

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
Substance Abuse Prevention and Control
Provider Advisory Committee Meeting

Meeting Summary – March 8, 2022

Provider Advisory Committee (PAC) MEMBERS PRESENT ON MICROSOFT TEAMS: Yanira Lima (Proxy for Dr. Gary Tsai), Kathy Watt (Co-Chair), Ken Bachrach, Cory Brosch, Lisa Campana, Deena Duncan, Brandon Fernandez, Christina Gonzalez, Adrian Revels (Proxy for Junie Gonzalez), JoAnn Hemstreet, Jonathan Higgins, William Taetzsch (Proxy for Elan Javanford), Claudia Murillo, Nora O’Connor, Rocio Quezada, Edgar Sebastian, Denise Shook, Bill Tarkanian, Edith Urner, Shelly Wood, Wendie Warwick.

Substance Abuse Prevention and Control (SAPC) REPRESENTATIVES: Nima Amini, Emily Caesar, Daniel Deniz, Michelle Gibson, Marquisha Henderson, David Hindman, Brian Hurley, Kyle Kennedy, Julie Lo, Adam Loomis, Antonne Moore, Michelle Palmer, Glenda Pinney, Antonne Moore, Kimia Ramezani, Belia Sardinha, Megala Sivashanmugam, April Stump-Earwood, Erika Valdez, Zena Yusuf, Nancy Crosby, Amy Mcilvaine (CIBHS), Marika Medrano, Elizabeth Norris-Walczak, Duy Tran, Iris Lynch, Bernie Lau.

ABSENT: Felipe Kaiser, Tenesha Taylor.

MATERIALS DISTRIBUTED: PAC Meeting Agenda, PAC Meeting Minutes (January 27, 2022)

Topic	Discussion/Finding	Recommendations, Action, Follow-up
Welcome	<p>Yanira A. Lima, Branch Chief, Systems of Care, Los Angeles County, Department of Public Health, Substance Abuse Prevention Control</p> <ul style="list-style-type: none"> • Delegate for Dr. Tsai for this meeting. • PAC Members dropped their name and agency in the chat in lieu of roll call. 	
Approval of Meeting Minutes	<ul style="list-style-type: none"> • Meeting minutes from 1/27/22 were presented by Kyle Kennedy, and motion to approve by Claudia Murillo and second by Jonathan Higgins. • Approved meeting minutes to be posted on PAC Webpage. 	
SAPC Announcements	<p>Yanira A. Lima, Systems of Care</p> <ul style="list-style-type: none"> • Cost Reports and all supporting documentation are due by 5 PM on Friday March 11, 2022. • SAPC released Informational Notice 22-05 Youth Enhancement Services (YES) Program – with further details to come later in the meeting. • Yesterday, providers received updated masking guidance from CDPH; masks continue to be required by staff and patients in indoor settings. • Reminder that SAPC contractors should not deny services to unvaccinated clients. <p>Dr. Brian Hurley, Medical Director, Substance Abuse Prevention Control</p> <ul style="list-style-type: none"> • 30- and 60-day authorization period policies around reimbursement engagement 	

