



BEHAVIORAL
HEALTH & RECOVERY
SERVICES

Kern Behavioral Health and Recovery Services

Quality Improvement **Work Plan** FY 2020 – 2021

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Our MISSION

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

Our VISION

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

Our VALUES

We honor the potential in everyone. We value the whole person - mind, body and spirit. We focus on the person, not the illness. We embrace diversity. We acknowledge that relapse is not a personal failure. We recognize that authority over

KERN QUALITY ASSESSMENT AND IMPROVEMENT PROGRAM

Kern Behavioral Health and Recovery Services (KernBHRS) seeks to provide excellence in service through the provision of person-centered, consumer-driven, recovery-oriented, and culturally competent behavioral health care services that are integrated with primary health care and seek to address each beneficiary's unique needs. It is our mission to assist individuals with issues of mental health and substance misuse to find solutions to the challenges they face so they may live full and healthy lives.

KernBHRS is committed to continued program development and compliance efforts as detailed in the KernBHRS Quality Assessment and Improvement Program (QAIP) description. The QAIP meets the contractual requirements of the Mental Health Plan contract with Department of Health Care Services (DHCS), as well as additional areas of performance improvement as identified by the California External Quality Review Organization (CAEQRO). The scope of the QAIP has been expanded to include regulatory requirements associated with the Organized Delivery System waiver issued in the State of California. The QAIP includes all services furnished to beneficiaries.

The QAIP is accountable to the KernBHRS Director who is over the MHP and SUD service delivery plans. The KernBHRS Director is a licensed mental health professional that is under the authority of the Kern County Board of Supervisors. The development and oversight of the QAIP is managed by the Administrator of the KernBHRS Quality Improvement Division (QID).

REPORTING AND IMPROVING

A vital component of the QAIP is the annual implementation of the Quality Improvement (QI) Work Plan. The QI Work Plan is the first element within the quality improvement cycle. The QI Work Plan covers the current fiscal year and includes:

- Evidence of monitoring activities including but not limited to review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review.
- Evidence that QI activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary services.
- A description of completed and in-process QI activities including:
 - Monitoring and tracking of previously identified issues
 - Objectives, scope and planned QI activities for each year
 - Targeted areas of improvement or change in service delivery or program design
 - Monitoring of Key Performance Standards

- A description of mechanisms implemented to assess the accessibility of services within the service delivery area. This includes goals for responsiveness for the 24-hour toll-free telephones number, timeliness for scheduling of routine appointments, timeliness of services for urgent conditions, and access to after-hours care.
- Evidence compliance with the requirements for cultural competence and linguistic competence. An annual update to the Cultural Compliance Plan is included as an appendix to the QI Work Plan.

The QI Work Plan is based on the fiscal year and contains goals, objectives, and the responsible party. The impact and effectiveness of the QAPI program is evaluated annually. Through our Annual Reporting, Work Plan evaluation process. This process helps to prioritize areas for improvement over the upcoming fiscal year. At the conclusion of the fiscal year, each goal and corresponding objectives are evaluated in a report template called KernBHRS Annual Report. The template guides the author through a series of questions designed to evaluate the implementation and outcomes of each specific goal established in the Work Plan. The Quality Improvement Committee evaluates the implementation of the QI Work Plan goals. Each QI Work Plan goal is rated as Met, Not Met, or Partially Met. Each individual Annual Report is compiled into a larger document called the KernBHRS Annual Report and Work Plan Evaluation then submitted to the members of the Quality Improvement Committee (QIC). The committee members review the reports and use the information to establish the QI Work Plan goals for the new fiscal year.

KernBHRS QIC meets monthly. During these meetings Quarterly updates are provided on each of the Work Plan goals. In addition to the Work Plan goal reports, the QIC receives reports on the timeliness of services for both the MHP and DMC-ODS, performance improvement projects, corporate compliance investigations and other areas of interest.

KernBHRS utilizes a quality improvement cycle to ensure continuous improvement efforts. All QIC reports include relevant data that allows us to measure success toward a benchmark or standard. When the benchmark or standard is not met, improvement activities are identified and implemented. Kern BHRS QIC continues to monitor the data to identify the success of the new activity. This process is particularly evident in our Key Performance Indicator Committee, a subcommittee of the QIC, where specific identified standards are monitored closely.

Below is a list of the identified key performance indicators established by the QIC. This is list continues to grow throughout the year as our ability to produce accurate data improves. Kern BHRS uses the Cerner electronic health record which has greatly limits our reports mechanisms. Kern BHRS has adopted these performance indicators as part of our Quality Assessment and Performance Improvement program to establish quantitative priorities for improvement.

Name of Key Performance Indicator	Benchmark/Purpose	MHP or DMC-ODS
After Hours Report	Four percent (4%) of services will be provided outside traditional business hours.	MHP

Request for Psychiatric Service	All (100%) first psychiatric services must be done within 21 calendar days (15 business days) of initial request.	MHP
Initial Request to First Kept Assessment	All (100%) routine mental-health assessments will be conducted within 14 calendar days (10 business days) of initial request for service.	MHP
Initial Request to First Offered Assessment	All (100%) routine mental-health assessments will be offered within 14 calendar days (10 business days) of initial request for service	MHP
Timeliness of Services for Urgent/Emergent Conditions	All (100%) initial requests for urgent services will be followed by a face-to-face service within 48 hours (2 calendar days).	MHP and DMC-ODS
No Show Rate - Psychiatric Appointments	No-show rates for psychiatric appointments will not exceed 18 percent.	MHP
No Show Rate - Other Clinicians	No-show rates for other clinical appointments (no-psychiatric) will not exceed 15 percent	MHP
Inpatient Hospital Recidivism Rate	Less than or equal to fourteen percent (14%). This report tracks the number of clients who return to inpatient within 30 days of discharge.	MHP
Penetration Rate	Penetration rates of 4.2 percent or higher in each service area.	MHP
7 - Day Inpatient Discharge to Outpatient Appointment	All (100%) clients discharged from the hospital will receive a face-to-face outpatient mental health service within seven (7) calendar days	MHP
Initial Request to First Kept Assessment	All (100%) routine SUD assessments will be conducted within 14 calendar days (10 business days) of initial request for service. Pregnant Clients: All (100%) of SUD Assessments will be conducted within 48 hours. NTP: All (100%) of SUD Assessments will be conducted within 3 days. IV User: All (100%) of SUD Assessments will be conducted within 7 days.	DMC-ODS
Consumer Perception Survey	MH subunits will maintain a minimum overall satisfaction rate of 85%	MHP
Treatment Perception Survey	SUD subunits will maintain a minimum overall satisfaction rate of 85%	DMC-ODS

STRUCTURE AND ELEMENTS

The Quality Improvement Committee (QIC) reviews the quality of the service delivery system with the aim of improving the processes of providing care and better meeting the needs of its beneficiaries. The role of the QIC includes:

- Oversight and involvement in QI activities, including Performance Improvement Projects (PIPs)
- Recommends policy decisions
- Reviews and evaluates the results of QI activities
- Institutes needed QI actions
- Ensures follow-up of QI processes
- Documents decisions and actions taken through committee meeting minutes
- Monitoring Performance Standards

The QIC is also referred to as the Executive QIC because it has oversight over three subcommittees. The subcommittees include the System-wide Quality Improvement Committee, the Key Performance Indicator Committee, and the Regulatory Compliance Committee. The Executive QIC and its subcommittees are charged with the following activities:

- Collecting and analyzing data to measure against the goals or prioritized areas of improvement that have been identified
- Identifying opportunities for improvement and deciding which opportunities to pursue
- Identifying relevant committees internal and external to ensure appropriate exchange of information with the QIC
- Obtaining input from providers, beneficiaries, and family members in identifying barriers to delivery of clinical care and administrative services
- Designing and implementing interventions for improving performance
- Measuring effectiveness of the interventions

- Incorporating successful interventions into system operations
- Reviewing beneficiary grievance and appeals, expedited appeals, fair hearing, expedited fair hearing, provider appeals and clinical records review

The QIC and its subcommittees involve providers, beneficiaries, family members, community members and direct service staff in the planning, design, and execution of the QAPI. Having multiple QI subcommittees that feed information up to the Executive Committee allows us to effectively incorporate a variety of perspectives. Recruitment for the subcommittees is based on the targeted audience and described later in this document. It is important to note that the SQIC Committee (one of the three QIC subcommittees) in addition to having a variety of stakeholders as members of the committee, is an open meeting that any member of the community is welcome to attend. The meeting allots a time for public commentary.

The Quality Improvement Division (QID) is responsible for much of the measuring, monitoring and reporting required by the QIC and the QI Work Plan. All performance monitoring and improvement activities conducted by the QID are consistent with current standards of practice in the behavioral health industry. All monitoring activities are designed to improve the access, quality of care, and outcomes of the service delivery system. In addition, the QID monitors system compliance with all regulatory mandates and department standards. Monitoring activities include but are not limited to beneficiary and system outcomes and performance measurements, utilization management, utilization review, provider capacity and utilization monitoring, provider appeals, credentialing and monitoring, and monitoring of the problem resolution process. QID also performs service verification, medication monitoring, performance improvement projects, network adequacy monitoring, client/family perception surveys, documentation compliance reviews, and houses the Corporate Compliance and Privacy Officer. The QID leads system change using various improvement science methodologies such as Lean Six Sigma and PDSA.

The QIC has several other system committees that are tasked with the oversight of specific areas and/or system functions. These committees are not sub-committees of the QIC. However, they provided the QIC regular updates on their improvement activities.

These committees include:

- Length of Stay Committee
- Morbidity and Mortality Committee
- Internal Psychiatric Strategy meeting
- Cultural Competency Resource Committee
- Full-Service Partnership meeting

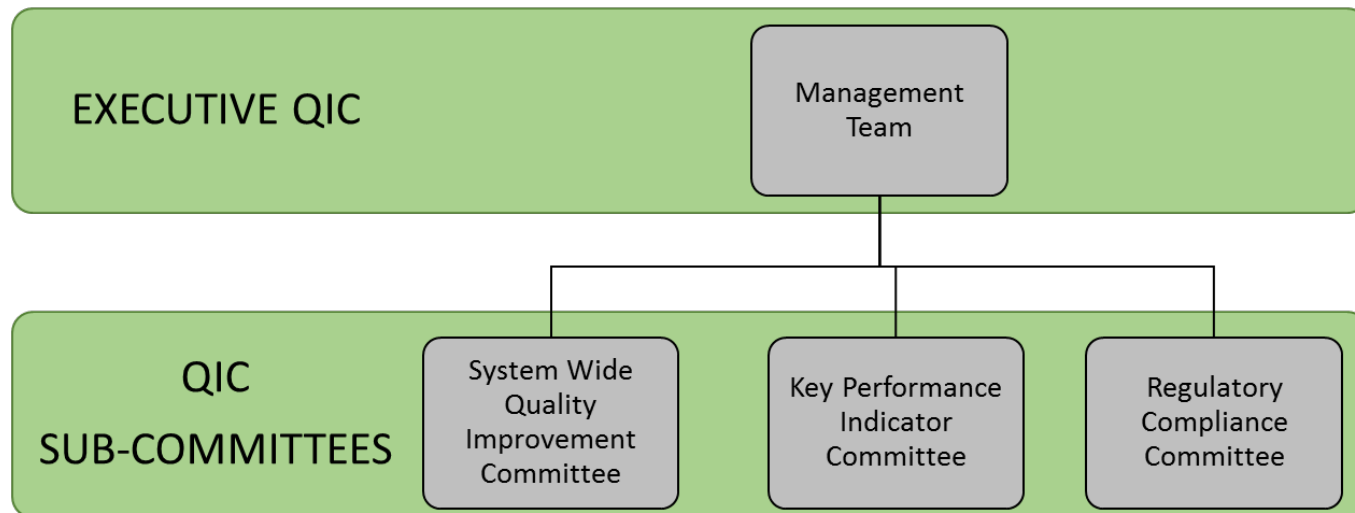
Performance Improvement Projects

A Performance Improvement Project is a process that involves setting goals, implementing systemic changes, measuring outcomes, and making subsequent appropriate improvements. There is a total of four PIPs, one Clinical and one Non-Clinical for both the Mental Health Plan (MHP) and the Drug Medi-Cal Organized Delivery System (DMC-ODS).

The purpose of a PIP is to assess and improve processes and outcomes of treatment provided by KernBHRS. PIPs are presented at both the Quality Improvement Committee and the System Quality Improvement Committee. The ultimate goal of a PIP is to benefit the clients we are serving.



KernBHRS QI Program



The Executive QIC

PARTICIPANTS

- A. Director
- B. Deputy Directors
 - i. Adult Clinical Services
 - ii. Administrative Services
 - iii. Specialty Clinical Services-
- C. System of Care Administrators:
 - i. Adult System of Care
 - ii. Children's System of Care
 - iii. Kern Linkage
 - iv. Crisis Services
 - v. Recovery Support Services
 - vi. Quality Improvement
 - vii. Medical Services
 - viii. Facilities Officer
 - ix. Finance Manager
 - x. IT Manager
 - xi. Substance Use Disorder

DATA REVIEWED

- A. Subcommittee reports
- B. Work Plan goal quarterly reports
- C. Annual reports
- D. Performance Improvement Projects
- E. Quality Improvement Projects
- F. Structure and process measure reports
- G. Clinical Outcome reports
- H. Evaluation of practice guidelines
- I. Evidence Based fidelity monitoring
- J. Negative outcomes through the Morbidity and Mortality and Unusual Occurrence reports
- K. Safety related data

SCOPE / AREAS OF RESPONSIBILITY

- A. Participate in and delegate the collection of data and analysis of data to measure against work plan goals and prioritized areas of improvements
- B. Determine policy decisions
- C. Monitor and evaluate results of PIP's
- D. Institute needed quality improvement actions
- E. Ensure follow up of quality improvement processes
- F. Prioritize areas of improvement; identify opportunities of improvement
- G. Ensure appropriate exchange of information amongst subcommittees, Executive QIC, delivery system and stakeholders
- H. Oversee the design and implementation of interventions to improve performance
- I. Ensure incorporation of successful interventions into operations
- J. Develop and oversee the implementation of the Annual Work Plan
- K. Conduct an annual evaluation of the Work Plan goals.
- L. Conduct an annual evaluation of the QAPI program
- M. Share relevant information with stakeholders and staff
- N. Document minutes including any decisions and actions
- O. Oversee Implementation of practice guidelines

QIC Subcommittees

SUBCOMMITTEES

- A. System-Wide Quality Improvement Committee (SQIC)
- B. Regulatory Compliance Committee (RCC)
- C. Key Performance Indicator Committee (KPIC)

AREAS OF RESPONSIBILITY

- A. Make recommendations to the Primary QIC about opportunities for improvement and which opportunities to prioritize
- B. Participate in and delegate the collection of data and analysis of data to measure against goals and prioritized areas of improvements
- C. Obtain information from beneficiaries, family members, in identifying barriers to delivery of clinical care and administrative services
- D. Recommend interventions for improving performance
- E. Measure effectiveness of service
- F. Review reports regarding grievance, appeals, expedited appeals, fair hearing, provider appeals, and clinical records. Make recommendations to Executive QIC for any necessary quality improvement actions
- G. Recommend policy decisions, review and report results of monitoring activities, report significant findings to the Executive QIC
- H. Ensure documentation of minutes including decisions and action

System-Wide Quality Improvement Committee (SQIC)

PARTICIPANTS

- A. Behavioral Health Board member(s) (CHAIR)
- B. Direct service staff or designees from divisions (ASOC, CSOC, QID, SUD)
- C. Ethnic Services Manager
- D. QID staff person(s)
- E. Representative from each contract provider
- F. Consumer Family Learning Center (CFLC) representatives
- G. Clients
- H. Family Members
- I. Community Stakeholders

SCOPE / AREAS OF RESPONSIBILITY

- A. Provide feedback to guide system improvement
- B. Make recommendations to Executive QIC
- C. Identify system improvement opportunities
- D. Incorporate perspectives and feedback from direct service staff, clients, family members, stakeholders, and contract providers.
- E. Hold open meetings advertised to the public.
- F. Fulfill applicable regulatory requirements such as those with the Brown Act

DATA REVIEWED

- A. Annual Recovery survey
- B. 24/7 test call reports (Quarterly)
- C. UOR reporting
- D. Annual reports
- E. Satisfaction Surveys
- F. Lean Six Sigma projects
- G. Outcome data analysis
- H. Regulatory compliance efforts
- I. Process and structure measures related to the implementation of the Cultural Competence Plan
- J. Performance Improvement Projects
- K. MHSA Implementation
- L. Monthly Division updates
- M. Progress toward Work Plan goals
- N. Other areas as required by the committee

Key Performance Indicator Committee

PARTICIPANTS

1. Deputy Director of Clinical Care
2. System of Care Administrators and appropriate staff persons
 - i. ASOC Administrator
 - ii. Children's Administrator
 - iii. KLD Administrator
 - iv. Medical Services Administrator
 - v. Crisis Services Administrator
 - vi. IT Manager and appropriate staff persons
 - vii. QID Administrator
 - viii. Ethnic Services Manager
 - ix. QID Data Analytics staff

SCOPE /AREA OF RESPONSIBILITY

- A. Key Performance Indicators
- B. Network Adequacy
- C. Performance Improvement Projects
- D. Culturally appropriate services review
- E. Access to Services
- F. Provider Relations
- G. Service Utilization
- H. Service Capacity
- I. Penetration
- J. Linguistic Capability
- K. Client Perception
- L. Timeliness of Services
- M. Review effectiveness of service measures
- N. Ensure validity and reliability of measures
- O. Clinical Outcomes
- P. Data Governance

DATA REVIEWED

- A. Resource Allocation Table
- B. Flow data review of all clinical service team monthly data reports
- C. Bilingual Report
- D. Network Adequacy Certification Data
- E. Service Utilization Reports
- F. Penetration Rate Flex Analyses
- G. Timeliness Report
- H. Client Perception Survey (State)
- I. Client Perception Survey (Local)
- J. FSP Quarterly Summary Reports

Regulatory Compliance Committee

PARTICIPANTS

- A. Privacy/ Compliance Officer (CHAIR) and staff
- B. Information Security Officer (also the IT Manager)
- C. QID Administrator and designated staff
- D. Adult System of Care Administrator
- E. Children's System of Care Administrator
- F. SUD Administrator
- G. Patient's Rights Supervisor
- H. Appointed Supervisors (Children's, Adults, RSA, Crisis Divisions)
- I. Contract providers representatives
- J. HR representative
- K. Crisis Services Administrator
- L. Medical Services Administrator
- M. Recovery Support Administrator
- N. Contracts Administrator

SCOPE / AREAS OF RESPONSIBILITY

- A. Service verification
- B. Compliance investigations
- C. Security breaches
- D. HIPPA violations
- E. Relevant trainings
- F. Program Integrity
- G. Risk Management
- H. Exclusions Reporting
- I. Confidentiality/Privacy
- J. Staff Education and Training
- K. Credentialing
- L. Quality Monitoring Results
- M. Documentation Compliance Reviews
- N. Timeliness of documentation compliance reviews
- O. Information Notice implementation efforts
- P. Beneficiary Protection reports

DATA REVIEWED

- A. Policy review related to Compliance, Privacy and Information Security.
- B. Current Compliance, Privacy and Information Security concerns that require prompt action.
- C. Relevant updates to Compliance, Privacy and Information Security regulations.
- D. Sequestered chart audits
- E. Service Verification completion
- F. Trends reports related to Privacy breaches
- G. APGAR

Quality Improvement Work Plan

For each of the following QI/QM Work Plan areas of concern, data or information will be collected, analyzed, and used to measure against goals and objectives so opportunities for improvement can be identified. Interventions will be designed and implemented to improve performance. Effectiveness of the interventions will be measured, and results will be used to validate or modify practices as appropriate.

Goal(s)	Objective(s)	Responsible Party
NETWORK ADEQUACY: 24/7 Toll-Free Number		
Ensure that 100% of monitored calls adhere to Medi-Cal standards	<ol style="list-style-type: none"> Identified regulations will include: <ol style="list-style-type: none"> Recording the correct name in the caller log Caller was given information about how to access specialty mental health services Caller was asked about services needed to treat urgent conditions The initial disposition of the request was recorded. Analyzing their own POMS data, data collection is skewed and misleading due to categorical interpretation 	Crisis Services Administrator
5% of all Hotline calls will be monitored via the silent monitoring process	<ol style="list-style-type: none"> Require all staff to complete at minimum, three silent monitoring forms per week. Monitor calls via call recording capabilities in order to enhance feedback. Utilize narrative section on the silent monitoring form to enhance call debriefing and feedback. Utilize role playing and interactive modeling to enhance learning for Hotline staff 	Crisis Services Administrators
NETWORK ADEQUACY: Foster Care Penetration Rates		
Increase foster youth penetration rate to an overall monthly average of 50% or greater.	<ol style="list-style-type: none"> Continue to provide universal assessment to all children that enter protective custody. Continue to utilize SMART meetings as a referral and triage mechanism to identify high level youth and review treatment needs. Continue to meet with DHS on a quarterly basis to review data and discuss strategies to encourage referrals to KernBHRS. Continue to work with DHS in monthly CANS implementation meetings and assign dedicated staff to attend CFT meetings that do not have a GSA provider already assigned. Continue to review and update foster care aid codes, when appropriate, to improve penetration rate. Continue to build infrastructure for integration of CANS into CFTMs. 	Children's System of Care Administrator

Goal(s)	Objective(s)	Responsible Party
NETWORK ADEQUACY: Outreach Efforts to the Homeless and Hard to Reach		
Ensure system access to the hard to reach individuals HAT will increase the amount of walk-in for homeless individuals by 20%. Last fiscal year HAT had 2 walk-ins.	<ol style="list-style-type: none"> 1. Outreach to shelters or missions in Kern County 2. KernBHRS staff will bring iPad in the field to assist with telehealth services for hard to reach population 3. Provide On-Call outreach services 4. Distribute business cards with on-call information for hard to reach population. 	Kern Linkage Administrator
Ensure system access to the hard to reach individuals The VSOP team will increase outreach efforts by 10%	<ol style="list-style-type: none"> 1. Attend various outreach events in outlying areas to educate public about VSOP program as well as to provide early screening services and early intervention. 	Adult System of Care Administrator
Ensure system access to the hard to reach individuals The REACH team will increase linkage of individuals to adult outpatient teams by 15%	<ol style="list-style-type: none"> 1. REACH team provide increased presentations to adult outpatient teams to educate on the program. 2. Utilize a web app where teams/program staff can enter data directly. 3. Continue to provide services to individual until they successfully are linked to the adult outpatient team. 	Adult System of Care Administrator
Ensure system access to the hard to reach individuals the AOT team will increase linkage of individuals to adult outpatient teams by 15%.	<ol style="list-style-type: none"> 1. Provide increased presentation to community organizations/businesses/citizens to educate on the program and how to refer to services. 2. Continue to provide services to individual until they successfully are linked to the adult outpatient team. 	Adult System of Care Administrator
At least 70% of transitional age youth will demonstrate treatment engagement by participating in 5 or more specialty mental health services.	<ol style="list-style-type: none"> 1. Provide wraparound services to at risk youth, as evidenced by individuals receiving at least three (3) services per week. 2. Demonstrate a non-judgmental approach. 3. Maintain a non-stigmatizing atmosphere in which youth can receive services. 	Children's System of Care Administrator

Goal(s)	Objective(s)	Responsible Party
NETWORK ADEQUACY: SUD Treatment Access Line		
95% of all access test call will be given a customer service rating of standard or above.	<ol style="list-style-type: none"> 1. Rating the statement; "Overall, I feel the quality of this call was" on a 5-point Likert Scale. 2. The QIC will set a frequency the call should be Standard or above. 3. Present this information to QIC and SUD administrator on a regular basis so they can discuss and implement change. 	Substance Use Administrator
BENEFICIARY PROTECTION: Change of Provider / Second Opinion Requests		
100% of the Change of Provider/Second Opinion requests shall come to a resolution between the client and provider	<ol style="list-style-type: none"> 1. Monitor COP/2nd Opinion quarterly. 2. Report concerning trends to RCC to identify system improvement opportunities. 3. Report to QIC any improvement plans developed in RCC, and the progress of these plans. 	QID, Quality Monitoring Supervisor
BENEFICIARY PROTECTION: Fair Hearings		
100% of State Fair Hearings will be performed within the mandated time frame	<ol style="list-style-type: none"> 1. Check CDSS Appeals Case Management System website everyday 2. Fair hearings will be completed within the mandated time frames 3. Improvement efforts will be reported through the QIC 	QID, Administrative Coordinator
BENEFICIARY PROTECTION: Grievances and Appeals / Problem Resolution		
100% of grievance and appeals will be addressed within the prescribed timeframes.	<ol style="list-style-type: none"> 1. Provide an electronic means for clients and family members to file a grievance and appeal online and this will be directly received by the Patients' Rights Office. 2. Create an efficient method for clients to communicate their concerns in private setting 3. Increase the means of obtaining client feedback. The electronic filing method will also allow decrease wait times for correspondence between individuals and the Patients' Rights Office. 	Patients' Rights Supervisor
BENEFICIARY PROTECTION: Notices of Adverse Beneficiary Determination (NOABD)		
95% of all NOABDS sent by the MHP will be issued correctly according to state mandates.	<ol style="list-style-type: none"> 1. Will work with PRA, Authorizations and Finance to include monitoring and reporting on the issuance of the following notices: Authorization Delay, Grievance and Appeal Timely Resolution, Grievance Resolution Notice, NAR Upheld/Overtaken Notices, Financial Liability. 2. Continue Monthly monitoring 3. Provide follow-up trainings for those teams/staff that continue to struggle with issuing the NOABDs accurately. 	QID, Quality Monitoring Supervisor

Goal(s)	Objective(s)	Responsible Party
95% of all NOABDS sent by the SUD system will be issued correctly according to state mandates.	<ol style="list-style-type: none"> 1. Decrease duplication of NOABDs to less than 2% by regular review of NOABD app submissions and providing feedback. 2. Continue to provide trainings to assist employees in meeting quality and regulatory requirements for NOABDs by providing feedback and trainings when errors are identified in the app submissions. 3. Improve processes to compare data to ensure NOABD requirements are met by working with IT, QID-IT, and the Provider Liaison Team. 	QID, SUD Supervisor
BENEFICIARY PROTECTION: Credentialing		
100% of all applicable staff will complete the credentialing process	<ol style="list-style-type: none"> 1. 100% of all new hires will be credentialed 2. Credentialing applications will be provided at the time of onboarding, which occurs before a staff persons first day on the job. 3. Credentialing software will be up and running by Spring 2021 4. Contractors completing their own credentialing will be audited annually- all new hires will be audited, as well as, employees files that were not audited during the previous audit completed by KernBHRS Credentialing staff. 5. Staff providing Medi-Cal reimbursable services will not be granted the ability to enter services into the EHR without being credentialed (still working through the Exec management approval process) 	Contracts Administrator
BENEFICIARY PROTECTION: Provider Appeals		
100% of Provider Appeals will be resolved in a timely manner.	<ol style="list-style-type: none"> 1. Inform contract providers of the appeal process 2. Resolve appeals within specified timeframes 3. Track and trend data for system improvement efforts 	Contracts Administrator
CUSTOMER SATISFACTION: Consumer and Family Satisfaction – Consumer Perception Survey		
Each MHP service provider will achieve a minimum satisfaction rating of 85% or greater on the bi-annual Consumer Perception Survey.	<ol style="list-style-type: none"> 1. Continue the requirement that all teams score an overall satisfaction rating of at least 85%. 2. Participate in the CPS surveys that the state requests. 3. Provide mini CPS 	QID, IT Supervisor & QID Administrator

Goal(s)	Objective(s)	Responsible Party
CUSTOMER SATISFACTION: Substance Use Division (SUD) Adult Satisfaction		
Each SUD Adolescent and Adult service provider will achieve a minimum satisfaction rating of 85% or greater on the Treatment Perception Survey.	<ol style="list-style-type: none"> 1. Utilize client satisfaction statement rating to measure service satisfaction 2. Participate in annual mandated survey 3. Implement survey system wide during prescribed time frame. 	Substance Use Administrator
CUSTOMER SATISFCATION: Substance Use Division (SUD) Points in Time Surveys		
Client satisfaction with various points in time (Admission, During Treatment, at Discharge and at Follow Up) during SUD treatment will obtain positive ratings at a rate of 85% or higher.	<ol style="list-style-type: none"> 1. Utilize RISE and START team to implement point in time surveys at identified moments in treatment 2. Survey questions to be based by treatment perception survey 3. Utilize findings from point in time surveys for process improvement. 	Substance Use Administrator
EFFECTIVENESS OF SERVICES: Substance Use Division (SUD) Outcome Measures		
At least 30% of individuals screened for SUD services (via SUD Access line or in person) will complete an assessment	<ol style="list-style-type: none"> 1. Continue follow up calls prior to assessment appointment by Gateway staff 2. Adapt Gateway-provider processes as a result of expected changes to 42 CFR Part 2 	Substance Use Administrator
In fiscal year 20/21 the average length of stay for Intensive Outpatient will be greater than or equal to 40 days.	<ol style="list-style-type: none"> 1. Continue SUD treatment plan training for all SUD providers in order to emphasize individualization 2. Increase engagement and progress in Intensive Outpatient services. 	Substance Use Administrator
Increase penetration rate of the Latino/Hispanic population into SUD treatment from 52% to 57% by implementing culturally sensitive outreach and engagement strategies.	<ol style="list-style-type: none"> 1. Cultural Competence Resource Committee (CCRC) collaborates with SUD & QID on SUD Penetration Rate Report. 2. CCRC collaborates with SUD and Outreach & Education efforts and activities. 3. CCRC reviews SUD Penetration Rate Report & Outreach & Education reports quarterly (or as needed). 	Department Supports Administrator

Goal(s)	Objective(s)	Responsible Party
Track and trend the number of referrals to MAT programs from the SUD Access line and DMC_ODS network to obtain a baseline for utilization of this new service.	<ol style="list-style-type: none"> 1. Track referrals from KernBHRS to MAT providers 2. Track referrals from MAT Providers to KernBHRS DMC-ODS network 3. Collaborate with MAT providers to address barriers to access to MAT and SUD treatment 	SUD Administrator
EFFECTIVENESS OF SERVICES: Psychiatric Consultations		
Medical Staff will perform 115 no cost consultations during fiscal year 20/21	<ol style="list-style-type: none"> 1. Over the last year the Medical Services Division has implemented the following to support increased Consultations within the community. 2. Distributed Consultation flyer at the Managed Care Plan and Mental Health Plans Quarterly meetings and emailed flyer to primary community contacts to answer questions regarding this free service and distribute this information regarding the availability of this no cost consultative service. 3. Become figures in 2 community physical health clinics weekly to be available for both Adult and Child Consultations. 	Medical Services Administrator
SERVICE MONITORING: Documentation Reviews		
Improve documentation standards for compliance across all service teams to achieve 5% or less disallowance rates for 85% of the teams reviewed.	<ol style="list-style-type: none"> 1. Continue to complete quarterly audits for all teams, prescribed Plans of Corrections and required trainings for teams with specific disallowance percentages. 2. Revamp and simplify our progress notes both the structure and the steps required to complete a note to help staff in completing their notes following documentation requirements. 3. Improve our documentation training plans to make our trainings more interactive with the staff to improve retention of information and ensure staff can apply the information learned. 4. Work with our system of care administrators and supervisors to ensure all staff (new and old) are provided with the support necessary to improve their documentation. 	QID, Documentation Compliance Supervisor
SERVICE MONITORING: Medication Monitoring		
Each prescriber will achieve a combined rating of 80% or higher on peer review medication monitoring evaluation.	<ol style="list-style-type: none"> 1. Work with Medical Services to create and implement a review process for the Mental Health in-house reviews 2. Work with Contracts Division and Medical Services to create and implement a review process for the Contract Providers' prescribers. 3. Work with SUD and Medical Services to create and implement a review process for the NTPs. 4. Work with IT to make these processes electronic. 	Medical Services Administrator

Goal(s)	Objective(s)	Responsible Party
SERVICE MONITORING: Utilization Management		
95% of all reviewed MH assessments will have an appropriate determination on Medical Necessity documented.	<ol style="list-style-type: none"> 1. Review 10% of all assessments/reassessments completed by all MH teams and report findings to management. 2. Continue to provide monthly training on assessment/reassessments to all new LPHAs and for older staff when requested by supervisor. 3. Continue to review medical necessity in our qtr. chart audits and provide feedback to the supervisors and administrators when items are out of compliance. 	QID, Documentation Compliance Supervisor
95% of all SUD ASAM Assessments reviewed will document appropriate medical necessity for services	<ol style="list-style-type: none"> 1. A process to audit assessments by all SUD providers will be developed and implemented this FY to ensure assessments are documenting medical necessity for SUD services. 2. Audit tools will be created that will be utilized during the reviews. 3. Start to report data to management and develop any actions steps to ensure staff knows the requirements for medical necessity. 	QID, Documentation Compliance Supervisor
SERVICE MONITORING: QI when Negative Clinical Outcome: Mortality and Morbidity (M&M) Summary		
The M&M Committee will review 100% of adverse events.	<ol style="list-style-type: none"> 1. Provide structured recommendations to QIC with actionable steps that can be implemented if chosen by the QIC/Management Team. 2. Maintain quarterly reporting of M&M events to QIC, including data on trends specific to types of event and teams noted. 3. Maintain feedback letters to teams/SOC (Adult, SUD & Children's) making M&M reports to ensure follow up is provided. 4. Maintain rotation of supervisors or designated staff into committee for further educational and quality improvement efforts 	Administrative Services Deputy Director
SERVICE MONITORING: Site Certification		
Ensure that all county owned/operated and contracted organizational providers providing Specialty Mental Health Services are certified and recertified per title 9 regulations.	<ol style="list-style-type: none"> 1. The QM team site certification coordinator will continue to follow the notification process 3 months prior to expiration to continue current success. 2. The "trigger events" flyer will be sent out to all KernBHRS Supervisors and Contract Providers to provide continued reminders of when to notify QID. 3. The QM team will enhance KernBHRS teams and contract provider understanding of site certification requirements through presenting topics at the QQID meetings. 	QID, Quality Monitoring Supervisor

