KERN COUNTY
BEHAVIORAL HEALTH BOARD

ANNUAL REPORT TO THE
BOARD OF SUPERVISORS

BUILDING A COMPREHENSIVE SYSTEM

Capital Facilities & Technological Needs
- Network Infrastructure Modernization
- E-Prescribing
- CFLC Computer Facilities
- Telepsychiatry
- Network of Care

Substance Abuse System of Care
- Access
- CalWORKs
- Adult Treatment Prevention Services
- Adolescent Treatment Vocational Services

Community Services & Supports
- Full Service Partnership Programs
- General System Development & Housing Outreach & Engagement

Workforce Education & Training
- Training & Technical Assistance
- Career Pathways Internships
- Financial Incentives
- Innovation
- Freise HOPE House

Prevention & Early Intervention
- Integrated Physical & Behavioral Healthcare Volunteer Senior Outreach Program
- Student Assistance Program Future Focus

Dr. Bill Matthew – Behavioral Health Board Chair
Dr. James Waterman – Mental Health Director
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*This report, and information about the Behavioral Health Board and its committees, can be found at [http://www.co.kern.ca.us/kcmh/behavboard.asp](http://www.co.kern.ca.us/kcmh/behavboard.asp)*
MEMBERS OF THE
2010
KERN COUNTY
BEHAVIORAL HEALTH BOARD

MISSION STATEMENT
The mission of the Kern County Behavioral Health Board is to advocate for individuals and families living with mental illness and/or addiction by support and oversight of the Mental Health Department and recommendations to the Board of Supervisors.

EXECUTIVE COMMITTEE

Dr. Bill Matthew  ★ Chair
Chief Tommy Tunson  ★ First Vice-Chair
Chief Greg Williamson  ★ First Vice-Chair
Bob Hawkes  ★ Second Vice-Chair
Dr. Tom Ewing  ★ Parliamentarian
Dr. James Waterman  ★ Mental Health Director
Christy Fitzgerald  ★ Board of Supervisors Representative
Lily Alvarez  ★ Mental Health Department Liaison
Cindy Coe  ★ Board Coordinator

MEMBER REPRESENTATION BY DISTRICT AND SUPERVISOR

District One - Jon McQuiston
Lt. Brian Clayton
Judy Hyatt
Dr. Kevin Seymour
Police Chief Greg Williamson

District Two - Don Maben
Rena Shumway

District Three - Mike Maggard
Dr. Rose Mc Cleary

District Four - Ray Watson
Darlene Denison
Dr. Tom Ewing
Christy Fitzgerald
Dr. Bill Matthew

District Five - Michael Rubio
Bob Hawkes
Brian Parnell
Police Chief Tommy Tunson


See page 27 for Board member information
The Mental Health Department, along with virtually every public resource, dealt with budget concerns, reductions, and proposed or rumored reductions. There was also a disruption of services to Medicare beneficiaries who were dually covered by Medi-Cal. The Department planned for a possible influx of parolees scheduled to be released on summary or non-revocable parole, and would seek services. Good news items include housing projects funded through MHSA are beginning, with Haven Cottages being the first. Projects that will continue to next year include the Coverage Initiative and including mental health and substance abuse treatment in the waiver; changes that will come about as a result of healthcare reform; and recruitment and retention of psychiatrists and physicians will also remain a top priority.

The Substance Abuse System of Care also suffered reductions in funding, and closed the county-operated adult outpatient clinic as a result. Treatment providers also took deep cuts, which forced the elimination of treatment for Prop 36 clients with developmental disabilities and about an 18% reduction in occupancy. A significant highlight was the implementation of the Meth Reduction Strategic Plan and the formation of four committees, a continuation of the work being done to reduce the impact of methamphetamine use in our communities. The next big project will be the Place of Last Drink Study, a study developed through surveys conducted by local drinking driver programs.

The Board spent considerable time this year discussing committee viability and functions, which led to the decision to restart the Prevention Services Committee. The committee began meeting in late 2010 and will focus on issues that will come about through the implementation of the MHSA Prevention & Early Intervention Plan. Another hot topic was the provision of mental health services on school campuses, resolved after several meetings between KCMH and school personnel.

In 2010 members Greg Williamson and Rose McCleary resigned, and we gained new members Christy Fitzgerald, representing the Board of Supervisors Chair Ray Watson, District 4, and Lt. Brian Clayton, representing District 1. Mr. Williamson was appointed Bakersfield Police Chief in January; he had served for five years, was the First Vice-Chair and also chaired the Children’s Treatment & Recovery Services Committee. Dr. McCleary was a member for six years, and served on the SQIC and Annual Report committees. The Board continues to recruit to fill vacant positions.

This year’s annual BHB training focused on committee roles and responsibilities, including a focus on assignments. The Board will continue to hear updates throughout 2011 on budget struggles, MHSA Plan progress, and consumer issues.

As part of our regular Board meetings, we received informative presentations in a variety of areas:

- College Community Services behavioral health services and outcome measures
- The Kern County Mental Health Access Center
- Henrietta Weill Memorial Child Guidance Clinic services and outcomes
- AB 3632/2726 services
- The Kern County Mental Health Gate Team
- Clinica Sierra Vista on Solution Focused Therapy
- Adolescent substance abuse treatment services

Updates or presentations on Mental Health Services Act Plans were also given to the Board:

- Fiscal Year 2010-2011 Annual Update
- Prevention and Early Intervention
The Board continues to work to raise awareness surrounding the role of the Behavioral Health Board through its goals and mission statement.

**Goal 1:** The Behavioral Health Board educates the public about the mission and scope of responsibilities of the Behavioral Health Board by:

- Increasing public knowledge and understanding about mental illness and substance abuse and about the role of the BHB in ensuring effective services.
- Enhancing collaboration with individuals, families and communities to better advocate for constituents.
- Supporting the work of the Kern County Mental Health Department.
- Making effective recommendations to the Kern County Board of Supervisors.

**Goal 2:** The Behavioral Health Board:

- Participates in the oversight of current Mental Health Department services.
- Participates in the planning for new services.
- Evaluates the outcomes of services to ensure that individuals in communities throughout Kern County receive a full array of services and supports.

**Future Directions**

At the end of this report, as in years past, are graphs and charts indicating time changes in a variety of variables relating to KCMH services. These data generally reflect organizational outcomes (i.e., depth/breadth of services) and to some degree are indirect indices (i.e., length of hospital stays) of client improvement. There are relatively fewer direct indicators of client improvement. Organizational outcomes not directly tied to client outcomes are less meaningful. This is certainly true in education and medicine. Educational methods and medical treatments failing to demonstrate positive changes at the student and patient levels have little value in determining the utility of an intervention. People seek and are referred for mental health services because of problems/behaviors that interfere with their lives. In most cases these are observable, and therefore measurable. It is hoped that in the future there will be an increased effort to more directly and objectively measure changes in clients’ behavior so that the question “How did the client’s behavior that was the basis for contact with mental health services change as a function of those services?” Answering such questions is more difficult with adult populations, less so with children. The measurement methods involved are neither expensive nor complicated, and can be invaluable in informing ongoing treatment practices and treatment success. It is hoped that these are pursued, and incorporated into program evaluation.

**2010 Annual Report Committee Members**

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<th>BHB – Bill Matthew, PhD</th>
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*Bill Matthew, PhD  
BHB Chair*
As you know, 2010 was characterized by a glacially slow economic recovery, impacting both state and county budgets. The Mental Health Department has been no exception. Overall services continue to erode, with many needs going unmet. The Department has responded by protecting services for the most seriously ill, maintaining a centralized system for dealing with 5150’s, protecting geographic access to services and maximizing MHSA services.

In 2010, Congress passed the most sweeping change in health care law that we have seen in our lifetime. There will be increasing emphasis on integrating mental health and substance use disorder treatment into “accountable care organizations” in an attempt to get away from a “silo” approach. It is likely that five or ten years in the future, mental health will no longer be carved out. The key challenge will be to incorporate all that we have learned about recovery, peer driven services, and rehabilitation approaches to serious mental illness back into a “person-centered” medical treatment environment. Additional complexity will come from the fact that more individuals will flood the Medi-Cal system, as well as government subsidized lower-end insurance plans.

