



Kern County Mental Health



MENTAL HEALTH SERVICES ACT
FISCAL YEAR 2013-2014 ANNUAL UPDATE
JUNE 2013



CONTENTS

| | |
|---|----|
| Community Program Planning Process..... | 2 |
| Community Services and Supports | 3 |
| Assertive Community Treatment (ACT)..... | 5 |
| Adult Transition Team (ATT)..... | 6 |
| Transition Aged Youth (TAY)..... | 8 |
| Multi-Agency Services Team (MIST)..... | 9 |
| Wellness Independence and Senior Enrichment (WISE)..... | 10 |
| Recovery Supports Administration (RSA)..... | 11 |
| Housing..... | 13 |
| Youth Wraparound..... | 15 |
| Adult Wraparound..... | 16 |
| Access to Care | 18 |
| Community Outreach & Education | 19 |
| Workforce Education and Training (WET) | 29 |
| Expansion & Enhancement of Annual Training | |
| Internship Support | |
| Prevention and Early Intervention (PEI) | 30 |
| Student Assistance Programs | |
| Future Focus | |
| Project Care | |
| Volunteer Senior Outreach (VSOP) | |
| Innovation (INN)..... | 34 |
| Freise H.O.P.E. House | |
| Capital Facilities & Technology Needs (CFTN) | 39 |
| Network Infrastructure Improvements | |
| Technology Refresh | |
| E-prescribing | |
| CFLC Computer Labs | |
| Personal Health Record | |
| Program Funding..... | 45 |



STAKEHOLDER COMMUNITY PROGRAM PLANNING PROCESS

County: Kern

Public Comment Period: June 18-July 18, 2013

Date: June 2013

Date of Public Hearing: August 26, 2013



Stakeholder Participation

Since the passage of Proposition 63, the Mental Health Services Act (MHSA), Kern County enthusiastically participated in this opportunity to develop personnel and other resources to support public mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, and older adults and families. The MHSA allows us to address the broad continuum of prevention, early intervention and intensive service needs, as well as necessary infrastructure, technology and training elements to effectively support this system.

The MHSA values include community collaboration, cultural competence, client and family driven services, as well as focus on wellness, recovery, and resilience, and integrated service experiences for clients and their families. The community program planning process remains integral to MHSA development in Kern. The process includes stakeholders, which is any individual or entity with an interest in mental health services in California. Stakeholders represent a variety of Kern's underserved or unserved populations, and a diversity of demographics throughout the county, including geographic location, age, gender, sexual identity and orientation, race/ethnicity, professions, and other cultural considerations. Community program planning took place throughout Kern County. Between October 2012 and December 2012 seven stakeholder focus group meetings took place and eighty-nine surveys were received from stakeholders who provided feedback on Kern County's MHSA programs provided during Fiscal Year 2011-2012. The meetings took place in all areas of the county where MHSA programs served individuals and families. Emphasis was given to reviewing programs implemented during this time period, and discussion also included program growth and current progress. The meeting dates and locations were as follows



Stakeholders included individuals and families served by Kern's MHS Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce, Education and Training (WET), Innovation (INN), and Technological Needs (TN) programs. Among these individuals were those who suffer from serious mental illness and/or serious emotional disturbance, and their family members or support persons. In addition, participants included providers of mental health and other related services, such as substance abuse, physical healthcare, social services, education, and law enforcement. County individuals represented included, but were not limited to, children and families at risk for mental illness or emotional disturbance; children and adults in community healthcare clinics; students and mental health professionals; transition-aged youth, homeless individuals; or those at risk for homelessness once released from incarceration; foster children; senior adults; and peers; those individuals who have lived experience with mental illness and are working with others to encourage recovery and mental wellness.

No substantive feedback was provided for the draft of the Annual Update.

Community Services and Supports

Kern's CSS Program 10, Office of Program Development and Implementation (OPDI), included one staff person to provide administrative support services through research and data collection, training, and development of evaluation instruments and strategies. In addition, the OPDI staff assisted with flow of communication with regard to regulations and research. As MHS programs developed, three program areas, outreach and education, training and cultural competency, and data analysis and outcomes each acquired one Department Analyst staff person to assist with these duties. Stakeholders approved for CSS funds to be used in this manner.

Workforce Education and Training

The community and mental health system needs for Financial Incentives programs of the WET component have changed since the beginning of MHS in 2005. The former 30/10 program, stipend, and scholarship programs were developed in a time when licensed clinicians were in high demand. Within the last few years, Kern County Mental Health (KCMH) experienced a surplus of individuals receiving higher education degrees and desire to work as licensed clinicians in the public mental health system, thereby decreasing the demand for increasing incentives to encourage growth among the population. Stakeholders discussed funding alternatives, and shared support for educating a greater number of mental health peers (individuals with lived experience of mental illness) who are interested in working in the public mental health system. Stakeholders agreed that using these funds to grow supported employment opportunities for individuals served is a valued use for these funds.

Capital Facilities and Technological Needs

Mental health providers and stakeholders reviewed current priority facility needs and supported Department efforts to secure a building site to support MHS programs per MHS Capital Facilities regulations. Regarding Technological Needs funds, providers and stakeholders discussed the option of provider use of signature pads to assist with efficiency in use of the electronic health record. Stakeholders supported this funding option, with a desire to be informed as to how these may directly impact individuals served.



Prevention & Early Intervention

Kern continues with four PEI programs to serve children, families, adults, and older adults throughout the county. Stakeholders were informed of a department consideration to transfer approximately 3.8 million dollars from PEI to the Prudent Reserve in order to maintain the current level of services in years when MHSA funding is lean. Stakeholders supported this transfer of funds to sustain the current level of programming in years when MHSA funds may decrease for Kern County.

A 30-day draft review process took place between June 18, 2013 and July 18, 2013. Stakeholder review and input was encouraged throughout this period. The MHSA Annual Update draft was posted to the KCMH public website, in addition to telephone and email address contact information for the KCMH MHSA Coordinator. Announcements via email were provided to increase awareness and interest for providers and other stakeholders to review and provide comment. Hard copies were made available in public mental health clinic lobbies, as well as made available to all as needed per request. The date of the public hearing held by the Kern County Mental Health Board is scheduled for August 26, 2013.



Assertive Community Treatment (ACT) Program

The ACT team continues to provide intensive mental health services to those adults who have chronic, persistent and severe mental illness. These individuals are often challenging to engage and often unwilling to participate in treatment due to the acuity of their symptoms and related impairments. Most of these individuals are at risk of psychiatric hospitalization, placement in long term care facilities, incarceration or homelessness. They are often unable to meet their most basic needs or accept third party assistance due to the acuity of their mental health symptoms. ACT serves individuals in the community with the greatest service need, so the team strives to maintain a staff to client ratio of 1 to 10. Working with smaller caseloads allows staff to work intensively with each individual to provide necessary treatment, rehabilitation services and support in meeting client needs. ACT staff share responsibility related to knowing all individuals served by the team so that immediate response can be provided. The ACT model is recovery-oriented, seeking to build therapeutic alliances with individuals rather than being prescriptive or directive. The engagement and rapport-building phase is imperative in this model, since these individuals are often reluctant to follow-up with treatment.

ACT participants are able to meet with the team psychiatrist in order to manage complicated medication regimens and possible side effects. In addition to the full menu of specialty mental health services, ACT is able to assist with transportation for participants to aid in keeping necessary mental health and medical appointments if needed. ACT providers spend about 70% of their time providing services to participants in the community, with the remaining 30% spent in team meetings, trainings, and documenting services. The service team meets several times per week to exchange information related to participants' progress, service needs, and other pertinent updates. ACT incorporates multiple strategies in providing treatment, rehabilitation and support including strengths-based and solution-focused approaches. The team also implements the recovery principles of hope and empowerment in working with participants.

The ACT team is comprised of a diverse group of bright, energetic, and highly motivated workers, each offering a particular skill set to meet the needs of participants. They are trained in evidence-based practices such as Dialectical Behavioral Therapy (DBT), Brief Solution-Focused Therapy, Stages of Change, Motivational Interviewing, Milestones in Recovery, Co-Occurring Disorders, and ongoing training and consultation related to effectively working with participants.

In Fiscal Year 2011-2012 ACT served 75 adults, 38 females and 37 males. Participant ethnicities included 35 Caucasian, 11 African-American, 25 Hispanic, 3 Asian, and 1 Mid-Eastern. Ages ranged from 22 to 72 years. Thirty five participants were legally under LPS Conservatorship, and 56 of the total participants were diagnosed with co-occurring substance use disorders.

Program objectives include decreasing psychiatric hospitalization, incarceration, and homelessness; increasing social supports within the community; increasing independent living skills. Providing intensive services allows the provider to identify barriers to progress and tailor services to meet specific needs. In working with such a challenging population, it is critical the team celebrates progress, no matter how small it may appear to others



Program outcomes include information regarding both a reduction of crisis related services, such as psychiatric hospitalization days, as well as improvement in quality of life, as evidenced by less need for this intensive service team. In total for Fiscal Year 2011-2012, data revealed zero psychiatric hospitalization days for an unprecedented 40 consecutive day period. In addition to this milestone, 22 percent of the ACT program participants improved significantly, requiring less intensive services and were able to transfer to teams with individuals increasingly successful with their recovery goals.

Adult Transition Team (ATT) Programs

Kern's Adult Transition Team program includes two sub-programs. Each team serves adults who are homeless or at risk for homelessness. The teams differ in their population served.

Adult Transition Team

The Adult Transition Team seeks individuals who are incarcerated and soon to be released. Primary community needs addressed include reduction in psychiatric hospitalization, incarceration, and homelessness. The team works together with the Kern County Sheriff's Department to screen for qualified individuals, including those who have a mental illness, co-occurring substance abuse problem, and are not receiving other services. Clients begin participating in individual and group counseling and support groups while incarcerated. A case manager begins the linkage process, so that they may assist clients by linking to services, such as an evaluation with a doctor for appropriate psychiatric medication, and housing the same day that they are released from jail.

Prior to the MHSA, mentally ill individuals with a secondary addiction to substances were simply released after completing time served in jail. There was no attempt to create a bridge between jail and needed treatment. The ATT program was the first in Kern to provide a screener located in the jail to screen and refer these individuals to needed services once released from jail. This MHSA program serves to fill the gap that took place in this area of the community mental health treatment system. Often, the individuals that come into the ATT program are chronically mentally ill, addicted to several substances, homeless, and are minimal to no motivation for treatment due to lack of insight about having a problem.

In Fiscal Year 2011-2012 ATT served 186 adults. Repeat incarcerations and inpatient psychiatric hospitalizations decreased for individuals since enrollment into the program. The data showed a cost savings of \$2,027,894 for incarceration and \$6,556,790 for psychiatric hospitalization. Homelessness showed a reduction of 13,016 days as a result of participation in ATT.

In October 2011, AB 109 took effect in California. This law allows for individuals to be released from prison on post release community supervision (PRCS) if convicted of non-violent, non-serious, non-sexual offenses. Previously, these individuals were supervised by the State Parole department, but are currently supervised by the County Probation department. Thus, the ATT program has been receiving an increased number of individuals who have more acute mental illness and are coming into the community out of State prisons.



