



BEHAVIORAL  
HEALTH & RECOVERY  
SERVICES

# Kern Behavioral Health and Recovery Services

## Quality Improvement **Work Plan** FY 2019 – 2020



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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 our lives empowers us to make choices, solve problems and plan for the future.

# 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 whom 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) Workplan. The QI Workplan is the first element within the quality improvement cycle. The QI Workplan 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 Workplan.

The QI Workplan is based on the fiscal year and contains goals, objectives, and the responsible party. 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 workplan. The Quality Improvement Committee evaluates the implementation of the QI Workplan goals. Each QI Workplan 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 Workplan 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 Workplan goals for the new fiscal year.

## **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 Quality Improvement Division (QID) is responsible for much of the measuring, monitoring and reporting required by the QIC and the QI Workplan. 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

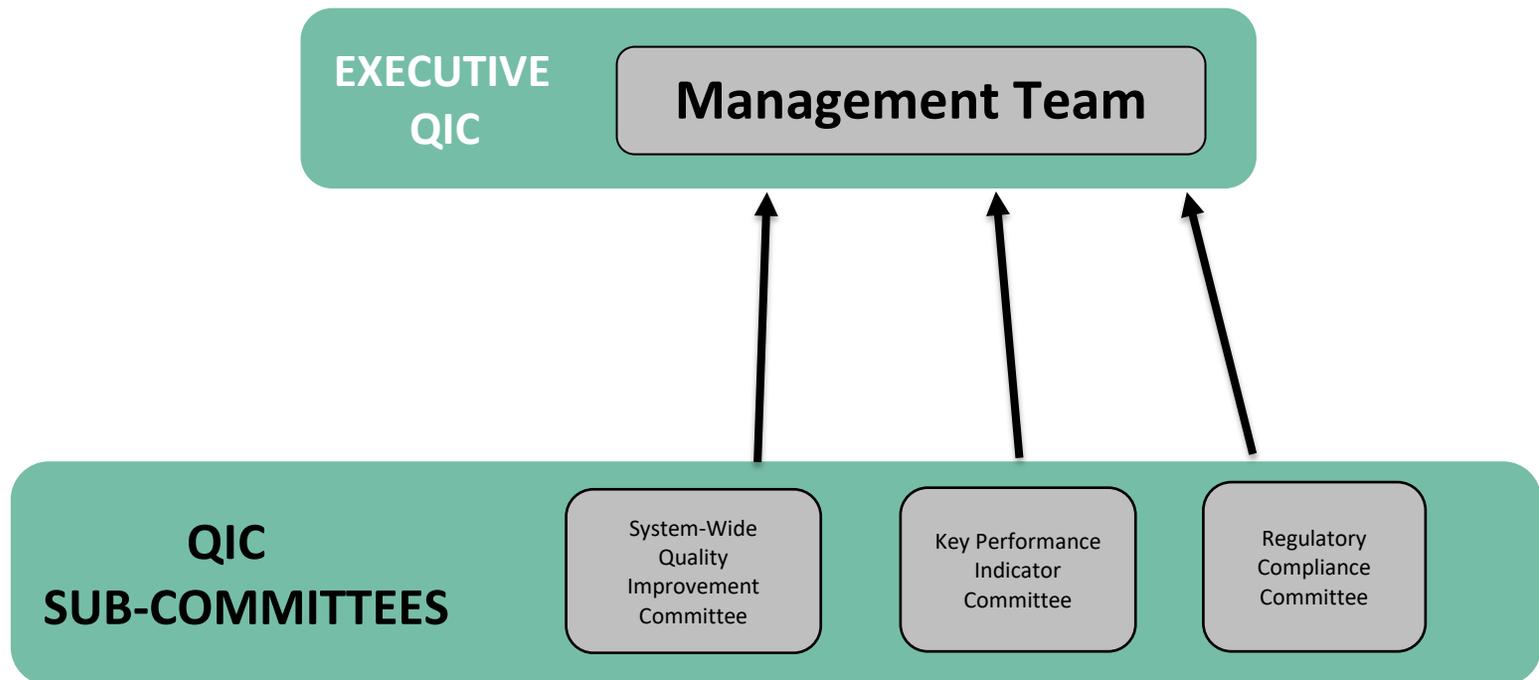
- Cultural Competency Resource Committee
- Full-Service Partnership meeting

The System also uses Key Performance Indicators to track performance against a set of standards. The list of performance indicators includes both process and clinical outcome measures. Most of the standards are linked to National Quality Indicators or best practices. KernBHRS continues to expand its list of key performance Indicators but is currently limited by the ability of the electronic health record to captures the necessary data. All reports on Key Performance Indicators are reviewed by the QIC and/or on of its committees.

## **ACCREDITATION**

An additional element to KernBHRS QAIP is our CARF International accreditation. CARF International is private, nonprofit accreditation organization that is committed to continuous improvement of both the organizational management and service delivery system. In 2017, KernBHRS was awarded its sixth consecutive 3-year accreditation decision. All treatment programs, mental health and substance use, under KernBHRS are accredited including outpatient programs, case management services, crisis stabilization units, prevention programs, and the 24/7 toll free hotline. KernBHRS will be pursuing another 3-year accreditation during the spring/summer of 2020.

# 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. Workplan 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

- A. Deputy Director of Clinical Care
- B. 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)	Standard	Objective(s)	Responsible Party
<b>NETWORK ADEQUACY: 24/7 Toll-Free Number</b>			
Ensure that 100% of monitored calls adhere to Medi-Cal standards	<p>All calls will meet required Medi-Cal and Lifeline standards which include:</p> <ul style="list-style-type: none"> <li>● Assessment for crisis/suicidality as specified by AAS and SAMHSA questions identified.</li> <li>● Obtain all identifying information documented in iCarol</li> <li>● Disposition recorded in iCarol</li> <li>● Information offered regarding the problem resolution/compliant process.</li> </ul>	<p>Hotline supervisor will outline expectations and establish monthly goals for staff, volunteers, and self to ensure that each staff is regularly engaging in silent monitoring in order to meet the 5% benchmark. This will be added to Hotline staff's EPR's.</p> <p>Hotline supervisor will ensure that all pertinent data regarding Medi-Cal regulations is included on monthly POMs data collection.</p> <p>Hotline supervisor will use silent monitoring forms in real-time (when possible), in individual supervision, and at team meetings in order to address themes in meeting Medi-Cal regulations in order to work toward the 100% benchmark.</p>	Crisis Services Administrator
<b>NETWORK ADEQUACY: Foster Care Penetration Rates</b>			
Increase penetration rate to an overall monthly average of 50% for foster youth.	Penetration rate for foster youth is 50%.	<p>KernBHRS will continue to partner with DHS to ensure that trauma informed services are provided to youth in need of behavioral health services evidenced by meeting the goal of 50% penetration rate for foster youth. Action steps shall include the following:</p> <p>A. Continue to provide universal assessment to all children that enter into protective custody.</p> <p>B. Continue to stand ready to assess all foster youth that are referred by DHS.</p> <p>C. Continue to meet with DHS on a quarterly basis to review data and discuss strategies to encourage referrals to KernBHRS.</p>	Children's System of Care Administrator

Goal(s)	Standard	Objective(s)	Responsible Party
		<p>D. Continue to work with DHS in monthly Child and Adolescent Needs &amp; Strengths (CANS) implementation meetings and assign dedicated staff to attend CFT meetings that do not have a GSA provider already assigned.</p> <p>E. Continue to provide ongoing trainings to DHS line staff regarding trauma informed care and the benefit of early referral and intervention.</p> <p>F. Request DHS to continue ongoing training with their staff and have ongoing messaging about sending over secondary screenings</p> <p>G. Continue to review and update foster care aid codes, when appropriate, to improve penetration rates.</p>	
<b>NETWORK ADEQUACY: Maintain Penetration Rates</b>			
<p>Ensure access to specialty mental health services for the Medi-Cal beneficiaries of the county by increasing penetration rates for all areas served to meet or exceed goal of 4.52%.</p>	<p>The current contract standard for all outpatient mental health providers is to reach and maintain a penetration rate of 4.20 % in each GSA.</p> <p>This penetration rate goal of 4.20% is determined by the Medi-Cal claims data received by EQRO for large counties – CY 2016</p>	<p>For FY 19/20 the penetration rate goal of 4.20% will continue, with the expectation that it will change consistent with the 2017 EQRO data for large counties once that information is received. The Resource Allocation Table is now being reviewed by the KPIC (a revised and expanded version of the RAC committee). The KPIC will continue to review data to ensure progress towards meeting the penetration rate standard, and direct resources as needed.</p> <p>Continue to work with GSA service providers to expand service hours and increase community-based and family inclusive services to ensure easier access for clients.</p> <p>Continue to work with IT to redefine the GSA boundaries in the Penetration Rate Analysis Flex Report to enable tracking of the penetration rates across all the GSAs.</p> <p>Continue the implementation of the Adult Redesign Project:</p> <p>A. Make each clinic site an access point in order to ensure easier access to clients.</p> <p>B. Continue site visits to implement and train staff on service delivery system.</p> <p>C. Initiate REACH meetings for problem solving/collaboration among REACH staff.</p>	<p>Adult System of Care Administrator</p> <p>Children’s System of Care Administrator</p>
<b>NETWORK ADEQUACY: Outreach Efforts to the Homeless and Hard to Reach</b>			
<p>Increase the number of hard to reach clients whom enter the</p>	<p>It is the standard of KernBHRS to provide access to treatment for all</p>	<p>For the next fiscal year, we are recommending the following goals:</p>	<p>Adult System of Care Administrator</p>

Goal(s)	Standard	Objective(s)	Responsible Party
system by a total average of 5% from previous year	beneficiaries that qualify for services within fourteen (14) days of the first point of contact.	<p>The Homeless Outreach Program will decrease the number of individuals in the Point of Time count with mental health and substance use challenges by 5%.</p> <p>HAT will increase the amount of walk-in for homeless individuals by 20%. Last fiscal year we had 7.</p> <p>The VSOP team will increase outreach efforts for volunteers by 10%</p> <p>The REACH team will increase linkage of individuals to adult outpatient teams by 15%</p> <p>The AOT team will increase outreach efforts by 10% and increase linkage of individuals to adult outpatient teams by 15%.</p> <p>We are modifying our goal to make it more specific to each treatment team and division. With the Adult System Redesign, we have added additional Reach staff in outlying areas that will engage more individuals in the community with the hope of linking them to treatment. The Homeless Outreach Program is a new team with focus placed on engaging more homeless individuals and connecting them to appropriate services. The HAT team began to provide walk-in assessments this fiscal year and will be tracking the number of individuals that utilize this service.</p>	
At least 70% of transitional age youth will demonstrate treatment engagement by participating in 5 or more specialty mental health services.		<p>The Transitional Age Youth (TAY) team has successfully completed two Transition to Independence Process (TIP Model) Fidelity Assessments over FY 18/19 for continuing quality improvement in the application of the TIP Model.</p> <p>The TAY team will continue to work with the Information Technology (IT) department to secure a way to communicate with TAY youth via text message, as this is the preferred method of contact by youth served.</p> <p>The TAY team conducted a Seeking Safety Group, Dual Recovery Anonymous group, Spoken Word, and a Visual Arts group at the Dream Center to assist in engagement of youth.</p> <p>The TAY Team exceeded the goal of retaining 70% of the Transition Age Youth hard to reach population, with 83% of youth participating in at least five (5) services during FY 18/19. In order to maintain this standard of care, the TAY Team will continue to:</p> <ol style="list-style-type: none"> <li>1. Provide wraparound services to at risk youth, as evidenced by individuals receiving at least three (3) services per week.</li> <li>2. Demonstrate a non-judgmental approach.</li> </ol>	Children's System of Care Administrator

Goal(s)	Standard	Objective(s)	Responsible Party
		3. Maintain a non-stigmatizing atmosphere in which youth can receive services.	
<b>NETWORK ADEQUACY: SUD Treatment Access Line</b>			
100% of all access request calls will be given the correct information to link to needed services	<p>All calls will meet regulatory requirements of the DMC-ODS Standard Terms &amp; Conditions which include:</p> <ul style="list-style-type: none"> <li>• Proper greeting</li> <li>• Obtain all identifying information documented</li> <li>• Disposition recorded</li> <li>• Information offered regarding the problem resolution/complaint process</li> <li>• Appropriate closing</li> </ul>	<p>Training for the Gateway team has been ongoing, and it is regularly reviewed during staff meetings. In order to ensure this information is available to all staff.</p> <p>Silent monitoring among Gateway staff indicated that initially there were challenges in addressing member services inquiries and responding with high quality customer service focus. Over the last quarter this improved, and the focus shifted to staff identifying what category of call they were answering: member services, request for services, grievance or appeal, or call from a provider to assist a client.</p> <p>QID Test calls began in June of 2019, and preliminary results indicate that there were some negative experiences for callers. Further analysis will continue in order to determine whether this was a significant pattern in need of intervention. The Gateway team supervisor was advised to emphasize quality customer service regardless of whether monitoring or test calls are occurring.</p>	Substance Use Administrator
<b>NETWORK ADEQUACY: Timeliness of Access to Services</b>			
<p>Ensure all standards for access are met or exceeded. When standards for timeliness of service provision are not met, plans of correction should be developed and implemented.</p> <p>All timeliness standards set by DHCS, as well as those set by KernBHRS will be met in all access points for the MHP &amp; DMC-ODS throughout the county.</p>	<p>First request to assessment: 14 calendar days</p> <p>First request to first service: 21 calendar days</p> <p>Follow-up appointment following an inpatient admission: 7 calendar days</p> <p>Urgent appointment: within 24 hours</p> <p>% of services provided outside of regular working hours: 4%</p>	<p>To achieve the goals above, the System of Care must complete the following action items:</p> <ul style="list-style-type: none"> <li>• Administrators and clinical supervisors must enforce the use of the External Timeliness Web App, ensuring line staff document 100 percent of clients' requests for services line staff document 100 percent of clients' requests for services.</li> <li>• QID must create GIS maps of direct-service sites compared to clients' residences by January 2, April 1, July 1, and October 1 of each year.</li> </ul>	Quality Improvement Administrator

Goal(s)	Standard	Objective(s)	Responsible Party
<b>BENEFICIARY PROTECTION: Change of Provider / Second Opinion Requests</b>			
100% of Change of Provider request will be resolved	<p>All beneficiaries have the right to request a change of provider and/or a second opinion.</p> <p>Whenever feasible, their request will be granted.</p> <p>The MHP will track and monitor requests to ensure compliance.</p>	<p>Quality Monitoring (QM) team will work on updating and enhancing the current process for receiving and processing a request for Change of Provider/Second Opinion, the QM team will:</p> <ol style="list-style-type: none"> <li>1. Update all the forms related to Change of Provider/Second Opinion (including those in the lobby and in the EHR) to ensure the correct information is provided/entered based on the request.</li> <li>2. Work with IT to develop a more streamlined reporting process that allows for more specific and a meaningful reporting of any trends and/or areas to be addressed within the system of care.</li> <li>3. Update the policy based on the process developed.</li> <li>4. Continue to report quarterly to QIC.</li> </ol>	Quality Improvement Administrator
<b>BENEFICIARY PROTECTION: Fair Hearings</b>			
100% of State Fair Hearings will be performed within the mandated time frame.	KernBHRS, the Mental Health Provider (MHP), will respond to all requests for a State Fair Hearing no more than one (1) week from the receipt of the request.	<p>The Recovery Supports Division tracked and reported to QID a summary all the dates that the ACMS database was checked or not checked (for weekdays only) by the designated staff person with access to ACMS.</p> <p>All request for State Fair Hearings were reported to QIC</p> <p>BHRS responded to requests for State Fair Hearings within five days from receipt of each request.</p>	Recovery Supports Administrator
<b>BENEFICIARY PROTECTION: Grievances and Appeals / Problem Resolution</b>			
Maintain 100% of timeliness in addressing and resolving grievances and appeals.	KernBHRS reinforces quality customer service with each person and family receiving services, and at each point of contact. Our treatment model emphasizes client and family-centered communication and care	<p>The Patients' Rights Office is revising the goal to better address the customer service and client accessibility to filing grievances and appeals. We believe that when clients are asked about their satisfaction with services and encouraged to express themselves when dissatisfied, that the Plan is actually showing improvement in the area of quality service to our clients.</p> <p>Quality assurance will be measured by the effectiveness of timeliness in this area, as well as evidence that grievances and appeals are filed by clients throughout the MHP and DMC-ODS system. Actions include strategic efforts to provide available and current client information regarding the Grievance and Appeal System via physical provider sites and online access. Further, the Plan's Patients' Rights Office and the Information Technology</p>	Patients' Rights Office

Goal(s)	Standard	Objective(s)	Responsible Party
		Division will implement an effective electronic system to decrease the number of steps involved for providers to address client complaints and effectively record grievances and appeals on the MHP and DMC-ODS Grievance and Appeal Logs.	
<b>BENEFICIARY PROTECTION: Notices of Adverse Beneficiary Determination (NOABD)</b>			
95% of all MHP NOABD's will be in compliance with all regulations.	Medi-Cal beneficiaries must be issued a Notice of Adverse Benefit Determination (NOABD) in required situations as prescribed by federal law 100% of the time.	<p>Beginning July 2019, Quality Monitoring (QM) team will be:</p> <p>Reviewing the following monthly:</p> <ul style="list-style-type: none"> <li>● 100% of the charts where the Assessment has “no” selected for the question, “Does the client meet medical necessity?” to ensure the “Delivery System Notice” was given to the client.</li> <li>● 100% of the charts where the Reassessment has “no” selected for the question, “Does the client meet medical necessity?” to ensure the “Termination Notice” was given to the client.</li> <li>● The Authorizations Team logs to ensure clients are being given the “Payment Denial Notice” and “Authorization Delay Notice” appropriately.</li> </ul> <p>Reviewing the following quarterly:</p> <ul style="list-style-type: none"> <li>● The Patient Rights logs to ensure “Grievance Resolution Notice” and Grievance and Appeal Timely Resolution Notice” is being provided to client appropriately.</li> <li>● QM will analyze the data from these reports to identify areas of improvement and provide recommendations for system improvements each quarter in QIC.</li> <li>● QM is still developing a monitoring/review/reporting process for the “Timely Access Notice”.</li> </ul>	Quality Improvement Administrator
95% of all SUD NOABD's will be in compliance with all regulations.	Medi-Cal beneficiaries must be issued a Notice of Adverse Benefit Determination (NOABD) in required situations as prescribed by federal law 100% of the time.	<ul style="list-style-type: none"> <li>● Complete NOABD web-application and post on SharePoint. Ensure SUD system knows how to use web-application for completing NOABDs</li> <li>● Review data monthly; report to QIC and RCC</li> <li>● Use data to identify training needs and implement needed training</li> <li>● Identify most efficient method for ensuring NOABDs are completed within appropriate timeframes.</li> </ul>	Quality Improvement Administrator

Goal(s)	Standard	Objective(s)	Responsible Party
<b>BENEFICIARY PROTECTION: Privacy, Compliance and Security</b>			
100% of compliance programs will have passed a risk assessment	<p><b><u>COMPLIANCE PROGRAM:</u></b> Maintain required compliance program, designed to detect and prevent fraud, waste and abuse.</p> <p><b><u>COMPLIANCE PRIVACY STANDARDS:</u></b> Ensure consistent compliance with all privacy standards as required by the Health Insurance Portability and Accountability Act (HIPAA) and the HITECH Act (ARRA) by maintaining processes for reporting, investigation and resolving all privacy breaches, concerns and complaints. Additionally, provide notification following a breach of unsecured protected health information.</p>	<p>Develop and design a roadmap for implementing a Compliance and Privacy risk assessment for SUD and MH administration consistent with OIG recommendations, including development of the duties/role of the Risk Management Officer.</p> <p>Develop and implement a method for auditing, contracted providers' Corporate Compliance Programs, ensuring compliance with the updated MHP and SUD contract requirements.</p>	Privacy and Compliance Officer
<b>CUSTOMER SATISFACTION: Consumer and Family Satisfaction – Consumer Perception Survey</b>			
Each MHP service provider will each achieve a minimum satisfaction rating of 85% or greater on the bi-annual Consumer Perception Survey.	Maintain at least 85% on the overall satisfaction rating for systems and teams.	<p>To achieve the goals the following action steps are recommended:</p> <ul style="list-style-type: none"> <li>A. Discontinue the Local Recovery Survey (LRS) and fully replace it with the CPS to streamline survey efforts, better use limited resources such as staff and time, reduce "survey fatigue," improve staff morale, and collect more statistically significant survey results.</li> <li>B. QID will inform the MHP of KernBHRS policy 11.1.11, which mandates a participation rate and satisfaction rate among applicable teams.</li> <li>C. System of Care Administrators in the MHP will ensure their Divisions increase their participation by at least 10 percent between the Spring 2019 and Spring 2020 CPS.</li> <li>D. System of Care Administrators in the MHP will develop strategies to maintain a satisfaction rating of at least 85 percent among their Divisions.</li> </ul>	Quality Improvement Administrator

