

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH**  
**Substance Abuse Prevention and Control**  
**Provider Advisory Committee Meeting**  
**Meeting Summary – July 12, 2022**

**Provider Advisory Committee (PAC) MEMBERS PRESENT ON MICROSOFT TEAMS:** Dr. Gary Tsai (Chair), Kathy Watt (Co-Chair), Jose Aguilar, Deena Duncan, Brandon Fernandez, Nina Glassman, Christina Gonzales, Baldomero (Junie) Gonzalez, Colette Harley, JoAnn Hemstreet, Jonathan Higgins, Hiroko Makiyama, Nely Meza, Claudia Murillo, Nora O’Connor, Rocio Quezada, Liana Sanchez, Denise Shook, James Symington, III, William Taetzsch, Aris Tubadeza, Edith Urner, Wendie Warwick,

**Substance Abuse Prevention and Control REPRESENTATIVES:** Nima Amini, Emily Caesar, Alyssa Cohen, Nancy Crosby, Daniel Deniz, Michelle Gibson, David Hindman, Brian Hurley, Kyle Kennedy, Tina Kim, Samson Kung, Allison Kwan, Yanira A. Lima, Julie Lo, Marika Medrano, Antonne Moore, Michelle Palmer, Glenda Pinney, Kimia Ramezani, Belia Sardinha, Ami Shah, Megala Sivashanmugam, Sandy Song, April Stump-Earwood, Rosemary Taing, Anulkah Thomas, Erika Valdez, Roselyn Valdez

**MEMBERS OF THE PUBLIC:** Chantell Cuaron (L.A. CADA), Elan Javanford (Didi Hirsch), Bill Tarkanian (L.A. CADA), Shelly Wood (Grandview Foundation), Christopher Botten (CIBHS), Charlotte Bullen (CIBHS), Leslie Dishman (CIBHS), Salina Vigil (CIBHS)

