



PROVIDER ADVISORY COMMITTEE MEETING

The Alhambra, 1000 S. Fremont Ave., Bldg. A9 East
Microsoft Teams
November 8, 2022
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



Agenda

- | | |
|--------------------|---|
| 2:00 - 2:05 | Welcome |
| 2:05 – 2:10 | Approval of Meeting Minutes – September 13, 2022 |
| 2:10 – 2:15 | Proposed CY 2023 PAC Meeting Dates |
| 2:15 – 2:25 | PAC Awards Workgroup Update |
| 2:25 – 2:35 | Business Technology Workgroup Update |
| 2:35 – 2:55 | Reaching the 95% Workgroup Update |
| 2:55 – 3:10 | SAPC Response to Funding Utilization Report |
| 3:10 – 3:25 | New Monthly Practitioner Updates Procedure |
| 3:25 – 3:35 | Discussion Items |
| 3:35 – 3:40 | Brainstorming Topics for Future Meetings |
| 3:40 – 3:50 | SAPC Announcements |
| 3:50 – 3:55 | Meeting Wrap Up |
| 3:55 - 4:00 | Public Comments |

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



WELCOME

Dr. Gary Tsai, Director, DPH-SAPC

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



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APPROVAL OF MEETING MINUTES

September 13, 2022 Meeting

Emily Caesar, Systems of Care, DPH-SAPC



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



2023 PAC MEETING DATES

Anulkah Thomas, Systems of Care, DPH-SAPC

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





CY 2023 PAC Meeting Dates

Proposed Schedule

Tuesday, February 14, 2 – 4 pm

Tuesday, April 11, 2 – 4 pm

Tuesday, June 13, 2 – 4 pm

Tuesday, August 8, 2 – 4 pm

Tuesday, October 10, 2 – 4 pm

Tuesday, December 12, 2 – 4 pm



PAC WORKGROUP UPDATES

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



PAC AWARDS WORKGROUP UPDATE

Claudia Murillo

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



PAC Awards Workgroup Update

Categories & Process

Agency awards

- Collaborative Spirit
- Community Impact

Individual awards

- Change Agent
- Leadership

Nomination process

- Agencies can nominate other orgs, but not their own
- Individuals can be nominated by colleagues within their own agency

Proposed Timeline

Nov – Dec 2022

Workgroup design award categories, application, and selection process

January 2023

Launch application process where individuals and agencies can submit applications nominating their peers

Spring 2023

Announce and distribute awards



BUSINESS TECHNOLOGY WORKGROUP UPDATE

Jim Symington & Aris Tubadeza

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



Business Technology Workgroup Update

- Have met twice since last PAC meeting
- Focus area survey top votes reviewed 9/28
 - Claims
 - Processes/Workflows
 - Peer Expertise Exchange
- Topic tracker format and process discussed 10/26
- Next meeting is Thursday, 11/17 at 3 pm



REACHING THE 95% WORKGROUP UPDATE

Deena Duncan & Bill Tarkanian

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





REACHING THE 95%



BETTER UNDERSTANDING THE 95%

BACKGROUND:

- During the Provider Advisory Committee on May 10, 2022, Dr. Tsai presented to the PAC, alarming statistics released in SAMHSA's 2019 and 2020 NSDUH Reports (these were previously presented to the entire SAPC Network at the prior All Provider Meeting):
- 2019 Report: "Among the 18.9 million people aged 12 or older in 2019 with an SUD in the past year who did not receive treatment at a specialty facility, 95.7 percent (or 18.1 million people) did not feel that they needed treatment, 3.0 percent (or 577,000 people) felt that they needed treatment but did not make an effort to get treatment, and 1.2 percent (or 236,000 people) felt that they needed treatment and made an effort to get treatment." (www.samhsa.gov/data/report/2019-nsduh-annual-national-report)
- 2020 Report: "Among the 38.4 million people aged 12 or older in 2020 with an SUD in the past year who did not receive treatment at a specialty facility, 97.5 percent (or 37.5 million people) did not feel that they needed treatment, 1.9 percent (or 737,000 people) felt that they needed treatment but did not make an effort to get treatment, and 0.5 percent (or 211,000 people) felt that they needed treatment and made an effort to get treatment." (www.samhsa.gov/data/report/2020-nsduh-annual-national-report)



CREATING THE WORKGROUP

REACHING THE 95% WORKGROUP WAS CREATED UTILIZING PRELIMINARY FRAMEWORK:

- (1) Improve understanding and access to harm reduction options;
- (2) Pilot innovative prevention efforts within policy advocacy;
- (3) Connect engagement efforts to connect high-risk and underserved youth;
- (4) Standardize referrals from primary to secondary education.



WORKGROUP MEMBERSHIP COMPOSITION:

- Voluntary representation of 15 from the 22 PAC agencies joined the workgroup
- Members consisted of various modalities of service provision including outreach
- Diversity proved to be the group's greatest strength

Populations Needing More Attention From Overall SAPC SUD Treatment Data:

- Youth, LBGQT and Latinx



INITIAL CONVERSATIONS:

DISCUSSIONS SURROUNDED DETERMINATION OF WHO WAS THIS 95% AND TRYING TO GAIN A DEEPER UNDERSTANDING

Could an individual move back and forth between 5% and 95%?

Does the 5% only makeup individuals who acknowledge their substance use disorder?

Does the 95% include individuals who know they have a problem, but don't access the system because they don't agree with current treatment approaches?

