

*Kern Behavioral Health and Recovery Services*

COMMUNITY PROGRAM  
PLANNING PROCESS  
(CPPP)

FY 2024-2025 ANNUAL REPORT



## THE MENTAL HEALTH SERVICES ACT & THE COMMUNITY PROGRAM PLANNING PROCESS

More than two million Californians are affected by potentially disabling mental illnesses every year. The passage of Proposition 63 (Mental Health Services Act or MHSA) in the November 2004 General Election was a significant step towards addressing this issue. This legislation, which taxes very high-income individuals an additional one percent of their annual income exceeding one million dollars, promised to bring about a substantial improvement in the delivery of mental health services and treatment across California.

The MHSA, a comprehensive approach to delivering behavioral health services and support for Kern County residents, is built on the recognition of the community's importance. It addresses a broad continuum of prevention, early intervention, and service needs, providing the necessary infrastructure, technology, and training to effectively support behavioral health and substance use programs.

The preparation and delivery of the stakeholder process are of great importance, as they are the driving force behind the consideration of program implementation. The community's role in providing feedback is crucial, as it empowers them to influence the direction of the programs and services. CPPP focuses on collecting feedback on programs and services that are already in effect but need modification or new programs that must be created to provide appropriate, comprehensive, and meaningful mental health care.

In March 2024, Californian voters approved Proposition 1, a dynamic two-bill package that includes the forward-thinking Behavioral Health Services Act (BHSA—SB 326) and the innovative Behavioral Health Infrastructure Bond Act of 2024 (BHIBA—AB 531). This legislation paved the way for a promising future in the field of mental health services in California, which we are calling Behavioral Health Transformation or BHT. BHT will become effective on July 1, 2026, and will bring about significant changes to the behavioral health and substance use system of care.

### MHSA GUIDING PRINCIPLES

Kern Behavioral Health and Recovery Services (KernBHRS) plays a crucial role in applying five fundamental MHSA principles in their Community Program Planning Process (CPPP). These guiding principles are instrumental in shaping the planning and implementation of mental health services in Kern County.

#### **1. Community Collaboration**

Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.

#### **2. Cultural Competence**

Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.

#### **3. Client, Consumer, and Family Involvement**

Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery, and evaluation.

#### 4. Wellness and Recovery

Services should promote recovery and resiliency by allowing clients and consumers to define their goals so they can live fulfilling and productive lives.

#### 5. Integrated Service Delivery

Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers, and families.

### MHSA Community Forums

As we continue our transition from the Mental Health Services Act (MHSA) framework to the newly restructured Behavioral Health Services Act (BHSA), we are implementing key changes to align with the upcoming requirements of the BHSA.

Beginning in August 2024, we established two recurring monthly forums to strengthen communication and accountability with our stakeholder groups: one **Community Forum in English** and another **Community Forum in Spanish**.

The **English Community Forums** (also known as Stakeholder Meetings) are held on the **second Wednesday of each month**. To better engage stakeholders who may face transportation or scheduling challenges, we now offer a **hybrid format**, allowing participants to attend **in person or virtually via Microsoft Teams**.



Mental Health Services Act (MHSA)  
**Community Forums**  
Every 2<sup>nd</sup> Wednesday of the month  
(In-Person + Virtual)  
Virtual/Microsoft Teams: <https://shorturl.at/Ul7TQ>  
It starts at 12 noon

The graphic features an illustration of six diverse people standing together, some with their arms raised. Above them are several icons: a puzzle piece, a lightbulb, a speech bubble with a checkmark, and a speech bubble with a plus sign.

#### Spanish Community Forum (¡En Español!)

In our ongoing commitment to inclusivity, we offer a **Spanish-language Community Forum** for those who prefer to engage in Spanish. These forums are held on the **third Wednesday of each month at 12:00 PM**, in the **Westchester Training Room at 2001 28th Street, Bakersfield, CA 93301**. This location remains consistent, as our Consumer Family Resource Center also hosts a Spanish-language support group every Wednesday.

To further expand access, we introduced a **virtual option via Microsoft Teams** beginning in the fourth quarter, enabling broader participation regardless of transportation or scheduling limitations.

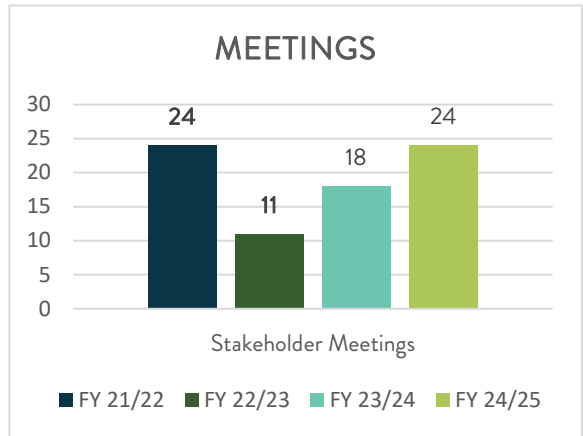
Mental Health Services Act (MHSA)  
**Community Forums**  
Every 3<sup>rd</sup> Wednesday of the month  
(Spanish In-Person + Virtual)  
Virtual/Microsoft Teams: <https://shorturl.at/0FGot>  
It starts at 12 noon



