

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

Substance Abuse Prevention and Control

Provider Advisory Committee Meeting

Meeting Summary – November 9, 2021

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

Substance Abuse Prevention and Control (SAPC) REPRESENTATIVES: Nima Amini, Emily Caesar, Daniel Deniz, Marquisha Henderson, Brian Hurley, Kyle Kennedy, Samson Kung, Yanira Lima, Julie Lo, Adam Loomis, Antonne Moore, Jimmy Nguyen, Glenda Pinney, Kimia Ramezani, Belia Sardinha, Megala Sivashanmugam, Zena Yusuf

ABSENT: Tenesha Taylor

MATERIALS DISTRIBUTED: PAC Meeting Agenda, PAC Meeting Minutes (August 24, 2021)

Topic	Discussion/Finding	Recommendations, Action, Follow-up
Welcome	<p>Gary Tsai, M.D., Director, Los Angeles County, Department of Public Health (DPH), Substance Abuse Prevention Control (SAPC) opened the meeting</p> <ul style="list-style-type: none"> • PAC serves an opportunity for SAPC to hear from the provider network • In the past, updates have been provided as a part of the meeting, but we want to be more deliberate in making sure that PAC members are heard in this meeting (i.e., inquiring about policies or decisions to be made, or topics generated by PAC members) • PAC members were selected to focus on particular areas to ensure the PAC was representative of the needs across SAPC’s network, and we want to make sure that you are representing those areas so that the group has a comprehensive view of the entire substance use prevention and treatment system. • Other services beside Drug Medi-Cal are represented here (i.e., prevention and DUI), the intention is for this forum to be all encompassing. <p>*Kyle Kennedy indicated that quorum established for meeting to move forward</p>	
Co-Chair Announcements	<p>Kathy Watt, PAC Co-Chair</p> <ul style="list-style-type: none"> • 30-day LOS workgroup – First PAC workgroup <ul style="list-style-type: none"> ○ Main takeaway was learning how to present findings to SAPC - documents are still being finalized for this workgroup • Future Workgroups 	

	<ul style="list-style-type: none"> • Business Technology Workgroup – a workgroup covering how business technology can help agencies: <ul style="list-style-type: none"> ○ Appointed members indicated on the slide ○ This is not a Sage workgroup; Sage will only be a portion of what is covered ○ Scheduling and next steps to be sent out via email • Funding Utilization Workgroup (Formerly Bed Utilization Workgroup): <ul style="list-style-type: none"> ○ The scope of the workgroup will expand to include how to utilize various funding streams - additional details on the slide ○ If interested in joining, please email Kathy (wattvnrh@aol.com) by Friday, 11/12 at noon <p>*Note: Proxies can be used to attend both workgroups</p>	
<p>Approval of Meeting Minutes</p>	<ul style="list-style-type: none"> • Meeting minutes from 8/24/21 meeting presented by Kyle Kennedy, and motion to approve by Brandon Fernandez and second by Kathy Watt <ul style="list-style-type: none"> ○ Meeting Minutes to be posted on PAC Webpage 	
<p>SAPC Announcements</p>	<p>Yanira Lima, DPH-SAPC, Systems of Care</p> <ul style="list-style-type: none"> • Update on notable new funding received by SAPC <ul style="list-style-type: none"> ○ Coronavirus Response and Relief Supplemental Act (CRRSAA) - \$29 million to be utilized to support a number of SAPC block grant set asides (funding will support primary prevention, perinatal services, youth and adolescent services, Friday Night Live, and recovery housing and support services. Funding period ends 12/31/22. ○ American Rescue Plan Act (ARPA) – \$25 million (base allocation) to support specialized programming i.e., Friday Night Live, prevention.) Funding period ends 6/30/25. ○ Local funding – Care First Community investment (Previously Measure J) - \$8 million for FY2021-2022 to support several initiatives including expanding the Client Engagement and Navigation Services (CENS), treatment services, harm reduction, SUD work initiatives and Recovery Bridge Housing (RBH) expansion. • SAPC is working with SAPC Contracts – and is currently asking providers for information through surveys to understand existing capacity that may be expanded with available funding. This applies to new and existing services offered under Prevention and Treatment services. • SAPC can provide progress updates on funding at future meetings <p>Member Questions and Responses</p> <ul style="list-style-type: none"> • Edgar Sebastian - Are funding sources going to programs already contracted with SAPC or opened to other partners/areas within the County? <ul style="list-style-type: none"> ○ Some of the funding will support program expansion based on capacity and some funding allocated for new programs. ○ Waiting for confirmation from the State on final allocations but have a comprehensive list of what may be funded, from prevention to harm reduction services. 	

