

Kern County Behavioral Health Board System Quality Improvement Committee

Monday, September 22, 2025

4:00-5:00 PM

In-Person Meeting Westchester Training Room

Meeting Minutes

The mission of the SQIC, as a QIC Subcommittee, is to review and evaluate Mental Health Plan (MHP) activities and where appropriate, make recommendations regarding policy decisions, institute needed Quality Improvement (QI) actions, or/and ensure follow-up of QI processes.

This meeting is recorded

Attendees:

Adan Valdez Luna	Camden Trapp	Heather Williams	Rosi Granados
Alan Roney	Cassandra Navarez	Jessika Rojas	Selma Gonzalez
Alexander Lopez	Claytranique Johnson	Juan Carlos Gonzalez	
Breanna Barajas Rodriguez	Heather Plaza	Lynnette Jones	

- I. Welcome and Introductions – Heather Williams introduced herself and welcomed the attendees.
- II. Review & approval of the previous meeting minutes – Alexander Lopez motioned to accept; Rosi Granados seconded.
- III. Public Comment – No public comments were made at this time.
- IV. Unfinished and New Business – There was no unfinished or new business at this time.
- V. Guest Presenters
 - A. Network Adequacy – Heather Williams
 1. Shared and discussed handout titled Network Adequacy – Is Kern’s Network Robust Enough? which covered; What Is Network Adequacy, Certification of Network Adequacy, What Does All This Mean to Members, and A Cautionary Tale.
 - a. Network Adequacy is the States way of determining if our network is robust enough to meet the needs of Kern County/our community. These set of standards ensure the Medi-Cal managed care is available to all members of Behavioral Health Plans (BHP) and/or Drug Medi-Cal Organized Delivery System (DMC-ODS).
 - b. Certification of Network Adequacy
 - i. Network capacity and composition are reported monthly. For the BHP, the State views the reported full-time equivalent (FTES) hours to the number of Medi-Cal members. For DMC-ODS, the State is looking at our contract’s provider “slots.”
 - ii. System infrastructure is reported annually and is assessed as to whether it is under-utilized or under established and if we receive grievances due to this.
 - iii. Policies and procedures are reported annually, and requirements are outlined in the provided handout.
 - iv. Time and distance standards are reported annually. There is an alternative access standard for opioid treatment for outlying areas of 60 miles or 90 minutes.
 - v. DMC-ODS Timely Access standards are reported annually. These standards cover whether there are enough staff operating to meet the needs of community and to meet the timeliness standards. This is monitored and collected for KPIC meetings as well.
 - vi. BHP Timely Access standards are reported annually
 - vii. Provider Types are reported monthly.
 - viii. DMC-ODS Modality Types are reported monthly. New to this modality report is Residential Withdrawal Management (High-Intensity Care) 3.7 or 4.0 and Residential (High-Intensity Care) 3.7 or 4.0.

- ix. BHP Provider Services are reported monthly
- x. Language Assistance Capabilities are reported monthly
- xi. Mandatory Provider Types are reported annually and are for addressing health services for American Indian/Indian. Both Cultural Comp and SUD outreach services are being provided as well.
- xii. Continuity/Transition of Care is reported annually and covers if KernBHRS offers or provides out-of-network services.
- c. All of this helps to ensure our agency provides the best customer care for all members and meets the needs of our community.
- d. DHS will issue a Corrective Action Plan (CAP) if we are not in compliance with any of the standards. There are CAPs for FY23-24, 25-26, and expected for FY26-27.
 - i. Monetary sanctions are due to DHCS if the county is unable to meet the specific adequacies, accuracies and submission details as outlined by DHCS.

