Mental Health Services Act (MHSA):

Three-Year Program & Expenditure Plan 2014 – 2017

Kings County

WELLNESS • RECOVERY • RESILIENCE

Prepared by:

Resource Development Associates

December 17, 2014

ACKNOWLEDGEMENTS

Kings County Behavioral Health wishes to thank the many consumers, family members, community members, agencies, and other Kings County staff who participated in the Community Program Planning (CPP) process and helped guide the development of this Three-Year MHSA Program and Expenditure Plan for 2014 – 2017. Although this is not a comprehensive list of all the representative organizations and agencies who participated in the CPP process, we would like to specifically thank:

- Champions Recovery Alternative Programs
- City of Avenal Police Department
- City of Corcoran Police Department Kings City of Hanford Police Department
- County Board of Supervisors (BOS)
- Family Builders Foster Care of Kings County
- First United Methodist Church of Hanford
- Kings Community Action Organization
- Kings County Behavioral Health Advisory Board (BHAB)
- Kings County Commission on Aging
- Kings County Department of Health
- Kings County Department of Probation
- Kings County Human Services Agency
- Kings County Latino Commission
- Kings County Office of Education
- Kings County Sheriff's Office Kings United Way
- Kings View Behavioral Health Systems
- Koinonia Church of Kings County
- Members of the Tachi-Yokut Tribe
- Representatives of the Lemoore Naval Air Station
- Recreation Association of Corcoran
- WestCare Foundation

As the preparers of this plan, Resource Development Associates (RDA) is particularly thankful for the vision and commitment of the Kings County Behavioral Health (KCBH) Leadership Team. Throughout this process, KCBH demonstrated a deep commitment to the MHSA values and to the communities it serves. We would like to especially thank KCBH Director Mary Anne Ford-Sherman, Deputy Director Kelly Baker, Program Manager Katie Arnst, Program Manager Ahmad Bahrami, Executive Secretary Mary Jewell, Program Manager and WET Coordinator Brenda Randle, and Fiscal Analyst and AOD Administrator Lupe Ponce Wong.

The RDA team that helped in the facilitation of the CPP process and the development of this plan includes:

- Roberta Chambers, PsyD, Project Director
- Ryan Wythe, Project Manager
- Shirley Huey, JD
- John Cervetto, MSW
- Jessica Blakemore, MPP
- Anita Kumar, PhD

Thank you for your interest and participation in developing Kings County's MHSA *Three-Year Program and Expenditure Plan 2014 – 2017.*

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MHSA County Compliance Certification

County: Kings

County Behavioral Health Director	Program Lead
Name: Mary Anne Ford Sherman Telephone Number: 559-582-2382 Email: Maryanne.fordsherman@co.kings.ca.us	Name: Kelly Baker, MFT Telephone Number: 559-852-2434 Email: Kelly.baker@co.kings.ca.us
County Behavioral Health Mailing Address: Kings County Behavioral Health 450 Kings County Drive, Suite 104 Hanford, CA 93230	

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

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

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

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

Mary Anne Ford Sherman _____

County Behavioral Health Director (PRINT) Signature Date

County: Kings

Date: _____

MHSA County Fiscal Accountability Certification[1]

County: Kings	☒ Three-Year Program and Expenditure Plan ☐ Annual Update ☐ Annual Revenue and Expenditure Report
County Behavioral Health Director	**Program Lead**
Name: Mary Anne Ford Sherman Telephone Number: 559-582-2382 Email: Maryanne.fordsherman@co.kings.ca.us	Name: Kelly Baker, MFT Telephone Number: 559-852-2434 Email: Kelly.baker@co.kings.ca.us
County Behavioral Health Mailing Address: Kings County Behavioral Health 450 Kings County Drive, Suite 104 Hanford, CA 93230	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and

Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

Mary Anne Ford Sherman _____ _____

County Behavioral Health Director (PRINT) Signature Date

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

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

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

County Auditor Controller (PRINT)	Signature	Date

Introduction

Kings County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) *Three-Year Program and Expenditure Plan 2014 – 2017* in June 2014. Kings County Behavioral Health (KCBH) contracted with Resource Development Associates (RDA) to facilitate the CPP activities that culminated in this plan. The purpose of this plan is to describe Kings County's CPP process, provide an assessment of the needs identified and prioritized via an inclusive stakeholder process, and the proposed programs and expenditures to support a robust mental health system based in the MHSA principles. This plan includes the following sections:

- **Overview of the community planning process** that took place in Kings County from June 2014 through November 2014. Kings County's CPP process was built upon the meaningful involvement and participation of a diverse group of stakeholders, including adult, youth, and senior mental health consumers and family members, county staff, county health, mental health, alcohol and other drug service providers, and participants from other community sectors (e.g. education, health, law enforcement, social services, and Veterans groups).

- **Assessment of mental health needs** that identifies both strengths and opportunities to improve the mental health service system in Kings County. The needs assessment used multiple data sources (e.g. focus groups, key informant interviews, and a community survey) to identify the service gaps to be addressed by Kings County's MHSA programs for 2014 – 2017.

- **Description of Kings County's MHSA programs** by component which includes a detailed explanation of each program, its target population, the mental health needs it addresses, and the goals and objectives of the program. This section of the plan also provides information on the expected number of unduplicated clients to be served and amount of the program funding.

Proposition 63 (Mental Health Services Act) was approved by California voters in 2004 to expand and transform the public mental health system. The MHSA is funded by imposing a one percent tax on individual annual income exceeding one million dollars. The MHSA represents a statewide movement to provide a better coordinated and more

Figure 1: MHSA Values

comprehensive system of care for those with serious mental illness, and to define an approach to the planning and the delivery of mental health services that are embedded in the MHSA values (see Figure 1).

In 2006, KCBH was formed, in large part due to the passage of the MHSA. KCBH's mission, in alignment with MHSA principals, is to promote, support, and invest in the wellness and recovery of individuals living in the communities of Kings County by creating opportunities to contribute, learn, work, and find hope in each day. KCBH leadership recognizes that the successful creation and implementation of MHSA funded services that fulfill the agency's mission is dependent on consumer, family member, and community involvement at all stages of the planning process and is committed to increasing the community's capacity to participate meaningfully in MHSA funded service planning and program development.

This Three-Year Program and Expenditure Plan for Kings County testifies to the department's commitment to enhancing community participation and engagement. In order to accomplish the goal of enhancing community participation and engagement, this plan includes a phased implementation approach of the MHSA funded programs and services. In the implementation and enhancement of programs and services, KCBH will partner with the community to achieve increased knowledge and understanding of mental health, create a more continuous system of care, and monitor and evaluate the MHSA funded programs. Highlights include:

- **Building the community's capacity** for planning, implementing, and evaluating mental health programs and services through sustained training, formalized workgroups and committees, and a phased approach to evaluating MHSA funded programs.

- **Enhanced programs** continuing from previous MHSA plans such as strengthening wraparound services for children, targeted outreach and engagement in services for Transition Age Youth (TAY) in Full Service Partnerships, increased training for adult consumers in self-advocacy, and a commitment to develop stronger connections for consumers in the transit system.

- **New programs and services** including multi-service centers in Hanford, Avenal, Corcoran, and the Santa Rosa Rancheria to streamline access and enrollment into mental health programs, an enhanced referral process for law enforcement to help link people in mental health crisis to services, and new programs for TAY such as a mentoring and ambassador program, therapeutic activity groups, and a new Innovation project that will train youth to evaluate resiliency factors in their own communities.

This plan reflects the deep commitment of Kings County Behavioral Health leadership to design MHSA programs that are wellness and recovery focused, client and family driven, culturally competent, integrated, and collaborative.

Community Program Planning Process

I. Description of Community Planning Process

Include a description of the local stakeholder process including date(s) of the meeting(s) and any other planning activities conducted.

Planning Approach and Process

In June 2014, Kings County Behavioral Health (KCBH) embarked on a planning process for the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Plan) for fiscal years 2014-2017. The planning team included Mary Anne Ford Sherman, Director of Behavioral Health; Kelly Baker, Deputy Director of Behavioral Health; Ahmad Bahrami, Program Manager; Brenda Randle, Program Manager and WET Coordinator; Katie Arnst, Program Manager; Lupe Ponce Wong, Fiscal Analyst III & AOD Administrator; and Resource Development Associates (RDA), a consulting firm with mental health planning expertise.

The planning team utilized a participatory framework to encourage buy-in and involvement from stakeholders, including mental health consumers and family members; county staff; county health, mental health, and alcohol and other drug service providers; and participants from other community sectors (e.g. education, health, law enforcement, social services, and Veterans groups). The planning process was divided into four phases: 1) Kickoff, 2) Needs Assessment, 3) Community Engagement, and 4) Plan Development. Figure 2 lists the activities included in each phase.

Figure 2: Community Planning Process (CPP)

BHAB = Behavioral Health Advisory Board
KCBH = Kings County Behavioral Health

Throughout the planning process, the planning team made presentations to the Kings County Behavioral Health Advisory Board and Board of Supervisors at critical moments in the CPP process in order to review and comment on recommendations made by the MHSA planning team. All meetings of the Behavioral Health Advisory Board and Board of Supervisors are open to the public.

Community Planning Activities

The planning team carried out a set of community meetings and information-gathering activities to engage stakeholders in all stages of the planning and strategy development process in order to ensure that the Plan reflected stakeholders' experiences and suggestions. Planning activities and their corresponding dates are presented in the table below, and then followed by a detailed description of each activity.

Table 1: Community Planning Activities and Dates

Activity	Date
Planning Process Refinement	
Kickoff Meetings	June 23, 2014, June 30, 2014 and July 1, 2014
Needs Assessment	
Focus Groups	July 20, 2014 – August 8, 2014
Key Informant Interviews	July 14, 2014 – August 6, 2014
Needs Assessment Survey	July 1, 2014 – August 15, 2014
Strategy Development	
Strategy Roundtables	September 4 & September 5, 2014
Community Meetings	September 22 & September 23, 2014
Public Review Process	
30-Day Review Period	November 14 – December 14, 2014
Public Hearing	December 15, 2014
BOS Plan Approval	January 13, 2015

Kickoff Meetings

The planning team held kickoff meetings to ensure that all stakeholders—particularly consumers and their families—had the opportunity to hear about and provide input to the community program planning process. To initiate the planning process, the planning team held five kickoff meetings: three for the community at large in Avenal, Corcoran, and Hanford, one for the Behavioral Health Advisory Board, and one for the Board of Supervisors. Kickoff meetings were announced via email through the MHSA Coordinator's email list of county mental health services stakeholders (see Appendix A for the email announcement). Flyers advertising the kickoff meetings were posted in KCBH offices, partner agencies, and the Oak Wellness Center (see Appendix B for the kickoff meeting flyer). The purpose of the kickoff

meetings was to provide information about the proposed planning process timeline and to gather feedback about what was missing or suggestions to improve the proposed process. At each of the meetings, RDA used a PowerPoint presentation to inform participants of the proposed process. Handouts of the PowerPoint, as well as handouts describing MHSA values and components, were made available for kickoff meeting participants in both Spanish and English (see Appendix C for the kickoff meeting presentation and Appendix D for the MHSA values and components handouts). This allowed the planning team to ensure that the process was reaching important stakeholders and to garner community buy-in for the process.

Key Informant Interviews

On behalf of the planning team, RDA staff conducted 20 key informant interviews (KIIs) with County staff, behavioral health service providers, KCBH partners, representatives from law enforcement, education agencies, and community-based organizations, and members of the local Behavioral Health Advisory Board and Board of Supervisors. These interviews were designed to gather information about key mental health service needs, unserved and underserved populations and geographic areas, barriers to access, workforce shortages, and needs related to capital facilities and technology (refer to Appendix F for the KII protocol). Interview participants were identified by KCBH staff on the MHSA planning team. All interviews were conducted by phone and lasted approximately one hour to ninety minutes. A comprehensive list of all stakeholders interviewed is included in Appendix E.

Focus Groups

RDA staff convened 12 focus groups to gather input from consumers, family members, community members, providers, and County staff about their experiences with the mental health system and their recommendations for improvement. Participants were asked to reflect on what works well in the current system, mental health service gaps, provider competence and training needs, capital facility needs, access to health information and personal health data, and recommendations to improve the current system (for the complete list of questions, see Appendix G for the focus group protocol).

The focus group format allowed for a greater reach to stakeholders to provide their input on the unmet community mental health needs, thereby producing additional information that might not have emerged in individual interviews. Recruitment for focus groups participants was conducted by KCBH staff who participated as well as staff from local community-based agencies. Focus groups were held at various community-based and county agencies and lasted approximately one and a half hours each. Participants were offered refreshments and a $5 gift card for their time. A list of the stakeholder groups represented in the focus groups is included in Section II.

Needs Assessment Survey

The planning team designed and distributed an anonymous survey for consumers, family members, providers, and interested community members to complete in both online and paper formats. The purpose of the survey was to collect information from a wider audience beyond the interviews and focus

groups, allowing any interested community member to provide input or feedback on mental health needs and resources in Kings County.

The survey gathered information on the community's experiences with current MHSA programs, unserved and underserved populations and geographic areas, barriers to access, workforce shortages, and capital facility and technological needs. The survey also asked respondents to reflect on the county's current Innovation Plan and provide any suggestions for modifying the county's approach to using Innovation funds. The survey was comprised of 23 questions and was designed to be completed in less than 15 minutes. In order to reach the greatest number of respondents, the survey was available in both English and Spanish language versions (see Appendices H and I for the full versions of the English and Spanish community survey).

A snowball method was used to reach survey participants, where recipients of the survey announcement and link were encouraged to forward the survey on to their own networks. RDA then disseminated the online survey via email to local stakeholders such as community-based providers, the school district, KCBH staff, Behavioral Health Advisory Board members, the Board of Supervisors, special education groups, and others. The survey link was also posted on the MHSA website and flyers with the survey link were posted and emailed to stakeholders (see survey flyers in English and Spanish in Appendices J and K). Paper copies of the survey were available at KCBH offices. A detailed breakdown of survey respondents is presented in Section II.

Strategy Roundtables

After the conclusion of the Needs Assessment phase of the planning process, RDA synthesized the results of the key informant interviews, focus groups, and surveys in order to identify key mental health service needs, unserved and underserved populations and geographic areas, barriers to entry and ongoing access of mental health services, workforce shortages, and needs related to capital facilities and technology. Findings from the data analysis were presented at a series of strategy roundtables (see Appendix L for the strategy roundtable presentation). Strategy roundtable participants were engaged in a number of planning activities including a discussion of needs assessment results, the prioritization of service gaps, and the identification of strategies to address the identified gaps. Participants then prioritized the identified strategies based on their ability to address the service gaps by maximizing current resources.

RDA facilitated five strategy roundtables, one for each of the MHSA components addressed by this process. This included: 1) Community Services and Supports (CSS), 2) Prevention and Early Intervention (PEI), 3) Innovation (INN), 4) Workforce Education and Training (WET), and 5) Capital Facilities & Technological Needs (CFTN). KCBH staff involved in the MHSA planning directly invited participants to represent key stakeholders including adult, youth, and senior mental health consumers and family members, county staff, county health, mental health, alcohol and other drug service providers, and participants from other community sectors including education, health, law enforcement, faith based, social services, and Veterans groups. Information on participants in the strategy roundtable sessions is presented in Section II.

The meetings were designed to provide all attendees with the opportunity to participate meaningfully. To facilitate participation, all attendees were provided with a strategy development worksheet to develop program(s) and services ideas for CSS, PEI, and Innovation (see Appendix M for the strategy development worksheets). Participants worked in small groups and utilized the worksheet to identify and prioritize service gaps and strategies. Groups then presented their strategies to all meeting participants for discussion.

Following the strategy roundtables, RDA worked with the KCBH Leadership Team to review and consider the list of suggested programs and services for the Three-Year Plan. KCBH identified those program and service ideas that would both meet the identified unmet mental health needs of the community and could be accommodated within the limitations of the county's MHSA fund allocations. Based on the identification of community mental health needs and departmental capacity, RDA and KCBH developed a three-year, incremental strategy to leverage community engagement in this CPP process for the implementation of new programs in later years. More information about this three-year approach to plan implementation is discussed in the MHSA Three-Year Program Plan section starting on page 61. The result of this decision process culminated in the proposed programs and services included in this plan.

Community Meetings

The results of the strategy roundtables were presented to stakeholders in a second series of community meetings (see Appendix N for the Community Meeting presentation). Flyers announcing the Community Meetings were posted in KCBH offices, provider sites, and the Oak Wellness Center (Appendix O includes the Community Meeting flyer). During these meetings stakeholders were provided an overview of the results of the community mental health needs assessment and the proposed programs and services to be included in this plan. During the Community Meetings, participants were asked to further validate the needs assessment findings and to reflect on the proposed programs and services to validate if they will adequately meet the unmet needs identified in the community. In addition to a copy of the presentation, participants were given a handout of the community mental health needs survey results (see Appendix P) and a feedback form (included in Appendix Q). The feedback form asked Community Meeting participants to evaluate the effectiveness of the CPP process and sought additional input on the needs assessment findings and the proposed programs and services.

Based on input from the community meetings, KCBH staff considered and decided upon the following modifications to the proposed programs and services:

Table 2: Requests to Modify Programs Presented at Community Meetings

Request	Status of Request
Increase specific services for Transition Age Youth (TAY), specifically therapeutic activities to promote resiliency and wellness.	KCBH has taken this request under advisement and proposed including Therapeutic Activity Groups into the Community Services and Supports component. KCBH is also considering the development of a peer-run TAY multi-service center, that will include peer involvement, in

	future MHSA Annual Updates. KCBH will also conduct more targeted outreach for engagement of TAY into mental health services.
Augment access to the referral and resources smartphone application to include community mental health providers and interested community members.	KCBH will consider ways to augment the in the field' referral platform developed for law enforcement to include general community members and mental health providers in future MHSA Annual Updates.
Establish more crisis response and treatment services to enhance the continuity of crisis services in Kings County.	KCBH will consider how to develop more crisis-specific services to enhance the continuum of crisis services. KCBH intends to develop a crisis-specific workgroup or committee to include interested stakeholders, including consumers and community members, to develop a plan to implement enhanced crisis response and alternatives to hospitalization in the County. This approach is detailed later in this plan in the section called MHSA Three-Year Program Plan.
Include a small grant program targeted to small community based organizations (CBOs) and community leaders to enhance their capacity to engage with the mental health system.	KCBH is dedicated to enhancing the community's capacity to plan, implement, and evaluate MHSA funded programs primarily through training and education. To provide this opportunity for smaller CBOs that have access to unserved and vulnerable populations in Kings County, KCBH proposed the Community Capacity Building program that will make funds available to help bolster the resources those organizations have to participate in mental health training and organizational development workshops.

Public Review and Hearing Process

The public review process is described in Section III.

II. Stakeholder Participation

Include a description of the stakeholders who participated in the planning process in enough detail to establish that the required stakeholders were included. Include a description of how stakeholder involvement was meaningful.

The following section describes the various outreach efforts KCBH conducted to ensure not only a diverse stakeholder participation, but also meaningful stakeholder participation.

Outreach for Community Program Planning Activities

Outreach efforts were shaped by MHSA requirements for stakeholder participation, the input of the MHSA planning team and feedback from the community kickoff meetings and the local Behavioral Health Advisory Board to ensure that the planning process reached a broad spectrum of stakeholders and that the process was driven by community input.

As described in Section I, outreach for kickoff meetings included:

- Email announcement through the MHSA Coordinator's email list of county mental health services stakeholders (see Appendix A for the email announcement).
- Flyers posted throughout KCBH buildings (see Appendix B for the kickoff meeting flyer).

Key informant interviewees were selected by KCBH staff to represent a diverse cross-section of stakeholders including County staff and behavioral health service providers, KCBH partners, representatives from law enforcement, education agencies, and community-based organizations, and members of the local Behavioral Health Advisory Board and Board of Supervisors (for the complete list of informants see Appendix E).

Outreach for staff focus groups was conducted through emails and phone calls from KCBH. Outreach for consumer, family member, and community member focus groups was carried out by KCBH staff and the community-based agencies most connected to these other stakeholder groups. Consumer, family member, and community focus groups elicited the participation from a variety of stakeholders including adults and seniors with serious mental illness, transition age youth and parents with school-aged children, rural consumers, families and community members, community and faith-based leaders, Hispanic/Latino residents, members of the Tachi-Yokut community, African American/Black and other minority groups, and veteran consumers and representatives from Veterans groups.

The Needs Assessment survey was publicized using a 'snowball method' where the link was sent out via email to all local MHSA stakeholders who then forwarded the link to their own networks. MHSA stakeholders that were contacted included family members, community-based providers, the school district, KCBH staff, Behavioral Health Advisory Board members, the Board of Supervisors, special education groups, service providers, and others. Service providers also distributed hard-copies of the survey to their staff and clients. In addition to online surveys, KCBH staff made paper formats available (in

both English and Spanish language versions) in their offices and other provider sites (see Appendix H for the full version of the English survey and Appendix I for the Spanish-language version).

KCBH staff invited stakeholders to strategy roundtables via email and phone. Stakeholders were selected to represent a diversity of affiliations, including KCBH, Behavioral Health Advisory Board, the Board of Supervisors, health, mental health, alcohol and other drug service providers from across all age groups, law enforcement agencies, education agencies, social services agencies, Veterans and representatives of Veterans organizations, adult, youth and senior consumers with severe mental illness and their families, and other stakeholders.

Outreach for the community meetings to present proposed programs and services to be included in the plan was conducted via flyers posted in KCBH buildings (see the community meetings flyer in Appendix O).

Efforts to Include Consumers and Unserved and Underserved Populations

Special efforts were made to ensure that consumers were represented in all phases of the planning process including outreach by community-based agencies and service providers most connected to consumer groups. Table 3 provides attendance counts based on participants' identification as consumer, family member, or both during each CPP phase. Throughout the planning process, there was a higher number of participants who identified as family members than those participants who identified as consumers.

Table 3: Total Number of Participants who identified as Consumers, Family Members, or Both (n=136)

CPP Phase	Consumer	Family Member	Both
Kickoff Meetings	5	9	6
Key Informant Interviews	1	2	1
Focus Groups	13	23	17
Community Survey	3	7	10
Strategy Roundtables	2	15	6
Community Meetings	3	8	5
Total	**27**	**64**	**45**

Focus groups were specifically designed to reach out to consumers, family members, and general community members interested in understanding more about mental health resources in the County. Table 4 lists the total number of participants at each of the focus groups. A total of 126 people attended the twelve focus groups.

Table 4: Total Number of Focus Group Participants, by Focus Group Type

Focus Group Type	Total Count of Participants
General Community	37[2]
Community Based Organization Providers	16
Faith Leaders	11
Parents with School-Aged Children	11
Adult Consumers	10
KCBH Staff	10
Veterans	10
Older Adults	10
Education and Youth Service Providers	9
Transition Age Youth (TAY)	2
Total	**126**

In addition, KCBH and provider staff were asked to reach out to the County's linguistically isolated communities (e.g. the county's large mono-lingual Spanish speaking community), Veterans, criminal-justice involved youth, as well as consumers and family members across the lifespan. In an effort to reach Kings County's large Latino/Hispanic population, a Spanish-language version of the kickoff presentation and a Spanish-language interpreter was available at all of the kickoff meetings. A Spanish-language interpreter was also present at focus groups held in Corcoran, Avenal, and Kettleman City, and the community meetings. The interpreter was either a staff member of KCBH or a member of the community who had an established history of working with the participants who attended the events. Flyers for all of the CPP events were interpreted in Spanish and the community needs assessment survey was also translated into Spanish (see Appendix K for the survey flyers and Appendix I for the community needs assessment survey). RDA mailed hard-copies of the flyers in both Spanish and English to residents in Kings County who did not indicate an email address in previous planning activities that advertised the Needs Assessment survey. Also, event promotions were coordinated with La Campesina (a Spanish language radio station) for the Community Kickoff events.

[2] 37 participants comprise the total number of participants who attended the three community focus groups in Avenal, Corcoran, and Kettleman City.

Summary of Stakeholder Participation

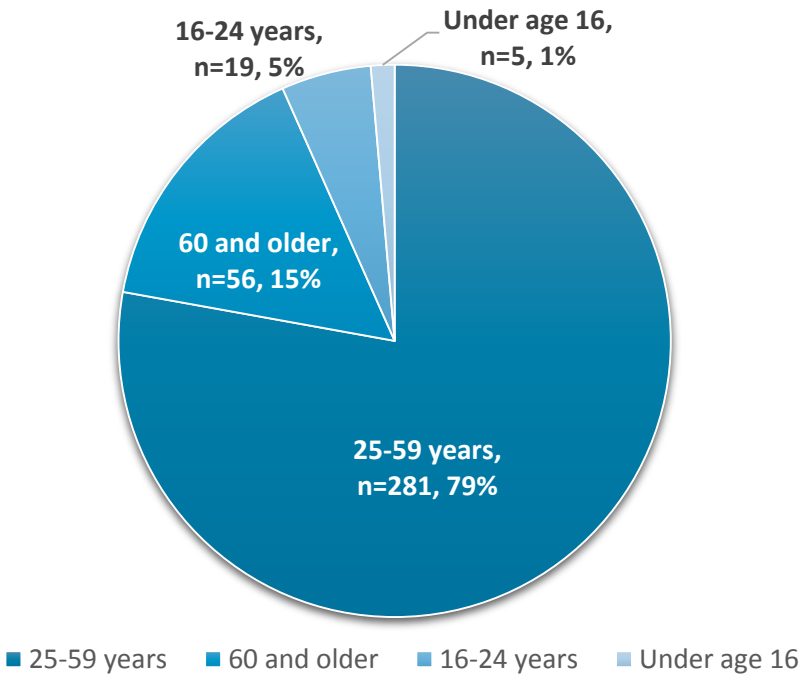
Each planning activity asked participants to complete an anonymous demographic form in either Spanish or English (included in Appendix R). The demographic form asked participants to report their age, gender, race/ethnicity, and whether they identified as a consumer, family member, or service provider (participants could choose more than one status). Responses from the demographic forms are described below. Because demographic forms were optional for participants, some participants may not have submitted forms or may have declined to respond to certain questions.

Participant Age Ranges

Participants were given the choice of selecting from four different age ranges corresponding to the MHSA categories of Children, TAY, Adults, and Older Adults.

Figure 3 illustrates the proportion of CPP participants by the four age ranges. Adults (25-59 years of age) comprised the largest percentage of CPP participants (79%). Children (under the age of 16 years) was the smallest percentage (1%).

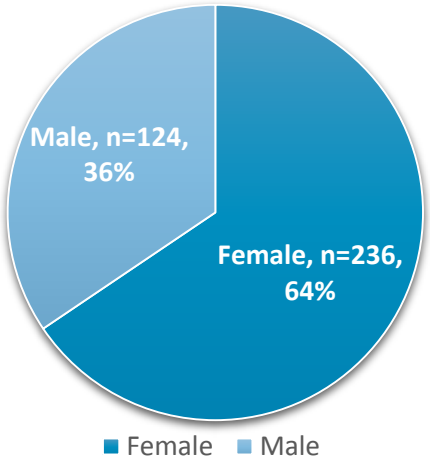
Figure 3: Percent of CPP Participants by Age (n=367)



Participants by Gender

Approximately two thirds (64%) of CPP participants identified as female, while a little over one third (36%) of CPP participants identified as male (see Figure 4).

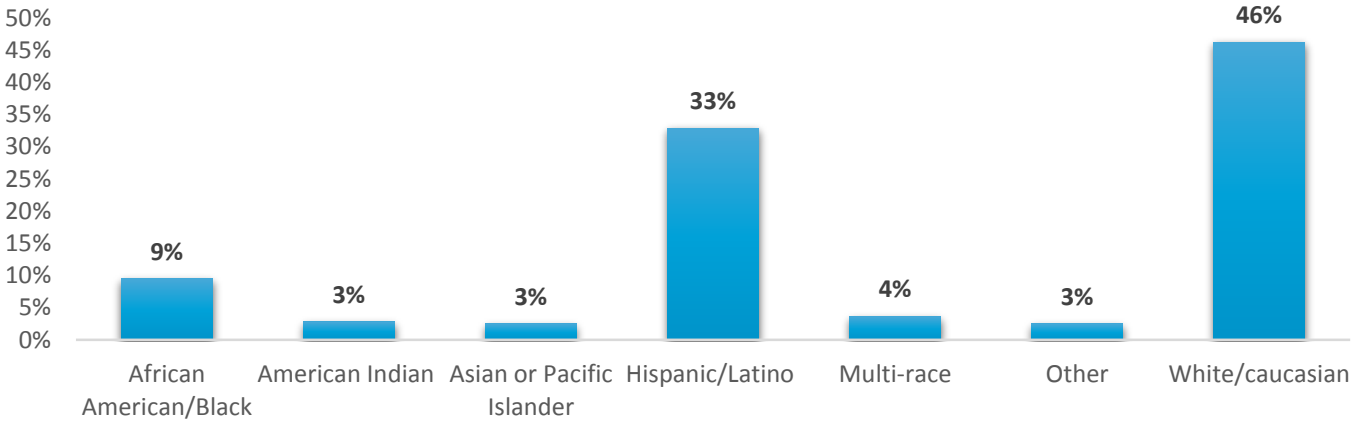
Figure 4: Percent of CPP Participants by Gender (n=367)



Participant Race/Ethnicity

Figure 5 demonstrates the race/ethnicity composition of CPP participants. The majority of participants identified as White/Caucasian (46%) or Hispanic/Latino (33%). Given Kings County has a large Hispanic community, a concerted outreach effort was made to engage members from this community in all CPP activities. Representing smaller proportions were participants who identified as African American/Black (9%), American Indian (3%), Asian or Pacific Islander (3%), and Multi-Race (4%). Three percent of participants marked Other.

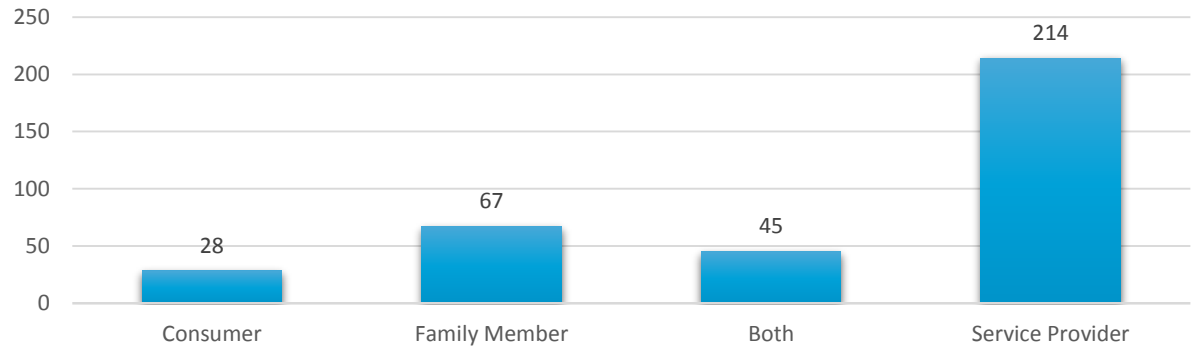
Figure 5: Percent of CPP Participants by Race/Ethnicity (n=366)



Consumer, Family Member, and Service Provider Participation

Figure 6 depicts the number of participants that identified as mental health consumers, family members of consumers, or as both as well as service providers. The number of service providers (n=214) that participated in CPP activities was significantly higher than participants who identified as consumers or family members of consumers.

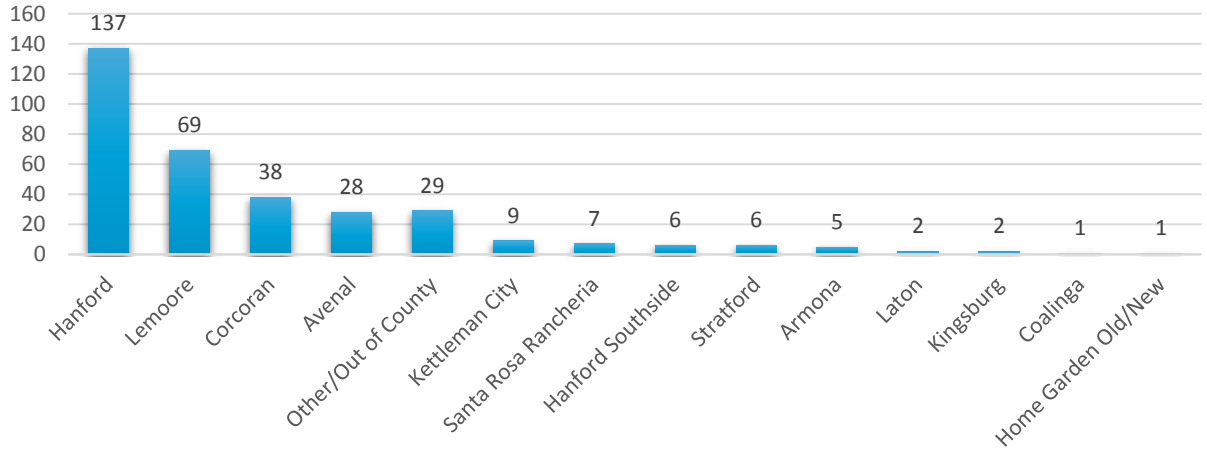
Figure 6: Count of CPP Participants that Identified as Consumers, Family Members, Both, and/or Service Providers (n=354)



Participant Place of Residence

Kings County is primarily a rural county. Nonetheless, the county is still comprised of a diverse range of populations, each with their own unique needs. As such, efforts were made to include participants representing the county's diverse geography. The table below provides a count of CPP participants according to their place of residence. The majority of CPP participants resided in Hanford (n=137). Other popular places of residence were (in decreasing order): Lemoore (n=69), Corcoran (n=38), and Avenal (n=28).

Figure 7: Count of CPP Participants by Place of Residence (n=340)



There were 370 people who participated in community planning activities. The following table represents the number of participants in each activity. NOTE: The count is comprised of *duplicated* participants as participants may have attended more than one event. For instance, a consumer might have attended the Kickoff Meeting as well as participated in a focus group.

Table 5: Total Count of Duplicated Participants by Activity

Community Planning Activity	Total Count of Duplicated Participants
Kickoff Meetings	53
Focus Groups	117
Key Informant Interviews	20
Needs Assessment Survey	61
Strategy Roundtables	71
Community Meetings	34
Public Hearing	14
Total	**370**

Key informant interviews were conducted with representatives of the following stakeholder groups. For the complete list of informants, please refer to Appendix E.

Kings County Representatives

- Kings County Behavioral Health
- Department of Public Health
- Behavioral Health Advisory Board
- Board of Supervisors
- City of Avenal
- Commission on Aging
- Veterans Administration/Veterans Services
- Superior Court
- Probation Department
- Tribal Social Services

Education Agencies

- Kings County Office of Education
- Hanford Unified School District

Law Enforcement Agencies

- Hanford and Avenal Police Departments
- Kings County Sheriff's Office

Community Based Service Providers

- United Way
- Family Builders
- Champions Recovery
- Kings Community Action Organization
- Child Abuse Prevention Coordinating Council

Medical or Health Care Agencies

- Kings View

Focus groups were conducted with the following populations:

Table 6: Focus Groups Conducted by Type and Geography

Focus Group Participants	Focus Group Location
Kings County Staff	Hanford
Service Providers	Hanford
General Community Members	Avenal, Corcoran, Kettleman City
Faith-Based Leadership	Hanford
Education and Youth Service Providers	Hanford
Transitional Age Youth	Hanford
Adult Clients	Hanford
Veterans	Hanford
Seniors/Older Adult Clients	View Road Senior Center, Hanford

In our effort to ensure participation from the County's unserved and underserved populations, the MHSA Planning Team worked closely with the Tribal Social Services representative to schedule and conduct a focus group on the Santa Rosa Rancheria with the Tachi-Yokut tribe. However, during the planning for this particular focus group, the tribe experienced the death of an Elder and Tribe Leader. The focus group was cancelled in order to allow the tribe time to process their grief after this tragic loss. In place of the focus group on the Santa Rosa Rancheria, KCBH was able to recruit focus group participants with Education and Youth providers. All other focus groups were conducted as intended.

A total of 79 people completed the community survey. Table 7 summarizes the stakeholder affiliation of those that completed the community survey. Service providers made up the majority of survey respondents, in which they represent a combined 60% (n=37) of the survey participation.[3]

Table 7: Stakeholder Affiliation of Survey Respondents

Stakeholder Affiliation	Total Participants	Percent
Family Member	17	22%
Kings County Behavioral Health Staff	15	19%
Consumer	13	16%
Community-based Provider	7	9%
Education Agency or Provider	6	7.5%
Other Affiliation	6	7.5%
Social Services Agency	5	6%
Veterans Organization	4	5%
Provider of alcohol and drug services	3	4%
Law Enforcement Agency	2	3%
Medical or Health Care Agency	1	1%
Total	**79**	**100%**

[3] Service providers in this context include KCBH staff, community-based providers, education agency provider, social services agency representative, provider of alcohol or drug services, or a representative of a medical or health care agency.

In the overall planning process, 308 participants indicated their organizational affiliation. The following table depicts the number and percentage of each type of stakeholder group represented in the planning process. Most participants came from community-based organizations, county government agencies, and social service agencies.

Table 8: Number and Percent of Total Participants by Stakeholder Affiliation

Stakeholder Affiliation	Total Count	% of Total
Kings County Staff	97	30%
Community-based Provider	66	22%
Medical or Health Care Agency *(primary and mental health care)*	31	10%
Education Provider and Youth Services	24	8%
Other Affiliation	21	8%
Government agency	15	5%
Social Services Agency	15	5%
Veterans Organization	12	4%
Law Enforcement Agency	11	3%
Tachi-Yokut Community Representative	10	3%
Provider of alcohol and drug services	6	2%
Total	**308**	**100%**

III. Public Review Process and Hearing

Include a description of:

- *The dates of the 30 day review process;*
- *Methods used by the county to circulate for the purpose of public comment the draft of the plan; to representatives of the stakeholder's interests and any other interested party who requested a copy of the draft plan;*
- *The date of the public hearing held by the Behavioral Health Advisory Board;*
- *Substantive recommendations received during the 30-day public comment period; and,*
- *Substantive changes made to the proposed plan.*

The 30-day public comment period opened November 17, 2014 and closed on December 17, 2014. The county announced and disseminated the draft plan to the Board of Supervisors, Behavioral Health Advisory Board, county staff, service providers, consumers and family members, and those whose email addresses are associated with the stakeholder email list compiled throughout this planning process. A public notice was also submitted and published through The Hanford Sentinel (see Appendix S for the filling stamp). The draft plan was posted to the county's website and could be downloaded electronically and paper copies were also made available at KCBH offices in Hanford, as well as other locations throughout Kings County. Any interested party could request a copy of the draft plan by submitting a written or verbal request to the MHSA coordinator.

A public hearing was held on December 15, 2014 by the Behavioral Health Advisory Board, during which stakeholders were engaged to provide feedback about the Kings County MHSA *Three-Year Program and Expenditure Plan 2014-2017* (see Appendix T for the 30-Day Public Comment form). Fourteen stakeholders attended the public hearing, representing county staff, the behavioral health advisory board, consumers, and family members.

RDA presented the plan to public hearing participants by reviewing the CPP process and the MHSA funded programs by component (see Appendix U for RDA's public hearing presentation). The meeting was then opened for public comment.

No substantive comments were received during the public hearing. There were also no public comments submitted in writing or over email to the MHSA coordinator during the public comment period that ended December 17, 2014. Stakeholders general expressed support of the new plan and reported that they were excited for the changes that it described.

Community Needs Assessment

Introduction

This Community Needs Assessment outlines both the strengths and opportunities to improve the mental health service system in Kings County. In order to collect the data necessary to complete a mental health systems needs assessment, RDA facilitated a total of 20 key informant interviews, 12 focus groups, and a County-wide survey. Across all of our data collection efforts we ensured the participation from Kings County Behavioral Health (KCBH), Behavioral Health Advisory Board, the Board of Supervisors, health, mental health, and alcohol and other drug service providers from across all age groups, law enforcement agencies, education agencies, social services agencies, Veterans and representatives of Veterans organizations, adult, youth and senior consumers with severe mental illness and their families, and other stakeholders.

The needs assessment findings presented below are based on an analysis of the qualitative data gathered during focus groups and interviews, quantitative data collected through the survey, and feedback received during the strategy roundtables and community meetings. While generally consistent, some differences between survey results and information gathered from stakeholders through interviews and focus groups are apparent. Over 60% of survey respondents identified as a service provider, while focus groups and interviews included a greater diversity of stakeholder experience. As a result, the needs assessment findings stem primarily from the qualitative data with survey findings incorporated where applicable and appropriate.

Needs Assessment Findings

Impact of the MHSA on the Behavioral Health System in Kings County

Stakeholders discussed a number of ways in which the MHSA had positively impacted behavioral health services in Kings County. These changes included an increase in mental health services, especially for prevention services and services for children and youth, efforts to reach underserved or unserved populations, an increase in behavioral health staff to serve consumers, and coordination of the behavioral health system. The County-wide survey included questions directly relating to the perceived impact of the MHSA in the County. Survey results relating to MHSA impact were generally consistent with the views expressed in focus groups and interviews. Survey responses related to the impact of the MHSA are discussed below.

County-wide Needs Assessment Survey Findings:

Finding 1. According to survey respondents, the MHSA enhanced the number of mental health services available in Kings County.

The existence of preventative services was a commonly reported positive change, indicated by slightly more than two-thirds (67%) of respondents. More than half (51%) of respondents also highlighted the provision of more innovative programs and services as one of the most significant changes and a third (33%) rated that the creation of a Wellness Center as a helpful change. The recovery focus of services was indicated as a significant change by 33% of respondents.

Finding 2. Survey responses indicated that mental health services are reaching more underserved and priority populations in Kings County since 2004.

Services reaching more underserved populations was rated as one of the most helpful changes by 45% of respondents since the MHSA. A similar percentage (41%) of respondents identified services for children and youth as a significant change. More than a quarter (28%) of respondents rated services for Veterans and their families as an impact of the MHSA.

Finding 3. Survey responses indicated that mental health staff are better trained and more culturally competent because of the MHSA.

More than a third (35%) of respondents reported that the increase in cultural competence among behavioral health staff was a significant change. The level of staff training to provide high quality services was also mentioned by more than one-quarter (26%) of respondents.

Finding 4. Survey respondents indicated that there is increased collaboration and coordination between mental health service providers.

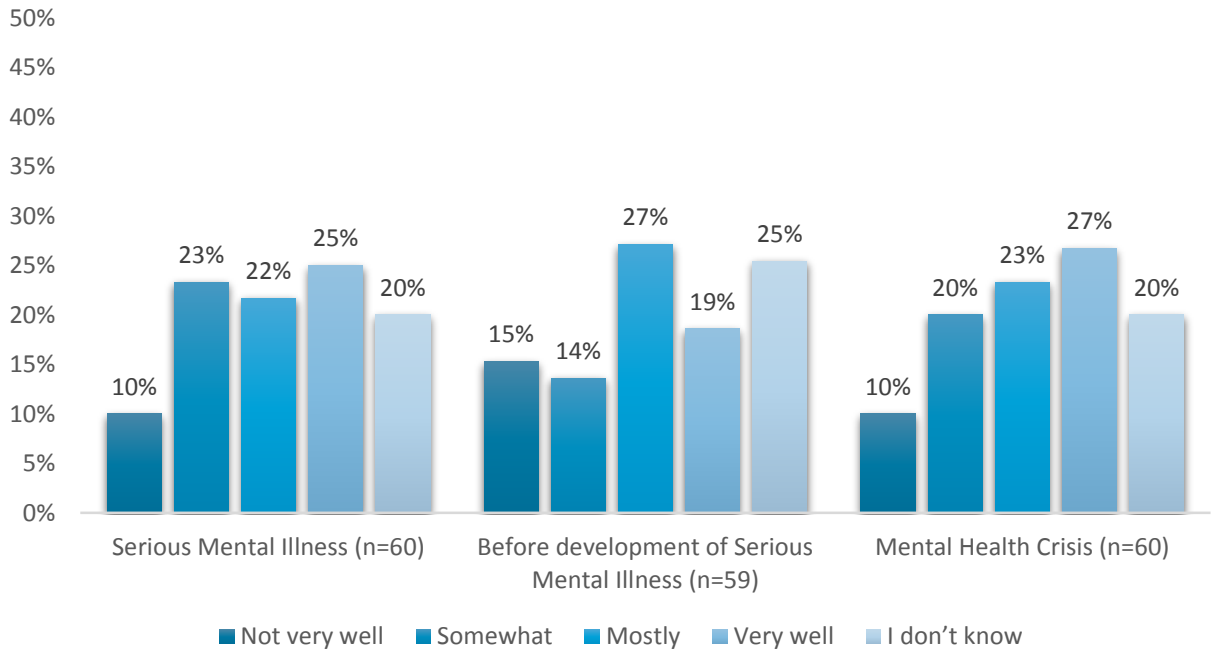
An increase in the level of collaboration or coordination among agencies was one of the most commonly mentioned positive changes as indicated by more than half (53%) of respondents.

Mental Health Services in Kings County

The key findings presented in this section relate to services available for people with serious mental illness (SMI), those experiencing a mental health crisis, and those at risk of developing a serious mental illness. The community needs assessment survey asked respondents how well MHSA-funded services meet the needs of each consumer category.

Figure 8 shows how survey respondents rated each service category. While at least 60% of survey respondents reported that services in each category meet the mental health needs in the County at least "somewhat" well, a significant portion of respondents indicated that they did not know how well current services meet the County's mental health needs, and focus group participants and key informants identified a number of specific mental health service needs.

Figure 8: How well do MHSA-funded services meet the Mental Health needs in the County?



Stakeholders also identified the types and availability of mental health services in Kings County. The services most consistently identified by focus group participants and key informants were the counseling and crisis services available through Kings View and Behavioral Health. Stakeholders also highlighted a number of services in the County as being particularly valuable including:

- Wraparound services for children provided by Family Builders
- Dialectical Behavioral Therapy (DBT) available through Kings View
- Parent Child Interactive Therapy (PCIT) and PCIT training for trainers provided by Kings County Behavioral Health.

Stakeholders also expressed that Family Resource Centers (FRC) have increased the engagement of underserved rural communities in services and highlighted the consumer-driven support groups for adult consumers at Oak Wellness Center as particularly safe and empowering.

Findings:

Finding 5. Stakeholders highlighted the value of various mental health services and expressed a need for increased access to consistent services for all County residents.

> *"A lot of services are out of town and this community doesn't have a way to get over there. We have to miss a whole day of work to have one appointment."*
> *-Avenal Community Member*

Focus group participants and key informants from all stakeholder groups were generally able to identify some mental health services that were positively impacting County residents with mental healthcare needs, such as the previously mentioned support groups at the Oak Wellness Center, wraparound services for youth, and increased access to services for outlying communities at FRCs. However, across the board, stakeholders emphasized the importance of increasing access to, and awareness of, mental health services for County residents.

Consumers, family members, and providers all reported that people in need of services are not always able to access appropriate services due to a lack of availability to provide services when and where County residents are able to access them. Stakeholders expressed that while most services are located in Hanford, a large proportion of the population living in the outlying communities have difficulty accessing those services, and that services available in outlying communities were often not available at times when people needed them, such as outside of business hours.

Consumers and service providers both indicated that people in need of mental health services are often unaware of the services available or unclear about eligibility and insurance coverage for mental health services. While significant KCBH resources have been expensed on outreach, stakeholders expressed that more work is needed to spread the word to community members.

Stakeholders expressed a need for services that meet consumers "where they're at," including mobile services for outlying communities and in-home services for older adults with limited mobility. Providers expressed a need for community-based services in settings appropriate for various cultural and age groups.

Finding 6. All stakeholders emphasized the need for increased availability of professional clinical staff including psychiatrists, child psychiatrists, and licensed clinical social workers (LCSWs) that are reflective of the community being served.

> *"With Kings View, you're looking at having to go into the orientation piece and then assigned for an assessment and then after that it is at least 30 days. And even longer for children, we're looking at maybe 8 weeks for the individual to be seen."*
> *-Adult Consumer*

Many providers, consumers, and other stakeholders expressed concern that there are an insufficient number of mental health professionals to meet the need for mental health treatment in the County. Stakeholders indicated that the lack of mental health professionals was negatively impacting consumers'

ability to consistently and meaningfully engage in services. Stakeholders from all groups expressed that consumers often face long wait times between an initial assessment and appointments. Stakeholders expressed that wait times between assessments and appointments, particularly for psychiatric services at Kings View as prohibitive. Wait times for child psychiatric services was consistently highlighted as a barrier for parents attempting to access services for their children. Stakeholders also suggested that wait times were negatively impacting the ability for residents to access mandated services within required timeframes.

> *"The thing that concerns me was consistency. When I came here I needed a therapist, my therapist changed every few months. I was here for two years for DBT and I found I could not connect with anyone consistently."*
> *-Adult Consumer*

Further, consumers indicated that frequent staff turnover presents a significant barrier to consistent access to services as it takes consumers time to develop a trust-based relationship with a psychiatrist or clinician. Consumers explained that high provider turnover significantly impacts their ability to build relationships with providers, which hinders their successful participation in mental health services.

Many stakeholders indicated that the underlying issue driving high mental health professional turnover is that Kings County is not competitive regarding salaries and benefits for clinicians. KCBH staff and CBO providers spoke of the challenges of retaining qualified mental health clinicians and expressed the need for increased incentives for Kings County mental health providers. Providers and consumers also reported that over reliance on student interns, who are generally employed for 12 months, significantly contributes to the instability within the provider pool. High clinician turnover poses a challenge to providing a stable continuity of care for consumers.

Mental health staff that is bilingual/bicultural, or reflective of the populations being served in Kings County was also another specific request made by consumers and family members. In areas outside of Hanford, stakeholders suggested that there was inconsistent language access at Satellite Clinics or when seeking resources or referrals. Having mental health staff that is bilingual/bicultural was suggested to reduce the barriers to entering and accessing mental health services for those stakeholders.

Finding 7. Stakeholders identified a need to embed a culture of wellness, recovery, and resiliency throughout all mental health services available in Kings County.

Stakeholders identified a need for more client-focused mental health services with individualized treatment that empowers them to take a more active role in their recovery. Though adult consumers identified the consumer-driven and peer support services available at Oak Wellness Center as valuable, County mental health providers and consumers reported a need for more services that are geared towards consumer

> *"People need more encouragement to improve their lives. We don't have sufficient services that would encourage their lives."*
> *-Adult Consumer*

empowerment throughout the entire mental health system, including consumer-driven services, case management, and peer support services.

> *"Our case managers focus on people coming out of hospitalizations and crisis. We need to shift back to case managers for everyday consumers. Sometimes my therapy becomes case management, meeting basic needs and daily problem solving."*
> *-CBO Provider*

Stakeholders also expressed the need to motivate and encourage consumers to take an active role in treatment and become invested in their recovery by providing more opportunity for consumers to engage in activities that promote wellness. Additionally, consumers and family members expressed an eagerness to more fully participate in the planning, monitoring, and evaluation of mental health services.

Multiple stakeholder groups pointed to an overreliance on a singular intervention of medication as an impediment to achieving a wellness and recovery oriented mental health system of care as opposed to a medical model for managing mental illness.

