

**KERN COUNTY  
BEHAVIORAL HEALTH BOARD  
ANNUAL REPORT TO THE  
BOARD OF SUPERVISORS**



**2016**

**Transforming Recovery  
Through Innovation**



**Bonita Steele - Behavioral Health Board Chair  
Bill Walker - Mental Health Director**



# TABLE OF CONTENTS

## Introduction

- Page 2 Members of the 2016 Kern County Behavioral Health Board
- Page 3 A Foreword from the Chair

## Special Highlights

- Page 5 Kern County Mental Health (KCMH) Director's Report
- Page 8 Substance Use Disorder System of Care
- Page 17 Information Presentations
- Page 18 Kern County Mental Health Contract Providers
- Page 19 Spotlight on Providers
- Page 25 System Demographics
- Page 26 Medi-Cal Penetration Rates
- Page 27 Revenue Sources & Cost of Direct Services

## Committee Reports

- Page 9 Adult Treatment & Recovery Services Committee
- Page 11 Children's Treatment & Recovery Services Committee
- Page 13 Housing Services Committee
- Page 15 System Quality Improvement Committee (SQIC)

## Featured Quarterly Reports

- Page 28 AB 109 Committee Quarterly Report
- Page 30 Assisted Outpatient Treatment Quarterly Report
- Page 32 KCMH & DHS CalWORKS Quarterly Report
- Page 34 Kern Crisis Intervention Team Quarterly Report
- Page 36 Housing Update Quarterly Report
- Page 37 Recovery Stations Quarterly Report
- Page 38 Kern Stop Meth Now Coalition Quarterly Report
- Page 40 Sustained Treatment and Recovery (STAR) Court Quarterly Report

## Appendix

- Page 42 About Our Members
- Page 47 2016 Behavioral Health Board Committees
- Page 47 KCMH Mission, Vision, and Values Statements



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



# **MEMBERS OF THE 2016 KERN COUNTY BEHAVIORAL HEALTH BOARD**

## ***MISSION STATEMENT***

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

## **Executive Committee**

- |                   |                                       |
|-------------------|---------------------------------------|
| Bonita Steele     | ● Chair                               |
| Jean Lockhart     | ● First Vice-Chair                    |
| Dr. Ravi Goklaney | ● Second Vice-Chair                   |
| Shelly Castaneda  | ● Parliamentarian                     |
| Bill Walker       | ● Mental Health Director              |
| Pat Connell       | ● Board of Supervisors Representative |
| Dr. Brad Cloud    | ● Mental Health Department Liaison    |
| Cindy Coe         | ● Board Coordinator                   |

## **Member Representation by District and Supervisor**

### **District One – Mick Gleason**

Jeff Burdick  
Shelly Castaneda  
Pat Connell  
Phillip Peters  
Daniel Soria



### **District Two – Zack Scrivner**

Fawn Dassy  
Shirley Jean Lockhart  
Jonathan Mullings

### **District Three – Mike Maggard**

Anna Laven  
Teresa McFarland  
Bonita Steele

*See page 42 for Board member information*

### **District Four – David Couch**

Frank Ramirez  
David Stabenfeldt  
Kate Tandy

### **2016 Annual Report Committee Members**

BHB – David Stabenfeldt, Chair  
BHB – Richard Hofferd  
BHB – Kate Tandy  
KCMH – Cindy Coe



### **District Five – Leticia Perez**

Ravi Goklaney  
Richard Hofferd



## A FOREWARD FROM THE CHAIR

The Behavioral Health Board was pleased to hold their March 2016 meeting at the new Mental Health administration facility on 28<sup>th</sup> Street. The Department has had an eventful year, adding over 80 new positions to the work force and taking steps to change its name to Behavioral Health and Recovery Services to convey inclusiveness. This annual report focuses on committee activities, data and reports from the department, and also brings back contract provider reports on their agency and what services they provide.

The Board heard several informative presentations and reports on a variety of topics including a presentation by Clinica Sierra Vista on their Housing Solutions program; the Children's System of Care provided information on a foster care treatment program they have implemented; the housing services coordinator introduced a Housing Plan and housing supports; the Crisis Intervention Team (CIT); the study and implementation of the Continuum of Care Reform by the Children's System of Care; the many activities and events planned for May is Mental Health Awareness Month; a panel presentation on the PEC (Psychiatric Evaluation Center), CSU (Crisis Stabilization Unit), and CWiC (Crisis Walk-in Clinic); CalWORKs services provided through the Substance Use Disorder Division; an Adult Treatment & Recovery Services Committee recommendation on methadone services; the Mental Health Department's response to the spring Erskine Fire; a presentation on Mental Health's Patients' Rights Advocate and Family Advocate services; an external readiness review on adult services to be conducted by the California Institute for Behavioral Health Solutions (CIBHS); and finally a presentation on the department's budget. A public hearing was also conducted on the Mental Health Services Act (MHSA) Annual Report for Fiscal Year 2016-2017 to be submitted to the state, and approved for submission to the Board of Supervisors. These presentations and reports help to inform members and the public on what services and programs are available to individuals.

The Substance Use Disorder Division has been kept busy working to submit an implementation plan for the Drug Medi-Cal Organized Delivery System Waiver, which will provide new benefits, including residential, intensive outpatient, and detox services; and creating a sobering/recovery station in Ridgecrest. Staff were also instrumental in planning and executing a Mentoring Conference and DUI Symposium in 2016.

The Department received positive media attention related to the STAR Court (Sustained Treatment and Recovery), a mental health court. Our Kern County Sheriff Office's representative, Chief Deputy Shelly Castanada, reported in January they had increased law enforcement training on mental illness to 15 hours for new officers, and graduated the first academy of those who received 40 hours of crisis intervention training. The Kern Crisis Intervention Team (CIT) was created to improve officer and consumer safety at the scene of a mental health crisis, and direct individuals with mental illness to mental health services and not the judicial system when possible. In addition, county leaders have collaborated to enact an ordinance for the Stepping Up Initiative, an effort to partner to reduce the number of people with mental illnesses in jails. A Sequential Intercept Map (SIM) process was also conducted with city and county staff participating.

In 2016 the Board welcomed new member Dr. Kate Tandy, representing District 4, and Pat Connell, representing Supervisor Mick Gleason, District 1, as a part of the Board. The Board also received resignations from members Jonathan Mullings, Daniel Soria, Dr. Ravi Goklaney, and chair Bonita Steele.

The annual BHB training focused on our committees and their structure and accountability. This resulted in the creation of an ad-hoc Committee on Committees to bring about committee charters and collaboration with existing work groups and committees.

Current goals for the BHB:

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

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

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

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

I am grateful and honored to have been of service to the Board of Supervisors, the Kern County Mental Health Department, consumers, clients and family members. I want to recognize and thank the outstanding and dedicated members of the Behavioral Health Board for their work on the board and the board's committees which focus on important facets of this work. I deeply regret having to leave the board mid-term, but extend my deep gratitude and thanks to Jean Lockhart for completing my term as chair. Heartfelt thanks are also extended to Bill Walker, the leadership team, the professionals and caring department staff. I am sincerely impressed by the leadership's innovation, collaborative approach, and commitment to the provision of quality services that result in consumer driven outcomes. Thank you, Supervisor Mike Maggard, for the opportunity to serve, contribute, and support this essential and critical work in our community.



***Bonita Steele  
Behavioral Health Board Chair***



## **DIRECTOR'S REPORT**

Overall the Mental Health Department and Substance Use Disorder (SUD) Division continued to grow based on allocated and service generated state and federal dollars. The Fiscal Year 2016-17 budget, approximately \$175 million, is over \$50 million dollars greater than Fiscal Year 2013-14. Federal and state initiatives and competitive grants dominate the expansions statewide. Integration and continuum of care with medical, law enforcement and many stakeholders groups is significant. Both Mental Health and SUD have produced new state waivers that, along with the Affordability Care Act, set forth new guiding delivery system changes. At the core of these changes is a primary goal of improved countywide quality services.

The following offers brief updates on systems, teams, projects, and initiatives the Department addressed in 2016 and will continue to address.

- **Lean Six Sigma:** Developed a Lean Six Sigma quality and efficiency team to set a culture and expectation of excellence. The Department will increase the L6S team to engage in a series of quality and efficiency projects.
- **Mental Health Services Act (MHSA):** New \$1.2 million dollar Innovations projects have gone through a stakeholder input process and will be implemented beginning in Fiscal Year 2016-17. The MHSA funding system has been reviewed to optimize fund allocations and prudent reserves.
- **Human Resources:** Given the increase in overall staffing many processes have been streamlined to assist the quick onboarding of staff into the department. Loan forgiveness programs have been implemented. This division will implement additional L6S efficiency efforts in 2017.
- **Disaster Coordination:** The 2016 fire season saw unprecedented use of department Emergency Response and Mobile Evaluation Teams deployed to impacted areas and shelters. A new Disaster Coordinator was hired and is developing policies, procedures and training to address active shooter and acts of terrorism response, and revising the Standard Operating Procedures for the Department Operations Center.
- **Capital Facilities:** Phase 1 of the 28<sup>th</sup> Street project was completed and Phase 2 will be completed March 2017. Upon completion, Administration and the Consumer Family Learning Center will share this location.
- **Training Services:** Developed a clinical Supervisors Academy and revised the training system. Increased the dedication to sending staff to various conferences across the state. Adopting core competencies and certification standards for behavioral health staff and developing a three year training plan to support the accomplishment of these standards by all service staff.
- **Outreach and Education / Public Information:** Hired a marketing and promotions coordinator to oversee several areas of development including updating the department website and develop continuous outreach to the community. A new logo was created for the anticipated name change to Behavioral Health & Recovery Services.
- **Housing:** Established certification standards for all housing types used by the Department and finalized a housing plan. Hired a special projects manager to develop the department's "No Place Like Home" projects.
- **Children's System of Care:** In partnership with the Department of Human Services, developing an annual trauma-informed assessment for all foster youth. Will continue to work on maintaining a

higher foster care penetration rate by mental health contractors and teams. Joined with county DHS and Probation to develop the county Continuum of Care Reform.

- **Kern Linkage Program:** In partnership with the Kern County Superior Court and other community agencies, established the Sustained Treatment and Recovery Court (STAR Court). STAR Court safely, collaboratively, and efficiently diverts persons with mental illness, involved with the criminal justice system, to appropriate treatment towards recovery, wellness, and independent living.
- **Adult System of Care:** Hired a new administrator over this division. Implemented a Laura's Law / AOT system. Secured CIBHS to perform a Readiness Assessment of the Adult System of Care.
- **AB109 / Correctional Mental Health:** AB109 funded several new positions. Funding is directed to support certification and monitoring of community based organizations, staffing and equipment for the MET Co-Response Team, staffing to provide substance use disorder case management, additional evidence-based programming, and development of recovery stations. Mental health and substance use disorder jail services have been expanded.
- **Recovery Supports Administration:** In 2016 implemented evening and weekend classes and programming, and there are plans to continue to increase weekend hours.
- **Substance Use Disorder Division:** *Sobering/Recovery Stations* – Hired a special projects manager to develop the department's sobering / recovery Stations, damp housing and "No Place Like Home" initiative. Developed the County's SUD waiver submission and rate setting. *CalWORKs* – The department worked closely with the Department of Human Services to expand mental health and substance use disorder services for CalWORKs recipients. A behavioral health team co-located at the Department of Human Services was also implemented.
- **Crisis Services:** In 2016 implemented a Performance Improvement Project (PIP) to reduce recidivism. Received accreditation by the American Association of Suicide Prevention for the department Hotline. Received two CHAFFA grants. One is building a CSU in Ridgecrest; and the second grant is funding the development of a virtual mobile evaluation (MET) crisis system to work with law enforcement in remote areas of the county. Opened a new Crisis Walk-in Clinic (CWIC).
- **Managed Care Division:** *Affordable Care Act (ACA)* – The Care Coordination Unit (CCU) was established and is currently working with the Managed Care Plans to ensure service provision, linkage and better outcomes for all individuals seeking mental health and substance use disorder services. *System Improvement Plan (SIP)* – Developing a revision of the Adult System of Care through *Evidence Based Practices (EBP), Promising Practices (PP), and Skill Sets (SS)*.
- **Information Technology Systems:** Implemented a Quantum external evaluation of all IT systems and infrastructure with the goal of modernizing and streamlining technology, reliability, training, ease of access, and mobility.
- **Finance:** Hired a new business manager over this division. New initiatives, such as CCR and No Place Like Home will be challenges. Business Manager leads a budget workgroup to address financial needs and planning of the department specifically to address changes.
- **Medical Services:** Worked collaboratively with Kern Medical hospital in their transition from a county facility to an independent Hospital Authority. Filled a newly developed Medical Services Administrator position.
- **Quality Improvement Division:** The department implemented a monthly review and report system that mimics the dynamics of the Board of Supervisors consent agenda. In addition, all Waiver

requirements (Special Terms and Conditions) are tracked and are being implemented as required. Transitioned to the DSM5 and ICD10CM.

- **Medical Services:** Stabilize psychiatric services and recruit full-time psychiatrists and extenders to provide for all inpatient, outpatient and residency program needs. The Department will continue to support the Adult Psychiatry Residency Program, Child Psychiatry Fellowship, Addiction Psychiatry Fellowship programs, and work with primary care physicians in the community for psychiatric consultations.
- **Strategic Planning:** In the annual strategic planning process the Department dedicated resources to inpatient and incarceration recidivism reduction, housing, access and treatment, information technologies refresh, fiscal management and the development of a Lean Six Sigma team.
- **Leadership:** The year 2017 will see significant changes in leadership with the retirement of several long-term, experienced administrators and deputy directors. The Department has begun a recruitment and retention plan that will highlight opportunities within Kern County.
- **Succession Planning:** Promote career advancement in the Department thorough the support of, and interaction with, staff at all levels of the Department. Identify career and retirement planning with supervisor and management level staff.
- **County Leadership Programs:** Assign administrators and supervisors to attend leadership and various technical classes offered by the County.
- **California Institute of Behavioral Health Services (CiBHS):** Rotate key administrative and supervisory staff through the CiBHS Leadership program for behavioral health leaders.
- **California Behavioral Health Directors Association (CBHDA):** Assign key administrators and supervisors to participate in the monthly CBHDA committees.
- **Fiscal Services:** Develop internal fiscal training on meeting and understanding county, mental health and substance use disorder fiscal requirements.
- **Lean Six Sigma (L6S):** Develop a L6S team and work to set a culture and expectation of excellence.
- **Human Resources (HR):** Expand HR to include training for administrators and supervisors on topics relevant to HR needs and how to maintain effective staffing systems.



