KINGS COUNTY BEHAVIORAL HEALTH
MENTAL HEALTH SERVICES ACT
FY 2021-2022
ANNUAL UPDATE
with FY 2019-2020
EVALUATION

Prepared by:

EVALCORP
Measuring What Matters℠

Prepared for:

Kings County Behavioral Health

ACKNOWLEDGEMENTS

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

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

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

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

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Kings

Local Mental Health Director	Program Lead
Name: Lisa D. Lewis, PhD Telephone Number: (559) 852-2382 E-mail: Lisa.Lewis@co.kings.ca.us	Name: Filiberto Leanos Telephone Number: (559) 852-2386 E-mail: Filiberto.Leanos@co.kings.ca.us
County Mental Health Mailing Address: Kings County Behavioral Health 460 Kings County Dr., Suite 101 Hanford, CA 93230	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, 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 6/15/2021.

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

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

Lisa D. Lewis PhD — Lisa D. Lewis PhD 6/17/21

Local Mental Health Director/Designee (PRINT) — Signature — Date

County: Kings

Date: 6/17/2021

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Kings

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

Local Mental Health Director	County Auditor-Controller/ City Financial Officer
Name: Lisa D. Lewis, PhD Telephone Number:(559) 852-2382 E-mail: Lisa.Lewis@co.kings.ca.us	Name: James Erb Telephone Number:(559) 852-2460 E-mail: james.erb@co.kings.ca.us
Local Mental Health Mailing Address: Kings County Behavioral Health 460 Kings County Dr., Suite 101 Hanford, CA 93230	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code {WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which arenot 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 andexpenditure report is true and correct to the best of my knowledge.

Lisa D. Lewis PhD — Lisa D. Lewis PhD 6/17/21

Local Mental Health Director (PRINT) — Signature — Date

I hereby certify that for the fiscal year ended June 30, 2021, 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, 2021. I further certify that for the fiscal year ended June 30, 2021, 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

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

Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

JAMES P. ERB — 6-17-2021

County Auditor Controller / City Financial Officer (PRINT) | Signature | Date

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INTRODUCTION

Mental Health Services Act

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

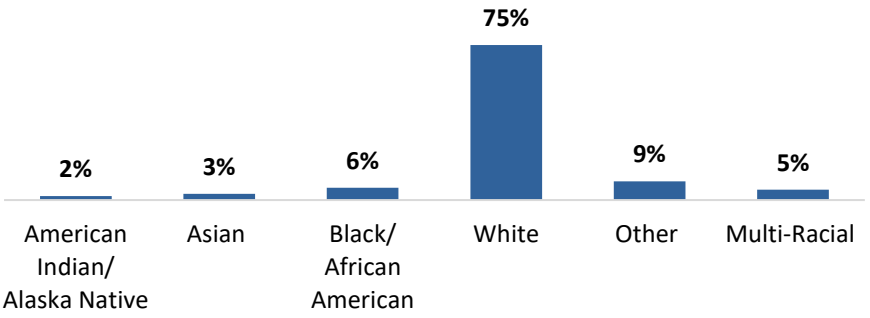
Shortly after passage of the MHSA, Kings County Behavioral Health (KCBH) was formed. KCBH's mission -- "to promote, support, and invest in the wellness and recovery of individuals living in the communities of Kings County by creating opportunities to contribute, learn, work, and find hope in each day"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

About Kings County

KCBH serves a geographic region covering 1,391 square miles and has a population of over 150,000 residents.[2] The county is comprised of 11 incorporated cities, the Santa Rosa Rancheria, and the Lemoore Naval Air Station. Kings County is also home to two state prisons (Avenal State Prison and Corcoran State Prison) and the California Substance Abuse Treatment Facility (also located in Corcoran). The county seat is Hanford where 38% of the population resides.[3]

The county is not very diverse, the majority of residents are white (See **Figure 1**) and only speak English (73%).

Figure 1. Race



But that is changing as more than half of residents identify as Hispanic/Latino (55%) and over a third speak Spanish (38%).

Military affiliated persons comprise an important segment of the population in Kings County given their specific mental and behavioral health needs. According to the Department of Defense, there are over

[1] Unless noted otherwise, all demographic data (both county and state) is from the American Community Survey 1-Year Estimate (2019)
[3] United Census Bureau Quick Facts: Hanford City, California (2019)

6,500 active-duty military personnel, 350 reservists, and 10,000 veterans residing in the county in addition to their dependents.[4]

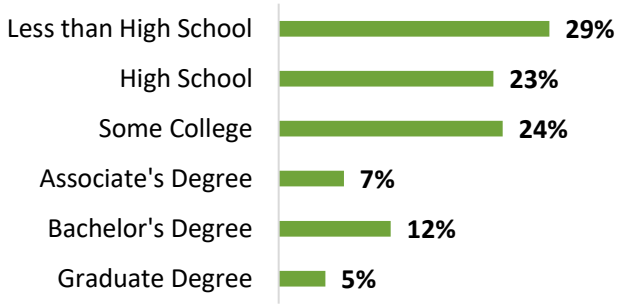
Another important segment of the population is the local Native American population. The Santa Rosa Rancheria has an estimated population of 1,029 individuals from the Tachi Yokut Tribe. Of those living on the Rancheria, more than 17% live 100% below the Federal Poverty Level which is higher than the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

Kings County is relatively low income compared to other counties in the state. Of households in the county, 13% live 100% below the Federal Poverty Level and nearly 50% (47%) receive Nutrition Assistance (i.e., SNAP).

This can, in part, be attributed to:

- low educational attainment (See **Figure 2**).
- A Median household income ($58,453) that is nearly $22,000 less than the State median household income of $80,440.
- An unemployment rate (7%) that's higher than the state average (5%).

Figure 2. Educational Attainment for Residents 25+



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

LOCAL STAKEHOLDER PROCESS

LOCAL STAKEHOLDER PROCESS

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

Methods

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

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

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

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

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

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

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

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

Community Focus Groups

Seven focus groups were conducted (with a total of 52 participants) in order to assess the current needs for mental and behavioral health services by community members, and how KCBH can better address needs within the county. All focus groups used a semi-structured protocol (see **Appendix A**) and were facilitated in English. Focus groups were purposively sampled to represent a variety of ages from youth to older adult, race/ethnicities, and regions of the county. **Table 1** provides further details about each of the focus groups.

Table 1. Summary of Focus Groups

Focus Group Type	# Participants
Consumers	5
Older Adults	5
LGBTQ+	7
African American	8
Family of Consumers	8
Veterans	8
Providers	11
Total	**52**

Community Survey

The Community Survey was developed and administered online by EVALCORP in both English and Spanish throughout February 2020. Surveys were distributed via:

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

A total of 126 completed surveys were collected and used for analysis. The Community Survey is available in **Appendix B**.

Key Stakeholder Interviews

Key Stakeholder Interviews (KSIs) were conducted to gather information about the mental and behavioral health needs of Kings County residents from a systems-level perspective. Interviewees were selected in collaboration with the KCBH staff. In total, 19 interviews were conducted. Participating interviewees represented the following:

- Coalition members
- Consumers
- Educators/education agencies
- Faith community
- Family members of consumers
- Law enforcement agencies
- LGBTQ+ community
- Local care providers
- Native American populations
- Substance use treatment providers
- Social service providers
- Veterans' agencies

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

Limitations

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

Additionally, COVID-19 has imposed unique challenges to data collection and community engagement. In March 2020, the global COVID-19 pandemic shut down in-person services across the nation when stay-at-home and social distancing mandates were implemented. Those orders are starting to lift across the nation and state as vaccination campaigns are underway, but in continued efforts to reduce the spread of COVID-19 community engagement efforts remained virtual. Virtual community engagement has increased access to participate in data collection activities for some who could not take time off work or travel to specified locations while reducing it for others due to barriers such as access to technology and reliable internet. These barriers may have also impacted the representativeness of the data.

Efforts to engage with key stakeholders from the Tachi Yokut Tribe Rancheria were successful this year. While in the previous year a representative was not available, this year evaluators interviewed a representative from the Tachi Yokut Tribe Rancheria and believe that there will be continued involvement by tribal members in future community engagement activities and community planning processes.

Stakeholder Participation Demographics

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

Table 2. Participants by CPP Activity Type

Data Collection Activity	# Participants
Community Focus Groups	52
Community Survey	126
Key Stakeholder Interviews	19
Behavioral Health Advisory Board Public Hearing	22
Total	**219**

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

Table 3. Participants by Gender (n=109)

	%
Male	23%
Female	72%
Genderqueer	2%
Questioning	1%
Non-Binary	3%

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

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

	%
Asian	3%
Black/African American	5%
Hispanic/Latino	44%
Native American/Alaska Native	6%
Native Hawaiian/Pacific Islander	0%
White	45%
Mixed	9%
Another	5%
*Percentages add to more than 100% as respondents could select more than one response option	

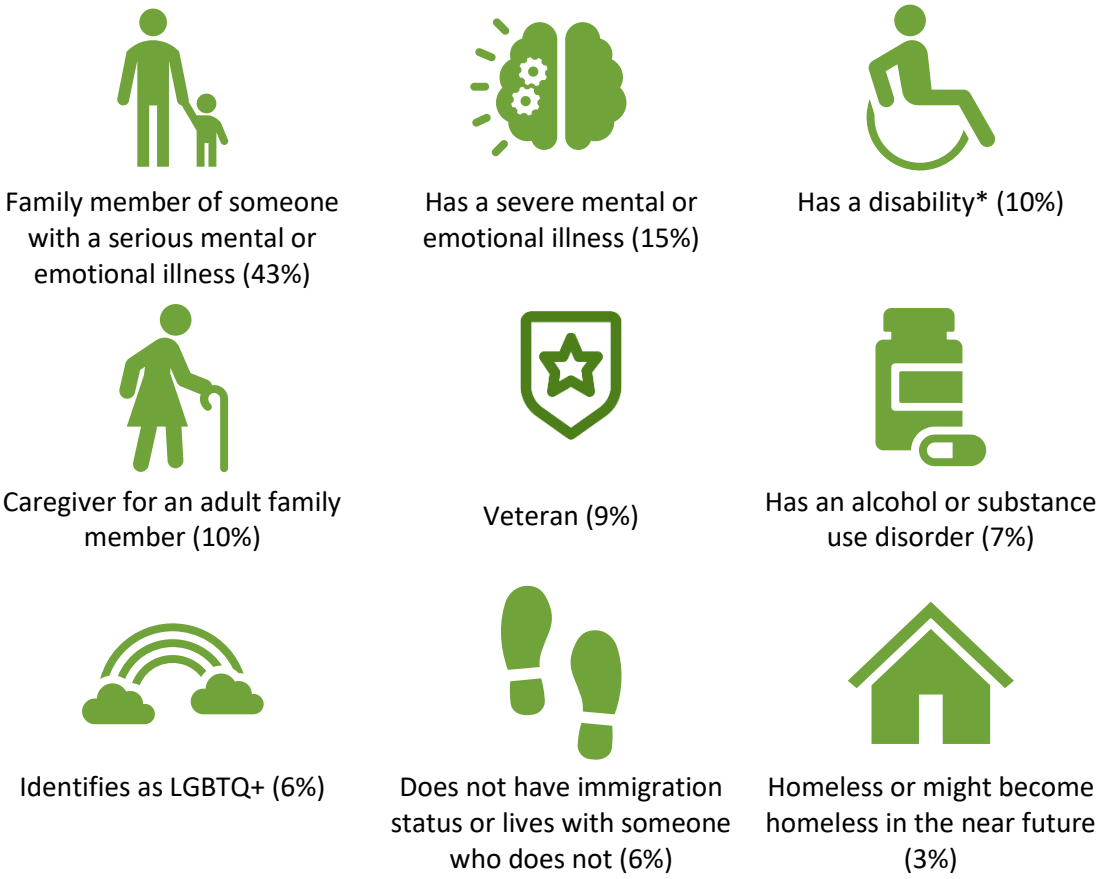
The distribution of racial and ethnic representation among participants in the community engagement process is close to that of the County, the only exception being an underrepresentation of White residents.

Table 5. Participants by Age (n=106)

	%
18-25	3%
26-35	25%
36-45	40%
46-55	18%
55 and older	15%

Figure 3. Additional Respondent Characteristics

Of participants to this question (n=97), more than half of the respondents (49%) reported being the parent or guardian of a child under 18. Additional characteristics are visualized in the graphic below.



*Disabilities specified included being a disabled veteran (n=2), bipolar disorder (n=2), PTSD (n=2), physical disability (n=2), learning disability (n=1), speech disorder (n=1).

Key Findings

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

Priority Mental and Behavioral Health Needs

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

- **Focus Groups**
  - Stigma
  - Homelessness
  - Awareness of available services
- **Community Survey**
  - Substance use disorders
  - Depression
  - Anxiety
- **Interviews**
  - Anxiety
  - Depression
  - Suicidal ideation
  - Homelessness

Causes and Contributing Factors

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

- **Focus Groups**
  - Access to services
  - Cultural/social beliefs
  - COVID-19
- **Interviews**
  - Substance use disorders
  - COVID-19
  - Isolation
  - Social/political factors
  - Limited access to care

Barriers to Accessing Mental and Behavioral Health Care

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

- **Focus Groups**
  - Provider shortages that lead to long wait times and limited capacity
  - Stigma
  - Access to care in rural communities
- **Community Survey**
  - Stigma
  - Lack of information about where to receive help

    - Appointment availability
- **Interviews**
    - Internet access
    - Challenges navigating care systems
    - Transportation to care

Recommendations

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

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

- **Focus Groups**
    - Outreach and promotion of available services
    - Addressing barriers to care (e.g., transportation services, co-locating services, expanding hours of operation, etc.)
    - Provider training (e.g., cultural competency, referral processes)
- **Community Survey**
    - Outreach and promotion of available services
    - Addressing barriers to care (e.g., childcare, mobile services, reduced eligibility requirements, etc.)
    - Expanding youth services (e.g., school-based services)
- **Interviews**
    - Outreach and promotion of available services
    - Expanding youth services (e.g., school-based services)
    - Increasing rural access to care (e.g., expanding telehealth, shared office spaces in rural communities, etc.)

