Kem Behavioral Health and Recovery Services

# COMMUNITY PROGRAM PLANNING PROCESS (CPPP) FY 2023-2024 ANNUAL REPORT





# THE MENTAL HEALTH SERVICES ACT & THE COMMUNITY PROGRAM PLANNING PROCESS

More than two million Californians are affected by potentially disabling mental illnesses every year. The passage of Proposition 63 (Mental Health Services Act or MHSA) in the November 2004 General Election was a significant step towards addressing this issue. This legislation, which taxes very highincome individuals an additional one percent of their annual income exceeding one million dollars, promised to bring about a substantial improvement in the delivery of mental health services and treatment across California.

The MHSA, a comprehensive approach to delivering behavioral health services and support for Kern County residents, is built on the recognition of the community's importance. It addresses a broad continuum of prevention, early intervention, and service needs, providing the necessary infrastructure, technology, and training to effectively support behavioral health and substance use programs.

The preparation and delivery of the stakeholder process are of great importance, as they are the driving force behind the consideration of program implementation. The community's role in providing feedback is crucial, as it empowers them to influence the direction of the programs and services. The CPPP focuses on collecting feedback on programs and services that are already in effect but need modification or new programs that must be created to provide appropriate, comprehensive, and meaningful mental health care.

In March 2024, Californian voters approved Proposition 1, a dynamic two-bill package that includes the forward-thinking Behavioral Health Services Act (BHSA—SB 326) and the innovative Behavioral Health Infrastructure Bond Act of 2024 (BHIBA—AB 531). This legislation paved the way for a promising future in the field of mental health services in California, which we are calling Behavioral Health Transformation or BHT. BHT will become effective on July 1, 2026, and will bring about significant changes to the behavioral health and substance use system of care.

#### MHSA GUIDING PRINCIPLES

Kern Behavioral Health and Recovery Services (KernBHRS) have played a crucial role in applying five fundamental MHSA principles in their Community Program Planning Process (CPPP). These guiding principles have been instrumental in shaping the planning and implementation of mental health services in Kern County.

#### 1. Community Collaboration

Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.

#### 2. Cultural Competence

Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.

- **3.** Client, Consumer, and Family Involvement Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery, and evaluation.
- 4. Wellness and Recovery

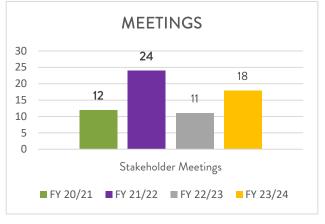
Services should promote recovery and resiliency by allowing clients and consumers to define their goals so they can live fulfilling and productive lives.

#### 5. Integrated Service Delivery

Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers, and families.

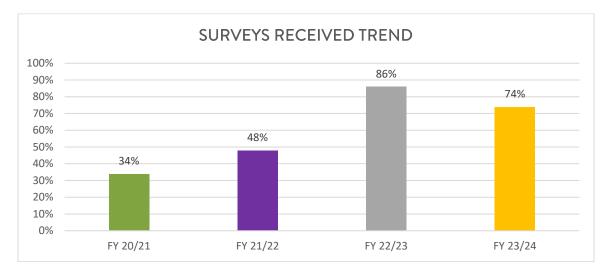
#### **MHSA Data Reports & Demographics**

In the Fiscal Year 2023 – 2024, the MHSA Team continued dealing with the challenges of "the new normal of living with COVID-19". The MHSA Coordination team adapted to conduct Virtual Stakeholder Meetings, In-person Stakeholder Meetings (English and English/Spanish Bilingual), and Hybrid Stakeholder Meetings (a combination of the above).

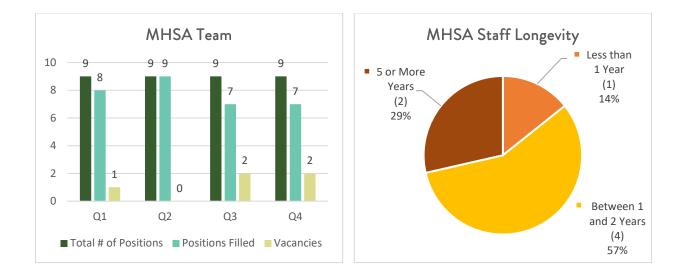


Even though the number of stakeholder meetings improved from last fiscal year (see MEETINGS graph

above), the percentage of surveys received was reduced by 12% (see SURVEYS RECEIVED TREND graph below).