Finding 8. Stakeholders expressed a need for services to assist consumers before the development of a serious mental illness.

A number of key informants and focus group participants, from consumers to service providers, expressed the need for services to prevent the development of serious mental illness. Consumers reported difficulty in accessing services for individuals whose mental health care needs do not meet the criteria for Serious Mental Illness (SMI). Stakeholders pointed to the limited capacity of case managers throughout the County to work with individuals without SMI as a major barrier for those individuals in accessing appropriate services. Stakeholders expressed that case managers could be an important aspect of SMI prevention, as many individuals who do not meet the criteria for SMI still need help navigating the system of services for which they are eligible, maintaining a medication plan, and meeting basic needs.

A number of stakeholders also identified a need for increased prevention and early intervention services, especially for school-age and transition age youth (TAY) consumers.

Finding 9. All stakeholders identified a need for a more enhanced continuum of crisis services, including services before, during, and after a mental health crisis event.

While focus group participants and key informants indicated that systematic follow-up of individuals after a crisis does occur, stakeholders expressed a need for expanded crisis response services, particularly in the outlying communities. Trained mental health service providers accompanying law enforcement on crisis calls was identified as a critical need.

> *"Like other counties, we need to have a mobile crisis service with people who are trained to do triage and assessment. It saves so much money on ER costs and jail costs. A crisis team could determine if it's really a crisis."*
> *-KCBH Staff*

In addition to the need for enhanced crisis response, providers, consumers, and KCBH staff identified the need for increased capacity to serve individuals during a mental health crisis event. For individuals admitted on an involuntary hold, the County lacks inpatient beds for consumers to recover and must be placed out-of-County. In addition to the lack of in-County crisis beds, Kings County also lacks a psychiatric emergency department to triage mental health specific emergencies. As a result, some persons experiencing a mental health crisis are sometimes transported to out-of-County psychiatric emergency departments, some as far away as the Bay Area.

KCBH currently funds a Crisis Stabilization (CS) Team to respond to individuals who present to the local emergency room for a mental health crisis. The CS Team provides systematic follow up, support, and linkages into care. Stakeholders in the Needs Assessment consistently reported that the CS Team is a strength of the crisis services offered within the County. In addition to the CS Team, stakeholders suggested the need for a place for respite and services that would help reduce the risk of another crisis event from occurring in the future.

Finding 10. Key informants and Focus Group Participants expressed a need for family-focused and culturally appropriate services and supports delivered by mental health workers reflective of the populations being served.

When asked to identify services that are necessary in the County, stakeholders pointed to the need for family-focused and culturally responsive services and supports, particularly for parents of school-aged children, those living in outlying communities, and consumers from Latino and monolingual Spanish speaking communities.

Focus group participants from outlying communities with a pre-dominantly monolingual Spanish-speaking population expressed the need to offer parenting classes and groups where peers can discuss issues and learn from each other. Additionally, stakeholders from non-dominant cultures suggested that increasing the provision of culturally and linguistically appropriate services is necessary. Stakeholders suggested a significant component to providing culturally and linguistically competent services is prioritizing the hiring and training of mental health workers that are bicultural/bilingual or reflective of the populations they serve.

A common theme that emerged from stakeholder groups was the need to provide mental health services that are non-stigmatizing and non-alienating to groups with limited previous experience with the mental health system, or groups who have different cultural understanding of mental health services. Stakeholders also expressed the need to co-locate mental health services with physical health services.

Unserved and Underserved Populations

Kings County has made substantial efforts to improve services for populations across cultural and linguistic groups, age groups, and geographic areas since the MHSA passed in 2004. Stakeholders consistently highlighted the importance of Family Resource Centers (FRC) and Kings View satellite clinics as important steps towards providing more comprehensive mental health services outside the County's main population center. Key informants noted that significant improvements have been made in access to school-based services for children and youth, and many providers and consumers specifically highlighted the County's effort to provide treatment through the collaborative justice treatment court model.

Focus group participants, key informants, and survey respondents were asked to identify populations in the County who are most underserved and those who are most at risk. The findings in this section reflect their responses.

Findings:

Finding 11. Many stakeholders felt that there are limited services for consumers with mild to moderate mental illness to prevent their illness from rising in severity or to assist consumers who are in a more advance state of recovery.

Behavioral Health Advisory Board members, services providers, consumers, and family members all stressed the importance of providing more early prevention services to individuals at risk of developing a serious mental illness. Several providers and KCBH staff specified a need for increased services for individuals with mild to moderate mental illness, not currently in crisis, or in an advanced stage of recovery, but still in need of treatment or support services to maintain their level of recovery.

Both consumers and providers described the need for the provision of services to homeless adults with co-occurring disorders as there is limited capacity in Kings County to outreach and engage this population. Stakeholders also noted the need for more prevention and early intervention services for school age youth and TAY with mild or moderate mental illness or who have certain risk factors such as truancy, affiliation with gangs, or interaction with the juvenile justice system.

Providers, community members, and consumers expressed concern about older adults, especially those living alone, and the need for better outreach and prevention services for this population. Similarly, stakeholders, especially CBO providers, noted that there is limited outreach and support for older adults and their caregivers. Stakeholders with knowledge of this population felt outreach and engagement is particularly difficult due to high levels of depression, isolation, and stigma about mental illness among this population.

Finding 12. Stakeholders identified populations living in outlying communities as underserved.

Nearly all consumers, providers, and Behavioral Health Advisory Board members identified populations living in rural and outlying communities as underserved. When specific survey responses are combined, outlying communities account for ninety-two percent (92%) of all responses relating to the geography of underserved populations. Table 9 provides a list of the most underserved communities as ranked by survey respondents, which is consistent with the views expressed in focus groups and interviews.

Table 9. Top 11 underserved communities from the needs assessment survey

Unserved and Underserved Communities	% of total (n=36)
Avenal	50%
Kettleman City	36%
Corcoran	33%
Stratford	33%
Armona	31%
Hanford – Southside	28%
Santa Rosa Rancheria	25%
Home Garden Old/New	19%
Lemoore	17%
Laton	14%
Riverdale	14%

Although stakeholders noted that some services, such as counseling and classes, are available at family resource centers (FRC), primary care clinics, and satellite mental health clinics; they also described how long wait times for appointments, lack of meeting space, inconsistent hours of operation, and an insufficient number of providers are common issues that make services at these locations less accessible.

Focus groups also noted a major gap in crisis intervention services for communities outside of Hanford. They noted that as a result local law enforcement generally responds to mental health crises in these communities and suggested more investment in mobile crisis services and after-hours services in outlying areas as a way to provide increased supports for people in crisis.

Survey respondents identified Avenal, Corcoran, and Kettleman City/Stratford as the most underserved communities in the County. Stakeholders participating in focus groups in these locations identified unique community mental health needs that are unaddressed by the services that are currently available:

❖ **Avenal**

Parents, community leaders, consumers, and public servants in Avenal stressed a need for more services to engage youth and TAY. Stakeholders noted that youth have minimal employment opportunities and limited positive outlets. They felt there is a need for services that provide mentoring, psycho-social support, and career path development for youth and TAY populations. Avenal stakeholders also mentioned that there are satellite mental health locations provided by Kings View in Avenal, but the hours are inconsistent and community members are often unaware they exist.

"Youth are starving for role models and successful opportunities… if we can intervene and get them on the right path then the opportunity for success is greater."
-Avenal Community Member

❖ **Corcoran**

Stakeholders and focus group participants stressed the need for more centrally located services such as individual and family therapy and support groups. Community members and providers identified a gap in services for parents with children over 5 as a priority need for the community. They went further to describe a need for parent engagement through parenting classes and mental health first aid training as well as targeted outreach in which mental health issues are framed as "family wellness."

"There is not a specific place [in Corcoran] to deal with mental health issues…and it is really needed."
-Corcoran Community Member

Stakeholders also noted that there is a lack of awareness and education around mental health issues and a high level of community stigma. To that point, fear and distrust of County and government health and mental health services, especially among undocumented populations, contributes to disparities in access among the Corcoran community.

❖ **Kettleman City/Stratford**

Stakeholders identified Kettleman City/Stratford as areas underserved by County mental health services. Stakeholders from the area were especially concerned that there are limited positive outlets for youth and TAY. They recommended recreation and wellness programs and services to address aggressive and risky behavior among teenagers.

> *"The men and fathers don't want to participate [in marriage and family classes], they are not willing especially around "girls" stuff. They get offended if they are asked to talk about their problems and their family problems."*
> *-Kettleman City Community Member*

Community members also mentioned a need for parenting classes, and culturally appropriate in-home outreach and engagement. To that point, community members mentioned that fathers and males were difficult to engage with family counseling and they stressed the need for services aimed at engaging them. Stakeholders also identified a need for in-home services and support for older adults.

Finding 13. Stakeholders identified specific age or demographic groups as being unserved and underserved.

In addition to underserved groups by geography, focus groups, key informants, and the survey revealed several underserved demographic groups in Kings County. Table 10 below summarizes all underserved groups or populations as identified by survey respondents.

Table 10. Top 10 unserved or underserved population from the needs assessment survey

Unserved or Underserved Populations	% of total (*n* = 49)
Persons experiencing homelessness	47%
Persons with limited English proficiency (LEP)	33%
Transition Age Youth (ages 16-25)	27%
School-age Children	25%
Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (LGBTIQQ)	23%
Older Adults (ages 60+)	20%
Tachi-Yokut Tribe	20%
Persons experiencing a mental health crisis	20%
Persons with co-occurring mental health and substance use disorders	20%
Persons who have Medicare or both Medicare and Medi-Cal	18%

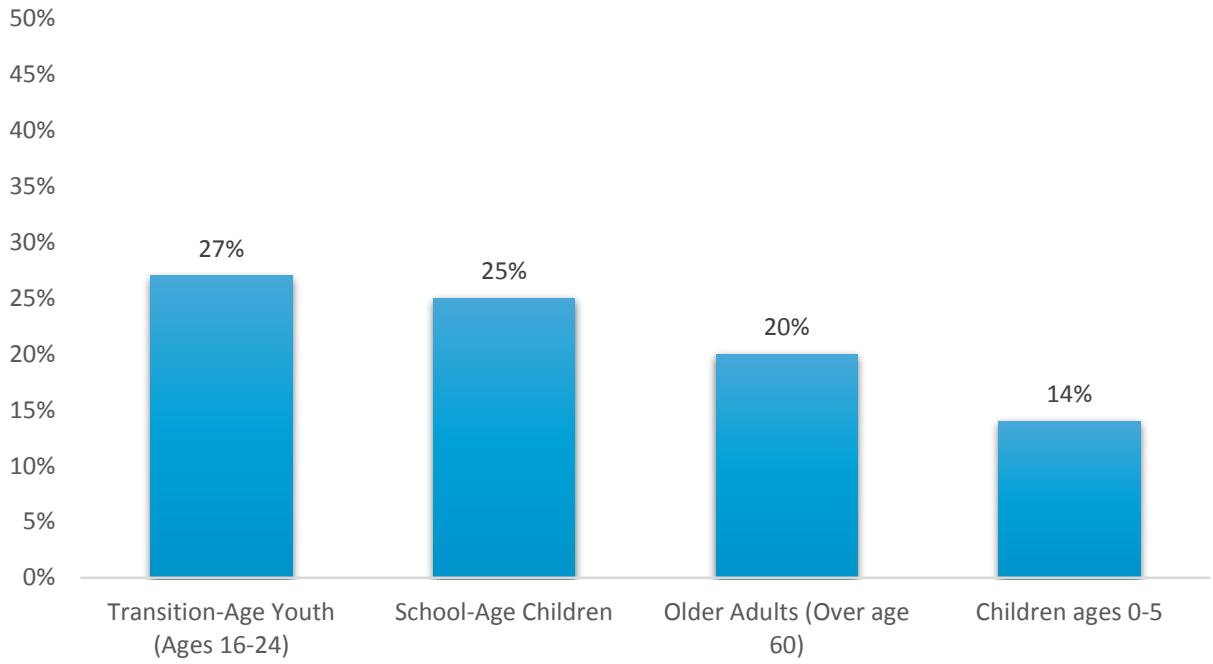
Stakeholders participating in focus groups and interviews identified demographic groups they perceived as being underserved by age, race/ethnicity, mental health status, and other categories, and provided specific feedback regarding the needs of these identified groups. Demographic groups perceived by County stakeholders as being the most in need of services are:

- School Age, Transitional Age Youth, Older Adults
- Monolingual Spanish-speakers and Hispanic/Latino population, people with limited English proficiency (LEP)
- African American and Tachi-Yokut Population, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning individuals (LGBTIQQ)

- Persons experiencing homelessness, people with co-occurring disorders, Veterans, formerly incarcerated individuals

Focus group participants and key informants across multiple stakeholder groups identified children and youth, particularly school-age children and TAY, as being underserved. Survey respondents identified TAY and school-age children as the largest proportion of underserved groups in the County. Stakeholders reported that children and TAY generally have access to services when they're in school or custody, however many stakeholders expressed the need for a wider continuum of care across age groups and/or transitions between institutions. Stakeholders also identified adults over age 65 as being in need of services while 20% of survey respondents identified this group. Figure 9 shows the percentage of community needs assessment survey respondents that identified a specific age group as underserved.

Figure 9. Percentage identifying age groups as underserved (n=49)



- **School-Age Youth Population**

School-based services and services for children over age 5 have significantly expanded and improved with implementation of MHSA. Additionally, many stakeholders pointed to the summer camp provided by Kings View as an invaluable resource that fills the summertime service gap.

Stakeholders expressed that school-age children between the ages of 6 and 13 currently face many barriers to accessing mental health services and that prevention and early intervention services aimed at this particular

"If our young people are not at school where do they go for help? We have recreation centers but you have to have a car to get there."
-Avenal Community Member

population are important for prevention and management of serious mental illness in later stages of life. Many stakeholders expressed concern for the middle school age group in particular. Stakeholders from all groups highlighted the need for prevention and diversion activities to keep children in this age group active, engaged, and away from drug use or other at-risk behaviors. Parents and community members highlighted the need for after school youth engagement activities like sports.

Parents, providers and other stakeholders also expressed that there is not an adequate supply of clinicians with child-focused expertise to meet the demand in the County. Parents and other consumer groups also expressed concern about the lack of child friendly service delivery locations in the County and expressed the need for a children's mental health clinic.

Stakeholders from the education system, as well as mental health service providers, indicated that teachers needed training in how to recognize potential mental health needs and refer children to appropriate services. Parents of school-aged children also expressed a desire for more accessible services for their children, especially the provision of school-based services for Severely Emotionally Disturbed (SED) children and school-based therapists.

> *"If the service a child is getting at school isn't continuing at home it is hard to make a difference. We know the kids are ok at the school and we want to know that when they go home it's continuing. If we have services for kids, we need to have parent education because the children look up to the parents."*
> *-Avenal Community Member*

Service providers pointed to a lack of parent education and awareness around children's mental health needs. Service providers expressed concern that services received by a child during the school day should be supplemented by appropriate mental health services for the whole family to ensure continuity of behavior and expectations between school and home life. Stakeholders expressed the need for support groups for parents of school-age children to discuss child development and common behavior issues that they face.

Parents of school-aged children reported that screenings and assessments for children living in the outlying areas of the County are needed. Many stakeholders reported that while some mental health services may be provided in those outlying communities, initial assessments must be conducted in Hanford. Parents and service providers agreed that this presents a barrier to service initiation and contributes to the gap in services accessed by this population.

❖ **Transition Age Youth (TAY) Population**

A number of consumers and providers noted that TAY are underserved within the County mental health system. Stakeholders expressed concern that TAY are not accessing services and that they are a particularly difficult population to engage in services.

Providers and other County stakeholders pointed to a need for increased capacity to serve TAY with co-occurring mental health and substance abuse disorders and consistently expressed the need for housing support for TAY with serious mental illness. Stakeholders also identified the need for independent living skills training and other adult transition supports. Providers expressed concern that there are not adequate services to help TAY make the transition successfully into the workforce or college. Most of the kids don't have anyone to guide the way and do linkages and transitions.

> *"I just don't see them [TAY]. I don't see them on caseloads. It's a difficult population to reach."*
> *-CBO Provider*

> *"Reentry juveniles are the most underserved, specifically in the outlying areas Corcoran, Kettleman City, and Avenal. They don't have any kind of consistency of services."*
> *-CBO Provider*

Alternative wellness and recreation activities as well as the engagement of mentors and positive role models were highlighted as a need for this population—particularly for youth residing in the outlying areas. Similarly, outlying community members expressed a need for improved engagement and resources for youth in their communities.

A number of criminal justice stakeholders identified criminal justice-involved youth as a subset of particular need within the TAY population, highlighting the need for services that bridge the gap between services received in custody and services available after release.

❖ **Older Adults**

Stakeholders were able to identify a number of strengths in the services provided to this population, specifically the SAFE program and services provided by the Kings County Commission on Aging. Many service providers identified older adults as a particularly hard to reach population and older adult consumers and service providers expressed a need for increased engagement and outreach services for this population. Older adults may be unwilling to access traditional mental health services due to cultural differences and the stigmatization of mental health. Further, providers of services for older adults reported that seniors often experience difficulty with the transition to Medicare and may be unaware of how to access services.

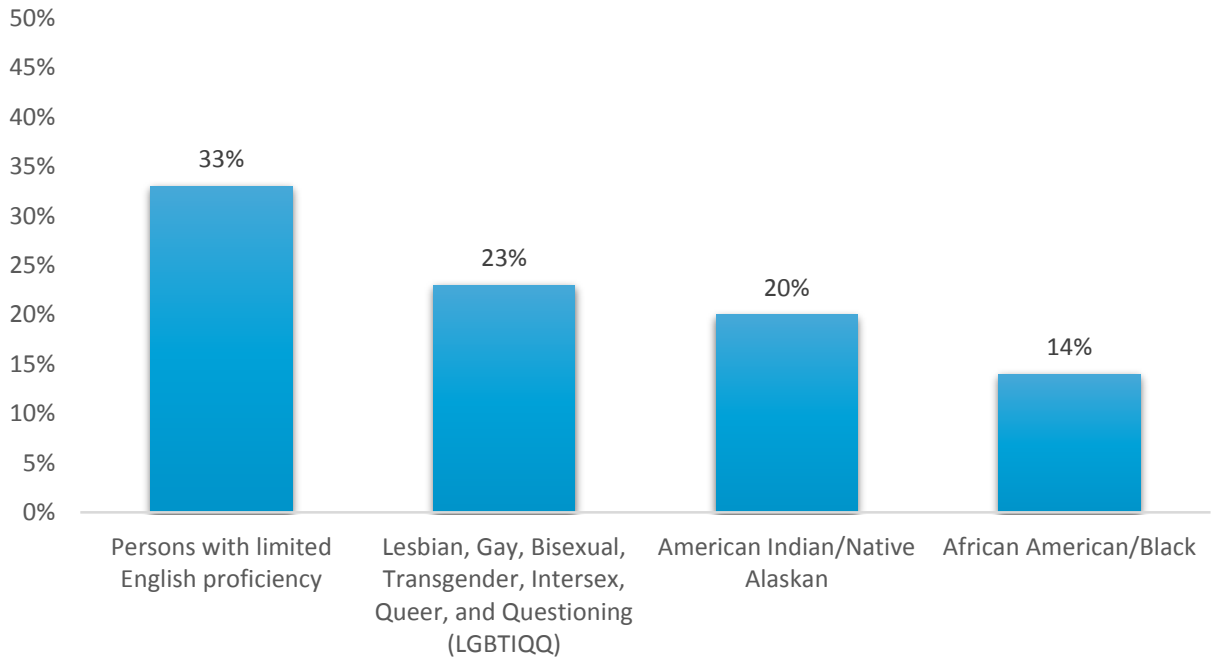
> *"People become isolated and are not willing to do anything about it. They struggle with depression but they are not willing to go to get services or talk about their feelings. It would really benefit them if a provider would come here and meet with them in their house and do sessions with them."*
> *-Provider of Older Adult Services*

> *"There is a lot of stigma in the community. People are not willing to talk about it or ask for help."*
> *-Provider of Older Adult Services*

Within the older adult population, depression stemming from isolation is common. Service providers and older adult consumers highlighted the need for social supports and peer programs for seniors experiencing isolation and/or depression. Similarly, stakeholders highlighted the particular importance of in-home outreach and in-home support and therapy services for this population. Stakeholders also identified the need for supports and respite services for caregivers of older adults.

Survey respondents also identified several different groups of people from non-dominant cultures, across multiple demographic categories, as being unserved, underserved, or inappropriately served. Across the board, stakeholders participating in focus groups, interviews, and surveys identified County residents with limited English proficiency (LEP) as being underserved: thirty three percent (33%) of survey respondents indicated that persons with LEP were underserved, and focus group participants and key informants identified the monolingual Spanish-speaking community as a population of particular interest. Similarly, 10% of survey respondents indicated that the Hispanic/Latino population in the County is currently underserved. Other demographic groups identified as underserved include African Americans, American Indian (specifically Tachi-Yokut) and persons identifying as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (LGBTIQQ). Figure 10 shows the demographic groups identified as underserved by survey respondents.

Figure 10: Demographic groups identified as underserved by survey respondents (n=49)



❖ **Monolingual Spanish-speakers, Hispanic/Latino population, and persons with limited English proficiency (LEP)**

Stakeholders highlighted a number of specific concerns related to the Monolingual Spanish-speaking and Hispanic/Latino population in the County, particularly those living in the outlying communities. Stakeholders identified a reluctance among this population to access available mental health services and the need for more culturally appropriate services to more actively engage this population in the provision of mental health services.

> *"The Hispanic community says "no estoy loco," they think it's for extreme situations. Once they see it's the same agency providing services for other things they can begin to see that it's more normal. The services need to be varied and co-located with other stuff."*
> *-Avenal Community Member*

Stakeholders from this population identified a number of service needs, including parenting supports to help understand a child's social, emotional, and cognitive development. Additionally, stakeholders pointed to the need for support groups framed around parenting, spousal support, or mutual aid to engage this population in mental health services.

> *"We don't have the culture of agencies, services, or mental health. There are many services in this county but people in our community don't take advantage of them because of the lack of information and knowledge."*
> *-Avenal Community Leader*

Focus group participants emphasized the need for more accessible information and education about mental health services in the County, as well as a need to increase this community's understanding of mental health and what it is. Outreach and engagement to this population should be culturally competent and targeted directly to this group. Some stakeholders communicated a need for the integration of mental health services into primary care services.

Across the board, stakeholders expressed the need for expanded language capacity within existing mental health services to better serve consumers with limited English proficiency (LEP), and 33% of survey respondents indicated that consumers with LEP are underserved.

❖ **African Americans**

Stakeholders identified the African American population in the County as being underserved or inappropriately served. Service providers indicated that members of the African American community are being missed in outreach efforts and that distrust of County agencies has significantly impeded this community's receipt of services.

"The African American community doesn't want to go get services because they don't trust them. I've seen it in Tulare County too, they don't get help until jail or juvenile hall."
-CBO Provider

Stakeholders identified a need for services that are culturally relevant, specific to this population, and accessible in safe spaces, like community centers, where community members gather. Stakeholders also highlighted the importance of engaging religious and faith-based leaders and organizations in the County to better serve the African American population.

❖ **Tachi-Yokut**

Several stakeholders from the Tachi-Yokut population expressed that the Circle of the Horse equine therapy program has been valuable to the community, however also highlighted service needs of this population that are not being met.

Particular issues within this group identified by stakeholders are services for individuals with co-occurring mental health and substance abuse disorders, particularly the ability to diagnose these issues within the community.

"Services on the reservation would be the top priority, where our community could access a service and feel comfortable and say they had a good experience."
-Key Informant

Stakeholders also pointed to the lack of services located within the Santa Rosa Rancheria and voiced the reluctance of many in the community to seek outside services. A key informant expressed that the historical trauma of this community prevents many individuals from seeking government services. There is a need to develop mental health professionals and other service providers who are from the community. The need for services that address the particular cultural experience of this group were also highlighted.

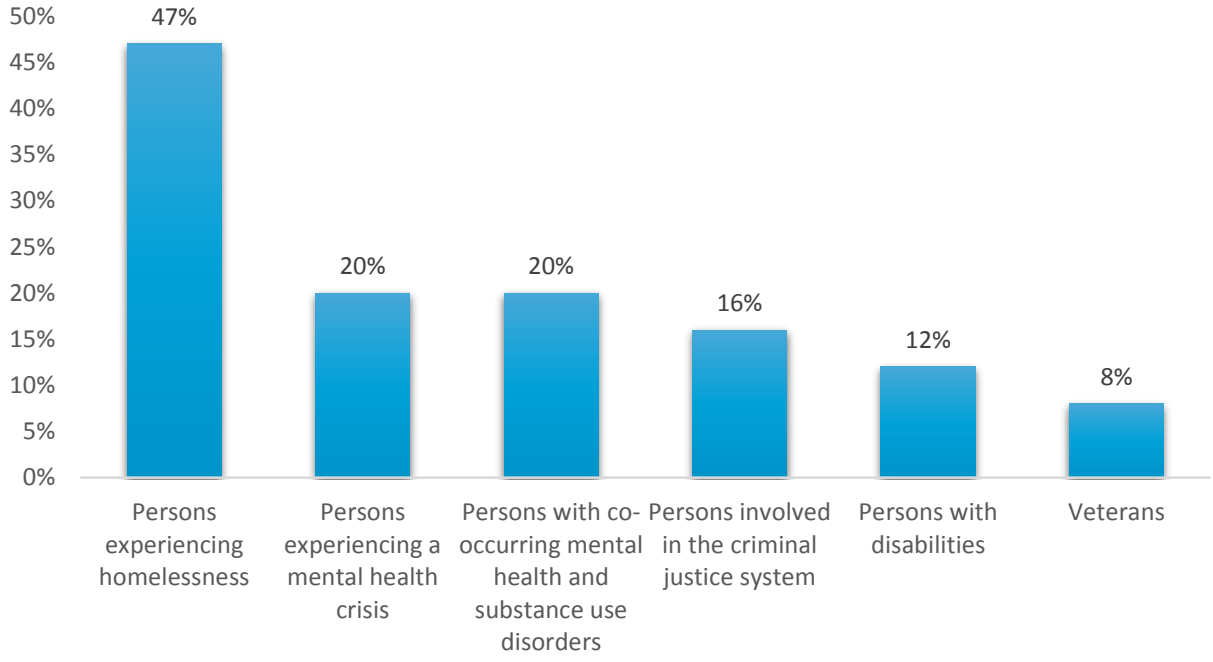
❖ **Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (LGBTIQQ)**

While the LGBTIQQ population was not extensively mentioned or discussed among focus group participants, 23% of survey respondents indicated that this population is currently underserved in the County. A number of individual survey respondents specifically mentioned the LGBTIQQ population

as being in need of services and one youth provider reported that a number of mental health service providers have attended an LGBTIQQ cultural competency training.

Additionally, survey respondents identified a number of categories of consumers within the general adult population as being unserved or underserved including persons experiencing homelessness, people with co-occurring substance abuse and mental health disorders, Veterans, and the formerly incarcerated. Figure 11 shows the additional groups identified by survey respondents as unserved or underserved.

Figure 11. Other groups identified as underserved by survey respondents (n=49)



"We could do a better job with the homeless population. I know we do a lot of work with that. However the sense I get from service providers is there is more we can do to bring services to the homeless population. I think we need to provide a model that is more open."
-County Stakeholder

❖ **Persons experiencing homelessness**

Nearly half (47%) of survey respondents identified persons experiencing homelessness as being unserved or underserved, the largest proportion of any consumer category. Similarly, focus group participants and key informants consistently recognized the service needs of this population.

Service providers and County staff explained that homeless individuals are among the hardest to reach consumers in the County and face many challenges and barriers that impede their receipt of mental health services. Many stakeholders expressed that mental

health needs among this population are great, but as individuals experiencing homelessness struggle to meet their most basic needs, engaging in mental health services is not always possible. Stakeholders communicated that increased outreach and engagement services targeted to this population are needed. While stakeholders expressed that housing supports and services in the County have improved, key informants identified a lack of stable or transitional housing as well as a lack of short-term shelter beds in the County.

❖ **Persons with co-occurring disorders**

Key informants and focus group participants from law enforcement, County agencies, and County mental health services, expressed concern that there are few treatment options available for individuals with co-occurring disorders. Twenty percent (20%) of survey respondents similarly indicated that this group is underserved in the County. Further, stakeholders explained that many individuals with co-occurring disorders remain unserved or unidentified due to a lack of capacity within the County to diagnose this condition.

"From a law enforcement perspective, the folks that we deal with are narcotics or alcohol related. They are an immediate situation, the stop gap is to take them to jail."
-Law Enforcement Stakeholder

❖ **Veterans**

"Our Veterans right now, we have to do something with the wives and the families. We are destroying the concept of the family by not helping them all. What are we going to do about these people? That is a very important thing to deal with"
-Veteran Stakeholder

Stakeholders recognized that the County has made many significant improvements in outreach and service provision and coordination to Veterans. Participants of the Veterans' focus group and other key informants recognized that a continuum of care for Veterans exists within the County with services available from the Veteran's Administration, KCBH, and San Joaquin Valley Vets. Additionally, stakeholders identified the newly created Veterans' Court as a significant addition to the services available for this population.

Though only 8% of survey respondents indicated that this group is currently underserved, service providers, Veterans, and other community stakeholders consistently expressed that veterans in the County are in need of additional services and have specific service needs.

Stakeholders reported that the County's capacity to provide therapy and counseling services specifically addressing Post-Traumatic Stress Disorder (PTSD) and related conditions needs to increase. Veterans expressed concern over the prevalence of domestic violence among the Veteran population in the County and indicated that services addressing this issue should be provided.

Stakeholders also stated that services to Veterans in outlying communities need to be expanded, particularly in Lemoore and to homeless Veterans.

❖ **Persons involved in the criminal justice system/formerly incarcerated**

Sixteen percent (16%) of survey respondents reported that persons involved with the criminal justice system and formerly incarcerated individuals are currently underserved in the County.

Service providers and law enforcement stakeholders expressed a need for an increase in services for the County's criminal justice-involved and formerly incarcerated individuals. Stakeholders explained that while individuals have access to services while incarcerated, there is generally a service gap experienced immediately after release. Service providers expressed a desire to work with law enforcement officials to collaborate on service transition planning for individuals being released from prison.

> *"We have quite a few offenders coming directly out of incarceration and there is generally a very large gap during which they are un-medicated and not getting services. It's really difficult for our guys coming out who are used to seeing clinicians inside."*
> *-Justice System Stakeholder*

Access to Mental Health Services

Stakeholders highlighted a number of efforts the KCBH has made to increase access to mental health services and supports. Parents, consumers, and providers described an increase in access to services for children and TAY through school-based services. Stakeholders spoke highly of the Collaborative Justice Court in providing mental health services to severely mentally ill offenders and retaining them in services. Stakeholders also noted that the Collaborative Justice Treatment Court has increased communication and coordination between KCBH and the court, which has in turn made services more accessible.

Consumers and providers noted that the Oak Wellness Center is open seven days a week and offers a safe and accessible space for consumers to participate in peer-driven activities and supports. Consumers highlighted peer mentoring at the Oak Wellness Center as a particularly effective practice to increase access to services and supports.

Findings

Stakeholders were asked to identify and describe existing challenges to access in order to improve the County's efforts to meet the needs of all residents. Highlighted findings are presented below, broken down by barriers to accessing mental health services; barriers to ongoing access of programs, services, and supports; and barriers to a continuity of care.

Survey respondents reported that barriers to ongoing access to the mental health system and barriers to entering the mental health system prohibit consumers from accessing services and supports. Stakeholders in focus groups and interviews reported similar barriers and provided greater details relating to impacts

that barriers have on the overall wellness and recovery of consumers and family members as well as the ability of providers to provide recovery-oriented services and supports.

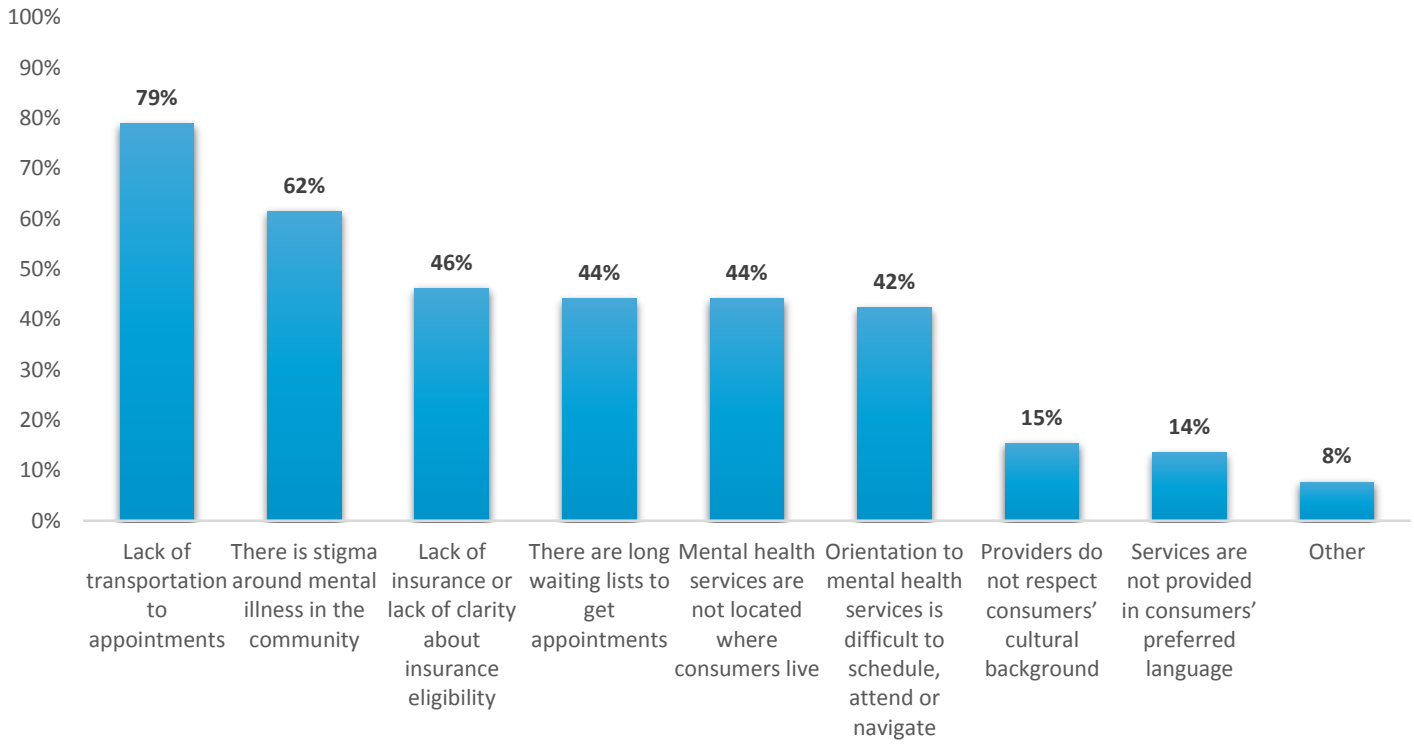
Finding 14. Survey respondents identified lack of transportation, stigma around mental illness in the community, and lack of insurance or clarity about insurance as the three most significant barriers to accessing mental health services in Kings County.

Survey respondents were asked to rate the most significant barriers to receiving mental health services. The top three barriers to mental health services according to the survey are:

1. Lack of transportation to appointments
2. Stigma around mental illness in the community
3. Lack of insurance or lack of clarity about insurance

Figure 12 provides all the barriers to receiving mental health services that were rated by survey respondents.

Figure 12. Barriers to receiving mental health services by survey respondents (n = 57)



In the following section of this report, stakeholder feedback from focus groups and interviews provides context to the barriers identified in the community needs assessment survey. Stakeholders described various ways that these barriers impacted the ability of community members to enter the mental health system, access ongoing services, and the experience of a continuous system of care.

Barriers to Entering the Mental Health System

Finding 15. There is a lack of information, knowledge, and understanding about current services for both consumers and services providers.

Stakeholders stressed that a major barrier to accessing mental health services is the lack of information about current services for consumers and service providers. Stakeholders also expressed frustration that there was not a central location, such as multi-service center, that provides information on all services.

> *"There needs to be more education to the public as to what is available. Make the public aware through better marketing and outreach about what kinds of services they can access."*
> *-School-based Provider*

Stakeholders stressed the need for more education and information on mental health issues and the services in outlying communities. Providers from CBOs, faith based organizations, and Veteran's organizations expressed similar concerns that they receive limited information on mental health services or educational resources and, as a result, have limited capacity to assist their community members. Stakeholders stated that training should be provided to non-mental health providers such as law enforcement personnel, teachers, and parents, on how to identify mental health needs, mental health resources available, how to access them, and how to interact with consumers. Several provider and government agency stakeholders specifically mentioned mental health first aid training for school faculty and staff. Law enforcement stakeholders expressed their desire to direct community members with mental health needs to appropriate services, rather than continuing a cycle of arrest for behavioral problems.

Despite a reported lack of information about mental health services, stakeholders were eager to gain information on the mental health systems in Kings County. Many stakeholders came to focus groups to gain information on current mental health services in Kings County.

Some stakeholders acknowledged that 2-1-1, both the hotline and website, provides information about mental health services; however other stakeholders countered that 2-1-1 is mostly used for rental assistance and that community members often don't know what to use 2-1-1 is for.

> *"One of my biggest hurdles has been I don't know enough about mental health issues to offer supports."*
> *-Faith-Based Organization Leader*

Finding 16. Stigma, lack of trust, and low expectations for recovery among specific populations prevent individuals from seeking help when they need it.

> *"They stop coming to services and we close cases. The stigma piece comes not so much from acknowledging the issue, it comes from walking through the door …that is the issue."*
> *-Community-based Provider*

Nearly all stakeholders identified stigma and negative cultural attitudes towards individuals who need mental health services—especially among Spanish-speaking and Tachi-Yokut population—as a major barrier to receiving mental health services. Stigma was identified by stakeholders as a barrier to entry into services, access to ongoing services, and a continuation of care. Stigma around mental illness was one of the top barriers to access selected by nearly two-thirds (62%) of survey respondents.

Stakeholders also identified a pervasive lack of trust in the mental health system among specific groups and cultural communities such as undocumented populations, Latinos, African Americans, and the Tachi-Yokut community. Consumers and family members also described mistrust in specific mental health providers and the mental health system at large.

Finding 17. There are insufficient resources for law enforcement to provide appropriate response during crisis events.

Community members, providers, and law enforcement representatives identified the limited resources of law enforcement to provide crisis response as a barrier for accessing services. In outlying areas especially, stakeholders noted that law enforcement is often charged with being the first responder to a mental health crisis but has limited capacity beyond detainment to deescalate a crisis. Law enforcement stakeholders did acknowledge that mental health first aid training has been helpful in equipping officers with more information about mental health symptoms and issues. Law enforcement stakeholders, providers, and community members all emphasized the need for more mental health training for officers and stronger partnerships between mental health service providers and the criminal justice departments in Kings County as ways to increase resources for law enforcement to respond appropriately to mental health crisis events.

Barriers to Ongoing Access to the Mental Health System

Finding 18. Lack of consistently available services outside of Hanford during times preferred by local populations.

> *"Services need to be brought here at later times. Services are only provided in town during business hours when people work…so they don't take advantage of the program, so the program leaves."*
> *-Avenal Community Member*

Stakeholders identified that a lack of consistently available services outside of Hanford during times preferred by local populations as a barrier to ongoing access to mental health services. Both providers and consumers noted that most mental health services are only available from 8:00am to 5:00pm Monday through Friday. Outlying communities are comprised largely of agricultural workers who are in the fields during the day and unable to go to an appointment if it is scheduled during working hours as it means having to miss work. Stakeholders noted that services are provided in satellite clinics in outlying areas, however, stakeholders described the clinic hours as inconsistent and were unsure what the operating hours were or if the clinics were still in operation. Stakeholders recommended having regularly operating clinics in outlying communities that offer more flexible hours as a way to increase ongoing access. Some stakeholders from outlying communities suggested using FRCs as a location to offer services outside of regular business hours.

Finding 19. Lack of efficient transportation for outlying communities to and from Hanford and the Oak Wellness Center.

> *"We are 45 miles away [from Hanford] and we deserve services here. We shouldn't have to go to Hanford for it. Services should be brought here with a high quality."*
> *-Avenal Community Member*

Stakeholders identified inefficient transportation options for outlying communities to and from Hanford as a barrier to ongoing access to the mental health system. For community members who rely on public transportation, there are limited and inefficient options. Stakeholders from outlying communities described having to miss a day of work in order to go to a single appointment in Hanford. Stakeholders recommended that regular services and supports be offered in outlying areas during times preferred by the local population.

Finding 20. Provider shortages and high rates of turnover negatively impacts the provision of consistent mental health services.

Stakeholders identified provider shortages and turnover as barriers to ongoing access to mental health services. Consumers and providers described how shortages of mental health providers, especially licensed professionals, created long wait times, and long intervals between appointments made it difficult to access services when they needed them.

Consumers and providers also noted that high rates of staff turnover, especially among interns, is a barrier to ongoing access to mental health services. Consumers went further and described an over-reliance by

> *"I don't have a regular counselor. I only see student [interns] and they change often. I see the psychiatrist about once every 6 months. It's nice when you have a person you can come to regularly to talk to."*
> *-Adult Consumer*

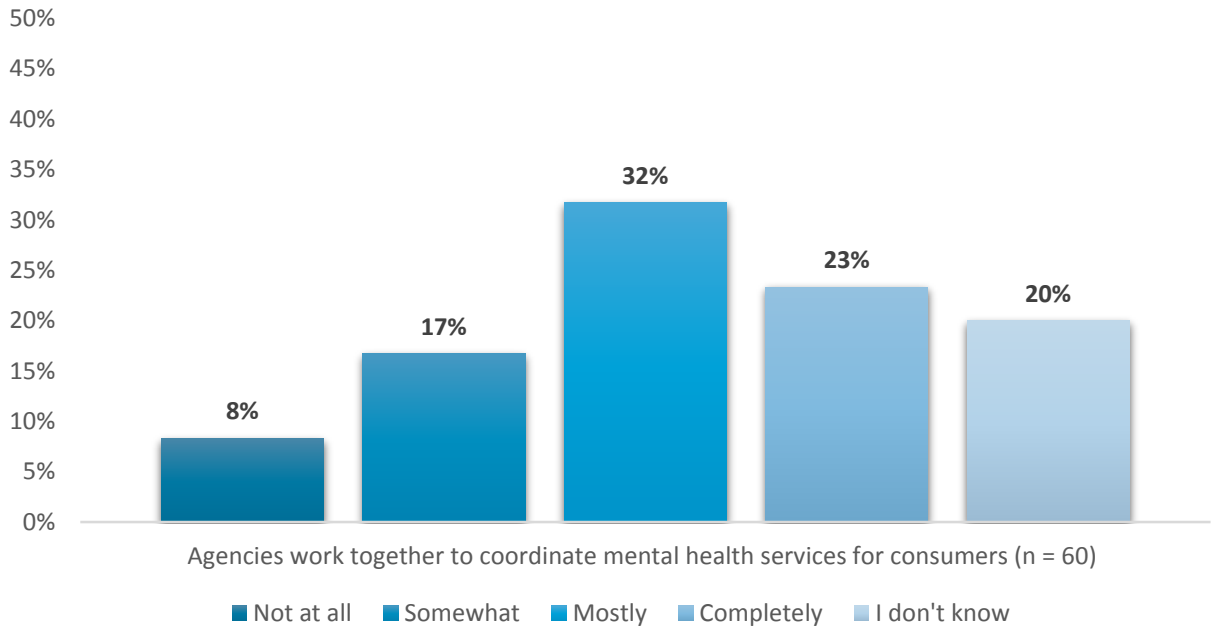
Kings View on 12-month interns to provide counseling and case management services as a large contributor to staff turnover. Consumers noted that having their primary mental health provider change regularly is a barrier to access as well as to their over-all recovery. Some stakeholders recommended financial incentives or a career pathways program to encourage interns to continue to work in Kings County after their internship or graduation.

Barriers to Continuity of Care

Finding 21. Stakeholders expressed that the lack of formalized communication both increases the efficiency of getting consumers into mental health services, but can also act as a barrier to the continuity of care when providers transition out of those roles and information is not transmitted to new staff.

County agency staff expressed that while strong interpersonal relationships are seen as a strength in many ways, a lack of formalized relationships and MOUs between agencies and service providers is a barrier to creating a coordinated mental health system. This understanding was echoed by CBO providers who reported that, while "pockets" of collaboration exist, there is not a robust system of formal coordination in the County. Approximately half of survey respondents were either unsure or expressed that agencies only somewhat coordinated mental health services with each other.

Figure 13: Community perceptions of system coordination (n=60)



Similarly, service providers and County staff indicated that there is a lack of transparency in collaborative processes and it can be difficult for those without strong interpersonal knowledge to connect with the larger system. Additionally, providers and County staff expressed that the lack of formalized data sharing processes impacts coordinated service delivery. Knowledge around legal issues regarding sharing client data and different data management systems utilized between provider and County agencies can make it difficult to track a client's progress and provide coordinated and individualized care across organizations.

> *"In smaller communities you hear that size is a barrier, but here it is one of our strengths because we can all work closely together and ideas and collaborations can gain traction."*
> *-KCBH Staff*

Finding 22. Inadequate provider capacity to meet the needs of people with co-occurring mental illness and substance use disorders.

Stakeholders also noted inadequate provider capacity to meet the needs of people with co-occurring mental illness and substance use presented a barrier to accessing a continuity of care. Stakeholders from the criminal justice system and law enforcement note this is particularly problematic because co-occurring services are not made available until someone is taken into custody. While stakeholders noted that specialty courts do offer services for people with co-occurring disorders, services are not integrated and individuals may have to go out-of-County for substance use services. Stakeholders described that there is currently no detox facility in Kings County and individuals in need of detox have to go out of County or detox under the care of a primary care physician.

Stakeholders from government agencies did note that there is currently an effort being made by members of KCBH to increase its co-occurring capacity by integrating mental health and substance use services through a collaborative effort with Kings County Probation and Kings County Sheriff's Office for SB 1022.

Finding 23. Lack of understanding about HIPAA and other privacy regulations and how to share information to allow for collaborative treatment planning.

Consumers and providers described how limited understanding about HIPAA rules and how to share information within HIPAA and other privacy regulations (e.g. Code of Federal Regulations Title 42) prevents collaborative treatment planning and presents a barrier to a continuity and coordination of care. Service providers indicated that there was a more conservative interpretation of what HIPAA allows to achieve collaborative treatment, meaning that providers are much less likely to coordinate treatment plans and medication regimes being prescribed for consumers. This lack of collaborative treatment planning and care coordination presents significant barriers to treatment, especially when consumers are having to organize different prescriptions and

> *"It's hard to find a doctor and psychiatrist that will collaborate. I've seen psychiatrist and doctor clash over medication. There has to be training to increase collaboration."*
> *-CBO Provider*

competing treatment plans between doctors. While stakeholders recommended the need for more integrated services, they also noted that building stronger relationships with hospitals and other medical organizations has been difficult because of a lack of communication and collaboration between the two systems, including formal agreements.

Overall, formalizing coordination between multiple mental health providers can be encouraged through agreements and training on HIPAA as it relates to collaborative treatment.

"There is a lack of communication between the medical field and mental health field. They should be integrated into the same system."
-CBO Provider

Finding 24. Mental Health service providers, County staff, and consumers all reported that there is a lack of collaboration between primary care and mental health.

Consumers described being under the care of both a primary care and a mental health provider but that there is little communication between providers and a lack of awareness of the types of concurrent care, including medication that the other is providing.

The lack of integration of primary care and mental health was cited by many stakeholders as one of the biggest barriers to providing a coordinated system of care in the County. Mental health service providers and County agency staff reported that many consumers rely on primary care doctors for mental health needs, which often results in an overreliance on medication for some consumers. Consumer stakeholders also conveyed a need for formal and regular communications between primary care and mental health providers.

Mental health service providers from CBOs and the County also expressed a need for the physical co-location of primary care and mental health services. Co-location and integration between primary care and mental health is a particular need within the Hispanic/Latino communities. In Hispanic/Latino cultures, stakeholders reported trusting their primary care physician to consult on most aspects related to their health, including mental health. Having integrated mental health with primary care in communities that are predominately Hispanic/Latino (e.g. Avenal, Kettleman City, and Corcoran) would reduce the barriers to receiving mental health treatment that is wellness and recovery focused and less centered around medication.

"Currently our most significant need is to integrate mental health with primary care. Making the move into medical homes and a wellness model. Without an integrated system I don't see how this is possible."
-County Stakeholder

Finding 25. Community leaders and stakeholders from faith-based organizations expressed a need and desire for more collaboration and coordination with County mental health services.

Focus group participants from faith-based groups, as well as numerous community leaders, voiced an interest in forming more formal partnerships with the mental health system. Community and religious leaders recognized the importance of faith-based and community organizations for many Kings County residents and expressed a desire to receive information and training on mental health issues to become information and referral sources for their communities. A particular strength of the mental health system in Kings County is the reach faith organizations have to unserved and underserved populations. Many faith-based stakeholders in the CPP process indicated that their congregants already felt comfortable and requested support around their own or a family member's mental health. Some faith organizations already offer a variety of supports for their congregants in the form of groups, individual counseling, and study groups that focus on wellness and resiliency as it relates to their particular faith.

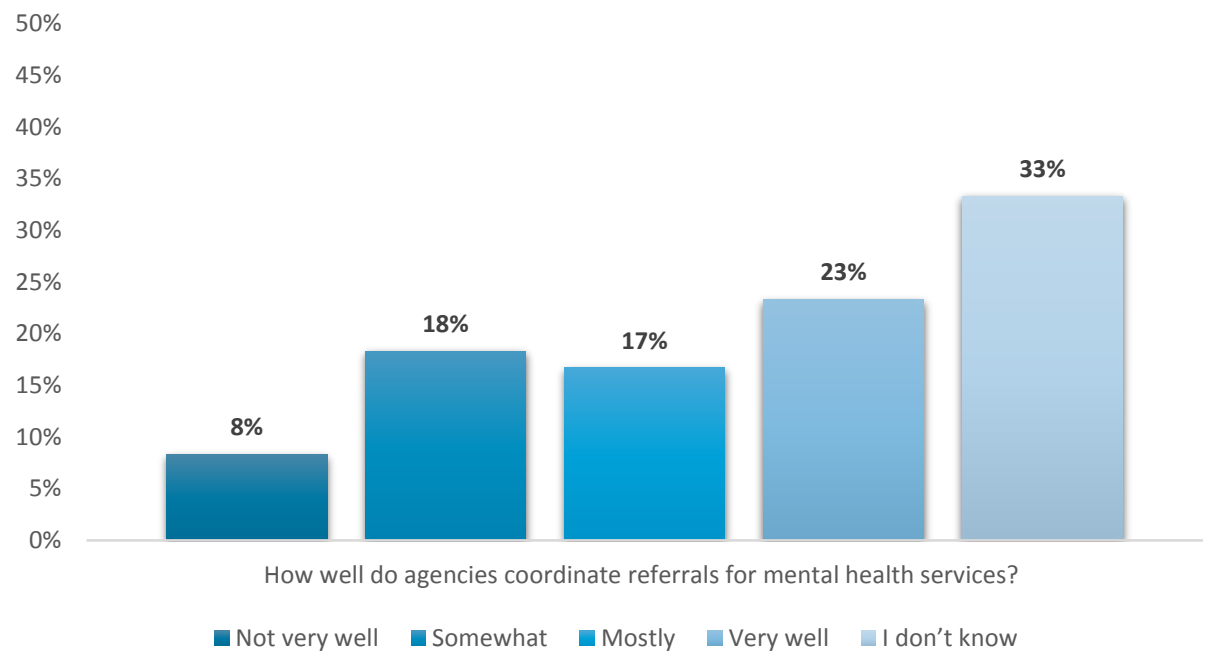
> *"The best situation is a partnership rather than a siloed process where the County does one thing and we do another."*
> *-Faith-Based Organization Leader*

Faith stakeholders indicated that their ability to respond to their congregants' mental health needs is limited due to a lack of information, training, and understanding about the mental health system in Kings County. Coincidentally, during the CPP process, KCBH created a Faith and Mental Health committee designed to provide this support. Faith leaders from a variety of congregations are being assembled with leadership from the KCBH Leadership Team to assess the mental health training and education needs of faith leaders and designing a plan to address those needs and better support access to mental health treatment within the County.

