

Kings County Behavioral Health: Findings from the Three-Year Program and Expenditure Plan 2014-2017



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Introduction and Background

The Mental Health Services Act (MHSA) was passed in 2004 to provide funding to transform and expand mental health care in California. Through MHSA, the State provides funding to counties to support public mental health systems that provide a spectrum of services from increasing public awareness to preventing and treating mental illness. Kings County Behavioral Health (KCBH) receives MHSA funding to meet the mental health needs of the communities it serves. In 2014, implemented its MHSA Three-Year Program and Expenditure Plan for fiscal years 2014 through 2017. In early 2017, Kings County Behavioral Health (KCBH) contracted with RDA to report on what it has accomplished while implementing its MHSA plan. The purpose of this report is to describe Kings County's MHSA-funded system of care and provide an overview of what progress KCBH has made during implementation of the three-year plan. This report includes the following sections:

- ❖ **Overview of consumers served** in Kings County during the past three years, including information about their age, race and ethnicity, and areas of residence.
- ❖ **Description of Kings County's MHSA programs** and the ways that KCBH engaged consumers in community-based programs and activities that promote recovery and wellness. This section describes the MHSA programs by system of care by the ages of consumers served and presents both the programs' accomplishments and challenges.

MHSA Overview

Proposition 63 (Mental Health Services Act) was approved by California voters in 2004 to expand and transform the public mental health system. The MHSA represents a statewide movement to provide a better coordinated and more comprehensive system of care for those with serious mental illness, and to define an approach to the planning and the delivery of mental health services that are embedded in the MHSA Values (see Figure 1 and Appendix 1 for more information about the MHSA Values). The MHSA is funded by imposing a one percent tax on individual annual incomes exceeding one million dollars. The state provides counties with an MHSA allocation that typically makes up approximately 50% of a county's mental health care budget.

MHSA designates funding for counties to provide direct or indirect services to meet their community's mental health needs in a culturally responsive, community-based system of care.

Figure 1. MHSA Values

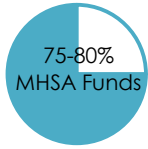
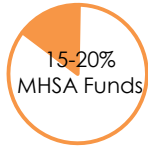



- ❖ **Direct Services.** MHSA funding may pay for direct services for consumers with severe mental illness or who are at risk of developing mental illness.
- ❖ **Other Services.** MHSA funds are also intended to support community-wide efforts to support mental health. These efforts may include mental health awareness and literacy, public education, and suicide prevention campaigns. MHSA also funds training to support community members who may interact with people with mental illness and connect them to needed services, such as teachers and school staff, law enforcement, and the faith community. MHSA also supports development of the capital facilities and technology infrastructure needed to serve consumers.

California Welfare and Institutions Code states that MHSA funding “shall only cover the portions of those costs of services that cannot be paid for with other funds including other mental health funds, public and private insurance, and other local, state, and federal funds.” MHSA funding is distributed across the five funding categories to support all facets of the public mental health system throughout the lifespan of consumers (see Figure 2):

- ❖ Community Services and Supports (CSS)
- ❖ Prevention and Early Intervention (PEI)
- ❖ Innovation (INN)
- ❖ Workforce Education and Training (WET)
- ❖ Capital Facilities and Technology Needs (CFTN)

Figure 2. MHSA Components

CSS	PEI	INN	WET	CFTN
Community Services & Supports	Prevention & Early Intervention	Innovation	Workforce Education & Training	Capital Facilities & Technology Needs
Outreach and direct services for children, TAY, adults and older adults with the most serious mental health needs.	Services promoting wellness and prevent the development of mental health problems. Early intervention services screen for and intervene in early signs of mental health issues.	Funding to test new approaches that may improve access, collaboration, and/or service outcomes for un-, under-, and inappropriately served populations.	Support to build, retain, and train a competent public mental health workforce.	Infrastructure development to support the implementation of an electronic health record and appropriate facilities for mental health services.
 <p>75-80% MHSA Funds</p> <p>At least 51% of CSS funds must be dedicated to FSP.</p>	 <p>15-20% MHSA Funds</p> <p>At least 51% of PEI money must fund programs for consumers age 0-25.</p>	 <p>0-10% MHSA Funds</p> <p>INN provides funding for 3-5 years per innovative practice.</p>	Counties received a one-time allocation of WET funds to be spent by FY 2017-18.	Counties received a one-time allocation of CFTN funds to be spent by FY 2017-18.

MHSA defines four separate age groups of consumers that reflect the different mental health needs associated with a person's age. MHSA regulations specify funding requirements for some age groups, and counties are directed to provide age-appropriate services for the four MHSA age groups:

- **Children:** 0-15 years
- **Transition Age Youth (TAY):** 16-25 years
- **Adults:** 26-59 years
- **Older Adults:** 60 years and older

This report examines the system of care for children and TAY and the system for adults and older adults.

MHSA intends to serve individuals who are historically **unserved** or **underserved** by the public mental health care system.¹

- ❖ **Unserved.** California Code of Regulations defines “unserved” as *individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.*
- ❖ **Underserved.** Underserved individuals are those *who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience.*

By focusing resources on serving underserved and unserved individuals, MHSA endeavors to reduce the disparities in access and quality of care that some populations have experienced historically. One common factor that contributes to these disparities is language barriers which inhibit people from engaging in services that have historically been available only in English. Cultural backgrounds also influence people's experience of mental health treatment; some practices are more effective to engage people in services or provide effective treatment for one culture they are for others. Under- and unserved populations also include people who are more likely to face mental health issues or difficulty navigating the system of care as a result of experiencing poverty or discrimination based on race, ethnicity, gender identity, or sexual orientation.

MHSA in Kings County

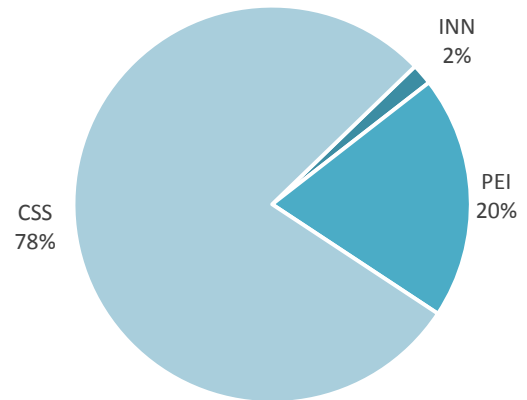
In 2006, KCBH was formed in part due to the passage of the MHSA. KCBH's mission, in alignment with MHSA principals, is to promote, support, and invest in the wellness and recovery of individuals living in the communities of Kings County by creating opportunities to contribute, learn, work, and find hope in each day. KCBH leadership recognizes that the successful creation and implementation of MHSA funded

¹ “Unserved” and “Underserved” are defined in California Code of Regulations, Title 9. Rehabilitative and Development Services, Division 1. Department of Mental Health, Chapter 14. Mental Health Services Act, Sections 3200.300 and 3200.310

services that fulfill the agency's mission is dependent on consumer, family member, and community involvement at all stages of the planning process and is committed to increasing the community's capacity to participate meaningfully in MHSA funded service planning and program development.

From FY 2014-15 through FY 2016-17, KCBH received \$25 million in MHSA funding, which made up almost 50% of the county's funding for mental health services. In Kings County, CSS funds were the largest proportion of MHSA funding at 78% of all funds (see Figure 3). PEI was the second largest proportion of the allocation at 20%.

Figure 3. Kings County's MHSA Funding



All MHSA funds are allocated at the local level through a Community Program Planning (CPP) process that intends to meaningfully involve stakeholders in developing the county's three-year plan including participation from:

- ❖ Adults and seniors with severe mental illness
- ❖ Families of children, adults, and seniors with severe mental illness
- ❖ Providers of mental health services
- ❖ Law enforcement agencies
- ❖ Education agencies
- ❖ Social services agencies
- ❖ Veterans and representatives from veterans organizations
- ❖ Providers of alcohol and drug services
- ❖ Health care organizations
- ❖ Other important interests

Kings County engaged in the Community Program Planning (CPP) to develop its Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan 2014 – 2017 from June 2014 through November 2014. Kings County Behavioral Health (KCBH) contracted with Resource Development Associates (RDA) to facilitate the CPP activities that resulted in the plan. KCBH conducted a needs assessment of the mental health and recovery needs of community members listed above through several methods of engagement, including community meetings, strategy round tables, survey, focus groups, and interviews with people with lived experience and knowledge about mental health needs. KCBH incorporated the needs identified through the CPP process to develop a plan to allocate MHSA funds to programs and services that would address those needs in alignment with MHSA funding requirements.

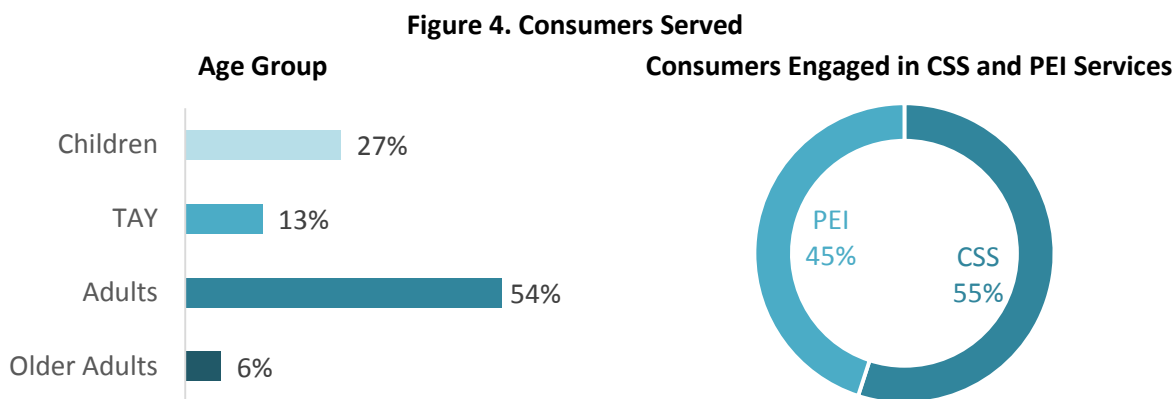
MHSA Consumer Profile

To understand the consumers who were engaged in MHSA-funded services and activities in Kings County, RDA analyzed consumer demographic data collected by KCBH and data tracked in Anasazi, KCBH's electronic health record system. Some MHSA programs and services do not provide direct services to consumers, and for those programs, consumer data is not recorded in Anasazi. KCBH also

provided narrative reports on programs implemented during the report period, and information from those reports supplement the health record data to tell a more complete story about who was served.

Total Consumers Served

MHSA-funded programs provided direct services to 13,022² people in FY 2014-15 - FY 2016-17. Over half of consumers were adults (54%) and the second largest group of consumers were children and youth under 25 (27%). The majority of consumers engaged in CSS programs and services (55%).

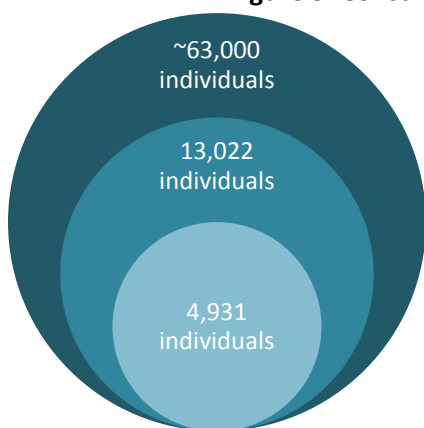


KCBH and community-based providers served consumers and the general public with both direct and indirect services at different levels of intensity. The total number of people Kings County reached or served through all MHSA services is over 63,000 (see Figure 5).

