R95 Workgroup Meeting & Discussion
Virtual Meeting

March 27, 2024

Substance Abuse Prevention and Control Bureau
Los Angeles County Department of Public Health

Agenda

3:30 pm **Welcome & Updates-** Dr. Gary Tsai

3:40 pm **R95 Discharge Policy [2D-3] – Michelle Gibson**

Focus Area 2: Lowering Barriers to Care

- Discussion: Staff Responsiveness to Admission & Discharge Policy Training and Changes (2D-3)

3:55 pm **Service Design [2E-1, 2E-2, 2E-3] - Antonne Moore**

Focus Area 2: Lowering Barriers to Care

- Operationalizing Service Design based on Customer Walk-Throughs (2E-1, 2E-2, 2E-3)
- Review - 2E-2 Service Design Customer Walk-Through Guide
- Review - 2E-2 Service Design Walk-Through Summary Template

4:45 pm **Next Steps**

5:00 pm **Adjourn**

Focus Area 2: Lowering Barriers to Care
R95 Admission & Discharge Policies (2D-1, 2D-2, 2D-3)

Michelle Gibson
Deputy Director
Substance Abuse Prevention and Control Bureau
Los County Department of Public Health

R95 Updates & Reminders

- R95 Required Deliverables Due on 3/31/24:
  - 2A-3 New Executed MOU (New Partnership)
  - 2B-2 New Executed MOU (Field Based Services)
  - 2D-3 R95 Training Presentation
  - 2F-1 Executed MOU for Bidirectional Referrals for Lower Barrier Care

R95 Updates & Reminders

- R95 Required Deliverables:
  - *2D-1 R95 Admission Policy
    - Accompanying updated/R95 aligned “Admission Agreement”
  - *2D-2 R95 Discharge Policy
    - Accompanying updated/R95 aligned “Toxicology Policy”
  - *2C-2 Verified Engagement for 30- and 60-Day Engagement
    - Note: you may also need to submit the following
      - 2C-1 Engagement Policy
      - Provider agencies that offer a non-residential level of care should also submit an additional 2C-1 Attestation Form for Initial Engagement Authorization Training

R95 Updates & Reminders

- NEW SAPC Capacity Building and Incentives (CBI) Webpage:
- http://publichealth.lacounty.gov/sapc/providers/payment-reform/

  - One-stop shop for all items related to CBI
    - Scrolling banner with reminders for upcoming deliverable due dates and meetings
    - One-click option to email sapc-cbi@ph.lacounty.gov directly or view SAPC's most recently posted FAQ's
    - The Forms/Invoices title includes final documents posted for use

Lowering Barrier to Care: Admission & Discharge Policies

- R95 Admission & Discharge Policy:
- Currently Reviewing Submissions w/ Follow Up as Needed
- Make sure you used the final required language version for both *(Posted on SAPC website - under R95 Workgroup Meetings, February 14, 2024 (dated 2/20/24)*
- Required text in blue must be used in its entirety
    - Editing text (even choice of words) can easily alter meaning even if not intentional
    - Providers may use “client” or “patient” depending on your standard language
    - Leaving out sections of required blue text is not an option

Lowering Barrier to Care: Admission & Discharge Policies

- R95 Admission & Discharge Policy:
- Under Accommodations – C. (language assistance) remember to add agency specific details on protocol for accessing language assistance services
- Admission Agreements:
- Admission Policy SCOPE – revise to align levels of care with Discharge Policy
- Admission Agreements, for patient signature, must be revised to align with R95 Admission Policy (include language from Admission Policy)
- R95 Admission Agreements cannot be combined with pre-R95 agreements especially when the language between the two is contradictory

Lowering Barrier to Care: Admission & Discharge Policies

- R95 Admission & Discharge Policy:

- Toxicology (drug testing/UA) Policy:
- Standalone document that is revised to align with R95 Discharge Policy (include language from Discharge Policy)
- R95 Toxicology Policy cannot be combined with pre-R95 agreements especially when language between the two may contradict
- If policy is geared toward justice involved populations (e.g. courts, DCFS, etc.) also be sure to include language for other populations
- Recommend placing R95 language at top of these documents that tend to be technical and process oriented

Lowering Barrier to Care: Admission & Discharge Policies

- R95 Training Presentation:
- Make sure to include information on agency specific policies outside of R95 Admission & Discharge Policy
  - Slide #15: Interpreter Services: *insert agency policy and instructions*
  - Slide #22: Intake and Admission Process: *consider including agency specific information on Admission Agreement here as well*
  - Slide #30: Discharge Process: *consider including agency specific information on Toxicology Policy here as well*
  - Would not recommend copying and pasting entire Admission or Discharge Policy language – instead use opportunity to highlight important policy elements

Focus Area 2: Lowering Barriers to Care
Service Design for LBC (2E-1, 2E-2, 2E-3)

Antonne Moore
Division Chief, Strategic and Network Development
Substance Abuse Prevention and Control Bureau
Los Angeles County Department of Public Health

Service Design

Why is this important?