Goal(s)	Standard	Objective(s)	Responsible Party
<b>CUSTOMER SATISFACTION: Substance Use Division (SUD) Adult Satisfaction</b>			
Each SUD Adolescent and Adult service provider will each achieve a minimum satisfaction rating of 85% or greater on the Treatment Perception Survey.	At least 85% of adult and adolescent substance use disorder respondents will report they are satisfied with the services they received.	<p>SUD Administration recommends continuing this goal as more and more clients access DMC-ODS services, and as providers become better equipped to serve those with more complicated mental health and medical needs.</p> <p>Recommendations for next fiscal year will continue to include individualized treatment driven by treatment plans, evaluating providers' use of evidence-based practices including Motivational Interviewing, and continuously enforcing the availability of multiple levels of treatment available.</p>	Substance Use Administrator
<b>CUSTOMER SATISFCATION: Substance Use Division (SUD) Points in Time Surveys</b>			
Baseline satisfaction will be obtained for clients at different points in time including admission, during treatment, at discharge and post-treatment.	Beneficiaries receiving services from KernBHRS will report a high level of satisfaction at various points during and after treatment.	Initial steps were taken among SUD Administrator, SUD Provider Liaison supervisor, RISE Team supervisor and START supervisor. The Treatment Perception Survey was reviewed to determine which questions could be assigned to the various points in time of interest (Admission, During Treatment, Discharge and Follow up). Initial drafts of the surveys were created, and a process is in development with the RISE team. Peer support specialists will begin administering the brief surveys while transporting clients to various appointments in order to gather initial data.	Substance Use Administrator
<b>EFFECTIVENESS OF SERVICES: Clinical Outcome Measurement: Ongoing Measurement System</b>			
Implement two (2) universal outcome measures for Adult mental health services		The department continues in making global efforts to establish and develop mechanisms for reporting and tracking clinical outcomes which include development of forms for clinical tracking and working toward dashboard system that include more key performance indicators that focus specifically on clinical outcomes to support immediate, accessible, and meaningful data.	Quality Improvement Administrator
<b>EFFECTIVENESS OF SERVICES: Substance Use Division (SUD) Outcome Measures</b>			
At least 30% of individuals contacting the SUD treatment access line through Gateway will attend assessment appointment.	There is no current department standard for this measure. Current monitoring efforts have demonstrated fluctuation in the percentage successful linkages to treatment after screening in part due to the establishment of phone screening in	SUD Administration recommends continuing to monitor increasing lengths of stay in treatment, as they are still not at the recommended 90 days. Intensive outpatient programs will now be offered at multiple provider locations in the outlying areas, which should facilitate smooth transitions to higher levels of care with the same clinical staff	Substance Use Administrator

Goal(s)	Standard	Objective(s)	Responsible Party
<p>Average length of stay for 1.0 Outpatient level of care will increase to 75 days in year 19/20.</p> <p>Average length of stay for 2.1 Intensive Outpatient will increase to a minimum of 30 days in year 19/20.</p>	<p>addition to maintaining in-person locations</p> <p>Length of stay in outpatient programs should exceed 90 days in order to have a positive effect symptom reduction in substance use disorders.</p>		
<b>EFFECTIVENESS OF SERVICES: Psychiatric Consultations</b>			
<p>100 consultations for FY 2019-20.</p>	<p>Departmental Standard is that any Primary Care Physician within the community has free access to Psychiatric Consultation to ensure safe and effective care.</p> <p>Ensure that our Managed Care partners, and Primary Care Physicians, have the ability and access to consult with KernBHRS Psychiatrists. Inform community partners of availability and report on number of completed consultations.</p>	<p>Over the last year the Medical Services Division has implemented the following to support increased Consultations within the community:</p> <p>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.</p> <p>Become figures in 2 community physical health clinics weekly to be available for both Adult and Child Consultations.</p>	<p>Medical Services Administrator</p>
<b>SERVICE MONITORING: Documentation Reviews</b>			
<p>Improve documentation standards for compliance across all service teams to achieve 5% or less disallowance rates for 85% of the teams reviewed.</p>	<p>The Department standard is that KernBHRS and contract providers need to achieve a 5% or less disallowance rate in chart audits conducted by QID. This standard aligns with the Department of Health Care Services (DHCS) standard for achieving a</p>	<p>Although 5% of disallowance for a team is not easy to do, the goal should remain that the teams achieve a 5% disallowance or less as this standard aligns with the Department of Health Care Services (DHCS) standard for achieving a grade of "Excellent" in the triennial audits.</p> <p>To help teams and contract providers achieve this level of excellence, QID will do the following:</p>	<p>Quality Improvement Administrator</p>

Goal(s)	Standard	Objective(s)	Responsible Party
	grade of "Excellent" in the triennial audits	<ol style="list-style-type: none"> <li>1. Continue to monitor completion of monthly QAAs and corrections of items found out of compliance during those internal team audits.</li> <li>2. QID will provide monthly reports to administrators detailing what teams are and are not in compliance with this requirement.</li> <li>3. QID will continue to contract supervisors when corrections are not submitted for QAAs.</li> <li>4. Continue to audit all internal and contract provider teams quarterly and will increase the number of services from 30 to 40 for audits to ensure staff is documenting services appropriately.</li> <li>5. QID will continue to request teams in a 15% of above to complete and submit a plan of correction on what actions steps will be done to improve those results.</li> <li>6. QID will continue to provide specific team trainings to those with a 30% and above of disallowance and as requested by supervisors or administrators.</li> <li>7. QID will continue to provide monthly advanced writer workshops for those individual needing additional support in their documentation.</li> <li>8. QID will expand the time of the Progress Note beginners training from 4 hours to 8 hours to allow staff to practice documenting services before they go to their teams and have a better understanding of the documentation requirements.</li> <li>9. QID will work with training department and EHR support to explore changes in the training format/schedule and see if Progress Note training can be move to a different day other than Friday to help staff retain the information better and be able to go to their teams the following day after training and practice</li> </ol>	
<b>SERVICE MONITORING: Medication Monitoring</b>			
Each physician will achieve an average overall compliance rating of 80% or higher.	The department standard is that each physician will achieve an average overall compliance rating of 80% or higher.	<p>Update the Quality Assurance Medication Monitoring Review Tool to allow for reviewing children specific prescribing in Mental Health.</p> <p>There have not been reviews of the NTP providers or Mental health contract providers within the last year, the QM team will work together with the Substance Use Disorder Division, Adult and Children's Division Administrators to develop a universal procedure for contractors.</p>	Quality Improvement Administrator

Goal(s)	Standard	Objective(s)	Responsible Party
		<p>Create a tool for reviewing the NTPs</p> <p>Work with IT to develop a database/web app in order to automate the current manual process, allow for better data reporting, analysis and monitoring for both areas of review.</p> <p>Assist with developing the contracts team to increase the medication monitoring contract in order to support the need to expand the medication monitoring process to include the contract providers' physician and the NTPs.</p> <p>Add the contract provider's physicians into the current audit process with the expectation these physicians will be reviewed at least once during the next fiscal year, develop a procedure to get feedback to the contractors through their Contract Administrators and Contract Monitoring processes.</p> <p>Develop an audit process for the NTPs and implement within the next fiscal year, identify a goal for NTP prescribers, and develop a procedure to communicate the results to these contractors through their Contract Administrator and Contract Monitoring processes.</p>	
<b>SERVICE MONITORING: MHP Utilization Management</b>			
<p>95% of all reviewed service authorizations will have successfully demonstrated a medical necessity for authorizing specialty mental health services</p>	<p>Kern Behavioral Health and Recovery Services is committed to assuring all beneficiaries have access to specialty mental health services. As part of our continued utilization management program, regular reviews are conducted to ensure consistency with the department's established guidelines and ASAM criteria</p>	<p>QID will continue to monitor access to specialty mental health services by monitoring assessments that were found not to meet criteria for services auditing for Medical Necessity, Recommended level of Service Needs and Recommendation for treatment.</p> <p>QID will work with Authorizations if a client is found to meet criteria during this evaluation to ensure client is linked to the appropriate services.</p> <p>QID will continue to provide monthly assessment trainings for the department and ensure staff is clearly understanding the differences in level of care and recommendations for treatment.</p> <p>QID will continue to contact team supervisors and LPHA's when documentation needs improvement.</p> <p>QID would work with training department to explore possibilities of providing a training on diagnosing individuals during assessments and reassessments to ensure client's diagnosis is matching the symptoms described.</p>	<p>Quality Improvement Administrator</p>

Goal(s)	Standard	Objective(s)	Responsible Party
<b>SERVICE MONITORING: QI when Negative Clinical Outcome: Mortality and Morbidity (M&amp;M) Summary</b>			
Ensure the M&M Committee continues to review 100% of adverse events for the department and makes quarterly reports with improvement recommendations to the QIC.	The department standard is to review all cases submitted through the M&M committee with recommendations made to the Quality Improvement Committee on a quarterly basis	<p>Provide structured recommendations to QIC with actionable steps that can be implemented if chosen by the QIC/Management Team.</p> <p>Maintain quarterly reporting of M&amp;M events to QIC, including data on trends specific to types of event and teams noted.</p> <p>Maintain feedback letters to teams/SOC (Adult, SUD &amp; Children's) making M&amp;M reports to ensure follow up is provided.</p> <p>Maintain rotation of supervisors or designated staff into committee for further educational and quality improvement efforts</p>	M&M Committee Chair
<b>SERVICE MONITORING: Reduction of Restraints Used in Psychiatric Evaluation Center (PEC)/Crisis Stabilization Unit (CSU)</b>			
Maintain PEC/CSU Physical Restraints, Chemical Restraints, and Seclusions to 2% or less.	PEC/CSU staff will continue to use the least restrictive methods in working with the individual served to reduce the number of Physical Restraints, Chemical Restraints, and Seclusions to the least number possible.	<p>While the goal of 5% or less was met, PEC/CSU strives to further reduce the number of S&amp;Rs administered to individuals being. Further recommendations include:</p> <ol style="list-style-type: none"> <li>1. Emphasis on staff working in the day area or quiet rooms with clients when possible (rather than in the nursing station, back offices, etc.) to more closely monitor individuals who may require earlier interventions to reduce the need for S&amp;R; this is reinforced in the monthly mandatory staff meetings.</li> <li>2. Regular Patient Rights Advocates (PRA) meetings with PEC staff to review S&amp;R incidences. PRA also meets with individuals after a S&amp;R and will share what the individual involved said to PRA to see if the individual believed something different could have been done to prevent the S&amp;R.</li> <li>3. There will be more discussion with outpatient teams and contract providers, emphasizing the importance of 'red flags' in the individual's chart that would possibly assist PEC/CSU staff in more effectively treating the person.</li> </ol> <p>Staff trainings (i.e., ASIST, AEGIS, Pro-ACT, WRAP, crisis communication, solution focused) will continue. ASIST and AEGIS trainings are offered monthly and all PEC staff are required to attend, which is reflected in Employee Performance Reviews</p>	Crisis Services Administrator

Goal(s)	Standard	Objective(s)	Responsible Party
<b>SERVICE MONITORING: Site Certification</b>			
Ensure that all county owned/operated and contracted organizational providers providing Specialty Mental Health Services are certified and recertified per title 9 regulations (chapter 11, section 1810.435 d.) and DMC-ODS waiver	The department standard is for 100% of provider certifications and recertification's to be completed and up to date.	<p>Complete the five (5) recertifications scheduled.</p> <p>Work with the STRTPs on the site certifications requirements and protocol to prepare each site for certification, and when ready complete the site certifications. Currently, there will be eight (8) STRTPs requiring new certifications.</p> <p>Request site schematics identifying the location of specific rooms, i.e., Medication Rooms, chart rooms, etc.</p> <p>Coordinate with DHCS to obtain certification of those county/owned and operated sites (Mary K Shell and Stockdale) with new construction, new suites and new medication rooms.</p> <p>Collaborate with Medical Services on ensuring the medication rooms meet all the standards required in the protocol and any follow up or CAP for the medication rooms</p>	Quality Improvement Administrator
<b>SERVICE MONITORING: Therapeutic Behavioral Services (TBS) Utilization</b>			
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.	Four percent (4%) of unique youth served will receive TBS. In 2017 this goal was met and exceeded at 5.67%	<p>In order to maintain the department's success with meeting the state mandated 4% benchmark, the CSOC will:</p> <p>Continue to closely monitor all mental health providers monthly, as well as quarterly.</p> <p>Continue to monitor 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 being rendered.</p> <p>Continue to meet with providers and department staff to discuss TBS on a monthly basis</p>	Children's System of Care Administrator
<b>SERVICE MONITORING: Unusual Occurrence Reports</b>			
100% of all UOR will be address in an appropriate manner.	All critical incidents/unusual occurrences will be reported to the Quality Improvement Division.	<p>QID will monitor 100% of UORs submitted and make recommendations to teams to improve quality of care provided to the individuals served by:</p> <ol style="list-style-type: none"> <li>QID will implement the electronic application to submit UORs for both KernBHRS and contract providers teams.</li> </ol>	Quality Improvement Administrator

Goal(s)	Standard	Objective(s)	Responsible Party
		<ol style="list-style-type: none"> <li>2. QID will monitor UORs Submitted and review their content to ensure teams are providing the highest quality of care to their clients.</li> <li>3. QID will provide recommendations to teams when areas of concerns were identified during the UOR reviews.</li> <li>4. QID will provide training and support to the contract providers to ensure they understand when and how to complete UORs.</li> <li>5. QID will work report trends and areas of concern/improvement to QIC on a quarterly basis to ensure concerns are addressed at a management level</li> </ol>	

<b>PERFORMANCE IMPROVEMENT PROJECTS (PIP): Non-Clinical</b>		
<b>2018-2019</b>	<b>2019</b>	<b>Person Responsible</b>
<p><b><u>Problem</u></b></p> <p>KernBHRS' Non-Clinical PIP is designed to address the high no show rates for psychiatric appointments.</p> <p><b><u>Study Question:</u></b></p> <p>Will offering an open access schedule (Walk-In Clinic hours) at SEBA (Southeast Bakersfield Adult) increase client access to psychiatric services by decreasing the no-show rate from approximately 30% to 18%?</p>	<p>This Performance Improvement Project may continue during the 2019 fiscal year. During this time additional interventions may be added.</p>	<p>Kelly Levig</p>
<b>PERFORMANCE IMPROVEMENT PROJECTS (PIP): Clinical</b>		
<b>2018-2019</b>	<b>2019</b>	<b>Person Responsible</b>
<p><b><u>Problem</u></b></p> <p>KernBHRS Clinical PIP is designed to address the low rate of family/support person involvement in client services.</p> <p><b><u>Study Question</u></b></p> <p>Will implementing <b>Recovery Oriented Decisions for Relative's Support (REORDER)</b> clinical approach and utilizing the <b>Family Involvement in Treatment Scale (FIT)</b> increase the family inclusion rate from 2.7% to 5%?</p>	<p>This Performance Improvement Project may continue during the 2019 fiscal year. During this time additional interventions may be added.</p>	<p>Kelly Levig</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 2018-2019 Review**

**FY 2019-2020 CULTURAL COMPETENCE  
IMPROVEMENT PLAN**

**Completed By:**

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) 2018-2019 Prior Year Review Outcomes and Activities**
- 2) FY 2019-2020 Cultural Competence Improvement Plan**

The CC 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 CC 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 CC 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. Specifically, the intent of the CC 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 CC Plan Annual Update consists of reporting on the status of the *FY18-19 Prior Year Review Outcomes and Activities* and outlining goals and strategies for the *FY 19-20 CC Improvement Plan*. The CC 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 populations, to effectively address the *FY 18-19 Prior year Review Outcomes and Activities* and *FY 2019-2020 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 community members, 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), SUD, Outreach and Education (O&E), Quality Improvement Division (QID), Public Information Officer (PIO), Information Technology Division (ITD), Community Partners, and other internal staff and community agency partners.

# Kern County



## 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.

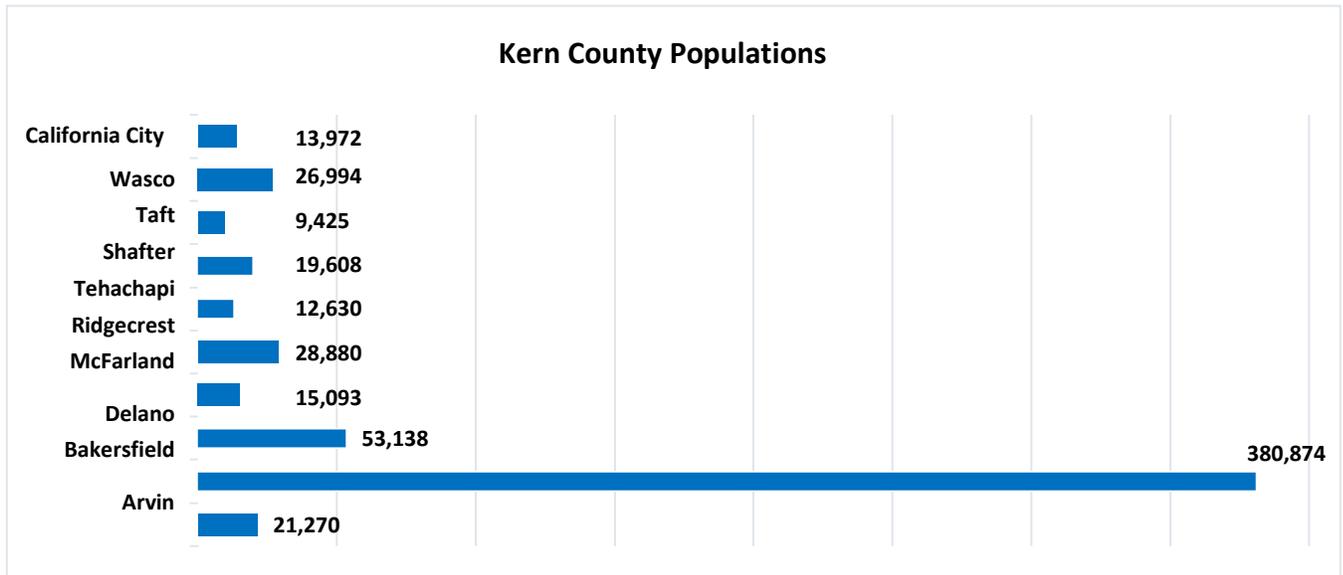
### Economy

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 the Employment Development Department of California, the unemployment rate in December 2018 was estimated at 7.6%, down .8 % compared to 2017, and 3.5% above the unadjusted 4.1% unemployment rate for California. December 2018 saw an increase of 6,700 jobs compared to the year prior.

## Population Breakdown

The below graph represents the number of residents in each Kern County community, based on 2017 Census estimates.



*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.*

## 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. By 2019, the total population is anticipated to reach 908,111 individuals and to reach 920,584 in 2021.

English and Spanish are the primary threshold languages in Kern County. Hispanic/Latin persons constitute 53.4% of the population, which is also made up of White, non-Hispanic/Latin (34%), African American/Black (6.2%), Asian (5.4%), multi-racial (3.1%), Native American (2.6%) and Native Hawaiian/Pacific Islander (0.3%).

### Definitions of Status Ratings:

<b>Status</b>	<b>Definition</b>
<b>Met</b>	Identified issue has been resolved/completed.
<b>Partially Met</b>	The CC Plan Annual Update meets one of the below: <ul style="list-style-type: none"><li>• Established clear plans and is in the early stages of initiating activities to address the recommendations;</li></ul> <b>OR</b> <ul style="list-style-type: none"><li>• Addressed some but not all aspects of the recommendations or related issues.</li></ul>
<b>Not Met</b>	No meaningful activities have been completed.

**FY 2018-2019 PRIOR YEAR REVIEW OUTCOMES & ACTIVITIES**

The KernBHRS CC 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).

