Kings County Behavioral Health

Mental Health Services Act

FY 2018-2019
Annual Update
&
FY 2020-2023
Three-Year Program and Expenditure Plan

EVALCORP
Research & Consulting

ACKNOWLEDGEMENTS

This plan is the result of a collaborative effort that included the participation of multiple stakeholders. We would like to thank the Kings County Behavioral Health Leadership Team for contributing their time and input to supporting the development of this plan. Throughout this process, they have demonstrated a commitment to the values of the Mental Health Services Act (MHSA) and the communities they serve. We would like to especially thank Katie Arnst, Unchong Parry, Yadira Amial-Cota, Stephanie Bealer, Matthew Boyett, Fil Leanos, and Nathan Lacle. We greatly appreciate their collaboration and support.
Kings County Behavioral Health (KCBH) wishes to thank the many consumers, family members, community members, agencies, and other Kings County staff who participated and helped guide the development of this plan. Although this is not a comprehensive list of all the representative organizations and agencies who participated in the Community Program Planning (CPP) process, we would like to specifically thank:

- Adventist Health
- Kings County Behavioral Health Advisory Board
- Kings View Behavioral Health Systems
- Kings County Board of Supervisors
- Kings County Commission on Aging
- Kings County Department of Health
- Kings County Department of Probation
- Kings County Human Services Agency
- Kings County Office of Education
- Kings County Public Guardian and Veterans Service Office
- Kings County Sheriff's Office

The public input we have received through the CPP process has been essential to the development of this comprehensive MHSA Three-Year Program and Expenditure Plan for fiscal years (FY) 2020-2023.
This MHSA Three-Year Program and Expenditure Plan provides a transparent look into how Kings County will meet the mental health needs of its residents. Thank you again to all who are interested in this important work.

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Kings

Local Mental Health Director	Program Lead
Name: Lisa D. Lewis, Ph.D. Telephone Number: 559-852-2383 E-mail: lisa.lewis@co.kings.ca.us	Name: Filiberto Leanos Telephone Number: 559-852-2386 E-mail: Filiberto.leanos@co.kings.ca.us
County Mental Health Mailing Address: 460 Kings County Drive, Suite 101, Hanford, CA 93230	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update and three-year program and expenditure plan, including stakeholder participation and nonsupplantation requirements.

This annual update and three-year program and expenditure plan have been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update and three-year program and expenditure plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 30,2020.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Lisa D. Lewis, Ph.D. — Local Mental Health Director (PRINT)

Lisa D. Lewis, Ph.D. 7/4/2020 — Signature Date

County: Kings

Date: July 4th, 2020

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Kings

☒ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Lisa D. Lewis, Ph.D. Telephone Number: 559-852-2383 E-mail: lisa.lewis@co.kings.ca.us	Name: James Erb Telephone Number: 559-852-2460 E-mail: james.erb@co.kings.ca.us
Local Mental Health Mailing Address: 460 Kings County Drive, Suite 101, Hanford, CA 93230	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Lisa D. Lewis
Local Mental Health Director (PRINT)

Lisa D. Lewis 7/14/2020
Signature Date

I hereby certify that for the fiscal year ended June 30, 2020. The County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated ___ for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2019, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

JAMES P. ERB
County Auditor Controller / City Financial Officer (PRINT)

J. P. Erb 6-30-2020
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

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INTRODUCTION

Mental Health Services Act

The Mental Health Services Act (MHSA) was approved in 2004 through the passage of California's Proposition 63 and was enacted in 2005, placing a 1% personal tax on incomes over $1 million. The goal of MHSA is to transform the mental health system while improving the quality of life for those living with a mental illness. The MHSA represented a statewide movement to provide a better coordinated and more comprehensive system of care for those with serious mental illness.

Shortly after passage of the MHSA, Kings County Behavioral Health (KCBH) was formed. KCBH's mission -- "to promote, support, and invest in the wellness and recovery of individuals living in the communities of Kings County by creating opportunities to contribute, learn, work, and find hope in each day" -- was designed to be alignment with MHSA principals.

About Kings County

KCBH serves a geographical region covering 1,391 square miles (county site) and has a population of over 150,000 residents.[1] The county is comprised of 11 incorporated cities, the Santa Rosa Rancheria, and the Lemoore Naval Air Station. The county seat is Hanford where 37% of the population resides.[2] There are over 6,500 active duty military personnel, more than 350 reservists, and more than 10,000 veterans residing in the county, in addition to their dependents.[3,4] The veteran population has specific needs, but the nearest Veterans Affairs (VA) facility is located in Fresno. In order to help meet the needs of this population, Kings County Behavioral Health hosts an on-site support group for veterans.
Kings County is also home to two state prisons (Avenal State Prison and Corcoran State Prison) and the California Substance Abuse Treatment Facility (also located in Corcoran).[5]
The Office of Statewide Health Planning and Development (OSHPD) reports data on mental healthcare provider shortages across California's Medical Service Study Areas (MSSAs).[6] Mental health professional shortage areas are determined by comparing the population in the MSSA to the number of full-time equivalent (FTE) core mental health professionals and psychiatrists.[7] As of 2017, the county was designated as a mental health professional shortage area, as well as numerous facilities in the county, including a correctional facility, tribal health services, two Federally Qualified Health Centers (FQHC), and seven clinics.

[U]United States Census Bureau (2018). Kings County California QuickFacts. https://www.census.gov/quickfacts/kingscountycalifornia

[2] American Community Survey 5-Year Estimates (2013-2017)

[3] Military Installations. Naval Air Station Lemoore. https://installations.militaryonesource.mil/in-depth-overview/naval-air-station-lemoore

[4] American Community Survey 5-Year Estimates (2013-2017)

[5] California Department of Corrections (2020). Adult Institutions. https://www.cdcr.ca.gov/facility-locator/adult-institutions/

[6] MSSAs are defined by OSHPD as "sub-city and sub-county geographical units used to organize and display population, demographic, and physician data."

[7] According to the federal Health Resources and Services Administration, health professional shortage area designation for mental health providers relies on an overall score comprised of seven criteria: population-to-provider ratio, percent of population below 100% federal poverty level, elderly ratio, youth ratio, alcohol abuse prevalence, substance abuse prevalence and travel time to the nearest source of care.

Kings County is a relatively low-income county; nearly one-quarter of the population is living below 100 % of the federal poverty level.[8] Additionally, the median household income is $53,865 which is nearly $20,000 less than the State median household income of $71,228.[9]

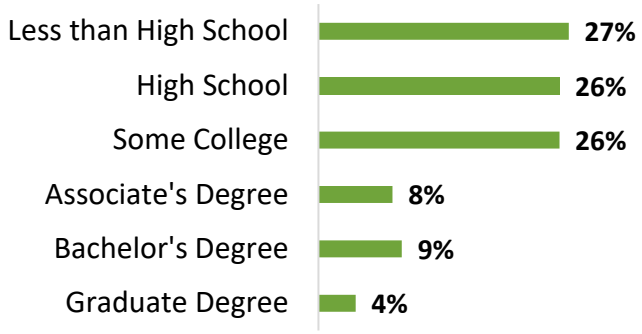
Additional demographic information about Kings County is included on the next page.

[8] American Community Survey 5-Year Estimates (2013-2017)
[9] Ibid.

Demographic Data for Kings County[10]

151,366
Estimated Kings County Population

Educational Attainment for Residents 25+

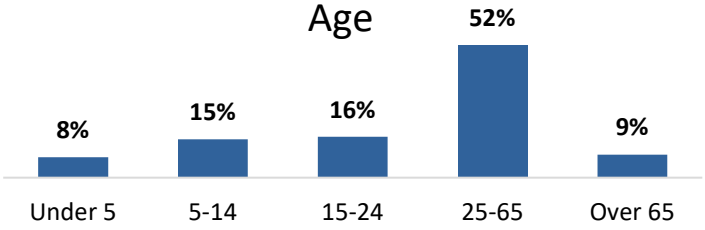


17% of households receive Supplemental Nutrition Assistance Program benefits.

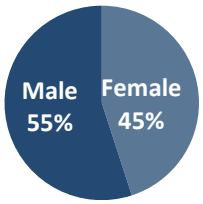
23% of households do not have internet access.

10% of the labor force (16 years and older) are unemployed.

Age



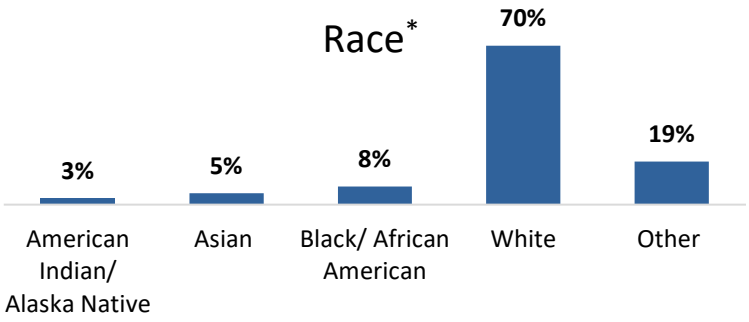
Gender



60% of residents only speak English.
36% of residents speak Spanish.

54% of residents identify as Hispanic/Latino.

Race*



*Percentages exceed 100% because respondents could select more than one response option

[10] Data used in Figure 1 below is sourced from the American Community Survey 5-Year Estimates (2013-2017) with the exception of internet usage data which is available through the United States Census Bureau (2018).

LOCAL STAKEHOLDER PROCESS

LOCAL STAKEHOLDER PROCESS

In accordance with California Welfare and Institutions Code (WIC) § 5848, KCBH conducted a Community Program Planning (CPP) process to engage stakeholders and gather information to support decision-making for the Three-Year Program and Expenditure Plan and Annual Update. KCBH commissioned EVALCORP Research & Consulting to facilitate the CPP process activities, analyze data gathered from the community, and summarize key findings.

Methods

A mixed-methods approach was used to meaningfully involve stakeholders (including clients and their family members) in all aspects of the CPP process through a series of engagement opportunities:

- CPP Steering Committee Meetings
- Community Focus Groups
- Community Survey
- Provider Survey
- Key Stakeholder Interviews
- Learning Summit
- Public Comments
- Behavioral Health Advisory Board Public Hearings

Collectively, these CPP activities gathered stakeholder input on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget allocations in accordance with WIC § 5848.

KCBH invited participation from, and included, the following stakeholder groups in accordance with WIC § 5848 and California Code of Regulations (CCR) § 3300:

- Representatives of unserved and/or underserved populations and family members of unserved/underserved populations
- Stakeholders that reflect the diversity of the demographics of the county including, but not limited to, geographic location, age, gender, and race/ethnicity
- Adults and older adults with severe mental illness and/or serious emotional disturbance
- Families of children, adults, and older adults with severe mental illness and/or serious emotional disturbance
- Providers of services
- Law enforcement agencies
- Education
- Social services agencies
- Veterans
- Representatives from veteran organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests

Each CPP activity was designed to engage stakeholders in planning, implementing, and evaluating programs using the following standards in accordance with CCR § 3320:

- Community collaboration
- Cultural competence
- Client driven
- Family driven
- Wellness, recovery, and resilience focused
- Integrated service experiences for clients and their families

The sections that follow describe each CPP activity in more detail.

Community Program Planning Steering Committee

Participants of the Community Program Planning (CPP) Steering Committee were tasked with providing input on community engagement efforts, contributing field-based knowledge to program and budget planning and implementation, monitoring, evaluation, and developing the Annual Update and Three-Year Program and Expenditure Plan program sections.

The CPP Steering Committee met on two occasions, once on February 4, 2020, and again on March 9, 2020. The first meeting consisted of a discussion of the Committee's tasks and role, timeline, and substantive input from Committee participants on program planning. At the second meeting, Committee participants reviewed preliminary findings (see **Appendix A**) from community and stakeholder engagement efforts and further discussed program planning and budgeting to meet the mental and behavioral health needs of Kings County residents. **Table 1** (below) contains a list of CPP Steering Committee participants.

Table 1. CPP Steering Committee Participants

Name	Title	Agency
Community-based Behavioral & Mental Health Service Provider		
Dr. Lisa Lewis	Department Director	KCBH
Katie Arnst	Department Deputy Director	KCBH
Unchong Parry	Department Deputy Director	KCBH
Stephanie Bealer	Adult System of Care Program Manager	KCBH
Christi Lupkes	QA Program Manager	KCBH
Matthew Boyett	Department Fiscal Analyst	KCBH
Fil Leanos	MHSA Program Manager	KCBH
Yadira Amial-Cota	Children System of Care Program Manager	KCBH
Social Services, Veterans' Service Provider, Law Enforcement Agency		
Monica Connor	Assistant Director	Human Services Agency
Codi Hicke	Deputy Director Veteran's Services	Kings County
Dan Luttrell	Deputy Chief Probation Officer	Kings County

Community Focus Groups

Seven focus groups were conducted (with a total of 97 participants) in order to assess the current needs for mental and behavioral health services by community members, and how KCBH can better address needs within the county. All focus groups used a semi-structured protocol (see **Appendix B**) and were facilitated in Spanish or English. Focus groups were purposively sampled to represent a variety of ages

from youth to older adults, race/ethnicities, and regions of the county. The percentage of Spanish-speaking focus group participants was comparable to Kings County overall (40% vs. 36%). **Table 2** provides further details about each of the focus groups.

Table 2. Summary of Focus Groups

Focus Group Type	# Participants	Language
Older Adults	5	English
Family Members of people living with mental illness	9	English
Individuals living with mental illness	9	English
Veterans	13	English
LGBTQ+	9	English
Sister Speak	13	English
Avenal	39	Spanish
Total	**97**	**--**

Community Survey

The Community Survey was developed and administered both online and in-person in both English and Spanish by EVALCORP throughout February 2020. Surveys were distributed at Kings View, KCBH, Aspiranet, and Mental Health Systems. The survey was also accessible through the KCBH website and posted at the following locations and events:

- Avenal Census Count Community Forum on February 19, 2020
- Champions
- Corcoran Amtrak Transit Center
- Corcoran Library
- Corcoran Unified
- Homegarden Census Count Community Forum on February 12, 2020
- Homeless Connect
- John Muir Middle School
- Kings Art Center
- Kings County Action Organization
- Kings County Administration Office
- Kings County Libraries
- Kings County Office of Education
- Kings Partnership for Prevention meetings
- Kings Resource Fair
- Kings United Way
- Salvation Army Community Dinner on February 23, 2020
- Sister Speak
- Superior Dairy
- Tulare and Kings Warm Line

A total of 146 completed surveys were collected and used for analysis. The Community Survey is available in **Appendix C**.

Provider Survey

The Provider Survey was developed and administered online by EVALCORP throughout February 2020 to multiple agencies that assist community members with their mental and behavioral health needs. The survey was distributed to a wide range of county, private, and nonprofit agencies who serve residents of Kings County. A total of 154 completed surveys were collected and used for analysis. The Provider Survey is available in **Appendix D**.

Key Stakeholder Interviews

Key Stakeholder Interviews (KSIs) were conducted to gather information about the mental and behavioral health needs of Kings County residents from a systems-level perspective. Interviewees were selected in collaboration with the KCBH staff. In total, 14 interviews were conducted with 15 individuals. Participating interviewees represented the following:

- Educators (e.g., K-12 administrators and teachers)
- Providers (e.g., county agencies, community-based nonprofits, clinics, community centers)
- Law enforcement
- Community members

Interviewees provided information about: (1) mental and behavioral health priorities; (2) unmet mental and behavioral health needs; (3) gaps in access to, and availability of, service provision; (4) current efforts to address these priorities and challenges; and (5) recommendations and strategies for improving the mental and behavioral health of Kings County residents. The Key Stakeholder Interview Protocol is available in **Appendix E**.

Limitations

Community engagement efforts were sampled in a purposeful way to invite diverse input. However, feedback from the aforementioned CPP activities are not representative of all stakeholders because of limited sampling, participation, and small sample sizes inherent in qualitative data collection methods. Thus, the data gathered through these engagements represent the lived experiences of only those who participated.

Efforts to interview multiple key stakeholders from the Tachi Yokut Tribe Rancheria were unsuccessful. Additional efforts were also made to conduct a focus group with the youth on the Rancheria, but plans were stalled when social distancing was mandated by the state as a measure to reduce the spread of COVID-19. While input from the Tachi Yokut Tribe is not included in this CPP process, additional efforts will be made to engage with them in future needs assessments and community planning processes.

Stakeholder Participation Demographics

In total, CPP activities included more than 500 participants. **Table 3** shows the number of participants by activity. Some participants may have engaged in multiple activities.

Table 3. Participants by CPP Activity Type

Data Collection Activity	# Participants
CPP Steering Committee	11
Community Focus Groups	97
Community Survey	146
Provider Survey	154
Key Stakeholder Interviews	15
Learning Summit	50
Behavioral Health Advisory Board Public Hearing	34
Total	**507**

The data summarized in Tables 4-8 reflect the demographic profile of community participants from the Community Survey and Community Focus Groups. Note that demographic data was not collected from participants in the public hearing, Learning Summit, KSIs, Provider Survey, or CPP Steering Committee.

Table 4. Participants by Gender

	n=231	%
Male	62	27%
Female	161	70%
Transgender	4	2%
Another Gender	1	0%
Questioning	0	0%
Genderqueer	1	0%
Gender non-conforming	2	1%

Compared to County demographics, women were over-represented in community engagement efforts.

Table 5. Participants by Race/Ethnicity*

	n=229	%
American Indian/Alaska Native	3	1%
Asian	5	2%
Black/African American	26	11%
Hispanic/Latino	105	46%
Native Hawaiian/Pacific Islander	3	1%
White	89	39%
Mixed	12	5%
*Percentages add to more than 100% as respondents could select more than one response option		

The distribution of racial and ethnic representation among participants in the community engagement process is close to that of the County, particularly for Hispanic/Latino and African American/Black populations.

Table 6. Participants by Age

	n=232	%
Under 18	3	1%
18-25	9	4%
26-34	43	19%
35-49	73	31%
50-64	63	27%
65 and older	44	19%

Compared to County demographics, there was an over-representation of adults age 65 and older.

Table 7. Participants by Primary Language

	n=233	%
English	184	79%
Spanish	50	21%
American Sign Language (ASL)	1	0%

Though participation among Hispanic/Latino community members was high, there were fewer that primarily or only spoke Spanish.

Table 8. Participants by Workforce Sector

	n=154
Administrative Assistant	1%
Benefits Eligibility	3%
College/Graduate Education	0%
Community-based Organization/Non-profit	4%
Crisis/stabilization	1%
Employment & Training	1%
Emergency Medical Services (EMS)/Medical transit	2%
Health and Human Services	1%
Law Enforcement/Probation/Justice System	7%
Medical Treatment/Healthcare Services	15%
Mental/Behavioral health Counseling	2%
Peer Support	1%
Pre-K through 12 Education	7%
Pre k-8th Grade Counselor	1%
Public Health	9%
Social Services	35%
Substance Use Prevention or Treatment Services	8%
Welfare to Work	1%

Additionally, 45% of respondents indicated that they provide direct services in their professional role meaning they work directly with patients, clients, or consumers of behavioral health services.

Among the 234 respondents who answered the questions below:

9% of participants identified as LGBTQ+

22% of participants identified as having a disability

5% shared that they are homeless or at risk of experiencing homelessness

14% identified as veterans

Key Findings

This section summarizes the top mental and behavioral health needs, causes and contributing factors to poor mental and behavioral health, barriers to accessing care, and recommended strategies that were identified in the CPP process.

