

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
Substance Abuse Prevention and Control
Provider Advisory Committee
Meeting Summary – April 11, 2023

Provider Advisory Committee (PAC) MEMBERS PRESENT ON MICROSOFT TEAMS: Dr. Gary Tsai (Chair), Kathy Watt, Aris Tubadeza, Brandon Fernandez-Comer, Christina Gonzales, Claudia Murillo, Deena Duncan, Denise Shook, Edith Urner, Hiroko Makiyama, James Symington, JoAnn Hemstreet, Jonathan Higgins, Jose Aguilar, Junie Gonzalez, Liana Sanchez, Nely Meza-Andrade, Nina Glassman, Nora O'Connor, and Rocio Quezada.

Substance Abuse Prevention and Control REPRESENTATIVES: Allison Kwan, Alyssa Cohen, Anulkah Thomas, April Stump-Earwood, Belia Sardinha, Bernie Lau, Daniel Deniz, David Hindman, Emily Caesar, Glenda Pinney, Jimmy Singh, Keith Gurtzweiler, Kimia Ramezani, Kyle Kennedy, Leslie Lopez, Marika Medrano, Megala Sivashanmugam, Nancy Crosby, Nima Amini, Samson Kung, Sandy Song, Siddarth Puri, Tina Kim, and Zena Yusuf

MEMBERS OF THE PUBLIC: Amy Mcilvaine (CIBHS), Christopher Botten (CIBHS), David Keer, (Government of Alberta, Community and Social Services), Julia Corea, Leslie Dishman (CIBHS), Pranab Banskota (CIBHS) Chelsea McElwee, Darlene Walker, Leena Syhapanha, Lisa Moreno, Miriam Serrano, Pedram Moshfegh, Vanessa Ramirez,

ABSENT: Colette Harley, Wendie Warwick, William Taetzsch

MATERIALS DISTRIBUTED: PAC Meeting Agenda; PAC Meeting Minutes (February 14, 2023); PAC Roster; Meeting Presentation Slides

Topic	Discussion/Finding	Recommendations, Action, Follow-up
Welcome	Dr. Tsai, M.D., Director, Los Angeles County, Department of Public Health (DPH), Substance Abuse Prevention and Control (SAPC) Anulkah Thomas (DPH-SAPC) confirmed quorum established.	
Approval of Meeting Minutes	Bernie Lau, Systems of Care, DPH-SAPC <ul style="list-style-type: none"> • Bernie Lau (DPH-SAPC) presented the 2/14/23 meeting minutes. A motion to approve with no changes by Jonathan Higgins (Beacon House), and seconded by Christina Gonzales (Principles). • The finalized minutes will be posted on the PAC website. 	Minutes approved and posted with no changes.
PAC Awards Workgroup Update	Jonathan Higgins, Workgroup Member, Beacon House Association of San Pedro <ul style="list-style-type: none"> • Nominations were announced using SAPC provider listserv. • 14 nominations were received across four categories. Efforts will be made for greater participation in the future. • Nominations are under review. Winners will be announced at the All-Treatment Provider Meeting on 5/2/23. 	

Business Technology Workgroup Update	Jim Symington, Workgroup Co-Lead, Compatior <ul style="list-style-type: none"> • There will be a Business Technology Workgroup (BTW) meeting tomorrow. • A formal process for deciding meeting topics will be discussed. • Workgroup will brainstorm options for forms that can be signed electronically and a PCNX presentation will be provided. Dr. Tsai added that PCNX is going to be a big transition. SAPC values provider feedback. 	
Key Indicator Workgroup	Gary Tsai, DPH-SAPC <ul style="list-style-type: none"> • During the last PAC meeting there was discussion about the benefit of focusing on data with a focus on where providers have visibility and control to maximally leverage available data to improve services and operations. SAPC has data on the KPI dashboard and providers also collect data that may be within SAPC IT systems. • Suggestions can be made to SAPC on what type of data providers need, but SAPC tries to share as much data with the network as possible and if it's not provided, it's very likely that it's not available due to bandwidth or technical barriers. The Workgroup will function differently from other workgroups, functioning more as a pure provider workgroup under the PAC structure with limited support from SAPC staff. • Jonathan Higgins (Beacon House) has agreed to lead the workgroup. They are considering whether having a co-lead might be helpful and beneficial. If people are interested, email Anulkah or Kathy. • Jonathan shared that the Workgroup will involve providers strategizing and collaborating and identifying improvements to adapt to payment reform and the need for good data management. The meeting is Monday, 4/24/2023 from 3:00 to 4:30. Individuals interested in participating should email Anulkah to get a meeting invitation. 	
Discussion Items	Anulkah Thomas, Systems of Care, DPH-SAPC Payment Reform <ul style="list-style-type: none"> • Dr. Tsai shared that one of the elements that will be really important under payment reform is for treatment provider agencies to have clear accounting for revenue and expenditures from some kind of data system. It may not be entirely automated but should minimize manual calculation. There are also client-oriented data around how to improve services and how to understand access gaps. SAPC supports efforts to lower barriers to treatment, consistent with the reaching the 95%. There are different elements to how SAPC has established incentives - they focus on access, admissions, and discharge policies. These are all things that data can potentially inform your agencies and are high yield areas of focus for the key indicators workgroup. • Claudia Murillo (House of Hope) asked what agencies can do to prepare for payment reform and shared that House of Hope management and leadership viewed previous recordings to inform business decisions. • Christina Gonzalez (Impact) asked how the incentive payments will be issued (upfront and then returned if standards are not met or is it awarded at the end of the fiscal year). Dr. Tsai responded that incentives are designed for agencies to meet a benchmark to receive the incentive payment. So, for incentives, it is not an upfront payment. Agencies will be required to demonstrate that they've met the benchmark outlined in the presentation and posted on our website, and then you draw that down. It is different for capacity building, where funding is provided upfront to agencies interested and committed to doing what is entailed in terms of this capacity building focus. SAPC would then check to make sure that everything was actually completed. 	

