

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

Meeting Summary – May 10, 2022

Provider Advisory Committee (PAC) MEMBERS PRESENT ON MICROSOFT TEAMS: Dr. Gary Tsai (Chair), Kathy Watt (Co-Chair), Cory Brosch, Lisa Campana, Deena Duncan, Brandon Fernandez, Christina Gonzales, Baldomero (Junie) Gonzalez, JoAnn Hemstreet, Jonathan Higgins, Elan Javanford, Claudia Murillo, Nora O’Connor, Denise Shook, Bill Tarkanian, Edith Urner, Wendie Warwick, Shelly Wood

Substance Abuse Prevention and Control (SAPC) REPRESENTATIVES: Nima Amini, Pranab Banskota (CIBHS), Christopher Botten (CIBHS), Charlotte Bullen (CIBHS), Emily Caesar, Stephanie Chen, Nancy Crosby, Leslie Dishman (CIBHS), Michelle Gibson, David Hindman, Brian Hurley, Kyle Kennedy, Samson Kung, Allison Kwan, Bernie Lau, Yanira A. Lima, Julie Lo, Adam Loomis, Iris Lynch, Amy McIlvaine (CIBHS), Marika Medrano, Monica Molina, Glenda Pinney, Siddarth Puri, Ami Shah, Megala Sivashanmugam, Anulkah Thomas, Erika Valdez, Roselyn Valdez

MEMBERS OF THE PUBLIC: Nely Meza-Andrade (Casa Treatment Center), Jina Tintor (HHCLA)

ABSENT: Ken Bachrach, Felipe Kaiser, Rocio Quezada, Edgar Sebastian, Tenesha Taylor

MATERIALS DISTRIBUTED: PAC Meeting Agenda, PAC Meeting Minutes (March 8, 2022), Care Court & the Specialty SUD System, Mortality Among People Experiencing Homelessness in Los Angeles County: One Year Before and After the Start of the COVID-19 Pandemic - April 2022

Topic	Discussion/Finding	Recommendations, Action, Follow-up
Welcome	<p>Gary Tsai, M.D., Director, Los Angeles County, Department of Public Health (DPH), SAPC</p> <ul style="list-style-type: none"> Indicated that quorum was established. 	
Approval of Meeting Minutes	<ul style="list-style-type: none"> Meeting minutes from 3/8/22 were presented by Kyle Kennedy, and motion to approve by Deena Duncan (Volunteers of America) and second by Claudia Murillo (House of Hope). Approved meeting minutes to be posted on SAPCs (PAC webpage). 	Minutes approved for posting to PAC webpage with no changes.
SAPC Announcements	<p>Gary Tsai, M.D., Director, SAPC</p> <ul style="list-style-type: none"> Establishing consensus on guiding principles and strategies to “Reach the 95%” - Met recently with Kathy Watt (Co-Chair) and SAPC team to discuss how to better reach the 95% of people with SUD who do not believe they need treatment. Kathy will put together a workgroup that will focus on this. PAC members interested in participating in this new workgroup should email Kathy (Van Ness) (wattvnrh@aol.com). 	

- The goal of the workgroup would be to identify concrete strategies that could open doors to SUD participation, such as finding ways to better facilitate Medi-Cal enrollment and having admission policies that allow some portion of clients that do not have abstinence-based goals to receive treatment.
- Foundational principles would include:
 - Focus on areas that are under the control of SAPC and/or contracted treatment agencies.
 - Prioritize areas where strategies can be implemented within approximately the next six months.
 - Can also do policy-focused work but this will realistically take more like two to three years to move forward, so the workgroup should put considerable effort in making an impact sooner.
- Bill Tarkanian (LACADA) – expressed excitement about this idea and asked if it is possible to participate in the workgroup after his PAC term ends; also, he knows some of his staff would be interested.
- Kathy (Van Ness) responded that this is a topic where getting input from non-PAC members will be important and useful. She also elevated an idea raised in the funding utilization workgroup to convene smaller groups by SPA that could include anyone with relevant expertise.
- Dr. Tsai stated that providers should share amongst each other strategies they are already using that could be scaled across the network.

