

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

Substance Abuse Prevention and Control

Provider Advisory Committee Meeting

Meeting Summary – June 15, 2021

Provider Advisory Committee (PAC) MEMBERS PRESENT ON MICROSOFT TEAMS: Kathy Watt (Co-Chair), Ken Bachrach, Lisa Campana, Maricela Gray (in place for Claudia Murillo), Baldomero Gonzalez, Christina Gonzales, JoAnn Hemstreet, Elan Javanford, Felipe Kaiser, Rocio Quezada, Edgar Sebastian, William Tarkanian, Tenesha Taylor, Wendie Warwick,

Substance Abuse Prevention and Control (SAPC) REPRESENTATIVES: Gary Tsai, M.D. (Chair), Emily Caesar, Stephanie Chen, Michelle Gibson, Nislan Jose, Kyle Kennedy, Tina Kim, Yanira Lima, Julie Lo, Antonne Moore, Jimmy Nguyen, Elizabeth Norris-Walczak, Glenda Pinney, Francisco Reyes, Megala Sivashanmugam and Milan Spencer

EXCUSED ABSENCES: Joann Poremba (resigned), Kovi Blauner (resigned) **ABSENT:** Brandon Fernandez, Cory Brosch, Shelly Wood

MATERIALS DISTRIBUTED: PAC Meeting Agenda, PAC Meeting Minutes (April 14, 2021)

Topic	Discussion/Finding	Recommendations, Action, Follow-up
Welcome and Introductions	<p>Dr. Tsai, welcomed PAC members</p> <p>Milan Spencer, Treatment Service Branch, Systems of Care conducted roll call.</p> <ul style="list-style-type: none"> • Fourteen (14) of the eighteen (18) PAC members were present as well as SAPC representatives from different units (quorum was present at the start) 	
Announcements	<p>Announcements by Dr. Tsai provided to help inform and shape upcoming policy recommendations made by PAC</p> <ul style="list-style-type: none"> • CalAIM Updates - Recent changes to DMC-ODS have been finalized by the state <ul style="list-style-type: none"> ○ Medical Necessity <ul style="list-style-type: none"> ▪ The state is differentiating between criminal justice involved and non-criminal justice involved individuals ▪ Criminal justice involved individuals need to have a DSM-5- SUD diagnosis before or during incarceration. The main reason for this is because criminal justice involved individuals may not be actively using during incarceration. This is a way for the state to ensure that criminal justice-involved individuals have access to care upon reentry by meeting medical necessity. ▪ Individuals who are incarcerated, may still have access to substances, so current use will need to be asked. ○ Residential episodes and lengths of stay 	

- The number of DMC reimbursable residential episodes per year has been removed. It was previously limited to two episodes per year.
 - The state has shortened the residential length of stay (LOS) to maintain a statewide average of 30 days. In Los Angeles County, the average LOS is around 52 days, so this represents a shortening of residential stays and is something we will need to operationalize.
 - Recovery Services
 - The state has emphasized that recovery services should be available during transitions between levels of care (LOC) meaning same day services can be offered when someone transitions from one LOC into recovery services or vice versa.
 - Recovery Services does not require a remissions diagnosis, the state is still working on technical aspects to avoid denials.
 - Complete abstinence from drugs is not a pre-requisite for recovery services, it is available to those who have lapsed.
 - Recovery Services are available to individuals receiving MAT, individuals released from incarceration, and available to clients interested in recovery services or based on provider assessment.
 - MAT
 - The state has emphasized that providers are required to offer MAT either directly, or through referral.
- Behavioral Health (BH) Payment Reform
 - DHCS is aiming for an implementation date of July 2022
 - Currently SAPC does not have enough specific information to begin basic planning around payment reform other than conceptual conversations. More information will be forthcoming once the State offers greater details that counties can follow.
 - SAPC Billing codes will change from HCPCS level 2 codes that we use now to HCPCS Level 1, which are CPT codes. We are working with the state on many of these details.
 - Health Care Financing Models – this was a request at a previous PAC Meeting
 - SAPC has developed a more in-depth presentation for a later time.
 - BH payment reform is moving away from cost-based reimbursement and towards value-based reimbursement:
 - In a cost-based system, agencies are paid according to allowable cost amounts, so the focus is on the cost of delivering services.
 - In a volume-based system (aka fee for service) agencies are paid according to number of allowable services delivered, so the focus is on the number of services delivered.

