



Kings County Behavioral Health
Cultural Competency Plan Requirement- Annual Update
Fiscal Year 2017-2018
August 27, 2018

**Kings County
Cultural Competency Plan Requirement-Annual Update
FY 2017/18**

The County of Kings, its Behavioral Health Department and its community based providers seek to continuously improve the delivery of a broad range of behavioral health services, including mental health, prevention and early intervention, and substance use disorders which are based in cultural humility, are culturally responsive and appropriate for the communities that make up Kings County.

This is an annual Cultural Competency Plan Requirement (CCPR) update, reviewing the efforts of Fiscal Year (FY) 2017-2018 and to project the upcoming efforts for FY 2018-2019.

This annual plan update shall focus on the eight criterion of the State's proposed CCPR. This update shall identify and explain the efforts that were completed, those what were not fulfilled and those that will be addressed in the coming year, based on past plan updates and criterions.

Kings County, a small and rural county, has been developing and submitting an annual update to its Cultural Competency Plan since 2012. While we continue to await the formal adoption of the States' proposed CCPR, we continue to implement efforts identified in our annual updates.

Kings County Behavioral Health (KCBH), has experienced some organizational as well as system changes in the last year. Beginning in August of 2017, the Department's previous Director retired after a 17 year tenure, and Dr. Lisa Lewis took on the leadership of the organization. In the past year, the agency has undergone some internal restructuring, such as going from an administrative division, clinical division, SUD division, prevention and early intervention division and a community services and support division to a new format. This new format includes direct services living in one of three areas: Adult System of Care, Children's System of Care, and SUD, which all comprise the Clinical Services Division. The new Administrative Division, which oversee much of the services, is made up of a fiscal section, contracts section, Quality Assurances/Improvement section, and a Mental Health Services Act (MHSA) section (that also house the role of the Ethnic Services Manager (ESM) and all marketing and public relations).

This reorganization is allowing for expansion of mental health services in Kings County and better overall service integration across behavioral health systems. As part of this reorganization, a new provider was brought on to provide children's Full Service Partnership (FSP) and WRAP Around Services. A new provider has been selected which will begin operation this coming year, to provide intensive services utilizing the Assertive Community Treatment (ACT) team, a redesign of the current adult FSP services which has shifted from the county to a local contracted provider, to name a few system changes.

CRITERION 1: Commitment to Cultural Competence

KCBH is seeking to move from use of the term cultural competency to cultural humility. This change in language is an effort to change the overall system's approach to culturally appropriate care, and understanding that to achieve cultural competency is a significant challenge which may never come to fruition. However, cultural humility can include efforts to be culturally competent

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and, while utilizing a cultural humility approach, the system and its providers are taking on as “others-oriented” approach in relation to cultural identity of those they encounter.

As such, Cultural Competency Taskforce, is being renamed to Cultural Humility Taskforce (CHTF) within Behavioral Health, terms within the quality assurance team are being renamed cultural humility instead of cultural competency, and where ever allowable the change in terminology is starting to be made.

In FY 2017-18, KCBH established a Quality Assurance/Improvement (QA) Unit. This unit will work in collaboration with the Department’s ESM to expand efforts to ensure culturally appropriate services across the system, as well as cultural humility, by developing standards, measures and enforcement.

In the past year, the ESM for Kings County has been selected to join the California Behavioral Health Director’s Association (CBHDA)’s Cultural Competency Equity and Social Justice (CCESJ) Executive Committee, joining in November of 2017. The ESM for Kings County is also one of the co-chairs for the Central Region’s CCESJ Committee and helps facilitate meetings, calls and efforts of the region’s ESM (starting in November of 2017). The Kings County ESM has been chosen to participate as one of three ESM statewide on the Department of Health Care Services’ AB 470 workgroup, which is looking at redesign of the Performance Outcome Systems. The Kings County ESM has been involved with the spring’s Statewide ESM Institute’s planning committee, as well as the Statewide Cultural Competency Summit coming up in October of 2018. The Department has fully supported the ESM in these efforts, from approving participation on the various committees and workgroups to funding travel to such meetings, panels, trainings, etc.

The ESM role for KCBH has always laid within a member of leadership as called for in the ESM Framework document. The ESM for Kings had previously worked in the dual capacity as Prevention and Early Intervention division manager ESM. That same individual is now working in the dual capacity as the ESM, and the MHSA Coordinator, thus the ESM role thus continues within a senior leadership role with the County, but also remains with the person who has the most experience in that role. Additionally, having the role of the ESM live with the MHSA Coordinator ensures that so many of the new initiatives, stakeholder engagement, and programs are all viewed, operated and administered through the lenses of an ESM and cultural humility. As MHSA comprises nearly half of the county’s funding and houses the majority of the services and programs, this combination increases the opportunity for having culturally responsive and appropriate services that meet the needs of our local community. The MHSA Coordinator/ESM also heads up all of KCBH’s marketing and public relations as well.

Kings County’s ESM and the Director have both participated in stakeholder interviews with the California Pan Ethnic Health Network (CPHEN) Immigrant Mental Health Project. Their participation was a way to ensure that Kings County is involved and to obtain strategies to ensure the County and its contracted providers are serving underserved populations in an appropriate manner, but also to ensure that the County’s needs are included in statewide strategies.

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This past FY, Kings County allocated an additional 3 bilingual (Spanish) positions, including support staff, clinicians and case workers, to meet the goal of having at least 40% of its department workforce bilingual in the County's threshold language of Spanish. The focus has been to have those positions working with the public and whom provide services be able to meet the local needs, especially linguistically. Several providers have also added bilingual positions with efforts to meet local needs, including the addition of crisis and stand by crisis staff.

KCBH is current working with it County's Human Resources Department on additional allocations, enhancing bilingual pay, and having means to establish proficiency of those who are identified as bilingual. The Departments QA team is also exploring means to assist providers in establishing the language proficiencies of the bilingual providers.

KCBH QA team has estimated that presently 37% of the behavioral health workforce is bilingual. A goal of 40% is being established for the county. However, QA did note that, at this time, they have not been able to assess the level of proficiency for those 37%.

KCBH continues to work with a professional translation service to ensure that the translation of materials into its threshold language of Spanish are done in a formal and linguistically appropriate and professional manner. In addition to this process, all translated materials are then reviewed internally by bilingual staff/native speakers to provide feedback, and to ensure the translation has captured the essence of the information. Translation efforts are now supported through a formal Translation Policy.

