KERN BEHAVIORAL HEALTH &
RECOVERY SERVICES

CULTURAL COMPETENCE PLAN ANNUAL UPDATE

REVIEW: FISCAL YEAR: 2021-2022
PREVIEW: FISCAL YEAR 2022-2023

BEHAVIORAL HEALTH&RECOVERY SERVICES

KERN COUNTY
GROUNDED & BOUNDLESS

About this Report:

The data for this report was provided by KernBHRS System of Care staff, contract partners, and/or community partners. We'd like to acknowledge all those who contributed their time and efforts in the development of this report.

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Final special thanks to the Tri-Team: MHSA Coordination, Public Information, Cultural Competence

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 CC Team at CulturalCompetence@KernBHRS.org

The reference drive is found on Dropbox here

Executive Summary

In fiscal year 21-22, some accomplishments include:

- Beginning CalAIM implementation to address specific populations
- Beginning phase of new Electronic Health Record transition
- Increasing culturally and linguistically diverse marketing, informational materials and outreach
- Hosting additional round of the Internship at The Center, planning stages of an internship at BAIHP
- Holding listening sessions & stakeholder meetings with Populations of Focus
- Hosting CCR Hispanic/Latinx Subcommittee event: Hispanic Heritage Month
- Presenting two CCR African American/Black Subcommittee events: Black History Month & Juneteenth
- Coordinating Central Valley API Wellness Collaborative to support information sharing across BH providers and Central Valley CBOs.
- Continuing Recruitment and Retention of Diverse Workforce Workgroup to identify strategies to recruit and retain staff
- Completing more than 6 hours of required cultural competence training hours
    - Mental Health staff averaged 10 hours
    - Substance Use Disorder staff averaged 9 hours
- Furthering the partnership with Vision y Compromiso-Kern leadership
- Implementing Phase II of the Multi-Cultural Clinical Supervision Training Program

Barriers include:

- Continuing staffing challenges and hard-to-fill vacancies
- Continuing disproportionate representation in staff job categories
- Declining Penetration Rates in several Ethno-racial categories, even in the threshold group for Hispanic/Latinx

Potential Solutions

- Establish ongoing collaboration and information sharing about vacancies, especially in Recruitment & Retention Committee and community forums
- Development of a mentorship or support group to help staff navigate day-to-day concerns and career concerns
- Development of a Penetration Rate Report (PRR) workgroup to identify how to capture all clients, how to ensure ethno-racial categories are inclusive and also in compliance with funding and regulatory requirements, training staff on entering demographic data

Behavioral Health Cultural Competence Plan 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) 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 Plan (CCP) Annual Update Addresses Two (2) Main Areas:

1. A Review of the Outcomes and Activities of the prior Fiscal Year 2021-2022
2. A Preview of the Cultural Competence Improvement Plan for the current Fiscal Year 2022-2023

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.

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.

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.

Note on Update to Rating System

In order to bring together the data and reporting from both Mental Health and the Substance Use Disorder, KernBHRS has shifted to using the rating system developed by Substance Use Disorder QID team which uses the following rating levels:

Rating	Description
Met	Item complete in FY 21-22
In Process	Item begun in FY 21-22; write up will include considerations and/or barriers in implementation
Not Met	Item not completed in FY 21-22; write up will include barriers and potential solutions
NA	Item discontinued in FY 21-22; write up will describe why an item was discontinued

CCP-Criterion 1. Commitment to Cultural Competence

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

CLAS Category: Governance, Leadership and Workforce Engagement, Continuous Improvement and Accountability

CLAS Standards:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources;

3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area;

4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

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	Met	Strategy 3	Met	Strategy 5	Met
Strategy 2	Met	Strategy 4	Met	Strategy 6	Met

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

Strategy 1	Met	Strategy 2	Met

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

Strategy 1	Met	Strategy 6	Met	Strategy 11	In	Strategy 16	Met
Strategy 2	Met	Strategy 7	Met	Strategy 12	Met	Strategy 17	Met
Strategy 3	Met	Strategy 8	Met	Strategy 13	Met	Strategy 18	Met
Strategy 4	Met	Strategy 9	Met	Strategy 14	NA		
Strategy 5	Met	Strategy 10	In Process	Strategy 15	Met		

Goal 4: Dedication to diverse workforce

Strategy 1	Met	Strategy 2	Met

Mission Statement

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

Statements of Philosophy

Vision

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

Values

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

Land acknowledgement in honor of Kern County Indigenous Peoples; Pueblos, Rancherias, and Tribal Lands.

To the original people native to this land. The area known as Kern County today is the homeland of several American Indian Tribes including the Federally recognized Tejon tribe, comprised of Kitanemuk, Yokut, and Chumash peoples; The Tübatulabal comprised of Tulami, Tubatulabal, and Palagewan peoples; The Western Mono peoples; Kawaiisu peoples; and Chalon peoples.

May we acknowledge and honor our indigenous people who came before us and still walk beside us today on these ancestral lands by choosing to gather today in the active practice of acknowledgement and appreciation for Kern County's Indigenous People's history, contributions, and lives.

Developed Collaboratively with Representatives of Bakersfield American Indian Health Project, Owens Valley Career Development Center, the Tejon Tribe, and KernBHRS.

Strategic Plans

Like everyone, our department experienced much change in leadership and staffing since the beginning of 2020. As an updated strategic plan is being developed, the management team demonstrates its commitment to laying the groundwork for strategic planning by ensuring that all management and supervisory staff attended leadership training. This built a common language across all department leaders that enables us to be collaborative, fact-based, and outcome oriented.

Additionally, our management trained a cohort of department staff which included management, supervisors, and line staff, in grant writing principles. This was a way to build a foundation for ongoing fiscal stability as our department navigates a changing funding landscape.

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.

Met *Strategy 1: Partner with QID, CCRC, MHSA, PIO, and other stakeholders to monitor disparity rates and reduce disparities.*

KernBHRS partners with stakeholders across the system to monitor and reduce disparity rates. Additionally, staff outside of these teams know to reach out to the CC Team if there are any concerns regarding culturally and linguistically appropriate services. This is inclusive of both substance use and mental health teams and partners throughout the system and community.

Met *Strategy 2: Monitor client and consumer satisfaction through Client Perception Surveys (CPS), Treatment Perception Surveys (TPS), and Grievances*.

KernBHRS' Quality Improvement and Patients' Rights Teams monitor client surveys and client grievances for culturally and linguistically related issues. This is inclusive of both substance use and mental health services as the referenced surveys are related to the types of services provided.

Met *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.*

KernBHRS collaborated to ensure that facilities and media presence are reflective of the diversity of Kern County in FY 21-22. Some noteworthy examples include the work done on the public website, as well as in translation of documents. These are inclusive of both substance use and mental health materials.

Met *Strategy 4: Begin planning community listening sessions to hear what is important to each community in their own words.*

KernBHRS completed planning, development, and implementation of community listening sessions in FY 21-22 which included sessions for the following 3 community groups

- American Indian/Alaska Native
- English-speaking Hispanic/Latinx
- Spanish-speaking Hispanic/Latinx

Met *Strategy 5: In public forums, practice using lay terms and common language and reducing clinical jargon.*

The CC Team published a quick guide on using lay terms and common language. Additionally, in committees and public spaces, KernBHRS has practiced using common language to be more inclusive of our audience, especially in venues where the audience includes non-behavioral health staff.

Met *Strategy 6: Initiate planning to expand internship model to other community agencies that serve specific diverse populations.*

KernBHRS initiates planning to expand internship model to BAIHP which serves Urban American Indian/Alaska Native population in Kern. KernBHRS also continues to monitor the original internship model housed at The Center for Sexuality & Gender Diversity. These opportunities are open to both substance use and mental health staff.

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

Met *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*

The CC Team compiles language and translation/interpretation requests. KernBHRS maintains a contract with Language Line Solutions and utilizes the county-wide contract for ASL interpretation from Independent Living Center Kern County (ILCKC). Language Services are available to clients receiving substance use and/or mental health services.

Met *Strategy 2: Partner with CCRC and MHSA to develop a support system for SOC interpreters and translators*

MHSA and CC Team partnered to coordinate department translation requests, to share information on interpreter webinars, and to ensure that translators feel supported. Support for department interpreters and translators is inclusive of staff providing this support for substance use and/or mental health services.

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

Met *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."*

KernBHRS staff have engaged in discussions about race and racial equity in training programs and committees. KernBHRS has also hosted Listening Sessions in the past year to elevate the voices and perspectives of the communities we serve. These activities were inclusive of substance use and mental health service concerns.

Met *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.*

The CC Team drafted an issue of "The Compass" which covered gender identities and pronoun usage. Department teams also modeled pronoun usage such as the MHSA Team verbally demonstrating pronoun usage at the start of each Community Forum event and DSD teams using pronouns in signature blocks. These efforts were inclusive of staff in substance use and mental health teams.

Met *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.*

Through the divisions in this area of the department, staff presented on various Prevention and Early intervention topics. The Friday Night Live/Prevention Team provides this type of information from the Substance Use Disorder division. This team's community SUD O&E trainings are listed in the O&E log later in this report. Staff from both substance use and mental health teams received this information and also shared in the community.

Met *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.*

Due to staffing challenges, staff representative numbers from each of the division have been fluctuating, CC Team will share updates with each division on their division representatives as needed. This is inclusive for both substance use and mental health teams.

Met *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.*

ASOC Division continues the partnership with The Center for Sexuality & Gender Diversity. As part of this partnership, selected KernBHRS staff able to complete an

internship at the Center. The Center and Training Services have begun discussion on dates for next fiscal year which are inclusive of substance and mental health staff.

Met *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.*

SUD Administration collaborated with various department teams to research and introduce penetration rate standards for African American/Black, American Indian/Alaska Native, and Asian/Pacific Islander American population. SUD Administration partnered with substance use and mental health staff to achieve this strategy.

Met *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.*

The SUD Division partnered proactively across the department and community. SUD staff participated in media interviews, O&E events, community forums, department committees, etc. Of note are the Spanish media and marketing inclusive of the Drug Free Kern campaign and information regarding accessing services. SUD Administration partnered with substance use and mental health staff to achieve this strategy.

Met *Strategy 8: Partner with the KLD Administration to continue to improve partnership between Relational Outreach and Engagement Model (ROEM) team and Flood Ministries, CC team, and CCRC.*

KLD, including the ROEM team, continue to enhance collaboration across the department. ROEM team members shared information regarding their team in various fora including in department committees and in All Staff Townhall meetings. This partnership is inclusive of individuals experiencing houselessness dealing with substance use and/or mental health challenges.

Met *Strategy 9: Partner with the RSA 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.*

RSA partnered with department to share information on Peer trainings. During this year, Peer training was also offered by the state as part of the move to peer services becoming billable. As such, the state training and exam are still pending. Peer trainings are inclusive of individuals with lived experience with substance use and/or mental health recovery.

In Process *Strategy 10: Partner with the QID 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*

The QID and CC Team began initial discussions on stratifying identified key performance measures by race, ethnicity, and gender. These discussions will be continued and

examined in the Regulatory Compliance Committee (RCC) in FY 22-23. The identified KPIs will be inclusive of both substance use and mental health data sets.

In Process *Strategy 11: Partner with the QID 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.*

In FY 21-22, QID and Cultural Competence partnered on initial discussion of adding the cultural competence training standard to the department's compliance standard and subsequent quarterly report. The information both teams discussed regarding a CC training standard will be shared and potentially implemented in the RCC in early FY 22-23. The RCC oversees compliance for both substance use and mental health regulations.

Met *Strategy 12: Partner with the Contracts Division Administration to improve information-sharing processes between CC Team, contract administrators, and contract partners.*

Contracts Division Administration works closely with CC Team to ensure information sharing between KernBHRS and contracted providers. In fiscal year 21-22, Contracts Division has collaborated by sharing culturally competence resources and information with contract providers including but not limited to CA-CCPR and Contract providers bilingual staff plans. These efforts are inclusive of information sharing processes for both substance use and mental health teams in the SOC.

Met *Strategy 13: Partner with the Medical Services Administration to continue to improve the partnership between Zero Suicide (ZS) team with MHSA, PIO, CC team, and CCRC to ensure suicide prevention messaging is culturally and linguistically responsive.*

KernBHRS works to actively include partnership with the ZS Team through bi-directional information sharing to support effective, culturally based webinars/trainings. ZS Team members also participate in department wide committees such as CCRC and TRC. ZS messaging and information is distributed to both substance use and mental health staff.

NA *Strategy 14: Partner with the Finance Division Administration to update Policy 4.1.1. to include the CC 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.*

Strategy discontinued. There was a more efficient way to access the data through the QID

Met *Strategy 15: Partner with the Crisis Services Administration to continue a collaboration of MET team and department with local law enforcement.*

The Crisis Services Administration furthered KernBHRS' collaboration with local law enforcement in FY 21-22. This involved having KernBHRS staff stationed at the BPD Emergency Call Center and diverting mental health calls to the KernBHRS staff. This partnership has been documented in local media including a feature on KernBHRS staff, which can be found here. The MET teams' efforts are supportive of substance use and mental health emergency needs.

Met *Strategy 16: Partner with the Children's System of Care (CSOC) Administration to continue a collaboration with Kern County Superintendent of Schools (KCSOS).*

CSOC Administration maintains ongoing partnership with KCSOS, as well as many community and educational partners. KernBHRS participates in the following ongoing KCSOS meetings:

- MHSSA Admin Meeting
- Coordination of Care Standard
- Coordination of Care Beardsley
- Coordination of Care CLC 34th
- SEL (Social Emotional Learning)
- MHSSA Core Management meeting
- Children's Cabinet West Kern
- KHSD Social Worker Collaboration meeting with East Bakersfield Clinic

Additionally, in collaboration with MHSA team, CSOC also participated in 16 O&E events with approximately 4,009 Children/Youth reached in FY 21-22. More information on the full O&E events log, and on specific youth-focused O&E later in this document. CSOC's work is inclusive of both substance use and mental health services needs for children and youth.

Met *Strategy 17: Partner with the DSD Administration to provide CC trainings to staff, contract partners, and community partners*

The DSD Administration and Training Services partnered to provide CC trainings throughout Fiscal Year 21-22. A more detailed discussion of this can be found later in the document. Trainings were open to both substance use and mental health staff. Community trainings were open to the public.

Met *Strategy 18: Partner with the Public Information Office (PIO) team to coordinate proactive, culturally responsive marketing via social, print, broadcast, and radio media, marketing collateral at SOC sites, and in the community*

The PIO Team collaborated with various KernBHRS teams to ensure proactive, culturally responsive marketing. A more detailed discussion of various PIO projects and initiatives can be found later in this document, including discussion of Spanish marketing, enhancements to the public website, and internal marketing. PIO marketing materials include substance use and mental health materials.

Goal 4: Dedication to diverse workforce

Met *Strategy 1: Partner with Human Resources (HR) to proactively recruit and retain a diverse workforce systemwide based on findings from SCRP Formal CC Assessment, CCP Report, MH and SUD EQRO reports and other KPIs.*

Based upon report findings, KernBHRS Workforce Development Coordinator worked with CCRC members, MHSA team, CC Team, and the Executive Administration to proactively recruit and retain a diverse workforce. A more detailed discussion of the state of the workforce can be found later in this document. These efforts were inclusive of substance use and mental health workforce.

Met *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.*

KernBHRS team collaborate within the Recruitment & Retention (R&R) committee on strategies for diverse recruitment and retention efforts.

In fiscal year 21-22, noteworthy efforts the department undertook for staff retention were two staff-led support groups where staff of the same job role could provide mutual support and mentorship through the:

- Therapist Chill Out Group
- Recovery Specialist Group

An ongoing challenge that many employers have been facing during the COVID Public Health Emergency has been the “Great Resignation”. KernBHRS is also experiencing many open vacancies, including specific hard to fill vacancies. This has been a significant barrier in fiscal year 21-22 and has impacted hiring and retention of staff for both substance use and mental health positions.

CCP-Criterion 2. KernBHRS Updated Assessment of Service Needs

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

CLAS Category: Engagement, Continuous Improvement and Accountability

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Goal 1: Enhance and promote education of outreach protocols as they pertain to cultural competence and CLAS Standards.

Strategy 1 Met Strategy 2 Met

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

Strategy 1 Met Strategy 2 Met Strategy 3 In Process

Goal 1: Enhance and promote education of outreach protocols as they pertain to cultural competence and CLAS Standards.

Met *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*

Staff received training in CLAS Standards and O&E Protocols in FY 21-22. Staff have received training annually on the CCP Requirements inclusive of CLAS, but this year the training was enhanced to include conducting an English and Spanish version to ensure that interpreter certified staff have ongoing reinforcement of their Spanish vocabulary. The graph below divides the staff completions by whether they provide services to clients or now (direct service staff vs Administrative & Professional staff). Each of these categories is inclusive of both Mental Health and Substance Use Disorder Staff.

	English Completions	Spanish Completions
Direct Service Staff	86%	95%
Administrative & Professional Staff	95%	100%

Met *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.*

KernBHRS teams partnered to share O&E materials in various forums including:

- Committee meetings
- Contract Providers
- Community partners
- Educational Institutions
- General public via Stakeholder meetings, Community forums, and O&E Events

This is inclusive of materials and information for substance use and mental health services and resources.

Goal 2: Increase dissemination of CC-related information and resources

Met *Strategy 1: Partner with CCRC, PIO, MHSA, and other relevant entities to create and distribute CC-related public materials, information, and resources.*

KernBHRS teams/staff employ a collaborative approach to distribution of CC-related materials. Staff from SUD, PIO, MHSA, QID, ZS Team, Training Services, Contracts Division, Executive Administration, to name a few, all collaboratively shared information regarding trainings/webinars, cultural competence materials, resources, and information. Materials shared are representative of substance use and mental health.

Met *Strategy 2: Partner with PIO, SUD, MHSA and CCRC to track CC-related communications including, but not limited to, community events, newsletters, trainings, etc.*

The CC Team tracks CC-related communications throughout the fiscal year. The items that were tracked across teams include training/webinar notifications, community events (both in-person and virtual), newsletters, etc. The materials tracked were inclusive of both substance use and mental health information.

In Process *Strategy 3: Partner with PIO to disseminate the monthly CC newsletter, "The Compass" and develop a strategy to share with contract partners and community partners.*

Due to staffing challenges, "The Compass" was only released four times in FY 21-22. This was released to staff via the internal department newsletter, shared with contract partners via contract administrators, and shared with community partners via CCRC and the public website.

Staff anecdotally reported enjoying the hands-on application & reflection components of the Compass and the research-based information and suggestions. Based on this, the CC Team intends to continue "The Compass", although with a goal of releasing it three times in FY 22-23. The Compass is inclusive of substance use and mental health considerations and their intersections with culturally and linguistically inclusive care.

CCP-Criterion 3. KernBHRS Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Behavioral health Disparities

Rationale: "Striking disparities in behavioral health care are found for racial and ethnic populations. Racial and ethnic populations have less access to and availability of behavioral health services, these communities are less likely to receive needed behavioral health services, and when they get treatment they often receive poorer quality of behavioral health care. Although they have similar behavioral 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).

CLAS Category: Principal Standard. Engagement; Engagement, Continuous Improvement and Accountability

1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities;

14. Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

Goal 1: Partner with QID, MHSA Team, SUD, and other relevant entities to identify target populations with disparities.

Strategy 1 Met Strategy 3 Met Strategy 5 Met
Strategy 2 Met Strategy 4 Met

Goal 2: Meet or exceed penetration rate of threshold Hispanic/Latinx population.

Strategy 1 In Process Strategy 2 In Process Strategy 3 Met Strategy 4 Met

Goal 3: Enhance/improve Outreach & Education efforts and activities that are aimed at increasing penetration rate of Hispanic/Latinx population.

Strategy 1 Met Strategy 2 Met

Goal 4: Meet or exceed penetration rate of African American/Black population.

Strategy 1 Met Strategy 2 Met Strategy 3 Met Strategy 4 Met

Goal 5: Enhance/improve Outreach & Education efforts and activities that are aimed at increasing penetration rate of the African American/Black population.

Strategy 1 Met Strategy 2 Met

Goal 6: Meet or exceed penetration rate of Asian/Pacific Islander (API) population.

Strategy 1 In Process Strategy 2 Met Strategy 3 Met Strategy 4 Met

Goal 7: Enhance/improve Outreach & Education efforts and activities that are aimed at increasing penetration rate of the Asian/Pacific Islander population.

