Kings County Behavioral Health

Mental Health Services Act

FY 2020/2021
Annual Update

EVALCORP
Measuring What Matters™

ACKNOWLEDGEMENTS

This plan is the result of a collaborative effort that included the participation of multiple stakeholders. We would like to thank the Kings County Behavioral Health Leadership Team for contributing their time and input to supporting the development of this plan. Throughout this process, they have demonstrated a commitment to the values of the Mental Health Services Act (MHSA) and the communities they serve. We would like to especially thank Katie Arnst, Unchong Parry, Yadira Amial-Cota, Stephanie Bealer, Matthew Boyett, Fil Leanos, Christi Lupkes, and Nanthanael Lacle. We greatly appreciate their collaboration and support.

Kings County Behavioral Health (KCBH) wishes to thank the many consumers, family members, community members, agencies, and other Kings County staff who participated and helped guide the development of this plan. Although this is not a comprehensive list of all the representative organizations and agencies who participated in the Community Program Planning (CPP) process, we would like to specifically thank:

- Adventist Health
- African American Community Leader
- Corcoran Unified
- Hanford Elementary School District
- Kings County Behavioral Health Advisory Board
- Kings County Board of Supervisors
- Kings County Commission on Aging
- Kings County Department of Health
- Kings County Department of Probation
- Kings County Human Services Agency
- Kings County Office of Education
- Kings County Public Guardian and Veterans Service Office
- Kings County Sheriff's Office
- Kings Partnership
- Kings View Behavioral Health Systems
- Mental Health Systems
- The Source

The public input we have received through the CPP process has been essential to the development of this comprehensive MHSA Annual Update.

MHSA COUNTY COMPLIANCE CERTIFICATION

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

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INTRODUCTION

Mental Health Services Act

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

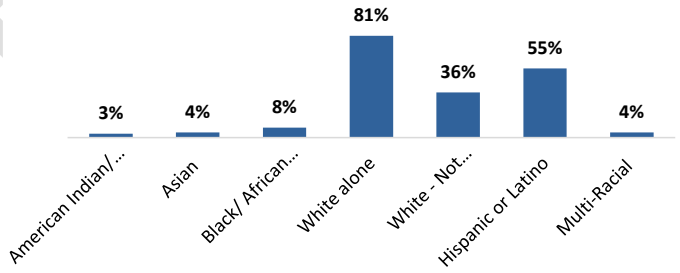
Shortly after passage of the MHSA, Kings County Behavioral Health (KCBH) was formed. KCBH's mission -- "to promote, support, and invest in the wellness and recovery of individuals living in the communities of Kings County by creating opportunities to contribute, learn, work, and find hope in each day"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

About Kings County

KCBH serves a geographic region covering 1,391 square miles and has a population of over 150,000 residents. The county is comprised of 11 incorporated cities, the Santa Rosa Rancheria, and the Lemoore Naval Air Station. Kings County is also home to two state prisons (Avenal State Prison and Corcoran State Prison) and the California Substance Abuse Treatment Facility (also located in Corcoran). The county seat is Hanford where 38% of the population resides.[2]

Racially, the 2021 county census estimates reflect a diverse county. While the majority of residents are white (See **Figure 1**), more than half identify as Hispanic or Latino. A little over 40% of households speak a language other than English at home.

Figure 1. Race



Military affiliated persons comprise an important segment of the population in Kings County given their specific mental and behavioral health needs. According to the Department of Defense, there are over 6,500 active-duty military personnel, 350 reservists, and 10,000 veterans residing in the county in addition to their dependents.[3]

[1] Unless noted otherwise, all demographic data (both county and state) is from the American Community Survey
[2] United Census Bureau Quick Facts: Hanford City, California (2021)
[3] Military Installations. Naval Air Station Lemoore. https://installations.militaryonesource.mil/in-depth-overview/naval-air-station-lemoore

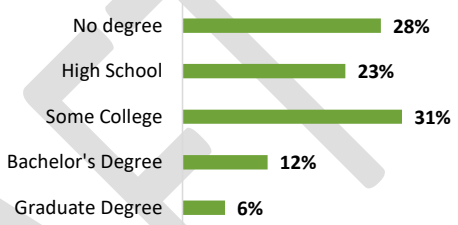
Another important segment of the population is the local Native American population. The Santa Rosa Rancheria has an estimated population of 1,029 individuals from the Tachi Yokut Tribe. Of those living on the Rancheria, more than 17% live 100% below the Federal Poverty Level which is higher than the county overall.

Kings County is relatively low income compared to other counties in the state. Of households in the county, 15% live 100% below the Federal Poverty Level and nearly 50% (47%) receive Nutrition Assistance (i.e., SNAP).

This can, in part, be attributed to:

- low educational attainment (See **Figure 2**).
- A Median household income ($57,848) that is nearly $17,387 less than the State median household income of $75,235.
- An unemployment rate (7.5%) that's higher than the state average (6.5%).[5]

Figure 2. Educational Attainment for Residents 25+ [4]



[4] Census Reporter: https://censusreporter.org/profiles/25000US3520-santa-rosa-rancheria/
[5] California Employment Development Department: https://www.labormarketinfo.edd.ca.gov/file/lfmonth/hanf$pds.pdf

LOCAL STAKEHOLDER PROCESS

LOCAL STAKEHOLDER PROCESS

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

Methods

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

- Community Focus Groups
- Community Survey
- Key Stakeholder Interviews
- Public Comments
- Behavioral Health Advisory Board Public Hearings

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

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

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

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

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

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

Community Focus Groups

Eight focus groups were conducted (with a total of 59 participants) in order to assess the current needs for mental and behavioral health services by community members, and how KCBH can better address needs within the county. All focus groups used a semi-structured protocol (see **Appendix A**) and were facilitated in English. Focus groups were purposively sampled to represent a variety of ages from youth to older adult, race/ethnicities, and regions of the county. **Table 1** provides further details about each of the focus groups.

Table 1. Summary of Focus Groups

Focus Group Type	# Participants
Consumers	6
Older Adults	11
LGBTQ+	4
African American	5
Family of Consumers	9
Veterans	6
Spanish Speakers	4
Native American	14
Total	**59**

Community Survey

The Community Survey was developed and administered online by EVALCORP in both English and Spanish from late November through December 2021. Surveys were distributed via:

- Kings County Behavioral Health website
- Kings Partnership for Prevention listserv
- Radio and social media advertisements created and promoted through iHeartMedia.

A total of 158 completed surveys were collected and used for analysis. The Community Survey is available in **Appendix B**.

Key Stakeholder Interviews

Key Stakeholder Interviews (KSIs) were conducted to gather information about the mental and behavioral health needs of Kings County residents from a systems-level perspective. Interviewees were

selected in collaboration with the KCBH staff. In total, 19 interviews were conducted. Participating interviewees represented the following:

- African American women
- Coalition members
- Educational agencies
- Law enforcement agencies
- LGBTQ+ community
- Local care providers
- Social service providers

Interviewees provided information about: (1) mental and behavioral health priorities; (2) unmet mental and behavioral health needs; (3) gaps in access to, and availability of, service provision; (4) current efforts to address these priorities and challenges; (5) understandings of suicide prevention resources and services and (6) recommendations and strategies for improving the mental and behavioral health of Kings County residents. The Key Stakeholder Interview Protocol is available in **Appendix C**.

Limitations

Community engagement efforts were conducted in a purposeful way to invite input from diverse perspectives. However, feedback from the aforementioned CPP activities are not intended to be representative of all stakeholders. Qualitative data gathered through interviews and focus groups represent a sample of the lived experiences of those both providing and receiving mental and behavioral health resources within Kings County.

Additionally, COVID-19 has imposed unique challenges to data collection and community engagement. In March 2020, the global COVID-19 pandemic shut down in-person services across the nation when stay-at-home and social distancing mandates were implemented. Due to intermittent spikes of cases, virtual community engagement strategies have been relied upon to reduce opportunities for COVID-19 variants to spread. Virtual community engagement has increased access to participate in data collection activities for some who could not take time off work or travel to specified locations while reducing it for others due to barriers such as access to technology and reliable internet.

Stakeholder Participation Demographics

In total, CPP activities included more than 200 participants. **Table 2** shows the number of participants by activity. Some participants may have engaged in multiple activities.

Table 2. Participants by CPP Activity Type

Data Collection Activity	# Participants
Community Focus Groups	59
Community Survey	158
Key Stakeholder Interviews	19
Behavioral Health Advisory Board Public Hearing	TBD
Total	**236**

The data summarized in Tables 4-8 reflect the demographic profile of participants from the Community Survey. Note that demographic data was not collected from participants in the public hearing, focus groups, or interviews.

Table 3. Participants by Gender (n=153)

	%
Male	22%
Female	76%
Transgender	1%
Questioning	1%
A different gender identity	0%

Compared to County demographics (Female 45%, Male 55%), women were over-represented in community engagement efforts.

Table 4. Participants by Race/Ethnicity* (n=110)

	%
Asian	5%
Black/African American	7%
Hispanic/Latino	43%
Native American/Alaska Native	1%
Native Hawaiian/Pacific Islander	0%
White	42%
Multiracial	6%
Another	5%
*Percentages add to more than 100% as respondents could select more than one response option	

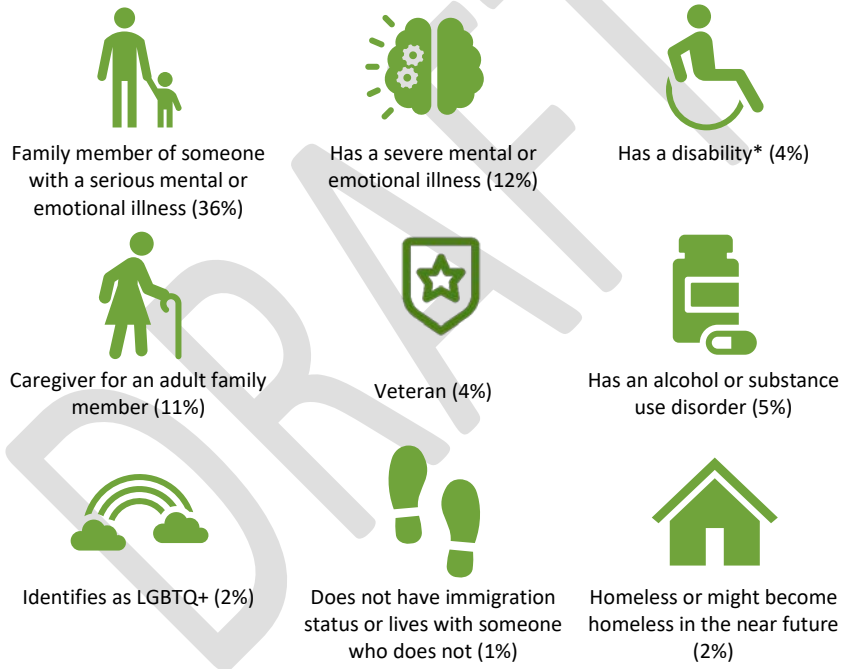
The distribution of racial and ethnic representation among participants in the community engagement process is close to that of the County, with a slight underrepresentation of Hispanic or Latino and Native American/Alaska Native residents.

Table 5. Participants by Age (n=151)

	%
18-25	5%
26-35	28%
36-45	30%
46-55	20%
55 and older	17%

Figure 3. Additional Respondent Characteristics

Of participants to this question (n=130), more than half of the respondents (49%) reported being the parent or guardian of a child under 18. Additional characteristics are visualized in the graphic below.



Key Findings

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

Priority Mental and Behavioral Health Needs

Below are the top identified priority mental/behavioral health concerns by data collection activity.

- **Focus Groups**
  - Greater access to services
  - Provider Improvements
  - Expanded profile of services
- **Community Survey**
  - Substance use disorders
  - Depression
  - Anxiety
- **Interviews**
  - Additional services and providers needed
  - Improvements amongst providers needed
  - COVID-19 Exacerbated Conditions: (Anxiety, depression, grief, aggression)

Causes and Contributing Factors

Below are the top identified causes and contributing factors to poor mental/behavioral health by data collection activity. This data was not collected on the Community Survey and therefore not available.

- **Focus Groups**
  - Difficulties accessing care
  - Social determinants of health (food and income insecurity, job opportunities)
  - Substance Use
- **Interviews**
  - Financial struggles
  - Lack of access to services
  - Increases in substance use

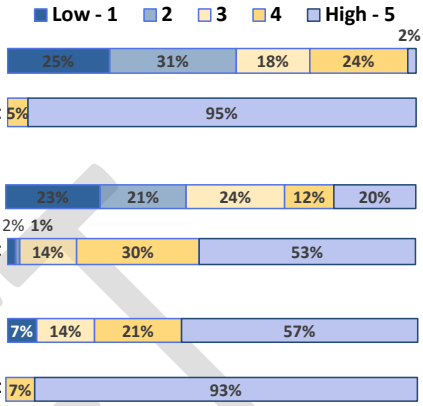
Barriers to Accessing Mental and Behavioral Health Care

Community engagement efforts revealed that there were barriers and/or major gaps in services that prevent residents from accessing services in the county. Below are the top identified barriers to mental/behavioral health services by data collection activity.

- **Focus Groups**
  - System-level barriers (limited providers, staffing shortages, wait times)
  - Personal barriers (limited awareness of services, stigma, fear in accessing services)
  - Access to care in rural communities
- **Community Survey**
  - Lack of information about where to receive help
  - Stigma
  - Appointment availability
- **Interviews**
  - Knowledge of services

- Navigational challenges
- Wait times and availability

Suicide Prevention Services



- **Focus Groups**
  - Awareness of Suicide Prevention Services:
  - Importance of Suicide Prevention Services:
- **Community Survey**
  - Awareness of Suicide Prevention Services:
  - Importance of Suicide Prevention Services:
- **Interviews**
  - Awareness of Suicide Prevention Services:
  - Importance of Suicide Prevention Services:

Recommendations

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

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

- **Focus Groups**
  - Increase providers/services options
  - Increase staff to increase availability and decrease wait times
  - Improve outreach to inform community of available resources
- **Community Survey**
  - Improving Access to Services
  - Expand Servicing Options (i.e., family therapy, emergency 5150 location, school-based services)
  - Improving Outreach to Community (to inform residents of available services)
- **Interviews**
  - Increase accessibility of services
  - Increased outreach to inform community of available services
  - Expand types of services and resources

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

collection activities that these improvements should focus on outreach/promotion of available resources and the expansion of services in particular.

For additional information about each data collection activity and their associated findings please refer to each activity's respective Summary of Findings (**Appendix D-F**).