Yanira A. Lima, Branch Chief, Systems of Care, SAPC

- **Medi-Cal Peer Support Specialist Certification Program** –SB 803 authorized DHCS to seek federal approval to add peer support specialists as providers. The bill directed DHCS to establish state standards and a certification program, which they are currently building out. SAPC will continue to pass along updates as they come in. We strongly encourage providers to keep up with updates and participate in the CalMHSA stakeholder forums.
Qualifications for Medi-Cal Peer Support Specialist:
 - Must be at least 18 years of age, have a high school diploma or general equivalency diploma, identify as an individual with lived experience and be willing to share that experience, agree to adhere to Medi-Cal Code of Ethics, and complete the training program. The initial certification training is 80 hours; peers grandparenting into the program will have to complete 20 hours of continuing education.
 - Peers can qualify under grandparenting if they have paid or unpaid experience in a peer role equaling either one year with a total of 1550 hours OR 1550 hours over a three (3) year period with 500 hours having been completed in the last 12 months
 - The exam will not be ready by July 1, 2022, but is expected to launch during the first quarter of FY 22-23.
 - The grandparenting process must be started by December 31, 2022, and should be completed no later than February 28, 2023.
 - CalMHSA has announced that a limited number of scholarships will be made available: 2,500 for peers under the grandparenting process and 2,500 for peers seeking initial certification. SAPC sent providers a notification (via the “All Provider” email notification process) about the scholarship opportunities on Monday, 5/9/22. The scholarship will cover the cost of training and the exam. The

Kathy to form “Reaching the 95%” workgroup

process opened 5/2/22 and will be open through 7/31/22, or until the scholarships are fully depleted.

- Per CalMHSA, agencies must recommend staff for scholarship consideration by providing the staff information to SAPC or DMH, who will then forward that information to CalMHSA. SAPC providers interested in nominating staff should send the applicant's name, current position, email and/or phone number, and name of the candidate's direct supervisor to SAPC_ASOC@ph.lacounty.gov.
- LACADA has been selected by CalMHSA as a certification provider in LA County and Bill was invited to share additional details.
- Bill (LACADA) shared that LACADA anticipates starting trainings in July. They expect to train three (3) cohorts with a total of 80 participants, likely to be held virtually. Bill thinks that they will be able to draw the 80 trainees from LA County but noted that CalMHSA encourages training contractors to market statewide. CalMHSA will be evaluating certification programs based on the diversity of their trainees as well as how many individuals they train, how many complete the training, and how many get hired. Bill believes LACADA is one of two LA county training providers. Kyle Kennedy (SAPC) clarified that there are four agencies approved to provide the trainings in LA County.
- Claudia Murillo (House of Hope) requested information about where peer support specialists will be placed, what they will be allowed to do, what services they can provide, and if there are certain codes for billing their work.
 - Yanira Lima explained that the DHCS BHINs, particularly the one [released on May 6](#), addresses many of these elements and the link was shared in the meeting chat.
- Christina Gonzales (Impact) asked if this will be reimbursable in FY 22-23 or FY 23-24. Yanira responded that it is slated for FY 22-23 to be billable under Medi-Cal contracts. The new rates for FY 22-23 include specific codes for the peer certification work. All certification requirements must be met to bill under those codes.
- Brandon Fernandez (Cri-Help) asked if SAPC will be publishing new staffing guidelines for the new codes and the corresponding LOC; also asked whether the MAT modifier is only for outpatient. Dr. Tsai replied that SAPC will also update the staffing grid.

Michelle Gibson, Deputy Division Director, SAPC

- **FY 22-23 Drug Medi-Cal Payment and Rates** - The main takeaways are that the entire rates portfolio is increasing by 3.1%, continued population modifiers for youth and perinatal, addition Early Intervention Services for 12 – 20-year-olds who do not have a SUD diagnosis under ESPDT, and the addition of MAT in non-OTP settings. A lot of this is also outlined in the provider manual.
 - SAPC DMC-ODS rate changes are determined by an actuarial firm that looks at cost reports and comparable rates in other jurisdictions. They are mainly looking at comparable rates for outpatient intensive and outpatient care, which is why there are higher increases in those areas than in the residential level of care. Michelle dropped [link to slides](#) in the chat.
- **DHCS Payment Reform** - DHCS will be taking on a more specific role in setting rates, but the details are not yet finalized. This new methodology represents a significant shift in rate-setting process and CHBDA and

SAPC staff to update staffing grid

counties have done a lot of advocacy to demonstrate to the State that the current rates do not reflect what the system should be in order to support the treatment workforce and the training necessary to deliver modern SUD services. This payment reform launches July 2023.

