services from community based primary care physicians.

Additionally, this program will provide program education in English and Spanish to underserved Bilingual and Monolingual Spanish-speakers.

Program Service Goals:

- Screen every adult for suicidal ideation and behavior, at access points for behavioral health care and for medical health care, at each encounter;
- Provide suicide risk assessment for every adult client who screens positive for suicidal ideation and behavior on the same day as the initial screening. Develop a Safety Plan collaboratively with each of these clients, on the same day as the initial screening.
- Utilize suicide-specific evidence-based practices to fidelity, in the provision of treatment for adult clients who were assessed as at risk of suicide. Counsel these clients on Lethal Means.

Develop a Suicide Care Management Plan for each of these clients. Provide supportive contacts and timely follow up treatment as specified by the Zero Suicide framework.

Outcome Measures:

A key goal for the Kern Zero Suicide Program is for suicide to become a never event for Adult individuals who are served by health care and behavioral health care systems in Kern. This is intended, much like the program, to be achieved as the Zero Suicide initiative grows in the community and entities providing services are integrated into the practice. Over the course of a phased five-year implementation, it is anticipated that the following outcomes will occur:

- KernBHRS staff and System of Care = 100 percent fidelity to practice
- County Veteran's Services = 100 percent fidelity to practice
- Emergency Departments and Urgent Cares = 75 percent fidelity to practice
- Hospitals and Federally Qualified Health Clinics = 50 percent fidelity to practice
- Primary Care Providers = 25 percent fidelity to practice

Kern Youth Resilience and Support – NEW

Prevention and Early Intervention

Proposed Budget: \$599,724

Target Population: Middle School youth at risk or experiencing mental health symptoms

Anticipated number served: 600

Program Description:

California Legislature recently authorized a long-range plan called the California SUMS Initiative: Scaling Up Multi-Tiered System of Support Statewide (MTSS) designed to assist schools with prevention based-framework. Kern Youth Resilience and Support will utilize a series of prevention and early interventions based on the MTSS framework strategies in rural Kern County middle schools including: mentoring utilizing AmeriCorps members, Forward Thinking Interactive Journaling, Youth Mental Health First Aid training, early intervention care for mild/moderate mental health symptoms using the Developmental Assets framework. Additionally, school districts and Family Resource Centers will be utilized for family/parent engagement projects. Social Workers, along with mentors will be staffed at the school sites, creating availability for youth.

While schools throughout California are committed to implementing an MTSS model approach to improving outcomes for students, efforts are often hampered by a lack of available funding, staff expertise, and school buy-in. Integration of the MTSS framework can prevent and reduce the negative impact associated with escalating mental and behavioral health issues, including but not limited to substance abuse, violence, depression and suicide, school failure, and subsequent potential criminal involvement and incarceration.

Program Service Goals:

This program will establish and provide early-intervention and preventative school-based services for selective populations in grades 6th – 8th (at targeted high-need schools) who are at-risk of developing mental illness.

Outcome Measures:

- Improved resilience and protective factors
- Improved self-esteem and self-efficacy
- Improved mental health status
- Decreased substance use
- Increased school attendance
- Improved knowledge and access to community resources
- Decreased incidence of suicide and attempts
- Decreased incidence of student violence

Transitional Aged Youth Dual-Recovery Program – NEW

Early Intervention

Proposed Budget: \$220,000

Target Population: Transitional Aged Youth at risk of, or experiencing homelessness

Anticipated number served: 30

Program Description:

Homelessness and the risk of homelessness has been an increasing issue for Transitional Aged Youth (16-25) in Kern County. The TAY Dual-Recovery Project is designed to provide immediate housing with supportive behavioral health and substance abuse care for up to 90-days, depending on the severity of the youths' mental health and substance use care needs and global functioning.

To support youth in focusing on working toward recovery, TAY housed would have no more than one roommate. Additionally, care would be taken to ensure that neighboring populations proven to have a negative effect on stability in sobriety and fidelity to mental health care would be considered when choosing a housing provider and location. One apartment will be reserved for mothers or fathers with children, or expectant mothers in need of the program.

The Full-Service Partnership TAY Team will provide mental health services, including individual and group therapy, dual recovery groups, psychiatric evaluations, medication management, and medication support. On-site supportive services provided at the TAY Dual Recovery Project will, daily in-house substance abuse groups, individual substance abuse counseling, at least one Alcoholics Anonymous or Narcotics Anonymous meeting per day, assistance in transportation to and from mental health treatment and service appointments, groups teaching life skills, and case management services. Residents will be responsible for cleaning their own apartments, as well as participating in caring for the community grounds and meeting rooms.

Program Service Goals:

The goal of this treatment is to provide a safe setting for transition age youth to stabilize, which will improve the likelihood of being able to effectively diagnose and treat emotional and behavioral difficulties.