Public Review and Comment

Pending

FY 2020-2021 ANNUAL UPDATE

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

Assertive Community Treatment (ACT MHS)

Status:	☐ New	☒ Continuing	☐ Modification	
Target Population:	☐ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+
Number of individuals served in FY 2020-2021: 55				
Cost per person served in FY 2020-2021: $22,902				

Program Description

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

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

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

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

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

Program Updates

Activities and Outcomes in FY 2020 – 2021

Referrals and/or coordination of care continues to be provided between MHS, KCBH, Kingsview, Wellpath, Probation Department, Champions, Shelters, Board & Care, and Room & Board facilities and the Public Guardian Office. MHS Program Manager and Clinical Supervisor attend the Acute Care Coordination meetings every Tuesday and Thursday to share updates and/or concerns, to coordinate client care, and discuss incoming referrals. ACT received (31) referrals for fiscal year 2020-2021, and all clients were enrolled in the MHS ACT program. A total of (25) clients were dis-enrolled from MHS, for the fiscal year, due to moving out of county, no engagement or contact made, or referred to lower level of care. ACT Program served an average of (45) clients monthly (ranged from 40 -50 clients throughout fiscal year). ACT program provided housing services (utilizing master leases, board & care, room and boards, and motels) for an average of (23) clients monthly (ranged from 19-29 throughout the fiscal year). During transition, due to COVID 19 pandemic, the ACT office remained opened, conducted face-to-face and telehealth services; with face-to-face sessions increasing throughout the fiscal year, as COVID 19 pandemic policies and procedures were understood to ensure safety of all. Safety plans were developed and utilized by staff. Staff were trained to screen for safety risks using the Columbia Suicide Severity Rating Scale (C-SSRS) to preventatively respond to a client in crisis. MHS organized a food pantry and prepared hygiene packets to provide to clients in need of hygiene products, food, and water. The program's Registered Nurse supported clients with medication management services including providing linkages to medical, dental, and psychiatric appointments for clients.

Goals and Objectives

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

Key Successes

The ACT referral process was made directly from KCBH, or streamlined from Kingsview FSP program, Kingsview Crisis Program, Champions, and Wellpath in the Kings County Jail contracted provider, to successfully link clients to the ACT program. ACT program provided housing coordination and placement for an average of (23) clients per month. Food pantry was available for clients in need of food and water. Hygiene packets were provided to clients in need of hygiene items. A Mental Health Clinician was hired in July 2020 and a Bilingual Mental Health Clinician was hired in October 2020 after a 5-month vacancy. C-SSRS forms are being utilized to ensure safety of a client in crisis. ACT program provided intensive case management and support services to clients in order to reduce hospitalizations. Hospitalization rate was 20% for all ACT clients for the duration of the fiscal year (9 clients on crisis holds or psychiatrically hospitalized during the fiscal year out of an average of 45 clients). The program on boarded two Master's Level Student Interns to support the program.

Program Challenges

MHS ACT program continued to struggle with filling a Mental Health Clinician position from the start of fiscal year to October 2020. Additional challenges were related to COVID-19 and the impact to the program which resulted in difficulties with engaging clients for individual treatment sessions via telephone. COVID-19 prevented the program from offering group sessions to ensure staff and clients'

safety and wellbeing. Clients had limited access to telehealth platforms such as Microsoft Teams to engage in video/telehealth groups due to poor connection, no Wi-Fi access, and/or phone capabilities. COVID-19 also resulted in shortage of staff due to being sent home and/or taking extended sick leave to recover from infections. The program can benefit from additional staffing resources to meet the needs of ACT clients. Additional training on the ACT model and how to structure the team to ensure fidelity to the ACT model is also a need for the program. Furthermore, increased salaries will assist with retaining staff in a region that is difficult to recruit for clinical positions. Finally, limited housing resources makes it difficult to immediately house clients upon their enrollment in the program.

Proposed Activities for FY 2021-2022

MHS ACT program will work toward the following goals and objectives for FY 2020-2021:

- Provide treatment services that promote and enhance whole person wellness and recovery.
- Offer individual and group services focused on reducing functional impairment.
- Empower ACT clients through educational and vocational rehabilitation services that result in increased independent living skills.
- ACT program will continue to provide intensive, community-based services through multiple weekly contacts.
- Develop/create a discharge plan template to assess and effectively step clients down to lower level of care when treatment plan goals are met (Completed September 2021).
- Develop an Individualized Service Plan (ISP) template and utilize with clients to assess current needs (Completed October 2021).
- Add additional interns to assist with caseload and crises.
- Add additional Master Leases to ensure we have adequate housing for clients in need
- Fill vacancies to obtain a full staffed program.

Aspiranet

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

Number of individuals served in FY 2020-2021: 81
Cost per person served in FY 2020-2021: $17,442

Program Description

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

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

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

Population Served: FSP/Wraparound serves children and TAY ages 6 years old to 21 years old with severe emotional disturbance and/or serious mental illness. Children and youth may be at risk of or are transitioning from out-of-home placement, are engaged with child welfare, and/or juvenile justice, or are at risk of homelessness, incarceration or hospitalization as they transition into adulthood.

Program Updates

Activities and Outcomes in FY 2020 – 2021

- Increase in services: clients are being seen 2-4 times weekly by staff. (81) total clients;
- Use the "Whatever it takes" approach to assist families in keeping children in the home while working collaboratively with family;
- Child Family Therapy (CFT) meetings and services in the community or home to increase service connectedness for those enrolled; and
- 24-hour on-call support and FSP services provided based upon the Pathways to Mental Health Services Core Practice Model (CPM) to assist in goals and objectives of program.

Goals and Objectives

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

Key Successes

- Hired (2) bilingual Support Counselors, (2) Bilingual Parent Partners, (1) Clinician, (1) Parent Partner
- Staff Turnover has been low
- Able to maintain stable support for clients
- Participated in monthly Quality Assurance Committee meetings
- Referrals have increased from last reporting period, (49) client referrals received by FSP, no referrals declined
- (111) unduplicated clients opened to FSP
- (11) clients referred to Mental Health Plan (MHP) for medication
- 86% of clients discharged maintained/decreased their level of placement and decreased their level of safety risk
- Aspiranet leadership assisted with cases during the 4-month clinician and support counselor shortage, to prevent any gaps in client care
- Incorporated Parent Cafes, starting in October 2020, to provide a space for parents to discuss and explore ongoing challenges related to Zoom based school and children returning to school and ongoing challenges related to changing COVID precaution.
- During COVID precautions, staff was very flexible and easily able to adjust to utilizing Microsoft TEAMS in order to provide telehealth services
- Maintained 70-75% in-person/field services during COVID precautions
- All clients received Child Family Therapy (CFT) at intake, discharge and at important events in treatment
- Over 157 CFT's were facilitated by FSP
- A presentation about FSP services was provided to the school counselors, social workers and school psychologists at Hanford Elementary School District.

Program Challenges

- FSP Experienced a periodic staffing shortage November 2020 through January 2021
- Experienced changes at one school**,** which included:
  - Difficulties with communication/collaboration with teachers (related to email encryption) or how to contact teachers.
  - How sessions were scheduled
  - How sessions function on campus – School has requested sessions occur in classroom (this was to reduce the number of minutes the student missed of school)

Proposed Activities for FY 2021 – 2022

- Increase number of CFT's as we provide Intensive Case Coordination Services
- Implement the use of CANS with CFTS, Mental Assessments, and Plans of Care
- Participated in outreach events
- Utilize Flex funding to support the youth to achieve their treatment goals.

Kingsview

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

Number of individuals served in FY 2020-2021: 251
Cost per person served in FY 2020-2021: $7,865

Program Description

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

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

Clinical Services

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

Non-clinical services and supports:

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

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

Program Updates

Activities and Outcomes in FY 2020-2021

Kingsview utilized the Full-Service Partnership (FSP) referral to continue to screen adult consumers telephonically currently enrolled as clients in the FSP program in order to determine whether the clients were appropriately placed within the following categories: FSP level, recovery-oriented team level, or needed a referral to the higher level of care with the ACT team (Assertive Community Treatment). Kingsview FSP will continue to work with County mental health providers and KCBH to coordinate FSP

services at Acute Care Coordination meetings two times per week. Will continue to monitor COVID protocols, recommendations and treads for client and staff safety.

Goals and Objectives

Continue to screen and refer clients to FSP program, develop an informational handout for staff to use with consumers and their support systems for engagement/commitment for the program, and provide an increase in telehealth services, including group services via HIPAA compliance platforms in response to the pandemic.

Key Successes

- Started meetings with Public Guardian as part of increasing collaboration on a weekly basis for case collaboration for Full-Service Partnership (FSP) involved consumers.
- Created an FSP information flyer to assist with consumer engagement/participation as well as for staff in other departments
- Have started initial steps in creating the structure for an orientation group to target FSP prospective consumers
- Provided home visits, Emergency Room (ER) transports, connecting with community partners during pandemic conditions
- Increased training for clinicians: CE4Less Memberships, Adult Needs Strengths Assessment (ANSA), Sleep Treatment in Partnership with UC Berkley, and State Conference related to Collaborative Treatment Courts (CJTC)
- Hiring of a Urine Analysis Coordinator to implement random drug testing for consumers in the co-occurring program.
- Strengthened County and other community partner relationships.
- Continued to provide Telehealth Services
- Graduated (6) consumers in the Collaborative Justice Treatment Court (CJTC) program
- Graduated (6) consumers in the co-occurring treatment program
- WRAP group was re-launched in the program, which is evidenced based curriculum by M. Copeland.

Program Challenges

Housing and residential facilities continue to be program challenges when it comes to placement for consumers who are homeless or diagnosed with co-occurring disorders.

Proposed Activities for FY 2021-2022

- Continue to provide staff trainings to increase skills set: DBT, Trauma related training.
- Increase number of FSP participants in the adult services at KV through continued assessment and referrals.
- Continue to expand the availability of virtual groups.
- Improving structure of program complete with orientation of program for consumers and implement.

GENERAL SYSTEMS DEVELOPMENT

Collaborative Justice Treatment Court (CJTC)

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

Number of individuals served in FY 2020-2021: 17
Cost per person served in FY 2020-2021: $9,553

Program Description

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

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

CJTC clients are provided with the following services:

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

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

Program Updates

Activities and Outcomes in FY 2020 – 2021

The CJTC program halted new enrollment in March of 2020 due to the COVID pandemic and court restrictions for all four courts (Behavioral Health, Co-Occurring Disorders, Drug, and Veterans' Court) with the collaborating partners (Kings County Probation, Kingsview, Champions, Kings County District Court).

The CJTC program was able to have the same Assistant District Attorney program for over six months and hoping to continue to be part of the treatment team. During part of FY 2020-2021, COVID-19 pandemic continues to be a barrier for the program. Drug testing has resumed in person on July 2021. With the passing of AB 1950 in January 2021, probation sentencing has reduced and thus the revamp of the CJTC policies and period modified to comply with the new probation legislation.

Goals and Objectives

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

Key Successes

Being able to respond to the COVID-19 pandemic by integrating telehealth for therapy, case management, medication services, and launching groups. A virtual graduation for our (16) participants was an opportunity to recognize our participants during the pandemic. Four graduates were able to secure full time employment. Some program graduates obtained their own apartment.

Program Challenges

The COVID-19 pandemic has impacted delivery of services, drug testing, screenings, and court appearances. The transition of team positions (i.e., changing of providers and staff changes) has also had a significant impact on the operations of the program.

Proposed Activities for FY 2021-2022

With the new revamp of the CJTC program, the transition of case management from KCBH to Kings View will take effect when KCBH Director and Deputy Directors approve the revamp of the program. CJTC treatment team will continue to conduct virtual graduations until social distancing restriction are still enforced. A new incentive program will be introduced, drug testing contracts will be used, an orientation sign off will also be used to orientate the client and reinforce treatment and program goals.

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

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

Number of individuals served in FY 2020-2021: 305
Cost per person served in FY 2020-2021: $304

Program Description

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

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

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

Program Updates

Activities and Outcomes in FY 2020 – 2021

The Barbara Saville Shelter (BSS) operated in much of the same format as previous FY with regard to COVID protocols to ensure the safety and well-being of the clients at the shelter. As the restrictions for mask requirements, COVID testing, vaccinations, often changed, the BSS staff ensured that the clients were still able to engage in services on site and connect to outside agencies where applicable (e.g. Kingsview for mental health services). Any urgent issues with potential mental health clients were connected to the ASOC Program Manager to discuss the case and obtain feedback and direction for BSS staff.

Goals and Objectives

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

Key Successes

The Barbara Saville Shelter (BSS) this year has been able to support clients and encourage reconnection with friends and family members. Through phone, email correspondence, and in person conversations, BSS has seen an increase with clients returning with loved ones.

- (1) Client was assisted and supported with obtaining transitional housing.
- (15) Individuals/families exited the program to live with family on a temporary or permanent tenure.

Program Challenges

Due to the pandemic BSS clients experienced prolonged delays and barriers accessing basic community resources and governmental documentation (e.g., Social Security Cards, Birth Certificates, Identification Cards). Clients also struggled to adjust to telehealth mental health services. Housing opportunities and availability became more limited and difficult to attain. Clients also struggled to obtain and maintain employment.

Proposed Activities for FY 2021-22

- BSS will continue to encourage and support therapeutic services, such as counseling and self-care activities
- BSS will begin renovating rooms, kitchen, and dining room, appearance of the shelter outside and inside lawn areas to have a more welcoming appearance.
- BSS will continue to offer family engagement activities, such as crafts, movie nights, and therapeutic baking to strengthen family relationships
- BSS will continue to maintain a COVID-19 free environment by maintaining cleanliness through janitorial services, provide liquid sanitizer and face masks to all clients.

OUTREACH AND ENGAGEMENT

Kings Whole Person Care

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

Number of individuals served in FY 2020-2021: 289
Cost per person served in FY 2020-2021: *As this program is jointly funded by MHSA CSS and Whole Person Care Act (WPC) by DHCS, cost per person is not calculated.*

Program Description

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

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

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

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

Program Updates

Activities and Outcomes in FY 2020 – 2021

Through collaborative efforts with community based organizations and county departments, Kings WPC identified homeless individuals as a vulnerable and underserved population, particularly during the COVID pandemic. As a community, Kings WPC efforts to mitigate the spread of COVID -19, provide shelter and connect individuals to services, would greatly benefit the overall health of program participants. Response services were expanded to single homeless adults who did not meet KWPC current mental health, substance use disorder or chronic health condition target population. Through this expansion, Kings WPC provided intake assessments, case management, peer support outreach, housing navigation, social detox referrals and direct linkages to the mental health liaison for immediate onsite assessment and linkages to mental health services.

Goals and Objectives

- Reduce recidivism among WPC population by 10%
- Reduce improper use of ER utilization
- Increase health, behavioral health and social services coordination
- Increase follow up of enrollees linked to housing services
- Develop processes to implement six month follow up for individuals permanently housed
- Increase client resource knowledge in appropriate use of ER, urgent care, and primary care provider.

Key Successes

Ninety-five percent (95%) of Kings homeless population were housed through Project Roomkey as a result of having a centralized location, case managers increase engagement locate enrollees and provide wrap-around services. Improved efficiency of communication among vital agency serving the homeless population during monthly case staffing meetings. Meetings helped strategize ways to support the client in removing barriers. Expedited linkages to mental health services by centralizing all KWPC staff and mental health staff to assess any immediate mental heath needs, especially those with higher mental health acuity. Additionally, Behavior Health addressed barriers to client data sharing by providing access to referral outcomes through a shared drive.

