

SAPC Newsletter

SUBSTANCE
ABUSE
PREVENTION AND
CONTROL
PROGRAM

SECOND QUARTER 2016
VOLUME 7
ISSUE 2

...aimed at informing SAPC's network of contracted alcohol and drug treatment, prevention, and recovery service providers.



Winning banner submission by AVRC Women

Director's Corner

Imagine the following scenario...

After losing your job, home, and relationships with your spouse and children, you finally decide to deal with all of your alcohol and drug abuse issues. You admit yourself into a substance use disorder (SUD) treatment program, go through residential detox, and then complete three months of residential treatment. Thinking more clearly than you have in years, you are clean and ready to begin taking the first steps towards rebuilding your life. But the apprehension begins. Where and how do you start? You don't have a job and can't think of any marketable skills. You have no money and no one you knew before treatment is willing to take a chance on giving you more than a couple of dollars—you burned those bridges while you were using. You realize your only option might be to live on the streets. Your likelihood of using again is going to skyrocket. But what choice do you have? A homeless shelter only provides for one night at a time and you don't have other resources to provide a safe roof over your head. So where do you go now?

Many patients in SAPC-contracted programs have no safe place to live when they are discharged. We are all too familiar with this scenario. A few weeks ago SAPC, in partnership with CSH (formerly the Corporation for Supportive Housing), convened a one and a half-day session with local and national leaders in SUD treatment and housing services to ponder this same issue. How can we work better together to help people in recovery find and keep affordable and secure housing? Clearly, there is no simple solution. However, after so many years of working separately, it is encouraging to see the collaboration begin. We look forward to continuing this dialogue and work together to expand the access to and the availability of affordable housing for people in recovery in Los Angeles County.

"The ache for home lives in all of us. The safe place where we can go as we are and not be questioned."
Maya Angelou, from All God's Children Need Traveling Shoes.

Wayne K. Sugita, MPA
SAPC Interim Director

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Save the Date

Upcoming Events and Training

START—ODS Workgroup Meeting
Schedule: Please click [here](#) for meeting time, location, and additional information.

- July 21: Recovery Support Services
- July 28: Physician Consultation
- August 4: QI/UM Workgroup (LACES)
- August 18: Recovery Residences/Sober Living

SAPC and UCLA/ISAP Quarterly Lecture Series, "Adolescent Substance Use: Current Advances in Science & Effective Interventions."

July 29: 10 am to 1:30 pm
SAPC Auditorium, 1000 S. Fremont Avenue, Alhambra, CA 91803
Parking \$3

Check your email to register or for additional information. Past lectures are available on our website and you can access them by [clicking here](#).

The California Department of Health Care Services (DHCS) presents the Substance Use Disorders (SUD) Statewide Conference, entitled "Shifting the SUD Paradigm."

August 23-25: Hyatt Regency Orange County, 11999 Harbor Blvd, Garden Grove, CA 92840

For more information or to register, click [here](#).

Integrating Substance Use, Mental Health, and Primary Care Services in Our Communities 13th Annual Statewide Conference.

October 19-20, 2016
Hilton Universal City Hotel
555 Universal Hollywood Drive
Universal City, CA

Registration information available soon at www.uclaisap.org/cod.

Any provider who wishes to continue to contract with SAPC for services included in the organized delivery system must be awarded a Master Agreement and be Drug Medi-Cal (DMC) certified by June 30, 2017.

To meet this deadline, providers are strongly encouraged to submit completed applications to DHCS by August 1, 2016.

For more information, see the following resources:

[SAPC Draft System Transformation Implementation Plan](#)

[SAPC Informational Brief #1: Expanding the Los Angeles County SUD System](#)

[Master Agreement Request for Statements of Qualifications](#)

[DMC Certification](#)

On June 15, 2016, Amy Luftig Viste, Program Director of My Health LA, and John Connolly, SAPC Deputy Director, led a webinar on, "My Health LA and Substance Use Disorder Services."

In case you missed it, the presentation is available on the SAPC website within the Media/Recorded Trainings section. Click [here](#) to access the presentation.

JOIN THE VOICES FOR RECOVERY:

OUR FAMILIES,
OUR STORIES,
OUR RECOVERY!