**Bill Walker**  
**Mental Health Director**



## SUBSTANCE USE DISORDER SYSTEM OF CARE

This was a year of planning and progress in the Substance Use Disorder (SUD) System of Care. A major focus over the past year was repositioning ourselves to meet the challenges and opportunities relating to the Drug Medi-Cal Organized Delivery System (ODS) Waiver. As the name implies, this has required substantive changes in the way we organize and deliver services. Our County Implementation Plan was submitted to the Department of Health Care Services for preliminary review in fall 2016. With expected implementation in late 2017, work over the past year focused on plan completion, expansion of services, staff training, fiscal rate setting, hiring, and continued collaboration with community partners.

In 2016, treatment services grew in the areas of access, adolescent treatment, and CalWORKs. The division began a pilot for the Beneficiary Access Line, a system to allow individuals to enter SUD treatment through an initial phone screening. This system has already proven to be both efficient and effective in linking individuals to appropriate services. Services were expanded in West Kern also, as we commenced treatment at Independence High School in Wasco. In the CalWORKs system services expanded to include family therapy, and the collaboration with the Department of Human Services continued to flourish, resulting in greater positive outcomes for our mutual clients.

Prevention efforts continued to grow with the addition of a new coalition funded under Community Based Environmental Risk Reduction (CBERR) efforts. A policy change resulted in 100 percent of alcohol retailers in Arvin being trained in Responsible Beverage Service, which reduces the likelihood that someone would be over-served or that underage drinkers would have retail access to alcohol. Three large training events were held in 2016, including the Hope Through Mentoring Conference, DUI Symposium and the Drug Free Youth Summit. The Kern Stop Meth Now Coalition continued to see growth in participation, and the coalition directed efforts towards neighborhood safety, opioid misuse, and perinatal prevention services.

Housing became an additional area of focus for the division as work began towards the county's proposal for the No Place Like Home (NPLH) funding initiative. Significant progress was made also with the Healing Project, an MHSA Innovations Plan proposal, which includes a recovery station planned for Ridgecrest and another for the Bakersfield area.

Quality assurance activities were expanded in 2016, with the addition of a SUD Quality Improvement Team. The team is tasked with monitoring and evaluating services and programs, with the aim to improve SUD treatment delivery, maintain system-wide compliance with regulations, and to address the increased monitoring requirements set forth under the ODS Waiver.

A Recovery Fair was held in 2016 to recognize September as National Recovery Month. A carnival theme provided the backdrop to a family-focused event celebrating the achievements of those in recovery from substance use. The event provided an opportunity to celebrate with family, friends, and service providers.

The success of the substance use disorder service system involves hard work and dedication from department staff, contractors, partner agencies, community members, and consumers. I would like to take this opportunity to recognize the enormous efforts of all those who have contributed to this success over the past year. We look forward to further growth and progress in 2017.



Alison Burrowes  
Behavioral Health & Recovery  
System Administrator



## ADULT TREATMENT & RECOVERY SERVICES COMMITTEE

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

**VISION STATEMENT:** The Adult Treatment and Recovery Services Committee (ATRSC) supports the Kern County Behavioral Health Board and the Mental Health Department's mission and goals of providing and continuously improving a comprehensive range of community-based mental health and substance use disorder services. The ATRSC advocates for and promotes emotional well-being, enhanced quality of life and the safety of adults served by the System of Care, their families, and the community at large.

**PHILOSOPHY:** Our unifying philosophy, or approach, is to help establish that any place in the system will be informed and knowledgeable enough about substance use and co-occurring disorders that we will treat all persons in a common, empathic, recovery oriented, culturally competent way regardless of where they seek services, ensuring the continuum of care.

Throughout 2016, the ATRSC committee focused on a variety of topics. Those topics were discussed and presentations were given by specialists in those areas in order for the committee to provide the necessary recommendations.

### Titration Patients from Methadone:

- Opioid use has grown exponentially in the last ten years. Due to that, methadone use has also grown. The ATRSC established a methadone subcommittee to look further into the effectiveness of methadone treatment and titrating patients from methadone.
- The subcommittee met with those within Kern County Mental Health and other agencies in order to look into this issue. Data from those agencies, such as the Substance Abuse and Mental Health Services Administration, was also reviewed.
- The subcommittee prepared a report on methadone use, which was brought before the Behavioral Health Board. This report contained the committee's findings and recommendations to the BHB.

### Conservatorship

- Reviewed the conservatorship process from Aging and Adult Services and Mental Health.
- Further discussion into what is being done in regards to the transition from conservatorship and what, if any, recommendations need to be made to the BHB.

### Suicide and Crisis Situations

- Law enforcement's preparedness when contacting those with mental health and/or co-occurring disorders, including the Crisis Intervention Team training.
- Suicide rates in Kern County, as well as what is being done in suicide prevention and speaking with families of those who have lost someone due to suicide.
- Security measures done to prevent those from attempting suicide by jumping off bridges and overpasses, which included research into the possibility of installing security fences and the actions taken by the Mobile Evaluation Team (MET) for suicidal individuals in those areas.

### Housing

- The improvement of affordable and safe housing, quality sober living homes/board and cares, as well as supportive housing options for those coming out of jails and hospitals.
- Certification will be required through Kern County Mental Health of housing providers, which will entail training staff who work for housing providers, site inspections, and the overall improvement of housing options available to those in need.

### **Expansion of Peer Support Services**

- The Peer Navigation process was established in order to shorten the length of time clients take from assessment to first team service with an Adult outpatient team.
- Using peers, the goal was to improve the rate of engagement in mental health and substance use services.

In 2017, the committee will focus on three specific areas:

1. Conserved Clients: Continue to evaluate the best way to transition those on conservatorship to Sober Living Environments (SLEs) and Adult Residential Facilities (ARFs), including the continuation of medication.
2. Treatment Resistant: Treatment of those persons and their families who are treatment resistant, homeless, etc. This includes improved outreach to those communities.
3. Outcome Measures: Research and review of outcome measures from Kern County Mental Health and community providers, specifically the Consumer Family Learning Center.





## CHILDREN'S TREATMENT & RECOVERY SERVICES COMMITTEE

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

Moving, packing all of our things and relocating to new surroundings. This is often a task that even in the best of circumstances can leave us trying to accommodate the changes. This year, the Children's System of Care Specialty Teams were able to relocate to some new surroundings. Yes, this is one of those moves that was the best of circumstances and our teams have happily settled into the Commonwealth building on the second floor.

Moving, packing all of their things and relocating to new surroundings. Comparatively, for our foster youth, these are often not the best of circumstances and typically there are many struggles to accommodate: too many changes, loss of family, of friends, of school, of everything familiar.

During this past year, much of our work has been to prepare for the implementation of AB403, Continuum of Care Reform (CCR). Standing on the shoulders of the Pathways to Well-being Services, the CCR shall strive to ensure that foster youth gain placement permanency, with family when possible. Furthermore, CCR aims to ensure that the essential supports needed for these children to thrive, be resilient and feel secure are readily available from their Child and Family Team (social workers, mental health workers, family, and other supports).

The Children's Treatment and Recovery Services Committee has continued to explore ways that the Children's System of Care (CSOC) and the Substance Use Division (SUD) will expand our continuum of care to meet behavioral health needs of not only foster youth, but for the overall support of all Kern County children and families that are served by the CSOC and SUD. Foundational to this mission are services provided by the system of care consisting of Clinica Sierra Vista, Ebony Counseling Center and SUD treatment teams, KCMH Prevention, KCMH services provided at Blanton and CLC 34<sup>th</sup> Street, KCMH West Kern Clinic, and College Community Services in Ridgecrest, along with CSOC specialty mental health providers Child Guidance Clinic, College Community Services, Clinica Sierra Vista and Kern County Mental Health.

During 2016 the Children's Treatment and Recovery Services Committee have highlighted both existing and prevention activities, current behavioral health services, as well as discussions of efforts to expand treatment options and plan for implementation of the CCR. These discussions have included:

### **HOPE THROUGH MENTORING CONFERENCE**

This is an annual conference focusing on providing training to both traditional and non-traditional mentors. Social workers, teachers, therapists, nurses and law enforcement are among the non-traditional mentors who attend the conference. Workshops cover trending topics including "The Adolescent Brain" and "Mentoring Basics."



## **1115 WAIVER**

The Substance Use Disorder system is expanding services to include case management and other services, previously available only to clients under the array of mental health services. This will make more services available and further support youth who receive substance use disorder treatment.

## **FAMILY CONVERSATION JARS**

Prevention staff has provided training in English and Spanish to 692 parents on the importance of having regular family dinners. Research shows that children who eat dinner regularly (five or more times per week) have a much lower incidence of negative behaviors than those who do not. These children also have better grades and report greater bonding to parents.

## **PATHWAYS TO WELL BEING**

The CSOC is working to implement these expanded services of intensive care coordination and in home base services to all qualifying Medi-Cal beneficiaries.

## **MHSA FULL SERVICE PARTNERSHIPS (FSP)**

Three FSPs that offers 24/7 access to intensified services for youth that are in need of a higher level of care with the goal of ensuring the stability and well-being of the youth and family and prevent increase of mental health symptoms/behaviors. Children's System of Care FSPs includes:

- Youth Wraparound Teams (embedded with providers throughout the county)
- Youth Multi-Agency Integrated Services Team
- Transitional Age Youth Team

## **MHSA PREVENTION AND EARLY INTERVENTION (PEI)**

These services seek to identify behavioral health symptoms and engage youth and families at early onset in order to prevent the development of more serious behavioral health issues. PEI services that are offered throughout the county include:

- Transitional Age Youth Career Development Program
- Youth Brief Treatment – same day walk-in assessment
  - Evidence Based Program: Family Functional Therapy
  - Outreach and education including parenting support group at Bakersfield Homeless Shelter
- Foster Care Collaborative Team
- Juvenile Justice Program – provides after care as youth exit Juvenile Hall

## **CONTINUUM OF CARE REFORM EXPANSION OF SERVICES**

- Therapeutic Foster Care
- Short Term Residential Treatment Programs
- Increase coordination with the Department of Human Services and Probation via CFT and Special Multi-Disciplinary Agency & Referral Team

## **COMMUNITY RESOURCES PRESENTATIONS INCLUDED:**

- KCMH – Family Functional Therapy Evidence Based Services
- Bakersfield City School District – Positive Behavioral Interventions and Supports
- Clinica Sierra Vista – Managed Care Plans for youth, mild to moderate levels of care needs
- Police Activity League (PAL)
- Kern County Probation – Juvenile Hall collaborative team
- Kern County Substance Use Division – Family Dinner Promotion
- HEARTS Connections – Resource center for parents with children who have special needs
- Kinship and DHS Adoption Services
- Child Guidance Clinic – Preventative services Tutor Time, yoga class and parent education



## HOUSING SERVICES COMMITTEE

***MISSION STATEMENT: The mission of the Housing Services Committee is to assist the Kern County Behavioral Health Board in assessing and understanding all areas of housing and housing related needs of individuals with mental disabilities and/or addictions; to advise the Board on actions related to housing on behalf of these individuals; and to recommend solutions to the identified housing needs.***

The Housing Services Committee made a few changes over the course of the last year. In January the committee drafted a Statement of Commitment that was attached to their draft of the 2016/2017 Objectives. The 2016 Housing Services Committee was chaired by Bonita Steele, representing District 3, and Richard Hofferd, representing District 5, and liaisons Steve DeVore, adult system of care liaison and Alicia Castillo as substance abuse system of care liaison. In July, Karen Patino replaced Alicia Castillo as the liaison for the substance abuse system of care/sober Living environment housing while effective December 31<sup>st</sup> Bonita Steele resigned from chairperson and the committee. Attendees were represented by a number of important constituencies and agencies including family members, housing providers, mental health, substance abuse and medical provider staff, and Housing Authority of the County of Kern staff.

The committee received presentations from several speakers including Stephen Pelz, who presented on the latest programs and housing accommodations. Sandra Meeks presented the Kern County Mental Health Department Housing Plan, which included a new process of certifying housing providers for Kern County Mental Health clients. In addition, the committee heard reports from Christine Lollar, manager of the Kern County Homeless Collaborative, who has agreed to provide monthly reports and serves as a liaison between the Collaborative and the BHB Housing Services Committee. Ms. Lollar reported to the committee regarding the activities of the Homeless Collaborative; specifically the progress of a Coordinated Entry process.

The committee reviewed a number of important topics during the year including:

- AB 1618, the “No Place Like Home” bill
- Amount of beds for 5150 clients
- Strategic planning for future housing
- Identifying priority housing options

The Housing Services Team, under direction of Steve Devore, Mental Health System Administrator, developed a certification plan for behavioral health housing providers. This certification plan was presented to department management, who authorized implementation. Important highlights of the plan include:

### **Behavioral Health Certified Housing Process:**

The certification process began with a general informational meeting in July 2016 in which all providers were informed of certification requirements and that effective January 31, 2017 all providers must be certified in order to be placed on the housing list for referrals. Certification is a three phase process:

#### Mandatory Training, Policy and Procedure Manual Approval, and Site Review

Phase One: Housing Services Team members provided four mandatory training sessions addressing mental illness and how stable housing is a critical component in the recovery process. All sessions were videotaped and added to the department’s public website for future training opportunities for facility staff and new providers.

Phase Two: Housing Services Team members developed required items for inclusion in the facility’s Policy and Procedure Manual, a vital component to the certification process. Providers then submitted an individualized policy and procedure manual for approval by the Housing Services team. During this

period, facilities also received mentoring services that assisted providers with meeting expectations of service criteria and required documentation.

