

Number of Quarterly Meetings held: 8
Provide an Explanation if fewer than four (4) quarterly meetings were held: N/A

County Name	Plan Code	MCP Plan Name (Auto Populates)	Reporting Year	Combined MOU Yes or No	MOU Type	Meeting Attendees	Topic: Care Coordination	Topic: Referrals	Topic: Dispute Resolution	Topic: Strategies to Avoid Duplication of Services	Topic: Collaboration	Topic: Member Engagement
San Bernardino	306	Inland Empire Health Plan	2025		SMHS/DMC-ODS	MHP: Alexis Ray, Mental Health Clinic Supervisor; Amber Carpenter, Deputy Director; Anthoula Poulakos, PhD, Research and Planning Psychologist; David Denkers, Program Manager II; Heather Louer, Program Manager I; Heidie Page, Clinical Therapist II; Joshua Taylor, PsyD, Senior Program Manager; Julie Hale, Deputy Director; Kinshasa Hamilton, Compliance Manager; Luisa Limon, Program Manager II; Maribel Gutierrez, Deputy Director; Marina Espinosa, Assistant Director; Michael Sweltzer, Senior Program Manager; Olga Elena Granillo, LCSW, Clinical Supervisor-Managed Care Coordination Unit; Rebecca Scott Young, MHSA Administrative Manager; Reginald Allen, Deputy Director; Sarah Hayes, LCSW, Chief Quality Management Officer; Susan Achuff, MS, LMFT, Program Manager II; Timothy Hougen, Deputy Director; Yvonne Morgan, Ethics and Compliance Coordinator MCP: Arlene Ferrer, County Programs Liaison, Integrated Care; Brian Colmanares, Manager, Behavioral	A new process was implemented to prevent discrepancies and ensure referrals are captured in both systems, eliminating gaps in member care. IEHP reviewed the screening tools sent to ACCESS SBDBH in Q1; all submissions were received.	IEHP will support SBDBH in securing appropriate provider portal access for referral submissions.	SBDBH reviewed the new format for joint operations meetings and confirmed that MCP and MHP will now include dispute resolution discussions. While no disputes have occurred previously, this topic has been incorporated to ensure a process is in place should issues arise.	IEHP reported that referrals and care coordination activities include safeguards to ensure members are not concurrently receiving services in both systems. IEHP and SBDBH engage in continuous communication and consultation, as needed, to validate cases and prevent duplication of services.	MCP and MHP collaboration efforts were reviewed, with a focus on the FUA and FUM quality improvement project under the Medical Behavioral Health Collaborative. A second phase of the program is forthcoming. IEHP provided an overview of its D-SNP, Complex Case Management, Behavioral Health Call Center, Transportation, and LTSS programs (CBAS, MSSP, IHSS). IEHP shared details regarding its 2nd Annual Artificial Intelligence Healthcare Conference, scheduled for April 25, 2025, at IEHP Headquarters.	IEHP introduced the Community Advisory Committee (CAC), a quarterly forum aimed at engaging IEHP members and the community. The CAC gathers feedback and includes community partners, parents, caregivers, stakeholders, and providers serving populations affected by health disparities.
				Yes								
San Bernardino	306	Inland Empire Health Plan	2025		SMHS/DMC-ODS	MHP: Alexis Ray, Mental Health Clinic Supervisor; Catrina Figueroa, Program Specialist; Christopher Bailey, Supervising Program Specialist; David Block, Associate Medical Director; David Denkers, Program Manager II; Erica Ochoa, Chief Compliance Officer; Joshua Taylor, PsyD, Senior Program Manager; Julie Hale, Deputy Director; Keith Haigh, Behavioral Health Informatics Manager; Kimberlee Van, Administrative Manager; Kinshasa Hamilton, Compliance Manager; Krystle Rowe, Senior Program Manager; Luisa Limon, Program Manager II; Maribel Gutierrez, Deputy Director; Marina Espinosa, Assistant Director; Reginald Allen, Deputy Director; Sarah Hayes, LCSW, Chief Quality Management Officer; Susan Achuff, MS, LMFT, Program Manager II; Zakiya Otis, Program Manager I MCP: Arlene Ferrer, County Programs Liaison, Integrated Care; Brittany Corsaro, Behavioral Health Specialist, Integrated Care; Cecilia Martinez; Daniela Roman; Jennifer Brown	IEHP is encouraging providers to utilize telehealth and virtual care, when clinically appropriate, to reduce no-shows and enhance access to care across all lines of business. IEHP shared the Mental Health Resources for Members notice, including details on a psychiatric walk-in clinic. IEHP discussed the transition tools submitted to SBDBH, noting that although volumes remain low, there is an increase compared to previous quarters. A total of nine transition of care tools were sent, with eight confirmed as received by DBH. The ninth tool, submitted late in May, is pending confirmation due to end-of-month reporting cycles. IEHP also shared that the liaison team has implemented a new process whereby transition of care tools are routed directly to the team, enabling more timely submission.	IEHP is actively working to secure medical provider access to DBH clinics to support coordinated care. Referrals were discussed, including the screening tools sent to ACCESS SBDBH in Q2 (376 total). All screenings were sent and successfully received by SBDBH. This reflects a positive trend, as referral counts have been matching for several consecutive quarters.	