



# CULTURAL COMPETENCE PLAN

Review  
**2024-2025**

Plan  
**2025-2026**

Prepared by  
**EVALCORP**  
Measuring What Matters™



#### Mission

Working together to support hope, healing and recovery

#### Vision

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

#### Recovery Values

Healing, Service Excellence, Community, Innovation

## Executive Summary

**Background.** This Cultural Competence Plan (CCP) includes information about activities and achievements in Fiscal Year (FY) 24-25 that were designed to mitigate and end behavioral health disparities and cultivate cultural humility in the Kern County Behavioral Health and Recovery System. Also included are the goals and strategies established for FY 25-26. Every county in California must develop and submit a CCP consistent with the CCP regulations, standards, and criteria (per California Code of Regulations, Title 9, Section 1810.410).

**Accomplishments.** For FY 24-25, Kern Behavioral Health & Recovery Services (KernBHRS) defined 72 total strategies for implementation. The strategies were categorized into one of five possible statuses: (1) “Met”, (2) “In Progress”, (3) “Discontinued”, (4) “Not Met”, or (5) “Data Unavailable”. Sixty-five (90%) strategies were met, three (4%) strategies were in progress, and four (6%) strategies were not met. KernBHRS executed these strategies through a variety of community activities including, but not limited to, 10 Cultural Competence Resource Committee (CCRC), subcommittee meetings, 24 community forums in English and Spanish (278 attendees total), partnerships with community organizations, cultural education conferences and classes, recruitment and staff retention activities and strategies, internships, cultural events and celebrations, and community outreach activities.

Additionally, the KernBHRS Consumer Perception Survey received 614 responses from adult and youth service recipients. Like the last FY, the feedback continued to be highly positive, with the overall satisfaction rate standing at 92%, surpassing the 85% benchmark. Moreover, the survey responses showed that clients were satisfied with each KernBHRS division (90% and above): Child Guidance Clinic (95%), Clinica Sierra Vista (94%), Mental Health Systems (94%), Clarvida (93%), Children’s Services (92%), Medical Services (92%), Adult System of Care (91%), Crisis Services (91%), Kern Linkage Program (90%), and Recovery Supports Admin (90%).

Similarly, the Treatment Perception Survey received 161 responses from adults and youth about services provided through the Drug Medi-Cal Organized Delivery System. Respondents' feedback was highly positive, with an overall satisfaction rating of 93%. Each KernBHRS division achieved a satisfaction rating above the 85% benchmark: Aegis (90%), American Health Services (91%), Bakersfield Recovery Services (94%), Clinica Sierra Vista (94%), Clarvida (90%), Community Services Organization (93%), La Vida Nueva (95%), KernBHRS (93%), WestCare (95%), and Special Treatment, Education, and Prevention Services, Inc. (90%).

**Barriers and Potential Solutions.** The passage of the Behavioral Health Services Act (BHSA) introduced reforms to the funding streams established by the Mental Health Services Act (MHSA). Although these reforms create opportunities to allocate funds for housing assistance, they also impose stricter limits on the amounts that existing categories can receive. Consequently, these funding regulations require KernBHRS to be more strategic when budgeting for staff cultural awareness events and community outreach efforts.

The Cultural Competence Team increased efforts to collaborate with community organizations to identify outreach locations at little or no cost. As the transition to meet BHSA requirements is completed, KernBHRS will improve its budget forecasting, allowing the Cultural Competence Team to plan its activities more effectively.

**Looking Ahead.** KernBHRS identified 67 cultural competence strategies for implementation in FY 25-26. In addition to two new goals, KernBHRS significantly revised 10 of the strategies from FY 24-25. One of the new goals involves developing a cultural competence training plan for contracted providers. The other new goal encompasses developing a strategy to increase the utilization of available bilingual pay languages.






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








## Overview of FY 24-25 Strategies

The following tables provide a list of the 72 cultural competence strategies established by KernBHRS for FY 24-25, along with an indication of whether each was met. These tables are intended as an overview and supplement to the rest of the report, where additional details and context can be found.

### Strategy Status Definitions

Icon	Status	Count	Description
	Met	65	Strategy was successfully implemented as intended.
	In Progress	3	Steps were taken to begin implementation of the strategy, but full implementation has not been accomplished at the time of reporting (but is expected).
	Discontinued	0	Strategy is intentionally no longer being implemented.
	Not Met	4	Implementation of strategy has not started, or steps were taken to begin implementation but full implementation is not feasible.
	Data Unavailable	0	Data are not available for strategy.

### Criterion 1. Commitment to Cultural Competence

Goal 1. Continue to enhance organizational structure and processes to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.		
	1	Partner with internal teams to monitor disparity rate.
	2	Utilize departmental data to identify areas of opportunity to reduce disparity.
	3	Monitor client and consumer satisfaction through available data attained in client satisfaction surveys.
	4	In CCRC meetings, subcommittee meetings, minutes and agendas practice using lay terms and common language to reduce use of clinical jargon.
	5	Utilize available tools to evaluate current Outreach and Engagement Materials and begin process of re-writing materials to audience literacy level of 6th grade (or below).
Goal 2. Ensure that services are being provided in threshold language throughout the system.		
	1	Monitor and improve the translation request process.
	2	Continue process of creating translation handbook in the threshold language to expedite and standardize the translation process.
	3	Begin generating a list and record of department-wide documents translated into Spanish.
Goal 3. Enhance and update annual policies and processes to promote inclusion of culturally and linguistically appropriate practices and/or services.		
	1	Ensure that policies and procedures regarding translation process are maintained and updated to reflect current process.
	2	Work collaboratively with Department Supports Administration, Executive Administration, and other relevant entities to monitor policy changes proposed in FY 23-24.
Goal 4. Dedication to a diverse workforce.		
	1	Establish regular formal collaboration with Human Resources to strategize on recruitment and retention of a diverse workforce that represents the population of Kern.
	2	Continue to provide and expand opportunities for youth and students in Kern County to increase health literacy and knowledge of behavioral health career paths or opportunities to engage with KernBHRS.
	3	Monitor and maintain feedback mechanism for staff to provide input regarding areas related to retention including but not limited to professional development, training, and affiliate groups.

**Criterion 2. Updated Assessment of Service Needs**

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

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




<b>Goal 1. Partner with Quality Improvement Division, MHSA Team, Substance Use Disorder (SUD) Division, and other relevant entities to identify target populations with disparities.</b>		
<input checked="" type="checkbox"/>	1	Work collaboratively with system of care to evaluate the effectiveness of Outreach and Engagement efforts.
<input checked="" type="checkbox"/>	2	Monitor and measure effectiveness of strategies for reducing population disparity.
<b>Goal 2. For threshold group, Hispanic/Latinx monitor, track, and improve Penetration Rate and Outreach and Engagement.</b>		
<input checked="" type="checkbox"/>	1	Meet or exceed Mental Health (MH) Penetration Rate of 2.85% and/or show demonstrable improvement via other identified metrics for Hispanic/Latinx populations.
<input checked="" type="checkbox"/>	2	Meet or exceed SUD Penetration Rate of .85% and/or show demonstrable improvement via other identified metrics for Hispanic/Latinx populations.
<input checked="" type="checkbox"/>	3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for Hispanic/Latinx subcommittee.
<b>Goal 3. For African American/Black group monitor, track, and improve Penetration Rate and Outreach and Engagement.</b>		
<input checked="" type="checkbox"/>	1	Meet or exceed MH Penetration Rate of 5.75% and/or show demonstrable improvement via other identified metrics for African American/Black populations.
<input checked="" type="checkbox"/>	2	Meet or exceed SUD Penetration Rate of 1.25% and/or show demonstrable improvement via other identified metrics for African American/Black populations.
<input checked="" type="checkbox"/>	3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for African American/Black subcommittee.
<b>Goal 4. For Asian American/Pacific Islander group monitor, track, and improve Penetration Rate and Outreach and Engagement.</b>		
<input checked="" type="checkbox"/>	1	Meet or exceed MH Penetration Rate of 1.75% and/or show demonstrable improvement via other identified metrics for Asian American Pacific Islander populations.
<input checked="" type="checkbox"/>	2	Meet or exceed SUD Penetration Rate of .17% and/or show demonstrable improvement via other identified metrics for Asian American Pacific Islander populations.
<input checked="" type="checkbox"/>	3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for Asian American/Pacific Islander subcommittee.
<input checked="" type="checkbox"/>	4	Continue generating meaningful connection with community-based organizations and/or individuals representative of the disparate Asian American/Pacific Islander communities in Kern County with the goal of identifying what the system of care can do to better engage and serve these communities.

Goal 5. For American Indian/Alaska Native group monitor, track, and improve Penetration Rate and Outreach and Engagement.		
<input checked="" type="checkbox"/>	1	Meet or exceed MH Penetration Rate of 5.9% and/or show demonstrable improvement via other identified metrics for American Indian/Alaskan Native populations.
<input checked="" type="checkbox"/>	2	Meet or exceed SUD Penetration Rate of 2.25% for American Indian/Alaskan Native populations.
<input checked="" type="checkbox"/>	3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for American Indian/Alaskan Native subcommittee.
Goal 6: For Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and other sexual orientations and gender identities (2SLGBTQIA+) group monitor, track, and improve Penetration Rate and Outreach and Engagement.		
<input checked="" type="checkbox"/>	1	Work collaboratively with Quality Improvement Division and other relevant entities to measure voluntary data regarding the amount of 2SLGBTQIA+ individuals accessing MH services at KernBHRS.
<input checked="" type="checkbox"/>	2	Work collaboratively with Quality Improvement Division, SUD Division, and other relevant entities to measure voluntary data regarding the amount of 2SLGBTQIA+ individuals accessing substance use services at KernBHRS.
<input checked="" type="checkbox"/>	3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for 2SLGBTQIA+ subcommittee.

**Criterion 4. Client/Family Member/Community Committee: Integration of the Committee within KernBHRS**

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.		
<input checked="" type="checkbox"/>	1	CCRC will meet 10 months out of the year, with the exception of June and December, and affiliated subcommittee groups meet at a minimum frequency of at least once each quarter during the FY.
<input checked="" type="checkbox"/>	2	The Cultural Competence Team will work to ensure that CCRC members and subcommittee members are representative of the diverse populations of Kern County.
<input checked="" type="checkbox"/>	3	CCRC members and subcommittee members review/contribute strategies, recommendations, and/or planning and are integral to development of strategic plans to increase cultural competence and/or diversity, equity, and inclusion efforts throughout the system of care.
<input checked="" type="checkbox"/>	4	Collect community input through any combination of the following, including but not limited to stakeholder meetings, community forums, Outreach and Education events and relevant feedback, CCRC subcommittees, and relevant input from community partner organizations.
<input checked="" type="checkbox"/>	5	Disseminate Cultural Competence information in internal and external committees.
Goal 2: Continue to cultivate a bi-directional flow of information between the CCRC and Executive Administration.		
<input checked="" type="checkbox"/>	1	Maintain and streamline mechanism for CCRC to provide feedback to the Behavioral Health Director with as few intermediaries as possible.
<input checked="" type="checkbox"/>	2	Continue to identify ways in which the Cultural Competence Team and/or CCRC can collaborate with Executive Administration to establish a bi-directional flow of communication and positively influence consideration of diversity, equity, and inclusion throughout the system of care.

**Criterion 5: Culturally Competent Training Activities**

Goal 1. Utilize MHSA Workforce Education and Training (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.		
<input checked="" type="checkbox"/>	1	KernBHRS will hold both MH and SUD staff to an 85% accountability rate for the completion of 6 hours of cultural competence training during each FY.
<input checked="" type="checkbox"/>	2	In conjunction with Training Services and other relevant entities, the Cultural Competence Team will identify and assign 1.5 hours of Cultural Competence training to staff each quarter during the FY.
Goal 2. Enhance analysis of the effectiveness of Cultural Competence trainings.		
	1	Work collaboratively with Training Services and other relevant entities to begin the process of standardizing and streamlining the Cultural Competence training request and approval process for staff.
	2	Work collaboratively with Training Services and other relevant entities to evaluate current Cultural Competence Review Sheet.
	3	Work collaboratively with Training Services and other relevant entities to begin to ensure Cultural Competence or Diversity, Equity, and Inclusion approved trainings meet departmentally developed standards.
Goal 3. Offer specific Cultural Competence trainings of diverse and Black, Indigenous, and People of Color populations identified in Southern Counties Regional Partnership formal assessment and CCRC and subcommittee recommendations.		
<input checked="" type="checkbox"/>	1	Utilize staff feedback to identify areas of need and/or enhance offerings of Cultural Competence or Diversity, Equity, and Inclusion related training courses tailored to departmental needs.

**Criterion 6: Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Appropriate Staff**

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

**Criterion 7: Language Capacity**

<b>Goal 1. Dedicate resources such as MHSA funding to increase bilingual workforce capacity.</b>		
<input checked="" type="checkbox"/>	1	Work collaboratively with Human Resources, Department Supports Administration and other relevant entities to begin development of a strategy to more effectively utilize the existing bilingual workforce.
<input checked="" type="checkbox"/>	2	Maintain contract with the Language Line to assist individuals with limited English proficiency, including but not limited to spoken and written language, American Sign Language (ASL), and Braille.
<input checked="" type="checkbox"/>	3	Work with Kern County government to ensure access to Independent Living Center of Kern County to assist individuals with limited English proficiency including but not limited to ASL interpretation.
<b>Goal 2. Provide Language Line and/or other informing materials and information to persons who need interpretation and translation services and those who have Limited English Proficiency.</b>		
<input checked="" type="checkbox"/>	1	Maintain and post posters/bulletins in clinics of the availability and information on interpreter assistance for individuals with Limited English Proficiency.
<input checked="" type="checkbox"/>	2	Continue to develop or utilize available materials that are reflective of the community including images, languages, print, web-based, and traditional media.
<input checked="" type="checkbox"/>	3	Track and monitor translated materials.
<input checked="" type="checkbox"/>	4	Develop and disseminate to staff current and accurate information on accessing interpretive services through the Language Line and/or Independent Living Center of Kern County.

**Criterion 8: Adaptation of Services**

<b>Goal 1. Provide and make available culturally and linguistically responsive programs to accommodate individual or cultural and linguistic preferences in accordance with the Americans with Disabilities Act (ADA).</b>		
<input checked="" type="checkbox"/>	1	Maintain/Update the Beneficiary/Member Handbook to be provided to consumers in accordance with the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).
<input checked="" type="checkbox"/>	2	Maintain/Update Kern Provider Directories and make available to all consumers.
<input checked="" type="checkbox"/>	3	Continue to assess/improve materials at clinic site to ensure these address the needs of the CCP, CLAS Standards, and ADA considerations.
<b>Goal 2. Provide and make available culturally and linguistically responsive programs to better accommodate individuals with disabilities as outlined in the ADA.</b>		
<input checked="" type="checkbox"/>	1	Work to identify existing opportunities within Kern County to collaborate with agencies that serve individuals within Kern experiencing disability.
<input checked="" type="checkbox"/>	2	Utilize the ADA and stakeholder feedback to identify opportunities within the system of care to better serve persons with disabilities and propose actionable changes to KernBHRS Administration and/or Executive Administration.
<b>Goal 3. Ensure the beneficiary problem resolution process addresses culturally and linguistically appropriate factors to resolve grievance and appeals.</b>		
<input checked="" type="checkbox"/>	1	Maintain and/or update policies related to grievances and appeals.
<input checked="" type="checkbox"/>	2	Maintain connection with the Patient's Rights Advocate Team and continue to utilize a collaborative process to remedy Cultural Competence and/or Diversity, Equity, and Inclusion related grievances and appeals.
<input checked="" type="checkbox"/>	3	Assess and monitor Cultural Competence and/or Diversity, Equity, and Inclusion related items on client/consumer surveys regarding the system of care for both MH and SUD.
<input checked="" type="checkbox"/>	4	Track, monitor, and review changes of provider, second opinion, and/or grievance cases for cultural and linguistic as well as Diversity, Equity, and Inclusion related issues.

## Background and Overview of Requirements

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

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

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

The current document's primary purpose is to serve as the required CCP per the California Code of Regulations for county MH departments. This document includes information on how CLAS standards have been implemented in SUD services (which are, in practice, integrated with MH services at KernBHRS), as well as provides updates on the status of KernBHRS's internal goals and strategies for culturally appropriate MH and SUD services.

This document is primarily organized by the criterion associated with the state of California's CCP Requirements Criteria and also includes information more directly associated with CLAS standards and KernBHRS's internal goals and strategies. All three sets of requirements are cross-referenced throughout the document.

## Methodology

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






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

This evidence is primarily associated with specific goals and strategies, which are themselves linked to the CCP Requirement Criteria.

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

For FY 24-25, there were 72 total strategies KernBHRS defined for implementation. The table below provides the number classified into one of five possible statuses: (1) Met, (2) In Progress, (3) Discontinued, (4) Not Met, and (5) Data Unavailable.

### Overview of Strategies by Status

Icon	Status	Description	Count
	Met	Strategy was successfully implemented as intended.	65
	In Progress	Steps were taken to begin implementation of the strategy, but full implementation has not been accomplished at the time of reporting (but is expected).	3
	Discontinued	Strategy is intentionally no longer being implemented.	0
	Not Met	Implementation of strategy has not started, or steps were taken to begin implementation but full implementation is not feasible at the time of reporting.	4
	Data Unavailable	Data are not available for strategy.	0

The following section of the report provides a crosswalk of the CLAS standards and their corresponding CCP requirements criteria, which can be used to find relevant information about how the standards were met within the corresponding CCP requirements sections of this report.

## Federal Standards - CLAS

The 15 current CLAS Standards are outlined below along with the corresponding CCP requirements Criteria that map onto each CLAS Standard. Details about strategies implemented to meet these CLAS Standards can be found in these corresponding CCP Requirements Criteria sections of this report.

### CLAS Standards Referenced to CCP Requirements Criteria

#	CLAS Standards	CCP Requirements Criteria
<b>Principal Standard</b>		
<b>1</b>	Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	3
<b>Governance, Leadership, and Workforce</b>		
<b>2</b>	Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.	1
<b>3</b>	Recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	1, 6
<b>4</b>	Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	1, 5
<b>Communication and Language Assistance</b>		
<b>5</b>	Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	7
<b>6</b>	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	7
<b>7</b>	Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	6
<b>8</b>	Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	7
<b>Engagement, Continuous Improvement, and Accountability</b>		
<b>9</b>	Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.	1
<b>10</b>	Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.	3
<b>11</b>	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.	2
<b>12</b>	Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	8
<b>13</b>	Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.	4
<b>14</b>	Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.	3
<b>15</b>	Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	1

## State Requirements – CCP Requirements Criteria

The eight CCP Requirements Criteria are reproduced below, along with the corresponding CLAS Standards. The following pages include additional details about how these criteria were met, including corresponding KernBHRS initiatives intended to address these criteria.