**MATERIALS DISTRIBUTED:** PAC Meeting Agenda, PAC Meeting Minutes (May 10, 2022)

Topic	Discussion/Finding	Recommendations, Action, Follow-up
<b>Welcome</b>	<p><b>Gary Tsai, M.D., Director, Los Angeles County, Department of Public Health (DPH), Substance Abuse Prevention and Control (SAPC)</b></p> <ul style="list-style-type: none"> <li>Indicated that quorum was established.</li> </ul>	
<b>Approval of Meeting Minutes</b>	<ul style="list-style-type: none"> <li>Meeting minutes from 5/10/22 were presented by Kyle Kennedy (DPH-SAPC), and motion to approve by Claudia (House of Hope) and second by Denise (Behavioral Health Services).</li> <li>Approved meeting minutes to be posted on PAC webpage.</li> </ul>	Minutes approved for posting with no changes.
<b>Recognition of Termed Out PAC Members</b>	<p><b>Gary Tsai, M.D., Director, DPH-SAPC</b>  <b>Kathy Watt, Van Ness Recovery House</b></p> <ul style="list-style-type: none"> <li>Dr. Tsai expresses appreciation for PAC members whose terms ended June 30, 2022.</li> <li>Dr. Tsai highlighted the role of the PAC: (1) to provide input from the provider network to shape the work and best serve our clients; (2) to add value in a different way than other spaces, like the All-Treatment Provider meeting.</li> <li>Dr. Tsai thanked Kathy Watt for her leadership as Co-Chair and the DPH-SAPC team for the support it provides.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Kathy Watt (Van Ness Recovery House) thanked all who participated and shared a reminder that all are invited to participate, as the PAC and workgroup meetings are open to the public.</li> <li>• Dr. Tsai acknowledged members terming out and invited them to speak if they so desired: Ken Bachrach; Cory Brosch; Lisa K. Campana; JoAnn M. Hemstreet; Elan Javanfard; Felipe Kaiser; Rocio Quezada; Edgar U. Sebastian; William V. Tarkanian; Tenesha Taylor; and Shelly D. Wood.</li> <li>• Shelly (Grandview Foundation) shared she was disappointed her term was ending, but excited her colleague, Jose Aguilar, had been selected to serve on the PAC. She shared that she enjoyed being in a workgroup leadership and that the best part of her PAC experience was DPH-SAPC giving attention and providing feedback and that she now has DPH-SAPC contacts for receiving guidance and providing input.</li> <li>• Denise (Behavioral Health Services) commended Shelly’s Funding Utilization Workgroup leadership.</li> <li>• Yanira A. Lima (DPH-SAPC) announced that DPH-SAPC had prepared Certificates of Recognition for the members whose terms had ended, and they should receive those via e-mail and postal mail.</li> </ul>	
<p><b>FY 2022 – 2024 Member Selection Process &amp; Results</b></p>	<p><b>Gary Tsai, M.D., Director, DPH-SAPC</b> <b>Kathy Watt, Van Ness Recovery House</b></p> <ul style="list-style-type: none"> <li>• Kathy (Van Ness) thanked everyone for submitting new member applications and expressed appreciation for the PAC members who reviewed the applications and selected the final candidates.</li> <li>• Kyle Kennedy (DPH-SAPC) provided an overview of the selection process, stating that 11 members will term out each year and that the term length is two years. He reminded PAC that members can serve two consecutive terms. The selection committee was made up of four (4) PAC members, including the Co-Chair, and five (5) DPH-SAPC staff. A total of 15 applications were received but one was rescinded, leaving the committee to choose from 14 applicants for the 11 open spots. Committee members reviewed and scored 2 – 4 applications each.</li> <li>• Dr. Tsai invited new members to introduce themselves. <ul style="list-style-type: none"> <li>○ Jose Aguilar has been with Grandview Foundation for about 3 years and in the SUD field for 16 years. He started out as a peer recovery worker/mentor “behind the wall” in the prison system. His agency serves SPA 3 in Pasadena. He joined the PAC to offer insight on how to push the ball forward as well as to learn, and applied to PAC, as his mentor Shelly Wood encouraged him to participate.</li> <li>○ Nina Glassman is new to Roots through Recovery and previously worked for Tarzana Treatment Center. She joined the PAC to help Roots gain more knowledge as the agency is a new DPH-SAPC contractor. Roots Through Recovery serves the Long Beach area (SPA 8).</li> <li>○ Colette Harley has been with SHIELDS for 17 years. She is currently the Clinical Administrator but has worked in SUD for many years, starting out as a case manager. SHIELDS serves SPA 6. Colette is excited to be part of the PAC team and apply her experience as both a provider and administrator.</li> <li>○ JoAnn Hemstreet, Homeless Health Care Los Angeles’ Clinical Director, is returning to the PAC for a second term. She hopes to stay connected to the work and high-level decision-making and intends to contribute by representing clients experiencing homelessness and emphasizing harm reduction. HHCLA serves SPA 4.</li> </ul> </li> </ul>	

