

CULTURAL COMPETENCE PLAN



REVIEW

2022-2023

PLAN

2023-2024

Prepared with
EVALCORP
Measuring What Matters®



Mission

Working together to support hope, healing and recovery

Vision

What You Need When You Need It

Recovery Values

Healing, Service Excellence, Community, Innovation

Executive Summary

Background. This Cultural Competence Plan includes information about activities and achievements in fiscal year (FY) 22-23 that were designed to mitigate and end behavioral health disparities and cultivate cultural humility in the Kern County Behavioral Health and Recovery System (KernBHRS). Also included are the goals and strategies that have been established for FY23-24. Every county in California must develop and submit a Cultural Competence Plan consistent with the Cultural Competence Plan regulations, standards, and criteria (per California Code of Regulations, Title 9, Section 1810.410).

Accomplishments. For FY22-23, there were 64 total strategies KernBHRS defined for implementation. The strategies were categorized into one of four possible statuses: Met, In Progress, Discontinued, and Not Met. Fifty-four (84%) were met, three (5%) were in progress, three (5%) were discontinued, and four (6%) were not met. To achieve these outcomes, many activities were conducted including meetings (e.g., 29 Cultural Competence Resource Subcommittee Meetings), 11 community forums (152 attendees), partnerships with community organizations, cultural education conferences and classes (online and in-person), recruitment and staff retention activities and strategies, internships, cultural events and celebrations, 137 outreach activities, newsletters, and social media posts.

One important highlight is from the KernBHRS Consumer Perception Survey, which received 1,366 completed surveys from adult and youth service recipients. The feedback was overwhelmingly positive, with the overall satisfaction rate standing at 94%. Other surveys showed high satisfaction rates as well.

Barriers and Potential Solutions. Barriers include a mental health workforce shortage, which is occurring on a national level – roughly half of Americans live in an area with a mental health workforce shortage.¹ KernBHRS worked diligently to overcome this barrier. Human Resources and the Cultural Competence Team collaborated on strategies to recruit and retain diverse staff with the overarching goal of creating a workforce that reflects the community that is being served. The Cultural Competence Team helped to identify community and affinity groups to supply recruitment materials. Additionally, the Cultural Competence Team shared KernBHRS recruitments with community members. Between February and April 2023 KernBHRS participated in 11 recruitment events with approximately 950 attendees with 34 Kern staff in attendance for the events combined. KernBHRS also has taken great strides for employee retention, which has remained rather consistent over the last four years.

Penetration rates for specific groups have been below stated targets. In response to historically low Asian American/Pacific Islander service utilization rates, and more recent low Latinx utilization rates (beginning in January 2022), KernBHRS has adjusted outreach strategies intended for these populations. While the penetration rate improved for Latinx individuals this year for mental health services compared to the prior fiscal year (3.12% vs 1.70%), the rate for substance use services decreased slightly (0.66% to 0.43%). Additionally, the penetration rate for AAPI individuals decreased slightly compared to last year for both mental health services (1.42% to 1.34%) and substance use services (0.23% to 0.21%). KernBHRS will continue to adjust outreach strategies and monitor the potential impact on service utilization through this process.

Looking Ahead. KernBHRS has 73 Cultural Competence strategies for implementation in FY23-24. In addition to two new goals, 33 of the strategies are new or have been significantly revised since FY22-23. One of the new goals is associated with improving the flow of information between the Cultural Competence Resource Committee and the Executive administration at KernBHRS. The other new goal involves planning related to the implementation of programs for Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (2SLGBTQ+) clients and consumers.

¹ Health Resources & Services Administration. (n.d.). Shortage Areas - Data.HRSA.gov. Retrieved from <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

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Overview of FY22-23 Strategies

The following tables provide a list of the 64 cultural competence strategies established by KernBHRS for FY22-23, along with an indication of whether each was met. These tables are intended as an overview and supplement to the rest of the report, where additional details and context can be found.

Strategy Status Definitions

Icon	Status	Count	Description
☑	Met	53	Strategy was successfully implemented as intended.
🕒	In Progress	3	Steps were taken to begin implementation of the strategy, but full implementation has not been accomplished at the time of reporting (but is expected).
🚫	Discontinued	3	Strategy is intentionally no longer being implemented.
❌	Not Met	5	Implementation of strategy has not started, or steps were taken to begin implementation but full implementation is not feasible.

Criterion 1. Commitment to Cultural Competence

Goal 1. Continue to enhance organizational structure and processes to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.		
☑	1	Partner with internal teams and stakeholders to monitor disparity rate and reduce disparities
☑	2	Monitor client and consumer satisfaction through client surveys
☑	3	Begin planning second round of Community Listening Session with BHB
🕒	4	In public forums, practice using lay terms & common language and reduce use of clinical jargon
☑	5	Re-evaluate implementation of internship model and continue planning to expand to other community agencies.
☑	6	Develop PRR Workgroup to begin discussion of Client Demographics, Demographic Categories, Requirements, and improvements to demographic data collection and reporting.
Goal 2. Ensure that services are being provided in threshold language throughout the system.		
🕒	1	Continue development of support system for SOC interpreters and translators
Goal 3. Enhance and update annual policies and processes to promote inclusion of culturally and linguistically appropriate practices and/or services.		
☑	1	Continue normalizing discussions on ethno-racial equity
☑	2	Participate in a quarterly review of P&Ps from CLAS and DEI perspective
☑	3	Continue efforts to educate staff about SOGIE considerations including but not limited to pronoun usage and gender identities and expression
Goal 4. Dedication to a diverse workforce		
☑	1	Collaborate on approaches to proactively recruiting a diverse workforce
☑	2	Collaborate on approaches to proactively retaining a diverse workforce including but not limited to staff support groups, staff affinity groups, internal marketing, career ladders, and/or mentorship & training

Criterion 2. Updated Assessment of Service Needs

Goal 1. Enhance and promote education of outreach protocols as they pertain to cultural competence and CLAS Standards.		
☑	1	Ensure staff are trained in CCP and CLAS standards
🚫	2	Ensure staff are trained in O&E Protocols and O&E Materials are distributed to staff & partners
Goal 2. Increase dissemination of CC related information and resources		
🚫	1	Develop and track CC related internal/public materials and communication

②	2	Disseminate "The Compass" Cultural Competence Newsletter 3x in FY 22-23 to staff and partners
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Criterion 3. Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Mental Health Disparities

Goal 1. Partner with QID, MHSA Team, SUD, and other relevant entities to identify target populations with disparities.		
<input checked="" type="checkbox"/>	1	Systemwide Collaboration to address DHCS, EQRO, SUD, and MHSA and/or programs related to target populations
<input checked="" type="checkbox"/>	2	Monitor and measure effectiveness of activities/strategies for reducing population disparities
<input checked="" type="checkbox"/>	3	Continue with standardization of O&E log
Goal 2. For threshold group, Hispanic/Latinx monitor, track, and improve Penetration Rate and O&E		
<input checked="" type="checkbox"/>	1	Meet or exceed MH PRR of 2.85% for Hispanic/Latinx threshold population
<input checked="" type="checkbox"/>	2	Meet or exceed SUD PRR of .85% for Hispanic/Latinx group
<input checked="" type="checkbox"/>	3	Engage in systemwide community collaboration on outreach, access, engagement, and service activities to penetrate Hispanic/Latinx population
<input checked="" type="checkbox"/>	4	Identify and collaborate with at least 3 Hispanic/Latinx communities in Kern to share materials and resources on BH services
Goal 3. For African American/Black group monitor, track, and improve Penetration Rate and O&E		
<input checked="" type="checkbox"/>	1	Meet or exceed MH PRR of 5.75% for African American/Black population
<input checked="" type="checkbox"/>	2	Meet or exceed SUD PRR of 1.25% for African American/Black population
<input checked="" type="checkbox"/>	3	Engage in systemwide and community collaboration on outreach, access, engagement, and service activities to penetrate African American/Black population
Goal 4. For Asian/Pacific Islander group monitor, track, and improve Penetration Rate and O&E		
<input checked="" type="checkbox"/>	1	Meet or exceed MH PRR of 1.75% for Asian/Pacific Islander population
<input checked="" type="checkbox"/>	2	Meet or exceed SUD PRR of .17% for Asian/Pacific Islander population
<input checked="" type="checkbox"/>	3	Engage in systemwide and community collaboration on outreach, access, engagement, and service activities to penetrate Asian/Pacific Islander population
<input checked="" type="checkbox"/>	4	Identify and collaborate with at least 3 API communities in Kern County to share materials and resources on BH services
Goal 5. For American Indian/Alaska Native group monitor, track, and improve Penetration Rate and O&E		
<input checked="" type="checkbox"/>	1	Meet or exceed MH PRR of 5.9% for American Indian/Alaska Native population
<input checked="" type="checkbox"/>	2	Meet or exceed SUD PRR of 2.25% for American Indian/Alaska Native population
<input checked="" type="checkbox"/>	3	Engage in systemwide and community collaboration on outreach, access, engagement, and service activities to penetrate American Indian/Alaska Native population

Criterion 4. Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System

Goal 1. Enhance collaboration with community partners through the CCRC with the purpose of addressing local cultural concerns and ensuring representation that is reflective of community demographics.		
<input checked="" type="checkbox"/>	1	CCRC Meets monthly to ensure CCRC members are diverse and to review/contribute strategies, recommendations, and/or planning and develop cultural competence items
<input checked="" type="checkbox"/>	2	Collect Community input through stakeholder meetings, community forums, and O&E events
<input checked="" type="checkbox"/>	3	Disseminate CC information in internal and external committees

Criterion 5: Culturally Competent Training Activities

Goal 1. Utilize MHSA WET funds to ensure education and culturally competent trainings are available to the workforce to address effectively serving diverse groups, unserved, and/or underserved populations.		
<input checked="" type="checkbox"/>	1	85% of staff (MH and SUD) complete a minimum six hours of cultural competence trainings annually
<input checked="" type="checkbox"/>	2	Monitor and track next phase of SCRIP MCCS trainings to all MH and SUD Clinical Supervisors to address CC core competency

<input checked="" type="checkbox"/>	3	Monitor State Peer Certification and Trainings to ensure current eligible staff have appropriate supports
Goal 2. Enhance analysis of the effectiveness of CC trainings		
<input checked="" type="checkbox"/>	1	Assess status of training programs to determine if any changes need to be made to accommodate post-COVID workplace considerations
<input checked="" type="checkbox"/>	2	Continue utilizing Relias to develop pre and post examinations for trainings
Goal 3. Offer specific CC trainings of diverse and BIPOC populations identified in SCRIP formal assessment and CCRC subcommittee recommendations.		
<input checked="" type="checkbox"/>	1	Utilize staff feedback to enhance/develop CC training courses tailored to the needs of the department
<input checked="" type="checkbox"/>	2	Begin implementation of CFI training to department clinicians
<input checked="" type="checkbox"/>	3	Begin implementation of System of Care wide culturally-infused evidence-based suicide prevention training
<input checked="" type="checkbox"/>	4	Provide, track, and monitor trainings on diverse groups including, topics such as, telehealth, cultural humility, culturally adapted EBPs, implicit bias, ADDRESSING Model, etc.

Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

Goal 1. Complete Workforce Needs Assessment		
<input checked="" type="checkbox"/>	1	Share findings of workforce needs assessment with workforce
<input checked="" type="checkbox"/>	2	Continue to enhance and centralize recruitment efforts including materials that reflect diverse personnel
<input checked="" type="checkbox"/>	3	Monitor, analyze, and share findings on workforce demographic data
<input checked="" type="checkbox"/>	4	Develop collaborative innovative approaches to recruiting and retaining staff in a post-COVID workplace
Goal 2. Utilize WET funds to secure various resources and/or conference for staff retention and training		
<input checked="" type="checkbox"/>	1	Provide opportunities for enhancing staff knowledge through conferences and webinars
<input checked="" type="checkbox"/>	2	Monitor and track interpreter trainings Tier I and Tier II staff

Criterion 7: Language Capacity

Goal 1. Dedicate resources such as MHSA funding to increase bilingual workforce capacity.		
	1	Continue research on trainings for interpreters/translators for Spanish and Non-Spanish Languages Other Than English
<input checked="" type="checkbox"/>	2	Maintain contract with Language Line to assist LEPs, including but not limited to services for spoken and written language and Braille
<input checked="" type="checkbox"/>	3	Work with Kern County government to ensure access to ILCKC to assist with LEPS, including but not limited to ASL and Braille
Goal 2. Provide Language Line materials and information to persons who need interpretation and translation services, and to those who have Limited English Proficiency (LEP).		
<input checked="" type="checkbox"/>	1	Maintain and post posters/bulletins in clinics of the availability and information on interpreter assistance for LEPs
<input checked="" type="checkbox"/>	2	Develop or utilize available materials that are reflective of the community including images, languages, print, web-based, and traditional media
<input checked="" type="checkbox"/>	3	Track and monitor translated materials
<input checked="" type="checkbox"/>	4	Partner with Language Line and ILCKC to offer staff trainings on the language services offered by each agency

Criterion 8: Adaptation of Services

Goal 1. Provide and make available culturally and linguistically responsive programs to accommodate individual or cultural and linguistic preferences in accordance to the ADA.		
<input checked="" type="checkbox"/>	1	Maintain/update the Beneficiary/Member Handbook to be provided to consumers in accordance with MHP and DMC-ODS

<input checked="" type="checkbox"/>	2	Maintain/update Kern Provider Directories and make available to all consumers
<input checked="" type="checkbox"/>	3	Continue to assess/improve materials at clinic site to ensure these address needs of CCP, CLAS, and ADA considerations
<input checked="" type="checkbox"/>	4	Continue planning for providing training to staff on aspects of disability including but not limited to comorbidity on BH and disability, disability as an umbrella term, and proactive care to clients with disabilities
Goal 2. Ensure the beneficiary problem resolution process addresses culturally and linguistically appropriate factors to resolve Grievance and Appeals.		
<input checked="" type="checkbox"/>	1	Maintain/update policies related to Grievance and Appeals
<input checked="" type="checkbox"/>	2	Assess and monitor cultural competence related items on Client Surveys for both MH and SUD
<input checked="" type="checkbox"/>	3	Track, monitor, and review changes of provider, second opinion, and/or grievance cases for cultural and linguistic issues

Background and Overview of Requirements

National Culturally and Linguistically Appropriate Services (CLAS) standards for all health care services were developed in 2000 by the Office of Minority Health, part of the Department of Health and Human Services. These standards are intended to apply to all types of health care services, including mental health and substance use services. These standards were revised in 2013. The CLAS standards can be found [here](#).

The state of California (California Code of Regulations, Title 9, Section 1810.410) requires that county mental health departments develop and annually update a Cultural Competence Plan. Guidance and requirements for completing this plan were developed by the California Department of Health Care Services (DHCS) based on the National CLAS Standards. These requirements were last revised in 2010. The Cultural Competence Plan Requirements (CCPR) can be found [here](#).

In addition to these requirements, Kern County Behavioral Health and Recovery Services (KernBHRS) develops, and annually revises, goals and strategies associated with the Cultural Competence Plan and CLAS standards. These goals and strategies are intended to both facilitate concrete implementation of the CLAS standards, while also reflecting more contemporary understandings of culturally appropriate services and best practices that may not be explicitly incorporated into the most recent national or state standards.

The current document's primary purpose is to serve as the required Cultural Competence Plan per the California Code of Regulations for county mental health departments. In addition, this document includes information on how CLAS standards have been implemented in substance use services (which are, in practice, integrated with mental health services at KernBHRS), as well as provides updates on the status of KernBHRS's internal goals and strategies for culturally appropriate mental health and substance use services.

This document is primarily organized by the Criterion associated with the state of California's Cultural Competence Plan Requirements, and also includes information more directly associated with CLAS standards and KernBHRS's internal goals and strategies. All three sets of requirements are cross-referenced throughout the document.

Methodology

The evidence and data sources referenced and presented in the current document consist primarily of the following types:

- Process Data
 - Details about relevant meetings, workgroups, trainings, or other internal events or initiatives
 - Details about relevant outreach activities, community events, or other external events or initiatives
 - Demographic and other relevant workforce data from KernBHRS and contracted providers
 - Service utilization data from KernBHRS and contracted providers
- Outcome Data
 - Results from relevant staff and client surveys
 - Results from penetration rate reports that assess disproportionate service utilization by various demographic subgroups or communities

This evidence is primarily associated with specific goals and strategies, which are themselves linked to specific criteria from the Cultural Competence Plan Requirements (CCPR).

The goals and strategies themselves are determined through internal KernBHRS workgroups and reviewed by KernBHRS leadership. Each strategy is given one of three statuses based on the evidence shared in this report. The status is determined by KernBHRS in consultation with its contracted evaluator (Evalcorp).

For FY22-23, there were 64 total strategies KernBHRS defined for implementation. The table below provides the number classified into one of four possible statuses: Met, In Progress, Discontinued, and Not Met.

Overview of Strategies by Status

Icon	Status	Description	Count
	Met	Strategy was successfully implemented as intended.	53
	In Progress	Steps were taken to begin implementation of the strategy, but full implementation has not been accomplished at the time of reporting (but is expected).	3
	Discontinued	Strategy is intentionally no longer being implemented.	3
	Not Met	Implementation of strategy has not started, or steps were taken to begin implementation but full implementation is not feasible.	5

The following section of the report provides a crosswalk of the Culturally and Linguistically Appropriate Services (CLAS) standards, and their corresponding CCPR criteria, which can be used to find relevant information about how the standards were met within the corresponding CCPR sections of this report.

Federal Standards - CLAS

The 15 current Culturally and Linguistically Appropriate Services (CLAS) standards are reproduced below, along with the corresponding Cultural Competence Plan Requirements (CCPR) criteria that map onto each CLAS Standard. Details about strategies implemented to meet these standards can be found in these corresponding CCPR Criteria sections of this report.

CLAS Standards Referenced to CCPR Criteria

#	CLAS Standards	CCPR Criteria
Principal Standard		
1	Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.	3
Governance, Leadership, and Workforce		
2	Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.	1
3	Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.	1, 6
4	Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	1, 5
Communication and Language Assistance		
5	Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	7
6	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	7
7	Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	6
8	Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	7
Engagement, Continuous Improvement, and Accountability		
9	Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.	1
10	Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.	3
11	Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	2
12	Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	8
13	Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.	4
14	Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.	3
15	Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.	1

State Requirements - CCPR Criteria

The eight Cultural Competence Plan Requirements (CCPR) criteria are reproduced below, along with the corresponding Culturally and Linguistically Appropriate Services (CLAS) standards. The following pages include additional details about how these criteria were met, including corresponding KernBHRS initiatives intended to address these criteria.

CCPR Criteria Referenced to CLAS Standards

#	CCPR Criteria	CLAS Standards
1	Commitment to Cultural Competence	2,3,4,9,15
2	Updated Assessment of Service Needs	11
3	Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities	1,10,4
4	Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System	13
5	Culturally Competent Training Activities	4
6	Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff	3,7
7	Language Capacity	5,6
8	Adaptation of Services	12

Criterion 1. Commitment to Cultural Competence

CRITERION 1 REQUIREMENTS

I. Mental health system commitment to cultural competence

This report includes internal goals and strategies used by KernBHRS to guide and continuously develop its capacity to offer culturally competence services throughout its system of care. A high level overview of internal initiatives is provided in the four goals and corresponding strategies in this section of the report. Additionally, the KernBHRS mission statement is included at the beginning of this report. Relevant policy/procedure manuals are referenced throughout this report and are available upon request.

II. Recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system

Additional information about outreach and engagement activities can be found in the most recent Mental Health Services Act 3-Year Plan, available [here](#). Many of these activities are also described in the strategies below and in Criterion 3. More details about the roles and involvement of workgroups are also given below and in the strategies associated with Criterion 4.

III. Designated Cultural Competence/Ethnic Services Manager (CC/ESM)

The designated CC/ESMs for FY22-23 were Dr. Joy Quiton-Buaya and Liz Bailey. Liz Bailey assumed the position in March 2023 upon the retirement of Dr. Quiton-Buaya. Both individuals also served as the Department Supports Division Administrator. In FY22-23 the Department Supports Division included the Cultural Competence Team, Professional Development Team, the Psychology Internship Program, and Training Services.

IV. Identify budget resources targeted for culturally competent activities

Budgetary information on cultural competence activities is available in the most recent MHPA 3-year plan/annual update, available [here](#).

Goals and Strategies

Goal 1: Continue to enhance organizational structure and processes to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.



Strategy 1: Partner with internal teams and stakeholders to monitor disparity rate and reduce disparities

During the specified period, 41 board and committee meetings took place under KernBHRS's oversight. The KernBHRS Board convened 10 times, playing a pivotal role in guiding the department's direction. Meetings that focused on specific performance indicators included the substance use disorder (SUD) Key Performance Indicator Committee, which met six times, and the Mental Health Key Performance Indicator Committee, which gathered on four occasions. The System-Wide Quality Improvement Committee was particularly active, holding nine sessions. Both the Quality Improvement Committee and the Regulatory

Compliance Committee conducted their deliberations across four meetings each. Additionally, the Expanded Management Meetings also took place four times, ensuring that the department's broader leadership remained in sync with its objectives. A summary of these meetings is provided in the tables below. Additional Cultural Competence Resource Committee (CCRC) meeting and subcommittee meeting information is located in Criterion 4.