Goal(s)	Objective(s)	Responsible Party
SERVICE MONITORING: Therapeutic Behavioral Services (TBS) Utilization		
Continue to meet state standard of 4% to provide Therapeutic Behavioral Services (TBS) to full scope EPSDT youth in order to decrease hospitalizations, placement changes, incarcerations, and crisis services.	<ol style="list-style-type: none"> 1. Meeting with providers and department staff to discuss TBS and closely monitoring all behavioral health providers monthly, as well as quarterly. 2. Monitoring those youth who exit the PEC or hospital to ensure the appropriate level of services are provided and require providers to respond in writing when TBS is not rendered. 3. Working with new STRTP providers to identify and provide TBS when clinically appropriate 	Children's System of Care Administrator
SERVICE MONITORING: Unusual Occurrence Reports		
100% of all MHP Outpatient UORs will be address in an appropriate manner.	<ol style="list-style-type: none"> 1. Monitor 100% of MH Outpatient UORs submitted ensuring all incidents were addressed appropriately 2. QID will continue to provide trainings and working with the SOC to ensure staff is entering any unusual occurrence incident via the app and ensuring staff is using the correct types of incident 3. QID will work in reducing the use of "other" in the "type of incident" helping teams understand the differences between the categories. 4. QID will provide feedback to supervisor/administrator when there are areas of improvement or concerns. 5. QID will allow designees from each division access to reporting from the app so they can also monitor their divisions for trends or concerns. 	QID, Documentation Compliance Supervisor
100% of all SUD Outpatient UORs will be address in an appropriate manner.	<ol style="list-style-type: none"> 1. Monitor all UORs submitted by SUD teams via the KernBHRS web application and review content to ensure SUD teams are providing the highest quality of care to their clients 2. Provide recommendations to SUD team supervisor and KernBHRS SUD Administrator when a concern is identified during UOR reviews. 3. Provide support and/or training to SUD providers when areas of concern are identified during UOR reviews 4. Report trends, areas of concern, and areas needing improvement to SUD providers quarterly during the Quarterly Quality Improvement Division Meeting 5. Report trends, areas of concern, and areas needing improvement to the Quality Improvement Committee (QIC) on a quarterly basis 	QID SUD Supervisor
100% of all Inpatient UORs will be address in an appropriate manner.	<ol style="list-style-type: none"> 1. Crisis Services will review 100% of UOR's received from contractors. 2. Crisis Services will report on UORs at each Inpatient Facility contract administration meeting. 3. Each Inpatient facility will immediately address trends identified in the UOR report. 	Crisis Administrator

PERFORMANCE IMPROVEMENT PROJECTS (PIP): Non-Clinical		
2019-2020	2019-20	Person Responsible
<p><u>Mental Health (MHP): Telehealth Expansion</u></p> <p>Problem: KernBHRS' Non-Clinical PIP is designed to address the high no show rates for psychiatric and other clinician appointments.</p> <p>Goal: I-Pad utilization for telehealth expansion will improve no show rates to psychiatric appointments, improve no show rates to other clinician appointments, and improve client outcomes.</p> <p><u>DMC-ODS: Enhancing linkage to First Assessment Appointments</u></p> <p>Problem: KernBHRS' Non-Clinical PIP is designed to address the low amount of assessment appointments attended after initial request to services.</p> <p>Goal: Increase client linkage to assessment appointments.</p>	<p>MHP: This Performance Improvement Project started in 2019 as a Walk-in Clinic. Due to COVID-19, interventions expanded to include telehealth services across multiple pilot sites.</p> <p>DMC-ODS: This Performance Improvement Project started in 2020</p>	<p>QID, Outcomes Supervisor</p>
PERFORMANCE IMPROVEMENT PROJECTS (PIP): Clinical		
2019-2020	2020	Person Responsible
<p><u>Mental Health (MHP): Eye Movement Desensitization and Reprocessing (EMDR)</u></p> <p>Problem: KernBHRS' Clinical PIP is designed to address the high prevalence rate of trauma.</p> <p>Goal: Reduce subjective trauma while improving clients' symptoms of anxiety and depression.</p> <p><u>DMC-ODS: Seeking Safety Implementation</u></p> <p>Problem: KernBHRS' Clinical PIP is designed to increase client linkage to assessment appointments.</p> <p>Goal: Increase client engagement in treatment, as evidenced by decreased drop-out rates and increased Cal-OMS Discharges.</p>	<p>MHP: This Performance Improvement Project started in 2020</p> <p>DMC-ODS: This Performance Improvement Project started in 2020</p>	<p>QID, Outcomes Supervisor</p>



B E H A V I O R A L
HEALTH & RECOVERY
S E R V I C E S

Cultural Competence Plan

**Annual Update
FY 2019-2020 Review**



**FY 2020-2021 CULTURAL COMPETENCE
IMPROVEMENT PLAN**

Joy Quiton-Buaya, Psy.D., LMFT.,
Cultural Competence/Ethnic Services Manager (CC/ESM)

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Introduction



Kern Behavioral Health and Recovery Services (KernBHRS) establishes intentional strategies to improve cultural and linguistic competence. KernBHRS, consists of Mental Health (MH) and Substance Use Disorder (SUD) programs, and continues to adhere to the Standards set forth in the California Department of Mental Health Cultural Competence Plan Requirements (CA-CCPR) Modification (2010) Standards and Criteria (per California Code of Regulations, Title 9, Section 1810.410). KernBHRS utilizes the CA-CCPR standards, along with Mental Health Services Act (MHSA) General Standards (per California Code of Regulations, Title 9, Section 3320) in order to work towards achieving the requirement set forth in the Culturally and Linguistically Appropriate Services (CLAS) Final Rule Requirement.

The KernBHRS Cultural Competence (CC) Plan Annual Update addresses Two (2) Main Areas:

- 1. Fiscal Year (FY) 2019-2020 Prior Year Review Outcomes and Activities**
- 2. FY2020-2021 Cultural Competence Improvement Plan**

The Cultural Competence Plan Annual Update has been developed to reduce MH and SUD disparities experienced among racial, ethnic and diverse populations that may be classified as unserved, underserved, and difficult to reach or may be inappropriately served in the behavioral health system. The Cultural Competence Plan Annual Update also works towards the development of the most culturally and linguistically competent and effective programs and services to meet the needs of California's diverse racial, ethnic, and cultural communities in the MH system of care. The objective of the Cultural Competence Plan Annual Update is to integrate the MHSA requirements, SUD and the Drug Medi-Cal Organized Delivery System (DMC-ODS) requirements, and the Mental Health Plan (MHP) CC requirements.



Introduction

Specifically, the intent of the Cultural Competence Plan Annual Update is to improve the development of culturally effective services based on ethnicity, culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, acculturation and immigration status, language, and other human diversity factors.

The Cultural Competence Plan Annual Update consists of reporting on the status of the *FY19-20 Prior Year Review Outcomes and Activities* and outlining goals and strategies for the *FY 20-21 CC Improvement Plan*. The Cultural Competence Plan Annual Update is a continuous process, integrating and collaborating on various CC issues. The integration of information gathered, reviewed, planned, and/or developed derived from various individuals and groups representative of Kern County diverse populations, to effectively address the *FY 19-20 Prior year Review Outcomes and Activities* and *FY 2020-2021 Improvement Plan* strategies and activities of KernBHRS System. Stakeholders consisted of KernBHRS staff, Cultural Competence Resource Committee (CCRC), which includes MH and SUD members, as well as Contracted staff and other key community members, Management Team, MHSA Team, Cultural Competence/Ethnic Services Manager (CC/ESM), Ethnic Services Coordinator (ESC), Training Services Team, Training Review Committee (TRC), Patient's Rights Advocate (PRA), Recovery Services Administration (RSA) and Peers, SUD, Outreach and Education (O&E), Quality Improvement Division (QID), Public Information Officer (PIO), Information Technology Division (ITD), Community Partners, and other internal leaders and staff and community agency partners.



KERN COUNTY

Demographics

Geography

Kern County is located on the southern edge of the San Joaquin Valley. With 8,163 square miles of mountains, valleys, deserts, and ag-yielding valley. Kern County is geographically the third largest county in California. Kern County borders eight (8) counties: Kings, Tulare, Inyo, Ventura, San Bernardino, Los Angeles, Santa Barbara and San Luis Obispo. Located within the Central Valley, Kern County (primarily the city of Bakersfield) is on a thoroughfare for travelers and commuters as it connects many on the north-south route via Interstate 5 and Highway 99 and to the east via Highway 58.



Economy



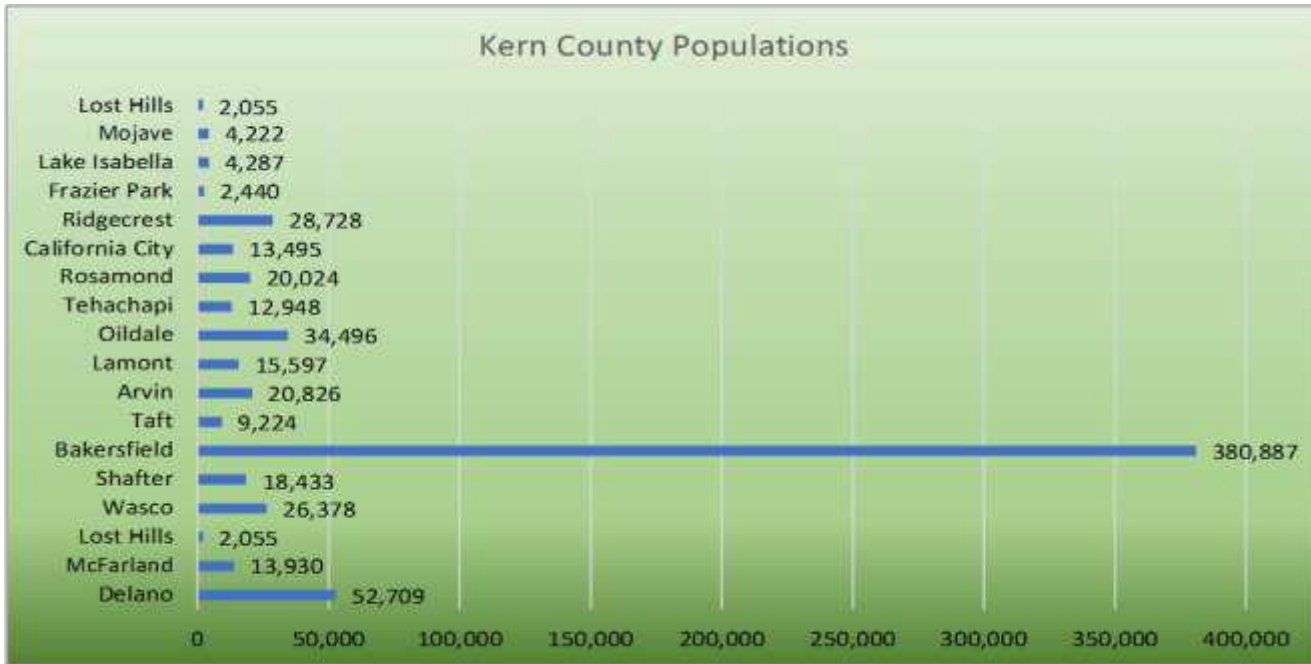
Major industries include oil and agriculture, with Kern County producing over 70% of oil in California. With the overwhelming decline in oil prices over the last several years, Kern County has been substantially adversely affected by the decrease in the number of jobs in that industry. Likewise, local economy has also suffered because of revenue sources being directly linked to property taxes associated with oilfields. Agriculture is another leading Kern County industry that has been adversely affected in recent years by the drought. Kern County has risen to the largest agricultural producer in the nation. Leading agricultural products are table grapes, almonds, citrus, pistachios and dairy. Kern is known for producing over 300 agricultural commodities and is also known as “the breadbasket of the world”. This has been an ongoing concern for animal and crop-based agriculture. Less prominent, but strong industries are military-based avionic production and manufacturing, located primarily within East Kern County. Edwards Air Force Base and China Lake Naval Air Weapons Station provide jobs in those industries to many within the Ridgecrest, Mojave and Rosamond area. Solar and wind energy has also been a growing industry over the last several years, generating construction and operational jobs throughout Kern County. Wind energy-based jobs are provided primarily in the Tehachapi Mountain and Mojave Desert areas.

According to Kern Economic Development Corporation and Data USA, the unemployment rate in May 2020 was estimated 18.3%, up 7.3% compared to 2019. The median householder income was \$51,579.

KERN COUNTY

Demographics

The below graph represents the number of residents in each Kern County community, based on 2019 information gathered by Data USA.



Lamont, Lake Isabella, Mojave, Frazier Park, Kern River Valley, Boron, Buttonwillow and Lost Hills have a population of less than 5,000. Therefore, no data was available on the 2017 census.

Ethnic Composition of Kern County Residents	Estimated Percentage
Hispanic or Latino	53.40%
White (Non-Hispanic)	33.90%
African America/Black	4.99%
Asian	4.78%
Multi-racial	1.97%
American Indian/Alaska Native	0.518%
Native Hawaiian/Pacific Islander	0.156%
Other	0.226%

Demographics

Bakersfield holds the majority of Kern County's population, with over 380,000 of approximately 893,119 residents. Around 88% of Kern County's total population resides in or around various urbanized areas, while the remaining 12% live in more undeveloped, rural areas. Approximately 35% of the population in Kern County is aged 35-64. Children under 15 also make up a substantial portion of the population, approximately 24%. Individuals occupy approximately 30 % of the Kern County population. Adults over 65 years make up approximately 11%. According to the California Economic Forecast report, Kern County is forecasted to continue to attract growth and population that will modestly accelerate. The total population is anticipated to reach 920,584 in 2021. English and Spanish are the primary threshold languages in Kern County.



Definitions of Status Ratings:

Met	Identified Improvement Goal Have Been Resolved/ Completed
Partially Met	Identified Improvement Goal Have Established Clear Plans and is in the Early Stages of Initiating Activities to Address the Improvement Goal/Recommendation OR Identified Improvement Goal Have Addressed Some but not all aspects of the Improvement Goal/ Recommendations
Not Met	No Meaningful Activities Have Been Completed



FY 2019-2020 PRIOR YEAR REVIEW

OUTCOMES & ACTIVITIES

The KernBHRS Cultural Competence Plan Annual Update continues to be consistent with the CA -CCPR Modification (2010) standards and criteria (per California Code of Regulations, Title 9, Section 1810.410).

The CA-CCPR Modification (2010) consists of the **EIGHT (8) Domains** related to **CLAS** integrated into the **EIGHT (8) Criteria**.

Kern County strives to practice the following Domains, Criteria, and Standards.

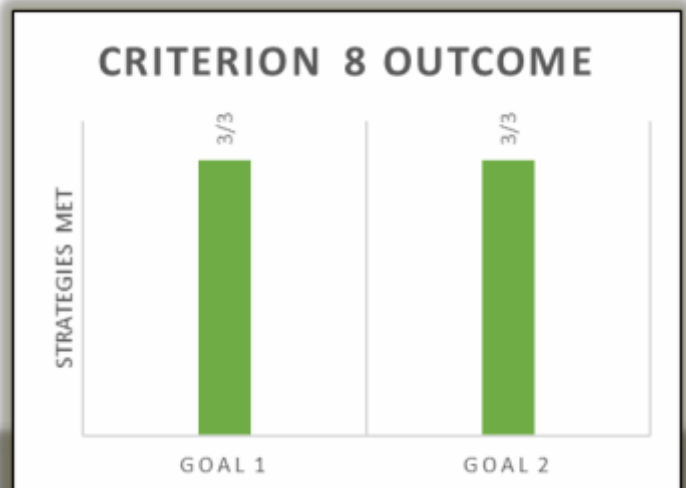
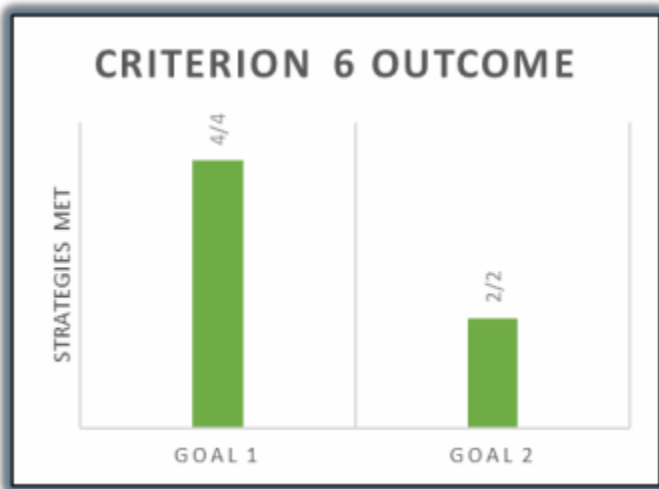
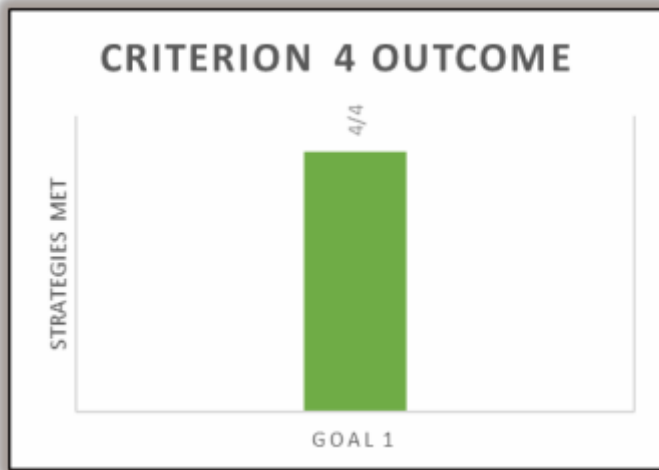
Domains	Areas of Assessments	Criteria	Areas to Examine
Domain 1	Organizations Values	Criterion 1	Commitment to cultural competence
Domain 2	Policies/Procedures/ Governance	Criterion 2	County Mental Health System updated assessment of service needs
Domain 3	Planning/Monitoring/ Evaluation	Criterion 3	County Mental Health System strategies and efforts for reducing racial, ethnic, cultural and linguistic mental health disparities
Domain 4	Communication	Criterion 4	County Mental Health System client/family member/community committee: integration of the committee within the County Mental Health System
Domain 5	Human Resources	Criterion 5	County Mental Health System culturally competent training activities
Domain 6	Community and Consumer Participation	Criterion 6	County Mental Health System commitment to growing a multicultural workforce: hiring and retaining culturally and linguistically competent staff
Domain 7	Facilitation of Broad Service Array	Criterion 7	County Mental Health System language capacity
Domain 8	Organization Resources	Criterion 8	County Mental Health System adaptation of services



Outcome Summary of 8 Criteria

Met
Partially Met
Not Met





Met
Partially Met
Not Met

Criterion 1 Outcome Status Summary

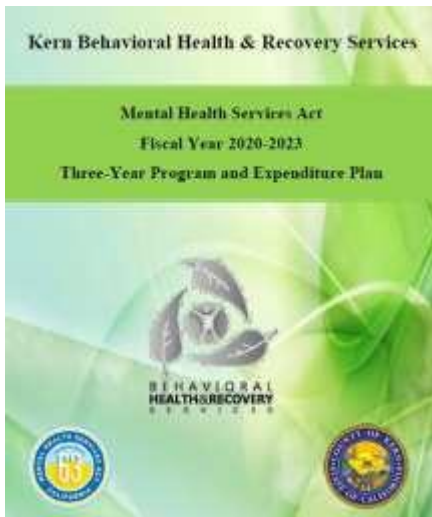
GOALS	STRATEGIES	STATUS
Goal I	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
Goal II	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met

CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

Rationale: An organizational and service provider assessment is necessary to determine the readiness of the service delivery system to meet the cultural and linguistic needs of the target population. Individuals from racial, ethnic, cultural, and linguistically diverse backgrounds frequently require different and individual Mental Health Service System responses.

CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

Goal I: Enhance organization structure and processes to ensure and promote multicultural and diversity practices within the system.



Strategy 1:

Integrate the MHSA Annual Update and DMC-ODS- SUD cultural competence requirements. **Met**

Activities/Evidence:

The Mental Health Services Act (MHSA) has outlined a 3-year plan to incorporate Culturally Competent (CC) items and activities in various systems of care.

For information referenced in the MHSA plan please visit

<https://www.kernbhhs.org/mhsa>

Strategy 2:

Partner with MHSA Team & SUD to identify, track and monitor Outreach & Education, Workforce Education and Training, and Other Prevention and Early Intervention activities/efforts and integrate information into the Cultural Competence Plan. **Met**

Activities/Evidence:

SUD hosted several events including the “Celebrate Recovery 2019” event which targeted all Ethnicities with over 500 people were in attendance. A full list of SUD outreach events can be found on Attachment C—SUD Outreach Events

Workforce Education Training (WET) located in MHSA 3-year plan

See Attachment B-MHSA O&E List FY 19-20

Cultural Competence Plan Annual Training assigned to entire System of Care addresses CLAS Standards

-See Attachment AY-Cultural Competence Plan Annual Training

Strategy 3:

CCRC meets monthly and reviews information and data on cultural and diverse factors, and makes recommendations on the planning, development, and improvement strategies to address cultural and linguistic appropriate services. **Met**

Activities/Evidence:

Ongoing participating in monthly calls with state-wide forums such as ESM meetings and/or to address Cultural Competence Plan items, including but not limited to discussions on standardizing Cultural Competence Plan.

See Attachment D-CCRC Meeting Schedules 2019-2020

CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

Goal II: Enhance and update Policies annually related to CC to promote culturally and linguistically appropriate practices and/or services.

Strategy 1:

Update policies (MH, SUD, and/or Contractor's) related to Access & Language Line Assistance.

Met

Activities/Evidence:

Refer to policies:

See Attachment E- 1.5.1 Accessing Bilingual, American Sign Language (ASL), and Teletypewriter (TTY) Relay Interpreter Services.

See Attachment F- 1.5.2 Bilingual Plan for Kern Behavioral Health & Recovery Services.

Strategy 2:

Update Policies related to Patient's Rights and Grievance Process. **Met**

Activities/Evidence:

Refer to policies:

See Attachment G - 7.1.3 Staff Training on Patients' Rights and Grievance Process

See Attachment H - 10.1.13 Patients' Rights

Strategy 3:

Update policies related to required cultural competence trainings. **Met**

Activities/Evidence:

KernBHRS policies related to required Cultural Competence Trainings

See Attachment I - 7.1.6 Coordinating Trainings Based on Training Review Standards



Criterion 2 Outcome Status Summary

GOALS	STRATEGIES	STATUS
Goal I	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
Goal II	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met

CRITERION 2: COUNTY MENTAL HEALTH SYSTEM UPDATED ASSESSMENT OF SERVICE NEEDS

Rationale: A population assessment is necessary to identify the cultural and linguistic needs of the target population and is critical in designing, and planning for, the provision of appropriate and effective mental health services.

CRITERION 2 COUNTY MENTAL HEALTH SYSTEM UPDATED ASSESSMENT OF SERVICE NEEDS

Goal I: Complete MHSA Community Services and Supports population assessment and service needs.

Strategy 1:

Partner with MHSA Team to extract data collected and summarize population assessment by client race, ethnicity, language, age, gender and other relevant information. **Met**

Activities/Evidence:

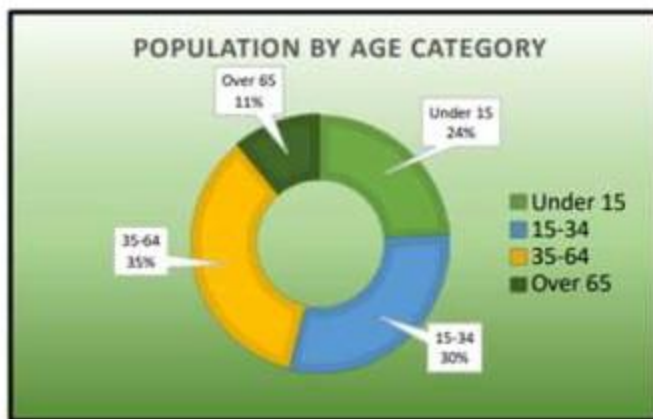
Demographic data related to MHSA CCS Programs

See Attachment J - MHSA 3-year plan 2020 through 2023

See Attachment K – MHSA 3-year plan Demographic Data

<https://www.kernbhhs.org/mhsa>

English and Spanish are the primary threshold languages. 48.7% of the population are estimated to be women, while 51.3% of the population is estimated to be men.



Source: Kern Economic Development Corporation

Ethnic Composition of Kern County Residents	Estimated Percentage
Hispanic or Latino	53.40%
White Alone	33.90%
Black or African American	4.99%
Asian	4.78%
Two or More Ethnicities	1.97%
American Indian and Alaska Native	0.518%
Native Hawaiian and Pacific Islander	0.156%
Other	0.226%

CRITERION 2 COUNTY MENTAL HEALTH SYSTEM UPDATED ASSESSMENT OF SERVICE NEEDS

Goal I: Complete MHSA Community Services and Supports population assessment and service needs.

Strategy 2:

Partner with MHSA Team to describe and identify outreach, prevention and early interventions priority populations in Kern County. **Met.**

Activities/Evidence:

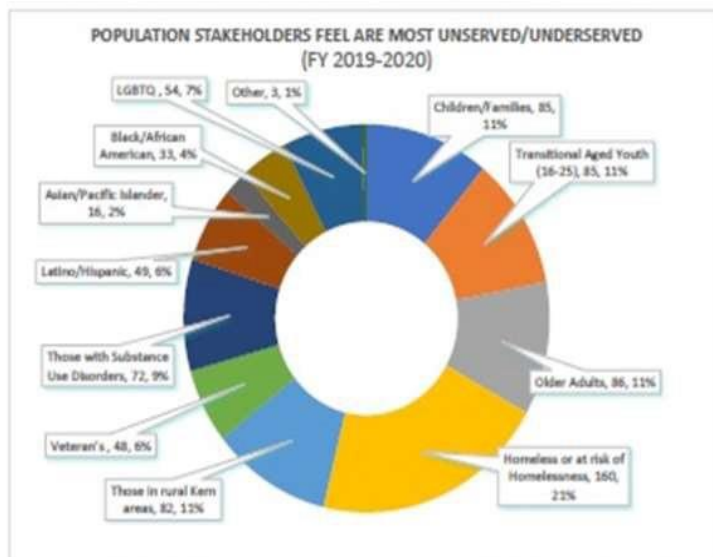
Demographic Data from 34 Stakeholder Meetings in FY 19-20.

See Attachment L- MHSA FY 2019-2020 Stakeholder Data Report (Demographic Data)

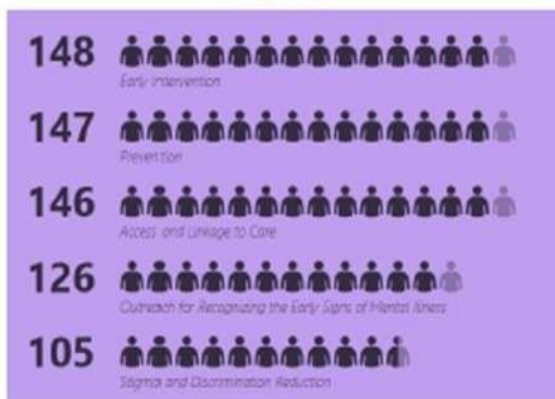
See Attachment Q- MHSA Stakeholder Schedule FY19-20

FY 2019-2020 MHSA STAKEHOLDER DATA REPORT

STAKEHOLDER IDENTIFIED MENTAL HEALTH SERVICE NEEDS



Types of Services or Programs that would be appropriate to serve the above populations (FY 2019-2020)



Strategy 3:

Enhance/Improve existing evidence-based programs and/or practices from data collected in the population assessment.

Met

Activities/Evidence:

Enhancements and improvements have been Identified and Outlined in “Goals & Outcomes” sections for each evidence-based practice in MHSA 3-year plan

Examples of programs with additional goals include Family Connections DBT, ACT, Freedom recovery and Empowerment with Dogs, Kern Youth Resilience and support.

CRITERION 2 COUNTY MENTAL HEALTH SYSTEM UPDATED ASSESSMENT OF SERVICE NEEDS

Goal II: Complete CC Formal Assessment

Strategy 1:

Partner with SCRP to complete Final Report on KernBHRS Formal Assessment to identify needs, gaps, improvements areas, and/or other culturally. **Met**

Activities/Evidence:

P.U.E.N.T.E.L.A.B identified quantitative and qualitative data highlighting "Areas of strength", "Areas of Typical Range" and "Areas of Growth".

See Attachment N- Kern County Needs Assessment Report Final

See Attachment O- KernBHRS Formal Cultural Competence Assessment Summary & Grid



Strategy 2:

CCRC partner with Management Team, QID, MHSA and other key entities to review Final Report on KernBHRS Formal Assessment and identify key needs, gaps, improvements areas, and/or other culturally and linguistic services activities to complete. **Met**

Activities/Evidence:

CCRC, Management, QID, MHSA and other key entities have collaborated to Identify key improvement areas for KernBHRS.

See Attachment N- Kern county Needs Assessment Report Final

See Attachment O - KernBHRS Formal Cultural Competence Assessment Summary Overview & Grid

Strategy 3:

Select key improvement areas to focus on and implement appropriate changes related to the Formal Assessment information gathered. **Met**

Activities/Evidence:

Implement key improvement areas identified by KernBHRS and P.U.E.N.T.E.L.A.B formal assessment. "Areas of growth" will be added to current ongoing efforts.

See Attachment O - KernBHRS Formal Cultural Competence Assessment Summary & Grid

Criterion 3 Outcome Status Summary

GOALS	STRATEGIES	STATUS
Goal I	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
	Strategy 4	Met
	Strategy 5	Met
Goal II	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
Goal III	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
	Strategy 4	Met
Goal IV	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
Goal V	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
	Strategy 4	Met
Goal VI	Strategy 1	Partially Met
	Strategy 2	Met
Goal VII	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
	Strategy 4	Met

CRITERION 3: COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Rationale: “Striking disparities in mental health care are found for racial and ethnic populations. Racial and ethnic populations have less access to and availability of mental health services, these communities are less likely to receive needed mental health services, and when they get treatment, they often receive poorer quality of mental health care. Although they have similar mental health needs as other populations, they continue to experience significant disparities, if these disparities go unchecked, they will continue to grow and their needs continue to be unmet...” (U.S. Department of Health and Human Services, Surgeon General Report, 2001).

CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

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

Strategy 1:

Partner with MHSA Team and other relevant entities to address MHSA components such as Community Services and Supports, Workforce Education and Training, and Prevention and Early Intervention activities and/or programs to address target populations. **Met**

Activities/Evidence:

70 Events with over 13,650 in attendance which have targeted a range of diverse populations

Attachment B – MHSA O&E List FY19-20

Attachment P - BHRS Press Release – May Mental Health Awareness Month

Attachment R—MHSA Program List

<https://www.kernbhirs.org/mhsa>

Strategy 2:

Partner with MHSA Team and relevant entities to list strategies to reduce population disparities identified such as LGBTQ+, homelessness, faith-based programs, and/or diverse groups.

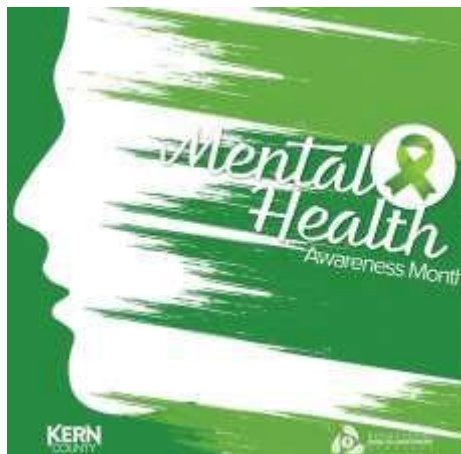
Met.