### CCP Requirements Criteria Referenced to CLAS Standards

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

## List of Abbreviations

ADA	Americans with Disabilities Act
ASL	American Sign Language
BHSA	Behavioral Health Services Act
CCP	Cultural Competence Plan
CCR	Cultural Competence Resource
CCRC	Cultural Competence Resource Committee
CLAS	Culturally and Linguistically Appropriate Services
CMHSBG	Community Mental Health Services Block Grant
CPS	Consumer Perception Survey
DMC-ODS	Drug Medi-Cal Organized Delivery System
EHR	Electronic Health Record
FY	Fiscal Year
KernBHRS	Kern Behavioral Health & Recovery Services
MH	Mental health
MHP	Mental Health Plan
MHSA	Mental Health Services Act
NOMs	National Outcome Measures
SAMHSA	Substance Abuse and Mental Health Services Administration
SMHS	Specialty mental health services
SUD	Substance use disorder
TPS	Treatment Perception Survey
2SLGBTQIA+	Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and other sexual orientations and gender identities
WET	Workforce, Education, and Training

## Criterion 1. Commitment to Cultural Competence

### CRITERION 1 REQUIREMENTS

#### I. Mental health system commitment to cultural competence

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

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

Additional information about outreach and engagement activities can be found in the most recent MHSA 3-Year Plan/Annual Update, available [here](#). Many of these activities are also described in the strategies below and in Criterion 3. More details about the roles and involvement of workgroups are also given below and in the strategies associated with Criterion 4. Activities related to increasing KernBHRS staff's awareness and ability in providing culturally competence services through trainings are described in Criterion 5.

#### III. Designated Cultural Competence/Ethnic Services Manager

The designated Cultural Competence/Ethnic Services Manager for FY 24-25 was Liz Bailey. She also served as the Department Supports Division Administrator. In FY 24-25 the Department Supports Division included the Cultural Competence Team, Professional Development Team, the Psychology Internship Program, and Training Services.

#### IV. Identify budget resources targeted for culturally competent activities

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

### Goals and Strategies

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



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

Although penetration rate reports were not previously available due to the new Electronic Health Record (EHR) system implementation, the penetration rates used to develop the BHSA Integrated Plan were used with internal teams to monitor the disparity rate in providing services to identified populations. See Criterion 3, Goals 2 through 5.



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

Although penetration rate reports were not previously available due to the new EHR system implementation, the penetration rates used to develop the BHSA Integrated Plan were used to identify potential areas of disparities that may exist by reviewing the penetration rates alongside the FY 24-25 cultural competence strategies in Criterion 3, Goals 2 through 5. Additionally, see Criterion 3, Goal 1, Strategy 2.



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

The Consumer Perception Survey (CPS) is used to collect data based on the federally determined National Outcome Measures (NOMs). Collection and reporting of data are required by Substance Abuse and Mental Health Services Administration (SAMHSA), the Community Mental Health Services Block Grant (CMHSBG), and the California Code of Regulations, Title 9, §3530.40. The CPS is administered annually in the spring. The survey is available in English and Spanish. The surveys collect information on accessibility, including appointment wait times, location, and language, along with whether the needs of clients are adequately addressed by the services received. Furthermore, the CPS assessed service quality, client treatment experiences, and the degree to which clients perceive having control over their appointments and treatment. In 2024, 614 surveys were completed by adults and youth, with an overall satisfaction rating of 92%.

**Table 1. CPS by Question**

System of Care	Percent Agree
I like the services that I received here.	94%
If I had other choices, I would still get services from this agency.	95%
I would recommend this agency to a friend or family member.	93%
The location of services was convenient.	91%
Staff were willing to see me as often as I felt it was necessary.	88%
Staff returned my calls within 24 hours.	90%
Services were available at times that were good for me.	89%
I was able to get all the services I thought I needed.	91%
I was able to see a psychiatrist when I wanted to.	89%
Staff here believe that I can grow, change, and recover.	94%
I felt comfortable asking questions about my treatment and medication.	94%
I, not staff, decided my treatment goals.	93%



*Strategy 4: In CCRC meetings, subcommittee meetings, minutes and agendas practice using lay terms and common language to reduce use of clinical jargon.*

In both CCRC meetings—held 10 months out of 12 annually—and the Cultural Competence Resource (CCR) subcommittee meetings, the Cultural Competence Team ensured that acronyms were defined either in the meeting chat or verbally. They also minimized the use of acronyms in the agendas and minutes, where agendas included attendees, committee and subcommittee action items, and additional discussion points.

**Figure 1. CCRC Meeting Agenda Sections**

**i. Community Event Reporting:**

1. Previous:
  - a. 04.02.2025 Dignity Health South High Support Group
  - b. 04.10.2025 Dignity Health Virtual Support Group
    - i. Outreach was cancelled due to staff becoming unavailable on the day of event
  - c. 04.12.2025 McFarland Grape Festival
    - i. Blanco Park, 1000 E. Sherwood Ave
2. Upcoming:
  - a. 05.24.2025 Stockdale Night Market
    - i. 5pm to 10pm, 4000 Stockdale Hwy, Bakersfield
  - b. 06.04.2025 Dignity Health South High Support Group
    - i. 10am to 11am
  - c. 06.12.2025 Dignity Health Virtual Support Group
    - i. 10am to 11am

**c. African American/Black**

- i. **Key Subcommittee Workgroup Action Items:**

Action Step	Date Assigned	Due Date	Assigned To	Status
Secure regular attendance for local NAACP Meetings	07.10.2024	Continuous	Subcommittee Members	Ongoing
Schedule Black History Month Meetings	10.02.2024	02.28.2025	Cultural Competence Team and Subcommittee Members	Weekly Planning Meetings for Resource Fair (02.28.2025) and Workshop at Beale Library (02.08.2025)

- ii. **Community Event Reporting:**
  1. Upcoming
    - a. 02.07.2025 Stop Stinkin' Thinkin': Train Your Brain for Wellness
      - i. Beale Library Auditorium, 1pm to 3pm
    - b. 02.28.2025 Black Excellence: Resources for Today, Inspiration for Tomorrow
      - i. Kern Literacy Council, 1pm to 4pm
      - ii. Call for Vendors



*Strategy 5: Utilize available tools to evaluate current Outreach and Engagement materials and begin process of re-writing materials to audience literacy level of 6th grade (or below).*

The Cultural Competence Team evaluated various tools to assess readability. The reduction in staff within the Cultural Competence Team made it impractical to review all current outreach materials. Therefore, a guide was created that summarizes each tool and was shared with the Public Information Office for use in future drafts of public-facing materials.

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



*Strategy 1: Monitor and improve the translation request process.*

In August 2023, the Cultural Competence Team simplified the translation request process. They introduced a form allowing staff to submit internal Spanish translation requests, while requests for other languages were forwarded to the Language Line. The Cultural Competence Team also obtained a list of Tier II-certified staff from Human Resources; clinical staff were mostly excluded from departmental translation requests, which were instead handled by staff outside clinical teams. The Cultural Competence Team contacted available translators and compiled a list of 18 volunteers willing to assist with department translations. Additionally, they worked to ensure documents were in editable formats before sending them to translators to improve efficiency.

KernBHRS staff submitted 41 translation requests for Spanish during FY 24-25. The Cultural Competence Team noticed a decrease in translation fatigue among staff and an improvement in efficiency, leading to fewer lost documents and a faster overall translation process.

The Cultural Competence Team submitted five common informational flyers for outreach to be translated into Punjabi by Language Line Solutions. The translations were reviewed by members of the Asian American/Pacific Islander community who speak, read, and write Punjabi. These members noted that the translations were not clear enough for the Punjabi American population in Kern County. The subcommittee members and the department’s Public Information Officer met to discuss ways to improve those translations.



*Strategy 2: Continue process of creating translation handbook in the threshold language to expedite and standardize the translation process.*

The Cultural Competence Team created an initial draft of guidelines for internal KernBHRS translators to use. The guidelines include a roster of all the active KernBHRS divisions, teams, and titles of all the active positions in the department. The Cultural Competence Team will collaborate with Training Services and translators to finalize the guidelines.

**Figure 2. Translation Guidelines**

**Translation Guidelines**

- Inform the translator of the purpose of the document being translated.
- Ask questions if unclear about meaning or context.
- Proper nouns such as facility names, building names, and site addresses will remain in English.
- Names with acronyms shall be translated in parentheses followed by the English acronym.
- Dates shall remain in US format.
- Idioms should be translated to an equivalent idiom in the target language, if possible. If not, the general meaning of the idiom in the original language will be translated.

**Figure 3. Translated KernBHRS Roster**

**Divisions**

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

**Teams**

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

**Job Classes**

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

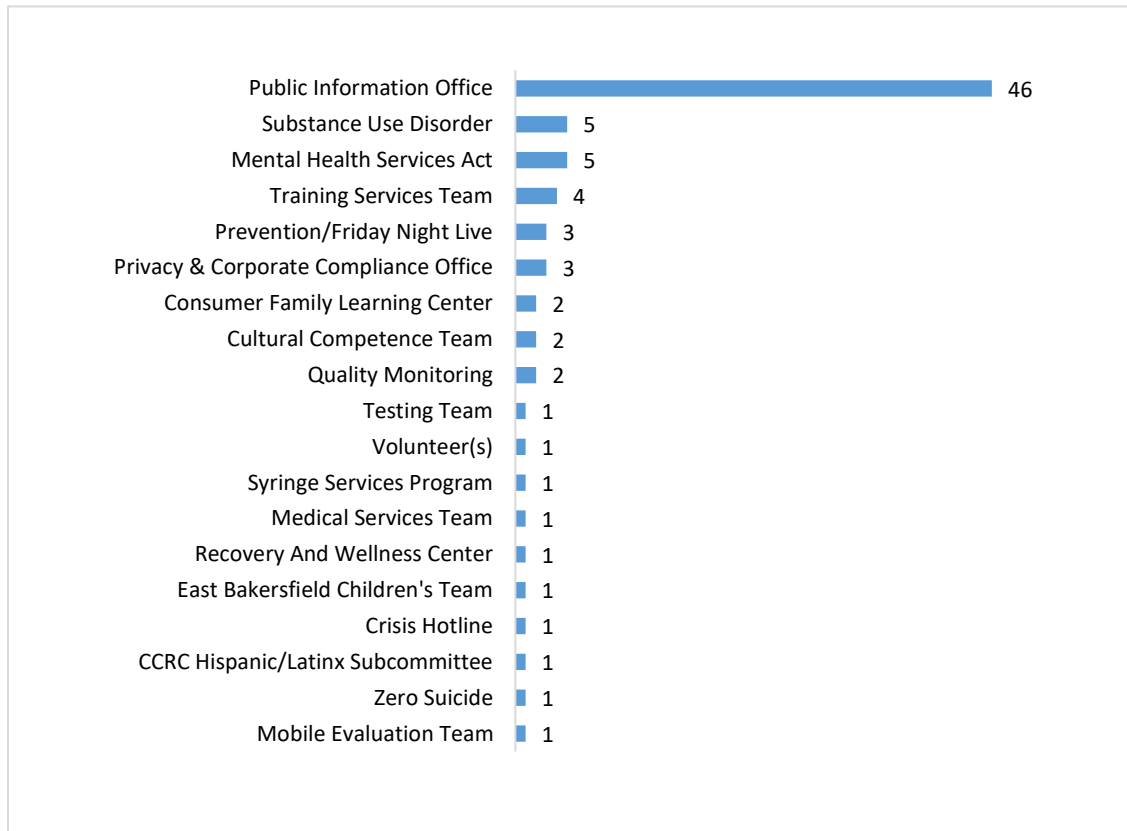
Note: The full translated list for KernBHRS Divisions is shown above, while the lists for Teams and Job Classes are truncated.



*Strategy 3: Begin generating a list and record of department-wide documents translated into Spanish.*

The Cultural Competence Team started compiling a list of department-wide documents translated into Spanish through the Translation Request Form. Since August 2023, all translated documents have been logged in a spreadsheet, as shown in Figure 4. Each document received for translation has its own ID number, request time, originating team, urgency status, deadline, filename, and target language(s). Additionally, previously translated documents will be added to the spreadsheet. Currently, there are 82 entries in the document list from FYs 23-25, 44 of those documents were from FY24-25.

**Figure 4. Departments that Requested Spanish Translations**



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



*Strategy 1: Ensure that policies and procedures regarding translation process are maintained and updated to reflect current process.*

The policies and procedures manuals include the Bilingual Plan for KernBHRS (issued in 1999) and the Translation of Documents into the Threshold Language(s) (issued in 2001). Both are regularly maintained and updated, with the latest revision completed in February 2025.

The Supervisor of the Cultural Competence Team and the Division Administrator of Department Supports, also serving as the department’s Ethnic Services Coordinator and Ethnic Services Manager, respectively, updated three policies related to document translation. Policy 5.1.23, which covers translating documents into the threshold language, was updated to align with the current procedures for requesting and completing translations. Policy 3.1.8, regarding the initiation or discontinuation of Bilingual Pay, was updated to better reflect the actual process. Lastly, Policy 1.5.2, the Bilingual Plan for KernBHRS, was also updated to specify how bilingual staff will be leveraged to serve consumers, including translating documents.

The Bilingual Plan for KernBHRS sets out guidelines for providing individuals with Limited English Proficiency access to services in their preferred language. One approach detailed in the Bilingual Plan is to staff public service roles with bilingual employees. The Translating Documents into the Threshold Language(s) manual details the necessary efforts for KernBHRS to deliver services and share information with individuals who have limited English skills. These efforts include, but are not limited to, identifying threshold languages, translating materials into those languages, and training staff who are certified as Tier I and Tier II bilingual to provide interpretation services.

**Figure 5. Bilingual Plan and Translation of Documents into Threshold Language(s) Manuals**

BILINGUAL PLAN FOR KERN BEHAVIORAL HEALTH & RECOVERY SERVICES	TRANSLATION OF DOCUMENTS INTO THE THRESHOLD LANGUAGE(S)
<p><b>POLICY:</b> Kern Behavioral Health &amp; Recovery Services (KernBHRS) strives to maintain an appropriate number of bilingual staff employed in public service positions.</p>	<p><b>POLICY:</b> Kern Behavioral Health &amp; Recovery Services (KernBHRS) provides Clients with copies of documents found to be vital for the Client’s participation in behavioral health treatment. These vital documents shall be translated from English into what the California Code of Regulations identifies as the “threshold language(s)”.</p>
<p><b>Purpose:</b> To ensure equal levels of access and services for all, at every point of contact, by ensuring that the department employs and strategically assigns bilingual staff to avoid exclusions, delays, or denials.</p>	<p><b>Purpose:</b> To ensure that Limited English Proficient (LEP) persons (of the threshold language population) receive the same documents as are provided to English-speaking clients.</p>
<p><b>Objectives:</b> To establish reporting guidelines that assesses language access by Limited English Proficient (LEP) individuals are met per state mandates and federal laws:</p>	<p><b>Objectives:</b> To ensure that reasonable efforts are made to provide services and information in a manner that is accessible, relevant, and timely for individuals with limited English proficiency.</p>
<ol style="list-style-type: none"> <li>1. LEP persons shall have timely access to necessary services in their preferred language.</li> <li>2. Bilingual, threshold language speaking staff shall be assigned to each public contact team to meet the language needs of persons served.</li> <li>3. Individuals will not be excluded from or denied services due to unavailability of an interpreter in their preferred language.</li> </ol>	<p><b>Scope:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> KernBHRS MH staff</li> <li><input checked="" type="checkbox"/> KernBHRS SUD staff</li> <li><input type="checkbox"/> Other:</li> </ul>
<p><b>Scope:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> KernBHRS MH staff</li> <li><input checked="" type="checkbox"/> KernBHRS SUD staff</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Related Policies:</b></p> <ul style="list-style-type: none"> <li>Policy 1.5.1 Accessing Bilingual, ASL, And TTY Relay Interpreter Services</li> <li>Policy 1.5.2 Bilingual Plan for Kern Behavioral Health &amp; Recovery Services</li> <li>Policy 3.1.8 Initiating or Discontinuing Bilingual Pay</li> <li>Policy 11.1.13 Informing Materials</li> </ul>
<p><b>Related Policies:</b></p> <ul style="list-style-type: none"> <li>Policy 1.5.1 Accessing Language Interpreters</li> <li>Policy 5.1.23 Translation of Documents into the Threshold Language</li> <li>Policy 3.1.8 Initiating or Discontinuing Bilingual Pay</li> <li>Policy 11.1.3 Network Adequacy Monitoring</li> </ul>	<p><b>DEFINITIONS:</b></p> <p><b>Ethnic Services Manager (ESM):</b> The person designated by the Director to be responsible for promoting and coordinating quality and equitable care as it relates to racial and ethnic populations with both county-operated and contracted mental health programs. The ESM participates, promotes, and makes recommendations for change in human resources, ethnic and culturally specific services, workforce development training, and all other related areas. The ESM makes program and procedure policy recommendations to the Kern Behavioral</p>



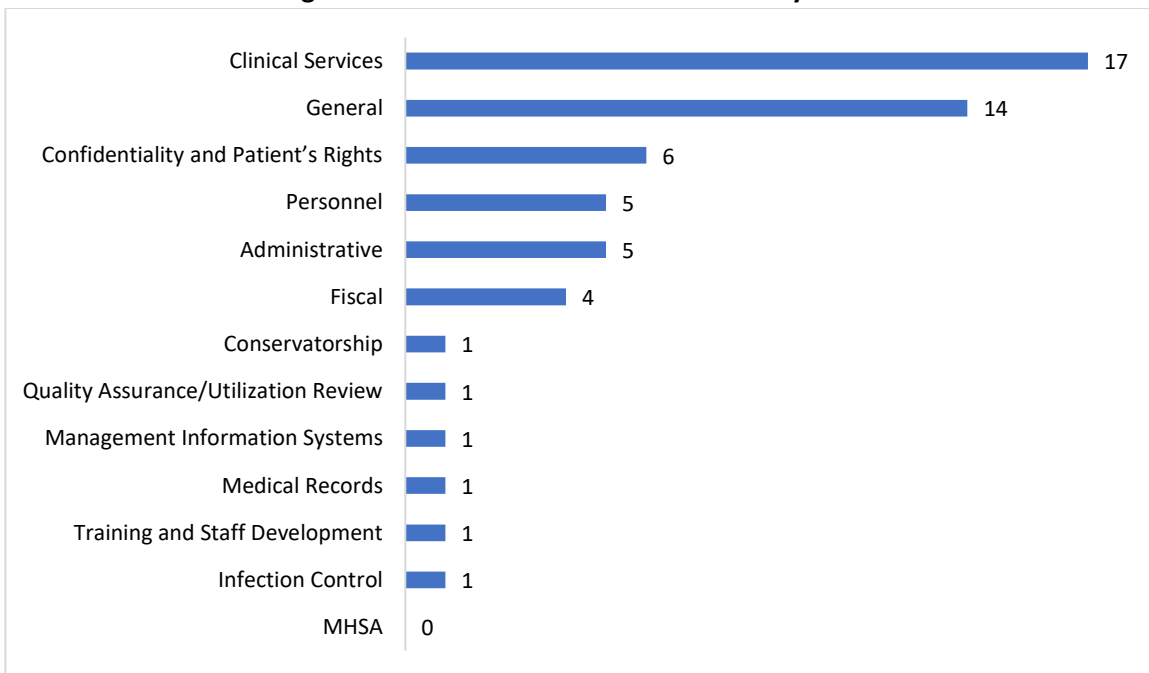
*Strategy 2: Work collaboratively with Department Supports Administration, Executive Administration, and other relevant entities to monitor policy changes proposed in FY 23-24.*

In FY 23-24, the Cultural Competence Team reviewed all of the department’s policies and recommended changes to 57 policies. Almost all of the changes were related to outdated gendered language. The list of identified policies and changes were sent to the department’s policy management staff so it can be included in revisions as policies come under their review period. The reviewed policies were documented in a spreadsheet that also highlighted potential recommended changes. Policies covered in the document are organized into the following sections:

- General
- Administrative
- Personnel
- Fiscal
- Clinical Services
- Infection Control
- Training and Staff Development
- Medical Records
- Management Information Systems
- Confidentiality and Patient’s Rights
- Quality Assurance/Utilization Review
- Conservatorship
- MHSA

Within each section, policies are further divided into subsections. For example, the General section includes subsections such as General, Facilities, Telecommunications, Vehicles, Language Interpreter Services, and Safety.