SAPC Data Brief

County of Los Angeles Public Health
Substance Abuse Prevention and Control

Costs of Alcohol and Other Drug Misuse/Abuse

August 2023

Prevalence of substance use and abuse in the United States[1]

	Alcohol		Rx	Illicit Drug				Overall
Age group (years)	Binge drinking[a]	Alcohol use disorder[b]	Rx opioid misue[b]	Marijuana use[b]	Cocaine use[b]	Illicit drug use[b]	Illicit drug use disorder[b]	Substance use disorder (SUD)[b]
Youth (12-17)	3.8%	**3.4%**	1.9%	10.5%	0.2%	14.1%	**5.7%**	**8.5%**
Young Adult (18-25)	29.2%	**15.0%**	3.0%	35.4%	3.5%	38.0%	**15.5%**	**25.6%**
Adult (26+)	22.4%	**10.7%**	3.3%	17.2%	1.6%	20.3%	**6.1%**	**16.1%**
Total (12+)	21.5%	**10.6%**	3.1%	18.7%	1.7%	21.9%	**7.2%**	**16.5%**

Rx opioid: Prescription pain relievers. Binge drinking: 5 or more drinks (for male) or 4 or more drinks (for female) on the same occasion on at least 1 day in the past 30 days.
[a] In the past month [b] In the past year

Alcohol and other drug (AOD) use results in a heavy disease and economic burden

Alcohol and other drug use in LAC costs billions annually in tangible costs[2]

Health

- *People with SUD incur 2-3 times more medical expenses than people without SUD[3]*

Annually in LAC, there are:
2,990 AOD-related deaths[4]
146,087 AOD-related ED visits[5]
139,179 AOD-related hospitalizations[5]
$103,372 charge per AOD-hospitalization[5]
$14.3 billion total AOD-hospital charges[5]

Driving Under the Influence

- *15% of US young adults drove under the influence of AOD in the past year[10]*

Annually in LAC, there are:
26,183 DUI arrests[11]
19,292 DUI convictions[11]
11,940 DUI collisions[12]
7,143 DUI injuries[12]
275 DUI fatalities[12]
$13,500 cost per DUI case in CA[13]

State Spending on Addiction and Substance Use[9]

19.5% of CA state budget

2¢ per $1 spent in CA pays for prevention and treatment

98¢ per $1 spent in CA pays for consequences

Criminal Justice

- *The average annual taxpayer cost per inmate in California (CA) is $106,131[6]*

In the US:
65% of inmates meet criteria for a SUD[7]
25% of incarcerations were for drug law violations[7]
43% were under the influence at time of crime[7]
Annually in CA:
385,275 AOD-related arrests annually (LAC: 19%)[8]
$7.7 billion in SUD-related justice spending[9]

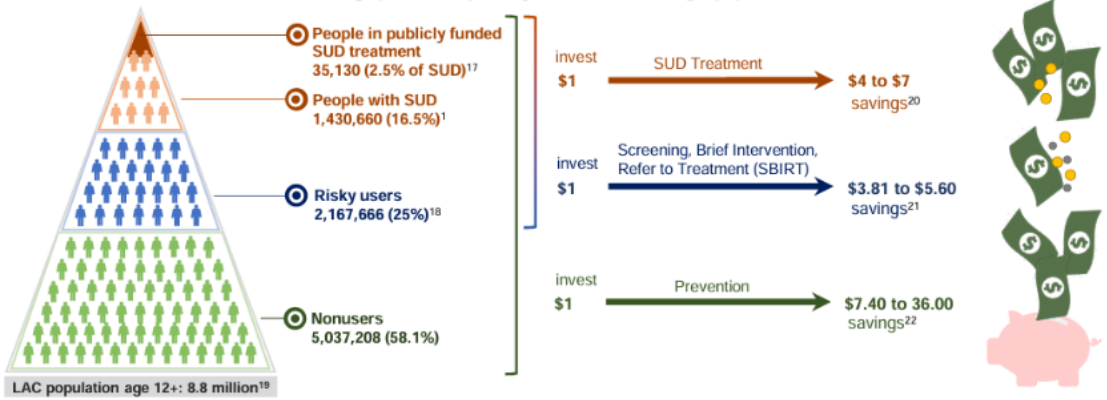
Productivity Loss

- *15% of the adult US workforce were alcohol-impaired at work in the past year[14]*

