

# COMMUNITY ADVISORY COMMITTEE (CAC) MEETING

Tuesday, March 26, 2024 at 11:00 a.m.

2900 Buck Owens Blvd. Bakersfield, CA 93308 1st Floor Board Room

For more information, call (661) 664-5000

#### **AGENDA**

### COMMUNITY ADVISORY COMMITTEE (CAC)

KERN HEALTH SYSTEMS

2900 Buck Owens Boulevard

Bakersfield, California 93308

1st Floor Board Room

Tuesday, March 26, 2024

11:00 A.M.

All agenda item supporting documentation is available for public review on the Kern Health Systems website: <a href="https://www.kernfamilyhealthcare.com/about-us/committees/">https://www.kernfamilyhealthcare.com/about-us/committees/</a>. Following the posting of the agenda, any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available on the KHS website.

PLEASE REMEMBER TO TURN OFF ALL CELL PHONES, PAGERS OR ELECTRONIC DEVICES DURING MEETINGS.

#### COMMITTEE TO RECONVENE

Members: Ashton Chase, F.N.P., Beatriz Basulto, Evelin Torres-Islas, Jasmine Ochoa, Jay Tamsi, Jennifer Wood-Slayton, Jessika Lopez, Jesus Gonzalez, Lourdes Bucher, Mark McAlister, Michelle Bravo, Nalasia Jewel, Rocio Castro, Rukiyah Polk, Tammy Torres

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN HEALTH SYSTEMS STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO MEMBER OF THE COMMITTEE OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE COMMITTEE CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

#### **PUBLIC PRESENTATIONS**

This part of the meeting is for persons to talk to the Community Advisory Committee (CAC) on items not on the agenda. Items should be within the scope of the CAC. The CAC may respond to items. They may ask questions to learn more. The CAC may also take action. They may direct staff to place an item on a future meeting.

PERSONS HAVE TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME FIRST. THANK YOU!

#### CAC MEMBER UPDATES AND REPORTS

- 2) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])
- CA-3) Minutes for CAC meeting on January 23, 2024 APPROVE
- CA-4) Report on March 2024 Medi-Cal Membership Enrollment RECEIVE AND FILE
- CA-5) Report on Wellness and Prevention for Q4 2023 RECEIVE AND FILE
  - 6) Orientation Binder Review PRESENTATION
  - 7) Report on Member Services Grievance Operational Report and Grievance Summary for Q4 2023

    APPROVE
  - 8) Wellness and Prevention PRESENTATION
  - 9) Member Engagement PRESENTATION

END THE MEETING TO TUESDAY, JUNE 25, 2024, AT 11:00 A.M.

CAC Meeting Dates for Year 2024

Tuesday, September 24, 2024 @ 11:00am Tuesday, December 10, 2024 @ 11:00am

(This date may change due to a holiday or if the CAC cannot attend.)

## AMERICANS WITH DISABILITIES ACT (Government Code Section 54953.2)

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a Committee meeting may request assistance at the Kern Health Systems office, 2900 Buck Owens Boulevard, Bakersfield, California 93308 or by calling (661) 664-5000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

### **AGENDA**

### **COMITÉ ASESOR COMUNITARIO (CAC)**

KERN HEALTH SYSTEMS

2900 Buck Owens Boulevard

Bakersfield, California 93308

Sala de junas del 1º piso

martes, 26 de marzo de 2024

<u>11:00 A. M.</u>

Toda la documentación de respaldo de los puntos de la agenda está disponible para revisión pública en el sitio web de Kern Health Systems: <a href="https://www.kernfamilyhealthcare.com/about-us/committees/">https://www.kernfamilyhealthcare.com/about-us/committees/</a> Después de la publicación de la agenda, cualquier documentación de respaldo relacionada con un tema de la agenda para una sesión abierta de cualquier reunión regular que se distribuya después de la publicación de la agenda y antes de la reunión también estará disponible en el sitio web de KHS.

RECUERDE APAGAR TODOS LOS TELÉFONOS CELULARES, LOCALIZADORES O DISPOSITIVOS ELECTRÓNICOS DURANTE LAS REUNIONES.

#### NUEVA REUNIÓN CONVOCADA DEL COMITÉ

Miembros: Ashton Chase, F.N.P., Beatriz Basulto, Evelin Torres-Islas, Jasmine Ochoa, Jay Tamsi, Jennifer Wood-Slayton, Jessika Lopez, Jesus Gonzalez, Lourdes Bucher, Mark McAlister, Michelle Bravo, Nalasia Jewel, Rocio Castro, Rukiyah Polk, Tammy Torres

AGENDA DE CONSENTIMIENTO/OPORTUNIDAD PARA COMENTARIOS PÚBLICOS: TODOS LOS ARTÍCULOS CON UNA "CA" SON CONSIDERADOS COMO RUTINARIOS Y NO CONTROVERSIALES POR EL PERSONAL DE KERN HEALTH SYSTEMS. LA "CA" REPRESENTA LA AGENDA DE CONSENTIMIENTO. LOS ARTÍCULOS DE CONSENTIMIENTO SE CONSIDERARÁN PRIMERO Y PODRÁN APROBARSE MEDIANTE UNA MOCIÓN SI NINGÚN MIEMBRO DEL COMITÉ O DE LA AUDIENCIA DESEA COMENTAR O HACER PREGUNTAS. SI ALGUIEN DESEA HACER COMENTARIOS O INICIAR UN DEBATE, EL ARTÍCULO SE QUITARÁ DE LA AGENDA DE CONSENTIMIENTO Y SE CONSIDERARÁ EN LA SECUENCIA INDICADA CON UNA OPORTUNIDAD PARA QUE CUALQUIER MIEMBRO DEL PÚBLICO SE DIRIJA AL COMITÉ SOBRE EL ARTÍCULO ANTES DE TOMAR ACCIÓN.

LA RECOMENDACIÓN DEL PERSONAL SE MUESTRA EN MAYÚSCULAS

### PRESENTACIONES PÚBLICAS

Esta parte de la reunión es para que las personas hablen con el Comité Asesor Comunitario (CAC) sobre temas que no están en la agenda. Los elementos deben estar dentro del alcance del CAC. El CAC puede responder a los artículos. Es posible que hagan preguntas para obtener más información. El CAC también puede tomar medidas. Pueden indicarle al personal que incluyan un asunto para analizar en una reunión futura.

LAS PERSONAS TIENEN DOS MINUTOS. INDIQUE Y DELETREE SU NOMBRE PRIMERO. ¡GRACIAS!

#### REPORTES O ACTUALIZACIONES DEL MIEMBRO DEL CAC

- 2) Por propia iniciativa, los miembros del Comité podrán hacer un anuncio o un reporte sobre sus propias actividades. Pueden hacer una pregunta para aclarar, hacer una referencia al personal o tomar medidas para que el personal incluya un asunto en una agenda futura (Código de Gobierno Sec. 54954.2[a])
- CA-3) Actas de la reunión del CAC del 23 de enero de 2024 APROBAR
- CA-4) Informar sobre la inscripción de membresía en marzo de 2024 RECIBIR Y ARCHIVAR
- CA-5) Informar sobre la Prevención y el Bienestar para el T4 de 2023 RECIBIR Y ARCHIVAR
  - 6) Revisión de la carpeta de orientación PRESENTACIÓN
  - 7) Informar sobre el reporte operative de quejas formales de los servicios para miembros y resume de quejas formales para el T4 de 2023
    APROBAR
  - 8) Prevención y Bienestar PRESENTACIÓN
  - Participación de miembros PRESENTACIÓN

TERMINAR LA REUNIÓN PARA EL MARTES, 25 DE JUNIO DE 2024 A LAS 11:00 A. M.

