Kaiser Foundation Health Plan, Inc. | Medi-Cal Line of Business Program

2026 Non-Specialty Mental Health Services Outreach and Education Plan for Members and Primary Care Physicians

Introduction: Kaiser Foundation Health Plan, Inc.'s (KFHP), "the Plan", mission is to provide high-quality, accessible, and affordable health care services to improve the health status of its Members and the communities we serve. The Plan ensures that all its Medi-Cal Members receive timely mental health services without delay, regardless of the delivery system where they seek care. The Plan recognizes that many Medi-Cal Members experience mental health symptoms that go undertreated each year. In accordance with Senate Bill (SB) 1019, *Managed Care Plan Mental Health Benefits* and the California Department of Health Care Services (DHCS) All Plan Letter (APL) 24-012, *Non-Specialty Mental Health Services (NSMHS: Member Outreach, Education, and Experience Requirements,* the Plan developed a Medi-Cal Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan to help Members and Primary Care Physicians (PCPs) better understand how to access NSMHS using outreach and education.

Goal: The Plan's NSMHS Outreach and Education Plan seeks to address outreach and education requirements in accordance with APL 24-012, improve mental health screenings for Medi-Cal Members, strengthen post-service follow-up for Members receiving or seeking Non-Specialty Mental Health Services, and enhance coordination of all Medi-Cal covered mental health services across access points to ensure continuity and quality of care.

I. Objectives:

i. Member Outreach and Education Plan
   a. Increase the Plan's Medi-Cal Members' awareness of covered NSMHS.
   b. Improve the Plan's Medi-Cal Members' access to covered NSMHS.
   c. Improve the Plan's Medi-Cal Members' experience with NSMHS.

ii. PCP Outreach and Education Plan
   a. Enhance PCP awareness of Medi-Cal covered NSMHS.
   b. Engage PCPs as partners in improving the Plan's Medi-Cal Members' access to and experience with covered NSMHS.
   c. Provide PCPs with tools to help inform the Plan's Medi-Cal Members of covered NSMHS.

iii. Operational Implementation: As required by SB 1019 and APL 24-012, the Plan is collaborating with its mental health services stakeholders, the Plan's tribal liaison, and mental health outreach and education professionals to improve awareness of Medi-Cal covered mental health benefits, including NSMHS, through increased visibility for all Plan Medi-Cal Members, via the following implementation efforts:
   a. Eligible Member Audience- the Plan's Medi-Cal Members who meet the following criteria are eligible for NSMHS:
      1. Medi-Cal Members twenty-one (21) years of age and over with mild-to-moderate distress or mild-to-moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders.
      2. Medi-Cal Members under age twenty-one (21), to the extent otherwise eligible for services through Early and Periodic Screening, Diagnostic and Treatment (EPSDT), regardless of level of distress or impairment or the presence of a diagnosis.
      3. Medi-Cal Members of any age with potential mental health disorders not yet diagnosed.

b. Opportunities for targeted outreach and identification- The Plan's Medi-Cal Members will be identified in the following ways for outreach and education regarding NSMHS benefits:
    1. Intake assessment conducted by the Plan, Community Based providers, MHPs or other qualified stakeholders
    2. Bi-directional referrals between the Plan, Community Based providers, MHPs or other qualified stakeholders
    3. Plan's Medi-Cal Member self-referral, including self-administered online mental health assessments at Wellness resources | Kaiser Permanente
    4. Plan's Internal Utilization Assessment of NSMHS, using stratified Plan claims data, to identify the Plan's Medi-Cal Members who meet criteria and risk factors for NSMHS.

c. Implementation- Activities that may support the achievement of the Plan's outreach, education, and coordination goals through effective planning, execution, and monitoring.
    1. Widespread Member outreach with materials and messaging (e.g. mailers, digital communications, community and on-site materials to the Plan's Medi-Cal beneficiaries) designed to be appropriate for the Plan's diverse Medi-Cal Membership.
    2. Tailored outreach approach and messaging targeting low-utilizing and high-risk Plan Medi-Cal Members as informed by NSMHS utilization and population assessments.
    3. Collaboration with Enhanced Care Management (ECM) providers, community health workers (CHW), navigators, and other outreach and education specialists to share mental health services education in the community.
    4. Partnerships with Local Health Jurisdictions (LHJs), including County Mental Health Plans (MHP), to facilitate continuity of care for the Plan's Med-Cal Members, so that these Members may access mental health services from their preferred delivery system and trusted provider(s).
    5. Offering Medi-Cal NSMHS Provider training opportunities, to better equip providers in helping Members better understand how to access NSMHS using outreach and education, as needed. Presentation modalities could include printed materials, at-will training via recorded presentation, or live presentations to provider audiences.

