



CULTURAL COMPETENCE PLAN

Review
2023-2024

Plan
2024-2025

Prepared by
EVALCORP
Measuring What Matters®



Mission

Working together to support hope, healing and recovery

Vision

Delivering excellent behavioral health care to support the well-being of our community

Recovery Values

Healing, Service Excellence, Community, Innovation

Executive Summary

Background. This Cultural Competence Plan includes information about activities and achievements in Fiscal Year (FY) 23-24 that were designed to mitigate and end behavioral health disparities and cultivate cultural humility in the Kern County Behavioral Health and Recovery System. Also included are the goals and strategies that have been established for FY24-25. Every county in California must develop and submit a Cultural Competence Plan consistent with the Cultural Competence Plan regulations, standards, and criteria (per California Code of Regulations, Title 9, Section 1810.410).

Accomplishments. For FY23-24, there were 73 total strategies Kern Behavioral Health & Recovery Services (KernBHRS) defined for implementation. The strategies were categorized into one of five possible statuses: Met, In Progress, Discontinued, Not Met, and Data Unavailable. Sixty (82%) were met, one (1%) was discontinued, one (1%) were not met, and 11 (15%) did not have data available. To achieve these outcomes, many activities were conducted including meetings (e.g., 10 Cultural Competence Resource Committee Meetings), 18 community forums in English and Spanish (313 attendees), partnerships with community organizations, cultural education conferences and classes, recruitment and staff retention activities and strategies, internships, cultural events and celebrations, and community outreach activities.

Additionally, the KernBHRS Consumer Perception Survey received 520 responses from adult and youth service recipients. Like the last FY, the feedback continued to be highly positive, with the overall satisfaction rate standing at 93%, surpassing the 85% benchmark. Moreover, the survey responses showed that clients were satisfied with each KernBHRS division (90% and above).

Barriers and Potential Solutions. Mental health workforce shortage continues to be a barrier, which is still occurring on a national level, with roughly half of Americans living in an area with a mental health workforce shortage.¹ KernBHRS continues to work diligently to overcome this barrier. Human Resources and the Cultural Competence Team collaborated on strategies to recruit and retain diverse staff with the overarching goal of creating a workforce that reflects the community that is being served. Additionally, the Cultural Competence Team shared KernBHRS recruitments with community members. KernBHRS also has taken great strides for employee retention, which has remained rather consistent over the last four years.

Additionally, FY23-24 penetration data were unavailable due to the implementation of the new electronic health record system, impacting the status of 11 strategies. However, steps have been taken to ensure that penetration data will be available for future reporting. KernBHRS will continue to adjust outreach strategies and monitor the potential impact on service utilization through this process.

Looking Ahead. KernBHRS has 72 Cultural Competence strategies for implementation in FY24-25. In addition to two new goals, 29 of the strategies are new or have been significantly revised since FY23-24. One of the new goals involves monitoring and improving the penetration rate and outreach and engagement for Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (2SLGBTQ+) group. The other new goal addresses making culturally and linguistically responsive programs available to better accommodate individuals with disabilities as outlined in the Americans with Disabilities Act.

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

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Overview of FY23-24 Strategies

The following tables provide a list of the 73 cultural competence strategies established by KernBHRS for FY23-24, along with an indication of whether each was met. These tables are intended as an overview and supplement to the rest of the report, where additional details and context can be found.

Strategy Status Definitions

Icon	Status	Count	Description
	Met	60	Strategy was successfully implemented as intended.
	In Progress	0	Steps were taken to begin implementation of the strategy, but full implementation has not been accomplished at the time of reporting (but is expected).
	Discontinued	1	Strategy is intentionally no longer being implemented.
	Not Met	1	Implementation of strategy has not started, or steps were taken to begin implementation but full implementation is not feasible.
	Data Unavailable	11	Data is not available for strategy.

Criterion 1. Commitment to Cultural Competence

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

Criterion 2. Updated Assessment of Service Needs

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

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

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

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

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

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

Criterion 5: Culturally Competent Training Activities

Goal 1. Utilize Mental Health Services Act Workforce Education and Training funds to ensure education and culturally competent trainings are available to the workforce to address effectively serving diverse groups, unserved, and/or underserved populations.		
✗	1	KernBHRS will hold both Mental Health and Substance Use Disorder staff to an 85% accountability rate for the completion of 6 hours of cultural competence training during each FY.
✓	2	In conjunction with Training Services and other relevant entities, the Cultural Competence team will identify and assign 1.5 hours of Cultural Competence Training to staff each quarter during the FY to commence in quarter 3 of FY23-24.

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

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

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

Criterion 7: Language Capacity

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

Criterion 8: Adaptation of Services

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

Background and Overview of Requirements

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

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

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

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

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

Methodology

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

- Process Data
 - Details about relevant meetings, workgroups, trainings, or other internal events or initiatives
 - Details about relevant outreach activities, community events, or other external events or initiatives
 - Demographic and other relevant workforce data from KernBHRS and contracted providers
 - Service utilization data from KernBHRS and contracted providers
- Outcome Data
 - Results from relevant staff and client surveys

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

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

For FY23-24, there were 73 total strategies KernBHRS defined for implementation. The table below provides the number classified into one of five possible statuses: Met, In Progress, Discontinued, Not Met, and Data Unavailable.

Overview of Strategies by Status

Icon	Status	Description	Count
	Met	Strategy was successfully implemented as intended.	60
	In Progress	Steps were taken to begin implementation of the strategy, but full implementation has not been accomplished at the time of reporting (but is expected).	0
	Discontinued	Strategy is intentionally no longer being implemented.	1
	Not Met	Implementation of strategy has not started, or steps were taken to begin implementation but full implementation is not feasible at the time of reporting.	1
	Data Unavailable	Data is not available for strategy.	11

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

Federal Standards - Culturally and Linguistically Appropriate Services

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

Culturally and Linguistically Appropriate Services Standards Referenced to Cultural Competence Plan Requirements Criteria

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

13	Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.	4
14	Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.	3
15	Communicate the organization's progress in implementing and sustaining Culturally and Linguistically Appropriate Services to all stakeholders, constituents and the general public.	1

State Requirements - Cultural Competence Plan Requirements Criteria

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

Cultural Competence Plan Requirements Criteria Referenced to Culturally and Linguistically Appropriate Services Standards

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

Criterion 1. Commitment to Cultural Competence

CRITERION 1 REQUIREMENTS

I. Mental health system commitment to cultural competence

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

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

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

III. Designated Cultural Competence/Ethnic Services Manager

The designated Cultural Competence/Ethnic Services Manager for FY23-24 was Liz Bailey. She also served as the Department Supports Division Administrator. In FY23-24 the Department Supports Division included the Cultural Competence Team, Professional Development Team, the Psychology Internship Program, and Training Services.

IV. Identify budget resources targeted for culturally competent activities

Budgetary information on cultural competence activities is available in the most recent Mental Health Services Act 3-Year Plan/Annual Update, available [here](#).

Goals and Strategies

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



Strategy 1: Partner with internal teams to monitor disparity rate.

Penetration rate reports are not available due to the implementation of the new electronic health record system. Data will be available for future reporting.



Strategy 2: Utilize departmental data to identify areas of opportunity to reduce disparity.

Penetration rate reports are not available due to the implementation of the new electronic health record system. Data will be available for future reporting.



Strategy 3: Monitor client and consumer satisfaction through available data attained in client satisfaction surveys.

KernBHRS monitors client and consumer satisfaction with services received using the Consumer Perception Survey, Local Recovery Survey, and Treatment Perception Survey.

The Consumer Perception Survey is used to collect data based on the federally determined National Outcome Measures. Collection and reporting of data is required by Substance Abuse and Mental Health Services Administration (SAMHSA), the Community Mental Health Services Block Grant, and the California Code of Regulations, Title 9, §3530.40. Surveys are administered every year, in the Spring and Fall. There are English and Spanish versions of the surveys available. In May 2023, a total of 520 Consumer Perception Surveys were completed by consumers, with 283 respondents being adults and 237 being youth/youth families.

The overall satisfaction rating was 93% (based on the answer to the question “I like the services that I received here”) which is above the benchmark of 85%. Table 1 provides overall satisfaction ratings for the different divisions of KernBHRS.

Table 1. Consumer Perception Survey Client Satisfaction Rates by KernBHRS Division

Division	Spring 2020	Spring 2021	Spring 2022	Spring 2023
Clinica Sierra Vista	92%	96%	95%	93%
Medical Services	98%	96%	92%	93%
Crisis Services	92%	96%	92%	90%
Recovery Supports Admin*	100%	0%	90%	91%
Kern Linkage Program	90%	100%	96%	92%
Mental Health Systems*	92%	0%	95%	94%
Children’s Services	94%	92%	93%	93%
College Community Services	93%	95%	95%	92%
Child Guidance Clinic	88%	100%	97%	96%
Adult System of Care	88%	99%	94%	93%

*No survey responses were received for this division in 2021

Table 2 shows clients' and consumers' agreement with the Consumer Perception Survey satisfaction questions.

Table 2. Consumer Perception Survey Satisfaction by Question

System of Care	Percent Agree
I like the services that I received here.	93%
If I had other choices, I would still get services from this agency.	93%
I would recommend this agency to a friend or family member.	94%
The location of services was convenient.	90%
Staff were willing to see me as often as I felt it was necessary.	87%
Staff returned my calls within 24 hours.	89%
Services were available at times that were good for me.	91%
I was able to get all the services I thought I needed.	92%
I was able to see a psychiatrist when I wanted to.	91%
Staff here believe that I can grow, change, and recover.	93%
I felt comfortable asking questions about my treatment and medication.	94%
I, not staff, decided my treatment goals.	93%

Similarly, the Local Recovery Survey is required by the California Code of Regulations, Title 9, §3530.40 and is administered on a semi-annual basis. In addition to assessing consumer satisfaction, the survey assesses consumers' perception of recovery principles, access to care, progress in treatment, and preferences for how services are received. Surveys are administered in English and Spanish to consumers receiving mental health and substance use disorder services. Overall satisfaction is measured by seven Likert scale items. During FY23-24, a total of 1,635 surveys were completed, with 941 respondents being adults and 694 being youth/youth families. The overall satisfaction rating was 89% (based on the question "Overall, I am satisfied with the service I received"), exceeding the standard minimum satisfaction rate of 85%.

Figure 1. Consumer Level of Agreement on the Availability of Services at Convenient Times

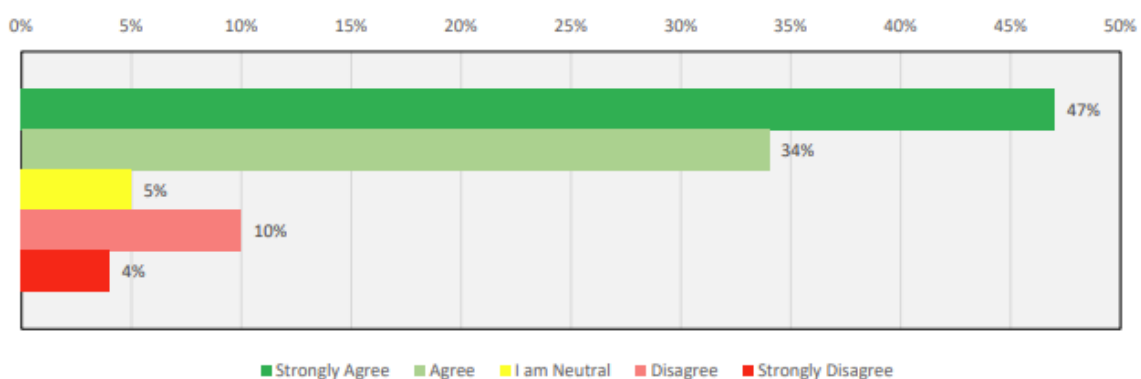


Figure 2. Level of Agreement on Staff Being Sensitive to Cultural Background

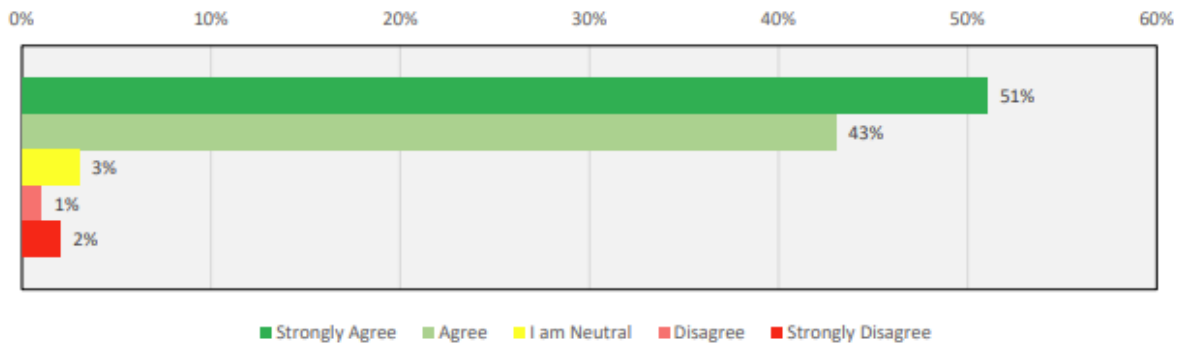


Figure 3. Level of Agreement on whether Staff were Respectful

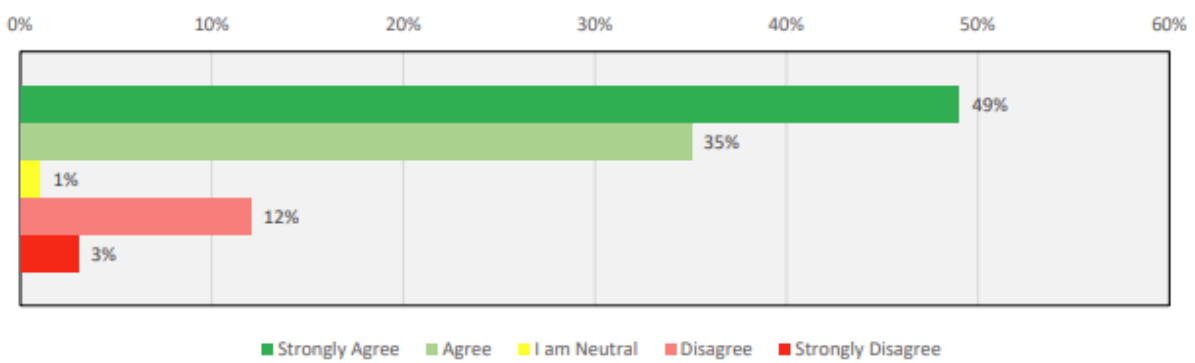
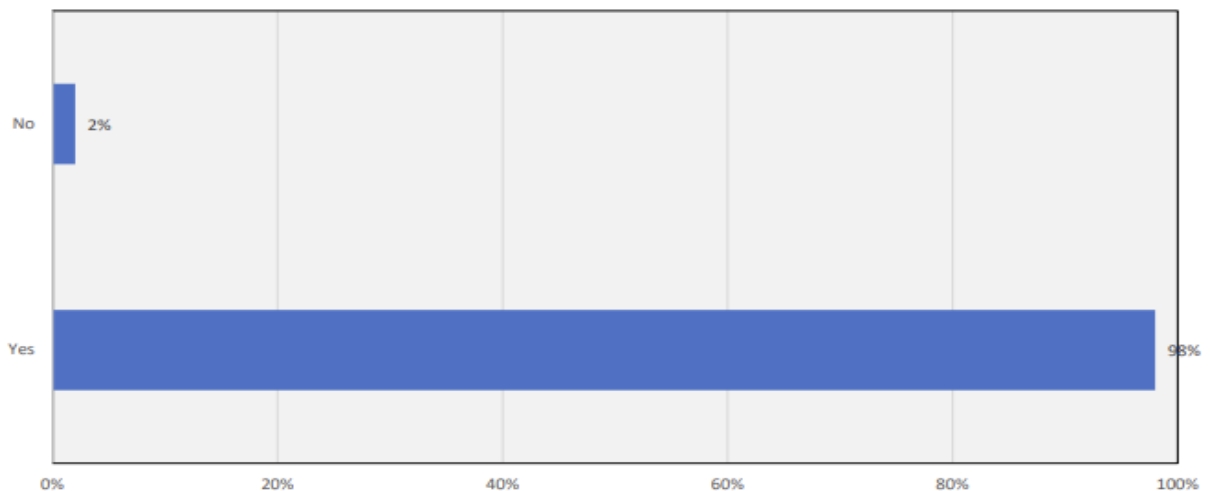


Figure 4. Consumer Response to whether Services were Provided in Preferred Language



The Treatment Perception Survey is part of the Drug Medi-Cal Organized Delivery System waiver evaluation required by the External Quality Review Organization. The survey uses a validated tool to assess client satisfaction and consumer perceptions on access to services, quality of care, and preferences in receiving services. The survey is administered in English and Spanish every Fall. In October 2023, a total of 182 surveys were completed, with 170 respondents being adults and 12 being youth. The overall satisfaction rating was 91% (based on the question “Overall, I am satisfied with the service I received”), exceeding the standard minimum satisfaction rate of 85%.

Table 3. Treatment Perception Survey Client Satisfaction Rates

Division	Fall 2020	Fall 2021	Fall 2022	Fall 2023
Aegis	93%	97%	92%	88%
American Health Services*	92%	0%	92%	89%
Bakersfield Recovery Services	78%	97%	100%	93%
Clinica Sierra Vista	84%	100%	98%	92%
Clarvida	95%	82%	91%	88%
Community Services Organization	97%	100%	100%	91%
La Vida Nueva	100%	100%	100%	93%
Kern Behavioral Health and Recovery Services	75%	83%	96%	94%
WestCare	-	-	100%	94%
STEPS (Special Treatment, Education, Prevention Services, Inc.)	-	-	89%	91%

*No survey responses received for this division in 2021

Table 4. Treatment Perception Survey Satisfaction by Question

Question	Percent Agree
The location was convenient (public transportation, distance, parking, etc.)	90%
Services were available when I needed them.	88%
I chose the treatment goals with my provider's help.	95%
Staff gave me enough time in my treatment sessions.	94%
Staff treated me with respect.	97%
Staff spoke to me in a way I understood.	95%
Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.)	96%
Staff here work with my physical health care providers to support my wellness.	94%
Staff here work with my mental health care providers to support my wellness.	96%
As a direct result of the services I am receiving, I am better able to do things that I want to do.	89%
I felt welcomed here.	94%
Overall, I am satisfied with the services I received.	91%
I was able to get all the help/services that I needed.	92%
I would recommend this agency to a friend or family member.	95%



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

The Cultural Competence Team works actively with the Public Information Office Team and the System of Care to reduce acronyms in public-facing meetings. In Cultural Competence Resource Committee meetings, which are held every 10 months of the year, and in the Cultural Competence Resource Committee Subcommittee Meetings, the Cultural Competence Team ensures that all spoken acronyms are defined either within the meeting chat or verbally and minimizes use of acronyms in the publication of the agendas and minutes of the respective meetings. Figure 5 shows a sample of Cultural Competence Resource Committee's publication of meeting agenda.

Figure 5. Cultural Competence Resource Committee Meeting Agenda

iii. Member Recruitment Efforts: 1. Asian American Pacific Islander Chamber of Commerce May 6, 2024. https://www.youtube.com/watch?v=5R70p3YI3zw c. African American/Black i. Key Subcommittee Workgroup Action Items: <table> <tr> <th>Action Step</th><th>Date Assigned</th><th>Due Date</th><th>Assigned To</th><th>Status</th></tr> <tr> <td>Secure Vendors for Juneteenth</td><td>02.20.2024</td><td>ASAP</td><td>Subcommittee</td><td>Almost completed. Secured: food vendors, dancers & drummers</td></tr> <tr> <td>Purchase Décor</td><td>05.14.2024</td><td>ASAP</td><td>Cultural Competence/Department Supports Administration</td><td>Décor vetted through subcommittee, Pending purchase</td></tr> </table> ii. Community Event Reporting: a. 3rd Annual Youth Mental Health and Wellness Symposium 05.17.2024 6PM-9AM. b. Kern County Black Farmers' Market 05.18.2024 10AM-2PM c. Continuous Workgroup held weekly for Juneteenth updates and progress. c. Next Subcommittee Meeting to be 07.10.2024, 4PM-5PM. iii. Member Recruitment Efforts: continuous d. American Indian/Alaskan Native i. Key Subcommittee Workgroup Action Steps: <table> <tr> <th>Action Step</th><th>Date Assigned</th><th>Due Date</th><th>Assigned To</th><th>Status</th></tr> <tr> <td>Coordinate with Adult System of Care and/or Kern Linkage Division for Bakersfield American Indian Health Project and/or Owens Valley Career Development Center to present during 3rd quarter of fiscal year.</td><td>01.08.2024</td><td>06.30.2024</td><td>Cultural Competence Team/Department Supports Administration</td><td>Identified Adult System of Care as next division to present to on 05.01.2024. Rescheduled</td></tr> <tr> <td>Bakersfield American Indian Health Project Internship Coordination</td><td>01.08.2024</td><td>Ongoing</td><td>Cultural Competence Team/Bakersfield American Indian Health Project</td><td>Professional Development Team to meet with Bakersfield American Indian Health Project on 06.03.2024</td></tr> </table>	Action Step	Date Assigned	Due Date	Assigned To	Status	Secure Vendors for Juneteenth	02.20.2024	ASAP	Subcommittee	Almost completed. Secured: food vendors, dancers & drummers	Purchase Décor	05.14.2024	ASAP	Cultural Competence/Department Supports Administration	Décor vetted through subcommittee, Pending purchase	Action Step	Date Assigned	Due Date	Assigned To	Status	Coordinate with Adult System of Care and/or Kern Linkage Division for Bakersfield American Indian Health Project and/or Owens Valley Career Development Center to present during 3 rd quarter of fiscal year.	01.08.2024	06.30.2024	Cultural Competence Team/Department Supports Administration	Identified Adult System of Care as next division to present to on 05.01.2024. Rescheduled	Bakersfield American Indian Health Project Internship Coordination	01.08.2024	Ongoing	Cultural Competence Team/Bakersfield American Indian Health Project	Professional Development Team to meet with Bakersfield American Indian Health Project on 06.03.2024				
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Reporting Team	Date	Event Name	Time	Location	Population Served
Mental Health Services Act (MHSA@KernBHS.org)	02.17.2024 - 02.18.2024	Crossroads of the West Gun Show	All Day	Kern County Fair Grounds 1142 P Street	All
Prevention (Prevention@KernBHS.org)	03.14.2024	Leaders In Life Youth Conference	8:30AM -2:25PM	Mechanics Bank Convention Center 1001 Truxtun Ave.	Youth, All
Cultural Competence (CulturalCompetence@KernBHS.org)	02.24.2024	Black History Month Parade	8AM-12PM	Downtown Bakersfield	African American/Black, All
	03.16.2024	Black Family Wellness Expo	8AM-2PM	Lowell Park 800 4 th St.	African American/Black, All
Training (BHRSTraining@KernBHS.org)	TBD	Mental Health First Aid (MHFA)	TBD	Reach out to BHRSTraining@KernBHS.org	Community
	TBD	Youth Mental Health First Aid (YMHA)	TBD	Reach out to BHRSTraining@KernBHS.org	Community
	TBD	Applied Suicide Intervention Skills Training (ASIST)	TBD	Reach out to BHRSTraining@KernBHS.org	Community

d. Mental Health Services Act Team (MHSA)

i. Stakeholder Involvement & Community Program Planning Process (CPPP)

Upcoming Community Forums			
Date	Time	Location	Topic

ii. MHSA Program Updates (Community Services and Supports, Full-Services Partnership, General System Development, Prevention and Early Intervention, Innovation, Workforce Education Training, Capital Facilities and Technology Needs)

8) Open Discussion/Announcements

Please reach out to CulturalCompetence@KernBHS.org with any questions or comments.

