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

Meeting Summary – April 15, 2021

Provider Advisory Committee (PAC) MEMBERS PRESENT ON MICROSOFT TEAMS: Ken Bachrach, Cory Brosch, Lisa Campana, Brandon Fernandez, Baldomero Gonzalez, Christina Gonzales, JoAnn Hemstreet, Felipe Kaiser, Claudia Murillo, Edgar Sebastian, William Tarkanian, Tenesha Taylor, Wendie Warwick, Kathy Watt, Shelly Wood

Substance Abuse Prevention and Control (SAPC) REPRESENTATIVES: Gary Tsai, M.D. (Chair), Yanira A. Lima, Kyle Kennedy, Michelle Palmar, Glenda Pinney, Francisco Reyes, Daniel Deniz, David Hindman, PhD, Antonne Moore, Tina Kim, Keith Hermanstyne, Marquisha Henderson, Jimmy Nguyen, Julie Lo, and Megala Sivashanmugam

EXCUSED ABSENCES: None **ABSENT:** Kovi Blauner, Deena Duncan, Elan Javanford, Rocio Quezada

MATERIALS DISTRIBUTED: PAC Meeting Agenda, PAC Meeting Minutes (February 4, 2021), Residential RBH Bed Utilization Data 3-31-21

Topic	Discussion/Finding	Recommendations, Action, Follow-up
Welcome and Introductions	**Kyle Kennedy**, Treatment Service Branch, Systems of Care, announced that the meeting would be recorded. **Dr. Tsai,** welcomed members and indicated that getting input from this group is very important. Updates were provided earlier in the week during the all treatment provider meeting and there are a lot of changes coming, from CalAIM, payment reform and the ATI initiative. Other areas of health and social services systems will be looking to us to help address the biggest challenges. **Milan Spencer,** Treatment Service Branch, Systems of Care conducted roll call. Fifteen (15) of the nineteen (19) PAC members were present as well as SAPC representatives from different units. One PAC member, Joann Poremba resigned on 4/14/21.	
Announcements	• Follow up from the previous PAC meeting - Accidental Drug Overdose – report posted on SAPC website and linked in meeting agenda	
Co-Chair Announcements	No Announcements	
Approval of Meeting Minutes	PAC members approved the February 4, 2021 PAC meeting minutes.	

Residential and RBH Utilization Data	Dr. Tsai – Presented the handout for Residential and Recovery Bridge Housing (RBH) Utilization. He indicated that the numbers are slightly varied because the slide contains slightly updated information affecting residential beds in SPA 1. This information was covered in the All Treatment Provider Meeting - Data indicated bed utilization for residential beds and RBH, overall countywide and then broken down by SPA using claims data. - Data looked at indicators such as unique clients served, licensed beds, contacted beds that SAPC contracts for, the average bed utilization, the average daily bed utilization. - Residential utilization, overall, 65% of contracted beds are being used. The majority of SPAs are using less than 70% of beds, with the exception of SPA 2 (This data is being looked into) - Similar findings for RBH with even lower utilization. - The challenge is when clients are seeking services at a particular agency, then get put on a waitlist and they have to wait for a bed. This is heard regularly at SASH and we have to think of ways to reduce this wait because of the importance of engaging patients when they are ready for treatment. - One way to potentially address this is leveraging the "Network Effect". When agencies don't have beds, instead of putting people on waitlists, they refer them somewhere else where there are beds available. - Reminder that beds that SAPC contracts must be available for the population that SAPC serves and waitlists are prohibited. Christina Gonzalez - Question about how data report was coming up with the percentage? She indicated that for some agencies, there is a period when although the bed is filled, we technically can't bill for 30 days until it has been approved. That would make it a bad statistic, where the bed has been filled but it is showing as unoccupied. She asked Dr. Tsai if he knew if that data was pulled out? Dr. Tsai – That data was not pulled out, but this data is over an entire FY and should even out some of those issues. Christina Gonzalez – For our organization, the denials are pretty substantial for last FY. Dr.Tsai – This is claims data. Yes, if something was denied, it wouldn't be captured here. It was noted that when the DMC waiver was implemented, the SUD Network entered the managed care space and there are denials and that does impact things even though we want to minimize the denials. Christina Gonzales – When we try to refer out, it's very difficult to find an available bed. When seeing these numbers, it seems like a big problem that beds aren't being used, but when we try to coordinate referrals and transition people, it's hard. Dr. Tsai –	