Strategy 1 Met Strategy 2 Met Strategy 3 Met

Goal 8: Enhance/improve Outreach & Education efforts and activities that are aimed at increasing penetration rate of the American Indian/Native American population.

Strategy 1 Met Strategy 2 Met

Goal 1: Partner with QID, MHSA Team, SUD, and other relevant entities to identify target populations with disparities.

Met *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.*

KernBHRS teams partnered in various forums such as the SUD Key Performance Indicators Committee (SUD KPIC), the MH Key Performance Indicators Committee (MH KPIC), the Systemwide Quality Improvement Committee (SQIC), and the Quality Improvement Committee. For both Mental Health and Substance Use Disorder, the ongoing partnership in these forums supports identifying health disparities, needs/gaps, and potential solutions. These committees address the needs of underserved and underprivileged populations within the scope of KernBHRS and the entire system of care inclusive of Contract Partners. The committed listed below are inclusive of discussions of quality improvement for both substance use and mental health services.

Table 1 KernBHRS Committee Calendars FY 21-22

SUD KPIC	MH KPIC	SQIC	QIC	CCRC	BHB
7.14.21	07.7.21	8.23.21	8.17.21	7.15.21	8.23.21
8.11.21	7.21.21	9.27.21	10.19.21	8.19.21	9.27.21
10.13.21	8.4.21	10.25.21	4.1.22	9.16.21	10.25.21
11.10.21	8.18.21	11.22.21	5.17.22	10.21.21	11.22.21
1.12.22	5.3.22	1.24.22		11.18.21	1.24.22
3.24.22		2.28.22		12.16.21	2.28.22
4.28.22		3.28.22		1.20.22	3.28.22
5.26.22		4.25.22		2.17.22	4.25.22
6.23.22		5.23.22		3.17.22	5.23.22
		6.27.22		4.21.22	6.27.22
				5.19.22	
				6.16.22	

Met *Strategy 2: Partner with 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*

KernBHRS and partners used intersectional approaches in collaborative work to reduce health disparities as the common language in all equity work. This included ongoing education and training for staff, in committee meetings, and in community events and forums.

A guiding framework for the intersectional approach to equity work has been Dr. Pamela Hays' ADDRESSING model. This framework is used for both substance use and mental health service considerations.

Met *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*

KernBHRS has established a three-team partnership between the MHSA Team, the Public Information Team, and the CC Team, to create timely Spanish translations. SUD Division has been a key collaborator with the Tri-team mentioned above.

This ongoing collaborative work has ensured the prompt, fiscally-sound translations of both substance use and mental health O&E materials.

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

One of the ongoing strategies that KernBHRS has employed is for the MHSA team to serve as a funnel for collection and monitoring of activities for reducing population disparities. One way this is done is through the O&E log. This quantitatively tracks O&E events, approximate numbers of attendees, and population outreached. In the coming fiscal year, KernBHRS will continue to enhance data collection and compilation of the O&E events.

MHSA's O&E log is inclusive of all department substance use and mental health O&E.

Table 2 O&E Log FY 21-22

Date	Event	Attendee Profile	# Attendees
7/15/2021	International Interdisciplinary Conference on Clinical Supervision	Clinicians	25

7/15/2021	Kern County Recovery Stations Presentation for CHP	Law Enforcement	
7/15/2021	Delano Recovery Station Stakeholder Meeting	General Public	
7/23/2021	Bakersfield Recovery Station Stakeholder Meeting	General Public	
8/13/2021	Freise Hope House event	Consumers, General Public	100
8/27/2021	Delano Recovery Station Stakeholder Meeting	General Public	
8/27/2021	Bakersfield Recovery Station Stakeholder Meeting	General Public	
9/1/2021	Kick-Off Lighting Ceremony	Virtual	
9/2/2021	Fentanyl Forum	Virtual	
9/8/2021	Recovery, Hope and Resilience Virtual Forum	Virtual	
9/10/2021	Mural Ribbon cutting and Suicide Prevention Awareness Day Vigil	General Public	15
9/10/2021	Movie in the Park	General Public	200
9/10/2021	Movie in the Park	General Public	200
9/11/2021	SALT Walk	General public	250

9/15/2021	NAMI Club Day	Students	200
9/17/2021	Mural Ribbon Cutting	Public, virtual	25
9/17/2021	Movie in the Park	General public	200
9/17/2021	Hope and Recovery Drive Thru Celebration	General Public	250
9/17/2021	Bakersfield Recovery Station Stakeholder Meeting	General Public	
9/22/2021	Spanish Suicide Prevention Training	Hispanic/Latinx	
9/23/2021	Mural Ribbon cutting	BCSD and virtual	15
9/23/2021	Delano Recovery Station Stakeholder Meeting	General Public	
9/24/2021	September Suicide Prevention Lunch Fair	Students	200
9/24/2021	Hispanic Heritage Month CCRC Event	Hispanic/Latinx	100
10/1/2021	Suicide Prevention Week-Wellness Fair	Children/TAY	200
10/5/2021	National Night Out	General Public	
10/8/2021	Wellness Fair	Children/TAY	200

10/14/2021	Kern County Homeless Veterans Stand Down/Resource Day	Veterans, General Public	150
10/14/2021	Delano Recovery Station Stakeholder Meeting	General Public	
10/15/2021	Housing Authority Family Self-Sufficiency Program Workshop and Outreach Event	Low Socioeconomic Status	75
10/22/2021	Bakersfield Recovery Station Stakeholder Meeting	General Public	
10/27/2021	Trunk or Treat	Children	75
10/27/2021	County Resource Fair & Movie in the Park (also be held in conjunction with the community Trunk or Treat event)	Children	500
10/28/2021	Red Ribbon Week Health Fair	Students	50-70
10/28/2021	Red Ribbon Week Event Day	Students	50-70
10/28/2021	Red Ribbon Week TDS Fall Health Fair	Students	150-200
10/29/2021	Trunk or Tweet	Children	150-200
10/29/2021	Trunk or Treat	Students	1,000

10/30/2021	County Resource Fair & Movie in the Park (also be held in conjunction with the community Trunk or Treat event)	Children	250
11/5/2021	Recovery Stations Presentation - Kern County District Attorney's Office Victim Services Unit	District Attorney's Office	
11/6/2021	BAIHP Native American Heritage Month Celebration	American Indian/Alaska Native, General public	250
11/6/2021	Silkies Hike 2021	Veterans, General Public	250
11/17/2021	Gleaners Canned Food Drive	BHRS Staff	50
11/9/2021-12/17/2021	Toys for Tots	BHRS Staff	100
11/18/2021	Delano Recovery Station Stakeholder Meeting	General Public	
11/19/2021	Bakersfield Recovery Station Stakeholder Meeting	General Public	
12/16/2021	Delano Recovery Station Stakeholder Meeting	General Public	
12/17/2021	Bakersfield Recovery Station Stakeholder Meeting	General Public	

1/12/2022	Presentation-Prevention 101	General Public	
1/20/2022	Presentation- Risk and Protective Factors	General Public	
1/20/2022	Delano Recovery Station Stakeholder Meeting	General Public	
1/21/2022	Bakersfield Recovery Station Stakeholder Meeting	General Public	
1/27/2022	Light a Candle for a Loved One	General public	100
1/28/2022	Vaccine Clinic	General public	75
2/4/2022	Vaccine Clinic	General public	60
2/9/2022	Presentation- Cannabis and Vaping	General Public	
2/11/2022	Vaccine Clinic	General public	56
2/12/2022	Narcan Distribution Drive Thru	General public	112
2/15/2022	Presentation- Cannabis and Vaping	General Public	
2/15/2022	Presentation- Cannabis and Vaping Spanish	General Public	
2/18/2022	Vaccine Clinic	General public	37
2/18/2022	Bakersfield Recovery Station Stakeholder Meeting	General Public	
2/19/2022	Black History Month @ South High School	African American/Black, General Public	107

2/24/2022	Delano Recovery Station Stakeholder Meeting	General Public	
2/25/2022	Vaccine Clinic	General public	72
2/28/2022	Presentation-Cannabis and Vaping	General Public	
3/1/2022	Presentation-Cannabis and Vaping	General Public	
3/9/2022	Training- Naloxone	General Public	
3/19/2022	BAIHP Native American Spring Gathering Event	Native American, General Public	125
3/24/2022	Presentation- Prevention 101	General Public	
3/25/2022	Presentation- Prevention 101	General Public	
3/26/2022	Narcan Drive Thru	General Public	
3/26/2022	Color Run 2022 (Lost Hills School)	General public	55
3/26/2022	Narcan Distribution Drive Thru @ Delano Chevy Dealership	General public	40
3/30/2022	First 5 Kern ACES	Professionals	45
4/6/2022	Public Health Fair	General public	60
5/9/2022	Fair Event @ Wonderful Company	General public	50
4/6/2022	CSUB Public Health Fair	Adults	60
4/6/2022	Cannabis & Vaping	Students	100
4/6/2022	Cannabis & Vaping	Students	100

4/8/2022	Semitropic Color Run	Professionals, Students	320
4/15/2022	Springtime Eggstravaganza	General public	110
4/16/2022	Tejon Booster Easter Spring Event	Native American, General Public	55
4/21/2022	Drugs 101	Parents	15
4/22/2022	Earth Day Resource Fair	Professionals, Students	220
4/21/2022	BHRS Welfare to Work Services Training	Professional social workers	106
4/23/2022	Bakersfield Sikh Women's Association 5K Walk/Run	Asian/Pacific Islander, General Public	95
4/25/2022	She Power Resource Fair	Professionals, Students, Women, Girls, Children	35
4/26/2022	Ridgeview Resource Fair	Professionals & Students	220
4/26/2022	CLC Resource Fair	Professionals & Students	120
4/27/2022	Ridgeview Resource Fair	Professionals & Students	220
4/28/2022	Spring Showcase	General public	40
4/28/2022	Cannabis & Vaping	Students, Professionals	186
4/28/2022	Social Media & You	Students, Professionals	186
4/29/2022	Social Media & You	Students, Professionals	186

5/4/2022	MH Awareness Event @ Foothill High School	Students	120
5/5/2022	Social Media & You	Students, Professionals	56
5/5/2022	Drugs 101	Parents, Professionals	4
5/6/2022	Cannabis & Vaping	Students, Professionals	214
5/11/2022	Youth Group	Youth, General public	55
5/12/2022	Mental Health Awareness/Substance Use Resource Fair	Students	304
5/12/2022	Stockdale High School Resource Fair	Professionals, Students	257
5/12/2022	Arvin High School Resource Fair	Professionals, Students	100
5/12/2022	Cannabis & Vaping	Parents, Professionals	20
5/12/2022	Drugs 101	Parents, Professionals, Students	34
5/13/2022	UPS Health Fair	UPS Employees	75
5/13/2022	Fentanyl	Professionals, Students	234
5/16/2022	Mental Health Awareness/Substance Use Resource Fair	General Public, Students	340
5/17/2022	South High Resource Fair	Professionals, Students	340
5/17/2022	Drugs 101	Parents, Professionals	7

5/17/2022	Televisa/Univision Spanish language interview regarding opiates, prevention, and treatment resources. Aired on TV and posted on social media page.	Hispanic/Latinx	Unknown
5/19/2022	NAMI Event (Workshops)	General Public	80
5/20/2022	Drugs 101	Professionals, Students	189
5/20/2022	Opioids and Fentanyl	Professionals, Students	104
5/21/2022	NAMI Gala	General Public	
5/21/2022	East Bakersfield Event	General Public	150
5/21/2022	Amazon Resource Fair	Professionals	77
5/21/2022	East Bakersfield Festival	Professionals, Students	800
5/22/2022	COCCM Family Fitness Day & Walkathon	General Public	55
5/23/2022	Opioids and Fentanyl	Professionals, Students	146
5/25/2022	Mental Health Resource Fair @ North High School	Students	80
5/26/2022	Drugs 101	Professionals, Students	271
5/28/2022	Rexland Acres Community Resource Fair	General Public	77

6/10/2022	Movie Night @ McFarland	General Public	50
6/11/2022	Latina Maternal Health Fair @ Bethany Ministries	Hispanic/Latinx, Women, General Public	55
6/18/2022	Oleander Pride Parade	General Public	150
6/22/2022	Kern River Valley Resource Fair	General Public	40
6/23/2022	Prevention 101	Professionals, Students	205
6/28/2022	Cal-LEARN presentation to DHS and 9 Under-18 parents on BH services with CW team, education/information about MH and SUD issues	Social Workers, Under-18 Parents	12
6/30/2022	Bakersfield Museum of Art Celebrates PRIDE	LGBTQIA+/General Public	500

Met *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).*

KernBHRS shared information in venues oriented both towards substance use and mental health services. This includes information sharing in the CCRC which is a committee comprised of community partners, contract partners, and internal KernBHRS staff. The goal in sharing is to foster an ongoing solution-focused dialogue about gaps and needs, recommendations, strategies, as well as accomplishments in serving specific ethnic/racial and/or other diverse groups.

The CCRC is a collaborative forum where KernBHRS hears from the community, our partners at CBOs and Contractors, as well as KernBRHS staff.

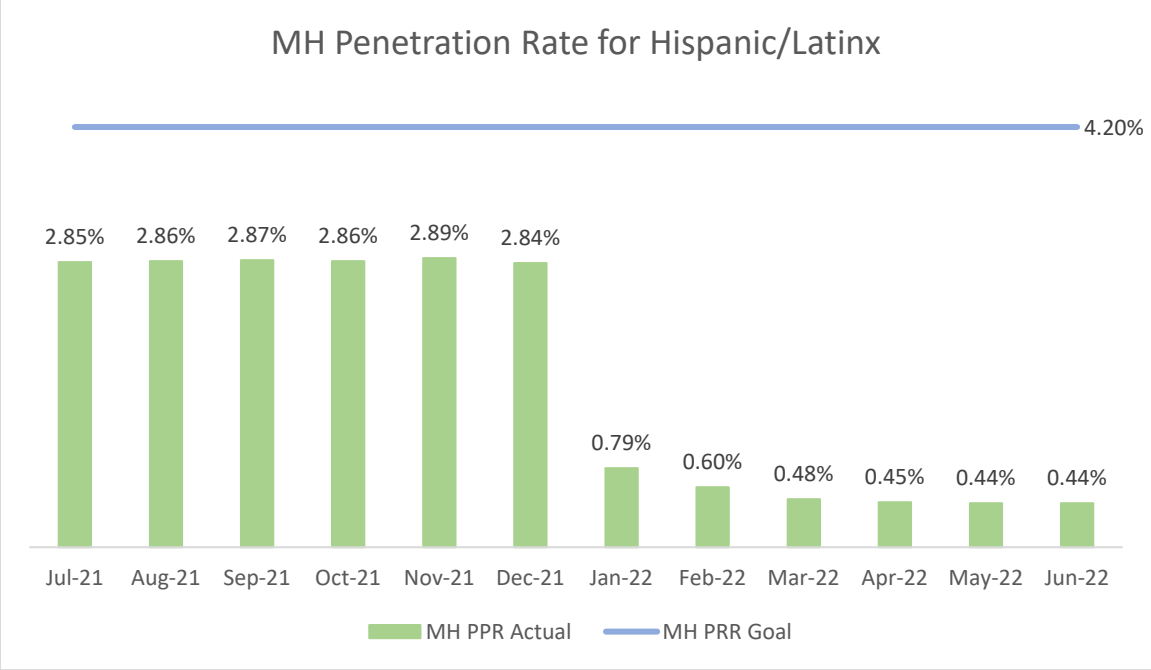
Members of the CCRC include:

- BHB representatives
- KernBHRS Executive Team and leadership
- PRA staff
- SUD Division staff
- Peer staff
- Staff from clinical divisions and teams
- PIO staff
- MHSA and O&E staff
- QID staff
- Contract Partner staff
- County staff (from other county agencies)
- Educators
- CBO staff

(More information can be found on this in the reference drive.)

Goal 2: Meet or exceed penetration rate of threshold Hispanic/Latinx population.

In Process *Strategy 1: Meet or exceed 4.2% Mental Health Penetration Rate of threshold Hispanic/Latinx population.*



In the past FY, we noticed a trend of lower penetration rate in the Hispanic/Latinx community despite increased O&E efforts. This led us to re-examine the PRR which

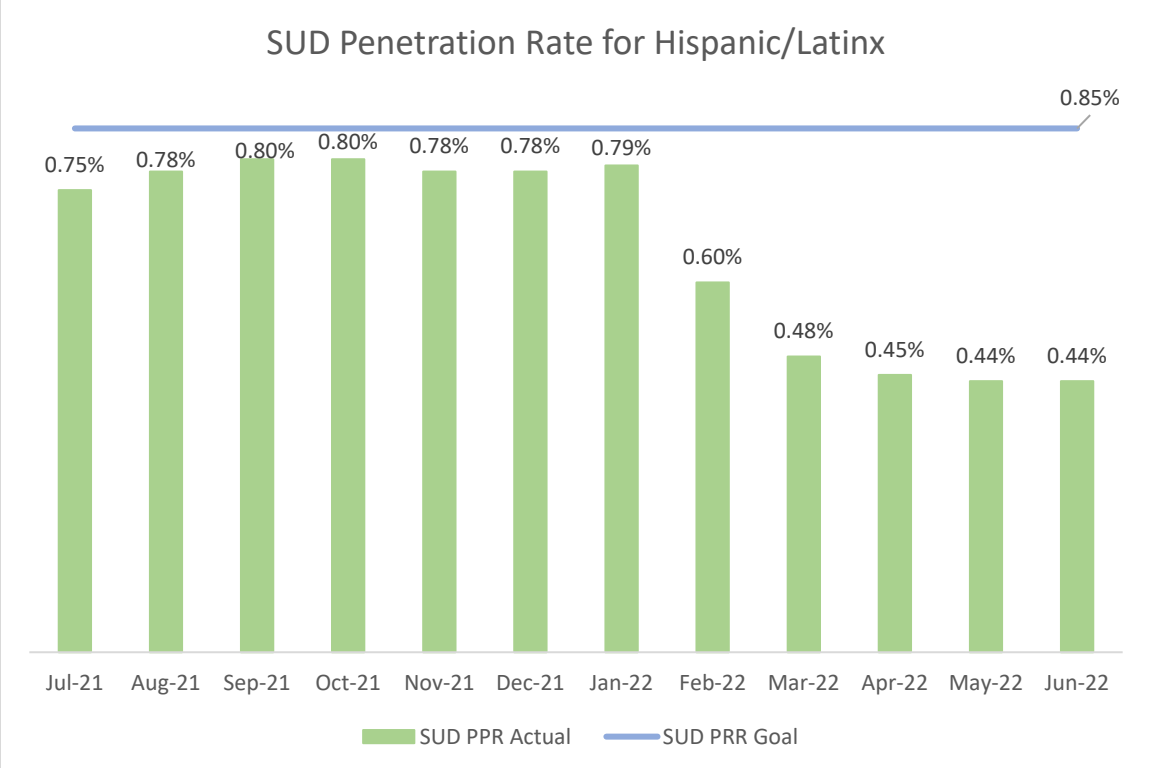
quantifies the proportion of clients of a given identity versus the Medi-Cal eligible individuals of the same identify.

Some potential avenues of examination:

- Is the current PRR capturing all our clients?
- Are the current Ethno-racial categories in the PRR set up in a way that aligns with regulations, is inclusive, and is easily understood by staff filling out the client demographic form?
- How was the PRR established?

The average MH penetration rate for Hispanic/Latinx in FY 21-22 was 2.86% which was 1.34% less than the established 4.20% goal. This item pertains only to mental health services. For information on the substance use services penetration rate in the same population see item below.

In Process *Strategy 2: Meet or exceed 0.85% Substance Use Penetration Rate of threshold Hispanic/Latinx population.*



Similar to the prior strategy pertaining to mental health services penetration rate, we also noticed a downward trend in the Substance Use Disorder Penetration rate for the Hispanic/Latinx community. This, again, despite increased efforts to conduct O&E events both in virtual and in-person formats.

Additional questions we are examining beyond internal data collection and categorization:

- Are there external factors we should take into account?

- Could economic factors such as inflation, increasing gas prices, COVID transmission rates, and/or a decreasing consumer confidence index be preventing individuals from accessing care?

