

**Behavioral Health Board Minutes**  
**San Luis Obispo County**  
**April 19, 2023**  
**3:00p.m.**

**Members Present:**

Barbara Levenson  
Marshall Hamilton  
Supervisor Paulding  
Andres Pille (CenCal)  
Eulalia Apolinar  
Melissa Cummins  
Robert Crout (for Sheriff Parkinson)  
Jeremiah Malzhan (for Chief Robert Reyes)  
Dana Hunt  
Rose Fowler Plummer  
Amber Gallagher  
Pam Zweifel  
Mary Bianchi  
Leslie Brown  
Hugo Balcazar  
Chris Emert  
Donna Klein

**Members Absent:**

Johnny Rodriguez  
Joseph Kurtzman

**Guests:**

Amanda Getten  
Lynda Kaufman  
James Sofranko

**Health Agency Staff Present:**

Anne Robin  
Christy Haney

- 1. Barbara Levenson called meeting to order @ 3:05 pm.**
- 2. Introductions and Announcements:**
  - Round table introductions.
- 3. Public Comments:**
  - Lynda Kaufmann: The Synergy Program was awarded CCE funds for an older adult program. They are looking for people who would like to be part of their advisor counsel. This is their first older adult RCFE. It is a 54 bed older adult program helping to step people back into the community. This is in North Highlands, CA. They are looking for 2-3 more members. Anyone interested can reach out to Christy Haney.
  - Barbara Levenson on behalf of Deprise Brescia: The Veterans pop up gallery is Saturday, April 22<sup>nd</sup> from 10:00am- 4:00pm. The address is 829 10<sup>th</sup> Street in Paso Robles.

**4. Approval on Minutes:** Minutes from February 15, 2023.

M/S/C: Mary Bianchi/ Melissa Cummins. Abstain: None

Minutes from March 15, 2023.

M/S/C: Melissa Cummins/ Marshall Hamilton. Abstain: Mary Bianchi, Amber Gallagher, Dana Hunt

**5. Ongoing Business:**

- Next BHB meeting will be held on May 17<sup>th</sup> at 3:00PM at Family Care Network located at 1255 Kendall Rd, San Luis Obispo.
- Bi-annual bylaw review update: Most comments made were cosmetic. Language was changed to read “behavioral” opposed to “mental.”  
Vote to approve changes: Mary Bianchi/ Supervisor Paulding. Abstain: None.

**6. New Business:**

- We will be voting on membership renewals at the May 17<sup>th</sup> meeting. Those due for reappointment include:
  - Marshall Hamilton
  - Mary Bianchi
  - Ian Parkinson
  - Hugo Balcazar
- Annual Report Review: This will be voted on at the May 17<sup>th</sup> meeting.
- Annual Committee Representative Nominations: Will be voted on at the May 17<sup>th</sup> meeting.
  - Chair: Barbara Levenson nominated.
  - Vice Chair: Eulalia Apolinar nominated.
  - Second Vice Chair: Mary Bianchi nominated.

**7. Membership Committee - Update:**

- Mary Bianchi is now the only member of the membership committee. Those who are interested in joining Mary, please reach out to Christy Haney.
- Members were sent a copy of the member roster. Please be sure to advise any changes regarding your contact information. Changes can be emailed to Christy Haney.
- Vacancies on other committees that the Behavioral Health Board members participate in:
  - EQRO (External Quality Review Organization)- Represented by Joseph Kurtzman and Barbara Levenson. Meets for two days once a year. They are planning to hold opening day via Zoom, closing day in-person.
  - Quality Improvement (Health Agency)- Two vacancies. Meets once a month on different services. These meetings are via Zoom, and anyone can join.
  - MHSA Advisory Committee (MAC): Represented by Joseph Kurtzman and Barbara Levenson. Meets bi-monthly.
  - Innovations (MHSA)- Two vacancies. Meets quarterly.
  - Community Grants (MHSA)- One vacancy. Meets once a year.