The findings and recommendations suggest that, while Kings County is providing important and needed mental and behavioral health services to residents, there are unmet needs that could be addressed through further improvements to the network of county and non-county providers of mental and behavioral health services. It is clear from the recommendations provided by participants across data collection activities that these improvements should focus on outreach/promotion of available resources and the expansion of youth services in particular.

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

Public Review and Comment

KCBH provided multiple opportunities for the public to engage meaningfully in reviewing and providing recommendations on the FY 21-22 Annual Update which included FY 19-20 Evaluation: the requisite 30-day public review and comment period and public hearing.

While participants of the BHAB hearing asked clarifying questions about the materials presented, KCBH did not receive any recommendations on the FY 21-22 Annual Update.

30-Day Public Review and Comment

From April 22 through May 23, 2021, KCBH posted a draft version of this FY 21-22 Annual Update to its website for public review and comment. The public was also provided a public comment form (in English or Spanish) and instructions on how to submit feedback to KCBH.

Kings County Behavioral Health Advisory Board Public Hearing

On May 24, at the close of the public comment period, the Kings County Behavioral Health Advisory Board (BHAB) held a public hearing on the FY21-22 Annual Update. There were 22 individuals in attendance at the BHAB public hearing. KCBH partnered with EVALCORP to review the CPP findings and provide an overview of the FY 21-22 Annual Update. There was also an opportunity for the BHAB and the public to comment and ask questions.

The BHAB voted unanimously to recommend approval of the FY 19-20 Annual Update to the Board of Supervisors.

NOTE OF CORRECTION:

On August 25, 2023, Kings County Behavioral Health corrected the dates within the FY 21-22 and 22-23 MHSA Annual Updates. Prior to August 25, 2023, these Annual Updates were titled with the fiscal year they evaluated and not for the fiscal year they were pointed towards as it relates to proposed activities and expenditures. While the fiscal years listed on the title page and within were incorrect, all community planning activities, program evaluations, plan presentations and public comment/public hearing, etc. were correct as to what was being evaluated and what was being proposed for the coming fiscal year at that time. Therefore, while the Annual Updates were revised to reflect correct fiscal years, no content change was made...all that was presented and approved remained. The prior titled FY 19/20 Annual Update is now the 21/22 Annual Update, and the prior titled FY 20/21 Annual Update is now the FY 22/23 Annual Update.

FY 2021-2022 ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS)
FULL SERVICE PARTNERSHIP (FSP)
Assertive Community Treatment (ACT)

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

Number of individuals served in FY 2019-2020: 61
Cost per person served in FY 2019-2020: $15,214

Program Description

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

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

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

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

The ACT referral form was completed and provided to Mental Health Systems (ACT provider), Kings View (lower level FSP adult provider), as well as the Kings County Jail for any appropriate referrals into the program. Referrals from the Kings County Jail were staffed at bi-weekly Acute Care Coordination meetings or directly with the Adult System of Care Program Manager for KCBH. Adults who require psychotropic medications are seen at and receive care coordination through the KCBH medical suite staff (e.g. Licensed Psych Tech).

Goals and Objectives

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

Key Successes

The ACT referral process was streamlined from both the Kings View FSP program and the Kings County Jail contracted provider in an effort to successfully link clients to the ACT program. A referral for discharge and to step down from the ACT program was also created in order to more effectively step clients down or out of the ACT level of care. MHS ACT program increased treatment team staff to include a Clinical Supervisor, two Case Managers, and two Peer Support Specialists to engage clients in ACT services upon their immediate release from county jail. MHS ACT program also added a nurse to the treatment team to coordinate medication support services for ACT clients. A referral process from ACT providers was created to successfully link ACT clients to psychiatric services at the Kings County Behavioral Health Department's medical suite.

Program Challenges

MHS ACT program was challenged to fill staffing needs early in FY 2019/2020 as the program lost a nurse in March 2020 and two case managers in May 2020. New case managers and the nurse positions were filled in June/July 2020. A Clinical Supervisor joined the team in April 2020. Additional challenges were related to COVID-19 and the impact to the program which resulted in difficulties with engaging clients for individual and group treatment and services. COVID-19 prevented the program from offering group sessions to ensure staff and clients' safety and wellbeing.

Proposed Activities for FY 2021 – 2022

MHS ACT program will work toward the following goals and objectives for FY 2021-2022: (1) provide treatment services that promote and enhance whole person wellness and recovery; (2) offer individual and group services focused on reducing functional impairment; and (3) empower ACT clients through educational and vocational rehabilitation services that result in increased independent living skills. The ACT program will continue to provide intensive, community-based services through multiple weekly contacts. The program's nurse will direct efforts toward outreach and engagement of ACT clients with a history of excessive hospitalizations, homelessness and incarcerations, to address their wellness and health goals.

Full Service Partnership – Children & Youth

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

Number of individuals served in FY 2019-2020: 89
Cost per person served in FY 2019-2020: $20,139

Program Description

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

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

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

- Increase in services: clients are being seen 2-4 times weekly by staff with 89 total clients;
- Use the "Whatever it takes" approach to assist families in keeping children in the home while working collaboratively with family;
- Child Family Therapy (CFT) meetings and services in the community or home to increase service connectedness for those enrolled; and
- 24-hour on-call support and FSP services provided based upon the Pathways to Mental Health Services Core Practice Model (CPM) to assist in goals and objectives of program.

Goals and Objectives

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

Key Successes

- Hired (1) bilingual Clinician, (1) bilingual Support Counselor, (1) Support Counselor, and (1) Clinician
- Turnover has been extremely low
- Able to maintain stable support for clients
- Participated in monthly Quality Assurance Committee meetings
- Referrals have increased from last reporting period, 81 client referrals received by FSP, no referrals declined
- 89 unduplicated clients opened to FSP
- 25 clients referred to MHP for medication
- 77% of clients discharged maintained/decreased their level of placement and decreased their level of safety risk
- Aspiranet leadership assisted with cases during the three month clinician shortage, to prevent any gaps in client care
- Incorporated parenting groups, starting in March 2020, to help parents respond to challenges with County Stay-at-Home order, challenges with Zoom based schooling, and general support to help families with additional stresses of 2020
- In the midst of COVID, staff was very flexible and easily able to adjust to utilizing Microsoft TEAMS in order to provide telehealth services
- 45% of FSP services were held in the field during COVID
- All clients received CFT at intake, discharge and at important events in treatment
- Over 186 CFT's were facilitated by FSP

Program Challenges

- FSP was short one full time clinician for three months
- Due to COVID, referrals from schools were not consistent and slowed down around March 2020

Proposed Activities for FY 2021 – 2022

- Increase number of CFT's while providing Intensive Case Coordination Services
- Implement the use of CANS with CFTS, Mental Assessments, and Plans of Care

Full Service Partnership – Adults & Older Adults

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

Number of individuals served in FY 2019-2020: 135
Cost per person served in FY 2019-2020: $14,908

Program Description

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

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

Clinical Services

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

Non-clinical services and supports:

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

Kings View utilized the Full Service Partnership (FSP) referral to screen all adults that were currently enrolled as clients in the FSP program in order to determine whether the clients were appropriately placed within the following categories: FSP level, recovery oriented team level, or needed a referral to the higher level of FSP (assertive community treatment).

Goals and Objectives

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

Key Successes

- Implementation of separation of level of care in adult services, housing and decreased crisis episodes.
- Adjusting to provide services despite the pandemic (i.e., telehealth, use of online ordering platforms such as Walmart).
- Restructured internal data forms for more efficient reporting and to capture state required data.
- Consumers were able to find stable housing and social security disability benefits.

Program Challenges

The pandemic limited resources and contact with clients due to safety protocols and limited program options in the area. A brochure explaining FSP services needs to be developed to explain that the program provides more than housing support and so clients understand the importance of being engaged in their services. Also, there is a lack of residential programs in the area for those who are diagnosed with co-occurring disorders.

Proposed Activities for FY 2021 – 2022

Implement an orientation group to help strengthen engagement. Development of a brochure to describe program requirements/expectations in order to ensure improved participation.

GENERAL SYSTEMS DEVELOPMENT

Parent-Child Interaction Therapy (PCIT)

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

Number of individuals served in FY 2019-2020: 23
Cost per person served in FY 2019-2020: $22

Program Description

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

The essential activities within PCIT include:

Child Directed Interaction (CDI):

- Parent-child pairs attend treatment sessions together and the parent learns to follow the child's lead in play
- The parent is taught how to decrease the negative aspects of their relationship with their child and to develop positive communication
- The parent is taught and coached to use CDI skills. These skills help the parents give positive attention to the child following positive behavior and ignore negative behavior.

Parent Directed Interaction (PDI):

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

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

- Behavioral Health is the only PCIT provider in Kings County
- PCIT is available in both English and Spanish
- Two Clinicians were trained and certified in Parent Child CARE (PCCARE)
- Due to the COVID pandemic, PCIT and PCCARE were put on hold after March 2020

Goals and 0bjectives

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

Key Successes

- Behavioral Health received 23 referrals for PCIT
- Four families successfully graduated from the program and reached their treatment goals, objectives, and outcomes
- Parent Child Care (PCCARE) was offered children/families in short term placement

Program Challenges

- The program lost a Bilingual Clinician
- Due to the COVID pandemic
    - PCIT sessions were paused as telehealth was not an option
    - Parents/families withdrew prior to completion of their treatment goals

Proposed Activities for FY 2021 – 2022

Due to COVID-19 and staff attrition there are no proposed activities for 2020-2021.

Collaborative Justice Treatment Court (CJTC)

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

Number of individuals served in FY 2019-2020: 52
Cost per person served in FY 2019-2020: $7,276

Program Description

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

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

CJTC clients are provided with the following services:

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

The CJTC program continued to run efficiently with the four courts (Behavioral Health, Co-Occurring Disorders, Drug, and Veterans' Court) with the collaborating partners (Kings County Probation, Kings View, Champions, Kings County District Court). The assigned Assistant District Attorney for the program who began with the program's inception retired and, after a few attorneys were temporarily assisting

with the program, a permanent attorney was assigned to the program. During the latter part of FY 2019-2020, COVID-19 occurred. This changed the dynamic of drug testing, which changed the accountability of the clients for compliance with the program in conjunction with what the presiding judge preferred.

Goals and Objectives

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

Key Successes

Being able to respond to the COVID-19 pandemic by integrating telehealth for therapy, case management, medication services, and launching groups. Graduation ceremony was held November 2019 for a large number of participants that completed the program. Some graduates were able to secure full time employment. A couple of graduates obtained their own apartment. Other participants have enrolled in local community colleges.

Program Challenges

COVID-19 pandemic has impacted delivery of services, drug testing, screenings, and court appearances. Transition of team positions (i.e., changing of providers and staff changes) has also posed challenges.

Proposed Activities for FY 2021 – 2022

Changes were made in drug testing methodology to include hair follicle testing in order to capture participant program compliance when extended periods of time between testing occurs (often due to COVID-19 social distancing requirements).

Mental Health Services for Domestic Violence Survivors (Barbara Seville)

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

Number of individuals served in FY 2019-2020: 58
Cost per person served in FY 2019-2020: $3,255

Program Description

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

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

A case manager was hired, who specifically assisted children in the program with communicating with their families and the communication between their families and schools. A working spreadsheet was for tracking women and children in the program was revised to include the number of individuals who were referred for mental and behavioral health services.

Goals and Objectives

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

Key Successes

With the case management and support linkages, the Barbara Seville Shelter (BSS) has helped clients rebuild relationships with family and friends. Through mending those relationships, BSS has been able to connect 18 families and/or individuals to live with family on a permanent or temporary tenure. An additional 7 families and/or individuals were housed with friends on a temporary or permanent tenure. BSS has assisted 13 families and/or individuals with a rental unit without an ongoing subsidy. An additional 7 have been housed in a rental unit with ongoing housing subsidy. BSS staff also assisted with 2 individuals being housed in transitional housing.

Throughout the 2019-2020 year, BSS clients have remained COVID-19 free through daily health checks with clients and their children. The Child Case Manager was able to utilize the School Social Worker and Youth Services Liaison at Kings County Office of Education (KCOE) for educational support. BSS was able to obtain Wi-Fi routers, desks and dividers for families. More adult clients and children accessed mental health services and reported this was due to increased stress brought on by the pandemic. BSS staff were able to find ways to keep clients engaged in services by providing them with journals, adult coloring books, nail care, books, and board games. Through community resources, BSS was able to obtain sanitizing kits from churches, schools, and other members of the community. There was also a substantial donation of school supplies that were organized and distributed by the Center for Naval Aviation Technical Training Unit (CNATTU) Lemoore. This allowed BSS to provide supplies to each family.

Program Challenges

Difficulties faced throughout the year, like many agencies, was due to COVID-19. Due to the outbreak, case management has been provided to clients virtually via phone and video calls. Other difficult challenges brought on by COVID-19 include clients having a much harder time with locating rental units that are not only affordable but available. Many rental units are no longer having in-person inquiries and are via phone and there are no tours/walk through when a unit is available. Childcare has continued to be a challenge as most locations stop childcare at the age of 13. Along with this, childcare for those younger than 13 were put on hold due to COVID-19. As a result of the virus, most schools shut down for the school year. This brought on many challenges, such as internet connection, virtual classes being a struggle to those who have a developmental delay or having difficulty focusing on one task. Many parents sought mental health services as they experienced overwhelming feelings throughout this period as they were not used to/ or prepared to have their children with them the majority of the day. Maintaining social distancing at the shelter was difficult as of course the children wanted to be together during class sessions or in between breaks. Explaining to individuals and families the importance of wearing a face mask, social distancing and sheltering in place was a weekly topic of discussion as many struggled. The availability for parenting classes severely diminished. Many clients were interested in how to better communicate or engage with their children. Tutoring and after school programs were very valuable to children's progress in academics but, due to COVID-19 restrictions, many children were barely able to maintain their grades.

