



MCP-MHP QI & CLINICAL OVERSIGHT  
Wednesday, March 20th, 2024 12:00 PM – 1:00 PM  
Microsoft Team Meeting

## **MCP-MHP QI & Clinical Oversight Minutes**

Facilitator: Allissa Lopez

### **1. Minutes Review**

- a. Previous minutes reviewed, Tonya Mann motioned to approve, and Heather Hornibrook seconded.
- b. Minutes will be sent out to attendees for review within 30 days of this meeting. Attendees will review and provide feedback by emailing Atrina Owens of any necessary changes. Minutes will also be posted to the County website.

### **2. Action Items**

- a. Reviewed previous Action Items and determined completion.

### **3. Hot Topics/Announcements**

- a. None at this time

### **4. Introductions**

- a. Accomplished

### **5. MOU Development, Monitoring and Compliance**

- a. Red Line MOU Draft
  - i. All four partnership groups have been working on the development of the red line MOU that is due to the State.
  - ii. This week the redline document went from Clay (KernBHRS) back to the respective representatives and will now be processed through the MCP's internal systems.
  - iii. Red line MOU is currently being processed through KernBHRS Privacy & Compliance department and the legal team.
- b. Policy, procedure, and workflow
  - i. Next step will be to develop policies, procedures, and workflows to each specific ask in the MOU.
  - ii. KernBHRS requested all to dive into the MOU and identify what is already in place. Then will work together and come to an agreement on how we will operate each individual ask.
- c. Mandatory Quarterly Meeting
  - i. Attendees were asked if this meeting's length and frequency is enough? The MOU requirement is to meet at least quarterly.
  - ii. MCP partners expressed that they are flexible if increases need to be made in the future but are currently satisfied with the current frequency.

- iii. Attendees were asked to provide feedback on the Inclusion of subcontractors in this meeting, or if we would want to hold a separate meeting? This could be potentially helpful to iron out any specific challenges, barriers, and overall quality improvement.
    - iv. All agreed to pull together items if needed and hold meetings separately.
  - d. Quarterly Good Faith Updates
    - i. All parties are required to submit first Quarterly Good Faith update by April 1<sup>st</sup>,2024.
    - ii. If any copies of meeting minutes are needed, please communicate that to Allissa or Clay and those will be provided to you.
    - iii. KernBHRS is working through our department's liaison with the state to ensure our spreadsheet is complete for the first update.
    - iv. KernBHRS will work individually with each of our partners to come together after your department's review to send the MOU over to the state individually.
  - e. Disputes and Resolutions
    - i. None at this time
  - f. Flow Data
    - i. KernBHRS operates both as a Mental plan and Mental health provider. We are working internally to strengthen our role as a plan and how we operate. We have various components of flow data that continue to send out. The flow data that is included in this meeting is specific to the CCU, and the CCU is a plan function. The CCU is receiving referrals from our MCP partners and stepping down clients back into the managed care plan level of care. We currently also have step-up and step-down level access points throughout the rest of our system. KernBHRS is working to refine the process to make sure that we are getting all the appropriate information i.e. transition of care tools and screeners to our partners.

## 6. Updates from Managed Care Plans and Mental Health Plan

- a. Anthem
  - i. Jared reported Anthem was able to connect and test the SFTP for data exchange and will soon be operational.
  - ii. **Action Item:** Jared to connect with Allissa to identify a day and time to schedule a meeting with Anthem's BH Director.
- b. KHS
  - i. Courtney reported that KHS is currently in the process of adding additional staff to support the coordination and care of members.
  - ii. KHS requested sample of daily census hospital report of KHS members that are inpatient for psychiatric hospitalization from KernBHRS.
  - iii. **Action Item:** Tonya Mann to provide hospital contacts to both KHS & Anthem to acquire this specific information.
- c. Kaiser
  - i. After a recent meeting with DCHS, they are preparing to activate the close loop referrals.
  - ii. Currently adding staff and starting pilots in both regions, specifically to see what the best practices are in collaboration with counties. More to come in this area.

## 7. Areas of Intersection/Collaboration

- a. Interoperability data sharing
  - i. Rachelle (KernBHRS) reported that we are in the process of developing an agreement to join the CalMHSA Connex Solution. This will allow us to share data automatically and seamlessly.
- b. DMC-ODS services
  - i. Ana (KernBHRS) reported 3 programs in Kern that offer contingency management services. DHCS allowed counties to pilot a recovery incentives

program that allows clients with a stimulant use disorder to sign into three of our local programs and receive gift cards for drug testing on a structured schedule and having negative drug tests.

