

System of Care Meeting MINUTES

Thursday, July 19, 2018, 9:30 AM – 11:30 AM

Location: 1220 Morello Ave., Suite 101, Martinez, CA 94553

System of Care Providers: Ed Crandell-J. Cole Recovery Homes, Laura Kantarowski – BACR/Gateway, Rita Shank – Ujima, Susan Cinelli – Bi-Bett, Greg Moore, REACH, **BH Staff:** AODS-Fatima Matal Sol, Mark Messerer, Trisha Seastrom, Mary McLain, Delia Alanis, Isabelle Kirske, Alicia Pormento; InSyst/PSP, Jorge Pena, Edna Noguera, Harrison Stewart, Marsha Bernstein, Christopher Pedraza, Michelle Rodriguez-Ziemer Whole Person Care, Jacqueline Salguera, Amelia Nye.

TOPIC	DISCUSSION	ACTION/ RECOMMENDATION
1. Review and approve minutes from May 17, 2018, meeting	Minutes from May 17, 2018 were reviewed and approved.	It was noted that there was one change that Michelle mentioned to Mary & will be changed.
Introductions	<p>We just went through our first Drug Medi-Cal waiver Audit. Fatima reported that while we received some deficiencies, we demonstrated to have most requirements in place for both Drug Medi-Cal Organized Delivery System (DMC-ODS) and Substance Abuse Block Grant (SABG). Fatima thanked everyone. Introductions followed and everyone introduced themselves around the room.</p> <p>Rita Shank said that this year it had been a uniquely challenging year with lots of learning impacting program design & services which included educating ourselves as well as our staff. Rita added that it was challenging running Ujima services as a result from all of the changes required by the DMC-ODS. She expressed the benefits of getting together with providers and getting input from everyone and emphasized that now more than ever her program has seen an increase of people with high MH needs.</p> <p>Other providers expressed satisfaction of seeing everyone working together to resolve the needs of the system. More opportunities to allow provider input are necessary to create a better system under the DMC-ODS.</p> <p>Fatima acknowledged the two youth Student Interns volunteering at AODS and each explained the projects in which they are involved. Jackie mentioned that her project will focus on the Opioid Epidemic in Contra Costa and she has learned that AOD is the least funded department. She will be presenting her project at De Anza High School. Amelia Ny said that she is supporting the data collection efforts to ensure submission of the Level of Care transition data to UCLA and meet DMC-ODS requirements.</p>	
Primary Prevention- Isabelle Kirske	The County Prevention Strategic Plan approved last June 2018 through 2023. The following 3 goals will drive primary prevention services in Contra Costa:	