Fechas para la reunión del CAC para el año 2024

Martes, 24 de septiembre de 2024 a las 11:00 a.m. Martes, 10 de diciembre de 2024 a las 11:00 a.m.

(Esta fecha puede cambiar por un día festivo o si el CAC no puede asistir.)

### LEY DE ESTADOUNIDENSES CON DISCAPACIDADES (Código de Gobierno Sección 54953.2)

Los centros de reuniones de Kern Health Systems son accesibles para personas con discapacidades. Las personas con discapacidades que necesiten asistencia especial para ir o participar en una reunión del Comité pueden solicitar asistencia en la oficina de Kern Health Systems, 2900 Buck Owens Boulevard, Bakersfield, California 93308 o llamando al (661) 664-5000. Se hará todo lo posible para acomodar razonablemente a las personas con discapacidades haciendo que el material de la reunión esté disponible en formatos alternativos. Las solicitudes de asistencia deben hacerse cinco (5) días laborables antes de una reunión siempre que sea posible.

### **MINUTES**

#### **COMMUNITY ADVISORY COMMITTEE**

KERN HEALTH SYSTEMS

2900 Buck Owens Boulevard

Bakersfield, California 93308

1st Floor Board Room

Tuesday, January 23, 2024

#### COMMITTEE RECONVENED

Members: Ashton Chase, F.N.P., Beatriz Basulto, Evelin Torres-Islas, Jasmine Ochoa, Jay Tamsi, Jennifer Wood-Slayton, Jessika Lopez, Jesus Gonzalez, Lourdes Bucher, Mark McAlister, Michelle Bravo, Nalasia Jewel, Rocio Castro, Rukiyah Polk, Tammy Torres

ROLL CALL: 15 Present; 0 Absent

Meeting called to order by Anastasia Lester, Senior Health Equity Analyst, at 10:04 AM.

NOTE: The vote is displayed in bold below each item. For example, Basulto-Wood denotes Member Basulto made the motion and Member Wood seconds the motion.

<u>CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT</u>: ALL ITEMS LISTED WITH A "CA" WERE CONSIDERED TO BE ROUTINE AND APPROVED BY ONE MOTION.

COMMITTEE ACTION SHOWN IN CAPS

#### **PUBLIC PRESENTATIONS**

This portion of the meeting is reserved for persons to address the Committee on any matter not on this agenda but under the jurisdiction of the Committee. Committee members may respond briefly to statements made or questions posed. They may ask a question for clarification; make a referral to staff for factual information or request staff to report back to the Committee at a later meeting. Also, the Committee may take action to direct the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!
NO PRESENTATIONS.

#### COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

2) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])

LOUIE ITURRIRIA SUGGESTED WE DO INTRODUCTIONS SO THAT ALL NEW COMMITTEE MEMBERS ARE RECOGNIZED.

- CA-3) Minutes for Public Policy/Community Advisory Committee from Dec. 12, 2023 RECEIVED AND FILED MCALISTER-BRAVO: 15 AYES; MOTION CARRIED
  - Presentation Community Advisory Committee Overview RECEIVED AND FILED

ANASTASIA LESTER GAVE A POWERPOINT PRESENTATION ON THE NEW CAC DEFINITION, STRUCTURE, DUTIES, AND PROCESS.

5) Vote on Chair and Co-Chair for Community Advisory Committee

VOTE WAS TAKEN AND RESULTED IN THE FOLLOWING:

RUKIYAH POLK WAS NOMINATED AS THE CHAIR OF THE COMMITTEE BY TAMMY TORRES, LOURDES BUCHER SECONDED, 15 AYES; MOTION CARRIED.

JESUS GONZALEZ AND NALASIA JEWEL WERE BOTH NOMINATED AS CO-CHAIR. JAY TAMSI NOMINATED BOTH MEMBERS TO TAKE THIS POSITION, JENNIFER WOOD-SLAYTON SECONDED THIS 15 AYES; MOTION CARRIED.

COMMITTEE TOOK LUNCH.

COMMITTEE RECONVENED FOR TRAINING, ITEM # 6 AT 11:28 A.M.

6) Committee Training

ANASTASIA LESTER PROCEEDED WITH THE BOARD TRAINING, HIGHLIGHTING THE BROWN ACT, AND ROBERTS RULE OF ORDER.

THE FOLLOWING TOPICS WERE ALSO COVERED WITH THE COMMITTEE: GOVERNMENT CODES, PARLIAMENTARY PROCEDURE, GENERAL RULES, KEEPING MINUTES, MOTIONS, AND VOTING PROCEDURES.

MOTION TO ADJOURN MADE BY JESUS GONZALEZ, SECONDED BY MICHELLE BRAVO AT 12:52 PM TO RECONVENE MARCH 26, 2024 AT 11:00 AM

### RESUMEN

#### **Comité Asesor Comunitario**

KERN HEALTH SYSTEMS

2900 Buck Owens Boulevard

Bakersfield, California 93308

Sala de juntas del 1º piso

Martes, 23 de enero de 2024

#### EL COMITÉ SE VOLVIÓ A REUNIR

Miembros: Ashton Chase, F.N.P., Beatriz Basulto, Evelin Torres-Islas, Jasmine Ochoa, Jay Tamsi, Jennifer Wood-Slayton, Jessika Lopez, Jesus Gonzalez, Lourdes Bucher, Mark McAlister, Michelle Bravo, Nalasia Jewel, Rocio Castro, Rukiyah Polk, Tammy Torres

VOTACIÓN NOMINAL: 15 presentes; 0 ausentes

Reunión convocada por Anastasia Lester, analista senior de Equidad de Salud, a las 10:04 a.m.

NOTA: La votación se muestra en negrita abajo de cada artículo. Por ejemplo, Basulto-Wood denota que el miembro Basulto hizo la moción y el miembro Wood apoya la moción.

AGENDA DE CONSENTIMIENTO/OPORTUNIDAD PARA COMENTARIOS PÚBLICOS: TODOS LOS ARTÍCULOS LISTADOS CON UNA "CA" SE CONSIDERARON COMO RUTINARIOS Y APROBADOS POR UNA MOCIÓN.

LA ACCIÓN DEL COMITÉ SE MUESTRA EN MAYÚSCULAS.

### PRESENTACIONES PÚBLICAS

1) Esta parte de la reunión está reservada para personas que se dirijan al comité sobre cualquier asunto que no esté en esta agenda pero que esté bajo la jurisdicción del comité. Los miembros del comité pueden responder brevemente a las declaraciones que se hicieron o a las preguntas formuladas. Pueden hacer una pregunta para aclararla; hacer una referencia al personal para obtener información factual o solicitar al personal que informe al comité en una reunión futura. Además, el comité puede tomar medidas para ordenar al personal que incluya un asunto en una agenda futura. LOS ORADORES ESTÁN LIMITADOS A DOS MINUTOS. INDIQUE Y DELETREE SU NOMBRE ANTES DE HACER SU PRESENTACIÓN. ¡GRACIAS!

SIN PRESENTACIONES.

### ANUNCIOS O INFORMES DE LOS MIEMBROS DEL COMITÉ

2) Por propia iniciativa, los miembros del Comité pueden hacer un anuncio o un informe sobre sus propias actividades. Pueden hacer una pregunta para aclarar, hacer una remisión al personal o tomar medidas para que el personal incluya un asunto en una agenda futura (Código de Gobierno Sec. 54954.2[a]).

LOUIE ITURRIRIA SUGIRIÓ QUE HICIÉRAMOS PRESENTACIONES PARA QUE TODOS LOS NUEVOS MIEMBROS DEL COMITÉ FUERAN RECONOCIDOS.