Finding 26. CBO providers and other participants expressed the need for greater coordination of referrals to mental health services.

Community needs assessment survey respondents were generally unable to identify the level of referral coordination within the mental health system. Thirty three percent (33%) indicated that they do not know how well agencies coordinate referrals for mental health services, 23% reported that agencies coordinate referrals "very well," and 17% indicated that agencies "mostly" coordinate referrals. Eighteen percent (18%) of survey respondents believe that agencies coordinate referrals "somewhat," and 8% felt that agencies do not coordinate referrals very well (see Figure 14).

Figure 14. Community perceptions of referral coordination (n=60)



"You have to fight to find the referrals you need."
-CBO Provider

CBO providers reported that it can often be difficult to find the correct referral for services for a client, and that even if a referral is made, it is not often possible to track the outcome of that referral. Providers also indicated that, due to capacity issues within the system, referrals to services often do not result in immediate assistance or service receipt and that many consumers get discouraged by wait times and may not receive referred services at all.

Providers and County staff acknowledged the existence of the 2-1-1 referral services provided by Kings United Way, however, many indicated that the system could be confusing for consumers who are unsure of their particular service needs. Consumers were only somewhat familiar with the 2-1-1 service.

Workforce Education and Training Needs

Since the MHSA was initiated, Kings County has made strides toward providing opportunities for staff training and capacity building designed to address the diverse needs of the community. Providers acknowledged that the Workforce, Education, and Training (WET) program has provided numerous opportunities for continued learning and development. Kings County funds a number of WET programs, including the MFT stipend program.

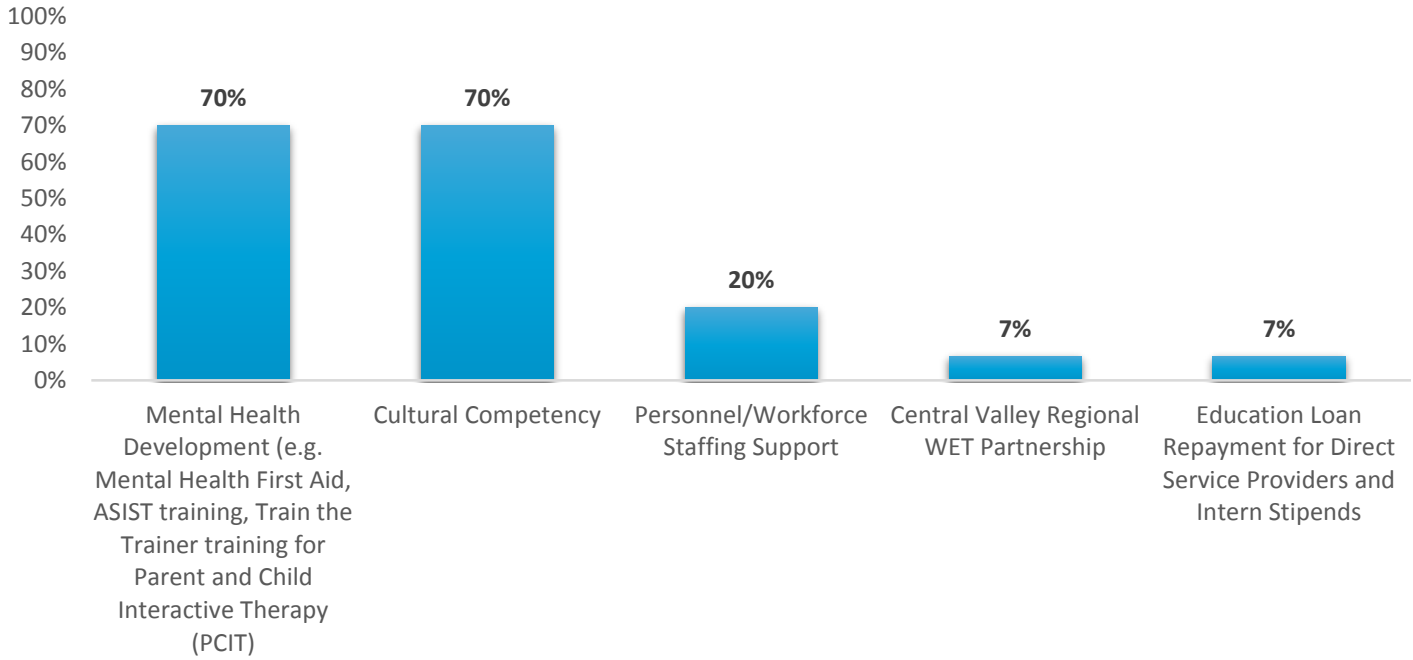
Specific WET programs and trainings identified by providers, KCBH, and other County staff identified as particularly valuable include:

- Parent Child Interaction Therapy (PCIT) and PCIT training for non-KCBH clinicians
- Mental health professional development for licensed mental health clinicians
- Conferences and other training opportunities attended through the support of KCBH

KCBH staff noted that since the initiation of the MHSA, KCBH has done a better job of creating a more diverse workforce. Staff indicated that the agency provides trainings on cultural competency around LGBTQ, African American, and Latino cultures and that the agency works hard to stay linguistically in-step with the consumer population.

The following findings summarize the WET training needs as identified by survey respondents, focus group participants, and key informants. Figure 15 shows the WET training needs identified by survey respondents.

Figure 15: Workforce Education and Training Needs (n=30)



Findings

Finding 27. Key informants and focus group participants identified a number of mental health staffing needs in Kings County.

Across the board, stakeholders expressed that professional mental health staffing levels in the County are not adequate to meet the needs of consumers and 20% of survey respondents indicated that personnel and workforce staffing support is a need within the County. Specific staffing identified included more bi-lingual and bi-cultural clinical staff, more psychiatrists, child psychiatrists, and LCSWs, case managers, and staff with co-occurring specialty, and crisis response personnel.

"Retention building for providers, incentives. From MH lens, a way to increase incentives to reduce turnovers. Everyone gets trained here and then moves on. I don't know how we keep providers here and keep them wanting to come here."

Consumers indicated that there is a need for mental health staff that is available after regular business hours.

Many CBO providers and County staff reported that the difficulty of retaining qualified mental health professionals is a serious barrier to maintaining a sufficient workforce.

Finding 28. Consumers, family members, and community members identified a need for more consumer, peer, and family member integration into the mental health workforce.

In response to the question, "how well job opportunities are for clients and family members," 80% of surveys received stated "not very well," "somewhat," or "I don't know." Though there is a peer volunteer program for adults at the Oak Wellness Center, many consumers, family members and community members participating in focus groups stated that there is a need to better integrate people with lived experience throughout the mental health system in Kings County. Peer supports and peer providers were mentioned as a specific need in crisis response and follow up services, peer advocacy and self-help trainings, and family-to-family support for parents of children with a serious emotional disturbance. Increasing the number of people with lived experience in the mental health field may also impact the perception of mental health providers as being more representative of the populations they serve.

Finding 29. Providers and consumers identified a number of training and skill-building needs of the current mental health workforce.

Over half (57%) of community needs assessment survey respondents indicated that mental health staff are "very well" or "mostly" well trained to meet the needs of clients. Sixteen percent (16%) reported mental health staff as being "somewhat" or "not very well" trained, and 27% indicated they do not know.

Key informants and focus group participants who were service providers indicated that they would like to receive more training and guidance on billing for services, specifically on how to properly bill different public funding sources to ensure that their clients are receiving all the benefits available to them.

Providers also expressed a desire for more training on dialectic behavioral therapy (DBT), cognitive behavioral therapy (CBT), motivational interviewing, and other evidence-based practices for all mental health providers. Providers identified a need for training in providing services for consumers experiencing PTSD, particularly for staff working with Veterans.

Capital Facilities and Technological Needs

The County-wide needs assessment also asked stakeholders to reflect on state of infrastructure needed to facilitate mental health services. Infrastructure includes both buildings or structures and the technology needed to conduct services in the most seamless manner. Capital Facilities in the MHSA allows for expenditures on County-owned facilities to include renovations, remodeling, and rehabilitation. Technological Needs funds are largely targeted towards implementing Electronic Health Records (EHR) and other technologies needed to facilitate mental health treatment. The following section summarizes key needs with regards to both Capital Facilities and Technological Needs of Kings County.

Findings:

Finding 30. Some facilities lack safe and secure waiting areas and bathrooms, especially in facilities that serve both adults and children.

"Kings View needs separate program for children—we share everything with adults. We have had to evacuate [the waiting room] because of violent adults on campus"
- Parent with School-Age Children

Both adult consumers and parents identified a need for more safe and secure waiting rooms and bathrooms at mental health facilities. Parents bringing children to appointments at Kings View described how waiting areas are shared with adult clients and appear unsecure. Several parents described instances in which an adult client had a mental health crisis in the waiting room and they were forced to evacuate the area. Both parents and adult consumers suggested separate waiting areas for children and adults.

Similarly, several stakeholders pointed out that the multi-occupancy restrooms within Kings View are shared by adults and children and are not locked or supervised. Adult stakeholders noted that children often use the restrooms unsupervised and felt that it presents a potential safety risk. Stakeholders recommended having separate restrooms for adults and children or better supervision of children while in the restroom.

Finding 31. Access to up-to-date equipment to facilitate data collection and data sharing.

Contract providers and stakeholders from community-based organizations identified the need for access to equipment, such as working computers, to increase their capacity to collect and share data. Stakeholders described that many community-based organizations do not have access to basic office equipment needed to effectively do their work. Stakeholders from CBOs noted that this is a major issue that often restricts an organizations capacity to fully outreach, engage, and serve their community or target population.

> *"A lot of community agencies don't have the basic things, such as computers that function, to allow them to do that work."*
> *-CBO Provider*

Finding 32. Increased collaboration through the use of client information software to ensure different providers can share information.

> *"We need to increase the use of Anasazi…we want to see more benefits from this [EHR system]."*
> *-KCBH Staff Member*

Stakeholders identified a need to increase the capacity of providers to use Anasazi, the client information software used by the KCBH and contract providers, as a way to formalize collaboration. Stakeholders from government agencies noted significant improvements in information sharing between some departments since instituting Anasazi, but also stressed the need for improved data collection among contractors and external agencies in order to maximize data sharing and outcome evaluations capacity.

MHSA Three-Year Program Plan

Introduction

Using the findings from the needs assessment portion of the CPP process, RDA facilitated five strategy roundtable discussions and three community meetings to solicit ideas and feedback on potential strategies and programs and services to address the gaps in mental health services. Program and service discussions focused on:

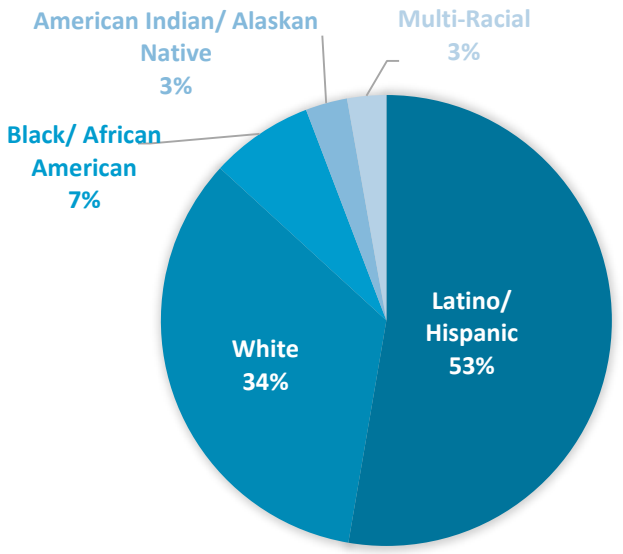
- How can we make modifications to current programs to address the gaps?
- What enhancements are needed to current programs to address the gaps?
- What new programs may be needed to address the gaps?

The discussion was facilitated to gather innovative, creative, and effective ideas, but that had an evidence base demonstrating efficacy in treating mental illness and was in accordance with MHSA rules and regulations. At the beginning of each strategy roundtable, RDA ensured that participants were informed of the MHSA values and components, MHSA funding allocations, current programs within each MHSA component funded by KCBH, program participant data from FY 12-13, and the results of the needs assessment. This section provides an overview to the implementation approach and the detailed descriptions of each of the proposed programs for Kings County's MHSA Three-Year Program and Expenditure Plan 2014 – 2017.

Description of Kings County Demographics

KCBH serves a geographical region covering 1,392 square miles that includes a population of over 150,000 residents (as of 2014), including over 13,894 state prison inmates. Over one-third (53,967) of the County's population resides in Hanford, the County seat and the location of KCBH's main branch. The other main population centers are Avenal (pop. 13,239), Corcoran (pop. 25,515), and Lemoore (pop. 25,281). The county economy is primarily agricultural, though other important employers include the U.S. Navy and the California Department of Corrections and Rehabilitation. Like most counties in California, Kings was severely affected by the economic recession that began in 2008. In 2014, the County's unemployment rate is 11.5% (as of July 2014), compared to the state's average unemployment

Figure 16*:* Kings County Racial/Ethnic Composition



rate of 7.4%. Forty-six percent of county residents live in poverty.

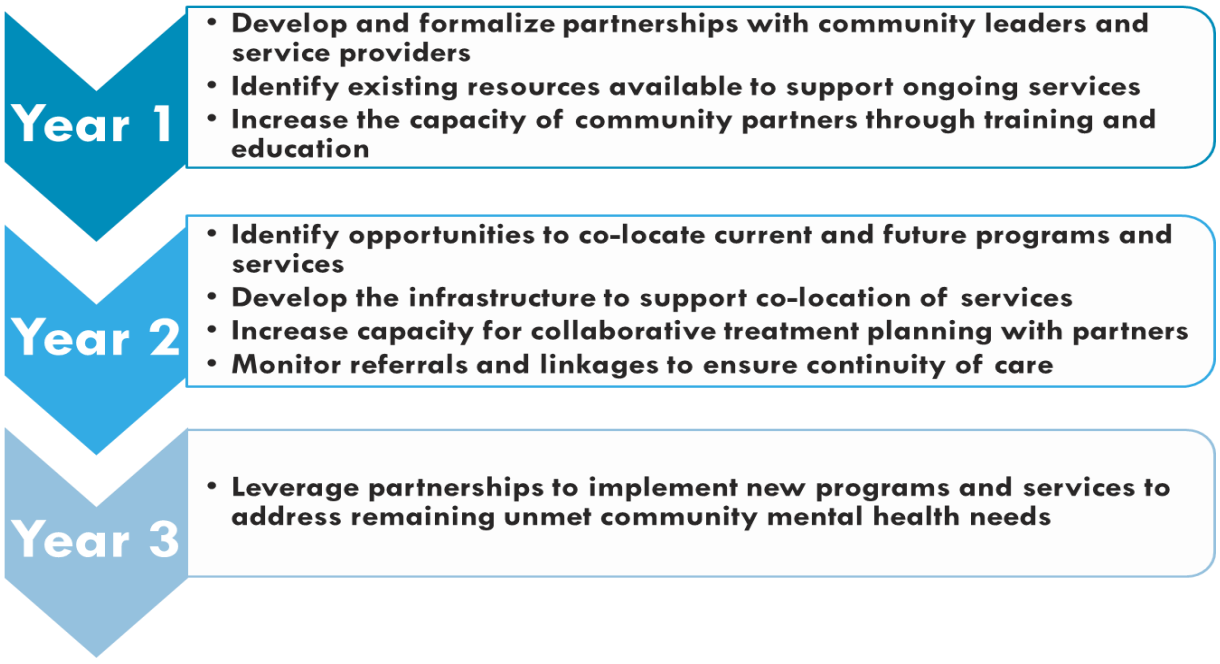
The ethnic makeup of Kings County is predominantly White and Latino, with 52.7% of residents identifying as Latino and 34.1% identifying as White in 2013. The Tribal/Native American presence is significant and comprises 3% of the population. Over 40% of county residents have a primary language other than English, and 21% of county residents are linguistically isolated. There are an estimated 9,000 undocumented residents in the County. Over 11,000 Veterans lived in Kings County between 2008 and 2012.

Approach to Implementing the MHSA Three-Year Plan

Since the inception of the MHSA in 2004, California counties have strived to expand and transform mental health services for people experiencing mental illness or are at-risk for developing mental illness. The purpose of this Three-Year Program and Expenditure Plan is to document the community's vision for how to achieve that transformation and expansion intended by the MHSA. In order to create a more collaborative and integrated mental health system of care, as written in the MHSA values, and as a result of the CPP process and the community's mental health needs assessment, KCBH and RDA developed a phased approach to implementing the Kings County Three-Year Program and Expenditure Plan for 2014 - 2017.

We outline our phased approach to the Three-Year Program and Expenditure Plan below where each subsequent year builds on the activities and capacity developed in the previous year. Essential to the success of this plan is the community's ability to meaningfully participate in MHSA program planning, implementation, and evaluation. This approach is meant to help translate the Program Plan into actionable steps to achieve the community's vision for a mental health system that empowers individuals and their families to achieve sustained well-being from mental illness.

Figure 17: Three-Year Implementation Approach



Year 1 - Relationship and Capacity Building

The recent strategy roundtable discussions demonstrated a need to develop stronger foundations for collaboration among community stakeholders, adult, youth, and senior mental health consumers and family members, county staff, county health, mental health, and alcohol and other drug service providers, and participants from other community sectors including education, health, law enforcement, social services, and Veterans groups. The first year of this MHSA 3-Year Plan will focus on developing formalized relationships with the stakeholders named above, identify existing resources available to support ongoing services, and provide training and education to stakeholders to increase their capacity to plan, implement, and evaluation MHSA funded programs.

Year 1 objectives includes:

- To develop partnerships with community leaders and service providers
- To identify stakeholder work groups/committees
- To formalize working relationships
- To identify existing resources available to support service provision
- To establish ongoing mechanisms for communication and collaboration
- To enhance capacity of community partners through training and education, specifically addressing the signs and symptoms of mental illness, mental health resources and referrals, and the current services available to Kings County residents

Having formalized partnerships with community leaders and service providers will enhance the community's capacity to participate in mental health service planning and delivery and the department's capacity with stakeholder buy-in for implementing new programs and services in later years.

Year 2 – Service Coordination and Integration

Having established relationships and networks in Year 1, the second year's activities will focus on developing the programmatic and technical infrastructure to support coordinated or integrated service provision. These activities may include, among other things, the identification of space and services to co-locate or integrate, the development and/or issuance of Requests for Proposals, the negotiation of MOUs among partner organizations, and the development of administrative systems that support integrated care.

Year 2 Objectives:

- To identify opportunities to co-locate services
- To develop infrastructure to support co-location of services (e.g., MOUs, RFPs, capital facilities, etc.)
- To create capacity for shared treatment planning and health information exchange with public and private partners
- To create a system to monitor referrals and linkages to ensure continuity of care

In response to the Community Mental Health Needs Assessment findings, co-location and integration of services will enhance the continuity of care for consumers in Kings County. Co-location and integration of current services may also address other unmet mental health needs and influence the types of new programs and services considered in Year 3.

Year 3 – Implement New Programs and Services

In Year 3, the Plan provides for the implementation of new programs and services identified through the MHSA Community Program Planning Processes of the past two MHSA Annual Updates and the Three-Year Program & Expenditure Plan. This proposed Three-Year Plan allows for flexibility in how the County and its partners plan to develop other new programs or services in Year 3 based on the lessons learned and the remaining needs identified in the first two years of implementing the Three-Year Plan.

Year 3 Objectives:

- To leverage partnerships to implement new programs and services to address remaining unmet community mental health needs

The department can leverage the newly created capacity in its stakeholders and infrastructure built up in Years 1 and 2 to effectively implement new programs and services that are in alignment with the MHSA Values.

Ongoing Evaluation and Monitoring

In order to support the department's efforts to make data-informed decision making at every step of implementing the Three-Year Plan, KCBH is committed to implementing ongoing evaluation and monitoring of MHSA funded programs and services. KCBH proposes to integrate evaluation and monitoring of both current and planned programs gradually over the three years in the following steps:

- **Year 1:** Build capacity for data collection and evaluation planning; develop a list of all current programs and services to be included in the evaluation plan.
- **Year 2: I**mplement evaluation plan and ongoing monitoring processes for current programs and services for both KCBH and contracted providers; prioritize programs to integrate and co-locate based on data collected and analyzed.

Figure 18: Three-Year Plan to Implement Program Evaluation

- **Year 3:** Start-up of new programs and services; integrate program evaluation and monitoring of new programs and services.

Programs and Services for Consideration in Future MHSA Annual Updates

The Strategy Roundtables held in early September 2014 yielded many different ideas for programs and services to address the identified gaps in Kings County's mental health system. However, through the CPP process, it emerged that not all of the ideas could be successfully implemented in Year 1 of this Three-Year Program and Expenditure Plan. In particular, implementing a roving clinical supervisor program and additional crisis response and crisis residential treatment options in Kings County requires better trained and informed stakeholders to properly implement. Through committees and workgroups to facilitate collaboration, information sharing, and education, KCBH will intentionally explore ways implement these programs for future MHSA updates based on the community's capacity to participate in their planning, implementation, and evaluation.

We summarized both of these programs below that will be considered in future MHSA Annual Updates:

- **Roving Clinical Supervision:** Roving clinical supervision will help enhance the capacity of KCBH to train and hire licensed clinical staff to increase access to mental health treatment for consumers. The Needs Assessment identified provider turnover, shortages in clinical staff, and long intervals between visits and barriers to receive mental health treatment. KCBH plans to address their capacity for implementing a roving clinical supervision program, similar to a program in the far northern region, possibly in partnership with other regional mental health agencies and with the support of their MHP provider. KCBH's efforts to address this service will be documented in future MHSA Annual Updates to this program plan.

- **Crisis Response and Crisis Residential Treatment:** Crisis response and crisis residential treatment are integral components to the continuum of crisis services and supports for mental health consumers. In the Needs Assessment conducted as part of this planning process, Kings County residents identified the lack of mental health professionals trained in crisis response, alternatives to hospitalizations, and lack of in-County crisis beds as barriers to the intervention and de-escalation of mental health crisis events. KCBH is exploring additional grant opportunities through the State of California as well as strategies to strengthen partnerships with local law enforcement to address the need for enhanced resources in crisis response. However, KCBH noted that additional resources and capacity are needed to adequately plan for, implement, and evaluate programs that would provide an alternative to hospitalization, such as crisis Residential Treatment or other more comprehensive crisis services. KCBH will document their efforts to increase the County's capacity to provide a continuum of crisis services in future MHSA Annual Updates.

MHSA Programs and Services by Component

Community Services and Supports (CSS)

Full Service Partnership: Children & Youth				
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☐Transition Age Youth Ages 16 – 24	☐Adult Ages 18 – 59	☐Older Adult Ages 60+
Service Category:	Full Service Partnership			

Program Description

Full Service Partnership (FSP): Children & Youth refers to the collaborative relationship between the County and the parent of a child with serious emotional disturbance through which the County plans for and provides the full spectrum wraparound services so that the child can achieve their identified goals. Kings County's FSP: Children & Youth provides an intensive service and support delivery system for children and youth with psychiatric disabilities, serious emotional disturbance, and those with unmet or under-met mental health treatment needs.

The FSP: Children & Youth program provides a broad array of coordinated and intensive services for children as identified in the County's Individual Services and Supports Plan (ISSP). These services include:

- Mental health treatment, including individual and family/group therapy
- Peer/Family support
- Case management to assist the client and, when appropriate, the client's family in accessing needed medical, education, social, vocational rehabilitative and/or other community services
- Supportive services to assist the client and the client's family in obtaining and maintaining employment, housing, and/or educational opportunities
- Needs assessment
- Wellness centers
- Intensive wraparound services to children and at-risk youth in accordance with WIC Section 18250 et. seq.
- Transportation to children and youth for their mental health appointments
- Alternative treatment and culturally specific treatment approaches
- Respite care
- Referrals and linkages to other community-based providers for other needed social services, including housing and primary care.

The County gives priority to populations that are unserved, and shall enter into a full service partnership agreement with each client served under the Full Service Partnership Service Category. The County will provide a sufficient number of Recovery Support Coordinators/Case Managers to ensure clients and their families receive individualized attention and intensive services and supports when needed.

Goals and Objectives	
Goal:	To provide Full Service Partnership, System Development, and Outreach and Engagement services to all children up to age 17 in Kings County who are experiencing serious emotional difficulties.
Objective 1:	Increase the level of participation and involvement of ethnically diverse families in all aspects of the public mental health system.
Objective 2:	Reduce ethnic and cultural disparities in accessibility, availability and appropriateness of mental health services and to more adequately reflect mental health prevalence estimates.
Objective 3:	Increase the array of community supports for children and youth diagnosed with serious emotional disturbance and their families.
Objective 4:	Improve success in school and at home, and reduce the institutionalization and out of home placements.

Number to be served FY 2014-15:	*120*	**Proposed Budget FY 2014-15:**	*$385,108*
Cost per Person FY 2014-15:	*$3,209*	**Total Proposed Budget FY 2014-17:**	*$1,155,324*

Full Service Partnership: Transition Age Youth

Status:	☒New		☐Continuing	
Priority Population:	☐Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☐Adult Ages 18 – 59	☐Older Adult Ages 60+
Service Category:	Full Service Partnership			

Program Description

Full Service Partnership (FSP): Transition Age Youth refers to the collaborative relationship between the County and the Transition Age Youth (TAY) ages 16 – 24 (and their families) who are experiencing serious mental illness while transitioning to adulthood. In this FSP: Transition Age Youth program, the County plans for and provides the full spectrum wraparound services so that the TAY can achieve their identified goals. Kings County's FSP: Transition Age Youth provides an intensive service and support delivery system for TAY with psychiatric disabilities and/or serious mental illness and may be experiencing homelessness or at-risk of homelessness, emancipating from the foster care system or juvenile hall, involved with or at-risk of involvement with the criminal or juvenile justice system, or experiencing a first episode of serious mental illness.

The FSP: Transition Age Youth program provides a broad array of coordinated and intensive services for TAY as identified in the County's Individual Services and Supports Plan (ISSP). These services include:

- Mental health treatment, including individual and family/group therapy
- Peer/Family support
- Case management to assist the client and, when appropriate, the client's family in accessing needed medical, education, social, vocational rehabilitative and/or other community services

- Supportive services to assist the client and the client's family in obtaining and maintaining employment, housing, and/or educational opportunities
- Needs assessment
- Wellness centers
- Intensive wraparound services to TAY and at-risk youth in accordance with WIC Section 18250 et. seq.
- Transportation to children and youth for their mental health appointments
- Alternative treatment and culturally specific treatment approaches
- Respite care
- Referrals and linkages to other community-based providers for other needed social services, including housing and primary care.

The County gives priority to populations that are unserved, and shall enter into a full service partnership agreement with each client served under the Full Service Partnership Service Category. The County will provide a sufficient number of Recovery Support Coordinators/Case Managers to ensure clients and their families receive individualized attention and intensive services and supports when needed.

Goals and Objectives	
Goal:	To provide Full Service Partnership, System Development, and Outreach and Engagement services to TAY ages 16 - 24 in Kings County who are experiencing serious mental illness.
Objective 1:	Increase the level of participation and involvement of ethnically diverse families in all aspects of the public mental health system.
Objective 2:	Reduce ethnic and cultural disparities in accessibility, availability and appropriateness of mental health services and to more adequately reflect mental health prevalence estimates.
Objective 3:	Increase the array of community supports for TAY diagnosed with mental illness and their families.
Objective 4:	Support successful transition from the foster care and criminal justice systems for Transition Age Youth.
Objective 5:	Promote educational and vocational achievement for Transition Age Youth.

Number to be served FY 2014-15:	*50*	**Proposed Budget FY 2014-15:**	*$176,371*
Cost per Person FY 2014-15:	*$3,527*	**Total Proposed Budget FY 2014-17:**	*$529,113*

Full Service Partnership: Adults				
Status:	☐New		☒Continuing	
Priority Population:	☐Children Ages 0 – 17	☐Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☐Older Adult Ages 60+
Service Category:	Full Service Partnership			

Program Description

The Full Service Partnership (FSP): Adults program provides the full spectrum of community services to the client, and when appropriate, the client's family. Under FSP: Adults, these services include intensive and culturally sensitive support services. Services include the following:

- Mental health treatment, including individual, couples, and family/group therapy
- Peer support
- Case management to assist the client and, when appropriate, the client's family in accessing needed medical, education, social, vocational rehabilitative and/or other community services
- Supportive services to assist the client and the client's family in obtaining and maintaining employment, housing, and/or educational opportunities
- Needs assessment
- Wellness centers
- Cost of treatment of co-occurring conditions, such as substance abuse
- Transportation for clients to attend mental health appointments
- Alternative treatment and culturally specific treatment approaches
- Respite care
- Referrals and linkages to other community-based providers for other needed resources and social services, including housing and primary care
- Assistance in developing life skills and employment readiness skills, graduating high school or pursuing further education
- An Enrichment Series of group meetings addressing, among other things, Wellness Recovery Action Plans (WRAP), social skills development, budgeting, self-care, employment, and other community resources
- Coordination of service for homeless, reentry, and veteran populations

The County gives priority to populations that are unserved, and shall enter into a full service partnership agreement with each client served under the Full Service Partnership Service Category. The County will provide a sufficient number of Recovery Support Coordinators/Case Managers to ensure that they are available to provide clients and their families receive individualized attention and intensive services and supports when needed.

Goals and Objectives

Goal:	Kings County's FSP: Adults program aims to meet the mental health treatment needs of un-served, under-served, and inappropriately served adults in Kings County with serious mental illness who may be experiencing homelessness or at risk for homelessness, have criminal justice system involvement, and have a co-occurring substance abuse disorder.

Objective 1:	Provide treatment and care that promote wellness, recovery, and independent living for people with serious mental illness.
Objective 2:	Increase the level of participation and involvement of ethnically diverse adults and older adults, as well as other underserved adults, in receiving mental health services.
Objective 3:	Reduce the impact of living with serious mental illness (e.g. homelessness, incarceration, poverty, isolation, etc.).
Objective 4:	Promote the development of life skills and opportunities for meaningful daily activities.

Number to be served FY 2014-15:	*120*	**Proposed Budget FY 2014-15:**	*$1,750,287*
Cost per Person FY 2014-15:	*$14,585*	**Total Proposed Budget FY 2014-17:**	*$5,250,861*

Full Service Partnership: Older Adults

Status:	☒New		☐Continuing	
Priority Population:	☐Children Ages 0 – 17	☐Transition Age Youth Ages 16 – 24	☐Adult Ages 18 – 59	☒Older Adult Ages 60+
Service Category:	Full Service Partnership			

Program Description

The Full Service Partnership (FSP): Older Adults provides the full spectrum of community services to the client, and when appropriate, the client's family. Under FSP: Older Adults, these services are targeted at older adults with serious mental illness who are at-risk of losing their independence or institutionalization as a result of mental health programs. These individuals may also have an underlying medical and/or co-occurring substance abuse problems or be experiencing the onset of mental illness later in life. Services in FSP: Older Adults are intensive and culturally sensitive support services. Services include the following:

- Mental health treatment, including individual, couples, and family/group therapy
- Peer support
- Case management to assist the client and, when appropriate, the client's family in accessing needed medical, education, social, vocational rehabilitative and/or other community services
- Supportive services to assist the client and the client's family in obtaining and maintaining employment, housing, and/or educational opportunities
- Needs assessment
- Wellness centers
- Cost of treatment of co-occurring conditions, such as substance abuse
- Transportation for clients to attend mental health appointments
- Alternative treatment and culturally specific treatment approaches
- Respite care
- Referrals and linkages to other community-based providers for other needed resources and social services, including housing and primary care

- ❖ Assistance in developing life skills and employment readiness skills, graduating high school or pursuing further education
- ❖ An Enrichment Series of group meetings addressing, among other things, Wellness Recovery Action Plans (WRAP), social skills development, budgeting, self-care, employment, and other community resources
- ❖ Coordination of service for homeless, reentry, and veteran populations

The County gives priority to populations that are unserved, and shall enter into a full service partnership agreement with each client served under the Full Service Partnership Service Category. The County will provide a sufficient number of Recovery Support Coordinators/Case Managers to ensure that they are available to provide clients and their families receive individualized attention and intensive services and supports when needed.

FSP: Older Adults will partner with our Seniors Access for Engagement (SAFE) program to provide opportunities for earlier interventions to avoid crisis situations for older adults and create more opportunities for their support through companionship and counseling.

Goals and Objectives	
Goal:	Kings County's FSP: Older Adult program aims to meet the mental health treatment needs of un-served, under-served, and inappropriately served older adults in Kings County with serious mental illness who may be experiencing homelessness or at risk for homelessness, have criminal justice system involvement, and have a co-occurring substance abuse disorder.
Objective 1:	Provide treatment and care that promote wellness, recovery, and independent living for people with serious mental illness.
Objective 2:	Increase the level of participation and involvement of ethnically diverse older adults, as well as other underserved older adults, in receiving mental health services.
Objective 3:	Promote the early identification of mental health needs in older adults to prevent suicide, isolation, and loss of independence and address co-occurring medical and substance use needs.
Objective 4:	Promote the development of life skills and opportunities for meaningful daily activities.
Objective 5:	Support older adults and their families through the aging process to develop and maintain a circle of support thereby reducing isolation.
Objective 6:	Coordinate an interdisciplinary approach to treatment that collaborates with the relevant agencies that support older adults.

Number to be served FY 2014-15:	*16*	**Proposed Budget FY 2014-15:**	*$66,829*
Cost per Person FY 2014-15:	*$4,177*	**Total Proposed Budget FY 2014-17:**	*$200,487*

Full Service Partnership: Community Integration				
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+
Service Category:	Full Service Partnership			

Program Description

The Full Service Partnership (FSP): Community Integration provides a full spectrum of community services including multidisciplinary treatment teams, Wellness Recovery Action Plans (WRAP), case management, group and individual counseling, group substance abuse treatment services, nursing and psychiatric services, including medication management, and group support and socialization activities.

The FSP: Community Integration serves men and women of all ages and ethnicities, while targeting these priority populations:

- High end ER users and those with high psychiatric hospitalization rates
- Residents of an Institute of Mental Disease (IMD)
- Residents of board and care facilities with the potential of moving to a lower level of care.

Participants in the program are referred from multiple sources, including Kings View, Behavioral Health, Public Guardian, local law enforcement, hospitals, and IMD's and board and cares. FSP: Community Integration staff utilize a "whatever it takes" approach to serving clients and to reduce incidents of psychiatric hospitalization, encourage placements in a lower level of care and into a community-based living environment.

KCBH utilizes the Crisis Stabilization (CS) Team to refer individuals to FSP: Community Integration who have been determined to be in a mental health crisis and detained under a 5150 involuntary psychiatric hold. A clinical case manager leads the CS Team and conducts the following activities:

- Provide follow-up outreach for those seen by the crisis department for a crisis assessment within 10-24 hours of their departure from care (the ER, jail, clinic, psychiatric facility).
- Provide support, education and assistance in removing barriers to accessing mental health treatment and enrollment into FSP: Community Integration.
- Ensure ease of access to treatment at Kings View clinic and satellite offices.
- Provide outreach, education and collaboration for and to community resources (physicians, health care clinics, ER rooms, private practitioners in the mental health fields) regarding mental health treatment and suicide prevention, where appropriate.

As part of their Full Service Partnership Agreement, KCBH ensures that the following services are also available to FSP: Community Integration consumers:

- Mental health treatment, including individual, couples, and family/group therapy
- Peer support
- Case management to assist the client and, when appropriate, the client's family in accessing needed medical, education, social, vocational rehabilitative and/or other community services

- Supportive services to assist the client and the client's family in obtaining and maintaining employment, housing, and/or educational opportunities
- Needs assessment
- Wellness centers
- Cost of treatment of co-occurring conditions, such as substance abuse
- Transportation for clients to attend mental health appointments
- Alternative treatment and culturally specific treatment approaches
- Respite care
- Referrals and linkages to other community-based providers for other needed resources and social services, including housing and primary care
- Assistance in developing life skills and employment readiness skills, graduating high school or pursuing further education
- An Enrichment Series of group meetings addressing, among other things, Wellness Recovery Action Plans (WRAP), social skills development, budgeting, self-care, employment, and other community resources
- Coordination of service for homeless, reentry, and Veteran populations

The County gives priority to populations that are unserved, and shall enter into a full service partnership agreement with each client served under the Full Service Partnership Service Category. The County will provide a sufficient number of Recovery Support Coordinators/Case Managers to ensure that they are available to provide clients and their families receive individualized attention and intensive services and supports when needed.

Goals and Objectives	
Goal:	Kings County's FSP: Community Integration program aims to meet the mental health treatment needs of individuals with high incidents of psychiatric hospitalization to encourage placements in a lower level of care, including in a community-based environment.
Objective 1:	Reduce ethnic and cultural disparities in accessibility, availability, and appropriateness of mental health services and to more adequately reflect mental health prevalence estimates.
Objective 2:	Increase the level of participation and involvement of ethnically diverse adults and older adults, as well as other underserved adults, in receiving mental health services.
Objective3:	Reduce the impact of living with serious mental illness (e.g. homelessness, incarceration, poverty, isolation, etc.).
Objective 4:	Promote the development of life skills and opportunities for meaningful daily activities.

Number to be served FY 2014-15:	*142*	**Proposed Budget FY 2014-15:**	*$820,150*
Cost per Person FY 2014-15:	*$5,776*	**Total Proposed Budget FY 2014-17:**	*$2,460,450*

Collaborative Justice Treatment Court				
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+
Service Category:	General System Development			

Program Description

KCBH is the lead agency in Kings County to partner with the Courts, Judges, Probation, District Attorney's Office, Veterans Service Officer, Public Defender's Office, and the Sheriff's Office to operating a Collaborative Justice Treatment Court (CJTC). CJTC utilizes separate court calendars for a Veterans' Court and Behavioral Health Court (previously established as the Alcohol and Drug Court), and the Drug Court. These courts provide linkages for intensive therapeutic services for mental health, case management, and supervision to Veterans, people with co-occurring mental illness and substance abuse residing in Kings County. CJTC first began in July 2013 to great success. Continuing with this model, KCBH is extending funding for the CJTC program in this Three-Year Program & Expenditure Plan.

CSS funds are directed towards the treatment and care of consumer referred to CJTC. Participants in CJTC will be offered as described by their treatment plan developed in collaboration with the Judge and other stakeholders, including:

- Mental health treatment, including individual, couples, and family/group therapy
- Peer support
- Case management to assist the client and, when appropriate, the client's family in accessing needed medical, education, social, vocational rehabilitative and/or other community services
- Supportive services to assist the client and the client's family in obtaining and maintaining employment, housing, and/or educational opportunities
- Needs assessment
- Wellness centers
- Cost of treatment of co-occurring conditions, such as substance abuse
- Transportation for clients to attend mental health appointments
- Alternative treatment and culturally specific treatment approaches
- Respite care
- Referrals and linkages to other community-based providers for other needed resources and social services, including housing and primary care
- Assistance in developing life skills and employment readiness skills, graduating high school or pursuing further education
- An Enrichment Series of group meetings addressing, among other things, Wellness Recovery Action Plans (WRAP), social skills development, budgeting, self-care, employment, and other community resources
- Coordination of service for homeless, reentry, and Veteran populations

The County will provide a sufficient number of Recovery Support Coordinators/Case Managers to ensure that they are available to provide clients and their families receive individualized attention and intensive services and supports when needed.			
Goals and Objectives			
Goal:	CJTC aims to meet the mental health treatment needs of individuals with serious mental illness and co-occurring mental illness and substance abuse who have criminal justice involvement as an alternative to incarceration in local jail.		
Objective 1:	Increase public safety through decreasing recidivism in the target population and reducing local jail incarceration of people with serious mental illness.		
Objective 2:	Improve the quality of life of people with serious mental illness with criminal justice involvement.		
Objective 3:	Increase engagement and treatment of people living with co-occurring serious mental illness and substance abuse.		
Number to be served FY 2014-15:	*75*	**Proposed Budget FY 2014-15:**	*$299,345*
Cost per Person FY 2014-15:	*$3,991*	**Total Proposed Budget FY 2014-17:**	*$898,035*

Satellite Clinic Expansion

Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+
Service Category:	General System Development			

Program Description

The Satellite Clinics in the outlying areas of Avenal and Corcoran provide services and supports for initially identified full service populations, and for clients with serious mental illness and children with serious emotional disturbance. These services provide an alternative point of access for mental health treatment to the main clinic located in Hanford. Clinical services provided at the Satellite Clinics include:

- Individual, group, and family support
- Education and advocacy services
- Medication management and other evidenced-based and promising clinical interventions
- Access to a licensed Spanish-speaking clinician

Currently, the Avenal Satellite Clinic operates on Tuesdays and Wednesdays each week from 8:00 am to 5:00 pm. The Corcoran Satellite Clinic operates on Mondays and Thursdays each week from 8:00 am to 5:00 pm.

KCBH is committed to enhancing access to mental health services provided through the Satellite Clinics and expand clinics to include Family Resource Center locations. The results of the Needs Assessment conducted as part of the CPP process indicated a need for expanded hours for services at the Satellite

Clinics to enable community members who work during the day access to Satellite Clinic services at a more convenient time. KCBH is looking to work with Satellite Clinic providers and partner agencies to develop a plan to enhance hours at the Satellite Clinics beyond 8:00 am – 5:00 pm hours.

In addition to assessing opportunities to enhance hours of operation, KCBH plans to expand access to psychiatry services in a telemedicine format (Telepsychiatry) at Satellite Clinic locations. Telepsychiatry will decrease the intervals between appointments for mental health treatment and consultation, and the associated travel time and costs with transportation to and from Hanford in the more rural communities to meet their mental health treatment needs.

Goals and Objectives

Goal:	Satellite Clinics provide high quality and culturally competent clinical services to full service partnership populations and for clients with serious mental illness and children with serious emotional disturbance.
Objective 1:	To provide access to the full array of services and supports listed in the full service partnership category.
Objective 2:	Reduce ethnic and cultural disparities in accessibility, availability, and appropriateness of mental health services and to more adequately reflect mental health prevalence estimates.
Objective 3:	Increase the level of participation and involvement of ethnically diverse adults and older adults, as well as other underserved adults, in receiving mental health services.

Number to be served FY 2014-15:	*120*	**Proposed Budget FY 2014-15:**	*$356,173*
Cost per Person FY 2014-15:	*$2,968*	**Total Proposed Budget FY 2014-17:**	*$1,068,519*

Empowering Consumers to Help Others (ECHO) – Oak Wellness Center

Status:	☐New		☒Continuing	
Priority Population:	☐Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+
Service Category:	General System Development			

Program Description

The ECHO program operates in the Oak Wellness Center, a consumer-driven wellness and recovery drop-in center in Hanford. Consumers can access an array of consumer-driven services and social/recreational programming through ECHO and the Oak Wellness Center. Resources and services available at the Oak Wellness Center include:

- Peer-led discussion and support groups
- Wellness and Recovery Action Plans (WRAP)
- Transportation for field trips, conferences, and other enrichment activities

- ❖ Facilities (such as exercise equipment, pool table, and board games) to support physical health and pro-social development

The majority of consumers that attend the Center are adults, although some TAY and older adults also participate in activities at the Oak Wellness Center. Some regular volunteers have Spanish language abilities and can interpret as needed. The Center is open during the week and for half-days on Saturday.

Two full-time employees are hired through the ECHO program in which one individual has graduated from KCBH's FSP 2 or 3 program. Another two part-time peer staff are hired to help support with activities at the Oak Wellness Center.

Goals and Objectives

Goal:	To support adults and older adults live independently in the community while promoting wellness and resiliency.
Objective 1:	Promote the development of independent living skills and provide meaningful daily activities.
Objective 2:	Provide a safe, welcoming, and supportive environment for consumers to engage in enrichment activities and support groups.
Objective 3:	Increase the capacity of consumers and peers for self-advocacy and mutual aid.

Number to be served FY 2014-15:	*450*	**Proposed Budget FY 2014-15:**	*$86,500*
Cost per Person FY 2014-15:	*$192*	**Total Proposed Budget FY 2014-17:**	*$259,500*

Therapeutic Activity Groups for TAY

Status:	☒New		☐Continuing	
Priority Population:	☐Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☐Adult Ages 18– 59	☐Older Adult Ages 60+
Service Category:	Outreach and Engagement			

Program Description

The Therapeutic Activity Groups (or TAGs) will integrate therapeutic youth development, media literacy, social skills development, and social justice frameworks into a 20-week intensive program designed to foster individual and collective psychosocial development of Transition Age Youth (TAY) with serious emotional difficulties and/or serious mental illness. The TAGs will facilitate a therapeutic process where TAY have the opportunity to develop social skills, and learn and experience trust, safety, mutual aid, positive self-expression, emotional regulation, self-efficacy, and accountability to reduce the impact of living with serious emotional difficulties or serious mental illness. Each TAG, consisting of 6-12 youth, will be organized around elements of artistic expression, such as drawing, writing, spoken word, musical or dance performance, building upon the cultural context as experienced and developed by the youth themselves, and will culminate in a showcase where participants exhibit or perform their work. During sessions, youth will engage in guided discussions, individual and group activities facilitated

by trained staff (including a clinician and the media designer/artist who are both trained in the TAG model), and performance-based activities designed to foster development, teach conflict resolution, and cultivate therapeutic processes.			
Goals and Objectives			
Goal:	Engage youth with serious emotional difficulties and serous mental illness in a meaningful therapeutic experience by using activities and mediums of cultural expression to promote healing, empowerment, wellness, and pro-social development.		
Objective 1:	Reduce the impact of living with serious emotional difficulties and serious mental illness.		
Objective 2:	Increase connectedness of youth with serious emotional difficulties and serious mental illness to each other, their communities, and cultures.		
Objective 3:	Increase positive coping and adaptive skills in youth with serious emotional difficulties and serious mental illness.		
Objective 4:	Decrease stigma associated with mental illness in youth and their communities.		
Number to be served FY 2014-15:	*0*	**Proposed Budget FY 2014-15:**	*$34,000*
Cost per Person FY 2014-15:	*N/A*	**Total Proposed Budget FY 2014-17:**	*$234,000*

Multi-Service Centers

Status:	☒New		☐Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+
Service Category	Outreach and Engagement			

Program Description

Multiservice Centers (MSCs) are one-stop facilities that integrate needed services and supports that promote engagement of historically unserved communities into mental health services. MSCs were popularized in the social services arena beginning with mass-European immigration to the United States over a century ago. Typically, MSCs incorporate services that address physical health, mental health, employment, basic needs such as food, clothing, and shelter, and education.

Kings County plans to identify and enhance MSCs in Hanford, Avenal, Corcoran, and on the Santa Rosa Rancheria. Kings County will enhance service to ensure that they are client-centered, integrated, and provide support and resources to help individuals with serious mental illness and children with serious emotional disturbance access mental health and other support services they need. The MSCs offer co-located services, linkages, and referrals to treatment and resources, including the following:

- Mental health counseling and therapeutic interventions
- Linkages to other County agencies for services such as Medi-Cal enrollment, Cal Fresh, etc.
- Linkages to assistance with housing resources
- Referrals to substance abuse treatment for individual with co-occurring disorders

Essential to the success of MSCs is collaboration with other County departments and drawing upon the community in which MSCs are located to deliver comprehensive and culturally competent services to unserved individuals with serious mental illness and children with serious emotional disturbance. It is also necessary to build opportunities for consumers, family members, providers, and community members to collaboratively explore, increase awareness of, and support spirituality and its relationship to health and wellbeing, especially for those with or at-risk of co-occurring substance abuse and mental illness. KCBH is committed to working with other County agencies such as Social Services, Health, and Probation to ensure the outreach and engagement of historically unserved and underserved residents of Kings County.

Goals and Objectives

Goal:	Support unserved Kings County residents with serious mental illness and children with serious emotional disturbance to access mental health services through engagement/enrollment.
Objective 1:	Engage unserved Kings County residents with serious mental illness and children with serious emotional disturbance in geographically isolated regions.
Objective 2:	Link unserved Kings County residents with serious mental illness and children with serious emotional disturbance to mental health treatment and care.
Objective 3:	Connect Kings County residents to benefits enrollment, housing supports, employment and education, primary care, and other needed social and economic resources to support recovery.

Number to be served FY 2014-15:	*60*	**Proposed Budget FY 2014-15:**	*$170,167*
Cost per Person FY 2014-15:	*$2,836*	**Total Proposed Budget FY 2014-17:**	*$510,501*

Summer Day Camp

Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☐Adult Ages 18 – 59	☐Older Adult Ages 60+
Service Category:	General System Development			

Program Description

KCBH provides a Summer Day Camp program, which is designed to deliver intensive services to children and youth with serious emotional disturbance and/or serious mental illness during the summer months when they do not have access to school-based behavioral health programs and services. Summer camp helps to reduce the impact of living with serious mental illness and/or emotional disturbance for children and youth by conducting four (4) camps: three (3) two-week camps in Hanford, and one (1) two-week camp in Corcoran. In addition to individualized clinical treatment, Summer Camp uses an embedded curriculum using group discussions addressing the identification of campers' strengths, ways in which campers can maximize those strengths to enhance their personal development, and mental

and behavioral health issues of concern. Participants in the summer camps ranged in age from 6 to high school age; camps were divided by age groups. The Summer Camp provided transportation for youth in outlying areas to ensure participation by those who might not otherwise have been able to participate. Summer Day Camp will be expanded to include the city of Avenal, CA.			
Goals and Objectives			
Goal:	Promote the recovery of children with serious emotional disturbance and mental illness through treatment, prosocial development, and meaningful daily activities while school is out of session.		
Objective 1:	Increase the participation and involvement of ethnically diverse and geographically isolated children and youth.		
Objective 2:	Reduce geographic and ethnic disparities in accessibility of mental health treatment during the summer months when school is out of session.		
Objective 3:	Improve success of children and youth in the home and in preparation for school.		
Number to be served FY 2014-15:	*161*	**Proposed Budget FY 2014-15:**	*$40,500*
Cost per Person FY 2014-15:	*$252*	**Total Proposed Budget FY 2014-17:**	*$121,500*

Mental Health Services for Domestic Violence Survivors

Status:	☒New		☐Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☐Older Adult Ages 60+
Service Category:	General System Development			

Program Description

The Barbara Saville Women's Shelter provides a safe and secure living environment for women and children seeking refuge from domestic violence and/or, who are homeless due to unforeseen circumstances and situations. KCBH is funding mental health services at the shelter for adults with serious mental illness or who would meet criteria for having a serious mental illness and to children with serious emotional disturbance or who would meet criteria for having a serious emotional disturbance. Mental health treatment at the shelter ensures that clients can access co-located mental health services, including assessment, intensive case management, wraparound services, crisis counseling and therapeutic treatment to address, among other things, PTSD and major depression.