Activities/

Evidence:

See Attachment B- MHSA O&E List FY 19-20

See Attachment AC– Queer and Trans Support Group



Sampling of Available LGBTQ+ Trainings:

- ◆ Behavioral Health Services and the LGBTQ+ Community
- ◆ Best Practices for Working with LGBTQ Children and Youth
- ◆ Cultural Competence and Sensitivity in the LGBTQ Community - California
- ◆ Cultural Competence: The LGBTQ+ Experience
- ◆ LGBTQ Cultural Competency Training
- ◆ Substance Use Disorder Treatment and the LGBTQ Community
- ◆ Working More Effectively with the LGBTQ+ Community

Sampling of Diverse Courses In Relias:

- Affirmative Action
- Building a Multicultural Care Environment
- Conducting Effective Training
- Cultural Competence
- Cultural Competence: Enhancing Cultural Humility in Working With Diverse Families in Community Based-Mental Health Settings
- Cultural Issues in Treatment for Paraprofessionals
- Cultural Responsiveness in Clinical Practice
- Facing the Management Challenges of Difficult Behavior and Diverse Teams
- How Culture Impacts Communication
- Individual and Organizational Approaches to Multicultural Care
- Nutrition and Early Development
- Overcoming Unconscious Bias in the Workplace
- SCRP All Staff Cultural Competence Survey
- The Role of the Behavioral Health Interpreter
- Troublesome Words and Phrases: Common Usage Mistakes in Writing
- Using Communication Strategies to Bridge Cultural Divides
- Your Role in Workplace Diversity

CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Strategy 3:

Collaborate with MHSA team and PIO to ensure all O&E fliers and announcement strategy activities are translated in threshold language, Spanish, including but not limited to MHSA Stakeholder Schedule Meetings. **Met**

Activities/Evidence:

See Attachment S- Department Supports Division Translated Documents List FY 19-20

See Attachment T- MHSA Translated Documents List FY 19-20

See Attachment U- Language Line Translated Documents List FY 19-20

Strategy 4:

Partner with MHSA Team and relevant entities to measure effectiveness and monitor activities/ strategies for reducing population disparities. **Met**

Activities/Evidence:

Penetration Rate goal of 4.2% was successful in 5 of 7 ethnic groups.

New partnerships with the Filipino and American Indian communities likely to contribute to a higher penetration rate for FY 20-21.

*Due to COVID19 some scheduled outreach events for the communities under goal were cancelled.

KERN COUNTY	WHITE	10.38%
	HISPANIC	4.86%
	AFRICAN AMERICAN/BLACK	9.25%
	ASIAN/NATIVE HAWAIIAN OR PACIFIC ISLANDER	1.70%
	NATIVE AMERICAN	18.29%
	OTHER	2.54%
	KERN COUNTY TOTAL	5.91%

CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Strategy 5:

Share with CCRC, Management Team, QID, and in various forums what has been working well and lessons learned through the process of KernBHRS' development and implementation of strategies that work to reduce specific ethnic and/or other diverse group disparities (within Medi-Cal, Community Services and Supports, Workforce Education and Training, and Prevention and Early Intervention). **Met**

Activities/Evidence:

See Attachment W- QQID, SUD, & MH Provider Meeting Cultural Competence

See Attachment X- QIC Meeting Calendar

**Goal II Meet or exceed 4.2 % Penetration Rate of threshold ethnic population
*Hispanic/Latino.***

Strategy 1:

Partner with MHSA Team, System of Care Administrators, QID, ITD, and other relevant entities on outreach, access, engagement, and services activities to penetrate the **Hispanic/Latino** population. **Met**

Activities/Evidence:

Events Included: Lamont Weedpatch Harvest Festival and La Campesina Interview

See Attachment D– CCRC Schedule FY 19-20

See Attachment Y- MHSA Outreach and Education Event Log FY 19-20

Strategy 2:

Partner with ITD, QID & MHSA Team and other relevant entities to track and monitor Penetration Rate data. **Met**

Activities/Evidence:

Hispanic/Latino Penetration Rate 4.86% with focus on 11 areas of Kern County. Improvement can be made in Taft and West Bakersfield to increase penetration rate for next fiscal year.

Strategy 3:

Share data with CCRC, Management Team, QID, MHSA Team and/or in various forums on activities/strategies that have been working well and improvement areas to develop and implement to reduce disparities. **Met**

Activities/Evidence:

Review and share data in monthly CCRC, monthly SQIC, Quarterly QID, Management and other forums.

See Attachment W — QID, SUD, & MH Provider Meeting—Cultural Competence

CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Goal III: Enhance/Improve **Outreach & Education** efforts and activities that are aimed at increasing penetration rate of the **Hispanic/Latino** population.

Strategy 1:

Partner with MHSA Team, O & E, PIO, and other entities to identify ways to increase O & E activities to penetrate the **Hispanic/Latino** population. **Met**

Activities/Evidence:

Goal= 4.2% Penetration Rate = 4.86

Met Goal according to the Penetration Rate Report.

Total= 3 events. Attendance= 500

Continuous activities and partnership with MHSA, PIO, CCRC & QID to maintain and/or increase penetration rate.

See Attachment Y- MHSA Outreach and Education Event Log FY 19-20

See Attachment Z- MHSA Outreach & Education Presentation Request Log



Strategy 2:

Partner with ITD, QID & MHSA Team and other relevant entities to track and monitor O & E data. **Met**

Activities/Evidence:

Ongoing collaboration with MHSA and relevant entities to standardize data reporting of O&E efforts. Events are received via Wufoo requests. Staff complete O& E activity forms and MHSA staff capture necessary data.

See Attachment Y - MHSA Outreach and Education Event Log FY 19-20

See Attachment Z — MHSA Outreach and Education Presentation Request Log

Strategy 3:

Share O & E data with CCRC, Management Team, QID, MHSA Team and/or in various forums on activities/strategies that have been working well and improvement areas to develop and implement to reduce disparities. **Met**

Activities/Evidence:

Ongoing monthly meetings to discuss improvements and strategies.

See Attachment D- Cultural Competence Resource Committee Schedule FY19-20

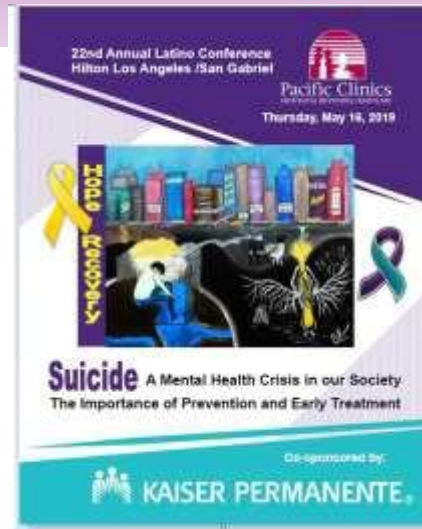
CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Strategy 4:

Under Workforce Education and Training funds, attend 2020 CC Annual Summit to learn specific strategies to outreach and penetrate the Hispanic/Latino population. **Met**

Activities/Evidence:

See Attachment AB- Latino Conference Brochure May 2019.



Goal IV: Meet or exceed **4.2 % Penetration Rate** of threshold ethnic population **African American/Black.**



Strategy 1:

Partner with MHSA Team, System of Care Administrators, QID, ITD, and other relevant entities on outreach, access, engagement, and service activities to penetrate the **African American/Black** population. **Met**

Activities/Evidence:

Goal= 4.2% Penetration Rate.

9.25% According to the Penetration Rate Report.

Total= 4 events. Attendance= 250+

Continuous activities and partnership with MHSA, PIO, CCRC & QID to maintain and/or increase penetration rate.

See Attachment Y- MHSA Outreach and Education Event Log FY 19-20

See Attachment Z- MHSA Outreach & Education Presentation Request Log

Strategy 2:

Partner with ITD, QID & MHSA Team and other relevant entities to track and monitor Penetration Rate data. **Met**

Activities/Evidence:

Penetration Rate Report reviewed on a monthly, quarterly, and yearly basis. Goals and Improvement strategies created to penetrate underserved populations.

CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Strategy 3:

Share data with CCRC, Management Team, QID, MHSA Team and/or in various forums on activities/strategies that have been working well and improvement areas to develop and implement to reduce disparities **Met**

Activities/Evidence:

See Attachment D- Cultural Competence Resource Committee Schedule FY 19-20

Goal V: Enhance/Improve **Outreach & Education** efforts and activities that are aimed at increasing penetration rate of the **African American/Black** population.

Strategy 1:

Partner with MHSA Team, O & E, PIO, and other entities to identify ways to increase O & E activities to penetrate the **African American/Black** population. **Met**

Activities/Evidence: Ongoing events and efforts.

Examples include: A Multifaceted History of Blackness

See Attachment D– CCRC Schedule FY 19-20

See Attachment Y- MHSA Outreach and Education Event Log FY 19-20

Strategy 2:

Partner with ITD, QID & MHSA Team and other relevant entities to track and monitor O & E data. **Met**

Activities/Evidence:

See Attachment Y- MHSA Outreach and Education Event Log FY 19-20

See Attachment Z- MHSA Outreach & Education Presentation Request Log

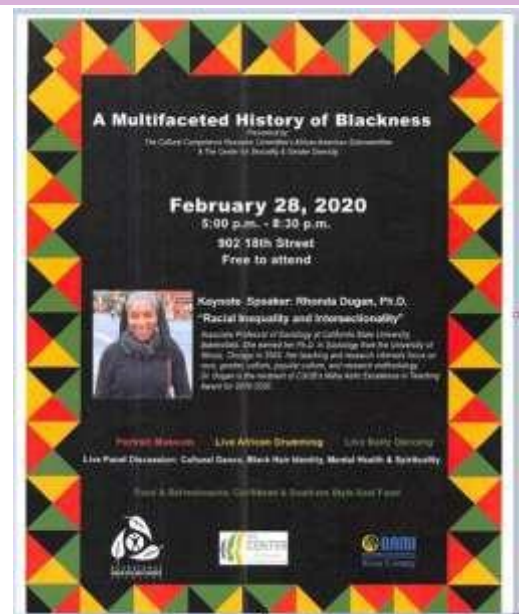
Strategy 3:

Share O & E data with CCRC, Management Team, QID, MHSA Team and/or in various forums on activities/strategies that have been working well and improvement areas to develop and implement to reduce disparities. **Met**

Activities/Evidence:

Ongoing monthly meetings to discuss improvements and strategies.

See Attachment D- Cultural Competence Resource Committee Schedule FY 19-20



CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Strategy 4:

Under WET funds, attend 2020 CC African American Mental Health Annual Conference to learn specific strategies to outreach and penetrate the African American/Black population. **Met**

Activities/Evidence:

Attended SCRP Person Centered Engagement Conference

See Attachment AD- SCRP Person Centered Engagement Conference Flyer

Note *Adjustments were made to SCRP events attendance due to COVID19*

Goal VI: Meet or exceed **4.2 % Penetration Rate** of threshold ethnic population ***Asian/Pacific Islander (API)***.

Strategy 1:

Partner with MHSA Team, System of Care Administrators, QID, ITD, and other relevant entities on outreach, access, engagement, and service activities to penetrate the **API** population.

Partially Met

Activities/Evidence:

Goal= 4.2% Penetration Rate.

1.70% According to the Penetration Rate Report

Total= 1 events Attendance= 1000

Improvements in 8 of 11 Kern County Regions will Increase current penetration rate.

Continuous activities and partnership with MHSA, PIO, CCRC & QID to maintain and/or increase penetration rate.

See Attachment Y- MHSA Outreach and Education Event Log FY 19-20

See Attachment Z- MHSA Outreach & Education Presentation Request Log

QID Quarterly meetings to monitor, track and propose activities that are intended to promote “meaningful improvement” in our clinical care and beneficiary services.

Topics including

- KCMH’s Compliance program
- Contract Monitoring Committee
- Outcome Committee
- The Morbidity and Mortality Committee
- The Cultural Resource Committee

<https://www.kernbhhs.org/quality-improvement>

CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Strategy 2:

Partner with ITD, QID & MHSA Team and other relevant entities to track and monitor Penetration Rate data. **Met**

Activities/Evidence:

Penetration Rate Report reviewed on a monthly, quarterly, and yearly basis.

Strategy 3:

Share data with CCRC, Management Team, QID, MHSA Team and/or in various forums on activities/strategies that have been working well and improvement areas to develop and implement to reduce disparities. **Met**

Activities/Evidence:

Ongoing monthly meetings to discuss improvements and strategies.

See Attachment D- CCRC Schedule FY 19-20

Goal VII: Enhance/Improve **Outreach & Education** efforts and activities that are aimed at increasing penetration rate of the **API** population

Strategy 1:

Partner with MHSA Team, O & E, PIO, and other entities to identify ways to increase O & E activities to penetrate the **API** population. **Met**

Activities/Evidence:

Ongoing monthly meetings to discuss improvements and strategies.

See Attachment D- Cultural Competence Resource Committee Schedule FY 19-20

Strategy 2:

Partner with ITD, QID & MHSA Team and other relevant entities to track and monitor O & E data. **Met**

Activities/Evidence:

See Attachment Y- MHSA Outreach and Education Event Log FY 19-20

See Attachment Z- MHSA Outreach & Education Presentation Request Log

CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Strategy 3:

Share O & E data with CCRC, Management Team, QID, MHSA Team and/or in various forums on activities/strategies that have been working well and improvement areas to develop and implement to reduce disparities. **Met**

Activities/Evidence:

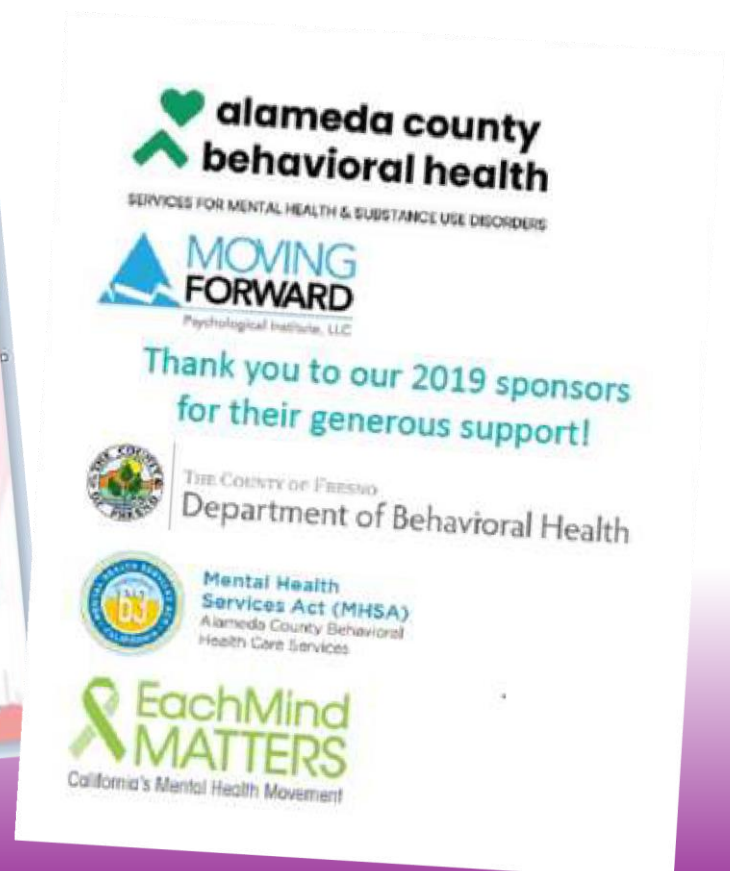
See Attachment D- Cultural Competence Resource Committee Schedule FY 19-20

Strategy 4:

Under Workforce Education and Training funds, attend 2019 API MH Empowerment Conference to learn specific strategies to outreach and penetrate the API population. **Met**

Activities/Evidence:

3rd Annual API Mental Health Empowerment Conference Flyer



Criterion 4 Outcome Status Summary

GOALS	STRATEGIES	STATUS
Goal I	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
	Strategy 4	Met

CRITERION 4: COUNTY MENTAL HEALTH SYSTEM CLIENT/FAMILY MEMBER/ COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

Rationale: A culturally competent organization views responsive service delivery to a community as a collaborative process that is informed and influenced by community interests, expertise, and needs. Services that are designed and improved with attention to community needs and desires are more likely to be used by patients/ consumers, thus leading to more acceptable, responsive, efficient, and effective care (CLAS, Final Report).

CRITERION 4: COUNTY MENTAL HEALTH SYSTEM CLIENT/FAMILY MEMBER/ COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

Goal I: Enhance collaborations with community partners by maintaining CCRC to address cultural issues, participation from cultural groups, that is reflective of the community demographic, and integrates its responsibilities into KernBHRS System.

Strategy 1:

CCRC meets monthly to ensure CCRC members are diverse to review and contribute strategies, recommendations, and/or planning and development of CC items. **Met**

Activities/Evidence:

Ongoing monthly meetings to discuss improvements and strategies.

See Attachment D- Cultural Competence Resource Committee Schedule FY 19-20

See Attachment A- CCRC Organization Chart (Revised 7/2020)

Strategy 2:

Collaboratively work with MHSA Team, O&E, and other internal and external entities to participate and provide feedback in the stakeholder's and/or community events such as the MHSA planning process to address gaps and needs of CC services in the community. **Met**

Activities/Evidence:

CCRC, ESM, and TRC continue to meet regularly to assess and discuss feedback obtained from various stakeholders' meetings for potential CC gaps and needs to address in the Community.

See Attachment L- MHSA FY 19-20 Stakeholder Data Report (Demographic Data)

See Attachment Q- MHSA Stakeholder Schedule FY19-20

Strategy 3:

Collaboratively work to participate in various meetings and/or events such as the SQIC, CCRC, QID, MHSA, and/or other community forums so that CC issues are included and addressed in committee work. **Met**

Activities/Evidence:

See Attachment D- Cultural Competence Resource Committee Schedule FY 19-20

See Attachment X- QIC Meeting Calendar

See Attachment AF- SQIC Subcommittee Reporting Date FY 19-20

See Attachment AG- SQIC Meeting Calendar FY 19-20

See Attachment AH-QIC Reporting Schedule FY 19-20

CRITERION 4: COUNTY MENTAL HEALTH SYSTEM CLIENT/FAMILY MEMBER/ COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

Strategy 4:

Collaboratively work with RSA, SUD and HR to track and monitor # of Peers & Family Supports staff who are onboarded to ensure they are integrated into KernBHRS and throughout the system. **Met**

Activities/Evidence:

Peer incorporation is integral to the KernBHRS system of care (SOC). KernBHRS actively seeks to hire individuals with similar backgrounds, cultures and life experiences to enhance the SOC and proceeded training opportunities to the Peers to act in conjunction with the SOC.

- In FY19-20, 16 BHRS SOC staff attended PET and/or Advanced PET, out of 70 total attendees
- An Estimated 52 out of 220 attendees are now or were in the past employed by the BHRS SOC



Criterion 5 Outcome Status Summary

GOALS	STRATEGIES	STATUS
Goal I	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
	Strategy 4	Met
	Strategy 5	Met
Goal II	Strategy 1	Met
	Strategy 2	Met

CRITERION 5: COUNTY MENTAL HEALTH SYSTEM CULTURALLY COMPETENT TRAINING ACTIVITIES

Rationale: Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with clients representing different countries or origins, acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel (CLAS, Final Report).

CRITERION 5: COUNTY MENTAL HEALTH SYSTEM CULTURALLY COMPETENT TRAINING ACTIVITIES

Goal I: Utilize MHA Workforce Education and Training funds to ensure education and CC trainings are available to the workforce, to address effectively serving diverse groups, unserved, and/or underserved populations.

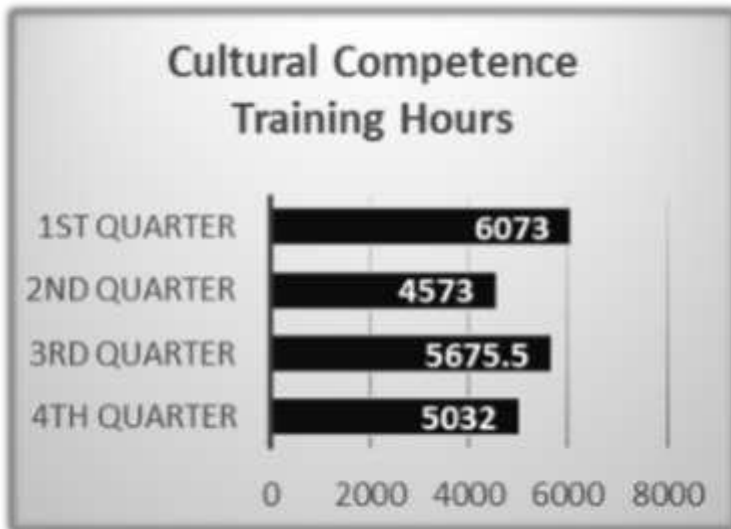
Strategy 1:

All Staff (MH, SUD & Contractor) complete minimum six (6) hours of cultural competence trainings annually, measured by Relias transcript reporting. **Met**

Activities/Evidence:

Relias Training Report FY 19-20 flow data shows the total hours completed for each quarter.

Due to COVID19 no in person trainings were conducted in the 4th quarter.



Strategy 2:

Identify Licensed Professionals to complete the SCRP 12- week Multi-Cultural Clinical Supervision Training in order to provide effective supervision to clinicians. **Met**

Activities/Evidence:

89 Professionals graduated from the SCRP 12-Week Multi-Cultural Clinical Supervision Training. 14 KernBHRS employees graduated with the cohort. 4 of the 14 Kern BHRS employees will move forward to 6-months train of trainer program.

Strategy 3:

Staff to complete System-Wide Engagement Training in order to work effectively with diverse groups. **Met**

Activities/Evidence:

See Attachment AI- Engagement Training Learning Objectives

See Attachment AJ- Recovery Knowledge Inventory Handout

See Attachment AK-

Minnesota Engagement

Training Save the Date Flyers

See Attachment AL—MN

Engagement Training

Completion Data



CRITERION 5: COUNTY MENTAL HEALTH SYSTEM CULTURALLY COMPETENT TRAINING ACTIVITIES

Strategy 4:

Provide Peer Education Trainings and refresher courses for Peer employees and/or volunteers under MH and SUD. **Met**

Activities/Evidence:

Total # PET Course Completions by Staff in FY19-20:	11
Total # Advanced PET Course Completions by Staff in FY19-20:	5

	FY 19-20				
	July 19'	Jan 20'	Mar 20'	May 20'	Apr 20'
Total Attendees	7	21	19	13	10
# KernBHRS Staff (Estimated)	2	6	1	2	5

Strategy 5:

CCRC and TRC review, track, monitor, and make recommendations on CC gaps and needs of CC training topics relevant to Kern County such as, but not limited to Mental Health Interpreters, LGBTQ+, Aging & Elderly, Disabilities, Veterans, Homeless and Poverty, Immigration & Acculturation, Transitional Age Youth, Foster Youths, etc. **Met**

Activities/Evidence:

See Attachment D- Cultural Competence Resource Committee Schedule FY 19-20

CRITERION 5: COUNTY MENTAL HEALTH SYSTEM CULTURALLY COMPETENT TRAINING ACTIVITIES

Goal II: Improve analysis of the effectiveness of CC trainings.

Strategy 1:

Ongoing review of course evaluations of quality of trainings to identify improvement areas. **Met**

Activities/Evidence:

Examples and ratings of those provided this FY

- Disaster Trauma Informed Care
Course Content/Objective: This course was consistent with the specific learning goals and objectives
Excellent 64.36%
Good 35.64%
- Trauma and Eating Disorders
Course Content/Objective: This course was consistent with the specific learning goals and objectives
Excellent 0%
Good 100%
- CANS & Services to Diverse Clients
Course Content/Objective: This course was consistent with the specific learning goals and objectives
Excellent 92.31%
Good 7.69%

Strategy 2:

Utilize Relias to develop pre and post evaluations on trainings. **Met**

Activities/Evidence:

Mandatory Cultural Competence Training Pre and Post Evaluation Average Score Differential

Training	Average Pre-Test Score	Average Final Exam	Change
Cultural Competence	84%	99%	+15%
Individual & Organizational Approaches to Multicultural Care	35%	87%	+52%

Criterion 6 Outcome Status Summary

GOALS	STRATEGIES	STATUS
Goal I	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
	Strategy 4	Met
Goal II	Strategy 1	Met
	Strategy 2	Met

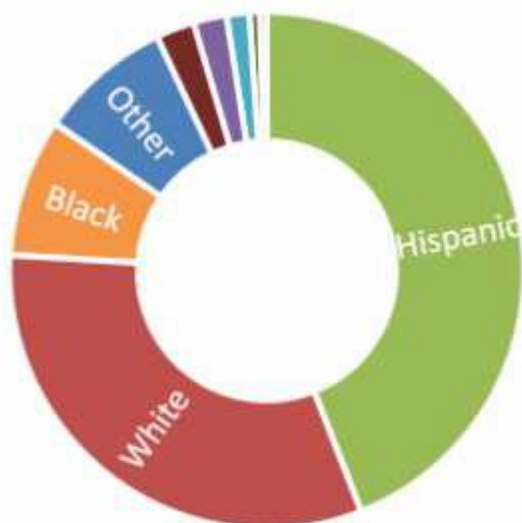
CRITERION 6: COUNTY MENTAL HEALTH SYSTEM COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

Rationale: Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with clients representing different countries or origins, acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel (CLAS, Final Report).

CRITERION 6: COUNTY MENTAL HEALTH SYSTEM COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

Goal I: Complete MHSA Workforce Needs Assessment, under the Workforce Education and Training component of MHSA.

Active KernBHRS Staff



Strategy 1:

MHSA, HR, and other relevant entities to review Workforce Needs Assessment data, compare data with the general Kern County population in order to recruit, hire, and retain a multicultural workforce to serve diverse populations. **Met**

Activities/Evidence:

151 Staff Certified Proficient in threshold language (Spanish). 23 Languages other than English spoken by KernBHRS Staff

See Attachment AM- MHSA Workforce Needs Assessment

Strategy 2:

HR and other entities to participate in recruitment and outreach strategies in various community events such as in University arena to recruit diverse individuals and groups. **Met**

Activities/Evidence:

981 Active Staff. 125 are new hires.

Strategy 3:

HR, PIO, and other entities to target recruiting a multicultural workforce in all levels. **Met**

Activities/Evidence:

FY19-20 Onboarding Report (includes demographics such as ethnicity, language spoken, etc.) See Attachment AO— Onboarding Report and Demographics

Identified	Kern BHRS New Hires	Kern County	KernBHRS Active Staff
Other	7.20%	0.23%	7.75%
White	24%	33.90%	29.66%
Hispanic	46%	53.40%	40.88%
Filipino	0.80%	N/A	1.94%
Two or More Races	2.40%	1.97%	1.33%
African American/Black	16%	4.99%	8.05%
Native Hawaiian or Other Pacific Islander	0.80%	0.16%	0.41%
Asian	2.40%	4.78%	2.24%
American Indian or Alaskan Native	0.80%	0.52%	0.61%
Not Identified	0.00%	N/A	7.14%

CRITERION 6: COUNTY MENTAL HEALTH SYSTEM COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

Strategy 4:

RSA, HR and other entities to recruit and retain, and track the # of peer support and family members with lived experiences. **Met**

Activities/Evidence:

- An Estimated 52 out of 220 attendees are now or were in the past employed by the BHRs SOC

Goal II: Utilize Workforce Education and Training funds to secure various resources and/or conference for staff retention and training.

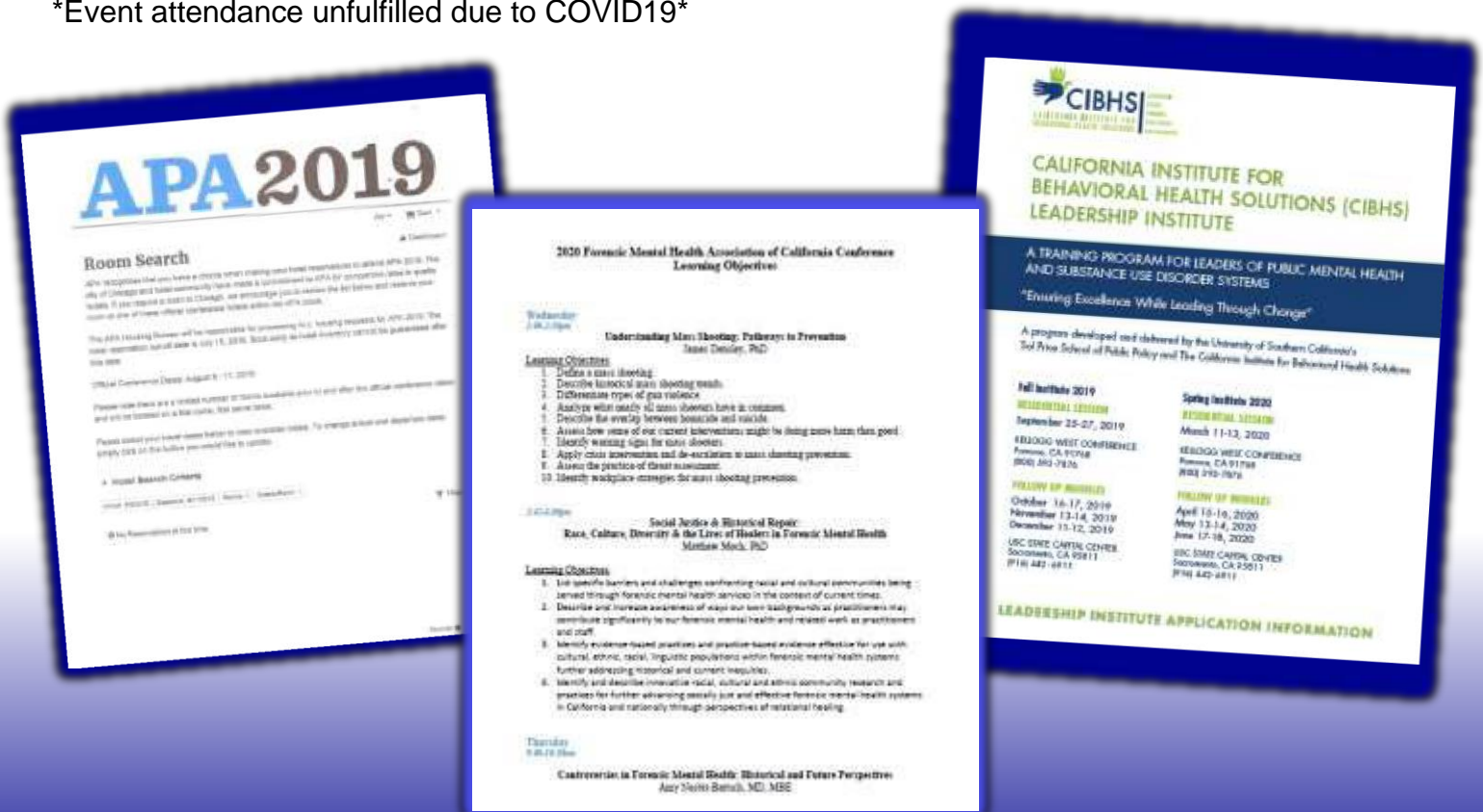
Strategy 1:

Attend the following conferences, but not limited to: CC Annual Conference, Leadership Conference, APA Conference, Annual Forensic Conference, and National Council Conference. **Met**

Activities/Evidence:

Activities include APA 2019 Conference Brochure, CIBHS Leadership Institute Flyer and Forensic Mental Health Conference Learning Objectives

Event attendance unfulfilled due to COVID19



CRITERION 6: COUNTY MENTAL HEALTH SYSTEM COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

Strategy 2:

Attend Interpreter Trainings to maintain Tier I (Verbal) and Tier II (Written) Interpreter Certification. **Met**

Activities/Evidence:

FY19-20 Relias training transcript report on Tier I and Tier II staff certification shows 283 Interpreter Training courses have been completed by KernBHRS Staff

- Overview of the Behavioral Health System for Behavioral Health Interpreters
- The role of the Behavioral Health Interpreter

According to the HR report, there are a total of 282 Interpreters and Translators in KernBHRS and contracted staff.

74

Bilingual - Written (BM)

77

Bilingual - Verbal (BL)

Total	282
Spanish	225
Vietnamese	2
Farsi	3
Turkish	2
Gujarali-Marathi	1
Hindi	5
Tamil	2
Punjabi	6
ASL	5
Yoruba	1
Filipino Dialect	9
Tagalog	6
LLacano	1
Urdu	2
French	4
Japanese	1
Bengali	1
German	1
Arabic	1
Norwegian	1
Mandarin	1
Serbian	1
Latvian	1

Criterion 7 Outcome Status Summary

GOALS	STRATEGIES	STATUS
Goal I	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
	Strategy 4	Met
Goal II	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
	Strategy 4	Met

CRITERION 7: COUNTY MENTAL HEALTH SYSTEM LANGUAGE CAPACITY

Rationale: Accurate and effective communication between clients, providers, staff, and administration is the most essential component of the mental health encounter. Bilingual providers and other staff who communicate directly with clients must demonstrate a command of both English and threshold language that includes knowledge and familiarity with the terms and concepts relevant to the type of encounter (CLAS, Final Report). The DMH will provide threshold language data to each county.

CRITERION 7: COUNTY MENTAL HEALTH SYSTEM LANGUAGE CAPACITY

Goal I: Increase bilingual workforce capacity.

Strategy 1:

Dedicate resources to increase Tier I (Verbal) and Tier II (Written) Interpreters Certification. **Met**

Activities/Evidence:

Interpreting Services Relias Training offered to staff.