Program Challenges

KWPC uses a Universal Release of Information (ROI), written to share client information with providers but does not allow for bi-directional information sharing with current partners. This has led to having limited information to update care plans and assist case mangers with a better understanding how to support an enrollees meet their goals. Kings WPC cannot start services with potential enrollees and refer individuals while they are incarcerated. The lack of housing stock and medical housing for those with complex medical needs has been a challenge.

Consistency in data collection has been a challenge throughout the pilot's project years. Although there are pre-established outcomes set by DHCS, developing a consistent data collection plan to determine how to best meet the overall outcomes was not initially developed. This leaves a gap in understanding trends for enrollee outcome sustainability for clients with multiple enrollments.

Proposed Activities for FY 2021 – 2022

Program was funded only until December 2020 and is not being funded from MHSA funds after that point. Kings WPC will transition current enrollees to CalAIM, Enhanced Care Management and In Lieu of Services programs. Kings will continue to collaborate with county departments, community organizations and managed care providers to address gaps in social determinant of health and improve the overall well being of individuals with complex needs.

Kings View Warm Line

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+
Number of individuals served in FY 2020-2021: 908 **Cost per person served in FY 2020-2021: $190**				

Program Description

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

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

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

Program Updates

Activities and Outcomes in FY 2020 – 2021

The Warm Line received and interacted with (908) callers and attended and participated in (11) outreach events, reaching (2,394) individuals. The program referred (53) individuals to behavioral health services

Goals and Objectives

1) Increase outreach and engagement for individuals in need of mental health services
2) Increase access and linkage to mental health services via outreach & engagement

Key Successes

The Warm Line was successful at collaborating with other County and community agencies to promote and raise awareness of the existing peer to peer non crisis services to County departments and Kings County Residents. The Warm Line offered services in both English & Spanish 24/7 and experienced a significant (28 %) increase in call volume from the previous year. The Warmline was able to utilize alternative methods of community outreach including social media conduits in English & Spanish languages to raise awareness of program services.

Program Challenges

The Warmline continued to face Covid-19 pandemic challenges in regard to face to face outreach opportunities. Warm Line Peer Support Specialists were required to work from home due to a state mandated stay at home order and social distancing requirements. The program utilized social media and zoom platforms for outreach purposes yet many target rural communities were lacking saturation due to reliable technology barriers.

Proposed Activities for FY 2021 – 2022

The Warm Line intends to continue to develop and incorporate innovative and alternative methods of community outreach including social media marketing to raise awareness of program services. The Warm line will be work with the county Mental Health Task Force to promote services to underserved areas.

Housing Programs

Status:	☐ New	☐ Continuing		☐ Modification
Target Population:	☐ Children Ages 0 – 15	☐ Transitional Age Youth Ages 16 – 25	☐ Adult Ages 26 – 59	☐ Older Adult Ages 60+
Number of individuals served in FY 2020-2021: N/A **Cost per person served in FY 2020-2021: N/A**				

Program Description

There were no MHSA funded Housing Programs during the fiscal year. KCBH intends to develop and fund Housing Programs specifically Board and Care Programs in FY 2022-23 to meet the needs of Kings County residents in regard to augmented and specialized Board and Care housing. The population served will be adult mental health consumers with severe and persistent mental health conditions, and adult consumers requiring residential and mental health services with a community-based alternative to institutional placements.

PREVENTION AND EARLY INTERVENTION
PREVENTION

School Based Services

Status:	☐ New	☒ Continuing	☐ Modification	
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☐ Adult Ages 26 – 59	☐ Older Adult Ages 60+
Number of individuals served in FY 2020-2021: 0 **Cost per person served in FY 2020-2021: 0**				

Program Description

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

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

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

Program Updates

Activities and Outcomes in FY 2020 – 2021

Due to the COVID-19 pandemic, school-based activities were put on hold indefinitely.

Goals and Objectives

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

Key Successes

A Request for Proposal (RFP) for school-based services was released on June 16, 2021. The intent of this Request for Proposal (RFP) was to secure the services of a provider that has a minimum of 2 years

experience of providing school or community-based services designed to prevent mental illness from becoming severe and disabling.

Program Challenges

Prevention Coordinators (school-based group and training facilitators) within the Behavioral Health Department were reassigned to the Public Health Department.

Proposed Activities for FY 2021 – 2022

- Pre-proposal conference for RFP on July 12, 2021
- RFP to close on July 26, 2021
- RFP awarded by August 16, 2021
- Execution of the Contract by October 12, 2021
- Services Start by January 1, 2022
- Awarded contractor to provide evidence-based skill building services designed to provide children and youth with skills and tools to promote increased mental health wellness, improved school performance, healthy interpersonal relationships, and overall communication
- Provide evidence-based, Prevention services to the following age groups:
    - Children and youth ages 0-15
    - Transitional Age Youth ages 16-25
- Provide programs for children, and youth in an integrated, comprehensive, culturally responsive, evidence-based, and best practice manner.

Prevention and Wellness

Status:	☐ New	☒ Continuing	☐ Modification	
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+
Number of individuals served in FY 2020-2021: 59				
Cost per person served in FY 2020-2021: $710				

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Program Description

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

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

Population Served: The target population for Prevention and Wellness services are individuals who are unlikely to receive services in a traditional environment.

Program Updates

Activities and Outcomes in FY 2020 – 2021

The Family Support Group was able to serve (22) unduplicated individuals. The Sister Speak Support group was able to serve (14) unduplicated individuals. The Source LGBTQ+ Support group was able to serve (23) unduplicated individuals. Support group facilitation transitioned to virtual meetings for the majority of the fiscal year due to the ongoing pandemic.

Goals and Objectives

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

Key Successes

All support groups were successful at fully transitioning from in person to virtual support group meetings to meet the needs of the persons served. The KCBH Adult System of Care (ASOC) continued to work with the support group members to ensure successful transition from referral to behavioral health services. KCBH was able to update the department website routinely keeping the community informed of current and relevant support group information related to in-person and teleconference capabilities. The Source LGBTQ + Support Group was nominated and won a community positive impact award that recognized the valuable contributions of the support group to the community.

Program Challenges

The Covid-19 pandemic presented in person meeting challenges and decreased perceptions of connectedness. Support group members communicated via focus groups that sharing meals during groups and having in person contact decreased feelings of isolation. When the support groups were meeting in person face to face, transportation was a barrier for individuals wanting to participate yet lacked reliable transportation.

Proposed Activities FY 2021 – 2022

Support groups will utilize a hybrid model of service delivery which includes both in person and video conferencing capabilities. Support groups will be afforded the opportunity to contribute to the MHSA Annual Update Community Program and Planning (CPP) process via scheduled focus groups. Support Group outreach and awareness raising efforts will be assisted by the Kings County Mental Health Task Force members and network of community partners. Each support group will meet with KCBH leadership on a quarterly basis to maintain a communicative and working relationship. A Veteran's support group facilitator/clinician will be identified and (2) newly formed groups will commence. `

EARLY INTERVENTION

Early Intervention Clinical Services (EICS)

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

Number of individuals served in FY 2020-2021: 38
Cost per person served in FY 2020-2021: FISCAL

Program Description

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

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

Program Updates
Activities and Outcomes in FY 2020 – 2021

Goals and Objectives

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

Key Successes

Program Challenges

Challenges with engaging consumers that are currently going through a psychotic episode or even catching consumers at their first psychiatric episode.

Proposed Activities for FY 2021 – 2022 –

Program presentation will be shared with clients and community partners to help expand the knowledge of this program.

KCBH will work with current provider for the Early Intervention Clinical Services Program to define program specific outcome measures.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Community Wide Outreach and Engagement Education/Training

Status:	☐ New	☒ Continuing	☐ Modification	
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+
Number of individuals served in FY 2020-2021: (0)				
Cost per person served in FY 2020-2021: (0)				

Program Description

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

Key activities include:

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

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

Program Updates

Activities and Outcomes in FY 2020 – 2021

Due to the Covid-19 pandemic, all in person community wide outreach and engagement training was suspended indefinitely. The existing KCBH staff qualified to facilitate the trainings were transferred to the Public Health Department to increase capacity for addressing the public health crisis.

Goals and Objectives

1) Increase community members' knowledge and capacity to recognize and respond to various mental health needs, and 2) Provide trainings that teach community members how to engage individuals who are experiencing suicide ideation.

Key Successes

Incoming mental health illness/wellness training requests were successfully diverted to online virtual trainings offered by the Living Works training provider and Kognito at www.livingworks.net and www.Kognito.com

Program Challenges

Qualified trainers within the Behavioral Health Department were reassigned to the Public Health Department and in person capacity to facilitate in person community wide outreach and engagement training was diminished.

Proposed Activities for FY 2021 – 2022

KCBH intends on continuing to utilize the Living Works and Kognito training providers to offer and facilitate virtual trainings. KCBH will partner with the Central Valley Suicide Prevention Lifeline organization that possesses a small capacity to facilitate in person trainings.

STIGMA AND DISCRIMINATION REDUCTION

Community Wide Stigma and Discrimination Reduction

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

Number of individuals served in FY 2020-2021: Given the nature of this program and the widely distributed outreach efforts, KCBH was unable to track the exact number of individuals impacted by this program.
Cost per person served FY 2019-2020: $1

Program Description

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

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

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

Program Updates

Activities and Outcomes in FY 2020 – 2021

Media/Social Media

KCBH contracted with iHeart Media for radio and social media outreach efforts. There were (405) radio commercials that were aired on both English and Spanish Radio stations. There was a total of (250,135) social media impressions on Facebook and Instagram that yielded (599) social clicks to the KCBH web site where stigma reduction, cultural competency, and service connectedness were promoted.

The Kings Partnership for Prevention (KPFP)

KPFP experienced a naming convention change and is now referred to as Kings Partnership (KP). KPFP collaborated with community partners and shared multiple training opportunities relative to mental health stigma and discrimination reduction. KPFP chaired a newly formed Kings County Mental Health Task Force coalition and recruited members that represented multiple underserved and unserved populations.

The Kings County Cultural Humility Task Force (CHTF)
During FY 2020/2021, the Cultural Humility Consumer/Staff surveys were administered to contracted providers, beneficiaries of the Mental Health Plan, CHTF members, and KCBH staff to help determine the cultural competency needs. The results from the survey were reviewed at a CHTF meeting and also provided in the Kings County FY 2021/2022 Cultural Competence Plan Annual Update. Additionally, the CHTF has focused outreach efforts for increasing awareness and access among the Hispanic/Latino population, and will continue through fiscal year 2021/2022

Goals and Objectives

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

Key Successes

Media/Social Media

Stigma & Discrimination Reduction Radio ads increased in frequency in the Fiscal Year on English and Spanish radio. This was the first year that social media outreach and promotion was utilized which successfully generated a (0.24) Click Through Rate (CTR) and (559) specific KCBH web site clicks directly stemming from social media outreach.

The Kings County Cultural Humility Task Force (CHTF)

In 2021, from August to October, KCBH ran a Cultural Humility Taskforce media campaign with iHeart Media targeting the Hispanic/Latino population to raise awareness of mental health services available. During the campaign radio ads were played on two iHeart radio stations (B95 and La Preciosa) as well as ads on the two station's Facebook and Instagram pages. The social media campaign generated 416,899 Social Impressions, 3,309 Social Clicks, and a 0.79% Social Click Through Rate (CTR).

The Kings Partnership for Prevention (KPFP)

KPFP successfully maintained and updated a user friendly and interactive mental health needs assessment data base and resource directory in English and Spanish that was shared routinely with community based organizations and government entities. KPFP served as a catalyst for sharing

Community Program and Planning (CPP) information with county stakeholders via their extensive network of community contacts and acting in the capacity of a community advocate. KPFP developed and implemented the Kings County ACE's Aware Network of Care program that encourages community engagement and stigma & discrimination reduction for individuals striving for mental wellness.

Program Challenges

Media/Social Media
Many Kings County residents that live in rural areas of the county have limited or no access to internet services.

The Kings Partnership for Prevention (KPFP)
In person trainings and meetings decreased due the Covid 19 pandemic.

The Kings County Cultural Humility Task Force (CHTF)
Program challenges include having limited time and resources dedicated to outreach efforts for specific target populations. As such in fiscal year 2020/2021, a Quality Assurance Specialist was identified to assist the MHSA Manager with outreach efforts to focus on reducing stigma and discrimination with target populations. Additionally, the taskforce continues to have some challenges with attendance even with changing the time to 5pm so more community members could attend the attendance numbers decreased. A survey was conducted and the taskforce took a vote to change the meeting time back to 10am, in hopes that attendance would increase. Due to the COVID-19 pandemic, the taskforce continues to convene its monthly meetings virtually via Zoom.

Proposed Activities for FY 2021 – 2022

Media/Social Media

KCBH intends to continue to build on the success of utilizing radio and social media strategic marketing platforms to promote stigma & discrimination deduction, increase cultural competency, and increase service connectedness in both English and Spanish. This includes expansion of radio station channels and streaming media options.

The Kings Partnership for Prevention (KPFP)

KPFP will recruit members of MHSA designated target populations and stakeholders to be contributing members of the Kings County Mental Health Task Force. KPFP will contribute to statewide mental health wellness initiatives including planning and facilitation of county wide activities relative to mental health awareness month. KPFP will act in the capacity of a community advocate and leader in distributing mental health related training information, community mental health needs assessments, and MHSA Annual Update (CPP) community surveys. KPFP will sustain and grow the ACE's Are Network of Care program.

The Kings County Cultural Humility Task Force (CHTF)
The Ethnic Service Coordinator will continue to provide access and track cultural specific trainings through the Cultural Humility Taskforce, continue to work on increasing attendance at the monthly CHTF

meetings by focusing on the recruitment of members that are not currently represented such as persons with lived experience at the taskforce meetings.

SUICIDE PREVENTION

Suicide Prevention

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

Number of individuals (or families) served in FY 2019-2020: 649
Cost per person served FY 2020-2021: $212 This includes the county contract with CalMHSA to provide PEI, state hospital, and suicide prevention services.

Program Description

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

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

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

Program Updates

Activities and Outcomes in FY 2020 – 2021

KCBH offered Suicide Prevention services including DRAW, LOSS, and CVSPH in FY 2020-21.

The LOSS program continued to coordinate linkage to individual therapy sessions for Kings County residents impacted by suicide.

DRAW

The DRAW program provided (40) direct counseling services to students with an average session rate of (5.9) sessions. (166) students received in person DRAW mental health awareness presentations, workshops, and outreach. (20) students were linked to continuing care behavioral health services. (2) online outreach events were facilitated reaching (200)school administration/faculty members and (7) students.

LOSS

The LOSS team consisted of Adult System of Care divisional staff for follow-up calls. Contracted clinician with KCBH provided therapeutic services in a telehealth setting due to the COVID-19 pandemic.

