

## PROVIDER ADVISORY COMMITTEE MEETING

Microsoft Teams February 11, 2025 2PM – 4PM

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

Please type your name, pronouns, and organization in the chat for attendance purposes.



## Welcome

Dr. Gary Tsai, Bureau Director, DPH

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

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# RESPONSES TO FEDERAL ORDERS AND ACTIONS



Agenda		
2:00 – 2:05	Welcome	
2:05 – 2:10	Approval of Meeting Minutes – December 10, 2024	
2:10 – 2:20	Workgroup Updates <ul> <li>PAC Provider Data Workgroup</li> </ul>	
2:20 – 3:50	Discussion Items	
3:50 – 3:55	Meeting Wrap Up	
3:55 - 4:00	Public Comments	

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## APPROVAL OF MEETING MINUTES December 10, 2024 Meeting Bernie Lau, Systems of Care, DPH



## **PAC Motion: December Meeting Minutes**

- Please speak up if you'd like to make any changes.
- Motion to Approve
- Motion to Second







# PAC PROVIDER DATA WORKGROUP

Dr. Gary Tsai, SAPC Christina Gonzales, Principles



# PAC DISCUSSION ITEMS



- 1. AOD Certification for OP Levels of Care: Will DMC Certification cover the requirement for the state?
  - Edith Urner, Exodus Recovery
- **2. Eaton Fire:** Potential effects on RBH bed availability
  - Edith Urner, Exodus Recovery
- **3. New Budget Approval System:** Challenging issues with VPN Application.
  - Edith Urner, Exodus Recovery

COUNTY OF LOS ANGEL



# SAPC DISCUSSION ITEMS



## BEHAVIORAL HEALTH SERVICES ACT (BHSA) Katherine Li, SAPC



# ADDICTION MEDICATION SERVICES

Dr. Brian Hurley, SAPC



# REACHING THE 95% (R95) INITIATIVE

Vanessa Lâm, SAPC



#### Reaching the 95% (R95) Initiative

Commonly controversial R95 principles	Clarification
Patients <b>do not need to be abstinent</b> or have abstinence goals at admission.	R95 supports patients at all points in their journey and does not discourage abstinence or abstinence-focused goals. This policy is intended to increase engagement and admission.
Admission <b>does not require toxicology tests</b> , positive or negative	Every reasonable effort should be made to admit patients when they seek services to leverage readiness. SAPC never required a positive toxicology result for admission.
Patients must <b>consent</b> to toxicology testing throughout treatment and cannot be discharged for refusal.	Refusals are opportunities for connection through curiosity. Staff should reassure patients they will not be automatically discharged for a positive result and encourage honesty and continued engagement. For the justice-involved population, staff should make clear the consequences the patient may face for refusal. R95 does not negate consequences of refusal.
Positive toxicology while in treatment is not grounds for <b>automatic discharge</b> .	Toxicology should be used and presented as a clinical tool and results should be considered within the context of the patient's motivations, engagement, and actions.

#### What other concerns might R95 raise? What would you need to hear to be convinced?



### Reaching the 95% Resources

R95 program questions: <u>SAPC-R95@ph.lacounty.gov</u>

Payment Reform and Capacity Building questions: <u>SAPC-CBI@ph.lacounty.gov</u>

#### **R95 website**



#### **R95 overview flyer**

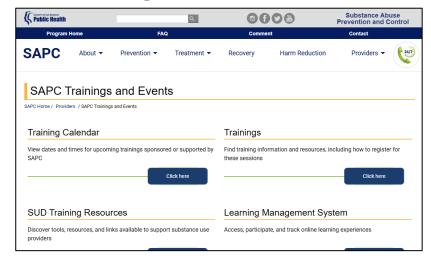
LOS ANGELES COUNTY SUBSTANCE USE PREVENTION AND CONTROL Rethinking Substance Use Systems to Facilitate Access and Reduce Barriers

#### What is the R95 Initiative?

We are facing the worst overdose crisis in national and local history, and research has shown that two-thirds of people in the United States have been impacted by addiction in some way.<sup>1</sup> While substance use disorder (SUD) treatment has been proven to save lives, only approximately 5 - 10% of people with SUDs are accessing treatment services, and 95% of people with SUDs who don't access services report either not wanting or believing that they need help.

Data demonstrates that unless we prioritize engaging this 95% of individuals with SUDs, it is unlikely that we will increase our treatment access rates. For this reason, many substance use systems need to take a fundamentally different approach to better address SUDs by ensuring that programs are designed not just for the 5% of people with SUDs knocking on their treatment doors, but that they are also designed to engage the 95% who are not.