Kern County (through Kern Medical Center) has had a successful Coverage Initiative effort. This was coverage for uninsured adults that allowed the County to spend local dollars on indigent health care and draw down federal dollars, much as Medi-Cal does. The federal review of California’s plan to use this as a bridge to health care reform resulted in a mandated mental health benefit. The mandated minimum benefit is inadequate (10 inpatient days and 12 outpatient visits) but did get Mental Health at the table in the discussion about how best to reduce costs and improve care for uninsured, poor adults. As a result, we have worked with KMC to define our services, and will be the provider for this health plan.

Implementation of MHSA Prevention and Early Intervention was a top priority in 2010. All four plans are well underway. Student Assistance Programs have begun at four schools, and a fifth children’s plan to increase services to foster children is up and running. The percentage of foster kids being served has increased 10% over the last two years, and will need to increase another 10% over the next two years. Transition age youth are receiving support and emergency short-term shelter from PEI. The adult plan is dovetailing with the Medi-Cal coverage expansion mentioned in the above paragraph as we put resources into primary care providers to expand their capability to serve individuals with mild to moderate mental health and substance abuse concerns in primary care settings. Older adults are benefiting from peer support and increased access to care with the Volunteer Senior Outreach Program, currently underway in the Kern River Valley and Wasco, with more sites planned for next year. PEI has been a bright spot of new and innovative uses of funding.

AB 3632 has proved to be a difficult issue to navigate. Both the previous and current governor have declared the mental health mandate to be suspended and have not budgeted sufficient money to run the program, or to pay back counties the up to $450 million owed for this program. This program is a federal educational mandate to provide mental health services for special education kids to help them benefit from their education. We are fortunate in Kern County that the federal IDEA funds which flow through the Superintendent of Schools are adequate to cover AB 3632 services. This is a rarity in California. We have a fairly high percentage of Medi-Cal children being served, which provides a payor source in most cases apart from AB 3632. Also, thanks to a history of working closely with the Department of Human Services to minimize the number of kids going out of county and out of state, we have a far lower number of these children placed in expensive out of state placements. We are waiting for the legislature, governor and courts to clarify the future of this program. While we wait, we have not restricted services to children. However, it is the Department’s position that the state government has been clear that this is no longer a mental health mandate and it has reverted to the school districts, which carry ultimate responsibility for these services.
Note: Since this article was written, the Court of Appeals has affirmed that this program is no longer a Mental Health mandate. School districts are now responsible for this federal educational mandate. Kern County Mental Health will work with districts to minimize disruption to services. We are negotiating MOU’s with districts specifying that districts are responsible for payment for services and for decisions related to program design and authorization for services. Recommendations for improvements in this program, such as those contained in subsequent articles in this report, should be made to the districts that bear responsibility for the program.

Treatment for substance use disorders took a major hit in 2010. In order to meet our budget and protect our contract providers as much as we could, the Department shut down our substance abuse clinic at L Street. Capacity to treat individuals is substantially reduced, and is mostly used to treat as many Proposition 36 individuals as possible. The legal mandate for Prop 36 remains although all money has been removed for treatment. This is a sad state of affairs, as research has repeatedly shown that for every dollar spent in treating substance abuse, more than $2.00 is saved in other system costs such as emergency room or jail costs. In this era of tight resources, treatment and prevention are hard to sell.

The citizens of Kern County can take pride in their Mental Health Department, including our many fine community providers. Together we are weathering the financial storm and making the very best use of the resources that we have. We are working closely with our various stakeholders, including those receiving services and their families, to prioritize and improve services so that together we can promote resilience and recovery in Kern County.
This year the Mental Health Services Act (MHSA) allowed Kern County to successfully clear the financial hurdles facing community mental and behavioral health care services in California. In its inception, MHSA funding was intended to transform the public mental health system. Although transformational in nature, MHSA has become one of the core funding streams for providing much-needed services and supports for those in our communities with severe mental illness and co-occurring substance use disorders.

The Kern County Mental Health Department (KCMH) maintained emphasis on community stakeholder participation in planning and evaluation, serving populations of individuals who have been un-served and underserved, working closely with community partners to provide services throughout the rural areas of Kern County, and promoting the values and practice of recovery. The MHSA programs include five different components of services and supports:

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

Kern’s four PEI programs are all in the working stages of implementation. This MHSA component allows for extensive involvement with community partners to reach our variety of populations:

- Children and families in school districts across the county
- Transition-aged youth who are at high risk for homelessness, especially those “aging out” of the foster care system
- Adults and families in health care clinics through the integration of behavioral and physical health care
- Older adults who are isolated and exhibit unique mental health and substance abuse challenges

The PEI Student Assistance Programs (SAP) allows the Department to serve an increasing number of foster children and families directly. The SAP and Kern’s MHSA CSS component, MIST (Multi-agency Integrated Services Team) program, focuses directly on the intensive needs specific to foster children and challenges of maintaining a safe placement in their biological family homes or foster homes, and functioning successfully in school.

The MHSA programs serving adults and their families provide for the wide range of needs, from the most severely mentally ill individuals requiring intensive intervention, to the individuals farther along in the recovery process. The MHSA programs utilize evidence-based treatment models to provide the best type of service for specific needs, and assist with tracking and identifying outcomes. Evaluation of program outcomes is vital to ongoing planning and best service to treat the mental health and co-occurring substance abuse needs in our communities. Additionally, the Milestones of Recovery Scale (MORS) supports individuals’ successful movement through the process of recovery. Adults who participate in the Recovery and Wellness Center programs are supported in learning to integrate independently into the community in several ways, including, but not limited to:

- Successful transition and participation in primary physical healthcare
- Filling community involvement and relationships, such as churches, schools, recreational activities, and support groups
- Job and vocational involvement
- Independent housing
Beginning in January 2010, the Department launched its planning efforts to create a roadmap for the county on how to address the problems associated with methamphetamine use. Based upon the Meth Impact Study presented to the Board of Supervisors, the Department was tasked with creating a plan “to solve the problem.”

A Meth Reduction Task Force was created comprised of county agencies, businesses, community-based organizations, the faith-based community, criminal justice agencies and the community at large. This broad spectrum of participants was assembled to reflect the many facets the study indicated were impacted.

A common framework was created through a series of educational presentations by national authorities on drug abuse, prevention, population-based strategies and evidence-based practices. These workshops allowed the members to begin to speak a common language.

Some of the critical decisions made early in the process included not limiting the paradigm only to methamphetamine but rather to drug use in general; utilizing a framework to develop strategies for a variety of populations (universal, selected, and indicated); and a commitment to drive the planning to every community in the county.

The Methamphetamine Strategic Plan identifies four specific overarching goals: 1) to support businesses to address alcohol and other drug use; 2) support effective criminal justice programs; 3) strengthen family wellbeing and family management and; 4) support prevention and treatment for youth.

Each of these goals includes activities currently underway, strategies possible within existing partnerships and using existing resources, and strategies that will require an infusion of new funding from outside of the county. The plan also includes the various commitments of resources from the various agencies to support the plan.

The Methamphetamine Strategic Plan was presented to the Board of Supervisors on November 9, 2010 by the chairpersons of each workgroup created as a result of the work, and periodic reports will be made on progress. Each workgroup is fully functioning and meets monthly. The entire Meth Reduction Task Force will meet quarterly.

The Department acknowledges Dr. Dixie King, Transforming Local Communities, for their continued involvement in this complex, multi-faceted, long-term commitment to change the causes and conditions affecting our communities and our residents. We look forward to working with our partners to improve the quality of life in Kern County.
Health care reform will dramatically increase Medicaid enrollment for working-age adults by making Medicaid coverage available universally to low-income adults without regard to pregnancy, disability status or the presence of children in the household. This expanded population will have relatively high rates of alcohol and drug problems. It is anticipated that the likely demand for alcohol/drug treatment services from the Medicaid Expansion population will overwhelm the existing publicly funded alcohol/drug treatment provider network. Untreated substance abuse is a key driver of chronic physical disease progression; providing alcohol/drug treatment to those who need it will slow disease progression.