Adjourn—Next meeting March 21, 2024

9:30AM-10:30AM via Microsoft Teams



Strategy 5: Research and begin developing a mechanism to ensure that Outreach and Education materials are written at or below a 6th grade reading level.

During FY23-24, the Cultural Competence Team leadership researched several different methods of ensuring that documents within the system of care were published at a 6th grade reading level or below. The Cultural Competence Team discussed the merits of the following tools:

- **Flesch-Kincaid Grade Level Score:** tool that indicates the U.S. school grade level needed to understand given text
- **Flesch Reading Ease Score:** tool that measures how easy or hard the writing or text is to read
- **Frequency of Gobbledygook:** tool that uses length of words, sentence length, and words containing greater than 3 syllables to assign a grade level to text
- **Fry Readability Formula:** tool that is useful for small texts of less 100 words or less and indicates words or sentences that would prove more difficult for readers

- **Simple Measure of Gobbledygook:** tool that is useful for measuring the reading level of prose in sentence and paragraph formats
- **Suitability Assessment of Materials:** tool that uses content, graphics, layout, and cultural appropriateness to measure readability
- **PMOSE/IKIRSCH Document Readability Formula:** tool that measures and assigns a reading level to non-prose documents such as tables and charts

The Cultural Competence Team noted that several of these tools could be used throughout the system of care and the added cost for utilization would be minimal. The team plans to further discuss the usefulness of these tools with the Public Information Office Team and Executive Administration during FY24-25 to begin developing mechanism materials that are more broadly accessible.



Strategy 6: Evaluate current internship model to identify areas for improvement in established model.

During FY23-24, Department Supports Administration and the Bakersfield American Indian Health Project met to evaluate the internship model. During the year, both agencies identified that it would be most beneficial to focus on recruiting interns who were students in their second year of practicum education. This decision allows KernBHRS staff, who have experience in providing services to American Indian and/or Alaskan Native populations, to share their knowledge with the organization and their contemporaries.



Strategy 7: Evaluate and identify merit of expanding internship model to additional community partner agencies.

During FY23-24, the Department Supports Administration and the Bakersfield American Indian Health Project focused on recruiting students who were in their second year of practicum education. In the latter half of the FY, the Professional Development Team helped to identify staff to participate in the internship opportunity. However, as the start date drew nearer, the identified staff were no longer able to participate due to changes in staffing or other circumstances. As of FY23-24 the two organizations are working jointly to identify new interns for the opportunity. Additionally, KernBHRS is awaiting more information about the impacts of the shift to the Behavioral Health Services Act before establishing internship opportunities with other organizations.

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



Strategy 1: Streamline the translation request process.

Previously, the method of submission for translation requests was unclear to staff, and emails would often be sent to various entities. This caused difficulty in ensuring that all translations were being adequately captured by the system of care as well as an overreliance on a select few translators.

Thus, the Department Supports Administration and the Cultural Competence Team began the process of streamlining the translation request process in August of 2023 by implementing a standardized process for translation requests (see Criterion 1, Goal 2, Strategy 2 for additional information about the forms).

The Cultural Competence Team and Department Supports Division Administration support staff also attained a list of Tier II certified staff from Human Resources and sorted them. The choice was made to largely exclude clinical staff from most departmental translation requests and rely more heavily on

support staff who did not work on clinical teams. Support staff for both the Department Supports Administration and the Cultural Competence Team reached out to the pool of available translators fitting the above criteria and created a list of volunteers who desired to assist with departmental translations. By utilizing a voluntary method, the department was able to shift from an overreliance on three to four translators to a pool of 11 total translators for the FY. Although there are likely to be shifts in the available number of translators as staff join and leave the department, the new process has been effective.

The Cultural Competence Team has noted a decrease in translation fatigue amongst staff performing translations and an increase in efficiency, resulting in less document loss and an overall greater translation speed end to end.



Strategy 2: Standardize how translation requests are assigned to Tier II Staff.

In August 2023, Department Supports Administration and the Cultural Competence Team streamlined the translation request process by identifying and implementing a standardized process. The new process includes a Microsoft Form for the Departmental Translations. Using the form, staff can submit requests for internal Spanish translations as well as external translations for other languages. Additionally, a list of Tier II certified staff was compiled and sorted so that only those who are interested in supporting translations are contacted for translation requests (see Criterion 1, Goal 2, Strategy 1 for additional information about volunteer translators).



Strategy 3: Track and Monitor translation assignments to help identify gaps in the process and improve upon them.

Translation requests were tracked and monitored in logs (date requested, team that made the request, urgency, language date of final translation, etc.) as depicted in Figure 6 below. Throughout FY23-24, 38 translation requests were submitted. Two of the 38 requests were for Punjabi, and 36 of the requests were for Spanish. Furthermore, the Department Supports Administration and the Cultural Competence Team identified gaps in the translation assignment system and implemented new processes to improve it (see Criterion 1, Goal 2, Strategy 1 and 2 for additional information).

Figure 6. FY23-24 Translation Requests Log

Fiscal Year 2023-2024 Translations (Translators Coded/Deidentified)										
Request #	Start time	Team Requesting Translation	Is this request urgent?	Date by which you'd like the item returned (Note: Please expect up to two weeks turn around time for Spanish requests and a minimum of two weeks for languages other than Spanish).	What language(s) do you need the document translated to?	Document Title	First Translator	Second Translator	First Translation Completed	Completed Final Translation
1	8/26/23 9:17:27	Public Information Office	No	9/4/2023	Spanish	Reporting Compliance and Privacy Issues	20, Reassigned to 13	4, Reassigned to 14	10.19.2023	10.19.2023
2	8/29/23 9:15:53	Cultural Competence/Department Supports Admin	No	9/12/2023	Spanish	KernBHRS O&E Demo Text Business Card Translation (Deputy Director/BH Unit Sup II)	3	1	08.30.2023	08.31.2023
3	9/7/23 15:40:17	Public Information Office	Yes	9/8/2023	Spanish	NE RAWC Client Closure Letter	4	22	09.07.2023	09.07.2023
4	9/12/23 0:00:00	Adult System of Care Admin	Yes	9/12/2023	Spanish	1 Sheet SUD Outpatient Treatment Team Youth Business Card (Assertive Community Treatment)	Second Review Only	4	09.11.2023	09.13.2023
5	9/13/23 8:22:29	Public Information Office	No	9/15/2023	Spanish	To find a service location 1 Line	12	19	09.14.2023	09.18.2023
6	10/17/23 9:35:37	Public Information Office	No	10/31/2023	Spanish	CFLC Holiday Dance	8	1	10.19.2023	10.19.2023
7	10/26/23 10:12:01	Public Information Office	Yes	10/26/2023	Spanish		3	20	10.26.2023	10.26.2023
8	12/13/23 16:38:28	Public Information Office	Yes	12/15/2023	Spanish		21	No Second Translator due to new staff misunderstanding	12.14.2023	N/A



Strategy 4: Begin creating a translation handbook in the threshold language to expedite and standardize the translation process.

During FY23-24, the Public Information Office, Department Supports Administration, and the Cultural Competence Team recognized the need to develop a standard translation of the team names and job classes listed on the Behavioral Health Unit Roster (see Figure 7). In addition to the standardization of the Behavioral Health Unit Roster, the department worked collaboratively to standardize common translations used on an annual basis such as closure signs, community forum flyers, dates, and holidays. The support staff for the Cultural Competence Team also utilized external resources, such as published handbooks for other healthcare agencies. The department will continue to standardize choice of phrasing where prudent to do so and will continue to work with departmental translators to facilitate increased ease of their contributions to the department.

Figure 7. Unit Roster Translations Including Translations of KernBHRS Divisions, Teams, and Job Classes.

Divisions	
English	Spanish
Administrative Services	Servicios Administrativos
Adult System of Care	Sistema de Cuidado Adultos
Children's System of Care	Sistema de Cuidado Infantil
Clinical Plan Services	Servicios de Planificación Clínicos
Clinical Services	Servicios Clínicos
Crisis Services	Servicios de Crisis
Department Supports/ Department Supports Division	Apoyos del Departamento / División de Apoyos de Departamento
Finance	Finanzas
Information Technology Services	Servicios de la Información de Tecnología
Kern Linkage Division	División de enlaces Kern
Medical Services	Servicios Médicos
Quality Improvement Division	División de Mejora a la Calidad
Specialty Clinical Services	Servicios Clínicos Especializados
Substance Use Disorder Division	División de Trastornos por Uso de Sustancias

Teams	
English	Spanish
Access and Assessment Center	Centro de Acceso y Evaluación
Access to Care-Hotline	Línea Directa de Acceso al Cuidado
Accounting	Contabilidad
Accounts Payable	Cuentas por Pagar
Administrative Services Admin	Administración de Servicios Administrativos

Job Classes	
English	Spanish
Accountant	Contador/(a)
Administrative Coordinator	Coordinador Administrativo
Behavioral Health and Recovery Services Finance Director	Director/(a) Financiero de Servicios de Recuperación y Salud Conductual
Behavioral Health and Recovery Services Operation Manager	Gerente de Operaciones de Servicios de Recuperación y Salud Conductual
Behavioral Health Clinical Experience Supervisor	Supervisor/(a) de Experiencia Clínica de Salud Conductual

Shown above is the full list for KernBHRS Divisions and truncated lists for the Teams and Job Classes list.



Strategy 5: Research and begin developing a process for back translation.

The Cultural Competence Team, in conjunction with the Behavioral Health Program Supervisor, discussed the merits and feasibility of a back translation process within the department. Due to the frequent urgent requests for translation as well as the necessity for Tier II certified staff to complete their regularly assigned duties, incorporating an additional step for a complete back translation was proven to be difficult. However, a partial back-translation process has been implemented where two staff who hold Tier II Certifications translate each submission. The first translator is given the original English document, and the second translator is given the Spanish Translation without the context of the English document where possible. The second translator also reviews the translation for accuracy and appropriateness for target population.

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



Strategy 1: Review current KernBHRS policies and propose relevant changes to Executive Administration that demonstrate best practices for Diversity, Equity, and Inclusion and incorporate Culturally and Linguistically Appropriate Services standards.

In FY23-24, the Cultural Competence Team conducted an in-depth review of over 300 KernBHRS Policies and over 550 attachments. Of those policies, the Cultural Competence Team recommended changes to 54 policies. The reviewed policies encompassed 12 sections, including:

- General (e.g., facilities, telecommunications, language interpreter services, safety)
- Administrative (e.g., provider services)
- Personnel
- Fiscal (e.g., Medicare issues, insurance)
- Clinical services (e.g., outpatient, medications)
- Infection control
- Training and staff development
- Medical records
- Management information systems
- Confidentiality and patient's rights
- Quality assurance/utilization review
- Conservatorship
- Mental Health Services Act

Nearly all policies recommended for change were due to gendered language or use of gendered pronouns. The information was shared with the Cultural Competence Supervisor and Department Supports Administrator who forwarded the information to the Executive Administration.

Figure 8. FY23-24 Policy Review to Incorporate Culturally and Linguistically Appropriate Service Standards

[illegible]

Goal 4: Dedication to diverse workforce.



Strategy 1: Begin working to strategize how to include age-appropriate information about behavioral health career opportunities in local school as early as elementary school.

Bookworm Buddies was a program started by the Mental Health Services Act Team in the Fall of 2023 as part of September's Suicide Awareness and Prevention Month to introduce behavioral health concepts in an age-appropriate manner to students in Kern County. Sixteen staff members volunteered to participate; staff members were diverse in professional backgrounds (clinical and administrative). Five of the staff volunteers were bilingual. The goal of having a diverse group of volunteers was to show children that there are individuals who look like them working in the behavioral health field; it shows children what could be possible.

The call for volunteers was raised in KernBHRS weekly internal newsletter called The Minute. The Mental Health Services Act Team worked with the supervisors of the enlisted staff to ensure that they would be a good fit for the program.

In its first iteration, all Bookworm Buddies volunteers were given the same book to read to all classrooms that participated in the program.

As the program was refreshed as part of May's Mental Health Month festivities, the Cultural Competence Team provided guidance to the Mental Health Services Act Team.

The Cultural Competence Team looked at several criteria prior to approving a title's use by the program including:

1. Locating books with characters that looked like the diverse community of Kern.
2. Ensuring promoted reading materials were classified by age.

3. Finding and vetting Spanish language materials that were not mere translations of an English language text.
4. Discussion of age-appropriate common mental health related topics such as anxiety/worry, self-confidence, anger, fear, self-regulation and coping skills



Strategy 2: Work collaboratively with Human Resources to identify potential opportunities to share recruitment opportunities with the diverse communities of Kern.

During FY23-24, KernBHRS Human Resources staff attended several career-related events tailored to various populations (cultural background and age), including:

- Job Fest serving Kern's outlying primarily Hispanic or Latinx community of Lamont
- California State University Bakersfield's Career Exposition, primarily Hispanic or Latinx Institution
- Bakersfield College Professional Panel Discussion, primarily Hispanic or Latinx Institution
- Kern County Career and Science Technology Engineering and Math (STEM) Exposition
- Health Career Fair at Bakersfield Adult School servicing adult re-entry students

Staff who attended the Kern County Career and Science Technology Engineering and Math Exposition were able to provide information about behavioral health careers to both middle school to high school students, contributing to their career preparation as they progress through their academic studies.



Strategy 3: Develop a mechanism for staff to provide feedback regarding areas related to retention including, but not limited to professional development, mentorship, training, and affiliate groups.

Department Supports Administration developed a Professional Growth Interest Form early in FY23-24. The form was used for staff to share their interest in collaboration across different teams, as well as personal and professional growth, including expanding existing knowledge and skills and/or engaging in new areas beyond current roles. The form contains the following question items:

- Name and current role at KernBHRS
- Strengths in the workplace
- Skills they want to learn or enhance
- Areas or subject matter of interest

The total number of responses received by the department was 89. Figure 10 shows the job classifications of respondents.

Figure 9. Professional Growth Interest Form

Figure 90. Trends Regarding Classification

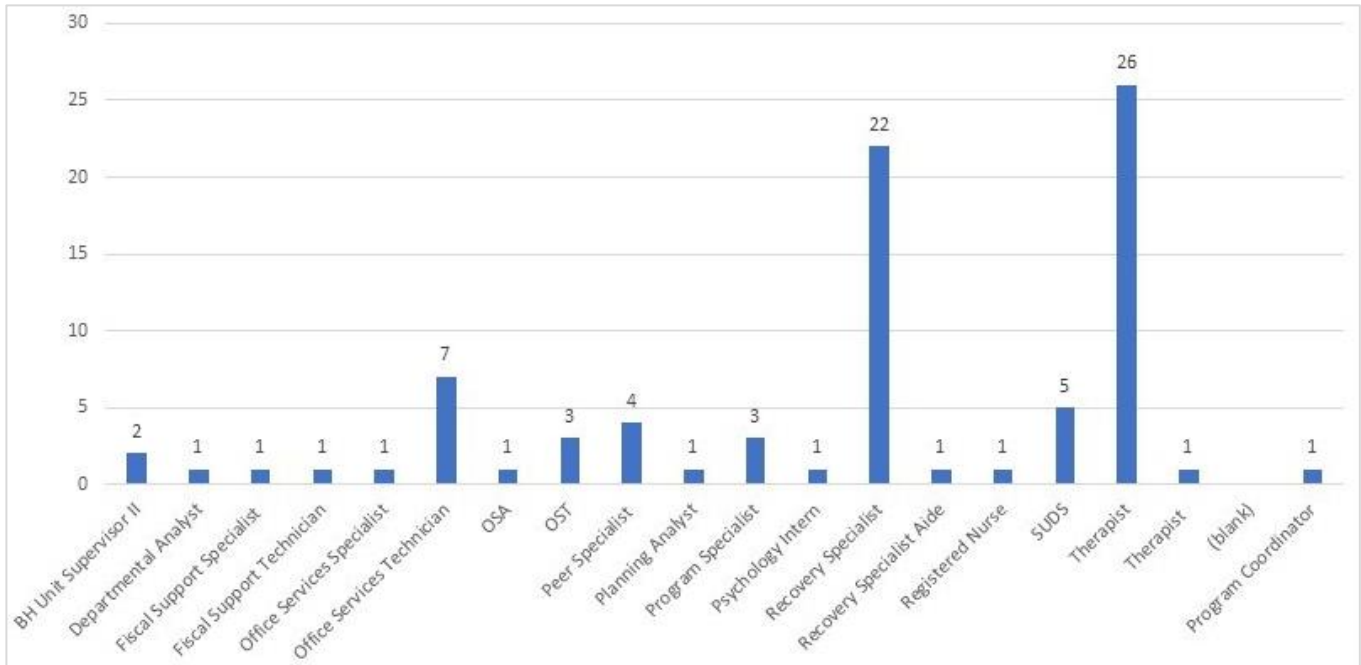
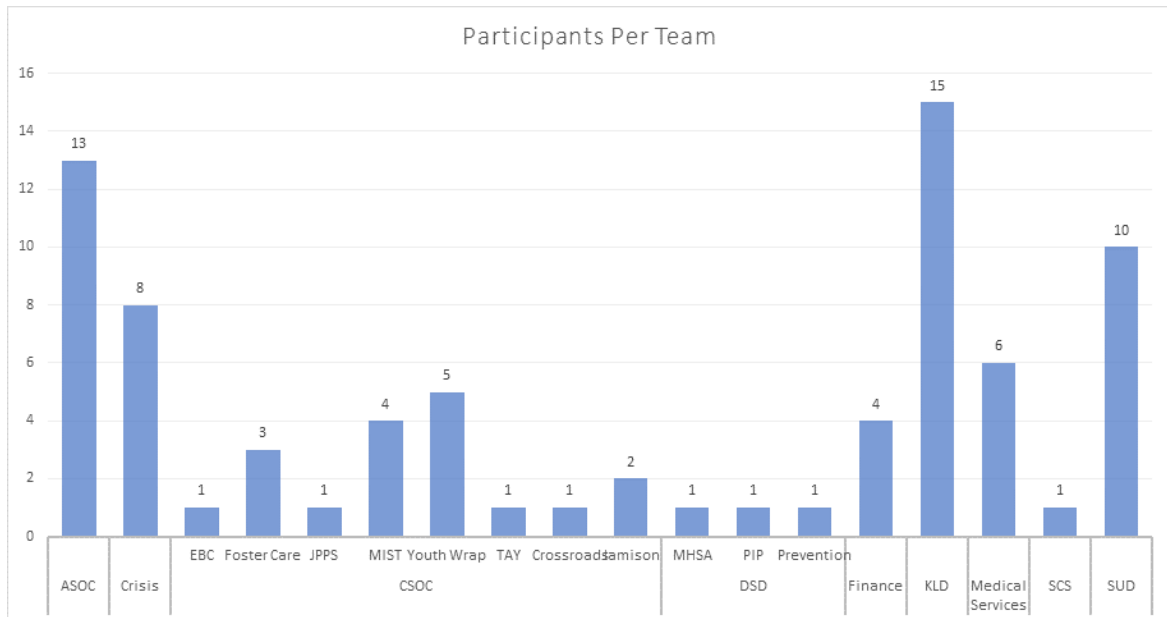


Figure 11 provides a breakdown of the respondents by teams as well as a list of what the acronyms stand for.