Proposed Activities for FY 2021-22

Preparing to be able to go back to in-person case management meetings and to hold more case management meetings weekly when COVID-19 decreases or is eliminated. BSS hopes to be able to go back to being able to have community events in order to present families with educational activities, including having a parenting support group for clients.

Intensive Case Management/Intensive Outpatient Program

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

Number of individuals served in FY 2019-2020: 1,904
Cost per person served in FY 2019-2020: $1,576

Program Description

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

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

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

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

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

Collaboration continued between providers and Kings View case management. Due to the limited capacity at local board and cares, consumers were placed in neighboring counties or would have to be placed at a lower level of care housing placement, which would include more oversight and client contacts from the case manager.

Goals and Objectives

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

Key Successes

Consumers were able to overcome barriers by having more access to supportive services, which included funding for their housing (e.g., board and care).

Program Challenges

No program challenges were identified for Fiscal Year 2019/2020.

Proposed Activities for FY 2021 – 2022

Intensive Case Management/Intensive Outpatient Services was renamed to Recovery Oriented Team in Fiscal Year 2019/2020, in order to align with the County's level of cares with the Adult and Children's System of Care. The County has identified alternate revenue to support the activities of Recovery Oriented Team services and is no longer utilizing MHSA funding to support its activities.

OUTREACH AND ENGAGEMENT

Kings Whole Person Care

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

Number of individuals served in FY 2018-2019: 342
Cost per person served in FY 2019-2020: As this program is jointly funded by MHSA CSS and Whole Person Care Act (WPC) by DHCS, cost per person is not calculated.

Program Description

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

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

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

KWPC staff worked with KCBH and Kings View to identify, screen and refer appropriate clients to mental health services for the FSP programs. Some clients from KWPC in FY 2019/20 were referred directly to the FSP/ACT program when staffed with KCBH due to their higher level of acuity.

Goals and Objectives

KWPC worked with the staff to engage with clients more frequently. Staff were to outreach to other providers that the clients are assigned to and assist with engagement. The following are other goals and objectives for KWPC: reduce recidivism among WPC population by 10%, reduce improper use of ER utilization, increase health, behavioral health and social services coordination, and increase resource knowledge among clients to include appropriate use of ER, urgent care, and primary care provider.

Key Successes

Strengthened partnerships with County Government Departments and Community Based Organizations (CBO). This allowed for increase in collaboration with organizations who service the same clients as Kings WPC. Increasing our presence within the community and collaborating with other organizations also allowed for a greater understanding of the target population needs. Through these partnerships, we were able to expand our target population to increase efforts for underserved homeless population. Additionally, increased collaboration has increased communication on how to improve information sharing across multiple County departments, CBOS's and Manage Care Providers.

Automated 100% of enrollee screening and care plans. Automation supported the improvement of data collection. Improving data collection allowed Kings WPC to clearly define criteria for successful dis-enrollments. This allowed Kings WPC to identify specific services and staff positions that were directly contributing to successful linkages of each target population. This also highlighted gaps in data collection and processes that were no longer conducive for current operations.

Identified gaps in community resources and programs through evaluation of programs service delivery effectiveness and effectiveness of identifying Kings WPC internal benchmarks and performance outcomes. This created a positive and strategic plan for the future of WPC.

Program Challenges

Enrollee engagement has been a challenge throughout the project years. Loss of contact primarily occurred following screenings, while awaiting the case evaluation process. This process can at times take a week to two weeks. During this time, Case Management was not assigned, leaving the client with little to no engagement during these two weeks. A major constraint during this enrollment process is the development of a Multi-Disciplinary Team Meeting (MDT) to determine enrollment criteria, target population, and receive care plan recommendations from Community Service Providers (CSP), followed by an actual Care Plan meeting three to four days following the MDT meeting. In an effort to increase client engagement, the purpose of the Care Plan meeting was to increase enrollee participation in setting their own goals with the MDT present to provide immediate reference or support. However, the majority of enrollees were discouraged to attend or missed the scheduled time. In addition, staff time became unproductive due to being required to attend multiple Care Plan meetings and not able to schedule tasks during this time. Enrollees shared that they were hesitant to attend and were intimidated by a room full of professionals.

The lack of housing stock and medical housing for those with complex medical needs has been a challenge. Although the Housing Navigator worked to address barriers, even after eliminating financial barriers at times, housing was not available or could not accommodate medical necessities. As of 2020, Kings County has worked to increase collaboration making it possible to increase housing stock.

The data systems used have not allowed for efficiency within WPC, although the current data system, Efforts to Outcome (ETO), allows us to customize the collection data and building of reports. The system was not acquired until the program started, creating delays in building a data collection plan that can support the systems capability, staff capacity and meet overall project objectives. In addition, the data system has limitations on how data can be shared. ETO was able to allow partners to view some enrollee data, however, it did not allow for real time data sharing of a clients encounter in a medical facility, ER or jail. This creates a lag in communication, and care coordination. This has also limited the ability for the pilot program to collect data to determine the true success of an enrollee after being connected to needed resources or services.

Proposed Activities for FY 2021 – 2022

Program was funded only until December 2020 and will not be funded through MHSA funds in 2021-2022.

PREVENTION AND EARLY INTERVENTION
PREVENTION
School Based Services

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

Number of individuals served in FY 2019-2020: Not available
Cost per person served in FY 2019-2020: Unknown

Program Description

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

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

Due to the Covid-19 Pandemic, school-based activities were put on hold. All Prevention Coordinators were transferred to Public Health to assist with the pandemic crisis.

Goals and Objectives

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

CAST

CAST groups were facilitated at the following school sites:

Hanford Elementary School District

- John F. Kennedy Jr. High- Fall 2019

Hanford Joint Union High School District

- Sierra Pacific High School – Fall 2019

Avenal Reef-Sunset Unified School District

- Reef Sunset Middle School – Fall 2019

Corcoran Joint Unified School District

- John Muir Middle School – Fall 2019

Lemoore Unified Elementary School District

- Bridges Academy – Spring 2020

Mindful Schools' Mindful Educators

Mindfulness groups facilitated at the following school sites:
Hanford Elementary School District

- George Washington Elementary – Spring 2020
- Lincoln Elementary – Spring 2020
- Martin Luther King Jr. Elementary School – Spring 2020
- Shelly Baird School – Fall 2019

Pioneer Union Elementary School District

- Pioneer Middle School – Fall 2019

Lemoore Union Elementary School District

- University Elementary Charter – Fall 2019

Island Union Elementary District

- Island Union Elementary School – Fall 2019

Avenal Reef-Sunset Unified School District

- Avenal Elementary – Fall 2019

Central Union School District

- Akers Elementary School – Fall 2019
- Stratford Elementary – Fall 2019

Corcoran Joint Unified School District

- John C. Fremont Elementary – Fall 2019

Armona Union Elementary School District

- Armona Elementary – Fall 2019
- Park View Elementary – Fall 2019

Hanford Elementary School District

Jefferson Charter Academy – Spring 2020

Corcoran Joint Unified School District

John Muir Middle School –Spring 2020

Key Successes

- CAST & Mindfulness groups were facilitated at new school districts
- Met with new school districts about CSOC programs which included CAST & Mindfulness
- School based groups were served at new school districts
- School MOU was created for Island Union Elementary School District

Program Challenges

- Spring 2020 School based groups were discontinued due to COVID-19 restrictions
- Due to COVID all 3 Prevention Coordinators were transferred to Public Health
- Due to COVID schools went to distance learning

Proposed Activities for FY 2021 – 2022

Due to the COVID-19 Pandemic all services were put on hold. All Prevention Coordinators transferred to Public Health to assist with the public health crisis.

Truancy Intervention Prevention Program (TIPP)

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

Number of individuals served in FY 2019-2020: 51
Cost per person served in FY 2019-2020: $1,718

Program Description

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

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

As standing members of several School Attendance Review Boards, KCBH staff continued to identify families that may benefit from psychoeducation and connections to services. During the FY 2019-20, KCBH staff provided several Life Steps classes in both English and Spanish.

Approximately 51 referrals were generated for the Life Steps program. 38 English-speaking referrals & 13 Spanish speaking referrals. Two groups in English and two groups in Spanish were completed.

Goals and Objectives

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

Key Successes

- Kings County Behavioral health CSOC Program Manager and Unit Supervisor met with Kings County Truancy Officer on a quarterly basis;
- Kings County Behavioral Health CSOC assigned staff attends the school Student Attendance Review Board (SARB) that generate referrals to Life Steps Class;
- Prevention Coordinators attended the 9th Annual Central California Truancy Summit;

- Kings County Behavioral Health assigned staff attends the Kings County Office of Education monthly Student Attendance Review Board District Hearing; and
- Children's System of Care (CSOC) unit utilized the logging spreadsheet to input all Life Steps referrals.

Program Challenges

- Due to COVD Pandemic Life Steps Classes were put on hold beginning March 2020;
- Referrals were not being made due to the COVID Pandemic; and
- Prevention Coordinators/Life Steps facilitators were transferred to Public Health.

Proposed Activities for FY 2021 – 2022

Due to the COVID Pandemic, the TIPP Program Life Steps Classes are put on hold indefinitely. All Prevention Coordinators/Life Steps facilitators were transferred to Public Health to assist with pandemic crisis.

Prevention and Wellness

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

Number of individuals served in FY 2019-2020: 65
Cost per person served in FY 2019-2020: $3,253

Program Description

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

Prevention and Wellness provides the following services and activities:

- Individual, group, and family counseling
- Individualized case management
- Referrals to outside agencies for both children and adult clients who may have access to services elsewhere

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

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

The new referral process for the Adult System of Care (ASOC) was shared with facilitators of the groups to ensure the attendees of the groups were made aware. If a group member needed assistance in getting themselves or someone else referred into a mental health program, the Adult System of Care staff could assist individually to connect the individuals into mental health services. If any barriers were identified by attendees of the groups, this was brought to the attention of the Adult System of Care Program Manager to work on resolving the issue.

Goals and Objectives

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

Key Successes

1) Maintained connections and continued outreach during the pandemic; 2) Provided supportive information for services related to COVID-19 and the effect on mental health; and 3) Increased, consistent participation in support groups allowing members to address pandemic-related stressors and agencies to provide linkage for services.

Program Challenges

1) Outreach to community members without digital/technological connections; and 2) Maintaining support for members with heightened social restrictions due to COVID-19.

Proposed Activities FY 2021 – 2022

1) Continued virtual meetings; and 2) Expand outreach and advertisement platforms for updates regarding services as social restrictions fluctuate.

EARLY INTERVENTION

Early Intervention Clinical Services (EICS)

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☐ Adult Ages 26 – 59	☐ Older Adult Ages 60+
Number of individuals served in FY 2018-2019: 7				
Cost per person served in FY 2018-2019: $23,380 The total cost of the program does not include non-MHSA funding sources.				

Program Description

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

During FY 2019/2020, the Early Intervention Clinical Services Program served 7 transitional age youth in order to engage youth early on in the development of a serious mental illness. Services provided included case management and therapeutic services to youth and their families.

Goals and Objectives

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

Proposed Activities for FY 2021 – 2022

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

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Community Wide Outreach and Engagement Education/Training

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

Number of individuals served in FY 2019-2020: 140
Cost per person served in FY 2019-2020: $723

Program Description

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

Key activities include:

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

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

Goals and Objectives

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

Key Successes

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

Mental Health First Aid: (2) separate trainings reaching (34) people

Youth Mental Health First Aid: No trainings facilitated

Applied Suicide Intervention Skills Training: (2) separate trainings reaching (47) people

Safe TALK: (4) separate trainings reaching (59) people.

Program Challenges

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

Proposed Activities for FY 2021 – 2022

KCBH intends on developing and implementing an internal qualified trainer feeder system utilizing existing and onboarding KCBH staff. KCBH also intends to contract with independent qualified trainers in the immediate and surrounding areas.

STIGMA AND DISCRIMINATION REDUCTION

Community Wide Stigma and Discrimination Reduction

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

Number of individuals served in FY 2019-2020: Given the nature of this program and the widely distributed outreach efforts, KCBH was unable to track the exact number of individuals impacted by this program. It is estimated that over 120,000 Kings County residents are reached monthly through radio commercials.
Cost per person served FY 2019-2020: $1

Program Description

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

- **Media/Social Media:** Use of social marketing websites to share information and educate the public about mental illness.
- **The Kings County Cultural Competency Task Force (CCTF)** includes mental health and substance use disorder providers as well as other local providers from education, faith-based entities, businesses, and consumers. The Task Force is made up of community members and partnering agency staff and work on completion of the required State Cultural Competency Plans, annual updates to that plan, setting the training agenda for the year, assisting other providers with their cultural competency plans, practices, and promoting culturally appropriate services throughout Kings County. This effort is accomplished through identification of some of our community provider training needs, recommending trainings, working on anti-stigma and stigma reduction, focusing on underserved populations in Kings County (i.e. LGBTQ Youth, Latinos, Veterans, seniors, Native Americans, ex-offenders, and those living with a mental illness) and promotion of Culturally and Linguistically Appropriate Services (CLAS) standards.

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

Media/Social Media

KCBH initiated the Department's rebranding process and continued to utilize the traditional marketing channels such as Radio and Movie Theater on screen ads to inform the community of County mental health crisis and non-crisis resources, in addition to stigma reduction ads being run on air.

