

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



2015

Serve First: Provider Network of Choice
Safe in the Community



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

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This report, and information about the Behavioral Health Board and its committees, can be found at <http://www.co.kern.ca.us/kcmh/behavboard.asp>

MEMBERS OF THE 2015 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 |
| Ryan Shultz | ● 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
Chris Knutson
Daniel Soria

District Two – Zack Scrivner

Fawn Dessy
Shirley Jean Lockhart
Jonathan Mullings

District Three – Mike Maggard

Anna Laven
Teresa McFarland
Bonita Steele

District Four – David Couch

Frank Ramirez
Ryan Shultz
David Stabenfeldt
Nada Yorke

District Five – Leticia Perez

Ravi Goklaney
Richard Hofferd



2015 BEHAVIORAL HEALTH BOARD

Left to right back row: Frank Ramirez, Richard Hofferd, Bonita Steele, David Stabenfeldt, Jeff Burdick. Left to right front row: Shelly Castaneda, Kate Tandy (2016 member), Jean Lockhart, Fawn Dessy, Teresa McFarland. Not shown: Chris Knutson, Daniel Soria, Jonathan Mullings, Anna Laven, Ryan Shultz, Nada Yorke, Ravi Goklaney.



See page 43 for Board member information

2015 Annual Report Committee Members

BHB – David Stabenfeldt, Chair
BHB – Frank Ramirez
BHB – Teresa McFarland
KCMH – Cindy Coe



A FOREWARD FROM THE CHAIR

The theme of this year's report, "Serve First: Provider Network of Choice...Safe in the Community", is a concept Bill Walker, Mental Health Director, has embraced as a way to communicate the Department's desire to serve in multiple ways, and be considered a starting point for those seeking a variety of services. The report this year also brings back some provider reports on their agency and what services they provide; we've used color-coding to try to easily identify which supervisorial districts a provider serves.

The Board heard several informative presentations on a variety of topics including services provided to conservatees; mental health and substance use disorder services in the Lerdo Jail Facility; the new process implemented for billing for services; the Self Empowerment Team and their services; the many activities done as part of May is Mental Health Month; all the work being done around suicide prevention; Mental Health Services Act Innovations Projects being considered; a wonderful Family Dinners Make A Difference presentation; and finally a presentation on the department's budget.

These program presentations help to inform members and the public on what services or programs are available to individuals. A public hearing was also conducted on the MHSA Annual Update submitted to the state, and approved for submission to the Board of Supervisors.

Change seems to be the new norm for the Substance Use Disorder Division, starting with an updated name. Page 9 of this report is packed full of information on what has been happening and what is planned. Lots of focus is on the Drug Medi-Cal Organized System Waiver and its plan submission and implementation. This is an ongoing project that will have lasting effects, as it will provide new benefits, including residential, intensive outpatient, and detox services. The Kern Stop Meth Now Coalition submitted an update that is testament to how active in the community they have been; see their article on page 10.

The department has implemented a mental health STAR Court (Sustained Treatment and Recovery) and an assisted outpatient treatment program. Collaborative efforts are also paying off with the Kern Crisis Intervention Team (CIT). This team 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.

The year 2015 also saw the realization of an assisted outpatient treatment program following Board of Supervisor approval. Outreach services are provided to individuals who cannot or will not utilize mental health services. Referrals are being received and a data base is being created to track referrals and outcomes, and there are hopes to expand to rural areas with the addition of staff.

Meanwhile, services to AB 109 participants continue to be aimed at reducing incarceration, homelessness, and psychiatric services. Services include a co-response team that interfaces with law enforcement, a team providing outpatient treatment, and teams providing in-custody programs like the Matrix Model. Mental health and substance use disorder teams also work with community based organizations to provide various services to this population.

In 2015 members Nada Yorke and Sgt. Chris Knutson left the Board after considerable contributions. However, it was a bountiful year that gave the Board the addition of Sgt. Jeff Burdick and Dan Soria, representing District 1; Teresa McFarland and Dr. Anna Laven representing District 3; and Frank Ramirez and David Stabenfeldt, representing District 4. We were pleased to have for 2015 Ryan Shultz, representing Supervisor David Couch, as a part of the Board. The Board has not enjoyed such a robust membership for many years, and the varying interests of these individuals will increase our representation and voice in the community.

The annual BHB training focused on work done through our committees and resulted in the creation of a new Legislation Committee. Members of the new committee will be tasked with reviewing upcoming legislation as well as legislation implementation.

These are the 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 honored and grateful 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 many committees. Heartfelt thanks to Bill Walker, the leadership team, and the professionals and caring staff of the department. 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 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

In addition to our new path chosen last year: *"Serve First, Provider Network of Choice"*, the Department has also chosen to pursue an additional goal: *"Safe in the community"*. We want to assure that not only do our clients receive superior services, but that they do so in a community that provides an environment that is secure and free from threat.

Fiscal Year 2015-2016 Accomplishments

- We provided services to 20,855 unique mental health (MH) clients and to 4,807 unique substance use disorder (SUD) clients; 24,389 unique individuals received services system wide.
- We have increased our units of service generation an average of 11% this fiscal year over last fiscal year, demonstrating improved access to the community.
- The Department has taken the lead to develop a Lean 6 Sigma Team to enhance efficiency and to assure excellence in quality care for our clients. We contracted with Ventura County to offer two day-long intensive trainings that we opened up to other county department heads and members of the Board of Supervisors.
- The Department is pleased to have begun quarterly reports to the Board of Supervisors on the status of AB109 services, the Crisis Intervention Team (CIT), Kern Stop Meth Now (KSMN), Laura's Law-Assisted Outpatient Treatment/Mental Health Court, recovery stations, and our Housing initiative.
- The Kern Stop Meth Now Coalition (KSMN) has continued to strengthen and expand its work, providing a special Board of Supervisors presentation, hosting a sold-out mentoring conference, and was awarded a federal Drug-Free Communities grant of \$625,000.
- Substance Use Disorder Services: The Drug Medi-Cal Organized Delivery System Waiver final terms and conditions were approved by the Center for Medicaid Services (CMS). The 2016 implementation plan dramatically expands the nature and scope of addiction treatment for Kern County residents, resulting in our efforts to ramp up staffing to address this increase in services.
- 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 the development of recovery stations. Mental health and substance use disorder jail services have been expanded.
- The Mobile Evaluation Team (MET) expanded its scope to include co-response teams with the Kern County Sheriff's Office and the Bakersfield Police Department. The teams provide joint proactive outreach, engagement, and crisis intervention services to AB 109 persons participating in the Electronic Monitoring Program (EMP) and to high utilizers of law enforcement.
- 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.
- Working collaboratively with the Probation Department at Juvenile Hall, the Department has implemented the MAYSI 2, an evidence-based tool to identify high-risk youth. This has been beneficial in ensuring that these youth's mental health needs are being met by Juvenile Probation Psychiatric Services (JPPS) staff.
- In partnership with Kern Medical (KM), we stabilized and strengthened the University of California, Los Angeles (UCLA) Kern Adult Residency, Child Fellowship and Addictions Fellowship programs.

- Updated the Electronic Health Record and trained all staff and contract providers to transition to the International Classification of Disease (ICD-10-CM) diagnosis standards as required by the Centers for Medicare and Medicaid Services (CMS).
- Upgraded electronic connections to Metropolitan Fiber Optic, increasing access speed by 1600%.
- The department has implemented a process to send monthly invoices to clients who have an annual liability, in accordance with state mandates.
- Through the prudent use of funds, the Department added 125 positions to both replace ongoing extra-help staff (46) and to more fully draw down costs allowed by the state through the County Interim Rate. These additional staff will greatly enhance both the quality and quantity of services available to our clients.
- The Department was the recipient of a competitive SB 82 grant from the California Health Facilities Financing Authority for the development of a Crisis Stabilization Unit in Ridgecrest. This grant of \$1.7 million over a 5 year period will allow us to partner with Ridgecrest Regional Hospital to offer long needed services to East Kern. Not only will this benefit our clients through immediate evaluations, but it will reduce law enforcement time spent driving to Bakersfield.

Introduction to the Coming Year:

The Department has successfully transitioned new staff into management positions as seasoned staff have retired. Although this makes half of the management team with less than two years of experience in their positions, the staff are all committed and resourceful, making significant improvements in their respective divisions.

Funding from AB109 Realignment dollars will continue to be split between MH and SUD services. Some funds will be used for housing and medications, while the majority will be utilized for direct services through the Department and contracted providers.

The Crisis Intervention Team, in collaboration with multiple county and city agencies, is sponsoring a Sequential Intercept Mapping (SIM) practice. We have high expectations that not only will this provide for more appropriate services to our clients who have legal problems, but it will also continue to enhance the close working relationships that the Department has with law enforcement and the courts.

Impending changes to the SUD waiver will result in dramatic positive changes to the array of services which we will be able to offer for treatment. We are looking forward to improved outcomes as a result of the benefit of case management services, which has never been a funded intervention. We are looking at ways to use this state mandate to redesign our services so that our clients will have the potential to make the greatest improvements possible.

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

As the health care field continues to evolve, the Department is taking several strategic steps to stay ahead of the curve. First, we are working to assure that we maintain our close working relationship with Kern Medical when they become an independent authority. We are partnering with KM in the development of a "Whole Person Care" clinic which we will jointly staff. Secondly, we are continuing Project Care, which has immersed mental health staff in KM's Sagebrush clinic. These efforts are the beginning of our goal of being able to provide fully integrated health care.

We will be starting a new Managed Care Division, and will be hiring a new manager. We see this division as being the initial steps in preparation of managing our Medi-Cal beneficiaries as a population. By closely tracking the delivery of services we may assure both the timeliness and the appropriate type of service to more readily achieve recovery.

We are taking an active role in resolving one of our population’s fundamental concerns: homelessness. By establishing a new team to work specifically on securing and developing housing we feel that we will take a huge step in giving our clients this fundamental resource.

With the implementation of the cost allocation methodology the Department has a much more precise understanding of its revenues and expenses. Using prudent projections, we are increasing our staffing patterns so that we will be able to draw down the potential state revenues available to us – resulting in smaller paybacks over time.

We will be adding several contingency funds for expected, but unclear programming challenges. There may be associated revenues, but those are also unknown at this time.

● Children’s Continuum of Care: Foster Care	\$3,000,000
● Cost Report Paybacks	\$5,000,000
● Mary K Shell refresh	\$2,700,000
● Cerner offsite hosting	\$ 500,000
● SUD Waiver Unknown Impact	\$2,500,000

Maintenance of effort for both the MH and SUD budgets mandate a nominal “County Contribution” of \$771,125 and \$111,363 respectively, in order for the County to claim and collect Medi-Cal revenue. Those amounts have been static for a decade and no change is required at this time. A summary of the object totals and positions within each budget unit follows.

Budget Unit 4120 – Mental Health Services:

The total requested expenditures will be \$144.9 million with revenues of \$140.8 million. This amount is inclusive of all our contracted agencies. Salaries and benefits are increasing dramatically with the addition of new staff. The services and supplies and other charges also increased with staffing increases and higher contracts for additional services to citizens in outlying areas. We are requesting a total of 36 fixed assets costing \$2.9 million. The fixed assets include \$1.2 million for the construction of a new PEC in the city of Ridgecrest and the remaining will be spent for technology upgrades and new software.

Revenue reflects a significant increase from the current fiscal year. This is mostly due to increased Medi-Cal revenues as a result of the Affordable Care Act and the addition of staff providing Medi-Cal services. In the current fiscal year, we are projecting Medi-Cal revenues to be 23% higher than budgeted at the beginning of the year. Overall, the Department projects the use of fund balance of \$4 million. This estimate is expected to decrease as Medi-Cal client fees and actual collections and deposits of realignment come in.

The department will be adding 27 and deleting 1 position.

Budget Unit 4123 – Substance Use Disorder Division:

The Substance Use Disorder Division budget is approximately 14% of the size of the Mental Health budget. The total requested expenditures and revenues are \$20.9 million. SUD salaries and benefits comprise 40% of total cost and contracted services comprise 58%. The large increase in positions requested is to provide additional services required by the Department’s Drug Medi-Cal Organized Delivery System Implementation Plan under the Demonstration Waiver.