CVSPH

The Central Valley Suicide Prevention Hotline received a total of (649) calls from Kings County residents and continued to offer the crisis response services (24) hours a day (7) days a week. A crisis call is defined as a caller that experiences any kind of crisis including suicidal ideation/intent and emotional crisis. Calls broken down by concern were: (28%) for mental health, (23%) suicidal content (22%) social issues, (13%) general needs, (8%) basic needs, (3%) physical health, (3%) abuse& violence.

Goals and Objectives

1) Increase knowledge and awareness amongst Kings County residents of mental health wellness and suicide prevention, 2) Increase service linkages to mental health services for residents at risk of suicide, and 3) Connect friends and family members of suicide victims to resources and support services.
2) Increase knowledge and awareness amongst Kings County residents of mental health wellness and suicide prevention, 2) Increase service linkages to mental health services for residents at risk of suicide, and 3) Connect friends and family members of suicide victims to resources and support service, providing follow-up best suited for each individual client.

Key Successes in FY 2020-21

DRAW

Despite the COVID-19 pandemic, the DRAW Program continued to provide services via telehealth to students continuously without any break or disruption of services. Telehealth services offered an easy to use HIPPA-compliant platform which made it very feasible for students that would not have been able to access services traditionally due to lack of transportation, child care, etc. Additionally, students that struggled with accessing mental health services for the very first time found it to be more comforting to have a telehealth session out of the comfort of their own home. Due to the elimination of travel time for the DRAW therapist in commuting to various campuses to provide services, there were more hours spent providing clinical services. Various communities experienced an increase in mental health problems and it became more acceptable for students to access mental health services with stigma being reduced. The DRAW Program was able to provide students with a counseling appointment within 1-2 weeks from the first point of contact.

LOSS

The LOSS program maintained a strong working relationship with the Kings County Coroner's Office to ensure an expedited linkage to mental health services for clients that were interested. Clients that requested therapeutic services were seen in an expedited manner and in a telehealth setting (e.g. phone/video call). Clients that requested more therapy sessions &/or if the contracted clinician determined the client needed more sessions did not have any gap in services. ASOC Program Manager and Unit Supervisor provided linkage to the LOSS program for Kings County Human Services Agency and ASOC providers when clients &/or staff were impacted by a death by suicide.

CVSPH

The hotline was successful at managing (257) crisis calls, (6) of which were Suicide Ideation Talk Downs, and (4) Active Rescues. A Talk Down means the caller is at immediate risk of committing suicide, has the means readily available, and is planning on immediately acting on their suicidal thoughts. The caller is then de-escalated without the use of emergency services. An Active Rescue means the caller is at imminent risk and is unable to be talked down or is already in the process of acting on suicidal behavior. With this type of call, emergency services have been activated.

Program Challenges in FY 2020-21

DRAW

In person sessions were completely suspended due to the Covid-19 pandemic. In person outreach events decreased and were eventually suspended. Many students did not follow through with referrals to continuing care mental health services after receiving short term intervention.

LOSS

The LOSS team consisted of follow-ups by the Adult System of Care divisional staff for calls from the Kings County Coroner's Office. This affected the assigned duties of the divisional staff, who maintain caseloads and other duties as assigned for the division. Referrals for therapy services were referred to an outside contractor, while ASOC Program Manager recruited a licensed mental health clinician in the interim. ASOC Program Manager carried a small caseload of clients when necessary to maintain a suitable caseload size for the contracted clinician.

CVSPH

Program challenges included reaching all unserved and underserved populations of Kings County due to the Covid-19 pandemic and transitioning to a hybrid model of service and working remotely.

Complex calls including social & community anxiety and fear based unrest calls were received which subsequently resulted in increased call handle time. Veterans, senior citizens, and the LGBTQ+ population were reported to be the highest risk target populations.

Proposed Activities for FY 2021 – 2022

DRAW

The DRAW program will continue to promote and facilitate telehealth services. Outreach and mental health awareness events will be facilitated via video. Additional program marketing will be target to specific populations that are not utilizing or underutilizing the program services (e.g. Southeast Asian & Spanish Speaking students).

LOSS

KCBH ASOC division will continue to maintain the direct follow-up for individuals, impacted by a death of someone that died by suicide, that are seeking therapy. Potential ASOC licensed clinician will provide therapeutic services for individuals, reducing &/or eliminating the need for an outside contractor for therapeutic services.

CVSPH

Continued drive through and virtual outreach events will be scheduled at multiple cities within the County. The program will collaborate with the Kings County Mental Health Task Force in attempts to increase promotion of the service to underserved populations within the county. Promote suicide prevention efforts via increased social media platforms and collaboration with other community based organizations. Provide suicide prevention trainings including Suicide Prevention 101, Non Suicidal Self Injurious Behavior, Suicide Prevention After a Disaster, and ASIST 101.

ACCESS AND LINKAGE TO TREATMENT

Senior Access for Engagement (SAFE)

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☐ Children Ages 0 – 15	☐ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+
Number of individuals served in FY 2020-2021: 1568 **Cost per person served in FY 2020-2021: $147**				

Program Description

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

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

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

Program Updates

Activities and Outcomes in FY 2020 – 2021

KCCOA continued to actively collaborate with other community based social service agencies as the need for services increased due to the COVID 19 crisis. Mental Health linkage services were promoted via Caregiver Support Groups. Mental Health Awareness outreach was conducted continuously during weekly Meals on Wheels Distributions to seniors, monthly food bank drives, senior home-visits, office contacts, and via COVID 19 Quarantine Assistance Program.

Goals and the Objectives

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

Key Successes

(72) Seniors were referred to and engaged in behavioral health services.
The program utilized client home and visits and initiated weekly telephone calls to program participants to decrease feelings of isolation and increase perception of connectedness. The Senior Caregiver Support Group was sustained and thrived during the pandemic. The program innovatively created

capacity to utilize program staff to shop for and deliver groceries to seniors that were in quarantine and experiencing isolation.

Program Challenges

Seniors within the program experienced increased rates anxiety and worry stemming from fear of contracting Covid 19. Multiple scheduled senior events (e.g. Friendship Day, Health Fairs, and Picnic in the Park) were postponed indefinitely. Many seniors expressed difficulty utilizing zoom technology to engage in multiple services.

Proposed Activities for FY 2021 – 2022

The program intends to continue in person home visits and increase meal distribution capabilities and capacity. The program will partner with KCBH to promote the existing Care Giver Support Group. The program will sustain weekly phone calls to seniors in quarantine or experiencing isolation which has demonstrated positive engagement results. The program will utilize the PHQ-9 Patient Health Questionnaire to screen seniors for depression and refer seniors to mental health services. Program will build upon existing senior caregiver support services. The program will utilize Kings Partnership and the Kings County Mental Health Task Force to raise awareness of services to seniors and caregivers.

Access and Linkage

Status:	☐ New	☒ Continuing	☐ Modification	
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+
Number of individuals served in FY 2020-2021: 9313				
Cost per person served FY 2020-2021: $12				

Program Description

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

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

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

Program Updates

Activities and Outcomes in FY 2020 – 2021

KCBH provided county residents with current and available resource information and access to behavioral health referrals via the 2-1-1 Kings County platforms. 2-1-1 Kings County received a total of (3,561) calls during the reporting period. There were (3,980) active users on the 2-1-1 intelliful mobile app and (224) Kings County referrals were made to behavioral health services. 2-1-1 Kings County also recorded (983) total behavioral health non duplicated website views this includes hotlines, counseling, support groups and more.

Goals and Objectives

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

Key Successes

One of the program successes was the amount resources dedicated to updating information on the 2-1-1 Kings County database. Due to COVID, many agencies had changes to their services. The 2-1-1 administration worked to update resource information including hours of operation and revised contact information. During the reporting period, the team did (732) updates in English & Spanish on programs listed in the 2-1-1 Kings County database. 2-1-1 Kings County calls increased substantially which also increased in person follow up calls. 2-1-1 Kings County had (789) follow up calls during the reporting period. Another success was sharing information about 2-1-1 Kings County via Kings United Way social

media platforms. With those posts, 2-1-1 Kings County reached a total of (9,414) individuals on Facebook alone.

Program Challenges

In person events were cancelled and/or postponed. No in-person meetings or presentations transpired due to COVID. Challenges also included shifting from in person to online services and finding creative ways to continue to market 2-1-1 to the community and gaining traction with community members attending virtual focus groups and presentations.

Proposed Activities for FY 2021 – 2022

2-1-1 Kings County intends to perform limited outreach in person and emphasize social media outlets to continue to raise community awareness of the services the program offers.

INNOVATION (INN)

Multiple-Organization Shared Telepsychiatry (MOST)

Program Description

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

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

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

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

The focus for the program from its on-set has included the ability to be sustainable. The MOST Project has been designed in a manner which will allow it to transition to a fully sustainable service at the conclusion of the Innovation plan term. It will allow for other public funding, specifically Medi-Cal reimbursement and Mental Health Services Act (MHSA) funding, to carry the program forward. The ability to provide access to psychiatric care in a more timely and coordinated manner shall reduce the number of consumers who are hospitalized, incarcerated, or admitted into the emergency room, yielding significant cost savings that will also support the program's continuing sustainability.

Program Updates

- **Program Progress**
  - MOST program returned from fully remote services due to COVID 19 pandemic in June 2021
  - MOST program contracted with Precision Psychiatry and on boarded two Child Psychiatrist in April 2021.

- Available Evaluation Data, including outcomes of the Innovation Project and which elements of the Project are contributing to outcomes.
- Program Information Collected during the reporting period, including for applicable Innovative Projects that serve individuals, number of participants served by: Age, Race, Ethnicity, Primary Language, Sexual Orientation, and Disability.
- MOST program started receiving referrals for children services in June 2021.
- MOST program initiated back billing from September 2021 to Medi-Cal for psychiatric services.

- **Plan Revisions**
  - The MOST program did not expand to sites proposed in year 2020 or 2021. As such, the program did not provide service to 192 individuals. Although the program did not expand, it was able to coordinate efficient ways to collaborate with referring programs on service provision, consultations and access to services for both adults and children making the difficult remote operations smoother and providing area coverage.
  - Due to previous delays in program operation and due to COVID 19, the completion and execution of the contract for child psychiatric services took longer than projected.

- **Innovation Extension Request into FY 2022/2023**

The original MHSOAC approved Innovation Plan was approved through Fiscal Year 2020/2021. Subsequently KCBH was granted a one year extension request for FY 2021/2022. KCBH will be requesting that MHSOAC approve an extension for an additional Fiscal Year (FY 2022/23) and have included the rationale for the request in this year's FY 2020/21 MHSA Annual Update for the purpose of the request being subject to the Community Program and Planning Process Title 9 of the California Code of Regulations (CCR) Section 3935(b)(1).The additional FY 2022/23 MOST Innovation Plan request is warranted for the following reasons:

- The MOST Innovation Project experienced severe disruptions due to the Covid-19 pandemic where services were delayed, impacted, or hindered for the majority of FY 2021/22.
- The MOST Innovation Project has unspent yet encumbered funds.

- **Key Successes**

Outcome #1 Transitions to lower level of care. Out of (25) beneficiaries (16) were discharged to transitioning to a lower level of care.

Outcome #2: Reduced wait times for initial and follow-up appointments. Wait times from referral to initial appointment were much shorter than the county average. The majority of beneficiaries (n=35) served in FY 2020/2021 did not have any wait time between their referral and the date of their first appointment, they were seen the same day.

Outcome #3: Reduced hospitalizations for mental health crisis. While the average annualized number of hospitalizations increased for MOST beneficiaries, fewer beneficiaries were actually hospitalized. Prior to MOST enrollment, 10 out of 21 beneficiaries (48%) were hospitalized. Since enrollment, only 4 were

hospitalized for a mental health crisis (decrease by 29%). This suggests that individuals are less likely to require hospitalization after enrolling in the MOST program.

Outcome #4: Reduced number of individuals seen by emergency room for mental illness. While the average annualized number of crisis evaluations increased for MOST beneficiaries, fewer individuals were seeking crisis evaluations. Prior to MOST enrollment, 18 of the 21 beneficiaries (85%) needed a crisis evaluation. Since enrollment, only 9 beneficiaries needed a crisis evaluation (decrease by 42%). This suggests that individuals are less likely to receive crisis evaluations after enrolling in the MOST program.

Outcome #5: Reduced recidivism for individuals with mental illness: Of the 51 beneficiaries served during FY 2020/2021, three (3) were arrested and booked into jail. No beneficiaries were arrested and booked into jail more than once.

WORKFORCE EDUCATION AND TRAINING (WET)

WET initiatives were not funded in FY 2020-2021.

The 2020-2025 MHSA WET Five-Year Plan (WET Plan) provides Regional Partnerships the opportunity to design and implement their chosen WET programs in the counties of their respective regions through a contract with Office of Statewide Health Planning and Development (OSHPD). The programs under the domain of the Regional Partnerships include pipeline development, scholarships, stipends, loan repayment, and retention strategies, with the ability to link programs across the workforce pipeline spectrum (from pipeline to scholarship and stipends to loan repayment and retention). The Central Region Partnership (CRP) appreciates this opportunity to further its workforce by attracting culturally diverse individuals to behavioral health careers and support them along each step in their educational and training career pathway within the public mental health system.

The 2020-2025 Central Regional Partnership WET program aims to address the shortage of mental health practitioners in the public mental health systems (PMHS) through a framework that engages Regional Partnerships and supports individuals through Loan Repayment strategies. This is a 68.5-month contract, beginning September 15, 2020 and terminating on June 30, 2026, with the option for early termination or extension. Kings County intends to utilize and initiate WET funding starting in FY 2021-2022 as part of the Central Regional Partnership.

Kings County will specifically implement a Loan Repayment Plan to provide educational loan repayment assistance in the amount of $ 215,435.53 to PMHS professionals identified at the local level as serving in high need positions. Factors to be considered in determining loan assistance awardees are: is the applicant a current PMHS employee, profession, career goals, full/part-time employment, cultural diversity, lived/raised in a rural area (determined through high school attended), language(s) spoken, lived experience, veteran status, geographic area applicant works in, previous participation in a pipeline program, the county applicant lives in/attends school in, and length of mental health service to which the applicant is willing to commit. Counties will conduct in reach (to system of care providers) and outreach effort to inform various eligible applicants of this opportunity for loan repayment assistance. The Central Region is interested increasing the number of diversified staff to one that reflects the service population in terms of race, cultural, and gender and sexual identity.

Kings County Program Budget Allocation:

Program Funds Allocation for County	**$215,435.53**
Administrative Fee	$32,515.33
Total County Funding	$247,750.86

Central Region WET Regional Partnership Kings County Grant Match:

County Share of OSPHD Regional Grant Award	$186,278.84
County Match Funds Collected under this Agreement	$61,472.02
Total County Grant Funds	$247,750.86

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

Program Description

Capital Facilities and Technology Needs (CFTN) is infrastructure development to support the implementation of the technological infrastructure and appropriate facilities to provide mental health services. The Purpose of CFTN is to acquire, construct, and/or renovate facilities that provide services and/or treatment for those with serious mental illness or that provide administrative support to MHSA funded programs. Funding for technological needs is to be used to fund county technology projects with the goal of improving access to and delivery of mental health services. There were no CFTN expenditures during the FY 2020-2021.