Priority Mental and Behavioral Health Needs

The following nine mental/behavioral health concerns were identified as top priorities for mental and behavioral health:

- Substance Use
- Depression
- Anxiety
- Suicide/ Suicidal Ideation
- Trauma
- Access to Care
- Crisis Services
- Psychiatric Hospital
- Local services

Causes and Contributing Factors

The following factors were identified by survey respondents and focus group participants as contributing to, or exacerbating, mental and behavioral health:

- **Economic Instability**
  - Poverty
  - Homelessness
  - Unemployment
  - Financial stress
- **Violence**
  - Abusive relationships
  - Adverse childhood experiences
  - Trauma
- **The Mental Health System**
  - Providers need additional training/education
  - Lack of information about where to go and/or how to access services
- **Interpersonal experiences**
  - Stigma
  - Social isolation

Barriers to Accessing Mental and Behavioral Health Care

Community engagement efforts revealed that there were barriers and/or major gaps in services that prevent residents from accessing services in the county, including the following:

- Stigma against having mental needs or seeking help
- Lack of information about available services
- Service capacity
- Timely access
- Transportation/distance to available services
- Cost of care
- Insurance coverage

Across community engagement efforts, stigma was discussed not only as a cause, but a major barrier to addressing mental and behavioral health needs. This stigma was described in many forms and spanned a range of sub-populations. Those from the LGBTQ+, African American, Latino, and veteran communities felt highly stigmatized when accessing these services. They suggested changing the language used when discussing mental and behavioral health needs. The LGBTQ+ group also shared that providers who served them feared the stigma of providing services to the LGBTQ+ community in a conservative county. In addition, people who identify as LGBTQ+ reported experiencing stigma when behavioral health services are forced upon them in order to receive some services, such as gender affirming surgery.

Recommendations

Recommendations were provided by participants contributing to the needs assessment to address identified needs and gaps. The recommendations below are intended to inform services for all agencies county-wide and are not referring to any specific agency or service. Please note that some suggested strategies may already be implemented by one or more individuals/organizations, but additional resources may be required to adequately address the need.

Top recommended strategies to address mental and behavioral health needs in the county are listed below:

- Offer alternative methods of service delivery
    - Field-based services
    - School-based services
    - Home-based services/Telehealth
- Increased outreach and promotion of services
- Increase number of providers and staff
- Open satellite/rural offices
- Increase accessibility to services by decreasing eligibility requirements of county offered services or increasing the affordability of private services
- Provide peer support services
- Providers need additional training on cultural competency

The findings and recommendations suggest that, while Kings County is providing important and needed mental and behavioral services to residents, there are unmet needs that could be addressed through further improvements to the network of county and non-county providers of mental and behavioral health services.

Public Review and Comment

KCBH provided multiple opportunities for the public to engage meaningfully in reviewing and providing recommendations on the FY 18-19 Annual Update and FY 20-23 Three-Year Program and Expenditure Plan. In addition to the requisite 30-day public review and comment period and public hearing, the county also held a virtual Learning Summit.

While participants in the Learning Summit and BHAB hearing asked clarifying questions about the materials presented, KCBH did not receive any substantive recommendations on the FY 18-19 Annual Update or FY 20-23 Three-Year Program and Expenditure Plan.

30-Day Public Review and Comment
From May 15 through June 14, 2020, KCBH posted a draft version of this FY 18-19 Annual Update and FY 20-23 Three-Year Program and Expenditure Plan to its website for public review and comment. The public was also provided a public comment form (in English or Spanish) and instructions on how to submit feedback to KCBH.

Virtual Learning Summit
KCBH also encouraged public review and feedback through a virtual Learning Summit, held at the mid-point of the public comment period, on May 28, 2020. Fliers to promote the Learning Summit were distributed in English and Spanish to stakeholder organizations throughout the county, who were asked to further distribute the fliers and information to staff and clients. There were 50 participants in attendance at the Learning Summit, including stakeholders from county agencies and behavioral health provider organizations. KCBH partnered with EVALCORP to present findings from the CPP process as well as an overview of the FY 18-19 Annual Update and FY 20-23 Three-Year Program and Expenditure Plan. Participants were also given an opportunity to comment and ask questions. The Learning Summit was recorded and made available in English and Spanish, including the accompanying PowerPoint and a transcription of the question and answer portion.

Kings County Behavioral Health Advisory Board Public Hearing
On June 15, at the close of the public comment period, the Kings County Behavioral Health Advisory Board (BHAB) held a public hearing on the FY 18-19 Annual Update and FY 20-23 Three-Year Program and Expenditure Plan. There were 34 individuals in attendance at the BHAB public hearing. KCBH partnered with EVALCORP to review the CPP findings and provide an overview of the FY 18-19 Annual Update and FY 20-23 Three-Year Program and Expenditure Plan. There was also an opportunity for the BHAB and the public to comment and ask questions.

After the presentation, the Deputy Director of KCBH described the process of drafting a FY 20-23 Three-Year Program and Expenditure Plan during the ongoing COVID-19 pandemic. The county has been grappling with uncertainties around the availability of funding and adapting services to the rapidly changing needs of residents. While the COVID-19 pandemic has presented substantial barriers to the county's ability to plan ahead, the FY 20-23 Three-Year Program and Expenditure Plan represents the county's best efforts to respond to the needs of its residents and plan for MHSA-funded behavioral health services with the information that is currently available. These plans are subject to change as new information becomes available.

The BHAB voted unanimously to recommend approval of the FY 18-19 Annual Update and FY 20-23 Three-Year Program and Expenditure plan to the Board of Supervisors.

FY 2018-2019 ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS)
FULL SERVICE PARTNERSHIP (FSP)

Assertive Community Treatment (ACT MHS)

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☐ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: 22
Cost per person served in FY 2018-2019: $27,672

Program Description

ACT is a multidisciplinary intensive treatment team approach which includes dedicated psychiatric care, psychotherapy, and intensive case management with connection to the community. ACT treatment reliably decreases hospitalization and incarceration while improving quality of life. The purpose of ACT is to provide individuals, who have had difficulty successfully engaging in lower-level outpatient services, with an intensive, evidence-based program, with low staff to client ratio, that decreases hospitalizations, incarcerations, and homelessness, and increases recovery, quality of life, and other psychosocial outcomes.

ACT provides the full range of treatment services in the community, including:

- Clinical mental health services including psychiatry and medication support
- Treatment for co-occurring disorders
- Individual and group psychotherapy
- Intensive case management
- Vocational/educational services
- Peer support
- Any other support the individual may need to promote their recovery using a “whatever it takes” approach.

The ACT model is characterized by: Low client to staff ratios; dedicated, individualized psychiatric care, providing services in the community rather than in the office; shared caseloads among team members; 24-hour staff availability; direct provision of all services by the team (rather than referring consumers to other agencies); peer support and time-unlimited services. The ACT model consistently shows positive outcomes for individuals with psychiatric disabilities.

Population Served: Assertive Community Treatment (ACT) serves adults 18 years of age and older with serious mental illness and the highest level of need due to their risk or experience of frequent and repetitive hospitalizations and/or incarcerations, homelessness, or co-occurring disorders. Assertive Community Treatment serves FSP consumers at the highest level of need.

Program Updates

The ACT program began in September 2018. During FY 2017-2018, the current FSP provider, Kings View, continued to serve the potential ACT clients until the ACT program was approved by the Board of Supervisors and the ACT provider had an established location and staff. KCBH released a Request for

Proposal for an Assertive Community Treatment provider in the Fall of 2017. During Spring 2018, a provider, Mental Health Systems, was selected to provide these services.

Goals and Objectives: 1) Provide treatment and care that promotes wellness, recovery, and independent living, 2) Reduce hospitalization, homelessness, and incarceration for adults with serious mental illness, and 3) Support the recovery of individuals and the development of life skills and psychosocial outcomes, including social, educational, and vocational rehabilitative outcomes.

Key Successes: KCBH created a referral process for the ACT program. The referral could be filled out by both Kingsview and KCBH staff as well as any TAY population that may be transitioning out of the county juvenile hall. ACT clients that are not on an injectable only type of medication services were able to be opened up to KCBH medical suite for medication services. The location of the medical suite to the ACT program is within short walking distance making it easier for clients to get to their medication appointments.

Program Challenges: Clients that are transitioning out of higher level/acute hospitalization often have trouble engaging in services in general. ACT clients that are homeless are often hard to engage with for arranging their first mental health assessment due to the fact that they are hard to locate and do not have a phone. ACT clients that are incarcerated while in the ACT program are discharged if they commit a serious offense and will have to serve time longer than a few months in county jail or serve time in prison.

Proposed Activities for FY 2019 – 2020:
During the upcoming fiscal year, KCBH will continue to monitor implementation of the ACT program, which began in September 2018. They plan to streamline a referral system and process from FSP to ACT to create seamless transitions of services across providers. KCBH will also create a system for ACT nursing to connect with Kings View psychiatric services as well as KCBH medical suite's psychiatric services so that consumers receive appropriate and timely medication support. In order to meet the needs of incarcerated consumers, KCBH will work with the County Jail to include the ACT team on case staffing. The ACT team can also provide support for linking individuals who require these services upon their release.

Aspiranet

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☐ Adult Ages 26 – 59	☐ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: 71
Cost per person served FY 2018-2019: $ 20,472

Program Description

Full Service Partnership (FSP)/Wraparound provides an individualized, family-centered, and team-based approach to care that aims to keep children and their families together. FSP/Wraparound provides a coordinated range of services to support children and youth to stay on track developmentally and improve educational/academic performance, social and emotional skills, and parent and family skills and launch into adulthood.

FSP/Wraparound is a team-based planning process intended to provide individualized and coordinated family-driven care. FSP/Wraparound should increase the "natural support" available to a family (as they define it) by strengthening interpersonal relationships and utilizing other resources that are available in the family's network of social and community relationships. FSP/Wraparound requires that family, providers, and key members of the child or youth's social support network collaborate to build a creative plan that responds to the particular needs of the child/youth and their support system. FSP/Wraparound services should build on the strengths of each child/youth and their support system and be tailored to address their unique and changing needs. Services may include:

- Mental health treatment, including individual and family/group therapy
- Alternative treatment and culturally specific treatment approaches
- Family support including respite care and transportation to children/youth for their mental health appointments

Population Served: FSP/Wraparound serves children and TAY ages 6 years old to 25 years old with severe emotional disturbance and/or serious mental illness. Children and youth may be at risk of or are transitioning from out-of-home placement, are engaged with child welfare, and/or juvenile justice, or are at risk of homelessness, incarceration or hospitalization as they transition into adulthood.

Program Updates

Activities and Outcomes in FY 2018 – 2019:

- Increase in services: clients are being seen 2-4 times weekly by staff. 63 total clients
- 24-hour on-call support and wraparound services provided based upon the Pathways to Mental Health Services Core Practice Model (CPM) to assist in goals and objectives of program.
- Use the "whatever it takes" approach to assist families in keeping children in the home while working collaboratively with the family
- Child Family Therapy (CFT) meetings and services in the community or home to increase service connectedness for those enrolled.

COMMUNITY SERVICES AND SUPPORTS (CSS) **Aspiranet**
FULL SERVICE PARTNERSHIP (FSP)

Goals and Objectives: 1) Reduce out-of-home placements for FSP enrolled children/TAY, 2) Increase service connectedness for FSP enrolled children/TAY, and 3) Reduce involvement in child welfare and juvenile justice.

Key Successes:

- Provider set up for state FSP Data Collection Reporting (DCR)
- Hired (1) bilingual clinician, (1) Compliance specialist, (1) Support Counselor, (2) Clinicians
- Monthly Staffing
- Program Director position filled: June 2019
- Referrals have increased
- Receiving referrals through schools and accepting self-referrals
- Identified processes for referrals being referred by schools, community, and self-referrals
- Increased collaboration between provider and Human Services Agency (HSA), probation and other community partners and providers
- Utilizing Ancillary services
- Bi-weekly Acute Care Coordination meetings
- Weekly FSP/WRAP preauthorization meetings in collaboration with county, HSA, probation, Aspiranet, Kings View, Therapeutic Behavior Service provider and Central Valley Regional Center
- Parent Partners are now invited to attend monthly Children's System of Care Collaboration meetings
- Provider provided Commercially Sexually Exploited Children (CSEC) and Trusted-Based Relational Intervention (TBRI) training to staff

Program Challenges:

- Staffing challenges, not fully staffed until July 2019

Proposed Activities for FY 2019 – 2020:

- Increase Education about services to community
- Strengthen partnership with HSA, Kings View and Probation continue to do presentations and collaborating in staff meetings
- Medication services referral to provider through another provider, Kings View
- Parent partners will be invited to participate in the monthly Children's System of Care interagency meetings
- Participate in monthly Quality Assurance Committee meetings

Kingsview

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☐ Children Ages 0 – 15	☐ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: 58
Cost per person served in FY 2018-2019: $26,488

Program Description

Full Service Partnerships (FSP) seek to engage individuals with serious mental illness (SMI) into intensive, team-based, and culturally appropriate services in the community with a low staff to consumer ratio. FSP provides a "whatever it takes" approach to: Promote recovery and increased quality of life; decrease negative outcomes such as hospitalization, incarceration, and homelessness; and increase positive outcomes such as increased life skills, access to benefits and income, involvement with meaningful activities such as education and employment, and socialization and psychosocial supports.

FSP provides a full range of clinical and non-clinical services, including:

Clinical Services

- Mental health treatment, including individual and family/group therapy
- Alternative treatment and culturally specific treatment approaches
- Peer support: Incorporating people with lived experience into a person's treatment plan
- Full spectrum of community services to attain the goals of an individual as identified in the Individual Services and Supports Plan (ISSP)
- Crisis intervention/stabilization services

Non-clinical services and supports:

- Supportive services to obtain employment, housing, education, and health care (treatment for co-occurring conditions)
- Referrals and linkages to other community-based providers for other needed social services, including housing and primary care
- Family education services
- Respite care

Population Served: FSP serves adults 18 and older with serious mental illness who are unserved or underserved and at risk of or experiencing homelessness, incarceration, or hospitalization.

Program Updates

Activities and Outcomes in FY 2018 – 2019: FSP referral was created for primary SMI provider, Kingsview to begin screening all clients to determine FSP eligibility.

Goals and Objectives: Complete review of adult clients to determine whether clients meet FSP criteria and provide referrals for each client to KCBH for approval and tracking.

Key Successes: Kingsview began to review client caseloads for each clinician on the adult division to determine whether a client meets FSP criteria. Each client that has been identified as an FSP client is provided to fiscal in order to utilize MHSA funds for FSP fidelity.

Program Challenges: Currently the Kingsview is working on screening all adults within their services as follows: recovery oriented, full service partnership, or medication services only. The full service partnership clients are still being screened out of the entire adult system at Kingsview. Until this is completed, there will remain issues with identifying which services can be paid for each client within the full service partnership category of funding.

Proposed Activities for FY 2019 – 2020

During the 2019-20 fiscal year, KCBH will continue to work the contracted provider to place consumers into the appropriate levels of care (e.g., recovery oriented, full service partnership, and assertive community treatment). Consumers who require a higher level of care than FSP will be referred to the newly established ACT program. Meditation only consumers will also be assessed and referred to the appropriate level of care.

GENERAL SYSTEMS DEVELOPMENT

Parent-Child Interaction Therapy (PCIT)

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☒ Children Ages 0 – 15	☐ Transitional Age Youth Ages 16 – 25	☐ Adult Ages 26 – 59	☐ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: 41
Cost per person served FY 2018-2019: $ 3,910

Program Description

Parent-child Interaction Therapy (PCIT) is an evidence-based, family-centered treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. PCIT combines behavioral therapy, play therapy, and parenting techniques to improve the quality of the parent-child relationship, strengthen parenting skills, and support healthier parent-child interactions. The STAR Center at Behavioral Health houses the PCIT rooms where parents are coached on skills to implement with their children. In the PCIT program parents learn specific skills to establish or strengthen a nurturing and secure relationship with their child while encouraging acceptable behavior and discouraging undesirable behavior.

The essential activities within PCIT include:

Child Directed Interaction (CDI):

- Parent-child pairs attend treatment sessions together and the parent learns to follow the child's lead in play
- The parent is taught how to decrease the negative aspects of their relationship with their child and to develop positive communication
- The parent is taught and coached to use CDI skills. These skills help the parents give
- positive attention to the child following positive behavior and ignore negative
- behavior Parents are often given earpiece microphones consisting of a head set with microphone that the therapist wears and an ear receiver that the parent wears to help direct parent communication and behavior

Parent Directed Interaction (PDI):

- Parent-child pairs attend treatment sessions together and the parent learns skills to lead the child's behavior effectively
- The parent is taught how to direct the child's behavior when it is important that the child obey their instruction
- Parents are often given earpiece microphones consisting of a head set with microphone that the therapist wears and an ear receiver that the parent wears to help direct parent communication and behavior

PCIT treatment is administered for 20 weekly one-hour sessions, on average, with a trained PCIT mental health clinician. Services are provided in English and Spanish.

Population Served: The target population of PCIT are parents with children between the ages of two and eight years who are exhibiting challenging, disruptive, and otherwise maladaptive or developmentally inappropriate behaviors.

Program Updates

Activities and Outcomes in FY 2018 – 2019:

- 1 clinician completed PCIT Webinar
- 2 clinicians participated in PCCARE training (in person) – 4-day conference in Davis
- Assigned clinician facilitating PCIT attended the 18th annual PCIT conference
- Behavioral Health is the only PCIT Provider in Kings County
- PCIT is available in both English and Spanish
- Facilitated five PCIT presentations:
    - Corcoran School district, Armona School district, NAS Lemoore and Central Valley Regional Center
- 1Behavioral Health clinician began PCIT training in October of 2018
- 2 Behavioral Health clinician began PCCARE training in February of 2019
- Created log to measure the following:
    - Completion of PCIT (phase 1, phase 2, and post Dyadic Parent Child Interaction Coding system (DPICS), and graduation)
    - Completion of Phase 1 and some training in phase 2
    - Completion only of phase one
    - Identify progress towards the program's goals and objectives after each phase and even if no completion of program.

Goals and 0bjectives: 1) Increase parenting skills, including positive discipline, 2) Reduce maladaptive behavior and increase pro-social behaviors, 3) Improve the parent-child relationship, and 4) Decrease frequency and severity of disruptive behaviors.

Key Successes:

- Behavioral Health received 32 referrals for PCIT
- 12 successfully graduated program and reached the treatment goals, objectives, and outcomes
- 22 did not complete PCIT Program however reported the following:
    - Increase in parenting skills
    - Improve the parent child relationship

Program Challenges:

Retention for PCIT Participants

- Parents not returning
- The PCIT Program can take 20-24 weeks for participants to complete and often parents/families withdraw prior to completion of their treatment goals
- Families have other agency involvement and committing to that time may be overwhelming and/or parents own mental health challenges or obligations.
- PCIT only being offered to children in long term or permanent placement

Proposed Activities for FY 2019 – 2020

- Clinicians will be trained and certified in Parent Child CARE (PCCARE). PCCARE is a 6-session dyadic treatment program for families that are interested in improving caregiver child relationships and are willing to learn new child behavior management strategies. It serves families and kin caregivers, and adoptive caregivers. It serves families with children ages 1 to 10 years.
- PCCARE will be offered children/families in short term placement

Collaborative Justice Treatment Court (CJTC)

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☐ Children Ages 0 – 15	☐ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: 49
Cost per person served in FY 2018-2019: $11,394

Program Description

Collaborative Justice Treatment Court (CJTC) aims to divert consumers with mental health and co-occurring disorders from incarceration into treatment by engaging and connecting participants to the services and support they need and reducing the likelihood of future offenses. CJTC provides for three specialty court calendars, including Behavioral Health, Co-occurring Disorders, and Veterans.