Phase Three: Housing Services Team members conducted final site reviews to ensure the level and quality of care is consistent with the certification guidelines. Upon successful completion of all three phases, initial certification will be awarded and is effective for one year with the opportunity to recertify for up to two years thereafter. There are 30 providers participating in the certification process with anticipated completion effective January 31, 2017. A second certification program will begin in April 2017.

**Sober Living Environments:**

In June 2016, Sober Living Environments (SLEs) were moved from the Substance Use Disorder Division to the Housing Services Team under Clinical Administration. Two full time staff maintain the current SLE certification program. Housing Services Team members completed 70 unannounced quarterly site visits, certified five new sites, recertified eight current providers, conducted two mandatory quarterly trainings, issued and monitored five Plans of Corrections due to certification guideline deficiencies and held seven orientations for future providers.

During 2016, a decision was made to bring together the mandatory training for both sober living and mental health housing providers. The Housing Services Team will present this combined training in March 2017 for the first quarterly training of 2017.





## SYSTEM QUALITY IMPROVEMENT COMMITTEE

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

The System Quality Improvement Committee (SQIC) is an essential and mandated component of the department's required "Quality Improvement Committee" activities, which require the active participation of the Mental Health Plan's practitioners and providers, as well as beneficiaries and family members in the planning, design and execution of the QI program (DHCS Annual Review Protocol). KCMH's SQIC includes departmental staff, contract providers, consumers and family members. The System Quality Improvement Committee continues to review, and make recommendations, in a wide variety of quality improvement activities, in support of improvements to the Department's administrative and clinical processes.

- Near the beginning of the past year, there was a significant focus on the department's preparations for the State of California Department of Health Care Services (DHCS) triennial audit. This comprehensive state review of a wide range of compliance and quality improvement areas involved major preparations by a number of staff to demonstrate how the Mental Health Department was in compliance with KCMH's contract with DHCS to be the Mental Health Plan (MHP) for Kern County. SQIC reviewed departmental preparations and the DHCS Final Report findings, which included a 98% compliance rate for MHP system requirements and several areas of documentation that required a Plan of Correction.
- As done each year, SQIC developed a calendar for presentations during 2016 focused on key quality management/quality improvement areas that the MHP monitors (e.g., a report on the outcomes of the Problem Resolution Process by the Patient's Rights Office). The goal of these presentations is to inform SQIC members of the outcomes of the department's "Quality Management" and "Quality Improvement" programs and provide an opportunity for SQIC member to make recommendations or suggestions.
- The department's Ethnic Services Coordinator continued to present key Cultural Competence Plan activities and issues throughout 2016. For instance, several presentations were focused on the need to increase the penetration rate of the African-American and Hispanic populations since data from DHCS indicated that services to these populations were below the state average. Current activities focused on at SQIC included: outreach and education efforts in these areas, the number and types of staff trainings provided in working with underserved populations and specific projects that were being explored. Notably, the evidence-based "La Clave" program was reviewed by SQIC as a potential project that could be implemented in 2017. SQIC members were positive about implementing "La Clave" and also recommended that the updated Release of Information Authorization form needed to be translated into Spanish, and entered into the department's electronic health record as soon as possible.
- Other key QI topics covered at SQIC during 2016 included a review of the results of the department's "Recovery Survey" (i.e., client perceptions of progress in treatment), the elements of the department's "Annual QM/QI Work Plan", the results of the department's EQRO annual review (with a focus on timeliness of access to services), and the department's preparation for implementing the DHCS Substance Use Disorder (SUD) Waiver. SQIC discussed the many significant changes and improvements that will occur under the "Waiver" in providing SUD services. SQIC members had a number of questions about how these changes would specifically impact provider settings (e.g., how SUD service provision will be monitored by the SUD QI Compliance team).

SQIC members also continued to stress the importance of decreasing the time required for a client to obtain services and requested updates on department progress in this area. The SQIC was also interested in, and encouraged, the department's efforts to more systematically collect clinical outcome measures across the system of care.

Finally, SQIC, along with the Behavioral Health Board, again played a central role in providing information and answering survey questions, to embed in the California Department of Health Care Services (DHCS) "Data Notebook" (a repository of information for consumers and families about mental health departments throughout California). The completed "Data Notebook" was submitted to the state Mental Health Planning Council by the BHB.

#### Developing a Process for Ensuring the Quality of Translated Materials from English to Spanish

At our most recent triennial audit (May 2016), the California Department of Health Care Services (DHCS) indicated that the department was required to develop "a mechanism for ensuring accuracy of translated materials in terms of both language and culture; California Code of Regulations (CCR), Title 9, Chapter 11, sections 1810.110(a) and 1810.410(e)(4)". This was required in order for KCMH to remain in compliance with federal and state regulations.

Throughout the remainder of 2016, plans were developed to implement a process to evaluate all KCMH staff certified to receive Tier II bilingual pay (written translation) in terms of the quality and efficiency of their ability to translate an English document into Spanish. The department planned to use these evaluations of staff to create a core departmental pool of staff who will translate written documents in an accurate, consistent and effective manner.

SQIC played a significant role in assisting with the planning of this process, throughout the planning phase, by making suggestions and recommendations (e.g., ensuring that translations would be readable for those with limited English ability).

By December 2016 the evaluation process began by giving each staff certified to make written translations in Spanish a standard mental health related brochure, and then asking them to translate the document into Spanish while also attempting to create a translation that was at or near a 6<sup>th</sup> grade reading level. These Spanish translations were then rated by two KCMH staff (the ethnic services

coordinator and a staff member who has a Master's Degree in Spanish) on readability, understandability, cultural competence and punctuation. In addition, each translation was evaluated for grade level using a software application.



At the time of this report, the evaluation process has been completed and the results are being organized to present to SQIC and the Executive QIC in order to obtain recommendations for using the data to institute a protocol that complies with the department's Cultural Competence Plan.

## INFORMATION PRESENTATIONS

On the facing page is a list of the Department's contracted service providers, the services they provide, and the Supervisorial District in which they provide the service. We have expanded this feature further by asking contracted service providers to submit short paragraphs about their agencies and the services they provide. We have color-coded Supervisorial Districts to more easily see at a glance which areas are served by a particular provider. These presentations begin on page 19.

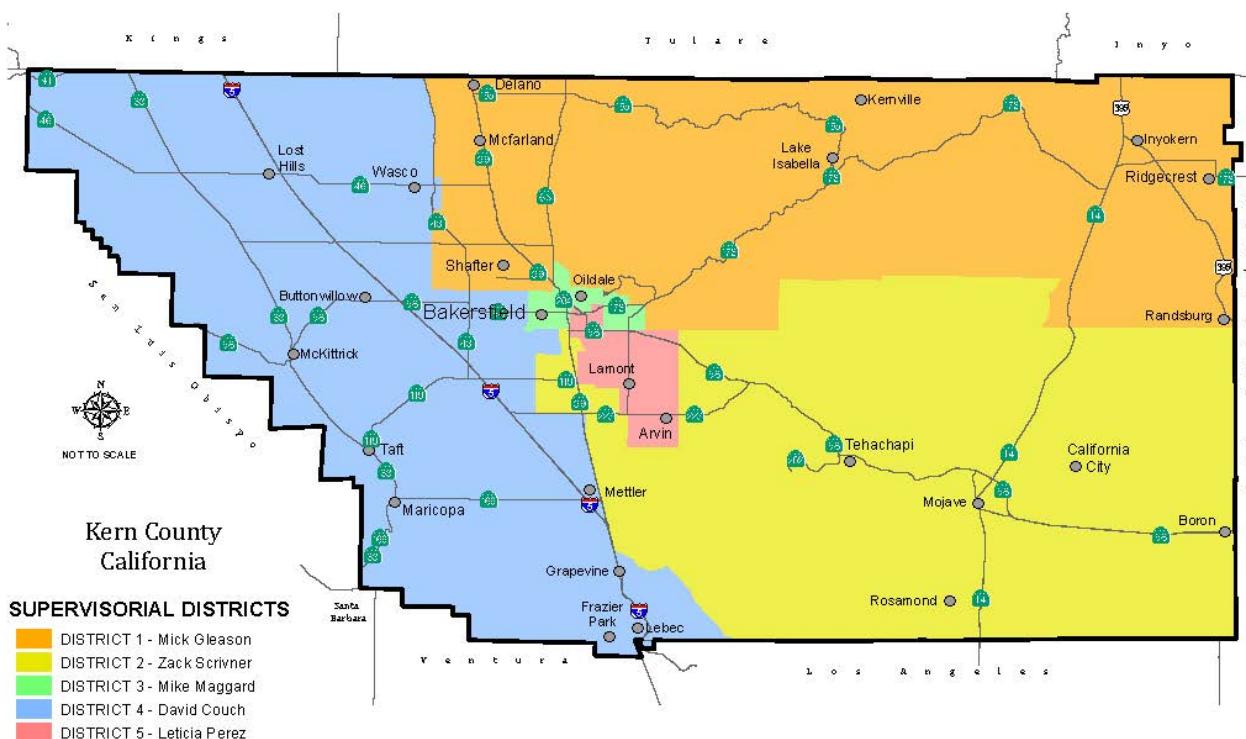
Statistical and demographic information about the individuals served are presented in the tables and graphs on page 25, and page 27 shows a breakdown of revenue sources and the cost of direct services.

Beginning on page 28, we included quarterly reports that are submitted to the Board of Supervisors. These reports provide information on programs that are of special interest.

District Populations	District 1 169,776	District 2 174,370	District 3 162,851	District 4 166,776	District 5 166,338

## Kern County Supervisorial District Map

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



**KERN COUNTY MENTAL HEALTH  
CONTRACT PROVIDERS  
Fiscal Year 2016-2017**

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

## SPOTLIGHT ON PROVIDERS

The Mental Health Department's contracted service providers were asked to contribute short paragraphs providing information about their programs. These partners play a vital role in the "Serve First: Provider Network of Choice...Safe in the Community" concept.



**T.A.A.S.K.**

[District 1](#) [District 2](#) [District 3](#) [District 4](#) [District 5](#)

TAASK has been in business for 33 years, and provides services in 9 Kern County cities. TAASK services clients mandated from the courts and the Department of Motor Vehicles, who have been convicted of Driving Under the Influence. These clients will attend group process sessions and education classes. Our clients also receive an intake interview and assessment, along with case managements, interim interviews, and an exit interview. TAASK's goal is to give our clients all the tools and relevant information they need to change their lifestyle and prevent another DUI.



**Clinica Sierra Vista**

[District 1](#) [District 2](#) [District 3](#) [District 4](#) [District 5](#)

Clinica Sierra Vista was very happy to welcome the Ebony Counseling Center, its staff and its clients into the Clinica Sierra Vista family in July 2016. These dedicated counselors seamlessly settled into a new location, and increased the capacity and number of individuals served by expanding hours and adding services. Clinica adopted a number of best practices developed at Ebony and were pleased to celebrate with Ms. Irma Carson, the continued impact, presence and high relevance of the work and mission for which Ebony stood.

We look forward to the further expansion of adolescent services in Fiscal Year 2017-18, as well as to the ongoing contributions of the veteran counselors that make this program, as well as the gang violence prevention and CalWORKs program the preferred source of treatment by individuals and families struggling with the disease of addiction.



**College Community Services**

[District 1](#) [District 2](#) [District 3](#) [District 4](#) [District 5](#)

College Community Services (CCS) serves the communities of Wasco, Taft, Lake Isabella, Ridgecrest, Tehachapi, Mojave, and surrounding areas. CCS operates 11 outpatient mental health clinics in Kern County (five for adult and six for children), four outpatient substance use disorders (SUD) programs, a mental health program at Camp Erwin Owens, and two Consumer Family Learning Centers. In 2016, CCS provided mental health and substance use disorder services to approximately 5000 individuals, within all our behavioral health programs. Established in 1996, College Community Services (CCS) provides a comprehensive continuum of mental health and substance abuse services for children, youth, adults and families in Kern County. Our mission is to provide and advocate for recovery-focused, accessible and effective community-based services that build hope and resilience. CCS was acquired by Molina Healthcare in 2015 and now operates under Pathways. Pathways is a subsidiary of Molina Healthcare and a national leader of in-home and community-based services. CCS offers personalized recovery oriented treatment planning, providing trauma-informed care, co-occurring capable services, and evidence-based treatment to meet individual needs. We use a multidisciplinary

team approach to service delivery. This approach provides a network of service providers that best meet the needs of the individuals and families being served. Our clinical team includes therapists, psychiatrists, nurses, substance abuse counselors and recovery coordinators. CCS strives to provide strength-based solutions in partnership with clients, their families, local governments and other community-based agencies to improve home, school, work and community functioning. The use of cutting-edge telehealth technologies enhances CCS treatment by facilitating off-site service delivery. CCS provides convenient, cost-effective recovery care in the clinic, home, school, or in community-based settings using Wi-Fi enabled tablets. This technology provides HIPAA compliant access to the consumer's electronic health records for remote treatment documentation, as well as collaborative documentation to incorporate consumer input in real-time treatment. Based in the community and driven by our consumers, all services are designed to meet individual linguistic and cultural needs. CCS staff employ a strength-based, family-centered approach that is highly collaborative and consistent with the Kern County Mental Health System of Care. Our commitment is to deliver exceptional value by creating healthy communities through exceptional people working side by side.



### Special Treatment Education & Prevention Services

[District 1](#) | [District 2](#) | [District 3](#) | [District 4](#) | [District 5](#)

STEPS has been a proud partner with Kern County Mental Health for a number of years. Initially STEPS provided only DUI services. We have now expanded to provide outpatient drug-free services, prevention services through the Kern Stop Meth Now coalition and Responsible Beverage Service training, and a Community Corrections Partnership grant called "Get Your License Back." We also offer Minors Alcohol and Drug Education Program (MAADEP) for those under 18 who have received a DUI. During this last year, STEPS participated in a DUI symposium that resulted in positive actions in metropolitan Bakersfield. We also offer both on-line and on-site traffic violators school.

Our efforts allow us the opportunity to offer youth a healthier way to live, and adults multiple avenues to recovery. Ultimately, Kern County benefits in a healthier, safer community and our residents become more productive citizens.