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<p>Primary Prevention- Contd.</p>	<ul style="list-style-type: none"> • Goal 1: Reduce underage drinking 5% by June 2023 • Goal 2: Decrease youth marijuana use 3% by June 2023 • Goal 3: Decrease youth prescription drug abuse and misuse 1% by June 2023. <p>Isabelle referred to Prevention Work plans which should all be approved by the end of August. The Summer Institute has been scheduled for August 27th – 30th. The first 3 days are dedicated for a Communities Mobilizing for Change on Alcohol (CMCA) training which is an evidence based practice. She thanked providers for their patience during the roll out of the PPSDS system which is now up and running.</p>	<p>The first draft of Prevention Work plans are due by July 28th at 5pm.</p> <p>CPI (Community Prevention Institute) Regional Training August 7th in Napa County focusing on Cultural Competence</p>
<p>Women’s Services- Trisha Seastrom</p>	<p>Trisha announced several trainings available to SUD staff and partners.</p> <p>She shared a few highlights regarding residential services which since March have been consistently full or with one or two openings. She added that more women & children should be coming into the programs. Trisha announced several upcoming meetings and thanked all the women’s providers for great attendance at the women’s meetings. Glad that you allow your teams & you attend these meetings. Finally, Trisha shared copies of the updated Women’s Resource Directory.</p>	<p>July 27th on Cultural Competence & we are having our own: The Cultural Linguistic Training on 8/14/18.</p> <p>SAMHWorks is. Meeting on 8/9/18 at 9:30am.</p> <p>Women’s System of Care meeting is 9/5/18 from 9-11 which will be held a week later than normal due to the EQRO.</p>
<p>Whole Person Care: Rachael Birch- Program Administrator Michelle Rodriguez-Ziemer Program Director and Brenda Reida, Supervisor</p>	<p>Michelle shared handouts that highlighted her presentation pertaining Whole Person Care (WPC) which is statewide initiative that is also a Medi-Cal waiver pilot project. In Contra Costa the project was rebranded as “Community Connect” and it seeks to connect patients, to be patient centered and prevent duplication of services. The pilot started in 2016 and is a 5-year pilot which will end in 2020. There is speculation as to what would happen beyond the 5-year pilot period. The intent of WPC is to focus on people who highly utilize health services. Through the new funding, WPC has hired approximately 150 full-time clinical staff. In addition, WPC includes the Restoration center which is slated to open for late 2018/2019 and it will be located in Martinez, walk-ins will not be allowed but will serve clients from all regions of the county and will have a capacity of 12 beds at this time with an ability to be expanded in the future.</p> <p>Michelle explained that some of the services they can provide include services for clients with legal, medical and housing issues. In regards to Behavioral Health, they have been using the Access line and educating consumers about how to access services through the access line. WPC is not a referral based program rather a data driven initiative. Services are provided mainly through telephone, but some staff go out in the field when needed.</p> <p>Discussion ensued about the way WPC is interfacing with AOD clients and programs. Rachael asked Fatima, how can Community Connect support AODS and she responded that by ensuring that linkages do not occur when the client is about to be discharged but before, especially for housing – which is the #1 issue of SUD clients. Housing after treatment.</p>	
<p>DMC SAPT Update- Fatima Matal Sol</p>	<p>Fatima indicated that the Annual Report is a requirement from Administration for each agency. She asked whether providers would support not submitting a report this year due to the demands of the DMC-ODS Waiver.</p>	<p>The requirement to submit an agency annual report for FY17-18 will be waived for treatment but prevention services still need</p>

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<p>DMC SAPT Update- Contd.</p>	<p>Fatima and Chris provided an update on the significant changes related to SAPT Block Grant funding resulting from an Audit conducted by CMS to the State. Among other things, the funding allocation structure and how the County is reimbursed will also change. If the county through county contracts fail to spend its allocation, then county will lose the funding. It is critical that invoices be submitted on time so that the county can in turn receive reimbursement. Unlike past practices, there will no longer be an opportunity to roll over the funds. Ultimately, if we lose funds programs will be affected. There will be a webinar for counties & county people on the 26th of this month. Alicia Pormento added that the new methodology requires a bottom line quarterly report for reimbursement. This will be effective July 2019, July. Delayed payments are between the State and County. Cash flow issue for the county. Alicia stated that the State is hiring more auditors because SAPT is a federal grant there are a lot of regulations that apply and it is important that we comply. Otherwise they will take the money back from us. Alicia noted that there is an exception for rural counties, they will not be affected by this change since they only get a small allocation. Moreover, Alicia said that submission of invoices will create an extended delay in block grant payments to counties between fall 2018 and spring 2019. Counties can expect to receive one more quarterly advance payment covering July & September 2018. Due to the timing of the federal fiscal year there will be anticipated delays corresponding to the quarterly payment for October-December 2018 which might not be distributed to counties until late spring 2019 (April & May).</p>	<p>to submit a report.</p> <p>Information will be shared as soon as it is received.</p>
<p>Planned Practice Guidelines (PPG) Fatima Matal Sol</p> <p>Network Adequacy Certification Requirements (NACT) Christopher Pedraza</p> <p>Quality Management Mark Messerer</p>	<p>The Planned Practice Guidelines (PPG) are a requirement of the terms of conditions of the waiver have been drafted simply outlining a framework . The draft document exclude what network providers agree the plan practices will be and should include how as a system success in treatment is defined. In addition to the regulations, the PPGs should formulate the goals that as a system of care will be addressed.</p> <p>We received our corrective plan action back from the state. Chris thanked all providers for submitting all of the required information. He added that with only a few things that need to be corrected from AOD's end it will help tighten the process for next year. Overall, the State accepted our submission, Chris reminded everyone to ensure that staff information is updated on ongoing basis as people are being hired, they move sites or they are no longer working for a particular agency. The same list, will also be utilized for Share Care.</p> <p>Last month we had our annual DHCS Audit. This year, along with SAPT we had the DMC-ODS Waiver so there were actually two reviews. We got dinged quite heavily but they are minor things, together they were 24 deficiencies but we already started to rectify some of the issues. Most deficiencies were around policy development, either the policy was incomplete or the policy was not signed. We submitted half a dozen policies. The following items also</p>	<p>HomeBase will be assisting with the facilitation of the meetings to help us complete the PPGs and everyone is invited to participate.</p> <p>When someone is no longer with one of your agencies, notify AODS and we will remove them.</p>