NARROWING THE SCOPE THE WORKGROUP AGREED TO FOCUS ON THOSE NOT CURRENTLY ACCESSING SERVICES



APPROACH:

POST IT NOTES AND A VIRTUAL JAM BOARD WAS USED TO NARROW DOWN CATEGORIES OF DISCUSSION

FOCUS CATEGORIES:

Focus categories were defined Better Understanding the 95%, Services for the 95%, Overdose Prevention, Harm Reduction Strategies, HIV/AIDS Outreach Model.

CONCLUSION RESULTED IN TWO CATEGORIES:

- (A) Better Understanding the 95%
- (B) Services for the 95%.

FINAL TAKEAWAY- A deeper dive into this topic is needed with future workgroups designing different strategies mentioned in this report (Harm reduction, Outreach based on HIV model)



SERVICES FOR THE 95%

- Those not currently seeking services, questioning services or
- having obstacles accessing services



OVERDOSE PREVENTION STRATEGIES

- Primary Prevention
- Evidenced Based Treatment
- Harm Reduction
- Recovery Support



PRIMARY PREVENTION ACTION STEPS

REQUIRED EDUCATION/TRAINING ALL PROVIDERS – OVERDOSE PREVENTION MODELS – emphasis on emerging practices

REQUIRE ALL SERVICE PROVIDERS TO DEVELOP OVERDOSE AND PREVENTION PROGRAMS

REQUIRED EDUCATION/TRAINING ON MEDICATION ASSISTED TREATMENT WITH STATISTCAL AND LIFE EXPERIENCE EXAMPLES OF SUCCESS

SURVEY OF SAPC PROVIDER WORKFORCE ON MAT PERCEPTIONS

- Reviewed by Provider Leadership to enable education and training of workforce

WIDESPREAD COMMUNITY EDUCATION ON OVERDOSE PREVENTION

- Schools and PTA, Pharmacies, Emergency Departments, Family Clinics, Homeless shelters, Jails and Institutions, ODR Housing, Parks and Recreation Departments, DPSS, DCFS, DMH, AA/NA fellowship halls, Veterans Programs

INCREASED COLLABORATION WITH ALL SERVICE PROVIDERS

- Homeless Outreach and Shelters ,Schools and Education Providers including Families , Medical- Hospitals, Clinics and Pharmacies, DPSS, DMH, Jails/Prisons, ODR Housing, Courts, DCFS, CENS, Police/ Fire Departments and Emergency Responders



EVIDENCE BASED SERVICES - ACTION STEPS

RECOGNIZE SUBSTANCE USE AS A DISEASE IN COMPARISON WITH MEDICAL OR MENTAL HEALTH DIAGNOSES

- UA screening – utilize only as required by legal entities, to ensure safety and not as a sole measure of success
- Provide introduction to services with life saving mentality and with mindset of health/mental health diagnosis and challenges – obstacles to obtaining services, harm reduction, safe usage education, MAT referrals, referrals to all services of support including shelter, food, etc



AVOID STIGMATIZING LANGUAGE & RECOGNIZE EFFECTS ON PERSONS SERVED

- Phone and Front office etiquette – provide a welcoming atmosphere
- Avoid labels such as addict or alcoholic that change a person's identity
- Change word use - Treatment to Services – MAT - Medication for substance use
- Change SAGE UA language - Positive/Negative to “detected” or “not detected”
- Require provider workforce education/training on stigmatizing language use
- Educate service staff on new emerging forms of therapy/counseling provided to population served – Reward small successes in lifestyle change, motivation
- Require providers be educated/trained in trauma informed care and stages of change
- Recognize underlying factors of brain health producing lack of motivation, lack of participation- Meet the participant where they are at – Individualized Services



HARM REDUCTION - ACTION STEPS

- WORKSHOPS ON SAFE USAGE – COMMUNITY OUTREACH AND EDUCATION
- RESEARCH FUNDING SOURCES FOR OUTREACH
- CENS LOCATIONS IN DMH, DPSS, DCFS OFFICES
 - provide education to DMH/DPSS and DCFS workforce
- UTILIZE MODEL OF OUTREACH USED FOR HIV IN THE PAST
- UTILIZE CARE COORDINATION FOR ENTRY TO SERVICES TO BUILD RAPPORT
- EXPAND .05 LEVEL OF CARE TO ALL POPULATIONS
- REQUIRE TRAINING FOR ALL SERVICE PROVIDERS ON HARM REDUCTION AND SAFE USAGE
- PROVIDE EDUCATION/TRAINING TO ALL SERVICE PROVIDERS ON COUNTER TRANSFERENCE AND TRANSFERENCE



SUPPORTING RECOVERY - ACTION STEPS

UTILIZE RECOVERY SUPPORT SERVICES AS AN ENTRY POINT FOR THOSE QUESTIONING ACCESSING SERVICES

- ODR Housing/ Custody Releases, Homeless shelters, Homeless Outreach, Emergency Rooms, AA/NA fellowship halls, DUI programs, Fire/Police Department response teams, Parole/Probation, School campuses, DPSS, Medical Clinics, DMH, DCFS

UTILIZE RECOVERY SUPPORT SERVICES FOR THOSE LEAVING SERVICES AT ANY STAGE

Engage in rapport building and welfare check ins

Educating clients/ families on safe use and harm reduction strategies

Providing resources for support of all services that can be acquired



CONCLUSION:

Reaching the 95%, those not seeking services, those questioning accessing services or those with challenges in accessing services may need several touches until rapport can be built.

Outreach models designed and previously used with an epidemic will have ease of implementation and must incorporate safe usage education and harm reduction strategies as central themes in building rapport and preventing overdose while refraining from total abstinence as the only path to services.