The 2010 Patient Protection and Affordable Care Act, also known as national health care reform, will also require private insurance plans to include mental health and substance use disorder treatment beginning in 2014. The federal government will define parameters for coverage.

The Drug Abuse Warning Network (DAWN) provides estimates of the number of emergency room admissions associated with particular drugs. DAWN data on individuals who experience drug-related medical emergencies severe enough to require treatment in an emergency department (ED) provide important information on the types of drugs involved and the characteristics of individuals suffering the negative consequences of drug use. In 2009 almost half (49.8%) of ED visits were drug-related and 45.1% of those were attributed to adverse reactions to pharmaceuticals. These ED visits represent a 98.4% increase from 2004 to 2009. Treating addiction will lead to substantial savings to the health system by significantly reducing emergency room, inpatient and total health care costs.

To prepare, the Kern County Mental Health Substance Abuse System of Care has worked with its network of providers to meet the future challenges. Some of these features include implementation of the electronic medical record, utilizing evidence-based practices, importing continuous quality improvement methods, and utilizing outcome data to demonstrate the efficacy of their individual treatment services. Other states that have implemented early versions of universal health care have demonstrated the need for patient placement criteria and utilization of Medicaid funding to expand their capacity. The county-operated central assessment center utilizes a variety of screening tools to appropriately match clients to the proper level of care. In addition, Kern County requires all Medicaid eligible providers to deliver Drug Medi-Cal services; residential programs are not eligible.

The 2010 budget required the county to continue to reduce capacity and close the doors to its own county operated clinic. While there were no lay-offs, two staff will be assigned to work in the hospital’s outpatient clinic to collaborate on integration of mental health and substance use disorders with primary care. This joint venture will provide opportunities to expand the local planning for health care reform.

Prevention will play an important role in health care reform as well. Health promotion and disease prevention will be an essential service. In addition, the Methamphetamine Strategic Plan is prevention oriented and will also lead to changes in our community to create cultural shift.

The System of Care continues to focus on the development of adolescent treatment and strengthen its services for women, utilizing collaborative efforts, participating in research efforts, and maximizing funding opportunities when they present themselves.

Despite the continued budget constraints anticipated for 2011, the Substance Abuse System of Care will continue to manage limited resources, seek new opportunities for growth and ensure the highest quality of services for the residents of Kern County.
HIGHLIGHTS FROM 2010

- The budget required a funding reduction of 18% among all treatment providers, with a corresponding reduction in capacity in outpatient services in metropolitan Bakersfield and residential services. Level 6 services were eliminated and one perinatal residential program closed.
- The Place of Last Drink Study was completed and recommendations were formulated with stakeholders including criminal justice, MADD, and the Alcohol and Beverage Control (ABC) local staff.
- The Department submitted the “Strategic Plan to Reduce the Demand for Methamphetamine” to the Board of Supervisors and is in implementation.
- Over 2,200 clients participated in the client satisfaction survey conducted by the system. About 83% of respondent were satisfied with services.
- Adolescent treatment services were implemented in Delano and Frazier Park in addition to court community schools in Bakersfield.

INTERESTING STATISTICS

- On any given day, about 1,250 individuals are enrolled in treatment somewhere in Kern County; 69% of women in residential treatment and 100% of women in perinatal residential have a diagnosis of methamphetamine abuse or dependence.
- The Gate Team screened 2,258 unique individuals in 2010.
- A total of 1,083 new unduplicated individuals were referred to treatment under Prop 36; 81% of them reported to the Gate Team for screening and referral.
- The completion rate for Prop 36 clients was 35.8%; in the first quarter of FY 2010-11, the completion rate was at 43%.
- Incarceration days fell from 157 days to 86 days for those that completed treatment.
- Almost 550 individuals involved in dependency court were admitted into treatment. Sixty percent (60%) identified methamphetamine as their primary drug of choice. Forty-two percent (42%) completed treatment.
- Almost 2,180 adults were admitted into substance abuse treatment in 2010, of which 36% successfully completed. More women (40%) than men (33%) completed treatment. The majority of clients (88%) were admitted into outpatient programs.
- Eighty percent (80%) of DUI convictions in Kern County were males; 42% were between the ages of 21-30 years old.
- According to the Place of Last Drink Study, 41% of female respondents reported drinking in bars or clubs prior to their arrest, and 9% of youth under the age of 21 years old also reported drinking in bars or clubs.
- Forty-six percent (46%) of women and 41% of men self-reported their blood alcohol concentration (BAC) was .15 at the time of arrest compared to .08 BAC considered illegal and an automatic DUI.
- In a 2010 community survey conducted at every 10th household in the west central Arvin residential area, 95% of parents do not want their own teens to drink at someone else’s home.
MISSION STATEMENT: The Adult Treatment and Recovery Services Committee (ATRSC) provides a forum for study and discussion of issues related to adults seeking mental health and substance abuse services. It provides analysis, information and feedback about the services provided by the Mental Health System of Care to the Department of Mental Health Services, the Behavioral Health Board, as well as the Board of Supervisors.

Our unifying philosophy, or approach, is to help establish that any place in the system will be informed and knowledgeable enough about substance abuse and co-occurring disorders that we will treat all persons in a common, empathic, recovery oriented, culturally competent way regardless of where they seek services, ensuring the continuum of care.

Topics presented before the committee in 2010 included:

- WET Stipend Funds
- Prevention and Early Intervention Programs
- CCMO Adult Wraparound
- TAY – Transition Age Youth
- BAT – Benefits Acquisition Team
- Discussion of Duties & Role of Behavioral Health Board Committees
- Correctional Mental Health Team

The committee also received updates on several Mental Health Services Act (MHSA) Plans:

- Funding requests for Fiscal Year 2010-2011
- Prevention & Early Intervention Statewide Projects – PEI local project start up
- The ATRS Committee received frequent budgetary updates and their effect on KCMH’s ability to provide services

Accomplishments in 2010:

- The committee addressed issues related to prevention, criminal justice and other adult treatment issues.
- Committee members received and reviewed legislative analysis and tracked movement of proposed legislation and budgetary restraints for the current session.
- Information was received on programs and services, which were being decreased or discontinued, but also about new programs, services, and the innovative ways providers were managing what limited resources they have to meet the needs of individuals served.
- The committee was given an overview of service gaps in our field of responsibility, which allows us to plan service programs and meet those gaps.
The Correctional Mental Health Team’s mission is to provide screenings, evaluations, housing recommendations, and coordinate medication support post-release for inmates incarcerated within Kern County’s two detention centers.

The Central Receiving Facility (CRF downtown jail) houses new arrestees, state hospital returnees, and a daily average of 100 inmates going to court for arraignment.

- Maximum Population: 300 – 76 female beds and 234 male beds
- Daily Census Average: 150

Among the team’s duties at the CRF are housing-appropriate interviews; suicide watch interviews; follow-up release instructions for accessing mental health services; community services referrals; and psychiatric intakes by inmate, medical staff, detention staff and by self observation; and 5150’s, which are evaluations under which an individual can be taken into custody and transported to a designated facility for further examination by mental health professionals.

The Lerdo Detention Facility houses inmates in the categories of pre-trial, sentencing, federal, overflow, high risk, and security risk inmates.

- Maximum-Medium population is currently 360 in Max with a capacity of 425. These inmates are a mixture of county high-risk inmates, federal prisoners (U.S. Marshal, ICE), and parolees.
- Minimum has a female capacity of 96 with 94 current, and the male capacity is 650 with 621 current inmates; houses the least disruptive inmates and at least risk of violence.

At the Lerdo facility, the Mental Health Correctional team’s varied duties includes those performed at the Central Receiving Facility, along with acute behavioral mental health intervention, daily male/female psych pod interactions, and coordination of state hospital patient care before and/or after a hospital stay. The team also provides family support of inmates who have psychiatric illnesses, bridge medication inmate notification, liaion with the Psychiatric Evaluation Center and RAWC teams for inmate to consumer transition, and coordination of transfer to ATT team.