Staff Development Specialists researching translation certification in languages other than Spanish. Options being researched include: Relias, Language Line, Blue Horizon Interpreter Training Online, Alta Medical Interpreting Online, Interpreter Prep-Medical Training Interpreter Training Courses, InterpreterED.com, Registry of Interpreting for the Deaf.

Strategy 2:

Maintain contract with Language Line Services to assist with Limited English Proficiency, including but not limited to verbal interpreter, written translation, and Braille. **Met**

Activities/Evidence:

Ongoing Partnership with Language Line Services.

See Attachment AR – Language Line Solutions Contract FY19-20 Front Page

Strategy 3:

Maintain contract with Independent Living Center of Kern County to assist with Limited English Proficiency, including but not limited to ASL and Braille interpreter services. **Met**

Activities/Evidence:

See Attachment AS- Copy of ILCKC Contract

Strategy 4:

Utilize MHSA Workforce Education and Training funds to build and support recruitment, retention, and/or training of bilingual and diverse workforce. **Met**

Activities/Evidence:

Ongoing Partnership with Language Line Services.

WET programs include: Clinical Internship, Psychology Internship, Relias Learning, Training Enhancement and Engagement & Recovery Oriented Training

See Attachment AN- FY19-20 CC Course Trainings

See Attachment M- Cultural Competence at KernBHRS Flyer

CRITERION 7: COUNTY MENTAL HEALTH SYSTEM LANGUAGE CAPACITY

Goal II: Provide assistance to persons who have Limited English Proficiency by using interpreter services.

Strategy 1:

Maintain/update policies related to Language Line assistance, including but not limited to: 24-hour phone line access, Telecommunications Device for the Deaf or California Relay Service, and providing interpreters in threshold languages at all points of contact (MH Hotline and the SUD Access Line). **Met**

Activities/Evidence:

Listing of updated policies related to Language Line, LEP and Access Assistance
See Attachment AB– Accessing Bilingual, ASL and TTY Interpreter Services

Strategy 2:

Maintain and post posters/bulletins in clinics of the availability and information of interpreters assistance. **Met**

Activities/Evidence:

Clinic sites visited in FY 19-20

- # New Organizational Provider Certifications: 6

- # New Provider Location Site Certifications: 1

- # Triennial Recertifications: 4

- # Site Relocation Recertifications: 3

- # Site Recertifications for Other Reasons (structural changes due to remodel or damage, med room changes, etc.): 2

See Attachment AA - Site Certification List

See Attachment V - Beneficiary Lobby Review Checklist

CRITERION 7: COUNTY MENTAL HEALTH SYSTEM LANGUAGE CAPACITY

Strategy 3:

Track and monitor translated documents in culturally and linguistically appropriate written Information for threshold languages, including but not limited to the following: member service handbook or brochure, beneficiary problem, resolution, grievance, and fair hearing materials, and other relevant consumer related documents (relates to both MHP and DMC-ODS). **Met**

Activities/Evidence:

<https://www.kernbhhs.org/sud>

See Attachment S– Department Supports Translated Documents List FY19-20

See Attachment T– MHSA Translated Documents List FY19-20

Strategy 4:

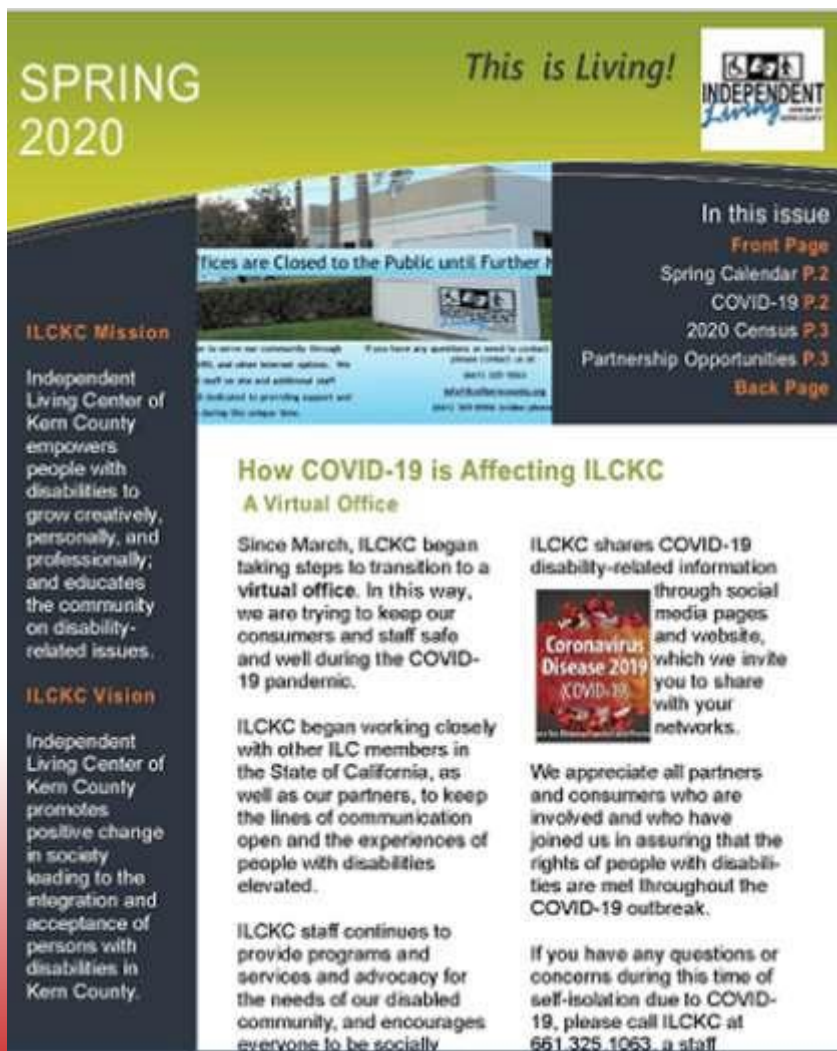
Partner with Independent Learning Center of Kern County to provide interpreting training to staff. **Met**

Activities/Evidence:

IL Skill classes are offered twice each month. *Due to COVID19 some Scheduled classes have been modified and/or cancelled*

Training is provided in the areas of money management covering

- Preparing a budget
- Spending wisely
- Opening a checking account
- Wellness covering nutrition
- Stress management
- Exercise
- Cultural enrichment, etc.
- Transportation



Criterion 8 Outcomes Status Summary

GOALS	STRATEGIES	STATUS
Goal I	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
Goal II	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met

CRITERION 8: COUNTY MENTAL HEALTH SYSTEM ADAPTATION OF SERVICES

Rationale: Organizations should ensure that clients/consumers receive from all staff members, effective, understandable, and respectful care, provided in a manner compatible with their cultural health beliefs and practices and preferred language (CLAS Final Report).

CRITERION 8: COUNTY MENTAL HEALTH SYSTEM ADAPTATION OF SERVICES

Goal I: Provide and make available culturally and linguistically responsive programs to accommodate individual or cultural and linguistic preferences in accordance to the American Disability Act.

Strategy 1:

Maintain/update the Beneficiary/Member Handbook and provide to consumers (relates to MHP and DMC-ODS). **Met**

Activities/Evidence:

Beneficiary Informing Materials can be located on the public website. In both English and Spanish text and audio.

<https://www.kernbhhs.org/>

- Beneficiary/Member Handbooks
- DMC-ODS Member Handbook

Kern County
Drug Medi-Cal Organized Delivery System
(DMC-ODS)
Member Handbook

Condado de Kern
Sistema Organizado de Prestación de Drug
Medi-Cal (DMC-ODS)
Manual para miembros



Kern County Provider Directory



Crisis Hotline: 1-800-991-5272
Suicide Prevention Hotline: 1-800-273-8255
Substance Use Disorder Access Line: 1-866-266-4898
For NON-Crisis Adult Care:
The Access and Assessment Center: 661-868-8080

Strategy 2:

Maintain/update the Kern Provider Directories and be available for consumers. **Met**

Activities/Evidence:

Kern Providers Directories Materials can be located on the public website. In both English and Spanish text and audio. <https://www.kernbhhs.org/>

- Mental Health Provider Directory
- DMC-ODS Provider Directory

Strategy 3:

Visit physical KernBHRS ((MH, SUD, & Contractors) clinic facilities to access and identify items (posters, magazines, décor, signs, etc.) needed to adapt the clinics to be assessable to disabled persons, and to adapt clinics to be comfortable and inviting to persons of diverse cultural backgrounds and populations served. **Met**

Activities/Evidence:

QID keeps a site certification list to ensure all materials can be used in diverse cultural backgrounds. Attachment V—Beneficiary Lobby Review Checklist

New Organizational Provider Certifications: 6

#Site Relocation Recertifications: 3

New Provider Location Site Certifications: 1

#Site Recertification for Other Reasons: 2

Triennial Recertifications: 4

CRITERION 8: COUNTY MENTAL HEALTH SYSTEM ADAPTATION OF SERVICES

Goal II: Ensure the Beneficiary Problem Resolution Process addresses culturally and linguistically appropriate factors to resolve Grievance and Appeals (MHP and SUD).

Strategy 1:

Maintain/update policies related to beneficiary grievance and appeals. **Met**

Activities/Evidence:

Policy 10.1.3 provides information on the grievance and appeal system.

See Attachment AQ—Grievance and Appeal System

Strategy 2:

Maintain/update Grievance & Appeal Procedures information, and to be translated in threshold language, Spanish or preferred language. **Met**

Activities/Evidence:

Sites have been visited and all were provided with current posters and forms.

See Attachment AY—Consumer Right's Posters (English and Spanish)

See Attachment AT—Mental Health Patient's Right's Posters (English and Spanish)



Strategy 3:

PRA track, monitor, and review change of provider/second opinion/ and/or grievance cases related to cultural and linguistic issues. **Met**

Activities/Evidence:

Report Quarterly in QID, Report in CCRC. Agenda and Mins for FY19-20 total

5 grievance cases were related to Cultural Competence and Linguistic issues. Issues including communication, scheduling and sexual orientation have all been addressed and resolved. KernBHRS working to ensure the recruitment and retention of diverse staff to meet additional needs.

FY 2020-2021 CULTURAL COMPETENCE IMPROVEMENT PLAN

The KernBHRS Cultural Competence Plan Annual Update continues to be consistent with the CA -CCPR Modification (2010) standards and criteria (per California Code of Regulations, Title 9, Section 1810.410).

The CA-CCPR Modification (2010) consists of the **EIGHT (8) Domains** related to **CLAS** integrated into the **EIGHT (8) Criteria**.

Kern County strives to practice the following Domains, Criteria, and Standards.

Domains	Areas of Assessments	Criteria	Areas to Examine
Domain 1	Organizations Values	Criterion 1	Commitment to cultural competence
Domain 2	Policies/Procedures/ Governance	Criterion 2	County Mental Health System updated assessment of service needs
Domain 3	Planning/Monitoring/ Evaluation	Criterion 3	County Mental Health System strategies and efforts for reducing racial, ethnic, cultural and linguistic mental health disparities
Domain 4	Communication	Criterion 4	County Mental Health System client/family member/community committee: integration of the committee within the County Mental Health System
Domain 5	Human Resources	Criterion 5	County Mental Health System culturally competent training activities
Domain 6	Community and Consumer Participation	Criterion 6	County Mental Health System commitment to growing a multicultural workforce: hiring and retaining culturally and linguistically competent staff
Domain 7	Facilitation of Broad Service Array	Criterion 7	County Mental Health System language capacity
Domain 8	Organization Resources	Criterion 8	County Mental Health System adaptation of services

CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

Rationale: An organizational and service provider assessment is necessary to determine the readiness of the service delivery system to meet the cultural and linguistic needs of the target population. Individuals from racial, ethnic, cultural, and linguistically diverse backgrounds frequently require different and individual Mental Health Service System responses.

Goal I: 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:

Integrate the MHSA Annual update, DHCS- EQRO & DMC-ODS-SUD Cultural Competence requirements into the Cultural Competence Plan.

Strategy 2:

Partner with MHSA & SUD to identify, track, and monitor O&E, WET, and/ other PEI activities/ efforts into the Cultural Competence Plan.

Strategy 3:

CCRC meets monthly and reviews information and data on cultural and diverse factors, and makes recommendations on the planning, development, and improvement strategies to address cultural and linguistic appropriate services.

Strategy 4:

CCRC Sub-Committee to report to Quality Improvement Committee & Management Team quarterly or as needed.

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

Strategy 1:

Partner with QID, IT, CCRC and other relevant entities to ensure that services are provided in threshold language.

Strategy 2:

Monitor and utilize Request for interpreting services through Language Line contract to track provided services in threshold language, and non-Spanish Speaking

CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

Rationale: An organizational and service provider assessment is necessary to determine the readiness of the service delivery system to meet the cultural and linguistic needs of the target population. Individuals from racial, ethnic, cultural, and linguistically diverse backgrounds frequently require different and individual Mental Health Service System responses.

Goal III: Enhance and update annual Policies and processes related to Cultural Competence to promote inclusion of culturally and linguistically appropriate practices and/or services.

Strategy 1: Update policies (MH, SUD, & Contract Partners related to Access & Language Line assistance.

Strategy 2: Update policies related to Patient's Rights and Grievance Process.

Strategy 3: Update policies related to required Cultural Competence trainings.

Strategy 4: Partner with PIO to continue efforts in providing cultural competence information to the public such as announcement of events, newsletters, trainings, resources, social media event postings, etc.

Strategy 5: Partner with The Gay & Lesbian Center, PIO, MHSA, CCRC & Management Team to promote expression of cultural inclusion such as providing: Education on pronouns & definitions Add Pronouns to email signature, Add stickers to work badge, Use of identifying symbols I.E. Rainbow materials.

Goal IV: Dedication to diverse workforce.

Strategy 1: Partner with MHSA, PIO, HR, Management Team and other relevant entities to recruit a diverse workforce system-wide.

Strategy 2: Partner with HR, MHSA, PIO, Training Services, CCRC and other relevant entities to retain a diverse workforce system-wide.

CRITERION 2 COUNTY MENTAL HEALTH SYSTEM UPDATED ASSESSMENT OF SERVICE NEEDS

Rationale: A population assessment is necessary to identify the cultural and linguistic needs of the target population and is critical in designing, and planning for the provision of appropriate and effective mental health services.

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

Strategy 1: Partner with MHSA Team and Training Services as well as other relevant entities to ensure that all staff and contract partners are aware and trained in the CLAS Standards and O&E protocol.

Strategy 2: Partner with MHSA Team, SUD, QID, and PIO to create easily understandable and accessible materials to educate staff on O&E protocol.

Strategy 3: Partner with MHSA Team, PIO, SUD, QID, and other relevant entities to ensure that O&E materials are disseminated to KernBHRS staff and contract partners.

Goal II: Increase dissemination of cultural competence related information and resources.

Strategy 1: Partner with CCRC, PIO, MHSA, and other relevant entities to create and distribute cultural competence related public materials and information.

Strategy 2: Partner with PIO, SUD, MHSA & CCRC to track efficacy of cultural competence related communications including, but not limited to community events, newsletters, trainings, etc.

Strategy 3: In conjunction with PIO, MHSA Team, and other relevant entities create bolster publicly available cultural competence related information and resources.

CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Rationale: “Striking disparities in mental health care are found for racial and ethnic populations. Racial and ethnic populations have less access to and availability of mental health services, these communities are less likely to receive needed mental health services, and when they get treatment, they often receive poorer quality of mental health care. Although they have similar mental health needs as other populations, they continue to experience significant disparities. If these disparities go unchecked, they will continue to grow, and their needs continue to be unmet...” (U.S. Department of Health and Human Services, Surgeon General Report, 2001).

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

Strategy 1: Partner with QID, MHSA, SUD, and other relevant entities to address DHCS- EQRO, SUD & MHSA components such as CSS, WET, and PEI activities and/or programs related to target populations.

Strategy 2: Partner MHSA Team and relevant entities to list strategies to reduce population disparities identified such as LGBTQs, Homelessness, faith-based programs, and/or diverse groups.

Strategy 3: Collaborate with MHSA team, SUD and PIO to ensure all outreach and education fliers and announcements strategies activities are translated in threshold language, Spanish, including but not limited to MHSA Stakeholder Schedule Meetings.

Strategy 4: Partner with MHSA Team, QID and relevant entities to measure effectiveness and monitor activities/strategies for reducing population disparities.

Strategy 5: Share with CCRC, Management Team, QID, and in various forums accomplishments, gaps & needs, and the process of KernBHRS' development, recommendations, and implementation of strategies geared to reduce specific ethnic and/or other diverse groups disparities (within Medi-Cal-DHCS, SUD-ODS, CSS, WET, and PEI).

Goal II: Meet or exceed 4.2% Penetration Rate of threshold ethnic population **Hispanic/LatinX**.

Strategy 1: Partner with MHSA Team, CCRC Sub-Committee, System of Care Administrators (SOCAs), QID, ITD, and other relevant entities on outreach, access, engagement, and services activities to penetrate the Hispanic/Latinx population.

Strategy 2: Continue to improve on tracking and monitoring specific ethnicity and diverse data on the Penetration Rate Report data.

Strategy 3: Share data with CCRC, Management Team, QID, SQIC, MHSA Team and/or in various forums on activities, strategies, accomplishments, and improvement areas to develop and implement to reduce disparities.

CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Goal III: Enhance/Improve Outreach & Education efforts and activities that are aimed at increasing penetration rate of the **Hispanic/LatinX** population.

Strategy 1: Partner with MHSA Team, O & E, SUD, PIO, and other entities to identify ways to Increase O & E activities to penetrate the Hispanic/Latinx population.

Strategy 2: Partner with SUD, ITD, CCRC, PIO & MHSA Team and other relevant entities to track and monitor O & E data, including total amount attended in events.

Strategy 3: Partner with PIO, MHSA, and SUD to gather and track messaging and media communication to Latinx/Hispanic Community.

Goal IV: Meet or exceed 4.2% Penetration Rate of ethnic population **African American/Black**.

Strategy 1: Partner with MHSA Team, SUD, System of Care Administrators, QID, ITD, and other relevant entities on outreach, access, engagement, and services activities to penetrate the African American/Black population.

Strategy 2: Partner with QID, CCRC and other relevant entities to track and monitor Penetration Rate data.

Strategy 3: Share data with CCRC, Management Team, QID, MHSA Team and/or in various forums on activities/strategies that have been working well and improvement areas to develop and implement to reduce disparities.

Goal V: Enhance/Improve Outreach & Education efforts and activities that are aimed at increasing Penetration Rate of the **African American/Black** population.

Strategy 1: Partner with MHSA Team, CCRC Sub-Committee, including Faith Community Leaders, O & E, PIO, and other entities to identify ways to increase O & E activities to penetrate the African American/Black population.

Strategy 2: Partner with ITD, SUD & MHSA Team and other relevant entities to track and monitor O & E data.

Strategy 3: Share O & E data with CCRC, Management Team, QID, MHSA Team and/or in various forums on activities/strategies that have been working well and improvement areas to develop and implement to reduce disparities.

Strategy 4: Under WET funds, attend 2020 Cultural Competence African American Mental Health Conference Annual OR Web-based webinars and trainings to learn specific strategies to outreach and penetrate the African American/Black population. (Due to COVID-19 conferences are subject to cancellation and/or attendance may include web-based or alternative formats).

CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Goal VI: Meet or exceed 4.2% Penetration Rate of ethnic population **Asian Pacific Islander (API).**

Strategy 1: Partner with MHSA Team, CCRC Sub-committee, PIO, System of Care Administrators, QID, ITD, and other relevant entities on outreach, access, engagement, and services activities to penetrate the Asian Pacific Islander (API) population.

Strategy 2: Recruit API community member such as the Filipino American Community of Kern County to participate in the CCRC committee to identify gaps, needs, and strategic improvement activities for the population.

Strategy 3: Partner with ITD, QID, SUD & MHSA Team and other relevant entities to track and monitor Penetration Rate data.

Strategy 4: Share data with CCRC, Management Team, QID, MHSA Team and/or in various forums on activities/strategies that have been working well and improvement areas to develop and implement to reduce disparities.

Goal VII: Enhance/Improve Outreach & Education efforts and activities that are aimed at increasing penetration rate of the **Asian/Pacific Islander** population.

Strategy 1: Partner with MHSA Team, CCRC API Sub-committee, O & E, PIO, and other entities to identify ways to increase O & E activities to penetrate the Asian Pacific Islander (API) population.

Strategy 2: Partner with SUD, QID, ITD & MHSA Team and other relevant entities to track and monitor O & E data.

Strategy 3: Share O & E data with CCRC, Management Team, QID, MHSA Team and/or in various forums on activities/strategies that have been working well and improvement areas to develop and implement to reduce disparities.

Strategy 4: Under WET funds, attend Asian and Pacific Islander Conferences and/or webinars to learn specific strategies to outreach and penetrate the Asian Pacific Islander (API) population. (Due to COVID-19 conferences are subject to cancellation and/or attendance may include web-based or alternative formats)

CRITERION 3 COUNTY MENTAL HEALTH SYSTEM STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Goal VIII: Engage /Enhance/Improve Outreach & Education efforts and activities that are aimed at increasing penetration rate of the **Native American Indians** population.

Strategy 1: Partner with MHSA Team, CCRC API Sub-committee, O & E, PIO, and other entities to identify ways to increase O & E activities to penetrate the Native American Indians population.

Strategy 2: Partner with SUD, QID, ITD & MHSA Team and other relevant entities to track and monitor O & E data.

Strategy 3: Share O & E data with CCRC, Management Team, QID, MHSA Team and/or in various forums on activities/strategies that have been working well and improvement areas to develop and implement to reduce disparities.

Strategy 4: Recruit Native American Indian community member such as the Bakersfield American Indian Health Project to participate in the CCRC committee to identify gaps, needs, and strategic improvement activities for the population.

CRITERION 4: COUNTY MENTAL HEALTH SYSTEM CLIENT/FAMILY MEMBER/ COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

Rationale: A culturally competent organization views responsive service delivery to a community as a collaborative process that is informed and influenced by community interests, expertise, and needs. Services that are designed and improved with attention to community needs and desires are more likely to be used by patients/consumers, thus leading to more acceptable, responsive, efficient, and effective care (CLAS, Final Report).

Goal I: Enhance collaborations with community partners by maintaining CCRC to address cultural issues, participation from cultural groups, that is reflective of the community demographic, and integrates its responsibilities into KernBHRS System.

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

Strategy 2: Collaborative work with MHSA Team, O&E, PIO, Contract Agency Partners, and other internal and external entities to participate and provide feedback in the stakeholder's and/or community events such as the MHSA stakeholder planning process to address gaps and needs of cultural competence services for the community.

Strategy 3: Collaborative work to participate in various meetings and/or events such as the SQIC, CCRC, QID, KPIC, MHSA, and/or other community forums so that cultural competence issues are included and addressed in committee work.

Strategy 4: Collaborative work with HR, MHSA, RSA, SUD, and Management Team to track and monitor diverse workforce such as # of Peers & Family supports staff.

CRITERION 5: COUNTY MENTAL HEALTH SYSTEM CULTURALLY COMPETENT TRAINING ACTIVITIES

Rationale: Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with clients representing different countries or origins, acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel (CLAS, Final Report).

Goal I: 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: All Staff (MH, SUD, & Contractor) complete minimum 6 hours of cultural competence trainings annually, measure by Relias Transcript Reporting.

Strategy 2: Continue to provide cultural competence engagement training to serve diverse and people of color individuals and groups through web-based or in-person training.

Strategy 3: Implement SCRP Multicultural clinical supervision training to all MH & SUD clinical supervisors to address cultural competence core competency.

Strategy 4: Provide Peer Education Trainings and refresher courses for Peer employees and/or volunteers under MH and SUD.

Strategy 5: CCRC and TRC review, track, monitor, and make recommendations on cultural competence gaps and needs of Cultural Competence trainings topics relevant to Kern County such as, but not limited to Mental Health Interpreters, LGBTQ+, Aging & Elderly, Disabilities, Veterans, Homeless and Poverty, Immigration & Acculturation, TAY, Foster Youths, etc.

Goal II: Improve analysis of the effectiveness of cultural competence trainings.

Strategy 1: Ongoing review of course evaluations of quality of trainings to identify improvement areas.

Strategy 2: Utilize Relias to develop pre and post evaluations on trainings.

CRITERION 5: COUNTY MENTAL HEALTH SYSTEM CULTURALLY COMPETENT TRAINING ACTIVITIES

Rationale: Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with clients representing different countries or origins, acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel (CLAS, Final Report).

Goal III: Offer specific cultural competence trainings of diverse and person of color populations identified in SCRP formal assessment & CCRC Sub-committee recommendations.

Strategy 1: Partner with Training Services to evaluate culturally competent trainings in identified areas of need including but not limited to LGBTQ+, Disability, and Elder populations

Strategy 2: Establish strategic partnership with the Center for Sexuality and Gender Diversity to ensure that clinical staff receive in-depth hands on experience, including traineeship at The Center with LGBTQ+ population.

Strategy 3: Partner with Training Services & CCRC to provide, but not limited to the following trainings:

- Telehealth & COVID Pandemic
- Cultural Humility
- Adaptation EBP
- Ethnic therapist/client matching
- Code switching
- People of Color in Behavioral Health Setting Health Equity & Social Justice
- Black Lives Matter
- Implicit Bias
- White privilege (ADDRESSING MODEL)
- African American & BH setting trainings
- Latinx Communities
- API
- Native American Indian Communities
- LGBTQ+
- Multi-Diverse Communities

CRITERION 6: COUNTY MENTAL HEALTH SYSTEM COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

Rationale: The diversity of an organization's staff is necessary, but not a sufficient condition for providing culturally and linguistically appropriate health care services. Although hiring bilingual individuals from different cultures does not in itself ensure that the staff is culturally competent and sensitive, this practice is a critical component to the delivery of relevant and effective services for all clients. Staff diversity at all levels of an organization can play an important role in considering the needs of clients from various cultural and linguistic backgrounds in the decisions and structures of the organization. (CLAS, Final Report).

Goal I: Complete Workforce Needs Assessment.

Strategy 1: CCRC, MHSA, HR, PIO, IT, and other relevant entities to Centralize and Standardize community outreach information and workforce demographics.

Strategy 2: CCRC, MHSA, HR, PIO, IT, and other relevant entities to Centralize and Standardize workforce demographics, including ethnicity, language spoken, job classification such as Peer Specialist, and Minority/Person of Color Leadership Role.

Strategy 3: HR, PIO, MHSA, CCRC, and other entities to target recruiting a multicultural workforce in all levels by creating pictures and materials reflective of people of color and diverse groups.

Strategy 4: Partner with PRA, QID, Facilities, PIO, HR, MHSA, CCRC & other relevant entities to ensure Facilities reflect materials (written & pictures) of the community- Diverse and Person of Color.

Strategy 5: Recruit Human Resources staff to participate in the CCRC in order for recruitment and retention of diverse workforce in efforts for continuous improvement strategies.

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

Strategy 1: Provide incentives for staff and provide opportunities on trainings, workshop, mentoring, etc. such as the following conferences: Cultural Competence Annual Conference, Leadership Conference, APA Conference, Annual Forensic Conference, and National Council Conference.

Strategy 2: Attend Interpreter Trainings to maintain Tier I (Verbal) and Tier II (Written) Interpreter Certification.

CRITERION 7: COUNTY MENTAL HEALTH SYSTEM LANGUAGE CAPACITY

Rationale: Accurate and effective communication between clients, providers, staff, and administration is the most essential component of the mental health encounter. Bilingual providers and other staff who communicate directly with clients must demonstrate a command of both English and the threshold language that includes knowledge and familiarity with the terms and concepts relevant to the type of encounter (CLAS, Final Report). The DMH will provide threshold language data to each county.

Goal I: Dedicate resources such as MHP funding to increase bilingual workforce capacity.

Strategy 1: Research interpretive service agencies on certification materials and materials for non-Spanish speaking languages, in addition to threshold language Spanish. Continue to dedicate resources to increase Tier I (Verbal) and Tier II (Written) Interpreters Certification.

Strategy 2: Maintain contract with Language Line Solutions to assist with LEPs, including but not limited to verbal interpreter, written translation, and Braille.

Strategy 3: Maintain contract with Independent Living Center of Kern County (ILCKC) to assist with LEPs, including but not limited to ASL and Braille interpreter services.

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

Strategy 1: Maintain and post posters/bulletins in clinics of the availability and information of interpreters assistance, including LEP.

Strategy 2: Partner with PIO, QID, IT, Facilities & CCRC to create materials and pictures in clinical sites, public website, and other community forum reflective of diverse and people of color with LEP.

Strategy 3: Track and monitor translated documents in culturally and linguistically appropriate written information for threshold languages, including but not limited to the following: MH & SUD fliers & materials, O & E community events, member service handbook or brochure, Beneficiary problem, resolution, grievance, and fair hearing materials, and other relevant consumer related documents (relates to both MHP and DMC-ODS).

Strategy 4: Partner with Language Line Solutions and ILCKC to provide interpreting training to staff.

CRITERION 8: COUNTY MENTAL HEALTH SYSTEM ADAPTATION OF SERVICES

Rationale: Organizations should ensure that clients/consumers receive from all staff members, effective, understandable, and respectful care, provided in a manner compatible with their cultural health beliefs and practices and preferred language (CLAS Final Report).

Goal I: Provide and make available culturally and linguistically responsive programs to accommodate individual or cultural and linguistic preferences in accordance to the American Disability Act.

Strategy 1: Maintain/update the Beneficiary/Member Handbook and to be provided to consumers (relates to MHP and DMC-ODS).

Strategy 2: Maintain/update the Kern Provider Directories and to be available to consumers.

Strategy 3: Continue to assess and improve/adapt clinic sites to ensure materials and information on access and services consist of materials and information (posters, magazines, décor, signs, etc.) are presented to address needs of persons of culturally and diverse cultural backgrounds and disabilities.

Goal II: Ensure the Beneficiary Problem Resolution Process addresses culturally and linguistically appropriate factors to resolve Grievance and Appeals.

Strategy 1: Maintain/update policies related to beneficiary Grievance & Appeals.

Strategy 2: Partner with QID & PRA to identify Cultural Competence related items on the Client Perception Surveys.

Strategy 3: PRA track, monitor, and review change of provider/second opinion/ and/or grievance cases related to cultural and linguistic issues.

Summary

The above outlined strategies in the FY 20-21 Cultural Competence Plan Improvement Goal have been developed with the aim of eliminating stigma, discrimination, and disparity for underserved and difficult to engage populations seeking Mental Health and Substance Use services in Kern County.

The Cultural Competence Resource Committee, Cultural Competence/Ethnic Services Manager (CC/ESM), Mental Health Services Act (MHSA) Team, Quality Improvement Division (QID), Patient's Rights Advocate (PRA), Substance Use Division (SUD), Training Review Committee (TRC), Information Technology Division (ITD), Public Information Office (PIO), Outreach & Education (O&E) Team, and KernBHRS Management & Administration, along with contract partner agencies and community continue to work in alliance to plan and monitor actions in order to ensure that the Cultural Competence Plan Improvement Goals are appraised and achieved at the end of FY 2020-2021.

Continuous assessment of the activities performed facilitate identification of areas of strength and/or improvement opportunities. Upon identification of areas of improvement, new cultural competence related improvement goals and strategies for KernBHRS will be incorporated into the day to day functioning of all above named departmental divisions and entities.

The efforts of Community Partner agencies may also be aligned with newly identified strategies for improvement to ensure individuals and groups in Kern County seeking Mental Health and Substance Use services receive consistent, culturally competence services throughout the KernBHRS System of Care (SOC).

In FY 2019-2020 the department met 20 of 20 pre-determined goals, with only one sub-goal of the third Criterion meeting a "partially met" rating. During FY 2019-2020 Cultural Competence Plan training was offered to all staff (KernBHRS Staff and Contract Partners) in addition to the mandatory minimum of 6 hours of Cultural Competence Trainings per year. KernBHRS offers approximately a total of 144 Cultural Competence related courses in a combination of online and in-person formatting.

For FY 2020-2021 KernBHRS has identified 24 targeted goals in a continued effort to underscore the following, including but not limited to: enhancement and promotion of outreach protocols, recruitment and retention of diverse workforce throughout SOC, and focused trainings for diverse and person of color populations, surrounding providing services through telehealth related to the COVID Pandemic

Demonstrably, KernBHRS is committed to being culturally and linguistically competent at all levels, in all services deliverables.

