

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

Meeting Summary – February 4, 2021

Provider Advisory Committee (PAC) MEMBERS PRESENT ON MICROSOFT TEAMS: Ken Bachrach, Cory Brosch, Deena Duncan, Brandon Fernandez, Baldomero Gonzalez, Christina Gonzales, JoAnn Hemstreet, Elan Javanfard, Claudia Murillo, Rocio Quezada, Wendie Warwick, Kathy Watt, William Tarkanian, Tenesha Taylor, Edgar Sebastian and Joann Poremba

Substance Abuse Prevention and Control (SAPC) REPRESENTATIVES: Gary Tsai, M.D. (Chair), Michelle Gibson Deputy Division Director, Yanira A. Lima, Kyle Kennedy, Vilma Serna, Michelle Palmar, Glenda Pinney, Francisco Reyes, Kim Richard, Christopher Anwary, Daniel Deniz, Belia Sardinha, Melissa Manzo, Barbara Roberts, David Hindman, PhD, and Antonne Moore

EXCUSED ABSENCES: None **ABSENT:** Kovi Blauner and Lisa K. Campana

MATERIALS DISTRIBUTED: PAC Meeting Agenda, PAC Meeting Minutes (August 12, 2020)

Topic	Discussion/Finding	Recommendations, Action, Follow-up
Welcome and Introductions	<p>Kyle Kennedy, Treatment Service Branch, Systems of Care, announced that the meeting would be recorded, conducted roll call and asked for members to acknowledge their presence. Nineteen (19) of the twenty (20) PAC members were present as well as SAPC representatives from different units including Executive Office, Treatment Services - Systems of Care, Contracts, Medical Director’s Office and Equitable Access and Promotion Unit.</p> <p>List of documents that were shared with PAC members via e-mail prior to the meeting included: PAC Meeting Agenda, PAC Meeting Minutes (November 5, 2020)</p>	
Announcements	<ul style="list-style-type: none"> All Treatment Provider and Sage Advisory Meeting scheduled on February 9, 2021 	
Co-Chair	Kathy Watt was introduced as Co-chair of the PAC.	
Approval of Meeting Minutes	PAC members approved the November 5, 2020 PAC meeting minutes.	
PAC Workgroup Updates	Reported out by PAC Co-chair - Last week, January 28 th , the PAC Workgroup met for the 30 days residential length of stay. Amy, CIBHS started out with the discussion and we ended up with a mural of concerns and barriers, and just our starting point. Amy will send the meeting notes to Kyle to distribute before the next meeting scheduled on February 18 th .	
Treatment Rates FY 2021-2022	Dr. Tsai updated PAC members on the progress made with the upcoming rates.	

Topic	Discussion/Finding	Recommendations, Action, Follow-up
	<ul style="list-style-type: none"> • SAPC is working with an actuarial firm to perform fiscal analyses every year that consider the fair market rates of providers costs as their available utilization, as well as required local contributions to cover the treatment costs of our services. • We submit rates to DHCS for review and approval every year and expect DHCS to approve our rates by sometime in mid to late spring. • SAPC is returning to a standard base rate model for services and thus is removing staff modifiers but continuing youth and perinatal population modifiers. Base rates are increasing this upcoming fiscal year which includes an increase by 2.3% as part of the “Medicare Market Basket Inflation.” • There is notable increase on the outpatient, intensive outpatient, and recovery support services. There are some moderate increases on the residential side in terms of standard base rates. • SAPC plans on removing the staff modifier for all levels of care. Some of those reasons, relate to the fact that this was always intended to be a short term. 1.) it was intended to be incentive. 2.) is intended to be short term to try to increase the number of certified counselors as well as LPHAs, in our system. • The continuation of this was dependent of us getting data related to billing from residential settings to help inform the rate and if we’re achieving the goal of this staff modifier. When we looked at the data that is available, it did not indicate significant changes in hiring because of the modifier. This suggests that we likely set the benchmark a bit too low if all/most providers meet an incentive. We also didn’t have very many residential providers consistently submitting the \$0 billing data. • When we look at the six regional counties in Southern California, our residential rates are still the second highest. Michelle is going over this on Tuesday meeting, but we did want to also provide a preview for our PAC members. <p>Daniel indicated that Contracts are not going to increase but will continue to do the ongoing utilization review and notify providers when they hit a certain threshold. Providers should be doing the same so that we can identify the need for any augmentations.</p> <p>Dr. Tsai indicated that the providers are obviously impacted by our finances. SAPC’s revenues hasn’t changed from pre ODS to post ODS. Therefore, the goal of DMC-ODS from the very outset was to better invest in SUD treatment systems and support the expansion of services for more people. We are going to be engaging folks from across the county about the need for us identify additional revenue sources to support these services because with the expansion of services also comes an expansion of the local match. It is not like something’s medical coverage, is 100% medical covered. The County must cover 10 to 50% of those services through the local match requirement, and also that’s not even counting the services that are not covered, such as, room and board and then recovery bridge housing etc.</p>	