There are some capacity building funds that require meeting a certain benchmark and for those, payment is not necessarily upfront.

- Christina Gonzales (Impact) asked what percentage will be needed to meet for the incentive and whether it is calculated on a monthly or cumulative basis. Dr. Tsai responded that it is an annual rate.
- Dr. Tsai shared additional updates since the last payment reform meeting:
 - It took a long time for SAPC to do the necessary analysis and SAPC also had to wait for the State to release their rates in order for SAPC to conduct its analysis.
 - State residential rates were intended to be bundled, including care coordination and recovery services. We currently unbundle those services for residential and inpatient services. This requires SAPC to do another analysis because it will lower the rates for the agencies that are delivering those services. We think that our residential sites should be doing some level of care coordination. SAPC will do an analysis and may check if the State is willing to reconsider their rates, but the State may be unwilling because it is almost July.
 - MAT Services would also be bundled. Residential providers could provide referrals to MAT. It is also important for the rates to accommodate agencies that want to deliver MAT directly. We would like to see the rates covered by the State, otherwise counties must cover costs, which many will not do.
 - We are also reevaluating the NTP (OTP) counseling rates because when the State released the NTP rates, they only focused on dosing with none focusing on counseling.
 - The State confirmed LVNs, medical assistants, and psych techs are not billable under DMC-ODS. SAPC wants them to be billable to expand MAT and they are billable under specialty mental health.
- Christina Gonzales (Impact) asked if recovery services is the same as recovery support services? Is there additional information from the County regarding the room and board being provided? Dr. Tsai responded that SAPC will include the room and board on top of the rates discussed. The plan is for room and board to remain at the \$25 rate.
- Pedram Moshfegh (Social Model, Public Attendee) asked if care coordination is no longer reimbursable for outpatient unless the client is prenatal, or care coordination is provided by an LPHA. Dr. Hindman responded that SAPC is getting clarification from the State about which positions are reimbursable for care coordination.
- Brandon Fernandez-Comer (Cri-Help) asked if a patient can be enrolled in residential and outpatient at the same time to leverage MAT services when a practitioner is an outpatient provider. Dr. Tsai shared that more information on that question is forthcoming.
- Nina Glassman (Roots Through Recovery) stated that there is no reason why MAT cannot be provided in residential services. Dr. Tsai shared that SAPC strongly supports residential agencies that are able to offer MAT directly in residential settings and that we are going through growing pains while making progress from when we first implemented DMC-ODS, as there was more resistance to MAT then than there is now. Dr. Tsai adds, policies need to be fast tracked and aligned with what everyone wants, because the State supports this, but their rates need to support it as well.

Electronic Record Keeping

- Nora O'Connor (JWCH) shared that she would like to use topaz signature pads for intake forms and do away with paper forms. Dr. Hindman responded that SAPC previously deployed topaz signature pads, but then the State changed their policy. SAPC is going to have this capability in the treatment plan form for providers as part of SAPC's planned upgrade for PCNX.
- Brandon Fernandez-Comer (Cri-Help) said electronic health record systems were not one of the allowable costs that you could seek to use capacity building funds and asked if SAPC is willing to reconsider. Dr. Tsai shared that SAPC can consider this recommendation.