SUD revenues reflect a significant increase in the budgeted 2011 Realignment. In preparation for the SUD Demonstration Waiver, the Department increased the amount of 2011 Realignment that was allocated for SUD services in order to cover additional costs for new services required by the waiver.

The department will be adding 40 positions to the existing authorized positions.

Conclusion:

With the realignment of Mental Health and Substance Use Disorder, these two budget units are closely tied to tax revenue. This budget represents an increase for both units, with anticipated growth in revenue offsetting increases in costs.



Bill Walker
KCMH Director

SUBSTANCE USE DISORDER SYSTEM OF CARE



I am pleased to present the Substance Use Disorder System of Care 2015 report for the Behavioral Health Board. It has been my privilege to oversee the Substance Use Disorder division for the past 13 months. A significant focus in the division over the past year has been our preparation to implement expanded services under the Drug Medi-Cal Organized Delivery System Waiver. We began the stakeholder process early in the year, gaining feedback from consumers and multiple stakeholder groups. Our county implementation plan is near completion, and we hope to submit the plan to the State Department of Health Care Services for approval in spring 2016. Our county plan will expand Drug Medi-Cal benefits to include services such as additional residential treatment, case management, additional medication assisted treatment options, and recovery support activities. Under the plan we will also implement a 24-hour phone access system, to facilitate easy and fast access for individuals seeking drug or alcohol treatment. The Waiver aims to create a continuum of care for substance use disorder treatment, and we look forward to working with community agencies and our substance use disorder providers to build a comprehensive and inclusive system of care.

Prevention efforts were expanded this year as our department was awarded a Drug Free Communities Grant to support Kern Stop Meth Now Coalition activities. The purpose of DFC grants is to strengthen community coalitions to support their efforts to prevent and reduce substance use among youth. Kern Stop Meth Now also celebrated the success of MCCASA's (Mountain Communities Coalition Against Substance Abuse) work to ensure responsible beverage use and sales at the Fiesta Days event in Frazier Park. Check out the Kern Stop Meth Now page in this report for additional information on these achievements.

Our CalWORKs behavioral health services continued to expand this year with the integration of services at the Department of Human Services. Our goal in working with the CalWORKs population is to reduce barriers to employment and assist individuals to re-enter the workforce. Behavioral health staff were co-located at the California Avenue DHS site to provide immediate response for social work staff, and provide orientations and trainings with staff and consumers. As a result of these efforts, the CalWORKs team saw an increase in clients accessing treatment. New evidence based curriculums were also added to the range of services offered, including Systematic Training for Effective Parenting (STEP) and Brief Strategic Family Therapy. In addition, several CalWORKs staff became certified trainers for Applied Suicide Intervention Skills (ASIST), and completed further training in the Seeking Safety and Motivational Interviewing evidence based models.

Additional achievements this year within our division included the addition of adolescent treatment services at Ridgecrest Mesquite school, made possible with the support of the Ridgecrest Police Department. We also expanded addiction screening activities through our Gate Team at local medical and psychiatric hospitals. Progress was made on the development of a sobering station in Kern County, with staff visiting models outside the county, the development of a preliminary county model, and presentations and conversations with key community stakeholders.

In the upcoming year, we will continue to see tremendous change and growth in substance use disorder services in Kern County as we begin implementation of our Drug Medi-Cal Waiver plan. I am excited to have the opportunity to oversee this growth and change within our county.



Alison Burrowes
Behavioral Health
System Administrator

Kern Stop Meth Now Coalition

In 2014 a collaborative effort by county agencies including Kern County Mental Health, Kern Medical Center, Bakersfield city police and fire departments, and police departments from outlying communities, conducted a study to investigate the impact of meth use on county services and local communities. Highlighted in “The Impact of Methamphetamine in Kern County: 2014 Update,” the findings show an unfavorable trend demonstrating a great need to address the drug and alcohol problems invading our communities. Previous efforts to address the problems were hindered due to lack of funding. In 2015, however, Kern Stop Meth Now was awarded a Drug Free Communities Grant that will be used to focus on increasing collaboration and reducing youth substance use of alcohol, marijuana, and methamphetamine. The grant will allow us to gather data in three communities so both short- and long-term change can be documented.



Over the past year we have provided trainings to over 700 individuals throughout Kern County on topics ranging from Responsible Beverage Server Training to Addiction and the Teen Brain. We also participated in over 14 community outreach events from health fairs to presenting information on the Meth Impact Study, including localized data. We also worked with the MCCASA coalition in Frazier Park to return Fiesta Days from the alcohol saturated event that it was, to the family friendly event that it was intended to be. The MCCASA coalition and event organizers now advocate for policies implemented at that event including mandatory Responsible Beverage Server training, the Alcohol Management Plan, and event mapping that includes alcohol free areas.

2015 offered the opportunity to further educate and equip mentors or aspiring mentors through the third annual “Hope Through Mentoring Conference.” Keynote speaker Josh Shipp, also known as “The Teen Whisperer,” shared his story and experiences emphasizing the value of mentors in young peoples’ lives. He advised of the challenges mentors may face, provided feedback on troubleshooting, and assured that with best practices and persistence, the outcome would be positive. The diversity of speakers and workshops at the conference offered everyone the opportunity to grow and understand the importance of being a mentor.



September 28 to October 2, 2015 marked the fourth annual Family Dinners Make a Difference Week. The Kern Stop Meth Now Coalition was able to reach 3500 families and expanded the project from themed grocery bags to include conversation starting jars for families to use as a tool. Resources were provided from agency and community partners with information on the Kern Stop Meth Now Coalition, nutrition, substance abuse prevention, family resources on

foster care and more. Through the Family Dinners Make a Difference grocery bags and conversation jars, which promote the benefits of eating dinner as a family, we were able to emphasize research showing that children from families who sit down for a meal together at least five times a week are less likely to engage in drug use as teens.

In the area of social media, the Kern Stop Meth Now Facebook page started the year with 491 “Likes” and ended with 625, posting information including substance abuse prevention, suicide prevention, and drugs of abuse. Geared toward a younger audience, our Twitter posts were “Retweeted” over 1400 times. These “Tweets” were shared among the friends and followers of our 243 “Followers.” Our website page had an average monthly of 14,636 views, with information such as upcoming meetings, tools and resources, and research and data.



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.*

During 2015, the committee discussed and had presentations on a variety of topics. The focus of the committee during the year was on the following:

Mental Health and/or Substance Use Issues of Incarcerated Clients

- How to best assist clients who are transitioning from a jail facility or the Psychiatric Evaluation Unit (PEC) at Kern Medical Center (KMC) to an outpatient care. This includes identifying those clients who fit the criteria to receive services and being able to provide follow-up services for those clients after they are released from a jail facility or the PEC unit.
- Improving law enforcement preparedness when interacting with persons having mental health difficulties and/or substance use disorders.
- Crisis Intervention Team (CIT) efforts in the training of law enforcement for encounters with suspects and inmates with mental health issues and co-occurring disorders in an effort to eliminate the number of injuries or death by law enforcement for such encounters.

Conservatorship

- Improving the conservatorship process so that there is a tighter knit between the Conservator's Office, outpatient facilities, and departments to prevent clients from falling through the cracks.
- Addressing the need of recovery specialist services in the hospital and locked facilities in order to build a relationship with the client and walk them through the stages of care.
- Improving the availability of housing options for those on conservatorship.

Expansion of Peer Support Services

- The Kern County Mental Health Self-Empowerment Team (SET) provides support to clients and augments the mental health services already in place.
- SET assists clients on how to self-advocate, the use of public transit, provide linkage to community service providers, and many other services.
- There is no time limit on how long a client can receive services from SET.

Substance Use Disorder Services

- A goal was developed to expand and improve prevention and intervention of substance use disorder services.
- Research what could be done to titrate clients from methadone, the public's perception in regards to methadone use, and how effective methadone treatments are.



Early In 2015 the committee revised its vision statement to read: *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 the 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.*

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.

In 2016, the committee will use this vision when evaluating the Mental Health system of care by using evidence based recovery principals to encourage client independence and recovery. The committee’s focus will be:

- Substance Abuse Issues: Continue to evaluate what could be done to titrate patients from methadone successfully and improve substance use disorder services.
- Law Enforcement Preparedness: Improve law enforcement contacts with those that have a mental health issue and/or a substance use problem. Determine how to provide law enforcement CIT training.
- Conserved Clients: Determine the best way to transition those on conservatorship to sober living environments (SLEs) and adult residential facilities (ARFs).
- Improving and increasing the treatment and services received by clients in the PEC unit at KMC, and research alternatives to PEC.
- Family Engagement: Improve the knowledge and support for families of adults with mental health issues and/or co-occurring disorders by use of social supports, outpatient/inpatient treatment, and the faith community.



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.

Committee members attending monthly meetings were informed, through various presentations, about community resources and took part in discussions related to the Children's and Substance Use Disorder Systems of Care. During calendar year 2015 the Children's System of Care (CSOC), which includes Kern County Mental Health (KCMH) and contracted providers Clinica Sierra Vista, Child Guidance Clinic and College Community Services, provided services to 7,538 children and their families/caretakers. These vital services are provided in clinics, homes, schools and other community locations throughout the county.

The committee continued to discuss upcoming changes to the services that will be provided to children and families due to the continued evolution of Katie A., and the anticipated implementation of the Continuum of Care Reform. Additionally, the committee reviewed many facets of underage drinking and substance use with updates provided by the Substance Use Disorder (SUD) System of Care on projects such as the mentoring conference and Kern Stop Meth now coalition.

Presentations made to the committee during 2015 included:

- Overview of Children's System of Care
- Dream Center Services for Foster Youth – MHSa TAY Full Service Partnership
- Kern Treatment Foster Care, Oregon – MHSa MIST Full Service Partnership
- Juvenile Probation Psychiatric Services (JPPS) – KCMH Children's System of Care
- Family Finding Program – Department of Human Services
- Victim Witness Program – District Attorney Office
- Engaging Hispanic Families – Clinica Sierra Vista
- Family Dinner Project –SUD System of Care
- Youth Connection Program – Probation Department
- Mental Health First Aid – Kern County Superintendent of Schools

System Transformation

In 2012 the Katie A. vs Bonta lawsuit (filed in 2002) resulted in a settlement agreement with the State of California agreeing to take a series of actions that are intended to transform the way children and youth who are in foster care receive access to mental health services. A Core Practice Model was developed to guide the manner in which mental health and social service agencies coordinate to ensure appropriate service provision for identified (Subclass) foster youth. Two Medi-Cal mental health services were created: Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS). We have continued to monitor implementation and service delivery of these two services. From January 2015 through December 2015 the CSOC has provided ICC services to 71% of Subclass youth. For IHBS, a system goal of 30% was established and the CSOC exceeding this goal by providing IHBS to 37% of Subclass members. The next expansion to services to Subclass members is expected to be the introduction of the final Medi-Cal mental health service of Therapeutic Foster Care (TFC). During 2015, a presentation was provided to the committee on Kern County's MHSa Full Service Partnership Treatment Foster Care Team and ongoing updates about efforts to recruit foster parent homes that will aid in implementation of this new service. As the state provides more information about the development and implementation of this service, we will continue to explore strategies for a delivery system.