II. Key Messaging in Outreach and Education: Information regarding NSMHS includes the mental health benefits available to the Plan's Medi-Cal Members, details regarding how and where Medi-Cal Members may access services and overcoming obstacles preventing Members from timely access to services.

i. Key messaging to the Plan's Medi-Cal Members, Primary Care Physicians and the Primary Care Providers audience regarding NSMHS benefits will include:

a. Plan Medi-Cal Members have Access to Covered NSMHS
    1. The Plan ensures that its Medi-Cal Members receive timely mental health services, without delay, regardless of where they seek care (e.g., from their preferred delivery system and trusted provider(s)).
    2. The Plan maintains a robust Care Coordination program for all its Medi-Cal Members, including those with NSMHS and Specialty Mental Health

(SMH) needs that have been referred to and are receiving services from the MHP. Continuity of care considerations also apply to the Plan's Medi-Cal Members.

3. The Plan's Medi-Cal Members may access covered NSMHS via any of the following points of contact:
    - kp.org/mental health
    - 1-800-390-3503, Monday – Friday, 8am – 5pm
    - Call the County Mental Health plan, phone numbers are available online for every County. Members will be assessed and offered a phone, video, or in-person appointment with a County mental health specialist.
    - Medi-Cal Ombudsman office 1-888-452-8609 or email MMCDOmbudsmanOffice@dhcs.ca.gov

b. Medi-Cal Mental Health benefits covered by the Plan (Member and PCP facing materials)
    1. NSMHS are available to the Plan's Medi-Cal Members as a covered benefit, even when provided during the initial assessment process, prior to diagnosis, or prior to determining if a Plan Medi-Cal Member meets the criteria for NSMHS.
    2. Medi-Cal covered NSMHS are provided timely even if not included in the Plan's Medi-Cal Member's individual treatment plan, if the Member has a co-occurring mental health condition and Substance Use Disorder (SUD), or if Member is receiving Specialty Mental Health Services (SMHS) from the MHP, as long as those services are not duplicative and are coordinated between the Plan and the MHP.

c. NSMHS covered by Medi-Cal include:
    1. Mental health evaluation and treatment, including individual, group, family and couples' psychotherapy.
    2. Psychological testing when clinically indicated to evaluate a mental health condition for treatment.
    3. Outpatient services for the purposes of monitoring drug therapy
    4. Imaging and laboratory services related to the treatment of mental health services
    5. Outpatient medicines that are not already covered under Medi-Cal Rx Contract Drugs List (Medi-Cal Rx | Homepage), supplies, and supplements
    6. Psychiatric Consultation

d. NSMHS may be provided by Licensed Clinical Social Workers (LCSWs), Licensed Professional Clinical Counselors (LPCCs), Licensed Marriage and Family Therapists (LMFTs), Licensed Psychologists, Psychiatric Physician Assistants (PAs), Psychiatric Nurse Practitioners (NPs), and Psychiatrists as consistent with the practitioner's training and licensing requirements. In addition, the Plan employs trainees, residents, and other unlicensed providers who work under the direct supervision of licensed Kaiser Permanente clinicians.

e. Multiple points of contact for Members to access information for NSMHS include:
    1. Online at kp.org/mental health at the links below which include available *Services* and *How to get care*.

i. *Services* / Mental Health Services| Kaiser Permanente

- Mental Health Assessment: Online depression survey and options for next steps
- Online classes: mental health and wellness topics
- 24/7 suicide and mental health-related crisis lifeline
- View all previously scheduled appointments, including Mental Health appointments
- Call for a mental health appointment
- Emotional Wellness and Self Care apps (Calm, Headspace)
    - At zero-dollar ($0) cost share
    - 24/7 emotional support via emotional support coaching

ii. *How to get care (on kp.org)* / Mental Health and Wellness Care | Kaiser Permanente