**Figure 6. Recommendations for Each Policy Section**



**Goal 4: Dedication to diverse workforce.**



*Strategy 1: Establish regular formal collaboration with Human Resources to strategize on recruitment and retention of a diverse workforce that represents the population of Kern.*

Human Resources assigned a staff member to regularly attend the CCRC and to maintain regular contact with the Cultural Competence Team. The African American/Black subcommittee used this collaboration to invite the department and Kern County Human Resources to a Black History Month resource fair hosted by the subcommittee. The goal was to help recruit diverse members of the community. The Cultural Competence Team also obtained recruitment materials from Human Resources to use at other community events, including two school career fairs.



*Strategy 2: Continue to provide and expand opportunities for youth and students in Kern County to increase health literacy and knowledge of behavioral health career paths or opportunities to engage with KernBHRS.*

Bookworm Buddies was launched by the MHSA Team in 2023 during September's Suicide Awareness and Prevention Month. Its aim was to teach behavioral health concepts to Kern County students in a way that suited their age. Participation was voluntary, involving staff from both clinical and administrative roles, along with bilingual volunteers.

The Cultural Competence Team considered several criteria before approving a book used by the program, including:

1. Characters that resemble the diverse community of Kern;
2. Age-appropriate content;
3. Spanish version that is not a literal translation of the English version; and
4. Discussion of age-appropriate, common mental health topics such as anxiety/worry, self-confidence, anger, fear, self-regulation, and coping skills.

The call for volunteers was announced in KernBHRS weekly internal newsletter called *The Minute*. The MHSA Team collaborated with the supervisors of the enlisted staff to ensure they would be a good fit for the program. In FY 24-25, staff read to 21 classrooms across four schools, reaching a total of 330 students. Grade levels of the classes visited included Transitional Kindergarten (TK), Kindergarten (K), and 1st through 3rd grade. Two of the classrooms were special education and one was bilingual.

**Table 2. FY 24-25 Bookworm Buddies**

School	Grade Level	Number of Students
Sequoia Elementary	Transitional Kindergarten	32
	Kindergarten	55
	Kindergarten	13
	1st Grade	15
Harding Elementary	Transitional Kindergarten	36
El Camino Elementary	Kindergarten	19
	2nd Grade	91
Agapeland Christian Academy	Transitional Kindergarten	20
	Kindergarten	26
	1st Grade	31
	2nd Grade	11
	3rd Grade	9



*Strategy 3: Monitor and maintain feedback mechanism for staff to provide input regarding areas related to retention including but not limited to professional development, training, and affiliate groups.*

The Department Supports Division has an Interest Form that staff can complete to access growth opportunities within KernBHRIS. Opportunities include the ability to support different teams, expand their skillsets, and achieve personal and professional growth. In FY 24-25, the Professional Growth Program supported 26 staff members through different initiatives:

- 16 staff members were assigned mentors within their departments;
- 4 staff members sought transfers but could not be accommodated;
- 5 staff members had opportunities for shadowing in their areas of interest;
- 1 staff member was given outlets for outreach opportunities.

**Figure 7. Poster for Professional Growth Interest Form**



## Criterion 2. Updated Assessment of Service Needs

### CRITERION 2 REQUIREMENTS

#### **I. General population**

The total population of Kern County is estimated at over 913,000. Approximately 28% of the population is under 18, and 12% is aged 65 or older. Approximately 57% of the population are Hispanic, 28% are non-Hispanic White, 5% are Black or African American and 5% are Asian/Pacific Islander. Approximately 3% of the population identified as two or more races. Additional details can be found in the most recent MHSa 3-Year Plan/Annual Update, available [here](#).

#### **II. Medi-Cal population**

There are several ways an individual may be eligible for Medi-Cal, but the primary ways include if their household income is 138% or less of the federal poverty level or if the individual has certain disabilities. Additional information about Medi-Cal eligibility is available [here](#). Approximately 497,170 individuals are enrolled in Medi-Cal in Kern County as of June 2025. Details about client utilization of KernBHRS services are available from penetration rate data included in the Criterion 3 section of the report.

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

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

#### **IV. MHSa Community Services and Supports population**

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

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

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

## Goals and Strategies

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



#### Strategy 1: Ensure staff are trained on CCP and CLAS Standards.

During FY 24-25, 1,573 staff members completed the CCP and CLAS training. Staff members who received the training were able to provide feedback about the training they received as well. Staff members who received training came from various departments and held diverse roles. The Course Completion History records each staff member's completion status by their user ID, department, department location, job title, training module, completion status, date and time of completion, due date, and final exam score.

**Figure 8. Course Completion History**

User ID	Department	Job Title	Module	Status	Completed	Final Exam Score	Completion Type
11642272	SUBSTANCE USE DISORDER DIVISION	SUD Counselor	CCP-CLAS Annual Training 2024	Completed	7/24/2024 11:45AM Central Standard Time CT	100	Online completion
20082049	SUBSTANCE USE DISORDER DIVISION	Counselor	CCP-CLAS Annual Training 2024	Not Started			
9548056	Medical Services	Psychiatrist - KM	CCP-CLAS Annual Training 2024	Completed	10/18/2024 1:56PM Central Standard Time CT	100	Online completion
10771653	CLINICAL PLAN SERVICES ADMINISTRATION	Intervention Specialist	CCP-CLAS Annual Training 2024	Completed	9/23/2024 9:28AM Central Standard Time CT	100	Online completion
11615135	CLINICAL PLAN SERVICES ADMINISTRATION	Office Manager	CCP-CLAS Annual Training 2024	Completed	7/11/2024 11:43AM Central Standard Time CT	100	Online completion
10830816	CLINICAL PLAN SERVICES ADMINISTRATION	Office Manager	CCP-CLAS Annual Training 2024	Completed	9/23/2024 4:18PM Central Standard Time CT	100	Online completion
8684760	ADULT SYSTEM OF CARE	Behavioral Health Unit Supervisor II	CCP-CLAS Annual Training 2024	Completed	10/7/2024 12:26PM Central Standard Time CT	100	Online completion
20792969	CLINICAL PLAN SERVICES ADMINISTRATION	Peer Specialist	CCP-CLAS Annual Training 2024	Completed	9/17/2024 12:16PM Central Standard Time CT	100	Online completion

Note: Show in Figure 88 is a truncated version of the course completion history



#### Strategy 2: Monitor and alter Outreach and Education protocols, strategies, and processes as updated guidance regarding MHSA/BHSA is made available from the state.

The BHSA was in effect during FY 24-25, and changes could impact outreach and education. MHSA, Hotline, Prevention, and Cultural Competence monitored their outreach efforts, and upon review, there was no significant impact on outreach during the fiscal year. The MHSA team will continue managing the funding received from the BHSA and collaborate with other teams to address the effects of the act as they arise.

The outreach efforts include MHSA-related events, youth activities, community collaboration, drug-free activities, perscription drop-off activities, flyer creation, and educational sessions including Naloxone trainings, Prevention 101, Guide to Social Media, and More Than Sad. Staff record details such as the event name, date, attending staff, and other event-specific information. Additional data tracked encompasses registration status, required items, involvement of bilingual staff, attendee demographics, and engagement counts.

**Table 3. Outreach and Engagement Tracker**

Event name	Date	Time	# of Staff attending	Comments
Kern ADA Conference	7/26/2024	8am to 3pm	WISE	WISE attended
Dignity Health South High Support Group	9/4/2024	10am to 11am	3	Completed.
BAIHP Board of Directors Meeting	9/10/2024	1pm to 2pm	2	
Cafecito & Outreach at Mercado Latino	9/14/2024	11am to 2pm; 2pm to 6pm	2	
Dr. Jasmeet Bains Health Fair - Delano	9/20/2024	5pm to 8pm	2	Registered. Raffle Prize needed.
Housing Authority East Hills Resource Fair	9/26/2024	10am to 12pm	1	Registered.

Note: Shown above is a truncated version of the Outreach and Engagement Tracker

**Table 4. Hotline Outreach Education Tracker**

	Year to Date Total
Total LEAD Events	7
LEAD Total attendees	316
CIT LEAD attendees	162
Resource Fairs	19
Resource Fair Attendees	4,077
More Than Sad Classes	32
More Than Sad Attendees	2,477
System of Care Outreach: Crisis Presentations	0
Attendees	0
Other Community Events	-
Attendees	-
Underserved Population	396
Total Events	52
<b>Total Attendees</b>	<b>6,060</b>

Note: Shown above is a truncated version of the Hotline Outreach Education tracker



*Strategy 3: Work collaboratively with the MHSA Team, Prevention Team, Hotline Team, and other relevant entities to continue to monitor and improve Outreach and Engagement throughout the department.*

The Cultural Competence, MHSA, Prevention, and Hotline teams collaborated on Outreach and Education efforts throughout the FY. Most of the collaboration was coordinated through the Department Supports Division administrator, who oversees all the teams except for the Hotline Team. The Outreach and Education process was streamlined during the FY so that MHSA would be the main contact for outreach requests for the department, except for Prevention, as they hold regular meetings through Friday Night Live and other initiatives, which are easier to manage directly.

The process was similar to the previous year, where outreach and education requests are submitted through an online form that includes event details, population demographics if known, and supplies needed. MHSA staff then coordinate with the requestor and can assist with registration and payment if necessary.



*Strategy 4: Work with the MHSA Team, Prevention Team, Hotline Team, and other relevant entities to develop and distribute standardized education for those performing Outreach and Engagement on behalf of KernBHRS.*

The supervisor of the Cultural Competence Team and the supervisor of the MHSA Team met to discuss instructions for staff conducting outreach. They drafted guidelines to give to staff chosen to work at outreach events. The guidelines include employee expectations (dress code), Outreach and Engagement information and talking points, and tips. Show in Figure 9 are the Outreach and Engagement information and talking points as well as tips for outreach staff.

**Figure 9. Outreach Guidelines**

**Outreach & Education information/talking points:**

- The one number to remember that will connect you to any help you need is 988
  - Our county actually answers the 988 number and the people who work on the team are really nice, caring people. They really care about listening and making sure that anyone they encounter is well
  - This line can help with crisis calls for mental health, substance use, or suicidal thoughts and behaviors—the individual themselves can call or you can call on behalf of someone you’re concerned about
  - You can also call this number even for non-crisis situations, such as if you want to find out about how to get started in services, how to help a loved one get connected to services, or if you’ve had a hard day and need someone to talk to

- Staff are expected to use general etiquette when dealing with the public. We also want to use a person first language so that we emphasize the person and not their mental health issue.
- Usage of term “emotional wellness” or “mental wellness” due to stigma with “mental health”
- If someone talks to you about their own challenges, validate them, share information about appropriate resources (listed below)
- Usage of the term “died by suicide” instead of “committed suicide” so that we’re not using stigmatizing language—but if a community member talks to us about suicide, we meet them where they’re at in terms of the language they use to describe their experiences
- “No Wrong Door” means that an individual can come to any of our sites, call any of our numbers, and if it is not the correct place for them, we will link them with the correct place, because we care about them and are here to help
- We do not ask about immigration status, we do serve those who are undocumented
- We offer interpretation services in over 240 languages and the individuals coming to services do not need to pay us for interpretation
- If someone is uninsured or underinsured, we have staff who can help them try to apply for Medi-Cal
- We offer services not only in Bakersfield, but since we partner with other providers, our system actually provides services all through Kern county
  - We also offer services near all communities, so people don’t have to go far
  - However, if you would like privacy and don’t want people in your neighborhood knowing that you’re attending Behavioral health services, then you also have the ability to choose to get services in another area
- We offer services for all ages
- Our services can be inclusive of the individual and their family members if they would like
- Our services are all confidential
- We don’t judge anyone who comes to services
- Depending on location, we also offer varied hours of services, even after business hours
- We offer prevention and early intervention education for both mental health and substance use challenges

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



*Strategy 1: Work with relevant entities to continue development of a comprehensive list of existing community partners or groups with which the system of care already has connection.*

The supervisor of the Cultural Competence Team collected information from the MHSA Team, Prevention Team, and began to develop a list of organizations that KernBHRS partners with regularly. Data were obtained from Cultural Competence, Prevention, MHSA, and some outpatient teams involved in collaborative meetings. Other teams that frequently participate in these meetings will be added to the list of partnered organizations as they are identified.

**Table 5. List of Community Partners and Groups**

Organization
Adventist Health
Aegis - Kern County
Aging and Adult Services Department
Almond Tree Middle School
Arvin High School
Bakersfield American Indian Health Project
Bakersfield Behavioral Health Hospital
Bakersfield City School District
Bakersfield College
Bakersfield High School
Bear Mountain Elementary
Behavioral Health Board
Black Infant Maternal Health Initiative
Central Star - Kern Youth PHF
Chavez High School
Church Without Walls
Community Action Partnership - Kern
County Behavioral Health Directors Association of California
Crestwood
CSUB
CSUB - Psych Club
CSUB - Public Health Society
CSUB Nursing Students
Del Vista Math and Science Academy
Department of Child Support Services
Dignity Health, Community Health Initiative
Edison Middle School
El Tejon Middle School
Fremont Elementary

Note: The list of organizations KernBHRS partners with above is abbreviated.



*Strategy 2: Continue to identify and track new Cultural Competence Team outreach and recruitment efforts to ascertain what is successful and ways in which to improve.*

The Cultural Competence Team engaged in outreach through its CCRC members. Outreach conducted by the committee and subcommittees was tracked by the Cultural Competence Team supervisor, with a total of 37 events recorded. The supervisor also maintained a list of prospective members who expressed interest in joining the committee or subcommittees, totaling 42 prospective members in FY 24-25. A lesson learned for the next year is to add a referral source for both events and prospective members, which will help quantify which efforts were most effective.

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

### CRITERION 3 REQUIREMENTS

#### **I. Targeted populations in the county identified in Medi-Cal and MHSA components**

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

#### **II. Disparities in each of these populations**

Historically, at KernBHRS, lower rates of service utilization have been observed in the Asian American/Pacific Islander communities. Additionally, beginning in FY 21-22 and continuing through the end of 2022, lower service utilization rates in the Latinx communities have also been observed.

#### **III. Strategies for reducing disparities in Medi-Cal population and MHSA plans**

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

#### **IV. Measures and monitoring activities**

Measuring and monitoring activities include reviewing penetration rates. This section of the report provides additional information (see Goals 2 through 6 below).

#### **V. Lessons learned**

In response to historically low Asian American/Pacific Islander service utilization rates, the Cultural Competence Team conducted outreach at community locations and events serving these groups. Now, with KernBHRS able to generate penetration rate reports again, the team will further improve its outreach strategies based on the latest data.

## Goals and Strategies

**Goal 1: Partner with Quality Improvement Division, MHSA Team, SUD Division, and other relevant entities to identify target populations with disparities.**



*Strategy 1: Work collaboratively with system of care to evaluate the effectiveness of Outreach and Engagement efforts.*

The CCRC and its subcommittees used meetings as the main way to discuss the effectiveness of outreach and education efforts. During the CCRC meetings, each subcommittee shared the results of outreach events they attended and provided an overview of upcoming events. Committee members, including KernBHRS staff and community partners, contributed input to assess the effectiveness of outreach and identify ways to improve the department's efforts. When KernBHRS hosted an outreach or cultural education event for staff, the hosting subcommittee would hold a debrief meeting afterward. During this debrief, the subcommittee would discuss what went well and identify areas for improvement.



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

The penetration rates used to develop the BHS Integrated Plan helped determine whether outreach efforts may have contributed to reducing population disparities.

The Cultural Competence Team reflected on how their strategies to engage communities may have positively influenced the SUD-related penetration rates across threshold groups, with the highest success observed among Hispanic/Latino and Asian American/Pacific Islander communities. For the Hispanic/Latino demographic, KernBHRS hosted two tabling events at Mercado Latino, a well-known community hub, and attended other community support groups. For the Asian American/Pacific Islander community, KernBHRS conducted outreach activities in the Fall and Spring at Sikh Temples for the first time and participated in the Philippine Weekend Barrio Fiesta for the first time as well. Although outreach efforts were reviewed, the effectiveness of the strategies were not measured.