Following initial engagement, program staff will provide linkages to consumers to enroll in mental health treatment through the County's mental health plan and/or in the appropriate Full Service Partnership program for the parent and/or child.

Goals and Objectives	
Goal:	This program seeks to ensure that victims of domestic violence can adequately access mental health services during the period in which they are housed at the Women's Shelter.

Objective 1:	Provide mental health counseling and treatment to children with serious emotional disturbance and adults with serious mental illness addressing the trauma and cycles of domestic violence.
Objective 2:	Ensure that preventative mental health supports are part of the supports for stability made available to women with mental illness and children with serious emotional disturbance while housed in the Women's Shelter.
Objective 3:	Provide services to children with serious emotional disturbance and mentally ill adult victims of domestic violence to address and prevent further trauma of mental illness and experiencing the dislocation of homelessness.

Number to be served FY 2014-15:	*30*	**Proposed Budget FY 2014-15:**	*$94,720*
Cost per Person FY 2014-15:	*$3,157*	**Total Proposed Budget FY 2014-17:**	*$284,160*

Prevention & Early Intervention (PEI)

Prevention Programs

Senior Access for Engagement (SAFE)				
Status:	☐New		☒Continuing	
Priority Population:	☐Children Ages 0 – 17	☐Transition Age Youth Ages 16 – 24	☐Adult Ages 18 – 59	☒Older Adult Ages 60+

Program Description

Senior Access for Engagement (SAFE) is an outreach and engagement program for isolated older adults ages 60 and older. SAFE brings services and referrals with an emphasis on promoting wellness and independence to seniors/older adults in the home, at senior centers, nursing homes, assisted living facilities, and other events targeted at 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. SAFE also allows seniors/older adults to live independently in the community for as long as reasonably possible. This program addresses a specific need for in-home supports identified in the CPP process. Specific SAFE services include:

- Visit older adults in the home or in the community to provide companionship and social support
- Caregiver support group
- Linkages to respite for caregivers
- Refer and link clients to other community-based providers for other needed social services and primary care.
- Linkages and referrals to other services including the bilingual licensed therapist through KCBH.

SAFE will also work closely with FSP: Older Adults to ensure that for those consumers who need intervention for mental illness or other intensive mental health services gain access in a timely manner.

Goals and Objectives			
Goal:	SAFE aims to support Older Adults to live independently in the community for as long as reasonably possible, while ensuring their mental and physical wellbeing.		
Objective 1:	Provide treatment and care that promote wellness and recovery.		
Objective 2:	Promote the early identification of mental health symptoms in older adults.		
Objective 3:	Support independent living and reduce social isolation for seniors.		
Number to be served FY 2014-15:	*700*	**Proposed Budget FY 2014-15:**	*$241,000*
Cost per Person FY 2014-15:	*$344*	**Total Proposed Budget FY 2014-17:**	*$723,000*

Respite for Caregivers

Status:	☐New		☒Continuing	
Priority Population:	☐Children Ages 0 – 17	☐Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+

Program Description

The Respite for Caregivers program provides periodic support and relief to primary caregivers from the responsibility and stress of caring for older adults with mental illness. Caregivers accessing this service must live in a non-licensed setting and are non-paid. This service allows primary caregivers to meet in scheduled and unscheduled events and have time away from caring for the individual. Respite for caregivers may include in and out-of-home services, and other activities in community locations. The program also provides some assistance to primary caregivers on the supervision/caregiving of his/her family member. Services and supports provided should be sufficient to complement the natural family supports already in-place as identified by the caregiver.

Respite for Caregivers will work in close collaboration with Seniors Access for Engagement (SAFE) to identify caregivers in need of additional services and supports.

Goals and Objectives			
Goal:	Respite for Caregivers aims to provide assistance and relief to primary caregivers of older adults with mental illness to alleviate the emotional stress associated with caregiving and ensuring their mental wellbeing.		
Objective 1:	Provide activities and social supports to caregivers in the home and in the community.		
Objective 2:	Engage caregivers in services to alleviate stress and promote wellbeing.		
Objective 3:	Provide assistance to primary caregivers in their supervision/caregiving of a loved-one.		
Number to be served FY 2014-15:	*100*	**Proposed Budget FY 2014-15:**	*$85,000*
Cost per Person FY 2014-15:	*$850*	**Total Proposed Budget FY 2014-17:**	*$255,000*

Prevention and Wellness Services				
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+

Program Description

KCBH offers confidential counseling and case management services in the Hanford office. Services, which are available in English and Spanish, range from individual, group and family counseling. Kings County provides individualized case management, linkages to other departments, and referrals to outside agencies for both children and adult clients. The services provided are non-crisis, and are rendered using a brief treatment model. Prevention and Wellness Services also include (1) Family Member and Veterans Support Groups that meets twice a month for family members coping with mental health issues, and (2) a 12-week Grief Support Group for family members that have lost a loved one.

Goals and Objectives

Goal:	Kings County's Prevention and Wellness Services seek to provide accessible, high quality, and culturally competent counseling and support group sessions to promote positive approaches to mental health and prevent the development of serious mental health crises.
Objective 1:	Provide counseling services to children, youth, adults, and older adults in Kings County.
Objective 2:	Provide support groups for family members to prevent the onset of isolation and depression that family members and caregivers may experience.

Number to be served FY 2014-15:	*75*	**Proposed Budget FY 2014-15:**	*$137,612*
Cost per Person FY 2014-15:	*$1,835*	**Total Proposed Budget FY 2014-17:**	*$412,836*

Community Wide Prevention Strategies				
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+

Program Description

KCBH participates in the CalMHSA Statewide Prevention Program that includes prevention and early intervention efforts. The focus of KCBH's community wide prevention 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. These efforts uses four strategies: stigma and discrimination reduction; outreach, education, and training; suicide prevention; and referrals and linkages.

Stigma & Discrimination Reduction

Kings County utilizes a number of efforts to target the reduction of stigma and discrimination. These efforts include:

- Use of social marketing websites to share information and educate the public about mental illness

- Coordination of a speakers' bureau that conducts presentations about various issues pertaining to mental illness and stigma

- Anti-stigma advocacy before local public bodies engaged in decision-making that affects mental health treatment and services

- **The Kings County Cultural Competency Task Force (CCTF**) evolved in late 2010 from a joint venture between KCBH and Kings View Counseling Services, to a countywide task force that includes mental health and substance use disorder providers as well as other local providers from education, faith based entities, businesses, and consumers. The Task Force is made up of community members and partnering agency staff who work on completion of the required State Cultural Competency Plans, annual updates to that plan, setting the training agenda for the year, assisting other providers with their cultural competency plans and practices, and promoting culturally appropriate services throughout Kings County.

  This effort is accomplished through identification of some of our community provider training needs, recommending trainings, working on anti-stigma and stigma reduction, focusing on underserved populations in Kings County (i.e. LGBTQ Youth, Latinos, Veterans, seniors, Native Americans, ex-offenders, and those living with a mental illness) and promotion of CLAS standards.

Outreach & Education or Training

- **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." In mental health crises, such as a person feeling suicidal, deliberately harming themselves, having a panic attack or being acutely psychotic, someone with appropriate mental health first aid skills can reduce the risk of the person coming to harm.

  MHFA is offered in the form of an interactive 8-hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Those who complete the 8-hours to certify as Mental Health

First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care**.**

- **Youth Mental Health First Aid (YMHFA)** is designed to teach 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. YMHFA is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.

- **Applied Suicide Intervention Skills Training (ASIST)** workshop is a two-day, highly interactive, practice-oriented workshop for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide.

- **Another Kind of Valor** is a day-long training program that addresses how to better serve Veterans and their families. In these trainings, agencies and organizations learn the effects of war on returning Veterans and their families, how to engage and work with Veterans and their families, and what resources are available for Veterans and their families. These agencies include the courts, law enforcement, college counselors, doctors, churches and mental health agencies, just to name a few. The training provides tools on how to reach Veterans by having actual Veterans speak about their experiences and directly letting us know what they need from all of us. Military spouses also speak out about their experiences of being married to a Veteran. Female Veterans discuss their experiences of serving in the military. Numerous videos are presented to exemplify the effects of war on our Veterans. Discussions on the availability of services in Kings County are also presented. The topic of what to say and not say, as well as what to ask and not ask Veterans is discussed. The training also covers the issue of Vicarious Traumatization/Compassion Fatigue.

Suicide Prevention

- The **Kings County Suicide Prevention Task Force (SPTF)** promotes public awareness of prevention issues, improves and expands suicide reporting systems, and promotes effective clinical and professional practices.

- **Reduction and Elimination of Stigma Through Art Targeted Education (RESTATE)** is a stigma and discrimination reduction program designed to educate local high school students about mental health issues through a curriculum that uses media arts to promote awareness and understanding of mental health.

- **The Trevor Project** is a leading national organization focused on promoting acceptance of LGBTQ youth and aiding in suicide prevention among that population. The Trevor Project provides, among other things, outreach, training, a suicide hotline, and online support services to youth in Kings County.

- 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.

- **The Signs of Suicide (SOS)** program is a two-day secondary school-based intervention that includes screening for depression and risk of suicide as well as referrals to treatment and training for students on how to recognize signs and symptoms of depression and suicide in others and how to respond.

- **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.

- **Student Mental Health Network (SMHN)** is a collaborative effort designed to evaluate current services, develop recommendations for improvement in the student mental health system, and be a voice on student mental health issues in the community. The Network consists of student consumers, parents, educators, and mental health professionals.

- **Central Valley Suicide Hotline** is an existing hotline that supports individuals experiencing suicide ideation. KCBH will participate in providing this service for Kings County residents.

Referrals & Linkages

- **Access Review Teams (ART)** consist of mental health staff that review incoming individuals' assessments to determine and triage what referrals and linkages should be provided.

- **2-1-1** is both a telephone and web-based resource that connects users with a wide array of necessary health and human services resources, including, among other things, mental health treatment and crisis services, substance abuse treatment programs, transportation, and legal services. 2-1-1 information is available in both English and Spanish.

Goals and Objectives			
Goal:	Provide a robust array of services and supports that (1) address suicide prevention, (2) target stigma and discrimination reduction, and (3) encourage and promote collaborative outreach and support efforts to Kings County communities.		
Objective 1:	Expand the reach of mental health services.		
Objective 2:	Reduce the risk of suicide through prevention and intervention trainings.		
Objective 3:	Promote the early identification of mental illness.		
Number to be served FY 2014-15:	*4,000*	**Proposed Budget FY 2014-15:**	*$317,300**
Cost per Person FY 2014-15:	*$79*	**Total Proposed Budget FY 2014-17:**	*$951,900**
***Includes CalMHSA PEI Statewide participation expenditures.**			

Promotores de Salud				
Status:	☒New		☐Continuing	
Priority Population:	☐Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+

Program Description

The Promotores de Salud outreach model uses community-based, peer mental health workers to deliver mental health information to their communities. They serve as connectors between mental health care consumers and providers to promote mental health among traditionally underserved populations. Promotores are uniquely qualified as connectors because they live in the communities in which they work, understand what is meaningful to those communities, communicate in the language of the people, and recognize and incorporate cultural buffers (e.g., cultural identity, spiritual coping, traditional health practices) to help community members cope with stress and promote mental health outcomes. Promotores can build partnerships with formal health care delivery systems to connect people with the services they need, to stimulate social action that influences community participation in the health system and political dynamics, which also build providers' cultural competence by educating them about the community's mental health needs and the cultural relevancy of interventions.

To sum up their role, Promotores:

- Bridge cultural mediation between communities and the health care system;
- Provide culturally appropriate and accessible mental health education and information, often by using popular education methods;
- Assure that people get the services they need;
- Provide informal counseling and social support;
- Advocate for individuals and communities within the mental health and social service systems; and

- Build individual and community capacity.

The Promotores de Salud program is being developed in response to the unique cultural and geographical diversity in Kings County. Promotores de Salud is a proven culturally relevant program in Latino/Hispanic communities that shows great promise to enhance the monolingual Spanish speaking communities' capacity to address mental health in areas such as Avenal, Kettleman City, and Corcoran. KCBH plans to leverage MHSA CPP participation from community leaders in these communities as the inaugural class of Promotores de Salud who will then focus on the outreach and recruitment of other community members to expand the reach of the program.

Goals and Objectives

Goal:	Reduce racial and ethnic disparities in access and treatment for mental illness in Kings County by developing a cohort of community leaders to promote mental health awareness, resources and referrals, and linkages into services.
Objective 1:	Provide education for mental health literacy and recognition of early signs of mental illness through education and training of mental health self-care.
Objective 2:	Identify and link Kings County residents in need of treatment and recovery services to KCBH.
Objective 3:	Increase protective factors through fostering connectedness and reducing social isolation to counteract risk-factors for developing mental health problems.
Objective 4:	Promote wellness and resiliency through support groups, community events, and activities.

Number to be served FY 2014-15:	*0*	**Proposed Budget FY 2014-15:**	*$2,100*
Cost per Person FY 2014-15:	*N/A*	**Total Proposed Budget FY 2014-17:**	*$202,100*

Linkages/Referrals Portal

Status:	☒New		☐Continuing	
Priority Population:	☐Children Ages 0 – 17	☐Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☐Older Adult Ages 60+

Program Description

Law enforcement participants in the MHSA CPP process identified a need for more comprehensive and accessible information about existing mental health programs and services available in Kings County. As with many of the small counties in California, law enforcement in Kings County are often the first responders to residents who may be experiencing a mental health crisis event. For individuals who do not meeting 5150 criteria but do require additional support for their mental health, law enforcement indicated they need more assistance to help direct these individuals to the most appropriate program or service. This information is especially important in the context of getting individuals referred to services and programs in advance of a future and more severe crisis rising to the 5150 level.

In order to respond to law enforcement's request for more comprehensive and accessible information about mental health programs and services available in Kings County, KCBH will develop an improved web-based referral process for officers while they are in the field responding to mental health calls. The process will provide fast, dependable access and up-to-date information on what mental health programs, resources, and services are available to provide the most accurate and complete information to Kings County residents in need of mental health services.

With the improved access to information, law enforcement will be able to ensure that they can provide consumers with linkages and referrals in each interaction, increasing the number of interventions that will reduce the risk of more severe mental health crisis events in the future.

Once the portal is developed and piloted for use by law enforcement, KCBH will explore ways to leverage the platform to process for use by mental health providers and community members who may rely on the internet for other information and resources on mental health.

Goals and Objectives

Goal:	Develop a comprehensive resource and referral web-based portal targeted to law enforcement that assists individuals experiencing a mental health crisis event to engage in mental health services.
Objective 1:	Expand the reach of mental health services to individuals experiencing a mental health crisis event.
Objective 2:	Increase the engagement of individuals at-risk of developing more serious mental health problems through referrals and linkages into services.
Objective 3:	Strengthen the relationship between law enforcement, consumers and their family members, and the public mental health system.

Number to be served FY 2014-15:	*N/A*	**Proposed Budget FY 2014-15:**	*$21,563*
Cost per Person FY 2014-15:	*N/A*	**Total Proposed Budget FY 2014-17:**	*$64,689*

Community Capacity Building Program

Status:	☒New		☐Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+

Program Description

The Community Capacity Building Program (CCBP) provides a mechanism to make funds available to community providers and stakeholders for the purpose of their capacity to address mental health in their communities. Projects to be funded are meant to encourage collaboration amongst community-based organizations (CBOs) and other stakeholders with KCBH to educate, train, and prepare small CBO's for future engagements in the provision of mental health services. This program seeks to fund projects that (1) encourage collaboration amongst county departments, community-based providers,

and other stakeholders, and (2) build community capacity for mental health services. Projects may include trainings, events, or new programs to deliver mental health information and services to the community. KCBH will ensure that all programs and services provided under CCBP are aligned with the requirements of the MHSA and with the MHSA values.			
Goals and Objectives			
Goal:	CCBP aims to make funds available to CBOs and community leaders for the purposes of developing their knowledge, skill, and capacity to address the community's mental health needs.		
Objective 1:	Introduce new programs, events, and trainings to community providers and leaders on a fast-track basis that address community mental health needs.		
Objective 2:	Increase local agency involvement in the planning and implementation of MHSA funded programs while providing those agencies with new revenue opportunities to invest in our local economy.		
Objective 3:	Increase community providers and leaders' involvement in demonstrating programs and services in mental health prevention and treatment, as well as their ability to implement such programs on an accelerated basis.		
Number to be served FY 2014-15:	*100*	**Proposed Budget FY 2014-15:**	*$12,000*
Cost per Person FY 2014-15:	*$120*	**Total Proposed Budget FY 2014-17:**	*$36,000*

Early Intervention Programs

Early Intervention Services				
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 15	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☐Older Adult Ages 60+
Program Description				
Early Intervention Clinical Services is a program that includes three different types of services aimed at children, youth, and their parents including Truancy Intervention Prevention Program (TIPP), Life Strategic Training and Education Program (Life Steps), and Parent Child Interaction Therapy. Each program is discussed in detail below. The **Truancy Intervention Prevention Program (TIPP)** is a collaborative partnership among the School Attendance Review Board (SARB), the Office of Education, the District Attorney's Office, and KCBH. TIPP was formed to provide families and youth with tools and linkages to resources to address the factors that contribute to truancy and chronic absenteeism (such as addiction, mental illness, domestic violence, neglect, homelessness, etc.).				

The **Life Strategic Training and Education Program** (also known as **Life Steps**) forms one component of the TIPP. Life Steps is a one-day course that provides psycho-education to families with truant or chronically absent students on the following topics: the importance of being involved in children's education; the understanding of both parental and child roles; setting limits and boundaries; substance abuse, mental health, gangs/criminal activity, discipline and child abuse and other issues that impact truancy/chronic absenteeism and children's educational success. Life Steps uses speakers, activities, role play, and psychoeducation in a group setting. Additionally, the course provides information on how to access resources and services that may be needed by the family. The course includes guest speakers from Child Welfare, Office of Education, CBOs and Law Enforcement.

Parent-Child Interaction Therapy (PCIT) is an innovative and effective early intervention therapy for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. The PCIT program is a family centered approach with a combination of behavioral therapy, play therapy and parenting techniques. Parents will learn specific skills to establish or strengthen a nurturing and secure relationship with their child while encouraging acceptable behavior and discouraging undesirable behavior. PCIT treatment is administered for 20 weekly one hour sessions with a trained PCIT mental health clinician. The STAR Center at Behavioral Health houses the PCIT rooms where parents are coached on skills to implement with the child. The most appropriate referrals are children between the ages of 2 – 7 years who are exhibiting challenging, disruptive behaviors. PCIT is most effective when the difficulty of managing the children's behaviors has caused the warmth and affection in the parent-child relationship to decay. Services are provided in English and Spanish by PCIT trained therapists.

Goals and Objectives	
Goal:	Early Intervention Clinical Services aims to increase positive approaches to addressing mental health problems and prevent the development of a serious mental health crisis, particularly for youth.
Objective 1:	Reduce the trauma associated with first break psychosis and/or mental illness in youth.
Objective 2:	Reduce the impact of living with serious mental illness for youth and their families.
Objective 3:	Promote educational achievement for youth.
Objective 4:	Increase positive parent-child interactions to improve familial relationships with at-risk youth.

Number to be served FY 2014-15:	*175*	**Proposed Budget FY 2014-15:**	*$114,652*
Cost per Person FY 2014-15:	*$655*	**Total Proposed Budget FY 2014-17:**	*$343,956*

Crisis Intervention Team (CIT) Training				
Status:	☐New		☒Continuing	
Priority Population:	☐Children Ages 0 – 15	☐Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☐Older Adult Ages 60+

Program Description

Crisis Intervention Team (CIT) training is modeled after a nationally recognized, evidence-based program known as the CIT Memphis Model that focuses on training law enforcement personnel and other first responders to recognize the signs of mental illness when responding to a person experiencing a mental health crisis. The course provides 32 hours of training and is approved by the local Peace Officers Standards and Training (POST) agency at no cost to the participating agency or individual. The course teaches trainees on the signs and symptoms of mental illness and coaching on how to respond appropriately and compassionately to individuals or families in crisis.

This project responds to needs identified through the CPP process that include enhanced services to individuals in crisis and increase opportunities for diversion from the criminal justice system.

CIT Training is intended to reach all law enforcement agencies in Kings County, including:

- Local police departments in Hanford, Lemoore, Avenal, and Corcoran;
- Kings County Sheriff's Office;
- California Highway Patrol, Kings County; and,
- Tachi Palace Hotel & Casino Security.

Goals and Objectives

Goal:	CIT aims to implement a community-oriented and evidence based policing model for responding to psychiatric emergencies.
Objective 1:	Reduce the number of arrests and incarcerations for people with mental illness.
Objective 2:	Strengthen the relationship between law enforcement, consumers and their families, and the public mental health system.
Objective 3:	Reduce the trauma associated with law enforcement intervention during psychiatric emergencies.

Number to be served FY 2014-15:	*20*	**Proposed Budget FY 2014-15:**	*$4,000*
Cost per Person FY 2014-15:	*$200*	**Total Proposed Budget FY 2014-17:**	*$12,000*

Universal Developmental Screening				
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 15	☐Transition Age Youth Ages 16 – 24	☐Adult Ages 18 – 59	☐Older Adult Ages 60+

Program Description

The American Pediatric Association recommends the use of standardized developmental screening of young children during well-child medical examinations. Research shows that standardized screening tools compliment clinical judgment and are necessary for the detection of social, emotional and developmental delays for young children.

Developmental screenings are essential to identify and inform decisions regarding the need for further evaluation to ensure children and their families receive necessary early intervention services. The goal is for each child to successfully develop emotional and social competence within the heart of family life and therefore more likely to achieve school readiness and less likely to enter the juvenile justice system.

With consent from the parents/guardians, trained staff use the Ages & Stages Questionnaire (ASQ-3) and the Ages & Stages Questionnaire: Social-Emotion (ASQ-SE) to detect developmental, social, and emotional variations or delays. The ASQ-3 and ASQ-SE were chosen for this program because the tools can be completed quickly and can be self-administered by the child's family or administered with the assistance of a trained screener.

For children age 6-16 years old, KCBH uses the *Pediatric Symptoms Checklist*. This tool uses specific descriptions of the child's behaviors and emotions. Parents are consulted to ensure the best possible answers are given. Also, for middle and high school students, KCBH uses *Signs of Suicide*. It is used when signs of self-harm or risk of suicide are identified.

Goals and Objectives

Goal:	Provide developmental screening to children ages 0-5 and early intervention services for children at-risk of social, emotional, or developmental delays.
Objective 1:	Reduce the racial/ethnic disparities in children with social, emotional, or development delays.
Objective 2:	Increase access to screening for children with families living in culturally and geographically isolated areas of Kings County.
Objective 3:	Increase referrals for additional services and supports for families with children who are at-risk of social or developmental delay.

Number to be served FY 2014-15:	*200*	**Proposed Budget FY 2014-15:**	*$32,065*
Cost per Person FY 2014-15:	*$160*	**Total Proposed Budget FY 2014-17:**	*$96,195*

School-Based Services				
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☐Adult Ages 18 – 59	☐Older Adult Ages 60+

Program Description

KCBH's School Based Services encompasses the following four programs or services:

Therapeutic School Based Services (for non-Medi-Cal eligible students): In January of 2014, Behavioral Health began to render clinical/therapeutic services to the "alumni" from the Circle of the Horse program who attend Central Union School. The non-licensed clinician provides services on campus once a week to students who have completed the Circle of the Horse and whom the school has identified needing continued care or counseling. The clinician provides services during school on site, and for the duration of summer school. The clinician also attempts to promote additional services to the families of the students to address the broader family dynamics. Most of the participants are not Medi-Cal eligible do to their affiliation with the local tribe, and there is an identified need for more clinical providers on the Rancheria. The move to have the students receive additional services what initiated by the Innovation Learning Council (ILC). There is also discussion of having some students and families participate in services afterschool at the Santa Rosa Education Center. In the future KCBH would like to expand services to other school where students may not be able to access services because they are no Medi-Cal eligible or don't meet medical necessity.

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 also emphasizes seeking out support from responsible adults and setting personal life goals. This curriculum is offered throughout the entire county's school system.

Goals and Objectives

Goal:	Provide programming that focuses on building parenting skills, developing young people's resiliency, and supporting positive youth and family development.
Objective 1:	Reduce youth and family involvement in the criminal justice system.
Objective 2:	Promote positive, successful school interactions.

Number to be served FY 2014-15:	*324*	**Proposed Budget FY 2014-15:**	*$213,557*
Cost per Person FY 2014-15:	*$659*	**Total Proposed Budget FY 2014-17:**	*$640,671*

Youth Mentoring/Ambassador Program				
Status:	☒New		☐Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☐Older Adult Ages 60+

Program Description

The Youth Mentoring/Ambassador program will match youth in Hanford and other areas of Kings County with caring adults as mentors. Through these relationships, as well as recreational and group activities, mentors will provide friendship, support, and guidance to local youth. Research shows that mentoring relationships improve a young person's self-esteem, help young people strengthen communication skills, and teach young people how to relate well with people of different backgrounds. Research also shows that mentoring relationships can keep students in school. Students who meet regularly with their mentors are 52% less likely than their peers to skip a day of school and 37% less likely to skip a class. (Public/Private Ventures study of Big Brothers Big Sisters).

Mentors in the Kings County program will be matched with mentees of the same gender. Mentors and their mentees will meet one on one for approximately 2-3 hours per week and participate in activities that they both enjoy. There are also monthly group activities to bring all participants together. All participants in the Youth Mentoring/Ambassador program will receive comprehensive training and education by participating in Youth Mental Health First Aid, an overview of KCBH mental health services, as well as other resources to help participants identify and address behavioral problems early on in their development.

The Youth Mentoring/Ambassador program will recruit individuals from local CBOs and the faith-based community to act as mentors to Kings County youth. The program will provide mentors to youth starting in the elementary school grades through high school. Mentors will be trained on a curriculum that addresses, among others, the following topics: how to be an effective mentor, how to effectively communicate with children and youth, strategies for managing challenging behavior, how to serve children with special needs, and best practices for developing a positive and productive relationship with a mentee. Mentors will also be provided information regarding community supports and services available to youth should a need for referrals be identified. In addition to training mentors, Kings County will support the activities of the mentoring program, such as providing funding for group mentor-mentee field trips.

Goals and Objectives

Goal:	Provide opportunities for youth to receive mentoring supports from positive adult role models.
Objective 1:	Recruit and train adult mentors to serve in Kings County as mentors.
Objective 2:	Provide alternative wellness and recreation activities for youth.

Number to be served FY 2014-15:	*0*	**Proposed Budget FY 2014-15:**	*$1,000*

Cost per Person FY 2014-15:	*N/A*	**Total Proposed Budget FY 2014-17:**	*$101,000*

Workforce Education and Training (WET)

WET Coordination & Mental Health Professional Development				
Status:	☐New		☒Continuing	
Priority Population:	☐Children Ages 0 – 17	☐Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+

Program Description

To complement a continuum of services available, KCBH will coordinate a number of Workforce Education and Training (WET) activities. MHSA funding will support the salary of a staff person responsible for overseeing coordination of WET activities. These activities include assessing the need for, and coordinating the provision of the following ongoing programs to staff, consumers, and family members:

- **Mental Health Professional Development:** funding for KCBH and provider staff to attend regional and state-wide trainings and professional development opportunities (e.g., PCIT and others); funding for participation in regional WET conferences.

- **Financial Assistance for Mental Health Professionals:** stipends for mental health interns. The stipends offer the promise of encouraging psychiatric residents to enter the public mental health workforce and receive training and supervision in the public mental health system and MHSA values. These residents would receive training and resources in psychiatric assessment and treatment, cultural competency, and issues in community mental health.

- **Enhanced advanced clinical training** in evidence-based practices with continuing education credits for: dialectical behavioral therapy (DBT), cognitive behavioral therapy (CBT), motivational interviewing (MI), trauma-informed approaches to care, Critical Incident Stress Management (CISM), Spirituality and Mental Health, and integrated mental health and physical health care delivery. Other training topics will be incorporated into advanced clinical training in future MHSA Annual Updates.

Goals and Objectives

Goal:	The WET program aims to ensure a competent and trained workforce in alignment with MHSA values that is versed in relevant evidence-based practices.
Objective 1:	Ensure clinical staff are trained in relevant evidence-based practices.
Objective 2:	Ensure a culturally competent and informed workforce.
Objective 3:	Increase the supply of mental health staff, including clinicians.

Proposed Budget FY 2014-15:	*$106,853*	**Total Proposed Budget FY 2014-17:**	*$320,559*

Mental Health Workforce Pathways: Youth and Tribe				
Status:	☒New		☐Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+

Program Description

To complement a continuum of workforce development programs, KCBH will develop and implement a Mental Health Workforce Pathways program. This program will focus on targeting education and outreach to local youth and members of the Tachi-Yokut tribe. Specifically, this program will incorporate multiple strategies to inform its target populations about different volunteer and career paths available in the mental health field. These strategies will include:

- Dispatching speakers to discuss mental health careers at elementary, middle, and high school career days
- Ensuring that mental health staff (whether from KCBH or other providers) attend and participate in career fairs
- Implementing specific vocational programs
- Developing marketing and educational materials about careers in mental health targeted at middle and high school students.

Kings County, like many other rural California counties, is experiencing a lack of mental health professionals with the education, training, and experience to competently treat its diverse local populations. To the extent there are professionals available to treat these populations, frequently these clinicians travel from long distances or perform their services via Telepsychiatry. Creating workforce pathways for tribe members and youth will help to increase the capacity and diversity of the workforce to meet the community's mental health needs.

Goals and Objectives

Goal:	The goal of the Mental Health Workforce Pathways program is two-fold: to expand the supply of diverse and culturally competent mental health staff in Kings County and to inform local youth about possible career paths in the field of mental health.
Objective 1:	Provide outreach and education to youth in Kings County, especially those from unserved or underserved communities, about career opportunities available in the mental health field.
Objective 2:	Provide education to youth about what mental health is, what services are available in the community, and thereby decrease stigma around mental health issues.

Number to be served FY 2014-15:	*0*	**Proposed Budget FY 2014-15:**	*$5,000*
Cost per Person FY 2014-15:	*N/A*	**Total Proposed Budget FY 2014-17:**	*$45,000*

Cultural Ambassador Training Program				
Status:	☒New		☐Continuing	
Priority Population:	☐Children Ages 0 – 17	☐Transition Age Youth Ages 16 – 24	☒Adult Ages 18 – 59	☒Older Adult Ages 60+

Program Description

Kings County will develop and implement a Cultural Ambassador Training Program designed to further the cultural competency of clinical mental health staff that interface with Latino and Tachi-Yokut consumers. In this program, underserved and culturally non-dominant community members will act as "ambassadors," reaching out to provide talks and lead discussions with Behavioral Health staff and other providers about cultural understandings and practices that impact consumers' views on mental health treatment and care. The Cultural Ambassadors, members of the local Tachi-Yokut and Latino communities, will facilitate presentations, coordinate training opportunities for provider staff, especially those that serve in the unserved/underserved communities, and provide coaching opportunities, focused on a customized response to specific circumstances, supporting service providers' work within these communities. Strategies may include the use of roleplaying exercises.

Goals and Objectives

Goal:	The goal of the Cultural Ambassador Training Program is to enhance the cultural competency of Kings County and local provider staff with respect to the local Native American (Tachi-Yokut) and Latino cultures.
Objective 1:	Further the cultural competencies of mental health staff working in unserved and underserved communities in Kings County.
Objective 2:	Develop stronger communication, collaboration, and relationships between mental health agencies, clinicians, and the communities served.
Objective 3:	Enhance the quality of treatment provided, and the consumers' perception of the quality of service provided, via enhancing the cultural competency of mental health staff.

Number to be served FY 2014-15:	*0*	**Proposed Budget FY 2014-15:**	*$0*
Cost per Person FY 2014-15:	*N/A*	**Total Proposed Budget FY 2014-17:**	*$10,000*

Capital Facilities and Technological Needs (CFTN)

Capital Facilities

Feasibility Study for Courthouse Space			
Status:	☐New	☒Continuing	
Program Description			
Kings County Courts are targeted to move from the Kings County Government complex. This move will vacate a two story County-owned building that offers potential for several public service departments to partner and streamline access-to-care under one roof. KCBH is leading the stakeholder process to include the Public Guardian and Veterans Services, Commission on Aging, Health Department, Human Services and other partners to develop ideas for how to best utilize the space for mental health services. As part of this planning process, Capital Facilities revenue will be utilized to conduct a feasibility study for the utilization of this Court Building.			
Goals and Objectives			
Goal:	Use the results of the feasibility analysis to determine the appropriateness and optimal utilization of the Kings County Court space for mental health services.		
Year 1 Objectives:	Conduct feasibility study and determine possible uses for the Kings County Court space.		
Year 2 Objectives:	Develop recommendations for mental health programs and services that will optimize use of the Kings County Court space.		
Year 3 Objectives:	Implement programs and services as directed in Year 2.		
Proposed Budget FY 2014-15:	*$80,000*	**Total Proposed Budget FY 2014-17:**	*$80,000*

Feasibility Study for Oak Wellness Center		
Status:	☒New	☐Continuing
Program Description		
The Oak Wellness Center and Kings View Behavioral Health Clinic, currently operated by Kings View Behavioral Health Systems, are located in a County-owned property at 1393 Bailey Street, Hanford, CA. During the CPP process, both Kings View staff, consumers, and other stakeholders identified the need to determine the best utilization of the facilities to meet both staff and consumer needs. Consumers identified concerns of having a combined waiting area for both adult and children consumers, as well as bathrooms that are shared with consumers across the lifespan. Concerns included the need to increase the safety of consumers, especially for children, in these shared spaces. In addition, Kings View staff have maximized administrative areas and desk space and requested an investigation of how to make more space available to increase its capacity. During the Strategy Roundtables, stakeholders identified the opportunity to investigate the possible uses of the 1393 Bailey Street property if the adult Oak Wellness Center was relocated to a different		

site. In order to carry out this suggestion, CFTN funds will be used to conduct a feasibility study to evaluate traffic flow of consumers/staff, space utilization and provide feasible options to address the deficits identified in the CPP process. Kings County will hire a company to do the study and provide feasible options.

Goals and Objectives	
Goal:	Use the results of the feasibility analysis to determine the appropriateness and optimal utilization of the 1393 Bailey Street space for mental health services.
Year 1 Objectives:	Conduct feasibility study and determine possible uses for the 1339 Bailey Street space.
Year 2 Objectives:	Develop recommendations for mental health programs and services that will optimize use of the 1393 Bailey Street space.
Year 3 Objectives:	Implement programs and services as directed in Year 2.

Proposed Budget FY 2014-15:	*$100,000*	**Total Proposed Budget FY 2014-17:**	*$100,000*

Continued Capital Facilities Support to Ongoing MHSA Funded Programs

Status:	☐New	☒Continuing

Program Description
KCBH will also consider Capital Facilities investments into CSS and PEI programs to ensure that consumers, family members, and staff have the facilities they need to provide adequate mental health services. In order to understand where to best invest MHSA funds for capital facilities improvements, KCBH will develop a Capital Facilities Plan for the specific projects as they are identified through subsequent MHSA Annual Updates to this plan.

Proposed Activities for FY 2014-2017
Activities related to the ongoing support of CSS and PEI programs will be determined as they are identified and documented in subsequent MHSA Annual Updates to this plan.

Proposed Budget FY 2014-15:	$35,000	**Total Proposed Budget FY 2014-17:**	$105,000

Technological Needs

Electronic Health Records Implementation & Maintenance

Status:	☐New	☒Continuing

Program Description
KCBH introduced Anasazi to improve the quality of services through its fully functional Electronic Health Record (EHR). The EHR system increases efficiencies in reporting, billing, and retrieving and storing personal health information. Kings County would also like to pursue software add-ons or enhancements that will integrate outcomes measurement of programs and services with billing

reconciliation functions. A fully functioning EHR allows for greater integration as well as smoother access to health information for treatment staff, as well as to pave the consumer's path to accessing personal health records. Any acquired property using MHSA Technological Needs funds will be owned and operated by Kings County and will only be used for benefit of Kings County clients.

Proposed Activities for FY 2014-2017

Moving forward with this Three Year Plan, KCBH will utilize Technological Needs funding to:

- Provide ongoing support and maintenance of Anasazi
- Continued acquisition of computers, laptops, smart boards, and other equipment needed to support EHR access in multiple locations
- Continued acquisition of information or communication services/devices to support current programs use of the Anasazi system
- Acquisition and ongoing support and maintenance of new software add-ons or enhancements that measure outcomes of program and service participation
- Acquisition and ongoing support of new software add-ons or enhancements to conduct full billing reconciliation

In response to the Needs Assessment, KCBH is modifying its plan for Anasazi implementation to also include:

- Interoperability training of EHR system for KCBH partners to support coordinated service delivery
- Inventory needs for updating the EHR system to support current and future MHSA funded programs

These modifications are needed to support the County's future efforts in integrating and co-locating more services to enhance the continuity of care for consumers.

Goals and Objectives

Goal:	The Electronic Health Records and Maintenance aim is to provide the necessary software and hardware to facilitate electronic health record keeping.
Year 1 Objectives:	Increase efficiencies in reporting, billing, and retrieving and storing personal health information.
Year 2 Objectives:	Increase interoperability between EHR systems used by different KCBH partners.
Year 3 Objectives:	Increase the experience of a seamless system of mental health care for consumers across multiple providers in the County.

Proposed Budget FY 2014-15:	*$150,000*	**Total Proposed Budget FY 2014-17:**	*$450,000*

Telepsychiatry Infrastructure Acquisition		
Status:	☒New	☐Continuing

Program Description

Kings County is a geographically diverse county, containing one main population center (Hanford) and many outlying rural communities, such as Avenal, Corcoran, and Kettleman City, in a region covering hundreds of miles in terms of distance traveled between service sites. In order to overcome the barriers to providing psychiatric services to clients throughout the county, and especially in rural communities, KCBH plans to implement psychiatry services in a telemedicine format (Telepsychiatry) as part the FY 2014-2017 MHSA Plan. In particular, Telepsychiatry will expand the reach of psychiatric services to underserved geographical locations, decrease wait times in between psychiatrist appointments, and enable the county to provide psychiatric specialist services that otherwise would be unavailable (e.g. geriatric psychiatry).

Telepsychiatry is the use of electronic communication and information technologies that provide or support clinical psychiatric care at a distance. Telepsychiatry will allow live, interactive two-way audio-video communication technology (i.e. videoconferencing). During the appointment, MHP/KCBH staff will facilitate the consultation between the client and psychiatrist. The county will take special care in ensuring the privacy, confidentiality, and informed consent of the client.

KCBH intends to deliver Telepsychiatry in non-crisis settings. Telepsychiatry services will be integrated into existing Satellite Clinic locations in the communities of Corcoran and Avenal, and identify further opportunities to expand access into underserved regions of the County.

Implementing Telepsychiatry will include the acquisition and outfitting of computers (laptops or notebooks) for use in the field that are equipped with Anasazi MIS access and/or Telepsychiatry capabilities (laptops or stations, webcams, encrypted internet connection, and videoconferencing software).

Goals and Objectives

Goal:	The Telepsychiatry Infrastructure Acquisition aim is to provide the necessary software and hardware to facilitate psychiatry services in a telemedicine format to underserved areas in Kings County.
Year 1 Objectives:	Acquire hardware and software needed to facilitate Telepsychiatry services and train provider staff on its use.
Year 2 Objectives:	Implement Telepsychiatry services in the two KCBH Satellite Clinic locations in Avenal and Corcoran, and identify other areas where telepsychiatry services can be utilized.
Year 3 Objectives:	Implement Telepsychiatry services in other underserved areas as identified through subsequent CPP processes documented in MHSA Annual Updates.

Proposed Budget FY 2014-15:	*$0*	**Total Proposed Budget FY 2014-17:**	*$100,000*

MHSA Innovation Program Plan

Kings County Innovation Program Plan was developed as part of its integrated MHSA Three-Year Program and Expenditure Plan for 2014 – 2017. For information about the Community Program Planning (CPP) process that led to the development of the new Innovation project, please refer to the full Three-Year Plan.

Continuing Innovation Program

Circle of the Horse & Implementation Learning Council				
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☐Adult Ages 18 – 59	☐Older Adult Ages 60+
Proposed Purpose of the Innovation Project:	☒ Increase access to underserved groups ☐ Increase the quality of services, including better outcomes ☒ Promote interagency and community collaboration ☒ Increase access to services			

Program Description

First approved in February 2011, this Innovation project provides for two components: Equine Facilitated Psychotherapy (EFP), called Circle of the Horse, and the Innovation Learning Council (ILC). EFP is conducted by a licensed clinician contracted by KCBH. The whole program is overseen by the ILC which is a collaborative partnership between KCBH, Central Union School District, and members of the Tachi-Yokut Tribe. EFP serves students attending Central Union School, the main school located near the Santa Rosa Rancheria. Students who are underperforming, at-risk of failing, or who have exhibited behavioral issues at school are screened and referred into the program from Central Union. EFP is a 16-week program tailored to Native American culture. EFP can serve up to 12 students per semester. In the fall of 2014, the Santa Rosa Education Department joined the ILC, and is providing transportation for the participants to and from the program site, and exploring afterschool options for program participants.

The ILC is composed of representatives from Tribal Administration, the Tachi-Yokut Cultural Department, Central Union School, EFP staff, KCBH, and an independent evaluator. The ILC is responsible for developing the program, implementing EFP, ensuring cultural appropriateness of the intervention, measuring its success, and enacting any changes or adjustments to the program as a result of evaluation findings.

Funding for EFP is expected to end December 2015. At this time, KCBH is working with the ILC to ensure the sustainability of this program, including transferring this program to the Tribal Administration. KCBH intends to continue working with the ILC to engage in the assessment, planning, and implementation of future MHSA funded programs and services delivered to the Santa Rosa Rancheria.

Goals and Objectives			
Goal:	Provide therapeutic services to unserved/inappropriately served population in Kings County (Native American Youth).		
Objective 1:	Implement a culturally-specific equine facilitated psychotherapy program for local Native American Youth.		
Objective 2:	Improve overall scholastic performance of at-risk and underperforming Native American students at the local school.		
Objective 3:	Improve and enhance the relationship between program partners who have traditionally not worked together (KCBH, the Tachi Yokut Tribe, and School District).		
Number to be served FY 2014-15:	24	**Proposed Budget FY 2014-15:**	$147,200
Cost per Person FY 2014-15:	$6,125	**Total Proposed Budget FY 2014-17:**	$245,800

New Innovation Program

Youth Researching Resiliency (YRR) Project				
Status:	☒New		☐Continuing	
Priority Population:	☐Children Ages 0 – 17	☒Transition Age Youth Ages 16 – 24	☐Adult Ages 18 – 59	☐Older Adult Ages 60+
Proposed Purpose of the Innovation Project:	☒ Increase access to underserved groups ☐ Increase the quality of services, including better outcomes ☒ Promote interagency and community collaboration ☐ Increase access to services			

Primary Purpose

Throughout the Community Planning Process, stakeholders identified and prioritized the unique needs of transition age youth (TAY) in Kings County—especially TAY who are members of the Tribal/Native American community and/or geographically or culturally isolated communities—as an area of concern that requires innovative solutions. As described by stakeholders, the challenges in serving this target group include high levels of criminal justice involvement, geographic and linguistic isolation, and socio-economic status. Additionally, the target population had very limited engagement in the MHSA CPP process, however, were consistently identified by stakeholders as being at-risk and under- or inappropriately served within the current service delivery model. Because engagement of this population has been limited, further development of community collaboration and engagement regarding mental health issues was identified as a major need.

Kings County is a small, rural county with a population of approximately 150,000. Forty-six percent of County residents are in poverty. Over 40% of county residents have a primary language other than English, and 21% of county residents are linguistically isolated. While the largest cultural group is Latino (53%), the Tribal/Native American presence is significant and comprises 3% of the population. High levels of poverty, unemployment and rural and cultural isolation affect many residents of Kings County. TAY accounts for 16% of the County population, and many TAY in geographically, culturally, and

linguistically isolated communities are at greater risk for mental health problems, incarceration, and alcohol and other drug abuse.

TAY in the target communities are impacted by stigma associated with mental illness and mistrust of County and other government institutions stemming from historical trauma and thus are less likely to access County mental health services delivered in traditional clinic settings. The deficit of Tribal TAY participation in both MHSA-funded services and the CPP process indicates that there is a need to establish trust between the TAY populations in geographically and culturally isolated communities and county agencies, to increase linkages between target TAY and MHSA programs, and to provide programs and services in non-traditional settings that are accessible to the target population.

For TAY in geographically or culturally isolated communities, effective programs must include strategies that leverage community resiliency and protective factors in program design and delivery. This project utilizes models of youth-led participatory action research (PAR) and empowerment evaluation to engage the chronically underserved target population in the identification of resiliency factors that can be leveraged in subsequent program planning efforts in Kings County. Youth-led PAR gives youth a voice and encourages youth participation in creating solutions to issues that greatly impact their lives, but over which they have traditionally had little influence. Empowerment evaluation is an approach that "aims to increase the likelihood that programs will achieve results by increasing the capacity of program stakeholders to plan, implement, and evaluate their own programs" (Fetterman, 2005).

The proposed project is a new model that promotes interagency and community collaboration and increased access to underserved groups through direct engagement in mental health training, youth-led participatory research, and decision-making. Project outcomes will inform the County's understanding of what community and cultural resiliency factors contribute to the success of individuals in these communities, and how these factors can be leveraged to implement strengths-based, culturally competent approaches to mental health programming.

Project Description

The proposed program directly addresses the issues of limited TAY engagement in MHSA services and planning processes, and the identified need for culturally competent, strength-based services targeted to culturally and geographically isolated communities by engaging youth in leading participatory research and evaluation to identify individual and community resiliency factors that will inform the creation of future mental health programming.

The aim of the proposed program is to engage TAY in a youth-led, participatory action research (PAR) project that provides a way for young people to advocate for themselves and their communities and engage in positive behavior change through skill-building, empowerment and problem-solving. The project will provide the opportunity for the County to engage youth in the effort to create relevant programming rooted in community strengths.

The program will recruit at-risk TAY participants from Tribal and other culturally and geographically isolated communities. Participants will receive intensive training on mental health topics including recovery and resiliency, mental health signs and symptoms, mental health advocacy, and mental health

resources in the community. Participants will also receive training in research and evaluation skills including assertive communication, research design, and community engagement. With the aid of adult mentors, participants will engage in evaluation design including the co-development of data collection tools and procedures and receive training on their use. Participants will drive all aspects of data collection using the methods created in the design phase and actively engage community members in the research process. The participants will also be tasked with analyzing and interpreting the data, developing findings, and ultimately making recommendations to the County to inform future program planning and implementation efforts. Findings and recommendation will be disseminated to the provider community in the County, County agencies, and wider, if appropriate.

Community-based participatory research bridges the gap between academic researchers and the real-life issues of communities and offers promise for addressing the racial, ethnic, and linguistic disparities in mental health care and other services that County stakeholders identified as barriers to access and ongoing engagement for the target population. In addition to building County and community knowledge of resiliency factors to inform strengths-based programing, the proposed program will also serve as a bridge for entry into mental health services for at-risk individuals in the target population and improve the mental health system through outreach, capacity building, and community development.

Youth-led PAR has been used to both evaluate and inform service planning in a number of social service and health settings. However, most youth-led PAR focuses on evaluating current programs, or identifying the needs and barriers related to accessing services. Youth-directed research of community resiliency factors to inform strengths-based programming has not been extensively implemented or studied, with the majority of programs relating to public health, sexual health, and alcohol and other drug abuse. Applying youth-led PAR of community resiliency factors to mental health program planning will inform new program strategies rooted in community strengths and empower at-risk individuals to take an active role in County mental health issues.

The program is expected to improve the cultural competency among service providers and program planners in the County. Additionally, by offering a youth-led, strengths-based approach to research, evaluation, and planning, the project is expected to result in more effective engagement of TAY in the target communities, which may have a significant positive impact on their mental health outcomes.

This INN project is consistent with the following MHSA General Standards:

- Community Collaboration: The YRR project contributes to increased engagement of target TAY populations by engaging individuals in a youth-directed, community-based process that will inform mental health programming to meet TAY-specific mental health needs.
- Cultural Competence: Demographic characteristics of target TAY include geographic isolation, limited English-language ability, and non-dominant culture affiliation. The YRR project will increase cultural competency throughout the mental health system by engaging TAY in the identification of community resiliency factors that will inform future strengths-based and culturally relevant programming.

- Client-driven: The research activities conducted as a part of this project will be youth-directed. TAY will be engaged and provide leadership in all aspects of the project including planning, implementation, evaluation, and program and/or process improvement.
- Family-driven: TAY participants will be encouraged to engage family members in the research and evaluation process, and family members will be engaged as partners in all research activities.
- Wellness, Recovery, and Resilience-focused: The YRR project design is based on principals that encourage wellness and identification of resiliency factors in TAY and community members. The project focuses on wellness and resiliency through identifying community resiliency factors and engaging youth in activities designed to develop self-awareness, decision-making ability, critical thinking, and leadership skills.
- Integrated Service Experience: The results of the YRR project will be used to inform future MHSA program planning and implementation efforts. As such, TAY specific programming will include strategies to create an integrated service experience for TAY consumers.

Contribution to Learning

The proposed program innovates mental health practice by combining youth-led PAR interventions that have been shown to be successful in non-mental health settings with strengths- and resiliency based mental health approaches that move the focus away from deficits of consumers and focuses on the strengths and resources of the consumers. Youth-led PAR has been used in interventions targeting reduction in alcohol and drug abuse risk factors and other public health, community planning, and civic engagement activities. While PAR and youth-led research models exist in mental health practice, this project is innovative in that it combines youth-led empowerment research with identification of community resiliency factors that will inform future strengths-based mental health programming.

This project will contribute to learning resiliency factors in this community that aid individuals in adapting well in the face of adversity, tragedy, or high levels of stress. Little or no research has been conducted in the Central Valley on historically underserved communities to better understand the resiliency factors in those communities that are essential to supporting a strength-based approach to mental health programming. The findings from this project will inform creation of strengths-based programming for this population.

Additionally, implementation of youth-led PAR interventions has been shown to have positive impacts on the health and behavior outcomes of participants. It is possible that engaging the target population in PAR and empowerment evaluation will facilitate positive mental health and/or social outcomes. The process of engaging youth in leading community research may bolster and reinforce the identified resiliency factors or protective factors that prevent or counter various risk factors by promoting development of neighborhood, family, school, peer, and individual strengths, assets, and coping mechanisms.