- Types of Care: Individual, Family/Couples, Medication, Group therapy, Health classes, self-care resources
- What to Expect: Finding care, first appointment, care plan, collaborative approach and measuring progress
- Access Youth Mental Health Services, tools, appointments
- Access Pregnancy and postpartum mental health services, tools, appointments
- Online assessments by condition
- Find care near you:
    - Addiction and recovery, Anxiety, Depression, Attention Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, Eating Disorders, Obsessive Compulsive Disorder (OCD)
- Digital self-care apps (Calm, Headspace)
- Health classes and support programs
- Find your Words: Tips for talking about mental health, creating a culture of acceptance and supporting each other
- Self-assessments: Understanding difficult thoughts and feelings and where you might need some help

2. Access alternatives not requiring internet access
    i. Call the number on the back of the Plan's Medi-Cal Member ID card
    ii. Referral/Coordination via community-based provider or organization or the Plan's Tribal Liaison
    iii. Referral/Coordination of NSMHS and SMHS between MHP and the Plan
    iv. Referral/Coordination from or with the PCP

ii. Multiple points of contact for Members to access SMHS include:

a. The Plan's clinical and non-clinical staff, including call center representatives, use DHCS-approved Screening and Transition of Care (TOC) tools for SMHS referrals to the MHP. While the Medi-Cal Member is receiving SMHS from the MHP, ongoing patient care coordination is provided by the Plan's Care Coordinators.
b. The Plan's Medi-Cal Members may also seek services directly from the MHP, without a referral.

III. Engagement of Stakeholders: The Plan collaborates with its Tribal Liaison, the Community Advisory Committee (CAC), and Local Stakeholders to develop and inform its NSMHS Outreach and Education Plan messaging. Local Stakeholders, the CAC and the Plan's Tribal Liaison are involved in the development of the overall approach to the Plan's Medi-Cal Member NSMHS Outreach and Education Plan on an ongoing basis, by providing a lens into the diverse Member perspective in the communities they serve. A variety of outreach modalities have been identified for inclusion in the Plan's Medi-Cal Member NSMHS Outreach and Education Plan for the purpose of meeting the Plan's Medi-Cal Member where they are, acknowledging that not all Medi-Cal Members want or are able to access information in the same way.

i. In 2026, the Plan's NSMHS Providers will:

a. Receive quarterly updates on the most recent Plan Medi-Cal Member NSMHS utilization;
b. Review any Plan Medi-Cal Member escalations related to NSMHS; and
c. Discuss opportunities to further improve the Plan's Medi-Cal Member experience when accessing NSMHS, with a focus on ensuring equitable representation of Medi-Cal beneficiaries from diverse communities and groups experiencing high rates of mental health needs.

ii. In 2026, the Plan's Tribal Liaison will:

a. Partner to both deliver feedback from the American Indian Member population on their experience accessing NSMHS and to provide education on the availability of NSMHS and tools available to American Indian Members covered by Medi-Cal;
b. Coordinate referrals, provide benefits and services navigation and coordination (including facilitating Member education on availability of NSMHS and how the Plan's Medi-Cal Members can access services); and
c. Work collaboratively to address the Plan's Medi-Cal Member access hurdles including transportation; and
d. Continue to incorporate feedback received from the Tribal Partners. The Plan's Medi-Cal Member feedback regarding NSMHS will inform improvements to Plan Medi-Cal Member outreach, education, and access pathways for all American Indian Members covered by Medi-Cal who utilize NSMHS.

iii. Collaboration with the Community Advisory Committee (CAC) ensures that the Plan reflects its diverse Member population incorporates their input into policies and decisions. The CAC helps shape strategies to continuously improve care for Medi-Cal Members. Meeting agendas focus on issues that matter most to the Members, ensuring their voices drive enhancements in the Plan's care delivery.

a. Feedback from CAC: In 2025, the Plan's Behavioral Health leads sought feedback from the CAC, presenting an overview of NSMHS and seeking committee feedback to inform the Plan's 2026 NSMHS Outreach and Education Plan.
    1. While APL 22-005, *"No Wrong Door,"* is intended to provide Members with multiple access points to services, CAC Members expressed that the variety options can feel unclear. They shared a need for greater clarity on where to begin and more structured guidance on navigating the process.
    2. Members suggested incorporating more supportive and encouraging language, along with practical examples or real-life scenarios, to illustrate when and how to take the next steps.