Homeless Adult Team

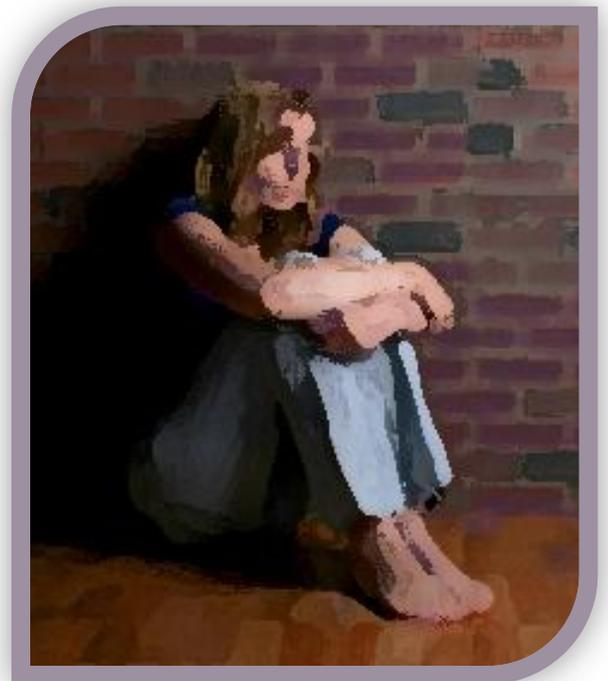
The Homeless Adult Team (HAT) targets indigent adults 18 years of age or older, who are homeless, at risk of being homeless (a maximum of 5 days until one's housing situation is terminated), and who have a history of homelessness (within previous 12 months), psychiatric hospitalizations and incarceration. These individuals also suffer from chronic and severe mental illness and may also have a co-existing substance abuse problem.

Treatment services are often intensive during the initial phases, as individuals are linked with various community resources to meet specific basic needs. MHSF funds allow for a homeless coordinator position via partnership with The United Way. Essential functions of this coordinator include developing an inventory of housing options in Kern County, acting as a resource to organizations who serve individuals and families with housing needs, particularly those who are disabled or chronically homeless; and act as a liaison between service providers and those who live in shelters or are without fixed housing.

ATT Recovery Specialists often meet with participants weekly during the beginning phases of the program. As problematic symptoms stabilize and individuals are able to make initial gains in their treatment goals, services are either increased or decreased to meet each individual's specific needs. Types of services may include mental health, medical, legal, financial, housing, and daily living skills. HAT provides assistance for participants with benefit acquisition.

In Fiscal Year 2011-2012 ATT served 224 adults; 105 females and 119 males. Participant ethnicities included African American, Hispanic, Asian, and Caucasian. The HAT team is additionally designated to serve individuals who are uninsured. In the last Fiscal Year, of those uninsured, HAT served between 20-30 monolingual Spanish speaking individuals. All mental health services, including medication management, case management services, individual therapy, etcetera, were provided to these individuals in Spanish. HAT facilitates a Spanish-speaking process group that addresses the specific issues related to the Spanish-speaking population in relation to their mental health concerns.

Program outcomes included a decrease in homeless days, psychiatric hospitalization days, and incarceration days since enrollment in HAT. Homeless days decreased a total of 8,627 days; hospitalization days decreased 1,168 days, and incarceration days decreased a total of 816 days. Calculations on the cost for the county to serve individuals each day in the hospital and in jail indicate a savings of \$1,371,232 in hospitalization, and \$109,442 in incarceration costs.



Transition Aged Youth (TAY) Program

The TAY team serves individuals ages 16-25, who have a serious mental illness, are at imminent risk of homelessness, may be recently emancipated from the foster care system, and/or have criminal justice involvement. This population has historically been an underserved population of individuals in the public mental health system. Traditional services provided to children and to adults miss the specific types of difficulties faced by individuals between ages 16 to 25 years. Often individuals who struggle with serious mental illness or emotional disturbances may have little or no support systems to help them move from dependence to independence. They may have minimal skills to seek appropriate education and/or jobs, obtain stable housing, or have the skills to engage meaningfully in the community and develop positive adult relationships. The TAY program addresses these specific needs and utilizes the client-centered mental health recovery model of treatment to engage and assist these young adults in addressing specific challenges in order to move into adulthood safely and successfully.

The Latino population in Kern County has additionally been underserved in the recent past. In Fiscal Year 2011-2012 the TAY team increased outreach to this population. TAY increased service to 41% Latino individuals from 35% the previous year. Additionally, the number of Spanish-speaking staff members increased to assist those participants whose preferred language is Spanish.

Outcome data for participants in TAY indicated a decrease of psychiatric hospitalization of 8.3% and a decrease in homelessness of 2.9% after enrollment into the TAY program.

The MHSA Housing Development funds provided for a permanent housing complex with 20 one-bedroom fully furnished apartments dedicated to transition age youth who are homeless or at risk of homelessness. The TAY program youth who reside in these homes will receive TAY supportive services on-site.

One of the challenges faced in the TAY program involves the youth participation in treatment groups. Stakeholders and team members are currently discussing the possibility and logistics of opening a “drop-in center” for youth to have a safe place to come in on their own time and share together in this type of informal venue.



Multi-Agency Services Team (MIST) Program

MHSA Youth MIST utilizes a collaborative, wraparound approach to serve high-risk youth. The team consists of staff from Kern County Mental Health (KCMH), Department of Human Services (DHS), and the Kern County Probation Department (KCPD). This team serves youth up to age 19 who are often suffering from co-occurring mental health and substance use disorders, are served inadequately, and are at risk for crisis psychiatric hospitalization, removal from their home environment into placement in a more restrictive setting, and juvenile justice involvement.

The MIST staff to client ratio is approximately 1:13. This allows the staff to provide intensive daily support as needed. Services also include the family, therapy groups, skills training, parent partner services, and other supportive and advocacy services. MIST utilizes several evidence based model programs to assist youth and family participants. The Multidimensional Treatment Foster Care (MTFC) treatment intervention is used with youth in need of high-level residential placement. MTFC provides an alternative to residential group care for foster youth and youth on probation status. This program focuses on the strengths of the youth, and research strongly suggests that foster youth have a much higher success rate after participating in MTFC. MIST additionally uses Dialectical Behavior Therapy (DBT) treatment to serve our youth who engage in high-risk and self-harming behaviors. Staff members are trained as well in the evidenced based model, Aggression Replacement Therapy (ART) to serve youth who have experience challenges with aggression and anger control.

All team therapists utilize a Cognitive Behavioral Therapy (CBT) approach with clients. All team members are trained in Solution Focused Brief Therapy (SFBT), Stages of Change, Motivational Interviewing, and are strength based and recovery oriented in the services they provide.

In Fiscal Year 2011-2012 MIST served a total of eighty clients; forty-eight male and thirty-two female. Seven were other than Hispanic/Latino ethnicity, fourteen were Mexican-American/Chicano, and fifty-nine were non-Hispanic.

Each year the California Institute of Mental Health (CIMH) completes an Evaluation Dashboard Report that includes the five pilot counties that implemented MTFC in 2003. In the time period from January 2007 to March 2012 in the aggregate report, 63% of the youth successfully graduated MTFC. Graduating means that the youth did not return to high-level group homes and either reunified with a family member, remained in long-term foster care, or transitioned to independent living. In the Kern specific report, 74% of youth in our program successfully graduated. MIST is a certified MTFC provider as of August 2011, which means that we are implementing the model as recommended and have maintained adherence to the model over time. In May 2012, we completed an MTFC self-assessment as required by the Center for Research to Practice and the Oregon Social Learning Center where the program was developed. At that time results indicated that 82% of the youth were successfully completing the MTFC program. Youth who successfully have completed MTFC function better in school and have less crisis hospitalizations and arrests. Fiscally, this provides the County savings by decreasing expense of high-level group homes.



Wellness Independence and Senior Enrichment (WISE) Program

Wellness, Independence and Senior Enrichment aptly describes this program and the ideals that it promotes. The WISE program serves older adults, age 60 and older, who struggle with mental illness. WISE participants typically have a history of severe negative symptoms, and many have either been hospitalized for psychiatric problems, been homeless, or have been placed in residential care settings prior to joining the team for treatment. During a 2010 survey by CARF, a worldwide health and human service accreditation organization, KCMH's WISE team was cited as being an "outstanding model of integrated treatment of older adults who may be experiencing multiple mental health related issues."

Services are mobile, multi-disciplinary, and are designed to promote health, social support, and engagement in meaningful activities. WISE team members meet with individuals in "natural" settings whenever possible. These include private residences, residential facilities, such as assisted living or nursing homes, homeless shelters, physician offices, senior centers, or any other settings most familiar to the individuals who participate in the WISE program. The program staff and trained volunteers

regularly solicit feedback from the WISE consumer-run steering committee regarding services that they believe are most important to meet their unique needs.

Seniors are often very sensitive to medications. The team works extensively to help each individual achieve symptom control with minimum side effects, through education and close monitoring, as well as working closely with primary care providers as needed. The



team is composed of social workers, nurses, geropsychiatrists, and recovery specialists. The team additionally educates professionals in the community, including social workers, students, resident physicians, and nursing students.

During Fiscal Year 2011-2012 expanded outreach to community resources, such as faith-based groups, medical hospitals and service clubs. Additionally, outreach efforts included low-income senior residences. Participant demographics included an increase of Hispanic individuals from 16 percent to 21 percent, and an increase of African American individuals from 7 to 10 percent.

Performance measures tracked by WISE reflect the goals to increase participation in meaningful activity, as well as to reduce isolation. An average of 93 percent of WISE clients in Fiscal Year 2011-2012 increased the amount of meaningful activities each week. Additionally, 86 percent of the individuals were able to leave their home at least once per week either independently or making arrangements on their own.



Recovery Supports Administration (RSA) Programs:

Kern's Recovery Supports Administration program includes three sub-programs. Each team strives to help adult individuals increase community support and decrease isolation and crisis hospitalization, increase knowledge of mental health and reduce negative stigma, and increase access to mental health services.

Consumer Family Learning Center

The CFLC provides mental health recovery-based classes and support groups, computer lab access, and opportunities for outreach to peers and to the community. Kern County currently maintains three centers in Bakersfield (Consumer Family Learning Center/CFLC), Tehachapi (College Community Services Family Learning Center/FLC), and Ridgecrest (College Community Services HOPE Center). These centers provide an abundance of opportunity for positive contact between adult peers and the ability to learn about recovery and support. In addition to ongoing recovery-oriented groups and activities, individuals participate in mental health advocacy and community education through the Speakers Bureau. Individuals volunteer to present their stories to the public through public events, such as resource fairs.

The following totals include the number of service contacts through the CFLC program monthly support groups, classes and activities: Bakersfield CFLC - 8,186; Tehachapi FLC - 4,176; Ridgecrest HOPE Center - 5,027.

Self-Empowerment Team (SET)

The MHSA Self-Empowerment Team serves to provide consultation and assistance from professional staff with training in Peer Supports, and who self-identify as having lived experience with recovery from mental illness and/or substance abuse. SET serves four KCMH adult Recovery and Wellness Center (RAWC) teams.

In Fiscal Year 2011-2012, SET consisted of 5 professional peers, one of which speaks fluent Spanish and was able to work directly with Spanish-speaking individuals we serve. Contacts took place in the community to assist with individuals increasing skills directly in their living environments.



Recovery and Wellness Center (RAWC)

The MHSA allowed for an integration of new approaches to public mental health service and expansion of the mental health recovery model of treatment with those suffering from mental illness. The KCMH Recovery and Wellness Center teams emphasize use of recovery-oriented support and services to enable adult clients with persistent mental illness to move beyond mere symptom stabilization and



make solid steps toward goals for leading a meaningful and fulfilling life. This will mean different things to each individual client served in RAWC, including vocational training, volunteering in the community, attending community classes or support groups, becoming engaged in peer support, improving relationships with family and friends, attending church, etcetera.

Throughout the KCMH Department adult team providers, each were trained in evidence-based, recovery-oriented approaches, such as Brief Solution-Focused Therapy. A primary focus is in assisting clients with the gradual transition of services out of specialty mental health and into their community. They develop skills to increase their natural support systems and work toward managing regular medication with their community primary care physicians and psychiatrists.