The average SUD penetration rate for Hispanic/Latinx in FY 21-22 was 0.65% which was 0.20% less than the established 0.85% goal. This item pertains only to substance use services penetration rate; the prior item addresses the mental health services penetration rate in the same population.

Met *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.*

In Fiscal Year 21-22, KernBHRS has enhanced partnerships with Vision y Compromiso-Kern (VyC-Kern), to reach the Hispanic/Latinx community in new ways. KernBHRS has also conducted an English-Language and Spanish-Language Listening Session events during MHSA Community Forums to reach the community and hear needs directly from stakeholders. These activities were inclusive of both substance use and mental health concerns.

For additional information on other community events, see Outreach & Education Events (O&E) Log FY 21-22

Met *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.*

Information regarding Hispanic/Latinx populations such as quantitative and qualitative data regarding both substance use and mental health services was shared in various forums including the CCRC, MHSA Stakeholder/Community Forums, QIC, SQIC, MH KPIC, SUD KPIC, as well as the SUD and the SUD TxP Meeting. This was done to ensure transparent communication across the system and to solicit feedback from multidisciplinary subject matter experts. These forums address both substance use and mental health services concerns.

Goal 3: Enhance/improve O&E efforts and activities that are aimed at increasing penetration rate of Hispanic/Latinx population.

Met *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.*

Using the O&E log data from Criterion 3. Goal 1. Strategy 4, the table below lists the events for both Hispanic/Latinx populations and General populations of focus.

Population of Focus	Number of Events
Hispanic/Latinx	5
General	60
Total	65

These events were inclusive of both substance use and mental health services O&E.

Met *Strategy 2: Partner with PIO, MHSA, and SUD to track messaging and media communication to Latinx/Hispanic population.*

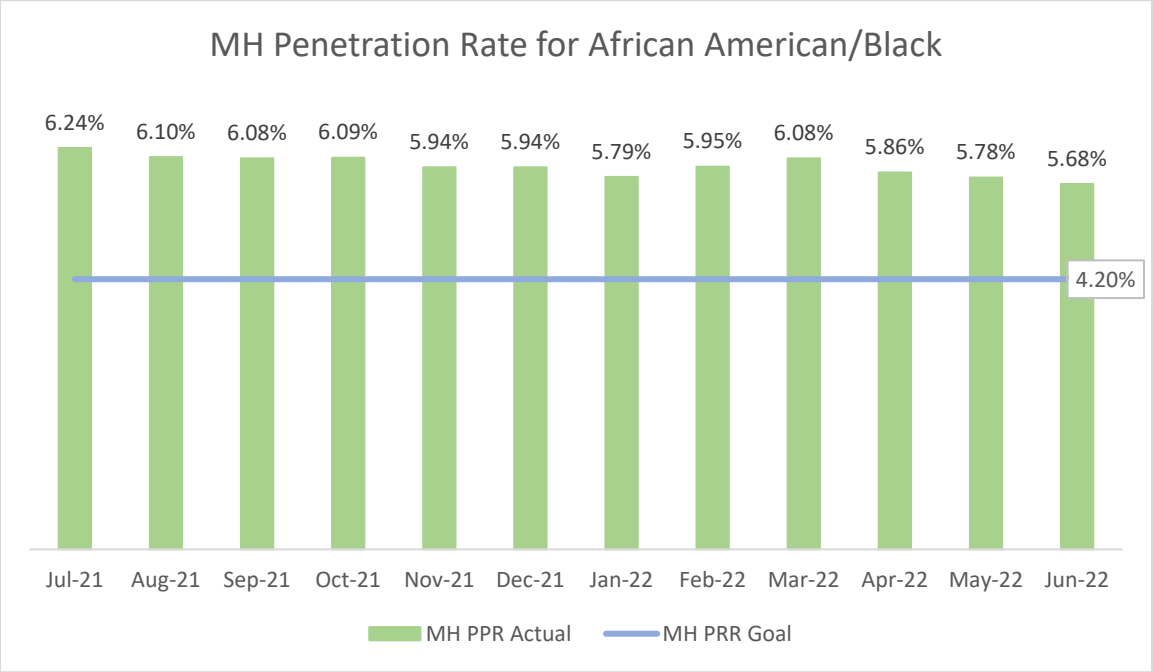
KernBHRS partnered on messaging and media communication to Hispanic/Latinx communities. This is inclusive of messaging and media communication for both substance use and mental health services and included items such as:

- Translation of flyers regarding services, teams, access, community forums
- Spanish DrugFree Kern campaign
- Spanish media appearances
- Spanish community sessions

Information on these can be found in chart above detailing O&E events and in later sections of this report covering Language Access.

Goal 4: Meet or exceed penetration rate of African American/Black population.

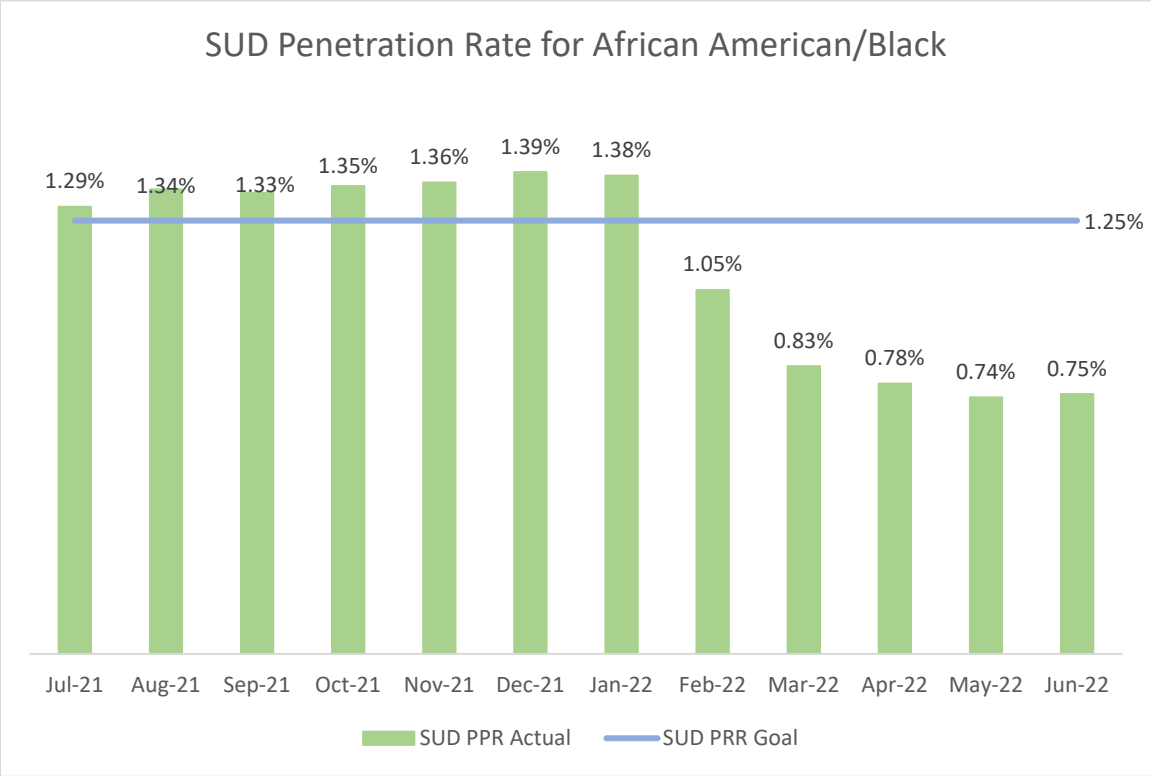
Met *Strategy 1: Meet or exceed 4.2% MH penetration rate of African American/Black population*



For African American/Black, the Penetration Rate held above the goal the entire FY. As with the other ethno-racial groupings, we continue to investigate the best ways to have our PRR reflect the individuals who identify in each receiving services in our system, how this aligns to regulatory requirements for reporting, and training our staff in effective demographic data entry—this, despite the average rate coming in above our goal.

The average MH penetration rate for African American/Black in FY 21-22 was 5.96% which was 1.76% more than the established 4.20% goal. This item pertains only to mental health services. For information on the substance use services penetration rate in the same population see item below.

In Process *Strategy 2: Begin research to establish SUD penetration rate of African American/Black population*



There was a downward trend in the Substance Use Disorder Penetration Rate for African American/Black. The data trend indicates that in the first half of the fiscal year, the Penetration Rate was above the goal, but beginning in February there was a significant downward trend.

The average SUD penetration rate for African American/Black in FY 21-22 was 1.13% which was 0.12% less than the established 1.25%. This item pertains only to substance use services penetration rate; the prior item addresses the mental health services penetration rate in the same population.

Met *Strategy 3: Partner with MHSA team, SUD, SOCAs, QID, ITD, and other relevant entities on outreach, access, engagement, and services activities to penetrate the African American/Black population.*

In Fiscal Year 21-22, KernBHRS has sought grant funding that would bolster health equity efforts for the African American/Black population. Additionally, the CCRC African American/Black Subcommittee hosted two holiday events: Black History Month & Juneteenth. These are inclusive of substance use and mental health activities.

For additional information on other community events, see Outreach & Education Events (O&E) Log FY 21-22

Met *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.*

Information regarding African American/Black populations such as quantitative and qualitative data regarding both substance use and mental health services was shared in various forums including the CCRC, MHSA Stakeholder/Community Forums, QIC, SQIC, MH KPIC, SUD KPIC, as well as the TRC and the SUD TxP Meeting. This was done to ensure transparent communication across the system and also to solicit feedback from multidisciplinary subject matter experts.

Goal 5: Enhance/improve O&E efforts and activities that are aimed at increasing penetration rate of the African American/Black population.

Met *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.*

Using the O&E log data from Criterion 3. Goal 1. Strategy 4, the table below lists the events for both African American/Black populations and General Populations of focus.

Population of Focus	Number of Events
African American/Black	1
General	60
Total	61

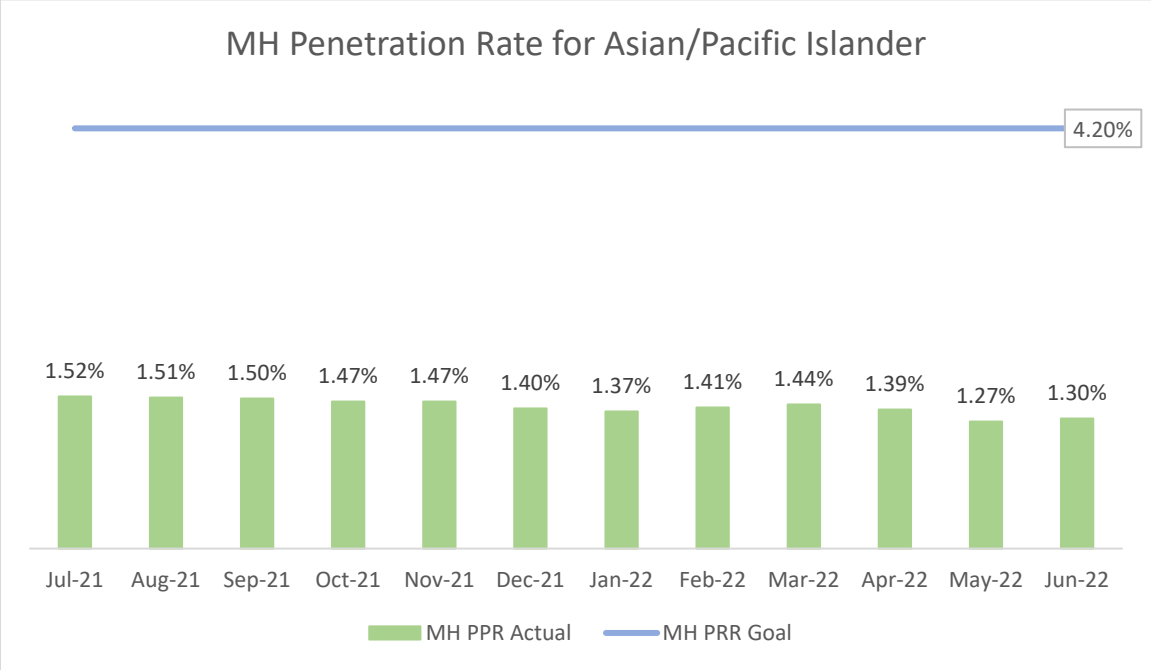
Met *Strategy 2: Partner with PIO, MHSA, and SUD to track messaging and media communication to African American/Black population.*

KernBHRS partnered on messaging and media communication to African American/Black communities. This is inclusive of messaging and media communication for both substance use and mental health services and included items such as:

- Social media messaging
- Informational flyers
- Internal marketing such as newsletters and announcements

Goal 6: Meet or exceed penetration rate of Asian/Pacific Islander (API) population.

In Process *Strategy 1: Meet or exceed 4.2% MH penetration rate of API population.*



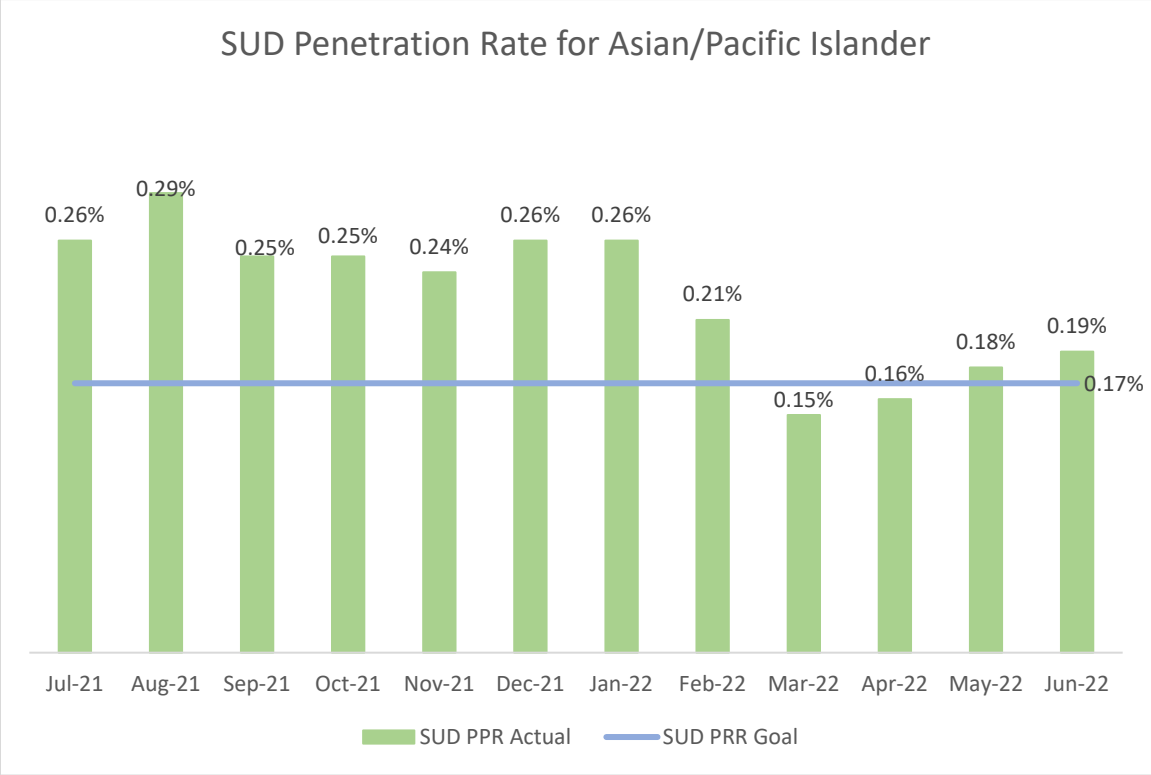
For API, the Penetration Rate remained below our goal the entire year. We partnered across the system and across the Central Valley to share information about best practices in supporting API behavioral health. One of the results of this, was that in May 2022, we held the Central Valley API Wellness Collaborative, which was a forum for BH staff and CBO staff across the Central Valley to share strategies that they use to engage and support API clients/community members. The event, co-hosted with Fresno DBH, included participation from:

- San Joaquin Valley API Mental Health Project
- Fresno Interdenominational Refugee Ministries (FIRM)
- Holistic Cultural and Education Wellness Center; a program of Fresno DBH in The Fresno Center
- Bakersfield Sikh Women's Association

As with the other ethno-racial groupings, we continue to investigate the best ways to have our PRR reflect the individuals who identify in each receiving services in our system, how this aligns to regulatory requirements for reporting, and training our staff in effective demographic data entry.

The average MH penetration rate for API in FY 21-22 was 2.78%% which was 2.78% less than the established 4.20% goal. This item pertains only to mental health services. For information on the substance use services penetration rate in the same population see item below.

Met *Strategy 2: Begin research to establish substance use penetration rate of Asian/ Pacific Islander (API) population.*



There was a slight downward trend in the SUD Penetration Rate for API. The data trend indicates that in the first half of the fiscal year, the Penetration Rate was above the goal, but beginning in February the numbers began to trend downward. As noted above, February was also the same time period that the penetration rates began a downward trend in the previously discussed populations of focus. However, in this case, it started increasing in April.

The average SUD penetration rate for API in FY 21-22 was 0.17% which was 0.05% more than the established .17%. This item pertains only to substance use services penetration rate; the prior item addresses the mental health services penetration rate in the same population.

Met *Strategy 3: Partner with MHSA team, CCRC subcommittee, PIO, SOCAs, QID, ITD, and other relevant entities on outreach, access, engagement, and services activities to penetrate the API population.*

In FY 21-22, KernBHRS has sought to establish partnerships with API-serving CBOs, both in Kern County and in neighboring counties. KernBHRS and Fresno DBH collaborated to bring together both behavioral health staff and Community Based Organization staff from CBOs in both counties. These included Central Valley API MH Project, FIRM, The Fresno Center, and Bakersfield Sikh Women's Association. These partnerships were inclusive of both substance use and mental health promoting activities for the API population.

For additional information on other community events, see O&E Log FY 21-22

Met *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 API population.*

Information regarding API populations such as quantitative and qualitative data regarding both substance use and mental health services was shared in various forums including the CCRC, MHSA Stakeholder/Community Forums, QIC, SQIC, MH KPIC, SUD KPIC, as well as the TRC and the SUD TxP Meeting. This was done to ensure transparent communication across the system and to solicit feedback from multidisciplinary subject matter experts. The information shared in these forums was inclusive of both substance use and mental health services.

Goal 7: Enhance/improve O&E efforts and activities that are aimed at increasing penetration rate of the API population.

Met *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 API population including total amount attended in events.*

Using the O&E log data from Criterion 3. Goal 1. Strategy 4, the table below lists the events for both API populations and General Population of focus.

Population of Focus	Number of Events
Asian/Pacific Islander	1
General	60
Total	61

The chart above is reflective of O&E activities inclusive of both substance use and mental health services for the referenced populations of focus.