- c. Patient Flow/No Wrong Door
  - i. KernBHRS shared some of the barriers encountered (listed below) in stepping down levels of care for Youth and Adults. KernBHRS will be working to bring these specific cases forward in real time to our partners to help in improve transition process:
    - a. Youths who are on stimulants
    - b. Adults who are stable on long-acting injectable medications
    - c. Tele-health only services being offered
    - d. Children on more than one medication
    - e. Timeliness of transitions (some over 45 days)
    - f. Medication changes happening quickly after transitions
  - ii. Board certified psychiatrists in geriatrics, addiction, child and adolescent, and general psychiatry are available for consultation through KernBHRS. A flier will be sent out to our MCP partners for primary care physicians to request a consultation referral.
  - iii. KernBHRS also partners with Kern Medical to provide ground rounds training in psychiatry and specialized topics that will be made available for primary care providers in the community who have an interest in expanding their expertise in specific areas. This information will be sent out to our MCP partners as well.
- d. Transition of Care Tool
  - i. Jeffery (KernBHRS-CCU) reported that there have been a few hiccups with the usage of the Transition of Care tool and would appreciate any feedback from our MCP partners to help refine the process. Please reach out to Jeffery if you have any questions regarding the screening tools.
- e. Homeless efforts
  - i. Mobile clinic street psychiatry is now up and running. This clinic can provide assessments, therapy, and psychiatric evaluations out in the field to homeless individuals in the community.
- f. SBHIP program and children's services
  - i. Anthem reported they have a new program director who will be overseeing the work for both the SBHIP and CYBHI. Jared will invite and introduce her at the next meeting. Jared Martin will be the foster care liaison moving forward.
  - ii. KHS reported they have been working with and meeting once a month with the four subgroups.
  - iii. Kaiser reported that their designated foster care liaison is Ola Ajibola-Stott
- g. Enhanced Care Management and Recovery Station
  - i. Recovery Station is working with KHS and having regular meetings to review data and ensuring there is a good exchange of data, and that their clients are being served. Anthem and Kaiser are also welcome if interested in an agreement.
- h. Other CalAIM Initiatives
  - i. Ana (KernBHRS) added that there has been a lot of discussion around ECM related to the CalAIM justice initiative. She expressed that meetings have been coordinated with MCP reps to determine how they will connect people to Medi-Cal and then to ECM. And also coordinating with KernBHRS to set up behavioral health links and connect people to outpatient appointments from jail.
  - ii. Leigh (KernBHRS) reported that there are Heidis measures that will now be required for MHPs and DCMODS plans. This will require some level of data exchange. There is interest in learning about some of the MCPs processes to help implement this new initiative.

**8. Next MCP-MHP QI & Clinical Oversight Meeting- Wednesday, June 19th, 2024, 10:30AM-11:30AM**

<i>Date</i>	<i>Agenda Item</i>	<i>Action Step</i>	<i>Responsible Party</i>	<i>Due Date</i>	<i>Status</i>
03/20/2024	<i>Updates from Managed Care Plans and Mental Health Plan</i>	<i>Jared (Anthem) to connect with Allissa (KernBHRS) to identify a day/time to schedule meeting with Anthem BH Director.</i>	<i>Jared Martin/Allissa Lopez</i>	06/19/2024	<i>In Process</i>
03/20/2024	<i>Updates from Managed Care Plans and Mental Health Plan</i>	<i>KHS requested daily hospital census report. Tonya Mann (KernBHRS) will provide hospital contacts to both KHS and Anthem to obtain specific daily hospital census info.</i>	<i>Tonya Mann</i>	06/19/2024	<i>In Process</i>

**Attendees:**

- Allissa Lopez**-KernBHRS Administrator-Medical Services
  - Ana Olvera**-KernBHRS Administrator-SUD
  - Brieanna Cox**-Kaiser-Clinical Program Manager
  - Claytranique Johnson**-KernBHRS
  - Courtney Morris**-KHS-BH Supervisor
  - Emily Lyles**-KernBHRS Administrator-Adult SOC
  - Gloria Pereyra**-KernBHRS
  - Heather Hornibrook**-KernBHRS- Clinical Plan Services Administrator
  - Jared Martin**-Anthem BC-Program Director
  - Jeffery Kaya**-KernBHRS-CCU Supervisor
  - Jennie Sill**-KernBHRS- Childrens SOC Administrator
  - Jessica Armstrong**-KernBHRS-Deputy Director
  - Lesleigh Davis**-KernBHRS- QID Administrator
  - Liz Bailey**-KernBHRS- Department Supports Administrator
  - Melissa Sutherland**-Kaiser-MH & SUD MOU Lead
  - Rachelle Hunt**-KernBHRS-Administrator
  - Robin Taylor**-KernBHRS-Deputy Director
  - Shawna Smith**
  - Sherrill Elson**-KernBHRS-CCU
  - Tonya Mann**-KernBHRS- Crisis Services Administrator
- Scribe: **Trina Owens***