Among US workers:
24% of full-time employees are illicit drug users[10]
28% of part-time employees are illicit drug users[10]
Among US workers who use AOD:
3.5 times more likely to have workplace accident[15]
2 times more likely to miss work[16]

Investments in prevention, screening, and treatment yield substantial cost savings

Savings per dollar spent, by intervention for target population



For substance use disorder treatment in LAC, call at 844-804-7500, or visit Service & Bed Availability Tool (SBAT)

Service Design

- Since there is no common definition of service design, we will illustrate service design thinking through five Core Principles from the book:
- *This is Service Design Thinking, Mark Stickdorn and Jakob Schneider*

1. User Centered
2. Co-creative
3. Sequencing
4. Evidencing
5. Holistic

1- It is User Centered

- Involve the customer – services are not tangible goods that can be stored away as inventory, services are created through interaction, between a service provider and a customer.

- We need context - understanding of culture, social context, and motivation is crucial. To design a service requires that we slip into the customer's shoes and understand their experience in a wider context.

- Common language across the design team.

2. It is Co-Created

- Putting the customer at the center of design will involve more than just one customer.
- Consider various stakeholders, frontline staff, office staff, managers, and non-human interfaces (phone service, tele-health platforms)
- Creatively engage everyone –listening to the ideas flowing through people's minds.
- Service designers consciously create an environment that facilitates ideation within diverse stakeholder groups.

3. It is Sequencing

- The service timeline is critical – The SUD patient engages in a series of events that occur over a certain period-of-time.
- The time timeline influences the mood.
- The walkthrough is a way to deconstruct your services as series of touchpoints and interactions.

4. It is Evidencing

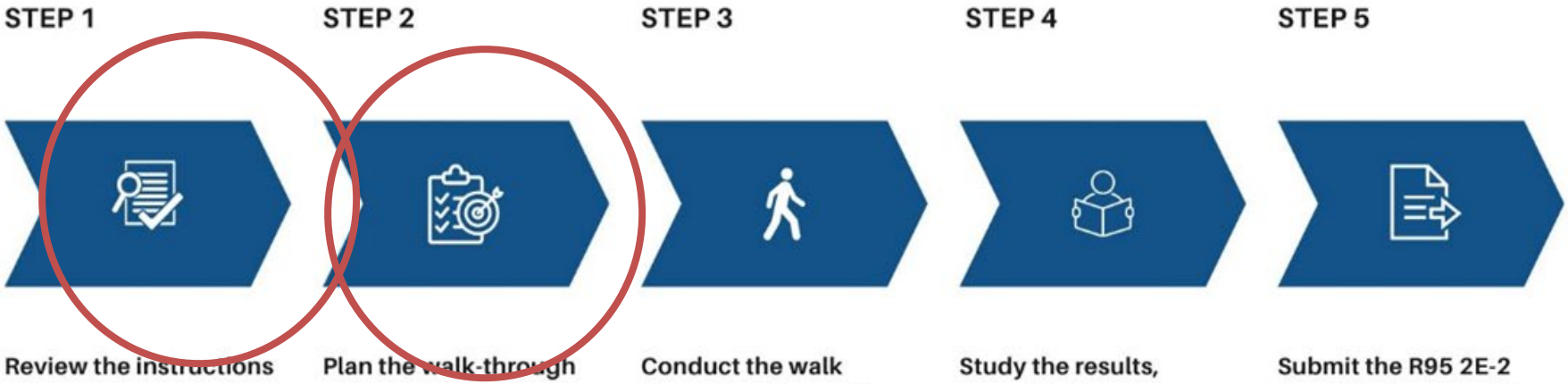
- Make the intangible, tangible.
- What are the extras? Are they designed with intention?

5. It is holistic

- Services take place in a physical environment. Customers perceive through their senses. What do they see, hear, smell, touch (and taste).