B. Cultural Competence Plan – Juan Carlos Gonzalez

- 1. Shared and discussed handout titled Cultural Competence Plan Progress FY 24-25, which covered; Background, Cultural Competence Resource Committee, Accomplishments, Barriers, and Drafting the Cultural Competence Plan.
 - a. Submitted yearly, the Cultural Competence plan mitigates some of the Behavioral Health disparities between different populations and demographics found in Kern County. This is a requirement for all counties in California.
 - i. An outlined plan for the current fiscal year must be accomplished, as well as a report on the previous fiscal year.
 - b. The Committee is composed of KernBHRS staff, different community organizations, and also members of the public. There are five subcommittees focused on specific populations as outlined in the handout out and any not listed are met through the main committee.
 - c. Last FY a 2nd Annual Salsa Competition was held in celebration of Hispanic Heritage Month and soon will be held for this year. There was an outreach at Guelaguetza, the African American subcommittee held community workshop and resource fair during last year's Black History Month, and a Lunch and Learn focused on Philippine culture event was held to celebrate Asian American/Pacific Islander Month
 - d. With the passage of Behavioral Health Services Act (BHSA), the department has been more caution with the use of funds for staff cultural awareness and outreach efforts in the community since many vendor locations have hefty fees. The Cultural Competence Team is making more efforts to partner with community organizations to help support a low or no cost cultural awareness and outreach events. Once the BHSA transition is complete, the department will forecast a better budget, and the team will plan accordingly.
 - e. The current Cultural Competence Plan is being drafted with EVALCORP, and the initial and final draft is reviewed in different steps to source any additional input or changes. The final draft is sent December 31, 2025 to DHCS.

VI. Kern Behavioral Health and Recovery Services – Current Projects and Issues

A. Quality Improvement Division – Heather Williams

- 1. Currently working on HEDIS Measures, partnering with MHSA Team on BHT intergraded plan, Informing Materials are being updated, and continual work on the KPIC meetings.

B. Department Supports Administration – Juan Carlos Gonzalez

- 1. In October, with the retirement of Liz Bailey, Department Supports Administration will be redistributed to Clinical Plan Services.

C. Substance Use Division – Alexander Lopez

- 1. September is Recovery Month, and many different events will be held.
 - a. The Recovery Fair will be on September 27 from 9 A.M. to 1 P.M. at Mill Creek Park, all in the community are welcome to come. There will be at least 50 vendors there to support the community and those wanting to get into recovery.

D. Adult System of Care (ASOC) –

- 1. No one present for updates.

E. Children's System of Care (CSOC) – Rosi Granados

1. KernBHRS currently has a Request for Proposal (RFP) for a girls Short Term Residential Treatment Program (STRTP).
 2. TAY has been recertified in Transition to Independence Process (TIP) and there is TIP community training for anyone who would like to join, it focuses on how to engage young adults in the population.
 3. The Youth Suicide Reporting and Response grant has ended, so the services Youth Bridge provided at KM are now being completed by Youth Wraparound Team.
- F. Kern Linkage Division –
1. No one present for updates.
- G. Crisis Services Division – Alan Roney
1. Youth Crisis Stabilization Unit (CSU) is still being put together and should be completed by next year, June 2026. RFPs are out to contract the services for Youth CSU, and the current one is set for September 27 and will go through the review process for that contract. There are two other contracts still pending for the Family Resource Center, and East Kern MET is pending or on hiatus.
 2. Currently in the process of applying for the Behavioral Health Continuum Infrastructure Program (BHCIP) Grant to have alterations done to Mary K. Shell, specifically with the psychiatric evaluation center. If the update is approved and the grant goes through, it should start at the end of year 2028.
- H. Medical Services Division – Claytranique Johnson
1. Recently a Psychiatric Scheduling Call Center was implemented to help combat some of the network adequacy timeliness standards. NE RAWC and West RAWC have started to utilize this call center, and another will be added soon, before it is rolled out to the rest of department call center staff.
- I. Consumer Family Learning Center (CFLC) – No longer under KernBHRS
1. No one present for updates.
- VII. Mental Health Providers – Current Projects and Issues
- A. Clarvida –
1. No one present for updates
- B. Child Guidance Clinic (CGC) –
1. No one present for updates.
- C. Clinica Sierra Vista (CSV) – Heather Plaza
1. The Bakersfield site is working on becoming an access point to offer more groups.
- VIII. Substance Use Division Providers – Current Projects and Issues
- A. Clarvida –
1. No one present for updates.
- B. Clinica Sierra Vista (CSV) – Heather Plaza
1. New staff have started at the Bakersfield site for Contingency Management.
 2. A new therapist has started at the Lamont site. Also, a new Program Supervisor Stephanie Pullman has started at Lamont as well.
- IX. Recommendations for Quality Improvement Committee (QIC) – There were no recommendations at this time.
- X. Adjourn – Next scheduled meeting: **November 17, 2025, at 4:00-5:00 PM**, will be held in-person at the Westchester

This meeting is MH UR Code 3

NETWORK ADEQUACY

IS KERN'S NETWORK ROBUST ENOUGH?