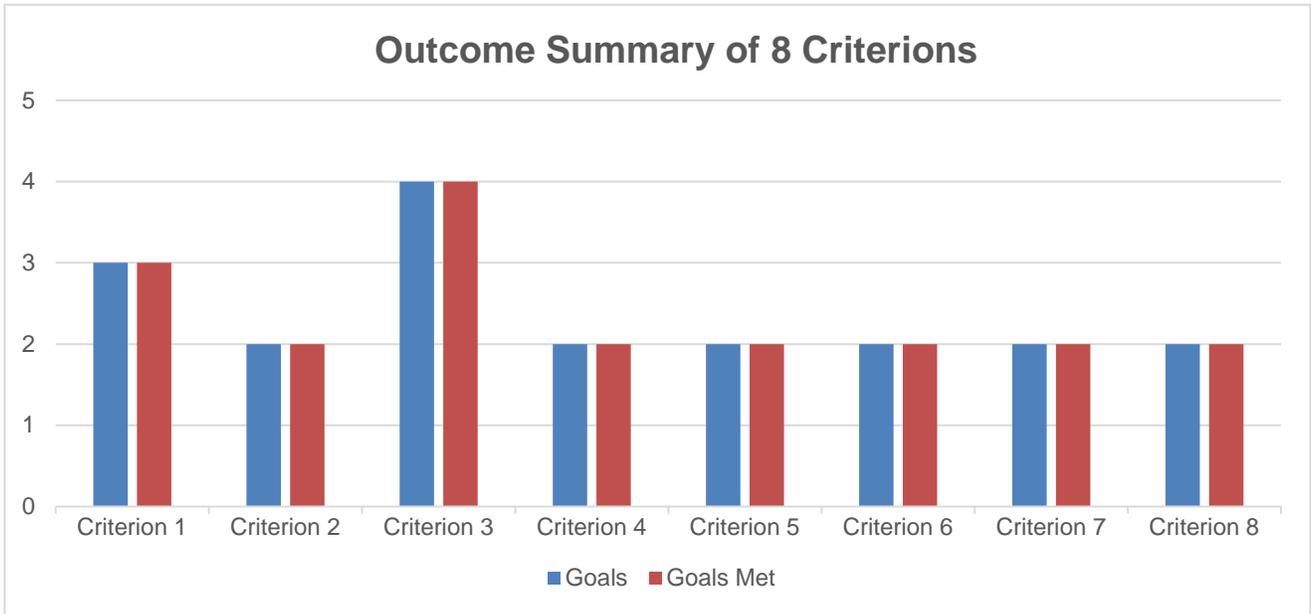
The CA-CCPR Modification (2010) consists of the **EIGHT (8) Domains** related to **CLAS** integrated into the **EIGHT (8) Criteria**.

**Kern County strives to practice the follow Domains, Criteria, and Standards:**

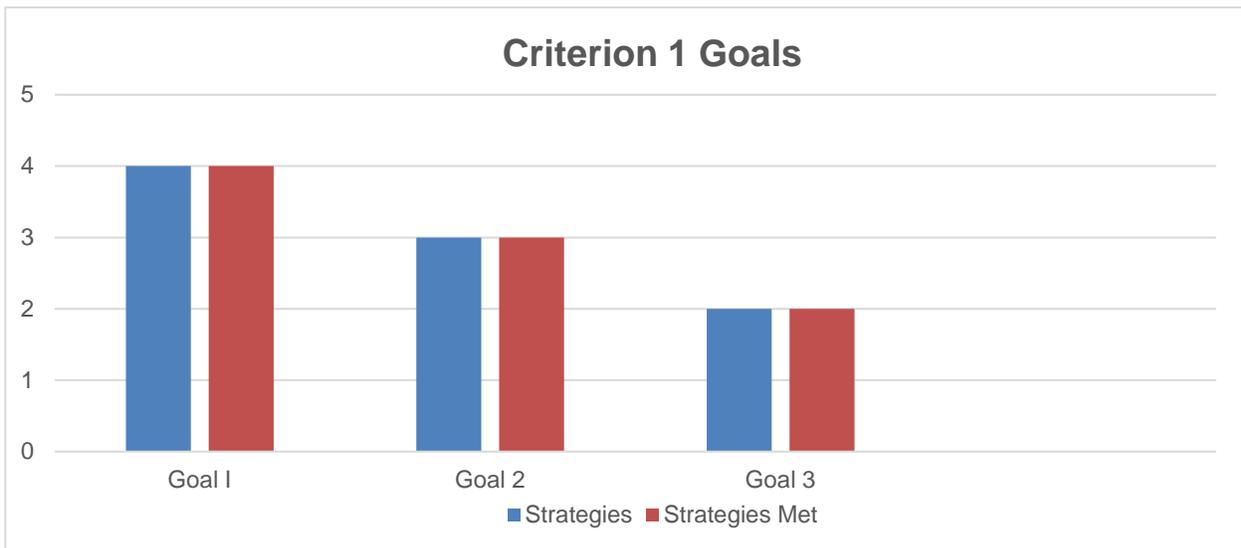
<b>DOMAINS</b>	<b>Areas of Assessments</b>	<b>CRITERIONS</b>	<b>Areas to Examine</b>
<b>Domain 1</b>	Organizations Values	<b>Criterion 1</b>	Commitment to cultural competence
<b>Domain 2</b>	Policies/Procedures/Governance	<b>Criterion 2</b>	County Mental Health System updated assessment of service needs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

**FY 2018-2019 Overall Status Summary: 8 Criterion Goals**

**Note:** All Goals & Activities for FY18-19 were completed



Criterion 1 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
Goal III	Strategy 1	Met
	Strategy 2	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.

**Goal I:** Enhance organization structure and processes to ensure and promote multicultural and diversity practices.

### Strategy 1:

Annual update on policies, procedures and/or practices that reflect steps toward incorporating the recognition and values of racial, ethnic, and cultural diversity within the system. **Met**

#### Activities/Evidence:

New policy:

See Attachment A- 11.01.12-Cultural Competence Resource Committee.

Policies updated:

See Attachment B- 1.5.1- Accessing Bilingual, ASL, and TTY Relay Interpreter Services.

See Attachment C- 5.1.23 Translation of Documents into The Threshold Language(s).

### Strategy 2:

Attend Annual Cultural Competence Conference to learn strategies to enhance organizational structure and process to promote culturally and linguistically appropriate practices. **Met**

#### Activities/Evidence:

Attended: Cultural Competence Annual Conference Oct. 23<sup>rd</sup> & 24<sup>th</sup>, 2018.

Attended: Ethnic Service Manager Meeting Oct. 25<sup>th</sup>, 2018.

See Attachment D- Cultural Competence Annual Summit 2018.

### Strategy 3:

Participate in various state-wide forums such as the County Behavioral Health Directors Association of California (CBHDA) and Southern Counties Regional Partnership (SCRIP) ESM meetings/calls related to CC Plan and requirements. **Met**

#### Activities/Evidence:

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

\*Participation in various SCRIP meetings discussing CC Formal Assessments and/or Trainings such as Multicultural Clinical Supervision.

### Strategy 4:

Be proficient with the CBHDA Framework for Advancing Cultural, Linguistic, Racial & Ethnic Behavioral Health Equity document in order to integrate into the improvement of CC Plan. **Met**

#### Activities/Evidence:

Ongoing research and familiarization of new updates and information.  
Attended California Institute for Behavioral Health Solutions (CIBHS) Cultural Competence & Health Equity Training with Dr. Jei Africa on May 16<sup>th</sup>, 2019.

**Goal II:** Enhance documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system.

**Strategy 1:**

Continue to enhance KernBHRS mission statement and goals of providing culturally effective behavioral health services through standardized sharing of information and resources by updating and being consistent with Policies, Procedures & Practices Related to Culturally and Linguistically Service Areas such as Hearing-Impaired MH Access, Language Interpreters, and Bilingual Bonus. **Met**

**Activities/Evidence:**

Refer to policies:

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

See Attachment C- 5.1.23 Translation of Documents into The Threshold Language(s).

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

**Strategy 2:**

Ensure that CC requirement training of six (6) hours and other diversity training needs are documented and addressed in supervision. The current Supervision Form is being revised to address CC training. **Met**

**Activities/Evidence:**

CC training is addressed in supervision and reflected in staff's Annual Employee Performance Review. Trainings are reflected in staff's Relias training Transcript account. Supervisors utilization of the developed Supervision Forms to ensure that staff complete required training.

See Attachment F- Cultural Competence Training Courses FY18-19.

See Attachment G- Supervision Form for Direct Services Staff.

See Attachment H- Supervision Form for Non-Direct Service Staff.

**Strategy 3:**

Enhance Human Resource Training and Recruitment Policies, Contractor Language Requirements, and other key documents that demonstrate system-wide commitment to cultural and linguistic competence. **Met**

**Activities/Evidence:**

KernBHRS policies include Mental Health, SUD, and/or Contract Agencies.

See Attachment I- 1.6.15 Accessibility Plan.

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

See Attachment J- Language Line Services Amendment Contract FY18-19.

**Goal III:** Enhance trainings for a culturally diverse workforce in both MH and SUD in order to provide effective services of our diverse communities.

**Strategy 1:**

Provide engagement trainings to all direct service staff to effectively work with diverse individuals, groups, and families. **Met.**

**Activities/Evidence:**

The System-Wide Engagement Training for all client direct service staff began in February 2019. The training will occur in a five (5)-year span. So far 120 staff have completed the training.

**Strategy 2:**

Continue to recruit, hire, train, support, and retain MH and SUD workforce such as peer support, volunteers with lived experiences, and/or with diverse backgrounds, and experiences in order to enhance a diverse MH and SUD workforce. **Met**

**Activities/Evidence:**

Total of 36 Peers Onboarded, according to Human Resources (HR) and Recovery Services Administration (RSA) for FY18-19.  
 Total of Peer Employees Hired= 5.  
 Total of Peer Volunteers Onboarded= 26.

Criterion 2 Outcome Status Summary		
GOALS	STRATEGIES	STATUS
Goal I	Strategy 1	Met
	Strategy 2	Met
Goal II	Strategy 1	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.

**Goal I:** Enhance integrating stakeholders in the process of identifying training gaps and training needs of the community.

### Strategy 1:

CCRC, ESM, and TRC continue to meet regularly to assess and discuss feedback obtained from various stakeholders' meetings and/or cultural populations such as National Alliance on Mental Illness (NAMI), Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+), System Quality Improvement Committee, MHSA, etc. for potential CC trainings to offer to KernBHRS staff, Contract Partners, and Community. **Met**

### Activities/Evidence:

Trainings completed/offered are provided under MH and/or SUD programs, which are related to LGBTQ+, Homelessness, Zero Suicide, Trauma Informed Care trainings.

Total Live & Relias Trainings= 51.

Total Attendance= 5,142.

See Attachment F- CC Trainings Courses FY18-19.

### Strategy 2:

Participate in state-wide efforts such as surveys and interviews related to Kern, to identify gaps and needs of diverse populations and the community. KernBHRS is also participating in the SCR. **Met.**

### Activities/Evidence:

SCR Formal Assessment on CC is currently in process.

Survey sent for June thru July 2019 for KernBHRS and Contract Agencies Staff. Data gathered will be reviewed to identify needs, gaps, and improvement needed key areas to address.

Total Participants= 810.

Total Survey Response/Completed= 629 (77%).

**Goal II:** Enhance evidence-based practices for diverse ethnic groups.

### Strategy 1:

From Stakeholders feedback on training needs on diverse groups, the CCRC, TRC, and other key entities will review training topics, so that trainers can be identified to offer diverse trainings in various populations, which include, but not limited to the below: **Met**

- Immigrant Families
- Cultural Humility & Diverse Families
- Human Trafficking Culture
- Diversity in the Workplace

- Poverty and Homelessness training
- LGBTQ+ Populations Training
- Culture of Transitional Age Youth
- Individuals with Disability
- Spirituality and Religion Integration in Treatment
- MH Interpreter & Written Translation Training
- Role of the Interpreter in the Behavioral Health Setting
- Foster youth Culture
- Trauma Informed Care

**Activities/Evidence:**

Continuous CC trainings completed/offered.

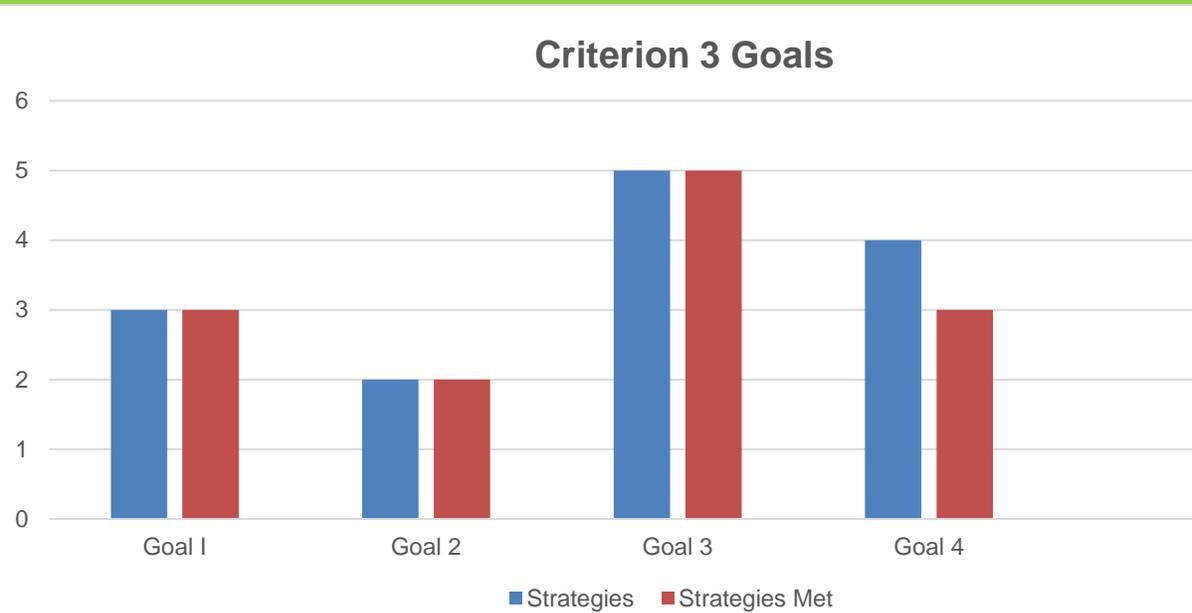
Total Live & Relias Trainings= 51. Total Attendance= 5,142.

See Attachment F- Cultural Competence Training Courses FY 18-19.

**Criterion 3 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
Goal III	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
	Strategy 4	Met
	Strategy 5	Met
Goal IV	Strategy 1	Partially 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).

**Goal 1:** Enhance O&E efforts and projects that are aimed at increasing the penetration rate of the *Hispanic/Latino* populations.

**Strategy 1:**

Continued discussion to identify ways to increase penetration rate for outreach, access, engagement, linkage, and services for MH & SUD through various meetings, events and/or stakeholder participants. **Met**

**Activities/Evidence:**

Goal= 4.2 % Penetration Rate Met Goal.

10.7% According to the Penetration Rate Report.

Continuous activities and partnership with MHSA, PIO, CCRC & QID to maintain and/or increase penetration rate. See Attachment K- Outreach & Events Activities FY 2018-2019 Underserved/Hard to Reach Populations: **Hispanic/Latino Beneficiaries.**

**Strategy 2:**

Continued work with MHSA and relevant team(s) to ensure contract with La CLAVE

outreach program is complete, assisting with O&E in the community, access to care and provide training of engagement and behavioral health services to Hispanic/Latino populations. **Met**

**Activities/Evidence:**

Met with RSA and La CLAVE/Dr. Lopez in January 2019. Program has begun to work with the Adult teams for O&E to Hispanic/Latino populations. RSA is beginning to track data of individuals who have received services from La CLAVE.

**Strategy 3:**

Continued work with O&E and ITD to ensure O&E efforts, events, activities are captured **accurately for data reporting**. For example, updating Demographic Forms. **Met**

**Activities/Evidence:**

Strategic Plan with MHSA, PIO & ITD is ongoing addressing demographic questions on sexual identify, ethnicity, and race. A video will be used for training purposes of clinicians only. Currently, it is in draft version. Continuous improvement work on this goal.

**Goal II:** Enhance threshold language assistance (Spanish) among Medi-Cal Working Poor Population.

**Strategy 1:**

Ensure documents and forms are translated in the threshold Spanish language and other languages. **Met**

**Activities/Evidence:**

See Attachment L- Language Line Translated Materials FY 18-19.

**Strategy 2:**

Enhance Language Line Services contract to explore video solutions to assist with language and/or ASL services. **Met**

**Activities/Evidence:**

See Attachment J- Language Line Solutions Amendment Contract FY18-19. See Attachment M- Independent Living Center of Kern County ASL Interpreting Services Agreement.

**Goal III:** Enhance O&E efforts and projects that are aimed at increasing the penetration rate of the **African American (AA)** populations.

**Strategy 1:**

Continued discussion to identify ways to increase penetration rate for outreach, access, engagement, linkage, and services for MH & SUD through various meetings, events and/or stakeholder participations. **Met**

**Activities/Evidence:**

Goal= 4.2% Penetration Rate  
Met Goal.  
22.29 % According to the Penetration Rate Report.  
  
Total= 18 events. Attendance= 1,859.

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

See Attachment K- Outreach & Events Activities FY 2018-2019  
Underserved/Hard to Reach Populations: **African American** beneficiaries.

**Strategy 2:**

Continued work with O&E, PIO, MHSA, and ITD to ensure O&E efforts, events, activities are captured accurately for data reporting. **Met**

**Activities/Evidence:**

Ongoing collaboration with MHSA and relevant entities to standardize data reporting of O&E efforts. Due to changes in PIO and reorganizing of O&E and MHSA, revisiting strategic plan to finalize implementation need to occur.

**Strategy 3:**

Provide specific AA culturally competent trainings on how to outreach, engage, treat, and provide effective services to **AA** population. **Met**

**Activities/Evidence:**

Trainings completed, but not limited to the below courses:  
CC: Multi-Cultural and Diversity Training  
CC: Enhancing Cultural Humility in Working With Diverse Families in Community Based-MH Settings  
See Attachment F- Cultural Competence Training Courses FY18-19.

**Strategy 4:**

Continued AA CCRC sub-committee recruitment from the community. **Met**

**Activities/Evidence:**

Total AA Members= 4  
Ongoing recruitment of CCRC members.  
See Attachment N- CCRC Organization Chart.

**Strategy 5:**

CCRC to research and review the Emotional Emancipation Circle- Community Support Groups, an evidence-based practice according to CIBHS, where the model addresses negative experiences and historical factors of AAs and the process of healing and psychological freedom. **Met**

**Activities/Evidence:**

CCRC reviewed and discontinued this activity. Group will research other options.

**Goal IV:** Enhance O&E efforts and projects that are aimed at increasing the penetration rate of the **Asian/Pacific Islander (API)** populations.

**Strategy 1:**

Continued discussion to identify ways to increase penetration rate for outreach, access, engagement, linkage, and services for MH & SUD through various meetings, events and/or stakeholder participations. **Met**

**Activities/Evidence:**

Goal= 4.2% Penetration Rate.  
Partially Met Goal.  
3.9% According to the Penetration Rate Report.

Total= 4 events. Attendance= 69.  
Continuous activities and partnership with MHSA, PIO, CCRC & QID to maintain and/or increase penetration rate.

See Attachment K- Outreach & Events Activities FY 2018-2019  
Underserved/Hard to Reach Populations: **Asian/Pacific Islander**  
Beneficiaries.

**Strategy 2:**

Continued work with O&E, PIO, and ITD to ensure O&E efforts, events, and activities are captured accurately for data reporting. **Met**

**Activities/Evidence:**

Continued various events.  
See Attachment O- Community Guide to Hope Book. See Attachment P- In This Together Ribbons for Awareness Community Event Flyer for May is Mental Health Month.

**Strategy 3:**

Enhance culturally competent trainings on how to outreach, engage, treat, and provide effective services to API population. **Met**

**Activities/Evidence:**

Trainings completed, but not limited to the below courses:  
CC: Multi-Cultural and Diversity Training  
CC: Enhancing Cultural Humility in Working with Diverse Families in Community Based-MH Settings

See Attachment F- Cultural Competence Training Courses FY18-19.