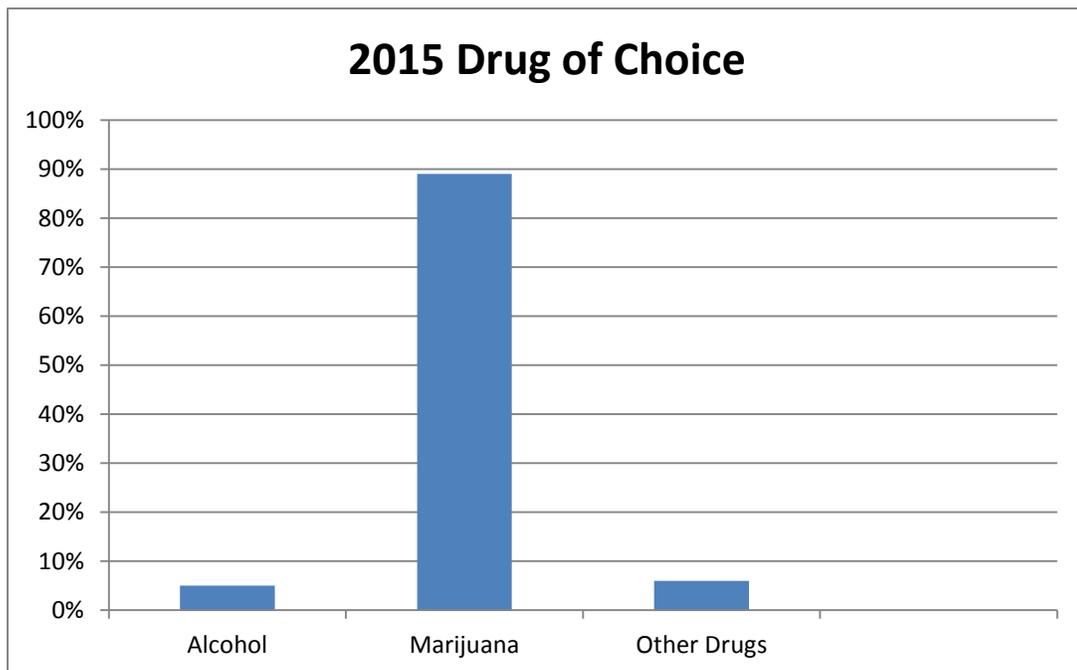
SUBSTANCE USE DISORDER ADOLESCENT TREATMENT SERVICES



There are ten Drug Medi-Cal certified sites that provide adolescent substance use disorder services, and of those seven are school sites. This allows students to access services easily, discreetly, and without the necessity of finding transportation to a clinic.

During calendar year 2015, substance use disorder treatment was provided to 213 adolescents aged 12 or older. Of those, five percent listed alcohol as their first drug of choice; but 89 percent listed marijuana as their drug of choice. The remaining six percent listed sought treatment for other drugs. The average age of first use for these individuals is 12 years of age and most began with alcohol before progressing to marijuana or other drugs.

We are currently working to expand adolescent substance use disorder treatment services. College Community Services is awaiting Drug Medi-Cal certification for two schools in Ridgecrest. In Wasco, we added the Matrix Family Education group at the request of several parents who wanted to support their children in recovery.





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 membership definition was completed, and in March the draft of the new membership application was voted on and approved. The member nomination process and member voting procedures were voted on and approved as well. The committee met in April to approve the final draft of the membership application, and adopted a new day and meeting time. The 2015 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. Attendees were represented by a number of important constituencies and agencies including clients, family members, housing providers, mental health, substance use disorder and medical provider staff, Consumer Family Learning Center staff, and Housing Authority of the County of Kern staff.

The committee received presentations from several speakers including Jennifer Arnold of Kern County Mental Health, who presented on the release of unencumbered funds dedicated to the MHSA Housing Program. Chris Reilly of Clinica Sierra Vista and Margarita Rosson, Homeless Coordinator, reviewed Housing Solutions, a new mental health team for the homeless. Steve DeVore presented, over the course of two meetings, the Mental Health Department Housing Plan, which included a newly created position of housing coordinator, which is now filled by Sandy Meeks. James Velasquez presented the Kern County Mental Health MHSA 3-Year Plan Stakeholder Process which occurred in 2015, explaining how the department will use the funds toward innovative projects. Bonita Steele presented on strategic planning, where she elicited feedback from attendees, identifying housing in Kern County and the types of housing the committee is interested in developing. In addition, the committee heard reports from Christine Lollar, manager of the Kern County Homeless Collaborative, who has agreed to provide monthly reports and serve 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 strides made with the Medical / Mental Health Working Group.

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

- MHSA funds dedicated to the housing program
- Proposed allocation by the Board of Supervisors of \$50 million for new and affordable housing
- Strategic planning for future housing
- Identifying priority housing options



In 2015, the KCMH management team determined that the quantity and quality of housing available for client use would become a priority. Later that same year, the California Behavioral Health Director's Association (CBHDA) identified housing as one of four areas of focus for 2016. The Bakersfield Area Community Service Division (BACSD) administrator was tasked with the responsibility of developing a housing plan that would be utilized to improve the quality of existing housing options as well as the quantity and quality of future housing options available county wide.

The housing plan was developed with multiple revisions until being approved by the director, deputy director and the entire management team in the fall of 2015. In October of 2015, the Department's housing coordinator was hired.

The BACSD administrator then presented the housing plan to the BHB Housing Services Committee on two separate occasions with the purpose of obtaining the committee's ongoing advisement in the plan's implementation. The committee's focus has been centered on the expansion of number of affordable housing units throughout the county.

After the presentation of the Department's Housing Plan, the committee worked on providing assistance to the implementation of the plan; focusing on expanding the number of affordable housing units available to clients. The following approaches were identified:

- Carving out four to five units within existing housing facilities;
- Work with CalFHA to develop future permanent supported housing projects;
- Work with potential housing providers who have shown interest by contacting the department's housing coordinator.



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.

Committee Highlights in 2015

The System Quality Improvement Committee (SQIC) is an important component of the department's "Quality Improvement Committee" activities and includes departmental staff, contract providers, consumers and family members. In the past year, the System Quality Improvement Committee has continued 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.

Over the past year, SQIC specifically set up a schedule for inviting staff to present on key quality improvement areas in order to stay informed on current trends and quality improvement activities within the department. This included presentations on: updates on the Problem Resolution Process by the Patient's Rights Office; issues and improvements recommended by the Mortality & Morbidity Committee; improvements made in the department's Compliance Program; updates on implementation of the Affordable Care Act (ACA) and coordination with physical healthcare; cultural competence planning; and planning for the Substance Use Waiver.

The SQIC has also continued to focus on efforts to improve the "Timeliness of Access" to mental health services. Regular QI reports were given on the Mental Health Plan's (MHP) work in developing a range of measurement tools for assessing the timeliness of access across the system of care and examples of quality improvement activities instituted to lessen the time period for services to begin.

Results and recommendations made by the state's External Quality Review Organization (EQRO) were also reviewed and discussed. There was significant interest in improving the department's public website to make it more responsive and user friendly for consumers and family members. The committee recommended that more input be obtained from these stakeholder groups. In addition, the SQIC received updates regarding the department's two Performance Improvement Projects (PIPs) that are reported to EQRO. These PIPs focused on timeliness of access to services and the successful reduction of restraints on the PEC unit.

The SQIC was also interested in, and encouraged, the department's efforts to more systematically collect clinical outcome measures across the system of care. SQIC supported efforts to embed outcome ratings within current documentation forms. The SQIC also encouraged increased outcome measures based on client/family self-report. SQIC also reviewed several initial clinical outcome reports showing areas of improvement.

Other key areas reviewed and commented on by SQIC included: a) the change in the department diagnostic system (ICD-10); b) the results of the department's "Recovery Survey" showing client perceptions of progress in treatment, and the degree that their treatment encompassed recovery principles; and c) changes to the department's progress note format.

Finally, the SQIC, along with the Behavioral Health Board, played a central role in providing information 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).



After the retirement of its former ethnic services coordinator early in 2015, and the recent addition of its new coordinator, Mental Health is rededicating its efforts to improve the cultural competence of its staff and services. The SQIC has always received regular updates from the ethnic services coordinator and has often made recommendations regarding needed outreach efforts, service provision in this area and staff training. To support these efforts, this staff will be attending all SQIC meetings and keeping the committee updated on the department's improvement efforts to be cultural competent. As a foundation for these efforts, this section highlights the standards that our department continually strives to achieve in the area of cultural competence.

As the Mental Health Plan (MHP) for Kern County, the department was required by the State of California to develop a comprehensive Cultural Competence Plan that required, among other things, the following:

1. A demonstration of the department's readiness and commitment to be culturally competent.
2. Assessing and monitoring the cultural and linguistic needs of Kern County target populations in order to design and plan for the provision of appropriate and effective mental health services.
3. Developing strategies and efforts for reducing racial, ethnic, cultural, and linguistic mental health disparities.
4. Developing and maintaining a Cultural Competence Resource Committee.
5. Conducting culturally competent training activities.
6. Demonstrating the MHP's commitment to have a multicultural workforce and retaining culturally and linguistically competent staff.
7. Demonstrating effective language capacity of the staff.
8. Demonstrating that clients/consumers receive effective, understandable, and respectful care, provided in a manner compatible with their cultural health beliefs and practices and preferred language.

The department continues to develop annual updates to the original Cultural Competence Plan with a focus on current activities and strategies directed toward reducing ethnic disparities, increasing penetration rates among minority populations and providing training to staff.

The current update of the Cultural Competence Plan focuses on reducing mental health disparities experienced among racial, ethnic and cultural populations that may be classified as unserved, underserved, and hard to reach or inappropriately served in the mental health system. The plan also incorporates the service needs based on culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language. The active participation of individuals served, KCMH staff, Native American, Hispanic, African American, Asian, LGBTQ, and other stakeholders continues to be essential in order to effectively complete the goals outlined in the improvement plan

Based on current data provided by the State of California, the Cultural Competence Resource Committee (CCRC) plans to continue helping to reduce disparities in service provision, and increasing the penetration rate, in specific race and ethnic groups, with an emphasis on the Hispanic population, African-Americans and Asian-Pacific Islanders. This focus is based on data showing a lower than expected use of mental health services for these populations.

Over the next year, the Cultural Competence Plan Update aims to increase outreach and education efforts in these populations. More specifically, the department plans to implement the LaClave program for enhanced outreach toward the Hispanic population and partner with key resources in the African-American community to develop more effective outreach and education strategies. The Cultural Competence Resource Committee also plans to identify key resources in the Asian-Pacific Islander population to develop effective outreach and education strategies and improve the penetration rate.

INFORMATION PRESENTATIONS

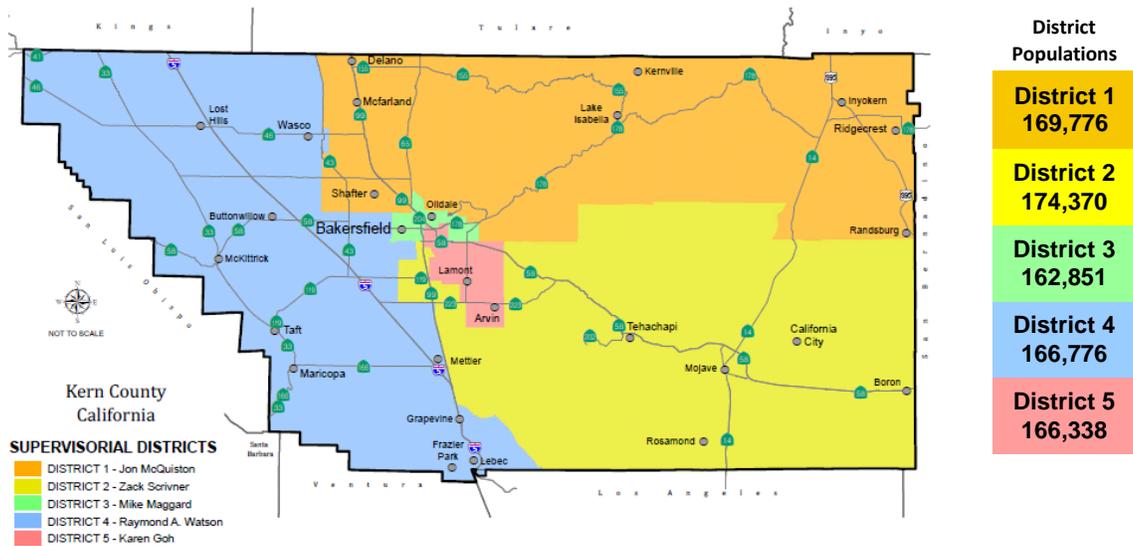
On the facing page is a list of the Mental Health Department’s contracted service providers, the services they provide, and the Supervisorial District in which they provide the service. We have expanded this feature further by asking contracted service providers to submit short paragraphs about their 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 21.