Provider Portal

- Kathy Watt (Van Ness) shared that providers are interested in the development of a provider portal in which providers can connect and communicate with each other. Dr. Tsai shared that this is something that providers can look into, but it is not something that SAPC will facilitate. Kathy recommended providers email her if they're interested in developing a provider portal.

Recovery Bridge Housing Length of Stay

- Nora O'Connor (JWCH) shared that pregnant women enter their program in RBH and are allowed two months of extension from the six months of RBH. JWCH recently had a client who gave birth to twins a couple weeks before the 180 days maximum authorization time was completed and the RBH extension is not enough time. Nora shared that an Information Notice from 2016 conflicts with current policy guidance, stating that housing or temporary housing can be up to 24 months. Nora added that she wanted to discuss the purpose of the block grant funds, as they are underutilized and there is low occupancy for RBH. We have that opportunity to prevent homelessness by utilizing RBH.
- Dr Tsai shared that there is a new opportunity with new State Behavioral Health Bridge housing funding. SAPC will be submitting a proposal to support the expansion of housing services within the SUD system and will work closely with DMH, who is also submitting a separate application. Funding is intended for housing services and will expand our recovery bridge housing and introduce recovery housing as well. This is significant because we will not be extending the length of stay for RBH. RBH is intended to be a short-term interim housing solution, and not intended as a means for the substance use field to get involved in the housing space. We clearly support people who need housing, but if we expect the SUD system to fund all of the needs of SUD clients, that is not what we expect of any other health system and we are not going to be able to meet the needs of the clients that we serve and we are not going to be able to address some of the priorities that we have in terms of overdoses, expanding harm reduction, expanding prevention services, building out DMC-ODS, and provider rates that support the services that we need and want for our clients. On the RBH side, we will not be extending the length of stay, however, there is an opportunity to expand recovery housing beyond what RBH covers, which is 180 days, because that is something that the housing systems would be responsible for. In this case, SAPC will be dipping our toe into recovery housing, but will continue to engage our housing partners around the need for us to build out a housing continuum that is inclusive of recovery- housing. I do not believe that abstinence space needs to be considered a barrier. There are some clients who prefer those housing settings and need them to facilitate recovery, and we need a

housing system that can accommodate them. I have had a lot of discussions with our housing partners and we are not there yet in terms of the housing system, investing in even a small fraction of housing that is recovery oriented. There is a big focus on housing first which we 100% support, but we think that even if it's 99.5% housing first, we need to carve out some portion of the housing system for people in recovery who prefer sober settings. Assuming the proposal moves forward, we would be able to build out recovery housing available to perinatal populations as well as general adult populations that would be able to extend housing beyond recovery bridge housing. We're fully allocated in terms of our block grant and there are no additional block grant funds that we are able to utilize.

- Nora O'Connor (JWCH) shared that funds are not being used and thinks there is a creative way to utilize in the highest priority areas. Nora share that she will move on, but denying an authorization meant denying a lady who has two two-month-old twins. That she could not extend her for a couple more months on her own clinical judgment is not going to solve homelessness.
- Dr. Tsai shared that SAPC will not be able to single handedly solve homelessness. Homelessness is a collective issue. He understands Nora's concern, but is sharing what our limitations are, and mentioned that we are not going solve it single handedly and need the housing system to support us. In terms of block grant funds, Federal policy changed a number of years ago, where unspent block grant funds are not able to be rolled over. We try to limit underutilization to the extent that we can. Dr. Tsai added that he is not sure who in your recovery bridge housing meetings is saying that we under leverage that and assumes that it is just for recovery bridge housing. It is true that we budget as if agencies are utilizing the recovery bridge housing option, and if not fully utilized, there will be unspent funds. We want to limit that and are creating a process where unspent funds will be focused somewhere else. SAPC will be tracking funding utilization more closely than we have in the past so we can avoid reversion, for example, back at the Federal level – that is work that Daniel and the Finance team are doing.
- Darlene Walker said that SAPC is helpful in situations like when people in RS and receiving MAT at another location and asked if there will be continued flexibility for special circumstances. Dr. Tsai responded that what he said in terms of SAPC's RBH length of stay policy is something we intend to stay consistent on and added that agencies should reach out for guidance, but he cannot commit to anything beyond what was said.

