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Transcript

September 17, 2025, 4:51PM

Jack Arutyunyan started transcription

Room 140 0:11

Good morning, everyone.
I'm Jack Cartunion from the chief executive office and I'll call the meeting to order now.
Please note that the meeting will be muted for all participants. You can unmute yourself using the teams app or by dialing *6 if you're calling into the meeting. As a reminder, public comment will be limited to two minutes and may be adjusted as needed.
We will now start with introductions with our board offices going first.
Hi, Jack.
I'm Tyler Cash from supervisor barger's office.
Londa Vera from Supervisor Mitchell's office.
Victoria Gomez, second district, Elizabethtown, Fox third district, Angelica Yellow third district. Your first district. Thank you very much.
Do we have any representatives from our board offices joining us virtually?
If so, do we have any representatives from the first district on the call?
Have any representatives from our second district on the call?
Do we have any representatives from our third district on the call?
Do we have any representatives from the 4th district on the call?
Do we have any representatives from the 5th district on the call?
All right.
Thank you.
Do we have any representatives from County Council in the room or any more?
Here, do we have representatives from County Council joining us online?

RK **Rachel Kleinberg** 1:35
Regal Kleinberg DMH.

JH **Jessica Hitt** 1:38
Jessica hit DM me.

R1 **Room 140** 1:39
Nope.

WB **William Birnie** 1:43
And will Bernie DMH?

R1 **Room 140** 1:48
We have representatives from.
Public health on the in the room.
Any representatives from public health on the call.

AT **Aneena Tellis** 1:59
Anina tallis. Public health. Government affairs.

RR **Robert Ragland** 2:02
Robert Ragland, Chief Compliance Officer, Public health.

R1 **Room 140** 2:09
You do.
We have representatives from mental health in the room.
Gilbert.
You have any representatives from mental health joining us on the call.

JB **Jaclyn Baucum** 2:24
Good morning.
This is Jacqueline Baucom.

Room 140 2:29
You do.

Stella Krikorian 2:31
Della Krikorian contracts division.

Room 140 2:31
We have any.
Thank you.
We have any representatives from health services in the room.
He still got to Sanchez government relations.
We have any representatives from health services joining us on the call.
OK, I see we have CEO budget on the call.
Do we have any representatives from CEO that like to introduce themselves?
Right before we begin with our cluster agenda, do we have any public comment on our 2 closed session items?
See any hands in the room?
I don't see any virtual hands.
We'll move on.
With our today's agenda, as noted, we have one information item, one motion and a discussion item that was carried over from a past meeting.
Information item is for DPH recommendation to continue the declared local health emergency for January 2025. Critical fire events number 08288.
Any questions from our board offices on this item?
Any public comment on this item?
I don't see any hands in the room.
I don't see any virtual hands.
We will now move on to our word motion item 4SD4 contracting for state hospital beds.
I'll turn it over to SD4. Thank you. Hi everyone.
So this motion will allow DMH to sign an MOU with the Department of State Hospitals and a participation agreement with Cal Mhsa to continue participating in the state hospital program so that the agreement and MOU are both necessary.
In order for the county to reimburse the state for for hospital beds that county clients

use.
State related these both these agreements often take a very long time and similar to past years, negotiations for fiscal years 2526 and 2627 went past the expiration date of our previous agreement.
So that was that expired June 30th 2025, unlike past years.
The state has not been allowing the county to continue referring clients to state hospital beds since the previous agreement expired.
Until the new agreement and MOU are signed.
So Dhmh requested this motion so we could quickly move along and sign those agreements that both the agreement with CALIMA and the MOU, rather than waiting for the months on board letter process.
Since we are, we are not able to place clients in the state hospital beds.
So I know Jacqueline Beckham's online.
Crystal's here if you all have any questions, let me know.
The question and supportive of the motion, but just question it to DMH.
How many beds has the state given us?
Is it like 270 something?

JB **Jaclyn Baucum** 5:45
Yeah. Hi, Yolanda.

R1 **Room 140** 5:45
See how.

JB **Jaclyn Baucum** 5:46
So the original number many years ago was actually over 400, but currently in this renegotiation LA County is down to 213.

R1 **Room 140** 5:54
Listening.
Oh wow.
And how do we prioritize which basement into those beds?

JB **Jaclyn Baucum** 6:06
So it is.