Overview of Meeting Dates

Expanded Management Meetings	Behavioral Health Advisory Board Meetings (two hours)
August 4, 2022	January 23, 2023
November 3, 2022	February 27, 2023
February 2, 2023	March 27, 2023
May 11, 2023	April 24, 2023
	May 22, 2023
	June 26, 2023
SUD Key Performance Indicator Committee (KPIC)	Mental Health Key Performance Indicator Committee (KPIC)
August 25, 2022	August 4, 2022
October 27, 2022	February 1, 2023
January 26, 2023	February 27, 2023
March 23, 2023	May 3, 2023
April 5, 2023	
May 25, 2023	
System-Wide Quality Improvement Committee (SQIC)	Quality Improvement Committee (QIC)
August 22, 2022	August 16, 2022
September 26, 2022	November 15, 2022
October 24, 2022	February 21, 2023
January 23, 2023	May 16, 2023
February 27, 2023	Regulatory Compliance Committee
March 27, 2023	July 6, 2022
April 24, 2023	October 25, 2022
May 22, 2023	January 24, 2023
	April 25, 2023

The Cultural Competence Team and KernBHRS's leadership made significant efforts to ensure that the changes made within the system are reflective of the community to which it serves. Internally, Department Supports Division Administration reports Cultural Competence related findings quarterly at management meetings and monthly at Quality Improvement Division and Behavioral Health Board Meetings.

The Cultural Competence Team also works closely with the MHSA Team. In addition to using the Community Program Planning Process to obtain stakeholder feedback, the MHSA Team, The Cultural Competence Team, Cultural Competence Resource Committee and Subcommittees work cooperatively to

identify Outreach and Education giveaway items, as well as pinpoint opportunities for KernBHRS to meet the community where they are already present.

Training Services works cooperatively with the Cultural Competence Team and Cultural Competence Resource Committee to ensure that KernBHRS staff and volunteers are adequately trained and prepared to serve Kern County. The Training Director is an active participant in the Cultural Competence Resource Committee and consults regularly with the Ethnic Services Manager to weave Diversity, Equity, and Inclusion considerations are woven throughout the system of care.

The KernBHRS Public Information Office Team works cooperatively with the Cultural Competence Team to generate culturally and linguistically appropriate materials to engage the diverse communities within Kern County. Throughout the year, the Cultural Competence Team assisted in the identification of staff members to translate written materials into the threshold language (Spanish) and facilitates the translation of materials into languages other than Spanish via the Language Line. Both teams work together to identify culturally significant holidays, celebrations, and events to share with both staff and the public.

Human Resources and the Cultural Competence Team collaborated on strategies to recruit and retain diverse staff with the overarching goal of creating a workforce that reflects the community that is being served. The Cultural Competence Team helps to identify community and affinity groups to supply recruitment materials. Additionally, the Cultural Competence Team shares KernBHRS recruitments to community members.

The KernBHRS Quality Improvement Division regularly assessed client satisfaction via surveys. The Quality Improvement Division shared the results of these surveys with the Cultural Competence Team and together the teams worked to identify areas of improvement and solutions to culturally specific barriers.



Strategy 2: Monitor client and consumer satisfaction through client surveys

KernBHRS has consistently demonstrated excellence in client satisfaction, surpassing the established baseline of 85% across all its surveys. The KernBHRS Consumer Perception Survey (CPS) witnessed a substantial participation rate in May 2022. Out of the 1,366 surveys completed, 1,162 were from adult consumers while 204 were from youth and their families. The feedback was overwhelmingly positive, with the overall satisfaction rate standing at 94%.

In FY22-23, the KernBHRS Local Recovery Survey, which encompasses both Mental Health (MH) and SUD clients, was another testament to the department's effective services. A total of 1,520 surveys were completed, with 814 from adult clients and 706 from youth and their families. The consensus was clear with an overall satisfaction rating of 92%.

Lastly, the KernBHRS Treatment Perception Survey (TPS) conducted in October 2022 found similar results. Out of the 179 surveys completed, 168 were from adult consumers, and 11 were from youth. The feedback mirrored the positive trend with a satisfaction rating of 95%.

Additional details about these surveys can be found in the Criterion 8, Goal 2, Strategy 2 sections of this report.



Strategy 3: Begin planning second round of Community Listening Session with Behavioral Health Board (BHB).

Four community listening sessions, which are instrumental in gathering direct feedback and insights from the community, were conducted during FY 22-23. The Mental and Physical Health African American/Black Listening Session was held on April 12, 2023, providing a platform for this specific community to voice their experiences and concerns. In collaboration with the Latino Coalition for Healthy California and Vision y Compromiso, three additional sessions were held in May 2023. Fliers from these events are provided below.

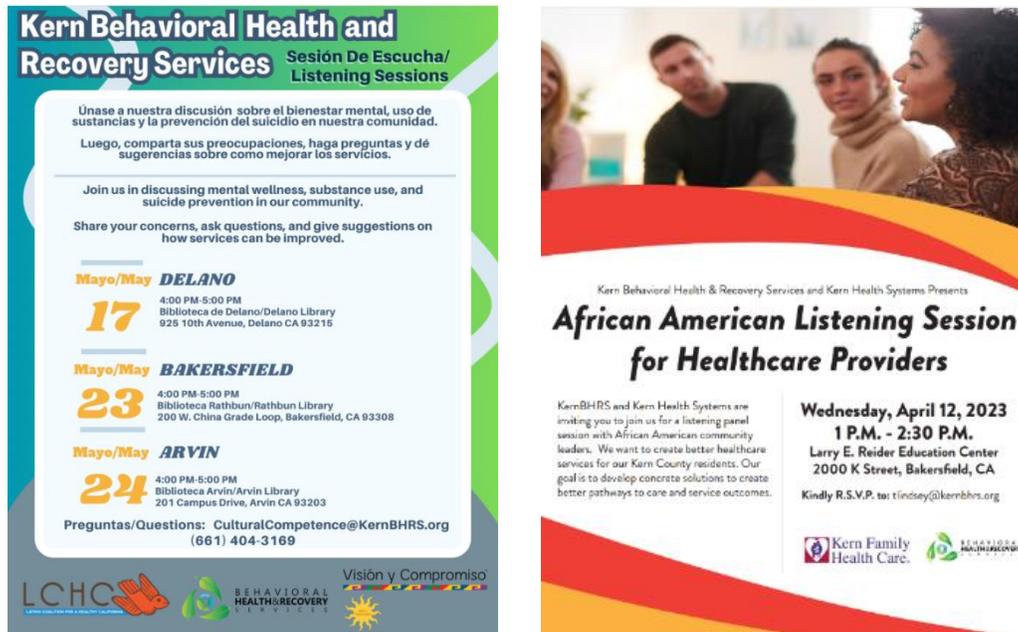


Figure 1: Sample community listening session fliers



Strategy 4: In public forums, practice using lay terms & common language and reduce use of clinical jargon

As part of KernBHRS’s participation in the Interdisciplinary Collaboration and Cultural Transformation Model Learning Collaborative, the Cultural Competence Team learned from community-based organizations that decreasing usage of acronyms in public settings is merely a first step toward inclusivity. The community-based organizations suggested the need for development of a shared language between KernBHRS s and community-based organizations in Kern County. KernBHRS is continuing to review and revise publicly accessible reports to minimize jargon and use terminology shared by community members.



Strategy 5: Re-evaluate implementation of internship model and continue planning to expand to other community agencies.

Throughout FY22-23, representatives from KernBHRS’ Cultural Competence Team and Human Resources Team met with representatives from the Bakersfield American Indian Health Project. The goal of these seven meetings was to design a new internship program, using the established internship between The Center for Sexuality and Gender Diversity and KernBHRS as a model. The Bakersfield American Indian

Health Project and KernBHRS initiated discussions to host KernBHRS staff in their clinic. This was aimed at exposing KernBHRS staff to best practices in serving American Indian and Alaskan Native clients, with the hope that this knowledge would permeate throughout the county's system of care.

As a result of the ongoing meetings with the Bakersfield American Indian Health Project during FY22-23, KernBHRS was able to refine the internship process beyond the initial conception and is working to develop a strategic plan to offer the internship opportunity to the department's Practicum Students. It is expected that further details of the internship will be finalized in FY23-24 with a desired implementation date sometime in late 2023 or early 2024. A Memorandum of Understanding between the Bakersfield American Indian Health Project and KernBHRS is in place to provide coordinated care for the Native American and Alaska Native populations in Kern County.

Additionally, KernBHRS has partnered with the Gay & Lesbian Center of Bakersfield for internships. Through this collaboration, KernBHRS has educated its staff and contracted providers, hosting two trainings within FY22-23. One training was centered on understanding the LGBTQ+ community, while the other delved into clinical interventions specific to this community. Since February 2023, two KernBHRS staff members have been working closely with The Center, co-facilitating groups and conducting one-on-one sessions with clients. KernBHRS has promoted awareness of issues affecting the LGBTQ+ community, evidenced by features in the KernBHRS bulletin, a speaker at a KernBHRS town hall, and the dissemination of informative flyers throughout the system of care. The Specialty Services Team meets monthly with The Center, brainstorming ways to further collaborate, network, and exchange ideas. Now that the pandemic is behind us, KernBHRS staff can physically visit The Center, enabling closer ties with the LGBTQ+ community.

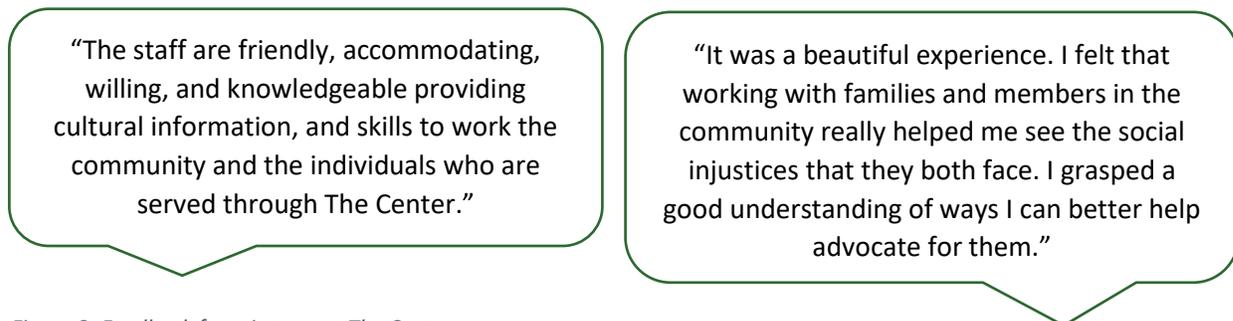


Figure 2: Feedback from interns at The Center



Strategy 6: Develop Penetration Rate Report Workgroup to begin discussion of Client Demographics, Demographic Categories, Requirements, and improvements to demographic data collection and reporting.

The Penetration Rate Workgroup met three times during FY22-23.

Goal 2: Ensure that services are being provided in threshold language throughout the system.



Strategy 1: Continue development of support system for system of care for interpreters and translators.

Throughout FY22-23 the Cultural Competence Team identified gaps within the department's translation process. One gap that the team identified was an over-reliance on a few translators within the department and overall lack of clarity regarding the translation process with employees often reaching out to the Public Information Office Team. The first step toward process improvement was to establish a centralized point of contact and identify additional translators within the department. The Cultural Competence Team is working to establish further steps toward process improvement to be identified and implemented in FY23-24.

Goal 3: Enhance and update annual policies and processes to promote inclusion of culturally and linguistically appropriate practices and/or services.



Strategy 1: Continue normalizing discussions on ethno-racial equity.

In FY22-23, KernBHRS was actively engaged in a series of meetings and trainings to further its commitment to excellence, diversity, equity, and inclusion.

In September of 2022 KernBHRS sent 11 staff members to the Southern Counties Regional Partnership Transforming Together Culturally and Linguistically Responsive Care Conference in Buellton, California. Of the 11 staff that attended there was one staff member that was representative of the Substance Use Division (SUD) Division. During the two-day conference there were several keynote sessions: 1) Building the Beloved Community Through Cultural Humility, 2) Metamorphosis: Transforming Together for Our Collective Liberation, 3) Race, Racism, and Our Health, and 4) Strategies for Engagement & Collaboration with the Community and Working with your Ethnic Services Manager. Attendees had the option to attend one of several sessions throughout conference and topics included: Faith-Based Communities, Family Involvement, Lived Experiences, Elder Adults, Racial Equity, Disability Awareness, Spirituality, Welcoming Spaces for LGBTQ+ Communities, The Genogram and Cultural Formulation Interview.

In November 2022, there was the "New Hire Cultural Competency Training." This interactive session introduced new staff members to the core concepts of cultural competence. It emphasized the importance of mindful sharing and hearing of cultural identities, ensuring that every employee understands and appreciates the diverse backgrounds of their peers and the clients they serve.

The Southern Counties Regional Partnership Strategies for Addressing Trauma conference took place on March 7-8, 2023, in Pomona, California. KernBHRS sent 15 staff members to the conference. Of those 15 staff members 1 staff member represented the Substance Use Disorder Division. There were four keynote presentations: 1) Gardening Personal and Collective Trauma: Your Healer Story, 2) Traumatic Stress in Justice Involved Youth, 3) Early Psychosis Assessment/Intervention and the Impact of Trauma: Clinical and Cultural Considerations, 4) Immigration and Trauma. Attendees had the option to attend one of several sessions throughout the conference and topics included: Overcoming Compassion Fatigue: Doing Meaningful Work While Living Personally Meaningful Lives, Generational Trauma and Strategies to Support Clients, Acute Crisis Management: Practical Approaches for Working with Law Enforcement, The CSC Model for Early Psychosis Intervention, Trauma Informed Approaches to Serve Justice Involved Youth, Community work for Prevention Services-Ventura County Behavioral Health, Providing Responsive Care to

Immigrants Communities, Cognitive Behavioral Therapy (CBT) for Psychosis Community-Based Applications, and The Role of Peer Support Practices for Healing Trauma.

On May 22, 2023, the "Diversity and Equity Meeting" took place. The purpose of this meeting was to review the county's progress concerning diversity and equity, discussing equity projects, cultural trainings, and strategies for recruitment and retention.

June 2023 saw the "Discover how incorporating the Cultural on Competence Plan Requirements and CLAS Standards improved rapport and service quality training." This session highlighted the benefits of integrating Cultural Competence Plan Requirements and Culturally and Linguistically Appropriate Services (CLAS) standards in enhancing relationships with clients and the overall quality of services.

While specific dates were not provided for some trainings, the "How to be a resource supervisor training" concentrated on tapping into inner resources and skills. It also highlighted the importance of maximizing a team's human resources. Similarly, the "Cultural competency training for supervisors" was designed to guide supervisors on how to analyze, implement, and integrate diversity, equity, and inclusion regulations in a personally and professionally meaningful manner.

One of the most significant commitments was the "Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Learning Collaborative." Throughout FY22-23, KernBHRS attended 11 sessions spanning 11 months. The department was one of the four mentee counties in this collaborative, coordinated by the UC Davis Center for Reducing Health Disparities and Solano County Behavioral Health. With funding from the Mental Health Oversight and Accountability Commission, the aim was to train all California counties on the ICCTM's core components through a collaborative learning approach. KernBHRS's participation was comprehensive, including quarterly meetings, the implementation of a Mini Quarterly Improvement (QI) Action Plan, the development of two Spanish-language trainings, and other related activities.



Strategy 2: Participate in a quarterly review of P&Ps from CLAS and DEI perspective.

The Cultural Competency Team reviewed Policies and Procedures on a continuous basis throughout the year, although quarterly reviews were not held. During FY22-23 the Cultural Competence Team provided guidance to KernBHRS leadership for revisions of policy 2.1.2 titled "Professional Appearance Guidelines." Cultural Competence Team staff suggested the removal of gendered language as it relates to clothing and facial hair. The Cultural Competence Team also suggested that KernBHRS staff and volunteers be permitted to wear fashion colors in their hair and alterations to the rules regarding concealment of tattoos or body art. Although the policy changes were discussed in FY22-23 the policy was not finalized until July 2023.



Strategy 3: Continue efforts to educate staff about SOGIE considerations including but not limited to pronoun usage and gender identities and expression.

A series of trainings and events focusing on Sexual Orientation, Gender Identity, and Expression (SOGIE) considerations were conducted. Communications, including announcements and memos, were sent to the Cultural Competence Committee, containing event details and additional resources such as cultural information and links to related training sessions.

During Transgender Awareness Week, which took place in the week of November 20, resources and event links were shared to promote awareness and understanding of transgender issues. Various LGBTQIA+ related events and courses were held, totaling 41.5 credit hours from eight events, and 16.75 hours from 13 online courses, all completed by KernBHRS staff. On April 28, 2023, 20 staff members from several departments including the Children’s System of Care, Clinical Plan Services, and Crisis Services, completed a course titled ‘Clinical Interventions for the LGBTQ+ Community’.

The collaboration with The Center for Sexuality and Gender Diversity included co-hosting two trainings during the FY22-23. The first training provided an overview titled ‘Understanding LGBTQ+’, while the second focused on clinical interventions for the LGBTQ+ community. Additionally, since February 2023, two KernBHRS staff members have worked with The Center, co-facilitating groups and conducting individual meetings with clients. The Specialty Services Team has been meeting monthly with The Center, exploring potential expansion, networking, and idea sharing opportunities. Following the lifting of the pandemic state of emergency, KernBHRS staff have physically visited The Center to work directly with the LGBTQ+ community.

Internally, efforts were made to enhance awareness about the LGBTQ+ community within KernBHRS through various methods, such as incorporating relevant content into the KernBHRS minute, inviting speakers to KernBHRS townhalls, and distributing informational flyers across the system of care for display in lobbies and other public spaces.

Goal 4: Dedication to diverse workforce.



Strategy 1: Collaborate on approaches to proactively recruiting a diverse workforce

Between February and April 2023 KernBHRS participated in 11 recruitment events with approximately 950 attendees with 34 Kern staff in attendance for the events combined. Additional information about these events is provided in Criterion 6.

KernBHRS also developed a recruitment and retention strategy plan for FY22-23. The plan outlines items such as advertising, outreach, and incentives. Six meetings were held to discuss and implement the plan. Information from this plan is included in Criterion 6.

Bakersfield College hosted the Social and Behavioral Sciences Career Expo on October 12th. The KernBHRS Human Resources Team attended the event to recruit various positions.

Other job announcements and job fairs were also frequently announced.

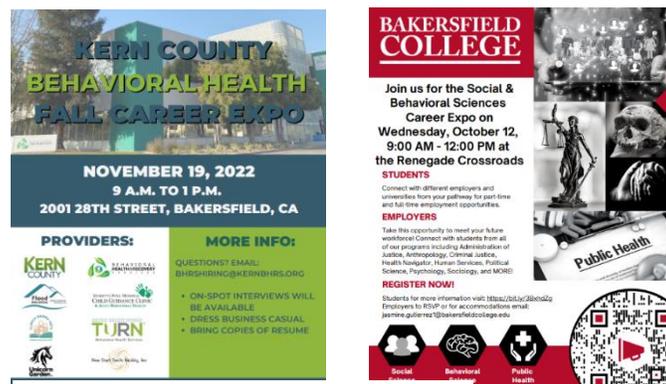


Figure 3: Example Job Flyers



Strategy 2: Collaborate on approaches to proactively retaining a diverse workforce including but not limited to staff support groups, staff affinity groups, internal marketing, career ladders, and/or mentorship & training

In FY22-23, the Department Supports Administration worked collaboratively with Human Resources to begin identifying mentorship opportunities for staff. The mentorship program began as a largely informal process. As the Department Supports Division Administration experienced a shift the program was developed and formalized as part of a department-wide employee wellness initiative. The program has developed to become more comprehensive and inclusive of staff feedback beyond mentorship. In the current iteration of the program, staff can indicate a desire to participate in Outreach and Education on behalf of the department, areas of interest within the Cultural Competence Resource Committee and the various subcommittees, areas of the department that staff may feel would better fit their skill set, in addition to mentorship with leadership within the department.

The Therapist Chill Group was started as a means for clinical staff to have an outlet for both self-care and to share common experience. During FY22-23 the Therapist Chill Group was put on hold due to staffing size and new Electronic Health Record implementation. The last session was held in March 2023. If staff wish to resume the group as comfortability with the electronic health record grows, management and supervisory staff have indicated support for individuals that wish to participate.

Raffle Basket Tickets on SALE!



Due to popular demand, the Staff-4-Staff Committee is extending the Summer Raffle Basket Sale! Buy your tickets NOW-Friday July 8, 2022 with your site reps!

Raffle Ticket Prices: Pay to Play:

- 1 for \$1
- 6 for \$5
- 15 for \$10
- 30 for \$20
- 60 for \$40
- 100 for \$80
- 150 for \$100

Site Reps:

- WESTCHESTER 2001 28th STREET
- KLD 2525 N CHESTER
- 34TH STREET
- COMMONWEALTH 3300 TRUXTUN AVE
- IT BUILDING 1120 21ST STREET
- L STREET 1401 L STREET
- MARY K SHELL
- CHILDRENS 2621 OSWELL STREET
- NE RAWC 3715 COLUMBUS STREET 93306
- SEBA 1600 E BELLE TERRACE
- STOCKDALE 5121 STOCKDALE HIGHWAY





Kick-off the weekend thinking about what Jersey you're going to wear next week!

