

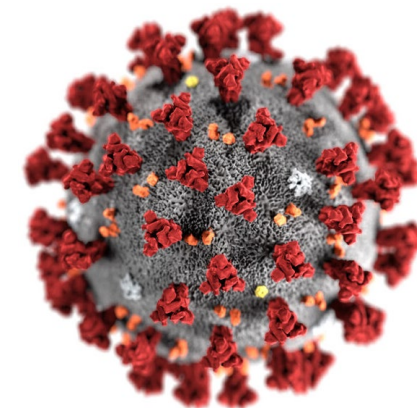


# Updates for SAPC Treatment Providers

- COVID-19 Situational Update
- 1115 & DMC-ODS Waiver Updates
- Alternative to Incarceration (ATI) and Measure J
- Bridge between Prevention & Treatment
- Bed Utilization & The Network Effect

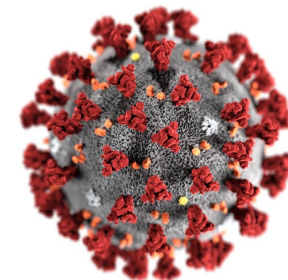


# COVID-19 Situational Updates



- **COVID-19 cases have stabilized; all key metrics indicate reduced community transmission.**
- **Vaccine**
  - Vaccine supplies have increased – good progress with vaccinations.
  - Staff of substance use Prevention and Treatment agencies → Should have already received vaccines due to being a prioritized population.
  - As of mid-March, behavioral health (SUD and MH) clients are also prioritized populations in vaccinations due to increased risks for severe illness or death from COVID-19 infections.
- **Variants**
  - All COVID-19 variants (UK, South African, Brazilian) have been detected in LA County – variants present possibility of higher transmissibility and more severe disease.
  - While available vaccines have been shown to be effective against severe disease caused by the variants, the ongoing evolution of the COVID-19 virus threatens ongoing protection.
  - Transmission precautions still needed (face masks, physical distancing, etc).
- **In-person groups are now allowable for up to 12 people, with appropriate precautions**

# COVID-19 Situational Updates (cont'd)



- Updated Quarantine and Testing Protocols for Vaccinated Individuals

- Outpatient settings (including Prevention and Treatment):

- After suspected exposure (either lab-confirmed COVID-19 case or not lab-confirmed case)
  - **Non-fully vaccinated staff and clients** → Follow quarantine and testing recommendations
  - **Fully vaccinated staff and clients** → Quarantine and testing NOT required

- Congregate settings (residential, RBH, inpatient):

- **Non-fully vaccinated staff and clients** after suspected exposure (either lab-confirmed COVID-19 case or not lab-confirmed case) → Follow quarantine and testing recommendations.
- **Fully vaccinated clients** after exposure with LAB-CONFIRMED COVID-19 case → Follow quarantine and testing recommendations. If the suspected exposure is with someone WITHOUT lab-confirmed COVID-19, quarantine and testing is not required, but may be followed if determined necessary on a case-by-case basis.
- **Fully vaccinated staff** after suspected exposure (either lab-confirmed COVID-19 case or not lab-confirmed case) - quarantine and testing are NOT required but may be followed if determined necessary on a case-by-case basis.

# 1115 & DMC-ODS Waiver Updates

- **Medi-Cal 2020 waiver EXTENSION (including DMC-ODS)**
  - DHCS is expected to release guidance on key changes soon
    - Residential episodes and lengths of stay
    - Medications for Addiction Treatment (MAT)
    - Reimbursement for services provided prior to a diagnosis
    - Recovery Services



- **Waiver RENEWAL = CalAIM**

- DHCS public comment period: Due May 6, 2021
  - <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>
- Payment reform



## Alternatives to Incarceration (ATI) Initiative & Measure J

- **ATI is an opportunity to implement a “Care First, Jail Last” approach in LA County → Unique chance to address the criminalization of SUD and MH conditions**
- **Measure J will fund the ATI, with \$100mm allocated by the County CEO’s Office for the first year of implementation.**
  - Measure J Advisory Committee
    - 5 Sub-Committees
      - Diversion, **BH (SUD & MH)**, Health
      - **Housing**
      - Reentry
      - Education Access & Youth Dev
      - Economic Opportunity & Sustainability
- **Focus on funding the community and community-based organizations (CBO), both for County proposals and proposals submitted by the community through the Measure J Sub-Committees.**
- **Given that SAPC contracts its services out to CBOs, nearly all funds from SAPC’s proposals will flow to the community.**
- **We encourage SAPC’s network to be involved and vocal in this process!**

# Bridge Between Prevention and Treatment = Engagement

## Engagement = Opportunity

### Prevention

- Primary
  - Secondary
  - Tertiary
- 
- School-based
  - Community-based
  - Public messaging and education

### Engagement Services

#### At-Risk Populations

ASAM 1.0-AR = ASAM 0.5 with  
DMC-ODS Waiver Renewal

#### Pre-Contemplative Populations

Harm Reduction Services

### Treatment

- Recovery Services
- Outpatient treatment
- Opioid Treatment Programs
- Residential treatment
- Inpatient treatment
- Withdrawal Management
- Case Management
- Etc.



# Bed Utilization & “The Network Effect”

**Residential Bed Utilization Data in SAPC’s Specialty Substance Use Disorder (SUD) Treatment Network (FY 2019 – 2020)**

Residential Utilization FY1920	LAC Overall	Service Planning Area (SPA)							
		SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Unique Clients Served	11,671	938	2,073	2,180	2,094	891	1009	1,261	2313
Licensed Beds	3,258	244	426	595	652	274	317	268	482
Contracted Beds	2,431	176	237	381	426	180	270	227	419
Average Daily RS Bed Utilization & Range (min / max)	1,576 (1,059 / 1,806)	103 (34 / 153)	257 (193 / 294)	305 (157 / 350)	249 (122 / 296)	90 (5 / 120)	125 (45 / 178)	153 (125 / 181)	285 (185 / 317)
Average Daily Bed Utilization – Percentage	65%	59%	108%	80%	58%	50%	46%	67%	68%

**Recovery Bridge Housing Utilization Data in SAPC’s Specialty Substance Use Disorder (SUD) Treatment Network (FY 2019 – 2020)**

RBH Utilization FY1920	LAC Overall	Service Planning Area (SPA)							
		SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Unique Clients Served	2,949	149	387	776	295	191	101	232	874
Contracted Beds	973	37	121	189	105	52	72	87	310
Average Daily Bed Utilization & Range (min / max)	608 (490 / 712)	31 (24 / 35)	68 (20 / 79)	137 (105 / 156)	60 (40 / 82)	45 (7 / 55)	21 (8 / 36)	47 (6 / 81)	199 (166 / 234)
Average Daily RBH Bed Utilization – Percentage	62%	84%	56%	72%	57%	87%	29%	54%	64%



## Bed Utilization & “The Network Effect” (cont’d)

- **Summary**

- Community demand for SUD beds is increasing.
- **Current bed utilization is notably less than SAPC’s contracted bed capacity in the vast majority of SPA’s (<70% utilization in most SPA’s).**
  - Contracted beds must be available to SAPC’s eligible populations.
- **Better operating as a “network” between SAPC providers can improve access to SUD care and bed utilization.**
  - Waitlists are prohibited – if agencies do not have beds, instead of keeping a waitlist, they need to refer to other agencies that do have beds to prioritize patient access.
  - Keeping updated bed availability for your agency in the SBAT will facilitate referrals.



# Thank You!



**“The opposite of addiction is not sobriety; the opposite of addiction is **connection.**”**

*- Johann Hari*