

In-Person Community Forum June 26, 2024 Westchester Training Room

Focus: MHSA/BHSA Reform Updates, CARE Court and SmartCare/Work Your Widgets

Total Meeting Attendance	29
Total Survey Responses	21
Total Completion Rate	72%
*Participants may select more than one answer	



Age Group:		Sexual Orientation:	
0-15	0	Straight/Heterosexual	12
16-25	2	Gay or Lesbian	2
26-59	14	Questioning or Unsure	0
60 or Older	5	Queer	0
Declined/Did not submit a survey	8	Asexual	0
Gender assigned at birth:		Bisexual	5
Male	7	Pansexual	1
Female	14	Another sexual orientation	1
Intersex	0	Declined/Did not submit a survey	8
Declined/Did not submit a survey	8	Race:	
Gender Currently Identified with:		Asian	0
Male (Cis Male)	6	Native Hawaiian/Pacific Islander	0
Female (Cis Female)	11	Black/African American	0
Transgender/other	1	Latino/Hispanic	10
Genderqueer	0	Tribal/Native American	1
Non-binary	0	White/Caucasian	5
Genderfluid	0	Two or More Races:	4
Questioning or Unsure	0	Declined/Did not submit a survey	9
Other Gender Identity	0	Ethnicity:	
Declined/Did not submit a survey	11	African	0
Disability:		Asian Indian/South Asian	0
Vision	0	Cambodian	0
Hearing, or difficulty understanding	1	Chinese	0
Mental/Cognitive (excludes behavioral)	3	Eastern European	0
Mobility/Physical	0	Korean	0
Chronic Medical Illness	2	Middle Eastern	0
None	14	Vietnamese	0
Declined/Did not submit a survey	9	European	2
Veteran Status:		Filipino	0
Yes, I am a veteran	0	Japanese	0
No, I am not a veteran	20	Caribbean	0
Declined/Did not submit a survey	9	Central American	2
Primary Language:		Mexican/Mexican American/Chicano	10
Only English	15	Puerto Rican	0
Only Spanish	0	South American	0
Both English and Spanish	6	Two or More Ethnicities (see below)	4
Another language	0	Declined/Did not submit a survey	11
Declined/Did not submit a survey	8	Two or More: n/a	

<i>Group/Category</i>		Population you feel is most unserved/underserved in the above-mentioned community	
<i>Client/Consumer/Person with Mental Illness</i>	6	Children/Families	2
<i>Family Member of a Client or Person with Mental Illness</i>	1	Transitional Aged Youth (16-25)	3
<i>KernBHRS Staff</i>	9	Older Adults	4
<i>Law Enforcement</i>	0	Homeless or at risk of Homelessness	4
<i>Veteran Services</i>	0	Those in rural Kern areas	3
<i>Senior Services</i>	0	Veterans	1
<i>Education/Schools</i>	0	Those with Substance Use Disorders	2
<i>Community Member</i>	4	Latino/Hispanic	4
<i>County Agency Staff (Not KernBHRS Staff)</i>	0	Asian/Pacific Islander	2
<i>Behavioral Health Provider (Not KernBHRS Staff)</i>	4	Black/African American	3
<i>Medical Care Provider</i>	0	American Indian / Alaska Native	3
<i>Other</i>	2	LGBTQ+	7
<i>Declined/Did not submit a survey</i>	8	Other	0
<i>Describe other: Volunteers</i>		Declined/Did not submit a survey	12
<i>Region of the County you are most involved</i>		Please indicate the types of services or programs that would be appropriate to service the above-mentioned population	
Arvin/Lamont	2	Prevention	6
Bakersfield	21	Early Intervention	7
Delano/McFarland	1	Outreach for Recognizing the Early Signs of Mental Illness	12
California City/Mojave/Rosamond	0	Stigma and Discrimination Reduction	13
Wasco/Shafter	0	Access and Linkage to Care	13
Buttonwillow/Lost Hills	0	Peer-based services	9
Oildale	0	Intensive Outpatient Treatment	4
Kern River Valley	1	Declined/Did not submit a survey	9
Tehachapi	0		
Ridgecrest	0		
Taft	0		
Frazier Park/Mountain Communities	1		
Declined/Did not submit a survey	8		