### Community Service Organization

[District 1](#) | [District 2](#) | [District 3](#) | [District 4](#) | [District 5](#)

Community Service Organization provides Levels 1, 2, and 3 treatment, domestic violence and anger management classes, and PC 1000 education at both the Lamont and Bakersfield locations. CSO provides space for weekly NA meetings for clients. Community Service Organization Behavioral Health Programs is a non-profit organization that has been in operation for the past 40 years. We have two locations that serve SUD clients – the Brotherhood Center in metro Bakersfield, and the Centro De Colores facility located in Arvin that serves the outlying communities of Arvin, Lamont and Frazier Park.

### Hearthstone Community Services

[District 1](#) | [District 2](#) | [District 3](#) | [District 4](#) | [District 5](#)

Hearthstone Community Services (HCS) is an organization dedicated to "rebuilding one life at a time" that provides a gateway to the rebuilding process for our participants. HCS has multiple programs that serve individuals: Kern linkage Program, AB109, and Sober Living. HCS offers specific re-building programs that targets males and females with two facilities located in the greater Bakersfield area. Our programs focus on providing transitional housing, substance abuse, mental health, job-development and

life-skills services and learning opportunities is available to each participant. Each program is designed to empower the participant to change their direction and become productive members of our local community through rebuilding their life, reuniting families and restoring hope. An Individualized Service Plan is developed for each program participant to help them overcome barriers such as employment, medical, substance abuse, financial, and homelessness.

### **Freedom House**

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

The husband and wife Huckaby team has been working in the field of recovery for eighteen years. They started Freedom House in 2003 after working with some of the larger treatment programs in Bakersfield. They both attended Cal State Bakersfield and both have a passion for working with men and women with substance abuse problems. Freedom House has locations on Niles Street, Grace Street, and female homes on San Marino. They serve men and women from 18 years old and up, with a total of 86 beds. Our very first location was on Niles Street, just a block west of Baker Street. Because of where it is located, there is a lot of homelessness. We all know that so many of the homeless have mental health issues, and the need to start working with men and women with dual diagnosis issues became apparent. So many individuals with substance issues also have mental health issues. The Huckabys are grateful to still have the desire and passion to work with our most vulnerable population, draining as it can be at times. It is an absolute honor to serve this community where born and raised.



### **Henrietta Weill Memorial Child Guidance Clinic**

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

The Henrietta Weill Memorial Child Guidance Clinic is a private non-profit, outpatient mental health center for children and families. Since 1946, the Clinic has provided a variety of mental health and substance abuse services to empower parents with the tools and techniques needed to guide their children through emotional and behavior difficulties. Families who reside in Delano/McFarland, North Bakersfield, and West Bakersfield may receive individual, family and group counseling services to address difficulties that interfere with their functioning at home, in school or in the community. Problems may be related to control, attention, mood, anger management, etc. The Clinic also serves children and adolescents who have experienced various forms of abuse, neglect, or other hardships. Children and families seen at the Clinic receive an individualized treatment plan developed by the parent(s) and therapist. A psychiatrist is available to provide medication support services, as needed. All of these services are provided in a bilingual, culturally appropriate environment.



### **Hispanic Commission on Alcohol & Drug Abuse Services**

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

The Kern County Hispanic Commission has transitioned into offering services to both male and females instead of women only. We now offer 2 additional levels of treatment instead of only Level 4 Intensive Outpatient. We now serve individuals in Level 3 Matrix less intensive 6-month program, and IOT which is more intense requiring 3 hours per day no less than 3 days a week for 3 months, including our Level 4 Intensive Matrix program for up to 8 months. As of the 2016-2017 fiscal year we are a Drug Medi-Cal provider, and we have extended our operational hours.

## Cottage of Hope & Gratitude Sober Living

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

Cottage of Hope & Gratitude Sober Living has been providing housing services to men, ages 18 and up, in the Bakersfield area since 2011. We have served individuals from outlying areas (Lamont, Shafter, and Taft). We offer a safe environment that provides structure for those referred to us by Kern County Mental Health's Kern Linkage Division and Kern County Probation Department and Kern County Sheriff's Office. Cottage of Hope & Gratitude aids case managers and probation officers by identifying our residents' Recovery Plans and assisting them in meeting their goals. Cottage of Hope & Gratitude will assist in enrollment into job training programs, Drinking Driver Programs, Consumer Family Learning Center classes and groups, and with getting identification cards. We assist with medical appointments and follow up to ensure that if our residents have medications, they are never out of their prescriptions. We encourage medication compliance so that our individuals are better able to maintain their goals and improve and sustain their recovery. Cottage of Hope & Gratitude will make recommendations to referring case workers, probation officers, and Electronic Monitoring Program (EMP) officers for referrals to enroll the individuals into alcohol and drug outpatient treatment when needed.



## Bakersfield Recovery Services, Inc.

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

During the year 2016 Bakersfield Recovery Services has been committed to improving treatment results for participants by reducing wait time for appointments, increasing retention, and decreasing no-shows for appointments. We continue to provide services at Lincoln Street Perinatal, Capistrano Women's Residential, and Jason's Retreat Men's Residential. The staff at BRS is dedicated to continuing services to the community with positive outcomes. BRS experienced a devastating fire at the intensive outpatient located at 504 Bernard in 2016. We have been able to relocate these services at 2917 Eye Street so that participants can have available the services to continue their treatment process. We have implemented evening groups for those who are employed and have other obligations. This has been a successful transition with positive results. BRS has also been able to increase the availability and funding for those who need SLE services for men and women. Our goal is to assist others in making positive changes in their lives and reunite with their families.



## Good Samaritan Hospital

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

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



## Crestwood Behavioral Health of Bakersfield

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

Crestwood has been providing residential mental health recovery services to adults age 16 to 84 in Bakersfield since 1998. The Bridge is a 15 bed Adult Residential Facility and the Psychiatric Health Facility (PHF) is a 16 bed designated 5150 facility. Both facilities are innovative programs based on Crestwood's commitment to providing mental health clients a continuum of care that puts them on the road to recovery. At our 55 bed Mental Health Rehabilitation Facility (MHRC), community

integration and dual recovery are key tenets. Community reintegration is designed for those clients who need help developing some of the basic life skills that will assist them when returning to their communities. All of our clients, regardless of their area of focus, participate in a Wellness Recovery Action Plan (WRAP) as well as Dialectical Behavioral Therapy (DBT), an evidenced-based practice used to treat clients with borderline personality disorder. Welcome to Crestwood ...with us you are family!



### Mental Health Systems, Inc.

[District 1](#) [District 2](#) [District 3](#) [District 4](#) [District 5](#)

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



### Aegis Treatment Centers, LLC

[District 1](#) [District 2](#) [District 3](#) [District 4](#) [District 5](#)

Aegis Treatment Centers, LLC (Aegis) is the largest network of Opioid Treatment Programs (OTPs) in California. Aegis operates 30 clinics throughout the state in 14 counties. Aegis has three locations in Kern County; two which are located in the city of Bakersfield, with a third location in Delano.

We currently treat hundreds of individuals who are struggling with the brain disease Opioid Use Disorder through Medication Assisted Treatment (MAT), an evidence based treatment approach. MAT combines the use of FDA approved medications with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.

Aegis Treatment Centers specializes in the treatment of opioid use disorder and in the near future, treatment for alcoholism will be available. Patients seeking treatment for opioid use disorder are treated with the agonist medications Buprenorphine or Methadone. The use of Naltrexone, an antagonist medication, will be available in the future as well. The foundation of treatment is to combine these medications with the use of evidenced based curricula: Matrix, Mind Over Mood, Living In Balance, Motivational Interviewing, Seeking Safety, CBT and DBT therapies. This approach to treatment has given the patients we treat the highest chance for recovery.

Within the community we have seen an increase in young adults, women, and expecting mothers who are struggling with an addiction to opioids. We have special programs to assist these individuals in overcoming their addiction and leading more fulfilling lives. We work diligently to provide referrals for mental health services, physical health services, Hepatitis C treatment, infectious disease treatment and prevention, homelessness, and other basic needs. Our passion has always been in helping people take the necessary steps to make life improvements that lead to a successful recovery.



United Way  
of Kern County

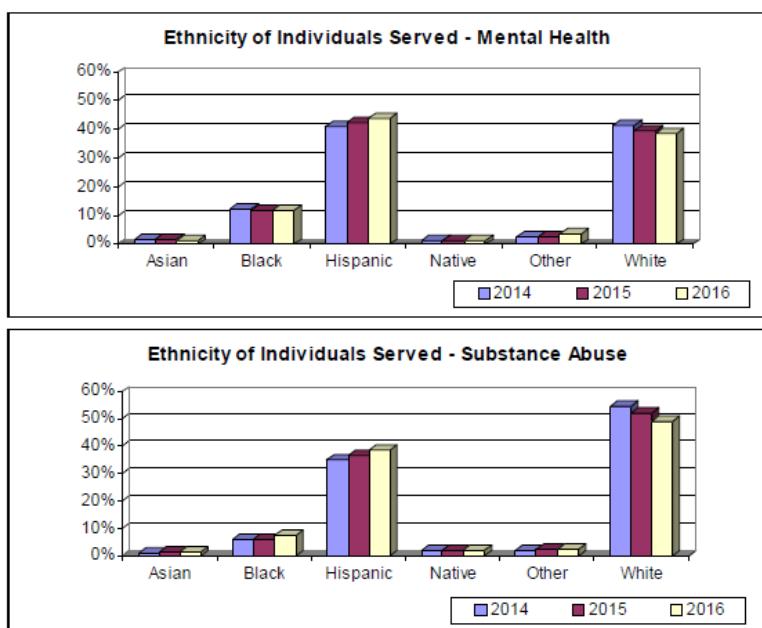
## United Way

[District 1](#) [District 2](#) [District 3](#) [District 4](#) [District 5](#)

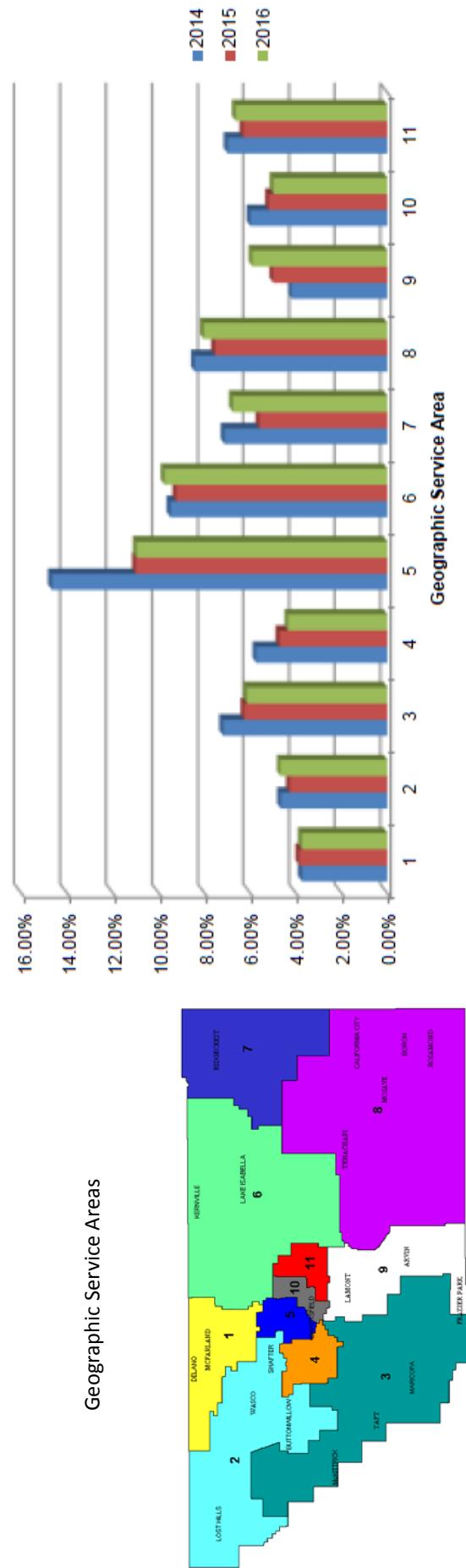
United Way of Kern County, a public policy advocacy leader and one of the largest strategic volunteer facilitators in Kern, administers the Kern County Homeless Collaborative (KCHC) as fiscal agent and collaborative applicant. Striving to end homelessness, KCHC members and community partners have worked to reduce homelessness nearly 40% since 2007. In partnership with KCMH, one full time position is dedicated to administration and community relations efforts to maximize capacity and services within Kern. United Way is focused on improving the education, health and financial stability of our communities. UWKC promotes early childhood literacy through efforts that support parents' critical role as a child's first teacher; and supports family financial stability through financial literacy education, free income tax preparation and incentivized saving programs. UWKC also serves as the lead organization for the Kern Food Policy Council and the Kern Coalition Against Human Trafficking.

