

HSD BHS Operations QUARTERLY Meeting

June 6, 2024 | 1:00-3:00pm MS Teams

Present: County Behavioral Health Plan, Blue Shield Promise, Community Health Group, Kaiser, Molina, County Medical Care Services Division, Mental Health Contractors Association, Optum Administrative Services Organization

	ITEM	SUMMARY	ACTION ITEM
1.	Welcome/Introductions	Workgroup agreed on the meeting frequency of regulator meetings effective FY24-25: moving to meeting once a month and reducing the meeting time from 2 hours to 1.5 hours.	
2.	a) Care Coordination/Case Conference request form finalized; do all have access?	No issues were identified at the meeting.	County BHS will re-circulate the Care Coordination form.
3.	Care Coordination and Referral a) Issues to discuss? b) Transition of Care (TOC) form and discharge planning documents required for transitions. c) Closed Loop Referrals	 Several MCPs confirmed that the TOC form currently works well, and the established process flow is smooth. Kaiser shared information from DHCS on closed loop referrals. 	 CHG MCP will report on their experience with the new Transition of Care form and process at a future meeting. MCPs to meet and discuss Closed Loop Referrals at the MCP CalAIM Leadership.
4.	Additional MOU Requirements a) Training Resource b) Care Coordination. i. Ensuring coordination of care with Member's Primary Care Provider ii. BHS providers assessing for and referring members to	 Training Resource. The workgroup went over the draft, and it was well received. It was discussed that when final, the Training Resource will be used bidirectionally by staff and network providers of the MCPs and the BHP. A different version of the Training Resource specific to members was recommended. Translation to threshold languages will be divided among the MCPs. 	 Training Resource. MCPs to review the draft Training Resource with their organizations and offer additional feedback not provided at the next meeting. County BHS will leverage the provider version of the Training Resource to draft a version for members.



ITEM	SUMMARY	ACTION ITEM
MCP benefits such as ECM, CS iii. BHS and MCP providers engaging in collaborative treatment planning iv. BHS and MCP providers ensuring Member engagement v. BHS and MCP providers communication processes vi. Ensuring non-duplicative treatment within BHS and MCP vii. Coverage of services outside of normal business hours	 Care Coordination. The Workgroup agreed to focus on how to operationalize the following MOU requirements in next few meetings: Ensuring coordination of care with Member's Primary Care Provider; BHS providers assessing for and referring members to MCP benefits such as ECM, CS; BHS and MCP providers engaging in collaborative treatment planning; BHS and MCP providers ensuring Member engagement; BHS and MCP providers communication processes; Ensuring non-duplicative treatment within BHS and MCP; and Coverage of services outside of normal business hours CHG MCP noted that they have behavioral health providers included when completing the Individual Care Plan (ICP) and that primary care doctor signs it. HSD confirmed that the BHS portion of the MOUs is completed, and that they are working with other County departments to finalize their portions. 	Care Coordination. Add operationalizing Care Coordination at next meetings.
5. QI Activities a) Strengths, barriers, and plans to improve effective collaboration between the County BHS and the MCP(s)	 QI meeting series under the Healthy San Diego Behavioral Health umbrella is launching in July 2024. The QI meeting will cover strengths, barriers, and plans to improve effective collaboration between County BHS and the MCPs. 	Identified MCP reps will attend the HSD QI Activities Meeting.
6. Data Exchange/Interoperability a) MCP-3 reports b) Other updates	 The most recent MCP-3 report that shows MCP clients receiving services from the MHP was produced in May. All MCPs should have access to the report. BHP beginning discussions with San Diego Health Connect (SDHC) regarding the Data Exchange Framework (DxF) that will start with SD County's Psych Hospital's Inpatient Services, and then moving to the BHS Skilled Nursing Facility. BHP moving into SmartCare, a new EHR utilized by MH and SUD providers, by early Fall 2024. Beneficial to the system is an 	



ITEM	SUMMARY	ACTION ITEM
	automated, built-in release that is 42 CFR compliant which supports data sharing.	
7. Other/Additional Topics a) Psychological Testing b) Other Topics	 Optum receiving requests for psych testing from Fee-for-service providers and TERM providers who are seeing CFWB cases. Some requests do not fall under specialty mental health and providers are not utilizing the MCP path. Optum determining how to educate Fee-for-service and TERM providers on this benefit and on MCP Process. Optum requesting feedback from the MCPs on information for the FAQs. Behavioral Health Links Referral will be a future meeting agenda item for this group. BHP to notify MCPs once BHP receives a Behavioral Health Links Referral for Justice Involved. 	MCPs to bring to MCP CalAIM Leadership group re: MCP providers requesting Optum for psychological testing that do not fall under specialty mental health. MCPs to provide feedback at next HSD BH Ops Meeting so Optum can create an FAQ material for FFS and TERM providers.