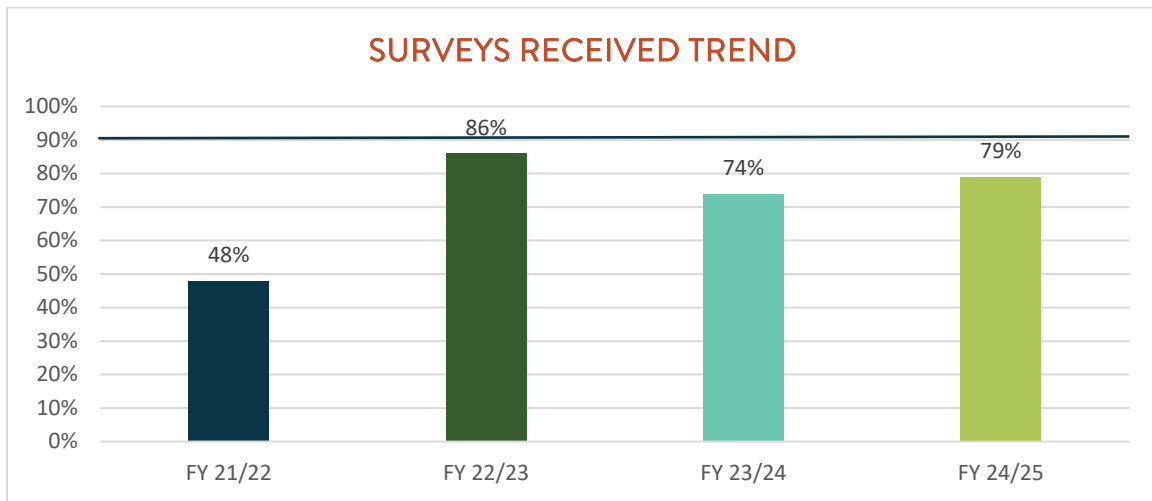
The graphic features an illustration of six diverse people standing together, some with their arms raised. Above them are several icons: a puzzle piece, a lightbulb, a speech bubble with a checkmark, and a speech bubble with a plus sign.

## MHSA Data Reports & Demographics

In Fiscal Year 2024–2025, we hosted a total of **24 Stakeholder Meetings** and saw a positive trend in engagement, with **survey completion rates increasing from 74% to 79%** compared to the previous fiscal year (see *Surveys Received Trend* graph below).



We remain committed to enhancing our approach to collecting stakeholder demographics and feedback. Moving forward, we are exploring strategies to **streamline data collection, reduce redundancy, and improve the overall stakeholder experience.**



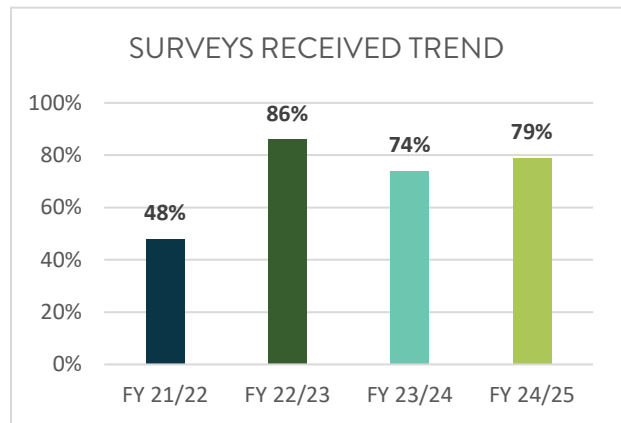
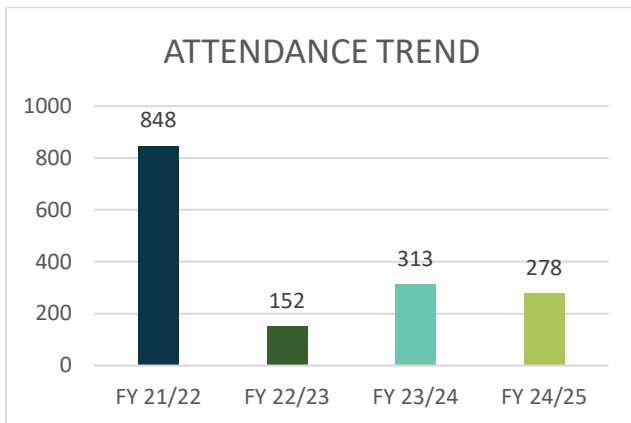
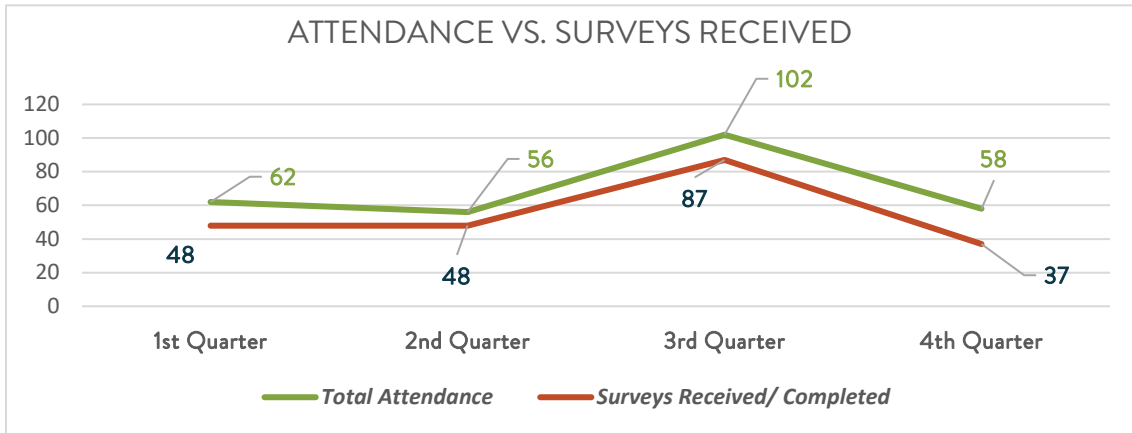
### Community Forum Calendar for FY 2024 – 2025

