

# Meeting Minutes

## Health Net, MHN & Stanislaus County BHRS

Meeting Title: Care Coordination Meeting  
 Date/Time of Meeting: October 23, 2024 @ 1:00PM - 2:00PM  
 Frequency: Quarterly  
 Meeting ID: 831 3035 3214 Passcode: 784093

**Liaison/Facilitator:** Gabriela Marquez

Health Net	Y/N	Stanislaus County Behavioral Health and Recovery Services	Y/N
Perry Shelton - HealthNet	Y	Kristy Johnson - ASOC	Y
Myriah Kemp - Health Net	Y	Robert (Bob) Housden - CSOC	Y
		Bernardo Mora MD	Y
Optional:		Tracey McCullough - SUD	N
Vernell Shaw III, MSW - Health Net	N	Paula McDowell - SUD	N
Eliana Argueta - Health Net	N	Rachel Acosta - CERT	N
		Sushma Patla - ACS	N
		Debora Dietz-Neves - CCMU	N
		Chandra Campbell	N
		Lori Sims - ASOC	N
		Optional:	
		Abraham Andres - Chief, ASOC	N
		Keri Magee - Assistant Director	N
		Tabitha Sprague - Chief, SUD	N
		Monica Salazar - Chief, BHP Admin	N
		Kevin Panyanouvong - Assoc Director/COO	N
		Brittany Kirkland - Chief, CAM	N
		Kim Saing - Chief, CSOC	N

### Agenda

Categories	Details	Responsible Party
I.	<b>Introductions for New Committee Members/Changes to Attendees:</b> <ul style="list-style-type: none"> <li>The list of Attendees and Optional Attendees were reviewed to make updates and changes:                             <ul style="list-style-type: none"> <li>Brittany Kirkland, Chief, Crisis, Access and Medication Services, will be added as an optional attendee for Dr. Mora's backup.</li> <li>Trish will follow up on the continued status of optional attendees, Dawn Vercelli, and Kevin Panyanouvong.</li> <li>Kim Saing will be added as Chief, CSOC.</li> </ul> </li> </ul>	All
II.	<b>Follow-Up Items from last meeting</b> <ul style="list-style-type: none"> <li>Gabriela - Agenda: Gabriela, Bob, Perry and Sushma met to discuss the agenda and additions to the agenda. The intent was to ensure that the Committee is aligned with the upcoming new MOUs in the process of executing to be more intentional in the delivery of topic in the meetings and the information shared back to programs.</li> </ul>	All

Perry shared information derived from DHCS' annual MOU report to ensure that the necessary information is brought to the meetings to have a more robust discussion around care coordination, how to identify or better identify QI activities, and what can be done in specific areas, with member outreach or Referral follow-ups. Each topic item was discussed and what will be needed to report on and information to have readily available for the annual reports.

**Suggested Quarterly Meeting Agenda Topics from Annual MOU Report:**

- Care Coordination  
Typically done at meetings when there is an issue, but the Committee will want to be more intentional.
- Referrals
- Strategies to Avoid Duplication of Services.  
The committee will want to collaborate on how to frame or to provide content in discussion for quarterly meetings.
- Dispute Resolution  
When we have them or if we have them.
- Collaboration  
Stanislaus County has several different collaborative efforts being worked on, whoever amongst this group can report back with those efforts to make all aware or to provide that feedback.
- Member Engagement  
Maybe a huge Qi activity, as far as how we are engaging our members.

The general reporting instructions read as follows – Describe the common theme, concerns, and/ or discussion items from the Quarterly Meetings regarding the topic (i.e. care coordination, referrals, strategies to avoid duplication of services, dispute resolution, collaboration, and membership engagement). If the topic was not discussed at the meeting(s), then provide an explanation.

If we do a good job of being intentional, cover it automatically, but then we may have to be strategic about a couple of these things that way, we are yielding what we should be getting out of and ensuring that we're covering our bases as far as providing the best health care and mental health care services for our members. Then the quarterly reports will be set up to where the annual report will be easy to fill out and submit.

This will keep the committee on point, having these topics on the agenda, so that to give voice to these areas that are going to be points of discussion and it'll help to give directions to the meeting.

- MOU Report:



**III.**

**Data Discussion**

- Gabriela brought up for discussion the data collection for some of the Hedis Measures, how will the data be collected and be included.

Perry explained that all the work being done right now is through Manifest MedEx and then when the operation has been set in place

we will be sharing data through CalMHSA Connect. We will be able to get data information for services rendered at emergency departments through CalMHSA Connect. There's a lot of unknowns and uncertainty about the responsibility that is called out to the necessary manpower to send data receive the data and a clear time frame when this will be set in place, everything is moving forward. The executives for both sides, the county and Health Net, are meeting quarterly and getting reports from this meeting. The priority is executing the MOUs, policies & procedures will come after and in between is the Data Agreement. It's unknown if DHCS is going to hold us to the expectation regarding data sharing monthly of the uploading of files. Reuben is overseeing a lot of it and working hard to close the misunderstanding when it comes to what is the requirement and how it should look once it's operationalized.