Services provided by RAWC teams include:

1. Wellness Recovery Action Plan (WRAP): Team Program Technicians primarily assist clients in developing a WRAP, which is a recovery plan developed with and written by the client that enables each one to become increasingly educated about one's own recovery and plan the steps needed to discourage relapse and meet individual goals.
2. Nursing Assessments: Team nurses work with RAWC clients to assist with the development of positive physical health as well as mental health. Both the strengths and potential problem areas are addressed.
3. Brief Solution-Focused Therapy: Team therapists utilized this therapy model, which emphasizes a strength-based communication style.
4. Solution-Focused Recovery Coaching: Following each psychiatric or other treatment appointment, team members who work with the client focus on the client's accomplishments, strengths, effective coping skills, goals, dreams and solutions to encourage overcoming barriers to reaching one's goals.
5. Support and Therapy Groups offered: Solution-Focused Therapy; Relapse-Prevention recovery group; Holistic Approach recovery group
6. Medication management: Most individuals served by RAWC take psychotropic medications and meet regularly with a psychiatrist. Following each psychiatry visit, a staff member meets with the individual client to review and support their recovery progress.

In Fiscal Year 2011-2012 the team successfully transitioned 150 adult individuals from specialty mental health services into the community with community service providers. Post-discharge client survey results indicated that over 95% of these clients continued to successfully meet their mental health goals once discharged.



Housing Programs

MHSA funds were used to develop three housing projects in Kern County, Desert Willow Apartments in Ridgecrest, Haven Cottages in Bakersfield, and the Residences at West Columbus in Bakersfield. These projects offer affordable housing linked to supportive services needed for MHSA-eligible individuals and their families to live independently.



Desert Willow Apartments opened in November 2008, in the City of Ridgecrest. Desert Willow Apartments (DWA) was made possible by a \$1.8 HUD 811 grant awarded to the Community Action Partnership of Kern. MHSA one-time funds and County Community Development Block Grant (CDBG) were used to help complete the project. DWA consists of 14 rent-subsidized, one-bedroom apartments, including 3 handicapped units, a two-bedroom manager's residence, a community center and covered patio area built around a central courtyard. The one-bedroom apartments are individually heated and cooled and equipped with basic appliances, including stoves and refrigerators. The community center includes an office, game room, community rooms, laundry and kitchen used for resident meetings, shared meals, and social and recreational activities. DWA is owned and operated by a single purpose, non-profit agency, Desert Willow Apartments Inc. College Community Services, one of Kern County's contract provider agencies, provides treatment and case management to residents, many of whom also participate in the local HOPE Center. DWA has been operating at full occupancy since shortly after it opened.

Last year a total of 16 people lived at the facility, including 15 consumers and one family member. One person moved out during the year, and a married couple moved in. Information is also provided on the Desert Willows website at <http://www.desertwillowapt.org/>

Haven Cottages opened in September 2011 in South Bakersfield. Haven Cottages (HC) consists of four single-story buildings built around a central courtyard. Haven Cottages features 23 one-bedroom apartments, including 4 handicapped accessible units, a two-bedroom manager's unit, a laundry room, case management offices, and a group room. All units are fully furnished with kitchen appliances, heating/cooling, and bedroom and living room sets. Units are subsidized by MHSA capitalized operating reserves, and tenants pay only 30% of their gross adjusted monthly income towards rent. Funding for the development included MHSA capital funds, and City and County HOME Program dollars. The developer, Golden Empire Affordable Housing Inc., donated the site for and built, and also provides property management services to residents. Currently, there are 25 clients and family members residing at the project. The KCMH Homeless Adult Team (HAT) screens and certifies eligible applicants, and also provides treatment and case management at the site. Haven Cottages will have tenants who are open to

KLP HAT team, KCMH for mental health services as well as tenants who are open to other community service provider for mental health services. HAT is one of the service providers along with other community service providers for tenants. Other community service providers may include other KCMH teams, College Community Services (CCS), Brand New Day and Truxtun Psychiatry, Oildale Community Health Clinic, Psychiatric Alternative Services (PAR), and the Independent Living Center (ILC). Organizationally, the HAT Team is part of the larger Adult Transition Team (ATT), under the Kern Linkage Program, KCMH's homeless services division.

Residences at West Columbus (RWC)

is located on city-donated property in central Bakersfield and just opened in Spring 2013. RWC is a 56-unit, multi-family housing project which, when completed, will include 20 rent subsidized, one-bedroom units for transition age youth (TAY) and 36 two-bedroom units for low-income families. The TAY units are fully furnished with Energy Star appliances, high efficiency HVAC, and high speed Internet. There is a community center with kitchen and laundry facilities, offices, a multi-purpose room, and a computer lab. Funding for the project includes MHSA Housing Program funds (for the TAY units), City HOME Program funds, state tax credits and private loans. The Kern County Housing Authority donated project-based Section 8 rental subsidies for the TAY units, and will also provide property management services. The KCMH TAY Team will certify eligible youth (18-25 years old), who have exited the foster care or juvenile justice systems, and also provide treatment and case management on-site. Additionally, a partner agency, Covenant Community Services, will offer tenants a full range of supportive services on site, including linkage with educational and employment resources.



Youth Wraparound Program

The MHSA Youth Wraparound program assists children and their families. These children served are identified as having emotional and/or mental challenges that often are displayed by behaviors that put them at high risk for crisis psychiatric hospitalization, losing home placement, or incarceration. The goal of the Wraparound program is to optimize the child's emotional and behavioral functioning in the least restrictive, safe environment and to retain children in their homes or as close to a home like setting as is possible. Families experiencing problems often need more interventions than clinic-based treatment services. They may need professionals to go into the home to assist the family and provide supportive services. Planned techniques are designed to promote the development of healthy coping skills, adaptive patterns of interactions with others, and appropriate responses to environmental stimuli. Behavioral shaping and redirection are two essential components. Evidence based behavioral program models, including Dialectical Behavioral Therapy (DBT) and Therapeutic Behavioral Services (TBS) provide foundational techniques and intervention that help children and families function effectively.

General treatment goals include:

- Reduce problematic symptoms
- Prevent hospitalization
- Increase social contacts and constructive community interactions
- Maintain stable living situation
- Successful access for needed services
- Child and family satisfaction with treatment services
- Cultural sensitivity incorporated into treatment

Program outcomes are measured with respect to the following domains:

- Effectiveness – That includes measurement of symptom reduction; stability of living situation; productive living skills; social contacts
- Efficiency – That includes rate of hospitalization; speed of services after hospitalization
- Accessibility – That includes access to required services, adequacy of referral and transitions, and perceived ease of access
- Consumer Satisfaction – That includes consumer perception whether services were culturally sensitive; easy to access and useful, i.e., likes services, would return and would recommend to others

Children and families have been served throughout Kern County via Kern County Mental Health and Kern County contract provider agencies, including Clinica Sierra Vista (CSV) in Delano, College Community Services (CCS) in Lake Isabella and Wasco, and Henrietta Weill Child Guidance Clinic (HWMCGC) in West Bakersfield. Positive program outcomes are reflected in the increase of children qualifying and participating in Youth Wraparound services throughout the County. The expectation is that at least 85% of children who qualify will be linked to outpatient services within 30 days of initial contact with Youth Wraparound.



Adult Wraparound Programs

Adult Wraparound provides additional support to individuals who have previously not benefited as successfully from traditional mental health services. Historically, Wraparound was described as providing “whatever it takes” to help an individual meet one’s unique needs in order to reach mental health and life goals.

Kern County Mental Health’s Adult Wraparound program includes the Crisis Case Management Outreach (CCMO) and the Dialectic Behavioral Therapy (DBT) teams, as well as Clinica Sierra Vista outpatient intensive treatment teams in Kern. Adult Wraparound focuses on individuals, whose needs are frequently distressing to the point of crisis, requiring crisis psychiatric hospitalization and increased risk for substance abuse and incarceration.

Dialectic Behavioral Therapy (DBT)

DBT is an “empirically supported treatment” designed specifically for the treatment of Borderline Personality Disorder. Marsha Linehan, Ph.D. developed DBT using the application of a broad array of cognitive and behavior therapy strategies. The core treatment procedures include problem solving, exposure techniques, skill training, contingency management, and cognitive modification. DBT has distinctive defining characteristics. An overriding characteristic is an emphasis on “dialectics,” the reconciliation of opposites in a continual process of synthesis. The most fundamental dialectic is the necessity of accepting patients just as they are within a context of teaching change. The continuing efforts in DBT to “reframe” suicidal and other dysfunctional behaviors as part of the patient’s learned problem-solving repertoire, and to focus therapy on effective problem solving, are balanced by a corresponding emphasis on validating the patient’s current emotional, cognitive and behavioral responses. DBT principles have demonstrated effectiveness with individuals displaying difficulty with emotional dysregulation (difficulty managing emotions or impulses) regardless of diagnostic category, including substance abuse.

Those who have participated in the DBT program showed a decrease in the need for crisis hospitalization. The DBT Core Team (consisting of three mental health providers) facilitated trainings for staff in DBT skills/techniques, to enhance staff skills and the range of services available to the general population of individuals served by Kern County Mental Health. A component of the training addresses the stigma of mental illness in general and of Borderline Personality Disorder in particular. The DBT Core Team provides consultation to an Adolescent DBT program offered in the Children’s services division.

The DBT program is available to adult clients ages 18 and older regardless of age, race, gender, culture, religion, or ethnicity. Individuals with Borderline Personality Disorder characteristically have difficulty with completing treatment and may be difficult to engage and, in this regard, comprise an underserved population. The DBT program addresses this issue specifically with an intensive pre-commitment phase during which the participant develops a relationship with the DBT Specialist, understands how the program may be helpful, and is able to make an attainable commitment to completing the program. During the 2011-2012 Fiscal Year, the DBT Team served a total of 34 individuals with highly specialized needs.



DBT Performance Measures

The Kern County Mental Health DBT Program maintains fidelity to Dr. Marsha Linehan's model. With client permission, individual and group sessions are recorded, reviewed, and scored by the Core Team to ensure adherence to the model. Feedback sessions are conducted by the Core Team to provide ongoing training and supervision to the Specialists conducting the treatment. The DBT program routinely collects feedback from clients in the form of Satisfaction Surveys. Information gathered is reviewed, tallied, and discussed in weekly Consultation Team meetings with all DBT program staff. The Core Team is able to utilize reports generated with our electronic medical record to determine cost savings related to reduced recidivism.

The DBT Core Team outreaches to the Kern County community via DBT presentations and training at community functions such as NAMI meetings, and other community outreach activities to inform participants about the availability of the program.

One challenge experienced by the program has been a lack of referrals. The DBT Core Team is addressing this challenge by working with the staff of various services through consultation and training to minimize stigma attached to the diagnosis of Borderline Personality Disorder, and to enhance staff understanding of the effectiveness of the program.

Crisis Case Management Outreach (CCMO)

The KCMH Adult Wraparound CCMO team provides inpatient discharge planning services for individuals on behalf of providers in the KCMH system of care. Staff also provide brief intensive outpatient treatment to augment that of existing outpatient case managers. Services are provided with the goal of increasing independence and community participation, and decreasing psychiatric hospitalizations. Services are provided at inpatient units, the Psychiatric Evaluation Center (23-hour crisis services unit), office, individual's homes, and other field locations. Services include discharge placement, intensive case management, therapy, and community linkage for individuals at risk of re-hospitalization. Adult Wraparound services are initiated at the request of outpatient teams.

In Fiscal Year 2011-2012 individuals served by CCMO resulted in a 57% reduction in crisis psychiatric hospitalization. The days were compared between 90 days prior to CCMO participation and 90 following CCMO participation.