FY 2023 – 2024 was a year of high employee turnover for Kern Behavioral Health and Recovery Services (KernBHRS). The high turnover rate and staff longevity contributed to the decline in the number of stakeholder meetings we conducted during the fiscal year (see charts below).



#### **CPPP INCENTIVE PROGRAM**

The CPPP Incentive Program started on December 1, 2021, and continued in FY 2023 - 2024. This incentive program offers a \$20 gift card to consumers/clients, their families, and other MHSA program participants who attend an MHSA Community Forum.

To qualify for the CPPP Incentive Program, interested consumers/clients, family members, and other MHSA program participants must pre-register to attend the MHSA Community Forum. Upon pre-registration, the MHSA staff ensures that those who pre-register have reliable access to Zoom if joining virtually. If the meeting is in person, MHSA staff verifies that they have all the information needed to attend an in-person meeting.

If they do not have reliable access, the MHSA staff provide other options that may be available to them (i.e., Consumer Family Learning Center, County Library, Program Site, School) to ensure their attendance and participation.

During the MHSA Community Forum, MHSA staff confirms the attendance of the consumer/client, family member, or other MHSA program participants. If the forum is in-person, the participant will receive the \$20 gift card at the end of the meeting. If the forum is virtual, the \$20 gift card will be mailed to the address provided during pre-registration.

MHSA Community Forum Date	JUL 2023	AUG 2023	SEPT 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	APR 2024	MAY 2024	JUNE 2024	TOTAL FY 2023 – 2024
# of Gift Cards Distributed	11	10	0	11	0	9	13	5	0	8	0	5	72

During the FY 2023-2024, we distributed the following number of \$20 gift cards:

The English and Spanish flyers were updated with information about the MHSA/CPPP Incentive Program (see below). The information was also shared through other communication outlets, such as weekly electronic newsletters, MHSA email invites, and KernBHRS social media platforms (see examples below).





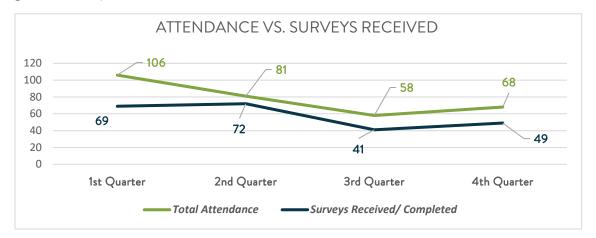
# Community Forum Calendar for FY 2023 – 2024

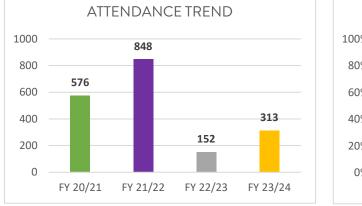
Date	Location	Time	Participants	Focus	Attendance	Surveys Received/ Completed
July 17, 2023	Westchester Training Room	11:30 AM	Community Forum	CFLC and SET Updates MHSA Reform	15	14
July 19, 2023	Westchester Training Room	12:00 PM	SPANISH - Community Forum	MHSA Reform	13	12
July 31, 2023	Virtual via Zoom	2:00 PM	Community Forum	Program Updates (Living Well, CFLC, SET, CARE Court) and MHSA Reform Update	34	12
August 16, 2023	Westchester Training Room	12:15 PM	SPANISH - Community Forum	Program Updates (Living Well, CFLC, SET, CARE Court) and MHSA Reform Update	19	16
August 21, 2023	Commonwealth – East Training Room	1:00 PM	Community Forum	Program Updates (CSU, CFLC, and SET) and MHSA Reform Update	16	11
September 5, 2023	Westchester Training Room	11:30 AM	Community Forum	Resources for Recovery and Suicide Prevention. MHSA Reform Update	9	4
October 4, 2023	Westchester Training Room	1:00 PM	SPANISH Community Forum	#BeThe1to, Suicide Prevention, Recovery Resources, and MHSA Reform Updates	18	15
October 5, 2023	Westchester Training Room	11:30 AM	Community Forum	CFLC and MHSA Reform Updates	18	14
November 14, 2023	Westchester Training Room	11:30 AM	Community Forum	MHSA Reform Update, Opioid Settlement, and Housing Resources	16	15
December 6, 2023	Westchester Training Room	12:30 PM	SPANISH Community Forum	MHSA Reform Update, Opioid Settlement, and Housing Resources	14	14
December 7, 2023	Westchester Training Room	12:30 PM	Community Forum	MHSA Reform Updates and Listening Session	15	14
January 18, 2024	Westchester Training Room	12:30 PM	Community Forum	MHSA Annual Plan Update FY 24-25 & ARER	18	11
January 31, 2024	Westchester Training Room	12:30 PM	SPANISH Community Forum	MHSA Annual Plan Update FY 24-25 & ARER	18	11
February 22, 2024	Westchester Training Room	11:30 AM	Community Forum	MHSA Reform Update, Sever Eating Disorders, and KernBHRS Employee Wellness Initiative	22	19

