

Los Angeles County's Specialty Substance Use Disorder Treatment System

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OUTLINE

- Overview of Los Angeles County's Specialty Substance Use Disorders (SUD) Treatment System
 - People Experiencing Homelessness (PEH)
 - Gaps and Bed Capacity
- Meth 101
- Discussion







Substance Abuse Prevention & Control

Prevention First, Treatment Works, & Recovery is Possible!

- Division within the Los Angeles County Department of Public Health that serves as the specialty SUD managed care plan for the County and is committed to reducing the impact of substance use across the County.
 - Prevention
 - Harm Reduction
 - DUI
 - Treatment
- Over 80 <u>contracted</u> SUD treatment providers in over 350 locations throughout the County.
 - SAPC contracts out the entirety of its SUD treatment services

Overview of Los Angeles County's Specialty SUD Treatment System





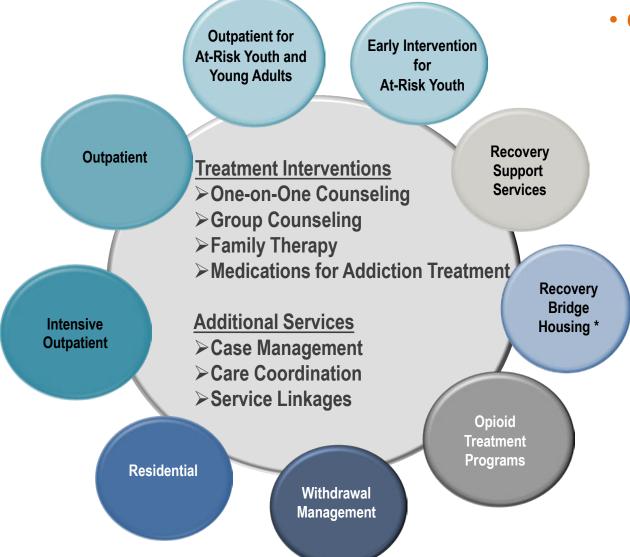


Los Angeles County's SUD System Transformation

- The Drug Medi-Cal Organized Delivery System (DMC-ODS) is a Medicaid waiver program that funds a more expansive scope of quality-focused SUD services through Medi-Cal, one of the largest payers of health care in the U.S.
 - Greatest opportunity in recent history to design and implement an SUD system
 of care that has the <u>financial</u> and <u>clinical</u> resources to more fully address the
 complex and varied needs of individuals with SUDs.
- The State's California Advancing and Innovating Medi-Cal (CalAIM)
 initiative is the next phase in Medi-Cal transformation across Medi-Cal's health, mental health, and SUD systems.
 - Affordable Care Act and Medi-Cal expansion → Expanded ACCESS to health care services through Medi-Cal
 - 2. DMC-ODS Waiver -> Enhances SCOPE and QUALITY of SUD services



Los Angeles County's Specialty SUD Benefits



Growth Under DMC-ODS

- 180% increase in residential beds
- 1000% increase in residential services
- Over 550% increase in <u>Recovery Bridge Housing</u> <u>beds</u> and over 4000% increase in expenses related to RBH (compared to AFDLC beds pre-ODS)
- Significant expansion in Room & Board expenses
- 50% increase in outpatient services
- Significant expansion of investments in Prevention services



Recovery Bridge Housing (RBH)

- RBH is a recovery-oriented, peer supported interim living environment for those concurrently engaged in outpatient SUD treatment.
- Priority for RBH given to homeless adults, including the justice involved, transitional age youth (TAY), those with HIV/AIDS, and perinatal populations

Metrics	Countywide	City of LA
Number of Agencies with RBH	19	13
Number of RBH Sites	110	56
Number of RBH Beds	987	469



NO WRONG DOOR PATHWAYS TO ACCESS ALCOHOL/DRUG TREATMENT

1

SASH

(Substance Abuse Service Helpline) 1-844-804-7500

A 24/7 toll-free helpline where a team of professionals is available to provide screening, resources and referral directly to alcohol/drug treatment provider. 2

CORE Centers

(Connecting to Opportunities for Recovery and Engagement)

Community spaces throughout LAC where staff provide alcohol/drug education, resources and in-person screening and linkage to treatment.