## CONSUMER DEMOGRAPHICS

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



## Medi-Cal Penetration Rate

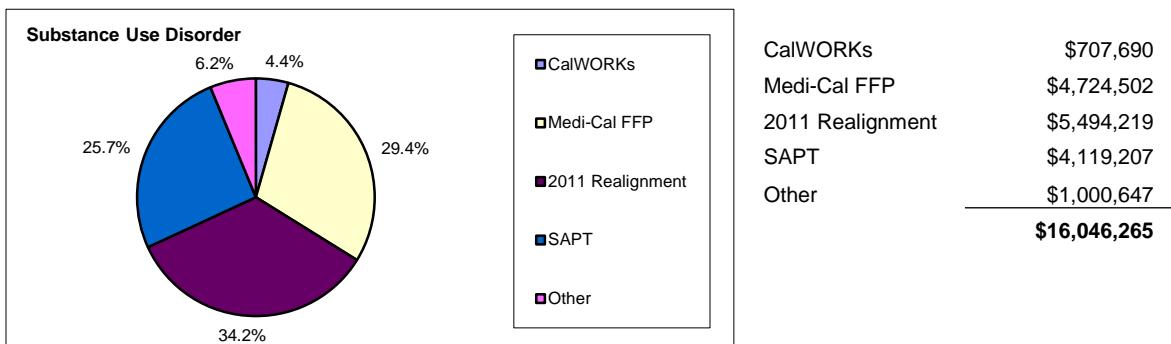
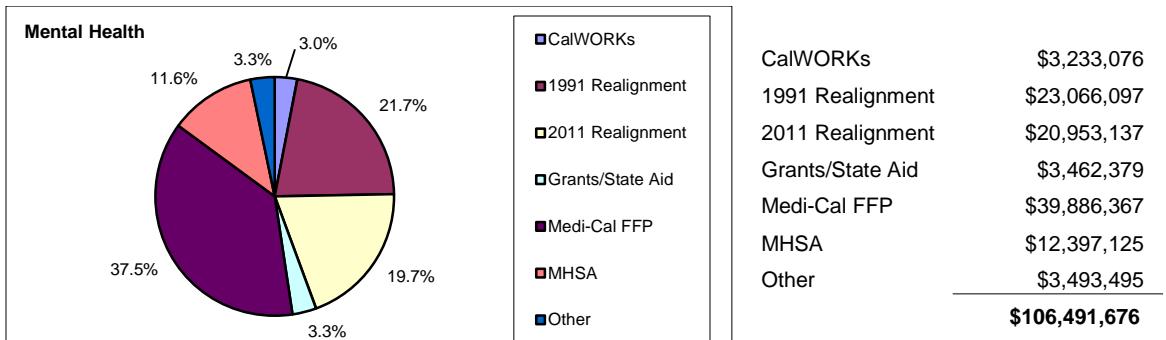


Medi-Cal Penetration Rate is determined by dividing the number of unique Medi-Cal clients served by the total number of Medi-Cal eligibles (MMEF) in each geographic area.

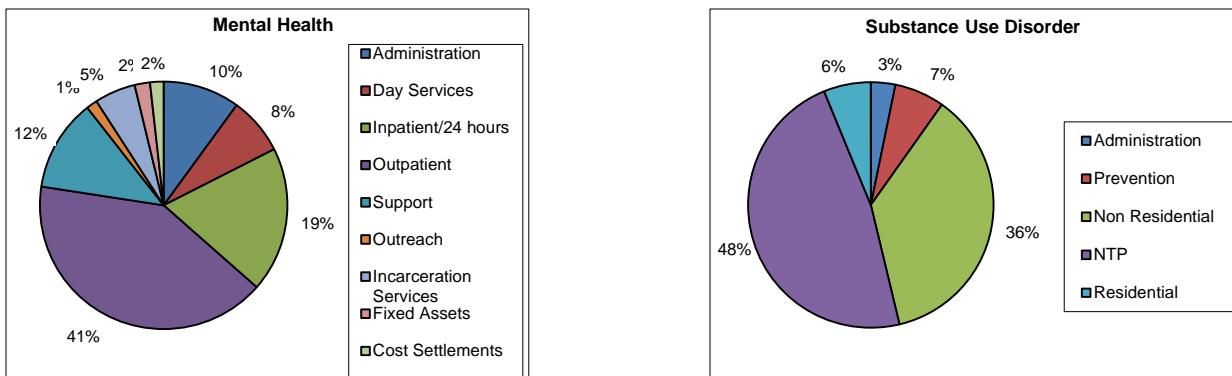
Year	Geographic Areas						11	
	1	2	3	4	5	6		
2016	Total MMEFs	36,507	27,756	9,125	68,044	33,760	6,343	85,196
	Unique MH client served	1,370	1,299	561	2,961	3,705	619	5,657
	Penetration rate	3.75%	4.68%	6.15%	4.35%	10.97%	9.76%	6.64%
2015	Total MMEFs	35,138	25,971	8,280	61,021	30,315	6,066	80,217
	Unique MH client served	1,359	1,111	519	2,886	3,336	561	5,060
	Penetration rate	3.87%	4.28%	6.27%	4.73%	11.00%	9.25%	6.31%
2014	Total MMEFs	30,700	22,835	7,127	50,792	25,608	5,398	70,157
	Unique MH client served	1,150	1,067	513	2,919	3,757	513	4,910
	Penetration rate	3.75%	4.67%	7.20%	5.75%	14.67%	9.50%	7.00%

Not all Medi-Cal eligible individuals seek mental health and/or substance use disorder services.

## Revenue Sources for Fiscal Year 2015-16



## Cost of Direct Services for Fiscal Year 2015-16



Administration	\$10,591,656
Day Services	\$7,919,294
Inpatient/24 hours	\$20,004,741
Outpatient	\$43,228,280
Support	\$12,678,035
Outreach	\$1,522,943
Incarceration Services	\$5,643,394
Fixed Assets	\$2,118,018
Cost Settlements	\$1,870,921
<b>Total cost:</b>	<b>\$105,577,282</b>

Administration	\$465,235
Prevention	\$949,626
Non Residential	\$5,252,937
NTP	\$6,850,723
Residential	\$895,717
<b>Total cost:</b>	<b>\$14,414,238</b>

**QUARTERLY REPORT**  
**KCMH AB109 COMMITTEE**  
*For the period of October 1 to December 31, 2016*

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

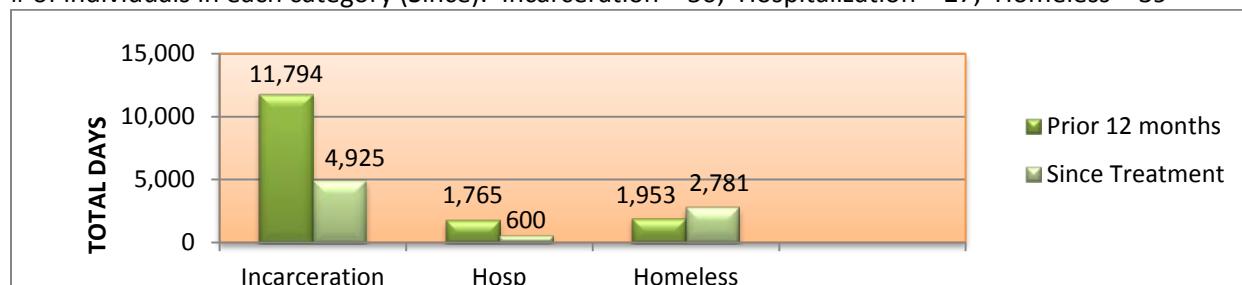
1. **Goal: Reduce incarceration**
  - **Objective:** Reduce incarceration days for individuals linked to MH and/or SUD treatment by 30%. Achieved: 58% decrease (MH)\* / Achieved 99.9% decrease (SUD)\*\*
2. **Goal: Reduce psychiatric hospitalizations**
  - **Objective:** Reduce psychiatric hospitalization days for individuals linked to MH and/or SUD treatment by 30%. Achieved: 66% decrease (MH)\* / Not applicable (SUD)\*\*
3. **Goal: Reduce homelessness**
  - **Objective:** Reduce homeless days for individuals linked to MH and/or SUD treatment by 30%. Not Achieved: 42% increase (MH)\* / Achieved: 100% decrease (SUD)\*\*
4. **Goal: Reduce substance use**
  - **Objective:** Reduce substance use days for individuals linked to SUD treatment by 30%. Achieved: 99.7% (SUD)\*\*

**Data and Outcomes – MH:**

# of individuals surveyed = 110

# of individuals in each category (Prior): Incarceration – 92; Hospitalization – 32; Homeless – 25

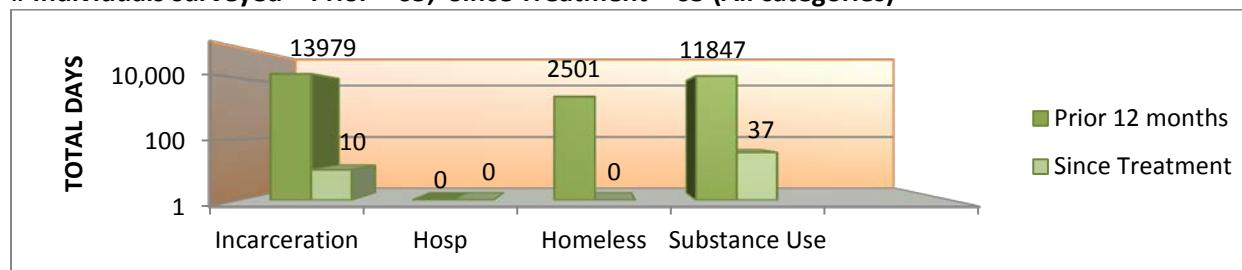
# of individuals in each category (Since): Incarceration – 50; Hospitalization – 27; Homeless – 39



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

**Data and Outcomes – SUD:**

**# Individuals surveyed – Prior = 65; Since Treatment = 65 (All categories)**



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

**Accomplishments Quarter Ending 12-31-16:**

**AB109 Co-Response Team** – Provided 50 "first contact" services to AB109 individuals, 181 follow-up visits and referrals/linkages to community resources, 21 mental health assessments; one was remanded to custody for non-compliance, and zero were admitted for inpatient psychiatric hospitalization. (Note that this quarter's summary provides the number of services provided by the Co-Response Team rather than the number of AB109 individuals who received services).

**Access and Assessment Team** – Access and Assessment served a total of 64 AB109 individuals coming through Mary K. Shell Center requesting mental health services for this quarter. Through Access, 29 of these individuals were screened; nine were sent for an assessment and no-showed; four were screened and declined any further services; three were pending an assessment; two were linked to the Care Coordination Unit; two were provided supportive services; two were sent to other community providers; and eight were assessed.

**MH – Adult Transition Team (ATT)** – Ten new AB109 individuals were enrolled in outpatient mental health treatment with the Kern Linkage division this quarter.

**SUD In-Custody Program** – This quarter 67 AB109 eligible individuals requested to participate in substance use disorder (SUD) treatment and services in-custody at the Lerdo Jail facility.

**SUD In-Custody Matrix Program** – Two individuals released from the Lerdo Jail in-custody substance use program obtained employment during the month of November. All clients who participated in Thinking for a Change (T4C) in-custody that graduated in September 2016 were asked to engage in a 5-week T4C after-care group to further enhance their knowledge.

**Mental Health Systems (MHS)** – Currently, MHS has 51 AB109 individuals participating in treatment and received three new client referrals from Kern Linkage division this quarter. Staff and trainees have developed and will implement Mindfulness In Action, an adaptation from Dialectical Behavior Therapy (DBT), which allows clients to participate in a group modality designed to help clients change unhealthy patterns of behavior. Also, trainees and staff are proposing to start a men's grief group.

#### **Challenges and Opportunities:**

**Data Collection** – The SUD division continues to use an outcome data collection process using the database established for mental health services. A challenge with data collection is the lack of staff time available to collect and input the data and monitor the accuracy of data entered by other providers, given the large number of individuals served through the SUD system of care. Another ongoing challenge is client's intermittent contact with case managers and gatekeepers post custody in order to obtain accurate data. Clients are being case managed for six months, and in this length of time, clients intermittently lose contact with case managers and gatekeepers. Additionally, clients are added from one cohort to another cohort, which may inadvertently alter the validity of the results. However, with the impending Drug Medi-Cal Waiver, SUD is in the process of hiring a robust number of variable classifications of staff to assist and close the gaps towards expanded services for not just this population, but for KCMH as a whole.

**Pre and Post Test Questionnaires** – KCMH continues to be in the process of developing pre and posttest questionnaires for a number of evidence-based practices (EBP) and service strategies (SS) to obtain qualitative information regarding the perceived effectiveness of respective EBP/SS.

**Housing** – Limited housing options for individuals, particularly for those who have historically jeopardized housing options due to behavioral issues/concerns continues to be a challenge. Funding and certification processes have created barriers toward sufficient and appropriate housing availability. However, KCMH currently has an administrator spearheading housing efforts to which a housing plan has been developed and much effort has been placed to not only increase housing options, but also providing behavioral health training to housing providers to further develop their ability to interact and support their residents.

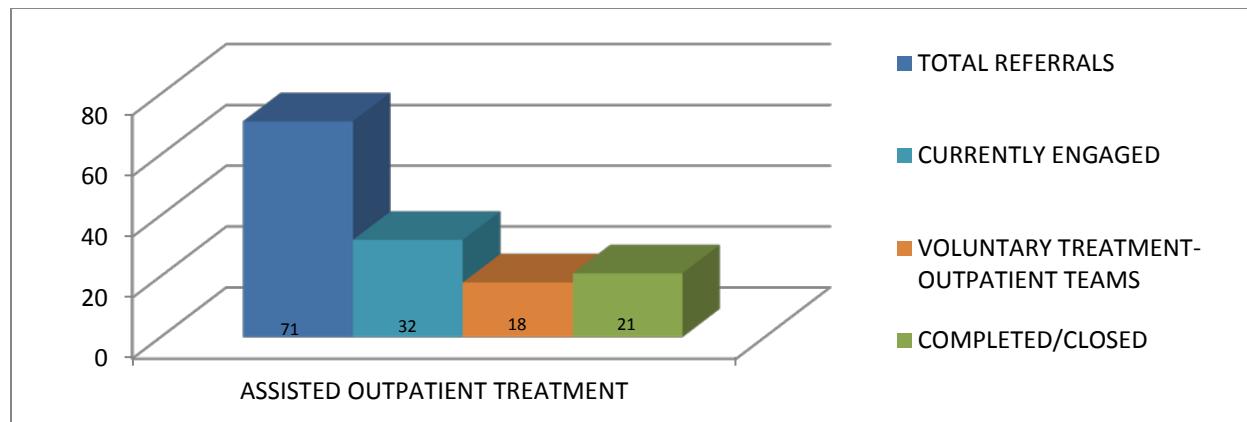
**Thinking For A Change (T4C)** – Several divisions within Mental Health will be implementing T4C in 2017 to increase evidence-based treatment options for this population.

**QUARTERLY REPORT**  
**Mental Health Adult System of Care**  
**Laura's Law (Assisted Outpatient Treatment) Update**  
***For the period October 1 to December 31, 2016***

**Vision and Goals:**

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

**Data for This Period:**



Total number of AOT program referrals 71, of which 12 referrals are from this reporting period

Number of AOT program referrals currently in the engagement phase: 32

Number of AOT candidates in voluntary treatment AOT is monitoring services: 18

Number of closed cases: 21

Referrals were provided by the following resources: Family Advocate, outpatient teams, inpatient units, County website, National Association for Individuals with Mental Illness (NAMI) presentation, and the Length of Stay (LOS) meeting.