How will you participate in Recovery Month? Increase awareness and participation by posting your event on the [Recovery Month Calendar](#).

Follow the Los Angeles County Department of Public Health on our social media pages and keep up-to-date with local health information, news, and statistics.



STAY IN THE LOOP!

Cost Report Forms and Submission Update: FY 15-16

For fiscal year (FY) 2015-16, SAPC providers are required to show the distribution of all direct costs across their various applicable cost centers (e.g., Narcotic Treatment Program, Residential and non-SUD programs—if any). Although this is a new addition to the SAPC Cost Report Form, it is not a new requirement. This information has already been made available within the provider general ledger and payroll systems and previously reviewed by the Department of Health Care Services (DHCS) during prior fiscal audits. The Centers for Medicare and Medicaid Services (CMS) is now requiring the same information be collected during cost reporting.

DHCS plans to send revised Drug Medi-Cal forms and instructions to counties by early October 2016, with a tentative due date of February 1, 2017, for FY 15-16 cost report. DHCS will hold trainings on the FY 15-16 cost report via a webinar during November 2016. We will share the training schedule with providers once it becomes available.

Please contact Lisa Lee at (626) 299-4165 for questions or further assistance.

Training Summary— Medical Marijuana

On April 29, 2016, SAPC hosted the Quarterly SAPC-UCLA ISAP Lecture titled, “What Next? How to Think About Marijuana from a Public Health Perspective.” Guest speakers included Dr. Tom Freese, Director of Training from UCLA ISAP, Dr. Larry Wolk, Executive Director and Chief Medical Officer of the Colorado Department of Public Health and Environment, and Dr. Beau Kilmer, Co-Director and Senior Researcher at the RAND Policy Research Center.

This lecture focused on the following points:

- a) understanding what current research and data are saying about the topic versus people’s risk perceptions;
- b) discussing the national and local policy issues surrounding recreational and medical marijuana;
- c) examining the Colorado Public Health Department’s perspective as a case study on marijuana policy issues;
- d) using our current knowledge about the harms associated with marijuana to help inform our current and future prevention treatment efforts.

There was also a dynamic panel discussion on the importance of being educated and staying abreast of current policies to better serve our LA County population.

To find out more about this lecture, click [here](#).