#### **SAPC Trainings and Events**



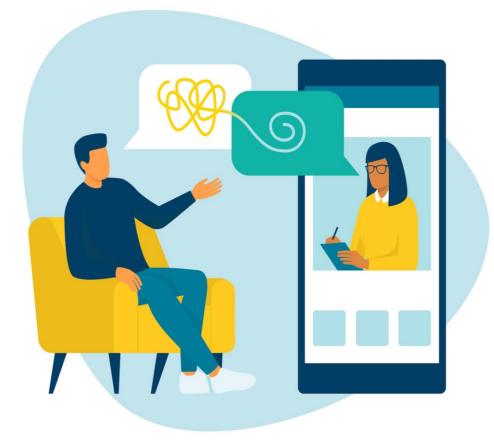


## **SASH Collateral Call Expansion Planning**

Antonne Moore, M.Ed., Chief Strategic and Network Development Division Substance Abuse Prevention and Control

## **SASH Collateral Call Expansion Planning**





#### **R95 Lower Barrier Access for SASH**.

- SAPC identified a barrier in its own system for patients receiving appointments when someone other the patient calls on their behalf (i.e. collateral)
- 17% of callers to the SASH are collateral callers that could assist persons in need of SUD treatment accept treatment.
- 97% of SASH callers are (or calling on behalf of someone who is) Medi-Cal eligible/enrolled, with the vase majority being enrolled.

#### Los Angeles Alliance Opportunity:

 SASH/CENS are required to respond to LA City Outreach Workers who connect PEH to needed SUD services, even when the patient is not physically present.



- Effective January 2025, the SASH will be updating its call center protocols to include the following:
  - Conduct screenings with collateral callers calling on behalf of a prospective patient.
  - Screen and connect (if applicable) caller with provider to schedule an appointment, even when the patient is not present.
- Collateral Callers may include:
  - LA City Outreach Workers
  - HMIS outreach workers
  - Family and/or Friends
  - Social Workers, case manager, care coordinators



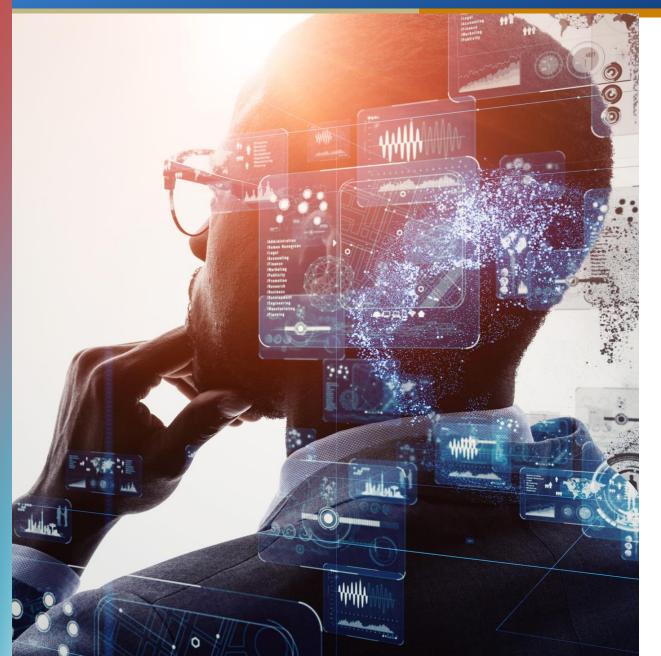


## **Referral Workflow for Collateral Callers**

- 1. If individual is not present, will ensure there is enough information for a referral.
- 2. Gather basic financial information to ensure eligibility of the individual
- 3. Complete a modified brief ASAM screening to determine the appropriate LOC for patient.
- 4. Locate the nearest or most appropriate provider using the SBAT to secure an appointment with the caller.
- 5. Document outcomes in the Service Connection Log.
- Note: Only collateral or outreach workers who can provide sufficient information to determine preliminary level of care will be referred to providers for an appointment request.

## **SASH Collateral Call Expansion Planning**





## Provider Considerations for Responding to SASH Calls

 Providers will need to prepare their staff to accept referrals from the SASH, even if the person needing SUD treatment is not on the call.

- Intake appointments that are offered at the **point of referral** (i.e., w/o requiring the patient to call-back)
- Collateral callers will have essential information if referred but may not have all patient information requested.



# SAPC Learning & Network Connection (SAPC LNC) Platform



#### What's the SAPC Learning & Network Connection (SAPC LNC) Platform?





#### **SAPC LNC Platform as a Learning Management Platform**

- > On-demand trainings available 24/7 anywhere
- Trainings specifically created for all SAPC providers
  - Clinical trainings (Continued Education credits available)
  - Sage trainings
  - Billing trainings
  - Operational trainings
  - Onboarding trainings







#### SAPC LNC Platform is also a <u>Network Connection Platform</u>

> Access SAPC programmatic resources:

- Keyword search in content library
- Receive notifications on new content
- Content related to SAPC initiatives
- Content to help your agency meet various SAPC requirements

> Electronic submission of documents such as:

- Attestation forms
- Agency's policies







#### How will the SAPC LNC Platform benefit SAPC Providers and SAPC?

- Free access to required trainings (ex: ASAM-A & ASAM-B)
- Complete trainings anywhere and anytime
- Instant download of completion certificates
- Trainings are complementary to DMC-ODS operations in LA County
- Instant access to information and resources customized to your role and responsibilities
- Staying up to date with SAPC programmatic resources