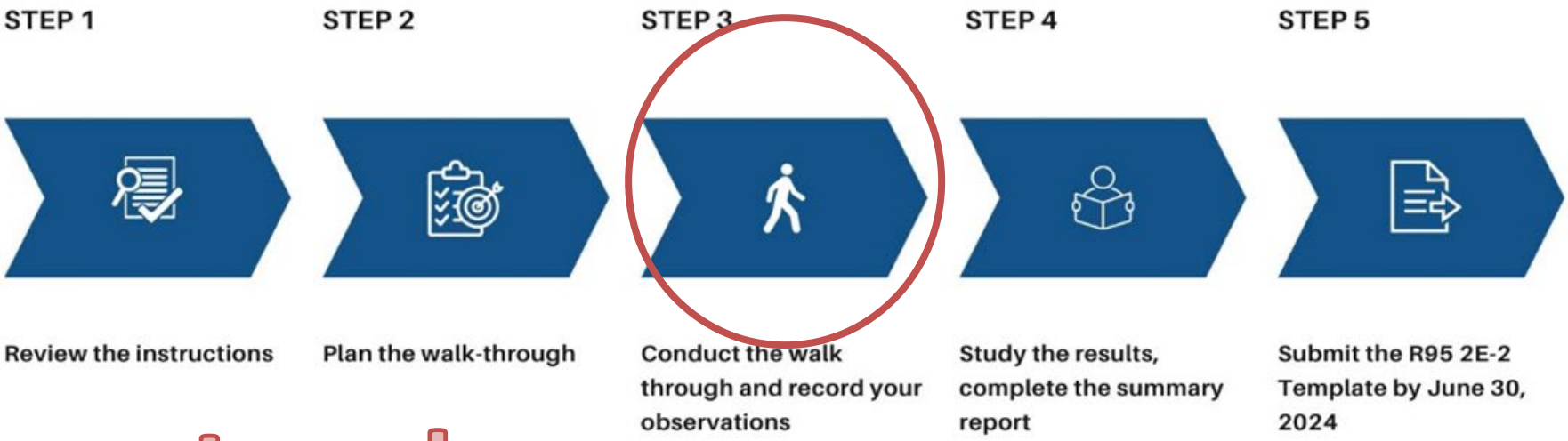
- Seeing the wider context in which the service is taking place. How do your organization's physical attributes, culture, values and processes impact the patient.

Customer Walk-through Guide with Templates



Involve your staff

Customer Walk-through Guide with Templates



Involve your staff

Why

Customer Walk-through Guide with Templates

CONSIDERATION: When you conduct the walk-through, ask yourself if this process is designed to make it easier and engaging for the PATIENT or is this process designed to make it easy and efficient for the ORGANIZATION.

