Cultural Competence Plan

Annual Update

Review: Fiscal Year 2020-2021 | Preview: Fiscal Year 2021-2022

BEHAVIORAL HEALTH&RECOVERY SERVICES

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ABOUT THIS REPORT

The data for this report was provided by Kern Behavioral Health & Recovery Services (KernBHRS) System of Care (SOC) staff, contract partners, and/or community partners. It was compiled by Estrella Amaro and Chelcy Gibbons, of the Cultural Competence team, Erika Barnes of Department Supports Administration, and reported on in collaboration with Dr. Joy Quiton-Buaya. Layout of the final report was designed by Melissa Rossiter, of the Public Information team. We value the teamwork and collaboration that made this report possible.

For any questions related to this report, including questions about evidence and activities that support cultural competence goals and strategies, please reach out to the Cultural Competence Team at CulturalCompetence@KernBHRS.org.

A Reflection

We would like to acknowledge that 2020 was a year of significant challenges. Globally, we have battled against the COVID-19 Public Health Emergency (PHE) and the effects of physical distancing, new safety and clinical considerations in our workplaces, telehealth services, and distance learning. Nationally, we have also seen a rise in racial tensions following the tragic death of George Floyd on May 25, 2020. We further acknowledge the ongoing effects of racial and generational trauma, both in connection with African American deaths at the hands of law enforcement and with the rise of anti-Asian attacks. Regionally, California continues the battle against a lengthening and intensifying wildfire season and as well as helping with our high homeless population rate.

Regionally, we have felt the impacts of these challenges also. There was a disproportionate impact of COVID-19 associated with zip codes with lower socioeconomic levels which correlate to communities of color. Farmworkers also felt a disproportionate impact of COVID-19 in the workplace. At KernBHRS, like many agencies countywide, we made a switch to providing a majority of our services remotely at the onset of the PHE. Public health experts at the national level warn of an incoming wave of behavioral health concerns brought about by the difficulties of the past year.

While we are aware of these difficulties, we also hold fast to our department mission of "hope, healing, and a meaningful life." In the past year, we have strengthened bonds with community and contract partners and with each other. Many of us have gained a new familiarity with online programs and telehealth services to keep connected while physically distancing and staying safe. As a department, KernBHRS continued their operations and provided essential services through the year. We also see hope in collaborations outside of our department including community collaborations between law enforcement and various culturally and diverse community groups and when the California county leaders came together to in a joint statement on racism as a public health crisis.

What we have done this year is strive for flexibility and innovation. We partnered with our leadership group, Public Information team and Mental Health

Dr. Joy Quiton-Buaya
Cultural Competence/
Ethnic Services Manager

Services Act (MHSA) team, and members of the Cultural Competence Resource Committee, which is comprised of community members, contract partners, and KernBHRS staff. We created online events that celebrate cultural experiences, challenge stigma, and discuss mental health and substance use challenges in a culturally responsive and safe virtual space. Specifically, our Mental Health Services Act Team has partnered with a local artist collaborative, Creative Crossing, in an ongoing community mural series, the everGREEN Project, spanning 2021 from Mental Health Awareness Month in May to Recovery Month in September. This project brings culturally relevant discussions of mental health and substance use disorders to various parts of Kern through murals and art installations.

Moving forward, we bring with us our resiliency and the experiences gained in the past year, the knowledge, the new connections and collaborations because all of these will help us in our commitment to eliminating behavioral healthcare and substance use-care disparities and in providing the best quality of care to each and every client who visits us, whether that be virtually, by telephone, or in person.

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

Executive Summary

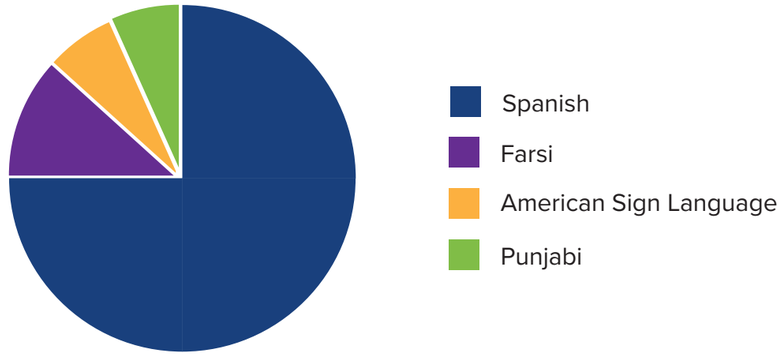
OVERALL STATUS SUMMARY – 8 CRITERION GOALS – FY 20-21

Criterion	Goal	Strategy	Status
C1	G1	S1	Met
		S2	Met
		S3	Met
		S4	Met
	G2	S1	Met
		S2	Met
	G3	S1	Met
		S2	Met
		S3	Met
		S4	Met
		S5	Met
	G4	S1	Met
		S2	Met
C2	G1	S1	Met
		S2	Met
		S3	Met
	G2	S1	Met
		S2	Met
		S3	Met
C3	G1	S1	Met
		S2	Met
		S3	Met
		S4	Met
		S5	Met
	G2	S1	Met
		S2	Met
		S3	Met
	G3	S1	Met
		S2	Met
		S3	Met
	G4	S1	Met
		S2	Met
		S3	Met
	G5	S1	Met
		S2	Met
		S3	Met
		S4	Met
	G6	S1	Partially Met
		S2	Met
		S3	Met
		S4	Met
	G7	S1	Met
		S2	Met
		S3	Met
		S4	Met
	G8	S1	Met
		S2	Met
		S3	Met
		S4	Met

Criterion	Goal	Strategy	Status
C4	G1	S1	Met
		S2	Met
		S3	Met
		S4	Met
C5	G1	S1	Met
		S2	Met
		S3	Met
		S4	Met
		S5	Met
	G2	S1	Met
		S2	Met
	G3	S1	Met
		S2	Met
		S3	Met
C6	G1	S1	Met
		S2	Met
		S3	Met
		S4	Met
		S5	Met
	G2	S1	Met
		S2	Met
C7	G1	S1	Met
		S2	Met
		S3	Met
	G2	S1	Met
		S2	Met
		S3	Met
		S4	Met
C8	G1	S1	Met
		S2	Met
		S3	Met
	G2	S1	Met
		S2	Met
		S3	Met

HIGHLIGHTS FROM FY 2020-2021

Top 4 Interpreting Languages – FY 2020-2021



CC Plan Training filmed, offered as self-paced module. Increased engagement, retention of CC terminology, CLAS Standards, and CCP findings

CIBHS Teleheath Training Pilot Program with 12 webinars including topics on countering implicit bias and working with communities of color

HR attended 5 virtual recruitment events, including 3 at a Hispanic-Serving Institution

Obtained staff input on improvements to cultural competence trainings including more strategies for practical application and focusing on local populations

Two rounds of internship program at Center for Sexuality & Gender Diversity completed. Interns led group sessions, workshops, and provided individual telehealth therapy

Three CCRC subcommittees cultural events: 1. Black History Month: How We Heal; 2. Asian and Pacific Islander American Heritage Month Virtual Symposium; 3. Juneteenth 2021: Celebrating Black Liberation & Resilience

KernBHRS launches first-of-its-kind Multicultural Clinical Supervision Training pilot program. Program managers invited to present their experiences at 2021 International Interdisciplinary Conference on Clinical Supervision.

SELECTED ACTIONS TO ADVANCE EQUITY IN FY 2020-2021

Increased SOC collaboration to improve Asian and Pacific Islander American penetration rate

Continued roll out of Multicultural Clinical Supervision Training Program

Increased integration of CC throughout KernBHRS with each division identifying individual strategies for the FY

Enhancements to CC trainings based on staff feedback and CCP findings including advanced topics, application, and disability topics

Enhancements to O&E and staff recruitment and retention efforts based on CCP findings

Continued CCRC Subcommittee events, recruitments, and collaboration based on SOC staff and community feedback

Increased CC communication to SOC via CC newsletter, the Compass, with review of research base and practical activities

Increased support for SOC interpreters and translators

KernBHRS Mission Statement

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

KernBHRS Vision Statement

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

KernBHRS Values Statement

Hope, Healing, Community, Authority

- We honor the potential in everyone.
- We value the whole person – mind, body and spirit.
- We focus on the person, not the illness.
- We embrace diversity and cultural competence.
- We acknowledge that relapse is not a personal failure.
- We recognize that authority over our lives empowers us to make choices, solve problems and plan for the future.

Introduction

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

WHAT THIS MEANS

KernBHRS has a proactive and mindful plan to improve mental health and substance use disorder services for diverse communities. This plan is developed to align with state and federal regulations that help healthcare providers ensure their service are appropriate and inclusive of different cultural and language groups.

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

1. A review of the outcomes and activities of the prior Fiscal Year 2020-2021
2. A preview of the Cultural Competence Improvement Plan for the current Fiscal Year 2021-2022

The Cultural Competence Plan Annual Update has been developed to reduce MH and SUD disparities experienced among racial, ethnic and diverse populations that may be classified as unserved, underserved, and difficult to reach or may be inappropriately served in the behavioral health system. The Cultural Competence Plan Annual Update also works towards the development of the most culturally and linguistically competent and effective programs and services to meet the needs of California's diverse racial, ethnic, and cultural communities in the Behavioral Health system of care. The objective of the Cultural Competence Plan Annual Update is to integrate the MHSA requirements, SUD and the Drug Medi-Cal Organized Delivery System (DMC-ODS) requirements, and the Mental Health Plan (MHP) CC requirements. For our preview of the current fiscal year, we are also integrating the "County Leaders Statement on Racism as a Public Health Crisis" guidance on addressing racism and racial inequality in California government and communities.

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

The Cultural Competence Plan Annual Update has Two Parts. The First Part is a report on the status of the Outcomes and Activities of the prior Fiscal Year 2020-2021. The Second Part is a preview of the Cultural Competence Improvement Plan for the current Fiscal Year 2021-2022.

WHAT THIS MEANS

The main goal of the cultural competence plan is to improve services for all diverse groups. In addition to the state and federal cultural competence requirements, we also integrate requirements specific to our funding, substance use delivery system, and mental health plan.

Geography
Kern County lies in the southern part of California's Central Valley. It is, geographically, the third (3rd) largest county in California and stretches from Delano in the north down to Grapevine in the south. Kern's largest city is Bakersfield. The area known as Kern County today is the homeland of several American Indian Tribes, including Tejon, Kern County's only federally recognized tribe comprised of Kitanemuk, Yokut, and Chumash; Tübatulabal comprised of Tulami, Tubatulabal, and Palagewan; Western Mono; Kawaiisu; Chalon peoples; and other American Indians native to Kern who through future research will be added to this list.

Economy
Per the Kern Economic Development Corporation, the top industries in Kern County are oil and gas, agriculture, renewables, and healthcare. Additionally, Kern has the highest GDP of San Joaquin Valley counties.

Population Breakdown
According to the U.S. Census Bureau's Fast Facts, Kern County's Population is 54.6% Hispanic, 32.8% White alone (not Hispanic), 6.3% Black or African American alone, 5.7% Asian alone and Native Hawaiian or other Pacific Islander alone, 3.2% Two or more races, and 2.6% American Indian and Alaska Native.

The percentages add up to more than 100% as they include both ethnicity and race and have been condensed for the purpose of this report to match up to the ways that KernBHRS staff self-identify.

EXPLANATION & DEFINITIONS OF GOALS & STATUS RATINGS

MET → Identified improvement goal have been resolved/ completed

PARTIALLY MET → Identified improvement goal have established clear plans and is in the early stages of initiating activities to address the improvement goal/ recommendation **OR**
Identified improvement goal have addressed partially but not all aspects of the improvement goal/recommendations

NOT MET → No meaningful activities have been completed or goal have been discontinued or postponed due to various factors

Additionally, this year, many programs and activities were impacted by the COVID-19 public health emergency. Whether this meant adaptation to remote services or remote trainings, or financial limitations caused by COVID-related considerations, for each strategy, it is noted if it has been impacted by COVID-19 considerations.

Review: Prior Year Outcomes & Activities

FY 2020-2021

In this section, we will cover the eight criteria of the CCP, the goals within each of the criteria, and the strategies we set to meet each of our goals within the goals. The image below shows how the information is organized.

CRITERION
Determined by the state in the California Department of Mental Health Cultural Competence Plan Requirements CCPR Modification (2010)

→ **GOAL**
Determined by KernBHRS to address what we will do to increase equity and match up the state defined Criteria

→ **STRATEGY**
What will we do to meet our KernBHRS-defined goals

At the beginning of the section of each Criteria, you will see the rationale for the Criterion that describes the reasoning and purpose for the Criterion to be included in our CC Plan.

COMMITMENT TO CULTURAL COMPETENCE

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

Criterion	Goal	Strategy	Status
C1	G1	S1	Met
		S2	Met
		S3	Met
		S4	Met
	G2	S1	Met
		S2	Met
	G3	S1	Met
		S2	Met
		S3	Met
		S4	Met
		S5	Met
	G4	S1	Met
		S2	Met

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

MET

Systemwide, Cultural Competence and the Cultural Competence Resource Committee has been embedded in our MHSA Annual Plan FY 20-21, which cites our annual Cultural Competence Plan Update as a KernBHRS strength in the Capacity Assessment Section (KernBHRS Mental Health Services Act Coordination Team, 2020).

For Mental Health, we participated in MH EQRO during October 2020.

For Substance Use, we participated in the SUD EQRO during May 2020.

The findings of these reports have been utilized to facilitate cultural competence activities. Additionally, we continue to partner with MHSA to incorporate the findings from both reports systemwide.

Activities/References
See Mental Health Services Act (MHSA) Annual Plan FY 20-21

Strategy 2 – Partner with MHSA AND SUD to identify, track, and monitor O&E, WET, and other PEI activities/efforts into the Cultural Competence Plan

MET

Impacted by COVID-19 considerations. Systemwide, under WET funding through MHSA, KernBHRS offers an extensive selection of Cultural Competence trainings to staff and contractors through the Relias Learning Management system. These include both asynchronous modules developed by Relias; and asynchronous, hybrid, virtual instructor-led, and in-person modules developed by KernBHRS. As of June 16, 2021, there were 188 courses approved for Cultural Competence hours.

For Mental Health, select courses include: Cultural Competence Plan (CCP) Annual Training 2021, Cultural Competence: Transition to Independence Process (TIP-12 hours), Juneteenth 2021: Celebrating Black Liberation & Resilience, and the Multicultural Clinical Supervision Series.

For Substance Use, select courses include: Addressing Substance Use in Military and Veteran Populations, Substance Use and Misuse in the Family, and Women and Substance Use.

Staff also attended trainings that incorporated both the Mental Health and Substance Use perspectives including: Trauma and Eating Disorders, and 2021 Health Equity Summit.

Activities/References
See Relias Cultural Competence Courses as of 06.16.2021 List, FY 20-21 CC Webinars

Strategy 3 – CCRC meets monthly and reviews information and data on cultural and diverse factors, and makes recommendations on the planning, development, and improvement strategies to address cultural and linguistic appropriate services

MET

The Cultural Competence Committee continues to hold month meetings. Prior to the COVID-19 Public Health Emergency, meetings were held in-person. Due to COVID safety precautions, meetings shifted to the Microsoft Teams platform. Meetings are ongoing in virtual format. Members reviewed data from sources including, but not limited to MHSA, MH EQRO, SUD EQRO, and KernBHRS divisions including QID, SUD, RSA, ASOC and CSOC.

For Mental Health, the MH EQRO, CA-CCPR 2010, CLAS standards, community partner, contract partner, and staff experience guided our actions.

For Substance Use, the MH EQRO, CA-CCPR 2010, and CLAS standards, community partner, contract partner, and staff experience guided our actions.

