

Meeting Minutes

HPSJ & Stanislaus County BHRS

Meeting Title: Care Coordination Meeting
 Date/Time of Meeting: February 10, 2025 @ 11:00am - 12:00pm
 Frequency: Quarterly
 Meeting ID: 266 899 348 029 Passcode: 2CD7L82Y

Liaison/Facilitator: Gabriela Marquez

Health Net	Y/N	Stanislaus County Behavioral Health and Recovery Services	Y/N
Elizabeth Campos-Martinez - HPSJ	N	Kristy Johnson - ASOC	Y
Yvonne Garza - HPSJ	N	Robert (Bob) Housden - CSOC	Y
Tapinder Dhillion - HPSJ	N	Bernardo Mora, MD	N
Samantha Hansen - HPSJ	Y	Rachel Acosta - CERT / ACS	N
Catrina Rodriguez - HPSJ	Y	Sushma Plata - ACS	Y
Vanessa Aranda - HPSJ	Y	Tracey McCullough - SUD	Y
		Paula McDowell - SUD	Y
Kate Maietta - HPSJ	N	Debora Dietz-Neves - CCMU	N
Elizabeth Cazares Gosvener - HPSJ	N	Maribel McCarroll - BHSA	Y
Marybel Buchler - HPSJ	N	Lori Sims - ASOC	Y
		Optional:	
Alisa Lin - Access Point	N	Abraham Andres - Chief, ASOC	Y
Elena Popp - Access Point	N	Keri Magee - Assistant Director	N
		Tabitha Sprague - Chief, SUD	N
		Monica Salazar - Chief, BHP Admin	N
		Kevin Panyanouvong - Assoc Director/ COO	N
		Brittney Kirkland - Chief, CAM	N
		Kim Saing - Chief, CSOC	N

Agenda

Categories	Details	Responsible Party
I.	Introductions for New Committee Members/Changes to Attendees <ul style="list-style-type: none"> • Self-introduction of Committee Members ➤ The list of attendees was reviewed for accuracy. ➤ Introduction of Maribel McCarroll, BHSA Policy Manager. 	All
II.	A. Follow-Up Items from last meeting B. Additions to the Agenda <ul style="list-style-type: none"> ➤ None. 	All
III.	Data Discussion	HPSJ Team

In the past BHRS received Referral data with totals of how many were received from the managed care plan to county and vice versa and enrollment data. The discussion was opened to the BHRS team to provide feedback on types of data to be reported on.

- Timeliness
- Referral numbers
- Enrollment Data
- Timeframes - when the first appointment can be scheduled
- TOCs and ECMs number of referrals being received by MCP
- Are there any expectations or indicators around timeliness
- Example if the MCP gets 10 ECM Referrals from BHRS, what is the goal or expectation of timeliness for first response to the family.

HPSJ ask

- Validate or reciprocate the Referral numbers from MCP
What is the county getting directly that you're keeping? To know what impact our community has on the county.
- Appointment availability – similarly to BHRS' ask
Are there shifts in service delivery models or new programs that are starting outside of data? The MCP team would find this helpful so that when Members are on the phone, there's an understanding how the system works within the county team.
- Breakdown of the relationship within emergency department usage.

The county struggles with having very limited information and this is something to expand. There has been discussion with Health Net about how we can expand some of that information. BHRS tend to get some data usually from claims data from the MCP, so it's delayed in terms of being released from an ED and the Member released from the hospital with a psychiatric diagnosis. This could be a point of collaboration between the MCP and MHP.

Sushma: The Access Crisis Service Line utilizes a Tracker for any Referrals from managed care plans and referred to the county. It can be either a screening that is already been done, for ACS to move forward with scheduling and transitions of care tools are managed and tracked. The recorded screening scores are tracked and where the appointment is scheduled in SmartCare. If the Referral fails to meet screening levels it indicates it is referred back to MCP's.