Date	Location	Time	Participants	Focus	Attendance	Surveys Received/ Completed
July 10, 2024	Westchester Training Room	11:30 AM	Community Forum	(Spanish In-Person) MHSA Reform Updates	25	23
August 14, 2024	Westchester Training Room	12:00 PM	Community Forum	(In-Person) MHSA Reform	15	9
August 21, 2024	Westchester Training Room	12:00 PM	Community Forum	(Spanish In-Person) MHSA Reform Updates	8	5
September 11, 2024	Westchester Training Room	12:00 PM	Community Forum	(In-Person) MHSA Reform	9	7
September 18, 2024	Westchester Training Room	12:00 PM	Community Forum	(Spanish In-Person) MHSA Reform Updates	5	4
October 9, 2024	Westchester Training Room	12:00 PM	Community Forum	(In-Person) MHSA Reform Update	8	7

October 16, 2024	Westchester Training Room	12:00 PM	Community Forum	(Spanish In-Person) MHPA Reform Updates	8	7
November 13, 2024	Kern Linkage Training Room	12:00 PM	Community Forum	(In-Person) MHPA Reform Update	6	4
November 20, 2024	Westchester Training Room	12:00 PM	Community Forum	(Spanish In-Person) MHPA Reform Updates	16	15
December 11, 2024	Commonwealth - East Training Room	12:00 PM	Community Forum	(In-Person) MHPA Reform Update	14	12
December 18, 2024	Westchester Training Room	12:00 PM	Community Forum	(Spanish In-Person) MHPA Reform Updates	4	3
January 8, 2025	Westchester Training Room	12:00 PM	Community Forum	(In-Person) MHPA Reform Update	28	22
January 15, 2025	Westchester Training Room	12:00 PM	Community Forum	(Spanish In-Person) MHPA Reform Updates	19	18
February 12, 2025	Westchester Training Room	12:00 PM	Community Forum	(In-Person) MHPA Reform Update	14	9
February 19, 2025	Westchester Training Room	12:00 PM	Community Forum	(Spanish In-Person) MHPA Reform Updates	8	7
March 12, 2025	Westchester Training Room	12:00 PM	Hybrid Community Forum	(In-Person & Virtual) MHPA Reform & Updates	15	15
March 19, 2025	Westchester Training Room	12:00 PM	Community Forum	(Spanish In-Person) MHPA Reform Updates	9	9
March 26, 2025	Westchester Training Room	12:00 PM	Hybrid & Bilingual Community Forum	(In-Person, Virtual & Bilingual) MHPA Reform & Updates	9	7
April 9, 2025	Westchester Training Room	12:00 PM	Hybrid Community Forum	(In-Person & Virtual) MHPA Reform & Updates	13	7
April 16, 2025	Westchester Training Room	12:00 PM	Hybrid Community Forum	(Spanish In-Person & Virtual) MHPA Reform Updates	10	9
May 14, 2025	Westchester Training Room	12:00 PM	Hybrid Community Forum	(In-Person & Virtual) MHPA Reform & Updates	8	5
May 21, 2025	Westchester Training Room	12:00 PM	Hybrid Community Forum	(Spanish In-Person & Virtual) MHPA Reform Updates	8	7
June 11, 2025	Westchester Training Room	12:00 PM	Hybrid Community Forum	(In-Person & Virtual) MHPA Reform & Updates	13	4
June 18, 2025	Westchester Training Room	12:00 PM	Hybrid Community Forum	(Spanish In-Person & Virtual) MHPA Reform Updates	6	5
<b>TOTALS</b>					<b>278</b>	<b>220</b>

## CPPP – DATA COLLECTION

The following demographics were compiled based on 220 surveys collected from the 278 Stakeholders who participated in our Stakeholder Meetings during FY 2024-2025 (July 2024 through June 2025):



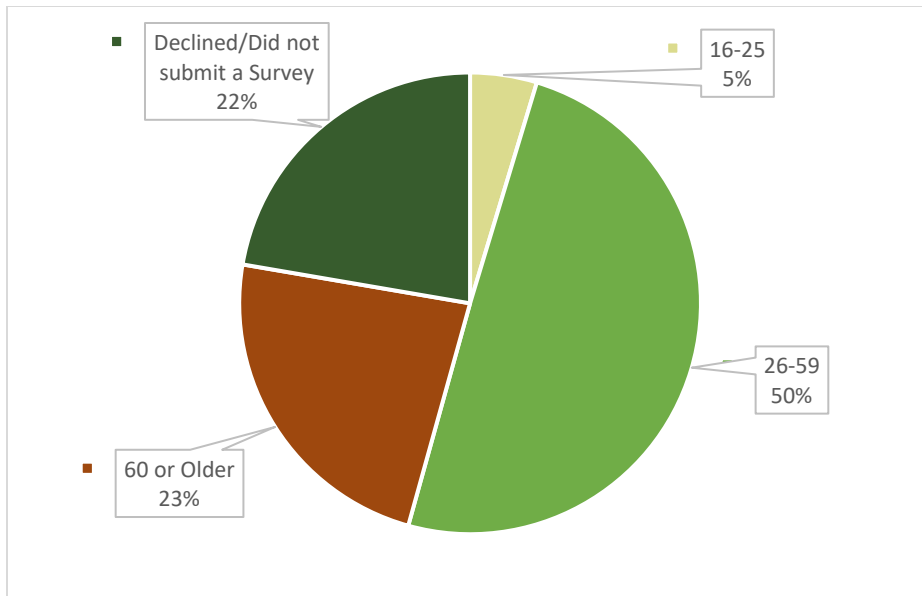
### DEMOGRAPHICS

Of the 278 Stakeholders who participated in Community Forums in the FY 2024-2025, 220 (79%) of stakeholders completed a survey.