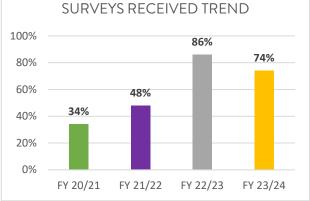
April 17, 2024	Westchester Training Room	12:30 PM	Community Forum	BHSA Reform Update & Recovery Station Updates	18	10
April 24, 2024	Westchester Training Room	12:00 PM	SPANISH Community Forum	BHSA Reform Update & Recovery Station Updates	9	8
June 18, 2024	KCSOS Dream Center	11:00 AM	Community Forum	Reaching TAY Stakeholders	12	10
June 26, 2024	Westchester Training Room	12:30 PM	Community Forum	BHSA Transformation, CARE Court, and Work Your Widgets Campaign	29	21
	313	231				

#### **CPPP – DATA COLLECTION**

The following demographics were compiled based on 231 surveys collected from the 313 Stakeholders who participated in our Stakeholder Meetings during the FY 2023-2024 (July 2023 through June 2024):



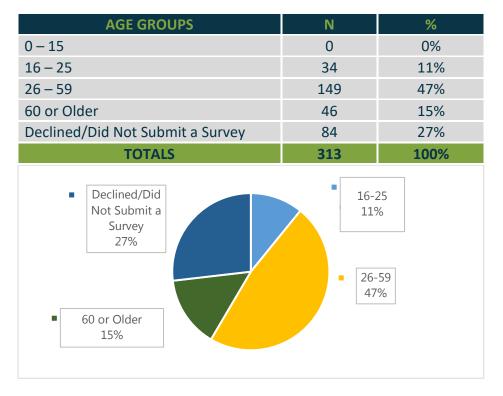




#### DEMOGRAPHICS

Of the 313 Stakeholders who participated in Community Forums in the FY 2023-2024, 231 (74%) of stakeholders completed a survey.

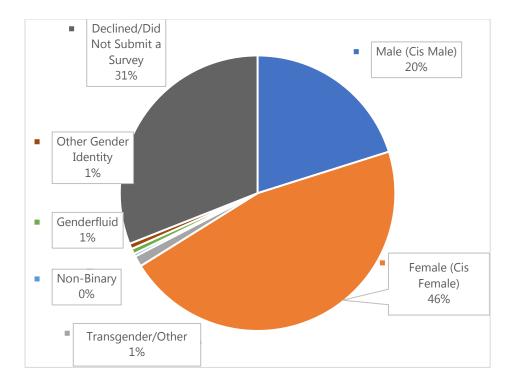
The surveys revealed that most (47%) of those who completed them were between the ages of 26 and 59, with the largest portion of this population identified as female (46%).



