

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

Substance Abuse Prevention and Control

Provider Advisory Committee Meeting

Meeting Summary – August 24, 2021

Provider Advisory Committee (PAC) MEMBERS PRESENT ON MICROSOFT TEAMS: Kathy Watt (Co-Chair), Martha Cabrera (in place of Deena Duncan), Lisa Campana, Brian Fernandez, Christina Gonzalez, Elan Javanford, JoAnn Hemstreet, Jonathan Higgins, Claudia Murillo, Nora O’Connor, Rocio Quezada, Adrian Reveles (in place of Junie Gonzalez), Nicole Santa Maria (in place of Edgar Sebastian), Denise Shook, Edith Urner, Shelly Wood, Wendie Warwick

Substance Abuse Prevention and Control (SAPC) REPRESENTATIVES: Michelle Gibson, Daniel Deniz, Marquisha Henderson, Kyle Kennedy, Yanira Lima, Julie Lo, Antonne Moore, Jimmy Nguyen, Zena Yusuf

ABSENT: Ken Bachrach, Cory Brosch, Felipe Kaiser, Bill Tarkanian

MATERIALS DISTRIBUTED: PAC Meeting Agenda, PAC Meeting Minutes (June 15, 2021)

Topic	Discussion/Finding	Recommendations, Action, Follow-up
Welcome and Introductions	<p>Kyle Kennedy, Treatment Service Branch, Systems of Care conducted roll call.</p> <ul style="list-style-type: none"> • Eighteen (18) of the twenty-two (22) PAC members were present as well as SAPC representatives from different units (quorum was present at the start of the meeting). • Four new PAC members were invited to introduce themselves and their agencies <ul style="list-style-type: none"> - Jonathan Higgins, Compliance Officer at Beacon House Association of San Pedro – Historically, Beacon House is an ASAM 3.1 residential facility for men, now restructured to provide a more robust continuum of care by adding ASAM 1.0 and 2.1 and sober living and is currently in talks with SAPC to add Recovery Bridge Housing (RBH). The agency has specialized on reintegration into society, workforce readiness and housing. - Nora O’Connor, Director of Behavioral Health, JWCH Institute – Our agency is most known for comprehensive medical care. We operate ASAM 3.1 and 3.5 inpatient women and children’s program two RBH programs, and outpatient and intensive outpatient for men and women. - Denise Shook, LCSW at Behavioral Health Services(BHS). BHS provides most levels of care, primary medical clinics, and mental health services throughout the County. - Edith Urner, at Exodus Recovery. Exodus Recovery is a mental health organization, providing inpatient detox and chemical dependency, currently contracted with SAPC to provide ASAM 1.0. 	
Announcements	Michelle Gibson, Deputy Division Director filling in for Dr. Tsai, welcomed new PAC members	

	<ul style="list-style-type: none"> • SAPC emphasizes and encourages the PAC (and the wider SUD network) to participate in Alternatives to Incarceration (ATI) and Measure J initiatives happening at the County level. A link to the calendar of events is included on the slide. At these meetings, the public can advocate for the SUD System of Care. - SAPC has several Measure J funded projects so far – SUD Treatment and Beds for Diversion Populations, Harm Reduction Expansion, SUD workforce Initiative, and Recovery Bridge Housing. • SAPC has released several Information Notices (linked in the Powerpoint) relating to rates and payments and Covid-19 Response. • It was added that SAPC is having discussions with CAADPE and is considering the possibility of extending cost-based repayment, more information to come on this topic. • Reminder of masking and vaccine mandates was provided; all staff at SUD sites are required to be vaccinated by 9/30/21. • Peer Support Specialist Program – SAPC will be developing a Peer Specialists program. It will include 80-hour training curriculum, that needs to be completed in advance of delivering services. SAPC will need to develop new rates and a service portfolio. It is likely that this will be launched at the beginning of the next FY, but want to start having conversations with providers and the PAC regarding what this might look like. 	
Co-Chair Announcements	Kathy Watt welcomed new PAC members and thanked all applicants for their interest. For any non-PAC members on the call interested in mentorship or support to apply for the PAC, please reach out to Kathy and/or PAC members.	
Approval of Meeting Minutes	Claudia motioned to approve the minutes as is, second by Lisa Campana. Yanira noted that the SAPC website is being updated to include all of the PAC minutes and agendas; link forthcoming.	
PAC 30-day Length of Stay Workgroup	<p>Presentation by Kathy Watt, PAC Co-chair</p> <ul style="list-style-type: none"> • PAC convened a workgroup to discuss the 30-day average length of stay in provider programs with participants from PAC, SAPC and CIBHS. A total of 6 meetings were held, with additional meetings between Kathy and CIBHS to construct the final documents. • Workgroup Aim: To identify the areas in the continuum of care that would be impacted and could be leveraged by the proposed Residential Length of Stay Average. • Brainstorming process: Overall focus was on the change concepts among the provider, county and state <ul style="list-style-type: none"> - The workgroup identified key concerns and barriers, examined specific areas of concern, and tried to identify solutions, and indicated who would be involved in implementation of those solutions. - One example of a key concern is data; providers do not have ready access to data. We know that data drives decisions, and as providers we need to be familiar and hands on with our data. • Impact: The workgroup was solution focused <ul style="list-style-type: none"> - It is apparent that data sharing is not happening - The SUD field is worried about recidivism - The system is currently siloed, and transformation will be necessary • Next steps will be to finalize this document • Thank you to PAC members, SAPC and CIBHS 	