Revising long used negative and shame based language or labels that affect a person's sense of identity must be eliminated to reduce stigma and create a more welcoming environment for those who are questioning accessing services.

Educating provider workforce on overdose prevention, harm reduction strategies and the latest approaches in MAT and other interventions will improve first impressions of those questioning service access.

Providing widespread education to families and all community entities on the disease model of substance use to create a better understanding that substance use is an illness and not a moral failure, creating acceptance of substance users as people instead of discrimination within services, communities and families.

Identifying touch points in all services and building rapport through a variety of service points. Create a less burdensome path of accessing services, meeting the client where they are at in their current situation and assisting at any point to provide education and a means to receive any kind of help or services when they are receptive.



Watt	Kathy	Van Ness Recovery House
Duncan	Deena	Volunteers of America Los Angeles/Southern California Alcohol and Drug Programs
Tarkanian	William	Los Angeles Centers for Alcohol and Drug Abuse
Aguilar	Jose	Grandview Foundation
Glassman	Nina	Roots Recovery
Gonzales	Christina	Principles, Inc. dba Impact Drug and Alcohol Treatment Center
Harley	Colette	SHIELDS For Families
Hemstreet	JoAnn	Homeless Health Care Los Angeles
Javanfard	Elan	Didi Hirsch Mental Health Services
Makiyama	Hiroko	Koreatown Youth and Community Center, Inc.
Meza	Nely	Casa Treatment Center
Murillo	Claudia	House of Hope Foundation, Inc.
Quezada	Rocio	Helpline Youth Counseling, Inc.
Shook	Denise	Behavioral Health Services
Warwick	Wendie	Center for Counseling and Education

Reaching the 95% Report Discussion



SAPC RESPONSE TO FUNDING UTILIZATION WORKGROUP REPORT

SAPC Team

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





Funding Utilization Report Response & Discussion

Monthly Practitioner Update in NACA

(Network Adequacy Certification Application):

Capturing Timely Practitioner Association Information

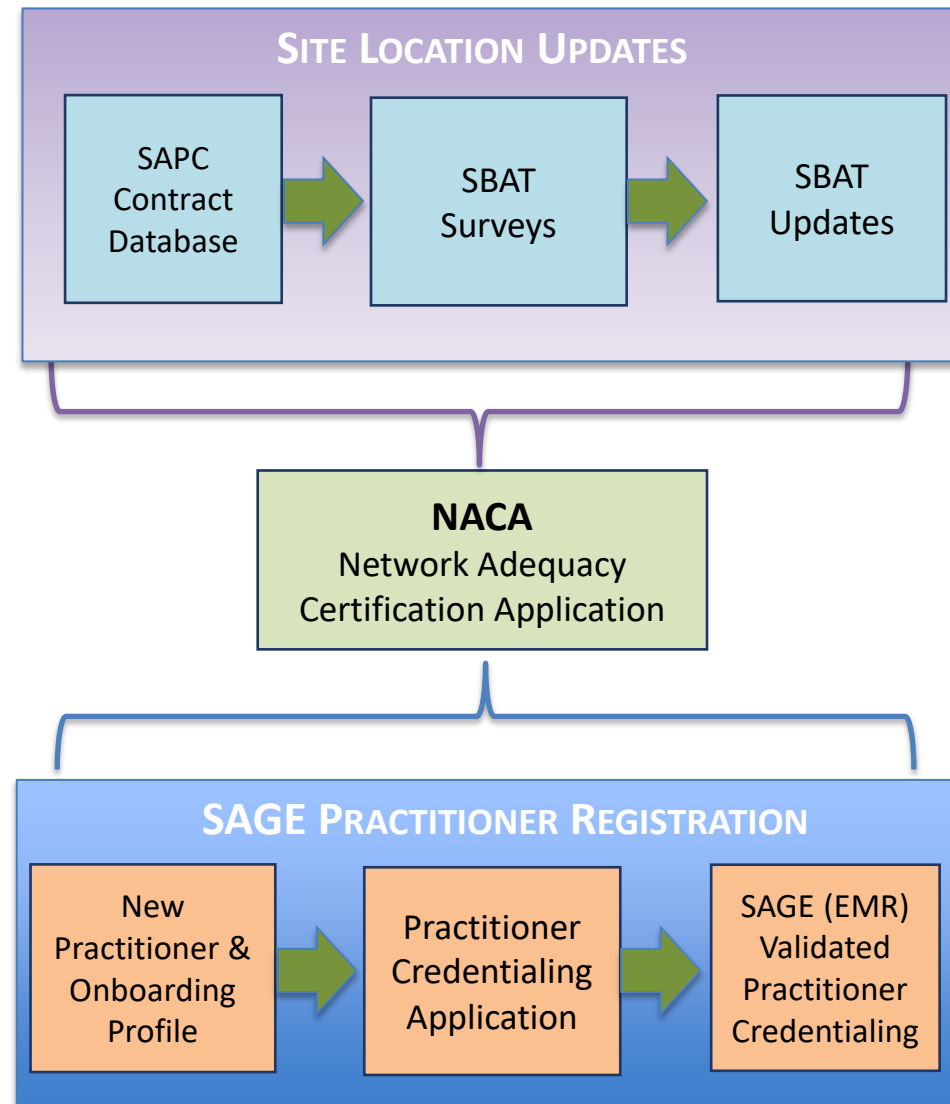
Provider Advisory Committee Meeting
November 8, 2022

