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

**Meeting Summary – September 13, 2022**

**Provider Advisory Committee (PAC) MEMBERS PRESENT ON MICROSOFT TEAMS:** Dr. Gary Tsai (Chair), Kathy Watt (Co-Chair), Jose Aguilar, Deena Duncan, Brandon Fernandez, Nina Glassman, Christina Gonzales, Baldomero (Junie) Gonzalez, Colette Harley, JoAnn Hemstreet, Jonathan Higgins, Hiroko Makiyama, Nely Meza, Claudia Murillo, Leonardo Poareo (Proxy for Nora O'Connor), Rocio Quezada, Liana Sanchez, Denise Shook, Jim Symington, William Taetzsch, Aris Tubadeza, Edith Urner

**Substance Abuse Prevention and Control REPRESENTATIVES:** Cassandra Alexander, Nima Amini, Emily Caesar, Stephanie Chen, Michelle Gibson, Marquisha Henderson, David Hindman, Brian Hurley, Kyle Kennedy, Tina Kim, Samson Kung, Allison Kwan, Yanira A. Lima, Julie Lo, Adam Loomis, Antonne Moore, Kimia Ramezani, Belia Sardinha, Ami Shah, Megala Sivashanmugam, April Stump-Earwood, Rosemary Taing, Anulkah Thomas, Duy Tran, Erika Valdez, Roselyn Valdez, Ka Chi Wong, Zena Yusuf

**MEMBERS OF THE PUBLIC:** Pranab Banskota (CIBHS), Christopher Botten (CIBHS), Charlotte Bullen (CIBHS), Leslie Dishman (CIBHS), Amy Mcilvaine (CIBHS), Bill Tarkanian (L.A. CADA), Shelly Wood (Grandview Foundation)

**MATERIALS DISTRIBUTED:** PAC Meeting Agenda; PAC Meeting Minutes (July 12, 2022); Funding Utilization Workgroup Report.

| Topic | Discussion/Finding | Recommendations, Action, Follow-up |
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| **Welcome** | **Gary Tsai, M.D., Director, Los Angeles County, Department of Public Health (DPH), Substance Abuse Prevention and Control (SAPC)**<br>• Indicated that quorum was established. | |
| **Approval of Meeting Minutes** | • Meeting minutes from 7/12/22 were presented by Kyle Kennedy (DPH-SAPC); motion to approve by Christina Gonzales (Impact) with a second motion by Edith Urner (Exodus Recovery).<br>• Approved meeting minutes to be posted on PAC webpage. | Minutes approved for posting with no changes. |
| **Role of Workgroups** | **Kathy Watt, PAC Co-Chair, Van Ness Recovery House**<br>• PAC workgroups provide an opportunity to share ideas, brainstorm solutions, and deepen relationships.<br>• Workgroups typically consist of 8 – 20 people who work together to provide recommendations to DPH-SAPC on a particular topic. Each one works in its own organic way.<br>• DPH-SAPC network provider staff who are not PAC members are invited to join workgroups and/or join the meetings. Anyone with questions about the PAC can contact Kathy (wattvnrh@aol.com). | |
| **Funding Utilization Workgroup** | **Shelly Wood, Workgroup Co-Lead, Grandview Foundation** and **Christina Gonzales, Workgroup Co-Lead, Impact**<br>• Shelly Wood (Grandview Foundation) acknowledged committee members for their contributions and DPH- | |