Some identified barriers to better inmate outcomes and what improvements could be explored:

- Requests for medications for sleep, anxiety, illegal medication replacement, checking meds, selling meds. Explore: Substance abuse classes, sleep disturbances, or jail adjustment classes required before ordering psych medications for inmates.
- Severely psychiatrically impaired inmates waiting for placement in state hospitals. Explore: More mental health driven classes at the psychiatric pods per day/week.
- Unexpected court or jail releases of inmates on psych medications before a proper community release transition can be coordinated. Explore: Communication with courts to release inmates to the community within 48 hours to facilitate better community integration.
- Safety of inmates and staff in suicide watch cells and in psych sick call offices. Improvement: Immediate access to all staff by cell phone, even workload distribution and staff working in different facilities and units for maximum efficiency and back up.
- Overwhelming number of inmates seeking medication who have a current or recent substance abuse history of practice greater than recreational. Explore: Substance abuse classes for all inmates taking psych meds for anxiety, linkage to substance abuse resources post incarceration, and basic coping skills classes for inmates on psych meds who have impulse control or domestic violence issues.
MISSION STATEMENT: In their advocacy role for children and families the mission of the Behavioral Health Board of Kern County Children’s Treatment & Recovery Services Committee shall be to support the Kern County System of Care as they continue to develop and implement a comprehensive, effective, community-based behavioral health service delivery system which improves recovery and resiliency in the lives of children and families.

The Children’s Treatment and Recovery Services Committee is comprised of dedicated people who are striving to improve upon the Children’s System of Care through collaborative efforts and by providing an open forum for discussion and presentations which address the needs of children and their families. The committee includes individuals with a vast range of knowledge, experience and awareness of the mental health needs of children and families. The committee is comprised of representatives from Kern County partner agencies, service providers, concerned citizens, and professionals from the private and public sectors.

Committee members attending monthly meetings heard presentations and entered into discussion on progress made in the Children’s and Substance Abuse systems of care. The committee made site visits to contract providers in the Children’s System of Care, including the Henrietta Weil Memorial Child Guidance Clinic, Clinica Sierra Vista, as well as the Psychiatric Evaluation Center which serves children and adults.

Examples of presentations provided at the monthly meetings in 2010 included:

- **CHAT Program**
  Clinica Sierra Vista provides the Child Abuse Treatment program. CHAT is an evidence-based psychotherapy program providing specialized, safe and supportive outpatient treatment for traumatized children. Psychotherapists are trained in Solution Focused and Trauma Focused Cognitive Behavioral Therapy to provide individual and group counseling, as well as family interviews in support of the child's recovery. Crisis counseling, outreach home and school visits and linkage to the Victims of Crime Program are also part of the CHAT service.

- **NAMI Outspoken Young Minds**
  The National Association for Mental Illness provides a program called Outspoken Young Minds. OSYM is a peer group discussion for people aged 13 to 30 who are diagnosed with a mental health condition, or their families or friends. The group provides coping mechanisms to address stress for those living with mental health conditions and a venue in which to share struggles with family, peer and school issues, while gaining support and learning strategies to live a more stress-free life. Once a youth turns 18 they are eligible to attend a peer-to-peer training.

- **Student Assistance Program**
  The Student Assistance Program is a partnership between Kern County Mental Health and the Kern County Superintendent of Schools office whose goal is to prevent youth from entering the youth penal system or from needing to enter the mental health system. Youth are referred to Student Assistance teams located on the campuses of El Tejon, Frazier Mountain High, Olive Tree School, and Wallace Middle School. Plans are in place to implement the program soon at Haven Drive School as well. Eligible students are enrolled in Aggression Replacement Therapy, and the Parent Project, for up to twelve weeks of treatment.
Mental Health Services for Students with Disabilities

In California, Assembly Bill 3632 establishes procedures governing referrals of pupils from local education agencies to community mental health services. This school-based mental health support system typically consists of four components: the problem, the referral/intervention, the process, and outcomes.

The problem stage begins when a student is struggling with mental health issues which impact their learning. Students who may benefit are those who display internalizing or externalizing behaviors or reveal a marked decline in emotional wellbeing. Examples include:

<table>
<thead>
<tr>
<th>Internalizing behaviors</th>
<th>Externalizing behaviors</th>
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<td>Appear withdrawn or depressed</td>
<td>Express a desire to harm others</td>
</tr>
<tr>
<td>Avoid friends and other supports</td>
<td>Get into fights</td>
</tr>
<tr>
<td>Be consistently tardy or absent</td>
<td>Threaten or abuse peers and staff</td>
</tr>
<tr>
<td>A desire to harm themselves</td>
<td>Damage school or peer property</td>
</tr>
</tbody>
</table>

The referral/intervention stage begins when the student accesses services as part of their school based Individualized Education Plan (IEP). Eligibility for services include the examples listed above when they are rated as “significant” in their rate of occurrence and intensity. One limiting eligibility criteria is the local interpretation of law which states, to qualify for services “the pupil’s functioning, including cognitive functioning, is at a level sufficient to enable the pupil to benefit from mental health services”. Interpretation of this statement has lead to low ability students being excluded from treatment. This issue has been a point of contention between KCMH and local school districts for many years.

The process step occurs next. This is the time spent building a relationship with the student. Here, the student should increase their ability for behavioral and emotional regulation over time. In October 2010, a presentation was given by KCMH stating eligible students typically receive either “cognitive behavioral therapy” or “solution focused therapy”. Research indicates these therapies work specifically for students who possess average or above cognitive abilities.

The outcome step occurs last. Here, the referred student should show a decrease in negative behavior, plus an increase in positive behavior and academic performance. The therapist seeks feedback from parents and sometimes teachers, but with no systematic measurement of therapeutic outcome. For example, a student referred for the externalizing behavior of fighting should have the frequency and intensity of their fights measured before, during and after therapy as opposed to opinions on whether or not fighting is reduced. Without direct, specific outcome measures, there is no valid way of determining the effectiveness of this program.

Co-Chair recommendations: We believe local interpretation of the AB 3632 law should be broadened to include students of all cognitive abilities. Our second recommendation is for all AB 3632 providers to implement research-based, empirically validated treatment protocols in accordance with the student’s specific needs. After a student is provided with quality interventions, we need to quantify changes for that individual. If positive changes do not occur at the client level, the service delivery must change.
MISSION STATEMENT: The mission of the Housing Services Committee is to assist the Kern County Behavioral Health Board in assessing and understanding all areas of housing and housing related needs of individuals with mental disabilities and/or addictions; to advise the Board on actions related to housing on behalf of these individuals; and to recommend solutions to the identified housing needs.

The committee included representatives from: NAMI Kern County; Consumer Family Learning Center; Kern County Mental Health and Substance Abuse Administration; City of Bakersfield and County community development; Kern County and Wasco Housing Authority; Golden Empire Affordable Housing; Flood Bakersfield Ministries; Kern County Homeless Collaborative; United Way; and the Mayor’s 10-Year Plan Committee to End Chronic Homelessness.

COMMITTEE ACTIVITIES AND ACCOMPLISHMENTS IN 2010

- Completed a checklist for case managers and consumers to use in evaluating the quality, safety and appropriateness of room and board residential programs, as well as to offer guidance for parties interested in opening or operating such facilities. Grateful acknowledgement is given to Substance Abuse Administration for use of their SLE Site Certification checklist.

- Co-sponsored a one-day housing development workshop in May with the US Department of Housing Development Fresno Office, covering the range of HUD low-income, special user and community revitalization programs. About 75 people attended the workshop from more than 30 agencies countywide, including housing planners, developers, non-profits, sober living environment (SLE) housing providers and other stakeholders, including mental health and substance abuse consumers.

- Presentations included: HUD supportive housing grant programs; permanent housing, sober living environments, homeless shelter, and transition age youth program providers.

- Completed the annual update and revision of the countywide Consumer Housing Inventory, identifying all housing and residential programs and resources available to consumers in Kern County.

- Tracked progress of two MHSA Housing Program projects approved by the state: Haven Cottages, a 24 one-bedroom unit apartment complex for homeless adult consumers; and the Residences at West Columbus, with 20 one-bedroom units for transition age youth.

