

Hybrid Community Forum
April 9, 2025
In-Person at Westchester Training Room & Virtual (Teams)



Focus: MHSA Reform and Updates

Total Meeting Attendance (10 in-person & 3 Virtual)	13
Total Survey Responses (6 hard copies & 1 Online)	7
Total Completion Rate	54%

Age Group:		Sexual Orientation:	
0-15	0	Straight/Heterosexual	4
16-25	0	Gay or Lesbian	1
26-59	5	Questioning or Unsure	0
60 or Older	2	Queer	0
Declined/Did Not Submit a Survey	6	Asexual	0
Gender assigned at birth:		Bisexual	1
Male	1	Pansexual	1
Female	6	Another Sexual Orientation	0
Intersex	0	Declined/Did Not Submit a Survey	6
Declined/Did Not Submit a Survey	6	Race:	
Gender Currently Identified with:		Asian	0
Male (Cis Male)	1	Native Hawaiian/Pacific Islander	0
Female (Cis Female)	5	Black/African American	0
Transgender/other	0	Latino/Hispanic	0
Genderqueer	0	Tribal/Native American	0
Non-Binary	0	White/Caucasian	4
Genderfluid	0	Two or More Races: (did not specify)	3
Questioning or Unsure	0	Declined/Did Not Submit a Survey	6
Other Gender Identity	0	Ethnicity:	
Declined/Did Not Submit a Survey	7	African	0
Disability:		Asian Indian/South Asian	0
Vision	0	Cambodian	0
Hearing, or Difficulty Understanding	0	Chinese	0
Mental/Cognitive (excludes behavioral)	3	Eastern European	1
Mobility/Physical	0	Korean	0
Chronic Medical Illness	1	Middle Eastern	0
None	1	Vietnamese	0
Declined/Did Not Submit a Survey	8	European	1
Veteran Status:		Filipino	0
Yes, I Am a Veteran	0	Japanese	0
No, I Am Not a Veteran	7	Caribbean	0
Declined/Did Not Submit a Survey	6	Central American	0
Primary Language:		Mexican/Mexican American/Chicano	0
Only English	7	Puerto Rican	0
Only Spanish	0	South American	0
Both English and Spanish	0	Two of More: (did not specify)	1
Another Language	0	Declined/Did Not Submit a Survey	10
Declined/Did Not Submit a Survey	6	<i>other: n/a</i>	

*Group/Category		*Population you feel is most unserved/underserved in the above-mentioned community	
Client/Consumer/Person with Mental Illness	2	Children/Families	3
Family Member of a Client or Person with Mental Illness	4	Transitional Aged Youth (16-25)	1
KernBHRS Staff	3	Older Adults	3
Law Enforcement	0	Homeless or At Risk of Homelessness	4
Veteran Services	0	Those in Rural Kern Areas	2
Senior Services	0	Veterans	1
Education/Schools	0	Those with Substance Use Disorders	2
Community Member	3	Latino/Hispanic	1
County Agency Staff (Not KernBHRS Staff)	1	Asian/Pacific Islander	3
Behavioral Health Provider (Not KernBHRS Staff)	0	Black/African American	2
Medical Care Provider	0	American Indian / Alaska Native	2
Other	0	LGBTQ+	2
Declined/Did Not Submit a Survey	6	Other	0
<i>Describe others: n/a</i>		Declined/Did Not Submit a Survey	6
*Region of the County you are most involved		*Please indicate the types of services or programs that would be appropriate to service the above-mentioned population	
Arvin/Lamont	0	Prevention	1
Bakersfield	6	Early Intervention	2
Delano/McFarland	0	Outreach for Recognizing the Early Signs of Mental Illness	4
California City/Mojave/Rosamond	0	Stigma and Discrimination Reduction	2
Wasco/Shafter	0	Access and Linkage to Care	1
Buttonwillow/Lost Hills	0	Peer-Based Services	3
Oildale	0	Intensive Outpatient Treatment	1
Kern River Valley	1	Declined/Did Not Submit a Survey	7
Tehachapi	0	How did you learn about this public forum?	
Ridgecrest	0	Flyer	2
Taft	0	From a friend or family member	2
Frazier Park/Mountain Communities	0	From a co-worker/colleague	0
Declined/Did Not Submit a Survey	6	Social media	0
*Participants may select more than one answer to survey questions.		Email/Text invitation	2
		Declined/Did Not Submit a Survey	9

Do you have any questions, comments, or concerns?	
Declined/Did Not Submit a Survey	11
Answered	2
<ol style="list-style-type: none"> 1. <i>“Woman who are expecting.”</i> 2. <i>“There is a lacking in rural communities and it is not acceptable. This is designed to address these challenges. We can do better”</i> 	