Figure 11. Survey Respondents by Team



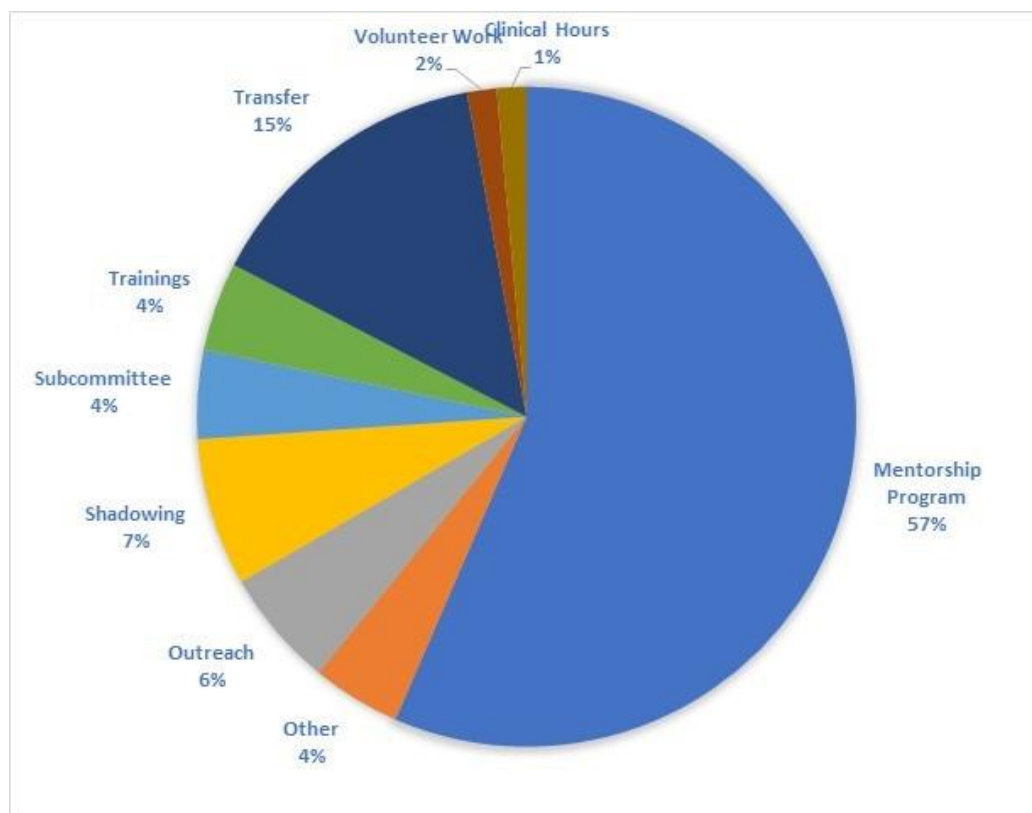
Acronym List:

- Mental Health Services Act (MHSA)
- Psychology Internship Program (PIP)
- Department Supports Division (DSD)

- Kern Linkage Division (KLD)
- Specialty Clinical Services (SCS)
- Substance Use Disorder Division (SUD)
- Adult System of Care (ASOC)
- East Bakersfield Children's (EBC)
- Juvenile Probation Psychiatric Services (JPPS)
- Multi-Agency Integrated Services (MIST)
- Office Services Assistant (OSA)
- Office Services Technician (OST)
- Substance Use Disorder Specialist (SUDS)
- Behavioral Health (BH)

Figure 12 is a breakdown of the actions taken regarding staff requests. The majority of actions taken involved mentorships and team transfers.

Figure 1210. Actions Taken with Survey Feedback



Additionally, there were three requests made where staff requested to join either the Cultural Competence Resource Committee or one of the sub-committees.

Criterion 2. Updated Assessment of Service Needs

CRITERION 2 REQUIREMENTS

I. General population

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

II. Medi-Cal population

There are several ways an individual may be eligible for Medi-Cal, but the primary ways include if their household income is 138% or less of the federal poverty level, or if the individual has certain disabilities. Additional information about Medi-Cal eligibility is available [here](#). Approximately 490,600 individuals are enrolled in Medi-Cal in Kern County as of April 2024. Details about client utilization of KernBHRS services are available from penetration rate data included in the Criterion 3 section of the report.

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

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

IV. Mental Health Services Act Community Services and Supports population

Population and client utilization data by race, ethnicity, language, age, and gender are available in the Community Services and Supports section of the most recent Mental Health Services Act 3-Year Plan/Annual Update, available [here](#).

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

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

Goals and Strategies

Goal 1: Enhance and promote education of outreach protocols as they pertain to cultural competence and Culturally and Linguistically Appropriate Services standards.



Strategy 1: Ensure staff are trained on Cultural Competence Plan and Culturally and Linguistically Appropriate Services standards.

KernBHRS staff and contract partners developed an internal training to generate familiarity with Culturally and Linguistically Appropriate Services Standards and the Cultural Competence Plan Requirements on an annual basis. Additionally, starting in FY23-24, the Cultural Competence Team has been responsible for sourcing and assigning 1.5 hours of Cultural Competence Training which embed the Culturally and Linguistically Appropriate Service Standards throughout the courses with the goal that staff are less focused on rote memorization of the standards, but rather practical application of Culturally and Linguistically Appropriate Services standards as they pertain to both direct services staff and administrative staff.

The Cultural Competence plan and its requirements are also discussed in Cultural Competence Resource Committee meetings throughout the FY. Furthermore, KernBHRS makes the Cultural Competence Plan Requirements available for reference in their internal SharePoint system, as detailed in Department of Mental Health Information Notice 10-17 and Culturally and Linguistically Appropriate Services standards.

Also, see Criterion 5, Goal 1, Strategies 1 and 2 for additional details about staff training completion.



Strategy 2: Monitor and alter Outreach and Education protocols, strategies, and processes as updated guidance regarding Mental Health Services Act/Behavioral Health Services Act is made available from the state.

The Mental Health Services Act Supervisor, Department Supports Administration, and Executive Administration meet regularly to discuss the impact of the shift from the Mental Health Services Act to the Behavioral Health Services Act, which was adopted and codified into law in March 2024.

The department continues to monitor how Outreach and Education protocols will be impacted as guidance for Behavioral Health Services Act is made available. It is likely that as the funding shifts from the Mental Health Services Act to the Behavioral Health Services Act are enacted, the department will put a greater emphasis on programs that focus on Early Intervention such as “Bookworm Buddies,” (behavioral health staff read and lead age-appropriate discussions about mental health), increased collaborative presence in local schools, and participation in collaborative events with community partner organizations such as the National Alliance on Mental Illness (NAMI), Save-A-Life-Today (SALT), Mother’s Against Drunk Driving (MADD), and the Department of Public Health.

The Cultural Competence Team will continue to work with the Mental Health Services Act Team to identify existing events at which a departmental presence would be beneficial for the various diverse communities of Kern.



Strategy 3: Work collaboratively with the Mental Health Services Act Team, Prevention Team, Hotline Team, and other relevant entities to standardize Outreach and Education throughout the department.

Department Supports Administration met with Prevention, Mental Health Services Act, Cultural Competence and Crisis/Hotline teams met to assess the specific needs of each team regarding Outreach and Education. One of the greatest challenges identified during initial meetings was an over-representation of the department at community events. On several occasions prior to FY23-24, several departmental teams would source volunteers for the same event leading to several teams tabling at once. Volunteers and team leadership noted that this led to confusion in the community and expressed concern over the safety of staff and volunteers as there was no formal tracking system for the various teams that perform Outreach and Education.

The first action that the department took as a result of these meetings was creating a singular Outreach and Education Calendar for the various entities that perform outreach. Each team selected 1-2 representatives to serve as the team's main point of contact for the purposes of outreach and education. Next, Department Supports staff and Cultural Competence Team staff utilized feedback from the various teams that perform Outreach and Education to develop a singular form, Outreach and Education Event Request Form, for staff, contract partners, and community members to submit. To prevent any confusion during one of the department's busiest months for Outreach and Education, Prevention and Suicide Awareness Month in September, the form went live in the second quarter of FY23-24.

Initially, the responses for the Outreach and Education Event Request Form were sent to a limited number of staff—1 member of the Cultural Competence Team, and 1 member of the Mental Health Services Act Team. Once the responses were received, the Cultural Competence Team funneled the requests to the appropriate team. By limiting the number of recipients of the form, staff were able to catch duplicate requests and intervene before multiple parties attended the same event.

The form and associated processes increased collaboration between the teams that typically perform Outreach and Education on behalf of the department, pairing up individuals from teams that may not frequently interact otherwise. The department saw benefits for the community with the incorporation of specialized knowledge based on experience and the presentation of the unified front. As an indirect benefit, the department saw additional positive externalities as a result of standardization, including waste reduction and increased staff oversight, which led to an increase in safety measures.

Limiting the number of staff present at events allowed the department to perform more strategic and mindful outreach to the communities being served and resulted in a net reduction in personnel hour waste. This process allowed the department to ultimately expand outreach efforts by reallocating what would have been duplicate personnel at a singular event in previous years to multiple events throughout the community.

Although the hope is that it is never necessary to be used in an emergent situation, the centralization of the Outreach and Education process, including the limited points of contact, eases the ability for staff location to be shared with relevant entities such as human resources or emergency officials if an unforeseen danger or disaster does occur during an event at which staff is present.

Over the course of FY23-24, the teams responsible for Outreach and Education continued to refine the process as needed. As the department looks forward to FY24-25, the teams will make continued efforts to streamline and increase the effectiveness of Outreach and Education for the communities of Kern.

Outreach and Education efforts were tracked in a Mental Health Services Act Outreach and Education tracker and Prevention Outreach and Education tracker. The Prevention Outreach and Education tracker included several trackers (presentations, Naloxone trainings, outreach events, and community collaboration). Both trackers indicated the name of the event/presentation, the staff in attendance, and number of attendees.

Figure 113. Mental Health Services Act- and Prevention-related Outreach and Education Trackers

Date	Time	Event	Venue	Attendee Profile	# Attendees	Staff in Attendance (Coded to DEID)	Bilingual Staff?	Staff Department(s)
7/19/2023	3:30pm-7pm	Lamont Ready-set Back 2 School Health & Wellness Fair	David Head Community Building, 10300 San Diego St., Lamont CA 93241	Families and Children	100	1, 2, and 3	X	MHSA
7/19/2023	2pm-4pm	Welcome Summer Outreach Event	3300 Rio Mirada Dr., Bakersfield CA 93308	Homeless Population	250	4		MET
7/19/2023	9:30am-11:30am	Resource Connections Meeting	Mercy Conference Center 1600 D Street Bakersfield, CA 93301	Community Organization Employees	80	1 will attend		MHSA
7/21/2023	3pm-4pm	Beale Memorial Library Coping with School Burnout Session	Beale Memorial Library	Teen population and other Community Members	30	5 or someone from their team		
7/22/2023	7pm-9pm	Power House Summer Nights	4647 White Lane Bakersfield, CA 93309	General Public, Youth and Young Adults	100	Contacted 6 and 5 on 5/23		
7/26/2023	8am-3pm	American with Disabilities Conference	Double Tree Hotel, 3100 Camino Del Rio Court, Bakersfield CA	General Public/Americans with Disabilities	150	7,8		
7/26/2023	7:45am-10:30am	Know Your Numbers at Rasmussen	115 E Roberts Ln, Bakersfield, CA 93308	Senior Population and General Public	200	1 and 3		
7/27/2023	4pm-5pm	Know Your Numbers at the Public Health Department	1800 Mount Vernon, Bakersfield, CA 93305	General Public and Public Health Staff		2 and 1		
7/28/2023	8:30am-5:00pm	The Open Door Network Resource Fair	2000 K Street	Community Resource Leaders	40	9 and 10		

PRESENTATIONS							
Presentation Name	Location Name	Staff (Coded to DEID)	# of Parents	# of Professionals	# of Children	# of presentations	Time (minutes)
Taking Addiction Out of the Home	Nurturing & Neglect Parenting Class CSV	5	11	0	0	1	
Prevention 101	Garden Pathways	20, 14	0	3	60	0	
Taking Addiction Out of the Home	Nurturing & Neglect Parenting Class CSV	5	12	0	0	1	
Cannabis & Vaping - Adult	Pond Elementary School District	14, 21	0	30	0	1	
Guide to Social Media	Department of Human Services	12	8	3	0	1	120
Opiod Epidemic	Kern High School District	22, 23					
Guide to social Media	Tym4Change	8	0	3	10	1	60
Cannabis & Vaping	Ridgeview HS	20	20	1	0	1	60
	Kern County Network for Children						
Guide to Social Media	Collaborative Meeting	22, 24	0	80	0	1	30
Prevention 101	Ceaser Chavez	8	0	1	35	1	60
Cannabis & Vaping	Wasco High	8, 25	0	2	14	1	45
Prevention 101	Arvin High	22,24	0	4	145	5	225
Cannabis & Vaping - Adult	Pond Elementary School District	8	0	1	0	0	0
Prevention 101	Arvin High	22,25	0	4	186	6	270
Cannabis & Vaping	Cal City High School	22	0	5	260	2	90
Cannabis & Vaping	McFarland	12, 8	0	5	500	2	90
Cannabis & Vaping	Pond Elementary School District	12, 8	0	5	60	1	60
Cannabis & Vaping	Mojave Unified School District	8		4	500	1	180
Cannabis and Vaping	Tyme4Change	8,5	0	4	20	1	60
Prevention 101 Elementary	Robert P. Ulrich Elementary	22	0	23	394	3	120
Prevention 101 Adult	Thomas JH	7	2	2	0	1	60
Cannabis & Vaping	Mojave Unified School District	12	0	12	500	5	180
Prevention 101	Norris Middle School	8, 5	0	5	400	2	120



Strategy 4: Ensure that staff are trained in Outreach and Education Protocols.

In FY23-24, the primary focus for Outreach and Education protocols was ensuring that, when possible, volunteers for an event aligned with the specific needs of the event. As part of the refinement of the Outreach and Education process, those requesting an event were given the opportunity to provide detailed information about the population(s) served by the event. Staff involved in sourcing volunteers utilized available data to ensure that those serving the events were appropriately matched based on experience and skill. The Cultural Competence Team met with supervisors known to conduct Outreach and Education and provided information regarding updated Outreach and Education protocols. Finally, all staff or volunteers who conduct Outreach and Education on behalf of the department were given a central point of contact to ensure consistency throughout the system.



Strategy 5: In consultation with the Mental Health Services Act Team, Public Information Office Team, Prevention Team, Hotline Team, and other relevant entities develop a standardized approach to the dissemination of Outreach and Education materials to staff and partners.

As part of the standardization of Outreach and Education, Department Supports Administration and the Mental Health Services Act invested in tabling materials for teams regularly conducting outreach on behalf of the department. Prior to FY23-24, the Mental Health Services Act Team utilized a check out process, which at times led to a lack of availability of materials when various teams performed outreach at multiple events on the same day.

The additional tabling materials allowed teams to perform outreach on behalf of the department even when all Mental Health Services Act Team materials were being utilized.

As part of the new standardized Outreach and Education Event Request form, individuals were able to indicate a need for materials such as pamphlets, flyers, brochures, giveaway items, and activities. There was an improvement regarding the amount of last-minute or urgent requests received which resulted in a smoother process for all involved. The streamlining of the Outreach and Education process allowed for staff, contract partners, and community members to have a centralized point of contact to attain materials necessary for meaningful outreach and education.

Goal 2: Increase dissemination of cultural competence related information and resources



Strategy 1: Begin development of a comprehensive list of existing community partners or groups with which the system of care already has connection.

In FY23-24, a comprehensive list of existing community partners or groups connected with the system of care has begun to develop. Connection to other community partners has been established through different avenues. Some connections were established through larger collaborative initiatives, such as Black Infant Maternal Health and Kern Health Equity Partnership. Black Infant Maternal Health partners include

- Kern County Public Health,
- Black Infant Health,
- Bakersfield Pregnancy Center,
- Kern Department of Human Services,
- Adventist Health,

- Kern Family Health Care,
- Kern Medical,
- Clinica Sierra Vista,
- Upside Academy Inc,
- Y-Empowerment Inc,
- First 5 Kern,
- Dignity Health,
- and local doulas/birthing coaches.

Kern Health Equity Partnership partners include

- Kern County Public Health,
- Kern Department of Human Services,
- United Way of Central Eastern California,
- Adventist Health,
- Kern Family Health Care,
- Bakersfield American Indian Health Project,
- Kern County Superintendent of Schools,
- Kern Medical,
- Kern Community College District,
- Black Infant Maternal Health,
- Kern Aging and Adult Services Department,
- Native Star Foundation,
- Kern Regional Center,
- Flood Ministries,
- African American Network of Kern County,
- The Open Door Network,
- Lamont Elementary School District,
- Kern County Child Support Services,
- Building Health Communities Kern,
- Taft College,
- Better Bakersfield and Boundless Kern,
- Clinica Sierra Vista,
- Visión y Compromiso,
- First 5 Kern,
- Exceptional Family Center,
- Community Action Partnership of Kern,
- Dignity Health,
- Anthem Blue Cross,
- and Kern County Network for Children.

Other partnerships established include

- Jakara Movement,
- Unidad Popular Benito Juarez,
- H.E.A.R.T.S. Connection,
- Bakersfield College,

- and California State University, Bakersfield.

Partnering with Jakara Movement led to jointly held Narcan training with the KernBHRS Prevention team, as well as having one of Jakara's staff be a guest speaker at KBHRS Staff Lunch & Learn. Collaboration with Unidad Popular Benito Juarez has led to KernBHRS inviting the organization to participate in Kern Health Equity Partnership, as well as invitations to events hosted by the organization to reach the Mixtec community in Kern. Collaboration with Bakersfield College has led to KernBHRS' plans to engage with the LGBTQ+ community through their Lavender PRIDE initiative and plans to attend their events in the next FY. Finally, collaboration with California State University, Bakersfield led to KernBHRS attending multiple student organization meetings to recruit for the Cultural Competence Resource Committee and opportunities to recruit potential volunteers and future employees.



Strategy 2: Cultural Competence Team will evaluate outreach and recruitment efforts to ascertain what is successful and ways in which to improve.

Direct recruitment efforts for the Cultural Competence Resource Committee included several different methods. First, Ethnic Services Manager, 2SLGBTQ+, and African American/Black subcommittee members spoke on KernBHRS Director Connects webinar series on three separate occasions where efforts of the subcommittees were discussed and invitations to join the Cultural Competence Resource Committee were offered. Second, posters for KernBHRS staff development included information on joining the Cultural Competence Resource Committee and were posted in employee break rooms. Third, announcements to join the Cultural Competence Resource Committee were made at KernBHRS staff Lunch & Learn and Juneteenth events. Furthermore, Cultural Competence Team sent emails and met with student organizations of California State University, Bakersfield and Bakersfield College to discuss joining the Cultural Competence Resource Committee. Additionally, information about joining the Cultural Competence Resource Committee was distributed to known organizations serving underserved populations such as Unidad Popular Benito Juarez, Jakara Movement, H.E.A.R.T.S. Connection, and National Association for the Advancement of Colored People Bakersfield Chapter.

As a result of the recruitment efforts made by the Cultural Competence Team, the Cultural Competence Resource Committee has gained over 30 members within FY23-24. The American Indian/Alaskan Native subcommittee gained three new members, African American/Black subcommittee gained six new members, Asian American Pacific Islander subcommittee gained 10 new members, and Hispanic/Latinx subcommittee gained four new members. The Cultural Competence Team also sought to re-establish the LGBTQ+ subcommittee. By the end of the FY, the subcommittee had about 15 members, and the name of the subcommittee was changed to 2SLGBTQ+ at the member's behest. Finally, the Cultural Competence Team supervisor identified an additional 25 prospective members who indicated interest in a subcommittee membership. Next, the Cultural Competence Team will evaluate outreach and recruitment efforts to ascertain what is successful and ways in which to improve.

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

CRITERION 3 REQUIREMENTS

I. Targeted populations in the county identified in Medi-Cal and Mental Health Services Act components

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

II. Disparities in each of these populations

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

III. Strategies for reducing disparities in Medi-Cal population and Mental Health Services Act plans

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

IV. Measures and monitoring activities

Measuring and monitoring activities include reviewing penetration rates. However, penetration rate reports for FY23-24 were not available due to implementation of new electronic health record system. This section of the report provides additional information (see below).

V. Lessons learned

In response to historically low Asian American/Pacific Islander service utilization rates, and more recent low Latinx utilization rates (beginning in January 2022), KernBHRS has adjusted outreach strategies intended for these populations. Although penetration rate reports were not available for this FY, KernBHRS will continue to adjust outreach strategies and monitor the potential impact on service utilization through this process.

Goals and Strategies

Goal 1: Partner with Quality Improvement Division, Mental Health Services Act Team, Substance Use Disorder Division, and other relevant entities to identify target populations with disparities.



Strategy 1: Work collaboratively with system of care and other relevant entities to identify and/or develop metrics to measure success in reducing disparity beyond penetration rate reporting.

KernBHRS has identified client satisfaction measured in Consumer Perception Survey, Local Recovery Survey, and Treatment Perception Survey as metrics to further measure success in reducing disparity beyond penetration rate reporting. Table 5 shows the client satisfaction data from FY23-24 where clients and consumers indicated similarly on questions related to whether they felt that staff were sensitive to their cultural background and if services and materials were offered in a language that they preferred. In the following subsequent fiscal years, these data will be compared over time to assess the reduction in disparity.

Table 5. Satisfaction Across Consumer Perception Survey, Local Recovery Survey, and Treatment Perception Survey

	Consumer Perception Survey	Local Recovery Survey	Treatment Perception Survey
	Percent Agree		
Staff were sensitive to my cultural background (race, religion, language, etc.).	91%	94%	96%



Strategy 2: Monitor and measure effectiveness of strategies for reducing population disparity.

Penetration rate reports are not available due to the implementation of the new electronic health record system. Data will be available for future reporting.

Goal 2: For threshold group, Hispanic/Latinx monitor, track, and improve Penetration Rate and Outreach and Education



Strategy 1: Meet or exceed Mental Health Penetration Rate of 2.85% and/or show demonstrable improvement via other identified metrics for Hispanic/Latinx group.

Penetration rate reports are not available due to the implementation of the new electronic health record system. Data will be available for future reporting.



Strategy 2: Meet or exceed Substance Use Disorder Penetration Rate of .85% and/or show demonstrable improvement via other identified metrics for Hispanic/Latinx group.

Penetration rate reports are not available due to the implementation of the new electronic health record system. Data will be available for future reporting.

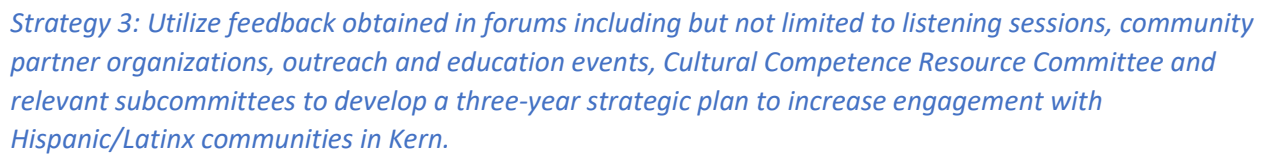
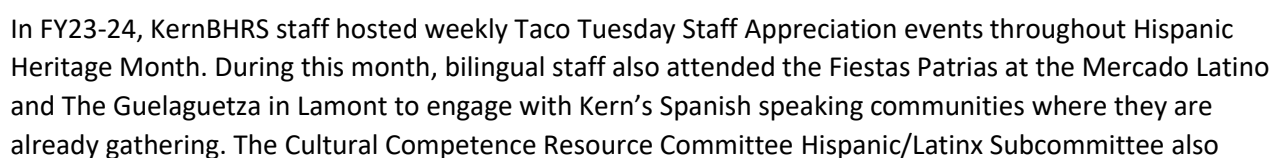


Figure 124. Cultural Competence Resource Committee Hispanic/Latinx Subcommittee Workplans 2023-2026



participated in multiple Dia de los Muertos events at the Historic Union Cemetery and at the Kern County Fair Ground.