Statistical and demographic information about the individuals served are presented in the tables and graphs on page 27, and page 28 shows a breakdown of revenue sources and the cost of direct services. Page 20 begins information on contracted providers, and offers a chance for providers to highlight the services they are providing through their agencies.

New this year, beginning on page 29, we included quarterly reports that are submitted to the Board of Supervisors. These reports provide information on programs that are of special interest.

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 9, 2011) using information from the 2010 Census.



**KERN COUNTY MENTAL HEALTH
CONTRACT PROVIDERS
Fiscal Year 2015-2016**

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		
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
College Community Services	Outpatient, drug diversion, prevention	X	X	X	X	X		X	
Community Action Partnership of Kern	HIV			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		
Ebony Counseling Center	Outpatient, perinatal			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		
Nankil Enterprises, dba Union Villa	Residential	X							X
STEPS	Drinking Driver Program, outpatient			X			X		
Stewards, Inc.	Representative payee	X							X
Sycamore Healthcare	Residential	X						X	X
TAASK	Drinking Driver Program			X	X	X	X	X	X
United Way	Public advocate	X			X	X	X	X	X
Women of Worth	Residential	X					X	X	X



SPOTLIGHT ON PROVIDERS

The 2015 Behavioral Health Board’s Annual Report Committee asked the Mental Health Department’s contracted service providers to contribute short paragraphs providing information about their program and program successes. These partners will 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
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TAASK services clients mandated from the courts and the Department of Motor Vehicles, who have been convicted of Driving Under the Influence. Clients 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 works hard to give our clients all the tools and relevant information they need to change their lifestyle and prevent another DUI. Of the 1,657 enrolled in 2015, 116 enrolled in the Wet Reckless education only program and 105 completed; 893 enrolled in the First Offenders three-month program and 887 completed; 33 enrolled in the First Offender six-month program and 32 completed; 187 enrolled in the First Offender nine-month program and 142 completed, and 428 enrolled in the Multiple Offender 12 and 18 month program and 353 completed. A total of 1,519 enrolled in services completed their program.



Community Action Partnership of Kern

District 1	District 2	District 3	District 4	District 5
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In 2015 the HIV Program provided 1573 substance use treatment clients with HIV, viral hepatitis, sexually transmitted infection and tuberculosis information in educational groups and 408 clients for HIV testing services. The program focuses on risk reduction, early intervention strategies, health literacy and accessing appropriate follow-up services for at risk clients. The program strives to create a safe, positive atmosphere for clients to address concerns and risks to support recovery. Community Action Partnership of Kern’s HIV Prevention and Testing Services are funded through SAPT-EIS Set Aside Funds.



Clinica Sierra Vista

District 1	District 2	District 3	District 4	District 5
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In 2015 Clinica Sierra Vista Behavioral Health in Delano served 184 (2,458 services) unduplicated adults and adolescents in their outpatient substance abuse program. In 2015, the adolescent substance abuse program expanded services to all 4 high school campuses in Delano and started providing Adolescent substance abuse services out of their main site for students on probation. Dana Lane (Clinica Sierra Vista Substance Abuse Counselor) was recognized by the Delano Union Joint High School district for her dedication and hard work in providing adolescent substance abuse services. The *Delano Record* recognized Recovery Month and highlighted the valuable services provided by Clinica Sierra Vista Behavioral Health.



College Community Services

District 1	District 2	District 3	District 4	District 5
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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, and two Consumer Family Learning Centers. In 2015, CCS provided mental health and substance use disorder services to over 5000 individuals within our behavioral health programs, including adult and children’s mental health services and substance use disorder services. CCS is a leader in the development of welcoming, accessible, recovery-oriented services for Kern County’s ethnically diverse, low-income children, youth, and adults. Established in 1997 as College Community Services, 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. Our mission is to deliver exceptional value by creating healthy communities through exceptional people working side by side. CCS offers personalized evidence-based treatment to meet individual needs, using trauma-informed care, motivational interventions, coordinated care, and gender specific services. The use of cutting-edge telehealth technologies enhances CCS treatment by facilitating offsite service delivery. CCS provides convenient, cost-effective recovery care in-clinic, in-home, in-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 the individual linguistic and cultural needs. CCS staff employ a strength-based, family-centered approach that is highly collaborative and consistent with Kern County Mental Health System of Care. We are committed to keeping individuals in the least restrictive level of care within the community.



Special Treatment Education & Prevention Services

District 1	District 2	District 3	District 4	District 5
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STEPS has been a long-time DUI (driving under the influence) service provider for those who have been convicted of a DUI. For many who have been convicted, this is a first introduction into the criminal justice system. If, during his or her time receiving DUI services a client embraces the concept of recovery, he or she becomes not only law-abiding, but also a driver who is no longer a danger to the community. Our goal is, of course, to make the community safer by providing high quality services. Most DUI clients pay for services on their own. In 2015, we served a total of 1,151 DUI clients. We are proud to say we completed 83.1%, which is higher than the state average. Of those clients, 23.8% were female, and that number has been increasing annually, since ten years ago our female population was 19.6%. The number of female DUI offenders has been observed nationally as well as locally. Our clients are 44% Caucasian, 49% Hispanic, 3% African American, 2% Asian and 2% other, which includes a small number of American Indians.

One example of our success is Lorenzo, a Spanish speaking client who came to us with a multiple offender conviction almost 20 years old. He attends his groups and classes regularly, and has also joined AA a couple times a week. Lorenzo is proud of his sobriety and the way he has turned his life around. In addition to DUI services, STEPS has provided a small amount of prevention services, including Responsible Beverage Service training. RBS services were added after STEPS sought evidence based practices to reduce DUI’s in our community. In July of 2015, Kern County Mental Health contracted with STEPS to provide AB 109 outpatient services (Level 3). As a fledgling program, we have no statistics to report on this program.



Community Service Organization

District 1	District 2	District 3	District 4	District 5
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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 the 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. CSO is committed to providing services for Hispanic clientele with bilingual services such as assessments, groups, individual sessions, and treatment planning. At the Brotherhood Program 916 individuals clients were referred for services; of those 85 were successfully completed, 387 unsuccessfully completed, and 441 did not show for services. For the De Colores Program 136 individuals were referred, with 18 successfully completing, 13 unsuccessful, and 105 did not show for services.



Ebony Counseling Center

District 1	District 2	District 3	District 4	District 5
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Ebony Counseling Center is a community based non-profit organization founded in 1972 to address an unmet need in the African-American community to combat alcohol and drug abuse related problems. The agency mission is to provide a treatment and recovery program that identifies with the cultural mix of the community and the targeted geographic area, with a primary goal to improve quality of life by intervening in the lifestyles of individuals and families impacted by the effects of substance abuse and other behavior risk factors. Over the years the agency’s philosophy has been to provide a holistic and comprehensive approach through outreach, intervention, and prevention service programs. Our effort is to reduce substance abuse, gang violence, and school dropout rates by offering community services to help individuals, youth and families overcome high risk factors which contribute to juvenile delinquency and dysfunctional families. Ebony is committed to addressing the emerging needs of high risk youth and their families. In 2015 Ebony Counseling’s services included outpatient drug-free counseling, bilingual Spanish counseling, perinatal services, relapse prevention, aftercare, parenting and child neglect services, Family Strengthening, and adolescent substance abuse counseling. Ebony also had Medi-Cal enrollment and renewal services, along with the Information and Education program provided to middle school girls who receive classes on teen pregnancy prevention. Another program provided to our youth is the YAP (Youth Achievement Program) directed toward young men helping to prevent gang violence. At Ebony Counseling we like to live by our quote and mission that “Treatment Works”! Our services are high quality, affordable, and culturally relevant treatment through a staff of professionals, well trained and caring counselors, who have a variety of experience in addiction recovery. Success is based on our ability to outreach and address the targeted population. In 2015 Ebony had a total of 549 Clients enrolled and a total of 744 clients served. Ebony Counseling proudly serves over 1,000 individuals and group services each month.

Hearthstone Community Services

District 1	District 2	District 3	District 4	District 5
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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
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The husband and wife Huckaby team has been working in the field of recovery for sixteen 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
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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
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The Kern County Hispanic Commission has been providing resident and outpatient treatment services since 1984 in Bakersfield. KCHC serves women of Bakersfield and outlying areas in Kern County (Taft, Shafter, Lamont, Arvin, and Delano), and is currently providing 8 month and 6 month Intensive Matrix Outpatient services to women in the community. Our 6 month program is for women who have completed 2 months of Matrix while in custody and required to finish out their treatment phase. Included in our curriculum is Seeking Safety. Kern County Hispanic Commission has aided these women in regaining custody of their children, and becoming responsible parents to their children. In Fiscal Year 2014-15, 23 women successfully completed our 8-month Intensive Matrix outpatient services, and 5 women successfully completed the 6-month program. From July 2015 to April 2016, 17 women successfully completed the 8-month program and 5 have successfully completed the 6-month program.

Cottage of Hope & Gratitude Sober Living

District 1	District 2	District 3	District 4	District 5
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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
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Our goal is to promote the family structure by having the clients invite their families to participate in our family night group. Clients in residential treatment attend classes four times daily on weekdays, and study the 12-Step program pioneered by Alcoholics Anonymous and now used by Narcotics Anonymous and other groups. Bakersfield Recovery Services has a staff of full-time trained counselors throughout our programs. Jason’s Retreat, a men’s center, and Capistrano Community for Women offer safe and nurturing residential environments in which men and women can begin the process of recovery from addiction to alcohol and/or drugs. While providing an atmosphere of caring, with life’s basic necessities provided, we hope to give clients an opportunity to change long-entrenched attitudes and belief systems, and rebuild lives damaged by addiction. We believe homelessness and criminal behavior flow directly from addiction, and therefore hope to improve our community by assisting our clients to become productive, useful citizens.



Good Samaritan Hospital

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



Crestwood Behavioral Health of Bakersfield

District 1	District 2	District 3	District 4	District 5
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Crestwood has been providing residential mental health recovery services to adults age 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!