WHAT IS NETWORK ADEQUACY?

A SET OF STANDARDS TO ENSURE THE MEDI-CAL MANAGED CARE COVERED SERVICES ARE AVAILABLE AND ACCESSIBLE TO ALL MEMBERS OF THE COUNTY BEHAVIORAL HEALTH PLANS (BHP) AND/OR DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS).

THESE STANDARDS TAKE INTO CONSIDERATION:

- **ANTICIPATED MEDI-CAL ENROLLMENT**
- **EXPECTED UTILIZATION OF SERVICES**
- **CHARACTERISTICS AND HEALTHCARE NEEDS OF THE MEDI-CAL POPULATION**
- **NUMBERS AND TYPES OF NETWORK PROVIDERS**
- **GEOGRAPHIC LOCATIONS OF NETWORK PROVIDERS AND MEDI-CAL MEMBERS**
- **NETWORK PROVIDERS CAN**
 - **PROVIDE SERVICES IN THE MEMBERS PREFERRED LANGUAGE AND ARE CULTURALLY COMPETENT**
 - **ENSURE PHYSICAL ACCESS AND REASONABLE ACCOMMODATIONS, INCLUDING ACCESSIBILITY EQUIPMENT**
- **USE OF TELE-MEDICINE, E-VISITS, AND/OR OTHER EVOLVING AND INNOVATIVE TECHNOLOGICAL SOLUTIONS**

CERTIFICATION OF NETWORK ADEQUACY

NETWORK CAPACITY AND COMPOSITION

DOES THE NETWORK HAVE ENOUGH STAFF TO TREAT ALL THE MEDI-CAL MEMBERS REQUESTING SERVICES?

- For the BHP this is outlined in county provider to member ratios calculated by evaluating the reported full-time equivalent (FTES) hours as compared to the number of Medi-Cal members within our county
- For DMC-ODS availability of services is outlined in the number “slots” within the contracts with the providers

THIS IS REPORTED MONTHLY

SYSTEM INFRASTRUCTURE

IS THE NETWORK RECEIVING GRIEVANCE AND/OR APPEALS RELATED TO ACCESS TO CARE?

- **This includes qualitative data related to:**
 - Services not available and/or accessible
 - Timeliness of services
 - 24/7 toll-free access line
 - Linguistic Services
 - Authorizations Delay
 - Geographic and/or Timely Access

THIS IS REPORTED ANNUALLY

POLICY AND PROCEDURES

DOES THE NETWORK HAVE POLICIES/PROCEDURES IN PLACE TO ADDRESS NETWORK ADEQUACY REQUIREMENTS OUTLINED BY DHCS?

- **This must cover the following areas for both MH and DMC-ODS:**
 - Network Adequacy Monitoring
 - Out-of-Network (OON) Access
 - Timely Access
 - Service Availability
 - Physical Accessibility
 - Telehealth Services
 - 24/7 Access Line Requirements
 - 24/7 Language Assistance

THIS IS REPORTED ANNUALLY

CERTIFICATION OF NETWORK ADEQUACY

TIME AND DISTANCE STANDARDS

IS THE NETWORK'S PROVIDERS IN LOCATIONS THAT ALLOWS MEDICAL MEMBERS CAN ACCESS THE NEEDED SERVICES WITHIN THE TIME OR DISTANCE STANDARDS OUTLINED BY DHCS?

- **Outpatient MH Within:**
 - **45 Miles or 60 Minutes**
- **Outpatient SUD Within:**
 - **60 Miles or 90 Minutes**
- **Opioid Treatment Programs Within:**
 - **45 Miles or 75 Minutes**

THIS IS REPORTED ANNUALLY

DMC-ODS TIMELY ACCESS STANDARDS

DOES THE NETWORK HAVE ENOUGH AVAILABILITY TO MEET THE TIMELY ACCESS STANDARDS OUTLINED BY DHCS?