- Hiroko Makiyama is Koreatown Youth and Community Center, Inc.'s Recovery Services Manager in SPA 4, Koreatown area. She has worked in DPH-SAPC-contracted agencies for many years and feels ready to contribute to PAC. Hiroko values this partnership and looks forward to advocating for the Asian Pacific Islander (API) community.
- Nely Meza is the Executive Director of Casa Treatment Center (SPA 3) and has previously sat in on PAC meetings. She is excited to be part of PAC and bring in the perspective of women in recovery.
- Rocio Quezada is happy to return for a second term with Helpline Youth Counseling in SPA 7.
- Liana Sanchez is the Director of Program Services at Los Angeles Centers for Alcohol and Drug Abuse (L.A. CADA) and is honored to be part of PAC. She has been with L.A. CADA for nine years, having worked her way up from being counselor. This experience provides a lot of knowledge and insight about the needs of the client population and the programs. L.A. CADA serves SPAs 3, 4, 7, and 8.
- James (Jim) Symington III is a counselor at Compator, which services youth and adults. He has been doing this work for about three years. He previously worked in law enforcement: three years as a corrections officer and the rest as a parole agent. He is excited to help any way he can. Compator serves SPA 7.
- William (Will) Taetzsch is a Program Director at Didi Hirsch Mental Health Services, which serves SPAs 2, 5, and 8. He started out in mental health services at Didi Hirsch in 2016 and brings his interest in integrated care to PAC. He is interested in technology and fully leveraging telehealth.
- Aris Tubadeza is the Administrative Director at AADAP and has been with the agency for 22 years. He hopes to use his expertise in technology to contribute to the PAC. He would also like to learn what other organizations are doing in terms of their operations. AADAP serves SPAs 4, 6, and 8.
- Dr. Tsai shared that it is great to see both new folks and familiar faces. He shared that while he is anxious to start having in-person meetings, this is yet not possible, but hopes to move in this direction in the near future.
- Kyle Kennedy (DPH-SAPC) reviewed PAC member responsibilities. Members most effectively contribute to the PAC by participating in a bi-directional exchange of information and ideas that can be used to shape DPH-SAPC policies and decisions. PAC members should let Anulkah Thomas (DPH-SAPC) know if they are unable to attend a meeting; the requirement is not to miss more than two meetings per a 12-month period. If unable to serve on the PAC, members should provide written notice to DPH-SAPC. (NOTE: [Bylaws](#) state that members who are “unable to continue functioning as a member of the PAC, submit in writing, official notification of resignation to the Chair and Co-Chair.”)
- Kathy encouraged members to reach out and ask questions, not only to her as the PAC co-chair, but to the DPH-SAPC team, and announced that mentors have been assigned to the new members. Christina (Impact) will mentor Nely (Casa Treatment Center). Bill Tarkanian (L.A. CADA) will mentor Liana (L.A. CADA). Though both are new members Jim (Compator) and Aris (AADAP) have similar interests and may want to connect with each other offline under Kathy's mentorship. Kathy is committed to getting participation from and mentoring a SPA 1 provider as their participation is critical. Kathy encouraged members to invite people they think would be interested to workgroup meetings.

	<ul style="list-style-type: none"> <li>• Dr. Tsai requested that PAC meetings should work toward to facilitating information from PAC members to DPH-SAPC rather than DPH-SAPC reporting out to PAC and would explore other opportunities for providers to raise issues and shape the system.</li> <li>• Claudia (House of Hope) welcomed new members and encouraged participating. She also invited Kathy to let her know if there is any way she can help/mentor new members.</li> </ul>	
<p><b>SAPC Announcements</b></p>	<p><b>Updating MAT Policies &amp; Procedures at the Agency-Level</b> - Gary Tsai, M.D., Director, DPH-SAPC</p> <ul style="list-style-type: none"> <li>• The state will require providers to offer MAT directly or through a referral. Though this has been DPH-SAPC policy for several years, it is recommended that agencies review their MAT policies because there have been case examples where clients were incorrectly told they need to stop MAT services before admission for treatment.</li> <li>• Dr. Tsai invited agencies to share what they have found to be helpful in updating and operationalizing policies and procedures related to this. <ul style="list-style-type: none"> <li>○ Christina (Impact) shared that Impact addressed this directly with frontline patient care staff, including discussing the need to separate personal beliefs from agency policy. Consistency in messaging and training is important to effectively reach staff.</li> <li>○ Brandon (Cri-Help) shared that staff oriented towards the 12-step model are resistant. They will use the example of clients who get in trouble when they go off site for methadone treatment as examples of why MAT should not be considered part of SUD treatment.</li> <li>○ Kathy (Van Ness) would tell staff to imagine being at the funeral of the individual who was prevented from using methadone and ask what would be better: the client struggling with SUD or dying?</li> <li>○ Jim (Compatior) shared that he does not see a lot of demand for MAT. In his experience, Medi-Cal only covers methadone and there is lack of awareness of where to send people for other MAT resources. Dr. Tsai clarified that Medi-Cal pays for methadone and other MAT drugs, including buprenorphine, naloxone, disulfiram, acamprosate, and vivitrol. In terms of demand, we need to educate clients about what is available.</li> <li>○ Johnathan (Beacon House) does not observe a high uptake for MAT, however noted limited effort to build awareness of availability and suggested that a lot of work needs to be done with educating the workforce because it is not strongly promoted or viewed positively by the staff. Recommends that DPH-SAPC push for awareness by mandating MAT training.</li> <li>○ Bill (L.A. CADA, outgoing PAC member) shared that SAMHSA incentivizes grantees to deliver MAT trainings. Provider agencies (L.A. CADA, TTC) can provide these trainings to interested providers.</li> <li>○ Dr. Hindman (DPH-SAPC) shared that DPH-SAPC reviewed and updated its MAT curriculum and shared information for an upcoming <a href="#">training</a>.</li> </ul> </li> </ul> <p><b>PAC Awards</b> - Gary Tsai, M.D., Director, DPH-SAPC</p> <ul style="list-style-type: none"> <li>• The PAC Awards will be a provider driven process acknowledging agencies or individuals across the network who are doing exemplary or outstanding work in areas where we really want to make advancements. Kathy</li> </ul>	<p>Kathy to convene a PAC Awards Workgroup</p>