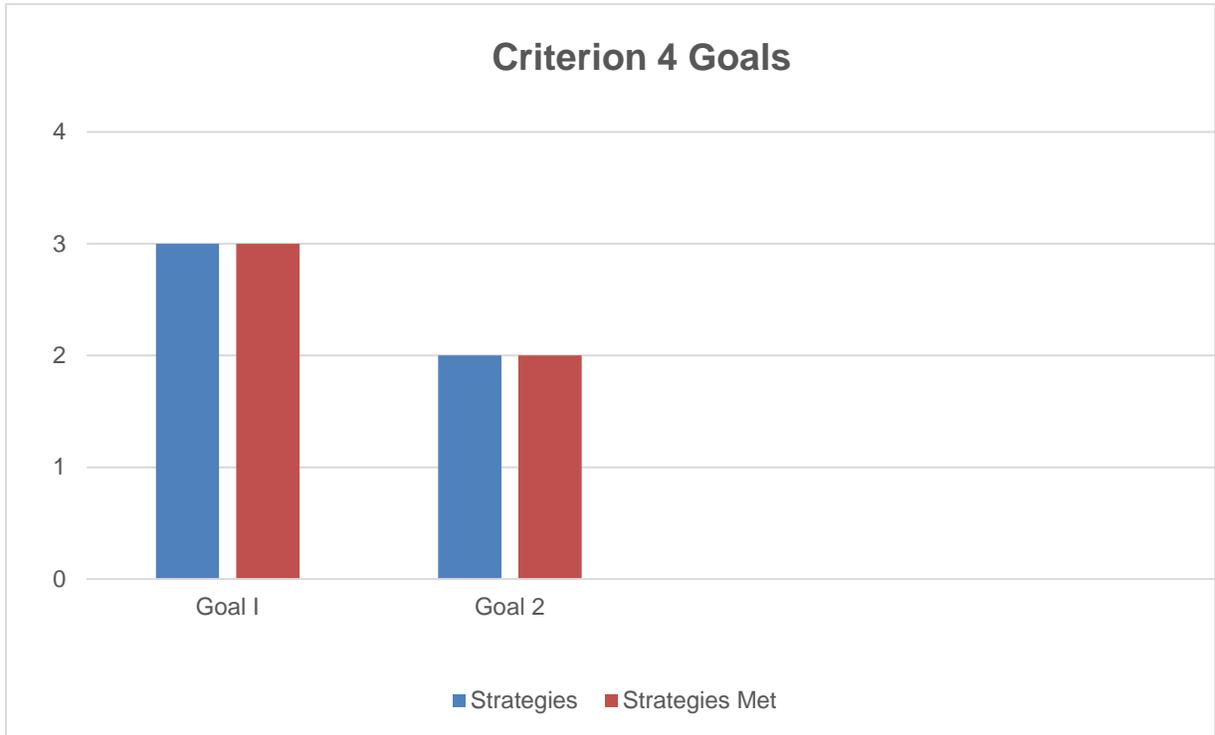
**Strategy 4:**

Continued work with PIO and O&E to recruit API CCRC sub-committee members from internal system and/or community. **Met**

**Activities/Evidence:**

From one (1) CCRC member to three (3) CCRC members.  
See Attachment N- CCRC Organization Chart.

Criterion 4 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



**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 diversity of workforce staff in the organization to reflect community demographics.

**Strategy 1:**  
Continued in-county and out-of-county recruitment efforts to increase diverse workforce. **Met**

**Activities/Evidence:**

Ongoing Recruitment efforts in the community and/or state-wide.

Total= 17 events.

See Attachment Q- Community Events & Recruitment Activities FY18-19.

**Strategy 2:**

Continued efforts to track workforce diverse demographics such as ethnicity, language, and other diverse characteristics. **Met**

**Activities/Evidence:**

According to HR Report, below is the demographics for KernBHRS staff:

Spanish Verbal Interpreters= 70.

Spanish Written Translators= 77.

Other Dialects Interpreters= 52.

Filipino dialect=17 Sign- ASL=6 Punjabi=5 French=3

Turkish=1 Farsi=2 Hindi=3 Urdu=2 Latvian=1

Tamil=1 Turkish=1 German=1 Arabic=1

Japanese=1 Bengali=1 Vietnamese=1

Norwegian=1 Mandarin=1 Serbian=1

**Activities/Evidence:**

Ongoing monthly meetings to discuss and identify improvement key areas to address items, such as ongoing penetration rate on various ethnic groups, homelessness, trauma informed care and engagement trainings.

**Goal II:** Enhance collaborations with community partners to identify gaps and needs to improve effective behavioral health services.

**Strategy 1:**

Continued participation in various collaborative meetings and events such as SQIC, CCRC, Public Health, and/or other community entities in order to identify needs of diverse community. **Met**

**Strategy 2:**

Continued work with MHSA Coordinator, O&E Coordinator, and other public forums to obtain stakeholder's and/or community feedback regarding gaps and needs of cultural competence trainings and services in the community. **Met**

**Activities/Evidence:**

Ongoing Collaborative work with CCRC, MHSA Team, and other entities such as SCRP.

See Attachment R- FY 2018/19 Community Planning and Stakeholder Feedback Schedule.

Examples of Flyers:

Attachment S- Stakeholder Meeting 3.12.2019.

Attachment T- Stakeholder Meeting 5.17.2019.

Criterion 5 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 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:** Enhance CC trainings to address diverse groups, unserved or underserved populations.

**Strategy 1:**  
Continued tracking and monitoring that 80% of staff, including Contract providers receive a minimum of six (6) hours CC training annually. 80% of KernBHRS staff will be in compliance with the six (6) hours of CC training within their annual Employee Performance Review. **Met**

**Activities/Evidence:**  
Supervisors track CC training throughout the year. Supervisors run Relias Reports to ensure a minimum of six (6) hours CC training is completed annually. Supervisors monitor CC trainings during supervision with staff.

See Attachment G- KernBHRS Direct Service Staff Supervision Form.  
See Attachment H- KernBHRS Non-Direct Service Staff Supervision Form.  
See Attachment F- Cultural Competence Training Courses FY18-19.

**Strategy 2:**

Work with specific teams such as SUD to ensure diverse target population, i.e. Human Trafficking training is added to staff's training plan. **Met**

**Activities/Evidence:**

2 Human Trafficking Trainings completed. Total Attendance: 225  
See Attachment F- Cultural Competence Training Courses FY18-19.

**Strategy 3:**

Continue to discuss, review, and track in CCRC and TRC gaps and needs of CC training topics relevant to Kern County such as MH Interpreters, LGBTQ+, Aging & Elderly, Disabilities, Veterans, Homelessness and Poverty, Immigration & Acculturation, Transitional Age Youth, Foster youth, etc. **Met**

**Activities/Evidence:**

Total CC Trainings= 51.  
See Attachment F- Cultural Competence Trainings Courses FY18-19.

**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:**

Example of Course Evaluations reviewed: Rating is on a scale from 1- 4.  
1= Poor, 2= Fair, 3=Good, 4=Excellent

\*Multi-Cultural & Diversity: 3.9

\*CC: Birth, an Intersection Between Maternity and Mental Health: 3.3

\*CC: Post-Traumatic Stress Disorder/Complex Post-Traumatic Stress Disorder with a Focus on Dissociation: 3.9

\*CC: Trauma and Substance Use Mental Health Issues, Trauma Informed Treatment: 3.9

\*WRAP: 3.9 average

\*TIP-Multi-cultural perspective: 3.9 average

See Attachment F- Cultural Competence Training Courses FY18-19.  
See Attachment U- KernBHRS Course Evaluation Form.

**Strategy 2:**

Research ways to improve obtaining pre and post evaluations on trainings attended, identifying electronic ways to obtain feedback to improve the quality of trainings. **Met**

**Activities/Evidence:**

Worked with Relias Group and Training Services to identify pre and post evaluations. Reviewed various courses such as the Evaluation Survey Analysis Report on:

- 1) *The Role of the Behavioral Health Interpreter &*
- 2) *CC Plan Training to determine quality of training to identify improvement areas, Total of 1,071 evaluations to review. In process on development improvement at this time.*

**Strategy 3:**

Research ways to create post evaluation online surveys to obtain feedback on the quality and effectiveness of trainings such as measuring enhanced CC skills of staff. **Met**

**Activities/Evidence:**

Completed/assigned CC Plan Training to staff, June- July 12<sup>th</sup>, 2019.

Total= 96 % of KernBHRS completed the training.

Pending final report on outcome of the evaluation forms to be reviewed to identify key improvement areas.

Completed SCRP CC Plan Formal Assessment Surveys & Focus Group, June- July 12<sup>th</sup>, 2019.

Total= 629 opted to complete the Survey.

Pending final report on outcome of the data collected for Fall 2019.

Criterion 6 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



**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:** Enhance recruitment and retention efforts to onboard diverse workforce.

**Strategy 1:**

Continue to outreach to various community partners such as Universities to recruit and train diverse individuals and groups. **Met**

**Activities/Evidence:**

17 Total Recruitment efforts per HR report.  
See Attachment Q- Community Events & Recruitment Activities FY 2018-2019.

**Strategy 2:**

Continued efforts to work with PIO and HR to target recruiting a multicultural workforce in all levels. **Met**

**Activities/Evidence:**

Various recruitment efforts occur throughout the year.  
Examples:  
See Attachment V- Behavioral Health Career Expo Flyer.  
See Attachment W- KernBHRS HR Brochure Job Recruitment.  
See Attachment X- KernBHRS Recruitment Announcement - Job Posting.

**Strategy 3:**

Work with MHSA Coordinator and HR to identify goals and objectives related to Workforce Education Training, to ensure continued assessment of behavioral health workforce needs to guide efforts in inclusion activities, recruitment, and retention. **Met**

**Activities/Evidence:**

Completed Workforce Needs Assessment in 2013.  
Key data identified:  
1) Across KernBHRS, direct service staff and non-direct service staff categories have the most need for additional staff to meet the needs of current clientele.  
2) Among the direct services staff the greatest need is in the areas of licensed clinical social workers, licensed marriage and family therapists, psychologists, and medical professionals such as psychiatrists.

**Goal II:** Enhance efforts to support consumers as part of a diverse workforce.

**Strategy 1:**

Continued efforts to work with RSA and HR to recruit and retain peer support and family members with lived experiences. **Met**

**Activities/Evidence:**

One major activity/training to increase recruitment and retention of peer support is the Peer Employment Training and Advanced Peer Employment Trainings twice a year.

Total= (eight) 8 staff completed Peer Employment Training.

Peer Employment Training is at least 76 hours of class time plus homework.

Total= 10 staff completed Advanced Peer Employment Training.

Advanced Peer Employment Training is at least 21 hours of class time plus homework.

See Attachment Y- Peer Employment Training Flyer Example.

**Strategy 2:**

Improve ways to track new hires and existing peer support and family members with lived experiences, whether they are employees or volunteers. **Met**

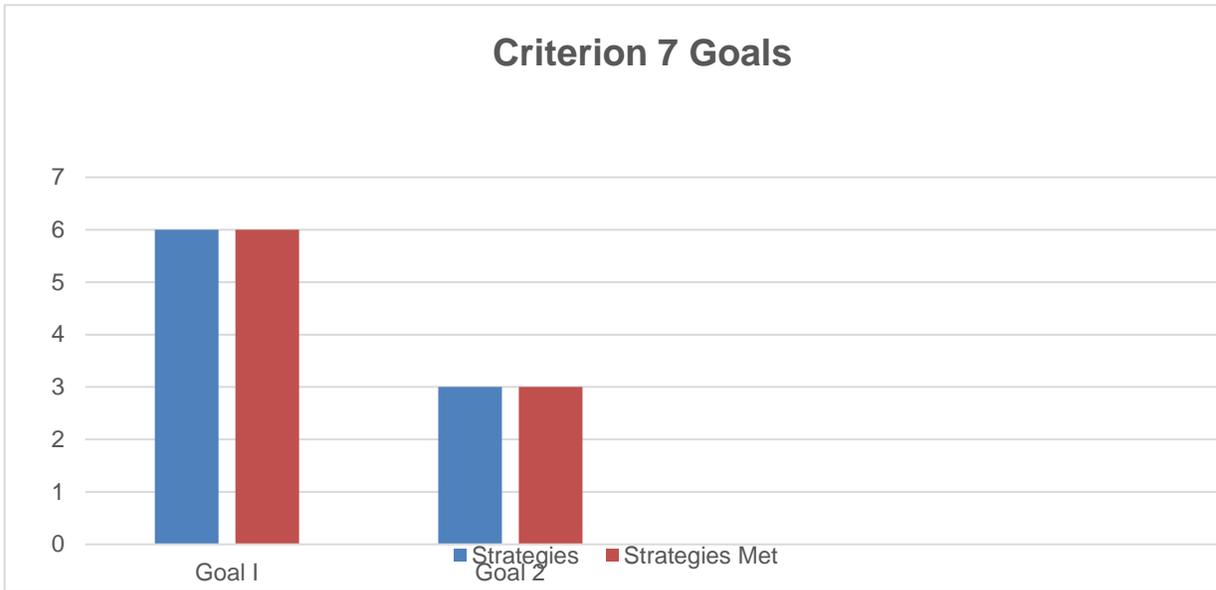
**Activities/Evidence:**

Continuous partnership with HR & RSA to track peer volunteers and employees.

Data for FY18-19: Total Peers Onboarded= 22

(5 Employees; 17 Volunteer Peers and/or Family Support)

Criterion 7 Outcome Status Summary		
GOALS	STRATEGIES	STATUS
Goal I	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	Met
	Strategy 4	Met
	Strategy 5	Met
	Strategy 6	Met
Goal II	Strategy 1	Met
	Strategy 2	Met
	Strategy 3	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.

**Goal I:** Enhance linguistic capabilities to meet the threshold languages of the county.

**Strategy 1:**  
Continue to provide a minimum of annual interpreter trainings to new staff and existing staff who assist in interpreting in the threshold language- Spanish. **Met**

**Activities/Evidence:**  
Interpreting Services Relias Training offered to staff.

Courses:

Legal Procedures and Client Rights for Behavioral Health Interpreters  
Overview of the Behavioral Health System for Behavioral Health Interpreters  
The Role of the Behavioral Health Interpreter  
Total Attendees: 312

**Strategy 2:**

Enhance current resources/contracts such as Language Line Services related to interpreter and translation assistance and/or Limited English Proficiency, including ASL to improve interpreter services. **Met**

**Activities/Evidence:**

Ongoing Partnership with Independent Learning Service of Kern County and Language Line Services.

Total= 98 ASL Interpreter Services provided for FY18-19.

Contract budget for Language Line Services increased for FY19-20.

**Strategy 3:**

Pilot an innovative earpiece translation system (Waverly Laboratory) to determine if equipment is effective and consumer friendly in providing interpreting assistance to clients. **Met & Discontinued**

**Activities/Evidence:**

Assessed and ITD identified that the device is not HIPAA compliant. Will research other products geared towards consumers for stakeholder public meetings and efforts.

**Strategy 4:**

Continued work with ITD and QID to improve ways to monitor and track data on the interpreting services provided, translation services provided, and/or Limited English Proficiency such as ASL assistance. **Met**

**Activities/Evidence:**

Language Line Services Reports Summary FY18-19:

**Verbal Interpretation Total= 592**

Spanish	483
Mandarin	46
Punjabi	34
Arabic	9
Cambodian	9
Tagalog	3
Vietnamese	3
Hindi	2
Hmong	1
Laotian	1
Albania	1

**22 Examples of Various Written**

Translations from English to either Spanish, Braille, and/or Arabic:

- Patient Rights
- NOABD Notices
- Children's Demographic Form
- Booklet and Provider Directory
- Welcome Packet
- Depression and Stress Relief
- KernBHRS Provider Directory
- KernBHRS Education Form
- Kern ODS Waiver Beneficiary Handbook
- MHP Beneficiary Handbook
- Treatment Plan
- Recovery Form
- JPPS & Children's SOC
- KernBHRS Flyer
- Provider Directory and Info Sheets
- Continuity of Care Lobby Poster
- CalWORKs
- MHP Beneficiary Handbook
- MHP Beneficiary Handbook (Audio)
- NOABD & NAR
- Your Rights - 2019 Update
- Kern Linkage Division Form

**ASL Independent Living Center of Kern County Report**

Total= 98 ASL Interpreting provided FY 18-19.

**Strategy 5:**

Monitor and track bilingual staff who are assisting with interpreting services. **Met**

**Activities/Evidence:**

According to HR report, there are a total of 147 Verbal (Tier I) and Written (Tier II) Interpreters and Translators in KernBHRS. The Bilingual Directory is posted in

SharePoint.

Tier I= 70

Tier II= 77

Total= 147

**Strategy 6:**

Work with ITD to identify ways to run reports on amount of services provided in threshold language and/or other LEP assistance. **Met**

**Activities/Evidence:**

Per Penetration Rate Report per Language Interpreter provided, the below is the breakdown:

**Total Unique Clients= 15,399**

English= 13,015= 84 %

Spanish (Threshold Language) = 2,349= 15 %

Other Languages= 29 = .96 %

Sign Language= 6= .04 %

Goal II: Create a method to analyze the effectiveness of trainings offered to staff and interpreters.

**Strategy 1:**

Ensure that interpreter trainings have evaluations at the end of courses to ensure that learning objectives have been completed, as well as ensuring that attendees have retained the information and are able to apply learned skills. **Met**

**Activities/Evidence:**

Total Course Evaluations Completed= 264.

Examples of Relias Course Evaluation Survey Analysis Course:

*Legal Procedures and Client for Behavioral Health Interpreters:*

95 % reported Strongly Agree to Agree on Question: This course was clearly presented.

98% reported Strongly Agree to Agree on Question: Course Content was relevant for my job.

**Strategy 2:**

Develop Bilingual Definition and Rating Levels of language proficiency of staff. Staff will complete self-rating of their language proficiency, whether it is *certified, fluent, good, fair, or poor*. **Met**

**Activities/Evidence:**

Rating is defined in three (3) categories:

1. Certified
2. Fluent
3. Not Applicable (N/A)

See Attachment Z- Network Adequacy Certification Tool Bilingual Staff Certification Definition.

**Strategy 3:**

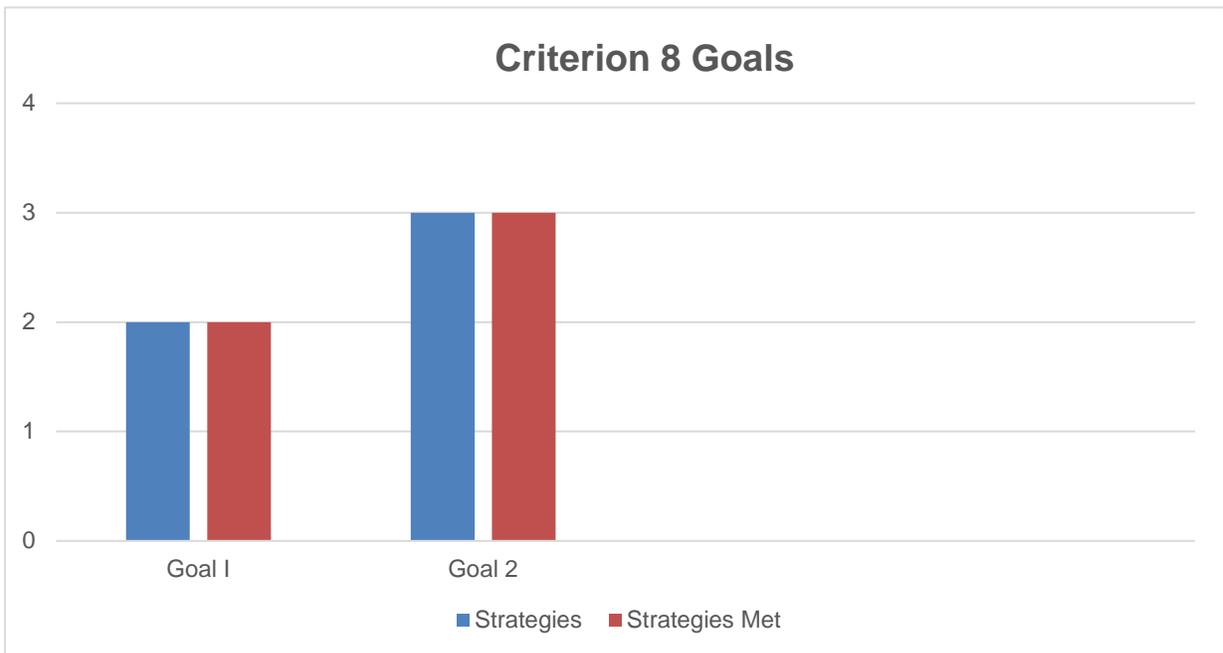
Research an external provider to train and assess staff who are assisting in

interpreting assistance to ensure quality of interpreting skill. **Met**

**Activities/Evidence:**

Identified Independent Learning Center of Kern County to provide interpreting training for KernBHRS staff for FY 19-20.