	<ul style="list-style-type: none"> ○ Authorization Periods — ASAM assessment does not need to be completed for the first 60 days of treatment for patients aged 20 and under and/or persons experiencing homelessness (PEH). We want ASAM assessments completed as soon as is feasible to guide treatment planning, but Utilization Management (UM) will authorize 60 days for non-residential services based on age, homelessness status, and financial eligibility without requiring that ASAM being documented within the first 60 days. ○ Many providers are doing a standard authorization within the first 30 days of treatment (ASAM in the first 14 days or 7 days for adults) and have up to 30 days to submit all documentation. ○ There are initial engagement periods where you can initiate treatment before completing a full ASAM; at the end of the 60-day period, you have the standard authorization period (30 days) to complete the ASAM and submit documentation. ○ UM has enabled providers to start treating patients without rushing to get the ASAM, the initial engagement period is up to 60 days for patients under 20 or PEH. <ul style="list-style-type: none"> ▪ This 2-month period still counts against the 6-month outpatient authorization ○ For non PEH or people 21 and over, the initial engagement authorization period is 30 days that can precede the standard authorization period. ○ Want to make sure that the provider network is fully informed about this process. ○ Comment from William T. (Didi Hirsch) – We have made a big push to use these initial authorization periods which have been helpful when it’s worked out, but it depends on the QI/UM evaluator, as not everyone is up to speed on this. There might be a potential need for more messaging internal to QI/UM or standardization among providers around how we communicate an authorization request. <ul style="list-style-type: none"> ▪ Dr. Hurley shared a reminder to document homelessness status with a miscellaneous note. The more specific you can be about issues you’re having; there better UM can troubleshoot. ○ Comment from Bill Tarkanian (LACADA) – What is the status of the field-based services (FBS) pilot? Initially thought this would enable us to go into homeless encampments but was then told that an assessment is required which almost defeats the purpose of working with the homeless. You’re trying to engage them and develop a therapeutic alliance to attract them into services. This is a great development in conjunction with the pilot project lets us engage patients where they reside, and this is exactly how you engage the homeless. <ul style="list-style-type: none"> ▪ Yanira shared that the FBS home pilot information was released in late December. We have received applications and have approved several organizations. If you need additional information, we can connect offline. The pilot program information will be shared with PAC. 	<p>Dr. Hurley to circle back to UM unit to share this information</p> <p>Adam to send out FBS pilot information to PAC</p>
Co-Chair Announcements	Kathy Watt , Van Ness Recovery House <ul style="list-style-type: none"> ● Encourage everyone to participate in one or multiple workgroups. 	
PAC Member Items	Kathy Watt , Van Ness Recovery House and Antonne Moore , Chief, Strategic and Network Development <ul style="list-style-type: none"> ● SAPC Sponsored Bill 	

	<ul style="list-style-type: none"> ○ The Funding Utilization Workgroup is concerned about the minimum education requirements for RADT going to 80 hours. ○ Per Antonne, the bill is intended to lift the SUD workforce and improve the education and training for SUD registered counselors. It raises the minimum standard for registered SUD counselors to at least meet the requirements for Peer Support Specialists. It modernizes SUD training to provide services under CalAIM and expands certification curriculum to improve quality of care. ○ From Claudia Murillo – the workgroup’s concern is mainly around timing, not the requirements, of the bill, given the current landscape which has changed so much in the past 2 years. It has been difficult to staff programs because of staffing shortages. <ul style="list-style-type: none"> ▪ Antonne shared that this concern has been voiced. If passed, law goes into effect in 2025. ○ Comment from Brandon - another avenue to increase the workforce as we move into integrated care is to be more inclusive of other practitioners (e.g., certified case managers, LVNs, CNAs, etc.). LA County doesn’t have enough 3.2 beds, partly because it is difficult to staff without LVNs. In private treatment centers for detox, the go-to is to use LVNs, but we can’t use LVNs unless they’re registered counselors. This bill will decimate the use of LVNs in our field - it is already an issue with the 9-hour requirement. If SAPC has the bandwidth to pursue legislation to amend the health and safety code, I would be a vocal supporter of trying to expand the scope of who can provide these services instead of focusing on registered counselors. <ul style="list-style-type: none"> ▪ Antonne responded that there are other bills exploring this issue, like AB 1860 which eliminates requirement that licensed interns apply to be registered SUD counselors. From SAPC’s view, it is important to raise the bar that we are better prepared to work in a shifting behavioral health field and be on par with mental health and health services. ○ Comment from Kathy - as the PAC it is important that we are being heard by SAPC and it is important for us to support SAPC to bring our field to the highest excellence for the people we serve. 	
<p>PAC Workgroup Updates</p>	<p>Shelly Wood, Grandview and Christina Gonzalez, Impact</p> <ul style="list-style-type: none"> ● Funding Utilization Workgroup <ul style="list-style-type: none"> ○ Shared best practices around improving morale at the facilities, helping us dialogue and problem solve the challenges that come up. One issue is competing with industries that can pay more, and the group discussed ways to empower staff. ○ A lot of time was spent discussing denials, with basic best practices shared such as calling the previous facility to make sure information matches. ○ The biggest challenge continues to be intercounty transfers. One suggestion among the group was a request for support from SAPC to not be required to accept out of county transfers. ○ Discussion about the opportunities to look for private funding and develop partnerships amongst each other to apply for collaborative funding. The plan is to have a subcommittee around this. ○ Overall, the workgroup has created strong relationships and trust among providers. ○ Yanira shared that SAPC has begun targeted conversations with DPSS regarding intercounty transfers, recognizing this is an ongoing issue. SAPC will release a bulletin addressing intercounty 	