- Advised on potential use of remaining MHSA housing funds for a third project in a community outside Bakersfield.

CONTINUING ACTIVITIES:

- Research and report about gaps in housing and services within the Housing Continuum for mental health and substance abuse service consumers and their families.

- Sponsor a housing workshop for consumers at the Central California Mental Health Housing Conference.

- Continue to serve as a forum for review and discussion of potential supportive housing projects that can be funded with MHSA Housing or other public grant program dollars.

- Continue to reinforce housing needs for individuals with mental health and co-occurring disabilities.
In August of 2009, the general membership of the Housing Services Committee of the Behavioral Health Board began discussions on the need for individuals served and service providers to be able to have a tool to help evaluate potential room and board housing options. A workgroup consisting of Carol Bowman, Donna St. John, and Erin Funston was organized. This group was charged with researching and evaluating current tools available, and developing standards to be used in evaluating room and board housing. The workgroup reported back regularly.

The committee also noted that the information gained in the development of this tool could be helpful for people wanting to set up room and boards and who might benefit from some direction on understanding zoning laws and neighborhood issues that can be problematic.

Donna St. John presented the group with a copy of the standards developed and currently used by KCMH Substance Abuse Administration to certify sober living environments. The group utilized the format, adapted pertinent items from the content and added items that could then be used to evaluate the potential of room and board facilities. After several reviews and revisions by the Housing Services Committee, consumers with the CFLC (Consumer/Family Learning Center) reviewed a draft and made suggestions that were also incorporated into the document.

It is hoped that this tool can be utilized by consumers and service providers to evaluate potential room and board situations that meet the individuals’ needs, and is inclusive of all items that a person might want to know about housing. The Housing Services Committee recommends the tool for service provider and consumer use, and will re-evaluate the tool after six months to ensure that it is a useful tool.

Areas covered by the checklist include:

- Lease or rental agreement
- Eviction process
- Resident rules
- Phone access
- Transportation
- Food service
- Kitchen and personal food storage
- Amenities
- Physical site
- Living space standards
- House policies
MISSION STATEMENT: The mission of the System Quality Improvement Committee is to assure the Kern County Mental Health System of Care has processes in place to provide the most effective, culturally appropriate, highest quality combination of treatment and support to persons with mental illness, serious emotional disturbance, and/or addiction and to assure that expected recovery outcomes are met.

The role of the System Quality Improvement Committee (SQIC) is to provide oversight of the Department’s evaluation activities across the System of Care. SQIC reviews quality improvement activities such as internal reports (e.g., consumer grievance and morbidity/mortality reviews) and reports from external agencies such as the Commission on Accreditation of Rehabilitation Facilities (CARF). Implementation and outcomes of the Department’s Performance Improvement Projects (PIP) are monitored. SQIC members provide recommendations and support for improvements to the Department’s administrative and clinical processes.

Highlights of Committee Activities in 2010

The prior year’s budget-related reductions in service capacity continue to challenge the provision of mental health and substance abuse services. Input and oversight of key community stakeholders, SQIC oversight is crucial in light of these changes to ensure that the needs of KCMH consumers are being met. To this end, the following are notable committee activities:

- Clinical outcome data began to be reported concerning the success of long-term adult clients who were transferred to, and then discharged from, the department’s first Recovery and Wellness Center (RAWC) team. Initial data supported the view that using Solution-Focused/Recovery oriented treatment practices can result in individuals successfully transferring from our system of care who are functioning effectively and are finding a meaningful life within the community. This Performance Improvement Project found that there were very few instances of use of hospitalization and crisis services even a year after discharge. Also, a high percentage of these discharged consumers reported they continued to receive medications from their primary care physician; they continued to maintain their progress in clinical treatment goals; they were coping well with their symptoms; and they were engaged in meaningful activities within the community.

- The mental health teams have begun using the “Model for Improvement” in order to foster quality improvements in selected areas through an objective and data based process. Using the “Plan-Do-Study-Act” (PDSA) cycle, several projects have begun in the areas of enhancing the interface with physical health care providers, improving the co-occurring clinical process at the PEC unit, and reducing service disparities between Hispanic and non-Hispanic consumers.

- The Department was granted a telephone state review interview from APS Healthcare, the external quality review organization contracted by the state Department of Mental Health. Kern County was one of 10 counties recognized as a top mental health provider in California, and granted a one-time-only interview.

- Reviews from external agencies conducted during 2010 regarding mental health services included: a) two by the External Quality Review Organization (EQRO) in March (a phone review) and December; and b) the every-three-year review by the California Department of Mental Health. The EQRO reviews continued to find significant strengths in KCMH’s quality improvement activities.
Regular reports were provided by the Cultural Competence Resource Committee, focusing on data-driven, action-oriented projects with actual changes that are client-centered. A cultural competence mini-series of trainings were begun, offering trainings on a wide variety of topics.

The revised Cultural Competence Plan will focus on eight criteria: commitment as a system, data reporting and collection, reducing racial disparities, integration as a system, cultural competence training, multiple cultural competence in the workforce, language capacity, and quality of care.

An annual report was provided by the Morbidity/Mortality Committee, which reviews cases within the System of Care in which a consumer dies, attempts suicide, or becomes successful in committing suicide. This year, 34 adverse events were received and of those, 26 of the deaths occurred due to complications from multiple medical conditions. The coroner determined 7 of the 26 as having a substance abuse or alcohol contributing factor, and in 4 of the 7, the cause of death was an overdose of alcohol and/or drugs.

The Substance Abuse System of Care participated in audits by the Department of Alcohol and Drug Programs on their NNA (Net Negotiated Amount) contract, a fiscal audit for the year 2008-2009, and on-site monitoring of program compliance with the federal block grant.

NIATx (Network for the Improvement of Addiction Treatment) has been a successful program for participating providers, who are now able to quantify changes that are occurring. One provider clinic reported appointment no-shows have been reduced by 50% and retention rates are increasing.

Mental Health, Kern Medical Center, Clinica Sierra Vista, and National Health Services will partner with UCLA to look at measures for the implementation of physical health integration and how to address mental health disorders and alcohol and drug problems in a primary care setting. This will provide an opportunity to contribute to the knowledge base in preparation for health care reform.

The Quality Improvement Division has been using a Quality Assurance process to improve staff documentation of both internal teams and contract providers. The goal of improving staff charting is to reduce disallowances in service reimbursement. Supervisor and peer team reviews of charts, coupled with increased documentation training, has resulted in a reduction of an overall disallowance rate for the third year in a row.

**Looking Forward to 2011:**

A further intensifying of mental health documentation training by the Quality Improvement Division is planned to further reduce the risk of state disallowances over the coming year with a major emphasis on children’s mental health programs.

The Department hopes to obtain a full renewal of our national accreditation of organizational and quality improvement practices from the Commission on Accreditation of Rehabilitation Facilities (CARF).

In order to be more responsive to requests from external agencies to monitor and improve the speed of client access to care, improvements in this area will be the focus of a Performance Improvement Project (PIP). KCMH will be implementing electronic “call-logger” software in order to more effectively monitor how long it takes consumers to receive clinical services after requesting mental health services.
SYSTEM PERFORMANCE AND OUTCOME DATA

Statistical and demographic information about the individuals served by KCMH are presented in the tables and graphs on pages 21 through 26. An effort has been made to provide more multi-year comparisons of outcome and service quality improvements. Client outcomes are distinguishable from services provided. The outcome data presented here are indirect indicators of client improvement. Both mental health and substance abuse programs are featured.

On the facing page is a list of service providers, the services they provide, and the Supervisory District in which they provide the service. Other service quality information and indirect outcomes data with explanations are presented as follows:

- **Page 21:** Information about mental health (MH) and substance abuse (SA) consumers is presented, including graphs of the district in which they live and where they receive services, color-coded by district. While the Supervisory Districts have approximately equal populations, with the centralized services in Bakersfield, such as Kern Medical Center, the Mary K. Shell Mental Health Clinic, and substance abuse programs, District 5 has the largest number of persons served. It is important to note that the services provided in any one of the districts are available to all county residents. A breakdown of the ethnicity of individuals served is also provided.