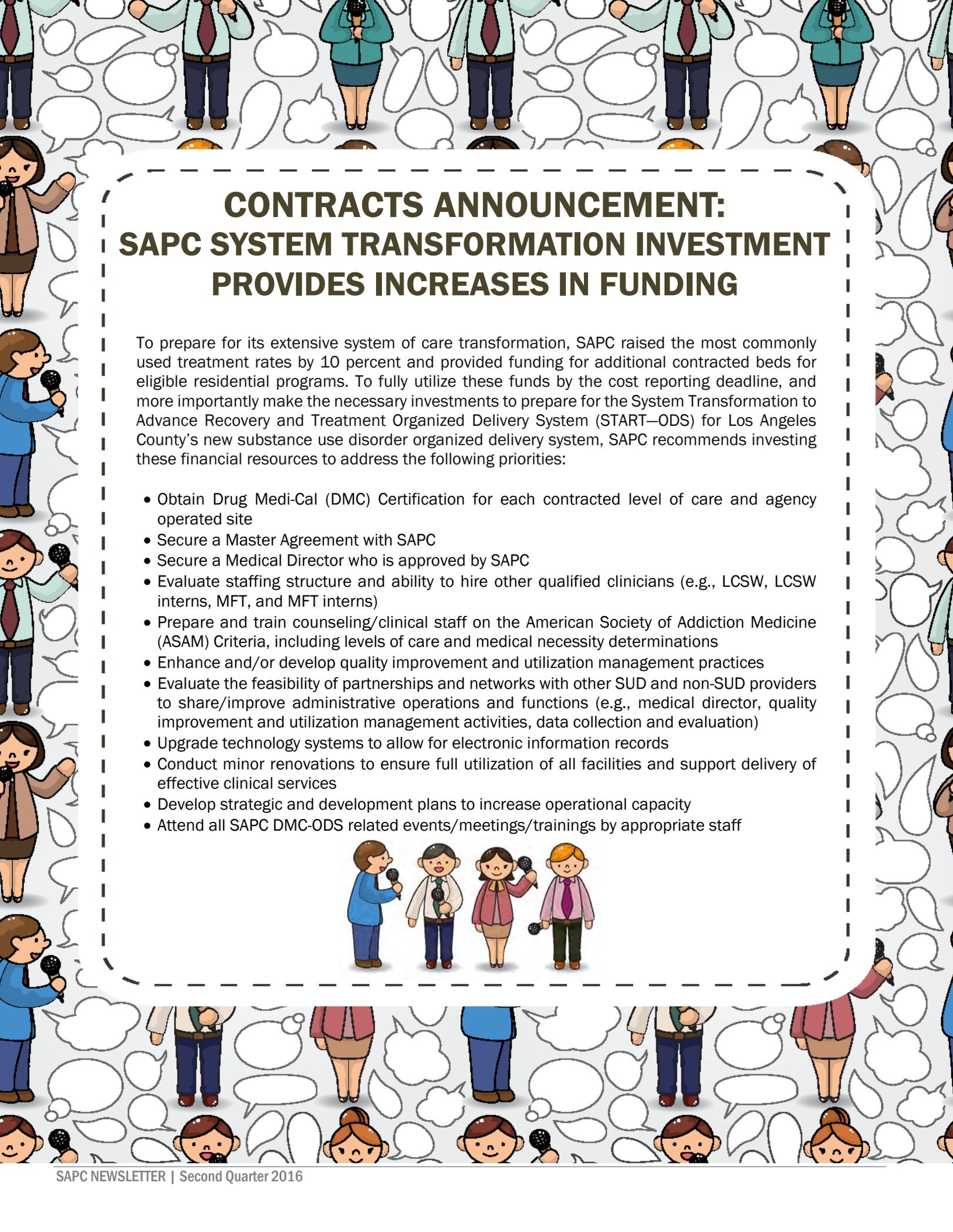
Phoenix House’s Judi Zneimer and the Commercially Sexually Exploited Children Population

In April 2016, Senior Admissions Coordinator at the Phoenix House Academy in Lake View Terrace, Judi Zneimer, MA, was honored for her work with victims of human trafficking and with the Commercially Sexually Exploited Children (CSEC) population. She received an award from the Los Angeles County Probation Department and a Commendation from the Los Angeles County Board of Supervisors. Both awards recognized her work with the CSEC of Los Angeles over the past five years.

Ms. Zneimer joined Phoenix House a year ago, specifically to work with this vulnerable group and develop the CSEC program. According to Ms. Zneimer, “Most people think that human trafficking takes place in other countries, but it is happening every day on our streets. Thousands of girls, victimized daily in Los Angeles County, need our help. The work of Phoenix House and its collaboration with the Probation Department are invaluable in helping victims of human trafficking by providing substance use treatment and mental health therapy to girls enslaved by traffickers and controlled with drugs.”

Ms. Zneimer was also recognized as a contributor to the new “Empowerment Project” curriculum, which is being rolled out now as a pilot program with plans for statewide implementation. This prevention and intervention-based curriculum was developed by the Empowerment Committee and the Nola Brantley Speaks Foundation.





CONTRACTS ANNOUNCEMENT: SAPC SYSTEM TRANSFORMATION INVESTMENT PROVIDES INCREASES IN FUNDING

To prepare for its extensive system of care transformation, SAPC raised the most commonly used treatment rates by 10 percent and provided funding for additional contracted beds for eligible residential programs. To fully utilize these funds by the cost reporting deadline, and more importantly make the necessary investments to prepare for the System Transformation to Advance Recovery and Treatment Organized Delivery System (START—ODS) for Los Angeles County's new substance use disorder organized delivery system, SAPC recommends investing these financial resources to address the following priorities:

- Obtain Drug Medi-Cal (DMC) Certification for each contracted level of care and agency operated site
- Secure a Master Agreement with SAPC
- Secure a Medical Director who is approved by SAPC
- Evaluate staffing structure and ability to hire other qualified clinicians (e.g., LCSW, LCSW interns, MFT, and MFT interns)
- Prepare and train counseling/clinical staff on the American Society of Addiction Medicine (ASAM) Criteria, including levels of care and medical necessity determinations
- Enhance and/or develop quality improvement and utilization management practices
- Evaluate the feasibility of partnerships and networks with other SUD and non-SUD providers to share/improve administrative operations and functions (e.g., medical director, quality improvement and utilization management activities, data collection and evaluation)
- Upgrade technology systems to allow for electronic information records
- Conduct minor renovations to ensure full utilization of all facilities and support delivery of effective clinical services
- Develop strategic and development plans to increase operational capacity
- Attend all SAPC DMC-ODS related events/meetings/trainings by appropriate staff



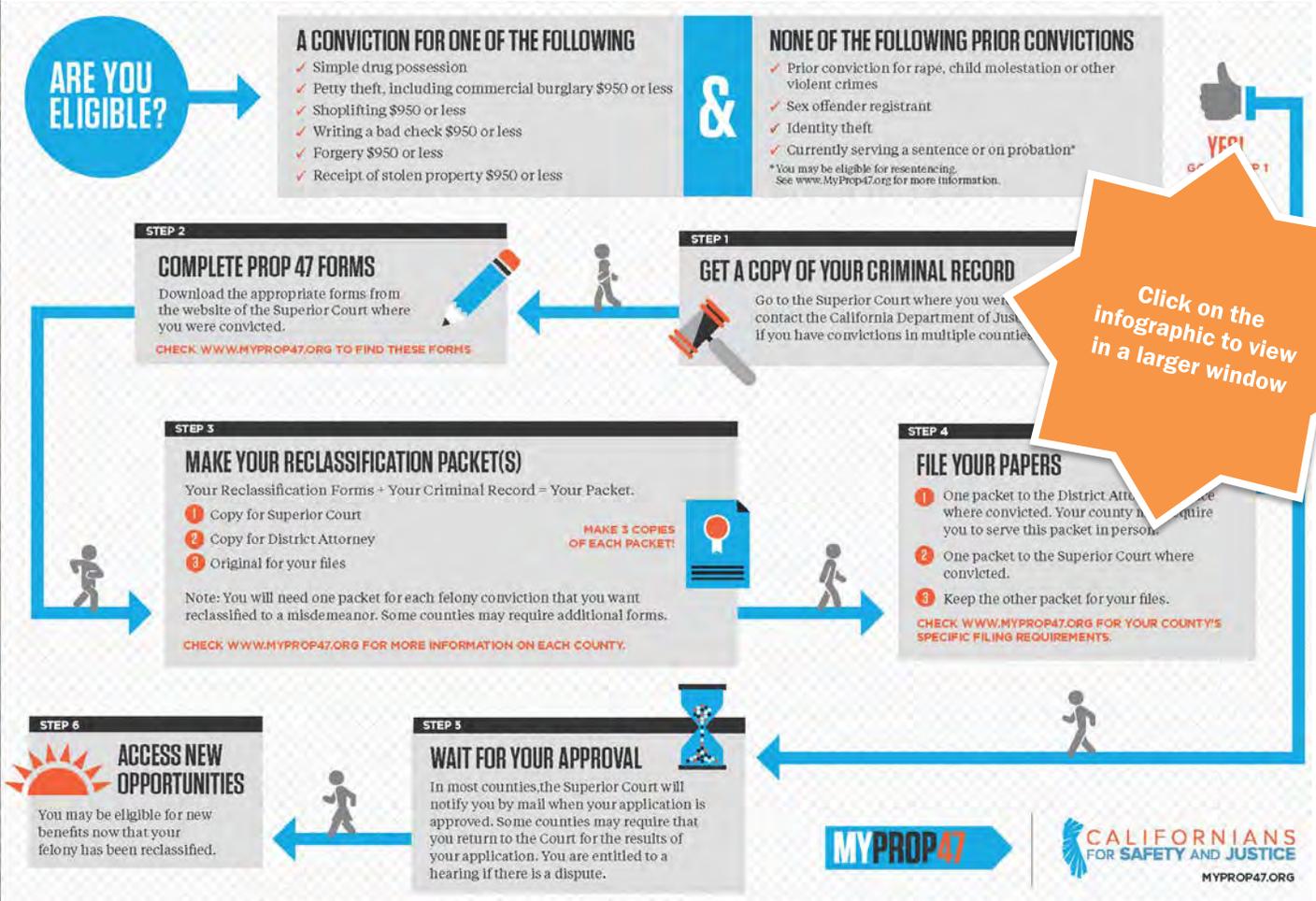
PROPOSITION 47: KNOW THE FACTS, SHARE AND PROMOTE COMMUNITY INTEGRATION

The passage of Proposition 47 in November 2014 has resulted in a historical shift in how California addresses non-violent offenses. Under Proposition 47, six felonies committed in the state of California are now misdemeanors: simple drug possession and five petty-theft offenses under \$950.

According to Californians for Safety and Justice, misconceptions of the law have created barriers for the positive impacts that Proposition 47 has to offer Californians. See the highlights and infographic below for helpful facts about the law and the My Prop 47 website (<http://myprop47.org>) for additional details concerning the proposition. Please share this information with your clients to assist them in accessing these new benefits.

- Felony convictions can be reclassified to misdemeanors regardless of how long ago the conviction occurred and offenders currently serving time for any of the six reclassified felony convictions can petition to have their charges resentenced. Deadline to petition to change your records is November 5, 2017.
- Future savings from reduced incarceration costs will be invested into drug and mental health treatment, programs for at-risk students in K-12 schools, and victim services.
- Any individuals charged with a new misdemeanor offense under Proposition 47 can access substance use treatment services through the established Community Assessment Services Centers and be referred to the appropriate treatment agency to meet the client's needs.

HOW TO RECLASSIFY YOUR FELONY UNDER PROP. 47



OUR SAPC I.T. TEAM—Working for You