Activities/References
See CCRC Meeting Calendar FY 20-21

Strategy 4 – CCRC Subcommittee to report to Quality Improvement Committee and Management Team quarterly or as needed

MET

The CCRC Subcommittee attended regular meetings held by the Quality Improvement Committee (QIC) during FY 20-21 and reported to QIC and Management.

For Mental Health, the CCRC subcommittee provided feedback on how to improve mental health services from a cultural competence perspective.

For Substance Use, the CCRC subcommittee provided feedback on how to improve substance use disorder services from a cultural competence perspective.

Activities/References
See FY 20-21 QIC Meeting Calendar, FY 20-21 Management Meeting Dates

GOAL 2

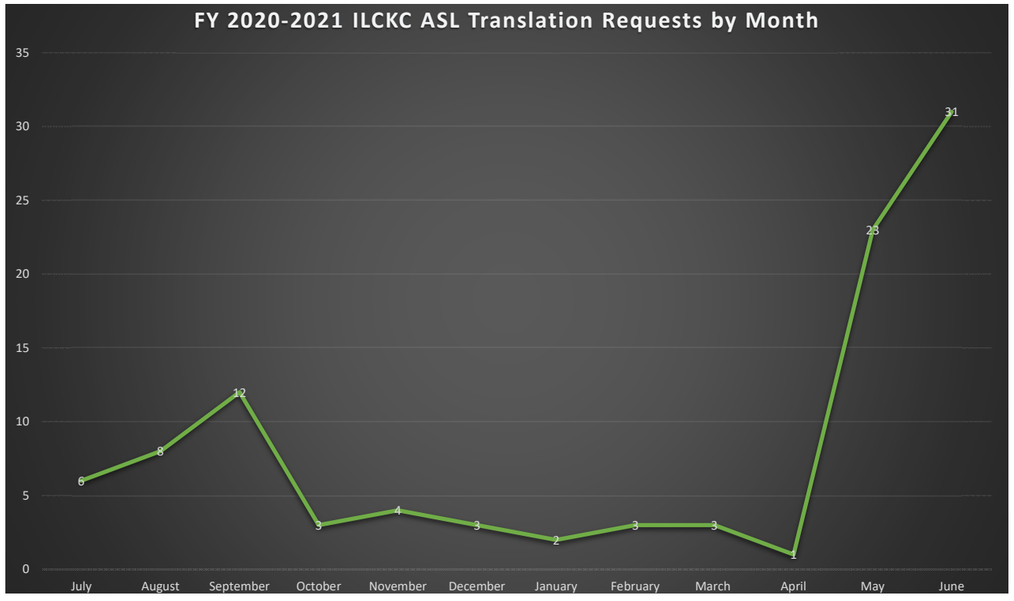
Ensure that services are being provided in threshold language throughout the system

Strategy 1 – Partner with QID, IT, CCRC and other relevant entities to ensure that services are provided in threshold language

MET

For oral interpretation, KernBHRS has on-staff Spanish Tier I interpreters and also uses Language Line. For ASL interpretation, KernBHRS uses interpreting services provided through Independent Living Center Kern County (ILCKC). Finally, for written translation, KernBHRS has on-staff Spanish Tier II translators and also uses Language Line translation services. Through Language Line, interpretation services were used 1276 times. Through the ILCKC, ASL interpreting was requested 99 times.

Translation services were requested by the Public Information Office on behalf of several KernBHRS divisions including, but not limited to ASOC, CSOC, and SUD; and by direct request of MHSA Coordination team, QID, Zero Suicide team, and MMH Committee. There were 37 total translation requests for FY 20-21.



Activities/References

See Translation Log List, Language Line Trend Report FY 20-21, FY 20-21 ILCKC ASL Translation Data, Interpretation Request Tallies FY 20-21

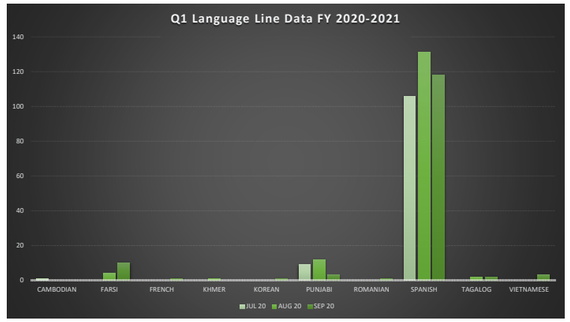
Strategy 2 – Monitor and utilize request for interpreting services through Language Line contract to track provided services in threshold language and non-Spanish languages.

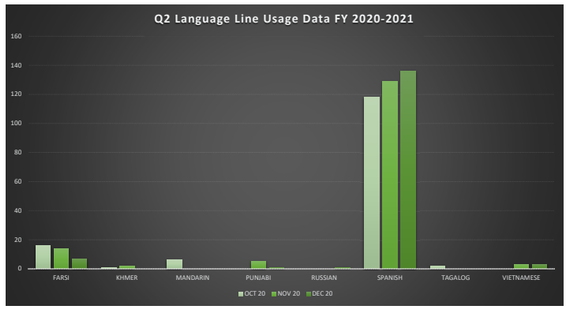
MET

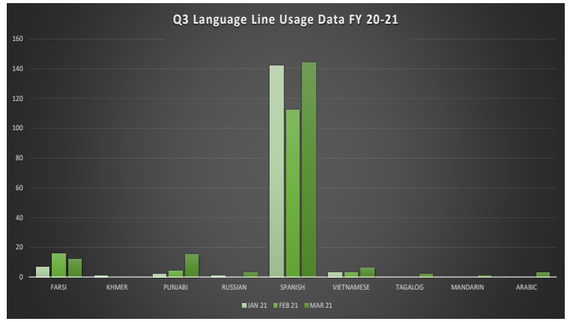
The Cultural Competence team monitors Language Line Interpretation requests for KernBHRS. For FY 20-21, the top three most utilized spoken languages were Spanish, Farsi, and Punjabi. Other spoken languages utilized were Vietnamese, Tagalog, Khmer, Arabic, Russian, Mandarin, Laotian, Cambodian, and Korean. This helps us understand locally salient languages.

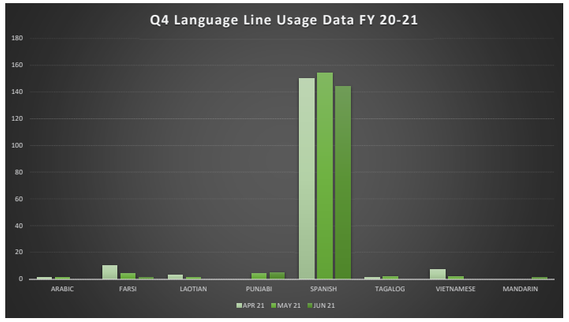
For Mental Health, Language Line interpreting services are inclusive of mental health clients.

For Substance Use, Language Line interpreting services are inclusive of substance use clients.









Activities/References

See Translation Log List, Language Line Trend Report FY 20-21, FY 20-21 ILCKC ASL Translation Data, Interpretation Request Tallies FY 20-21

GOAL 3

Enhance and update annual policies and processes related to cultural competence to promote inclusion of culturally and linguistically appropriate practices and/or services.

Strategy 1 – Update policies (MH, SUD, and Contract Partners related to Access and Language Line assistance

MET

The most recent revision of KernBHRS Policy 11.01.12 outlines the purpose and objectives of the Cultural Competence Resource Committee including reviewing cultural competence data, partnering with local subject matter experts, and providing suggestions and input on culturally responsive approaches to outreach and services.

For Mental Health, this policy is inclusive of mental health services and staff in our system of care.

For Substance Use, this policy is inclusive of substance use disorder services and staff in our system of care.

Activities/References

See Policy 11.1.12 Updated 04.28.2021

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

MET

The most recent revision of KernBHRS Policy 10.1.13 outlines Beneficiary rights in our system of care under all applicable federal, state, and/or local regulations. The new revision additionally outlines the process for Patient's Rights Investigations and what the responsibilities of a Patients' Rights Advocate are in this process.

For Mental Health, this policy is inclusive of Beneficiaries/ clients receiving mental health services.

For Substance Use, this policy is inclusive of Beneficiaries/ clients receiving substance use services.

Activities/References

See Policy 10.1.13 Updated 01.07.2019

Strategy 3 – Update policies related to required Cultural Competence trainings

MET

The most recent revision of KernBHRS Policy 7.1.6 outlines KernBHRS Training standards and weaves cultural competence, as one of the Department Core Values, into trainings offered at KernBHRS. The policy additionally details the process for requesting Cultural Competence hours credit for a training course.

For Mental Health, this policy is inclusive of the mental health trainings provided by KernBHRS Training Services.

For Substance Use, this policy is inclusive of the substance use disorder training provided by KernBHRS Training Services.

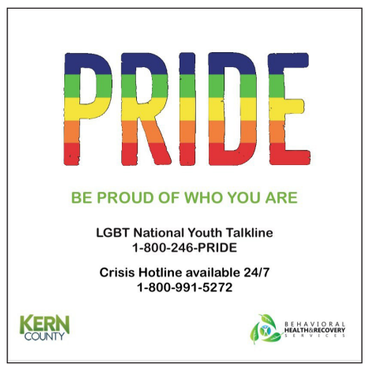
Activities/References

See Policy 7.1.6 Updated 09.27.2019

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

MET

Impacted by COVID-19 considerations. The Public Information Office Team works closely together with the Cultural Competence/Ethnic Services Manager, Cultural Competence/ Ethnic Services Coordinator, the Cultural Competence Team, and the CCRC. Through ongoing collaborative efforts, the PIO team has incorporated cultural competence outreach in internal public relations, especially by way of the department informational newsletter the BHRS Minute. Additionally, the collaboration is inclusive of external public relations including cultural competence events posted on the public website, reciprocal sharing of cultural competence partner events information, and through targeted social media messaging.



For Mental Health, the partnership with the PIO is inclusive of mental health marketing.

For Substance Use, the partnership with the PIO is inclusive of substance use marketing.

Activities/References

See KernBHRS Minute FY 20-21, Selected Social Media Posts

Strategy 5 – Partner with The Center for Sexuality & Gender Diversity, PIO, MHSA, CCRC and management team to promote expression of cultural inclusion such as providing: education on pronouns and definitions, add pronouns to email signature, Add stickers to work badge, use of identifying symbols i.e. rainbow materials.

MET

Impacted by COVID-19 considerations. Due to COVID precautions, most staff were not in the office. The rainbow materials project was put on hold. Staff are encouraged to use pronouns in their email signature block and share information on why they use pronouns. The Center for Sexuality & Gender Diversity also provided a training to staff which included discussion on why pronoun usage should be normalized. Additionally, for live trainings on virtual platforms, staff are encouraged to share pronouns as part of course introductions to normalize talk of pronoun usage.

Additionally, during Pride Month, the PIO created department-specific, rainbow-themed marketing materials including virtual backgrounds. These were disseminated across the department and their use was encourage in the KernBHRS Minute newsletter. The PIO also cross-promoted events held by The Center, Including Trans Day of Visibility Open Mic and Speaking with Pride Finally, a staff member who completed a rotation as an intern at The Center spoke during an internal KernBHRS townhall on their experience learning how to serve clients from the LGBTQ+ community.

For Mental Health, these efforts to promote LGBTQ+ knowledge and visibility were inclusive of mental health staff and activities.

For Substance Use, these efforts to promote LGBTQ+ knowledge and visibility were inclusive of substance use staff and activities.

Activities/References

See KernBHRS Minute FY 20-21, June Teams Background 2021, LGBTQ+ Mental Health Workshop, Loving Yourself and Loving Yourself Online 04.23.2021, Save the Date- LGBTQ Training, Speaking with Pride June 10, Trans Day of Visibility Open Mic

GOAL 4

Dedication to diverse workforce

Strategy 1 – Partner with MHSA, PIO, HR, management team and other relevant entities to recruit a diverse workforce system-wide.

MET

Impacted by COVID-19 considerations. HR attended 5 different recruiting events, primarily online, held by universities or professional associations including some held at California State University, Bakersfield, a Hispanic- Serving Institution. Department-wide, Recruitment and Retention of Diverse Workforce Committee held monthly meetings to discuss outreach and recruitment of diverse workforce.

For Mental Health, these efforts were inclusive of recruitment for mental health staff.

For Substance Use, these efforts were inclusive of recruitment for substance use staff.

Activities/References

See FY 20-21 HR Community Recruitment Efforts, Recruitment and Retention of Diverse Workforce Meetings FY 20-21

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

MET

In addition to the monthly meeting of the Recruitment and Retention of Diverse Workforce Committee, all new hire staff receive information on self-care and cultural competence as a career skill in modules including Cultural Competence (at KernBHRS), Recovery Model, Direct Services Tying it All Together Application & Skill Building, and Non-Clinical Tying it All Together Application & Skill Building. During the COVID public health emergency, the county and department have offered additional health benefits and increased work flexibility to retain staff. An additional retention strategy during the COVID Public Health Emergency has been to provide staff with regular trainings on COVID-19, Safety Precautions and PPE, Telehealth, and Self-Care.

For Mental Health, the Recruitment and Retention of Diverse Workforce Committee's efforts were inclusive of Mental Health diverse staff retention and new hire modules were required for all Mental Health staff.

For Substance Use, the Recruitment and Retention of Diverse Workforce Committee's efforts were inclusive of Substance Use diverse staff retention and new hire modules were required for all Substance Use staff.

Activities/References

See Recruitment and Retention of Diverse Workforce Meetings FY 20-21, New Hire Training Course Lists

COUNTY MENTAL HEALTH SYSTEM UPDATED ASSESSMENT OF SERVICE NEEDS

Why we do this:

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

Criterion	Goal	Strategy	Status
C2	G1	S1	Met
		S2	Met
		S3	Met
	G2	S1	Met
		S2	Met
		S3	Met

GOAL 1

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

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

MET

The training, Cultural Competence Plan (CCP) Annual Training 2021, was assigned to all staff in the system of care. This training summarized key cultural competence terminology, CLAS Standards, the California Cultural Competence Plan requirements, and the findings of KernBHRS' FY19-20 Cultural Competence Plan Update. Of note, for the first time, this training was filmed and uploaded to the Relias learning management system. Staff comments indicate that they found the training more engaging and they talked about specific key points that they learned from the training such as the difference between equality and equity in terms of care provision. This training covered the cultural competence plan requirements per the state of California, but also federal CLAS standards. Additionally, the MHSA team continues their coordination of the MH O&E activities through their request process and have partnered with CCRC and PIO to create a form for requesting funding and support for CCRC-sponsored events. Finally, the Substance Use Division monitors SUD O&E.

For Mental Health, about 82% of mental health staff completed the Cultural Competence Plan (CCP) Annual Training 2021.

For Substance Use, about 77% of substance use staff completed the Cultural Competence Plan (CCP) Annual Training 2021.

Activities/References

See FY 20-21 CC Annual Plan Training Completion Data (MH), FY 20-21 CC Annual Plan Training Completion Data (SUD)

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

MET

The MHSA team worked with the Cultural Competence team and the PIO to create an application form that details all materials needed to request funding and/or support for cultural competence events. The form is intended to streamline the process of developing cultural competence events. The teams also partnered to create a video that explained the purpose and process of using the Cultural Competence Event Participation Request Form.

For Mental Health, the Cultural Competence Event Participation Request Form can be used for mental health O&E events.

For Substance Use, the Cultural Competence Event Participation Request Form can be used for substance use O&E events.

Activities/References

See Cultural Competence Event Participation Request Form, O&E FY 20-21 (Master List)

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

MET

The partnership between PIO, MHSA, and Cultural Competence teams involved a reciprocal sharing of O&E event information, whether that involved KernBHRS O&E events shared to internal staff, contract partners, or community partners, or whether that involved sharing community and contract partners' events with KernBHRS staff. Some of the partnerships involved in this reciprocal marketing include Flood Ministries, The Center, Bakersfield American Indian Health Project, Independent Living Center of Kern County, and Visión y Compromiso (Promotoras).