The Kings County Cultural Humility Task Force

During the FY 2019-2020, a cultural humility survey was developed with the assistance of the taskforce. This survey was provided to all contracted providers and requested that their beneficiaries and staff complete to help determine cultural competency needs. The results of the survey were provided to the taskforce members and guests for their input and review. It was determined by the taskforce members and guests that this survey could be distributed out on a yearly basis. Based on the gathered information, it can be an aid in developing the yearly Cultural Competency Plan Update. The Cultural Humility Taskforce also convened throughout the year to help develop the Cultural Competency Plan Update.

Goals and Objectives

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

Key Successes

Media/Social Media

Stigma & Discrimination Reduction Radio ads increased in frequency in the Fiscal Year on English and Spanish radio for all Kings County residents. A total of 598 individual radio ads were successfully aired.

National Cinemedia successfully ran 9,908 lobby plasma ads and 7,026 individual big screen ads in County movie theatres.

The Kings County Cultural Humility Task Force

In order to help accommodate for the working community, the Cultural Humility Taskforce meetings were changed from 10am to 5pm. As a result, we were able to have a member from the NAACP start participating in our meetings. Meetings for the Taskforce were not held in person due to the COVID-19 Pandemic, however an alternate virtual method was provided via Zoom.

Program Challenges

Media/Social Media

Due to the Covid-19 pandemic, movie theater ads via National Cinemedia (NCM) were not aired on screen in the final two quarters of the fiscal year.

The Kings County Cultural Humility Task Force

Due to the COVID-19 pandemic, the taskforce did not convene from February to May of 2020 on a monthly basis until a virtual alternate format was determined. The proposed activity on the Cultural Competency Plan to increase cultural humility trainings for all county staff and contracted providers by providing the Health Equity Multi-Cultural Diversity Training on a routine basis wasn't accomplished. This was also as a result of the pandemic and due to budget restrictions.

Proposed Activities for FY 2021 – 2022

Media/Social Media

KCBH intends to utilize digital and social media strategic marketing platforms to promote Stigma & Discrimination Reduction Awareness and Mental Health resources in both English and Spanish, in addition to our continuing radio and Cinemedia Movie Theatre campaigns.

The Kings County Cultural Humility Competency Task Force (CCTF)

The Ethnic Service Coordinator will continue to provide access to culture specific trainings through the Cultural Humility Taskforce to increase cultural humility trainings to all county staff and contracted providers. In order to shape the efforts of the Cultural Humility Taskforce, the taskforce members and guests seek to better understand racial inequity, our own biases, and begin a community conversation via the discussions held during the taskforce meetings.

SUICIDE PREVENTION

Suicide Prevention

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

Number of individuals (or families) served in FY 2019-2020: 1,425
Cost per person served FY 2019-2020: $36 (This includes the county contract with CalMHSA to provide PEI, state hospital, and suicide prevention services.)

Program Description

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

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

KCBH offered Suicide Prevention services including DRAW, LOSS, and CVSPH in FY 2019-20.

The LOSS program's objective was shared with other community providers, agencies and county departments to reiterate the scope that the program serves for the community. This included: Kings View, Mental Health Systems, Kings County Probation, Kings County Human Services, Kings County Sheriff's Office (including the Coroner's Office), KCBH support groups, and several Kings County Schools.

This enabled staff to become aware of the program and its ability to serve individuals regardless of the timeframe from which the suicide of the friend/family occurred.

DRAW

The DRAW program provided (55) direct counseling services to students; (135) students attended DRAW mental health awareness presentations; and a total of (35) students were linked to continuing care behavioral health services.

LOSS

The LOSS team membership decreased due to resignation of staff at the department. Upon COVID-19 impacting the community, the remaining team members were sent to Kings County Public Health for their new assigned duty. The Adult System of Care Program Manager utilized the remaining staff to make contact with families and loved ones of individuals who have died by suicide to provide information about local mental health and grief resources. The clinician used for the DRAW program assisted with therapeutic services for families who requested therapy.

CVSPH

The hotline received a total of (641) crisis calls from Kings County residents and continued to offer the crisis response services (24) hours a day (7) days a week. A crisis call is defined as a caller that experiences any kind of crisis including suicidal ideation/intent and emotional crisis.

Goals and Objectives

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

Key Successes in FY 2019-20

DRAW

The majority of DRAW program participants reported a decrease in depression and anxiety symptoms as evident by pre and post Burns Depression and Anxiety Scores. The average Burns Depression score decreased from (49) moderate depression to (29) mild depression. The average Burns Anxiety score decreased from (41) moderate anxiety to (28) mild anxiety. According to student surveys, (100%) of all students receiving services indicate that they agree (38%) or strongly agree (62%) that they are more aware of what mental health services are available in their area since accessing DRAW services and (81%) of all students agree (50%) or strongly agree (31%) that they are more willing to access mental health services in their area since receiving DRAW services. A total of (35) students were linked to continuing care behavioral health services, post brief intervention.

There was great ease of flexibility in transitioning to telehealth services due to the barriers presented by Covid-19 in person restrictions, stay at home orders, and educational campuses shutting down indefinitely.

Referred students were offered additional services beyond the usual 3-4 sessions to meet ongoing needs as Covid-19 continued to impact County communities.

A program Warm Line, and Text Line, and weekly support groups were innovatively created to meet growing needs of students and referred individuals.

LOSS

The LOSS program was able to continue to make contact with families despite the fact that there were not any team members at the department. The Adult System of Care support staff and case managers assisted in making calls. Therapy was offered to families who requested it.

CVSPH

The hotline was successful at facilitating (1) Suicide Ideation Talk Down and (6) Active Rescues. A Talk Down means the caller is at immediate risk of committing suicide, has the means readily available, and is planning on immediately acting on their suicidal thoughts. The caller is then de-escalated without the use of emergency services. An Active Rescue means the caller is at imminent risk and is unable to be talked down or is already in the process of acting on suicidal behavior. With this type of call, emergency services have been activated.

CVSPH facilitated a bilingual (English & Spanish) drive through outreach event in the city of Avenal as part of a Mental Health Outreach Event and was able to reach over 200 families.

Program Challenges in FY 2019-20

DRAW

Program challenges included decreased in person outreach events, mental health presentations, and overall mental health screenings due to the Covid-19 pandemic.

LOSS

The LOSS team decreased in size due to KCBH staff being reassigned to the Kings County Public Health Department.

CVSPH

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

More complex calls including social & community anxiety and fear-based unrest calls were received which subsequently resulted in increased call handle time.

Proposed Activities for FY 2021 – 2022

DRAW

The DRAW program will continue to promote and facilitate telehealth services. Outreach and mental health awareness events will be facilitated via video. The program will implement follow up phone calls to program participants who have completed and track the number of participants that followed up with continuing care mental health referrals.

LOSS

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

CVSPH

Continued drive through outreach events will be scheduled at multiple cities within the County. The program will collaborate with the KCBH Community Outreach Specialist & Kings County Mental Health Task force in attempts to increase promotion and utilization of the service to underserved populations within the county. Promote suicide prevention efforts via increased social media platforms.

ACCESS AND LINKAGE TO TREATMENT

Senior Access for Engagement (SAFE)

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

Number of individuals served in FY 2019-2020: 412
Cost per person served in FY 2019-2020: $352

Program Description

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

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

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

Program Updates

Activities and Outcomes in FY 2019 – 2020

Strong involvement and outreach with community agencies increased during barriers due to the onset of COVID-19. Distribution of the mental health service packet was also implemented.

Goals and the Objectives

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

Key Successes

Pilot, weekly peer driven exercise program at the Corcoran senior center. Outreach and participation in Project Homeless connect as well as street outreach and participation in the annual Homeless point-in-time survey. Creation and implementation of a weekly Zoom Caregiver support group. Creation and distribution of a Mental Health service packet including specific information on isolation, depression, and social interaction due to stay at home order during the pandemic. Reaching into previously underutilized communities (Kettleman, Stratford, and other rural areas) through home bound food distribution collaboration, as a result of the stay-at-home order. Mental Health packets, meals and

COVID supplies distributed to homeless seniors. Maintaining services through the entirety of the state stay at home order.

Program Challenges

COVID 19 impacted programs. Senior centers closed with stay-at-home order, obstructing access to a particular group of seniors, limiting resources. Limited access to seniors via traditional home visits of services in particular to loss and grief as a result of the pandemic. Disruption and inconsistency in collateral partnerships and services. Challenges in transitioning seniors to telecommunication (auditory issues) as well as other technology related resources.

Proposed Activities for FY 2021 – 2022

Education regarding stigma/PTSD of re-entry post stay-at-home orders lifting for seniors and as senior centers reopen. Dissemination of public health information and education in regards to vaccine distribution. A post reopening continuation of Zoom Caregiver support group, in addition to resuming in person support group, and increasing opportunities to home bound caregivers.

Access and Linkage

Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☒ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+
Number of individuals served in FY 2019-20120: 13,856				
Cost per person served FY 2019-2020: $8				

Program Description

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

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

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

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

Population Served: All of Kings County residents are served by these programs.

Program Updates

Activities and Outcomes in FY 2019 – 2020

2-1-1

KCBH provided county residents with current and available resource information and access to behavioral health referrals via the 2-1-1 access and linkage telephone line. The 2-1-1 line received (2,868) total phone calls. There were (3,980) active users of the 2-1-1 mobile app, and a total of (195) referrals were made to behavioral health services. 2-1-1 also recorded (6,302) total behavioral health services web site views.

Warm Line

The Warm Line received a total of (706) calls and facilitated (17) individual program presentations. A total of (139) individuals were linked to behavioral health services.

Goals and Objectives

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

Key Successes

2-1-1

SMS Text and Live Chat are Live and available 24/7. Since COVID-19 started, the number of contacts has increased, particularly with Spanish speaking individuals; 25% of 2-1-1 callers are Spanish-speaking. 2-1-1 also updated the 2-1-1 Kings County website. The website now has Spanish and English categories available to help navigate Spanish speaking visitors to resources available in the community that best fit their needs. There is also a button that links website visitors straight to the Kings County Department of Public Health page for the most up to date COVID-19 information.

Warm Line

The Warm Line was successful at collaborating with other County and community agencies to promote and raise awareness of the existing peer to peer non crisis services to County departments and Kings County Residents. The Warm Line now offers services in both English & Spanish 24/7 and experienced a significant increase in call volume from the previous year.

Program Challenges

2-1-1

With the onset of COVID-19, one of the challenges the program experienced was going from doing outreach in person to trying to find ways to do outreach virtually. Though this has been a challenge, 2-1-1 has worked with community partners to distribute 2-1-1 collateral such as First Aid Kits, Cooling Packs, Essential Kits with 2-1-1 information and 2-1-1 information cards with the different ways to access 2-1-1 listed.

Warm Line

In person community outreach presentations decreased due to the Covid-19 pandemic which placed restrictions on traditional community outreach methods.

Proposed Activities for FY 2021 – 2022

2-1-1

2-1-1 intends to continue to do outreach by providing 2-1-1 collateral items and 2-1-1 information cards to community members via social media and through virtual/drive by events community partners are hosting. 2-1-1 also intends to host focus groups to gather feedback regarding 2-1-1 functionality and resources within the database.

Warm Line

The Warm Line intends to utilize alternative methods of community outreach including social media conduits in English & Spanish languages to raise awareness of program services to Kings County residents. Additional program staff will be utilized to develop and facilitate virtual program presentations.

INNOVATION (INN)

Multiple-Organization Shared Telepsychiatry (MOST)

Program Description

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

Key stakeholders in Kings County identified a need for additional psychiatric services that would allow for greater access, timely access, and to allow consumers to be served in the community. Kings County Multiple Organization Shared Telepsychiatry (MOST) Project is seeking to expand these much needed psychiatric services by establishing multiple shared Telepsychiatry suites that will be accessed by clients receiving services from multiple providers. Additionally, the MOST program seeks to use these shared services to improve care coordination and to infuse the lived experience of peers into the provision of psychiatric services. The MOST Project was approved by the Mental Health Services Oversight & Accountability Commission (MHSOAC) in September 2018.

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

Having teams who could specialize with populations, such as children, would be critical in improving engagement, care, and outcomes. The County shall staff and operate these Telepsychiatry suites in various locations but share the resources with children and adult services providers. Designated days for each population and provider shall be established, ensuring appropriate staff are scheduled for those populations.

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

Program Updates

Program Progress

- The Licensed Psychiatric Technician and Peer Support Specialist positions were recruited.
- KCBH contracted with Licensed Telepsychiatrist, Dr. Arieh Whisenhunt, who is contracted to provide 16.0 hours of Telepsychiatry services per week for consumers, 18 years and older. Dr. Whisenhunt's contracted start date was June 6, 2019.
- KCBH was still in the process of installing the required telepsychiatry equipment and the closed circuit secure Telepsychiatry line.
- Telepsychiatry services began in-person during FY 2019-20.
- Kings County began recruitment of a Children's Telepsychiatrist.

- An Innovation MOST Project Office Assistant (OA) started her position on June 17, 2019.
- An Innovation MOST Peer Support Specialist started her position on August 26, 2019.
- An Innovation MOST Program Manager was added on January 20, 2020.
- An Innovation MOST Psychiatric Technician was added on Feb 10, 2020.
- Kings County obtained Medi-Cal certification on March 25, 2020.