- **Page 22:** Shows revenue sources for the mental health and substance abuse budgets, including state funding and funds received through patient fees and private insurance. This page also provides information on the cost to provide direct services to individuals in various programs.

- **Page 23:** Graphs on this page show outcomes of mental health services (incarceration, homelessness, client satisfaction) and services (to foster children) provided by Mental Health. Note the dramatic reduction in incarceration and homelessness. Also reported is a 2009-2010 comparison of services provided to children in foster care and Kern County’s client satisfaction rates as reported by adults, youth, families, and older adults.

- **Page 24:** The mental health data on this page relate to trends identified in tracking inpatient hospital admissions and recidivism. These are outcomes measures. Included also is a graph detailing a comparison of the cost of services provided to Hispanic individuals versus non-Hispanic individuals by month during 2010.

- **Page 25:** The data on this page display services provided through substance abuse programs. Note in the first graph that Kern County ranks well above the average in the length of time clients stay in treatment. Also provided is a comparison of Proposition 36 treatment completion rates, another service indicator. Demonstrated in the final graph is the reduction of jail days for those clients that complete Prop 36 treatment. These data are an indication of actual client behavior change.

- **Page 26:** The first graph shows how boys in the adolescent residential treatment program tested for drugs after testing was implemented. Drug testing is highly correlated with and dependent on actual drug use, and can be considered to be a more direct outcome. The 4 P’s Plus is a screening tool used when obtaining health history during prenatal visits to ask about the use of substances, and the graph shows the number of women reporting substance use. The last graph provides information on Substance Abuse System of Care client satisfaction, based on client self-responses.
# KERN COUNTY MENTAL HEALTH SERVICE PROVIDERS

## Fiscal Year 2010-2011

<table>
<thead>
<tr>
<th>Provider</th>
<th>Services Provided</th>
<th>Adult Mental Health</th>
<th>Children’s Mental Health</th>
<th>Substance Abuse</th>
<th>Supervisor District by Location of Services</th>
</tr>
</thead>
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<tr>
<td>Aegis Institute</td>
<td>Drug diversion, outpatient</td>
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<td>Aegis Medical Systems</td>
<td>Methadone</td>
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<td>American Health Services</td>
<td>Methadone</td>
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<td>Bakersfield Recovery Services</td>
<td>Detox, outpatient, residential, perinatal</td>
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<td>Bridge Builders</td>
<td>Representative payee</td>
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<td>Child Guidance Clinic</td>
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<td>Clinica Sierra Vista</td>
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<td>College Community Services</td>
<td>Outpatient, drug diversion, prevention</td>
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<td>Community Action Partnership of Kern</td>
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<td>Community Services Organization</td>
<td>Outpatient, drug diversion</td>
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<tr>
<td>Crestwood Behavioral Health</td>
<td>Long term inpatient, psychiatric health facilities</td>
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<td>Ebony Counseling Center</td>
<td>Outpatient, perinatal</td>
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<td>Good Samaritan Hospital</td>
<td>Inpatient hospitalization</td>
<td>X</td>
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<tr>
<td>Kern County Hispanic Commission</td>
<td>Outpatient, women’s residential</td>
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<tr>
<td>Kern Medical Center</td>
<td>Inpatient hospitalization</td>
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<td>Kern County Mental Health</td>
<td>Outpatient, prevention, drug diversion</td>
<td>X</td>
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<tr>
<td>Misc. Providers (Small providers or contractors providing a specific service)</td>
<td>Outpatient, crisis, psychiatric, services for the impaired, pharmacy, prevention, vocational services, consultation, technical assistance, training, Therapeutic Behavioral Services, augmented board and care, supportive housing</td>
<td>X</td>
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<td>STEPS</td>
<td>Drinking Driver Program</td>
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<tr>
<td>Sycamore Health Center</td>
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<td>Transforming Local Communities</td>
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<td>Turning Point</td>
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<td>WestCare</td>
<td>Outpatient, residential</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

See Supervisorial District Map Page 31
Revenue Sources for FY 2009-10

**Mental Health**
- CalWORKs: 20.0%
- EPSDT: 27.0%
- Grants/State Aid: 32.2%
- Medi-Cal FFP: 39.4%
- MHSA: 4.2%
- Other: 2.1%
- Patient fees/Priv Ins/Medicare: 0.1%

CalWORKs: $1,447,212 (1.6%)
EPSDT: $11,955,322 (12.9%)
Grants/State Aid: $25,052,746 (27.0%)
Managed Care: $3,874,925 (4.2%)
Medi-Cal FFP: $29,959,906 (32.2%)
MHSA: $18,626,667 (20.0%)
Other: $1,919,697 (2.1%)
Patient fees/Priv Ins/Medicare: $72,002 (0.1%)

Total: $92,908,477

**Substance Abuse**
- CalWORKs: 11.4%
- Grants/State Aid: 73.7%
- Medi-Cal FFP: 8.8%
- Other: 5.9%
- Patient fees/Priv Ins/Medicare: 0.2%

CalWORKs: $657,387 (5.9%)
Grants/State Aid: $8,202,495 (73.7%)
Medi-Cal FFP: $1,274,071 (11.4%)
Other: $979,888 (8.8%)
Patient fees/Priv Ins/Medicare: $20,236 (0.2%)

Total: $11,134,077

Cost of Direct Services for FY 2009-10

**Mental Health**
- Admin: 5.2%
- Day Services: 16%
- Inpatient: 22%
- Outpatient: 7%
- Support: 7%
- Outreach: 9%

Admin: $9,056,180
Day Services: $6,914,835
Inpatient: $20,657,842
Outpatient: $49,716,095
Support: $9,170,292
Outreach: $324,985
Total cost: $95,840,229

**Substance Abuse**
- Support: 5%
- Primary Prevention: 21%
- Secondary Prevention: 11%
- Non Residential: 14%
- NTP: 1%
- Residential: 8%
- Ancillary: 5%
- DUI: 45%

Support: $808,162
Primary Prevention: $1,362,463
Secondary Prevention: $8,126
Non Residential: $6,693,641
NTP: $1,183,553
Residential: $1,087,720
Ancillary: $771,181
DUI: $3,199,872
Total cost: $15,114,718
**Mental Health Service & Outcome Measures**

**Reduction in Days of Incarceration and Homelessness**

Comprehensive services reduce the use of high cost services across the board.

Comparing the year before treatment to the first year of treatment, incarceration days decreased 90% and homeless days decreased 86%. This graph illustrates reductions year to date, and have resulted in up to a savings of $1,432,536 from reductions in incarceration days. The red bar signifies self-reported days before treatment, the green bar is measured results one year after treatment.

*Data from MHSA ATT & HAT Teams, Calendar Year 2010*

**Foster Care Penetration Rate**

The number of foster care children served has historically been below the state average of 50%. Improving this measure is of the highest priority, and the following steps have been taken:

1. Foster children are immediately seen (moved to the front of the line) in all cases.
2. DHS-based referral forms have been implemented and are monitored aggressively.
3. The director of Mental Health and the administrator of youth services meet face-to-face and on a regular basis to discuss this issue.

**Client Satisfaction**

Client satisfaction has been tracked for six years. Generally, satisfaction has been close to state averages. The numbers now exceed state averages for youth and older adults, with adults being equal to state scores. Although family scores are still below state norms, this year’s scores are the highest ever, and have increased from the low 80% range to 89% satisfied or very satisfied.

*California Performance Outcomes and Quality Improvement (POQI) Project May 2009*
Inpatient Trends

The analysis from January 2009 through October 2010 shows that inpatient admissions were in decline, but rose when the department contracted with two new providers to take the pressure off of the Emergency Psychiatric Assessment Center (EPAC) at Kern Medical Center. They are now starting to decline as the system adjusts to the new providers. By regularly measuring these trends, the system intends to develop and implement interventions targeted to higher risk individuals with the goal of reducing inpatient stays. In April 2009, Mental Health assumed control of EPAC, which caused a drop in the number of days.