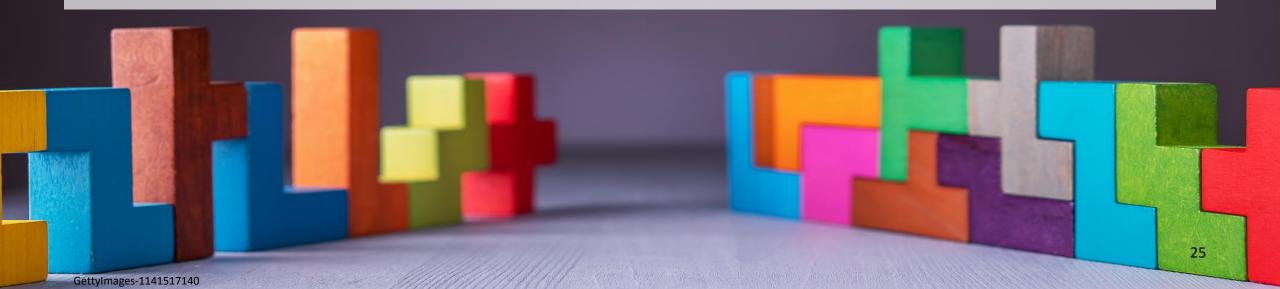






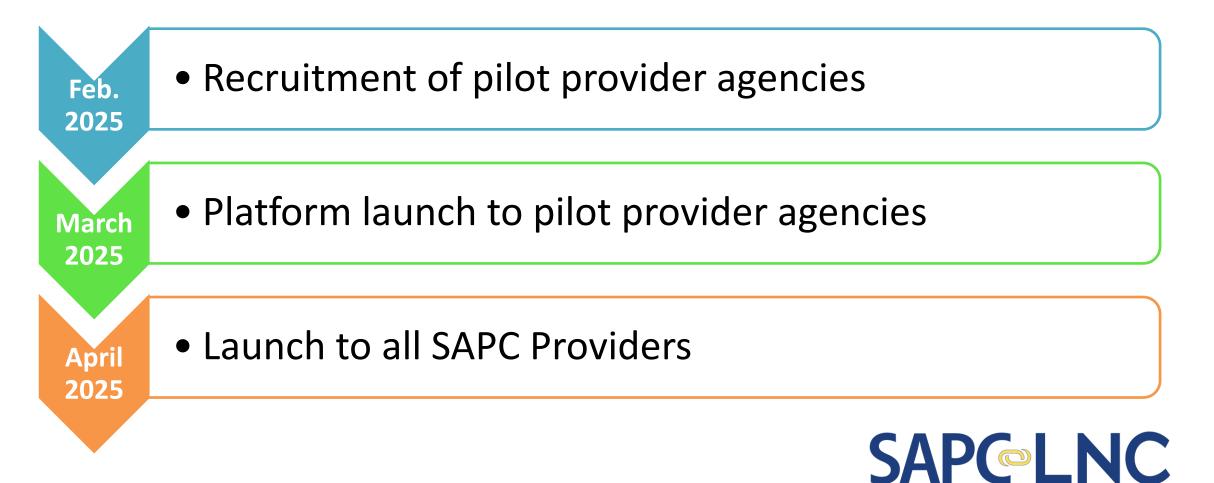
#### What will be done for SAPC Providers?

- Automatic enrollment of registered Sage users in the SAPC-LNC platform
- Provide access to the SAPC Content Library
- SAPC will develop & deploy tools and resources to implement substance use programs and services
- Built-in reporting functions to assist agency's operational needs
- Helpdesk support to troubleshoot technical problems on this platform





#### **General Timeline**



LEARNING & NETWORK CONNECTION PLATFORM



#### What will Pilot Providers need to do?

#### Agency Liaisons:

- Register 5 users via uploading an Excel Spreadsheet
- Assign trainings to staff
- Send training completion reminders
- Agency Staff:
  - Browse and enroll trainings for professional development
  - Download certificates upon completion
- Agency liaisons and staff are invited to provide feedback via an integrated tool on the platform and a virtual feedback session toward the end of pilot phase











#### Thank You for your time and consideration. Please contact us if you are interested in participating as a pilot provider agency.



#### SAPC LNC Platform Contact Information

- David Hindman, PhD: <u>DHindman@ph.lacounty.gov</u>
- SAPC-LNC Platform Inquiries: SAPC-LNC@ph.lacounty.gov



## PUBLIC COMMENTS

Dr. Gary Tsai, Bureau Director, SAPC





## Meeting Wrap Up

- Next meeting: April 8, 2025 (In Person)
- Feedback on PAC Meetings:
  - a) What did you like about the PAC meeting?
  - b) How could the PAC meeting be improved?
  - c) Do you have recommendations for topics that should be discussed at future PAC meetings?



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## **A**DJOURN

Next PAC meeting:

April 8, 2025, 2 p.m. – 4 p.m. In-Person Meeting