- Bill Tarkinian - Is there a new strategic plan, incorporating new funding? How can providers get insight into where SAPC is encouraging providers to direct resources?
 - SAPC is currently working on tools for providers to outline opportunities and community needs for expansion. SAPC is thinking critically about how expansion can continue in a sustainable way because initial expansion rate under DMC-ODS is not sustainable and these new funding sources are time limited.
 - A reminder for community advocacy by the provider network via public meetings (i.e., CFCl/Measure J and Public Safety/AB 109) so that SUD voices are represented in local funding decisions.
- Bill Tarkinian -Is there a process where providers can bring ideas to the table about funding, specifically for population specific ideas?
 - SAPC would like to hear those ideas here at the PAC – we have some space for this on the agenda later in this meeting.
- Junie Gonzalez - Historically, providers have been able to submit contract augmentation if more funding is needed (i.e. after a location has been acquired). At the last provider meeting the requirement of needing “robust justification” was raised and reiterated for contract augmentation. What does the landscape look like in the future since acquisitions take time?
 - DMC-ODS has been a great opportunity for growth, but these rates of expansion are not sustainable. Growth must ensure Medi-Cal access for all beneficiaries. Engage SAPC prior to expansion/acquisition to ensure contracts can be augmented. Providing SAPC with an as robust justification as possible, SAPC’s focus will be on network and community needs, not necessarily individual agency need.
- Brandon Fernandez - Does SAPC see a future where BH providers be able to use social determinants of health ICD-10 codes into billing? This seems to be a highly underutilized type of coding in our space. This is something we’re discussing internally with other managed care organizations we contract with. – This may be something to discuss at the PAC BTC Meeting.
- Elan Javanford - In RFPs with DMH, physical space to programs willing to expand is being provided, can SAPC do something similar?
 - Unlikely at this time, because it requires SAPC to have funding to support the physical space
- In the 988 (National Suicide Prevention and Mental Health Hotline) Continuum of Care meetings, SAPC is left out of the conversation and not listed throughout the crisis continuum of care, maybe that could be a strategic place for funding to come along?
 - SAPC is continuing to listen to these conversations to see what is happening in the crisis space, many times SUD comes into play once a patient is stabilized, and we want to make sure we can facilitate a referral at that point.

SAPC to link CEO website with schedule of these meetings
<https://ceo.lacounty.gov/agendas/>

<p>CLAS/CCCH Update</p>	<p>Marquisha Henderson, DPH-SAPC - Equitable Access and Promotion Unit</p> <ul style="list-style-type: none"> • Committee on Cultural Competence and Humility (CCCH) is currently closing out an action planning process and wanted to collect PAC feedback on relevant items in the action plan to implement into internal procedures and offer guidance to providers resulting in increased access to services for clients and the community. • PAC Feedback to be collected on: <ul style="list-style-type: none"> ○ How Culturally and Linguistically Appropriate Services (CLAS) is currently incorporated into provider network/operations? ○ Are these identified CLAS action items relevant to current operations? ○ Is it feasible to incorporate objectives? ○ What would be helpful to provide clarity and adoption of strategies? • Upcoming training – Expanded implicit bias: <ul style="list-style-type: none"> ○ Expanding to a series for supervisors ○ Requesting PAC members to promote participation 	<p>Link to Feedback Form sent by 11/16/21 Feedback due back 12/1/21</p> <p>Training Registration link to be sent out 12/13/21</p>
<p>Field Based Services (FBS) Update</p>	<p>Kyle Kennedy, DPH-SAPC, Systems of Care</p> <ul style="list-style-type: none"> • Purpose of the FBS expansion pilot is to service historically difficult to reach populations <ul style="list-style-type: none"> ○ The pilot will allow existing FBS providers, with a current approved workplan with SAPC, to provide In-Home services to individuals. • 11 agencies are currently interested in the program. • In-Home FBS pilot will be available for ASAM 1.0 OP, 2.1 IOP, and RSS (group counseling and patient education sessions not included in in-home settings). <ul style="list-style-type: none"> ○ For youth, services are limited to family therapy and collateral services • Next steps – Official Memo release 12/13/21. 	<p>Meetings to be scheduled with interested agencies 12/13/21-12/24/21</p>
<p>Driving Under the Influence (DUI) Presentation</p>	<p>Glenda Pinney, DUI Program</p> <ul style="list-style-type: none"> • Goal of DUI program is to reduce recidivism of impaired driving and increase public safety through education sessions, group and individual counseling, self-help meetings, assessment of substance use and referrals to ancillary services. • ASAM 0.5 Early Intervention includes DUI programs. • Court Compliance and Services Program (CCSP) fulfills the County requirement to implement a court referral and tracking system. • DUI MAT Project – funded by Substance Abuse and Mental Health Administration (SAMHSA) State Opioid Response II (SOR II) grant – to reduce opioid overdose through increased access to prevention, SUD treatment, MAT and recovery services. • DUI program clients are pre-screened with Drug Abuse Screening Test - DAST-10 and those who qualify for second level assessment are screened with paper ASAM Triage Tool: 	