Perry attended a presentation with Manifest and was impressed by what information will be gathered and what we will have access to; the data sharing will be a better picture of how to care for members and how to track members when having those problems.

Who? Especially if they're connected to a managed care plan. The health plan connected to Health Plan of San Joaquin or Health Net, all that information will be readily available as far as when were they admitted into the hospital?

When were they discharged?

What? What diagnosis did they receive?

Was there a mental health diagnosis?

Was there medication prescribed?

Who was the last contact that they may have had?

What services have been rendered?

What are the members last time they seen their primary care?

- **Referral Numbers:** Q4 Data none to report, the data is still being compiled and is not available. Perry will send the report via email when ready.

A review and check-in to ensure all is good with the sharing or if the referral data is accurately being captured on the counties or the health plans end. Yes, no? If no, then is there a need to reconcile, or is there a need to assess what is not working. Gabriela confirmed the data reporting is working but inquired if the data includes ECM data. The county has rolled out the referral process and is working to clarify the receipt of ECM referrals, the connections with the referrals and how the utilization looks is needed to formerly inform the providers.

The ECM data is managed by the Case Management team, but Perry and Myriah will investigate how the data can be pulled so that it can be brought into the discussion and how the data can be a certain report out at the meetings.

Myriah commented on her thoughts regarding the topics discussed **Strategies to Avoid Duplication of Services** and suggested that it might be a good point to touch bases on if there are concerns about duplication of services or the methods when Health Net is going over

the referral and care coordination information that is being done internally to make sure that that's not occurring later down the line.

Bob discussed CSOC concerns, and that a lot of questions with the expected timeframes to hear back from an ECM provider after the referral has been sent; there have been cases where it has been questioned by the provider and/or the caregiver what the expected timeframe is to wait to hear from an ECM provider. Gabriela provided as a reminder if there are issues or concerns to address, she would be the point person to connect with and that there may be some level of education with educating the member when and what to expect on the next steps to hear back from the ECM provider.

Gabriela suggested that it would be beneficial for County to have another ECM presentation by Eliana. Perry indicated there has been conversations with other counties for possibly having a joint presentation with the health plans, HPSJ and Health Net, so that the audience is able to get both processes in one setting. Perry will take the request for another presentation and will keep everyone informed, then it can be determined if the presentation will be in person, or a webinar for attendees.

- Perry sent prior meeting Handouts for attendees to have readily available for Members and program team members.
  - [Transportation Service Brochure - How to Get a Ride for Health Care Services](#)
  - [Here Are Your Behavioral Health Benefits – handout in English and in Spanish](#)
  - [Teladoc Health Member Flyer - Medical Q&A for handouts – Perry and Myriah](#)
  - **[Transportation](#)**
  - What is the age requirement to ride alone?  
18 years and up.
  - How long does the process take when scheduling?  
The scheduling process with the transportation company itself does not take very long. The wait time may depend on the volume of calls in the queue.
  - Is a phone required for a return ride home? The county has experienced where the Member had difficulty with the return ride; a lot of our members don't have phones or lose their phones given to them and because of this the County has found this way of transportation does not work for them. Kristy questioned if there would be a way to work around this.

In past situations there has been some coordination with the provider's office where they were going to an appointment, and they helped with the phone call to schedule the transportation back home. Other than that, it would require more research to follow up and to make sure that we're closing any gaps that might be there for members trying to use the transportation service.

These were two different incidents reported by one Program: it's not across the board. Kristy will continue to gather information and monitor.

**[Teladoc Health](#)**

	<p>- For an Adult to access a psychiatrist, what is the coordination, especially if it's one of our members. How is the process coordinated if a member is not able to utilize or access our network, our clinical network and opts to seek or have an appointment with the psychiatry from the Teladoc Network?</p> <p>When a member calls requesting therapy or psychiatry, it's assessed to see if telehealth would be appropriate to meet their needs clinically and on a practical level, if they have access to technology and feel comfortable using technology. The last thing we want the appointment is scheduled, but it falls through due to incomplete registration paperwork, unclear link usage, and a lack of understanding of the login process. Telehealth is offered like any other outpatient referrals. If a member asked to see a psychiatrist, Teladoc is one of the options to schedule. It's offered as a general resource. The member does have access to the resource information on the website and is able to connect online instead of calling through the Health Net's line and connecting through a care manager.</p> <p>Dr. Mora wanted to address in case there is a need to anticipate potential issues, and because for some BHRS members they don't seek a regular PCP, if for whatever reason or any situation, they miss their appointment, they're out of state, and they're out of medication, it could be any valid reasons and because they can connect like no wrong door. It sounds like members are screened and are made aware the Teladoc are on a website and must have a device that works, and all the other requirements needed for appointments, it is an alternative and another avenue they can take advantage of.</p> <ul style="list-style-type: none"> <li>➤ Utilization</li> <li>➤ Enrollment Data</li> <li>➤ LogistiCare Utilization Data</li> <li>➤ Any other Data (reports or requests)</li> </ul> <p><b>Care Coordination</b></p> <ul style="list-style-type: none"> <li>➤ Special Cases</li> <li>➤ ECM</li> </ul>	
<p><b>IV.</b></p>	<p><b>Health Plan Updates: Health Net; MHN</b></p> <ul style="list-style-type: none"> <li>• Updates</li> <li>• Initiatives</li> <li>• Collaboratives</li> <li>• Special Events</li> <li>• Marketing/Messaging to Members</li> <li>• MISC</li> </ul>	<p>Health Net/ MHN Teams</p>
<p><b>V.</b></p>	<p><b>County Updates: CSOC; ASOC; SUD; MD</b>  <u>Bob / CSOC: No update to report other than the ECM Referrals and how to handle the delayed response.</u></p>	<p>Stanislaus County Team</p>