PAC Meetings

- Dr. Tsai shared that SAPC is exploring a return to in-person for some provider meetings, perhaps alternating in person and virtual PAC meetings. The in-person meetings would be hybrid, so there would still be an option for people to call in. Also, regarding the space used at SAPC, whenever in-person meetings are held, it costs money because a room needs to be rented. In-person meetings also take an extensive amount of planning.
- Brandon Fernandez-Comer (Cri-Help), Liana Sanchez (LACADA), and Jonathan Higgins (Beacon House) expressed support for in-person meetings. Nina Glassman (Roots Through Recovery) noted technical challenges with the hybrid option, but also expressed support.

Decision: Future PAC meetings will have a hybrid option (in-person and virtual) for every other meeting.

	<ul style="list-style-type: none"> • Claudia Murillo (House of Hope) asked if the in-person meetings will also be open to the public. Dr Tsai responded that the PAC meetings are not Brown Act meetings, but are open to the public and transparent. Dr. Tsai shared that this is something that we should think through to make sure that we have the space. <p>Leadership Training for PAC Members</p> <ul style="list-style-type: none"> • Dr. Tsai shared that California Institute for Behavioral Health Solutions (CIBHS) Leadership Institute training and California Healthcare Foundation also has a Healthcare Leadership Program that would be beneficial to PAC members and encouraged members to apply. It is important to strengthen and expand leadership within the SUD field. With the trend towards integrated health (physical, mental, SUD), SUD leadership development is important to ensure SUD providers have a voice. • Christina Gonzales, (Principles, Inc) asked if leadership development programs are reimbursable under capacity building. Dr. Tsai indicated that it is not. 	
<p>Bridge Housing Stakeholder Feedback</p>	<p>Sandy Song, Systems of Care, DPH-SAPC</p> <ul style="list-style-type: none"> • The California Department of Health Care Services will award Behavioral Health Bridge Housing (BHBH) funding and LA County will receive over \$ \$321million out of \$907 million. The funding will address the immediate housing needs of people experiencing homelessness who have serious behavioral health conditions, including serious mental health issues; SUD and co-occurring issues are given priority. The average length of stay for a recovery bridge housing network currently is just over 70 days. • Sandy Song asked why RBH funding is not being fully utilized. • Christina Gonzales (Principles) shared that Principles conducted an internal study to see whether more than 180 days is needed and found that average is around 70 days. Clients understand that it is not permanent housing and are finding other housing they can get to before that deadline. It is a lot of pressure on top of pressure to be attend groups, find employment, save money so they can find a place that is affordable. Those maximizing the 180 days are doing so because they are not trying to transition and our caseworkers are usually struggling. They are not finding permanent housing, just transition housing. • Brandon Fernandez-Comer (Cri-Help) shared that the average residential length of stay is shorter and imagines that many providers have more residential beds than RBH beds. Because there is a funnel of individuals turning over in the residential programs between 60 to 120 days, agencies want to ensure that RBH clients are also getting into some form of stable housing to create opportunities for incoming clients from the residential length of stay, and so you must make beds available for the next cohort of individuals. • Nora O’Connor (JWCH) shared that this isn’t JWCH’s experience and that the longer clients stay in RBH, the better their foundation of recovery is. JWCH encourages longer stays, but will not hold them back from housing; especially supportive housing. It is challenging to find housing. • Sandy Song asked if the providers see any gaps in our current system for people with SUD or co-occurring disorders when it comes to recovery housing. • Brandon Fernandez-Comer (Cri-Help) said one of the projects that Cri-Help is working on is trying to figure out how to privately get into housing development without running afoul of discriminatory housing practices, adding that they need the beds and know that there is long term support for those beds. 	<p>PAC members to respond to SAPC’s BH Bridge Housing questions using this online form or by sending an email to leslopez@ph.lacounty.gov.</p>