County wide documents shall be translated through the County's translation service on behalf of its providers. Providers have been encouraged to explore translation options for program or agency specific document, etc.

KCBH assigned bilingual staff to facilitate and interpret two of the stakeholder processes for the current MHSA 3 Year Plan which was completed during FY 2017/2018. Two of these stakeholder groups were held in the communities of Avenal and Corcoran, which have a significant number of mono-lingual Spanish speakers. This was necessary to ensure access and participation by the local residents.

In the past year, KCBH funded trainings focused on working with Veterans (two rounds) through an eight hour training called *Another Kind of Valor*. KCBH hosted a training for working with *Older LGBTQ+ populations*, and assisted the Kings Commission On Aging in hosting their own in-service training on working with Older LGBTQ+ populations. KCBH and some of its providers (Kings View) participated in a two day training on *Culturally and Linguistically Appropriate Services (CLAS)* standards as part of the Regional Workforce, Education and Training effort in June 2018.

In collaboration with Tulare County, KCBH has had several staff, as well as law enforcement personnel from three agencies receive 40 hours of training in Crisis Intervention Training (CIT), which is not directly related to culturally humility. This has increased the awareness and

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understanding of those participating law enforcement agencies and officers in better understanding those living with a mental illness.

KCBH continues to contract with a licensed mental health professional, who is also a Veteran, to provide a biweekly Veteran Support Groups. This agreement is for \$9,000 annually and is a continued effort by the Department to ensure that local veterans (who comprise 1/8 of the county's population) have access to services that are responsive to their needs.

KCBH had adopted a policy which requires all new direct service contracts to have specific language about adherences to CLAS Standards. This is one manner in which to promote both use of CLAS with partner agencies, but also increases the department's efforts to ensure services are being provided in a culturally and linguistically appropriate manner. The ESM is now reviewing new service agreements to ensure those requiring CLAS language have them and those missing such language are amended to include the CLAS language clause. At the time of this report three agreements were found to be in need of amending to include the CLAS standards clause.

Kings County, through its work with the Tulare Kings Suicide Prevention Taskforce, has made space available each month for The Source (an LGBTQ+ provider in the neighboring county) to host meetings and provide services targeting suicide prevention efforts with local LGBTQ+ youth. These "pop up" events started in February 2018 and will continue into the coming year. As there are no local LGBTQ+ providers, we have been limited in services specific for LGBTQ+, but now we have an area provider who is successfully engaging local LGBTQ+ communities.

KCBH formally executed a professional service agreement with Language Line Services in FY 2017/2018. This agreement allows the department to utilize both virtual interpreter services through smart devices such as iPads, smart phones, etc., as well as telephonic options. KCBH has installed the application for virtual interpreter on a smart device for the front desk, and has one in the interview/intake rooms. In addition to the two devices, and the accessibility through telephone interpretation, the department has an additional six licenses that can be installed on smart phones for staff who may provide services, outside of the office, in the home, etc. in a language other than Spanish.

All staff have received training and a demonstration on the Language Line services the county has secured for use with any one in need of interpretation. KCBH has also shared the information about Language Line and other similar resources with many providers in the last year at the CHTF Meetings. KCBH has established policies on Interpreters (Policy A-029), on uses, requirements, etc., as well as a policy on Language Services Requirements (Policy A-030), documenting that participants have a right to access services in their referred language and at no additional cost to them.

KCBH has posted Language Notices to its website per a Department of Health Care Services (DHCS) All Plan Letter 17-011 <http://www.kcbh.org/language-services.html>. This notice is also posted in lobbies and is also shared in any intake or interview session. The DHCS notice was also

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discussed and disseminated during the Cultural Humility Taskforce Meetings. All new print brochures will have the required “tag lines” about language services.

KCBH in conjunction with the QA Team, are working to set a required minimum number of hours of training in cultural humility or CLAS that each contracted provider shall have to complete annually for all its staff. This is another effort to ensure the workforce is trained in CLAS and to provide services in a manner that is most responsive.

The Department’s executive team was presented with information about the *Health Equity & Multicultural Diversity Training (HEMCDT)*, which was provided by California Institute for Behavioral Health Solutions (CIBHS) in May 2018. A decision has been made to contract and provide three rounds of this intensive two-day training for all providers in Kings County, including all support staff and leadership. The plan for FY 2018/2019 is to secure three rounds which will allow for 135 individuals to be trained. This would encompass nearly the entire workforce and providers in Kings County. The cost is estimated at \$27,000, but the investment is proof of the County’s commitment. Additionally, the training uses the evidence based California Brief Multicultural Scales, which can then be used to strategically identify and plan future training needs of all providers.

It should be noted that KCBH did not provide as many trainings as in previous years, and that in large part was due to completion of the MHSA 3 Year Plan, internal reorganization, and system redesign that has been occurring. However, with input from the Cultural Humility Taskforce, we have secured an agreement with The Source, to provide seven (7) trainings in the coming year focused on LGBTQ+ populations.

We have secured two additional trainings for *Another Kind Of Valor*, which is for those working directly with veterans and/or their families (and the local Fleet and Family staff have participated in the training). We have identified an on-line training on military culture that can also provide Continuing Education Units (CEU) for clinicians. There will a brief training conducted in August focused on Disability Awareness, which is open to all providers. Another will be coordinated in the coming year that will be focused on Americans with Disabilities (ADA) for compliance. We have members from the County’s leadership team, as well as representatives from a few providers slated to attend this year’s two day Cultural Competency Summit in Riverside. We also have three local submissions for the call for papers for the summit from two local contracted providers. Finally, as noted, we are seeking to have three rounds of *HEMCDT* provided in Kings County in the coming year, with the trainings being mandatory. The Cultural Humility Taskforce will also be finalizing the training agenda for the coming year, which already includes LGBTQ+, Veterans/Military, and Persons With Disabilities. Expansion of tele-psychiatric services is slated for this year and also exploring additional range of trainings such as ethno-psycho-pharmacology.