For Mental Health, these collaborations included reciprocal sharing of KernBHRS, contract, and community partner events.

For Substance Use, these collaborations included reciprocal sharing of KernBHRS, contract, and community partner events.

Activities/References

See KernBHRS Minute FY 20-21, Selected Social Media Posts, O&E FY 20-21 (Master List)

GOAL 2

Increase dissemination of cultural competence related information and resources.

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

MET

Impacted by COVID-19 considerations. For this fiscal year, due to COVID precautions, the primary mode of sharing materials was digital. Though there were some in-person events held beginning in summer 2020, the primary mode of O&E remained in online platforms. KernBHRS staff conducted O&E activities at KernBHRS-hosted events, as well as contract and community partners events such as Community Naloxone Trainings, various food giveaways, and Here for Health Pit Stop. Event information was shared via KernBHRS Minute newsletter, KernBHRS public website, CCRC mailings, MHSA mailings, and SUD mailings.

For Mental Health, in-person O&E events resumed in September 2020.

For Substance Use, in-person O&E events resumed in July 2020.

Activities/References

See KernBHRS Minute FY 20-21, O&E Log (Master List), SUD KernBHRS Prevention Team Flyer, Selected Social Media Posts

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

MET

Impacted by COVID-19 considerations. The Cultural Competence team and CCRC partnered with PIO, SUD, and MH system to track efficacy of communications. The PIO team tracks internal marketing through engagement with SharePoint posts. External marketing efforts were tracked through engagement with social media posts and traditional media stories. Across KernBHRS' Facebook, Instagram, and Twitter accounts, external social media messaging had a reach of 135,834 in FY 20-21. Additionally, in terms of traditional media stories, KernBHRS participated in 31 separate interviews or community awareness stories across broadcast news, radio, and print news. The stories featured topics including mental health impacts of COVID-19, suicide prevention, substance use, and mental health concerns in children and youth. Social media posts and traditional media stories were in either English or Spanish.

For Mental Health, the tracking of both internal and external marketing was inclusive of mental health outreach efforts.

For Substance Use, the tracking of both internal and external marketing was inclusive of substance use outreach efforts.

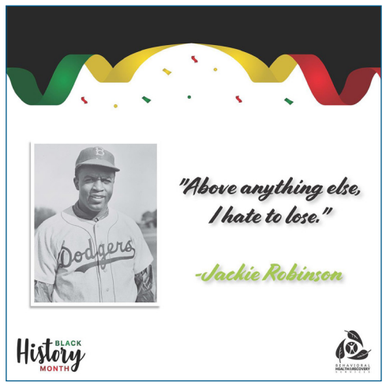
Activities/References

See Social Media Reach FY 20-21

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

MET

The PIO team collaborated with the CCRC to develop a list of culturally relevant events or celebrations that should be highlighted in our public marketing. These were featured in department social media posts and in traditional media stories. Additionally, the CCRC African American Subcommittee has spearheaded department O&E for minority groups through community education events for Black History Month and Juneteenth, and additionally through sharing informational videos on mental health concerns in the Black/ African American community during May is Mental Health Month. The CCRC API Subcommittee was the second to offer a community event during May is Mental Health Month. These events were in support of community minority mental health following the deaths of Ahmaud Arbery, Breonna Taylor and George Floyd as well as anti-Asian hate crimes across the country.



For Mental Health, these efforts were inclusive of mental health marketing.

For Substance Use, these efforts were inclusive of substance use marketing.

Activities/References

See Social Media Reach FY 20-21

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

Why we do this:

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

Criterion	Goal	Strategy	Status
C3	G1	S1	Met
		S2	Met
		S3	Met
		S4	Met
		S5	Met
	G2	S1	Met
		S2	Met
		S3	Met
	G3	S1	Met
		S2	Met
		S3	Met
	G4	S1	Met
		S2	Met
		S3	Met
	G5	S1	Met
		S2	Met
		S3	Met
		S4	Met
	G6	S1	Partially Met
		S2	Met
		S3	Met
		S4	Met
	G7	S1	Met
		S2	Met
		S3	Met
		S4	Met
	G8	S1	Met
		S2	Met
		S3	Met
		S4	Met

GOAL 1

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

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

MET

To address this, the department has a Key Performance Indicators Committee (KPIC) for mental health and another for substance use. These committees review data, strategize, and implement actions to reduce disparities in underserved populations. Both the mental health and substance use systems have their own KPIC group.

For Mental Health, the MH KPIC group met twice a month this fiscal year.

For Substance Use, the SUD KPIC group met once a month this fiscal year.

Activities/References

See MH KPIC Meeting Calendar FY 20-21, SUD KPIC Meeting Calendar FY 20-21

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

MET

Impacted by COVID-19 considerations. Through the CCRC, KernBHRS partnered with individuals representing peers, homeless individuals, faith-based communities, and LGBTQ+ Individuals, and Native Americans, in addition to existing members representing Latinx/Hispanic, African American, Asian/Pacific Islanders, and other specialized populations including children/TAY, veterans. Additionally, the CCRC subcommittees reached out to other community partners on a per-project basis. Some notable partnerships in the past fiscal year include the internship at The Center and the Here for Health Pit Stop in partnership with City Serve (faith-based organization) and Dignity Health.

For Mental Health, these partnerships were inclusive of mental health discussions, strategies, and outreach.

For Substance use, these partnerships were inclusive of substance use discussions, strategies, and outreach.

Activities/References

See CCRC Meeting Calendar FY 20-21, KernBHRS-Center Program Flyer 12.2021, Here for Health Pit Stop Flyer, Here For Health Pit Stop Flyer (Spanish)

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

MET

Impacted by COVID-19 considerations. The MHSA team and PIO translated documents like crisis cards tailored to specific clinical teams, information sheets for different teams and their services, 2021 Guide to Hope book (Spanish), and the Gateway card, and a stakeholder meeting flyer.

For Mental Health, the documents listed are inclusive of mental health services, outreach and education.

For Substance Use, the Gateway card is inclusive of substance use services.

Activities/References

See Translation Log List, Selected Spanish Flyers, 2021 Guide to Hope Book (Spanish), Gateway Card, MHSA 12.11 Spanish

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

MET

Impacted by COVID-19 considerations. KernBHRS monitors activities/strategies for reducing population disparities in the CCRC, in collaboration with MHSA, PIO, and QID. This is done by looking at the MH Penetration Rate Report, the SUD Penetration Rate Report, the MHSA MH O&E log, and the SUD O&E Log.

For Mental Health, the documents used to monitor activities/strategies include the MH Penetration Rate Report and the MHSA MH O&E Log.

For Substance Use, the documents used to monitor activities/strategies include the SUD Penetration Rate Report and the SUD O&E Log.

Activities/References

See O&E FY 20-21 (Master List). The Penetration Rate Report is reviewed in collaboration with MHSA, QID, and PIO

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

MET

The Cultural Competence/Ethnic Services Manager and Cultural Competence/Ethnic Services Coordinator partner with CCRC, MH KPIC, and SQIC committees to share cultural competence accomplishments, gaps & needs, and discuss the process of development, recommendations, and implementation of strategies to reduce health disparities for diverse groups.

For Mental Health, these accomplishments, needs, and strategies are discussed in CCRC, SQIC, and the MH KPIC committees.

For Substance Use, these accomplishments, needs, and strategies are discussed in CCRC, SQIC, and the SUD KPIC committees.

Activities/References

See CCRC Meeting Calendar FY 20-21, FY 20-21 MH KPIC Meeting Dates, FY 20-21 SQIC Meeting Dates, FY 20-21 QIC Meeting Calendar

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GOAL 2

Meet or exceed 4.2% penetration rate of threshold ethnic population Hispanic/Latinx.

Strategy 1 – Partner with MHSA team, CCRC subcommittee, System of Care Administrators (SOCAs), QID, ITS, and other relevant entities on outreach, access, engagement, and services activities to penetrate the Hispanic/Latinx population.

MET

Impacted by COVID-19 considerations. KernBHRS partnered with internal teams and committees as well as community and contract partners in outreach, access, engagement, and service activities to penetrate the Hispanic/ Latinx population including social media , MH O&E like the "My Mental Health Wellbeing Does Mater Webinar" and the Delano Block Party, and SUD O&E like school parent presentations on topics such as "Prevention 101," "Family Dinners," "Social Media and You" in English or Spanish via Zoom to Latino communities in Kern.

For Mental Health, these activities were inclusive of mental health outreach and engagement activities.

For Substance Use, these activities were inclusive of substance use outreach and engagement activities.

Activities/References

See Selected Social Media Posts, O&E FY 20-21 (Master List)

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

MET

In partnership with QID, SUD, and committees such as CCRC, KPIC, and SQIC, KernBHRS continues to improve tracking and monitoring of specific ethnicity and diverse data on the Penetration Rate Report for the Hispanic/ Latinx population.

For Mental Health, FY 2020-2021 data for this ethnic group was 5.98%. This surpasses our goal of 4.2%.

For Substance Use, there was no internal penetration rate tracking in FY 2019-2020. However, according to the SUD EQRO report, our penetration rate for the Hispanic/Latinx population was .52%. In FY 2020-2021, this was the first year that KernBHRS had a separate SUD Penetration Rate Report in response to our SUD EQRO recommendations. We set our internal target at .57%. The FY 2020-2021 SUD Penetration Rate for the Hispanic/ Latinx was 0.82%.

Activities/References

See FY 20-21 MH KPIC Meeting Dates, FY 20-21 SUD KPIC Meeting Dates

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

MET

The Cultural Competence/Ethnic Services Manager shares cultural competence data with CCRC, Management Team, QID, SQIC, MHSA team and PIO team as well as in various forums, including the Behavioral Health Board, CCRC Executive Reporting Committee, and the Kern Disability Collaborative.

For Mental Health, these data sharing efforts were inclusive of mental health services and activities.

For Substance Use, these data sharing efforts were inclusive of substance use services and activities.

Activities/References

See 2021 BHB Meeting Schedule, 2020 BHB Meeting Schedule, FY 20-21 SQIC Meeting Dates, Kern Disability Collaborative Meetings FY 20-21

GOAL 3

Enhance/improve outreach and education efforts and activities that are aimed at increasing penetration rate of the Hispanic/Latinx population

Strategy 1 – Partner with MHSA team, O&E, SUD, PIO, and other entities to identify ways to increase O&E activities to penetrate the Hispanic/Latinx population

MET

Impacted by COVID-19 considerations. KernBHRS partnered with internal teams and committees as well as community and contract partners to identify ways to increase O&E activities to increase the penetration rate of the Hispanic/Latinx population. One key alliance for this population is renewed work with Visión y Compromiso (Promotores) and their state partner Latino Coalition for a Healthy California. Additionally, we continued partnerships with local educational institutions, local county agencies, and local non-profit and volunteer groups.

For Mental Health, these efforts were inclusive of efforts to increase the mental health penetration rate.

For Substance Use, these efforts were inclusive of efforts to increase the substance use penetration rate.

Activities/References

See CCRC Meeting Calendar FY 20-21, O&E FY 20-21 (Master List)

Strategy 2 – Partner with SUD, ITS, CCRC, PIO and MHSA team and other relevant entities to track and monitor O&E data, including total amount attended in events

MET

Impacted by COVID-19 considerations. KernBHRS tracked O&E events and activities and the total amount of attendees at these events. Events specifically geared towards the Hispanic/Latinx community included English and Spanish school presentations on prevention topics including “Prevention 101,” “Family Dinners,” and “Social Media and You.” Additionally, resources were supplied for a Latino mental health presentation.

For Mental Health, the attendees at all mental health O&E events was 6420.

For Substance Use, the attendees at all substance use O&E events was 2270.

Activities/References

See O&E FY 20-21 (Master List)

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

MET

Through PIO, MHSA, and SUD, messaging and media communication to the Hispanic/Latinx community in FY 20-21 included social media marketing and information on the public website. The overall reach for social media posts across Facebook, Instagram, and Twitter for FY 20-21 was 135,843. Additionally, there were 36 traditional media stories in broadcast news and on the radio in Spanish.

For Mental Health, these efforts were inclusive of mental health messaging and media communication.

For Substance Use, these efforts were inclusive of substance use messaging and media communication.

Activities/References

See Social Media Reach 20-21

GOAL 4

Meet or exceed 4.2% penetration rate of ethnic population African American/Black.

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

MET

Impacted by COVID-19 considerations. KernBHRS partnered with internal teams and committees as well as community and contract partners to identify ways to increase O&E activities to increase the penetration rate of the African American/Black population. Our CCRC African American/Black Subcommittee has been active in collaborating with community partners, local educators and leaders.

For Mental Health, these efforts were inclusive of efforts to increase the mental health penetration rate.

For Substance Use, these efforts were inclusive of efforts to increase the substance use penetration rate.

Activities/References

See CCRC Meeting Calendar FY 20-21, O&E FY 20-21 (Master List)

Strategy 2 – Partner with QID, CCRC and other relevant entities to track and monitor penetration rate data

MET

In partnership with QID, SUD, committees such as CCRC, KPIC, and SQIC, KernBHRS continues to improve tracking and monitoring of specific ethnicity and diverse data on the Penetration Rate Report for the African American/Black population.

For Mental Health, for the FY 2020-2021 data for this ethnic group which was 7.6%, which surpasses our goal of 4.2%.

For Substance Use, there was no Penetration Rate tracking in FY 2019-2020. For FY 2020-2021, this was the first year that KernBHRS had a separate SUD Penetration

Rate Report in response to our SUD EQRO recommendations. Our FY 2020-2021 SUD Penetration Rate for the African American/ Black was 1.36%.

Activities/References

See FY 20-21 MH KPIC Meeting Dates, FY 20-21 SUD KPIC Meeting Dates

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

MET

The Cultural Competence/Ethnic Services Manager shares cultural competence data with CCRC, Management Team, QID, SQIC, MHSA team, PIO team and in various forums, including the Behavioral Health Board, CCRC Executive Reporting Committee, and The Kern Disability Collaborative.

For Mental Health, these data sharing efforts were inclusive of mental health services and activities.

For Substance Use, these data sharing efforts were inclusive of substance use services and activities.

Activities/References

See 2020 BHB Meeting Schedule, 2021 BHB Meeting Schedule, FY 20-21 SQIC Meeting Dates, Kern Disability Collaborative Meetings FY 20-21

GOAL 5

Enhance/improve outreach and education efforts and activities that are aimed at increasing penetration rate of the African American/Black population.

Strategy 1 – Partner with MHSA team, CCRC subcommittee, including faith community leaders, O&E, PIO, and other entities to identify ways to increase O&E activities to penetrate the African American/ Black population.

MET

Impacted by COVID-19 considerations. KernBHRS partnered with internal teams and committees as well as community and contract partners to identify ways to increase O&E activities to increase the penetration rate of the African America/ Black population. Some key alliances for this population are Kern County NAMI and Black Infant Health. Additionally, we continued partnerships with local educational institutions and county agencies.

For Mental Health, these efforts were inclusive of efforts to increase the mental health penetration rate.

For Substance Use, these efforts were inclusive of efforts to increase the substance use penetration rate.

Activities/References

See CCRC Meeting Calendar FY 20-21, O&E FY 20-21 (Master List)

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

MET

Impacted by COVID-19 considerations. KernBHRS tracked O&E events and activities including total amount of attendees at these events. Events specific to the African American/ Black community included "A COVID Christmas Drive-Thru."

For Mental Health, the attendees at all mental health O&E events was 6420.

For Substance Use, the attendees at all substance use O&E events was 2270.

Activities/References

See O&E FY 20-21 (Master List)

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

MET

KernBHRS shares O&E data regarding the African American/ Black community in various forums including the CCRC monthly meetings, bimonthly management meetings, quarterly Exec team meeting, quarterly QIC meetings, and monthly SQIC meetings.