CA-3) Actas de reunión del Comité Asesor Comunitario/ Política Pública del 12 de diciembre de 2023:

RECIBIDO Y ARCHIVADO MCALISTER-BRAVO: 15 SÍES; MOCIÓN APROBADA.

4) Presentación – Resumen del Comité Asesor de Comunitario RECIBIDO Y ARCHIVADO

ANASTASIA LESTER HIZO UNA PRESENTACIÓN EN POWERPOINT SOBRE LA NUEVA DEFINICIÓN, ESTRUCTURA, DEBERES Y PROCESO DEL CAC.

5) Votación por el presidente y el copresidente del Comité Asesor Comunitario

SE PROCEDIÓ A LA VOTACIÓN Y EL RESULTADO FUE EL SIGUIENTE:

RUKIYAH POLK FUE NOMINADA COMO PRESIDENTA DEL COMITÉ POR TAMMY TORRES, LOURDES BUCHER SECUNDÓ, 15 SÍES; MOCIÓN APROBADA.

JESÚS GONZÁLEZ Y NALASIA JEWEL FUERON NOMINADOS COMO COPRESIDENTES. JAY TAMSI NOMINÓ A AMBOS MIEMBROS PARA OCUPAR ESTE PUESTO, JENNIFER WOOD-SLAYTON LO SECUNDÓ 15 SÍES; MOCIÓN APROBADA.

EL COMITÉ ALMORZÓ.

EL COMITÉ VOLVIÓ A REUNIRSE PARA CAPACITACIÓN, PUNTO # 6 A LAS 11:28 A. M

6) Capacitación del Comité

ANASTASIA LESTER PROCEDIÓ CON LA CAPACITACIÓN DE LA JUNTA, DESTACANDO LA LEY BROWN Y LA REGLA DE ORDEN DE ROBERTS.

EL COMITÉ TAMBIÉN ABORDÓ LOS SIGUIENTES TEMAS: CÓDIGOS DE GOBIERNO, PROCEDIMIENTO PARLAMENTARIO, NORMAS GENERALES, REDACTAR ACTAS, MOCIONES Y PROCEDIMIENTOS DE VOTACIÓN.

MOCIÓN PARA APLAZAR LA REUNIÓN POR JESÚS GONZÁLEZ, SECUNDADA POR MICHELLE BRAVO A LAS 12:52 P. M.
PARA VOLVER A REUNIR EL 26 DE MARZO DE 2024 A LAS 11:00 A. M.



**To: Community Advisory Committee** 

From: Isabel Silva, MPH

Date: March 26, 2024

Re: 2023 4th Quarter Wellness & Prevention Report

#### **Background**

KFHC's new contract with DHCS requires that it implements evidence-based wellness and prevention programs inclusive of a health education system that includes programs, services, functions, and resources necessary to provide health education, health promotion and patient education for all members. The contract also requires that KHS have a Cultural and Linguistic Services Program and that KHS monitors, evaluates and takes effective action to address any needed improvement in the delivery of culturally and linguistically appropriate services.

#### **Requested Action**

Receive and File.

#### **Executive Summary**

Report Date: February 1, 2024

#### **OVERVIEW**

Kern Health Systems' Wellness and Prevention (WP) department provides comprehensive, culturally, and linguistically competent services to plan members with the intent of promoting healthy behaviors, improving health outcomes, reducing risk for disease and empowering plan members to be active participants in their health care. The Executive Summary below highlights the larger efforts currently being implemented by the WP department. Following this summary reflects the statistical measurements for the WP department detailing the ongoing activity for Q4 2023.

#### 1. New Programs

• Diabetes Education and Empowerment Program (DEEP) – scheduled to launch in 2/1/2024

#### 2. 4th Quarter Trainings

- Cultural and Linguistic Services: CSV-Delano and KHS Depts (Pharmacy, Population Health Management, Member Services, Enhanced Care Management)
- Health Literacy: KHS Depts (Compliance, Community Support Services, Wellness & Prevention, Health Equity, Marketing, Member Services, Population Health Management, Quality Improvement, Pharmacy and Utilization Management)

#### 3. Community Events

• 4<sup>th</sup> Quarter: Binational Health and Resource Fair, Healthful Harvest Fair (Arvin), Delano Night Out, Dia De La Familia (Delano), Kern County American Disabilities Association Conference

#### 4. Service Monitoring

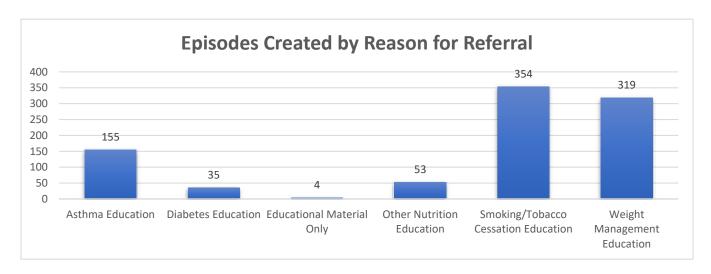
- Linguistic Performance:
  - √ 97% members satisfaction with in-person interpreter
  - √ 99% member satisfaction with telephonic interpreter
  - ✓ 98% members satisfaction with bilingual KHS staff communications
  - √ 91% of KHS calls reviewed did not have difficulty communicating with members in a non-English language
  - ✓ 97% KHS staff satisfaction with vendor OPI communications
- Health Education Classes:
  - ✓ 97% member satisfaction with classes
  - ✓ 6-percentage point increase in member knowledge on nutrition and physical activity
  - ✓ Returning Fresh Start members score 100% on knowledge tests
  - ✓ Diabetes Prevention Program: 4.1% average weight loss in current Spanish cohort

Respectfully submitted,

Isabel Silva, MPH, CHESe Senior Director of Wellness and Prevention

#### **Referrals for Member Wellness and Prevention Services**

During Q4, there were 686 referrals for Member Wellness and Prevention (MWP) services which is a 25% increase in comparison to the previous quarter. During Q4 the MWP team conducted direct outreach to members listed in the tobacco registry. This led to a shift in the primary reason for services requested from Weight Management to Smoking/Tobacco Cessation. Additionally, the health education class service acceptance rate increased by 2% between Q3 to Q4 whereas the received services rate increased from 39% in Q3 to 48% in Q4.

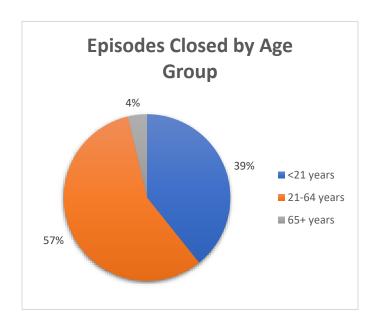


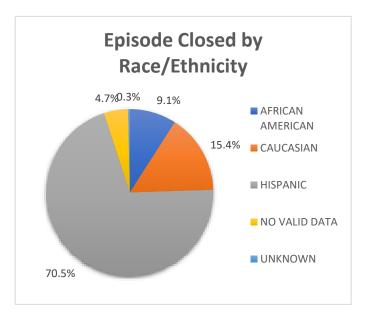


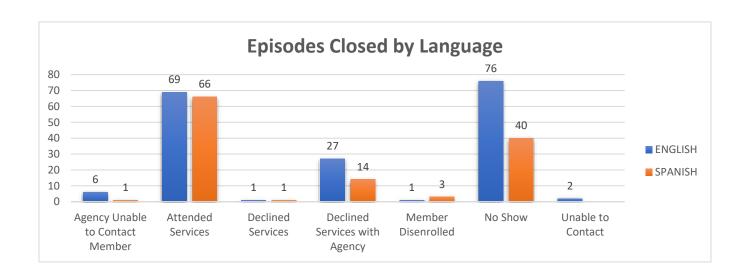
#### **Demographics of Members**

KHS provides services to a culturally and linguistically diverse member population in Kern County. Of the members who received services, the largest age groups were 21-64 years followed by <21 years. A breakdown of member classifications by race and language preferences revealed that many members who received services are Hispanic and preferred to receive services in English. The majority of members who

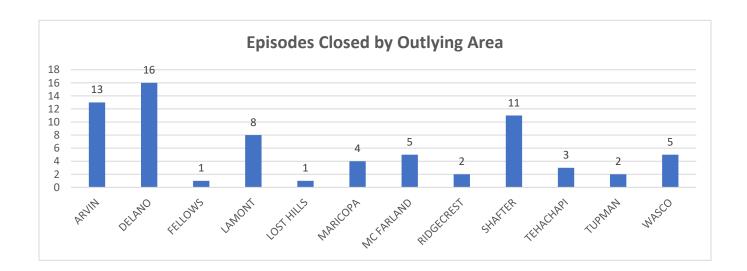
received services reside in Bakersfield with the highest concentration in the 93307 area and Delano in the outlying areas of the county.