CRITERION 2: Updated Assessment of Service Needs

Kings County is a small rural county located in the central California’s San Joaquin Valley. The current population according to the California Department of Finance is 149,537. Kings County

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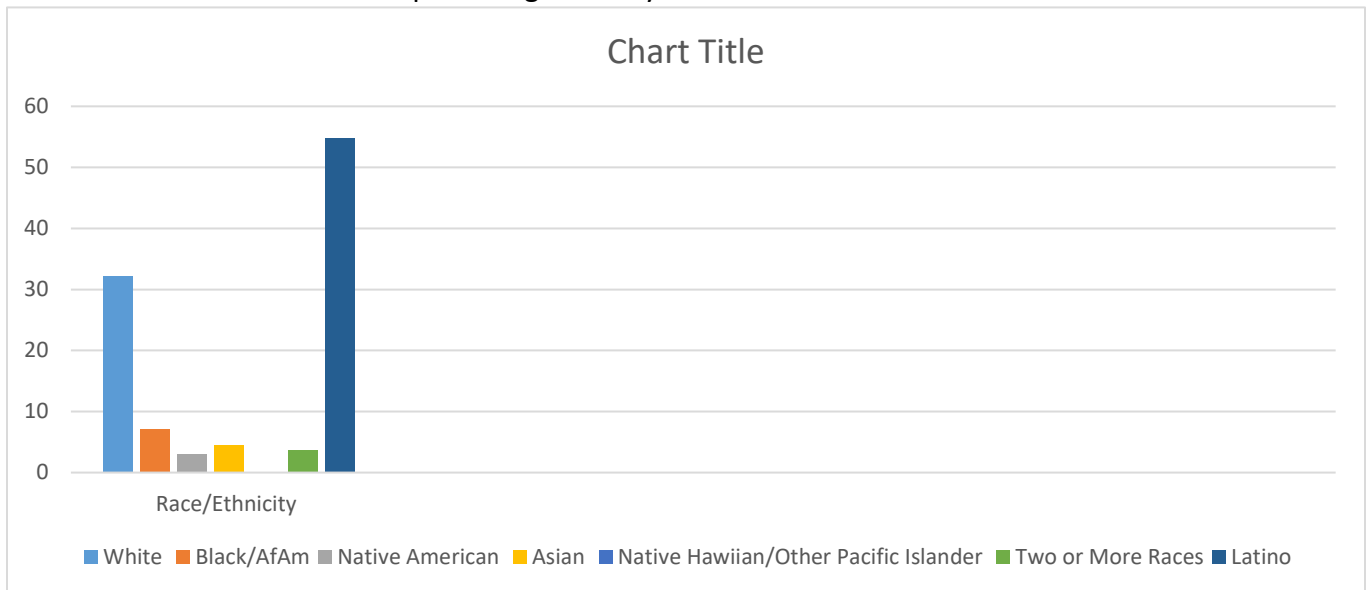
Incorporated Cities Of Kings County	Population
Avenal	12,491
Corcoran	21,786
Hanford (County Seat)	55,648
Lemoore	26,369
Unincorporated	33,246

*Based on data from the California Department of Finance

is home to Naval Air Station-Lemoore (NAS Lemoore), which has an estimated population of 7, 200 military personnel and an additional 1,300 non-military, most of whom are not eligible for public behavioral health services.

Kings County is home to three state prisons, Avenal State Prison, Corcoran State Prison, and the Substance Use Treatment Facility and Prison at Corcoran. Combined, based on data from the Department of Corrections, there are 9,462 inmates in the three prisons, who are not eligible for county behavioral services.

The racial and ethnic make up of Kings County based on US Census 2017 estimated data:



Latinos make up the largest segment of the community with 54.1% of the total population. White residents make up 32.1% of the population in Kings County. African Americans are the third largest population with 7.1% of the total. While Native Americans at 3.1% are the sixth largest

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population. Many of the local Native Americans are members of the Santa Rosa Rancheria home of the Tachi-Yokut tribe, and are concentrated near or on the Rancheria.

US Census data estimated that 18.4% of Kings County residents are foreign born persons which, for a small county, reflects a large number of immigrant residents, and that does not statistically capture the number of undocumented individuals who may be in need of services but not eligible.

While rates change, the general number for residents who are Medi-Cal eligible in Kings County has been in the mid 30%. According to DHCS, less than 40% of Kings County's population is enrolled in Medi-Cal. While we are unable to ascertain the formula that yields these numbers, we believe it is substantially lower than the actual number of persons who are in poverty. We are in one of the poorer congressional districts in the United States. We have a large agricultural based economy which attracts migrant populations, some of whom are undocumented, and, with the recent focus on immigrant issues, many undocumented Latinos in Kings County are not reflected in many of the census, and other data collection efforts.

Last year's EQRO report for Kings County found that the Medi-Cal penetration rates for Latinos in Kings County was below that of small county averages, at 3% compared to 4%, while Kings County has one of the largest populations of Latinos compared to most small counties.

The take away is that the county does not have the most accurate or current data with regard to Latinos, as the numbers are likely under reported due in part to some of those residents' immigration status. While we are limited in the options to collect data, and engage those rural, underserved, geographically and culturally isolated communities, we can engage them directly through outreach, community forums, and community needs assessments.

Through a partnership with The Source, we hope to engage our local LGBTQ+ populations, and have more accessing care and services. Based on the data and results from the Avenal Study that was reported in the last update, providers are establishing services in Avenal. Kings County has spearheaded a workgroup called the Avenal Wellness Workgroup, which is pooling providers of services in Avenal (a geographically and culturally isolated community) to identify resources, barriers, means for cross referrals and community engagement. The group meets bimonthly and is made up of 12 different participating agencies. The workgroup will be working to track data from referrals for 30-60 days in the coming FY in an effort to identify barriers to access.

KCBH has shifted over \$600,000 of its Capital Facilities and Technologies (CFTN) funds from MHSA to a joint project with Human Services and Public Health to build a One-Stop to service the community of Avenal, which is over 70% Latino and just under 40 miles (36 miles) from other services. This will allow for more consistent easier accessible and less stigmatizing services in the rural community. SUD Provider, Champions, has established a service site in Avenal that is accessible daily with extended hours. Kings View, who has a satellite site in Avenal, based on the Avenal report and Avenal Wellness Workgroup, is moving to co-locate its services in the Public Health Building on days that Public Health operates its satellite offices, as a way to increase

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access, reduce stigma, and improve care coordination and leverage bilingual staff. The creation of the One Stop and more co-locations will also assist the county in improving its network adequacy.

Some data was also obtained through the *Got Needs Assessment* conducted by the Kings Community Action Organization (KCAO) completed in 2017. Some of that data has also been used to identify needs in various communities and based on populations.