	<ul style="list-style-type: none"> ○ DUI program counselors contact treatment providers to schedule full ASAM assessment and intake and follow up to ensure clients are enrolled and active in treatment. ● High Risk DUI participant project launched in 2016 to address DUI offenders who come to DUI programs under the influence, and provide referrals to SUD treatment if needed. <p>*Context for this presentation – DUI program is offered in the continuum of care and we want providers to be aware of it.</p>	
<p>Current Use of Peer Specialists</p>	<p>Discussion facilitated by Dr. Tsai</p> <ul style="list-style-type: none"> ● Peer Specialist Certification Program is scheduled to start July 2022 <ul style="list-style-type: none"> ○ Being approached as a single SUD/MH Peer Certification system by CalMHSA <ul style="list-style-type: none"> ▪ SAPC will be making sure that there is an appropriate focus on SUD. ▪ Minimum training for peers will be 80 hours, but unclear how many hours will be focused on SUD. ● We know that the SUD workforce may have some lived experience and peers serve an important role. Now with Medi-Cal reimbursement, how do providers view reimbursement of peers moving forward? <ul style="list-style-type: none"> ○ Elan Javanford – In residential programs, 30% of staff members are former clients with lived experience and have done some type of peer training. All of them are registered as substance counselors and are not considered solely peers. Peers are currently infused in other structures. Having solely peer specialists for those who don't want to get fully certified would be interesting. ● Are there any agencies that employ peers without also being registered/certified counselors? <ul style="list-style-type: none"> ○ Yes, but only in DMH programs. ○ Junie Gonzalez – In residential programs, we use volunteers to escort staff (i.e., take clients to doctor's appointments, meetings, etc.) but do not track these services in Sage because these individuals do not meet the minimum requirements. ○ Claudia Murillo – Now, after a few years since START-ODS, we have a lot of potential counselors and not enough support staff. There is a lot of potential for peer specialists. There are potential issues that may come up with access/configuration to Sage. ○ Kathy Watt – We have continued to use peers because they understand the most current information about how to navigate systems and support residents with lived experience. ○ Nora O'Connor – We use peer advocates in the PPW program, grant funding is used to provide stipends for peers. ○ Jonathan Higgins – Program has relied heavily on peer support/feedback. During Covid, used phone outreach between residents and peers to foster mentorship. ○ Brandon Fernandez – The language in the bill does not sound SUD centric, curious about rollout and what will be the documentation requirements for services provided by Peer Specialists. ● SAPC has offered feedback to CalMHSA to include elements in the curricula to focus on SUD and will continue to engage CalMHSA to ensure the needs of the SUD system are recognized. There are still a lot in 	

	<p>development. We will be engaging providers who have agreements with DMH to use peer specialists to increase SAPC’s understanding.</p> <ul style="list-style-type: none"> ○ Ken Bachrach – MH generally does not have same requirements for peers. Peers on the SUD side are better able to complete required documentation. Line between peers and registered/certified counselors is somewhat blurred in SUD field. ○ A lot of peers left the field due to certification track in DMC-ODS 	
PAC Member Feedback on Financial Eligibility Reports	<ul style="list-style-type: none"> ● Kathy will send a follow up email after the meeting with the discussion questions around financial eligibility so that PAC members can submit feedback 	Kathy to send email to PAC members
PAC End of Year Evaluation	<ul style="list-style-type: none"> ● SAPC would like PAC to reflect on what has gone well and what we can improve on <ul style="list-style-type: none"> ○ Moving forward, evaluation results will be used to see how individuals are doing and how to keep members engaged . 	Kathy to send email to PAC members
PAC Meeting Schedule Proposal	<p>Kyle Kennedy, Systems of Care</p> <ul style="list-style-type: none"> ● Proposal to have PAC meeting on the 4th Thursday of every other month from 3 PM – 5 PM <ul style="list-style-type: none"> ○ Bill has a scheduling conflict on Thursday afternoons. 	SAPC to see if alternate time is available
PAC Member Items	<ul style="list-style-type: none"> ● Edgar Sebastian – Is anyone familiar with CCAP and would SAPC see that as a peer? <ul style="list-style-type: none"> ○ SAPC is waiting for CalMHSA clarification on certification reciprocity ● Bill Tarkinian – LACADA received a grant through HRSA to train 20 peer specialists (80 over the next 4 years). This is an opportunity to take your own graduates from the program and turn them into peer specialists. Funding opportunities available on the HRSA website – Paraprofessional Workforce Development . (https://www.hrsa.gov/grants/find-funding/hrsa-19-089) ● Junie Gonzalez – Unable to get Medi-Cal credentials for the last 1.5 years, reaching out to any provider that has had success applying for AEVS. ● Brandon Fernandez – Cost Reports – Formula may be weighted incorrectly on the report template. ● Question about cost allocation plan – given guidance that units of service can’t be used as a joint cost allocation method – Daniel Deniz to confirm. 	<p>Yanira and Kyle to follow up with Junie --Completed</p> <p>Claudia will connect Brandon and Kathy with CFO Daniel to confirm state guidance</p>
Public Comment	No public comments	
Adjournment/ Meeting Wrap Up	<ul style="list-style-type: none"> ● December 16, 2021 meeting cancelled ● Meeting adjourned by Kyle Kennedy. ● Next meeting tentatively scheduled 1/27/22 at 3 PM 	