The Staff-4-Staff committee is selling Jersey Day tickets! Only \$5 to wear your favorite sports Jersey to work on Thursday, September 8, 2022. Just in time for kick-off!

CONTACT YOUR SITE REP TO GET YOUR JERSEY DAY PASS!

- Westchester:
- KLD:
- 34th Street:
- Commonwealth:
- I.T. Building:
- L Street:
- Mary K. Shell:
- Children's (Oswell):
- NE RAWC (Columbus):
- SEBA:
- Stockdale:

Jeans are allowed to wear with purchase of Jersey Day ticket
Any sports Jersey allowed not just football
Pay Ca\$h or Checks to:

STAFF-4-STAFF JERSEY DAY
THURSDAY, SEPTEMBER 8, 2022

CONTACT YOUR SITE REP TO PURCHASE YOUR TICKET

- Westchester:
- KLD:
- 34th Street:
- Commonwealth:
- I.T. Building:
- L Street:
- Mary K. Shell:
- Children's (Oswell):
- NE RAWC (Columbus):
- SEBA:
- Stockdale:

- JEANS ARE ALLOWED ON 9/8 WITH PURCHASE OF JERSEY TICKET.
- ANY SPORT JERSEY ALLOWED NOT JUST FOOTBALL
- CASH OR CHECKS MADE TO STAFF-4-STAFF
- ALL PROCEEDS GO TO FUTURE SAS EVENTS
- PARTICIPATION VOLUNTARY
- QUESTIONS

Figure 2: Examples of Staff-4-Staff Activities

Information about relevant trainings can be found in Criterion 1 Goal 3 Strategy 1.

Additional information about retention strategies can be found in Criterion 6.

Cultural information was disseminated about each of these separately: Hanukkah, Christmas, Kwanzaa, Dr. Martin Luther King Jr.'s birthday, Lunar New Year, Black History Month, Tū Bišəvāṭ, Mardi Gras, Women's History Month, Holi, Annual Academy Awards (how media portrays underrepresented groups), Mental Wellness Month, César Chávez Day, el Día de las Madres en Mexico, Asian American Pacific Island Cultural Heritage Month.



BAKERSFIELD CITY SCHOOL DISTRICT in collaboration with STAY FOCUSED presents:

"The Celebration of a KING" and a Day of Service

"...learn to live together as brothers or perish together as fools."
Dr. Martin Luther King Jr.

WHEN: Saturday January 14, 2023
WHERE: Belle Terrace Park
1101 E. Belle Terrace, Bakersfield CA, 93307
TIME: 11:00 AM- 1:00PM

Figure 3: Flyer for MLK Day

KernBHRS hosted Winterfest events in December 2022 celebrating diversity. Example fliers for these events are included below.



**KERNBHRS WINTERFEST
INTERNATIONAL FOOD
SAMPLING COMPETITION**

Have a tasty family recipe you want to show off?
Want a chance to win a \$100 Amazon Gift Card for your Culinary Excellence?

Participation open to all KernBHRS staff and their families

Guidelines for participation:

- "Costco size" samples
- Not required to provide a huge amount of food to last entire evening- share what you can, potluck style!
- Not limited to any one holiday or cultural tradition
- All cultures and food styles welcome!

Will need to share name of dish and ingredients list so we can let tasters know about food allergens or dietary restriction requirements

Register via email:
CulturalCompetence@KernBHRS.org
Booth Hosted by Department Supports and CCRC

December 9, 2022
Meal drop off at 5pm
Competitions from 6-7:30
Announcement of winner at 8 pm



Winterfest
A Celebration of Diversity
December 9th 6:00-9:00 PM
KLD Back Parking Lot, 2525 N. Chester Ave

Free

- Activities like petting zoo, car show, Condors mascot
- Refreshments like hot cocoa, international food samples
- Entertainment like KernBHRS has Talent show

Bring Cash for

- Optional \$5 hot dog bar with multicultural toppings
- Optional food vendors for kettle corn, funnel cakes, churros, Korean BBQ sandwiches

For maximum coziness bring

- Blankies, warm coats, umbrella
- Festive sweaters
- Picnic mats, lawn chairs
- Picnic dinner (if not purchasing food at event)

We hope to see you and your family there!
Thank you for all the wonderful support you provide for our communities' wellness!



WINTERFEST
2 DAYS AWAY

WINTERFEST IS TWO DAYS AWAY!

Guess what!? Winterfest Meal ticket sales have been extended!! Check with your staff 4 staff site rep to get your \$3.00 meal tickets while supplies last.

WINTERFEST
Friday, December 9, 2022
6:00 PM to 9:00 PM
KLD Back Parking Lot
2525 North Chester, Bakersfield

- There's still time to enter all the contest:**
- International food sampling contest.
 - Festive Sweater
 - Gingerbread Contest
 - Deck the Car
 - KernBHRS has talent

SO MANY OPTIONS. Contact _____ right now to join in and have a chance to win some cash prizes!

Remember there will be kettle corn, hot dogs funnel cakes, churros, and Korean BBQ sandwiches (all cash only at the event so make it to an ATM before the clock strikes 6p)



Winterfest
A Celebration of Diversity
December 9th 6:00-9:00pm
KLD Back Parking Lot, 2525 North Chester

Deck The Trunk!

Deck your trunk or show off your cool car, for a chance to win a \$100 Target gift card!

Incorporate some of the following, or create your own idea:

- Celebrate the Season with a Winter/Holiday Theme
- Represent Your Family's Heritage
- Celebrate Community Diversity
- Display Your Cool Collectables
- Show off your Talent by Displaying Your Artwork or Crafts
- Have a Cool Car? Show That off instead

Contact _____ for more information.

Figure 4: Example event Flyers

Criterion 2. Updated Assessment of Service Needs

CRITERION 2 REQUIREMENTS

I. General population

The total population of Kern County is estimated at over 900,000. Approximately 29% of the population is under 18, and 11% is aged 65 or older. Approximately 56% of the population is Hispanic, and 30% is non-Hispanic White. Approximately 5% are Black or African American, 5% are Asian/Pacific Islander and 1% are Native American/Indigenous. Additional details can be found in the most recent MHSA 3-Year Plan, available [here](#).

II. Medi-Cal population

There are several ways an individual may be eligible for Medi-Cal, but the primary ways include if their household income is 138% or less of the federal poverty level, or if the individual has certain disabilities. Additional information about Medi-Cal eligibility is available [here](#). Approximately 513,000 individuals are enrolled in Medi-Cal in Kern County as of March 2023. Details about client utilization of KernBHRS services are available from penetration rate data included in the Criterion 3 section of the report.

III. 200% of Poverty (minus Medi-Cal) population

The amount of the population at 200% of poverty level (minus the Medi-Cal) population has been used to estimate potential need or demand for services. Details about outreach efforts and client utilization of KernBHRS services are available in the Criterion 3 section of this report.

IV. MHSA Community Services and Supports (CSS) population

Population and client utilization data by race, ethnicity, language, age, and gender are available in the CSS section of the most recent MHSA 3-Year Plan, available [here](#).

V. Prevention and Early Intervention (PEI) Plan: Process to identify PEI priority populations

The Prevention and Early Intervention (PEI) priority populations identified in the most recent MHSA 3-Year Plan are childhood trauma prevention and early intervention; Early psychosis and mood disorder detection and intervention, as well as mood disorder and suicide prevention programming that occurs across the lifespan; and Youth outreach and engagement strategies that target secondary school and transition-age youth. Additional information about these priorities, is available in the PEI section of the most recent 3-Year Plan, available [here](#).

Goals and Strategies

Goal 1: Enhance and promote education of outreach protocols as they pertain to cultural competence and CLAS Standards.



Strategy 1: Ensure staff are trained in CCP and CLAS standards

On August 16, 2021, KernBHRS revised the standards for work-related training and professional development. It included mandatory training requirements for staff and contractors.

In June 2023 a training was conducted on the Culturally and Linguistically Appropriate Services Standards and Cultural Competency Plan.

Three short guides were created to assist staff with accessing Relias training courses and using the system.



Strategy 2: Ensure staff are trained in O&E Protocols and O&E Materials are distributed to staff & partners

During FY22-2023 Senate Bill 326 was introduced by Senator Susan Eggman. The Bill proposed sweeping reform to the Mental Health Services Act including reform to the various funding streams that are required by the current legislation. Considering the pending reform, the annual Mental Health Services Act training that generally contains the information regarding Outreach and Education was put on hold.

In previous years the Mental Health Services Act team has worked with staff individually to ensure proficiency in providing effective outreach and education for the department. In FY23-24 Department Supports Administration has made department-wide standardization of Outreach and Education activities a priority.

Goal 2: Increase dissemination of CC related information and resources



Strategy 1: Develop and track CC related internal/public materials and communication

During FY22-23, the Public Information Office underwent a significant organizational shift, experiencing a 100% turnover in staff. For a substantial part of the year, the department operated with only two staff members, compared to its standard three-person team. This staffing constraint was exacerbated by the departure of the former Public Information Officer on February 3, 2023, leaving the position vacant until April 10, 2023. Prior to this turnover, the Public Information Office had been the primary distributor of "The Compass," an internal publication. However, the initial vision for "The Compass" as a comprehensive quarterly newsletter was modified to a one-page document focused on a singular topic related to cultural competence. This adjustment was largely due to the constrained capacities of both the Cultural Competence Team and the reduced Public Information Office Team. While the Public Information Office had previously invested significant time in formatting "The Compass," the department's focus shifted towards larger scale public-facing projects amid staffing changes. A review of the readership statistics revealed that "The Compass" had limited reach, primarily within KernBHRS and minimally among the staff. Consequently, it was determined that continuing the publication was not the most efficient use of staff resources for disseminating cultural competence-related information. Taken together, these were the reasons for the discontinuation of Goal 2 Strategy 1.

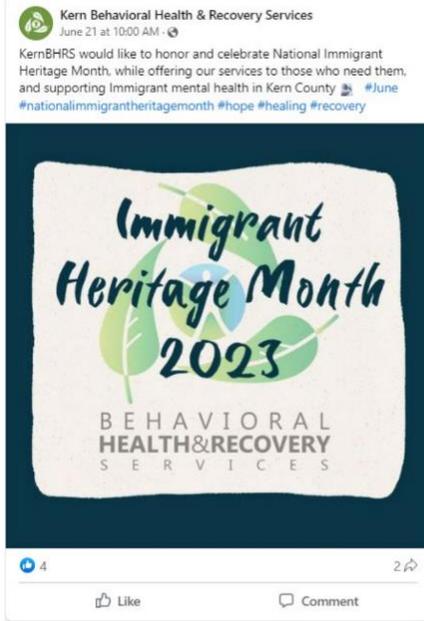


Figure 5: Examples of Social Media Posts

JULIO 2022 Horario de clases virtuales

Debido a la pandemia de COVID-19, el Centro de Aprendizaje de familias de consumidores (CFLC) ofrece clases y grupos de apoyo dirigidos por pares virtualmente! Estos grupos son para clientes adultos solamente, y el tamaño de las clases está limitado a 18 asistentes. Los clientes deben convertirse en miembros antes de iniciar un grupo y poder unirse a los grupos via Microsoft Teams o un celular. La participación en una clase no será anónima.
Para hacerse miembro o para obtener más información, llame a CFLC al 661-868-7550.

MONDAY	<ul style="list-style-type: none"> Live Healthy by Choices 10-11 a.m. • Via Microsoft Teams A Better You 11 a.m. - Noon • Via Microsoft Teams Seeking Safety (Women's Group) 1-2:30 p.m. • Via Microsoft Teams 	<ul style="list-style-type: none"> Men's Maverick Group 1-2 p.m. • Via Microsoft Teams Compartir la Ansiedad 3-4:30 p.m. • Microsoft Teams Communication Building Blocks 5-6 p.m. • Via Microsoft Teams
TUESDAY	<ul style="list-style-type: none"> Manejo del Estrés (Spanish) 10:30 a.m. - Noon Via Microsoft Teams Depression Management 1-2 p.m. • Via Microsoft Teams Recovery in Action Group Process 	<ul style="list-style-type: none"> Overcoming Anxiety 5-6 p.m. • Via Microsoft Teams The Power To Be You 3-4:30 p.m. • Via Microsoft Teams
WEDNESDAY	<ul style="list-style-type: none"> Apoyo Emocional (Spanish) 10:30-11:30 a.m. Via Microsoft Teams Peer Support for Beginners 1-2 p.m. • Via Microsoft Teams Recovery in Action Education Class 1-2:30 p.m. • Via Microsoft Teams Spring Cleaning for the Soul 1-3p.m. Via Microsoft Teams 	<ul style="list-style-type: none"> Loss & Healing: The Process of Healing 3-4:30 p.m. • Via Microsoft Teams Laughter Yoga 3-4 p.m. • Via Microsoft Teams Overcoming Anxiety 4-5:30 p.m. • Via Teams
THURSDAY	<ul style="list-style-type: none"> Rewriting Our Internal Script 10-11:30 a.m. • Via Microsoft Teams Schizophrenics Anonymous 10:30-11:30 a.m. Via Microsoft Teams Un Riconito para Meditar y Sanar (Spanish) 10:30 a.m. - Noon • Via Microsoft Teams 	<ul style="list-style-type: none"> Preventing Mental Health Relapse 1-2 p.m. • Via Microsoft Teams Recovery in Action Life Skills 1-2:30 p.m. • Via Microsoft Teams Depression Management #2 2-3 p.m. • Via Microsoft Teams Stress Management 5-6 p.m. • Via Microsoft Teams
FRIDAY	<ul style="list-style-type: none"> Un Riconito para Meditar y Sanar (Spanish) 10:30 a.m. - Noon • 2nd & 4th Fridays Via Microsoft Teams DBT Skills Group 1-2 p.m. • Via Microsoft Teams 	<ul style="list-style-type: none"> Exploring the Road to Recovery 2-3 p.m. • Via Microsoft Teams Conflict Resolution 2:30-4 p.m. • Via Microsoft Teams

Las clases de Consejería de Adicción de Crisis (CAC) también se llevarán a cabo los martes, miércoles y jueves. Cuesta de asistencia solo está disponible después de la orientación con Jon Casida. Para obtener más información, llame a 661-868-7567.

PARA TODAS LAS REUNIONES: Marque 1-442-286-0126, y luego ingrese el Código de Grupo - Después de convertirse en miembro

FEB. 2023 CFLC Class Schedule

The Consumer Family Learning Center (CFLC) is offering peer-led classes and support groups **virtually & IN-PERSON!** These groups are for adults only and class sizes are limited to 18 attendees. Individuals must become a member before starting a group, and be able to join Microsoft Teams from a computer or smart phone. Participation in a class will not be anonymous. **To become a member or for more information, call the CFLC at 661-868-7550.**

MONDAY	<ul style="list-style-type: none"> A Better You 10:30 a.m. - Noon • Via Microsoft Teams Seeking Safety (Women's Group) 1-2:30 p.m. • Via Microsoft Teams 	<ul style="list-style-type: none"> Men's Maverick Group 1-2 p.m. • Via Microsoft Teams Compartir la Ansiedad 3-4:30 p.m. • Microsoft Teams Communication Building Blocks 5-6 p.m. • Via Microsoft Teams
TUESDAY	<ul style="list-style-type: none"> Manejo del Estrés (Spanish) 10:30 a.m. - Noon Via Microsoft Teams Depression Management 1-2 p.m. • Via Microsoft Teams 	<ul style="list-style-type: none"> Recovery in Action Group Process 1-2:30 p.m. • Via Microsoft Teams Overcoming Anxiety 5-6 p.m. • Via Microsoft Teams
WEDNESDAY	<ul style="list-style-type: none"> Apoyo Emocional (Spanish) 10:30-11:30 a.m. Via Microsoft Teams Peer Support for Beginners 1-2 p.m. • Via Microsoft Teams Recovery in Action Education Class 1-2:30 p.m. • Via Microsoft Teams 	<ul style="list-style-type: none"> Loss & Healing: The Process of Healing 3-4:30 p.m. • Via Microsoft Teams Overcoming Anxiety 4-5 p.m. • Via Teams IN-PERSON: Peer to Peer Group 1p-3p, 2001 28th Street Training Room
THURSDAY	<ul style="list-style-type: none"> Un Riconito para Meditar y Sanar (Spanish) 10:30 a.m. - Noon • 2nd & 4th Fridays Via Microsoft Teams Preventing Mental Health Relapse 1-2 p.m. • Via Microsoft Teams 	<ul style="list-style-type: none"> Recovery in Action Life Skills 1-2:30 p.m. • Via Microsoft Teams Depression Management #2 2-3 p.m. • Via Microsoft Teams Stress Management 5-6 p.m. • Via Microsoft Teams
FRIDAY	<ul style="list-style-type: none"> DBT Skills Group 1-2 p.m. • Via Microsoft Teams Exploring the Road to Recovery 2-3 p.m. • Via Microsoft Teams Conflict Resolution 2:30-4 p.m. • Via Microsoft Teams 	<ul style="list-style-type: none"> IN-PERSON: Me, you, Recovery Group 9a-10a, 2001 28th Street Training Room IN-PERSON: Mujeres Invencibles 10:30a - 12p, 2001 28th Street Aspen Room

Crisis Addiction Counseling (CAC) classes will also be held on Tuesday, Wednesday and Thursday. CAC attendance is only available after orientation with Jon Casida. For more information, call 661-868-7567.

Figure 6: Example of a Bilingual Announcement



Strategy 2: Disseminate "The Compass" Cultural Competence Newsletter 3x in FY 22-23 to staff and partners

Considering staffing limitations during FY22-23 fiscal, both the Public Information Office and the Cultural Competence Team revisited the scope and format of "The Compass." Originally intended as an in-depth, quarterly newsletter, it was streamlined into a one-page issue centered on specific cultural competence topics. The Public Information Office reoriented its efforts toward broader public engagement initiatives, reducing its involvement in the layout and design of "The Compass." Further analysis indicated that the publication's readership was largely confined to KernBHRS and had limited penetration among general staff. This led to the decision that allocating staff resources to continue the newsletter was not an effective way to communicate information about cultural competence within the organization.

Criterion 3. Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Mental Health Disparities

CRITERION 3 REQUIREMENTS

I. Targeted populations in the county identified in Medi-Cal and MHSA components

The primary prioritized populations include individuals from the following communities: Hispanic/Latinx, African American/Black, Asian/Pacific Islander, and American Indian/Alaska Native.

II. Disparities in each of these populations

Historically at KernBHRS, lower rates of service utilization have been observed in the Asian American/Pacific Islander communities. Additionally, beginning in FY21-22 and continuing into FY22-23, lower services utilization rates in the Latinx communities also have been observed.

III. Strategies for reducing disparities in Medi-Cal population and MHSA plans

Strategies for reducing disparities in these groups are described in this section of the report (see below).

IV. Measures and monitoring activities

Measuring and monitoring activities include review of penetration rates. Additional information on these is provided in this section of the report (see below).

V. Lessons learned

In response to historically low Asian American/Pacific Islander service utilization rates, and more recent low Latinx utilization rates (beginning in January 2022), KernBHRS has adjusted outreach strategies intended for these populations. While the penetration rate improved for Latinx individuals this year for mental health services compared to the prior fiscal year (3.12% vs 1.70%), the rate for substance use services decreased slightly (0.66% to 0.43%). Additionally, the penetration rate for AAPI individuals decreased slightly compared to last year for both mental health services (1.42% to 1.34%) and substance use services (0.23% to 0.21%). KernBHRS will continue to adjust outreach strategies and monitor the potential impact on service utilization through this process.

Goals and Strategies

Goal 1: Partner with QID, MHSA Team, SUD, and other relevant entities to identify target populations with disparities.



Strategy 1: Systemwide collaboration to address DHCS, EQRO, SUD, and MHSA and/or programs related to target populations.

Throughout FY22-23, KernBHRS demonstrated a commitment to maintaining a high standard of service by conducting a series of meetings that emphasized system-wide collaboration. These meetings were instrumental in addressing various aspects, including DHCS, EQRO, SUD, MHSA, and programs related to target populations. The Kern Behavior Health Board, which plays a pivotal role in the oversight and direction of behavioral health services in the county, convened regularly. They held monthly meetings, each lasting 90 minutes, totaling 10 sessions for the year. However, there were no meetings in July or December 2022. The SUD Key Performance Indicator Committee, which focuses on SUD, met on six occasions. Their counterparts, the Mental Health Key Performance Indicator Committee, which concentrates on mental health issues, held four meetings throughout the year.

Emphasizing a comprehensive approach to quality improvement, the System-Wide Quality Improvement Committee met nine times. Further, the Quality Improvement Committee convened in four sessions, ensuring that the department's services met the desired standards. The Regulatory Compliance Committee, tasked with ensuring that all operations and services are in line with established regulations, held four meetings. Lastly, the Penetration Rate Workgroup, which concentrates on the reach and effectiveness of the services offered, came together for three sessions.



Strategy 2: Monitor and measure effectiveness of activities/strategies for reducing population disparities

Population disparities are primarily monitored through penetration rates. Additional feedback is collected through listening sessions, community forums, and other activities associated with the MHSA Community Program Planning Process. Penetration rates for FY22-23 can be found in Goals 2-5 of Criterion 3 below. Additionally, a summary of feedback received from the Community Program Planning Process can be found in the most recent MHSA 3-Year Plan, available [here](#).