In the coming year, KCBH and some partner organizations are going to facilitate community focus groups with various communities to establish dialog, address stigma, discuss access, identify barriers, and seek input on how to make services more responsive to the various community needs. This will be one additional option to obtain input from those not yet in services. A meeting is slated for September with the Community of Home Garden. One is planned with local veterans, and the Santa Rosa Rancheria or Owens Valley Career Development Center for local Native Americans, as well as geographically isolated communities, such as Stratford, and also African American communities.

KCBH is also seeking to leverage more collaboration with Spanish Language radio and media to not just address stigma and increase knowledge of mental illness, but to engage through talk shows, call-ins and interaction to increase participation in not just services, but planning and design.

Lastly, KCBH is in dialog with the Department of Public Health about launching Promotores modeled services to also engage our large Latino and Spanish speaking populations locally at the grass roots level. We are also seeking to engage a Transition Aged Youth from one of these programs who can represent TAY, but also one of the more underserved or inappropriately served communities.

CRITERION 3: Strategies and Efforts For Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities.

Kings County has only one threshold language, and that is Spanish. According to one source approximately 31,000 of the Latino population in Kings County identify as speaking Spanish only, with more who identify as limited English speakers. As such, an emphasis has been on recruiting and developing workforce members that are bilingual in Spanish.

Women make up 45.1% of the population of Kings County according to the US census Data. Men are estimated to make up 54.9% of the population. The largest number of the population is between the ages of 18 and 65, per the US census (with under 18 making up 27.3% and older adults making up 10%).

Below is a table outlining the Medi-Cal Enrollees and Beneficiaries served in the previous fiscal year, per the 2017/2018 EQRO report. The data for 2017/2018 was not yet available at the time of the writing of this update.

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Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees	Unduplicated Annual County Beneficiaries Served	% Served
White	9,974	17.3%	772	31.8%
Latino/Hispanic	38,181	66.3%	1,133	46.7%
African American	2,722	4.7%	204	8.4%
Asian/Pacific Islander	1,670	2.9%	53	2.2%
Native American	183	0.3%	13	0.5%
Other	4,852	8.4%	253	10.4%
TOTAL	57,581	100%	2,428	100%

KCBH is working with Stanislaus County and Placer County to obtain and implement a Prevention and Early Intervention (PEI) Database that was developed by Stanislaus County. This PEI Database is specific to PEI programs, and collects all of the required PEI demographics that our current Electronic Health Records (EHR) does not, and is something that will be utilized by all PEI providers in the County in the coming fiscal year. This new process and database will allow for real-time input and current data needed to understand disparities, who is being served by PEI programs, and where improvements can be made. This will provide more accessible and accurate data for those receiving PEI services.

In Kings County, approximately 7,000 individuals (6,940) received services under the MHSA. Some of those services fall under PEI and, thus, are not captured in our electronic health record (EHR). We have been working to collect all demographic data and, as noted, the new PEI database shall improve our ability to capture additional demographic data for all our MHSA services.

Race/Ethnicity	Number Served in 2017/18 MHSA
Other Pacific Islander	26
Asian-Other	23
Black/African American	555
Chinese	1
Asian Indian	3
Filipino	70
Guamanian	1
Hawaiian Native	5
Cambodian	4
Japanese	6
Korean	2
Native American	202
Non-White-Latino	2,737
Laotian	10

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South East Asian-Other	2
Samoan	2
Alaskan Native	6
Unknown/Not Reported	315
Vietnamese	1
White	2,224
Hmong	5

The data shows that those accessing MHSA services are representative of the overall population of Kings County. There are underserved populations that are served, and those who may be under represented, however this shows only by race/ethnicity, and does not capture other traditionally underserved or inappropriately served populations such as LGBTQ+, Transition Aged Youth, Veterans, Foster Youth, which will not be easily identified by just demographics.

At the time of this plan update, SUD data for FY 2017/2018 was not yet available for providers and services in Kings County. It will be our goal to ensure in future that all relevant SUD data is included in subsequent CCPR plans and updates.

Some of the efforts being undertaken to understand the disparities and the plan to address them are laid out in the following section of Criterion 3.

KCBH obtained a CLAS assessment rubric that was developed by Dr. Jai Africa in San Mateo in FY 2017/2018. This tool has been shared by San Mateo, and KCBH intends to utilize it yearly starting in 2018/2019, as either an independent review of all direct service contract providers to ensure their adherence to CLAS standards as noted in their contracts, or the review can be incorporated into the annual site review of such providers. The tool provides the best means to assess compliance with CLAS standards.

In last year’s update, KCBH reported plans to establish a Promotores-like, mental health literacy program. The MHSA 3 Year Plan was not approved until January of 2018 and, with the reorganization that was occurring in the department, did not launch the mental health literacy program which is seeking to target Latinos. However, the plans are for that program to be established in this coming year. The department is seeking to have a provider oversee the project and to work with the TAY from the *Be The Change* (the last Innovation Plan) to participate. The TAY in that program were involved with two years of Participatory Action Research, they have familiarity with the system, services, needs assessments, outcomes, analyzing data, etc., and many are from the communities that we would seek to target. We began dialog with the Public Health Department in July 2018, who is also looking for a Promotores type of program. We are exploring options and feasibility of combining our efforts in a broader wellness approach for many of our underserved or inappropriately served communities. The discussion is on-going but the goal is to have a plan for the project by the end of the first quarter of 2018. The potential peers from this program are 67% Latino, with an almost even distribution of males/females and an average age of 19yrs.

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Providers in Kings County have seen a reduction in Latinos who are accessing care. While a direct correlation between fears of immigration, immigration status, and fear of discrimination have not been established, the relation is there as reported to some providers and/or in some community forums. As such, efforts are going to be undertaken to address these issues. These issues are going to range from more community forums and outreach to address issues around mental health, access, and stigma, as well as taking more services to the community, more one-stops and co-location of services.

KCBH is seeking to utilize collaborative efforts, such as the Avenal Wellness Workgroup, to identify barriers to care, improve referral processes, and understand the local needs for services. This workgroup includes an array of local stakeholders including law enforcement, health care providers, school district, head start, SUD providers, human services, public health and behavioral health providers. Working together in the coming year, the group will seek to assess and understand from data what may be barriers to care and causing the disparities.

KCBH is also working to leverage Spanish Language Media to have more of a presence and effectively engage with our Latino community, that makes up close to 55% of the county's population, but who are way under-represented in substance use and mental health services. The engagement with media shall range from education and informational topics, discussions and awareness campaigns, continuing to promote careers for bilingual and bicultural individuals, address issues around stigma explaining the access and eligibility process, etc. We have renewed an agreement with a local Spanish station (KUFW) for \$20,000 to run ads, do events and have on-air conversations and educational segments to increase mental health awareness around underserved community members.