Outcome Measures:

The Independent Living Skills Survey (ILSS), which scores (appearance and clothing, personal hygiene, care of personal possessions, food preparation/storage, health maintenance, money management, transportation, leisure and community, job seeking, and job maintenance) pre- and post-test life functioning questionnaires.

Additionally, the Transition into Independence (TIP) Model Quality Improvement Tools will be utilized, which encompass Community Life Function Probe, Education Probe, Living Situation Probe, and Personal Effectiveness & Wellbeing Probe. The Probes are used to understand the extent to which staff are: a) knowledgeable of the youth they are serving; b) applying the

principles and practices of the TIP model; and c) documenting their practice activities in ways that illustrate its relevance to working effectively with the youth.

A focus group with the youth will be used to assess the extent to which; a) the TIP model guidelines and practicing are reaching the youth being served in the program; and b) the youth find the transition system to be helpful, relevant, and impactful in their lives and futures. Focus groups involve four-to-six youth and will be held every six months.

Transitional Aged Youth Self-Sufficiency Project – Expansion of service

Prevention and Early Intervention

Proposed Budget: \$321,379

Target Population: Transitional Aged Youth emancipated from foster care

Anticipated number served: 200

Program Description:

The Self-Sufficiency Project (Project) will expand existing services at the Kern County Network for Children's Dream Center. The Dream Center provides engagement and linkage to resources and services for active and emancipating foster youth in metropolitan Bakersfield. Services are provided through a multi-agency effort involving multiple county agencies including Behavioral Health and Recovery Services, the Department of Human Services, Kern County Probation and Bakersfield College.

The Dream Center initially began as a one-stop shop with agencies working under the same roof to provide services while also giving youth a drop-in center environment in which they could feel comfortable. In 2017, the Dream Center relocated its office, gaining additional space by way of two side-by-side buildings. One provides the youth drop-in center and includes a classroom, locker room, computer stations and kitchen. The adjacent building stations county agency and Bakersfield College staff and representatives, available to meet with youth each weekday. The Dream Center is considered a well-known and comfortable environment for this population, rich in resources to assist in guiding youth toward gaining independence.

Currently, the KernBHRS Transitional Aged Youth Full Service Partnership team stations staff at the Dream Center to be available for clients who traverse the commonly-used center. This program is designed to provide a wider scope of services, integrating prevention and early intervention practices to foster independence and provide care for those not experiencing serious mental illness in their transition into independence.

A trauma-informed approach will be used by the Self-Sufficiency Project (Project) staff to effectively engage youth, adhering to SAMHSA principles of:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical, and gender issues

Additionally, the Casey Family Program assessment tool, Casey Life Skills (CLS) will be utilized to determine individual's skills, knowledge and awareness in the areas including:

- Daily living
- Self-care

- Relationships and communication
- Housing and money management
- Career and education planning
- Looking forward

Project staff will assist youth with developing a plan to increase their skills and better manage their behaviors. They will meet regularly with participating youth to assist them with increasing their skills in preparing for, obtaining and maintaining employment; obtaining and maintaining housing; fully utilizing available treatment and supportive services; and, building protective factors.

Youth will be provided with transportation services as needed. Those youth qualifying under the Department of Housing and Urban Development will have housing vouchers made available to them. Transportation will be provided to housing service-related appointments and for assistance in obtaining necessary documents.

Prevention activities will include activities developed from the Center for the Study of Social Policy's Youth Thrive Protective Factor Framework. This research-based strategy, will be used to assist youth with increasing protective factors. The framework is based on five interrelated protective and promotive factors that studies show relate to a decreased likelihood of negative outcomes and an increased likelihood of positive outcomes as adolescent's transition to adulthood. The overarching goal of the Youth Thrive framework is to achieve positive outcomes by mitigating risk and enhancing healthy development and well-being of youth (ages 11-26).

The Dream Center will also provide monthly leadership development activities including cooking and nutrition, guest speakers discussing leadership, games and group discussions.

Early Intervention activities will include:

- Anger Replacement Therapy – including Social Skills Training, Anger Control and Moral Reasoning Concepts
- Art and Auditory Art Programs
- Seeking Safety group counseling

Program Service Goals:

- Youth will increase skills, knowledge and awareness in multiple life-planning areas
- Youth with Serious Mental Illness will gain access and linkage to care through the Transitional Aged Youth Full Service Partnership program and early intervention services within the Center
- Youth will gain protective factors

Outcome Measures:

CLS scores for each youth will be measured at intake, every 90 days, and at exit so that gains and/or areas for further improvement can be continually identified/monitored and

shared/discussed with youth. Project staff will enter CLS data into Social Solutions ETO software so that real time data reports can be ran at any time. Aggregated data for SSP participants will be monitored quarterly.