Some challenges faced by CCMO included identifying individuals at risk of crisis prior to being hospitalized. The strategy developed to assist with this by Wraparound staff meeting weekly with adult outpatient teams to confer with case managers and identify individuals at risk of crisis.

Clinica Sierra Vista (BHC)

The Adult Wraparound services of Delano and Central Bakersfield BHCs provides intensive home-based services to individuals at risk for crisis hospitalization or other issues that put one's home placement in jeopardy. The multiple in-home services each month serve to increase skills and reduce the need for high level psychiatric hospital treatment.



Access to Care Programs

Crisis Hotline, The Assessment Center

Access to Care provides initial screening services to over 300 individuals per month who are seeking services through the mental health department. This team provides initial screenings and ensures each individual has a referral plan developed specific to their individual treatment needs. Screenings are provided on a walk-in basis in person in English and Spanish, with interpretation in other languages provided by telephone. All individuals are offered the opportunity to participate in educational groups, coping skills classes, and personal development at no cost. Access to Care screened 3,351 individuals in Fiscal Year 2011-2012.

The Access to Care Crisis Hotline serves as the national crisis hotline for Kern County. Hotline trained volunteers serve 24-hours a day, providing crisis counseling as well information about accessing services. The Hotline makes regular referrals to the mental health department, Assessment Center, and over 400 local community resources. This service provides round-the-clock access to crisis counselors who are able to frequently diffuse a crisis situation before it escalates and the individual requires urgent psychiatric care. The Hotline takes over 2000 calls per month at present and works to assist those in crisis and provide information about community mental health resources to all callers seeking such information. This service is free to all residents of Kern County. The Crisis Hotline took 15,581 calls in Fiscal Year 2011-2012.

Access to Care staff additionally provide mental health and depression screenings on the local college campuses and offer trainings in suicide prevention to the local schools and other community organizations. The total recipients of these screenings totaled 750 for 2011-2012.



Community Outreach & Education Program

The KCMH Community Outreach and Education (O&E) program serves to promote awareness of mental illness and resources available to educate and support community members in promoting positive mental health and recovery. Strategies include:

- Increase community awareness and understanding of mental illness by educating the public about recovery and thereby reducing stigma.
- Outreach to unserved and underserved individuals in Kern County with culturally competent information regarding mental illness and community resources.
- Collaborate with community agencies on special events and educational opportunities.
- Educate and train law enforcement agencies and other community partner agencies to improve understanding of mental illness and its impacts.
- Work together with the KCMH Cultural Competence Committee to create and implement a Communication Plan that reaches targeted groups.

The KCMH Outreach and Education Activities Report for Fiscal Year 2011-2012 displays the variety of ways in which our County reaches out to our community to increase awareness of mental illness and the support and resources available to County individuals across cultures.

OUTREACH & EDUCATION

FY 2011 - 2012 NUMBERS REPORT

Events

Total # of Events **96**

Average Events per month **8.0**

| 2011 | | 2012 | |
|-----------|---|----------|----|
| JULY | 3 | JANUARY | 4 |
| AUGUST | 6 | FEBRUARY | 15 |
| SEPTEMBER | 9 | MARCH | 11 |
| OCTOBER* | 0 | APRIL | 19 |
| NOVEMBER* | 0 | MAY | 20 |
| DECEMBER* | 0 | JUNE | 9 |

*Outreach and Education Coordinator position remained vacant during this time.



Outreach Hours (HRS)

Total # of HRS **272.25**

Average HRS per month **22.7**

| 2011 | | 2012 | |
|-----------|----|----------|-------|
| JULY | 5 | JANUARY | 4 |
| AUGUST | 13 | FEBRUARY | 55 |
| SEPTEMBER | 23 | MARCH | 16.5 |
| OCTOBER* | 0 | APRIL | 69 |
| NOVEMBER* | 0 | MAY | 69.75 |
| DECEMBER* | 0 | JUNE | 17 |

*Outreach and Education Coordinator position remained vacant during this time.

Attendance

Total # of People Outreached **9,099**

**Average Attendance
per month** **758.25**

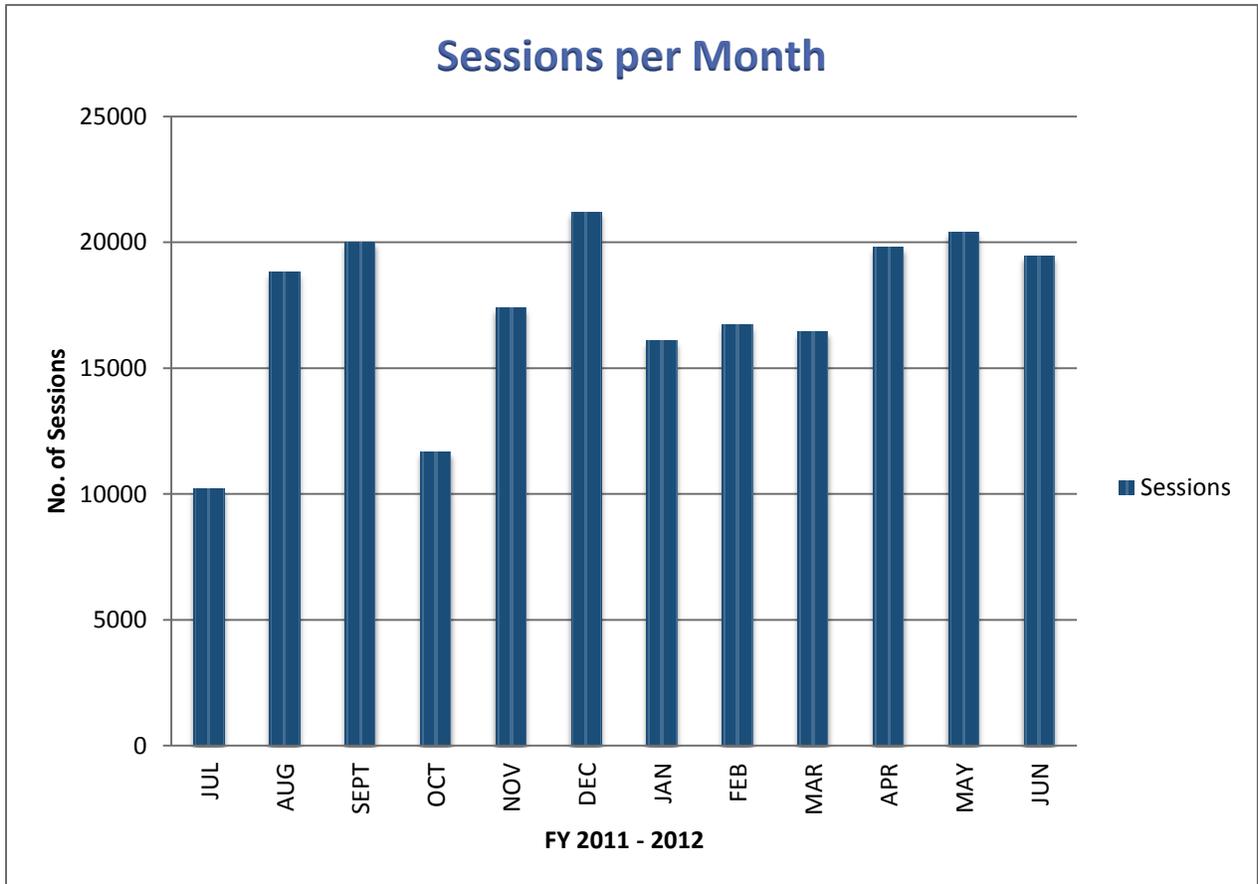
| 2011 | | 2012 | |
|-----------|-----|----------|------|
| JULY | 64 | JANUARY | 549 |
| AUGUST | 79 | FEBRUARY | 860 |
| SEPTEMBER | 634 | MARCH | 285 |
| OCTOBER* | 0 | APRIL | 3689 |
| NOVEMBER* | 0 | MAY | 2727 |
| DECEMBER* | 0 | JUNE | 212 |

*Outreach and Education Coordinator position remained vacant during this time.





The Kern County Network of Care traffic for the Fiscal Year 2011-2012 was 208,338 sessions¹. The average sessions per day were recorded as 570 sessions with an average of 1.84 page views² per session.

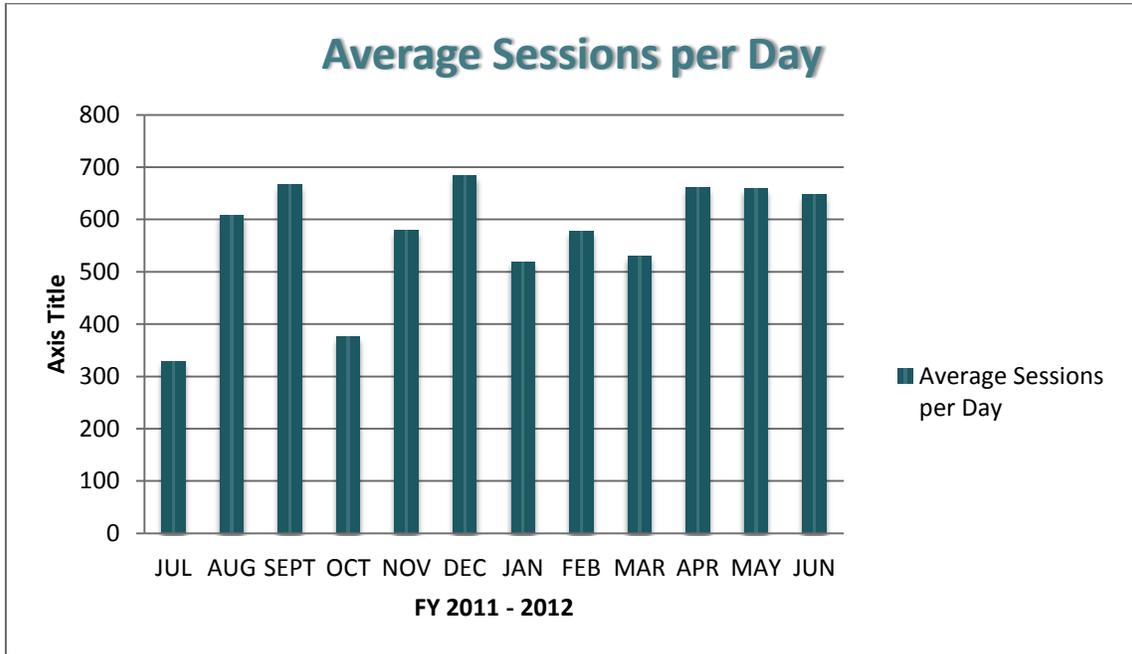


¹ Session: A series of Hits to our site over a specific period of time by one visitor.