#### AGE OF STAKEHOLDERS

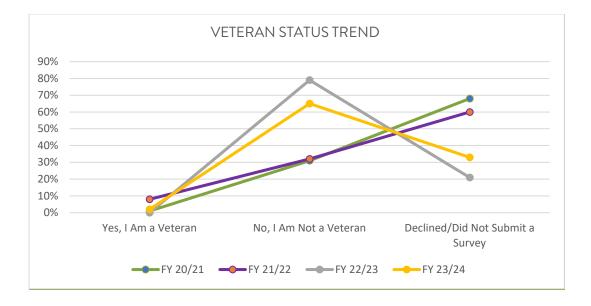
#### **GENDER CURRENTLY IDENTIFIED**

GENDER IDENTITY	N	%
Male (Cis Male)	63	20%
Female (Cis Female)	144	46%
Transgender	4	1%
Genderqueer	0	0%
Non-Binary	1	0%
Genderfluid	2	1%
Questioning or Unsure	0	0%
Other Gender Identity	2	1%
Declined/Did Not Submit a Survey	97	31%
TOTALS	313	100%

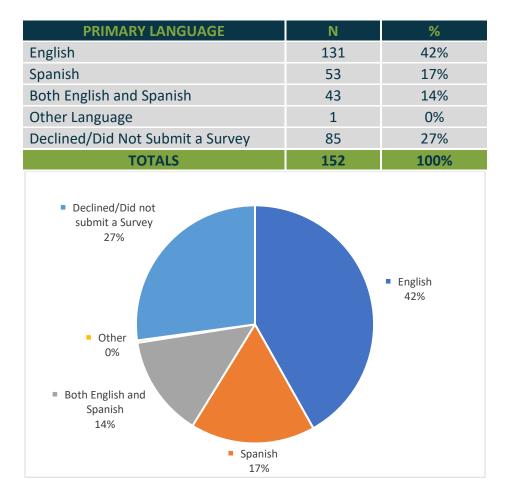


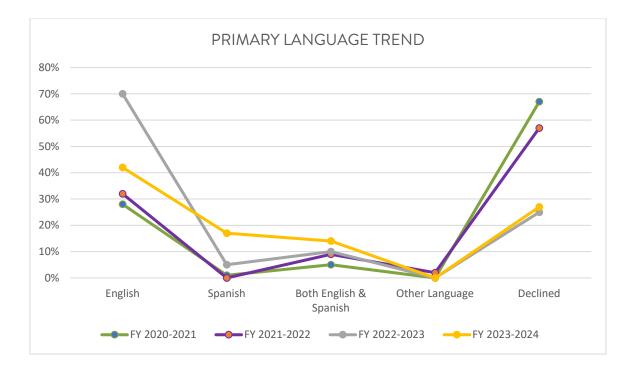
#### **VETERAN STATUS**

VETERAN STATUS	N	%
Yes, I Am a Veteran	8	2%
No, I Am Not a Veteran	203	65%
Declined/Did Not Submit a Survey	102	33%
TOTALS	313	100%
Declined/Did Not Submit a Survey 33%		Yes, I Am a Veteran 2% No, I Am Not a Veteran 65%