During the FY, the Cultural Competence Team and the Co-Chairs of the Hispanic/Latinx Subcommittee worked together to develop a training for Community Health Workers, including Promotores and Promotoras, that was presented to the rest of the subcommittee for feedback and input. The purpose of the training was to improve Community Health Workers' knowledge of how to access the KernBHRS system of care, as they are trusted members of the Hispanic/Latinx community and often serve as the entry point for individuals in need of services. The training featured information regarding:

- How to access services including the new crisis hotline number 988
- Frequently asked questions about insurance
- An explanation of the difference between specialty and non-specialty services
- KernBHRS and their use of contract providers working to provide services to Bakersfield and the outlying areas
- The basics of confidentiality including its protections and limitations
- Voluntary and Involuntary services
- Types of services provided
- Points of Access to Care
 - Information about the Access and Assessment Center
 - How to access Children's Services
 - Transitional Age Youth Services Access
 - Wellness Independence Senior Enrichment Services Access
 - Substance Use Disorder Access
 - Crisis Hotline
 - Emphasis on 988 being accessible to monolingual Spanish speakers
- Mobile Evaluation Team
- Crisis Walk-In Center
- Psychiatric Evaluation Center
- Bakersfield Recovery Station
- Brief overview of how to access services in outlying areas of Kern
 - Ridgecrest Crisis Stabilization Unit
 - Delano Recovery Station
- Patient's Rights and Family Advocate Availability
- Common reasons why someone would need resources
 - Connection between Behavioral Health and Physical Health
 - Definitions of common Behavioral Health Challenges
 - Recognizing Suicidal Thoughts and Behaviors and How to Talk to People About Signs and Symptoms of Suicide

The subcommittee, co-chairs, and Cultural Competence Team continue to review and edit the training before preparing to offer training to the Community Health Worker's of Kern.

The Cultural Competence Team also partnered with Dignity Health and H.E.A.R.T.S. Connection to begin giving regular presentations to their respective support groups serving the Hispanic/Latinx communities of Kern.

Goal 3: For African American/Black group monitor, track, and improve Penetration Rate and Outreach and Education



Strategy 1: Meet or exceed Mental Health Penetration Rate of 5.75% and/or show demonstrable improvement via other identified metrics for African American/Black population.

Penetration rate reports are not available due to the implementation of the new electronic health record system. Data will be available for future reporting.



Strategy 2: Meet or exceed Substance Use Disorder Penetration Rate of 1.25% and/or show demonstrable improvement via other identified metrics for African American/Black population.

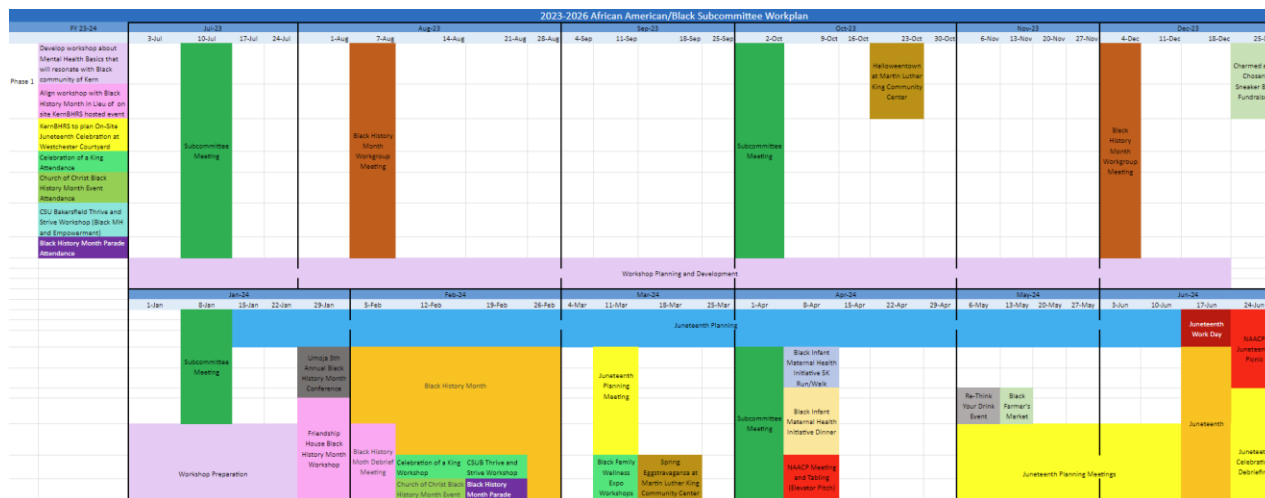
Penetration rate reports are not available due to the implementation of the new electronic health record system. Data will be available for future reporting.



Strategy 3: Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, outreach and education events, Cultural Competence Resource Committee and relevant subcommittees to develop a three-year strategic plan to increase engagement with African American/Black communities in Kern.

The Cultural Competence Resource Committee worked with the African American/Black subcommittee to develop workplans for 2023 through 2026. Figure 15 depicts the workplans for the African American/Black subpopulation.

Figure 15. Cultural Competence Resource Committee African American/Black Subcommittee Workplan 2023-2026



The African American/Black subcommittee remained consistently busy throughout FY23-24. As the FY began, the group started to plan a workshop to present to community members with the goal of stigma reduction and defining common behavioral health challenges including signs and symptoms of those challenges. The subcommittee presented a version of the workshop three times throughout Black History month in February and once more in March. Subcommittee members represented KernBHRS at more than 5 Black History Month Events during the month of February.

Additional activities conducted during the FY are as follows:

- KernBHRS connected with the Community Action Partnership of Kern's Friendship House, which serves multiple diverse communities of Kern.
- The Cultural Competence Team supervisor sat on the committee for the Kern Black Infant Maternal Health Initiative.
 - Alongside the committee hosted a forum for medical professionals and a 5K Rave Against Birth Inequity Run and Walk.
- The subcommittee hosted a Juneteenth Event in the Westchester Courtyard featuring drumming, dancing, and Jamaican and Soul foods. The vendors were selected by the subcommittee, and the committee sought to support local black-owned businesses in Kern where possible.

One of the feedback received regarding past outreach efforts was that the subcommittee's presence at events were inconsistent. To address this feedback, the African American/Black Subcommittee established a goal of consistent presence at community events within Kern that serviced the black community in their workplan. Several members remarked that they observed a difference in reception at events, with more individuals seeming to approach for conversation as the year progressed.

Additionally, the subcommittee worked to establish a connection between KernBHRS and the local National Association for the Advancement of Colored People, with the expressed desire of regular attendance of National Association for the Advancement of Colored People meetings by a subcommittee member in the upcoming FY. With regular sustained contact within the community, the subcommittee hopes to gain trust resulting in stigma reduction and an increase in base knowledge of behavioral health.

Figure 136. Photos of Juneteenth Celebration



Figure 147. Photos from Making the Connection Event



Goal 4: For Asian/Pacific Islander group monitor, track, and improve Penetration Rate and Outreach and Education



Strategy 1: Meet or exceed Mental Health Penetration Rate of 1.75% and/or show demonstrable improvement via other identified metrics for Asian American Pacific Islander populations.

Penetration rate reports are not available due to the implementation of the new electronic health record system. Data will be available for future reporting.



Strategy 2: Meet or exceed Substance Use Disorder Penetration Rate of .17% and/or show demonstrable improvement via other identified metrics for Asian American Pacific Islander populations.

Penetration rate reports are not available due to the implementation of the new electronic health record system. Data will be available for future reporting.



Strategy 3: Work collaboratively with system of care, Cultural Competence Resource Committee subcommittees, community partner organizations and other relevant entities to identify the significant disparate populations within Kern County that meet the definition of Asian American and/or Pacific Islander.

The Asian American/Pacific Islander Subcommittee experienced the most change throughout the FY23-24. In prior years, the subcommittee members were primarily comprised of staff who were management level or higher. Due to significant staffing changes within the department, the two co-chairs and those who were developmental in steering the committee were no longer able to serve on the subcommittee. This left the Cultural Competence Team to shift focus toward recruiting new members.

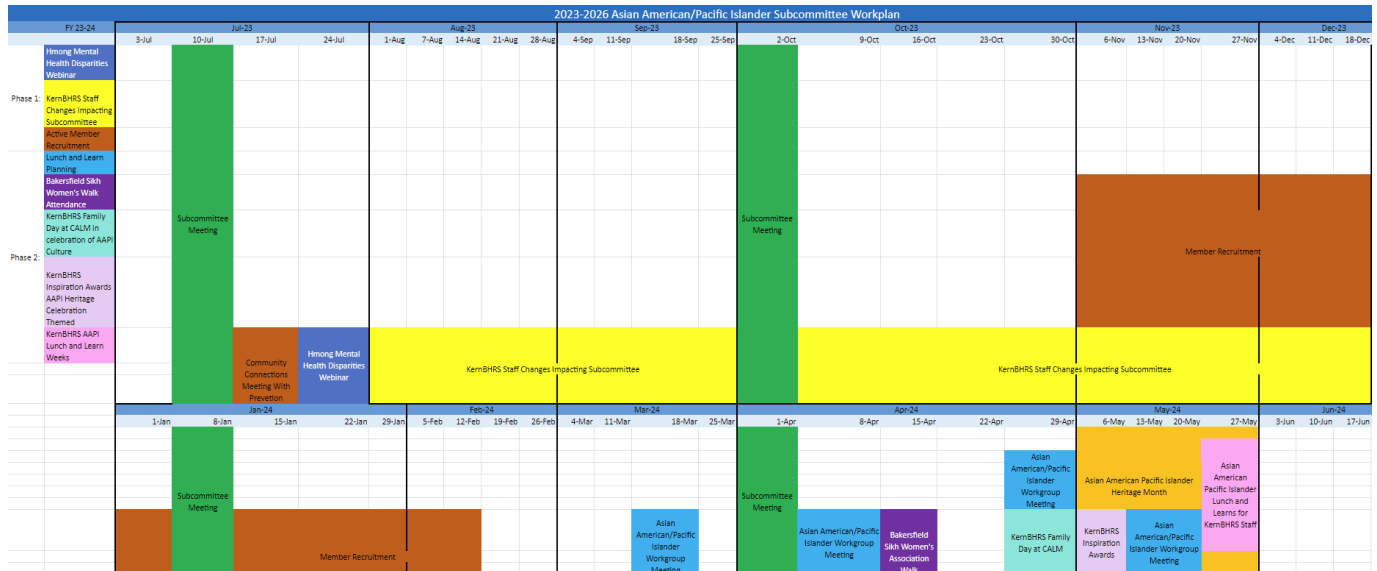
The Cultural Competence Team identified Punjabi and/or Sikh descent population as one of the county's disparate groups that meet the definition of Asian American and/or Pacific Islander. Thus, the Cultural Competence Team shifted strategies to recruit from this ethnic group, and new members were sourced from within the department—primarily clinical staff—and outside of the department in locally active groups like Jakara Movement and the Bakersfield Sikh Women's Association. The newly recruited subcommittee members quickly pulled together a series of events to connect with KernBHRS staff across various geographical regions of Bakersfield to educate them about the various cultures so that they can better serve their clients.



Strategy 4: Develop a strategic plan to generate a meaningful connection with community based organizations and/or individuals representative of the disparate Asian American and/or Pacific Islander communities in Kern County with the goal of identifying what the system of care can do to better engage and serve these communities.

The Cultural Competence Resource Committee worked with the Asian American/Pacific Islander subcommittee to develop workplans for 2023 through 2026. Figure 18 depicts the workplans for the Asian American/Pacific Islander subpopulation.

Figure 158. Cultural Competence Resource Committee Asian American/Pacific Islander Subcommittee Workplan 2023-2026



To generate a meaningful connection with community-based organizations and/or individuals representative of the disparate Asian American and/or Pacific Islander communities in Kern County, the following engagement activities were held. The Mental Health Services Act Team hosted a family day at the California Living Museum. California Living Museum Family Day featured Polynesian dance performances, Laughing Yoga, and Tai Chi demonstrations in the amphitheater. Activities offered also included origami and an Asian American Pacific Islander (AAPI) Heritage Celebration activity book. KernBHRS also incorporated Asian elements within their Annual Inspiration Awards celebrating staff, community members, and clients who have shown excellence in the fields of Behavioral Health and Recovery. The event featured miniature Zen gardens and Japanese parasols as decor. Entertainment for the event included Polynesian Dancers and an opening presentation by Pawan Gill entitled, "Honoring the AAPI Heritage." The Mental Health Services Act Team sourced posters featuring facts about Asian American and Pacific Islander cultures and sourced local vendors for food and beverages. Asian fusion appetizers incorporating Chinese, Hawaiian, and Vietnamese food were provided from a locally owned restaurant and alongside the appetizers Filipino pastries and boba were served.

Additionally, members of the newly re-formed subcommittee banded together to host a week of Lunch and Learn opportunities for KernBHRS staff during May's Mental Health Month and Asian American Pacific Islander Heritage month. Staff were able to learn more about the regional dress of Indian states, the common values of most Indian subcultures, and the significance of food to the Punjabi and Sikh communities. Staff were invited to listen to a brief speech from a member of the Jakara movement and encouraged to take in the decor, Bollywood film, and music chosen by the subcommittee.

Figure 1916. Lunch and Learn Event



Goal 5: For American Indian/Alaska Native group monitor, track, and improve Penetration Rate and Outreach and Education



Strategy 1: Meet or exceed Mental Health Penetration Rate of 5.9% and/or show demonstrable improvement via other identified metrics for American Indian/Alaskan Native population.

Penetration rate reports are not available due to the implementation of the new electronic health record system. Data will be available for future reporting.



Strategy 2: Meet or exceed Substance Use Disorder Penetration Rate of 2.25% for American Indian/Alaskan Native population.

Penetration rate reports are not available due to the implementation of the new electronic health record system. Data will be available for future reporting.



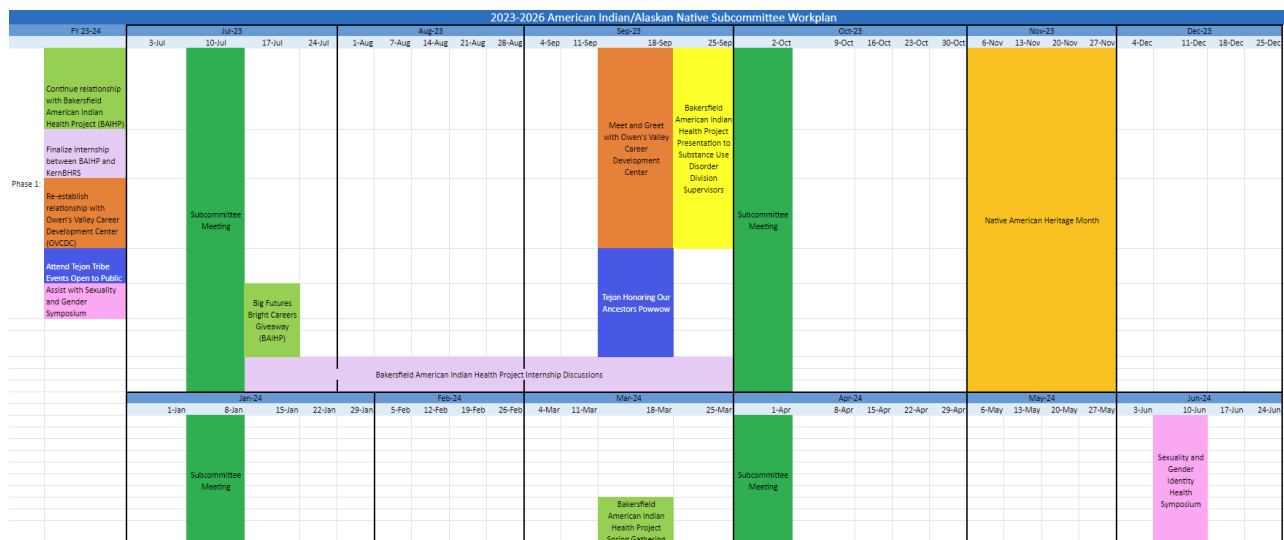
Strategy 3: Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, outreach and education events, Cultural Competence Resource Committee and relevant subcommittees to develop a three-year strategic plan to increase engagement with American Indian/Alaskan Native communities in Kern.

The Cultural Competence Resource Committee worked with the American Indian/Alaskan Native subcommittee to develop workplans for 2023 through 2026. Figure 20 depicts the workplans for the American Indian/Alaskan Native subpopulation. The activities conducted from the workplan for this FY to increase engagement with the subpopulation are detailed below.

KernBHRS has an established Memorandum of Understanding and relationship with the Bakersfield American Indian Health Project. The Bakersfield American Indian Health Project has agreed to allow two interns from KernBHRS to spend time at their organization with the purpose of gaining knowledge so that their contemporaries may be able to benefit with the specific knowledge gained by directly working with the American Indian and Alaskan Native populations of Kern. During the FY, both organizations experienced challenges in staffing the internship and the decision was made jointly to limit the internship to KernBHRS staff who were in their second year of practicum. The Bakersfield American Indian Health Project also worked to provide presentations to KernBHRS Division Administrators and Leadership. The first presentation that the Bakersfield American Indian Health Project completed was to the Substance Use Disorder Division. Substance Use Disorder Administration was given the opportunity to connect with Leadership at the Bakersfield American Indian Health Project and disseminate information regarding the process of becoming certified to receive referrals from the Substance Use Disorder Division.

The Cultural Competence Team also worked to re-establish the connection between the Owens Valley Career Development Centers and KernBHRS. Members of the Cultural Competence Team met with the Kern County Language Development Coordinator for the Owens Valley Career Development Center and recruited them as a member of the Cultural Competence Resource Committee. In addition to regular participation in Bakersfield American Indian Health Project events that are open to the public and member recruitment from the Owens Valley Career Development Center, KernBHRS staff attended the Tejon Tribe's Honoring Our Ancestor's Powwow. The Subcommittee and Cultural Competence Team seek to establish a closer relationship with Owens Valley Career Development and Tejon Tribe as they enter the new FY.

Figure 20. Cultural Competence Resource Committee American Indian/Alaskan Native Subcommittee Workplan 2023-2026



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

CRITERION 4 REQUIREMENTS

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

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

Goals and Strategies

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



Strategy 1: Cultural Competence Resource Committee will meet 10 months out of the year with the exception of June and December and affiliated subcommittee groups meet at a minimum frequency of at least once each quarter during the FY.

The Cultural Competence Resource Committee met during a total of 10 months in FY23-24. Additionally, the Hispanic/Latinx, Asian American Pacific Islander, African American/Black, and American Indian/Alaskan Native Subcommittees met a total of 10 times during the FY.

Table 6. Cultural Competence Resource Committee Meetings

Date	Time	Location	Total Attendees
July 19, 2023	9:30am to 10:30am	Microsoft Teams	24
August 17, 2023	9:30am to 10:30am	Microsoft Teams	25
September 21, 2023	9:30am to 10:30am	Microsoft Teams	27
October 19, 2023	9:30am to 10:30am	Microsoft Teams	30
November 16, 2023	9:30am to 10:30am	Microsoft Teams	21
January 18, 2024	9:30am to 10:30am	Microsoft Teams	28
February 15, 2024	9:30am to 10:30am	Microsoft Teams	31
March 21, 2024	9:30am to 10:30am	Microsoft Teams	28
April 18, 2024	9:30am to 10:30am	Microsoft Teams	36
May 16, 2024	9:30am to 10:30am	Microsoft Teams	25



Strategy 2: The Cultural Competence Team will work to ensure that Cultural Competence Resource Committee members and subcommittee members are representative of the diverse populations of Kern County.

During FY23-24, multiple recruitment efforts were made to ensure that Cultural Competence Resource Committee members and subcommittee members are representative of the diverse populations of Kern County. As a result, Cultural Competence Resource Committee gained over 30 members, with additional members representing the American Indian/Alaskan Native, African American/Black, Asian American Pacific Islander, Hispanic/Latinx, and 2SLGBTQ+ subcommittees.

Also see Criterion 2, Goal 2, Strategy 2 for additional details about recruitment efforts and outcomes.



Strategy 3: Cultural Competence Resource Committee will act as a forum for Members and Subcommittee Members to review/contribute strategies, recommendations, and/or planning and are integral to development of strategic plans to increase cultural competence and/or diversity, equity, and inclusion efforts throughout the system of care.

In FY23-24, the Cultural Competence Resource Committee was integral in reviewing the draft of the Cultural Competence Plan. The Committee met monthly for 10 months out of the year and provided consistent input into which events the Department attended to perform outreach and increase engagement. The Cultural Competence Resource Committee subcommittees also met quarterly, at minimum. The outcomes of their meetings to review/contribute strategies, recommendations, and/or planning are described below.

In addition to providing input on which outreach events the department should attend, the American Indian/Alaskan Native subcommittee helped to guide alterations of the internship program. Together the Cultural Competence Team and the American Indian/Alaskan Native subcommittee developed strategies to assist with cross referrals between KernBHRS and the Bakersfield American Indian Health Project for mental health and substance use disorders for culturally integrated care.

The African American/Black subcommittee organized a presentation titled, “Let’s Talk”, in February to align with Black History Month at the Community Action Partnership of Kern’s Friendship House. The group elected to have a larger event in June to celebrate Juneteenth Freedom Day. The subcommittee planned a Juneteenth celebration that utilized local Black-owned businesses to cater Soul food, Jamaican food, and desserts, and committee members created centerpieces for the tables based on the colors of the African flag. The subcommittee sourced local entertainment from drummers to dancers and sang the Negro National Anthem. The subcommittee had a say in every decision made during the Juneteenth celebration. Additionally, the subcommittee members identified and volunteered at numerous outreach events throughout the FY23-24. They were easily the most active subcommittee in planning, sourcing, and staffing outreach events during the FY.