The surveys revealed that most (50%) of those who completed them were between the ages of 26 and 59, with the largest portion of this population identified as female (46%).

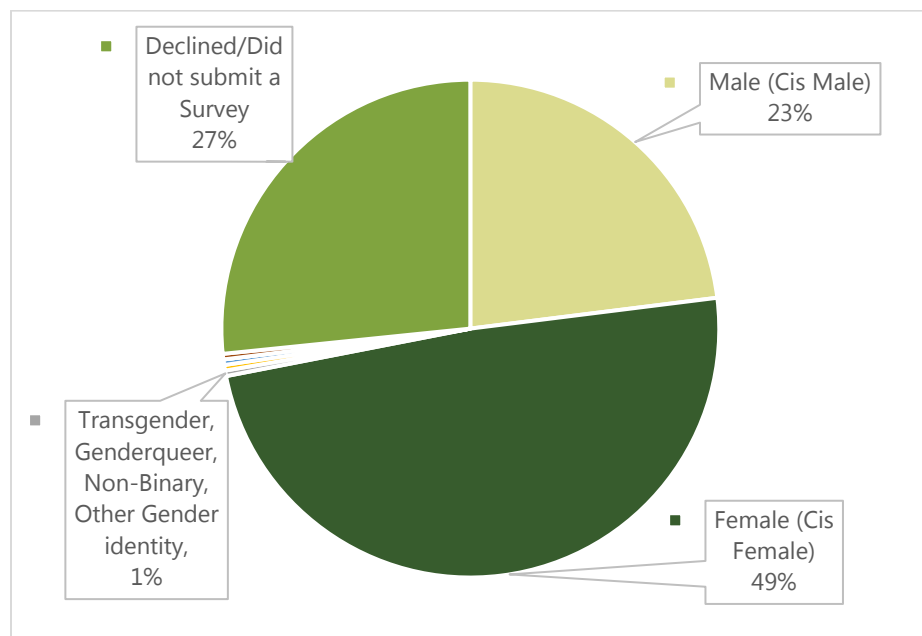
### AGE OF STAKEHOLDERS

AGE GROUPS	N	%
0 – 15	0	0%
16 – 25	13	5%
26 – 59	138	50%
60 or Older	65	23%
Declined/Did Not Submit a Survey	62	22%
<b>TOTALS</b>	<b>278</b>	<b>100%</b>



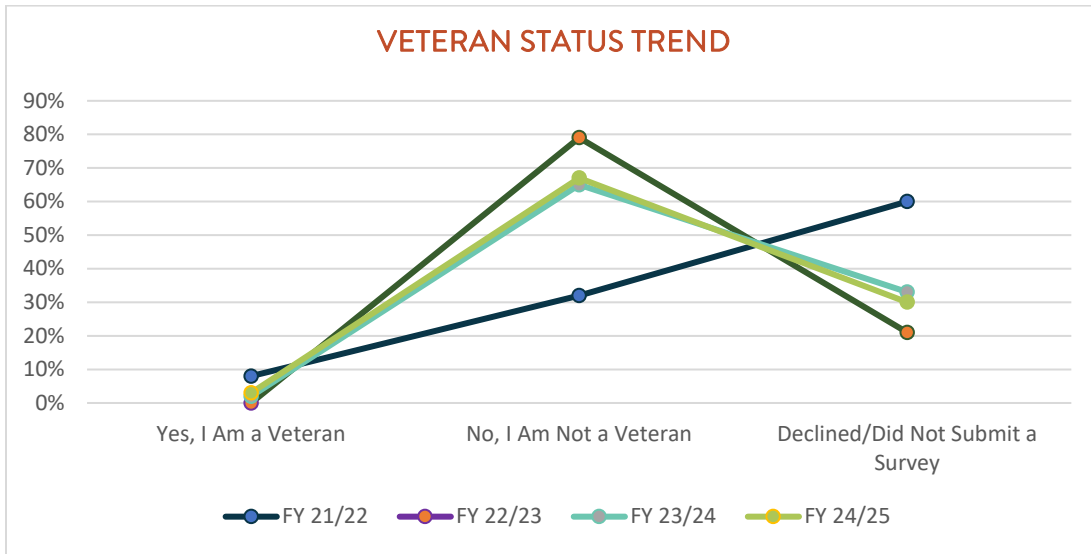
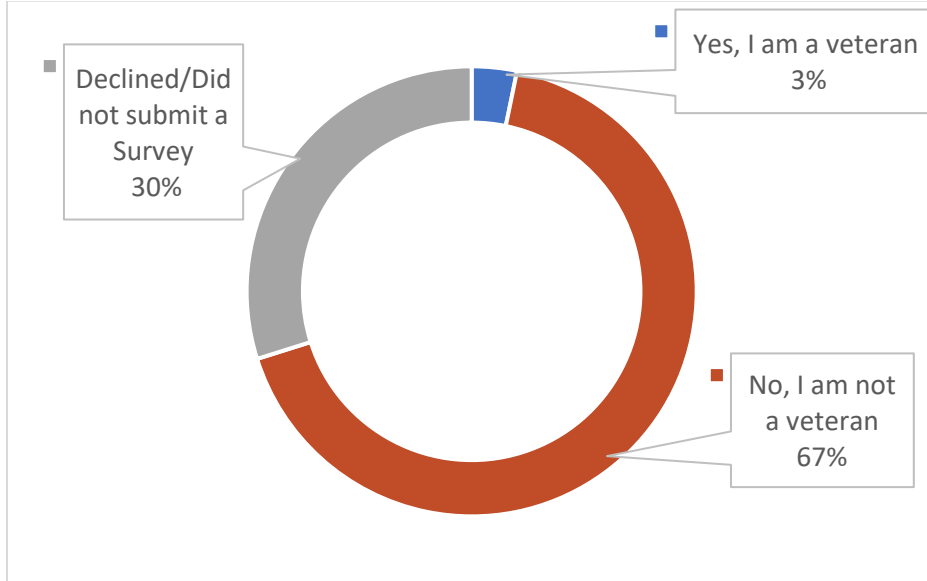
### GENDER CURRENTLY IDENTIFIED