Reference

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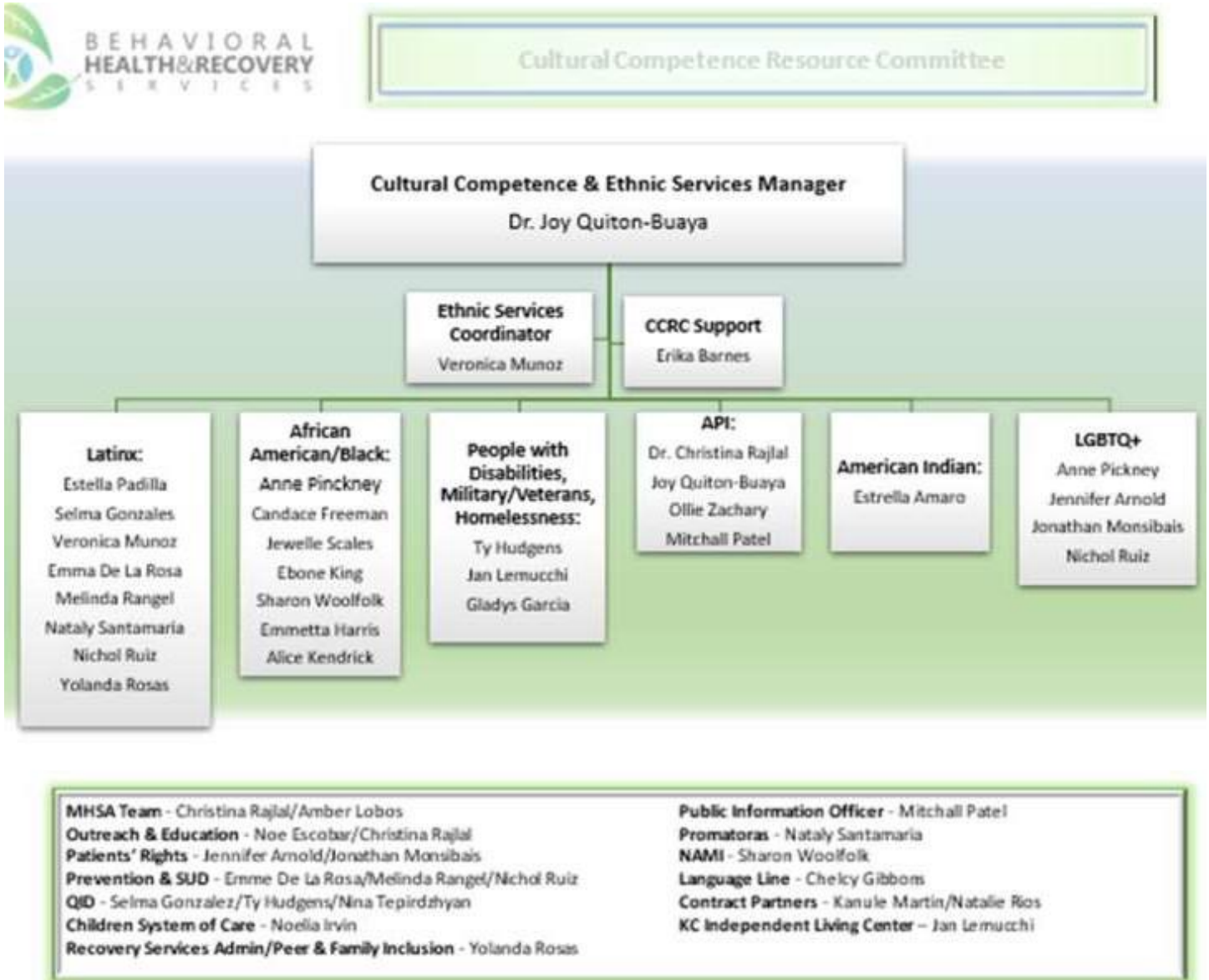
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Attachment A

Cultural Competency Resource Committee



Attachment B

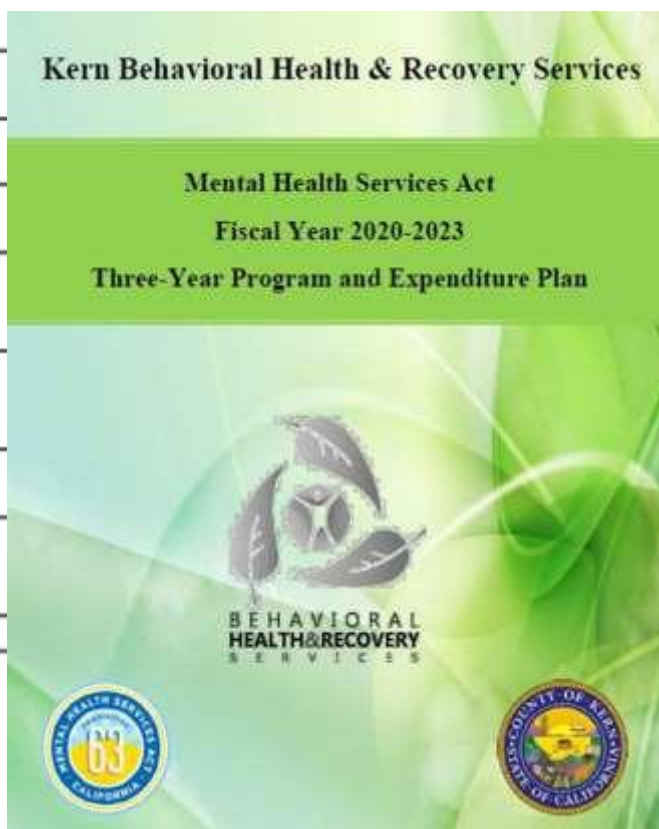
MHSA O&E List FY 19-20

DATE	Outreach and Education Events FY 19-20
8/8/2019	RSB25-Child Support
8/9/2019	Back to School Summer Carnival Child Guidance
8/9/2019	Free Movie in the Park - Supervisor Couch
8/16/2019	Free Movie in the Park - Supervisor Couch
8/24/2019	1st Annual Soul Food Festival
8/29/2019	Back to School Night
9/6/2019	Free Movie in the Park - Supervisor Scrivner
9/7/2019	SALT Walk
9/11/2019	CSUB Volunteer Fair
9/12/2019	CLC 34th Street Back to School Night
9/14/2019	Annual Community OR Event
9/14/2019	Celebrating Recovery
9/25/2019	CIT Homeless OR Event
9/26/2019	Wasco State Prison Employee Awareness Fair
9/26/2019	Juvenile Hall Central Back to School Night
9/28/2019	Tehachapi Health Fair
09/28 & 29/2019	El Tejon Tribe Pow Wow Event
9/28/2019	McFarland Movie Night
10/3/2019	CLC Tech Back to School Night
10/3/2019	DisABILITY Movement
10/3/2019	Blanton Academy Back to School Night
10/5/2019	SEBA Family Event
10/5/2019	Independent City 2019
10/10/2019	21st Annual KC Veterans Stand Down
10/10/2019	2nd Annual MH Awareness Week McFarland Junior HS
10/10/2019	Fall Career Expo
10/12/2019	NAMI Walk
10/12/2019	Good Neighbor Festival
10/12/2019	Retro Pride 2019 Event
10/17/2019	Bridges Academy Back to School Night
10/18/2019	Binational Health Week "Health & Resource Fair"
10/18/2019	Public Health Nurse Training
10/19/2019	Hart Park After Dark
10/25/2019	Rosamond Movie in the Park/Resource Fair
10/25/2019	13th Annual Recovery Conference
10/26/2019	Bakersfield Homeless Center Halloween Carnival
10/26/2019	4th Annual Spiritual Food Festival
10/31/2019	BC Disability Awareness Day
10/31/2019	GEO Halloween Resource Fair

Attachment B cont.

MHSA O&E List FY 19-20

11/1/2019	Men's Health Month Event
11/2/2019	Arvin Health & Resource Fair
11/2/2019	Wellbeing Block Party
11/7/2019	2nd Annual Veterans Day Celebration
11/10/2019	Sikh Parade
11/13/2019	Farmworker Appreciation Day & Resource Fair
11/14/2019	Lamont Weedpatch Harvest Festival
11/16/2019	South High Health & Resource Fair
11/16/2019	Bakersfield Sister City Garden Festival
11/20/2019	Public Benefits Conference
11/20/2019	CIT Outreach Event
11/21/2019	Edison School District OR Event
11/23/2019	Career Expo
11/23/2019	Thanksgiving Outreach
12/17/2019	Managing your MH During the Holidays
1/16/2020	Peer Workshop
1/18/2020	Veterans Stand Down Lake Isabella
1/23/2020	Be Finally Free



Attachment C

SUD Outreach Events

OUTREACH EVENTS			
Date	Event	Adults	Children
8/6/2019	National Night Out	300	100
8/6/2019	National Night Out	200	100
8/6/2019	National Night Out	200	300
8/6/2019	National Night Out	100	50
9/12/2019	Back to School Night	100	50
9/15/2019	Día de la Independencia	250	400
9/18/2019	Drug Free Youth Summit	30	111
9/24/2019	Neighborhood Block Party	100	200
9/28/2019	Walk Like MADD	500	150
10/10/2019	Veteran's Stand Down	200	0
10/12/2019	Good Neighbor Festival	100	150
10/25/2019	Trunk or Treat - Bakersfield	600	900
10/28/2019	Trunk or Treat - Delano	300	1000
10/28/2019	Trunk or Treat - Oildale	600	2000
10/29/2019	Trunk or Treat - Shafter	300	500
10/30/2019	Trunk or Treat - McFarland	500	1000
11/2/2019	Arvin Health and Resource Fair	70	30
11/13/2019	Farmworker Appreciation Resource Fair	100	0
11/14/2019	Lamont Harvest Festival	100	200
11/16/2019	South High Health and Wellness Fair	100	50
12/11/2019	Mental Health Resource Fair	30	100
1/18/2020	Celebrate Recovery Biker Breakfast	250	0
1/8/2020	Women's March	3600	400
3/7/2020	Marisopa Conference	300	100

SUD Outreach Events FY 19-20--SUD Administration

Date of even	Name of event	Total in attendance	Ethnicity targeted
5/7/2020	Interview request	unknown views	Hispanic/Latinx
4/28/2020	Interview request--Recovery Station	unknown views	All Ethnicities
8/30/2019	Interview Request--Opioid Crisis	unknown views	All Ethnicities
8/27/2019	Interview Request--Celebrate Recovery event	unknown views	All Ethnicities
6/12/2019	Geo Group Resource Fair	25	All Ethnicities
9/14/2019	Celebrate Recovery 2019	500	All Ethnicities
10/31/2019	Geo Group Resource Fair	60	All Ethnicities
2/27/2020	Females Achieving Change Together	45	All Ethnicities

Attachment C

SUD Outreach Events

PRESENTATIONS			
Date	Presentation	Adults	Children Audience
7/5/2019	Brain and Body	6	100 Students
7/24/2019	Drugs 101	50	0 Professionals
8/2/2019	CalWorks Summer Institute	50	0 Professionals
8/21/2019	Drugs 101	30	Professionals
8/23/2019	Marijuana and Vaping	40	6 Professionals
8/28/2019	Social Media & You	300	86 Parents
9/10/2019	Marijuana and Pregnancy	2	0 Parents
9/17/2019	Student Athletes & Opioids	6	0 Parents / Professionals
9/18/2019	Core Academy	15	0 Professionals
9/20/2019	The Science of Drugs	8	12 Students
10/2/2019	Social Media and You	3	25 Students
10/15/2019	Marijuana and Vaping	6	175 Students
10/16/2019	Marijuana and Vaping	15	Professionals
10/16/2019	Drugs 101	5	0 Professionals
10/17/2019	Drugs 101	60	0 Professionals
10/18/2019	Marijuana and Vaping	8	15 Students
10/23/2019	Marijuana and Vaping	20	300 Students
10/23/2019	Marijuana and Vaping	4	300 Students
10/24/2019	Social Media and You	5	2 Students
10/24/2019	Marijuana and Vaping	4	160 Students
10/28/2019	Marijuana and Vaping	0	180 Students
10/29/2019	Social Media and You	6	100 Students
11/1/2019	Marijuana and Vaping	8	25 Students
11/4/2019	The Science of Drugs	6	180 Students
11/5/2019	The Science of Drugs	4	300 Students
11/5/2019	Marijuana and Vaping	3	15 Students
11/6/2019	Marijuana and Vaping	7	30 Students
	Changing Destructive		
11/6/2019	Adolescent Behavior	8	0 Parents
11/8/2019	Marijuana and Vaping	6	200 Students
11/14/2019	Marijuana and Vaping	75	10 Parents
11/15/2019	Marijuana and Vaping	10	50 Students
11/15/2019	Marijuana and Vaping	80	20 Parents / Students
11/19/2019	Marijuana and Vaping	25	0 Professionals
11/20/2019	The Opioid Epidemic	17	0 Professionals
12/3/2019	Marijuana and Vaping	30	5 Students
12/3/2019	The Science of Drugs	5	300 Students
12/4/2019	Marijuana and Vaping	30	0 Parents
12/4/2019	The Science of Drugs	5	355 Students
12/9/2019	The Science of Drugs	5	355 Students
12/9/2019	The Science of Drugs	5	745 Students
12/10/2019	The Science of Drugs	5	360 Students
12/10/2019	Family Dinners	8	15 Parents / Students
12/12/2019	The Science of Drugs	4	180 Students
12/13/2019	Social Media and You	5	10 Students
12/16/2019	Drug Prevention 101	4	210 Students
12/17/2019	Drug Prevention 101	4	210 Students
12/18/2019	Marijuana and Vaping	40	0 Professionals
12/19/2019	Marijuana and Vaping	30	600 Students
1/8/2020	Social Media	2	50 Students
1/11/2020	Prevention 101	1	0 Parents

1/23/2020	Drugs 101	3	300 Students
1/23/2020	Science of Drugs	7	0 Professionals
1/23/2020	Marijuana and Vaing	2	300 Students
1/21/2020	Marijuana and Vaing	2	300 Students
1/27/2020	Marijuana and Vaing	4	250 Students
1/28/2020	Marijuana and Vaing	4	250 Students
2/5/2020	Prevention Resources	50	0 Professionals
2/7/2020	Marijuana and Vaping	30	Professionals
2/7/2020	The Brain and the Body	20	Professionals
2/11/2020	Prevention 101	9	Parents
2/11/2020	Social Media & You	17	10 2 Professionals
2/13/2020	Marijuana and Vaping	1	30 Students
2/24/2020	Marijuana and Vaping	4	540 Students
2/25/2020	Marijuana and Pregnancy	1	Parents
2/25/2020	Marijuana and Vaping	15	200 Students
2/26/2020	Marijuana and Vaping	55	Professionals
3/5/2020	Prevention 101	4	300 Students
3/11/2020	Marijuana and Vaping	4	250 Students
3/12/2020	Marijuana and Vaping	4	250 Students
3/12/2020	Risk and Protective Factors	4	0 Professionals

Attachment D

CCRC Meeting Calendar

Date	Time	Location
Thursday, January 24, 2019	9:30 a.m. – 10:30 a.m.	Aspen Room
Thursday, February 21, 2019	9:30 a.m. – 10:30 a.m.	Aspen Room
Thursday, March 21, 2019	9:30 a.m. – 10:30 a.m.	Aspen Room
Thursday, April 18, 2019	9:30 a.m. – 10:30 a.m.	Aspen Room
Thursday, May 16, 2019	9:30 a.m. – 10:30 a.m.	Aspen Room
Thursday, June 20, 2019	9:30 a.m. – 10:30 a.m.	Aspen Room
Thursday, July 18, 2019	9:30 a.m. – 10:30 a.m.	Aspen Room
Thursday, August 15, 2019	9:30 a.m. – 10:30 a.m.	Aspen Room
Thursday, September 19, 2019	9:30 a.m. – 10:30 a.m.	Aspen Room
Thursday, October 17, 2019	9:30 a.m. – 10:30 a.m.	Aspen Room
Thursday, November 21, 2019	9:30 a.m. – 10:30 a.m.	Aspen Room
Thursday, December 19, 2019	9:30 a.m. – 10:30 a.m.	Aspen Room
Thursday, January 16, 2020	9:30 a.m. – 10:30 a.m.	Pine Room
Thursday, February 20, 2020	9:30 a.m. – 10:30 a.m.	Pine Room
Thursday, March 19, 2020	9:30 a.m. – 10:30 a.m.	Cancelled – COVID19
Thursday, April 16, 2020	9:30 a.m. – 10:30 a.m.	Cancelled – COVID19
Thursday, May 21, 2020	9:30 a.m. – 10:30 a.m.	Microsoft Teams
Thursday, June 18, 2020	9:30 a.m. – 10:30 a.m.	Microsoft Teams
Thursday, July 16, 2020	9:30 a.m. – 10:30 a.m.	Microsoft Teams
Thursday, August 20, 2020	9:30 a.m. – 10:30 a.m.	Microsoft Teams
Thursday, September 17	9:30 a.m. – 10:30 a.m.	Microsoft Teams
Thursday, October 15, 2020	9:30 a.m. – 10:30 a.m.	Microsoft Teams
Thursday, November 19, 2020	9:30 a.m. – 10:30 a.m.	Microsoft Teams
Thursday, December 17, 2020	9:30 a.m. – 10:30 a.m.	Microsoft Teams

Attachment E

Accessing Bilingual ASL and TTY Relay Interpreter Services

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES MANUAL OF POLICIES AND PROCEDURES

Issued by: William P. Walker, LMFT *WPK*
Director of Behavioral Health Services

Section No.: 1.5.1

Written by: Veronica Munoz, Administrative Coordinator/Language Line Coordinator

Issue Date: 2/24/00

Revision Date: 1/29/19

Page 1 of 8

ACCESSING BILINGUAL, ASL, AND TTY RELAY INTERPRETER SERVICES

POLICY: Kern Behavioral Health & Recovery Services (KernBHRS) is mandated and committed to providing access to information and services in evaluation, consultation, and outpatient therapy to all persons requesting services in mental health and substance use disorder treatments. For individuals who are Limited English Proficient (LEP) or who experience other communication barriers, including auditory and expressive disabilities, a system of interpreter resources and assistive technology is available.

Purpose: To ensure equal levels of access and services for all, at every point of contact, by ensuring that exclusions, delays, or denials are not due to the lack of bilingual service staff.

Objective:

1. To provide LEP persons, and individuals with auditory and/or expressive disabilities, with meaningful access to programs, services, and information in a timely manner.
2. To identify LEP persons, and individuals with auditory and/or expressive disabilities, who need language assistance.
3. To provide notice to LEP persons, and individuals with auditory and/or expressive disabilities, of available Bilingual/Sign TTY relay interpreter services.
4. To identify areas related to competency and training of bilingual staff, interpreters, and translators.

Scope:

<input checked="" type="checkbox"/>	KernBHRS MH staff
<input checked="" type="checkbox"/>	KernBHRS SUD staff
<input type="checkbox"/>	Other: _____

Attachment F

Bilingual Plan for KernBHRS

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES MANUAL OF POLICIES AND PROCEDURES

Issued by: William P. Walker, LMFT *[Signature]* Section No: 1.5.2
Director of Behavioral Health Services

Written by: Joy Qulton-Buaya, Psy.D., LMFT, Ethnic Services Coordinator

Issue Date: 11/5/99 Revision Date: 3/12/18

Page 1 of 7

BILINGUAL PLAN FOR KERN BEHAVIORAL HEALTH & RECOVERY SERVICES

POLICY: Kern Behavioral Health & Recovery Services (KernBHRS) ensures that a sufficient number of bilingual staff are employed in public contact positions for each subunit.

Purpose: To ensure equal levels of access and services for all at every point of contact, by ensuring that exclusions, delays, or denials are not due to the lack of bilingual service staff.

Objectives: To establish reporting guidelines that assesses language access by LEP individuals at every point of contact, for every subunit per state mandate and federal law.

Scope:

- ☒ KernBHRS MH staff
- ☒ KernBHRS SUD staff
- ☒ Other: Organizational Medi-Cal/Managed Care Mental Health Providers

BACKGROUND:

Federal Law

Section 601 of Title IV states that no person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Furthermore, regulations implementing Title VI which are published at 45 C.F.R. Part 80 specifically provides that a recipient (the entity receiving Federal financial assistance) may not discriminate and may not, directly or through contractual or other arrangements, use criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color or national origin, or have the effect of defeating or substantially impairing accomplishment of that objective of the program with respect to individuals or a particular race, color, or national origin.

In the guidance memorandum on Title VI Prohibition Against National Origin Discrimination - Persons with Limited English Proficiency, the Region IX Office for Civil Rights states that Limited

Attachment G

Staff Training in Patient's Rights and Grievance Procedures

KERN COUNTY MENTAL HEALTH SYSTEM OF CARE MANUAL OF POLICIES AND PROCEDURES

Issued by:	Diane Koditek, MFT Mental Health Director	Section No.: 7.1.3
Written by:	Day Altair Patient's Rights Advocate	Issue Date: 3/05/01
Revision:	New	Effective Date: 4/04/01

Page 1 of 2

STAFF TRAINING IN PATIENT'S RIGHTS AND GRIEVANCE PROCEDURES

POLICY: To inform, train, and review Kern County Mental Health System of Care (SOC) patient's rights and consumer grievance procedures with new permanent staff and continuously employed staff.

Purpose: To ensure that all SOC new consumers, and new permanent and continuing employees receive written and verbal training pertaining to patient's rights and the consumer grievance process.

Objective: To educate the new consumer and SOC employees of patient's rights, and the consumer's grievance protocol.

To periodically review and update employees of any changes to these rights and grievance procedures.

To identify the initial and annual time requirements for the training of permanent employees regarding patient's rights and consumer grievance procedures.

Scope: All permanent Kern County Mental Health clinical staff members and new consumers.

PROCEDURE:

- I. **THE PATIENT'S RIGHTS OFFICE WILL** hold a semi-annual training seminar for all newly hired, permanent KCMH System Of Care clinical employees. The training is to inform and teach staff current policies and procedures, including patient's rights and the consumer grievance process. See Mental Health Department Policy Section No.: 3.1.7, *New Employee Orientation Process*.

Attachment H

Beneficiary Protection

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES MANUAL OF POLICIES AND PROCEDURES

Issued by: William P. Walker, LMFT *W. Walker* Section No.: 10.1.13
Director of Behavioral Health Services

Written by: Jennifer Arnold, LMFT, BH Unit Supervisor – Patients' Rights

Issue Date: 1/3/01 Revision Date: 1/7/19

Page 1 of 8

BENEFICIARY PROTECTION

POLICY: To ensure the rights of all persons that Kern Behavioral Health and Recovery Services (KernBHRS) serves.

Purpose: To ensure that KernBHRS services protect beneficiaries' rights.

Objectives: To ensure that all KernBHRS policies and procedures affecting the rights of the persons served adhere to applicable federal, state, and/or local regulations.

Scope: ☒ KernBHRS staff
☒ KernBHRS SUD staff
☐ Other: _____

PRINCIPLES:

I. STATEMENT OF PATIENTS' RIGHTS

- A. Individuals receiving mental health or substance use disorder services or attempting to access services through KernBHRS have the same legal rights and responsibilities that the United States Constitution and the California Constitution guarantee to all. No individual participating in mental health or substance use disorder services shall be excluded from participation, be denied the benefits of, or be subjected to discrimination under any program or activity within the Department as defined by statute and regulation.
- B. It is the intent of the Kern BHRS that individuals receiving services shall have the following rights including, but not limited to:
 - 1. A right to treatment services that promote the person's ability to function independently.

Attachment I

Coordinating Trainings in Patient's Rights and Grievance Procedures

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES MANUAL OF POLICY AND PROCEDURES

Issued by: William P. Walker, LMFT ^{WPK}
Director of Behavioral Health Services

Section No.: 7.1.6

Written by: Constance Hanson, Coordinator of Administrative & Legislative Analysis
Jayde Howe, Administrative Coordinator

Issue Date: 7/1/02

Revision Date: 9/27/19

Page 1 of 6

COORDINATING TRAINING BASED ON KERNBHRS STANDARDS

POLICY: Kern Behavioral Health & Recovery Services (KernBHRS) ensures that the trainings it sponsors are prepared and presented in a coordinated manner, made available to all staff, and conform to the standards outlined in this policy.

Purpose: To establish a process and standards to review all potential Department sponsored trainings and to coordinate the Department's training efforts as a whole with the recognized need of providing trainings to enhance professional development so KernBHRS can serve clients with current and relevant information and techniques.

To ensure trainings that offer continuing education credits conform to the rules and guidelines of the California approved accrediting agencies: California Association of Marriage and Family Therapists (CAMFT), California Consortium of Addiction Programs and Professionals (CCAPP) and Board of Registered Nursing (BRN) (refer to KernBHRS policy 7.1.2: *Qualifying as a Continuing Education Provider*).

To establish the formation of a formal, ongoing Training Review Committee.

Using the standards outlined in this policy, the Training Review Committee will review trainings sponsored by KernBHRS to ensure they address the department core values of Recovery, Family and Support System Inclusion, Cultural Competence, and Co-Occurring treatment practices.

Objectives:

1. To provide training opportunities for internal and contract partner agency staff that enhance their professional development and/or clinical knowledge related to their scope of work (refer to

Attachment J

MHSA 3-year Plan Table of Contents

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Attachment K

MHSA 3-year Plan Demographic Data

County Demographics

About Kern County

Located on the Southern edge of the San Joaquin Valley, Kern County is the third largest county in California covering 8,163 square miles. Kern County is home to a diverse population enjoying the benefits of its mountains, valleys, desert, and the agricultural landscape.

Kern County is a thoroughfare for travelers and commuters as it connects many on the North-South route via Interstate 5 and Highway 99 and, to the east, Highway 58. Residents have access to recreational activities like hiking trails at Wind Wolves, river rafting at Kern River, and touring museums.



Economy

Kern County employs about 342,000 people. Kern County has a heavy presence in oil and agriculture. Kern County produces over 70% of oil reserves in California. Both industries have been negatively affected. The decline in oil prices resulted in the loss of many jobs, and the drought has severely affected animal and crop-based agriculture. Kern is known as the "breadbasket of the world." Its leading agricultural products include table grapes, almonds, citrus, pistachios, and dairy.

Besides those two industries, military-based avionic production and manufacturing plays a big role in Kern County's economy. The Edwards Air Force Base and the China Lake Naval Air Weapons Station is in East Kern County and provides many jobs for residents in Ridgecrest, Mojave, and Rosamond. The Solar and Wind energy industry has been building more momentum in the recent years contributing to an increase of construction and operational jobs throughout Kern County. Wind energy-based jobs are provided primarily in the Tehachapi Mountain and Mojave Desert areas.

Unemployment Rate in June 2019	Unemployment Rate in 2018	Medium Householder Income	Income Inequality Between Men and Women
8%	8.4%	\$49,854	.497 higher than the national average.

Source: Kern Economic Development Corporation and DataUSA

Population Breakdown

The population of Kern County is most closely estimated to be 893,119. 389,211 of those individuals live in Bakersfield. Kern County is continually growing each year. According to the Kern Economic Development Corporation, Kern County has an annual average increase of 1.8%. By 2021, the total population is anticipated to reach 920,584.

Attachment K cont.

MHSA 3-year Plan Demographic Data



Source: DataUSA.

Governance

The County of Kern is one of 58 counties established by the State of California statute. A county is the largest political division of the state which has corporate powers. Counties, like Kern, which adhere to state laws regarding the number and duties of other elected officials and officers, are called general law counties. State law requires every county to be governed by a five-member Board of Supervisors. Counties are authorized to make and enforce any number of local ordinances if they do not conflict with general laws. The Board of Supervisors must follow the procedural requirements in state statutes, or its actions will not be valid.

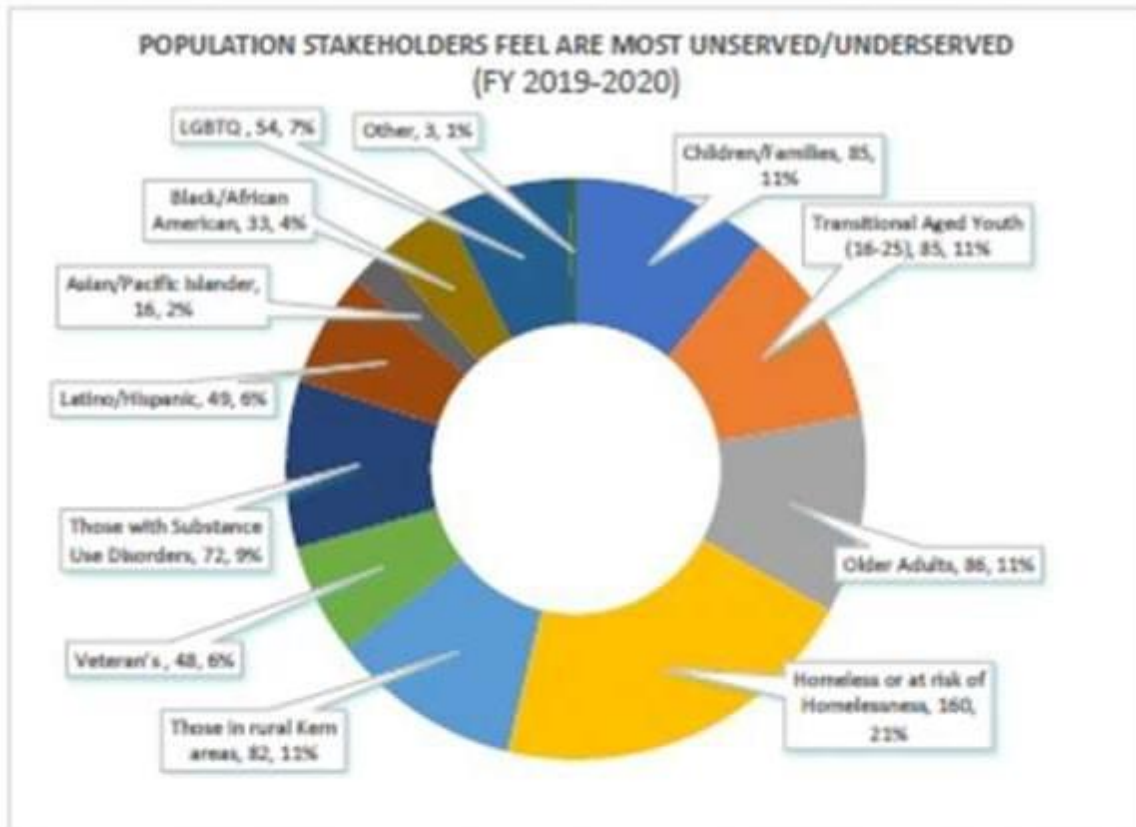
The powers of a county can only be exercised by the Board of Supervisors or through officers acting under and on behalf of the board or by the authority which is specifically conferred by law. Kern County's Board of Supervisors oversees 36 departments, which employ approximately 7,680 full-time employees. The Board of Supervisors sets service and program priorities, establishes County policies, oversees most County departments, annually approves all department budgets, controls all County property, and appropriates and spends money on programs and services to meet the needs of its residents.

Attachment L

MHSA FY 19-20 Stakeholder Data Report

FY 2019-2020 MHSA STAKEHOLDER DATA REPORT

STAKEHOLDER IDENTIFIED MENTAL HEALTH SERVICE NEEDS



Types of Services or Programs that would be appropriate to serve the above populations

(FY 2019-2020)



Attachment L cont.

MHSA FY 19-20 Stakeholder Data Report

FY 2019-2020 Stakeholder Data Report (July 1, 2019 – June 30, 2020)					
Age Groups:			Sexual Orientation:		
0-15	1	0%	Straight/Heterosexual	248	82%
16-25	18	6%	Gay or Lesbian	19	6%
26-39	230	77%	Bisexual	9	3%
60 or Older	45	15%	Questioning	1	0%
Declined	5	2%	Queer	6	2%
Gender assigned at birth:			Another sexual orientation	0	0.0%
Male	77	26%	Declined	18	6%
Female	217	73%	Race:		
Declined	5	2%	Asian	2	1%
Gender Currently Identified with:			Native Hawaiian/Pacific Islander	0	0.0%
Male	76	25%	Black/African American	18	6%
Female	211	70%	Latino/Hispanic	111	35%
Transgender/other	2	1%	Tribal/Native American	8	3%
Genderqueer	3	1%	White/Caucasian	147	47%
Questioning or Unsure	0	0%	Two or More Races	18	6%
Other Gender Identity	0	0%	Declined	11	3%
Declined	9	3%			
Disability:			Ethnicity:		
Vision	23	7%	African	12	4%
Hearing, or difficulty understanding speech	14	4%	Asian Indian/South Asian	3	1%
Mental/Cognitive (excludes behavioral)	13	4%	Cambodian	0	0%
Mobility/Physical	9	3%	Chinese	1	0%
Chronic Medical illness (not limited to pain)	19	6%	Eastern European	7	2%
None	209	66%	Korean	0	0%
Declined	32	10%	Middle Eastern	5	2%
Veteran Status:			Vietnamese	0	0.0%
Yes, I am a veteran	17	6%	European	54	17%
No, I am not a veteran	262	89%	Filipino	3	1%
Declined	16	5%	Japanese	1	0%
Primary Language:			Caribbean	0	0.0%
English	240	76%	Central American	12	4%
Spanish	18	6%	Mexican/Mexican American/Chicano	87	27%
Both English and Spanish	45	14%	Puerto Rican	1	0%
Other	7	2%	South American	4	1%
Declined	5	2%	Two or more ethnicities	23	7%
			Other	24	7%
			Declined	80	25%

Attachment M

Cultural Competence at KernBHRS



Cultural Competence at KernBHRS

In-person trainings
January- March, 2020



All KernBHRS staff are required to complete an annual 6 hours of cultural competence training per the Cultural Competence Plan which may be completed In-Person or Online through Relias.