	<p>transfers. There is also an informational notice that will be released by the state. SAPC will not put out a policy of not accepting intercounty transfers. SAPC has established a 30-day workgroup of SAPC staff to focus on issues related to enrollment eligibility and intercounty transfer situations.</p> <ul style="list-style-type: none"> ○ Antonne shared that the workgroup continues to research these issues and will update this group when complete. The SAPC eligibility support team (team that contacts your finance team) talks about the Medi-Cal discrepancies, running the 270/271 and providing support to your staff. ○ Yanira asked when SAPC can expect a report of the workgroup’s recommendations. <ul style="list-style-type: none"> ▪ Kathy shared that the soonest a report can be submitted to SAPC is May. ● Business Technology Workgroup <ul style="list-style-type: none"> ○ The first meeting has been scheduled for March 16, 2022 – 11am-12:30pm. ○ Please reach out to Adam (aloomis@ph.lacounty.gov) if interested in being added to this workgroup. 	
<p>Contingency Management Pilot</p>	<p>Glenda Pinney, Systems of Care</p> <ul style="list-style-type: none"> ● Contingency Management (CM) Pilot Program – Phase 1 July 1, 2022, to March 31, 2024 <ul style="list-style-type: none"> ○ Funding comes from CalAIM; Community Based Services Spending Plan in the American Rescue Plan. ○ Target population is Medi-Cal enrollees with stimulant use disorder (StimUD). ○ Goal is to determine how to scale an evidence-based StimUD treatment to address SUD crisis in CA. ○ Objective is a harm reduction approach promoting low barrier access to treatment. The framework will be a structured 24-week outpatient CM program followed by 6 months or more of recovery services. Incentives will include \$599 in gift cards per calendar year for non-use of stimulants. ○ Participant eligibility criteria: diagnosed with a qualifying StimUD; assessed and determined to have a StimUD for which CM is medically appropriate; reside in a participating DMC-ODS county with approved CM pilot; completed ASAM assessment within 30 days (or 60 days is under 21 or PEH) following first visit that indicates they can be treated in an OTP setting; not enrolled in another CM program and receives services from a nonresidential provider that offers CM. ○ Participating providers must receive required targeted technical assistance, screen and assess beneficiaries within 30 (or 60) days of admission to verify Medi-Cal eligibility weekly, have a dedicated CM coordinator, and provide data for monitoring and evaluation. ○ CM Components include care planning (includes other behavioral interventions like MAT), education (participant orientation and consent to CM program). ○ CM Coordinator Core Competencies: organizational skills, skills following lab specimen handling/disposal procedures, computer skills, communication skills. 	
<p>New Amendment Process for Contracts</p>	<p>Daniel Deniz, Chief, Finance Services</p> <ul style="list-style-type: none"> ● New Amendment Process for Contracts <ul style="list-style-type: none"> ○ Contract allocations revert back to the FY19/20 (with only a few exceptions). ○ A new request must be submitted once 70% utilization is reached; finance will reach out at this time. ○ Currently augmentations are taking longer right now, so you can reach out to SAPC if you’re around 60% utilization. 	