You know, we have to prioritize based on acuity and based on whether we can find any other placement for someone.
So we've been able to one of the main strategies that we've had to use is to increase other provider contracts where we could put some of the individuals that previously would have gone to the state hospital.

R1 **Room 140** 6:19
Tell me.
Oh, sorry, Jacqueline.

JB **Jaclyn Baucum** 6:30
So we've been able to bring that number.

R1 **Room 140** 6:32
I'm sorry. You you went out the screen, went dark for a moment.

JB **Jaclyn Baucum** 6:32
Oh, go ahead.

R1 **Room 140** 6:35
Can you repeat that?

JB **Jaclyn Baucum** 6:38
Oh sure. When did it go out?

R1 **Room 140** 6:40
It's us, not you.

JB **Jaclyn Baucum** 6:42
OK.
Well, it was me earlier this morning. So that's why I was making sure, OK.
So yeah.
So we've had to increase, you know, strategies.
To beef up some other contracts with some different providers that could take, you know, Murphy clients, for instance, or harder to place clients.

We've been really successful in doing that. So we've been able to decrease reliance on the state hospital beds and we can prioritize those beds for clients that won't be able to do well.

Room 140 7:04
No.

Jaclyn Baucum 7:13
In any other placement.

Room 140 7:18
Jacqueline, this is Tyler.
Hey, thank you for this quick question about where we are in term in terms of like what we would have capacity or or see as as filling capacity you have enough people place into all those beds or or what is DMH looking at as far as that you?
Know Pipeline looks like.

Jaclyn Baucum 7:38
Specific to those that need state hospital beds. Tyler. Yeah.

Room 140 7:41
Correct, correct.

Jaclyn Baucum 7:42
So we currently have.
About 22 people on the wait list for state hospital placements, and we technically have.
About 10, what should be 10 openings? Because our our our census is 203 as of last week and we should go up to 213 hence why we need this board motion as quickly as possible.
Possible since the Department of State Hospital sort of changed their, you know, typical each year we would usually be able to continue to place, but because they've gone to a statewide system, they've had to, you know, they're managing basically across the whole state and wanting to make sure.
The contracts are in place before they are allowing counties to refer in. So from our

wait list, we should be able to get you know about eight or ten of them into the placements relatively soon.
We also have about 30 or so that are ready to discharge from the state hospital. So we we feel pretty comfortable with the capacity because we've built up so much of the network outside of the state hospital.

R1 **Room 140** 8:44
Mm-hmm.

JB **Jaclyn Baucum** 8:50
So we've really reduced the reliance on the state hospital and we're prioritizing, like I said, those highest acuity clients that might have very assaultive behaviors and or depending on what.
Their, you know, history is with the criminal justice system.

R1 **Room 140** 9:06
Thank you for that.
I actually answered my one of my questions, which was why did it change? And you said it was a statewide system.
So we're not the only county experiencing this.

JB **Jaclyn Baucum** 9:15
Good.

R1 **Room 140** 9:33
You.

JB **Jaclyn Baucum** 9:33
A statewide look at the utilization of state hospital beds and they found that some counties, like LA County, were quote over utilizing some of the beds because we had a very streamlined process and ways to get people into them, whereas the other smaller counties or middle size count.
Were perhaps not referring people at all because they were having a hard time getting their patients in.
Because there were not regional allocations, it was sort of like just open.

And so when they made that adjustment, what Calmesa did was they used some behavioral health indicators and like population statistics, to figure out what was the burden that was on each county, proportionate to how many beds were available statewide.
And so that decreased.

Room 140 10:22
Thank you.

Jaclyn Baucum 10:22
It decreased our access, but also because the state take took some of the beds offline for construction renovation and to use them for other programs.
So the overall kind of pot of LP's beds decreased.

Room 140 10:31
No.

Jaclyn Baucum 10:35
And then they also reshuffled it.
So some of the larger counties lost some access, while some of the smaller and middle sized counties gained access to the beds.

Room 140 10:46
Jaclyn. That's actually really helpful.
And then the other question I have now, given these changes to ensure that we're not in this type of position.
Next cycle, are you planning on negotiating this contract earlier or what?
What steps are you taking to make sure that we're able to get this contract on time for this MOU?

Jaclyn Baucum 11:03
Yeah. So this one.
Yeah, that makes sense.
So this one you know is is good for a couple years.
We do meet monthly with both Calmesa and DISH, and so in this case I don't

anticipate the next one to be a big lift because this was the biggest change since they had a whole new system in place and we had to train people on the new share. System and you know, I don't think there will be this many changes next time. So I don't, I think it will just simply be you know like renegotiating, making sure the rates are updated and then getting it signed.