- ❖ **All MHSA services** may occur on a one-time basis and include activities that are not direct services, such as public education campaigns.
- ❖ **Direct services** are different from indirect services in that they involve services to consumers or community members who provide mental health interventions either one-on-one or in a group setting, such as temporary mental health intervention programs.
- ❖ **Ongoing direct services** are a subset of direct services that are generally more intensive when consumers are enrolled in a service. In ongoing direct services, consumers engage in one-on-one or with a group of other consumers. Direct services include clinical services, therapy or counseling, or training.

² The number of people served (13,022) includes duplicates to reflect consumers who may have participated in more than one service.

Figure 5. Consumers Served by Direct and Indirect Services



All MHSA-funded services

All direct and/or indirect services, and activities such as public information campaigns

All direct services

Only direct services that range from intensive ongoing services to one-time or “low-touch” services

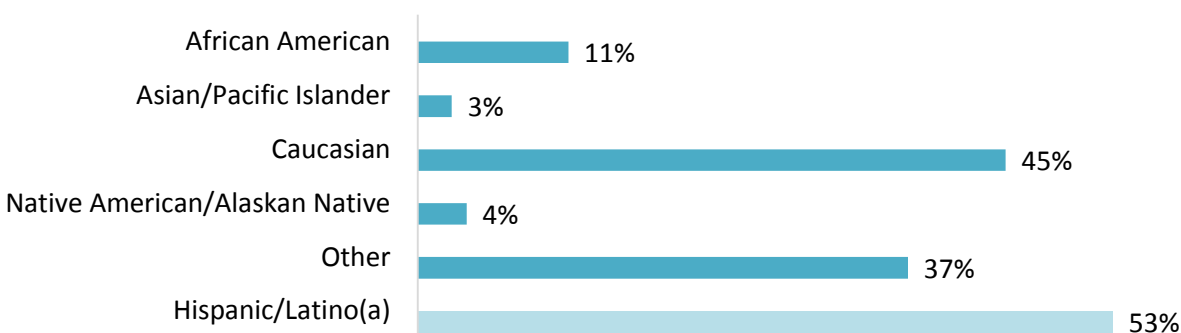
Ongoing direct services

Only direct services that are either more intensive or that support ongoing engagement

Consumer Demographics

According to electronic health record data, 45% of consumers served in Kings County identified as White/Caucasian and are the largest group of consumers by race (see Figure 6). The second largest proportion of consumers reported their race as “other.” Over half of all consumers (53%) who reported their ethnicity identified as Hispanic/Latino(a).³

Figure 6. Consumer Race and Ethnicity



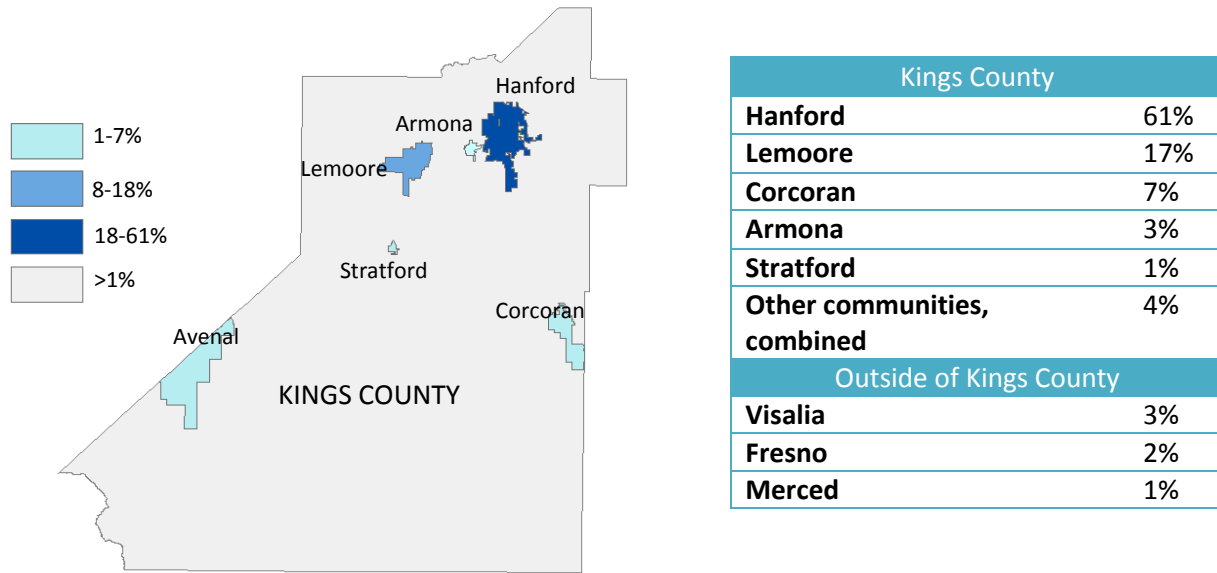
Consumer Areas of Residence

Kings County has a population of 150,261.⁴ Of those residents, approximately 37% live in Hanford and about 17% live in Lemoore. The distribution of MHSA consumers was mostly concentrated in these two areas. About three quarters of MHSA consumers lived in Hanford (61%) or Lemoore (17%). About 17% of MHSA consumers in Kings County live in rural areas and smaller communities outside of Hanford and Lemoore. Six percent of MHSA consumers lived outside of Kings County.

³ Ethnicity and race are reported separately, and Hispanic/Latino(a) consumers may also identify as any race.

⁴ Population data was pulled from the U.S. Census Bureau’s 2012-2016 American Community Survey 5-Year Estimates.

Figure 7. Percentage of MHSA Consumers by Community of Residence

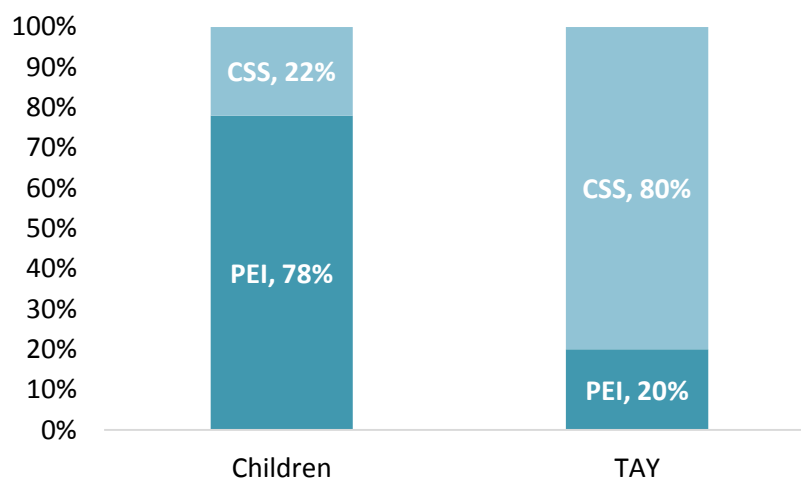


Direct Services

Children, Youth, and Families System of Care

During fiscal years 2014-15 through 2016-17, MHSA-funded direct services served 3,183 children (0-15) and transition age youth (TAY) (16-25) in Kings County. Three-quarters of children were served in PEI programs (78%), and 22% were served in CSS programs. This ratio is reversed for TAY; about 80% of TAY were served in CSS programs and 20% were served in PEI.

Figure 8. Children and TAY Served by MHSA Component



This distribution of children and TAY in PEI services is expected because efforts to *detect* early signs of mental illness in children and youth—either before they develop mental health problems or in the early stages of mental illness—and to *intervene early* are most effective in preventing the development of serious mental illness or decreasing the impact of mental illness on a person’s quality of life. MHSA regulations encourage this practice by requiring counties to dedicate at least 51% of their PEI funding to serving children and TAY. TAY receive more CSS services than PEI because symptoms of serious mental illnesses such as schizophrenia and psychotic disorders begin to occur in early adulthood.

MHSA Services for Children and TAY

From 2014 through 2017, KCBH has provided a variety of MHSA-funded programs and services for children and TAY (see Table 1). The following section list KCBH’s MHSA-funded programs for Children, Youth, and Families and describes program goals and accomplishments.

Table 1. MHSA Programs and Services for Children and TAY

	Program Name	Ages Served	Description	Provider	# Served
CSS	Children's FSP	0-16	Full Service Partnership (FSP) provides the full range of services for children with the highest level of mental health need.	KCBH, Family Builders, Kings View	322
	TAY FSP	17-25	Full Service Partnership (FSP) provides services for transition age youth with the highest level of mental health need.	KCBH, Family Builders, Kings View	191
	Summer Day Camp	6- 15	Summer Day Camp services aim to reduce the impact of living with a serious mental illness during the summer months when there is no access to school-based services.	Kings View	268
	Therapeutic Activity Groups (Tier 2 and 3)	12-24	Therapeutic Activity Groups (Tier 2 and 3) provide Hip Hop Therapy to youth with an established mental illness.	KCBH, BRL	10
PEI	Early Intervention Clinical Services	0-18	Early Intervention Clinical Services (EICS) is a group of 3 programs for children and families: <ul style="list-style-type: none"> • Truancy Intervention Prevention Program (TIPP) • Life Strategic Training and Education Program • Parent-Child Interaction Therapy (PCIT) 	KCBH	834
	Universal Developmental Screening	0-5	Universal Developmental Screenings detect social, emotional, and developmental delays for young children.	KCBH	719
	School Based Services	6-18	School Based Services are designed to promote positive school outcomes for youth at risk of or in the early stages of mental illness by supporting positive school interactions and reducing youth and family involvement in the criminal justice system. KCBH's School Based Services encompasses Therapeutic School Based Services and Coping and Support Training (CAST).	KCBH	818
	Therapeutic Activity Groups (Tier 1)	12-24	Therapeutic Activity Groups (Tier 1) uses Hip Hop Therapy focused on outreach, prevention and assessment for youth at-risk of developing a mental illness.	KCBH, BRL	19

Full Service Partnership: Children & Youth

Program Purpose

Children and Youth Full Service Partnership (FSP) provides mental health services for children to reduce the impact of living with severe emotional disturbance involving psychotic features, or risk of suicide/violence. FSP aims to address substantial impairment in self-care, school/community functioning, and/or family relationships.

Provider

KCBH, Kings View Counseling, Family Builders

MHSA Component & Service Category

CSS: Full Service Partnership

Target Population

Children aged 0-16 with severe emotional disturbance, whose mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment, and/or the child is at risk of removal from the home or loss of placement.

Services Provided

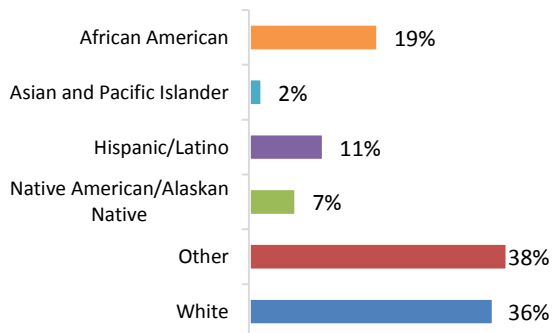
FSP provides a coordinated and intensive range of culturally appropriate services to children and their families such as:

- **Therapeutic.** Needs assessment, and individual/family therapy
- **Coordination.** Case management, referrals and linkages.
- **Support/General.** Peer support, Wrap-Around, transportation, life, employment, and self-care skill development, Wellness Centers, and enrichment activities.