Plan Revisions

- The following positions will be Kings County Full Time Employee (FTE) positions as opposed to contractors, as directed by Kings County Human Resources and County Counsel, for the purpose of minimizing litigation risks associated with newly implemented Human Resource policies: Licensed Psychiatric Technician (LPT), Office Assistant (OA), Peer Support Specialist (PSS), and Parent Support Specialist (PSP).
- The Kings County Board of Supervisors approved adding two FTE positions to the County Job Listings to support the MHSA Innovation MOST Project's Plan to onboard MOST Project positions as Kings County employees as opposed to contracted positions, excluding contracted Telepsychiatrist positions.
- A Kings County Behavioral Health Unit Supervisor was added to the Innovation MOST Project staffing pattern for the purpose of providing supervision to the Innovation MOST Project Kings County personnel.
- Until a children's telepsychiatrist can be recruited, Kings County Behavioral Health will utilize a Kings View psychiatrist to see children and Transitional Age Youth.
- Due to not having started the child psychiatric services, the MOST program is no longer hiring the Parent Support Specialist and discussed the option of having the Peer Support Specialist fulfill this role due to initial lower child psychiatrist caseload.
- The MOST program was not ready to bill Medi-Cal until FY 2020/2021 as training was postponed due to COVID-19. The MOST Project will start billing Medi-Cal in Quarter 1 of FY 2020/2021 and will retroactively bill for FY 2019/2020 services.
- MOST program did not start satellite location in Avenal during fiscal year 19/20 due to delay in start of services and delay in recruitment of a child psychiatrist due to COVID 19.
- The Peer Support Specialist stopped providing beneficiaries with transportation as needed due to COVID 19. Services became completely remote rather than the planned in clinic telepsychiatry.
- After contracting with an external evaluator, it was determined that accessing historical incarceration records for individuals receiving MOST program services would not be possible. To determine program impact on the affected outcome, incarceration data will be collected and analyzed on an ongoing basis to determine if the program has an impact over time on an individual's recidivism while enrolled in the MOST program.

Innovation Extension Request into FY 2021/22

The original MHSOAC approved Innovation Plan was approved through Fiscal Year 2020/21.
KCBH will be requesting that MHSOAC approve an extension for an additional Fiscal Year (FY 2021/22) and have included the rationale for the request in this year's FY 2019/20 MHSA Annual Update for the purpose of the request being subject to the Community Program and Planning Process Title 9 of the California Code of Regulations (CCR) Section 3935(b)(1).

The additional FY 2021/22 MOST Innovation Plan request is warranted for the following reasons:

- The MOST Innovation Project experienced severe disruptions due to the Covid-19 pandemic where services were halted or hindered for the majority of FY 2020/21.
- The MOST Innovation Project experienced delays in starting psychiatric services for children as Kings County found it difficult to recruit and retain an experienced and qualified child psychiatrist.
- The MOST Innovation Project has unspent yet encumbered funds. Approximately $381,465

WORKFORCE EDUCATION AND TRAINING (WET)

WET initiatives were not funded in FY 2019-2020 and there is not proposed action to fund during 21/22.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

Program Description

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

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

Program Updates

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

March 2019: March 23, 2019 a Public Notice & comment period was posted in the Hanford Sentinel newspaper and on the KCBH web site. No public comment was received by KCBH.

April 9, 2019: The Kings View building remodel RFP closed and an architect was chosen and awarded. KCBH and Kings View executive leadership commenced to meet with the architect to develop design plans based upon project priorities outlined within the proposed spending plan.

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

June 11, 2019: Kings County BOS approved revised CFTN spending Plan to avoid AB 114 reversion and move forward with CFTN planned expenditures which addressed stakeholder and consumer feedback attained at the March 19, 2019 community forum.

FY 2021-2022 FUNDING AND EXPENDITURES

Funding Summary

FY 2021/22 Mental Health Services Act Annual Update
Funding Summary

County: Kings County

Date: Corrected 8/25/23

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. FY 2021-2022 Funding						
1. Unspent Funds from Prior Fiscal Years	32,395	2,756	2,093,424	0	0	
2. New FY 2021/22 Funding	8,067,250	2,013,114	547,900		0	
3. Transfer in FY 2021/22[/]						
4. Access Local Prudent Reserve in FY 2021/22						
5. Available Funding for FY 2021/22						
B FY 2021/22 MHSA Expenditures	7,397,801	891,663	700,025			
C FY 2021/22 Unspent Fund Balance	701,844	1,124,207	1,941,299		0	

D. Local Prudent Reserve Balance**	
1. Local Prudent Reserve Balance on June 30, 2021	1,184,797.32
2. Contributions to the Local Prudent Reserve in FY 2021/22	0
3. Distributions from the Local Prudent Reserve in FY 2021/22	0
4. Local Prudent Reserve Balance on June 30, 2022	1,184,797.32

Community Services and Supports (CSS) Component Worksheet

FY 2021/22 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Kings County

Corrected
Date: 8/25/23

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
FSP Programs						
1. Full Service Partnership/Wraparound Services for Children/TAY	1,439,106	1,439,106				
2. Full Service Partnership for Adults/Older Adults	2,158,051	2,158,051				
3. Assertive Community Treatment	1,648,406	1,640,756.				7,650
4.						
5.						
6.						
Non-FSP Programs						
1. Warm Line (Kings-Tulare Warm Line Kingsview)	160,770	160,770				
2. Intensive Case Management/Intensive Outpatient Program	0	0				
3. Collaborative Justice Treatment Court (CJTC)	505,965	472,517				33,448
4. Mental Health Services for Domestic Violence Survivors	116,112	116,112				
5. Whole Person Care	581,398	568,803				12,595
6.						
7.						
8.						
9.						
10.						
CSS Administration*	2,178,630	2,178,630				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Expenditures	7,750,349	7,397,801			282,465	70,083
FSP Programs as Percent of Total	60%					

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

Prevention and Early Intervention (PEI) Component Worksheet

FY 2021/22 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Kings County

Corrected Date: 8/25/23

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Total Mental Health Expenditures	**PEI Funding**	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other Funding**
Access and Linkage						
1. Senior Access for Engagement	217,958	217,958				
2. Kings United Way 2-1-1	138,443	138,443				
3.						
Early Intervention						
5. Early Intervention Clinical Services	6,165	6,165				
6.						
Prevention						
8. School Based Services	153,974	153,974				
9. Prevention and Wellness Support Groups	55,139	55,139				
10. Suicide Prevention (DRAW-LOSS-CVSPH)	105,284	105,284				
11.						
Outreach for Increasing Recognition of Early Signs of Mental Illness						
12. Outreach and Engagement Training (MHFA-ASIST-SAFE Talk)	8,244	8,244				
13.						
14.						
Stigma and Discrimination Reduction						
15. Stigma and Discrimination Reduction (Media-KPFP-CCTF)	113,025	113,025				
16.						
PEI Administration	227,390	227,390				
PEI Assigned Funds	10%					
Total PEI Program Estimated Expenditures → PEI administration already factored Into program cost. Shown for information only.	891,663	891,663				

Capital Facilities/Technological Needs (CFTN) Component Worksheet

FY 2021/22 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Kings County

Date: Corrected 8/25/23

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CFTN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
CFTN Programs - Capital Facilities Projects						
1.						
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
CFTN Programs - Technological Needs Projects						
1.						
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
CFTN Administration	0					
Total CFTN Program Expenditures			0	0	0	0

Innovation Program (INN) Component Worksheet

FY 2021/22 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Kings County

Date: Corrected 8/25/23

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Total Mental Health Expenditures	**INN Funding**	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other Funding**
INN Programs						
1. Multiple-Organization Shared Telepsychiatry (MOST)	792,385	792,385				
2.						
3.						
4.						
5.						
6.						
INN Administration	128,315	128,315				
Total INN Program Expenditures	700,025	700,025		0	0	0

APPENDICES

Appendix A – Focus Group Protocol

Community Focus Group Protocol

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

Introduction

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

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

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

Purpose of Focus Group

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

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

Our goal today is to learn more about:

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

Timing

We expect this conversation to last about 60 minutes.

Participation/Confidentiality

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

Ground Rules

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

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

Time for Questions

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

Focus Group Items

Mental/Behavioral Health Needs

Let's begin by discussing mental and behavioral health issues in your community.

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

Available Resources and Ideas for Increasing Access

Now we are going to talk about resources for help with mental and behavioral health needs.

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

Closing Question(s)

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

Appendix B – Community Survey

Kings County Behavioral Health - Behavioral Health Needs Assessment

Community Member Survey

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

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

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

2. What are the barriers to accessing mental and behavioral health care in Kings County? (select all that apply)

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

3. How much do you agree or disagree with the following statement?

People with mental and behavioral health needs can get help in my community.

❑ Strongly Agree ❑ Agree ❑ Disagree ❑ Strongly Disagree

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

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

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

Please tell us about yourself.

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

8. How old are you? _____ years old

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

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

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

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

11. How do you describe your gender?

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

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

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

Appendix C – Key Stakeholder Interview Protocol

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

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

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

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

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

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

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

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

Do you have any questions of me before we begin?

Proceed to begin interview →

Mental/Behavioral Health Needs Assessment
Key Stakeholder Interview Guide

Date: _____ Interviewer Initials: _____
Respondent: _____ Agency: _____
Position or Title: _____

I. Respondent Background Information

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

II. Mental Health in Kings County

5. What are the most pressing mental/behavioral health related concerns or needs you're seeing in the community?
    a. Why?
    b. Which populations/communities are most affected by these?
6. What changes have you seen in the needs of community members as a result of COVID-19?
7. What are some factors that contribute to poor mental/behavioral health in the community?
    a. Do these factors vary by population or region?
8. What are the biggest challenges community members face when trying to access mental/behavioral health services?
9. How can access to mental/behavioral health services be improved in the community?
10. What are the current strengths of the County's mental and behavioral health system?
11. What additional mental and behavioral services do you think would benefit the community?
12. Is there anything else you would like to share with us that we haven't already talked about that would be helpful for understanding the mental/behavioral health needs in the community?

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

KINGS COUNTY
MENTAL & BEHAVIORAL HEALTH NEEDS ASSESSMENT

FOCUS GROUP
SUMMARY OF FINDINGS

Prepared for:
Kings County Behavioral Health

Prepared by:

EVALCORP
Measuring What Matters℠

Table of Contents

Introduction

As part of the Mental and Behavioral Health Needs Assessment Kings County Behavioral Health partnered with EVALCORP Research & Consulting to conduct a series of focus groups to identify priority mental and behavioral health concerns, barriers to accessing care, and gaps in services. This report summarizes findings from focus groups conducted with a diverse group of community members.

Methods

To ensure multiple perspectives were included in the needs assessment, focus group participants were recruited from diverse backgrounds and inclusive of vulnerable and minority populations. All focus groups used a semi-structured protocol and were facilitated in English. Seven focus groups were successfully conducted with a total of 52 participants. **Table 1** provides further details about each of the focus groups.

Table 1. Focus Groups Completed

Focus Group Type	# Participants	Coordinating Agency
African American	8	Sister Speak
Family of consumers	8	Family Support Group
LGBTQ+	7	The Source
Consumers	5	Oak wellness Center
Veterans	8	Veterans Services Office
Older Adults	5	SAFE
Providers	11	Kings Partnership for Prevention

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

Mental & Behavioral Health Priorities

The following section summarizes health needs and contributing factors that emerged during focus group sessions.

Pressing Needs

Participants were asked about the most pressing mental and behavioral health concerns of residents in Kings County. The mental and behavioral health priorities identified by focus group participants are listed below in the following two categories: Mental and Behavioral Health Conditions and Mental and Behavioral Health System Needs.

Across groups, participants mentioned the following Mental & Behavioral Health Conditions

Top Identified Mental & Behavioral Health Needs

- Stigma (n=5)
- Homelessness (n=4)
- Substance Use (n=3)
- Depression (n=2)
- Other (i.e., each mentioned by only 1 interviewee)
  - Anxiety, isolation, stress, loneliness, uncertainty about the future.

Mental and behavioral health system needs that were identified:

- Awareness of mental health and available resources (n=5)
- Access to care for rural communities (n=3)
- Lack of services (n=3; substance use treatment all populations, special needs, privately insured, mild to moderate need)
- Provider shortage (n=3; therapists for youth/LGBTQ+)
- Crisis care (n=2)
- Cost of care/insurance (n=2)
- Suicide prevention (n=2)
- LGBT Competent services (n=2)
- Mental health treatment facilities (n=2)
- Barriers to care (n=2)

"If I had a mental health crisis right now, I wouldn't know where to go."

Health needs that were identified by only one focus group include: fragmentation of services, housing for seriously mentally ill individuals, prevention services, timeliness to care, accommodating disabilities, effective provider communication/enduring patient understanding.

Focus group participants also discussed how some sub-populations are more affected than others; in particular, individuals experiencing homelessness (n=3), elderly (n=2), minority communities (n=2), LGBTQ+ (n=2), families with special needs children (n=2), youth (n=2), and individuals with mental health issues (n=2). Additional sub-populations mentioned once include individuals with substance use disorders, individuals with disabilities, low-income individuals/families, the business community, military personnel, non-English speaking communities, socially disconnected individuals, privately insured individuals/families, and those with serious mental illness.

Impact of COVID-19

Focus group participants were asked how COVID-19 has impacted community mental and behavioral health needs. In Kings County, COVID-19 has led to an increase in:

- Isolation (n=4)
- Substance use disorders and other unhealthy coping mechanisms (n=2)
- Fear (n=2)
- Other (i.e. each mentioned by only 1 interviewee)
    - Depression
    - Homelessness
    - Youth crisis holds
    - Stress
    - Uncertainty about the future

Similar to findings from the Key Stakeholder Interviews, for some, COVID-19 has improved access to care through the transition to telehealth (n=3) while for others its created new barriers and gaps in services.

For many, COVID-19 has made it harder for clients to access services because they do not have access to reliable internet/technology (n=5). COVID-19 has made it harder to keep people engaged in services because they are remote (n=2), but at the same time it has increased the demand (n=2). It has reduced the availability of inpatient beds and increased the requirements for admitting people into placement (n=1). The pandemic has also led to confusion about what is still available and how to access it (n=1), it has exacerbated existing issues in the community (e.g. food insecurity; n=1), and its increased the need for services that don't exist or were already limited such as grief/loss services and clinical services (n=2).