#### **Health Education Class Service Audit**

The Health Education Class Service Audit Tool considers a variety of markers to determine the quality of Health Education Class Services being provided to members. It includes observations on planning and preparation, implementation and delivery, and member engagement during health education classes. During Q4, program leads provided an overview of the results from the service audit conducted in Q3. Eight facilitators or co-facilitators attended the meeting. Facilitators reviewed the service audit summary, the class audit tool, and offered their feedback as part of process evaluation. Key terms were defined and explained by program leads.

- Class facilitators agreed to take notes of opportunities identified in summary.
- Performance goals for 2024 include a goal to maintain above 80% on facilitation metrics.
- Service audit results will be reviewed quarterly in 2024.

#### **Health Education Class Evaluations**

Health Education classes include an evaluation questionnaire for participants. The questionnaire is provided at the end of the class. Findings revealed that more than 97% of participants were satisfied with the services.

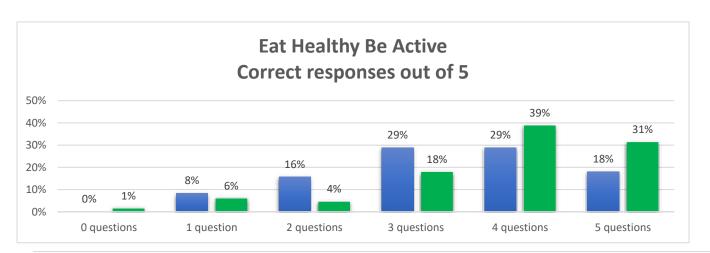


In addition, members referred to the Kick it California (KIC) Quitline were surveyed to gauge satisfaction with this service. Two participants completed the satisfaction survey, and only one had received services either by telephone. This member found the counseling sessions interesting and easy to follow, the counseling sessions were judgement-free and informative; however, the counseling sessions were not effective in helping the member quite or reduce tobacco use.

#### **Health Education Class Effectiveness**

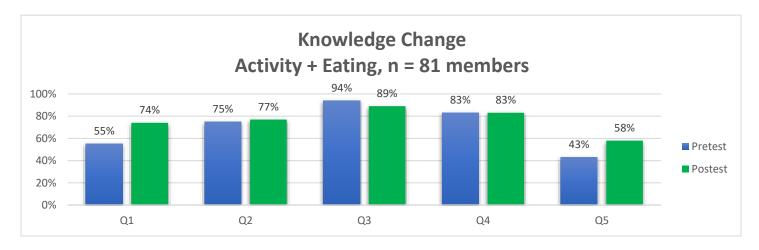
#### Nutrition: Eat Healthy, Be Active

The Eat Healthy, Be Active curriculum was launched in September 2023. This is a 6-class series, each class lasts about 90 minutes. A pre and posttest questionnaire is distributed per class. During Q4, findings revealed that among those members who completed the pre and posttest, there was an average 7 percentage point increase in knowledge gained after completing classes. About 47% of members respond correctly to 4 out of 5 questions at the pretest compared to 70% at posttest.



#### Nutrition: Activity + Eating

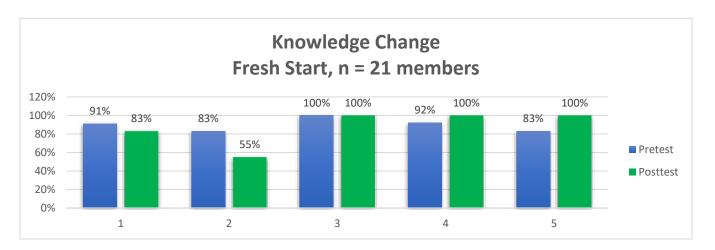
The Activity + Eating curriculum was launched in September 2023. This is a 1-time class that lasts about 90 minutes. The evidence shows that it can impact behavior around physical activity. A pre and posttest questionnaire is distributed at each class. During Q4, findings revealed a 6-percentage point increase in knowledge when comparing members who completed a pretest (average 70% correct answers) to members who completed a posttest (average 76% correct answers).



Members who participated and completed the tests seem to have the most knowledge around the physical activity guidelines and the importance of calories and physical activity to lose weight (i.e. questions 1 and 5). Areas of opportunity for Activity + Eating facilitators exist to improve awareness and knowledge on food groups, nutrients, and the benefits of physical activity.

#### Smoking/Tobacco Cessation: Fresh Start

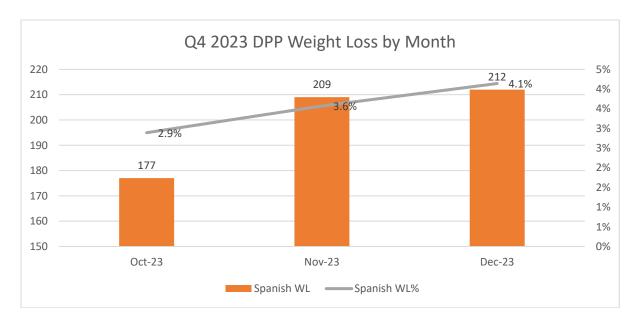
The Fresh Start classes have the goal of reducing harm from tobacco products. Knowledge tests are implemented at each series. Due to technology issues, limited pretests were implemented in Q4. In total, 33 tests were completed by 21 unique members. By the end of the series, 100% of members know that: 1) being aware of their triggers can help them plan to reduce the urge to smoke/vape; and 2) they should commit to a quit date.



Members in Fresh Start benefit from being able to return to classes each month to receive support from class facilitators and their peers. In December there were 5 returning members, who demonstrated 100% scores in pre and posttests.

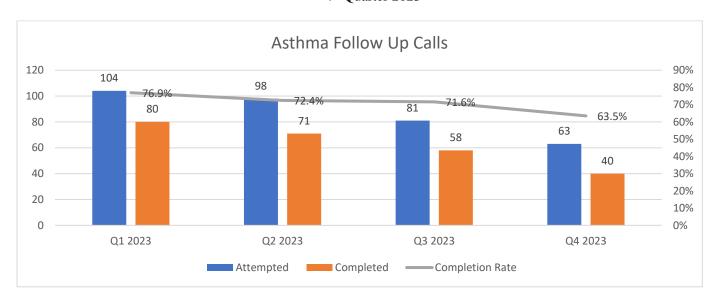
#### Chronic Disease Prevention and Management: Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program designed to prevent or delay the onset of type 2 diabetes among at risk members. Weight loss totals and percentages that compare initial combined cohort weight with combined weight at the end of each month in Q4 2023 are shown in the chart below. By the end of Q4 2023, 29 members were enrolled in the Spanish DPP cohort with an average weight loss of 4.1%. There was no English DPP series being offered in Q4 2023.