	<p>committed to convening a workgroup to develop different categories, which could focus on things like MAT, co-occurring services, harm reduction, and strategies for reaching the 95%.</p> <p><b>Medi-Cal Peer Support Specialist Certification Program</b> – Emily Caesar, Systems of Care, DPH-SAPC</p> <ul style="list-style-type: none"> <li>Shared that DPH-SAPC had launched a <a href="#">Medi-Cal Peer Support Specialist Certification webpage</a> to centralize information about the program, including information about applying for scholarships for training and certification.</li> </ul> <p><b>DHCS Payment Reform</b> - Michelle Gibson, Deputy Division Director, DPH-SAPC</p> <ul style="list-style-type: none"> <li>Updated the PAC on that the responsibility for setting Drug Medi-Cal reimbursement rates is shifting from the county to the State. As mentioned in previous meetings, the State is conducting cost surveys to inform their rate-setting process. If agencies receive a request from DPH-SAPC, CalMHSA, CBHDA, or DHCS, they are urged to cooperate. County representatives have expressed concern to the State regarding sufficient funding to support current costs and building support for areas that need expansion, such as workforce and quality of care. This is particularly important as we move to a fee-for-service structure and, much later down the road, a managed care approach. DPH-SAPC will engage PAC for ideas on providing quality-based care with payment reform.</li> </ul> <p><b>Behavioral Health Continuum Infrastructure Program (BHCIP)</b> - Michelle Gibson, Deputy Division Director, DPH-SAPC</p> <ul style="list-style-type: none"> <li>Provided an update on the BHCIP, noting that many DPH-SAPC providers were granted Round 3 contracts. Round 4, entitled Children and Youth, targets children and youth, young adults under the age 25, and pregnant and postpartum women and their children. The RFA process for this round includes an extensive <a href="#">survey</a>. Agencies that wish to be considered for a letter of support should complete the survey by July 31, 2022. Providers were encouraged to participate; as of this date, two providers have started the survey and none have completed it. The state will score projects based on demonstrated readiness. More information on what is required for the grant submission can be found <a href="#">here</a>.</li> </ul> <p>NOTE: See the <a href="#">7/5/22 All Treatment Provider Meeting</a> materials for additional details regarding <a href="#">payment reform and BHCIP</a> (first presentation on the <a href="#">recording</a>).</p>	
<p><b>Feature CalAIM Update - July 2022 Documentation Changes</b></p>	<p><b>Dr. Brian Hurley, Medical Director, DPH-SAPC</b></p> <ul style="list-style-type: none"> <li><b>Intercounty Transfers:</b> DPH-SAPC can now verify updated county of residence listed in the MEDS file, making the ICT process a little less painful. Providers should contact the DPH-SAPC Utilization Management Unit regarding problems obtaining authorization. See slide 17 in <a href="#">7/12/22 PAC meeting presentation</a> for contact information.</li> <li><b>Updating Financial Eligibility (FE) for MyHealthLA Enrollees Now Eligible for Medi-Cal:</b> This is particularly important given the recent Medi-Cal expansion making some MHLA enrollees eligible for full-scope benefits. Providers can find general guidance on updating FE at our website <a href="#">here</a>.</li> <li><b>Paper-Based ASAM:</b> DPH-SAPC will transition to a paper-based ASAM assessment for use during Sage downtimes.