b. These areas were identified as critical education opportunities for Plan and Community providers as well as process improvement opportunities for the Plan. The CAC forum and the feedback received, influenced the NSMHS Outreach and Education Plan by highlighting specific Plan Medi-Cal Member concerns and barriers to access.
c. In 2026, the CAC will:
    1. Partner to deliver feedback from the Plan's diverse Member population and whose input is actively utilized in policies and decision-making by the Plan.
    2. Ensure committee meeting agendas are comprised of topics and issues that matter deeply to Plan Medi-Cal Members.
    3. Advocate that the voice of these Members drives improvements in the Plan's care delivery to its Medi-Cal Members.

iv. Collaboration with Local Stakeholders (including Community Outreach and Education Specialists), aids in identifying geographic and demographic differences in the concerns and barriers to accessing mental health services that the Plan's Medi-Cal Members face, which will further inform the Plan's NSMHS Outreach and Education Plan.
a. In 2026, the Local Stakeholders and Community Outreach and Education Specialists will:
    1. Reach out to Medi-Cal Member groups with low utilization of NSMHS.
    2. Consult and partner with stakeholders in local communities to collaborate with LHJs, MHPs, and Community Outreach and Education Specialists on an ongoing basis to improve health care delivery, increase the span of outreach efforts.
    3. Outreach to meet Medi-Cal Members where they are.
    4. Encourage the Plan's Medi-Cal Members to access covered mental health services via their preferred entry point.
    5. Outreach and Education Specialists could include:
        a. Community Based Organizations
        b. Navigators
        c. Community Health Workers

v. Convening with the Quality Improvement and Health Equity Committee
a. The Plan maintains a Quality Improvement and Health Equity Committee (QIHEC) facilitated by a Plan Medical Director in collaboration with the Plan's Health Equity Officer.
b. The QIHEC is responsible for directing all Quality Improvement and Health Equity Transformation Program findings and required actions.
c. In 2026, the Plan will convene with the QIHEC regarding NSMHS Outreach and Education Plan to ensure implementation activities are informed by and aligned with the Plan's Quality Improvement strategies and goals.

vi. In 2026, Primary Care Provider outreach and education will include:
a. Medi-Cal Covered NSMHS benefits and access points, as defined for the Member audiences.
b. Review of historical utilization of covered NSMHS.
c. Overview of stakeholders and the Plan's Tribal Liaison feedback on NSMHS.
d. Activities implemented to improve utilization of NSMHS Outreach and Education Plan goals and objectives.
e. Details on QIHEC alignment.

IV. Population Needs Assessment/Population Health Management Strategy: Since 2024, the Plan has been meeting collaboratively with all 35 Local Health Jurisdictions (LHJs) -- 32 Counties plus City of Berkeley, City of Pasadena and City of Long Beach -- to co-develop population health goals and related activities, share data, and provide funding and/or in-kind support for the Community Health Assessment (CHA) and Community Health Improvement (CHIP) processes.

- **i.** The results of these collaborations are reported to DHCS in the annual DHCS PHM Strategy Deliverables (35, one for each LHJ). In addition, the Plan collects CHA and CHIP reports that have been published by the LHJs and uses their contents to understand the needs of the community, including community demographics, vulnerable populations, the status of the health system, health outcomes, and social drivers of health. The Plan's PNA team indexes each CHA/CHIP against 58 health topics to identify common priorities, analyzes these issues to find areas of concern and strategies used in CHIPs, and shares findings with key Plan functional areas, including those focused on non-specialty mental health education. LHJ collaborations are integrated into the Plan's NSMHS outreach and education strategy. Here are three examples:
  a. The Plan assigns a dedicated point of contact—called 'CHA/CHIP county leads'—to support each LHJ in the PNA work. These leads reviewed and provided feedback on the Plan's NSMHS flyer to align with local priorities. One recommendation led to including the 9-8-8 suicide crisis line to reflect the local public-health focus.
  b. The Plan has enhanced outreach by adopting LHJ strategies. In Yuba County, we joined community presentations to share information about available mental health services.
  c. The Plan now tracks NSMHS utilization at the county level to assess alignment between community-based efforts and mental health service use.
- **ii.** Under the direction of the Behavioral Health Services Act (BHSA), the PNA efforts will begin to include MHP agencies as a third, dedicated partner to complete the trifecta between LHJs and MCPs.
- **iii.** In 2026, the Plan will strengthen the partnership with these two entities (MHP and LHJs) and continue to identify opportunities to collaborate on population health initiatives, including the development of the outreach and education plans to coordinate efforts to educate members on how to access NSMHS.