3

CENS

(Client Engagement and Navigation Services)

Sites throughout LAC where staff serve as liaisons between state, County, and city agencies and alcohol/drug treatment providers conducting in-person navigation, screening, and linkage to treatment.

4

SUD Providers

(self-referrals)

Any person (or their representative) can contact alcohol/drug treatment providers directly or by using the Online Provider Directory to link into or find out more about treatment options.



Substance Abuse Service Helpline (SASH)





SUBSTANCE ABUSE SERVICE HELPLINE

- 1.844.804.7500
- Toll-free, available 24/7, year-round
 - Interpretation available, including TTY



- 1. Anyone can call the SASI (adults, youth 12+), but for referrals, the person needing treatment must also be present
- **2.** Professional staff (clinician or counselor) conduct a screening and helps to connect the caller to a treatment provider that meets their needs.
- **3.** An appointment can be scheduled with the provider while both the person and the SASH operator are on the line.

(During provider's normal business hours)

Service & Bed Availability Tool (SBAT)

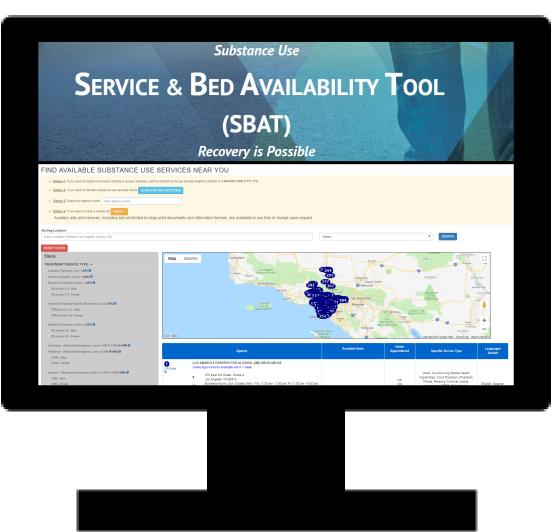


https://sapccis.ph.lacounty.gov/sbat/

SBAT website allows anyone with an internet connection to find SUD treatment services and site contact information.

Filter by:

- Distance
- Treatment/Service Type
- Languages Spoken
- Clients Served (e.g., youth, perinatal, visually impaired/deaf, LGBTQIA, homeless, re-entry, etc.)
- Night/Weekend availability





Recover LA – SUD Resource Guide

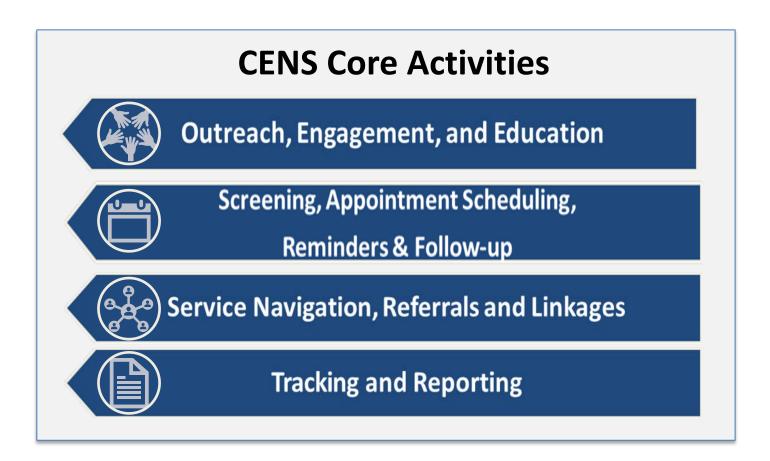
- SAPC launched its mobile-friendly SUD resource guide, <u>RecoverLA.org</u>, to help LA County residents learn about SUD and how to get connected to LAC prevention, harm reduction and treatment resources.
 - The guide provides information about substance use and misuse; medications for addiction treatment (MAT); brief self-screening guide; harm reduction options; SUD treatment options; patient rights and confidentiality; and other resources.
 - RecoverLA.org is designed for people who are in regular contact with people who need this information like family members, case managers, care navigators, nurses, outreach workers, people who use substances, etc.