- In a value-based system, agencies are paid according to the overall care for individuals and specified quality metrics, focused on efficiently delivering service to meet specified outcomes.
- As a county we have to decide on the benchmarks and incentives to set and how we would want to implement the core of value-based model.
- There may be different ways to implement value-based model in a system like SAPC's, given that model might be challenging because not all agencies have all levels of care.
- Another model to consider is grouping agencies by level of care to ensure a full continuum.
- Alternative to Incarceration (ATI) and Measure J
 - A transformative opportunity for the County to implement a "Care First, Jails Last" approach to service delivery and a way to try to address criminalization of substance use.
 - Measure J will help fund ATI with \$100 million for the first year of implementation.
 - The Measure J advisory committee (which Dr. Tsai and Bill Tarkinian are a part of) has submitted recommendations to the County CEO about how Measure J should be invested. The CEO will analyze the submission and make final recommendations to the County Board of Supervisors who will make the final decision.
 - The Measure J Advisory Committee submitted several recommendations related to SUD around the following:
 - Harm Reduction, Recovery Bridge Housing, SUD Workforce
 - SAPC encourages the network to be vocal and involved in this process.
- COVID-19 Updates
 - Covid-19 cases have stabilized for the moment.
 - Covid-related SUD guidelines are being folded into DPHs broader recommendations and requirements.
 - Masking
 - CDPH released new masking guidelines available on their website.
 - Masking is required in healthcare settings, including congregate SUD settings (residential, RBH, inpatient) for both unvaccinated and vaccinated people.
 - In non-congregate SUD settings (OTP, outpatient and intensive outpatient), masking is no longer required for vaccinated people, but is required for unvaccinated people.
 - CalOSHA recommendations and requirements for health and workplace settings are still being finalized – those pertain to our workplace and healthcare settings.
 - Vaccines – providers can ask clients about vaccination status and should not use this information to deny care, but to inform safe care.

	<ul style="list-style-type: none"> ▪ At this time, government entities have not required vaccines for staff, but some private entities have. There have been some public entities plan to require staff to be vaccinated once emergency authorization has been removed. ○ Ensuring access to SUD treatment <ul style="list-style-type: none"> ▪ It will be important for SUD providers to balance ongoing precautions with ensuring access to needed SUD services. ▪ Clients are calling SASH to request in-person services and it is important for SAPC’s treatment network to either continue or begin offering in-person services as well as telehealth services. ▪ SAPC supports telehealth, but recognizes the importance of in-person services, especially in early stages of recovery. ○ Testing and Quarantine details – are included in the slide deck. ○ Visitation and outside passes are now allowable with masking and distancing precautions. ○ Group sizes are back to normal with masking and physical distancing. ● SBAT Updates <ul style="list-style-type: none"> ○ A new filter has been added to the additional filters section: <ul style="list-style-type: none"> ▪ Beds Available Now - the intention is for someone to select that filter and the agencies with available beds show up, making it easier to show where beds are available. It will be increasingly important for agencies to update bed availability on at least a 24-hour basis. ● Recover LA <ul style="list-style-type: none"> ○ This was developed to provide background information on substance use, OD prevention, and basic resources and is intended to be used on mobile devices and operates like a mobile app. ○ SAPC wants to make it as easy as possible to connect people with SUD services. ○ Provider staff are encouraged to test out the functionality and provide feedback. 	
Co-Chair Announcements	No Announcements	
Approval of Meeting Minutes	PAC members approved the April 15, 2021 PAC meeting minutes.	
PAC Workgroup Updates	<p>Kathy provided updates from the 30-day Residential Length of Stay Workgroup</p> <ul style="list-style-type: none"> ● Kathy and Amy (CIBHS) will be meeting to synthesize the report, which will then be sent out to committee members for review and then sent to Dr. Tsai and SAPC team. <p>There will be another workgroup for the review of the utilization of RBH data.</p> <ul style="list-style-type: none"> ● An email will be sent out asking for participants for the utilization workgroup. ● Workgroup will be looking at our own (agency) data and then getting the findings over to Dr. Tsai. 	
CLAS/CCCH	Presentation by Antonne Moore	