CJTC uses the drug court model with an integrated trauma-informed approach that provides clients with access to a continuum of alcohol and other drug services and mental health treatment. Collaborative courts operate under a collaborative model in which the judiciary, prosecution, defense, probation, law enforcement, mental health, and treatment communities work together to assist individuals so they can recover and go on to live productive lives. Collaborative court offers an alternative to incarceration, while addressing the underlying causes of criminality through providing programming and services that appropriately address the needs of individuals with mental health substance use and co-occurring disorders. In recently published literature, drug courts are developing a solid evidence base, demonstrating their effectiveness in reducing crime, combating substance use addictions, preserving families, and saving taxpayers money.

CJTC clients are provided with the following services:

- Substance use and mental health treatment;
- Clients transportation support;
- Employment services and job training;
- Case management;
- Relapse prevention;
- Housing support; and
- Peer-to-peer support services.

Population Served: CJTC serves individuals whose mental health and/or substance use has led to criminal justice involvement and whose offenses and level of risk are eligible for participation in a specialty court program.

Program Updates

Activities and Outcomes in FY 2018 – 2019: The collaborative court program included four courts: behavioral health, co-occurring, substance use, and veterans. The collaborative court program had a graduation for participants who successfully completed the program in the fall of 2018.

Goals and Objectives: 1) Reduce substance use and promote recovery among program clients, 2) Improve consumers' family functioning outcomes, 3) Reduce recidivism and other crimes related to substance use and mental health challenges, and 4) Enhance collaboration and systems integration across County agencies.

Key Successes: The collaborative court program had a graduation in the fall of 2018 where 15 clients successfully completed the program. The collaborating partners (Kings County Probation, Kingsview, Champions, Kings County District Court) are easily able to contact one another to discuss any concerns (e.g. logistics or client issues) and come to a resolution quickly.

Program Challenges: The co-occurring court is the largest program, where most of the clients need substance use residential treatment. Currently there is one residential treatment facility in the county for women (which is only available to women of childbearing age) and one for men. There is also only one board and care facility in the county. Both factors create additional barriers when finding appropriate placement for these participants. Participants often must be placed out of county and are expected to meet other additional program requirements (therapy, groups, drug testing, etc.) while residing out of county. Some flexibility is granted to these participants, but the program's fidelity is compromised.

Proposed Activities for FY 2019 – 2020

KCBH plans to create a newly structured CJTC program that will be reviewed with KCBH executive leadership. This potential re-structure will aim to create a smoother workflow for providers and eliminate unnecessary barriers for participants. KCBH will continue to work with the District Attorney's office and assist the new designee in understanding the CJTC program.

Mental Health Services for Domestic Violence Survivors (Barbara Seville) Kings County Action Organization (KCAO)

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☐ Children Ages 0 – 15	☐ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: 275
Cost per person served in FY 2018-2019: $1,191

Program Description

The Barbara Seville Women's Shelter provides a safe and secure living environment for women and children seeking refuge from domestic violence and/or, who are homeless due to unforeseen circumstances and situations. The Shelter provides case management and linkage services for adults with serious mental illness and children with serious emotional disturbance who have experienced domestic or family violence and are residents of the Barbara Seville shelter.

The program provides mental health and case management services and linkage to other supports to address issues related to mental health, trauma, domestic violence, and homelessness.

Population Served: Barbara Seville Women's Shelter serves women and children seeking refuge from domestic violence and/or, who are homeless due to unforeseen circumstances and situations. Case management and linkage services are provided for adults with serious mental illness and children with serious emotional disturbance who have experienced domestic or family violence and are current residents.

Program Updates

Activities and Outcomes in FY 2018 – 2019:

Kings Community Action Organization (KCAO) staff at the Barbara Seville Women's Shelter continued to screen all clients to see if they need mental health services during the FY 2018-19. If an individual was identified as needing services, the staff sends a referral to Kings County Behavioral Health. KCAO staff provided housing at the shelter or emergency vouchers for a hotel/motel. They also worked with women to achieve goals, such as school or employment, and to connect them with alternative sources of permanent housing, through local agencies (e.g., Human Services).

Goals and Objectives: 1) Identify and engage individuals and families in mental health services, 2) Connect victims of domestic violence to mental health services, and 3) Increase self-sufficiency among residents with the goal of moving individuals to permanent, independent housing.

Key Successes: The Barbara Seville Shelter (BSS) has been able to help clients rebuild relationships with family and friends. Through mending relationships BSS has been able to house 37 families and/ or individuals back with family and friends on temporary and permanent tenure. BSS has been able to assist 12 families & individuals with locating a rental unit with or without ongoing subsidy. BSS has been able to provide overall safety for all individuals who resided at BSS.

Program Challenges: Difficulties faced while providing services to families and individuals at BSS have been identifying housing that meet family size needs or income. Most clients have very limited income and do not meet necessary guidelines by apartment complexes. Individuals on section 8 have had a difficult time locating an apartment complex with availability. The challenge is finding someone available to care for children ages 13 and up. Additionally, transportation has been an obstacle as when searching for employment or housing most are interested in finding an available place close to public transportation. Often, some housing options are out in the county or near the 41 freeway in Lemoore where transportation is limited. Most often, clients do not have vehicles of their own and are faced with asking for support from friends, family or having to walk as public transportation is not always available to where their final destination will be. Employment has been difficult as individuals have had mental health struggles and have been out of the workforce for a long time. For some clients, they attend parenting classes, NA or AA classes and attempt to find jobs who are willing to work around their schedules.

Proposed Activities for FY 2019/20 – Hire a Child Case Manage to focus on the children and the family dynamic. The Child Case Manager will follow up with families to share healthy activities to be done as a group, form better communication with one another, encourage a strong bond with educators from children's schools, connect children to mental health services and ensure overall health needs are being met. Implement the Assessment of Mental Well-Being when a client initially arrives to BSS and at the time of exit to determine needs that may need to be addressed.

KCBH will continue to collect data and tracking consumers at the Barbara Saville Women's Shelter. KCBH will develop a new tracking system for KCAO to collect data on linkage to mental health services. KCAO will continue to track how many consumers are able to move into permanent/independent housing after being provided these services. KCBH will also meet with KCAO staff to discuss new demographic criteria that will be required for site visits.

Intensive Case Management/Intensive Outpatient Program

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: 2,341
Cost per person served FY 2018-2019: $ 816
Number of individuals to be served in FY 2019-2020: 2,350
Cost per person to be served in FY 2019-2020: $ 1,278
Proposed FY 2019-20 Budget: $ 3,000,000

Program Description

Intensive Case Management/Intensive Outpatient Services (ICM/IOP) provide community based long-term clinical, case management and care across the lifespan. The purpose of ICM/IOP is to engage consumers in mental health services, promote recovery and quality of life, and reduce the likelihood that individuals served will require higher levels of care.

ICM/IOP provides multidisciplinary, structured services for up to 4 hours per day, up to 5 days per week. ICM/IOP is distinct from FSP in that it is generally office-based rather than community-based, and consumers engage at a lower level of intensity and lower frequency than they would in FSP. ICM/IOP services include:

- Counseling and therapy
- Case management services
- General rehabilitation
- Medication support
- Housing assistance

As part of housing assistance efforts, the County contracted provider Kings View Counseling services works in collaboration with KCBH to provide a board and care program for adult mental health consumers in Kings County in need of placement into specialized board and care facilities. The identified board and care facility is known as Casa Del Rio and maintains (14) dedicated beds daily.

Housing assistance for consumers also extends to the Anchors program which is a permanent supportive housing complex that operates (5) two bedroom units with the purpose of providing permanent supportive housing to consumers living with severe mental illness (SMI) and severe emotional disturbance (SED).

Population Served: ICM/IOP serves children, youth, adults, and older adults who meet medical necessity for specialty mental health services and are eligible for Medi-Cal.

Program Updates

Activities and Outcomes in FY 2018 – 2019:

Kings View ICM/IOP

ICM/IOP services continued to be provided by Kings View Counseling Services through a contract with the County during 2018-19 FY. Services were available for all ages and includes therapeutic programs, case management, and medication support, and housing assistance. Kings View offered ICM/IOP services in Avenal, Corcoran and Hanford.

Housing Program:
KCBH Case Managers met weekly with consumers to ensure housing and support needs were being met. Case managers provided oversight to housing units to ensure contractual obligations were met with emphasis on culturally competent services being provided to referred consumers. The County implements quarterly program reviews to address any concerns, implementation of continuous improvement plans, and to ensure quality assurance measured are met.

Consumers received independent living skills training and structured days to facilitate the consumer's transition to a lower level of care; medication monitoring and medication dispensation.
Transportation is provided to consumers in the facilities to and from medical appointments, mental health appointments, and/or court appearances, as well as transport between contractors' facilities.

Goals and Objectives:

Kings View ICM/IOP
1) Improve functioning and quality of life for consumers who are eligible for specialty mental health services that are not in FSP
2) Reduce symptoms and impacts of mental illness for consumers who qualify for specialty mental health services
3) Reduce the need for a higher level of care for consumers

Housing Programs
1) Provide a board and care program for adult mental health consumers in Kings County in need of placement into specialized board and care facilities
2) Provide permanent supportive housing to consumers living with severe mental illness (SMI) and severe emotional disturbance (SED)

Key Successes:

Kings View ICM/IOP

1) Strong communication with providers' staff and KCBH allows for ease of case staffing even for complex client cases.

2) Ability to staff immediate/urgent cases with multiple providers and KCBH, at the last minute, enables client to receive care coordination at a faster level than the traditional assistance timeframe.

Housing Programs

1) King's County's only board and care facility is consistently at maximum capacity.

2) Board and care location distance to mental health providers allows acute clients to have easy access to attending their appointments and remain in compliance with their treatment plans.

3) As providers learn of new facilities available to clients for housing, the information on the new facilities is provided to KCBH to begin potential contracts/MOUs when applicable.

Program Challenges:

Kings View ICM/IOP

1) Provider staff communication with KCBH staff can have gaps when there is staff turnover at the provider level.

Housing Programs

1) Shared living spaces at housing facilities often pose challenges with clients' healthy communication and boundaries between one another.

2) Need for another licensed board and care in the county, as the county currently has one (consistently at max capacity) and several clients have to be placed out of county.

Proposed Activities for FY 2019 – 2020

Kings View ICM/IOP

1) Continue case collaboration between providers and KCBH and increase staffing immediate cases when needed.

Housing Programs

Maintain the highest level of program utilization and bed capacity via scheduled communication with Kings View counseling services and the board and care/permanent and support housing units. Provide case management and behavioral health support consistent with KCBH goals of investing in the wellness and recovery goals of each consumer and creating opportunities to contribute, learn, work, and find hope in each day.

OUTREACH AND ENGAGEMENT

Kings Whole Person Care

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☐ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: 386
Cost per person served in FY 2018-2019: *As this program is jointly funded by MHSA CSS and Whole Person Care Act (WPC) by DHCS, cost per person is not calculated.*

Program Description

Kings Whole Person Care (KWPC) provides Kings County residents with assistance navigating the various services and resources available in the County. KWPC is a system of referral and linkage that involves collaboration between many Kings County providers and is designed to assist Kings County residents who could benefit from having a personal advocate for accessing any combination of services related to mental health needs, addictions, and/or chronic health conditions. The purpose of KWPC is to provide timely, individualized access to care coordination and services to those in most need.

KWPC provides time-limited, intensive case management services that provide participants with screenings and linkages to immediate assessments, care and comprehensive treatment. Services include:

- Short term recuperative care
- Housing assistance
- Social security and disability advocacy
- Individualized care coordination

Population Served: KWPC serves community members who have difficulty accessing outpatient services or who access care at high levels (e.g., emergency rooms, mental health care in jail) and are considered high cost and high utilizers of various public services. The target population must have one or more of the following: a substance use disorder, mental health issues, or a chronic health condition of diabetes or high blood pressure. Although KWPC can receive referrals from anyone anywhere, the program is designed to target consumers who are exiting from incarceration or hospitalization and meet other criteria.

Program Updates

Activities and Outcomes in FY 2018 – 2019: KWPC worked with Adventist Health, Kingsview, Kings County Probation and KCBH to identify individuals who were not currently linked to services for medical or mental health. KWPC requested that when a client was referred by law enforcement or an outside agency that the referring agency sent a staff member to participate in the case staffing for enrolling that client in the program.

Goals and Objectives: KWPC worked with the staff to engage with clients more frequently. Staff were to outreach to other providers that the clients are assigned to and assist with engagement. The following are other goals and objectives for KWPC: reduce recidivism among WPC population by 10%,

reduce improper use of ER utilization, increase health, behavior health and social services coordination, and increase resource knowledge among clients, to include appropriate use of ER, urgent care, primary care provider.

Key Successes: KWPC hired a peer support specialist to work with clients one-on-one with their barriers and assisted in engaging them with their assigned case manager. The implementation of a peer support staff was seen as a positive addition as noted by the acute case manager's updates to KCBH Adult System of Care program manager. Clients reported feeling they had easier access to their assigned staff at KWPC. Five acute consumers were referred directly into the ACT program.

Program Challenges: Some clients would lose their phones that KWPC would get for them and the clients would not be engaging in services for the period of time they did not have a phone. There was a high turnover of KWPC staff which led to clients needing to be reassigned to new case managers frequently. Other program challenges include the electronic health record (ETO) documentation with staff, follow-up assessments of successfully dis-enrolled clients, working on creating focus groups/follow-up calls to assess continued stability/success of those dis-enrolled and client participation in life skills.

Proposed Activities for FY 2019 – 2020

KCBH will work with clients to overcome any hindrance there is to access services on Kings County property. This will include making exploring ways to make the location more welcoming (e.g., offer light refreshments and a safe place to "hang out"). Through KWPC, KCBH will identify and enroll consumers with higher levels of need into their FSP and ACT programs. KCBH will continue their focus on outreach in the community and creating awareness of the KWPC program. As WPC program is anticipated to end December 2020, KCBH will work with KWPC to coordinate future of the program and transition to appropriate new programs or existing programs.

PREVENTION AND EARLY INTERVENTION
PREVENTION

School Based Services

Status:	☐ New	☒ Continuing	☐ Modification	
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☐ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: not available
Cost per person served in FY 2018-2019: Program total cost $334,084

Program Description

School Based Services are designed to provide students with skills and tools to promote increased mental health, school performance, and healthy relationships and communication.

- **Coping and Support Training (CAST)** is a 12-week program that focuses on building young people's coping skills and talking about the real-life challenges of youth life in today's increasingly complex world. CAST focuses on building strategies for coping with academic pressures, handling stressful relationships, managing anger, and emphasizes seeking out support from responsible adults and setting personal life goals.
- **Mindful Schools' Mindful Educators** utilizes a curriculum that teaches mindfulness to K-12 students with the purpose of increasing attention, self-regulation, and empathy. The research-based program allows behavioral health staff to teach and implement mindfulness activities and practices in classrooms, after-school programs, or other settings. The program seeks to improve the student's emotional regulation, focus, and engagement, as well as improve connections with other students. This is a cost-effective way to help students develop skills to decrease stress and anxiety.

Population Served: The target population of this program is children and youth who are at risk of developing a mental health problem.

Program Updates

Activities and Outcomes in FY 2018 – 2019:

Data outcomes were inconclusive and difficult to collect and interpret due to a lack of overall fidelity in the data collection process attributed to logistical variances in each independent school site not being able to allocate the required minimum number of program model minutes to complete all student survey information accurately within the integrity of the model.

- Pre and post-test were administered to measure decrease in mental health symptoms or increase in coping and life skills
- Increase in program services
- Referral process

Goals and Objectives: 1) Increase student connectedness and relationship building skills, 2) Increase student coping mechanisms skills, 3) Increase student capacity for seeking help, and 4) Decrease depression and anxiety among students.

CAST

The CAST skill building pre and posttest was based on the scale below:

- 5-Strongly Agree- Agree 3 – Neither 2 – Disagree – 1 Strongly Disagree
- The pre and post-test measured the following:
    - I have good self-esteem
    - I have people in my life who encourage and support me
    - I recognize my personal strengths
    - I feel positive connection with my teachers or other adults at my school
    - I have a plan for my future
    - I can decide what options are helpful for me or hurtful for me
    - Doing well in school is important to me
    - I am able to talk to my parents/guardians about my problems
    - I know what causes me to get anxious, angry, or depressed
    - When stressed, I know how to deal with it in a healthy way
    - I am confident that I can handle my personal problems
    - I have the skills required for good decisions
    - I can manage my emotions
    - I often say or do things I regret later
    - I am confident in my ability to resist peer pressure
    - I turn to drugs or alcohol to deal with stress
    - Marijuana is harmful
    - Alcohol is harmful
    - I am aware sleep and healthy nutrition benefits my emotional health
    - I am able to forgive those that have hurt me in the past

CAST groups facilitated at the following school sites:

Hanford Joint Union High School District (multiple schools)

- Sierra Pacific High School Spring 2019
- Hanford West High School Spring 2019

Hanford Elementary School District

- John F. Kennedy Jr. High School Fall 2018
- Woodrow Wilson Jr. High School Fall 2018

Corcoran Unified School District

- John Muir Middle School Fall 2018

Armona Union Elementary School District

- Park View Middle School Fall 2018

Avenal Reef Sunset Unified School District

- Reef Sunset Middle School Fall 2018

Mindfulness Curriculum activities for Kindergarten – 5th grades as follows:

- Introduction – Mindful BODIES & Listening
- Mindfulness of Breathing – Finding your Base
- Heartfulness – Sending Kind thoughts
- Body Awareness
- Mindfulness of Breathing – Staying at your base
- Heartfulness Generosity
- Thoughts
- Mindful Seeing
- Heartfulness Kind and Care on the playground
- Emotions Creating Space or Show Me, Tell me
- Slow Motion
- Gratitude Looking for the good
- Walking
- Mindful Eating
- Mindful Test taking
- Ending Review

Mindfulness Curriculum activities for Adolescents as follows:

- Emotions/Punching bag. Mindfulness of Sound
- Response vs. Reaction Breath 1 – Anchor
- It's not just about me – it's about us. Heartfulness
- Thoughts
- Fairy TAIL Ogre. Breath 2 – counting
- Pleasant/unpleasant
- Mindful Eating
- Trees in a forest. Connection to others
- Past/Present/Future
- Breath 3 – and more
- Guest House Poem. Body scan
- Soaking in the good. Loving things
- Judgement. Body awareness
- Mindful walking
- Health yourself first. Heartfulness for oneself
- Gratitude and Appreciation

Mindfulness groups facilitated at the following school sites:

- Armona Elementary School – Fall 2018
- Park View Middle School Armona- Fall 2018
- George Washington Elementary School – Fall 2018
- University Charter School Lemoore – Fall 2018
- Learn for Life – Fall 2018
- Earl Johnson Continuation High School – Fall 2018
- John Muir Middle School Corcoran –Fall 2018/Spring 2019
- Stratford Elementary School – Fall 2018/Spring 2019
- Reef Sunset Middle School Avenal – Fall 2018/Spring 2019
- Neutra Elementary School Lemoore – Spring 2019
- Akers Middle School Lemoore – Spring 2019

Key Successes:

- Prevention Coordinators facilitated CAST to fidelity
- CAST workbooks for youth are being utilized by facilitators
- CAST data was collected
- In collaboration with schools Created new demographics for kindergarten to 6th grade and modified demographics for middle school to high school age to meet school requirements.
- New Prevention Coordinator, Division Program Manager and Unit Supervisor completed the Mindfulness online training
- New schools were sought out to begin CAST and Mindfulness groups
- Met with school districts about CSOC Programs including CAST and Mindfulness to increase number of school districts and schools served as well as number of participants.
- Created log to input all CAST referrals to monitor status of each referral to assist in providing services in timely manner or referring to other programs if applicable.
- Established working relationships with the City of Hanford, City of Lemoore and City of Avenal's Parks and Recreation Departments for Mindfulness Summer Camp Group Facilitation.
- Hired new prevention coordinator and Unit Supervisor

Program Challenges:

- CAST AND Mindfulness are the only curriculum facilitated
- No system in place to analyze data that is being collected

Proposed Activities for FY 2019 – 2020

- Begin School based groups at new schools
- Looking into new school-based curriculum
- Pilot new school-based curriculum

KCBH will focus on increasing the use of Mindfulness groups, which will enhance prevention activities with an evidenced base curriculum, in the upcoming year. KCBH will pilot an evidence base WHY TRY program. The program will provide simple, hands-on solutions for dropout prevention, violence prevention, truancy reduction, and increased academic success. It will also teach youth social and emotional principles. KCBH will also pilot La Mariposa (The Butterfly). It is an evidence-based program designed to empower Adolescent Girls ages 12 -18 years of age. It is designed to provide support through multiple challenges they teens typically face. It teaches practical skills to help intervene in cycles of self-doubt and negative self-talk.