#### Chronic Disease Prevention and Management: Asthma Education Effectiveness

Members who have attended the KFHC Breathe Better Asthma Classes are offered asthma follow up calls. These calls occur at 1 month, 3 months, and 6 months after attending the classes. During the follow up call, members are screened to determine if asthma symptoms are well controlled using the Asthma Control Test (ACT) screening tool. An ACT score of 20 or higher is an indicator of well controlled asthma. During Q4 2024, 63.5% of members completed an asthma follow up call. The average ACT score improved slightly for both members under 12 years old and those 12 years and older when comparing the initial assessment to the follow ups.



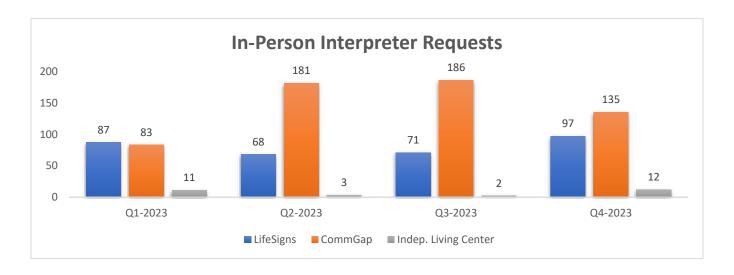
Q4 2023 Average ACT Scores						
Asthma Follow Up Calls						
Call Month	<12 years of age	12+ years of age				
Initial	17.3	16.3				
1	21.2	16.0				
3	22.4	18.1				
6	21*	17.8				

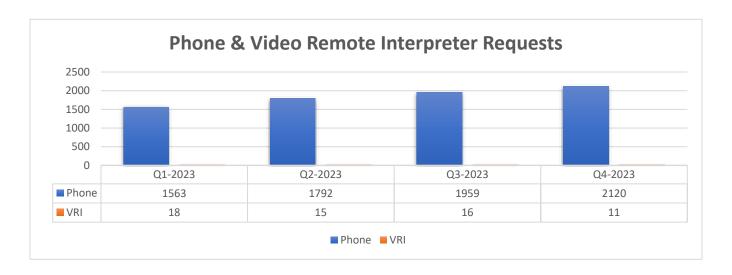
<sup>\*</sup>Unreliable data due to low number of scores.

#### **Interpreter Requests**

During this quarter, there were 135 requests for Face-to-Face Interpreting, 2,120 requests for Telephonic Interpreting, 11 for Video Remote Interpreting (VRI) and 109 requests for an American Sign Language (ASL) interpreter.

Top Face-to-Face	Top Face-to-Face
Interpreting Languages Requested	Interpreting Languages Requested
Phone and Video Remote	In- person
Spanish	Spanish
Punjabi	Cantonese
Arabic	Arabic

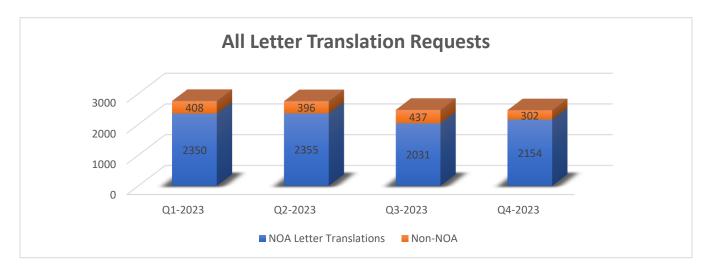






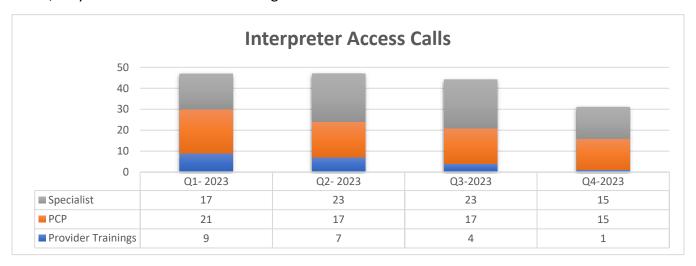
#### **Written Translations**

The HE department coordinates the translation of written documents for members. Translations are performed in-house by qualified translators or outsourced through a contracted translation vendor. During this quarter, 2,456 requests for written translations were received.



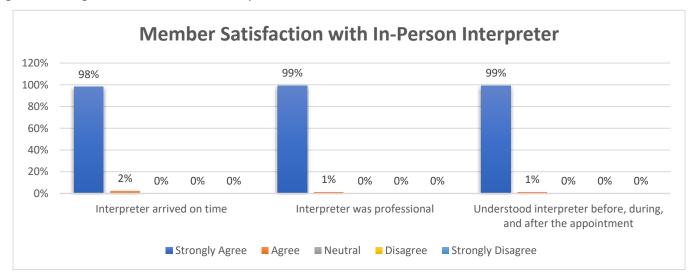
#### **Interpreter Access Survey Calls**

Each quarter, the Provider Network Management department conducts an interpreter access survey among KHS providers. During Q4, 15 PCPs and 15 Specialists participated in this survey. Of these providers, only 1 needed a refresher training on KHS' C&L services.



#### **Member Satisfaction Surveys**

During this quarter, a total of 30 satisfaction surveys were collected from members who received inperson interpreting services and more than 98% of members reported they "Strongly Agreed" or "Agreed" being satisfied with their interpreter.



### Over-the-Phone (OPI) Interpreter Call Monitoring

During this quarter, an audit was performed on 30 random OPI interpreter services calls. Calls audited were in Arabic, Khmer, Korean, Mandarin, Punjabi, Spanish, and Tagalog. Calls were evaluated for the interpreter's Customer Service, Interpretation Skills, and the ability to follow the Code of Ethics and Standards of Practice. Audit findings revealed 99% of calls Met Expectations.

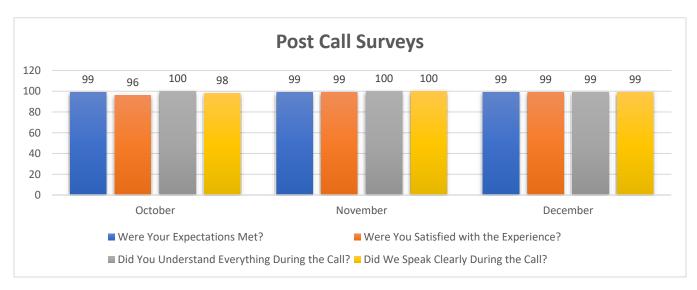
#### **Bilingual Staff Call Audit**

During this quarter, a total of 30 Spanish audio calls from KHS member facing departments were reviewed to assess the linguistic performance of the Bilingual Staff. Findings revealed that 98% of Bilingual staff did not have difficulty communicating with members in a non-English language.



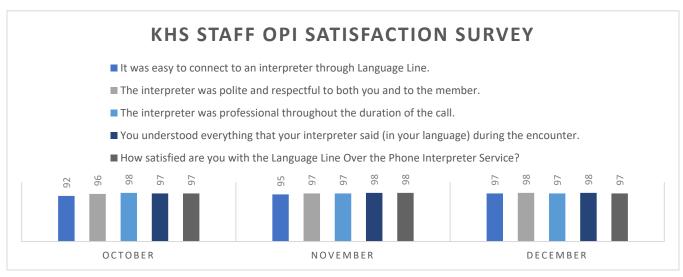
#### **Post Call Surveys**

During this quarter, a total of 4,910Spanish Post Call Surveys were collected from members for all KHS member facing departments to assess the linguistic performance of the Bilingual Staff. KHS' post call survey evaluates member's call experience by language. Findings revealed that 98% of members are satisfied with the linguistic performance of bilingual staff.