GENDER IDENTITY	N	%
Male (Cis Male)	64	23%
Female (Cis Female)	136	49%
Transgender	1	0%
Genderqueer	1	0%
Non-Binary	1	0%
Genderfluid	0	0%
Questioning or Unsure	0	0%
Other Gender Identity	1	0%
Declined/Did Not Submit a Survey	74	27%
<b>TOTALS</b>	<b>278</b>	<b>100%</b>



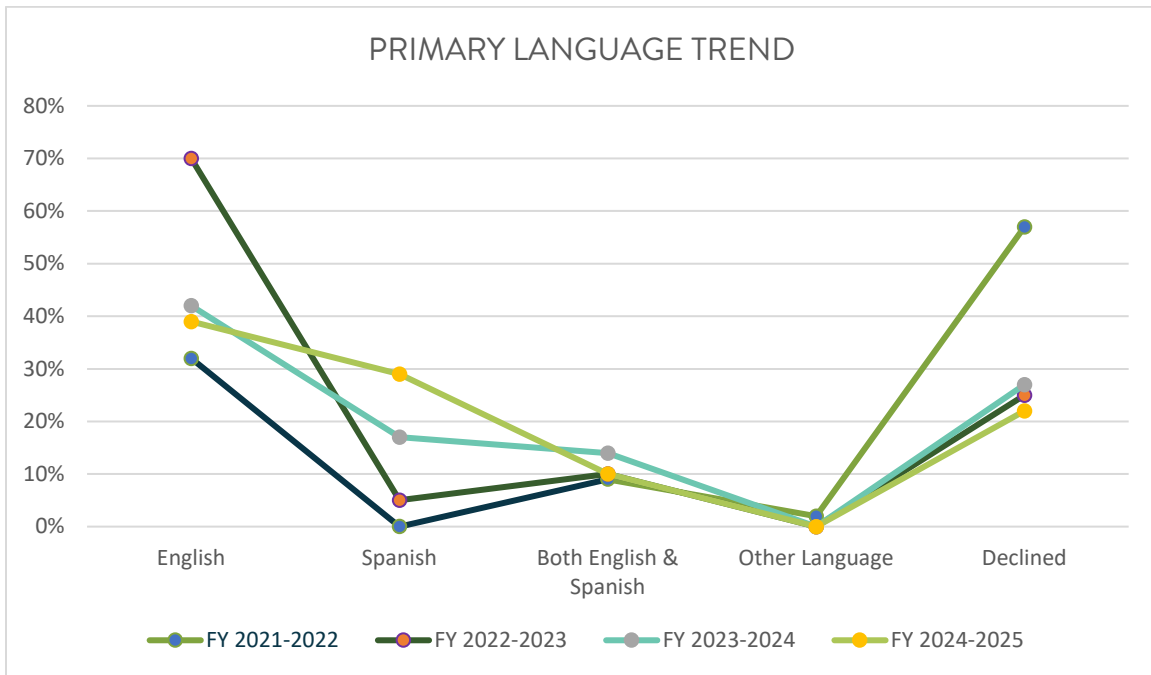
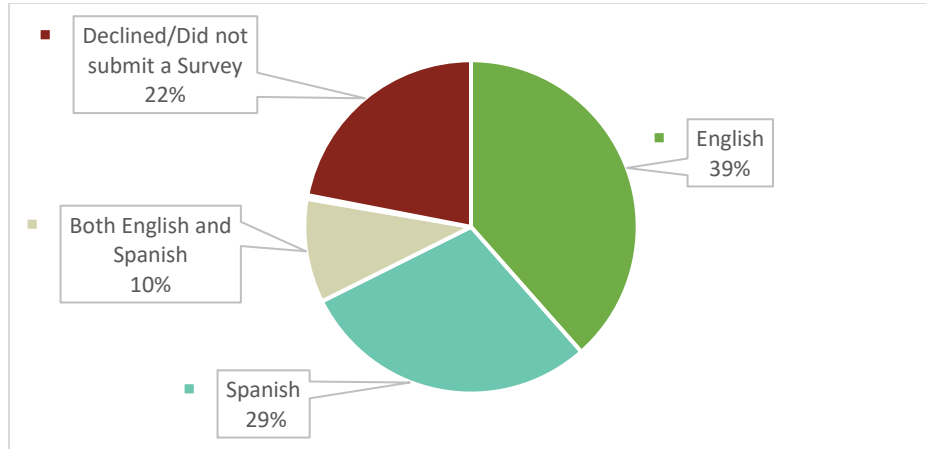
## VETERAN STATUS

VETERAN STATUS	N	%
Yes, I Am a Veteran	9	3%
No, I Am Not a Veteran	186	67%
Declined/Did Not Submit a Survey	83	30%
<b>TOTALS</b>	<b>278</b>	<b>100%</b>















## PRIMARY LANGUAGE

PRIMARY LANGUAGE	N	%
English	107	39%
Spanish	81	29%
Both English and Spanish	28	10%
Other Language	1	0%
Declined/Did Not Submit a Survey	61	22%
<b>TOTALS</b>	<b>278</b>	<b>100%</b>