For Mental Health, mental health O&E efforts were discussed in these forums.

For Substance Use, substance use O&E efforts were discussed in these forums.

Activities/References

See O&E FY 20-21 (Master List), CCRC Meeting Calendar FY 20-21, FY 20-21 Management Meeting Dates, FY 20-21 QIC Meeting Calendar, FY 20-21 SQIC Meeting Dates

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

MET

Impacted by COVID-19 considerations. KernBHRS staff attended webinars that addressed considerations for providing quality care to the African American/Black population including: 2021 California Health Equity Summit, Effective Telehealth When Working With Communities of Color, Talking About Race and Racism with Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue, Complex Trauma: The Connection Between COVID-19 and Social Unrest, and What Is Racial Trauma? Understanding How Trauma Affects the Black Community.

For Mental Health, these webinars were inclusive of mental health considerations.

For Substance Use, these webinars were inclusive of substance use considerations.

Activities/References

See FY 20-21 CC Webinars, Black History Month Event Flyer, Juneteenth 21 Flyer

GOAL 6

Meet or exceed 4.2% penetration rate of ethnic population Asian Pacific Islander (API).

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

PARTIALLY MET

Impacted by COVID-19 consideration. Partnered across SOC and community to increase O&E activities to increase penetration rate of API population. The CCRC and MHSA partnered with Common Spirit Health for APIA Heritage Month Virtual Symposium to discuss API diversity, historical racism, and trauma. The PIO team highlighted APIA Heritage Month and other important cultural celebrations on social media.

For Mental Health, despite these efforts, the penetration rate for this population was 1.78% which falls short of our goal of 4.2%.

For Substance Use, these efforts were inclusive of efforts to increase the substance use penetration rate.

Activities/References

See CCRC Meeting Dates FY 20-21, O&E FY 20-21 (Master List), KernBHRS API Event 2021, Selected Social Media Posts, Social Media Reach 20-21

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

MET

Impacted by COVID-19 considerations which caused limitations in recruiting representatives from the API community. The CCRC recruited a Filipino member, however, participation in CCRC meeting has not yet occurred.

The CCRC API Subcommittee proactively began discussions on barriers and improvement strategies, such as hosting the Asian and Pacific Islander American Heritage Virtual Symposium to provide outreach and education. Some attendees shared feedback that having primarily doctors on the panel was not representative of the local API population, while others stated that seeing doctors talk about their personal experiences made them more relatable. The CCRC, MHSA team, and PIO team will use the lessons learned from this event to collaborate with other teams in our SOC and community partners to increase our penetration rate for this population.

For Mental Health, this is inclusive of mental health improvement activities for the population.

For Substance Use, this is inclusive of substance use improvement activities for the population.

Activities/References

See FY 20-21 APIA Sub-Committee Meeting Dates

Strategy 3 – Partner with ITD, QID, SUD and MHSA team and other relevant entities to track and monitor penetration rate data.

MET

In partnership with QID, SUD, committees such as CCRC, KPIC, and SQIC, KernBHRS continues to improve tracking and monitoring of specific ethnicity and diverse data on the Penetration Rate Report for the Asian and Pacific Islander American population.

For Mental Health in FY 2019-2020, the penetration rate of the Asian and Pacific Islander American population was 1.90% compared to the FY 2020-2021 data for this ethnic group which was 2.27%. Though this falls short of our 4.2% goal, the data shows an increase in penetration rate for this population.

For Substance Use, there was no penetration rate tracking in FY 2019-2020. In FY 2020-2021, this was the first year that KernBHRS had a separate SUD Penetration Rate Report in response to our SUD EQRO recommendations. Our FY 2020-2021 SUD Penetration Rate for the Asian and Pacific Islander American population was 0.22%.

Activities/References

See FY 20-21 MH KPIC Meeting Dates, FY 20-21 SUD KPIC Meeting Dates

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

MET

The Cultural Competence/Ethnic Services Manager shares cultural competence data with CCRC, Management Team, QID, SQIC, MHSA team, PIO team and in various forums, including the Behavioral Health Board and CCRC Executive Reporting Committee, and with community partners including the Kern Disability Collaborative.

For Mental Health, these data sharing efforts were inclusive of mental health services and activities.

For Substance Use, these data sharing efforts were inclusive of substance use services and activities.

Activities/References

See 2020 BHB Meeting Schedule, 2021 BHB Meeting Schedule, Kern Disability Collaborative Meetings FY 20-21, FY 20-21 SQIC Meeting Dates

GOAL 7

Enhance/improve outreach & education efforts and activities that are aimed at increasing penetration rate of the Asian/Pacific Islander population

Strategy 1 – Partner with MHSA team, CCRC API Subcommittee, O&E, PIO, and other entities to identify ways to increase O&E activities to penetrate the Asian Pacific Islander (API) population.

MET

KernBHRS partnered with internal teams and committees as well as community and contract partners to identify ways to increase O&E activities to increase the penetration rate of the Asian and Pacific Islander American population. Some key partnerships were found in the CCRC Asian/Pacific Islander American Subcommittee and in our Asian and Pacific Islander American Heritage Virtual Symposium.

For Mental Health, these efforts were inclusive of efforts to increase the mental health penetration rate.

For Substance Use, these efforts were inclusive of efforts to increase the substance use penetration rate.

Activities/References

See CCRC Meeting Calendar FY 20-21, O&E FY 20-21 (Master List), FY 20-21 MH KPIC Meeting Dates, FY 20-21 SUD KPIC Meeting Dates

Strategy 2 – Partner with SUD, QID, ITS and MHSA team and other relevant entities to track and monitor O&E data.

MET

KernBHRS tracked O&E events and activities, including total amount of attendees at these events. Events specific to the Asian and Pacific Islander American community included the Asian and Pacific Islander American Heritage Virtual Symposium.

For Mental Health, the attendees at all mental health O&E events was 6420.

For Substance Use, the attendees at all substance use O&E events was 2270.

Activities/References

See O&E FY 20-21 (Master List), FY 20-21 MH KPIC Meeting Dates, FY 20-21 SUD KPIC Meeting Dates

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

MET

KernBHRS shares O&E data regarding the Asian and Pacific Islander American community in various forums including the CCRC monthly meetings, bimonthly management meetings, quarterly Exec team meeting, quarterly QIC meetings, and monthly SQIC meetings.

For Mental Health, mental health O&E efforts were discussed in these forums.

For Substance Use, substance use O&E efforts were discussed in these forums.

Activities/References

See O&E FY 20-21 (Master List), CCRC Meeting Calendar FY 20-21, FY 20-21 Management Meeting Dates, FY 20-21 QIC Meeting Calendar, FY 20-21 SQIC Meeting Dates, FY 20-21 MH KPIC Meeting Dates, FY 20-21 SUD KPIC Meeting Dates

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

MET

Impacted by COVID-19 considerations. KernBHRS staff attended webinars that addressed considerations for providing quality care to the Asian and Pacific Islander American population, including the 2021 California Health Equity Summit; Effective Telehealth When Working With Communities of Color; Talking About Race and Racism with Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue; Complex Trauma: The Connection Between COVID-19 and Social Unrest; and Stop the Hate: A Conversation About Anti-Asian Racism & Behavioral Health.

For Mental Health, these webinars were inclusive of mental health considerations.

For Substance Use, these webinars were inclusive of substance use considerations.

Activities/References

See FY 20-21 CC Webinars

GOAL 8

Engage/enhance/improve outreach and education efforts and activities that are aimed at increasing penetration rate of the Native American Indian population.

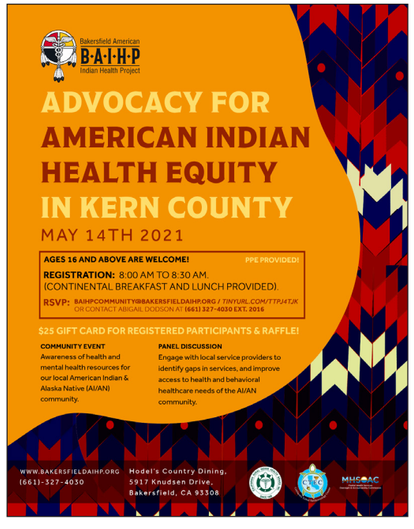
Strategy 1 – Partner with MHSA team, CCRC API Subcommittee, O&E, PIO, and other entities to identify ways to increase O&E activities to penetrate the Native American Indian population.

MET

Impacted by COVID-19 considerations. KernBHRS partnered with internal teams and committees as well as community and contract partners to identify ways to increase O&E activities to increase the penetration rate of the Native American Indian population. The Bakersfield American Indian Health Project hosted two events that KernBHRS staff participated in including: BAIHP Drive Thru Resource Giveaway and Advocacy for American Indian Health Equity in Kern.

For Mental Health, these efforts were inclusive of efforts to increase the mental health penetration rate.

For Substance Use, these efforts were inclusive of efforts to increase the substance use penetration rate.



Activities/References

See CCRC Meeting Dates, O&E FY 20-21 (Master List), BAIHP Event Flyers and Agenda

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

MET

KernBHRS tracked O&E events and activities including total amount of attendees at these events. Events specific to the Native American Indian community included the two events hosted by the BAIHP, which included the BAIHP Drive Thru Resource Giveaway and Advocacy for American Indian Health Equity in Kern.

For Mental Health, the attendees at all mental health O&E events was 6420.

For Substance Use, the attendees at all substance use O&E events was 2270.

Activities/References

See O&E FY 20-21 (Master List), CCRC Meeting Calendar FY 20-21

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

MET

Impacted by COVID-19 considerations. In partnership with QID, SUD, committees such as CCRC, KPIC, and SQIC, KernBHRS continues to improve tracking and monitoring of specific ethnicity and diverse data on the Penetration Rate Report for the Native American Indian population.

For Mental Health, for FY 2020-2021 data for this ethnic group which was 26% which surpasses our goal of 4.2%.

For Substance Use, there was no Penetration Rate tracking in FY 2019-2020. In FY 2020-2021, this was the first year that KernBHRS had a separate SUD Penetration Rate Report in response to our SUD EQRO recommendations. Our FY 2020-2021 SUD Penetration Rate for the Native American Indian population was 4.09%.

Activities/References

See CCRC Meeting Calendar FY20-21, FY 20-21 MH KPIC Meeting Dates, FY 20-21 SUD KPIC Meeting Dates, FY 20-21 SQIC Meeting Dates, FY 20-21 Management Meeting Dates

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

MET

KernBHRS established an MOU with Bakersfield American Indian American Health Project (BAIHP). The BAIHP participates in the CCRC and the CCRC Native American Indian Subcommittee. Additionally, CCRC partnered with Owens Valley Career Development Center, which offers services to the Native American Indian population in Kern County.

For Mental Health, these collaborations are inclusive of mental health services and activities.

For Substance Use, these collaborations are inclusive of substance use services and activities.

Activities/References

See BAIHP MOU FY 21, O&E FY 20-21 (Master List)

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

Why we do this:

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

Criterion	Goal	Strategy	Status
C4	G1	S1	Met
		S2	Met
		S3	Met
		S4	Met

GOAL 1

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

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

MET

The CCRC meets monthly and engages in ongoing recruitment of members representing various diverse communities in Kern County. Members of the committee review data and contribute strategies for reaching members of the community.

For Mental Health, CCRC members are diverse and review data and contribute strategies for mental health services, outreach, and activities.

For Substance Use, CCRC members are diverse and review data and contribute strategies for substance use services, outreach, and activities.

Activities/References

See CCRC Meeting Calendar FY 20-21

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

MET

KernBHRS receives community feedback through the Stakeholder process led by our MHSA team. This feedback helps address gaps and needs of cultural competence services for the community.

For Mental Health, the stakeholder process is inclusive of mental health programs and activities.

For Substance Use, the stakeholder process is inclusive of substance use programs and activities.

Activities/References

See MHSA Stakeholder Meeting Calendar FY 20-21, FY 20-21 MHSA Stakeholder Meeting Flyers

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

MET

The Cultural Competence/Ethnic Services Manager, Cultural Competence team, and CCRC members collaborate in department committees and forums and in community forums. These include internal committees like SQIC, KPIC, TRC and in the community.

For Mental Health, the collaboration in these forums is inclusive of mental health services and activities.

For Substance Use, the collaboration in these forums is inclusive of substance use services and activities.

Activities/References

See FY 20-21 TRC Meeting Dates, Kern Disability Collaborative Meeting Dates FY 20-21, FY 20-21 SQIC Meeting Dates, FY 20-21 MH KPIC Meeting Dates, FY 20-21 SUD KPIC Meeting Dates

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Strategy 4 – Collaborative work with HR, MHSA, RSA, SUD, and Management Team to track and monitor diverse workforce such as number of peers and family supports staff.

MET

Impacted by COVID-19 considerations. In FY 20-21, KernBHRS WET funds enabled 16 KernBHRS SOC staff to attend PET and/or Advanced PET, out of 27 total attendees.

An estimated 145 out of 316 attendees of the Peer Employment Training are now or were in the past employed by the KernBHRS.

For Mental Health, there are peer support specialists employed in RSA, KLD, Ridgecrest Hope Center, Tehachapi Learning Center, and Crestwood.

For Substance Use, there are peer support specialists employed in SUD and Telecare.

Activities/References

Peer Employment Training is an 80-hour course that was offered virtually in FY 20-21. Attendees attended training sessions for two weeks.

COUNTY MENTAL HEALTH SYSTEM CULTURALLY COMPETENT TRAINING ACTIVITIES

Why we do this:

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

Criterion	Goal	Strategy	Status
C5	G1	S1	Met
		S2	Met
		S3	Met
		S4	Met
		S5	Met
	G2	S1	Met
		S2	Met
	G3	S1	Met
		S2	Met
		S3	Met

GOAL 1

Utilize MHSA WET funds to ensure education and culturally competent trainings are available to the workforce, to address effectively serving diverse groups, unserved, and/or underserved populations.

Strategy 1 – All staff (MH, SUD, and contractor) complete minimum 6 hours of cultural competence trainings annually, measured by Relias Transcript Reporting.

MET

Impacted by COVID-19 considerations. KernBHRS staff are required to take two yearly cultural competence courses in Relias: “Cultural Competence” and “Individual and Organizational Approaches to Multicultural Care,” and then staff choose their additional cultural competence courses. Contractors choose all their cultural competence courses. In the Relias Learning Management System, there are over 180 courses approved for cultural competence hours as of the writing of this report.

For Mental Health, mental health staff completed an average of about 9 hours of cultural competence trainings.

For Substance Use, substance use staff completed an average of about 10 hours of cultural competence trainings.

Activities/References

CC Team collaborates with Training Services, IT, and QID to monitor CC hours for all staff. See Select Cultural Competence Courses as of 06.16.2021

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

MET

As of June 16, 2021, KernBHRS offers 189 training courses that provide cultural competence hours. Of note for FY 20-21 is a pilot program of offering CIBHS webinar training series which provided information on offering effective telehealth services to ethnic and racial minorities. As part of this program, KernBHRS was allowed to upload the webinar videos into our learning management system in exchange for KernBHRS providing attendee feedback. Select titles in this series include: CIBHS Webinar 11: Recognizing and Countering Implicit Bias by Changing Practices in Telehealth and CIBHS Webinar 12: Effective Telehealth When Working With Communities of Color.

For Mental Health, select training course titles include: Cultural Awareness and the Older Adult, Depression in Service Members and Veterans, and How Culture Impacts Communication.

For Substance Use, select training course titles include: Adolescent Substance Use Disorders and Clinical Pathways, Cultural Dimensions of Relapse Prevention, and Homelessness and Substance Use.

Activities/References

See Select Cultural Competence Courses as of 06.16.2021

Strategy 3 – Implement SCRP multicultural clinical supervision training to all MH and SUD clinical supervisors to address cultural competence core competency.

