

MEETING AGENDA

Meeting / Project Name: State Plan & DMC-ODS All County MOU Quarterly

Objective of Meeting: The purpose of this quarterly meeting is aiming to facilitate effective collaboration and continuous improvement in all areas covered by the MOU between Managed Care Plan (MCP) and DMC State Plan, and DMC-ODS Counties.

Date: June 20, 2024

Time: 9:00AM – 10:00AM

Location: Webex

Coordinator: Brandon Yadi, Behavioral Health Project Manager

Attendees: Nicole Escobar, Brandon Yadi, Wendy Millis, Stephanie Wilson, Carina Monroy, Ranell Brown, Vivian Agudelo, Shiann Hogan, Julie Soto, Toby Reusze, Sarah Collard, Vanessa Mayer, Deanna Bay, Emi Botzler Rodgers, Paul Bugnacki, Connie Smith, Miguel Rodriguez, Laura Burch, Tiffany Armstrong, Barbara Longo, Jenine Miller, April Giambra, Noah Cammie, Christina Marlow, , Cassandra Eslami, Julie Freitas, Emily Cowan, Jayme Bottke, Sharon Sousa, Scott Kennelly, Lea Salas, Joe Hallett, Eloise Jones, Tony Hobson, Kelly Miner-Gann, Rick Bingham, Shawne Corley, Scott Genschmer, Amy Ellis, Sheryll Prinz-McMillan, Elise Jones, Chrissy Andrus, Will Gayowski, Josette McKrola, Cody Milner, Lisa Beck, Nancy Starck, Kayleigh Emry, Jordan Hall, Jessica McGill, Amber Westphal, Catherine Condon, Philip Hernandez

Materials

- Referral Pathway Process
- Policies and Procedures can be found on ShareFile.
 - [Partnership Healthplan of California \(sharefile.com\)](https://sharefile.com)

Topic	Description
MCP Obligations	<u>Oversight Responsibility</u> <ol style="list-style-type: none"> i. Meet at least quarterly with the BHP, as required. ii. Report on MCP’s compliance officer no less frequently than quarterly. MCP’s compliance office is responsible for MOU compliance oversight reports as part of MCP’s compliance program and must address any compliance deficiencies in accordance with MCP compliance program policies.
DMC State Plan County and DMC-ODS Obligations	<u>Oversight Responsibility</u> <ol style="list-style-type: none"> i. BHP & MCP meet at least quarterly.
Training and Education	<ol style="list-style-type: none"> a. To ensure compliance with the MOU, the Parties must provide training and orientation to their respective employees who carry out activities under the MOU. b. The Parties must share their training and educational materials with the other Party to ensure the information included in their respective training and education materials includes an accurate set of services provided or arranged for by each Party and is consistent with MCP and

	<p>MHP and DMC-ODS policies and procedures, and with clinical practice standards.</p> <ul style="list-style-type: none"> - Referral Pathway Process Mapping - SABIRT referrals (PCP) - ECM referrals - Care Coordination referrals - Community Supports referrals
Screening, Assessment, and Referrals	<p>Review PHC Policies & Procedures</p> <ul style="list-style-type: none"> - MCUP3101: Screening and Treatment for Substance Use Disorder - MPCP2017 Scope of Primary Care – Behavioral Health and Indications for Referral Guidelines
Care Coordination and Collaboration	<p>Review PHC Policies & Procedures</p> <ul style="list-style-type: none"> - MCUP3101: Screening and Treatment for Substance Use Disorder - MPCP2017: Scope of Primary Care – Behavioral Health and Indications for Referral Guidelines - MCCP2032: CalAIM ECM - MCUP3142: Community Supports
Quality Improvement	<p>FUM & FUA efforts: Leveraging Community Health Workers in Emergency Departments</p>
Data Sharing and Confidentiality	<p>Update on HIE (SacValley MedShare) <i>Impact Summary</i> PHC and Sac-Valley MedShare (SVMS) have partnered for HIE data sharing with 18 of the 24 counties participating, The HIE of BH to allow real-time access to data, improving regulatory compliance for all parties.</p>
Dispute Resolution	<p>PHC policy review ADM52</p> <ol style="list-style-type: none"> a. The parties must agree to dispute resolution procedures in the event any dispute or difference of opinion arises regarding which Party is responsible for service coverage arising out of or relating to the MOU. Policy ADM52 was approved previously in collaboration with county partners.



Meeting Outcomes

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Date: June 20, 2024

Time: 9:00AM-10:00AM

Location: WebEx

Attendees: Counties: Deanna Bay, Tiffany Armstrong, Amber Westphal, Kelly Miner-Gann, Nancy Starck, Masha McCarthy, Cat Condon, Scott Genschmer, Cody Milner, Will Gayowski, Vanessa Mayer, Rose Bullock, Develyn Sippel, Toby Reusze, Julie Freitas, Cassandra Eslami

PHC: Brandon Yadi, Vivian Agudelo, Stephanie Wilson, Josette McKrola, Wendy Millis, Nicole Escobar

Brandon Yadi opened the meeting introducing him to the group, provided an objective for the meeting, and thanking attendees for joining.

Oversight responsibility:

Brandon shared this meeting is intended to meet the requirements of collaboration retained in the DMC-ODS and State Plan MOU.

Training & Education:

Referral pathways:

Brandon provided a detailed overview of the current referral pathways for SUD services and connections to treatment. Nicole added the intent is to provide transparency, level set understanding, and ultimately training to counties on the client's experience with the health plan. Additionally, PHC is using the tool to identify bottlenecks in the system.

Nancy, asked where we are losing people in the system. We want to limit areas where a client can fall off, especially when clients are self-referring.

Will asked how are screenings are communicated to counties to ensure there is no duplication. Nicole shared screening for non-W&R is exclusive to SABIRT.

Data on ECM, referrals, Community Supports:

Nicole Escobar provided data dashboards describing the services and engagement through the 24 counties related to SABIRT, ECM, and Community Supports (CS). Nancy shared it would be great to see how clients accessing SUD services are accessing CS services. Nicole shared the highest volume of services accessed by those leaving residential services is Post Hospitalization Stabilization. Future thoughts of how the data can be integrated between SUD, ECM, and CS are being considered. Aggregate county level data will be shared in the post-meeting packet.

Data Sharing through HIE:

Nicole provided an update that 18 or 24 counties have signed participation agreements with Sac Valley, with one additional reported to be on the horizon. The scope of Phase I is focused on the sharing of mental health services and operationalizing real time alerts. Deanna Bay asked how individuals engaging with SUD and MH will appear in the data. Nicole shared that the data is driven by the counties, so if a release is on file, the data can be shared. PHC will not be including SUD data in the initial phase to allow for configuration to be tested in real scenarios to build confidence that the glass cannot be broken.

Dispute Resolution:

Brandon provided ADM52, PHC's dispute resolution policy, recognizing internal review is being conducted to ensure it encompasses the requirements of all MOUs.

Brandon opened the floor to questions and comments. Vanessa Mayer asked to include how counties should be interacting with PHC through data sharing, interoperability, and care coordination. The topic will be added to the agenda for the September meeting, asking counties to reach out if strategy or collaboration discussions would be beneficial and not use the quarterly meeting as the only access point related to operationalizing the MOU.