R1 **Room 140** 11:36
Thank you.

JB **Jaclyn Baucum** 11:38
So I don't.
I don't think we'll be in the same position.

R1 **Room 140** 11:42
Thank you.
Question Jacqueline, this is Aaron. Do you feel like the sort of reallocation across statewide?

JB **Jaclyn Baucum** 11:48
Sure.

R1 **Room 140** 11:55
Are we still getting our fair share of beds?

JB **Jaclyn Baucum** 12:00
I didn't think so.
So of course I I mean, I did advocate for more. We were able to get the 213 actually is an increase from what they originally proposed, which was in the high 100 nineties.

R1 **Room 140** 12:08
Hello.

JB **Jaclyn Baucum** 12:15
And so we were able to get them to take another look at what they're at.
They actually hired actuaries to do some calculations on that burden that I talked

about from the expected behavioral health burden. And I walked them through some additional factors that occur like.
Like we have a lot of people, for instance, that come into LA County, maybe not as like a primary resident of LA County, but they will end up in our justice system or become homeless. And then we end up becoming their guardian, basically through public guardian process and.

Room 140 12:31
Yeah.

Jaclyn Baucum 12:47
They become ours and we have a much higher rate of that happening than other counties. And so unlike some other counties, we don't necessarily just immediately get them back to County of origin unless there's clear residency or connection into someone. And so we help more people and so.
We did renegotiate a little bit and they did increase it.
I asked them to continue to evaluate this and they've committed to doing that. I also said if other counties are not actively and aggressively using their beds, then I would like to be able to see that right away so we could increase hours.

Room 140 13:17
Thank you.
Thank you.
I have two two questions as well.
Hi Jacqueline. Thank you.
I know this is for a long term care. Can you share the average length of stay or the beds?
And my second question is on the bed rate itself.
Did that also substantially increase?

Jaclyn Baucum 13:51
Yeah, the average length is.
Oh, sorry. Were you finished?

Room 140 13:55
Oh yeah. Thank you.

Jaclyn Baucum 13:55
OK.
So the average length of stay is like it. It can range from, you know, anywhere between two and five years, depending on why someone is there, how how quickly they can be, you know, restored and and the length of time it takes to really ensure that they're at.
A baseline that is stable and that is then safe for them and for everyone for them to step down into the next level of care.
So it is.
It is quite a range.

Room 140 14:24
Yes.

Jaclyn Baucum 14:24
We have some folks that we.

Room 140 14:26
You.

Jaclyn Baucum 14:27
Refer in that only end up staying for about, you know one to two years, but those that might roll over that were previously on Penal Code commitment that roll into an LP's bed, they might end up staying there longer. So it depends on the pathway.
In terms of the rates, there was a rate increase.
It wasn't.
I don't have the numbers in front of me.
It wasn't too significant.
I mean, it was an increase from last year.
It's pretty typical.
But still I would say.

Because they're partially subsidized by the state, it's not.
It's not outrageous given the level of staffing.
The security and the facility layout and the programming.

Room 140 15:10
Thank you.
Other questions?
Right. Do we have any public comment on this item?
Don't see any hands in the room.
Don't see any virtual hands either.
Thank you very much.
We will now move on to our MH presentation. Item contracting for DMH network needs and give me one while I share the presentation.
Good evening everyone.
My name is Kayleen Gilbert.
I'm here from the Department of Mental Health and the Mental Health Services Coordinator and DMH is here to do today to do a presentation that the board has requested on contracting.
So again, I'm the mental health services coordinator, but our deputy Jacqueline again is online today and she'll be kicking us off.
We also have Stella here, who is from our contracts division to address any further questions on contracting.
So I'm gonna turn it over to Jaclyn to get us started.

Jaclyn Baucum 16:40
OK.
Thanks Kayleen and hi again.
So this is a few months back.
Several of the board offices asked us to do an overview of contracting within DMH following, I think some inquiries that you had received from providers. And so this is just meant to be a high level overview and nothing in this presentation is new, but just kind of tried.
To pull together a reminder and some various key points.
On the ways in which providers and contractors do business with DMH specifically for services.

So this first slide is just that, you know constant reminder that I like to share in the beginning of all of our presentations that the context for a lot of what I'm talking about is DMH as the mental health plan. And so of course we're providing services for.