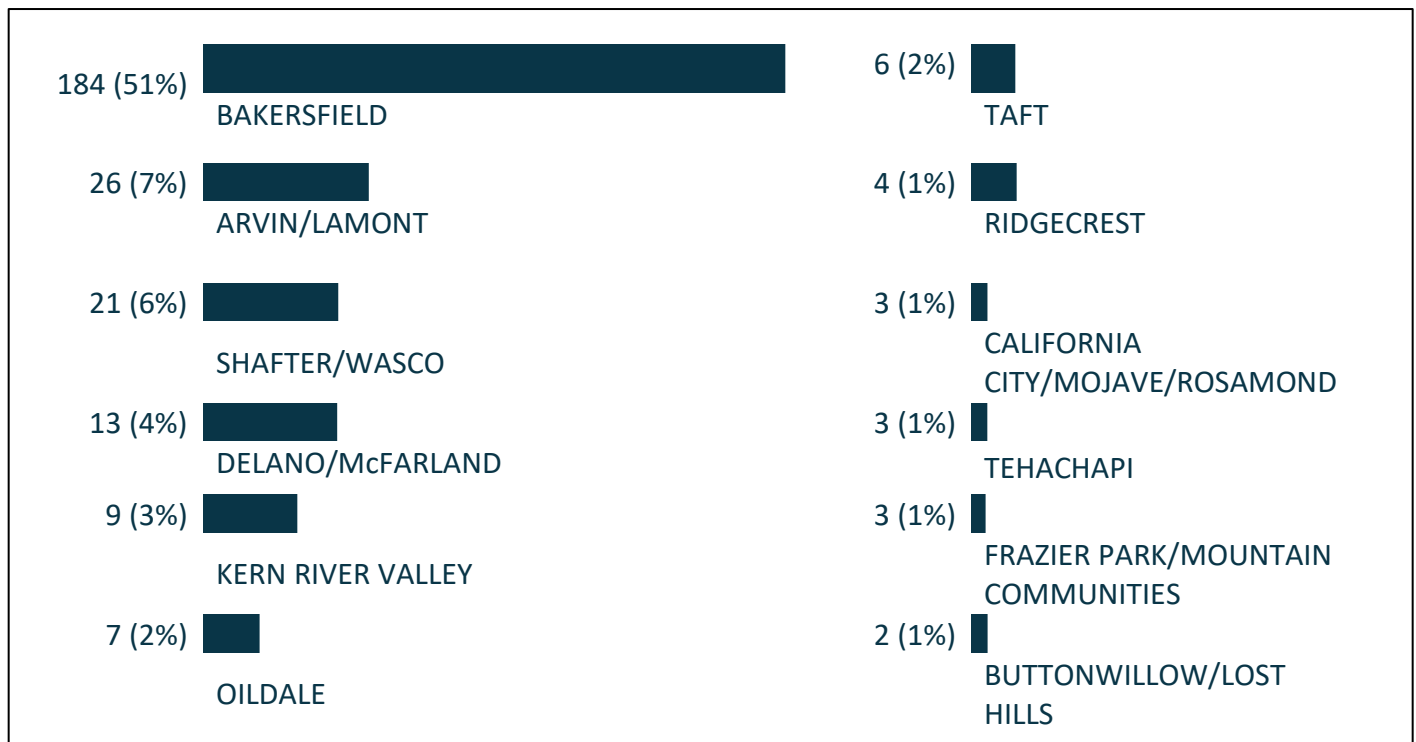


### STAKEHOLDER REPRESENTATION\*

<p>Client/ Consumer/Person with Mental Illness</p> 	<p>KernBHRS Staff</p> 	<p>Community Member</p> 	<p>Family Members of a Client</p> 	<p>Behavioral Health Provider</p> 	<p>Other</p> 
53 (16%)	49 (14%)	40 (12%)	39 (11%)	22 (7%)	11 (3%)
<p>Senior Services</p> 	<p>County Agency Staff</p> 	<p>Medical Provider</p> 	<p>Education/ School</p> 	<p>Veteran Services</p> 	<p>Law Enforcement</p> 
9 (3%)	7 (2%)	4 (1%)	3 (1%)	3 (1%)	1 (0%)

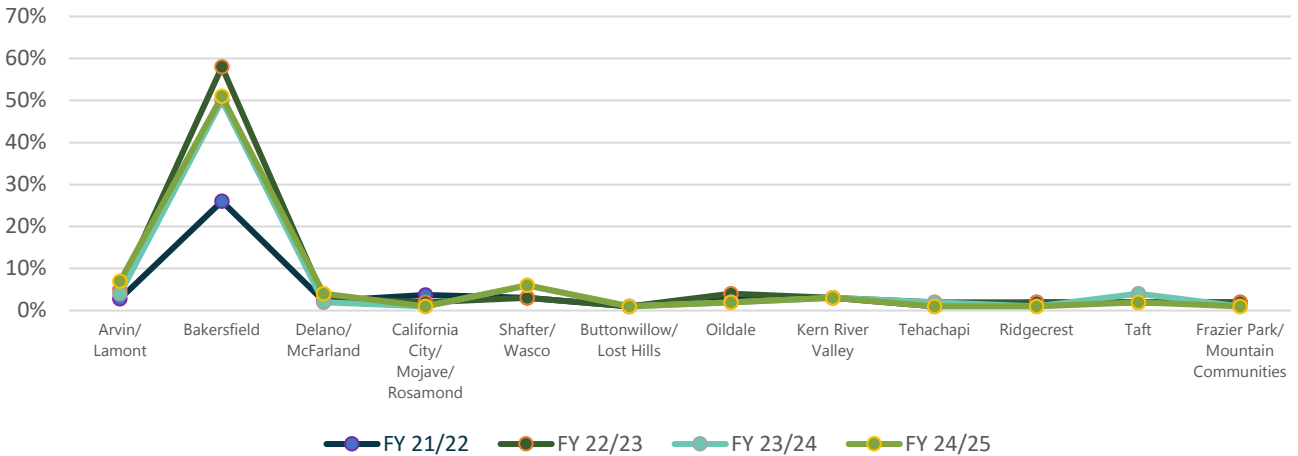
\*NOTE: 100 (29%) stakeholders who Declined/Did not submit a survey were not represented in the above chart.