#### PRIMARY LANGUAGE

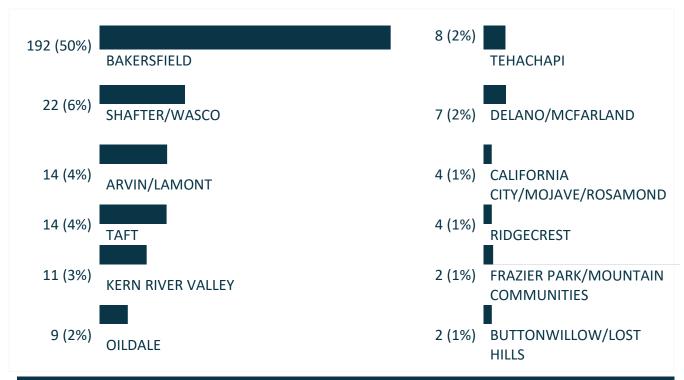




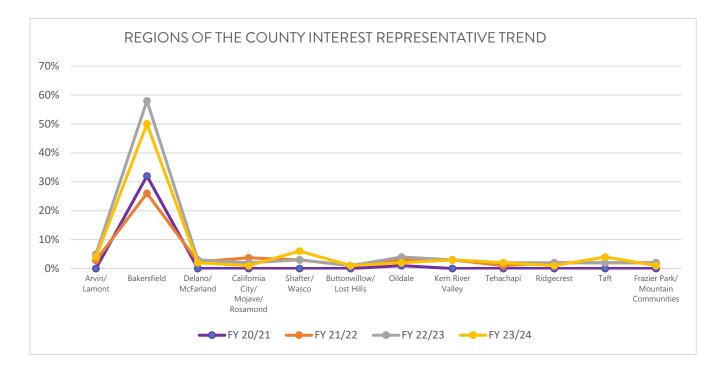
#### **STAKEHOLDER REPRESENTATION\***

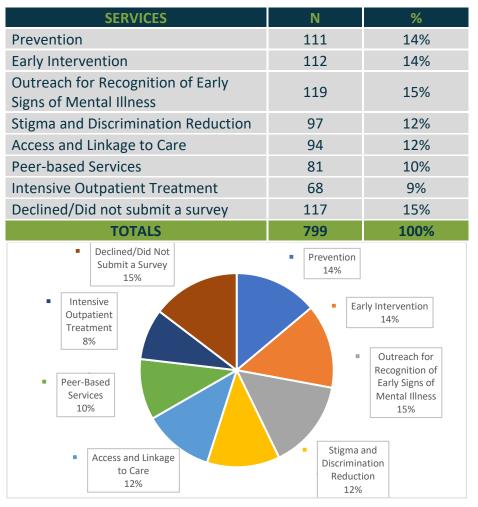
KernBHRS Staff	Client/ Consumer/Person with Mental Illness	Family Members of a Client	Community Member	Behavioral Health Provider	Other
80 (21%)	59 (15%)	40 (11%)	31 (8%)	21 (6%)	11 (3%)
Senior Services	Education/ School	County Agency Staff	Medical Provider	Law Enforcement	Veteran Services
10 (3%)	8 (2%)	6 (2%)	6 (2%)	2 (1%)	1 (0%)

\*NOTE: 107 (28%) stakeholders who Declined/Did not submit a survey were not represented in the above chart.

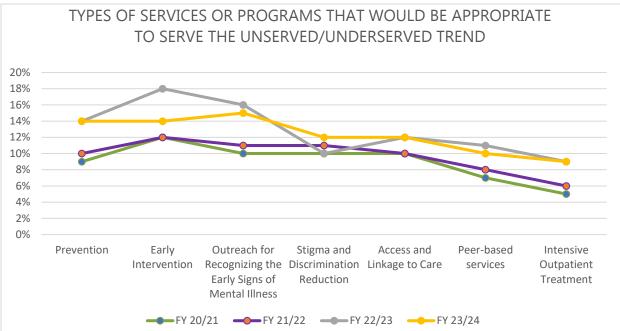


\*NOTE: There was a total of 98 (25%) stakeholders who Declined/Did not submit a survey who are not represented in the above chart.





#### STAKEHOLDER IDENTIFIED MENTAL HEALTH SERVICE NEEDS



#### UNSERVED/UNDERSERVED POPULATION

One of the questions we asked stakeholders is to tell us what populations they feel are currently unserved or underserved. The answers we receive from our stakeholders, help us assess our programs and plan needed changes to current and future services.

In the past 4 fiscal years, Homeless or at Risk of Homelessness has ranked #1 with an average of 12%.

AVERAGE 12%	AVERAGE 9%	AVERAGE 8%
Homeless or at Risk of	Transitional Aged Youth	Those in Rural Kern County
Homelessness	(TAY) (16-25)	Areas

#### POPULATION YOU FEEL IS THE MOST UNSERVED/UNDERSERVED TREND

POPULATIONS	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Children/ Families	4%	6%	10%	8%
Transitional Aged Youth (16-25)	6%	7%	12%	10%
Older Adults	5%	7%	8%	9%
Homeless or at Risk of Homelessness	11%	12%	16%	10%
Those in Rural Kern Areas	6%	8%	8%	8%
Veterans	6%	7%	12%	4%
Those with Substance Use Disorders	5%	6%	7%	8%
Latino/ Hispanic	5%	4%	6%	9%
Asian/ Pacific Islander	2%	3%	2%	2%
Black/ African American	4%	5%	4%	3%
American Indian / Alaska Native	0%	1%	2%	4%
LGBTQ+	4%	5%	8%	7%