Topic	Discussion/Finding	Recommendations, Action, Follow-up
CalAIM update	<p>Michelle Gibson confirmed the rates will be available within the upcoming fiscal year. SAPC will share as soon as we hear from DHCS. SAPC just submitted our rates just before the February 1st due date. We wanted to make sure we had an opportunity to have a conversation with the State rather than just kind of releasing everything right now. We did submit early with the hopes that put us sooner in line, so we do expect to hear from a final perspective, hopefully in a month or two if all goes well.</p> <p>Ms. Gibson, Claim is back on and SAPC expects the reimbursement structure for the counties to change effective in July of 2022. She suggested future discussions regarding broader fiscal reform happening at the state and local level.</p> <p>Dr. Tsai agreed to discuss CalAIM in future meetings, and provided the following updates:</p> <ul style="list-style-type: none"> • The State indicated that they are planning on launching CalAIM by January 2022. They're also planning on implementing payment reform by July 2022. • There is a plan to move away from cost-based reimbursement which on SAPC's side and our providers on your side have been up operating in that space for a long time and it's familiar and it's comfortable. In the move to advance our broader health and social services through CalAIM, there is a movement towards more value-based reimbursements. This is going to be a journey for all of us and something that we're going to be figuring out together and we will want to have discussions around how those eventual rates are structured ,given that it's a completely different game when we move away from cost because then it's about the balance between making sure that our services can cover the quality of services that we want to offer while also making sure that they're conducive to overall system success and sustainability. • I also want to highlight that we are strong advocates for our specialty SUD Systems. Hopefully, you see that reflected in not just our conversations, but also our rates. But CalAIM is something that will be taking away hours of sleep from all of us certainly on the SAPC side for some time. <p>Claudia Murillo suggested to have training on value-based reimbursement, outcomes based, how to gather the data, how to start capturing the benchmarks. These training will give a better understanding of what that model looks like so we can brace ourselves and be prepared.</p> <p>Dr. Tsai/Ms. Gibson agrees there will need to dissemination trainings. Kyle and Yanira could probably reach out to SAPC staff who are coordinating that and start putting ideas together. If you have ideas, feel free to share it.</p> <p>Dr. Tsai, I'm not imagining that CalAIM would result in significant changes on the prevention side. One thing that the State is considering is something that we had from the beginning of ODS, which was ASAM level 0.5 and bringing that back. If you recall the State had taken that away from us in the past, but they're interested in bringing it back. I raise that in your reference to prevention just because there</p>	