V. Utilization Assessment: To best understand the mental health needs of its diverse membership, the Plan conducted a broad utilization assessment of NSMHS, stratified by race, ethnicity, language, age, and County. Based on that assessment, in 2026, the Plan will conduct targeted outreach and education for NSMHS where utilization was below average.

VI. Cultural and Linguistic Competency

- **i.** All medically necessary covered services are available and accessible to all Plan Members regardless of race, ethnicity, color, national origin, cultural background, creed, ancestry, religion, primary language, age, gender, marital status, sex, sexual orientation, gender identity, gender expression, socioeconomic status, health status, physical or mental disability, source of payment, genetic information, citizenship, immigration status or identification with any other persons or groups defined in Penal code 422.56, and all covered services are provided in a culturally and linguistically appropriate manner.
- **ii.** The Plan does not unlawfully discriminate in the delivery of healthcare services based on age, race, ethnicity, color, cultural background, national origin, ancestry, religion, sex (including gender, gender identity, gender expression or gender related

appearance/behavior whether or not stereotypically associated with the person's assigned sex at birth), language (including Members with limited English proficiency), marital status, veteran's status, sexual orientation, age, genetic information, medical history, medical conditions, citizenship, immigration status, claims experience, evidence of insurability (including conditions arising out of acts of domestic violence), or source of payment to ensure that all covered services are provided in a culturally and linguistically appropriate manner.

iii. The Plan requires culturally and linguistically appropriate services for Members.

iv. The Plan will partner with:
   a. The community to design, implement, and evaluate policies, procedures, and services which ensure cultural and linguistic appropriateness.
   b. Tribal liaisons to incorporate tribal partner input and address continuity of care for American Indian MCP Members.

v. The Plan incorporates language-specific materials for Members:
   a. To access when learning about services and resources;
   b. Member facing materials, including educational flyers and guidance on accessing Non-Specialty Mental Health care;
   c. Are translated into 13 threshold languages identified in the Plan's service area.

vi. Outreach and educational content development occurs in collaboration with key stakeholders within the Plan and the community it serves and is designed to be appropriate for the diversity of the Plan's Medi-Cal membership.
   a. The Plan uses inclusive visual representation throughout all materials. Marketing and educational materials feature images of people from diverse racial, ethnic, and age groups to reflect the Plan's membership.
   b. Videos and posters include scenarios and settings that resonate with different cultural norms and values.
   c. In addition, the Plan references APL 24-002 (Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members), or any superseding APL, for further guidance on tribal liaison roles and responsibilities, as well as relevant trainings on (1) cultural humility and (2) trauma-informed care and historical trauma.

vii. The Plan appropriately uses a consistent message across channels.
   a. Whether a Member receives information via print, phone, or online, the messaging is consistent in tone, terminology, and intent.

viii. Content is reviewed to ensure reading level and messaging consistency.
   a. The Plan has appropriately made literacy-level adjustments and comprehension considerations to meet Members' needs.
   b. The Plan's Qualified Health Educators review all marketing content for literacy levels. For example, this occurs with the various content posted on the Mental Health and Wellness Care | Kaiser Permanente website.
   c. Written materials are kept at or below a sixth grade reading level to accommodate Members with limited health literacy.
   d. Plain language and visual aids (e.g., infographics, pictograms) are used to explain complex health topics.
   e. The Plan complies with all language translation regulatory requirements, related obligations in its direct contract with the DHCS, and requirements and policy as set forth in APL 21-004 Standards for Determining Threshold

Languages, Non-discrimination Requirements and Language Assistance Services.

ix. The Plan informs all individuals of the availability of language assistance services clearly, in multiple languages, in a written Evidence of Coverage (EOC) and verbally through language assistance services.