Criterion 8 Outcomes Status Summary		
GOALS	STRATEGIES	STATUS
Goal I	Strategy 1	Met
	Strategy 2	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).

**Goal I:** Enhance programs to effectively provide adaptation services to diverse individuals and groups.

**Strategy 1:**

Improve staff's engagement skills to effectively identify core and cultural beliefs and practices of individuals and families to integrate into culturally and linguistically appropriate services to clients. **Met**

**Activities/Evidence:**

Implemented 5-year System-Wide Engagement Training February 2019. Four (4) month course consists of engagement skills to outreach and serve various ethnic individuals and groups.

Goal is for KernBHRS direct staff to complete the training.

February 2019 Cohort # 1 Graduates= 52.

June 2019 Cohort #2 Participants= 64 in process.

**Strategy 2:**

Specific direct service staff complete the Wellness Recovery Action Plan training to ensure that KernBHRS staff are trained in the recovery and wellness oriented engagement, approach, and adaptation of treatment. **Met**

**Activities/Evidence:**

Total Wellness Recovery Action Plan Training Attendees= 151.

Total Wellness Recovery Action Plan Advanced Facilitator Training= 2

**Goal II:** Enhance the beneficiary problem resolution process that are culturally and linguistically appropriate to identify, prevent, and resolve Grievance and Appeals.

**Strategy 1:**

Continued work with PRA to improve and/or update accessibility of Grievance & Appeal Procedures brochures translated in threshold language, Spanish. **Met**

**Activities/Evidence:**

Translated Grievances & Appeals Forms completed.

Examples are titled in the below documents:

PRA NOABD Notices  
Booklet and Provider Directory  
Welcome Packet  
KernBHRS Provider Directory  
November 2018  
Outreach & Education  
Kern ODS Waiver Beneficiary  
Handbook  
MHP Beneficiary Handbook

MHP Beneficiary Handbook  
MHP Beneficiary Handbook (Audio)  
PRA NOABD & NAR  
Your Rights 2019 Update  
Provider Directory and Info Sheets  
Continuity of Care Lobby Poster

**Strategy 2:**

Continued system-wide trainings to promote accessibility for all beneficiaries to the Grievance and Appeal Systems. **Met**

**Activities/Evidence:**

Family Engagement & Integration Training under PRA are offered throughout the year. Total Attendance= 226 FY 18-19.

**Strategy 3:**

Continued work with PRA to improve tracking and monitoring of post- grievance evaluations of grievances completed and their outcomes. Specifically, complaints related to quality customer service grievances and efforts to resolve complaints.

**Met**

**Activities/Evidence:**

According to the PRA Report, the below information was related to Grievance & Appeals. Two (2) cases were related to Cultural Competence areas, which were resolved successfully:

Total Grievance & Appeal cases = 310

Preferred Language Breakdown of the 310:

94.5 % English Speaking

5.5 % Spanish Speaking

Nature of Problem Categories:

Access/Linguistic Services=2

Quality of Care/Appropriateness of Services=1

## FY 2019-2020 CULTURAL COMPETENCE IMPROVEMENT PLAN

The KernBHRS CC 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 Culturally and Linguistically Appropriate Services (CLAS) integrated into the **EIGHT (8) Criteria**.

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

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

**Strategy 2:**

Partner with MHSA Team & SUD to identify, track, and monitor O&E, Workforce

Education and Training, and other Prevention and Early Intervention

activities/efforts and integrate information into the CC 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.

**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.

**Strategy 2:**

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

**Strategy 3:**

Update policies related to required CC trainings.

**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:** 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.

**Strategy 2:**

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

**Strategy 3:**

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

**Goal II:** Complete CC Formal Assessment.

**Strategy 1:**

Partner with SCRIP to complete Final Report on KernBHRS Formal Assessment to identify needs, gaps, improvements areas, and/or other culturally and linguistic services

**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.

**Strategy 3:**

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

**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 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.

**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.

**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.

**Strategy 4:**

Partner with MHSA Team 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 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).

**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.

**Strategy 2:**

Partner with ITD, QID & MHSA Team 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 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.

**Strategy 2:**

Partner with ITD, QID & 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 Workforce Education and Training funds, attend 2020 CC Annual Summit to learn specific strategies to outreach and penetrate the Hispanic/Latino population.

**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.

**Strategy 2:**

Partner with ITD, QID & MHSA Team 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, 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, QID & 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 CC African American Mental Health Annual Conference to learn specific strategies to outreach and penetrate the African American/Black population.

**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.

**Strategy 2:**

Partner with ITD, QID & MHSA Team 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 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.

**Strategy 2:**

Partner with ITD, QID & 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 Workforce Education and Training funds, attend 2019 API MH Empowerment Conference to learn specific strategies to outreach and penetrate the API 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 to review and contribute strategies, recommendations, and/or planning and development of CC items.

**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.

**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.

**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.

**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 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.

**Strategy 2:**  
Identify Licensed Professionals to complete the SCRP 12- week Multi-Cultural Clinical Supervision Training in order to provide effective supervision to clinicians.

**Strategy 3:**  
Staff to complete System-Wide Engagement Training in order to work effectively with diverse groups.

**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 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.

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

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

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

**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 MHSA Workforce Needs Assessment, under the Workforce Education and Training component of MHSA.

**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.

**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.

**Strategy 3:**

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

**Strategy 4:**

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

**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.

**Strategy 2:**

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

<b>CRITERION 7: COUNTY MENTAL HEALTH SYSTEM LANGUAGE CAPACITY</b>
<p><b>Rationale:</b> 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.</p>
<p><b>Goal I:</b> Increase bilingual workforce capacity.</p> <p><b>Strategy 1:</b> Dedicate resources to increase Tier I (Verbal) and Tier II (Written) Interpreters Certification.</p> <p><b>Strategy 2:</b> Maintain contract with Language Line Services to assist with Limited English Proficiency, including but not limited to verbal interpreter, written translation, and Braille.</p> <p><b>Strategy 3:</b> 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.</p> <p><b>Strategy 4:</b> Utilize MHSA Workforce Education and Training funds to build and support recruitment, retention, and/or training of bilingual and diverse workforce.</p>
<p><b>Goal II:</b> Provide assistance to persons who have Limited English Proficiency by using interpreter services.</p> <p><b>Strategy 1:</b> 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).</p> <p><b>Strategy 2:</b> Maintain and post posters/bulletins in clinics of the availability and information of interpreters assistance.</p> <p><b>Strategy 3:</b> Track and monitor translated documents in culturally and linguistically appropriate</p>

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).

**Strategy 4:**

Partner with Independent Learning Center of Kern County 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 provide to consumers (relates to MHP and DMC-ODS)

**Strategy 2:**

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

**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 assessible to disabled persons, and to adapt clinics to be comfortable and inviting to persons of diverse cultural backgrounds and populations served.

**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.

**Strategy 2:**

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

**Strategy 3:**

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

## Summary

The strategies outlined in the FY19-20 Cultural Competence Plan Improvement Goal mentioned above in this report have been developed with the purpose of eliminating stigma, discrimination, and disparities 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, Mental Health Services Act Team, Quality Improvement Division, Patient's Rights Advocate, Substance Use Division, Training Review Committee, Information Technology Division, Public Information Officer, Outreach & Education Coordinator and KernBHRS Administration, along with partner agencies continue collaborative work, planning, and actions to ensure that the Cultural Competence Plan Improvement Goals are evaluated and completed at the end of FY 2019-2020. Ongoing evaluation of the activities performed will assist in identifying areas of strength and/or improvement opportunities. Once improvement opportunities are identified, new goals and improvement strategies for KernBHRS, related to cultural competence issues, will be integrated into the daily work of all departments named above. Community partner agency efforts may also be aligned with the newly identified improvement strategies to ensure those individuals and groups seeking Mental Health and Substance Use services in Kern County receive consistent, culturally competent services throughout KernBHRS.

The department met 18 out of 19 FY 18-19 goals, including offering training on the Cultural Competence Plan to all staff and completed 51 unique cultural competence courses. As KernBHRS works towards accomplishing the 20 identified goals for FY 19-20, ongoing efforts are not limited to but will highlight the following: specific culturally competent trainings, LGBTQ+ and TAY youths, Zero Suicide, interpreter training, Homelessness outreach and treatment, and incorporating family and peer support systems. Overall, KernBHRS is committed to being culturally and linguistically competent at all levels, in all services offered.

## Reference

California Department of Mental Health, (2002). Community Services and Supports Three-Year Program and Expenditure Plan Requirements. Retrieved from <http://www.dmh.ca.gov/DMHDocs/docs/letters05/05-05CSS.pdf>

California Department of Mental Health Cultural Competence Plan Requirements CCPR Modification, (2010).  
<http://www.dhcs.ca.gov/services/MH/Documents/CCPR10-17Enclosure1.pdf>

Barclarys Official California Code of Regulations. Title 9. Rehabilitative and Development Services. Division 1 Department of Mental Health. Chapter 11. Medi-Cal Specialty mental Health Services. 1810.410/ Cultural and Linguistic Requirements.  
[https://govt.westlaw.com/calregs/Document/IF1694720DF4A11E4A54FF22613B56E19?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IF1694720DF4A11E4A54FF22613B56E19?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

California Institute for Mental Health. Emotional Emancipation Circle in Person Training.  
<https://cibhs.networkofcare4elearning.org/EventDetail.aspx?pld=527&OrgId=223>

County Behavioral Health Directors Association of California (2016). Framework for Eliminating Cultural, Linguistic, Racial and Ethnic Behavioral Health Disparities.  
[http://www.cbhda.org/wp-content/uploads/2014/12/CBHDA\\_ESM\\_Framework\\_Rev\\_2015\\_Draftv3\\_1-11-16.docx](http://www.cbhda.org/wp-content/uploads/2014/12/CBHDA_ESM_Framework_Rev_2015_Draftv3_1-11-16.docx)

López, S. R., Kopelowicz, A., Solano, S., Lara, Ma. Del Carmen, L., Foncerrada, H., and Aguilera, A. (2009). La CLAVE to Increase Psychosis Literacy of Spanish-Speaking Community Residents and Family Caregivers. J. Consult (2015) Abstract retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC450FF42/>

U.S. Department of Health and Human Services (2001). Mental Health: Culture, Race, and Ethnicity – A Supplement to Mental Health: A Report of the Surgeon General

U.S. Department of Health and Human Services, Office of Minority Health (2001). National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>  
U.S. Department of Health and Human Services (2011). National Partnership for Action to End Health Disparities. Retrieved from <http://minorityhealth.hhs.gov/npa>

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**KERN BEHAVIORAL HEALTH & RECOVERY SERVICES  
MANUAL OF POLICIES AND PROCEDURES**

Issued by: William P. Walker, LMFT *W.P.W.* Section No.: 11.01.12  
Mental Health Director

Written by: Joy Quito-Buaya, Psy.D., LMFT.  
BHRS Administrator, Ethnic Services Manager

Issue Date: 4/15/19 Revision Date: New

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**Cultural Competency Resource Committee**

**POLICY:** Kern Behavioral Health & Recovery Services (KernBHRS) is committed to providing quality care services, outreach, education and engagement, and identifying gaps and needs within the department and community at large to assist in serving the culturally diverse groups in Kern County by establishing the Cultural Competency Review Committee (CCRC). This committee is led by the Department's Ethnic Services Manager (ESM).

**Purpose:** To reduce mental health and substance use disorders disparities experienced among racial, ethnic and diverse populations that may be classified as unserved, underserved, and difficult to reach or inappropriately served in the behavioral health system.

- Objectives:**
1. Participates and reviews the development and implementation of the activities related to the Cultural Competency Plan.
  2. Provides recommendations and reports to Management, Quality Assurance and/or the Quality Improvement Committee.
  3. Reviews and makes quality improvement recommendations on various areas within the system, incorporating culturally effective processes and service deliveries to better serve individuals, groups, and/or families based on ethnicity, culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, language, and other human diversity factors.

**Scope:**

- KernBHRS MH staff
- KernBHRS SUD staff
- Other: Contractors & Community partners

**BACKGROUND:**

The Kern Behavioral Health and Recovery Services (KernBHRS) continues to abide to the

**KERN BEHAVIORAL HEALTH & RECOVERY SERVICES  
MANUAL OF POLICIES AND PROCEDURES**

Issued by: William P. Walker, LMFT *WPA* Section No.: 1.5.1  
Director of Behavioral Health Services

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

Issue Date: 2/24/00 Revision Date: 1/29/19

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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: \_\_\_\_\_

**KERN BEHAVIORAL HEALTH & RECOVERY SERVICES  
MANUAL OF POLICIES AND PROCEDURES**

Issued by: William P. Walker, LMFT<sup>WPK</sup> Section No: 5.1.23  
Director of Behavioral Health Services

Written by: Joy Quiton-Buaya, Psy.D., LMFT, Ethnic Services Manager

Issue Date: 10/1/01 Revision Date: 8/14/18

Page 1 of 7

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**TRANSLATION OF DOCUMENTS INTO THE THRESHOLD LANGUAGE(S)**

**POLICY:** Kern Behavioral Health & Recovery Services (KernBHRS) provides Clients with copies of documents found to be vital for the Client's participation in behavioral health treatment. These vital documents shall be translated from English into what the California Code of Regulations identifies as the "threshold language(s)".

**Purpose:** To ensure that Limited English Proficient (LEP) persons (of the threshold language population) receive the same documents as are provided to English-speaking Clients.

**Objectives:** To ensure that reasonable efforts are made to provide services and information in a manner that is accessible, relevant, and timely for individuals with limited English proficiency.

**Scope:**  KernBHRS MH staff  
 KernBHRS SUD staff  
 Other: \_\_\_\_\_

**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 in 45 C.F.R. Part 80, specifically provide 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 defeat or substantially impair program objectives with respect to individuals of a particular race, color, or national origin.



**Cultural Competency Program**

**Cultural Competency Summit Planning Meetings**

**SUMMIT: October 23<sup>rd</sup> and 24<sup>th</sup>, 2018**

Riverside Convention Center

DATES	MEETING TITLE and LOCATION
Tuesday, June 12 <sup>th</sup> , 2018; 12:00 p.m. to 1:00 p.m.	Conference Call
Thursday, June 28 <sup>th</sup> , 2018; 9:00 a.m. to 1:30 p.m.	ESMs Planning Meeting and WET SCRP: 2085 Rustin Ave., Riverside, CA 92507
Thursday, July 12 <sup>th</sup> , 2018; 9:00 a.m. to 1:30 p.m.	ESMs Planning Meeting and WET SCRP: 2085 Rustin Ave., Riverside, CA 92507
Thursday, August 9 <sup>th</sup> , 2018; 10:00 a.m. to 2:00 p.m.	ESMs Planning Meeting and WET SCRP: 2085 Rustin Ave., Riverside, CA 92507
Thursday, September 13 <sup>th</sup> , 2018; 10:00 a.m. to 1:30 p.m.	ESMs Planning Meeting and WET SCRP: 2085 Rustin Ave., Riverside, CA 92507
Thursday, October 11 <sup>th</sup> , 2018; 10:00 a.m. to 1:30 p.m.	ESMs Planning Meeting and WET SCRP: 2085 Rustin Ave., Riverside, CA 92507
<b>CULTURAL COMPETENCY SUMMIT: Tuesday and Wednesday, October 23<sup>rd</sup> and 24<sup>th</sup>, 2018</b>	Riverside Convention Center
Thursday, October 25 <sup>th</sup> , 2018; 8:30 a.m. to 12:00 p.m.	CCESJC Meeting 2085 Rustin Ave., Riverside, CA 92507

**KERN BEHAVIORAL HEALTH & RECOVERY SERVICES  
MANUAL OF POLICIES AND PROCEDURES**

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

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

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

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**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 F

Cultural Competence Training Courses FY18-19		
Total 51 Courses Completed	993 Total Attendance	4149 Total Attendance
Course Title	# Attendance of Live Events	# Attendance of Relias Courses Completed
Cultural Competence: Family Engagement & Integration	226	
Cultural Competence: Boys to Men Conference	1	
Cultural Competence: SCRCP Conference	14	
Cultural Competence: Trauma-Informed Foundations, Self-Protection, Safety and Self-Regulation	58	
Cultural Competence: PTSD/Complex PTSD with a Focus on Dissociation	79	
Cultural Competence: The LGBTQ+ Experience	22	
Cultural Competence: Clinical Supervision Ethics and Skills for Enhanced Competence in Multicultural Practice (6.5)	17	
Cultural Competence: Birth, An Intersection Between Maternity and Mental Health	17	
Cultural Competence: FMHAC Conference	8	
Cultural Competence: Enhancing Cultural Humility in Working With Diverse Families in Community Based-Mental Health Settings	17	
Cultural Competence: Multi-Cultural and Diversity Training (3.5hrs)	237	
CBT-SP: Evidence Based Practice for Assessment and Treatment of Suicidal Behavior	267	
Cultural Competence: Transition to Independence Process (TIP-12 hours)	30	
Advocacy and Multicultural Care		907
Cultural Diversity (Retired 2/2/2019)		374
Cultural Competence: Civil Rights Diversity (DHS)		40
Legal Procedures and Client Rights for Behavioral Health Interpreters		112
Overview of the Behavioral Health System for Behavioral Health Interpreters		102
The Role of the Behavioral Health Interpreter		104
Cultural Competence: Cultural Competence Plan Training		646
Prevention of Substance Use for Transitional Aged Youth		16
Behavioral Health Issues in Older Adults for Paraprofessionals		22
A Culture-Centered Approach to Recovery		154
Cultural Issues in Treatment for Paraprofessionals		87
Infusion of Culturally Responsive Practices		39
Course Title	# Attendance of Live Events	# Attendance of Relias Courses Completed
Common Mental Health Conditions in Veterans		44
Patient Cultural Competency For Non-Providers		36
Cultural Dimensions of Relapse Prevention		54
Addressing Substance Use in Military and Veteran Populations		42
Groundwork for Multicultural Care		39
Military Cultural Competence		5
Relapse Prevention: Cultural Issues		10
Best Practices for Working with LGBTQ Children and Youth		126
Using Communication Strategies to Bridge Cultural Divides		32
Cultural Competence		658
Human Trafficking: Sexual Exploitation		116
Human Trafficking: Forced Labor		109
Inclusion: Children with Disabilities		40
Substance Use Disorder Treatment and the LGBTQ Community		41
Working Effectively with Gender and Sexual Minorities		36
LGBTQ Cultural Competency Training		8
Cultural Competence and Sensitivity in the LGBTQ Community		34
Behavioral Health Services and the LGBTQ+ Community		33
Community Inclusion		14
Cultural Awareness and the Older Adult		15
Cultural Considerations at End-of-Life: Religion and Spirituality		10
Behavioral Health Issues in Older Adults for Paraprofessionals		22
How Culture Impacts Communication		11
Introduction to Trauma-Informed Care		7
Working with the Homeless: An Overview		3
Bridging the Diversity Gap		1

**Kern Behavioral Health & Recovery Services  
Direct Service Staff Supervision Form**

**Instruction for Use:** Supervisor to check off items as reviewed, add Notes and Action Steps, and provide a copy to employee following supervision. Supervisor to keep the original copy in employee's file.

\* Please note some items may not be applicable to all job classifications.