**Stories:**

In early December, the mother of an individual called the Family Advocate's office requesting help for her loved one. The mother was very concerned about her son stating he was going "downhill" after being off conservatorship. The mother reported the individual would leave his housing placement for several days and return, unkempt, disorganized and reported he had not eaten for several days. The mother requested AOT services with the hopes of getting her loved one the help he needed by getting him back on track with his mental health and recovery goals. The Family Advocate's office was able to suggest to the mother mental health resources in the community which consisted of a referral to NAMI and assisted him through the initial linkage to the AOT team.

The AOT outreach workers began the outreach phase immediately, visiting the individual's placement and searching the streets several times a week for any sign of the individual. In addition the workers continued to gather information from staff and the individual's mother in hopes of locating the individual to start the engagement process. Since this individual has a history of leaving his placement for several days, the outreach workers were continuously looking for the individual in the local area as well as in areas that he was known to frequent. When the outreach workers located the individual he was found selectively mute, disheveled, disorganized, wearing inappropriate clothing for the weather

and not receptive to any directives given from the outreach team. At that time the individual was placed on a hold and transferred to the Psychiatric Evaluation Center for an assessment. The individual required inpatient hospitalization and the treatment team, as well as the individual's mother and outreach workers all collaborated on a mental health plan for the individual's recovery. After stabilization on medications, the individual was transferred to the mental health rehabilitation center where he is now taking his medications, receptive to treatment team collaboration and he is able to express his recovery needs to the team. The outreach team and assigned treatment team continue to follow the progress of this individual's recovery and celebrate the individual's progress toward treatment goals.

#### **Accomplishments This Quarter:**

- November - Tehachapi Training, Behavioral Healthcare Committee Training, Abriendo Puertas En El Condado De Kern (Spanish language training)
- December - All Staff Meeting training
- Flow Chart completed
- Continued training mental health therapists and outreach team
- September-November - Trained Outreach, continued developing forms required by Laura's Law legislation, regular bi-weekly staff meeting discussing progress in implementing the program
- Continued communication with County Counsel on potential Laura's Law clients
- Continued bi-weekly training
- Information on website became more visible to public
- Developed family and individual satisfaction surveys
- Hired extra-help therapist

#### **Challenges and Opportunities:**

- Expand AOT to the rural areas of the county
- Increase number of families coming into contact with the family advocate and the services offered
- Training outreach workers
- Screening referrals
- Securing assessment appointments

#### **Future Events:**

Continue meetings with County Counsel to develop legal documents required and as needed

Continue development of outcome measures reported to the state

Trainings to be provided:

- BPD/KCSO
- Officials of the court/hearing officers
- Probation Department
- Corrections/Parole
- Continue with Adult outpatient providers.
- Local media
- CFLC (Consumer Family Learning Center)
- Outpatient teams

**QUARTERLY REPORT**  
**KCMH & DHS CalWORKS**  
*For the period of October 1 to December 31, 2016*

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

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

- **Objective:** Increase the percentage of completed assessments for clients referred by DHS to Mental Health from 38% to at least 50%
- **Achieved:** Percent of completed assessments for clients referred was 54%\*

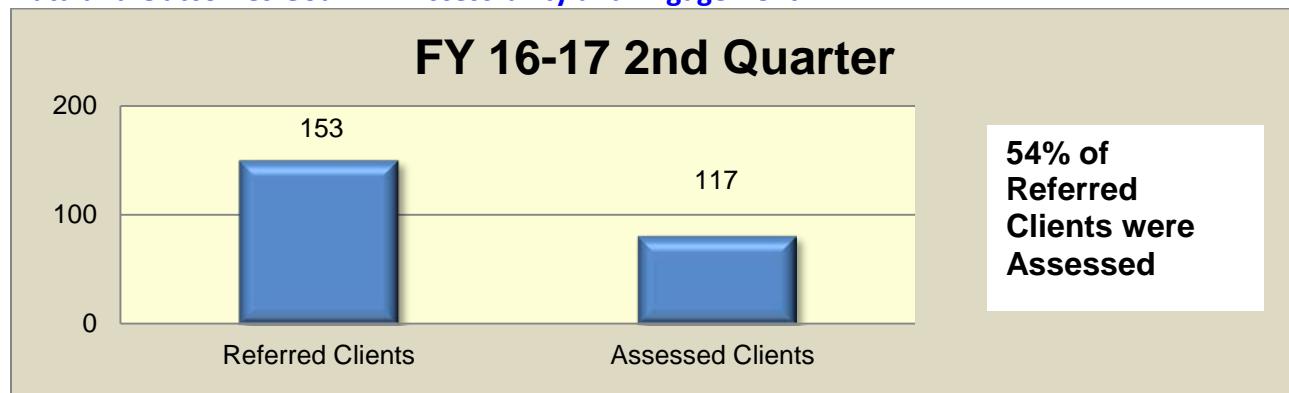
**2. Goal: Broaden scope of services provided by KCMH CalWORKs staff**

- **Objective:** Increase amount of Evidence-Based Practices utilized by KCMH CalWORKs staff by implementing at least one Family Therapy/Case Management approach
- **Achieved:** Mental Health CalWORKs Team provided family therapy for referred families consistently this fiscal year. Plans to expand services include evening groups starting after the CalWORKs relocation in late spring/early summer.

**3. Goal: Provide Outreach Services**

- **Objective:** Develop innovative strategies to ensure early identification, assessment, and access to services
- **Outcome:** CalWORKs has implemented a rotation schedule that allows all clinicians scheduled time working at the DHS OC Sills Building. The rotation allows DHS social workers the opportunity to meet the clinicians in person and discuss clients. The feedback from both DHS and CalWORKs clinicians has been very positive.

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



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



### **Stories:**

Kern County Mental Health received a referral for mental health and substance use disorder services from a CPS social worker. The client did not have custody of her children, was unemployed and did not have a high school diploma. The client began attending both mental health and substance use disorder services, but was very reserved and quiet. The CalWORKs mental health case manager continually engaged the client by checking in with her while she was attending group sessions and made sure the client was in touch with her social worker and following through on what she needed to do to get custody of her children back. After a few months all the clinicians noticed a change in the participation of the client. She completed her substance use disorder treatment, she regained custody of her children and she is currently enrolled in a GED program. The client is being prepared for discharge from the mental health program with a goal to finish her GED and obtain employment by the fall.

### **Accomplishments This Quarter:**

**Mental Health/DHS Co-Response Team** – CalWORKs and DHS staff have continued to build rapport and work together for the benefit of their clients. Referrals from DHS for mental health and substance use disorder treatment services have increased by 28% compared to the amount of referrals received for the same quarter in the last fiscal year.

**CalWORKs/DHS Client Reconciliation** – KCMH CalWORKs and DHS have successfully been able to reconcile CalWORKs clients throughout Kern County, including our providers, on a monthly basis since June 2016. The reconciliation is used to ensure all mental health and SUD clients are open and active in Welfare to Work and have a current activity opened by DHS for services. The reconciliation has helped to identify clients that are no longer eligible for services as well as clients that are seeking services on a voluntary basis.

**Co-Training** – KCMH CalWORKs is working with our training department to identify opportunities and trainings they can facilitate for DHS and CalWORKs. Some of the trainings being looked at include Harm Reduction, Drug Trends, Aegis, and Motivational Interviewing.

### **Challenges and Opportunities:**

**Data Collection** – KCMH CalWORKs and DHS are still researching the most accurate way to collect and evaluate data pertaining to the measurement of reducing client's barriers to employment. The client reconciliation report has been a great step forward in achieving this goal. We will continue working on an efficient way to measure outcomes.

**KCMH CalWORKs DHS Survey** – KCMH in conjunction with DHS designed a survey for DHS social workers to take in order to gage their knowledge of services available to clients. Survey results will identify areas for improvement in communication and education. The survey has been completed and will be sent out via DHS.

**Co-Training** – CalWORKs has been able to offer human trafficking training on two occasions. DHS has allowed and CalWORKs arranged for all outlying providers to attend the required training on civil rights at their local DHS office. DHS is also providing a civil rights training in Bakersfield for local staff and providers, as well as any providers that missed their local training.

QUARTERLY REPORT  
Kern Crisis Intervention Team  
*For the period October 1 to December 31, 2016*



**Vision and Goals:**

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

**Data and Outcomes For This Period:**

- The BPD High Utilizer Program: The number of unique BPD High Utilizers of Law Enforcement 911 Crisis Services has dropped significantly to only six (6) at this time, due to the success of the program in linking high utilizers to services.
- SB82 Grant 5<sup>th</sup> Round for Virtual MET to serve Eastern Kern, in the amount of \$30,200: This project has completed the pilot phase and is now moving into full implementation. The remaining 20 iPads funded by the grant will be received and distributed in January. Shafter Police Department, Bear Valley Springs Police Department and Ridgecrest Police Department will be joining the Virtual MET program. This project continues to increase the reach of MET to the rural populations of Kern County and the feedback from deputies has been very positive.
- SB82 Grant 4<sup>th</sup> Round award of \$1.7 million: Telecare has been selected as the contracted service provider to operate the new Ridgecrest Crisis Stabilization Unit (CSU), and contract negotiations are underway. A team from Telecare completed a site visit with KCMH to Ridgecrest and met separately with the Ridgecrest Regional Hospital (RRH) and College Community Services. Ridgecrest Regional Hospital (RRH) is in the final stages of purchasing the land from the City of Ridgecrest, and lease negotiations are underway for KCMH to use the land for the new CSU. The bid package has been issued for the selection of a vendor for construction and delivery of the modular building, based on an initial architectural design. The new Ridgecrest CSU is expected to open at the end of June 2017.
- MET Expansion: A new recovery specialist was hired and is currently serving Eastern Kern. One recovery specialist position remains open and is in the process of being filled.
- The MET Team responded 615 times at the request of law enforcement during 2Q16-17. 397 (65%) of the individuals served by MET were not open to the KCMH System of Care. Nine (<1%) individuals served by MET were arrested; 172 (28%) were placed on 5150 involuntary holds, and 112 (18%) were admitted to psychiatric inpatient hospitalization.

**Stories:**

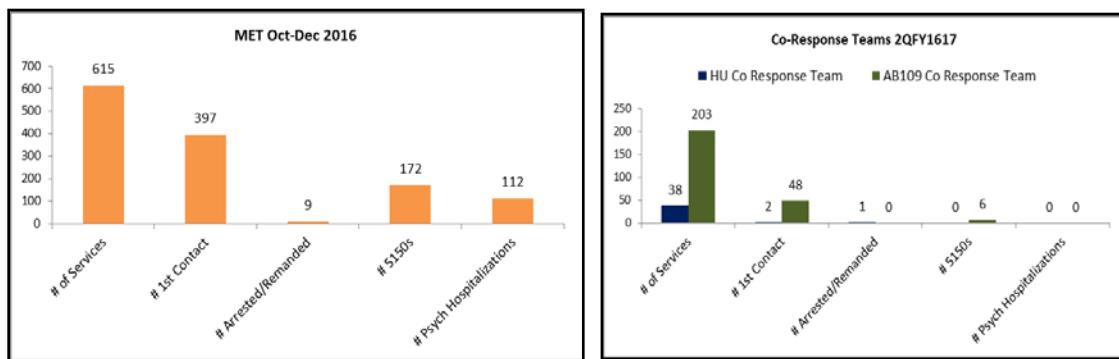
The KCSO Co-Response Team shared the following success story: The Co-Response Team received a referral for a client after his/her second attempt at being released on the KCSO Electronic Monitoring Program (EMP). This client has a history of selling drugs as well as of substance use. After meeting with the Co-Response Team, this client expressed interest in getting mental health and substance use services. Since being on the Co-Response Team's caseload, this client has maintained 111 days of sobriety. He/she regularly attends all scheduled appointments for individual and group therapy. In addition to staying sober, this client is also actively seeking employment and planning to sign up at Bakersfield Adult School to receive a GED. He/she then has future aspirations to go to Bakersfield College to become a certified alcohol/drug counselor. This client's hope is that he/she can give back to his/her community and teach drug diversion to children and adolescents.

## Accomplishments This Quarter:

### Co-Response Team:

The Co-Response Teams provided 203 services to non-incarcerated AB109s on their caseload during the first quarter. Forty-eight “First Contact” services were provided to newly referred AB109 individuals. 150 services were for follow-up visits. AB109 individuals served were remanded to custody for non-compliance and/or for testing positive on drug tests 5 times. Six of the AB109 individuals served were put on a 5150 involuntary hold, but none were admitted to psychiatric inpatient hospitalization.

The Co-Response Teams also provided 38 services to High Utilizer (HU) individuals during the second quarter. Two “Initial Contact” services were provided to newly identified HU individuals and 31 services were for follow-up visits. HU individuals served were arrested or remanded to custody 5 times. None of the HU individuals served were put on 5150 involuntary holds nor admitted to psychiatric inpatient hospitalization.



### CIT Steering Committee

Launched in December 2014, the CIT Steering Committee meets every two months. The CIT Steering Committee is co-chaired by representatives from KCSO and KCMH/MET. Committee representatives include 12 organizations: BPD, Clinica Sierra Vista, KC Autism Society, KC Homeless Collaborative, KCMH, KC Probation, KCSO, NAMI, NAPD, Superior Court of California, Vet Center, and Voiced.

### CIT Sub-committees

CIT 211 Registry Program  
CIT Advocacy Subcommittee  
CIT High Utilizer Solutions Planning Programs  
CIT Training Subcommittee

CIT 911 Special Needs Registry Subcommittee  
CIT Education (Schools) Subcommittee  
CIT Homeless Subcommittee  
CIT Veterans Subcommittee launching in 2017

### CIT Training

40-Hour CIT Training (Basic Academy)  
40-Hour CIT Training (non-Basic Academy)

8-hour CIT for Corrections Officers  
8-hour CIT for Field Training Officers

### Challenges and Opportunities:

1. **Smart911 Special Needs Registry application for MHSA Innovation Funds:** KCMH is preparing to submit the finalized version of the proposal to MHSA OAC. Approval for this funding is anticipated in April 2017; project implementation is expected to begin in July 2017.
2. **MET:** Finding qualified candidates and retention have both been a challenge for this team due to the job requirements of field-based work and shift work.
3. As identified in the SIM Report, the Steering and Stakeholders committees are planning to refocus their efforts on addressing gaps in services across the County.

