MOU Effective Date	MOU Type	Combined MOU	Description of Combined MOU	Plan Code	Plan Name (auto-populates)	County (auto- populates)	Reporting Year	Other Party Organization & Name	Multi-Party MOU	Description of Multi- Party MOU	Meeting Attendees	Topic: Care Coordination
	SMHS: Local Government Agencies/Socia Services Departments: Specialty Mental Health Services	I		303	Kern Family Health Care	Kern	70174	Kern Behavioral Health and Recovery Services	No	N/A	Allissa Lopez, MOU Liaison Melinda Santiago, MOU Liaison	Quarterly meetings focused on several key themes related to care coordination, eligibility, screening, assessment, and medical necessity determination. Common concerns included barriers in transitioning care for both youth and adults, such as managing stimulant use, longacting injectable medications, telehealth services polypharmacy in children, delayed transitions (over 45 days), and rapid medication changes post-transition. KHS and KernBHRS are working together to address inconsistencies in care transitions, with KHS adding staff to support coordination efforts. Additionally, KHS requested daily census reports for members in psychiatric inpatient care. MHP proposed tracking transition data for better oversight and quicker responses to extended transitions, with an emphasis on real
5/21/2024		Yes	SMHS - DMC - ODS									time issue resolution.
12/31/2024	WIC: Local Health Departments/WIC	No	N/A	303	Kern Family Health Care	Kern		Clinica Sierra Vista	Yes	Anthem and Kaiser		
	WIC: Local Health Departments/WIC LHD: Local Health Departments IHSS: Local Government Agencies: In-	No	N/A	303	Kern Family Health Care	Kern	2025	Community Action	Yes	Anthem and Kaiser		
	Home Supportive Services											
	CW: Local Government Agencies/Social											
	Services Departments: Social Services and	d										
	RC: Regional Centers											
	TCM: Local Government Agencies: Targeted Case Management											
	F5: First 5 Programs											

Topic: Referrals	Topic: Strategies to Avoid Duplication of Services	Topic: Dispute Resolution	Topic: Collaboration	Topic: Member Engagement
Quarterly meetings focused on challenges related to referrals and transitions of care (TOC). Common concerns included barriers to transitioning, such as incomplete TOC tools that fail to document justification for step-downs and inappropriate requests that lead to disruptions in care.	Quarterly meetings focused on strategies to avoid duplication of services through better data sharing and coordination. A key topic was the setup of		Quarterly meetings discussed the collaboration between MCP and MHP, highlighting both strengths and challenges. One strength was the expansion of the Care Coordination Unit (CCU) at KernBHRS, which has completed internal training and is on track to manage all Transition of Care (TOC) functions by January 2025. A	Quarterly meetings focus on member engagement challenges like incorrect or disconnected phone numbers, members unaware of transitions or referrals, and no-

Additionally, issues arose when providers bypassed Managed Care Plans (MCP) and stepped down members without proper TOC documentation. There were discussions about aligning processes for smoother transitions and ensuring better coordination. Monthly meetings started 1/1/25 to address and resolve ongoing and ensure that client care is not interrupted.

weekly meetings to establish a data exchange, with a focus on creating data specifications based on MOU requirements, including enrollment, coordination, and encounters. The status of the data exchange file specification development for Mental Health (MH) was discussed, with both KHS and KernBHRS actively working on it. Additionally, KHS held a meeting with CalMHSA regarding their issues with referrals and improve processes Connex interoperability solution, aiming to enhance overall. The goal is to streamline transitions data sharing and streamline processes, thereby reducing duplication of services and improving care No dispute resolutions coordination. during this period.

barrier identified was the challenge of managing cases where clients deemed ready for transition to a lower level of care were found unprepared after evaluation by outcome reports, specifically tracking Closed Kern Health Systems (KHS), prompting the need for more Loop Referrals, to gauge engagement. case-specific discussions. Additionally, KHS is revising policies and will soon share them with KernBHRS, focusing on data exchange and MOU requirements. Challenges also arose in coordinating with ECM providers for difficult clients, with KHS expressing a need status and whether members are actively for better communication and coordination with KernBHRS. KHS suggested attending KernBHRS provider meetings to improve collaboration.

shows to appointments, all of which delay linkage to services. Teams review referral Discussions center around implementing a data exchange process to monitor interactions, ensuring that the Managed Care Provider (MCP) is informed of referral engaged in treatment. Successes are seen in improving connection rates through timely follow-ups and accurate data.