Do you have any questions, comments, or concerns?	
Declined/Did not submit a survey	16
Answered	5
1. I believe that childcare is a big concern for outpatient clients in order to receive services and keep up with therapy or medication appointments childcare is important. Happy healthy mom/dad healthy kids. 2. Yes, I believe there should be a housing program for LGBTQ individuals who face homelessness. 3. Thank you for including. 4. Although many low-income individuals and families experience transportation and related logistical challenges, many should/would benefit from attending and participating in more meetings, groups, socials, and planning; whether eligible for services or benefits or not, in light of becoming aware for self or other. 5. We did not do anything for Pride to show our support for the Community LGBTQ housing or a team dedicated to the community.	

ANNOUNCEMENTS	
FREE Supper & Snacks in the Stacks Kern County Library serves free meals, snacks, and space to do homework for children ages 2-18.	KernBHRS Volunteer Recruitment On-going For more information, contact Cassie at (661) 868-6727 or email CDeras-Coker@KernBHRS.org
Bakersfield College - Rural Express Enrollments Summer/Fall 2024 7/31/24 & 8/8/24 - Arvin Family Resource Center 8/22/24 – Lamont Family Resource Center	Psychiatric Health Facilities Update Adult PHF at 718 Workman Street Children PHF at 702 Workman Street New CSU/FRC under construction at 616 Workman Street.
Invitation to Join the KernBHRS Cultural Competence Resource Committee For more information, contact CulturalCompetence@KernBHRS.org	

Program & Special Presentations

Presentation #1

Presentation: Mental Health Services Act (MHSA) Education

Presenter: Camden Trapp, MHSA Program Specialist

Description: Trapp presented the MHSA origins and how the 5 funding streams work to improve mental health outcomes.

Questions from the Audience after the presentation: No questions were recorded for this section.

Presentation #2

Presentation: Community Assistance, Recovery and Empowerment (CARE) Act/Court (VOTING ITEM)

Presenter: Emily Lyles, BH Recovery System Administrator

Description: Lyles presented the CARE Court program (eligibility requirements, who can petition for CARE Court, and its implementation deadline.

Questions from the audience after the presentation:

1. **Q:** Do those dollars come out of other programs to support?

A: No, it is an Act.

Q: How could this be a different alternative?

A: (Emily) There are several differences. One of the differences is the inclusion of schizophrenia. Anyone can make a referral to AOT. However, to participate in CARE court, it must be done by petitioning directly to the court. Appears in court *prima facie* (the *official name of a court proceeding*) initial review evaluation needed.

Q: Do you have to meet the criteria?

A: Yes. To be part of this program, they must meet the criteria. Unfortunately, we know that there will be a lot of petitions filed that will not meet this program.

2. **Q:** What is the extent of housing?

A: 60 units for housing.

Q: Where?

A: It is located off Golden State

Q: Is this happening only in Kern County?

A: No, it is happening all over the state of California.

3. Q: In Orange County why was the 60 out 60, why so many?

A: Out of 60 petitions, 10 fit the criteria.

4. Q: Is the criteria high?

A: To qualify, the individual needs to have a schizophrenia diagnosis or another psychotic disorder. That narrows it down right there. So, unless they have one of those disorders, they would not meet the criteria to participate in this program. A lot of people ask if substance disorders-induced psychosis would qualify, and the answer is yes.

5. Q: How is it, 3 million spent? Is it staff, resources, technology, etc.?

A: Yes. All the above. We have a Full-Service Partnership (FSP) team that would start with 10-12 staff members initially. We realized that some of the staff need to be clinicians and supervisors to provide status reports and evaluations to the court.

6. Q: If the client meets the criteria for the program, would the person to go to court be a recovery specialist?

A: It would most likely be a recovery specialist.

7. Q: Would the person need to be diagnosed with a psychotic disorder? Who would do the diagnosis?

A: The diagnosis needs to be done by a behavioral health professional appointment by the court.