Hospital Recidivism

Also known as repeat hospitalizations, hospital recidivism is an important indicator of the effectiveness of treatment in reducing psychiatric crises. Subsequent reductions in the use of high-cost services allow improvement in quality of life for individuals served by avoiding inpatient stays and crisis events. Potential areas of investigation with regard to recidivism include the process of identification of people likely to be hospitalized, poor coordination of care during admission and lack of follow-up. This measure is intended as an ongoing source of study of the reasons underlying rates and the identification of effective interventions.

Health Disparity Measures

Cultural measures are an important quality benchmark. It is well documented nationally and state-wide that Hispanic populations receive less services compared to other groups, both in health and mental health care. Our goal is to achieve parity of services across ethnic groups. The department is interviewing staff and individuals served, and studying the reasons why a lack of parity exists in the system. Overall, cost disparity has been under 10%, which is within state norms.
Optimal Length of Stay in Treatment

Research indicates that for most clients significant improvement is reached after at least 90 days in treatment. Additional treatment beyond 90 days can produce further progress toward recovery. This graph demonstrates the average number of days clients attended treatment and compares Kern County to statewide averages. It should be noted that for those clients who are the most severe, their care includes both residential (45 days) and outpatient (106 days).

Prop 36 Treatment Completion Rates

In Kern County, treatment “completion” is defined by attendance, abstinence, plans for employment/vocational activities, plans for continued social support, plans to address medical issues, and fee compliance. This rigorous criteria was created in collaboration with criminal justice partners in Kern County. This graph demonstrates the completion rates for Kern County Prop 36 (Proposition 36/SACPA) clients and compares it to statewide average for FY 2009–10.

Reduction in Jail Days

Individuals who complete Prop 36 treatment dramatically reduce their involvement with the criminal justice system. The graph compares how many days the clients were incarcerated in the month prior to treatment to how many days clients were incarcerated in the month prior to completion of Prop 36 treatment in FY 2009–10.

Days of incarceration 30 days prior to admission: 157
Days of incarceration 30 days prior to completion: 86
Adolescent Residential Services for Boys

Drug test results averaged 70% negative for boys in 2010, which is attributed to a 45% increase in the number of new program participants. Results were 100% negative for the girls’ program, with 83% program participation. There was a 50% reduction in the number of girls participating in the program in December. Due to the reduced number of participants in the girls’ program, there was not a drug screening conducted in December.

Overall negative drug test results for the adolescent residential services for both boys and girls are reported at 80% for 2010.

4 P’s Plus Assessment Tool

The 4 P’s+ is a screening tool used at prenatal visits. The screen includes questions about the use of substances in the Parent, Partner, Past and Pregnancy. The screen helps to identify women who may be using alcohol or tobacco or who may be at risk of using illegal drugs. There are 27 prenatal clinics throughout Kern County using this screening tool. Based upon almost 3,500 screens in 2010, this graph depicts the percent of pregnant women who reported using a substance before they knew they were pregnant and their reported use after they knew they were pregnant. Clinics follow up with brief interventions or referrals.

SA Client Satisfaction

In 2010, over 2,200 clients participated in a customer satisfaction survey and 83% indicated they were satisfied with the services. For continuous quality improvement, organizations should have measures about the outcomes of the client’s improved functioning as a result of their services (effectiveness), the performance of the organizations that deliver services (efficiency) and the perceptions of the clients about their care (client satisfaction). The Substance Abuse System of Care uses a variety of all these measures.
APPENDIX

ABOUT OUR MEMBERS
Each member of the Board of Supervisors appoints three county residents to represent their District and the Chair of the Board of Supervisors also appoints a staff representative from their office. Supervisors are asked to appoint members in three category types: consumer or family member, professional, and public interest, and attempt to make appointments that reflect the diverse ethnic and cultural background of their District.

The Behavioral Health Board must comply with Welfare & Institutes Code Section 5604(a), which requires: 1) Membership reflect the ethnic diversity of the client population in the county; and 2) Membership of the Board must be 50% consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20% of the total membership shall be consumers and at least 20% shall be a parent, spouse, sibling, or adult child of a consumer.

2010 EXECUTIVE COMMITTEE

Chair
Bill Matthew, PhD
District 4 ~ Supervisor Ray Watson
Dr. Matthew received his Ph.D. at Iowa State University, with a double major in Counseling and Research & Evaluation. He also holds an MA in Counseling (Univ. of South Florida) and an MS in Applied Behavior Analysis (Drake Univ.). Dr. Matthew is Director of Student Support Services at Standard School District, and is a former school psychologist. He serves on the School Psychology Program Advisory Board at Fresno State Univ. He coordinates the Applied Behavior Analysis Certificate Program and the School Psychology training program at the Bakersfield campus of National University. He has held adjunct teaching positions at Iowa State University (School Psychology, Counseling), Cal State-Bakersfield (Psychology, Special Education), Fresno State (Psychology), and the Univ. of LaVerne (Tests & Measurements, Research Methods). Dr. Matthew is a Nationally Certified School Psychologist and a Board Certified Behavior Analyst. He is a strong believer in using direct measurement of client behavior outcomes in the evaluation of treatment plans and treatment progress, and in the use of scientifically validated mental health treatment models. Dr. Matthew served as Behavioral Health Board Chair in 2009 and 2010, and currently serves on the SQIC and 2010 Annual Report committees, and co-chairs the Prevention Services Committee.

First Vice-Chair
Police Chief Tommy W. Tunson
District 5 ~ Supervisor Michael Rubio
Mr. Tunson is the Police Chief of the city of Arvin, and has 32 years experience in law enforcement, which includes 12 years as a police executive leader. He has worked every aspect of law enforcement from narcotics to traffic to patrol to homicide. Mr. Tunson is a part-time instructor for the University of Phoenix, and is currently teaching at the Bakersfield Central Valley campus where he teaches in the criminal justice program. He is a retired United States Army Lieutenant Colonel and a veteran of Operation Desert Shield/Storm, the first Gulf War. His military education includes the Army’s Command and General Staff College. Mr. Tunson is a member of the Kern County Law Enforcement Executive Association and sits on the executive board of the Kern/Tulare Police Chief Working Group, Street Interdiction Team (SIT), a regional gang task force. He also volunteers at Arvin High as a part-time Varsity football coach and mentors the “We the People” high school constitutional team. Mr. Tunson serves as co-chair of the Adult Treatment & Recovery Services Committee, is part of the Nominating & Membership Committee, serves on the 2010 Annual Report Committee, and was elected chair for 2010.
First Vice-Chair  
POLICE CHIEF GREG WILLIAMSON  
District 1 ~ Supervisor Jon McQuiston  
Mr. Williamson joined the Board in January 2005. He has been employed by the Bakersfield Police Department since 1989. After holding a variety of positions, he was appointed Bakersfield Police Chief in January 2010. Mr. Williamson has a strong interest in mental health issues in relationship to law enforcement and is an advocate of children. Mr. Williamson was born and raised in Kern County and has been married to his wife for 19 years, with whom he has a son and a daughter. He served as the chair of the Children’s Treatment and Recovery Services and the Membership and Nominating committees, and served as the BHB First Vice-Chair until his resignation in February 2010.

Second Vice-Chair  
BOB HAWKES  
District 5 ~ Supervisor Michael Rubio  
Mr. Hawkes is the director of Workforce Development programs for the Kern Community College District. He brings 40 years of business experience focused on marketing, sales, finance, training and organizational development to the Behavioral Health Board. As a part-time teacher at Bakersfield College for twenty-two years, he has taught small business planning, sales, marketing, communication, and finance classes. He has been an advocate for families, consumers and professionals in the mental health community, and has served as vice-president and president of NAMI Kern County. A resident of Bakersfield since 1980, he and his wife Beth reside in the Westchester area and enjoy spoiling their grandchildren. He served as the BHB Second Vice-Chair in 2010 and co-chairs the Prevention Services Committee.