- **The following Timeliness Standards for Initial DMC-ODS Services:**
 - **Outpatient SUD Services (within 10 business days of the request)**
 - **Opioid Treatment (within 3 business days of the request)**
 - **Residential (within 10 business days of request)**
 - **Urgent SUD Appointments with a non-physician (within 48 hours of the request)**

THIS IS REPORTED ANNUALLY

MHP TIMELY ACCESS STANDARDS

DOES THE NETWORK HAVE ENOUGH AVAILABILITY TO MEET THE TIMELY ACCESS STANDARDS OUTLINED BY DHCS?

- **The following Timeliness Standards for Initial MH Services:**
 - **Outpatient Non-Urgent Psychiatry SMHS (within 10 business days of the request)**
 - **Psychiatry Services (within 15 business days of request)**
 - **Urgent SMHS Appointments (within 48 hours of the request)**
 - **Non-Urgent Follow-up Appointments with a non-physician (within 10 business days of the initial service)**

THIS IS REPORTED ANNUALLY

CERTIFICATION OF NETWORK ADEQUACY

PROVIDER TYPES

DOES THE NETWORK HAVE ENOUGH PROVIDERS TO ENSURE ALL REQUIRED PROVIDER TYPES ARE BEING OFFERED AND AVAILABLE FOR THE MEDI-CAL MEMBER?

- **The Provider Types Include For Both Adult And Youth/Child Members:**
 - **Outpatient For Both MH And SUD**
 - **MH Psychiatry Services**
 - **Opioid Treatment**
 - **Residential Treatment**
- **Kern Submits Contracts to DHCS to Show We Have These Provider Types**

THIS IS REPORTED MONTHLY

DMC-ODS MODALITY TYPES

DOES THE NETWORK PROVIDE ALL THESE MODALITIES OF SERVICES?

- **DMC-ODS Services:**
 - **Outpatient Treatment**
 - **Intensive Outpatient Treatment**
 - **Opioid Treatment**
 - **Residential Withdrawal Management 3.2**
 - **Residential Withdrawal Management (High-Intensity Care) 3.7 or 4.0**
 - **Residential 3.1, 3.3, or 3.5**
 - **Residential (High-Intensity Care) 3.7 or 4.0**

THIS IS REPORTED MONTHLY

MHP PROVIDER SERVICES

DOES THE NETWORK PROVIDE ALL THESE SERVICES?

- **Mental Health Services:**
 - **Adult and Crisis Residential**
 - **Crisis Intervention and Stabilization**
 - **Day Treatment Intensive/Day Rehab**
 - **Intensive Care Coordination (ICC)/Intensive Home-Based Services (IHBS)**
 - **Peer Support Services**
 - **Psychiatric Inpatient Hospital/Psychiatric Health Facility (PHF) Services**
 - **Targeted Case Management (TCM)**
 - **Therapeutic Behavioral Services (TBS)**
 - **Therapeutic Foster Care (TFC)**

THIS IS REPORTED MONTHLY

CERTIFICATION OF NETWORK ADEQUACY

LANGUAGE ASSISTANCE CAPABILITIES

IS THE NETWORK PROVIDING CULTURALLY APPROPRIATE SERVICES TO MEDI-CAL MEMBERS IN THE MEMBER'S PREFERRED LANGUAGE?

- **This Includes Evidence the Providers are providing services using appropriate:**
 - **Cultural and Linguistic Capabilities**
 - Oral and written translations
 - ASL
 - **Language Line Encounter data**
 - 24/7 Access Line
 - Face-to-Face Service
 - Telehealth Services

THIS IS REPORTED ANNUALLY

MANDATORY PROVIDER TYPES

IS THE NETWORK COMPLYING WITH FEDERAL REGULATIONS ADDRESSING PROTECTIONS FOR AMERICAN INDIAN/INDIAN HEALTH SERVICES?