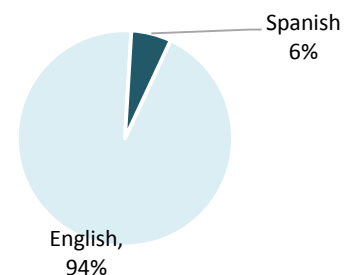
Consumers Served

Total Consumers Served: 322

Race and Ethnicity



Primary Language



Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	Unavailable	\$379,283	\$523,738
Cost Per Consumer	Unavailable	\$5,497	\$11,143

Program Accomplishments

FY 2014-15

- Treatment success increased with implementation of “whatever it takes” model;
- Wraparound services reached more children than initially planned;
- Reduced removal of children from family homes;
- Increased collaboration with child welfare by implementing Katie A Core Practice Model and associated required services.

FY 2015-16

- Began receiving Wraparound referrals for Hanford and Lemoore school districts;
- Facilitated Wraparound families to identify natural supports and use strengths-based approaches;
- Increased caregiver and child participation in the Child and Family Team meetings;
- Increased awareness of mental illness in outlying areas.

FY 2016-17

- KCBH issued a new RFP for FSP/WRAP services and awarded the contract to a new provider. The new provider will provide FSP/WRAP services based upon the Pathways to Mental Health Services Core Practice Model (CMP) guide.

Full Service Partnership: Transition Age Youth (TAY)

Program Purpose

TAY Full Service Partnership (FSP) provides mental health services for Transition Age Youth (TAY) to reduce the impact of living with serious mental illness by addressing impairment in self-care and school/community functioning.

Provider

Kings County Behavioral Health, Kings View Counseling, Family Builders

MHSA Component & Service Category

CSS: Full Service Partnership

Target Population

TAY aged 17-25 who are experiencing or at risk of homelessness, institutionalization, criminal justice system involvement; aging out of the child mental health, child welfare, or juvenile justice systems; or who have experienced a first episode of severe emotional disturbance/serious mental illness.

Services Provided

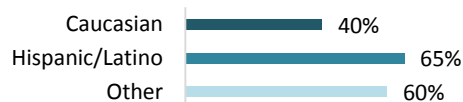
TAY FSP provides a coordinated and intensive range of culturally appropriate services to consumers and their families, such as:

- **Therapeutic.** Needs assessment, and individual/family therapy.
- **Coordination.** Case management and referrals.
- **Support/General.** Peer support, Wrap-Around, respite, transportation, life, employment, and self-care skill development, Wellness Centers, and enrichment activities.

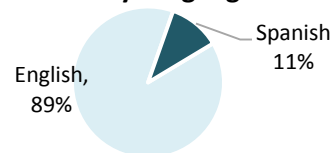
Consumers Served⁵

Total Consumers Served: 191

Race and Ethnicity



Primary Language



Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	Unavailable	\$96,792	\$111,747
Cost Per Consumer	Unavailable	\$1,561	\$2,108

⁵ Race and ethnicity were reported separately so percentages do not add up to 100 percent. The total population for all demographics is the number of people who self-reported their race or ethnicity and primary language. "Other" includes race/ethnic groups with fewer than 10 consumers to avoid identifying individuals.

Program Accomplishments

FY 2014-15

- TAY FSP increased access and engagement for geographically isolated youth by training Hanford and Lemoore school districts to submit referrals for Wrap-Around services;
- TAY FSP expanded access by increasing the age range for receiving TAY Wrap-Around services from 16-24 to 16-25;
- TAY FSP improved collaboration with community partners by conducting in-house, bi-weekly child family team meetings to review progress, and also by serving an increased number of individuals from the child-welfare involved Katie A subclass population.

FY 2015-16

- TAY FSP partnered closely with TAY Therapeutic Activity Groups to implement Hip Hop Therapy, an innovative, structured program to reach hard to engage FSP youth.

FY 2016-17

- KCBH issued a new RFP for FSP/WRAP services and awarded the contract to a new provider. The new provider will provide FSP/WRAP services based upon the Pathways to Mental Health Services Core Practice Model (CMP) guide.

Summer Day Camp

Program Purpose

Summer Day Camp aims to reduce the impact of living with severe emotional disturbance and serious mental illness for children and youth by providing mental health treatment, prosocial development, and meaningful activities during the summer months when there is no access to school-based services. Activities are intended to identify camper strengths and ways to enhance personal development and address mental and behavioral health issues.

Provider

Kings View Counseling Services

MHSA Component & Service Category

CSS: General System Development

Target Population

Children and TAY from ages 6 to high school with severe emotional disturbance/serious mental illness. The program specifically engages ethnically diverse and geographically isolated participants to increase access to mental health treatment.

Consumers Served

Total Consumers Served: 268

Services Provided

Summer Day Camp consists of three two-week camps in Hanford and one in Corcoran. In addition to individualized clinical treatment, Summer Day Camp provides a curriculum and an array of rehabilitation, social, depression, and process groups as well as traditional camping activities. Day Camp reinforces participants who are the biggest help to their peers with gift cards. The program provides transportation for youth in outlying areas to ensure participation by those who would otherwise not been able to participate.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$54,000	\$20,000	\$31,274
Cost Per Consumer	\$76	\$277	\$290

Program Accomplishments

FY 2014-15

- Summer Day Camp increased participation and involvement of children and youth with serious mental illness by creating a participatory environment in two key ways:
 - Program planning staff worked with Summer Day Camp participants to create activities and update program structure based on their feedback; and
 - Summer Day Camp participants created a peer network to participate in goal setting, while providing positive reinforcement to one another.

FY 2015-16

- Building on the success of the previous year's approach, program staff continued to use participant feedback to refine and improve Summer Day Camp activities and structure.
- As a result of program responsiveness to participant needs and wishes, Summer Day Camp received increased positive feedback from participants.

FY 2016-17

- Summer Day Camp will no longer continue after Fiscal Year 2017/18 due to low attendance. Low attendance is attributed to the increase of summer activities for children in Kings County. When the camp was created, there were fewer activities for children during the summer months.

Therapeutic Activity Groups (TAG) for Transition Age Youth (TAY): TIERS 2 & 3

Program Purpose

Therapeutic Activity Groups for Transition Age Youth aims to reduce the impact of living with severe emotional disturbance/serious mental illness (Tiers 2 & 3) for youth by using creative outlets for personal and cultural expression such as drawing, writing, spoken word, musical or dance performance. TAG aims to increase connectedness to community, culture, and other youth, increase positive coping and adaptive skills, and decrease stigma around mental illness through creativity.

Provider

Kings County Behavioral Health

Services Provided

TAG for TAY are courses facilitated by a clinician and a media designer/artist for 6-12 participants during a two 12-week course culminating in a showcase to exhibit or perform the work. Working together on projects, youth create meaningful therapeutic experiences and promote healing, empowerment, wellness, and social development. KCBH partnered with Beats, Rhymes, and Life, Inc. to implement Hip Hop Therapy to involve youth in services through writing lyrics, attending workshops, and participating in group therapy. KCBH also screened “A Lovely Day”, a documentary about BRL at the 5th Annual Central California Truancy Summit. In 2016-2017, KCBH implemented Tiers for the Hip Hop Therapy program, in order to address diverse needs of the Kings County youth population.

Tier 2: Hip Hop Therapy Tier 2 focuses on youth ages 12-18 and features proprietary Hip Hop Therapy and Therapeutic Activity Groups (TAGs).

Tier 3: Hip Hop Therapy Tier 3 focuses on youth ages 12-24, particularly on Medi-Cal eligible youth under the age of 21, who meet medical necessity criteria for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

MHSA Component & Service Category

CSS: Outreach and Engagement

Target Population

Traditionally difficult to engage TAY aged 16 – 24 with an established severe emotional disturbance/serious mental illness.

Consumers Served

Total Consumers Served: 10

Budget

	FY 2014-15	FY 2015-16	FY 2016-17 ⁶
Annual Budget	\$34,000	\$89,113	\$143,298
Cost Per Consumer	N/A	Unavailable	\$7,542

Program Accomplishments

FY 2014-15

- The new three year plan was not approved until half way through the first year, and being that this was a new program Behavioral Health sought to find an formal curriculum for such a program.
- In the initial year of this program, KCBH collaborated with Beats, Rhymes, Life, Inc. (BRL) to create the framework for a program that would provide culturally responsive therapeutic services in a non-traditional manner using hip hop and other forms of art.

FY 2015-16

- A feasibility assessment was conducted by BRL to ensure the feasibility of using their program curriculum and model could be conducted in Kings County.
- After establishing a framework, KCBH and BRL Inc. developed a contract agreement. Services include training, implementation planning, and service coordination.
- KCBH overcame three major implementation hurdles and worked collaboratively with partners to implement the first TAG TAY program, Hip Hop Therapy.
 - 1) Despite the significant geographic distance between them, KCBH and BRL successfully executed the contract agreement for BRL to train, certify and assist KCBH in implementing Hip Hop Therapy, including conducting a 70-hour Train-the-Provider program for staff.
 - 2) Despite limited resources and existing facility options, KCBH established a Hip Hop Therapy recording studio, and secured local artists to train in the program.
 - 3) Identifying that additional support is needed for strong implementation; KCBH invited two local providers, Family Builders Foster Family Agency and Kings View Counseling, to work in partnership with KCBH in providing services to participants.

FY 2016-17

- The program facilitated 12 weeks of programming for two cohorts. Program participants engaged in 2 hours of group therapy weekly, then two hours a week for weekly lab sessions (in a music studio) developing their own music based on the skill development and current curriculum.

⁶ The TAG program also spent approximately \$7,000 is startup and equipment purchase costs not included in the amount above.

Early Intervention Clinical Services

Program Purpose

Early Intervention Clinical Services (EICS) aims to increase positive approaches to addressing mental health problems and prevent the development of a serious mental health crisis, particularly for youth. Services aim to reduce trauma associated with mental illness in youth, improve familial relationships, and promote educational achievement.

Provider

Kings County Behavioral Health

MHSA Component & Service Category

PEI: Early Intervention

Target Population

Families with children between the ages of 0-18 who have emotional and behavioral disorders and are exhibiting challenging, disruptive behaviors.

Consumers Served

Total Consumers Served: 834

Services Provided

EICS program provided three types of services, which were made available in both English and Spanish:

- Truancy Intervention Prevention Program (TIPP) provided information on resources and services for families with truant or chronically absent students and make referrals for services.
- Life Strategic Training and Education Program is a psycho-educational course that educates families on a broad range of topics related to factors contributing to chronic absenteeism and children's educational success.
- Parent-Child Interaction Therapy (PCIT) is a family-centered approach with a combination of behavioral therapy, play therapy, and parenting technique for establishing or strengthening the parent-child relationship.

Key Activities

FY 2014-15	FY 2015-16	FY 2016-17
<ul style="list-style-type: none"> • TIPP participated in 53 local Student Attendance Review Board (SARB) resulting in 135 referrals • Received 237 referrals for Life Steps course and facilitated the completion of the course for 121 families • Provided PCIT services to 58 families 	<ul style="list-style-type: none"> • TIPP participated in 40 local SARBs resulting in 193 referrals • Received 240 referrals for Life Steps course and facilitated the completion of the course for 108 families. • Provided PCIT services to 49 families. 	<ul style="list-style-type: none"> • Facilitated Life Steps course completion for 111 families • Provided PCIT services to 59 families.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$114,652	\$54,744	\$43,026
Cost Per Consumer	\$267	\$114	\$253

Program Accomplishments

FY 2014-15

- KCBH successfully continued its partnership between local school districts, the Office of Education, and the DA's Office to implement Life Steps program.
- KCBH participated in planning the 4th Annual Central California Truancy Summit, which included trainings focused on school based substance use disorders, early mental health services, and suicide prevention.
- KCBH targeted services for Spanish-speaking families by promoting PCIT through a series of advertisements with a local Spanish language radio station which resulted in additional calls for PCIT services in Spanish.
- KCBH expanded services for Kings County residents by training four new local clinicians in PCIT.