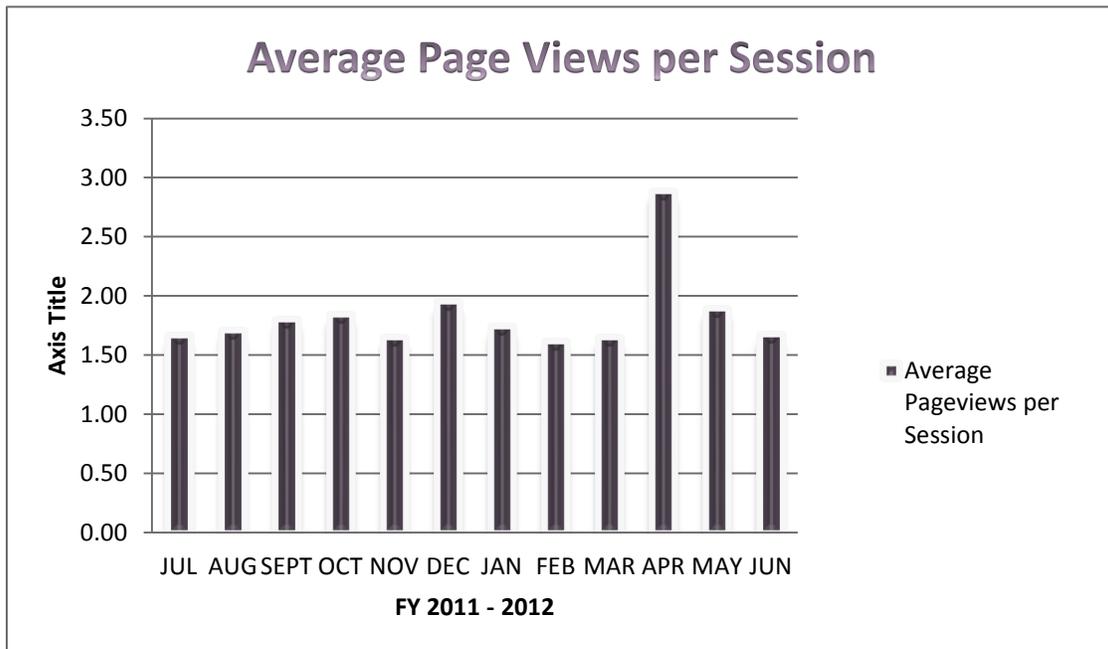
² Pageview: A request to the web server by a visitor's browser for any web page



Average Sessions per Day (Fiscal Year 2011 – 2012)



Average Page Views per Session (Fiscal Year 2011 – 2012)



Highlights

African American PDSA – Outreach and Education Component

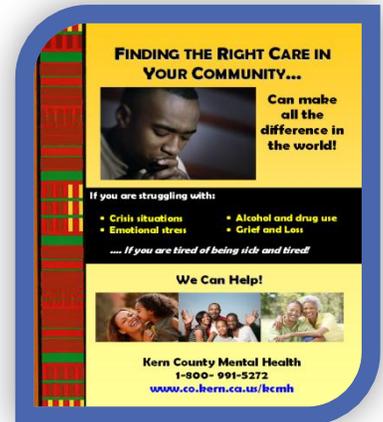
The Outreach and Education (O&E) team was asked to assist in the implementation of Phase 1 of the African American PDSA. The goal was to outreach to agencies that provide services to the African American population in Central Bakersfield. With collaboration of KCMH staff and Bakersfield College, the O&E team developed the African American PDSA flyer for this project.

As a result of outreach efforts, the O&E team visited the following organizations

African-American Network of Kern County (AANKC) / Adobe Krow Archives: on April 26, 2012 and were invited to attend the following events.

- **African American Women’s Brunch (May 12, 2012):** O&E team had the opportunity to provide general mental health information to approximately 50 African American community leaders.
- **Kern County Art Walk (May 16, 2012):** O&E team provided general mental health information to approximately 75 people who walked through the Adobe Krow Art Exhibit.

Ebony Counseling Center: On April 24, 2012, the O&E team met with Ebony Counseling Center. General information was provided for the reception area and Ebony was added to the O&E mailing list for updates and information about KCMH programs and services.



Compassion Christian Center (CCC): On April 25, 2012, the O&E team met with Compassion Christian Center, who offered to host a viewing of the video “Stories that Heal” every Sunday morning at 10:30 AM during the month of May in celebration of “May is Mental Health Month”. At the end of each presentation, members of the O&E team provided written materials that correlated with the information shared on each specific video.



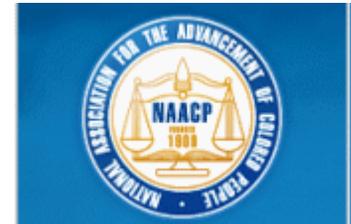
Videos presented:

- May 6, 2012 – Lydia Story: Anxiety and depression.
- May 13, 2012 – Thabiti Story: PTSD and depression after watching mother’s failed attempt to commit suicide.
- May 20, 2012 – Jason Story: Schizophrenia and bipolar disorder.
- May 27, 2012 – Sharon Story: PTSD.



Bakersfield City Schools District (BCSD): April 30, 2012 the O&E team met with the Youth Services Supervisor of Bakersfield City School District, who expressed interest in obtaining a list of therapist and recovery specialists who already provide services at each BCSD School. BCSD also agreed to be included in the O&E mailing list for updates and information about KCMH programs and services.

National Association for the Advancement of Colored People (NAACP): May 8, 2012 the O&E team met with the President of NAACP, who requested additional packets to be made available for other members in his organization and in the community. NAACP agreed to be included in the O&E mailing list for updates and information about KCMH programs and services.



Stop the Violence (STV): May 14, 2012 the O&E team met with STV, who agreed that there was significant stigma among the African American population in Kern County and that STV would like to assist in outreach efforts in the Central Bakersfield community. The department was invited to participate in outreach events such as the Good Neighbor Festival in October 2012. STV also agreed to be included in the O&E mailing list to continue receiving updates and information about KCMH programs and services.

Greater Bakersfield Legal Assistance (GBLA): June 19, 2012 the O&E team met with GBLA staff. Opinions regarding the decline in utilization of mental health services among the African American population in recent years were shared. Additional information packets were requested.



13th Annual Academy Awards “Leap into Recovery”

The 13th Annual Academy Awards took place on May 10th at Hodel’s Restaurant. Over 220 consumers and mental health professionals attended this event. The Academy Awards committee received a total of 74 nominations over 6 categories:



- Incredible Youth
- Recovery & Well-Being
- Outstanding Advocate-Individual
- Outstanding Advocate-Group
- Mental Health Professional of the Year
- There is no place like home

Mercy Plaza Pharmacy, North Chester Pharmacy, Your Drug Store and Komoto Medical Pharmacy provided funds for 63 consumers to attend the Academy Awards banquet.



Art Show 2012 “Leap into Recovery”

The Art Show took place May 29 – 31, 2012 at the East Training Room of the Commonwealth Building. The Art show committee received a total of 91 pieces of art from 28 local consumer artists.

- A Grand Opening and Reception took place in the evening of May 29, 2012. The artists were welcomed with gift bags filled with goodies and a thank you note from the Art Show committee. A Certificate of Appreciation was also presented to the attending consumer artists.
- A total of 208 visitors stopped by the art show to view the beautiful art the local consumer artists created for this event.





KCMH News – Presented by the Office of O&E

The goal of our KCMH News is to provide information to consumers and mental health professionals about resources and services offered by KCMH and partner agencies throughout Kern County. In addition, KCMH News is used as a tool to communicate mental health success stories and news. KCMH News committee published three newsletters in the FY 2011 –2012:



“12th Annual Academy Awards”
(July 2011)
Featured articles on
2011 Academy Awards
Milestones in Recovery “Golden Duckie” awards
Youth Wraparound Team
2010 MHSA Update
“Better Not Bitter (recovery story)”



“Back to School”
(August/September 2011)
Featured articles on
Getting Ready for School,
NAMI Walk 2011,
Client Surveys
Youth MIST Update



“The Power of Community”
(March/April 2012) –
Featured articles on Bakersfield
Consumer Family Learning, Center,
Ridgecrest FRC – Hope Center,
Self-Empowerment Team (SET),
Tehachapi FRC’s art class, CalWorks
Behavioral Health, Vocational Services

Community Involvement

Outreach & Education Department represents KCMH in the following community meeting:



Promotoras Network: The Promotores and Community Health Workers Network, is composed of Promotoras, community health workers and other community leaders. Most of the members of the Promotora Network are associated with agencies or groups who advocate and provide services to Latino communities in California. The Network carries out the work through a model based upon community strength. Promotoras meets the 3rd Friday of the month. Towards the conclusion of Promotora meetings, members have the opportunity to showcase their services and to announce upcoming events and/or news.

Building Healthy Communities – South Kern (BHC-SK) – Health Action Team: BHC is a 10-year program of The California Endowment. South Kern is one of 14 communities across the state taking action to make it where they live a healthier place. They are doing this by improving employment opportunities, education, housing, neighborhood safety, unhealthy environmental conditions, access to health services and healthy foods and more. The Health Action Team goal is to increase access to a better health system by developing a healthy system that is accessible, comprehensive, coordinated, family-centered, culturally competent, and preventive. The BHC-SK Health Action team meets the 2nd Friday of the month.



Kern County Network for Children (KCNC): The mission of the Kern County Network for Children is to protect and enrich the lives of children in Kern County through the commitment of all community partners by helping to build and sustain healthy families. KCNC meets the 3rd Thursday of the month. During and after each meeting, collaborative members have the opportunity to showcase their services and to announce upcoming events and/or news.



Workforce Education and Training

Expansion and Enhancement of Annual Training

Kern County Mental Health Department (KCMH) Training emphasizes the understanding of and commitment to the values of cultural competence, recovery and integrated services. This MHSA program allows KCMH to sponsor educational opportunities that both match the expressed interests of staff and allow professionals to obtain Continuing Education Units (required for licensed mental health professionals) locally. Trainings sponsored by the Department will be available to KCMH staff, contract providers, private practice professionals, mental health service consumers, family members and students

The Cultural Competency Mini Series, California Board of Behavioral Science-approved continuing education courses for professional licensure of Marriage and Family Therapists, Clinical Social Workers, Psychologists, and Nurses emphasized specific cultures, research, and evidence-based models of mental health treatment. During fiscal year 2011-2012 training topics included HIV and Beyond, Cultural Competency, Spirituality in Psychotherapy, Adolescent Brain Development and Drug Abuse, Confidentiality, ASIST (suicide prevention), Understanding and Helping the Defiant Child, Aging and Long Term Care, Mandated Reporting, Motivational Interviewing, Solution-focused Art Therapy, Legal and Ethical Issues in Clinical Practice, Dialectical Behavioral Therapy, and Humor in Psychotherapy.

Internship Support Program

Kern County remains richly diverse, with 11 cities and 4 large unincorporated communities spread across 8,000 miles. The geography alone is a huge consideration in providing for the public mental health service needs throughout the county. The Internship Support Program addresses the need to provide more diverse staff into outlying areas while enhancing the training experience and competencies of the various disciplines placed with the Department (KCMH) and in our contract provider agencies. KCMH maintains an Internship Matrix, which includes the requirements of each internship program and allows the Department to monitor the licensing body's requirements, placement experiences and staff providing supervision.

The Workforce Education and Training (WET) funding for this program allows the Department to increase the number of internships available, set aside funds to cover travel to clinics or service sites in outlying areas, to match interns with language competencies to communities that benefit from that skill, to improve the quality of the internship experience (and therefore the overall competencies of new professionals) by creating varied cultural experiences and increase familiarity of interns with the more remote outlying areas of Kern County. Interns are placed in both KCMH and contract provider clinics giving a well-rounded training experience. Each intern participates in weekly individual supervision with a licensed supervisor and weekly group supervision with a licensed supervisor and fellow interns. The interns' clinical knowledge, processes and skills are discussed and reviewed for strengths and concerns. Emphasis is given to improving the quality of skill and service that the intern provides to the individuals we serve throughout the county.



Program Population and Service Strategies:

- Fiscal Year 2011-2012: 31 Marriage and Family Therapist Interns; 18 Social Worker Interns; 4 Psychology Interns
- Provide a rich and varied training experience for interns who will become licensed mental health professionals
- Increase number of qualified mental health professionals working in the outlying areas of Kern County
- Strengthen collaborative relationships between KCMH, contract providers, and educational institutions

Prevention and Early Intervention

Student Assistance Programs (SAP)

Kern's PEI SAP captures the intent of prevention and early intervention services. The focus of MHSA PEI programs is to engage people prior to the development of serious mental illness or emotional disturbance, or to alleviate the need for additional mental health treatment, and to transition individuals to specialty mental health treatment as needed.