MET

Impacted by COVID-19 considerations. During FY 20-21, Multicultural Clinical Supervision Trainings were implemented in a virtual format. In 2020, KernBHRS offered "Multicultural Clinical Supervision in the Tele Supervision Era: Components of Effective Supervision" which covered topics including, but not limited to, best practices in tele-supervision, multicultural diversity infusion, self-care, and ethical and legal issues.

In 2021, KernBHRS launched a first-of-its-kind year-long training series titled "KernBHRS Multicultural Clinical Supervision Program Pilot Training." KernBHRS staff who had attended Train-the-Trainer sessions with the training developers, Dr. Falendar and Dr. Goodyear, provided monthly training installments to KernBHRS licensed staff actively providing clinical supervision. Additionally, the KernBHRS training program managers were invited to present on their experience developing this pilot program at the International Interdisciplinary Conference on Clinical Supervision (IICCS). Select trainings offered in FY 20-21 include "Multicultural Clinical Supervision and Developing Effective Supervisory Alliances," "Supervision of Supervision," and "Legal and Ethical Issues that Affect Supervision."

BEHAVIORAL HEALTH&RECOVERY SERVICES

SAVE The DATE

MARK YOUR CALENDAR FOR AN UPCOMING TRAINING EVENT

KernBHRS Multicultural Clinical Supervision Program Pilot Training

PRESENTED BY: KernBHRS SCRP Clinical Supervision Training Graduates
Dates: See session dates below
Time: See below Session Times or TBD
Location: Web-based Training
Target Audience: Required: KernBHRS Licensed Staff Actively Providing Clinical Supervision (LMFTs, LCSWs, LPCCs, & Psychologists)
Recommended: Pre-licensed staff nearing licensure, Team Supervisors & Licensed Staff
Registration: Attendees will self-enroll for each module using their Relias account

Training Description: This course is a pilot training designed for mental health professionals who are licensed to practice and who currently are providing clinical supervision. It rests on the premise that clinical supervision is a distinct competence domain for mental health professionals and requires specific preparation and formal training. It is an instructor-led web-based course structured so each session includes a lecture and discussion component. The success of this format depends on active student participation and regular attendance. * **Attendees should attend all sessions to be marked complete for the year-long training program.**

Program Competencies and Goals include:

- Standardizing clinical supervision practices
- Being multiculturally responsive to supervisees and the clients they serve
- Being able to recognize (and avoid engaging in) inadequate or harmful supervision
- Negotiating the sometimes-complex legal and ethical terrain of supervision
- Supervising a person from another professional discipline
- Using video recordings and other methods of direct observation in their supervision
- Using data from Routine Outcome Monitoring to provide effective performance feedback to supervisees
- Delivering effective performance feedback and conduct supervisee evaluations
- Enacting gatekeeping functions as necessary
- Helping supervisees recognize and manage countertransference
- Helping supervisee recognize and resolve strains and ruptures that occur in the supervisory relationship
- Using triadic and group formats of supervision effectively
- Using telesupervision effectively
- Evaluating the supervisory process and responding to what that evaluation reveals

Session Dates:	Session Times:	Topics:
1/21/2021	1:00 PM - 5:00 PM	Introduction & Overview Part I
1/29/2021	1:00 PM – 5:00 PM	Introduction & Overview Part II
2/19/2021	1:30 PM – 3:30 PM	Multicultural Clinical Supervision and

Facilities and programs are accessible to persons with disabilities. If you have a special need, please call 868-7833; allow as much time as possible to ensure we have the opportunity to meet your need
For grievances or to place a complaint, call 661-868-7833 or email BHRSTraining@kernbhrs.org

For Mental Health, the Multicultural Clinical Supervision trainings were appropriate for Mental Health licensed staff actively providing clinical supervision.

For Substance Use, the Multicultural Clinical Supervision trainings were appropriate for Substance Use licensed staff actively providing clinical supervision.

Activities/References

See Save the Date Clinical Supervision 2020, Save the Date – Clinical Supervision Pilot Program, 2021 IICCS Program Brochure

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Strategy 4 – Provide peer education trainings and refresher courses for peer employees and/or volunteers under MH and SUD.

MET

Impacted by COVID-19 considerations. In FY 20-21, 27 individuals attended Peer Employment Training. Of these 27 individuals, 16 were KernBHRS SOC staff. Of note, 6 of the 16 KernBHRS SOC staff trained are employed at the new Telecare Recovery Stations. Historically, an estimated 145 out of 316 attendees of either Peer Employment Training or Advanced Peer Employment Training are now or have been employed by the KernBHRS SOC.

For Mental Health, individuals who have completed Peer Employment Training and/or Advanced Peer Employment Training are employed in mental health Peer Support roles.

For Substance Use, individuals who have completed Peer Employment Training and/or Advanced Peer Employment Training are employed in substance use Peer Support roles.

Activities/References

Peer Employment Training is offered in 80-hour sessions. In FY 20-21, Peer Employment Training was offered twice from October 5-16, 2020 and January 25 through February 5, 2021.

Strategy 5 – CCRC and TRC review, track, monitor, and make recommendations on cultural competence gaps and needs of Cultural Competence trainings topics relevant to Kern County ,such as, but not limited to, mental health interpreters, LGBTQ+, aging and elderly, disabilities, veterans, homeless and poverty, immigration and acculturation, TAY, foster youths, etc.

MET

The CCRC and TRC meet monthly and review, track, and monitor current cultural competence trainings. Additionally, both committees make recommendations regarding gaps and needs for cultural competence trainings. The TRC focuses on aspects of cultural competence related to staff and community trainings, while the CCRC focuses more generally on all aspects of cultural competence within our SOC.

For Mental Health, these committees' efforts include reviewing mental health cultural competence trainings.

For Substance Use, these committees' efforts include reviewing substance use cultural competence trainings.

Activities/References

See CCRC Meeting Calendar FY 20-21, FY 20-21 TRC Meeting Dates

GOAL 2

Improve analysis of the effectiveness of cultural competence trainings.

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

MET

KernBHRS regularly reviews course evaluations through collaboration between the Training Services team, TRC, and CCRC. In these forums, Training Services shares overall training ratings along positive and constructive feedback from training attendees. Through the Relias learning management system, KernBHRS offers over 1,000 training courses, so for this item, we are examining the two cultural competence courses that all KernBHRS staff are required to complete: "Cultural Competence" and "Individual and Organizational Approaches to Multicultural Care."

For Mental Health, about 61% of staff who completed the training "Cultural Competence" stated that they would be the "most likely" to recommend this course to others. Some constructive qualitative feedback from staff suggests that many find the information in the course to be geared towards beginners, and one staff stated they appreciate it is offered in English and Spanish. For the course "Individual and Organizational Approaches to Multicultural Care," about 48% of staff stated that they would be "most likely" to recommend this course to others. Some qualitative feedback for this course suggests that staff enjoyed learning about different types of cultural adaptations and structural competency.

For Substance Use, about 66% of staff who completed the training "Cultural Competence" stated that they would be the "most likely" to recommend this course to others. Some constructive qualitative feedback from staff suggests that staff are interested in a different training format for this information. For the course "Individual and Organizational Approaches to Multicultural Care," about 54% of staff stated that they would be "most likely" to recommend this course to others. Some constructive qualitative feedback from staff suggests that they would like training that focuses on the diverse communities of Kern County and that this course is more geared toward an administrative perspective rather than what direct service staff would need to provide culturally responsive services.

Based on the constructive feedback from staff, one of the CC Team's goals in the coming FY will be to create cultural competence trainings that provide focus on practical strategies for line staff and on local diverse communities.

Activities/References

See CCRC Meeting Calendar FY 20-21, FY 20-21 TRC Meeting Dates

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

MET

KernBHRS utilizes Relias to develop pre and post evaluations on trainings. The two courses "Cultural Competence" and "Individual and Organizational Approaches to Organizational Care" are reviewed below.

For Mental Health, staff who completed the course "Cultural Competence" had an average pre-test score of 87% and an average post-test score of 99%, which is +12% growth. For the course, "Individual and Organizational Approaches to Multicultural Care," staff had an average pre-test score of 38% and an average post-test of 90%, which is +52% growth.

For Substance Use, staff who completed the course, "Cultural Competence" had an average pre-test score of 85% and an average post-test score of 99%, which is +14%

growth. For the course, "Individual and Organizational Approaches to Multicultural Care," staff had an average pre-test score of 39% and an average post-test of 90%, which is +51% growth.

This leads us to believe that staff have more familiarity with basic cultural competence terminology than with various approaches to conducting cultural competence activities at the individual and organizational levels.

Activities/References

See FY 20-21 TRC Meeting Dates and FY 20-21 Training Services Event Schedule Reports. The CC team collaborates with Training Services to review pre and post evaluations

GOAL 3

Offer specific cultural competence trainings of diverse and person of color populations identified in SCRP formal assessment and CCRC subcommittee recommendations.

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

MET

Training Services regularly evaluates trainings in the Training Review Committee (TRC) which is a committee composed of representatives from each of the department's divisions. Additionally, Training Services works with CC team and CCRC to share information about cultural competence webinars and trainings for review. Finally, members of Training Services, CC Team, and CCRC audit trainings and webinars for inclusion in the department's list of approved cultural competence trainings.

Selected trainings for the above-mentioned populations include: Suicide and Depression in Older Adults; Assessing Substance Use Disorder in Older Adults; Supporting Recovery for Individuals with Schizophrenia; Behavioral Health Services and the LGBTQ+ Community; and Substance Use Disorder Treatment and the LGBTQ Community–California.

For Mental Health, these trainings are open for enrollment to mental health staff.

For Substance Use, these training are open for enrollment to substance use staff.

Activities/References

For information on other cultural competence courses available to KernBHRS SOC staff, see Select Cultural Competence Courses as of 06.16.2021

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

MET

Impacted by COVID considerations. KernBHRS' Adult System of Care established a strategic partnership with the Center for Sexuality & Gender Diversity. Staff in the system of care were able to participate in a three-part training in November 2020 titled "LGBTQ Cultural Competency Training." This training covered topics including basic LGBTQ+ terminology, queer diversities, and prevention and early intervention for the LGBTQ+ community.

Additionally, the Adult System of Care and the Center for Sexuality & Gender Diversity established six-week-long internship opportunities for KernBHRS staff to gain direct experience working with the local LGBTQ+ community. There have been two six-week rounds of interns. During each round, one therapist and one recovery specialist were selected. The interns have participated in group sessions, led group sessions, led workshops, and provided individual therapy to those requiring it (in breakout rooms through Zoom).

For Mental Health, KernBHRS mental health staff were able to participate in the LGBTQ Cultural Competency Training and four mental health staff applied for and participated in the internship program.

For Substance Use, KernBHRS substance use staff were able to participate in the LGBTQ Cultural Competency Training. In FY 20-21, Substance Use staff have not yet participated, but there is already a plan for including SUD staff in FY 21-22.

Activities/References

See KernBHRS-Center Program Flyer 12.2020, BHRS Minute, Gay and Lesbian Center of Bakersfield FY 20-23

Strategy 2 – Partner with Training Services and CCRC to provide trainings, including, but not limited to the following: Telehealth & COVID Pandemic; Cultural Humility; Adaptation EBP; Ethnic therapist/client; matching; Code switching; People of Color in Behavioral Heath Setting Health Equity & Social Justice; Black Lives Matter; Implicit Bias; White privilege (ADDRESSING MODEL); African American & BH setting trainings; Latinx Communities; API; Native American Indian Communities; LGBTQ+; Multi-Diverse Communities

MET

In FY 20-21, 189 cultural competence courses were offered through the Relias learning management system. Training Services and CCRC partnered to offer some new trainings in the FY. Some courses offered included the California Institute for Behavioral Health Solutions (CIBHS) webinar series which featured some sessions on how to make telehealth effective for communities of color during the pandemic. The ADDRESSING model and social justice have been incorporated into the Cultural Competence module that all staff are required to complete upon hire. During FY 20-21 KernBHRS and the Center for Sexuality and Gender Diversity offered training to enhance considerations for LGBTQ+ diversities and how to address the diverse population of Kern County. Additionally, during 2021 Health Equity Summit, there were discussions surrounding diverse underserved groups including but not limited to Latinx, African American, Asian American, Indigenous peoples of the Americas, racial trauma, LGBTQ+.

For Mental Health, these courses were available to mental health staff.

For Substance Use, these courses were available to substance use staff.

Activities/References

See Relias Cultural Competence Courses as of 6/16/21 List

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

Why we do this:

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

Criterion	Goal	Strategy	Status
C6	G1	S1	Met
		S2	Met
		S3	Met
		S4	Met
		S5	Met
	G2	S1	Met
		S2	Met

GOAL 1

Complete Workforce Needs Assessment.

Strategy 1 – CCRC, MHSA, HR, PIO, IT, and other relevant entities to centralize and standardize community outreach information and workforce demographics.

MET

Impacted by COVID-19 considerations. The Cultural Competence team worked with MHSA, PIO, and SUD to centralize information about departmental outreach activities. This resulted in the O&E FY 20-21 (Master List). This list shows 105 different community O&E events attended either in-person or virtually during the fiscal year by either mental health or substance use staff. HR provided a list of five staff recruitment events which were attended virtually by KernBHRS staff. Three of the recruitment events were held at a Hispanic-serving institution. HR additionally provided a voluntary demographic survey to staff. This demographic data was shared with the Ethnic Services Manager.

For Mental Health, community outreach events were inclusive of mental health services, recruitment events were inclusive of mental health positions, and the voluntary demographic survey was inclusive of mental health staff.

For Substance Use, community outreach events were inclusive of substance use services, recruitment events were inclusive of substance use positions, and the voluntary demographic survey was inclusive of substance use staff.

Activities/References

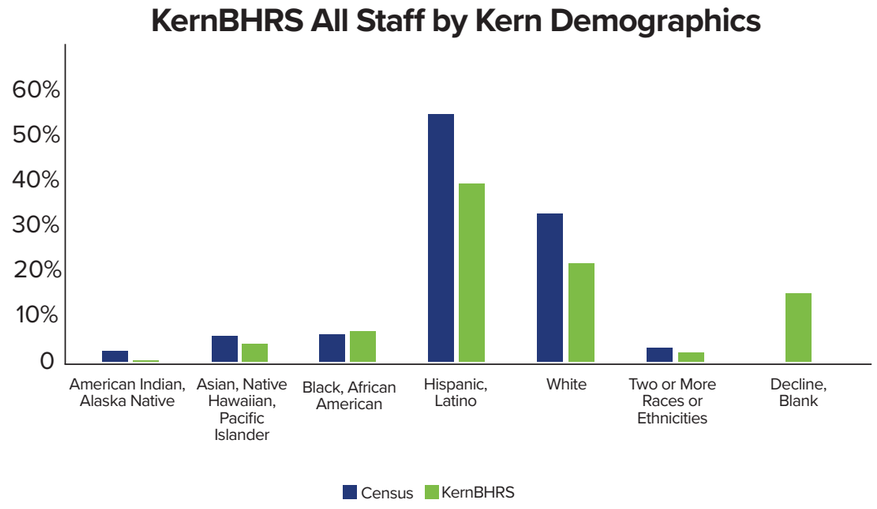
See O&E FY 20-21 (Master List), FY 20-21 HR Community Recruitment Efforts, and FY 20-21 Recruitment and Retention of Diverse Workforce Meeting Dates. HR also conducted a Demographic Survey.

Strategy 2 – CCRC, MHSA, HR, PIO, IT, and other relevant entities to centralize and standardize workforce demographics, including ethnicity, language spoken, job classification such as peer specialist, and minority/person of color leadership role.