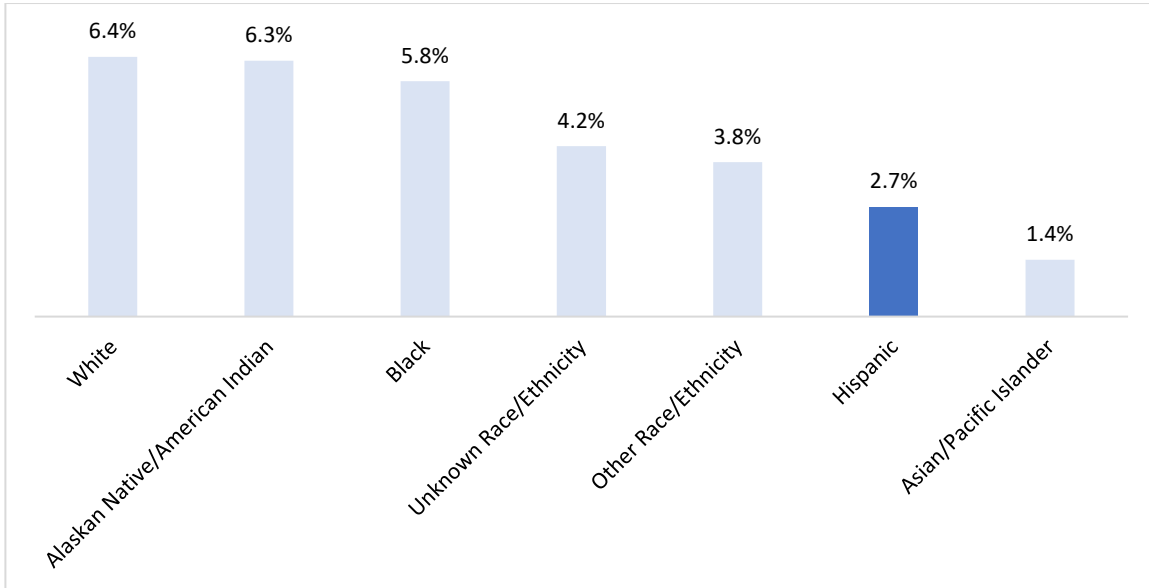
**Goal 2: For threshold group, Hispanic/Latinx monitor, track, and improve Penetration Rate and Outreach and Engagement.**



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

Based on the most recent data available from FY 21-22, 2.7% of Hispanic/Latinx adults were Medi-Cal eligible and accessed Specialty Mental Health Services (SMHS) offered by county Behavioral Health Plans.

**Figure 10. SMHS Penetration Rates**



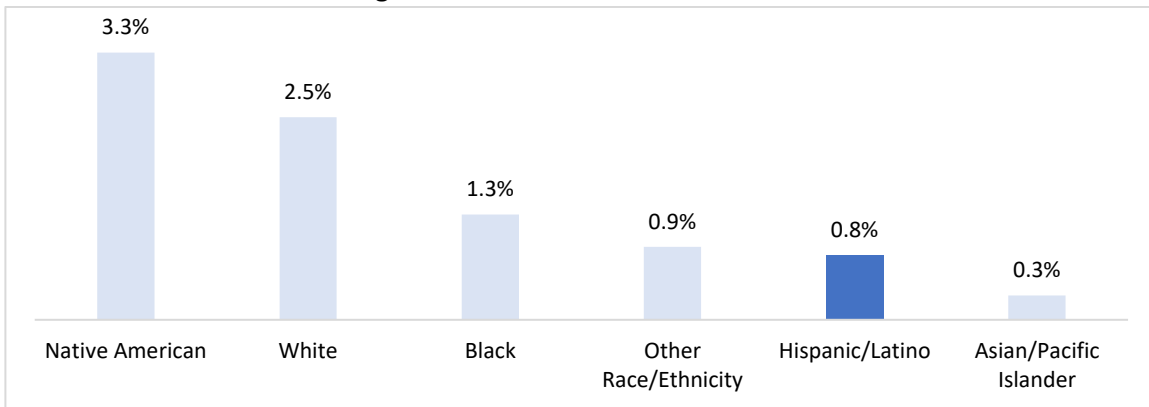
Note: Since the original tables produced by CalMHSA do not include information regarding the margin of error for estimates, it is possible that observed penetration rates near the standard may actually fall within the true margin of error of the original measurement.



*Strategy 2: Meet or exceed SUD Penetration Rate of .85% and/or show demonstrable improvement via other identified metrics for Hispanic/Latinx populations.*

The penetration rate for Hispanic/Latinx adults who were enrolled in Medi-Cal MCP and used DMC-ODS to access SUD treatment services was 0.8%, according to calendar year 2022 data.

**Figure 11. DMC-ODS Penetration Rates**



Note: Since the original tables produced by CalMHSA do not include information regarding the margin of error for estimates, it is possible that observed penetration rates near the standard may actually fall within the true margin of error of the original measurement.



*Strategy 3: Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach and Education events, CCRC and relevant subcommittees to guide a living document of strategic planning for Hispanic/Latinx subcommittee.*

Feedback was collected through discussions in Hispanic/Latinx subcommittee meetings, which were held quarterly during FY 24-25. The action steps outlined in the subcommittee agendas serve as a living document for strategic planning, undergoing review and modification at each meeting.

**Figure 12. Excerpt of Action Steps from Hispanic/Latinx Subcommittee Meetings**

3. Review Action Steps

Action Steps	Date & Assigned	Due Date	Status	Notes
Identify outlying area locations to conduct outreach	10.11.2024	Ongoing	Pending	Some research has been done on school events in outlying areas.
Present Kern BHRS developed training to promotor(es/as) groups	01.19.2024	07.01.2025	Pending	Cultural Competence Team and co-chair met to recommend additional edits for presentation.

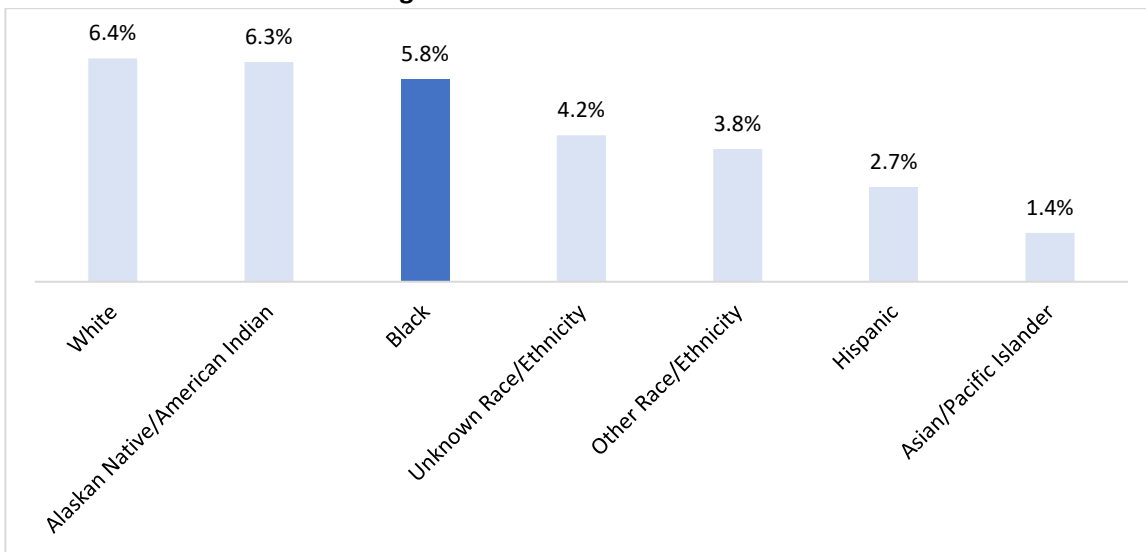
**Goal 3: For African American/Black group monitor, track, and improve Penetration Rate and Outreach and Engagement.**



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

Based on the most recent data available from FY 21-22, 5.8% of African American/Black adults were Medi-Cal eligible and accessed SMHS offered by county Behavioral Health Plans.

**Figure 13. SMHS Penetration Rates**

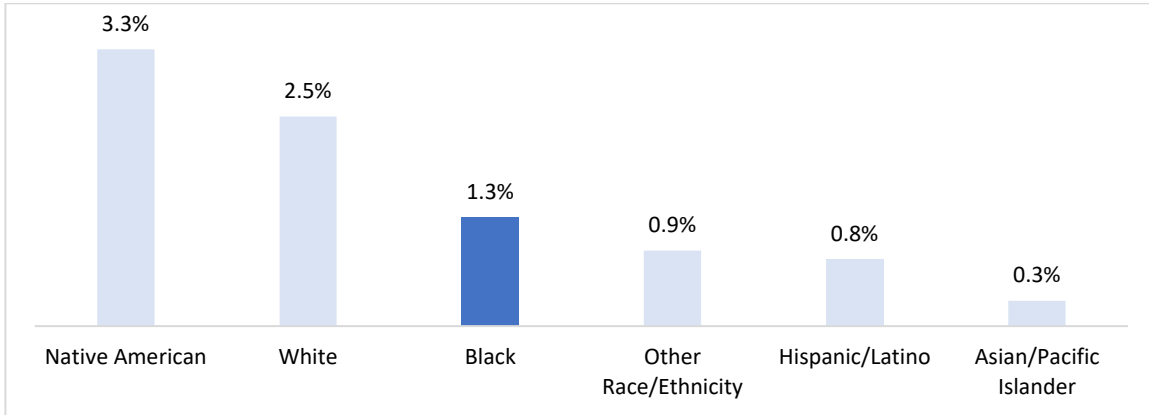




*Strategy 2: Meet or exceed the SUD Penetration Rate of 1.25% and/or show demonstrable improvement via other identified metrics for the African American/Black populations.*

The penetration rate for African American/Black adults who were enrolled in Medi-Cal MCP and used DMC-ODS to access SUD treatment services was 1.3%, according to calendar year 2022 data.

**Figure 14. DMC-ODS Penetration Rates**



*Strategy 3: Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for African American/Black subcommittee.*

Feedback was collected through discussions in African American/Black Subcommittee meetings, which were held quarterly during FY 24-25. The action steps outlined in the subcommittee agendas serve as a living document for strategic planning, undergoing review and modification at each meeting.

**Figure 15. Excerpt of Action Steps from African American/Black Subcommittee Meetings**

3. Review Action Steps				
Action Steps	Date & Assigned To	Due Date	Status	Notes
Black History Month Planning	10.02.2024 Subcommittee	02.01.2025	Pending	Subcommittee has met in workgroups to plan for a workshop and a resource fair

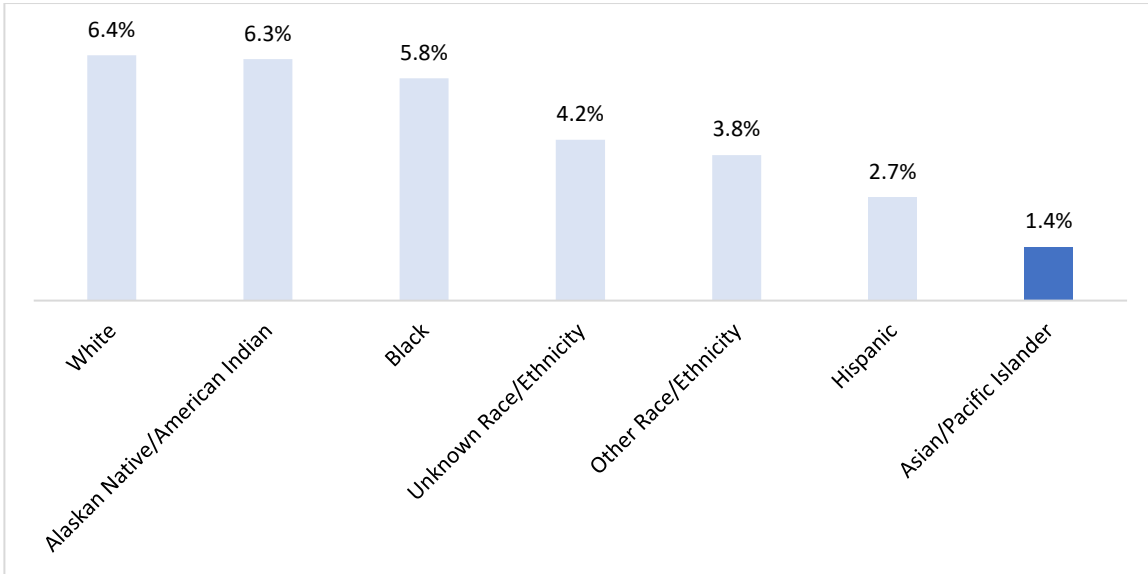
**Goal 4: For Asian American Pacific Islander group monitor, track, and improve Penetration Rate and Outreach and Engagement.**



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

Based on the most recent data available from FY 21-22, 1.4% of Asian American/Pacific Islander adults were Medi-Cal eligible and accessed SMHS offered by county Behavioral Health Plans.

**Figure 16. SMHS Penetration Rates**



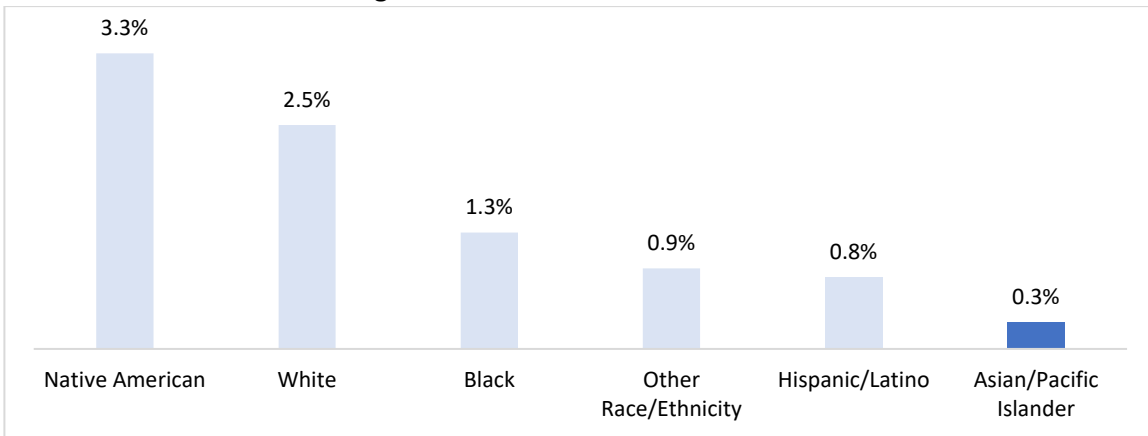
Note: Since the original tables produced by CalMHSA do not include information regarding the margin of error for estimates, it is possible that observed penetration rates near the standard may actually fall within the true margin of error of the original measurement.



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

The penetration rate for Asian American/Pacific Islander adults who were enrolled in Medi-Cal MCP and used DMC-ODS to access SUD treatment services was 0.3%, according to calendar year 2022 data.

**Figure 17. DMC-ODS Penetration Rates**





*Strategy 3: Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for Asian American Pacific Island subcommittee.*

Feedback was collected through discussions in Asian American/Pacific Islander subcommittee meetings, which were held quarterly during FY 24-25. The action steps outlined in the subcommittee agendas serve as a living document for strategic planning, undergoing review and modification at each meeting.

**Figure 18. Excerpt of Action Steps from Asian American/Pacific Islander Subcommittee Meetings**

2. Review of Action Steps

Action Steps	Assigned To	Status	Notes
Identify important holidays/celebrations for Asian American Pacific Islander group(s) to be shared with Public Information Office Team	Group	Ongoing	Continuous.



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

During subcommittee meetings, members identify important holidays and celebrations for Asian American/Pacific Islander. They also explore volunteer opportunities to foster engagement with community-based organizations and individuals, such as tabling at Gurdwaras and participating in Filipino events focused on Philippine culture and history.

**Figure 19. Participation in Sikh Activities**



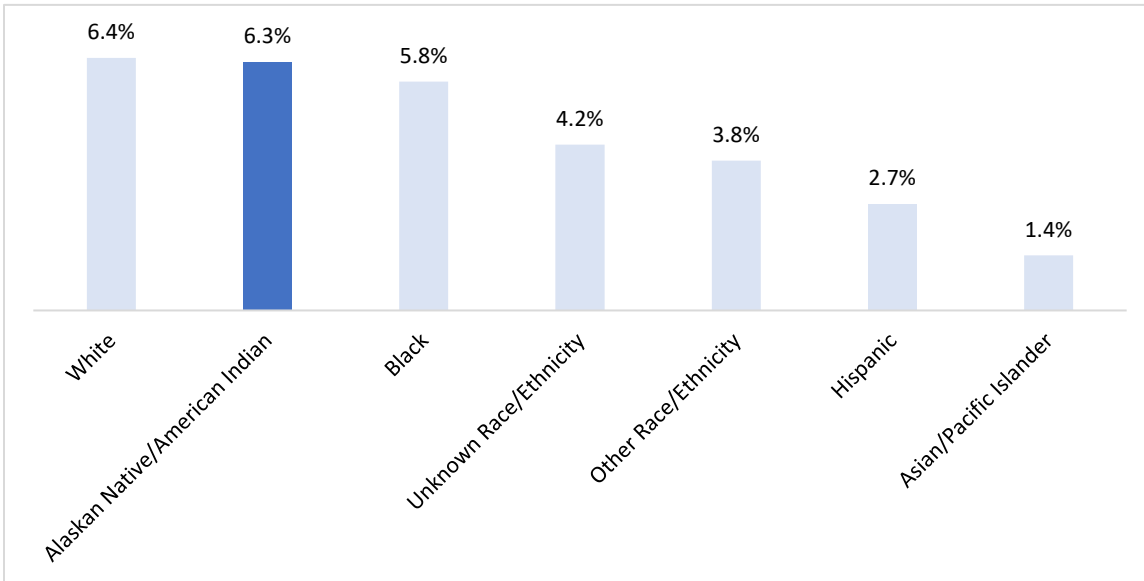
**Goal 5: For American Indian/Alaska Native group monitor, track, and improve Penetration Rate and Outreach and Engagement.**



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

Based on the most recent data available from FY 21-22, 6.3% of American Indian/Alaskan Native adults were Medi-Cal eligible and accessed SMHS offered by county Behavioral Health Plans.