Topic	Discussion/Finding	Recommendations, Action, Follow-up
	<p>is that interface, in terms of that early intervention, between prevention and treatment, there's there space that I think we need to be operating in, so that we can minimize people who need treatment to the extent that we can.</p> <p>Kathy Watt, it occurs to me that like what might be helpful as we start rolling out this stuff is that it appears a new language is going to come for all of us. Definitions for the words tied to the work might be helpful. What does value based mean in this context? I think if we're all on that page about new concepts, the definitions, we probably would save ourselves some time.</p> <p>Dr. Tsai agrees with the suggestion. We do plan on providing as much information, starting off with a 101 training. That's what I'm hearing from Kathy's comments. Starting off with a 101, before we get into some of the weightier discussions around the changes with CalAIM and payment reform, etc. To be transparent, there's a fair bit of learning that SAPC is going to have to do around CalAIM given that there aren't available details at the State yet. So, the first thing that we're going to have to do is really educate ourselves so that then we can figure out the best way to communicate and work with our network to get everyone up on the same page. Right now, we don't have enough details to be able to discuss some of these necessary elements. At the same time, because of the magnitude of change, we feel the need to raise it with our network so that you at least know, because you're already hearing about CalAIM so that you know that we're on it.</p>	
<p>Prevention Member Items</p>	<p>Stephanie Chen, Chief of Community of Youth Engagement at SAPC, presented an update on DHCS' Prevention strategic plan for 2020-2025. Prevention services using logic model, on annual five deliverables and other benchmarks. The four priorities are alcohol use, marijuana use, methamphetamine use, and prescription drug misuse and all counties in California are required to use. These priorities basically drive our efforts in community prevention services, and we work toward community impact and cost-effective solutions. These goals drive our concepts within prevention, and ideally provide evidence based and community-based programs to the community at large. Prevention services will continue their coalition building efforts, policy advocacy efforts, and interventions to our youth, young adult and parent populations. Ms. Chen provided an overview on the follow prevention programs/projects:</p> <ul style="list-style-type: none"> • SAPC Block grant fund county wide media campaigns where we utilize formative research through a medical vendor and firm. SAPC produced messaging through TV, billboards, radio, and digital media. SAPC launched their first media Meth campaign in February 2020. SAPC has some preliminary findings of those exposed to the campaign. The people who were exposed to the campaign were up to 13 times more likely to display outcomes such as being concerned about meth in our community and talking with others about the risks and dangers of meth, using meth fewer days in the past month, and considering to quit meth use in the next 30 days. One of the 	

Topic	Discussion/Finding	Recommendations, Action, Follow-up
	<p>videos that won awards recently at the first annual healthcare digital marketing award with the video link at methfreelacounty.org. There will be a second Meth campaign this June.</p> <ul style="list-style-type: none"> • SAPC started a Methamphetamine Task Force. This prevention committee met yesterday for the first time. The goals are to review the data around Meth use and LA County and utilize our community members and to invite them to the table, to better understand what types of strategies and policy advocacy efforts we can look at. • SAPC launched “take back day” in October of last year. We were able to host safe disposal collection sites and collect a lot of prescription drug waste. The DEA posted a national record collection of nearly 1 million pounds and it’s been 10 years despite COVID-19 limitations and restrictions. If you’re interested, SAPC will continue to have these take back events. It is a way to build community and to encourage individuals to participate in safe disposal methods. • Recently, SAPC partnered with Department of Parks and Recreation to develop a Social Places and Opportunities for Teens (Our SPOT) Program. It provides opportunities for positive youth development for young leader in vulnerable communities in certain parks, owned or ran by Parks and Recreation. There are SAPC activities, health and fitness, career pathway expiration, field trip, college tours, life skills, and leadership opportunities. All of which are “Drug Free” and promote a healthy environment and prevention. • SAPC funded the Charles University Pathways to Health Program. It is an existing program where SAPC partnered with DMH and South LA university to provide mentoring and internship components for 40 high school students. SAPC incorporated substance use prevention programming, curriculum and academic support. • SAPC funded county libraries for My Brother’s Keeper program. This is also an existing program that focuses on young boys of color. There are five peer advocates co-located at libraries in each district. They engage the community, provide strong trust, and relationship building with youth and families. SAPC is looking for innovative ways to utilize prevention programming to encourage reach and hopefully community impact. <p>Dr. Tsai added that SAPC has a broader Meth Task Force and within that, there’s a Meth Prevention Committee and a Meth Treatment Committee. Some of the agencies are represented. The Meth Prevention Committee is led by Dr. Lello Tesema and Rangell Oruga from SAPC. The Meth Treatment Committee is led by Dr. Keith Hermanstyne from SAPC. If you’re interested, please reach out directly to Dr. Hermanstyne or Dr. Tesema and Rangel depending on your area of interest.</p>	
PAC Member Items	<p>Bill Tarkanian expressed the difficulty of expand outpatient/residential services through the State.</p> <p>Dr. Tsai indicate SAPC has raised several communications about the benefits of streamlining an onboarding process at the State level. SAPC will continue to push on that front.</p>	