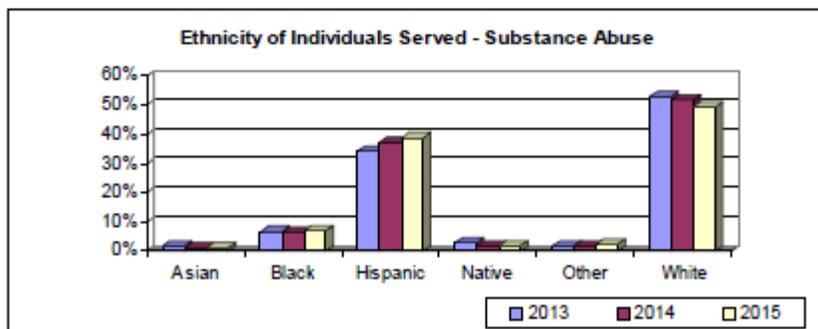
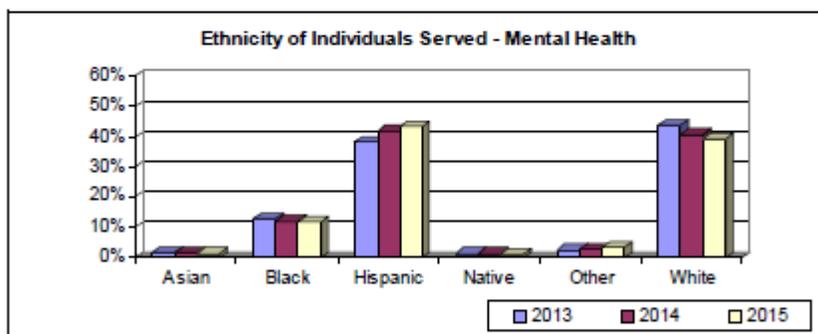
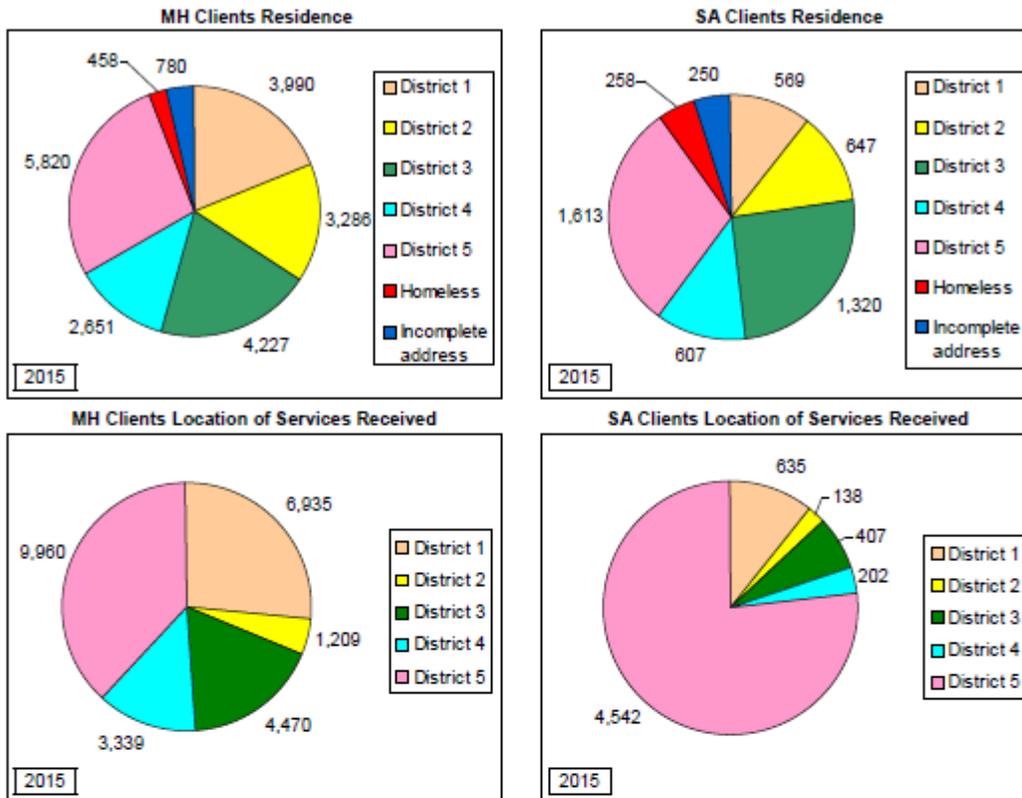
Mental Health Systems, Inc.

District 1	District 2	District 3	District 4	District 5
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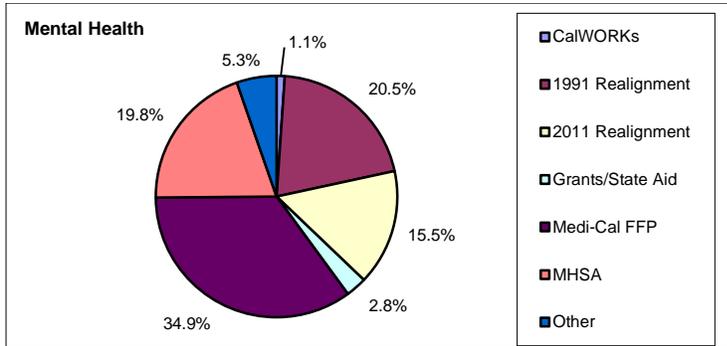
The MHS-ACTION Assertive Community Treatment (ACT) program provides 24-hour community-based treatment for serious and persistent mentally ill (S.P.M.I) individuals, and those with a criminogenic background who may also suffer SPMI. All clients are eligible to receive medication management and monitoring, 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.

CONSUMER DEMOGRAPHICS

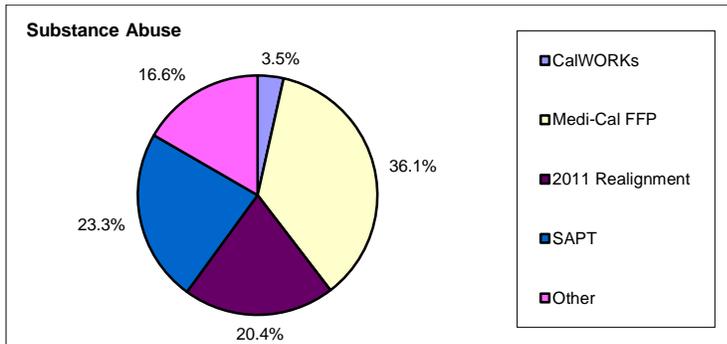
Information about mental health (MH) and substance use disorder (SUD) consumers is presented, including graphs of the district in which they live, where they receive services, and the ethnicity of individuals served. While the Supervisorial Districts have approximately equal populations, with centralized services in Bakersfield, such as Kern Medical Center, 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.



Revenue Sources for Fiscal Year 2014-15

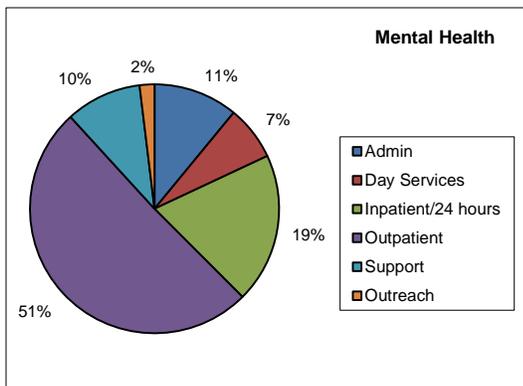


CalWORKs	\$1,214,738	1.1%
1991 Realignment	\$22,761,468	20.5%
2011 Realignment	\$17,235,772	15.5%
Grants/State Aid	\$3,116,646	2.8%
Medi-Cal FFP	\$38,752,752	34.9%
MHSAs	\$21,970,780	19.8%
Other	\$5,918,419	5.3%
	\$110,970,575	

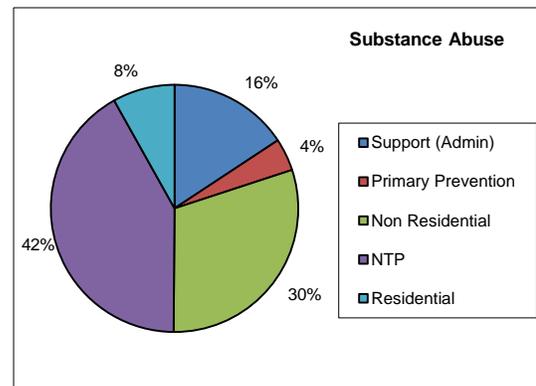


CalWORKs	\$587,595	3.5%
Medi-Cal FFP	\$6,069,447	36.1%
2011 Realignment	\$3,438,155	20.4%
SAPT	\$3,920,949	23.3%
Other	\$2,799,650	16.6%
	\$16,815,796	

Cost of Direct Services for Fiscal Year 2014-15

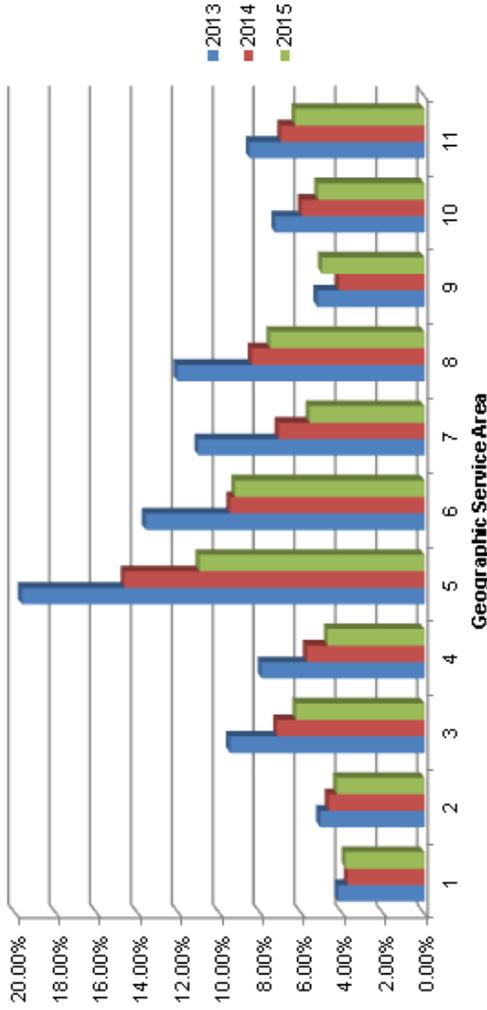


Admin	\$10,370,279
Day Services	\$6,692,468
Inpatient/24 hours	\$18,457,498
Outpatient	\$47,987,848
Support	\$9,337,057
Outreach	\$1,821,561
Total cost:	\$94,666,711

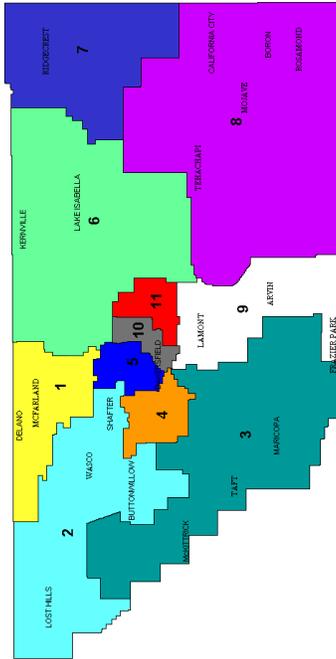


Support (Admin)	\$2,193,447
Primary Prevention	\$592,030
Non Residential	\$4,208,396
NTP	\$5,828,118
Residential	\$1,132,469
Total cost:	\$13,954,460

Medi-Cal Penetration Rate



Geographic Service Areas



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											
	1	2	3	4	5	6	7	8	9	10	11	
2015	Total MMEF's	35,138	25,971	8,280	61,021	30,315	6,066	8,766	19,899	26,428	59,104	80,217
	Unique MH client served	1,359	1,111	519	2,886	3,336	561	492	1,501	1,323	3,070	5,060
	Penetration rate	3.87%	4.28%	6.27%	4.73%	11.00%	9.25%	5.61%	7.54%	5.01%	5.19%	6.31%
2014	Total MMEF's	30,700	22,835	7,127	50,792	25,608	5,398	7,592	17,426	23,487	51,447	70,157
	Unique MH client served	1,150	1,067	513	2,919	3,757	513	541	1,471	984	3,089	4,910
	Penetration rate	3.75%	4.67%	7.20%	5.75%	14.67%	9.50%	7.13%	8.44%	4.19%	6.00%	7.00%
2013	Total MMEF's	24,556	18,238	5,321	36,334	19,013	3,771	5,545	12,856	18,554	39,886	55,131
	Unique MH client served	1,036	930	506	2,895	3,744	514	613	1,554	971	2,910	4,709
	Penetration rate	4.22%	5.10%	9.51%	7.97%	19.69%	13.63%	11.06%	12.09%	5.23%	7.30%	8.54%

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

QUARTERLY REPORT

Recovery Stations

For the period of October 1 – December 31, 2015



Prepared for the Kern County Board of Supervisors

Respectfully Submitted By: KCMH Substance Use Disorder Administration

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 at least one Recovery Station open and operating in Kern County by December 31, 2016.

Accomplishments This Quarter:

1. **Planning** – The KCMH Department is working to fill the Planning Analyst position to work on planning and implementation of the project.
2. **Funding** – The project remains in consideration as an MHSA (Mental Health Services Act) Innovations Project. In addition, the department will continue to look at alternative funding options such as grants and AB109 realignment funding.
3. **Stakeholder/Community Support** – KCMH staff meet with the Bakersfield Police Department, the Chief Nursing Officer's Association, and the Downtown Business Association this quarter to elicit stakeholder feedback on the project.

Challenges and Opportunities:

1. **Funding** – There is currently no funding set aside for the development of recovery stations. KCMH will continue to identify funding opportunities in upcoming months.
2. **Program Development** – Staff time devoted to this project has been a challenge. The assignment of one Planning Analyst position to work on the program full time, beginning in the new year, will assist to address this challenge.