For groups such as, Seeking Safety and Anger Replacement Therapy, a pre/posttest will be completed to measure progress from the beginning of the group to the end. Throughout the course of treatment, Goal Achiever will be utilized to track youth's progress, as well as monitor goals and change if needed to help facilitate recovery.

Transitional Aged Youth University Counselor Training Clinic Outreach - NEW

Outreach for Recognizing the Early Signs of Mental Illness

Proposed Budget: \$65,230.61

Target Population: Transitional Aged Foster Youth

Anticipated number served: 30

Program Description:

The California State University, Bakersfield (CSUB) University Counselor Training Clinic (UCTC) is a graduate program preparing students to be licensed Marriage and Family Therapists (MFTs). The students see clients from the community, with supervision from a licensed MFT; fees are sliding scale, and clients are not turned away due to inability to pay. (The UCTC is not available for people from the campus; the campus is served by a different entity.)

Foster youth who are 'aging out' of the foster care system—Transition Age Youth, or TAY— may avoid accessing mental health services for a variety of reasons, including the (perceived) cost. The goal of this program is to inform, recruit and refer TAY population to obtain mental health care through the UCTC.

There are two components to this project:

- Outreach: Sharing information with community partners who support TAY, such as Kern Behavioral Health and Recovery Services TAY Program, and using word-of-mouth are effective ways of reaching our target population.
- Training: Student trainees will be trained to utilize the evidence-based Transition to Independence (TIP) model and solution-focused therapy. They will use a client-centered and future-oriented approach, focusing on enhancing competencies and strengths while maintaining an outcome focus. Additional service needs during the course of therapy will be addressed utilizing evidence-based approaches with an emphasis on grief and loss, trauma, substance abuse, and interpersonal communication skills.

For the outreach component, an informational flyer regarding the accessibility and fees of the UCTC will be created. Four MFT students will travel in pairs to locations in the community that are frequented by TAY. Distribution of flyers and engagement in discussion with youth will provide assistance to referral for potential clients to the (UCTC). The students will collaborate with agencies serving foster youth and non-profit entities in disseminating information and engaging the TAY population. This will include presentations, one-on-one referrals, and participation in various community events. We will also use a word-of-mouth to have TAY share this information with their peers.

Program Service Goals:

- Provide outreach in community settings where TAY youth naturally traverse leading to referral and early intervention care for at least 30 youth

Outcome Measures:

- Number of youth engaged through outreach efforts
- Number of students trained through Transition to Independence model interventions – with pre/post-test evaluation
- Number of youth referred for care for Serious Mental Illness to the TAY Full Service Partnership team and Duration of Untreated Mental Illness

Yoga: Stress Management and Mindfulness

Prevention

Proposed Budget: \$165,000

Target Population: General population

Anticipated number served: 250

Program Description:

Licensed yoga instructors will teach a yoga class free to the community once a week in various areas throughout Kern County. The practice will be simple, introductory yoga, focused on breath and mindfulness - designed to decrease symptoms of anxiety and depression while reducing stigma associated with mental illness.

The benefits of yoga on mental health have been well documented. The program will be modeled after a locally-developed 10-week workshop specifically designed to reduce symptoms of anxiety and depression. Yoga instructors from throughout Kern County will participate in the program, which acts as a teaching mechanism, providing information on mental health as well as basic skill in yoga practice associated with reducing symptoms.

The practice in this workshop is designed to allow students to learn introductory yoga which incorporates breathing and beginners poses. Yoga, when done correctly can begin to create patterns of change within the nervous system. Parasympathetic nervous system (PNS), or 'rest and digest' activity can be initiated within a few minutes of yogonic breath work, creating better patterns of awareness. Workshop discussion will center on how the yoga is helping to improve their symptoms of anxiety, depression and/or substance use cravings, triggers or actual use. Upon completion of the class, client will have developed a new, effective coping skill.

Program Service Goals:

It is anticipated that through fidelity to the workshop, attendees will experience decreased mental health symptoms and increased sense of wellbeing.

Outcome Measures:

A Pre/Post questionnaire will be given at the beginning and end of the 10-week workshop. Information collected in the questionnaire will include demographics.

Early Psychosis Outreach and Intervention – NEW

Outreach and Early Intervention

Proposed Budget: \$1,280,000

Target Population: Outreach will target Spanish-speaking populations while early intervention services will target those at risk of, or experiencing first break psychosis

Anticipated number served:

Outreach: 1000

Early Intervention: 100

Program Description:

The Early Psychosis Outreach and Intervention program will utilize La CLAVE, a culturally competent outreach and linkage program designed to educate and engage the Spanish-Speaking population on signs and symptoms of Schizophrenia and first break psychosis.