Gabriela: There could be some validation on both sides through that process. The transition of care tools at the program level may require internal collaboration to streamline the process as it is split in terms of what the ACS line gets and how the systems of care track the transition of care tools. BHRS will meet internally to discuss and to see if the information can be aligned with the information that MCP provides. Katrina's tool will be shared in the internal meeting to see how BHRS can align those processes for that validation of the data back and forth.

An internal meeting will be scheduled for the BHRS Team meet and discuss data points.

And then in terms of the BHRS' Referral process, that's something that UM manages. Guidance was created, and I think there was a change in the forms. This would just be an important component to have communication around. If there's a change in forms for UM to get that information to our providers. Gabriela will send out the whole process to Katrina, for any feedback or if there's something that needs to be adjusted, so that communication may be sent to the Systems of Care.

	<p><u>Samantha- ECM Referrals:</u> The Case Management Team/ Case managers of the day forward the Referrals to ECM providers. The new Referral forms are located on the HPSJ website > Under Providers and CalAim for Adults and Children. CalAIM - HPSJ/MVHP</p> <p>Referral forms are faxed to the Case Management team and are processed the next day. The Case Managers notify the referring person via email or phone (contact information can be put on the form/ prefers email) to follow up with the ECM providers directly to get an update on the outreach attempts – to close the loop. Once the ECM provider has connected with the Member, the ECM providers will submit prior authorizations to HPSJ, which the Case Management nurses review and approve, the nurses process the authorization and contact via e-mail to the referring person on the Referral for status, example: Referral has been sent to Serene Health.</p> <ul style="list-style-type: none"> • Referral Numbers: • Utilization • Enrollment Data • Transportation Utilization Data • Any other Data (reports or requests) <p>Care Coordination</p> <ul style="list-style-type: none"> • Special Cases – <u>Catrina:</u> HPSJ has had some challenges with having the correct contact number of the different programs to follow up on cases. The county will meet internally to solidify the BHRS information to provide a contact list; Catrina will send a Contact Card to Gabriela so that it can be dispersed to BHRS Committee for completion. • ECM Services • Non-Emergency resources for members starting MAT. 	
<p>IV.</p>	<p>Health Plan Updates: HPSJ</p> <ul style="list-style-type: none"> • Updates • Initiatives • Collaboratives • Special Events – <u>Catrina</u> will gather information from the Health Education team to provide a list of Community Events be shared with the committee and members. The planned events are not specific to Behavioral Health but are open to members in the community to attend. • Marketing/Messaging to Members • MISC 	
<p>V.</p>	<p>County Updates: CSOC; ASOC; SUD; ACS, MD</p> <p><u>Kristy:</u> Shared concerns and issues brought up from some of the programs regarding transportation for scheduled therapy appointments and transportation availability on for weekend scheduled appointments. These are situations that should be escalated and addressed by <u>Catrina</u>; <u>Kristy</u> will provide specific case information and scenarios to <u>Catrina</u> for her feedback on the concerns</p> <ul style="list-style-type: none"> • Updates: <u>Bob/CSOC:</u> There were a couple cases with issues in December, the problem has been resolved. 	<p>Stanislaus County Team</p>