KCBH opted to join the California Pan Ethnic Health Network (CPEHN) research on Immigrant Mental Health in May of 2018, as the topic would potentially assist us in understanding how to better address disparities in Kings, especially with our immigrant population. We are also seeking to have our ESM participate on the CPHEN Immigrant Mental Health projects advisory committee for the remainder of 2018 to take away strategies and best practices that can assist in addressing challenges to reducing behavioral disparities.

KCBH is expanding its service agreement with Kings Partnership For Prevention (KPPF), which is a local prevention coalition made up of multiple agencies across diverse service areas. The shift is to move KPPF's work for the county from solely SUD prevention to a broader behavioral health prevention. One of the main pushes with the new agreement is for KPPF to lead an effort for a Kings County Adverse Childhood Experiences (ACEs) taskforce to identify where the most challenges are occurring and to then coordinate prevention efforts to respond to those ACEs and, thus, reduce some of the disparities that are occurring. The ACEs report will guide efforts around substance use prevention, mental health, asthma, heart disease, diabetes, homelessness, obesity, nutrition, crime prevention and other issues that stem from ACEs, and are related to poorer health outcomes, increased risk for substance use and mental illness. Additionally, KPPF hosts the Health Communities Initiative (HCI) platform, a database that allows for tracking

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various data points that can be used to assess health disparities, lack of health equity, and things such as ACEs. KPFP is working with all its partners to input data into the system so it can use local data to understand where the troubled areas are, including disparities.

Kings County now has SUD services in all incorporated cities, with adolescent and school based services, as well as adult services. Eminence and West Care provide adolescent and school based services in Lemoore, Avenal, Hanford and Corcoran. Adult SUD services are provided by Champions in Hanford and Avenal. Kings View provides adult services in Hanford and Corcoran, including services through the Collaborative Justice Treatment Court.

KCBH as well as a few county departments and community providers, are working to co-locate services. In the coming year, new One-Stops will be built (first in the community of Avenal). Expansion of tele-psychiatric services are to start in 2018/2019 with the new Innovation Plan which will, in subsequent years, expand to the Avenal One Stop, and be co-located in Corcoran with Public Health and Kings View. Also, the expansion that is proposed in the new Innovation Plan will share the tele psychiatric services with the children's FSP/WRAP Provider, Aspiranet, the ACT Team (Mental Health Systems), as well as Public Health, and the department's consumers. Maximizing shared locations will improve care coordinator, increase access, reduce stigma and allow limited bilingual professionals to be shared by the system.

KCBH has coordinated with The Source to provide suicide prevention services to local LGBTQ+ Youth, and has also entered into service agreements for training. It is the hope that together, more of the LGBTQ+ community can be engaged and engaged in a more responsive manner, as well as making providers more LGBTQ+ friendly. The hope is that more will disclose their status and this will lead to more effective data collection to understand the disparities within our county with our LGBTQ+ populations.

We are also working to establish a protocol for referral and or access for those who aren't able to access care due to their immigration status that makes them ineligible for Medi-Cal. Those consumers can be served under several MSHA programs and/or be referred to KCBH to be served under its MSHA programs. The effort is to ensure that those needing services are receiving services regardless of their immigration status, location, language, race, etc.

KCBH saw a significant drop off during the year with its Veterans support group. This was due to the fact that the contracted provider had relocated and the department was facilitating the groups. KCBH had not been able to secure a facilitator who was a veteran and whom the local veterans were willing to engage. Through an RFP process, a prior contractor who had started the group was secured, and the groups have reached upwards of 20 participants for some sessions, exceeding any previous number of attendees. Understanding the need for a connection for Veterans was vital in engaging Veterans in services.

CRITERION 4: County Mental Health Systems Client/Family Member/Community Committee:

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Kings County’s Cultural Humility Taskforce has strived to be as inclusive as possible and represent its diverse community with its membership. Efforts have been made in years past to change the time of meetings to increase participation, but while that change could possibly increase some community involvement, it would reduce the participation by providers and local agencies. Efforts were made based on previous member recommendations to engage faith leaders from the African American community, however, efforts were unsuccessful.

The Cultural Humility Taskforce met a total of eight (8) times in person in 2017/2018 and, on two occasions, it communicated via email with its membership on tasks and agenda items for, a total of 10 meetings over 12 months. These are documented via agendas, sign-in sheets and copies of emails.

KCBH also established, in the past year, a Cultural Humility Taskforce policy, requiring such a committee and participation on the committee, etc. In the coming year, KCBH will seek to insure greater participation by its direct service providers in the workgroup.

In FY 2017/2018, the Cultural Humility Taskforce consisted of the following members and organizations:

Name	Organization/Populations Represented
Ahmad Bahrami, MBA Khadija Kennedy	Kings County Behavioral Health, Kings County’s Ethnic Services Manager/Taskforce Chair Kings County Behavioral Health-Mental Health Plan
Rich Smith, LMFT Sylvia Fulton, LMFT	Kings View Counseling Services, Mental Health/SUD provider
Kelly Stone	Kings Community Action Organization, local provider of social services
Scott Holwell	Kings County Veterans Service Officer/Public Guardian-Veterans and Consumers
Victoria Girouard	Owens Valley Career Development Center- Native Americans
Ambar Castillo, MSW Ernestine Hill	Santa Rosa Rancheria Tribal Social Services- Tachi-Yokut Tribe/Native Americans
Gloria Rede	Oak Wellness Center/Consumers
Joseph Nichter, MA	Aspiranet-Children’s Mental Health Provider
Alicia Ferrer	Kings Commission On Aging- Service Provider for Seniors/Older Adults
Ben Fernandez	Kings United Way- 211 and community provider
Mike Wallace, MA	Kings County Office of Education- Education, students and foster youth
Carlos Garcia	WestCare California, Inc.- Adolescent SUD Provider

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Armando Villareal	Champions Recovery Alternative Programs, Inc. SUD and social services provider
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The membership individuals for this coming year will change, but the organizations shall continue to be represented. Several new providers to the area shall also join the taskforce as part of their status as providers in Kings County. We seek to have all direct service provider organizations participate on this taskforce, but to also increase those representing the local community and underserved populations on the taskforce as well. The community has been under represented in previous years.