For enrollment questions, contact Training Services at 868-7832 or BHRSTraining@KernBHRS.org



January

1/21-22: MN Engagement Workshop
12 of 16 hours, CEUs available. Foundational engagement concepts presented by speakers from the Center for Practice Transformation. Selected attendees enrolled by Brenda De Monge

****Additional Cultural Competence courses updated regularly on Relias**

February

2/4: Multi-Cultural and Diversity Training
3.5 hours, Part of Core Academy New Hire training

2/20: Neurobiology of Trauma
5.5 hours, CEUs available. Explores the lasting effects of trauma on the brain and decision-making. A program of SCRP

2/25-26: MN Engagement Consultation 1
1 of 16 hours, CEUs available. Discussion of topics learned in Canvas modules. Selected attendees must chose 1 of 4 sessions

March

3/3: Multi-Cultural and Diversity Training
3.5 hours, Part of Core Academy New Hire training

3/13: Bridges out of Poverty
4.5 hours, CEUs available. Provides staff and community members key lessons in dealing with individuals from poverty. A program of SCRP

3/16-18: SCRP Person-Centered Engagement Strategies Conference
7 hours, Selected attendees complete registration through Training Services. A program of SCRP

3/24-25: MN Engagement Consultation 2
1 of 16 hours, CEUs available. Discussion of topics learned in Canvas modules. Selected attendees must chose 1 of 3 sessions

To view the Cultural Competence Plan, visit <https://www.kernbhers.org/cultural-competence>

For information regarding the Cultural Competence Resource Committee (CCRC), contact Dr. Joy Quiton-Buaya, Cultural Competence/ Ethnic Services Manager at 661-868-7852 or jquiton@kernbhers.org

Attachment N

Kern county Needs Assessment Summary and Grid



Kern Behavioral Health & Recovery Services Cultural Competency Needs Assessment Report



AUTHORS:

Crystal L. Venegas, B.A., Isabel López, M.A., E. Lorena Navarro, Ph.D.,
Jennifer Sotomayor, B.A., Patricia Orozco, & Jonathan I. Martinez, Ph.D.

P.U.E.N.T.E. Lab

Promoting the Use of Evidence-based practices:
Narrowing the Treatment Engagement gap

18111 Nordhoff Street
California State University, Northridge (CSUN)
Northridge, CA 91330-8255
(818) 677-4265

<http://www.csun.edu/social-behavioral-sciences/psychology>

Attachment O

Formal Assessment Summary and Grid

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES

Bill Walker, LMFT, Director



KernBHRS FORMAL CULTURAL COMPETENCE ASSESSMENT SUMMARY OVERVIEW

Methodology: Survey & Focus Group

Quantitative: Survey

1. Survey to KernBHRS Staff & Contract Partners- June 21, 2019 thru July 12, 2019:

- 1731 participants total including staff, extra help, volunteers, and partner agencies.
- 810 responses Or 46.79%.
- 629 elected to complete the survey or 77.65%.

•Demographics included: Executives and Administrators, Case Managers, Psychologists, Nurses, Substance and Behavioral Health Counselors, Support Staff, Specialists.

2. Survey Content:

- Demographic background questions about agency staff.
- Questions from established cultural competency measures.
- Assessed different cultural competence domains.
- Assessed staff perceptions about proficiency in each domain.
- Scores for each domain were categorized as:
 - Area of strength
 - Area of typical range
 - Area of growth opportunity

Qualitative: Focus Group

1. 90-Minute Focus Group- July 12, 2019:

- 8 Eight Participants: KernBHRS staff & Community members.
- Demographics included: Supervisor, Staff, Clinicians, Recovery Specialists, Cultural Competence Committee members.

2. Focus Group Content:

- Purpose: 1. Utilizing information to plan future initiatives, 2. Identify resource to support culturally competent care at KernBHRS.
- Areas of Strength related to Cultural Competence within the organization.

Attachment P

BHRS Press Release May is Mental Health Awareness Month

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES

Bill Walker, LMFT, Director



MEDIA ALERT

April 29, 2020

Contact:

Mitchell Patel Public Information Officer
Kern Behavioral Health & Recovery Services
Cell: 661-203-6395
Email: mpatel@KernBHRS.org

FOR IMMEDIATE RELEASE:

KernBHRS to host digital events to raise mental health awareness Mental Health Awareness Month begins May 1

Chances are, you've been touched in some way by mental illness. It could be you or someone close to you who's suffering. May signals the start of Mental Health Awareness Month, and Kern Behavioral Health and Recovery Services (KernBHRS) is celebrating its 21st year with several events and activities. With social distancing standards in place, all events will have a social media and/or digital component.

May is a chance for our community to come together, spread awareness for mental health issues and end the stigma associated with them. The current COVID-19 outbreak and stay home order has only amplified the important need to talk openly about mental health issues and needs.

Here are a list of the events and activities planned:

- **May 1** – Help us kick off Mental Health Awareness Month as we light the Kern County Administrative Building GREEN! Tune into the KernBHRS social media channels at dusk to watch the event live.
- **May 4** – We want to see your creative side. Take crayons, paint or colored pencils to one of these coloring sheets and hang your artwork in a window in your home on May 8. See how many you can spot in your neighborhood.
- **May 8-10** – If you've been waiting for an epic scavenger hunt (social distancing style, of course), KernBHRS has you covered. Local art group Creative Crossings will transform parts of Oleander into chalk masterpieces. Load the family in the car to see how many pieces you can find.
- **May 15** – Enjoy a Movie Night at home celebrating Mental Health Awareness Month! Grab popcorn and other favorite snacks and join our Facebook Watch Party at 7 p.m. for a viewing of The Soloist. Follow our social media channels for a list of family-friendly movies that explore mental health.
- **May 22** – Everyone faces challenges in life that can impact their mental health. KernBHRS will bring together local mental health experts for our on digital "How Do You Thrive" panel at 3 p.m. Gain insights into mental health, how to identify stressors, and how to find the best outlets for you to manage symptoms.
- **May 25-29** – We're ending May with a bang with Spirit Week! Send your photos to info@kernbhers.org and we'll feature some on KernBHRS social media channels.
 - May 25** – Mental Health Superhero! Sport superhero gear
 - May 26** – Rockin' out in May! Dress as your favorite musician
 - May 27** – We're in this together! Pick someone and be twins for the day
 - May 28** – Get crazy for May! Wear crazy hair and/or socks!
 - May 29** – Get loud with Green! Wear green to show support for Mental Health Awareness Month.

To schedule an interview or for more information, contact KernBHRS Public Information Officer, Mitchell Patel at 661-203-6395 or email at mpatel@kernbhers.org or visit <https://www.kernbhers.org/mentalhealthmonth>.



PO Box 1000 Bakersfield, California 93302 P: 661.868.6600 F: 661.861.1020

Attachment Q

Stakeholder Meetings FY 19-20

Upcoming Stakeholder Meetings



BEHAVIORAL
HEALTH & RECOVERY
SERVICES

Mental Health
Services Act
Programs
Administration

Date	Location	City	Address	Time	Participants
July 26, 2019 (Wednesday)	College Community Services	Sakachup	112 East "P" St.	1:00 PM	Public
July 26, 2019 (Thursday)	Westender Training Room	Bakersfield	Invite Only-Please contact Nore Escobar at 661-668-6719 or NEscobar@mhhsbhs.org	2:30 PM	San Bernardino
July 31, 2019 (Wednesday)	Clivica Sierra Vista	Bakersfield	1400 S Union Ave, Suite 100	5:30 PM	Public
Aug. 8, 2019 (Saturday)	Westender Training Room	Bakersfield	2001 28th St.	12:00 PM	Public
Aug. 9, 2019 (Monday)	Delano Neighborhood Partnership at the Community Connections Center	Delano	1842 Newark St.	11:00 AM	Public
Aug. 14, 2019 (Wednesday)	Westender Training Room	Bakersfield	Invite Only-Please contact Nore Escobar at 661-668-6719 or NEscobar@mhhsbhs.org	2:00 PM	Law Enforcement
Aug. 16, 2019 (Friday)	Kern River Valley Branch Library	Lake Isabella	7014 Lake Isabella Blvd	1:00 PM	Public
Aug. 27, 2019 (Tuesday)	Rosemead Branch Library	Rosemead	3611 Rosemead Blvd	1:00 PM	Public
Sept. 10, 2019 (Tuesday)	College Community Services (CCS) HOPE Center	Ridgecrest	1400 N. Norma St.	5:30 PM	Public
Sept. 12, 2019 (Thursday)	Mesa Collaborative Sunset Vista Community Center	Mesa	1952 Palm Ave	9:00 AM	Public
Sept. 17, 2019 (Tuesday)	Clivica Sierra Vista - Adult Mental Health	Lemoore	8787 Hall Road	1:00 PM	Public
Sept. 19, 2019 (Thursday)	Bakersfield College	Bakersfield	1801 Panosoma Dr	1:00 PM	Public
Sept. 24, 2019 (Tuesday)	The Center for Sexuality & Gender Diversity	Bakersfield	902 18th St.	5:00 PM	LGBTQ+
Oct. 12, 2019 (Saturday)	Fraser Park Branch Library	Arstar	2732 Park Dr	12:00 PM	Public
Oct. 15, 2019 (Tuesday)	Kern City Civic Association	Kern City	5000 Pablar Beach Dr	1:00 PM	Public
Oct. 16, 2019 (Wednesday)	KendallHS Stakeholder Site	Bakersfield	5121 Stockdale Hwy	1:00 PM	High school of care and understanding
Oct. 17, 2019 (Thursday)	College Community Services	Lake Isabella	2721 Nugget Ave	1:00 PM	Public
Oct. 18, 2019 (Friday)	College Community Services (CCS) The Learning Center	Sakachup	112 East "P" St.	1:00 PM	Public
Oct. 22, 2019 (Tuesday)	Westender Training Room	Bakersfield	Invite Only-Please contact Nore Escobar at 661-668-6719 or NEscobar@mhhsbhs.org	1:00 PM	Please Contacted in Future Site of MHSA Public
Oct. 24, 2019 (Thursday)	Ridgecrest Branch Library	Ridgecrest	121 E. San Flores Ave	1:30 PM	Public
Nov. 8, 2019 (Friday)	Westender Training Room	Bakersfield	Invite Only-Please contact Nore Escobar at 661-668-6719 or NEscobar@mhhsbhs.org	1:00 PM	Residency Special Projects
Nov. 14, 2019 (Thursday)	Activity Room at the West Side Recreation and Park District	Tul	500 Cascade Pl	2:00 PM	Public
Nov. 19, 2019 (Tuesday)	Commonwealth East Training Room	Bakersfield	Invite Only-Please contact Nore Escobar at 661-668-6719 or NEscobar@mhhsbhs.org	1:00 PM	Youth and TRF
Nov. 21, 2019 (Thursday)	KendallHS Site	Bakersfield	5400 S. Bella Terra	1:00 PM	Public
Dec. 6, 2019 (Thursday)	Rothburn Library	Bakersfield	200 W. China Grade Loop	1:00 PM	Public
Dec. 11, 2019 (Wednesday)	Mesa Branch Library	Mesa	1102 7th St.	1:00 PM	Public

Stakeholders...
we need your
INPUT!

In accordance with the Americans with Disabilities Act (ADA), if you need assistance, including disability-related modifications or accommodations, or if you need language translation, please contact Nore Escobar at (661)668-6719 or email NEscobar@mhhsbhs.org

Attachment R

MHSA Program Lists

Community Services and Supports

Community Services and Supports (CSS) is the largest component of the Mental Health Services Act (MHSA). The CSS component is focused on community collaboration, cultural competence and client and family driven services and systems. CSS maintains a wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component.

CSS Programs:

Full Service Partnership (FSP)

- Adult Wraparound
- Adult Transition Team (ATT) and Homeless Adult Team (HAT)
- Assertive Community Treatment (ACT)
- Transitional Age Youth (TAY)
- Wellness, Independence, and Senior Enrichment (WISE)
- Youth Multi-Agency Integrated Services Team (Youth MIST)
- Youth Wraparound

System Development (SD)

- Access and Assessment and Crisis Walk-in Clinic (CWIC)
- Adult Wraparound Core
- Consumer Family Learning Center
- Dialectical Behavior Therapy (DBT)
- Home to Stay
- Recovery and Wellness Center (RAWC)
- Self-Empowerment Team (SET)

Outreach and Engagement

- Currently, we do not have an O&E Program.

Housing Program

- Currently, we do not have a Housing Program.

Attachment R cont.

MHSA Program Lists

Prevention and Early Intervention

The goal of the Prevention and Early Intervention (PEI) component of the MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs.

In October 2015, regulations pertaining to PEI programs were revised. These revisions included adding a series of components and strategies within the program structure. Originally, either prevention, early intervention, or a combined program may continue as such, but additional components are required to suit specific PEI needs, including: Access and Linkage to Treatment, Outreach for Increasing Recognition for Early Signs of Mental Illness, Stigma and Discrimination Reduction, and an optional Suicide Prevention program.

KernBHRS has practiced demographic reporting throughout PEI programs. This is done via surveys and through outreach opportunities including the Community Stakeholder Planning Process and other Stakeholder meetings.

KernBHRS has historically provided many of these services within the Community Services and Supports System Development component. The Access to Care – Access and Assessment Team is the front door to mental health care, providing access and linkage for mental health services both within the System of Care and community providers. The Crisis Hotline and Outreach & Education programs provide Stigma and Discrimination Reduction and Outreach for Increasing Recognition of Early Signs of Mental Illness services. The Crisis Hotline, a suicide prevention program also received its five-year re-accreditation through the American Association of Suicidology and is part of the National Suicide Prevention Lifeline.

During 2015/2016, the Crisis Hotline also implemented the Suicide Outreach Team, which works with the Kern County Coroner to identify and provide support for families who have lost a loved one to suicide.

PEI programs within the KernBHRS System of Care and its providers have been developed to serve all age groups: Children, TAY, Adults, and Older Adults.

PEI Programs

- Access to Care – Crisis Hotline
- Foster Care Engagement
- Homeless Outreach Team
- Living Well
- Outreach and Education
- Prepare U
- Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH)
- TAY Career Development
- Volunteer Senior Outreach Program (VSOP)
- Youth Brief Treatment (YBT)

Attachment R cont.

MHSA Program Lists

AB114 Programs: Sustainability Plan

AB114 Program	PEI	SD	Not Continuing
Art Risk Reduction Program "ARRP"	X		
Biblical Counseling			X
Court Appointed Special Advocates "CASA"	X		
Early Psychosis Outreach & Intervention: LaCLAVE	X		
Family Connections DBT	X		
Freedom, Recovery and Empowerment with Dogs "FRED"			
Help Me Grow	X		
Kern Youth Resilience and Support	X		
Packed for Recovery		X	
Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health "REACH" Expansion	X		
Suicide Prevention Outreach and Education	X		
TAY Dual Recovery	X		
TAY Self Sufficiency	X		
Transitions Curriculum			X
Yoga	X		
Zero Suicide	X		

Attachment R cont.

MHSA Program Lists

Innovation

The Mental Health Services Oversight and Accountability Commission (MHSOAC) controls funding approval for the Innovation (INN) component of the MHSA. The goal of INN is to increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed INN plan.

INN Programs:

- **Help@Hand**- formerly the Tech Suite Program
 - ✓ MHSOAC Approval Date: 10/26/2017
 - ✓ Length of Program: Originally 3 years, but extended 2 more years, for a total of 5 years.
- **Special Needs Registry Project – Smart911**
 - ✓ MHSOAC Approval Date: 4/27/2017
 - ✓ Length of Program: 5 years.
- **The Healing Project**
 - ✓ MHSOAC Approval Date: 2/22/2018
 - ✓ Length of Program: 5 years.

Important Changes:

- Tech Suite Program has changed its name to Help@Hand in Fall of 2019 and has been extended an additional two years.
- Smart911 has onboarded Kern County Fire Department as one of the Public Service Answering Point's (PSAP's) and has partnered with Office Emergency Services (OES), Community Based Organizations (CBOs), Aging and Adult Services, and Kern County Public Health to increase awareness in the community. Smart911 has also transitioned from kiosks to handheld devices in all locations.
- Healing Project has trained and onboarded peers and is expected to open in April 2020.

Workforce Education and Training

The goal of the Workforce Education and Training (WET) component is to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes.

KernBHRS' workforce is able to work collaboratively to deliver client-and family-driven services and provide outreach to unserved and underserved populations. They also provide services that are linguistically and culturally competent, relevant, and include viewpoints and expertise of clients and families/caregivers.

WET Programs:

- Clinical Internship
- Psychology Internship
- Relias Learning
- Training Enhancement
- Engagement & Recovery Oriented Training

Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CFTN) component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.

CFTN Programs:

- The Healing Project

Attachment S

Department Supports Translated Documents List FY 19-20

KBHRS Item Number	Translated Document Title	Staff Requested Date	Source Language	Target Language
2019-13	C-SSRS-SCREENER.01	7/30/2019	English	Spanish
2019-14	PATHH Enrollment Letter.01	7/30/2019	English	Spanish
2019-15	PATHH Exit Letter.01	7/30/2019	English	Spanish
2019-16	SAFETY PLAN.01	7/30/2019	English	Spanish
2019-17	Updated Bilingual Stakeholder Meeting Flyers (31 Documents)	7/1/2019	English	Spanish
2019-18	FY 19-20 Stakeholder Calendar	7/1/2019	English	Spanish
2019-19	KernBHRS Information & Consent to Medicate Form	9/6/2019	English	Spanish
2019-20	Laura's Law Handout	9/1/2019	English	Spanish
2019-21	2018-2019 MHSA Annual Plan	9/11/2019	English	Spanish
2019-22	What to DO in a Crisis Flyer	7/1/2019	English	Spanish
2019-23	Resources for Ridgecrest Flyer	7/11/2019	English	Spanish
2019-24	Translated Words for Provider Directory	7/16/2019	English	Spanish
2019-25	Transition of Care Lobby Poster	7/16/2019	English	Spanish
2019-26	STRT Card	9/1/2019	English	Spanish
2019-27	CWIC Cards	9/1/2019	English	Spanish
2020-28	Smart911 Fold Card EMS Final	2/28/2020	English	Punjabi
2020-29	Smart911 Fold Card EMS Final	2/28/2020	English	Tagalog
2020-30	Smart911 Brochure	2/28/2020	English	Punjabi
2020-31	Smart911 Brochure	2/28/2020	English	Tagalog
2020-32	Smart911 Brochure - Text Only	2/28/2020	English	Punjabi
2020-33	Smart911 Brochure - Text Only	2/28/2020	English	Tagalog
2020-34	Smart911 Card - Text Only	2/28/2020	English	Punjabi
2020-35	Smart911 Card - Text Only	2/28/2020	English	Tagalog
2020-36	C-SSRS Forms	3/30/2020	English	Spanish
2020-37	COVID 19 Screening Checklist	4/16/2020	English	Spanish

Attachment T

MHSA Translated Documents List FY 19-20

FY 19-20 Document Translations					
	Name of Document	Existing Document Language	Translated Document Language	Date Received	Date Completed
T4	Stakeholder Meeting Flyer 7-17-19	English	Spanish	7/11/2019	7/16/2019
T5	Stakeholder Meeting Flyer 7-18-19	English	Spanish	7/15/2019	7/16/2019
T6	Stakeholder Meeting Flyer 7-24-19	English	Spanish	7/16/2019	7/16/2019
T7	Stakeholder Meeting Flyer 7-25-19	English	Spanish	7/16/2019	7/16/2019
T8	Stakeholder Meeting Flyer 7-31-19	English	Spanish	7/16/2019	7/16/2019
T9	Stakeholder Meeting Flyer 8-3-19	English	Spanish	7/16/2019	7/16/2019
T10	Stakeholder Meeting Flyer 8-5-19	English	Spanish	7/16/2019	7/16/2019
T11	Stakeholder Meeting Flyer 8-14-19	English	Spanish	7/16/2019	7/16/2019
T12	Stakeholder Meeting Flyer 8-16-19	English	Spanish	7/16/2019	7/16/2019
T13	Stakeholder Meeting Flyer 8-27-19	English	Spanish	7/16/2019	7/16/2019
T14	Stakeholder Meeting Flyer 09-10-19	English	Spanish	7/16/2019	7/16/2019
T15	Stakeholder Meeting Flyer 9-12-19	English	Spanish	7/16/2019	7/16/2019
T16	Stakeholder Meeting Flyer 9-17-19	English	Spanish	7/16/2019	7/16/2019
T17	Stakeholder Meeting Flyer 9-19-19	English	Spanish	7/16/2019	7/16/2019
T18	Stakeholder Meeting Flyer 9-24-19	English	Spanish	7/16/2019	7/16/2019
T19	Stakeholder Meeting Flyer 10-12-19	English	Spanish	7/16/2019	7/16/2019
T20	Stakeholder Meeting Flyer 10-15-19	English	Spanish	7/16/2019	7/16/2019
T21	Stakeholder Meeting Flyer 10-16-19	English	Spanish	7/16/2019	7/16/2019
T22	Stakeholder Meeting Flyer 10-17-19	English	Spanish	7/16/2019	7/16/2019
T23	Stakeholder Meeting Flyer 10-18-19	English	Spanish	7/16/2019	7/16/2019
T24	Stakeholder Meeting Flyer 10-22-19	English	Spanish	7/16/2019	7/16/2019
T25	Stakeholder Meeting Flyer 10-24-19	English	Spanish	7/16/2019	7/16/2019
T26	Stakeholder Meeting Flyer 11-8-19	English	Spanish	7/16/2019	7/16/2019
T27	Stakeholder Meeting Flyer 11-14-19	English	Spanish	7/16/2019	7/16/2019
T28	Stakeholder Meeting Flyer 11-19-19	English	Spanish	7/16/2019	7/16/2019
T29	Stakeholder Meeting Flyer 11-21-19	English	Spanish	7/16/2019	7/16/2019

Attachment T cont.

MHSA Translated Documents List FY 19-20

FY 19-20 Document Translations					
	Name of Document	Existing Document Language	Translated Document Language	Date Received	Date Completed
T30	Stakeholder Meeting Flyer 12-5-19	English	Spanish	7/16/2019	7/16/2019
T31	Stakeholder Meeting Flyer 12-11-19	English	Spanish	7/16/2019	7/16/2019
T32	Stakeholder Meeting Flyer 9-5-19	English	Spanish	8/19/2019	8/19/2019
T33	2019 Stakeholder Calendar	English	Spanish	7/30/2019	7/30/2019
T34	MHSA Educational Infographic	English	Spanish	7/24/2019	7/25/2019
T35	Stakeholder Feedback Form	English	Spanish	7/25/2019	7/25/2019
T36	Yoga Schedule 2019 MediYoga	English	Spanish	8/15/2019	8/16/2019
T37	The Center for Sexuality & Gender Diversity - Advocacy Brochure	English	Spanish	7/30/2019	7/30/2019
T38	The Center for Sexuality & Gender Diversity - FAQ Brochure	English	Spanish	7/30/2019	7/30/2019
T39	The Peer Guide to Behavioral Health Apps	English	Spanish	7/24/2019	7/24/2019
T40	MHSA Stakeholder Agenda (7-31-19)	English	Spanish	7/29/2019	7/29/2019
T41	MHSA Stakeholder Presentation (7-31-19)	English	Spanish	7/28/2019	7/29/2019
T42	Stakeholder Feedback Survey 7.31.19 Spanish	English	Spanish	7/28/2019	7/28/2019
T43	Crisis card revision	Spanish	Spanish	7/29/2019	7/29/2019
T44	PTSD Flyer information	English	Spanish	7/29/2019	7/29/2019
T45	Yoga Schedule 2019 White Wolf Wellness	English	Spanish	8/21/2019	8/26/2019
T46	Suicide Prevention Awareness Month flyer	English	Spanish	9/4/2019	9/4/2019
T47	AOT-Laura's Law Option SPANISH	English	Spanish	9/4/2019	9/4/2019
T48	4120 Lynn Corse Business Card BILINGUAL	English	Spanish	9/9/2019	9/10/2019
T49	MHSA Stakeholder Sign in Sheet BILINGUAL	English	Bilingual (English/Spanish)	9/16/2019	9/16/2019
T50	STRT Card into Spanish	English	Spanish	9/19/2019	9/20/2019
T51	CWiC cards into Spanish	English	Spanish	9/25/2019	9/27/2019
T52	The Peer Guide to Behavioral Health Apps (10-2019)	English	Spanish	10/15/2019	10/15/2019
T53	CFLC Calendar for November 2019	English	Spanish	10/30/2019	10/30/2019
T54	Smart911 card	Spanish	Spanish	11/1/2019	11/5/2019
T55	Children's Services Postcards	English	Spanish	12/2/2019	12/3/2019

Attachment T cont.

MHSA Translated Documents List FY 19-20

FY 19-20 Document Translations					
	Name of Document	Existing Document Language	Translated Document Language	Date Received	Date Completed
T56	SMART911 brochure	English	Spanish	12/17/2019	12/20/2019
T57	APP Suggestions Guide Version 2020 SPANISH	English	Spanish	12/19/2019	12/20/2019
T58	ACT Flyer Spanish	English	Spanish	1/7/2020	1/8/2020
T59	Q2 - CUMM Stakeholder Data Report (SPANISH)	English	Spanish	1/14/2020	1/15/2020
T60	Crisis Hotline Flyer (Ayudar a Aquellos en Crisis)	English	Spanish	1/30/2020	1/31/2020
T61	Volunteer Recruitment (Conviértete en Voluntario)	English	Spanish	1/30/2020	1/31/2020
T62	Smart 911 card	English	Spanish	2/27/2020	2/27/2020
T63	Patient's Right Card	English	Spanish	2/27/2020	2/28/2020
T64	Healing from Trauma	English	Spanish	3/5/2020	3/6/2020
T65	Smart911 login card	English	Spanish	3/5/2020	3/6/2020

Attachment U

Language Line Translated Documents

Name	Document Title(s)
Vsop & Wise	VSOP.pdf WISE FINAL.pdf
MIST and ATT	Adolescent Treatment Team.pdf MIST.pdf
KBHRS Needs Assessment Survey	Scanned PDF of 2019 KBHRS Needs Assessment Survey.pdf
AOT-Laura's Law	AOT-Laura's Law Final.1pdf
Family Involvement	FIT Scale Revision.doc REORDER Family involvement Decisional Balance REORDER Values Clarification Exercise.doc
Plan, Letters, and Screener	C-SSRS-SCREENER.01.docx PATHH Enrollment Letter.01.docx PATHH Exit Letter.01.docx SAFETY PLAN.01.docx
SUD Prevention & Care Lobby Poster	SUD Prevention.pdf Transition of Care Lobby Poster-English.docx
Action & Grievance	2201-12_Action12_PROOF1.pdf 2201-18_Action18_PROOF1.pdf 2202-12_Grievance12_PROOF1.pdf 2202-18_Grievance18_PROOF1.pdf
New Crisis Cards	1-Sheet Access & Assessment Center EngSpan-pan.docx 1-Sheet Access & Assessment Center EngSpan-pan.pdf New Crisis Cards for PDC FINAL 1-pan.docx New Crisis Cards for PDC FINAL 1-pan.pdf New Gateway Cards for PDC - FINAL with Bleed 3-13-19-pan.docx New Gateway Cards for PDC - FINAL with Bleed 3-13-19-pan.pdf
Smart Brochures	Smart 911 Fold CardCard EMS FINAL.pdf Smart911 Brochure.pdf Smart911 Card.docx Smart911 Brochure.docx

Attachment V

Beneficiary Lobby Review Checklist

Annual Beneficiary Protection Materials/Documentation Review (KernBHRS/Contract Providers)

Date of Review: _____

Team/Provider: _____

POSTINGS/HANDOUTS

1. The facility has the required “*Kern County Mental Health Informing Materials are Available in Alternative Formats*” **POSTERS** in both English and Spanish versions located in prominent locations in the waiting/common areas.
 - a. Both versions are present
 - b. English version present
 - c. Spanish version present
 - d. N/A
2. The facility has the required “*Change of Provider / Second Opinion*” **POSTERS** in both English and Spanish versions located in prominent locations in the waiting/common areas.
 - a. Both versions are present
 - b. English version present
 - c. Spanish version present
 - d. N/A
3. The facility has the required “*Grievance and Appeal process*” **POSTERS** in both English and Spanish versions located in prominent locations in the waiting/common areas.
 - a. Both versions are present
 - b. English version present
 - c. Spanish version present
 - d. N/A
4. The facility has the required “*Language Assistance*” **POSTER** located in prominent locations in the waiting/common areas.
 - a. Present
 - b. Not Present
5. The facility displays both the English and Spanish versions of the **POSTERS, Mental Health Patients’ Rights**, in prominent locations in the waiting/common areas.
 - a. Both versions are present
 - b. English version present
 - c. Spanish version present
 - d. N/A
6. The facility displays both the English and Spanish versions of the *Notice of Privacy Practices* **POSTERS** in prominent locations in the waiting/common areas.

Attachment W

QID, SUD & MH Provider Meeting

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES

Bill Walker, LMFT, Director



Kern Behavioral Health & Recovery Services (KernBHRS)

QQID SUD & MH Provider Meeting-Cultural Competence

January 31, 2020

I. KernBHRS Cultural Competence Annual Plan & CLAS Standards

- KernBHRS Cultural Competence Annual Plan (96 pages) access
<https://www.kernbhhs.org/cultural-competence>
- CLAS National Standards- Brief Description (Attached):
<https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>
- CLAS National Standard Document, Final Report (139 pages):
<https://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>

II. Cultural Competence Plan Training in Relias

- Annual Training Assignment
 - ✓ History of Cultural Competence Plan Requirements
 - ✓ DMH Information Notices- (California Code of Regulations, Title 9, Section 1810.410. The CCPR are detailed in DMH Informational Notice 10-02, issued 1/25/02 and revised in 2010)
 - ✓ Cultural Competence Resource Committee
 - ✓ Stakeholder Participation towards working toward achieving cultural and linguistic competence
 - ✓ Incorporate CLAS Standards to move county behavioral health systems toward the reduction of mental health service disparities identified in racial, ethnic, cultural, linguistic, and other unserved/underserved populations

Contact:

Dr. Joy Qulton-Buaya, KernBHRS Cultural Competence/Ethnic Service Manager.

Email: jqulton@kernbhhs.org

Veronica Munoz, KernBHRS Ethnic Services Coordinator.

Email: VMunoz@kernbhhs.org



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Attachment X

QIC Meeting Calendar

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES

Bill Walker, LMFT, Director



QIC Meeting Calendar 2020

January 21st

February 18th

March 17th

April 21st

May 19th

June 16th

July 21st

August 18th

September 15th

October 20th

November 17th

December 22nd

Attachment Y

MHSA Outreach and Education event log

70 Events with over 13,650 in attendance

Date	Event	Attendee Profile	# Attendees
8/8/2019	Child Support	Community, Families	800+
8/9/2019	Back to School Summer Carnival Child Guidance	Community, Families	200+
8/9/2019	Free Movie in the Park - Supervisor Couch	Community, Families	50 +
8/16/2019	Free Movie in the Park - Supervisor Couch	Community, Families	150 +
8/24/2019	1st Annual Soul Food Festival	African American	200 +
8/29/2019	Back to School Night	School/Families	50+
9/6/2019	Free Movie in the Park - Supervisor Scrivner	Community, Families	40
9/7/2019	SALT Walk	Community, Families	235 touched 1000+attendance
9/11/2019	CSUB Volunteer Fair	Students	Public-Unknown
9/12/2019	CLC 34th Street Back to School Night	Parents and adolescents	50
9/14/2019	Annual Community OR Event	Community, Families	50
9/14/2019	Celebrating Recovery	Community, Families	450+
9/25/2019	CIT Homeless OR Event	Homeless	23
9/26/2019	Wasco State Prison Employee Awareness Fair	Employees	489
9/26/2019	Juvenile Hall Central Back to School Night	Students & Families	35
9/28/2019	Tehachapi Health Fair	Community, Families	200+
9/28/2019	McFarland Movie Night	Community, Families	68
10/3/2019	CLC Tech Back to School Night	Students	50
10/3/2019	DisABILITY Movement	Community, Families, Special Needs, Disabilities	100
10/3/2019	Blanton Academy Back to School Night	Family and Students	100
10/5/2019	SEBA Family Event	Family	60
10/5/2019	Independent City 2019	Youth, Volunteers	100 youth 36 volunteers
10/10/2019	21st Annual KC Veterans Stand Down	Veterans	500
10/10/2019	2nd Annual MH Awareness Week McFarland Junior HS	Junior HS Students	500
10/10/2019	Fall Career Expo	Students	100
10/12/2019	NAMI Walk	Community, Families	160
10/12/2019	Good Neighbor Festival	Community, Families	200
10/12/2019	Retro Pride 2019 Event	Community, Families	500
10/17/2019	Bridges Academy Back to School Night	Family and Students	50
10/18/2019	Binational Health Week "Health & Resource Fair"	Community, Families	500
10/18/2019	Public Health Nurse Training	Nurses, PH Staff	75
10/19/2019	Hart Park After Dark	Community, Families	2000
10/25/2019	Rosamond Movie in the Park/Resource Fair	Community, Families	Public-Unknown
10/25/2019	13th Annual Recovery Conference	Staff, Community	200

Attachment Y cont.