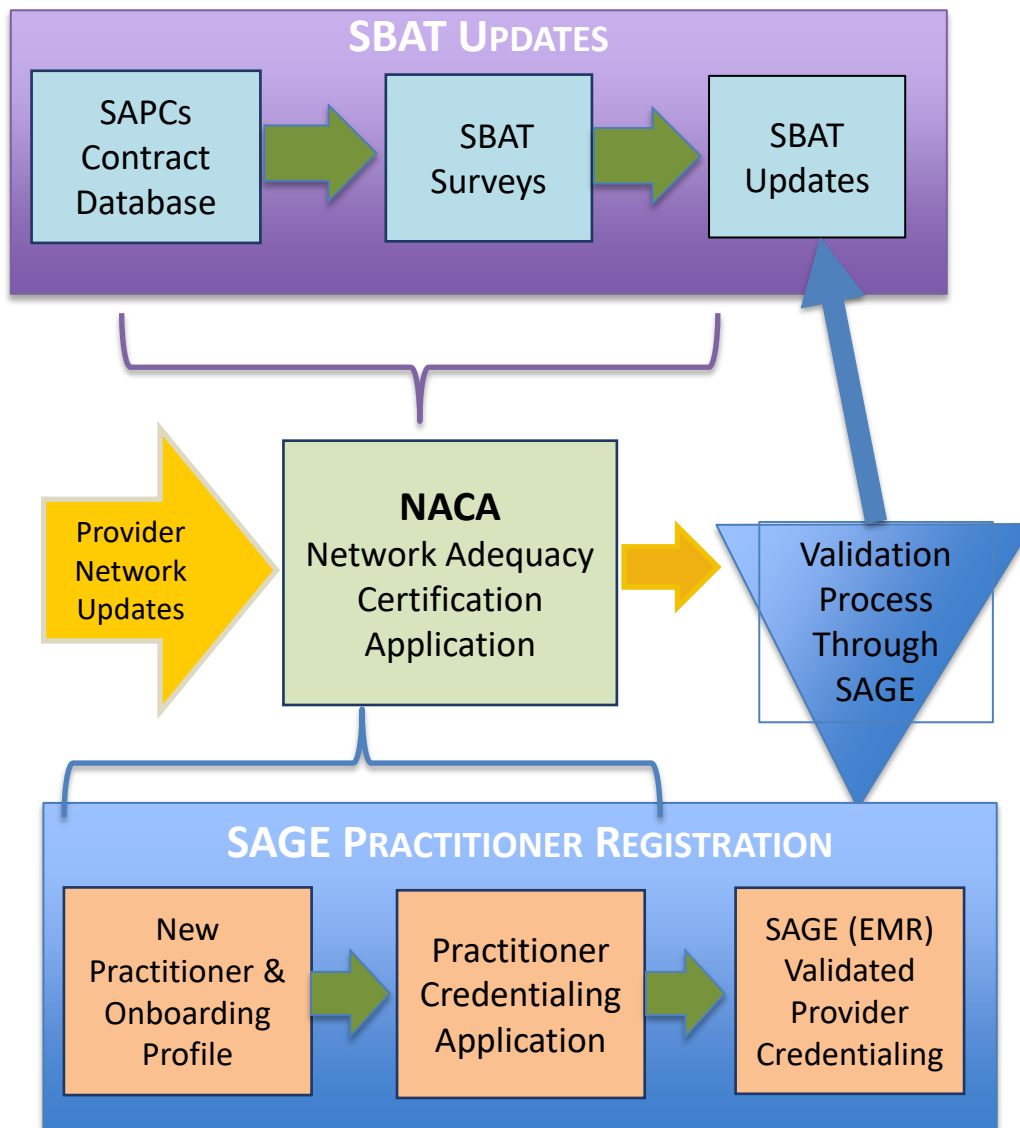
Ami Shah, MPH
Unit Manager, Equitable Access and Promotion



NEED TO UPDATE PRACTITIONER INFORMATION MONTHLY

- Background:
 - MHSUDS Information Notice No: 18-020: Requires that specific information on Network Treatment Providers be updated MONTHLY.
 - Name, credentials, cultural competency training
- SBAT ([Service Bed Availability Tool](#)) is LA County's SUD Treatment Provider Directory
- Currently, the Network Adequacy Certification Application (NACA) is used for annual reporting and validation of practitioner and site information.





- ❖ **Annually** – Providers Update the NACA on Site Locations and Practitioners
- ❖ SACP validates all practitioner information to ensure most updated data are submitted to the State
- ❖ Validated practitioner information for licensed practitioners used to update the SBAT (see link)