Employee Name:

Date:

<input type="checkbox"/> Accomplishments <input type="checkbox"/> Universal Expectations <input type="checkbox"/> Workload <input type="checkbox"/> Day Logs/Scheduler Report <input type="checkbox"/> Timeliness of Documentation <input type="checkbox"/> Employee provided latest report <input type="checkbox"/> Direct Service <input type="checkbox"/> Employee provided latest report <input type="checkbox"/> Employee Performance Report Goals (EPR) <input type="checkbox"/> Personnel <input type="checkbox"/> New Assignments <input type="checkbox"/> Mileage Claims <input type="checkbox"/> Lean Six Sigma Opportunities	<input type="checkbox"/> Case Reviews <input type="checkbox"/> Core Competencies: Observation & Support <input type="checkbox"/> Ethical Issues/Legal Issues <input type="checkbox"/> Inter/Intra-Agencies Issues <input type="checkbox"/> Engagement/Recovery Inclusion of Family & Peer <input type="checkbox"/> Clinical Knowledge/Intervention Skills <input type="checkbox"/> Clinical Documentation <input type="checkbox"/> Staff Development & Training <input type="checkbox"/> Leadership/Mentoring <input type="checkbox"/> Cultural Competence Training Requirement <input type="checkbox"/> Required Training Plan <input type="checkbox"/> CEUs requirements <input type="checkbox"/> N/A <input type="checkbox"/> Other
Notes:	
Action Steps (Note if assigned to employee or supervisor):	
Supervisor Comments:	

**Kern Behavioral Health & Recovery Services  
Non- Direct Service Staff Supervision Form**

**Instruction for Use: Supervisor to check off items as reviewed, add Notes and Action Steps, and provide a copy to employee following supervision. Supervisor to keep the original copy in employee's file.**

\* Please note some items may not be applicable to all job classifications.

Employee Name:

Date:

<input type="checkbox"/> Accomplishments <input type="checkbox"/> Universal Expectations <input type="checkbox"/> Workload <input type="checkbox"/> Review of Standard Duties (Team Specific) <input type="checkbox"/> Employee Performance Report Goals (EPR) <input type="checkbox"/> Personnel <input type="checkbox"/> New Assignments <input type="checkbox"/> Mileage Claims <input type="checkbox"/> Lean Six Sigma Opportunities <input type="checkbox"/> Other	<input type="checkbox"/> <b>Core Competencies: Observation &amp; Support</b> <input type="checkbox"/> Ethical Issues/Legal Issues <input type="checkbox"/> Inter/Intra-Agencies Issues <input type="checkbox"/> Engagement/Recovery Inclusion of Family & Peer <input type="checkbox"/> Collegial & Collaborative Practice/Customer Services Skills/Professional Communication <input type="checkbox"/> <b>Staff Development &amp; Training</b> <input type="checkbox"/> Leadership/Mentoring <input type="checkbox"/> Cultural Competence Training Requirement <input type="checkbox"/> Required Training Plan <input type="checkbox"/> CEUs requirements <input type="checkbox"/> N/A
Notes:	
Action Steps (Note if assigned to employee or supervisor):	
Supervisor Comments:	

**KERN BEHAVIORAL HEALTH AND RECOVERY SERVICES  
MANUAL OF POLICIES AND PROCEDURES**

Issued by: William P. Walker, LMFT *WPK* Section No.: 1.6.15  
Director of Behavioral Health Services

Written by: Heather Saporetti, Program Support Supervisor

Issue Date: 3/9/01 Revision Date: 6/26/18

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**ACCESSIBILITY PLAN**

**POLICY:** Kern Behavioral Health and Recovery Services (KernBHRS) is committed to ensuring that the disabled community does not suffer discrimination in the provision of services, transportation, and employment.

**Purpose:** To assure equal access to all individuals.

**Objectives:** To assure compliance with ADA requirements.

**Scope:**  KernBHRS MH staff  
 KernBHRS SUD staff  
 Other: \_\_\_\_\_

**DEFINITIONS:**

Under the Americans with Disabilities Act (ADA):

**Access to Facilities:** ADA requirements for existing facilities apply only to public accommodations. They require that architectural, communication and transportation barriers be removed where it is readily achievable to do so. These include providing access into the facility (ramps, entrances, parking); access to areas where goods and services are provided (re-arranging racks and tables, accessible signage, wider doors, visual alarms, ramps); and access to restrooms available to the public.

**Attitudinal Barriers:** The Mental Health Department is committed to mental wellness in all individuals. Training is provided about the ADA program and people with disabilities through the department safety program.

**Disabilities:** A person with a disability is someone who has (1) a physical or mental impairment that substantially limits one or more of the major life activities; (2) a record of such impairment; or (3) is regarded as having such an impairment.

**AMENDMENT NUMBER ONE  
TO  
PERSONAL/PROFESSIONAL SERVICES AGREEMENT  
(Kern County - Language Line Services, Inc.)**

THIS AMENDMENT TO AGREEMENT, effective this 4th day of April 2019, is between the COUNTY OF KERN, a political subdivision of the State of California, as represented by the Purchasing Agent ("County") with its principal location at 1115 Truxtun Avenue, Bakersfield, CA 93301, and Language Line Services ("Consultant"), whose principal place of business is at 1 Lower Ragsdale Drive, Building 2, Monterey, CA 93940.

**WITNESSETH:**

WHEREAS, County and Consultant entered into a Personal/Professional Services Agreement dated July 1, 2018, agreement purchase order number 1985482 ("Agreement"); and

WHEREAS, the parties to the Agreement desire to amend the Agreement as specified below.

NOW, THEREFORE, County and Consultant do mutually agree as follows:

Term. The Agreement shall be extended from \_\_\_\_\_ until \_\_\_\_\_, unless sooner terminated as provided for in the Agreement.

**Services.**

**Compensation for Services** payable by County under the Agreement shall increase from Thirty Thousand Dollars (\$30,000) to Forty-Five Thousand Dollars (\$45,000).

Expenses payable by County under the Agreement shall increase/decrease from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

**Total Amount Payable Under Agreement** (Compensation for Services, Plus Expenses) payable by County under the Agreement shall increase from Thirty Thousand Dollars (\$30,000) to Forty-Five Thousand Dollars (\$45,000).

**Other:** See Exhibits B and C, which are attached hereto and incorporated herein, for Revised Compensation amount.

Except as expressly amended herein, all provisions of the Agreement, as previously amended, shall remain in full force and effect.

**IN WITNESS WHEREOF**, this Amendment Number One to the Agreement has been executed as of the date indicated above.

APPROVED AS TO CONTENT:  
Kern Behavioral Health and Recovery Services

By [Signature]  
Bill Walker, LMFT, Director

Date 3/21/19

COUNTY OF KERN

By [Signature]  
Carol J. Cox, C.P.M., Purchasing Manager  
"County"

Date 4/4/19

APPROVED AS TO FORM:  
Office of the County Counsel

By [Signature]  
Emily Watts Blenner, Deputy

Date 3-20-19

Language Line Services, Inc.

By [Signature]  
Bonaventura A. Cavaliere, CFO  
"Consultant"

Date 3/7/19

**EXHIBIT A TO AMENDMENT NUMBER ONE**

**REVISED / ADDITIONAL SERVICES**

Exhibit A is not being amended at this time.

The purpose of this amendment is to increase the total not to exceed funding to compensate the vendor for interpretation and translation service through year-end due to a higher level of service delivery than originally anticipated.

**EXHIBIT B TO AMENDMENT NUMBER ONE**

**COMPENSATION TO CONTRACTOR**

Exhibit B, "Compensation to Consultant," Paragraph A., shall be superseded in its entirety as follows:

- A. Professional Fee. As consideration for the services provided by Consultant hereunder, County shall pay Consultant over the term of the Agreement in an amount not to exceed Forty-Five Thousand Dollars (\$45,000). In no event shall the maximum amount payable by County to Consultant, pursuant to this Agreement, exceed \$45,000 unless the Agreement is modified by formal amendment, duly executed by the parties.

**EXHIBIT C TO AMENDMENT NUMBER ONE**

**FUNDING SCHEDULE**

Exhibit C, "Funding Schedule," shall be deleted in its entirety and shall be superseded by the following.

<b>Budget Unit 4120</b>	<b>Realignment</b>	<b>Total</b>
<b>Services</b>	\$30,000	\$30,000
Amendment Number One	\$15,000	\$15,000
<b>Maximum Reimbursement</b>	<b>\$45,000</b>	<b>\$45,000</b>

Service Delivery Sites:

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

3300 Truxtun Avenue, Bakersfield, CA

Other Kern County Behavioral Health and Recovery Services Department sites as needed and appropriate.

Attachment K

Attachment B

Outreach & Events Activities FY 2018-2019 Underserved/Hard to Reach Populations: African American Beneficiaries		
Date	Description	Total Attendees
9/20/2018	Tehachapi Cold Calling	5
9/25/2018	BBHH Lunch and Learn Series @ BBHH	35
9/25/2018	BBHH Lunch and Learn Series @ Tierra Del Sol High	200
9/29/2018	11th Annual Walk for Peace & Family Health Resource Fair	200
10/9/2018	Mental Health Aid Workshop	19
10/12/2018	Good Neighbor Festival	400
10/18/2018	Treatment Foster Care Oregon Program	500
10/23/2018	Tehachapi Cold Calling	29
10/24/2018	Tehachapi Cold Calling	10
1/10/2019	East Kern Collaborative	15
1/24/2019	Adult Mental Health First Aid	7
2/16/2019	Black History Parade	100
4/30/2019	Seeking Services	2
5/4/2019	Living My Blessed Life Walkathon	150
5/8/2019	Garden Pathways 17th Annual High Tea 2019	30
5/16/2019	Outreach at Greyhound Bus Station	3
6/5/2019	Outreach at GET Bus Station	4
6/29/2019	Collabrative	150
<b>Total</b>		<b>18 1859</b>

Outreach & Events Activities FY 2018-2019 Underserved/Hard to Reach Populations: Asian/Pacific Islander Beneficiaries		
Date	Description	Total Attendees
9/12/2018	Meeting with Inyokern Elementary School Principal	1
10/25/2018	Tehachapi Cold Calling	7
10/29/2018	Tehachapi Cold Calling	6
11/20/2018	St. Michael's Pantry	55
<b>Total</b>		<b>4 69</b>

Attachment K cont.

Attachment B

Outreach & Events Activities FY 2018-2019 Underserved/Hard to Reach Populations: Hispanic Beneficiaries		
Date	Description	Total Attendees
7/25/2018	More Than Sad	23
8/2/2018	South Valley Neighborhood Partnership Collaborative Meeting	50
8/6/2018	Oasis	2
8/7/2018	La Vina Middle School Outreach	3
8/7/2018	Night Out 2018	120
8/8/2018	Oasis	2
8/8/2018	Alomond Tree Middle School Outreach	2
8/8/2018	Sucide Prevention	6
8/8/2018	Abriendo Puertas-Opening Doors	50
8/8/2018	Abriendo Puertas Event	120
8/8/2018	KBHRS Overview of EB Children's Outpatient Services	50
8/9/2018	Oasis	2
8/9/2018	Del Vista School Outreach	2
8/9/2018	Read Set Back to School	2000
8/9/2018	Freemont School Outreach	2
8/10/2018	Oasis	3
8/13/2018	QPR	103
8/14/2018	Meeting	30
8/16/2018	Princeton Elementary Back to School Night Outreach	60
8/21/2018	Albany Park Back to School Night Outreach	50
8/21/2018	McFarland Middle School Back to School Night Outreach	50
8/25/2018	CSF Health Fair	350
8/28/2018	Delano High School Back to School Night Outreach	50
8/29/2018	Albany Park School Outreach	2
8/29/2018	Back to School Night at CCHS	200
8/31/2018	Abriendo Puertas	70
9/5/2018	RFK Back to School Night	50
9/5/2018	Oasis	2
9/6/2018	Oasis	2
9/6/2018	Mental Health First Aid at CFLC	5
9/8/2018	SALT Walk	320
9/10/2018	Delano School District	27
9/12/2018	Buttonwillow School Presentation	25
9/12/2018	Semitropic School Presentation	37
9/13/2018	Mental Health First Aid at CFLC	8
9/13/2018	Wasco Collabrative	25
9/14/2018	KCOS Preschool Teacher Presentation: Managing Disruptive Behavior	80
9/18/2018	Head Start	4
9/18/2018	Pond Elementary Outreach	50
9/19/2018	Trauma Training	8
9/20/2018	CLC 34th St Back to School Night	30
9/22/2018	Adult Spanish MHFA	9
9/23/2018	Dia de la Independencia	200
9/24/2018	Kern County Fair	200
9/26/2018	Golden Oak Presentation	6
9/26/2018	DUSD-Welcome Breakfast for families in Transition	30

Attachment K cont.

Attachment B

Outreach & Events Activities FY 2018-2019 Underserved/Hard to Reach Populations: Hispanic Beneficiaries		
9/26/2018	Delano Union School District	25
9/26/2018	More Than Sad	83
9/27/2018	Mental Health First Aid at CFLC	8
10/1/2018	Oasis	0
10/3/2018	School Presentation-Karl Clemens	31
10/3/2018	School Presentation-Burke	57
10/4/2018	North Kern Community School Back to School Night	50
10/4/2018	Collaborative Meeting of Lamont, Weedpatch, and Arvin	55
10/5/2018	School Presentation	19
10/5/2018	SARB	26
10/9/2018	Parent Meeting	15
10/9/2018	Mental Health	19
10/9/2018	Mental Health Awareness Week Event	50
10/10/2018	Parent Meeting	13
10/10/2018	Is Your Child Biting?	15
10/11/2018	School Carnival	200
10/12/2018	Mental Health Awareness Week Event	40
10/13/2018	Parent Meeting	15
10/13/2018	NAMI Walk	150
10/13/2018	Youth Mental Health First Aid	17
10/15/2018	Outreach to Premier Medical Group	4
10/17/2018	Is Your Child Biting?	20
10/17/2018	Mental Health Provider Meeting	25
10/17/2018	PBIS Presentation to North Kern Community School	30
10/18/2018	Red Ribbon Week	50
10/18/2018	CLC Tech Back to School Night	100
10/18/2018	Blanton Back to School Night	50
10/19/2018	Delano SARB	8
10/19/2018	Binational Health Week	150
10/25/2018	Farmworker Luncheon	550
10/25/2018	Lights On	1000
10/26/2018	Mckinney Vento Fall Festival	55
10/29/2018	Trunk or Treat Celebration	2000
10/30/2018	Oasis	4
10/31/2018	Lerdo Male Maximum Medium Facility	18
10/31/2018	Oasis	4
10/31/2018	Bolthouse Health Fair	800
11/1/2018	Oasis	4
11/1/2018	Adult MHFA	5
11/7/2018	School Presentation	37
11/8/2018	School Presentation	50
11/16/2018	Career Day	300
11/26/2018	Oasis	1
11/27/2018	Oasis	2
11/28/2018	Shafter Collaborative	27
11/28/2018	Oasis	2
11/28/2018	Farmworker Appreciation Day and Resource Fair	85
11/29/2018	Oasis	2
11/29/2018	Youth Mental Health First Aid	8

## Attachment K cont.

Attachment B

Outreach & Events Activities FY 2018-2019 Underserved/Hard to Reach Populations: Hispanic Beneficiaries		
11/30/2018	SARB	21
12/5/2018	Richland Junior High Presentation	47
12/6/2018	Valley High School Community Resource Event	60
12/6/2018	2019 May is Mental Health Month Committee Meeting	8
12/6/2018	Collaborative Meeting of Lamont, Weedpatch, and Arvin	85
12/6/2018	Wasco High School Parent University Night	102
12/7/2018	Almondree Middle School Career Day	150
12/19/2018	Mental Health First Aid	9
1/7/2019	Oasis	0
1/16/2019	Community Outreach	5
1/23/2019	Community Resource Fair	30
1/24/2019	Community Outreach	2
1/30/2019	Community Outreach	2
1/31/2019	Vineland School District Forum	15
1/31/2019	Adult Mental Health First Aid	7
2/1/2019	Mental Health First Aid Podcast	700
2/1/2019	SARB	38
2/1/2019	Meeting	15
2/4/2019	Oasis	1
2/5/2019	Oasis	1
2/6/2019	Oasis	1
2/6/2019	Tehachapi Monthly VSOP Training	5
2/7/2019	Oasis	1
2/21/2019	Outreach	3
2/21/2019	Delano Police Department Block Party	1000
2/25/2019	Buttonwillow Community Collaborative Meeting	10
2/26/2019	PEI Outreach and Education	8
2/28/2019	May is Mental Health Month	17
2/28/2019	Delano Migrant Education Program	20
2/28/2019	Kern County Career Expo	2000
3/1/2019	SARB	21
3/4/2019	Oasis	0
3/5/2019	West Kern Cabinet	16
3/5/2019	Oasis	5
3/13/2019	Almond Tree Middle School Outreach	2
3/14/2019	East Kern Collaborative	10
3/14/2019	May is Mental Health Month	10
3/14/2019	Kinder Round Up	60
3/14/2019	Leaders in Life Conference 2019	11
3/15/2019	REACH Presentation for Head Start	25
3/15/2019	Delano SARB	6
3/15/2019	Cecil Avenue Mini Health Fair	100
3/20/2019	Albany Park School Outreach	2
3/20/2019	1-2-3 Magic Outreach	5
3/21/2019	CSV Mental Health Referral Q & A	6
3/23/2019	Lamont Chamber of Commerce	11
3/23/2019	Community Outreach	3
3/23/2019	FIESTA Health and Resource Fair	200
3/27/2019	Easter Egg Hunt Outreach	300

Attachment K cont.

Attachment B

Outreach & Events Activities FY 2018-2019 Underserved/Hard to Reach Populations: Hispanic Beneficiaries		
3/27/2019	More Than Sad	247
3/29/2019	Meeting	25
3/30/2019	Nuestra Salud Conference & Health Fair	150
4/1/2019	Oasis	5
4/11/2019	McFarland Migrant Parent Education	20
4/11/2019	Career Day	200
4/12/2019	Fremont Elementary Career Day	550
4/17/2019	Shafter Collabrative	25
4/19/2019	Easter Egg Hunt/Community Fair	200
4/20/2019	SEBA Family Inclusion	10
4/25/2019	SARB	7
4/25/2019	May is Mental Health Month	15
4/25/2019	Grimmway Academy Resource Fair	200
4/25/2019	Youth Mental Health First Aid Spanish	12
5/2/2019	Community Health and Wellness Fair	200
5/2/2019	Thomas Jefferson Parent University	200
5/2/2019	Youth Mental Health First Aid Spanish	20
5/7/2019	BOS Proclamation	40
5/7/2019	Cal Works Bi-Monthly Meeting	20
5/9/2019	Community Collatetral	15
5/16/2019	May is Mental Awareness Month Committee Meeting	15
5/17/2019	CSV Open House Event	15
5/18/2019	Boxing Exhibition and Car Show	300
5/20/2019	SJVC QPR	89
5/22/2019	Shafter Collabrative	25
5/29/2019	May is Mental Health Month Committee	11
5/29/2019	May is Mental Health Month - Academy Awards @ the Guild House	8
5/29/2019	Mental Health Academy Awards @ Hodels	400
6/3/2019	Oasis	1
6/4/2019	Oasis	1
6/5/2019	Oasis	1
6/6/2019	Wrap Up Meeting	14
6/6/2019	Oasis	6
6/7/2019	More Than Sad	67
6/9/2019	Dia De Familia	250
6/13/2019	More Than Sad	54
6/15/2019	Loving Our City	150
6/17/2019	PEI Outreach and Education	5
6/17/2019	NAMI Walks Kick Off Rally	30
6/17/2019	Oasis	2
6/20/2019	Arvin Community Health Fair	50
<b>Total</b>		<b>185</b>
		<b>19610</b>

Attachment K cont.