- It is essential for agencies to participate in any SAPC cost reporting requests for data that will be submitted to DHCS, CalMHSA, and/or CBHDA. Acknowledged that there is a lot of fluctuation due to COVID and inflation and that the cost reports submitted may not be truly reflective of what it takes to run these programs, but it is important that DHCS use accurate and complete information. Dr. Tsai re-emphasized that the State's rates will be based on the information providers submit so it is important for them to respond to these requests.
- Brandon (Cri-Help) expressed concern that someone receiving intensive outpatient services for nine hours a week, for example, will yield a higher monthly reimbursement rate than a client who is receiving ASAM 3.1 services for 20 hours a week. It is hard to run a business with cost reporting done at the address and facility level, and this disincentivizes provision of residential care. Dr. Tsai responded that SAPC and CBHDA have been emphasizing the importance of determining how we want care to look in the future for this reason. Michelle added that there is also a concern about providers shifting to the combination of recovery bridge housing (RBH) and outpatient.
- Brandon commented that rates do not take inflation into account. The cost of food has risen over the last three (3) years but the compensation rates have not. A reduction to the room & board reimbursement rate was implemented in the middle of a fiscal year and it would be prudent to consider increasing the rate given current circumstances.
- Dr. Tsai remarked that rates are negotiated too far in advance to know if and how inflation will be a factor. However, when you look at actual services outpatient can surpass residential but we do need to move into a system where residential is a higher LOC with a higher intensity of services.
- The Executive office has been in conversation with finance team and Daniel. We expect a variation for withdrawal management, but a lot of details have not yet been discussed.
- Elan Javanfard (Didi Hirsch) expressed his agreement with Brandon's comments and added that his agency was pleased with the outpatient rates this year. He also encouraged the group to participate in the DHCS and CalMHSA data requests and recommended reminding colleagues to submit.
- Michelle stated that the DHCS and CalMHSA cost reporting requests have focused on outpatient and intensive outpatient, but it is expected that the next round will focus on residential services, so it is critical that agencies participate and provide data that will reflect the cost of serving youth and perinatal populations.

Gary Tsai, Director, SAPC

- **Care Court** – Care Court will not be covered in detail during this meeting but was included on the agenda for general awareness of how it impacts our system and related concerns. Dr. Tsai encouraged members to review the document attached to the meeting invite. The Board of Supervisors has supported the framework but acknowledges proposal elements that need to be strengthened to better operationalize. This is clearly a top priority of the governor, and the general sentiment is that it will pass in some form. Dr. Tsai

	<p>called attention to the issue of serious mental illness, particularly psychosis and medical decision-making. There is a lot of subjectivity and lack of clarity around when that decision-making is or is not apparent. It is important that treatment agencies have a voice in this process.</p> <ul style="list-style-type: none"> • Junie Gonzalez (Fred Brown) heard a presentation on this at the CCAP conference last week and the speaker said this applies to people on the verge of conservatorship, which falls outside of the client population SAPC agencies serve. This population would require a higher level of care than what they provide and would be beyond agency capacity. • Dr. Tsai agreed that the population is not typically served by SAPC agencies and the main point of raising awareness for this group is exactly because there is a fixed amount of capacity to serve community now even without Care Court. With Care Court the magnitude of people who will need court-mandated services will increase greatly. Either our system is going to need scale up to more serious mental health conditions or there will need to be some significant expansion on the mental health side to accommodate SUD. • Homeless Mortality Report – DPH updates this report on an annual basis and the findings this year have been relatively consistent with last year, showing mortality rates were primarily driven by fentanyl and methamphetamine overdoses. PAC members are encouraged to review the report. 	
<p>Prevention Update</p>	<p>Stephanie Chen, Chief, Community and Youth Engagement, SAPC</p> <ul style="list-style-type: none"> • SAPC Prevention Program Quarterly Update • The four main priorities are to reduce prescription drugs and OTC meds misuse and abuse, reduce marijuana use by youth, decrease underage drinking and binge drinking among youth and young adults, and reduce availability and access of meth to youth and young adults. In the past two fiscal years, substance use has increased among youth and adults nationwide. Locally we've seen alcohol use, heavy drinking, and online alcohol sales increase, and cannabis businesses have thrived during the pandemic. All of these have increased access. • SAPC follows SAMHSA's strategic prevention framework which utilizes a five-step planning process that guides all programs and activities. A lot of the prevention program services address the needs of specific targeted communities. The program looks at protective factors and risk factors. The prevention program's objectives, goals and evaluation can be found in the year-end report. • Over past year we have had 40+ agencies implementing these strategies across 100 locations, including: parent and youth workshops, policy workgroups, community coalitions, prevention trainings, media campaigns, social media projects, and peer and youth advocacy and mentoring programs. Programs are categorized as coalition-building, community-based, positive youth development, and school-based. • Agencies experienced operational challenges during the pandemic and pivoted to social media platforms. • The prevention programs funds media campaigns annually. The most recent campaign focused on methamphetamine; they aim to focus on alcohol and fentanyl next year. These are available for providers to use at no cost for educational purposes. (Links provided in chat: Free and County-vetted resources for your staff or patients: https://methfreelacounty.org/; SAPC media campaign toolkits.) 	