- Junie Gonzalez (Fred Brown) said that it would really tie up all existing beds or require acquiring additional properties. If they were to jump into that bucket of funding, they would then be losing beds and the treatment site. It means losing beds for outpatient and outpatient treatment that needs RBH because there's no capacity for two years. They could do the additional 90 days, but the question became whether existing RBH clients could qualify for this other bucket of money for 90 days, which could accommodate and whether that would be helpful. Fred Brown is running into an issue where their clients are not qualifying for services. Sandy followed up to confirm that Junie shared that it would be helpful to have some additional days to help fill that gap when a person is not quite ready to move or there is no permanent housing available to them. Junie responded that this is the way Fred Brown envisioned it working. Junie asked if they would apply for the under 90 days, provided it could be used for existing clients, do they have to be in Care of court or not what our clients qualify for this other funding or are they opening it up to others. Sandy responded that for the BHBH grant, the person does not have to be a participant in Care court, although priority is given to that population.
- Nina Glassman (Roots Through Recovery) shared that Roots is analyzing whether to incorporate RBH. They have housing for private insurance clients, not through SAPC. One concern is someone is engaged in outpatient treatment and then they get a job. Their outpatient treatment hours may have to be cut short or they may not be able to coordinate coming into programming that would meet the hours, but they haven't worked long enough to have funds for housing. Some clients have less than ideal housing, but technically they do not meet criteria for homelessness and could benefit from receiving care.
- JoAnn Hemstreet (Homeless Health Care) shared people experiencing homelessness who are still actively using substances aren't ready or able to change. They've seen them left out of interim or bridge housing because they're often abstinence-based and there is still a legal/philosophical issue around safe consumption facilities. They've done a needs assessment with their clients in Downtown Skid Row and found 70-90% of people would enter interim or shelter housing if there were safe consumption protocols or supports in place.
- Kathy Watt (Van Ness) said those who are working on their recovery struggle when living near people using.
- Claudia Murillo (House of Hope) shared that it is helpful to provide clients with assistance with first and last month deposits, rent deposits, and furnishing.
- Deena Duncan (SCADP) shared that she partners with job training employers and educational facilities to give them some tools to earn the income. Education on grants, available tuition, and partnering with employers that hire people who were justice involved and help with expunging records.
- Brandon Fernandez-Comer (Cri-Help) shared that it's about developing that continuum of being able to understand different people's needs. They work closely with LA Family Housing at their outpatient location. It is one of the biggest challenges for people in recovery to live with others who are using, not including MAT. It is just creating the infrastructure for them to get there, and the RBH program does a fantastic job of doing that. They need to be able to increase the number of beds that are available.
- Denise Shook (BHS) said clients looking for housing have trouble paying for credit checks.

	<ul style="list-style-type: none"> Liana Sanchez (LACADA) shared that their RBH serves 290 clients and it is really hard to find permanent housing. There are a lot of barriers to where they can live. They must register and cannot be near schools. It is hard transitioning them to something that is their own, let alone helping them find gainful employment. 	
SAPC Announcements	<p>Anulkah Thomas, Systems of Care, DPH-SAPC</p> <ul style="list-style-type: none"> PAC Membership applications are due Monday 4/17/23. Please encourage staff to apply. New term starts on July 1st. The selection committee will consider geographic representation and agency size when assessing applications. No more than one member per agency can join the PAC. Executive directors or CEOs or presidents applying need to have the board chair or designee to sign off on the application. There will be co-chair elections at the start of the new term. PAC members who are completing their first term can have two consecutive terms. The next PAC meeting will be on 6/13/23; email suggestions for meeting topics to Bernie Lau. 	
Meeting Wrap Up	<p>Anulkah Thomas, Systems of Care, DPH-SAPC Anulkah provided a summary of decisions and next steps discussed during the meeting:</p> <p>Decisions</p> <ul style="list-style-type: none"> Approved February 2023 meeting minutes PAC will meet in-person every other meeting starting June 2023; a hybrid virtual option will be available <p>SAPC Next Steps</p> <ul style="list-style-type: none"> Follow up on outstanding payment reform questions and share more information Look into options for space that can accommodate in-person PAC meetings <p>PAC Next Steps</p> <ul style="list-style-type: none"> Respond to SAPC’s BH Bridge Housing questions using this online form or sending an email to leslopez@ph.lacounty.gov by Tues, 4/18/23 Apply and/or encourage others to apply <ul style="list-style-type: none"> for PAC membership by 4/17/23 (application current member roster attached) to a leadership program such as CHCF Health Care Leadership Program or CIBHS Leadership Institute Email PAC Co-Chair Kathy Watt if interested in working with other providers to set up a provider-only portal If interested, attend upcoming workgroup meetings. Contact Anulkah and/or Kathy for more information: <ul style="list-style-type: none"> Business Technology today from 2 – 3:30 pm (meeting link) Key Indicators on Monday, 4/24/23 from 3 – 4:40 pm (meeting link) 	
Public Comment	<p>Gary Tsai, Director, DPH-SAPC</p> <ul style="list-style-type: none"> Claudia Murillo shared that agencies piloting contingency management would like more information on the program. Sandy Song (SAPC) advised that further policy guidance was forthcoming and that questions can be directed to Sandy Song and Mandi Bane. 	<p>SAPC IN 23-06 - Recovery Incentives Program Pilot: Contingency Management</p>
Next Meeting	Next meeting is scheduled for June 11, 2023, at 2 pm.	

*Reviewed and Approved by: Y.Lima (DPH-SAPC)
Date: 6/8/2023.*