	<p>The issue was with the timeliness for ECM referrals when staff followed up it was stated the referral was misplaced and had to be resent. Which created more timeliness barriers.</p> <p><u>Kristy / ASOC:</u> The MAT has hired additional BHS (Behavioral Health Specialist) staff to help with the linkage and collaboration with MHP and the MCPs.</p> <p>Kristy will send via email to Catrina a list of staff names and contact information to help the health plan with the familiarity of staff and programs.</p> <p><u>Tracey / SUD:</u> SUD has been in regular attendance with the Opioid Coalition and the Suicide Prevention Coalition; The Opioid coalition has an upcoming event on February 19th from 12pm – 1pm, at MJC.</p> <p>Tracey inquired if HPSJ is doing referrals for Recovery Residences Members; Assistance with funding or assistance with the Recovery Residences for Members that are struggling with SUD and homelessness. Catrina will investigate the information.</p> <p>Tracey listened to all the data points discussed and stated SUD DMC-ODS is willing to continue with the discussion and provide any data to help support the tracking.</p> <p><u>Sushma/Access Crisis & Support:</u> No feedback from Access-line staff, all is going well with processes. ACS is open to receiving feedback on improvements or any concerns from HPSJ side.</p> <ul style="list-style-type: none"> • Initiatives • Coalitions, Collaboratives, County Meetings • Special Events • Marketing/Messaging to Members • MISC 	
<p>VI.</p>	<p>Legislative/MOU Updates</p> <ul style="list-style-type: none"> • CalAIM: • Informational Notices (IN)/All Plan Letters (APL): • MH MOU: County has signed the MOU. Pending is clarification on an attachment fee for the data sharing and the cost sharing for ED. It will then go MCPs review and signatures and then will go to DHCS for approval. <p>Introduction of Maribel McCarroll, BHSA Policy Manager with BHRS joined meeting because BHSA (Behavioral Health Services Act – Prop 1) will intersect with a lot of the work that we're doing, especially with the MCP's, with the BH Connect and the new requirements of BHSA. Maribel will be reaching out to a lot of individuals to start having discussions on what BHSA, how it impacts and what it means to us. The legislation has been written, but the guidance is still being developed. Maribel will be reaching out to the MCP's to discuss the next steps with BHSA and to bring back those updates.</p> <p>DMC-ODS MOU:</p>	<p>All</p>
	<p>Open Forum</p> <p><u>Vanessa/ HPSJ:</u> Non-Specialty Mental Health Outreach and Education Plan – For County Behavioral Health / Mental Health Plans.</p>	<p>All</p>

	<p>Presentation for implementation in January 2025. DHCS required the managed care plans to inform members and primary care providers about non-specialty mental health services on how to access the services and do the referrals for them.</p> <p>The health plan aims to increase members' access to Behavioral Health Services and ensure they are screened and in services for behavioral health as soon as possible. Updates were implemented in January to ensure awareness of services, understand gaps and utilization, and gather and review data on an annual basis. The primary goals are to implement annual outreach and education for members and PCPs, incorporating cultural, linguistic, and best practices, and providing multiple points of contact for members to connect to services. HPSJ uses a HealthEquity lens and reviews racial and ethnic communities to ensure alignment in outreach and education.</p> <p>Incorporating best practices, and stigma reduction techniques by providing optional training in cultural humility, trauma, informed care, and historical trauma, supported by Indian Health Services and DHCS. Person-centered language and training are also being developed to improve provider communication; different training courses like the El Dorado Coalition for overdose prevention which was important because of the lived experience and community member voice.</p> <p>Making sure to maintain relationships with stakeholders and getting feedback and working with all the different stakeholders to develop activities that can support the implementation.</p> <p>HPSJ welcome feedback and presented were questions and contact can be made to: Vanessa Aranda varanda@hpsj.com</p> <p>Here are a few questions that we invite you to explore with us:</p> <ul style="list-style-type: none"> • When it comes to NSMHS, how can we improve as a health plan in providing outreach, education, and services to members? • Can you tell us more about the NSMHS needs experienced by members that you serve (i.e., strengths, barriers, what works and does not work)? • How can the health plan better support your team, members, and community? • What stigma reductions strategies do you recommend? to help ways to explore with the implementation. <p>Abraham: Over the past year and a half, there has been a significant increase in Members accessing service. To improve penetration rates and reach more members, Stanislaus County through the prevention and early intervention component of BHRS, has leveraged community partnerships with local family resource centers, Promotores network, and community providers targeting the Latino population throughout Stanislaus County and through places like El Concilio. Having a continued presence through flyers and presentations can pay off in the long run, especially in terms of visibility and trust with hard-to-reach populations. Strengthening relationships and making a presence felt is crucial for increasing penetration rates.</p>	
Next Meeting - date and time:	Wednesday, April 23, 2025, 2:30 pm – 3:30pm	
Submitted by:	Trisha Romero	