Our SAPC Information Technology (I.T.) team works behind the scenes to make sure our providers get the tools they need to effectively use and contribute to the SAPC web-based system. Our I.T. team works hard to improve ways providers can input and retrieve data and manage resources. They are also work to ensure that our managed care information system will assist in and enhance health care delivery and resource management. Read below for more examples of how our I.T. team is working for you.

SUD Managed Care Information System

SAPC is working to acquire an electronic information system that can be used by those who currently do not have electronic systems. This SUD managed care information system will provide a comprehensive framework for cost-effectiveness, compliance with Federal client confidentiality requirements and waiver terms and conditions, and interoperability with County health care systems and community providers' information systems.

Providers who have existing electronic information systems can continue to use their systems—provided they possess the functional requirements of the waiver. These providers will be expected to work with SAPC's I.T. team to ensure standards for the exchange, sharing, and retrieval of electronic health information are met.

Encounter Billing System

SAPC's I.T. team has worked hard in creating a billing system that works for you. Providers can now bill in two ways: through the use of the SAPC web-based billing system or submit service claims via HIPAA Electronic Data Interchange.

Real-Time Spot Availability

SAPC will be implementing an online application that will allow for real-time residential bed and outpatient slot availability. Providers will be able to input daily available residential beds and outpatient slots. SUD consumers, including Beneficiary Access Line staff, will then have the opportunity to identify available residential beds and outpatient slots in a real-time manner.

Data Collection and Reporting System

For treatment providers, SAPC is currently revising its data collection system, the Los Angeles County Participant Reporting System (LACPRS), to meet the requirements of the waiver and the State's California Outcome Measurement Services for Treatment (CalOMS Tx) in terms of data reporting and evaluation to track utilization, effectiveness, and patient outcomes.

For prevention providers, all County-approved Work Plan services shall be entered in the web-based California Outcome Measurement Services for Prevention ("CalOMS Pv") as required by the California Department of Health Care Services (DHCS).

Contract Compliance

SAPC has implemented its eContract Monitoring and Evaluation System. This web-based system provides online contract monitoring tools to ensure SAPC contractual compliance, proper rendering of client services, and billing services validation. The system provides instant access to contract and billing services, automates contract monitoring procedures, streamlines and standardizes county reviews, and provides detailed electronic monitoring findings for exit interviews to both SAPC and contracted agencies.