Met *Strategy 2: Partner with PIO, MHSA, and SUD to track messaging and media communication to API population.*

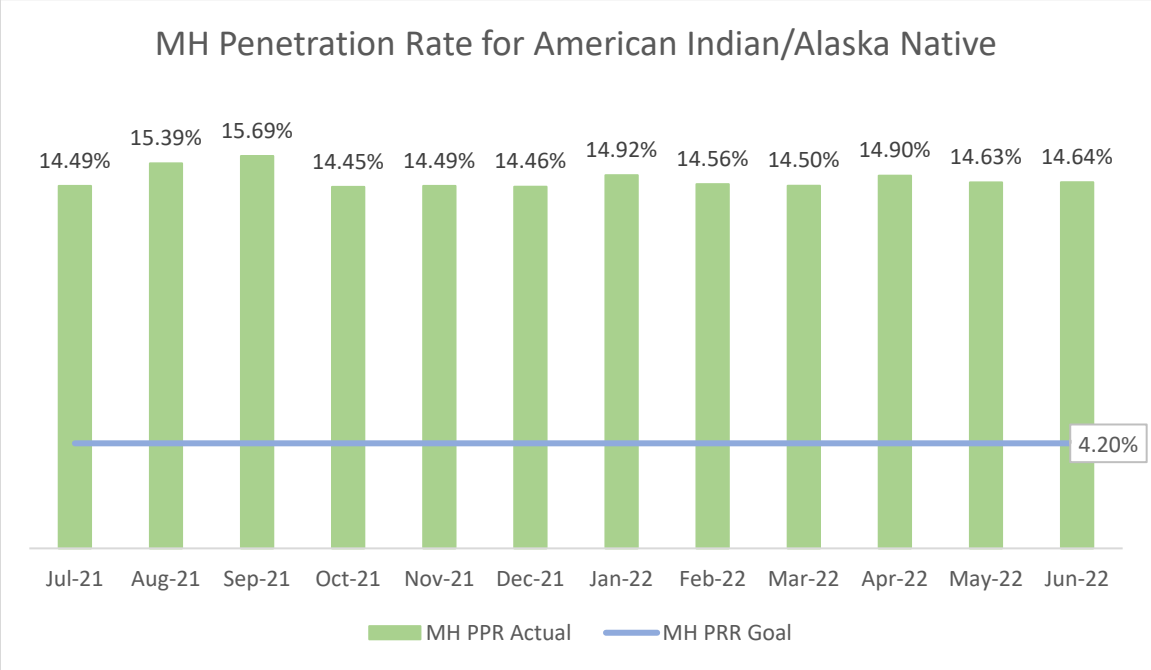
KernBHRS partnered on messaging and media communication to API communities. This is inclusive of messaging and media communication for both substance use and mental health services and included items such as:

- Social media messaging
- Informational flyers
- Internal marketing such as newsletters and announcements

NA *Strategy 3: Partner with MHSA team, CCRC subcommittee, SOCAs, QID, ITS, and other relevant entities on outreach, access, engagement, and services activities to penetrate the API population.*

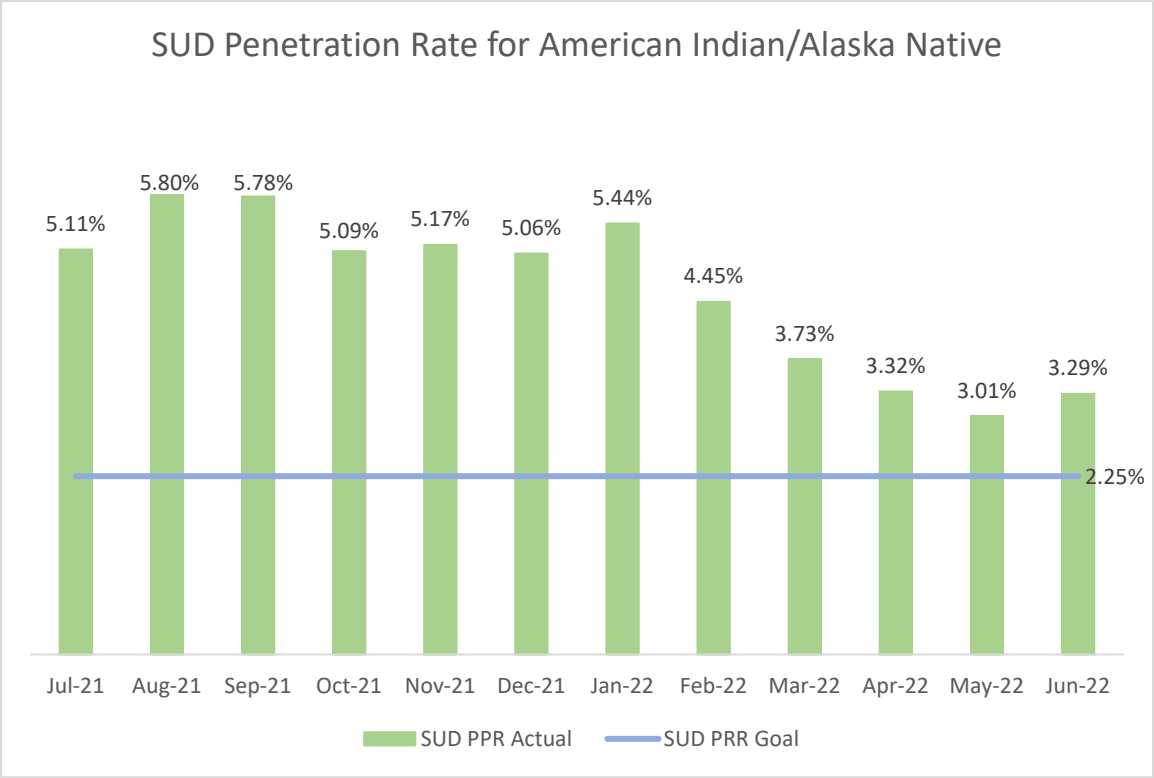
Duplicate Strategy- not rated

Goal 8: Enhance/improve O&E efforts and activities that are aimed at increasing penetration rate of the American Indian/Alaska Native (AIAN) population.



For AIAN the Penetration Rate held above the goal the entire FY. As with the other ethno-racial groupings, we continue to investigate the best ways to have our PRR reflect the individuals who identify in each receiving services in our system, how this aligns to regulatory requirements for reporting, and training our staff in effective demographic data entry—this, despite the average rate coming in above our goal.

The average MH penetration rate for AIAN in FY 21-22 was 14.75% which was 10.55% more than the established 4.20% goal. This data pertains only to MH services. Since there was not an established goal for the SUD AIAN penetration rate, we have decided to include the data as part of this item.



There was a slight downward trend in the SUD Penetration Rate for AIAN and though this did not go under the goal rate, it still had a noticeable decrease in the same February time frame as the previously discussed population groups.

The average SUD penetration rate for AIAN in FY 21-22 was 4.60% which was 2.35% more than the established 2.25%. This data pertains only to substance use services penetration rate.

Met *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 AIAN population including total amount attended in events.*

Using the O&E log data from Criterion 3. Goal 1. Strategy 4, the table below lists the events for both AIAN populations and General Population of focus.

Population of Focus	Number of Events
AIAN	3
General	60
Total	63

These chart above is inclusive of both substance use and mental health O&E events for referenced populations of focus.

Met *Strategy 2: Partner with PIO, MHSA, and SUD to track messaging and media communication to AIAN population*

KernBHRS partnered on messaging and media communication to AIAN communities. This is inclusive of messaging and media communication for both substance use and mental health services and included items such as:

- Social media messaging
- Informational flyers
- Internal marketing such as newsletters and announcements

CCP-Criterion 4. KernBHRS Client, Family Member, Community Committee: Integration of the Committee Within KernBHRS

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).

CLAS Category: Engagement, Continuous Improvement and Accountability

13. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

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.

Strategy 1 Met Strategy 2 Met Strategy 3 Met Strategy 4 Met

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.

Met *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.*

The CCRC meets monthly and reviews client demographic data, best practices in multicultural care, needs and gaps, as well as items that are working and can be expanded upon. Additionally, smaller groups of committee members will function as workgroups when there is an event or project. This committee addresses both substance use and mental health data and service concerns.

It is a group composed of:

- Community partners
- Local CBO staff, community members, regional partners, and state partners
- Contractor staff
- Internal KernBHRS staff

(More information can be found on this in the reference drive.)

Met *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 stakeholder meetings and/or community events, such as the MHSA stakeholder planning process, to address gaps and needs of CC services for the community*

KernBHRS has shared information about the CCP Report from FY 20-21 at an MHSA Stakeholder meeting and provided an opportunity for Q&A, as well as for internal staff and contract partners through the training "CLAS, CCP-R, Better Care 2022".

Additionally, the MHSA team, PIO team, and CC Team coordinate department wide events, cultural observances and celebrations, and community events.

The efforts were inclusive of both substance use and mental health data presentation, discussion, and feedback.

Met *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 CC issues are included and addressed in committee work.*

KernBHRS has engaged in collaborative work across the system of care and participated in meetings and venues for both SUD and MH teams and partners. These include but are not limited to: SQIC, CCRC, QID, MH-KPIC, SUD-KPIC, MHSA Community Forums, MHSA Community Forums + Listening Sessions, SUD TxP Meeting, BHB meeting.

The collaborative work is reflective of efforts in both substance use and mental health services quality improvement.

(Information about this can be found in the reference drive.)

Met *Strategy 4: Collaborative work with ILCKC and Kern Disability Collaborative to ensure disability advocate perspectives are proactively considered in CC activities*

During FY 21-22, KernBHRS has collaborated with both ILCKC and the Kern Disability Collaborative to ensure that, for both substance use and mental health, disability advocate perspectives are proactively considered in CC activities. This has looked like, information and resource sharing, bi-directional outreach for referrals, and discussion in meetings. There was also the initial planning phase two trainings from ILCKC for KernBHRS, which will resume once staffing issues are resolved.

CCP-Criterion 5. KernBHRS Culturally Competent Training Activities

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

CLAS Category: Governance, Leadership and Workforce

4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

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 Met Strategy 2 Met Strategy 2 Met

Goal 2: Improve analysis of the effectiveness of cultural competence trainings

Strategy 1 Met Strategy 2 Met

Goal 3: Offer specific cultural competence trainings of diverse and person of color populations identified in SCRP formal assessment and CCRC subcommittee recommendations.

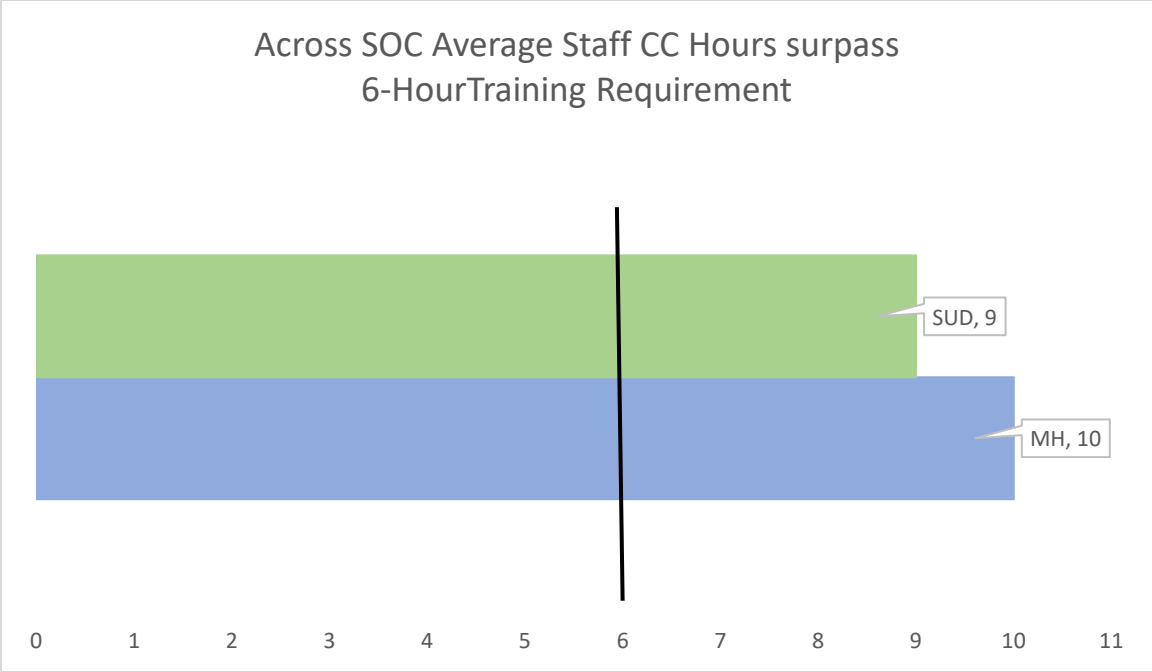
Strategy 1 Met Strategy 2 Met

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.

Met *Strategy 1: All SOC staff (MH, SUD, and contractor) complete a minimum six hours of cultural competence trainings annually, measured by Relias transcript reporting.*

The MHSA designated WET funds to ensure accessibility to education and culturally competent trainings for staff within substance use and mental health divisions, in addition to contract providers, in order to effectively serve diverse groups, unserved, and/or underserved populations. All SOC staff (MH, SUD, and contractor) must have completed a minimum six hours of CC trainings annually, which is measured by Relias transcript reporting.

Across the SOC, on average staff completed the following CC training hours:



Met *Strategy 2: Begin implementation of SCRP MCCS to all MH and SUD clinical supervisors to address CC core competency.*

For both substance use and mental health staff eligible to begin this training, 42 staff have completed an average of approximately eight hours in this training series in FY 21-22 inclusive of the following courses:

MCCS: April Case Consultation
MCCS: Developing Effective Supervisory Alliances
MCCS: Introduction and Overview
MCCS: June Case Consultation
MCCS: Legal & Ethical Issues that Affect Supervisors
MCCS: March Case Consultation
MCCS: May Case Consultation
MCCS: Multicultural and Social Justice Supervision
MCCS: Parallel Processes & Isomorphism
MCCS: Recognizing & Responding to Relationship Strains & Ruptures

Met *Strategy 3: Provide Peer Education Trainings (PET) and refresher courses for peer employees and/or volunteers under MH and SUD.*

PEER EMPLOYMENT TRAINING

Peers will use their own lived experiences as behavioral health consumers or family members of consumers, to help clients achieve their recovery and overall life goals.

JOIN US FOR OUR NEXT TRAINING!

May 9-20, 2022
8:00 a.m. to 5:00 p.m.
Online via GoToMeeting.com
Registration is Free

Presented by: Recovery Innovations International

You will learn about:

- Empowerment Interactions
- Recognizing Abuse & Trauma
- Recovery-focused language

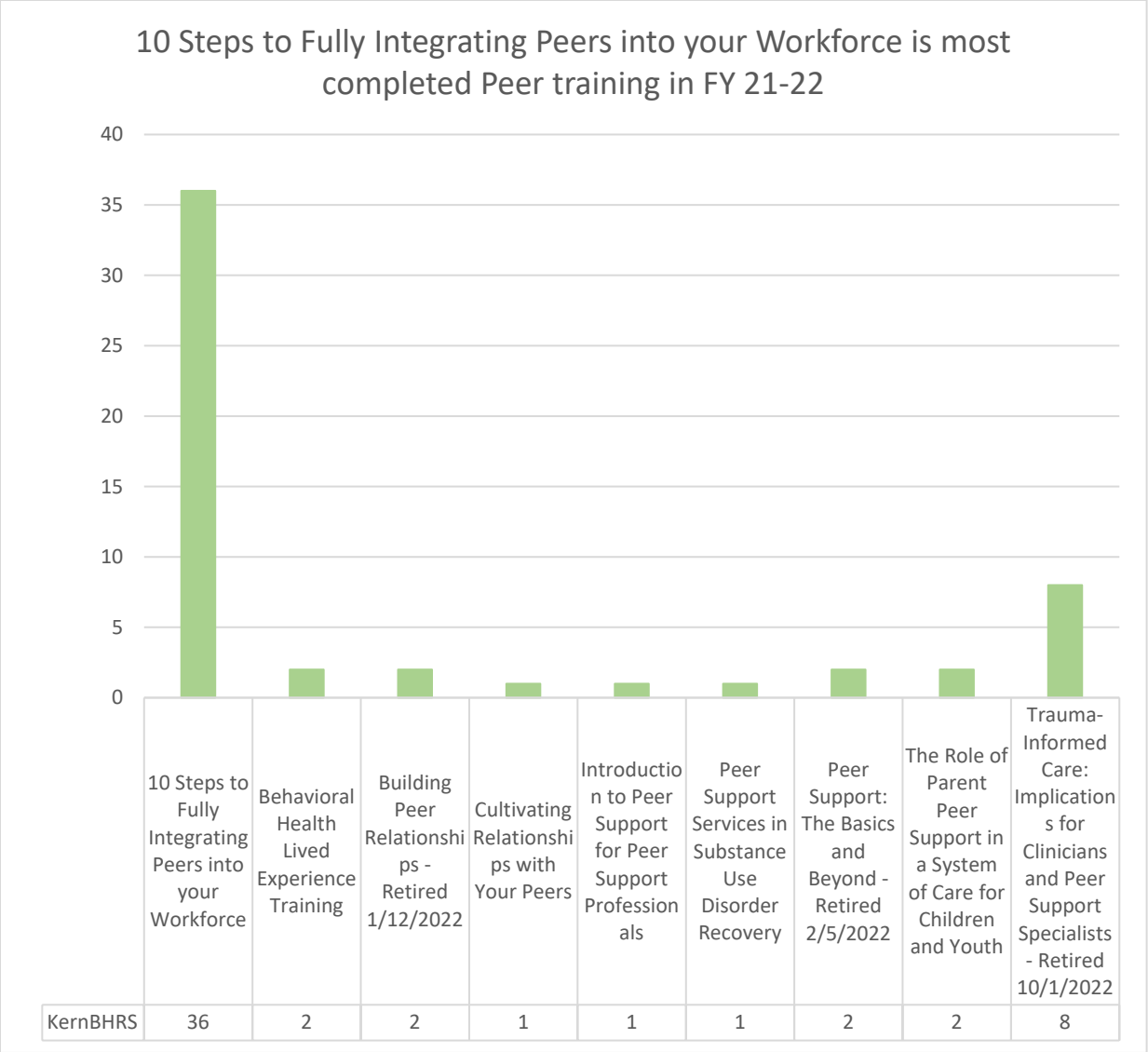
Fill out the online appication: Deadline April 29, 2022
https://kcmh.wufoo.com/forms/r14b1zp90u1s745/

For questions, contact LaTicia Davis at 661-868-7577
LaDavis@KernBHRS.org

BEHAVIORAL HEALTH & RECOVERY SERVICES

For fiscal year 21-22, 34 individuals attended PET which was available for peer employees and/or volunteers under substance use disorder or mental health divisions.

Additionally, both KernBHRS staff and contract partner staff completed Relias Peer training modules in FY 21-22.



Goal 2: Improve analysis of the effectiveness of CC trainings

Met *Strategy 1: Partner with Training Services to evaluate CC trainings in identified areas of need, including, but not limited to, LGBTQ+, disability, and elder populations*

Training Services uses the following process to evaluate courses for potential CC hours applicability:

- Review course title, description, content, and/or materials.
- Forward courses that meet first review to the CC Team for approval
- If approved, then the training is added to the regularly updated list of courses that grant cultural competence hours

- Approved courses are available for both substance use and mental health staff to complete

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

As part of an ongoing strategy, KernBHRS has been developing pre and post exams for trainings in Relias. This process has actually been positively impacted by the changes brought about by the COVID-PHE.

	Challenges	Outcomes
Prior to COVID-19	Trainings were held in-person, but pre and post exams would need to be online	Some trainings had paper exams, but the data was labor-intensive to compile and analyze
During/after COVID-19 remote work	Since training were held only virtually, then the training venue and the pre and post exam were housed in the same place. Staff participation became easier	Increased data analysis options, data does not have to be manually entered by training staff, data sharing in forums such as TRC, CCRC Is more meaningful

This is inclusive of both substance use and mental health trainings.

Goal 3: Offer specific CC trainings of diverse and POC populations identified in SCRP formal assessment and CCRC subcommittee recommendations.

Met *Strategy 1: Utilize staff feedback to develop CC courses tailored to the needs of the department.*

In FY 21-22, staff requested trainings that focused more on local populations. The training CLAS, CCP-R, Better Care 2022 addressed local issues, local populations and how these fit into regulatory requirements from CLAS and CCP-R. This training is an updated course to what used to be called "Cultural Competence Plan Training." This training was also offered in an English version, as well as a Spanish version for Tier I and Tier II certified staff.

KernBHRS will continue to monitor staff feedback, especially in venues like the TRC, to ensure that staff receive the training that meets their needs and is right for their role in the department. Feedback from both substance use and mental health staff was considered in the training development process.

Met *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 of EBPs; ethnic therapist/client matching; code switching; POC in BH setting; health equity and social justice; Black Lives Matter; implicit bias; white privilege (ADDRESSING MODEL); African American and BH setting trainings; Latinx communities; API; AIAN; LGBTQ+; multi-diverse communities*

Top 10 CC Trainings for SUD and MH Staff

	Mental Health	Substance Use Disorder
1 (top)	CLAS, CCP-R, Better Care 2022	Grand Rounds 2022 May: Jamestown Revisited
2	Cultural Competence	Grand Rounds 2022 January: The Art of Suicide Assessment
3	Suicide-Specific Interventions and Best Practices	A First Look at Integrating Care: Policy
4	Approaches to Community-Based Suicide Prevention	Helping Children and Adolescents Cope with Violence
5	Individual and Organizational Approaches to Multicultural Care	Activities for Infants and Toddlers
6	Understanding Human Trafficking	How Culture Impacts Communication
7	Cultural Competence: Civil Rights Diversity (DHS)	Identifying and Treating AHDH
8	A Culture-Centered Approach to Recovery	Activities for Preschoolers: Teaching through the Arts
9	Cultural Competence Plan (CCP) Annual Training 2021	Impact of Substance Use Disorders on Families and Approaches to Treatment
10	The Role of the Behavioral Health Interpreter	Activities for Preschoolers: Language Development

CCP-Criterion 6. KernBHRS Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

Rationale: The diversity of an organization's staff is necessary, but not a sufficient condition for providing culturally and linguistically appropriate health care services. Although hiring diverse and 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).