FY 2020-2021 FUNDING AND EXPENDITURES

Funding Summary

FY 2020/21 Mental Health Services Act Annual Update
Funding Summary

County: Kings County Date:

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. FY 2019/20 Funding						
1. Unspent Funds from Prior Fiscal Years*	32,395	2,756	2,093,424	0	0	
2. New FY 2020/21 Funding	8,067,250	2,013,114	547,900		0	
3. Transfer in FY 2020/21[a/]						
4. Access Local Prudent Reserve in FY 2020/21						
5. Available Funding for FY 2020/21						
B FY 2020/21 MHSA Expenditures	7,397,801	891,663	700,025			
C FY 2020/21 Unspent Fund Balance	701,844	1,124,207	547,900		0	

D. Local Prudent Reserve Balance**	
1. Local Prudent Reserve Balance on June 30, 2021	1,184,797.32
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Local Prudent Reserve Balance on June 30, 2021	1,184,797.32

*Based on Reversion Tables issued 3/28/20 and projected FY20-21 spending as of 2/20/21
a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

** Pursuant to SB192 and DHCS IN 19-017, each county must calculate an amount to establish its prudent reserve that does not exceed 33 percent of the average amount allocated to the CSS component in FY 2014-15, FY 2015-16, FY 2016-17, FY 2017-18, and FY 2018-19.

Community Services and Supports (CSS) Component Worksheet

FY 2020/21 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Kings County Date:

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
FSP Programs						
1. Full Service Partnership/Wraparound Services for Children/TAY	1,412,788	1,412,788				
2. Full Service Partnership for Adults/Older Adults	1,974,182	1,691,017			282,465	700
3. Assertive Community Treatment	1,259,608	1,255,607				4,001
4.						
5.						
6.						
Non-FSP Programs						
1. Warm Line (Kings-Tulare Warm Line Kingsview)	172,424	172,424				
2. Intensive Case Management/Intensive Outpatient Program	0	0				
3. Collaborative Justice Treatment Court (CJTC)	162,408	144,503				17,905
4. Mental Health Services for Domestic Violence Survivors	92,682	78,613				14,069
5. Whole Person Care	497,626	464,218				33,408
6.						
7.						
8.						
9.						
10.						
CSS Administration*	2,178,630	2,178,630				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Expenditures	7,750,349	7,397,801			282,465	70,083
FSP Programs as Percent of Total	60%					

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

Prevention and Early Intervention (PEI) Component Worksheet

Prevention and Early Intervention (PEI) Component Worksheet

FY 2020/21 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Kings County Date:

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Total Mental Health Expenditures	PEI Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
Access and Linkage						
1. Senior Access for Engagement	229,823	229,823				
2. Kings United Way 2-1-1	108,175	108,175				
3.						
Early Intervention						
5. Early Intervention Clinical Services	0	0				
6.						
Prevention						
8. School Based Services	15,467	15,467				
9. Prevention and Wellness Support Groups	41,918	41,918				
10. Suicide Prevention (DRAW-LOSS-CVSPH)	137,281	137,281				
11.						
Outreach for Increasing Recognition of Early Signs of Mental Illness						
12. Outreach and Engagement Training (MHFA-ASIST-SAFE Talk)	21,247	21,247				
13.						
14.						
Stigma and Discrimination Reduction						
15. Stigma and Discrimination Reduction (Media-KPFP-CCTF)	114,308	114,308				
16.						
CalMHSA for PEI Statewide						
PEI Administration	227,390	227,390				
PEI Assigned Funds	10%					
Total PEI Program Estimated Expenditures → PEI administration already factored Into program cost. Shown for information only.	891,663	891,663				

Capital Facilities/Technological Needs (CFTN) Component Worksheet

FY 2020/21 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Kings County Date:

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CFTN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
CFTN Programs - Capital Facilities Projects						
1.						
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
CFTN Programs - Technological Needs Projects						
1.						
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
CFTN Administration	0					
Total CFTN Program Expenditures			0	0	0	0

Innovation Program (INN) Component Worksheet

FY 2020/21 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Kings County Date:

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Total Mental Health Expenditures	INN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
INN Programs						
1. Multiple-Organization Shared Telepsychiatry (MOST)	571,710	571,710				
2.						
3.						
4.						
5.						
6.						
INN Administration	128,315	128,315				
Total INN Program Expenditures	700,025	700,025		0	0	0

APPENDICES

Appendix A – Focus Group Protocol

Community Focus Group Protocol

[THE FOLLOWING IS TO BE READ TO PARTICIPANTS AT THE START OF THE FOCUS GROUP]

Introduction

Good [*morning/afternoon/evening*] and welcome. Thank you for taking the time to talk with us [*today/tonight*]. You were invited here today to participate in a discussion about the mental and behavioral health needs you see within your communities.

My name is [*Insert Name*] and I work with EVALCORP Research & Consulting. I will be the moderator/facilitator for this focus group.

As moderator/facilitator, my job is to ask all of you a series of questions and ensure that we get through everything we have planned for today on time. Assisting me as a note taker is [*Insert Name*], who will make sure we capture the conversation and the information you provide.

Purpose of Focus Group

We would like to hear your perspectives and opinions about the needs of people experiencing mental/behavioral health issues in Kings County.

The information you share with us will help shape how mental/behavioral health services and resources are provided countywide.

Our goal today is to learn more about:

- Services that currently exist for those experiencing mental/behavioral health issues;
- unmet needs for individuals seeking mental/behavioral health assistance; and
- barriers that limit people from accessing and/or locating services.

Timing

We expect this conversation to last about 60 minutes.

Participation/Confidentiality

Your participation is completely voluntary. Your identity will be kept confidential and your input will be shared anonymously. That means nothing you say will be personally linked to you in any reports that result from this focus group. All of the comments today will be put together as a summary and no one's name will be tied to what they have said.

Ground Rules

In order to ensure that everyone has an equal opportunity to communicate and participate in a respectful atmosphere, I'd like to share some ground rules for us to keep in mind during the focus group.

There are no right or wrong answers to the questions. People may have different points of view, but all responses are valid and equally important.
We want to hear from each of you. We ask that you let everyone have a chance to talk.

Time for Questions
Does anyone have any questions before we begin? [*Respond to questions*]
If there are no other questions, let's go ahead and get started.

Focus Group Items

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

1. In your opinion, what are the most important mental and behavioral health concerns in your community?
    a. Are there certain groups or populations more affected than others?
2. What changes have you seen in the needs of community members as a result of COVID-19?
3. What do you think contributes the most to poor mental and behavioral health in your community?

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

4. What resources or services are available in the community in to help address mental and behavioral health needs?
    a. How did you learn about them?
5. How easy or hard it is to get help for mental/behavioral health issues in your community?
6. What are the current strengths of the County's mental and behavioral health system?
7. What prevents people from getting mental and behavioral health help or support?
8. How can mental/behavioral health services be made more accessible?
9. What additional mental and behavioral services do you think would benefit the community?

Suicide Prevention

1. On a scale from (1-5) one being low, five being high, how aware are you of Suicide Prevention resources in Kings County?
2. On a scale from (1-5) one being low, five being high, how important are Suicide Prevention Services to Kings County residents?

Closing Question(s)

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

Appendix B – Community Survey

Kings County Behavioral Health - Behavioral Health Needs Assessment

Community Member Survey

1. **What do you think are the most important behavioral health issues in your community?** (please choose up to three)
   - ❑ Alcoholism/Substance Use
   - ❑ Chronic Stress
   - ❑ Suicide or thoughts of suicide
   - ❑ Other (please specify): _____
   - ❑ Anxiety
   - ❑ Depression
   - ❑ Trauma

2. **What are the barriers to accessing mental and behavioral health care in Kings County?** (select all that apply)
   - ❑ Appointment availability
   - ❑ Distance to available services
   - ❑ Lack of health insurance
   - ❑ Lack of transportation
   - ❑ Staff don't speak my language or have translation available
   - ❑ Other (please specify): _____
   - ❑ Cost of services
   - ❑ Lack of childcare/caregiver relief
   - ❑ Lack of information about where to get help
   - ❑ Stigma against mental illness or getting help
   - ❑ Staff don't understand different cultures or backgrounds

3. **How much do you agree or disagree with the following statement?**
   People with mental and behavioral health needs can get help in my community.

   ❑ Strongly Agree ❑ Agree ❑ Disagree ❑ Strongly Disagree

4. **What are the mental and behavioral health services that are most useful to you and your family?**

5. **How has COVID-19 impacted the mental and behavioral health of your or your family?**

6. **What recommendations do you have to better meet the mental and behavioral health needs in Kings County?**

7. On a scale from (1-5) one being low, five being high… *(check the box that reflects your level of awareness/importance)*	**Low 1**	**2**	**3**	**4**	**High 5**
a. How aware are you of Suicide Prevention resources in Kings County?	❑	❑	❑	❑	❑
b. How important are Suicide Prevention Services to Kings County residents?	❑	❑	❑	❑	❑

Please tell us about yourself.

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

9. How old are you? _____ years old

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

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

11. What language do you speak <u>most</u> at home?

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

12. How do you describe your gender?

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

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

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

Appendix C – Key Stakeholder Interview Protocol

Mental/Behavioral Health Needs Assessment
Key Stakeholder Interview Protocol
Overview and Informed Consent

[THE FOLLOWING IS TO BE READ AT THE START OF EACH INTERVIEW]

Hello, my name is XXXX and I am with EVALCORP. We were contracted by Kings County Behavioral Health Department to conduct a Mental/Behavioral Health Needs Assessment for Kings County.

The purpose of today's interview with you is to identify:

- Countywide mental/behavioral health priorities,
- Any unmet mental/behavioral health needs, and
- Any gaps in service provision.

Please know that your participation is voluntary. **All of the information collected through the interviews will be reported in aggregate form – that is, nothing you say will be quoted or attributed to you directly without your explicit permission.**

The interview is expected to take approximately 30 minutes to complete.

Thank you in advance for your participation -- your time and responses are greatly appreciated.

Do you have any questions of me before we begin?

Proceed to begin interview →

Mental/Behavioral Health Needs Assessment
Key Stakeholder Interview Guide

Date: _____ **Interviewer Initials**: _____

Respondent: _____ **Agency**: _____

Position or Title: _____

I. RESPONDENT BACKGROUND INFORMATION

1. What is your current role at [Agency]?
    a. How long have you been in this role?
2. Please briefly describe the work that [Agency] conducts/engages in with mental/behavioral health service provision?
3. Which populations do you work with most?

4. Which geographic areas does your agency serve?

II. MENTAL HEALTH IN KINGS COUNTY

5. What are the most pressing mental/behavioral health related concerns or needs you're seeing in the communities you work in?

    a. Why?
    b. Which populations/communities are most affected by these?

6. What changes have you seen in the needs of community members as a result of COVID-19?
7. What are some factors that contribute to poor mental/behavioral health in the communities you work in?

    c. Do these factors vary by population or region?

8. What are the biggest challenges community members face when trying to access mental/behavioral health services?
9. How can access to mental/behavioral health services be improved in the communities you work in?
10. What are the current strengths of the County's mental and behavioral health system?
11. What additional mental and behavioral services do you think would benefit the community?
12. On a scale from (1-5) one being low, five being high, how aware are you of Suicide Prevention resources in Kings County?
13. On a scale from (1-5) one being low, five being high, how important are Suicide Prevention Services to Kings County residents?
14. Is there anything else you would like to share with us that we haven't already talked about that would be helpful for understanding the mental/behavioral health needs in the communities you work in?

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

Appendix D – Focus Group Summary of Findings

KINGS COUNTY MENTAL & BEHAVIORAL HEALTH NEEDS ASSESSMENT

Focus Group Summary of Findings

Prepared for:

KINGS COUNTY behavioral health kcbh.org

Prepared by:

EVALCORP Measuring What Matters

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INTRODUCTION

As part of the Mental and Behavioral Health Needs Assessment, Kings County Behavioral Health (KCBH) partnered with EVALCORP Research & Consulting to conduct a series of focus groups to identify priority mental and behavioral health concerns, barriers to accessing care, and gaps in services. The purpose of the focus groups is to collect primary data from community members of diverse subpopulations about the mental and behavioral health issues in Kings County. This information will help support the planning process for mental and behavioral supports across Kings County.

METHODS

To ensure multiple perspectives were included in the needs assessment, focus group participants were recruited from diverse backgrounds and inclusive of vulnerable and minority populations. All focus groups used a semi-structured protocol and were facilitated in English. Eight focus groups were successfully conducted with a total of 59 participants. **Table 1** provides further details about each of the focus groups.

Table 1. Focus Groups Completed

Focus Group Type	# Participants	Coordinating Agency
Consumers	6	Oak Wellness Center
Older Adults	11	SAFE
LGBTQ+	4	The Source
African American	5	Sister Speak
Families of Consumers	9	Family Support Group
Spanish Speakers	4	Champions Recovery
Veterans	6	Kings County Veterans Services Office
Native American	14	Owens Valley

The following sections summarize key focus group findings, including participants' perspectives around priority mental and behavioral health needs and contributing factors, access to care, and recommendations for improving access to care.

Report Organization

- Mental/Behavioral Health Needs
- Impact of COVID-19 Pandemic
- Contributing Factors to Poor Mental/Behavioral Health
- Access to Mental/Behavioral Health Services
- Strengths of KCBH's System and Recommendations
- Awareness of Suicide Prevention Resources

RESULTS

Mental and Behavioral Health Priorities

To explore the most pressing mental and behavioral health concerns in Kings County, focus group participants discussed specific mental and behavioral health needs and mental health system-level needs. An important note about the following mental health conditions and system-level needs is that certain subpopulations were impacted to a greater degree than others, as expressed by participants. The populations most frequently stated included teens and children (n=5), minorities (n=4), and homeless/low-income (n=4). Other groups mentioned included residents in outlying communities, individuals with specific conditions (i.e., Alzheimer's/Dementia, low-moderate mental health symptoms), and individuals with private insurance.

Pressing Mental and Behavioral Health Needs

Of the mental and behavioral health needs identified by focus group participants, stigma, substance abuse, domestic violence, child abuse, homelessness, depression, and suicide were each discussed. It was discussed by participants that stigma exists within the Latino population when seeking services, as well as against individuals with mental health conditions.

Mental Health System-Level Needs

Greater access to services (n=7)

Across all focus groups, participants were in agreement about the need for greater access to services in a timely manner. Participants described the limited services for those with private insurance and the need for providers to loosen restrictions that disqualify certain individuals from getting the supports they need. One group also highlighted the need for a closer location with dedicated beds (for those in crises).