MET

The Cultural Competence team, CCRC, HR, IT, and PIO collaborated to centralize and standardize workforce demographics. In addition to demographic information that HR collects at time of hire, HR sent out a voluntary demographic survey to staff. The information that staff volunteered about their self-identification has been compiled below. The terms that staff used to self-identify have been simplified into larger ethno-racial groups. The groupings do not match up exactly to Census Bureau categories because staff were able to self-identify through a larger range of terms.

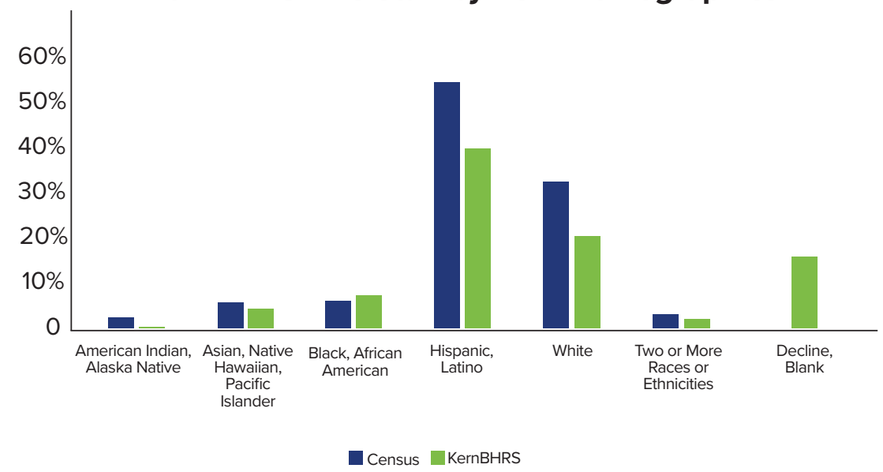
Below is the demographic breakdown of KernBHRS staff by Kern County demographics:



The graph above represents all KernBHRS staff and compares the demographics of KernBHRS staff to county demographics. At the All Staff level, there is about proportional representation for the Black, African American group and near proportional representation for the Asian, Native Hawaiian, Pacific Islander group. Since staff provided their demographic data voluntarily, those who decline to provide their demographic data are represented in the column at the far right.

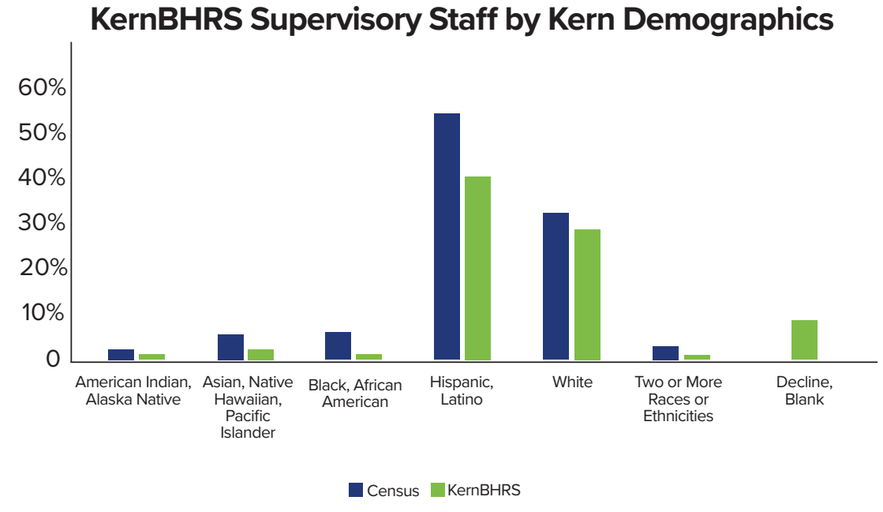
The full staff can be further broken down by employment levels in the following four categories: line staff, supervisory staff, management, and upper management.

The graph at the top of the next page is the demographic breakdown of KernBHRS Line Staff by Kern County demographics:



The graph above represents the 827 line staff at KernBHRS (out of the total 923 staff) and compares the demographics of KernBHRS line staff to county demographics. Once again, there is near proportional representation for the Black, African American and Asian, Native Hawaiian, Pacific Islander groups. Since staff provide their demographic data voluntarily, those who decline to provide their demographic data are represented in the column at the far right.

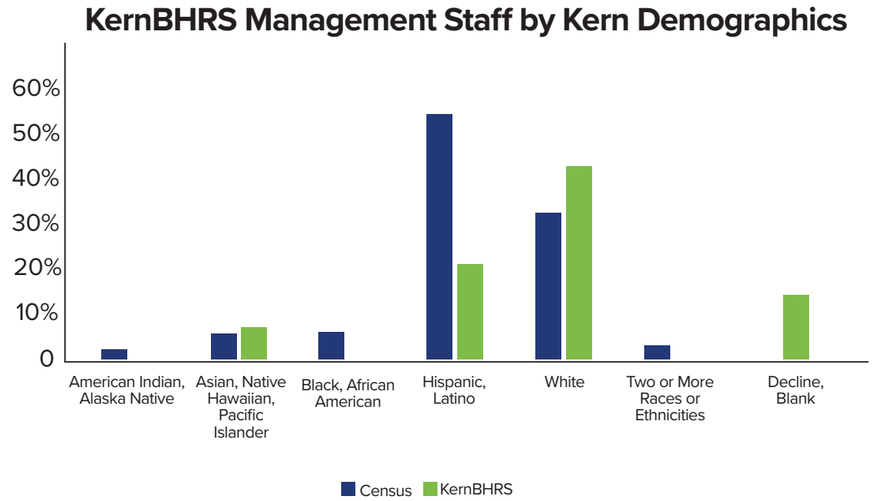
Below is the demographic breakdown of KernBHRS supervisory staff by Kern County demographics:



The graph above represents the 79 supervisory staff at KernBHRS (out of the total 923 staff) and compares the demographics of KernBHRS supervisory staff to county demographics. There is near proportional representation for the White group. Since staff provide their demographic data voluntarily, those who decline to provide their

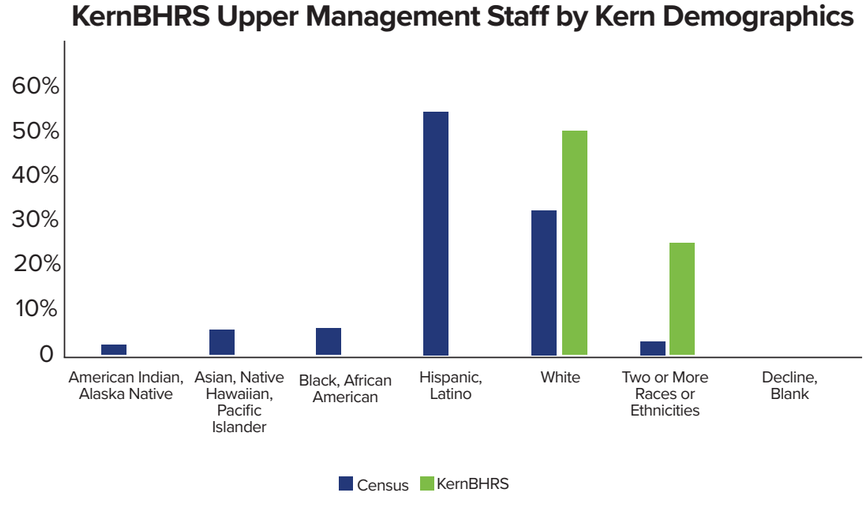
demographic data are represented in the column at the far right.

Below is the demographic breakdown of KernBHRS management staff by Kern County demographics:



The graph above represents the 14 management staff at KernBHRS (out of the total 923 staff) and compares the demographics of KernBHRS management staff to county demographics. In this staff level, the Asian, Native Hawaiian, and Pacific Islander group has near proportional representation, while the White group is overrepresented.

Below is the demographic breakdown of KernBHRS Upper Management Staff by Kern County demographics:



The graph at the bottom of the previous page represents the three upper management staff at KernBHRS (out of the total 923 staff) and compares the demographics of KernBHRS upper management staff to county demographics. In this staff level, the White group is overrepresented compared to county demographics. However, this is a small subset. No staff in this employment level declined to state their ethno-racial self-identification.

Activities/References

HR, CCRC, and CC team collaborate to review staff demographic data. This data breakdown by employment level will be used to guide decisions about participation in recruitment events that outreach to underrepresented ethno-racial groups.

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

MET

Impacted by COVID-19 considerations. In FY 20-21, HR attended five recruiting events including three held at California State University, Bakersfield, a Hispanic-Serving Institution (HSI). HR staff attended virtual recruitment events this fiscal year. Additionally, due to a countywide hiring freeze caused by economic factors precipitated by the COVID-19 pandemic, KernBHRS did not hire as many staff in FY 20-21 as in prior fiscal years.

For Mental Health, these efforts were inclusive of recruitment for mental health staff.

For Substance Use, these efforts were inclusive of recruitment for substance use staff.

Activities/References

See FY 20-21 HR Community Recruitment Efforts, Training Services Welcome Sign

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Strategy 4 – Partner with PRA, QID, Facilities, PIO, HR, MHSA, CCRC and other relevant entities to ensure facilities reflect materials (written and pictures) of the community-diverse and person of color.

MET

KernBHRS translated informational and outreach materials into Spanish and Tagalog in FY 20-21. PRA has researched how to be more inclusive of gender identities in grievance forms. Training Services additionally has new Spanish-English Welcome signage.

For Mental Health, these efforts were inclusive of mental health information and outreach materials.

For Substance use, these efforts were inclusive of substance use information and outreach materials.

Activities/References

See FY 20-21 Translation Log List, Training Services Welcome Sign

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

MET

In FY 20-21, a Human Resources staff member was recruited to the CCRC to provide input on recruitment and retention of diverse workforce in efforts for continuous improvement strategies. The Cultural Competence team also works closely with HR staff in recruitment, retention, and O&E efforts.

For Mental Health, HR participation in the CCRC is inclusive of recruitment and retention efforts for mental health staff.

For Substance Use, HR participation in the CCRC is inclusive of recruitment and retention efforts for substance use staff.

Activities/References

See CCRC Org Chart

GOAL 2

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

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

MET

Impacted by COVID-19 considerations. Event attendance at several listed conferences (with the exception of the Cultural Competence Annual Conference which was renamed to the California Health Equity Summit) was unfulfilled due to COVID considerations. However, five staff attended the 2020 MHSA Boot Camp Virtual Convenings, which ran from August 2, 2020 through September 16, 2020, five staff attended the Forensic Conference on March 31, 2021, and six staff attended the 2021 California Health Equity Summit which ran from June 10-11, 2021. Additionally, 27 new hire staff received Mental Health First Aid training.

For Mental Health, topics covered in the three listed conferences were inclusive of mental health service delivery. The department's 27 new hire mental health staff were trained in Mental Health First Aid.

For Substance Use, topics covered in the three listed conferences were inclusive of substance use service delivery. The department's three new hire mental health staff were trained in Mental Health First Aid.

Activities/References

In FY 20-21, staff attended the above-listed events and additional free virtual webinars and trainings. See also FY 20-21 CC Webinars

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Strategy 2 – Attend interpreter trainings to maintain Tier I (Verbal) and Tier II (Written) interpreter certification.

MET

All staff who are Tier I (Verbal) and/or Tier II (Written) certified are enrolled into a yearly, recurring Interpreter Training Plan in the Relias learning management system. This plan consists of two training modules: "Overview of the Behavioral Health System for Behavioral Health Interpreters" and "The Role of the Behavioral Health Interpreter."

For Mental Health, in FY 20-21, 90% of KernBHRS mental health staff who are Tier I (Verbal) and/or Tier II (Written) completed both training modules.

For Substance Use, in FY 20-21, 83% KernBHRS substance use staff who are Tier I (Verbal) and/or Tier II (Written) completed both training modules

Activities/References

See Interpreter Training Plan Completion Report FY 20-21 MH & SUD

COUNTY MENTAL HEALTH SYSTEM LANGUAGE CAPACITY

Why we do this:

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

Criterion	Goal	Strategy	Status
C7	G1	S1	Met
		S2	Met
		S3	Met
	G2	S1	Met
		S2	Met
		S3	Met
		S4	Met

GOAL 1

Dedicate resources such as MHSA funding to increase bilingual workforce capacity.

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

MET

Impacted by COVID-19 considerations. The KernBHRS Cultural Competence team researched interpretive service agencies and their certification materials for Spanish and non-Spanish languages and continued to dedicated resources to increase Tier I (Verbal) and Tier II (Written) certifications. Due to financial limitations caused by COVID-19 public health emergency considerations, the implementation of additional certifications in Spanish and additional languages was postponed.

For Mental Health, these efforts were inclusive of mental health interpretation and translation.

For Substance Use, these efforts were inclusive of substance use interpretation and translation.

Activities/References

Because of current financial considerations, this strategy is postponed. However, we continue to research interpreting certifications in Spanish and additional languages.

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

MET

KernBHRS maintained its contract with Language Line Solutions during FY 20-21.

For Mental Health, the contract with Language Line Solutions is inclusive of language services for mental health services and activities.

For Substance Use, the contract with Language Line Solutions is inclusive of language services for substance use services and activities.

Activities/References

See Language Line PPSA

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

MET

KernBHRS maintains contract with ILCKC through the County of Kern. Additionally, the ILCKC is an active part of the CCRC.

For Mental Health, ILCKC's ASL and Braille services are available to individuals who are receiving mental health services.

For Substance Use, ILCKC's ASL and Braille services are available to individuals who are receiving substance use services.

Activities/References

See Independent Living Center County Agreement-Sign-Interpreting-Services-Agreement, County of Kern Amendment

GOAL 2

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

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

MET

KernBHRS maintains posters/ bulletins in clinics of the availability and information of interpretation assistance. In order for a site to be certified, they must maintain Language Line posters in their lobby/common area and, additionally, front desk staff must know how to access language services for clients/ prospective clients.

For Mental Health, this requirement is inclusive of sites providing mental health services.

For Substance Use, this requirement is inclusive of sites providing substance use services.

Activities/References

See Informing Materials Flyer

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

MET

Impacted by COVID-19 considerations. The KernBHRS Cultural Competence team, PIO team, and MHSA team researched how other California county behavioral health departments and other local Kern-based healthcare providers have implemented culturally responsive marketing materials. The implementation of this strategy was impacted by COVID-19 considerations. Work toward this strategy will resume in FY 21-22.

For Mental Health, this strategy is inclusive of mental health marketing.

For Substance Use, this strategy is inclusive of substance use marketing.

Activities/References

Members from Cultural Competence team, PIO team, and MHSA team researched and collaborated with local, regional, and state partners to see how others are implementing materials depicting diverse and people of color. See also Spanish O&E Deliverables.

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

MET

Impacted by COVID-19 considerations. In FY 20-21, KernBHRS translated a total of 37 documents, including outreach materials, information cards and flyers, and notices. The majority of these documents were translated into Spanish, but there were also documents translated into Tagalog.

For Mental Health, select translated items include, MHSA 3-Year Plan Report and Art in the Park information into Spanish. The Crisis Hotline card was translated into Spanish.

For Substance Use, the Gateway (SUD Hotline) Card was translated into Spanish and Tagalog.

Activities/References

See Translation Log List

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

MET

Impacted by COVID-19 considerations. The primary trainings for interpreters and translators are offered through our Relias learning management system. Currently, ILCKC is a member of the CCRC, and can offer interpreting training upon request. Language Line offers webinars on current topics in translation and interpretation. During FY 20-21, Language Line provided a webinar titled "Preparing for a Second Wave: Language Access in a Pandemic." This webinar took place on October 13, 2020 and a recording of the webinar is still available for public viewing at: https://www.languageline.com/resources/webinars. The Ethnic Services Manager, the Cultural Competence team, members of the MHSA team, and a member of the CCRC attended the webinar.

For Mental Health, the Relias interpreter trainings and the Language Line webinar covered topics relating to interpreting in a mental health setting. Additionally, the Language Line webinar covered new considerations for interpreting during the COVID-19 public health emergency.