	<p><u>Kristy / ASOC:</u> MAT, (Sub cohort team under MAT) has expanded with four BHS (Behavioral Health Specialists) staff to provide additional support and will focus on The Care Coordination and Linkage; at time of assessment, they meet with that individual as well, depending upon the outcome of the assessment the BHS staff will help them, that individual get linked back to HealthNet. If they don't meet the criteria for specialty mental health services. The BHS staff are reaching out to HealthNet and Health Plan of San Joaquin a lot more these days; three of the BHS will support the Modesto location, and one will support the Turlock location. The extra will support closing that loop and not have individuals fall between the cracks.</p> <p><u>Dr. Mora:</u> As mentioned, Ruben's coordination with other county departments working on the justice involved initiatives; it has been many months of meetings, but now they are starting to ramp up towards preparing their readiness statement at the correctional facilities which need to be submitted in about six months because their target go live is January 1, 2026. Another piece in our system is going ramp up and will require coordination because that is one of the major focuses on the whole JI set up. The 1115 waiver has finally happened. The important part is for members or potential members that the care that they will get will be better, more available seamless, and that the transitions won't be quite haphazard and may beneficial for folks.</p> <p><u>Perry:</u> It ties all together, we have so many players doing different things that DHCS asks about, and we must be able to capture a lot of these things that are going on within the county and the managed care plans with all these initiatives that are on the table.</p> <p><u>Tracey / SUD:</u> Per email contact with Tracey after the meeting, there were no updates to report.</p> <ul style="list-style-type: none"> <li>• Initiatives</li> <li>• Coalitions, Collaboratives, County Meetings</li> <li>• Special Events</li> <li>• Marketing/Messaging to Members</li> <li>• MISC</li> </ul>	
VI.	<p><b>Legislative/MOU Updates</b></p> <ul style="list-style-type: none"> <li>• CalAIM:</li> <li>• Informational Notices (IN)/All Plan Letters (APL):</li> <li>• MH MOU: <i>The integrated MOU is still under review by County Counsel review.</i></li> <li>• DMC-ODS MOU: Draft and inclusion of JI re-entry</li> </ul>	All
	<p><b>Open Forum</b></p> <ul style="list-style-type: none"> <li>• Open forum discussion Perry Sent as a follow item for Q1: <b><i>All Plan Letter (APL) 24-012 NON-SPECIALTY MENTAL HEALTH SERVICES (NSMHS):</i></b> This APL aims to address gaps in services by requiring MCPs to develop plans and conduct annual outreach and education to members and Primary Care Providers (PCPs) regarding covered NON-SPECIALTY MENTAL HEALTH SERVICES (NSMHS). Health Net created a plan, and we are sharing it with our Behavioral Health/Mental Health Partners. In the future, Health Net will determine creative</li> </ul>	

	<p>ways to collaborate and incorporate the counties in the development of forming these plans. We have posted the plan to our website. The goal of this document is to share how our members can access our mental health services.</p> <p>Link to HN webpage:  <a href="https://www.healthnet.com/content/healthnet/en_us/providers/working-with-hn/heqi-deliverables.html">https://www.healthnet.com/content/healthnet/en_us/providers/working-with-hn/heqi-deliverables.html</a></p> <p>Link to HN document:  <a href="https://www.healthnet.com/content/dam/centene/healthnet/pdfs/provider/ca/quality/hn-medi-cal-nsmhs-education-plan-2025.pdf">https://www.healthnet.com/content/dam/centene/healthnet/pdfs/provider/ca/quality/hn-medi-cal-nsmhs-education-plan-2025.pdf</a></p>	
<p><b>Next Meeting date/Time:</b></p>	<p><b>April 16, 2025 @ 2pm – 3pm</b></p>	
<p><b>Submitted by:</b></p>	<p><b>Trisha Romero; revised P. Shelton</b></p>	

STAN CO – HEALTH NET – MHN MINUTES