CLAS Category: Governance, Leadership and Workforce; Communication and Language Assistance

3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Goal 1: Complete Workforce Needs Assessment

Strategy 1 Met Strategy 2 Met Strategy 3 Met

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

Strategy 1 Met Strategy 2 Met

Goal 1: Complete Workforce Needs Assessment

Met *Strategy 1: CCRC, MHSA, HR, PIO, IT, and other relevant entities to centralize and standardize community events and recruitment efforts.*

KernBHRS teams collaborated to centralize and standardize community events.

Human Resources participated in 11 recruitment events, inclusive of both substance use and mental health job openings, throughout the fiscal year:

Fall KernBHRS 2022 Career Expo
Fall 2022 Helping Careers & Social Services Fair

Kern County Career Expo
2022 Fall Job Fair - Hosted by AGM Community Partners
Spring 2022 Social Work Career Fair

MLK Job & Resource Fair	CSUB Traineeship Fair 2022
Career Expo & Stemposium	KernBHRS Career Expo

Met *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/POC leadership role.*

KernBHRS teams worked collaboratively to centralize and standardize workforce demographics. Each team worked on an aspect of this strategy, listed below:

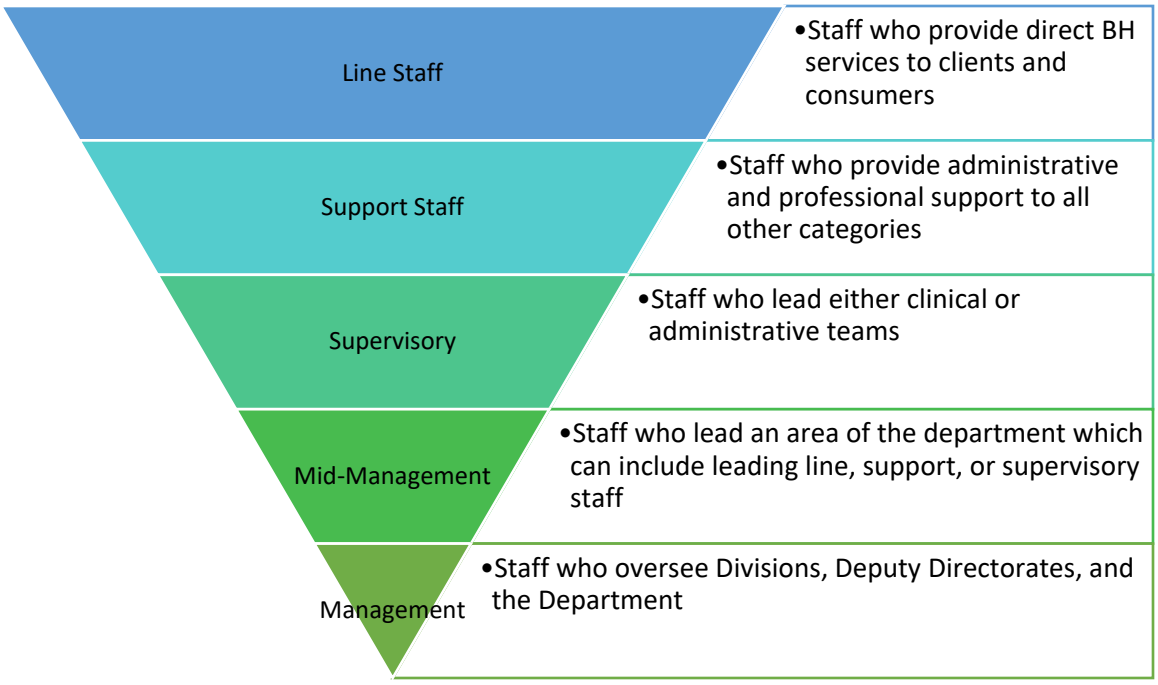
Team	Action
CC	Educate staff about the demographics report through training, including why the demographics are important to ensuring equity, representation of a workforce that reflects the population served
MHSA	Work with third-party vendor, EvalCorps, to compile department data into a standardized report
Human Resources	Collect voluntary staff demographic data, de-identify data for reporting, encourage staff participation in voluntary data sharing
PIO	Coordinated internal marketing efforts to encourage staff participation in voluntary self-disclosure of demographic data

(Information on the survey questions can be found in the reference drive)

The information gathered in the workforce demographic survey is summarized and analyzed below.

Demographic Data

KernBHRS monitors demographics at from three lenses: County; Staff by roles and system; and Clients (monthly unduplicated average). These are further divided between Mental Health and Substance Use Disorder System, the staff are divided into the following categories:



Demographics Overview

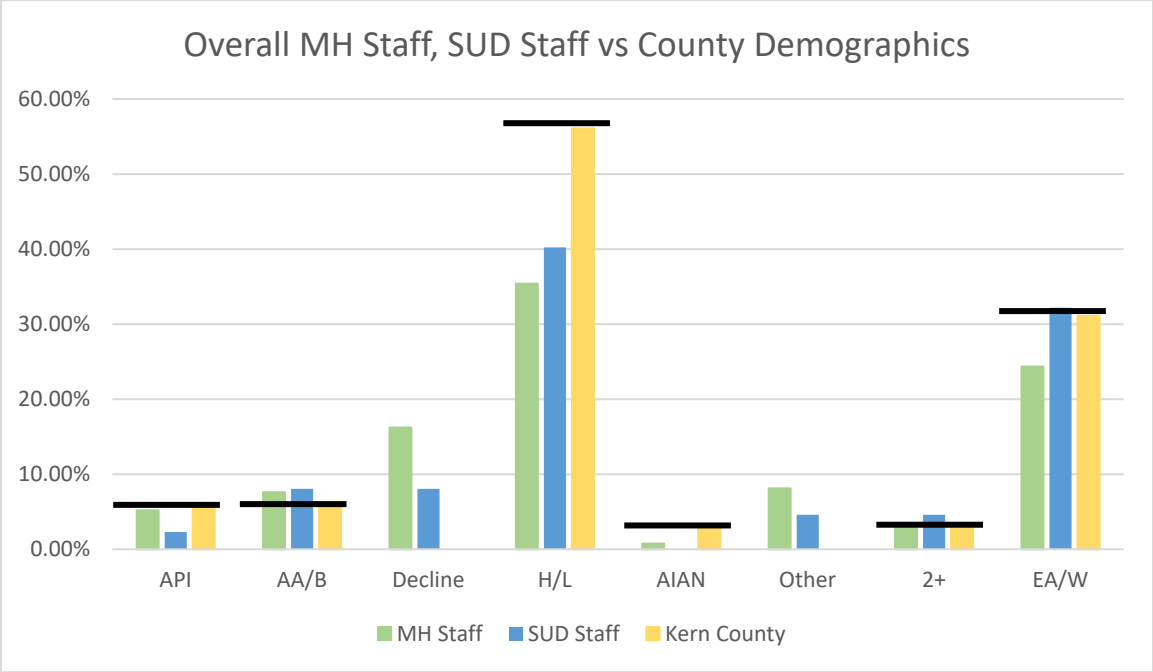
- MH and SUD Staff Demographic Data, voluntarily provided and de-identified
- Census data from the 2020 and 2021 Community estimates
- For Overall, Line Staff, and Support Staff, MH and SUD data are viewed separately
- For Supervisory and Mid-management + Management, the MH and SUD data because the SUD sample size is too small to protect individual privacy.

Work and Ethno-racial categories have been coded as:

- MH Line Staff
- SUD Line Staff
- Kern County Census Estimates
- API: Asian/Pacific Islander
- AA/B: African American/Black
- Decline
- H/L: Hispanic/Latinx
- AIAN: American Indian/Alaska Native
- Other
- 2+= 2 or More
- EA/W: European American/White

Because this is a high-level overview, it is not illustrative of the interaction a client may have with our system as they may never interact with certain staff categories. Therefore, it is essential to look at a demographic breakdown of each category to examine:

- The potential experience clients may have and whether they see themselves reflected in the staff
- If a staff category does not meet up to the black line representing the county demographic level, then the category is underrepresented.
- If a staff category exceeds the black line representing the county demographic level, then the category is overrepresented.
- Whether some ethno-racial categories are over- or under-represented in certain staff categories.
    - This can illustrate if there is a need to provide additional supports in the career ladder to grow a more inclusive and diverse workforce.



- Largest Overrepresentation Gaps: Decline SUD, Other MH, Decline SUD
    - Signals need to educate staff about the use and importance of Staff demographic data sharing and potentially in the demographic categories
- Largest Underrepresentation Gaps: H/L MH, H/L SUD, EA/W MH
    - Signals need for more recruitment activities

Important Note Regarding Demographic Data

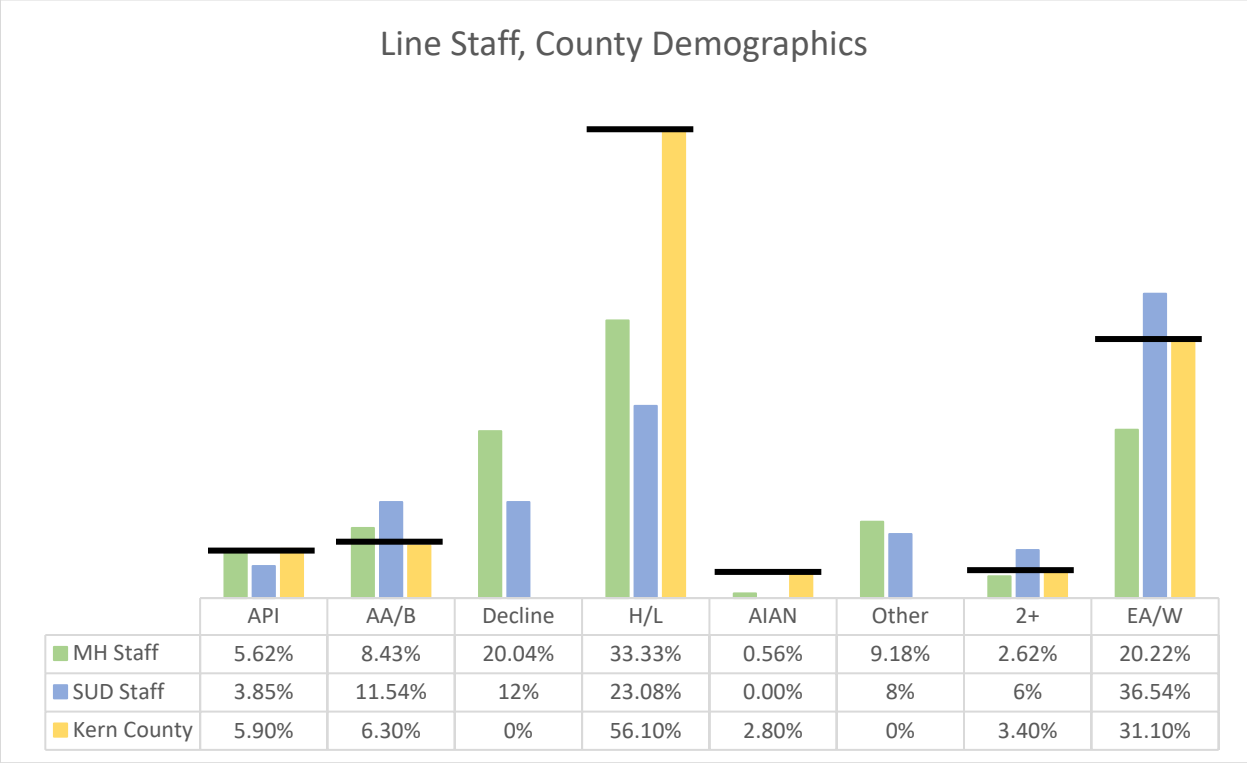
*Note: This is meant to be illustrative and not a direct comparison as the client data does not include any entries for the following categories: Decline, Other, and Two or More. As such, the voluntarily provided staff data only shows part of the picture. This is a "big picture" view—the following charts show the comparison for each staff level.

Further, this data is not inclusive of the 205 vacant positions across the entire department (meaning both MH and SUD vacant positions).

Breakdown of Staff Demographic Data by Job Category (inclusive of both Mental Health and Substance Use Disorder Staff)

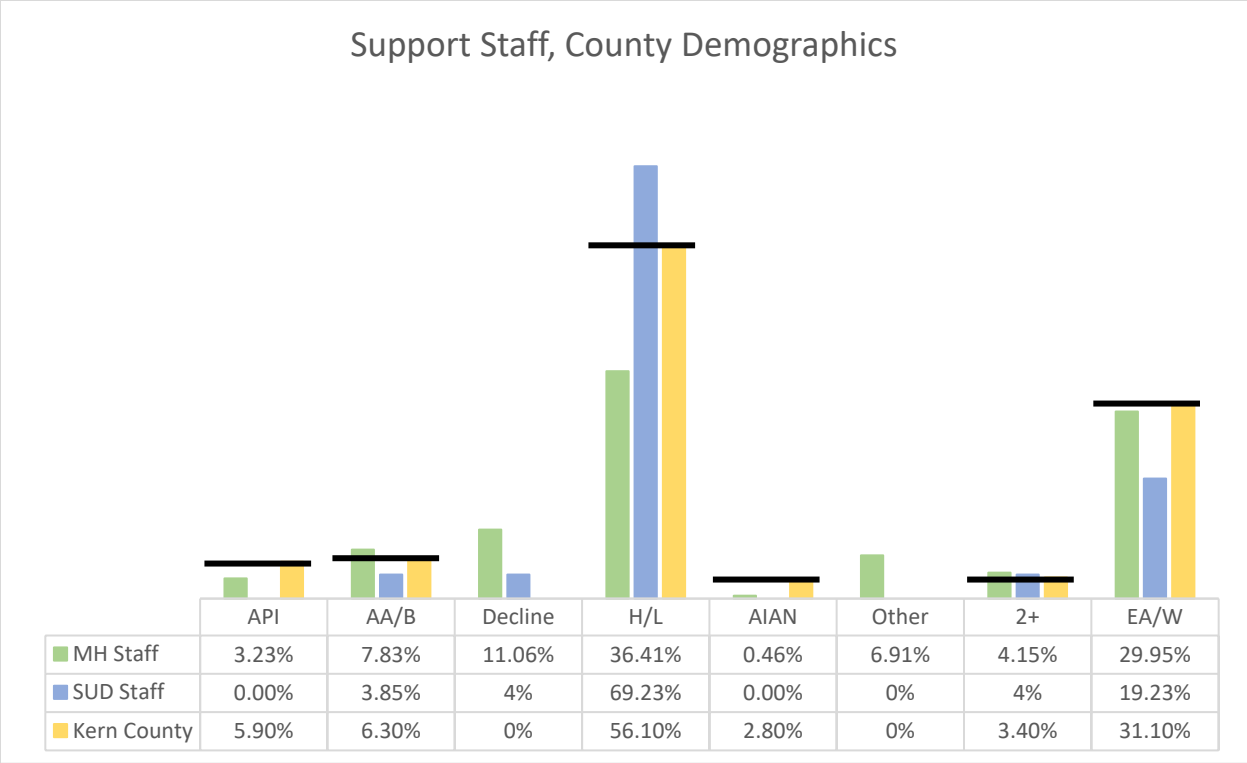
Line Staff

Thinking from the client perspective, the staff that they will encounter the most are Line Staff. The chart below shows the self-identified demographic breakdown



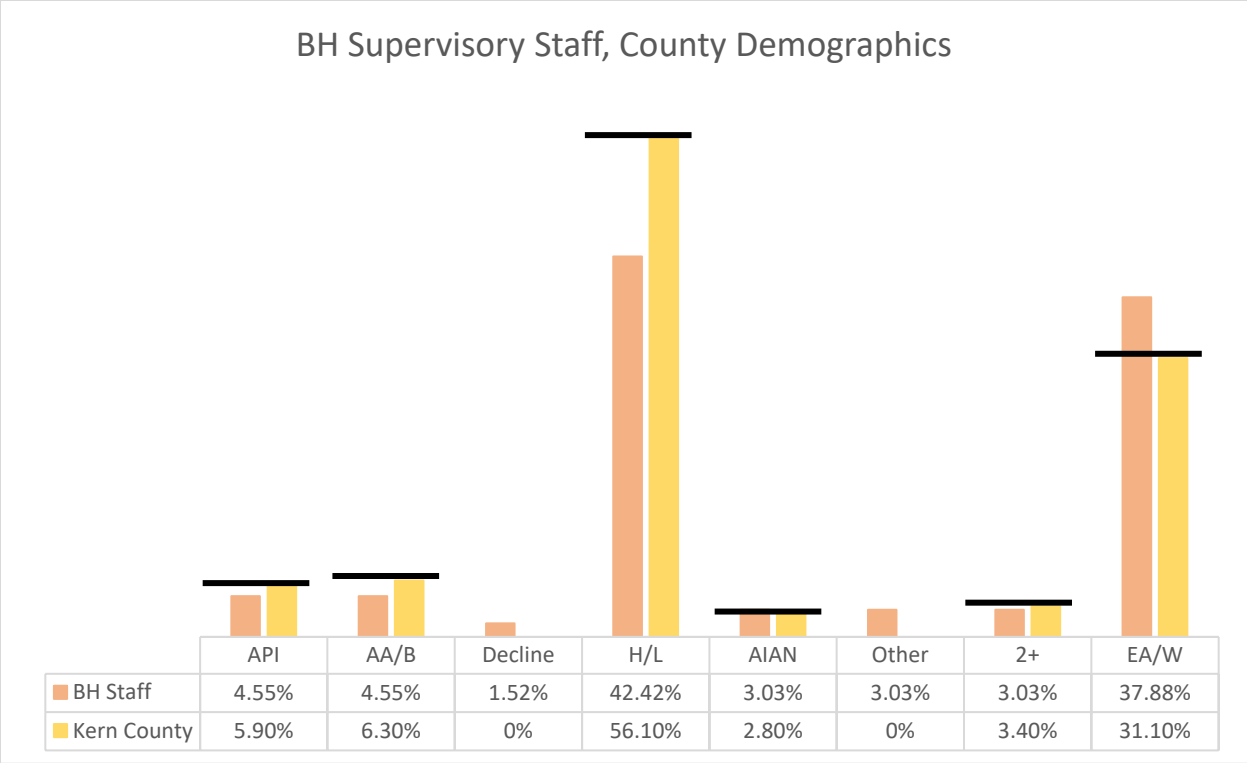
	API	AA/B	Decline	H/L	AIAN	Other	2+	EA/W
MH Staff	5.62%	8.43%	20.04%	33.33%	0.56%	9.18%	2.62%	20.22%
SUD Staff	3.85%	11.54%	12%	23.08%	0.00%	8%	6%	36.54%
Kern County	5.90%	6.30%	0%	56.10%	2.80%	0%	3.40%	31.10%

- Largest Overrepresentation Gaps: Decline MH, Decline SUD, Other MH
    - Signals need to educate staff about the use and importance of Staff demographic data sharing and potentially in the demographic categories
- Largest Underrepresentation Gaps: H/L SUD, H/L MH, EA/W MH
    - Signals need for more recruitment activities