Topic	Discussion/Finding	Recommendations, Action, Follow-up
Measure J	<p>Dr. Tsai suggested to Bill to talk about the ATI or Measure J work given that he and Mr. Tarkanian are both on the advisory committee. Mr. Tarkanian is also co-chairing on of the subcommittee.</p> <p>Mr. Tarkanian, I'm honored to be part of that. We've identified five subcommittees which includes the Economic Opportunity and Sustainability, Diversion of Behavioral Health, Education Access and Youth Development, Housing, and Reentry. Each of those are co-chairs, by one of the committee members and then is will be open for participation from the community early as next week. Mr. Tarkanian is part of the Housing subcommittee. He advised more SAPC network provider to participate in these meeting.</p> <p>Dr. Tsai requested Mr. Tarkanian to forward the information about the five subcommittees and how to get involved to SAPC or Kathy, to share with the PAC members.</p> <p>Dr. Tsai stated the broader effort is to try to prioritize care versus fail. Measure J is the voter approved initiative that ensures that at least 10% of the county's general funds are used to support ATI related initiatives. The work of these Measure J subcommittees to determine how Measure J funds would be used. However, there's a lot of interest from the community and it would be beneficial for us as a system to make sure that our step and choose network, both on the prevention and the treatment side are well represented. Substance use is a huge piece of the criminal justice system. If we reimagine that, we certainly want to have a voice in that.</p> <p>Ms. Lima indicated SAPC will share information as far as when these meetings are taking place. First meeting, for economic opportunity and sustainability, will begin on Monday, 8th.</p>	
Homeless Mortality Report	<p>Dr. Tsai talked about DPH's release of the homeless mortality report in late 2019 and then issued an updated report last year. The following findings were shared:</p> <ul style="list-style-type: none"> • The number one cause of death for people experiencing homelessness was drug overdose deaths. The particular concern were methamphetamine, fentanyl, and counterfeit pills. Part of this is what led to the establishment of the Meth Task Force. SAPC is trying to expand access to Naloxone, MAT, and Fentanyl test strip, particularly in our Syringe Exchange Programs. • There were several recommendations in that report, which includes expanding harm reduction services to bring more people under our tent of substance use services. • There was also a recommendation/vote of support for Senate Bill 57, which establishes a pilot program of sage consumption site in three jurisdictions across California it's basically LA, San Francisco, and Oakland. This will depend on that legislature in term of passing and if it passes, then SAPC would be a part of that pilot. This goes along with expanding harm reduction services of Naloxone program. 	

Topic	Discussion/Finding	Recommendations, Action, Follow-up
	<ul style="list-style-type: none"> Another recommendation was around expanding services for recovery bridge housing, which will require some additional funding that SAPC is looking into and making it easier to expand services related to drug medical certification and other items that involve the State. <p>Ms. Lima highlighted from the homeless mortality report regarding the people experiencing homelessness were 36% more likely to die from a drug or alcohol overdose, in comparison to the general population. Another notable aspect of the report, many of the overdose/deaths, involving fentanyl tripled between 2018 and 2020. And the whole issue in reference to meth, and the greater percentages of overdose. However, other elements that were also included pointed to targeted or interventions of high risk people experiencing homelessness including really focusing in on the provision of building services for the LatinX as well as the African American populations. Another notable aspect was that some of these targeted interventions should also be focused on the older population – with the report highlighting 55 + adults. Dr. Tsai stated that SAPC is working on a data report that focuses on drug overdoses, not specific to the people experiencing homelessness population, but just overall. SAPC is planning to release that in the coming weeks. This report will highlight some of the concerns of overdose trends from several our providers that they’re seeing, particularly the impact of the pandemic on those overdoses.</p> <p>Deena Duncan indicated the overdoses on the east coast, anxiety is being found with fentanyl. She is unsure if this happen in Los Angeles County, but it’s more potent than fentanyl and it’s causing 25% of the overdoses right now.</p> <p>Dr. Tsai mentioned that CDC is tracking this at a national level and what we just talked about in terms of meth fentanyl counterfeit pills, that’s being seen nationwide. As Deena mentioned, new and emerging synthetic drug are also coming up, including different forms of both fentanyl and methamphetamine, as well as what they call designer death benzodiazepines. Essentially, benzodiazepines, lorazepam, and different synthetic version of those, they’re being found more as well. This is the reason why I think we as a system, our approach is generally not to chase substances because there’s always going to be new substances. We try to address the root of these issue, which all of you and your staff are doing right in term of trying to understand the clients that we serve and eventually what contributed to their use.</p> <p>Kyle, the next meeting will be sometime in April.</p> <p>Dr. Tsai, if you have any agenda items, please send them to us.</p>	
Public Comment	No public comments	

Topic	Discussion/Finding	Recommendations, Action, Follow-up
Adjournment	Meeting was adjourned	