Room 140 17:18
4.

Jaclyn Baucum 17:31
Those that have medical that have specialty mental health needs and then we also provide services for uninsured.
And to do that, we have a variety of mechanisms.
That we have to do to ensure we have an adequate network available for those entitled services and so some of the things that the mental health plan and then also beyond the mental health plan, of course the department has other types of contracts and so some things that.
We have that you're familiar with are legal entity agreements.
We also have 24 hour what are called 24 hour inpatient and fee for service contracts and we have master agreements.
That's not limited to this.
These are just examples.
And.
So specific to what we the board had asked us, we wanted to just kind of walk through how the way in which the mental health plan portion of the department, that line of business that we have.

Room 140 18:12
Weather for.

Jaclyn Baucum 18:24
We we have to forecast the needs and then that's what drives the contracting process with any third party providers to ensure that the resources are available to meet the needs. And so this is a really familiar conversation for all of you because we've talked about it ad N.
With the treatment beds, so I have spoken to all of you repeatedly about and put it

into our report actually that we just submitted a couple weeks ago and it really lays out in the report.
What the process and the steps are for how a health plan has to ensure network adequacy and so a big piece of that we do some directly operated as you're familiar and then a big piece of that is ensuring that we have a provider network that meets the.
Needs of all of its members, and so sometimes.
We have to open solicitations to get more providers to ensure we have that network adequacy. And then sometimes you can pause or close them when you're at an adequate level of providers. And so an example of that is like the 24 hour contracts where all of our.
Treatment beds are those have. It has been an open continuous RFA for several years to ensure that we're meeting that mandated growth of the network.
Both from, you know, settlement agreements, but particularly based on the needs of our Members and making sure that the services are growing, you know at the same rate as the demand is growing.
So the department has kept that as an open continuous RFA to ensure that we don't cut off.
You know any supply of, you know, the beds that we need. But for instance with outpatient services, we have a blended model where we do both directly operated as well as contracted.
And so here.
It has not historically been an open continuous solicitation because we were meeting network adequacy.
And so if you've got an inquiries about, you know, well this provider came to my office and they're wondering why we can't get a contract.

R1 **Room 140** 20:14
Thank.
Yeah.
With.

JB **Jaclyn Baucum** 20:21
It really depends on what services they offer and what service does the department running the mental health plan. Still, what are the needs basically.

And so then one other point we wanted to make too is just that as we transition into this next.

Room 140 20:33
No.

Jaclyn Baucum 20:38
Phase with BHSA and also with BH Connect.
Then there will be new solicitation opportunities for new medical services because we have to meet the need projected needs of our Members. And so again some of that is done through our own system directly operated and some is by you know the same providers we have that will.

Room 140 20:45
Good morning.

Jaclyn Baucum 21:01
Move into new spaces and then there will also be some new providers that may choose to.
Follow a contracting process with us.
So we want to kind of just put that on your radar so that it's clear that this is really this is common for health plans, health plans if if any of you talk to the managed care plans during the early stages of their ECM kind of launch they.

Room 140 21:18
Goodbye.

Jaclyn Baucum 21:24
Were opening and closing.
Their solicitation they were opening and closing the amount of ECM and Community support providers that they needed and community supports. They would open it, get a bunch of housing providers close it.
Open it and so they were constantly kind of tailoring it based on how many they had. And then of course, you can't put so many in your network that you can't keep quality oversight and monitoring.

So there's a it's a.
It's a common practice and so we just wanted to kind of walk through that and then we can go to the next slide.
Once someone does become engaged through the solicitation process, it follows all the normal county steps.
And so this these are just.
Kind of some 3 bullets thanks to our contracts team where they just outlined that you know, as DMH puts out a solicitation for various services.

Room 140 22:13
No.

Jaclyn Baucum 22:17
Again, following all the work flows that we have to check, then vendors will have an opportunity to apply. And so when and if those solicitations are posted, then all the requirements and instructions to submit a response are included and so these can be found publicly posted like every.
Else is for the county.
These are publicly posted on the ISD public facing website as well as DMH, and then those are on a flow basis for most of them. And it's based, like I said on the needs of the department and funding availability. So each solicitation follows the county's guidelines on.
Timelines and contains the submission timeline.
So what's a little different for us is that we're a health plan operating in a county structure.
So we we have to behave like a health plan by our contract with the state. We have to maintain network adequacy.

Room 140 23:00
New.