The key learning questions this project answers includes:

- How does playing a lead role in designing and implementing a community-based evaluation of resiliency factors impact the capacity of Kings County youth from underserved regions and cultural groups for leadership and decision-making roles in the local mental health system?
- How does participation in PAR on community-strengths impact youth perceptions of barriers/challenges to success?
- What are the resiliency factors in historically underserved communities that allow individuals to overcome risk factors and succeed?
- How can these factors be leveraged to create strengths-based, culturally appropriate mental health programs?

Evaluation

Successful outcomes from the project would support broader inclusion of target TAY views and perspectives in future programming and decision-making. If youth-led PAR and empowerment evaluation approaches utilized in the project result in successful identification of community resiliency factors, recommendations for program improvements, and positive outcomes for youth served, stakeholders can integrate these practices into future planning efforts targeting additional historically underserved or unserved populations.

The County will measure program success using both process and outcome indicators. Process indicators measure to what extent the program was implemented as intended and include:

- Number of participants from target population continuously engaged
- Community resiliency factors successfully identified
- Findings report successfully completed

Outcome indicators measure the impact of the program on the participants, community, and the mental health system and include:

- Increased leadership and decision-making capabilities of YRR participants
- Increased positive perceptions of mental health services, community strengths, etc. for YRR participants and other stakeholders
- Increased engagement in county mental health system, including program planning, implementation, and evaluation
- Level of community engagement in mental health system

Individual level baseline data will be collected during the training phase using self-assessment surveys that solicits information on participant self-perception, perception of mental health services, resiliency factors, barriers to access, and cultural competency. Surveys will be used at each phase of implementation and compared to baseline.

As the project is client-driven and community-based, participants and community members will play an integral role in understanding the impact of the program.

Project Timeline			
Year 1, 2014-15: • Program initiation • Recruitment of staff **Year 2, 2015-16:** • Recruitment of youth participants • Training • Tool development and training • Evaluation implementation **Year 3, 2016-17:** • Evaluation implementation • Data analysis and findings development • Recommendations • Dissemination of findings **Post Year 3:** • Program evaluation report formulation • Dissemination of findings **Ongoing activities:** Self-assessment surveys for youth participants			
Number to be served FY 2014-15:	*0*	**Proposed Budget FY 2014-15:**	*$35,000*
Cost per Person FY 2014-15:	*N/A*	**Total Proposed Budget FY 2014-17:**	*$285,000*

MHSA Three-Year Expenditure Plan

The documents enclosed in the following section are submitted in compliance with the Mental Health Services Oversight and Accountability Commission's (MHSOAC) *FY 14-15 Through FY 16-17 MHSA Three-Year Program and Expenditure Plan Submittals* (www.mhsoac.ca.gov) instructions for documenting the expenditure of the proposed MHSA programs.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: KINGS Date: 11/14/14

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	542,486	70,997	1,123,979	
2. Estimated New FY2014/15 Funding	5,856,861	1,387,077	0			
3. Transfer in FY2014/15[a/]	(50,856)			50,856		
4. Access Local Prudent Reserve in FY2014/15	0	0				0
5. Estimated Available Funding for FY2014/15	5,806,005	1,387,077	542,486	121,853	1,123,979	
B. Estimated FY2014/15 MHSA Expenditures	5,051,772	1,387,077	189,600	121,853	365,000	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	754,233	0	352,886	0	758,979	
2. Estimated New FY2015/16 Funding	4,731,874	1,533,977	0			
3. Transfer in FY2015/16[a/]	(141,853)			141,853		
4. Access Local Prudent Reserve in FY2015/16	0	0				0
5. Estimated Available Funding for FY2015/16	5,344,254	1,533,977	352,886	141,853	758,979	
D. Estimated FY2015/16 Expenditures	5,117,772	1,533,977	208,600	141,853	235,000	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	226,482	0	144,286	0	523,979	
2. Estimated New FY2016/17 Funding	4,853,410	1,533,977	15,714			
3. Transfer in FY2016/17[a/]	(141,853)			141,853		
4. Access Local Prudent Reserve in FY2016/17	179,733	0				(179,733)
5. Estimated Available Funding for FY2016/17	5,117,772	1,533,977	160,000	141,853	523,979	
F. Estimated FY2016/17 Expenditures	5,117,772	1,533,977	160,000	141,853	235,000	
G. Estimated FY2016/17 Unspent Fund Balance	0	0	0	0	288,979	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	2,138,118
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	2,138,118
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	2,138,118
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	(179,733)
10. Estimated Local Prudent Reserve Balance on June 30, 2017	1,958,385

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.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Kings Date: 11/14/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP Children & Youth	485,108	385,108			100,000	
2. FSP TAY	226,371	176,371	25,000	25,000		
3. FSP Adults	2,100,287	1,750,287	175,000	175,000		
4. FSP Older Adults	109,518	66,829	25,000	17,689		
5. FSP Community Integration	1,119,087	820,150	48,670	249,487	780	
Non-FSP Programs						
1. ECHO	101,201	86,500		14,701		
2. Summer Camp	156,244	40,500	11,601	40,843	63,300	
3. Satellite Clinics	464,721	356,173	51,278	44,430	12,840	
4. CJTC	305,645	299,345	6,300			
5. Domestic Violence	94,720	94,720				
6. TAG	34,000	34,000				
7. Multi Service	171,717	170,167		1,550		
CSS Administration	771,622	771,622				

CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	6,140,241	5,051,772	342,849	568,700	176,920	0
FSP Programs as Percent of Total	80.0%					

	Fiscal Year 2015/16					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
FSP Programs						
1. FSP Children & Youth	485,108	385,108			100,000	
2. FSP TAY	226,371	176,371	25,000	25,000		
3. FSP Adults	2,100,287	1,750,287	175,000	175,000		
4. FSP Older Adults	109,518	66,829	25,000	17,689		
5. FSP Community Integration	1,119,087	820,150	48,670	249,487	780	
Non-FSP Programs						
1. ECHO	101,201	86,500		14,701		
2. Summer Camp	156,244	40,500	11,601	40,843	63,300	
3. Satellite Clinics	464,721	356,173	51,278	44,430	12,840	
4. CJTC	305,645	299,345	6,300			
5. Domestic Violence	94,720	94,720				
6. TAG	100,000	100,000				
7. Multi Service	171,717	170,167		1,550		
CSS Administration	771,622	771,622				

CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	6,206,241	5,117,772	342,849	568,700	176,920	0
FSP Programs as Percent of Total	78.9%					

	Fiscal Year 2016/17					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
FSP Programs						
1. FSP Children & Youth	485,108	385,108			100,000	
2. FSP TAY	226,371	176,371	25,000	25,000		
3. FSP Adults	2,100,287	1,750,287	175,000	175,000		
4. FSP Older Adults	109,518	66,829	25,000	17,689		
5. FSP Community Integration	1,119,087	820,150	48,670	249,487	780	
Non-FSP Programs						
1. ECHO	101,201	86,500		14,701		
2. Summer Camp	156,244	40,500	11,601	40,843	63,300	
3. Satellite Clinics	464,721	356,173	51,278	44,430	12,840	
4. CJTC	305,645	299,345	6,300			
5. Domestic Violence	94,720	94,720				
6. TAG	100,000	100,000				
7. Multi Service	171,717	170,167		1,550		
CSS Administration	771,622	771,622				

CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	6,206,241	5,117,772	342,849	568,700	176,920	0
FSP Programs as Percent of Total	78.9%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: KINGS Date: 11/14/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. SAFE	241,000	241,000				
2. RESPITE	85,000	85,000				
3. PREVENTION WELLNESS SERVICES	137,612	137,612				
4. PROMOTORES	2,100	2,100				
5. COMMUNITY WIDE PREVENTION	268,384	268,384				
6. CALMHSA STATEWIDE	48,916	48,916				
7. REFERRAL PROCESS	21,563	21,563				
8. COMMUNITY CAPACITY BUILDING	12,000	12,000				
PEI Programs - Early Intervention						
9. CIT TRAINING	4,000	4,000				
10. UNIVERSAL DEVELOPMENT SCREENING	32,065	32,065				
11. YOUTH AMBASSADOR PROGRAM	1,000	1,000				
12. SCHOOL BASED SERVICES	213,557	213,557				
13. CLINICAL	114,652	114,652				

PEI Administration	205,228	205,228				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,387,077	1,387,077	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	**Estimated PEI Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
PEI Programs - Prevention						
1. SAFE	241,000	241,000				
2. RESPITE	85,000	85,000				
3. PREVENTION WELLNESS SERVICES	137,612	137,612				
4. PROMOTORES	100,000	100,000				
5. COMMUNITY WIDE PREVENTION	268,384	268,384				
6. CALMHSA STATEWIDE	48,916	48,916				
7. REFERRAL PROCESS	21,563	21,563				
8. COMMUNITY CAPACITY BUILDING	12,000	12,000				
PEI Programs - Early Intervention						
9. CIT TRAINING	4,000	4,000				
10. UNIVERSAL DEVELOPMENT SCREENING	32,065	32,065				
11. YOUTH AMBASSADOR PROGRAM	50,000	50,000				
12. SCHOOL BASED SERVICES	213,557	213,557				
13. CLINICAL	114,652	114,652				
PEI Administration	205,228	205,228				

PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,533,977	1,533,977	0	0	0	0

	Fiscal Year 2016/17					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated PEI Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
PEI Programs - Prevention						
1. SAFE	241,000	241,000				
2. RESPITE	85,000	85,000				
3. PREVENTION WELLNESS SERVICES	137,612	137,612				
4. PROMOTORES	100,000	100,000				
5. COMMUNITY WIDE PREVENTION	268,384	268,384				
6. CALMHSA STATEWIDE	48,916	48,916				
7. REFERRAL PROCESS	21,563	21,563				
8. COMMUNITY CAPACITY BUILDING	12,000	12,000				
PEI Programs - Early Intervention						
9. CIT TRAINING	4,000	4,000				
10. UNIVERSAL DEVELOPMENT SCREENING	32,065	32,065				
11. YOUTH AMBASSADOR PROGRAM	50,000	50,000				
12. SCHOOL BASED SERVICES	213,557	213,557				
13. CLINICAL	114,652	114,652				
PEI Administration	205,228	205,228				
PEI Assigned Funds	0					

Total PEI Program Estimated Expenditures	1,533,977	1,533,977	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: KINGS Date: 11/14/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. ILC	147,200	147,200				
2. YOUTH LED RESILIENCY	35,000	35,000				
INN Administration	7,400	7,400				
Total INN Program Estimated Expenditures	189,600	189,600	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. ILC	98,600	98,600				
2. YOUTH LED RESILIENCY	100,000	100,000				

INN Administration	10,000	10,000				
Total INN Program Estimated Expenditures	208,600	208,600	0	0	0	0

	Fiscal Year 2016/17					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated INN Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
INN Programs						
1. YOUTH LED RESILIENCY	150,000	150,000				
INN Administration	10,000	10,000				
Total INN Program Estimated Expenditures	160,000	160,000	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: KINGS Date: 11/14/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET COORDINATION & MH PD	106,853	106,853				
2. PATHWAYS TRIBAL & YOUTH	5,000	5,000				
3. CULTURAL AMBASSADOR	0	0				
WET Administration	10,000	10,000				
Total WET Program Estimated Expenditures	121,853	121,853	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET COORDINATION & MH PD	106,853	106,853				
2. PATHWAYS TRIBAL & YOUTH	20,000	20,000				

3. CULTURAL AMBASSADOR	5,000	5,000				
WET Administration	10,000	10,000				
Total WET Program Estimated Expenditures	141,853	141,853	0	0	0	0

	Fiscal Year 2016/17					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated WET Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
WET Programs						
1. WET COORDINATION & MH PD	106,853	106,853				
2. PATHWAYS TRIBAL & YOUTH	20,000	20,000				
3. CULTURAL AMBASSADOR	5,000	5,000				
WET Administration	10,000	10,000				
Total WET Program Estimated Expenditures	141,853	141,853	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: KINGS Date: 11/14/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. FEASIBILITY STUDY - COURTHOUSE	80,000	80,000				
2. FEASIBILITY STUDY - OAK WELLNESS	100,000	100,000				
3. ONGOING SUPPORT	35,000	35,000				
CFTN Programs - Technological Needs Projects						
4. EHR IMPLEMENTATION & MAINTENANCE	150,000	150,000				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	365,000	365,000	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						

1. ONGOING SUPPORT	35,000	35,000				
CFTN Programs - Technological Needs Projects						
2. EHR IMPLEMENTATION & MAINTENANCE	150,000	150,000				
3. TELEPSYCHIATRY	50,000	50,000				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	235,000	235,000	0	0	0	0

	Fiscal Year 2016/17					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated CFTN Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
CFTN Programs - Capital Facilities Projects						
1. ONGOING SUPPORT	35,000	35,000				
CFTN Programs - Technological Needs Projects						
2. EHR IMPLEMENTATION & MAINTENANCE	150,000	150,000				
3. TELEPSYCHIATRY	50,000	50,000				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	235,000	235,000	0	0	0	0

Appendices

Appendix A: Community Program Planning Process Kickoff

KINGS COUNTY behavioral health .com

Mary Anne Ford Sherman
Director of Behavioral Health
(559) 852-2382

Kelly Baker, MFT
Deputy Director of Behavioral Health
(559) 852-2434

Mental Health • Prevention and Early Intervention • Alcohol & Drug Prevention and Treatment

Dear Friends and Colleagues:

I am please to announce that Kings County Behavioral Health is about to embark on a community-wide planning process for the Three year Program and Expenditure for the MHSA (Mental Health Services Act) plan. The three year plan shall address the following programs, Community Services and Support (CSS), Transition Age Youth (TAY), Adults, and older adults, Capital facilities and technology needs (CFTN), Workforce Education and Training (WET), Prevention and Early Intervention (PEI), and Innovative Programs (INN). As part of the planning process we will be conducting a comprehensive outreach and engagement effort to ensure that the resulting the plans reflect the needs and interests of Kings County's diverse communities. We have hired an outside consulting firm, Resource Development Associates (RDA), to help facilitate this effort.

Also please share this information with your friends and colleagues, and feel free to post the attached flyer. All community member are welcome to participate in planning; we especially seek the expertise of behavioral health clients, their family members and caregivers, healthcare and behavioral health staff, youth and parents, social services providers and educators, people from underserved backgrounds, elected and business leaders, law enforcement, veterans, faith-based leaders and representatives from community based organizations.

Through MHSA funding, Kings County Behavioral Health has the opportunity to continue building a system of care that is wellness focused, consumer driven, and culturally competent. For more information on how your or your organization can participate in the planning process, please contact Kelly Baker at (559)852-2434 or Mary Jewell at (559) 852-2376.

RDA and members of the Behavioral Health staff will be contacting you about opportunities to participate in planning related activities. We look forward to your participation in this process.

Sincerely,

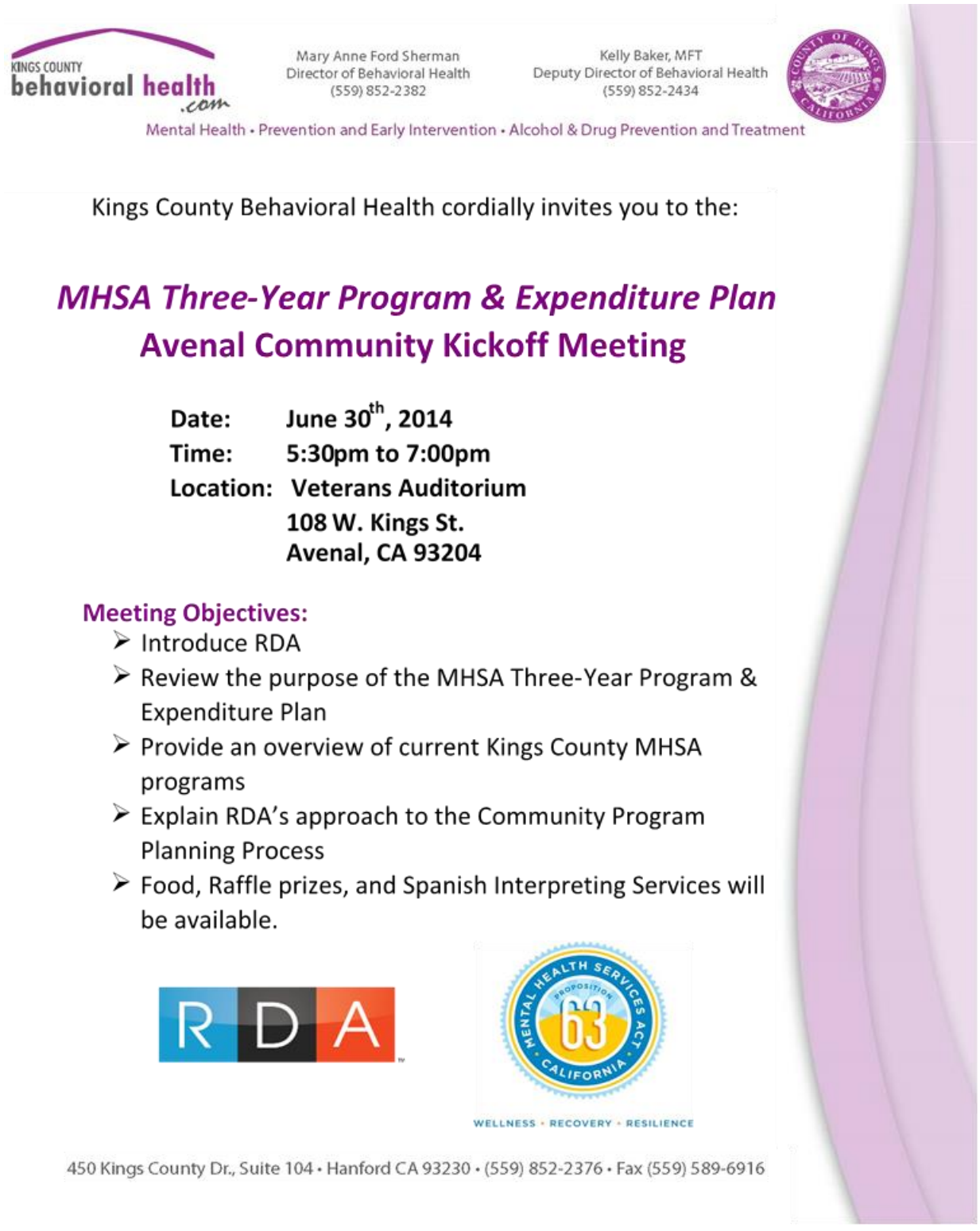
Kelly Baker

Kelly Baker, Deputy Director
Kings County Behavioral Health

450 Kings County Dr., Suite 104 • Hanford CA 93230 • (559) 852-2376 • Fax (559) 589-6916

Announcement

Appendix B: Community Planning Process Kickoff Flyers



KINGS COUNTY behavioral health .com

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Deputy Director of Behavioral Health
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Mental Health • Prevention and Early Intervention • Alcohol & Drug Prevention and Treatment

Kings County Behavioral Health cordially invites you to the:

MHSA Three-Year Program & Expenditure Plan
Avenal Community Kickoff Meeting

Date: **June 30th, 2014**
Time: **5:30pm to 7:00pm**
Location: **Veterans Auditorium**
108 W. Kings St.
Avenal, CA 93204

Meeting Objectives:

- Introduce RDA
- Review the purpose of the MHSA Three-Year Program & Expenditure Plan
- Provide an overview of current Kings County MHSA programs
- Explain RDA's approach to the Community Program Planning Process
- Food, Raffle prizes, and Spanish Interpreting Services will be available.

RDA

MENTAL HEALTH SERVICES ACT PROPOSITION 63 CALIFORNIA
WELLNESS • RECOVERY • RESILIENCE

450 Kings County Dr., Suite 104 • Hanford CA 93230 • (559) 852-2376 • Fax (559) 589-6916

Mary Anne Ford Sherman
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Deputy Director of Behavioral Health
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Mental Health • Prevention and Early Intervention • Alcohol & Drug Prevention and Treatment

El departamento de Salud Mental de Kings County le invita cordialmente a la:

Reunión inicial de la comunidad de Avenal

Para El Plan de Programa y Gastos de Tres Años de la ley de servicios de salud mental (MHSA)

Fecha: **June 30, 2014**
Tiempo: **5:30pm to 7:00pm**
Lugar: **Veterans Auditorium**
108 W. Kings St.
Avenal, CA 93204

Los objectivos de la reunión:

- Introducir Resource Development Associates (RDA)
- Revisar el propósito de la ley de servicios de salud mental (MHSA)
- Proporcionar una visión general de los programas actuales del departamento de Salud Mental de Kings County
- Explicar el proceso de planificación de los programas de la comunidad (CPP)
- Comida y los premios de una rifa estarán disponibles

WELLNESS • RECOVERY • RESILIENCE

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Deputy Director of Behavioral Health
(559) 852-2434

Mental Health • Prevention and Early Intervention • Alcohol & Drug Prevention and Treatment

Kings County Behavioral Health cordially invites you to the:

MHSA Three-Year Program & Expenditure Plan

Corcoran Community Kickoff Meeting

Date: **June 23th, 2014**
Time: **5:30pm to 7:00pm**
Location: **Corcoran Family Resource Center**
800 Dairy Ave.
Corcoran, CA 93212

Meeting Objectives:

- Introduce RDA
- Review the purpose of the MHSA Three-Year Program & Expenditure Plan
- Provide an overview of current Kings County MHSA programs
- Explain RDA's approach to the Community Program Planning Process
- Food, Raffle prizes, and Spanish Interpreting Services will be available.

WELLNESS • RECOVERY • RESILIENCE

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KINGS COUNTY behavioral health .com

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Deputy Director of Behavioral Health
(559) 852-2434

Mental Health • Prevention and Early Intervention • Alcohol & Drug Prevention and Treatment

El departamento de Salud Mental de Kings County le invita cordialmente a la:

Reunión inicial de la comunidad de Corcoran

Para El Plan de Programa y Gastos de Tres Años de la ley de servicios de salud mental (MHSA)

Fecha: **June 23, 2014**
Tiempo: **5:30pm to 7:00pm**
Lugar: **Corcoran Family Resource Center**
800 Dairy Ave.
Corcoran, CA 93212

Los objectivos de la reunión:

- Introducir Resource Development Associates (RDA)
- Revisar el propósito de la ley de servicios de salud mental (MHSA)
- Proporcionar una visión general de los programas actuales del departamento de Salud Mental de Kings County
- Explicar el proceso de planificación de los programas de la comunidad (CPP)
- Comida y los premios de una rifa estarán disponibles

RDA

MENTAL HEALTH SERVICES ACT · PROPOSITION 63 · CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE

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KINGS COUNTY behavioral health .com

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Deputy Director of Behavioral Health
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Mental Health • Prevention and Early Intervention • Alcohol & Drug Prevention and Treatment

Kings County Behavioral Health cordially invites you to the:

MHSA Three-Year Program & Expenditure Plan

Hanford Community Kickoff Meeting

Date: **July 1st, 2014**
Time: **2:00pm to 3:30pm**
Location: **County Admin Multi-Purpose Room**
1400 W. Lacey Blvd.
Hanford, CA 93230

Meeting Objectives:

- Introduce RDA
- Review the purpose of the MHSA Three-Year Program & Expenditure Plan
- Provide an overview of current Kings County MHSA programs
- Explain RDA's approach to the Community Program Planning Process
- Food, Raffle prizes, and Spanish Interpreting Services will be available.

WELLNESS • RECOVERY • RESILIENCE

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(559) 852-2434

Mental Health • Prevention and Early Intervention • Alcohol & Drug Prevention and Treatment

El departamento de Salud Mental de Kings County le invita cordialmente a la:

Reunión inicial de la comunidad de Hanford

Para El Plan de Programa y Gastos de Tres Años de la ley de servicios de salud mental (MHSA)

Fecha: **July 1, 2014**
Tiempo: **2:00pm to 3:30pm**
Lugar: **County Admin Multi-Purpose Room**
1400 W. Lacey Blvd.
Hanford, CA 93230

Los objectivos de la reunión:

- Introducir Resource Development Associates (RDA)
- Revisar el propósito de la ley de servicios de salud mental (MHSA)
- Proporcionar una visión general de los programas actuales del departamento de Salud Mental de Kings County
- Explicar el proceso de planificación de los programas de la comunidad (CPP)
- Comida y los premios de una rifa estarán disponibles

WELLNESS • RECOVERY • RESILIENCE

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Appendix C: Community Program Planning Process Kickoff Presentation

KINGS COUNTY: MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2014 – 2017

June 23, 2014

Resource Development Associates

Ryan Wythe

Community Program Planning Process

About RDA

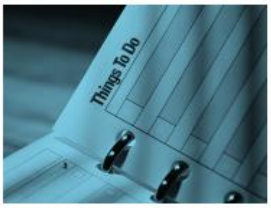
- Established in 1984 in Oakland, CA
- Systems approach to organizational development, planning, evaluation, and grant writing
- Consumer-focused, outcome-based, efficient and effective use of resources
- Current county clients include
  - Alameda
  - Yolo
  - San Diego
  - Marin
  - San Mateo
  - San Francisco
  - Santa Clara
  - San Joaquin

MHSA Overview

- Mental Health Services Act (Proposition 63) passed November 2, 2004.
- 1% income tax on income over $1 million.
- Purpose of MHSA: to EXPAND and TRANSFORM mental health services in California.

Agenda

- Introduction to RDA
- Purpose of the MHSA 3-Year Program & Expenditure Plan
- Overview of MHSA Values & Kings County MHSA Programs
- Review MHSA Community Planning Process
- Project Approach
- Confirm Kings County MHSA Stakeholders



MENTAL HEALTH SERVICES ACT (MHSA) OVERVIEW

Community Program Planning Process

MHSA 3-Year Program & Expenditure Plan

Plan Purpose:

The purpose of the MHSA 3-Year Program & Expenditure Plan is to document the community's vision for addressing mental illness through each of the MHSA components.

Upon approval from the Board of Supervisors and Plan submission to the Mental Health Services Oversight & Accountability Commission, the County will be eligible for MHSA funds.

MHSA 3-Year Program & Expenditure Plan

6

Plan Purpose:

The purpose of the MHSA 3-Year Program & Expenditure Plan is to document the community's vision for addressing mental illness through each of the MHSA components.

Upon approval from the Board of Supervisors and Plan submission to the Mental Health Services Oversight & Accountability Commission, the County will be eligible for MHSA funds.

RDA

MHSA Values – WIC Section 7, 5813.5(d)

7

- (d) Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers.
  - (1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.
  - (2) To promote consumer-operated services as a way to support recovery.
  - (3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.
  - (4) To plan for each consumer's individual needs.

RDA

MHSA Components

8

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

RDA

Community Services and Supports (CSS)

9

- **Full Service Partnership:** A full array of recovery-oriented mental healthcare to provide "whatever it takes."
- **General System Development:** An array of strategies and programs to transform the mental health service system.
- **Outreach and Engagement:** Activities to reach underserved populations

Kings County CSS Programs
✓ FSP 1 – Children and TAY
✓ FSP 2 – Adults and Older Adults • Collaborative Justice Treatment Court • Veterans groups/therapeutic services
✓ FSP 3 – Community Integration Team
✓ Wraparound Services (Youth)
✓ Summer Camp – Life Skills
✓ Seniors Access for Engagement (SAFE)
✓ ECHO Program, Oak Wellness Center
✓ 4 Family Resource Centers
✓ 2 Satellite Clinics (Corcoran, Avenal)

Prevention and Early Intervention (PEI)

10

Kings County PEI Programs
✓ Youth Wellness Project 1. WECAN (life skills groups; screening, assessment, case management, treatment; truancy prevention) 2. In-Common (outreach/education to decrease stigma and increase access)
✓ Statewide PEI Plan 1. Support Groups (e.g., Family Support Group) 2. Student Mental Health 3. Suicide Prevention Task Force 4. Trevor Project

- **Engage** persons prior to development of serious mental illness or emotional disturbance.
- **Alleviate** the need for additional mental health treatment.
- **Transition** those with identifiable need to extended mental health treatment.

RDA

Workforce Education and Training (WET)

11

- To develop and maintain a **competent and diverse workforce** capable of effectively meeting the **mental health needs** of the public.
- Funding categories:
  - Workforce training
  - Career pathways
  - Residency & internships
  - Financial incentives
  - WET coordination

Kings County WET Programs
✓ Personnel/Workforce Staffing Support
✓ Central Valley Regional WET Partnership
✓ MH Professional Development (e.g., Mental Health First Aid, ASIST trainings, Train the Trainer training for Parent and Child Interactive Therapy (PCIT)
✓ Education Loan Repayment for Direct Service Providers plus Intern Stipends

RDA

Capital Facilities and Technological Needs (CFTN)

12

Kings County CFTN Programs

- ✓ One-Stop Wellness Center co-located with Permanent Supportive Housing, located at and serving residents of ANCHORS Supportive Housing
- ✓ "From Custody to Community" Transitional Services (Day Reporting Center, supports/services for reentry population); Senate Bill 1022 Joint Project
- ✓ Feasibility Study for Co-Located Services in Kings County Government complex

- **Capital Facilities**: "A building secured to a foundation which is permanently affixed to the ground and used for the delivery of MHSA services or for administrative offices."
- **Technological Improvements:** "Support MHSA objectives through cost effective and efficient improvements to data processing and communications."

Innovations (INN)

13

- Funds novel, creative & ingenious mental health practices.
- Developed through community participation.
- Cannot replicate programs in other jurisdictions.
- Must be aligned with MHSA principles.
- By nature, not all innovative strategies will succeed.

Kings County INN Programs

- ✓ Circle of the Horse Innovation Program, Equine Facilitated Psychotherapy (EFP): targeted to at risk Tachi-Yokut Native American youth, but is open to other youth who attend Central Elementary
- ✓ Implementation Learning Council

MHSA COMMUNITY PLANNING PROCESS OVERVIEW

Community Program Planning Process

Community Program Planning Process

15

- The MHSA intends that there be a **meaningful stakeholder process** to provide subject matter expertise to the **development of plans focused on utilizing the MHSA funds at the local level.**
- Language related to the CPP had always been included in the MHSA and, after Assembly Bill (AB) 1467 was enacted in 2012, this process was strengthened as follows:

Community Program Planning Process

16

Program planning shall be developed with local stakeholders including:

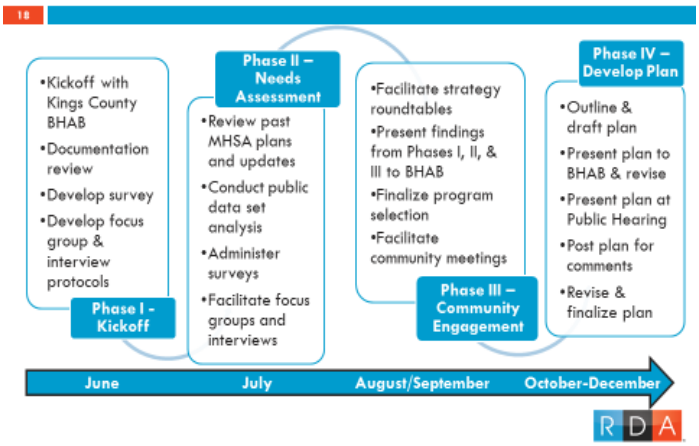
- Adults, youth, and seniors with severe mental illness
- Families of children, adults, and seniors with severe mental illness
- Providers of mental health services
- Law enforcement agencies
- Education agencies
- Social services agencies
- Veterans and representatives from veterans organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests
  - Source: WIC Section 5848. (a)

Community Program Planning Process

17

- ***Counties shall demonstrate a partnership with constituents and stakeholders throughout the process*** *that includes meaningful stakeholder involvement in mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.*
  - Source: Welfare & Institutions Code Section 5848(a)

Project Approach



How You Can Get Involved!

19

Forum	Timeline
Key Informant Interviews	July 2014
Focus Groups	July 2014
Surveys (paper and online)	June – July 2014
Strategy Roundtables	August – September 2014
Community Meetings	September 2014
30 Day Public Posting	November – December 2014 (Exact dates TBD)
Public Hearing	December 2014 (Exact date TBD)

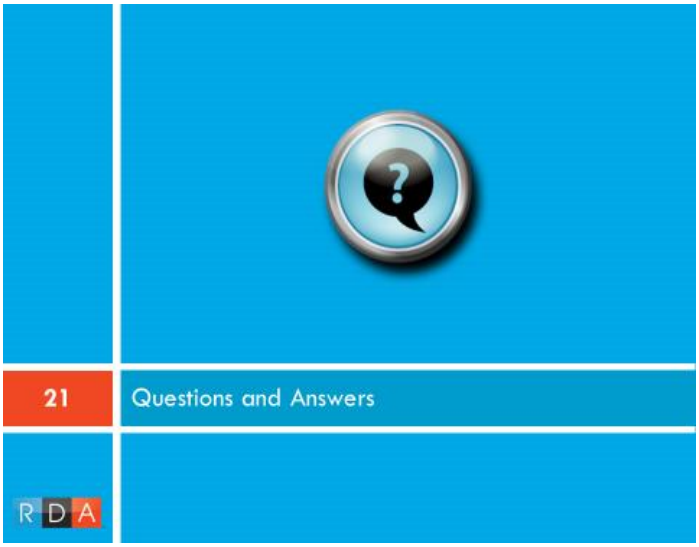
RDA

Stay Up-to-Date!

20

- Provide RDA with your name and email address for announcements!
- Attend focus groups and community meetings!
- Attend the Behavioral Health Advisory Board meetings for the latest progress on our planning efforts!
- Email or call RDA staff with questions.
- Contact the Kings County MHSA Coordinator for upcoming meeting dates and times.

RDA



Thank you!

22 **Contact Us:**

Ryan Wythe
rwythe@resourcedevelopment.net
510.488.4345 x117

Kelly Baker, MFT, MHSA Coordinator
Kelly.Baker@co.kings.ca.us
559.852.2434

RDA

KINGS COUNTY behavioral health

EL CONDADO DE KINGS: PLAN DE TRES AÑOS DE PROGRAMACIÓN Y GASTOS DE MHSA 2014 – 2017

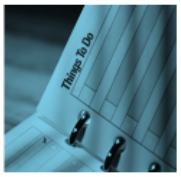
Resource Development Associates
Ryan Wythe

RDA Proceso de planificación de programas comunitarios

Agenda

2

- Introducción a RDA
- Propósito del plan de tres años de programación y gastos de MHSA
- Resumen de los valores y programas de MHSA en el condado de Kings
- Repaso sobre el proceso de planificación comunitaria de MHSA
- Plan del proyecto
- Confirmar los interesados de MHSA del condado de Kings



RDA

Introducción a RDA

3

- Fundada en 1984 en Oakland, CA
- Enfoque de sistemas para el desarrollo de la organización, la planificación, la evaluación y la escritura de concesiones
- Centrada en el consumidor, orientado a los resultados, uso eficiente y eficaz de los recursos
- Clientes actuales incluyen
  - Alameda
  - Yolo
  - San Diego
  - Marin
  - San Mateo
  - San Francisco
  - Santa Clara
  - San Joaquin

RDA

KINGS COUNTY behavioral health

RESUMEN DE LA LEY DE SERVICIOS DE SALUD MENTAL (MHSA)

RDA Proceso de planificación de programas comunitarios

RDA

Resumen de MHSA

5

- La ley de servicios de salud mental (Proposición 63) se aprobó el 02 de noviembre 2004.
- Impuesto sobre el 1% de los ingresos sobre $ 1 millones.
- Propósito de la MHSA: para AMPLIAR y TRANSFORMAR los servicios de salud mental en California.

Plan de tres años de programación y gastos de MHSA

6

Propósito:

El propósito del plan es documentar la visión de la comunidad para hacer frente a la enfermedad mental a través de cada uno de los componentes de la MHSA.

Tras la aprobación de la Junta de Supervisores y el Plan de sumisión a la Supervisión de los Servicios de Salud Mental y de la Comisión de Responsabilidad, el Condado será elegible para recibir fondos de la MHSA.

Valores de MHSA – WIC Sección 7, 5813.5(d)

7

- (d) La planificación de los servicios deberá ser coherente con la filosofía, los principios y las prácticas de la visión de recuperación para los consumidores de salud mental.
  - (1) Para promover los conceptos clave para la recuperación de las personas que tienen enfermedades mentales: la esperanza, la empoderamiento personal, el respeto, las relaciones sociales, la auto-responsabilidad y auto-determinación.
  - (2) Promover los servicios operados por el consumidor como una forma de apoyar la recuperación.
  - (3) Para reflejar la diversidad cultural, étnica y racial de los consumidores de salud mental.
  - (4) Para planificar las necesidades individuales de cada consumidor.

Componentes de MHSA

8

- Servicios y apoyo comunitario (CSS)
- Prevención e intervención prematura (PEI)
- Educación y capacitación para la fuerza laboral (WET)
- Instalaciones estructurales y necesidades tecnológicas (CFTN)
- Innovaciónes (INN)

Servicios y apoyo comunitario (CSS)

9

- **Asociación de servicio completo (FSP):** Una gama completa de cuidado de la salud mental, orientado a la recuperación de ofrecer "lo que sea necesario."
- **Desarrollo del sistema general:** Un conjunto de estrategias y programas para transformar el sistema de servicios de salud mental.
- **Divulgación y participación:** Actividades para llegar a las poblaciones marginadas.

Programas de CCS en el condado de Kings
✓ FSP 1 – Niños y adolescentes
✓ FSP 2 – Adultos y ancianos • Tribunal colaborativo de tratamiento • Grupos para veteranos y servicios terapéuticos
✓ FSP 3 – Equipo comunitario de integración
✓ Servicios integrales (jóvenes)
✓ Campamento de verano – Habilidades para la vida diaria
✓ Acceso para la participación de ancianos (SAFE)
✓ Programa ECHO, Oak Wellness Center
✓ 4 centros de recursos familiares
✓ 2 clínicas satélites (Corcoran, Avenal)

Prevención e intervención prematura (PEI)

10

Programas de PEI en el condado de Kings
✓ Proyecto de bienestar para jóvenes 1. WECAN (grupos de habilidades para la vida diaria; detección, evaluación, manejo de casos, el tratamiento; prevención de absentismo escolar) 2. En común (divulgación/ educación para disminuir el estigma y aumentar el acceso)
✓ Plan estatal de PEI 1. Grupos de apoyo (por ejemplo, grupo de apoyo para la familia) 2. Salud mental del estudiante 3. Grupo de trabajo de prevención de suicidio (SPTF) 4. Proyecto "Trevor"

- **Involucrar** a las personas antes que se desarrolla una enfermedad mental grave o trastornos emocionales.
- **Aliviar** la necesidad de tratamiento adicional de la salud mental.
- **Transición** de aquellos con grave necesidad a un tratamiento prolongado de salud mental.

RDA

Educación y capacitación para la fuerza laboral (WET)

11

- Desarrollar y mantener una **fuerza laboral competente y diverso** capaz de satisfacer con eficacia las **necesidades de salud mental** de la población.
- Categorías de financiación:
  - Capacitación para la fuerza laboral
  - Vías de carrera
  - Practicas profesionales
  - Incentivos financieros
  - Coordinación de WET

Programas de WET en el condado de Kings
✓ Apoyo para personal/fuerza laboral
✓ Asociación de WET para el regional del Valle Central
✓ MH Desarrollo Profesional (por ejemplo, primeros auxilios de salud mental, entrenamientos de ASIST, entrenamientos para los entrenadores de terapia de padres y niños ("PCIT"))
✓ Reembolso de préstamos educativos para los proveedores de servicios directos y estipendios para internos

Instalaciones estructurales y necesidades tecnológicas (CFTN)

12

Programas de CFTN en el condado de Kings
✓ Centro de bienestar co-ubicada con viviendas de apoyo, ubicada en y para los residentes de las viviendas de "ANCHORS"
✓ "De custodia a la comunidad" servicios de transición (Centro de "Day Reporting", servicios para la población de reingreso); Proyecto conjunto del Senado 1022
✓ Estudio de factibilidad de servicios co-situado en el complejo del Gobierno del Condado de Kings

- **Instalaciones estructurales:** "Un edificio asegurado a una fundación que está fijado de forma permanente al suelo y se utiliza para la prestación de servicios de la MHSA o para las oficinas administrativas."
- **Las mejoras tecnológicas:** "Apoyar los objetivos de la MHSA través costos asequibles y mejoras eficaces para el proceso informática y comunicativo.

RDA

Innovaciónes (INN)

13

- Fondos para prácticas originales, creativas e ingeniosas de salud mental.
- Desarrollado a través de la participación comunitaria.
- No se pueden reproducir programas en otras jurisdicciones.
- Deben estar alineados con los principios de la MHSA.
- Naturalmente, no todas las estrategias innovadoras tendrán éxito.

Programas de INN en el condado de Kings

- ✓ "Círculo del caballo", psicoterapia equina (EFP): dirigido a jóvenes Tachi-Yokut (nativos americanos) en riesgo, pero está abierto a otros jóvenes que asisten a la escuela "Central Elementary"
- ✓ Concilio para la implementación y el aprendizaje

REPASO SOBRE EL PROCESO DE PLANIFICACIÓN COMUNITARIA DE MHSA

Proceso de planificación de programas comunitarios

Proceso de planificación comunitaria

15

- La MHSA tiene la intención de que haya un **proceso de consulta significativo** para aportar pericia en el **desarrollo de planes centrados en la utilización de los fondos de la MHSA en el nivel local.**
- Lenguaje relacionado con el CPP siempre había sido incluido en la MHSA y, tras el Proyecto de Ley (AB) 1467 fue promulgada en 2012, este proceso se fortaleció en la siguiente manera:

Proceso de planificación comunitaria

16

La planificación del programa se desarrollará con los interesados locales, incluyendo:

- Los adultos, jóvenes y ancianos con enfermedades graves de salud mental
- Las familias con niños, adultos y ancianos que tienen enfermedades graves de salud mental
- Los proveedores de servicios de salud mental
- La policía/agencias que promueven la ley
- Las agencias educativas
- Las agencias de servicios sociales
- Los veteranos y representantes de organizaciones de veteranos
- Los proveedores de servicios de alcohol y drogas
- Las organizaciones de salud
- Otros intereses importantes
  - Fuente: WIC sección 5848. (a)

Proceso de planificación comunitaria

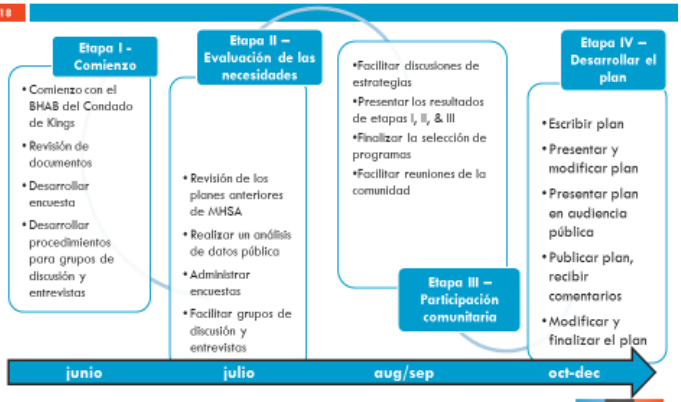
17

- ***Los condados deberán demostrar una asociación con los mandantes y los interesados en todo el proceso*** *que incluye la participación significativa de los interesados en la política de salud mental, la planificación y la ejecución de programas, la mejora de programas, la evaluación y las asignaciones presupuestarias.*
  - Fuente: WIC sección 5848(a)

RDA

Plan del proyecto

18



RDA

¡Cómo usted pueda participar!

19

Foro	Fecha
Entrevistas	julio 2014
Grupos de discusión	julio 2014
Encuestas (papel y en línea)	junio – julio 2014
Discusiones de estrategias	agosto – septiembre 2014
Reuniones de la comunidad	septiembre 2014
Anuncio público de 30 días	noviembre – diciembre 2014
Audiencia pública	diciembre 2014

RDA

¡Manténgase informado!

20

- ¡Danos tu nombre y dirección de correo electrónico para recibir anuncios!
- ¡Asistir a las reuniones de la Junta Asesora de Salud Mental para entender los avances en nuestros esfuerzos de planificación!
- Enviar (por correo electrónico) o llamar al personal de RDA con preguntas.
- Póngase en contacto con la coordinadora de MHSA del Condado de Kings para recibir las fechas y horarios de las próximas reuniones.

RDA


21
Preguntas y respuestas
RDA


¡Gracias!
22
Póngase en contacto:
Ryan Wythe
rwythe@resourcedevelopment.net
510.488.4345 x117
Kelly Baker, MFT, MHSA Coordinator
Kelly.Baker@co.kings.ca.us
559.852.2434
RDA

Appendix D: MHSA Informational Handouts

Mental Health Services Act (MHSA) Values

Wellness, Recovery, and Resilience

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

Cultural Competence

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

Client and Family Driven Services

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

Integrated Services

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

Community Collaborations

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

Mental Health Services Act (MHSA) Components

Community Services and Supports (CSS)

Most of the money from the MHSA provides treatment for individuals with serious mental illness, using a "whatever it takes" approach. Programs that support CSS build Full Service Partnerships to provide wraparound services to consumers. CSS programs also support housing developments for people with serious mental illness, since many are homeless.

Prevention and Early Intervention (PEI)

The goal of Prevention & Early Intervention programs is to prevent mental illness from becoming severe and disabling and to improve timely access to services for people who are underserved by the mental health system.

Innovation (INN)

Some MHSA money goes to Innovation projects to try out new ideas for improving mental health services. These projects are called pilot programs and are tried out for a certain amount of time (e.g. 1-3 years), and are chosen because they show strong promise in making mental health services better.

Workforce Education and Training (WET)

Another area MHSA funds is Workforce Education and Training (WET). The goal of WET is to make sure the mental health workforce reflects the diversity of the community. WET programs help train mental health professionals in cultural and language competency and best practices or allow mental health professionals further their education.

Capital Facilities and Technological Needs (CFTN)

The Capital Facilities and Technological Needs (CFTN) part of MHSA helps in the development of buildings, community health centers, as well as technological resources (e.g. computers and data systems). The goal is to improve the locations where patients/clients go to receive mental health services and to make sure the systems are working in a timely and well-organized way.

Los valores de la ley de servicios de salud mental (MHSA)

El bienestar, la recuperación y la resistencia

Este valor se refiere a servicios y los sistemas de servicios que ayuda a las personas y sus familias que viven con una enfermedad mental o un problema de salud mental a vivir una vida sana y plena. Los programas financiados por la MHSA intentan a mejorar los servicios de salud mental para que más personas puedan recibir y utilizar los servicios. Programas de MHSA contribuyen al bienestar mental para todos, a pesar de la edad, raza/etnia, género, sexualidad, idioma, economía, discapacidad y otros factores sociales.

Competencia cultural

Este valor ayuda a asegura que los servicios de salud mental reflejan los valores, costumbres y creencias de las personas que se sirven. Programas de MHSA incentivan a los consumidores y las personas que apoyan a co-crear un plan de tratamiento con su proveedor basada en las fortalezas de los consumidores, sus metas, sus antecedentes culturales y sus valores sociales.

Servicios impulsados por el cliente y las familias

Este valor anima a los consumidores y los miembros de la familia a participar en todas las fases del desarrollo de servicios y programas de salud mental. Esto incluye ayuda para averiguar lo que funciona, lo que no funciona, cómo aprovechar mejor de los servicios, y después de tomar esta información para crear o mejorar nuevos servicios y programas. Este valor comprende que las personas que necesitan y utilizan diariamente los servicios de salud mental son los que mejor conocen lo que está funcionando bien y qué servicios se pueden mejorar.

Servicios integrados

Este valor reconoce la necesidad de que los sistemas de salud y los departamentos deben trabajar juntos para que los consumidores tengan más facilidades para obtener todos los servicios y apoyos que necesitan bajo un mismo techo.

Colaboraciones comunitarias

Este valor trata de crear una mayor cooperación entre los servicios de salud mental y las organizaciones basadas en la comunidad para asegurarse de que el sistema de salud se ejecuta sin problemas y la gente en la comunidad reciben los servicios y el apoyo que necesitan.

Componentes de la ley de servicios de salud mental (MHSA)

Servicios y apoyo comunitario (CSS)

La mayoría de los fundos de la MHSA proporciona el tratamiento para las personas con enfermedad mental grave, usando una estrategia de hacer "lo que sea necesario". Los programas que apoyan CSS construyen asociaciones de servicio completo para proporcionar servicios integrales a los consumidores. Programas de CSS también apoyan proyectos de vivienda para las personas con enfermedad mental grave, ya que muchos de ellos son personas sin hogar.

Prevención e intervención prematura (PEI)

El objetivo de estos programas es para prevenir la enfermedad mental grave e incapacitante y para mejorar el acceso oportuno a los servicios para las personas que están desatendidas por el sistema de salud mental.

Innovación (INN)

Un poco de los fondos de MHSA se reserva para proyectos de innovación para probar nuevas ideas que podrían mejorar los servicios de salud mental. Estos proyectos se denominan “programas pilotos” y se ponen a prueba durante un determinado período de tiempo (por ejemplo, 1-3 años), y son elegidos porque demuestran la promesa de hacer que los servicios de salud mental mejor.

Educación y capacitación para la fuerza laboral (WET)

Otra área de fondos de MHSA es la educación y capacitación de la fuerza laboral (WET). El objetivo de WET es asegurarse de que la fuerza laboral refleja la diversidad de la comunidad. Programas WET contribuyen a la formación de profesionales con competencia cultural y lingüística y que entienden las mejores prácticas o permiten que los profesionales de salud mental pueden continuar su educación.

Instalaciones estructurales y necesidades tecnológicas (CFTN)

Este programa ayuda en el desarrollo de edificios, centros de salud comunitarios y recursos tecnológicos (por ejemplo, ordenadores y sistemas de datos). El objetivo es mejorar los lugares en los que los pacientes/clientes van a recibir servicios de salud mental y para asegurarse de que los sistemas están funcionando de una manera oportuna y bien organizada.

Appendix E: List of Key Informant Interview Participants

Key Informant Interview Subjects	
Ken Baird *Chair, Kings County Beh. Health Advisory Board*	***Debbie Grice*** *Director, Kings County Public Health*
Tim Bowers *Superintendent, Kings County Office of Education*	***Joe Neves*** *Kings County Board of Sup. / BHAB Member*
Ambar Castillo *Director, Tribal Social Services*	***Brenda Randle*** *Program Manager, KCBH*
Kathy Cruz *Child Abuse Prevention Coordinating Council*	***Rich Smith*** *Director, Clinical Services, Kings View*
Sharon DeMasters *Commission on Aging*	***Dan Surface*** *Chief, Kings County Probation Department*
Chris Douglas *Family Builders*	***Robert Thayer*** *Assistant Sheriff, Kings County Sheriff Office*
Mary Anne Ford-Sherman *Director, Kings County Behavioral Health*	***Nannette Villarreal*** *Executive Director, Kings United Way*
Tina Garcia *Dep. Director, Child Welfare Services/ BHAB Member*	***Melissa Whitten*** *City Manager, City of Avenal*
Jeff Garner *Director, Kings Community Action Organization*	***Sue Wisenhaus*** *Director, Champions Recovery Alternatives*
The Honorable Jennifer Giuliani *Judge, Superior Court*	***Joe Wright*** *Director, Veteran's Services / Public Guardian*

Appendix F: Needs Assessment Key Informant Interview Protocol

Key Informant Interview Protocol

Date	
Name	
Telephone #	
Interviewer	

Interview Overview Script

I am _____calling from Resource Development Associates (RDA). Kings County has contracted RDA to facilitate the Community Planning Process for its MHSA Three-Year Program & Expenditure Plan in your community. Your feedback will be invaluable in developing Kings County's MHSA Three-Year Plan. Thank you for participating in this one-hour interview.