FY 2015-16

- From 2014-15 to 2015-16, TIPP increased the number of referrals from SARB hearings by 43%.
- KCBH participated in planning the 5th Annual Central California Truancy Summit, which included trainings focused on school based substance use disorders, early mental health services, and suicide prevention.
- TIPP conducted outreach activities targeted for rural and Spanish-speaking populations.
- KCBH presented at the Annual Statewide Conference for the California Association of School Social Workers to address issues of cultural competency and mental health as factors in school truancy and undertreated behavioral health issues.
- KCBH expanded services for Kings County residents by training a new local clinician in PCIT.

FY 2016-17

- For TIPP, Kings County shifted focus to a more targeted effort to assist smaller, rural school district SARBs that lacked resources or had the highest need. Additionally, KCBH developed a resource binder and provided training to assist each school district in identifying behavioral health issues and referrals to guide districts in referring students and families. The resource binder and training was shared with other counties as a best practice in maximizing efforts with limited staff capacity and at the 6th Annual Central California Truancy Summit.
- The LifeSTEPS program extended to provide substance use disorder education. Two sessions were provided in Spanish in the rural community of Avenal to increase access, reduce transportation barriers, and tailor resources to the needs of the local community.

Universal Developmental Screenings

Program Purpose

Universal Developmental Screenings provides developmental screenings to detect social, emotional, and developmental delays for young children. The program provides early intervention services for children to successfully develop emotional and social competence within the heart of family life and therefore be more likely to achieve school readiness and achievement.

Provider

Kings County Behavioral Health

MHSA Component & Service Category

PEI: Early Intervention

Target Population

The program serves children between the ages of 0-5 at risk of social, emotional, or developmental delays. The program prioritizes unserved/underserved populations to reduce racial/ethnic, cultural, geographic disparities.

Consumers Served

Total Consumers Served: 719

Services Provided

Universal Development Screenings (UDS) program provides culturally appropriate, evidence-based development screening of children during well-child medical examinations, primarily using the Ages & Stages Questionnaire: Social-Emotional, the Pediatric Symptoms Checklist, and the Signs of Suicide tool. In 2014-16, UDS successfully performed over 580 screenings for children, including those who may be in Katie A sub-classification. In 2015-16, UDS referred the families of 55 children to the appropriate service providers to render the needed services to the families.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$32,065	\$8,356	\$4,985
Cost Per Consumer	\$104	\$30	\$37

Program Accomplishments

FY 2014-15

- KCBH successfully provided evidence-based standardized developmental screenings to young children between the ages of 0-5 who are at risk of social, emotional, and developmental delays. Screenings helped identify and inform decisions regarding the need for further evaluations to ensure children and their families received necessary early intervention services.
- KCBH expanded services to children between the ages of 6-16 for specific cases which required the use of the Pediatric Symptoms Checklist screening tool.
- Successfully established collaborative partnerships to receive referrals from Human Service Agency (which included child welfare/child protective services), family resource centers, parents, and other Kings County staff.

FY 2015-16

- As a result of universal development screenings, KCBH successfully linked families to additional behavioral health and early intervention services, thus preventing long-term adverse effects that could result from the issues not being identified.

FY 2016-17

- KCBH continued to accept referrals for the completion of the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE). The County screened 134 infants and toddlers with the ASQ and a majority of referrals for screening came from the Kings County Child Welfare Services. KCBH is working with referral sources to transition screening from the KCBH to other County Departments and community based organizations.

School Based Services

Program Purpose

School Based Services are designed to promote positive school outcomes for youth at risk of or in the early stages of mental illness by supporting positive school interactions and reducing youth and family involvement in the criminal justice system.

MHSA Component & Service Category

PEI: Early Intervention

Target Population

Children identified as needing continued care or counseling, and children and TAY at risk of or in the early stages of developing mental illness

Provider

Kings County Behavioral Health

Services Provided

School Based Services: Onsite therapeutic school based services from a non-licensed clinician at Central Union School during the academic year and summer school including for "alumni" of the Circle of the Horse program who attend the school.

Coping and Support Training (CAST): 12-week training to build coping skills to deal with challenges such as academic pressure, relationships, stress, anger, and to build life skills to transition to adulthood.

Native American Focus: KCBH provided direct services, referrals and linkages to the local Native American community which has traditionally been underserved or inappropriately served, consequently increasing access and consistency for consumers.

Consumers Served

Total Consumers Served: 818

Fiscal Year	Service	Students	Schools
FY 2014-15	CAST	322	8
	School-Based Therapeutic Services	58	4
FY 2015-16	CAST	190	11
	Early intervention	25	N/A
FY 2016-17	CAST, School-Based Therapeutic Services	223	N/A

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$213,557	\$283,413	\$238,554
Cost Per Consumer	\$655	\$1,143	\$1,079

Program Accomplishments

FY 2014-15

- KCBH assigned a clinician to the Central Union School and worked with students who were initially “alumni” of the Circle of the Horse program and those referred by the school who exhibited behavioral health issues but were not Medi-Cal eligible due to tribal affiliation or not meeting the medical necessity requirement.

FY 2015-16

- KCBH expanded school based therapeutic services to serve five additional students by hiring a Marriage and Family Therapy Intern to the Central Union School, which serves the previously underserved Santa Rosa Rancheria.
- KCBH implemented services at Pioneer Unified School District (elementary and middle schools) serving six students, which was the first time behavioral health services were provided to this district.
- KCBH continued to provide services to an underserved population (local Native American populations/Santa Rosa Rancheria) through collaboration with Central Union School.
- KCBH expanded therapeutic services to a new school district and increased the district’s awareness of the full range of behavioral health services to students and their families.
- KCBH expanded CAST group services to another campus (Earl F. Johnson High School).
- The READY program provided 4 hour-long interactive presentations at four elementary schools, and provided stigma reduction education to fifth and sixth graders through the district’s after school program.

FY 2016-17

- School based services in 2016-17 include the continuation of CAST as a skill building prevention efforts for students in local schools. Despite being short two staff members, CAST continued in some rural schools.
- Kings County successfully established and provided yearlong direct support to a Mindfulness Club at Hanford West High School. The student-led club met monthly and focused on both learning about mindfulness through practice and activities. During the year, Prevention Coordinators completed a 5-week online course on mindful fundamentals (from Mindful Schools) so to provide more support for mindfulness activities on their campuses, with the target of reducing anxiety and stress.
- The READY program provided 4 hour-long interactive presentations at four different elementary schools in Hanford, and provided stigma reduction education to fifth and sixth graders.

Therapeutic Activity Groups (TAG) for Transition Age Youth (TAY): Tier 1

Program Purpose

Therapeutic Activity Groups for Transition Age Youth (Tier 1) aims to prevent mental illness by using creative outlets for personal and cultural expression such as writing, spoken word, musical or dance performance. TAG Tier 1 takes preventive approach whereas TAG Tiers 2 & 3 address needs of children and TAY currently experiencing mental health issues. Hip Hop Therapy Tier 1 focuses on youth outreach, prevention and assessment.

MHSA Component & Service Category

PEI: Prevention

Target Population

Traditionally difficult to engage TAY aged 15 – 24 at risk of developing a mental illness

Consumers Served

Total Consumers Served: 19

Provider

Kings County Behavioral Health

Services Provided

TAG for TAY are designed facilitated by a mental health professional and a media designer/artist for 6-12 participants during a 20-week course culminating in a showcase to exhibit or perform the work. KCBH partnered with Beats, Rhymes, and Life, Inc. to implement Hip Hop Therapy to involve youth in services through writing lyrics, skills building, processing issues, and attending workshops. KCBH also screened “A Lovely Day”, a documentary about BRL at the 5th Annual Central California Truancy Summit.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$34,000	\$89,113	\$73,317
Cost Per Consumer	N/A	Unavailable	\$3,859

Program Accomplishments

FY 2014-15

- The new three year plan was not approved until half way through the first year, and being that this was a new program Behavioral Health sought to find an formal curriculum for such a program.
- In the initial year of this program, KCBH collaborated with Beats, Rhymes, Life, Inc. (BRL) to create the framework for a program that would provide culturally responsive therapeutic services in a non-traditional manner using hip hop and other forms of art.

FY 2015-16

- A feasibility assessment was conducted by BRL to ensure the feasibility of using their program curriculum and model could be conducted in Kings County.
- After establishing a framework, KCBH and BRL Inc. developed a contract agreement. Services include training, implementation planning, and service coordination.
- KCBH overcame three major implementation hurdles and worked collaboratively with partners to implement the first TAG TAY program, Hip Hop Therapy.
 - 1) Despite the significant geographic distance between them, KCBH and BRL successfully executed the contract agreement for BRL to train, certify and assist KCBH in implementing Hip Hop Therapy, including conducting a 40-hour Train-the-Provider program for staff.
 - 2) Despite limited resources and existing facility options, KCBH established a Hip Hop Therapy recording studio, and secured local artists to train in the program.
 - 3) Identifying that additional support is needed for strong implementation; KCBH invited two local providers, Family Builders Foster Family Agency and Kings View Counseling, to work in partnership with KCBH in providing services to participants.

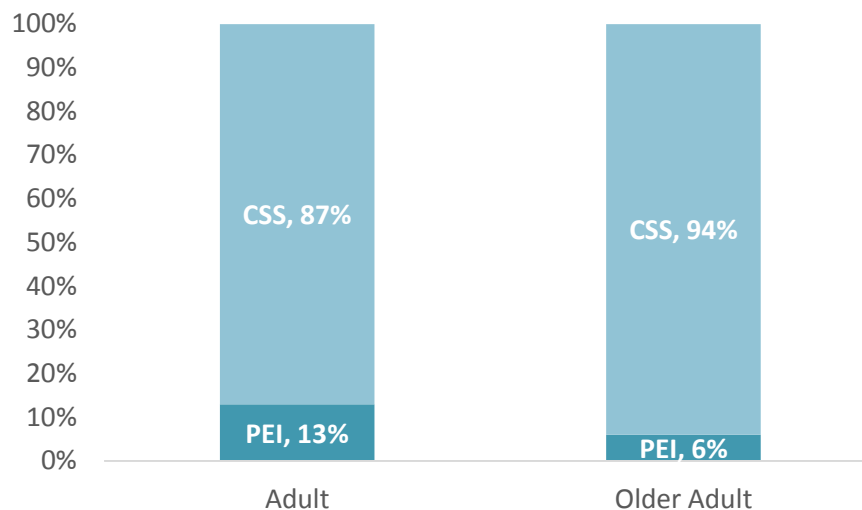
FY 2016-17

- KCBH launched TAG Tier 1 in 2016-17. Workshops of two groups at local high school provided students with an opportunity to learn about the program and allowed entities such as the Probation Department and school districts to gain exposure to the program.

Adult and Older Adult System of Care

KCBH MHSA-funded direct services engaged 8,505 adults and older adults, about three times the number of children and TAY served (see Figure 9). Both adults and older adults primarily engaged in CSS services: 87% of adults and 94% of older adults utilized CSS services. Utilization of CSS services is expected to be higher for adults given that any mental illness requiring intensive direct CSS services fully manifest by age 26.

Figure 9. Adults and Older Adults Served by MHSA Component



MHSA Services for Adults and Older Adults

KCBH provided a variety of MHSA-funded programs and services for adults and older adults that served adults and older adults between 2014 and 2017 (see Table 2). The following section list KCBH's MHSA-funded programs for Adults and Older Adults, and describes program goals and accomplishments.