### Regions of the County Represented\*



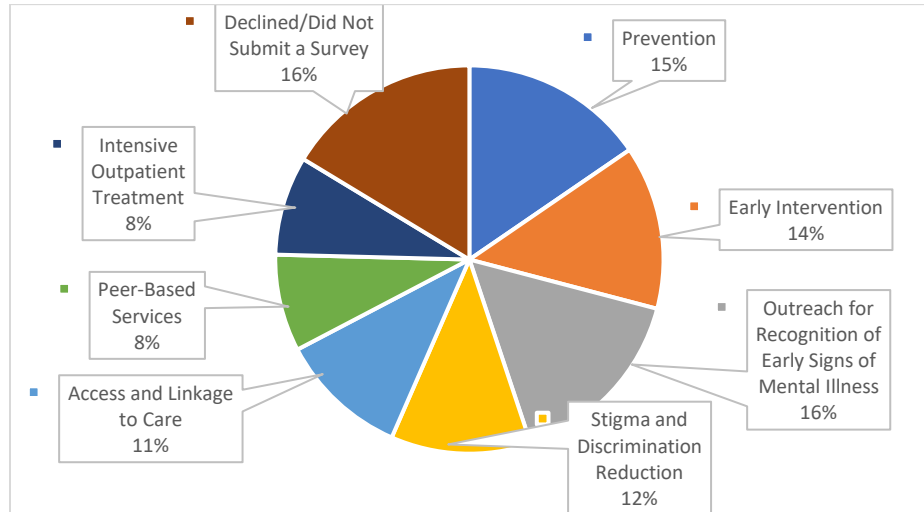
\*NOTE: There was a total of 81 (22%) stakeholders who Declined/Did not submit a survey who are not represented in the above chart.

## REGIONS OF THE COUNTY INTEREST REPRESENTATIVE TREND

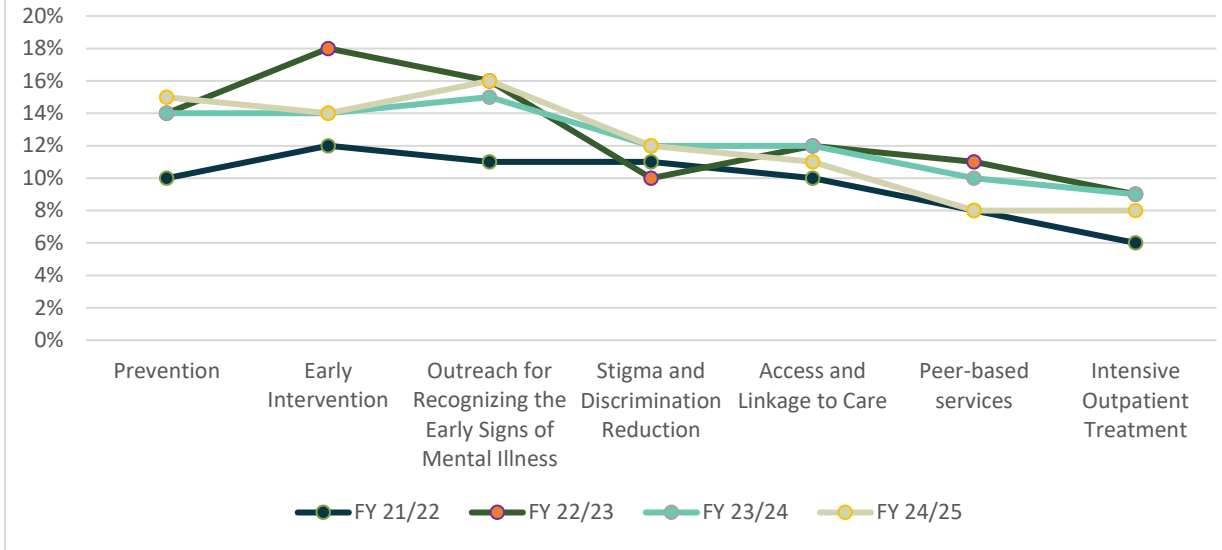


## STAKEHOLDER IDENTIFIED MENTAL HEALTH SERVICE NEEDS

SERVICES	N	%
Prevention	86	15%
Early Intervention	76	14%
<b>Outreach for Recognition of Early Signs of Mental Illness</b>	<b>88</b>	<b>16%</b>
Stigma and Discrimination Reduction	65	12%
Access and Linkage to Care	60	11%
Peer-based Services	45	8%
Intensive Outpatient Treatment	46	8%
Declined/Did not submit a survey	91	16%
<b>TOTALS</b>	<b>557</b>	<b>100%</b>



## TYPES OF SERVICES OR PROGRAMS THAT WOULD BE APPROPRIATE TO SERVE THE UNSERVED/UNDERSERVED TREND



### UNSERVED/UNDERSERVED POPULATION

One of the questions we asked stakeholders was to identify the populations they believe are currently unserved or underserved. The answers we receive from our stakeholders help us assess our programs and plan needed changes to current and future services.

In the past 4 fiscal years, Homeless or at Risk of Homelessness has ranked #1 with an average of 12%.