KCBH will meet with school districts to increase awareness of these school-based services and encourage more schools and districts to offer these groups. They will also monitor and track CAST referrals to assist in providing services in timely manner or referring to other programs if applicable.

Truancy Intervention Prevention Program (TIPP)

Status:	☐ New	☒ Continuing	☐ Modification	
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☐ Adult Ages 26 – 59	☐ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: 69
Cost per person served in FY 2018-2019: $ 2,167

Program Description

The Truancy Intervention Prevention Program (TIPP) is a collaborative partnership among the School Attendance Review Board (SARB), the Office of Education, the District Attorney's Office, and Kings County Behavioral Health. TIPP was formed to provide families and youth with tools and resources to reduce the incidence of truancy in the community. The goal of TIPP is to reduce youth and family involvement in the criminal justice system, prevent school failure, develop healthier families through skill development and service linkage, and provide tools and resources to eliminate truancy in the community.

Identified families are referred to the Life Strategic Training and Education Program (Life STEPS) class provided by KCBH. This class provides psychoeducation parenting styles, rules and boundaries, truancy and the law, gangs, substance use, child abuse, and mental health. The class is held at the KCBH office, and case managers are available for any interested parties. By reducing barriers to service navigation, and connection to appropriate services, TIPP helps address the root causes of chronic absenteeism.

Population Served: The target population of TIPP are chronically truant youth and their families.

Program Updates

Activities and Outcomes in FY 2018 – 2019:

As standing members of several School Attendance Review Boards, KCBH staff continued to identify families that may benefit from psychoeducation and connection to services. By identifying these families prior to citation or referral to the district attorney's office, KCBH reduced youth and family involvement in the criminal justice system. During the FY 2018-19, KCBH staff provided several Life Steps classes in both English and Spanish. Life Steps used speakers, activities, role-play, and therapy in a group setting. Additionally, the course provided information on how to access additional resources and services that could benefit these families.

Approximately 80 referrals were generated for the Life Steps program. 60 English-speaking referrals, with 5 English sessions of the Life Steps class. 20 Spanish-speaking referrals were 2 Spanish sessions of the Life Steps class.

Goals and Objectives: 1) Reduce youth and family involvement in the criminal justice system and prevent school failure, 2) Reduce truancy and chronic absenteeism among youth, and 3) Reduce the symptoms of the root causes that contribute to chronic absenteeism.

Key Successes:

- Kings County Behavioral Health assigned Staff attends school student attendance Review Board (SARB) that generate referrals to Life Steps class.

- Kings County Behavioral Health assigned staff attends the Office of Education monthly Student Attendance Review Board District Hearing
- Children's System of Care (CSOC) unit has identified and created a log to input all referrals to this program to identify number of referrals per school and follow through of those referred.

Program Challenges:

Diminishing number of participants, which continues to create scheduling challenges. Attendance levels have fallen. Many of the families referred in recent years may have received multiple referrals but did not attend the course. Although a shrinking pool of participants is a positive outcome for the program, classes are generally most effective when there are least 7-8 attendees.

TIPP is not able to collect follow up data on program participants. Due to clinical and school privacy laws, KCBH staff members are unable to collect data regarding resolution or repetition of truancy. This lack of data renders KCBH incapable of determining outcomes for the second goal/objective of "[reducing] truancy and chronic absenteeism among youth".

Proposed Activities for FY 2019 – 2020:

In the upcoming year, KCBH will work to provide TIPP services based on referral and participation rates. Due to low number of referrals to the Life Step program, limited staff availability, and community partners' participation, the English Life Steps class will be scheduled every other month and the Spanish Life Steps will be scheduled quarterly. KCBH staff will be assigned to the Student Attendance Review Board (SARB), which generates referrals to the Life Steps class to improve coordination across agencies and increase understanding of the program. KCBH will also track all referrals to this program to identify number of referrals per school and allow for follow-up with those referred.

Prevention and Wellness

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+
Number of individuals served in FY 2018-2019: 62 **Cost per person served in FY 2018-2019: $5,631**				

Program Description

Prevention and Wellness services provides and links consumers to high quality, culturally competent counseling and support group sessions to promote positive approaches to mental health and prevent serious mental health crises. Prevention and Wellness provides clinical services for those who are unlikely to receive services in a traditional environment.

Prevention and Wellness provides the following services and activities:

- Individual, group, and family counseling
- Individualized case management

- Referrals to outside agencies for both children and adult clients who may have access to services elsewhere

The program also offers several support groups for different target populations.

- Sister Speak is a forum that meets the third Thursday of every month to discuss, answer questions, provide presentations on mental health, prevention, wellness, stressors and other life issues, challenges and barriers that prevent African American Women from accessing programs and services and what attendees can do as a community and a County agency to eliminate those challenges and barriers.
- Family Member Support Group is a non-structured, family/participant driven group that meets twice a month in the evening at KCBH. The groups' participants identify themes, topics, and utilize a peer-to-peer support model.
- Veteran Support Group meets twice a month at KCBH with the intention to increase connectedness to outside services and linkages to mental health services for veterans. The groups include guest speakers on subjects and topics of interest identified by veterans through the group's facilitator, ensuring the services are client-centered and client-driven.

Population Served: The target population for Prevention and Wellness services are individuals who are unlikely to receive services in a traditional environment, including veterans, tribal populations, and undocumented individuals.

Program Updates

Activities and Outcomes in FY 2018 – 2019: The support groups continued to meet twice a month at KCBH. Holding the meetings at the central location allowed for consistent attendance. Attendees of the groups provided feedback to group facilitators regarding their needs in getting connected to mental health services, either for themselves or a family member.

Goals and Objectives: 1) Increase service connectedness to outside agencies and 2) Increase linkages to mental health services for children, youth, adults, and older adults in Kings County.

Key Successes: The group facilitators reported that the attendees of the groups feel heard by KCBH staff regarding getting their concerns heard for better mental health care coordination in the county. Group attendees felt that the facilitators provided current trainings and spoke about recent events happening in the community (e.g. local suicides, health concerns) and how this has impacted their mental health or the mental health of their families.

Program Challenges: The family support group has had several members request a separate support group for people that are affected by suicide. There is currently not a support group for this particular population in Kings County.

Proposed Activities FY 2019 – 2020:
In the upcoming year, a focus for KCBH will be increasing referrals to the program for children and youth. KCBH will facilitate presentations to schools, providers, and community partners about the Prevention and Wellness program. They will also track referrals to the Children System of Care to assist in identifying the children and youth with those that meet the target population for this program automatically receiving a prevention and wellness log to be serve under this program. For adults and older adults, KCBH will continue to assess consumers to determine the appropriate level of care and connect them to available services. They will also review and edit the KCBH Resource Binder to verify that the agencies listed are current so that consumers have access to appropriate information.

EARLY INTERVENTION

Early Intervention Clinical Services (EICS)

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☒ Children Ages 0 – 15	☐ Transitional Age Youth Ages 16 – 25	☐ Adult Ages 26 – 59	☐ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: 20
Cost per person served in FY 2018-2019: $ 7,725 The total cost of the program does not include non-MHSA funding source.
Number of individuals to be served in FY 2019-2020: 20
Cost per person to be served in FY 2019-2020: $ 7,725 The total cost of the program does not include non-MHSA funding source.
Proposed FY 2019-20 Budget: $154,505

Program Description

Early Intervention Clinical Services (EICS) seeks to engage youth early on in the development of a serious mental illness to decrease the severity of symptoms, increase recovery and help youth stay on track developmentally. Services provided include home, community, and office based clinical services, case management, and other supportive services for the youth and their family.

Population Served: The target population of EICS is Transitional Age Youth identified by parents, providers, schools, emergency rooms, primary care physicians, child welfare, law enforcement, and juvenile probation that have experienced a first episode of psychosis, mania, depression, or other mental health disorder or are beginning to show signs of developing a serious mental health problem.

Program Updates

Activities and Outcomes in FY 2018 – 2019: During FY 2018/2019, the Early Intervention Clinical Services Program served 20 transition aged youth in order to engage youth early on in the development of a serious mental illness. Services provided included case management and therapeutic services to youth and their families.

Goals and Objectives: 1) Identify and engage youth and family in services, 2) Increase psychosocial outcomes, including education and academic and family involvement, and 3) Decrease hospitalizations, involvement with the criminal justice system, truancy, and substance use.

Proposed Activities for FY 2019 – 2020: KCBH will work the current provider for the Early Intervention Clinical Services Program to define program specific outcome measures.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Community Wide Outreach and Engagement Education/Training

Status:	☐ New	☒ Continuing	☐ Modification	
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: 202
Cost per person served in FY 2018-2019: $1,046

Program Description

Community-Wide Education works to improve the community's ability to recognize and respond to early signs and symptoms of mental illness. The focus of KCBH's community wide education and training strategies include keeping people healthy and getting people the treatment they need early on in the onset to prevent negative consequences that can occur if mental illness is undiagnosed and/or untreated.

Key activities include:

- **Mental Health First Aid (MHFA)** is "the help provided to a person developing a mental health problem or in a mental health crisis." Like traditional first aid, mental health first aid is given until appropriate professional treatment is received or until the crisis resolves."
- **Youth Mental Health First Aid (YMHFA)** is designed to teach youth, parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addiction challenge or is in crisis.
- **Applied Suicide Intervention Skills Training (ASIST)** workshop is a two-day, highly interactive, practice-oriented workshop for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide.
- **Another Kind of Valor** is a daylong training program that addresses how to better serve Veterans and their families. In these trainings, agencies and organizations learn the effects of war on returning veterans and their families, how to engage and work with veterans and their families, and what resources are available for veterans and their families.
- **Safe TALK** is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide.
- **Other Trainings** to support the community of Kings County.

Population Served: All of Kings County could benefit from these services and the educational opportunities provided. This program conducts outreach to families, employers, primary health care providers, and others to recognize early signs of potentially sever and disabling mental illness.

Program Updates

Activities and Outcomes in FY 2018 – 2019

KCBH continued to work with the Kings County community to offer appropriate education and training throughout the last fiscal year.

Goals and Objectives: 1) Increase community member's knowledge and capacity to recognize and respond to various mental health needs, 2). Provide trainings that teach community members how to engage individuals who are experiencing suicide ideation, and 3) Develop workshops that provide strategies on how to better serve families and veterans.

Key Successes:

KCBH was successful at facilitating multiple trainings in the community that specifically assisted in increasing recognition of early signs of mental illness.

Mental Health Fist Aid: 5 separate trainings reaching 73 people

Youth Mental Health First Aid: 2 separate trainings reaching 23 people

Applied Suicide Intervention Skills Training: 3 separate trainings reaching 40 people

Safe TALK: 4 separate trainings reaching 66 people.

Program Challenges: Program challenges included establishing a qualified trainer replacement system designed to fill the gaps and responsibilities of trainers that left KCBH due to attrition. Qualified trainers require specific training guidelines and criteria that cannot be immediately filled.

Another Kind of Valor - No trainings were facilitated during the fiscal year by the contracted provider due to lack of interest. If applicable, all future trainings will be funded by non-MHSA funding sources.

Proposed Activities for FY 2019 – 2020: KCBH intends to contract with independent qualified trainers in the immediate and surrounding areas in addition to developing a qualified trainer feeder system utilizing existing and onboarding KCBH staff.

STIGMA AND DISCRIMINATION REDUCTION

Community Wide Stigma and Discrimination Reduction

Status:	☐ New	☐ Continuing	☒ Modification	
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: Given the nature of this program and the widely distributed outreach efforts, KCBH was unable to track the exact number of individuals impacted by this program. It is estimated that over 100,000 Kings County residents are reached monthly through radio commercials and that KCBH had over 35,000 unique website views per month.

Program Description

Kings County utilizes a number of efforts to reduce stigma, increase cultural competency, and increase service connectedness. These efforts include:

- **Media/Social Media:** Use of social marketing websites to share information and educate the public about mental illness.
- **Speakers' Bureau:** Coordination of a speakers' bureau that conducts presentations about various issues pertaining to mental illness and stigma.
- **The Kings County Cultural Competency Task Force (CCTF)** includes mental health and substance use disorder providers as well as other local providers from education, faith-based entities, businesses, and consumers. The Task Force is made up of community members and partnering agency staff and work on completion of the required State Cultural Competency Plans, annual updates to that plan, setting the training agenda for the year, assisting other providers with their cultural competency plans, practices, and promoting culturally appropriate services throughout Kings County. This effort is accomplished through identification of some of our community provider training needs, recommending trainings, working on anti-stigma and stigma reduction, focusing on underserved populations in Kings County (i.e. LGBTQ Youth, Latinos, Veterans, seniors, Native Americans, ex-offenders, and those living with a mental illness) and promotion of CLAS standards.
- **Cultural Ambassador Program:** A program designed based upon the Promotores Model which uses community-based, peer mental health workers to deliver mental health information to their communities. They serve as connectors between mental health care consumers and providers to promote mental health among traditionally underserved populations.

Population Served: The target population for these services are individuals and communities who may view mental health as a stigma as well as minorities who would benefit from tailored and culturally appropriate services. Stigma and Discrimination Reduction is a community-wide effort across the County.

Program Updates

Activities and Outcomes in FY 2018 – 2019

During the 2018-19 Fiscal Year, the Behavioral Health Department determined that it was not feasible to implement that Cultural Ambassador Program or Speakers Bureau during the 2017-2020 MHSA plan. KCBH did convey the Kings County Cultural Competency Task Force monthly, which worked to develop the 2019-2019 Cultural Competency Plan. KCBH's outreach and marketing reached thousands of residents through billboards, radio ads, theater ads, community partners Facebook pages and their website.

Goals and Objectives: 1) Increase the prevalence of social media to share information and reduce stigma on mental health, 2) Increase knowledge and awareness of mental health and mental health services, 3) Reduce stigma regarding mental health, 4) Increase cultural competency, and 5) Increase access to mental health services for the Latino community.

Key Successes: KCBH completed their 2018-2019 Cultural Competency Plan. The plan was created by stakeholders and committee members through a community program planning process.
Program Challenges: Program challenges include having limited time and resources dedicated to outreach efforts for specific target populations. A bilingual Community Outreach and Engagement Specialist was hired by KCBH to mitigate these challenges and focus on stigma and discrimination reduction with target populations.

Proposed Activities for FY 2019 – 2020: KCBH will begin a rebranding process in FY 2019 – 2020 that will conclude in FY 2020 – 2021. KCBH will continue utilizing its traditional marketing channels and explore the possibility of having a social media presence.

SUICIDE PREVENTION

Suicide Prevention

Status:		☐ New	☒ Continuing	☐ Modification
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+

Number of individuals (or families) served in FY 2018-2019: 1,220
Cost per person served FY 2018-2019: $488 This includes the county contract with CalMHSA to provide PEI, state hospital, and suicide prevention services.

Program Description

Suicide Prevention activities promotes public awareness of prevention issues, improves and expands suicide reporting systems, and promotes effective clinical and professional practices. Key Services/Activities of suicide prevention include:

- **The Depression Reduction Achieving Wellness (DRAW)** program is a campus-linked project that addresses the first onset of a psychiatric illness in students through collaboration with an institution of higher education. DRAW provides students with education regarding both the cultivation of wellness approaches and the identification of signs and symptoms of mental illness, short-term low-intensity intervention services, referrals to community-based agencies for more extended or intensive services when needed, and training for college staff on the signs and symptoms of depression.
- **Local Outreach to Suicide Survivors (LOSS)** is a program that dispatches support teams to the location of a suicide to provide resources, support, and hope to friends and family members of the suicide victim.
- **Central Valley Suicide Prevention Hotline (CVSPH)** is an immediate and consistent support for individuals in crisis or experiencing a suicidal crisis. The hotline is available 24 hours a day, 365 days a year, and is confidential and free. The trained staff and volunteers conduct the following: Save the caller and offers immediate support, develop a safety plan for the caller, reach out to callers with post crisis follow-up to ensure that they are safe and getting the help the caller may need.

Population Served: Kings County residents and their family members experiencing a mental health crisis.

Program Updates

Activities and Outcomes in FY 2018 – 2019

KCBH offered Suicide Prevention services including DRAW, LOSS, and CVSPH in FY 2018-19.

DRAW

The DRAW program provided (105) direct counseling services to students. (106) students attended DRAW mental Health awareness presentations. (54) Students participated in mental health screening events. A total of (42) students were linked to continuing care behavioral health services.

LOSS

The LOSS team contacted families and loved ones of individuals who have died by suicide to provide information about local mental health and grief resources. The CVSH was helpful in providing phone support to individuals in crisis with de-escalation techniques and initiating rescues when necessary.

CVSPH

The hotline received a total of (641) crisis calls from Kings County residents and continued to offer the crisis response serve (24) hours a day (7) days a week.

Goals and Objectives: 1) Increase knowledge and awareness amongst Kings County residents of mental health wellness and suicide prevention, 2) Increase service linkages to mental health services for residents at risk of suicide, and 3) Connect friends and family member of suicide victims to resources and support services.

Key Successes in FY 2018-19

DRAW

The majority of DRAW program participants reported a decrease in depression and anxiety symptoms as evident by pre and post Burns Depression and Anxiety Scores. The average Burns Depression scored decreased from (42.2) moderate depression to (23.8) mild depression. The average Burns Anxiety score decreased from (37.8) moderate anxiety to (20.9) mild anxiety. According to student surveys, (99%) of all students receiving services indicate that they agree (44%) or strongly agree (55%) that they are more aware of what mental health services are available in their area since accessing DRAW services and (92%) of all students agree (41%) or strongly agree (51%) that they are more willing to access mental health services in their area since receiving DRAW services. A total of (42) students were linked to continuing care behavioral health services, post brief intervention.

LOSS

KCBH began to offer therapeutic services (Healing Emotions and Affirming Living) to any family members or people that were affected by a suicide loss at the department. The LOSS team members began to utilize a referral into this program. The LOSS team grew in participation by two members from the department.