Los Angeles, CA 90057

Business Hours: Sat and Sun: 7:00 am - 11:00 am; Mon

Phone number: (213) 353-1140

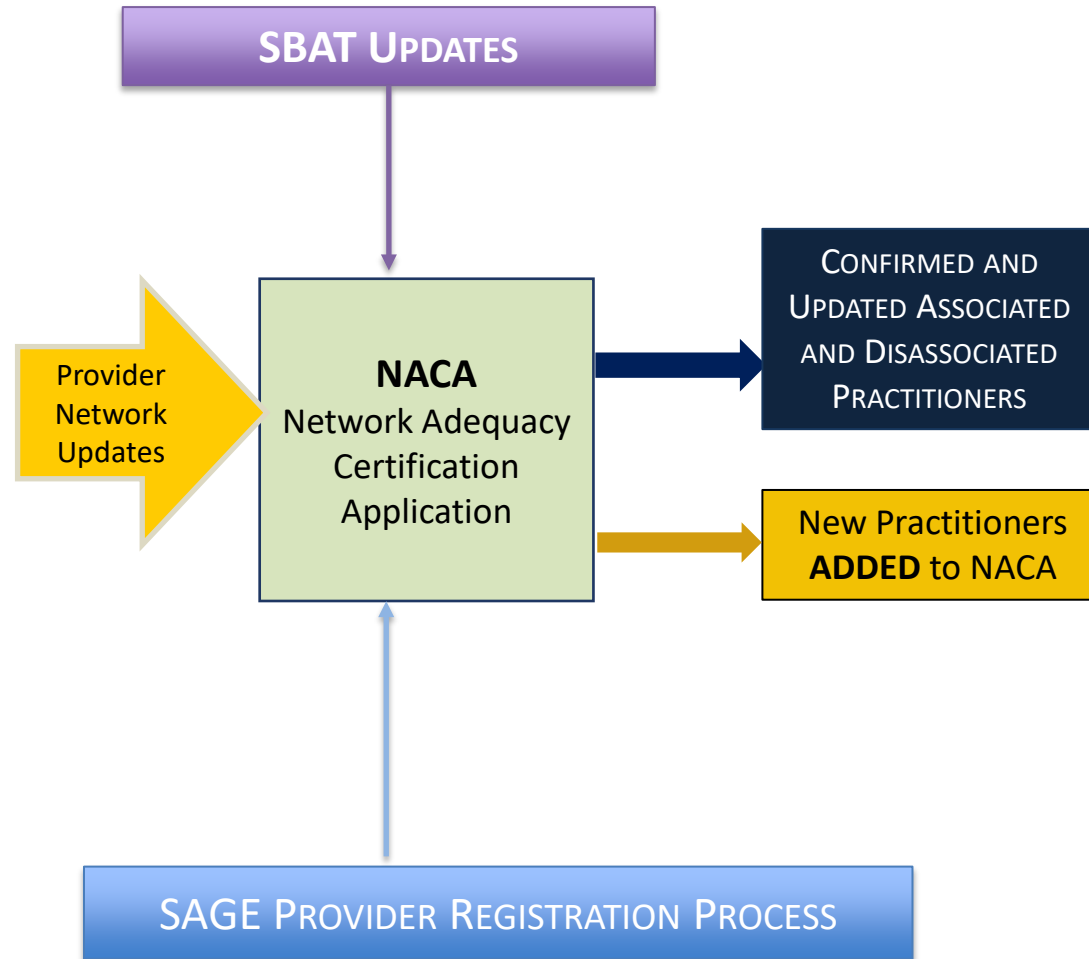
Web Site: <https://www.losangelespublichealth.com/>