For Substance Use, the Relias interpreter trainings and the Language Line webinar covered topics relating to interpreting in a substance use setting. Additionally, the Language Line webinar covered new considerations for interpreting during the COVID-19 public health emergency.

Activities/References

Language Line webinars can be accessed at: https://www.languageline.com/resources/webinars

COUNTY MENTAL HEALTH SYSTEM ADAPTATION OF SERVICES

Why we do this:

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

Criterion	Goal	Strategy	Status
C8	G1	S1	Met
		S2	Met
		S3	Met
	G2	S1	Met
		S2	Met
		S3	Met

GOAL 1

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

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

MET

KernBHRS maintains Beneficiary/Member Handbooks for Mental Health and Substance Use clients which are available 1) as hard copies in the lobbies of clinical sites and 2) as digital copies on the public website. These documents are available in English and our threshold language, Spanish in 12- and 18-point font. They are also available in audio versions and, upon request, also in Braille.

For Mental Health, the Mental Health Beneficiary Handbook is available in lobbies of clinical sites and on the public website.

For Substance Use, the DMC-ODS Member Handbook is available in the lobbies of clinical sites and on the public website.

Activities/References

See Informing Materials Flyer, Beneficiary Handbook English, Beneficiary Handbook Spanish, and KernBHRS.org

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

MET

KernBHRS maintains provider directories for mental health and substance use providers which are available 1) as hard copies in the lobbies of clinical sites and 2) as digital copies on the public website. These documents are available in English and our threshold language, Spanish, in 12- and 18-point font.

For Mental Health, the Mental Health Provider Directory is available in lobbies of clinical sites and on the public website.

For Substance Use, the DMC-ODS Provider Directory is available in the lobbies of clinical sites and on the public website.

Activities/References

See Informing Materials Flyer, June 2021 Provider Directory English, June 2021 Provider Directory Spanish, and KernBHRS.org

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

MET

KernBHRS QID reviews clinical sites on an annual basis to ensure that materials and information are presented to address needs of persons of culturally and diverse cultural backgrounds and disabilities. This includes having materials in English and our threshold language, Spanish, as well as having Language Assistance posters in a prominent location in the waiting room/common areas. Client materials are provided in 12- and 18-point font.

For Mental Health, sites must maintain all these materials and information in order to receive certification.

For Substance Use, sites must maintain all these materials and information in order to receive certification.

Activities/References

See Informing Materials Flyer, KernBHRS.org

GOAL 2

Ensure the Beneficiary Problem resolution process addresses culturally and linguistically appropriate factors to resolve Grievance and Appeals.

Strategy 1 – Maintain/update policies related to beneficiary Grievance and Appeals.

MET

KernBHRS Policy 10.1.13 outlines the process for a client to submit a grievance. The latest update outlines how the Patients' Rights investigation will be conducted.

For Mental Health, this policy is inclusive of clients currently or in the past receiving mental health services.

For Substance Use, this policy is inclusive of clients currently or in the past receiving substance use services.

Activities/References

See KernBHRS Policy 10.1.13

Strategy 2 – Partner with QID and PRA to identify cultural competence-related items on the Client Perception Surveys.

MET

Impacted by COVID-19. The Ethnic Services Manager and Cultural Competence team continue their partnership with QID and PRA to identify cultural competence-related items on the Client Perception Surveys. The Fall 2020 Client Perception Surveys were canceled due to COVID-19 impacts. The spring 2021 Client Perception Surveys were conducted. However, data analysis is still pending as of the writing of this report.

Substance use clients are not administered the Client Perception Survey. Rather, they are administered the Treatment Perception Survey each year in the fall. This survey was administered in fall 2020.

For Mental Health, the Client Perception Survey was administered to mental health clients in spring 2021.

For Substance Use, the Treatment Perception Survey was administered to substance use clients in fall 2020. One of the survey's items was "Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.)." A total of 552 adults responded to this item, and 2% of Mexican/Latino clients surveyed responded that they

"disagreed" with this statement. When the data is looked at by gender, 2% of clients identifying as Male "disagreed" with this statement.

Activities/References

The Client Perception Survey was administered once during this fiscal year and the Treatment Perception Survey was also administered once during this fiscal year.

Strategy 3 – PRA tracks, monitors, and reviews changes of provider, second opinion and/or grievance cases related to cultural and linguistic issues.

MET

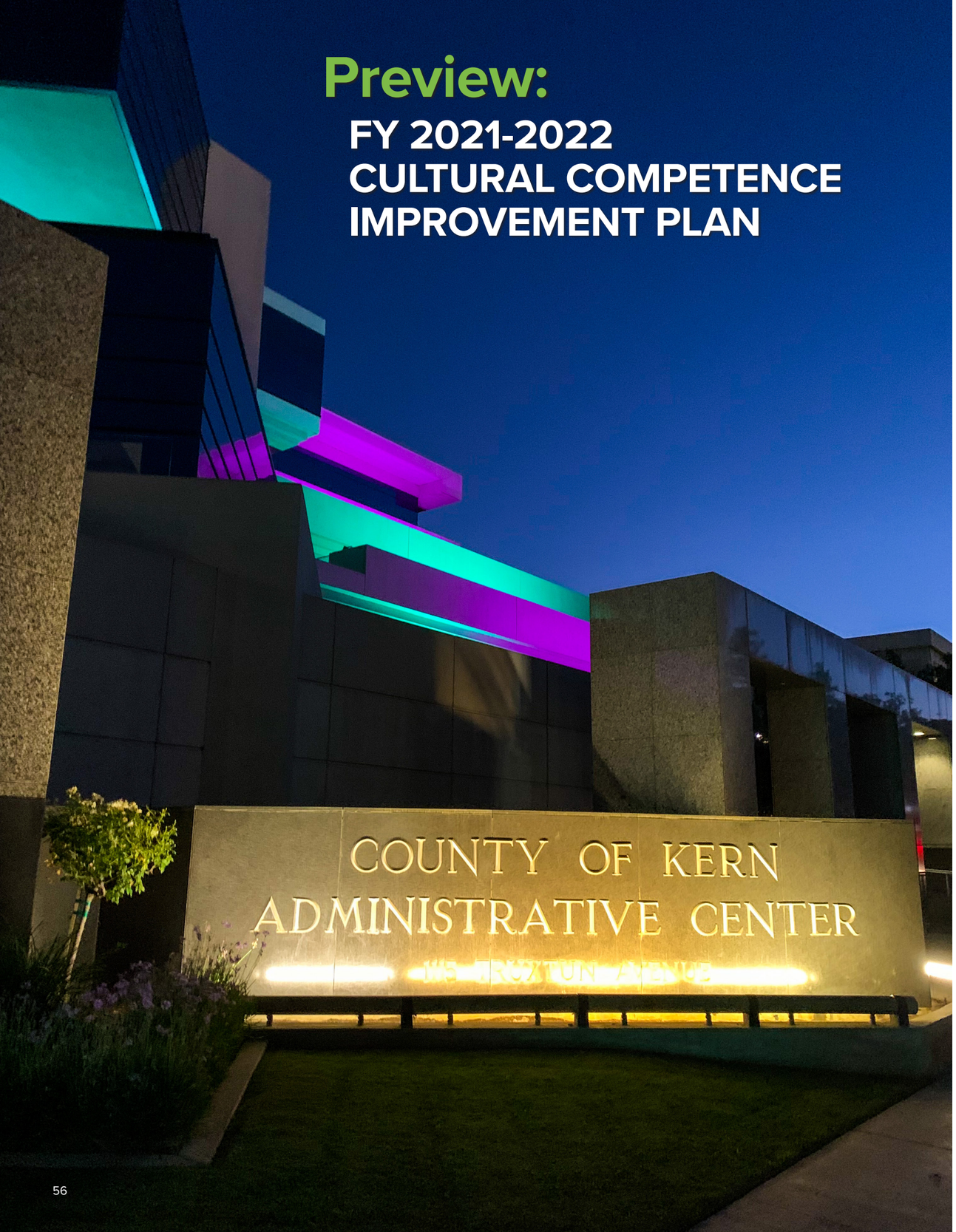
For FY 20-21, PRA tracked, monitored, and reviewed changes of provider and grievance cases for instances related to cultural and linguistic issues. Across mental health and substance use, there were 381 total grievances tracked. None of the instances tracked were related to cultural or linguistic issues.

For Mental Health, there were no instances related to cultural and linguistic issues.

For Substance Use, there were no instances related to cultural and linguistic issues.

Activities/References

The Patients' Rights team partners closely with the CCRC and Cultural Competence team to review any grievances related to cultural or linguistic issues and also to proactively advocate for inclusion of underserved populations.



Preview:
FY 2021-2022 CULTURAL COMPETENCE IMPROVEMENT PLAN

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.

NEW

Strategy 1

Partner with QID, CCRC, MHSA, PIO, and other stakeholders to monitor disparity rates and reduce disparities.

NEW

Strategy 2

Monitor client and consumer satisfaction through Client Perception Surveys, Treatment Perception Surveys, and Grievances.

UPDATED

Strategy 3

Partner with PRA, QID, Facilities, PIO, HR, MHSA, CCRC and other relevant entities to ensure facilities and media presence (written and pictures) reflect the diversity of Kern County which go beyond the requirements of site certifications.

NEW

Strategy 4

Begin planning community listening sessions to hear what is important to each community in their own words.

NEW

Strategy 5

In public forums, practice using lay terms and common language and reducing clinical jargon.

NEW

Strategy 6

Initiate planning to expand internship model to other community agencies that serve specific diverse populations.

GOAL 2

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

UPDATED

Strategy 1

Partner with SOC to monitor language services provided by a third-party vendor and by on-staff interpreters and translators to ensure that they are provided in threshold language

NEW

Strategy 2

Partner with CCRC and MHSA to develop a support system for SOC interpreters and translators.

CRITERION 1

CRITERION 1

GOAL 3

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

NEW

Strategy 1

Partner with Executive Administration, CC Team, CCRC, PIO, and MHSA to begin efforts to incorporate suggestions from "County Leaders Statement on Racism as Public Health Crisis" in SOC including but not limited to 1) "Normalizing discussions on race and racial equity" and 2) "Strengthening community engagement to ensure equity work empowers the voices and experiences of BIPOC communities, particularly those that are within our system of care."

UPDATED

Strategy 2

Partner with Executive Administration, Management, CC team, CCRC, PIO, and MHSA to begin efforts to educate staff about pronoun usage and gender identities.

NEW

Strategy 3

Partner with Adult Clinical Services Administration and Specialty Clinical Services Administration, CC team, MHSA, PIO, and Training Services to provide information about Prevention and Early Intervention and Stigma Reduction O&E relating to diverse community groups.

NEW

Strategy 4

Partner with Adult Clinical Services Administration and Specialty Clinical Services Administration, to provide at least one representative from each division as a member for CCRC to ensure all division's perspectives are included in discussions on diversity, equity, and inclusion.

UPDATED

Strategy 5

Partner with Adult System of Care Administration to Continue to improve the partnership with The Center for Sexuality and Gender Diversity including, but not limited to, internships for KernBHRS mental health and substance use staff.

NEW

Strategy 6

Partner with Substance Use Disorder Administration to collaborate with CC team and SUD QID to research penetration rate standards for African American/Black, American Indian/Alaska Native, and Asian & Pacific Islander American populations.

NO CHANGE

Strategy 7

Partner with Substance Use Disorder Administration to continue to improve collaboration with PIO, CC team, and CCRC to increase SUD O&E to Hispanic/Latinx population.

NEW

Strategy 8

Partner with the Kern Linkage Division Administration to continue to improve partnership between Relational Outreach and Engagement Model (ROEM) team and Flood Ministries, CC team, and CCRC.

NEW

Strategy 9

Partner with the Recovery Supports Administration to continue to collaborate with Training Services, CC team, CCRC, and PIO on trainings and outreach related to peers, including but not limited to Peer Employment Training, Advanced Peer Employment Training, and ensuring department staff are aware of the role of peers in the SOC.

NEW

Strategy 10

Partner with the Quality Improvement Division Administration to stratify identified key performance measures by race, ethnicity and gender in order to identify and then improve inequities in service delivery and access.

NEW

Strategy 11

Partner with the Quality Improvement Division Administration to add cultural competence training standard to the department's compliance standard and subsequent quarterly report, which will allow administrators to better monitor compliance with this training requirement.

NEW

Strategy 12

Partner with the Contracts Division Administration to improve information-sharing processes between Cultural Competence team, contract administrators, and contract partners.

NEW

Strategy 13

Partner with the Medical Services Administration to continue to improve the partnership between Zero Suicide team with MHSA, PIO, CC team, and CCRC to ensure suicide prevention messaging is culturally and linguistically responsive.

NEW

Strategy 14

Partner with the Finance Division Administration to update Policy 4.1.1. to include the Cultural Competence team in the information-sharing when a there are updates to units/subunits to ensure Language Line Services reflect the most up-to-date units/subunits.

NEW

Strategy 15

Partner with the Crisis Services Administration to continue a collaboration of MET team and department with local law enforcement.

NEW

Strategy 16

Partner with the Children's System of Care Administration to continue a collaboration with Kern County Superintendent of Schools (KCSOS).

UPDATED

Strategy 17

Partner with the Department Supports Division Administration to provide cultural competence trainings to staff, contract partners, and community partners.

CRITERION 1

CRITERION 1

UPDATED

Strategy 17

Partner with the Public Information team to coordinate proactive, culturally responsive marketing via social, print, broadcast, and radio media, marketing collateral at SOC sites, and in the community.

GOAL 4

Dedication to diverse workforce

UPDATED

Strategy 1

Partner with Human Resources to proactively recruit and retain a diverse workforce systemwide based on findings from SCRP Formal CC Assessment, Cultural Competence Plan Report, MH and SUD EQRO reports and other key performance indicators.

UPDATED

Strategy 2

Collaborative work with HR, MHSA, RSA, SUD, and Management Team on innovative strategies for diverse recruitment efforts including working with County HR to identify limiting structures in County hiring system; as well as, continued tracking and monitoring of diverse workforce including, but not limited to, ethnic/racial categories, peer, and family supports.

COUNTY MENTAL HEALTH SYSTEM UPDATED ASSESSMENT OF SERVICE NEEDS

GOAL 1

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

NO CHANGE

Strategy 1

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

NO CHANGE

Strategy 2

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

GOAL 2

Increase dissemination of cultural competence related information and resources.

NO CHANGE

Strategy 1

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

NO CHANGE

Strategy 2

Partner with PIO, SUD, MHSA and CCRC to track cultural competence-related communications including, but not limited to, community events, newsletters, trainings, etc.

NEW

Strategy 9

Partner with PIO to disseminate the monthly Cultural Competence newsletter, “The Compass” and develop a strategy to share with contract partners and community partners.

CRITERION 2

CRITERION 3

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

GOAL 1

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

NO CHANGE

Strategy 1

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

NO CHANGE

Strategy 2

Partner MHSA team and relevant entities to list intersectional strategies to reduce population disparities for groups including LGBTQ+, homeless, faith-based programs, and/or other diverse groups.

NO CHANGE

Strategy 3

Collaborate with MHSA team, SUD and PIO to ensure all outreach and education fliers and announcements strategies activities are translated in threshold language, Spanish, including but not limited to MHSA Stakeholder schedule meetings

NO CHANGE

Strategy 4

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

NO CHANGE

Strategy 5

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

GOAL 2

Meet or exceed penetration rate of threshold Hispanic/Latinx population.

NO CHANGE

Strategy 1

Meet or exceed 4.2% Mental Health Penetration Rate of threshold Hispanic/ Latinx population.

NEW

Strategy 2

Meet or exceed 0.85% Substance Use Penetration Rate of threshold Hispanic/ Latinx population.