There were no substantive disputes between the parties requiring discussion. IEHP and SBDBH engage in ongoing communication and consultation, as necessary, to ensure services are not duplicated.	IEHP reported on the Quality Improvement collaborative conducted jointly with SBDBH and confirmed both organizations' commitment to continue the initiative to improve FUA and FUM rates for shared members. The collaborative will commence in September 2025 and continue for a 12-month period. Preliminary data reflects an 8% increase in FUA rates from baseline. Loma Linda will be included in the daily census as the fourth participating hospital.	IEHP provided an overview of APL 24-012 and Senate Bill 1019, emphasizing the requirement to partner with external agencies to improve access to mental health services, particularly Non-Specialty Mental Health Services. IEHP plans to continue partnering with county mental health and participating in outreach events and will reach out to SBDBH regarding collaboration on its 2026 draft. SBDBH expressed its interest in working with IEHP on the integrated behavioral health plan and aligning population-based behavioral health objectives. SBDBH announced the upcoming "Recovery Happens" event and shared the availability of a website for registration and RSVP information. This annual event recognizes individuals and families in recovery. SBDBH further reported that its mobile outreach and treatment unit initiated outreach activities on June 30th and will deliver substance use and mental health treatment services in community	

San Bernardino	306	Inland Empire Health Plan	2025	SMHS/DMC-ODS	<p>MHP: Alexis Ray, Mental Health Clinic Supervisor; Christopher Bailey, Supervising Program Specialist; Dahlia Avila, Clinical Therapist I; David Block, Associate Medical Director; Jennifer Pacheco, Senior Program Manager; Fanya Love, Clinical Therapist I; Julie Hale, Deputy Director; Keith Haigh, Behavioral Health Informatics Manager; Kinshasa Hamilton, Compliance Manager; Krystle Rowe, Senior Program Manager; Luisa Limon, Program Manager II; Maribel Vega, Clinical Therapist I; Metra Jaberl, Program Manager II; Michael Sweetzer, Senior Program Manager; Sarah Hayes, LCSW, Chief Quality Management Officer</p> <p>MCP: Brittany Corsaro, Behavioral Health Specialist, Integrated Care; Clarissa Beltran; Jamesia Brown, Government Affairs Analyst, Government Affairs; Jackie Ayala; Jessica Lee; Katherina Nguyen, Kim Lineberger, Leslie Ruiz, County Programs Liaison, Integrated Care; Mannu Carrasco; Natalia Reunoco</p>	<p>IEHP reviewed Close the Loop efforts and identified that unsuccessful contacts by SDBDH were primarily due to voicemails left by Access Unit. The team discussed developing a Close the Loop process for universal tools and referrals. IEHP is creating a report for SDBDH and will have Behavioral Health Specialists outreach members when universal tools are received. SDBDH will continue providing necessary reports and adjust as needed.</p>	<p>IEHP presented data on universal screening tools, reporting that 411 tools were transmitted to the SDBDH Access Unit from June through August, with receipt confirmed for all submissions. The monthly breakdown was 124 in June, 140 in July, and 147 in August.</p> <p>IEHP discussed an APL related to youth screening tools, noting that members in foster care are typically directed to county mental health services. The APL allows the MCP to override the determination of whether a member is referred to the county or receives care through the MCP. Recognizing that not all foster care members require county-level services, the team is exploring conducting an initial level of evaluation prior to making a referral to the county. This is currently in the discussion phase and was shared for awareness.</p>	<p>There were no substantive disputes between the parties requiring discussion.</p> <p>No cases have been identified via the screening tools, and IEHP staff have confirmed that members are not already in county behavioral health treatment. SDBDH uses a similar approach, with inter-system communication as needed to avoid duplicate services.</p>	<p>IEHP provided an update on the Quality Activity – Medi-Cal Behavioral Health Collaborative, noting that Phase Two team members attended a two-day in-person learning session in Sacramento. Phase Two launched in September 2025, and IEHP and SDBDH are continuing the work while expanding the hospital census to include higher-volume FUA and FUM facilities. The added hospitals are Loma Linda, Community Hospital of San Bernardino, and Desert Valley, bringing the total to six: St. Mary's, St. Bernardine, AMRC, Loma Linda, Community Hospital of San Bernardino, and Desert Valley.</p> <p>IEHP's Behavioral Health Strategist presented on Behavioral Health Pathway Measures currently targeted for improvement, including quality measures addressing antipsychotic medication adherence, psychosocial care for children and adolescents on antipsychotics, metabolic monitoring, and opioid use disorder treatment adherence. It was noted that IEHP and the County have governance</p>	<p>The team will plan to incorporate BHSA or other engagement committees into the next JOM agenda and ensure discussion of programs that include member engagement. Additionally, consideration will be given to hosting an SDBDH Community Policy Advisory Committee (CPAC) presentation or SDBDH program at the future JOM.</p>	