Client Engagement and Navigation Services (CENS)

CENS involve face-to-face interactions, with more hands-on assistance, to facilitate access to and connection to SUD treatment across the County.





CENS Co-Locations in the City of Los Angeles

4

Homeless encampments & shelter sites

19

Mainstream interim housing sites

8

Project Roomkey sites

53

Permanent
Supportive Housing
(PSH) sites

23

PSH Connected sites

8
Family Solution
Center sites

People Experiencing Homelessness and Substance Use Disorders





Homelessness and SUD in LAC (Adults only)



LAC <u>Adult</u> Population in 2018 7,923,668

SUD Eligible, 24,682* Received Tx 10,642 *SUD <u>prevalence</u> rate among homeless individuals: **46%**

Penetration rate of SUD treatment among homeless SUD eligible in 2018: 43% (10,462/24,682)

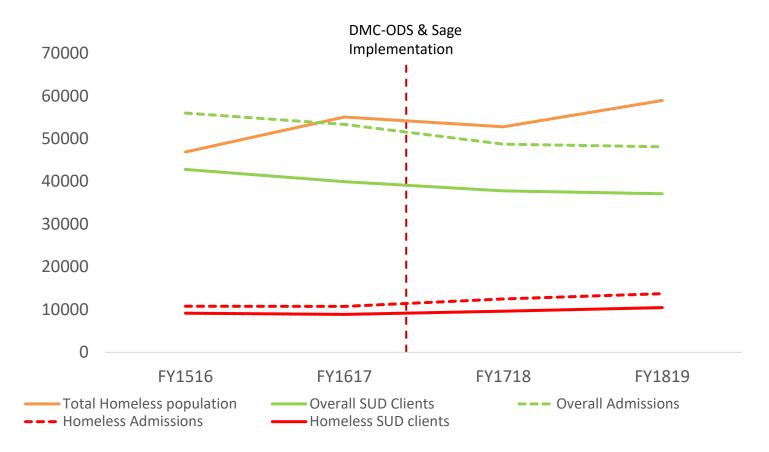
Note: The homeless population is based on a point-In-time, whereas SUD treatment utilization is based on clients served over the course of FY 2018-2019; thus the numerator and denominator for the penetration rate among homeless are not aligned.

Source:

- 1. California Outcome Measurement System (CalOMS)/Los Angeles County Participant Reporting System (LACPRS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health; Medi-Cal Eligible Data System data;
- 2. 2018 Greater Los Angeles Homeless Count Data Summary Report



Homeless Clients (Admissions) Served, FY1516-FY1819



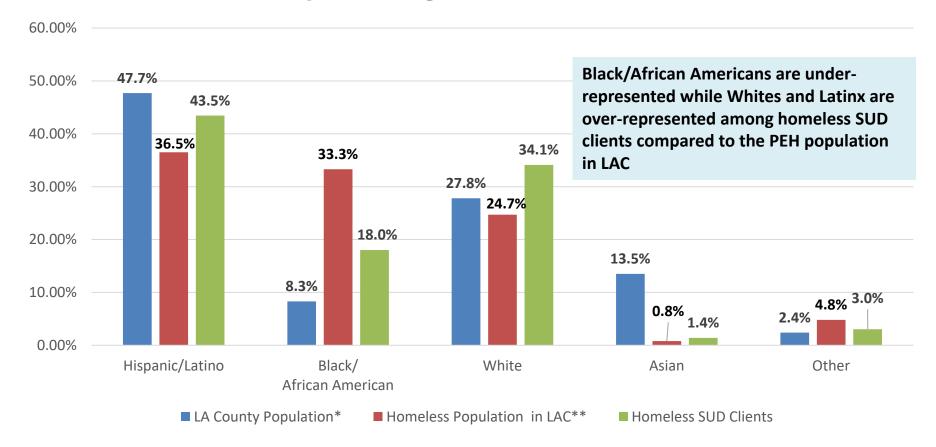
Note: Provided trends of homeless population and overall SUD clients (admissions) as context; a client can have more than one admissions in a year; homeless clients are less likely to have more than one admission.

