

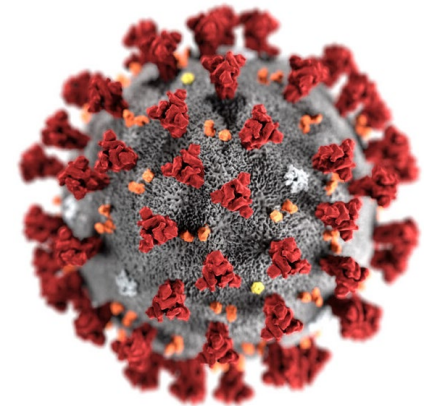


Updates for SAPC Treatment Providers

- COVID-19 Situational Updates and Information Notice Updates
- Reminder about Medi-Cal and Health Plans
- Withdrawal Management
- Release of Information and Info Sharing with Partners
- BH Continuum Infrastructure Program (BHCIP)
- BH Payment Reform Implications
- SUD Workforce Crisis

COVID-19 Situational Updates

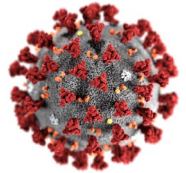
- There has been a concerning and substantial increase of COVID-19 cases indicative of a Winter surge, with the emergence of the Omicron variant highlighting the ongoing importance of vaccines, boosters, and ongoing precautions. The situation remains highly fluid.



- **Omicron Variant**

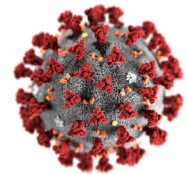
- We are still learning about the new Omicron variant, including how it spreads and how it responds to vaccines. Here is what we know right now:
 - This new variant has many mutations in important areas of the virus that impact infectiousness and the ability for immune systems to protect from infection.
 - Some of the mutations are concerning to scientists because they are very different from other variants previously detected.
 - We do not know at this time if this new variant causes more severe COVID-19 illness than other variants or how it might impact response to treatment, but right now, there is no evidence associating the Omicron variant with more severe disease but there is likelihood that it has enhanced transmissibility.

Delivery of COVID Antigen Test Kits by DPH

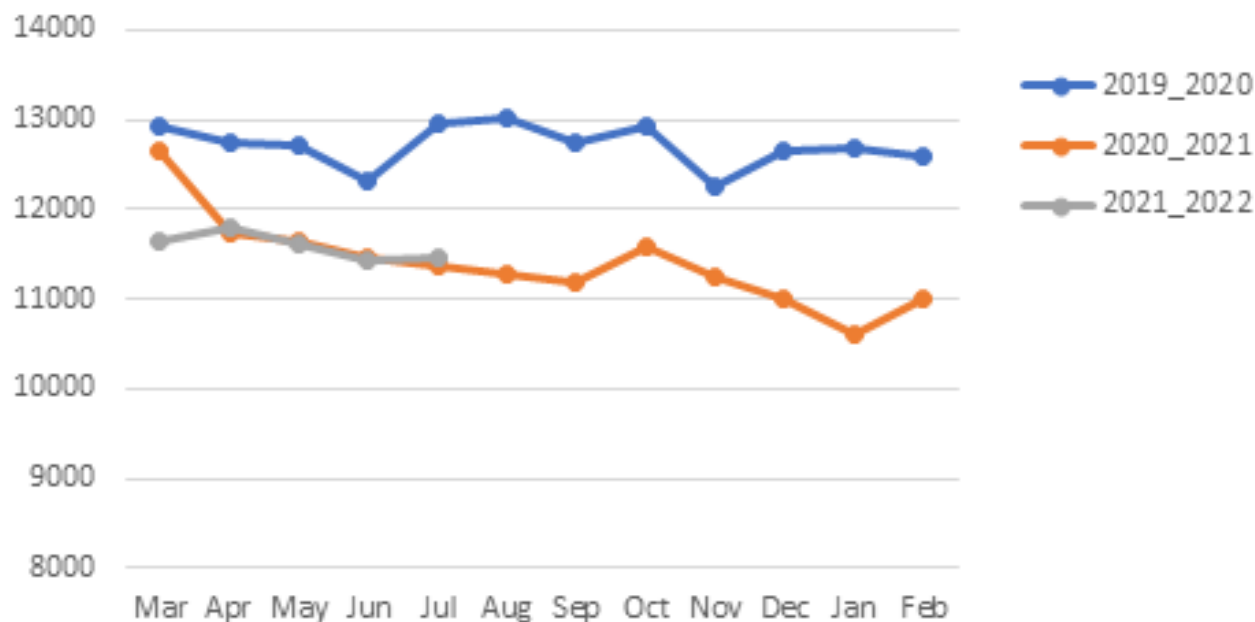


- DPH is distributing over-the-counter COVID-19 antigen tests to SAPC providers in congregate (residential, inpatient, Recovery Bridge Housing) and non-congregate (outpatient, including OTPs) settings to supplement your COVID testing and other precautions.
 - These COVID-19 antigen tests can be provided directly to patients so that they can self-test before and 3-5 days after any indoor gatherings with non-household members.
 - Self-tests can be taken at home or anywhere, are easy to use, and produce rapid results.
 - The goal is to distribute these kits to patients as soon as possible to they can be used by patients and their families **between Tues, 12/21/21 and Sat, 1/8/22**.
 - These kits are intended for patients (and not staff) and are not a substitute for COVID-19 PCR testing.
 - DPH is requesting interested agencies to fill out a survey that was sent out to SAPC's network this past Fri (12/17).
 - Complete the survey for each treatment site to which you are requesting COVID-19 kits be sent, and include a Point of Contact information, delivery address and number of requested COVID-19 antigen tests.
 - Please note that there are two (2) tests in each box, so you will need to provide your request as number of boxes (each contains 2 tests) needed.