	<ul style="list-style-type: none"> ○ Refer to SAPC IN 22-03, further guidance is forthcoming. ○ When completing augmentation requests, make sure that the contract type and your contract number match the utilization you’re referencing. Fiscal year, contract amount, amount expended, and amount requested must be completed for all augmentation requests. Include information about new sites or levels of care and relevant license and certifications. ○ SAPC is looking at strategic and targeted investment and growth of the network, so it is important to consider what other providers are in the area and if clients can be referred to a nearby agency. The SBAT can be used for this. ○ If your utilization does not match SAPC utilization, contact finance at SAPCFinance@ph.lacounty.gov. ○ Any missing information on request forms will delay the process further. ○ Edith (Exodus) shared a concern about timeline for contract augmentation. It takes 3-4 months to get approved and by then its July and the contract amount reverts back and the process is repeated all over at 50-70% utilization. <ul style="list-style-type: none"> ▪ Daniel shared that, per County Counsel, contracts can only be augmented for the current year, not the entire term of the contract. Given the public health crisis, this is taking longer than usual, so do not wait until your agency hits the 70% utilization, contact finance earlier ○ From Nora (JWCH) – Our agency has submitted an augmentation for the past 3 contract years, and it is difficult to plan for personnel. Will we get to a point where the contract amount will be increased based on 3 years of augmentations? Follow up question: JWCH did add services, so what do we need to do knowing we will exceed the contract amount? <ul style="list-style-type: none"> ▪ Daniel shared that we will not be able to get to that point, but there may be organizational changes that result in permanent changes in the contract amount. If you add services or levels of care, indicate this in your augmentation request. All of this information is required to help justify the augmentation. We also want to point out that as long as there is utilization and good performance, SAPC has every intention to continue to support providers. ○ From Christina (Impact) – If we consistently exceed our contract amount, will a permanent increase be considered when we renew contracts <ul style="list-style-type: none"> ▪ Per Daniel, yes. 	
<p>The “95%”</p>	<p>Daniel Deniz, Finance Services and Yanira Lima, Systems of Care</p> <ul style="list-style-type: none"> ● The 95% <ul style="list-style-type: none"> ○ Approximately 62% of SAPC contracts were fully utilized in the last year, even taking into consideration pre pandemic years. ○ Increase in augmentations is targeted investment in populations and in geographical areas. ○ 95% of people with SUD are not accessing services, so how do we reach that 95%? ○ SAPC is looking at working with partners on setting up trainings on how to develop outreach plans that get you into the community to increase referrals. ○ SAPC sees this as a mutual responsibility to increase public understanding and access to harm reduction options within our system. 	