ANNUAL REVIEW OF CLIENTS IN SUD TREATMENT FY 2014-2015, SPECIAL POPULATIONS TRENDS

The SAPC Research and Evaluation Unit has completed the annual review of clients in SUD treatment for the 2014-2015 fiscal year (FY)¹. The review summarizes data collected via the Los Angeles County Participant Reporting System (LACPRS) admission and discharge forms and includes chapters on client characteristics by primary drug problem, level of care, service planning area (SPA) and special populations. Numerous data visuals are also given in the five-chapter report. We will present a summary of Chapter 5 of the annual review, which discusses client characteristics by special population.

In Chapter 5, “Client Characteristics by Special Population,” data presented includes demographic and SUD treatment information on adolescent (ages 12-17), young adult (ages 18-25), and older adult clients (aged 65+), as well as clients involved in the criminal justice system, those who were homeless at admission to SUD treatment, clients with disabilities, and lesbian, gay, bisexual, and questioning (LGBQ) clients. This chapter also includes trends in treatment admissions for each group, discharge status, client demographics, primary drug problem, and level of care with corresponding trends.

Adolescents (ages 12-17)

Adolescent clients made up about 9% of total LA County treatment admissions for the FY 2014-2015. Few adolescents reported being homeless at admission to treatment, less than 10% reported any mental health issues, and about 15% reported involvement with the juvenile justice system. More than 75% of adolescent SUD treatment admissions reported marijuana as their primary drug problem, with this percentage remaining stable for about a decade.

Annual Review Data Highlights (FY 2014-2015):

- ~ 16% Involved with criminal justice system
- < 25% Homeless at admission
- <25% Reported any mental health issues
- Meth most commonly reported primary drug
- Most patients treated in outpatient counseling

Young Adults (ages 18-25)

Young adult clients made up about 15% of treatment admissions for the FY 2014-2015. The number of young adults admitted to treatment has decreased over the last decade; however, the proportion this age group represents has remained the same. About 16% were homeless when admitted to treatment, with about the same proportion noting involvement with the criminal justice system (18%), and about 20% reporting mental health issues. While the proportion of young adults reporting marijuana as their primary drug problem has decreased since FY 2012-2013, the proportion reporting heroin has increased, along with rates of methamphetamine (since FY 2011-2012).

Older Adults (ages 65 and older)

Older adults made up less than 3% of the treatment population. This number increased between FY 2005-2006 to FY 2012-2013, before stabilizing. Within this age group, over 25% of clients reported mental health issues. Heroin was the most commonly reported primary drug problem (56%), and the reported percentage represents a large increase over the last two years.

Continued on the next page...



¹ Annual Review of Clients in Publicly Funded Substance Use Disorder Treatment Programs in Los Angeles County, 2014-2015 Fiscal Year. Research and Evaluation, Office of Medical Director and Science Officer, Substance Abuse Prevention and Control, Los Angeles County Department of Public Health, May 2016.

Continued from the previous page...

Most clients received treatment in an Opioid Treatment Program (OTP), an increasing trend in the last couple of years and also mirrors the trend in primary drug use.

Homeless Population

Almost 20% of clients in SUD treatment reported being homeless at admission. The proportion of clients reporting homelessness at admission has increased over the last couple of years, although the actual number of clients has remained stable. About 20% of homeless clients reported involvement with the criminal justice system, with about the same percentage reporting medical problems, while almost 40% reported mental health issues. The most commonly reported primary drug problem for this population was methamphetamine, a trend that has remained consistent for the last several years. The majority of homeless clients were treated in a residential treatment facility, a trend that has decreased over the last few years.

Disabled Population

Clients with disabilities accounted for about 20% of treatment admissions during the FY 2014-2015 (disabilities reported by clients from highest to lowest: mental, mobility, visual, "other," hearing, development, and speech). The proportion of disabled clients has been stable for the last few years, although the actual number of clients with disabilities has decreased. About 20% of clients with disabilities were homeless at

admission to treatment, over 25% reported other medical problems, and about 10% were involved with the criminal justice system. The most commonly reported primary drug problem among disabled clients was heroin. Heroin use has increased sharply over the last few years within this population. Trends in level of care have also changed—as heroin use increased, so did OTP admissions.