8. Q: If the person does not meet criteria, would they be referred to another program or provider?

A: Yes. There will be a Recovery Specialist sitting in court through the hearing so they can offer other options if necessary.

9. Q: Are there consequences for showing up for court?

A: We foresee this happening since a large portion of the homeless population would possibly qualify for this program. As of right now, there are no consequences. We will be working with the ROEM, and the mobile clinic to assist in finding those clients and start engaging them.

10. Q: How do you keep them engaged?

A: We foresee that we will need to work on engaging this population. We know there will be some who will change their mind. Our Bakersfield Referral team will work hard to keep them engaged and involved. They are not one of those programs or types of teams that will take no for an answer the first time. They will continue trying to engage with them. We are also hoping that families or community members will also get involved in reaching out to them. We want to wrap around the individual to help them be successful. This is not a program that will throw them in jail or an inpatient unit. Once they enter the program, if they are doing better, they will be able to leave, and we will continue to follow up with them. Once they enter the program, the program, the court, and the providers will need to prepare monthly, quarterly and yearly reports on the number of services we are providing and different data points.

11. Q: Will services provided by other agencies be billable?

A: Yes. There is a separate billing code that they would go through.

12. Q: Is Section 8 associated with this housing?

A: (Liz) No. The housing is not connected to Section 8.

VOTING ITEM:

Are you in favor of spending MHSA funds for the CARE Court?	
Yes	16 (84%)
No	2 (11%)
Declined to Answer	1 (5 %)
Total	19 (100%)

Presentation #3

Presentation: BHSA Transformation Update and SmartCare / Work Your Widgets Campaign (VOTING ITEM)

Presenter: Liz Bailey, KernBHRS Administrator

Description: Lyles presented the CARE Court program (eligibility requirements, who can petition for CARE Court, and its implementation deadline.

Questions from the audience after the presentation:

1. Q: Is this only for employees or contractors?

A: I will check on including contractors.

2. Q: Are there widgets that can be done on the fly?

A: I am not as involved in the new Electronic Health Records as I used to. I just know that widgets are available to help staff enter accurate information and we know that they are not being utilized as intended. Not using them causes us to have to ask the clients for the same information over and over. It also affects the billing as we are not able to bill as much as we could.

3. Q: Will there be widget training on Relias?

A: I will take your suggestion back.

4. Q: The widgets won't move.

A: (public) Mine does work. (Discussed techniques to move) (this goes back to training issues)

A: (Liz) I will take your concerns back to our IT department.

5. Q: How will someone go about suggesting programs to be created for a person who meets the criteria?

A: In this room. This is the place where we can bring your suggestions for programs or gaps. Please go ahead and tell me.

6. Q: LGBTQ2+ criteria program for shelter in the community especially homelessness shelters. Need help.

Recent gender and minority groups are coming in for this need.

A: After the meeting, let me get your name and information so we can follow up with you. We are dedicated to helping this section of our community.

VOTING ITEM:

Are you in favor of a six-month, one-time MHSA funding for the Work Your Widgets Campaign?	
Yes	16 (84%)
No	2 (11%)
Declined to Answer	1 (5 %)
Total	19 (100%)

Presentation #4

Presentation: BHSA Proposition 1 – Local-Level Stakeholder Involvement

Presenter: Tia Flores, MHSA Program Specialist

Description: Flores presented how stakeholder involvement at our local level will change as the Proposition 1 transition continues.

Questions from the audience after the presentation:

1. Q: Would it be possible to get the BHSA Community Meeting information sent separately from the PIO/KernBHRS Minute?
A: Yes, I can send individually.
2. Q: What is SmartCare?
A: SmartCare is the new EHR (Electronic Health Records) that we use to record services provided to our clients. Only authorized personnel have access to those records.
3. Q: Is housing 25% of the 30% budget of Prop 1?
A: It is 30% to housing effective July 1st.
4. Q: Will there be layoffs?
A: The department meets regularly to discuss what programs meet the Prop 1 guidelines. And no. There has been no discussion on layoffs.
5. Q: Are all teams becoming an access point?
A: We should be implementing a “No wrong door” policy. This would provide services and convenience to those who need services.
6. Q: Are we building our housing or contracting it out?
A: (Liz) We are not there yet. Many of us are involved in Behavioral Health advocacy at the State level where we can recommend changes to the legislation language. When we get closer to the implementation time, we will bring it to our Community Forums.
7. Q: Would we be able to use opioid settlement funding to offer services?
A: (Liz) Possibly not. I do not have a definitive answer.