Introduction to Value Based Care

Presentation by Michelle Gibson, Deputy Division Director

Note: This material was also covered in the Provider Meeting

- Prior to 2017, SAPC was mostly a cost-based reimbursement model; not looking at the volume of patients served and not looking at patient outcomes. Under the DMC-ODS waiver, SAPC transitioned to cost reconciliation where volume mattered (i.e. beds needed to be full), but still weren't looking at outcomes of care. But with Covid went back to cost-based reimbursement.
- County Reimbursement under Cal-AIM
 - SAPC is working with DHCS and other counties on shifting from a cost-based certified public expenditure (CPE) to an intergovernmental transfer.
 - There will be a shift from the way cost reporting is done now, which is several years behind, to more real-time claims.
 - SAPC is expecting to have more flexibility in how rates are determined; for example, using incentives.
 - This will be a complex process, requiring changes to contracts and Electronic Health Record (EHR) System.
- Provider Reimbursement under Cal-Aim
 - The broader trend in Medi-Cal financing is towards incentivizing patient care that improves patient outcomes (value-based care).
- Evolution of SUD financing
 - SAPC is currently at cost reconciliation where the focus is on the cost of delivering services – rates paid through a provisional fee for service;
 - Next will be fee for service; focus is on the number of services delivered – fixed rates schedule based on CPT codes;
 - Finally, value-based care; focus on efficiently delivering services to achieve outcomes; focus on holistic and patient centered care, and looks not just at costs and expenditures, but how well people are doing in services.
- Role of the SUD Provider in Value-Based Care
 - As organizations and as a system, we'll want to ensure we're meeting our quality metrics while maintaining fiscal viability and will need to be innovative and flexible to meet care coordination needs.
 - Case management is critical to ensure patient needs are met.
 - Emphasis on evidence-based practices, using IT and data to track and report patient outcomes.
 - We will need to have conversations about potential programmatic modifications (i.e. workflow changes), and what can SAPC do to support providers in this role.
- SAPC's role in Value-Based Care
 - Taking a look at shared risk, whether it's net savings or net loss;
 - Moving towards population-based payment with defined outcomes and parameters;
 - A pay for performance model – looks at incentive payments for providers.
- Insights on Value-Based Care