## 8. Committee Representatives – Update:

- Jail BHU visit has been postponed. Josh Pintor will be reaching out in the next few weeks to have this rescheduled.
- MHET site visit: This site visit is being led by Melissa Cummins, Rose Fowler Plummer and Mary Bianchi. Planning will take place in May.
- MHAC committee meeting: This meeting took place on March 29<sup>th</sup>. The Mental Health Services Act Advisory Committee was formed after Prop 63 passed in 2004. Prop 63 was a tax on millionaires that funds counties in California for mental health programs. The areas that are focused on are community services and support, prevention and early intervention, innovation, workforce education and training, and capital facilities and technological needs. There were eight votes taken at this meeting and all passed, two of which did not require any funds.
  - Reassign a behavioral health clinician for co-occurring disorders for adolescents and clinical supervision. This supports the welfare development and retention area.
  - Reassign a behavioral health clinician from 40 Prado to a Paso Robles clinic.
  - A behavioral health clinician was converted to an ASO, administrative service officer, for youth services.
  - Funded an ASO for a three-year term to adult services.
  - Funded a behavioral health specialist for Managed Care. This is to help with the CalAIM requirements to implement statewide, standardized screening tools.
  - Funded a behavioral health specialist for the Mobile Crisis team for youth.
  - Funded a consultant to conduct a county behavioral health strategic plan.
- A Fiscal Committee was formed within the MAC meeting which will meet every two months. This committee is comprised of community members.
- Review of the BHARP Project: This is the Behavioral Health Assessment and Response Program for schools. It identifies students who are at risk of possible future violence. Once this grant was awarded, 14 students in San Luis Obispo County were identified as needing help and services. There are MOU's for various school districts within the county. These MOU's allow school districts to work with the level 1 and level 2 threat assessment team to problem solve on how to best support the youth. In addition, it has brought countless hours of highly professional development to our county to support educational staff. The level 2 team is a collection of various experts. They are not responding to potential threats, but helping schools navigate how to assess the threat and move forward.
- MH QST meeting: The Mental Health Quality Support Team meeting took place on April 13<sup>th</sup>. A reminder of the Journey of Hope event on May 1<sup>st</sup> was announced.
- Barbara Levenson will be participating in the quarterly CalBHBC, California Association for Behavioral Health Boards and Committees, meetings. The first meeting she will be attending takes place on Friday, April 21<sup>st</sup>.

## 9. Administrator's Report

- We are close to having the final contract with Crestwood for the transition of operations of the PHF. There will be a hearing at the Board of Supervisors on May 4<sup>th</sup>. This hearing is a requirement when a governmental agency changes a health care process. Their clinical lead position has been filled by a current Health Agency employee.
- Along with this transition of the PHF, there will be payment reform and a new electronic health record will be taking place July 1<sup>st</sup>.
- Strategic Plan Update: The county submitted a request for proposal and selected a potential provider. We are still in negotiations with this provider. Once negotiations have settled, it will go to the Board of Supervisors for approval. After approval, meetings will be set up to develop time frames for strategic planning. Hoping this will happen in late May or early June.
- MHSA plan update: The governor proposed changes to how MHSA currently works. The governor has proposed to change it into three blocks. Those three blocks would be 1) homelessness 2) high-level intensive services, full-service partnership 3) everything else. This proposal would implicate changes statewide and would impact a lot of the community based organizations who provide MHSA services. It also has the potential to leave a lot of the federal money that we use for MHSA to match and draw down back on the table. There is still a lot to be discussed. It will go through legislature to be approved, once approved it will be an item for election in November 2024.
- Behavioral Health Bridge Grant/Allocation: This will be submitted to the state no later than April 28<sup>th</sup>. This allocation will provide homeless services, outreach services, and support for different levels.
- MHSA funded staffing changes: There will be ASO positions added to support youth services and adult services. A program manager will be added to the SAFE systems of care program.
- Behavioral Health Director: They are still working on the contract, but Dr. Star Graber has been selected to fill the role of the Behavioral Health Director.