Table 2. MHSA Programs and Services for Adults and Older Adults

	Program Name	Ages Served	Description	Provider	# Served
CSS	Adult FSP	18-59	Adult Full Service Partnership (FSP) provides the full range of community services for adults living with serious mental illness.	KCBH, Kings View	656
	Older Adult FSP	60 and over	Older Adult Full Service Partnership (FSP) provides the full range of community services for older adults with the highest level of mental health need.	KCBH, Kings View	92
	CJTC Services	18 and over	Collaborative Justice Treatment Court (CJTC) provides services for people with serious mental illness, or with mental health and substance abuse, to provide an alternative incarceration via treatment.	KCBH	290
	Oak Wellness (ECHO)	16 and over	The Empowering Consumers to Help Others (ECHO) program at the Oak Wellness Center provides peer services from people with lived experience to adults with serious mental illness.	Kings View	807
	Mental Health Services for Domestic Violence Survivors (Barbara Saville)	All ages	The Mental Health Services for Domestic Violence Survivors program provides mental health services to address the trauma of mental illness and the dislocation of homelessness for women and children at the Barbara Saville Women's Shelter.	Barbara Saville Women's Shelter	45 ⁷
PEI	Respite for Caregivers	25 and over	Respite for Caregivers provides assistance and relief to primary caregivers of older adults with mental illness.	Kings Commission on Aging	608
	Senior Access for Engagement (SAFE)	60 and over	Senior Access for Engagement (SAFE) reaches out to unserved/underserved populations to identify early symptoms of mental illness, referrals to treatment, and provide appropriate treatment to prevent progression.	Kings Commission on Aging	6,007

⁷ The consumers served only reflect those served in FY16-17.

Full Service Partnership: Adult Full-Service Partnership (FSP)

Program Purpose

Adult Full Service Partnership (FSP) aims to improve outcomes in mental health, homelessness, housing, incarceration, and hospitalization for those living with serious mental illness by providing the full range of community services and collaborating with consumers to reach their wellness and recovery goals.

Provider

Kings County Behavioral Health, Kings View Counseling

MHSA Component & Service Category

CSS: Full Service Partnership

Target Population

Adult consumers aged 18 – 59 with serious mental illness who are unserved, underserved, or inappropriately served and at risk of or experiencing homelessness, incarceration, or hospitalization.

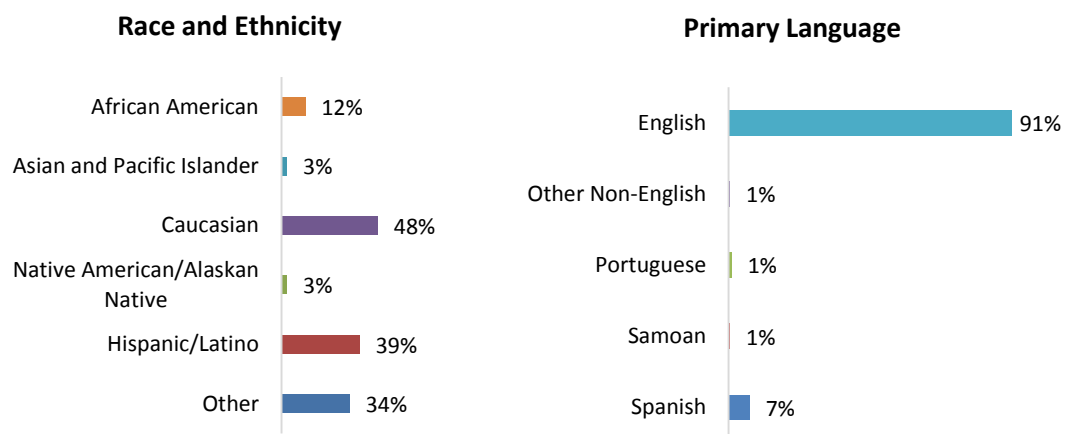
Services Provided

Adult FSP provides a coordinated and intensive range of culturally appropriate services, such as:

- **Therapeutic.** Needs assessment, therapy, and funds for co-occurring disorder treatment.
- **Coordination.** Case management (including coordination for homeless, reentry, and veteran populations), and referrals.
- **Support.** Peer support, WRAP, respite, transportation, life, employment, and self-care skill development, Wellness Centers, and enrichment activities.

Consumers Served

Total Consumers Served: 656



Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	Unavailable	\$1,066,688	\$1,306,322
Cost Per Consumer	Unavailable	\$4,658	\$7,639

Program Accomplishments

FY 2014-15

- Adult FSP improved service delivery by implementing the client-centered Strengths Based Model Case Management pilot program through California Institute for Behavioral Health Solutions; and
- Adult FSP coordinated with community partners and funding sources to complete the Anchors Supportive Housing Development Inc. (ANCHORS) to house FSP consumers and assist them in becoming self-sufficient, maintaining housing stability, and progressing toward their wellness and recovery goals.

FY 2015-16

- Adult FSP deepened its collaboration with ANCHORS by providing intensive case management services to all FSP residents, and by initiating a relationship with the local food bank to meet resident needs.

FY 2016-17

- In addition to continuing to provide FSP services as in previous years, the Department developed a Care Coordination Training Procedure to establish guidelines for care coordination which defined the role of the Care Coordinator and provided guidance in identifying FSP consumers who need care coordination.
- ANCHORS is now at full capacity for the apartments (10 residents). KCBH continues to coordinate workshops and classes for residents at least once a week, in addition to coordinating care with the clients' therapists as needed.

Full Service Partnership: Older Adult FSP

Program Purpose

Older Adult Full Service Partnership (FSP) aims to reduce the impact of living with serious mental illness and enable stability in the lowest level of care by providing the full range of community services and collaborating with consumers to reach their wellness and recovery goals. The goal is to improve outcomes in mental health, homelessness, housing, incarceration, and hospitalization.

Provider

Kings County Behavioral Health, Kings View Counseling

Services Provided

Older Adult FSP provides a coordinated and intensive range of culturally appropriate services to consumers and their families, such as:

- **Therapeutic.** Needs assessment, therapy, and funds for co-occurring disorder treatment.
- **Coordination.** Case management (including coordination for homeless, reentry, and veteran populations), and referrals.
- **Support.** Peer support, WRAP, respite, transportation, life, employment, and self-care skill development, Wellness Centers, and enrichment activities.

MHSA Component & Service Category

CSS: Full Service Partnership

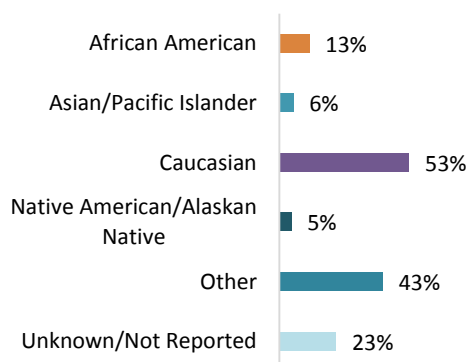
Target Population

Consumers age 60 and over with serious mental illness who are unserved, underserved, or inappropriately served by experiencing or being at risk of homelessness, are at risk of institutionalization or a nursing home placement, use emergency rooms as primary sources of mental health treatment, or have criminal justice system involvement.

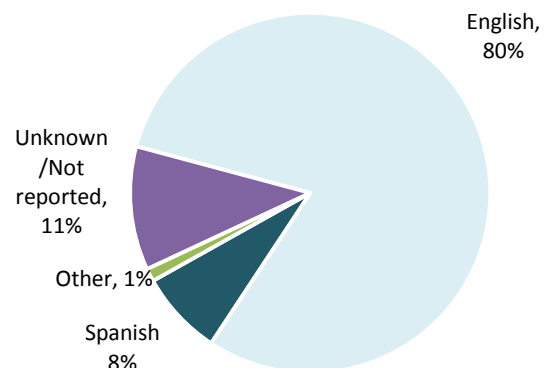
Consumers Served

Total Consumers Served: 92

Race and Ethnicity



Primary Language



Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	Unavailable	\$38,161	\$45,035
Cost Per Consumer	Unavailable	\$1,231	\$2,370

Program Accomplishments

FY 2014-15

- Older Adult FSP partnered with Kings Commission on Aging to support the SAFE program, which provides outreach to unserved and underserved populations;
- Older Adult FSP fostered excellence in service delivery by implementing the client-centered Strengths Based Model Case Management pilot program; and
- Older Adult FSP coordinated with community partners and funding sources to complete the Anchors Supportive Housing Development Inc. (ANCHORS) to house FSP consumers and assist them in becoming self-sufficient, maintaining housing stability, and progressing toward their wellness and recovery goals.

FY 2015-16

- Older Adult FSP deepened relationships and collaboration with Adult Protective Services, Kings Commission on Aging, and the Public Guardian; and
- Older Adult FSP continued collaborating with Kings Commission on Aging to support the SAFE program, which provides culturally relevant outreach to unserved and underserved populations in Kings County.

FY 2016-17

- In addition to continuing to provide FSP services as in previous years, the Department developed a Care Coordination Training Procedure to establish guidelines for care coordination which defined the role of the Care Coordinator and provided guidance in identifying FSP consumers who need care coordination.

Collaborative Justice Treatment Court (CJTC)

Program Purpose

Collaborative Justice Treatment Court (CJTC) aims to divert individuals with severe emotional disturbance/serious mental illness, or with co-occurring mental health and substance abuse disorders, from incarceration into treatment. By engaging and connecting participants to the services and support they need, the program reduces incarceration and repeated criminal justice involvements while improving public safety.

Provider

Kings County Behavioral Health, Kings View Counseling Services

Services Provided

CJTC consists of Co-Occurring, Veterans', Behavioral Health, and Drug Courts. Participants and staff create individualized treatment plans which may include a combination of any of the available services:

- **Outpatient:** Outpatient/intensive outpatient substance abuse and co-occurring disorder treatment.
- **Detoxification:** Clients enrolled in residential treatment services receive detoxification services, as needed.
- **Recovery Support:** Outreach, educational and employment support services, relapse prevention, case management, child care, family and marriage education, life skills and transportation.
- **Aftercare:** Support group.

Fines may be reduced upon program completion or charges reduced.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	Unavailable	\$496,067	\$749,236
Cost Per Consumer	Unavailable	\$4,033	\$8,919

Program Accomplishments

FY 2014-15

- Collaborative Justice Treatment Court increased the reach and effectiveness of the program by providing increased training to staff to meet the needs of participants, expanding intensive case management service capacity, and by establishing and refining relationships with partner agencies.

FY 2015-16

- Collaborative justice Treatment Court (CJTC) responded to the needs of the community and stakeholders by further expanding services in three ways:
 - 1) CJTC added an additional court calendar, Co-Occurring Disorders, to the existing Veterans', Behavioral Health, and Drug Calendars;
 - 2) CJTC continued to expand continuing education for staff through annual staff trainings that included Seeking Safety, Motivational Interviewing, and Data Collection; and
 - 3) Service providers implemented a high risk/high needs screening tool to evaluate participant needs more accurately.

FY 2016-17

- The CJTC Recovery Support Coordinator (RSC) began to administer The Risk and Needs Triage (RANT) screening tool to identify high risk/high need consumers that may be best suited for the program.

Empowering Consumers to Help Others (ECHO)

Program Purpose

The Empowering Consumers to Help Others (ECHO) program at the Oak Wellness Center relies on the lived experience of peers to reduce the impact of living with serious mental illness and promote wellness, recovery, and resiliency. ECHO promotes the consumer's potential for recovery and the value of peer supports by providing a safe, welcoming, and supportive environment for consumers to engage in socialization, recovery-focused activities, enrichment activities, and support groups with the aid of other consumers.