Additionally, this program will integrate evidence-based early intervention treatment for both the English and Spanish-Speaking community. Services under this program will include community outreach for English-speaking populations, access and linkage to care, individual, group and multi-family group therapy. Research has shown that effective evidence-based early psychosis services also integrate vocational/educational support, medication management and psychoeducation for family members.

Program Service Goals:

The Early Psychosis Outreach and Intervention program intends to provide services prior to or at first break. Nationally, the duration of untreated psychosis (DUP) averages 74 weeks. This program hopes to reduce the DUP and create a more informed community while reducing stigma associated with mental illness and especially psychosis.

Outcome Measures:

La CLAVE will be measured by University of Southern California (USC) Professor Steven Lopez and his team to determine DUP and number of individuals engaged and referred for care.

The Early Psychosis Intervention program anticipates potentially joining in a statewide evaluation effort with multiple counties and facilitated by UC Davis.

Help Me Grow – New

Access and Linkage to Care

Proposed Budget: \$261,555

Target Population: Children 0 – 5 years of age

Anticipated number served: 2,350

Program Description:

Help Me Grow Kern County proposes to offer developmental and behavioral screening to Kern County parents by calling or texting 2-1-1 and online Ages and Stages Questionnaire (ASQ -3 and SE2) screening services, with particular emphasis on serving first-time parents, medically at-risk children aged 0 – 5 and behaviorally and developmentally challenged pre-school age children 0 – 5. By providing the screening in both traditional and online-based formats, the Help Me Grow program would be available to all Kern County parents, urban and rural.

Currently, 25 states are part of the Help Me Grow initiative which seeks to implement effective, universal surveillance and screening for all children and link those at risk for developmental and behavioral problems to appropriate programs and services. For children screening positive for any of the skill areas and/or behavioral areas, a referral would be provided through a warm handoff by 2-1-1 staff. Screenings and referrals would be reviewed with parents to discuss potential next steps, prior to an appointment being made for follow up.

Children screening positive for on the SE2 screen for potential social-emotional concerns would be referred to the KernBHRS system of care for further screening, assessment and appropriate care.

Program Service Goals:

To provide early (ages 0 – 5) screening for developmental and behavioral service needs for children

To link to and provide appropriate care for children screening positive for developmental and behavioral care needs

Outcome Measures:

Outcomes will be tracked including:

The number of children screened

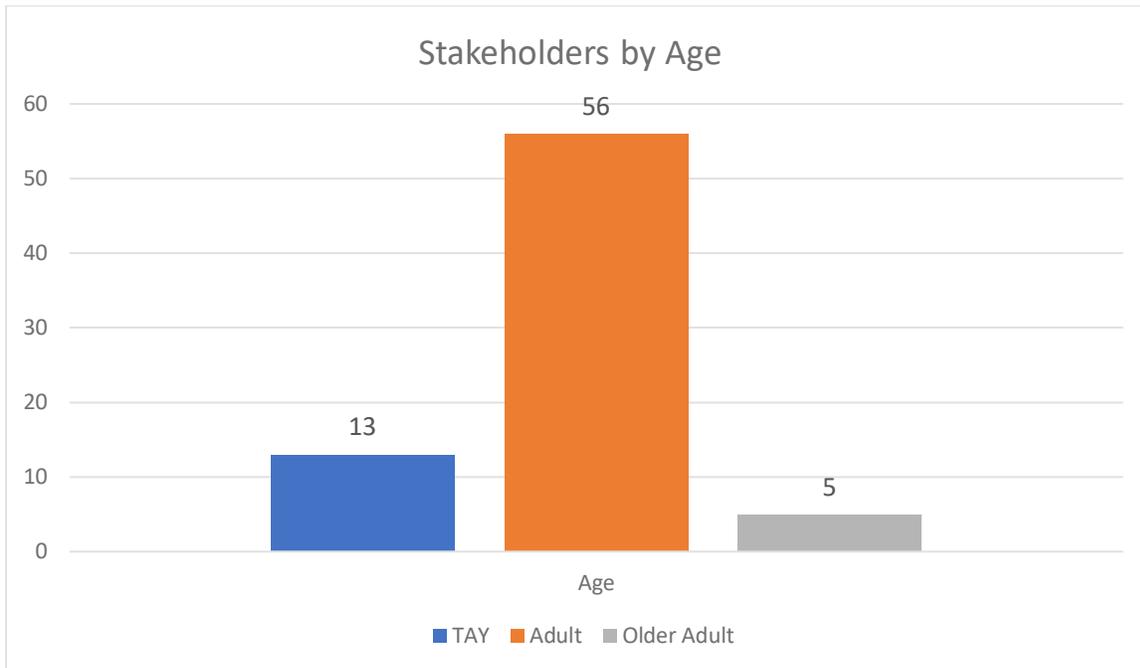
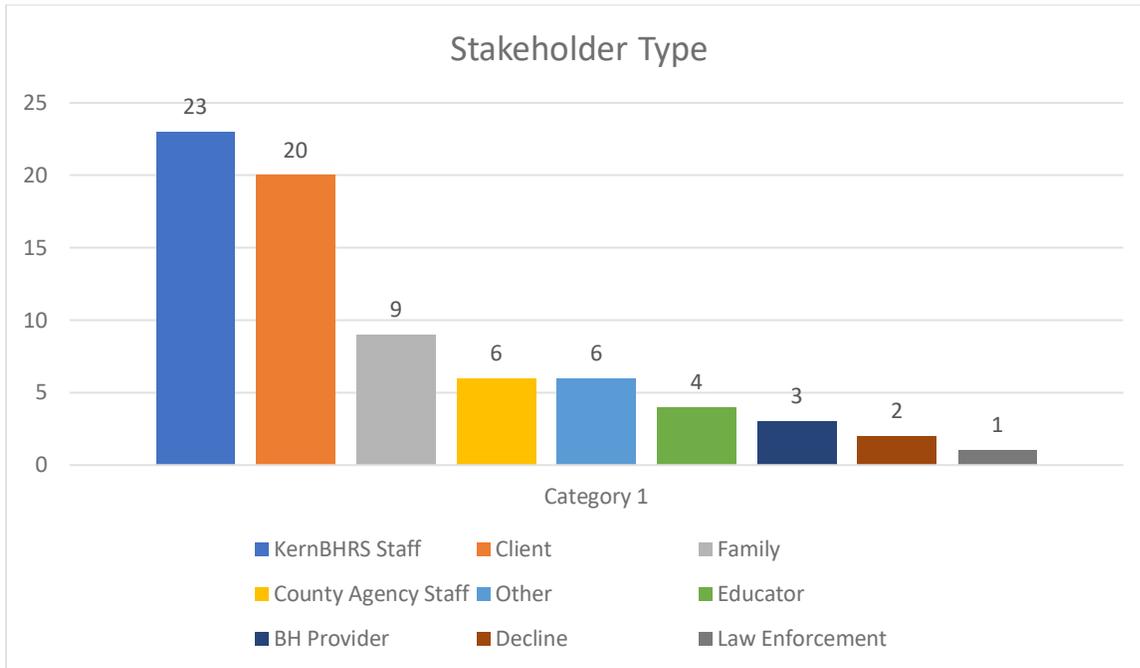
The number of children screening positive for behavioral health symptoms

The number of children referred for care

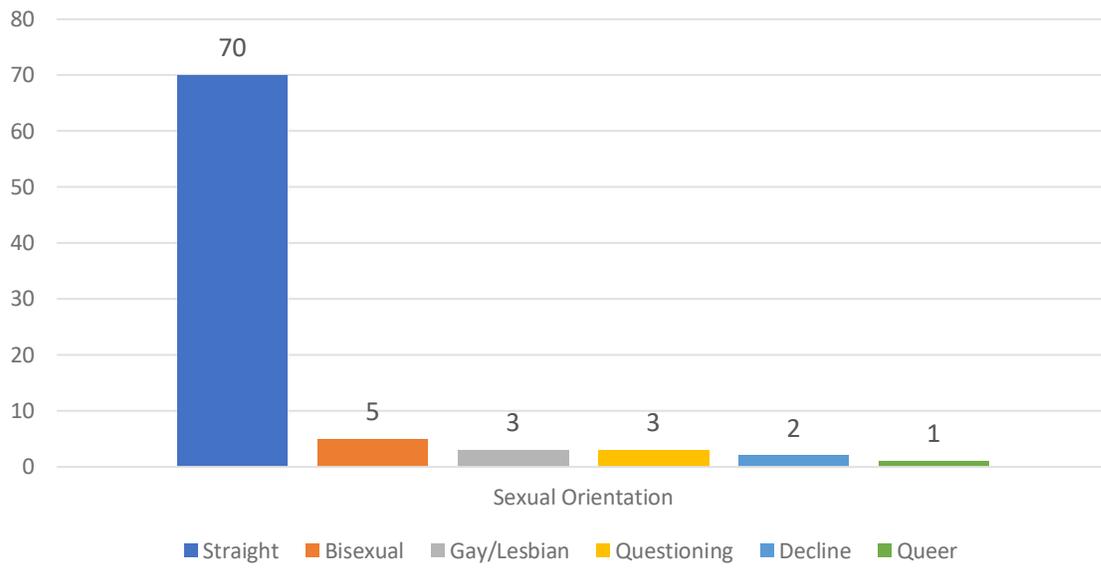
Duration of untreated mental illness for youth entering care for serious mental illness or serious emotional disturbance