</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Documentation redesign:</b> The state is moving from the treatment plan requirement to a problem list. DHCS removed the requirement to have a point-in-time treatment plan and the requirement that each chart note tie to the treatment plan, effective 7/1/2022 for non-OTP LOCs. DHCS also removed the requirement for clients to sign the treatment plan, effective 7/1/2022, for non-OTP LOCs. DHCS now requires problem lists to allow active and ongoing updates of a client’s evolving clinical picture. Progress notes reflecting the plan of care, and verification of appropriate billing should align with progress notes. Refer to materials posted on the website (see NOTE below) for the difference in elements required for a problem list versus a treatment plan. DPH-SAPC will make these changes in Sage as quickly as possible.</li> <li>• Christina (Impact) asked if a patient should be transferred to a new clinician in between problem list updates. Dr. Hurley explained the new clinician does not necessarily have to update the problems in the list due to the transfer, as long as there is documentation of review.</li> <li>• Brandon (Cri-Help) noted that updates would be made more often to the treatment plan/problem list if the plan/list did not have to be fully re-entered in order to reflect changes. He hopes that NetSmart can take this opportunity to implement changes to eliminate this data entry burden. Dr. Hurley acknowledged this pain point and advised that DPH-SAPC has requested that NetSmart make this improvement. Dr. Hindman (DPH-SAPC) shared that they have operationalized some aspects of this and intend to have some of this functionality released as soon as next week. More information on this will be shared in an upcoming Sage communication.</li> </ul> <p>NOTE: See the <a href="#">7/5/22 All Treatment Provider Meeting</a> materials for the <a href="#">Clinical/Utilization Management and Quality Improvements Updates</a> and <a href="#">Updated DMC-ODS Documentation Requirements</a> agenda items for additional details (starting at 1:11:44 timestamp and 1:32:40 timestamp, respectively, on the <a href="#">recording</a>).</p>	
<p><b>PAC Workgroup Updates</b></p>	<ul style="list-style-type: none"> <li>• Dr. Tsai stated that this agenda item is the space where the PAC should be spending most time during meetings. The PAC is using the workgroup structure to advance PAC efforts and recommendation on policy or advocacy. DPH-SAPC team can support the meeting coordination and planning and coordination of next steps and action items.</li> </ul> <p><b>Funding Utilization Workgroup</b> – Shelly Wood, Grandview Foundation</p> <ul style="list-style-type: none"> <li>• Shelly shared that the report was submitted to DPH-SAPC on June 7 and is still under review. The report discusses how to mitigate denials and identify outside funding and entrepreneurial opportunities to fill gaps for non-reimbursed costs. Examples shared with the workgroup include L.A. CADA receiving a housing grant and Beacon House thrift stores bringing in revenue. Shelly noted that reimbursement data is skewed because it does not include denied claims even though the service had been provided.</li> <li>• Christina (Impact) added that another useful idea would be to solidify the network beyond the PAC agencies. Beyond working on the assigned topic, workgroup participation leads to building relationships that foster growth as individual agencies and as a network.</li> <li>• Kathy (Van Ness) agreed that these connections lead to cultivating contacts to call upon for advice or to vent and can lead to further resources through their extended networks.</li> </ul>	<p>DPH-SAPC to complete FUW report review and provide feedback within the expected 2-week timeframe.</p>

