I. WORKGROUP ORGANIZATION

The stakeholder workgroup process will be comprised of two main groups of participants: the Advisory Workgroups and the SAPC System Transformation Team. The Advisory Workgroups, will include SUD field experts; treatment agency directors, managers and/or clinical staff; physical health, mental health and health plan representatives; patients; partner organizations; community members; and other interested participants. Their primary role will be to provide recommendations to SAPC as the County transforms its treatment system of care. They will be facilitated by a SAPC program manager and/or a guest expert, and will be assisted by a SAPC staff for administrative tasks. Advisory Workgroups will be established for the following topics,
which have been prioritized based on what needs to be achieved upon approval of the County’s implementation plan and execution of the new State/County contract by the County Board of Supervisors, and what can be phased in during the first three years of implementing the ODS:

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Focus</th>
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<tbody>
<tr>
<td>1. System of Care (Adult and Youth)</td>
<td>Development of the new benefit packages for youth and adults, and clinical practice requirements</td>
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<tr>
<td>2. Integration of Care</td>
<td>Coordination of patients’ co-occurring mental and physical health needs; collaboration with health plans and related County departments</td>
</tr>
<tr>
<td>3. Quality Improvement and Utilization Management (QI/UM)</td>
<td>Establishment of quality-focused services, clinical standards, and service delivery guidelines and measures</td>
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<tr>
<td>4. System Operations</td>
<td>Operationalization of new provider expectations developed in collaboration with the System of Care, Integration of Care, and QI/UM workgroups</td>
</tr>
<tr>
<td>5. System Innovations and Network Capacity Building</td>
<td>Transformation of the SUD system to a specialty health plan model; training of SUD provider network</td>
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</table>

Subgroups may also be created under an umbrella workgroup to address more specific elements of the implementation plan. For the System of Care workgroup, for instance, youth and adult considerations may be discussed separately as additional subgroups or jointly as a workgroup depending on the topic. The goal, however, is to develop one system of care for all individuals served. For the System Operations Workgroup, on the other hand, SAPC intends to have finance, contracts and information technology (IT) staff attend other relevant workgroups regularly to provide guidance on what is feasible early in the development process. Therefore, this group may not meet as frequently or as early in this process. SAPC’s Strategic Planning Unit (SPU) will initially lead the process of establishing workgroups, recruiting workgroup members, and monitoring regularity of workgroup meetings.

The SAPC System Transformation Team, on the other hand, will involve SAPC directors, program managers and/or staff who are directly involved in overseeing components of the implementation plan, and/or who are facilitating any of the Advisory Workgroup meetings. Its primary role will be to ensure completion of projects in SAPC’s operational plan, contribute to the development of materials to be distributed at Advisory Workgroup meetings, and approve changes to documents based on stakeholder feedback where needed. Output pertains to what deliverables will be distributed to stakeholders for feedback and what will be used to define contract expectations which, generally, will take the form of plans, standards of practice, and policies that will guide how the system transformation implementation plan is operationalized. Examples may include (1) standards of practice/contractor manual (2) a Request for Service Qualifications (RFSQ)/Work Order Solicitation procedure, and (3) an updated treatment contract and/or clarifying bulletins. Training and technical assistance will likewise be provided to network providers to ensure that providers have the capacity to deliver treatment services and clinical practices in alignment with the system transformation and improvements made through the stakeholder engagement process.

**Participation**

*Outreach and Recruitment.* A notice of interest and invitation to join the stakeholder workgroups will be sent to the County provider network, related County agencies, health plan groups, SUD-
focused organizations, individual SUD field experts, SUD treatment consumers, and other stakeholders. The notice will be sent through email, posted on the SAPC website, and distributed through the SAPC newsletter. It will contain descriptions of the different workgroups, expectations of workgroup members, proposed meeting procedures, and an estimated meeting duration and frequency. It will also contain the link to a SurveyMonkey that aims to assess each stakeholder’s area of expertise, SUD background and experience, and interest in joining any particular workgroup among other relevant information. Recipients of the notice will be advised to share the information and SurveyMonkey link with other individuals within their network who may have needed competencies and interest in contributing to the County’s stakeholder workgroup process. SAPC may also call on known experts in the SUD field to join the workgroups as members or facilitators, and will ask them to complete the survey to properly designate them to a particular workgroup. Completed surveys will be shared with SAPC program managers and staff, who will initially facilitate and assist each workgroup to determine member assignments and send information for upcoming meetings.