	- We hear the same thing and why we want to bring this up and discuss it with our network. It does cause problems for our clients. We have heard of a number of agencies collecting waitlists. When you have waitlists, technically your beds are always full, and you say no to people when there may be a bed nearby. - If we can say no when we don't have a bed and refer out, that allows us to operate more as a network where we're leveraging the size of our full network. Brandon Fernandez – Is there stark difference in data in first six months and second six months of the FY 19-20? I ask because I know we're still doing it here, it doesn't affect the number of beds that were contracted with SAPC, but we changed a lot of the admissions processes to accommodate social distancing and quarantining for clients. This is especially difficult at RBH site. - For example, yesterday we were taking in 3 females coming from 3 different treatment programs. Right now, they're lifting the restrictions, and everyone is concerned. I have to think that COVID must be impacting these numbers in some way. Dr. Tsai – It would impact 2.5 months of this data, not 6 months. I don't think that 2.5 months completely skewed the data that we're seeing here. Tina Kim – Last year's data followed similar patterns, of 65% and 62% utilization during FY 18-19. Kathy Watt – Instead of thinking this data can't be right, that the next workgroup can dive into this. We get phone calls from people because we are not the program that they want and have made many calls and can't find them an empty bed. Maybe this is something that we can look at as a group. Dr. Tsai – Confirmed that Kathy Watt proposed a workgroup to look into this. Dr. Tsai – SAPC would be interested in hearing from the workgroup on this. - This is not isolated to substance use system; mental health also experiences this and other counties experience this. We haven't spoken to other states, but assume other states experience this as well. - An issues that is contributing to this, is if an agency contracts with different entities, for the same beds. For example, an agency has 100 beds and they contract with one entity for 60 beds, another entity like SAPC for 40 beds and DMH for 40 more beds. You can see how all of those beds aren't dedicated to those entities and if you add on a couple more entities, you can imagine how the contracted capacity doesn't reflect the actual availability. This has not been addressed in any system. - This is a reason why SAPC wanted to highlight that beds SAPC contracts should be available to the clients we serve. Dr. Tsai opened it up for comments	Kathy will organize workgroup to discuss further. If interested people should email Kathy

Claudia Murillo – Yes, this a huge contributing factor. You ask agencies, how many RBH beds do you have and they offer the hundreds you have without understanding.

Brandon – We don't contract up to maximum license capacity at any of our locations because certain costs in DMC are unallowable. You can't operate a treatment center with DMC funding along alone. You have to be able to bring in different sources of revenue and fundraise. We can't just run this by DMC no matter how big our contracts get. Folks may realize they're over on their contract and it's hard to imagine any agency would want to reduce their contract even though they're underutilizing.

Junie Gonzalez– Our residential is full but in RBH locations, when we first rolled out, we discussed the language about contracted beds and serving other populations, we redid beds one FY to make sure we could house individuals by funding sources which created a slew of other problems, certain needs/issues arise by funding source.

- This year we realized, we don't have female capacity and worked with DHCS. We do not want to eliminate females altogether, but it is the largest part of our beds that go unfilled.

Dr. Tsai – It's a similar issue with youth providers where we know there's a need but the referrals aren't coming in.

- Initially, referrals came from justice entities and then they moved away from referring to institution settings. When your biggest referral entity shifts in that way, the capacity changes.
- There isn't a clear-cut right way to do this. We're not looking for immediate solution, but we need to at least put these on our radar and make progress and have discussions.

Junie Gonzalez – A question for Dr. Tsai, when we changed from female to male, we tried to get the SBAT changed, now we move the women back there, we don't know exactly what the process is. We would like some fluidity to determine how we designate sites. The approval just approves the site but doesn't approve whether it's for female or male, we want real time to be able to change a gender of a house based on actual need.

Daniel Deniz – We have to take a network centered approach when making changes.

- It would be great to change populations more freely and fluidly, but we must look at it from a management and administrative standpoint. That's why gender or populations served is a contracted item because we need to go through a process that we can account for.
- We have incorporated a change in the contract to make that change. If it's taking more than a month to change gender, please let me know. That is something SAPC has to approve and we run it through System of Care to make sure we're meeting network adequacy standards.