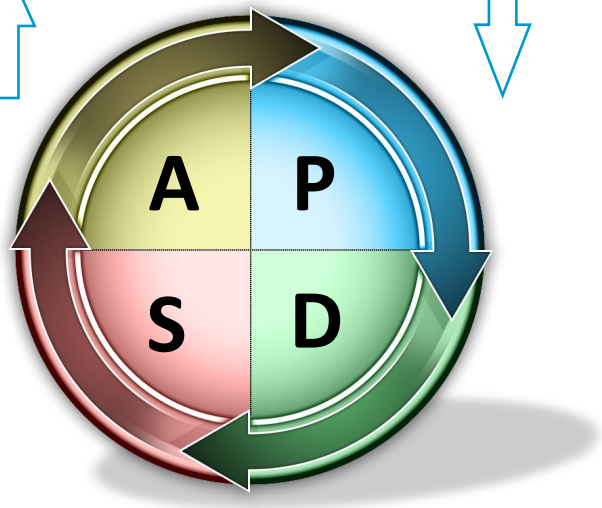
Strategic Vantage Point of Leadership

Model for Improvement

1. What are we trying to accomplish?

2. How will we know that a change is an improvement?

3. What changes can we make that will result in an improvement?



Reference: Langley, Nolan, Nolan, Norman, & Provost. The Improvement Guide

Focus on One Aim

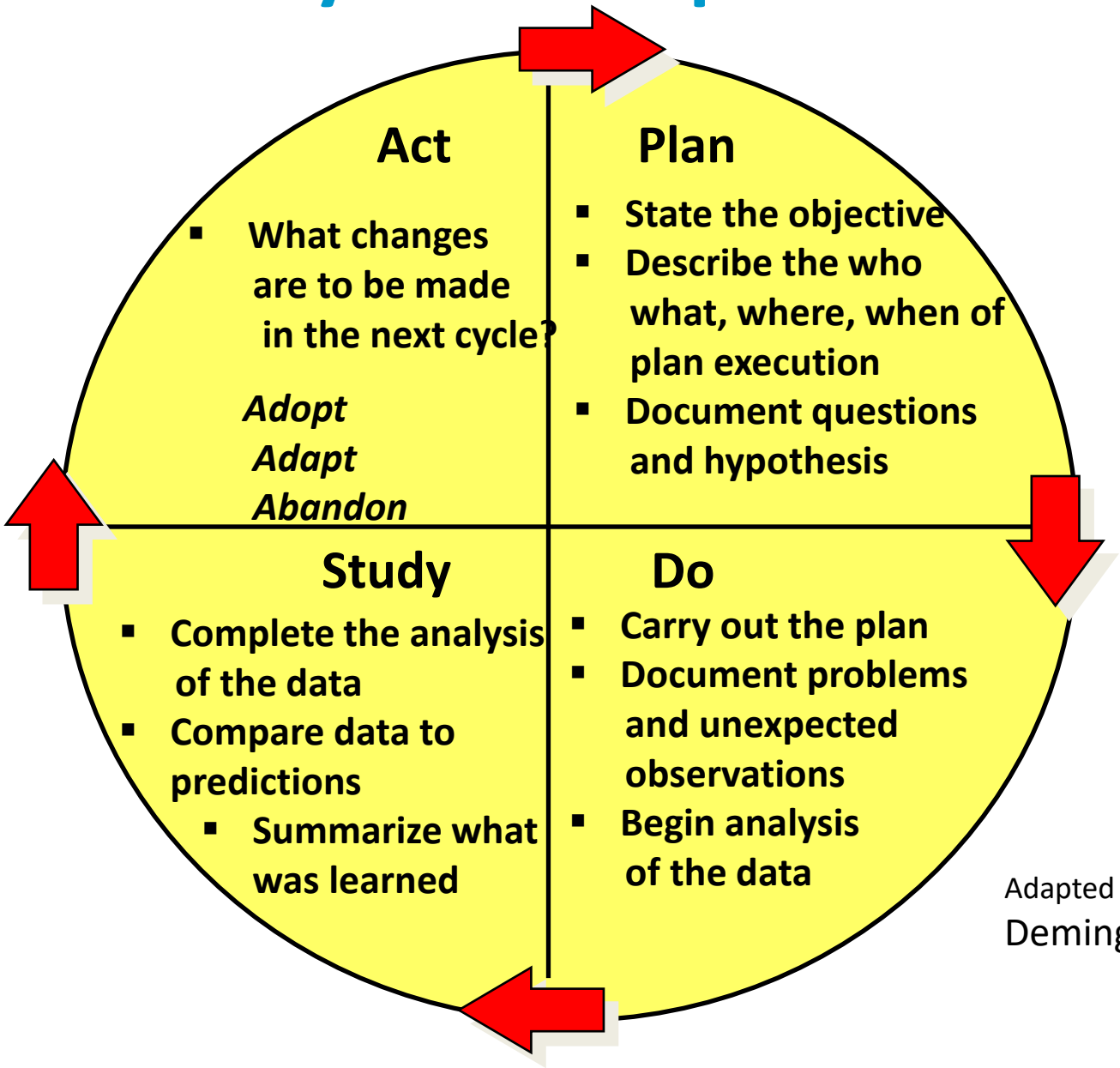
What are you trying to accomplish?

An aim is the defined target of your change project. A clear, measurable

CONSIDERATION: When you conduct the walk-through, ask yourself if this process is designed to make it easier and engaging for the PATIENT or is this process designed to make it easy and efficient for the ORGANIZATION.


Brainstorm with Stakeholders

PDSA Cycle for Improvement



Adapted version of the Deming Model

RAPID CYCLE TESTING – (add more cycles as needed)

Rapid Cycle #:		
Cycle Begin Date:	**Cycle End Date:**	
What is the idea/change to be tested?		
P	**PLAN:** *What steps are you specifically making to test this idea/change? Who is responsible? How it will get done?*	
D	**DO:** *What steps **did** you implement? Document any problems and unexpected observations from the PLAN.*	
S	**STUDY:** *What were the results? How do they compare with baseline measure?*	
A	**ACT:** *What is your next step? Adopt? Adapt? Abandon? Why?*	

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Questions

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