Strategy 3: Continue with standardization of O&E log

Late in fiscal year 2022-2023 Kern Behavioral Health and Recovery Services restructured the Department Supports Division to include the Mental Health Services Act Team and the Prevention/Friday Night Live Team. With the re-alignment of the division, most of the department's outreach and education initiatives became housed under one division and it became apparent that there was need to standardize the outreach and education process throughout the department. The restructuring allowed the division to identify discrepancies between the various teams that perform outreach and education. The primary challenge identified when this process was audited was that due to the lack of standardization events would be submitted to teams individually by one or more staff. As a result, occasionally community events would be attended by multiple KernBHRS teams. As additional gaps were identified members of the Department Supports Division leadership team began to develop a plan to address those gaps as well as a phased implementation system beginning in FY23-24.

Goal 2: For threshold group, Hispanic/Latinx monitor, track, and improve Penetration Rate and O&E



Strategy 1: Meet or exceed MH PRR of 2.85% for Hispanic/Latinx threshold population.

In FY22-23, a penetration rate of 3.12% for Hispanic/Latinx individuals receiving Mental Health services was reported.



Strategy 2: Meet or exceed SUD PRR of .85% for Hispanic/Latinx group.

In FY22-23, a penetration rate of 0.43% for Hispanic/Latinx individuals receiving substance use services was reported.



Strategy 3: Engage in systemwide and community collaboration on outreach, access, engagement, and service activities to penetrate Hispanic/Latinx population.

One-hundred sixty-seven total outreach events took place. The events took place at a variety of places and locations. Topics included a Latina Maternal Health Fair, Dia De Los Muertos at Hillcrest Cemetary, Tacos & Taxes, Elder Abuse Prevention Conference, Migrant Farmworker, Parent Resource Events, Oleander Pride Walk 2023, Hope & Recovery Art Show & Film Night, Culturafest, Homeless Collaborative, Mental Health First Aid Training-Adult, and Healthful Harvest "La Consecha Saludable" Mental Health Resource Fair.

Also see Criterion 4, Goal 1, Strategy 2 for additional information about Outreach and Education events.



Strategy 4: Identify and collaborate with at least 3 Hispanic/Latinx communities in Kern to share materials and resources on BH services.

In FY22-23 KernBHRS staff worked collaboratively with the Latino Coalition for a Healthy California, Vision Y Compromiso. KernBHRS has previously been connected to Vision Y Compromiso's local leadership. Through the connection with Vision Y Compromiso KernBHRS was able to connect with the Estatamos Juntos project which is centered around mental and emotional well-being.

Goal 3: For African American/Black group monitor, track, and improve Penetration Rate and O&E



Strategy 1: Meet or exceed MH PRR of 5.75% for African American/Black population

In FY22-23, a penetration rate of 5.86% for African American individuals receiving mental health services was reported.



Strategy 2: Meet or exceed SUD PRR of 1.25% for African American/Black population

In FY22-23, a penetration rate of 0.80% for African American individuals receiving substance use services was reported.



Strategy 3: Engage in systemwide and community collaboration on outreach, access, engagement, and service activities to penetrate African American/Black population

Juneteenth became a federal holiday in 2021 to commemorate the emancipation of enslaved African Americans. Although President Abraham Lincoln issued the Emancipation Proclamation on January 1, 1863, many slaves were not freed until Union troops arrived in their territories to enforce the order.

Juneteenth commemorates June 19, 1865, when Major General Gordon Granger arrived in Galveston, Texas and read a federal order that abolished the institution of slavery in the state.

KernBHRS developed a Juneteenth information sheet. It included background information about the day, the meaning of the flag, that it is a federal holiday, and how it is observed.

Announcement of the KernBHRS Minute. The KernBHRS Culture Competence Resource Committee's African American Subcommittee invites you to celebrate the "History, Love and Resilience of the Black Community." The Juneteenth celebration was held at the Westchester Courtyard on June 19.

Kern Health Systems and the Behavioral Health Board hosted three Mental and Physical Health African American/Black Listening Session in March and April 2023.

The African American/Black subcommittee met May 9, 2023, to plan the Juneteenth event that took place in the Westchester Courtyard on June 19, 2023. The target audience for the event was KernBHRS staff, Consumer Family Living Center Clients, Contract Providers, and Kern Public Health staff. Representation from Kern Department of Public Health programs including Black Maternal and Infant Health.

The African American/Black Subcommittee met nine times during the FY22-23.

One-hundred sixty-seven total outreach events took place. The events took place at a variety of places and locations. Topics included a Black History Month School Picnic, The Celebration of a King Parent Resource Events, 2023 The State of Black America Conference Kern County Edition, Juneteenth Freedom Day, Homeless Collaborative, Black Family Wellness Expo, and Father Engagement Night.

Also see Criterion 4, Goal 1, Strategy 2 for additional information about Outreach and Education events.

JUNETEENTH FREEDOM DAY

The Cultural Competence Resource Committee's African American Subcommittee invites you to celebrate the
'History, Love and Resilience of the Black Community'

JUNE 19, 2023
11:00 AM - 1:00PM
Westchester Courtyard
2001 28th Street, Bakersfield, CA

Light refreshments will be provided



THE STATE OF BLACK AMERICA HEALTH & RECOVERY
black infant health
THE CENTER For Sexuality & Gender Diversity
NAMI

Questions or to attend the event email: CulturalCompetence@kernBHRS.org



NO SISTER LEFT BEHIND

2nd Annual 5K WALK HEALTH FAIR

MAY 20, 2023
CHECK-IN 7 AM - 7:45 AM
WALK STARTS - 8:00 AM

THE PARK AT RIVER WALK

COST:
PRE-REGISTRATION FEE - \$40
SAME DAY REGISTRATION - \$45
YOU MUST REGISTER BY MAY 5TH TO RECEIVE A T-SHIRT.
VENDOR BOOTHS ARE AVAILABLE - \$30
THE HEALTH FAIR IS OPEN TO THE PUBLIC

SCAN TO REGISTER

FOR MORE INFORMATION, PLEASE CONTACT RACHEL HUBBERT @ RHUBBERT.NOSISTERLEFTBEHIND@GMAIL.COM
REFUND POLICY- THIS EVENT IS NON-REFUNDABLE

A PORTION OF THE PROCEEDS WILL SUPPORT MENTAL HEALTH AWARENESS

2023 THE STATE OF BLACK AMERICA CONFERENCE KERN COUNTY EDITION

SATURDAY 29TH APRIL 10AM- 4PM

GREATER HARVEST CHURCH
5421 Aldrin Ct, Bakersfield, CA
661-368-5323
WWW.EVENTBRITE.COM

Hosted By:
Patrick "Game Changer" Jackson

The State of Black America - Kern County is an event that allows African Americans leaders to analyze our current position, issues and create solutions. The panel discussion will cover topics such as Education, Health, Politics, Religion and Economic empowerment.

PANELISTS

 Candace Neal Esq. Planning Commissioner Attorney	 Wesley Davis III WDF Vice President	 Fred Prince Omega Insurance CEO	 Monique Hawkins NPHC President	 Tim Grays Pleasant View Church Pastor	 Hugh Beatty, MD The Wellness Doc Medical Doctor	 Dr. Brenda Lewis Retired Superintendent Education
 Shayon J. Bradley BC Umoja Student	 Janell Gore Kern Sol Journalist	 Sammy Wells KHSO Student Rep	 Kailani Dukes NAACP YC 2nd Vice President	 Zachary Keys CSUB BSU Vice President	 Mikhala Armstrong 17 - KSET News Reporter	

OUR SPONSORS

Blanca Haynes NAACP, Nick Hill KCBCC, James Burton KHSO, Artisa Mae State Farm, Shalanda & LaShaka Awakened, Edward Robinson Charmed & Chosen, The Social Servant

GUEST SPEAKERS

CONFERENCE & VENDOR REGISTRATION \$30 FREE EVENT

Kern County Black Maternal Festival

A DAY TO Educate. Empower. Create.

March 25, 2023
10am - 2pm
201 New Stine Rd. #300
Bakersfield, Ca 93309

- Prenatal massage
- Doula care
- Childbirth education
- Mental Health resources
- Pelvic Floor Physical Therapist
- Placenta Education
- Dietitian/Nutrition
- Skin Wellness
- Health Care
- Vaccination
- and more services

Kern County has one of the highest rates of Black pregnancy-related deaths and preterm births.

The Kern County Black Maternal Festival will bring resources and education together to support Black women through community.

Sponsor, Vendor, Community Partner
Ora or Raven 661-624-3167
PowerfulBlackBabies@gmail.com
www.ShePowerAcademy.org

A ShePower and Raven Nest Collaboration



Figure 7: Examples of African-American Events

Goal 4: For Asian/Pacific Islander group monitor, track, and improve Penetration Rate and O&E



Strategy 1: Meet or exceed MH PRR of 1.75% for Asian/Pacific Islander population

In FY22-23, a penetration rate of 1.34% for Asian/Pacific Islander individuals receiving mental health services was reported.



Strategy 2: Meet or exceed SUD PRR of .17% for Asian/Pacific Islander population

In FY22-23, a penetration rate of 0.21% for Asian/Pacific Islander individuals receiving substance use services was reported.



Strategy 3: Engage in systemwide and community collaboration on outreach, access, engagement, and service activities to penetrate Asian/Pacific Islander population

Dozens of announcements were made about community events, and award opportunities (e.g., youth, inspiring advocates).

One-hundred sixty-seven total outreach events took place. The events took place at a variety of locations. Topics included the Know Your Numbers, KYN Events, Race Against Trafficking, CSUB Mental health Awareness Event, Sikh Women's Walk, and Stay Calm and Bee Well. There was also a Townhall Event with Dr. Nandhi Madhanagopal.

Also see Criterion 4, Goal 1, Strategy 2 for additional information about Outreach and Education events.

Three KernBHRS staff attended the Bakersfield Sikh Women's Association's 6th Annual 5k on April 29, 2023 at Riverwalk Park. The KernBHRS Ethnic Services Coordinator, assisting Spanish-speaking individuals and two Punjabi-speaking nurses who were able to assist Punjabi-speaking community members. The nurses were able to assist community members by providing a walkthrough of how to access services via the 988 hotline numbers and request a Punjabi interpreter. KernBHRS staff were also able to connect with individuals from the Jaraka Movement's Khair Program which empowers local youth to participate in leadership and policy development surrounding Health and Wellness.

Good Evening CCR Committee,

We hope you are having a wonderful Friday.

In addition to Mental Health Month, May is also Asian American Pacific Island Cultural Heritage Month. As part of our celebration of Asian American Pacific Island Cultural Heritage Month we want to highlight a FREE webinar hosted by GBH Boston, *The State of Race: AAPI Cultural Heritage Month – The Invisible Becoming Visible*. The webinar will celebrate the rise of Asian American Pacific Island individuals serving in leadership positions and will feature two panels, one featuring elected and appointed Asian American Pacific Island Individuals and the other featuring artists, business executives, and non-profit organizers. The webinar is FREE and will take place Monday May 22 at 3PM PST (6PM ET) and is expected to last for 1.5 hours.

Sign up to attend [here](#).

We also want to share with you some information regarding Asian American Pacific Island cultures, individuals, and some of the strengths and challenges these groups face.

According to the National Alliance on Mental Illness (NAMI), the umbrella term Asian American Pacific Island encompasses around 50 distinct ethnic groups with more than 100 languages spoken between them. In the most recent census, roughly 24 million individuals identified as Asian and an additional 1.6 million identifies as Native Hawaiian and other Pacific Islander. The Asian American Pacific Island heading includes many disparate cultures including, but not limited to:

- Chinese
- Indian
- Japanese
- Filipino
- Vietnamese
- Hawaiian
- Cambodia
- Indonesia
- Singaporean

... And many more.

Since Asian American Pacific Island diaspora is encompassing of so many different cultures, celebrations of Asian American Pacific Island Cultural Heritage Month are as diverse as each of the locales represented. The pursuit of wellness and mental health within these diverse groups is heavily dependent on culture. Some wellness practices that you may have heard of are:

- Traditional Chinese Medicine

- Ayurveda (traditional Indian medicinal practices)
- Acupuncture
- Tai Chi
- Qi Gong
- Guided Meditation
- Spiritual Healing

This is not an exhaustive list it is common amongst several Asian American Pacific Island cultures to seek traditional healing or medicine over Western medicinal practices which can mean that Western Behavioral Health Services may not be preferred means of treatment. Some of the common strengths among Asian American Pacific Island groups are the resilience that a strong connection to culture can create. Amongst the various groups there tend to be strong ties to religion which can also aid in resilience.

The Cultural Competence Team wants to acknowledge the 11,000 reported acts of hate against Asian Americans and Pacific Islanders since 2020. Attached is the May 2023 edition of *Righting Wrongs* put out by the organization Stop Asian American Pacific Islander Hate which outlines some guidance regarding protecting Asian Americans and Pacific Islanders against racism by empowering individuals to better understand how to enforce and protect their civil rights. Please see the attachment ([23-SAH-CivilRightsReport.PDF](#)) for more information on how you can help.

In addition to highlighting the recent challenges facing Asian American Pacific Island individuals, we also want to highlight the numerous positive contributions of Asian American Pacific Island individuals who have been leaders in the field of psychology. Please see the attachment ([AAPI Psychologists_Final.PDF](#)) for more information on the contributions of Asian American Pacific Islanders to the field of psychology including both early leaders in the field as well as contemporary leaders.

Finally, if you are looking for a fun way to engage with Asian American Pacific Island Cultural Heritage Month at home out of the Kern County heat, you can check out this year's winner for Best Picture at the Oscar's, *Everything Everywhere All At Once* (MPAA rated R) which not only features a stellar cast, but also contends with topics such anxiety, depression, and intergenerational differences in overcoming mental health challenges. If you're looking for something more family friendly you may want to check out *American Born Chinese* (Rated TV-PG) set to premiere on Disney+ May 24, 2023 or *Turning Red* (MPAA rated PG) also available on Disney+. For another family-friendly experience check out these [FREE](#) audio and video resources from the Library of Congress

We hope that you all have a wonderful weekend.

Figure 8: Example of AAPI In-Observance Message

ABOUT **STOP AAPI HATE**

Stop AAPI Hate is a coalition co-founded by AAPI Equity Alliance, Chinese for Affirmative Action, and the San Francisco State University Asian American Studies Department. Created amid the rise of COVID-19-related anti-Asian racism, our coalition has since joined a nationwide movement for a safer, more equitable future for Asian Americans, Pacific Islanders, and other communities grappling with systemic racism, injustice, and harm.

Grounded in tackling the root causes of racism, our work includes research and data analysis, policy development and advocacy, narrative change, and community capacity building. We focus on issues including education equity and advancing ethnic studies, building community safety and resilience, and enhancing civil rights protections and racial justice.

ACKNOWLEDGMENTS

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We are grateful to the thousands of individuals who share reports of hate against Asian Americans and Pacific Islanders on behalf of themselves or others, especially the individuals who give us their consent to share their stories in this report. Without you, this work would not be possible. If you or someone you know experiences anti-AAPI hate, please report to stopaapihate.org.

RIGHTING WRONGS

How Civil Rights Can Protect Asian Americans & Pacific Islanders Against Racism

MAY 2023



Figure 9: Examples of AAPI Events



Strategy 4: Identify and collaborate with at least 3 API communities in Kern County to share materials and resources on BH services

In FY22-23 KernBHRS connected with the Bakersfield Sikh Women’s Association, the Jakara Movement, and distributed materials to local Gurudwaras. The Cultural Competence Team also made contact with the Khair Youth health and wellness project that is housed within the Jakara Movement. The Khair program seeks to empower primarily Sikh and Latinx to understand intergenerational trauma and how that impacts mental health and substance use disorders within their communities. The initiative gives students the means to impact public policy and develop an action plan toward prevention and early intervention.

Goal 5: For American Indian/Alaska Native group monitor, track, and improve Penetration Rate and O&E



Strategy 1: Meet or exceed MH PRR of 5.9% for American Indian/Alaska Native population.

In FY22-23, a penetration rate of 13.38% for American Indian/Alaskan Native individuals receiving mental health services was reported.



Strategy 2: Meet or exceed SUD PRR of 2.25% for American Indian/Alaska Native population.

In FY22-23, a penetration rate of 3.15% for American Indian/Alaskan Native individuals receiving substance use services was reported.



Strategy 3: Engage in systemwide and community collaboration on outreach, access, engagement, and service activities to penetrate American Indian/Alaska Native population

Several events, many in partnership with Bakersfield American Indian Health Project (BAIHP) were conducted in FY22-23. One example is KernBHRS partnering with Bakersfield American Indian Health Project (BAIHP) and Community Action Partnership Kern (CAP-K) to host a free community event. BAIHP hosted a back-to-school event on August 5th that was open to the public. Backpacks with school supplies and COVID vaccinations were offered at this event. Anyone who received a vaccine and completed a short survey received \$100 in gift cards. Fliers from this event are provided below.

Additional events included a Gathering of Native Americans (GONA) event, Save a Life Today (SALT)/NAMI walk, a Native American Heritage Month event, and Quality Improvement partnership meetings with BAIHP.




CALL TO ARTISTS CONTEST

Bakersfield American Indian Health Project (BAIHP) is calling for artists to show their talents with Native American Art.

BAIHP supports the belief that the arts can promote health, wellness, inclusion, and acceptance.

Submissions can be just about any type of Native American medium you choose. We would like to see: Paintings, Baskets, Tapestry, Cross Stitch, Beadwork, Woodworking, Quillwork, Watercolor, Ceramics, Wall murals, Shadow Boxes, and Sculpture.

There are no limits to what you can submit, so think outside the box.

Send us your submission by email at: baihpcommunity@BakersfieldAIHP.org or drop off with receptionists. We are located at 501 40th Street, Bakersfield, CA. (timeline September 1 – November 30, 2022).

Your art will be showcased at the December Board of Directors meeting for vote, and winners will be announced at the January All-Staff meeting. Top art pieces will be displayed permanently at our 501 40th Street Clinic, and will be featured in the 2024 BAIHP Calendar.

You can use this flyer to include your contact info below with your submission:

NAME (Print): _____
 PHONE: (____) _____
 EMAIL: _____
 TYPE OF ART: _____

By checking the box, I donate my art to BAIHP.
 No, I would like my art returned to me after the contest. (Returns by February 2023.)

Figure 10: Events Held in Collaboration with the BAIHP

Criterion 4. Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System

CRITERION 4 REQUIREMENTS

I. The County has a Cultural Competence Committee (or similar group) that addresses cultural issues, has participation from cultural groups, that is reflective of the community, and integrates its responsibilities into the mental health system

KernBHRS facilitates a Cultural Competence Resource Committee (CCRC) that meets monthly to review data, best practices, and needs and gaps. This group consists of community partners, staff from local community organizations, and KernBHRS staff and contractors. The CCRC also holds smaller, event driven workgroups, and coordinates with other county mental health groups, including the MHSA team, outreach and education teams, and the quality improvement division. Additional details about this committee and its activities can be found in the details related to the one goal and three strategies described below.

Goals and Strategies

Goal 1: Enhance collaboration with community partners through the CCRC with the purpose of addressing local cultural concerns and ensuring representation that is reflective of community demographics.



Strategy 1: CCRC meets monthly to ensure CCRC members are diverse and to review/contribute strategies, recommendations, and/or planning and develop cultural competence items

The CCRC helps cultural advocates, including community partners, contract partners, and staff, work collaboratively on strategies to increase equitable quality of care for their diverse clients on the road to recovery from mental health and substance use challenges. The CCRC met nine times during FY22-23. The meetings were generally held monthly; the Winterfest was held in place of the December 2022 meeting and there were no meetings in April and June 2023. The agenda items covered topics such as the language lines, penetration rates, and population-specific sub-committee updates and improvement action strategies.