Dr. Tsai – SAPC is committed to making processes as streamlined as possible while ensuring network adequacy

	Yanira Lima – Regarding RBH, one area where we have tried our best to make a case to the County to recognize this as a useful housing alternate. - It's our responsibility, to advocate for resources in the County to support and grow RBH capacity, but these numbers make it challenging to continue to make the case. - At least on RBH, we are going to initiate SPA-based meetings to specifically understand what's going on with utilization of beds in the next month and will report back out to the PAC. Christina Gonzalez – Question for Yanira, is the only way for an agency to update the number of beds, aside from the initial application when the provider chooses to update the SBAT themselves. Maybe SAPC could send out a count so maybe we can confirm that we are operating on accurate numbers. Dr. Tsai – Agencies have a contracted bed capacity, the updates to the SBAT are the capacity that is available. Are you asking that we check in with agencies to make sure those two things are the same? Christina Gonzalez – Yes, I think if you have bed capacity for 100 beds that you initially contract with SAPC, as years progress you realize it's virtually not possible. Brandon – When meeting with our CPA, they look specifically that our SBAT is in alignment with our beds.	
CalAIM Updates	Dr. Tsai – Medi-Cal 2020 waiver extension is this calendar year (1/1/21-12/31/2021). - DHCS will release guidance on changes that they want to pursue during this extension period. - These include residential episodes and length of stay, requirement that agencies offer MAT or be able to refer to MAT (already a SAPC requirement), reimbursement for services prior to a diagnosis. - Also, the state is looking to address issuing denials that do not have a remission diagnosis. - We need additional clarification from the state on how changes will be operationalized. - With the waiver renewal (CalAIM initiative), DHCS is holding public a comment period that closes 5/6/21. - Payment reform will change our current cost-based process to a more value-based reimbursement model. Christina Gonzalez – Question for Dr. Tsai: Was the County going to be able to make value-based trainings? Dr. Tsai – SAPC will need to understand the state's changes first. We envision a training process once we're caught up to speed. Claudia Murillo – Even if it's just big picture, just the philosophy of value based, of what this type of system is this would be helpful. I don't understand what it is. Kathy Watt – A one-pager on value -based reimbursement philosophy that agencies can have to share with frontline staff will be helpful.	Dr. Tsai will follow up with Francisco on this suggestion

	Brandon Fernandez – I think it's important to note that the first step is moving into a fee for service system and then going into a value-based system, because that's a long way from where we are today.	
PAC Workgroup Updates	Kathy Watt – The 30-day average length of stay Workgroup has been meeting every 3 weeks. - We have an extensive mural of thoughts and ideas connected to the 30-day Residential average length of stay. We have had amazing input from the group that attends and would like to share the work done so far. Kyle Kennedy – We hope to get feedback from the PAC on how to move forward with the network changes. Junie – The different forums created by the County to participate (PAC, Provider Meetings) has really created awesome collaboration and partnership. It does feel different working in this field now, because we collectively work together for solutions and I really think that has to do with county leadership and I just wanted to give a shout out to the group. There are some awesome people that we work with. Dr. Tsai – I think leadership before our team now and leadership with our team now is specifically something we focused on. SUD is a huge challenge and no county or agency is able to address that, the same way we take the impact that opioid collective, we're looking to lean on each other internally and externally.	Kyle will work with Kathy to schedule the next meeting
PAC Member Terms and Selection Process	Kyle Kennedy – PAC Members terming out and selection process - The bylaws indicate that 50% of members will term out on 6/30/2021, and 50% will term out on 6/30/22. Currently we have 3 spots unfilled. - SAPC's proposal is to move forward with application process similar to the previous application process. - Any SAPC network provider can apply for membership. Applications will be available electronically and submitted to selection committee via email. There will be a due date, SAPC will confirm receipt of all applications via email and ensure candidates meet the criteria. - What's different is that the PAC selection committee will be led by Kathy Watt, Co-Chair. The selection committee includes 4 individuals selected by co-chair and 5 selected by the chair. Each completed application will be discussed by the PAC selection committee and SAPC will notify every one of the decisions. Kathy Watt proposed a conversation around amending our bylaws to extend terms by one year and work to fill our vacancies, and have this process a year from now, our roots will be a little deeper and our work will be able to continue with the thoroughness that its move forward. Dr. Tsai – That's a reasonable proposal. Dr. Tsai clarified that PAC members can immediately reapply up to 3 terms, and then have a one term waiting period. Edgar Sebastian – What determined the 50% that were termed out versus the 50% that would term out?	Motion approved to extend current terms by 1 year and find new members. Kathy Watt will reach out to members not meeting attendance requirements (missing more than 2 meetings in a 12-month period)