Contributing Factors

Participants shared factors that they felt contributed to poor mental and behavioral health in Kings County. The top identified causes of poor mental and behavioral health; access to care, social determinants of health, fear of accessing services, cultural barriers, and isolation; were developed by theming various topics discussed across focus groups.

- Access to Care (n=6)
    - Access to care includes knowledge of available services, navigating the mental health system, availability of resources, transportation, language, and insurance coverage of available services.
- Cultural and social beliefs (n=5)
    - Social and cultural constructs impact mental health through cultural taboos against seeking help for mental and behavioral health issues and can manifest as lack of acceptance of certain individuals, stigma, and violence against people of color.
- COVID-19, resultant public health mandates, and Isolation (n=5)
- Social Determinants of Health (n=4)
    - Social determinants of health include food and economic insecurity and low educational attainment.
- Fear of accessing services (n=3)
    - Fear of accessing services includes fear of loss of freedom (particularly when coming in for crisis services) and fear of violence.

Additional causes of poor health identified by focus group participants include substance use (n=2), trauma/abuse (n=2), stress (n=2), hopelessness, medication mismanagement, lack of trust in service providers, lack of support in the home, low LGBTQ+ competency and representation (items without an 'n' were identified only once).

Access to Care

Each focus group was also asked to share their perception around access to mental and behavioral health services in Kings County.

Awareness of Available Resources

Awareness of existing services in Kings County varied from group to group. As shown below, the most frequently mentioned mental and behavioral health services across focus groups were the county behavioral health department and a contracted provider, Kings View. Resources listed without an "n" were identified in only one focus group.

Services Listed by Focus Group Participants

- Kings View (n=5)
- Kings County Behavioral Health (n=5)
- Family Care Network (n=3)
- Mental Health System (n=3)
- Adventist Health (n=2)
- Champions (n=2)
- Crisis Center (n=2)
- Warmline (n=2)
- Alcoholics Anonymous
- Anger management
- Alzheimer's adult day care
- Aspiranet
- Caregiver support
- Commission on Aging
- Counseling for children and families
- Diagnostic services for children
- Dialectical Behavioral Therapy
- Depression Reduction Achieving Wellness (DRAW)
- Family Support Group
- Family/Parenting Classes
- Kaiser Permanente
- Kings Community Action Organization
- Kings Partnership for Prevention
- LGBTQ+ Support Group
- Local Outreach to Suicide Survivors (LOSS)
- NAMI
- Oak Wellness Center
- Private practice therapists
- Sister Speak
- Special needs support group (CAC)
- Sullivan Center
- The Source
- United healthcare
- VA
- Veterans Support Group
- Veterans Service Office
- WestCare
- Worker rehabilitation group

Additionally, a participant from one group mentioned they needed to go out of county to receive services for their transgender child.

Participants were also asked to share how they learned about the services listed above. Across focus groups, participants most frequently learned about services through word of mouth (n=3) and their employer (n=3). They also commonly learned about available resources through flyers (n=2), internet (n=2), and social media (n=2). Other methods were mentioned by only one focus group each and included: billboards, Commission on Aging, Family Support Group, Kings County Action Organization, Kings County Resource Fair, Kings Partnership for Prevention, Oak Wellness Center, Primary Care Provider, Transition Assistance Program, television, and the Veterans Service Office.

Access to Available Resources

When focus groups were asked to describe how accessible they feel mental and behavioral health care is in their community, responses were mixed. Three services were identified as making care more accessible were 2-1-1, the Lemoore Senior Center, and Family Care Network. But most participants listed various barriers to access services such as Zoom fatigue, the lack of dedicated beds/resources, and access to technology for telehealth services. They discussed how providers fail to intervene when appropriate often because they are undertrained or under resourced (n=3) and how it is important to educate and advocate for yourself because of it (n=1). One group spoke about the issues veterans specifically face in accessing care because they are uncomfortable speaking with non-veterans about and there are stereotypes about veterans with mental health issues being violent.

Participants also elaborated upon barriers that affect access to mental and behavioral healthcare services. The top barriers to accessing care identified by participants are listed below.

Barriers to Accessing Mental & Behavioral Health Care Services

- Provider shortage leading to reduced capacity and long waits (n=7)
- Stigma (n=6; cultural, stereotypes, self-stigma)
- Access in rural communities/Travel to services (n=5)
- Insurance Coverage (lack or type of; n=4)
- Navigating the mental health system (n=4)
- Knowledge of mental health and available resources (n=4)
- Fear of accessing services (n=3; immigrant, LGBTQ+, military, older adults)
- Language (n=3)

"There is more of a language barrier for people who don't speak Spanish, our Asian, Hmong, Filipino community, they may not be able to have a translator available. We have other communities here."

Additional barriers to accessing care mentioned by only two or fewer focus groups include poor physical health/disabled (n=2), COVID-19 (n=2), LGBTQ+ competency and representation (n=2), overmedication (n=2), childcare, lack of funding for substance use disorder treatment, providers are not trauma-informed, prohibition to participate in programming (i.e., individuals convicted of sex offenses), and that Kings View is not a child-friendly facility.

"There is a negative stereotype about veterans that they have mental health issues and may be violent. I was afraid to ask for help."

"We need outreach crisis workers in the streets."

"…we don't want to be heavily medicated. We want to live a normal life. I have issues but I'm able to work and have a family."

Strengths and Areas for Improvement

Focus group participants were asked to identify what they perceive as the county's greatest strengths in addressing the mental and behavioral health needs in the community. **The most frequently mentioned strength was interagency collaboration (n=4).**

Other identified strengths mentioned once included the ACT team, the county's commitment to serving veterans, providers flexibility with technology issues, employment of individuals with lived experience, prompt medication refills, Sister Speak, use of telehealth, and their service structure.
Two interviewees also mentioned strengths of partner agencies and other community organizations. These identified strengths included the Oak Wellness Center, King County Action Organizations love for their community, Kings County Partnership for Prevention meetings, school staff, community pastors/clergy.

Recommendations

Focus group participants were asked to provide recommendations to increase access to mental and behavioral health services as well as additional services the county and its residents could benefit from. The specific strategies that were mentioned to implement each recommendation and illustrative quotes are provided below.

Recommendation 1: Improving outreach and promotion

Nearly all focus groups (n=6) mentioned increasing and diversifying outreach and promotion efforts for mental and behavioral health services. Strategies included email, TV, radio, billboards, newspapers, flyers, and social media.

> "Services get chopped because no one uses them because no one knows about them. They need to promote changes/new services."

Recommendation 2: Provider training

More than half of focus groups (n=6) also felt that there was a need for additional and ongoing provider training and offered specific areas for improvement which included:

- Referrals
- Sensitivity
- Cultural Competency

> "Local departments are stepping up and training officers, but it needs to be ongoing and consistent about what mental health looks like and what proper intervention looks like. Police are calling to take someone from behavioral health or Kings View to take on calls. Which is a positive step in the right direction."

Recommendation 3: Addressing barriers to accessing care

Additionally, most focus groups (n=6) provided specific strategies for addressing barriers to access including:

- Co-locating mental health services with other types of care
- Medication delivery
- Expanding service hours
- Widening covered providers under insurance networks

Recommendation 4: Mental health education

Specific populations deemed in need of mental health education included teachers, students, courts, and providers (n=5).

Recommendation 5: Improving rural access

Recommendations for improving rural access to care included shared satellite offices and improving transportation services (n=5).

Recommendation 6: Changing approaches to care

Recommendations to include warm handoffs when referring, including family in decision making, and alternatives to medication (n=4).

"I think also not being aware of mental illness, some people might think that their son or daughter might be on drugs because they are not aware or have no knowledge of mental illness. I think the importance or getting it out there and helping people see and understand what it is and what the symptoms are."

Recommendation 7: Expanding youth services

Recommendations to address youth needs included bullying prevention, peer support, and school wellness centers (n=4).

Recommendation 8: Increasing early intervention efforts

Recommendations included engaging faith leadership, offering more services for those with mild to moderate mental health symptoms, and having mental health questionnaires become standard practice at all healthcare providers (n=3).

Recommendation 9: Mental health treatment facilities (n=3)

Recommendation 10: Mobile crisis services (n=3)

Recommendation 11: Home Visits & Community Contact (n=3)

"Making mental health something your regular doctor talks to you about. Why does it have to be a mental health professional? Primary care doctors have a role to play especially with someone they have known for a long time."

"Recognizing that crisis does not happen between 8 and 5. After 5 pm you won't find someone and if you can it takes them much longer to get there. The care provided is less, takes longer, and if it doesn't appear to be imminent, they will let it slide and send them back home."

Additionally, focus group participants provided a number of recommendations for specific services including:

- Senior hotline
- VA satellite office
- Hanford Senior Center
- Vet Center
- Support groups (clients, family, veterans)
- Vocational transition programs (veterans and clients)
- Sports therapy
- Substance use disorder treatment
- Homeless services
- Housing for SPMI individuals
- Social support activities

Other recommendations mentioned included reevaluating spending and programs (n=2) and services targeted to younger veterans (n=).

Appendix E – Community Survey Summary of Findings

KINGS COUNTY
MENTAL & BEHAVIORAL HEALTH NEEDS ASSESSMENT

COMMUNITY SURVEY
SUMMARY OF FINDINGS

Prepared for:
Kings County Behavioral Health

Prepared by:
EVALCORP
Measuring What Matters℠

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Introduction

As part of the Mental and Behavioral Health Needs Assessment, Kings County Behavioral Health partnered with EVALCORP to conduct a County-wide Community Survey to identify priority mental and behavioral health concerns, barriers to accessing care, and recommendations for improving mental and behavioral health services in Kings County. This report summarizes findings from the Community Survey.

Methods

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

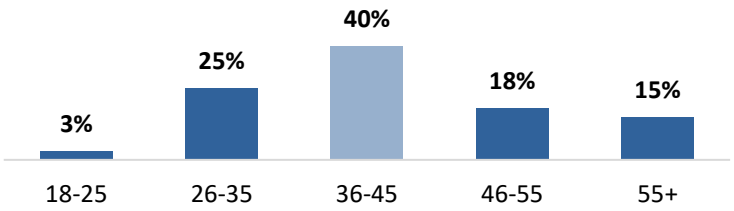
- Kings County Behavioral Health website
- Kings Partnership for Prevention listserv
- Radio and social media advertisements created and promoted through iHeartMedia.

During the survey administration timeframe, a total of 126 responses were collected.

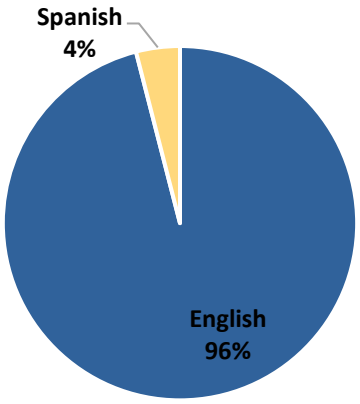
Respondent Characteristics

Of the 126 surveys collected, a 124 were able to be included in the analysis. Responses were removed from the analysis if the respondent did not complete at least the first question of the survey.
Survey respondents were asked a number of demographic questions including age, gender identity, primary language, city of residence, and race/ethnicity.

Age (n=106)



Primary Language
(n=106)

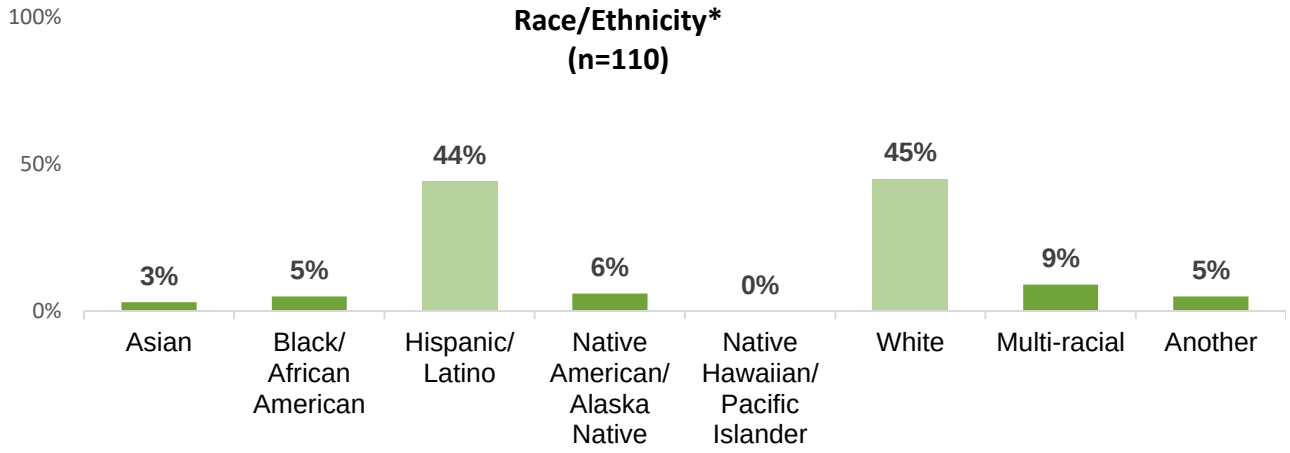


52% of respondents live in the city of Hanford (n=114)

Gender Identity
(n=109)

Female	72%
Male	23%
Genderqueer	2%
Questioning	1%
Non-binary	3%

Race/Ethnicity*
(n=110)



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

Survey respondents were also asked to identify specific characteristics from a provided list. Of respondents to this question (n=97), more than half of the respondents (49%) reported being the parent or guardian of a child under 18. Additional characteristics are visualized in the graphic below.