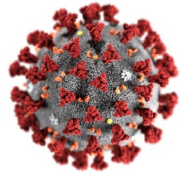
Impact of COVID-19 on Specialty SUD Treatment Services in LA County



- **10% reduction** in unique clients in 2020 compared to pre-COVID (2019)
- **9% reduction** in unique clients from March 2021 to July 2021 compared to pre-COVID (2019)
- **2% increase** in unique clients from March 2021 to July 2021 compared to same period in 2020



Updated COVID-19 Information Notice



- **New COVID Information Notice (IN) is in development**
 - Funding
 - SAPC has received more contract augmentation requests than ever before.
 - While challenges with COVID will continue, service volumes have improved and are notably better in LA County compared to other counties.
 - Balancing the need to maintain service volumes to meet community need and for SAPC to maintain sufficient resources to support the delivery of community-based treatment services, **SAPC will be sunsetting cost-based payments after 12/31/21 and returning to settlement at the lesser of costs or charges (i.e., cost reconciliation) starting 1/1/22.**
 - Telehealth and Telephone Services
 - Services via telehealth and telephone will continue until at least 12/31/22 per DHCS, although it seems likely that certain allowances will persist beyond that date.



Reminder About Medi-Cal and Health Plans

- **All clients who are eligible or enrolled in Medi-Cal must be served in SAPC's specialty SUD treatment system, including those enrolled in Medi-Cal through managed care plans such as Kaiser, Anthem, Blue Shield, Molina, etc.**
 - **Reminder: These health plans have commercial and Medi-Cal lines of business, so just because a health plan is well known as a commercial plan (e.g., Kaiser, Anthem) doesn't mean their beneficiary can't also have Medi-Cal.**
- **There is ongoing confusion among SUD staff that clients who are enrolled in managed care plans are not also eligible for Medi-Cal, resulting in Medi-Cal clients being inappropriately turned away from specialty SUD services.**
- **We are relying on the leadership from our provider agencies to ensure that their staff are adequately trained on Medi-Cal managed care plans and client eligibility for specialty SUD services, and that clients who are insured through Kaiser, Anthem, Blue Shield, Molina, or other health plans can also be eligible for Medi-Cal and your SUD services.**

Withdrawal Management

- **Issue**

- There is significant variability in how withdrawal management (aka: detox) is delivered in SAPC's specialty SUD system – some are simply observing clients, others are providing supportive care, and others are providing full medical withdrawal management.
- According to the ASAM textbook, withdrawal management is intended to offer medical support (e.g., medications to address withdrawal symptoms).

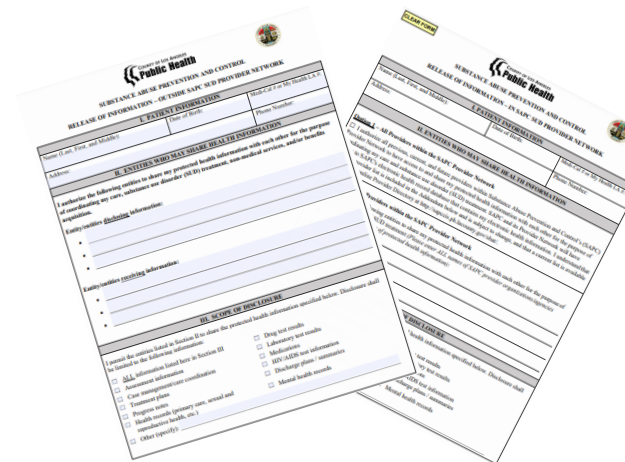
- **SAPC is considering requiring that withdrawal management services align with criteria established by ASAM, which would require the ability to offer medical intervention. For residential settings, this would require approval for Incidental Medical Services.**

- This will be discussed at a future WM Workgroup meeting.

Release of Information and Info Sharing with Partners

• Reminders

- Providers should be using the In- and Out-of-Network Release of Information forms developed by SAPC to obtain consent from clients to share information within the specialty SUD system and with non-SUD providers, respectively.
- Obtaining Releases of Information will be increasing important as we move forward with CalAIM and better integrate across health systems, as SUD providers will be communicating more with case managers at health plans, as well as physical and mental health providers to coordinate care for shared clients.