### (DATA TABLE)



## FY 2023- 2024 Stakeholder Data

Age Groups:			Sexual Orientation:				
0-15	0	0.0%	Straight/Heterosexual	175	55.9%		
16-25	34	10.9%	Gay or Lesbian	6	1.9%		
26-59	149	47.6%	Questioning	0	0.0%		
60 or Older	46	14.7%	Queer	1	0.3%		
Declined/Did not submit a Survey	84	26.8%	Asexual	1	0.3%		
Gender assigned at bir	th:		Bisexual	25	8.0%		
Male	68	21.7%	Pansexual	4	1.3%		
Female	160	51.1%	Another Sexual Orientation	1	0.3%		
Intersex	0	0.0%	Declined/Did not submit a Survey	100	31.9%		
Declined/Did not submit a Survey	85	27.2%	Race:				
Gender Currently Identified	d with:		Asian	11	3.5%		
Male	63	20.1%	Native Hawaiian/Pacific Islander	0	0.0%		
Female	144	46.0%	Black/African American	5	1.6%		
Transgender/other	4	1.3%	Latino/Hispanic	114	36.4%		
Genderqueer	0	0.0%	Tribal/Native American	7	2.25%		
Non-binary	1	0.3%	White/Caucasian	64	20.4%		
Genderfluid	2	0.6%	Two or More Races	18	5.8%		
Questioning or Unsure	0	0.0%	Tribe:	0	0.0%		
Other Gender Identity	2	0.6%	Declined/Did not submit a Survey	94	30.0%		
Declined/Did not submit a Survey	97	31.0%	Ethnicity:				
Disability:			African	3	1.0%		
Vision	8	2.6%	Asian Indian/South Asian	0	0.0%		
Hearing, or difficulty understanding speech	1	0.3%	Cambodian	0	0.0%		
Mental/Cognitive (excludes behavioral)	28	8.9%	Chinese	0	0.0%		
Mobility/Physical	9	2.9%	Eastern European	2	0.7%		
Chronic Medical illness (not limited to pain)	12	3.8%	Korean	0	0.0%		
None	146	46.6%	Middle Eastern	1	0.3%		
Declined/Did not submit a Survey	109	34.8%	Vietnamese	0	0.0		
Veteran Status:			European	20	6.5%		
Yes, I am a veteran	8	2.6%	Filipino	0	0.0%		
No, I am not a veteran	203	64.9%	Japanese	0	0.0%		
Declined/Did not submit a Survey	102	32.6%	Caribbean	0	0.0%		
Primary Language:			Central American	14	4.6%		
English	131	41.9%	Mexican/Mexican American/Chicano	114	37.3%		
Spanish	53	16.9%	Puerto Rican	1	0.3%		
Both English and Spanish	43	13.7%	South American	1	0.3%		
Other	1	0.3%	Two or more ethnicities	23	7.5%		
Declined/Did not submit a Survey	85	27.2%	Other:	0	0.0%		
			Declined/Did not submit a Survey	127	41.5%		