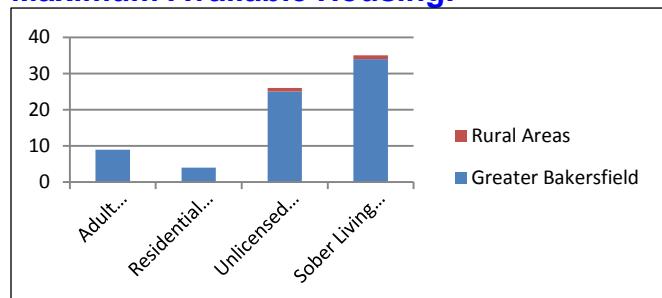
**QUARTERLY REPORT**  
**Mental Health Adult System of Care**  
**Housing Services Update**  
*For the period October 1 to December 31, 2016*

**Vision and Goals:**

To increase the development of and provide options for appropriate, safe and certified housing for Kern County residents experiencing Mental Health and/or Substance Use disorders.

**Data For This Period:**

**Maximum Available Housing:**



Facility Type	Greater Bakersfield	Rural Areas	Total Facilities	Total Beds
Adult Residential Facility (ARF)	9	0	9	264
Residential Care for the Elderly (RCFE)	4	0	4	67
Unlicensed Room & Board (URB)	25	1*	26	222
Sober Living Environment (SLE)	34	1**	35	468
Total County Wide	72	2	74	1021
*Wasco				
**Tehachapi				

**Stories:**

Prior to placement, J.R. had several legal issues resulting in incarceration and was unable to retain housing. He recently celebrated one year of placement in his current Adult Residential Facility, where, despite daily struggles with many issues, he celebrated Halloween, Thanksgiving, and Christmas among friends instead of homelessness or incarceration. Each holiday brought more smiles and excitement as he voiced, "I made it to Christmas and I received presents to share with friends. I don't think I've ever done that before". This renewed excitement still brings fear of change. He continues to need daily reassurance but in his own way, he is a success story. He will be starting the New Year with many new skills to deal with life ahead such as "taking time out" for himself when feeling out of control.

**Accomplishments This Quarter on the Housing Plan:**

- Conducted housing provider training with 71 attendees representing 52 facilities.
- Training sessions are available on the Kern County Mental (KCMH) public website
- Added 6 behavioral health (BH) housing providers to the housing list
- Completed announced and unannounced site visits to BH and Sober Living Environment (SLE) facilities
- Assisted 10 new BH housing providers in navigating the certification process
- Developed and facilitated a Housing Provider Problem Resolution work group to address provider problems, concerns and issues
- Added seven Unlicensed Room & Board (URB) providers and two SLE providers
- Developing KCMH website page devoted to housing

**Challenges and Opportunities:**

- Developing a method to track identified outcome measures
- Working with Homeless Collaborative partner agencies to identify and develop opportunities for affordable housing in rural areas

**QUARTERLY REPORT**  
**Recovery Stations**  
*For the period of October 1 to December 31, 2016*

### **Vision**

To improve use of county resources by decreasing the involvement of emergency rooms, jails, and law enforcement personnel with individuals under the influence of drugs and/or alcohol. To provide a safe environment and treatment linkage for individuals under the influence.

Recovery Stations support communities in the following ways:

- Decrease the number of inappropriate ambulance trips to emergency departments.
- Decrease the number of inappropriate emergency room visits for individuals under the influence.
- Create an alternative to booking individuals arrested for public inebriation.
- Decrease law enforcement time spent arresting or otherwise engaged with individuals under the influence.
- Provide treatment linkage for individuals under the influence.
- Decrease the number of inappropriate psychiatric evaluation center visits and hospitalizations for individuals under the influence.

### **Goals and Objectives:**

1. Goal: Have two Recovery Stations open and operating in Kern County by December 31, 2017.

### **Accomplishments This Quarter:**

1. Planning – The RFP for a PEC/CSU with co-located Recovery Station in East Kern has been published and proposal selection process is in process. CSU staff is currently working toward finalizing a long-term land lease agreement for the site location in East Kern. A Recovery Station is planned adjacent to the CSU. Planning and site development are underway for the Ridgecrest facility. Real estate options, site evaluation and operating protocol development are underway for the Bakersfield Recovery Station. A law enforcement focus group is planned for early 2017 to study potential site locations for the Bakersfield facility. Additional site visits to fully operating, established Recovery Stations are planned for spring 2017.
2. Staffing – The Department has hired a planning analyst to assist the special projects manager in the development of Recovery Stations and other housing related projects.
3. Funding – The MHSA Plan is being proposed for a Healing Project which, if approved, will include two Recovery Stations in Ridgecrest and Bakersfield.

### **Challenges and Opportunities:**

1. No Place Like Home – AB1618: The State of California has committed a \$2 billion bond to construct and rehabilitate permanent supportive housing for individuals experiencing chronic homelessness who have a mental illness. The initiative is an opportunity for counties to implement Housing First and work toward the goal of ending homelessness in California's communities, including Kern County.
2. A County Advisory Task Force for No Place Like Home was formed and met in late October. A strategic planning workshop will be held in January 2017 for up to 40 individuals who will participate in the development of a homeless housing strategic plan to identify existing resources and unmet needs in the county in order to fully utilize funding available through No Place Like Home.

**QUARTERLY REPORT**  
**Kern Stop Meth Now Coalition**  
**For the period October 1 to December 31, 2016**

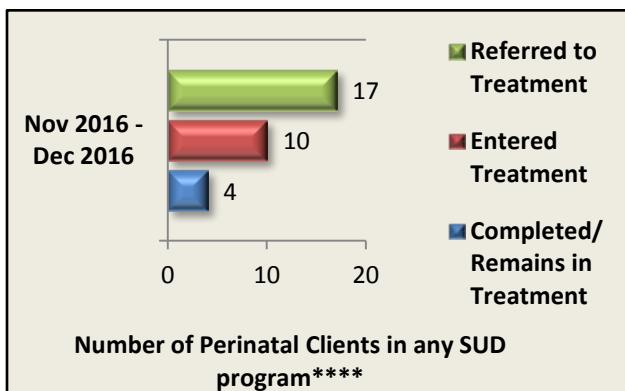


**Goal: Reducing the impact of substance use in Kern County through prevention strategies and treatment services.**

1. Goal: Increase the number of pregnant women who enter Substance Use Disorder treatment in Kern County by 10%.
  - In quarters 1 and 2 of Fiscal Year 15/16, twelve women entered a perinatal Substance Use Disorder (SUD) program in Kern County. Nine women entered a perinatal SUD program for the same quarters in FY 16/17.
  - Opportunity – While the number entering treatment decreased, coordinated efforts are underway to increase referrals, including training and improved implementation and tracking of screenings and referrals. For example, the KCMH electronic health record was updated to capture pregnancy status at intake for all individuals seeking SUD services. This tool provides a more complete picture of pregnant women in treatment, as many will enter programs which are not perinatal specific. Data using this tool will become available next quarter.
2. Goal: Increase the number of Kern County residents engaged in Neighborhood Watch Programs.
  - In Fiscal Year 15/16, 105 Neighborhood Watch groups were registered with the Kern County Sheriff's Office. As of FY 16/17, 2<sup>nd</sup> quarter this number has increased to 117. The Bakersfield Police Department experienced a reduction in groups due to closure of inactive groups. The number was reduced from 1183 to 1045.
3. Goal: Increase the quantity of prescription medication collected and destroyed throughout Kern County.
  - In Fiscal Year 15/16 approximately 1200 pounds of prescription medication was collected in Kern County via two "Drug Take Back Days" facilitated by the DEA and Sheriff Department. In FY 16/17 there has been one Drug Take Back Day with approximately 800 pounds of prescription medication collected. The KSMN Coalition has identified five locations throughout Kern County for placement of prescription drop boxes. These boxes will allow residents to safely dispose unused or expired prescription medications at their convenience.

**Data and Outcomes for this Period**

Perinatal SUD Clients, Goal 1



Neighborhood Watch Groups, Goal 2

### Neighborhood Watch Groups in Kern County



### **Success Stories:**

- The Oildale CBERR hosted a Town Hall attended by 67 community members. The event produced a map of locations where problem behaviors occur that might invite greater attention by parents and law enforcement.
- Responsible Beverage Server training is now complete in Arvin for 95% of retailers. We are working with the City of Arvin to support efforts to clarify the training requirement for retailers.

### **Accomplishments This Quarter:**

- Two Short Term Action Teams (STAT) have been developed and are implementing the Hope Through Mentoring Conference and a training for prescribers and pharmacies on treating acute pain with non-opioid medications.
- The Kern Stop Meth Now Youth & Family Committee has begun work with the Kern County Department of Human Services Differential Response Services to utilize conversation jars as a strategy for positive familial interaction.
- A Social Host brochure in English and Spanish has been completed, and will be available as a tool to educate parents and community members regarding social host ordinances. This is a Drug Free Communities Grant goal.
- Training on a variety of prevention topics was provided through eight trainings and included 67 parents and 17 youth. Information was provided at eight outreach opportunities including one each in Arvin and Lake Isabella.

### **Opportunities:**

- The Bakersfield Police Department recently became an administrator on the Nextdoor.com website. Having access to all neighborhoods throughout Kern County provides the opportunity to easily reach a large audience.
- The creation of an Environmental Action Plan for the Oildale CBERR will provide participation opportunities for many additional organizations who want to support the efforts.

### **Challenges:**

- Social Host Ordinances exist in three municipalities (County of Kern, Cities of Bakersfield and Delano) however, very few administrative citations are written, even though youth report significant social access.
- The legalization of marijuana use for adults gives a mixed message to youth that marijuana use is not dangerous. The majority of youth currently in treatment for substance use disorder in Kern County is for Cannabis Abuse or Dependence.
- There are 1,288 Neighborhood Watch Programs in Kern County. Determining how many residents are engaged is a barrier due to the time it will take to contact all the block captains.

### **Future Events:**

- March 9, 2017 – Leaders in Life Conference. Youth, supported by adult allies, plan and implement a conference for about 2000 youth.
- March 9, 2017 – DUI Courts in Schools – Rabobank Convention Center Potato Room will be designated a courtroom for the day and two DUI sentencing will be done, after which, students can ask questions of law enforcement, judges, public defenders, district attorneys, or other adults.

**QUARTERLY REPORT**  
**Sustained Treatment and Recovery (STAR) Court**  
*For the period of October 1 to December 31, 2016*

**Introduction:**

The STAR Court Program is a non-traditional diversion program which links individuals charged with felonies to mental health and substance use treatment services within the community. The success of the STAR Court Program is provided through community services offered through the Adult Transition Team (ATT) and the Homeless Adult Team (HAT) with the support of collaborative partners. *Since October 2016, there have been 13 referrals; 1 qualified for the program and 7 are pending evaluation and court dates. STAR Court is currently serving 19 active participants. One participant was removed from the program due to multiple substance use relapses and program non-compliance.*

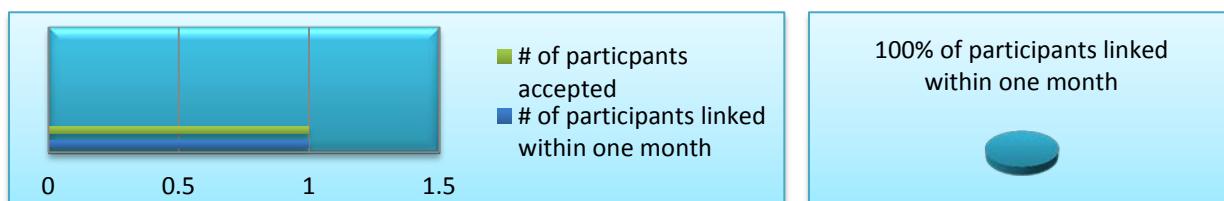
**Visions, Goals, and Objectives:**

**Vision:**

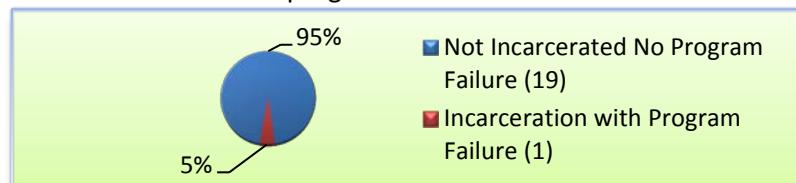
1. Enhance public safety.
2. Reduce recidivism of individuals involved in the criminal justice system who suffer from serious mental illness, which may exist in conjunction with substance use.

**Goals and Objectives:**

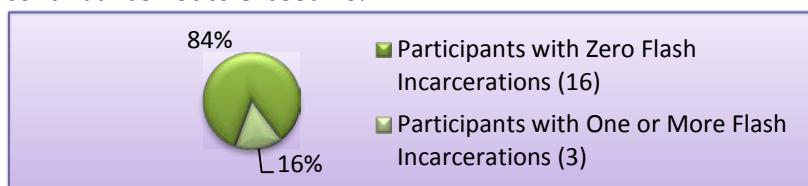
1. Goal: Link all participants to mental health and/or substance use services.
  - Objective: Link all participants to mental health and/or substance use services within one month of their entry to the program at 100%.



2. Goal: Reduce incarceration with program failures.
  - Objective: Incarceration with program failures not to exceed 20%.