> "…for those with private insurance it's difficult to find services/therapists."

Improvements needed amongst providers (n=6)

Improvements described as needed include increased collaboration between providers, hiring inclusive staff and clinicians, and increasing the community's knowledge of available services in the County. Participants felt that while there is a need for providers to improve staff hiring and retention processes, there is also a need for mental health staff and law enforcement to be more knowledgeable about the populations they serve and available resources across the county.

Lack of mental health services and providers (n=5)

Participants noted a perceived lack of services in the County, such as caregiver services, in-person psychiatry services, school-based services, crisis services (i.e., crisis-mobile team), and services to assist law enforcement when responding to mental health crisis calls.

Impact of COVID-19 on Community Needs

Focus group participants were asked what changes they have observed in community members as a result of the COVID-19 pandemic. Participants discussed a range of issues including an increase in mental and behavioral health conditions, increased need for support from mental health providers, and increased need for financial assistance.

COVID-19-Induced Mental and Behavioral Health Conditions

- Isolation
- Depression
- Stress
- Anxiety
- Grief and loss

"Children feel isolated and bothered that they are not able to be with their friends. Daughter was upset all the time; she was depressed, and grades fell. The isolation was very bad."

For some participants, the COVID-19 pandemic has improved access to mental and behavioral health services, especially for those in outlying communities by use of telehealth. Other participants noted it has created new barriers, a finding that was also found in the Community Member Survey and Key Stakeholder Interviews. Four out of five focus groups highlighted the need for greater access to services by improving availability and responsiveness of services, and loosening insurance restrictions.

"When asking an insurance provider for a list of services that you are eligible for, you are asked to do all the leg work…all of the burden falls on the individual."

Focus group participants (n=6) described the increased need for support from mental health providers due to the COVID-19 pandemic. The types of support needed as a result of the COVID-19 pandemic included information about available services, additional specific services/providers, additional staff, and greater access to services. Specific services needed that were expressed by participants included childcare, family support, and homeless services. Focus group participants also described the need for in-person services, with participants describing the lack of empathy they feel from providers during virtual services and the reduced quality of care. One group also described the need for a VA hospital in the area due to veterans having to use telehealth services for their mental health needs. Another group highlighted the effect of COVID on school children and teenagers; with children feeling behind in school and needing resources to catch up to their current grade level, and an increase in behaviors amongst teenagers, prompting parents to request for support.

Contributing Factors

Focus group participants shared information about the causes of and contributing factors to poor mental and behavioral health in Kings County.

Social Determinants of Health (n=6)

Social determinants of health described by focus group participants include food and economic insecurity, low job opportunities, and living environment.

Substance Use (n=2)

Focus group participants suggested that individuals with substance use disorders lead to a higher number of individuals experiencing poor mental and behavioral health.

Difficulties in Accessing Care (n=7)

Concerns over speaking with someone in a timely manner or finding a provider who is currently accepting patients with private insurance can contribute to the poor mental health of Kings County residents. Focus group participants also described the lack of resources available (i.e., child services, transportation services) and difficulties with technology experienced by older adults as factors that limit community members' access to services.

"Nobody answering phones when trying to find help and it's frustrating/hard."

Access to Mental and Behavioral Health Services

Focus group participants were asked to share their awareness and perception around access to mental and behavioral health services in Kings County.

Awareness of Available Resources

Focus group participants' awareness of available resources in Kings County varied from group to group. The most frequently mentioned mental and behavioral health providers mentioned included Kings View (n=6), KCBH (n=5). Other service providers and programs are summarized below.

- Kings View
- KCBH
- Kings United Way – 211 Program
- ACT Program
- Kings Partnership for Prevention
- Kings County Veterans Service Office
- Family Support Group
- Sister Speak
- Central Valley Health
- Tribal TANF
- Meals on Wheel Program
- 24-Hour Crisis Line
- Kings Community Action Organization
- Oak Wellness Center
- The Warm Line
- ABA Therapy
- The Source
- Women with Visions Unlimited
- Owen's Valley Career Development Center

Participants were asked how they learned about the services listed above. The most frequently reported source was through word of mouth (n=4) and from brochures/flyers (n=3). Participants also mentioned that they learned about the available services from different sources of media such as television, internet, and advertisements. Other sources reported included service providers (Oak Wellness Center, KCBH, and The Source), billboards, their employer, and schools.

Access to Available Resources

Focus group participants were asked for their perceptions of service access for Kings County residents. Across all focus groups, participants believe that it is difficult for community members to receive help for mental and behavioral health issues. The most frequent reasons for the difficulties in receiving mental and behavioral health include finding services for those with private insurance and the lack of clinicians to meet the needs of the community, causing long wait times for services. Other difficulties described by participants included finding providers that speak the language of the community and/or are knowledgeable and inclusive of all populations.

> "Finding mental and behavioral health services is hard for me because I have private insurance; also, not everyone is open to having a conversation about my part of the _____ community. Some providers do not and are not willing to understand."

Participants further discussed the barriers that community members experience when trying to access services. The top 3 barriers discussed by focus group participants are summarized below.

System-Level Barriers (n=7)

Across all focus groups, participants expressed that the limited number of providers and staff lead to long wait times. Additionally, lack of follow-up prevents community members from getting services. Participants described the difficulties in finding providers that accept private insurance and accessing care in a timely manner. Lastly, focus group participants described the lack of staff that is inclusive and empathetic in how they provide care.

"If community members have to jump through two to three hoops, and then wait two to three hours for services…those are additional obstacles for folks to overcome."

Personal Barriers (n=6)

Focus group participants described barriers within individual community members that can prevent them from accessing services. Focus group participants described that, for some families, there is a general unawareness in how to get services. Participants shared that some individuals do not want access services, or are scared to access services. This is additionally complicated by what was described as a number of individuals who may not know that they even have mental health issues. Fear in accessing services was explained by participants due partly to stigma (cultural, stereotypes, self-stigma). Among the Native American population, it was described that there's stigma in accessing services from the county, because once the county gets involved, they can do whatever they want and look at the whole population for mental health issues.

"We've been taught not to reach out to the government for help - this generational thinking is challenging, and to overcome those thought processes"

Travel to Services (n=4)

Focus group participants expressed the difficulties in traveling to services, especially for those in outlying communities who would have to travel a greater distance and/or spend more time traveling to access services.

Other barriers described by focus group participants included residual impacts of COVID-19, such as lack of in-person services and difficulties accessing technology for telehealth services.

COUNTY STRENGTHS AND RECOMMENDATIONS

Focus group participants were asked to identify the strengths they perceive in the County's mental and behavioral health system. The most frequently mentioned strength were the partner agencies and services provided through KCBH (n=3) including Sister Speak, Oak Wellness, and Family Support Group. KCBH's dedication to educating the community and working towards improving mental and behavioral health within the community was spoken about with great appreciation by focus group participants.

> "The director at KCBH is fully engaged and committed to improving the mental health priorities in the community. KCBH is not just checking off boxes, they are trying to do the best they can."

Other identified strengths mentioned by focus group participants include the ability to disclose concerns in a timely manner. Participants discussed that the perk of being in a small county is that community members can attend board meetings and disclose their concerns immediately. Participants also expressed an appreciation for Kings County beginning to embrace Laura's Law and for providers accepting Medi-Cal insurance.

Recommendations

Focus Group participants were asked to provide recommendations for how Kings County can improve access to services and what additional services would meet the mental and behavioral health needs in the community. Specific strategies and illustrative quotes are provided below.

Recommendation 1: Increase providers/service options	Focus group participants indicated that there is a need for wider variety of service types and options in the County, such as: • Crises services • Wraparound services • Grief and loss support groups • Parent support groups • Mobile services (crisis mobile services, homeless mobile services) • Case management • Transportation services • Children's services • Respite programs • School-based services • Prevention services • LGBTQ+ youth and adult programs Due to the far distance of crises beds for adults and even farther distance for child crises beds, one group recommended the use of the vacant hospital in the County as a mental health facility. One group recommended for Kings County to initiate an ATLAS program (Accessing Telehealth through Local Area Stations) to improve access services for underserved Veterans by offering convenient locations to receive VA care.

"ATLAS provides a safe area for veterans and if the County could get in touch and get on board with ATLAS, it would be a great service (only one in CA is Los Banos). IT would be great to have services that's centralized so that Veterans do not have to drive to Tulare or to the hospital. Help bring services to people!"

"People that need the help don't get the help until they have a crisis, there needs to be more prevention services."

"Respite programs for caregivers would be great, it was provided by Prop.63 funds from KCBH, but then was taken back. Respite programs provided a mental health break for caregivers and KCBH decided not to give them funds anymore."

Recommendation 2: Increase staff	Focus groups recommended for providers to increase staff in hopes of shortening wait times for services and increase access for community members. Focus group participants also expressed a need for providers to include peer support in their services to reach out to individuals in-between (long) wait times for services and to address the stigma faced by mental health individuals. Participants would also appreciate an additional staff member to assist individuals throughout the process of getting services.

"We need more therapists; I know people who wait months to get an appointment."

Recommendation 3: Improve outreach to inform the community of available resources	Participants mentioned that increasing outreach and promotion efforts for mental and behavioral health services in the County will help increase knowledge within the community and reduce stigma. One group expressed the need for outreach to inform the community the necessity of mental health services within the LGBTQ population. Another group also expressed a need for outreach to be conducted within school to better inform students about mental health and available resources.

"There should be more opportunities at schools to talk with students, where students can then share information with parents. There should be outreach events to include parents."

Recommendation 4: Provider training	Focus group participants discussed the need for providers to have additional training and offered specific areas of improvement, such as case management to increase the number of referrals, referral follow ups, sensitivity, and cultural competency to serve broader groups in the community. One group described the need for providers to be familiar with Native practices, storytelling, talking circles, and traditional medicines, to develop trust with the community.

"Don't put papers in a person's face when a person could be going through a crisis."

Recommendation 5: Interagency collaboration	Additionally, focus groups felt that there is a need for interagency collaboration between providers. Participants would like for a mental health clinician to respond to situations with law enforcement, as having only law enforcement can escalate the situation. Participants would also like for KCBH to develop a more active partnership with the local military base to inform about services for individuals in the military who are about to transition out of service. Lastly, participants discussed that to help mediate the long wait time for services, there should be a multi-disciplinary response program to improve responsiveness to clients.

"How can we help Veterans getting out, more? If there could be someone from an organization to address questions about mental health and inform about services."

"Providers have to look at how they do things. If someone needs help with psychiatry medicine, it's a month long wait time to see psychiatrist, I'm not sure where the ball is dropped, but we need a quick reaction team for urgent matters, such as a multi-disciplinary response program. There should be someone on call person, in-person, or some type of immediate response."

Recommendation 6: Easily accessible services	Focus group participants discussed the need for services to be more streamlined to make access to services easier for community members. The process of getting services was described as daunting by focus group participants. Participants also described the need for mental health professionals in the Native American community and for KCBH to consider neighborhood tribes' eligibility for services.

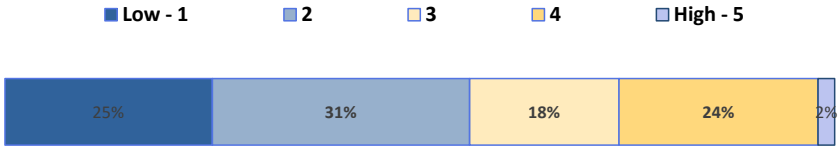
"If the steps were easier to take, I think more people would seek help"

Suicide Prevention

Two items regarding suicide prevention were added this year to data collection methods. These items were aimed at understanding the awareness of suicide prevention resources and the importance of suicide prevention services to Kings County residents. Focus group participants were asked to rate items on a scale from 1 to 5, with one (1) being low and five (5) being high, about the importance and their awareness of suicide prevention resources/services.

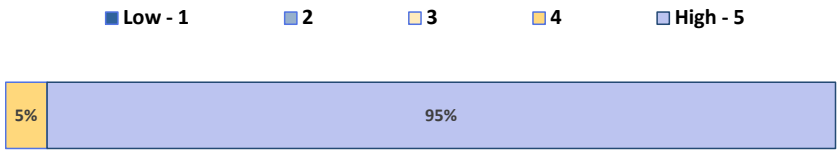
When asked their level of awareness of suicide prevention resources in the county, participants reported a low awareness of services (**Figure 1.**).

Figure 1. Awareness of Suicide Prevention Resources (n=45)



Additionally, when asked about the importance of suicide prevention services to Kings County residents, 100% of focus group participants indicated a high level of importance (**Figure 2.**)

Figure 2. Importance of Suicide Prevention Services (n=42)



Appendix E – Community Survey Summary of Findings

KINGS COUNTY
MENTAL & BEHAVIORAL HEALTH
NEEDS ASSESSMENT

Community Survey
Summary of Findings

Prepared for:

KINGS COUNTY behavioral health kcbh.org

Prepared by:

EVALCORP
Measuring What Matters

Table of Contents

Introduction

As part of the Mental and Behavioral Health Needs Assessment, Kings County Behavioral Health partnered with EVALCORP to conduct a County-wide Community Survey to identify priority mental and behavioral health concerns, barriers to accessing care, and recommendations for improving mental and behavioral health services in Kings County. The purpose of the Community Survey is to collect primary data from community members about the current mental and behavioral health issues in Kings County. This information will help the County better understand and address barriers to mental and behavioral health services while capitalizing on the strengths of the current system within the County.

Methods

The Community Survey was developed by EVALCORP and distributed online from late November through December 2021 to community members via:

- Kings County Behavioral Health website
- Kings Partnership for Prevention listserv
- Radio and social media advertisements created and promoted through iHeartMedia.

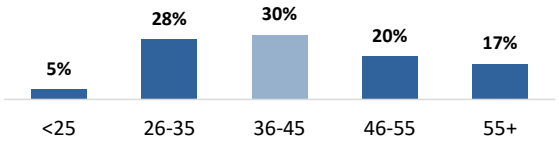
During the survey administration timeframe, a total of 158 responses were collected and findings from these responses are summarized below.

Results

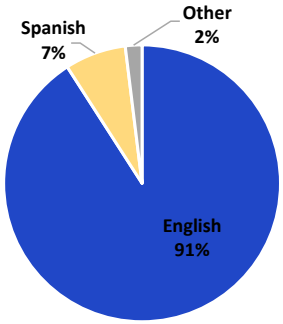
Respondent Profile

Demographic information and other characteristics were elicited from Community Member Survey respondents to provide context for their responses. Questions included age, gender identity, primary language, and race/ethnicity and city of residence.