Source:

- 1. California Outcome Measurement System (CalOMS)/Los Angeles County Participant Reporting System (LACPRS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health; Medi-Cal Eligible Data System data; 15
- 2. 2018 Greater Los Angeles Homeless Count Data Summary Report



Race/Ethnicity Among Homeless Clients, FY1819



Note: Provided race/ethnicity breakdown for general population and homeless population as context;

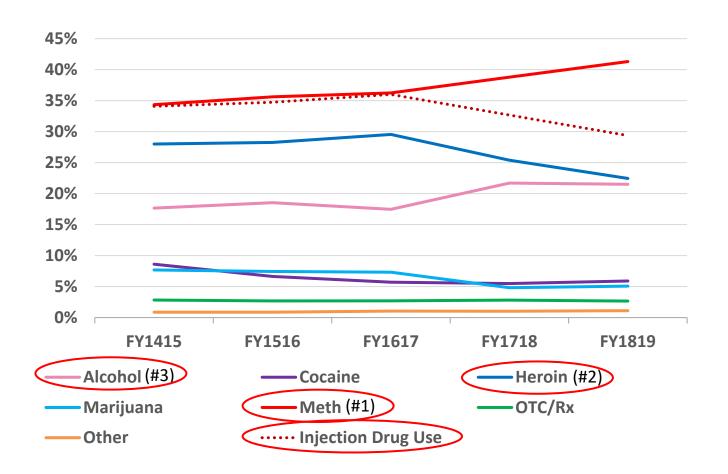
^{*} County of Los Angeles, Internal Services Department, Information Technology Service, Urban Research-GIS Section, Population and Poverty Estimates of Los Angeles County Tract-City Splits by Age, Sex and Race-Ethnicity for July 1, 2018, Los Angeles, CA, April 2019.

^{**} LAC excludes Glendale, Pasadena, and Long Beach, 2019 https://www.lahsa.org/documents?id=3437-2019-greater-los-angeles-homeless-count-presentation.pdf

^{***}California Outcome Measurement System (CalOMS)/Los Angeles County Participant Reporting System (LACPRS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health



Primary Drug Among Homeless Clients at Admission, FY1516-FY1819



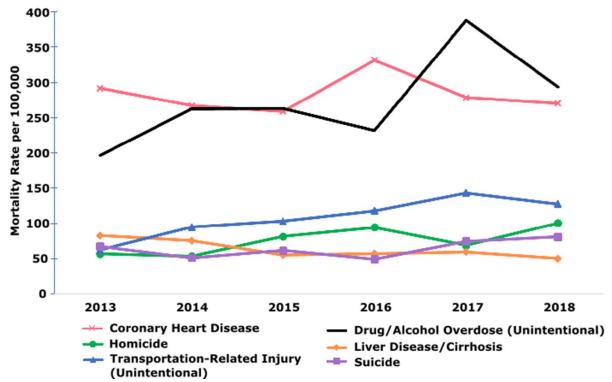
^{*}Other drug includes PCP, hallucinogen, ecstasy, inhalant, club drugs and others; % based on non-missing. Meth: Methamphetamine, OTC: Over-the-Counter, Rx: Prescription Drug

Source: California Outcome Measurement System (CalOMS)/Los Angeles County Participant Reporting System (LACPRS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health