Licensed Practitioners

Wheelchair Access: Yes

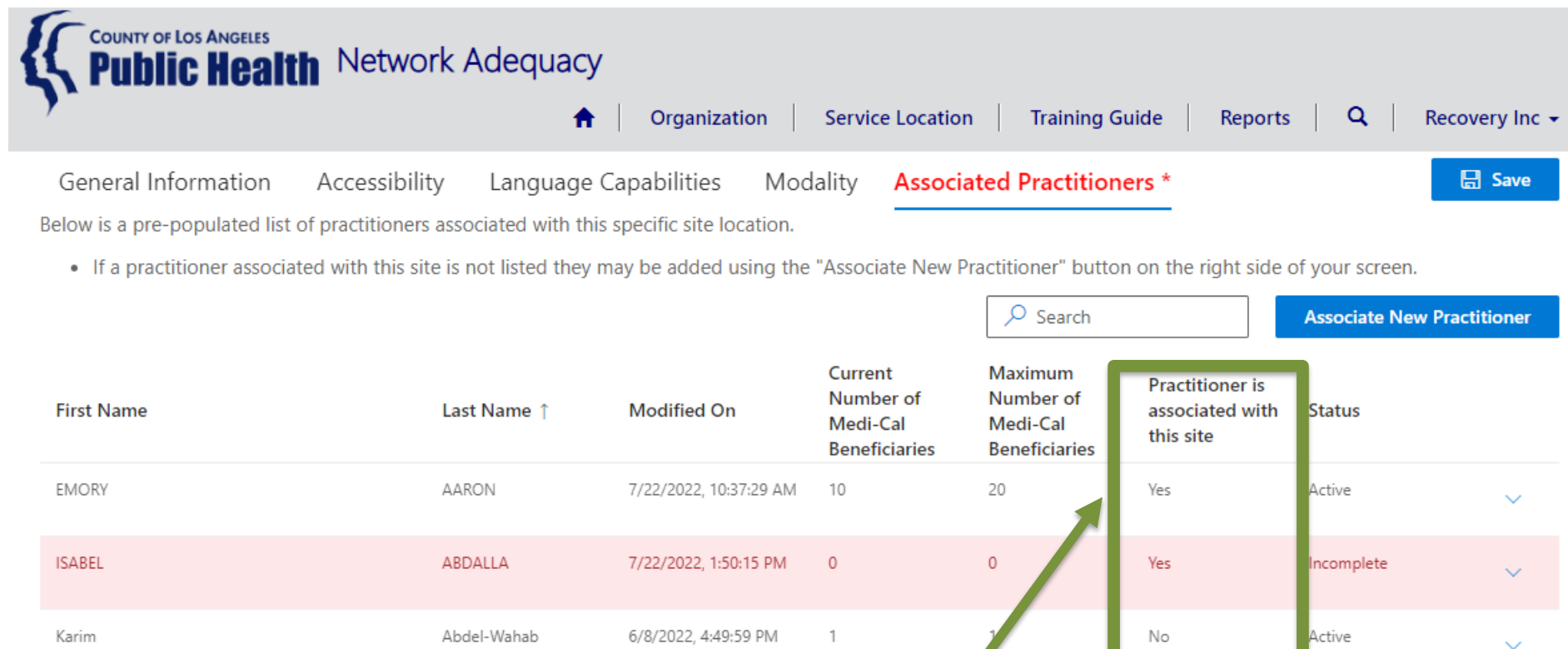
MONTHLY PRACTITIONER UPDATES

- Replicate the annual NACA process Practitioner updates **only**
- Instead of completing the SBAT Questionnaire:
 - Use the NACA for ongoing and more efficient practitioner updates
 - Most Providers are familiar with NACA
 - Start with Monthly Updates of Associated Practitioners
- Rationale:
 - Existing manual process can take days/weeks to update the SBAT
 - Information on Associated Practitioners come directly from Providers from a SAGE-Validated Practitioner List
 - More efficient annual NACA submission processes



- ❖ NACA is **pre-populated** with updates on site and practitioner from Contract Database and Sage.
- ❖ Providers are notified that changes have been made to their practitioner list and should login to the NACA to review, as required.
- ❖ Providers **either** confirm/update the practitioner information pre-populated by Sage **or** can add new practitioners that were not included for that month.

Proposed “MONTHLY PRACTITIONER UPDATE” Process



General Information Accessibility Language Capabilities Modality **Associated Practitioners *** Save

Below is a pre-populated list of practitioners associated with this specific site location.

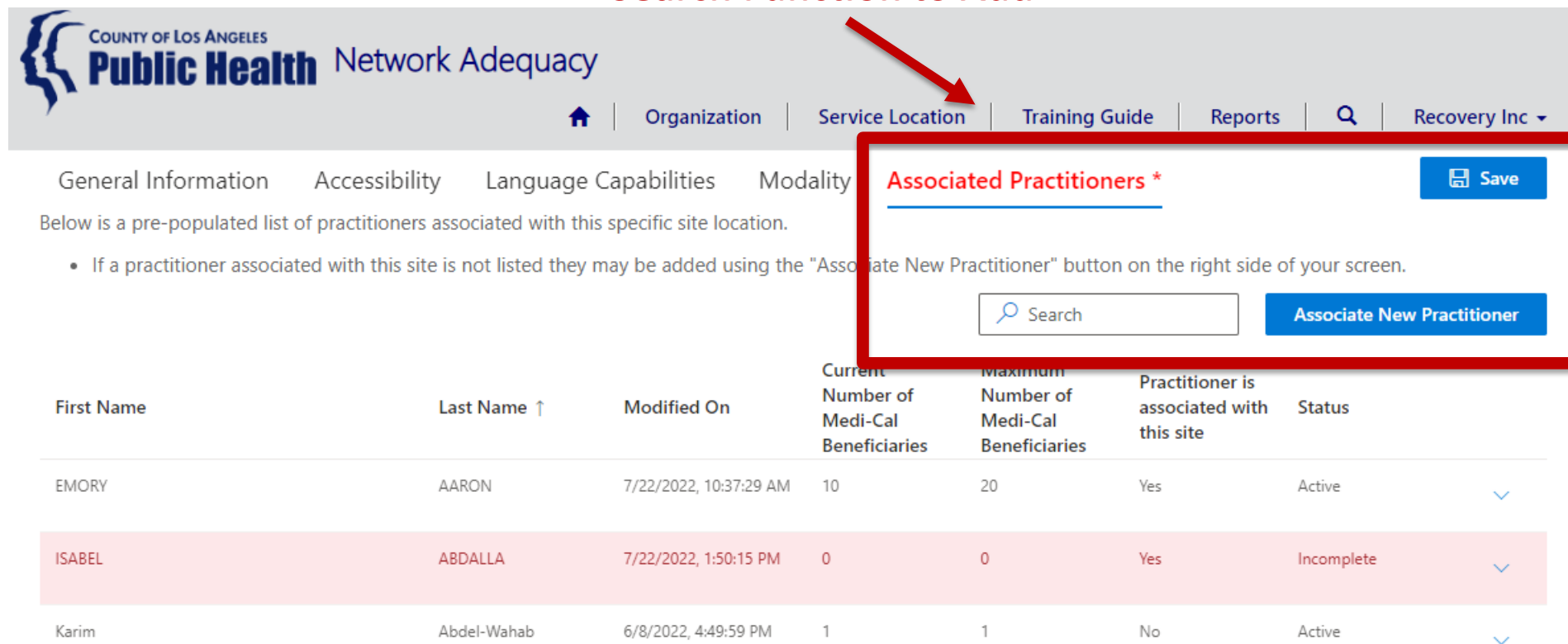
- If a practitioner associated with this site is not listed they may be added using the "Associate New Practitioner" button on the right side of your screen.