These interviews are anonymous. Your name will not be attached to the answers you provide unless we specifically ask your permission. However, we would like to include a list of all those who had participated in this process. May we include your name in the list of people who participated in these interviews?

Yes No

Thank you. Before we begin, I just want to provide you with a short overview of the purpose of the MHSA Three-Year Program & Expenditure plan.

Background

The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA funds a variety of programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers, and to ensure counties have the proper facilities to serve clients. *The purpose of the MHSA 3-Year Program & Expenditure Plan is to document the community's vision for addressing mental illness through each of the MHSA components.* We are interviewing stakeholders to better understand what the community needs are for Kings County. The information you share with us will help inform the development of the MHSA Three-Year Program & Expenditure Plan for Kings County's MHSA services and programs.

Do you have any questions before we start?

Introduction

To start, I would like to ask you some general questions about your background and knowledge of MHSA.

1. **Did you participate in any previous MHSA planning activities?**
    a. **If so, can you describe your prior experience with MHSA planning activities?**
    b. **What did you like about your previous experience? What did you not like about your previous experience?**
2. **From your perspective, what are the most significant mental healthcare needs in Kings County?**
3. **What is your vision for how MHSA can transform Kings County?**

Now we'd like to discuss what is working well about Kings County mental health services and what are areas for improvement.

Current Services[4]

1. **What mental health services are currently available to Kings County residents?**
    - What is working well about the current services available?
    - Are there services that are currently unavailable in Kings County that should be made available?

Note to the Facilitator: If the needs of TAY and people with dual-diagnosis do not arise, make sure to follow up with the informant about those possible service gaps related to these specific populations.

2. **How do Kings County residents access mental health services?**
    - What are some of the barriers to accessing mental health services?
        - Are these consistent barriers?
        - What are some of the factors that contribute to barriers to accessing mental health services?
        - How could access to mental health services in Kings County be improved?
        - Are mental health services available when Kings County residents need them? (e.g., weekdays, evenings, weekends)?
        - Are mental health services available where Kings County residents need them?
3. **Describe how mental health agencies (e.g. providers, government agencies) work together in Kings County.**

[4] **BOLD** here denotes primary questions. The questions in regular font are prompts used if or when needed, depending on the interview.

Service Gaps

We would also like to better understand the gaps in mental health services for Kings County residents.

1. **Which populations are currently unserved, underserved, or inappropriately served? (e.g., locations, ethnicities, level of mental illness, age (such as TAY or Older Adult, etc.), other demographic measures, people with dual-diagnosis, and any other status or characteristics)**
   - Which population(s) are consistently underserved or inappropriately served? (INN Prompt)
   - Who needs more outreach and engagement in services? (CSS Prompt)
   - Who is the most at-risk and why? (PEI Prompt)

Note to the Facilitator: If the needs of TAY and people with dual-diagnosis do not arise, make sure to follow up with the informant about those possible service gaps related to these specific populations.

2. **How can mental health agencies improve access to mental health services for these underserved populations?**
   - What are the ways in which mental health agencies can better meet the needs of these underserved populations?

Workforce Education & Training

We also want to know more specifically about your experiences with or as mental health service providers. MHSA funds WET programs that are designed to help develop a competent and diverse workforce capable of meeting the mental health needs of the community.

1. **How do you learn about available WET programs?**
2. **Have you participated in any WET programs, and if so, which?**
3. **What types of WET programs work well in Kings County and why? Examples include eLearning courses online, Mental Health First Aid trainers, and a Cultural Competency Summit.**
4. **Are there shortages of specific types of workers in this county? (This includes workers from various occupations, cultures, language capacities, and/or credentials, as well as people with consumer or family member experience.)**
5. **What key competencies could be improved amongst Kings County mental health providers? Is this true for particular types of mental health services providers?**

Note to Facilitator: For interviews with key provider and KCBH staff, ask if the following may be needed: Dual-diagnosis treatment techniques, TAY engagement, etc.

6. **Which current WET programs should Kings County continue to prioritize?**
7. **Which WET programs that are not currently offered should Kings County make available?**

Capital Facilities & Technological Needs

MHSA also helps ensure that counties have the proper facilities and technologies they need to provide effective mental health services. CFTN funds help with the acquisition or improvement of buildings where mental health services are provided and improve the technologies used to make health information and communication more cost-effective and efficient.

1. Facilities:
   - **What type of facilities [physical buildings and locations] in Kings County work well in serving mental health consumers, family members, staff, and administration? Why?**
   - **Are services currently provided in appropriate locations?**
   - **Is there enough space for community or departmental-related services and administration?**
   - **Are there opportunities to co-locate services that would help leverage resources and/or enhance ease of access for consumers? What are some examples?**

2. Access to health information data and communication systems in Kings County:
   - **How do you access health information for clients (staff) or yourself (consumers)? How can access be improved to client (staff) or your personal (consumers) health information?**
     - Follow up questions:
       1. **For consumers/family members: How do you receive health information? (Do you receive health information through the phone, email, internet, or other source?)**
       2. **For staff: What kinds of databases do you use? How do you access health information from other departments or agencies?**
   - **What are some of the challenges with information technologies and database management systems used by mental health providers?**
   - **How well can mental health providers participate in health information exchange with other county agencies or contracted providers?**

Thank you. Is there anything else you would like to add that you think we missed?

If we have any follow up questions for you, do we have your permission to contact you again in the future?

Yes No

Demographic Survey Questions

http://www.surveygizmo.com/s3/1748031/Kings-County-MHSA-Demographic-Survey

Appendix G: Needs Assessment Focus Group Protocol

Focus Group Protocol

Date	
FG Type	
Location	
Facilitator	

Introduction Script

Thanks for making the time to join our focus group this evening. My name is _____ and this is _____. We are with a consulting firm called Resource Development Associates and we were hired by the Kings County Behavioral Health to facilitate the County's MHSA Three-Year Program & Expenditure Plan. I will be facilitating this focus group and _____ is here to take notes. Please know that what you say in this focus group will remain anonymous, but we will be typing notes of the discussion.

My role as the facilitator tonight means that it is my job to make sure that everyone has a chance to say what's on his or her mind in a respectful way. We have a few guidelines to help us do that. Please:

- Silence your cell phones – turn off the ringer and any alarms
- There are no "wrong" or "right" opinions, please share your opinions honestly
- Engage in the conversation
- Listen to understand
- Be curious about others' opinions
- Limit "side conversations" or "cross talk" so that everyone can hear what is being said
- Participants' names will not be linked to any comments unless we specifically ask if we can use your comment as a quote

I'd first like to just explain why we're all here tonight. *The purpose of the MHSA Three-Year Program & Expenditure Plan is to document the community's vision for addressing mental illness through each of the MHSA components.* We are facilitating several focus groups to better understand what the community mental health needs are for Kings County. The information you share with us will help inform the

development of the 2014-2017 MHSA Three-Year Program & Expenditure Plan for Kings County's MHSA services and programs. Does anyone have any questions before we begin?

To get started, I'd like everyone to answer these two questions.

- What is your name?
- Why did you come today?

Introduction

4. Have you participated in previous MHSA planning activities? If so, what did you like and not like about your previous experience?

5. From your perspective, what are the most significant mental healthcare needs in Kings County?

6. What is your vision for how MHSA will transform Kings County?

Now we'd like to discuss what is working well about Kings County mental health services and what are areas for improvement.

Current Services

4. What mental health services are currently available to Kings County residents?

5. What is working well about the current mental health services available?

6. Are there services that are currently unavailable in Kings County that should be made available?

PROMPT: *If the needs of TAY and people with dual-diagnosis do not arise, make sure to follow up with the informant about those possible service gaps related to these specific populations.*

7. How do Kings County residents access mental health services?

8. Are mental health services available when you need them (e.g., weekdays, evenings, weekends)?

9. Are mental health services available where you live within the County?

10. What are some of the barriers to accessing mental health services?
    - Are these consistent barriers?
    - What are some of the factors that contribute to the barriers to accessing mental health services?

11. Describe how mental health agencies (e.g., providers, government agencies) work together in Kings County.

12. How would you improve access to mental health services?

Service Gaps

3. Which populations are currently unserved, underserved, or inappropriately served? (e.g., locations, ethnicities, status, level of mental illness, age (such as TAY or Older Adult, etc.), demographics, people with dual-diagnosis, any other characteristics?)
    - Which population(s) are consistently underserved or inappropriately served? (INN Prompt)
    - Who needs more outreach and engagement in services? (CSS Prompt)
    - Who are the most at-risk and why? (PEI Prompt)

4. How can mental health agencies improve access to mental health services for these underserved populations?

5. What are the ways in which mental health agencies can better meet the needs of these underserved populations?

Workforce Education & Training

We also want to hear about your experiences with or as mental health service providers. MHSA funds WET programs that are designed to help develop a competent and diverse workforce capable of meeting the mental health needs of the community.

8. How do you learn about available WET programs?
9. Have you participated in any WET programs, and if so, which?
10. What types of WET programs work well in Kings County and why? [Examples include eLearning courses online, Mental Health First Aid, and a Cultural Competency Summit.]
11. Are there shortages of specific types of workers in this county? (This includes workers from various occupations, cultures, language capacities, and/or credentials, as well as people with consumer or family member experience.)
12. What key competencies could be improved amongst Kings County mental health providers? Is this true for particular types of mental health services providers?
    a. PROMPT: *If the following types of support are not discussed AND depending on the target audience, ask if the following may be needed:* Dual-diagnosis treatment techniques, TAY engagement, etc.
13. Which current WET programs should Kings County continue to prioritize?
14. Which WET programs that are not currently offered should Kings County make available?

Capital Facilities & Technological Needs

MHSA also helps ensure that counties have the proper facilities and technologies they need to provide effective mental health services. CFTN funds help with the acquisition or improvement of buildings where mental health services are provided and improve the technologies used to make health information and communication more cost-effective and efficient.

3. Facilities:
    - What type of facilities [physical buildings and locations] in Kings County work well in serving mental health consumers, family members, staff, and administration? Why?

- Are services currently provided in appropriate locations?
- Is there enough space for community or departmental-related services and administration?
- Are there opportunities to co-locate services that would help leverage resources and/or enhance ease of access for consumers? What are some examples?

4. Access to health information data and communication systems in Kings County:
   - How do you access health information for clients (staff) or yourself (consumers)? How can access be improved to client (staff) or your personal (consumers) health information?
     - Follow up questions:
       1. For consumers/family members: How do you receive health information? (Do you receive health information through the phone, email, internet, or other source?)
       2. For staff: What kinds of databases do you use? How do you access health information from other departments or agencies?
   - What are some of the challenges with information technologies and database management systems used by mental health providers?
   - How well can mental health providers participate in health information exchange with other county agencies or contracted providers?

Thank you. Is there anything else you would like to add that you think we missed?

Provide instructions to focus group participants to fill out the anonymous demographic survey and return to RDA before leaving the session.

Appendix H: Needs Assessment Stakeholder Survey

Kings County MHSA Three-Year Program & Expenditure Plan

2014 – 2017:

Community Program Planning Process Stakeholder Survey

Introduction

Thank you for visiting our survey! This survey is part of the Community Planning Process for the Mental Health Services Act in Kings County. The purpose of this survey is to hear from you about the mental health needs and services in Kings County. The information you provide will help the Kings County Behavioral Health design mental health programs in the county. In order to develop mental health services that meet the needs of people in Kings County, we need to hear from you!

The survey will take about 10 minutes to complete. All of the answers you provide are confidential - we will not be collecting your name. You do not have to answer all of the questions in the survey, and you may exit the survey at any time.

We appreciate you taking the time to share your experience with us!

Background on the Mental Health Services Act

The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA funds a variety of programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers, and to ensure counties have the proper facilities to serve clients. The purpose of the MHSA 3-Year Program & Expenditure Plan is to document the community's vision for addressing mental illness through each of the MHSA components. The information you share with us will help inform the development of the MHSA Three-Year Program & Expenditure Plan for Kings County's MHSA services and programs.

Existing MHSA Services

Below is a list of programs and services funded by the Mental Health Services Act (MHSA) in Kings County. Please check off the programs you have used or have direct experience with (check all that apply).

1. Community Services and Supports (CSS):
   - ☐ Children and Transitional Aged Youth (TAY) Full Service Partnership (FSP 1)
   - ☐ Adults and Older Adults Program Full Service Partnership (FSP 2)

- ☐ Collaborative Justice Treatment Court
- ☐ Veterans Groups / Therapeutic Services

☐ Community Integration Team Full Service Partnership (FSP 3)
☐ Wraparound Services
☐ Life Skills Summer Camp
☐ Empowered Consumers Helping Others (ECHO), Oak Wellness Center
☐ Family Resource Centers
☐ Satellite Clinics
☐ Seniors Access for Engagement

2. <u>Prevention and Early Intervention (PEI):</u>

☐ WECAN (Wellness and Empowerment for Children and Adolescent Network)
- ☐ School Base/CAST
- ☐ TIPP/Life Steps
- ☐ Parent-Child Interaction Therapy (PCIT)
- ☐ Counseling/Therapy

☐ Rospito
☐ ASQ-SE Screening
☐ IN-COMMON
- ☐ 2-1-1
- ☐ Anti-stigma
- ☐ Outreach
- ☐ Presentations

<u>Workforce Education and Training (WET) :</u>

☐ Personnel/Workforce Staffing Support
☐ Central Valley Regional WET Partnership
☐ Mental Health Development (e.g. Mental Health First Aid, ASIST training, Train the Trainer training for Parent and Child Interactive Therapy (PCIT)
☐ Education Loan Repayment for Direct Service Providers and Intern Stipends
☐ Cultural Competency

3. <u>Capital Facilities and Technological Needs (CFTN):</u>

☐ One Stop Wellness Center
☐ Permanent Supportive Housing
☐ ANCHORS Supportive Housing
☐ "From Custody to Community" Transition Services
☐ SB1022 Joint Project

☐ Feasibility Study for Co-Located Services

4. The following questions ask you to give your feedback on the services funded by the MHSA in Kings County. These questions refer to services provided by Kings County Behavioral Health employees and community-based organizations (CBOs) that the County contracts with. For each question, please mark one response: **Not very well, Somewhat, Mostly, Very well,** or **I don't know**.

	Not very well	Somewhat	Mostly	Very well	I don't know
a. How well do the MHSA services meet the needs of people in your community who have serious mental illness?	☐	☐	☐	☐	☐
b. How well do the MHSA services work to help people in your community *before* the development of serious mental illness?	☐	☐	☐	☐	☐
c. How well do the MHSA services meet the needs of people in your community who are experiencing a mental health crisis?	☐	☐	☐	☐	☐
d. How well trained are mental health providers in meeting the needs of consumers?	☐	☐	☐	☐	☐
e. How well are job opportunities for clients and family members included in MHSA services?	☐	☐	☐	☐	☐
f. How well do agencies coordinate referrals for mental health services?	☐	☐	☐	☐	☐
Comments:					

5. Have you received information about the progress of implementing the current MHSA programs?
   ☐Yes
   ☐No

6. Have you received information about the outcomes or effectiveness of the current MHSA programs?
   ☐Yes
   ☐No

Comments:

Innovation

7. Have you had received services from or participated in the Circle of the Horse Innovation Program, Equine Facilitated Psychotherapy (EFP) and/or the Implementation Learning Council?
   -
   - ☐ Yes
   - ☐ No [Please skip to Question 9]

[If Yes] Please list any suggestions for how the County could identify new and innovative mental health programs.

MHSA Values

8. To what extent are MHSA services achieving the following goals? For each question, please mark one response: **Not at all, Somewhat, Mostly, Completely,** or **I don't know**.

	Not at all	Somewhat	Mostly	Completely	I don't know
a. Services are focused on wellness, recovery, and resilience	☐	☐	☐	☐	☐
b. Services respect the culture and language of consumers and their families	☐	☐	☐	☐	☐
c. Consumers and families are involved in the design of mental health services	☐	☐	☐	☐	☐
d. Agencies work together to coordinate mental	☐	☐	☐	☐	☐

health services for consumers					
e. It is easy for consumers and family members to access mental health services	☐	☐	☐	☐	☐
f. Members of the community are involved in the planning process for MHSA services	☐	☐	☐	☐	☐
Comments:					

Facilitators and Challenges

9. Over the past five years, what have been the most helpful changes in the County's mental health services?
   - ☐ Services are reaching more underserved populations
   - ☐ There are more prevention services
   - ☐ Services are more focused on recovery
   - ☐ There is more coordination or collaboration between agencies
   - ☐ Mental Health services are better integrated with primary care services
   - ☐ Mental health providers are more able to respond to mental health crises
   - ☐ There are new and innovative programs
   - ☐ Services are more easily accessible for underserved communities
   - ☐ There are Benefits Specialists to help individuals with applying for benefits
   - ☐ Kings County has a Wellness Center
   - ☐ There is more housing for mental health consumers
   - ☐ Staff are better trained to provide high quality services
   - ☐ Staff are more culturally competent
   - ☐ Services for children and youth
   - ☐ Services for veterans and their families
   - ☐ Services with for people with co-occurring mental health and substance use disorders
   - ☐ Other (specify):_____

10. What has been the greatest success of the MHSA programs and services in your community?

11. Are there any <u>populations or groups of people</u> who are not being adequately served by the current MHSA services? Please mark them on the list below or write in the area provided.

☐ Children ages 0-5
☐ School-Age Children
☐ Transition-Age Youth (ages 16-24)
☐ Adults (ages 25-59)
☐ Older Adults (over age 60)
☐ Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (LGBTIQQ)
☐ African American/Black
☐ Hispanic/Latino
☐ Asian or Pacific Islander
☐ American Indian/Native Alaskan
☐ Veterans
☐ Persons with limited English proficiency
☐ Persons with disabilities
☐ Persons experiencing a mental health crisis
☐ Persons involved in the criminal justice system
☐ Persons experiencing homelessness
☐ Persons with co-occurring mental health and substance use disorders
☐ Persons who have Medicare <u>or</u> both Medicare and Medi-Cal
☐ Other population (specify):_____

12. Are there any geographic areas or neighborhoods where services are not currently available or accessible? Please mark them on the list below or write in the area provided.

☐ Armona
☐ Avenal
☐ Corcoran
☐ Hanford Southside
☐ Home Garden Old/New
☐ Island District
☐ Halls Corner
☐ Hanford
☐ Hardwick
☐ Kettleman City
☐ Kingsburg
☐ Lakeside
☐ Laton
☐ Lemoore
☐ NAS Lemoore
☐ Riverdale
☐ Santa Rosa Rancheria
☐ Stratford
☐Other:
_____

13. What issues make it more challenging for consumers and their families to receive services? Please mark them on the list below or write in the area provided.

☐ Lack of transportation to appointments
☐ There are long waiting lists to get appointments
☐ Orientation to mental health services is difficult to schedule, attend or navigate
☐ Services are not provided in consumers' preferred language
☐ Providers do not respect consumers' cultural background
☐ There is stigma around mental illness in the community
☐ Lack of insurance or lack of clarity about insurance eligibility
☐ Mental health services are not located where consumers live
☐ Other (write in): _____

14. Please list any suggestions for how mental health providers could better meet the needs of consumers.

15. Please list any suggestions for programs or services that would enhance consumers' wellness and recovery.

Background Information

Please help us learn a little bit about you! We would like to keep track of some basic information about who participates in the survey. This information will be kept strictly anonymous and will only be used to report on who participated in the community planning process in aggregate. You may also decline to answer any of these questions. (Turn to the next page)

1. Do you identify yourself as a consumer or a family member of a consumer of mental health services?
   - ☐No
   - ☐Consumer
   - ☐Family Member
   - ☐Both

2. Do you identify as a service provider?
   - ☐No
   - ☐Yes

3. What is your stakeholder affiliation?
   - ☐County government agency
   - ☐Community-based organization
   - ☐Law Enforcement
   - ☐Education agency

6. What is your race/ethnicity?
   - ☐White/Caucasian
   - ☐African American/Black
   - ☐Hispanic /Latino
   - ☐Asian or Pacific Islander
   - ☐American Indian/Native Alaskan
   - ☐Multi-Race
   - ☐Other:

   _____

7. In which part of Kings County do you live?
   - ☐ Armona
   - ☐ Avenal
   - ☐ Corcoran
   - ☐ Hanford Southside
   - ☐ Home Garden Old/New

☐Social service agency
☐Veterans or Veterans Organizations
☐Provider of mental health services
☐Provider of alcohol and other drug services
☐Medical or health care organization
☐ Tachi-Yokut Community Representative
☐Other:_____

4. Please indicate your age range:
   ☐Under 16
   ☐16-24
   ☐25-59
   ☐60 and older
   .
5. Please indicate your gender:
   ☐Female
   ☐Male
   ☐Transmale/transman
   ☐Transfemale/transwoman
   ☐Intersex
   ☐Genderqueer
   ☐Prefer not to answer
   ☐Other: _____

☐ Island District
☐ Halls Corner
☐ Hanford
☐ Hardwick
☐ Kettleman City
☐ Kingsburg
☐ Lakeside
☐ Laton
☐ Lemoore
☐ NAS Lemoore
☐ Riverdale
☐ Santa Rosa Rancheria
☐ Stratford
☐Other:-
_____

If you would like to receive updates about the community planning process, please enter your email address here. Your email address will not be connected to your survey responses.

_____@_____

Appendix I: Needs Assessment Stakeholder Survey- Spanish Version

Plan de 3 Años de Programación y Gastos de MHSA 2014 – 2017:

Encuesta de planificación para los interesados de la comunidad del Condado de Kings

Introducción

¡Gracias por visitar nuestra encuesta! Esta encuesta forma parte del proceso de planificación comunitaria de la Ley de Servicios de Salud Mental (MHSA) en el Condado de Kings. El propósito de esta encuesta es para identificar las necesidades de salud mental y servicios en el Condado de Kings. La información que proporcione ayudará al Departamento de Alcohol, Drogas y Salud Mental del Condado de Kings diseñar programas de salud mental en el condado. ¡Para desarrollar los servicios de salud mental que atienden a las necesidades de las personas en el Condado de Kings, necesitamos saber de usted!

La encuesta le tomará aproximadamente 10 minutos para completar. Todas las respuestas que usted proporciona son confidenciales – no se identificará su nombre. Usted no tiene que responder a todas las preguntas de la encuesta y es posible salir de la encuesta en cualquier momento.

¡Le agradecemos que haya tomado el tiempo de compartir su experiencia con nosotros!

Información Sobre la Ley de Servicios de la Salud Mental

La Ley de Servicios de Salud Mental (MHSA) fue aprobada por los votantes de California en 2004 para transformar y ampliar el sistema de salud mental. MHSA financia una variedad de programas para proveer servicios a las personas con enfermedad mental o en riesgo de desarrollar una enfermedad mental, para educar y capacitar a los trabajadores de salud mental, y para garantizar los condados tienen las instalaciones adecuadas para atender a los clientes. El propósito de los "3 Años de Programación y Plan de Gastos de MHSA" es documentar la visión de la comunidad para hacer frente a la enfermedad mental a través de cada uno de los componentes de MHSA. Estamos entrevistando a los interesados de la comunidad para entender mejor cuáles son las necesidades de la comunidad del Condado de Kings. La información que usted comparte con nosotros ayudará el desarrollo de los "3 Años de Programación y Plan de Gastos de MHSA" para los servicios y programas del Condado de Kings.

Existentes Servicios de MHSA

A continuación se muestra una lista de programas y servicios financiados por la Ley de Servicios de Salud Mental (MHSA) en el Condado de Kings. Por favor marque los programas que ha utilizado o los cuales con que usted tiene experiencia directa (marque todas las que correspondan).

1. ***Servicios y Apoyos Comunitarios (CSS):***

☐Asociación de Servicio Completo para Niños y Jóvenes en Edad de Transición(FSP 1)
☐Asociacón de Servicio Completo para Adultos y Mayores(FSP 2)
- ☐Tribunal de tratamiento de la justicia colaborativo
- ☐Grupos para veteranos/ Servicios terapéuticos

☐ Asociación de Servicio Completo para el Equipo integrado de la comunidad (FSP 3)
☐ Servicios Envolentes
☐ Campamento de verano para habilidades de vida
☐ Consumidores Empoderados Ayudando a Otros (ECHO), Centro de bienestar de Oak
☐Clínicas satélites
☐Acceso al participación de los mayores

2. Prevención e Intervención

☐WECAN (Red de Bienestar y Empoderamiento para niños y jóvenes)
- ☐Basa de escuela/CAST
- ☐TIPP/Pasos de vida (“Life Steps”)
- ☐Terapéuta interactiva entre padres y niños
- ☐Consejería/terapía

☐Rospito
☐ASQ-SE detección
☐ “IN-COMMON”
- ☐2-1-1
- ☐Anti-estigma
- ☐Compromiso
- ☐Presentaciones

3. Educación y Capacitación de Empleo (“WET”)

☐Workforce staffing support
☐Asociación Regional de WET del Central Valle
☐Desarrollo de salud mental (por ejemplo Primeros Auxilios de Salud Mental, Capacitación de ASIST, Formación de Entrenar el Entrenador para Terapía interactiva entre padres y niños (PCIT))
☐Repagamiento de Préstamos Educativos para Proveedores de Servicios Directos y Estipendios para Internos

☐Competencia Cultural

4. **Facilidades Capitales y Necesidades Tecnologías (CFTN):**
   - ☐Centro de bienestar multiservicio
   - ☐Viviendas de apoyo permanente
   - ☐ANCHORS viviendas de apoyo
   - ☐ "De custodia a comunidad" Servicios de transición
   - ☐SB1022 Proyecto de Factibilidad
   - ☐Estudia de factibilidad para servicios co-localizados

5. Las siguientes preguntas le piden su opinión acerca de los servicios financiados por MHSA en el Condado de Kings. Estas preguntas se refieren a los servicios prestados por los empleados del Departamento de Salud Comportamental del Condado de Kings y las organizaciones comunitarias (CBOs) que contratan con el Condado. Para cada pregunta por favor marque una respuesta: **No muy bien, Un poco, Por la mayoría, Muy bien, o No sé**

	No muy bien	Un poco	Por la mayoría	Muy bien	No sé
g. ¿Qué tan bien los servicios de MHSA satisfacen las necesidades de las personas en su comunidad que tienen una enfermedad mental grave?	☐	☐	☐	☐	☐
h. ¿Qué tan bien los servicios de MHSA trabajan para ayudar a la gente en su comunidad *antes* del desarrollo de una enfermedad mental grave?	☐	☐	☐	☐	☐
i. ¿Qué tan bien los servicios de MHSA satisfacen las necesidades de las personas en su comunidad que están pasando por una crisis de salud mental?	☐	☐	☐	☐	☐
j. ¿Qué tan bien entrenados son los proveedores de salud mental para atender las necesidades de los consumidores?	☐	☐	☐	☐	☐
k. ¿Cómo están las oportunidades de trabajo para los clientes y miembros de la familia incluidos en los servicios de MHSA?	☐	☐	☐	☐	☐
l. ¿Qué tan bien las agencias coordinan referencias para servicios de salud mental?	☐	☐	☐	☐	☐
Comentarios:					

6. ¿Ha recibido información sobre el progreso de la aplicación de los programas actuales de MHSA?
   ☐Sí
   ☐No

7. ¿Ha recibido información sobre los resultados o la eficacia de los programas actuales de MHSA?
   ☐Sí
   ☐No

Comentarios:

Innovación

8. ¿Ha tenido experiencia con el programa de Innovación del Círculo del Caballo, Psicoterapia facilitado por Equina (EFP) y/o "Implementation Learning Council?"
   ☐Sí
   ☐No (avance a la pregunta #9)

[En caso affirmativo] Por favor escriba cualquier sugerencia de cómo el Condado podría identificar nuevos e innovadores programas de salud mental.

Valores de MHSA

9. ¿Hasta qué punto están los servicios de MHSA alcanzando los siguientes objetivos? Para cada pregunta, por favor marque una respuesta: **Por nada, Un poco, Por la mayoría, Completamente,** o **No sé**.

	Por nada	Un poco	Por la mayoría	Completamente	No sé
g. Los servicios se centran en el bienestar, la recuperación y resistencia	☐	☐	☐	☐	☐
h. Los servicios respetan la cultura y el idioma de los consumidores y sus familias	☐	☐	☐	☐	☐
i. Los consumidores y las familias están involucradas en el diseño de servicios de salud mental	☐	☐	☐	☐	☐
j. Las agencias trabajan juntos para coordinar los servicios de salud mental para los consumidores	☐	☐	☐	☐	☐
k. Es fácil para los consumidores y sus familiares accesar a los servicios de salud mental	☐	☐	☐	☐	☐
l. Los miembros de la comunidad están involucrados en el proceso de planificación de los servicios de MHSA	☐	☐	☐	☐	☐
Comentarios:					

Facilitadores y Desafíos

10. En los últimos cinco años, ¿cuáles han sido los cambios más útiles en los servicios de salud mental del condado?
    - ☐ Servicios están llegando a las poblaciones más marginadas
    - ☐ Hay más servicios de prevención
    - ☐ Los servicios se centran más en la recuperación
    - ☐ Existe más coordinación o colaboración entre las agencias
    - ☐ Los servicios de salud mental están mejor integrados con los servicios de atención primaria
    - ☐ El condado es más capaz de responder a las crisis de salud mental
    - ☐ Existen programas nuevos e innovadores
    - ☐ Los servicios son más accesibles para las comunidades marginadas
    - ☐ El condado proporciona ahora un "Especialista de Beneficios" para ayudar a las personas con la solicitud de beneficios
    - ☐ El condado de Kings tiene un "Centro de Bienestar"
    - ☐ El condado proporciona más viviendas para los consumidores de salud mental
    - ☐ El personal está mejor capacitado para brindar servicios de alta calidad
    - ☐ El personal es más competente culturalmente

    Servicios para niños y jóvenes
    Servicios para veteranos y sus familias
    Servicios para gente con trastornos coexistentes

☐ Otra cosa (por favor especifique):_____

11. ¿Cuál ha sido el mayor éxito de los programas y servicios de MHSA en su comunidad?

12. ¿Existen poblaciones o grupos de personas que no están adecuadamente atendidos por los servicios de MHSA? Por favor marque en la lista a continuación o escriba en el área prevista.

☐ Niños 0-5 años
☐ Niños en edad escolar
☐ Jóvenes en edad de transición (edades 16-24)
☐ Adultos (25-59)
☐ Adultos mayores (más de 60 años de edad)
☐ Lesbiana, Gay, Bisexual, Transgénero, Intersexual, y Queer (LGBTIQQ)
☐ Afro Americano/Negro
☐ Hispano/Latino
☐ Asiático o de las Islas del Pacífico
☐ Indio Americano/Nativo de Alaska
☐ Veteranos
☐ Personas con limitado dominio del Inglés
☐ Las personas con discapacidad
☐ Las personas que sufren una crisis de salud mental
☐ Las personas involucradas en el sistema de justicia penal
☐ Personas sin hogar
☐ Personas con trastornos coexistentes
☐ Las personas que tienen Medicare o los ambos Medicare y Medi-Cal
☐ Otra población (por favor especifique):_____

13. ¿Existen áreas geográficas o barrios donde los servicios no están disponibles o accesibles en la actualidad? Por favor marque en la lista a continuación o escriba en el área prevista.

☐ Armona
☐ Avenal
☐ Corcoran
☐ Hanford Southside
☐ Home Garden Old/New
☐ Island District
☐ Halls Corner
☐ Hanford
☐ Hardwick
☐ Kettleman City
☐ Kingsburg
☐ Lakeside
☐ Laton
☐ Lemoore
☐ NAS Lemoore
☐ Riverdale
☐ Santa Rosa Rancheria
☐ Stratford
☐ Otra área (por favor especifique):
_____

14. ¿Qué problemas hacen que sea más difícil para que los consumidores y sus familias reciban servicios? Por favor marque en la lista a continuación o escriba en el área prevista.
    - ☐ La falta de transporte a las citas
    - ☐ Hay largas listas de espera para obtener citas
    - ☐ Orientación de ADMH es difícil de programar, asistir o navegar
    - ☐ Los servicios no se proporcionan en el idioma preferido de los consumidores
    - ☐ Los proveedores no respetan los antecedentes culturales de los consumidores
    - ☐ El estigma de enfermedad mental en la comunidad
    - ☐ La falta de seguro de salud o la falta de claridad acerca de la elegibilidad de seguro de salud
    - ☐ Otra cosa (por favor especifique): _____

15. Por favor escriba cualquier sugerencia acerca de cómo los proveedores de salud mental podrían satisfacer mejor las necesidades de los consumidores.

16. Por favor escriba cualquier sugerencia acerca de los programas o servicios que podrían mejorar la salud y la recuperación de los consumidores.

Información Personal

¡Por favor, ayúdanos a aprender un poco acerca de usted! Quisiéramos hacer un seguimiento de la información básica sobre quién participa en la encuesta. Esta información se mantendrá estrictamente confidencial y sólo será utilizada para informar sobre los que participaron en el proceso de planificación de la comunidad. También usted puede negar a contestar cualquiera de las preguntas. (Continúe a la siguiente página)

1. ¿Usted se identifica como un consumidor o un miembro de la familia de un consumidor de servicios de salud mental? (marque todas las que apliquen)
   ☐No
   ☐Consumidor
   ☐ Miembro de la familia
   Los Ambos

2. ¿Usted se identifica como proveedor de servicios?
   ☐No
   ☐Sí

3. Por favor, marque cualquier afiliación a la siguiente lista de interesados MHSA
   ☐ Agencia del gobierno del Condado
   ☐ Organización basada en la comunidad
   ☐La policía/Agencia de aplicación de la Ley
   ☐ Agencia de Educación
   ☐ Agencia de servicio social
   ☐ Organización de veteranos
   ☐ Proveedor de servicios de alcohol y otras drogas
   ☐ Médico u organización de salud
   ☐ Representante de comunidad de Tachi-Yokut
   ☐Otra cosa:_____

4. Por favor, indique su rango de edad:
   ☐Menor de 16 años de edad
   ☐16-24
   ☐26-59
   ☐60 y más

5. Por favor, indique su género:
   ☐Femenino
   ☐Masculino
   ☐Transgénero/hombre transgénero
   ☐ Transgénero/ mujer transgénero
   ☐ Intersexo
   ☐ Intersexualidad
   ☐ Otro: _____

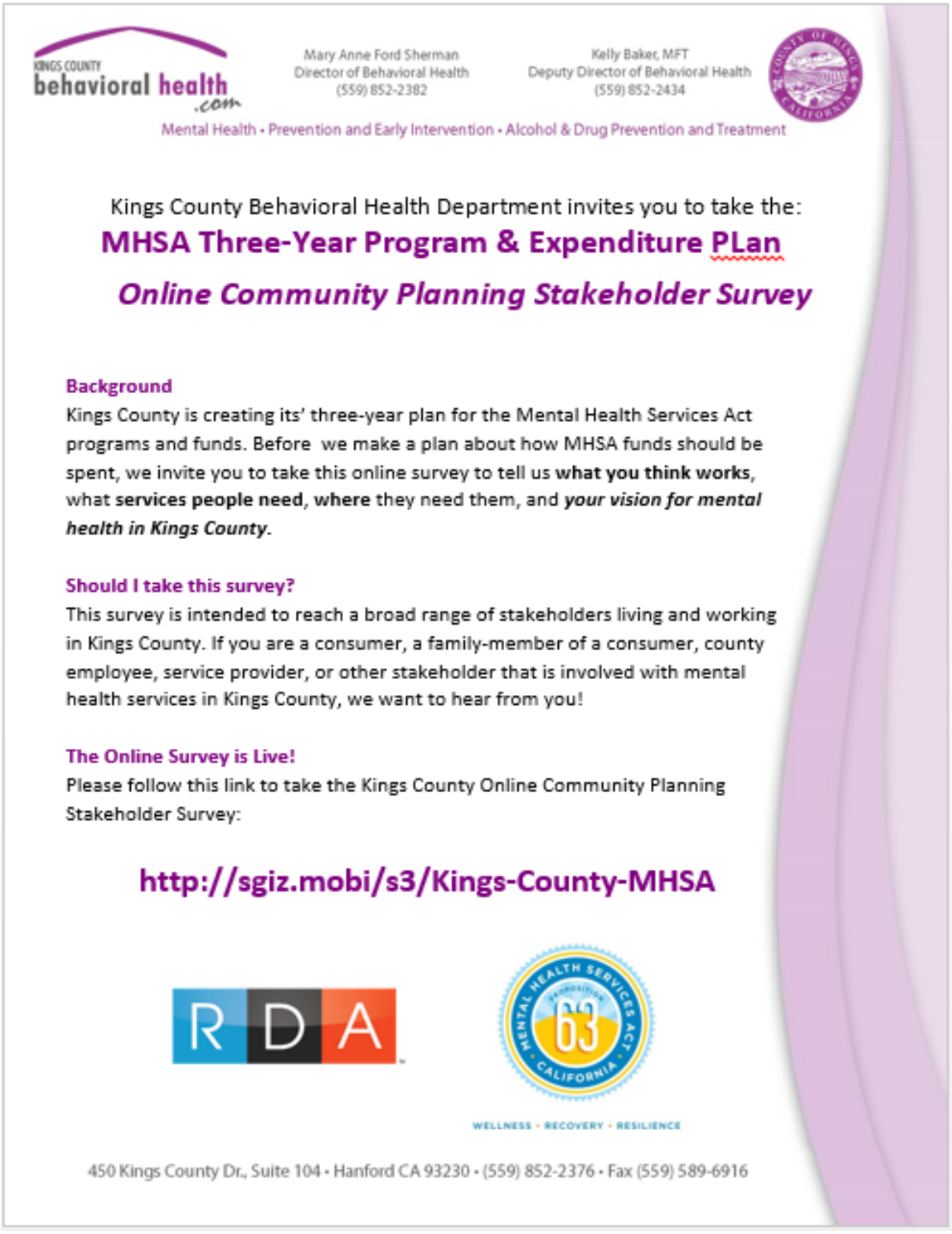
6. ¿Cuál es su raza / etnicidad? (marque todas las que apliquen)
   ☐Blanco/Caucásico
   ☐Afro Americano/Negro
   ☐Hispano/Latino
   ☐Asiático o de las Islas del Pacífico
   ☐Indio Americano / Nativo de Alaska
   ☐Varias razas
   ☐Otra raza/etnicidad: _____

7. ¿En qué parte del condado de Kings vive?
   ☐Armona
   ☐Avenal
   ☐ Corcoran
   ☐ Hanford Southside
   ☐ Home Garden Old/New
   ☐ Island District
   ☐ Halls Corner
   ☐ Hanford
   ☐ Hardwick
   ☐ Kettleman City
   ☐ Kinsburg
   ☐ Lakeside
   ☐ Laton
   ☐ Lemoore
   ☐ NAS Lemoore
   ☐ Riverdale
   ☐ Santa Rosa Rancheria
   ☐ Stratford
   ☐Otra parte: _____

Si usted desea recibir actualizaciones sobre el proceso de planificación de la comunidad, por favor, escribe su dirección de correo electrónico aquí. Su dirección de correo electrónico no será conectada a sus respuestas a la encuesta._____@_____

¡Muchas gracias!

Appendix J: Needs Assessment Stakeholder Survey Flyer



KINGS COUNTY behavioral health .com

Mary Anne Ford Sherman
Director of Behavioral Health
(559) 852-2382

Kelly Baker, MFT
Deputy Director of Behavioral Health
(559) 852-2434

Mental Health • Prevention and Early Intervention • Alcohol & Drug Prevention and Treatment

Kings County Behavioral Health Department invites you to take the:

MHSA Three-Year Program & Expenditure PLan

Online Community Planning Stakeholder Survey

Background

Kings County is creating its' three-year plan for the Mental Health Services Act programs and funds. Before we make a plan about how MHSA funds should be spent, we invite you to take this online survey to tell us **what you think works**, what **services people need**, **where** they need them, and ***your vision for mental health in Kings County***.

Should I take this survey?

This survey is intended to reach a broad range of stakeholders living and working in Kings County. If you are a consumer, a family-member of a consumer, county employee, service provider, or other stakeholder that is involved with mental health services in Kings County, we want to hear from you!

The Online Survey is Live!

Please follow this link to take the Kings County Online Community Planning Stakeholder Survey:

http://sgiz.mobi/s3/Kings-County-MHSA

RDA

MENTAL HEALTH SERVICES ACT PROPOSITION 63 CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE

450 Kings County Dr., Suite 104 • Hanford CA 93230 • (559) 852-2376 • Fax (559) 589-6916

Appendix K: Needs Assessment Stakeholder Survey Flyer- Spanish Version

KINGS COUNTY behavioral health .com

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Mental Health • Prevention and Early Intervention • Alcohol & Drug Prevention and Treatment

El departamento de Salud Mental de Kings County le invita a tomar la:

Plan de 3 Años de Programación y Gastos de

Encuesta en línea de planificación para los interesados de la comunidad

Antecedentes

El Condado de Kings está creando su plan de tres años para los programas y fondos acerca de la Ley de Servicios de Salud Mental (MHSA). Antes de hacer un plan sobre cómo se deben gastar los fondos de MHSA, le invitamos a tomar esta encuesta en línea para decirnos **que esta funcionado, que servicios se necesitan, donde se necesitan**, y su **visión acerca de la salud mental en el Condado de Kings**.

¿Debo tomar esta encuesta?

Esta encuesta pretende llegar a un amplio rango de interesados que viven y trabajan en el Condado de Kings. Si usted es un consumidor, una miembro de familia de un consumidor, empleado del condado, proveedor de servicio u otros grupos de interés que está involucrado con los servicios de salud mental del condado de Kings, ¡queremos saber de usted!

¡La encuesta en línea está lista!

Por favor, siga este enlace para tomar la encuesta en:

http://sgiz.mobi/s3/Kings-County-MHSA-Espanol

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MENTAL HEALTH SERVICES ACT PROPOSITION 63 CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE

450 Kings County Dr., Suite 104 • Hanford CA 93230 • (559) 852-2376 • Fax (559) 589-6916

Appendix L: Strategy Roundtable Presentations

KINGS COUNTY:
MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2014 – 2017

STRATEGY ROUNDTABLE:
COMMUNITY SERVICES AND SUPPORTS (CSS)

September 4-5, 2014

Resource Development Associates

Ryan Wythe

Roberta Chambers, PsyD

Community Planning Process

Agenda

2

- 1:30-1:15
  - Welcome and Introductions
  - Overview of MHSA and Community Planning Process
  - Review Strategy Roundtable Purpose and Structure
- 1:45-2:30
  - Review and Discuss Program Data and Needs Assessment
  - Review and Discuss Service Gaps
  - Prioritize Service Gaps
- 2:30-3:00
  - Breakout Groups – Strategy Worksheets
- 3:00-3:15
  - Break
- 3:15-4:15
  - Report Back from Breakout Groups
  - Prioritize Strategies
- 4:15-4:30
  - Review Next Steps

Welcome and Introductions

3

- Welcome to the CSS Strategy Roundtable!
- Please share:
  - Your name
  - Your affiliation to Kings County Behavioral Health
  - What made you want to participate in today's roundtable discussion?

Comfort Agreements/Ground Rules

4

- Respect all persons and opinions
- One conversation at a time
- Maintain confidentiality
- Right to pass
- Step up/Step down
- Turn cell phones on ***vibrate***
- Parking lot items
- Other agreements?

MHSA Overview

5

- Mental Health Services Act (Proposition 63) passed November 2, 2004
- 1% income tax on income over $1 million
- Purpose of MHSA: to expand and transform mental health services in California

MHSA Three-Year Program & Expenditure Plan:

- Document the **community's vision for addressing mental illness** through each of the MHSA components
- **Approval by the Board of Supervisors required** before Kings County can receive funds

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MHSA Values

6

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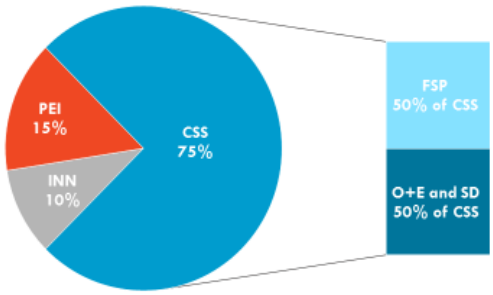
MHSA Allocation Requirements



- INN can be less than or equal to 10% of total MHSA allocation and is an optional component
- Without INN, CSS can be up to 80% and PEI can be up to 20% of total MHSA allocation

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Kings County MHSA Components

8

Core Component	Program Status	Budget FY 12-13	Est. FY 13-14
CSS – Community Services and Supports	Active	$4,190,153	$4,482,759
PEI – Prevention and Early Intervention	Active	$1,481,121	$1,848,695
Innovation	Active	$191,625	$288,373
WET – Workforce Education & Training	Active	$253,000	$200,000
CFTN – Capital Facilities and Technology Needs	Active	$ -	$909,650
Grand Total		**$6,115,899**	**$7,729,477**

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Community Services and Supports

9

- CSS is a required component that targets adults with serious mental illness (SMI) and children with severe emotional disturbance (SED) through:
  - **Full Service Partnership (FSP):** A full array of recovery-oriented mental healthcare to provide "whatever it takes"
  - **General System Development:** An array of strategies and programs to transform the mental health service system
  - **Outreach and Engagement:** Activities to reach underserved populations
- Counties are required to spend **50%** of CSS funds on FSP.

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Community Planning Process

10

Program planning shall be developed with local stakeholders including:

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

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Planning Timeline

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Phase I - Kickoff (June-July)
- Kickoff with Kings County BHAB
- Presentation to Board of Supervisors
- Documentation review
- Develop survey, focus group & interview protocols

Phase II – Needs Assessment (July)
- Review past MHSA plans and updates
- Conduct public data set analysis
- Administer surveys
- Facilitate focus groups and interviews

Phase III – Community Engagement (August/September)
- Facilitate strategy roundtables
- Present findings from Phases I, II, & III to BHAB
- Finalize program selection
- Facilitate community meetings

Phase IV – Develop Plan (October-December)
- Outline & draft plan
- Present plan to BHAB & revise
- Present plan at Public Hearing
- Post plan for comments
- Revise & finalize plan
- BOS Approval

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Strategy Roundtable Objectives

12

- Review Needs Assessment results and MHSA programs
- Review and prioritize gaps, barriers, and underserved populations
- Brainstorm and discuss strategies

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CSS Program Data

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Overview of CSS Programs

14

CSS Program	Children (ages 0-15)	TAY (ages 16-25)	Adults (ages 26-59)	Older Adults (age 60+)
FSP 1: Children & TAY	✓	✓		
FSP 2: Adults & Older Adults			✓	✓
FSP 3: Community Integration Team	✓	✓	✓	✓
Family Resource Centers	✓	✓	✓	
Satellite Clinics	✓	✓	✓	
ECHO/Oak Wellness Center		✓	✓	✓

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Full Service Partnership 1

15

Priority populations:

- ✓ **Children (ages 0-15)**
- ✓ **Transition Age Youth or TAY (ages 16-25)**

- Intensive support services, including case management and individual and family therapy for children with a licensed clinician
- Wraparound services to children and youth identified as at risk, including foster youth
- Summer day camps in Hanford and Corcoran (4 separate camps targeting youth in high school age, junior high school age, ages 7-11, and ages 6-10)

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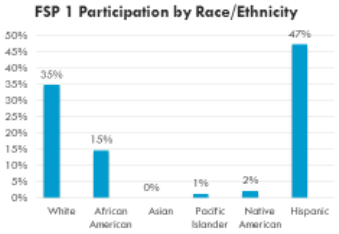
CSS Program Data FY 12-13

16

- Full Service Partnership 1: Children and TAY

Age of FSP 1 Participant	Total #
Child and Youth (ages 0-15)	187
Transition Age Youth (ages 16-25)	43
Adult (ages 26-59)	1
Older Adult (ages 60+)	0
Unknown Age	8
Grand Total	**239**



Other FSP 1 Participant Data:
- 62% Male and 38% Female
- 8 Veterans
- 5 participants whose primary language is Spanish

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Full Service Partnership 2

17

Priority populations:

- ✓ **Adults (ages 26-59)**
- ✓ **Older adults (age 60+)**

- Intensive support services including individual, couples, and family therapy
- Assistance in developing life skills and employment readiness skills, graduating high school or pursuing further education
- Access to Enrichment Series of group meetings covering Wellness Recovery Action Plans (WRAP), social skills, budgeting, self care, employment, education, and community resources
- Referral to resources
- Benefits assistance
- Coordination of service for reentry and veteran populations

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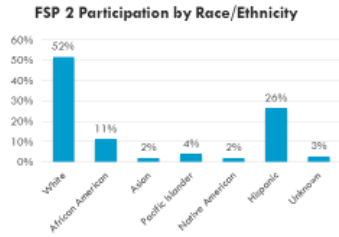
CSS Program Data FY 12-13

18

- Full Service Partnership 2: Adults and Older Adults

Age of FSP 2 Participant	Total #
Child and Youth (ages 0-15)	0
Transition Age Youth (ages 16-25)	0
Adult (ages 26-59)	98
Older Adult (ages 60+)	16
Unknown Age	0
Grand Total	**151**



Other FSP 2 Participant Data:
- 64% Male and 36% Female
- 65 Veterans
- 8 participants whose primary language is Spanish

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Full Service Partnership 3: Community Integration Team

19

Priority populations:

- ✓ **High end ER users or those with high hospitalization rates**
- ✓ **Residents of an Institute of Mental Disease (IMD)**
- ✓ **Residents of board and care facilities with the potential of moving to a lower level of care**

- Multidisciplinary Treatment Teams (aka "Community Integration Teams")
- Wellness Recovery Action Plans (WRAP)
- Case management
- Group and individual counseling
- Group substance abuse treatment services
- Nursing and psychiatric services including medication management
- Group support and socialization through the Oak Wellness Center

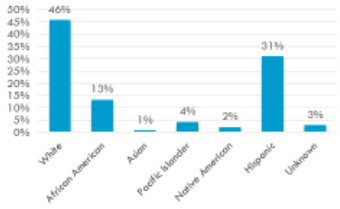
CSS Program Data FY 12-13

20

- Full Service Partnership 3: Community Integration Team

Age of FSP 3 Participant	Total #
Child and Youth (ages 0-15)	1
Transition Age Youth (ages 16-25)	13
Adult (ages 26-59)	103
Older Adult (ages 60+)	25
Unknown Age	0
Grand Total	**142**

FSP 3 Participation by Race/Ethnicity



Other FSP 3 Participant Data:
- 47% Male and 53% Female
- 10 participants whose primary language is Spanish

Family Resource Centers and Satellite Expansion

21

Priority populations:

- ✓ **Monolingual Spanish speakers and their families**
- ✓ **All residents living in areas with an FRC/Satellite Clinic**

- Outreach, education, support and early intervention for families and consumers
  - Provision of services in remote outlying areas in Kings County
  - Address language, transportation and other barriers
  - Spanish-speaking clinician
- Satellite clinics in Corcoran and Avenal
  - Spanish speaking services

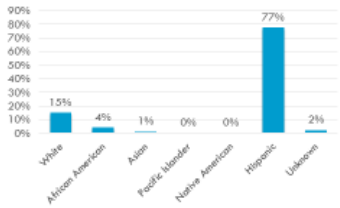
CSS Program Data FY 12-13

22

- Family Resource Centers (FRCs) & Satellite Expansion

Age of FRC/ Satellite Clinic Participant	Total #
Child and Youth (ages 0-15)	27
Transition Age Youth (ages 16-25)	10
Adult (ages 26-59)	51
Older Adult (ages 60+)	5
Unknown Age	0
Grand Total	**93**

FRC/Satellite Participation by Race/Ethnicity



Other FRC/Satellite Clinic Participant Data:
- 28% Male and 72% Female
- 13 participants whose primary language is Spanish

Empowered Consumers Helping Others (ECHO)

23

Priority population:

- ✓ **Adults (ages 26-59)**

- Operation of Oak Wellness Center, a consumer-driven wellness and recovery drop-in center
- Peer-led discussion and support groups
- Field trips and other enrichment activities
- Facilities to support physical health and pro-social development: exercise equipment, pool table, board games, basketball
- Access to computers/internet

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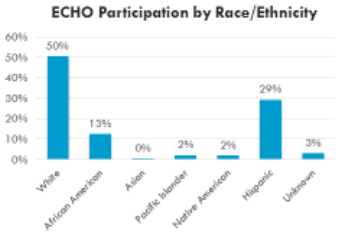
CSS Program Data FY 12-13

24

- Empowered Consumers Helping Others (ECHO)

Age of ECHO Participant	Total #
Child and Youth (ages 0-15)	2
Transition Age Youth (ages 16-25)	31
Adult (ages 26-59)	333
Older Adult (ages 60+)	20
Unknown Age	0
Grand Total	**416**



Other ECHO Participant Data:
- 53% Male and 47% Female

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Senior Access for Engagement (SAFE)

25

Priority population:

- ✓ **Older adults 60+**

- Outreach at senior centers, nursing homes, assisted living facilities, and other events targeting older adults
- Medication management and education
- Caregiver support group
- Respite care
- Linkages and referrals to other services including bilingual licensed therapist through KCBH

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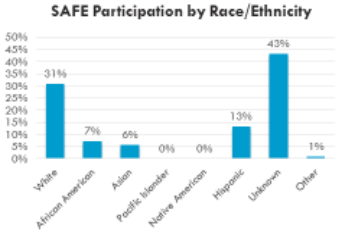
CSS Program Data FY 12-13

26

- Senior Access for Engagement (SAFE)

Age of SAFE Participant	Total #
Child and Youth (ages 0-15)	0
Transition Age Youth (ages 16-25)	0
Adult (ages 26-59)	312
Older Adult (ages 60+)	517
Unknown Age	547
Grand Total	**1,376**



Other SAFE Participant Data:
- 13% Male, 47% Female, 40% Unknown Gender
- 74 participants whose primary language is Spanish

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27 Needs Assessment

- Who participated?
- What did we find?