#### KHS Staff Satisfaction Over-the-Phone (OPI) Survey

During this quarter, a total of 129 surveys were received from KHS member facing department staff regarding their satisfaction with our vendor Language Line Services concerning over-the-phone interpretation. Findings revealed that 97% of KHS staff are satisfied with the linguistic performance of our vendors' interpreters.



# 4<sup>th</sup> Quarter 2023 Operational Report

Alan Avery
Chief Operating Officer



# 4<sup>th</sup> Quarter 2023 Grievance Report

Category2	Q4 2023	Status	Issue	Q3	Q2	Q1 2023	Q4
Access to Care	347		Appointment Availability	303	233	123	108
Coverage Dispute	0		Authorizations and Pharmacy	0	0	0	0
Medical Necessity	423		Questioning denial of service	478	420	363	335
Other Issues	39		Miscellaneous	65	55	53	38
Potential Inappropriate Care	522		Questioning services provided. All PIC identified cases forwarded to Quality Dept.	644	703	758	670
Quality of Service	296		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	326	282	216	156
Discrimination (New Category)	40		Alleging discrimination based on the protected characteristics	45	64	62	46
Total Formal Grievances	1667				1757	1575	1353
Exempt	1620		Exempt Grievances		1873	1606	1816
Total Grievances (Formal & Exempt)	3287			3887	3630	3181	3169

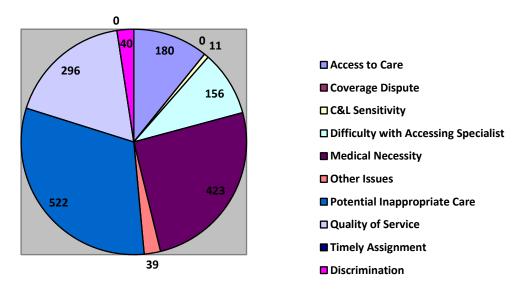


# Additional Insights-Formal Grievance Detail

Issue	2023 4 <sup>th</sup> Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overturned Ruled for Member	Still Under Review
Access to Care	191	118	0	65	8
Coverage Dispute	0	0	0	0	0
Specialist Access	156	68	0	74	14
Medical Necessity	423	139	0	269	15
Other Issues	39	30	0	6	3
Potential Inappropriate Care	522	308	0	162	52
Quality of Service	296	216	0	50	30
Discrimination	40	36	0	0	4
Total	1667	915	0	626	126



Ary Issue	Number	In Favor of Health Plan	In favor of Enrollee	Still under review
Access to care	180	111	61	8
Coverage dispute	0	0	0	0
Cultural and Linguistic Sensitivity	11	7	4	0
Difficulty with accessing specialists	156	68	74	14
Medical necessity	423	139	269	15
Other issues	39	30	6	3
Potential Inappropriate care	522	308	162	<mark>52</mark>
Quality of service	296	216	50	30
Timely assignment to provider	0	0	0	0
Discrimination	40	36	0	4



**Type of Grievances** 

#### KHS Grievances and Appeals per 1,000 members = 3.14/month

During the fourth quarter of 2023, there were one thousand, six hundred and sixty-seven standard grievances and appeals received. Six hundred and twenty-six cases were closed in favor of the Enrollee. Nine hundred and fifteen cases were closed in favor of the Plan. There are one hundred and twenty-six grievances that are still under review. Of the one thousand, six hundred and sixty-seven standard grievances and appeals received, one thousand five hundred fifty-nine cases closed within thirty days; one hundred and eight cases were pended and closed after thirty days.

#### **Access to Care**

There were one-hundred eighty grievances pertaining to access to care. One-hundred eleven closed in favor of the Plan. Sixty-one cases closed in favor of the Enrollee. There are eight cases still pending review. The following is a summary of these issues:

Seventy-six members complained about the lack of available appointments with their Primary Care Provider (PCP). Fifty-two cases closed in favor of the Plan after the responses indicated the offices provided the appropriate access to care based on the Access to Care standards. Twenty-one cases closed in favor of the Enrollee after the responses indicated the offices may not have provided appropriate access to care based on Access to Care standards. There are three cases still pending review.

Eighteen members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. Seventeen cases closed in favor of the Plan after the responses indicated the members were seen within the appropriate wait time for a scheduled appointment or the members were at the offices to be seen as a walk-in, which are not held to the Access to Care standards. One case closed in favor of the Enrollee after the response indicated the member was not seen within the appropriate wait time for a scheduled appointment. There are no cases still pending review.

Forty-five members complained about the telephone access availability with their Primary Care Provider (PCP). Twenty-one cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access availability. Twenty-one cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate telephone access availability. There are three cases still pending review.

Forty-one members complained about a provider not submitting a referral authorization request in a timely manner. Twenty-one cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Eighteen cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner. There are two cases still pending review.

### **Coverage Dispute**

There were no grievances pertaining to a Coverage Dispute issue.

#### **Cultural and Linguistic Sensitivity**

There were eleven grievances pertaining to the lack of available interpreting services to assist during their appointments. Four cases closed in favor of the Enrollee after the response from the provider indicated the member may not have been provided with the appropriate access to interpreting services. Seven cases closed in favor of the Plan after the responses from the providers indicated the members were provided with the appropriate access to interpreting services. There are no cases still pending review.

#### **Difficulty with Accessing a Specialist**

There were one hundred fifty-six grievances pertaining to Difficulty Accessing a Specialist. Sixty-eight cases closed in favor of the Plan. Seventy-four cases closed in favor of the Enrollee. There are fourteen cases still under review. The following is a summary of these issues:

Sixty-seven members complained about the lack of available appointments with a specialist. Thirty-one cases closed in favor of the Plan after the responses indicated the members were provided the appropriate access to specialty care based on the Access to Care Standards. Thirty-one cases closed in favor of the Enrollee after the responses indicated the offices may not have provided appropriate access to care based on Access to Care standards. There are five cases still under review.

Eleven members complained about the wait time to be seen for a specialist appointment. Five cases closed in favor of the Plan after the response indicated the member was provided with the appropriate wait time for a scheduled appointment based on the Access to Care Standards. Five cases closed in favor of the Enrollee after the response indicated the member may not have been provided with the appropriate wait time for a scheduled appointment based on the Access to Care Standards. There is one cases under review.

Fifty-two members complained about the telephone access availability with a specialist office. Twenty-one cases closed in favor of the Plan after the response indicated the member was provided with the appropriate telephone access availability. Twenty-five cases closed in favor of the Enrollee after the response indicated the member may not have been provided with the appropriate telephone access availability. There are six cases under review.

Twenty-four members complained about a provider not submitting a referral authorization request in a timely manner. Nine cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Thirteen cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner. There are two cases under review.

Two members complained about physical access to providers. Two cases closed in favor of the Plan after it was determined the physical access was appropriate. There are no cases still pending review.

### **Medical Necessity**

There were four hundred and twenty-three appeals pertaining to Medical Necessity. One hundred and thirty-nine cases were closed in favor of the Plan. Two hundred and sixty-nine cases were closed in favor of the Enrollee. There are fifteen cases under review. The following is a summary of these issues:

One hundred and thirty-nine of the cases closed in favor of the Plan as it was determined that there was no supporting documentation submitted with the referral authorization requests to support the criteria for medical necessity for the requested specialist or DME item; therefore, the denials were upheld. Of the cases that were closed in favor of the Plan, five were partially overturned. Two hundred and sixty-nine cases were closed in

favor of the Enrollee as it was determined medical necessity was met and the denials were overturned and approved. There are fifteen cases under review.