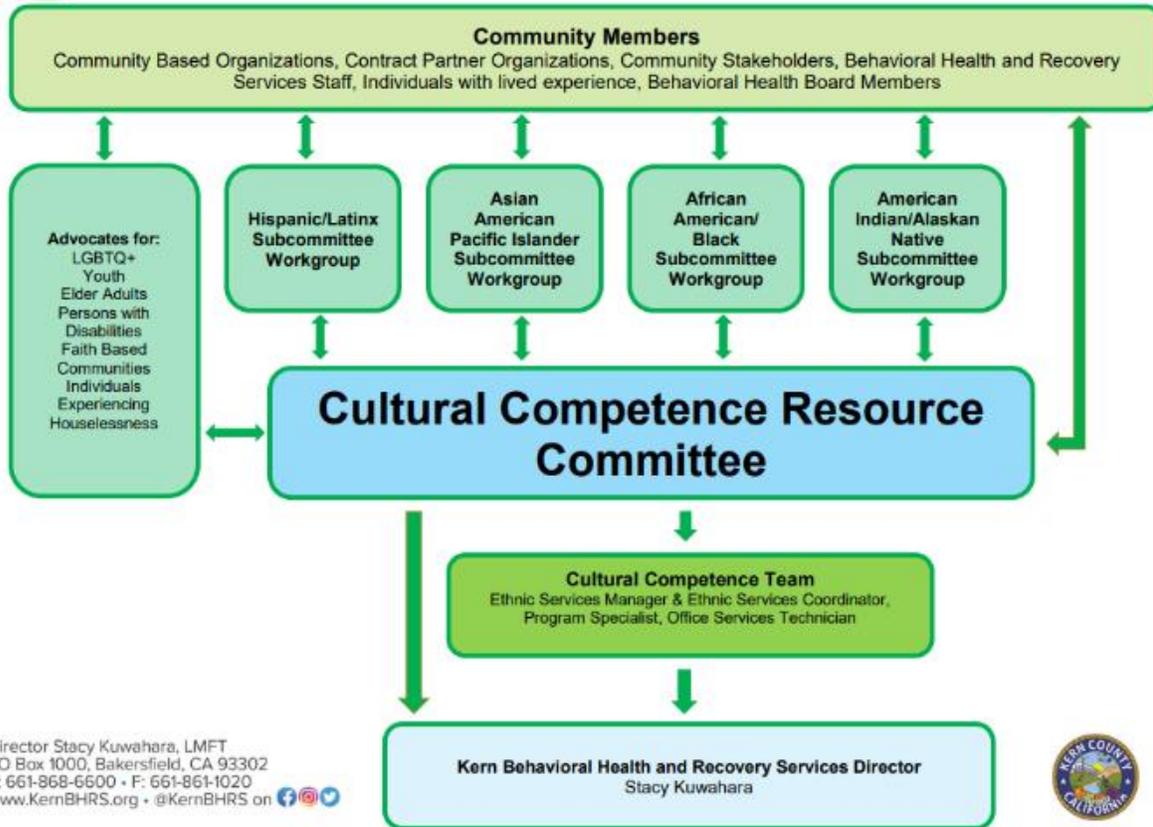


Figure 11: A visualization of CCRC Activities



Strategy 2: Collect community input through stakeholder meetings, community forums, and O&E events

One-hundred sixty-seven outreach events took place. The events took place at a variety of places and locations. Topics included a Bakersfield Recovery Station Stakeholder Meeting, NAMI Walk, Rock Community Outreach Event, Out of the Darkness Walk, Resource Fair and Vaccinations at Kern County, and KernBHRS State Equity Project Listening Sessions at the Rathbun Library.

Hotline Outreach and Education Events took place that served 16,429 people.

Trainings and Outreach offered:

- LEAD
- More Than Sad
- Custom suicide awareness trainings
- Health fairs and tabling events
- Online suicide prevention summit

The following institutions and/or subpopulations were served:

- Area high schools, (students and staff)
- Amazon
- Bakersfield Police Department

- Kern County Sheriff's Office
- Wasco High Staff
- Dignity health
- Cal State University Bakersfield
- Family Resource Centers
- Area churches
- Bakersfield American Indian Health Project
- Survivors of Suicide Loss
- Probation Department
- Mojave River Academy
- Children's Collaborative
- Bakersfield Behavioral Healthcare Hospital
- Childnet
- Community Action Partnership of Kern
- Safe Baby Conference
- Child Guidance Clinic Support Staff
- Bakersfield Angels
- Bakersfield City School District

Eleven in-person Community Forums occurred. Each meeting featured a different focus area and data was shared. Example topics are staff recruitment and retention, services for youth, housing program updates and expansion efforts, and crisis. Sample fliers and a list of events are provided below.



Figure 12: FY22-23 Community Forums

Community Forums

Date	Focus	Total Attendance
July 20, 2022	Services For Youth	32
July 25, 2022	MHSA Expansion and Infrastructure Efforts	10
July 26, 2022	MHSA Expansion Efforts	17
August 12, 2022	Services For Youth	17
September 7, 2022	MHSA Expansion Efforts	10
December 6, 2022	Housing, Program Updates & Expansion Efforts	13
December 12, 2022	Innovation Updates	9
February 3, 2023	HCIP Grants	12
February 8, 2023	Crisis Services	4
February 28, 2023	Staff Retention and Recruitment	19
April 27, 2023	Kern County 3-Year MHSA Plan and ARER	9
Total Attendance		152

Stakeholder meetings and Community Forums were completed as part of the MHSA Community Program Planning Process. Additional details about these events are included in the FY22-23 KernBHRS Community Program Planning Process report (available upon request).



Strategy 3: Disseminate CC information in internal and external committees.

In addition to the regular monthly Cultural Competence Resource Committee meetings (additional information on these can be found in Criterion 4, Goal 1, Strategy1), the following subcommittee meetings were held:

Cultural Competence Resource Subcommittee Meetings

African American/Black Subcommittee Meeting			
Date	Scheduled Time	Platform	Status
September 7 th , 2022	4:00 pm – 5:00 pm	Microsoft Teams	Active
October 5 th , 2022	4:00 pm – 5:00 pm	Microsoft Teams	Active
November 2 nd , 2022	4:00 pm – 5:00 pm	Microsoft Teams	Active
December 7 th , 2022	4:00 pm – 5:00 pm	Microsoft Teams	Active

January 4 th , 2023	4:00 pm – 5:00 pm	Microsoft Teams	Canceled due to Holiday
February 1 st , 2023	4:00 pm – 5:00 pm	Microsoft Teams	Active
March 1 st , 2023	4:00 pm – 5:00 pm	Microsoft Teams	Active
April 5 th , 2023	4:00 pm – 5:00 pm	Microsoft Teams	Active
May 3 rd , 2023	4:00 pm – 5:00 pm	Microsoft Teams	Active
June 7 th , 2023	4:00 pm – 5:00 pm	Microsoft Teams	Canceled
Native American/Alaskan Native Subcommittee Meeting			
September 6 th , 2022	9:30 am – 10:30 am	Microsoft Teams	Active
October 3 rd , 2022	9:30 am – 10:30 am	Microsoft Teams	Active
November 7 th , 2022	9:30 am – 10:30 am	Microsoft Teams	Active
December 5 th , 2022	9:30 am – 10:30 am	Microsoft Teams	Active
January 9 th , 2023	9:30 am – 10:30 am	Microsoft Teams	Canceled due to Holiday
February 6 th , 2023	9:30 am – 10:30 am	Microsoft Teams	Canceled
March 6 th , 2023	9:30 am – 10:30 am	Microsoft Teams	Active
April 3 rd , 2023	9:30 am – 10:30 am	Microsoft Teams	Active
May 1 st , 2023	9:30 am – 10:30 am	Microsoft Teams	Active
June 5 th , 2023	9:30 am – 10:30 am	Microsoft Teams	Canceled
Hispanic/Latinx Subcommittee Meeting			
September 2 nd , 2022	10:00 am- 11:00 am	Microsoft Teams	Active
October 7 th , 2022	10:00 am- 11:00 am	Microsoft Teams	Active
November 4 th , 2022	10:00 am- 11:00 am	Microsoft Teams	Active
December 2 nd , 2022	10:00 am- 11:00 am	Training Room	Active
January 6 th , 2023	10:00 am- 11:00 am	Microsoft Teams	Canceled due to Holiday
February 3 rd , 2023	10:00 am- 11:00 am	Microsoft Teams	Active
March 3 rd , 2023	10:00 am- 11:00 am	Microsoft Teams	Active
April 7 th , 2023	10:00 am- 11:00 am	Microsoft Teams	Active
May 12 th , 2023	10:00 am- 11:00 am	Microsoft Teams	Active
June 2 nd , 2023	10:00 am- 11:00 am	Microsoft Teams	Canceled
Asian and Pacific Islander American Subcommittee Meeting			
September 1 st , 2022	1:00 pm - 2:00 pm	Microsoft Teams	Active
October 6 th , 2022	1:00 pm - 2:00 pm	Microsoft Teams	Active
November 3 rd , 2022	1:00 pm - 2:00 pm	Microsoft Teams	Active
December 1 st , 2022	1:00 pm - 2:00 pm	Microsoft Teams	Active
January 5 th , 2023	1:00 pm - 2:00 pm	Microsoft Teams	Canceled
February 2 nd , 2023	1:00 pm - 2:00 pm	Microsoft Teams	Rescheduled to February 9 th , 2023
March 3 rd , 2023	1:00 pm - 2:00 pm	Microsoft Teams	Active
April 6 th , 2023	1:00 pm - 2:00 pm	Microsoft Teams	Active

May 4 th , 2023	1:00 pm - 2:00 pm	Microsoft Teams	Rescheduled to May 8 th , 2023
June 1 st , 2023	1:00 pm - 2:00 pm	Microsoft Teams	Canceled
Recruitment & Retention of Diverse Workforces Meeting			
August 24 th , 2022	1:00 pm - 2:00 pm	Microsoft Teams	Unknown
October 26 th , 2022	1:00 pm - 2:00 pm	Microsoft Teams	Active
November 23 rd , 2022	1:00 pm - 2:00 pm	Microsoft Teams	Canceled
January 25 th , 2023	1:00 pm - 2:00 pm	Microsoft Teams	Rescheduled
February 22 nd , 2023	1:00 pm - 2:00 pm	Microsoft Teams	Rescheduled to January 18 th , 2023
March 22 nd , 2023	1:00 pm - 2:00 pm	Microsoft Teams	Canceled
April 26 th , 2023	1:00 pm - 2:00 pm	Microsoft Teams	Rescheduled to April 10 th , 2023
May 24 th , 2023	1:00 pm - 2:00 pm	Microsoft Teams	Canceled
June 28 th , 2023	1:00 pm - 2:00 pm	Microsoft Teams	Canceled

Criterion 5: Culturally Competent Training Activities

CRITERION 5 REQUIREMENTS

I. The county system shall require all staff and shall invite stakeholders to receive annual cultural competence training

KernBHRS uses MHSA Workforce, Education, and Training (WET) funds to implement universal cultural competence training requirements for all staff, including contractors, in an accessible format. Additional details about the required trainings and compliance with training completion are provided in Goal 1 below.

II. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system

Culture trainings are regularly reviewed, revised, and updated to reflect emerging changes in local demographics or community needs. Additional information about training processes are provided below.

Additionally, Goal 2 provides data regarding the effectiveness of the cultural competency trainings offered. Goal 3 includes additional information about how cultural competence trainings are updated, revised, or expanded to meet the needs of providers' and community members' emerging needs.

Goals and Strategies

Goal 1: Utilize MHSA WET funds to ensure education and culturally competent trainings are available to the workforce to address effectively serving diverse groups, unserved, and/or underserved populations.



Strategy 1: 85% of staff (MH and SUD) complete a minimum six hours of cultural competence trainings annually

The training requirement is stated in the following policies and agreements:

- **Policy 7.1.5 - SOC:** all staff will "Complete at least six (6) hours of cultural competence trainings per year."
- **Contract agreements:** "Contractor understands that its staff must receive at least six (6) hours of cultural competence training each year."
- **CCPR - Criterion 5:** All staff must complete 6 hours of cultural competence training annually.

Although the policies require these trainings for all staff, this strategy is assessed as 85% of staff completing the trainings as of FY22-23. Additionally, beginning in FY23-24, staff will be assigned specific trainings to complete (i.e., 1.5 hours per quarter), rather than requiring individuals to select their own trainings, which is expected to improve compliance.

The courses are offered through the Relias system, and staff may choose from the offered courses to reach the required six hours of training.

For the mental health system staff, only 61% of KernBHRS staff (and 57% of contractors) completed the required number of training hours in FY22-23.

For the Substance Use Services system staff, 88% of KernBHRS staff (and 70% of contractors) completed the required number of training hours in FY22-23. See the tables below for additional details.

Number of Staff Meeting Cultural Competence Hours Requirement

	Internal			Contractors		
	Compliance	Out of Compliance	Subtotal	Compliance	Out of Compliance	Subtotal
MH	457	289	746	242	182	424
SUS	79	11	90	160	68	228
Total	536	300	836	402	250	652



Strategy 2: Monitor and track next phase of Southern Counties Regional Partnership (SCRP) Multicultural Clinical Supervision Program trainings to all MH and SUD Clinical Supervisors to address CC core competency

In FY22-23, 46 KernBHRS staff completed Southern Counties Regional Partnership Multicultural Clinical Supervision courses. Of those 46 staff members, seven were representative of the SUD Division.

In addition to the above training requirements, the Southern Counties Regional Partnership (SCRP) Multicultural Clinical Supervision Program offers trainings to all clinical supervisors. Participation in these trainings is tracked, and example fliers from some of these trainings are provided below.





PRESENTED BY: KernBHRS SCRIP Clinical Supervision Training Graduates (refer to bios below for details)
Date(s): Monthly Self-Paced Modules and Clinical Consultation Groups (see below for monthly consultation dates/times)
Location: Relias LMS for Self-Paced Modules and Microsoft Teams for Consultation Groups
Target Audience: Licensed Behavioral Health Professionals (LMFTs, LCSWs, LPCCs, & Psychologists) Actively Providing Clinical Supervision and Pre-licensed Staff Within Six Months of Licensure Seeking to Provide Clinical Supervision

Training Program Description:

This course is designed for behavioral health professionals who are licensed to practice, currently are providing clinical supervision, are able and willing to take their licensing examination within six months, and would like to provide clinical supervision as prescribed by their respective board. Included participants are those students/interns who are required by their respective universities to obtain formal clinical supervision training to obtain and graduate from clinical psychology programs. The training program rests on the premise that clinical supervision is a distinct core competency domain for behavioral health professionals and requires specific preparation and formal training.

Participants will complete monthly self-paced online learning modules and participate in follow-up consultation groups. Consultation groups are designed to discuss each learning topic, review vignettes, analyze videos, and practice application of techniques for each monthly topic. Participants will select one facilitator from the consultation schedule below. Participants will remain with the facilitator of their choosing throughout the entire program.

Objectives:

Upon completion of this program participants will be better equipped to:

- | | |
|---|--|
| 1) Understand foundational and knowledge-based multicultural clinical supervision practices | 7) Use data from Routine Outcome Monitoring to provide effective performance feedback to supervisees |
| 2) Recognize (and avoid engaging in) inadequate or harmful supervision | 8) Deliver effective performance feedback and conduct supervisee evaluations |
| 3) To be multiculturally responsive to supervisees and the clients they serve | 9) Enact gatekeeping functions as necessary |
| 4) Negotiate the sometimes-complex legal and ethical terrain of supervision | 10) Help supervisees recognize and manage countertransference |
| 5) Supervise a person from another professional discipline | 11) Help supervisees recognize and resolve strains and ruptures that occur in the supervisory relationship |
| 6) Use video recordings and other methods of direct observation in their supervision | 12) Use triadic and group formats of supervision effectively |
| | 13) Evaluate the supervisory process and respond to what the evaluation reveals |

Participants Expectations:

1. Coordinate with supervisor to ensure allotted time is arranged to complete monthly learning modules (approximately 1hr. each) and participate in monthly group consultation sessions (approximately 1.5 hrs. each).
2. Complete monthly learning modules and pre/post exams prior to attending each follow up consultation session.
3. Actively participate in each of the monthly group consultation sessions.

Continued 

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For grievances or to place a complaint, call 661-868-7832 or email BHRSTraining@kernbhhs.org

Figure 13: Multicultural Clinical Supervision Training Announcement



Strategy 3: Monitor State Peer Certification and Trainings to ensure current eligible staff have appropriate supports

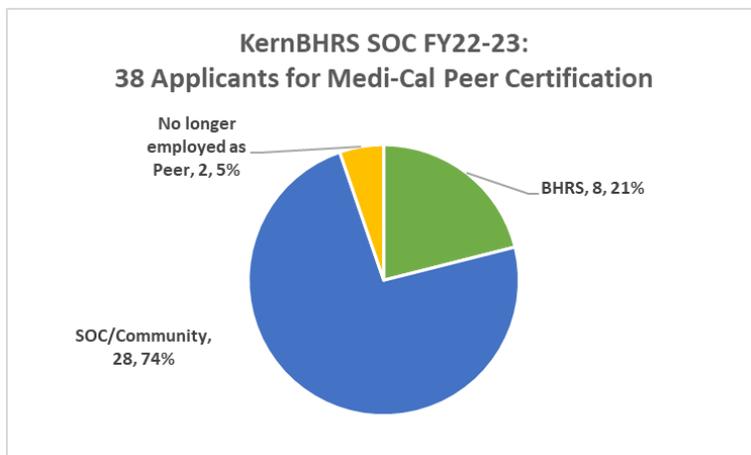
During FY22-23, KernBHRS made strides in the hiring process for Behavioral Health Peer Specialists. Across the various teams within the department, a total of 13 positions were open for this role. By June 2023, the department successfully filled eight of these positions, leaving five vacancies yet to be filled. The Behavioral Health Peer Specialist report provides an insightful breakdown: in FY22-23, the department hired a total of five Behavioral Health Peer Specialists, and over the same time span, only one Peer Specialist departed from the department, indicating a relatively stable retention rate. These data underscore the department's efforts to bolster its team of Peer Specialists and also points to areas where recruitment might need intensification to fill the remaining positions.

In FY22-23, KernBHRS embarked on a significant partnership with CalMHSA, aiming to elevate the capabilities of peer support through the new California Medi-Cal Peer Support Training and Certification program. Recognizing the potential and importance of peer training, CalMHSA generously offered scholarships for the training and subsequent certification during this period. This initiative garnered significant interest; 38 individuals, encompassing staff from the BHRS System of Care, consumers, and

community members, applied for these scholarships and the certification. Notably, 17 individuals successfully completed the training provided by CalMHSA and earned their certification, translating to a 45% success rate among applicants. This collaboration between KernBHRS and CalMHSA underscores the ongoing commitment to enhancing the quality of peer support in the community.

During FY22-23, 17 individuals successfully completed peer training and achieved certification through the CalMHSA Medi-Cal Peer Support Training and Certification program. Of this group, six are directly affiliated with KernBHRS, representing 35% of the Medi-Cal Certified Peer Support Specialists. Another nine individuals are associated with the BHRS System of Care, indicating they are employees of contracted providers, and they too represent 35% of the certified group. Additionally, two of the certified individuals, accounting for 12% of the Medi-Cal Certified Peer Support Specialists, have since moved on and are no longer employed by KernBHRS. This data provides insight into the diverse backgrounds of the beneficiaries of the training and certification program and demonstrates its widespread influence across various segments of the behavioral health community.

KernBHRS emphasizes the value of peers in behavioral health, offering two job classifications: the Behavioral Health Peer Support Specialist and the Senior Behavioral Health Peer Support Specialist. In FY22-23 the KernBHRS System of Care (SOC) peer workforce saw growth, partly due to Certified Peer Support Specialists now being able to bill Medi-Cal for specific services. KernBHRS's dedication to peer roles predates the CalMHSA Medi-Cal Peer Support Training and Certification program. The SOC showcases the vast opportunities for peers, with many advancing to roles like pre-licensed therapists, Recovery Specialists on various teams, positions in the Substance Use Disorder (SUD) division, and roles serving the 988 Hotline. Teams within the SOC are expanding, integrating more peers, and offering services in areas such as early psychosis intervention, outreach, mobile psychiatric services, and psychiatric health facilities.



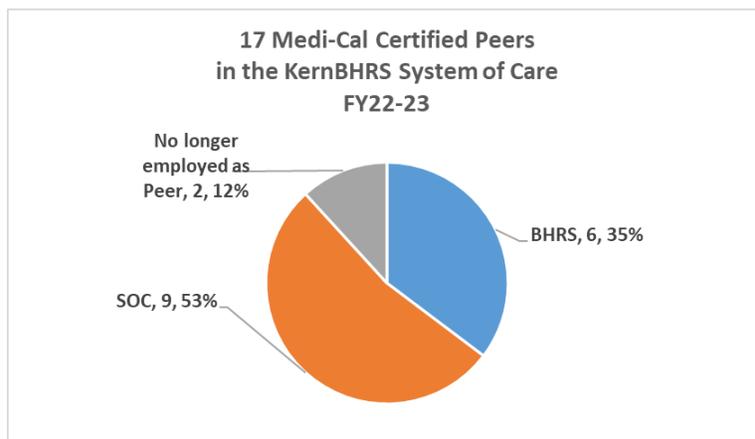
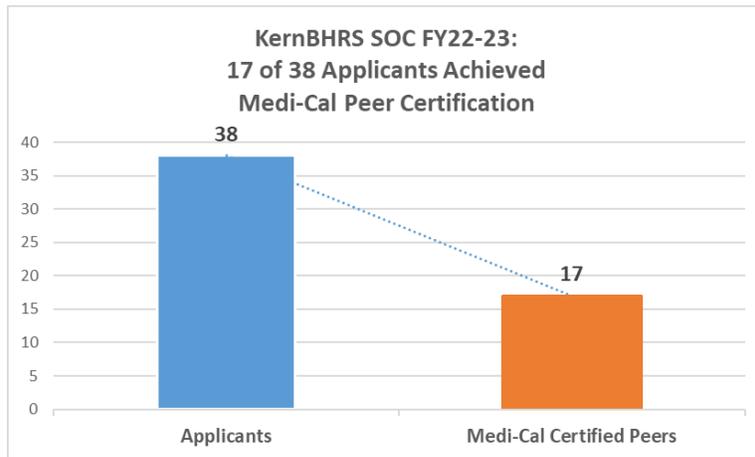


Figure 146: Medi-Cal Peer Statistics

Goal 2: Enhance analysis of the effectiveness of CC trainings

- ✓
Strategy 1: Assess status of training programs to determine if any changes need to be made to accommodate post-COVID workplace considerations.