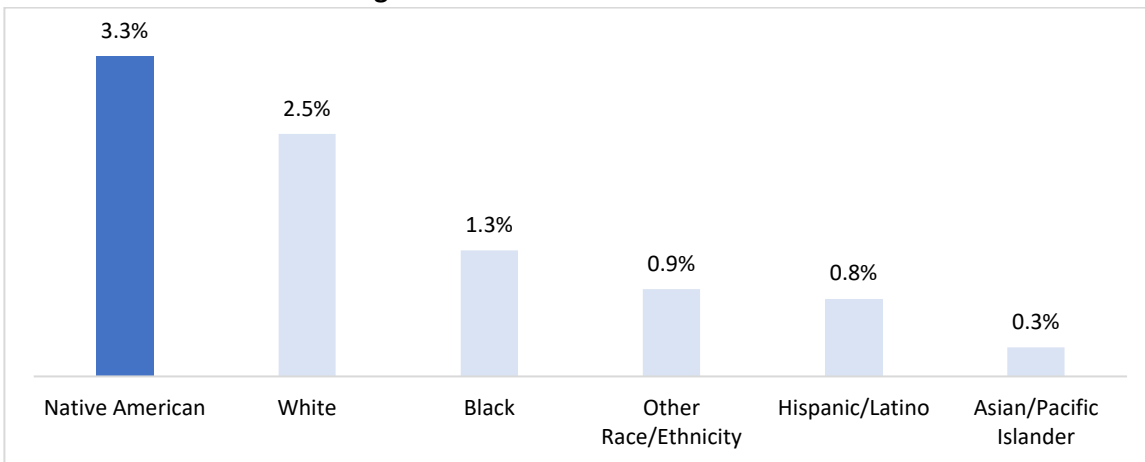
**Figure 20. SMHS Penetration Rates**



*Strategy 2: Meet or exceed SUD Penetration Rate of 2.25% for American Indian/Alaskan Native populations.*

The penetration rate for American Indian/Alaskan Native adults who were enrolled in Medi-Cal MCP and used DMC-ODS to access SUD treatment services was 3.3%, according to calendar year 2022 data.

**Figure 21. DMC-ODS Penetration Rates**





*Strategy 3: Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for American Indian/Alaskan Native subcommittee.*

Feedback was collected through discussions in American Indian/Alaskan Native subcommittee meetings, which were held quarterly during FY 24-25. The action steps outlined in the subcommittee agendas serve as a living document for strategic planning, undergoing review and modification at each meeting.

**Figure 22. Excerpt of Action Steps from American Indian/Alaskan Native Subcommittee Meetings**

3. Review Action Steps:

Action Steps	Date & Assigned To	Status	Notes
Bakersfield American Indian Health Project Internship Coordination	01.08.2024	Paused	Paused temporarily as BAIHP has ongoing construction on their site.

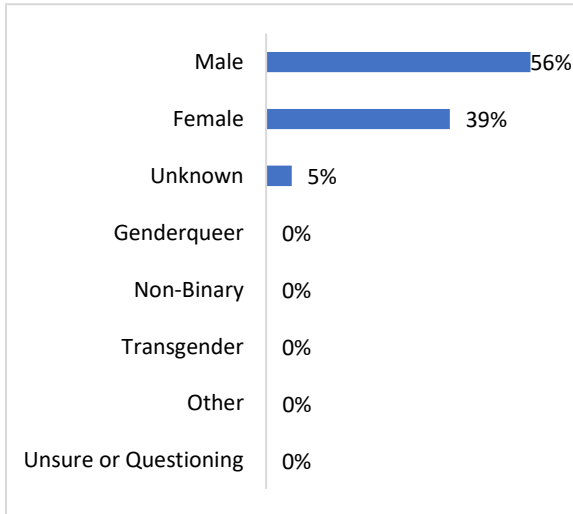
**Goal 6: For 2SLGBTQIA+ group, monitor, track, and improve Penetration Rate and Outreach and Engagement.**



*Strategy 1: Work collaboratively with Quality Improvement Division and other relevant entities to measure voluntary data regarding the amount of 2SLGBTQIA+ individuals accessing mental health services at KernBHRS.*

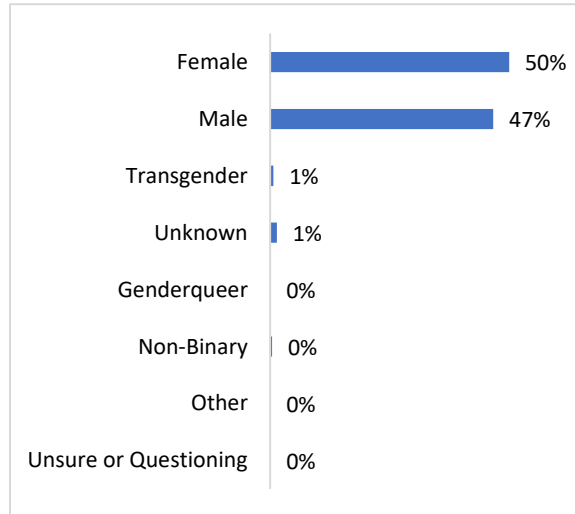
During FY 24-25, Information Technology Services was able to develop tools to capture demographic information from the new EHR. Using this tool, the figures below show the breakdown of clients receiving MH services by gender identity and sexual orientation.

**Figure 243. Gender Identity (Ages 0-11)**



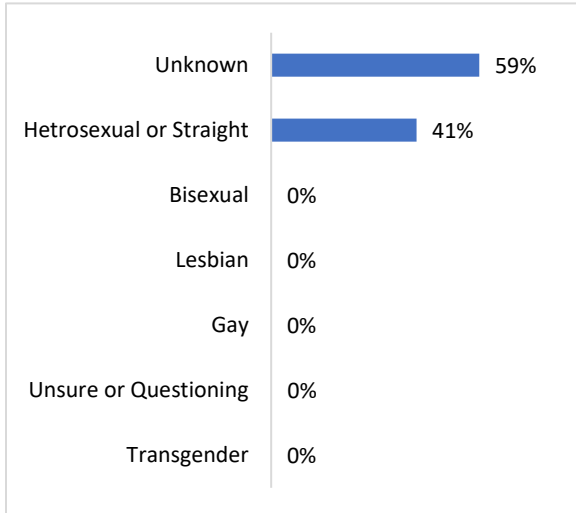
Note: Percentages shown are for individuals ages 0 through 11. N = 4,113. 34 individuals selected prefer not to answer.

**Figure 234. Gender Identity (Ages 12+)**



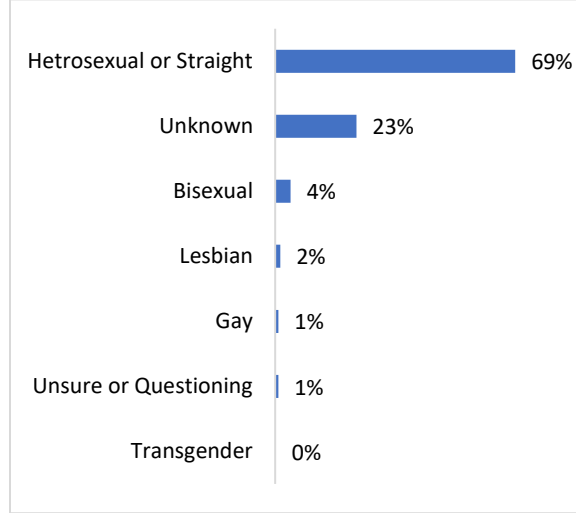
Note: Percentages shown are for individuals ages 12 and older. N = 23,687. 53 individuals selected prefer not to answer.

**Figure 265. Sexual Orientation (Ages 0-11)**



Note: Percentages shown are for individuals ages 0 through 11. N = 2,916. 246 individuals selected prefer not to answer or decline to state.

**Figure 26. Sexual Orientation (Ages 12+)**



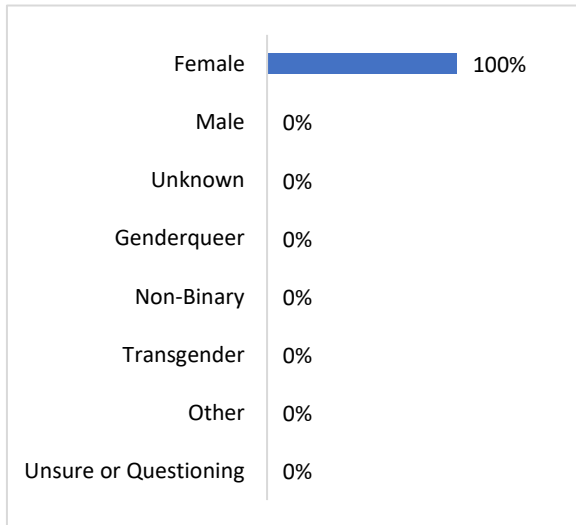
Note: Percentages shown are for individuals ages 12 and older. N = 15,504. 520 individuals selected prefer not to answer or decline to state.



*Strategy 2: Work collaboratively with Quality Improvement Division, SUD Division, and other relevant entities to measure voluntary data regarding the amount of 2SLGBTQIA+ individuals accessing substance use services at KernBHRS.*

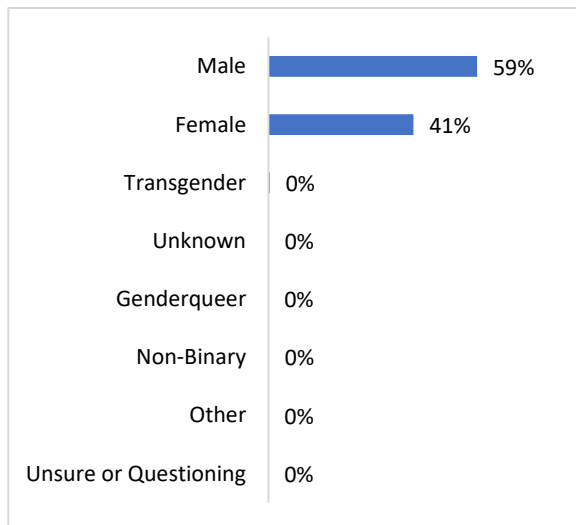
During FY 24-25, Information Technology Services was able to develop tools to capture demographic information from the new EHR. Using this tool, the figures below show the breakdown of clients receiving substance use services by gender identity and sexual orientation.

**Figure 27. Gender Identity (Ages 0-11)**



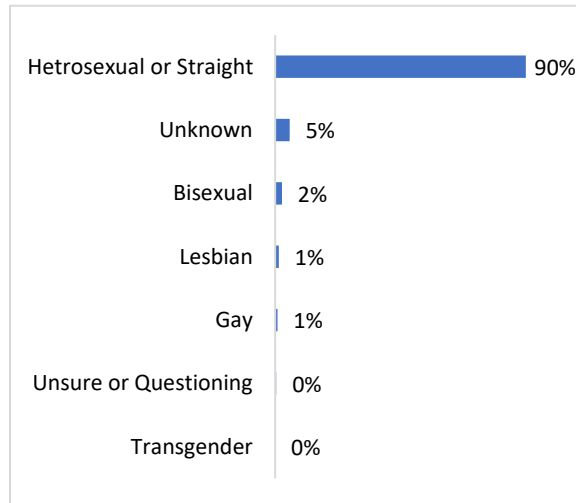
Note: Percentages shown are for individuals ages 0 through 11. N = 2.

**Figure 27. Gender Identity (Ages 12+)**



Note: Percentages shown are for individuals ages 12 and older. N = 5,649. 2 individuals selected prefer not to answer.

**Figure 2928. Sexual Orientation (Ages 12+)**



Note: Percentages shown are for individuals ages 12 and older. N = 4,917. 79 individuals selected prefer not to answer or decline to state.



*Strategy 3: Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for 2SLGBTQIA+ subcommittee.*

Feedback was collected through discussions in 2SLGBTQIA+ subcommittee meetings, which were held quarterly during FY 24-25. The action steps outlined in the subcommittee agendas serve as a living document for strategic planning, undergoing review and modification at each meeting.

**Figure 29. Excerpt of Action Steps from 2SLGBTQIA+ Subcommittee Meetings**

3. Review Action Steps:

Action Steps	Date & Assigned To	Due Date	Status	Notes
Develop a mechanism for Kern BHRS staff to be included on "Safe Provider" List	01.09.2024	Ongoing	Pending	Waiting for training to be scheduled. Will review potential sticker designs made by PIO.

## Criterion 4. Client/Family Member/Community Committee: Integration of the Committee within KernBHRS

### CRITERION 4 REQUIREMENTS

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

KernBHRS facilitates a CCRC that meets monthly to review data, best practices, and needs and gaps. This group consists of community partners, staff from local community organizations, and KernBHRS staff and contractors. The CCRC also holds smaller, event driven workgroups, and coordinates with other county mental health groups, including the MHSAs team, Outreach and Education teams, and the Quality Improvement division. Additional details about this committee and its activities can be found in the details related to the two goals and their associated strategies described below.

#### Goals and Strategies

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



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

The CCRC met 10 months out of the year, with the exception of June and December, and affiliated subcommittee groups met at least once each quarter during the FY. In FY 24-25, all subcommittees met in the months of July, October, January and April.

**Figure 30. CCRC Meeting Dates**

#	Meeting Date
1	July 18, 2024
2	August 15, 2024
3	September 19, 2024
4	October 17, 2024
5	November 21, 2024
6	January 16, 2025
7	February 20, 2025
8	March 20, 2025
9	April 17, 2025
10	May 15, 2025



*Strategy 2: The Cultural Competence Team works to ensure that CCRC members and subcommittee members are representative of the diverse populations of Kern County.*

Direct recruitment efforts to the CCRC included several different methods:

- The Ethnic Services Manager, along with members of the 2SLGBTQ+ and African American/Black subcommittees, spoke at four sessions of the KernBHRS Director Connects webinar series. During the webinar, the efforts of the subcommittees were discussed, and invitations to join the CCRC were extended.
- Posters for KernBHRS staff development included information about joining the CCRC and were posted in employee break rooms.
- Announcements to join the CCRC were made at KernBHRS staff Asian American/Pacific Islander Heritage Month Lunch & Learn and Juneteenth events.
- MHSA staff also mentioned CCRC during their stakeholder meetings and in their other duties.

As a result of the recruitment efforts by the Cultural Competence Team, the CCRC added over 15 members during FY 24-25. The CCRC gained five new members not affiliated with any subcommittee. The American Indian/Alaskan Native subcommittee welcomed four new members. The African American/Black subcommittee saw an increase of three members. The Asian American/Pacific Islander subcommittee gained three members. The 2SLGBTQ+ subcommittee welcomed four new members. Similarly, four new members joined the Hispanic/Latinx subcommittee. The Cultural Competence Team supervisor identified an additional 24 prospective members who have not yet attended a meeting but have shown interest in becoming members.

**Figure 31. Current Members**

Subcommittee	Number of Members
African American/Black	19
American Indian/Alaskan Native	18
Asian American/Pacific Islander	20
Hispanic/Latinx	29
2SLGBTQ+	18



*Strategy 3: CCRC members and subcommittee members review/contribute strategies, recommendations, and/or planning and are integral to development of strategic plans to increase cultural competence and/or diversity, equity, and inclusion efforts throughout the system of care.*

CCRC and subcommittee members review action steps during committee meetings to strategize, plan, and discuss key project activities. Committees focus their efforts on increasing engagement, cultural competence and inclusion of individuals from their diverse community. For more information, see Criterion 3, Goals 2 through 6, which present the penetration rates for each subcommittee and details about their living strategic planning documents.



*Strategy 4: Collect community input through any combination of the following, including but not limited to stakeholder meetings, community forums, Outreach and Education events and relevant feedback, CCRC subcommittees, and relevant input from community partner organizations.*

Community input and feedback were gathered through various methods, such as during the development of the recent 3-Year Plan/Annual Update, as well as through forums and meetings. These included regular stakeholder meetings, monthly community forums, System Quality Improvement Committee meetings, and CCRC subcommittee meetings.

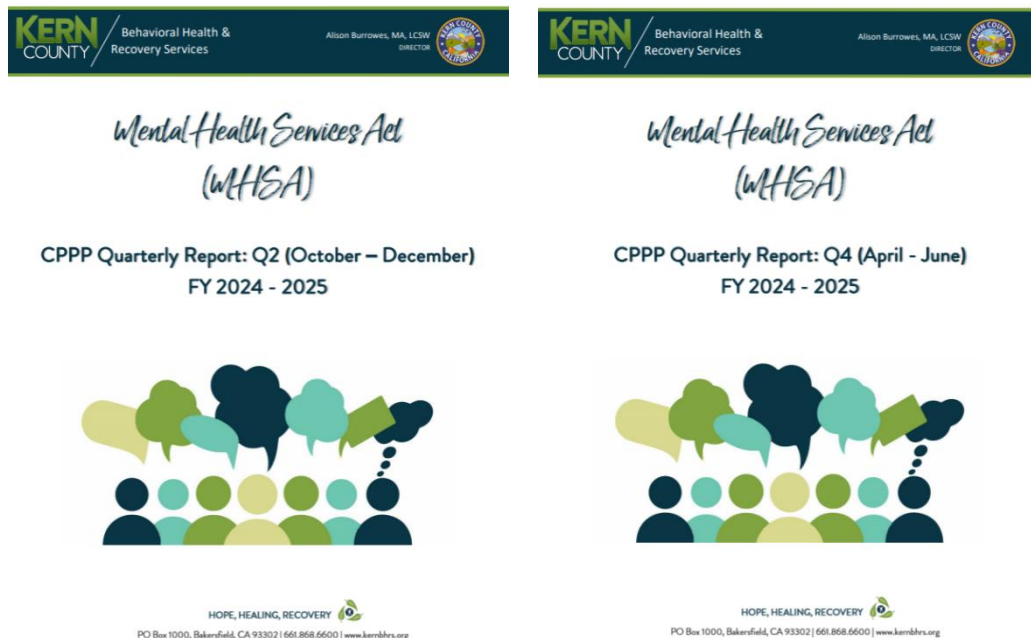
**Figure 32. Community Feedback**



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

The information collected was shared via the recent 3-Year Plan/Annual Update, quarterly CPPP reports, and during System Quality Improvement Committee meetings.

**Figure 33. CPPP Quarterly Report Covers**



**Goal 2: Continue to cultivate a bi-directional flow of information between the CCRC and Executive Administration.**



*Strategy 1: Maintain and streamline mechanism for CCRC to provide feedback to the Behavioral Health Director with as few intermediaries as possible.*

Throughout the FY, the Director of KernBHRS and the Cultural Competence Team maintained communication using various methods. The Director requested to be included in all CCRC and subcommittee meetings and attended when her schedule permitted. This allowed some committee members to engage directly with the Director; however, most communication from the committee members usually went through the Ethnic Services Coordinator (supervisor of the Cultural Competence Team), the Ethnic Services Manager (Department Supports Division Administrator), and then to the Director.