## 10. Presentation: (QST) Quality Support Team Division CalAIM Updates- Amanda Getten

- Every county's MediCal and behavioral health benefits are split up between county mental health plans, for specialty mental health, and CenCal, for non-specialty mental health. QST provides all drug and alcohol and substance abuse disorder treatment services for MediCal beneficiaries in San Luis Obispo County.
- CalAIM stands for California advancing and innovating MediCal services. It is our states mission driven plan that is focused on improved health outcomes and health equity for our MediCal beneficiaries. This was put in place by the governor and was meant to start in 2020, which Covid-19 delayed. CalAIM strives to transform the MediCal delivery system through value based initiatives, modernization, and payment reform. CalAIM implementation includes six main facets which includes: documentation redesign, improved access, data sharing, payment reform, performance measures, and integration.
- Documentation Redesign: This became effective July 1, 2022. Redesign strove to reduce documentation burden, focuses on fraud, waste and abuse, and allows staff to focus on

clinical care. This allows staff to be focused on clinical judgement and to make decisions based on clinical judgement instead of concerns around recoupment. For QST, their quality assurance reviews are focused on training and quality and less on compliance and disallowances.

- Improved Access: This followed the documentation redesign soon after. Improved access was accomplished by allowing counties to provide both mental health and substance use disorder services prior to completing an assessment. This means that we can provide targeted interventions to those who are recommended to us before asking the client or client's family to participate in an assessment. For direct MediCal we can provide services for up to 30 days or 60 days for youth or someone experiencing homelessness before this assessment. For specialty mental health needs, they have not set a timeline. The state created a standardized assessment, which is the same for all counties throughout the state. If an assessment is done and they do not meet the counties criteria, we can still provide services until they are connected to a CenCal prover. All services will be reimbursed. The state has created a universal screening tool that is used throughout the state. This screening tool will provide a score and that score signifies which delivery system the client will be referred to for their assessment.
- Data Sharing: Strives to leverage improved data sharing capabilities to improve quality and coordination of care. We have agreements with CenCal to support client's information being in a shared, secure portal. We are also working with Dignity to create a real time automated process to send our access team referrals for those who are seen in an emergency setting for MH or SUD needs.
- Payment Reform: This goes live July 1<sup>st</sup>. We are moving from a cost-based reimbursement to a fee for service reimbursement model. We will be able to claim for more services now that we can provide services before we have established access criteria and due to the fact that there is less documentation burden.
- Behavioral Health Integration: DHCS has proposed the integration of specialty MH and SUD program into one county-based program which will have one contract with the state. The projected timeline is the fiscal year 2027-2028. This integration will eliminate barriers to access. QST became integrated back in 2018.
- Performance Measurement: The state has created statewide performance measures to monitor quality outcomes for all MH and SUD providers. They are working on developing benchmarks and guidelines for measurable goals. The Behavioral Health Quality Improvement Program Performance Improvement Projects consist of three projects. Two are related to ensuring that we are connecting individuals who presented emergency departments with mental health and or substance use disorder needs for accessing out-patient care. The third is looking at retention and pharmacotherapy for opioid use disorder.
- DHCS has posted new annual quality performance measures. All counties need to demonstrate that they are at least meeting the minimum standards. This will be posted on the State's website. These measures are going to be focused on Healthcare Effectiveness Data and Information Set (HEDIS) measures. This is used widely across the country. The three HEDIS measures are focusing on medication services: individuals that

are receiving antidepressant medications, children who are prescribed antipsychotics, and adherence to antipsychotics prescribed to individuals with Schizophrenia.

**11. Adjourn at 4:48PM:** Leslie Brown/ Melissa Cummins