SAP addresses both prevention and early intervention. Prevention serves to reduce risk factors and stressors, build protective factors and skills, and increase support. Goals of early intervention include improving a mental health problem or concern early in its manifestation to avoid the need for more extensive mental health treatment, or to prevent a mental health problem from worsening and becoming a barrier to learning and school success.

Student Assistance Programs/SAP is a school-based strategy to identify, refer and support young people in collaboration with parents, community-based agencies, such as Clinica Sierra Vista, College Community Services, Henrietta Weil Child Guidance Clinic, and the Kern County Mental Health Department Children's Division. The Kern County Superintendent of Schools (KCSOS) provides oversight, training, and ongoing program evaluation in conjunction with Transforming Local Communities, Inc. The goal of SAP is to offer a positive alternative to students experiencing difficulties, to reduce the negative impact of problems, such as violence and substance abuse, and to help them remain in school. SAPs are focused in three major areas of student challenges:

- Students exhibiting "behaviors of concern", such as anger, poor coping or social skills, depression/suicidal thoughts, grief/loss, divorce, abuse
- Students experimenting with, or currently using alcohol, tobacco or other drugs (ATOD)
- Students dealing with other issues and in need of guidance and support (i.e. school anxiety, trauma exposure, bullying)

Population Served and Program Strategies:

School sites were selected based on the following criteria

- Distribution of sites across Kern County Mental Health (KCMH) geographic service regions, and spread evenly across KCMH contractual service provider areas
- District/site is in a geographically isolated area with limited access to mental health support services/underserved area



- Areas with highest needs based on data (California Healthy Kids Survey data, school discipline data)
- School site level of interest and brief survey of existing prevention/early intervention capacity (phone and written survey)

Future Focus Program

Future Focus targets emancipated foster youth to address the needs specific to successful transition into adulthood. This population is often more vulnerable to mental illness and emotional disturbances from unmet basic needs due to lack of knowledge or resources to obtain stable housing and financial stability. The program targets youth who are at high risk, including those exiting the foster care system, probation, or the mental health children's system of care, and those who need immediate and safe shelter. The temporary shelter component is critical, as it is nearly, if not completely impossible to focus on life and employment acquisition without first obtaining the basic need of safe shelter. The Future Focus 90-day program partners with a community partner organization, Hearthstone Community Services, which provides a temporary place of shelter, where Future Focus staff engage the youth in developing life skills, receive brief psychotherapy, and learn the necessary social and community engagement skills to successfully obtain stable financial stability in the community. Forty youth, 16 males and 18 females participated in Future Focus during Fiscal year 2011-2012.

The Transition Aged Youth (TAY) population has historically been an underserved population of individuals in the public mental health system. Traditional services provided to children and to adults miss the specific types of difficulties faced by individuals between 16-25 years old. Without a prevention and early intervention program such as Future Focus, it is suspected that the youth are at much higher risk of homelessness, criminal justice involvement, and increased mental health, substance abuse, and emotional disorders.

Integrated Physical and Behavioral Healthcare/Project Care

Kern County's Project Care integrates mental and behavioral healthcare services within the six of the county's Federally Qualified Healthcare Center (FQHC) locations and one Kern Medical Center outpatient clinic by providing selected mental health and substance abuse screening and on-site therapeutic services within the primary care setting. Referrals to specialty mental health treatment are made when appropriate. The program facilitates direct links between primary care and behavioral health services.

Project Care's overarching goal is to build the capacity of primary care clinics to identify mild to moderate mental health and substance abuse disorders, to provide brief, office-based interventions, and monitor the care of individuals to improve the health status of patients. Project Care is a partnership between Kern County Mental Health personnel, Kern Medical Center outpatient clinic, Clinica Sierra Vista Delano and McFarland's Community Health Centers, and National Health Services Community Health Centers in Bakersfield/Oildale, Shafter, Taft, and Wasco. Each clinic employs psychiatrists, mental health therapists and substance abuse counselors to work as a team with the primary care physician as the leader.



The first goal is to screen the universe of the patient population in each of these clinics for depression, anxiety, or substance use disorders. Approximately, 11,000 screens were conducted in this period. Seventy-two percent (72%) were 18-59 years of age; 60% were White and 32% were Hispanic. The language preferred was English (67.5%). Only 8 individuals who identified as LGBT and 1 veteran were screened.

The second goal of the project is to provide brief interventions. Based upon the results of the screening, about 41% screened positive for depression, about 40 percent screened positive for anxiety, and depending on the clinic, from 11-17% screened positive for drug abuse. About 60% of individuals screened were provided with an intervention.

A third goal of the project is to implement a team approach to integration with the use of case conferencing to include psychiatric consultations. The goal is still in process; several of the clinics now have regularly scheduled meetings while other clinics are still in the process of creating a standing meeting with all the relevant parties. With repeated screening, the goal is to see improvement or make adjustments to the treatment regime when indicated.

Program Outcomes and Development:

Project Care is evaluated by UCLA Integrated Substance Abuse Programs (ISAP). The evaluation design includes integration efforts measured with the Dual Diagnosis Capability in Health Care Settings (DDCHCS), provider satisfaction surveys to measure perceptions and attitudes among health care providers (doctors, mid-level practitioners, nurses, front office, etc.) and pipeline data collection to measure client improvements. Preliminary data indicates moderate to enhanced integration, high satisfaction for behavioral health staff, and client improvements.

In FY 12-13, additional clinics were added. The original plan was to include one hospital-based primary care clinic and 5 Federally Qualified Health Clinics (FQHC). Three (3) additional clinics have been added and one metropolitan clinic was substituted for one outlying regional clinic. There are now 9 clinics included in Project Care with early discussions about adding another hospital-based outpatient clinic.

One of the goals of Project Care was to utilize a health registry to manage the population. However every clinic is in the process of adopting a new electronic health record (EHR). The health registry is designed to be integrated into the EHR to be able to function. With the interruption of these administrative changes, the clinics are utilizing a data base to collect patient health information to deliver to UCLA.

In FY 13-14, anticipated changes include additional clinics, implementation of the health registry, and transition for health care reform.



Volunteer Senior Outreach Program (VSOP)

The goal of VSOP is to create a local resource for seniors who may be isolated and ensure their ability to stay safely in their homes. Isolated older adults throughout the county have traditionally been an underserved population. VSOP now serves four communities, including three in the outlying regions of the county, Tehachapi, Lake Isabella, and Wasco/Shafter, and one based in Bakersfield. In collaboration with the county's department on Aging and Adult Services, VSOP coordinators and volunteers are trained and coached on how to receive referrals, make home calls, provide screening and brief interventions, and appropriate referrals for a myriad of issues facing seniors.

In Fiscal Year 2011-12, a total of one hundred sixty-eight (168) individuals were being served. Over half were seniors from rural communities (n=110). Compared to the first year of implementation, slightly more men are being served compared to women.

All VSOP sites use common instruments to measure depression, anxiety, substance use, daily functioning levels, and mental health status. All the sites have mental health clinicians, case managers, and volunteers working as a team.

Data is collected and submitted on a monthly basis. Each VSOP site coordinates senior stakeholder meetings held annually with department administrative staff to provide ongoing feedback and evaluation on the progress of the program.



VSOP participates with the California State University, Bakersfield (CSUB) grant program to address depression among seniors. Local community efforts include working with first-responders concerned about home-bound seniors and their safety, improving discharge protocols among skilled nursing facilities, improve grocery deliveries for home-bound seniors, and creating a network of concerned citizens for the welfare of the most vulnerable population in any community.



Innovation (INN)

Freise H.O.P.E. House

An MHSA Innovation project is defined by regulation as one that contributes to learning rather than a primary focus on providing a service. This Innovation project is expected to contribute to learning in the following ways:

- Makes a change to an existing mental health practice/approach
- Introduces a new application to the mental health system of a promising community-driven practice/approach

Mental health consumers are reported to operate or play a significant role in a wide range of programs, including self-help groups, drop-in centers, clubhouses, independent living centers, advocacy organizations, case management services, supported housing, and information and referral lines (Greenfield et al., 2008). Research indicates that clients are reporting a value of consumer-managed mental health programs, as are the clients and family members served in Kern County. However, the research also states that there is a great need to obtain evidence-based data to substantiate this claim. The Freise HOPE (Healing Others through Peer Empowerment) House introduces new practices/approaches through the client/peer-managed and a recovery-oriented program design within a crisis residential program.

Crisis residential and/or adult residential programs are not, in and of themselves, new to the public mental health system. However, the concept of peers managing and facilitating these programs while assisting clients in crisis is a new practice/ approach for the public mental health system.

The Freise HOPE House serves persons who are experiencing an acute mental health crisis that temporarily prevents them from returning to their usual living environment. These individuals are all guests in the program and are served in a 14-bed crisis residential program, which is based on a peer-based recovery model. Guests at the Freise HOPE House may have recently received inpatient psychiatric care or be at imminent risk of needing inpatient care. Potential guests are screened and interviewed by Acute Care Liaisons who also help to facilitate discharges from local acute care hospitals and admission to the Freise Program upon acceptance. Guests participate for up to thirty days in the crisis residential program, during which time they have access to peer recovery coaching, case management support, and assistance with obtaining needed benefits such as housing, supplementary clothing and food, and vocational services. Mental health case management is provided for thirty days post-discharge and many other services, such as aftercare and housing assistance, are available for up to one year.

Program goals include reducing hospital lengths of stay, decreasing crisis hospitalization, increasing access to mental health services and other community services including housing and aftercare, and decreasing stigma/increasing hope, choice, and empowerment through contact with peer support.

One of the challenges in measuring the impact of a peer-managed crisis residential program versus a traditional residential treatment program is in developing the most effective measurement tool. In this



first full year of implementation, the Freise HOPE House program shows positive strides in addressing the goals of Innovation—to make a change to an existing mental health practice/approach, as well as introducing a new application to the mental health system of a promising community-driven practice/approach. Initial factors included in this evaluation encompass the treatment model itself, the mental health recovery goals progress by treatment participants, and direct feedback by participants via satisfaction surveys.

Treatment Model:

Recovery Innovations provides the staff and treatment program at the Freise HOPE House. This program is built on the following principles:

- Recovery from serious mental illness is not only possible but is the goal for everyone served
- A recovery environment in a home-like setting and culture that is welcoming and friendly improves recovery outcomes. Everyone is treated with dignity and respect; as a guest in a living room
- Individuals will have choices and self-direct their services. A philosophy of “no force first opportunity services” builds hope and empowerment.
- Peer Support Specialist (employees) provide the evidence that recovery is possible and offer the support to help each individual served become engaged in their own wellness and recovery journey and pursue their hopes and dreams

Guests (participants) may be welcomed to the HOPE House 24 hours a day, seven days a week and stay for up to 30 days with extensions for up to three months based on justified documentation of no other placement availability. During their stay, guests develop a Personal Wellness Plan; their individuals plan for recovery, which can include securing permanent housing and employment. To ensure that guests make progress toward their goals, weekly Personal Wellness Plan Reviews are conducted and documented. As part of the transition plan when participants complete the goals in their Personal Wellness Plan, they are connected with community supports, referrals and appointment for continued success including up to one year of aftercare supports provided by another local community partner agency, Bethany Services.

The program is designed to provide a recovery-oriented community experience. This experience allows guests to integrate with peers and be actively involved in the day to day decisions within the “house”. House Meetings occur twice daily (morning and evening) to ensure that participants have a voice in the activities planned throughout the day, as well as recommendations for meals and opportunities to participate in house beautification.