*Strategy 2: Continue to identify ways in which the Cultural Competence Team and/or CCRC can collaborate with Executive Administration to establish a bi-directional flow of communication and positively influence consideration of diversity, equity, and inclusion throughout the system of care.*

Throughout the FY, the Cultural Competence Team, CCRC, and Executive Administration used various communication methods to enhance collaboration and inclusivity. Refer to Criterion 4, Goal 2, Strategy 1.

## Criterion 5: Culturally Competent Training Activities

### CRITERION 5 REQUIREMENTS

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

KernBHRS uses MHSA WET funds to implement universal cultural competence training requirements for all staff, including contractors, in an accessible format. Additional details about the required trainings and compliance with training completion are provided in Goal 1 below.

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

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

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

### *Goals and Strategies*

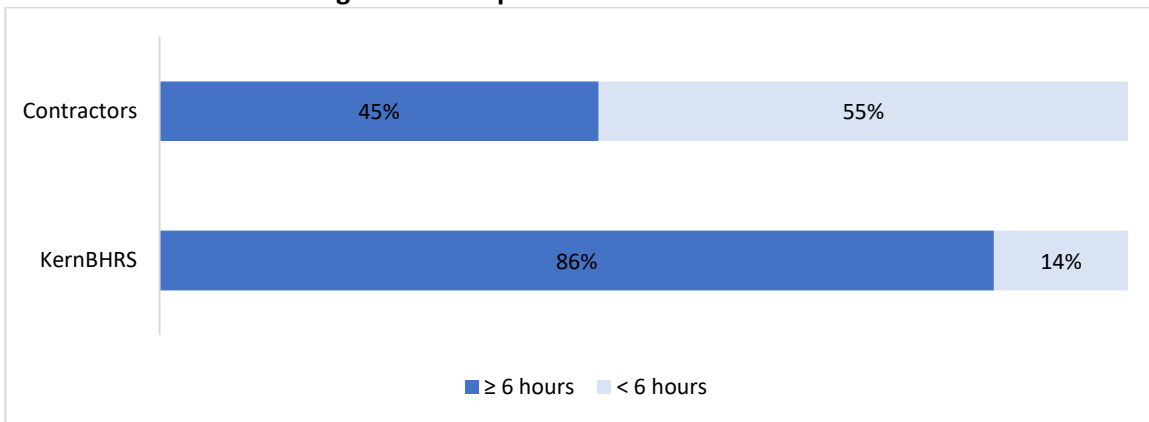
***Goal 1: Utilize MHSA Workforce Education and Training (WET) funds to ensure education and culturally competent trainings are available to the workforce to address effectively serving diverse groups, unserved, and/or underserved populations.***



*Strategy 1: KernBHRS will hold both MH and SUD staff to an 85% accountability rate for the completion of 6 hours of cultural competence training during each FY.*

KernBHRS conducted cultural competence trainings for both staff members and contracted providers who deliver MH and SUD services. Throughout the entire System of Care, 68% of KernBHRS staff and providers completed the 6-hour cultural competence training goal. Additionally, the Cultural Competence Team and Training Services provided KernBHRS staff with 1.5-hour cultural competence trainings throughout the FY. As a result, the compliance rate for KernBHRS staff reached 86%, exceeding its goal of 85%.

**Figure 35. Compliance Rates for MH and SUD**



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

In collaboration with Training Services and other relevant entities, the Cultural Competence Team identified and assigned 1.5 hours of cultural competence training to staff members each quarter during the first half of the FY 24-25. Starting in the third quarter, Training Services took over the responsibility of identifying and assigning cultural competence training to staff.

**Figure 34. Cultural Competence Training Courses**

Quarterly Cultural Competence Training				
Year	Quarter	Course Title	Course Code	Credit Hours
2024	1	Diversity, Equity, and Inclusion for the Healthcare Employee	REL-ALL-0-DEIHE	1.5
2024	1	Diversity, Equity, and Inclusion for the Healthcare Worker	REL-ALL-0-DEIHW	1
2024	2	Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services		1.5
2024	2	Supporting the Behavioral Health Goals of LGBTQ+ Clients	REL-BHC-0-ABHLGBTQC	1.5
2024	3	Improving Behavioral Health Equity: Individuals with Hispanic and Latine Identities	REL-BHC-0-IBHEHLI	1
2024	3	Your Role in Workplace Diversity	REL-ALL-SS-YRWD-V2	0.5
2024	4	Building Shared Understanding across Cultural Divides	REL-ALL-SS-BSUCD	0.5
2024	4	How Culture Impacts Communication	REL-ALL-SS-HCIC	0.5
2024	4	Introduction to Cultural Variations in Behavioral Health for Paraprofessionals	REL-BHC-0-ICVBHP	0.5

Note: Shown above is a truncated list of training courses

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



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

The review process for Cultural Competence credit hours was mostly informal and depended on the request handler's discretion. It began when a staff member or contractor asked Training Services to assess a course for credit hours. The goal was to standardize and automate this process so Training Services wouldn't act as an intermediary. Early in the FY, responsibilities of the Cultural Competence Team were divided, with Training Services managing all training-related duties.

Figure 35. Training Review Form

**KERN COUNTY** Behavioral Health & Recovery Services

**Cultural Competence Review Sheet** Attachment C  
Section No.: 7.1.6

COURSE TITLE: \_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_

ESM/ESC SIGNATURE: \_\_\_\_\_

Approved for \_\_\_\_\_ hours.  Denied

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

Other/Comments/If not approved, justification:  
\_\_\_\_\_

Rev 09/25/2023



*Strategy 2: Work collaboratively with Training Services and other relevant entities to evaluate current Cultural Competence Review Sheet.*

Early in the FY, it was determined that all Cultural Competence Team duties would be dispersed across several different teams. Training Services will address all duties related to training. The Cultural Competence credit hour review sheet is part of department policy 7.1.6, and Training Services will update the review sheet as needed the next time the policy is under review.



*Strategy 3: Work collaboratively with Training Services and other relevant entities to begin to ensure Cultural Competence or Diversity, Equity, and Inclusion approved trainings meet departmentally developed standards.*

Early in the FY, it was determined that all Cultural Competence Team duties would be dispersed across several different teams. As a result, the Cultural Competence Team staffing was reduced, which prevented the Cultural Team from conducting a review of all the training. Training Services will assume all duties related to training and will use its own processes to review cultural competence trainings.

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



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

Staff members and contractors who participated in cultural competence trainings had the opportunity to provide feedback on their experience.

Training modules staff members participated in included:

- An Understanding of Military Culture for Behavioral Health Paraprofessionals;
- Building Shared Understanding Across Cultural Divides;
- Care of Sexual and Gender Diverse Populations;
- CCP-CLAS Annual Training;
- Engaging the Power of a Multigenerational Workforce;
- Improving Behavioral Health Equity: Individuals with Hispanic and Latine Identities;
- Introduction to Cultural Variations in Behavioral Health for Paraprofessionals;
- Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services;
- Treating Substance Use Disorders in the LGBTQ+ Community;
- Understanding Human Trafficking; and
- Your Role in Workplace Diversity.

Content on the feedback surveys included:

- The extent to which the respective course met its stated learning objectives;
- The likelihood of staff members recommending the training;
- The degree of alignment between the training, its objectives, and the individual staff members' professional goals;
- The effectiveness of the content presentation method;
- The relevance of the content, its incorporation of best practices, and the overall quality of the training;
- The ease of accessibility of the training;
- Whether the training provided new information and if it influenced their professional practice; and
- The identification of any knowledge gaps within the training that could be addressed for improvement.

## Criterion 6: Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Appropriate Staff

### CRITERION 6 REQUIREMENTS

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

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

### Goals and Strategies

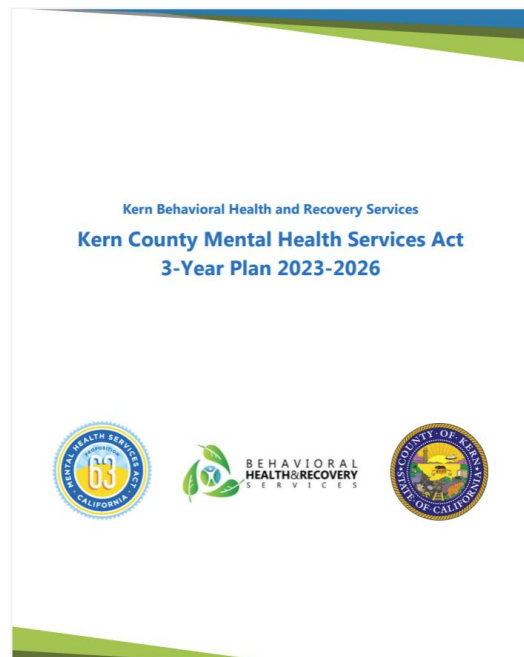
#### Goal 1: Complete Workforce Needs Assessment



*Strategy 1: Review findings of Workforce Needs Assessment from the lens of Diversity, Equity and Inclusion and provide guidance to Human Resources or other relevant departmental entities where requested or necessary.*

KernBHRS conducts a Workforce Needs Assessment every 5 years. The most recent Workforce Needs Assessment was conducted in FY 21-22. The results of the Workforce Needs Assessment were shared with staff in FY 22-23 at regular intervals, and the data are contained in the MHS Team's 3-Year Plan encompassing FYs 23-26. The 3-Year Plan is made publicly available for staff members to review at any time. As part of the 3-Year Plan process, workforce demographic data were collected and compiled. All demographic information collected from staff are received on a voluntary basis.

Figure 38. KernBHRS MHS 3-Year Plan





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

Recruitment efforts continued to increase. KernBHRS had previously partnered with other counties in Southern California to develop materials that introduced career opportunities in mental and behavioral health fields. Depicted in this section is the Southern Counties Regional Partnership Mental Health Careers booklet; the booklet describes MH and the different paths in education and training taken to pursue careers in mental and behavioral health.

During FY 24-25, as part of efforts to recruit diverse staff members, KernBHRS Human Resources staff members attended the following job fairs:

- Kern County Career Expo
- BHRS Career Expo
- Black History Month Resource Fair
- Job Fest
- South High School Career Day
- Lamont Job Fest
- STEM Expo
- BHRS Career Expo
- Arvin High School Career Day

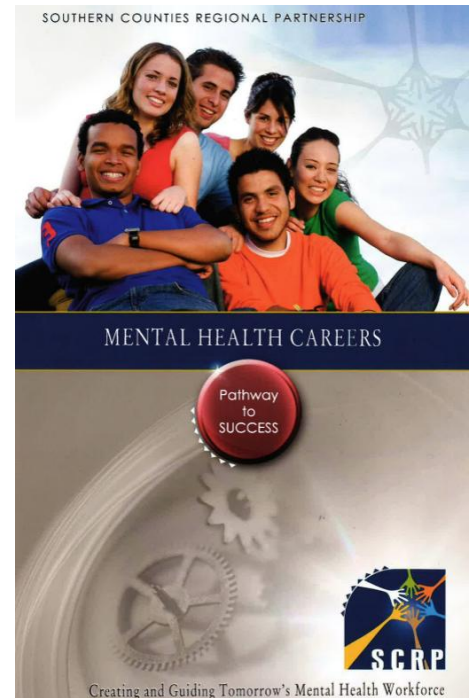
Additionally, job flyers were given to the Cultural Competence Team to distribute to partner agencies that target diverse groups to increase reach to a culturally diverse group of qualified applicants.



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

The Cultural Competence Team maintained ongoing communication with the Human Resources throughout the FY. The Human Resources appointed a staff member to regularly participate in the CCRC, providing updates on recruitment initiatives and facilitating feedback from committee members. Additionally, the supervisor of the Cultural Competence Team established contact with cultural organizations at California State University, Bakersfield, to establish connections and explore potential recruitment of future graduates. The supervisor subsequently supplied Human Resources with contact details for certain individuals to support recruitment efforts. Furthermore, Human Resources was extended an invitation to participate in a Black History Month Resource Fair, organized by the African American/Black Subcommittee.

**Figure 39. Mental Health Careers Booklet**



**Figure 36. Human Resources Section of CCRC Meeting**

- b. **Human Resources** (Diverse Workforce Demographic Data, Recruitment and Retention, Career Paths, Professional Development)
  - i. Recruitment Efforts:
    - 1. Update on KernBHRS Career Fair Expo 11.16.2024
  - ii. Retention Efforts
- c. **Mental Health Services Act Team (MHSA)**
  - i. **Stakeholder Involvement & Community Program Planning Process (CPPP)**
    - 1. **Community Forum Meetings will be regularly scheduled between 12:00PM-2PM in the Westchester Training Room:**
      - a. English Community Forum Meetings Scheduled for 2<sup>nd</sup> Wednesday of each month
      - b. Spanish Community Forum Meetings Scheduled for 3<sup>rd</sup> Wednesday of each month
  - ii. **MHSA Program Updates** (Community Services and Supports, Full-Services Partnership, General System Development, Prevention and Early Intervention, Innovation, Workforce Education Training, Capital Facilities and Technology Needs)

- 8) **Open Discussion/Announcements**
- a. December Cultural Competence Resource Committee Meeting Potluck/Networking Event

Please reach out to [CulturalCompetence@KernBHRS.org](mailto:CulturalCompetence@KernBHRS.org) with any questions or comments.

**Next meeting January 16, 2025**  
9:30AM-10:30AM via Microsoft Teams

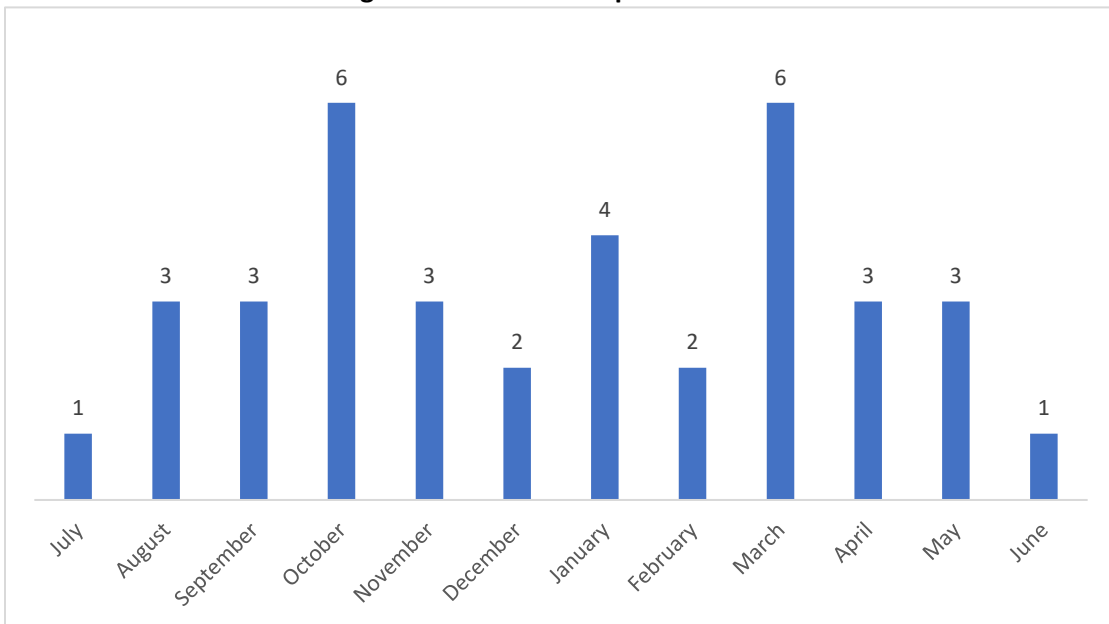
**Goal 2: Utilize WET funds to secure various resources and/or identify conferences for staff retention and training.**



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

Throughout the FY, staff members had opportunities to attend conferences, webinars, and trainings that contributed to their professional growth. The figure below shows the total number of events by month for FY 24-25.

**Figure 37. Staff Development Events**





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

The Cultural Competence Team collaborated with the Finance Team to identify a total of 37 conferences available for staff development and knowledge expansion. Conferences and trainings are included and not limited to events such as CalMHSA: Housing Workshop, Rx Illicit Drug Summit, Peer Support Training, Managed Care Conference, and Patients' Rights Annual Training. Throughout the FY, these conferences were conducted at various locations both within and outside Kern County, as well as outside of California. See Criterion 6, Goal 2, Strategy 1 for the professional development events available to staff members during FY 24-25.



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

In FY 23-24 a total of 187 staff were assigned to the training plan for bilingual interpreters. All the individuals assigned the training completed the training with a score of 80% or higher. Courses available within the training plan included:

- Strategies and Skills for Behavioral Health Interpreters and
- The Behavioral Health System of Care: An Overview for Interpreters

## Criterion 7: Language Capacity

### CRITERION 7 REQUIREMENTS

#### **I. Increase bilingual workforce capacity.**

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

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

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

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

In addition to the materials and strategies described in Goal 2 below, Criterion 6, Goal 2, Strategy 3 provides additional details about how the competence of translators and bilingual staff is ensured.

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

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

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

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

### *Goals and Strategies*

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



*Strategy 1: Work collaboratively with Human Resources, Department Supports Administration and other relevant entities to begin development of a strategy to more effectively utilize the existing bilingual workforce.*

KernBHRS staff are categorized into Tier I and Tier II, where Tier I includes staff who are verbally bilingual, and Tier II comprises staff who are written bilingual. These staff members are assigned to and work across multiple department teams within KernBHRS and can hold a variety of different positions.