ADDITIONAL SURVEY QUESTIONS – ANNUAL UPDATE	
Do you have any comments or additional recommendations for the proposed Mental Health Services Act Annual Report (FY 2025-26) for Kern County?	
Declined/Did Not Submit a Survey	12
Answered	1
<ol style="list-style-type: none"> 1. <i>“1. Fund Rural Mental Health Access & Navigation Hubs Recommendation: Allocate dedicated MHSA dollars to support rural-based nonprofits like River Sage Revival as local access points for mental health services, prevention, and support. Justification: Our nonprofit serves a population largely excluded from mainstream behavioral health resources. We act as a bridge to care — offering support groups, case navigation, and informal counseling when no other providers are accessible. With support, we could serve as a contracted MHSA partner for rural “warmlines-style” support, peer groups, and early intervention. --- 2. Support Flexible Service Models that Combine Natural Healing & Evidence-Based Care Recommendation: Fund community-rooted programs that offer natural, culturally relevant, land-based support aligned with MHSA prevention and early intervention goals. Justification: We integrate nature, community gathering, skill-building, and emotional wellness through offerings like: Community nights Sober social events Outdoor wellness workshops Volunteer opportunities rooted in peer-led connection These activities reduce isolation, prevent crisis, and promote healing — especially for youth, veterans, and individuals in recovery. --- 3. Expand Volunteer & Peer-Based Workforce Support in Underserved Areas Recommendation: Use MHSA funding to build paid or stipended rural volunteer corps that can offer outreach, support group facilitation, event setup, and basic case navigation. Justification: Our work is powered by real people with lived experience — many of whom want to give back but lack formal pathways. We propose funding peer-led support roles, stipends for volunteers, and microtraining grants to elevate rural leadership. River Sage Revival has begun this organically. MHSA support would help us sustain and scale this model. --- 4. Fund Rural Event Infrastructure & Outreach Recommendation: Cover the permitting, outreach, and community safety costs for rural mental health education and prevention events, like our Saturday Night Markets. Justification: Our markets integrate local vendors, free resource navigation, healing activities, and safe sober space. But we are facing barriers like \$4,800 annual permit costs and lack of operational funding. MHSA could support these events as Prevention and Early Intervention (PEI) activities — especially since they reduce isolation and foster help-seeking in a culturally grounded way. --- 5. Ensure Rural Providers Can Bill for Non-Traditional Services Recommendation: Ensure that ECM, Community Supports, and MHSA-funded billing</i> 	

systems include non-clinical, relational, and informal interventions for rural populations. Justification: We often serve people with no access to traditional care — through case management, informal counseling, crisis de-escalation, and systems navigation. River Sage Revival should be eligible for reimbursement under MHSA-aligned contracts, with support for administrative infrastructure to process these claims. We are ready and willing to contract — but we need resources to meet state compliance and reporting standards. --- Closing Statement: River Sage Revival is a rural nonprofit with deep community roots, offering creative, real-world solutions where systems have failed to reach. We are requesting MHSA support to sustain and expand our impact — because people in Lake Isabella, Kernville, Bishop, and beyond deserve more than leftovers. We’re not waiting on the system. We’re already doing the work. But with MHSA partnership, we could do even more — and nobody gets left behind.”

What is your general feeling about the MHSA Plan in Kern County?

Very Unsatisfied (Value=1)	Unsatisfied (Value=2)	Satisfied (Value=3)	Somewhat Satisfied (Value=4)	Very Satisfied (Value=5)	Total Value	Declined (Value=0)	Weighted Average
1	0	0	0	0	1	12	1.0

ANNOUNCEMENTS

<p>FREE Family Day at CALM Zoo 10500 Alfred Harell Hwy Saturday, May 3, from 9 AM to 3 PM</p>	<p>Help those in Crisis – Volunteer Recruitment For more information, contact Cassie Deras-Coker at (661)332-7479 or CDeras-Coker@kernbhhs.org</p>
<p>Would you like to participate in our Cultural Competence Resource Committee? For more information, please contact CulturalCompetence@KernBHRS.org</p>	<p>Prepare U Contact the MHSA Team at MHSAteam@kernbhhs.org for more information</p>

MHSA Education

Presenters: Tia Flores, MHSA Program Specialist,

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

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

BHSA Transition Update

Presenters: Tia Flores, MHSA Program Specialist

Description: Flores provided an update on the Behavioral Health Services Act (BHSA) Transition/Behavioral Health Transition (BHT) /Prop 1 Update.

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

Program Presentations

Presentation #1: MHSA Annual Update

Presenter: Mark Kimmel, MHSA Coordinator

Description: Kimmel provided an overview of the Kern County MHSA Annual Update FY 2025-2026.

Questions from the Audience after the presentation:

1. **(Q):** Who makes the budget?

(A): (Kimmel) That's the finance Team, along with Candee Del Rio, who is here today and will be presenting right after me.

Presentation # 2: Annual Revenue & Expenditure Report (ARER)

Presenter: Candee Del Rio, KernBHRS Finance Director

Description: Del Rio provided an overview of MHSA ARER for Fiscal Year 2023-2024 as reported to the State and included in the Kern County MHSA Annual Update FY 2025-2026.

Questions from the Audience after the presentation:

1. **(Q):** I see you have listed the spending, but where is the total money?

(A): (Del Rio) That is not in this Report. This report only shows the expenditures.