Services:

- Peer support is available 24 hours a day and allows for individuals or group support from a peer
- A diverse array of educational classes and workshops are available including WRAP (Wellness Recovery Action Plan), WELL, and Medication for Success
- Exercise equipment is available to focus on physical wellness, as well as participate in structured health classes, including meditation and spiritual practices
- Personal hygiene items and assistance with daily living activities are provided as needed



- A participant who has an existing relationship with a community medical provider is able to continue being served by that provider. A part-time program Psychiatrist provides psychiatric services on site to all participants
- Opportunities for exposure to art, dance, drama, music, crafts, and writing is available
- Under the supervision of the Food Service Supervisor, healthy meals and snacks are provided
- Classes are provided on nutrition, diet and cooking
- Job development services are offered, including employment classes, such as Employment as a Path to Recovery
- Benefits counseling and credit and financial counseling is provided
- A strong network of community resources and connection is available. Emphasis is placed on empowering guest to explore the resources needed to enhance their wellness/recovery and sustain support and success within the community.
- Guests in need of housing support and services are connected with community resources, including the range of services offered by Bethany Services
- The class, “Home is Where the Heart Is” provides information and the beginning of development of an individual plan for permanent housing

Tools of Engagement:

- Recovery education includes WRAP--Wellness Recovery Action Plan by Mary Ellen Copeland; self-directed wellness tool; WELL--Wellness, Empowerment Life and Living: Activities of Daily Living Tool; curriculum developed by Recovery Innovations to enhance community living skills
- Medication for Success—Workshop developed by Recovery Innovations as a self-directed medication management program
- Telling My Story—Self-directed tool used to explore a person’s history and life experience
- All tools used by Recovery Innovations support the person’s input in their planning and process
- Activities that are a part of Recovery Innovations programming focus on the nine dimensions of wellness, including physical, emotional, intellectual, occupational, spiritual, social, financial, community living/housing, and recreational/leisure.

Guest Satisfaction Surveys provides a unique perspective by the individuals who participate in the program. Included in this description is a summary of surveys from 99 program participants during September 2011 through June 2012.



KERN COUNTY FREISE HOPE HOUSE

GUEST SATISFACTION SURVEYS – SEPTEMBER 2011 THROUGH JUNE 2012 – 92.00% Satisfaction Rate

Overall Positive Satisfaction = 92.00%

| Survey Item | Strongly Agree | Agree | Disagree | Strongly Disagree | No Response |
|--|----------------|-------|----------|-------------------|-------------|
| When I first arrived at the Freise HOPE House, I got a feeling that I'd be comfortable here. | 69% | 21% | 7% | 3% | 0% |
| There were staff or Peer Supporters at the Freise HOPE House that related to my experiences. | 74% | 18% | 5% | 2% | 1% |
| When we talked about what was happening in my life, I felt like the staff understood what I was saying, or was trying to understand. | 73% | 18% | 4% | 4% | 1% |
| The Freise HOPE House helped me feel good about who I am. | 76% | 18% | 5% | 1% | 0% |
| The Freise HOPE House helped me understand people better. | 71% | 25% | 3% | 1% | 0% |
| The Freise HOPE House helped me find a place to go next where I am comfortable. | 70% | 21% | 5% | 3% | 1% |
| | 72% | 20% | 5% | 2% | 1% |

Total Number of Surveys: 99

What could staff at the Freise HOPE House have done to make you feel more comfortable during your stay?

They did more (not legible).
 They did the best they could.
 All ways good.
 Nothing they did everything it was a beautiful stay there.
 Have diabetic diet.* Nothing everything was perfect.
 They done everything in their power to make me feel comfortable and they did a good job!!
 They are all exceptional people already.
 Thank you so much for the hospitality and perseverance of happiness.
 Get on top of my social work team to facilitate my transition better.
 Buy pizza and fry bread.
 Best house I been in.
 Nothing!
 More freedom.
 Nothing more than good.
 Let me out to walk around by myself once and a while.
 The staff was perfect.
 I do not know.
 Nothing.

You guys did a wonderful job!
 Nothing they were all great and were like family to me.
 Nothing I know of.
 Nothing.
 Nothing, they were all great!
 Nothing.
 They did a great job.
 They couldn't do any more than what they did they were all great.
 Pizza and movie night.
 Not a single thing.
 Freise Hope could have given me more freedom as far as being able to leave on my own.
 Keep it real.
 They did a great job at making my stay comfortable. Keep up the great job. I will miss you all a lot.
 They did what they did or could do so I don't have anything to say.
 Have caffeinated coffee.
 Not much, I was stabilizing on the meds and received help.



They taught me (not legible). They understand me pretty good. Nothing they were all kind and caring people and kept things on a positive level.

Sooner (not legible) of case manager. Nothing.

Do you have any other comments about your experience at the Freise HOPE House?

I highly appreciate the kindness, caring and solicitude of staff and peers.
 Excellent I hope to work for place like this HOPE House.
 Never stop helping people.
 Transitioning out time needs to start at least 10 days before guest leave to face life on life's terms. I thank God for this pleasure spa!
 Thank you all.
 Thank you for all the love and help!
 Just thank you.
 A thank you to each and every staff member. I learned a lot and grew through the experience.
 I would like to work here.
 Nobody picks with you.
 I wish I could have stayed longer but I am going to arrive at Sycamore.
 Very loving experience, accepting environment and not artificial or judge you.
 Very good staff and guests.
 This is a really cool awesome helping recovery place to be. I think all people should come here. Just keep swimming, just keep swimming.
 No it was a good place.
 It's been a pleasure and I won't be back and staff is good at what they do.
 Thank you for your time!
 I got a lot of feedback from Freise that was all positive for the better. I love Freise so much and the staff – the staff without them I probably would not have had my mind crazy. They need a recycling bin outside and possibly a microwave in day room and outside food should be able to go in dining room.
 All the help the staff gave me,
 I will miss everyone and thank you all for everything!
 I will miss all of you very much.

Was good, thank you.
 This place was an excellent experience. I learned more here than I ever learned any other place including boot camp.
 I will carry this place and everyone I've gotten to know in my heart forever. Thank you is to weak a word to express how I feel, you will always be in my prayers. ♥
 Stay true to yourself.
 I appreciate everybody at Freise Hope House, they helped me maintain my sobriety in a time which my next decision would have been to start using again.
 Hell no.
 Nothing, they were all great!
 Nothing they did a great job.
 They couldn't do any more than what they did they were all great.
 Pizza and movie night.
 Not a single thing.
 Freise Hope could have given me more freedom as far as being able to leave on my own.
 Keep it real.
 I hope to come back and visit, and it's good to know, if I'm feeling bad I can always call.
 I loved it a lot the guests and staff were very friendly and awesome. No negative feedback about the Freise Hope House.
 More places such as this should be around, for people who have experienced loss of a loved one and are struggling with grief. Wake up Obama!
 Thank you.
 Freise is a place to get well, thanks Freise Hope House☺.
 The staff had kind hearts and the food was great and very neat clean place.
 It was a blessing and Freise helped me gain the desire to live again. Thanks Freise Hope House



Capital Facilities & Technology Needs (CFTN) Program

Kern's Capital Facility funds have not yet been utilized. Stakeholders supported a building site to be used for children's services and administration needs. The county General Services Department and Mental Health Department personnel continue to research available property for use of the Capital Facility funds.

Technology Needs Update:

Project 1: Network Infrastructure Improvements

STATUS

- The process of Vendor Negotiation has been more difficult than anticipated. The selected vendor for the initial location utilizes terms and conditions that are unacceptable to Kern's County Counsel and must be adjusted before purchases can be made. As of August 2012, all of the major locations have had their communications lines updated.

ACCOMPLISHMENTS

March 2010

- Site surveys for all of the major sites have been completed. The results indicate that the use of Microwave technology will not be feasible. An order for a high-speed Internet link for the first location is being negotiated. It will require additional analysis once this line is installed to become satisfied that this technology will meet our requirements.
- Initiated discussions with California Tele-Health Network (CTN) for implementation of IP Based infrastructure for Tele-Psychiatry locations. Application information provided to CTN, Agreement reviewed by County Counsel, to be scheduled for Board action.
- Installed high-speed lines and supporting equipment for the three major Contract Providers. These connections accommodate all but two of the Provider locations.
- In coordination with County-wide Infrastructure Plan, high-speed Microwave Link between one of the largest MH sites and the EHR system has been implemented. This site includes the 24 hour Psychiatric Evaluation Center.

June 2010

- In coordination with County-wide Infrastructure Plan and the sheriff's Department, a 2nd large site (Belle Terrace) has been connected via high-speed microwave link.

September 2010

- Agreement with vendor approved by Board of Supervisors
- California Tele-Health Network (CTN) Agreement presented to Board of Supervisors

March 2011

- A system-wide upgrade to County telephone switching equipment permitted the consolidation of voice and data circuits. As a result, the bandwidth available for data can be increased by about 60% at the five largest MH clinic locations. Installation of the additional circuits began in March.

- Purchased Windows Server 2008 and upgraded Terminal Services licenses to improve throughput, capacity and reliability of eight Remote Access servers.

June 2011

- Testing in process for implementation of 50 Mps microwave circuit to N. Chester facility. Initial installation site is not viable, secondary plan being installed.

August 2011

- Installed 4 router upgrades to add 2nd T-1 line for Sagebrush, Oswell, Aurora and 3715 Columbus locations

November 2011

- Replaced 4 of 9 Terminal Services Servers, increased speed and capacity by more than 100%
- Replaced 3 file servers and 2 Web servers

March 2012

- Replaced 2 Terminal Services Servers further increasing speed and capacity; significantly reduced downtime
- Replaced Department intranet web server
- Installed 2nd T1 lines at Stockdale, Oswell and 3615 Columbus locations

June 2012

- Purchased updated Tape Backup system

August 2012

- Purchased Tape Backup Server, Installed and Configured Tape Backup system

SCHEDULED ACTIVITIES

- Schedule installation of CTN Infrastructure

Project 2: Technology Refresh

STATUS

- Project is progressing well, generally on schedule but over budget as anticipated.

ACCOMPLISHMENTS

- Installed 20 additional replacement P/C's for a total of 360. Installed one additional laptop for a total of 52.
- Installed an additional 26 replacement printers for a total of 189
- Identified best multi-sheet scanning hardware for our environment, purchased and tested a sample device. Purchased an additional 20 units for Pilot deployment, 18 of the 20 have been installed.
- Purchased and deployed Encryption software (SecureZip) to comply with Medi-Cal Privacy and Security Agreement. Trained users on use of encryption.
- Six Signature Pad devices have been deployed to pilot users. The pilot program has been well received and successful. 20 additional Signature pads were purchased and deployed for a total of 30.

- Purchased and deployed new software to support tracking of internal training activities for the MH Department
- Installed Audio/Video Equipment in primary conference room at MK Shell facility
- Implemented Pilot Project to upgrade to Windows-7, all new P/C's being deployed with Windows 7, existing P/C's with sufficient memory are being upgraded.
- Purchased and began deployment of 500 licenses of MS Office 2010.

SCHEDULED ACTIVITIES

- Continue with scheduled replacement of P/C and printer hardware. Schedule calls for 20 P/C's and 15 printers by end of next quarter (December 2012)
- Complete rollout of 20 scanners
- Purchase 20 additional signature pad units for continued deployment.
- Upgrade audio/video equipment for primary training facility at Commonwealth
- Continue deployment of Microsoft Office 2010.

Project 3: e-Prescribing

STATUS

- The project is behind schedule, primarily as a result of conflicting priorities with the implementation of the SD/MC Phase II Billing system, contract amendment negotiations, Board of Supervisor delays and current shortage of M.D.'s.