The Asian American/Pacific Islander subcommittee experienced a vast shift in members during the FY. The majority of the active subcommittee members in the prior FY were management level employees, and many of them left the department either late in FY22-23 or early FY23-24. As a result, the Cultural Competence Team focused mainly on the recruitment of new members with the goal of member retention in mind as well. Attempting to keep with best practices, the Cultural Competence Team chose to focus primarily on recruitment from the largest Asian American/Pacific Islander categorized ethnic group in Kern County, Indian individuals primarily of Punjabi and/or Sikh descent. New members were sourced from within the department—primarily clinical staff—and outside of the department in locally

active groups like Jakara Movement and the Bakersfield Sikh Women's Association. The newly recruited subcommittee members quickly pulled together a series of lunch and learn events in the last week of May to align with Asian American/Pacific Islander Heritage Month. The events spanned 4 days and sought to connect with KernBHRS staff across various geographical regions of Bakersfield. Along with serving food, the Cultural Competence Team and subcommittee decided on decor and informational posters to hang in the various rooms that were utilized. The rationale was that if staff understood more about the culture they were serving, they would better relate to the clients they serve from that culture. Several staff noted that they had previously had no personal experience with Indian Culture. The events also featured a speech given by a member of the Jakara movement, Indian music, and a Bollywood film. The department also continued to attend the Sikh Women's Walk held in the last week of April. However, this year, subcommittee members were able to volunteer for the event when, in years past, the Cultural Competence Team had sourced Punjabi-speaking staff from outside of the subcommittee.

The Hispanic/Latinx Subcommittee worked in FY23-24 to generate a draft presentation introducing the system of care to local Community Health Workers including but not limited to Promotores and Promotoras. The draft was reviewed by the subcommittee to ensure that it would resonate and make sense to individuals outside of the system of care. Those changes are pending incorporation. Additionally, representatives from the Mental Health Services Act Team who sat on the Hispanic/Latinx subcommittee were responsible for planning and orchestrating a month-long Hispanic Heritage Month celebration consisting of catered Taco Tuesday staff appreciation events at various sites to celebrate all staff and demonstrate inclusivity with a goal of aiding in staff retention.

The 2SLGBTQ+ was re-formed in FY23-24 after a long period of dormancy. The 2SLGBTQ+ subcommittee held the first unofficial subcommittee meeting in December 2023 and the first official meeting in December 2024. Despite having only 50% of the official meetings that the other subcommittees held, the 2SLGBTQ+ Subcommittee wasted no time getting to business. The subcommittee reviewed the survey questions from the Local Recovery Survey, Treatment Perception Survey, and Consumer Perception Surveys for the propriety of language in regard to sexual orientation and gender identity. The subcommittee set a goal of developing a safe provider list for 2SLGBTQ+ and has worked to develop a process for vetting providers for inclusion on that list. The Cultural Competence Team met with the leadership of The Center for Sexuality and Gender Diversity to discuss the development of training for KernBHRS providers that would maximize learning opportunities for staff while simultaneously protecting the staff or volunteers on behalf of The Center for Sexuality and Gender Diversity. In FY23-24, one of the KernBHRS 2SLGBTQ+ Subcommittee Co-Chairs sat on a committee that helped plan the first annual Sexual Orientation and Gender Identity Symposium in Kern County. KernBHRS Training Services Team also provided Continuing Education Units for the event.



Strategy 4: Collect Community input through any combination of the following inclusive, but not limited to stakeholder meetings, community forums, Outreach and Education event and relevant feedback, Cultural Competence Resource Committee Subcommittees, and relevant input from community partner organizations.

One way KernBHRS collected community input was through the Community Program Planning Process (CPPP) Incentive Program, which started on December 1, 2021. Consumers/clients, family members, and other Mental Health Services Act program participants who are interested can register for Mental Health Services Act Community Forums and receive a \$20 gift card for attending. In FY23-24, a total of 18 Community Forums were held in English and Spanish with 313 attendees and 231 survey responses.

Figure 21. Flyers for Community Forums



Figure 172. Community Form Calendar

Community Forum Calendar for FY 2023 – 2024

Date	Location	Time	Participants	Focus	Attendance	Surveys Received/ Completed
July 17, 2023	Westchester Training Room	11:30 AM	Community Forum	CFLC and SET Updates MHSA Reform	15	14
July 19, 2023	Westchester Training Room	12:00 PM	SPANISH - Community Forum	MHSA Reform	13	12
July 31, 2023	Virtual via Zoom	2:00 PM	Community Forum	Program Updates (Living Well, CFLC, SET, CARE Court) and MHSA Reform Update	34	12
August 16, 2023	Westchester Training Room	12:15 PM	SPANISH - Community Forum	Program Updates (Living Well, CFLC, SET, CARE Court) and MHSA Reform Update	19	16
August 21, 2023	Commonwealth – East Training Room	1:00 PM	Community Forum	Program Updates (CSU, CFLC, and SET) and MHSA Reform Update	16	11
September 5, 2023	Westchester Training Room	11:30 AM	Community Forum	Resources for Recovery and Suicide Prevention. MHSA Reform Update	9	4
October 4, 2023	Westchester Training Room	1:00 PM	SPANISH Community Forum	#BeThe1to, Suicide Prevention, Recovery Resources, and MHSA Reform Updates	18	15
October 5, 2023	Westchester Training Room	11:30 AM	Community Forum	CFLC and MHSA Reform Updates	18	14
November 14, 2023	Westchester Training Room	11:30 AM	Community Forum	MHSA Reform Update, Opioid Settlement, and Housing Resources	16	15
December 6, 2023	Westchester Training Room	12:30 PM	SPANISH Community Forum	MHSA Reform Update, Opioid Settlement, and Housing Resources	14	14
December 7, 2023	Westchester Training Room	12:30 PM	Community Forum	MHSA Reform Updates and Listening Session	15	14
January 18, 2024	Westchester Training Room	12:30 PM	Community Forum	MHSA Annual Plan Update FY 24-25 & ARER	18	11
January 31, 2024	Westchester Training Room	12:30 PM	SPANISH Community Forum	MHSA Annual Plan Update FY 24-25 & ARER	18	11
February 22, 2024	Westchester Training Room	11:30 AM	Community Forum	MHSA Reform Update, Sever Eating Disorders, and KernBHRS Employee Wellness Initiative	22	19
April 17, 2024	Westchester Training Room	12:30 PM	Community Forum	BHSA Reform Update & Recovery Station Updates	18	10
April 24, 2024	Westchester Training Room	12:00 PM	SPANISH Community Forum	BHSA Reform Update & Recovery Station Updates	9	8
June 18, 2024	KCSOS Dream Center	11:00 AM	Community Forum	Reaching TAY Stakeholders	12	10
June 26, 2024	Westchester Training Room	12:30 PM	Community Forum	BHSA Transformation, CARE Court, and Work Your Widgets Campaign	29	21
TOTALS					313	231



Strategy 5: Disseminate Cultural Competence information in internal and external committees.

The Cultural Competence Supervisor/Ethnic Services Coordinator and Department Supports Administrator/Ethnic Services Manager participate in quarterly Expanded Management meetings with executive administration and quarterly meetings with the Regulatory Compliance Committee. The Morbidity and Mortality Committee met nine times throughout the FY23-24, and the Department Supports Administration or a representative of the administrator shares relevant updates about the Cultural Competence Team and Cultural Competence Resource Committee/Subcommittees and their ventures in the monthly System Quality Improvement Committee. The Cultural Competence Team supervisor sits on the committee for the Black Infant Maternal Health Initiative and facilitates bi-directional information exchange between the committee and the system of care. Community partner organizations present in the committee include Kern County Public Health, Black Infant Health, Bakersfield Pregnancy Center, Kern Department of Human Services, Adventist Health, Kern Family Health Care, Kern Medical, Clinica Sierra Vista, Upside Academy Inc, Y-Empowerment Inc, First 5 Kern, Dignity Health, and local doulas/birthing coaches.

In addition to the Black Infant Maternal Health Initiative, the Cultural Competence Team Supervisor and the Ethnic Services Manager both sit on committees guiding the Kern Health Equity Partnership which includes community partners such as Kern Department of Human Services, United Way of Central Eastern California, Adventist Health, Kern Family Health Care, Bakersfield American Indian Health Project, Kern County Superintendent of Schools, Kern Medical, Kern Community College District, Black Infant Maternal Health, Kern Aging and Adult Services Department, Native Star Foundation, Kern Regional Center, Flood Ministries, African American Network of Kern County, The Open Door Network, Lamont Elementary School District, Kern County Child Support Services, Building Health Communities Kern, Taft College, Better Bakersfield and Boundless Kern, Clinica Sierra Vista, Visión y Compromiso, First 5 Kern, Exceptional Family Center, Community Action Partnership of Kern, Dignity Health, Anthem Blue Cross, and Kern County Network for Children. Other bidirectional relationships include Jakara Movement, Unidad Popular Benito Juarez, H.E.A.R.T.S. Connection, Bakersfield College, and California State University Bakersfield. Partnering with Jakara Movement led to jointly held Narcan training with the KernBHRS Prevention team, as well as having one of Jakara's staff be a guest speaker at KernBHRS Staff Lunch & Learn. Collaboration with Unidad Popular Benito Juarez has led to KernBHRS inviting the organization to participate in Kern Health Equity Partnership, as well as invitations to events hosted by the organization to reach the Mixtec community in Kern. Collaboration with Bakersfield College has led to plans to engage with the LGBTQ+ community through their Lavender PRIDE initiative and plans to attend their events in the next FY. Collaboration with California State University, Bakersfield led to attending multiple student organization meetings to recruit for the Cultural Competence Resource Committee and opportunities to recruit potential volunteers and future employees.

Figure 183. Dates for System-Wide Quality Improvement Committee



Goal 2: Establish a bi-directional flow of information between the Cultural Competence Resource Committee and Executive Administration.



Strategy 1: Work to establish a mechanism for Cultural Competence Resource Committee to provide feedback to the Behavioral Health Director with as few intermediaries as possible.

The Cultural Competence Resource Committee meets 10 months out of the year on the third Thursday of each month. Representatives from all levels of the system of care are invited to participate in the committee and subcommittees. Previous KernBHRS Director, Stacy Kuwahara, began the practice of attending Cultural Competence Resource Committee and Subcommittee meetings when scheduling would allow. In FY23-24, Alison Burrowes was named interim director and then director of KernBHRS. As the current KernBHRS Director, Alison Burrowes has continued what the previous director began by attending Cultural Competence Resource Committee and Subcommittee meetings when available. Director Burrowes has also been an active participant in events held by the subcommittees including the “Let’s Talk” event hosted by the African American/Black subcommittee in February in honor of Black History Month, and the Juneteenth celebration in the Westchester Courtyard this past June. Executive administration also meets regularly with the Department Supports Administration and has maintained an open-door policy with the Cultural Competence Team.



Strategy 2: Identify ways in which the Cultural Competence Team and/or Cultural Competence Resource Committee can collaborate with executive administration to establish a bi-directional flow of communication and positively influence consideration of diversity, equity, and inclusion throughout the system of care.

The Cultural Competence Resource Committee meets 10 months out of the year on the third Thursday of each month. Representatives from all levels of the system of care are invited to participate in the committee and subcommittees. Additionally, KernBHRS Director participates in these meetings and activities held by subcommittees as scheduling allows to facilitate bi-directional flow of communication.

Also see Criterion 4, Goal 2, Strategy 1 for additional details.

Criterion 5: Culturally Competent Training Activities

CRITERION 5 REQUIREMENTS

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

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

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

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

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

Goals and Strategies

Goal 1: Utilize Mental Health Services Act Workforce Education and Training funds to ensure education and culturally competent trainings are available to the workforce to address effectively serving diverse groups, unserved, and/or underserved populations.

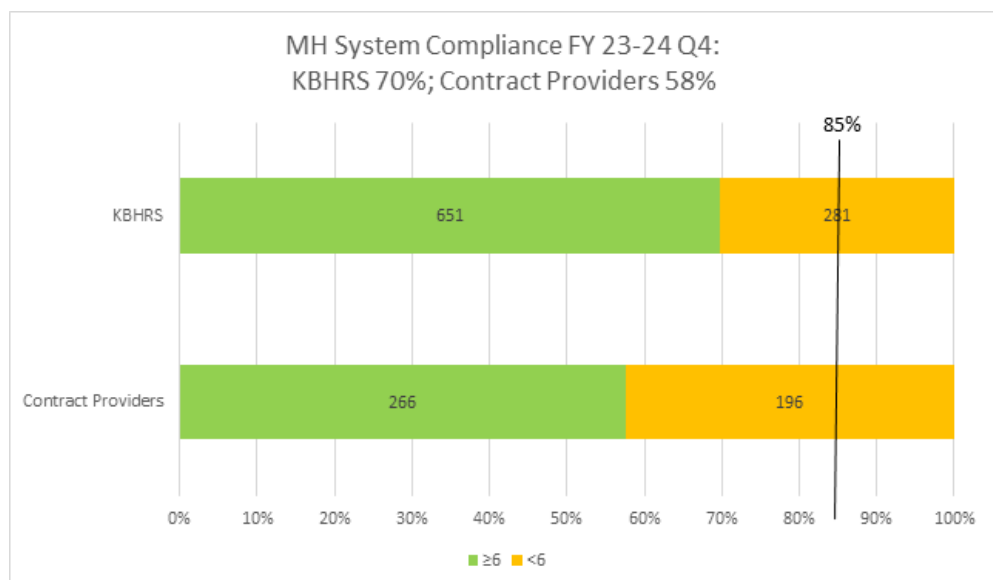
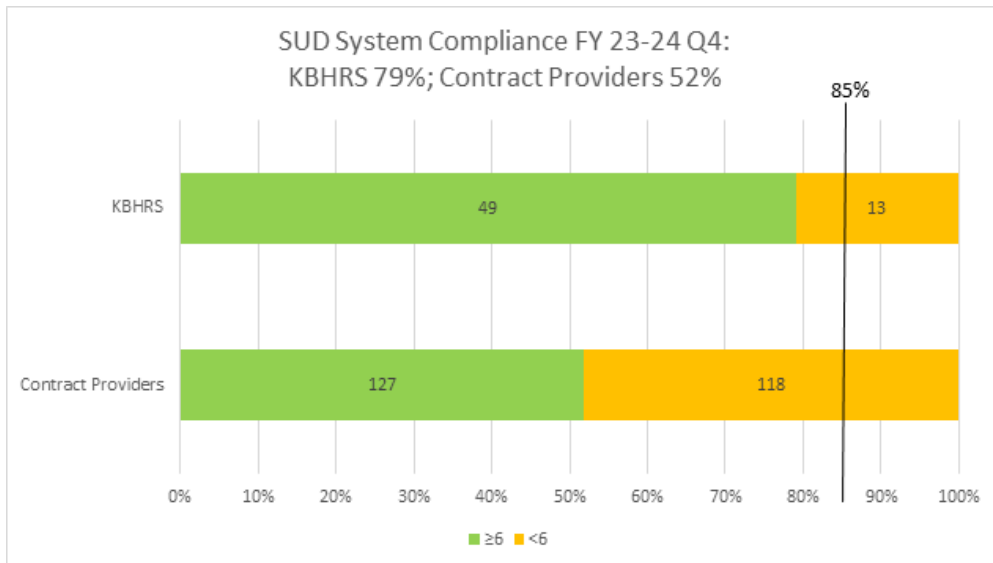
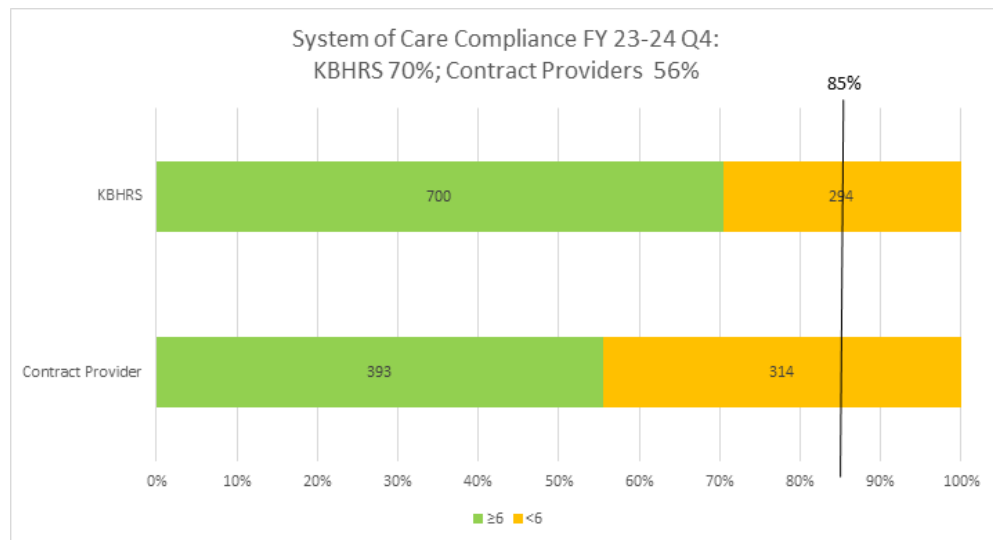


Strategy 1: KernBHRS will hold both Mental Health and Substance Use Disorder staff to an 85% accountability rate for the completion of 6 hours of cultural competence training during each FY.

In FY23-24, KernBHRS shifted from a model where staff were responsible for seeking out 6 hours of Cultural Competence approved training hours to a model where 1.5 hours per quarter of Cultural Competence Training were assigned. The Cultural Competence Team is responsible for finding the 1.5 hours quarterly and assigning training to staff with Relias accounts. The practice shifted in the 3rd quarter of FY23-24.

For FY23-24, Cultural Competence Hours Data shows that across the entire System of Care, including both KernBHRS and Contract Providers, only 64% of staff have completed the 6-hour cultural competence training goal. However, it is also worth noting that the shift in training assignment structure led to an increase of KernBHRS participation from 24% in quarter 2 to 70% quarter 4. The compliance rate lies below the benchmark of 85% but can likely be explained by the change in process which occurred mid FY. It is expected that once the process has been implemented for a full year period, the completion rates will align more closely with the 85% benchmark rate established in the Cultural Competence Plan strategies.

Figure 24. Training Hours of Overall System of Care, Substance Use Disorder, and Mental Health Systems





Strategy 2: In conjunction with Training Services and other relevant entities, the Cultural Competence team will identify and assign 1.5 hours of Cultural Competence Training to staff each quarter during the FY to commence in quarter 3 of FY23-24.

In FY23-24 KernBHRS shifted from a model where staff were responsible for seeking out 6 hours of Cultural Competence approved training hours to a model where 1.5 hours per quarter of Cultural Competence Training were assigned. The Cultural Competence Team is responsible for finding the 1.5 hours quarterly and assigning training to staff with Relias accounts. The practice shifted in the 3rd quarter of FY23-24. Trainings Assigned since implementation include:

- Diversity, Equity, and Inclusion for the Healthcare Employee (1.5 hours, due March 31, 2024)
- Overcoming Barriers to LGBTQ+ Affirming Behavioral Health (1.5 hours, due June 30, 2024)
- Improving Behavioral Health Equity: Individuals with Hispanic and Latine Identities (1 hour, due September 30, 2024)
- Your Role in Workplace Diversity (.5 hours, Due September 30, 2024)
- Cultural Competence Plan- Culturally and Linguistically Appropriate Services Standards Annual Training (.5 hours, due October 6, 2024)
- Introduction to Cultural Variations in Behavioral Health for Paraprofessionals (.5 hours, Due December 31, 2024)
- Building Shared Understanding across Cultural Divides (.5 hours, Due December 31, 2024).

Goal 2: Enhance analysis of the effectiveness of Cultural Competence trainings.



Strategy 1: Collaborate with Training Services and other relevant entities to begin the process of standardizing and streamlining the Cultural Competence Training request and approval process for staff.

The Cultural Competence credit hour review process has largely been informal and primarily based on the discretion of whomever received the request. In FY23-24, the Cultural Competence Team met internally and began holding reviews of trainings requested by staff to the same standard threshold as those requested by the Training Services Team. The Cultural Competence Review form was utilized to ensure that training taken by entities that qualify for Continuing Education Units from an online site or similar would require the same information for submission as Training Services would provide, including a course description and information about the author or facilitator of the course. Currently, this process begins when a staff member or contract partner requests that Training Services review a pre-existing or already taken course for Cultural Competence credit hours. As the Cultural Competence Team and Training Services Team look forward to FY24-25 and beyond, both entities hope to further standardize and automate the process so that the Training Services Team no longer has to act as an intermediary.

Figure 25. Cultural Competence Training Review Form

KERN
COUNTY

Behavioral Health &
Recovery Services

Cultural Competence Review Sheet

Attachment C
Section No.: 7.1.6

COURSE TITLE:

DATE REVIEWED:

ESM/ESC SIGNATURE:

☐ Approved for hours. ☐ Denied

1. Does the Trainer have extensive training and experience in providing cultural competence trainings?
☐ Yes ☐ No
2. Does the course address the process of becoming culturally competent and responsive to client **and/or other entity**?
☐ Yes ☐ No
3. Does the course include the **most current research, evidence-based practices and literature** related to cultural and/or linguistic competence, as well as healthcare/behavioral health settings? ☐ Yes ☐ No
4. Does this course include topics that relate, but are not limited to the following?
(Must have at least 3)
 - Definitions and frameworks of cultural and/or linguistic competence ☐ Yes ☐ No
 - Culturally defined values, belief systems, and practices about diversity ☐ Yes ☐ No
 - The impact of cultural belief and practices on seeking behavioral health diagnosis, services, and supports
☐ Yes ☐ No
 - Cultural identity at the intersection of race, ethnicity, and/or disability ☐ Yes ☐ No
 - Racial and ethnic disparities among people with diverse cultures/groups related to health care, behavioral health care, employment, housing, education, and community inclusion ☐ Yes ☐ No
 - The historical experiences and current socio-cultural contexts of the populations that behavioral health staff professionals will encounter when providing services ☐ Yes ☐ No
 - Social determinants that contribute to health and behavioral health care disparities and inequities
☐ Yes ☐ No
5. Does the course discuss what counselors, other clinical staff, and organizations need to become aware of to provide culturally responsive treatment services? ☐ Yes ☐ No
6. Does the course evaluation include language about the effectiveness of cultural and linguistic competence provided in the course? ☐ Yes ☐ No

Other/Comments/If not approved, justification:

Rev 09/25/2023



Strategy 2: Work collaboratively with Training Services and other relevant entities to begin to develop a list of Cultural Competence or Diversity, Equity, and Inclusion related trainings available in the learning management system that currently utilize pre and post evaluations.