CVSPH

The hotline was successful at facilitating (5) Suicide Ideation Talk Downs and (1) Active Rescue. A Talk Down means the caller is at immediate risk of committing suicide, has the means readily available, and is planning on immediately acting on their suicidal thoughts. The caller is then de-escalated without the use of emergency services. An Active Rescue means the caller is at imminent risk and is unable to be talked down or is already in the process of acting on suicidal behavior. With this type of call, emergency services have been activated.

Program Challenges in FY 2018-19:

DRAW

Program challenges for DRAW included limited capacity due to the program only possessing one mental health clinician. The program requires data tracking and analysis which decreases the clinician's overall capacity to maximize provides services.

LOSS

The size of the LOSS team is small, and staff often have to follow up on cases back to back. The staff would benefit from a Sudden and Traumatic Loss training, which currently is not offered in Kings County.

CVSPH

Program challenges included reaching all unserved and underserved populations of Kings County.

Proposed Activities for FY 2019 – 2020

DRAW

DRAW will closely track and monitor the number of students that receive direct intervention services and increase the number of referrals for continuing behavioral health needs.

LOSS

KCBH will continue to recruit internal staff to join the LOSS team. The team has requested that the LOSS program included volunteers or members from the community so that the team is larger and can have more gaps between LOSS call follow-ups. KCBH LOSS team program manager will work with clinical deputy director on possible next steps to expand LOSS team to include volunteers.

CVSPH

The program will collaborate with the KCBH Community Outreach Specialist & Kings county Mental Health Task force in attempts to increase promotion and utilization of the service to underserved populations within the county.

ACCESS AND LINKAGE TO TREATMENT

Senior Access for Engagement (SAFE)

Status:	☐ New	☒ Continuing	☐ Modification	
Target Population:	☐ Children Ages 0 – 15	☐ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+

Number of individuals served in FY 2018-2019: 41
Cost per person served in FY 2018-2019: $14,527

Program Description

SAFE provides services and referrals to seniors/older adults in the home, at senior centers, nursing homes, assisted living facilities, and other events for older adults. SAFE providers promote psychosocial supports and identify possible signs and symptoms of mental illness and assist them into the appropriate referral for mental health treatment. Specific SAFE services include:

- Visitation to older adults in the home or community to provide social support
- Caregiver support group
- Linkages to Respite for Caregivers
- Referral and linkage to other community-based providers for other needed social services and primary care

Respite for Caregivers provides assistance and relief to caregivers including assistance in supervision and caregiving and engaging caregivers in activities and social supports to alleviate their stress and promote wellbeing. Services are intended to complement existing family structures to allow seniors to remain in the community as long as possible and avoid unnecessary nursing home and other out-of-home placements. The program also provides some assistance to primary caregivers on the supervision/caregiving of his/her family member.

Population Served: SAFE serves isolated older adults ages 60 and older at risk of or beginning to experience mental health problems, such as depression, related to aging and isolation. SAFE also serves primary caregivers of older adults with mental illness. Caregivers accessing this service must not be paid for caregiving and must live in a non-licensed setting.

Program Updates

Activities and Outcomes in FY 2018 – 2019:

The SAFE program provided outreach and engagement services, including psychoeducation classes and support groups to seniors. Individuals who were screened and identified as needing mental health services, 41 consumers in FY 2018-19, were referred to KCBH. During the fiscal year, the SAFE program was modified to incorporate the Respite for Caregivers program, which formerly collaborated closely with SAFE. The SAFE program developed family, caregiver, and community outreach with health and non-isolative activities, which help aide in healing, understanding grief and loss, individual empowerment, consumer, family member, and caregiver's wellness.

Goals and the Objectives: 1) Reduce out of home placements for seniors/older adults, 2) Increase service connectedness, 3) Increase socialization and reduce isolation among senior population, and 4) Reduce caregiver stress.

Key Successes:
April 2019 – Day of Caring – Food prepared at Commission on a Saturday, a group of volunteers gathered and put together lunch bags. The lunches were distributed to local homeless encampments and home bound, isolated Seniors in need. Host weekly caregiver support groups of those with senior parents or family member that have Alzheimer's or have lost a loved one. Provide resources to cope. Provide wellness check home visits to residents as well as homeless individuals on a regular basis to the socially isolated seniors to be sure that the basic needs are being met. Provide social stimulation that is necessary.

Program Challenges:
The biggest barrier is the lack of access to mental health therapy to the home bound socially isolated senior. These individuals are not capable to attend meetings/appointments due to the barrier of language, mental health, socialization and transportation.

Proposed Activities for FY 2019 – 2020:

Winter Survival Backpack distribution. These are distributed to seniors who are isolated homeless or home bound. The backpacks are filled with First Aid Supplies, emergency blankets, and a flashlight and batteries. Program Information. In some cases, we will include a food voucher to the grocery store. We collaborate with Kings View and Whole Person Care for this activity.

In the upcoming year, KCBH will focus on working with Kings Commission on Aging to establish better processes for communication up to and including a quarterly Quality Assurance review. The agencies will then work together to identify any strengths and barriers for seniors within the SAFE program.

Access and Linkage

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+
Number of individuals served in FY 2018-2019: (2-1-1) 48,951 visitors across the website, Facebook page, phone app, and phone calls				
Cost per person served FY 2018-2019: $4				

Program Description

The Access and Linkage program is a program provided by KCBH staff to review all referrals that come into Kings County Behavioral Health and provide screening and linkage to existing services. The purpose of Access and Linkage is to review and ensure linkage to treatment if individuals have been connected to services.

2-1-1 serves as a telephonic resource informational tool to assist in linking community members to local public resources provided by government, community, and non-profit entities, including behavioral health services.

The **Warm Line**, *funded by MHSA CSS*, is grouped in the Access and Linkage program in the KCBH system of care. The Warm Line is a non-emergency, peer-run phone line for anyone seeking support available 24 hours a day, seven days a week. The Warm Line assists people who need to reach out when having a hard time and offers emotional support and specific information about mental health resources in Kings County. Warm line refers calls for more intensive services to other agencies in the county.

The Warm line is staffed by people who have experienced the same kinds of issues a caller might have. They are bilingual English/Spanish and are there to assist by listening, encouraging, and being supportive. The call is anonymous and confidential.
Population Served: All of Kings County residents are served by this program.

Program Updates

Activities and Outcomes in FY 2018 – 2019

2-1-1

KCBH provided county residents with current and available resource information and access to behavioral health referrals via the 2-1-1 access and linkage telephone line. The 2-1-1 line received (1,728) total phone calls. There were (3,360) active users of the 2-1-1 mobile app, and a total of (209) referrals were made to behavioral health services. 2-1-1 also recorded (8,568) total behavioral health services web site views.

Warm Line

The Warm Line received a total of (293) calls during the FY 2028-19 period. Of those (293) calls, (48) calls were provided a referral and linkage to Behavioral Health services.

Goals and Objectives: 1) Increase the number of referrals to existing services, 2) Connect community members to various social services with an emphasis on behavioral health, and 3) Create support services to assist community members with various concerns.

Key Successes in FY 2018-19:

2-1-1

The program was successful at developing and implementing SMS Text and Live Chat in both English and Spanish languages to increase engagement and linkage of community members seeking assistance with navigating existing services within the county.

Warm Line

The Warm Line was successful at collaborating with other county and community agencies to promote and raise awareness of the existing peer to peer non crisis services to county departments and Kings County Residents. The Warm Line is now able to offer services in both English & Spanish.

Program Challenges in FY 2018-19:

2-1-1

The program experienced difficulty engaging mono-lingual (Spanish) County residents with downloading and using the 2-1-1 app on their mobile devices, despite outreach efforts in the communities of Avenal, Corcoran, and Kettleman City.

The Warm Line has experienced some difficulty attaining underserved populations to engage in the cost-free service. Spanish speaking County residents made of 4% of the total call volume.

Proposed Activities for FY 2019 – 2020

2-1-1

The Program intends to continue its outreach and awareness raising efforts to all residents of Kings County and to engage in innovative and traditional methods of community outreach. The program will be assisted by KCBH's increasing efforts to raise community awareness of existing MHSA funded programs via the KCBH's Community Outreach Specialist who will implement awareness raising strategies received via the Community Program Planning Process (CPPP).

Warm Line

The program will collaborate with the KCBH Community Outreach Specialist & Kings county Mental Health Task force in attempts to increase utilizing of the service to Spanish speaking county residents.

INNOVATION (INN)

Multiple-Organization Shared Telepsychiatry (MOST)

Program Description

MHSA Innovation (INN) programs provide exciting opportunities to learn something new that has the potential to transform the behavioral health system.

Kings County has adopted the Multiple Organization Shared Telepsychiatry (MOST) project as its Innovation plan as approved by the Kings County Board of Supervisors in June 2018, which will be a catalyst to change an existing practice. The MOST project is seeking to expand much needed psychiatric services by establishing multiple shared Telepsychiatry suites that will be accessed by multiple providers. Additionally, the MOST program seeks to use these shared services to improve care coordination and to infuse the lived experience of peers into the provision of psychiatric services. The MOST Project was approved by the Mental Health Services Oversight & Accountability Commission (MHSOAC) in September 2018.

The MOST project will go far beyond addressing a serious psychiatric shortage in a small and rural community and will do more than just build capacity or improve access to care. Its focus will be to move Telepsychiatry from a medical model of care to one that is based on wellness and recovery, thus improving the overall coordination of care and the consumers' experience. The outcome of this project will increase access to timely care, create paid peer roles in the system of care, and increase the number of individuals receiving care in the community instead of jails, hospitals, and emergency departments.

The stakeholders of Kings County identified a need for additional psychiatric services that would allow for greater access, timely access, and to allow consumers to be served in the community. Having teams who could specialize with populations such as children would be critical in improving engagement, care, and outcomes. The County shall staff and operate these Telepsychiatry suites in various locations, but share the resources with our children and adult services providers. Designated days for each population and provider shall be established, ensuring appropriate staff are scheduled for those populations (i.e. child psychiatrist for children).

The focus for the program from its on-set has included the ability to be sustainable. The MOST project has been designed in a manner which will allow it to transition to a fully sustainable service at the conclusion of the Innovation plan term, and allow for other public funding, specifically Medi-Cal reimbursement and Mental Health Services Act (MHSA) funding, to carry the program forward. The ability to provide access to psychiatric care in a more timely and coordinated manner shall reduce the number of consumers who are hospitalized, incarcerated, or admitted into the emergency room, yielding significant cost savings that will also support the program's continuing sustainability.
Total cost of the MOST project is estimated at $2,138,613. Kings County has attained approval for $1,663,631 from the Mental Health Services Oversight and Accountability Commission for its proposed innovation plan. Kings County has estimated revenues of Medi-Cal FFP at $325,000 or more during this project to close the funding gap. Additionally, $150,000 of MHSA funding will be used to fund the program in the final year. The MHSA funding will focus on the Peer Support Specialist and Parent Support Specialist salaries, to ensure that peer components of the program shall continue through the system.

Program Updates

- **Program Progress**
  - The Licensed Psychiatric Technician Position, Peer Support Specialist, and Parent Support Specialist positions were being recruited.
  - KCBH contracted with Licensed Telepsychiatrist, Dr. Arieh Whisenhunt, who is contracted to provide 16.0 hours of Telepsychiatry services per week for consumers 18 years and older. Dr. Whisenhunt's contracted start date was June 6, 2019.
  - KCBH was still in the process of installing the required telepsychiatry equipment, the closed circuit secure Telepsychiatry line.
  - Though no consumers were served in FY 2018-2019, the Telesychiatrist began seeing consumers in-person during FY19-20 until the closed circuit secure Telepsychiatry line was established.
  - Kings County was recruiting a Children's Telepsychiatrist.
  - An Innovation MOST Project Office Assistant started her position as (OA) on June 17, 2019.
  - Kings County was still in the initial stages of attaining Medi-Cal site Certification status.

- **Plan Revisions**
  - The following positions will be Kings County Full Time Employee (FTE) positions as opposed to contractors, as directed by Kings County Human Resources and County Counsel, for the purpose of minimizing litigation risks associated with newly implemented Human Resource policies: Licensed Psychiatric Technician (LPT) Office Assistant (OA), Peer Support Specialist (PSS), and Parent Support Specialist (PSP).
  - The Kings County Board of Supervisors approved adding two FTE positions to the County Job Listings to support the MHSA Innovation MOST Project's Plan to onboard MOST Project positions as Kings County employees as opposed to contracted positions, excluding contracted Telepsychiatrist positions.
  - A Kings County Behavioral Health Unit Supervisor was added to the Innovation MOST Project staffing pattern for the purpose of providing supervision to the Innovation MOST Project Kings County personnel.
  - Peer and Parent Support Specialists will no longer be required to adhere to SB 906 Peer Support Specialist Certification training due to SB 906 being vetoed by former California Governor Jerry Brown in November 2018.

Until a children's Telepsychiatrist can be recruited, Kings County Behavioral Health will utilize a Kings View psychiatrist to see children and Transitional Age Youth.

WORKFORCE EDUCATION AND TRAINING (WET)

WET initiatives were not funded in FY 2018-2019.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

Program Description

Kings County Behavioral Health (KCBH) plans to expend $1,087,498 of Mental Health Services Act (MHSA) Capital Facilities and Technological Needs (CFTN) funding within stipulated time frames. The Plan is separated into two specific areas: **Plan 1A. Kings View Counseling Services Building Remodel & Plan 1B. Electronic Health Records.**

In alignment with the Department of Health Care Services (DHCS) Information Notice (IN) 17-059 (2), KCBH has created CFTN funding utilization **Plan 1A. Kings View Counseling Services Building Remodel,** to purpose $954,100 of available CFTN funding to be expended in accordance with AB 114 Welfare and Institutions Code (WIC) 5892.1 (3). The remaining amount of CFTN funding in the amount of $133,398 will be fully expended in the manner outlined in **Plan 1B. Electronic Health Records.** All aforementioned CFTN funds will be expended by June 30, 2020.

Program Updates

March 19, 2019: A community forum was facilitated on March 19,2019 at King View Behavioral Health. (8) community members (all consumers) of KV services attended and provided their valuable feedback on what their perceived priorities were in regards to the KV building remodel including consumer/attendee feedback. The MHSA CFTN CPPP was explained to the community forum attendees and a PowerPoint training presentation was utilized as the medium to convey to community stakeholders how feedback is attained and incorporated in to developing the planning of spending existing CFTN funds.

March 2019: Public Notice & comment period was posted in the Hanford Sentinel newspaper and on the KCBH web site. No public comment was received by KCBH.

April 2019: The KV building remodel RFP closed and an architect was chosen. KCBH and Kingsview executive leadership commenced to meet with the architect to develop design plans based upon project priorities outlined within the proposed spending plan.

April 22, 2019: The CFTN Kings View Building Remodel public hearing was facilitated at the Kings County Behavioral Health Advisory Board and the CFTN Plan was presented and approved by the BHAB. No public comment was received by KCBH.

June 2019: Kings County BOS approved revised CFTN spending Plan to avoid AB 114 reversion and move forward with CFTN planned expenditures which addressed stakeholder and consumer feedback attained at the March 19, 2019 community forum.

FY 2018-2019 FUNDING AND EXPENDITURES

Funding Summary

FY 2018/19 Mental Health Services Act Annual Update
Funding Summary

County: Kings County Date:

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years*			1,622,733		1,087,498	
2. Estimated New FY 2018/19 Funding	7,178,615	2,276,493				
3. Transfer in FY 2018/19[a/]						
4. Access Local Prudent Reserve in FY 2018/19						
5. Estimated Available Funding for FY 2018/19	7,178,615	2,276,493	1,622,733		1,087,498	
B. Estimated FY 2018/19 MHSA Expenditures	7,178,615	2,276,493	1,622,733		1,087,498	
C. Estimated FY 2018/19 Unspent Fund Balance	0	0	0		0	

D. Estimated Local Prudent Reserve Balance**	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	1,699,926
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	1,699,926

*Based on Reversion Tables issued 3/28/18 and projected FY1819 spending as of 2/20/19

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

** Pursuant to SB192 and DHCS IN 19-017, each county must calculate an amount to establish its prudent reserve that does not exceed 33 percent of the average amount allocated to the CSS component in FY 2013-14, FY 2014-15, FY 2015-16, FY 2016-17, and FY 2017-18.

Community Services and Supports (CSS) Component Worksheet

FY 2018/19 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Kings County Date:

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Full Service Partnership/Wraparound Services for Children/TAY	1,453,512	1,244,019				209,493
2. Full Service Partnership for Adults/Older Adults	1,536,304	1,536,304				
3. Assertive Community Treatment	608,784	608,784				
4.						
5.						
6.						
Non-FSP Programs						
1. Parent-Child Interaction Therapy (PCIT)	160,310	160,310				
2. Intensive Case Management/Intensive Outpatient Program	1,910,256	1,910,256				
3. Collaborative Justice Treatment Court (CJTC)	558,306	558,306				
4. Mental Health Services for Domestic Violence Survivors	327,525	327,525				
5. Whole Person Care	833,111	833,111				
6.						
7.						
8.						
9.						
10.						
CSS Administration*	1,750,972*	1,750,972*				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	7,388,108	7,178,615				209,493
FSP Programs as Percent of Total	48%					

*For budget purposes, includes CPP expenses → CSS administration already factored Into program cost. $1.9M just for information, not factored into total CSS estimate.

Prevention and Early Intervention (PEI) Component Worksheet

FY 2018/19 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Kings County Date:

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Access and Linkage						
1. Senior Access for Engagement	595,607	395,607				200,000
2. Access and Linkage	195,804	195,804				
3.						
Early Intervention						
5. Early Intervention Clinical Services	154,500	154,500				
6.						
Prevention						
8. School Based Services	334,084	210,556				123,528
9. Truancy Intervention Program	149,523	149,523				
10. Prevention and Wellness	349,122	225,594				123,528
11. Suicide Prevention Taskforce	595,360	548,304				47,056
12.						
13.						
14.						
Outreach for Increasing Recognition of Early Signs of Mental Illness						
15. Outreach and Engagement Training	211,292	211,292				
16.						
17.						
Stigma and Discrimination Reduction						
18. Stigma and Discrimination Reduction	185,313	185,313				
19.						
PEI Administration	1,153,255*	1,153,255*				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures → PEI administration already factored Into program cost. Shown for information only.	2,770,605	2,276,493	0	0	0	494,112

Capital Facilities/Technological Needs (CFTN) Component Worksheet

FY 2018/19 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Kings County Date:

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
CFTN Programs - Technological Needs Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Innovation Program (INN) Component Worksheet

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

County: Kings County Date:

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Multiple-Organization Shared Telepsychiatry (MOST)	30,831	30,831				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
INN Administration	10,067	10,067				
Total INN Program Estimated Expenditures	40,898	40,898	0	0	0	0

FY 2020-2023 THREE-YEAR PROGRAM AND EXPENDITURE PLAN

COMMUNITY SERVICES AND SUPPORTS (CSS)
FULL SERVICE PARTNERSHIP (FSP)

Assertive Community Treatment (ACT-MHS)

STATUS		New	X	Continuing		Modified		
TARGET POPULATION		Children Ages 0-15	X	Transitional Age Group Ages 16-25	X	Adult Ages 26-59	X	Older Adult Ages 60+

FY 2020-2021 Budget	**$1,469,986**
Projected number of individuals to be served	50
Projected cost per person served	$29,400
FY 2021-2022 Budget	**$1,481,485**
Projected number of individuals to be served	50
Projected cost per person served	$29,630
FY 2022-2023 Budget	**$1,486,872**
Projected number of individuals to be served	50
Projected cost per person served	$29,737

Program Description

ACT is a multidisciplinary intensive treatment team approach which includes dedicated psychiatric care, psychotherapy, and intensive case management with connection to the community. ACT treatment reliably decreases hospitalization and incarceration while improving quality of life. The purpose of ACT is to provide individuals, who have had difficulty successfully engaging in lower-level outpatient services, with an intensive, evidence-based program, with low staff to client ratio, that decreases hospitalizations, incarcerations, and homelessness, and increases recovery, quality of life, and other psychosocial outcomes.