QUARTERLY REPORT
KCMH AB109 COMMITTEE
For the period of October 1 – December 31, 2015



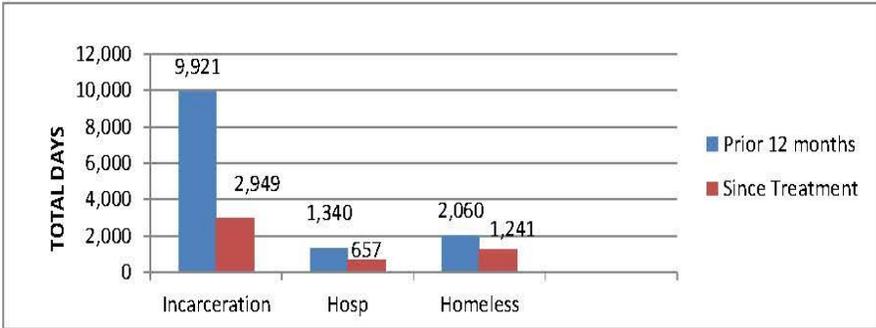
Prepared for the Kern County Board of Supervisors

Respectfully Submitted By: KCMH AB109 Committee

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

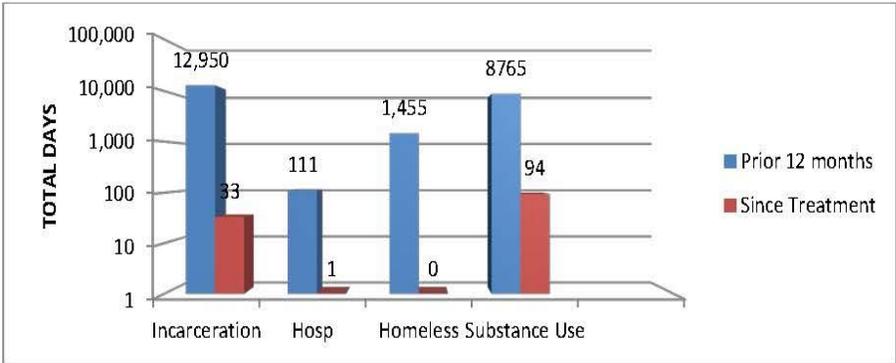
1. **Goal: Reduce incarceration**
 - **Objective:** Reduce incarceration days for individuals linked to MH and/or SUD treatment by 30%. Achieved: 70% (MH)* 99% (SUD)**
2. **Goal: Reduce psychiatric hospitalizations**
 - **Objective:** Reduce psychiatric hospitalization days for individuals linked to MH and/or SUD treatment by 30%. Achieved: 51% (MH)* 99% (SUD)**
3. **Goal: Reduce homelessness**
 - **Objective:** Reduce homeless days for individuals linked to MH and/or SUD treatment by 30%. Achieved: 40% (MH)* 100% (SUD)**

Data and Outcomes – MH



* Comparison of 12 months prior to treatment, and 12 months post treatment linkage. 30% reduction from prior fiscal year achieved. This Quarter's Mental Health statistics were compiled from data available as of 01/05/16 from surveys completed for the period September 1 through December 31, 2015. The information was obtained from Eighty-three (83) AB 109 in custody graduates who are currently receiving Adult Transition Team (ATT) services.

Data and Outcomes – SUD



QUARTERLY REPORT
KCMH AB109 COMMITTEE
For the period of October 1 – December 31, 2015

**This Quarter's Substance Use Disorder statistics were compiled from data available as of 01/05/16 from surveys completed for the period September 1 through December 31, 2015. The information was obtained from fifty eight (58) AB109 Lerdo Matrix/RSAT graduates who are receiving outpatient services through Substance Use Disorder (SUD) System of Care.

Success Story

A Kern County Sheriff's Office AB109 client in the electronic monitoring program (EMP) had a history of substance abuse (13 years) and incarceration (9 years). The client had failed the EMP program two previous times. This client had never received any Mental Health services in the past. The AB 109 Co-Response Team successfully engaged the client in treatment. The client has been clean and sober for over three (3) months. In addition, the client completed the EMP and started attending Bakersfield Community College. The client has been med compliant and continues to participate/utilize Mental Health services.

Accomplishments This Quarter:

1. **Results First** – Staff participated in the Results First Summit with the Pew Research Group to highlight the evidence-based program effectiveness in Kern County.
2. **Co-Response Team** – The AB109 Co-Response Team engaged 75 individuals this quarter in MH and SUD services.
3. **MH – ATT Team** – 25 new AB109 individuals were enrolled in outpatient mental health treatment with the Kern Linkage Program this quarter.
4. **SUD In-Custody Program** – This quarter 78 AB109 eligible individuals requested to participate in substance use disorder treatment and services in-custody at the Lerdo facility.
5. **SUD In-Custody Matrix Program** – 3 individuals released from the Lerdo In-Custody substance use program obtained employment in the month of December.
6. **Community Based Organizations** – Requests for proposals were submitted, and contract proposals were reviewed by KCMH and other CCP members. Contract awards are expected in January 2016.

Challenges and Opportunities:

1. **Data Collection** - KCMH SUD division has implemented 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.
2. **AB109 Dashboard** – KCMH is in the process of redesigning the department's AB109 Dashboard for the CCP, with the goal of incorporating data from the AB109 quarterly BOS report into the report, and maximizing the overall visual impact of the report.
3. **Pre and Post Test Questionnaires** – KCMH is in the process of developing pre and posttest questionnaires for a number of evidence-based practices and service strategies (EBP/SS) to obtain qualitative information regarding the perceived effectiveness of respective EBP/SS.
4. **Thinking for a Change (T4C)** – KCMH will be looking into this EBP as treatment option, amidst the continuum of other interventions, that focuses on integrated, cognitive behavioral change for individuals that includes cognitive restructuring, social skills development, and development of problem solving skills.

QUARTERLY REPORT
Mental Health Adult System of Care
Laura's Law (Assisted Outpatient Treatment) Update
For the period October 1 – December 31, 2015



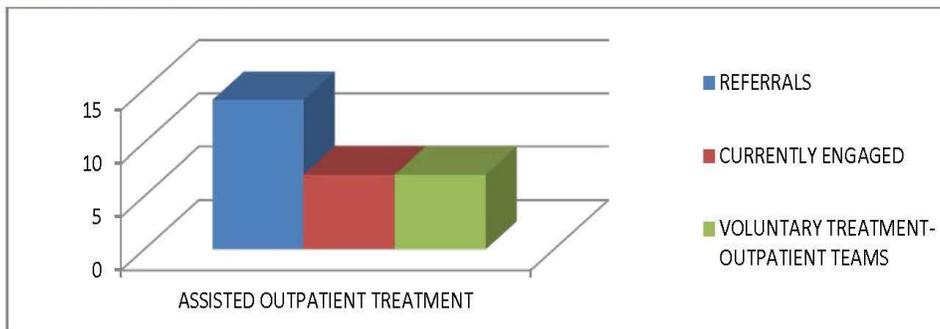
Prepared for the Kern County Board of Supervisors

Respectfully Submitted By: Steve DeVore, LMFT, Adult System of Care Administrator

Vision and Goals:

1. Provide outreach to individuals who cannot, or will not avail themselves of Mental Health services.

Data For This Period:



Total number of Assisted Outpatient Treatment (AOT) program referrals, including **3** from rural areas: **14**

Number of AOT program referrals currently in the engagement phase: **7**

Number of AOT clients in voluntary treatment: **7**

Referrals were provided by the following resources: Outpatient teams, Inpatient units, County website, National Association for Individuals with Mental Illness (NAMI) presentation, and the Length of Stay (LOS) meeting. We are establishing a data base to enable tracking referral numbers in the future.

Success Story:

The Family Advocate's office received an Assisted Outpatient Treatment candidate referral from the grandmother of a 29 year old male. The grandmother expressed that she was fearful for the individual as he was not accepting food, he had not bathed in several months, he was expressing increased verbal and physical aggression, and the individual had a history of suicide ideation. The outreach worker began by visiting the individual at his home where he had isolated himself in his bedroom for several days, and outreach engagement continued for several weeks. Upon the face to face assessment the individual presented with matted hair, was guarded, highly suspicious and selectively mute. A 5150 was initiated and the individual was hospitalized. While hospitalized the individual was receptive to taking medications, he bathed, cut his matted hair and was also receptive to receiving outpatient services. The outreach worker continued to provide services after discharge and linked the individual to a Mental Health team. The individual remains receptive to outpatient services, is voluntarily coming into the office, speaking face to face to Mental Health staff, and verbalizing goals for the near future.

QUARTERLY REPORT
Mental Health Adult System of Care
Laura's Law (Assisted Outpatient Treatment) Update
For the period October 1 – December 31, 2015



Accomplishments This Quarter:

1. October – Assisted Outpatient Treatment (AOT) implemented on October 1, 2015.
2. October – Trainings provided during the month:
 - NAMI Local Chapter
 - Mobile Evaluation Team (MET)
 - Office of Patients Rights Advocate
 - Family Advocate
 - Mental Health Collaborative
3. October – Program brochure completed
4. November/December – Trainings provided during the month:
 - Inpatient units
 - Psychiatric Evaluation Center
 - Outpatient teams
 - Length of Stay meeting

Challenges and Opportunities:

1. Expand AOT to the rural areas of Kern County.
2. Increase in the number of families coming into contact with the Family Advocate and the services offered.
3. Housing for AOT clients.
4. Expansion of AOT by adding 5 new staff positions in spring 2016 to accommodate the influx in referrals.

Future Events:

1. Trainings to be provided:
 - Bakersfield Police Department/Kern County Sheriff's Office
 - Officials of the court/hearing officers
 - Probation Department
 - California Department of Corrections and Rehabilitation (CDCR)
 - Adult outpatient providers
 - Local media
 - CFLC (Confuser Family Learning Center)
 - Outpatient teams (ongoing)
2. Meetings with County Counsel to develop legal documents required.
3. Initiate development of outcome measures reported to the state.
4. Include AOT referral information on public website.

QUARTERLY REPORT

Kern Crisis Intervention Team

For the period October 1 – December 31, 2015



Prepared for the Kern County Board of Supervisors

Respectfully Submitted By: CIT Steering Committee

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)

Data and Outcomes For This Period:

1. **\$1.7 Million SB82 Grant awarded for Crisis Stabilization Unit (CSU) to serve East Kern:** this project was lead by KCMH in partnership with Ridgecrest Regional Hospital (RRH). CIT members provided data and Letters of Support for the application process. This Grant will support construction and start-up costs for a CSU (similar to the Bakersfield PEC) in close proximity to RRH, to support East Kern.
2. **Media Coverage:** The MET Team, Law Enforcement/Mental Health Co-Response Teams, and Law Enforcement were featured in two-part media segment on Nov 18 and 19. The segment focused on Kern County's efforts to address "mental health crisis team shortfalls." The segments increased awareness in the community of the collaboration between Law Enforcement and KCMH, and of the role of MET in averting and/or intervening in mental health crises to increase the safety of everyone at the scene and to link the person in crisis to treatment. A member of the MET Team was interviewed and she exuded the passion of team members for helping people experiencing a mental health crisis.
3. **CIT Advocacy Subcommittee.** Work continues on the development of a brief video promoting CIT, using MHSA funding.
4. **Crisis Trainings provided:**
 - ✓ CIT Training was provided for the first time over five (5) consecutive Wednesdays Oct 21-Nov 18. 22 Officers successfully completed the 40-hour POST-approved training. This session was a pilot for scheduling the training over consecutive weeks instead of in one block week, for the purpose of enabling more officers to attend. However, the feedback from the officers was consistently that a block week format is more effective for learning.
 - ✓ At the request of CHP, MET provided 2-Hour trainings twice to CHP Mojave and twice to CHP Buttonwillow. About fifteen (15) officers attended each of the four (4) trainings. These trainings focused on information about types of mental illness as well as de-escalation skills. Topics included Suicide Prevention, Depression with and without Psychosis, Bipolar with and without Psychosis, Schizophrenia, and PTSD. Practical training was provided on suicide prevention interventions and techniques for interacting with a psychotic person.