Training works with department leadership to monitor current COVID community levels. Due to finance reform, trainings which can be conducted online are now offered in this format or in a self-paced pre-recorded format to help staff with client service provision time. However, this has also reduced the number of trainings for which large numbers of staff have to gather in one location. As for as training programs which require staff to be in proximity with others, staff are offered masks, gloves, hand sanitizer and other personal protective equipment and encouraged to mask according to their personal comfort level. Training programs and courses are reviewed and revised regularly through the Training Review Committee. See Criterion 5, Goal 3, Strategy 1 for more information.

- ✓
Strategy 2: Continue utilizing Relias to develop pre and post examinations for trainings

Pre/post trainings continue to be implemented and reviewed in Relias. An example table summarizing scores from these tests is provided below.

**Quantitative Training Effectiveness
August 2022**

Training	Direct Service Licensed		Direct Service Non-Licensed		Administrative	
	Pre	Post	Pre	Post	Pre	Post
ASIST*	82	96	74	88		
CANS Overview*			79	73		
CPI Physical	84	87	68	79	87	100
MHFA	70	80	77	90	82	80
Relias: Cultural Competence	89	100	88	99	83	97
Relias: Individual & Organizational Approaches to Multi-cultural Care	64	93	53	92	55	94
(Eng) CCP, CLAS, Better Care 2022	59	85	52	82	60	82
(Spn) CCP, CLAS, Better Care 2022	60	80	53	83	67	80

* = includes scores from Contract Partners

Figure 157: Example Training Effectiveness Summary Table

At this time, Relias learning management system does not have capacity to list/number trainings which have pre- and post- tests. Additionally, due to high workloads, staff struggle with completing pre-tests ahead of training because it cuts into service provision time. Because of this, the department has begun to eliminate pre-tests from trainings on a case-by-case basis. Thus, there are barriers that prevent full evaluation of staff trainings.

Goal 3: Offer specific CC trainings of diverse and BIPOC populations identified in Southern Counties Regional Partnership formal assessment and CCRC subcommittee recommendations.

 *Strategy 1: Utilize staff feedback to enhance/develop CC training courses tailored to the needs of the department*

The Training Review Committee is dedicated to ensuring the highest standards in the department's training programs. With a clear mission, the committee seeks to critically assess the quality of trainings provided to all staff members. They are entrusted with the responsibility of pinpointing needs and gaps within the training modules. Additionally, the committee is tasked with formulating standardized processes that will elevate the quality of training sessions. The ultimate goal is to equip both internal and external staff with top-tier training, which in turn ensures that they deliver effective and culturally competent services to clients and the wider community.

The Training Review Committee convened on several occasions in FY22-23. The meeting dates and number in attendance are shown below.

Training Review Committee Meetings

2022
Tuesday, July 12:16 committee members
Tuesday, August 9: 16 committee members
Tuesday, September 13:14 committee members present and a guest.
Tuesday, October 11:18 committee members and an additional guest participating.
2023
Tuesday, February 14: 19 committee members
Tuesday, March 14: 17 committee members
Tuesday, April 11: 18 committee members
Tuesday, May 9: attendance unknown

These meetings, marked by consistent member involvement, underline the committee's commitment to enhancing the quality of training within the department.

 *Strategy 2: Begin implementation of Cultural Formulation Interview (CFI) training to department clinicians*

In FY22-23 two Cultural Formulation Interview courses were tracked through the Relias Learning Management System. 29 staff attended CFI Part 1: Universal Cultural Formulation Interview Training, 4 were representatives of the Substance Use Disorder Division. CFI: The DSM-5-Text Revision (TR) Outline-Tools for Culturally/Structurally Competent Care as attended by 126 staff, 30 of those staff were representative of the Substance Use Disorder Division. Across both courses 155 staff completed both trainings and 34 of those were representative of the Substance Use Disorder Division.

Planning for the Cultural Formulation Interview (CFI) Training began in FY21-22, and trainings occurred in April and May 2023. Data about the number of staff members that attended that training and the other CFI training that is listed in Relias (the learning management program can be found in Criterion 5, Goal 3, Strategy 2.



PRESENTED BY: Francis G. Lu, MD
Dates: April 14, & May 19, 2023
(Participants must attend both days as course material is cumulative)
Times: 1:30PM – 3:00PM each day
Location: Zoom Web-based Training
Target Audience: Mental health professionals in practice, trainees from the disciplines of psychiatry, psychology, social work, nursing, marriage and family therapists, counselors working at both Kern Behavioral Health and Recovery Services and the UCLA-Bakersfield Department of Psychiatry.
****Staff attendance will be assigned by the KernBHRS Division Administrators****

Training Description:

Part 1: April 14, 2023, "The DSM-5-Text Revision (TR) Outline for Cultural Formulation and Cultural Formulation Interview: Tools for Culturally/Structurally Competent Care" - The definition and rationale for cultural competence in mental health service will be presented. Rationales include 1) improved quality of care focusing on patient-centered care and equitable care, 2) ACGME accreditation standards for psychiatry residency training programs. Next, a road map to cultural and social structural issues in the Diagnostic and Statistical Manual-Fifth Edition-Text Revision (DSM-5-TR) will be provided in all 3 sections of DSM-5-TR. Finally, two tools for culturally competent care in DSM-5-TR will be presented: 1) Outline for Cultural Formulation and 2) Cultural Formulation Interview. It consists of patient and informant versions and 12 Supplemental Modules. These materials are relevant to the care of all patients, not just patients from minority racial/ethnic groups. Every patient has a cultural identity which interacts with the cultural identity of the clinician, treatment team, and institution so the cultural features of their relationships need to be understood and utilized to provide optimal clinical care. Understanding the cultural concepts of distress as well as the cultural stressors and supports (social determinants of mental health) are needed for optimal differential diagnosis of mental disorders and other conditions that may be a focus of clinical attention (primarily Z codes) and for optimal treatment planning.

Part 2: May 19, 2023, "Deeper Dive: DSM-5-Text Revision (TR) Outline for Cultural Formulation and Cultural Formulation Interview" - This session will be divided into 2 sections. First, the use of the Cultural Formulation Interview will be illustrated through showing portions of the CFI Online Training Module from the New York State Psychiatric Institute Center Of Excellence For Cultural Competence at Columbia University. The video shown will show psychiatrists interviewing actual patients using the CFI questions that will have been presented on April 14. Second, a case conference format will be used to demonstrate the Outline for Cultural Formulation. Dr. Lu will work with a volunteer presenter for the month prior to May 19 to prepare a case presentation followed by Dr. Lu presenting the Outline for Cultural Formulation.


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Figure 18: CFI Training Flyer



Strategy 3: Begin implementation of System of Care-wide culturally-infused evidence-based suicide prevention training.

Be Sensitive Be Brave Suicide Prevention was implemented during FY22-23, the course was assigned to all staff during the final quarter of the fiscal year and the total number of completions was 1027. Of the 1027 completions 180 of those completions represented the Substance Use Disorder Division. After accounting for discrepancies in vendor reports for Relias, an additional 70 staff were found to have completed the training. Thus, an estimated 30% of staff completed this training in FY22-23.



Strategy 4: Provide, track, and monitor trainings on diverse groups including, topics such as, telehealth, cultural humility, culturally adapted evidence based practices (EBPs), implicit bias, ADDRESSING Model, etc.

In FY22-23, approximately 40 webinars were added to Relias, covering a range of topics. These included "DEI and Psychological Safety: The Future of the Workforce Is Empowerment," which addressed aspects of empowerment in the workforce in the context of Diversity, Equity, and Inclusion (DEI) and psychological safety. "Understanding Suicide and Mental Health Disparities Among Black and African



Figure 19: Example Flyers for Trainings

American Communities in Integrated Care" explored the disparities observed in suicide rates and mental health within Black and African American communities and discussed integrated care approaches. "Culturally and Linguistically Appropriate Services (CLAS) in Maternal Health Care" focused on the application of CLAS standards in maternal health care settings. Another topic, "Beyond Cultural Competency: Black Maternal Mental Health," provided information on specific considerations regarding Black maternal mental health. Lastly, "Patient Enhancements //Language Line" seems to indicate a discussion related to enhancing patient experiences and language line services, although further details were not provided. These topics entail a wide-ranging exploration of mental health, patient-care, diversity, equity, and inclusion in the discussed webinars.

All available trainings were tracked and trainee feedback was regularly reviewed. Sample trainee feedback and an example training calendar are provided below.

“I think this is my favorite training that I have taken so far. The presenter was phenomenal and all the experiential exercise were valuable to consolidate training” re: CBT-SP training

“Facilitators were enthusiastic and knowledgeable about the course content, and would provide relevant visual illustrations to help place emphasis on key points” re: CANS Workshop

Figure 160: Sample Trainee Feedback

Monthly Training Calendar
September 2022

September Date	Length (hours)	Title	Method of Instruction	CC Credit	CEUs	Psych CEUs	Intended Audience	Available to Contract Providers?	Available to public?
7, 8	12	CPI Non-Violent Crisis Intervention: Verbal & Physical skills	In-person (Commonwealth)	0	0	0	Direct Service Staff and Administrative staff on Direct Service teams	Not yet- will share information as it becomes available	Not suitable for public- meant for staff in BH settings
12	3.5	New Employee Orientation (NEO)	In-person (Westchester)	0	0	0	All New Hire Staff	No	Not suitable for public- meant for staff in BH settings
13	3.5	Core Academy: New Hire Cultural Competence at KernBHRS	Live online	3.5	0	0	All New Hire Staff (open to all KernBHRS staff)	Upon request	Specifically developed for BH staff; partners can request a tailored version of the training
14	4.5	Collaborative Outcomes Management: Child & Adolescent Needs Assessment] Overview Training & the Certified User Workshop	Live online	4.5	0	0	Open to SOC staff and partners who provide services to children and youth	Yes	Partners who need an understanding of the CANS Assessment may attend the first half of the training (Probation, DHS); not suitable for a general audience
15-16	16	ASIST (suicide prevention) Training	In-person (Commonwealth & other locations)	0	12	12	Direct Service Staff, Staff in partner agencies who provide direct services or support	Yes	Yes- though best suited to school counselors and similar roles. Other community members may benefit
16	1	Grand Rounds (Topic TBD)	Live online	1	1	1	Medical staff, physicians, and other healthcare professionals	Yes	Yes - recommended for healthcare professionals
19	2	Core Academy: LEAD (Suicide Prevention Training)	Live online	0	0	0	All New Hire Staff (open to all KernBHRS staff); suitable for audiences with no suicide prevention training experience	Yes	Yes- recommended for non-clinical audiences
20	8	Core Academy: Mental Health First Aid (Adult Curriculum)	Live online	8	0	0	All New Hire Staff (open to all KernBHRS staff- especially non-clinical); suitable for audience with no mental health training experience	Upon request	Upon request- may not be suited to all audiences as it requires 2-hours of online pre-work and then the 8 hour live online training
20	1	Beyond Cultural Competency: Black Maternal Mental Health	Live online	1	0	0	Licensed and Non-Licensed Direct Services Staff, including Recovery Specialists & Clinicians	Yes	Not suitable for public- meant for staff in BH settings
22-23	8	Treating Eating Disorders: Family-Based & Individual Approached	Live online	7	7	7	Licensed and Non-Licensed Direct Services Staff, including Recovery Specialists & Clinicians	Yes	Not suitable for public- meant for staff in BH settings
29	8	Youth Mental Health First Aid	Live online	8	0	0	All New Hire Staff who work with children & youth (open to all KernBHRS staff- especially non-clinical); suitable for audience with no mental health training experience	Upon request	Upon request- may not be suited to all audiences as it requires 2-hours of online pre-work and then the 8 hour live online training
30	7	Multi-County Suicide Prevention Summit	Live online	?	6	0	Suitable for all staff, contract partners, and general audiences	Yes	Publicly available event

Figure 171: Example Training Calendar

Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

CRITERION 6 REQUIREMENTS

I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations

Details about the KernBHRS workforce are available in the most recent Workforce Needs Assessment, which includes available demographic information about staff (including contracted providers), and an overview of the number of clients served by demographics. Details about how to view this document are listed below, in addition to information about other recruitment, hiring, and retention initiatives.

Goals and Strategies

Goal 1: Complete Workforce Needs Assessment



Strategy 1: Share findings of workforce needs assessment with workforce.

The most recent Workforce Needs Assessment was completed during FY22-23, and is included with the most recent MHSa Three Year Plan, available [here](#).



Strategy 2: Continue to enhance and centralize recruitment efforts including materials that reflect diverse personnel.

This information is found in the Recruitment & Retention Plan for 2022-2023. Information from this plan has been adapted or reproduced below. The document includes a vacancy and a recruitment summary, information about job advertising, outreach (e.g., job fairs), incentive programs, employee retention, and other relevant topics.

Vacancies

KernBHRS is a pivotal entity serving the greater Bakersfield area. In collaboration with contract providers, it extends its services to the outlying regions of Kern County. As the primary service provider for Kern County, KernBHRS is mandated by the Network Adequacy Standards to maintain its vacancy rate below a 10% ratio, ensuring that the region receives consistent and comprehensive care.

However, as of July 2023, a review of the staffing situation at KernBHRS reveals a challenge in meeting this target. Out of 985 permanent positions within the department, there are currently 157 vacancies. This translates to a vacancy rate of 15% when considering all vacancies. A more nuanced look at the numbers shows a 14% vacancy rate when excluding positions that are on hold and a further reduced rate of 13% when also excluding vacancies not yet requested by supervisors.

While these percentages are indeed higher than the 10% benchmark set by Network Adequacy Certification Tool (NACT), it's crucial to contextualize these figures. In March and April of 2023, the Board of Supervisors (BOS) approved an additional seven new vacancies for KernBHRS. This recent influx of positions can contribute to the current elevated vacancy rate, and it's a factor that should be weighed when assessing the department's staffing levels.

Employee Recruitment at KernBHRS

KernBHRS's Human Resources division has remained steadfast in its commitment to fulfilling positions, ensuring compliance with the standards set by the Network Adequacy Certification Toolkit. For FY22-23 recruitment period, a comprehensive plan has been laid out, which sees an integrated effort among multiple teams. This includes the collaboration of the department's Public Information Officer, the Cultural Competence Team, and the Kern County Human Resources team.

The recruitment blueprint is designed to expand the department's outreach, both within Kern County and its neighboring communities. One of the fundamental strategies is to forge robust relationships with educational institutions at various levels, including local vocational schools, community colleges, and universities. FY22-23 was marked by the establishment of a partnership with California State University Dominguez Hills. Additionally, to extend the reach beyond local boundaries, the recruitment team represented KernBHRS at a Career Expo held in Las Vegas, NV, in March 2023.

A critical aspect of the recruitment strategy is its adherence to established guidelines and principles. The plan is crafted to align with the Kern County Human Resources Civil Service Rules, the Equal Employment Opportunity Plan, and the KernBHRS Cultural Competence Plan. This alignment ensures that outreach efforts are not only wide-reaching but also target a culturally diverse pool of potential candidates, ensuring that the recruited personnel are both qualified and representative of the diverse community they serve.

Employee Recruitment Strategies

KernBHRS employs a *diverse range of advertising strategies* to maximize its reach to potential candidates. Platforms such as Indeed.com, CalJOBS, California Psychological Association, LinkedIn, GovernmentJobs.com, and the Kern County Human Resources Website are routinely used. For positions that are particularly challenging to fill, the department utilizes ZipRecruiter. Furthermore, opportunities for Inter-Departmental and Intra-Departmental Transfers are communicated through the County website and MHNet, respectively. The department's Public Information Officer (PIO) leverages the power of digital media by disseminating information through email, TikToks, LinkedIn, Instagram, and Facebook. In addition, job flyers are circulated to educational institutions to attract budding professionals.

KernBHRS's also extends *outreach to colleges and universities*, where the department establishes network contacts with the heads of professional institutions. Efforts in this domain include scheduling meet and greet sessions, classroom presentations, creating new MOUs for external and internal opportunities, and offering tours of KernBHRS facilities to students. The PIO actively fosters connections on platforms like LinkedIn and creates promotional videos that spotlight department members. Job fairs are a significant component of the outreach strategy. KernBHRS organizes job fairs biannually, targeting recent graduates. The Spring 2023 job fair, for instance, welcomed all Behavioral Health organizations and educational establishments. KernBHRS also marks its presence at job fairs outside Kern County, focusing on hard-to-fill roles like Clinical Psychologist, BH Nurses, Vocational Nurse, and BH Therapist. At the high school level, KernBHRS participated in two events in 2023, offering insights into Behavioral Health Careers. Other

outreach methods encompass sending job interest letters to potential candidates and employing recruiters or headhunters.

Kern County human resources (HR) plays a pivotal role in the recruitment process. In 2022, the application process was revised and updated. Now, concrete dates for written and oral exams are set in advance, ensuring a seamless experience for applicants. Once the list of potential hires is sent to the department, applicants have a three-day window to respond, a reduction from the previous five-day period. The HR team posts Job Bulletins on the County Website and LinkedIn, and for hard-to-fill roles, they collaborate with Employers' Training Resources to feature them on Job Corner, Channel 17. Additionally, they aid in reaching out to local schools to disseminate information about job opportunities. Lastly, a yearly county-wide job fair, scheduled for September 16, 2023, offers a consolidated platform for all county departments to attract prospective employees.

Community Recruitment Events

In March and April of 2023, 11 community recruitment events took place. These career/job fairs took place at CSUB, the Career Expo, and other locations. The target candidates varied including high-school students, nursing students, and all behavioral health careers. The numbers of attendees ranged from eight to over 500 with most having around 50 attendees.

Recruitment Limitations

The Recruitment Limitations section of the report provides an explanation as to why KernBHRS cannot target specific groups. The reasons are:

- KernBHRS Human Resources is a government entity governed by set Civil Services Rules. All of Kern County Departments must abide by the Civil Service Rules with all recruitment and hiring processes in order to maintain fair employment opportunities to all applicants. Please refer to Civil Service Rule 300 for more information.
- The County of Kern is an equal opportunity employer and is committed to an active Equal Employment Opportunity Program. As an equal-opportunity employer, the department cannot target a specific population in its recruitment efforts. Please refer to Equal Employment Opportunity Plan for more information.

However, KernBHRS Human Resources does work with the Public Information Officer (PIO) to make sure all distributed material reflects diverse personnel.

Employee Retention at KernBHRS

In its pursuit of excellence, KernBHRS recognizes the value of not just recruiting top talent but also ensuring their sustained association with the department. As a way to monitor and understand the flow of permanent employees, KernBHRS introduced an attrition report. This report has been instrumental in capturing data over the past four years, presenting insightful trends and percentages of employees leaving the department. A visualization of this data is provided below. KernBHRS exceeded the national employee separation rate in each year from 2019 to 2022 – during this period the separation rate ranged from 1.5% to 1.9% for state and local government employees.²

² U.S. Department of Labor, Bureau of Labor Statistics. (2023). Table 20. Annual average total separations rates by industry and region, not seasonally adjusted - 2023 M01 Results. Retrieved from <https://www.bls.gov/news.release/jolts.t20.htm#:~:text=Government%0A%0A1,9>

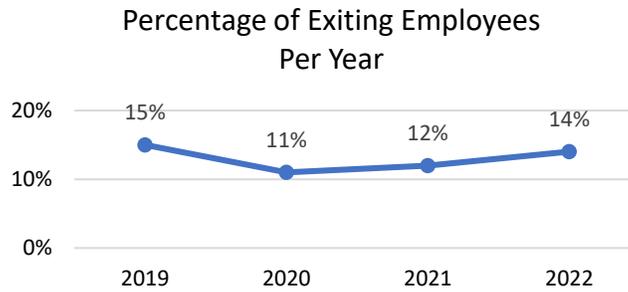


Figure 182: Attrition Rate

Beginning in 2021, KernBHRS's Human Resources made a strategic shift, placing equal emphasis on employee retention as on recruitment. This pivot was fueled by the understanding that a stable, engaged workforce is vital for the department's ongoing success. To this end, the department has been crafting and refining strategies aimed at enhancing employee retention.

The Recruitment/Retention plan has been devised with a dual focus: to curb employee attrition and to foster a vibrant, engaged workforce. KernBHRS is exploring innovative approaches to empower its employees, making them active stakeholders in the department's vision. The overarching aim is to create an environment where employees feel valued, leading to the retention of top-tier talent.

Collaboration is a cornerstone of this retention initiative. KernBHRS Human Resources is in constant liaison with Kern County Human Resources and KernBHRS leadership. Together, they are working to develop human resources and departmental practices that are not only employee-centric but also align with the broader objectives of KernBHRS. The collective goal is to ensure that employees have a significant role in shaping the department's success.

Employee Retention Strategies

Outlined below are the retention efforts that KernBHRS has prioritized for FY22-23. These strategies are geared towards achieving a tangible reduction in employee attrition, aiming to bring the percentage of departures to below 10 percent. Through these efforts, KernBHRS aspires to build a resilient, committed workforce that stands as a testament to the department's commitment to its employees. KernBHRS is deeply invested in retaining its talent, and this commitment is reflected in its multifaceted retention strategies.