In FY 2018/2019, KCBH will be seeking out greater input from Transition Aged Youth (TAY) on the taskforce. Efforts have started to seek possible participation from TAY involved with the *Be The Change* project. These are youth who spent two years conducting research in the field of mental health locally for the county's Innovation Plan project, and who have both experience and understanding of the behavioral health system. This cohort made several key recommendations in their final report, which included the need for more TAY voices in planning, more cultural responsive services and greater opportunity for spirituality in care services.

KCBH will also reach out to the local Kings chapter of the *California Youth Connection* (CYC) to see if there may be TAY who are interested and available to participate on the taskforce. These youth are also empowered to run their local chapters. They often have lived experience and can also provide a voice for TAYs and foster youth.

KCBH has also begun work with *The Source*, who is providing services in Kings County to our LGBTQ+ community, to see if they can assist in identifying local LGBTQ+ community members who may be interested in serving on the Cultural Humility Taskforce. This could to provide representation and/or voice for our local LGBTQ+ community who to date have not been represented on this taskforce.

Finally, additional efforts shall be made in the coming year to increase participation from the local African American community, which has been limited in the past. At this time local African Americans (outside of KCBH staff) are not represented on the taskforce. Efforts shall be made to ensure whomever joins the group shall bring a local voice. This can be in the form of a community member, a consumer, a family member, etc. The goal is to have a member who is contributing to the process and not someone who will allow the taskforce to checkoff a box.

CRITERION 5: County Mental Health Plan Culturally Competent Training Activities

As mentioned in the opening of this plan update, KCBH has been undergoing a reorganization both internally as well as with its overall system of care in Kings County. These changes limited some of the efforts to implement the number and types of trainings in the past year.

While KCBH did not provide the number of trainings it has in years past, it continued to forward information to providers about on-line and webinar training opportunities, including some

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geared toward work with peers and consumer culture. Information on the free training on Diversity, Equity and Inclusion hosted by the Tulare County United Way was disseminated to all providers. This was a six hour training offered on April 25, 2018 in Visalia. Several providers did send workforce members, such as KCBH, Champions, The Source and Kings United Way.

In FY 2017/2018, Kings County provided two rounds of Another Kind Of Valor, an eight (8) hour training for those who work with Veterans. (February 22, 2018 and June 5, 2018).

Kings County will provide two more Valor trainings in the coming year, as well as an on-line training geared toward mental health providers around military culture.

KCBH provided/facilitated two trainings in FY 2017/2018 with SAGE focused on working with Older LGBTQ+ populations. These trainings were provided at no cost and geared toward providers who work with and/or serve older adults in general. The initial training was held on February 22, 2018. An additional training was held specifically for the Commission On Aging staff in March.

KCBH sent four workforce members to the Annual California Mental Health Advocates For Children and Youth (CMHACY) in Monterey to increase effectiveness in services for children and youth.

Four workforce members (two from KCBH and two from Kings View) attended a two day training on CLAS Standards which was held June 4th and 5th in Modesto. The training provided a greater understanding of CLAS, and how to implement into services and organizations.

Kings County has been working with a local trainer focused on Implicit Bias and Working with African Americans. The challenge has been availability of the trainer, but it is the intent of KCBH and the Taskforce to provide a training on Implicit Bias and African Americans. Trainings focused on African Americans has been limited, which may be a contributing factor to the lower number of African Americans being served in mental health and SUD programs.

Kings County, as noted, has contracted with The Source for eight trainings this year which will target LGBTQ+ populations and issues. These trainings will target different types of providers, such as some are for clinical staff, some are for outreach, some are for crisis workers, etc.

A training on Disability Culture will be hosted this year and provided by Resource for Independence. An additional training will be provided in year on the Americans with Disabilities Act (ADA) to ensure more responsive approaches for those living with a disability.

KCBH has begun conducting surveys to evaluate and/or assess the effectiveness of trainings. This is a general survey that is used across the board and is not training specific, but allows for evaluation of the trainer, the subject matter across the board as a whole. Due to the limited number of trainings in the past year, this was implemented on a limited basis. These surveys shall be implemented for all trainings in FY 2018/2019 hosted by KCBH to document and to evaluate the effectiveness of the trainings.

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KCBH is sending three staff and two provider staff (representing SUD and Mental Health) to the Statewide Cultural Competency Summit in October 2018 in Riverside as a means to increase knowledge and understanding of related issues and bring those back to their organization and QA committees to share for system changes.

Finally, KCBH will be investing an estimated \$27,000 in FY 2018-2019 to ensure the entire Behavioral Health workforce in Kings County is trained in the *Health Equity Multicultural Diversity Training* (HEMCDT). This training shall include all contracted agencies in Kings County (SUD and Mental Health) and shall include all levels of staff. The intention is to host three rounds of this two-day training. Afterward KCBH, and the Cultural Humility Taskforce will work with California Institute for Behavioral Health Solutions (CIBHS) to evaluate the California Brief Multicultural Scales (CBMCS) to identify future training needs for service providers in Kings County.

CRITERION 6: County Mental Health System's Commitment To Growing A Multicultural Workforce: Hiring And Retaining Culturally And Linguistically Competent Staff

It must be noted that Kings County, a small rural county in central California, is designated as a mental health shortage area. There is the ongoing challenge to having access to a large pool for mental health professionals and, even more so, to a multicultural workforce. Kings County is home to three State Prisons and a Naval Air Station, which also compete for behavioral health professionals in general.

However, that challenge has not stifled attempts to continue to grow and develop a multicultural workforce. In years past, when Workforce Education and Training (WET) funds were available, KCBH supported several efforts to increase the multicultural workforce. KCBH had and still continues to promote careers in the behavioral health field through Spanish language media with an effort to encourage those who may be bilingual to pursue careers in the field of behavioral health. KCBH had in the past a Pathways program which sought to take bilingual, but also youth from various ethnic backgrounds (bicultural) on tours of college campuses to explore careers in the related fields.

While the WET funding that supported those programs has expired, efforts to promote careers has not and, in addition to career pathways, other efforts have been underway. KCBH's QA team is working with its providers to reach a goal of having 40% of its workforce be bilingual, and to be able to measure the language proficiencies to ensure that 40% are actually bilingual which can support recruitment efforts.