POPULATIONS	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Children/ Families	6%	10%	8%	9%
Transitional Aged Youth (16-25)	7%	12%	10%	9%
Older Adults	7%	8%	9%	13%
Homeless or at Risk of Homelessness	12%	16%	10%	12%
Those in Rural Kern Areas	8%	8%	8%	7%
Veterans	7%	12%	4%	4%
Those with Substance Use Disorders	6%	7%	8%	7%
Latino/ Hispanic	4%	6%	9%	12%
Asian/ Pacific Islander	3%	2%	2%	1%
Black/ African American	5%	4%	3%	3%
American Indian / Alaska Native	1%	2%	4%	3%
LGBTQ+	5%	8%	7%	4%

FY 2024- 2025 Stakeholder Data

Age Groups:			Sexual Orientation:		
0-15	0	0.0%	Straight/Heterosexual	155	55.8%
16-25	13	4.7%	Gay or Lesbian	10	3.6%
26-59	138	49.6%	Questioning	2	0.7%
60 or Older	65	23.4%	Queer	0	0.0%
Declined/Did not submit a Survey	62	22.3%	Asexual	0	0.0%
Gender assigned at birth:			Bisexual	8	2.9%
Male	66	23.7%	Pansexual	1	0.4%
Female	148	53.2%	Another Sexual Orientation	0	0.0%
Intersex	0	0.0%	Declined/Did not submit a Survey	102	36.7%
Declined/Did not submit a Survey	64	23.0%	Race:		
Gender Currently Identified with:			Asian	1	0.4%
Male	64	23.0%	Native Hawaiian/Pacific Islander	0	0.0%
Female	136	48.9%	Black/African American	4	1.4%
Transgender/other	1	0.4%	Latino/Hispanic	130	36.4%
Genderqueer	1	0.4%	Tribal/Native American	0	0.0%
Non-binary	1	0.4%	White/Caucasian	55	19.8%
Genderfluid	0	0.0%	Two or More Races	11	4.0%
Questioning or Unsure	0	0.0%	Tribe:	0	0.0%
Other Gender Identity	1	0.4%	Declined/Did not submit a Survey	77	27.7%
Declined/Did not submit a Survey	74	26.6%	Ethnicity:		
Disability:			African	2	0.7%
Vision	12	4.3%	Asian Indian/South Asian	1	0.4%
Hearing, or difficulty understanding speech	1	0.4%	Cambodian	0	0.0%
Mental/Cognitive (excludes behavioral)	31	11.2%	Chinese	0	0.0%
Mobility/Physical	8	2.9%	Eastern European	3	1.1%
Chronic Medical illness (not limited to pain)	26	9.4%	Korean	0	0.0%
None	97	34.9%	Middle Eastern	0	0.0%
Declined/Did not submit a Survey	103	37.1%	Vietnamese	0	0.0%
Veteran Status:			European	15	5.4%
Yes, I am a veteran	9	3.2%	Filipino	0	0.0%
No, I am not a veteran	186	66.9%	Japanese	0	0.0%
Declined/Did not submit a Survey	83	29.9%	Caribbean	0	0.0%
Primary Language:			Central American	21	7.6%
English	107	38.5%	Mexican/Mexican American/Chicano	104	37.4%
Spanish	81	29.1%	Puerto Rican	0	0.0%
Both English and Spanish	28	10.1%	South American	6	2.2%
Other	1	0.4%	Two or more ethnicities	10	3.6%
Declined/Did not submit a Survey	61	21.9%	Other:	1	0.4%
			Declined/Did not submit a Survey	115	41.4%

*Group/Category:			*Population you feel is most unserved/underserved in the above-mentioned communities:		
Client/Consumer/Person with Mental Illness	53	15.5%	Children/Families	48	8.7%
Family Member of a Client or Person with Mental Illness	39	11.4%	Transitional Aged Youth (16-25)	49	8.9%
KernBHRS Staff	49	14.4%	Older Adults	72	13.1%
Law Enforcement	1	0.3%	Homeless or at risk of Homelessness	66	12.0%
Veteran Services	3	0.9%	Those in Rural Kern areas	36	6.6%
Senior Services	9	2.6%	Veterans	19	3.5%
Education/Schools	3	0.9%	Those with Substance Use Disorders	39	7.1%
Community Member	40	11.7%	Latino/Hispanic	63	11.5%
County Agency Staff (Not KernBHRS Staff)	7	2.1%	Asian/Pacific Islander	5	0.9%
Behavioral Health Provider (Not KernBHRS Staff)	22	6.5%	Black/African American	14	2.6%
Medical Care Provider	4	1.2%	American Indian / Alaska Native	14	2.6%
Other	11	3.2%	LGBTQ	21	3.8%
Declined/Did not submit a Survey	100	29.3%	Other	3	0.5%
			Declined/Did not submit a Survey	100	18.2%
*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	26	7.2%	Prevention	86	15.4%
Bakersfield	184	50.8%	Early Intervention	76	13.6%
Delano/McFarland	13	3.6%	Outreach for Recognizing the Early Signs of Mental Illness	88	15.8%
California City/Mojave/Rosamond	3	0.8%	Stigma and Discrimination Reduction	65	11.7%
Shafter/Wasco	21	5.8%	Access and Linkage to Care	60	10.8%
Buttonwillow/Lost Hills	2	0.6%	Peer-based services	45	8.1%
Oildale	7	1.9%	Intensive Outpatient Treatment	46	8.3%
Kern River Valley	9	2.5%	Declined/Did not submit a Survey	91	16.3%
Tehachapi	3	0.8%	*(Note: participants have the option to select multiple answers)		
Ridgecrest	4	1.1%			
Taft	6	1.7%			
Frazier Park/Mountain Communities	3	0.8%			
Declined/Did not submit a Survey	81	22.4%			