	<ul style="list-style-type: none"> • Committee on Cultural Competence and Humility is the internal SAPC committee that addresses elements related to cultural and linguistically appropriate services. • Last presentation was on activities conducted by CLAS to date and some of the data from those activities. • Phase 2 – Moving from quality assurance to quality improvement: <ul style="list-style-type: none"> ○ We are proceeding with SAPC assessment, currently we are in the early phases of action planning around identifying goals and objectives and action steps for the next 3 to 5 years. The focus is to ensure appropriate language assistance needs are met. SAPC will also be exploring issues around LGBTQIA+ and other issues. <p>Opened for Questions</p> <ul style="list-style-type: none"> • Do you have feedback on an implementation strategy for a Spanish speaking group in our agency? Our thought is to start with 1 group <ul style="list-style-type: none"> ○ Response - If you're noticing that you have sufficient numbers for a Spanish group, or know from your community assessment, then that would make sense. • Would we consider using the term cultural awareness, rather than cultural competence, to incorporate some humility. <ul style="list-style-type: none"> ○ Response - Yes, we are having those discussions right now. 	
<p>PAC Membership Updates</p>	<p>Kyle Kennedy provided PAC Membership and Selection Committee Updates:</p> <ul style="list-style-type: none"> • Current PAC membership has been extended by one calendar year. • Currently, there are 4 open positions to fill which is the reason for this application process, applications were released today, June 15th and will be due to SAPC on June 30th. • Half of the member terms will be expiring in June 2022 and the other half will be in June 2023, the selection of what members would expire on what year was selected at random. <p>SAPC will do an initial review of the applications for completeness, then the PAC selection committee, consisting of 9 individuals, the PAC co-chair, 3 PAC members and 5 SAPC staff will review the applications and convene to vote on each applicant and final decisions will be provided by the end of July.</p>	<p>Kyle will work with Kathy on identifying Selection Committee</p>

<p>Comments/ Questions</p>	<ul style="list-style-type: none"> • Today we received notice about applications for the PAC. Is this for replacement of the members terming out? Are we all supposed to reapply? <ul style="list-style-type: none"> ○ Kathy’s response – We currently have 4 vacant seats. No members are terming out at this time. • In the LA Times there was an article about a study about immunosuppressed individuals and the effectiveness of the Covid 19 vaccine and potentially needing a booster. Do we have any information regarding those who are immunosuppressed due to HIV/AIDS? <ul style="list-style-type: none"> ○ Per Dr. Tsai, the Covid 19 vaccine relies on a person’s immune system to develop immunity. For people that are immunosuppressed, it is possible that vaccine will be less effective. It will be likely that the general population will also need booster. • Criminal Justice involved patients – What happens if an individual does not get an SUD diagnosis when they’re incarcerated but show up? Do we not consider them Criminal Justice? <ul style="list-style-type: none"> ○ Per Dr. Tsai, if someone has a prior history of substance use and would have met a diagnosis prior to incarceration, then you should be treating them. This is not intended to create barriers • Will providers still be able to collect the clinical day service rate if we’re not providing one of the approved clinical services a day or is this going to be lifted and have us go back to the 21- and 22-hour requirement <ul style="list-style-type: none"> ○ Response from Dr. Tsai – During Covid we said to document if providers are unable to meet hourly requirements in residential settings. SAPC offered this as an option if providers were unable to deliver services. We expect our system will begin to normalize in terms of services delivered. SAPC has not discussed a specific timeline because we want this to be flexible. We want providers to start easing back into pre-pandemic levels of service. • Where can we find where the exclusion of case management is lifted? <ul style="list-style-type: none"> ○ Per Yanira, case management is an uncapped benefit. This information should be in the in the Provider Manual. SAPC will research and update PAC on this policy. 	<p>Yanira to check on case management exclusion and share with entire PAC</p>
<p>PAC Member Items</p>	<ul style="list-style-type: none"> • Question from Elan Javanford for Dr. Tsai, what model of reimbursement are you partial towards? <ul style="list-style-type: none"> ○ Dr. Tsai’s response – SAPC supports the move to a value-based model, but it is important how we make that move because our system is a relatively new managed care system. In an ideal world, we would move towards a value-based model with sufficient data to determine rates and incentives. • Question from Edgar Sebastian – Where are we with Field Based Services, not just FBS locations but possibly going into homes or coffee shops? In regard to working closely with prevention network and how we can work with the prevention APS contract and the DMC, helping to streamline services <ul style="list-style-type: none"> ○ Per Dr. Tsai, currently the state doesn’t allow FBS at locations that are not approved. This is something we will continue to talk about with the state. 	