- **KernBHRS must provide evidence to DHCS that a good-faith effort is being made to contract with Indian Health Care Providers (IHCP)**

THIS IS REPORTED ANNUALLY

CONTINUITY/ TRANSITION OF CARE

DID THE NETWORK HAVE TO UTILIZE OUT OF NETWORK PROVIDERS TO ADDRESS ANY ACCESS TO CARE REQUESTS FOR MEDI-CAL MEMBERS?

- **KernBHRS must track all request for out of network providers and the reason for these requests.**

THIS IS REPORTED ANNUALLY

WHAT DOES ALL THIS MEAN TO MEMBERS?

NETWORK ADEQUACY CERTIFICATION IS USED TO ENSURE THAT OUR AGENCY CAN PROVIDE THE BEST CUSTOMER CARE TO ANY MEDI-CAL MEMBER THAT WALKS THROUGH OUR DOORS SEEKING ANY TYPE OF BEHAVIORAL HEALTH TREATMENT.

A CAUTIONARY TALE

- **IF A COUNTY IS OUT OF COMPLIANCE WITH ANY OF THESE STANDARDS, DHCS WILL ISSUE A CORRECTIVE ACTION PLAN (CAP) TO ADDRESS THE AREAS OF NON-COMPLIANCE**
- **IF THE COUNTY IS UNABLE TO:**
 - **ADDRESS THESE THE ITEMS OUTLINED IN THE CAP**
 - **DEMONSTRATE KERN'S NETWORK IS ADEQUATE TO MEET THE COUNTY'S NEEDS**
 - **SUBMIT THE DATA, REPORTING, ACCURATELY AND WITHIN THE TIME OUTLINED BY DHCS**

DHCS WILL ISSUE MONETARY SANCTIONS



QUESTIONS?

HEATHER WILLIAMS

QID DATA TEAM

HWILLIAMS@KERNBHRS.ORG

9

9/22/2025

Cultural Competence Plan Progress

FY 24-25

Background

The Cultural Competence Plan (CCP) includes information about activities and achievements that were designed to mitigate behavioral health disparities and cultivate cultural humility within Kern County Behavioral Health and Recovery Services (KBHRS).

Every county in California must develop and submit a Cultural Competence Plan consistent with the Cultural Competence Plan regulations, standards, and criteria (per California Code of Regulations, Title 9, Section 1810.410).

Strategies:

- For FY 24-25, there were 72 total strategies KBHRS defined for implementation in the CCP

Cultural Competence Resource Committee

Many of the strategies are accomplished through the Cultural Competence Resource Committee. The Committee is made of KBHRS staff, community organizations, and members of the public.

There are 5 subcommittees focused on specific populations:

- Hispanic/Latinx
- African American/Black
- Native American/Alaskan Native
- Asian American/Pacific Islander
- 2SLGBTQ+

Accomplishments

Noteworthy Activities:

- 2nd Annual Salsa Competition was held to celebrate Hispanic Heritage Month
- Outreach at Guelaguetza, a Mixtec community event.
- African American subcommittee held a community workshop and resource fair during Black History Month
- Lunch and Learn events focused on Philippine culture held across 4 different sites to celebrate Asian American/Pacific Islander Month

Barriers

The passage of the Behavioral Health Services Act (BHSA) provided reforms to the funding established under the Mental Health Services Act (MHSA).

As such, this has caused the department to be more cautious using funds for staff cultural awareness events and outreach efforts in the community.

The Cultural Competence Team has then made more efforts to partner with community organizations to find locations to conduct outreach for low or no cost. As the transition to comply with the BHSA is completed, the department will be able to better forecast its budget, and the Cultural Competence Team will plan its efforts accordingly.

Drafting the Cultural Competence Plan

The Cultural Competence Plan is still being drafted in partnership with an external vendor, EVALCORP.

An initial draft will be reviewed by Cultural Competence Team and Ethnic Services Manager.

A near final draft will be sent to KBHRS Executive Administration and the Cultural Competence Resource Committee to review for any additional input or changes.

Final draft will be sent to Department of Health Care Services by December 31st 2025.

Questions?

Contact Information:

Juan Gonzalez Ramos

Cultural Competence Team

Email:

CulturalCompetence@kernbhhs.org