ACCOMPLISHMENTS

- Implementation Team formed and active
- Anasazi Implementation Project Manager held Project Planning Meeting June 3, 2010
- Detailed Implementation Plan and Task List finalized, work on task list on-schedule
- E-prescribing work flow analysis completed
- Medical Staff Hardware needs identified, upgrades completed
- Resolved firewall issues with Surescripts and Multum
- Training of 3 Dr.'s and 5 nurses performed on 3/31/11
- Training of 5 Contract Provider MD's completed May, 2011
- Training for an additional 21 MD's and 29 support personnel completed August, 2011
- Purchased additional licenses for a total of 14 prescribers and 14 non-prescribers, August 2011
- Trained an additional 6 MD's between October and December, 2011
- Trained an additional 7 MD's and 4 nurses in March 2012
- Trained an additional 9 MD's and 11 non-prescribers between April and June 2012
- Trained an additional 9 MD's and 13 non-prescribers between July and September 2012

SCHEDULED ACTIVITIES

- Schedule training and implementation for the remainder of the Medical Staff.
- Schedule training and implementation for remaining Medical Residents (UCLA Residency program)
- Schedule training and implementation for selected Contract Provider Medical Staff



Project 5: CFLC Computer Labs

STATUS

- The project was slightly delayed due to CCS Ridgecrest's extended negotiation on their current building lease. Once the lease was secured the project progressed according to the new schedule and within the planned budget. All Labs are installed and are in full operation without any need for constant IT support.
- As of 12/31/10, All Labs are installed and are in full operation without any need for constant IT support. Reviewing virus protection software and firewall appliances to insure questionable material is not downloaded through the Internet. Assisting sites with upgrade installations to Microsoft Office and Windows 7 security patches.
- As of 4/1/11, there are no problems to report with any of the computer labs. The Window 7 images are holding up under daily consumer use. There was a need to reimage one computer in the CFLC Stockdale computer lab due to a virus. User Profiles have been locked down to prevent further virus contamination.

ACCOMPLISHMENTS

- Completed all three labs (two in remote areas) consisting of installing and networking 5 to 12 computers, a laser printer, a projector system, securing chairs and tables according to stakeholders' specifications and layout request. Also, established wireless networks to accommodate staff and members with laptops. Purchased all hardware and software for all three facilities and arranged for the delivery, layout, unpacking and installation of the purchased items.
- Identified the best software configuration to satisfy the needs of the three consumer learning centers while creating a learning environment conducive to learning.
- Trained the CFLC labs' staff on differences and features of the Windows 7, Microsoft Office Suite 2007, Internet Surfing and Research, viruses, wireless networks and printing.
- Established policies and procedures for the consumers and support staff using the labs.
- Utilized a new method of computer disk imaging to install the Windows 7 operating systems and other purchased software on all three labs computers utilizing an individual image for each lab.
- As of 12/31/10, while there is no longer a need for IT to be constantly monitoring the labs, there was a need to develop a system for application and OS patch updates. A procedure was enacted using windows imaging software to handle the task of upgrades.
- As of 4/1/11, reimaging the one computer at the Stockdale site went smoothly due to the development of the Windows 7 imaging software. The still is a need to upgrade and patch the operating systems and applications at each site. Unfortunately, this will have to be done manually at each site due to site network restrictions.

SCHEDULED ACTIVITIES

- Continue with the technical support and advice for both the users and support staff.
- Continually work with contracted Internet Service Providers on filtering questionable or offensive websites.
- Continue to revise the new policies and procedures manual.
- Assist the computer lab staffs where needed in training their participants and identifying new opportunities in enhancing their computer learning experience. Continue with upgrading and applying patches to applications and operation system.

- There is a need to manually perform upgrades and patches on each sites Computer Labs computer's operating system and desktop applications for security risks and performance enhancement. This maintenance will be scheduled as an on-going support task.

Project 7: Personal Health Record

STATUS

- Preliminary research is currently being conducted to determine current state of this technology. This includes discussions with other organizations in the planning or implementation stages of Health Information Exchange.

ACCOMPLISHMENTS

- Negotiated and obtained Board approval for a Contract Amendment with Anasazi to implement Projects KE-03 (e-Prescribing), KE-07 (PHR) and KE-09 (MHSP FSP Data Collection).
- Attended HIE conference with Anasazi during which a prototype CCD document was developed.
- The analysis of Privacy and Security issues has been completed. This is being managed by the contracted software vendor. An extensive analysis memo has been published including a complete citation reference as well as proposed methodology for the management of information security and privacy in the context of Health Information Exchange (HIE).
- This analysis has been circulated throughout the State and was presented to SAMHSA as a model for future development. Although not endorsed by SAMHSA (as yet), this presentation generated substantial interest.
- In early December 2010 the vendor held a series of planning meetings. Some of the material discussed included the National Health Information Network (NHIN) Direct Project overview, the NHIN Direct project status, NHIN Access Consent Policies and the PHR/HIE Phases of Functionality Summary.
- Anasazi Software has reviewed the NHIN Direct project, is endorsing its approach, believes that adoption of the NHIN Direct method will meet all the goals of the PHR/HIE Project, and will lead to much more rapid adoption of the goals to the benefit of the County.
- Phase III provides that the PHR would be developed to the extent that a Continuity of Care Document (CCD) and lab results would be able to be extracted in real time from the Doctor's HomePage and presented for viewing or printing. We now know that the CCD can contain lab results and can then accommodate both requirements.
- Met with Department stakeholders and representatives of UCLA (contracted for support of an MESA PEI project for the integration of Physical and Behavioral Health) to review Privacy and Security issues related to an HIE. Much of the focus of this meeting related to HIPAA regulations, CFR 42 - part 2 regulations and relevant California law.
- Revised analysis of Privacy and Security issues.
- Anasazi is a member of the Software and Technology Vendors Association (SATVA), an organization representing Behavioral Health EHR vendors. SATVA met with representatives of SAMHSA (including Dr. Wesley Clark and Kana Enomoto) in December 2011 to discuss standards for Privacy and Security related to Health Information Exchange.
- Additional revisions to analysis of Privacy and Security Issues; presented at Spring 2012 CiMH-IT Conference



- Began construction of Health Information Service Provider (HISP) functionality consistent with NHIN Direct specifications. Preparing for Pilot Demonstration of multi-vendor interoperability (HIE) that will be compliant with 42 CFR Part 2 requirements. Presented Pilot demonstration at Spring 2012 CIMH-IT Conference.
- Further revisions to Privacy and Security Analysis related to meta-tagging of Privacy controls released in August 2012
- Anasazi participating in SAMHSA project to implement a “Common Consent” Mechanism – a computable form of the consent that would validate the sharing of information within the framework of 42 CFR Part 2.

SCHEDULED ACTIVITIES

- In conjunction with Anasazi, complete detailed Milestone Schedule for Phase I of the project, as modified by the research performed in December 2010.
- Analyze and develop protocols and technology to support Privacy and Security issues related to a PHR. This includes
 - Compliance with HIPAA and HITECH requirements
 - Usability considerations
 - Compliance with applicable State and Federal regulations regarding Release of Personal Health Information
 - Incorporation of Meaningful Use criteria
- Continue development/construction of HISP functionality

| | | Fiscal Year 2013–14 Spending Plan | | | | | |
|--------|---------------------------------|-----------------------------------|------------------|----------------|------------------|----------------|-------------------|
| ACCT # | MHSA EXPENDITURES | CSS | PEI | WET | INN Freise House | CAP/TECH | ALL MHSA |
| | <u>Salary/Benefits</u> | | | | | | |
| 6110 | Regular Salary | 9,426,181 | 764,998 | 230,749 | 90,885 | 11,554 | 10,524,367 |
| 6XXX | Benefits | 6,861,257 | 557,219 | 162,471 | 70,626 | 8,230 | 7,659,803 |
| | Subtotal | 16,287,438 | 1,322,217 | 393,220 | 161,511 | 19,784 | 18,184,170 |
| 6570 | Unemployment Insurance | 6,242 | 514 | 137 | 76 | 5 | 6,974 |
| 6600 | Workers' Compensation | 182,632 | 15,037 | 3,997 | 2,216 | 148 | 204,030 |
| 6200 | Extra Help | 681,148 | 142,496 | - | - | - | 823,644 |
| | Subtotal | 870,022 | 158,047 | 4,134 | 2,292 | 153 | 1,034,648 |
| | Total Salary/Benefits | 17,157,460 | 1,480,264 | 397,354 | 163,803 | 19,937 | 19,218,818 |
| | <u>Operating Expense</u> | | | | | | |
| 6841 | Communications | 14,768 | 1,303 | 350 | 144 | 18 | 16,583 |
| 6902 | Gen. Liability Insurance | 208,287 | 18,384 | 4,935 | 2,034 | 248 | 233,888 |
| 6904 | Med. Malpractice Ins. | - | - | - | - | - | - |
| 6970 | Equipment Maintenance | 16,173 | 1,428 | 383 | 158 | 19 | 18,161 |
| 7001 | Building Maintenance | 410,403 | 36,223 | 9,724 | 4,008 | 488 | 460,846 |
| 7350 | Medical & Lab Supplies | 1,100 | - | - | - | - | 1,100 |
| 7400 | Memberships | 25,158 | 2,221 | 596 | 246 | 30 | 28,251 |
| 7449 | Postage-General Services | - | - | - | - | - | - |
| 7450 | Office Supplies | 40,200 | 1,500 | - | - | 900 | 42,600 |
| 7450 | Furniture | - | - | - | - | - | - |
| 7500 | Professional Services | | | | | | |
| | Housing | 272,500 | - | - | - | - | 272,500 |
| | Pharmacy | 630,000 | - | - | - | - | 630,000 |
| | Contracts & MOUs | 2,801,431 | 5,811,130 | 29,700 | 918,330 | 569,650 | 10,130,241 |
| 7513 | Employee Physicals | 1,250 | - | - | - | - | 1,250 |
| 7525 | Data Processing | 179,609 | 15,853 | 4,255 | 1,754 | 214 | 201,685 |
| 7594 | Trans./Inter. Services | 8,800 | - | - | - | - | 8,800 |
| 7600 | Pub./Legal Notices | - | - | - | - | - | - |
| 7630 | Equipment Leases | 8,000 | - | - | - | - | 8,000 |
| 7650 | Building Leases | 1,042,278 | 91,995 | 24,695 | 10,180 | 1,239 | 1,170,387 |
| 7700 | S. D. Exp./Socializations | 35,086 | 1,029 | 1,647 | - | - | 37,762 |
| 7707 | Prof. Fees & Licenses | 2,600 | - | - | - | - | 2,600 |
| 7730 | Training & Development | 4,000 | 9,400 | 6,000 | - | - | 19,400 |
| 7740 | Travel & Transportation | 3,300 | 8,000 | - | - | - | 11,300 |
| 7743 | Fuel | 53,200 | - | - | - | - | 53,200 |
| 7745 | County Garage | 5,000 | - | - | - | - | 5,000 |
| 7750 | Personal Vehicle Mileage | 14,200 | 7,200 | - | - | - | 21,400 |
| 7780 | Utilities | 228,137 | 20,136 | 5,405 | 2,228 | 271 | 256,177 |
| 7970 | County-Wide Admin | 73,046 | 6,447 | 1,731 | 713 | 87 | 82,024 |
| 7991 | Capital Lease | - | - | - | - | - | - |
| 7993 | Capital Interest | - | - | - | - | - | - |
| 8601 | Vans | - | - | - | - | - | - |
| 8604 | Indirect Admin Cost | 2,244,778 | 198,131 | 53,185 | 21,925 | 2,668 | 2,520,687 |
| | Total Operating Expense | 8,323,304 | 6,230,380 | 142,606 | 961,720 | 575,832 | 16,233,842 |
| | GRAND TOTAL | 25,480,764 | 7,710,644 | 539,960 | 1,125,523 | 595,769 | 35,452,660 |