Jaclyn Baucum 23:06
We have to ensure that we follow all of the regulations.
For Medicaid and then at the same time, we have to do our contracting, according to county contracting processes as well.

So it's kind of two worlds.
Next slide.

Room 140 23:25
Go ahead and pick up here.
So Jacqueline's been speaking to some direct service contracting. But in addition to running the MHP, we also oversee the MHSA and VHSA funding. And this is for non medical type services.
This can include anything from consultations to trainings, but over these past years has also included a lot of our prevention contracts that are non medical.
So historically, we've had providers who qualified to provide services under the Mhsa master Agreement.
That is where we've been directing.
Folks to sign up to become part of like the Prevention Service network, but also again consultants training so forth under the new rules for Bhsa.
All of our direct services.
Need to be medical eligible.
So they need to move to those legal entity contracts and for non medical services such as training consultants and evaluations, we'll have to end the existing master agreement and we'll have to start a new one.
For bhsa, so this is where most of our prevention providers have been contracted.
In our and that does go on to the next slide.
So just as a note, there is no more prevention funding for the county under BHSA.
Those funds are going to the state to administer. However, you know we are looking at where some of our programs can be funded in other ways.
So this does not mean that 100% of our program prevention programs would not be continuing. I think that is an evaluation. The department is really trying to meet.
As much of the valued services as we can would just not be under the contract.
So existing prevention providers that provide qualifying early intervention services, they may transition over to an early intervention contract or some other funded source contract.
We're also exploring other revenue sources like MA Medical administrative activities, which doesn't outreach work.
The image is going to secure some niche assistance.
Support those outlets providers to help them with that transition.

We're developing those resources both internally and considering what other technical assistance or consultation we might need to to support that transition since now.
Do you want me to finish my last two?
Because it's my last slide.
But Evan, yeah, definitely.
I'll take questions.
DMH.
We're so we are going to cover everyone of this, but we're going to close the master, the MHSA master agreement list and the Bhsa Master agreement list is only going to include those programs and services that qualify for BHSH funding. Again, going to be more.
Training technical.
And even evaluation, that's another type of vendor we have on there providers interested then in becoming legal, entity providers typically geared them towards that MA list where actually you need to gear them towards that legal entity process in that pathway. And that's one reason we have expand our.
Contracts online too.
We have any understanding at this point of the overlap between the current prevention providers and and programs and qualify.
Is there any early intervention?
Yeah. So we were able to advocate with the state to get them to include something called prevention as part of their early intervention definition.
So we can no longer do these broad community based kinds of activities that we've typically done.
On that target, everyone campaigns all of those things also out.
But if we are targeting a specific community where we know there's risk and we know that and the goal is to connect them with services, we can continue to serve them under early intervention.
So some of the programs we've targeted that qualify for this sound like things like promoters, right, I think PN as.
Actually more looking at what is the best funding source for those?
So I think those those are the types of programs that we're looking to.
To the best ways to.
Those would technically qualify though, as.

Hello with his question on when we'll know and when the providers will know the results of your evaluation, just to be sure, there's no there's minimal disruption.
I've I've I know we're working through that now.
I think what we're looking at right now is the analysis on we have to prioritize our MHP required services 1st.
And so the network adequacy PS, making sure that the required services were able to cover and I think then it's it's what funding that do we have to be able to.
We have made some decisions. I can tell you that.
Doctor Wong has approved United Health promoters has approved PN ES.
There's a couple of programs that have been approved to move forward.
How much and what I think is something that we're looking at depending on that analysis. But I think it's the rest of the program right now.
But they are still.
I wish I had more of a specific timeline for you, but we know that it needs to be relatively soon because we need to prepare for contract.
You can mean in in terms of notifying providers. I don't believe there's a sort of listserv that they can sign on to to get notification, but rather they have to go to the website themselves to look at the. It's available. Is that still the process? DMH has an.
Is there a possibility to to kind of have a list or providers to be able to find out?
If that's about contracting a notification, I might defer that to Stella.
She's on the line.

SK **Stella Krikorian** 28:59
Hi, good morning.

R1 **Room 140** 29:00
Thank you.

SK **Stella Krikorian** 29:00
I I I'm so sorry. I had a hard time hearing the question.

R1 **Room 140** 29:03
OK.
No problem. I my question was on how providers get notified of contracts available.

Stella Krikorian 29:13
Oh, OK.
So.
I'm sorry, were you done?