Age (n=151)



Primary Language
(n=154)

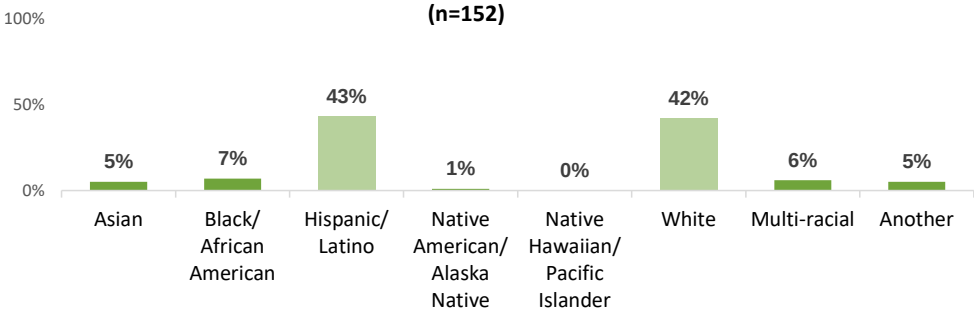


64% of respondents live in the city of Hanford (n=154)

Gender Identity
(n=153)

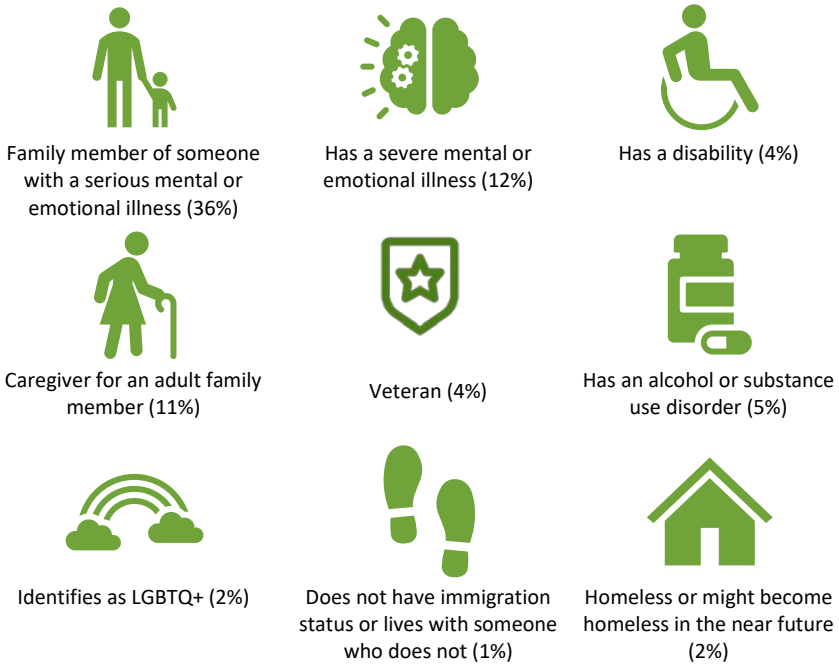
Female	76%
Male	22%
Transgender	1%
Genderqueer	0%
Questioning	1%
A different identity	0%

Race/Ethnicity*
(n=152)



*Respondents could select more than one response option therefore the total percentage may exceed 100%

Survey respondents were also asked if they identified with any specific sub populations from a provided list so their feedback could be better understood in context. Of respondents to this question (n=130), approximately half of the respondents (49%) reported being the parent or guardian of a child under 18. Additional characteristics are visualized in the graphic below.



Additionally, respondents who indicated “other” (n=31), shared that they identify as school-based professionals (n=4), providers of mental health services in Kings County (n=1), medical providers (n=2), retirees (n=1), and individuals looking for services (n=2)

Identified Mental and Behavioral Health Needs

The community member respondents were asked to identify King County's top needs for mental and behavioral health. Respondents selected from a list of provided options and were instructed to select up to three areas. Issues of alcohol and substance use (n=115), depression (n=104), and anxiety (n=86) were the most frequently identified areas, a finding that is consistent with findings from last year's community survey. It is also important to note the reduction in suicide or thoughts of suicide as a pressing mental health issue compared to findings from last year's Community Member Survey. The findings are outlined in **Table 1** below.

Table 1. Pressing Mental & Behavioral Health Needs (n=158)

	FY 20-21	**FY 19-20**
Alcoholism/Substance Use	73%	74%
Depression	66%	68%
Anxiety	54%	50%
Trauma	49%	45%
Chronic Stress	33%	27%
Suicide or thoughts of suicide	26%	42%
Other*	8%	7%

*Other responses included kids and young adults with schizophrenia (n=1), substance abuse (n=2), and homelessness/poverty (n=2).

Impact of COVID-19

Respondents were asked how the COVID-19 pandemic has impacted the mental health of themselves or their family. Of those who responded (n=122), only fourteen (11%) indicated that the pandemic had not affected them. Several common themes for impacts were identified and are listed below. Note that answers to open-ended responses could contain more than one theme.

Change in mental health symptoms (n=53)

Increased feelings of:

- Anxiety (n=29)
- Stress (n=21)
- Depression (n=19)
- Fear (n=7)
- Psychosis (n=1)

Decreased Feelings of:

- Motivation (n=4)

"COVID is a daily and constant worry for our entire family. Our kids worry about getting COVID and getting sick or bringing it home to us and getting us sick and one of us dying. As adults we worry about bringing it home to our kids. We stress any time our kids must stay home because they were a close contact or have symptoms. How are we supposed to stay home every other week? Our family has already lost loved ones, so it is a very real fear daily."

Community members reported increased levels of anxiety, stress, and depression for themselves and/or their family, a result that was also described by community members last year. Increased feelings of fear and psychosis are newly reported mental health symptoms that was not reported by community members last year. Respondents described an increased feeling of fear of contracting COVID-19, fear of getting others/loved ones sick, and fear of the COVID-19 vaccine. Decreased feelings of motivation was also newly reported this year. This emerged from description of lack of energy to improve their quality of life, interact with others and complete school for student respondents.

Along with the change in mental health symptoms, respondents were compelled to highlight the challenges that they faced during the pandemic. These challenges included:

Impacted Accessibility to Services (n=24)

The top reported challenge was accessing mental/behavioral health services. Respondents expressed that the lack of available appointments, changes in services providers, lack of follow-up from clinicians, limited services, and long wait times for appointments contribute to not being able to access services in a timely manner. Other reasons described by respondents include the lack of in-person services, staff shortages and the lack of resources to access services (i.e., transportation, financial support, and information).

> "The COVID-19 pandemic had largely and negatively impacted my and my family's mental health and ability to access services, for which it was all overwhelming and difficult. The lack of availability of centers and visitation restrictions made it even more challenging. Thankfully, we did have some understanding staff and professionals who helped us in this process, for which we are extremely thankful, especially Kings View."

Lack of Social Interaction with Others (n=23)

Respondents described feelings of isolation and lack of social interaction with others has impacted their own or their family's mental/behavioral health. For some respondents, lack of social interaction has caused increased anxiety associated with contracting COVID-19, concerns of children's safety, and loneliness for children, teens, and the elderly. Of note, concerns related to lack of social interaction included visiting limitations that families face with their loved ones in a facility.

Basic Needs not Being Met (n=6)

Respondents expressed that not having their basic needs met (housing, employment) has impacted the mental health of themselves and/or their family.

Difficulties with Remote Learning (n=3)

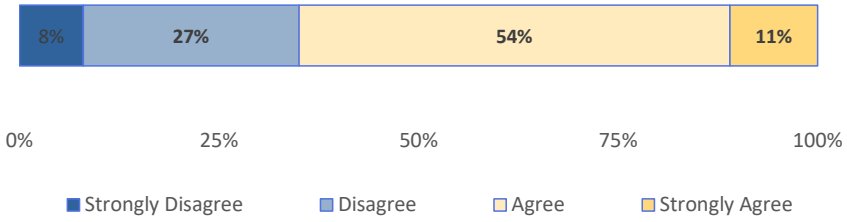
It was described by respondents that difficulties with remote learning has impacted the mental health of children and parents. For some parents, there was difficulty in adjusting their work schedule while there was remote learning for their children.

Access to Care

Survey respondents were also asked to share their perception around access to mental and behavioral health services in Kings County.

When asked whether people with mental and behavioral health needs can get help in the community, 65% of respondents agreed (**Figure 1**.). This result is a 14% increase in agreement over last year's findings.

Figure 1. Perception of Service Access (n=157)



Barriers to Accessing Care

From a list of provided options, respondents were asked to identify three top barriers to accessing mental and behavioral health services in Kings County. Lack of information about where to get help (n=98) and stigma about mental illness (n=87) were the most frequently identified barriers to accessing services. The findings are outlined in **Table 2** below.

Table 2. Barriers to Accessing Services (n=156)

	FY 19-20	FY 20-21	Change
Lack of information about where to get help	**57%**	**63%**	**+6%**
Stigma against mental illness	**59%**	**56%**	**-3%**
Staff don't understand different cultures or backgrounds	12%	15%	+3%
Appointment availability	**49%**	**54%**	**+10%**
Cost of services	29%	42%	+13%
Lack of health insurance	34%	38%	+4%
Distance to available services	43%	34%	-9%
Lack of transportation	41%	32%	-9%
Lack of childcare	23%	30%	+7%
Staff don't speak my language or have translation available	6%	12%	+6%

From the 10 options for respondents to choose from, seven of the barriers saw an increase in perception as a barrier compared to the FY 19-20 Needs Assessment. The top three barriers reported last year remain consistent with this year (lack of information to get help, stigma against mental illness, and appointment availability), each increasing in overall significance to survey respondents.

Other barriers were themed from write-in responses and include:

Limited staff and services to meet high need (n= 13)

Respondents described that the limited staff and lack of services within Kings County do not meet the needs of community members. Staff was described as limited because of the lack of cultural diversity and lack of clinicians specialized in various treatment needs causing some community members to look for services outside of Kings County. Respondents also discussed the lack of providers/services (i.e., pediatric behavioral health, limited crisis intervention services, in-person services, and more effective interventions to help resolve complex trauma) to meet the high need of community members. Lastly, respondents described that the cost of services and insurance restrictions can limit how much financial support one requires for their mental/behavioral health.

Low quality services (n=9)

Respondents described low quality services as a barrier to accessing services including staff not providing an appropriate level of care and respect towards clients. Respondents also described the time inflexibility and long wait times for services.

"Imagine [provider] being your trauma trigger. How can you get help when you're in fight or flight because the sight of the building won't allow you to walk in it without feeling like you're in a crisis?"

County Successes

Respondents were asked to describe the mental and behavioral health services they find most useful to themselves or to their family members. Of respondents (n=105), common themes emerged in the responses that are shown below. Note that answers to open-ended responses could contribute to more than one theme.

- Impactful individual and group therapy services (n=35)
- Addressing a variety of mental/behavioral health conditions (n=26)
- Quality medication services (n=4)
- Increased number of support groups (n=4)
- More opportunities for parenting and family support (n=9)
- Availability of therapists and clinicians (n=7)
- Practical child and adolescent therapy (n=7)
- Helpful school-based services (n=4)
- Informed case management (n=3)

"Within the County, we are seeing more one on one therapy. Tools and supports that help patients advance towards healing and learn new ways of thinking in a more positive and hopeful way of life are being provided."

An emergent theme in the responses was the usefulness of therapists/clinicians to community members and/or their families. Responses reflect a recognition of the quality of clinicians in the area. There has also been an increased appreciation for child therapy compared to last year, suggesting that Kings County has made great strides in improving children's services for community members. Lastly, there has been an increased appreciation for a variety of mental health conditions. Mental health conditions described included depression (n=10), anxiety (n=5), and addiction (n=4).

An interesting finding lies in how, when asked about County strengths, some respondents decided to talk about services they felt the County needed. This may reflect the heightened sense of trauma that communities are experiencing through the COVID-19 pandemic. Needs conveyed through these responses include:

- Improved access to services (n=5)
  Respondents described that access to services needs to be improved by offering services for community members with private insurance, reducing the cost of services so that it is more affordable, and reduce wait times so that services can be accessed in a timely manner.
- Specific services needed (n=6)
  Services mentioned by respondents included housing services, preventative care, and a local 5150 in-patient facility beyond a 72-hour hold.
- Culturally diverse staff (n=2)
  Respondents described the need for providers to hire staff that speaks the language of the community as well as train staff to be culturally competent.

Recommendations

Survey respondents were asked to provide recommendations for how the County can better support and address the mental and behavioral needs in the county. From all respondents who provided recommendations (n=120), specific strategies and illustrative quotes are provided by the other respondents below.

Recommendation 1: Improving access to services	Respondents (n=63) recommended improving access to services to better meet the mental and behavioral health needs of the county. The top three ways respondents expressed to improve access included:

 Expanding the reach of services (n=24)	 Increasing the number of counselors/staff/clinicians (n=20)	 Offering appointment flexibility (n=13)
Respondents expressed a need for services to be expanded to improve access for community members. The top reported location where respondents would like to see expanded services is in the school setting, with respondents describing the need for counseling services to be provided within the school to assist parents who are unable to transport their children to services during after-school hours. Respondents also identified other ways in which services should be expanded including, a mobile crisis unit and more services to be offered via telehealth.	Concerns over speaking with someone in a timely manner or finding a clinician who is currently accepting new patients led respondents to discuss the need for more counselors/staff/clinicians to meet the needs of the community. "It has been a struggle to get an appointment and to speak to anyone in a timely manner. Cancellations are more prevalent than the actual appointment."	Respondents expressed that if providers offered appointment flexibility, this would help improve their access to services. Respondents suggested for providers to offer weekend and evening services for families who work, and 24/7 in-person facilities for services.

Other methods to improve access to services as described by respondents included offering services for community members with private insurance and lowering the cost of services.

Recommendation 2: Increase providers/service options	Survey respondents (n=40) indicated that there is a need for wider variety of service types and options in the county, such as: • Family therapy • Emergency 5150 location • Residential drug treatment programs • Access to emergency mental health care (without input from local police) • School-based services • Support groups • Housing programs

"I would like to see an emergency 5150 location in Kings County for kids and young adults, similar to Bakersfield Behavioral. So parents and family can be closer to their love one (s)."

Recommendation 3: Improving outreach to inform the community of available resources	Respondents (n=30) expressed a need for more outreach to inform the community of the services that are available in the county, the benefit of those services, and how to access those services. Respondents even suggested partnering with the Children's Garden to inform the community of how the Garden can be a form of self-care in one's mental health care journey.

"Create events, speak openly about it (outreach events) and provide mental health resources."

Recommendation 4: Improving the quality of services received	Respondents (n=15) recommended providers improve the quality of services to better meet the needs of community members. Respondents described the need for services to be in-person especially for those with difficulty accessing telehealth and those with severe mental illness. Lastly, respondents highlighted a need for expanded staff capacity and training, with respondents asking for staff that are Spanish-speaking, culturally competent, and empathetic and understanding towards clients.