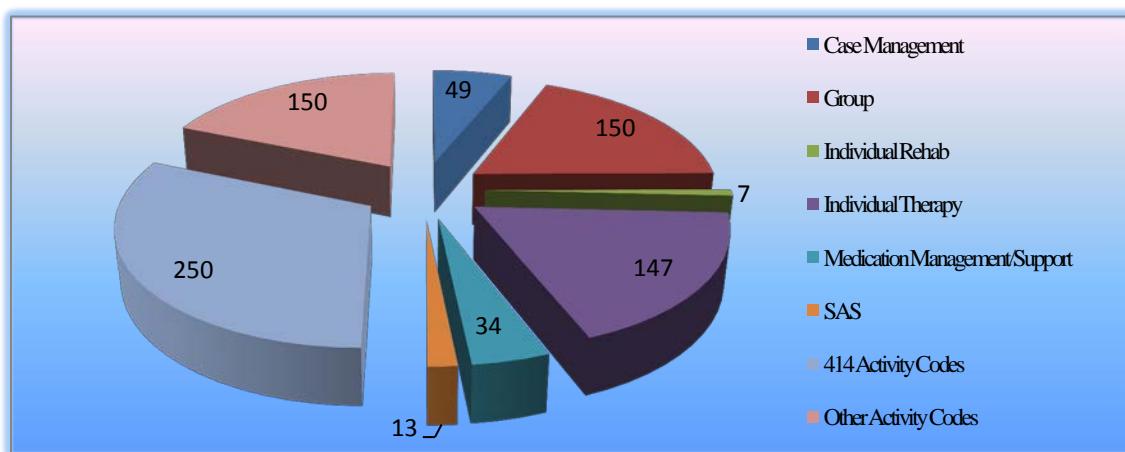


3. Goal: Reduce flash incarcerations with program continuance.
  - Objective: Number of participants with one or more flash incarcerations with program continuance not to exceed 40%.



### **Accomplishments This Quarter:**

- Increased and strengthened collaborative efforts with partner agencies towards the identification of potential STAR Court participants, diverting them from incarceration, and linkage to behavioral health services.
- HAT hired a recovery specialist who performs duties assisting the STAR Court team and has served well in providing services, including much needed transportation, to STAR Court participants.
- Have accepted 1 individual into the STAR Court Program this quarter and have linked them to collateral services, if/when applicable, to include: housing, individualized mental health and substance use treatment, benefits acquisition, and psychiatric medication services. Twenty total participants to date.
- Have “stepped up” 8 participants this quarter; (4 from Step One to Step Two and 4 from Step Two to Step Three of their respective individualized STAR Court treatment plan.
- Provided stable housing for 13 participants.
- For this quarter, the Kern Linkage Division has provided 800 services for the 20 participants to date.



### **Challenges and Opportunities:**

- Thinking for Change, an evidence-based practice, is anticipated to begin in January of 2017, to increase treatment options for this population.
- Continue to develop outcome measures for program performance tracking and reporting will be an opportunity to identify strengths and limitations of the STAR Court Program.

### **Success Story:**

A STAR participant with a long history of substance use and depression has been paving her own way in her individualized STAR Court program. Since her entry into the program in May 2016, she has been residing at her sober living environment and has been actively participating and engaging in individual therapy, substance use counseling, and other mental health skills groups. She has an inspiring dedication to improving her overall well-being, from her mental health to her physical health. Her hard work and dedication has been noticed by all those around her. Her positive outlook of eating healthy, paired with daily exercise, has contributed to her report of symptom reduction and has provided her with a “new outlook on life.” She was “stepped up” into Step Two of Four in October 2016. Furthermore, she is on track to begin the spring semester at Bakersfield College in January 2017.

# APPENDIX

## **ABOUT OUR MEMBERS**

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

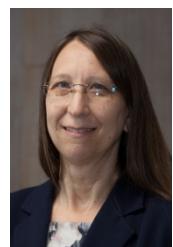
The Behavioral Health Board must comply with Welfare & Institutes Code Section 5604(a), which requires: 1) Membership reflect the ethnic diversity of the client population in the county; and 2) Membership of the Board must be 50% consumers or the parents, spouses, siblings, or adult children of consumers,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

## **2016 EXECUTIVE COMMITTEE**

### ***Chair***

#### **BONITA STEELE**

***District 3 ~ Supervisor Mike Maggard***



Ms. Steele joined the Board in February 2013. She is a graduate of the California State University Bakersfield, earning a Master of Public Administration and currently enrolled in a California State University Fresno Education Doctorate program. Ms. Steele has been an employee of Living Connections, Inc., a non-profit housing development company sponsoring Joshua Tree and Magnolia Tree apartment projects, both of which are HUD Section 811 rent-assisted projects serving persons with mental health disabilities. At the request of the board of directors, Ms. Steele is currently on the management team for both Joshua Tree and Magnolia Tree. She served as a board member of both housing projects for many years. Ms. Steele has been working with persons with mental health challenges for over ten years. Ms. Steele served as co-chair of the Housing Services and System Quality Improvement Committees, and on the Annual Report Committee for 2013 and 2014. Ms. Steele also served as Second Vice-Chair in 2014, and served as Chair in 2015 and 2016. Ms. Steele resigned from the Board in December 2016.

### ***First Vice-Chair***

#### **SHIRLEY JEAN LOCKHART**

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



Ms. Lockhart was appointed to the Board in 2013 and is an 18-year resident of Kern County and Bakersfield. Interests include oil painting, family, and animals. Ms. Lockhart has been involved in mental health services for over 40 years, the last 6 years as a volunteer for the Consumer Family Learning Center, for the last 4 years served on the CFLC Advisory Board, and is a long-time member of NAMI. Ms. Lockhart believes it is important to have the voices of clients and family members on the BHB, and fulfills that role. She is interested in seeing less long-term hospitalization, more housing options, and more employment of clients served at KCMH. Ms. Lockhart co-chairs the Adult Treatment & Recovery Services Committee, served as parliamentarian in 2013 and 2014, served as First Vice-Chair for 2015 and 2016, and was elected to serve as Chair in 2017.

***Second Vice-Chair*****RAVI GOKLANEY*****District 5 ~ Supervisor Leticia Perez***

Dr. Goklaney is a psychiatrist and brings over thirty years of experience in community psychiatry, V.A. Medical Center, organized psychiatry, and administrative psychiatry. He has been involved in volunteer work with Kern NAMI, CA NAMI, National NAMI, Advocacy Treatment Center and CIT International. He has served as a president of the Central California Psychiatric Society, executive board member of the California Psychiatric Society and Assembly representative to American Psychiatric Society. He is a recipient of more than twenty awards for his contribution as a volunteer and service for better treatment of those who suffer from mental illness. He is a Distinguish Fellow of American Psychiatric Society, and received a Practitioner of the Year of Award from CA NAMI in 2011. He strongly believes and advocates for prevention of incarceration of the mentally ill for minor offenses; instead creation of crisis centers/ community diversion programs for this population and process through mental health court. He served as Second Vice-Chair of the Behavioral Health Board in 2015 and 2016. Dr. Goklaney resigned his position on the Board in December 2016.

***Parliamentarian*****SHELLY CASTANEDA*****District 1 ~ Supervisor Mick Gleason***

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

***GENERAL MEMBERS*****SGT. JEFF BURDICK*****District 1 ~ Supervisor Mick Gleason***

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

Steering Committee, Leadership Bakersfield Advisory Council, and the Kern County Dependent and Elder Abuse Review Team. Sergeant Burdick volunteers time as a youth baseball coach, Boy Scouts of America Scoutmaster, and School Site Council Parent Volunteer.

### **PAT CONNELL**

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

Pat Connell served as the representative of the Chair of the Board of Supervisors, Mick Gleason. Ms. Connell served a one-year appointment ending December 2016.

### **FAWN DESSY**

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



Fawn Kennedy Dessy is a native of Bakersfield who attended Bakersfield College and California State University, Bakersfield. She graduated from law school in Los Angeles and passed the bar exam in 1979, after which time she returned to Bakersfield, and joined a firm specializing in real estate law. In 1985, she and her husband, Ronald D. Dessy, merged their individual practices, and they have continued in the practice of real estate and business law since that time. Fawn is a member of the National Native American Bar Association, State Bar of California, Kern County Bar Association, Daughters of the American Revolution, and United Daughters of the Confederacy. She is of Native American descent and is active in the local Native community. She is a small rancher who enjoys hiking and horseback riding. She was appointed to the Board in 2014, and serves on the Housing Services Committee and Adult Treatment & Recovery Services Committee.

### **RICHARD HOFFERD**

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



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

### **ANNA LAVEN**

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



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

**TERESA MCFARLAND***District 3 ~ Supervisor Mike Maggard*

Teresa McFarland has been a resident of Kern County since 1989 and is a Family Nurse Practitioner serving the students of the Bakersfield City School District, after a short retirement from Kern County, and also a Navy Officer, currently serving in the United States Navy Reserve. Her interests and early employment varied from acoustic musician, restaurant server, telemarketer, and donut baker to medical assistant, gardening and goats, general construction laborer and school bus driver. Unidentified and untreated mental illness 'moved in' when her first husband grew increasingly violent. She escaped with their sons after years of abuse.

Unwilling to return to the violence, she instead 'chose liberty' opting to live in a borrowed car or shelter, dumpster diving, and public assistance while refusing to accept the social stigma of poverty. This dubious clan lived life on the edge of everything, constantly trusting in the Lord God Almighty to care for them, and He ALWAYS met their need, right on time! Their scars turned into stars through solid church friendships and a safe home was found. Routines established through work and community college studies provided a small income and fostered the dream of future goals. She enlisted in the Navy Reserve where wonderful mentors encouraged her to focus on a future forged in the habits of small daily tasks. Single parenting remained her constant-joyful-exhausting-challenge and strongest motivation to carry on, resulting in five amazing men with 16 exceptional grandchildren. Teresa's professional nursing practice is informed by her formal Graduate Nursing education, and by her continuing journey and by her abiding faith; benefiting her patients from all walks of life. Ms. McFarland was appointed to the BHB in June 2015.

**JONATHAN MULLINGS***District 2 ~ Supervisor Zack Scrivner*

Pastor Mullings graduated CSU Bakersfield with a B.S. in Geology and Fuller Theological Seminary with an M.A. in Theology. He has served on various boards and committees focused on enriching and developing the emotional, spiritual, and leadership strength of youth and young adults. He is currently the Pastor of Golden Valley's Truth Tabernacle in Bakersfield, which offers an engaging children's, youth, and family ministry. He is a Bakersfield native, married to his high school sweetheart for 23 years, and has a 15 year old daughter and 21 year old son. He spends his free time doing church growth consulting for KINEO Resources and exercising to the P90X and Insanity fitness programs. Pastor Mullings co-chaired the Children's Treatment and Recovery Committee in 2015, and resigned his position in September 2016.

**FRANK RAMIREZ***District 4 ~ Supervisor David Couch*

Mr. Ramirez was appointed to the BHB in 2014 due to expressing an interest in helping our community understand and provide necessary services to people with mental health or substance abuse issues present in their lives. He is especially interested in helping youth obtain the services needed and connecting with the Spanish speaking community to help bring awareness of these sensitive issues. His professional experience includes working as a case manager, social worker and various positions within institutions of higher education. He worked for the Greenfield Union School District as the supervisor for their Family Resource Center. This position allowed him to gain firsthand knowledge of the issues families are facing within our community. He brings that knowledge to the Board for discussion in relation to mental health and substance abuse issues. He is very excited to work with the other board member due to their passion for these important topics. Mr. Ramirez currently co-chairs the Children's Treatment & Recovery Services Committee.

**DANIEL SORIA***District 1 ~ Supervisor Mick Gleason*

Daniel Soria, a Bakersfield native, joined the BHB in July of 2015. He is a licensed optician with over 20 years of experience and is currently employed by Kaiser Permanente's Vision Essentials. One of his passions is serving with his wife Blanca in the ministry of Celebrate Recovery at his church. He enjoys the opportunity of serving on the Behavioral Health Board, for he is no stranger to KCMH as his mother received services during the majority of his upbringing. He can attest to the challenges a family goes through when a loved one struggles with mental illness. Daniel is a husband and proud father of four.

Daniel resigned his Board position in November 2016.

**DAVID STABENFELDT***District 4 ~ Supervisor David Couch*

The Rev. Dr. David C. Stabenfeldt moved to Bakersfield eight years ago from Collinsville, Illinois. David, for over twenty-five years, was an active community leader in that suburban region of St. Louis. He's brought with him to Bakersfield a passion for engaging others in seeking the well-being of all community stakeholders. Currently, David serves the First Congregational Church, United Church of Christ as the Senior Minister. He received his undergraduate degree from Western Kentucky University, his master and doctorate degrees from Eden Theological Seminary – St. Louis, and a graduate degree in Spiritual Formation from Aquinas Theological Institute – St. Louis. Since joining the Behavioral Health Board in

February 2015, David has been an active member of the Adult Treatment and Recovery Services Committee, has participated in a number of specific short-term Board task teams, and is serving on the 2016 Annual Report Committee. David was elected to serve as Second Vice-Chair for 2017.

**KATE TANDY***District 4 ~ Supervisor David Couch*

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

## 2016 BEHAVIORAL HEALTH BOARD COMMITTEES

Adult Treatment & Recovery Services	<b>Co-Chairs:</b> Jean Lockhart, Fawn Dessy, Richard Hofferd <b>Liaisons:</b> Jamy Garcia, John Badgett <b>Support:</b> Nicole Stubbs (Shawna Vargas)
Children's Treatment & Recovery Services	<b>Co-Chairs:</b> Jeff Burdick, Frank Ramirez (Jon Mullings) <b>Liaisons:</b> Jennie Sill, Adrienne Buckle <b>Support:</b> Jeanna Bosch
Housing Services	<b>Co-Chairs:</b> Richard Hofferd (Bonita Steele) <b>Liaisons:</b> Steve DeVore, Karen Patino, Sandra Meeks (Alicia Castillo) <b>Support:</b> Tamara Brown, Alesia Lawson
SQIC (System Quality Improvement Committee)	<b>Co-Chairs:</b> Kate Tandy, Shelly Castaneda (Bonita Steele) <b>Liaisons:</b> Ross Kremsdorf <b>Support:</b> Jamie Alexander

(No Longer Serving)

### KCMH Mission Statement

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

### KCMH Vision Statement

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

### KCMH Values Statement

Hope, Healing, Community, Authority

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