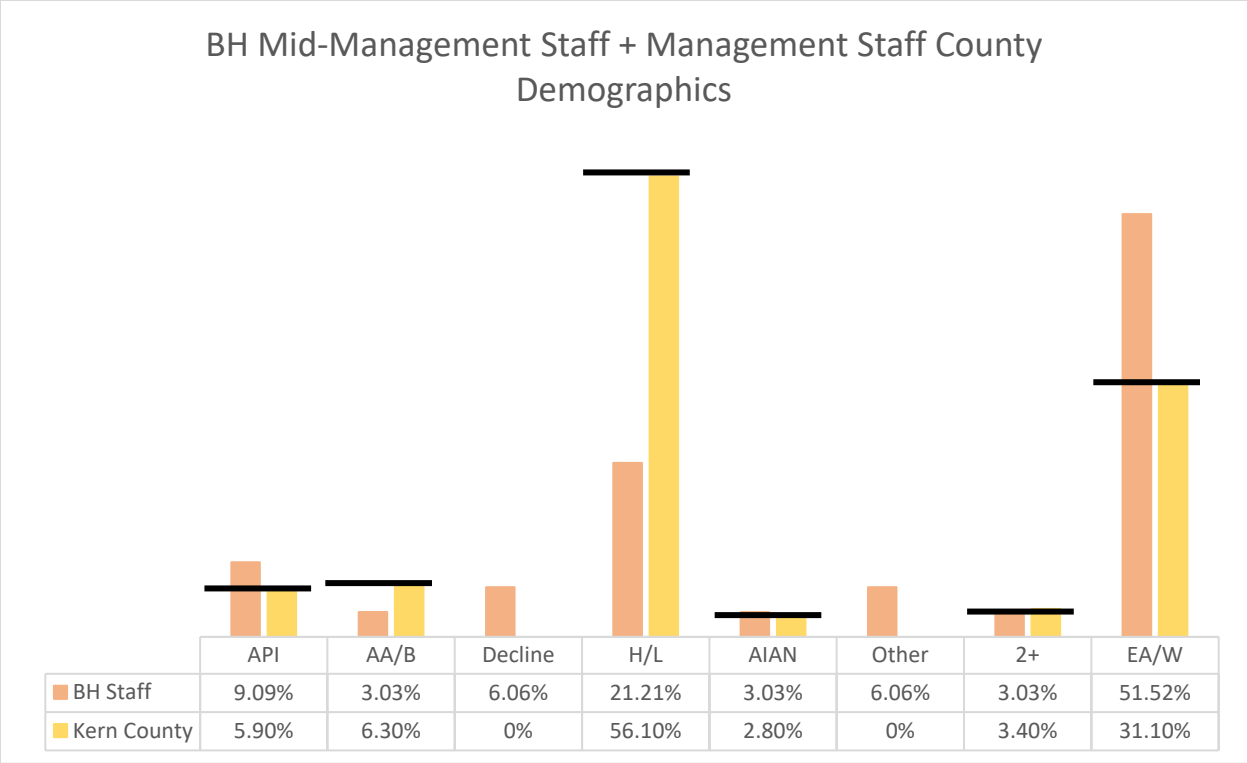
	API	AA/B	Decline	H/L	AIAN	Other	2+	EA/W
MH Staff	3.23%	7.83%	11.06%	36.41%	0.46%	6.91%	4.15%	29.95%
SUD Staff	0.00%	3.85%	4%	69.23%	0.00%	0%	4%	19.23%
Kern County	5.90%	6.30%	0%	56.10%	2.80%	0%	3.40%	31.10%

- Largest Overrepresentation Gaps: H/L SUD, Decline SUD, Other MH
    - Signals need to educate staff about the use and importance of Staff demographic data sharing and potentially in the demographic categories
- Largest Underrepresentation Gaps: H/L MH, EA/W SUD
    - Signals need for more recruitment activities



	API	AA/B	Decline	H/L	AIAN	Other	2+	EA/W
BH Staff	4.55%	4.55%	1.52%	42.42%	3.03%	3.03%	3.03%	37.88%
Kern County	5.90%	6.30%	0%	56.10%	2.80%	0%	3.40%	31.10%

- Largest Overrepresentation Gaps: EA/W, Other
    - Signals need to educate staff about the use and importance of Staff demographic data sharing and potentially in the demographic categories
    - European American category most overrepresented at this level
- Largest Underrepresentation Gaps: H/L, AA/B
    - Signals need for more recruitment activities
    - Hispanic/Latinx most underrepresented at this level; though in comparison with the other levels for H/L staff, this is the category in which this population is least underrepresented



	API	AA/B	Decline	H/L	AIAN	Other	2+	EA/W
BH Staff	9.09%	3.03%	6.06%	21.21%	3.03%	6.06%	3.03%	51.52%
Kern County	5.90%	6.30%	0%	56.10%	2.80%	0%	3.40%	31.10%

- Largest Overrepresentation Gaps: EA/W, API
    - Signals need to educate staff about the use and importance of Staff demographic data sharing and potentially in the demographic categories
    - European American category most overrepresented at this level
    - API- other than the "overall" level, this is the only level in which API are overrepresented
- Largest Underrepresentation Gaps: H/L, AA/B
    - Signals need for more recruitment activities
    - Hispanic/Latinx- this is the level in which H/L are the most underrepresented

This table contains the information for each category by level and is color coded to show level of representation:

- Green shows overrepresentation based on a positive difference between the category percentage minus the county percentage
- Red shows the underrepresentation based on a negative difference between the category percentage minus the county percentage
- The categories that had the biggest overrepresentation or underrepresentation have a darker shade of green or red.

	Overall	Line Staff	Support Staff	Supervisory	Mid-management + Management
API MH vs County	0.7	-0.28	-2.67	-1.35	3.19
API SUD vs County	3.6	-2.05	-5.9		
AA/B MH vs County	1.3	2.13	1.53	-1.75	-3.27
AA/B SUD vs County	2.2	5.24	-2.45		
*Decline MH vs County	8.05	20.04	11.06	1.52	6.06
*Decline SUD vs County	16.05	12	4		
H/L MH vs County	-20.71	-22.77	-19.69	-13.68	-34.89
H/L SUD vs County	-15.87	-33.02	13.13		
AIAN MH vs County	-2.04	-2.24	-2.34	0.23	0.23
AIAN SUD vs County	-2.8	-2.8	-2.8		
*Other MH vs County	8.11	9.18	6.91	3.03	6.06
*Other SUD vs County	5	8	0		
2+ MH vs County	-0.48	-0.78	0.75	-0.37	-0.37
2+ SUD vs County	1.6	2.6	0.6		
EA/W MH vs County	-6.77	-10.88	-1.15	6.78	20.42
EA/W SUD vs County	1.08	5.44	-11.87		

In the same time period, these are some the actions we've taken in our Recruitment and Retention efforts:

Recruitment Efforts/Activities:

Dept-wide (and Kern County Wide)

- Community Outreach Events
- In-Person Career Expo events
- Partnership with Contract Providers, Community & County Level
- Cross-sharing job opportunities to dept., CCRC, Schools, Universities, etc.
- Volunteers, Practicum & Internship Opportunities
- Peers
- Hotline
- Volunteer Master-Level practicum students
- Marketing and Materials
- Inclusive and culturally specific photos, etc.

Retention Effort/Activities:

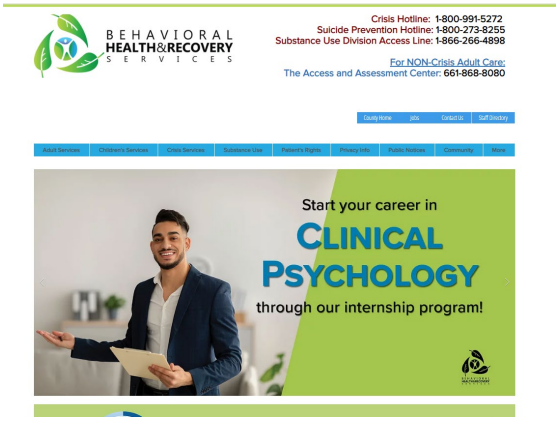
Dept-wide (and Kern County Wide)

- Scholarship and Loan Forgiveness Programs
- SCRP HCAI Loan Repayment opportunities (2 rounds for 2022)
- HRSA/NHSC Loan Repayment Program (10 as of date)
- Public Loan Forgiveness Program
- Stipends/Paid Internships
- Psychology Internship Program (4 positions, doctoral level)
- Employment-Based Practicum/Internships (current employees who are in master-level programs)
- Training Enhancement & Professional Development
- Kern County – Employee Health & Wellness Fair Events
- Department Self-Care Messaging and Activities (Team-based self-care activities)
- Relias – courses; LinkedIn Learning for required duties (by Management approval)
- Core Academies- Onboarding & (upcoming) Supervisor Academies
- Self-Care Courses: Recovery Model & Self-Care, CC & Self-Care, MHFA & Self-Care
- Professional development- support higher education for staff (clinical and non-clinical)
- Open recruitment for promotional opportunities, lateral opportunities
- Opportunities for staff to have diversity experience other teams/programs.
- Mentorships
- Therapist Chill Meetings
- Recovery Specialist Group
- Internships at The Center for Sexuality & Gender Diversity, (Upcoming) BAIHP
- Formal Multicultural Clinical Supervision Trainings
- Leadership training for management and supervisors

Met *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 POC and diverse groups.*

KernBHRS creates pictures and materials reflective of POC and diverse groups which target recruiting a multicultural workforce. KernBHRS utilizes this approach to continue growing a workforce composed of culturally and linguistically competent staff. KernBHRS utilizes this approach in recruitment efforts for both substance use and mental health positions.

A notable example can be seen in the recruitment materials for the Psychology Internship Program (PIP). The image on the left can be seen on the KernBHRS website Homepage and the image on the right is found on the KernBHRS Internship Opportunities page.



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

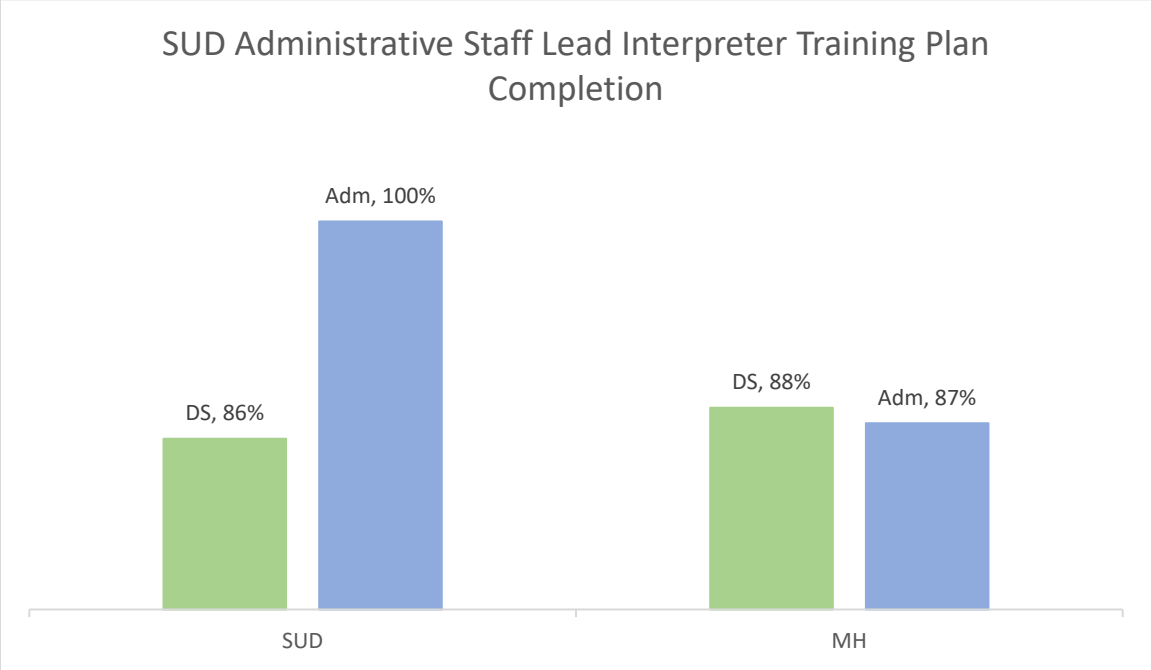
Met *Strategy 1: Provide incentives for staff and provide opportunities on trainings, workshop, mentoring, etc. such as the following conferences: Annual Health Equity Summit, Leadership Conference, APA Conference, Annual Forensic Conference, and National Council Conference.*

Substance Use and Mental Health Administrative and Direct Service Staff attended the following conferences in FY 21-22:

- First 5 Kern County ACE's Conference: Advancing Health Equity and Community Supports Through Innovation
    - KernBHRS staff, Belinda Vieyra and Blythe Foster presented at this conference.
- CARE TA Center Conference: "Keepin' it in the Community: The Power and Role of Collective Hope and Action for Crisis Recovery"

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

Both Substance Use and Mental Health staff identified as Tier I (Verbal) and Tier II (Written) Interpreters were assigned the Annual Interpreter Training Plan in Relias LMS.



1 Training Plan Completion data extracted from Relias and sorted by MH and SUD, Direct Service (DS) and Administrative (Adm)

CCP-Criterion 7: KernBHRS Language Capacity

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

CLAS Category Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services;

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing; 8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Goal 1: Dedicate resources such as MHSA funding to increase bilingual workforce capacity.

Strategy 1 In Process Strategy 2 Met Strategy 3 Met Strategy 4 Met

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).

Strategy 1 Met Strategy 2 Met Strategy 3 Met Strategy 4 In Process

Goal 1: Dedicate resources such as MHSA funding to increase bilingual workforce capacity.

In Process *Strategy 1: Research interpretive service agencies on certification materials and materials for non-Spanish languages-other-than-English, in addition to threshold language Spanish.*

KernBHRS began researching interpretive service agencies on certification materials and materials for non-Spanish-languages-other-than-English, in addition to threshold language Spanish in Fiscal Year 19-20 prior to the COVID PHE. While KernBHRS continues to conduct research for this Strategy, some of the barriers have been fiscal concerns caused by COVID and staffing challenges. Additionally, in Fiscal Year 21-22, the Kern County also contacted KernBHRS for information regarding language services needs so as to potentially compile countywide research on departments' language service and interpretive needs.

While conducting this research, KernBHRS is mindful of both substance use and mental health teams' interpretation and translation needs.

Met *Strategy 2: Continue to dedicate resources to increase Tier I (Verbal) and Tier II (Written) Interpreters Certification.*

KernBHRS has maintained Tier II (Verbal) and Tier II (Written) Interpreters skills via the Annual Interpreter training plan in Relias. This is assigned to all substance use and mental health staff identified as Tier I Interpreters or Tier II Translators. The training plan includes the following two training courses:

Training Title	1. Overview of the Behavioral Health System for Behavioral Health Interpreters	2. The Role of the Behavioral Health Interpreter
Relias Description	This course reviews the behavioral health system. In this course you will find an overview of the system to help you understand how it works. We will identify some of the most commonly recognized behavioral health disorders, some of the instruments used for diagnosis, assessment and evaluation of these disorders, and the different types of settings individuals may go to receive treatment.	In this course, you will learn about the variety of roles and functions in which behavioral health interpreters engage. Interpreters, other mental health professionals, and consumers alike benefit from you having a solid understanding of different types of interpreting, tools available to you, and techniques for interpreting. Given the diverse groups that you are likely to be working with, this course also gives you an overview of the standards and competency criteria for Culturally and Linguistically Appropriate Services (CLAS) for healthcare interpreting. Finally, we will discuss the challenges of interpreting in health and human service settings. This course blends a didactic approach with interactive exercises that give you the chance to apply the knowledge you gain along the way. Armed with this information, you'll be well-prepared to know how to most effectively provide interpretation services in a health and human service setting.

Met *Strategy 3: Maintain contract with Language Line Solutions to assist with LEPs, including, but not limited to, verbal interpreter, written translation, and Braille.*

KernBHRS maintains contract with Language Line Solutions to assist clients with LEP, including but not limited to interpretation of over 240 languages, written translations, and Braille. These services are available for both substance use and mental health clients.

(Information on this can be found in the reference drive)

Met *Strategy 4: Maintain contract with ILCKC to assist with LEPs, including, but not limited to, ASL and Braille interpreter services.*

Contract is maintained by Kern County and ILCKC's Language Services are made available to all county departments. KernBHRS monitors the contract status and maintains an updated copy of the contract. Interpretation services provided by ILCKC are available for both substance use and mental health clients.

(Information on this can be found in the reference drive)

Goal 2: Provide Language Line materials and information to persons who need interpretation and translation services, and to those who have LEP

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

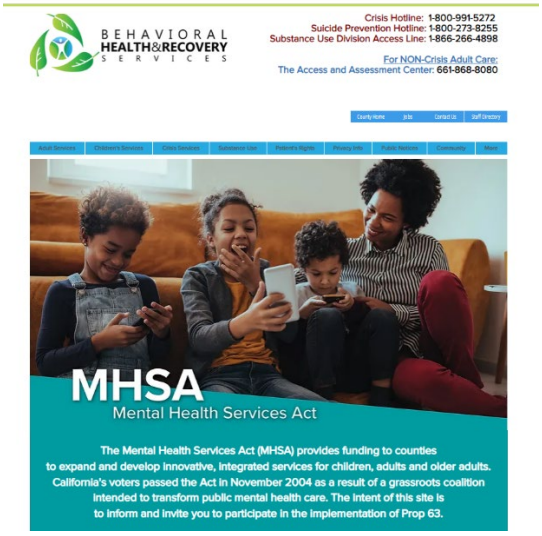
KernBHRS maintains and monitors posters/bulletins in clinics on the availability and information of interpreter assistance, including LEP. Informing materials for both mental health and substance use are provided in English and Spanish (the threshold language) and in various formats. Additionally, the Language Assistance Tagline Poster is also available with information on language services access in English, Spanish, Vietnamese, Tagalog- Filipino, Korean, Chinese, Armenian, Russian, Farsi, Japanese, Hmong, Punjabi, Arabic, Hindi, Thai, Cambodian, and Lao.

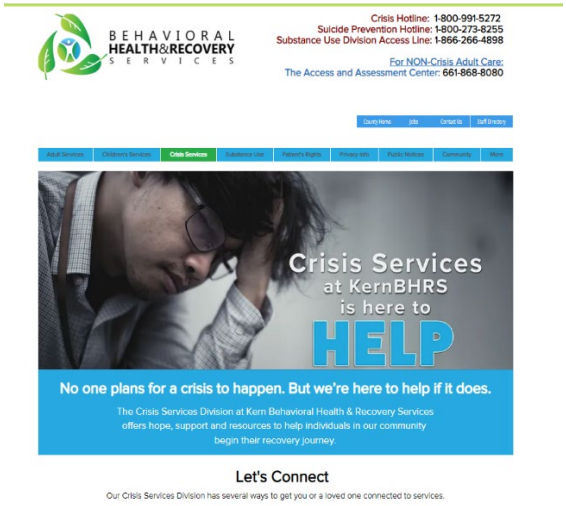
These materials are maintained in both substance use and mental health clinics.

Met *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*

In FY 21-22, KernBHRS created flyers and cards reflective of diverse and people of color. These were offered in both English and Spanish. There was also a stock of materials translated in prior FYs that is offered in other languages including but not limited to Vietnamese, Hindi, Punjabi, and Farsi. These materials are representative of substance use and mental health offerings.

There have also been many updates to the Public Website which have made the website more legible, easier to navigate, and have included more diverse imagery. We would like to showcase the following images from the KernBHRS public website which are representative of: CCRC, VSOP, MHSA, and Crisis Services.





Met *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).*

This fiscal year, translations were requested only for the English-Spanish language pair. There were translations conducted for both substance use and mental health teams. The types of materials translated include:

- Calendars
- Community Referrals
- Flyers

- Grievances
- Appeals
- Non-Discrimination Notices
- Language Assistance Information
- Patients' Rights Information
- Stakeholder Meeting Materials
- Community Forum Materials
- Awards
- Client materials including Enrollment and Exit Letters
- Preparatory materials including Talking Points, Questions, and Definitions.