MHSA Outreach and Education event log

10/26/2019	4th Annual Spiritual Food Festival	Community, Families	Estimated 800
10/31/2019	BC Disability Awareness Day	Students with disabilities, parents and families	150
10/31/2019	GEO Halloween Resource Fair	Community, Families	45
11/1/2019	Men's Health Month Event	Community, Families	50
11/2/2019	Arvin Health & Resource Fair	community, Families	140
11/2/2019	Wellbeing Block Party	Community, Families	60
11/7/2019	2nd Annual Veterans Day Celebration	Veterans	100
11/10/2019	Sikh Parade	Punjabi Community	1000
11/13/2019	Farmworker Appreciation Day & Resource Fair	Farm Workers	100
11/14/2019	Lamont Weedpatch Harvest Festival	Community, Families, Hispanic	400
11/16/2019	South High Health & Resource Fair	Students, Families	57
11/16/2019	Bakersfield Sister City Garden Festival	API community, Families	Public-Unknown
11/20/2019	Public Benefits Conference	Public	45
11/20/2019	CIT Outreach Event	Homeless	7
11/21/2019	Edison School District OR Event	Students, Families	150
11/23/2019	Career Expo	Workforce	100
11/23/2019	Thanksgiving Outreach	Homeless	100+
12/17/2019	Managing your MH During the Holidays	Shafter residents, Promotoras and Community Leaders	50
1/16/2020	Peer Workshop	Peers	30
1/18/2020	Veterans Stand Down Lake Isabella	Veterans	35
1/23/2020	Be Finally Free	Addicts and families	36
1/31/2020	GET Food Distribution and Resource Fair	Community	450
2/6/2020	CSUB Volunteer Recruitment Fair	College Students	Public-Unknown
2/20/2020	Vendor Training KRC	Vendors and Peers	300
2/20/2020	Lamont -Arvin Public Safety Town Hall	Community	200
2/27/2020	F.A.C.T (Females Achieving Change Together)	Community	50
2/28/2020	A Multifaceted History of Blackness	Community	70+
2/29/2020	Town Hall Meeting - Stallion Springs	Community	150
3/5/2020	CSUB Spring Career Expo		Public-Unknown
3/10/2020	CSPSY Traineeship Fair	CSUB Students and Faculty	50-100
3/10/2020	Behavioral Health Treatment of Inarcerated Youth	Students	39
3/19/2020	Transition Fair	Disability Individuals, Teachers, Community, Family Members/Friends	Public-Unknown
3/26/2020	Neighborhood Block Party (Delano)	Community Event	200
3/27/2020	Stuff the Buss 2020 Resource Fair	Community	Public-Unknown
5/13/2020	Radio Interview for MMHM with La Campesina Radio	Radio Interview	n/a
5/13/2020	Radio interview for MMHM with Forge Radio	Radio Interview	n/a

Attachment Z

MHSA Outreach and Education Presentation Request log

Outreach Education Presentation Request Log

Presentation	Venue	Attendee Profile	# Attendees
Rural Poverty & Health Equity Summit	BC Delano Campus 1450 Timmons	Workforce	78
Social/Emotional Presentations	unknown at this time	High School Students	
Wasco Mayor's Roundtable	Wasco Women's Clubhouse 1601 7th Street	Spiritual, Medical, and Safety Leaders	26
Canned Food Drive	N/A	Staff	900
Christmas for Seniors	N/A	Staff	900
Kern County Library Staff	Beale Library	Staff	130
NAMI to HS Students	High Schools	HS Students	200
Homelessness Information	unknown at this time	Ladies	15
Celebrating MLK showing "Selma"	CFLC	consumers, public	
BINGO Night at CFLC	CFLC	consumers, public	
Soup-er Bowl Friday	CFLC	consumers, public	
Vineland Elementary School: MH Week	Vineland School 14327 S Vineland Dr	elementary students	300
Sunset Middle School: MH Week	Sunset Middle School 8301 Sunset Blvd	Middle school Students	300

Attachment AA

Site Certification List FY 19-20

Medi-Cal Site Certification FY 19-20 Annual Report Notes July 1, 2019 – June 30, 2019

New Organizational Provider Certifications: 6

- 1515 First Step
- 1516 New Start Youth Facility
- 1507 Cameron Youth Home Facilities Inc
- 1508 Cameron Youth Home Facilities Inc
- 1512 Stockdale Boys Center
- 1514 Stockdale Boys Center II

New Provider Location Site Certifications: 1

- 1518 MHS Kern Homeless Outreach

Triennial Recertifications: 4

- 15CT KernBHRS 34th Street
- 1567 KernBHRS Commonwealth
- 1585 KernBHRS Linkage Programs
- 15AK CCS Mojave

Site Relocation Recertifications:3

- 15CX CSV South Central Adult Behavioral Health Services relocation to 3117 Wilson Road
- 15AN CSV Delano
- 15AF CSV Lamont Adult

Site Recertifications for Other Reasons (structural changes due to remodel or damage, med room changes, etc): 2

- 15CU ChildNet
- 15CM Fresie Hope House
- 15BE KernBHRS Stockdale (DHCS recertification required due to addition of a suite and medication room relocation – pending due to COVID-19)

*** done under COVID-19 PHE Flexibilities (the onsite reviews will be conducted and fire clearances gathered and submitted within 180 days of the PHE being officially lifted)**

Attachment AB

Accessing Bilingual, ASL and TTY Interpreter Services

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES MANUAL OF POLICIES AND PROCEDURES

Issued by: William P. Walker, LMFT *W.P. Walker*
Director of Behavioral Health Services

Section No.: 1.5.1

Written by: Veronica Munoz, Administrative Coordinator/Language Line Coordinator

Issue Date: 2/24/00

Revision Date: 1/29/19

Page 1 of 8

ACCESSING BILINGUAL, ASL, AND TTY RELAY INTERPRETER SERVICES

POLICY: Kern Behavioral Health & Recovery Services (KernBHRS) is mandated and committed to providing access to information and services in evaluation, consultation, and outpatient therapy to all persons requesting services in mental health and substance use disorder treatments. For individuals who are Limited English Proficient (LEP) or who experience other communication barriers, including auditory and expressive disabilities, a system of interpreter resources and assistive technology is available.

Purpose: To ensure equal levels of access and services for all, at every point of contact, by ensuring that exclusions, delays, or denials are not due to the lack of bilingual service staff.

Objective:

1. To provide LEP persons, and individuals with auditory and/or expressive disabilities, with meaningful access to programs, services, and information in a timely manner.
2. To identify LEP persons, and individuals with auditory and/or expressive disabilities, who need language assistance.
3. To provide notice to LEP persons, and individuals with auditory and/or expressive disabilities, of available Bilingual/Sign TTY relay interpreter services.
4. To identify areas related to competency and training of bilingual staff, interpreters, and translators.


Scope:

- ☒ KernBHRS MH staff
☒ KernBHRS SUD staff
☐ Other: _____


Attachment AC
Queer and Trans Support Group Flyer

Queer & Trans
**Black, Indigenous,
People of Color**
Support Group

***Bring your whole self to the table &
participate in community care, uplifting
culture, discussion, and joy.***



Virtual Session
June 22nd
6-7:30pm
email: BIPOCmeetup@
thecenterbak.org
to get info on how to join!

 THE
CENTER
For Sexuality
& Gender Diversity

Attachment AD

SCRP Person Centered Engagement Strategies

 PERSON-CENTERED ENGAGEMENT STRATEGIES March 17-18, 2020		
PRECONFERENCE, Monday, March 16, 2020		
6:30 p.m.	8:45 p.m.	Movie Night - <i>El Canto del Colibri</i> & <i>Paris Is Burning</i> – Vineyard Ballroom
DAY ONE, Tuesday, March 17, 2020		
7:00 a.m.	5:00 p.m.	Registration – Conference Center
8:00 a.m.	9:00 a.m.	Breakfast – California 1&2
8:30 a.m.	9:00 a.m.	Welcome and Announcements
9:00 a.m.	10:00 a.m.	Keynote Session: Critical Race Theory and Social Work: Engaging and Addressing Vulnerable Populations - Dr. Nathaniel L. Currie, DSW, MSW, LCSW California 1&2
10:00 a.m.	10:30 a.m.	Morning Networking Break
10:30 a.m.	12:00 p.m.	Session 1 Critical Race Theory and the Care Practitioner - Dr. Nathaniel L. Currie, DSW, MSW, LCSW California 3 <div> Session 2 Trauma-Informed Services for Perinatal Substance Abuse Treatment: From Research to Clinical Practice - Linda Gertson, Ph.D. Sonoma 1&2 </div> <div> Session 3* Removing “the other:” Uncovering Connection with LGBT Consumers - David Schoelen, LCSW Dylan Colt Sonoma 3 </div>
12:00 p.m.	1:00 p.m.	Lunch – California 1&2
1:00 p.m.	2:00 p.m.	Healing the Healers: Realtime Tools for Self-Care - Deana Kahle, MS, LMFT California 1&2
2:00 p.m.	2:30 p.m.	Afternoon Networking Break
2:30 p.m.	3:30 p.m.	Keynote Session: Involving Families in the Treatment of Serious Mental Disorders - Alejandro (Alex) Kopelowicz, M.D. California 1&2
3:30 p.m.	3:45 p.m.	Break
3:45 p.m.	5:15 p.m.	Session 4* Improving Access to Mental Health Services among Hispanics with Psychosis - Alex Kopelowicz, M.D. California 1&2 <div> Session 6 Mindful Parenting: A Reflective Approach to Working with At-Risk Dyads - Linda Gertson, Ph.D., Diane Reynolds, MFT, IFECMHS Sonoma 1&2 </div>
3:45 p.m.	5:15 p.m.	Session 5* Peer Workforce Integration: Embracing Roles & Responsibilities - Shannon McCleerey-Hooper, B.A., CPS, ITE California 3 <div> Session 7 Working With Deaf or Hard of Hearing Populations* - Amy Kay, LMFT Sonoma 3 </div>
5:15 p.m.	6:00 p.m.	Break and Ride to Dinner
6:00 p.m.	8:00 p.m.	Dinner – The Farm

Attachment AD

SCRP Person Centered Engagement Strategies



DAY TWO, Wednesday, March 18, 2020

7:00 a.m.	1:00 p.m.	Registration		
8:00 a.m.	9:00 a.m.	Breakfast – California 1&2		
8:45 a.m.	9:00 a.m.	Welcome and Introduction		
9:00 a.m.	10:00 a.m.	Keynote: Marginalization and the Shaming Process in Anger Management and Domestic Violence Treatment - Ronald Potter-Efron, MSW, Ph.D. California 1&2		
10:00 a.m.	10:30 a.m.	Keynote: Basic Yoga and Clinical Applications - Tracy Brennan California 1&2		
10:30 a.m.	10:45 a.m.	AM Networking Break		
10:45 a.m.	12:15 p.m.	Session 8 Eleven Varieties of Anger with their Distinctive Treatment Approaches - Ronald Potter-Efron, MSW, Ph.D. California 3	Session 9 * Engaging LatinX LGBTQIA+ Populations and Spirituality - Richard Zaldivar Sonoma 1&2	Session 10 Human Trafficking in the Inland Empire: "Did you think I chose this life?" - Carolyn Williams, LCSW Sonoma 3
12:15 p.m.	1:00 p.m.	Lunch - California 1&2		
1:00 p.m.	2:00 p.m.	Closing Keynote Session: Safety: The Key to Person-Centered Engagement - Gabriela Grant, MA California 1&2		

*Focus will be on prevention, stigma reduction and outreach: the non-clinical aspects of behavioral health.

Attachment AE

Cultural Competence Plan Annual Training



National CLAS Standards

U.S. Dept. of Health & Human Services
Office of Minority Health

- 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.
- Governance, Leadership, and Workforce:**
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practice, and allocated resources.
 3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
 4. Evaluate and lead governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
- 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.
 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
 7. Assess the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or interpreters should be avoided.
 8. Provide easy-to-understand print and electronic materials and signage in the languages commonly used by the populations in the service area.
- Engagement, Continuous Improvement, and Accountability:**
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and pursue them throughout the organization's planning and operations.
 10. Conduct regular assessments of the organization's CLAS-related activities and measure CLAS-related resources, with measurement and continuous quality improvement activities.
 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.
 12. Conduct regular assessments of community health needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
 13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
 14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate in identifying, preventing, and resolving conflicts or complaints.
 15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



Attachment AF

SQIC Subcommittee Reports FY 19-20

SUBCOMMITTEE REPORTS FY 19-20

SUBCOMMITTEES/QIC PROJECTS	REPORT DATES
System Quality Improvement Committee (Lesleigh)	11/19, 2/18, 5/19
Key Performance Indicator Committee (Kelly)	12/17, 3/17, 6/16
Regulatory Compliance Committee (Dawn)	1/21, 4/21, 7/21
QID POC Tracking (Donna) March skipped	12/17, 3/17, 6/16
PIPs (Kelly)	1/14, 4/14, 7/21

MEETINGS	REPORT DATES
Cultural Competency Resource Committee (Joy)	11/19, 2/18, 5/19
Morbidity and Mortality Meeting (Stacy) (in workplan)	12/17, 3/17, 6/16
Length of Stay Committee (Tonya)	1/21, 4/21, 7/21
Full-Service Partnership Meeting (Kelly)	11/19, 2/18, 5/19
Medical Staff Meeting (Alissa)	12/17, 3/17, 6/16

Attachment AG

SQIC Meeting Calendar FY 19-20

System Quality Improvement Committee Meeting

CFLC Building South Tower
Multi-Purpose Room
2001 28th Street
Bakersfield, CA

2019 Schedule

All meetings are usually held on the 2nd Monday of every month from 10:00 a.m. – 11:30 a.m. If changes occur you will be contacted.

January 14, 2019
February 11, 2019
March 11, 2019
April 8, 2019
May 13, 2019
June 10, 2019
July, DARK
August 12, 2019
September 9, 2019
October 14, 2019
November 11, 2019
December, DARK
January 13, 2020
February 10, 2020
March 9, 2020
April 13, 2020
May 11, 2020
June 8, 2020
July, DARK
August 10, 2020
September 14, 2020
October 12, 2020
November 9, 2020
December, DARK

Attachment AH

QIC Reporting Schedule

SUBCOMMITTEES/QIC PROJECTS	REPORT DATES
SQIC Committee	11/19, 2/18, 5/19
KPI Committee (Formally the NAIc)	12/17, 3/17, 6/16
RC Committee	1/21, 4/21, 7/21
Lean Six Sigma Efforts	12/17, 3/17, 6/16
QID POC TRACKING	12/17, 3/17, 6/16
PIPs	1/14, 4/14, 7/14

MEETINGS	REPORT DATES
CCR Committee	11/19, 2/18, 5/19
Length of Stay Committee	12/17, 3/17, 6/16
Internal Psychiatric Strategy Meeting	1/21, 4/21, 7/21
Full-Service Partnership Meeting	11/19, 2/18, 5/19
Medical Management Meeting	12/17, 3/17, 6/16

Attachment A1

Engagement Learning Objectives

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES

Bill Walker, LMFT, Director



System Wide Engagement Training

Enhancing Engagement

What might practice look like and feel like when we shift from working on a person to working with a person? What might happen when we understand the why and how of motivating people to engage in the change process through developing recovery enhancing relationships? What *can* happen is real, lasting, personally meaningful recovery and well-being. Over the course of this intensive training, we explore and develop a working understanding of essential recovery-enhancing practices that foster engagement, inspire hope and build the foundation for supporting 'a good life' that moves people beyond symptom relief.

Overarching Learning Objectives

28 CEU

By the completion of this training, which includes the in-person workshop and Applied Learning Labs, participants will be able to:

1. Articulate the principle and practice distinctions between clinical recovery and personal recovery
2. Identify central, research informed elements of the working alliance
3. Describe essential skills and strategies for building a collaborative, recovery-promoting relationships including:
 - a. Pre-session mindfulness/centering practice
 - b. Deep, empathic listening
 - c. Inspiring and eliciting hope
4. Demonstrate a working understanding of stages of change, stages of treatment and stages of recovery
5. Apply tools and strategies to identify an individual's unique strengths, personal values and recovery vision
6. Understand the neurobiology of motivation and motivational deficits related to mental illness and substance use disorders



PO Box 1000 Bakersfield, California 93302 P: 661.868.6600 F: 661.861.1020

Attachment AI cont.

Engagement Learning Objectives

2-day In-Person Workshop

During the initial interactive workshop, participants are introduced to and practice applying empirically supported concepts essential to fostering engagement including:

1. Exploring and defining 'engagement' and 'recovery'
2. The role of practitioner centering and mindfulness to support a working alliance: three centers check-in
3. Strategies to create and maintain recovery enhancing relationships including:
 - a. OARS from Motivational Interviewing
 - b. Stage matched care linked to stages of recovery
 - c. Utilizing strengths based-person first language
 - d. Tools and processes for inspiring hope, eliciting values, strengths and goals
 - e. Importance of reframing
 - f. How and when to apply the Readiness ruler
4. Challenges to engagement including:
 - a. Meeting basic needs
 - b. Understanding motivational deficits
5. Strategies to elicit personal recovery goals and support goal striving

Attachment AJ

Recovery Knowledge Inventory Handout

RECOVERY KNOWLEDGE INVENTORY

What is your understanding of the recovery process? Please rate the following items using the scale below:

	1	2	3	4	5
	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. The concept of recovery is equally relevant to all phases of treatment.	1	2	3	4	5
2. People receiving psychiatric/substance abuse treatment are unlikely to be able to decide their own treatment and rehabilitation goals.	1	2	3	4	5
3. All professionals should encourage clients to take risks in the pursuit of recovery.	1	2	3	4	5
4. Symptom management is the first step towards recovery from mental illness/substance abuse.	1	2	3	4	5
5. Not everyone is capable of actively participating in the recovery process.	1	2	3	4	5
6. People with mental illness/substance abuse should not be burdened with the responsibilities of everyday life.	1	2	3	4	5
7. Recovery in serious mental illness/substance abuse is achieved by following a prescribed set of procedures.	1	2	3	4	5
8. The pursuit of hobbies and leisure activities is important for recovery.	1	2	3	4	5
9. It is the responsibility of professionals to protect their clients against possible failures and disappointments.	1	2	3	4	5
10. Only people who are clinically stable should be involved in making decisions about their care.	1	2	3	4	5
11. Recovery is not as relevant for those who are actively psychotic or abusing substances.	1	2	3	4	5
12. Defining who one is, apart from his/her illness/condition, is an essential component of recovery.	1	2	3	4	5
13. It is often harmful to have too high of expectations for clients.	1	2	3	4	5
14. There is little that professionals can do to help a person recover if he/she is not ready to accept his/her illness/condition or need for treatment.	1	2	3	4	5
15. Recovery is characterized by a person making gradual steps forward without major steps back.	1	2	3	4	5
16. Symptom reduction is an essential component of recovery.	1	2	3	4	5
17. Expectations and hope for recovery should be adjusted according to the severity of a person's illness/condition.	1	2	3	4	5
18. The idea of recovery is most relevant for those people who have completed, or are close to completing, active treatment.	1	2	3	4	5
19. The more a person complies with treatment, the more likely he/she is to recover.	1	2	3	4	5
20. Other people who have a serious mental illness or are recovering from substance abuse can be as instrumental to a person's recovery as mental health professionals.	1	2	3	4	5

Attachment AK

Minnesota Engagement Training Flyers



BEHAVIORAL HEALTH/RECOVERY SERVICES

SAVE The DATE

MARK YOUR CALENDAR FOR AN UPCOMING TRAINING EVENT

Minnesota (MN) System-Wide Engagement Training: Two-Day Live Training Workshop

PRESENTED BY: Minnesota (MN) Group Trainers
Date: June 27th & 28th, 2019
Time: 8:00 AM – 4:30 PM
Location: 3300 Truxtun Ave, Bakersfield, CA 93301, Commonwealth Building, East Training Room
Target Audience: Required for Direct Service staff assigned to the following KernBHRS Divisions: ASOC, CSOC, Crisis, Kern Linkage, Medical Services, & RSA.
****Participants are identified and approved by Administrators****

Training Description:

Over the course of this interactive live training, participants will explore and develop a working understanding of essential recovery-enhancing and culturally appropriate practices that foster engagement, inspire hope and build the foundation for supporting "a good life" that moves clients beyond symptom relief. Participants will be given the opportunity to engage in the feeling of working on a client vs working with a client and have knowledge of the why and how factors motivating clients to engage in the change of process through developing recovery-enhancing relationships.

Objectives:

As a result of this training, participants will:

1. Explore and define "Engagement" and "Recovery"
2. Demonstrate the role of practitioner centering and mindfulness to support a working alliance with their diverse clients
3. Identify strategies to create and maintain recovery-enhancing relationships including:
 - a. OARS from Motivational Interviewing
 - b. Stage matched care linked to stages of recovery
 - c. Utilizing strengths-based person-first language
 - d. Tools and processes for inspiring hope, eliciting cultural values, strengths and goals
 - e. Importance of reframing
 - f. How and when to apply the Readiness Ruler
4. Identify challenges to engagement including:
 - a. Meeting basic needs
 - b. Understanding motivational deficits
5. Explore strategies to elicit personal recovery goals and support goal striving

Agenda:

Same for Day 1 & Day 2			
Hour	Topic	Hour	Topic
8:00AM - 9:00AM	Topic Begin	2:00PM - 2:15PM	Topic Break
10:30AM - 10:45AM	Break	4:00PM - 4:30PM	Key take away & Home assignment
12:00PM - 12:45PM	Lunch	4:30PM	Fill out Evaluation/Sign Out
1:00PM - 2:00PM	Back from Lunch		END

This course counts for 13 of 36 total hours for MN Engagement cohort requirements. Participants must complete all live trainings.



BEHAVIORAL HEALTH/RECOVERY SERVICES

SAVE The DATE

MARK YOUR CALENDAR FOR AN UPCOMING TRAINING EVENT

Minnesota (MN) System-Wide Engagement Training: Consultation

PRESENTED BY: Minnesota (MN) Group Trainers
Date: July 29th and 30th 2019
Time: Select only one 1-hour slot from the two days (See Agenda listed below)
Location: 3300 Truxtun Ave, Bakersfield, CA 93301, Commonwealth Building, Five Room
Target Audience: Required for all Direct Service staff assigned to the following KernBHRS Divisions: ASOC, CSOC, Crisis, Kern Linkage, Medical Services, & RSA.
****Participants are identified and approved by Administrators****

Training Description:

Over the course of this intensive training, staff will get to explore and develop a working understanding of essential recovery-enhancing practices that foster engagement, inspire hope and build the foundation for supporting "a good life" that moves clients beyond symptom relief. Staff will be given the opportunity to engage in the feeling of working on a client vs working with a client. Understand the why and how factors of motivating clients to engage in the change of process through developing recovery-enhancing relationships.

Objectives:

As a result of this training, participants will:

1. Articulate the principle and practice distinctions between clinical recovery and personal recovery
2. Identify central, research-informed elements of the working alliance
3. Describe essential skills and strategies for building a collaborative, recovery-promoting relationships including:
 - a. Pre-session mindfulness/centering practice
 - b. Deep, empathetic listening
 - c. Inspiring and eliciting hope
4. Demonstrate a working understanding of stages of change, stages of treatment, and stages of recovery
5. Apply tools and strategies to identify an individual's unique strengths, personal values, and recovery vision
6. Understand the neurobiology of motivation and motivational deficits related to mental illness and substance use disorders

Agenda:

July 29 th		July 30 th	
Morning	Topic	Morning	Topic
9:00AM - 10:00AM	Consultation	9:00AM - 10:00AM	Consultation
Afternoon	Topic	Afternoon	Topic
12:00PM - 1:00PM	Consultation	2:00PM - 3:00PM	Consultation

Each consultation counts for 1 of 18 total hours for MN Engagement cohort requirements. Participants must complete all live trainings, monthly webinars and consultation meetings in order to receive a certification of completion, 18 total hours of CEUs, and 18 hours of culture competence credits.



BEHAVIORAL HEALTH/RECOVERY SERVICES

SAVE The DATE

MARK YOUR CALENDAR FOR AN UPCOMING TRAINING EVENT

Minnesota (MN) System-Wide Engagement Training: Consultation

PRESENTED BY: Minnesota (MN) Group Trainers
Date: August 26th and 27th 2019
Time: Select only one 1-hour slot from the two days (See Agenda listed below)
Location: 3300 Truxtun Ave, Bakersfield, CA 93301, Commonwealth Building, Five Room
Target Audience: Required for all Direct Service staff assigned to the following KernBHRS Divisions: ASOC, CSOC, Crisis, Kern Linkage, Medical Services, & RSA.
****Participants are identified and approved by Administrators****

Training Description:

Over the course of this intensive training, staff will get to explore and develop a working understanding of essential recovery-enhancing practices that foster engagement, inspire hope and build the foundation for supporting "a good life" that moves clients beyond symptom relief. Staff will be given the opportunity to engage in the feeling of working on a client vs working with a client. Understand the why and how factors of motivating clients to engage in the change of process through developing recovery-enhancing relationships.

Objectives:

As a result of this training, participants will:

1. Articulate the principle and practice distinctions between clinical recovery and personal recovery
2. Identify central, research-informed elements of the working alliance
3. Describe essential skills and strategies for building a collaborative, recovery-promoting relationships including:
 - a. Pre-session mindfulness/centering practice
 - b. Deep, empathetic listening
 - c. Inspiring and eliciting hope
4. Demonstrate a working understanding of stages of change, stages of treatment, and stages of recovery
5. Apply tools and strategies to identify an individual's unique strengths, personal values, and recovery vision
6. Understand the neurobiology of motivation and motivational deficits related to mental illness and substance use disorders

Agenda:

August 26 th		August 27 th	
Morning	Topic	Morning	Topic
9:00AM - 10:00AM	Consultation	9:00AM - 10:00AM	Consultation
Afternoon	Topic	Afternoon	Topic
12:00PM - 1:00PM	Consultation	2:00PM - 3:00PM	Consultation

Each consultation counts for 1 of 18 total hours for MN Engagement cohort requirements. Participants must complete all live trainings, monthly webinars and consultation meetings in order to receive a certification of completion, 18 total hours of CEUs, and 18 hours of culture competence credits.



BEHAVIORAL HEALTH/RECOVERY SERVICES

SAVE The DATE

MARK YOUR CALENDAR FOR AN UPCOMING TRAINING EVENT

Minnesota (MN) System-Wide Engagement Training: Consultation

PRESENTED BY: Minnesota (MN) Group Trainers
Date: September 23rd and 24th 2019
Time: Select only one 1-hour slot from the two days (See Agenda listed below)
Location: 3300 Truxtun Ave, Bakersfield, CA 93301, Commonwealth Building, Five Room
Target Audience: Required for all Direct Service staff assigned to the following KernBHRS Divisions: ASOC, CSOC, Crisis, Kern Linkage, Medical Services, & RSA.
****Participants are identified and approved by Administrators****

Training Description:

Over the course of this intensive training, staff will get to explore and develop a working understanding of essential recovery-enhancing practices that foster engagement, inspire hope and build the foundation for supporting "a good life" that moves clients beyond symptom relief. Staff will be given the opportunity to engage in the feeling of working on a client vs working with a client. Understand the why and how factors of motivating clients to engage in the change of process through developing recovery-enhancing relationships.

Objectives:

As a result of this training, participants will:

1. Articulate the principle and practice distinctions between clinical recovery and personal recovery
2. Identify central, research-informed elements of the working alliance
3. Describe essential skills and strategies for building a collaborative, recovery-promoting relationships including:
 - a. Pre-session mindfulness/centering practice
 - b. Deep, empathetic listening
 - c. Inspiring and eliciting hope
4. Demonstrate a working understanding of stages of change, stages of treatment, and stages of recovery
5. Apply tools and strategies to identify an individual's unique strengths, personal values, and recovery vision
6. Understand the neurobiology of motivation and motivational deficits related to mental illness and substance use disorders

Agenda:

September 23 rd		September 24 th	
Morning	Topic	Morning	Topic
9:00AM - 10:00AM	Consultation	9:00AM - 10:00AM	Consultation
Afternoon	Topic	Afternoon	Topic
12:00PM - 1:00PM	Consultation	2:00PM - 3:00PM	Consultation

Each consultation counts for 1 of 18 total hours for MN Engagement cohort requirements. Participants must complete all live trainings, monthly webinars and consultation meetings in order to receive a certification of completion, 18 total hours of CEUs, and 18 hours of culture competence credits.

Attachment AL

MN Engagement Training Completion Data

MN System-Wide Engagement Training

Cohort 1

Division	Total Reg Participants	Total No Longer KernBHRS	Total Reg Still W Dept	Total Completed w Dept	Total Incomplete w Dept	Total Reg w Dept Nonparticipants	Total Completion %
ASOC	30	2	28	26	2	0	
CSOC	1	0	1	1	0	0	
Crisis	8	2	6	5	1	0	
DSD	1	0	1	1	0	0	
KLD	1	0	1	1	0	0	
Med Ser	1	0	1	1	0	0	
RSA	11	3	8	8	0	0	
SUD	2	0	2	2	0	0	
Total	55	7	48	45	3	0	91.67%

MN System-Wide Engagement Training

Cohort 2

Division	Total Reg Participants	Total No Longer KernBHRS	Total Reg Still W Dept	Total Completed w Dept	Total Incomplete w Dept	Total Reg w Dept Nonparticipants	Total Completion %
ASOC	26	1	25	20	5	0	
CSOC	9	0	9	8	1	0	
Crisis	9	1	8	5	3	0	
KLD	9	0	9	7	2	0	
Med Ser	3	0	3	2	1	0	
QID	1	0	1	1	0	0	
RSA	5	0	5	4	1	0	
Total	62	2	60	47	13	0	78.33%

Attachment AL cont.

MN Engagement Training Completion Data

MN System-Wide Engagement Training

Cohort 3

Division	Total Reg Participants	Total No Longer KernBHRS	Total Reg Still W Dept	Total Completed w Dept	Total Incomplete w Dept	Total Reg w Dept Nonparticipants	Total Completion %
ASOC	11	1	10	4	1	6	
CSOC	14	1	13	12	0	1	
Crisis	8	0	8	5	2	1	
DSD	1	0	1	1	0	0	
KLD	4	0	4	4	0	0	
RSA	8	0	8	4	0	4	
SUD	12	1	11	7	1	3	
Total	58	3	55	37	4	15	63.26%

Attachment AM

MHSA Workforce Needs Assessment

Workforce Needs Assessment Description

According to 3830 of the California Code of Regulations, Kern County shall assess the education and training needs of its Public Mental Health System workforce and prepare a written Workforce Needs Assessment that identifies and evaluates the identified needs. The Workforce Needs Assessment shall be conducted every five years. This Workforce Needs Assessment covers Fiscal Year 2019/2020 to Fiscal Year 2023/2024.

OCCUPATIONS LIST



Attachment AM cont.

MHSA Workforce Needs Assessment

POSITION TITLES	
ACCOUNTANT	MEDICAL ASSISTANT
ADMINISTRATIVE COORDINATOR	MEDICAL DIRECTOR
BEHAVIORAL HEALTH CREDENTIALING SPECIALIST	MFT TRAINEE
BEHAVIORAL HEALTH NURSE	MSW TRAINEE
BEHAVIORAL HEALTH PEER SPECIALIST	NETWORK SYSTEMS ADMINISTRATOR
BEHAVIORAL HEALTH PLANNING ANALYST	NURSE PRACTITIONER
BEHAVIORAL HEALTH PROGRAM SUPERVISOR	OFFICE SERVICES ASSISTANT
BEHAVIORAL HEALTH RECOVERY SPECIALIST AIDE	OFFICE SERVICES COORDINATOR
BEHAVIORAL HEALTH RECOVERY SPECIALIST	OFFICE SERVICES SPECIALIST
BEHAVIORAL HEALTH RECOVERY SYSTEM ADMINISTRATOR	OFFICE SERVICES TECHNICIAN
BEHAVIORAL HEALTH THERAPIST	PATIENT RIGHTS ADVOCATE
BEHAVIORAL HEALTH THERAPIST TRAINEE	PRE-LICENSED CLINICAL PSYCHOLOGIST
BEHAVIORAL HEALTH UNIT SUPERVISOR	PROGRAM COORDINATOR
BHRS DEPUTY DIRECTOR	PROGRAM SPECIALIST
BAKERSFIELD POLICE DEPARTMENT POSITION	PROGRAM SUPPORT SUPERVISOR
BUSINESS MANAGER	PROGRAM TECHNICIAN
CLINICAL PSYCHOLOGIST	PROGRAMMER
CLINICAL SUPERVISOR	PSYCHIATRIST
CONTRACT SYSTEM SUPERVISOR	PSYCH-INTERN
CONTRACTS ADMINISTRATION ASSISTANT	RESIDENT
COORDINATOR OF ADMIN. & LEGISLATIVE ANALYSIS	SENIOR ADMINISTRATIVE & FISCAL SERVICES OFFICER
DEPARTMENTAL ANALYST *	SENIOR BEHAVIORAL HEALTH CREDENTIALING SPECIALIST
DEPARTMENTAL PUBLIC INFORMATION OFFICER	SENIOR HUMAN RESOURCES SPECIALIST
DEPUTY PROBATION OFFICER	SENIOR INFORMATION SPECIALIST
DIRECTOR OF BEHAVIORAL HEALTH SERVICES	SENIOR OFFICE SERVICES SPECIALIST
ELECTRONIC HEALTH RECORD SPECIALIST	SENIOR PATIENTS RIGHTS ADVOCATE
ELECTRONIC HEALTH RECORD SUPPORT SUPERVISOR	SENIOR SYSTEMS ANALYST
FACILITIES & SERVICES MANAGER	SENIOR TALENT RECRUITER
FAMILY ADVOCATE	DHS SOCIAL SERVICE WORKER
FISCAL SUPPORT SPECIALIST	SPECIAL PROJECTS MANAGER
FISCAL SUPPORT SUPERVISOR	STAFF DEVELOPMENT SPECIALIST
FISCAL SUPPORT TECHNICIAN	SENIOR HUMAN RESOURCES SPECIALIST
HEEL TO HEAL - CONTRACTOR	STAFF DEVELOPMENT SPECIALIST
HELP DESK TECHNICIAN	SUBSTANCE USE DISORDER SPECIALIST
HUMAN RESOURCES MANAGER	SYSTEM ANALYST
HUMAN RESOURCES SPECIALIST	TECHNOLOGY SERVICES MANAGER
INFORMATION SYSTEMS SPECIALIST	TECHNOLOGY SERVICES SUPERVISOR
LAN SYSTEMS ADMINISTRATOR	VOCATIONAL NURSE
MAIL CLERK	VOLUNTEER
MAINTENANCE WORKER	YOUTH PREVENTION SPECIALIST
MARKETING & PROMOTIONS ASSOCIATE	

Attachment AM cont.