	<ul style="list-style-type: none"> - Can facilitate financial sustainability for providers, plans and government entities; - Rewards providers with risk-based incentive payments. • Next Steps <ul style="list-style-type: none"> - SAPC plans to engage the treatment network and welcomes suggestions on interim steps, and how to engage the PAC, whether it is this forum or another subcommittee. - SAPC waiting for additional information from DHCS. - For now, SAPC wants to expose providers to possible changes and move forward collaboratively <p>Michelle facilitated Q&A:</p> <ul style="list-style-type: none"> • Will the meeting recording be posted to be able to review the Value-Based care presentation? <ul style="list-style-type: none"> - The Value-Based care presentation is available via the All Provider Meeting link on the SAPC website. • SAPC HODA unit has mentioned to providers that in LA County, from an outcomes perspective, over 50% of clients are receiving an administrative discharge; agencies indicated that it is helpful for them to understand how “success” is defined. As agencies have different definitions, it is helpful to get on the same page now. It’s a paradigm shift for a lot of clinicians to think about what improvement through treatment looks like. <ul style="list-style-type: none"> - Other agencies shared that they are starting to have conversations about benchmarks and what kind of data we should be collecting. We know it takes time to collect and have access to relevant data. Agencies would appreciate additional trainings on how to use KPI. It will be important for us to start collecting our data now. Agencies are creating their own internal benchmarks, such as what constitutes a satisfactory or unsatisfactory discharge. - Yanira indicated that Dr. Kim is meeting with each treatment provider to have these conversations. • The question was asked what is the timeline for fee for service (FFS) and then value based care? 2022, and then 2023? Indicating it would be helpful for providers to move into a FFS model to have some ownership and start to create programs for value-based care <ul style="list-style-type: none"> - Michelle shared that the timeline is still to be determined, pending additional information from DHCS. Areas of focus for July 2023 are largely related to the shift from certified public expenditure to intergovernmental transfers, relating to the cost settlement pieces. Shifting to an FFS model will be a better interim step than shifting to a straight value-based model. Having these discussions regarding drivers of good care and outcomes and thinking about what it takes to create a service delivery entity that is able to grow and make investments. • Removing the focus on clinical documentation to allow funds to be spent in an innovative way is important; currently there are a lot of administrative regulations from contracting side. <ul style="list-style-type: none"> - Michelle shared that we will need to have a lot of dialogue between SAPC policies, County policies and DHCS policies as we develop a patient forward system of care. 	
<p>CLAS/CCCH</p>	<p>Presentation by Antonne Moore Committee on Cultural Competence and Humility – Updates and Next Steps</p>	

	<ul style="list-style-type: none"> • At the last PAC meeting, we were working with CIBHS to develop a strategic plan to help guide the work we're doing around cultural relevance and linguistic accessibility. <ul style="list-style-type: none"> - C³H has identified Key Priority Areas (KPA) and objectives to implement over the next 2 years; some are SAPC-focused and some are provider-focused. - This will include a general needs assessment, targeted actions steps, and outcome data associated with CLAS. - KPA 1 – Culturally reflective governance, leadership, and workforce; - KPA 2 – Communication and language assistance; - KPA 3 – Culturally reflective planning and operations; - KPA 4 – Data collection, regular assessments, and accountability. • Next Steps: Complete action plan process in September 2021 and return to PAC to discuss relevant action items and see where adjustments are needed, based on PAC input, additional trainings with Dr. Marks for both supervisors and staff and share finalized plan. 	
PAC Subcommittee on Business Technology Issues and Initiatives	<p>Presentation by Dr. Hindman and Sam Kung Proposal for a Sub-committee for business technology issues, a formal forum within the structure of the PAC to have ongoing conversations with providers about business technology needs.</p> <ul style="list-style-type: none"> • Proposed Structure: 1 SAPC Co-Chair and 1 PAC Co-Chair, 2-3 PAC members <ul style="list-style-type: none"> ○ SAPC Members: SAPC IT Chief, SAPC IT supervisor, Sage Project Director, SOC Member, Exec Office Members, and subject matter experts. • Frequency/Duration: Every other month or quarterly • Areas of Focus: Business technology issues affecting operations, input on SAPC initiatives, feedback on HelpDesk services <p>Opened for questions:</p> <ul style="list-style-type: none"> • From Elan: Can other member of our agency who is more ingrained in BT issues participate in our place? <ul style="list-style-type: none"> - Per David, as a PAC member you can bring in subject matter experts, but voting rights are reserved for PAC members. <p>Shelly motioned to accept committee as proposed. Second by Claudia. Majority vote to move this proposal forward.</p>	Kathy and Kyle to work together to identify members for the subcommittee
PAC Member Items	<ul style="list-style-type: none"> • Question from Shelly regarding whether the RBH Subcommittee has started. Per Kathy, will be following up once 30-day workgroup items have been finalized. • Follow up on All Provider Meeting item regarding documentation for staff claiming religious exemption for vaccine. Per Daniel, SAPC bulletin will be coming out in the next week, state guidance is an attestation form. 	
Public Comment	No public comments	
Adjournment	Meeting adjourned by Kathy	