(Information on this can be found in the reference drive)

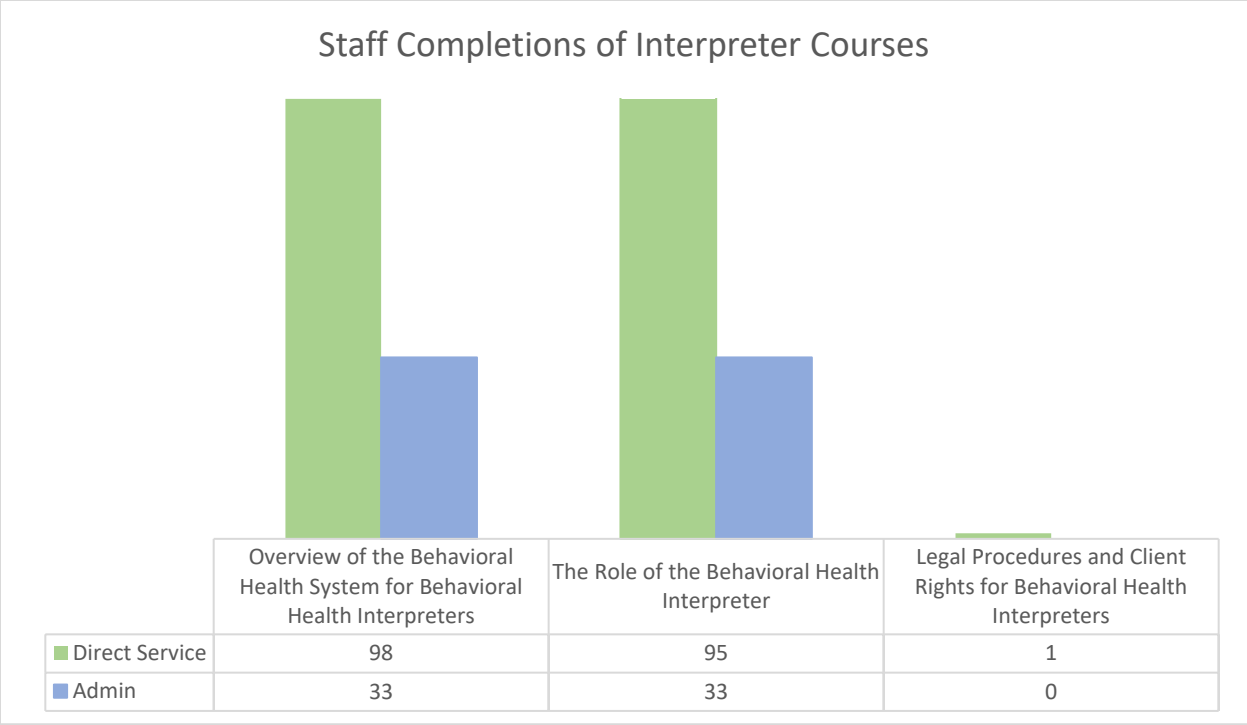
In Process *Strategy 4: Partner with Language Line Solutions and ILCKC to provide interpreting training to staff.*

KernBHRS began initial planning with:

- LanguageLine for a brief review and training on how to access language interpretation
- Independent Living Center of Kern County (ILCKC) for a training on working with Deaf Clients, ASL Interpreters

Implementation delayed due to staffing shortages. Coordination will resume in FY 22-23.

However, both substance use and mental health staff completed the following interpreter trainings:



	Overview of the Behavioral Health System for Behavioral Health Interpreters	The Role of the Behavioral Health Interpreter	Legal Procedures and Client Rights for Behavioral Health Interpreters
Direct Service	98	95	1
Admin	33	33	0

2Interpreter Course Completions Data by Job category extracted from Relias. Please note that, since courses are assigned on an individual basis, the completions listed here are not indicative of the full number of Staff assigned interpreter courses. Rather, this graphic represents the completions during fiscal year 21-22.

CCP-Criterion 8. KernBHRS Adaptation of Services

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

CLAS Category Engagement; Continuous Improvement and Accountability

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

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

Strategy 1 Met Strategy 2 Met Strategy 3 Met Strategy 4 In Process

Goal 2. Ensure the beneficiary problem resolution process addresses culturally and linguistically appropriate factors to resolve Grievance and Appeals.

Strategy 1 Met Strategy 2 Met Strategy 3 Met

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

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

For both substance use and mental health, KernBHRS maintains and updates the Beneficiary/Member Handbook to be provided to consumers in accordance with the MHP and DMC-ODS regulations. These are explicative of a recipient's benefits, rights, and responsibilities as a Medi-Cal Beneficiary. Other general information within the handbook includes procedures such as the grievance, appeal, and state hearing processes.

The materials are available in the following formats:

Mental Health Beneficiary Handbook	DMC-ODS Member Handbook
English	English
English- Large Print	English- Large Print
English- Braille (upon request)	English- Braille (upon request)
English- Audio	English- Audio
Spanish	Spanish

Spanish- Large Print	Spanish- Large Print
Spanish- Braille (upon request)	
Spanish- Audio	

INFORMATION ON ACCESSING MOST UP-TO-DATE KERN BENEFICIARY/MEMBER HANDBOOK IS AVAILABLE TO THE PUBLIC AT HTTPS://WWW.KERNBHRS.ORG/PATIENT-S-RIGHTS

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

For both substance use and mental health, on a monthly basis KernBHRS, maintains and updates Kern Provider Directories as outlined by the DHCS in alignment with each county's MHP and the DMC-ODS.

The materials are available in the following formats:

Mental Health Provider Directory	**DMC-ODS Provider Directory**
English	English
English- Large Print	English- Large Print
Spanish	Spanish
Spanish- Large Print	Spanish- Large Print

INFORMATION ON ACCESSING MOST UP-TO-DATE KERN PROVIDER DIRECTORY IS AVAILABLE TO THE PUBLIC AT HTTPS://WWW.KERNBHRS.ORG/PATIENT-S-RIGHTS

(Information on this can be found in the reference drive)

Met *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.*

KernBHRS recognizes that BH challenges may fall under the disability spectrum. As such, there is active collaboration between several SOC teams, including PIO MHSA, CC, and CCRC, to ensure that informational materials, such as flyers, promote culturally and linguistically responsive programs to accommodate the needs of persons with diverse cultural backgrounds and disabilities in accordance with the ADA.

Some of the intentional actions, representative of materials and information for both substance use and mental health services include:

- Culturally responsive translation of materials
- Images/graphics inclusive of individuals of different ethnic and racial backgrounds

- Images inclusive of individuals of different ages

In Process *Strategy 4: Provide training to staff on aspects of disability including, but not limited to, comorbidity of disabilities and MH challenges, disability as an umbrella term, and providing proactive quality care to clients and consumers with disabilities.*

Implementation of full training delayed due to staffing shortages. KernBHRS began coordination with Independent Living Center of Kern (ILCKC) to offer two trainings to staff

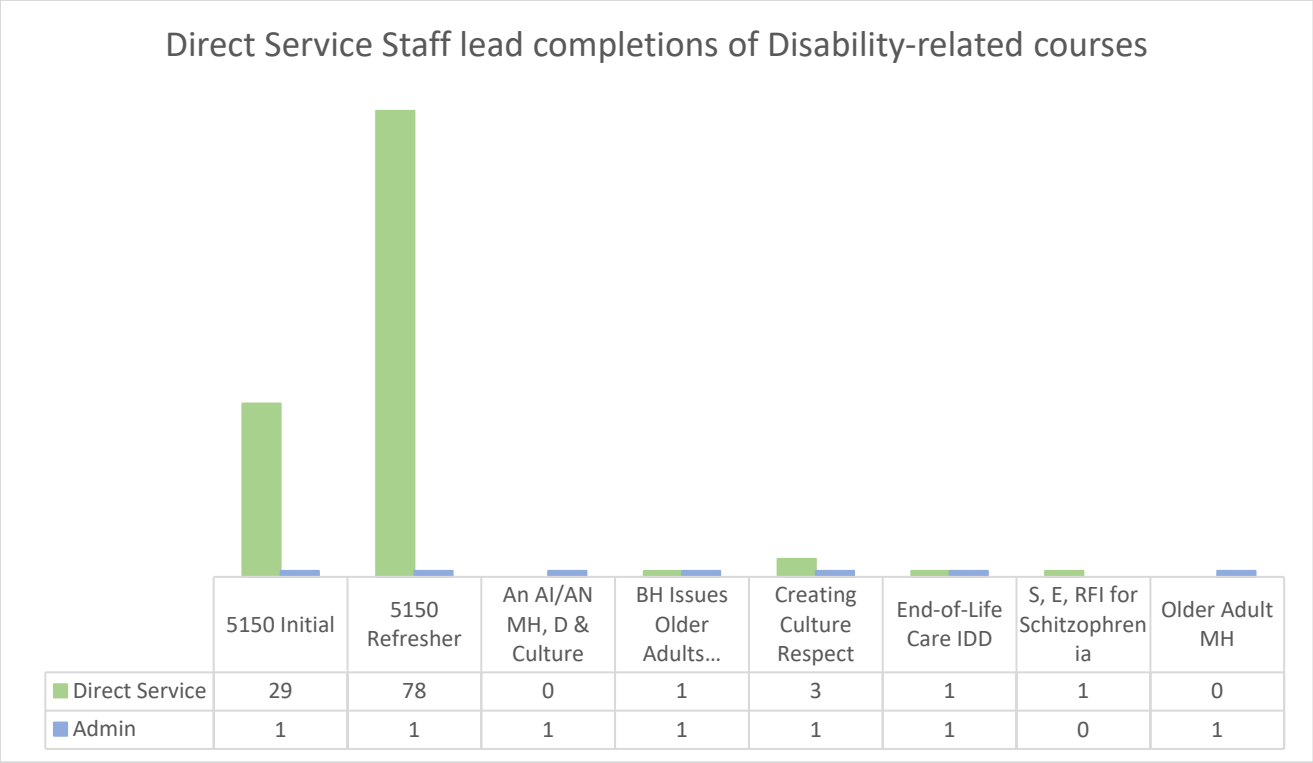
- Disability Etiquette
- Deaf 101

As staffing challenges are resolved for both teams, training coordination will resume in FY 22-23.

This training is intended to be inclusive of both substance use and mental health considerations in alignment with disability considerations.

ILCKC shared a guide with the CCRC titled, "Getting the Care you Need: A Guide for People with Disabilities" which KernBHRS distributed to all Staff and to all CCRC members in English and Spanish

The Centers for Medicare & Medicaid Services (CMS) Guide, provided by the ILCKC, acts as a guide on aspects of disability including, but not limited to, comorbidity of disabilities and mh challenges, disability as an umbrella term, and providing proactive quality care to clients and consumers with disabilities.



	5150 Initial	5150 Refresher	An AI/AN MH, D & Culture	BH Issues Older Adults…	Creating Culture Respect	End-of-Life Care IDD	S, E, RFI for Schitzophrenia	Older Adult MH
Direct Service	29	78	0	1	3	1	1	0
Admin	1	1	1	1	1	1	0	1

3Disability Course Completions Data by Job category extracted from Relias

The most completed courses which discuss disability topics were 5150 Refresher and 5150 Initial which are a regulatory requirement for select Direct Service Staff. As Administrative Staff do not have any courses required by regulations on disability topics, it makes sense that Direct Service Staff lead in completions. The data above is also inclusive of both staff from substance use and mental health teams.

There were 19 total courses that covered disability topics available to staff, but staff only completed the eight (8) courses in the table above. However, if both 5150 courses were excluded from the data, few staff have completed courses on disability-related topics.

Due to the relatively low completion rates for Disability-related courses, especially for Administrative Staff and for non-5150 courses completed by Direct Service Staff, this is an area for growth in the coming fiscal year.

Goal 2. Ensure the beneficiary problem resolution process addresses culturally and linguistically appropriate factors to resolve Grievance and Appeals.

Met *Strategy 1: Maintain/update policies related to beneficiary Grievance and Appeals.*

Policy 10.1.13 *Beneficiary Protection*, which is inclusive of Beneficiary Rights for both Mental Health and Substance Use Disorder Clients, is up to date in FY 21-22. Its intent is to ensure that all KernBHRS policies and procedures affecting the rights of the recipients served adhere to applicable federal, state, and/or local regulations. This policy applies to all SOC substance use and mental health staff.

(*Information on this can be found in the reference drive)*

INFORMATION ON HOW CLIENTS CAN EXERCISE THEIR RIGHTS IS ALSO AVAILABLE TO THE PUBLIC AT HTTPS://WWW.KERNBHRS.ORG/PATIENT-S-RIGHTS

Met *Strategy 2: Partner with QID and PRA to identify CC-related items on the CPS*

The Data Team shared the information gathered in three surveys administered to clients across the SOC. These are:

For Substance Use Clients, the Treatment Perception Survey (TPS) which is a requirement as part of the DMC-ODS Waiver Evaluation. The collected information is utilized to measure consumers' perceptions of access to services and quality of care, and to evaluate and improve the consumer experience. The TPS is administered in the Fall of each year and includes Adult and Youth versions in both English and Spanish. *

**A total of four (4) Youth surveys were completed this survey round. As the number of completed Youth surveys total less than five (5), The University of California, Los Angeles (UCLA), who acts as TPS administrator for all California counties, did not provide an individual report.*

Approximately 340 TPS's were completed by consumers in September 2021, with an overall satisfaction rating of 92%.

For Substance Use Clients, The Consumer Perception Survey (CPS) is utilized to collect data on the federally determined National Outcome Measures (NOMs). Reporting on these NOMs is required by the Substance Abuse and Mental Health Services Administration (SAMHSA), and receipt of Community Mental Health Services Block Grant (MHBG) funding is contingent upon the submission of this data. Counties are required to conduct the surveys and submit data per §3530.40 of Title 9 of the California Code of Regulations, which requires that semi-annual surveys be conducted. CPSs are administered in the Spring and Fall of each year. CPS's include Adult, Youth, and Youth Families versions in both English and Spanish.

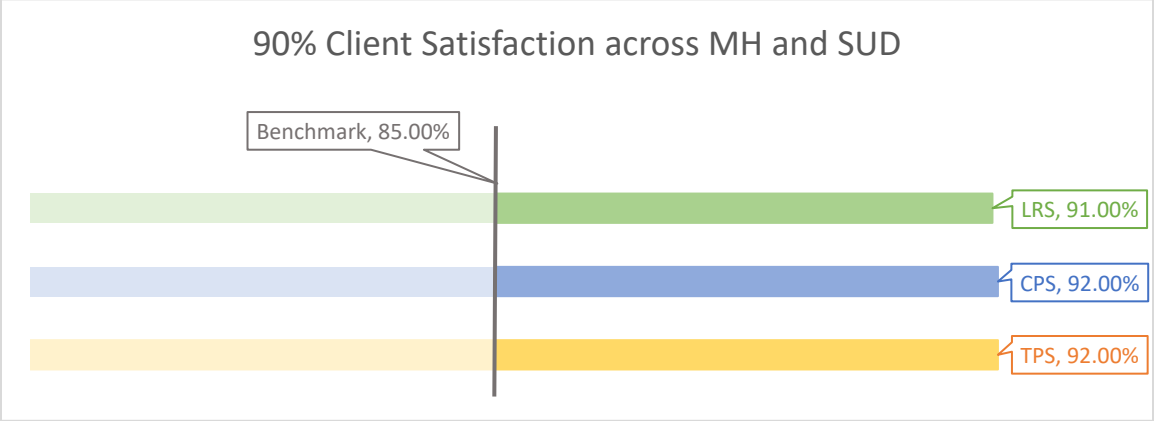
Approximately 527 CPSs were completed by consumers in June 2021, with an overall satisfaction rating of 92%.

The Local Recovery Survey (LRS) is an additional survey that the County conducts which includes both Mental Health (MH) and Substance Use Disorder (SUD) clients. California counties are required to

administer surveys and submit data per §3530.40 of Title 9 of the California Code of Regulations, which requires that semi-annual surveys be conducted. The data to be collected includes clients'/families' perceptions of quality and results of services provided. This requirement is fulfilled via the statewide CPS surveying process.

The County decides to conduct additional surveying above the requirements in order to:

- Assess consumer satisfaction and other areas of consumer perception related to recovery principles, access to care, and progress in treatment
- Collect larger sample sizes because of the brief, simple nature of the LRS
- Instantaneous results and opportunities for client feedback throughout the year
- QID also looks at the data by subunit and can identify areas for improvement or of strength
    - *Note: Summary in graphic below shows an average of the LRS ratings across the subunits for ease of understanding*



4 Data compiled from the following sources: Local Recovery Survey Results- 2021-2022; Fall 2021 TPS Overview; Spring 2021 CPS Overview (Information on this can be found in the reference drive)

INFORMATION ON THE CURRENT EDITIONS OF SURVEY RESULTS IS AVAILABLE TO THE PUBLIC AT HTTPS://WWW.KERNBHRS.ORG/PUBLIC-NOTICES

Quality Improvement and the Cultural Competence Team partnered to improve the client's survey experience:

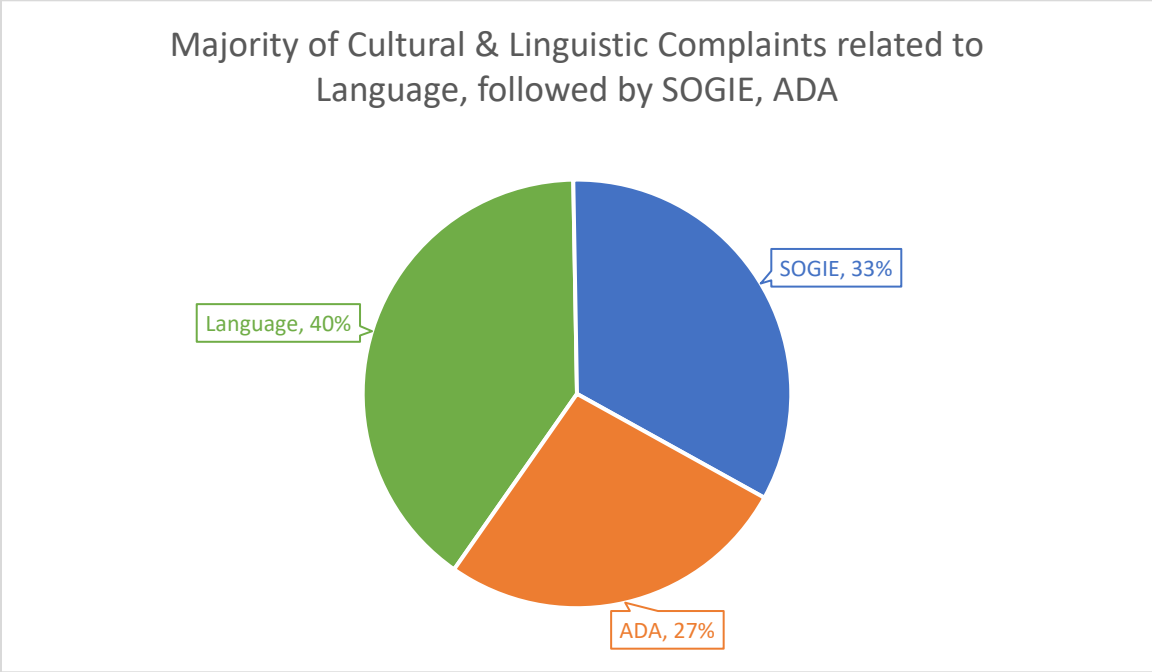
1. Recommendation to include question about client's preferred language when surveying them
    a. These should be incorporated into the TPS in Fall'22
    b. They cannot be incorporated into the CPS because, as a statewide survey, it cannot be modified
2. The LRS Survey Narrative, which is the introductory greeting, was also translated into Spanish so that staff do not need to engage in sight translation on the phone and the message is standardized for both English- and Spanish-speaking clients.

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

The PRA Team tracked Complaints related to Cultural Issues across the SOC. There are 14 instances of these. In this report, they are not split up into categories such as Mental Health vs Substance Use or KernBHRS

staff vs Contractor Staff or Direct Service Staff vs Administrative Staff. This is because of the small sample size and the need to maintain client confidentiality. However, we have coded the comments by theme to show the most common types of complaints. These included:

- Language: Complaints about spoken and/or signed language range from inadequate interpretation, staff using a language client did not understand, staff not offering interpretation services, and staff not allowing the use of an interpreter which the client brought to their session
- Sexual Orientation, Gender Identity and Gender Expression (SOGIE): Complaints in the SOGIE category, are primarily dealing with Trans individuals and secondarily Gay individuals feeling discriminated for their Gender and/or Sexual Orientation
- ADA: Complaints in the ADA category primarily deal with clients not receiving ASL Interpretation services with an additional component of feeling discriminated for their ADA status



5 Qualitative analysis from data shared by PRA

INFORMATION ON HOW CLIENTS CAN EXERCISE THEIR RIGHTS IS ALSO AVAILABLE TO THE PUBLIC AT HTTPS://WWW.KERNBHRS.ORG/PATIENT-S-RIGHTS

All of the Complaints in FY 21-22 have been resolved. However, this shows us the need for more education and guidance on how staff can serve individuals who identify with these populations, as well as in providing affirming care and in accessing language services.

Preview of FY 22-23

The "strategies" are the items that we will work on in FY 22-23. Strategies highlighted gray are continued from prior fiscal year. Those highlighted blue are updated from the prior fiscal year. Finally, strategies highlighted yellow are new.