Family member of someone with a serious mental or emotional illness (43%)

Has a severe mental or emotional illness (15%)

Has a disability* (10%)

Caregiver for an adult family member (10%)

Veteran (9%)

Has an alcohol or substance use disorder (7%)

Identifies as LGBTQ+ (6%)

Does not have immigration status or lives with someone who does not (6%)

Homeless or might become homeless in the near future (3%)

*Disabilities specified included being a disable veteran (n=2), bipolar disorder (n=2), PTSD (n=2), physical disability (n=2), learning disability (n=1), speech disorder (n=1).

Additionally, respondents who indicated “other” (n=22), shared that they are school-based professionals (n=6), providers of mental health services in Kings County (n=6), recovering from a substance use disorder (n=2), medical providers (n=2), and a district administrator (n=1).

Identified Mental and Behavioral Health Needs

The community member respondents were asked to identify King County's top needs for mental and behavioral health. Respondents selected from a list of provided options and were instructed to select up to three areas. Issues of alcohol and substance use (n=91) and depression (n=84) were the most frequently identified areas. The findings are outlined in **Table 1** below.

Table 1. Pressing Mental & Behavioral Health Needs (n=123)

	%
Alcoholism/Substance Use	74%
Depression	68%
Anxiety	50%
Trauma	45%
Suicide or thoughts of suicide	42%
Chronic Stress	27%
Other*	7%

*Other responses included schizophrenia (n=2), anger management, mental health crisis, bipolar disorder, and psychosis.

Impact of COVID-19

Respondents were asked how the COVID-19 pandemic has impacted the mental health of themselves or their family. Of those who responded (n=96), five indicated that the pandemic had not affected them. several common themes for impacts were identified and are listed below. Note that answers to open-ended responses could contain more than one theme.

- Increased mental health symptoms (n=45)
  - Anxiety (n=26)
  - Depression (n=19)
  - Stress (n=16)
  - Crisis (n=3)
  - PTSD (n=1)
- Changes in accessibility to mental health services (n=17)
- Challenges with distance learning (n=6)
- Lack of social interaction (n=12)
- Increased substance use (n=4)
- Increased demand for services (n=2)
- Basic needs going unmet (n=2)
- Other (n=3)

"Anxiety and depression has hit the roof and I see it in others and the community I serve as well."

Additionally, 11 respondents indicated that the pandemic had impacted them, but provided little or no further information.

The effects of Covid-19 seem to have exacerbated existing needs in the community. Most notably, depression and anxiety were the top 3 most frequently indicated need/concern for both the pressing mental and behavioral health needs as well as the impact of COVID-19.

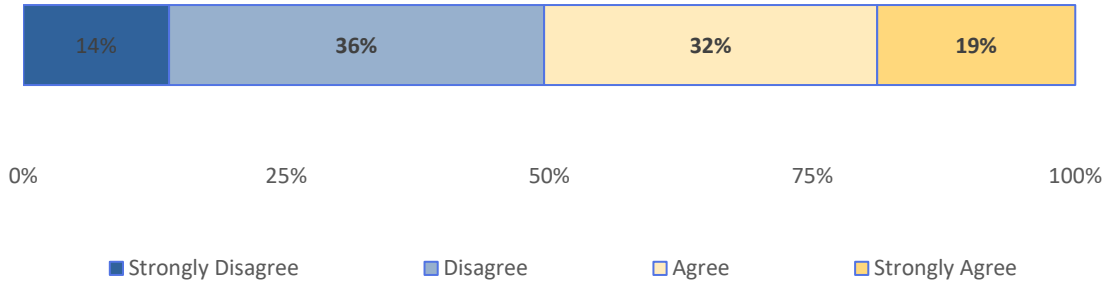
"The economic/social/ emotional impact on our families and students has led to many concerns that come into the school setting (absenteeism, low academic achievement, school refusal behavior, anxiety, depression, etc.) ... However, distance learning makes it a challenge to be fully aware of the impact of COVID-19 on our families due to minimal access to the students".

Access to Care

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

When asked whether people with mental and behavioral health needs can get help in the community, respondents were split (**Figure 1**.).

Figure 1. Perception of Service Access (n=123)



Barriers to Accessing Care

From a list of provided options, respondents were asked up to three of the top barriers to accessing mental and behavioral health services in Kings County. Stigma about mental illness (n=73) and lack of information about where to get help (n=71) were the most frequently identified barriers to accessing services. The findings are outlined in **Table 2** below.

Table 2. Barriers to Accessing Services (n=124)

	%
Appointment availability	**49%**
Cost of services	29%
Distance to available services	43%
Lack of childcare	23%
Lack of information about where to get help	**57%**
Lack of health insurance	34%
Lack of transportation	41%
Staff don't speak my language or have translation available	6%
Staff don't understand different cultures or backgrounds	12%
Stigma against mental illness	**59%**

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

- Time/location of service provision (n=10)
- Limited capacity to meet need (n=7)
- Low quality services (n=5)
- Individuals did not seek services (n=2)

Available Services

Respondents were asked to describe the mental and behavioral health services they find most useful to themselves or to their family members. Of respondents (n=85), nine said that it did not apply to them or they did not know, an additional two said that there were no useful services, and three responses could not be coded. Several common themes emerged in the responses that are shown below. Note that answers to open-ended responses could contain more than one theme.

- Individual and group therapy services (n=32)
- Medication services (n=11)
- Substance use treatment (n=5)
- Support groups (n=5)
- Crisis services (n=5)
- Family Support (n=4)
- School-based services (n=4)
- Kings County Behavioral Health (n=4)
- Kings View (n=3)

"Kings County Behavioral Health provides an array of services for our school district … Being able to provide these services to our youth through our partnership has been vital to meeting mental health needs."

Responses that were mentioned by two or fewer respondents include private practitioners, case management, churches, children's services, telehealth, selfcare, in-language services, home visits, basic needs assistance, and mental health education. A few respondents also listed mental and behavioral health conditions (n=7).

Additionally, rather than listing existing services they found useful, a quarter of respondents (n=21) identified needed services; these include:

- Children's services (including school-based services; n=7)
- Timely access to care (n=6)
- Local/Rural service locations (n=4)
- Additional support groups (n=2)
- Increasing access to services (n=2)

Needs that were identified only once include basic needs support, prevention, improved quality of care, inpatient services, services for those with dementia or mild to moderate symptoms, increased staffing, family support/counseling, and mobile crisis services.

Recommendations

Survey respondents were asked to provide recommendations to better meet the mental and behavioral needs in the county. Of Respondents (n=93), three indicated they did not have any recommendations. Specific strategies and illustrative quotes are provided by the other respondents below.

Recommendation 1: Improving outreach and promotion of available services

Respondents (n=20) recommended improving outreach and promotion efforts to both community members to increase awareness of available services and access them.

"Better advertising of what is available in our community. More knowledge of which agency provides what type of service. The county needs to be proactive in their efforts to help families…"

Recommendation 3: Addressing Barriers to Increase Access

Survey respondents (n=19) also felt that there was a need to address barriers that limit access to services and offered specific areas for improvement which included:

- After hours care
- Co-location of services
- Transportation
- Childcare
- Eased eligibility requirements
- Mobile care

"Better access in the rural areas of the county. Historically Kings County has done a very poor job of providing services to the rural communities."

Recommendation 2: Expanding youth services

Of survey respondents (n=14) also felt that there was a major gap in youth services provision and offered specific areas for improvement which included:

- School-based mental health
- Youth-friendly facilities

"It would be helpful for our families if providers could come to campus' again to offer the counseling sessions. This would also assist in our students getting the necessary services that parents sometimes don't follow through with."

Recommendation 4: Increases providers/ service options

Respondents (n=11) indicated a need for a wider variety of service types and options in the county.

Recommendation 5: Improving timely access to care

Specific strategies for improving timely access to care included walk-in availability, reduced time between referral to first appointment, expanding list of prioritized populations (n=7).

Recommendation 6: Training and Education

Training and education were identified as a need for both providers and community members. Topics included coping skills, ACEs, parenting, and referral processes (n=7).

"Fully fund all of the services that this county needs… Whether that is advocacy with the Board of Supervisors to increase funding in the general fund or other sources or seeking additional federal or state funding or grants to allow the existing programs to experience relief from the current stress."

Recommendation 7: Mental Health Treatment Facilities (n=6)

Recommendation 8: Improving quality of care (n=6)

Recommendation 9: Substance Use Disorder Treatment (n=6)

Recommendation 10: Funding (n=6)

Recommendation 11: Increased staffing (n=6)

Respondents also provided recommendations for specific populations they would like to see services expanded for in the county including:

- Spanish speaking (n=2)
- Those with mild to moderate symptoms (n=1)
- Seniors (n=1)
- People experiencing homelessness (n=1)

As well as specific services they would like to see expanded or implemented including:

- Crisis services (n=5)
- Telehealth (n=4)
- Employment support (n=2)

- Support groups (n=2)

Other recommendations include free services (n=3), addressing basic needs (n=2), finding a new contracted provider (n=2), follow-up care (n=1), and a central referral system (n=1).

Appendix F – Key Stakeholder Interview Summary of Findings

KINGS COUNTY
MENTAL & BEHAVIORAL HEALTH
NEEDS ASSESSMENT

KEY STAKEHOLDER INTERVIEWS
SUMMARY OF FINDINGS

Prepared for:
Kings County Behavioral Health

Prepared by:
EVALCORP
Measuring What Matters℠

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Introduction

Kings County Behavioral Health is conducting a Mental & Behavioral Health Needs Assessment during Winter 2021 to inform changes to county funded mental and behavioral health service provision. This process and its consequent report, the Annual Update, is required by the Mental Health Services Oversight and Accountability Commission (MHSOAC); the oversight commission for all services provided using Mental Health Services Act funds. The data summarized in this report reflects findings from one (i.e., Key Stakeholder Interviews) of the three data collection strategies engaged in. Key findings from this report will be included in the Annual Update that will be submitted to the MHSOAC. This document is meant to provide more detailed information stemming from the Key Stakeholders Interviews for the county behavioral health team and its partners.

Methods

Key stakeholder interviews (KSIs) were conducted to obtain information about the mental and behavioral health needs of Kings County residents from a systems-level perspective. Interviewees were purposefully sampled to represent a variety of sectors and service populations throughout Kings County. In total, 19 interviews were conducted with individuals representing:

- Coalition members
- Consumers
- Educational agencies
- Faith community
- Family members of consumers
- Law enforcement agencies
- LGBTQ+ community
- Local care providers
- Native American populations
- Substance use treatment facilities
- Social service providers
- Veterans' agencies

Interviewees provided information about: (1) mental and behavioral health priorities; (2) causes and contributing factors of poor mental and behavioral health; (3) access to and availability of services; (4) and recommendations and strategies for improving the provision of mental and behavioral health services to Kings County residents.

Services Provided

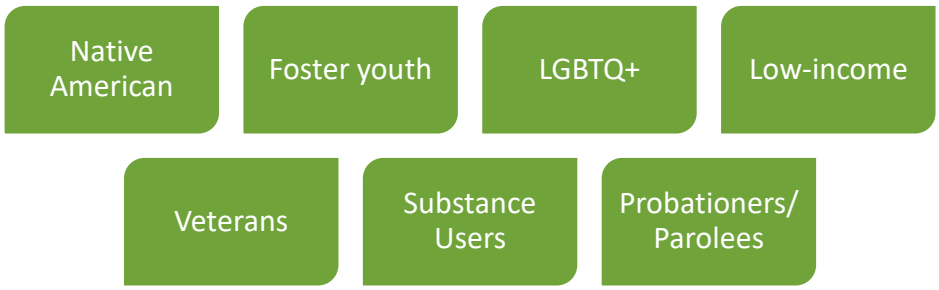
The majority of interviewees (n=15) provided some sort of mental and behavioral health services whether through their staff or a contracted agency. Most service providers serve the entire county with the exception of educators who work in specific school districts and those working on/for the Rancheria and its Native American population.

When asked which mental and behavioral services are provided by their affiliated agency, the majority of stakeholders described their services primarily as direct service provision. Examples of services provided include:

- Case management
- Counseling
- Conservatorship
- Crisis/suicide assessment
- Medication
- Outpatient and residential substance use disorder treatment
- Suicide prevention training
- Support groups
- Wraparound service

Communities Served

Stakeholders interviewed serve a wide array of community members, some groups they specifically worked with included:



Report Organization

Data gleaned through the interviews are presented in the following categories:

- **Mental & Behavioral Health Priorities**
- **Contributing Factors to Poor Mental & Behavioral Health**
- **Access to Care**
- **County Strengths and Areas for Improvement**
- **Recommendations**

Mental & Behavioral Health Priorities

The mental and behavioral health priorities identified by key stakeholders are listed below in the following two categories: Mental and Behavioral Health Conditions and Mental and Behavioral Health System Needs.

The top identified Mental & Behavioral Health Conditions are listed below.

- Anxiety (n=4)
- Depression (n=4)
- Homelessness (n=4)
- Suicidal ideation (n=4)
- Substance use (n=3)
- Trauma (n=3)
- Other (i.e., each mentioned by only 1 interviewee)
  - acute mental illness, moderate mental illness, pediatric mental health, PTSD, and stress.

Mental and behavioral health system needs that were identified included the location of services (currently Hanford centric; n=3), LGBT cultural competency (n=2), shortened intake process (n=2), lack of ongoing supervision for individuals with serious and persistent mental illness (SPMI; n=2), access to psychiatric medication (n=2), health system (including insurance) navigation (n=2), placement for those with acute psychiatric conditions (n=2), crisis services (n=2), substance use treatment and education (n=2).

Additional services that were only listed once include grief counseling, sex offender treatment, teen mental health services, education for family members, long-term intensive treatment for privately insured individuals, and a more comprehensive 5150 assessment.