	Kyle Kennedy - The groups were selected at random. Edgar Sebastian – I agree that continuing the PAC as is for another year would be beneficial and I feel like we haven't had opportunity to dive into all the issues that we can. Bill voiced support. Claudia Murillo – I love the idea, but I will remind that the fact we split it in half, it's going to be important come June of 2022, we don't want an entirely new board. Christina Gonzalez – The next meeting wouldn't be until June. Would there need to be something done in this meeting? How technical do we need to be with this? Christina Gonzalez – I don't think we want to amend the bylaws, rather a COVID deferral. Not to change the whole process. Kathy Watt – I would like to make a motion that due to COVID-19 and its impacts that we extend terms for one year for this group as is only. (Bill Tarkinian – Second) - Motion was approved. Claudia Murrillo – I wonder if we can make PAC recommendations and it could be as simple as calling them to apply. As PAC members we know of people at other meetings that we may want to mentor and highlight. Christina Gonzalez and Kathy Watt agreed. Dr. Tsai expressed that we make sure there is a separation between the committee shaping our membership as we want to have equity in the process.	
CLAS/CCCH	Antonne Moore – Presented findings from recent CLAS-ACT activities - Reminder – aim of CLAS-ACT was to build a foundation for a culture of CLAS initiatives to thrive in day-today operations for our provider network - Phase 1 – Building the knowledge base through training and technical assistance - Agencies met with CIBHS staff to discuss the development and implementation of the organization's CLAS plan. Staff were required to attend at least one implicit bias and/or CLAS training and all providers were required to submit a CLAS action plan. - A lot of this was work delayed by COVID-19. - The first 5 trainings were not only focused on how to complete an action plan, but also how to support the development of the action plan and subsequent implementation. - There were 70 action plans submitted, it is not 100% but we are working with the agencies that didn't submit. - When we heard feedback from providers, we heard that some of the items were recruiting staff that represented culturally and linguistically diverse community and staff that needed training that language	

assistance was offered. Some of the mentioned activities were reviewing correct policies, posting signs, updating job announcement so we could recruit bilingual staff.

- We provided support around implementation of activities mentioned in action plans, leading to a 4 part webinar series.
- One of the other trainings we did was the implicit bias workshop and we heard a lot of positive feedback on how important the training was and how much it influenced perhaps the biases of our organization and we really do want to look at how we can incorporate Dr. Mark's trainings and what we do.
- CIBHS sent a survey to all of those who submitted action plans and completed trainings. The actual response wasn't very high, response rate was 45%. Most often reported – agencies have hired bilingual intake works, LPHA and counselors.
- We had a larger response for the CLAS and implicit bias trainings and we reached out to the provider network and some slots were dedicated to CIBHS and SAPC and we didn't want to restrict those to participate that wanted to participated. Only 50% completed the survey. Some key questions asked were over the last year, has your organization initiated any changes related to CLAS/diversity, equity, and inclusion. 30% said they don't know.
- When asked, thinking specifically about language access has your organization initiated any changes over the last year, 26% said yes.
- We're now moving into phase 2 – quality assurance to quality improvement and thinking about how we can support our network in implementing action plans and assessing their work.
- SAPC is doing an assessment of CLAS and any gaps that are identified and will have an action plan around that.
- We now have SAPC representation in County-wide initiative Anti-racism, diversity, and inclusion workgroup.

Kathy Watt shared that was refreshing and exciting. The change these last 5 years has really made a difference in lives because many agencies are now open.