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Quality Management- Contd.	<p>contributed to the deficiencies: DATAR, thank you all of the providers for working with us, to Marsha & Jorge as they had to clean up the DATAR. The State had issued several new numbers for single facilities. Kuddos to the providers that entered information into the DATAR system but the system does not know that the information entered is going into the wrong number. It has all been cleaned and the report went from a 13 page to a 1 page. The DHCS auditors were fairly excited and appreciative about the work we are doing in Contra Costa.</p> <p>Information Notice 035 is related to the ASAM level of care. In essence, it requires counties to upload data into a spreadsheet created by UCLA which includes how clients were screened and assessed and placed into the right level of care. In order to accomplish a timely submission a few items will be asked from all of you. We also realized that there is information required from the Methadone/Bupe Programs which means that they will be required to do ASAMs as well. Everyone else does it in the system, so they do as well.</p> <p>Two policies were revised resulting from the workgroup in which all the programs participated. First the Authorization Timeliness policy in addition to the template for the power point documentation training which will be distributed among providers. Insofar, it is not clear of who will be involved in the implementation of this training. No training will be presented until information is shared with providers. The second policy pertains the NOA's and Grievance procedures, they are both still awaiting approval.</p>	

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Quality Management- Contd.	EQRO Update. An external group of consultants will come to review our Drug Medi-Cal implementation. Mark added that in preparation lots of documentation has been gathered and uploaded. EQRO is scheduled for the 27, 28 and 29 of August. EQRO includes site visits to your programs and will talk to some of your staff and clients. They have a large emphasis on data. Mark added information on the two PIPs currently implemented to reduce No Shows and screen for depression and anxiety, the latter is being implemented at Discovery House, eventually PIPs implementation will be extended to providers.	
Fiscal Updates -Alicia Pormento	Alicia indicated that the state recently approved the corrections to the 3.1 and 3.2 rates and we were told to hold off on the submission of claims until they can adjust their system. She added that yesterday the State was able to make such adjustment therefore, claims can now be resubmitted. Fatima received permission yesterday in writing to change the rates as long as we do not exceed the maximum allowed we can retroactively invoice the State. This is a very important achievement. Cost reports are due to the state of November 1 st .	
ShareCare -Jorge Pena	Jorge said that IT has been notified that some providers are authorized. Changes are made as they are received; however, they are focusing on Providers that need access to enter information. Jorge reported that between him & Chris they have been trying to clean up duplication, there are cases in which programs are duplicated. He reminded providers that reporting units are now under one facility. While he expressed appreciation for the patience SUD providers have had with ShareCare transition, he encouraged providers to contact him for help.	
Opening Episodes/Registration Forms Meeting Christopher Pedraza	Chris clarified the purpose and focus of the meeting to review and revise forms. He emphasized that as a result of ShareCare, significant changes will occur to some of the forms known to AODS, but AODS is inviting everyone to send at least one representative as we would like to have everyone's voice so that the forms reflect exactly the needs and wants of providers. Fatima explained that the initial forms submitted to her for her approval were poorly done and had unrecognized language. Because the forms would be used by providers, she decided to invite the users of the forms instead to arrive to a product that will satisfy all of our needs. Fatima said that in the midst of the urgency of completing the forms, Chris has been extremely responsive to scheduling and inviting for the meeting.	
8. Announcements	There were no announcements	
9. Adjourn	The meeting ended at noon	