Interviewees were asked if any subpopulations were particularly affected by identified mental and behavioral health needs. Identified subpopulations included:

- Rural communities (n=5)
- Youth (n=3; specifically, foster and homeless)
- Homeless (n=3)
- Minority groups (n=3; general)
- Hispanic/Latino (n=2)
- LGBTQ+ (n=2)
- Low income (n=2)
- Individuals with SPMI (n=2)

Additional sub-populations mentioned only once included religious communities, families, monolingual Spanish-speaking individuals, and parents with substance use disorders.

Impact of COVID-19 on Community Needs

Interviewees were asked how COVID-19 has impacted community mental and behavioral health needs.

In Kings County, COVID-19 has led to an increase in:

- Mental health symptoms (n=11)
  - Anxiety
  - Depression
  - Grief
  - Suicide
- Substance use disorders (n=3)
- Isolation (n=2)
- Stress (n=3; financial, educational)
- Other (i.e. each mentioned by only 1 interviewee)
  - Loss
  - Escapism
  - Hopelessness

For some, COVID-19 has improved access to care through the increased use of telehealth by removing some preexisting barriers like transportation (n=3). For others, COVID-19 created new barriers including technology barriers (n=4), an inability to provide in-person services (n=4), decreased access to care (n=2), Zoom burnout (n=2), reduced contact with clients (n=2), an inability to intervene early (n=1; e.g. it is harder to observe and address mental health concerns in children through virtual learning), and confusion about which services are open and how to access them in a virtual environment (n=1).

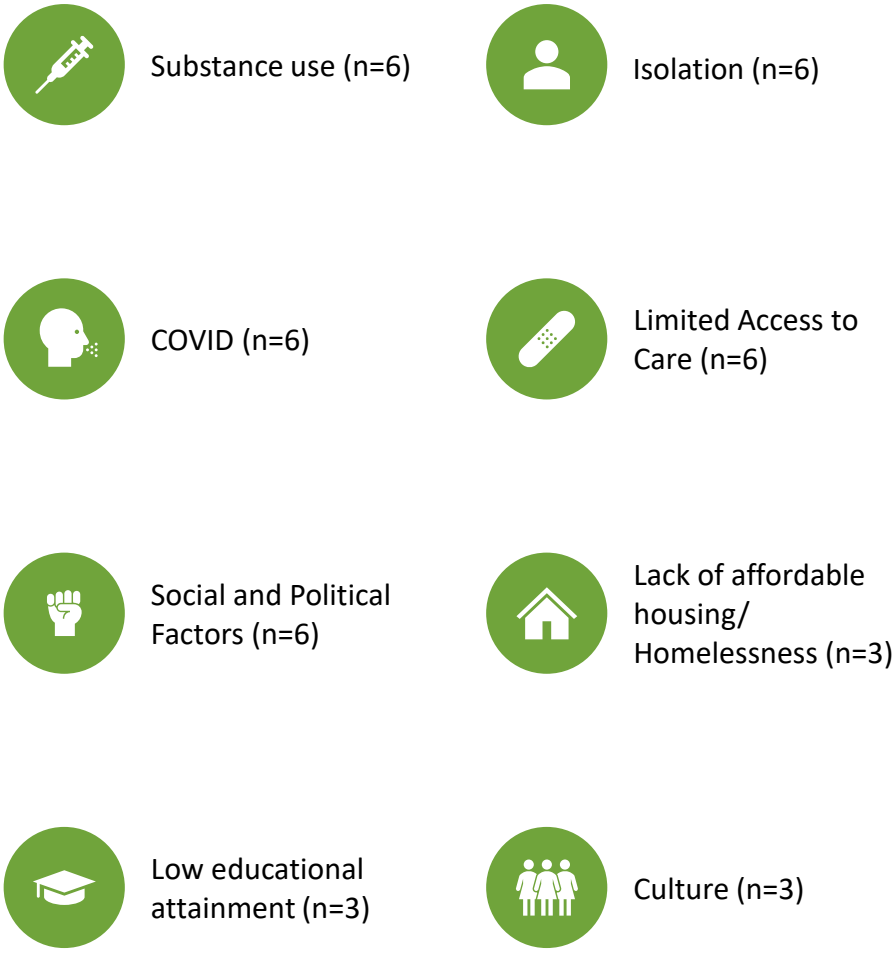
Additional concerns about the impact of COVID-19 included being unable to meet the mental and behavioral health needs of certain populations (n=2), budget cuts (n=1), and an increased need for youth activities/services (n=1).

"We have lost about $2 million in 2 years. Our ability to get people into services is way more limited than it used to be. Our ability to get people in and do assessments in a timely manner is slipping away."

"I would say that the community at large is struggling mentally. We just last week had a suicide at one of the high schools…This disconnect and lack of in-person social connection with the population at large makes it hard for school staff to identify kids in crisis. We may have been able to prevent these behaviors in the past."

Contributing Factors

Interviewees shared factors they perceive contribute to the mental and behavioral health conditions or needs of community members. The most frequently mentioned cause is low socioeconomic status and the employment struggles that contribute to it (n=10). Other frequently mentioned factors are provided in the graphic below.

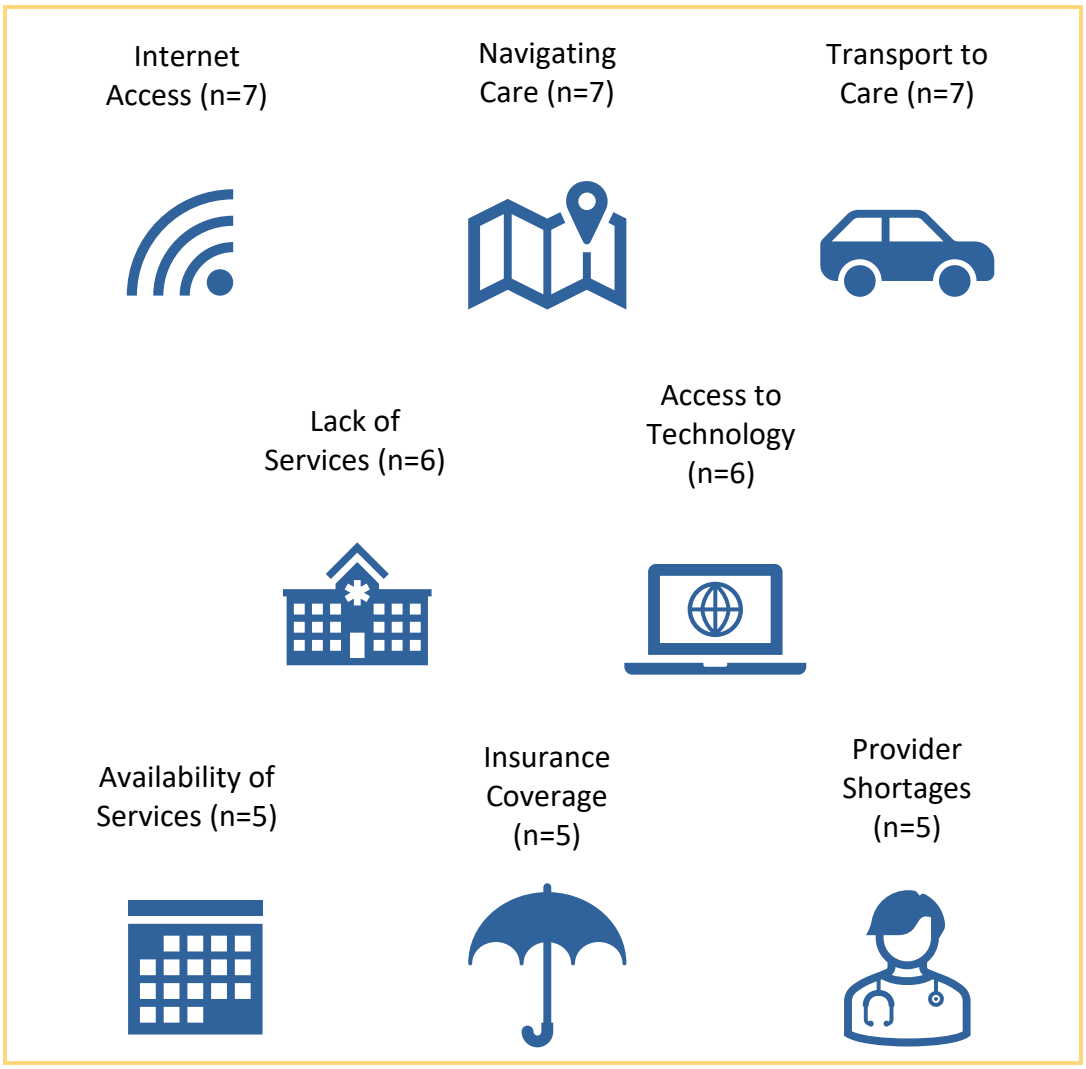


Other factors that were mentioned by only one interviewee were cost of services, eligibility requirements, family dysfunction, funding cuts, historical trauma, loss of school-based services, and poor physical health.

Access to Care

In addition to how accessible health care services are in their communities, interviewees were asked to identify top barriers residents face when trying to access care.

Top barriers to accessing care identified by interviewees are listed below:



Additional information about the top themes:

- Specified Service Shortages include substance use disorder treatment, services for those with mild to moderate needs, and school-based services.
- Service availability includes waitlists and hours of operation.
- When discussing provider shortages interviewees typically mentioned psychiatrists.

Other identified barriers include:

- Challenges with Telehealth (n=3)
- Cultural and LGBTQ+ incompetence (n=3)
- Distance to services (n=3)
- Eligibility criteria (n=3)
- Knowledge of available services (n=3; both consumer and provider)
- Other (e.g., identified by two or fewer interviewees)
    - Funding cuts, language for non-Spanish and non-English speaking populations, distrust of mental health providers/fear of accessing help, motivation/knowledge to seek help, and stigma.

"Budget is a huge barrier especially during a time like this. When you need to pick up services that's when they've been cut most."

Strengths and Areas for Improvement

Stakeholders were asked to describe what they perceive as the county's greatest strengths in addressing the mental and behavioral health needs in the community. **The most frequently mentioned strengths were interagency collaboration (n=6), leadership (n=3), their established tiered system for adults and children (n=2), and the continued support for local agencies and their services (n=2; the Source, Kings County Action Organization).**

Other identified strengths mentioned once included having a diverse staff, participation on task forces, investment in telepsych and mental health, addressing the needs of seriously mentally ill (SMI), incorporation of a Whole Person Model of Care, their open-mindedness, awareness of mental health issues, and engagement and willingness to improve services and accessibility,
Two interviewees also mentioned strengths of a partner agency, Kings View. These identified strengths were the increase in staffing and availability of a pharmacy on site.
Stakeholders also identified areas of improvement or concerns they have about county provision of mental and behavioral health services. They indicated a need for more staff and for the county to start addressing the needs of different populations rather than focusing solely on SMI. Concerns included the Warmline going unanswered and that 2-1-1 is outdated.

> "I think Behavioral Health should seek to connect people who don't qualify for their services to other services. They should look out for spectrum of mental illness in their community."

Recommendations

Interviewees were asked to provide recommendations to increase access to mental and behavioral health services as well as additional services the county and its residents could benefit from. Specific strategies and illustrative quotes are provided below.

Recommendation 1: Improving outreach and promotion

Half of interviewees (n=9) recommended improving outreach and promotion efforts to both community members and providers to increase awareness of mental health and its prevalence (and therefore reduce stigma), available services, and how to refer to/access those services.

> "Part of reducing stigma to mental health … is recognizing the depth and breadth of mental health issues and that those issues aren't happening to someone else but to you and that's okay."

Recommendation 2: Expanding youth services

Half of stakeholders (n=9) also felt that there was a major gap in youth services provision and offered specific areas for improvement which included:

- School-based mental health
- Separate adult and youth facilities
- Transitional Age Youth (TAY) Wellness Center
- Post-5150 services
- Conducting mental health assessments at school sites

> "I think it would be great, if our schools could get students into a private location on school campus to have their virtual appointments rather than having them go home and figure out which device to use, whether their internet is working…It would solve transportation and technology gap."

Recommendation 3: Increasing access for rural communities

Specific strategies included shared office space for in-person and telehealth services and addressing transportation barriers (n=7).

Recommendation 4: Scaling crisis services

Specific strategies included mental health providers partnering with law enforcement, mobile crisis services, and school-based crisis teams (n=6).

Recommendation 5: Investing in telehealth

Specific strategies included partnering with other county services (e.g., libraries) to provide free Wi-Fi to for virtual appointments (n=5).

Recommendation 6: Employing healthcare navigators (n=5)

Recommendation 7: Increasing services for those with mild to moderate symptoms (n=4)

Recommendation 8: Investing in an inpatient mental health treatment facility (n=4)

"Using the analogy of a hospital, we all know that if you break a bone you go to the hospital and know what that process looks like. On the Mental Health side, I don't know what that process is."

Respondents also provided recommendations for specific services and trainings they would like to see expanded or implemented in the county including:

- Loss/grief groups (n=3)
- Substance use treatment services (n=2)
- Veterans services
- Prevention and early intervention services
- Peer Support
- Trainings/Classes
    - Referral training
    - Parenting classes
    - Mental Health First Aid
    - Coping Skills
    - Mental health response for law enforcement
- Kings County LGBTQ+ Center
- Support/Group based services (n=?)
    - Social groups/activities for SPMI individuals.
    - Community-based wellness groups
    - General support groups
- First responder mental health care

Other recommendations include additional funding for services (n=3), c Streamlining and evaluate programs and processes (n=3), developing and strengthening community partnerships (n=2), improving inclusivity and competency among providers (n=2; LGBT and Native American populations), provision of basic needs (e.g.; food/hygiene), and a new wraparound service provider.