*Group/Category:			*Population you feel is most unserved/underserved in the above-mentioned communities:				
Client/Consumer/Person with Mental Illness	59	15.4%	Children/Families	57	8.4%		
Family Member of a Client or Person with Mental Illness	40	10.5%	Transitional Aged Youth (16-25)	67	9.9%		
KernBHRS Staff	80	20.9%	Older Adults	60	8.8%		
Law Enforcement	2	0.5%	Homeless or at risk of Homelessness	65	9.6%		
Veteran Services	1	0.3%	Those in Rural Kern areas	54	8.0%		
Senior Services	10	2.6%	Veterans	28	4.1%		
Education/Schools	8	2.1%	Those with Substance Use Disorders	56	8.3%		
Community Member	31	8.1%	Latino/Hispanic	61	9.0%		
County Agency Staff (Not KernBHRS Staff)	6	1.6%	Asian/Pacific Islander	13	1.9%		
Behavioral Health Provider (Not KernBHRS Staff)	21	5.5%	Black/African American	19	2.8%		
Medical Care Provider	6	1.6%	American Indian / Alaska Native	26	3.8%		
Other	11	2.9%	LGBTQ	48	7.1%		
Declined/Did not submit a Survey	107	28.0%	Other	0	0.0%		
			Declined/Did not submit a Survey	124	18.3%		
*Region of the County you are m	ost inv	olved:	*Please indicate the types of services or programs that would be appropriate to service the above-mentioned population:				
Arvin/Lamont	14	3.6%	Prevention	111	10 00/		
Bakersfield	192			111	13.9%		
		49.6%	Early Intervention	111	13.9% 14.0%		
Delano/McFarland	7	49.6% 1.8%	Early Intervention Outreach for Recognizing the Early Signs of Mental Illness				
Delano/McFarland California City/Mojave/Rosamond			Outreach for Recognizing the Early	112	14.0%		
	7	1.8%	Outreach for Recognizing the Early Signs of Mental Illness	112 119	14.0% 14.9%		
California City/Mojave/Rosamond	7	1.8% 1.0%	Outreach for Recognizing the Early Signs of Mental Illness Stigma and Discrimination Reduction	112 119 97	14.0% 14.9% 12.1%		
California City/Mojave/Rosamond Shafter/Wasco	7 4 22	1.8% 1.0% 5.7%	Outreach for Recognizing the Early Signs of Mental Illness Stigma and Discrimination Reduction Access and Linkage to Care	112 119 97 94	14.0% 14.9% 12.1% 11.8%		
California City/Mojave/Rosamond Shafter/Wasco Buttonwillow/Lost Hills	7 4 22 2	1.8% 1.0% 5.7% 0.5%	Outreach for Recognizing the Early Signs of Mental Illness Stigma and Discrimination Reduction Access and Linkage to Care Peer-based services	112 119 97 94 81	14.0%   14.9%   12.1%   11.8%   10.1%		
California City/Mojave/Rosamond Shafter/Wasco Buttonwillow/Lost Hills Oildale	7 4 22 2 9	1.8% 1.0% 5.7% 0.5% 2.3% 2.8% 2.1%	Outreach for Recognizing the Early Signs of Mental Illness Stigma and Discrimination Reduction Access and Linkage to Care Peer-based services Intensive Outpatient Treatment	112 119 97 94 81 68	14.0%   14.9%   12.1%   11.8%   10.1%   8.5%		
California City/Mojave/Rosamond Shafter/Wasco Buttonwillow/Lost Hills Oildale Kern River Valley	7 4 22 2 9 11	1.8% 1.0% 5.7% 0.5% 2.3% 2.8%	Outreach for Recognizing the Early Signs of Mental Illness Stigma and Discrimination Reduction Access and Linkage to Care Peer-based services Intensive Outpatient Treatment	112 119 97 94 81 68	14.0%   14.9%   12.1%   11.8%   10.1%   8.5%		
California City/Mojave/Rosamond Shafter/Wasco Buttonwillow/Lost Hills Oildale Kern River Valley Tehachapi	7 4 22 2 9 11 8	1.8% 1.0% 5.7% 0.5% 2.3% 2.8% 2.1%	Outreach for Recognizing the Early Signs of Mental Illness Stigma and Discrimination Reduction Access and Linkage to Care Peer-based services Intensive Outpatient Treatment	112 119 97 94 81 68	14.0%   14.9%   12.1%   11.8%   10.1%   8.5%		
California City/Mojave/Rosamond Shafter/Wasco Buttonwillow/Lost Hills Oildale Kern River Valley Tehachapi Ridgecrest	7 4 22 2 9 111 8 4	1.8% 1.0% 5.7% 0.5% 2.3% 2.8% 2.1% 1.0%	Outreach for Recognizing the Early Signs of Mental Illness Stigma and Discrimination Reduction Access and Linkage to Care Peer-based services Intensive Outpatient Treatment	112   119   97   94   81   68   117	14.0%   14.9%   12.1%   11.8%   10.1%   8.5%   14.6%		

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