ACT provides the full range of treatment services in the community, including:

- Clinical mental health services including psychiatry and medication support
- Treatment for co-occurring disorders
- Individual and group psychotherapy
- Intensive case management
- Vocational/educational services
- Peer support
- Any other support the individual may need to promote their recovery using a “whatever it takes” approach.

The ACT model is characterized by: Low client to staff ratios; dedicated, individualized psychiatric care, providing services in the community rather than in the office; shared caseloads among team members; 24-hour staff availability; direct provision of all services by the team (rather than referring consumers to other agencies); peer support and time-unlimited services. The ACT model consistently shows positive outcomes for individuals with psychiatric disabilities.

Population Served: Assertive Community Treatment (ACT) serves adults 18 years of age and older with serious mental illness and the highest level of need due to their risk or experience of frequent and

repetitive hospitalizations and/or incarcerations, homelessness, or co-occurring disorders. Assertive Community Treatment serves FSP consumers at the highest level of need.

Projected Outcomes

Proposed Goals & Objectives

At discharge (successful program completion), FSP Key Event Data/Quarterly Assessments will demonstrate:

1) Reduction in homelessness among consumers served
- At least 25% of clients with housing objectives will demonstrate progress
- Increase in employment among consumers served
- At least 15% of clients will have employment involvement

2) Increase in education or vocational training among consumers served
- At least 25% of clients with vocational and/or educational objectives will demonstrate progress

At discharge (successful program completion), the results of various program assessment tools (e.g., Recovery Markers Questionnaire, Substance Abuse Treatment Scale Revised, Addiction Severity Index) will demonstrate:

3) Increase in psychological wellbeing, including a reduction in mental health symptoms
- At least 75% of clients will show clinical improvement or stabilization

4) Increase in emotional and relational functioning.
- At least 75% of clients will show functional improvement or stabilization

5) Improved access and linkage to treatment
- 100% of program clients will be assessed for co-occurring disorders; of those who have substance abuse challenges, 50% will show stabilization and/or progress toward recovery.
- 100% of program clients will be connected to a Primary Care Physician and needed medical care.
- Clients will be encouraged to use Wellness Recovery Action Plan (WRAP) with 25% of clients will develop and share WRAP plans.

ACT Clients who participate in the MOST medical suite will also demonstrate, through EHR and self-reported survey responses:

6) Reduced hospitalizations among consumers served

7) Reduction in incarceration/recidivism among consumers served

FSP Services for Children & TAY (Aspiranet)

STATUS		New	X	Continuing		Modified		
TARGET POPULATION	X	Children Ages 0-15	X	Transitional Age Group Ages 16-25		Adult Ages 26-59		Older Adult Ages 60+

FY 2020-2021 Budget	**$1,689,966**
Projected number of individuals to be served	80
Projected cost per person served	$21,125
FY 2021-2022 Budget	**$1,701,485**
Projected number of individuals to be served	80
Projected cost per person served	$21,269
FY 2022-2023 Budget	**$1,706,872**
Projected number of individuals to be served	80
Projected cost per person served	$21,336

Program Description

Full Service Partnership (FSP) provides an individualized, family-centered, and team-based approach to care that aims to keep children and their families together. FSP provides a coordinated range of services to support children and youth to stay on track developmentally and improve educational/academic performance, social and emotional skills, and parent and family skills and launch into adulthood.

FSP is a team-based planning process intended to provide individualized and coordinated family-driven care. FSP should increase the "natural support" available to a family (as they define it) by strengthening interpersonal relationships and utilizing other resources that are available in the family's network of social and community relationships. FSP requires that family, providers, and key members of the child or youth's social support network collaborate to build a creative plan that responds to the particular needs of the child/youth and their support system. FSP services should build on the strengths of each child/youth and their support system and be tailored to address their unique and changing needs. Services may include:

- Mental health treatment, including individual and family/group therapy
- Alternative treatment and culturally specific treatment approaches
- Family support including respite care and transportation to children/youth for their mental health appointments

Population Served: FSP serves children ages 6 years old to 25 years old with severe emotional disturbance and/or serious mental illness. Children and youth may be at risk of or are transitioning from out-of-home placement, are engaged with child welfare, and/or juvenile justice, or are at risk of homelessness, incarceration or hospitalization as they transition into adulthood.

Projected Outcomes

Proposed Goals & Objectives

FSP Key Event Data/Quarterly Assessments will demonstrate:

1) 80% of youth will maintain or decrease level of placement during program
2) 60% of youth will experience improvement in emotional and behavioral domains within 12 months as measured by CANS
3) 80% of youth will improve positive identity, social competencies, positive values and commitment to learn within 12 months
4) 80% of parents will improve parenting skills and supervision of youth within 12 months
5) 80% of families will decrease the level of safety risk including youth opposition, aggression, family conflict, abuse and neglect, while increasing positive attributes at graduation
6) 80% of families will show improvement in emotional/social stability, interpersonal relationships, coping strategies and healthy lifestyle of caregivers at graduation
7) 100% of approved referrals will be contacted within 48 hours of referral
8) 100% of referred families will receive an initial assessment within 14 days and intensive services will commence
9) 100% of monolingual Spanish-speaking families will receive services in Spanish
10) More than 80% of respondents will report being “Satisfied or Very Satisfied” with program services after 6 months

Adult and Older Adult FSP Services (Kings View)

STATUS		New	X	Continuing		Modified		
TARGET POPULATION		Children Ages 0-15		Transitional Age Group Ages 16-25	X	Adult Ages 26-59	X	Older Adult Ages 60+

FY 2020-2021 Budget	**$1,487,605**
Projected number of individuals to be served	150
Projected cost per person served	$9,917
FY 2021-2022 Budget	**$1,498,077**
Projected number of individuals to be served	150
Projected cost per person served	$9,987
FY 2022-2023 Budget	**$1,502,974**
Projected number of individuals to be served	150
Projected cost per person served	$10,020

Program Description

Full Service Partnerships (FSP) seek to engage individuals with serious mental illness into intensive, team-based, and culturally appropriate services in the community with a low staff to consumer ratio. FSP provides a "whatever it takes" approach to: Promote recovery and increased quality of life; decrease negative outcomes such as hospitalization, incarceration, and homelessness; and increase positive outcomes such as increased life skills, access to benefits and income, involvement with meaningful activities such as education and employment, and socialization and psychosocial supports.

FSP provides a full range of clinical and non-clinical services, including:

Clinical Services

- Mental health treatment, including individual and family/group therapy
- Alternative treatment and culturally specific treatment approaches
- Peer support: Incorporating people with lived experience into a person's treatment plan
- Full spectrum of community services to attain the goals of an individual as identified in the Individual Services and Supports Plan (ISSP)
- Crisis intervention/stabilization services

Non clinical services and supports:

- Supportive services to obtain employment, housing, education, and health care (treatment for co-occurring conditions)
- Referrals and linkages to other community-based providers for other needed social services, including housing and primary care
- Family education services
- Respite care

Population Served: FSP serves adults 18 and older with serious mental illness who are unserved or underserved and at risk of or experiencing homelessness, incarceration, or hospitalization.

Projected Outcomes

Proposed Goals & Objectives

At discharge (successful program completion), FSP Key Event Data/Quarterly Assessments will demonstrate:

1) Reduction in homelessness among consumers served
2) Increase in employment among consumers served
3) Increase in education or vocational training among consumers served

At discharge (successful program completion), the results of various program assessment tools (e.g., Recovery Markers Questionnaire, Substance Abuse Treatment Scale Revised, Addiction Severity Index) will demonstrate:

4) Increase in psychological wellbeing, including a reduction in mental health symptoms
5) Increase in emotional and relational functioning.
6) Improved access and linkage to treatment
- Clients will be assessed for co-occurring disorders; of those who have substance abuse challenges, program assessments will demonstrate stabilization and/or progress toward recovery.
- Clients will be connected to a Primary Care Physician and needed medical care.
- Clients will be encouraged to use Wellness Recovery Action Plan (WRAP) and to develop and share WRAP plans.

GENERAL SYSTEMS DEVELOPMENT

Collaborative Justice Treatment Court (CJTC)

STATUS		New	X	Continuing		Modified		
TARGET POPULATION		Children Ages 0-15	X	Transitional Age Group Ages 16-25	X	Adult Ages 26-59	X	Older Adult Ages 60+

FY 2020-2021 Budget	**$514,382**
Projected number of individuals to be served	75
Projected cost per person served	$6,858
FY 2021-2022 Budget	**$519,158**
Projected number of individuals to be served	75
Projected cost per person served	$6,922
FY 2022-2023 Budget	**$521,391**
Projected number of individuals to be served	75
Projected cost per person served	$6,952

Program Description

Collaborative Justice Treatment Court (CJTC) aims to divert consumers with mental health and co-occurring disorders from incarceration into treatment by engaging and connecting participants to the services and support they need and reducing the likelihood of future offenses. CJTC provides for three specialty court calendars, including Behavioral Health, Co-occurring Disorders, and Veterans.

CJTC uses the drug court model with an integrated trauma-informed approach that provides clients with access to a continuum of alcohol and other drug services and mental health treatment. Collaborative courts operate under a collaborative model in which the judiciary, prosecution, defense, probation, law enforcement, mental health, and treatment communities work together to assist individuals so they can recover and go on to live productive lives. Collaborative court offers an alternative to incarceration, while addressing the underlying causes of criminality through providing programming and services that appropriately address the needs of individuals with mental health substance use and co-occurring disorders. In recently published literature, drug courts are developing a solid evidence base, demonstrating their effectiveness in reducing crime, combating substance use addictions, preserving families, and saving taxpayers money.

CJTC clients are provided with the following services:

- Substance use and mental health treatment;
- Clients transportation support;
- Employment services and job training;
- Case management;
- Relapse prevention;
- Housing support; and
- Peer-to-peer support services.

Population Served: CJTC serves individuals whose mental health and/or substance use has led to criminal justice involvement and whose offenses and level of risk are eligible for participation in a specialty court program.

Projected Outcomes

Proposed Goals & Objectives

After graduating from CJTC programs, participants will demonstrate:

1) Reduced recidivism related to substance use and mental health challenges
    - As indicated in data provided by the Probation Officer
2) Improved family functioning outcomes
    - As indicated by the North Carolina Family Assessment (Initial and Discharge)
3) Reduced substance use and increased sobriety
    - As indicated by the Addiction Severity Index (Initial and Discharge)
4) Improved mental and emotional wellbeing
    - As indicated by the Burns Depression and Anxiety scales (Initial and Discharge)

Mental Health Services for Domestic Violence Survivors (Barbara Seville) Kings County Action Organization (KCAO)

STATUS		New	X	Continuing		Modified		
TARGET POPULATION		Children Ages 0-15	X	Transitional Age Group Ages 16-25	X	Adult Ages 26-59	X	Older Adult Ages 60+

FY 2020-2021 Budget	**$304,966**
Projected number of individuals to be served	300
Projected cost per person served	$1,017
FY 2021-2022 Budget	**$307,772**
Projected number of individuals to be served	300
Projected cost per person served	$1,026
FY 2022-2023 Budget	**$309,085**
Projected number of individuals to be served	300
Projected cost per person served	$1,030

Program Description

The Barbara Seville Women's Shelter provides a safe and secure living environment for women and children seeking refuge from domestic violence and/or, who are homeless due to unforeseen circumstances and situations. The Shelter provides case management and linkage services for adults with serious mental illness and children with serious emotional disturbance who have experienced domestic or family violence and are residents of the Barbara Seville shelter.

The program provides mental health and case management services and linkage to other supports to address issues related to mental health, trauma, domestic violence, and homelessness.

Population Served: Barbara Saville Women's Shelter serves women and children seeking refuge from domestic violence and/or, who are homeless due to unforeseen circumstances and situations. Case management and linkage services are provided for adults with serious mental illness and children with serious emotional disturbance who have experienced domestic or family violence and are current residents.

Projected Outcomes

Proposed Goals & Objectives

The Shelter will achieve the following outcomes for individuals receiving services:

1) Individuals and families at risk will receive PHQ-9 and/or Beck's Depression Inventory screenings and referred to appropriate services at KCBH or Kings View, resulting in increased access and linkage to mental health services
    - As indicated by referral tracking logs and number of individuals following through and engaging in services
2) Increase self-sufficiency among residents with the goal of moving individuals to permanent, independent housing

- As indicated by successful placements, without a return to transitional housing or homelessness within 3 to 6 months and a self-sufficiency assessment (individual or family) to be administered upon leaving the shelter.

OUTREACH AND ENGAGEMENT

Kings Whole Person Care

STATUS		New	X	Continuing		Modified		
TARGET POPULATION	X	Children Ages 0-15	X	Transitional Age Group Ages 16-25	X	Adult Ages 26-59	X	Older Adult Ages 60+

FY 2020-2021 Budget	**$948,201**
Projected number of individuals to be served	400
Projected cost per person served	
FY 2021-2022 Budget	**$253,723**
Projected number of individuals to be served	400
Projected cost per person served	
FY 2022-2023 Budget	**$0**
Projected number of individuals to be served	
Projected cost per person served	

As this program is jointly funded by MHSA CSS and Whole Person Care Act (WPC) by DHCS, cost per person is not calculated.

Program Description

Kings Whole Person Care (KWPC) provides Kings County residents with assistance navigating the various services and resources available in the County. KWPC is a system of referral and linkage that involves collaboration between many Kings County providers and is designed to assist Kings County residents who could benefit from having a personal advocate for accessing any combination of services related to mental health needs, addictions, and/or chronic health conditions. The purpose of KWPC is to provide timely, individualized access to care coordination and services to those in most need.

KWPC provides time-limited, intensive case management services that provide participants with screenings and linkages to immediate assessments, care and comprehensive treatment. Services include:

- Short term recuperative care
- Housing assistance
- Social security and disability advocacy
- Individualized care coordination

Kings Whole Person Care will no longer provide MHSA funding or services past FY 20/21 due to project ending.

Population Served: KWPC serves community members who have difficulty accessing outpatient services or who access care at high levels (e.g., emergency rooms, mental health care in jail) and are considered high cost and high utilizers of various public services. The target population must have one or more of the following: a substance use disorder, mental health issues, or a chronic health condition of diabetes or high blood pressure. Although KWPC can receive referrals from anyone anywhere, the program is designed to target consumers who are exiting from incarceration or hospitalization and meet other criteria.

Projected Outcomes

Proposed Goals & Objectives

KWPC will achieve the following program outcomes:

1) Increase outreach and engagement for individuals exiting incarceration or hospitalization with substance use disorder, mental health issues, and/or chronic health condition of diabetes or high blood pressure
    - As indicated by tracking community outreach efforts and partnership with other agencies (e.g., community promotion, collocation of services, and data sharing with partner agencies)
2) Increase access and linkage to mental health services as indicated by:
    - Assessment tracking: type of assessments provided to each referral (e.g., mental health, physical health, access to benefits, housing, and/or employment)
    - Referral tracking: type of referrals provided to each individual and whether individual followed through and engaged with mental health services.

Warm Line (Kings-Tulare Warm Line)

STATUS		New	X	Continuing	X	Modified		
TARGET POPULATION	X	Children Ages 0-15	X	Transitional Age Group Ages 16-25	X	Adult Ages 26-59	X	Older Adult Ages 60+

FY 2020-2021 Budget	**$135,233**
Projected number of individuals to be served	50,000
Projected cost per person served	$3
FY 2021-2022 Budget	**$136,489**
Projected number of individuals to be served	50,000
Projected cost per person served	$3
FY 2022-2023 Budget	**$137,077**
Projected number of individuals to be served	50,000
Projected cost per person served	$3

Visitors across the website, Facebook page, phone app, and phone calls

Program Description

The **Warm Line** is grouped in the Access and Linkage program in the KCBH system of care. The Warm Line is a non-emergency, peer-run phone line for anyone seeking support available 24 hours a day, seven days a week. The Warm Line assists people who need to reach out when having a hard time and offers emotional support and specific information about mental health resources in Kings County. Warm line refers calls for more intensive services to other agencies in the county.

The Warm line is staffed by people who have experienced the same kinds of issues a caller might have. They are bilingual English/Spanish and are there to assist by listening, encouraging, and being supportive. The call is anonymous and confidential.

Population Served: All of Kings County residents are served by this program

Projected Outcomes

Proposed Goals & Objectives

The Warm Line will achieve the following program outcomes:

1) Increase outreach and engagement for individuals in need of mental health services
    - As indicated by tracking demographics of callers and reasons for calling/need
2) Increase access and linkage to mental health services
    - As indicated by referral tracking: type of referrals provided to each individual and whether individual followed through and engaged with services
3) Caller satisfaction
    - As indicated by responses to satisfaction survey questions.

PREVENTION AND EARLY INTERVENTION
PREVENTION

School Based Services

STATUS		New	X	Continuing		Modified		
TARGET POPULATION	X	Children Ages 0-15	X	Transitional Age Group Ages 16-25		Adult Ages 26-59		Older Adult Ages 60+

FY 2020-2021 Budget	**$362,918**
Projected number of individuals to be served	500
Projected cost per person served	$726
FY 2021-2022 Budget	**$368,782**
Projected number of individuals to be served	500
Projected cost per person served	$738
FY 2022-2023 Budget	**$371,525**
Projected number of individuals to be served	500
Projected cost per person served	$743

Program Description

School Based Services: These evidence-based skill building services are designed to provide students with skills and tools to promote increased mental health wellness, improved school performance, healthy interpersonal relationships, and overall communication.

Projected Outcomes

Proposed Goals & Objectives

School Based Services will achieve the following program outcomes:

1) Increase in emotional self-regulation skills among students trained in program
    - As indicated by pre/post screening tool or retrospective post-survey at the end of the program
2) Decrease in stress and anxiety among students trained in program.
    - As indicated by pre/post screening tool or retrospective post-survey at the end of the program
3) Decreased risk for school failure or dropout, through enhanced academic performance

Prevention and Wellness - Support Groups

STATUS		New	X	Continuing		Modified		
TARGET POPULATION	X	Children Ages 0-15	X	Transitional Age Group Ages 16-25	X	Adult Ages 26-59	X	Older Adult Ages 60+

FY 2020-2021 Budget	**$309,618**
Projected number of individuals to be served	100
Projected cost per person served	$3,096
FY 2021-2022 Budget	**$315,860**
Projected number of individuals to be served	150
Projected cost per person served	$2,106
FY 2022-2023 Budget	**$318,779**
Projected number of individuals to be served	150
Projected cost per person served	$2,125

Program Description

Prevention and Wellness services provides quality and culturally competent support groups to promote positive approaches to mental health and prevent serious mental health crises.

The Support Groups program offers several support groups that meet regularly to provide opportunities for connection, discussion, education about mental health and other resources, and other services through a peer-to-peer model.

Population Served: The target population for the Support Groups program services are individuals who are unlikely to receive services in a traditional environment.

Projected Outcomes

Proposed Goals & Objectives

The Support Groups program will achieve the following program outcomes:

1) Increase in self-reported emotional and relational protective factors (e.g., reduced feelings of isolation, increased feelings of social connectedness).
    - As indicated by self-reported responses to survey administered to all participants twice per year.