Parliamentarian  
THOMAS EWING, PHD  
District 4 ~ Supervisor Ray Watson  
Dr. Ewing was trained as an Educational Psychologist and now serves as the Director of Pupil Services for Rosedale Union School District. He earned a PhD from Mississippi State University, his Masters degree is from California State University, Los Angeles, and his undergraduate degree is from Fresno State University. Dr. Ewing is a nationally Certified School Psychologist with more than twenty years experience in public education. He has served as adjunct professor for Fresno Pacific University, University of LaVerne, and California State University, Bakersfield (Special Education Department) and California State University, Fresno (School Psychology program). Dr. Ewing emphasizes the use of empirical data in decision making and believes accountability increases when the scientific method is utilized. Dr. Ewing is the BHB Parliamentarian, currently co-chairs the Children’s Treatment & Recovery Committee, and served on the System Quality Improvement Committee.

GENERAL MEMBERS  

LT. BRIAN CLAYTON  
District 1 ~ Supervisor Jon McQuiston  
Lieutenant Clayton joined the Board in March 2010. He has been employed by the Bakersfield Police Department since 1990. Mr. Clayton has worked patrol, traffic, narcotics, Internal Affairs and K-9. He is currently assigned to Investigations. Mr. Clayton also serves as a board member on the Bakersfield Chamber of Commerce Youth Leadership Bakersfield and is a board member for the Bakersfield Police Activities League. He also serves on the Kern County 5150 Work Group. Mr. Clayton is a high school football coach at Centennial High School and has coached youth football for 15 years. Mr. Clayton is a member of the Children’s Treatment and Recovery Services Committee and also serves on the 2010 Annual Report Committee. Mr. Clayton was born in Lincoln, Nebraska and moved to Bakersfield in 1980. Mr. Clayton has been married to his wife, Carla, for 22 years and they have two boys.
**Darlene Denison**

*District 4 ~ Supervisor Ray Watson*

Ms. Denison is a State Farm Agent located in the northwest area of Bakersfield. She worked for 26 years in the private ambulance industry helping people, and today continues to help individuals and families protect their assets and prepare for the unexpected. She developed a desire to serve and support mental health care issues because of a family member that has struggled with the impact of having a mental illness. She previously served on the Mental Health Board from 1998-2000. Her personal interest and healthcare background combined with a genuine desire to help others allows her to serve the mental healthcare community. Ms. Denison is currently serving as chair of the Housing Services Committee and was elected to serve as the BHB First Vice-Chair in 2010.

**Christy Fitzgerald**

*District 4 ~ Supervisor Ray Watson*

Ms. Fitzgerald grew up in Bakersfield and attended local schools. After working in the private sector as an escrow officer for thirty years, she joined Ray Watson's first campaign for 4th District Supervisor and when he was elected accepted a position on his staff as his administrative assistant. She has always been an active member of the community and has served many different volunteers organizations. She has been involved with grassroots politics since the Reagan administration. Ms. Fitzgerald has served her church and her travels include missionary trips to Tanzania and Romania.

**Judy Hyatt**

*District 1 ~ Supervisor Jon McQuiston*

Ms. Hyatt is an assistant to Supervisor Jon McQuiston and serves on the Behavioral Health Board as a representative of District 1. Ms. Hyatt has lived in Kern County for 37 years; seventeen of those years she has lived in the Kern River Valley. She also attended San Diego State College and UCLA. Ms. Hyatt is married and has three adult children living in Bakersfield.

**Rose McCleary, PhD**

*District 3 ~ Supervisor Mike Maggard*

Dr. McCleary is an Associate Professor in the Department of Social Work, CSU Bakersfield. She has taught social work at the undergraduate and graduate levels for the past 12 years. Prior to teaching, she worked in various social work settings that included inpatient psychiatric social work with a variety of populations including dual diagnosis adolescents and elders. She has worked as a medical social worker in hospice and home health care and specializes in gerontological social work. She is currently the program coordinator of the Gerontology Intensive Fellowship Training Program funded by the John Hartford Foundation, which focuses on training of professionals and students in gerontology. She serves on the Executive Committee of the California Geriatric Education Center, Kern County Project. Dr. McCleary co-chaired the System Quality Improvement Committee. She resigned from the Board in July 2010.

**Brian Parnell**

*District 5 ~ Supervisor Michael Rubio*

Mr. Parnell is a 22-year employee of the Kern County Department of Human Services, working in the area of child welfare for the past 19 years. Formerly the program director of the county’s Adoption Agency, since October 2008 he has directed Child Protective Services’ child abuse investigations for the County of Kern. Since March 2010, along with Dr. Tom Ewing, he has co-chaired the Children’s Treatment and Recovery Services Committee. In June 2010 Mr. Parnell was appointed to the Kern County Human Relations Commission, the purpose of which is to study, evaluate, and recommend to the Board of Supervisors plans and programs to eliminate prejudice and discrimination. He also serves on the Kern Child Abuse Prevention Council Board of Directors for Haven Counseling, and is a member of the Kern Leadership Alliance. Mr. Parnell is a life-long resident of Kern County, graduated from California State University, Bakersfield in 1983 with a bachelor’s degree in English, and from CSU Fresno
in 1994 with a Master of Social Work degree. Mr. Parnell was appointed to the Behavioral Health Board in January 2009.

**KEVIN SEYMOUR, PhD**

_District 1 ~ Supervisor Jon McQuiston_

Dr. Seymour is an organizational and clinical psychologist with 30 years of expertise in the field. He has worked as an external consultant for the past 20 years with the Department of the Navy, the Forest Service, California Community College Districts, and private companies including Kaiser Permanente’s Organizational Effectiveness Department, Caterpillar Machines, and numerous family owned firms. His published research focuses on succession planning in family firms and building quality work relationships. Dr. Seymour has a private clinical counseling practice in Ridgecrest and administers a Civilian Employee Assistance program for the Navy. Dr. Seymour’s consulting work includes strategic planning, group facilitation, organizational analysis and transformation and conflict resolution. Dr. Seymour conducts training courses in leadership, first line supervision, conflict resolution, and dealing with difficult employee situations. Dr. Seymour co-chairs the Adult Treatment & Recovery Services Committee.

**RENA SHUMWAY**

_District 2 ~ Supervisor Don Maben_

Ms. Shumway joined the board in 2009 with over 18 years of previous experience working in the county mental health system of care. She is the co-founder of a private mental health and substance abuse counseling center in Tehachapi, with the goal and vision to provide affordable wellness programs for everyone. In addition, she shares personal experiences as a mother of a son with a mental illness and is dedicated to increasing family education and support, recovery, and improving the quality of life for people despite the challenge of mental illness.
### 2010 BHB COMMITTEES

| Adult Treatment & Recovery Services | Co-Chairs: Tommy Tunson and Kevin Seymour  
|                                  | Liaisons: Steve DeVore and Debra Stramler  
|                                  | Support: Norma Lowrie (Sandra Mace) |
| Children’s Treatment & Recovery Services | Co-Chairs: Brian Parnell, Tom Ewing (Greg Williamson, Bill Matthew)  
|                                  | Liaisons: Deanna Cloud and Cecilia Martinez (Marti Rodriguez)  
|                                  | Support: Cecilia Scott |
| Housing Services | Co-Chairs: Darlene Denison  
|                  | Liaisons: Carol Bowman and Donna St. John  
|                  | Support: Lilly Castelleon |
| SQIC (System Quality Improvement Committee) | Co-Chairs: Bill Matthew (Bob Hawkes, Rose McCleary)  
|                  | Liaisons: Ross Kremsdorf and Lily Alvarez  
|                  | Support: Monica Hall |

**KCMH Mission Statement**

Working together to achieve hope, healing and a meaningful life in the community.

**KCMH Vision Statement**

People with mental illness and addictions recover to achieve their hopes and dreams, enjoy opportunities to learn, work, and contribute to their community.

**KCMH Values Statement**

Hope, Healing, Community, Authority

- We honor the potential in everyone.
- We value the whole person – mind, body and spirit.
- We focus on the person, not the illness.
- We embrace diversity and cultural competence.
- We acknowledge that relapse is not a personal failure.
- We recognize that authority over our lives empowers us to make choices, solve problems and plan for the future.
Kern County Supervisorial District Map

The Supervisorial District boundaries shown on this map were approved by the Kern County Board of Supervisors on August 21, 2001 (ordinance effective September 20, 2001). Using information from the 2000 Census, each district contains nearly the same number of people.