**Figure 42. Tier I Staff Members' Positions and Teams**

BHRHS Certified Spanish Bilingual Staff		
TIER I - VERBAL		
Position	Team	Worksite
BEH HLTH THERA 1	Access and Assessment	Mary K Shell
OFFICE SVCS ASST	Access and Assessment	Mary K Shell
BEH HLTH THERA 1	Access and Assessment	Mary K Shell
BEH HLTH THERA 1	ACT Team	Stockdale
PROGRAM TECHN	ACT Team	Stockdale
BH REC SPEC 3	ACT Team	Stockdale
BH REC SPEC 1	ACT Team	Stockdale
BH REC SPEC 1	Adult WRAP	Stockdale
BH REC SPEC 1	Adult WRAP	Stockdale
BEH HLTH THERA 1	ATT	N Chester
BH REC SPEC 2	ATT	N Chester
FISCAL SUP TECH	Billing	Westchester
FISCAL SUP SPEC	Billing	Westchester
FISCAL SUP SPEC	Billing	Westchester
BH REC SPEC 2	CFLC	Westchester
BEH HLTH THERA 1	Correctional	Lerdo
BH REC SPEC 1	Crossroads	Crossroads
BH REC SP 1	CWIC	Mary K Shell
BH REC SPEC AIDE	CWIC	Mary K Shell
BH REC SPEC 2	CWIC	Mary K Shell
SUD SPEC II	Documentation Compliance	Various
BH REC SPEC 3	Early Psychosis	Commonwealth
BH REC SPEC 1	East Bakersfield Children 1	Oswell
BH REC SPEC 1	EB Children 1	Oswell
BH REC SPEC 2	EB Children 1	Oswell
BEH HLTH THERA 1	EB Children 1	Oswell
BH REC SPEC 3	EB Children 2	Oswell
BEH HLTH THERA 1	EB Children 2	Oswell
OFFICE SVCS ASST	EB Children 2	Oswell
BH REC SPEC 2	EB Children 2	Oswell
BEH HLTH THERA 1	EB Children 3	Oswell
BH REC SP 1	ED Response	Mary K Shell
OFFICE SVCS TECH	Exec Admin	Westchester
DEPT ANALYST	Fiscal Compliance	Westchester
BEH HLTH THERA 1	Foster Care	Commonwealth
BH REC SPEC 1	Foster Care	Commonwealth



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

KernBHRS continues its contract with Language Line Services, Inc. for language interpretation. The current contract was renewed on July 1, 2025, and it is set for renewal again by June 30, 2026.



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

Since October 2015, the Kern County Department's General Services Division has contracted the Independent Living Center of Kern County to provide ASL interpretation for individuals with hearing impairments seeking County services. Independent Living Center of Kern County provides interpretation for scheduled and planned individual client sessions, group meetings, community events, and Board meetings. Requests for interpretation are to be made at least three days in advance, except for

emergency situations, which require a response within 45 minutes. Additionally, interpreters help with installing and operating telecommunication devices for hearing-impaired individuals.

**Goal 2: Provide Language Line and/or other informing materials and information to persons who need interpretation and translation services and those who have Limited English Proficiency.**



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

Site certifications are performed regularly to verify adherence to privacy guidelines and ensure all required public notifications are displayed in clinic lobbies. One such notification is a multilingual poster informing individuals of their right to interpretation services. During the FY 24-25, the Quality Monitoring team conducted 21 site certifications across KernBHRS and contract provider locations, with all sites meeting compliance standards. The providers involved included:

- KernBHRS Columbus Center;
- KernBHRS Southeast Adult;
- Clarvida;
- Henrietta Weill CGC;
- CSV;
- Crestwood Bridge;
- Crestwood PHF;
- Telecare FSP;
- Youth Quest Inc.;
- Central Star Youth PHF; and
- Telecare Kern County PHF.



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

KernBHRS developed and provided materials that represented the community by using inclusive language (English and Spanish), featuring images of people from diverse backgrounds and cultural events, and ensuring accessibility through both print and online formats.

Figure 43. Social Media Posts



Figure 38. Printed Flyers





**Strategy 3: Track and monitor translated materials.**

Requested translations are tracked using two spreadsheets: one listing the requests and the other detailing the staff member responsible and completion dates. A total of 42 materials needed English to Spanish translation. KernBHRS materials go through two rounds of translation. Fourteen documents were assigned to Tier I and II staff members who previously volunteered to translate them. Of these, nine have successfully completed both rounds of translation. Refer to Criterion 1, Goal 2, Strategy 3 for the number of requested translations by department.

**Figure 45. Translated Materials**

**ENSELATE**

¡Únete a KernBHRS para un día **GRATIS** de diversión familiar en el Zoológico CALM, para celebrar el mes de concientización sobre la salud mental! Disfruta de la Zona Infantil, baile en línea, juegos y recursos comunitarios.

Las primeras 500 fermitas recibirán una bolsa de tela **GRATIS**

**Sábado 3 de mayo del 2025**  
9am - 3pm  
10500 Alfred Harell Hwy  
Comida y bebidas disponibles para comprar en el carrito de comida de CALM.

**CALM CALIFORNIA LIVING MUSEUM**  
KERN COUNTY BEHAVIORAL HEALTH | kernbh.rs.org RECOVERY SERVICES @kernbh.rs

**CONSUMER FAMILY LEARNING CENTER**

**CALM CALIFORNIA LIVING MUSEUM**

27 de Febrero de 2025  
10AM - 1PM

Gratis para los miembros de CFLC que sean seleccionados: ¡Almuerzo y transporte incluidos!

Lugares son limitados - solo para miembros de CFLC

**Cómo asegurar su lugar:**

1. Llamando al (661) 868-7550.
2. Los miembros serán seleccionados según la participación de CFLC y asistencia al grupo
3. Lugares disponibles son limitados, ¡no te lo pierdas!

**KERN COUNTY**

Fortalece **Esperanza**

para que un niño **Prosperere**

Aprenda cómo puedes ser padre de apoyo en el Programa de Tratamiento de Cuidado de

llame al  
661-301-1878  
o  
661-868-8358

**KERN COUNTY BEHAVIORAL HEALTH RECOVERY SERVICES**

**"Rompiendo el silencio, salvando vidas juntas"**

Expresa tu preocupación por los factores que los observas. Si empiezas, no juzgues y Demuestra que te importa.

Acepta los sentimientos de la otra persona tal como son. No trates de animarlos haciendo cosas positivas, declaraciones poco realistas.

Pregúntales **DIRECTAMENTE** sobre sus pensamientos suicidas. "¿Estás pensando en suicidarte?" Toma en serio los pensamientos y sentimientos suicidas.

Pregúntales si han desarrollado un plan para suicidarse. La presencia de un plan bien desarrollado indica un riesgo **MAYOR** de suicidio.

Elimina de manera segura los medios (o métodos) de suicidio de la persona y ayúdale a encontrar alternativas al suicidio.

Hazles saber que los sentimientos suicidas son temporales y que los problemas se pueden resolver. **NUNCA** aceptes mantener pensamientos suicidas serios en confidencia. Informa a los miembros de la familia y ¡amigos!

Llama al 911 o a Departamento de Servicios de Salud Conductual y Psicopatología de Kern.

Línea directa de Servicios de Crisis al 1-800-991-5272 el suicidio es imprevisto.

**Crisis de suicidio y teléfono de apoyo**

Línea Directa de Crisis del Condado de Kern 1-800-991-5272

Línea de Vida para el Suicidio y Crisis 988

Línea de Texto de Crisis Envía un mensaje de texto con la palabra HOME a 741741

Línea de Crisis para Veteranos 988, presiona 1

Línea de texto de Crisis para Veteranos 838255

Proyecto Salvavidas Trevor 988, presiona 3

Línea de texto Salvavidas Trevor Envía un mensaje de texto con la palabra PRIDE a 988

Línea de vida trans 1-877-563-8860

Usuarios de TTY 711, then 988

**KERN COUNTY BEHAVIORAL HEALTH RECOVERY SERVICES**

Concientización y Prevención del Suicidio

**Eres amado**

**KERN COUNTY BEHAVIORAL HEALTH RECOVERY SERVICES**



Strategy 4: Develop and disseminate to staff current and accurate information on accessing interpretive services through the Language Line and/or Independent Living Center of Kern County.

The Cultural Competence Team continues to disseminate information on accessing interpretation services. This FY, the team included a link on the department's internal website that leads to a page with interpreter services information. This page provides a list of internal bilingual staff, instructions for using Language Line Solutions, and details about ASL interpretation through the Independent Living Center of Kern County. This makes the information more accessible for staff.

Figure 46. Information about Accessing Interpretation Services

**Cultural Competence**

Home Administrative and Fiscal Services Clinical Services Specialty Clinical Services Executive Administration Department

Home  
Notebook  
Documents  
Pages  
Site contents

## Welcome to the Cultural Competence Team page!

The Cultural Competence Team purpose is to improve health equity within the department. This is accomplished by hosting the Cultural Competence Resource Committee, ensuring access to interpreter services, fulfilling requests to translate documents, and more.

### Interpreter Services

You can find list of Tier I and Tier II Bilingual Spanish staff here: [07.2025 Active Tier I-Tier II Staff.xlsx](#)

You can find a list of non-certified staff who speak a language other than English here: [07.2025 Active Staff with lang not ENGLISH.xlsx](#)

Instructions on how to access Language Line Services can be found here: [Language Line Instructions.pdf](#)

Instructions on how to access American Sign Language interpretation can be found here: [Accessing ASL Services.pdf](#)

### Document Translation

Document translation requests can be made using the Microsoft Form: [Translation Request Form](#)

Documents

Find a file

- External Vendors
- Cultural Competence Resource Committee
- Compass Newsletter and Research
- Cultural Competence Events

**Kern Behavioral Health & Recovery Services Portal**

Home Administrative and Fiscal Services Clinical Services Specialty Clinical Services Executive Administration Department

## Welcome to Kern Behavioral Health & Recovery Services Portal

### GENERAL INFORMATION

- Health Benefits
- Organization Chart
- Employee Directory
- Interpreter Services**
- Helpdesk PhoneNumbers
- BHRS Application Portal
- Site Address and Phone List
- MH Contractor Clinic Supervisors
- SUD Contact Roster
- COVID Test Tracker

### NEWS AND INFORMATION

- Interim Funding Guide 2025  
15 July 2025
- July 2025 Quality Standards Housing Provider Referral List  
01 July 2025
- QQID SUD Minutes & Handouts 05.02.25  
13 June 2025
- QQID MH Minutes & Handouts 05.02.25  
13 June 2025
- June 2025 Quality Standards Housing Provider Referral List  
30 May 2025
- Benefits Acquisition Team Referral Form

### UPCOMING EVENTS

## Criterion 8: Adaptation of Services

### CRITERION 8 REQUIREMENTS

#### **I. Client driven/operated recovery and wellness programs.**

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

#### **II. Responsiveness of mental health services.**

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

#### **III. Quality Assurance.**

Client surveys for MH and SUD services are reviewed and compared across cultural and linguistic subgroups to inform programmatic changes. Additionally, client grievances and complaints are reviewed and compared across cultural and linguistic subgroups, as applicable. Additional details about some of the results of these analyses can be found under Goal 3 below.

#### *Goals and Strategies*

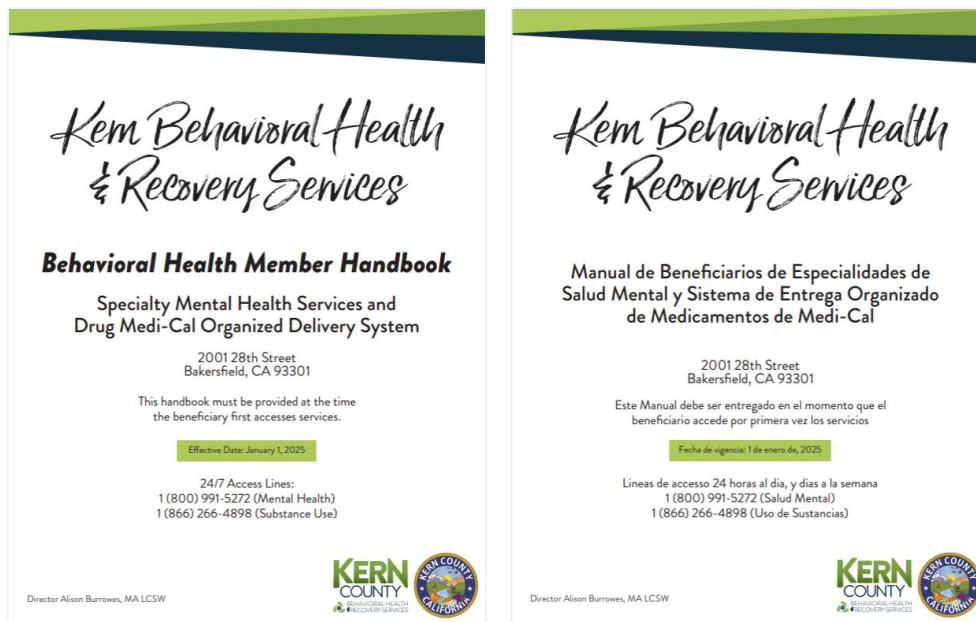
***Goal 1. Provide and make available culturally and linguistically responsive programs to accommodate individual or cultural and linguistic preferences in accordance with the Americans with Disabilities Act (ADA).***



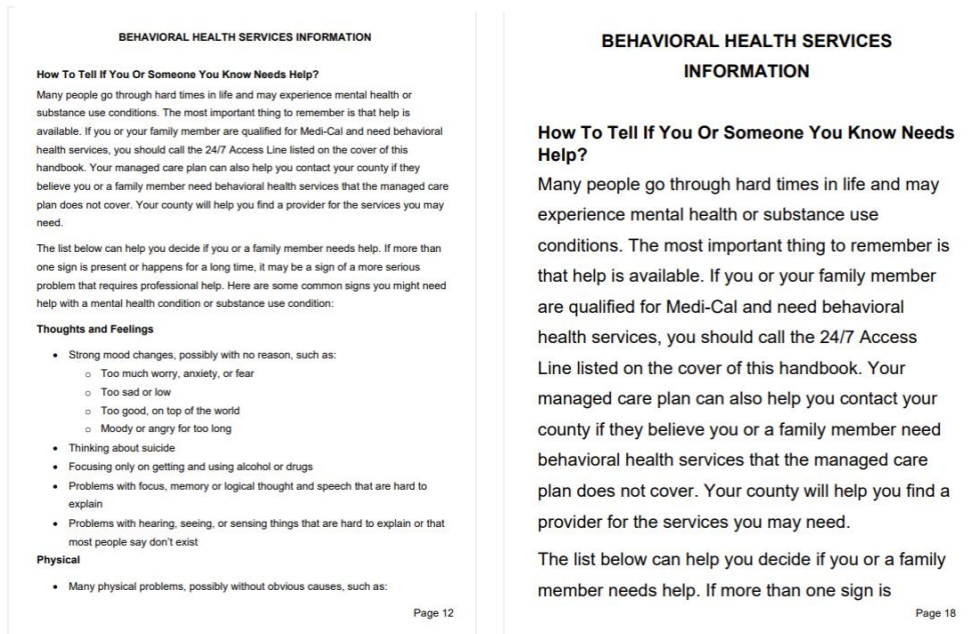
*Strategy 1: Maintain/Update the Beneficiary/Member Handbook to be provided to consumers in accordance with Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).*

The Beneficiary/Member Handbook for 2025 is available to clients in the clinic lobbies and on the public website at the following link: <https://www.kernbhrs.org/patients-rights/handbooks-and-directories>. It is available in English, Spanish, and in a larger font.

**Figure 47. English and Spanish Versions**



**Figure 48. Original and Larger Font Formats**



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

The Provider Directories are updated monthly, written in English, Spanish, and large print in both languages. They are accessible to clients at the clinic lobbies and on the public website: <https://www.kernbhrs.org/patients-rights/handbooks-and-directories>

Figure 49. SUD Provider Directory

<p>July 2024</p> <p><i>Kern Behavioral Health &amp; Recovery Services</i></p> <p><b>Provider Directory</b> <b>Drug Medi-Cal Organized Delivery System</b></p> <p><b>Crisis Hotline: 1-800-991-5272</b> <b>Suicide Prevention Hotline: 1-800-273-8255</b> <b>Substance Use Disorder Access Line: 1-866-266-4898</b> <b>Non-Crisis Adult Care: Access and Assessment Center 661-868-8080</b></p> <p><i>This Provider Directory is also available in large print upon request. Auxiliary aids, including but not limited to large print documents and alternative formats, such as written or oral interpretation services are available at no cost by contacting KernBHRS at 1-800-991-5272.</i></p> <p>All Providers Meet ADA Requirements Directorio de proveedores son disponibles en Español</p> <p>Director Alison Burrows, LCSW PO Box 1000, Bakersfield, CA 93302 P: 661-868-6600 • F: 661-861-1020 www.KernBHRS.org • @KernBHRS on </p>	<p>Julio de 2024</p> <p><i>Departamento de Salud del Comportamiento y Recuperación del Condado de Kern</i></p> <p><b>Directorio de Proveedores</b> <b>Sistema de Entrega Organizada de Medicamentos de Medi-Cal</b></p> <p><b>Línea directa en caso de crisis: 1-800-991-5272</b> <b>Línea directa para la prevención del suicidio: 1-800-273-8255</b> <b>Línea de acceso de trastornos por el uso de sustancias: 1-866-266-4898</b> <b>Para la atención de adultos que no se encuentran en crisis: Centro de acceso y evaluación: 661-868-8080</b></p> <p><i>Este directorio de proveedores también está disponible en letra grande a petición.</i></p> <p><i>Las ayudas auxiliares, que incluyen, entre otros, documentos en letra grande y formatos alternativos, como servicios de interpretación oral o escrita, están disponibles sin costo comunicándose con KernBHRS al 1-800-991-5272.</i></p> <p>Todos los proveedores cumplen con los requisitos ADA.</p> <p>Director Alison Burrows, LCSW PO Box 1000, Bakersfield, CA 93302 P: 661-868-6600 • F: 661-861-1020 www.KernBHRS.org • @KernBHRS on </p>
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Figure 39. MH Provider Directory

<p>July 2024</p> <p><i>Kern Behavioral Health &amp; Recovery Services</i></p> <p><b>Provider Directory</b> <b>Specialty Mental Health Services</b></p> <p><b>Crisis Hotline: 1-800-991-5272</b> <b>Suicide Prevention Hotline: 1-800-273-8255</b> <b>Substance Use Disorder Access Line: 1-866-266-4898</b> <b>Non-Crisis Adult Care: Access and Assessment Center 661-868-8080</b></p> <p><i>This Provider Directory is also available in large print upon request. Auxiliary aids, including but not limited to large print documents and alternative formats, such as written or oral interpretation services are available at no cost by contacting KernBHRS at 1-800-991-5272.</i></p> <p>All Providers Meet ADA Requirements Directorio de proveedores son disponibles en Español</p> <p>Director Alison Burrows, LCSW PO Box 1000, Bakersfield, CA 93302 P: 661-868-6600 • F: 661-861-1020 www.KernBHRS.org • @KernBHRS on </p>	<p>Julio de 2024</p> <p><i>Departamento de Salud del Comportamiento y Recuperación del Condado de Kern</i></p> <p><b>Directorio de Proveedores</b> <b>Servicios Especialidades de la Salud Mental</b></p> <p><b>Línea directa en caso de crisis: 1-800-991-5272</b> <b>Línea directa para la prevención del suicidio: 1-800-273-8255</b> <b>Línea de acceso de trastornos por el uso de sustancias: 1-866-266-4898</b> <b>Para la atención de adultos que no se encuentran en crisis: Centro de acceso y evaluación: 661-868-8080</b></p> <p><i>Este directorio de proveedores también está disponible en letra grande a petición.</i></p> <p><i>Las ayudas auxiliares, que incluyen, entre otros, documentos en letra grande y formatos alternativos, como servicios de interpretación oral o escrita, están disponibles sin costo comunicándose con KernBHRS al 1-800-991-5272.</i></p> <p>Todos los proveedores cumplen con los requisitos ADA.</p> <p>Director Alison Burrows, LCSW PO Box 1000, Bakersfield, CA 93302 P: 661-868-6600 • F: 661-861-1020 www.KernBHRS.org • @KernBHRS on </p>
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Strategy 3: Continue to assess/improve materials at clinic sites to ensure these address the needs of the CCP, CLAS Standards, and ADA considerations.