The Cultural Competence Team began the process of reviewing the courses in the Relias Learning Management System that have been approved for Cultural Competence training hours. A blank Cultural Competence Review form was utilized to begin evaluating whether the previously approved course met the guidelines for Cultural Competence credit hours. In FY23-24, Relias Learning Management System housed over 200 courses approved for Cultural Competence Credit Hours, and the Cultural Competence Team was able to conduct an in-depth audit of around 15% of the courses currently approved. Of the courses audited, just over 2/3 of the courses were recommended for continued approval. None of the courses audited contained pre-exams, but all contained post-examinations.



Strategy 3: Begin evaluating the merit of the addition or subtraction of pre and post evaluations to individual Cultural Competence Trainings available within the learning management system.

Cultural Competence Team staff met with the Training Services supervisor to discuss the merits of pre and post examinations for staff. It was determined that although pre and post examinations do have merit in assessing the effectiveness of the pedagogy, it is likely not feasible for KernBHRS to make additions that may significantly impact the amount of time that staff—particularly clinical staff—are spending to complete trainings.

Goal 3: Offer specific Cultural Competence trainings of diverse and Black, Indigenous, and People of Color populations identified in Southern Counties Regional Partnership formal assessment and Cultural Competence Resource Committee and subcommittee recommendations.



Strategy 1: Utilize staff feedback to identify areas of need and/or enhance offerings of Cultural Competence or Diversity, Equity, and Inclusion related training courses tailored to departmental needs.

The Training Services Team utilizes both informal and formal feedback as a guide to source training opportunities. In FY23-24, Training Services Supervisor worked directly with the Cultural Competence Team and the Hispanic/Latinx subcommittee of the Cultural Competence Resource Committee to develop a training for Community Health Workers, Promotores, and Promotoras. The specialized training is designed to help Community Health Workers better understand how to access our system of care and reduce stigma within the community. Training Services also utilized staff feedback to guide their involvement in offering Continuing Education Units for and/or Continuing Medical Education in opportunities such as the Black Infant Maternal Health Initiative Forum and the First Annual Sexual Orientation and Gender Identity Symposium.

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

CRITERION 6 REQUIREMENTS

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

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

Goals and Strategies

Goal 1: Complete Workforce Needs Assessment



Strategy 1: Monitor, analyze, and share findings on workforce demographic data including but not limited to sharing results of Workforce Needs Assessment with the workforce.

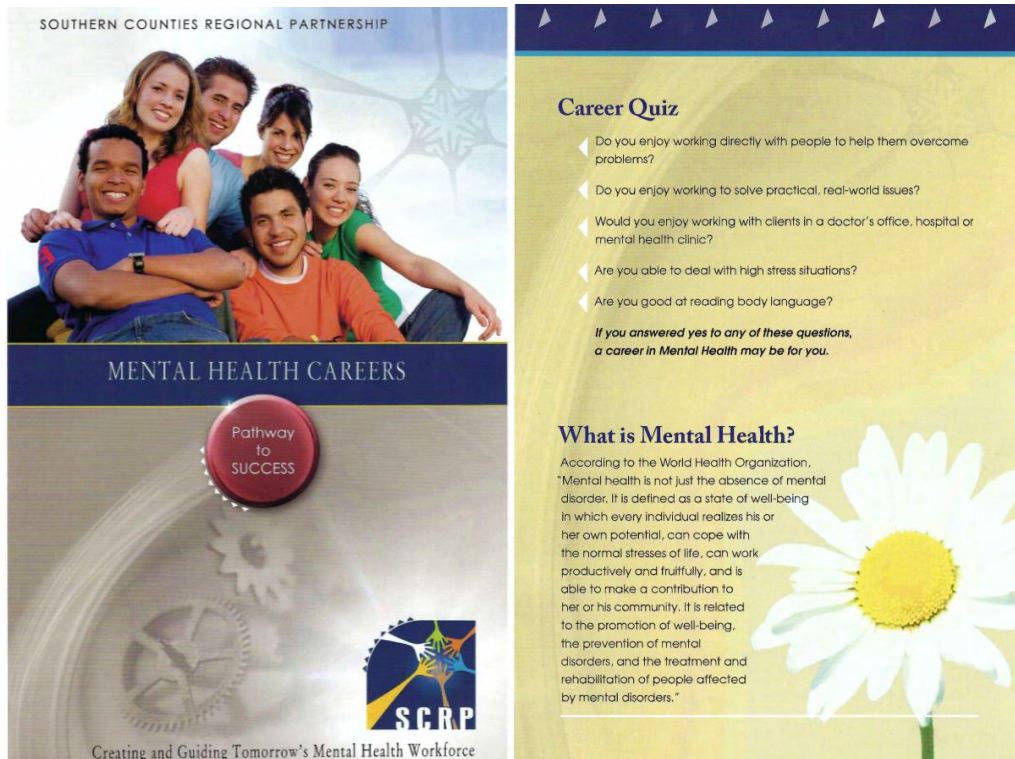
KernBHRS conducts a Workforce Needs Assessment every 5 years. The most recent Workforce Needs Assessment was conducted in FY21-22. The results of the Workforce Needs Assessment were shared with staff in FY22-23 at regular intervals, and the data is also contained in the Mental Health Services Act Team's 3-Year Plan encompassing 2023-2026. The 3-Year Plan is [publicly available](#) for staff to review at any time. As part of the 3-Year Plan process, workforce demographic data was collected and compiled. All demographic information collected from staff is received on a voluntary basis.



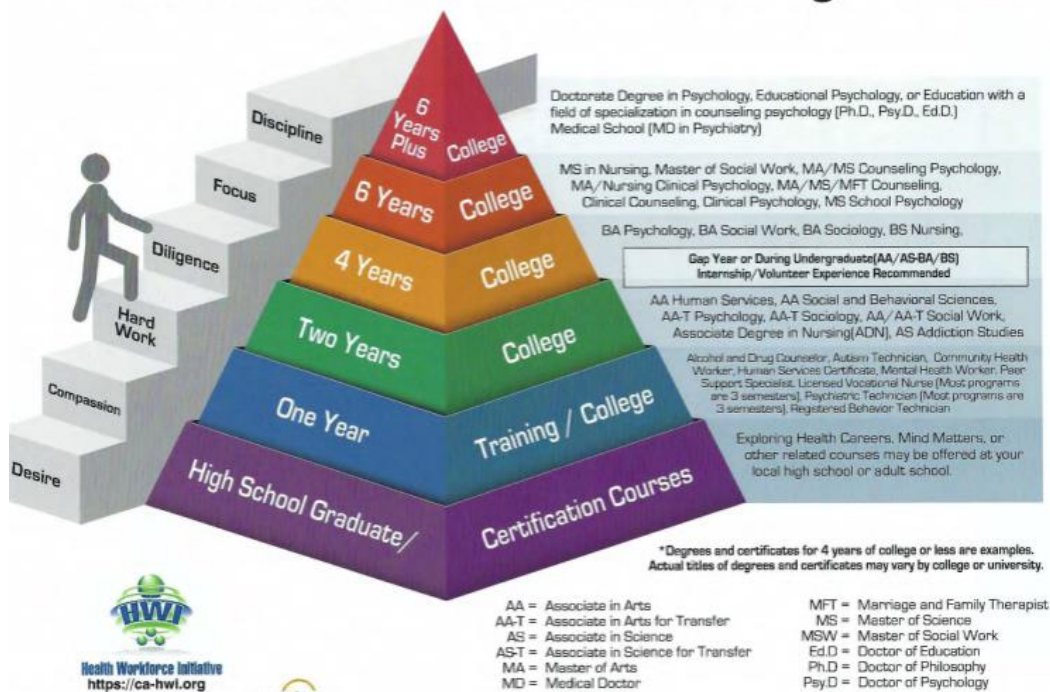
Strategy 2: Continue to enhance and centralize recruitment efforts including but not limited to the development of materials that reflect diverse personnel.

Southern Counties Regional Partnership is a collaborative effort funded by Proposition 63, the Mental Health Services Act. Kern County partnered with other counties in Southern California to develop materials that introduce career opportunities in mental and behavioral health fields. The Southern Counties Regional Partnership Mental Health Careers booklet focuses on introducing mental health and how various levels of training and/or education lead to specific careers. More concretely the booklet includes a career quiz, an overview of mental health, summaries of different career pathways, educational pathways, and resources.

Figure 26. Southern Counties Regional Partnership Mental Health Careers Booklet



Behavioral-Mental Health Related Certificates and Educational Degrees





Strategy 3: Maintain close communication with Human Resources team and provide bi-directional feedback on recruitment and retention strategies with particular attention to noting successes, innovative strategies, those strategies which implement current best practices, and identifying areas of potential improvement.

In FY23-24, the Board of Supervisors approved 22 new vacancies. By July 2024, KernBHRS had 1052 permanent positions with 152 vacancies and decreased vacancy percentage rates compared to FY21-22. KernBHRS developed a Recruitment Plan and a Retention Plan. The recruitment plan is a collaborative effort by the Public Information Officer, Cultural Competence Team, and Kern County Human Resources. The focus was to broaden recruitment efforts within the county and in outlying communities. KernBHRS built relationships with California State University, Dominguez Hills and attended a Career Expo in Las Vegas, NV.

Recruitment efforts included:

- Advertising of positions
 - E.g., California Psychological Association, CalJOBS, Indeed, Kern County Human Resources Website, LinkedIn, job flyers to educational institutions
- National Health Service Corps (NHSC) job posting
- Outreach to local clubs, programs, vocational schools, community colleges, and universities
 - E.g., Classroom presentations, Memorandum of Understandings for extern and intern opportunities, tours of KernBHRS, job flyers, LinkedIn connections and KernBHRS posts
- Planning and/or participating in career fairs
 - E.g., Annual County Job Fair, KernBHRS job fairs, local and non-local job fairs
- Participating in career development events
 - E.g., Kern County Career and STEM Expo
- Job interest letter to potential candidates
- Recruiter

The Retention Plan focused on reducing staff attrition and increasing staff engagement. Throughout FY23-24, KernBHRS Human Resources, KernBHRS leadership, and Kern County Human Resources continued to develop HR and department practices that focused on increasing staff involvement in KernBHRS's success. The following retention efforts contributed to success in retaining staff, reducing the percentage of exiting employees to less than 10%.

- Incentive programs
 - E.g., NHSC loan forgiving program, Public Service Loan Forgiveness program, California Social Work Education Center, Partnership with Southern Counties Regional Partnership
- Training
 - E.g., Academies and ongoing Competencies for Direct Service staff, supervisors, administrators
- Work-life balance
 - E.g., remote and flexible work schedules, Employee Assistance Program, Employee Wellness
- Employee recognition
 - E.g., Staff for staff committee, KernBHRS Public Information Officer announcements
- Kern County Human Resources incentives

Figure 197. KernBHRS Recruitment and Retention Plans

KernBHRS Recruitment/Retention Plan 2023-2024	
2022 Vacancy Summary: - KernBHRS serves the greater Bakersfield area and works with contract providers to serve the outlining Kern County areas. KernBHRS is the primary service provider for Kern County and is required by NACT to keep KernBHRS vacancies below a 10 percent ratio. - As of July 2024, KernBHRS has 1053 permanent positions with 152 vacancies. The department's current vacancy percentage rate is as follows: 14 percent vacancy rate (Includes all vacancies) 11 percent vacancy rate (Excludes vacancies on hold) 10 percent vacancy rate (Excludes vacancies on hold and vacancies that have not been requested by supervisor) The BOS approved 22 new vacancies in the beginning of the fiscal year 2023- 2024 to KernBHRS. 2021-2022 Vacancy Summary: As of July 2023, KernBHRS has 985 permanent positions with 157 vacancies. The department's current vacancy percentage rate is as follows: 15 percent vacancy rate (Includes all vacancies) 14 percent vacancy rate (Excludes vacancies on hold) 13 percent vacancy rate (Excludes vacancies on hold and vacancies that have not been requested by supervisor) While the percentage rate of vacancies is higher than 10, it needs to be taken into consideration that the BOS approved 7 new vacancies in March/April 2023 to KernBHRS. 2023-2024 Recruitment/ Summary: - KernBHRS Human Resources continues to work diligently to fill positions meet the Network Adequacy Certification Toolkit requirement. The 2023-2024 recruitment plan includes the collaboration of the department's Public Information Officer, Cultural Competence Team, and Kern County Human Resources. - The Recruitment plan is intended to reach Kern County and the outlining communities by building relationships with local vocational schools, community colleges, and universities. In 2023, we have built relationships with California State University Dominguez Hills and our recruitment team attended a Career Expo in Las Vegas, NV in March of 2023. - The Recruitment plan must incorporate the Kern County Human Resources Civil Service Rules, Equal Employment Opportunity Plan and KernBHRS Cultural Competence Plan in its Outreach efforts to reach a culturally diverse group of qualified applicants. - Below reviews the outline of all Recruitment efforts that have been set forward for the 2023- 2024 year.	2023-2024 Retention Summary: - KernBHRS has implemented the use of an attrition report to keep track of permanent employees leaving the department. Below you will see the percentages over the past 4 years: - Starting 2021 KernBHRS Human Resources made employee retention a top focus along with recruitment. The department continues to build new strategies to positively impact employee retention. - The Recruitment/Retention plan is intended to reduce employee attrition and build employee engagement using new creative ways to empower and engage employees at KernBHRS to retain top talent. - KernBHRS Human Resources will continuously collaborate with Kern County Human Resources and KernBHRS leadership to create HR & department practices in which employees have greater involvement and responsibility for the success of KernBHRS. - Below outlines Retention efforts that have been set forward for the 2023-2024 year to assist the department to successfully retain our workforce and reduce the percentage of exiting employees less than 10 percent. 1. Incentive programs - NHSC loan forgiving program - Public Service Loan Forgiveness program - CalSWEC - Partnership with Southern Counties Regional Partnership (SCRPP) 2. Training - Academies and ongoing Competencies for Direct Service staff, Supervisors, Administrators - CEUs for all scopes - EBP and SS selective training options - Support 3. Work-Life Balance - Remote and Flexible work schedules - Promote the Employee Assistance Program - KernBHRS Human Resources will send out department wide email to provide information on all services available to employees through the EAP program. - The program assists employees in all aspects of life to maintain a good life balance. - Employee Wellness - In 2024 Kern BHRS began working to become Blue Zones certified. With collaboration of staff from a variety of our teams, the focus is on creating an environment to assist in improving the well-being of our employees. - Goal is to improve retention rate for KernBHRS employees by focusing a 0.5 FTE staff time to support employee wellness and satisfaction at work and prevent burnout.

Goal 2: Utilize Workforce Education and Training funds to secure various resources and/or conference for staff retention and training.



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

In FY23-24, staff attended a total of 42 events, where 11 were out-of-county conferences and 11 were out-of-county training. Throughout the FY, 28 cities outside of Kern County hosted KernBHRS staff who visited a total of 8 states with the goal of bettering the KernBHRS system of care. Conferences attended included the National Prevention Network Conference in Birmingham, Alabama; the Substance Abuse and Mental Health Services Administration Conference in Chicago, Illinois; the Crisis Intervention Training International Conference in Detroit, Michigan; and the National Council on Mental Wellbeing Conference in St. Louis, Missouri.



Strategy 2: Work cooperatively with Finance Team and other relevant entities to generate a comprehensive list of conferences which staff attend during the FY.

In FY23-24, staff attended a total of 42 events which included out-of-county conferences and training. KernBHRS visited 28 cities outside of Kern County and 8 states with the goal of bettering the KernBHRS system of care. Figure 28 shows the list of conferences which staff attended during the FY.

Also see Criterion 6, Goal 2, Strategy 1 for examples of conferences staff attended.

Figure 28. FY23-24 Out of County Events and Trainings Attended

Date	Event Name	City, State	# of staff attended
7/7/2023	CalMHSA EHR Billing Training	Sacramento, CA	2
7/7/2023	Friday Night Live Leadership Training Institute	Visalia, CA	2
7/21/2023	Mental Health Services Oversight and Accountability Commission	Sacramento, CA	1
7/21/2023	CalMHSA Electronic Health Record (EHR) Billing Training	Sacramento, CA	2
7/31/2023	Crisis Intervention Training International Conference	Detroit, MI	2
8/1/2023	National Prevention Network Conference	Birmingham, AL	1
8/2/2023	SUD Integrated Care Conference	Long Beach, CA	2
8/16/2023	CPI - NCI Training	Los Angeles, CA	1
8/22/2023	DiDi Hirsch Convening CA	Los Angeles, CA	2
9/1/2023	Conditional Release Program (CONREP) Participation Board	Highland, CA	1
9/21/2023	Eating Disorder Conference	La Jolla, CA	4
9/22/2023	Association for Play Therapy International Conference	Palm Springs, CA	1
9/22/2023	Friday Night Live Youth Summit	Anaheim, CA	3
9/27/2023	California State University, San Bernadino Fall Career Fair	San Bernadino, CA	1
10/4/2023	Loss Team Postvention Conference	Columbus, OH	1
10/5/2023	County Behavioral Health Directors Association (CBHDA) Governing Board Strategic Planning	San Diego, CA	1
10/26/2023	Southern Counties Regional Partnership (SCRIP) Conference	Pomona, CA	11
10/31/2023	CalMHSA EHR Training	Sacramento, CA	2
11/2/2023	California Public Employers Labor Relations Association	Monterey, CA	1
11/3/2023	CalMHSA EHR Training	Sacramento, CA	4
11/27/2023	California Hospital Association (CHA)	Sacramento, CA	1
1/5/2024	Association of Workplace Investigators	Santa Barbara	3
1/17/2024	Health Care Compliance Association	Phoenix, AZ	1
1/19/2024	Crisis Hotline Call Center Meeting	San Jose, CA	1
1/26/2024	Substance Use Prevention and Treatment Committee	Sacramento, CA	1
2/2/2024	Applied Suicide Intervention Skills Training (ASIST) for Trainers	Sacramento, CA	3
2/5/2024	California Quality Improvement Commission	Seaside, CA	2
2/5/2024	Zero Suicide	Carlsbad, CA	1
2/9/2024	Forensic Mental Health Association of California (FMHAC)	San Diego, CA	4
2/14/2024	Youth Suicide Prevention & Response Network	Carlsbad, CA	2
3/20/2024	Southern Counties Regional Partnership (SCRIP) Conference	Pomona, CA	15
3/22/2024	Prescription and Illicit Drug Summit	Atlanta, GA	1
3/26/2024	Patients' Rights Annual Training (PRAT)	Sacramento, CA	2
3/26/2024	National Council on Mental Well Being Conference (NATCON)	St. Louis, MO	1
4/2/2024	Friday Night Live Healing Center Engage Retreat	San Diego, CA	2
4/3/2024	Substance Abuse and Mental Health Services Administration (SAMHSA) Conference	Chicago, IL	1
4/25/2024	Kern Linkage Division/Kern County Sheriff's Office	Sacramento, CA	1



Strategy 3: Work cooperatively with Training Services and other relevant entities to track interpreter trainings for Tier I and Tier II staff.

In FY23-24, a total of 184 staff were assigned the bilingual interpreter training plan. Out of the 184 individuals, only two did not complete the training with a score of 80% or higher, leading to a 98.9% completion rate. Courses available within the training plan included:

- Overview of the Behavioral Health System for Behavioral Health Interpreters - Retired 5/6/2023
- Strategies and Skills for Behavioral Health Interpreters
- The Behavioral Health System of Care: An Overview for Interpreters
- The Role of the Behavioral Health Interpreter - Retired 6/3/2023

While the majority of those who completed the interpreter training courses are individuals who are certified as Tier I (oral interpreter) or Tier II (written translator) for the Spanish language, some of the individuals who took the courses spoke other languages such as Punjabi—the second most requested language for oral interpretation.

Criterion 7: Language Capacity

CRITERION 7 REQUIREMENTS

I. Increase bilingual workforce capacity

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

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

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

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

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

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

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

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

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

Goals and Strategies

Goal 1: Dedicate resources such as Mental Health Services Act funding to increase bilingual workforce capacity.



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

Criterion 7, Goal 1, Strategy 1 was largely discontinued in FY23-24. The County Diversity, Equity, and Inclusion Officer, as well as County Counsel, must approve staff certification in languages other than Spanish before KernBHRS can move forward in sourcing appropriate training for staff certified in those languages. Spanish-speaking staff certified for Tier I (Oral Interpretation) and Tier II (Written Translation) will continue to receive annual training.



Strategy 2: Maintain contract with the Language Line to assist individuals with limited English proficiency, including but not limited to spoken and written language, American Sign Language, and Braille.

KernBHRS has maintained a contract with the Language Line for language interpretation services, with a current contract period ending June 30, 2025.



Strategy 3: Work with Kern County government to ensure access to Independent Living Center of Kern County to assist individuals with limited English proficiency including but not limited to American Sign Language interpretation.

Starting in October 2015 to present, Kern County Department's General Services Division contracted with Independent Living Center of Kern County to provide American Sign Language interpretation services for those with hearing-impairments seeking County services. Independent Living Center of Kern County provides interpretation services for scheduled and planned individual client sessions, group sessions, community meetings, and Board meetings. Interpretation services are requested in advance, at least three days before they are needed and within 45 minutes of emergency situations. Additionally, interpreters from the Independent Living Center of Kern County can assist with the installation and use of telecommunication devices for individuals with hearing impairments.