Stories:

The Co-Response Team shared the following success story about one of the participants in the EMP Program: "Sherry" lives in a Sober Living Environment called Hearthstone she is currently in the Electronic Monitoring Program with the Sheriff's department. Sherry has a lot of medical issues and has a mental health diagnosis of Post-traumatic stress disorder. Sherry was homeless when she committed a crime. She told the deputy that she committed a crime so she would have a place to live and food to eat. She was having a very difficult time on the streets. She was suffering from depression and she wasn't taking psychiatric medications and she wasn't open to Mental Health or linked to any other services. One day the AB109 Co-Response Team met Sherry. Sherry told them she was going through a very hard time and needed someone to talk to that wouldn't judge or criticize her. She said she was thankful for people like the Deputy and MET Team member. A couple of weeks later, Sherry called the Co-Response Team. She was crying hysterically and stated, "I want to kill myself today. I have a lot of anxiety and I can't deal with it anymore." She stated, "I have bottles of pills next to me I want to take them." The Co-Response Team member told Sherry, "Please don't do that I'm on my way over right now I'm going to help you but please promise me you won't take the pills!" Sherry tearfully stated, "I won't take them I'll wait for you. I didn't take the pills because when I closed my eyes I remembered seeing you and the Deputy standing in front of me talking to me with a smile on your faces." I knew that if I called you, you would come help me." A few minutes later, the Co-Response Team arrived and took Sherry to the Psychiatric Evaluation Center on a voluntarily basis and she was later released back home. A few weeks later, Sherry told the Co-Response Team, "I'm glad to have friends like you both and it's a good thing police and mental health work together. It has made my life better, so keep doing what you're doing." Sherry is now stable and linked to mental health services and taking her medications.

QUARTERLY REPORT

Kern Crisis Intervention Team

For the period October 1 - December 31, 2015



Accomplishments This Quarter:

<p>AB109 Co-Response Team:</p>	<p>The AB109 Co-Response Teams continue to have a positive impact on the success of AB109s participating in the EMP Program and on AB109 Prevention services for High Utilizers (HUs) of Law Enforcement 911 Crisis Services. There were 417 AB109s in the EMP Program during Second Quarter, of which 75 were engaged in MH/SUD Services. During 2QFY1516, 75 AB109s were engaged in KCMH MH/SUD services and there was one (1) incidence of hospitalization. None of these AB109s were remanded to custody for non-compliance; and one was remanded to custody for testing positive. Also during this period, 16 HUs were engaged in KCMH MH/SUD services and there were three (3) incidences of hospitalization</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="488 573 898 863"> <p style="text-align: center;">AB109s Receiving Services; Increase in Follow Up Visits</p> <table border="1"> <caption>AB109s Receiving Services; Increase in Follow Up Visits</caption> <thead> <tr> <th>Quarter</th> <th># AB109s Open to MH/SUD Services</th> <th># MH/SUD Services Provided</th> <th>Subset: # Follow Up Visits</th> </tr> </thead> <tbody> <tr> <td>1Q</td> <td>120</td> <td>181</td> <td>60</td> </tr> <tr> <td>2Q</td> <td>75</td> <td>167</td> <td>96</td> </tr> </tbody> </table> </div> <div data-bbox="898 573 1339 863"> <p style="text-align: center;">AB109 Prevention: High Utilizers (HUs) Receiving Services;</p> <table border="1"> <caption>AB109 Prevention: High Utilizers (HUs) Receiving Services;</caption> <thead> <tr> <th>Quarter</th> <th>HUs: Total # Of Co-Response Services</th> <th>Total # of HUs Open to MH/SUD</th> <th>Total # Follow Up Visits to HUs</th> </tr> </thead> <tbody> <tr> <td>1Q</td> <td>27</td> <td>12</td> <td>10</td> </tr> <tr> <td>2Q</td> <td>40</td> <td>16</td> <td>21</td> </tr> </tbody> </table> </div> </div>	Quarter	# AB109s Open to MH/SUD Services	# MH/SUD Services Provided	Subset: # Follow Up Visits	1Q	120	181	60	2Q	75	167	96	Quarter	HUs: Total # Of Co-Response Services	Total # of HUs Open to MH/SUD	Total # Follow Up Visits to HUs	1Q	27	12	10	2Q	40	16	21
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<p>Continuation of the CIT Steering Committee</p>	<p>Recommended as part of the Memphis Model, the role of the CIT Steering Committee is to provide guidance to the CI-Team. Launched in December 2014, the CIT Steering Committee meets again in February, date to be confirmed. Eleven (11) organizations are currently represented on the CIT Steering Committee, which is co-chaired by representatives from KCSO and KCMH/MET.</p>																								
<p>Launch and/or Continuation of CIT Subcommittees</p>	<p>CIT 911 Special Needs Registry Subcommittee CIT Advocacy Subcommittee CIT Education (Schools) Subcommittee CIT High Utilizer Solutions Planning Subcommittees CIT Homeless Subcommittee CIT Training Subcommittee Decision made to launch CIT Veterans Subcommittee, in process</p>																								
<p>Revision and Expansion of CIT Training</p>	<p>At the request of KCSO, the 40-Hour CIT Training has been added to the Basic Academy beginning in Jan 2016. There will be two (2) sessions of CIT Training incorporated into the Basic Academy this calendar year, and one (1) session of CIT Training for Law Enforcement First Responders. Planning continues for the introduction this fiscal year of 24-Hour CIT Training for Dispatchers and 16-Hour CIT Training for Detentions.</p>																								

Challenges and Opportunities:

- CIT Coordinators:** Due to the increasing needs for CIT Training, the CIT Steering Committee Co-Chairs will assess the workload requirements and make recommendations.
- MET Expansion to East Kern:** KCMH will add two (2) Mental Health Therapists to the MET Team, to expand MET services to East Kern both in person and virtually, using HIPAA-compliant secure connectivity. The pilot of the Virtual MET program will start during 3Q.
- SB82 5th Round Grant Funding for Mobile Crisis:** An application will be submitted for funding to support Mobile Crisis services. Up to \$275,000 total funding is available to counties, etc.

Upcoming Events:

- Jan 19-22, CIT Training** for Law Enforcement First Responders (40 Hours) will be offered on five consecutive Wednesdays beginning Oct 21 and ending on Nov 18. Attendees must complete all five days of training. This change will minimize the impediments to attendance caused by staffing limitations for attendees.
- Mar 8-9, Stepping Up SIM Workshop:** The Kern SIM Workshop will result in a detailed Sequential Intercept Map of Kern County. Judge Susan Gill has agreed to serve as the Community Champion for this project.

QUARTERLY REPORT
Sustained Treatment and Recovery (STAR) Court
For the period of October 1 – December 31, 2015



Prepared for the Kern County Board of Supervisors

Respectfully Submitted By: KCMH STAR Team (Mental Health Court Team)

Through collaborative strategic planning between the Superior Court of California (Kern County), Public Defender's Office, District Attorney's Office, private community counsel entities, Kern County Probation Department, Kern County Sheriff's Office, and Kern County Mental Health as well as consumers, peers and community advocates, the STAR Court Program was recently established in Kern County on August 1, 2015.

Vision and Goals:

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:

1. Connect individuals to appropriate treatment to address their mental health and substance use challenges.
2. Develop appropriate dispositions to criminal charges, taking into consideration the facts of each case, the unique needs of the individual, and their prior criminal history.
3. Reduce violence in the community through behavioral health treatment coupled with tailored judicial supervision by the Kern County Probation Department.
4. Enhance the quality of life of these individuals by facilitating the development of healthy, independent, and meaningful lives without future involvement in the criminal justice system.
5. Increase and strengthen collaborative partnerships between respective City and County agencies and entities.

Success Story:

A STAR participant, of the STAR Court Program, with an extensive history of incarceration, began using drugs and alcohol at nine years old. He reportedly suffered from mental illness for most of his adult life, challenged by primary symptoms of mood dysregulation and psychosis. After his release from custody, he was placed at a sober living environment and began his STAR Court Program. Since August 2015, he has actively engaged and participated in Moral Reconciliation Therapy (MRT), individual therapy, and substance use counseling. He has also adhered to taking his prescribed medications and regularly attends court hearings and meetings with his probation officer. Due to his success in the design of the STAR Court Program, Probation and Mental Health approved a trip to visit his mother in Las Vegas for the holidays. With the support of the STAR Court Program paired with his effort and motivation, he has demonstrated appropriate application of his new skills while going through a divorce, medical complications, a recent death in the family, and a new life remaining substance free. With the aforementioned, falling back into unhealthy ways of dealing with his problems would not be a stretch. However, he acknowledges and accepts full accountability of his shortcomings and openly expresses how he is dedicated to his program and to being successful.

QUARTERLY REPORT
Sustained Treatment and Recovery (STAR) Court
For the period of October 1 – December 31, 2015

Accomplishments This Quarter:

1. Increased and strengthened collaborative efforts with partner agencies towards the identification of potential STAR Court participants, diverting them from incarceration, and linkage to behavioral health services.
2. Hired a Mental Health Therapist to conduct eligibility evaluations and to liaison with core members of the STAR Court.
3. Have completed 17 mental health eligibility evaluations.
4. Have accepted 7 individuals into the STAR Court Program 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.
5. Developed the identification and tracking of STAR Court participants in our electronic health record towards data collection and reporting going forward.
6. A local media outlet showcased STAR Court during a live session highlighting the potential benefits of this non-traditional, collaborative diversion court.

Challenges and Opportunities:

1. As the the STAR Court Program becomes more commonplace in terms of court referrals and subsequent participants, proper staffing of mental health and substance use professionals may be a challenge. As the number of participants increase, the number of providers will invariably need to be expanded as well.
2. Developing outcome measures for program performance tracking and reporting will be an opportunity to identify strengths and limitations of the STAR Court Program in terms of treatment and collateral services.
3. KCMH outpatient providers, specifically, the Adult Transition Team (ATT), has faced challenges in providing MRT to STAR Court participants in a group setting given their respective clinical and/or criminal make-up. Because some of these individuals do not meet criteria for MRT or are not appropriate for MRT in a group setting, KCMH will be looking into Thinking for a Change (T4C), an evidence-based treatment modality, amidst the continuum of other interventions, that focuses on integrated, cognitive behavioral change for individuals that include cognitive restructuring, social skills development, and development of problem solving skills.

QUARTERLY REPORT
Kern Stop Meth Now Coalition
 For the period October 1 – December 31, 2015



Prepared for the Kern County Board of Supervisors

Respectfully Submitted By: Kern Stop Meth Now Coalition

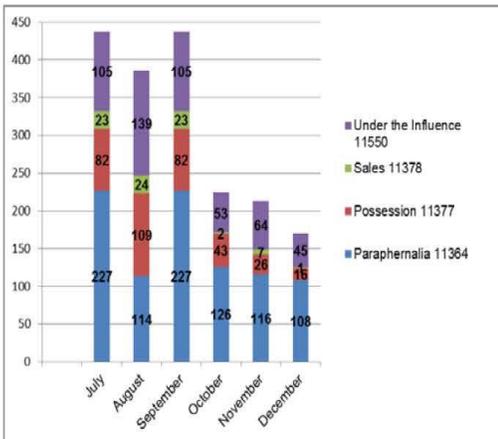
Goal: Improve the health of children and adults with preventative services.

1. Engage youth in the creation of social media prevention messages to raise awareness KSMNC through our Facebook, Twitter, and website.
Objective: Increase participants by 5% quarterly.
2. Decrease the number of pregnant women who screen positive for methamphetamine and other drugs at delivery.
Objective: Baseline to be determined.
3. Decrease the number of arrests due to methamphetamine in Kern County.
Objective: Baseline determined - average of first quarter arrests is 378 methamphetamine related arrests per month.
4. Increase the number of individuals successfully completing drug treatment in Kern County.
Objective: Baseline determined – successful treatment completion of 108 individuals per month. First quarter data fluctuated due to mandated change in diagnostic codes and reconciling of databases.