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| **Update & Discussion** | SAPC for being responsive in supporting the group. | SAPC to provide a response to the Funding Utilization Workgroup's report. |
| | • Shelly attested that participating in workgroups leads to stronger partnerships, opportunities for collaboration, and a better understanding of collective obstacles. | |
| | • Christina Gonzales (Impact) stated that this was one of the most rewarding things she has done as an executive in the provider network. | |
| | • Shelly reviewed the workgroup goals and report recommendations as detailed in meeting slides 6 through 11. The report provided recommendations for DPH-SAPC and providers in four categories: state and county denials, staff retention, increased expenses, and secondary funding sources. Primary goals were to identify strategies to decrease discrepancies between agency claim submissions and DPH-SAPC claims data, understand secondary funding sources, and identify methods for communicating updates to staff. | |
| | • Dr. Tsai advised he reviewed the report and DPH-SAPC staff will meet to discuss next steps. DPH-SAPC will provide a response identifying actionable items, and providing an explanation for any recommendations that are not actionable. He noted that collaboration was a frequent topic in the recommendations and expressed support for agencies working together because the ultimate vision is for them to operate as a network. | |
| | • In reference to the recommendation to increase staff compensation, Jim Symington (Compatior) asked if there had been any discussion about unionizing. Dr. Tsai confirmed there has been discussion about this and one agency is working towards unionization. He also added that unionizing would be an individual agency decision. Brandon Fernandez-Comer (Cri-Help) raised concern that SEIU may not understand the cost-based reimbursement model and that the current model limits provider ability to increase compensation. | |
| | • Christina (Impact) commented that upcoming payment reform will affect some recommendations. Dr. Tsai agreed and stated that the recommendation for continuing cost-based reimbursement will not be possible. Dr. Tsai hopes to receive more information about payment reform from the State and County Behavioral Health Directors Association soon. More information will be shared with providers as DPH-SAPC receives it. | |
| | • JoAnn Hemstreet (Homeless Health Care of Los Angeles) asked for clarification on the workgroup's purpose. Shelly explained the discrepancy in claims paid by DPH-SAPC and the claims submitted was the original impetus, as well as challenges due to COVID safety measures and policies. JoAnn commented that the underutilization of beds the workgroup set out to explore was not reflective of actual demand since data shows there are people who need services that are not accessing them. Dr. Tsai commented that he believes the discrepancy also comes from agencies contracting with different payers for the same beds. | |
| | • Brandon (Cri-Help) recalled that there were also questions around the Recovery Bridge Housing (RBH) data. He suggested that rather than number of beds, basing compensation on "units of service" may be a more sustainable model. Dr. Tsai stated moving away from contracting by bed may worsen the capacity issue. | |
| | • Kathy (Van Ness) shared that it became evident to the workgroup that in addition to pursuing grant support, general fundraising needs to become an important source of revenue for agencies. Kathy encourages agencies to reach out to the PAC if they want to connect with others who have had success in this area. | |
| **Reaching the 95% Workgroup** | **Deena Duncan**, **Workgroup Co-Lead, Volunteers of America** and **Bill Tarkanian, Workgroup Co-Lead, L.A. CADA**<br>• Deena Duncan (Volunteers of America) reported that the workgroup decided to focus on the following areas: | |