Continued (n=15)	**Updated (n=32)**	**New (n=18)**
Strategy carried over from last year with no changed	Strategy from last year which has been changed to reflect current data and/or needs	Completely new strategy this fiscal year

CCP-Criterion 1. Commitment to Cultural Competence

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

CLAS Category: Governance, Leadership and Workforce Engagement, Continuous Improvement and Accountability

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources;

3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area;

4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

GOAL	RATING
Goal 1: Continue to enhance organizational structure and processes to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	
Strategy 1: Partner with internal teams and stakeholders to monitor disparity rate and reduce disparities	
Strategy 2: Monitor client and consumer satisfaction through client surveys	
Strategy 3: Begin planning second round of Community Listening Session with BHB	
Strategy 4: In public forums, practice using lay terms & common language and reduce use of clinical jargon	

Strategy 5: Re-evaluate implementation of internship model and continue planning to expand to other community agencies.	
Strategy 6: Develop PRR Workgroup to begin discussion of Client Demographics, Demographic Categories, Requirements, and improvements to demographic data collection and reporting	
Goal 2: Ensure that services are being provided in threshold language throughout the system.	
Strategy 1: Continue development of support system for SOC interpreters and translators	
Goal 3: Enhance and update annual policies and processes to promote inclusion of culturally and linguistically appropriate practices and/or services.	
Strategy 1: Continue normalizing discussions on ethno-racial equity	
Strategy 2: Participate in a quarterly review of P&Ps from CLAS and DEI perspective	
Strategy 3: Continue efforts to educate staff about SOGIE considerations including but not limited to pronoun usage and gender identities and expression	
Goal 4: Dedication to diverse workforce	
Strategy 1: Collaborate on approaches to proactively recruiting a diverse workforce	
Strategy 2: Collaborate on approaches to proactively retaining a diverse workforce including but not limited to staff support groups, staff affinity groups, internal marketing, career ladders, and/or mentorship & training	

CCP-Criterion 2. KernBHRS Updated Assessment of Service Needs

Rationale: A population assessment is necessary to identify the cultural and linguistic needs of the target population and is critical in designing, and planning for, the provision of appropriate and effective behavioral health services.	
CLAS Category: Engagement, Continuous Improvement and Accountability 11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	
GOAL	RATING
Goal 1: Enhance and promote education of outreach protocols as they pertain to cultural competence and CLAS Standards.	

Strategy 1: Ensure staff are trained in CCP and CLAS standards	
Strategy 2: Ensure staff are trained in O&E Protocols and O&E Materials are distributed to staff & partners	
Goal 2: Increase dissemination of CC related information and resources	
Strategy 1: Develop and track CC related internal/public materials and communication	
Strategy 2: Disseminate "The Compass" Cultural Competence Newsletter 3x in FY 22-23 to staff and partners	

CCP-Criterion 3. KernBHRS Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Behavioral health Disparities

Rationale: "Striking disparities in behavioral health care are found for racial and ethnic populations. Racial and ethnic populations have less access to and availability of behavioral health services, these communities are less likely to receive needed behavioral health services, and when they get treatment they often receive poorer quality of behavioral health care. Although they have similar behavioral 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).

CLAS Category: Principal Standard. Engagement; Engagement, Continuous Improvement and Accountability

1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities;

14. Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

GOAL, STRATEGY	RATING
Goal 1: Partner with QID, MHSA Team, SUD, and other relevant entities to identify target populations with disparities.	
Strategy 1: Systemwide Collaboration to address DHCS, EQRO, SUD, and MHSA and/or programs related to target populations	
Strategy 2: Monitor and measure effectiveness of activities/strategies for reducing population disparities	
Strategy 3: Continue with standardization of O&E log	
Strategy 4: Identify and collaborate with at least 3 API communities in Kern County to share materials and resources on BH services	
Goal 2: For threshold group, Hispanic/Latinx monitor, track, and improve Penetration Rate and O&E	
Strategy 1: Meet or exceed MH PRR of 2.85% for Hispanic/Latinx threshold population	
Strategy 2: Meet or exceed SUD PRR of .85% for Hispanic/Latinx group	
Strategy 3: Engage in systemwide and community collaboration on outreach, access, engagement, and service activities to penetrate Hispanic/Latinx population	

Rationale: "Striking disparities in behavioral health care are found for racial and ethnic populations. Racial and ethnic populations have less access to and availability of behavioral health services, these communities are less likely to receive needed behavioral health services, and when they get treatment they often receive poorer quality of behavioral health care. Although they have similar behavioral 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).

CLAS Category: Principal Standard. Engagement; Engagement, Continuous Improvement and Accountability

1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities;

14. Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

GOAL, STRATEGY	RATING
Strategy 4: Identify and collaborate with at least 3 Hispanic/Latinx communities in Kern to share materials and resources on BH services	
Goal 3: For African American/Black group monitor, track, and improve Penetration Rate and O&E	
Strategy 1: Meet or exceed MH PRR of 5.75% for African American/Black population	
Strategy 2: Meet or exceed SUD PRR of 1.25% for African American/Black population	
Strategy 3: Engage in systemwide and community collaboration on outreach, access, engagement, and service activities to penetrate African American/Black population	
Goal 4: For Asian/Pacific Islander group monitor, track, and improve Penetration Rate and O&E	
Strategy 1: Meet or exceed MH PRR of 1.75% for Asian/Pacific Islander population	
Strategy 2: Meet or exceed SUD PRR of .17% for Asian/Pacific Islander population	
Strategy 3: Engage in systemwide and community collaboration on outreach, access, engagement, and service activities to penetrate Asian/Pacific Islander population	
Strategy 4: Identify and collaborate with at least 3 API communities in Kern County to share materials and resources on BH services	
Goal 5: For American Indian/Alaska Native group monitor, track, and improve Penetration Rate and O&E	
Strategy 1: Meet or exceed MH PRR of 5.9% for American Indian/Alaska Native population	
Strategy 2: Meet or exceed SUD PRR of 2.25% for American Indian/Alaska Native population	
Strategy 3: Engage in systemwide and community collaboration on outreach, access, engagement, and service activities to penetrate American Indian/Alaska Native population	

CCP-Criterion 4. KernBHRS Client/Family Member/Community Committee: Integration of the Committee Within KernBHRS

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).	
CLAS Category: Engagement, Continuous Improvement and Accountability 13. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.	
GOAL	RATING
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.	
Strategy 1: CCRC Meets monthly to ensure CCRC members are diverse and to review/contribute strategies, recommendations, and/or planning and develop cultural competence items	
Strategy 2: Collect Community input through stakeholder meetings, community forums, and O&E events	
Strategy 3: Disseminate CC information in internal and external committees	

CCP-Criterion 5. KernBHRS Culturally Competent Training Activities

Rationale: Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with clients representing different countries or origins, acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel (CLAS, Final Report).	
CLAS Category: Governance, Leadership and Workforce 4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	
GOAL	RATING
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 and SUD) complete a minimum six hours of cultural competence trainings annually	
Strategy 2: Monitor and track next phase of SCRP MCCS trainings to all MH and SUD Clinical Supervisors to address CC core competency	
Strategy 3: Monitor State Peer Certification and Trainings to ensure current eligible staff have appropriate supports	
Goal 2: Enhance analysis of the effectiveness of CC trainings	

Strategy 1: Assess status of training programs to determine if any changes need to be made to accommodate post-COVID workplace considerations
Strategy 2: Continue utilizing Relias to develop pre and post examinations for trainings
Goal 3: Offer specific CC trainings of diverse and BIPOC populations identified in SCRP formal assessment and CCRC subcommittee recommendations.
Strategy 1: Utilize staff feedback to enhance/develop CC training courses tailored to the needs of the department
Strategy 3: Begin implementation of CFI training to department clinicians
Strategy 3: Begin implementation of System of Care wide culturally-infused evidence-based suicide prevention training
Strategy 4: Provide, track, and monitor trainings on diverse groups including, topics such as, telehealth, cultural humility, culturally adapted EBPs, implicit bias, ADDRESSING Model, etc

CCP-Criterion 6. KernBHRS Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

Rationale: The diversity of an organization's staff is necessary, but not a sufficient condition for providing culturally and linguistically appropriate health care services. Although hiring diverse and 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).	
CLAS Category: Governance, Leadership and Workforce; Communication and Language Assistance 3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area. 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	
GOAL, STRATEGY	RATING
Goal 1: Complete Workforce Needs Assessment	
Strategy 1: Share findings of workforce needs assessment with workforce	
Strategy 2: Continue to enhance and centralize recruitment efforts including materials that reflect diverse personnel	
Strategy 3: Monitor, analyze, and share findings on workforce demographic data	
Strategy 4: Develop collaborative innovative approaches to recruiting and retaining staff in a post-COVID workplace	
Goal 2: Utilize WET funds to secure various resources and/or conference for staff retention and training.	

Strategy 1: Provide opportunities for enhancing staff knowledge through conferences and webinars Strategy 2: Monitor and track interpreter trainings Tier I and Tier II staff	

CCP-Criterion 7: KernBHRS Language Capacity

Rationale: Accurate and effective communication between clients, providers, staff, and administration is the most essential component of the behavioral health encounter. Bilingual providers and other staff who communicate directly with clients must demonstrate a command of both English and the language of the client that includes knowledge and facility with the terms and concepts relevant to the type of encounter (CLAS, Final Report). The DMH will provide threshold language data to each county.	
CLAS Category Communication and Language Assistance 5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services; 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing; 8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	
GOAL, STRATEGY	RATING
Goal 1: Dedicate resources such as MHSA funding to increase bilingual workforce capacity.	
Strategy 1: Continue research on trainings for interpreters/translators for Spanish and Non-Spanish Languages Other Than English Strategy 3: Maintain contract with Language Line to assist LEPs, including but not limited to services for spoken and written language and Braille Strategy 4: Work with Kern County government to ensure access to ILCKC to assist with LEPS, including but not limited to ASL and Braille	
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).	
Strategy 1: Maintain and post posters/bulletins in clinics of the availability and information on interpreter assistance for LEPs Strategy 2: Develop or utilize available materials that are reflective of the community including images, languages, print, web-based, and traditional media Strategy 3: Track and monitor translated materials Strategy 4: Partner with Language Line and ILCKC to offer staff trainings on the language services offered by each agency	

CCP-Criterion 8. KernBHRS Adaptation of Services

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

CLAS Category Engagement; Continuous Improvement and Accountability 12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	
GOAL, STRATEGY	RATING
Goal 1. Provide and make available culturally and linguistically responsive programs to accommodate individual or cultural and linguistic preferences in accordance to the ADA.	
Strategy 1: Maintain/update the Beneficiary/Member Handbook to be provided to consumers in accordance with MHP and DMC-ODS	
Strategy 2: Maintain/update Kern Provider Directories and make available to all consumers	
Strategy 3: Continue to assess/improve materials at clinic site to ensure these address needs of CCP, CLAS, and ADA considerations	
Strategy 4: Continue planning for providing training to staff on aspects of disability including but not limited to comorbidity on BH and disability, disability as an umbrella term, and proactive care to clients with disabilities	
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 Grievance and Appeals	
Strategy 2: Assess and monitor cultural competence related items on Client Surveys for both MH and SUD	
Strategy 3: Track, monitor, and review changes of provider, second opinion, and/or grievance cases for cultural and linguistic issues	

Conclusion

In Fiscal year 21-22, there were 90 strategic goals. There outcomes are listed in the table below.

MET	IN PROCESS	NA	Total
80	9	1	90

Overall, KernBHRS teams has enhanced O&E efforts for clients and in workforce recruitment, public and internal marketing, CC events and trainings for internal teams and community. There were many enhanced partnerships and deeper discussions on health equity activities and strategies that will continue in the next fiscal year.

Selected Accomplishments in FY 21-22 include:

- 4 cultural events led by CCRC subcommittees for Hispanic Heritage Month, Black Heritage Month, Asian & Pacific Islander Heritage Month, and Juneteenth
- Exciting systemwide changes including beginning the implementation of CalAIMS and the planning for the multi-county EHR development and implementation
- Recruitment efforts at Hispanic-Serving Institutions
- Staff surpassed the 6-hour minimum of CC hours training with MH staff completing approximately 10 on average and SUD staff completing approximately 9 on average.

KernBHRS realizes that there are much more to do to outreach, educate, reduce behavioral stigma, improve access, provide culturally responsive treatment and services to the community. Therefore, in the next Fiscal Year 22-23, **there are 85 strategic** goals that will aim for a deeper partnership with our leadership team, internal teams, community leaders, partners, and culturally and diverse CBOs to identify innovative approaches to engage and serve our diverse communities.

We are excited to advance health equity and the future direction of inclusive, diversity, and equity care to serve Kern County.

Glossary

Numbers

2+ 2 or more ethno-racial categories

A

AA/B African American/Black

ACEs Adverse Childhood Experiences

ADA Americans with Disabilities Act

Administrative Staff providing support services to other department staff; also called Administrative & Professional or Non-Clinical

ADDRESSING Model Framework to organize and conceptualize identity factors and how they interact in an individual; developed by Dr. Pamela Hays

AIAN American Indian and Alaska Native

APA American Psychological Association

API Asian and Pacific Islander; also abbreviated APIA, meaning Asian and Pacific Islander American

ASL American Sign Language

ASOC Adult System of Care

B

BAIHP Bakersfield American Indian Health Project; local partner

BH Behavioral Health

BHB Behavioral Health Board

BIPOC Black, Indigenous, People of Color

BPD Bakersfield Police Department

C

CA-CCPR Cultural Competence Plan Requirements; name for the guidelines provided by the state with the first version released in 2000 and the second version released in 2010

CalAIM California Advancing and Innovating Medi-Cal

Cal-LEARN Statewide program for pregnant and parenting teens in the CalWORKs program

CARE TA Crisis and Recovery Enhancement Technical Assistance Center

CBO Community based organization

CC Cultural Competence

CCP Cultural Competence Plan; may also refer to the CCP Annual Update Report

CCP-R Another abbreviation for CA-CCPR

CCRC Cultural Competence Resource Committee; sometimes abbreviated as CCR + Subcommittee Name

The Center The Center for Sexuality & Gender Diversity; local partner

CF/TN Capital Facilities and Technological Needs; MHSA funding stream

CFI Cultural Formulation Interview

CSS Community Services and Supports; MHSA funding stream

CC Team Cultural Competence Team

CLAS Culturally and Linguistically Appropriate Services Standards; developed by the federal Office of Minority Health and included as the foundation for the state CCP-R guidelines. Some SUD funding requires that the CLAS standards be specifically addressed and incorporated with service provision and in system of care reviews

CLC Community Learning Center

CMS Centers for Medicare & Medicaid

COCCM Church of Christ Christian Ministries

The Compass Cultural Competence newsletter which describes evidence and culturally based practices to support mental health and substance use clients

CPS Client Perception Survey; administered to mental health clients and required by California Code of Regulations to be conducted semiannually

CSOC Children's System of Care

CW Team CalWORKs team

D

DBH Department of Behavioral Health

DHCS Department of Health Care Services

DHS Department of Human Services

DMC-ODS Drug Medi-Cal Organized Delivery System

DS Direct Service; staff providing services to clients, also called clinical or line staff

DSD Department Supports Administration

E

EA/W European American/White

EBPs Evidence Based Practices

EHR Electronic Health Record

EQRO External Quality Review Organization

Executive Administration Also abbreviated as Exec; includes Director, Deputy Directors, PIO team, HR, ITS

F

FIRM Fresno Interdenominational Refugee Ministries

FY Fiscal year

G

None

H

H/L Hispanic/Latinx

HR Human Resources

I

ILCKC Independent Living Center Kern County; local partner

INN Innovation, MHSA funding stream

Interpretation Refers to the act of taking spoken or signed language input from one language and providing spoken or signed language output in the client's preferred language and vice versa

IT Information Technology; alternate name for KernBHRS Division

ITD Information Technology Division; also called ITS

ITS Information Technology Services; KernBHRS division

J

None

K

KCSOS Kern County Superintendent of Schools

KernBHRS Kern Behavioral Health & Recovery Services

KHSD Kern High School District

KLD Kern Linkage Division, KernBHRS division

KPI Key performance indicators

L

Language Access Refers to SOCs offering of language services to clients with LEP

LEP Limited English Proficiency

LGBTQ+ Lesbian, gay, bisexual, transgender, queer or questioning

LGBTQIA+ Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more

Line staff Staff who provide direct BH services to clients and consumers

LMS Learning Management System

LRS Local Recovery Survey; brief KernBRHS developed and administered monthly client satisfaction survey

M

Management Includes Director, Deputies, and Administrators; staff who oversee Divisions, Deputy Directorates or the Department

MCCS Multicultural Clinical Supervision Program

MET Mobile Evaluation Team; works with local law enforcement on behavioral health emergency calls; team within Crisis Services Division

MH Mental Health

MHBG Community Mental Health Services Block Grant; SUD funding stream

MH EQRO Mental Health External Quality Review Organization report

MH KPIC Mental Health Key Performance Indicators Committee

MHP Mental Health Plan

MHSA Mental Health Services Act

MHSSA Mental Health Services Act Student Assistance Programs

Mid-Management Staff Staff who lead an area of the department which can include lead staff in other categories including line staff, support staff, and/or supervisory staff

N

NAMI National Alliance on Mental Illness

NOMs National Outcome Measures

O

O&E Outreach and Education

P

P&P Policies and Procedures

PEI Prevention and Early Intervention, MHSA funding stream

PET Peer Education Training

PHE Public Health Emergency

PIO Public Information Office Team

PIP Psychology Internship Program

POC Person of color; predates BIPOC term

Population(s) of focus Person-centered way to describe a population the SOC is focusing on to increase health equity rather than using the term "target population"

PRA Patients' Rights Advocate Team

PRR Penetration Rate Report

Q

Q&A Question and answer session

QIC Quality Improvement Committee

QID Quality Improvement Division

R

RCC Regulatory Compliance Committee

ROEM Relation Outreach and Engagement Model team

R&R Recruitment and Retention

RSA Recovery Supports Administration Division, KernBHRS division

S

SAMHSA Substance Abuse and Mental Health Services Administration

SCRP Southern Counties Regional Partnership; group of southern counties BH departments

SCRP Formal CC Assessment Assessment conducted in 2019 by third-party to review CC and equity in KernBHRS as an organization

SEL Social Emotional Learning

SOC System of Care; meaning all KernBHRS and Contract Partners

SOCAs System of Care Administrators

SOGIE Sexual Orientation, Gender Identity and Gender Expression

SQIC System Quality Improvement Committee

SUD Substance use disorder; may also be Substance Use Disorder Division

SUD EQRO Substance Use Disorder External Quality Review Organization

SUD KPIC Substance Use Disorder Key Performance Indicators Committee

SUD O&E Outreach and education specific to substance use disorder services and resources

SUD-ODS Substance Use Disorder Organized Delivery System, another name for DMC-ODS

SUD TxP Substance Use Disorder Treatment Providers; referring to substance use disorder contract partners

SUD QID Part of the Quality Improvement Division that focuses on quality improvement as it pertains to substance use disorder service regulations

Supervisory Staff Staff who lead either clinical or administrative teams

Support Staff Staff who provide administrative and professional support to all other categories of staff

T

Tier I BC certification accepted by Kern County and SEIU to demonstrate suitable language ability in Spanish-English verbal interpretation; Tier I staff receive a stipend for the use of this skill

Tier II BC certification accepted by Kern County and SEIU to demonstrate suitable language ability in Spanish-English written translation; Tier II staff receive a stipend for the use of this skill

Tier I/II Designates a staff who has both Tier I verbal interpretation and Tier II written translation in Spanish-English language pair; Tier I/II staff receive a stipend for the use of these skills

TPS Treatment Perception Survey; administered to substance use disorder clients and required by California Code of Regulations to be conducted semiannually

Translation Refers to the act of taking written language input from one language and providing written language output in the client's preferred language and vice versa

TRC Training Review Committee

Tri-Team Three KernBHRS internal teams that collaborate with department leadership and system of care to ensure that Outreach & Education, Community Forums, Marketing, and Materials are inclusive of diverse populations within our community. These include MHSA Coordination, Public Information, and Cultural Competence

U

UCLA University of California, Los Angeles; TPS administrator for all California counties

V

VSOP Volunteer Senior Outreach Program

VyC-Kern Vision y Compromiso-Kern; local partner

W

WET Workforce Education and Training, MHSA funding stream

X

None

Y

None

ZS Zero Suicide Team; Zero Suicide Initiative