- Yanira (DPH-SAPC) committed that DPH-SAPC would provide feedback on the report within the next two weeks. Dr. Tsai emphasized that such reviews should be completed by PAC meetings.

**Reaching the 95% Workgroup** – Deena Duncan, Volunteers of America

- Deena shared that the workgroup conducted a great brainstorming session and came up with ideas related to primary prevention, early intervention, harm reduction, and treatment and recovery.
- Christina (Impact) added that the workgroup invites more PAC participation, as the conversation was only between four PAC members and more input is needed.
- Kathy (Van Ness) offered a comparison to effective HIV prevention work and suggested that there may be models that can be leveraged for SUD.
- JoAnn (Homeless Health Care Los Angeles) expressed interest in joining the workgroup; agreed that not everyone that could benefit from services necessarily wants to stop using all substances.
- Jonathan (Beacon House) also expressed interest in the workgroup in the chat.
- Dr. Tsai explained that, according to federal data, on average only about 5% of people with SUD are in treatment. The purpose of the workgroup is to identify strategies to reach the other 95% who either do not want treatment or think they do not need it. Reaching this group will require expanding the focus beyond abstinence-based models and embracing MAT as a part of treatment and recovery.
- Kathy (Van Ness) agreed and added that it may be necessary to have meetings specifically dedicated to talk about what the spectrum of SUD treatment really is. Brian Hurley (SAPC) expressed the concern that if such meetings were held only people who were in favor of harm reduction would participate. Kathy responded that may be the case if the meeting was called by DPH-SAPC, but not if it was convened by PAC members and was framed as a listening session for people with a variety of perspectives.
- Claudia (House of Hope) remarked that this is a culture change that will require a lot of repetition within the SUD-serving community and JoAnn added that personal self-reflection work by each clinician and staff member is also crucial for this cultural shift.
- Junie (Fred Brown) commented that there is not always good communication between MAT providers and the treatment program, such as a MAT provider making medication adjustments without consulting the treatment program for more information. Dr. Tsai advised providers to reach out to DPH-SAPC when encountering communication problems with partners.
- Brandon (Cri-Help) agreed that communication with MAT providers is important and that sometimes citing the scientific justification is not enough and not well-received. Cri-Help took the approach of tracking client information and sharing those observations with the MAT provider and found that more effective in coming to an understanding about how to approach MAT prescribing.
- Dr. Tsai invited providers to share coordination challenges and explore solutions with Dr. Hurley’s team.

**Business Technology Workgroup** – Samson Kung, Information Technology Manager, DPH-SAPC and David Hindman, PhD, Branch Chief, Sage EHR Management Branch, DPH-SAPC

- Samson reviewed dates for the remaining 2022 meetings:
  - Tuesday, August 23, 2022, from 10:30 – 12:00 pm