EARLY INTERVENTION

Early Intervention Clinical Services (EICS)

STATUS		New	X	Continuing		Modified		
TARGET POPULATION		Children Ages 0-15	X	Transitional Age Group Ages 16-25		Adult Ages 26-59		Older Adult Ages 60+

FY 2020-2021 Budget	**$60,286**
Projected number of individuals to be served	5
Projected cost per person served	$12,057
FY 2021-2022 Budget	**$60,705**
Projected number of individuals to be served	10
Projected cost per person served	$6,071
FY 2022-2023 Budget	**$60,901**
Projected number of individuals to be served	10
Projected cost per person served	$6,090

Program Description

Early Intervention Clinical Services (EICS) seeks to engage youth early on in the development of a serious mental illness to decrease the severity of symptoms, increase recovery and help youth stay on track developmentally. Services provided include home, community, and office based clinical services, case management, and other supportive services for the youth and their family.

Population Served: The target population of EICS is Transitional Age Youth identified by parents, providers, schools, emergency rooms, primary care physicians, child welfare, law enforcement, and juvenile probation that have experienced a first episode of psychosis, mania, depression, or other mental health disorder or are beginning to show signs of developing a serious mental health problem.

Projected Outcomes

Proposed Goals & Objectives

EICS will achieve the following program outcomes:

1) A reduction in symptoms and/or improved recovery, including mental, emotional, and relational functioning
    - As indicated by mental health and wellbeing assessments administered by the clinician at appropriate intervals in the course of treatment
2) Active engagement of family members
    - As indicated by number of participants with family members actively engaged in recovery throughout duration of program participation
3) Improve social and family relationships
    - As indicated by social and family relationship assessments and/or self-reported by program participants

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Community Wide Outreach and Engagement Education/Training

STATUS		New	X	Continuing		Modified		
TARGET POPULATION	X	Children Ages 0-15	X	Transitional Age Group Ages 16-25	X	Adult Ages 26-59		Older Adult Ages 60+

FY 2020-2021 Budget	**$250,632**
Projected number of individuals to be served	200
Projected cost per person served	$1,253
FY 2021-2022 Budget	**$254,402**
Projected number of individuals to be served	250
Projected cost per person served	$1,018
FY 2022-2023 Budget	**$256,165**
Projected number of individuals to be served	250
Projected cost per person served	$1,025

Program Description

Community-Wide Education works to improve the community's ability to recognize and respond to early signs and symptoms of mental illness. The focus of KCBH's community wide education and training strategies include keeping people healthy and getting people the treatment, they need early on in the onset to prevent negative consequences that can occur if mental illness is undiagnosed and/or untreated.

Key activities include:

- **Mental Health First Aid (MHFA)** is "the help provided to a person developing a mental health problem or in a mental health crisis." Like traditional first aid, mental health first aid is given until appropriate professional treatment is received or until the crisis resolves."
- **Youth Mental Health First Aid (YMHFA)** is designed to teach youth, parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addiction challenge or is in crisis.
- **Applied Suicide Intervention Skills Training (ASIST)** workshop is a two-day, highly interactive, practice-oriented workshop for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide.
- **Safe TALK** is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide.
- **Other Trainings** to support the community of Kings County.

Population Served: All of Kings County benefits from these services and the educational opportunities provided. This program conducts outreach to families, employers, primary health care providers, and others to recognize early signs of potentially sever and disabling mental illness.

Projected Outcomes

Proposed Goals & Objectives

Outreach programs will achieve the following outcomes as indicated by ASIST, safeTALK, and MHFA program surveys administered at the conclusion of each training.:

1) Increase community member's knowledge and capacity to recognize mental health needs and thoughts of suicide.
2) Increase community member's knowledge and capacity to respond to mental health needs and thoughts of suicide.

STIGMA AND DISCRIMINATION REDUCTION

Community Wide Stigma and Discrimination Reduction

STATUS		New	X	Continuing		Modified		
TARGET POPULATION	X	Children Ages 0-15	X	Transitional Age Group Ages 16-25	X	Adult Ages 26-59	X	Older Adult Ages 60+

FY 2020-2021 Budget	**$287,538**
Projected number of individuals to be served	100,000
Projected cost per person served	$3
FY 2021-2022 Budget	**$290,806**
Projected number of individuals to be served	100,000
Projected cost per person served	$3
FY 2022-2023 Budget	**$292,334**
Projected number of individuals to be served	100,000
Projected cost per person served	$3

It is estimated that over 100,000 Kings County residents are reached monthly through radio commercials and the county programs. Approximately 35,000 unique website views per month.

Program Description

Kings County utilizes a number of efforts to reduce stigma, increase cultural competency, and increase service connectedness. These efforts include:

- **Media/Social Media:** Use of social marketing websites to share information and educate the public about mental illness.
- **The Kings Partnership for Prevention (KPFP)** is a coalition in Kings County that works to create an environment of wellness throughout our community. Members come from throughout the county representing a wide variety of interests. KPFP participates in and leads collaborative processes on behalf of KCBH to improve overall wellness of the community. These wellness efforts are conducted through community wide prevention efforts that include mental health outreach, suicide prevention awareness, and substance use prevention activities.
- **The Kings County Cultural Competency Task Force (CCTF)** includes mental health and substance use disorder providers as well as other local providers from education, faith based entities, businesses, and consumers. The Task Force is made up of community members and partnering agency staff and work on completion of the required State Cultural Competency Plans, annual updates to that plan, setting the training agenda for the year, assisting other providers with their cultural competency plans, practices, and promoting culturally appropriate services throughout Kings County. This effort is accomplished through identification of some of our community provider training needs, recommending trainings, working on anti-stigma and stigma reduction, focusing on underserved populations in Kings County (i.e. LGBTQ Youth, Latinos, Veterans, seniors, Native Americans, ex-offenders, and those living with a mental illness) and promotion of CLAS standards.

Population Served: The target population for these services are individuals and communities who may view mental health as a stigma as well as minorities who would benefit from tailored and culturally appropriate services. Stigma and Discrimination Reduction is a community-wide effort across the County.

Projected Outcomes

Proposed Goals & Objectives

Stigma and Discrimination Reduction programs will achieve the following outcomes as indicated by the Measurements, Outcomes, and Quality Assessment (MOQA) Stigma and Discrimination Reduction Survey:

1) Changes in attitudes, knowledge, and/or behavior related to mental illness
2) Changes in attitudes, knowledge, and/or behavior related to seeking mental health services

SUICIDE PREVENTION

Suicide Prevention

STATUS		New		Continuing	X	Modified		
TARGET POPULATION	X	Children Ages 0-15	X	Transitional Age Group Ages 16-25	X	Adult Ages 26-59	X	Older Adult Ages 60+

FY 2020-2021 Budget	**$684,129**
Projected number of individuals to be served	2,000
Projected cost per person served	$342
FY 2021-2022 Budget	**$690,035**
Projected number of individuals to be served	2,000
Projected cost per person served	$345
FY 2022-2023 Budget	**$692,797**
Projected number of individuals to be served	2,000
Projected cost per person served	$346

Program Description

Suicide Prevention activities promotes public awareness of prevention issues, improves and expands suicide reporting systems, and promotes effective clinical and professional practices. Key Services/Activities of suicide prevention include:

- **The Depression Reduction Achieving Wellness (DRAW)** program is a campus-linked project that addresses the first onset of a psychiatric illness in students through collaboration with an institution of higher education. DRAW provides students with education regarding both the cultivation of wellness approaches and the identification of signs and symptoms of mental illness, short-term low-intensity intervention services, referrals to community-based agencies for more extended or intensive services when needed, and training for college staff on the signs and symptoms of depression.
- **Local Outreach to Suicide Survivors (LOSS)** is a program that dispatches support teams to the location of a suicide to provide resources, support, and hope to friends and family members of the suicide victim.
- **Central Valley Suicide Prevention Hotline (CVSPH)** is an immediate and consistent support for individuals in crisis or experiencing a suicidal crisis. The hotline is available 24 hours a day, 365 days a year, and is confidential and free. The trained staff and volunteers conduct the following: Save the caller and offers immediate support, develop a safety plan for the caller, reach out to callers with post crisis follow-up to ensure that they are safe and getting the help the caller may need.

Population Served: Kings County residents and their family members experiencing a mental health crisis.

Projected Outcomes

Proposed Goals & Objectives

Suicide Prevention programs will achieve the following

1) Changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness a outcomes as indicated by post-training/post-counseling surveys (e.g., DRAW Post-Counseling Survey), the Measurements, Outcomes, and Quality Assessment (MOQA) Suicide Prevention Survey, and/or community input/feedback through coalition and outreach campaign surveys.
2) In programs that directly serve individuals at risk, every individual in need of mental health services receives a referral as indicated by program referral tracking

ACCESS AND LINKAGE TO TREATMENT

Senior Access for Engagement (SAFE)

STATUS		New	X	Continuing		Modified		
TARGET POPULATION		Children Ages 0-15		Transitional Age Group Ages 16-25	X	Adult Ages 26-59	X	Older Adult Ages 60+

FY 2020-2021 Budget	**$491,216**
Projected number of individuals to be served	50
Projected cost per person served	$9,824
FY 2021-2022 Budget	**$501,688**
Projected number of individuals to be served	50
Projected cost per person served	$10,034
FY 2022-2023 Budget	**$506,585**
Projected number of individuals to be served	50
Projected cost per person served	$10,132

Program Description

SAFE provides services and referrals to seniors/older adults in the home, at senior centers, nursing homes, assisted living facilities, and other events for older adults. SAFE providers promote psychosocial supports and identify possible signs and symptoms of mental illness and assist them into the appropriate referral for mental health treatment. Specific SAFE services include:

- Visitation to older adults in the home or community to provide social support
- Caregiver support group
- Referral and linkage to other community-based providers for other needed social services and primary care

Population Served: SAFE serves isolated older adults ages 60 and older at risk of or beginning to experience mental health problems, such as depression, related to aging and isolation. SAFE also serves primary caregivers of older adults with mental illness. Caregivers accessing this service must not be paid for caregiving and must live in a non-licensed setting.

Projected Outcomes

Proposed Goals & Objectives

SAFE will track the following program metrics:

1) Number of individuals with serious mental illness referred to treatment and type of treatment
2) Number of persons who followed through on the referral and engaged in treatment
3) Duration of untreated mental illness for people referred to treatment who have not previously received treatment
4) The interval between referral and engagement in treatment

2-1-1

STATUS		New	X	Continuing		Modified		
TARGET POPULATION	X	Children Ages 0-15	X	Transitional Age Group Ages 16-25	X	Adult Ages 26-59	X	Older Adult Ages 60+

FY 2020-2021 Budget	**$199,018**
Projected number of individuals to be served	50,000
Projected cost per person served	$4
FY 2021-2022 Budget	**$202,998**
Projected number of individuals to be served	50,000
Projected cost per person served	$4
FY 2022-2023 Budget	**$204,859**
Projected number of individuals to be served	50,000
Projected cost per person served	$4

Program Description

The Access and Linkage program is a program provided by KCBH staff to review all referrals that come into Kings County Behavioral Health and provide screening and linkage to existing services. The purpose of Access and Linkage is to review and ensure linkage to treatment if individuals have been connected to services.

2-1-1 is grouped in the Access and Linkage program in the KCBH system of care and serves as a telephonic resource informational tool to assist in linking community members to local public resources provided by government, community, and non-profit entities, including behavioral health services.

Population Served: All of Kings County residents are served by this program.

Projected Outcomes

Proposed Goals & Objectives

2-1-1 will track the following program metrics:

1) Number of individuals with serious mental illness referred to treatment and type of treatment

INNOVATION (INN)

Multiple-Organization Shared Telepsychiatry (MOST)

STATUS		New	X	Continuing		Modified		
TARGET POPULATION	X	Children Ages 0-15	X	Transitional Age Group Ages 16-25	X	Adult Ages 26-59	X	Older Adult Ages 60+

FY 2020-2021 Budget	**$753,839**
Projected number of individuals to be served	60
Projected cost per person served	$12,564
FY 2021-2022 Budget	**$318,961**
Projected number of individuals to be served	60
Projected cost per person served	$5,316
FY 2022-2023 Budget	**--**
Projected number of individuals to be served	--
Projected cost per person served	--

Program Description

Kings County has adopted the Multiple Organization Shared Telepsychiatry (MOST) project as its Innovation plan as approved by the Kings County Board of Supervisors in June 2018, which will be a catalyst to change an existing practice. The MOST project is seeking to expand much needed psychiatric services by establishing multiple shared Telepsychiatry suites that will be accessed by multiple providers. Additionally, the MOST program seeks to use these shared services to improve care coordination and to infuse the lived experience of peers into the provision of psychiatric services. The MOST Project was approved by the Mental Health Services Oversight & Accountability Commission (MHSOAC) in September 2018.

The MOST project will go far beyond addressing a serious psychiatric shortage in a small and rural community and will do more than just build capacity or improve access to care. Its focus will be to move Telepsychiatry from a medical model of care to one that is based on wellness and recovery, thus improving the overall coordination of care and the consumers' experience. The outcome of this project will increase access to timely care, create paid peer roles in the system of care, and increase the number of individuals receiving care in the community instead of jails, hospitals, and emergency departments.

The stakeholders of Kings County identified a need for additional psychiatric services that would allow for greater access, timely access, and to allow consumers to be served in the community. Having teams who could specialize with populations such as children would be critical in improving engagement, care, and outcomes. The County shall staff and operate these Telepsychiatry suites in various locations, but share the resources with our children and adult services providers. Designated days for each population and provider shall be established, ensuring appropriate staff are scheduled for those populations (i.e. child psychiatrist for children).

The focus for the program from its on-set has included the ability to be sustainable. The MOST project has been designed in a manner which will allow it to transition to a fully sustainable service at the conclusion of the Innovation plan term, and allow for other public funding, specifically Medi-Cal reimbursement and Mental Health Services Act (MHSA) funding, to carry the program forward. The

ability to provide access to psychiatric care in a more timely and coordinated manner shall reduce the number of consumers who are hospitalized, incarcerated, or admitted into the emergency room, yielding significant cost savings that will also support the program's continuing sustainability.
Total cost of the MOST project is estimated at $2,138,613. Kings County has attained approval for $1,663,631 from the Mental Health Services Oversight and Accountability Commission for its proposed innovation plan. Kings County has estimated revenues of Medi-Cal FFP at $325,000 or more during this project to close the funding gap. Additionally, $150,000 of MHSA funding will be used to fund the program in the final year. The MHSA funding will focus on the Peer Support Specialist and Parent Support Specialist salaries, to ensure that peer components of the program shall continue through the system.

WORKFORCE EDUCATION AND TRAINING (WET)

WET initiatives are not planned for FY 20-23.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

All CFTN funds were expended in June 2020 and there will be no CFTN funds or expenditures in the 2020-2023 Three-Year Program and Expenditure Plan.

MHSA COMPONENT BUDGETS AND PRUDENT RESERVE

	MHSA Funding					
	A	B	C	D	E	F
	Community Services Support	Prevention & Early Intervention	Innovation	Workforce Education & Training	Capital Facilities & Technology Needs	Prudent Reserve
A. Estimated FY 2020/21 Funding						
Estimated Unspent Funds from Prior Fiscal Years	-	-	1,072,800	-	-	
Estimated New FY 2020/2021 Funding	5,550,318	2,645,355	-			
Transfer in FY 2020/2021	-			-	-	-
Access Local Prudent Reserve in FY 2020/2021	-	-				-
Estimated Available Funding for FY 2020/2021	5,550,318	2,645,355	1,072,800	-	-	-
B. Estimated FY 2020/2021 MHSA Expenditures	5,550,318	2,645,355	753,839	-	-	
C. Estimated FY 2021/22 Funding						
Estimated Unspent Funds from Prior Fiscal Years	-	-	318,961	-	-	
Estimated New FY 2021/2022 Funding	4,773,192	2,685,276	-			
Transfer in FY 2021/2022	-			-	-	-
Access Local Prudent Reserve in FY 2021/2022	-	-				-
Estimated Available Funding for FY 2021/2022	4,773,192	2,685,276	318,961	-	-	-
D. Estimated FY 2021/2022 MHSA Expenditures	4,773,192	2,685,276	318,961	-	-	
E. Estimated FY 2022/23 Funding						
Estimated Unspent Funds from Prior Fiscal Years	-	-	-	-	-	
Estimated New FY 2022/2023 Funding	4,464,274	2,703,945	-			
Transfer in FY 2022/2023	-			-	-	-
Access Local Prudent Reserve in FY 2022/2023	-	-				-
Estimated Available Funding for FY 2022/2023	4,464,274	2,703,945	-	-	-	-
F. Estimated FY 2022/2023 MHSA Expenditures	4,464,274	2,703,945	-	-	-	
G. Estimated FY 2022/2023 Unspent Fund Balance	-	-	-	-	-	-

H. Estimated Local Prudent Reserve Balance	
Estimated Local Prudent Reserve Balance on June 30, 2020	1,699,926.60
Contributions to the Local Prudent Reserve in FY 2020/21	-
Distributions from the Local Prudent Reserve in FY 2020/21	-
Estimated Local Prudent Reserve Balance on June 30, 2021	1,699,926.60
Contributions to the Local Prudent Reserve in FY 2021/22	-
Distributions from the Local Prudent Reserve in FY 2021/22	-
Estimated Local Prudent Reserve Balance on June 30, 2022	1,699,926.60
Contributions to the Local Prudent Reserve in FY 2022/23	-
Distributions from the Local Prudent Reserve in FY 2022/23	-
Estimated Local Prudent Reserve Balance on June 30, 2023	1,699,926.60

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

Community Services and Supports (CSS) Component Worksheet

	2020-21	2021-22	2022-23			
	Estimated Expenditures	Estimated Expenditures	Estimated Expenditures			
Community Services and Support (CSS)						
Full Service Partnership (FSP) Programs						
Assertive Community Treatment (ACT - MHSA)	934,500	909,500	884,500			
FSP - Services for Children/TAY (Aspiranet)	1,154,500	1,129,500	1,104,500			
FSP - Services for Adults and Older Adults (Kings View)	969,000	944,000	919,000			
General Systems Development						
Collaborative Justice Treatment Court (CJTC)	437,498	437,498	437,498			
Mental Health Services for Domestic Violence Survivors	259,780	259,780	259,780			
Outreach and Engagement						
Kings Whole Person Care	803,000	200,000	-			
Warm Line (Kings - Tulare Warm Line)	115,000	115,000	115,000			
CSS Administration	827,040	777,914	743,996			
Total CSS Program Estimated Expenditures	5,500,318	4,773,192	4,464,274			
FSP Program as Percent of Total	56%					

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Community Services and Support (CSS)						
Full Service Partnership (FSP) Programs						
Assertive Community Treatment (ACT - MHSA)	1,284,500	934,500	350,000			
FSP - Services for Children/TAY (Aspiranet)	1,504,500	1,154,500	350,000			

FSP - Services for Adults and Older Adults (Kings View)	1,319,000	969,000	350,000			
General Systems Development						
Collaborative Justice Treatment Court (CJTC)	437,498	437,498	-			
Mental Health Services for Domestic Violence Survivors	259,780	259,780	-			
Outreach and Engagement						
Kings Whole Person Care	803,000	803,000	-			
Warm Line (Kings - Tulare Warm Line)	115,000	115,000	-			
CSS Administration	827,040	827,040	-			
Total CSS Program Estimated Expenditures	6,550,318	5,500,318	1,050,000			
FSP Program as Percent of Total	63%					