San Bernardino			2025	SMHS/DMC-ODS		<p>Quarterly Joint Operations Meeting (JOM) occurred on December 11, 2025, however the official meeting minutes have yet to be approved, as they will be reviewed at the next quarterly meeting.</p>					
San Bernardino	356	Molina Healthcare of California Partner Plan, Inc.	2025	SMHS/DMC-ODS	<p>MHP: Reginald Allen, Deputy Director; Amber Carpenter, Deputy Director; Olga Elena Granillo, Clinic Supervisor; Keith Haigh, Behavioral Health Informatics Manager; Luisa Limon, Program Manager II; Heather Louer, BH Senior Program Manager; Anthoula Poulakos, PhD, Research and Planning Psychologist; Maribel Vega, Clinical Therapist I</p> <p>MCP: Laurence Gonzaga, MA, Program Manager, Behavioral Health; Kennisha Gray, Program Coordinator, Government Contracts; Gabriela Huerta, MA, Supervisor, Case Management, Children; Gary Mcman, Supv, Care Management; Randy Nater, LCSW, Director, Behavioral Health; Brook Pilon; Betsy Roberts, RDN, MBA, Manager, Health Care Services, RIV/SB; Elizabeth Whitteker, DBH, LCSW, Manager, Behavioral Health;</p>	<p>Maternal mental health was discussed, with Molina reporting that efforts are focused on prenatal and postpartum mental health.</p> <p>The group reviewed Data Exchange related to FUM/FUA. SDBDH requested more timely delivery of the FUM/FUA report, potentially on a daily basis, if feasible. The process was noted to be working well, and interest was expressed in comparing outreach volumes between SDBDH and Molina.</p>	<p>Bi-Directional Tools issues were reviewed. The group discussed Close the Loop during the P&P meeting with SDBDH and the MCPs and identified the need to enhance the shared file. Molina reported that DHCS held an information session on Close the Loop for SMHS and NSMHS and potential implementation approaches.</p>	<p>There were no substantive disputes between the parties requiring discussion.</p>	<p>The FUM/FUA process facilitates coordination and reduces duplication of services through data exchange.</p>	<p>SDBDH reported a significant increase in residential bed capacity under the Drug Medi-Cal/ODS Waiver.</p>	<p>Molina shared that health education social media campaigns are being used to highlight mental health services for demographically underrepresented populations.</p>
San Bernardino	356	Molina Healthcare of California Partner Plan, Inc.	2025	SMHS/DMC-ODS	<p>MHP: Dahlia Avila, Clinical Therapist; Jocelyn Martinez, Social Worker II; Anthoula Poulakos, PhD, Research and Planning Psychologist; Sarah Hayes, LCSW, Chief Quality Management Officer; Olga Elena Granillo, Clinic Supervisor; Heidi Page, Clinical Therapist II; Luisa Limon, Program Manager II; Maribel Vega, Clinical Therapist I; Kinshasa Hamilton, Compliance Manager; Briana Brewster, Clinical Therapist I; Alicia Harris, Senior Program Manager; Heather Louer, Program Manager I; Amber Carpenter, Deputy Director; Sandra Becerra, Program Manager I; Kimberlee Van, Administrative Manager; Julie Hale, Deputy Director</p> <p>MCP: Laurence Gonzaga, MA, Program Manager; Maria Vargas, LCSW, Peds Case Manager; Amrittha Roser; Deborah Brockett; Betsy Roberts, RDN, MBA, Manager, Health Care Services, RIV/SB; Janelle Cignett, RN, Peds Case Manager; Asya Anderson; Elizabeth Whitteker, DBH, LCSW, Manager, Behavioral Health; Patricia Jenkins;</p>	<p>The group indicated there were no ongoing issues with the bi-directional tools. Molina reported a recently resolved matter related to SDBDH's request for a care manager contact list to facilitate timely care coordination. As a solution, Molina proposed that Molina Care Managers copy Program Manager on all care coordination email communications to SDBDH.</p>	<p>Molina reiterated the process for notifying care managers of pregnant members referred by SDBDH for Maternal Mental Health (MMH) follow-up and shared that MMH videos are nearing final approval.</p>	<p>There were no substantive disputes between the parties requiring discussion.</p>	<p>The group discussed adding the CIN number to the FUM/FUA report. Molina provided an overview of its FUM/FUA process, and SDBDH shared updates on a data collaborative with a follow-up session planned for August involving the Institute for Healthcare Improvement, CalMHSA, and DHCS.</p> <p>The group reviewed scenarios where the Transition of Care Tool (TOC) form is utilized to access non-duplicative services across systems of care while honoring the parent or guardian's request to maintain existing behavioral health services.</p>	<p>Molina shared an overview of the transitional rent benefit available to members.</p>	<p>Molina presented a brief refresher overview of the WEconnect incentive program available to members.</p>