The Cultural Competence Team visited some of the clinical site lobbies and assessed the materials made available to individuals receiving services. There were no additional opportunities for improvement identified during the FY 24-25.


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



*Strategy 1: Work to identify existing opportunities within Kern County to collaborate with agencies that serve individuals within Kern experiencing disability.*

The Cultural Competence Team strives to achieve health equity for all populations, including those with physical disabilities. The supervisor of the Cultural Competence Team attended multiple Kern Disability Collaborative meetings throughout the FY. These meetings reviewed resources and services that can help individuals with disabilities. Most topics discussed were intended for individual use rather than for larger organizations or healthcare facilities, so the information had limited relevance to the department.

**Figure 40. Kern Disability Collaborative Meeting Schedule**



## Kern Disability Collaborative

### 2024-2025 Meeting Schedule & Topics

*The purpose of the Kern Disability Collaborative is to link providers of programs and resources for with people with disabilities in Kern County. Everyone is welcome!*

**Location:** Virtual Meetings via Zoom  
**Register to join:**  
<https://us02web.zoom.us/meeting/register/tZYpcO2oqTliHNVf1BY8QphnkNH5WbQUbpa>

**NEW\*\* Date & Time:** 2<sup>nd</sup> Wednesday 1 pm – 2:30 pm  
*\*\*NOTE: Change from 2<sup>nd</sup> Thursday to 2<sup>nd</sup> Wednesday*

- i. **August 14 – NO MEETING** (start of the semester)
- ii. **September 11 – Self Determination & Coordinated Career Pathways**  
Kern Regional Center - Enrique Roman & Jamie Patino
- iii. **October 9 – Accessibility in Apple iOS**  
Tim Parker, Apple Inc.
- iv. **November 13 –**
- v. **December 11 –**
- vi. **January 8 –**
- vii. **February 12 –**
- viii. **March 12 –**
- ix. **April 9 –**
- x. **May 14 –**
- xi. **June -- NO MEETING**
- xii. **July -- NO MEETING**



*Strategy 2: Utilize the ADA and stakeholder feedback to identify opportunities within the system of care to better serve persons with disabilities and propose actionable changes to KernBHRS Administration and/or Executive Administration.*

The Cultural Competence Team aims to promote health equity for all populations, including those with physical disabilities. The team identified that while the Independent Living Center of Kern County is preferred for in-person ASL services, availability may be limited after business hours, especially for crisis units operating 24 hours a day. The team collaborated with the department's Information Technology Services to establish a pilot program to improve ASL accessibility. The program involved assigning a dedicated tablet device with the Language Line Solutions' Insight App to the Crisis Walk-in Clinic, providing on-demand access to an ASL interpreter via online video call 24 hours a day. The pilot began in December 2024, and the video ASL service was used twice for the rest of the FY.

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



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

The Quality Improvement Division, Cultural Competence Team, and Patients' Rights Office met in June to discuss updates to the Grievance and Appeals policies and procedures. Specifically, regarding the Behavioral Health Information Notice 25-19, which includes additional instructions from the California Department of Health Care Services on managing grievances filed by individuals who identify as part of 2SLGBTQ+. The Patients' Rights Office stated that the policy will be updated to align with the new instructions.



*Strategy 2: Maintain connection with the Patient's Rights Advocate Team and continue to utilize a collaborative process to remedy Cultural Competence and/or Diversity, Equity, and Inclusion related grievances and appeals.*

The supervisor of the Cultural Competence Team continued to be informed about new grievances filed. This provided the team with the opportunity to coordinate with the Patients' Rights Office and KernBHRS team supervisors and offer any additional cultural considerations as needed. During FY 24-25, there were no grievances requiring extra support from the Cultural Competence Team.



*Strategy 3: Assess and monitor Cultural Competence and/or Diversity, Equity, and Inclusion related items on client/consumer surveys regarding the system of care for both MH and SUD.*

The Consumer Perception Survey (CPS) and Treatment Perception Survey (TPS) were both utilized to evaluate whether the services provided through KernBHRS's system of care were culturally and linguistically appropriate, as well as aligned with principles of diversity, equity, and inclusivity. The CPS is administered annually in the spring, and the TPS is conducted each fall. Both surveys are available in English and Spanish. The surveys collect information on accessibility, including appointment wait times, location, and language, along with whether the needs of clients are adequately addressed by the services received. Furthermore, they assess service quality, client treatment experiences, and the degree to which clients perceive having control over their appointments and treatment. In 2024, 614 CPS surveys were completed by adults and youth, with an overall satisfaction rating of 92%. Likewise, 161 TPS were completed, with an overall satisfaction rating of 93%.

**Table 6. Results from CPS and TPS**

	Percent Yes
CPS: Staff were sensitive to my cultural background (race, religion, language, etc.)	95%
TPS: Staff were sensitive to my cultural background (race, religion, language, etc.)	97%
CPS: I was able to get all the services I thought I needed.	91%
TPS: I was able to get all the help/services that I needed.	92%
CPS: Services were available at times that were good for me.	89%
TPS: Services were available when I needed them.	88%
CPS: The location of services was convenient.	91%
TPS: The location was convenient (public transportation, distance, parking, etc.).	92%
CPS: I, not staff, decided my treatment goals.	93%
TPS: I chose the treatment goals with my provider's help.	96%



*Strategy 4: Track, monitor, and review changes of provider, second opinion, and/or grievance cases for cultural and linguistic as well as Diversity, Equity, and Inclusion related issues.*

The Cultural Competence Team continued to monitor changes in provider, second opinion, and grievance cases related to cultural, linguistic, diversity, equity, and inclusion issues. Reports on grievances and appeals were submitted monthly to the supervisor of the Cultural Competence Team. A total of 30 cases were documented in FY 24-25.

**Table 7. FY 24-25 Provider, Second Opinion, and/or Grievance Cases**

Type	Count
Discrimination (Gender)	3
Discrimination (Race)	6
Discrimination (Disability/Medical)	7
Discrimination (Other/Unknown)	7
Discrimination (Religious)	1
Language Related	1
Race/Culture Related	1
Sexual Orientation/Gender Identity	2
Religion Related	2
<b>Total</b>	<b>30</b>

## Looking Ahead – July 2025 – June 2026

A list of internal KernBHRS’s goals and strategies for FY 25-26, organized by CCP Requirements Criteria, is provided in the table below. New, or significantly altered, goals or strategies can be identified using the legend. Additionally, minor revisions to several strategies (including wording changes, dividing one strategy into several, etc.) are included, but are not explicitly highlighted in the list provided below.

### Legend

<i>New Goal for FY 25-26</i>
<i>New Strategy for FY 25-26</i>

### Cultural Competence Goals and Strategies for FY 25-26

#### *Criterion 1. Commitment to Cultural Competence*

Goal 1. Continue to enhance organizational structure and processes to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	
1	Utilizing the penetration rate report, partner with internal teams to monitor disparities in providing services to identified populations.
2	Utilize departmental data to identify areas of opportunity to reduce disparity.
3	Monitor client and consumer satisfaction through available data attained in client satisfaction surveys.
4	In Cultural Competence Resource Committee meetings, subcommittee meetings, minutes and agendas practice using lay terms and common language to reduce use of clinical jargon.
5	Cultural Competence Team will collaborate with Public Information Office to determine how to utilize available tools to write public facing content, including but not limited to Outreach, Education, and Engagement materials and social media posts, to be at a literacy level of 6th grade (or below).
Goal 2. Ensure that services are being provided in threshold language throughout the system.	
1	Monitor and maintain the translation request process.
2	Continue process of creating translation handbook in the threshold language to expedite and standardize the translation process.
Goal 3. Enhance and update annual policies and processes to promote inclusion of culturally and linguistically appropriate practices and/or services.	
1	Maintain policies and procedures regarding the translation process.
2	Work collaboratively with Executive Administration and other relevant entities to monitor policy changes proposed in FY 24-25.
Goal 4. Dedication to a diverse workforce.	
1	Establish regular formal collaboration with Human Resources to strategize on recruitment and retention of a diverse workforce that represents the population of Kern.
2	Continue to provide and expand opportunities for youth and students in Kern County to increase health literacy and knowledge of behavioral health career paths or opportunities to engage with KernBHRS.
3	Monitor and maintain feedback mechanism for staff to provide input regarding areas related to retention including but not limited to professional development, training, and affiliate groups.

**Criterion 2. Updated Assessment of Service Needs**

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

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

<b>Goal 1. Partner with Quality Improvement Division, MHSA Team, SUD Division, and other relevant entities to identify target populations with disparities.</b>	
1	Work collaboratively with system of care and other relevant entities to evaluate the effectiveness of Outreach, Education, and Engagement efforts.
2	Monitor and measure effectiveness of strategies for reducing population disparity.
<b>Goal 2. For threshold group, Hispanic/Latinx monitor, track, and improve Penetration Rate and Outreach, Education, and Engagement.</b>	
1	Meet or exceed MH Penetration Rate of 2.85% and/or show demonstrable improvement via other identified metrics for Hispanic/Latinx populations.
2	Meet or exceed SUD Penetration Rate of .85% and/or show demonstrable improvement via other identified metrics for Hispanic/Latinx populations.
3	Utilize feedback obtained in forums, including but not limited to listening sessions, community partner organizations, Outreach, Education, and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for Hispanic/Latinx subcommittee.
<b>Goal 3. For African American/Black group monitor, track, and improve Penetration Rate and Outreach, Education, and Engagement.</b>	
1	Meet or exceed MH Penetration Rate of 5.75% and or show demonstrable improvement via other identified metrics for African American/Black populations.
2	Meet or exceed SUD Penetration Rate of 1.25% and/or show demonstrable improvement via other identified metrics for African American/Black populations.
3	Utilize feedback obtained in forums, including but not limited to listening sessions, community partner organizations, Outreach, Education, and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for African American/Black subcommittee.
<b>Goal 4. For Asian American Pacific Islander group monitor, track, and improve Penetration Rate and Outreach, Education, and Engagement.</b>	
1	Meet or exceed MH Penetration Rate of 1.75% and/or show demonstrable improvement via other identified metrics for Asian American Pacific Islander populations.
2	Meet or exceed SUD Penetration Rate of .17% and/or show demonstrable improvement via other identified metrics for Asian American Pacific Islander populations.
3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach, Education, and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for Asian American Pacific Island subcommittee.
4	Continue generating meaningful connection with community-based organizations and/or individuals representative of the disparate Asian American and/or Pacific Islander communities in Kern County with the goal of identifying what the system of care can do to better engage and serve these communities.

**Goal 5. For American Indian/Alaskan Native group monitor, track, and improve Penetration Rate and Outreach, Education, and Engagement.**

1	Meet or exceed Mental Health Penetration Rate of 5.9% and/or show demonstrable improvement via other identified metrics for American Indian/Alaskan Native population.
2	Meet or exceed Substance Use Disorder Penetration Rate of 2.25% for American Indian/Alaskan Native population.
3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach, Education, and Engagement events, Cultural Competence Resource Committee and relevant subcommittees to guide a living document of strategic planning for American Indian/Alaskan Native subcommittee.

**Goal 6: For 2SLGBTQIA+ group monitor, track, and improve Penetration Rate and Outreach, Education, and Engagement.**

1	Work collaboratively with Quality Improvement Division and other relevant entities to measure voluntary data regarding the amount of 2SLGBTQIA+ individuals accessing mental health services at KernBHRS.
2	Work collaboratively with Quality Improvement Division, Substance Use Disorder Division, and other relevant entities to measure voluntary data regarding the amount of 2SLGBTQIA+ individuals accessing substance use services at KernBHRS.
3	Utilize feedback obtained in forums including but not limited to listening sessions, community partner organizations, Outreach, Education, and Engagement events, CCRC and relevant subcommittees to guide a living document of strategic planning for 2SLGBTQIA+ subcommittee.

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

**Goal 1. Enhance collaboration with community partners through the CCRC with the purpose of addressing local cultural concerns and ensuring representation that is reflective of community demographics.**

1	CCRC will meet 10 months out of the year with the exception of June and December and affiliated subcommittee groups meet at a minimum frequency of at least once each quarter during the FY.
2	The Cultural Competence Team will work to ensure that CCRC members and subcommittee members are representative of the diverse populations of Kern County.
3	CCRC will act as a forum for members and subcommittee members to review/contribute strategies, recommendations, and/or planning and are integral to development of strategic plans to increase cultural competence and/or Diversity, Equity, and Inclusion efforts throughout the system of care.
4	Collect community input through any combination of the following inclusive, but not limited to stakeholder meetings, community forums, Outreach, Education, and Engagement event and relevant feedback, CCR subcommittees, and relevant input from community partner organizations.
5	Disseminate cultural competence information in internal and external committees.

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

1	Maintain CCRC's collaboration with Executive Administration and bi-directional flow of communication in order positively influence consideration of Diversity, Equity, and Inclusion throughout the system of care.
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**Criterion 5: Culturally Competent Training Activities**

<b>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.</b>	
1	KernBHRS will hold both MH and SUD staff to an 85% accountability rate for the completion of 6 hours of cultural competence training during each FY.
2	Training Services in collaboration with the Cultural Competence Team will identify and assign 1.5 hours of cultural competence training to staff each quarter during the FY.
3	In collaboration with Training Services and other relevant entities, create a plan to assign 1.5 hours of cultural competence training to contract providers with access to the department's training system.
<b>Goal 2. Ensure the effectiveness of cultural competence trainings.</b>	
1	Work collaboratively with Training Services and other relevant entities to review newly proposed cultural competence trainings to ensure trainings meet departmentally developed standards.
<b>Goal 3. Offer specific Cultural Competence trainings of diverse and Black, Indigenous, and People of Color populations identified in Southern Counties Regional Partnership formal assessment and CCRC and subcommittee recommendations.</b>	
1	Utilize staff feedback to identify areas of need and/or enhance offerings of Cultural Competence or Diversity, Equity, and Inclusion related training courses tailored to departmental needs.

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

<b>Goal 1. Complete Workforce Needs Assessment.</b>	
1	Review findings of Workforce Needs Assessment from the lens of Diversity, Equity and Inclusion and provide guidance to Human Resources or other relevant departmental entities where requested or necessary.
2	Maintain close communication between CCRC and Human Resources team to provide bi-directional feedback on recruitment and retention strategies.
<b>Goal 2. Utilize WET funds to secure various resources and/or conference for staff retention and training</b>	
1	Work cooperatively with Finance Team and other relevant entities to generate a comprehensive list of conferences which staff attend during the FY.
2	Work cooperatively with Training Services and other relevant entities to track interpreter trainings for Tier I and Tier II staff.

**Criterion 7: Language Capacity**

<b>Goal 1. Dedicate resources such as MHSA funding to increase bilingual workforce capacity.</b>	
1	Work collaboratively with Human Resources and other relevant entities to develop a strategy to utilize the expanded bilingual pay languages available to the workforce.
2	Maintain contract with the Language Line to assist individuals with limited English proficiency, including but not limited to spoken and written language, ASL, and Braille.
3	Work with Kern County government to ensure access to Independent Living Center of Kern County to assist individuals with limited English proficiency including but not limited to ASL interpretation.
<b>Goal 2. Provide Language Line and/or other informing materials and information to persons who need interpretation and translation services and those who have Limited English Proficiency.</b>	
1	Maintain and post posters/bulletins in clinics of the availability and information on interpreter assistance for individuals with Limited English Proficiency.
2	Continue to develop or utilize available materials that are reflective of the community including images, languages, print, web-based, and traditional media.
3	Track and monitor translated materials.
4	Develop and disseminate to staff current and accurate information on accessing interpretive services through the Language Line and/or Independent Living Center of Kern County.

**Criterion 8: Adaptation of Services**

<b>Goal 1. Provide and make available culturally and linguistically responsive programs to accommodate individual or cultural and linguistic preferences in accordance with the ADA.</b>	
1	Maintain/Update the Beneficiary/Member Handbook to be provided to consumers in accordance with the MHP and DMC-ODS.
2	Maintain/Update Kern Provider Directories and make available to all consumers.
3	Continue to assess/improve materials at clinic site to ensure these address the needs of the CCP, CLAS Standards, and ADA considerations.
<b>Goal 2. Provide and make available culturally and linguistically responsive programs to better accommodate individuals with disabilities as outlined in the ADA.</b>	
1	Work to identify existing opportunities within Kern County to collaborate with agencies that serve individuals within Kern experiencing disability.
2	Utilize the ADA and stakeholder feedback to identify opportunities within the system of care to better serve persons with disabilities and propose actionable changes to KernBHRS Administration and/or Executive Administration.
<b>Goal 3. Ensure the beneficiary problem resolution process addresses Culturally and Linguistically Appropriate factors to resolve Grievance and Appeals.</b>	
1	Maintain and/or update policies related to grievances and appeals.
2	Maintain a connection with the Patient's Rights Advocate team and collaborate as needed to remedy Cultural Competence and/or Diversity, Equity, and Inclusion related grievances and appeals.
3	Assess and monitor Cultural Competence and/or Diversity, Equity, and Inclusion related items on client/consumer surveys regarding the system of care for both MH and SUD.
4	Track, monitor, and review changes of provider, second opinion, and/or grievance cases for cultural and linguistic as well as diversity, equity, and inclusion related issues.