BHCIP and CCE: Upcoming Grant Opportunities \$805M

<https://www.infrastructure.buildingcalhhs.com/apply/>

• Behavioral Health Continuum Infrastructure Program (BHCIP)

- The BHCIP provides funding to award competitive grants to qualified entities to **construct**, **acquire**, and **rehabilitate** real estate assets or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health (BH) treatment resources. Opportunities include:

- | | |
|--|---|
| ○ Round 1 – Crisis Care Mobile Units | <i>RFA Released, Deadline Jan 4, 2022</i> |
| ○ Round 2 – County and Tribal Planning | <i>RFA Released, Deadline Nov 30, 2021</i> |
| ○ Round 3 – Launch Ready Projects | <i>RFA Release Jan 2022, Deadline March 2022</i> |
| ○ Round 4 – Children and Youth | <i>RFA Release August 2022, Deadline Oct 2022</i> |
| ○ Round 5 – TBD | <i>RFA Release Oct 2022, Deadline Jan 2023</i> |
| ○ Round 6 – TBD | <i>RFA Release Dec 2022, Deadline Feb 2023</i> |

• Community Care Expansion Program

- The CCE request funds for the acquisition, rehabilitation, or construction of adult and senior care facilities, especially those serving people experiencing homelessness.
 - RFA Release January 2022 and applications accepted on a rolling basis.



BHCIP Round 2: DPH-SAPC and DMH Eligible for LAC

• **DPH-SAPC Application Priorities**

- **Implement a planning process in partnership with key stakeholders that identifies gaps in SUD treatment (e.g., residential, withdrawal management, MAT) and supports access to care for underserved populations including monolingual services.**
 - Listening Sessions
 - Key Informant Interviews
 - Educational Workshops
- **Collaborate effectively with SUD providers who submit applications for funding rounds to support development of the service network in priority areas and for priority populations.**
- **Coordinate with DMH to support needs of patients with mental health (MH), SUD or both MH/SUD needs.**



Key Network Gaps within SAPC's Specialty SUD Treatment System

- **Withdrawal Management** – ALL levels (e.g., outpatient, residential, and inpatient)
- **Residential beds**
- **MAT capabilities** – particularly including non-methadone MAT options in all levels of care
- **Recovery Bridge Housing**
- **Opioid Treatment Programs (OTP) for Youth**
- **Intensive Outpatient**



Strategic Network Expansion Within the Specialty SUD System in Los Angeles County

- Goal: To support strategic investments in facility infrastructure and site expansion that address gaps in care and to facilitate alignment between SAPC and network providers as it relates to investment in needed growth.

X = no existing services available **√** = limited service available

Level of SUD Care	Strategic Growth Needs							
	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Withdrawal Management – Outpatient (1-WM & 2-WM)	√		X	X	X	X	X	
Withdrawal Management – Residential (3.2-WM)	√			√		√	√	√
Withdrawal Management – Inpatient (3.7-WM & 4-WM)	X			X	X	X	X	
Residential 3.1	√	√			√	√	√	
Residential 3.3	√			X	X	X	X	
Residential 3.5	√	√			√	√	√	
Recovery Bridge Housing	√	√	√		√		√	
Intensive Outpatient (2.1)	√		√		√		√	
Outpatient (1.0) -YOUTH	√	√			√	√		√
Opioid Treatment Program (OTP) - YOUTH	X	X	X	X	X	X	X	X
Residential - YOUTH		X	X	X	X	X	X	X

***Preliminary analysis**

BH Payment Reform Implications

• What We Know

- **New billing codes (CPT and HCPCS level 1 codes) will require a new billing process** → Training for both SAPC and provider staff will be essential.
- **Moving away from cost-based reimbursement and toward fee-for-service (FFS) rates** → This introduces financial risk to agencies because cost will not necessarily be covered unless you have the service volumes to cover your costs. Agencies will need to pay close attention to their revenue and costs.
- **The plan is to eventually move to value-based reimbursement models** → This introduces even more financial risk to agencies because your operating revenue will no longer be based on costs or service volumes, but rather your outcomes.
- **Ensuring a quality infrastructure (Chief Quality Officer, Quality Improvement Committee, etc) at your agencies and a plan to reinvest earnings in staff/programs/improved outcomes will be increasingly important.**

• What We Don't Yet Know

- **Rate structure is still unclear, but there has been some mention of DHCS considering the same rates across the specialty MH and SUD systems.**



SUD Workforce Crisis

- **Shortage of both workforce quantity and quality**
- **Fundamental frame re: SUD workforce**
 - There will be more expectations of our SUD workforce as we integrate BH systems and better integrate the overall health system.
 - The work will become more complex and the quality of our workforce will also be increasingly important with BH payment reform as we move away from cost-based reimbursement and toward FFS rates, and especially when we move to value-based reimbursement.
 - We need a dedicated focus on the SUD workforce specifically and not just a focus on the BH or MH workforce (as these tend to focus on workforce that are currently rarely used in the SUD field).
 - Investing in the quality of our workforce will improve the situation with the quantity shortage.
- **SAPC continues to engage the SUD counselor certifying bodies and the State around SUD workforce considerations and is considering pursuing legislation to support these needs.**

Thank You!



“The opposite of addiction is not sobriety; the opposite of addiction is **connection.”**

- Johann Hari