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| **Update** | o Understanding the 95%; including 1.9% who have considered getting treatment, but do not seek it<br>o Overdose prevention<br>o Other harm reduction strategies<br>o An outreach strategy similar to the HIV/AIDS model<br>• Jim Symington (Compatior) asked what "95%" means. Dr. Tina Kim (DPH-SAPC) provided some preliminary data on the 95% in Los Angeles County: about 95% of people who have SUD (who did not receive SUD services) deny needing SUD services. About 7.9% of LA County residents are estimated to have an SUD. Of those, 6.7% are estimated to receive SUD services. On the other hand, 4.1% of LA County residents are estimated to have serious mental illness (SMI) and about 64.5% of them received SMI treatment. Dr. Kim explained that one of the key reasons for the huge discrepancy between the proportion of people with SUD versus SMI that reach out for treatment is due to stigma and criminalization associated with SUD.<br>    o Bill Tarkanian (L.A. CADA) noted that the workgroup discussed moving away from using the word *treatment* any longer but rather speak in term of providing *services* to address stigma. He suggests the reason DMH has had better reach is because they frame their work in terms of *services*.<br>    o Dr. Kim offered to share additional data to support the workgroup.<br>• Christina Gonzales (Impact) noted that the bullets listing workgroup focus areas only provides a brief overview and there are sub-bullets under each that the workgroup still needs to think through.<br>    o David Hindman (DPH-SAPC) said outreach work may fall under Recovery Services because at this level of care the client would just need to be considered at-risk.<br>    o Bill Tarkanian (L.A. CADA) stated that care coordination and field-based services may also be a way to provide outreach.<br>    o Kathy Watt (Van Ness) noted that outreach and engagement work will require funding from other sources since it is not a DPH-SAPC-funded activity for treatment providers.<br>• JoAnn Hemstreet (Homeless Health Care) suggested that since the PAC is meant to advise DPH-SAPC as a whole, the workgroup should consider other non-treatment programs such as syringe exchange and CENS. She encouraged agencies with these contracts to participate in the workgroup because they probably have more interaction with the 95%.<br>• Denise Shook (Behavioral Health Services) noted that training staff on newer approaches, such as harm reduction, will be essential for the workforce to buy in to the strategy.<br>• Dr. Tsai advised that while the workgroup can look at making existing processes more efficient, they can also identify strategies to engage the 95% of people with SUD who are not interested in services or do not think they need help. One such strategy could involve revisiting agency policies that require full abstinence. This could be operationalized by making a distinction between lapse (client used substance but is still invested in decreasing use and wishes to continue services) and relapse (no interest in discontinuing use and/or returning to treatment) in admission and discharge decisions. However, his comments are not meant to completely shift the group's focus, but to highlight an important aspect of reaching the 95%. | DPH-SAPC HODA team to present data on "the 95%" with workgroup. |

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| | <ul><li>o Bill (L.A. CADA) thanked Dr. Tsai for the clarification that the treatment setting can be included in the scope of the recommendations.</li><li>o Christina (Impact) expressed frustration with the workgroup because she feels it has been taken out of the hands of providers and driven by DPH-SAPC, and that the directives from DPH-SAPC have changed over time.</li><li>o Dr. Tsai thanked Christina for sharing her concerns and invited the workgroup co-leads to respond. Deena stated that the group has taken a lot of time to narrow their focus and is open to reviewing this at the next meeting to ensure nothing was missed or left out.</li><li>o Dr. Tsai encouraged PAC members to contact him or other DPH-SAPC staff when they encounter these types of frustrations. He stated that DPH-SAPC is not trying to put the entire problem in the lap of providers and is just asking them to come up with some recommendations.</li><li>o Bill (L.A. CADA) added that the workgroup did have difficulty narrowing things down in the beginning and the DPH-SAPC team was helpful in keeping the group focused and on-task. He thinks part of the difficulty comes from the enormity of this topic and variety of mindsets within the network.</li><li>o Claudia Murillo (House of Hope) added that the group is passionate about this issue and a lot of ideas were generated which could lead to recommendations that can touch a wide range of the 95%.</li><li>o Liana Sanchez (L.A. CADA) stated that to engage with the 95%, agencies will have to stop screening out clients with co-occurring mental health disorders.</li><li>o JoAnn followed shared that the discomfort may be due to resistance to a philosophical shift.</li><li>o Dr. Tsai said that it is acceptable to reflect a mixed perspective in the recommendations.</li></ul><ul><li>Brandon (Cri-Help) appreciates DPH-SAPC's efforts to include agencies in thinking through these issues, but expressed concern over moving toward hyper-standardization of the system because part of its strength lies in their diversity of treatment philosophies. Brandon clarified that this comment was more about DMC-ODS rather than the 95% or the lapse-relapse distinction. Dr. Tsai noted that standardization does not mean that services cannot be tailored.</li></ul> | |
| **Business Technology Workgroup Update** | **Jim Symington, Workgroup Co-Lead, Compatior** and **Aris Tubadeza, Workgroup Co-Lead, AADAP**<ul><li>Aris Tubadeza (AADAP) reported that the workgroup is working on determining its focus areas. During the last meeting Dr. Hindman (DPH-SAPC) shared a Sage Help Desk dashboard to help the group identify buckets of issues within the EHR. DPH-SAPC staff also provided input on non-Sage technology that the workgroup could address.</li><li>Jim Symington (Compatior) added that the workgroup is also interested in agencies sharing solutions and programs that work well.</li><li>Anulkah Thomas (DPH-SAPC) advised that a poll on focus areas would be sent out to PAC membership to support focus area selection.</li></ul> | DPH-SAPC will send out a survey to select Business Technology Workgroup priority areas. |
| **Discussion Items** | **Anulkah Thomas, Systems of Care, DPH-SAPC**<ul><li>Anulkah (DPH-SAPC) explained that the meeting format today is different than past meetings to dedicate more time to PAC workgroup efforts and PAC-identified discussion items. DPH-SAPC offered a list of</li></ul> | |