Provider

Kings View Counseling Services

Services Provided

Relying on the experience and perspective of consumers, peer staff facilitate activities, including:

- **Support services.** Peer-led groups (including WRAP), goal-setting, informal social support, and presentations by consumers successfully engaged in school or work.
- **Health/leisure.** Exercise equipment, pool table, board games, transportation to field trips, conferences, and enrichment activities.

MHSA Component & Service Category

CSS: General System Development

Target Population

TAY, adults, and older adults with serious mental illness who would benefit from peer support.

Consumers Served

Total Consumers Served: 807

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$90,000	\$95,000	\$148,550
Cost Per Consumer	\$3208	\$317	\$657

Program Accomplishments

FY 2014-15

- ECHO adapted to the needs of consumers in the following two ways:
 - 1) Staff increased focus on wellness and recovery education programs for Wellness Center activities; and
 - 1) The program invited past members of the Wellness Center back to report on their experiences working or going to school full time, which serves as a strong motivator for both participants and staff to continue their focus on wellness and recovery.

FY 2015-16

- KCBH continued efforts to keep consumers involved in group activities.
- KCBH increased mental health education and peer-to-peer groups for consumers and conducted DBT and WRAP groups.
- The program utilized visits from “success story” program graduates who now work or are attending school to motivate staff and consumers.

FY 2016-17

- During the year, 2,253 peer volunteer hours were contributed to run the Oak Wellness Center. Additionally, all peer support staff at the Oak Wellness Center and other Kings View staff members received in-depth peer support training.

Mental Health Services for Domestic Violence Survivors

Program Purpose

The Mental Health Services for Domestic Violence Survivors program provides mental health services to address the trauma of mental illness and the dislocation of homelessness for women and children at the Barbara Saville Women's Shelter. Regardless of whether residents have a diagnosed mental health condition or only meet criteria for a condition, the ultimate goal for all services is to reduce the impact of living with mental illness by ensuring that residents can adequately access mental health services during and after their shelter stay.

Provider

Barbara Saville Women's Shelter and Kings County Behavioral Health

MHSA Component & Service Category

CSS: General Systems Development

Target Population

Child and adult Barbara Saville Women's Shelter residents of any age, diagnosed with serious mental illness or severe emotional disturbance (or who would meet the criteria for these), who are experiencing domestic violence or who are homeless/at risk of homelessness.

Services Provided

This program provides assessment, therapeutic treatment, intensive case management, wraparound services, referrals and crisis counseling to residents to prevent/address PTSD, major depression, and other mental health disorders. In addition to direct services, the program provides mental health training to shelter employees.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	Unavailable	\$84,415	\$130,016
Cost Per Consumer	Unavailable	Unavailable	\$2,889

Program Accomplishments

FY 2014-15

- There were no program activities during FY 2014-15.

FY 2015-16

- The KCBH Mental Health Services for Domestic Violence Survivors program deepened collaboration between KCBH, Barbara Saville Women's Shelter and community partners in the following ways:
 - 1) KCBH and Barbara Saville Women's Shelter established a relationship to provide therapeutic services to shelter residents with KCBH interns, a licensed clinician, a Recovery Support Coordinator, and Case Manager; and
 - 2) KCBH and community partners provided training to Barbara Saville staff necessary to increase competence and education around mental health, including Mental Health First Aid, Assist, Cultural Competency, and ongoing professional development;
The Mental Health Services for Domestic Violence Survivors program established new groups at the shelter to provide a deeper level of services to residents, including Interpersonal Effectiveness, Healthy Relationships, Women's Trauma and Parent Child Relationship Enhancement.

FY 2016-17

- The program continued as described in the previous year.

Respite for Caregivers

Program Purpose

Respite for Caregivers provides assistance and relief to primary caregivers of older adults with mental illness. Services provided by this program are intended to complement existing family structures to allow seniors to remain in the community as long as possible.

Provider

Kings County Commission on Aging

MHSA Component & Service Category

PEI: Prevention

Target Population

Unpaid/non-professional primary caregivers for adults with serious mental illness.

Consumers Served

Total Consumers Served: 608

- People receiving outreach and education in the community from Respite for Caregivers: 900+
- Service recipients beyond original goal: 68

Services Provided

Respite for Caregivers provides periodic respite relief to caregivers who are caring for older adults with mental illness, or who are themselves at risk of a behavioral health issue do to the stress of caring for an older adult family member. It provides activities and social supports to caregivers, including assistance in supervision and caregiving and engaging caregivers in services to alleviate their stress and promote wellbeing. Services are flexible to meet the needs of the individual situation, including in and out of home caregiver supports and activities. Respite for Caregivers works closely with Senior Access for Engagement (SAFE) and Older Adult FSP to ensure a strong continuum of care for older adults that integrates their primary caregivers.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$85,000	\$91,842	\$143,612
Cost Per Consumer	\$850	\$473	\$584

Program Accomplishments

FY 2014-15

- KCBH exceeded the projected number of consumers served by 68, which is attributed in large part to the outreach effort by the Commission Aging that informed or offered services to 907 individuals/caretakers.
-

FY 2015-16

- Respite for Caregivers built on the previous year's successes by focusing on multicultural access to services in three ways:
 - Recognizing the high numbers of Spanish-speaking caregivers in the county, Respite for Caregivers utilized bilingual staff for outreach to non-English speaking populations;
 - The program trained contractor staff on CLAS (Culturally and Linguistically Appropriate Services) Standards to develop cultural competency in service delivery; and
 - To further enhance appropriate service delivery to all populations, Respite for Caregivers developed an organizational cultural competency plan.

FY 2016-17

- The program continued as described in the previous year.

Senior Access for Engagement (SAFE)

Program Purpose

Senior Access for Engagement (SAFE) lessens the impact of living with serious mental illness by reaching out to older adults who are having difficulty accessing the supports they need to live independently in the community identify early symptoms of illness, and providing appropriate early linkages, interventions, and treatment to prevent progression. The ultimate goal is to promote wellness and recovery, foster independence, and encourage senior connectedness by serving seniors with limited access due to language, geography, transportation, or awareness.

Provider

Kings Commission on Aging

MHSA Component & Service Category

PEI: Prevention

Target Population

Adults 60 or older living in the community at risk of losing their independence.

Consumers Served

Total consumers served: 6,007 (includes outreach and engagement)

Total consumers served with direct services:
1,329

Services Provided

SAFE provides services at home, senior centers, nursing homes, assisted living facilities, and other settings targeted at older adults to address specific needs for in-home supports. Services are provided both to consumers and caregivers:

- **Consumers.** Linkages to therapy or medical providers, in-home companionship, social activities, and collaboration with FSP.
- **Caregivers.** Respite and support group services.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$85,000	\$91,842	\$143,612
Cost Per Consumer	\$850	\$473	\$223

Program Accomplishments

FY 2014-15

- SAFE conducted outreach and contacts with 2,559 seniors as part of senior access and engagement efforts.
- SAFE provided in-home direct support services and engagement to 150 individuals.

FY 2015-16

- SAFE has improved accessibility through stigma reduction, utilizing staff training in Culturally and Linguistically Appropriate Services (CLAS) Standards to ensure stronger service delivery to minority populations, as well as service delivery to more consumers overall.

FY 2016-17

- The program continued as described in the previous year.

MHSA Programs Across the Lifespan

Two MHSA programs in Kings County address mental health needs of consumers of all ages.

	Program Name	Ages Served	Description	Provider	# Served
CSS	Community Integration FSP	All ages	Full Service Partnership (FSP) Community Integration provides services to support people with serious mental illness including case management, crisis support, and funding for Board and Care placements.	KCBH, Kings View	633
PEI	Prevention and Wellness	All ages	Prevention and Wellness services include individual and group counseling, case management, and referrals to outside agencies.	KCBH	1,001

Full Service Partnership: Community Integration (CI)

Program Purpose

Community integration uses a collaborative professional team approach to ensure delivery of services for persons living with severe mental illness or serious emotional disturbance. By providing appropriate service referrals to consumers in and out of crisis as well as supporting the needs of those who reside in Board and Care facilities, this program increases the level of service participation and stability for unserved, and underserved persons. CI focuses on individuals with frequent psychiatric hospitalization and encourages transitions from higher levels of care to the least restrictive possible, including the community.

Provider

Kings County Behavioral Health and Kings View
Counseling Services

MHSA Component & Service Category

CSS: Full Service Partnership

Target Population

Consumers of any age with severe mental illness or serious emotional disturbance who are engaged in Full Service Partnerships, with county crisis response services, or live in a Board and Care facility.

Consumers Served

Total consumers served: 633

Services Provided

Community Integration facilitates connections to and maintenance in direct services by:

- **Crisis staffing.** Lead staff attend a daily meeting with Kings View Behavioral Health to review consumers experiencing a crisis during the previous evening, and to determine a course of action.
- **Service access review.** Processes new consumer contacts and generates appropriate referrals in the Access Review Team Meeting.
- **Board and Care funding.** Provides funding for Board and Care placements, including base rate, patch payments, client medications, and miscellaneous expenses incurred to meet consumer needs.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$650,000	\$1,204,321	\$1,573,611 (expected)
Cost Per Consumer	\$1969.70	\$3,573.65	\$4,548 (expected)

Program Accomplishments

FY 2014-15

- Community Integration worked collaboratively with county crisis services to decrease the number of hospitalizations.
- Community Integration successfully monitored consumer goals and achievements to reduce placements into Institutes for Mental Disease (IMDs), maintaining consumers in the community via connections to strong community supports.

FY 2015-16

- KCBH continued to transition of consumers from high levels of care to least restrictive level of care.
- Experienced program staff continued to leverage their skills in developing rapport and earning consumers' trust.

FY 2016-17

- KCBH has transitioned from rotating staff to participate in the daily crisis stabilization team meetings to having one consistent staff member participate in the meetings. Additionally, contractor staff provide follow up outreach for those seen for a crisis assessment and provide a warm hand-off/linkage to services.

Prevention and Wellness

Program Purpose

KCBH's Prevention and Wellness Services seek to provide accessible, high quality, and culturally competent counseling and support group sessions to promote positive approaches to mental health and prevent the development of the serious mental health crisis.

MHSA Component & Service Category

PEI: Prevention

Target Population

Consumers of all ages at risk of or in the early stages of developing mental illness.

Provider

Kings County Behavioral Health

Services Provided

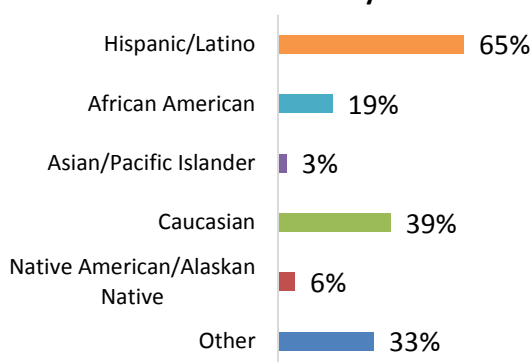
Services include individual, group and family counseling, individualized case management, linkages to other departments, and referrals to outside agencies for both children and adult clients. The services provided are non-crisis, and are rendered using a brief treatment model. Prevention and Wellness Services also include a support groups for family members, veterans, and people experiencing grief.

Consumers Served

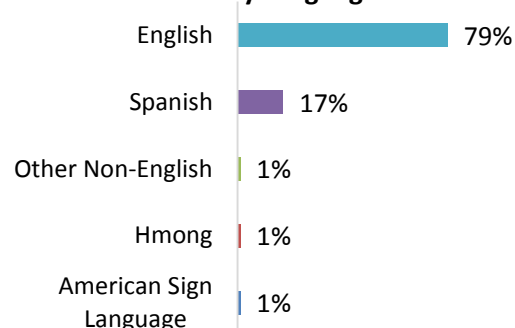
Total consumers served: 1,334

Service	FY 2014-15	FY 2015-16	FY 2016-17
Veterans' Services	206	270	280
Family Support Group	120	161	96
Case Management	236	177	33
Individual Counseling	93	153	68
Sister Speak	Not available	79	165

Race and Ethnicity



Primary Language



Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$137,612	\$142,875	\$109,174
Cost Per Consumer	\$210	\$210	\$170

Program Accomplishments

FY 2014-15

- KCBH continued the Family Support Group.
- KCBH established the new support group Sister Speak targeting African American women who are traditionally underserved or inappropriately served.