In the area of financial incentives, KernBHRS offers several beneficial programs. The National Health Care Service Corps Loan Forgiveness Program provides financial relief for dedicated professionals, while the Public Service Loan Forgiveness Program is a federal initiative aiding those in the public sector. The CalSWEC partnership supports education and training in social work, and a collaboration with the Southern Counties Regional Partnership (SCRIP) further enhances the appeal of being part of KernBHRS.

Training is another crucial area of focus for KernBHRS. The department offers tailored academies and ongoing competencies for various roles, from Direct Service staff to Administrators. Continuing Education Units (CEUs) are available across scopes, ensuring employees remain updated in their professional fields.

Evidence-Based Practice and other selective training modules are also made available. Additionally, ongoing support ensures that employees can apply their training effectively in their roles.

Recognizing the importance of a balanced life, KernBHRS facilitates remote and flexible work schedules, allowing employees to juggle their personal and professional commitments. The department also actively promotes the Employee Assistance Program (EAP). Through the EAP, staff receive support in various life aspects, ensuring their well-being. In 2023, an initiative titled "Selfcare for Health Care" was launched. This program, focusing on employee wellness, aims to prevent burnout and ensure staff satisfaction.

Employee recognition is paramount to KernBHRS. The Staff for Staff Committee consistently organizes events and rewards to boost morale. The Public Information Officer (PIO) collaborates with leadership teams to spotlight employee achievements through regular communications. Additionally, the county's Human Resources department facilitates a platform for recognizing long-serving employees, offering incentives such as a 2% boost on the base salary for those who've clocked over a decade with the county.

Finally, county-wide incentives further bolster retention efforts. On July 1, 2023, the entire county workforce was granted a 4% Cost of Living Adjustment (COLA), with aspirations to continue such increments in the future. Market-based equity adjustments have been implemented, varying between 5 and 38.3 percent, depending on the job classification. Furthermore, for specific roles, additional pay, ranging between 5 and 10 percent, is offered based on special assignments, training, or certifications.

Through these comprehensive measures, KernBHRS showcases its unwavering commitment to its workforce, ensuring they remain motivated and valued.



Strategy 3: Monitor, analyze, and share findings on workforce demographic data

Workforce demographic data was regularly monitored, reviewed, and reported on at Quality Improvement Division (QID) meetings, Expanded Management Meetings, and Behavioral Health Advisory Meetings throughout the fiscal year.

Detailed workforce demographic data can be found in the most recent Workforce Needs Assessment, which is included with the most recent MHSa Three Year Plan (available [here](#)).



Strategy 4: Develop collaborative innovative approaches to recruiting and retaining staff in a post-COVID workplace.

Therapist Chill Group

The Therapist Chill Group was started as a means for clinical staff to have an outlet for both self-care and to share common experience. During FY22-23 the Therapist Chill Group was put on hold due to staffing size and new Electronic Health Record implementation. The last session was held in March 2023. If staff wish to resume the group as comfortability with the electronic health record grows, management and supervisory staff have indicated support for individuals that wish to participate.

Implementation of KernBHRS Policy 3.1.4, Telework Policy

During the Stay at Home Orders in 2020 during the height of the COVID pandemic, it was necessary to have most KernBHRS staff work remotely or in the field wherever possible to stay compliant with the Governor's orders and assure the safety and wellbeing of the KernBHRS workforce. As these restrictions lifted, it was necessary to bring most KernBHRS workforce back into the office. However, it was determined that for some programs and teams ongoing remote work could be incorporated into their workplace practice.

Consideration was taken as to what type of team would be allowed to work remotely. Clinical review of client outcomes indicated clients did not respond well to the remote work offerings of direct service teams and it was determined that staff working on direct service teams needed to work onsite to see clients in office or in the field, allowing for direct office services, proximity to clients, and access to county vehicles. Few teams were offered telework, assessed by the type of work the team provided.

The KernBHRS Telework policy was adapted from existing policy in place by another Kern County department. KernBHRS reviewed the other department's policy and adapted it for local use, incorporating safety measures that may be needed to ensure privacy for clients and protection of patient health information.

The policy was reviewed and vetted by the executive team, the management team, KernBHRS Human Resources, Kern County Human Resources department and Service Employees International Union (SEIU).

The policy outlines the safety and security needs to ensure KernBHRS staff can work remotely and ensure their safety, the protection of client information and a productive work environment. Staff working on teams eligible for telework review the policy and checklist requirements with their supervisor, attesting to the required items and verifying a safe and protected workspace. Telework agreements are updated every six months, ensuring a review of the practice between the employee and the supervisor regularly.

Recruitment and Retention efforts with Kern County Human Resources and SEIU in response to post-COVID workforce needs

The past year has demonstrated dramatic fluctuations in staffing vacancies both for the department and providers. Between July 2022 and February 2023, KernBHRS averaged around 24% vacancy rate, the highest vacancy rate experienced since 2020. In response to high turnover and vacancies, the department has taken aggressive action with both recruitment and employee retention.

With regard to employee retention, KernBHRS has been working with county leaders and local SEIU representatives to adjust and *increase salaries where possible*. Nursing staff, including nurse leaders, RNs, LVNs and Medical Assistants, received a significant and necessary pay increase to ensure rates of pay for KernBHRS are closer to compensation offered by other competitors. The county also recently approved a 4% cost of living allowance (COLA) for all department staff which will be implemented 7/1/2023. This is the first COLA approved across the department in a very long time. KernBHRS leadership proposed utilizing hiring bonuses and retention bonuses to improve both retention and hiring. This idea was ultimately not supported by county leadership as they were negotiating a 4% COLA at the time the idea was initiated.

In response to vacancies, the department has engaged in more recruitment activities in addition to being more specific and targeted in areas needed. KernBHRS has widened the search criteria, *expanding recruitment to areas outside of Kern County* including job fairs and specific recruitment events in Southern California, other areas of Central California and Las Vegas, Nevada.

KernBHRS has also continued participation in job fairs, including *participating in local and county fairs* and hosting KernBHRS job fairs that include providers. KernBHRS works with local universities and dedicates class time under key programs to speak to students in the field about the work in behavioral health. The KernBHRS Human Resources team also uses the Handshake, a platform geared toward college students to connect students with employment opportunities.

These efforts overall have been successful. The 2023 vacancy rate is presently around 7%.

The *KernBHRS Employee Wellness Initiative* was started in January 2023. Recognizing the high vacancy rate and the impact this has when teams are understaffed, the leadership team wanted to focus on ways to support self-care at work and outside of work. The initiative received a small budget of MHPA funds to support for the entire calendar year.

The program has started with a survey to explore what staff would be interested in, what times worked best for them and branding and naming the initiative. Staff ratings for overall satisfaction have been developed and will be used, along with vacancy rates, to measure the outcomes of the investment in the Wellness Initiative.

The program has offered the following activities to support staff self-care: a lunchtime Zumba class, lunchtime and end of day yoga classes, lunchtime meditation classes, a monthly book club, partnering with local business to come onsite and sell fresh pressed juices, partnering with the Animal Services program to do an onsite dog adoption clinic (five pets were adopted), lunchtime lunch and learn opportunities with a local healthcare provider.

The Recruitment and Retention of Diverse Workforce workgroup met four times during FY22-23. The team met in August and October of 2022 and in January and February 2023.



Figure 193: Employee Wellness Event Flier

Goal 2: Utilize WET funds to secure various resources and/or conferences for staff retention and training.



Strategy 1: Provide opportunities for enhancing staff knowledge through conferences and webinars.

Training opportunities for staff are provided through the Relias Learning and Training Enhancement programs through WET funding. Additional information about these programs can be found in the Workforce, Education and Training section of the most recent MHPA 3-Year Plan (available [here](#)).



Strategy 2: Monitor and track interpreter trainings for Tier I (Verbal) and Tier II (Written) staff

Language and interpretation competencies of staff are tracked by Tier I and Tier II and by language. Additional demand for Spanish language translations, in particular, that cannot be met through current KernBHRS staff are provided through the contract with Language Line.

Criterion 7: Language Capacity

CRITERION 7 REQUIREMENTS

I. Increase bilingual workforce capacity

Details on strategies used to maintain and grow bilingual workforce capacity are summarized in Goal 1 below.

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services

Details about materials and strategies used to ensure clients with Limited English Proficiency are aware of available translation services are summarized in Goal 2 below.

III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact

In addition to the materials and strategies described in Goal 2 below, Criterion 6, Goal 2, Strategy 2 provides additional details about how the competence of translators and bilingual staff is ensured.

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health system at all points of contact

KernBHRS partners with the Independent Living Center of Kern County (ILCKC) and the Language Line to offer connection to linguistically and culturally appropriate care for languages that do not meet the threshold criteria. Additional details about these partnerships are provided in Goals 1 and 2 below.

V. Required translated documents, forms, signage, and client-informing materials

Copies of documents, forms, etc. in all threshold languages (i.e. Spanish) are available onsite and by request.

Goals and Strategies

Goal 1: Dedicate resources such as MHSA funding to increase bilingual workforce capacity.



Strategy 1: Continue research on trainings for interpreters/translators for Spanish and Non-Spanish Languages other than English.

The process for adding additional language certification capacity requires Kern County Human Resources to meet with the Service Employees International Union (SEIU) to present the languages that would need to be added. As of the time of reporting, the following languages have been brought forth for consideration: Spanish, Farsi, American Sign Language (ASL), Punjabi, Tagalog, Hindi, and Vietnamese. The next step is for KernBHRS Human Resources to provide additional data to Kern County Human Resources before the item is presented to the SEIU. The additional data will be provided by the KernBHRS cultural competence team.

- Strategy 2: Maintain contract with Language Line to assist individuals with Limited English Proficiency (LEP), including but not limited to services for spoken and written language and Braille.*

KernBHRS's contract with Language Line is currently ongoing and will be next renewed beginning July 1, 2024. The most recent contract with Language Line (from July 1, 2022 to June 30, 2024) is for the amount of \$180,000.

- Strategy 3: Work with Kern County government to ensure access to the Independent Living Center of Kern County (ILCKC) to assist with individuals with Limited English Proficiency (LEP), including but not limited to American Sign Language (ASL) and Braille.*

The contract with ILCKC to offer American Sign Language interpreting services to the public for all Kern County Departments (including KernBHRS) was extended from October 20, 2022 to October 25, 2025. The contract is not to exceed \$200,000. Braille services were provided through Language Line (see Strategy 2, above).

Goal 2: Provide Language Line materials and information to persons who need interpretation and translation services, and to those who have Limited English Proficiency (LEP).

- Strategy 1: Maintain and post posters/bulletins in clinics of the availability and information on interpreter assistance for LEPs.*

Informational pamphlets and brochures are available at all clinic sites, and administrative and line, support, and supervisory staff are familiar with procedures to help connect clients with these services.

- Strategy 2: Develop or utilize available materials that are reflective of the community including images, languages, print, web-based, and traditional media.*

At outreach and education events, images on materials were reflective of the community, presented in different languages, and multiple communication channels were used to market the events and share information. Below are some examples from social media. Additional examples can be found throughout this report.

Kern Behavioral Health & Recovery Services
June 21 at 10:00 AM · 🌐

KernBHRS would like to honor and celebrate National Immigrant Heritage Month, while offering our services to those who need them, and supporting immigrant mental health in Kern County 🙌 #June #nationalimmigrantheritagemonth #hope #healing #recovery



Kern Behavioral Health & Recovery Services is at Kern Behavioral Health & Recovery Services.
June 19 at 4:24 PM · Bakersfield, CA · 🌐

We are happy to share that our Juneteenth celebration was an excellent display of honoring freedom through culture and creativity 🍷🍷🍷🍷

Our Cultural Competence Committee organized a wonderful event, sharing the history of #juneteenth and helped our guests celebrate with music, poetry, art, cultural food, and refreshments. Thank you to Mayor Karen Goh for sharing a powerful message about freedom and equality. We are proud of the turnout, and to have the opportunity to celebrate an important day in history! #freedom #culture #hope #healing #recovery



Kern Behavioral Health & Recovery Services
March 31 · Instagram · 🌐

Today we celebrate Cesar Chavez Day! It is an opportunity honor one of the most prolific and inspirational figures in history. This day is a reminder to work hard and make dreams for yourself and others come true, just as the great Cesar Chavez did. #hopehealingrecovery #hope #kerncounty #cesarchavezday




Figure 204: Examples of Promotional Social Media Reflecting Community Diversity



Strategy 3: Track and monitor translated materials

Material translations are tracked on an ongoing basis. In FY22-23, 43 documents were translated, including guidelines, fliers, agreements, statements of rights, meeting agendas and handbooks. The table below includes translated documents during FY22-23. Thirty-nine of the documents were translated from English to Spanish, two from English to Braille, and two from Spanish to Braille.



Strategy 4: Partner with Language Line and Independent Living Center of Kern County (ILCKC) to offer staff trainings on the language services offered by each agency.

ILCKC does not currently have the staff capacity to offer staff trainings on these language services.

Criterion 8: Adaptation of Services

CRITERION 8 REQUIREMENTS

I. Client driven/operated recovery and wellness programs

The recovery and wellness programs offered through KernBHRS are designed to accommodate culturally and linguistically diverse clients. This is achieved through offering services in multiple languages, offering and updating programs tailored to culture-specific communities, and providing ongoing training to providers and staff on offering services in culturally appropriate methods. Additional details about training initiatives related to disability status can be found in Goal 1 Strategy 4 below.

II. Responsiveness of mental health services

KernBHRS updates its services and programs offered on an annual basis. Many of these new services or programs, or modifications to existing programs, are intended to serve additional culture-specific communities within the county. New services and programs are announced and shared through updates to the Beneficiary/Member Handbook, Provider Directories, and other outreach initiatives. Additional detail about the process for updating programs and increasing awareness of programs can be found under Goal 1 below.

III. Quality Assurance

Results of client surveys for mental health and substance use services are reviewed and results are compared across cultural and linguistic subgroups to inform programmatic changes. Additionally, client grievances and complaints are reviewed and compared across cultural and linguistic subgroups, as applicable. Additional detail about some of the results of these analyses can be found under Goal 2 below.

Goals and Strategies

Goal 1. Provide and make available culturally and linguistically responsive programs to accommodate individual or cultural and linguistic preferences in accordance with the Americans With Disabilities Act (ADA).



Strategy 1: Maintain/update the Beneficiary/Member Handbook to be provided to consumers in accordance with Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS)

During FY22-23 KernBHRS had the Kern Drug Medi-Cal-Organized Delivery System Waiver Beneficiary Handbook and Kern Specialty Mental Health Services Beneficiary Handbooks translated from both English and Spanish into Braille. The system of care purchased three (3) copies of each of the four (4) handbooks to be made available to consumers upon request.

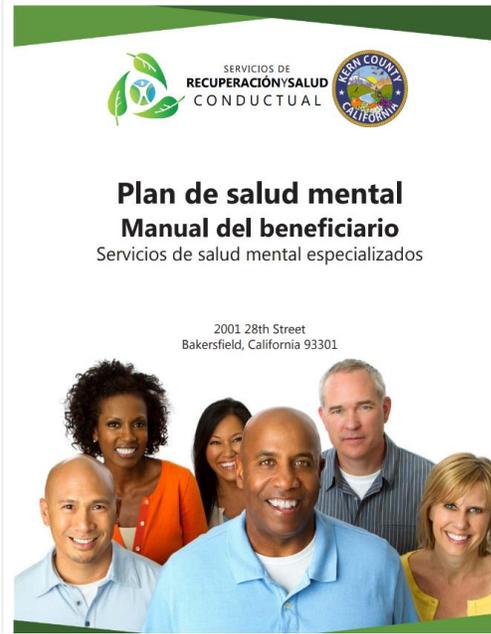
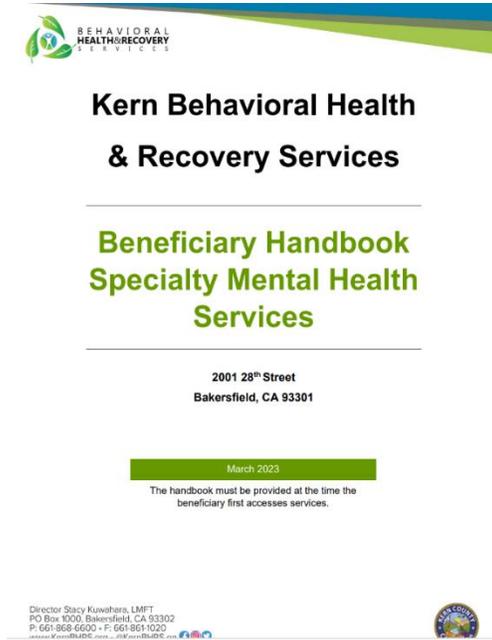


Figure 215: Cover images of the Beneficiary Handbook in English and Spanish



Strategy 2: Maintain/update Kern Provider Directories and make available to all consumers.

Provider directories for both mental health and substance use services are updated on a monthly basis and are available upon request.

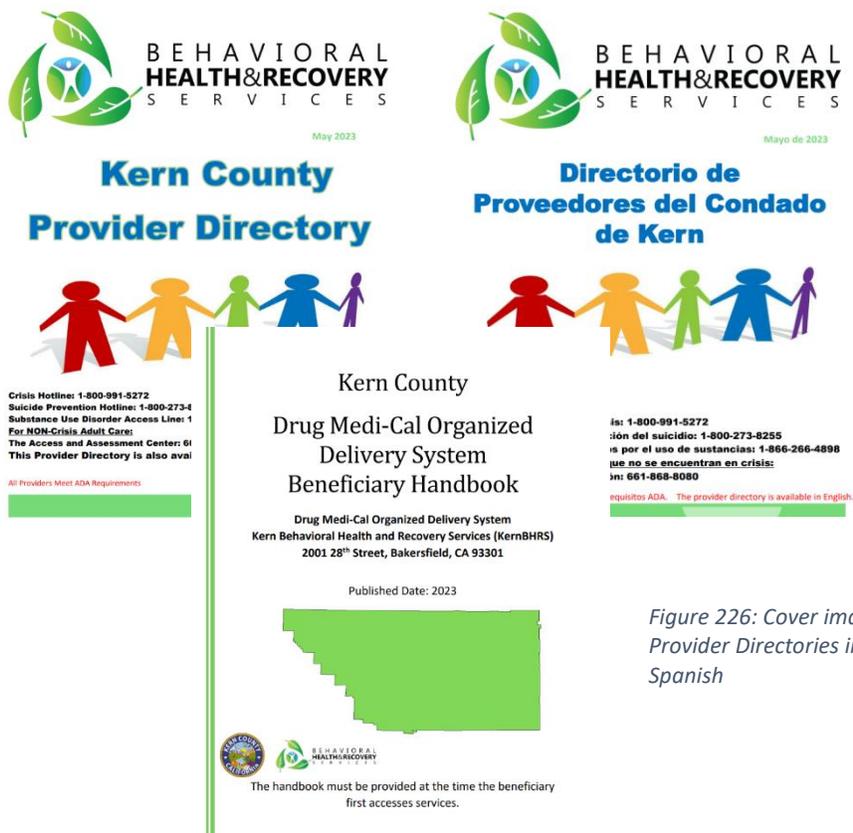


Figure 226: Cover images of Kern Provider Directories in English and Spanish



Strategy 3: Continue to assess/improve materials at clinic site to ensure these address needs of the state Cultural Competence Plan Requirements (CCP-R), Culturally and Linguistically Appropriate Services Standards (CLAS), and Americans with Disabilities Act (ADA) considerations.

One example of how CLAS standards and ADA considerations were used to improve the clinic site in FY22-23 are the lobby and site redesign efforts. The intention of this lobby and site “refresh”, completed in FY22-23, was to create welcoming, comfortable client and staff areas. The site refresh focused primarily on cosmetic upgrades to make the spaces more welcoming. Some sites have required more substantial repairs to the facilities, involving property management and outside vendors.

The site refresh covered all service sites and focused on client lobbies, doctor’s offices, interview offices and group rooms. The plan started with a general clean-out of materials cluttering offices that needed to be removed and repurposed, followed by painting, hanging up pictures, and purchasing new furniture, rugs and plants to make the areas more welcoming and inviting.

Clearing spaces of unneeded, unused materials including tables, chairs, bookcases, cabinets, and old office material has created a streamlined space easier to maneuver and navigate within. It is expected that this alone will assist in mobility and navigation of client areas.

This plan also focused on purchasing wall-hanging materials to display client notification materials and flyers prominently and neatly. This makes these notifications easier to view and access for clients. Artwork was purchased and hung to improve the ambiance. Artwork purchased generally focuses on neutral colors and abstract images to create a sense of serenity and peace in the waiting areas. In some locations, artwork from the May Mental Health Art in the Park events from previous years was displayed, showcasing local artists and celebrating mental health diversity for previous May events. Artwork of this type focused on the population served in the specific sites. Artwork for the children’s clinics focused on youthful, colorful, and diverse depictions that would welcome all ages of youth served in the youth clinics. Similarly, the Transitional Age Youth clinic was developed with artwork for a younger adult audience in mind.



Strategy 4: Continue planning for providing training to staff on aspects of disability including but not limited to comorbidity on BH and disability, disability as an umbrella term, and proactive care to clients with disabilities

In addition to providing training for staff on aspects of disability, a regular meeting of the Kern Disability Collaborative was established to link providers and community members with additional resources for persons with disabilities. An overview of topics and sample meeting agenda from the Kern Disability Collaborative is provided below. The collaborative is reachable at kerndisabilitycollab@gmail.com.