First Name	Last Name ↑	Modified On	Current Number of Medi-Cal Beneficiaries	Maximum Number of Medi-Cal Beneficiaries	Practitioner is associated with this site	Status
EMORY	AARON	7/22/2022, 10:37:29 AM	10	20	Yes	Active
ISABEL	ABDALLA	7/22/2022, 1:50:15 PM	0	0	Yes	Incomplete
Karim	Abdel-Wahab	6/8/2022, 4:49:59 PM	1	1	No	Active

Association Status of Practitioners
(providers may associate/dissociate from a validated list of practitioners)

Proposed “MONTHLY PRACTITIONER UPDATE” Process

Search Function to Add



General Information Accessibility Language Capabilities Modality

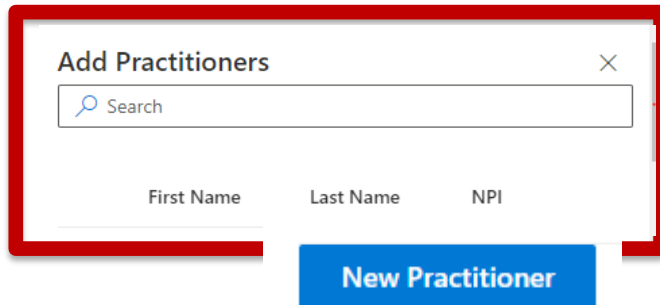
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- Search for the name of the practitioner and then Associate
- If not there, have the option to ADD New Practitioners

Add a NEW PRACTITIONER Process



Providers may also

ADD New Practitioners

(same as with the NACT Submission)

A list of NEWLY entered practitioners will go to SAPC Unit for
SAGE PRACTITIONER REVIEW PROCESS

- **If confirmed**, the licensed practitioner will be updated to the list and added to the SBAT.
- **If not confirmed**, the practitioner information will not be added to the SBAT. New Practitioner information will need to be added again.

“MONTHLY PRACTITIONER UPDATE” Process

[Home](#) | [Organization](#) | [Service Location](#) | [Training Guide](#) | [Reports](#) | [Recovery Inc](#)

[General Information](#) | [Accessibility](#) | [Language Capabilities](#) | [Modality](#) | **[Associated Practitioners *](#)**

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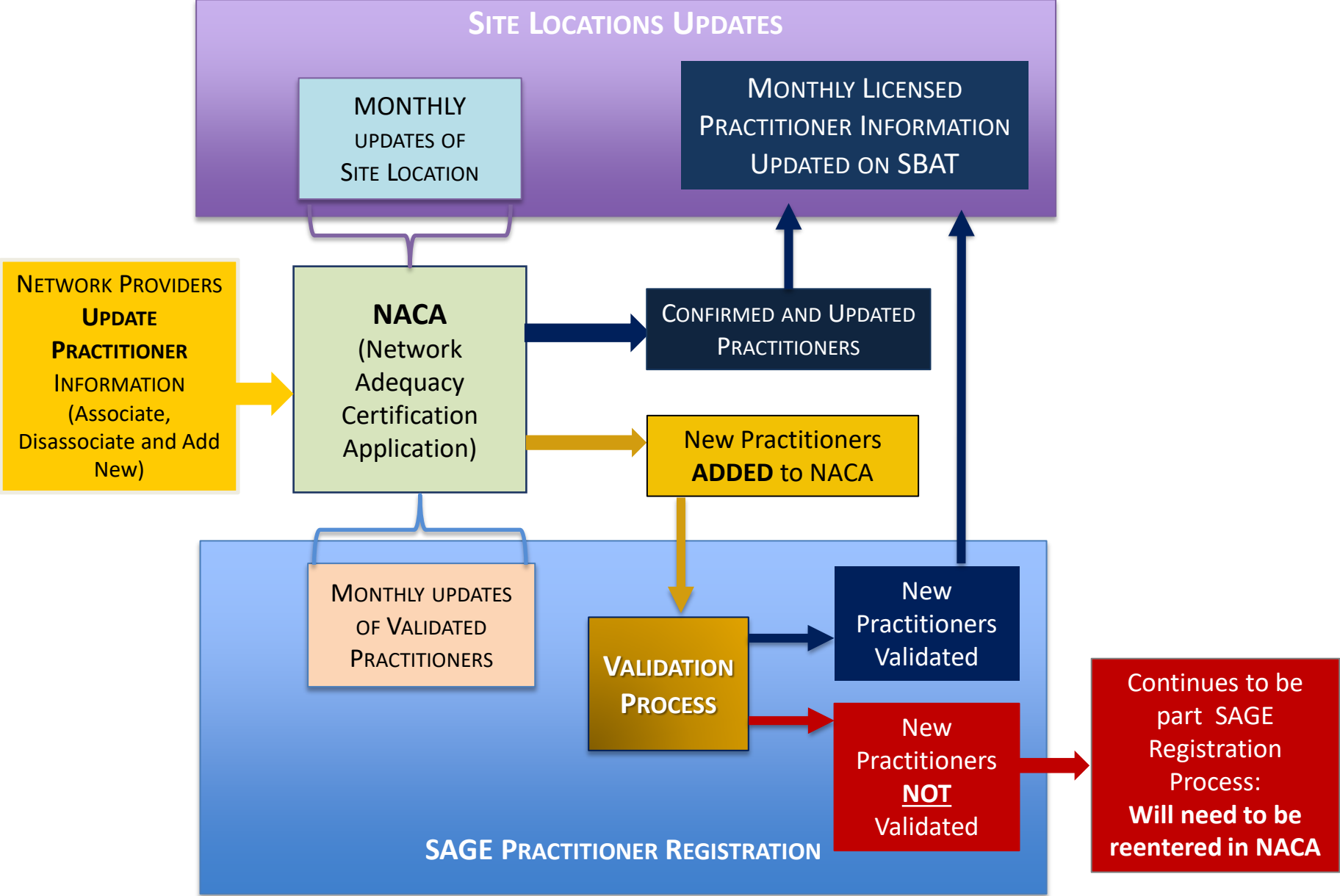
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[Associate New Practitioner](#)