2. **(Q):** So, can I still use Medical for my health Insurance to cover other benefits like Dental?

(A): (Del Rio) Yes, absolutely! This doesn't affect that at all.

3. **(Q):** Where is the new budget? Is that what the big booklet (Annual Report) has in it?

(A): (Del Rio) So the period that we're in right now is fiscal year (FY) 2024/2025, so that's the budget in the Annual Update. The expenditures for FY 2024/2025 will be in next year's report.

4. **(Q):** How do sunseting programs affect the budget?

(A): (Del Rio) It allows us to make new plans and determine where the funding will go next fiscal year.

5. **(Q):** What is the plan to allocate the available funds?

(A): (Del Rio) We don't have any money that's up for reversion (not allocated). So, when July 1st, 2026, comes around, anything we have spent is going to roll over into the new buckets of BHSA.

Presentation # 3: CFTN Projects Update

Presenter: Mark Kimmel, MHSA Coordinator

Description: Kimmel provided an update of the CFTN projects that were presented and voted on in the March Community Forums.

MHSA funds for CFTN Projects presented in March:

- Project 1: Ridgecrest Crisis Stabilization Unit (Roof replacement) - \$100K
- Project 2: County-wide Building Improvements as needed- \$1 million
- Project 3: Furnish Youth Crisis Stabilization Unit/Family Resource Center- \$ 1 million

All CFTN projects presented were voted "Yes, approved." No additional updates to report.

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

Presentation # 4: Innovation (INN) Projects Update

Presenter: Mark Kimmel, MHSA Coordinator

Description: Kimmel provided an update of the INN projects that were presented and voted on in the March Community Forums.

Working with CalMHSA Projects presented in March:

- Project 1: Policies and Procedures Development - \$94K
- Project 2: Enhanced Analytics – PHI Dashboards - \$94K

The Working with CalMHSAs projects presented in March were voted “Yes, approved.” No additional updates to report.

Orange County PIVOT Project presented in March:

- Project 1: FSP Reboot

Stakeholders voted “Yes, approved.” No additional updates to report.

Population Health Management (NEW INN project presented):

- How do we treat the whole person?
- More information to come in future stakeholder meetings.

Questions from the Audience after the presentation:

1. **(Q):** From the perspective of a child, does the child get treated and helped the same as a parent?
(A): (Kimmel) There is absolutely a movement towards that. We have different categories and systems of care for minors.
2. **(Q):** Is there a rating system for the help we have received and what we need?
(A): (Kimmel) I don’t know if there would be a rating. When you’re receiving assistance, there are goals and expectations of progress. As you improve, you can look and assess where you’re at.

Listening Session

Presentation: Listening Session

Presenter: Tia Flores, MHSAs Program Specialist

Description: Flores opened to facilitate the listening session

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

MHSAs Stakeholder Feedback Forms Received

- “Early intervention for ages 1 – 10 years old. Help parents find or provide learning tools about those things. Mental health and physical health of kids 1 – 10 years old. Help anyone with the tools to learn.”
- “I like the new way the county is looking at mental health services.” (*Population Health Management*)
- “Tia, Candee, and Mark did a great job. Services are needed in KRV.” (*Kern River Valley*)

CPPP Incentive Program

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

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

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

The CPPP Incentive Program was discontinued on August 21, 2024.

Action Steps

At Kern Behavioral Health and Recovery Services, our commitment to community engagement is unwavering. We will continue to inform, engage, get feedback, and reach out to our communities. This will be achieved through the collaborative efforts of offering MHSA-funded programs and services in partnership with community organizations and contract service providers throughout Kern County. Our stakeholder involvement is crucial to our success.

The recent MHSA presentation was a success, with a total of 13 attendees, 10 in-person and three virtual. This count excludes the MHSA Coordination team members and presenters.

During the meeting, the MHSA Coordination team provided an overview of the ongoing Behavioral Health Transformation update. This transformation is not a one-time event, but a continuous, collective effort. We will continue to provide updates as information is received, ensuring our stakeholders are always in the loop.

During the stakeholder meeting, we had **zero** voting items.

One of the main presentations was the **Kern County MHSA Annual Update FY 2025-2026**. The official **30-day Circulation and Public Comment period**, which is a crucial opportunity for stakeholders to provide their input, started on March 31, 2025, and will close on April 30, 2025. The MHSA Coordinator, Mark Kimmel, and Candee Del Rio, KernBHRS Finance Director, presented an overview of the Annual Update content, which included the Executive Summary, Work Plans, Performance Outcomes, Annual Revenue and Expenditure Report (ARER), and the revised Kern County Capacity Needs Assessment.

MHSA ACTION STEPS

MHSA will:

General

- We will continue to provide education and updates on legislative and policy changes regarding MHSA funding and how that impacts the programs and services provided to Kern County residents.
- Investigate ways of gaining stakeholder feedback and participation (giveaways, treats, etc.) during the subsequent meetings.
- Continue researching ways of gaining more clients/families and public participation during stakeholder meetings.
- No further action steps.