Attachment B

Outreach & Events Activities FY 2018-2019		
Underserved/Hard to Reach Populations: African American, Asian/Pacific Islander, Hispanic Beneficiaries		
Date	Description	Total Attendees
7/25/2018	More Than Sad	23
8/2/2018	South Valley Neighborhood Partnership Collaborative Meeting	50
8/6/2018	Oasis	2
8/7/2018	La Vina Middle School Outreach	3
8/7/2018	Night Out 2018	120
8/8/2018	Oasis	2
8/8/2018	Alomond Tree Middle School Outreach	2
8/8/2018	Sucide Prevention	6
8/8/2018	Abriendo Puertas-Opening Doors	50
8/8/2018	Abriendo Puertas Event	120
8/8/2018	KBHRS Overview of EB Children's Outpatient Services	50
8/9/2018	Oasis	2
8/9/2018	Del Vista School Outreach	2
8/9/2018	Read Set Back to School	2000
8/9/2018	Freemont School Outreach	2
8/10/2018	Oasis	3
8/13/2018	QPR	103
8/14/2018	Meeting	30
8/16/2018	Princeton Elementary Back to School Night Outreach	60
8/21/2018	Albany Park Back to School Night Outreach	50
8/21/2018	McFarland Middle School Back to School Night Outreach	50
8/25/2018	CSF Health Fair	350
8/28/2018	Delano High School Back to School Night Outreach	50
8/29/2018	Albany Park School Outreach	2
8/29/2018	Back to School Night at CCHS	200
8/31/2018	Abriendo Puertas	70
9/5/2018	RFK Back to School Night	50
9/5/2018	Oasis	2
9/6/2018	Oasis	2
9/6/2018	Mental Health First Aid at CFLC	5
9/8/2018	SALT Walk	320
9/10/2018	Delano School District	27
9/12/2018	Meeting with Inyokern Elementary School Principal	1
9/12/2018	Buttonwillow School Presentation	25
9/12/2018	Semitropic School Presentation	37
9/13/2018	Mental Health First Aid at CFLC	8
9/13/2018	Wasco Collabrative	25
9/14/2018	KCOS Preschool Teacher Presentation: Managing Disruptive Behavior	80
9/18/2018	Head Start	4
9/18/2018	Pond Elementary Outreach	50
9/19/2018	Trauma Training	8
9/20/2018	Tehachapi Cold Calling	5
9/20/2018	CLC 34th St Back to School Night	30
9/22/2018	Adult Spanish MHFA	9
9/23/2018	Dia de la Independencia	200
9/24/2018	Kern County Fair	200
9/25/2018	BBHH Lunch and Learn Series @ BBHH	35
9/25/2018	BBHH Lunch and Learn Series @ Tierra Del Sol High	200
9/26/2018	Golden Oak Presentation	6
9/26/2018	DUSD-Welcome Breakfast for families in Transition	30
9/26/2018	Delano Union School District	25
9/26/2018	More Than Sad	83

Attachment K cont.

Attachment K

Outreach & Events Activities FY 2018-2019		
Underserved/Hard to Reach Populations: African American, Asian/Pacific Islander, Hispanic Beneficiaries		
9/27/2018	Mental Health First Aid at CFLC	8
9/29/2018	11th Annual Walk for Peace & Family Health Resource Fair	200
10/1/2018	Oasis	0
10/3/2018	School Presentation-Karl Clemens	31
10/3/2018	School Presentation-Burke	57
10/4/2018	North Kern Community School Back to School Night	50
10/4/2018	Collaborative Meeting of Lamont, Weedpatch, and Arvin	55
10/5/2018	School Presentation	19
10/5/2018	SARB	26
10/9/2018	Mental Health Aid Workshop	19
10/9/2018	Parent Meeting	15
10/9/2018	Mental Health	19
10/9/2018	Mental Health Awareness Week Event	50
10/10/2018	Parent Meeting	13
10/10/2018	Is Your Child Biting?	15
10/11/2018	School Carnival	200
10/12/2018	Good Neighbor Festival	400
10/12/2018	Mental Health Awareness Week Event	40
10/13/2018	Parent Meeting	15
10/13/2018	NAMI Walk	150
10/13/2018	Youth Mental Health First Aid	17
10/15/2018	Outreach to Premier Medical Group	4
10/17/2018	Is Your Child Biting?	20
10/17/2018	Mental Health Provider Meeting	25
10/17/2018	PBIS Presentation to North Kern Community School	30
10/18/2018	Treatment Foster Care Oregon Program	500
10/18/2018	Red Ribbon Week	50
10/18/2018	CLC Tech Back to School Night	100
10/18/2018	Blanton Back to School Night	50
10/19/2018	Delano SARB	8
10/19/2018	Binational Health Week	150
10/23/2018	Tehachapi Cold Calling	29
10/24/2018	Tehachapi Cold Calling	10
10/25/2018	Tehachapi Cold Calling	7
10/25/2018	Farmworker Luncheon	550
10/25/2018	Lights On	1000
10/26/2018	Mckinney Vento Fall Festival	55
10/29/2018	Tehachapi Cold Calling	6
10/29/2018	Trunk or Treat Celebration	2000
10/30/2018	Oasis	4
10/31/2018	Lerdo Male Maximum Medium Facility	18
10/31/2018	Oasis	4
10/31/2018	Bolthouse Health Fair	800
11/1/2018	Oasis	4
11/1/2018	Adult MHFA	5
11/7/2018	School Presentation	37
11/8/2018	School Presentation	50
11/16/2018	Career Day	300
11/20/2018	St. Michael's Pantry	55
11/26/2018	Oasis	1
11/27/2018	Oasis	2
11/28/2018	Shafter Collaborative	27
11/28/2018	Oasis	2
11/28/2018	Farmworker Appreciation Day and Resource Fair	85

Attachment K cont.

Attachment K

Outreach & Events Activities FY 2018-2019		
Underserved/Hard to Reach Populations: African American, Asian/Pacific Islander, Hispanic Beneficiaries		
11/29/2018	Oasis	2
11/29/2018	Youth Mental Health First Aid	8
11/30/2018	SARB	21
12/5/2018	Richland Junior High Presentation	47
12/6/2018	Valley High School Community Resource Event	60
12/6/2018	2019 May is Mental Health Month Committee Meeting	8
12/6/2018	Collaborative Meeting of Lamont, Weedpatch, and Arvin	85
12/6/2018	Wasco High School Parent University Night	102
12/7/2018	Almondtree Middle School Career Day	150
12/19/2018	Mental Health First Aid	9
1/7/2019	Oasis	0
1/10/2019	East Kern Collaborative	15
1/16/2019	Community Outreach	5
1/23/2019	Community Resource Fair	30
1/24/2019	Adult Mental Health First Aid	7
1/24/2019	Community Outreach	2
1/30/2019	Community Outreach	2
1/31/2019	Vineland School District Forum	15
1/31/2019	Adult Mental Health First Aid	7
2/1/2019	Mental Health First Aid Podcast	700
2/1/2019	SARB	38
2/1/2019	Meeting	15
2/4/2019	Oasis	1
2/5/2019	Oasis	1
2/6/2019	Oasis	1
2/6/2019	Tehachapi Monthly VSOP Training	5
2/7/2019	Oasis	1
2/16/2019	Black History Parade	100
2/21/2019	Outreach	3
2/21/2019	Delano Police Department Block Party	1000
2/25/2019	Buttonwillow Community Collaborative Meeting	10
2/26/2019	PEI Outreach and Education	8
2/28/2019	May is Mental Health Month	17
2/28/2019	Delano Migrant Education Program	20
2/28/2019	Kern County Career Expo	2000
3/1/2019	SARB	21
3/4/2019	Oasis	0
3/5/2019	West Kern Cabinet	16
3/5/2019	Oasis	5
3/13/2019	Almond Tree Middle School Outreach	2
3/14/2019	East Kern Collaborative	10
3/14/2019	May is Mental Health Month	10
3/14/2019	Kinder Round Up	60
3/14/2019	Leaders in Life Conference 2019	11
3/15/2019	REACH Presentation for Head Start	25
3/15/2019	Delano SARB	6
3/15/2019	Cecil Avenue Mini Health Fair	100
3/20/2019	Albany Park School Outreach	2
3/20/2019	1-2-3 Magic Outreach	5
3/21/2019	CSV Mental Health Referral Q & A	6
3/23/2019	Lamont Chamber of Commerce	11
3/23/2019	Community Outreach	3
3/23/2019	FIESTA Health and Resource Fair	200
3/27/2019	Easter Egg Hunt Outreach	300

Attachment K cont.

Attachment 8

Outreach & Events Activities FY 2018-2019		
Underserved/Hard to Reach Populations: African American, Asian/Pacific Islander, Hispanic Beneficiaries		
3/27/2019	More Than Sad	247
3/29/2019	Meeting	25
3/30/2019	Nuestra Salud Conference & Health Fair	150
4/1/2019	Oasis	5
4/11/2019	McFarland Migrant Parent Education	20
4/11/2019	Career Day	200
4/12/2019	Fremont Elementary Career Day	550
4/17/2019	Shafter Collabrative	25
4/19/2019	Easter Egg Hunt/Community Fair	200
4/20/2019	SEBA Family Inclusion	10
4/25/2019	SARB	7
4/25/2019	May is Mental Health Month	15
4/25/2019	Grimmway Academy Resource Fair	200
4/25/2019	Youth Mental Health First Aid Spanish	12
4/30/2019	Seeking Services	2
5/2/2019	Community Health and Wellness Fair	200
5/2/2019	Thomas Jefferson Parent University	200
5/2/2019	Youth Mental Health First Aid Spanish	20
5/4/2019	Living My Blessed Life Walkathon	150
5/7/2019	BOS Proclamation	40
5/7/2019	Cal Works Bi-Monthly Meeting	20
5/8/2019	Garden Pathways 17th Annual High Tea 2019	30
5/9/2019	Community Collatetral	15
5/16/2019	Outreach at Greyhound Bus Station	3
5/16/2019	May is Mental Awareness Month Committee Meeting	15
5/17/2019	CSV Open House Event	15
5/18/2019	Boxing Exhibition and Car Show	300
5/20/2019	SJVC QPR	89
5/22/2019	Shafter Collabrative	25
5/29/2019	May is Mental Health Month Committee	11
5/29/2019	May is Mental Health Month - Academy Awards @ the Guild House	8
5/29/2019	Mental Health Academy Awards @ Hodels	400
6/3/2019	Oasis	1
6/4/2019	Oasis	1
6/5/2019	Outreach at GET Bus Station	4
6/5/2019	Oasis	1
6/6/2019	Wrap Up Meeting	14
6/6/2019	Oasis	6
6/7/2019	More Than Sad	67
6/9/2019	Dia De Familia	250
6/13/2019	More Than Sad	54
6/15/2019	Loving Our City	150
6/17/2019	PEI Outreach and Education	5
6/17/2019	NAMI Walks Kick Off Rally	30
6/17/2019	Oasis	2
6/20/2019	Arvin Community Health Fair	50
6/29/2019	Collabrative	150
<b>Total</b>		<b>21538</b>

**Language Line Translated Materials FY18-19**

Examples of Written Translations: Spanish, Braille, and/or other Languages:

Patient Rights  
NOABD Notices  
Children's Demo Form  
Booklet and Provider Directory  
Welcome Packet  
Spanish Translation Request  
Depression and Stress Relief  
KernBHRS Provider Directory  
November 2018  
Kern Education Form  
MHP Beneficiary Handbook  
Treatment Plan  
MHP\_Beneficiary\_Handbook  
MHP\_Beneficiary\_Handbook (Audio)  
NOABD & NAR  
Your Rights - 2019 Update  
Kern Linkage Division  
Recovery Form  
JPPS & Children's SOC  
KernBHRS Flyer  
Provider Directory and Info Sheets  
Continuity of Care Lobby Poster  
CalWORKs

Kern County 15-91  
Agt.# 802-2015

**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.

(b) Business Associate may use or disclose protected health information as required by law.

(c) Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.

(d) Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity, except for the specific uses and disclosures set forth below.

(e) Business Associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(f) Business Associate may provide data aggregation services relating to the health care operations of Covered Entity.

**Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions**

(a) Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of Covered Entity under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.

(b) Covered Entity shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect Business Associate's use or disclosure of protected health information.

(c) Covered Entity shall notify Business Associate of any restriction on the use or disclosure of protected health information that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.

**Permissible Requests by Covered Entity**

Covered Entity shall not request Business Associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by Covered Entity, except for the specific uses and disclosures set forth set forth in paragraphs (e) and (f) above under "Permitted Uses and Disclosures By Business Associate."

**Term and Termination**

(a) Term. The term of this Business Associate Agreement (“**Agreement**”) shall be effective as of October 20, 2015, and shall terminate on October 20, 2020, or on the date Covered Entity terminates for cause as authorized in paragraph (b) of this section, whichever is sooner.

(b) Termination for Cause. Business Associate authorizes termination of this Agreement by Covered Entity, if Covered Entity determines Business Associate has violated a material term of the Agreement and Business Associate has not cured the breach or ended the violation within the time specified by Covered Entity.

(c) Obligations of Business Associate upon Termination. Upon termination of this Agreement for any reason, Business Associate, with respect to protected health information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, shall:

(a) Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

(b) Return to Covered Entity or, if agreed to by Covered Entity, destroy the remaining protected health information that Business Associate still maintains in any form;

(c) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this section, for as long as Business Associate retains the protected health information;

(d) Not use or disclose the protected health information retained by Business Associate other than for the purposes for which such protected health information was retained and subject to the same conditions set forth in paragraphs (e) and (f) above under “Permitted Uses and Disclosures by Business Associate,” which applied prior to termination; and

(e) Return to Covered Entity or, if agreed to by Covered Entity, destroy the protected health information retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

(d) Survival. The obligations of Business Associate under this section shall survive the termination of this Agreement.

**Miscellaneous**

(a) Regulatory References. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

(b) Amendment. The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law. All amendments to this Agreement shall be in writing and signed by both parties through a formal amendment to the Agreement.

(c) Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

(d) Indemnification.

1. Business Associate agrees to indemnify, defend and hold harmless Covered Entity and its respective officers, directors, board members, elected and appointed officials, employees, agents and authorized representatives from any and all losses, liabilities, charges, damages, claims, liens, causes of action, awards, judgments, costs, fines, penalties, and expenses (including, but not limited to, reasonable attorneys' fees of County Counsel, expert fees, costs of staff time, and investigation costs) of whatever kind or nature, which arise out of or are in any way connected with any act or omission (including, but not limited to, any material breach of this Agreement) of Business Associate and its respective officers, directors, agents, employees, subcontractors of any tier, or authorized representatives.

2. With respect to any action or claim subject to indemnification herein by Business Associate, Business Associate shall, at its sole cost, have the right to use counsel of its choice, subject to the approval of Covered Entity, which shall not be unreasonably withheld, and shall have the right to adjust, settle, or compromise any such action or claim only with the prior consent of Covered Entity, which shall not be unreasonably withheld; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Business Associate's indemnification to Covered Entity as set forth herein. Business Associate's obligation to defend, indemnify and hold harmless Covered Entity shall be subject to Covered Entity having given Business Associate written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at Business Associate's expense, for the defense or settlement thereof. Business Associate's obligation hereunder shall be satisfied (if Covered Entity has no liability whatsoever for the claim) when Business Associate has provided to Covered Entity the appropriate form of dismissal relieving Covered Entity from any liability for the action or claim involved.

3. The specified insurance limits required in the Underlying Agreement shall in no way limit or circumscribe Business Associate's obligations to indemnify, defend and hold harmless Covered Entity herein from third party claims arising out of or in any way relating to this Agreement.

4. In the event there is a conflict between this indemnification clause and the indemnification clause contained in the Underlying Agreement, this indemnification clause shall only apply to the subject issues set forth in this Agreement.

(e) Injunctive Relief. Covered Entity retains all rights to seek injunctive relief to prevent the unauthorized use of disclosure of protected health information by Business Associate or any agent, contractor or third party that received protected health information from Business Associate.

(f) Third Party Beneficiary. Unless otherwise set forth herein, nothing contained herein is intended, nor shall it be construed, to create rights running of the benefit of third parties.

COUNTY OF KERN

By: [Signature]  
David Couch, Chairman, Board of Supervisors  
"County"

Date: OCT 20 2015

APPROVED AS TO FORM:  
OFFICE OF COUNTY COUNSEL

By: [Signature]  
Brian Van Wyk  
Deputy County Counsel

Date: 10/12/15

COUNTY OF KERN

By: [Signature]  
Jeff Frapwell  
Assistant County Administrative Officer  
for General Services

Date: 10/12/15

CONTRACTOR

By: [Signature]  
Jimmie Sato

Date: 10/12/15

[Intentionally left blank]

Kern County 15-90  
Agt. # 801-2015

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

THIS SCHEDULE ("Schedule") shall be effective on October 20th 2015 ("Effective Date") and shall terminate no later than October 20th, 2020 ("Termination Date").

Kern County Department: General Services ("Responsible County Department")

Located at: 1115 Truxtun Ave, 3<sup>rd</sup> floor, Bakersfield, CA 93301

Service Provider: Independent Living Center of Kern County ("Consultant")

Located at: 5251 Office Park Dr Suite 200, Bakersfield, CA, 93309

Consultant is (select one):  
 Sole Proprietorship  
 Incorporated in the State of \_\_\_\_\_  
 Other (specify) 501(c)(3) non-profit organization

Consultant shall provide the services and products described in **Exhibit A ("Services")**.  
County shall compensate Consultant for the Services, including any reimbursement of travel expenses and other costs incurred by Consultant under this Agreement. The total amount payable under this Agreement shall not exceed:

\$ 200,000 which includes (select all that apply):  
 a fixed fee of \$ \_\_\_\_\_  
 a not to exceed fee of \$ \_\_\_\_\_ at the hourly rate of \$ \_\_\_\_\_  
 other (specify) See Exhibit B

(select one of the following):

County shall not reimburse Consultant for any expenses, including travel, incurred by Consultant.  
 County shall reimburse Consultant for all necessary and reasonable actual expenses incurred on behalf of County in an amount not to exceed \$ 20,000. 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, \$212.00 per night including taxes; breakfast, \$11.00; lunch, \$15.00; dinner, \$25.00; economy rental car and mileage, if by private automobile, at \$56 per mile; if by common carrier, at actual fare charged for economy or coach class.

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 a lesser 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.

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Attachment M cont.

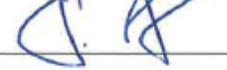
The Parties have executed this Schedule, including the Master Terms and Conditions, which constitute the Agreement, on the Effective Date.

COUNTY OF KERN

By   
David Couch, Chairman, Board of Supervisors  
"County"

Date: OCT 20 2015

CONSULTANT

By   
Jimmie Soto  
Independent Living Center of Kern County

Date: 10/21/15

APPROVED AS TO CONTENT:  
Responsible County Department

By   
Jeff Frapwell, Assistant County Administrative Officer  
for General Services

Date: 10/21/15

APPROVED AS TO FORM:  
Office of the County Counsel

By   
Deputy

**EXHIBIT A  
SERVICES**

Consultant shall provide the Services shown below for the Responsible County Department based on the following payment schedule: (select one of the following options)

Consultant shall submit one invoice to County upon contract completion and acceptance of the Services by County.

Consultant shall invoice monthly for hours expended over the prior 30 days at the rates specified in Exhibit "B", "Schedule of Fees and Charges." \$.56 per mile, mileage fees (only applies if round-trip mileage exceeds 20 miles from ILcKc office) No other travel expenses shall be authorized under this Agreement.

Consultant shall invoice County upon the successful completion of milestones:  
(insert percentages next to applicable milestones)

- % Upon completed installation of \_\_\_\_\_
- % Upon completed installation of \_\_\_\_\_
- % Upon completion of training \_\_\_\_\_
- % Other Milestone (describe) \_\_\_\_\_
- % Other Milestone (describe) \_\_\_\_\_
- % Upon contract completion and acceptance of the Services by County.

Consultant shall invoice County as follows: (describe in detail any payment schedule, milestone payments, percentages and retention as applicable)

**1. Full description of the Services:**

Consultant shall provide American Sign Language (ASL) interpreting in the following situations:

- o ASL/English Interpreter-translation between ASL and spoken English
- o Transliterator-translations between English based sign language and spoken English
- o Low Vision Interpreter-for individuals with vision impairments that can only read signs at close range
- o Video Interpreter-providing services from a remote location, through video conferencing technology

Non-emergency interpreter services:

Consultant to provide an interpreter, qualified in the translation of American Sign Language (ASL), upon a request being made by the County at least three (3) days prior to the date interpreting services are required by the County.

An example of a non-emergency service could include individual client interpretation services for a scheduled meeting or group interpretation services for a planned community meeting or Board meeting.

Consultant to provide technical assistance at any County facility for the installation and use of telecommunication devices for the deaf.

With prior approval from the County department, the Consultant may perform translation services via video conferencing with 3 day notice.

Consultant shall provide any additional resources or materials available to the Consultant which are related to deafness and hearing impairment

Emergency interpreter services:

Consultant shall provide qualified emergency sign language interpreters within forty-five (45) minutes of County's request, twenty-four (24) hours a day, seven (7) days a week in the greater Bakersfield area. Additional drive time is permitted for areas outside of Bakersfield, unless video conferencing is an option.

An example of an emergency service could include interpretation for a media/news release regarding an emergency situation in the County or translation at Board meetings, Commission hearings or other County meetings.