Lesbian, Gay, Bisexual and Questioning Population

LGBQ clients, during FY 2014-2015, made up about 6% of the total client population. Almost half of the clients identified as gay, about 40% identified as bisexual, with the remaining group self-identifying as "questioning or don't know." Almost 30% were homeless and had mental health issues at the time of admission to SUD treatment. Among this population, the most commonly reported primary drug problem was methamphetamine, followed closely by heroin. Of particular interest, reporting of both methamphetamine and heroin as the primary drug problem has increased over the past few years. OTP admissions for LGBQ clients have increased in recent years, while outpatient counseling and residential treatment have both decreased.

Report limitations do exist. Data used for this report describes only those individuals served by County-funded SUD programs. Information represented in the report should not be generalized as depicting community or specific population needs. The [full report](#) is available on the SAPC website.



NEW MEDICAID RULES & CHANGES TO THE INSTITUTIONS FOR MENTAL DISEASES EXCLUSION RULE

In April 2016, the federal government issued new rules that overhaul managed care in Medicaid and the Children's Health Insurance Program for the first time in more than 10 years. While the rules are expansive, a significant provision for behavioral health providers is one which changes the Institutions for Mental Diseases (IMD) exclusion rule. Now, for the first time ever, in states with managed care plans, Medicaid will pay for adult inpatient treatment in a facility with more than 16 beds. While LA County's Drug Medi-Cal Organized Delivery System Waiver plan already provides for an IMD exclusion, SAPC welcomes these changes to better provide inpatient services to adults struggling with substance use disorders.

For more information, click [here](#) to view the Federal Register summary article and click [here](#) to read a summary on the U.S. Department of Health and Human Service webpage.

Online Resources

- American Association for the Treatment of Opioid Dependence, Inc.: <http://www.aatod.org>
- CA Association of Alcohol and Drug Program Executives, Inc.: <http://www.caadpe.org>
- CA State Suicide Prevention Media Campaign: <http://www.suicideispreventable.org>
- Community Anti-Drug Coalitions of America: <http://www.cadca.org>
- International Coalition for Addiction Studies Education: <http://incase.org>
- Los Angeles County Department of Mental Health: <http://dmh.lacounty.gov>
- Los Angeles County Department of Public Health: <http://publichealth.lacounty.gov>
- National Alliance on Mental Illness: <http://www.nami.org>
- National Association for Addiction Professionals: <http://www.naadac.org>
- National Center on Addiction and Substance Abuse at Columbia: <http://www.casacolumbia.org>
- National Drug Court Institute: <http://ndci.org>
- National Institute on Drug Abuse: <http://www.drugabuse.gov>
- Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov>
- UCLA Integrated Substance Abuse Programs: <http://www.uclaisap.org>

The Substance Abuse Prevention and Control (SAPC) program, a division of the Los Angeles County Department of Public Health, has the primary responsibility of administering the County's alcohol and drug programs.

SAPC provides a wide array of alcohol and other drug prevention, treatment, and recovery programs and services through contracts with community-based organizations.

Visit us at <http://publichealth.lacounty.gov/sapc>.

To submit suggestions or comments, email Christina Morgan at cmorgan@ph.lacounty.gov.

Substance Abuse Prevention and Control Program
Los Angeles County Department of Public Health
1000 South Fremont Avenue
Building A-9 East, 3rd Floor
Alhambra, CA 91803

All pictures within this document were downloaded from Thinkstock and Shutterstock websites.



Shown above: AVRC-Men's Track and Field

2016 AL-IMPICS WINNERS...



PERPETUAL TROPHY

AVRC-Women
Amity Foundation
The Midnight Mission
Healthright 360

BANNER

Midnight Mission
AVRC-Women
The Salvation Army Hope Harbor
AADAP Residential
SSG/HOPICS

UNIFORM

Amity Foundation
House of Uhuru
SSG/HOPICS
AVRC-Women
AADAP Outpatient

CHOREOGRAPHY

Tarzana Treatment Center
Healthright 360
AVRC-Women
AVRC-Men
House of Uhuru



TRACK AND FIELD-1ST PLACE

AVRC-Women
Amity Foundation
The Midnight Mission
Tarzana Treatment Center



SOCIAL EVENTS-1ST PLACE

The Salvation Army Canoga Park
Amity Foundation
The Midnight Mission
Healthright 360



you did it