#### **Other Issues**

There were thirty-nine grievances pertaining to Other Issues that are not otherwise classified in the other categories. Thirty cases were closed in favor of the Plan after the responses indicated the appropriate services were provided. Six cases closed in favor of the Enrollee after the responses indicated the appropriate services may not have been provided. There are three cases still under review.

#### **Potential Inappropriate Care**

There were five hundred twenty-two grievances involving Potential Inappropriate Care issues. These cases were forwarded to the Quality Improvement (QI) Department for their due process. Upon review, three hundred and eight cases were closed in favor of the Plan, as it was determined a quality-of-care issue could not be identified. One hundred sixty-two cases were closed in favor of the Enrollee as a potential quality of care issue was identified and appropriate tracking or action was initiated by the QI team. There are fifty-two cases still pending further review with QI.

#### **Quality of Service**

There were two hundred and ninety-six grievances involving Quality of Service issues. Two hundred and sixteen cases closed in favor of the Plan after the responses determined the members received the appropriate service from their providers. Fifty cases closed in favor of the Enrollee after the responses determined the members may not have received the appropriate services. There are thirty cases still under review.

#### **Timely Assignment to Provider**

There were no grievances pertaining to Timely Assignment to Provider received this quarter.

#### **Discrimination**

There were forty grievances pertaining to Discrimination. Thirty-six cases closed in favor of the Plan as there was no discrimination found. Zero cases closed in favor of the Enrollee. There are four cases still under review. All grievances related to Discrimination, are forwarded to the DHCS Office of Civil Rights upon closure.

#### **Kaiser Permanente Grievances and Appeals**

#### **Kaiser Grievances per 1,000 members = 5.6/month**

During the fourth quarter of 2023, there were two hundred and seventy-two grievances and appeals received by KFHC members assigned to Kaiser Permanente. Eighty-two cases were closed in favor of the Enrollee. One hundred and twenty-four cases closed in favor of the Plan. Sixty-six cases are still open, pending investigation and resolution.

#### **Access to Care**

There were eighty-six grievances pertaining to Access to Care. Twenty-nine closed in favor of Enrollee. Thirty-five cases are closed in favor of Plan. Twenty-two cases are still under review.

#### **Medical Necessity**

There were nine appeals pertaining to Medical Necessity. One case closed in favor of Enrollee. Four cases closed in favor of Plan. Four cases are still under review.

#### **Other Issues**

There were one hundred and thirty-nine grievances pertaining to Other Issues. Forty-two cases closed in favor of Enrollee. Sixty-four cases closed in favor of Plan. Thirty-three cases are still under review.

#### **Potential Inappropriate Care**

There were eleven grievances pertaining to Quality of Care. Five cases closed in favor of Enrollee. Six cases closed in favor of Plan.

#### **Quality of Service**

There were twenty-five grievances pertaining to a Quality of Service. Five cases closed in favor of Enrollee. Thirteen cases closed in favor of Plan. Seven cases are still under review.

#### **Discrimination**

There were two grievances pertaining to Discrimination. Two cases closed in favor of Plan.



To: KHS Community Advisory Committee Meeting

From: Nate Scott

Date: March 26, 2024

Re: Executive Summary for 4th Quarter 2023 Operational Board Update - Grievance

Report

#### **Background**

Executive Summary for 4th Quarter 2023 Operational Board Update - Grievance Report: When compared to the previous four quarters, the following trends were identified related to the Grievances and Appeals received during the 4<sup>th</sup> Quarter, 2023.

- There was a slight decrease in Grievances and Appeals in Quarter 4, 2023 when compared to the previous two quarters in 2023. The Plan typically sees a decrease in the number of Grievances and Appeals in the 4<sup>th</sup> quarter of the year due to fewer business days.
- Of the 1,667 Standard Grievance and Appeal cases, 915 were closed in favor of the Plan and 626 cases closed in favor of the Enrollee. At the time of reporting, 126 cases were delayed pending a response and/or medical records from providers.

KHS Standard Grievance and Appeals per 1,000 members = 3.14 per month.

#### **Requested Action**

Receive and File



To: KHS Community Advisory Committee Meeting

From: Nate Scott

Date: March 26, 2024

Re: Executive Summary for 4th Quarter 2023 Grievance Summary Report

#### **Background**

#### **Executive Summary for the 4th Quarter Grievance Summary Report:**

The Grievance Summary Report supports the high-level information provided on the Operational Report and provides more detail as to the type of grievances KHS receives on behalf of our members.

#### **Kaiser Permanente Grievances and Appeals**

During the fourth quarter of 2023, there were two hundred and seventy-two grievances and appeals received by KFHC members assigned to Kaiser Permanente. Of this, one hundred twenty-four cases closed in favor of the Plan and eighty-two closed in favor of the enrollee. Sixty-six cases were still open for review at the time of reporting.

KHS Standard Grievance and Appeal cases per 1,000 members = 3.14 per month. For KHS members assigned to Kaiser Grievances and Appeals per 1,000 = 5.6 per month.

#### **Requested Action**

Receive and File



**To: Community Advisory Committee** 

From: Isabel Silva, MPH

Date: March 26, 2024

**Re: School Wellness Presentation** 

#### **Background**

Since 2015, KFHC has been working with public schools in Kern County to implement wellness programs in an effort to engage students and stakeholders in activities that promote and support health. In February 2022, KFHC opened its 4th cycle of grant funding to schools to continue implementing wellness programs. Since January 2022, KFHC has been working with school districts on DHCS' Student Behavioral Health Incentive Program which aims to increase access to behavioral health services for children in Tk-12<sup>th</sup> grade.

Enclosed is a presentation on KFHC's school wellness partnership efforts.

#### **Requested Action**

Receive and File.

## Kern Family Health Care School Wellness Partnership Efforts

Isabel Silva, MPH
Senior Director of Wellness and Prevention
March 2024



### Student Behavioral Health Incentive Program (SBHIP)

- Purpose:
  - Increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for TK-12 children in schools (Assembly Bill 133: WIC § 5961.3)
- 3-year state funded effort from January 2022 December 2024
  - Kern County eligible for \$13.2 million
- Targeted Interventions:
  - Behavioral Health and Wellness Programs
  - Substance Use Disorder
  - Building Strong Partnership To Increase Medi-Cal reimbursable services
  - Parent and Family Services



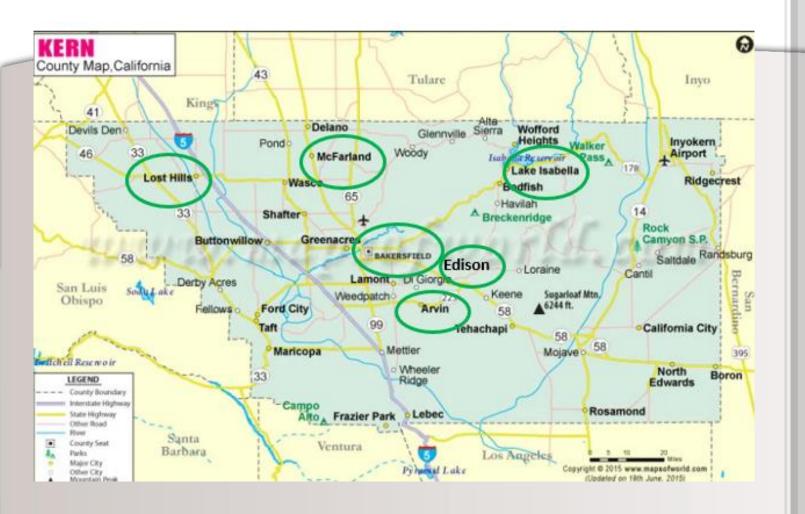












#### **8 School District Partners**

- Arvin Union
- Bakersfield City
- Edison Elementary
- KCSOS Special Education & Alternative Education Program
- Kern High
- Kernville Union
- Lost Hills Union Elementary
- McFarland Union