MHSA Workforce Needs Assessment

LICENSED MENTAL HEALTH STAFF

493 Staff are Licensed Mental Health Staff. This number is collected from the Network Adequacy Certification Tool (NACT). Clinical positions held in Kern County are: Psychiatrists, Physicians, Psychologists, Clinical Social Workers (LCSW), Marriage and Family Therapists, Registered Nurses, Nurse Practitioners, Licensed Vocational Nurses, Psychiatric Technicians, Pharmacists, Associate Clinical Social Worker, Associate Marriage Family Therapist, Associate Professional Clinical Counselor, and Waivered Psychologists.

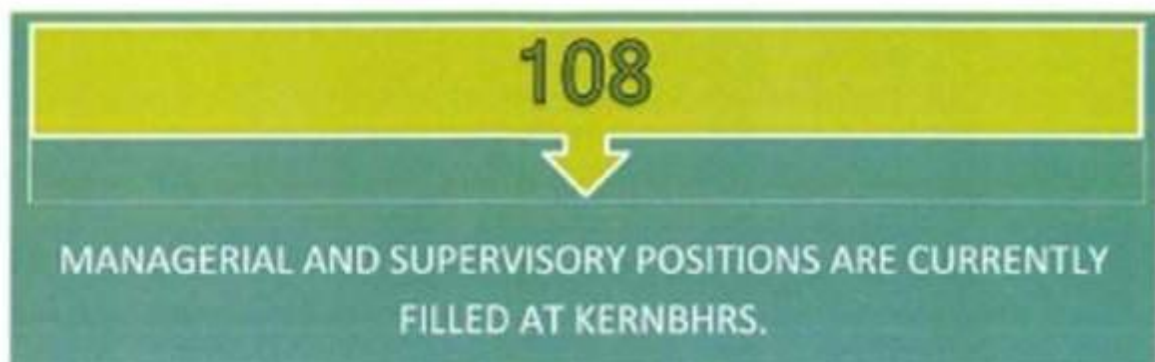
NON-LICENSED MENTAL HEALTH STAFF



OTHER HEALTH CARE PROFESSIONALS



MANAGERIAL AND SUPERVISORY POSITIONS



Attachment AM cont.

MHSA Workforce Needs Assessment

SUPPORT STAFF POSITIONS



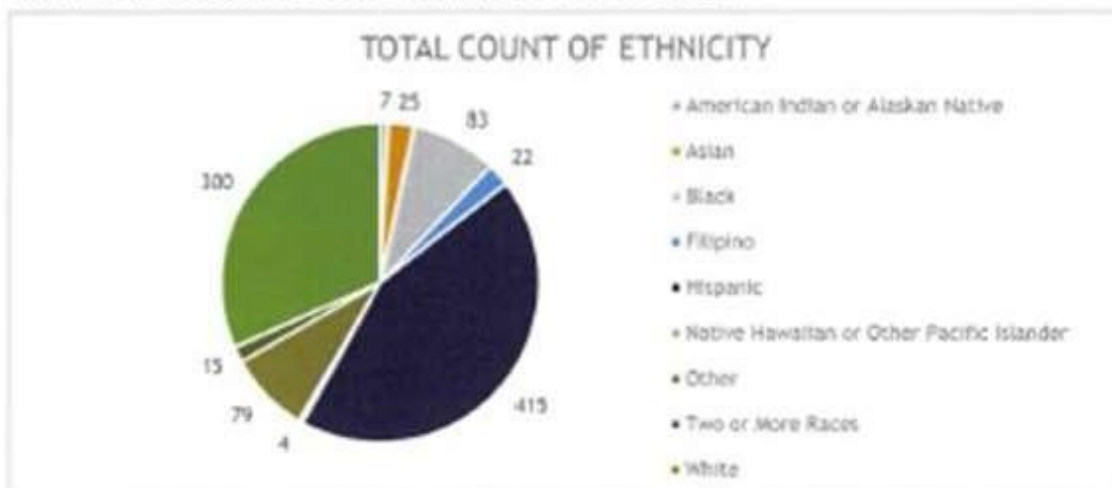
252

SUPPORT STAFF POSITIONS EXIST IN KERNBHRS

FINDINGS

THROUGH OUR NACT, KERNBHRS MEETS THE PROVIDER-TO-BENEFICIARY RATIOS. THE HUMAN RESOURCES DEPARTMENT NOTES THAT THE MOST DIFFICULT POSITIONS TO FILL AND RETAIN ARE: THERAPISTS, NURSE PRACTITIONERS, NURSES, & MEDICAL ASSISTANTS.

SELF-DISCLOSED ETHNIC DIVERSITY OF STAFF



Attachment AM cont.

MHSA Workforce Needs Assessment

Ethnicity	Count
American Indian or Alaskan Native	7
Asian	25
Black	83
Filipino	22
Hispanic	415
Native Hawaiian or Other Pacific Islander	4
Other	79
Two or More Races	15
White	300
Grand Total	950

LANGUAGES AND PROFICIENCY

KERN COUNTY'S THRESHOLD LANGUAGE IS SPANISH



151

KERNBHRS STAFF AND VOLUNTEERS ARE
CERTIFIED PROFICIENT IN SPANISH



23

LANGUAGES OTHER THAN ENGLISH ARE SPOKEN
BY STAFF AND VOLUNTEERS

Attachment AN

Relias Cultural Competence Course List

RELIAS CULTURAL COMPETENCE COURSE NAMES

- | | |
|---|---|
| 1. 10 Steps to Fully Integrating Peers into your Workforce | 35. Crisis Intervention for Individuals with Developmental Disabilities |
| 2. A Culture-Centered Approach to Recovery | 36. Crisis Planning with Families |
| 3. A Multifaceted History of Blackness | 37. Cultural Awareness and the Older Adult |
| 4. Abuse and Neglect in the Elder Care Setting - California | 38. Cultural Competence |
| 5. Abuse and Neglect: What to Look for and How to Respond | 39. Cultural Competence and Sensitivity in the LGBTQ Community - California |
| 6. Abuse, Neglect, and Exploitation of Older Adults | 40. Cultural Competence Plan Annual Training-2020 |
| 7. Addressing Substance Use in Military and Veteran Populations | 41. Cultural Competence: Birth, An Intersection Between Maternity and Mental Health |
| 8. Addressing the Needs of Transition Age Youth | 42. Cultural Competence: Boys to Men |
| 9. Adolescent Substance Use Disorders and Clinical Pathways | 43. Cultural Competence: Civil Rights & Immigrant Communities Conference |
| 10. Affirmative Action | 44. Cultural Competence: Civil Rights Diversity (DHS) |
| 11. An Overview of Intimate Partner Violence | 45. Cultural Competence: Clinical Supervision Ethics and Skills for Enhanced Competence in Multicultural Practice (6.0) |
| 12. Anxiety Disorders Among Older Adults | 46. Cultural Competence: Cultural Competence Plan Training |
| 13. Assessing Opioid Abuse in Families | 47. Cultural Competence: Enhancing Cultural Humility in Working with Diverse Families in Community Based-Mental Health Settings |
| 14. Assessing Substance Use Disorder in Older Adults | 48. Cultural Competence: Family Engagement & Integration |
| 15. Assessment and Treatment of Anxiety in Children and Adolescents | 49. Cultural Competence: FMHAC Conference |
| 16. Attachment Disorders: Assessment, Diagnosis, and Treatment | 50. Cultural Competence: How Social Distancing, Loneliness, and Insecurity Affect People Recovering from Mental Health and Substance Use Disorders and What to do to Help (Spanish Webinar) |
| 17. Attachment Disorders: Attachment and Trauma | 51. Cultural Competence: Multi-Cultural and Diversity Training (3.5hrs) |
| 18. Behavior Management in Early Childhood | 52. Cultural Competence: NAMI Webinar Principles of Community Engagement |
| 19. Behavioral Health Issues in Older Adults | 53. Cultural Competence: PTSD/Complex PTSD with a Focus on Dissociation |
| 20. Behavioral Health Issues in Older Adults for Paraprofessionals | 54. Cultural Competence: SCRP Conference |
| 21. Behavioral Health Services and the LGBTQ+ Community | 55. Cultural Competence: Strategies for Reducing Suicide in Older Adults |
| 22. Best Practices for Working with LGBTQ Children and Youth | 56. Cultural Competence: The LGBTQ+ Experience |
| 23. Best Practices for Youth with Behavioral Health Needs involved with the Juvenile Justice System | 57. Cultural Competence: TIP Trainer Development & Recertification Conference |
| 24. Best Practices in Trauma Specific Treatment | 58. Cultural Competence: Transition to Independence Process (TIP-12 hours) |
| 25. Bipolar and Related Disorders in Youth | 59. Cultural Competence: Trauma and Homelessness |
| 26. Bridging the Diversity Gap | 60. Cultural Competence: Trauma and Substance Abuse Mental Health Issues, Trauma Informed Treatment |
| 27. Building a Multicultural Care Environment | |
| 28. Bullying: Strategies for Prevention and Intervention | |
| 29. Calming Children in Crisis | |
| 30. CANS Overview Training and the Certified User Workshop | |
| 31. CBT-SP: Evidence Based Practice for Assessment and Treatment of Suicidal Behavior | |
| 32. Challenging Behaviors of Older Adults with Dementia | |
| 33. Common Mental Health Conditions in Veterans | |
| 34. Consumers as Service Providers in the Behavioral Health Workplace | |

Attachment AN cont.

Relias Cultural Competence Course List

RELIAS CULTURAL COMPETENCE COURSE NAMES

- | | |
|---|--|
| 61. Cultural Competence: Trauma-Informed Foundations, Self-Protection, Safety and Self-Regulation | 95. HIV/AIDS - Diagnosis and Early Stages |
| 62. Cultural Considerations at End-of-Life: Religion and Spirituality | 96. HIV/AIDS - Focusing on the Individual |
| 63. Cultural Dimensions of Relapse Prevention | 97. HIV/AIDS - Focusing on the Individual |
| 64. Cultural Issues in Treatment for Paraprofessionals | 98. HIV/AIDS - The Elder's Experience |
| 65. Cultural Responsiveness in Clinical Practice | 99. HIV/AIDS - The Elder's Experience |
| 66. Depression in Older Adults | 100. HIV/AIDS Training for the Care Provider - California |
| 67. Depression in Service Members and Veterans | 101. HIV: Basic |
| 68. Depressive Disorders in Children and Adolescents | 102. HIV: Beyond the Basics |
| 69. Developmental Concerns, Childhood to Adolescence | 103. Homelessness and Substance Use |
| 70. Developmental Stages: Birth to Five Years Old | 104. How Culture Impacts Communication |
| 71. Disaster Trauma Part 2 | 105. Human Trafficking: Forced Labor |
| 72. Disaster Trauma Part 3 | 106. Human Trafficking: Sexual Exploitation |
| 73. Disaster Trauma Part 4 | 107. Identification, Prevention, and Treatment of Suicidal Behavior for Service Members and Veterans |
| 74. Disaster Trauma: The Basics | 108. Identifying and Preventing Child Abuse <u>And</u> Neglect |
| 75. Domestic and Intimate Partner Violence | 109. Inclusion: Children with Disabilities |
| 76. Ecological Systems of Care for Children and Youth | 110. Individual and Organizational Approaches to Multicultural Care |
| 77. End of Life Care for People with Intellectual and Developmental Disabilities | 111. Intentional Peer Support – A Different Kind of Relationship |
| 78. Epidemiology of PTSD in Military Personnel and Veterans | 112. Introduction to Trauma-Informed Care |
| 79. Ethical Considerations in Substance Use Treatment for Youth | 113. Juneteenth Virtual Town Hall |
| 80. Evaluation and Treatment of Stuttering in Preschool Children | 114. La Ética y los Derechos Personales |
| 81. Evidence-Based Practices in Family Psychoeducation | 115. Law and Ethics: Client Welfare, Therapist Responsibility, Legal and Ethical Considerations |
| 82. Evidence-Based Treatment for First Episode Psychosis | 116. Legal Procedures and Client Rights for Behavioral Health Interpreters |
| 83. Externalizing and Disruptive Behaviors in Children and Adolescents | 117. LGBTQ Cultural Competency Training |
| 84. Family Assessment and Intervention | 118. Maintaining a Cohesive Multigenerational Workforce |
| 85. Family Psychoeducation: Advanced Evidence-Based Practices | 119. Major Mental Health Disorders of Childhood |
| 86. Family Therapy in Substance Use Treatment | 120. Meeting the Behavioral Health Needs of Returning Veterans |
| 87. Feeding and Eating Disorders: Diagnosis and Treatment | 121. Military Cultural Competence |
| 88. Foundations of Family Therapy | 122. Mitigating the Impact of Disasters: From Trauma to Resilience |
| 89. From Prescription Opioid Abuse to Heroin Use in Youth and Young Adults | 123. MN Engagement Workshop |
| 90. Fundamentals of Fetal Alcohol Spectrum Disorders | 124. MN Engagement: Case Consultation 1 |
| 91. Gender and Leadership | 125. MN Engagement: Case Consultation 2 |
| 92. Health and Safety for Children's Services Paraprofessionals | 126. MN Engagement: Case Consultation 3 |
| 93. help@hand Digital Mental Health Literacy Training | 127. MORS Introductory Training |
| 94. Helping Children and Adolescents Cope with Violence and Disasters | 128. Nonsuicidal Self-Injury in Children, Adolescents, and Young Adults |
| | 129. Opioid Abuse in Adults |
| | 130. Overcoming Unconscious Bias in the Workplace |
| | 131. Overcoming Your Own Unconscious Biases |

Attachment AN cont.

Relias Cultural Competence Course List

RELIAS CULTURAL COMPETENCE COURSE NAMES

132. Overview of Cognitive Processing Therapy for PTSD in Veterans and Military Personnel
133. Overview of Communicable Diseases in Children
134. Overview of Psychiatric Medications for Children/Adolescents
135. Overview of the Behavioral Health System for Behavioral Health Interpreters
136. Overview of Trauma Disorders in Adults for Paraprofessionals
137. Parenting During a Pandemic - Part 1
138. Parenting During a Pandemic - Part 2
139. Patient Cultural Competency [For](#) Non-Providers
140. Pediatric Habilitation
141. Peer Support: The Basics and Beyond
142. Peer Workshop
143. Perinatal Practice Guidelines Overview
144. Positive Behavior Support for Children
145. Posttraumatic Stress Disorder
146. Practical Strategies for Engaging Families and Children
147. Prevention of Substance Use for Transitional Aged Youth
148. Prevention, Identification, and Reporting of Dependent Adult Abuse
149. Prolonged Exposure Therapy for Service Members and Veterans with PTSD
150. Promoting Normalcy for Youth in Foster Care
151. Recovery of Persons with Severe and Persistent Mental Illness
152. Recovery Principles and Practices in Mental Health Treatment
153. Reducing Health Disparities: A Culturally Sensitive Approach for Busy Primary Care Providers
154. SCRP Conference 2020
155. SCRP: Bridges Out of Poverty
156. Social and Emotional Development in Early Childhood
157. Social Determinants of Health Overview
158. Strengths Based Approach in Working with At-Risk Youth
159. Strengths-Based Perspectives for Children's Services Staff
160. Substance Use and Misuse in the Family
161. Substance Use and the Family for Paraprofessionals
162. Substance Use and Trauma
163. Substance Use Disorder Treatment and the LGBTQ Community
164. Substance Use in Women Across the Lifespan
165. SUD Intermediate Motivational Interviewing 3rd Edition (MI3)
166. SUD Seeking Safety: An Evidence-based Model for Trauma and/or Substance Abuse
167. SUD Strength-Based Case Management Training
168. SUD Trauma-Informed Care Training
169. Suicide and Depression in Older Adults
170. Suicide in Adolescents and Transition Age Youth
171. Supporting Individuals in Early Recovery
172. Supporting Recovery for Individuals with Schizophrenia
173. The Art and Science of Communication
174. The Impact of Deployment and Combat Stress on Families and Children, Part I: Families and Deployment
175. The Impact of Deployment and Combat Stress on Families and Children, Part II: Enhancing Resilience
176. The Impact of Parental Substance Use Disorders
177. The Role of Parent Peer Support in a System of Care for Children and Youth
178. The Role of the Behavioral Health Interpreter
179. Trauma and Eating Disorders Part 1
180. Trauma and Eating Disorders Part 2
181. Trauma and the Brain
182. Trauma: An Essential Component of Women's Services
183. Trauma-Informed Care: Implications for Clinicians and Peer Support Specialists
184. Traumatic Stress Disorders in Children and Adolescents
185. Treating Gambling Problems
186. Treating Substance Use Disorders in Older Adults
187. Treatment of Opioid Dependence Among Adolescents and Young Adults
188. Understanding the Basics of Race, Ethnicity, and Culture
189. Understanding Unconscious Bias
190. Using Communication Strategies to Bridge Cultural Divides
191. Veterans Suicide Prevention and Intervention
192. Webinar: Compassion Fatigue and Caregiver Satisfaction
193. WEBINAR: Compassion Fatigue, Secondary [Trauma](#) and the Importance of Self Care
194. WEBINAR: Implementation of Trauma-Informed Care Systems
195. Wellness Recovery Action Plan (WRAP)

Attachment AN cont.

Relias Cultural Competence Course List

RELIAS CULTURAL COMPETENCE COURSE NAMES

- 196. Wellness Recovery Action Plan (WRAP) Facilitator Training
- 197. What Does Becoming Trauma-Informed Mean for Non-Clinical Staff
- 198. Working More Effectively with the LGBTQ+ Community
- 199. Working with Court-ordered Individuals in Substance Use Treatment
- 200. Working with Military Members 101
- 201. Working with Parents: Communication, Education, and Support
- 202. Working with People Experiencing Homelessness
- 203. WRAP One on One
- 204. Your Role in Workplace Diversity

Attachment AO

Onboarding Report and Demographics

Identified	Kern BHRS New Hires	Kern County	KernBHRS Active Staff
Other	7.20%	0.23%	7.75%
White	24%	33.90%	29.66%
Hispanic	46%	53.40%	40.88%
Filipino	0.80%	N/A	1.94%
Two or More Races	2.40%	1.97%	1.33%
Black	16%	4.99%	8.05%
Native Hawaiian or Other Pacific Islander	0.80%	0.16%	0.41%
Asian	2.40%	4.78%	2.24%
American Indian or Alaskan Native	0.80%	0.52%	0.61%
Not Identified	0.00%	N/A	7.14%

Report generated 07/13/2020. Numbers do not reflect staff off-boarded during FY19-20

Attachment AP

Training Course Evaluation



**BEHAVIORAL
HEALTH & RECOVERY
SERVICES**

COURSE EVALUATION

Course Title: _____

Presenter: _____

Date: _____ Time: _____ AM or PM

Name (Print Clearly): _____

Current Job Classification: _____

Course Content/Objectives	Excellent 4	Good 3	Fair 2	Poor 1
This course was consistent with the specific learning goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This course is appropriate to my education and experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I learned in this course will be useful to me in my work/relevant to my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information presented is current and accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Instructor Information	Excellent 4	Good 3	Fair 2	Poor 1
The instructor was knowledgeable about the subject	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The technology used by the instructor was appropriate and supportive to learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was clear and easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructional materials used in this course were useful/suitable to the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Venue and Program Administration	Excellent 4	Good 3	Fair 2	Poor 1
The registration process was smooth and efficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training staff was responsive and helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The materials advertising this course were accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The location of the course is appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Department Core Principles	Excellent 4	Good 3	Fair 2	Poor 1
This training addressed cultural diversity and competency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This training included recovery-oriented principles/ interventions/ models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This training included discussion of co-occurring disorders/ interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This training addressed values of family inclusion, support systems, or peer support system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FORM CONTINUES ON REVERSE

Attachment AP cont.

Training Course Evaluation

How will you utilize what you learned today in your delivery of services?				
Please leave additional comments here:				
Value	Excellent 4	Good 3	Fair 2	Poor 1
Please rate the overall value of this course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you wish to place a complaint or grievance regarding this training, please contact Training Services at BHRSTraining@kernbhhs.org

You will receive a written response to your complaint within 30 calendar days

**For additional questions/concerns please contact Training Services at
(661) 868-7833**

Attachment AQ

Policy 10.1.3 Grievance and Appeal System

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES MANUAL OF POLICIES AND PROCEDURES

Issued by: William P. Walker, LMFT *WPK* Section No.: 10.1.3
Director of Behavioral Health Services

Written by: Jennifer Arnold, LMFT, BHRS Unit Supervisor II – Patients' Rights
Lesleigh Davis, MS, AMFT, BHRS Administrator - QID

Issue Date: 1/5/99

Revision Date: 12/10/19

Page 1 of 10

GRIEVANCE AND APPEAL SYSTEM

POLICY: Kern Behavioral Health and Recovery Services (KernBHRS) provides Medi-Cal beneficiaries who access specialty mental health and substance use disorder services with information on their rights and a process to file a grievance, appeal, or expedited appeal, and a State Fair Hearing. In addition, any Mental Health Services Act (MHSA) stakeholder may request to have MHSA issues resolved through these processes. Kern BHRS includes the Mental Health Plan and the Drug Medi-Cal Organized Delivery System. This policy will encompass both and will be referred to as the "Plan".

Purpose: To inform staff that all Medi-Cal beneficiaries receiving specialty mental health and substance use disorder services through Kern Behavioral Health and Recovery Services (KernBHRS) are entitled to and made aware of the grievances, appeals, and State Fair Hearing processes.

Objectives: All Medi-Cal beneficiaries expressing dissatisfaction with KernBHRS services will be informed of their grievances and appeal rights and the availability of assistance by the Patients' Rights Advocate (PRA).

Scope:

- ☒ KernBHRS MH staff
- ☒ KernBHRS SUD staff
- ☒ Other: Organizational Medi-Cal/Managed Care Contract Providers

Related Policies:

Policy #10.1.09	Notice of Adverse Benefit Determination
Policy #10.1.11	Freedom of Choice and Second Opinions
Policy #10.1.14	Obtaining Authorizations to Disclose Mental Health and Substance Use Disorder Information
Policy #10.1.20	Responding to Privacy Breaches, Concerns and Complaints

Attachment AR

Language Line Contract Front Sheet

KERN COUNTY PERSONAL/PROFESSIONAL SERVICES AGREEMENT SCHEDULE TO MASTER TERMS AND CONDITIONS PPSA-STANDARD

I. This SCHEDULE shall be effective on 7/1/19 and shall terminate no later than June 30, 2020.

Kern County Department: Kern Behavioral Health and Recovery Services ("Responsible County Department," "County," or "KernBHRS")

Located at 2001 28th Street, Bakersfield, CA 93301

Service Provider: Language Line Services, Inc. ("Consultant")

Located at 1 Lower Ragsdale Drive, Building 2, Monterey, CA 93940

Consultant is X Incorporated in the State of California

II. Consultant shall provide the services and products described in **Exhibit A ("Services")**. This excludes travel and other expenses described in Section III. County shall compensate Consultant for those services and products in an amount not to exceed **Fifty Thousand Dollars (\$50,000)**.

III. Travel and all other expenses. Select one of the following:

☒ County shall not reimburse Consultant for any travel or other expenses incurred by Consultant.

County shall reimburse Consultant for all travel and/or other necessary and reasonable actual expenses incurred on behalf of County. If the reimbursable expenses include travel, the travel expenses must be reasonable and necessary, approved in advance in writing by the Responsible County Department, and shall not exceed the following County per diems: lodging, \$221.00 per night including taxes; breakfast, \$13.00; lunch, \$15.00; dinner, \$26.00; economy rental car and mileage, if by private automobile, at \$.54 per mile; if by common carrier, at actual fare charged for economy or coach class. County shall reimburse Consultant in an amount not to exceed: \$_____.

IV. Total Amount Payable Under Agreement (Compensation for Services/Products, Plus Travel and Other Expenses)

County shall compensate Consultant for the Services and Products (amount stated in Section II) and reimburse Consultant for expenses, including travel, if applicable (amount stated in Section III). The total amount payable under this agreement shall not exceed **Fifty Thousand Dollars (\$50,000)**. (Section II + Section III).

V. Consultant shall be required to have the following insurance coverages which are marked, on the terms provided in the Master Terms and Conditions. The insurance coverages shall be in the amounts specified, unless another amount is shown (select all that apply):

☒ Workers' Compensation: As required by California Labor Code Section 3700

☒ Commercial General Liability (\$1,000,000/Occurrence; \$2,000,000/Aggregate) or other amounts: \$_____

☒ Automobile Liability (\$1,000,000/Occurrence) or other amount: \$_____

☒ Professional Liability (\$1,000,000/Claim; \$2,000,000/Aggregate) or other amounts: \$_____

Note: If a lesser amount is shown, the Responsible County Department must obtain the prior written approval of the County Risk Manager.

If there are any conflicts between the terms and conditions contained in this Schedule and the Master Terms and Conditions, this Schedule shall control. The Parties have executed this Schedule, including the Master Terms and Conditions, which constitute the Agreement, on the Effective Date.

COUNTY OF KERN

By

Carol J. Cox
Carol J. Cox, C.P.M., Purchasing Manager

APPROVED AS TO CONTENT:

Kern Behavioral Health and Recovery Services

By

Bill Walker
Bill Walker, LMFT, Director
"County"

LANGUAGE LINE SERVICES, INC.

By

Bohaventure A. Cavaliere
Bohaventure A. Cavaliere
"Chief Financial Officer"

APPROVED AS TO FORM:

Office of County Counsel

By

Ann E. Garza
Ann E. Garza, Deputy

Attachment AS

ILCKC Contract Front Page

Kern County

Agt. # 802-2015

15-91

COUNTY OF KERN - HIPAA BUSINESS ASSOCIATE AGREEMENT

WHEREAS, Independent Living Center of Kern County ("**Business Associate**") and the County of Kern, a political subdivision of the state of California, as represented by its General Services Division, ("**Covered Entity**") have entered into an agreement identified as Agreement No. 853-KC, with an effective date of October 20, 2015 (the "**Underlying Agreement**"); and

WHEREAS, Business Associate acknowledges Covered Entity has in its possession data that contain individual identifiable health information as defined by Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 ("**HIPAA**") and the regulations promulgated thereunder; and

WHEREAS, Business Associate and Covered Entity acknowledge that the fulfillment of the parties' obligations under the Underlying Agreement necessitates the exchange of, or access to, data including individual identifiable health information; and

WHEREAS, the parties desire to comply with federal and California laws regarding the use and disclosure of individually identifiable health information;

NOW, THEREFORE, in consideration of the mutual promises and covenants hereinafter contained, the parties agree as follows:

Definitions

Catch-all definition:

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

Specific definitions:

(a) Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean the Independent Living Center of Kern County.

(b) Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean the County of Kern.

(c) HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.


Attachment AT

Mental Health Patients' Rights Poster

Mental Health Patients' Rights Poster

English, Spanish

MENTAL HEALTH PATIENTS' RIGHTS



Alice Washington, 2004

Mental health patients have the same legal rights guaranteed to everyone by the Constitution and laws of the United States and California.

YOU HAVE THE RIGHT:

- To dignity, privacy and humane care
- To be free from harm including unnecessary or excessive physical restraint, medication, isolation, abuse and neglect
- To receive information about your treatment and to participate in planning your treatment
- To consent or refuse to consent to treatment, unless there is a legally-defined emergency or a legal determination of incapacity
- To client-centered services designed to meet your individual goals, diverse needs, concerns, strengths, motivations and disabilities
- To treatment services which increase your ability to be more independent
- To prompt medical care and treatment


- To services and information in a language you can understand and that is sensitive to cultural diversity and special needs
- To keep and use your own personal possessions including toilet articles
- To have access to individual storage space for your private use
- To keep and spend a reasonable sum of your own money for small purchases
- To have reasonable access to telephones—both to make and to receive confidential calls or have such calls made for you
- To have access to letter-writing material and stamps—to mail and to receive unopened correspondence
- To social interaction, participation in community activities, physical exercise and recreational opportunities

- To see visitors every day
- To wear your own clothes
- To see and receive the services of a patient-advocate who has no direct or indirect clinical or administrative responsibility for the person receiving mental health services
- To religious freedom and practice
- To participate in appropriate programs of publicly supported education
- To be free from hazardous procedures
- And all other rights as provided by law or regulation

FOR MORE INFORMATION, CONTACT YOUR LOCAL COUNTY PATIENTS' RIGHTS ADVOCATE:

Patient's Rights Advocate
 P.O. Box 1060
 Bakersfield, CA 93301
 844-360-8250
California Office of Patient's Rights
 1011 N. Street, Sacramento, CA 95811-0114
 (916) 221-7000 (toll-free: 800-453-3370)
 Department of Health & Human Services
 Mental Health Services Division (MHS-DMH)
 1500 Capitol Mall, Sacramento, CA 95833
 (916) 221-7000

LOS PACIENTES DE SALUD MENTAL



Alice Washington, 2004

Los mismos derechos legales garantizados a todos por la Constitución y por las leyes de los Estados Unidos y de California.

- A servicios en el idioma que usted comprenda y con sensibilidad a diversas culturas y necesidades especiales
- A tener y usar artículos personales incluyendo artículos de tocador
- A tener su propio lugar privado para guardar sus artículos personales
- A tener y gastar una cantidad razonable de su propio dinero para compras pequeñas
- A tener acceso razonable a teléfonos – para hacer y recibir llamadas confidenciales o para que alguien haga la llamada por usted
- A tener acceso razonable a papel y pluma para escribir, incluyendo estampillas de correo y de recibir su correspondencia cerrada
- A usar su propia ropa
- A actividades sociales, participación en actividades de la comunidad, ejercicio físico y oportunidades de recreo

- A recibir visitas diarias
- A ver y recibir servicios de un representante de pacientes que no tiene responsabilidad clínico ni administrativa, directa o indirecta, por la persona que recibe servicios de salud mental
- A tener la libertad de practicar su religión
- A participar en programas apropiados de educación pública
- A estar libre de procedimientos peligrosos
- A tener todos los otros derechos proporcionados por ley o reglamento

FOR MORE INFORMATION, CONTACT YOUR LOCAL COUNTY PATIENTS' RIGHTS ADVOCATE:

Patient's Rights Advocate
 P.O. Box 1060
 Bakersfield, CA 93301
 844-360-8250
California Office of Patient's Rights
 1011 N. Street, Sacramento, CA 95811-0114
 (916) 221-7000 (toll-free: 800-453-3370)
 Department of Health & Human Services
 Mental Health Services Division (MHS-DMH)
 1500 Capitol Mall, Sacramento, CA 95833
 (916) 221-7000

Attachment AU

Acronym List

AA: African American
API: Asian Pacific Islander
ASL: American Sign Language
CA CCPR: California Department of Mental Health Cultural Competence Plan Requirements
CBHDA: County Behavioral Health Directors Association of California
CC: Cultural Competence
CC/ESM: Cultural Competence/Ethnic Services Manager
CCRC: Cultural Competence Resource Committee
CIBHS: California Institute Behavioral Health Solutions
CLAS: Culturally and Linguistically Appropriate Services
DMC-ODS: Drug Medi-Cal Organized Delivery System
ESC: Ethnic Services Coordinator
ESM: Ethnic Services Manager
FY: Fiscal Year
HR: Human Resources
ITD: Information Technology Division
KernBHRS: Kern Behavioral Health and Recovery Services
LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
MH: Mental Health
MHSA: Mental Health Services Act
NAMI: National Alliance on Mentally Ill
O&E: Outreach & Education
PIO: Public Information Officer
PRA: Patient's Right Advocate
QID: Quality Improvement Division
RSA: Recovery Services Administration
SCRIP: Southern Counties Regional Partnership
SUD: Substance Use Disorder
TRC: Training Review Committee
TTY: Teletypewriter