The number of children successfully linked to treatment by participating in at least one appointment

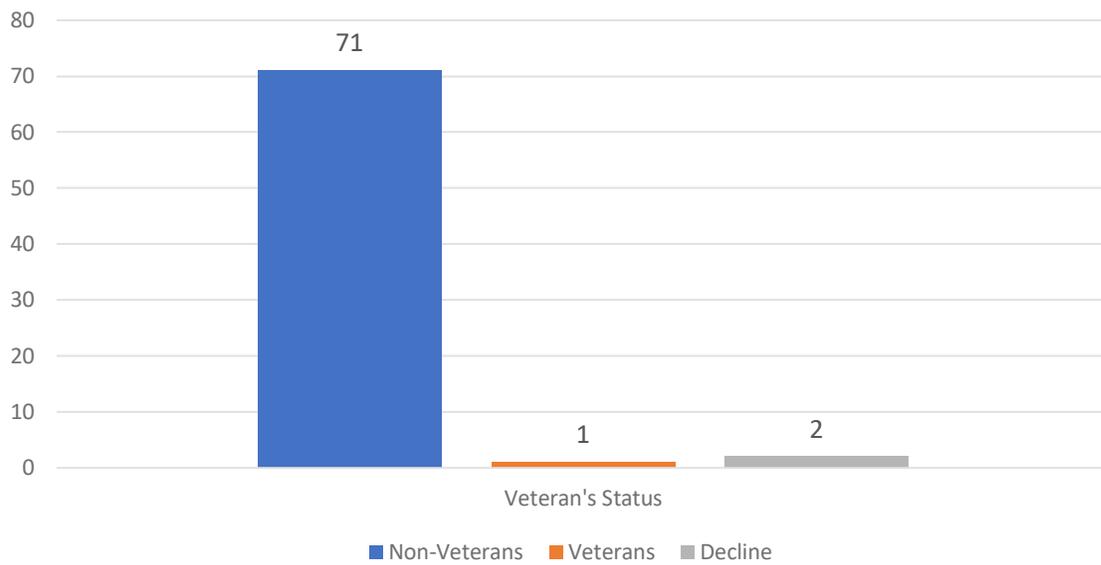
Stakeholder Demographics and Feedback Summary:

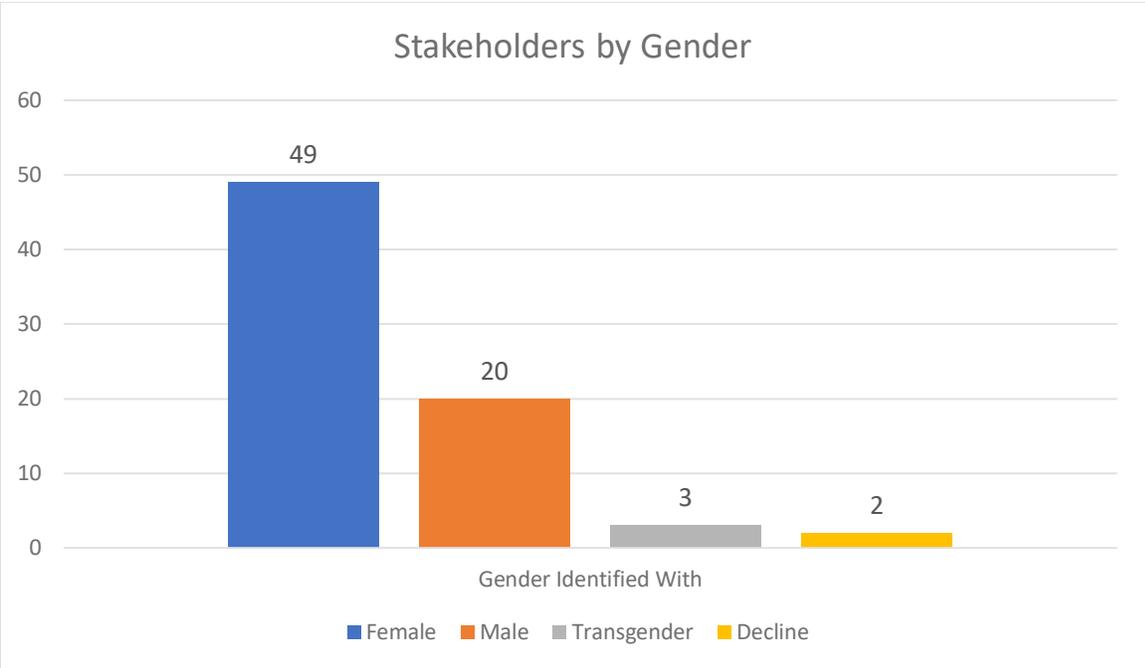
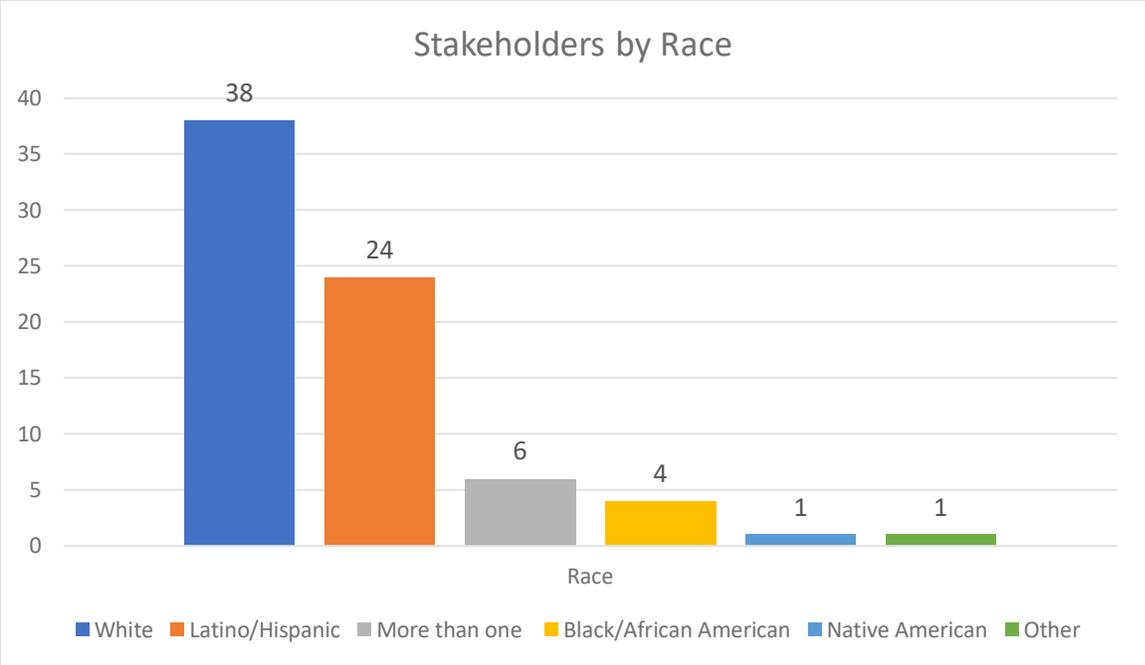


Stakeholders by Sexual Orientation



Stakeholders by Veteran's Status





“The proposed programs are making progress toward the ultimate goal of Prevention. I would like to see an added component of helping the youth find a purpose in life through college/career counseling.” – *Children’s Treatment and Recovery Subcommittee*

“These sound like great opportunities to help the community. Reaching out to schools and educators will assist in prevention and removing stigma.” – *System and Quality Improvement Committee Meeting*

“I believe the programs are a great start. I hope Ridgecrest gets the same regards to service as other county cities.” – *Ridgecrest Community Stakeholder Meeting*

“Have staff located at access points (Dream Center), where youth feel welcome, supported and are invited to share ownership of their space.” – *TAY and Provider Focus Group*

“Establish a school-based prevention and early intervention program in outlying underserved areas that serves foster youth and connects to TAY services.” – *TAY and Provider Focus Group*

“Anything that enhances after hours and weekend hours. People do not know that there is potential for these out of the ordinary hours – but once they are recommended and available the populations will request and use these expanded hours.” – *General Stakeholder Presentation*

Innovative Programs

Smart911 – Currently Implementing

Annual Budget: \$617,333

Target Population: Adults and Families in Kern County

Anticipated number served: 1000

KernBHRS collaborated with Rave Mobile Safety and local law enforcement and fire agencies to equip the county with Smart911 Special Needs Registry services.

Smart911 Special Needs Registries are free, password-protected services operated on the Rave Mobile Safety Smart911.com site. Individuals can register a number of special needs including physical health concerns, behavioral health concerns, mobility limitations, medications and additional pertinent information. Upon calling 911 with a registered phone number, the users information is provided to emergency service dispatchers who, in turn, provide information to first responders.

The premise of the program is to engage current clients and the community with behavioral health symptoms to reduce the likelihood of an adverse event during an emergency.

Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions – Currently Implementing

Annual Budget: \$526,664

Target Populations: Individuals with subclinical symptoms; Residents in need of Mental Health services and supports in outlying/rural areas; Older Adults; Veteran's; College-aged youth

This program is designed to utilize existing technology-based mental health services and solutions to reduce stigma, increase access and provide support for existing clients and the community-at-large. Services provided through this program include: peer chat, digital therapeutics utilizing an avatar, online therapy with a licensed clinician and digital phenotyping.

This program is currently a collaborative three-year pilot project incorporating the counties of Kern, Los Angeles and Mono. Several counties are in various stages of completeness to seek approval to join the project from the Mental Health Services Oversight and Accountability Commission.

The Healing Project – Currently Implementing

Annual Budget: \$3,120,702

Target Population: Adults with untreated/undiagnosed mental health symptoms experiencing a substance use-related crisis

Anticipated number served: 1600

The Healing Project is a set of Recovery Stations designed to engage and provide access and linkage to care for individual experiencing a substance use related crisis. Traditionally called Sobering Stations, this program takes the commonly-used sobering station model and adapts it to recognize and refer for care those with mental health care needs who are not receiving services.

This program will utilize lessons learned from Kern's first Innovative program, Freise HOPE House (FHH). The FHH program used a peer-based model to engage individuals entering crisis housing. Client satisfaction regarding peer engagement proved positive over the program's duration. Those findings led to Kern's continued peer-related efforts using recovery stations.

Budget Summary

Per the Department of Health Care Services, Kern County will need to spend \$4,998,457 in Prevention and Early Intervention dollars from Fiscal Years 2007-08, 2008-09, 2009-10 and 2011-12 by June 30, 2020. Additionally, the proposed spending plan incorporates unspent funding through FY 2016/2017, also subject to reversion by June 30, 2020.

Kern is subject to reversion of Innovative funds totaling \$2,451,210 if not spent by June 30, 2020. The following budget templates provide information on proposed Prevention and Early Intervention programs and active/approved Innovative Programs with annualized budgeted expenditures.

**FY 2018/19 – 19/20 Mental Health Services Act Three-Year Plan
Prevention and Early Intervention (PEI) Funding**

County: Kern

Date: 03/28/18

	Fiscal Year 2018/19 – 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Percentage of total funding dedicated to component
PEI Programs - Outreach						
TAY University Counseling						
1. Training Center	\$65,230	\$65,230	0	0		
2. Family Connections	\$17,518	\$17,518	0	0		
3. Early Psychosis Outreach	\$307,076	\$307,076	0	0		
PEI Programs – Prevention						
Yoga: Stress Management and						
1. Mindfulness	\$165,000	\$165,00	0	0		
2. Packed for Recovery	\$307,534	\$307,534	0	0		
3. TAY Self-Sufficiency	\$325,562	\$325,562	0	0		
4. Transitions Curriculum	\$85,512.26	\$85,512.26	0	0		
5. FRED: Freedom, Recovery and Empowerment with Dogs	\$93,600	\$93,600	0	0		
6. Kern Youth Resilience and Support	\$599,724	\$599,724	0	0		
7. Help Me Grow	\$261,555	\$261,555	0	0		
PEI Programs – Early Intervention						
1. Biblical Counseling	\$23,391	\$23,391	0	0		
2. TAY Self-Sufficiency	\$104,410	\$104,410	0	0		
3. TAY Dual-Recovery	\$220,000	\$220,000	0	0		
4. Early Psychosis Treatment	\$1,000,000	\$1,000,000	0	0		
PEI Programs – Suicide Prevention						
6. Suicide Prevention and Outreach	\$278,791	\$278,791	0	0		
7. Zero Suicide	\$478,464	\$478,464	0	0		
PEI Programs – Access and Linkage to Tx						
1. REACH	\$1,484,774	\$1,484,774	0	0		
PEI Administration	\$258,934	\$258,934				
PEI Assigned Funds	\$5,818,114.26	\$5,818,144.26				
Total PEI Program Estimated Expenditures	\$6,077,078.26	\$6,077,078.26				

**FY 2017/18 – 19/20 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Kern

Date: 03/28/2018

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Special Needs Registry – Smart911	\$533,758	\$533,758	0			
2. Technology-Based Access and Linkage	\$526,664	\$526,664	0			
3. Healing Project	\$3,120,702	\$3,120,702	0			
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INN Administration						
Total INN Program Estimated Expenditures	4,181,124	4,181,124	0	0	0	0

**FY 2018/19 – 19/20 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Kern

Date: 03/28/2018

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Special Needs Registry – Smart911	\$533,758	\$533,758	0			
2. Technology-Based Access and Linkage	\$526,664	\$526,664	0			
3. Healing Project	\$2,891,202	\$2,891,202	0			
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INN Administration						
Total INN Program Estimated Expenditures	\$3,951,624	\$3,951,624	0	0	0	0