During FY23-24, there were 80 requests for American Sign Language interpretation services, of which 56 were completed. The remaining requests were not completed due to meeting cancellations, provider cancellations, or rescheduling. Interpretation services provided are as follows:

- Interpretation and translation between American Sign Language and spoken English
- Transliteration and translation between English-based sign language and spoken English
- Low vision interpretation for individuals who have vision impairments
- Video interpreter

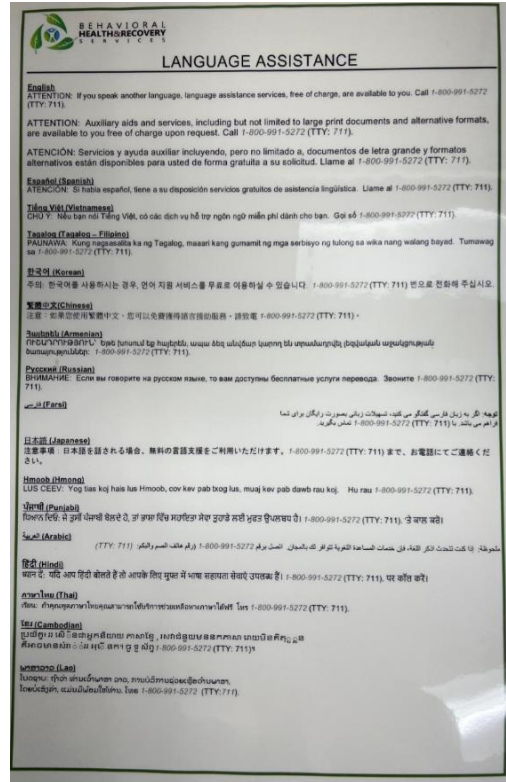
Goal 2: Provide Language Line materials and information to persons who need interpretation and translation services, and to those who have Limited English Proficiency.



Strategy 1: Maintain and post posters/bulletins in clinics of the availability and information on interpreter assistance for individuals with Limited English Proficiency.

KernBHRS maintains posters in all clinics with a contact number to call for language and accessibility assistance. Annual site visits are performed by the Quality Improvement Division to ensure that posters are maintained and visible. An example poster is provided in Figure 29.

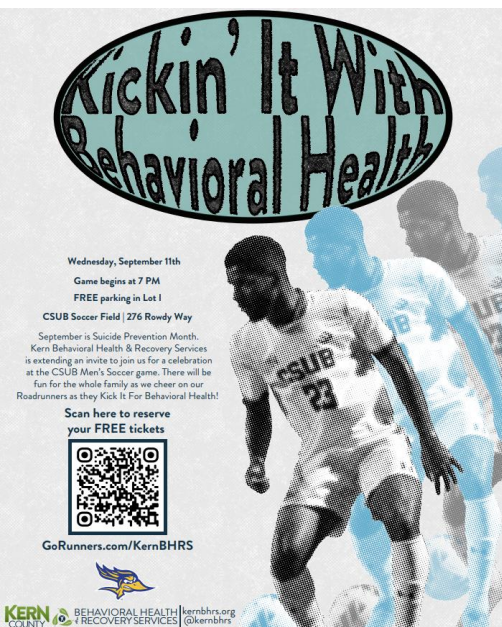
Figure 29. Language Assistance Poster



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

Throughout FY23-24, KernBHRS developed and utilized materials that were reflective of their community. Figure 30 shows various materials, in both English in Spanish, used to express appreciation of community members and inform community members of upcoming cultural events.

Figure 30. Materials Reflective of the Community



Strategy 3: Track and monitor translated materials.

KernBHRS kept track of translation requests (see Criterion 1, Goal 2, Strategy 3) in a spreadsheet that tracks the time the request was made, the team making the request, urgency level, language, document title, translators, and completion date.



Strategy 4: At a minimum frequency of annually and as necessary disseminate to staff current and accurate information on accessing interpretive services through Language Line and/or Independent Living Center of Kern County.

In December 2023, the Cultural Competence Team supervisor updated information regarding how staff are able to access American Sign Language Interpreting services and instructions to access The Language Line. This information was distributed to staff ahead of the Winter Recess and the full policy was updated in February 2024.

Figure 201. Instructions for the Language Line



Behavioral Health & Recovery Services



LANGUAGE LINE INSTRUCTIONS:

Attachment A
Section No. 1.5.1

1. Calls for assistance may be received from non-English speaking persons. If receiving a call from a Spanish speaker, respond to them by saying, *"Un momento por favor"*; this will tell them "One moment, please". This kind of acknowledgement reassures the caller that they will receive the appropriate assistance.
2. For all calls, do **not** put the caller on hold. Select the button that corresponds to [redacted] (this may vary depending on the phone model).
3. Once you hear a dial tone, dial [redacted] to connect to the Language Line (the [redacted] is important to dial, otherwise the call will not connect).
4. You will hear "Welcome to Language Line Solutions." You will then be prompted to select (1) for Spanish, (2) for Punjabi, (3) for Mandarin, or (4) for all other languages. If asked, enter your Agency's 6-digit client identification number, which is [redacted].
5. You will then be connected to an interpreter. The interpreter will request your sub-unit number and type of service. Your sub-unit number is your billing sub-unit number as assigned in Cerner. (If you are unsure of your sub-unit identifier, please ask your supervisor; if on a non-clinical team, use subunit 1111). The service type will be either Face to Face, Tele-Health, or Hotline, depending on what service you are providing to the client.
6. Once you have provided the sub-unit and service type to the interpreter, introduce yourself and let them know you are calling from **Kern Behavioral Health & Recovery Services**.
7. Before conferencing the calls, ask the Interpreter to tell the caller "You have reached Kern Behavioral Health and Recovery Services, how can I help you?" once connected.
8. Press the button that corresponds to **"JOIN"** to conference the calls.

Once you have engaged the caller using the Language Line, respond clearly and speak in a relaxed tone so that the Interpreter can understand you, and effectively communicate any information to the caller. Please keep in mind that the Interpreter will **only** communicate

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Behavioral Health & Recovery Services



information you ask them to. As you would with any call, please exercise patience; you may have to repeat phrases or spell out locations/agency names. It is appropriate to ask the Interpreter to repeat themselves if needed.

Before disconnecting the call, request that the Interpreter ask the caller if there is anything they need assistance with, or any other questions they have. Once you have confirmation all questions have been answered, allow the caller and interpreter to hang up first.

Appointments for Rare Languages

Some less commonly encountered languages may not be available on-demand. If it is an **unscheduled** client encounter and an interpreter is not available on the first call, try calling again in 15 minutes.

If the client has a **scheduled service**, appointments can be made to ensure an interpreter is available.

1. Visit the website <https://appointments.languageline.com/>
2. Complete the online form, using the 6-digit client identification number [redacted] along with your contact information, language needed, and appointment details.
3. Click "Request Appointment" to submit the request. You will receive an email verification that it was submitted. You will also receive an email, usually within 48 hours, if the request is accepted or declined.
4. If the request is accepted, a reference number will be included in the email. At the appointment time, call [redacted] and provide the reference number to be connected to the interpreter.

To provide feedback in regards to interpreter service, please complete the [Interpreter Feedback Form](#).

Please feel free to reach out to the Cultural Competence Team if there are any questions. CulturalCompetence@kernbhhs.org

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Figure 32. Instructions on How to Access American Sign Language Interpretation Services



Behavioral Health & Recovery Services



LanguageLine Solutions

Attachment B
Section No. 1.5.1

LanguageLine for Telehealth - Video

Available Monday through Friday from 8:00 am to 5:00 pm PST
Requests made outside these hours will receive an "Interpreter unavailable" message

How to Connect a Video Interpreter to a Zoom Meeting

1. Within your Zoom video meeting, select "Participants" to invite a video interpreter to your call.
2. Select "Invite".
3. Select "Copy Invite Link".
4. Launch a browser, and go to telehealth.languageline.com
 - Enter your authentication code
 - Your computer will remember the code for future sessions. This field will only be presented if required.
 - Select the language you need from the drop-down menu
 - Paste the link for your Zoom meeting into the field titled "Meeting invite URL"
 - Click "Request Interpreter"

Continued to



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Behavioral Health & Recovery Services



LanguageLine SolutionsAttachment B
Section No. 1.5.1

LanguageLine for Telehealth - Video

Available Monday through Friday from 8:00 am to 5:00 pm PST
Requests made outside these hours will receive an "Interpreter unavailable" message

How to Connect a Video Interpreter to a Zoom Meeting

5. Once connected, your interpreter will make a standard greeting and may request data requested by your organization, such as a department name.
Note the interpreter's ID which will appear on the screen.
Your call may be monitored for quality assurance purposes by a Senior Language Specialist at a later date in accordance with HIPAA standards.
6. Deaf and hard of hearing patients may want to see the ASL interpreter enlarged at all times to enhance understanding.
 - To enlarge the interpreter, advise your patient to "pin" the interpreter's video using the following steps:
 - Hover the mouse over the interpreter's image
 - Click the three dots
 - Select "Pin Video" from the drop-down menu
7. To end the interpretation session:
 - Ask your interpreter to hang up or
 - Click "End Meeting"

AFTER HOURS INTERPRETER ACCESS

To reach an audio interpreter in 240 languages (247 use the "Invite" option outlined above):

1. Select "Invite by Phone" option
2. Enter your dedicated LanguageLine telehealth phone number, available from your telehealth language access project lead
3. Follow the voice prompts

QUESTIONS? Contact your LanguageLine Account Executive or the LanguageLine Technical Support Help Desk at 1-844-373-9591



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Criterion 8: Adaptation of Services

CRITERION 8 REQUIREMENTS

I. Client driven/operated recovery and wellness programs

The recovery and wellness programs offered through KernBHRS are designed to accommodate culturally and linguistically diverse clients. This is achieved through offering services in multiple languages, offering and updating programs tailored to culture-specific communities, and providing ongoing training to providers and staff on offering services in culturally appropriate methods.

II. Responsiveness of mental health services

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

III. Quality Assurance

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

Goals and Strategies

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



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

KernBHRS maintains Mental Health Plan and Drug Medi-Cal Organized Delivery System beneficiary handbooks in English and Spanish, as well as in larger print. Additionally, they have English and Spanish audio link versions of the handbook. The handbook helps Medi-Cal beneficiaries learn how to access Medi-Cal specialty mental health services, their benefits, contacts for questions and additional support with accessing their benefits, and their rights and responsibilities.

Figure 33. Cover Pages of English and Spanish Beneficiary Handbooks



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

KernBHRS maintains provider directories for Mental Health Plan and Drug Medi-Cal Organized Delivery System. Both sets of directories are available in English and Spanish and in larger print as well. Within the provider directories are contact numbers for language and aid services to help make them more accessible to those with disabilities, a table of contents for available providers in Kern County, and information of practitioners at those providers.

Figure 34. Mental Health and Substance Use Disorder Provider Directories

August 2024

Kem Behavioral Health & Recovery Services

Provider Directory

Specialty Mental Health Services

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

This Provider Directory is also available in large print upon request. Auxiliary aids, including but not limited to large print documents and alternative formats, such as written or oral interpretation services are available at no cost by contacting KernBHRS at 1-800-991-5272.

All Providers Meet ADA Requirements
Directorio de proveedores son disponibles en Español

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CHILD GUIDANCE CLINIC DELANO

Licensed, Waivered, Or Registered Staff Only*

Staff Name (Last, First, MI)	Type of Practitioner	Rendering Provider NPI Number	Type of License	License Number	Cultural Competence Training Requirements Up-to-Date?
Boyt, Christopher	Licensed Clinical Social Worker	1982261756	LCSW	LC5W11486 4	Yes
Cortez, Benjamin	Associate Clinical Social Worker	1891474524	ACSW	115316	Yes
Garcia, Marisol	Licensed Marriage and Family Therapist	1851715056	LMFT	LMFT14724 7	Yes
Hannah, Anthony	Associate Professional Clinical Counselor	1053961821	APCC	14895	Yes
Herrera, Veronica	Associate Marriage and Family Therapist	1326614801	AMFT	AMFT12275 84	Yes
Marquez, Savannah		1942917463		N/A	Yes
Miller, Marguerite	Associate Marriage and Family Therapist	1164927638	AMFT	AMFT1380 51	Yes

*Services may be delivered by an individual provider or a team of providers who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory.

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August 2024

Kem Behavioral Health & Recovery Services

Provider Directory

Drug Medi-Cal Organized Delivery System

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

This Provider Directory is also available in large print upon request. Auxiliary aids, including but not limited to large print documents and alternative formats, such as written or oral interpretation services are available at no cost by contacting KernBHRS at 1-800-991-5272.

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Directorio de proveedores son disponibles en Español

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Agosto de 2024

Departamento de Salud del Comportamiento y Recuperación del Condado de Kern

Directorio de Proveedores

Servicios Especialidades de la Salud Mental

Línea directa en caso de crisis: 1-800-991-5272
Línea directa para la prevención del suicidio: 1-800-273-8255
Línea de acceso de trastornos por el uso de sustancias: 1-866-266-4898
Para la atención de adultos que no se encuentran en crisis:
Centro de acceso y evaluación: 661-868-8080

Este directorio de proveedores también está disponible en letra grande a petición.

Las ayudas auxiliares, que incluyen, entre otros, documentos en letra grande y formatos alternativos, como servicios de interpretación oral o escrita, están disponibles sin costo comunicándose con KernBHRS al 1-800-991-5272.

Todos los proveedores cumplen con los requisitos ADA.

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CHILD GUIDANCE CLINIC N CHESTER

Únicamente personal licenciado, exento o registrado*

Nombre del personal (Apellido, Nombre, I)	Tipo de Profesional	Número de NPI del proveedor médico	Tipo de Licencia	Número de Licencia	(Los requisitos de capacitación por competencias cultural están actualizados?)
Cruz, Rohaan	Enfermera practicante	1093005225	NP	95009293	Si
Garcia, Viridiana	Terapeuta matrimonial y familiar asociado	1275020026	AMFT	111977	Si
Rowe, Fred	Doctor en medicina	1871634014	MD	G65546	Si

*Los servicios pueden ser proporcionados por un proveedor individual o por un equipo de proveedores que trabaja bajo la dirección de un profesional licenciado que opera dentro del alcance de la profesión. Solo los proveedores de salud mental licenciados, exentos o registrados y los proveedores de servicios licenciados de trastornos por abuso de sustancias se enumeran en el directorio de proveedores del Plan.

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Agosto de 2024

Departamento de Salud del Comportamiento y Recuperación del Condado de Kern

Directorio de Proveedores

Sistema de Entrega Organizada de Medicamentos de Medi-Cal

Línea directa en caso de crisis: 1-800-991-5272
Línea directa para la prevención del suicidio: 1-800-273-8255
Línea de acceso de trastornos por el uso de sustancias: 1-866-266-4898
Para la atención de adultos que no se encuentran en crisis:
Centro de acceso y evaluación: 661-868-8080

Este directorio de proveedores también está disponible en letra grande a petición.

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Todos los proveedores cumplen con los requisitos ADA.

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

KernBHRS Quality Improvement Division conducts site visits annually to ensure that required signage is posted and information regarding services for those with Limited English Proficiency is available upon request. In addition to ensuring that KernBHRS sites are displaying appropriate signage regarding the Americans with Disabilities Act, the Quality Improvement Division works alongside Facilities to ensure that buildings are compliant with the Americans with Disabilities Act and Training Services offers accommodation for staff and contract partners with disabilities. KernBHRS staff are also required to take

safety training quarterly and complete regular evacuation drills which includes information on how to evacuate individuals who may require mobility assistance.

Goal 2. Provide and make available culturally and linguistically responsive programs to accommodate clients and consumers who are members of the Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (2SLGBTQ+) community and/or to incorporate Sexual Orientation, Gender Identity and expression (SOGIE).



Strategy 1: Work with Cultural Competence Resource Committee and other relevant entities to re-establish a quarterly 2SLGBTQ+ subcommittee.

The 2SLGBTQ+ subcommittee was officially established in January 2024. Figure 35 shows 2SLGBTQ+ subcommittee as part of the Cultural Competence Resource Committee meeting on January 18, 2024. The subcommittee continued to be part of the Cultural Competence Resource Committee in meetings throughout the FY.

Figure 215. Cultural Competence Resource Committee Agenda

ii. Community Event Reporting:

1. Bakersfield American Indian Health Project Reports Expansion efforts into outlying communities of Kern
- a. Lake Isabella

iii. Member Recruitment Efforts:

1. Christina Contreras (Owens Valley Career Development Center) volunteers as Co-Chair for subcommittee.

e. 2SLGBTQIA+

i. Key Subcommittee Workgroup Action Steps:

Action Step	Date Assigned	Due Date	Assigned To	Status
Review contract between Kern Behavioral Health and Recovery Services and the Center for Sexuality and Gender Diversity	01.09.2024	04.02.2024	Cultural Competence Team, Department Supports Administration	In progress. Cultural Competence Team has discussed with Department Supports Administration.
Develop a mechanism for Kern Behavioral Health and Recovery Services staff to be included on "Safe Provider" List	01.09.2024	04.02.2024	Cultural Competence Team/The Center for Sexuality and Gender Diversity	Pending contract Review. Jesus Martell Gonzalez has offered the Center for Sexuality and Gender Diversity to assist with training to qualify staff for safe provider list.
Locate 2SLGBTQIA+ stickers that had been ordered by Mental Health Services Act Team.	01.09.2024	04.02.2024	Mental Health Services Act Team/Cultural Competence Team	Completed. Joshua Garnica or Leydi Garcia De Luna to share 2SLGBTQIA+ materials that Mental Health Services Act team has.



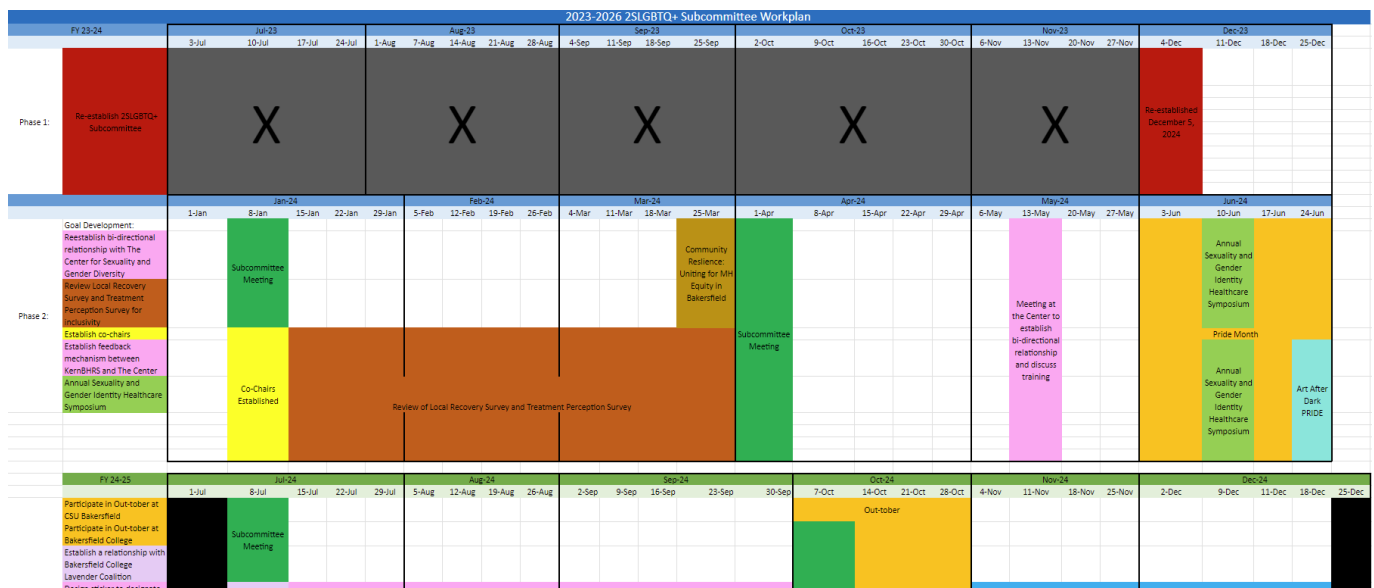
Strategy 2: Work with 2SLGBTQ+ subcommittee to begin to develop a three-year workplan that incorporates the considerations of the 2SLGBTQ+ community and/or individuals with SOGIE Considerations.

In its previous iteration, the LGBTQ+ subcommittee served primarily as a liaison between The Center for Sexuality and Gender Diversity and KernBHRS staff, which presented complications as staffing changes occurred in either organization. In FY23-24, the Cultural Competence Resource Committee led the charge to reconvene and rebrand the 2SLGBTQ+ subcommittee and worked with the subcommittee to develop a three-year workplan as demonstrated in Figure 36. The types of activities conducted in FY23-24 are detailed below.

- The subcommittee identified and attended several outreach and engagement events on behalf of the department.
- The subcommittee and department worked to strengthen the relationship between The Center for Sexuality and Gender Diversity, which had been impacted by staff turnover from both organizations.

- The subcommittee and department identified several opportunities for new membership, including connecting with the Lavendar Coalition at Bakersfield College.
- Subcommittee members sat on the committee that developed the first annual Sexual Orientation and Gender Identity Symposium.
- The subcommittee identified the goal of developing a safe provider list for Kern County and is working to establish a training to ensure KernBHRS staff are adequately trained to identify as a safe space.
- The subcommittee reviewed the Consumer Perception Survey, Local Recovery Survey, and Treatment Perception survey for considerations related to sexual orientation and gender identity.
- The subcommittee changed its name from the LGBTQ+ subcommittee to include Two-Spirit individuals at the request of subcommittee members representative of a local American Indian culture.

Figure 36. Cultural Competence Resource Committee 2SLGBTQ+ Subcommittee Workplan 2023-2026



Goal 3. Ensure the beneficiary problem resolution process addresses Culturally and Linguistically Appropriate factors to resolve Grievance and Appeals.



Strategy 1: Maintain and/or update policies related to grievances and appeals.

KernBHRS maintains policies related to the process for filing grievances, appeal rights, and the availability of assistance by the Patients' Rights Advocate for Medi-Cal beneficiaries who access specialty mental health and substance use disorder services. The policies were last revised in September 2021 and include Notice of Adverse Benefit Determination (policy 10.1.09), Freedom of Choice and Second Opinions (policy 10.1.11), Obtaining Authorizations to Disclose Mental Health and Substance Use Disorder Information (policy 10.1.14), and Responding to Privacy Breaches, Concerns and Complaints (policy 10.1.20).