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An Overview of KCBH Engagement with MHSA

28

- Prior to the MHSA, Kings County Behavioral Health (KCBH) had limited engagement in the provision of direct mental health services to the community
- Starting in 2006, KCBH has gradually taken on more responsibility in the quality improvement and monitoring of mental health services, and in the provision of prevention and early intervention services
- KCBH's accomplishments include:
  - Implementation of Collaborative Justice Treatment Court
  - Integration with Kings Partnership for Prevention and other non-MHSA funded programs and activities
  - Provision of Crisis Intervention Team (CIT) training with law enforcement
  - Establishment of school-based services for young children as well as screening and assessment for children ages 0-5
  - Provision of Parent Child Interaction Therapy (PCIT) and PCIT training for non-KCBH clinicians
  - Collaboration with Tulare County in Suicide Prevention Task Force activities
  - Participation in Critical Incident Stress Management (CISM)

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Data Collection Methods

29

Interviews	Focus Groups	Survey
• **20 stakeholders interviewed total** • County staff • Provider Staff • Board of Supervisors • BHAB • Law Enforcement • Education • Tachi-Yokut Tribe • Community Leaders • KCBH partners	• **12 focus groups held; 128 total participants** • Parents of School-Age Children • TAY • Adults • Older Adults/ Seniors • Veterans • Community Providers • Youth Providers • Kings County Staff • Faith Leaders • Rural Communities: Avenal, Corcoran, Kettleman City	• **61 surveys completed**: • 34% consumer, family member, or both • 60% mental health service providers • 81% 26-59 years old • Online and paper survey • Distributed to consumers, family members, and providers

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30 Survey Results

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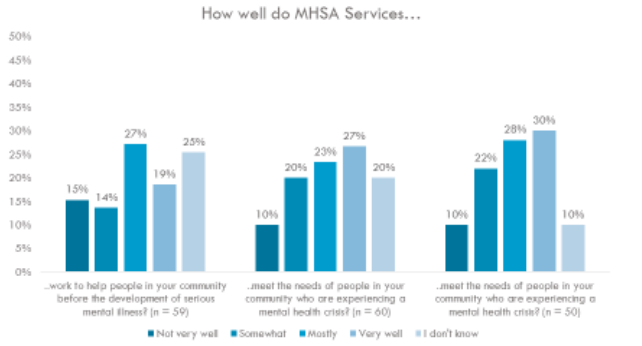
What are the community's perceptions of MHSA-funded services?

31



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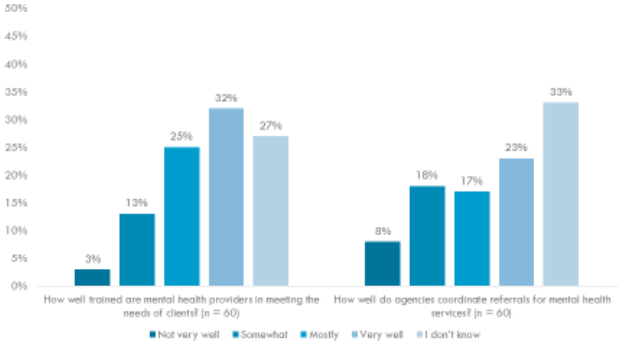
What are the community's perceptions of MHSA-funded service providers?

32



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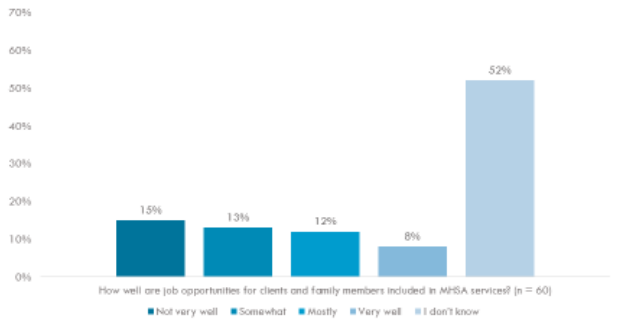
What are the community's perceptions of consumer involvement in MHSA-funded services?

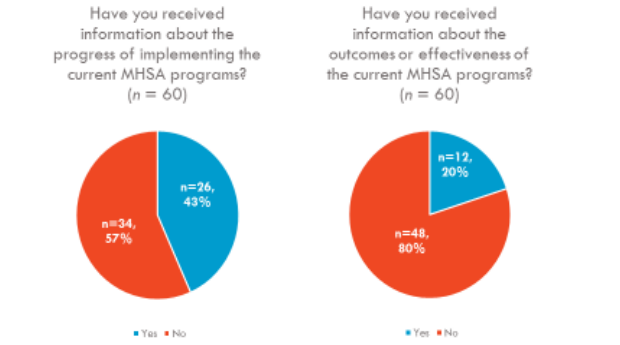
33



RDA

How well informed is the community about MHSA-funded services?

34



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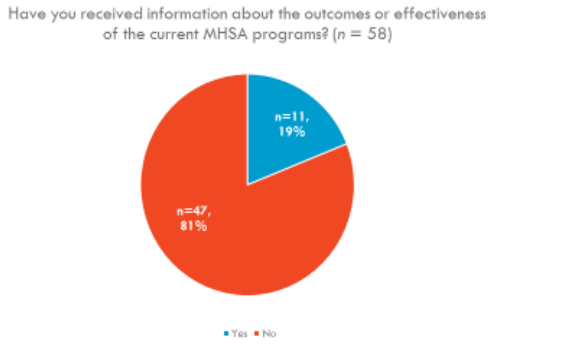
How well informed is the community about the MHSA-funded Innovation project?

35



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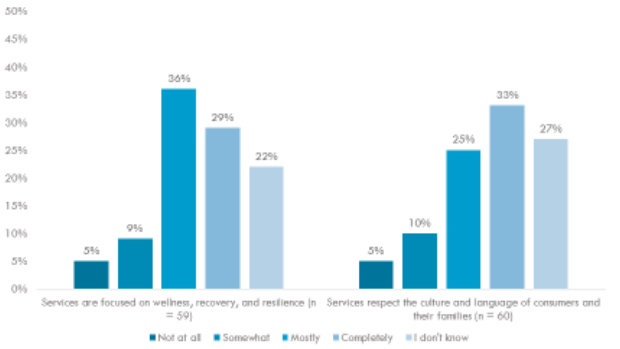
What are the community's perceptions of the recovery focus and cultural competence of services?

36

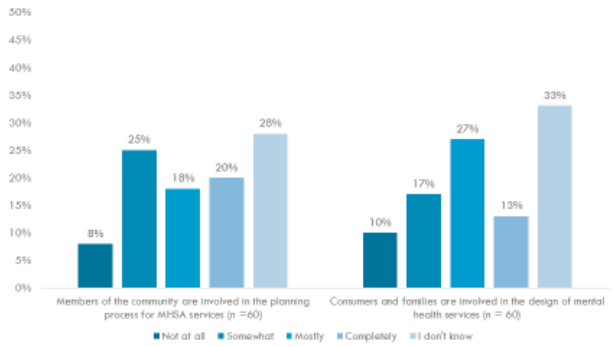


RDA

RDA

How well are consumers and the community involved in MHSA planning?

37



What are the most significant changes due to the MHSA over the past 5 years?

38

Top 10 Changes from the MHSA	% of total (n=51)
There are more prevention services	67%
There is more collaboration or coordination between agencies	53%
There are new and innovative programs	51%
Services are reaching more underserved populations	45%
Services for children and youth	41%
Staff are more culturally competent	35%
Kings County has a Wellness Center	33%
Services are more focused on recovery	33%
Services for veterans and their families	28%
Staff are better trained to provide high quality services	26%

Who is perceived to be unserved and underserved in Kings County?

39

Top 10 Underserved Populations	% of total (n=49)
Persons experiencing homelessness	47%
Persons with limited English proficiency (LEP)	33%
Transition Age Youth (ages 16-25)	27%
School-age Children	25%
Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (LGBTIQQ)	23%
Older Adults (ages 60+)	20%
Tachi-Yokut Tribe	20%
Persons experiencing a mental health crisis	20%
Persons with co-occurring mental health and substance use disorders	20%
Persons who have Medicare or both Medicare and Medi-Cal	18%

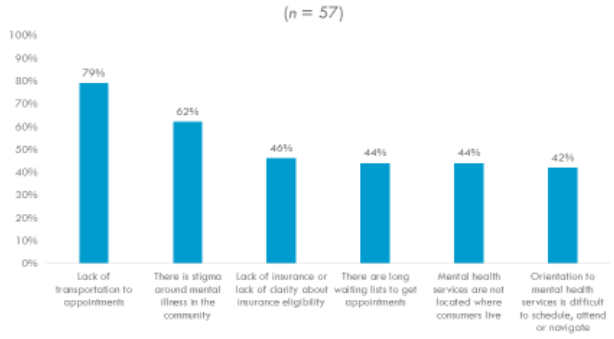
What communities are perceived to be unserved and underserved in Kings County?

40

Top 11 Unserved and Underserved Communities	% of total (n=36)
Avenal	50%
Kettleman City	36%
Corcoran	33%
Stratford	33%
Armona	31%
Hanford – Southside	28%
Santa Rosa Rancheria	25%
Home Garden Old/New	19%
Lemoore	17%
Laton	14%
Riverdale	14%

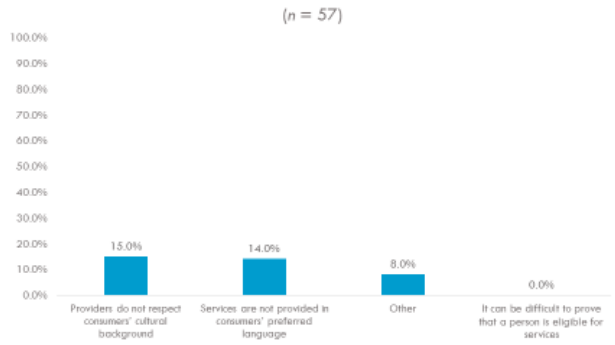
What are the perceived barriers to accessing MHSA-funded services? (1 of 2)

41



What are the perceived barriers to accessing MHSA-funded services? (2 of 2)

42



43 Key Findings

What are the key assets and resources?

44

- Family Resource Centers are engaging underserved rural communities.
- Systematic follow up of individuals occurs after a crisis visit to the hospital.
- Strong interpersonal connections between individuals helps build collaboration and partnership among service providers.
- Committed and passionate faith and community leaders want to be better informed of and integrated in the MH system.
- Consumers and family members of consumers are eager to more fully participate in the planning, monitoring, and evaluation of MH services.
- Significant KCBH resources have been expended on outreach, but more work is needed to spread the word to community members.

What mental health services do people need?

45

- Improved access to crisis response services in outlying areas, including trained mental health professionals accompanying law enforcement on crisis calls
- Increased availability of psychiatrists, child psychiatrists, and LCSWs
- Services accessible across Kings County when people need them
- Increased peer supports and consumer empowerment throughout the mental health system
- Mental health crisis beds in the county

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Who is unserved or underserved?

46

By Geography (in alpha order):

- Rural areas
  - Avenal
  - Corcoran
  - Kettleman City/Stratford
  - Lemoore

By Demographics (in alpha order):

- African American
- Criminal justice-involved youth
- Dual diagnosis population
- Homeless
- LGBTQ
- Monolingual Spanish-speakers
- People with Limited English Proficiency (LEP)
- School-age youth
- Tachi-Yokut Tribe
- Transition Age Youth (TAY)

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What is getting in the way of accessing services? (1 of 3)

47

Barriers to Entry:

- Lack of information about current services for both consumers and service providers
- Stigma, especially in Tachi-Yokut and Spanish-speaking populations
- Pervasive lack of trust in mental health system and some service providers
- Culture of disempowerment and low expectations for success/recovery
- Insufficient mental health resources for law enforcement to provide appropriate response during crisis events

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What is getting in the way of accessing services? (2 of 3)

48

Barriers to Ongoing Access:

- Lack of consistently available services in areas outside of Hanford during times preferred by local populations
- Lack of efficient transportation options to/from Hanford, including Oak Wellness Center
- Inconsistent language access
- Mental health services not always available during the times or days when people need them and where they need them
- Provider turnover

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What is getting in the way of accessing services? (3 of 3)

49

Barriers to the Continuity of Care:

- Limited after-hours access to mental health services
- Stigma about people with mental illness
- Insufficient services and resources for individuals before and during a crisis event
- Long intervals between scheduled appointments
- Lack of understanding about HIPAA rules and how to share information to allow for collaborative treatment planning
- Inadequate provider capacity to meet needs of people with co-occurring mental illness and substance use

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What are the workforce needs?

50

Types of Mental Health Workers:

- Psychiatrists
- Child Psychiatrists
- Bilingual/Bicultural staff
- Peer Supports (Consumers & Family Members)
- LCSWs
- Staff available after regular business hours
- Crisis response personnel
- Staff with co-occurring specialty

Types of Education and Training:

- Mental health education for non-mental health professionals (e.g., teachers, law enforcement, general community)
- Guidance/training on billing for services
- Dialectical behavioral therapy, CBT, motivational interviewing

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What are the CFTN needs?

51

Capital Facilities

- Some facilities lack safe and secure waiting areas and bathrooms, especially when providers serve both adults and children
  - E.g., separate waiting room and bathroom for adults and children at Kings View/Oak Wellness Center

Technological Needs

- Access to up-to-date equipment (computers) to facilitate data collection and data sharing
- Formalized collaboration to enable different providers to share information, despite all using same program (Anasazi)

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Discussion (15 min)

52

Do you agree with these gaps?

Is anything missing or inaccurate?

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Prioritization Exercise

53

Review list of gaps

Vote for the five most important gaps to fill

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Breakout Groups

54

Choose gap you are most interested in

Complete worksheet with your group

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Keep in mind…

55

Requirements of CSS

- **Full Service Partnership:** A full array of recovery-oriented mental healthcare to provide "whatever it takes"
- **General System Development:** An array of strategies and programs to transform the mental health service system
- **Outreach and Engagement:** Activities to reach underserved populations

Maximize the use of existing resources

- Where are there opportunities to **improve** CSS programs?
- Where are there opportunities to **enhance** CSS programs?
- Where are there opportunities to improve **collaboration** between CSS programs?

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Strategy Worksheet

56

Brainstorm strategies to address gaps → For each strategy are there:

- **Existing** resources or programs?
- **Changes** to existing resources or programs?
- **New** programs or resources?

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Report-Back and Discussion

57

What strategies did your group come up with? → Which gaps would each strategy address? → What level of resources would each strategy require?

- **Low:** uses mostly existing resources
- **Medium:** modifications or additions to existing programs
- **High:** creation of a new program

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Report-Back and Discussion

58

Feedback on the proposed strategies?

Any additional strategies?

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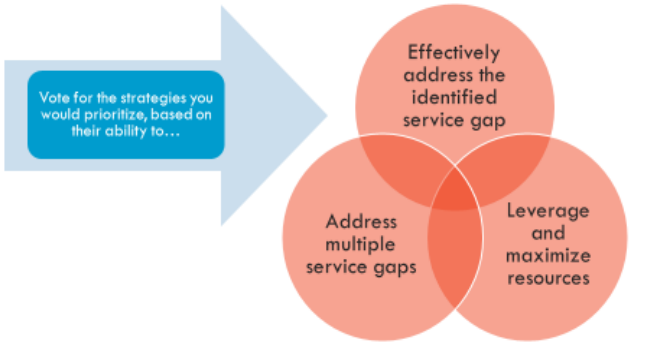
Strategy Prioritization

59



Next Steps

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KINGS COUNTY: MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2014 – 2017

STRATEGY ROUNDTABLE: PREVENTION AND EARLY INTERVENTION

September 4-5, 2014
Resource Development Associates
Ryan Wythe
Roberta Chambers, PsyD

Community Planning Process

Agenda

2

- **9:00-9:15**
  - Welcome and Introductions
  - Overview of MHSA and Community Planning Process
  - Review Strategy Roundtable Purpose and Structure
- **9:15-10:00**
  - Review and Discuss Program Data and Needs Assessment
  - Review and Discuss Service Gaps
  - Prioritize Service Gaps
- **10:00-10:30**
  - Breakout Groups – Strategy Worksheets
- **10:30-10:45**
  - Break
- **10:45-11:45**
  - Report Back from Breakout Groups
  - Prioritize Strategies
- **11:45-12:00**
  - Review Next Steps

Welcome and Introductions

3

- Welcome to the PEI Strategy Roundtable!
- Please share:
  - Your name
  - Your affiliation to Kings County Behavioral Health
  - What made you want to participate in today's roundtable discussion?

Comfort Agreements/Ground Rules

4

- Respect all persons and opinions
- One conversation at a time
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- Other agreements?

MHSA Overview

5

- Mental Health Services Act (Proposition 63) passed November 2, 2004
- 1% income tax on income over $1 million
- Purpose of MHSA: to expand and transform mental health services in California

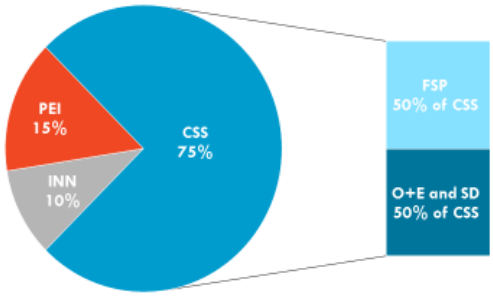
MHSA Three-Year Program & Expenditure Plan:

- Document the **community's vision for addressing mental illness** through each of the MHSA components
- **Approval by the Board of Supervisors required** before Kings County can receive funds

MHSA Values

6

MHSA Allocation Requirements



- INN can be less than or equal to 10% of total MHSA allocation and is an optional component
- Without INN, CSS can be up to 80% and PEI can be up to 20% of total MHSA allocation

Kings County MHSA Components

8

Core Component	Program Status	Budget FY 12-13	Est. FY 13-14
CSS – Community Services and Supports	Active	$4,190,153	$4,482,759
PEI – Prevention and Early Intervention	Active	$1,481,121	$1,848,695
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Prevention and Early Intervention

9

- **Engage** persons prior to development of serious mental illness or emotional disturbance
- **Alleviate** the need for additional mental health treatment
- **Transition** those with identifiable need to extended mental health treatment
- Must be **15-20%** of the total MHSA budget

Community Planning Process

10

Program planning shall be developed with local stakeholders including:

- Adults and seniors with severe mental illness
- Families of children, adults, and seniors with severe mental illness
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- Law enforcement agencies
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- Veterans and representatives from veterans organizations
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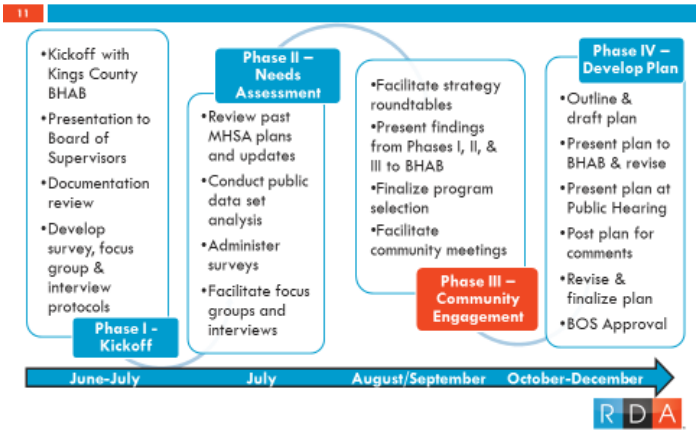
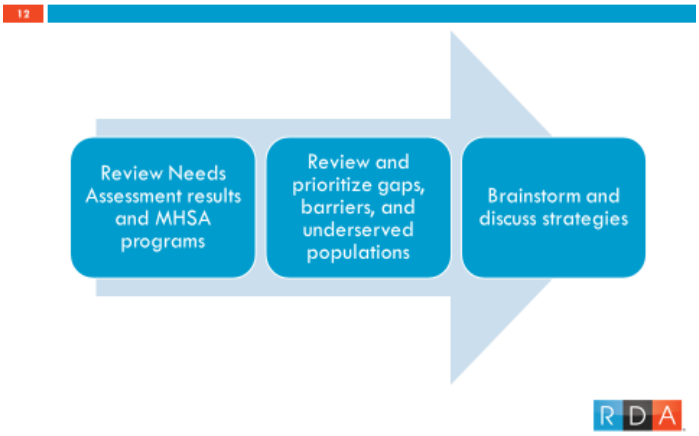
- Health care organizations

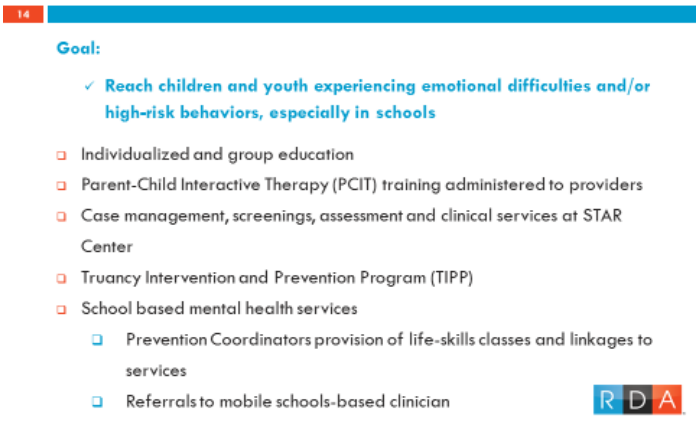
Planning Timeline



Strategy Roundtable Objectives



WECAN

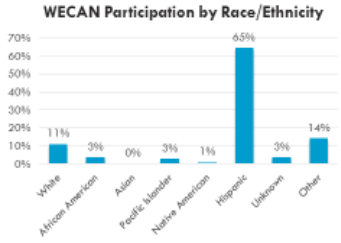


PEI Program Data FY 12-13

15

- WECAN

Age of WECAN Participant	Total #
Child and Youth (ages 0-15)	439
Transition Age Youth (ages 16-25)	106
Adult (ages 26-59)	0
Older Adult (ages 60+)	0
Unknown Age	92
Grand Total	**637**



Other WECAN Participant Data:
- 53% Male and 47% Female
- 228 Veterans (36%)
- 170 participants whose primary language is Spanish

In-Common

16

Goal:

- ✓ **Reduce stigma, increase access to services, and promote resiliency in individuals and communities.**

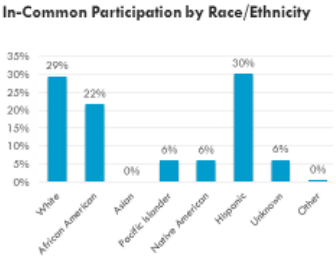
- Targets Spanish-speaking, Native American, African American, rural, low-income communities
- Screenings and case management services
- School based groups
- Community outreach regarding services and eligibility
- Community education on recognizing signs and symptoms of mental health challenges

PEI Program Data FY 12-13

17

- In-Common

Age of In-Common Participant	Total #
Child and Youth (ages 0-15)	518
Transition Age Youth (ages 16-25)	725
Adult (ages 26-59)	2,333
Older Adult (ages 60+)	517
Unknown Age	57
Grand Total	**4,150**



Other In-Common Participant Data:
- 35% Male and 65% Female
- 598 Veterans (14%)
- 19 participants whose primary language is Spanish

27 Needs Assessment

- Who participated?
- What did we find?

RDA

An Overview of KCBH Engagement with MHSA

28

- Prior to the MHSA, Kings County Behavioral Health (KCBH) had limited engagement in the provision of direct mental health services to the community
- Starting in 2006, KCBH has gradually taken on more responsibility in the quality improvement and monitoring of mental health services, and in the provision of prevention and early intervention services
- KCBH's accomplishments include:
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  - Collaboration with Tulare County in Suicide Prevention Task Force activities
  - Participation in Critical Incident Stress Management (CISM)

RDA

Data Collection Methods

29

Interviews

- **20 stakeholders interviewed total**
  - County staff
  - Provider Staff
  - Board of Supervisors
  - BHAB
  - Law Enforcement
  - Education
  - Tachi-Yokut Tribe
  - Community Leaders
  - KCBH partners

Focus Groups

- **12 focus groups held; 128 total participants**
  - Parents of School-Age Children
  - TAY
  - Adults
  - Older Adults/ Seniors
  - Veterans
  - Community Providers
  - Youth Providers
  - Kings County Staff
  - Faith Leaders
  - Rural Communities: Avenal, Corcoran, Kettleman City

Survey

- **61 surveys completed:**
  - 34% consumer, family member, or both
  - 60% mental health service providers
  - 81% 26-59 years old
- Online and paper survey
- Distributed to consumers, family members, and providers

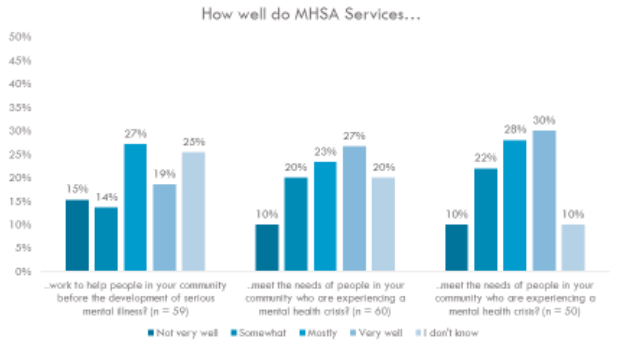
RDA

30 Survey Results

RDA

What are the community's perceptions of MHSA-funded services?

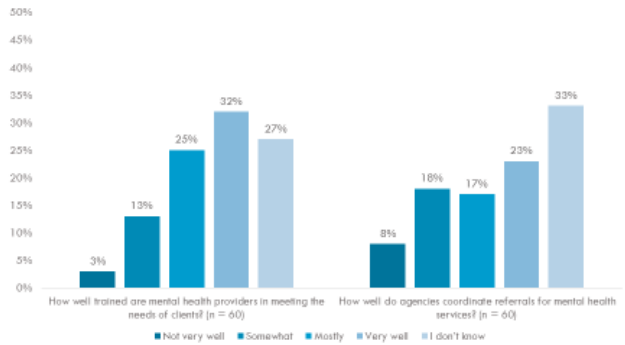
31



RDA

What are the community's perceptions of MHSA-funded service providers?

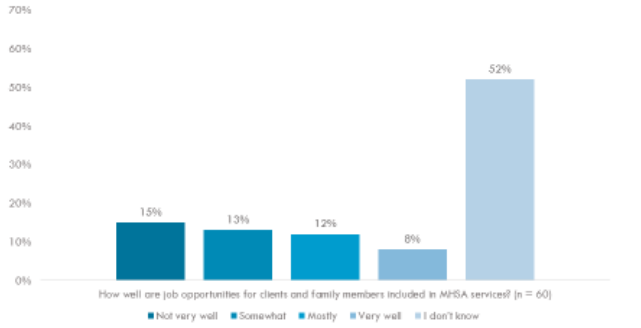
32



RDA

What are the community's perceptions of consumer involvement in MHSA-funded services?

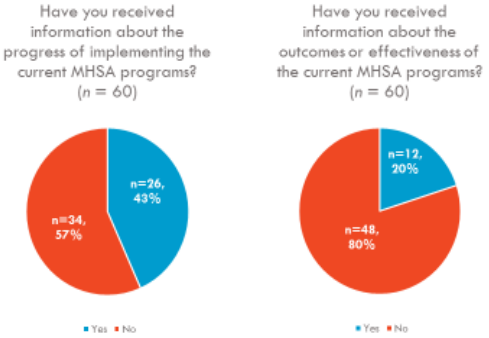
33



RDA

How well informed is the community about MHSA-funded services?

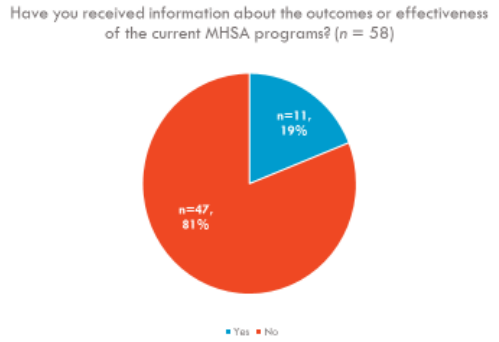
34



RDA

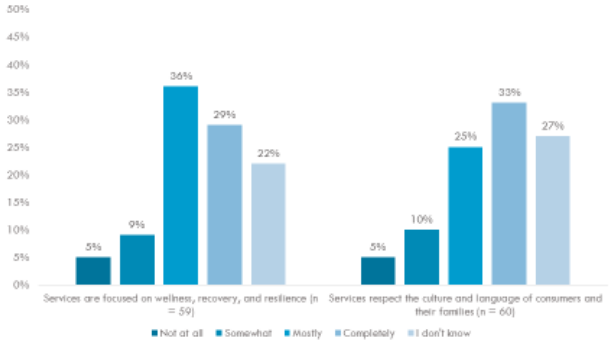
How well informed is the community about the MHSA-funded Innovation project?

35



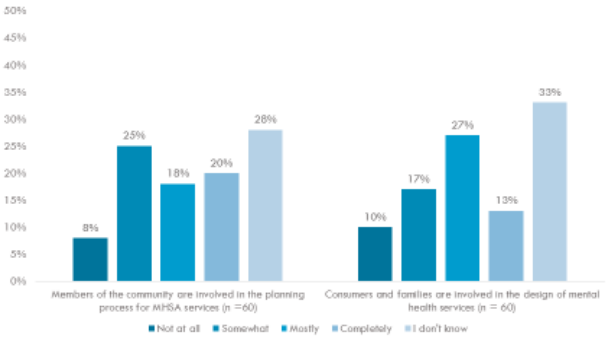
What are the community's perceptions of the recovery focus and cultural competence of services?

36



How well are consumers and the community involved in MHSA planning?

37



What are the most significant changes due to the MHSA over the past 5 years?

38

Top 10 Changes from the MHSA	% of total (n=51)
There are more prevention services	67%
There is more collaboration or coordination between agencies	53%
There are new and innovative programs	51%
Services are reaching more underserved populations	45%
Services for children and youth	41%
Staff are more culturally competent	35%
Kings County has a Wellness Center	33%
Services are more focused on recovery	33%
Services for veterans and their families	28%
Staff are better trained to provide high quality services	26%

Who is perceived to be unserved and underserved in Kings County?

39

Top 10 Underserved Populations	% of total (n=49)
Persons experiencing homelessness	47%
Persons with limited English proficiency (LEP)	33%
Transition Age Youth (ages 16-25)	27%
School-age Children	25%
Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (LGBTIQQ)	23%
Older Adults (ages 60+)	20%
Tachi-Yokut Tribe	20%
Persons experiencing a mental health crisis	20%
Persons with co-occurring mental health and substance use disorders	20%
Persons who have Medicare or both Medicare and Medi-Cal	18%

RDA

What communities are perceived to be unserved and underserved in Kings County?

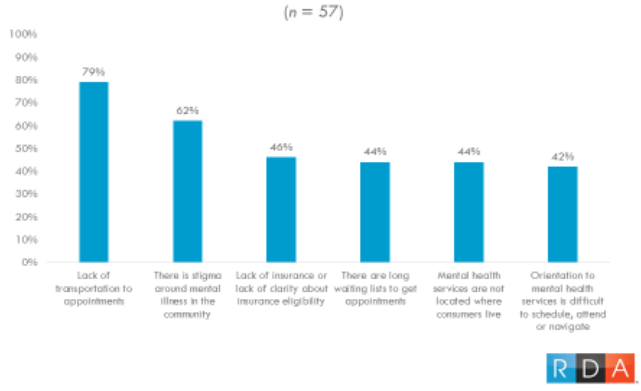
40

Top 11 Unserved and Underserved Communities	% of total (n=36)
Avenal	50%
Kettleman City	36%
Corcoran	33%
Stratford	33%
Armona	31%
Hanford – Southside	28%
Santa Rosa Rancheria	25%
Home Garden Old/New	19%
Lemoore	17%
Laton	14%
Riverdale	14%

RDA

What are the perceived barriers to accessing MHSA-funded services? (1 of 2)

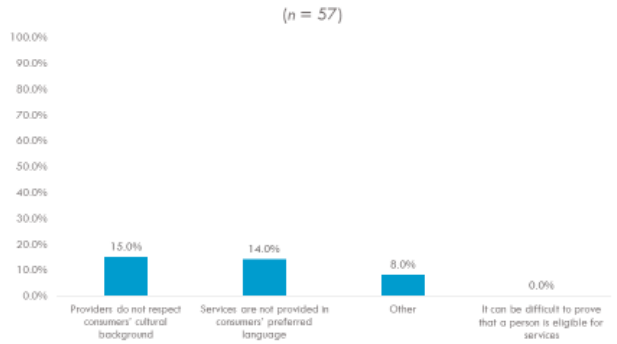
41



RDA

What are the perceived barriers to accessing MHSA-funded services? (2 of 2)

42



RDA

43

Key Findings

RDA

What are the key assets and resources?

44

- Family Resource Centers are engaging underserved rural communities.
- Systematic follow up of individuals occurs after a crisis visit to the hospital.
- Strong interpersonal connections between individuals helps build collaboration and partnership among service providers.
- Committed and passionate faith and community leaders want to be better informed of and integrated in the MH system.
- Consumers and family members of consumers are eager to more fully participate in the planning, monitoring, and evaluation of MH services.
- Significant KCBH resources have been expended on outreach, but more work is needed to spread the word to community members.

RDA

What mental health services do people need?

45

- Improved access to crisis response services in outlying areas, including trained mental health professionals accompanying law enforcement on crisis calls
- Increased availability of psychiatrists, child psychiatrists, and LCSWs
- Services accessible across Kings County when people need them
- Increased peer supports and consumer empowerment throughout the mental health system
- Mental health crisis beds in the county

RDA

Who is unserved or underserved?

46

By Geography (in alpha order):

- Rural areas
  - Avenal
  - Corcoran
  - Kettleman City/Stratford
  - Lemoore

By Demographics (in alpha order):

- African American
- Criminal justice-involved youth
- Dual diagnosis population
- Homeless
- LGBTQ
- Monolingual Spanish-speakers
- People with Limited English Proficiency (LEP)
- School-age youth
- Tachi-Yokut Tribe
- Transition Age Youth (TAY)

RDA

What is getting in the way of accessing services? (1 of 3)

47

Barriers to Entry:

- Lack of information about current services for both consumers and service providers
- Stigma, especially in Tachi-Yokut and Spanish-speaking populations
- Pervasive lack of trust in mental health system and some service providers
- Culture of disempowerment and low expectations for success/recovery
- Insufficient mental health resources for law enforcement to provide appropriate response during crisis events

RDA

What is getting in the way of accessing services? (2 of 3)

48

Barriers to Ongoing Access:

- Lack of consistently available services in areas outside of Hanford during times preferred by local populations
- Lack of efficient transportation options to/from Hanford, including Oak Wellness Center
- Inconsistent language access
- Mental health services not always available during the times or days when people need them and where they need them
- Provider turnover

RDA

What is getting in the way of accessing services? (3 of 3)

49

Barriers to the Continuity of Care:

- Limited after-hours access to mental health services
- Stigma about people with mental illness
- Insufficient services and resources for individuals before and during a crisis event
- Long intervals between scheduled appointments
- Lack of understanding about HIPAA rules and how to share information to allow for collaborative treatment planning
- Inadequate provider capacity to meet needs of people with co-occurring mental illness and substance use

RDA

What are the workforce needs?

50

Types of Mental Health Workers:

- Psychiatrists
- Child Psychiatrists
- Bilingual/Bicultural staff
- Peer Supports (Consumers & Family Members)
- LCSWs
- Staff available after regular business hours
- Crisis response personnel
- Staff with co-occurring specialty

Types of Education and Training:

- Mental health education for non-mental health professionals (e.g., teachers, law enforcement, general community)
- Guidance/training on billing for services
- Dialectical behavioral therapy, CBT, motivational interviewing

RDA

What are the CFTN needs?

51

Capital Facilities

- Some facilities lack safe and secure waiting areas and bathrooms, especially when providers serve both adults and children
  - E.g., separate waiting room and bathroom for adults and children at Kings View/Oak Wellness Center

Technological Needs

- Access to up-to-date equipment (computers) to facilitate data collection and data sharing
- Formalized collaboration to enable different providers to share information, despite all using same program (Anasazi)

RDA

Discussion (15 min)

52

Do you agree with these gaps?

Is anything missing or inaccurate?

RDA

Prioritization Exercise

53

Review list of gaps

Vote for the five most important gaps to fill

RDA

Breakout Groups

54

Choose gap you are most interested in

Complete worksheet with your group

RDA

Keep in mind…

46

Requirements of PEI

- **Engage** persons prior to development of serious mental illness or emotional disturbance
- **Alleviate** the need for additional mental health treatment
- **Transition** those with identifiable need to extended mental health treatment

Maximize the use of existing resources

- Where are there opportunities to **improve** PEI programs?
- Where are there opportunities to **enhance** PEI programs?
- Where are there opportunities to improve **collaboration** between PEI programs?

RDA

Strategy Worksheet

56

Brainstorm strategies to address gaps → For each strategy are there:

- **Existing** resources or programs?
- **Changes** to existing resources or programs?
- **New** programs or resources?

RDA

Report-Back and Discussion

57

What strategies did your group come up with? → Which gaps would each strategy address? → What level of resources would each strategy require?

- **Low**: uses mostly existing resources
- **Medium**: modifications or additions to existing programs
- **High**: creation of a new program

RDA

Report-Back and Discussion

58

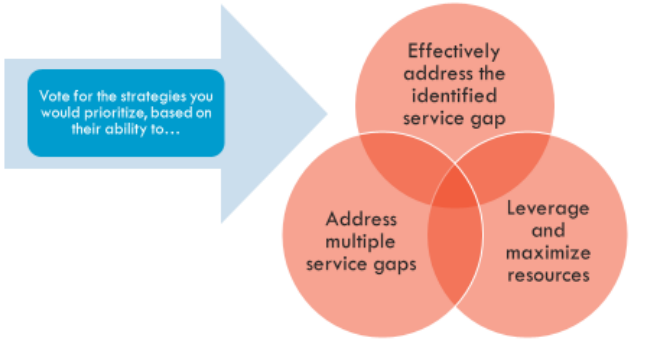
Feedback on the proposed strategies?

Any additional strategies?

RDA

Strategy Prioritization

59



Next Steps

51

61

Contact Us:

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510.488.4345 x102

Ryan Wythe
rwythe@resourcedevelopment.net
510.488.4345 x117

KINGS COUNTY: MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2014 – 2017

STRATEGY ROUNDTABLE: CAPITAL FACILITIES & TECHNOLOGICAL NEEDS

September 4-5, 2014
Resource Development Associates
Ryan Wythe
Roberta Chambers, PsyD

RDA | Community Planning Process

Agenda

2

- Welcome and Introductions
- Overview of MHSA and Community Planning Process
- Overview of Strategy Roundtable Purpose and Structure
- Review and Discuss Needs Assessment findings
- Overview of CFTN and Discuss Suggestions for Improvement

RDA

Welcome and Introductions

3

- Welcome to the CFTN Strategy Roundtable!
- Please share:
  - Your name
  - Your affiliation to Kings County Behavioral Health
  - What made you want to participate in today's roundtable discussion?

RDA

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- Document the **community's vision for addressing mental illness** through each of the MHSA components
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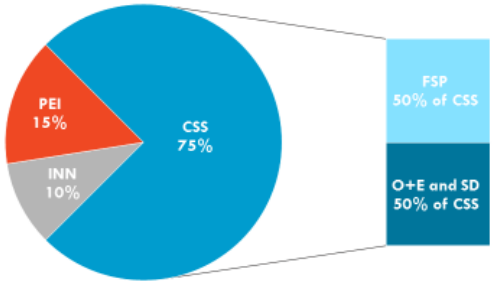
RDA

MHSA Values

6

RDA

MHSA Allocation Requirements



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- Education agencies
- Social services agencies
- Veterans and representatives from veterans organizations
- Providers of alcohol and drug services
- Health care organizations

RDA

Planning Timeline

11

Phase I - Kickoff (June-July)
- Kickoff with Kings County BHAB
- Presentation to Board of Supervisors
- Documentation review
- Develop survey, focus group & interview protocols

Phase II – Needs Assessment (July)
- Review past MHSA plans and updates
- Conduct public data set analysis
- Administer surveys
- Facilitate focus groups and interviews

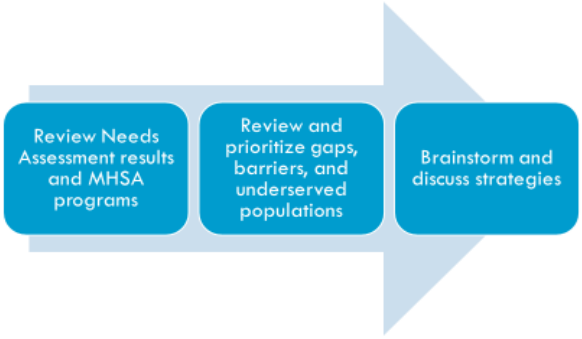
Phase III – Community Engagement (August/September)
- Facilitate strategy roundtables
- Present findings from Phases I, II, & III to BHAB
- Finalize program selection
- Facilitate community meetings

Phase IV – Develop Plan (October-December)
- Outline & draft plan
- Present plan to BHAB & revise
- Present plan at Public Hearing
- Post plan for comments
- Revise & finalize plan
- BOS Approval

RDA

Strategy Roundtable Objectives

12



RDA

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- What did we find?

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RDA

Data Collection Methods

14

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RDA

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RDA

What are the key assets and resources?

44

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RDA

What mental health services do people need?

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RDA

Who is unserved or underserved?

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RDA

What is getting in the way of accessing services? (1 of 3)

47

Barriers to Entry:

- Lack of information about current services for both consumers and service providers
- Stigma, especially in Tachi-Yokut and Spanish-speaking populations
- Pervasive lack of trust in mental health system and some service providers
- Culture of disempowerment and low expectations for success/recovery
- Insufficient mental health resources for law enforcement to provide appropriate response during crisis events

RDA

What is getting in the way of accessing services? (2 of 3)

48

Barriers to Ongoing Access:

- Lack of consistently available services in areas outside of Hanford during times preferred by local populations
- Lack of efficient transportation options to/from Hanford, including Oak Wellness Center
- Inconsistent language access
- Mental health services not always available during the times or days when people need them and where they need them
- Provider turnover

RDA

What is getting in the way of accessing services? (3 of 3)

49

Barriers to the Continuity of Care:

- Limited after-hours access to mental health services
- Stigma about people with mental illness
- Insufficient services and resources for individuals before and during a crisis event
- Long intervals between scheduled appointments
- Lack of understanding about HIPAA rules and how to share information to allow for collaborative treatment planning
- Inadequate provider capacity to meet needs of people with co-occurring mental illness and substance use

RDA

What are the workforce needs?

50

Types of Mental Health Workers:

- Psychiatrists
- Child Psychiatrists
- Bilingual/Bicultural staff
- Peer Supports (Consumers & Family Members)
- LCSWs
- Staff available after regular business hours
- Crisis response personnel
- Staff with co-occurring specialty

Types of Education and Training:

- Mental health education for non-mental health professionals (e.g., teachers, law enforcement, general community)
- Guidance/training on billing for services
- Dialectical behavioral therapy, CBT, motivational interviewing

RDA

What are the CFTN needs?

51

Capital Facilities

- Some facilities lack safe and secure waiting areas and bathrooms, especially when providers serve both adults and children
  - E.g., separate waiting room and bathroom for adults and children at Kings View/Oak Wellness Center

Technological Needs

- Access to up-to-date equipment (computers) to facilitate data collection and data sharing
- Formalized collaboration to enable different providers to share information, despite all using same program (Anasazi)

RDA

Discussion (15 min)

52

Do you agree with these gaps?

Is anything missing or inaccurate?

RDA

25 CFTN

RDA

Capital Facilities and Technological Needs (CFTN)

26

Capital Facilities
Buildings used for the delivery of MHSA services or for administrative offices

Technological Improvements
Support for MHSA objectives through cost effective and efficient improvements to data processing and communications

RDA

Capital Facilities

27

- Kings County's former courthouse building
  - Feasibility study underway for use by behavioral health programs
- Matching funds from SB 1022 to build stand-alone program space adjacent to Kings County Jail
  - Facilitate comprehensive transition planning for individuals reentering community after incarceration
- Plan for a new Wellness Center as part of ANCHORS project (permanent supportive housing)
  - MHSA funds for internal building construction and rehabilitation to provide recreational and social space, consumer garden, cooking classes, laundry and exercise area
  - Space for case management, groups, medical appointments

RDA

Technological Improvement Plans

28

- Acquisition of computers/laptops, smart boards, other equipment, and software for the new Wellness Center and reentry services facilities staff
- Acquisition of Information Technology Services (ITS) and internet connectivity for staff in the Wellness Center and reentry service facilities
- Acquisition of communication devices to assist in efficiency and streamlining of services

RDA

Cap/IT Discussion Questions

29

- What technology needs have been addressed by CFTN?
- What technology-related needs remain?
- What facilities needs have been addressed by CFTN?
- What facilities needs remain?
- Suggestions for improvement?

RDA

Next Steps

30

30

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Appendix M: MHSA Strategy Roundtable Worksheets

MHSA Strategy Roundtable Worksheet

Instructions: **Please identify a Reporter and a Scribe** (it can be the same person). At the end of this activity, the designated reporter will present your ideas to the larger group.

Activity Overview: The purpose of this exercise is to **identify strategies to address gaps and barriers** in mental health services. Try to reach consensus if possible. If not, include everyone's perspective. Please spend time discussing your ideas before filling out this form. Use as much space as you need, and feel free to attach an additional page.

Names of Participants:

_____

_____

Please circle Strategy Roundtable Session: ***PEI*** ***CSS***

Gap to be addressed: _____

In order to address this gap/need…

1. Of the **existing MHSA programs**, what programs or services are working well?

2. What **changes** would you make to existing programs? (What would need to be added or modified?)

3. What **existing resources** from county or community-based organizations could be leveraged?

4. What **new** programs or strategies would need to be implemented (if any)?

5. Of the strategies you listed above, would any of them **address other gaps**? If so, please list the strategies and gaps here.

Innovation Planning Group Activity Worksheet

Instructions: Please identify a Reporter and a Scribe (it can be one person). At the end of this activity, the designated reporter will present your ideas to the larger group.

Activity Overview: The main purpose of this exercise is to identify unmet mental health needs, the underserved population, and programs that do not currently exist. Try to reach consensus if possible, if not, include everyone's perspective. Please spend time discussing before filling out this form. Use as much space as you need, and feel free to attach an additional page. Note: There are no wrong answers.

Name of Participants:_____

1. Who are the underserved or unserved populations you want to address? What group do you believe is not accessing mental health services?
2. What are their unmet mental health needs?

3. What is getting in the way of accessing mental health services?

4. What are your ideas for innovative ways to address those unmet needs?

5. What do you want to learn from the innovative program(s)?

Appendix N: Community Meeting Presentation

KINGS COUNTY:
MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2014 – 2017

COMMUNITY MEETINGS
September 22-23, 2014

Resource Development Associates

Community Planning Process

Agenda

2

- Welcome and Introductions
- Overview of MHSA and Community Planning Process
- Review Needs Assessment findings
- Overview and Discussion of Proposed Programs and Services
- Community Program Planning Process Evaluation

MHSA Overview

3

- Mental Health Services Act (Proposition 63) passed November 2, 2004
- 1% income tax on income over $1 million
- Purpose of MHSA: to expand and transform mental health services in California

MHSA Three-Year Program & Expenditure Plan:

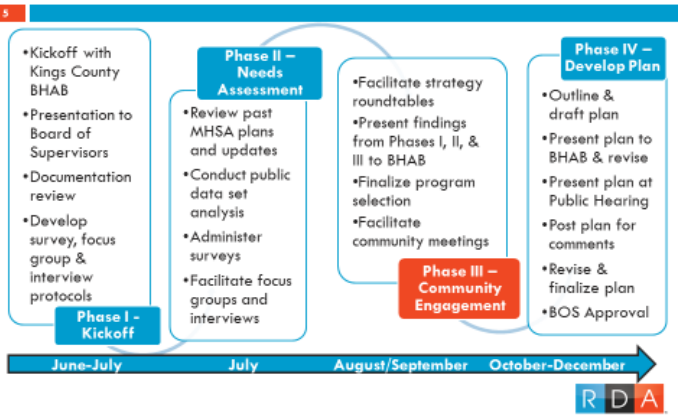
- Document the **community's vision for addressing mental illness** through each of the MHSA components
- **Approval by the Board of Supervisors required** before Kings County can receive funds

MHSA Values

4

Planning Timeline

5



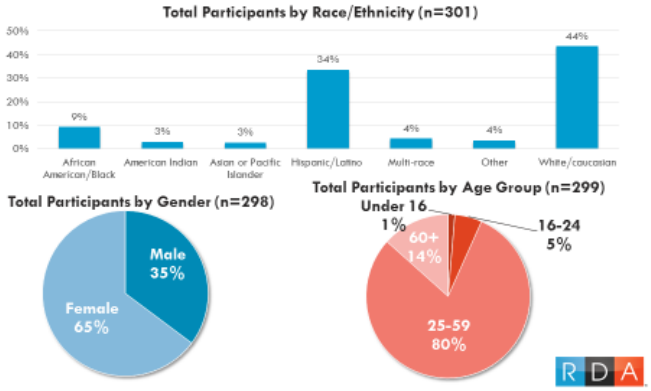
Who has participated in the Community Program Planning Process?