	<ul style="list-style-type: none"> Strategies to better serve the 95% include improving understanding and access to harm reduction options, piloting innovative prevention efforts within policy advocacy, coordinating engagement efforts between prevention and treatment providers to connect high-risk and underserved youth, and standardizing referrals from primary to secondary prevention. National Prevention Week is the second week of May. This year there are a week of activities, mostly virtual due to the pandemic, planned for May 8 – 14 for LA county. The Friday event will be in person at a park. 	
PAC Workgroup Updates	<p>Funding Utilization Workgroup – Shelly Wood, Grandview and Christina Gonzales, Impact</p> <ul style="list-style-type: none"> The workgroup has met 3 or 4 times with the goal of addressing discrepancies between SAPC claims data and agency claims submissions and to identify new partnerships and funding sources. We anticipate finishing a report for submission to the workgroup in May and the full PAC in June. The report will list denials as a major source of the discrepancies. We have also discussed the challenges of retaining staff and developed suggestions to share with providers. The biggest takeaway is that providers need to employ strategies at intake and admissions to mitigate denials where services are provided but payment is withheld. A subcommittee formed to identify grants and other secondary funding sources that may be able to pay for costs and additional treatment modalities not covered by the SAPC contract. An example of other revenue streams was provided by Beacon House, who delivered a presentation on entrepreneurial programs. There was also an interest in additional training on billing for treatment staff to develop a better understanding of billing denials. Having SAPC on the workgroup calls has been helpful because they can flag which issues are currently being investigated internally. SAPC has been very responsive and helpful in preventing denials for 30-Day intercounty transfers by allowing for the application to be uploaded. We are optimistic that through continued communication with SAPC these and other issues will be resolved. Michelle dropped link to slides on ICT process from 5/3 All Treatment Provider presentation. Dr. Tsai requested that the workgroup report organize suggestions or recommendations to identify which items SAPC can influence and those that would be implemented at the agency-level. <p>Business Technology Workgroup – Samson Kung, Information Technology Manager, SAPC and David Hindman, PhD, Branch Chief, Sage EHR Management Branch, SAPC</p> <ul style="list-style-type: none"> Samson had to step away. Adam Loomis, Systems of Care, SAPC provided updates on his behalf. <ul style="list-style-type: none"> The first meeting was held to identify areas of focus, goals to accomplish, and next steps The next meeting will take place on 5/19 from 1 – 2:30. The workgroup hopes to take a deep dive in how technology can be used and improved to better serve the people of LA County. David added that the schedule has been set for the year and that the group settled on a standard agenda that will be implemented for the next meeting. The group will meet quarterly and as needed. 	Report rough draft due internally in May; will be submitted to SAPC in June
PAC Member Selection	<p>Kyle Kennedy, Manager, Quality of Care Unit, Systems of Care, SAPC</p> <ul style="list-style-type: none"> The first cohort of PAC members are terming out in June 2022; terms were extended due to the pandemic. Members with terms ending can reapply for a second consecutive term. According to PAC bylaws, members can serve two consecutive terms and then must observe a one year waiting period before applying again. 	