Listening Session

Presentation: Listening Session

Presenter: Tia Flores, MHSA Program Specialist

Description: Flores opened the floor to facilitate the listening session

Questions from the audience after the presentation:

Announcements:

- We have scheduled a Community Forum for our Spanish-speaking population on July 10th
- Effective, August 2024, we will conduct Community Forums (aka Stakeholder meetings) as follows:
 - 2nd Wednesday of every month (English)
 - 3rd Wednesday of every month (Spanish)

MHSA Stakeholder Feedback Forms Received

1. “Thank you for the support (and) for the help”
2. “BHSA funding should be utilized to support Indigenous families experiencing homelessness or at risk of it”
3. “We can also increase funds to improve SmartCare. Being allowed to access multiple SmartCare windows at once will improve productivity DRASTICALLY. Improving loading times, random crashes, etc.”
4. “SmartCare APP for work phones! Widget incentivizing is not a good use of funding. SmartCare website improving access, loading, multiple screens, and crashing options to favorite. All tabs we deem needed for our jobs”
5. “Can BH therapists and Recovery Specialists have access to Cerner? We need to have access to Cerner for accurate assessments and assistance with client care. Sometimes SmartCare charts are blank and do not provide us with the information needed to best help clients. Also, please provide staff with further training on SmartCare. We are unsure how to use the system efficiently/accurately”
6. “As an American – senior citizen, even if current resources are well directed, mental health, medical, and financial are often in need of stimulation”
7. Can a volunteer sign up to help in any area?
8. “Very informative and well-organized presentation on the two initiatives, which required a vote”

CPPP Incentive Program

The MHSA/CPPP Incentive Program started on December 1, 2021. This incentive program offers a **\$20** gift card for consumers/clients, their families, and other MHSA program participants.

To qualify for the MHSA/CPPP Incentive Program, interested consumers/clients, family members, and other MHSA program participants must pre-register to attend the MHSA Community Forum. Upon pre-registration, MHSA staff will ensure that those who pre-register know the location of the meeting (for In-Person meetings) or have reliable access to Zoom (for Virtual meetings).

During the MHSA Community Forum, MHSA staff will confirm attendance. Then, approximately within one business day, the \$20 gift card will be mailed to the address they provided during pre-registration.

Action Steps

Kern Behavioral Health and Recovery Services will continue its commitment to inform, engage, take feedback, and reach out to its communities. This will be achieved through the collaborative efforts of offering MHSA-funded programs and services in partnership with community organizations and contract service providers throughout Kern County.

MHSA recorded a total of **29** attendees during this presentation; the total excludes *MHSA Coordination team members and presenters*.

In this meeting, MHSA provided an overview of the ongoing Behavioral Health Services Act (BHSA) Transformation (formerly referred to as MHSA and Proposition 1) update. This transformation is a collective effort, and MHSA/BHSA will continue to provide updates as information is received.

During the Stakeholder meeting, we had **four** presentations and **two** voting items.

VOTING SUMMARY:

Are you in favor of spending MHSA funds for the CARE Court?

- Voting Results: APPROVED (YES –84%; NO – 11%; Unsure/Decline – 5%)

Are you in favor of 6-month-one-time MHSA funding for Work Your Widgets Campaigns?

- Voting Results: APPROVED (YES –73%; NO – 23%; Unsure/Decline – 4%)

MHSA will:

I. General

- a) Continue to provide education and updates on legislative and policy changes on MHSA funding and how that impacts the programs and services given to Kern County residents.
- b) Investigate ways of gaining stakeholder feedback and participation (giveaways, treats, etc.) during the next meetings.
- c) Continue researching ways of gaining a greater number of clients/families, and public participation during stakeholder meetings.

No further action steps.