NO CHANGE

Strategy 3

Partner with MHSA team, CCRC subcommittee, System of Care Administrators (SOCAs), QID, ITS, and other relevant entities on outreach, access, engagement, and services activities to penetrate the Hispanic/ Latinx population.

NO CHANGE

Strategy 4

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

GOAL 3

Enhance/improve Outreach & Education efforts and activities that are aimed at increasing penetration rate of Hispanic/Latinx population.

NO CHANGE

Strategy 1

Partner with SUD, ITS, CCRC, PIO and MHSA team and other relevant entities to track and monitor O&E data pertaining to the Hispanic/Latinx population, including total amount attended in events.

NO CHANGE

Strategy 2

Partner with PIO, MHSA, and SUD to track messaging and media communication to Latinx/Hispanic population.

GOAL 4

Meet or exceed penetration rate of African American/Black population.

NO CHANGE

Strategy 1

Meet or exceed 4.2% mental health penetration rate of African American/Black population

NEW

Strategy 2

Begin research to establish substance use penetration rate of African American/Black population

NO CHANGE

Strategy 3

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

NO CHANGE

Strategy 4

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

CRITERION 3

CRITERION 3

GOAL 5

Enhance/improve Outreach & Education efforts and activities that are aimed at increasing penetration rate of the African American/Black population.

UPDATED

Strategy 1

Partner with SUD, ITS, CCRC, PIO, MHSA team, and other relevant entities to track and monitor O&E data pertaining to the African American/Black population, including total amount attended in events.

NO CHANGE

Strategy 2

Partner with PIO, MHSA, and SUD to track messaging and media communication to African American/Black population.

GOAL 6

Meet or exceed penetration rate of Asian/Pacific Islander (API) population.

NO CHANGE

Strategy 1

Meet or exceed 4.2% mental health penetration rate of Asian/Pacific Islander (API) population.

NEW

Strategy 2

Begin research to establish substance use penetration rate of Asian/Pacific Islander (API) population.

NO CHANGE

Strategy 3

Partner with MHSA team, CCRC subcommittee, PIO, System of Care Administrators, QID, ITD, and other relevant entities on outreach, access, engagement, and services activities to penetrate the Asian/Pacific Islander population.

NO CHANGE

Strategy 4

Share data with CCRC, Management Team, QID, SQIC, MHSA team and/or in various forums on activities, strategies, accomplishments, and improvement areas to develop and implement to reduce disparities in Asian/Pacific Islander population.

GOAL 7

Enhance/improve Outreach & Education efforts and activities that are aimed at increasing penetration rate of the Asian/Pacific Islander population.

UPDATED

Strategy 1

Partner with SUD, ITS, CCRC, PIO and MHSA team and other relevant entities to track and monitor O&E data pertaining to the Asian/Pacific Islander population including total amount attended in events.

NO CHANGE

Strategy 2

Partner with PIO, MHSA, and SUD to track messaging and media communication to Asian/Pacific Islander population.

NO CHANGE

Strategy 3

Partner with MHSA team, CCRC subcommittee, System of Care Administrators (SOCAs), QID, ITS, and other relevant entities on outreach, access, engagement, and services activities to penetrate the Hispanic/Latinx population.

GOAL 8

Enhance/improve Outreach & Education efforts and activities that are aimed at increasing penetration rate of the American Indian/Native American population.

NEW

Strategy 1

Partner with SUD, ITS, CCRC, PIO and MHSA team and other relevant entities to track and monitor O&E data pertaining to the American Indian/Native American population including total amount attended in events.

NEW

Strategy 2

Partner with PIO, MHSA, and SUD to track messaging and media communication to American Indian/Native American population.

CRITERION 3

CRITERION 4

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

GOAL 1

Enhance collaboration with community partners through the CCRC with the purpose of addressing local cultural concerns and ensuring representation that is reflective of community demographics.

NO CHANGE

Strategy 1

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

NO CHANGE

Strategy 2

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

NO CHANGE

Strategy 3

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

NEW

Strategy 4

Collaborative work with Independent Living Center Kern County and Kern Disability Collaborative to ensure disability advocate perspectives are proactively considered in cultural competence activities

COUNTY MENTAL HEALTH SYSTEM CULTURALLY COMPETENT TRAINING ACTIVITIES

GOAL 1

Utilize MHSA WET funds to ensure education and culturally competent trainings are available to the workforce to address effectively serving diverse groups, unserved, and/or underserved populations.

NO CHANGE

Strategy 1

All staff (MH, SUD, and contractor) complete a minimum six hours of cultural competence trainings annually, measured by Relias Transcript Reporting.

NEW

Strategy 2

Begin implementation of SCRP multicultural clinical supervision training to all MH and SUD clinical supervisors to address cultural competence core competency.

NO CHANGE

Strategy 3

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

GOAL 2

Improve analysis of the effectiveness of cultural competence trainings

NO CHANGE

Strategy 1

Partner with Training Services to evaluate culturally competent trainings in identified areas of need, including, but not limited to, LGBTQ+, disability, and elder populations

NO CHANGE

Strategy 4

Utilize Relias to develop pre and post evaluations on trainings.

GOAL 3

Offer specific cultural competence trainings of diverse and person of color populations identified in SCRP formal assessment and CCRC subcommittee recommendations.

NEW

Strategy 1

Utilize staff feedback to develop cultural competence courses tailored to the needs of the department.

CRITERION 5

CRITERION 5

NO CHANGE

Strategy 2

Partner with Training Services and CCRC to provide trainings, including, but not limited to, the following: telehealth and COVID pandemic; cultural humility; adaptation EBP; ethnic therapist/client; matching; code switching; people of color in behavioral health setting health equity and social justice; Black Lives Matter; implicit bias; white privilege (ADDRESSING MODEL); African American and BH setting trainings; Latinx communities; API; Native American Indian communities; LGBTQ+; multi-diverse communities

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

GOAL 1

Complete Workforce Needs Assessment

UPDATED

Strategy 1

CCRC, MHSA, HR, PIO, IT, and other relevant entities to centralize and standardize community events and recruitment efforts.

NO CHANGE

Strategy 2

CCRC, MHSA, HR, PIO, IT, and other relevant entities to centralize and standardize workforce demographics, including ethnicity, language spoken, job classification such as peer specialist, and minority/person of color leadership role.

NO CHANGE

Strategy 3

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

GOAL 2

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

NO CHANGE

Strategy 1

Provide incentives for staff and provide opportunities on trainings, workshop, mentoring, etc. such as the following conferences: Annual Health Equity Summit, Leadership Conference, APA Conference, Annual Forensic Conference, and National Council Conference.

NO CHANGE

Strategy 4

Attend interpreter trainings to maintain Tier I (Verbal) and Tier II (Written) interpreter certification.

CRITERION 6

CRITERION 7

COUNTY MENTAL HEALTH SYSTEM LANGUAGE CAPACITY

GOAL 1

Dedicate resources such as MHSA funding to increase bilingual workforce capacity.

NO CHANGE

Strategy 1

Research interpretive service agencies on certification materials and materials for non-Spanish languages-other-than-English, in addition to threshold language Spanish.

UPDATED

Strategy 2

Continue to dedicate resources to increase Tier I (Verbal) and Tier II (Written) Interpreters Certification.

NO CHANGE

Strategy 3

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

NO CHANGE

Strategy 4

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

GOAL 2

Provide Language Line materials and information to persons who need interpretation and translation services, and to those who have Limited English Proficiency (LEP).

NO CHANGE

Strategy 1

Maintain and post posters/bulletins in clinics of the availability and information of interpreter assistance, including LEP.

NO CHANGE

Strategy 2

Partner with PIO, QID, IT, Facilities and CCRC to create materials and pictures for clinical sites, public website, and other community forums reflective of diverse and people of color with LEP.

NO CHANGE

Strategy 3

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

NO CHANGE

Strategy 4

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

COUNTY MENTAL HEALTH SYSTEM ADAPTATION OF SERVICES

GOAL 1

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

NO CHANGE

Strategy 1

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

NO CHANGE

Strategy 2

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

NO CHANGE

Strategy 3

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

NEW

Strategy 4

Provide training to staff on aspects of disability including, but not limited to, comorbidity of disabilities and mental health challenges, disability as an umbrella term, and providing proactive quality care to clients and consumers with disabilities.

GOAL 2

Ensure the beneficiary problem resolution process addresses culturally and linguistically appropriate factors to resolve Grievance and Appeals.

NO CHANGE

Strategy 1

Maintain/update policies related to beneficiary Grievance and Appeals.

NO CHANGE

Strategy 2

Partner with QID and PRA to identify cultural competence-related items on the Client Perception Surveys.

NO CHANGE

Strategy 3

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

CRITERION 8

Conclusion

The Fiscal Year 20-21 was a year of significant challenges due to the impact of the COVID-19 pandemic, which provided opportunities in innovative advancements to adapt to remote services, remote work, remote learning, and remote collaborations and community partnerships. Through team-based approaches and ongoing flexibilities within our operations, KernBHRS navigated through obstacles to provide effective services to its clients, consumers, and the community in a culturally and linguistically adaptive and responsive manner.

Key Highlights: FY 20-21

1 For the first time, the Cultural Competence Plan Training was filmed and offered to staff as a self-paced online module. Based on staff feedback, this increased engagement and retention of terminology, CLAS Standards, and department Cultural Competence Plan 19-20 findings.

2 KernBHRS partnered with CIBHS to provide access to the recordings of their 12-week "Minimizing Disruptions in Care" telehealth webinar series. Similarly to a focus group, staff provided feedback on courses. This data was shared with CIBHS. Select titles in this series include: CIBHS Webinar 11: Recognizing and Countering Implicit Bias by Changing Practices in Telehealth and CIBHS Webinar 12: Effective Telehealth When Working with Communities of Color.

3 KernBHRS also launched a first-of-its-kind year-long training series titled "KernBHRS Multicultural Clinical Supervision Program Pilot Training." KernBHRS staff who had attended Train-the-Trainer sessions with the training developers, Dr. Falendar and Dr. Goodyear, provided monthly training installments to KernBHRS licensed staff actively providing clinical supervision.

- The KernBHRS program managers were invited to present on their experiences developing this pilot program at the 2021 International Interdisciplinary Conference on Clinical Supervision (IICCS).

4 KernBHRS held two sessions of Peer Employment Training with 27 attendees. Of these attendees, 16 are employed as KernBHRS SOC staff.

5 KernBHRS staff have participated in 2 rounds of internships at The Center for Sexuality & Gender Diversity, which is a community-defined evidence program. The interns participated in group sessions, led group sessions, led workshops, and provided individual telehealth therapy.

6 Based on staff feedback to select cultural competence courses, staff are requesting more advanced cultural competence courses that focus on practical application strategies that is tailored to local diverse populations.

7 HR staff attended 5 online recruiting events, including 3 held by a Hispanic-serving institution.

8 Our threshold language, Spanish, was the most requested language for interpretation services. Removing Spanish from the data shows the next three most requested languages for interpretation services were: Farsi, American Sign Language, and Punjabi.

9 The Cultural Competence Team actively and continually recruited CCRC members to ensure a diverse group of members for an inclusive perspective on improvement strategies. In the previous year, the total membership was approximately 30. Currently, the CCRC has over 40 members.

10 The CCRC subcommittees also held cultural events. The African American/Black Subcommittee held the Black History Month Event: How we Heal and Juneteenth 2021: Celebrating Black Liberation & Resilience, and the Asian and Pacific Islander American Subcommittee held Asian & Pacific Islander American Heritage Month Virtual Symposium.

11 Various outreach and education activities were held in May as part of Mental Health Awareness Month. The goal of these activities was to reduce the stigma surrounding mental health.

Looking Ahead to 2021-2022

Across the system of care, KernBHRS staff demonstrated a commitment to improving health care disparities through culturally inclusive services, cultural competence trainings, O&E events, staff recruitment and retention efforts on diverse workforce, and innovative pilot programs, among so many other strategies. Despite the effects of the COVID-19 pandemic, KernBHRS has continued to provide quality, effective, and culturally competent services to our clients and consumers, as well as hope for a meaningful life in the community. We look forward to advancing our cultural competency improvement strategies to provide support to our clients and community as we move forward into the next fiscal year.

ACRONYMS, ABBREVIATIONS & TERMS

ADA
American Disabilities Act

ADDRESSING Model
Evidence-based framework for discussing nine important factors of identify and how they intersect. The model was developed by Dr. Pamela Hayes

Advanced PET
Advanced Peer Employment Training

API
Asian and Pacific Islander

APIA
Asian Pacific Islander American

APA
American Psychological Association

ASL
American Sign Language

ASOC
Adult System of Care

BAIHP
Bakersfield American Indian Health Project

BHB
Behavioral Health Board

BHRS Minute
Kern Behavioral Health & Recovery Services' internal newsletter

BIPOC
Black, Indigenous, People of Color

CCP
Cultural Competence Plan

CC Plan
Cultural Competence Plan

CC/ESC
Cultural Competence/Ethnic Service Coordinator

CC/ESM
Cultural Competence/Ethnic Service Manager

CC
Cultural Competence

CC team
Cultural Competence team

CCPR
Cultural Competence Plan Requirements

CCRC
Cultural Competence Resource Committee

The Center
The Center for Sexuality & Gender Diversity

CIBHS
California Behavioral Health Solutions

CLAS
Culturally and Linguistically Appropriate Services

COVID-19
Coronavirus Disease 2019

CPS
Client Perception Survey

CSOC
Children's System of Care

CSS
Community Services and Supports, a Mental Health Services Act (MHSA) funding component

CSUB
California State University, Bakersfield

DHCS
Department of Health Care Services

DMC-ODS
Drug Medi-Cal Organized Delivery System

DMH
Department of Mental Health

EBP
Evidence Based Practices

EQRO
External Quality Review Organization

Exec team
Executive Team

FY
Fiscal Year

GDP
Gross Domestic Product

HR
Human Resources

HSI
Hispanic-Serving Institution (in higher education)

IICCS
International Interdisciplinary Conference on Clinical Supervision

ILCKC
Independent Living Center of Kern County

IT
Information Technology

ITS
Information Technology Services

KCSOS
Kern County Superintendent of Schools

KernBHRS
Kern Behavioral Health & Recovery Services

KLD
Kern Linkage Division

KPIC
Key Performance Indicators Committee

LEP
Limited English Proficiency, Individuals with Limited English Proficiency

LGBTQ+
Lesbian, Gay, Bisexual, Transgender, Queer, Questioning

MH
Mental Health

MHM
Mental Health Month

MHP
Mental Health Plan

MHSA
Mental Health Services Act

MOU
Memorandum of Understanding

NAMI
National Alliance on Mental Illness

National Council
National Council for Mental Wellbeing, formerly National Council for Behavioral Health

NOABD
Notice of Adverse Benefit Determination

O&E
Outreach and Education

PEI
Prevention and Early Intervention, a Mental Health Services Act (MHSA) funding component

PET
Peer Employment Training

PHE
Public Health Emergency

PIO
Public Information Office team or Public Information Officer

PPE
Personal Protective Equipment

PRA
Patient's Rights Advocates

QIC
Quality Improvement Committee

QID
Quality Improvement Division

RLMS
Relias Learning Management System

ROEM
Relational Outreach Engagement Model

RSA
Recovery Supports Administration

SCRP
Southern California Regional Partnership

SOC
System of Care

SOCA
System of Care Administrators

SQIC
System Quality Improvement Committee

SUD
Substance Use Disorder

TAY
Transitional Age Youth

Tier I
Tier I interpreters have completed Bakersfield College's Spanish interpreter exam

Tier II
Tier II interpreters have completed Bakersfield College's Spanish translator exam

TIP
Transition to Independence Process

TRC
Training Review Committee

WET
Workforce Education and Training, a Mental Health Services Act (MHSA) funding component


BEHAVIORAL
HEALTH&RECOVERY
SERVICES