Room 140 29:20
Yes.

Stella Krikorian 29:21
OK.
So when when there is an opportunity for a bid, we release.
A usually it's posted, like Jacqueline alluded to on our website and also the website not ISD maintains also because there you know before they can apply for anything they have to register to be a county vendor in that website which again ISD maintains they have to.
The check box you know check the services that they can provide.
So when we release the solicitation, usually ISD sends out.
Mass mailing to all of those that can apply for a specific solicitation based on the boxes that they have checked when they become a vendor.
So there are a lot of opportunities that you know they get notified through through DMH also sends out mess mailings.
And we know a certain group can apply.
Does this answer your question?

Jaclyn Baucum 30:29
And then Stella, I'll add, I can add one more thing too. It's Jacqueline.

Room 140 30:30
Thank you.

Jaclyn Baucum 30:33
So I think in addition to kind of the procedural.
Like notifications that go out, we do have providers that are new to the county that have never contracted before that will reach out to us.

More on like a program level.
So for instance, I have people reach out to me or my staff all the time. If they might be like, you know, running an adult residential facility or they might have like a residential treatment facility of some kind.

R1 **Room 140** 30:53
Yeah.

JB **Jaclyn Baucum** 30:59
And they're like, how do I get a contract with the county, right.
And they're just not really sure.
And so in that case, what we would do, or sometimes it comes through the board office, we connect with the provider to make sure we understand what kind of facility they have, where the services that they offer and then we connect them to the right solicitation in the.
Right group. If it's not me or if it maybe they need to talk to the children's lead so.
It really there is kind of a, you know, piece of it to where if someone ends up.

R1 **Room 140** 31:25
You know.

JB **Jaclyn Baucum** 31:29
Reaching out to us, sometimes they'll reach out to doctor bonds.
He connects them to me, so wherever it lands, people end up directing them back to you know what the right steps are in terms of the solicitation so that there's a little bit of a personal touch because I know it's hard to sometimes find, you know, the right.
Page with the right solicitation, bid number and all of that.
So we do navigate them there.

R1 **Room 140** 31:52
Really helpful. And just final question, are there sort of broad whether that's on zoom, where DMH is having this with with providers that are interested?
This this training, yeah.

Jaclyn Baucum 32:04
Well, yeah, I mean so kayleen you can speak a little to that if you want with the what we did with the incubation Academy and then Stella, I don't if you want to add anything else.

Room 140 32:16
So I think we have to engage the the community. We've had incubation Academy for quite a few years now.
That has been where we've invited cbos in an attempt to train and support them to become DMH providers.
It usually involves a lot of our contracts, folks and others kind of training them around.
Everything from EHRs to to contracting and such.
That though we are transitioning that support really.
To really making sure that we're supporting the folks now that are are with us and that will be.
We're gonna continue that support, but I think in terms of new providers.
I'm gonna ask Stella to see if she can speak to any whatever efforts might be going on.

Stella Krikorian 33:02
We also do.
Individual when we get a request from an individual provider, we obviously you know, provide individual assistance as to where to go to find out if a certain solicitation meets their, you know, the services that they provide. And also we have, we do provide slides on how to you.
Know become a legal entity provider. What they need to.
Obtain what they have to have.
Ahead of, you know, coming to the department and what they have to provide in order to do so.
So we do have all all those information available.

Room 140 33:48
When was the last incubation Academy? We have a corporate running right now.

Will it be finished?
The IT should be the end of this fiscal year.
Oh, OK.
I understand your answer that there is no more incubation Academy for new providers.
At this point, we don't have a plan for one, because the focus has been on prevention, programming and grants for.
And we don't have those dollars for you to say dollars for provision for that.

JB **Jaclyn Baucum** 34:19
Yeah. Just to elaborate a little bit on that, Yolanda, the.
You should be any day getting a memo that will explain more of that.
So I think we can come back to that conversation if you have more questions once you receive it from Doctor Wong.
But we really want to make sure that per the the you know, content that we're talking about today on this last slide.
With the changes that have occurred under Bhsa, we want to ensure that those providers that currently.
Have been able to contract with us that we give them the best chance possible of moving over into the new structure that the state has created under. Like a lot of these prevention providers that we no longer have prevention funds for directly to contract with them, they're going.
To have to be early intervention providers for a lot of them and those are service based contracts.
So it's going to be different for them.
So this is building medical capacity, but we're going to focus on.
These making sure we can translate these providers over so they don't get lost.
So a lot of that investment has to be invested into this current cohort that we have and then we'll have to see from there.
So I think you should receive the memo and then we can have a follow up conversation if you want.