Kern Disability Collaborative 2022 - 2023 Meeting Schedule & Topics

The purpose of the Kern Disability Collaborative is to link providers of programs and resources for with people with disabilities in Kern County.

Location: Virtual Meetings via Zoom until further notice
After registering, you will receive a confirmation email containing information about joining the meeting.

Date & Time: 2nd Thursday of the month, 1:00 – 2:30 pm

- i. **October 13** – Accessibility features of Chromebook, PC, &/or Android
Gabe Vega, CommTech USA
- ii. **November 10** – Resources for low income, at risk, &/or unhoused
- iii. **December 8** – Lived Experiences
Nathan Gutierrez, City of Bakersfield
- iv. **January 12** – CA Connect/ CA Telephone Access Program
Pa Kou Cha, CA Connect/ CA Telephone Access Program
- v. **February 9** – Apple/Mac Accessibility Features
Dane Riley, Accessibility Specialist
- vi. **March 9** – Emergency Services
- vii. **April 13** – Kern Behavioral Health & Recovery Services
- viii. **May 11** – Greater Bakersfield Legal Assistance

Please let me know if there are any topics you want us to discuss, &/or if you want to be a presenter.
For more information or to be added to the email distribution list, contact:

Dr. Terri Goldstein, Facilitator, Kern Disability Collaborative

Figure 237: Meeting Schedule for the Kern Disability Collaborative

Staff trainings offered on various aspects of disability during FY 22-23 include:

- Crisis Intervention for Individuals with Intellectual or Developmental Disabilities (IDD)
- End-of-Life Care for People With IDD
- Incident Investigations in IDD
- Providing Cognitive Behavioral Therapy to Persons with IDD
- Rights of Individuals with IDD
- Approaches to Person-Centered Planning in Behavioral Health
- Care for Individuals with Mental and Physical Disabilities
- Children with Disabilities: Development and Inclusion
- Mental Health and Developmental Disorder (MHDD) Webinar Series: A Celebration of Family: Parenting with Co-occurring Mental Health and Developmental Disabilities

Goal 2. Ensure the beneficiary problem resolution process addresses culturally and linguistically appropriate factors to resolve Grievance and Appeals.



Strategy 1: Maintain/update policies related to Grievance and Appeals

The policies related to Grievance and Appeals are provided in the section of the Beneficiary/Member Handbook titled Policy 10.1.13: Beneficiary Protection, which is available upon request. This section includes information on patients’ rights and information on processes for appealing determinations of involuntary intensive treatment. Additionally, requests for the Beneficiary/Member Handbook (or Drug Medi-Cal Organized Delivery System Handbook) are recorded by KernBHRS staff. This handbook is reviewed and updated on an annual basis.



Strategy 2: Assess and monitor cultural competence-related items on client surveys for both mental health and substance use disorder services.

Three client perception surveys are administered to mental health and/or substance use services clients on a semi-annual basis: the Treatment Perception Survey (TPS), the Consumer Perception Survey (CPS), and the Local Recovery Survey (LRS). A summary of the purpose and scope of each of these surveys is provided in the table below.

Overview of Client Perception Surveys

Survey	When Implemented	Who Receives Survey	Topics Addressed	Required By
Treatment Perception Survey	Annually (Fall)	Substance Use Clients (Adult and Youth)	<ul style="list-style-type: none"> • Access to services • Quality of care • Consumer experience 	State (DMC-ODS Waiver)
Consumer Perception Survey	Biannually (Spring and Fall)	Substance Use Clients	<ul style="list-style-type: none"> • National Outcome Measures (NOMs) 	Federal (SAMHSA)
Local Recovery Survey	Semiannually	Mental Health & Substance Use Clients	<ul style="list-style-type: none"> • Perceived quality of services 	State (MHSA)

Additional details about these surveys and their results are provided below.

KernBHRS Consumer Perception Survey (CPS)

The Consumer Perception Survey (CPS) is utilized to collect data on the federally determined National Outcome Measures (NOMs). Reporting on these NOMs is required by the Substance Abuse and Mental Health Services Administration (SAMHSA), and receipt of Community Mental Health Services Block Grant (MHBG) funding is contingent upon the submission of this data. Counties are required to conduct the surveys and submit data per §3530.40 of Title 9 of the California Code of Regulations, which requires that semi-annual surveys be conducted. CPSs are administered in the Spring and Fall of each year. CPS’s include Adult, Youth, and Youth Families versions in both English and Spanish.

1,162 Adult CPS's and 204 Youth/Youth Family CPSs were completed by consumers in May 2022, for a total of 1,366 completed surveys. The overall satisfaction rating (reporting "Agree or Strongly Agree" to "I like the services that I received here") is 94%.

KernBHRS Local Recovery Survey (LRS)

California counties are required to administer surveys and submit data per §3530.40 of Title 9 of the California Code of Regulations, which requires that semi-annual surveys be conducted. The data to be collected includes clients'/families' perceptions of quality and results of services provided. This requirement is fulfilled via the statewide Consumer Perception Survey (CPS). The Local Recovery Survey (LRS) assesses consumer satisfaction and other areas of consumer perception related to recovery principles, access to care, and progress in treatment. Survey completion rates for the biannual and lengthy CPS remain low while the LRS's brief format and simple questions, all related to consumer satisfaction and demographics, are easy for the consumer to complete. In addition to larger survey sample sizes, the LRS allows for instantaneous results and provides clients the opportunity to provide feedback throughout the year. The LRS also affords Quality Improvement Division (QID) the opportunity to compare and compile results by subunit, allowing QID to note areas of team strength and indicate areas that might need a plan of improvement. Both MH and SUD clients are included in the LRS surveying process.

814 Adult LRS's and 706 Youth/Youth Family LRS's were completed by consumers in fiscal year 2022-2023, for a total of 1,520 completed surveys. The overall satisfaction rating (based on an average of seven questions in the survey) is 92%. The expectation for both mental health and substance use disorder subunits is to maintain a minimum overall satisfaction rate of 85%.

KernBHRS Treatment Perception Survey (TPS)

Counties are required to administer the Treatment Perception Survey (TPS) as part of the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver evaluation. Administration of the TPS also fulfills the county's External Quality Review Organization (EQRO) requirement related to conducting a client satisfaction survey using a validated tool. The collected information is utilized to measure consumers' perceptions of access to services and quality of care, and to evaluate and improve the consumer experience. The TPS is administered in the Fall of each year and includes Adult and Youth versions in both English and Spanish.

168 Adult TPS's and 11 Youth TPS's were completed by consumers in October 2022, for a total of 179 completed surveys. The overall satisfaction rating (reporting "Agree" or "Strongly Agree" to "Overall, I am satisfied with services I received") is 95%.



Strategy 3: Track, monitor, and review changes of provider, second opinion, and/or grievance cases for cultural and linguistic issues.

Grievances and Appeals are reported to the Cultural Competence Team and Department Supports Administrator on a monthly basis. The reports received are representative of allegations or claims made by clients. At the time of receipt, the allegations are pending investigation and verification. The total number of complaints are representative of the unique number of grievances filed and not the unique number of clients filing grievances. A summary of these for FY22-23 is provided in the table below.

Client Grievances by Type

Type	Count*
Language Related	3
Discrimination (Disability)	2
Discrimination (Race)	2
Discrimination (Other/Unknown)	4
2SLGBTQ+ Related	4
Total	15

*Note: Excludes counts from July and October 2022 for which no data was available.

Looking Ahead – July 2023 – June 2024

A list of internal KernBHRS’s goals and strategies for FY23-24, organized by Cultural Competence Plan Requirements (CCPR) Criteria, is provided in the table below. New, or significantly altered, goals or strategies can be identified using the legend. Additionally, minor revisions to several strategies (including wording changes, dividing one strategy into several, etc.) are included, but are not explicitly highlighted in the list provided below.

Legend

<i>New Goal for FY23-24</i>
<i>New Strategy for FY23-24</i>

Cultural Competence Goals and Strategies for FY23-24

Criterion 1. Commitment to Cultural Competence

Goal 1. Continue to enhance organizational structure and processes to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	
1	Partner with internal teams to monitor disparity rate.
2	Utilize departmental data to identify areas of opportunity to reduce disparity.
3	Monitor client and consumer satisfaction through available data attained in client satisfaction surveys.
4	In public forums, practice using lay terms and common language to reduce use of clinical jargon.
5	Research and begin developing a mechanism to ensure that Outreach and Education materials are written at or below a 6th grade reading level.
6	Evaluate current internship model to identify areas for improvement in established model.
7	Evaluate and identify merit of expanding internship model to additional community partner agencies.
Goal 2. Ensure that services are being provided in threshold language throughout the system.	
1	Streamline the translation request process.
2	Standardize how translation requests are assigned to Tier II Staff.
3	Track and Monitor translation assignments to help identify gaps in the process and improve upon them.
4	Begin creating a translation handbook in the threshold language to expedite and standardize the translation process.
5	Research and begin developing a process for back translation.
Goal 3. Enhance and update annual policies and processes to promote inclusion of culturally and linguistically appropriate practices and/or services.	
1	Review current Kern Behavioral Health and Recovery Services policies and propose relevant changes to Executive Administration that demonstrate best practices for Diversity, Equity, and Inclusion and incorporate Culturally and Linguistically Appropriate Services standards.
Goal 4. Dedication to a diverse workforce	
1	Begin working to strategize how to include age-appropriate information about behavioral health career opportunities in local school as early as elementary school.
2	Work collaboratively with Human Resources to identify potential opportunities to share recruitment opportunities with the diverse communities of Kern.
3	Develop a mechanism for staff to provide feedback regarding areas related to retention including, but not limited to professional development, mentorship, training, and affiliate groups.

Criterion 2. Updated Assessment of Service Needs

Goal 1. Enhance and promote education of outreach protocols as they pertain to cultural competence and Culturally and Linguistically Appropriate Services standards.	
1	Ensure staff are trained on Cultural Competence Plan and Culturally and Linguistically Appropriate Services standards.
2	Monitor and alter Outreach and Education protocols, strategies, and processes as updated guidance regarding Mental Health Services Act/Behavioral Health Services Act is made available from the state.
3	Work collaboratively with the Mental Health Services Act Team, Prevention Team, Hotline Team, and other relevant entities to standardize Outreach and Education throughout the department.
4	Ensure that staff are trained in Outreach and Education Protocols.
5	In consultation with the Mental Health Services Act Team, Public Information Office Team, Prevention Team, Hotline Team, and other relevant entities develop a standardized approach to the dissemination of Outreach and Education materials to staff and partners.
Goal 2. Increase dissemination of cultural competence related information and resources	
1	Begin development of a comprehensive list of existing community partners or groups with which the system of care already has connection.
2	Cultural Competence Team will evaluate outreach and recruitment efforts to ascertain what is successful and ways in which to improve.

Criterion 3. Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Mental Health Disparities

Goal 1. Partner with Quality Improvement Division, Mental Health Services Act Team, Substance Use Disorder Division, and other relevant entities to identify target populations with disparities.	
1	Work collaboratively with system of care and other relevant entities to identify and/or develop metrics to measure success in reducing disparity beyond penetration rate reporting.
2	Monitor and measure effectiveness of strategies for reducing population disparity.
Goal 2. For threshold group, Hispanic/Latinx monitor, track, and improve Penetration Rate and Outreach and Education	
1	Meet or exceed Mental Health Penetration Rate of 2.85% and/or show demonstrable improvement via other identified metrics for Hispanic/Latinx group.
2	Meet or exceed Substance Use Disorder Penetration Rate of .85% and/or show demonstrable improvement via other identified metrics for Hispanic/Latinx group.
3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, outreach and education events, Cultural Competence Resource Committee and relevant subcommittees to develop a three-year strategic plan to increase engagement with Hispanic/Latinx communities in Kern.
Goal 3. For African American/Black group monitor, track, and improve Penetration Rate and O&E	
1	Meet or exceed Mental Health Penetration Rate of 5.75% and or show demonstrable improvement via other identified metrics for African American/Black population.
2	Meet or exceed Substance Use Disorder Penetration Rate of 1.25% and/or show demonstrable improvement via other identified metrics for African American/Black population.
3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, outreach and education events, Cultural Competence Resource Committee and relevant subcommittees to develop a three-year strategic plan to increase engagement with African American/Black communities in Kern.
Goal 4. For Asian/Pacific Islander group monitor, track, and improve Penetration Rate and O&E	
1	Meet or exceed Mental Health Penetration Rate of 1.75% and/or show demonstrable improvement via other identified metrics for Asian American Pacific Islander populations.
2	Meet or exceed Substance Use Disorder Penetration Rate of .17% and/or show demonstrable improvement via other identified metrics for Asian American Pacific Islander populations.
3	Work collaboratively with system of care, Cultural Competence Resource Committee subcommittees, community partner organizations and other relevant entities to identify the significant disparate populations within Kern County that meet the definition of Asian American and/or Pacific Islander.

4	Develop a strategic plan to generate a meaningful connection with community based organizations and/or individuals representative of the disparate Asian American and/or Pacific Islander communities in Kern County with the goal of identifying what the system of care can do to better engage and serve these communities.
Goal 5. For American Indian/Alaska Native group monitor, track, and improve Penetration Rate and O&E	
1	Meet or exceed Mental Health Penetration Rate of 5.9% and/or show demonstrable improvement via other identified metrics for American Indian/Alaskan Native population.
2	Meet or exceed Substance Use Disorder Penetration Rate of 2.25% for American Indian/Alaskan Native population.
3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, outreach and education events, Cultural Competence Resource Committee and relevant subcommittees to develop a three-year strategic plan to increase engagement with American Indian/Alaskan Native communities in Kern.

Criterion 4. Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System

Goal 1. Enhance collaboration with community partners through the CCRC with the purpose of addressing local cultural concerns and ensuring representation that is reflective of community demographics.	
1	Cultural Competence Resource Committee will meet 10 months out of the year with the exception of June and December and affiliated subcommittee groups meet at a minimum frequency of at least once each quarter during the fiscal year.
2	The Cultural Competence Team will work to ensure that Cultural Competence Resource Committee members and subcommittee members are representative of the diverse populations of Kern County.
3	Cultural Competence Resource Committee will act as a forum for Members and Subcommittee Members to review/contribute strategies, recommendations, and/or planning and are integral to development of strategic plans to increase cultural competence and/or diversity, equity, and inclusion efforts throughout the system of care.
4	Collect Community input through any combination of the following inclusive, but not limited to stakeholder meetings, community forums, Outreach and Education event and relevant feedback, Cultural Competence Resource Committee Subcommittees, and relevant input from community partner organizations.
5	Disseminate Cultural Competence information in internal and external committees.
Goal 2: Establish a bi-directional flow of information between the Cultural Competence Resource Committee and Executive Administration.	
1	Work to establish a mechanism for Cultural Competence Resource Committee to provide feedback to the Behavioral Health Director with as few intermediaries as possible.
2	Identify ways in which the Cultural Competence Team and/or Cultural Competence Resource Committee can collaborate with executive administration to establish a bi-directional flow of communication and positively influence consideration of diversity, equity, and inclusion throughout the system of care.

Criterion 5: Culturally Competent Training Activities

Goal 1. Utilize Mental Health Services Act Workforce Education and Training funds to ensure education and culturally competent trainings are available to the workforce to address effectively serving diverse groups, unserved, and/or underserved populations.	
1	Kern Behavioral Health and Recovery Services will hold both Mental Health and Substance Use Disorder staff to an 85% accountability rate for the completion of 6 hours of cultural competence training during each fiscal year.
2	In conjunction with Training Services and other relevant entities, the Cultural Competence team will identify and assign 1.5 hours of Cultural Competence Training to staff each quarter during the fiscal year to commence in quarter 3 of fiscal year 2023-2024.
Goal 2. Enhance analysis of the effectiveness of Cultural Competence trainings.	

1	Collaborate with Training Services and other relevant entities to begin the process of standardizing and streamlining the Cultural Competence Training request and approval process for staff.
2	Work collaboratively with Training Services and other relevant entities to begin to develop a list of Cultural Competence or Diversity, Equity, and Inclusion related trainings available in the learning management system that currently utilize pre and post evaluations.
3	Begin evaluating the merit of the addition or subtraction of pre and post evaluations to individual Cultural Competence Trainings available within the learning management system.
Goal 3. Offer specific Cultural Competence trainings of diverse and Black, Indigenous, and People of Color populations identified in Southern Counties Regional Partnership formal assessment and Cultural Competence Resource Committee and subcommittee recommendations.	
1	Utilize staff feedback to identify areas of need and/or enhance offerings of Cultural Competence or Diversity, Equity, and Inclusion related training courses tailored to departmental needs.

Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

Goal 1. Complete Workforce Needs Assessment.	
1	Monitor, analyze, and share findings on workforce demographic data including but not limited to sharing results of Workforce Needs Assessment with the workforce.
2	Continue to enhance and centralize recruitment efforts including but not limited to the development of materials that reflect diverse personnel.
3	Maintain close communication with Human Resources team and provide bi-directional feedback on recruitment and retention strategies with particular attention to noting successes, innovative strategies, those strategies which implement current best practices, and identifying areas of potential improvement.
Goal 2. Utilize Workforce Education and Training funds to secure various resources and/or conference for staff retention and training	
1	Provide opportunities for enhancing staff knowledge through conferences and webinars.
2	Work cooperatively with Finance Team and other relevant entities to generate a comprehensive list of conferences which staff attend during the fiscal year.
3	Work cooperatively with Training Services and other relevant entities to track interpreter trainings for Tier I and Tier II staff.

Criterion 7: Language Capacity

Goal 1. Dedicate resources such as Mental Health Services Act funding to increase bilingual workforce capacity.	
1	Continue research on trainings for interpreters/translators for Spanish and Non-Spanish Languages other than English.
2	Maintain contract with the Language Line to assist individuals with limited English proficiency, including but not limited to spoken and written language, American Sign Language, and Braille.
3	Work with Kern County government to ensure access to Independent Living Center of Kern County to assist individuals with limited English proficiency including but not limited to American Sign Language interpretation.
Goal 2. Provide Language Line materials and information to persons who need interpretation and translation services, and to those who have Limited English Proficiency.	
1	Maintain and post posters/bulletins in clinics of the availability and information on interpreter assistance for individuals with Limited English Proficiency.
2	Develop or utilize available materials that are reflective of the community including images, languages, print, web-based, and traditional media.
3	Track and monitor translated materials.
4	At a minimum frequency of annually and as necessary disseminate to staff current and accurate information on accessing interpretive services through Language Line and/or Independent Living Center of Kern County.

Criterion 8: Adaptation of Services

Goal 1. Provide and make available culturally and linguistically responsive programs to accommodate individual or cultural and linguistic preferences in accordance with the Americans with Disabilities Act.	
1	Maintain/update the Beneficiary/Member Handbook to be provided to consumers in accordance with the Mental Health Plan and Drug Medi-Cal Organized Delivery System.
2	Maintain/update Kern Provider Directories and make available to all consumers.
3	Continue to assess/improve materials at clinic site to ensure these address the needs of the Cultural Competence Plan, Culturally and Linguistically Appropriate Services standards, and Americans with Disabilities Act considerations.
Goal 2. Provide and make available culturally and linguistically responsive programs to accommodate clients and consumers who are members of the Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (2SLGBTQ+) community and/or to incorporate Sexual Identity, Gender Identity and expression (SOGIE).	
1	Work with Cultural Competence Resource Committee and other relevant entities to re-establish a quarterly 2SLGBTQ+ subcommittee.
2	Work with 2SLGBTQ+ subcommittee to begin to develop a three-year workplan that incorporates the considerations of the 2SLGBTQ+ community and/or individuals with SOGIE Considerations.
Goal 3. Ensure the beneficiary problem resolution process addresses Culturally and Linguistically Appropriate factors to resolve Grievance and Appeals.	
1	Maintain and/or update policies related to grievances and appeals.
2	Establish a connection with Patient's Rights Advocate Team and jointly assess how to begin a collaborative process to remedy Cultural Competence and/or Diversity, Equity, and Inclusion related grievances and appeals.
3	Assess and monitor Cultural Competence and/or Diversity, Equity, and Inclusion related items on client/consumer surveys regarding the system of care for both Mental Health and Substance Use Disorder.
4	Track, monitor, and review changes of provider, second opinion, and/or grievance cases for cultural and linguistic as well as diversity, equity, and inclusion related issues.

Summary

In FY22-23, KernBHRS successfully engaged in cultural education for staff and community members, offered activities for building and maintaining a diverse workforce through recruitment and retention efforts, built and strengthened community partnerships with equity as a focus, and implemented activities designed to improve cultural competence and reduce inequities. The fiscal year saw several challenges due to workforce shortages and the increased mental and behavioral health needs among community members. Through team-based approaches, dedication, partnerships, and data-driven decision making, KernBHRS met 84% of its 64 goals for FY22-23.

Looking ahead, KernBHRS has 73 Cultural Competence strategies for implementation in FY23-24. In addition to two new goals, 33 of the strategies are new or have been significantly revised since FY22-23. One of the new goals is associated with improving the flow of information between the Cultural Competence Resource Committee and the Executive administration at KernBHRS. The other new goal involves planning related to the implementation of programs for Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (2SLGBTQ+) clients and consumers. A summative report on the 23-24 goals will be completed in December 2024.