FY 2015-16

- The Sister Speak group became a regular fixture of support group services for Kings County, providing an open monthly forum for African American women to discuss and learn about mental health and other life issues. The group also addressed challenges and barriers that prevent African American Women from accessing programs and services, and stigma.
- Kings County expanded access to direct clinical services by 60 people. This was in part a result of greater outreach, improved referral process.

FY 2016-17

- The Veterans Support group attendance increased to an average of nearly 20 attendees each session and provided culturally responsive services to local Veterans.
- Sister Speak continued to provide services. Additionally, several members of the group participated in the annual African American Mental Health Conference hosted by Los Angeles County Department of Mental Health in February, 2017. The participation of the attendees was funded by KCBH as a way to increase community capacity of the participants.

Indirect Services

In addition to direct services, KCBH and community providers also provide indirect services that intend to build a community of stakeholders outside the mental health system to collaborate in serving people with mental health problems. Tracking the number of people served through indirect services is challenging; KCBH can track information about individuals receiving direct services in Anasazi but must rely on other data sources, and estimates in some cases, to quantify the number of people who have indirect services have reached. Indirect services are generally funded under three components: PEI, CFTN, and WET.

Prevention and Early Intervention Indirect Services (PEI)

Indirect services under PEI provide outreach and early intervention efforts to the general population of Kings County. They also develop the capacity of CBOs and community leaders to assist community members who may need additional mental health support outside of clinical settings. PEI funds also support a portal for law enforcement to use when referring individuals to mental health services.

	Program Name	Program Description
PEI	Community Wide Prevention	<ul style="list-style-type: none"> ❖ Over 70,000 community members served ❖ Strategies include prevention and early intervention efforts to serve Kings County community members
	Linkages and Referrals Portal	<ul style="list-style-type: none"> ❖ Portal for law enforcement to make referrals to KCBH to assist individuals who may need additional mental health support
	Community Capacity Building	<ul style="list-style-type: none"> ❖ Funds to CBOs and community leaders to develop knowledge and skills to address community's needs

Community Wide Prevention Strategies

Program Purpose

The purpose of Community Wide Prevention Strategies is to connect people with the treatment they need during or before onset of mental illness. These efforts use four strategies: stigma and discrimination reduction; outreach, education, and training; suicide prevention; and referrals and linkages.

MHSA Component & Service Category

PEI: Prevention

Target Population

The target populations for the Cultural Competency Taskforce include Latinos, Native Americans, LGBTQ, veterans, and TAY.

Provider

Kings County Behavioral Health

Services Provided

Stigma & Discrimination Reduction: Kings County informs the general public about mental illness through social marketing, speakers' bureau events, and anti-stigma advocacy. Kings County also established a Cultural Competency Taskforce (CCTF) that focuses on training community members and providers to better serve target populations.

Outreach, Education, and Training: Kings County provided Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHA) to community members to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help others who may be experiencing a mental health or addiction challenge or is in crisis. The county also offered Applied Suicide Intervention Skills Training (ASIST) for caregivers who want to feel more comfortable and competent in helping to prevent the immediate risk of suicide. Trainings also included Another Kind of Valor, a day-long training program that addresses how to better meet the mental health needs of Veterans and their families.

Suicide Prevention: The Kings County suicide prevention strategies include an array of organizations and coalitions that take diverse approaches to preventing suicide.

- The Tulare-Kings County Suicide Prevention Task Force (SPTF) promotes public awareness of prevention issues, improves and expands suicide reporting systems, and promotes effective clinical and professional practices.
- Reduction and Elimination of Stigma Through Art Targeted Education (RESTATE) is a stigma and discrimination reduction program designed to educate local high school students about mental health issues through a curriculum that uses media arts to promote awareness and understanding of mental health.
- The Trevor Project is a leading national organization focused on promoting acceptance of LGBTQ youth and aiding in suicide prevention among that population.

- 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.
- Student Mental Health Network (SMHN) was a collaborative effort designed to evaluate current services, develop recommendations for improvement in the student mental health system, and be a voice on student mental health issues in the community. The Network consisted of student consumers, parents, educators, and mental health professionals. The report was published in FY 2014/2015.
- Central Valley Suicide Hotline is an existing hotline that supports individuals experiencing suicide ideation. KCBH will participate in providing this service for Kings County residents.

Referrals & Linkages: KCBH's referral and linkages strategies include Access Review Teams (ART), which consists of mental health staff that review incoming individuals' assessments to determine and triage what referrals and linkages should be provided; and 2-1-1, which is a telephone as web-based and smart phone application resource that connects users with a wide array of necessary health and human services resources, including, among other things, mental health treatment and crisis services, substance abuse treatment programs, transportation, and legal services.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$317,300	\$261,723	\$322,135
Cost Per Consumer	\$11	\$19	\$10

Program Accomplishments

FY 2014-15

- Through the various program and community wide prevention activities Kings County directly targeted and provided services to **1,352** individuals. Overall through the specific program and larger outreach, social marketing, and public awareness campaigns the efforts are estimated to have reached close to **30,000** people.
- KCBH increased the pool of MHFA trainers in Kings County and the capacity to provide more MFFA trainings to promoted access to care, reduce stigma, and increase awareness.
- KCBH hosted a successful Each Mind Matters effort in May which allowed us to increase public awareness through coordinated efforts to increase visibility of the EMM movement.
- KCBH coordinated training by the local Tachi-Yokut Tribe's cultural department for interested providers and staff on history and culture of the tribe.
- ASIST provided training for Santa Rosa Rancheria and the Palace Casino and Resort close to 50 staff members.
- SMHN published a report on opportunities and forums for strengthening relationships and understanding between students, family members, educators, mental/behavioral health providers and the community.

- Central Valley Suicide Hotline developed measures internally that allow it to track the total number of calls from Kings County.
- The Access Review Team established a formal process to ensure all referrals for services, linkage or referral are contacted, reviewed, and processed in a timely manner.

FY 2015-16

- The county has made successful efforts to involve local community members in cultural competent trainings to ensure that providers better serve targeted populations.
- The county was able to successfully target and involve TAY youth in its effort to better serve underrepresented communities throughout the county.
- To ensure that the Kings County Cultural Taskforce fulfilled its mission, the county made concerted efforts to address the needs of underserved communities by providing a series of trainings focused on providing culturally responsive services and initiating new programs that are culturally responsive. The county plans to continue to improve its engagement, outreach, service provision among targeted populations in the county.

FY 2016-17

- Community wide services reached over 50,000 residents through ads, outreach campaigns, and the KCBH website.
- The KCBH trained 85 individuals in Mental Health First Aid trainings to promote mental health awareness and reduce stigma.
- Kings County funded two individuals to become ASIST trainers so to double the number of trainers and provided training to 45 people.
- Central Valley Suicide Hotline continues to be a valuable resource for the community. The hotline received 424 calls with two active rescues and 5 talk downs.
- KCBH launched ads before each movie at the Hanford 8 Theater viewed by an estimated 20,000 people. KCBH launched two new ads that promoted mental health services and the Central Valley Suicide Hotline.
- Kings County continues to utilize a digital billboard on the highways between its two main cities focused suicide awareness, stigma reduction, and the Central Valley Suicide and Veterans hotlines.
- KCBH continued to distribute weekly radio ads in Spanish targeting rural Spanish-speaking communities. These ads have ranged from promoting careers in behavioral health, to services and suicide prevention.

Linkages and Referrals Portal

Program Purpose

This portal works to assist law enforcement in responding to individuals who do not meet the 5150 criteria but may need additional mental health support by being directed to the most appropriate programs and services. Law enforcement personnel in the MHSA CPP process identified a need for more comprehensive and accessible information about existing mental health programs and services available in Kings County since they are often the first responders.

Provider

Kings County Behavioral Health

MHSA Component & Service Category

PEI: Prevention

Target Population

The target populations for the Law Referral Portal are individuals who may be experiencing a non-crisis, non-psychotic behavioral health issue that is being responded to by local law enforcement.

Services Provided

In order to respond to law enforcement's request for more comprehensive and accessible information about mental health programs and services available in Kings County, KCBH developed a comprehensive resources and referral web-based portal intended for law enforcement that assists individuals experiencing a non-crisis mental health event to engage in mental health services. With the improved access to information, law enforcement were able to provide consumers with linkages and referrals in each interaction, increasing the number of interventions that will reduce the risk of more severe mental health crisis events in the future.

Program Accomplishments

KCBH successfully developed and piloted a web-portal that local law enforcement can utilize for non-crisis referrals or in cases where they feel a resident could possibly benefit from some services. Local law officials who may not have the time or the information necessary to complete a regular service referral are able to still properly assist and serve community members with the use of the portal. The portal was maintained accordingly with limited cost. The development of the portal took longer than anticipated because the county desired to use preexisting technological options rather than developing a new tool and being able to maintain the tool. KCBH continues to provide training to law enforcement agencies throughout the county on how to best utilize the web portal to make referrals for community members.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$21,563	\$0	\$0
Cost Per Consumer	N/A	N/A	N/A

Community Capacity Building Program (CCBP)

Program Purpose

CCBP aims to make funds available to community-based organizations and community leaders to develop their knowledge, skill, and capacity to attend trainings, coordinate events, or launch new programs to address the community's mental health needs.

MHSA Component & Service Category

PEI: Prevention

Target Population

Community stakeholders and community-based organizations.

Provider

Kings County Behavioral Health

Services Provided

KCBH provided funds to a community stakeholders and organizations to implement several programs targeted to address mental health needs in their communities. The funded programs provided mental health services or capacity building activities to 175 people.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$12,000	\$4,400	Unavailable
Cost Per Consumer	\$600	\$40	Unavailable

Workforce, Education, and Training (WET)

Kings County used WET funds to train underserved consumers to serve as cultural ambassadors who facilitate better collaboration between providers and communities. WET funds also funded professional development coordination for mental health providers as well as outreach and support to youth to pursue mental health careers.

	Program Name	Program Description
WET	Cultural Ambassador Training Program	<ul style="list-style-type: none"> ❖ 296 providers and community members served ❖ Develop stronger collaboration between mental health providers and communities ❖ Emphasize understanding the cultural needs in serving Native Americans (and the local Tachi-Yokut tribe), Latinos, foster youth, veterans, LGBTQ and other underserved consumers
	WET Coordination and MH Professional Development	<ul style="list-style-type: none"> ❖ 125 mental health professionals served ❖ Coordinate professional development opportunities for mental health professionals
	Mental Health Workforce Pathways	<ul style="list-style-type: none"> ❖ 25 youth served ❖ Expand the supply of diverse and culturally competent mental health staff ❖ Inform local youth from unserved or underserved communities about possible career paths in the field of mental health through outreach and education

Cultural Ambassador Training Program

Program Purpose

This program aims to help develop stronger collaboration between mental health providers and the communities they serve and improve quality of care. The program emphasizes understanding the cultural needs in serving Native Americans, Tachi-Yokut, Latino, foster youth veterans, LGBTQ+ and other underserved consumers.