	<ul style="list-style-type: none"> ○ Per Yanira, we hope that we can introduce FBS in people’s homes. This is an area that we are currently looking at. We intend to release an update of the Provider Manual soon. If we get the guidance that we need locally and from the state, we hope to include an element of in-home services, but there are considerations that we are grappling with particularly with youth populations. ○ Per Stephanie, we are looking to streamline our referral process by updating our screening tool processes. APS contracts focus more factors impacting substance use at the SPA or community level. There are providers that SAPC funds to do that type of work from a macro perspective. Can connect to the providers doing that work in your SPA. ○ Follow up from Edgar Sebastian, regarding APS contracts, there is still a gray area looking at current contracts and discrepancies and limitations with treatment. A conversation that was brought up within the Youth Provider Network, is how to bridge all three services. ○ Per Stephanie, we are looking to pilot our new screening tools in the new fiscal year to determine if we should use APS funding or YES funding. ○ Per, Dr. Tsai, regarding the bridge between treatment and prevention, SAPC presented on the harm reduction proposal in the Measure J proposal. Also, ASAM 0.5 is something we have advocated for and the state has agreed. ● Question from Junie, regarding the length of stay and treatment episodes, when should we expect to have this operationalized? As an agency, we are considering leaving SAGE because we are not able to batch progress notes. We need to be able to streamline our documentation processes. Do you know if any of those updates are on the horizon? How do we have meaningful conversation about what we need for documentation? <ul style="list-style-type: none"> ○ Response by Dr. Tsai, all of the INs mentioned, including residential LOS were effective January 1, 2021. Currently SAPC is operationalizing this new state policy and we will be bringing details to the Provider Network. ○ Regarding SAGE, Netsmart is currently making updates to ProviderConnect. It will address some of the issues we are having, however not all. ● Question from Elan Javanford, are there any groups that we would benefit from having on the PAC, based on a diversity/inclusion lens? Are there groups that we feel are not represented here? Should we consider having direct service professionals? <ul style="list-style-type: none"> ○ Response from Kyle Kennedy – We have looked at the current makeup of the PAC and have that information available. ○ Per Dr. Tsai, when we started this group we tried to be as inclusive as we could, but are there gaps? ○ Per Kathy, we want to make sure that we have representation across SPAs, so we want to make sure we distribute widely. 	<p>Stephine and Edgar to connect separately on this</p> <p>Junie will follow up with David Hindman</p> <p>Yanira to distribute application to smaller provider networks</p>
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	<ul style="list-style-type: none"> ○ PAC Members shared the specialized populations that they serve Van Ness – LGBTQ, LACADA – LQBTQ, Criminal Justice, Registered Sex offenders, Homeless, Helpline – Youth, Principles Inc – Criminal Justice, Tarzana – Deal with all different groups ● Question about timeline for resuming in-person PAC meetings <ul style="list-style-type: none"> ○ Response from Dr. Tsai – It will be several months before in-person meetings can resume. SAPC is slowly bringing staff back next month, however, this is a work in progress. How does the group feel about reconvening in person? ○ PAC Members expressed preference for having both in-person and virtual meeting options because of increased flexibility. ● Dr. Tsai asked, what is the extent to which agencies are offering in-person services? Are there any agencies not offering any in-person services? <ul style="list-style-type: none"> ○ Dr. Tsai confirmed that everyone was offering some in person services. ● Any feedback on recover LA? <ul style="list-style-type: none"> ○ Among PAC members, good feedback on recover LA. 	
Public Comment	No public comments	
Adjournment	Meeting adjourned by Dr. Tsai	

YL Rev. 8/20/2021