Advisory Member Expectations. SAPC deems all perspectives as important and will need all workgroup members to, at minimum, (1) contribute to meeting discussions, (2) thoroughly review related documents in advance, and (3) provide supplemental research or data, if needed.

Feedback Process

Meeting Structure. The Advisory Workgroups will be highly interactive discussions to review proposed plans, discuss implementation opportunities and challenges, and create plan modifications in order to best meet the needs of patients and achieve the objectives of the Waiver. Prior to each meeting, SAPC will develop background materials and the proposed implementation plan for that meeting’s agenda topic. Such materials will then be distributed to all workgroup members for them to read thoroughly and note comments. During the meeting, members will share their comments, ideas and recommendations. The document will then be revised and updated as needed for next meeting’s discussion, or submission to SAPC’s System Transformation Team for adoption and operationalization.

In order to ensure consistency in content and direction, as well as to provide overall guidelines for agenda setting and decision making, both SAPC staff and workgroup members will utilize the following as standard references:

1. CMS’ July 27, 2015 Notice to State Medicaid Directors titled New Service Delivery Opportunities for Individuals with a Substance Use Disorder
2. CMS Special Terms and Conditions for California Medi-Cal 2020 Demonstration Waiver
3. SAPC’s Vision Description – Transforming the Los Angeles County Substance Use Disorder System of Care
4. SAPC’s Implementation Plan for the DMC-ODS Waiver

Workgroups will be facilitated by a SAPC program manager unless another guest facilitator is identified, as deemed necessary or advantageous by the workgroup. SAPC staff will provide administrative support to each workgroup, which may include taking meeting minutes, sending meeting notices, and transmitting recommendations to SAPC System Transformation Team as vetted by each of the corresponding workgroup members.
All stakeholder process participants, particularly the workgroup facilitators, will constantly incorporate the following overarching and transformational requisites during the discussion and decision-making process:

1. Continuum of Care
2. Care Coordination
3. Capacity Building
4. Cultural and Linguistic Competency

The frequency of workgroups will vary, but will most likely be more frequent (e.g., monthly) in the beginning of the implementation process, and then quarterly once most system transformations have been established and maintenance or oversight is needed. Meetings will generally last two hours, and will be held at a SAPC conference room unless workgroup members prefer another location. An option to dial in through a phone conference will be provided to members who are unable to attend the meetings in person.

*Info and Update Dissemination.* For providers, partners and other stakeholders who are not members of any workgroup or are unable to attend any of the workgroup meetings, SAPC will disseminate updates about workgroup efforts and factsheets on key topics through email and the SAPC website. SAPC is in the process of developing an email listserv that will be open to all individuals, regardless of their position within an organization. Non-workgroup members will have the ability to send their comments and recommendations through email for the pertinent workgroup’s consideration.

**II. COORDINATION AND FLOW**

A consistent process will facilitate efficiency and systematic tracking of workgroup meetings and progress. The following diagram shows how coordination and decisions will flow within the stakeholder workgroup process:
## III. TIMELINE

In order to ensure the timely progress of workgroup meetings, and completion of stakeholder process output, the following timeline will serve as a guide for participants and facilitators:

<table>
<thead>
<tr>
<th>Preparatory Year</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approval of State's DMC-ODS Waiver application</strong></td>
<td><strong>Submission and anticipated approval of the County’s DMC-ODS implementation plan application</strong></td>
<td>All County treatment contractors have been DMC-certified. All County treatment contractors have secured Master Agreements with SAPC.</td>
<td><strong>Continued efforts to transform the County treatment system and phase in elements of the implementation plan.</strong></td>
<td></td>
<td></td>
<td><strong>State DMC-ODS Waiver Program Conclusion</strong></td>
</tr>
</tbody>
</table>

### Pre-implementation phase:

- **Initial stakeholder process for the implementation plan application input**
  - Assess stakeholders’ Advisory Workgroup interest and expertise via SurveyMonkey; and recruit members accordingly
  - List down workgroup members; identify expert facilitators
  - Send standard references and other pertinent documents to both Advisory Workgroup members and SAPC System Transformation Team for review prior to start of workgroup meetings
  - Start stakeholder process workgroup meetings

### Implementation phase:

- Continue stakeholder process workgroup meetings
- Maintain stakeholder engagement and workgroup membership

**OUTPUT:** Standards of practice/provider manual; Request for Service Qualifications (RFSQ)/Work Order Solicitation procedure; Updated treatment contract and/or clarifying bulletins; Training/capacity building; Technical assistance

*Note: The periods for each year were based on the timeline established in the California Medi-Cal 2020 Demonstration Waiver Special Terms and Conditions.*