6

CPP Event	Consumer	Family Member	Consumer & Family Member	Service Provider	Total Participants
Kickoff Meetings	5	9	6	30	**53**
Focus Groups	13	21	16	67	**117**
KIIs	1	2	1	12	**20**
Survey	3	7	10	33	**61**
Strategy Roundtables	2	15	6	56	**71**
Total	**24**	**54**	**39**	**198**	**322**

Who has participated in the Community Program Planning Process?

7



Who has participated in the Community Program Planning Process?

8

Stakeholder Affiliation	Count
County Government Agency	70
Community Based Organization	48
MH Service Provider	26
Education Agency	18
Social Service Agency	13
City Government Agency	12
Veterans/ Veteran Serving Organization	11
Tachi-Yokut Representative	10
Law Enforcement	9
AOD Service Provider	4

City/ Town	Count
Hanford	116
Lemoore	53
Corcoran	30
Avenal	22
Other	21
Kettleman City	9
Hanford Southside	6
Armona	5
Out of County	7

9 Needs Assessment

- Who participated?
- What did we find?

Data Collection Methods

10

Interviews
- **20 stakeholders interviewed total**
  - County staff
  - Provider Staff
  - Board of Supervisors
  - BHAB
  - Law Enforcement
  - Education
  - Tachi-Yokut Tribe
  - Community Leaders
  - KCBH partners

Focus Groups
- **12 focus groups held; 128 total participants**
  - Parents of School-Age Children
  - TAY
  - Adults
  - Older Adults/ Seniors
  - Veterans
  - Community Providers
  - Youth Providers
  - Kings County Staff
  - Faith Leaders
  - Rural Communities: Avenal, Corcoran, Kettleman City

Survey
- **61 surveys completed:**
  - 34% consumer, family member, or both
  - 60% mental health service providers
  - 81% 26-59 years old
- Online and paper survey
- Distributed to consumers, family members, and providers

What are the key assets and resources?

11

- Family Resource Centers are engaging underserved rural communities.
- Systematic follow up of individuals occurs after a crisis visit to the hospital.
- Strong interpersonal connections between individuals helps build collaboration and partnership among service providers.
- Committed and passionate faith and community leaders want to be better informed of and integrated in the MH system.
- Consumers and family members of consumers are eager to more fully participate in the planning, monitoring, and evaluation of MH services.
- Significant KCBH resources have been expended on outreach, but more work is needed to spread the word to community members.

What mental health services do people need?

12

- Improved access to crisis response services in outlying areas, including trained mental health professionals accompanying law enforcement on crisis calls
- Mental health crisis beds in the county
- Increased availability of psychiatrists, child psychiatrists, and LCSWs
- Services accessible across Kings County when people need them
- Increased peer supports and consumer empowerment throughout the mental health system

Who is unserved or underserved?

13

By Geography (in alpha order):

- Rural areas
  - Avenal
  - Corcoran
  - Kettleman City/Stratford
  - Lemoore

By Demographics (in alpha order):

- African American
- Criminal justice-involved youth
- Dual diagnosis population
- Homeless
- LGBTQ
- Monolingual Spanish-speakers
- People with Limited English Proficiency (LEP)
- School-age youth
- Tachi-Yokut Tribe
- Transition Age Youth (TAY)

RDA

What is getting in the way of accessing MH services?

14

- **Barriers to Entry:**
  - Lack of information or knowledge about current services
  - Stigma, especially in Tach-Yokut and Spanish-speaking communities
    - Lack of trust in the mental health system
    - Culture of disempowerment and low expectations for success or recovery
  - Insufficient resources for response to crisis events (training, personnel, and beds)
- **Barriers to Ongoing Access:**
  - Lack of efficient transportation options
  - Inconsistent language access
  - Provider turnover
- **Barriers to the Continuity of Care:**
  - Long intervals between scheduled appointments
  - Lack of understanding about HIPAA rules and how to share health information
  - Inadequate provider for co-occurring mental illness and substance use services

What are the workforce needs?

15

Types of Mental Health Workers:

- Psychiatrists
- Child Psychiatrists
- Bilingual/Bicultural staff
- Peer Supports (Consumers & Family Members)
- LCSWs
- Staff available after regular business hours
- Crisis response personnel
- Staff with co-occurring specialty

Types of Education and Training:

- Mental health education for non-mental health professionals (e.g., teachers, law enforcement, general community)
- Guidance/training on billing for services
- Dialectical behavioral therapy, CBT, motivational interviewing

RDA

What are the CFTN needs?

16

Capital Facilities

- Some facilities lack safe and secure waiting areas and bathrooms, especially when providers serve both adults and children
  - E.g., separate waiting room and bathroom for adults and children at Kings View/Oak Wellness Center

Technological Needs

- Access to up-to-date equipment (computers) to facilitate data collection and data sharing
- Formalized collaboration to enable different providers to share information, despite all using same program (Anasazi)

RDA

What are the mental health needs in the community by population?

17

Children (ages 0-15)
Clinicians with child-focused expertise
School-based services for Severely Emotionally Disturbed (SED)
Mental health training for teachers
Screening and assessment in areas outside of Hanford
Services for children ages 6-13
Designated times for children to spend with school-based therapists

Transition Age Youth (ages 16-25)
Independent living skills training and adult transition supports
Alternative wellness and recreation activities
Housing supports
Improved engagement and resources for youth in outlying areas
Mentorship/positive role models
Capacity to serve co-occurring population

RDA

What are the mental health needs in the community by population?

18

Adults (ages 26-59)
Capacity to serve co-occurring population
Housing supports
Culture of consumer empowerment/ increased partnership with consumers in their care
Integrated care, especially for medication management
Outreach and engagement, especially to the homeless population
Client-focused, individualized treatment rather than over-reliance on medication

Older Adults/Seniors (ages 60+)
Supports to caregivers of older adults/seniors
Social supports to older adults/seniors with depression or experiencing isolation
In-home outreach and support services
Stigma and lack of awareness about mental health
Information and education about availability of mental health services
Therapy and counseling supports in the home

RDA

RDA

What are the mental health needs in the community by population?

19

Veterans	Monolingual Spanish Speakers
Therapy and counseling, specifically for PTSD and domestic violence	Parenting supports to help understand child's social, emotional, and cognitive development
Services during veteran's specific events and locations (e.g., Veteran's Day events, Lemoore, outlying communities)	Culturally competent family-inclusive services
Coordination with VA and other services providers in treatment planning	Support groups framed around parenting, spousal support, or mutual aid
Transportation, esp. to and from mental health appointments	Information and education about mental health services
Information and education about available services	Knowledge about mental health
Outreach and engagement of homeless vets into treatment	Culturally competent outreach and engagement
	Integrated MH and primary care services

What are the mental health needs in the community by population?

20

Outlying Communities

Shared Mental Health Needs:

- Alternative wellness and recreational activities for youth
- Culturally appropriate family-inclusive services
- Information and education about mental health services
- Parenting education and parenting classes, including child development
- Integrated MH services with primary care

Specific Mental Health Needs:

Avenal	Corcoran	Kettleman City/Stratford
Career pathways for youth	Trust in government services for undocumented immigrants	Culturally appropriate in-home outreach and engagement
Consistent services and hours at MH satellite locations	Services for children over the age of 5	In-home services and supports for older adults/seniors

Discussion

21

Do you agree with these gaps?

Is anything missing or inaccurate?

22 Approach to the MHSA Three-Year Plan

How will the MHSA Three-Year Plan be implemented?

23

Year 1

- Develop and formalize partnerships with community leaders and service providers
- Identify existing resources available to support ongoing services
- Increase the capacity of community partners through training and education

Year 2

- Identify opportunities to co-locate current and future programs and services
- Develop the infrastructure to support co-location of services
- Increase capacity for collaborative treatment planning with partners
- Monitor referrals and linkages to ensure continuity of care

Year 3

- Leverage partnerships to implement new programs and services to address remaining unmet community mental health needs

How do we keep track of our progress?

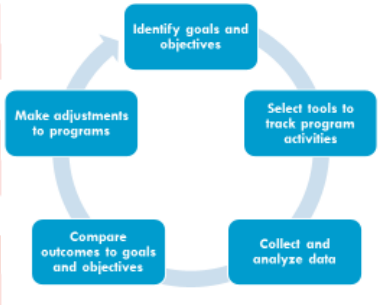
24

- Ongoing Monitoring & Outcomes Evaluation

Year 1
Build capacity for data collection and develop evaluation plan.

Year 2
Implement evaluation plan and monitor for opportunities to co-locate.

Year 3
Monitor and evaluate all new and continuing programs and services.



Discussion

25

Do you agree with this approach?

Are there any changes you think should be considered?

RDA

26 Proposed MHSA Programs and Services

RDA

Proposed Programs & Services

27

Children (ages 0-15) and Transition Age Youth (ages 16-25)

Continuing CSS Programs	CSS Program Enhancements
• FSP 1: Children & TAY • FSP 3: Community Integration Team (CIT) • Family Resource Centers • Satellite Clinics (Corcoran/Avenal)	• Strengthen wraparound services, with a focus on TAY • Enhance services and case management capacity for TAY FSP participants, including vocational training, summer jobs program (e.g., peer support positions) • Strengthen Personal Service Coordinator position for FSP clients • Consider expanding and changing hours at FRCs/Satellite Clinics • Enhance coordination/ collaboration among all stakeholders in CSS programs

Proposed Programs & Services

28

Children (ages 0-15) and Transition Age Youth (ages 16-25)

Continuing PEI Programs	PEI Program Enhancements
• Coping and Supportive Training (CAST) in schools • Truancy Intervention and Prevention Program (TIPP) • Parent-Child Interactive Therapy training • Early Childhood Developmental Screening • School-based therapy • Life STEPs (Strategic Training and Education Programs)	• Summer Camp (for non-FSP participant children/TAY) • KCBH Wellness Star Reception Area Project • **NEW:** Youth Mentoring & Ambassador program • **NEW:** Explore opportunities to establish Therapeutic Activity Groups for TAY

RDA

Proposed Programs & Services

29

Adults (ages 26-29) and Older Adults (age 60+)

Continuing CSS Programs	CSS Program Enhancements
• FSP 2: Adults & Older Adults • FSP 3: Community Integration Team (CIT) • Family Resource Centers • Satellite Clinics (Corcoran/Avenal) • ECHO/Oak Wellness Center	• Enhance FSP services for Older Adults • Strengthen wraparound services, with a focus on Older Adults • Enhance linkages and case management capacity for mental health collaborative court • Strengthen Personal Service Coordinator position for FSP clients • Strengthen services for veterans • Consider expanding and changing hours at FRCs/Satellite Clinics • Enhance coordination/ collaboration among all stakeholders in CSS programs

Proposed Programs & Services

30

Adults (ages 26-29) and Older Adults (age 60+)

Continuing PEI Programs	PEI Program Enhancements

• Seniors Access for Engagement (SAFE)
• Kings View Crisis Response (PEI) Team
• Respite for caregivers
• Support groups
• KCBH therapists
	• Enhanced supports and linkages for veterans
	• **NEW:** Promotores model to train community leaders in wellness promotion
	  • Includes MH training for community leaders
	  • Resources to refer and link people with programs and services
	  • Targeted training to support community-specific needs (e.g. parenting, child development)
	• **NEW:** Services targeted at survivors of domestic violence (co-located at women's shelter)

RDA

Proposed Programs & Services:
Community Wide Prevention & Early Intervention Strategies

31

Continuing PEI Strategies	PEI Strategy Enhancements

• **Stigma & Discrimination Reduction**
  • Social Marketing/Website, Speakers Bureau, Anti-Stigma Advocacy, Cultural Competency Taskforce
• **Outreach & Education or Training**
  • Mental Health First Aid (MHFA) and Youth MHFA, Applied Suicide Intervention Skills Training (ASIST), Another Kind of Valor
• **Suicide Prevention**
  • Suicide Prevention Taskforce (State and Regional), LOSS, Prevention Hotline, RESTATE, DRAW, and SOS
• **Referrals and Linkages**
  • Access Review Teams (ART)
  • 2-1-1
	• Enhance the general community's education and awareness about mental health and available services
	• Update 2-1-1 and MH resource guide
	• **NEW:** Law Enforcement Referral Application
	• **NEW:** Multi-Service Centers in underserved communities (Avenal, Corcoran, & Santa Rosa Rancheria) and for TAY

Proposed Programs & Services

32

Innovation (INN)

Continuing Program	Possible New Program
• Circle of the Horse & Implementation Learning Council (ILC) (funded through December 2015) • Continue engagement with ILC for future collaborative efforts	• Youth-led evaluation on resiliency factors in culturally and geographically isolated communities

RDA

Proposed Programs & Services

33

Workforce Education and Training (WET)

Continuing Programs	New Programs
• WET Coordinator position • Funding for KCBH and provider staff to attend regional and state-wide trainings and professional development opportunities (e.g. PCIT and others) • Funding for participation in regional WET conferences • Stipends for MH interns	• Cultural Ambassador Training Program for MH service providers • Youth Mental Health Workforce Pathways development • Tribal Mental Health Workforce Pathways development • Consider roving clinical supervisor(s) • Enhance advanced clinical training on evidence-based practices with continuing education credits

RDA

Proposed Programs & Services

34

Capital Facilities and Technological Needs (CFTN)

Continuing Capital Facilities Expenditures	New Capital Facilities Expenditures
• Feasibility study underway on the former courthouse building • Matching funds for SB 1022 to build standalone programming space for reentry population • ANCHORS: Permanent supportive housing – funds to remodel to create programming space	• Consider a feasibility study to determine approaches in optimizing space at Kings View/Oak Wellness Center • Use CF funds to support rehabilitation of existing County-owned buildings for current and future mental health services

RDA

Proposed Programs & Services

35

Capital Facilities and Technological Needs (CFTN)

Continuing Technological Needs Expenditures	New Technological Needs Expenditures
• Continued support of the implementation and maintenance of Electronic Health Records (EHR) system Anasazi • Continued acquisition of computers/laptops, smart boards, other equipment needed to support EHR access in multiple locations • Continued acquisition of other information or communication services/devices to support current programs	• Consider a series of trainings on the interoperability of EHR system to support coordinated service delivery • Inventory and update EHR system to support current and future MHSA funded programs • Explore ways to enhance access to Telepsychiatry in underserved areas

Discussion

36

Do you agree with these programs and services?

Are there other programs or services to consider?

RDA

Next Steps

37

- Write plan
- Post for public comment
- Public Hearing
- Revise plan and submit to KCBH
- Submit plan to Board of Supervisors

Evaluation and Closing

38

Give us your feedback!

Contact Us:

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shuey@resourcedevelopment.net
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Appendix O: Community Meeting Flyers

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Kelly Baker, MFT
Deputy Director of Behavioral Health
(559) 852-2434

Mental Health • Prevention and Early Intervention • Alcohol & Drug Prevention and Treatment

Kings County Behavioral Health (KCBH) invites you to the:

Community Meetings

Mental Health Services Act (MHSA)
Three-Year Program & Expenditure Plan

We will present the community needs assessment findings, proposed programs and services to bridge the gaps in mental health services, and recommendations for Kings County's MHSA Three-Year Program & Expenditure plan for 2014 – 2017. Please consider attending any of these meetings:

Behavioral Health Advisory Board (BHAB) September 22, 2014	Avenal Community Meeting September 22, 2014	Hanford Community Meeting September 23, 2014	Corcoran Community Meeting September 23, 2014
12:00 – 1:30 pm Hanford	6:00 – 8:00 pm Avenal	1:30 – 3:30 pm Hanford	5:30 – 7:30 pm Corcoran
Kings County Behavioral Health 530 Kings County Drive, Suite B Hanford, CA 93230	**Avenal Veterans Memorial Hall** 108 W Kings Street Avenal, CA 93204	**Kings County Admin Multi-Purpose Room** 1400 W Lacey Blvd Hanford, CA 93230	**Corcoran Family Resource Center** 900 Dairy Ave Corcoran, CA 93212

Please join us!

Community Meetings are open to the public. We look forward to hearing your input on the programs and strategies for the MHSA Three-Year Program & Expenditure plan.

WELLNESS • RECOVERY • RESILIENCE

450 Kings County Dr., Suite 104 • Hanford CA 93230 • (559) 852-2376 • Fax (559) 589-6916

Mary Anne Ford Sherman
Director of Behavioral Health
(559) 852-2382

Kelly Baker, MFT
Deputy Director of Behavioral Health
(559) 852-2434

Mental Health • Prevention and Early Intervention • Alcohol & Drug Prevention and Treatment

El departamento de Salud Mental de Kings County le invita cordialmente a la:

Reunión de la comunidad

Para El Plan de Programa y Gastos de Tres Años de la ley de servicios de salud mental (MHSA)

Vamos a presenter los resultados de la evaluación sobre las necesidades de la comunidad incluyendo las programas y servicios propuestas para mejorar los servicios de salud mental y recomendaciones para el 2014 – 2017 plan de gastos y programas para el Kings County's MHSA. Por favor, considere atender a cualquiera de estas reuniones:

Behavioral Health Advisory Board (BHAB) September 22, 2014	Reunión de la comunidad de Avenal September 22, 2014	Reunión de la comunidad de Hanford September 23, 2014	Reunión de la comunidad de Corcoran September 23, 2014
12:00 – 1:30 pm Hanford	6:00 – 8:00 pm Avenal	1:30 – 3:30 pm Hanford	5:30 – 7:30 pm Corcoran
Kings County Behavioral Health 530 Kings County Drive, Suite B Hanford, CA 93230	**Avenal Veterans Memorial Hall** 108 W Kings Street Avenal, CA 93204	**Kings County Admin Multi-Purpose Room** 1400 W Lacey Blvd Hanford, CA 93230	**Corcoran Family Resource Center** 900 Dairy Ave Corcoran, CA 93212

¡Por favor, juntarse con nosotros!

Las reunuiones son para el publico. Queremos escuchar a sus opinions sobre las programas y ideas para el 2014-2017 plan de gastos y programas para el Kings County MHSA.

WELLNESS • RECOVERY • RESILIENCE

450 Kings County Dr., Suite 104 • Hanford CA 93230 • (559) 852-2376 • Fax (559) 589-6916

Appendix P: Needs Assessment Survey Results

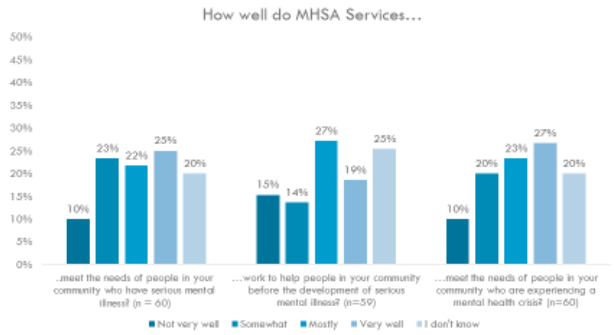
1

Survey Results

RDA

What are the community's perceptions of MHSA-funded services?

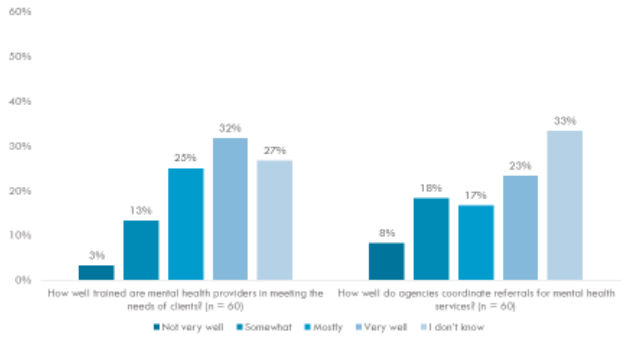
2



RDA

What are the community's perceptions of MHSA-funded service providers?

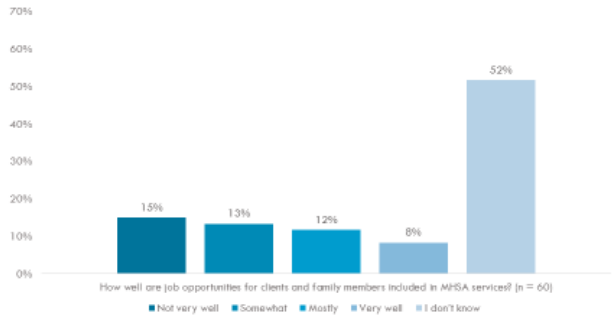
3



RDA

What are the community's perceptions of consumer involvement in MHSA-funded services?

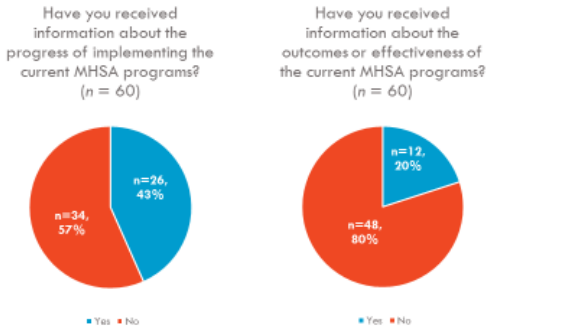
4



RDA

How well informed is the community about MHSA-funded services?

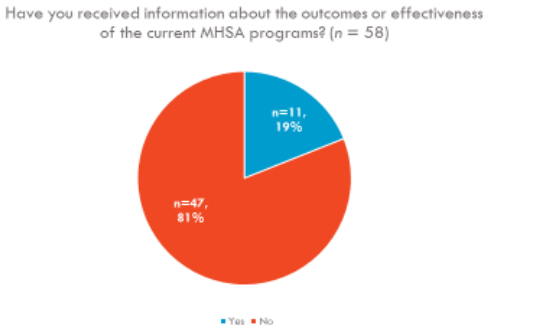
5



RDA

How well informed is the community about the MHSA-funded Innovation project?

6

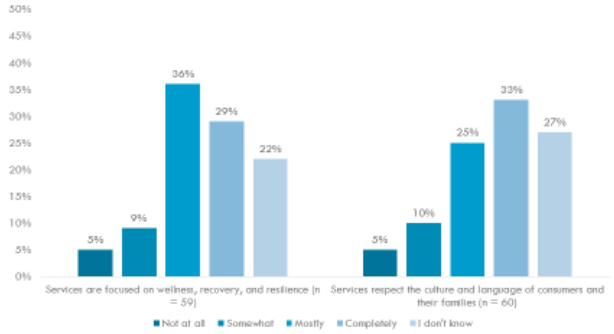


RDA

RDA

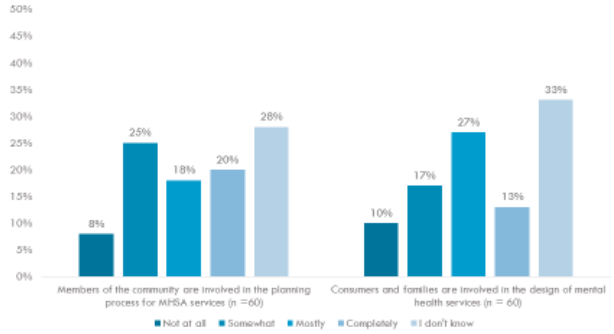
What are the community's perceptions of the recovery focus and cultural competence of services?

7



How well are consumers and the community involved in MHSA planning?

8



What are the most significant changes due to the MHSA over the past 5 years?

9

Top 10 Changes from the MHSA	% of total (n=51)
There are more prevention services	67%
There is more collaboration or coordination between agencies	53%
There are new and innovative programs	51%
Services are reaching more underserved populations	45%
Services for children and youth	41%
Staff are more culturally competent	35%
Kings County has a Wellness Center	33%
Services are more focused on recovery	33%
Services for veterans and their families	28%
Staff are better trained to provide high quality services	26%

Who is perceived to be unserved and underserved in Kings County?

10

Top 10 Underserved Populations	% of total (n=49)
Persons experiencing homelessness	47%
Persons with limited English proficiency (LEP)	33%
Transition Age Youth (ages 16-25)	27%
School-age Children	25%
Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (LGBTIQQ)	23%
Older Adults (ages 60+)	20%
Tachi-Yokut Tribe	20%
Persons experiencing a mental health crisis	20%
Persons with co-occurring mental health and substance use disorders	20%
Persons who have Medicare or both Medicare and Medi-Cal	18%

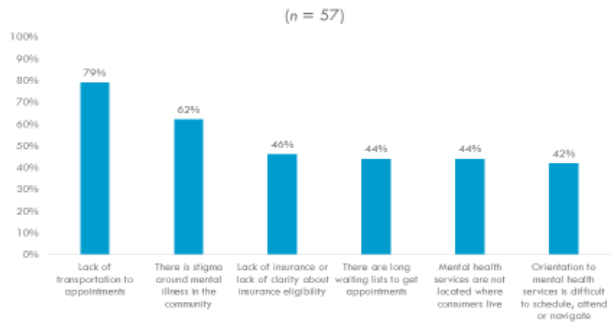
What communities are perceived to be unserved and underserved in Kings County?

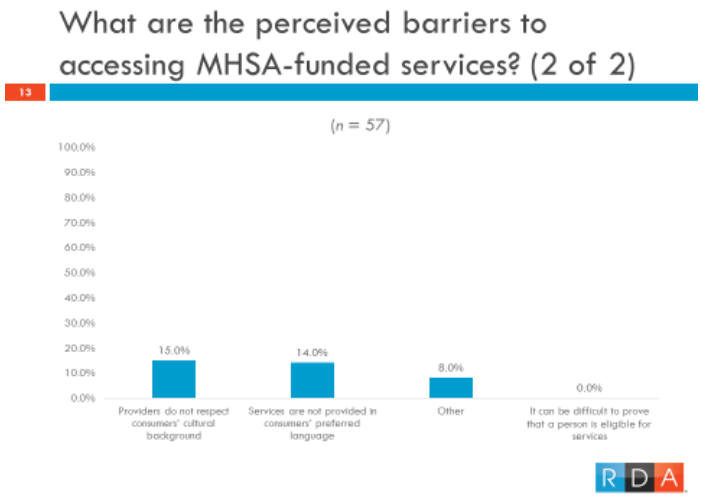
11

Top 11 Unserved and Underserved Communities	% of total (n=36)
Avenal	50%
Kettleman City	36%
Corcoran	33%
Stratford	33%
Armona	31%
Hanford – Southside	28%
Santa Rosa Rancheria	25%
Home Garden Old/New	19%
Lemoore	17%
Laton	14%
Riverdale	14%

What are the perceived barriers to accessing MHSA-funded services? (1 of 2)

12




What are the perceived barriers to accessing MHSA-funded services? (2 of 2)
13
(n = 57)
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
15.0%
14.0%
8.0%
0.0%
Providers do not respect consumers' cultural background
Services are not provided in consumers' preferred language
Other
It can be difficult to prove that a person is eligible for services
RDA

Appendix Q: MHSA CPP Feedback Form

MHSA Community Program Planning Process Feedback Form

Thank you for your involvement in the Community Program Planning Process for Kings County's Mental Health Services Act. We would like to hear about your experience with the planning process. Your feedback will help us understand what we did well and what we can improve upon in the future. Please help us by taking a few minutes to fill out this anonymous feedback form.

Based on your experience with the MHSA Community Program Planning Process, please mark to what extent you agree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The needs assessment accurately captures the mental health needs in Kings County.				
2. The proposed plan reflects my opinions/ideas about how to improve mental health services.				
3. The proposed plan will strengthen mental health services in Kings County.				
4. The proposed plan is in alignment with MHSA values.				
5. The community planning process is in alignment with MHSA values.				

	Poor	Fair	Good	Excellent
6. Overall, how would you rate the quality of facilitation throughout this planning process?				

7. Please share any comments you have about the proposed plan or the community program planning process:

Thank you!

Tarjeta de comentario tarjeta anónima sobre la planificación de los programas y la ley de servicios de salud mental (MHSA)

Gracias por su participación en el proceso de planificación de los programas y la ley de servicios de salud mental (MHSA) de Kings County. Nos gustaría saber mas de su experiencia con el proceso de planificación. Sus comentarios nos ayudarán a entender lo que hicimos bien y lo que podemos mejorar en el futuro. Por favor tómese unos minutos para completar este tarjeta de comentario anónima.

Basado en su experiencia con el proceso de planificación del programa comunitario MHSA, por favor marque como se sienta acuerda de las siguientes afirmaciones.

	Muy en desacuerdo	En desacuerdo	De acuerdo	Muy de acuerdo
1. La evaluación de necesidades refleja con precisión las necesidades de salud mental en Kings County.				
2. Los programas y servicios propuestos refleja mis opiniones e ideas acerca de cómo mejorar los servicios de salud mental.				
3. Los programas y servicios propuestos fortalecerán los servicios de salud mental en Kings County.				
4. El plan propuesto está alineado con los valores de la MHSA.				
5. El proceso de planificación de los programas de la comunidad está alieneado con los valores de la MHSA.				

	Malo	Pasable	Bueno	Excelente
6. En general, ¿cómo calificaría la calidad de la facilitación a través de este proceso de planificación?				

7. Por favor comparta cualquier comentario que tenga acerca de los programas y servicios propuestos o sobre el proceso de planificación de la comunidad:

¡Gracias!

Appendix R: MHSA CPP Participant Demographic Form

MHSA Community Planning Process Participant Information [Population] [Date & Time]

1. Do you identify yourself as a consumer or a family member of a consumer of mental health services?
   - ☐No
   - ☐Consumer
   - ☐Family Member
   - ☐Both

2. Do you identify as a service provider?
   - ☐No
   - ☐Yes

3. What is your stakeholder affiliation?
   - ☐County government agency
   - ☐City Government Agency
   - ☐State Government Agency
   - ☐Community-based organization
   - ☐Law Enforcement
   - ☐Education agency
   - ☐Social service agency
   - ☐Veterans or Veterans Organizations
   - ☐Provider of mental health services
   - ☐Provider of alcohol and other drug services
   - ☐Medical or health care organization
   - ☐ Tachi-Yokut Community Representative
   - ☐Other:_____

4. Please indicate your age range:
   - ☐Under 16
   - ☐16-24
   - ☐25-59
   - ☐60 and older

5. Please indicate your gender:
   - ☐Female
   - ☐Male
   - ☐Transmale/transman
   - ☐Transfemale/transwoman
   - ☐Intersex
   - ☐Genderqueer
   - ☐Prefer not to answer
   - ☐Other: _____

6. What is your race/ethnicity?
   - ☐White/Caucasian
   - ☐African American/Black
   - ☐Hispanic /Latino
   - ☐Asian or Pacific Islander
   - ☐American Indian/Native Alaskan
   - ☐Multi-Race
   - ☐Other: _____

7. In which part of Kings County do you live?
   - ☐ Armona
   - ☐ Avenal
   - ☐ Corcoran
   - ☐ Hanford Southside
   - ☐ Home Garden Old/New
   - ☐ Island District
   - ☐ Halls Corner
   - ☐ Hanford
   - ☐ Hardwick
   - ☐ Kettleman City
   - ☐ Kingsburg
   - ☐ Lakeside
   - ☐ Laton
   - ☐ Lemoore
   - ☐ NAS Lemoore
   - ☐ Riverdale
   - ☐ Santa Rosa Rancheria
   - ☐ Stratford
   - ☐Other:_____

8. Is English your preferred language?

   ☐Yes ☐No

   If you answered "no," what is your preferred language?_____

Proceso de planificación de programas comunitarios de MHSA

Información de participantes para grupos de discusión [Population] [Date & Time]

1. ¿Se identifica a sí mismo como un consumidor o un miembro de la familia de un consumidor de servicios de salud mental?
   - ☐No
   - ☐Consumidor
   - ☐Miembro de la familia
   - ☐Consumidor y miembro de la familia
2. ¿Te identificas como un proveedor de servicios?
   ☒No ☐Sí
3. ¿Cuál es su afiliación?
   - ☐Agencia gubernamental del condado
   - ☐Agencia gubernamental de la ciudad
   - ☐ Agencia gubernamental del estado
   - ☐ Organización basada en la comunidad
   - ☐ La policía
   - ☐ Agencia de educación
   - ☐ Agencia de servicios sociales
   - ☐ Organización de veteranos
   - ☐ Proveedor de servicios de salud mental
   - ☐ Proveedor de servicios de alcohol y drogas
   - ☐ Organización médica o de la atención de salud
   - ☐ Tachi-Yokut representante de la comunidad
   - ☐ Otra organización:_____
4. Por favor, indique su rango de edad:
   - ☐Menos de 16 años
   - ☐16-24 años
   - ☐25-59 años
   - ☐60 o más mayor
5. Por favor, indique su género:
   - ☐ Femenino
   - ☐ Masculino
   - ☐Transmasculino/ hombre transgénero
   - ☐Transfemenino/ mujer transgénero
   - ☐ "Intersex"
   - ☐ "Genderqueer"
   - ☐Prefiero no especificar
   - ☐Otro género:_____
6. ¿Cuál es su raza/origen étnico? (marque todas que correspondan)
   - ☐ Blanco/Caucásico
   - ☐ Afro Americano/Negro
   - ☐ Hispano/Latino
   - ☐ Asiático o Isleño del Pacífico
   - ☐ Indio Americano/Nativo de Alaska
   - ☐ Multi-racial
   - ☐ Otra raza/origen étnico: _____
7. ¿En qué parte del condado de Kings vives?
   - ☐ Armona
   - ☐ Avenal
   - ☐ Corcoran
   - ☐ Hanford Southside
   - ☐ Home Garden Old/New
   - ☐ Island District
   - ☐ Halls Corner
   - ☐ Hanford
   - ☐ Hardwick
   - ☐ Kettleman City
   - ☐ Kingsburg
   - ☐ Lakeside
   - ☐ Laton
   - ☐ Lemoore
   - ☐ NAS Lemoore
   - ☐ Riverdale
   - ☐ Santa Rosa Rancheria
   - ☐ Stratford
   - ☐Otro lugar:_____
8. ¿Es ingles su idioma preferido?
   ☐Sí ☐No

   Si respondió no, ¿cuál es tu idioma preferido?
   _____

Appendix S: Public Posting Filing Stamp

TheSentinel
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Sentinel_Finance@lee.net

Certificate of Publication

Kings County Behavioral
Health-Legals
450 Kings County Drive, Ste. 104
Hanford, CA 93230

ACCOUNT #	22812	DESCRIPTION	
AD #	0000157592	SIZE	2 x 1.80
INVOICE DATE	11/25/2014	TIMES	7
		DATES APPEARED	11/18/2014, 11/19/2014, 11/20/2014, 11/21/2014,

Paste Tear Sheet Here

AD#157592
On November 17, 2014 the Kings County Behavioral Health approved the draft Community Services and Supports Plan as written for public review and comments. This draft will be available to the public through the Administrative Office, the County Branch Libraries and the Kings County Internet website at www.countyofkings.com Any comments are welcome in writing to the Administration Office or by email to Kelly.baker@co.kings.ca.us

The Behavioral Health Board will be holding a special public hearing on December 15, 2014 at noon at the Behavioral Health Department 450 Kings County Drive Suite 104, Hanford. This plan will then go to the Board of Supervisors for approval on January 13, 2015.

An Interpreter will be available. Please RSVP to 559-852-2378 for the Public hearing, should you have any special needs that need to be met before the meeting.

Publish: Nov 18, 2014 thru Nov 25, 2014

Publication - **The Hanford Sentinel**

State of California

County of **Kings**

I am a citizen of the United States and a resident of the county foresaid; I am over the age of eighteen years, and not a part to or interested in the above-entitled matter. I am the principal clerk of **The Hanford Sentinel**, a newspaper of general circulation, printed and published daily in the city of Hanford, County of Kings, and which newspaper has been adjudged a newspaper of general circulation by the superior court of the County of Kings, State of California, under the date of October 23, 1951, case number 11623,

That I know from my own personal knowledge the notice, of which the annexed is a printed copy (set in type not smaller than nonpareil), has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

Published on: 11/18/2014, 11/19/2014, 11/20/2014, 11/21/2014, 11/22/2014, 11/24/2014, 11/25/2014

Filed on: 11/25/2014

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Dated at Kings County, California

This Day 26 of Nov, 2014.

Signature Rusty Williamson

Appendix T: Public Comment Form

Mary Anne Ford Sherman
Director of Behavioral Health
(559) 852-2382

Kelly Baker, MFT
Deputy Director of Behavioral Health
(559) 852-2434

Mental Health • Prevention and Early Intervention • Alcohol & Drug Prevention and Treatment

Mental Health Services Act (MHSA) 30-Day Public Comment Form

Public Comment Period: November 17, 2014 – December 17, 2014

Document Posted for Public Review and Comment:

MHSA 3-Year Program and Expenditure Plan for Fiscal Years 14-15, 15-16, 16-17

(Document is posted on the Internet at:
http://www.kingscountybehavioralhealth.com/uploads/2/6/2/9/26293851/kingsmhsa_draft-3yearplan-publicposting_20141114-stc.pdf)

PERSONAL INFORMATION (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____ Email address: _____

Mailing address: _____

What is your role in the Mental Health Community?

___Client/Consumer
___Family Member
___Educator
___Social Services Provider
___Mental Health Service Provider
___Law Enforcement/Criminal Justice Officer
___Probation Officer
___Other (specify)

_____

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.
After you complete this comment form, please return it to KCBH before 5:00 P.M. on December 17, 2014, in one of four ways:

- Email this form or your written comments to Kelly Baker, KCBH MHSA Coordinator: Kelly.baker@co.kings.ca.us
- Fax this form to (559) 852-2376, Attn: MHSA Coordinator
- Mail this form to KCBH, Attn: MHSA Coordinator, 450 Kings County Drive, Ste 104, Hanford, CA 93230
- Hand deliver this form to KCBH, Attn: MHSA Coordinator, 450 Kings County Drive, Ste 104, Hanford, CA 93230

Appendix U: Public Hearing Presentation

KINGS COUNTY:
MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2014 – 2017
PUBLIC HEARING

December 15, 2014

Resource Development Associates

Ryan Wythe

Agenda

2

- Welcome and Introductions
- Overview of MHSA and Community Planning Process
- Review Needs Assessment findings
- Overview of Proposed Programs
- Public Comment

MHSA Overview

3

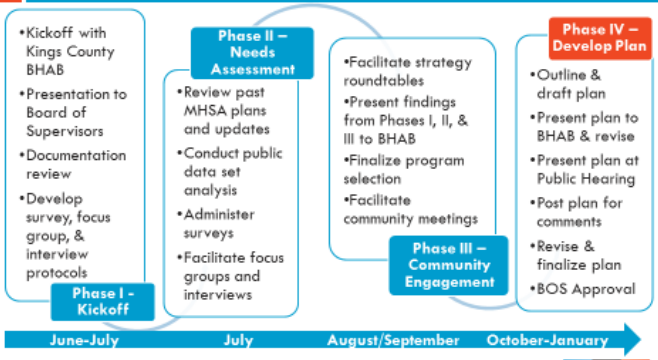
- Mental Health Services Act (Proposition 63) passed November 2, 2004
- 1% income tax on income over $1 million
- Purpose of MHSA: to expand and transform mental health services in California

MHSA Values

4

Community Planning Process

5



Who participated in the Community Program Planning Process?

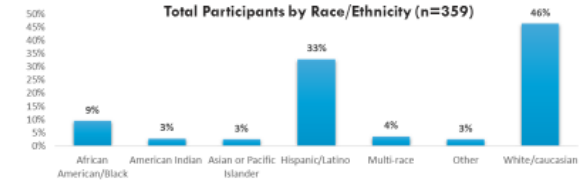
6

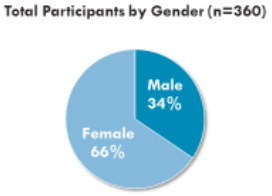
CPP Event	Consumer	Family Member	Consumer & Family Member	Service Provider*	Grand Total
Kickoff Meetings	5	9	6	30	53
Focus Groups	13	21	16	67	117
KIIs	1	2	1	12	20
Survey	3	7	10	33	61
Strategy Roundtables	2	15	6	56	71
Community Meetings	3	8	5	12	34
Grand Total	27	62	44	240	356

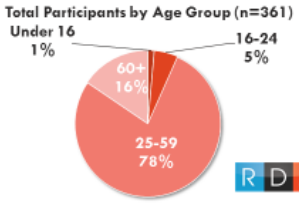
*Duplicated count if participant also identified as Consumer and/or Family Member

Who participated in the Community Program Planning Process?

7







Who participated in the Community Program Planning Process?

8

Stakeholder Affiliation	Total Count	% of Total
Kings County Staff	88	30%
Community-based Provider	66	22%
Medical or Health Care Agency (primary and mental health care)	31	10%
Education Provider and Youth Services	23	8%
Other Affiliation	20	8%
Government agency	15	5%
Social Services Agency	15	5%
Veterans Organization	12	4%
Law Enforcement Agency	10	3%
Tachi-Yokut Community	10	3%
Provider of AOD services	6	2%
Total	296	100%

Place of Residence	Total Count	% of Total
Hanford	133	41%
Lemoore	65	20%
Corcoran	37	11%
Avenal	28	9%
Other/Out of County	27	8%
Kettleman City	9	3%
Santa Rosa Rancheria	7	2%
Hanford Southside	5	2%
Armona	5	2%
Stratford	5	2%
Laton	2	1%
Coalinga	1	<1%
Home Garden Old/New	1	<1%
Kingsburg	1	<1%
Total	326	100%

9 Needs Assessment

Data Collection Methods

10

Interviews	Focus Group	Survey
20 stakeholders interviewed total: ❖ County staff ❖ Provider Staff ❖ Board of Supervisors ❖ BHAB ❖ Law Enforcement ❖ Education ❖ Tachi-Yokut Tribe ❖ Community Leaders ❖ KCBH partners	**12 focus groups held; 128 total participants:** ❖ Parents of School-Age Children ❖ TAY ❖ Adults ❖ Older Adults/ Seniors ❖ Veterans ❖ Community Providers ❖ Youth Providers ❖ Kings County Staff ❖ Faith Leaders ❖ Rural Communities: Avenal, Corcoran, Kettleman City	**61 surveys completed:** ❖ 34% consumer, family member, or both ❖ 60% mental health service providers ❖ 81% 26-59 years old ❖ Online and paper survey ❖ Distributed to consumers, family members, and providers

Needs Assessment Results: Mental Health Service Needs

11

- Improved access to crisis response services in outlying areas
- Mental health crisis beds in the county
- Increased availability of psychiatrists (adult and child) and LCSWs
- Services accessible to all in county at times when people need them
- Increased peer supports

Needs Assessment Results: Underserved Populations

12

- Rural areas: Avenal, Corcoran, Kettleman City/Stratford, Lemoore
- African American
- Criminal justice-involved youth
- Dual diagnosis population
- Homeless
- LGBTQ
- Monolingual Spanish speakers
- Limited English Proficiency (LEP) population
- School age youth
- Tachi-Yokut Tribe
- Transition Age Youth (TAY)

Needs Assessment Results: Barriers to Access

13

- Lack of information about services available and where to go
- Stigma
- Insufficient resources for mental health crisis response
- Lack of efficient transportation options
- Inconsistent language access
- Provider turnover
- Long intervals between scheduled appointments
- Lack of understanding about HIPAA and how to share treatment plans
- Inadequate provider capacity for co-occurring treatment

RDA

Needs Assessment Results: Workforce Shortages

14

- Psychiatrists (Adult and Child)
- Bilingual/bicultural staff
- Peer supports
- LCSWs
- Staff available after business hours
- Crisis response personnel
- Staff with co-occurring specialty

RDA

15 Proposed MHSA Programs

RDA

CSS Programs

16

- FSP: Children & Youth
- FSP: Transition Age Youth (TAY)*
- FSP: Adults
- FSP: Older Adults*
- FSP: Community Integration
- Collaborative Justice Treatment Court
- Satellite Clinic Expansion
- Empowering Consumers to Help Others (ECHO) – Oak Wellness Center
- Therapeutic Activity Groups for TAY*
- Multi-Service Centers*
- Summer Day Camp
- Mental Health Services for Domestic Violence Survivors*

* New program or service

RDA

Proposed Programs Budget (CSS)

17

CSS Program	# Served/ Year	FY 14-15 Budget	Total Budget Amt.
FSP: Children & Youth	120	$385,108	$1,155,324
FSP: Transition Age Youth (TAY)*	50	$176,371	$529,113
FSP: Adults	120	$1,750,287	$5,250,861
FSP: Older Adults*	16	$66,829	$200,487
FSP: Community Integration	142	$820,150	$2,460,450
Collaborative Justice Treatment Court	75	$299,345	$898,035
Satellite Clinic Expansion	120	$356,173	$1,068,519

* New program or service

RDA

Proposed Programs Budget (CSS), continued

18

CSS Program	# Served/ Year	FY 14-15 Budget	Total Budget Amt.
ECHO – Oak Wellness Center	450	$86,500	$259,500
Therapeutic Activity Groups – TAY*	-	$34,000	$234,000
Multi-Service Centers*	60	$170,167	$510,501
Summer Day Camp	161	$40,500	$121,500
Mental Health Services for DV Survivors*	30	$94,720	$284,160
CSS Administration	-	$771,622	$2,314,866
CSS Total	**1,344**	**$5,051,772**	**$15,287,316**

* New program or service

RDA

PEI Programs

19

Prevention:
- Senior Access for Engagement (SAFE)
- Respite for Caregivers
- Prevention and Wellness Services
- Community Wide Prevention Strategies
- Promotores de Salud*
- Linkages/Referrals Portal*
- Community Capacity Building Program

Early Intervention:
- Early Intervention Clinical Services
- Crisis Intervention Team (CIT) Training
- Universal Developmental Screening
- School-Based Services
- Youth Mentoring/ Ambassador Program*

* New program or service

RDA

Proposed Programs Budget (PEI)

20

Prevention Program	# Served/ Year	FY 14-15 Budget	Total Budget Amt.
Senior Access for Engagement (SAFE)	700	$241,000	$723,000
Respite for Caregivers	100	$85,000	$255,000
Prevention and Wellness Services	75	$137,612	$412,836
Community Wide Prevention Strategies	4,000	$317,300**	$951,900**
Promotores de Salud*	-	$2,100	$202,100
Linkages/Referrals Portal*	N/A	$21,563	$64,689
Community Capacity Building Program*	100	$12,000	$36,000

**Includes CalMHSA PEI Statewide participation expenditures.

* New program or service

RDA

Proposed Programs Budget (PEI), continued

21

Early Intervention Program	# Served/ Year	FY 14-15 Budget	Total Budget Amt.
Early Intervention Clinical Services	175	$114,652	$343,956
Crisis Intervention Team (CIT) Training	20	$4,000	$12,000
Universal Developmental Screening	200	$32,065	$96,195
School-Based Services	324	$213,557	$640,671
Youth Mentoring/Ambassador Program*	-	$1,000	$101,000
PEI Administration	-	$205,228	$615,684
PEI Total	**5,694**	**$1,387,077**	**$4,455,031**

* New program or service

RDA

Workforce Education and Training (WET) Programs

22

- WET Coordination & Mental Health Professional Development
- Mental Health Workforce Pathways: Youth and Tribe*
- Cultural Ambassador Training Program*

* New program or service

RDA

Proposed Programs Budget (WET)

23

Program	FY 14-15 Budget	Total Budget Amt.
WET Coordination & Mental Health Professional Development	$106,853	$320,559
Mental Health Workforce Pathways: Youth and Tribe*	$5,000	$45,000
Cultural Ambassador Training Program*	-	$10,000
WET Administration	$10,000	$30,000
WET Total	**$121,853**	**$405,559**

* New program or service

RDA

Innovation (INN) Programs

24

- Circle of the Horse & Implementation Learning Council
- Youth Researching Resiliency (YRR) Project*

* New program or service

RDA

RDA

Proposed Programs Budget (INN)

25

Program	# Served/ Year	FY 14-15 Budget	Total Budget Amt.
Circle of the Horse & Implementation Learning Council	24	$147,200	$245,800
Youth Researching Resiliency (YRR) Project*	-	$35,000	$285,000
INN Administration	-	$7,400	$27,400
INN Total	**24**	**$189,600**	**$558,200**

* New program or service

CFTN Programs

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- Feasibility Study for Courthouse Space
- Feasibility Study for Oak Wellness Center*
- Continued Capital Facilities Support to Ongoing MHSA Funded Programs
- Electronic Health Records Implementation & Maintenance
- Telepsychiatry Infrastructure Acquisition*

* New program or service

Proposed Programs Budget (CFTN)

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Program	FY 14-15 Budget	Total Budget Amt.
Feasibility Study for Courthouse Space	$80,000	$80,000
Feasibility Study for Oak Wellness Center*	$100,000	$100,000
Continued Capital Facilities Support to Ongoing MHSA Funded Programs	$35,000	$105,000
Electronic Health Records Implementation & Maintenance	$150,000	$450,000
Telepsychiatry Infrastructure Acquisition*	-	$100,000
CFTN Total	**$365,000**	**$835,000**

* New program or service

Total MHSA Program Budgets by Component

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Component	FY 14-15 Program Budget	Total Program Budget Amt.
Community Services & Supports	$5,051,772	$15,287,316
Prevention & Early Intervention	$1,387,077	$4,455,031
Workforce Education & Training	$121,853	$405,559
Innovation	$189,600	$558,200
Capital Facilities & Technological Needs	$365,000	$835,000
Grand Total	**$7,115,302**	**$21,541,106**

KCBH MHSA Allocations FY 14-15

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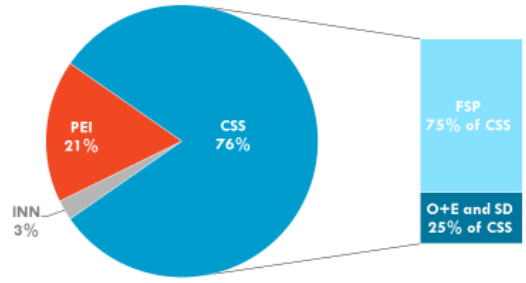

- INN can be less than or equal to 10% of total MHSA allocation and is an optional component
- Without INN, CSS can be up to 80% and PEI can be up to 20% of total MHSA allocation

PUBLIC COMMENT

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