R1 **Room 140** 35:32
OK. If I could just follow up on that, 'cause, I I think that's the goal and key, we all know that it's extremely challenging to become a legal entity.

Yeah, but what?
What is that guidance?
I mean, I heard a lot of different things. You have slides.
I know you work with with providers one-on-one.
You have limited capacity too.
There's a lot of providers.
So what are the steps?
What is that guidance?
Can you describe that?
That's gonna look like.

JB **Jaclyn Baucum** 35:58
So specific to on helicopter, are you asking specifically to becoming a legal entity? Those steps, is that what you're asking?

R1 **Room 140** 36:05
Yes.

JB **Jaclyn Baucum** 36:08
So I don't know Stella, if you wanna answer that. All I can say is that I've watched Stella's team Otilia especially work with providers.
They do walk them through the whole thing. They have to interact with a lot of parts of our department 'cause they have to get the electronic health records set up.
They have to have provider numbers.
They have to, you know, understand the contract. So it really spans across a lot of touch points within our department. But Cdat is our kind of critical hub to that, you know.
That process, and I've seen them very, very patiently and persistently work with providers to make sure that they understand all the elements and they know what they need to turn in and by when.
But I'll let Stella address, you know, the particulars if she wants to add anything.

SK **Stella Krikorian** 36:54
We also have a work work group of, you know, other sections of the department, like, you know, programs when providers come to us, we.

Room 140 36:55
Councillor.

Stella Krikorian 37:07
Ask specific question as to where they want to provide the services to whom they want to provide the services and based on the like. For example, children versus adults, things like that based on those and the programs they are interested in.

Room 140 37:09
OK.

Stella Krikorian 37:24
There are different, you know, parts of the department that need to, you know, look at it, the proposals and see if it meets the requirements of the department.

Room 140 37:33
Thank you.

Stella Krikorian 37:38
And so there is a there is a process that goes on for these types of inquiries.

Room 140 37:46
To be clear, it's going to be one-on-one technical assistance for each provider.

Stella Krikorian 37:51
We do meet with them. Yes, one-on-one.

Room 140 37:52
And then we.
One more question.
Did you say the master Services agreement is also going to be closed?
Nhsa. OK. Can you share with your last report the master Services agreement?
Who's on it?

Will speak to Stella.
Is that something we can?

Stella Krikorian 38:16
Yes, we can.

Jaclyn Baucum 38:20
And on that, Yolanda, just So what Kayleen was talking about is that previously the way the Master Service Agreement was working under MHSA was more inclusive and even had some service on it under the new model.
All of the services under Bhsa are really becoming medical services, so we have these evidence based practices that have to be medical and then bhsa. So what will remain on the master agreement are the bhsa.
Not really services.
But other things that qualify for bhsa funding that won't be those specific services that will be under a different contract.
So it's not that it won't exist, it just has to transform, yeah.

Room 140 39:00
What's up?
I had a different question.
So going back to the first slide.
Understanding that we are currently meeting network adequacy, which was one of the reasons you have not opened some of your solicitations.
We, as you know, constantly receive calls and there are many folks that are newer to the system and we know many of these contracts have not been solicited for many, many years.
I I get that some of them will open up.
To bhsa BH connect you know transition to BHSA but.
Are there other opportunities to bring in new providers into the system? Especially, you know, providers, it's times are very different. And yes, we love the providers that we have, but there are also new providers that.
Are specific.
Strengths that our community members really need, especially today.

So I'm just wondering, are there opportunities to reconsider and open some of these solicitations that have not been done for years?

Jaclyn Baucum 40:14
So we do have. So even if the even if the classic legal entity like the old way of doing it.
Isn't like automatically open on helico.
We still have always had and will continue to have an individual and group provider network which is, you know referred to as fee for service too.

Room 140 40:27
No.

Jaclyn Baucum 40:34
We have different agencies and individuals that are on that list of providers so they can provide services on a fee based schedule.
They're not a legal entity, but they still get reimbursed for medical services. So there are other ways and pathways that we direct people to if the particular solicitation or contract arrangement that they're looking for is not open because there's not enough funding or there's not enough need it.
Doesn't really mean that they hit a dead end.
And so often we'll, you know, when someone does approach us, we'll walk them through what?
Is you know what's the best fit and what I have found in having many, many of these conversations.
Is that sometimes how they present and this is not anyone's fault. It's just very confusing.
But sometimes what they'll present as their interest when we dig into that conversation a little more. Their service delivery model might not be supported by medical and might not be medical reimbursable.