KCBH is working with its Human Resource Department to increase the number of position allocations that are requiring bilingual in Spanish to meet the large volume of Spanish speakers. As new positions are being created, such as Peer Support, those are also being developed with the need of bilingual and bicultural qualifications in the job descriptions. Other contracted providers are also recruiting for bilingual providers as well but, as noted, in a mental health shortage area that is a challenge. All providers are working to improve pay rates for bilingual staff as a manner to recruit and retain staff.

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KCBH and many providers do factor in a Veterans preference, which is important in a community where 1/8 of the residents are Veterans, and the military families who reside locally due to NAS Lemoore.

All direct service contracts are now being required to adhere to CLAS standards (Policy A-042), which is also promoting a more culturally and linguistically diverse workforce. With the inclusion of such contractual requirements, KCBH can review compliance and measure such efforts in the future.

KCBH continues to work to provide resources in the form of professional translation services, Language Line services, as well as training to develop staff and it's over all network of care. These range from dissemination of resources, requirements and trainings to members of its Cultural Humility Taskforce passing on information on trainings county wide on things such as LGBTQ+ populations, CLAS Standards, Latinos, etc.

This year as part of both this plan update and the Cultural Humility Taskforce's work, a "training agenda plan" will be written, which will identify the training needs and goals for the entire network, which will drive efforts and focus areas for all training needs. This will be in addition to the planned effort for HEMCDT. Providing opportunities for training and incentivizing language skills (especially in the threshold language) are all ways to address retention of a diverse workforce.

Diversity in the workforce should not only factor in race, ethnicity, and language, but membership to other sub-set groups such as those with lived experience, those who are veterans or family members of veterans, those with disabilities, etc. That broader approach to diversity inclusion is necessary to have a truly diverse workforce, otherwise segments of the community (those living with a mental illness, Veterans, immigrants, etc.) are not represented.

It has also been a community wide effort to engage stakeholders and our diverse populations through a number of community events, involvement in coalitions, workgroups, taskforces, and other collaborative efforts.

<p>MHSA Three Year Planning Process</p>	<p>The MHSA 3 Year planning process for Kings County went into FY 2017/18. Three community focus groups were held as part of this planning effort with two in rural and predominantly Latino Communities of Avenal and Corcoran.</p> <p>The work was also driven by a Steering Committee of 27 individuals that represented 15 different organizations, communities, populations and perspectives.</p> <p>The plan also included key informant interviews with 14 individuals representing 13 different organizations.</p>
<p>KPFP</p>	<p>The KPFP coalition is comprised of diverse groups of providers and communities. The coalition includes health</p>

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	care organizations, law enforcement, substance use, policy/advocacy groups, faith organizations, social services, to name a few. The efforts and focus is on wellness in Kings County and includes grass roots community efforts.
Avenal Wellness Workgroup	This taskforce was developed in 2018 to work on issues of access, barriers to care, care coordination stigma and limited resources. All the participants are providers of services in Avenal, including city and county entities. The work initially was to identify what services are in Avenal, what services are lacking, how providers can link consumers to services locally.
Christian Leaders Network	In May of 2018 KPFP and KCBH conducted presentations and discussions with local faith leaders on mental health. We are working to plan future trainings, focus groups and events that will engage faith communities and their local communities in discussion.
Kings Tulare Suicide Prevention Taskforce	The SPTF, which is made up of a few county and local providers, conducted events in the community including NAS Lemoore- Fleet and Family Services, Mental Health From the Pulpit in 2017 targeting faith leaders and communities, rural school districts and professional development for educational staff.
May Mental Health Awareness Month	As part of a county wide effort that including all providers and non-service providers, May was used as an opportunity to engage residents. Use of Spanish media and other media were conducted (radio, billboards, newspapers, mall displays, farmers markets, school events, community health fair, community events, wellness centers, and community forums (West Hills, Lemoore, Avenal, Hanford, Corcoran),

The Kings County Behavioral Health Advisory Board, which is an integrated board addressing both mental health and SUD, is comprised of providers, county agencies, consumers, peers, family members, and interested persons, and provides guidance for the work, as well as reviews and approves things such as this plan.

As mentioned earlier, KCBH and some of its partner agencies have planned community engagement forums slated for this coming year, focused on underserved populations and communities such as Home Garden, Avenal, Stratford, Corcoran, the Santa Rosa Rancheria, as well as populations such as Transition Aged Youth and Veterans.

The Innovation Plan Project (Be The Change), which was concluded at the end of FY 2017/2018 and resulted from two years of research by local TAY, had recommendations for greater youth

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participation in the system and provision of services, greater need for cultural competency and inclusion of spirituality and stigma reduction among Latinos. These recommendations are being enacted through efforts to include youth on things like the Cultural Humility Taskforce, QA process, Advisory Board, but also in the possible formation of a youth advisory committee.

With the intent to launch the Cultural Ambassador program (a hybrid of a Latino Mental Health Literacy and Promotores Program) in FY 2018/2019, KCBH believes that it can expand the two way interaction between the systems of care and the communities, which will allow for more community stakeholder input and involvement in future planning efforts.

There is a need for the system as a whole to develop and implement more programs and services that are culturally specific or responsive. These can range from programs which are evidence based for specific populations to one that are community defined practices which may work with some local populations. At this time, there are programs that are evidence based, and provided in Spanish, or to different populations, but with the exception of more prevention programs (Veterans, LGBTQ+ Youth) there are not a number of culturally specific services or programs within our current system of care.

CRITERION 7: County Mental Health System Language Capacity

As noted in various portions of this plan document, the County has contracted with a professional translation service to provide accurate and appropriate translation of written materials. It has recommended through its Cultural Humility Taskforce that its providers adopt professional services as a best practice for translation of materials into the threshold language.

Policies are now in place for KCBH to address language capacity, and the QA team is now providing oversight of contracted providers to ensure they are able to meet the various language capacity required for behavioral health services (both mental health and SUD).

KCBH has staff at various levels who are able to provide services in the county's threshold language (Spanish). Additionally, in FY 2017/2018, KCBH executed an agreement with Language Line, Inc. for an array of interpreter services (telephonic to video/virtual options) in an array of languages. Agreements are in place to document this effort. All direct service providers who have CLAS requirements in their contracts are also aware of their need to provide linguistically appropriate services.

The threshold language in Kings County is Spanish. There are no other language clusters in any zip code, or that exceed 3,000 in any other language, or 5% of the population in Kings County at this time. Of the County's current population, it is estimated that 20% of the county's population are mono-lingual Spanish speakers. That is an estimate of 30,000 residents. Understanding these factors can assist providers in their workforce development, recruitment and allocations for bilingual positions and employees. Technology (in the form of Tele-Psych/Tele Health) may be an option to assist providers in closing the professional workforce gap, but also focus on developing more providers locally

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by promoting careers, providing incentives for bilingual professionals, and continue to provide professional development opportunities along with culturally specific programs are ways to also assist in recruitment and retention.