# Examples of SBHIP Activities

- Family Nights & Events
- Parent Workshops
- Student Support Groups
- Onsite Behavioral Health Services
- Student & Parent Focused Messaging on Mental Health



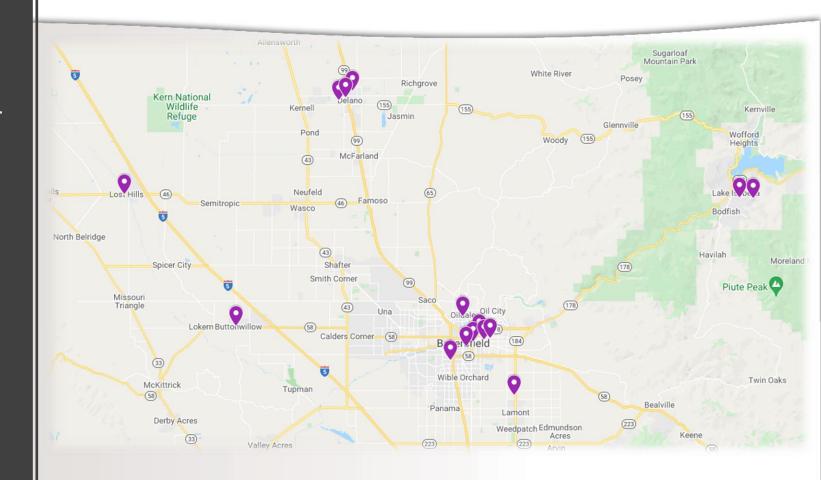




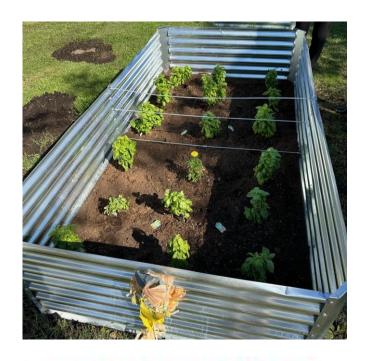


## School Wellness Grant Program

- Goal: Engage students, parents, school staff and community partners in activities that promote and support the physical, social, emotional and behavioral health and wellbeing of students and their families.
- 4 Grant Cycles (22 sites):
  - 2015 2016
  - 2017 2018
  - 2019 2020
  - 2022 2024
- Grant Funding Investments:
  - \$500,000 = Kern County Schools
  - \$100,000 = Local College Interns



















#### A Five-Star Meal:

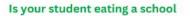
Each school meal provides students with all the 5 recommended food groups:

- Protein
- Grains
- Fruit
- Veggies
- Dairy

#### HEALTHY Breakfast & Lunch provided for your student

Did you know...

- · Breakfast and Lunch offered at no cost to all enrolled students on campus.
- · Salad Bar option is available to all students four days per week.



ol Meals Include:

esh fruits and veggies ide-from-scratch options



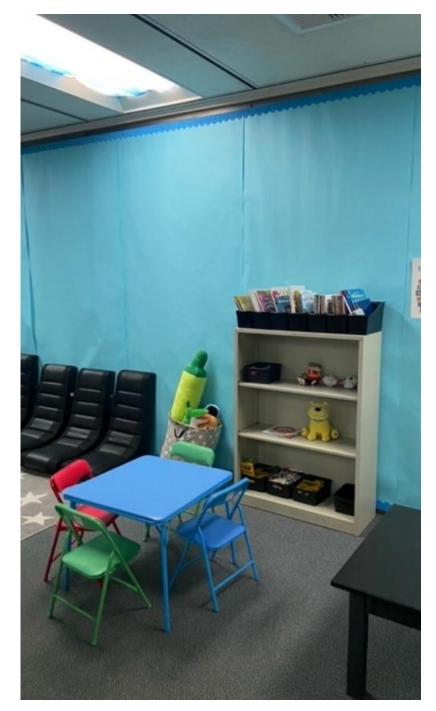
PRESENTS...







**Thompson Junior High School** 







## SANDRINI ELEMENTARY









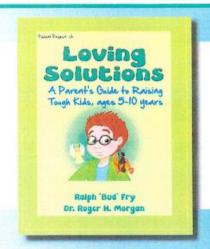












The Manual
The Hospital
Forgot to
Give You.

### Concrete Solutions For Tough Kids

- Learn how to never argue with your child again!
  - Improve school performance!
    - Stop unwanted behaviors!
- Answers for parents of children diagnosed with ADD/ADHD

To help your child make better choices, join us at:

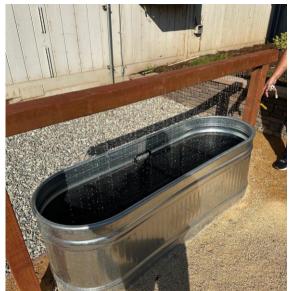
**KRV Family Resource Center** 

Date; January 24th, 2024

Location; KRV Library



















# Thank you!

Questions?





## Vision

#### Expand reach

- North, East, and West Kern
- Meet members where they live and work
- Build community relationships
- Bridge gaps in care

#### **Build trust**

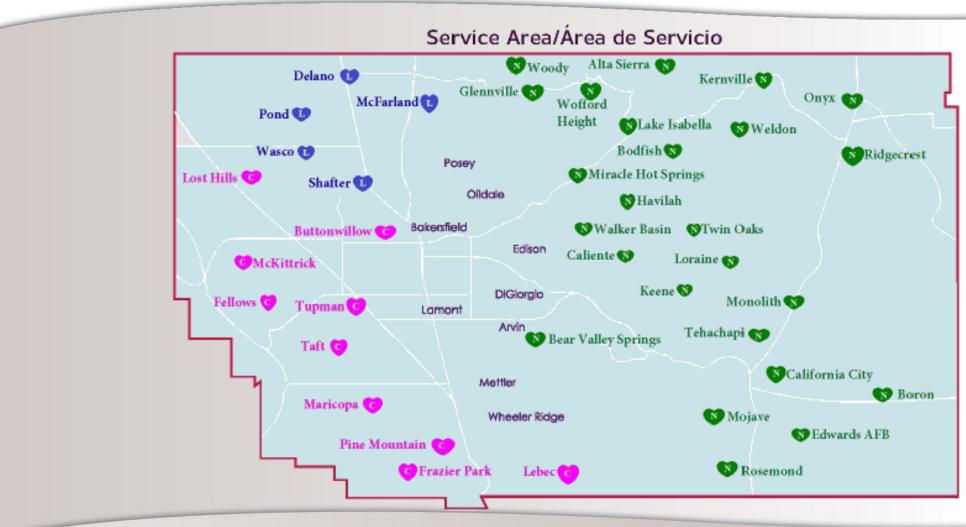
- Hire Member Engagement Representatives who work and/or live in the area
- Establish a physical presence in outlying communities
- One-stop-shop placement with CBOs and FRCs
- Improve member satisfaction and health outcomes

#### Improve engagement

- Create relationships with community partners and members
- Be accessible to members and non-members
- Connect members with benefits and resources
- Identify opportunities for improvement



## Regional Coverage





## **Satellite Office Locations**



# North Kern

DelanoUnionSchoolDistrict

Shafter Family Resource Center



West Kern

The Fort Taft Office

FrazierParkFamilyResourceCenter



East Kern

Lake Isabella Family Resource Center

- Ridgecrest CAPK Oasis
- Mojave CAPK



## You + Us = a better day!



**SYSTEMS**