	Fiscal Year 2021/22					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
Community Services and Support (CSS)						
Full Service Partnership (FSP) Programs						
Assertive Community Treatment (ACT - MHSA)	1,284,500	909,500	375,000			
FSP - Services for Children/TAY (Aspiranet)	1,504,500	1,129,500	375,000			
FSP - Services for Adults and Older Adults (Kings View)	1,319,000	944,000	375,000			
General Systems Development						
Collaborative Justice Treatment Court (CJTC)	437,498	437,498	-			
Mental Health Services for Domestic Violence Survivors	259,780	259,780	-			
Outreach and Engagement						
Kings Whole Person Care	200,000	200,000	-			

Warm Line (Kings - Tulare Warm Line)	115,000	115,000	-			
CSS Administration	777,914	777,914	-			
Total CSS Program Estimated Expenditures	5,898,192	4,773,192	1,125,000			
FSP Program as Percent of Total	70%					

	Fiscal Year 2022/23					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
Community Services and Support (CSS)						
Full Service Partnership (FSP) Programs						
Assertive Community Treatment (ACT - MHSA)	1,284,500	884,500	400,000			
FSP - Services for Children/TAY (Aspiranet)	1,504,500	1,104,500	400,000			
FSP - Services for Adults and Older Adults (Kings View)	1,319,000	919,000	400,000			
General Systems Development						
Collaborative Justice Treatment Court (CJTC)	437,498	437,498	-			
Mental Health Services for Domestic Violence Survivors	259,780	259,780	-			
Outreach and Engagement						
Kings Whole Person Care	-	-	-			
Warm Line (Kings - Tulare Warm Line)	115,000	115,000	-			
CSS Administration	743,996	743,996	-			
Total CSS Program Estimated Expenditures	5,664,274	4,464,274	1,200,000			
FSP Program as Percent of Total	73%					

Prevention and Early Intervention (PEI) Component Worksheet

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Prevention and Early Intervention (PEI)						
Prevention						
School-Based Services	268,499	268,499				
Prevention and Wellness Support Groups	209,129	209,129				
Early Intervention						
Early Intervention Clinical Services (EICS)	53,542	53,542				
Outreach for Increasing Recognition of Early Signs of Mental Illness						
Community Wide Outreach and Engagement Ed/Train	189,934	189,934				
Stigma and Discrimination Reduction						
Community Wide Stigma & Discrimination Reduction	234,934	234,934				
Suicide Prevention						
Suicide Prevention	399,377	399,377				
Access and Linkage						
Senior Access for Engagement (SAFE)	322,610	322,610				
2-1-1	134,948	134,948				
PEI Administration	642,724	642,724				
PEI Assigned Funds	189,658	189,658				
Total PEI Program Estimated Expenditures	2,645,355	2,645,355	-	-	-	-

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Prevention and Early Intervention (PEI)						
Prevention						
School-Based Services	268,499	268,499				
Prevention and Wellness Support Groups	209,129	209,129				
Early Intervention						
Early Intervention Clinical Services (EICS)	53,542	53,542				
Outreach for Increasing Recognition of Early Signs of Mental Illness						
Community Wide Outreach and Engagement Ed/Train	189,934	189,934				
Stigma and Discrimination Reduction						
Community Wide Stigma & Discrimination Reduction	234,934	234,934				
Suicide Prevention						
Suicide Prevention	399,377	399,377				
Access and Linkage						
Senior Access for Engagement (SAFE)	322,610	322,610				
2-1-1	134,948	134,948				
PEI Administration	682,645	682,645				
PEI Assigned Funds	189,658	189,658				
Total PEI Program Estimated Expenditures	2,685,276	2,685,276	-	-	-	-

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Prevention and Early Intervention (PEI)						
Prevention						
School-Based Services	268,499	268,499				
Prevention and Wellness Support Groups	209,129	209,129				
Early Intervention						
Early Intervention Clinical Services (EICS)	53,542	53,542				
Outreach for Increasing Recognition of Early Signs of Mental Illness						
Community Wide Outreach and Engagement Ed/Train	189,934	189,934				
Stigma and Discrimination Reduction						
Community Wide Stigma & Discrimination Reduction	234,934	234,934				
Suicide Prevention						
Suicide Prevention	399,377	399,377				
Access and Linkage						
Senior Access for Engagement (SAFE)	322,610	322,610				
2-1-1	134,948	134,948				
PEI Administration	701,314	701,314				
PEI Assigned Funds	189,658	189,658				
Total PEI Program Estimated Expenditures	2,703,945	2,703,945	-	-	-	-

Innovation (INN) Component Worksheet

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Multiple Organization Shared Telepsychiatry (MOST)	652,676	652,676				
INN Administration	101,163	101,163				
Total INN Program Estimated Expenditures	753,839	753,839	-	-	-	-

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Multiple Organization Shared Telepsychiatry (MOST)	211,514	211,514				
INN Administration	107,447	107,447				
Total INN Program Estimated Expenditures	318,961	318,961	-	-	-	-

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Multiple Organization Shared Telepsychiatry (MOST)	-	-				
INN Administration	-	-				
Total INN Program Estimated Expenditures	-	-	-	-	-	-

Workforce Education and Training (WET) Component Worksheet

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
	-	-				
WET Administration	-	-				
Total WET Program Estimated Expenditures	-	-	-	-	-	-

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
	-	-				
WET Administration	-	-				
Total WET Program Estimated Expenditures	-	-	-	-	-	-

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
	-	-				
WET Administration	-	-				
Total WET Program Estimated Expenditures	-	-	-	-	-	-

Capital Facilities/Technological Needs (CFTN) Component Worksheet

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs						
	-	-				
CFTN Administration	-	-				
Total CFTN Program Estimated Expenditures	-	-	-	-	-	-

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs						
	-	-				
CFTN Administration	-	-				
Total CFTN Program Estimated Expenditures	-	-	-	-	-	-

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs						
	-	-				
CFTN Administration	-	-				
Total CFTN Program Estimated Expenditures	-	-	-	-	-	-

APPENDICES

Appendix A. Community Program Planning Presentation

Mental & Behavioral Health
Needs Assessment
2020

Presentation to:
Steering Committee Meeting

KINGS COUNTY behavioral health

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Overview

- Project Overview
  - Needs Assessment Goals
  - Community Engagement & Data Collection
- Participant Demographics
- Key Findings
  - Priority Needs
  - Causes and Contributing Factors
  - Barriers to Care
  - Recommendations
- Next Steps
- Q&A

3

Project Overview

Needs Assessment Goals

- Identify needs of residents
- Understand gaps in available service provision

"There are towns here we have never had success engaging with, and isn't for lack of trying, we just haven't found the right key for the lock."

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Community Engagement & Data Collection

KEY STAKEHOLDER INTERVIEWS

PROVIDER SURVEY

COMMUNITY FOCUS GROUPS

COMMUNITY SURVEY

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Participant Demographics

Interviewees

MENTAL HEALTH PROVIDERS

LAW ENFORCEMENT

EDUCATORS

3 OTHER

7

Provider Survey

Social Services had the most respondents (35%)

Majority of respondents provide services in Hanford (68%)

Previously Incarcerated

65%

Housing Insecure

74%

Low Income

90%

Community Survey

- Majority were female (79%)
- More than half are parents of children under 18 (51%)
- 37% had a family member with an SPMI
- Nearly 10% identified as having a disability

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Focus Groups

- Over 50% identify as Hispanic/Latino
- Nearly 75% are over 50 years of age
- 28% have a disability
- 20% are veterans
- 10% identify as LGBTQ+

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Key Findings

Positive Feedback

"Without the help I don't know where I'd be today. The services are good, they just need to be put out there so other people would know about it."

"I think they did an excellent job and I am going to school today because of Behavioral Health."

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Priority Concerns

Top Needs Identified:

- Substance Use
- Depression
- Anxiety
- Suicide
- Trauma
- Access to Care
- Crisis Services
- Psychiatric Hospital
- Local services

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Causes & Contributing Factors

Economic Instability ☐ Poverty ☐ Homelessness ☐ Unemployment ☐ Financial Stress	**Mental Health System** ☐ Providers Need Additional Training/ Education ☐ Lack of Information
Violence ☐ Abusive Relationships ☐ Adverse Childhood Experiences ☐ Trauma	**Interpersonal Experiences** ☐ Stigma ☐ Isolation

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Barriers to Care

- Stigma
- Lack of information about available services
- Service Capacity
- Timely Access
- Transportation/Distance
- Cost of Care
- Insurance Coverage

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Recommendations Across Engagements

- Alternative methods of service delivery (field, school, in home, telehealth)
- Increased outreach & promotion of services
- Increase number of providers/staff
- Open satellite/rural offices
- Increase accessibility (decrease eligibility, increase affordability)
- Peer support
- Providers need additional training

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"Everybody should have the right, no matter their income status in life or color,…to good mental health…and if we deny people those rights we deny them the right to dignity and integrity; we strip them of their self-esteem.
Why do we have to wait until someone really acts up? Why do we have to wait for fire when we see smoke to call the fire department?"

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Next Steps

- Report Development
- Learning Summit
- Public Comment Period

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Questions?

Mindy Friedman, JD, MPH
mfriedman@Evalcorp.com

Shayla Wilson, MPP
swilson@Evalcorp.com

EVALCORP
Research & Consulting

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Appendix B. Community Focus Group Protocol

Mental/Behavioral Health Needs
Let's begin by discussing mental and behavioral health issues in your community.

1. In your opinion, what are the most important mental and behavioral health concerns in your community?

2. Are there certain groups or populations more affected than others?
    a. If yes, please elaborate.

3. What do you think contributes the most to poor mental and behavioral health in your community?

Available Resources and Ideas for Increasing Access
Now we are going to talk about resources for help with mental and behavioral health needs.

4. What resources or services are available in the community you live in to help address mental and behavioral health needs?
    a. How did you learn about them?

5. How easy or hard it is to get help for mental/behavioral health issues in your community?

6. What prevents people from getting mental and behavioral health help or support?

7. How can mental/behavioral health services be made more accessible?

Closing Question(s)

8. Is there anything else you would like to share with us about mental/behavioral health issues within your communities?

Appendix C. Community Member Survey

Thank you for your participation today. We are asking community members to complete this survey to provide your valuable feedback on behavioral health needs in Kings County. Your responses will be anonymous.

1. What do you think are the most important behavioral health issues in your community? (please choose up to three)

- ❑ Alcoholism/Substance Use
- ❑ Anxiety
- ❑ Chronic Stress
- ❑ Depression
- ❑ Trauma
- ❑ Suicide or thoughts of suicide
- ❑ Other (please specify): _____

2. People sometimes face barriers to getting the behavioral health resources they need. In your community, which of the following do you think are the biggest barriers? (please choose up to three)

- ❑ Appointment availability
- ❑ Cost of services
- ❑ Distance to available services
- ❑ Lack of childcare/caregiver relief
- ❑ Lack of health insurance
- ❑ Lack of information about where to get help
- ❑ Lack of transportation
- ❑ Staff don't speak the same language or have translation available
- ❑ Staff don't understand different cultures or backgrounds
- ❑ Stigma against mental illness or getting help
- ❑ Other (please specify): _____

3. How available are behavioral health services in your community?

❑ Very Available ❑ Somewhat Available ❑ Not at All Available

4. How much do you agree or disagree with the following statement? *People with behavioral health needs can get help in my community.* ❑ Strongly Agree ❑ Agree ❑ Disagree ❑ Strongly Disagree

5. What problems do you think are contributing the most to behavioral health issues in your community? (please choose up to three)

- ❑ Abusive relationships
- ❑ Bullying
- ❑ Caregiving Responsibilities (e.g., caring for older adult family members, children, etc.)
- ❑ Excessive use of online/social media ("screen addiction")
- ❑ Financial stress
- ❑ Homelessness/Housing insecurity
- ❑ Immigration-related stressors
- ❑ Isolation or lack of community
- ❑ Lack of support for gender, sexual orientation, and/or cultural expression
- ❑ Neighborhood violence and safety
- ❑ Stigma and discrimination
- ❑ Stressful childhood experiences
- ❑ Unemployment or lack of job opportunities
- ❑ Other (please specify): _____

6. What recommendations or suggestions do you have to better meet the behavioral health needs in the communities that Kings County Behavioral Health serves?

_____
_____
_____

Please tell us about yourself.

7. What is the zip code where you currently live? ___ ___ ___ ___ ___

8. How old are you? _____ years old

9. What racial/ethnic categories do you identify with? (check all that apply)

- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Black or African American
- ❑ Hispanic or Latino
- ❑ Native Hawaiian or Pacific Islander
- ❑ White
- ❑ Multiracial
- ❑ Another race/ethnicity (please specify):_____

10. What language do you speak most at home?

- ❑ English
- ❑ Spanish
- ❑ Another language (please specify): _____

11. How do you describe your gender?

- ❑ Male
- ❑ Female
- ❑ Transgender
- ❑ Genderqueer
- ❑ Questioning/unsure of gender identity
- ❑ Another gender identity (please specify): _____

12. Please tell us anything else about yourself that would help us understand your feedback. (check all that apply)

- ❑ I am a parent/caretaker of a child under 18
- ❑ I identify as LGBTQ+ (please specify): _____
- ❑ I am a veteran
- ❑ I have a severe mental or emotional illness
- ❑ I am a family member of someone with a serious mental or emotional illness
- ❑ I have an alcohol or substance use disorder
- ❑ I have a disability (please specify): _____
- ❑ I am a caregiver for an adult family member
- ❑ I do not have immigration status or live with someone who does not have immigration status
- ❑ I am homeless or might become homeless in the near future
- ❑ Other (please specify): _____

Appendix D. Provider Survey

The purpose of this survey is to hear feedback and recommendations from a broad range of people who work directly with persons who are receiving or are in need of mental health services. Your feedback will allow us to further strengthen mental and behavioral health services countywide. Please take a few minutes to complete all questions and provide responses that best fit your experiences and beliefs. Thank you in advance for your time. All responses are anonymous.

Please tell us a little about the work you do and populations you serve.

1. Which sector best describes the type of work you do?

- ❑ Mental/Behavioral health Counseling
- ❑ Medical Treatment/Healthcare Services
- ❑ Substance Use Prevention or Treatment Services Provider
- ❑ Law Enforcement/Probation/Justice System
- ❑ Community-based Organization/Non-profit Service Provider
- ❑ Pre-K through 12 Education
- ❑ College/Graduate Education
- ❑ Public Health
- ❑ Social Services
- ❑ Other (please specify):_____

2. Do you provide direct services in your professional role (work directly with patients, clients, or consumers of behavioral health services)?

- ❑ Yes, all the time
- ❑ Yes, some of the time
- ❑ No, but others in my organization/agency do
- ❑ No, I do not work directly with patients, clients, or consumers of behavioral health services

3. Which of the following regions in the county do you work in? (select all that apply)

- ❑ Armona
- ❑ Avenal
- ❑ Corcoran
- ❑ Countywide
- ❑ Grangeville
- ❑ Hanford
- ❑ Hardwick
- ❑ Home Garden
- ❑ Kettleman City
- ❑ Lemoore
- ❑ Lemoore Station
- ❑ Santa Rosa Rancheria
- ❑ Stratford

4. Which age groups do you work with most often? (select all that apply)

- ❑ Children (age 0-5)
- ❑ Children (age 6-15)
- ❑ Transitional Age Youth (TAY) (age 16-25)
- ❑ Adults (age 26-59)
- ❑ Older Adults (age 60 and older)

5. Which of the following populations do you work with? (select all that apply)

- ❑ Youth in foster care
- ❑ Persons who identify as LGBTQ+
- ❑ Persons experiencing onset of serious psychiatric illness
- ❑ Persons with disabilities other than mental/behavioral health conditions (e.g., mobility, hearing, speech, learning, developmental, chronic health conditions, etc.)
- ❑ Persons who are low-income
- ❑ Immigrants
- ❑ Currently/previously incarcerated
- ❑ Persons experiencing homelessness
- ❑ Family members, support persons, or caregivers of individuals with mental health conditions
- ❑ Veterans
- ❑ None of the above
- ❑ Other underserved populations (please specify): _____

Mental and Behavioral Health Service Provision

Please take a moment to think about the people and communities you serve. Please answer the following questions thinking about the strengths, gaps, and greatest needs regarding mental and behavioral health in the communities you serve.

6. Overall, how available are mental/behavioral health services in the region/communities that you serve?

- ❑ Not available at all
- ❑ Available, but insufficient to meet the need
- ❑ Sufficiently available to meet the need

7. Please indicate <u>up to three</u> of the most pressing mental/behavioral health issues you are seeing in the communities you serve.

- ❑ Anxiety
- ❑ Alcoholism/Substance Use
- ❑ Chronic Stress
- ❑ Depression
- ❑ Trauma
- ❑ Suicide or thoughts of suicide
- ❑ Other (please specify): _____

8. Please prioritize <u>up to three</u> factors from the list below that you believe are contributing to

- ❑ Bullying
- ❑ Stigma and discrimination
- ❑ Lack of support for gender, sexual orientation, and/or cultural expression
- ❑ Financial stress
- ❑ Unemployment or lack of job opportunities
- ❑ Homelessness/Housing insecurity
- ❑ Neighborhood violence and safety
- ❑ Abusive relationships
- ❑ Adverse Childhood Experiences (ACEs)
- ❑ Caregiving Responsibilities (e.g., caring for older adult family members, children, etc.)
- ❑ Isolation or lack of community
- ❑ Excessive use of online/social media ("screen addiction")
- ❑ Immigration-related stressors
- ❑ Other (please specify): _____

mental/behavioral health needs in the communities you serve

9. Please rate how much of a barrier each of the items below is to accessing mental and behavioral health services in the communities you serve:

Item	Not a Barrier at All	Somewhat of a Barrier	A Major Barrier	I don't know
Appointment availability				
Cost				
Distance to available services				
Hours of operation				
Inadequate capacity to assist clients (lack of staff, space, or other resources)				
Inadequate staff skills/qualifications				
Insurance coverage				
Lack of childcare/caregiver relief				
Lack of culturally appropriate services				
Lack of language assistance				
Lack of transportation				
Lengthy wait times in lobby to see provider				
Limited walk-in availability				
Poor knowledge of available services				
Stigma related to mental illness				
Other				

10. If you selected "other," please specify: _____

11. What recommendations or suggestions do you have to better meet the mental/behavioral health needs in the communities that you serve?

Appendix E. Key Stakeholder Interview Protocol

I. Respondent Background Information

1. What is your current role at [Agency]?
    a. How long have you been in this role?

2. Please briefly describe the work that [Agency] conducts/engages in with mental/behavioral health service provision?

3. Which populations do you work with most?

4. Which geographic areas does your agency serve?

5. Is your agency engaged in stigma reduction activities for those receiving services?
    a. If so, please describe.

II. Mental Health in Kings County

6. What are the most pressing mental/behavioral health related concerns or needs you're seeing in the communities you work in?
    a. Why?
    b. Which populations/communities are most affected by these?

7. What are some factors that contribute to poor mental/behavioral health in the communities you work in?
    a. Do these factors vary by population or region?

8. How accessible is mental/behavioral health care in the communities you work in?

9. What are the biggest challenges community members face when trying to access mental/behavioral health services?

10. How can access to mental/behavioral health services be improved in the communities you work in?

11. What would you say are your greatest strengths or assets as an organization in addressing mental/behavioral health needs?

12. Is there anything else you would like to share with us that we haven't already talked about that would be helpful for understanding the mental/behavioral health needs in the communities you work in?

Thank you again for your participation. Your feedback is extremely helpful.