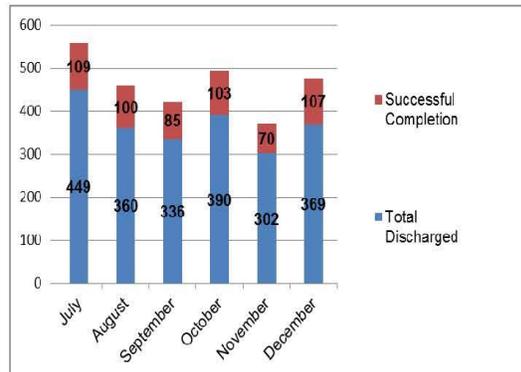
Data and Outcomes for This Period: Kern Stop Meth Now Coalition

We have recruited 3 youth to begin work on Goal 1. The coalition is in the process of collecting baseline data for Goal 2 from all participating delivery sites.

KC Meth arrests by charge Goal 3



KC Treatment Discharges Goal 4



Success Story:

Data gathered by the Adelante Coalition showed that many servers were not following best practices for alcohol licensees. After educating policymakers, the City of Arvin passed an Ordinance mandating that alcohol licensees under 10,000 square feet must show proof of Responsible Beverage Server (RBS) training each year in order to renew their Business License. Training is available in both English and Spanish and teaches servers the importance of checking identification, ways to avoid over-serving and liability resulting from inappropriate service.

QUARTERLY REPORT
Kern Stop Meth Now Coalition
For the period October 1 – December 31, 2015



Accomplishments This Quarter:

1. Engaged youth in gathering data to create info graphics for Goal 1.
2. KSMN Coalition members provided training to 394 people.
3. Staff attended the Drug Free Communities Grantee Training in Washington, D.C.

Opportunities:

1. The Drug Free Communities Grant provides funding for 1 FTE who will begin working with targeted communities.
2. **Strategic Plan:** The award of the DFC Grant will allow us to gather data for 3 communities so that both short and long-term change can be documented.

Challenges:

1. **Data Collection:** The KSMN Coalition is working with Public Health and other partners to obtain all data related to positive toxicology tests at delivery. Currently, we are only given a sample from each site. Drug testing at delivery is only done due to a suspicion of drug use, not on a universal basis.

Future Events:

1. March – Hope Through Mentoring conference. Research shows that mentoring improves outcomes for youth who are facing critical transitions. Healthier relationships and lifestyle choices, increased high school graduation rates, and improved behavior both at home and at school.
2. Key Informant Interviews – Oildale, Delano and the Kern River Valley. Gathering data from Key Informants allows each community to individualize issues of local concern and identifies additional individuals who could become part of a small coalition.

QUARTERLY REPORT
Mental Health Adult System of Care
Housing Update
For the period October 1 - December 31, 2015



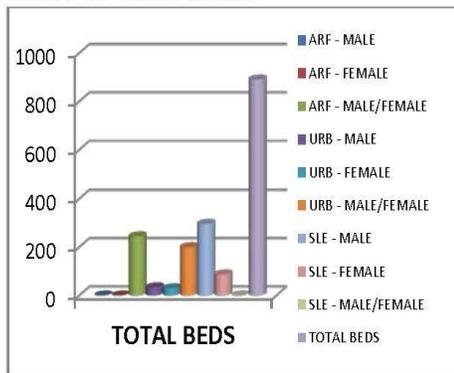
Prepared for the Kern County Board of Supervisors

Respectfully Submitted By: Steve DeVore, LMFT, Adult System of Care Administrator

Vision and Goals:

1. To continue to increase development and provide housing options for appropriate, safe and certified housing for Kern County residents experiencing mental Health and/or substance use illnesses.

Data For This Period:



	NUMBER OF FACILITIES	TOTAL BEDS
ADULT RESIDENTIAL FACILITIES (ARF)	9	244
UNLICENSED ROOM & BOARD (URB)	32	263
SOBER LIVING ENVIRONMENT (SLE)	31	383
COUNTY-WIDE TOTAL	72	890

Current Housing Available:

1. Adult Residential Facilities (ARF) in Bakersfield: There are currently 9 Adult Residential Facilities (formerly known as Board and Care) in the greater Bakersfield area, providing a total of 244 beds. This includes the expanded capacity by one provider to an additional 18 beds. There is currently one additional provider completing licensure who will operate a new 10 bed facility in the 93314 ZIP Code area, anticipated opening in March 2016.
2. Adult Residential Facilities (ARF) in rural Kern County areas: There are currently no available ARF facilities in the rural areas of Kern County.
3. Unlicensed Room and Board (URB) in Bakersfield: There are currently 30 unlicensed room and board facilities in the greater Bakersfield area, providing a total of 253 beds. There is currently one provider completing renovation of a property in the 93308 ZIP Code area which will provide an additional 32 beds, anticipated opening March 2016.
4. Unlicensed Room and Board (URB) in rural Kern County areas: There are currently 2 unlicensed room and board facilities in rural Kern County, located in Delano and Tehachapi, providing a total of 10 beds. There is currently one new provider anticipated in the Wasco area who will provide an additional 4 beds, anticipated opening February 2016.
5. Sober Living Environment (SLE) Homes: There are currently 31 SLE recovery homes for substance use clients located in Kern County, offering a total of 383 beds.

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Success Story:

“Mike” had just moved to Bakersfield, after experiencing multiple traumas when he made an attempt to commit suicide. This became a cycle of successive attempts resulting in utilization of crisis services and lengthy mental health hospitalizations. He minimally engaged in mental health treatment recommendations until we were able to provide stable placement, he then began to more fully participate with his treatment team. Within six months, while maintaining his placement, Mike began to work at odd jobs in the community. As a result of his substantial progress he has continued to maintain independent living for the past 12 months and his utilization of crisis services has ceased. Mike reports, “My life is full,” and expresses his gratitude to Kern County Mental Health “for never giving up on me”.

Accomplishments This Quarter:

1. November/December – The Housing Coordinator assisted three potential housing providers in navigating the system to obtain resources necessary to open new housing facilities in Bakersfield, Wasco, and in the Oildale area.
2. December – Received approval of the Housing Plan by the Mental Health director.

Challenges and Opportunities:

1. Pursue housing opportunities for elderly clients with mental health/substance use illness.
2. Implement a plan to certify all current housing providers.
3. Merge Mental Health and Substance Use Disorder Division housing coordination.
4. Update housing availability on KCMH website.
5. Hold stakeholder meetings in rural areas to expand housing opportunities for KCMH clients.
6. Collaborate with Greater Bakersfield Legal Assistance (GBLA) to provide housing resident training.
7. Develop a housing hotline for current availability listings and housing provider contacts.

Future Events:

1. January – Implement unannounced quarterly site visits to all non-licensed housing facilities.
2. January 7, 2016 – Unannounced inspection conducted for sober living facility brought to the Board of Supervisors attention on January 4, 2016. Plan of Correction in development and future monitoring planned to ensure compliance.
3. January – 10-bed adult residential facility in Bakersfield awaiting state licensure.
4. January/February – Contact state agencies to explore additional funding streams to increase housing opportunities.
5. February – Implementation of certification process for all housing providers used by Kern County Mental Health.
6. February/March – Anticipated opening of 4-bed unlicensed facility in Wasco.
7. February/March – Continue negotiations with a current adult residential facility provider for a 19-bed expansion.
8. March – Anticipated opening of 24-bed unlicensed facility in Oildale area, currently in renovation.

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.

2015 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. Steel also served as Second Vice-Chair in 2014, and was elected to serve as Chair in 2015 and 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, and was elected to serve as First Vice-Chair for 2015 and 2016.

Second Vice-Chair

RAVI GOKLANEY

District 5 ~ Supervisor Leticia Perez



Dr. Goklaney is a psychiatrist and brings 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 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 center/ community diversion programs for this population and process through mental health court. He is currently serving as a co-chair of the Crisis Intervention Steering Committee. He was elected to serve as Second Vice-Chair of the Behavioral Health Board in 2015 and 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 24 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 recent 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 was appointed to serve as Parliamentarian for 2014, 2015 and 2016.

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.

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



Dedicated to art throughout his life, Richard Hofferd has accumulated forty years of professional experience, often in contrast to ordinary daily activities and not always heralded. The patience, planning and inventiveness he has developed over the years have provided him many unique opportunities and long quiet study. Early in his career he was awarded a degree in Liberal Arts, Bakersfield College and Bachelor of Fine Arts, Santa Barbara, California, and was enrolled in post graduate study in the California State University School of Education. Richard is always learning and enjoys swimming, strength training, walking, and long quiet study, communicating ideas with an educational perspective. He volunteers art instruction, peer support, contributes to several non-profit interests and activities, and recognizes the contributions from other fields within the scope of modern life while working to aid in cultural and community advancement. Collaboration and a means to contribute lead him to serve on the Housing Services, Adult Treatment and Recovery Services, and Legislation committees for the Behavioral Health Board to which he was appointed in June 2014.

CHRIS KNUTSON

District 1 ~ Supervisor Mick Gleason



Sergeant Christopher Knutson joined the Board in November of 2013. He has been employed by the Bakersfield Police Department since 2001. Sergeant Knutson has worked in a variety of assignments at the police department which include Patrol Operations, Gang Unit, Career Criminal Apprehension Team, Civil Disturbance Team, IRS Task Force, Special Victims Unit, Auto Theft Detail and the Footbeat Unit. Sergeant Knutson is a graduate of Leadership Bakersfield Class of 2014. Sergeant Knutson volunteers his time to help youth in the community and is currently the Vice President of the Bakersfield Police Activities League that focuses on programs that help at risk youth within in our community. Sergeant Knutson served in the United States Marine Corps from 1994-2000, receiving an Honorable Discharge at the rank of Sergeant. Sergeant Knutson holds an Associate of Science Degree in Criminal Justice and is a currently enrolled as a senior finishing his last semester for his Bachelor of Science Degree in Criminal Justice Administration. Sergeant Knutson co-chaired the Children’s Treatment and Recovery Services Committee in 2014. Sergeant Knutson resigned his Behavioral Health Board position in January of 2015.

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 (5th District). Dr. Laven is happily married to her college sweetheart, Andrew, and welcomed daughter, Hope, into their family in 2008. Dr. Laven currently manages the Student Center for the School of Arts and Humanities at California State University, Bakersfield. Having written her dissertation on freshman college student mental health and worked extensively supporting college students with mental illness, Dr. Laven continues to support people with disabilities by teaching courses on the ADA and providing training on how to serve students of all abilities. Dr. Laven co-chaired the System Quality Improvement Committee, and resigned her position on the Behavioral Health Board in August 2014.

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 22 years, and has a 14 year old daughter and 20 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.

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 currently works for the Greenfield Union School District as the supervisor for their Family Resource Center. This position allows 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.

RYAN SHULTZ

District 4 ~ Supervisor David Couch



Ryan was born and raised in Bakersfield. He attended local schools and is a graduate of North High School and later attended Bakersfield College before earning a Bachelor of Science Degree in Political Science from Westmont College. Ryan currently serves as a Field Representative for Kern County Supervisor David Couch. Ryan is married to his beautiful wife Brittany. Mr. Shultz served on the System Quality Improvement Committee in 2015.

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 22 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.

DAVID STABENFELDT

District 4 ~ Supervisor David Couch



The Rev. Dr. David C. Stabenfeldt moved to Bakersfield seven 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 and has participated in a number of specific short-term Board task teams.

2015 BEHAVIORAL HEALTH BOARD COMMITTEES

Adult Treatment & Recovery Services	Co-Chairs: Jean Lockhart, Fawn Dessy, Richard Hofferd Liaisons: Jamy Garcia, John Badgett Support: Shawna Vargas
Children’s Treatment & Recovery Services	Co-Chairs: Jeff Burdick, Jon Mullings, Frank Ramirez Liaisons: Jennie Sill, Adrienne Buckle Support: Jeanna Bosch
Housing Services	Co-Chairs: Bonita Steele, Richard Hofferd Liaisons: Steve DeVore and Alicia Castillo Support: Aleshia Lawson
SQIC (System Quality Improvement Committee)	Co-Chairs: Bonita Steele Liaisons: Ross Kremsdorf Support: 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.