discussion topics in two categories: *Priority Focuses* are items suggested by PAC members specifically for this meeting; *Parking Lot* items are topics of interest from the recent past or that continue to evolve over time, such as COVID-19, monkeypox, and the CalAIM rollout.

- Anulkah asked Kathy (Van Ness) to introduce the first topic on the role of advocacy in the PAC. Kathy stated that keeping a closer eye on policy issues will allow the PAC to be proactive. Christina Gonzales (Impact) agreed that a culture shift of being involved early is desirable because policy moves very quickly and often providers only learn about changes after decisions are made.
  - Kathy reminded PAC members to respond to a comment request on a draft information notice regarding the rollout of the ASAM 0.5 Early Intervention Services level of care. Comments are due to Emily Caesar by September 22, 2022.
- Anulkah introduced the next topic, the documentation transition from Treatment Plans to Problem Lists. Junie Gonzalez (Fred Brown Recovery Services) expressed frustration that agencies were not given guidance until after the July 1 implementation date and that the instructions provided were simplistic compared to other DPH-SAPC rollouts.
  - Dr. Tsai acknowledged the constant State-driven changes are stressful for agencies and DPH-SAPC.
  - David Hindman (DPH-SAPC) explained that the state guidance came out in early June, which was not a lot of time for DPH-SAPC to design for this level of change, but the County did release guidance on July 5th. This guidance was presented at the 7/5/2022 All-Treatment Provider meeting ([QI/UM slides](#), [documentation requirements slides](#), [FAQ](#), and [recording](#)). He also noted that the Clinical Standards and Training (CST) unit offers CalAIM documentation update trainings every two weeks ([CST training calendar](#)) and the [clinical documentation series](#) was revamped.
    - Kathy (Van Ness) explained that agency staff cannot tell that updated information has been added to the online resources because only the original posting date is displayed and suggested adding the revision date.
  - Aris Tubadeza (AADAP) requested DPH-SAPC provide agencies with slides before or at the time of a presentation to assist them in understanding and effectively communicating changes to staff.
    - Dr. Tsai asked Anulkah to follow up with Marika Medrano, Contracts Chief, on the feasibility of providing All-Treatment Provider meeting materials prior to or the day of the meetings.
    - Dr. Tsai also noted that DPH-SAPC staff work together to create and post an FAQ document answering remaining questions after the All-Treatment Provider meetings.
  - Colette Harley (SHIELDS for Families) agreed the transition was a challenge and that knowing ahead of time through their DMH contract that the change was coming was helpful. She is thankful the workaround was simple and noted staff were pleased they could pull information from previous treatment plans instead of creating a whole new list.
  - Dr. Tsai noted that federal and state documentation regulations override CalAIM, which resulted in increased complexity for SUD providers and simplification for mental health providers.
- Claudia Murillo (House of Hope) shared that her staff continue to face billing challenges for non-DMC claims. When they contact UM they get different answers from different staff members or are routed to their

DPH-SAPC CST team will consider adding revision dates to online resources.

DPH-SAPC Contracts team to assess feasibility of distributing All-Treatment Provider Meeting materials before or on meeting day.