CRITERION 8: County Mental Health System Adaption Of Services

In Kings County, the resources that are required to facilitate delivery of culturally competent services are more in the area of technical assistance.

To engage some communities and populations, KCBH and some of its providers need to partner with local communities and organizations to effectively make contact. Additionally, the need for training of staff and providers is also important so that if and when engagement with those communities and populations occur, they are done from a cultural humility standpoint.

These also cannot be one time events or efforts. In addition to the outreach and culturally responsive approaches, it is vital that there is consistency and follow up with those communities. These types of community needs assessment and dialog should be used to identify training needs, but the types of programs, services, and curriculums that have been demonstrated to have the best response with specific communities. Providing an evidence based service that is not responsive to the cultural norms of a group or cannot be rendered in another language, are not providing a service.

Additional technical assistance is needed in areas of training. As such, in the coming year, the county is working with subject matter experts and communities to address those training areas, such as CIBHS for the HEMCDT and The Source for LGBTQ issues.

We also will need to start evaluating the types of programs and curriculums used by contracted providers, and work with CIBHS to see if those approaches are deemed to be effective with the groups they are serving. If not, we will look for options to provide population specific programs and services.

As Kings County is a small rural county, there are very limited community based organizations that focus on specific communities, populations, or whose mission is advocacy for such communities. Thus, trainings and technical assistance is limited or, when secured, not always local.

One of the challenges in the past in trying to meet service delivery in a culturally competent manner was oversight. The role of the ESM did not always allow for site visits/reviews focused on cultural humility and CLAS adherences. In FY 2017/2018, KCBH established a Quality Assurance (QA) Division which, in addition to its own work, is now able to support the efforts of the ESM and cultural humility and compliance. The QA team is able to assist with oversight, compliance review and some assessments to increase the level and quality of culturally responsive service

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delivery in Kings County. In the coming year the QA team will work to support the efforts by providing some of the compliance aspects of CLAS with the ESM.

The Collaborative Justice Treatment Court (CJTC) has been focused on meeting the needs of its diverse service users, including those with language barriers and cultural differences (i.e. Latinos and Veterans), and provides on-going training to increase awareness in working with such populations. The number of African American participants in the program continues to be disproportionately low for their involvement in the criminal justice system and based on beneficiary rates. The program's federal funding is slated to end in October of 2018 and the program will go back to being funded under MHSA. At that time, a redesign of the program will occur with the focus on making the program more responsive to the local needs as opposed to the federal grant requirements. A big focus in that redesign will be implementing outreach, curriculum and training to improve the cultural responsiveness of the program, to increase ability to more effectively engage and serve African Americans, and/or exploring changes to service delivery that bring it more in line with best practices of cultural humility and CLAS adherence.

KCBH and its SUD providers are continuing to work on the new Drug Medi-Cal Organized Delivery System Waiver. This process has allowed for greater assessment of language capacity, workforce training and CLAS standard implementation. In addition to completing the waiver, in the coming year a greater emphasis will be made for SUD providers to examine not just compliance with CLAS standards, but to explore treatment approaches that are more responsive or appropriate for the populations in need of services.

As a result of the Avenal Study, the establishment of co-located services in Avenal is moving forward. Public Health and some behavioral health services in Avenal will be co-located in the same building, and will increase access for a geographically and culturally isolated community. This will allow for better planning of services in Avenal for the local Latino populations and also provide services in a less stigmatizing manner.

At the end of FY 2017/2018, the Beats, Rhymes, Life hip-hop therapy model and skills group (Therapeutic Activity Groups) were discontinued. Due in large part to logistics, the program could not be implemented to fidelity and the cost compared to the number of youth served was disproportionate. Thus, the program for TAY was ended. The more recent Be The Change report developed over two years by TAY does call for TAY specific programs, TAY focused programs that are culturally responsive and TAY programs that involve TAY in Kings County. The report shall be reviewed by the Cultural Humility Taskforce, so that providers and the system of care can begin seeking and developing more TAY, as well as cultural and population specific service.

KCBH continues to work to provide services for Veterans and, in the past year, has been in dialog with the Fleet and Family Services at NAS Lemoore to explore training opportunities, cross

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collaboration and also additional needs for military families. The bi-weekly Veterans Support Group continues and is growing. Additional dialog with local veterans is planned to explore additional needs for this population which may be met available locally, or are not responsive to the needs of this population. As such, training for, those working with Veterans and Military are planned for the coming year. KCBH continues to work with the Fleet and Family Services on NAS Lemoore to collaborate on addressing needs of families.

The Source is providing support groups and suicide prevention services in Kings County to LGBTQ+ youth. In FY 2018/2019, KCBH will be working with The Source for additional training, as well as exploring additional services specific for LGBTQ populations, especially Transgender Youth, that may be possible in the coming years.

Peer Inclusion is increasing in Kings County as part of a shift to a system of care that is fully based on the Wellness and Recovery Model. Providers such as Kings View employ peers in their wellness center which is primarily peer run. Providers, such as Aspiranet, utilize parent peers in their children's WRAP/FSP Program. The new ACT team provider will have peers within the program, and other providers, such as United Way and Commission On Aging, are community and volunteer driven. KCBH is seeking to hire two peer positions for one of its new programs, Multiple Organization Shared Tele-psychiatry (MOST), which is slated to be approved in the Innovation Plan in FY 2018/2019.

As these initiatives for greater peer and lived experience inclusion in service delivery increase in this coming year, KCBH will be looking to organizations such as the California Association of Mental Health Peer Run Organization (CAMHPRO) and Mental Health California, for best practices, training and approaches.

In the coming year, KCBH will be working with the County's Human Resources Department to address the need for better recruitment of bilingual staff, fair compensation for those providing bilingual services, and also creating flexibility on what percentage of the work has to be in a threshold language for it to be considered bilingual. The intent is to have systems put in place to measure the proficiencies of those selected for bilingual interpreting, and to provide an opportunity for those who can perform translation to be compensated for use of time and efforts.

Conclusion

This plan was formally approved and adopted by the Kings County Behavioral Health Advisory Board on August 27, 2018 at the Advisory Board's monthly meeting.