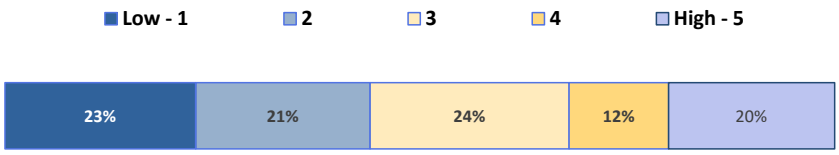
"…She was in active psychosis, yet the psychiatrist did not speak to her more than 6 minutes (on the phone) to be able to gauge that and then could not visually see her to know that she was not keeping up with her hygiene." – when speaking about the need for in-person services
"

Suicide Prevention

Two items regarding suicide prevention were added this year to data collection methods. These items were aimed at understanding the awareness of suicide prevention resources and the importance of suicide prevention services to Kings County residents. Respondents were asked to provide a rating on a scale from 1 to 5, with one (1) being low and five (5) being high, about the importance and their awareness of suicide prevention resources/services.

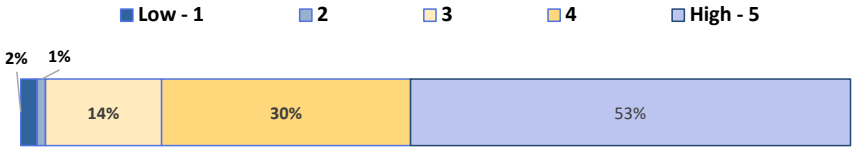
When asked their level of awareness of suicide prevention resources in the county, responses were distributed rather equally across response options (**Figure 2.**).

Figure 2. Awareness of Suicide Prevention Resources (n=103)



Additionally, when asked about the importance of suicide prevention services to Kings County residents, 83% of respondents indicating a higher level of importance (**Figure 3.**)

Figure 3. Importance of Suicide Prevention Services (n=103)



Appendix F – Key Stakeholder Interview Summary of Findings

KINGS COUNTY MENTAL & BEHAVIORAL HEALTH NEEDS ASSESSMENT

Key Stakeholder Interviews Summary of Findings

Prepared for:

Kings County Behavioral Health

Prepared by:

EVALCORP
Measuring What Matters™

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INTRODUCTION

Kings County Behavioral Health (KCBH) conducted a Mental and Behavioral Health Needs Assessment during Winter 2021 to inform changes to county-funded mental and behavioral health service provision. This process and its subsequent report, the Annual MHSA Update, is required by the Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC oversees the implementation of all services provided using Mental Health Services Act funds.

The data summarized in this report reflects findings from one of the three data collection strategies engaged in (Key Stakeholder Interviews) as a component of KCBH's Community Program and Planning Process. Key findings from this report will be included in the Annual MHSA Update that will be submitted to the Department of Health Care Services. This report aims to provide more detailed information stemming from the Key Stakeholders Interviews for the Kings County Behavioral Health team and its partners.

METHODS

Key stakeholder interviews (KSIs) were conducted to obtain information about: (1) mental and behavioral health priorities; (2) contributing factors to poor mental/behavioral health; (3) access to services; (4) recommendations for improving access to mental/behavioral health services for Kings County residents and current strengths of the County's behavioral health system; and (5) awareness/importance of suicide prevention. In total, 19 interviews were conducted with individuals representing:

- **African American women**
- **Coalition members**
- **Educational agencies**
- **Law enforcement agencies**
- **LGBTQ+ community**
- **Local care providers**
- **Social service providers**

Report Organization

- KSI Interviewee Profile
- Mental/Behavioral Health Needs
- Impact of COVID-19 Pandemic
- Contributing Factors to Poor Mental/Behavioral Health
- Barriers to Accessing Mental/Behavioral Health Services
- Recommendations to Improve Service Access
- Strengths of Kings County Behavioral Health System
- Awareness of Suicide Prevention Resources

RESULTS

Profile of Mental & Behavioral Health Providers Interviewed

Mental and behavioral health providers were asked about the ways in which their agencies engage in/with mental and behavioral health service provision, and the populations they serve. A majority of interviewees (89%) stated that their agencies serve all of Kings County, except for those in the education sector who provide services for specific school districts. All interviewees (n=19) provide a form of

mental/behavioral health service, either directly through their staff or through their agency. These services included:

- Counseling
- Crisis services
- Mental health diagnoses
- Medication
- Placement and release of 5150s
- Outpatient/Inpatient services
- Referrals
- School-based services
- Support groups/Programs
- Substance use and prevention services

When asked which populations were served by their agency or organization, interviewees were quick to share specific subgroups from a wide array of populations including:

- Adults
- African American women
- Businesses
- Children
- Homeless adults/children
- Foster youth
- LGBTQ+
- Low-income families
- Probationers
- SMI individuals

Mental & Behavioral Health Needs

To explore the most pressing mental/behavioral health needs in Kings County, interviewees discussed specific mental health conditions and mental health system-level needs. An important note about the following mental health conditions and system-level needs presented is that certain subpopulations were impacted to a greater degree than others, as expressed by interviewees. The populations most frequently stated included residents in outlying communities (n=6), children (n=4), people without homes (n=4), and poor communities (including low-income families) (n=4). Other groups mentioned included Latino immigrants, Native Americans and individuals with SMI.

Pressing Mental Health Conditions

Of the mental or behavioral health conditions identified by interviewees, depression, substance use and relapse, and suicide ideation were each discussed. It was mentioned by an interviewee that the increase in depression and suicide ideation has been more severe recently and could be due to changes in daily living as a result of the COVID-19 pandemic. Interviewees also noted the impact that COVID-19 has had on the community, as they have seen increases in stress, anxiety, and isolation.

System Needs

Lack of mental health services and providers (n=17)
Respondents noted a lack of services in the County such as family counseling, services for children with Autism Spectrum Disorder, and behavioral health services for families. Interviewees discussed a need for providers, such as crisis and acute psychiatric facilities, pediatric mental health providers, and additional Emergency Departments in the County.

> *"If there's a kid that doesn't fit in a box, there's no way to support them."*

Improvements needed amongst providers (n=12)
Interviewees indicated improvements needed include strengthening communication between providers and clients and loosening provider restrictions that disqualify certain individuals from getting the supports they need. Respondents suggested that some providers should improve staff hiring and retention processes.

Lack of easily accessible services (n=9)
Respondents expressed a need for making services more easily accessible such as having mental health workers in the community, bringing resources to clients, and reducing wait times for services by providing additional Emergency Departments in the County. .

Other critical gaps shared by interviewees include a lack of resources for residents including basic needs (i.e., food, shelter) and access to medication, as well as assistance with/in addressing transportation difficulties to services such as traveling to Kings View from outlying communities. Interviewees also expressed concern about the lack of support for children who are unable to attend appointments due to parents' work schedules and fear of rejection by members of the LGBTQ+ community looking for help.

Impact of COVID-19 on Community Needs

Since March 2020, the COVID-19 pandemic has presented a globally significant social, economic and health crises. In Kings County, recommendations to shelter-in-place and self-isolate have had notable implications for the needs of community members. To understand the impact of COVID-19 on County residents, interviewees were asked what changes they have observed in community members' needs as a result of the COVID-19 pandemic. Respondents discussed a range of issues including an increase in mental and behavioral health conditions, increased levels of service needs, and new or emerging barriers to services.

COVID-19-Induced Mental and Behavioral Health Conditions

- **Mental health symptoms**
  - Anxiety
  - Depression
  - Grief
  - Paranoia
  - Psychosis
  - Suicide
  - Overall mental health issues
  - Substance use
  - Isolation
- **Aggression (amongst school children)**
- **Crisis situations/hospitalizations**

Interviewees attributed the above mental and behavioral health conditions to either an increase in needs for services or effect of the pandemic. For example, respondents expressed that the COVID-19 pandemic led to increased needs for assistance with basic needs (n=10) such as rent, electricity, food, and housing in which were tied to increased anxiety for residents. Most interviewees shared that COVID-19-induced mental and behavioral health conditions (i.e., anxiety, depression, grief, overall mental health issues) had led to a greater need for greater capacity for mental health providers to respond to the increased need within the County and services to meet a wider range of pressing needs. Interviewees also brought up an escalation of barriers to accessing County services. Specifically, interviewees felt that mental and behavioral health services have been more difficult to access because services aren't provided nearby, difficulties accessing virtual/telecommunication platforms, and decreased rates of clients following up with or seeking services since the pandemic began.

Contributing Factors

Interviewees also provided information about causes of and contributing factors to the poor mental and behavioral health of Kings County residents which are summarized below.

	**Financial Struggles** Respondents conveyed that unemployment affected individuals' mental health. One respondent mentioned that some families struggle to find affordable permanent housing, which causes them to disregard their mental health needs since their basic needs are not being met.
	**Lack of Resources/Flexibility and Communication** Interviewees expressed that Kings County residents are not able to receive the care they need due to a lack of access to mental health services, high turnover rates for health providers in the behavioral health field, long wait times, not having necessary transportation, as well as lack of communication about where to start/next steps to accessing needed resources.
	**Negative Experiences/No Support System** Respondents described that individuals who have experienced trauma in the past or individuals who feel isolated from their support systems do not seek the help they need. One interviewee explained that foster youth who move from home to home and individuals isolated from loved ones do not have stable support systems that encourage them to seek mental/behavioral health services.
	**Substance Use** Interviewees suggested that an increase in individuals with substance use disorders are leading to a higher number of individuals experiencing poor mental/behavioral health.

An important shared understanding from interviewees was how the lack of education on mental health issues contributes to increased levels of stigma related mental health issues. As an example, one respondent described stigma concerns as specifically caused by lack of information, cultural differences in the perception of mental health, and religious beliefs.

Barriers to Services

Interviewees were asked about their perceptions of barriers that Kings County residents experience when trying to access mental and behavioral health services, and their recommendations to improve access to services. The top barrier areas are presented below.

Knowledge (n=10)

For some community members, there is lack of knowledge about accessing services, such as knowing where and how to find services for children and adults, finding service providers, and understanding referral processes.

Navigating Care (n=8)

Community members have challenges in navigating the health care system including lack of availability in facilities and difficulties in accessing services. For community members, handling breakdowns in communication from providers, being sent to various clinics for referrals, and handling high COVID-related restrictions are barriers for those trying to access services.

Time and Availability (n=8)

Long wait times for services, the need for more timely services, and adjusting to (or meeting) individual agency appointment schedules, have been challenges for Kings County residents when trying to access services.

"Some people have stated that they have been waiting a year for mental health services."

Other barriers and/or lack of supports mentioned by stakeholders included transportation to care (n=4), cultural bias and stigma (n=4), personal home supports (n=3), service or provider limitations (n=3), access to technology (n=1), and insurance coverage (n=1).

RECOMMENDATIONS

Interviewees additionally provided recommendations on how to overcome the barriers identified and improve access to mental and behavioral health services for Kings County residents. The top three ways shared by interviewees to improve access included the following.

Provide Easily Accessible Services (n=10)

Half of the interviewees expressed that having more easily accessible services would give residents more flexibility. One way specifically described to make services more accessible is to increase presence in the community including having a mobile unit to provide medical services such as signing up for Medi-Cal or a crisis team, having a crisis team in the schools, increasing the number of providers in the area, and having mental health workers in the community 24/7.

Increase Knowledge (n=8)

Respondents suggested that increasing cultural competency amongst providers and knowledge of services within the community would help improve access to services. As explained by interviewees, possible ways to increase community knowledge include conducting community outreach , advertising in schools and on billboards in Kings County and providing cultural training to mental health staff so they can learn how to talk to people with different cultural backgrounds and know what is important within that community.

Increase Services and Resources (n=7)

Interviewees recommended increasing the types of programs/services in the area such as a stabilization program. Recommendations also include increasing the number of programs/services, such as more crises-oriented and prevention services. Lastly, interviewees suggested increasing access to resources for residents would improve access to services for Kings County residents. Resources suggested by interviewees include having walk-in clinics, providing hotline services, and having a crisis worker conduct welfare checks with the police department.

Interviewees expressed other ways to improve service access such as cultivating a broader range of partnerships across the community (n=5), providing support for transportation (n=1), and hiring more therapists, clinicians, and psychiatrists (n=3). Interviewees also conveyed a need for expanded facilities to handle the increased County demands and suggested a psychiatry ward, more mental health clinics, and a facility for support groups to meet (n=3).

County Strengths & Additional Services

Interviewees were asked about the current strengths of the County's behavioral health system and additional services that would benefit Kings County. It was shared that the County's behavioral health system does a great job:

Increased Collaboration and Communication Between Providers and Clients (n=11)

More than half of the interviewees expressed gratitude for the shared collaboration between KCBH and local stakeholders. This ensures that clients get the services they need. Additionally, it was noted that there is a high amount of communication and collaboration between KCBH and providers of mental and behavioral health supports as seen through the integration of clinical expertise across providers and the provider/care coordination meetings.

Expanded Accessibility of Health Services/Resources (n=5)

Interviewees mentioned that services have been made more accessible for community members (although there is still room for improvement) through community outreach (for the homeless population) and a reduction in service access wait times (so that it is a same day process). It was also noted that KCBH does an excellent job assisting with Medi-Cal enrollment, transportation and being available in the community.

Trained Staff that Provides Excellent Care (n=8)

Respondents described the quality of staff at KCBH as unmatched, friendly, approachable, and responsive.

"The people that work for them want to provide good services. They want to do the right thing and are there for the right reasons."

Tailored Services and Specialized Programs that Align with the Needs of the Individual (n=14)

More than half of the interviewees expressed appreciation for the new programs coming through KCBH, due in part by taking local stakeholder input on how to utilize funds to address the needs of community members. KCBH's responsivity to levels of care are tailored to the individual (e.g., number of services per week, types of interventions/ programs), ensuring that those assessed get proper treatment and are offered personable services (1:1 time with a psychiatrist).

Additional Services

Interviewees were asked if there were any additional services that KCBH can provide that would benefit the community. Services mentioned included:

Educational Resources	Expanded Mental Health Services*	Case Management	Better Intervention Programs
Domestic Violence Program	Preventative Programs	Specialized Services for Adults, Children, and Individuals Facing Substance Use	Biofeedback Services
24-Hour Mental Health Services	Transportation Services	Inpatient Facilities	Bilingual/Bicultural Services
	Local Treatment Providers for Kids Who Act Out Sexually	More Services by Psychologists	

* Interviewees suggested having mental health services in schools (n=2), places of employment (n=1), and in the community such as having a mobile team for crises (n=2) and for outreach (n=1).

Suicide Prevention

Two items regarding suicide prevention were added this year to KSI data collection methods. These items were aimed at understanding the awareness of suicide prevention resources and the importance of suicide prevention services to Kings County residents. Interviewees were asked to rate items on a scale from 1 to 5, with one (1) being low and five (5) being high, about the importance and their awareness of suicide prevention resources/services. A total of 14 responses were received.

Interviewees reported a high awareness of suicide prevention services with an average rating of 4.2 out of 5. Only one interviewee indicated a low (1) awareness of suicide prevention resources in Kings County. The high rating in awareness of suicide prevention resources could be due to stakeholders working in the mental/behavioral health system and suggests good communication and coordination from Kings County Behavioral Health in promoting those services across the healthcare system.

When asked about the importance of suicide prevention services to Kings County residents, interviewees reported a very high degree of importance (average rating of 4.9), with 13 out of 14 respondents rating the level of importance as high (5).