	<ul style="list-style-type: none"> ○ SAPC has invested a lot to ensure that funding is directed to harm reduction elements of overdose prevention and ensuring improvement of provider acceptance and implementation of non-abstinence-based treatment models. ○ It is important for providers to communicate the types of services available and ensure that individuals are navigated appropriately, especially where SAPC has heavy investment, such as Client Engagement Navigation Services (CENS), Core Centers, or Substance Abuse Services Helpline (SASH). 	
<p>Youth Enhancement Services Bulletin</p>	<p>Elizabeth Norris-Walczak, Chief, Youth Systems of Care</p> <ul style="list-style-type: none"> ● Youth Services Unit manages a network of 26 specialized youth providers at 42 sites that provide a full spectrum of substance use disorder early intervention and treatment services to Youth (ages 12-17) and Young Adults (ages 18-20) Services. ● Youth Enhancement Services (YES) Program was launched in FY19/20 to serve youth (12-17) at risk of entry into the juvenile justice system and expanded coverage for youth-centric, non-DMC reimbursable early intervention and treatment services for youth. <ul style="list-style-type: none"> ○ This project is supported by the Juvenile Justice Crime Prevention Act (JJCPA) and Substance Abuse Block Grant (SABG) set aside. ○ Funding for: 1) outreach and engagement to identify and encourage youth to participate in early intervention and treatment services, 2) positive youth development programs, which are strengths-based, prosocial group activities targeting the development of social, ethical, emotional, physical, and cognitive competencies in early intervention and treatment settings, and 3) transportation services to support attendance at STD, mental health, health, and other appropriate services. ○ Youth development specialist position is a new component (effective March 1) intended to help agencies build programming at their sites. The youth development specialist position is available to participating agencies and funds a part time staff to support providers to deliver these activities. ○ This program is detailed in SAPC IN 22-05. ○ Question from Edgar (Helpline Youth) – Must SHSMA contract be included with the letter of intent? <ul style="list-style-type: none"> ▪ Liz shared that it would be helpful to include. Duy shared that the providers interested in participating in the YES program for next fiscal year must have a SHSMA contract. 	
<p>PAC Member Selection</p>	<p>Kyle Kennedy, Systems of Care</p> <ul style="list-style-type: none"> ● PAC Member Terms and New Member Selection <ul style="list-style-type: none"> ○ In June 2022, 50% of PAC Members will be terming out, based on the decision made to extend terms by 1 year due to the pandemic. ○ Members with terms ending can reapply for 2 consecutive terms with a 1 year waiting period. ○ Current Members with terms ending on June 30, 2022 – Cory Brosch, Edgar Sebastian, Elan Javanford, Felipe Kaiser, JoAnn Hemstreet, Ken Bachrach, Lisa K. Campana, Rocio Quezada, Shelly D. Wood, Tenesha Taylor, Bill Tarkanian. ○ An application will be released to the network and a selection committee led by the PAC Co-Chair and consisting of 4 PAC members and 5 SAPC staff. 	

	<ul style="list-style-type: none"> ○ PAC application to be released electronically in May 2022. ○ Membership mentoring by current PAC members is highly encouraged. ○ Question from Bill – Does terming out of PAC mean that members also term out of subcommittees? <ul style="list-style-type: none"> ▪ Kyle confirmed that, yes, that is correct. 	
Brainstorm Topics for Elevation at Future Meetings	<p>Emily Caesar, Systems of Care</p> <ul style="list-style-type: none"> ● Topics for Elevation at future Meetings <ul style="list-style-type: none"> ○ SAPC has discussed agenda development for upcoming meetings to ensure that PAC members can drive the agenda. Want to use meeting time to see if there are items that members want to elevate. <ul style="list-style-type: none"> ▪ Comment from Edith (Exodus) – PAC covers a lot of relevant information and would like to see more of the same. Would like to discuss the recovery bridge housing process and challenges other providers are facing. ▪ From Claudia (House of Hope) – CalAIM updates, especially how my agency will be affected and what can I do to prepare. Right now it feels like there are missing pieces. ▪ From Christina (Impact) – Agree with the unknowns of CalAIM. It is going to be an amazing transformation but having so many unknowns is a little scary. Regarding the question on what to elevate, it depends on what’s going and so far SAPC has done a good job of this. A lesson learned from DMC-ODS is the financial piece - the cost report. As we transition into CalAIM, it would be good to frontload the financial piece, and not allow us to take every single patient until we understand how payment is going to work. ▪ From Brandon (Cri-Help) – Before the start of DMC-ODS, SAPC and County leadership met with providers to go through every aspect of what became the Provider Manual. There has not been that much collaboration up to this point around CalAIM. ▪ From Kathy (Van Ness) - the return to in person meetings will make it easier to network. 	
Meeting Wrap Up	<p>Adam Loomis, Systems of Care</p> <ul style="list-style-type: none"> ● From Brandon, at the last PAC meeting vocalized frustration about a CIBHS training and incorrect information being provided. Amy and team at CIBHS did a thorough job of confirming that the correct information was presented at the meeting. 	
Public Comment	<p>Yanira Lima, Systems of Care</p> <ul style="list-style-type: none"> ● No comments from the public 	
Next Meeting	Next meeting is scheduled for May 10, 2022, at 2pm	

Reviewed and Approved by Y.Lima