SOC will assist with transitioning workgroup

	<ul style="list-style-type: none"> <li>○ Thursday, November 17, 2022, from 3:00 - 4:30 pm</li> <li>● Samson reviewed standing agenda items, which include updates on DPH-SAPC-IT initiatives, updates on Sage initiatives and enhancements, and provider identified perspectives and priorities and shared that DPH-SAPC will coordinate a HIDEX discussion for secondary providers in July.</li> <li>● Dr. Hindman requested PAC topics ahead of time to arrange for DPH-SAPC subject matter expert engagement.</li> <li>● Dr. Tsai stated PAC workgroups should be provider-driven and requested that David and Sam identify providers interested in taking on leadership positions and transition the workgroup by the next meeting.</li> <li>● Kathy encouraged Jim (Compatior) and Aris (AADAP) to take on workgroup leadership due to their demonstrated knowledge and interest in information technology and offered mentorship.</li> </ul>	direction to providers
<b>PAC Member Item</b>	<p><b>Anulkah Thomas, Systems of Care</b></p> <ul style="list-style-type: none"> <li>● Anulkah advised that the topics solicited from PAC members at May meeting were integrated into today's agenda and that no additional topic requests were shared by the PAC since the last meeting.</li> <li>● Kathy shared that she wants to initiate SPA-based PAC meetings. Members with appropriate contacts at the SPA level should share with Kathy (<a href="mailto:wattvnrh@aol.com">wattvnrh@aol.com</a>). This will allow the PAC to tap into rich information being shared between providers and improve the agencies' ability to truly work as a network.</li> <li>● Kathy also noted that a continued PAC discussion regarding MAT is needed.</li> </ul>	Kathy will gather leads on key contacts from PAC members.
<b>Future PAC Meeting Dates</b>	<p><b>Anulkah Thomas, Systems of Care</b></p> <ul style="list-style-type: none"> <li>● The remaining PAC meetings for 2022 are scheduled for 9/13 and 11/8 from 2:00 to 4:00 pm. Contact Anulkah (<a href="mailto:athomas2@ph.lacounty.gov">athomas2@ph.lacounty.gov</a>) if you have not received invitations.</li> <li>● Reaching the 95% Workgroup has meetings scheduled for: <ul style="list-style-type: none"> <li>○ Monday, July 18 from 2:00 – 3:30 pm</li> <li>○ Thursday, August 4 from 2:30 - 4 pm</li> <li>○ Thursday, Sept 1 from 2:30 - 4 pm</li> <li>○ Thursday, October 6 from 2:30 - 4 pm</li> <li>○ Thursday, November 3 from 2:30 - 4 pm</li> </ul> </li> <li>● The Business Technology Workgroup meetings are scheduled for: <ul style="list-style-type: none"> <li>○ Tuesday, August 23 from 10:30 -12:00 pm</li> <li>○ Thursday, November 17 from 3:00 - 4:30 pm</li> </ul> </li> </ul>	
<b>Brainstorm Topics for Elevation at Future Meetings</b>	<p><b>Emily Caesar, Systems of Care</b></p> <ul style="list-style-type: none"> <li>● Due to time constraints, PAC members are encouraged to enter suggestions via meeting chat or by emailing Anulkah (<a href="mailto:athomas2@ph.lacounty.gov">athomas2@ph.lacounty.gov</a>) or Kathy (<a href="mailto:wattvnrh@aol.com">wattvnrh@aol.com</a>) in lieu of in-meeting brainstorm.</li> </ul>	
<b>Meeting Wrap Up</b>	<p><b>Anulkah Thomas, Systems of Care</b></p> <ul style="list-style-type: none"> <li>● Decisions <ul style="list-style-type: none"> <li>○ 5/10/22 PAC meeting minutes approved.</li> </ul> </li> <li>● Next Steps</li> </ul>	



	<ul style="list-style-type: none"> <li>○ DHCS will develop rates informed by current cost survey process. PAC member agencies (and all agencies) strongly encouraged to participate in cost survey.</li> <li>○ <a href="#">BHCIP supplemental survey</a> must be completed by 7/31/22 to be considered for a letter of support</li> <li>○ SAPC will review Funding Utilization report and provide feedback within two weeks.</li> <li>○ Kathy will reach out to PAC to identify members to join the Reaching the 95% workgroup; folks that are interested can also contact Anulkah directly.</li> <li>○ PAC member lead for BTC workgroup to be identified by next workgroup meeting on 8/23/22. <ul style="list-style-type: none"> <li>● Meeting evaluation feedback requested via meeting chat or via email to <a href="mailto:athomas2@ph.lacounty.gov">athomas2@ph.lacounty.gov</a>.</li> </ul> </li> </ul>	
<b>Public Comment</b>	<b>Gary Tsai, Systems of Care</b> <ul style="list-style-type: none"> <li>● No comments from the public.</li> </ul>	
<b>Next Meeting</b>	Next meeting is scheduled for September 13, 2022, at 2 pm.	

*Reviewed and Approved by: Y.Lima (DPH-SAPC)  
Date: September 8, 2022*