Provider

Trainings were provided by: Kings County Behavioral Health (KCBH), Cultural Competency Taskforce for Kings County, Fresno State University, National Latino Behavioral Health Association California Institute for Behavioral Health Solutions, Santa Rosa Rancheria, On-Trak, California Youth Connection

MHSA Component & Service Category

WET: Training and Technical Assistance

Services Provided

KCBH hosted or coordinated staff and other providers' attendance at trainings and conferences on cultural perspectives of unserved and underserved communities in behavioral health.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$0	Unavailable	Unavailable

Total People Served

296 people including:

- KCBH staff and clinicians
- Providers
- community members
- consumer family members of consumers
- substance use providers
- spirituality committee members
- prevention coordinators
- foster care agency case workers
- behavioral case manager
- KCBH Ethnic Service Manager/Program Manager
- Tribal Social Services
- Local school district staff

Training Topics

Cultural considerations of providing mental health services to:

- Latinos Male Youth
- African American community and TAY males
- Veterans (which overlaps with other race/ethnic groups such as Latinos, Native Americans, African Americans, and Asians)
- Native Americans
- Foster youth
- LGBTQ youth

Program Summary

The program activities that were conducted under the program are highlights in the MHSA annual update plan. Furthermore, the needs of ongoing support of CSS and PEI programs are identified in the MHSA annual update plan.

Program Accomplishments

FY 2014-15

- KCBH coordinated or identified training opportunities to improve the cultural responsiveness of services to Kings County's diverse populations and underserved communities:

Training Topic	Format/Duration	Attendance
Role of Culture in Serving Latinos	Presentation	staff, local community based providers, and contractors
Using interpreters in clinical settings	1-day training	7 clinicians
Language Matters: Stigma Reduction	Webinar	KCBH staff
Beyond the Beats an Lyrics: African American TAY Males and the Mental Health System in CA	Webinar	KCBH staff and local providers
Grief and Loss Across Cultures	Unknown	KCBH staff and local providers
Another Kind of Valor (engaging and serving veterans)	2 trainings	KCBH staff and local providers
Holistic Wellness For The African American Community	Conference	8 stakeholders and providers
Central Valley Latino Conference	2-day conference	6 KCBH staff and providers
Historical Trauma and Native Americans	2-day training	2 clinicians
Mental Health Training 101 for Faith Leaders	1-day-training	50 community faith leaders

FY 2015-16

- KCBH broadened its efforts to include TAY in its priority population
- KCBH facilitated or hosted trainings for staff in the following topics:

Training Topic	Format/Duration	Attendance
NAMI Multi-Cultural Symposium on enhancing services for diverse cultures	1-day symposium	KCBH Ethnic Services Manager
Central Valley Latino Conference	2-day conference	9 staff and stakeholders
Best Practices in Serving LGBTQ Individuals	2-day training	32 staff (community members welcome for part)
The Blueprint: Responsibility and Accountability (assisted providers in developing cultural competency policies and plans aligned with CLAS standards)	1-day training	31 providers
Black Heritage Mental Health Symposium (addressed stigma)	4-hour symposium	47 staff and stakeholders
Youth Sexual Orientation and Gender Identity Expression Education	1-day training	23 staff and stakeholders
Working with Foster Youth	4-hour training	21 staff and stakeholders
Effective Engagement for Latino Males	4-hour training	28 staff and stakeholders

FY 2016-17

- KCBH hosted a regional training on Historical Trauma & Native Americans with the Tachi-Yokut Tribe. Seventy persons attended the training including members of the tribal staff, MHP staff, contracted providers, Human Services, Public Health, and local school districts.

- KCBH staff participated in the National Culturally and Linguistically Appropriate Service Standards Training. Also eight staff, community providers and community members attended the 2017 African American Mental Health Conference.
- Two members of the KCBH leadership team attended the two day Cultural Competency Summit in Sonoma County.
- A total of 84 individuals participated in Cultural Competency trainings in 2016-17.

WET Coordination and Professional Development

Program Purpose

This program coordinates professional development opportunities for mental health professionals to increase the supply of qualified, culturally competent mental health staff and clinicians.

MHSA Component & Service Category

WET: Training and Technical Assistance

Target Population

KCBH staff and providers currently working in the mental health field

Provider

Kings County Behavioral Health

Staff and Providers Served

Total: 125

Services Provided

KCBH coordinated trainings in mental health professional development for staff, provided financial assistance for mental health professionals to pursue ongoing education, and provided enhanced advanced clinical training opportunities in evidence-based practices with continuing education credits.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$35,000	\$35,000	Unavailable

Program Accomplishments

FY 2014-15

- In conjunction with the Tribal Social Services of the Santa Rosa Rancheria, Kings County and participated in a two-day training on Historical Trauma for Native Americans
- KCBH hosted or facilitated staff participation in mental health professional development events and advanced clinical training:

Training Topic	Format/Duration	Attendance
Mental Health Professional Development		
International Anti-Stigma Conference	3-day conference	3 KCBH staff
Holistic Wellness for African-American Families and Communities	1-day training	9 staff and stakeholders
Central California Latino Conference	2-day conference	6 KCBH staff, 2 consumers
Spirituality 101 for Mental Health Professionals	1-day training	40 providers
Parent Child Interactive Therapy (PCIT) (best practices)	Conference	4 clinicians
CBHDA/CiBHS Policy Forums	2 forums	KCBH Ethnic Services Manager
Sudden and Traumatic Loss	1-day training	80 individuals
Advance Critical Incident Stress Management (CISM)	2-day training	3 clinicians
Regional WET training for Seeking Safety	1-day training	2 staff

Trauma Informed Therapy for children 0-18 years of age	1-year training	2 clinicians
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FY 2015-16

- KCBH facilitated staff participation in mental health professional development opportunities:

Training Topic	Format/Duration	Attendance
Dialectical Behavioral Therapy (DBT)	12-hour training	12 clinicians and case managers
Parent Child Interactive Therapy (PCIT)	Training	1 KCBH clinical intern
Gathering on Mental Health and The Church (suicide and mental health; role of faith communities in recovery)	3-day conference	3 clinicians
Annual PCIT Conference	Conference	2 clinicians
STAR Behavioral Professional Providers (certification in clinical services for veterans)	2 day training	2 clinicians
Care Coordination Learning Collaborative	15-month training	KCBH and Kings View Counseling staff
Trauma Focused Cognitive Behavioral Therapy (CBT)	1-year training	2 clinicians
Therapeutic Activity Groups (TAGS) using Hip-Hop Therapy though Beats, Rhymes, Life, Inc.	40-hour training	11 (seven of whom where KCBH staff)
Regional WET training for managers	48-hour course	4 KCBH staff
California Addiction Training and Education Series	Unknown	4 clinicians
Mental Health in Schools	8-hour training	3 clinicians
Forensic Mental Health Training	Unknown	2 clinicians

- Provided clinical supervision to two employees completing their practicum hours and clinical supervision to non-licensed therapists to grow pool of local clinicians
- Hosted a Suicide Bereavement Clinician Training Program
- KCBH was appointed by the State Superintendent of Public Schools to participate on the California Department of Education's Student Mental Health Policy Workgroup

FY 2016-17

- Seven KCBH staff completed the six week on-line course on Mindful Fundamentals so to be able to implement mindfulness program/curriculum in schools.
- KCBH provided 87 hours of clinical supervision to student interns

Mental Health Workforce Pathways

Program Purpose

Mental Health Workforce Pathways is intended to expand the supply of diverse and culturally competent mental health staff and to inform local youth from unserved or underserved communities about possible career paths in the field of mental health through outreach and education.

MHSA Component & Service Category

WET: Mental Health Career Pathways

Target Population

Local bilingual/bicultural youth and members of the Tachi-Yokut tribe

Provider

Kings County Behavioral Health (KCBH), Kings County Probation Department, Dameane Douglas.

Services Provided

This program informs local bilingual and/or bicultural youth and members of the Tachi-Yokut tribe about mental health career paths through several strategies including: inviting mental health professionals to speak in local schools and participate in career fairs, implementing vocational programs, and developing marketing and educational materials about mental health careers for middle and high school students.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$5,000	\$2,749	\$4,229
Cost Per Consumer	\$0	\$79	\$136

Program Accomplishments

FY 2014-15

- KCBH launched a campaign on Spanish language radio to reach bilingual and underserved Latino communities to promote careers in mental health starting with several 30-second public service announcement targeting bilingual youth and TAY listenership.

FY 2015-16

- In collaboration with local community members and Kings County Probation Department, local community member brought 9th and 10th grade students on trips to colleges to learn about career options in the behavioral health field.
- KCBH connected youth who participated in college tours to the Youth Researching Resilience (YRR) project where they can gain greater insight into behavioral health and receive a stipend.
- KCBH presented information about behavioral health careers in the Career Day Fair/ Event at John Muir Middle School in Corcoran .
- KCBH launched a new 30-second advertisements on local Spanish language radio targeting bilingual residents and youth in seeking careers in behavioral health describing the careers as a way to meet local need and give back to their communities.

FY 2016-17

- Pathways was able to provide services to 31 local bilingual and/or bicultural youth via presentations about behavioral health careers and college trips. One of the trips targeted students who reside on the Santa Rosa Rancheria.

Capital Facilities and Technology Needs

In Kings County, CFTN funds continued to support facilities that provide mental health services.

	Program Name	Program Description
CFTN	Continued Capital Facilities Support	❖ Investments so that consumers, family members, and staff have the facilities necessary for adequate mental health services

Continued Capital Facilities Support to Ongoing MHSA Programs

Program Purpose

This program ensures that Kings County Behavioral Health Capital Facilities investments are placed into CSS and PEI programs to assure that consumers, family members, and staff have the facilities they need to provide adequate mental health services. In an effort to understand where to best invest MHSA funds, the county developed a Capital Facilities plan targeted for specific projects. The activities that were conducted under this program were identified and documented in subsequent MHSA Annual Updates.

Provider

Kings County Behavioral Health

MHSA Component & Service Category

CFTN: Capital Facilities

Services Provided

KCBH provided funds to a community stakeholders and organizations to implement several programs targeted to address mental health needs in their communities. The funded programs provided mental health services or capacity building activities to 175 people.

Budget

	FY 2014-15	FY 2015-16	FY 2016-17
Annual Budget	\$35,000	\$35,000	Unavailable

Program Summary

The program activities that were conducted under the program are highlights in the MHSA annual update plan. Furthermore, the needs of ongoing support of CSS and PEI programs are identified in the MHSA annual update plan. There were no funds expended or activities in FY 2016-17.

Appendix 1. Mental Health Services Act (MHSA) Values

Wellness, Recovery, and Resilience

This value is about building services and service systems that helps people living with a mental illness or a mental health issue and their family members to live healthy and full lives. The MHSA funds programs that work on making mental health services better so that more people can receive and use services. MHSA programs contribute to mental well-being for everyone, regardless of age, race/ethnicity, gender, sexuality, language, economics, disability, and other social factors.

Cultural Competence

This value helps ensure that mental health services reflect the values, customs, and beliefs of the people being served. MHSA programs encourage consumers and people who support them to co-create a treatment plan with their provider that builds on the consumers' strengths, goals, cultural background and social values.

Client and Family Driven Services

This value encourages consumers and family members to participate in all phases of developing strong mental health services and programs. This includes help in figuring out what works, what does not work, how to make services better, and then taking this information to create or improve new services and programs. This value understands that the people who need and use mental health services everyday are the ones who know best what is working well and how services can be improved.

Integrated Services

This value recognizes the need for health systems and departments to work together so that consumers will find it easier to get all of the services and supports they need under one roof.

Community Collaborations

This value tries to create more cooperation between mental health services and community-based organizations to make sure the overall health care system runs smoothly and people in the community are getting the services and support they need.