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| | auditor, who may not be up to date on changes. Dr. Amini will work directly with Claudia to resolve these cases. Those struggling with these issues can email SAPC.QI.UM@PH.LACOUNTY.GOV for assistance. | Dr. Amini will follow up with Claudia. |
| **SAPC Announcements** | **Medi-Cal Peer Support Specialist Certification Program** – Emily Caesar, Systems of Care, DPH-SAPC<br>• Emily reminded the group the deadline for the Peer Support Specialist Certification Program Scholarships is September 30th. Agencies can nominate recipients using this recommendation form. **NOTE:** Deadline has since been changed from 9/30/2022 to 11/30/2022.<br>• CalMHSA released a test preparation guide that can support preparation for the certification exam.<br>• Agencies can access more information at DPH-SAPC's Certified Peer Support Specialist Program Webpage. | |
| **Brainstorm Topics for Elevation at Future Meetings** | **Emily Caesar**, Systems of Care, DPH-SAPC<br>Due to time constraints, will skip brainstorming session. PAC members are encouraged to provide suggestions via the meeting chat or by emailing Anulkah (athomas2@ph.lacounty.gov) and/or Kathy (wattvnrh@aol.com). | |
| **Future PAC Meeting Dates** | **Anulkah Thomas**, Systems of Care, DPH-SAPC<br>• The final PAC meeting for 2022 is on November 8th from 2 to 4 pm.<br>• Anulkah presented a list of proposed dates for CY 2023 PAC meetings. Anulkah will send Outlook appointments so the group can hold the times and determine availability. In the November meeting DPH-SAPC will call for a motion to approve these dates.<br>• Reaching the 95% Workgroup meetings are scheduled for:<br>   o Thursday, October 6 from 2:30 - 4 pm<br>   o Thursday, November 3 from 2:30 - 4 pm<br>• The Business Technology Workgroup meetings are scheduled for:<br>   o Wednesday, 9/28 from 9 – 10:30 am<br>   o Wednesday, 10/26 from 9 – 10:30 am<br>   o Thursday, 11/17 from 3 – 4:30 pm<br>   o Wednesday, 1/4 from 9 – 10:30 am | |
| **Meeting Wrap Up** | **Anulkah Thomas**, Systems of Care, DPH-SAPC<br>• Decisions<br>   o 7/12/22 PAC meeting minutes approved.<br>• PAC Next Steps<br>   o Review ASAM 0.5 informational notice and provide feedback to Emily Caesar by COB Thursday September 22, 2022.<br>   o Respond to Business Technology Workgroup focus areas survey.<br>   o Reach out to Anulkah Thomas and Kathy Watt to:<br>      ▪ Get more information about workgroups or be added to meeting invites.<br>      ▪ Suggest meeting topics and ideas for future meetings. | |

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| | <ul><li>DPH-SAPC Next Steps</li><ul><li>Meet to discuss the Funding Utilization Workgroup's recommendations and provide a response in the coming weeks.</li><li>Health Outcomes & Data Analytics (HODA) team to provide Reaching the 95% workgroup with data.</li><li>Provider Support & Health Plan Improvement (PSPHI) team will send out Business Technology Workgroup focus area survey.</li><li>Clinical Standards & Training team to consider request to add a revision/update date for online references.</li><li>Contracts team to consider request to make All Treatment Provider Meeting slides available to providers before meetings.</li><li>Utilization Management team will follow up with Claudia Murillo House of Hope to address challenges with inter-county transfers. Those struggling with the issues described by Claudia can email SAPC.QI.UM@PH.LACOUNTY.GOV.</li><li>PSPHI will send meeting holds for 2023 PAC meetings.</li></ul><li>Meeting evaluation feedback requested via meeting chat or email to athomas2@ph.lacounty.gov.</li></ul> | |
| **Public Comment** | **Gary Tsai**, Systems of Care<ul><li>No comments from the public.</li></ul> | |
| **Next Meeting** | Next meeting is scheduled for November 8, 2022, at 2 pm. | |