Room 140 41:23
Interest.

Jaclyn Baucum 41:32

There's not a code or some kind of service that can be billed and they want to deliver the model the way they want to deliver it.
They just want to be paid to do it.
That's not something we have the flexibility to, you know.
Sort of been to they have to find something that matches what we are actually contracted to provide to our medical members. And so this happens quite often and we will have a series of conversations then to just kind of educate them on what is a covered service within.
Our network.
What opportunities are open, which are not, you know, different pathways and such?
So it really kind of depends on that.
That provider's current.
You know, what are they offering as a service and what they're looking for?
Because I think there still is a little bit of a misunderstanding even in the Community that getting a contract with the department doesn't always feel like that you're contracting with a health plan like Anthem.
And so it feels like we can just do whatever we want and just give quote, give them a contract.
But that's one of the reasons we wanted to, you know, have this conversation today, because that's actually not the process that people are going through for the most part, other than like other, you know, there are some opportunities that are more flexible.
Be it a master agreement.

R1 **Room 140** 42:43
Yeah.

JB **Jaclyn Baucum** 42:44
Or something that's non medical based, but for the most part it really depends on what it is that the provider can do. And we do have many different opportunities.

R1 **Room 140** 42:55
Thanks, Jacqueline. But I just, I really want to reiterate this point because it is something that comes to our office often.
I actually received another inquiry this morning about somebody that's been on the

on the list legal entity list, but just the opportunity has not opened up for them.
So I just I I hear you loud and clear and I know you have a lot on your plate right now to open up another solicitation, but I just wanted to put this on your radar that it is something that continues to come to us.

Jaclyn Baucum 43:23
Yeah, I appreciate that. I think I think it would be good to revisit once we've as we get a little deeper into the bhsa.
It really is behavioral health transformation because it's not just bhsa, but it's also, as you guys know, with BH connect preparations. We're still determining when we can opt in and which parts we can opt into, but essentially, as we're preparing for this transformation then it's it's going to.
Automatically change as we're talking about today. Some of the solicitations that we have. And so it will be interesting to see which of these providers then have an opportunity through this transition. And then if we're still finding ourselves, you know, in the same place, then we should take.
Another look.

Room 140 44:06
Yeah.
One more question, Jacqueline.
This follows up with what Angelica raised. We had providers that were providing services, they might be medical eligible services, but they're for non medical eligible individuals.
What list do they get on?

Jaclyn Baucum 44:29
But it depends.
Because if if they're non medical eligible and they're uninsured, is that what you're saying or do they have other insurance?

Room 140 44:36
Well, I I talked to a particular about immigrants.

Jaclyn Baucum 44:39

Yes, so so they still in each of these contracts that we have, there's almost always what we call non medical.

Room 140 44:40
Might have logged.

Jaclyn Baucum 44:48
Like line dollar amounts like within the contracts.
And so that's typically where that's negotiated and would be billed under non medical.
So it's the same set of services, but we can't use medical dollars for it.

Edward Morrissey 44:58
Hmm.

Room 140 45:00
OK.
Got it.
You. You.
Your litmus is the services itself, not the eligibility.

Jaclyn Baucum 45:04
His services? Yeah.

Room 140 45:07
Add in and the qualifying factor the the SMI. The experimental illness is really the qualifying factor for our system.

Jaclyn Baucum 45:12
Yes.

Room 140 45:30
Any more questions?
Do we have any public comment on this item?
Any hands in the room?

Thank you, Jacqueline. Thank you.
Thank you guys. Thank you.

Jaclyn Baucum 45:56
All right. Thanks so much.

Room 140 45:57
Have any public comment?
Virtually I see couple phone numbers.
I don't see any hands raised.
Right. Don't hear from anyone.
Thank you very much.
We don't have anything for items 5:00 and 6:00. So we will now move on to item seven general public comment.
Quick reminder that general public comment is limited to two minutes.
Do we have any general public comment on this agenda?
See any hands in the room?
Any hands raised virtually.
Thank you everyone.
We will now move to adjourn this meeting.
Thank you for participating.
Enjoy the rest of your night. Thank you.

Jack Arutyunyan stopped transcription