x. The Plan provides language assistance, including interpreters and sign-language interpreters, to individuals who have limited English proficiency, disability and/or other communication needs, at zero-dollar ($0) cost share, to facilitate timely access to all health care and services.

xi. The Plan-employed interpreters go through rigorous background checks and screening upon hiring to ensure the competence of the individuals providing language assistance.

a. The Plan recognizes that the use of untrained individuals and/or minors as interpreters should be avoided.

xii. Language assistance is available to all Plan Medi-Cal Members via easy to understand print and multi-media materials in accessible formats, including braille, large print, audio, and electronic formats, and signage in the languages commonly used by the populations in the Plan's service areas.

xiii. Medi-Cal Members can access language assistance services by contacting the Plan's Member Services at 1-855-839-7613 (TTY 711), available 24 hours a day, 7 days a week. Additionally, the Plan provides information on language assistance to Members verbally by Member Services Representatives, office support staff, and clinicians.

a. This information is also available on the Plan's website at Help in your language.

b. Documents are available in alternative formats upon request through Member Services

VII. Stigma Reduction

i. Best Practices

a. To reduce stigma that often accompanies mental illness and substance use disorders, the following best practices are applied to all work associated with the Plan's NSMHS Outreach and Education Plan:

1. Appropriate wording of messaging and materials normalizing mental health
2. Increasing awareness and mental health literacy, beginning with all Plan Medi-Cal Members, through phased NSMHS outreach and education
3. Promoting whole person care combining physical and mental health care; promoting self-awareness
4. Incorporating the voice of the Member obtained via community engagement; timely reviewing and addressing of Member grievances and direct feedback
5. Employee training on stigma with mental illness and substance use disorders and discrimination reduction

b. Collaborate with MHP partners to share behavioral health resources, enabling members and other constituents to navigate between NSMHS and SMHS through the use of Screening and TOC tools.

c. Ensures that internal regional, clinical or coordination teams are engaged in conversations with MHP partners around NSMHS, level of care or service appropriateness as they arise, to ensure MHP staff feel educated on how to

assist members to navigate and/or access their mental and behavioral health services.

d. Conduct standardized training sessions across counties where an MHP Memorandum of Understanding (MOU) is in place to educate staff on how members can access resources included in the Plan's benefits and care.

ii. Behavioral Health Initiatives- The Plan collaborates with several LHJs throughout California on behavioral health initiatives.

a. As part of this collaboration, the Plan participates in LHJ-led CHA and CHIP planning sessions and workgroups, many of which involve MHPs. These forums provide the Plan with valuable insights into community-identified challenges in accessing behavioral health services.

b. Key concerns identified by the community that can help to inform the Plan's Outreach and Education plan include:

1. The stigma associated with seeking mental health support
2. The overwhelming number of resources, which can hinder access during times of urgent need
3. Cultural barriers that may prevent certain populations from utilizing available services
4. Accessing NSMHS when managing perinatal mood or anxiety disorders (associated with maternal mental health)

c. The Plan has also engaged in community-based efforts to educate the public about behavioral health services.

1. For instance, in Yuba/Sutter County, the Plan co-presented with Partnership HealthPlan, Anthem, Blue Shield of CA, and TRICARE to help community members understand how to access mental health services.

d. As part of the Behavioral Health Services Act (BSHA) statewide behavioral health goals, the Plan will continue building partnerships with interested LHJs and MHPs across California. These collaborations aim to identify and implement complementary strategies that expand education on accessing mental health services.

VIII. Regulatory Requirements for Full Implementation: In accordance with requirements as set forth in APL 24-012, the Plan will begin its implementation of the 2026 NSMHS Outreach and Education Plan on 1/1/2026.

i. Upon DHCS approval, the 2025 Utilization Assessment Report used to complete outreach and education in 2026 will be posted on the Northern California Medi-Cal quality & improvement | Kaiser Permanente and Southern California Medi-Cal quality & improvement | Kaiser Permanente websites.

ii. Upon DHCS approval, this 2026 NSMHS Member and PCP Outreach and Education (O & E) Plan will be posted on the Northern California Medi-Cal quality & improvement | Kaiser Permanente and Southern California Medi-Cal quality & improvement | Kaiser Permanente websites.