	<ul style="list-style-type: none"> • The PAC application and associated memo to be released on May 20 and will be distributed to provider network and PAC members. Kyle encouraged PAC members to share this information with anyone interested in joining PAC or with those you want to encourage to join. • The application will be due on June 10 to allow enough time for selection committee meeting and decision by start of the new term in July. [Note: the deadline was extended to June 22, 2022]. • The selection committee will be led by the PAC Co-Chair and will consist of 4 PAC members and 5 SAPC staff. PAC members interested in joining the selection committee should contact PAC co-chair, Kathy. • SAPC will screen applications received by the deadline for completeness and will allow applicants time to correct any discrepancies and re-submit. All complete applications will be forwarded to the committee for review. The committee will review each application and vote by ballot. The ballots will be tallied within 24 hours and all applicants will be notified of the decision during the first full week of July. • Bill (LACADA) asked if terming out of PAC mean that members also term out of subcommittees? <ul style="list-style-type: none"> ○ Kyle (SAPC) confirmed that, yes, that is correct. 	<p>SAPC to release new member application</p> <p>Kathy to form selection committee</p>
<p>PAC Member Item</p>	<p>Monica Molina, Program Manager, Homeless Services Unit, Systems of Care, SAPC</p> <ul style="list-style-type: none"> • Adam (SAPC) elevated that the topic came out of a brainstorming session from the March PAC meeting. Edith Urner (Exodus) raised questions specific to RBH: <ul style="list-style-type: none"> ○ If the client is discharged from RBH, can they return for more time if needed? Is there a limit of 180 days total per client or is it based on medical necessity criteria? ○ Have providers had any success with placing couples in RBH? ○ Due to RBH being abstinence focused, is the best course of action to require the patient accept a higher level of care if they continue to relapse and use while in RBH? ○ Have providers had success in navigating RBH and finding beds for patients? ○ What staffing levels do most RBH’s employ? ○ Can providers offer any words of wisdom concerning client meals? • Monica acknowledged the challenge of finding clients housing within the 180-day timeframe. The 180 days is not required to be continuous and can accumulate over the course of a 12-month period starting from initial date of admission. If clients do max out, no more billing would be approved. • Yanira (SAPC) added that many RBH clients are transitioning from residential treatment and this challenge can be alleviated if the residential provider starts the process as early as possible. This would start the clock earlier and allow more than the 6 months in RBH to move the client through the process. • Brandon (Cri-Help) asked if that in line with CalAIM’s removal of limits of access to care, is there an intention to apply that in RBH by removing time limits. Dr. Tsai responded that there is no intention to do that. We understand the concern that it takes a long time to find housing, particularly permanent housing, but the RBH benefit was never intended to be long-term housing. The strategy that Yanira highlighted will help us work more like a network rather than siloed agencies and CalAIM implementation should make it easier to share information across agencies and systems. 	<p>Adam will share RBH questions with PAC members; members with input will connect with Edith directly</p>

	<ul style="list-style-type: none"> • Kathy stated that Van Ness provides job training and job placement services for RBH clients, which allows them to have some income saved up by the time they exit the program and helps them to secure housing. However, it can be difficult to manage a full-time job along with staying sober and meeting outpatient goals. • Adam transitioned to the next pre-submitted question regarding success treating couples in the RBH setting. Bill shared that LACADA has a facility that can accommodate couples in Alhambra and that it has not been better or worse than treating any individual patient. • Due to time constraints, Adam concluded the agenda item and acknowledged that not all pre-submitted questions were addressed. Several PAC members volunteered to follow up with Edith directly. 	
Provider Manual Rollout	<p>Kyle Kennedy, Systems of Care and Emily Caesar, Systems of Care</p> <ul style="list-style-type: none"> • Emily Caesar shared Provider Support Unit plan to utilize a SPA-based or regional model to have more targeted conversations and problem-solving sessions with providers regarding the most recent release of the Provider Manual. The proposal is to have 5 meetings organized by region, following the department’s community field services model. These meetings are targeted towards line staff. Systems of Care team requested feedback on the rollout meeting plan from PAC members. • Denise (Behavioral Health Services) likes the rollout plan, but recommends that meetings are held at different times of day so that they are accessible to staff working different shifts. • Claudia (House of Hope) requests distributing agenda and slides ahead of time. 	
Future PAC Meeting Dates	<p>Adam Loomis, Systems of Care</p> <ul style="list-style-type: none"> • Future PAC meeting dates are scheduled for 7/12/22, 9/13/22 and 11/8/22^h from 2:00 to 4:00 PM. • If PAC members have major conflicts with any of these dates, please let the SAPC team know. • Please keep in mind that the July meeting will be the first meeting of the cohort. 	
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"> ▪ Denise (Behavioral Health Services): More information on CalAIM. ▪ Brandon (Cri-Help): Additional information about changes being rolled out July 1, such as the MAT modifier and progress notes. Dr. Brian Hurley (SAPC) responded that the state will be providing more information and SAPC will pass it on. ▪ Shelly (Grandview): Learning what other providers do well is helpful. <ul style="list-style-type: none"> ○ Dr. Tsai: Great idea and one of the PAC’s goals. Given the limited time of PAC meetings, might be a good idea for PAC members to create a forum for this. Will also see how we can make a space for that within PAC meetings. ▪ Claudia (House of Hope) raised Contingency Management as another topic of interest. 	
Meeting Wrap Up	<p>Adam Loomis, Systems of Care</p> <ul style="list-style-type: none"> • Review of decisions and next steps. <ul style="list-style-type: none"> ○ Kathy (Van Ness) will form Reaching the 95% workgroup and Member Selection Committee. ○ Adam will email PAC Edith’s RBH questions. • No feedback or suggestions on meeting offered during meeting evaluation. 	

Public Comment	Gary Tsai, Systems of Care <ul style="list-style-type: none">• No comments from the public.	
Next Meeting	Next meeting is scheduled for July 12, 2022, at 2pm	

Reviewed and Approved by Y.Lima 6/30/2022