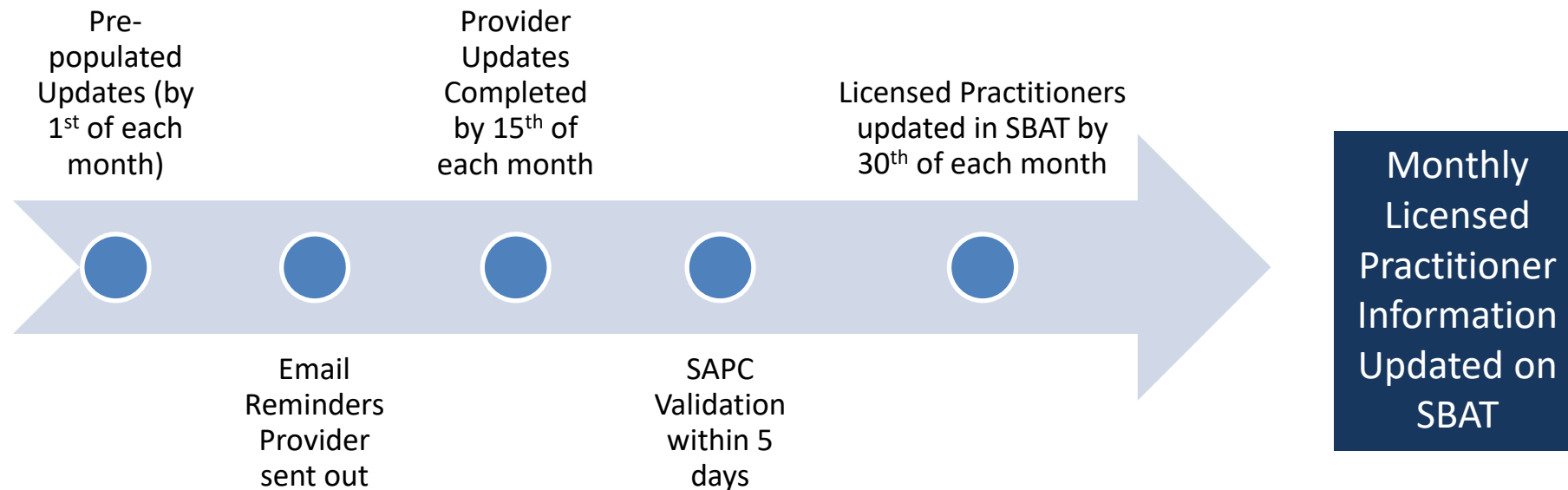
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- **SAVE** to record each month – and **DATE MODIFIED** will appear.
- **ASK** Providers to **UPDATE** list of Practitioner

MONTHLY PRACTITIONER UPDATE PROCESS SUMMARY



MONTHLY PRACTITIONER UPDATE TIMELINE



SUMMARY AND CAVEATS

- Monthly Practitioner **Updates via NACA** offers an efficient way to keep the SBAT updated and to meet State requirements.
- If practitioner licensure information is not up to date or does not exist in SAGE, SBAT will not be updated.
- If practitioner credentials needs updating, practitioner will need to complete SAGE onboarding.
- Expected to launch early 2023 following trainings.
- We are only updating Practitioner Associations in this workflow.
- Site/location updates will still need to go through SBAT Survey process, as usual *(for now!)*
- Opportunity to use the NACA for additional routine updating of SBAT for more timely access to SUD service operations and availability.

Questions/Comments?



DISCUSSION ITEMS

Anulkah Thomas, Systems of Care, DPH-SAPC

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



Prioritized Focuses	Parking Lot
<ul style="list-style-type: none">• SAPC/network efforts to expand RBH bed availability• FUW & R95 Workgroup Recommendations• SAPC OD Prevention Strategy• What does it really mean to “meet people where they are”?• Understanding importance of CAL-OMS & data• Reports Section in SAGE• SPA-Based Meetings• Sage User Decision-making (Primary vs Secondary)	<ul style="list-style-type: none">• Staff Recruitment & Retention• Workforce Acceptance of MAT• CalAIM• Provider Manual Updates• MAT P&P Updates• MAT Coordination• Contingency Management• COVID• Monkeypox

Prioritized Focuses: Discussion items suggested specifically for this meeting.

Parking Lot: Items suggested in the recent past and recurring/evolving issues that remain on the radar for SAPC and providers.



SAPC ANNOUNCEMENTS

SAPC Team

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



SAPC Announcements

- Follow-up from 9/13 Meeting
 - Request to distribute All-Treatment Provider Meeting materials before or on meeting day – *Contracts Branch*
 - Request to add revision dates to online resources – *Sage Management Branch*



Brainstorming Topics for Future Meetings

Emily Caesar, Systems of Care, DPH-SAPC

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



MEETING WRAP-UP

1. Decisions/Next Steps
2. Meeting Evaluation

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



Future Workgroup Meeting Dates

Business Technology	PAC Awards
Thursday, 11/17 from 3 – 4:30 pm Wednesday, 1/4 from 9 – 10:30 am	Tuesday, 11/29 from 11 am – 12 pm

Please contact Kathy Watt (wattvnrh@aol.com) or Anulkah Thomas (athomas2@ph.lacounty.gov) if interested in joining one of the workgroups.

More information about the PAC can be found at the [Provider Advisory Committee website](#).

Final Wrap-Up Items

- Decisions/Next Steps
- Meeting Evaluation (+/deltas)



PUBLIC COMMENTS

Dr. Gary Tsai, Director, DPH-SAPC



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



ADJOURN

Next PAC meeting:
February 14, 2023, 2 p.m. – 4 p.m.



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

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