Bill Tarkinian shared being in a collaborative court downtown, where the judge ruled it was no longer her role to dictate the length of the care and she was going to defer to the treatment provider. It was one of those things that we've been fighting for a long time. We've finally been viewed as experts in the field.

Dr. Tsai – I think prior to the DMC, it's important to acknowledge with Jon and Wes and they began with this charge and we continue to push forward. It's happening and it's great to be somewhere long enough to see system wide changes.

Yanira Lima – It's been a long road and I remember many times where we had bench officers that would regard someone moving into an OTP episode or program as a negative. We've done a lot of growth in educating not only the justice system but systems within the county that MAT is just a medication.

	Keith Hermanstyne – I know all of us on the side of SAPC network are working hard to help our clients and it's great to hear all of these ways that things have evolved.	
PAC Member Items	Kathy Watt expressed appreciation for Mario's presentation (DHSP) on HIV and STDs. - Fifteen years ago, many providers had to have HIV dedicated counselors and, many of us had mobile testing or traveling HIV counselors coming to our agencies and doing testing. - Due to medication (PreP and Trivada), the focus for us has changed. - We need to work on our collaboration with DHSP in a meaningful way. I think we need to get people to think how we can get HIV/STD services back into the folds, across our modalities as a conversation I believe these people are touching our programs at some level and we are their safety net. Dr. Tsai expressed that the priority is engaging everyone in our communities who are disenfranchised and it's important for us to move forward with working with DHSP. Kyle Kennedy indicated that Kathy Watt mentioned having PAC participate in All Treatment Provider meetings and specialty meetings as a reminder for people. Kyle Kennedy referenced that the bylaws do say we meet quarterly, but with Cal-AIM and other moving parts, maybe moving forward, can we go to a more frequent cycle like a bimonthly cycle, just so we can move more ideas forward. Dr. Tsai asked if there was openness with the group to make that shift to more frequency? Kathy Watt stated that it would be beneficial to try it this next year. Brandon Gonzalez asked during all provider meeting, it was mentioned that we would be going back to cost reconciliation next FY. If the state is willing to reimburse, would County be open to maintaining settling at cost? One of the things we're dealing with is maintaining staffing. Dr. Tsai expressed that we continue with flexibility if needed. The short answer is yes depending on the circumstances. Kathy Watt asked how we support and help our staff because we can't all afford to look for a large number of new people because people are exhausted. I brought in therapist to talk about grief and loss of life. Bill Tarkinian referred back to the DHSP presentation and stated we were one of the agencies to get store front testing contract. - We now make our patients opt out of HIV test in admission. It's not mandated but we act if they haven't got one recently. We have same day referral to medical specialist regardless of results if they're high risk.	PAC Meeting move from quarterly to bimonthly

	Dr. Tsai referenced the SAPC report, opioid overdoses and meth are the top drugs in accidental drug deaths. Fentanyl is one of the biggest drivers of OD deaths. I suspect many of the OD deaths in Skid Row are related to fentanyl. Bill Tarkinian mentioned anytime his agency finds any drugs on our premises, we test for fentanyl, tests are not expensive and every time agency finds it on premises, they should test for it and use it as a training experience. Christina Gonzalez – I agree on our UAs we never had fentanyl and now we've included it. People had no idea that they were using drugs cut with that. It's an epidemic. Kathy Watt - I'm not sure if you can buy meth without fentanyl in it. We hear about a fentanyl death every 10 days. There's no information in a wide way for these users to know what they're possibly buying. Surely the county has some mechanism to get the public information out quickly. Edgar Sebastian asked on the provider meeting for prevention side, you highlighted idea of education between prevention services and SUD and how to bridge the gap. Did you have insight on what the strategy was and how providers can participate and discuss to make this happen? Dr. Tsai expressed that this something SAPC is thinking about and making investments in. Our prevention team meets with our treatment team especially on the youth side. We have the YES pilot now to address the at-risk and the state is proposing bringing back 0.5 ASAM. If our agencies have any new ideas they can weigh in. Edgar Sebastian – I did meet with Children's Hospital and Didi Hirsch and they came up with great ideas on how to utilize both ideas and perhaps if there's is an open forum to provide you with that insight and not just that those that have dual contracts.	
Public Comment	No public comments	
Adjournment	Meeting was adjourned by Dr. Tsai	