The Consultant may be required to translate in highly emotional situations, situations involving child welfare and confidential client information. As with all client contact, information is confidential and requires a highly professional level of service from interpreters.

Interpreters must always translate exactly what is said, know when to ask a group of people to slow down and be experienced in regulating the speed of the meeting to ensure that accurate, exact interpretation is provided.

Consultant shall maintain confidentiality in accordance with the attached Business Associate Agreement, which is incorporated by this reference.

**2. Dates and location where the Services will take place (include time schedule and/or milestone dates if appropriate):**

G:\Web\Web-Content\_Published-Docs&Originals\countynet\services\20151203\PPSA-Schedule&Exhibit - ASL Services.DOCX, rev 03/2014  
A-3

## Attachment M cont.

---

Services will be requested by different County departments for a variety of needs. The County of Kern will issue an annual survey to County departments regarding the Consultant's performance throughout the year. This survey will seek input regarding the Consultant's timeliness to requests, accuracy of services provided and accuracy of billing received in relation to hours of work performed. The County will provide a summary of their concerns to the Consultant within 30 days of the close of the survey period, in order to address any issues in the above areas. It is our expectation that the selected vendor will address these concerns and seek to remedy the problems.

3. If training is involved, the hours per day that are included in the training and minimum/maximum number of staff/trainees allowed to attend the training:

No training involved in this agreement

4. Materials, equipment, facilities, manuals, study guides, etc., will be provided as indicated to assist Consultant in provision of the Services:

By Responsible County Department:

N/A

By Consultant:

Consultant to be equipped to provide ASL Services via Skype, if requested by County department with 3 day notice.

**Exhibit B**  
**Schedule of Fees and Charges**

\$65.00/hour per interpreter. Each billing event will be a two (2) hour minimum charge Monday-Friday 8 am to 5 pm  
\$75.00/hour per interpreter, after hours (after 5 pm and weekends)  
\$90.00/hour per interpreter for emergency situations (minimum 45 minute notice). Emergency situation billing will apply with less than a 6 hour notice.

48 hour cancellation policy- cancellations not made within 48 hours of assignment will result in the billable hourly rate charge of 2 hours.

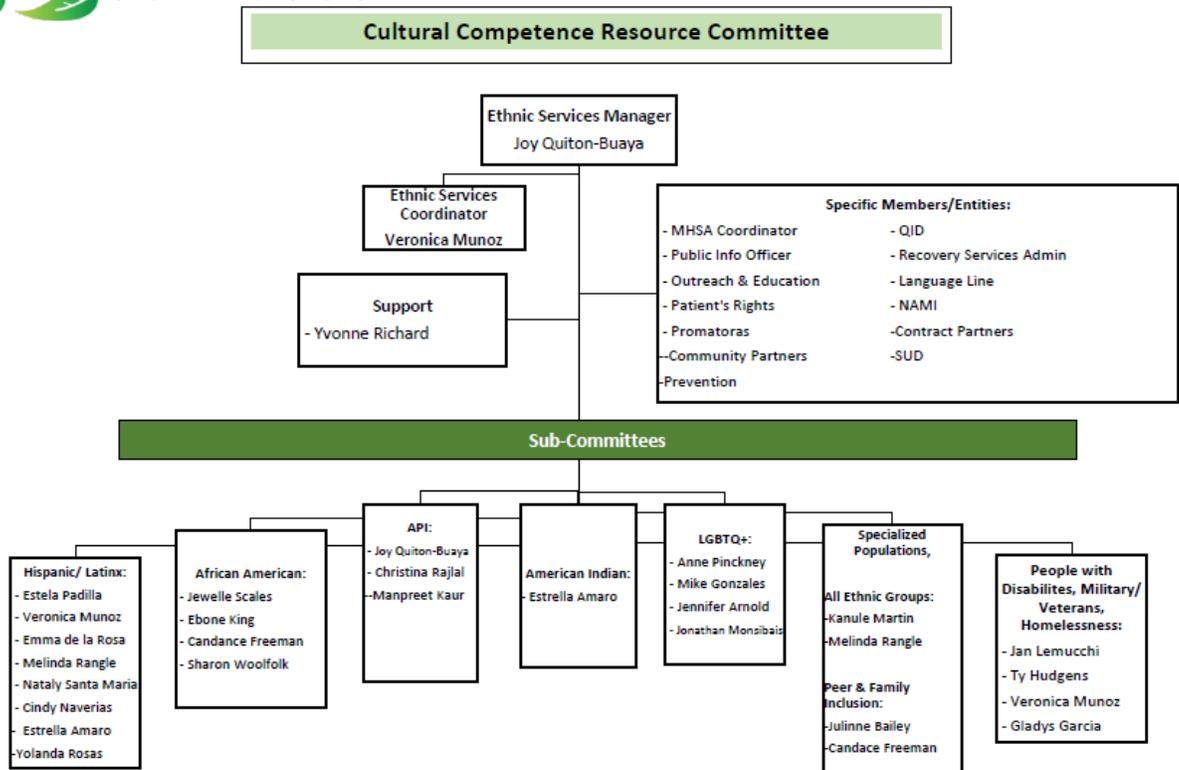
Assignments lasting longer than two (2) hours in duration may require the scheduling of two (2) interpreters, at the reasonable discretion of ILCKC

If an assignment exceeds the two (2) hour minimum, services rendered are charged in one (1) hour increments.



**BEHAVIORAL  
HEALTH & RECOVERY**  
SERVICES

Revised: 07/16/2019



*\*Please note: Members can be in more than one sub-committee\**

# Community Guide to **hope**

May is Mental Health Awareness Month



BEHAVIORAL  
HEALTH & RECOVERY  
SERVICES

Your Guide to Mental Health Issues and Care



Most of us will be touched by **mental illness** in some way during our lifetimes. Join us for a community-wide event to help **bring awareness** and **break the stigma**.

- 1** From **3-5 p.m.**, grab your co-workers, friends or family and tie **green ribbons** around trees in your area.

---

- 2** Join us at the **Consumer Family Learning Center**, 2001 28<sup>th</sup> St., from **5-7 p.m.**, to hear stories of hope and recovery.

---

- 3** **Share** your experiences on social media using **#ribbonchallenge** and **#ribbonsforawareness**. Don't forget to tag KernBHRS in your post or tweet!

For more information, visit [www.KernBHRS.org/mentalhealthmonth](http://www.KernBHRS.org/mentalhealthmonth).



Attachment Q

Community Events & Recruitment Activities FY 2018-2019	
Date	Description
9/8/2018	Kern County Job Fair
9/19/2018	University of Phoenix
10/24/2018	Cal State University Bakersfield Fall Career Expo
2/14/2019	University of Phoenix Career Fair
2/21/2019	Lamont Job Fest
2/28/2019	2019 Kern County Career Expo
3/6/2019	Fresno State Job Fair
03/13-14/19	Forensics Conference
3/20/2019	Cal State University Bakersfield Spring Career Expo
4/16/2019	Sammuel Merrit University
4/17/2019	Sammuel Merrit University
4/25/2019	Behavioral Health Career Expo
4/29/2019	BC Spring Nursing Career Expo
5/2/2019	Fresno State Meet the Professionals Networking Event
5/8/2019	Cal State University Bakersfield Undergrads presentation
5/22/2019	America's Job Center Youth Employment Fair
6/13/2019	Delano Job Fest
<b>Total</b>	<b>17 Various Events</b>



### **FY 2018/19 Community Planning and Stakeholder Feedback Schedule**

July 12, 2018: Bakersfield, California  
July 13, 2018: Lake Isabella, California  
July 18, 2018: Taft, California  
July 24, 2018: Tehachapi, California  
July 24, 2018: Ridgecrest, California  
July 25, 2018: Lamont, California  
July 26, 2018: Bakersfield, California  
July 30, 2018: Frazier Park, California  
July 31, 2018: Delano, California  
August 1, 2018: Bakersfield, California

August 2, 2018: Delano, California  
August 3, 2018: Bakersfield, California  
August 9, 2018: Wasco, California  
August 21, 2018: Lost Hills, California  
September 19, 2018: Bakersfield, California  
November 13, 2018: Delano, California  
November 16, 2018: Taft, California  
December 6, 2018: Ridgecrest, California  
March 12, 2019: Bakersfield, California  
May 17, 2019: Bakersfield, California



# Stakeholders... we need your INPUT!

**Next Meeting Date:**

**March 12, 2019 – 2:00pm**  
**KernBHRS Administrative Office**  
2001 28th St., Bakersfield

**Please join us to Discuss:**

- Our current MHSA Programs for adults, children and families
- The future of mental health care in Kern County
- How our programs could help you and your family
- Refreshments will be served

**[www.KernBHRS.org/MHSA](http://www.KernBHRS.org/MHSA)**



# Stakeholders... we need your INPUT!

**Next Meeting Date:**

**May 17, 2019 – 1:00pm**  
**KernBHRS Administrative Office**  
2001 28th St., Bakersfield

**Please join us to Discuss:**

- Living Well Program Presentation
- Housing
- Innovation Programming
- Various prospective program designs



In accordance with the Americans with Disabilities Act (ADA); if you need assistance, including disability-related modifications or accommodations, please contact Liz Lopez at (661)868-6705 or email [MHSATeam@Kernbhers.org](mailto:MHSATeam@Kernbhers.org).





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## 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 U cont.

How will you utilize what you learned today in your delivery of services?				
Please leave additional comments here:				
<b>Value</b>	<b>Excellent 4</b>	<b>Good 3</b>	<b>Fair 2</b>	<b>Poor 1</b>
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@kernbhrs.org](mailto:BHRSTraining@kernbhrs.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**



# Behavioral Health **CAREER EXPO**



**Thursday, April 25**  
**4:00 pm - 7:00 pm**  
**KernBHRS Administration Building**  
**(2001 28th Street, Bakersfield)**

- Over 50 Jobs available!
- Extra Help and Full-Time Jobs!
- We will be hiring on the spot - Come dressed to interview
- Positions available from Kern Behavioral Health & Recovery Services and several of our care providers

## we're **hiring** now!



**Start your new career today!**

for more information, contact

**661-868-6840**

**[KernBHRSHumanResourcesHiring@KernBHRS.org](mailto:KernBHRSHumanResourcesHiring@KernBHRS.org)**

To apply online visit **[KernCounty.com/hr](http://KernCounty.com/hr)**



# Grow Your Career with



Kern Behavioral **Health** and **Recovery** Services has immediate openings in Kern County, California for

- Psychiatrists**
- Nurses**
- Psychologists**
- Therapists**
- Recovery Specialists**
- and more!**

We offer competitive salaries, great benefits, job security, and a chance to grow with strong advancement opportunities.



**BEHAVIORAL  
HEALTH & RECOVERY  
SERVICES**



**BETTER LIVING**



**UNLIMITED GROWTH POTENTIAL**



**JOB SECURITY**



**GREAT BENEFITS**



# Who are we?



**Kern Behavioral Health and Recovery Services** (KernBHRS) provides Mental Health and Substance Use Treatment as part of the Medi-Cal program. We also receive funding from AB109 and the Mental Health Services Act.

We serve as the **Mental Health and Substance Use Treatment Plan** for Kern County, California - contracting with the state to manage care for Medi-Cal beneficiaries.

We provide programs for **children, adults and seniors** which include:

- **Crisis Services**
- **Children's Mental Health Treatment Services**
- **Adult Mental Health Treatment Services**
- **Substance Use Treatment Services**
- **Judicial Services**
- **Housing Services**
- **Recovery Services**
- **Peer Support Services**
- **Workforce Development**
- **Family Education and Engagement Services**
- **and much more.**

Some of our new and more innovative programs include:

- **Virtual MET**
- **Telepsychology**
- **REACH**
- **Consumer Family Learning Center**
- **The Self Empowerment Team (SET)**
- **The PET Team**
- **Assisted Outpatient Treatment (AOT) Laura's Law**
- **Smart 911**

We are located in Kern County, which is the **third largest county** in California. It covers a very large geographic area (**8142 sq.mi.**). That's larger than Rhode Island, Delaware and Connecticut!

Kern County's **population is 886,507** with over 441,000 of those people being of Hispanic Decent.

Our threshold languages are English and Spanish.

**Bakersfield is** Kern's largest city with a population of 374,483 and it is **home to our administrative offices.**

Kern County is home to large Oil, Agriculture and Aerospace industries. It's also home to over 50,000 businesses in dozens of other industries.

Kern is also home to many other large and small cities - Kern Behavioral Health and Recovery Services serves them all.

In all, Kern boasts over **289,500 households** and a median income of \$49,026. Over 40% of the population is enrolled in Medi-Cal.

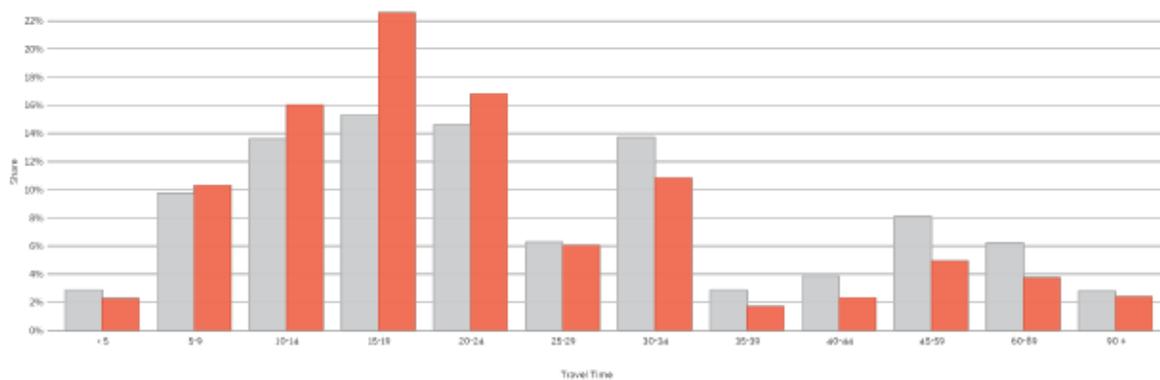
**Hope. Healing. Life.**  
[www.KernBHRS.org](http://www.KernBHRS.org)



# By the numbers how is your commute?

**Average** Commute Time in Kern County is only 21.2 minutes

Commute Time in Kern County, Ca



Datasets: ACS 1-year Estimate  
Source: Census Bureau

DATAUSA

## ANNUAL COMMUTE COMPARISONS

County	Kern	Fresno	Riverside	San Diego	LA
# of Daily Commuters	304,000	383,000	1.11 million	1.7 million	7.29 million
Time Lost Due to Traffic (Yearly)	19 hours	23 hours	59 hours	42 hours	80 hours
Excess Fuel Consumed per Commuter	9 gal	11 gal	18 gal	11 gal	25 gal
Congestion Cost per Commuter	\$512	\$495	\$1,316	\$887	\$1,711

Source: Texas Transportation Institute Urban Mobility Study

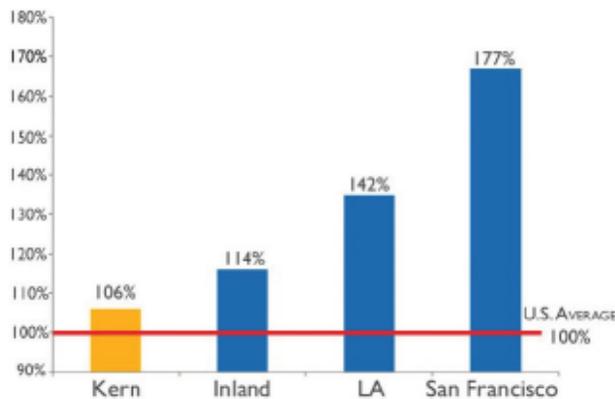
2015 Urban Mobility Scorecard. [Download full report.](#)

Think about all the extra time that gets you to spend with family or friends!

# Get More for Your Money in Kern County!

## COST OF LIVING INDEX COMPARISON

Kern County's cost of living is only 6% higher than the U.S. average!



Source: Cost of Living Index Annual Average 2016

## HOUSING COMPARISON



## ANNUAL COMMUTE COMPARISONS

County	Kern	Fresno	Riverside	San Diego	LA
# of Daily Commuters	304,000	383,000	1.11 million	1.7 million	7.29 million
Time Lost Due to Traffic (Yearly)	19 hours	23 hours	59 hours	42 hours	80 hours
Excess Fuel Consumed per Commuter	9 gal	11 gal	18 gal	11 gal	26 gal
Congestion Cost per Commuter	\$612	\$495	\$1,316	\$887	\$1,711

Source: Texas Transportation Institute Urban Mobility Study

2015 Urban Mobility Scorecard. Download full report.

**FOR MORE INFO:**  
[www.KernBHRS.org](http://www.KernBHRS.org)  
 KernBHRS Human Resources Hotline **661-868-6840**

# Great Benefits!

More than just a nice salary and low cost of living await you at **Kern Behavioral Health and Recovery Services**. We offer a strong benefits package, including:

We also offer several ways for many of our employees to receive **loan forgiveness** for their education! Programs are available through NHSC, MHLAP, and PSLF.

### Group medical, dental and vision coverage.

Employees may choose between four group medical plans and two dental plans. Vision is provided through Vision Service Plan (VSP).

### Kern County Employees' Retirement Association (KCERA).

The plan provides lifetime retirement benefits to members who meet the minimum age and service credit requirements.

Kern County Employees receive matching contributions to the **County Deferred Compensation Plan**.

### Employee Assistance Program (EAP).

The Employee Assistance Program is available to help employees take control of their lives! Kern County employees and their dependents can access information for: Finding child and elder care, Handling grief and loss, Free identity theft monitoring, Budgeting tools, Legal forms, and Career advice.

### Union Representation.

Most non-management and non-confidential employees are represented by an employee union. Every County position is assigned to a bargaining unit, and most bargaining units are in turn associated with a union - e.g., bargaining units 1 - 6 are associated with the SEIU union.

\*KernBHRS is **NHSC Certified**



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SERVICES**



# Grow Your Career with



**BEHAVIORAL  
HEALTH & RECOVERY  
SERVICES**

Hope. Healing. Life.

**KernBHRS**

Follow us on





# SAVE The DATE

MARK YOUR CALENDAR FOR AN UPCOMING TRAINING EVENT



**PRESENTED BY:** RI International  
**Date:** July 22<sup>nd</sup> through August 2<sup>nd</sup>, 2019, Monday – Friday  
**Time:** 8:30 A.M. to 4:30 P.M.  
**Location:** Consumer Family Learning Center  
2001 28<sup>th</sup> Street, South Tower, 1<sup>st</sup> Floor  
Bakersfield, CA 93301

**Target Audience:** Peer staff, volunteers, and those wishing to utilize their lived experience in recovery in a behavioral health setting.

**Training Description:**

This course covers training in providing peer interventions; self-help support groups, recovery planning, goal setting, crisis management, relationship boundaries, social networking, community building, job readiness, assessment and interview study skills, suicide prevention, triage, targeted case management, ethics, HIPAA, confidentiality, and self-care. Additionally, methods of making the peer assistance process effective will be discussed. At the end of the course, peer personnel will have a broad range of strategies to help people reach their recovery goals, build health relationships, and avoid and defuse conflict. Attendees will learn which tool works best and be sensitive to cultural issues in using the tools. Attendees will be able to focus on the job while managing their own mental health issues: managing their own triggers and practicing good self-care practices.

**Objectives:**

As a result of this training, participants will:

1. Be prepared to assist others in recovery by being able to use recovery tools.
2. Understand their role in the peer relationship.

To pre-apply for this training, please go to the following website and follow the instructions:  
<https://kcmh.wufoo.com/forms/peer-employment-training-preapplication/>  
The cutoff to submit pre-applications is July 12, 2019.

If your pre-application is accepted, you will be required to fill out an application through RI International. Kern BHRS has no part of that application process.

If you want to be notified of the next training, fill out the following form:  
<https://kcmh.wufoo.com/forms/peer-employment-training-peer-newsletter/>

For questions, contact Recovery Supports Administration, David Livermore at 661-868-7582 or e-mail [DLivermore@KernBHRS.org](mailto:DLivermore@KernBHRS.org).

Facilities and programs are accessible to persons with disabilities. If you have a special need, please call 868-7833; allow as much time as possible to ensure we have the opportunity to meet your needs.

For grievances or to place a complaint, call 661-868-7833 or email [BHRSTraining@KernBHRS.org](mailto:BHRSTraining@KernBHRS.org).



**ATTACHMENT AA**  
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