Figure 37. Grievances and Appeal Process and Medi-Cal Beneficiaries' Rights



GRIEVANCE AND APPEAL PROCESS

You have a right to make a grievance about any aspect of your treatment at a clinic or by a Medi-Cal "fee-for-service" Provider (Private psychiatrist, psychologist, LCSW or LMFT). You also have the right to appeal an "Adverse Benefit Determination" as taken by the County's Mental Health Plan and Drug Medi-Cal Organized Delivery System (see below for "Adverse Benefit Determination" definition).

- You may make a Grievance or Appeal verbally or in writing. Standard grievance resolutions will be made within 90 calendar days of receipt of a grievance. Standard Appeals will be resolved within 30 calendar days of receipt of the appeal. Expedited appeals will be resolved no longer than 72 hours from the date and time of the expedited appeal receipt.
- Grievance Forms and Appeal Forms are available in the waiting room of the clinic, or the "Fee-for-Service" Provider.
- You may use an authorized representative on your behalf.
- Expedited Appeals may be requested if the beneficiary or the beneficiary's provider certifies that taking the time for a standard Appeal resolution could seriously jeopardize the beneficiary's mental health or substance use disorder condition and/or ability to attain, maintain, or regain maximum function.
- You may request a State Fair Hearing only after receiving notice that the Plan is upholding an adverse benefit determination.

An "Adverse Benefit Determination" is defined as:

- Denial, or limiting of an authorization of a requested service, including the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
- Reducing, suspending, or terminating a previously authorized service;
- Denial, in whole or in part, of payment for a service;
- Failing to provide services in a timely manner, as determined by Plan;
- Failing to act within the required timeframe for standard resolution of grievances and appeals; or
- Denial of a beneficiary's request to dispute financial liability.

Please note: The County's Grievance & Appeal System, must be exhausted, prior to the requesting of a State Fair Hearing. It is intended to resolve problems in the most prompt, efficient and effective manner possible. If you have any questions, call the Patients' Rights Office at (844) 360-8250.

Beneficiary Grievance and Appeal Rights:

- To be treated with dignity and respect
- To file a Grievance or Appeal verbally or in writing in the primary or preferred language
- To ask for assistance with the Grievance and Appeal process
- To authorize another person to act on his/her behalf
- To identify a staff person or other individual to assist with the Grievance or Appeal process
- To identify a staff person or other individual to provide information regarding Grievance process status
- To not be subject to discrimination or any other penalty for filing a Grievance or Appeal
- To continue receiving services while an Appeal is pending

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YOUR RIGHTS UNDER MEDI-CAL

(Sent by Patients' Rights Office)

If you need this notice and/or other documents from the Plan in an alternative communication format such as large font, Braille, or an electronic format, or, if you would like help reading the material, please contact the KernBHRS Mental Health Plan at 800-991-5272 or the Drug Medi-Cal Organized Delivery System at 866-266-4898.

If you still do not agree with the plan's decision, you can ask for a "State Hearing" and a judge will review your case.

You must ask for a State Hearing within **120 days** from the date of this letter. However, if you are currently getting treatment and you want to continue your treatment while you appeal, you must ask for a State Hearing within **10 days** from the date this letter was postmarked or delivered to you OR before the date your health plan says services will be stopped or reduced. When you ask for a State Hearing, you must say that you want to keep getting your treatment. You will not have to pay for a State Hearing.

You can ask for a State Hearing by phone, electronically, or in writing:

- **By phone:** Call 1-800-952-5253. If you cannot speak or hear well, please call TTY/TDD 1-800-952-8349.
- **Electronically:** You may request a State Hearing online. Please visit the California Department of Social Services' website to complete the electronic form: <https://secure.dss.ca.gov/net/gov/shd/pubintake/cdss-request.aspx>
- **In writing:** Fill out a State Hearing form or send a letter to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430

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PROCESO DE QUEJA FORMAL Y APELACIÓN

Usted tiene derecho a presentar una queja formal acerca de cualquier aspecto de su tratamiento en una clínica o por parte de un proveedor de "Pago por servicio" de Medi-Cal (psiquiatra, psicólogo, Licensed Clinical Social Worker [Trabajador social clínico licenciado, LCSW] o Licensed Marriage and Family Therapist [Terapeuta licenciado en matrimonio y familia, LMFT] privado). También tiene derecho a apelar de una "Determinación de beneficios adversa" según lo decidido por el Plan de salud mental y el Sistema organizado de entrega de medicamentos de Medi-Cal del condado (Consulte a continuación la definición de "Determinación de beneficios adversa").

- Usted puede presentar una Queja formal o una Apelación de forma verbal o escrita. Las resoluciones de quejas formales estándar se tomarán dentro de 90 días calendario desde el recibo de la queja formal. Las apelaciones estándar se resolverán dentro de 30 días calendario desde el recibo de la apelación. Las apelaciones expedidas se resolverán a más tardar, dentro de 72 horas desde la fecha y la hora de recibo de la apelación expedida.
- Los Formularios de queja formal y los Formularios de apelación están disponibles en la sala de espera de la clínica o del Proveedor de "Pago por servicio".
- Un representante autorizado puede actuar en su nombre.
- Es posible solicitar Apelaciones expedidas si el beneficiario o el proveedor del beneficiario certifica que usar el tiempo de resolución de una Apelación estándar puede poner en peligro serio la salud mental o el trastorno por consumo de sustancias del beneficiario y su capacidad para alcanzar, mantener o recuperar al máximo sus funciones.
- Usted puede solicitar una Audiencia estatal justa solo después de recibir el aviso de que el Plan ha decidido mantener una determinación de beneficios adversa.

Una "Determinación de beneficios adversa" se define así:

- Rechazo o limitación de una autorización de un servicio solicitado, lo que incluye el tipo o nivel de servicio, la necesidad médica, la idoneidad, la implementación o la eficacia de un beneficio cubierto.
- Reducción, suspensión o cancelación de un servicio previamente autorizado.
- Rechazo del pago de un servicio en parte o en su totalidad.
- No prestar servicios de manera oportuna, según lo determinado por el Plan.
- No actuar dentro de los plazos obligatorios para una resolución estándar de quejas formales y apelaciones.
- Rechazo de la solicitud de imputar la responsabilidad financiera de un beneficiario.

Derechos del beneficiario sobre quejas formales y apelaciones:

- Recibir un trato digno y respetuoso
- Presentar una queja formal o una apelación de manera verbal o por escrito en el idioma principal o preferido
- Solicitar ayuda con el proceso de queja formal y apelación
- Autorizar a otra persona para que actúe en su nombre
- Identificar a un miembro del personal u otra persona para que lo ayude con el proceso de queja formal o apelación
- Identificar a un miembro del personal u otra persona para que le proporcione información sobre el estado del proceso de queja formal
- No ser víctima de discriminación ni cualquier otra falta por presentar una queja formal o apelación
- Seguir recibiendo los servicios mientras la apelación está pendiente

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SUS DERECHOS SEGÚN MEDI-CAL

Si necesita este aviso u otros documentos del plan en un formato alternativo de comunicación, como letra grande, Braille o un formato electrónico, o si quiere recibir ayuda para leer este material, comuníquese con el Plan de salud mental de KernBHRS al 800-991-5272 o el Sistema Organizado de Entrega de Medicamentos de Medi-Cal al 866-266-4898.

Si de todas maneras no está de acuerdo con la decisión del plan, usted puede solicitar una "Audiencia estatal" y un juez revisará su caso.

Usted debe solicitar una Audiencia estatal dentro de **120 días** desde la fecha de esta carta. Sin embargo, si actualmente recibe tratamiento y quiere continuarlo mientras apela, debe solicitar la Audiencia estatal dentro de **10 días** desde la fecha en que esta carta se materializó o se le envió a usted O antes de la fecha en la que el plan de salud dice que los servicios terminarán o se reducirán. Cuando solicite una Audiencia estatal, debe decir que quiere mantener el tratamiento. No tendrá que pagar por una Audiencia estatal.

Puede solicitar la Audiencia estatal por teléfono, de forma electrónica o por escrito:

- **Por teléfono:** Llame al 1-800-952-5253. Si no puede hablar o escuchar bien, llame al TTY/TDD 1-800-952-8349.
- **De forma electrónica:** Puede solicitar una Audiencia estatal en línea. Visite el sitio web del California Department of Social Services (Departamento de Servicios Sociales de California) para llenar el formulario electrónico: <https://secure.dss.ca.gov/net/gov/shd/pubintake/cdss-request.aspx>
- **Por escrito:** Entregue un formulario de Audiencia estatal o envíe una carta a:

California Department of Social Services
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P.O. Box 944243, Mail Station 9-17-37
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Strategy 2: Establish a connection with Patient's Rights Advocate Team and jointly assess how to begin a collaborative process to remedy Cultural Competence and/or Diversity, Equity, and Inclusion related grievances and appeals.

The Cultural Competence Team worked to strengthen its relationship with Patient's Rights Advocate team in FY23-24. The supervisors for the two teams met to discuss how the Cultural Competence Team may be able to assist with remedies for grievances and appeals that are related to items under their purview, including but not limited to suggesting specific training for staff. The grievances and appeals reports are provided to the Cultural Competence Team supervisor on a monthly basis. During FY23-24, there were no incidents that required additional consultation with the Cultural Competence Team.



Strategy 3: Assess and monitor Cultural Competence and/or Diversity, Equity, and Inclusion related items on client/consumer surveys regarding the system of care for both Mental Health and Substance Use Disorder.

KernBHRS assessed Cultural Competence and/or Diversity, Equity, and Inclusion of the system of care for mental health and substance use disorder using the Consumer Perception Survey, Local Recovery Survey, and Treatment Perception Survey. Also see Criterion 1, Goal 1, Strategy 3 and Criterion 3, Goal 1, Strategy 1 for additional details.

Table 7. Client Satisfaction by Survey

	Consumer Perception Survey	Local Recovery Survey	Treatment Perception Survey
	Percent Agree		
Staff were sensitive to my cultural background (race, religion, language, etc.)	91%	94%	96%
Staff treated me with respect.	-	84%	97%

Table 8. Client Satisfaction by Survey

	Consumer Perception Survey	Local Recovery Survey
	Yes	
Were the services that you received provided in the language you prefer?	99%	98%
Was written information available to you in the language you prefer?	99%	97%



Strategy 4: Track, monitor, and review changes of provider, second opinion, and/or grievance cases for cultural and linguistic as well as diversity, equity, and inclusion related issues.

During FY23-24, the Cultural Competence Team tracked and monitored changes of provider, second opinion, and/or grievance cases for cultural and linguistic as well as diversity, equity, and inclusion related issues. The grievances and appeals reports were provided to the Cultural Competence Team supervisor on a monthly basis. There was a total of 23 cases made in FY23-24 as described in Table 9.

Table 9. FY23-24 Provider, Second Opinion, and/or Grievance Cases

Type	Count
Discrimination (Gender)	2
Discrimination (Race)	1
Discrimination (Disability/Medical)	4
Discrimination (Houselessness)	1
Discrimination (Other/Unknown)	5
Discrimination (Religious)	1
Language Related	3
Race/Culture Related	2
Sexual Orientation/Gender Identity	3
Religion Related	1
Total	23

Looking Ahead – July 2024 – June 2025

A list of internal KernBHRS's goals and strategies for FY24-25, organized by Cultural Competence Plan Requirements Criteria, is provided in the table below. New, or significantly altered, goals or strategies can be identified using the legend. Additionally, minor revisions to several strategies (including wording changes, dividing one strategy into several, etc.) are included, but are not explicitly highlighted in the list provided below.

Legend

New Goal for FY24-25
New Strategy for FY24-25

Cultural Competence Goals and Strategies for FY24-25

Criterion 1. Commitment to Cultural Competence

Goal 1. Continue to enhance organizational structure and processes to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	
1	Partner with internal teams to monitor disparity rate.
2	Utilize departmental data to identify areas of opportunity to reduce disparity.
3	Monitor client and consumer satisfaction through available data attained in client satisfaction surveys.
4	In Cultural Competence Resource Committee meetings, subcommittee meetings, minutes and agendas practice using lay terms and common language to reduce use of clinical jargon.
5	Utilize available tools to evaluate current Outreach and Engagement Materials and begin process of re-writing materials to audience literacy level of 6th grade (or below).
Goal 2. Ensure that services are being provided in threshold language throughout the system.	
1	Monitor and improve the translation request process.
2	Continue process of creating translation handbook in the threshold language to expedite and standardize the translation process.
3	Begin generating a list and record of department-wide documents translated into Spanish.
Goal 3. Enhance and update annual policies and processes to promote inclusion of culturally and linguistically appropriate practices and/or services.	
1	Ensure that policies and procedures regarding translation process are maintained and updated to reflect current process.
2	Work collaboratively with Department Supports Administration, Executive Administration, and other relevant entities to monitor policy changes proposed in Fiscal Year 2023-2024.
Goal 4. Dedication to a diverse workforce	
1	Establish regular formal collaboration with Human Resources to strategize on recruitment and retention of a diverse workforce that represents the population of Kern.
2	Continue to provide and expand opportunities for youth and students in Kern County to increase health literacy and knowledge of behavioral health career paths or opportunities to engage with Kern Behavioral Health and Recovery Services.
3	Monitor and maintain feedback mechanism for staff to provide input regarding areas related to retention including but not limited to professional development, training, and affiliate groups.

Criterion 2. Updated Assessment of Service Needs

Goal 1. Enhance and promote education of outreach protocols as they pertain to cultural competence and Culturally and Linguistically Appropriate Services standards.		
	1	Ensure staff are trained on Cultural Competence Plan and Culturally and Linguistically Appropriate Services standards.
	2	Monitor and alter Outreach and Education protocols, strategies, and processes as updated guidance regarding Mental Health Services Act/Behavioral Health Services Act is made available from the state.
	3	Work collaboratively with the Mental Health Services Act Team, Prevention Team, Hotline Team, and other relevant entities to continue to monitor and improve Outreach and Engagement throughout the department.
	4	Work with the Mental Health Services Act Team, Prevention Team, Hotline Team, and other relevant entities to develop and distribute standardized education for those performing Outreach and Engagement on behalf of Kern Behavioral Health and Recovery Services.
Goal 2. Increase dissemination of cultural competence related information and resources		
	1	Work with relevant entities to continue development of a comprehensive list of existing community partners or groups with which the system of care already has connection.
	2	Continue to identify and track new Cultural Competence Team outreach and recruitment efforts to ascertain what is successful and ways in which to improve.

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

Goal 1. Partner with Quality Improvement Division, Mental Health Services Act Team, Substance Use Disorder Division, and other relevant entities to identify target populations with disparities.		
	1	Work collaboratively with system of care to evaluate the effectiveness of Outreach and Engagement efforts.
	2	Monitor and measure effectiveness of strategies for reducing population disparity.
Goal 2. For threshold group, Hispanic/Latinx monitor, track, and improve Penetration Rate and Outreach and Education		
	1	Meet or exceed Mental Health Penetration Rate of 2.85% and/or show demonstrable improvement via other identified metrics for Hispanic/Latinx group.
	2	Meet or exceed Substance Use Disorder Penetration Rate of .85% and/or show demonstrable improvement via other identified metrics for Hispanic/Latinx group.
	3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, outreach and engagement events, Cultural Competence Resource Committee and relevant subcommittees to guide a living document of strategic planning for Hispanic/Latinx subcommittee.
Goal 3. For African American/Black group monitor, track, and improve Penetration Rate and Outreach and Education		
	1	Meet or exceed Mental Health Penetration Rate of 5.75% and or show demonstrable improvement via other identified metrics for African American/Black population.
	2	Meet or exceed Substance Use Disorder Penetration Rate of 1.25% and/or show demonstrable improvement via other identified metrics for African American/Black population.
	3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, outreach and engagement events, Cultural Competence Resource Committee and relevant subcommittees to guide a living document of strategic planning for African American/Black subcommittee.
Goal 4. For Asian/Pacific Islander group monitor, track, and improve Penetration Rate and Outreach and Education		
	1	Meet or exceed Mental Health Penetration Rate of 1.75% and/or show demonstrable improvement via other identified metrics for Asian American Pacific Islander populations.
	2	Meet or exceed Substance Use Disorder Penetration Rate of .17% and/or show demonstrable improvement via other identified metrics for Asian American Pacific Islander populations.
	3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, outreach and engagement events, Cultural Competence Resource Committee and relevant subcommittees to guide a living document of strategic planning for Asian American Pacific Island subcommittee.

4	Continue generating meaningful connection with community based organizations and/or individuals representative of the disparate Asian American and/or Pacific Islander communities in Kern County with the goal of identifying what the system of care can do to better engage and serve these communities.
Goal 5: For American Indian/Alaska Native group monitor, track, and improve Penetration Rate and Outreach and Education	
1	Meet or exceed Mental Health Penetration Rate of 5.9% and/or show demonstrable improvement via other identified metrics for American Indian/Alaskan Native population.
2	Meet or exceed Substance Use Disorder Penetration Rate of 2.25% for American Indian/Alaskan Native population.
3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, outreach and engagement events, Cultural Competence Resource Committee and relevant subcommittees to guide a living document of strategic planning for American Indian/Alaskan Native subcommittee.
Goal 6: For 2SLGBTQIA+ group monitor, track, and improve Penetration Rate and Outreach and Engagement.	
1	Work collaboratively with Quality Improvement Division and other relevant entities to measure voluntary data regarding the amount of 2SLGBTQIA+ individuals accessing mental health services at KernBHRS.
2	Work collaboratively with Quality Improvement Division, Substance Use Disorder Division, and other relevant entities to measure voluntary data regarding the amount of 2SLGBTQIA+ individuals accessing substance use services at KernBHRS.
3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, outreach and engagement events, Cultural Competence Resource Committee and relevant subcommittees to guide a living document of strategic planning for 2SLGBTQIA+ subcommittee.

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

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

Criterion 5: Culturally Competent Training Activities

Goal 1. Utilize Mental Health Services Act Workforce Education and Training funds to ensure education and culturally competent trainings are available to the workforce to address effectively serving diverse groups, unserved, and/or underserved populations.		
1		Kern Behavioral Health and Recovery Services will hold both Mental Health and Substance Use Disorder staff to an 85% accountability rate for the completion of 6 hours of cultural competence training during each fiscal year.
2		In conjunction with Training Services and other relevant entities, the Cultural Competence team will identify and assign 1.5 hours of Cultural Competence Training to staff each quarter during the fiscal year.
Goal 2. Enhance analysis of the effectiveness of Cultural Competence Trainings.		
1		Collaborate with Training Services and other relevant entities to begin the process of standardizing and streamlining the Cultural Competence Training request and approval process for staff.
2		Work collaboratively with Training Services and other relevant entities to evaluate current Cultural Competence Review Sheet.
3		Work collaboratively with Training Services and other relevant entities to begin to ensure Cultural Competence or Diversity, Equity, and Inclusion approved trainings meet departmentally developed standards.
Goal 3. Offer specific Cultural Competence trainings of diverse and Black, Indigenous, and People of Color populations identified in Southern Counties Regional Partnership formal assessment and Cultural Competence Resource Committee and subcommittee recommendations.		
1		Utilize staff feedback to identify areas of need and/or enhance offerings of Cultural Competence or Diversity, Equity, and Inclusion related training courses tailored to departmental needs.

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

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

Criterion 7: Language Capacity

Goal 1. Dedicate resources such as Mental Health Services Act funding to increase bilingual workforce capacity.		
1		Work collaboratively with Human Resources, Department Supports Administration and other relevant entities to begin development of a strategy to more effectively utilize the existing bilingual workforce.
2		Maintain contract with the Language Line to assist individuals with limited English proficiency, including but not limited to spoken and written language, American Sign Language, and Braille.

3	Work with Kern County government to ensure access to Independent Living Center of Kern County to assist individuals with limited English proficiency including but not limited to American Sign Language interpretation.
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Goal 2. Provide Language Line materials and information to persons who need interpretation and translation services, and to those who have Limited English Proficiency.

1	Maintain and post posters/bulletins in clinics of the availability and information on interpreter assistance for individuals with Limited English Proficiency.
2	Continue to develop or utilize available materials that are reflective of the community including images, languages, print, web-based, and traditional media.
3	Track and monitor translated materials.
4	Develop and disseminate to staff current and accurate information on accessing interpretive services through the Language Line and/or Independent Living Center of Kern County.

Criterion 8: Adaptation of Services

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

1	Maintain/update the Beneficiary/Member Handbook to be provided to consumers in accordance with the Mental Health Plan and Drug Medi-Cal Organized Delivery System.
2	Maintain/update Kern Provider Directories and make available to all consumers.
3	Continue to assess/improve materials at clinic site to ensure these address the needs of the Cultural Competence Plan, Culturally and Linguistically Appropriate Services standards, and Americans with Disabilities Act considerations.

Goal 2. Provide and make available culturally and linguistically responsive programs to better accommodate individuals with disabilities as outlined in the Americans with Disabilities Act.

1	Work to identify existing opportunities within Kern County to collaborate with agencies that serve individuals within Kern experiencing disability.
2	Utilize the Americans with Disabilities Act and stakeholder feedback to identify opportunities within the system of care to better serve persons with disabilities and propose actionable changes to Kern Behavioral Health and Recovery Services Administration and/or Executive Administration.

Goal 3. Ensure the beneficiary problem resolution process addresses Culturally and Linguistically Appropriate factors to resolve Grievance and Appeals.

1	Maintain and/or update policies related to grievances and appeals.
2	Maintain connection with the Patient's Rights Advocate team and continue to utilize a collaborative process to remedy Cultural Competence and/or Diversity, Equity, and Inclusion related grievances and appeals.
3	Assess and monitor Cultural Competence and/or Diversity, Equity, and Inclusion related items on client/consumer surveys regarding the system of care for both Mental Health and Substance Use Disorder.
4	Track, monitor, and review changes of provider, second opinion, and/or grievance cases for cultural and linguistic as well as diversity, equity, and inclusion related issues.