Drug Overdose Deaths Among PEH in LA County

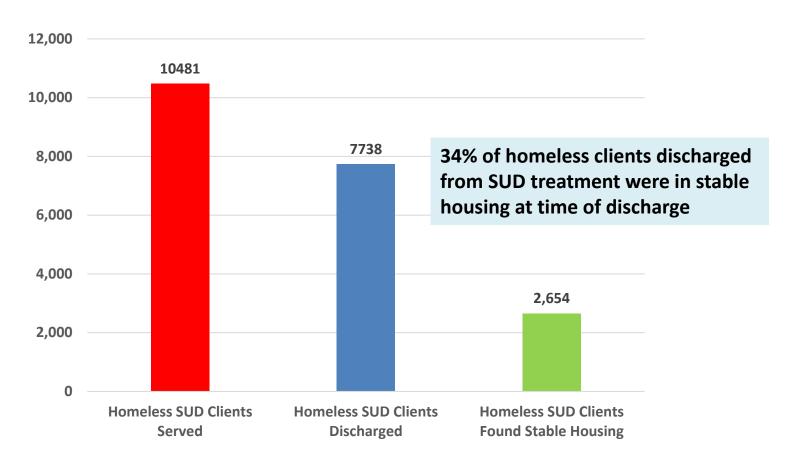
LA County Cause-Specific Homeless Mortality Rates, 2013-2018



• Drug/Alcohol overdose was the largest single contributor to the increase in the homeless mortality rate from 2013-2018.



Homeless Status at Discharge, FY1819



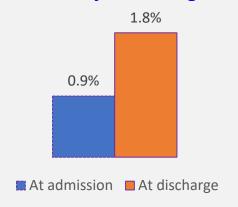
Note: Housing status at discharge is based on self-report

Source: California Outcome Measurement System (CalOMS)/Los Angeles County Participant Reporting System (LACPRS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health

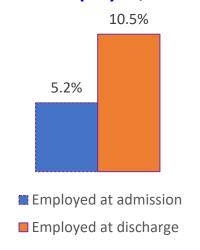
Specialty SUD Treatment Outcomes



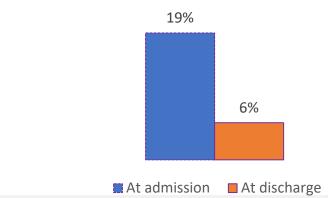
Percent of homeless clients who enrolled in job training, FY1819



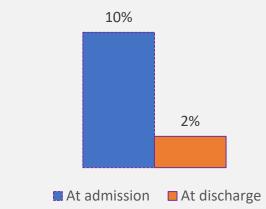
Percent of homeless clients who were employed, FY1819



Percent of homeless clients who visited ER, stayed overnight in a hospital, or experienced a physical health problem in the past 30 days, FY1819



Percent of homeless clients who visited ER or stayed in a hospital/psychiatric facility for mental health needs in the past 30 days, FY1819



Gaps & Bed Capacity







Bed Capacity in the Specialty SUD System in LA County

	Bed Type			
	Residential	Withdrawal Management	Recovery Bridge Housing	Total
Contracted SUD Beds	2,334	130	973	3,437
# of Sites / # of Agencies	85 /36	40 / 19	107 / 19	192 / 37
Average % Daily Utilization of Contracted SUD Beds	61%	67%	65%	62%

- Reasons for under-utilization of contracted beds
 - Siloed vs. Network approach to bed utilization
 - Entities contracting with multiple payers for the same beds
- Strategies to address this under-utilization of contracted beds
 - Pilot of centralized bed management in LA City
 - Contract compliance
 - Contracting for more beds



Gaps and Growth Opportunities for the Specialty SUD System

- Withdrawal Management (WM) both beds and outpatient WM
- Residential beds
- Recovery Bridge Housing beds
- Medication for Addiction Treatment (MAT)
- Contingency Management





Strategies to Strengthen the Specialty SUD System

Prevention

- Student Wellbeing Centers
- Community-Based Prevention Providers

Harm Reduction Expansion

- Engagement as an engagement tool
- Expand overdose prevention tools and interventions

Treatment

- Ongoing expansion of practical bed capacity (residential, withdrawal management, RBH) to better meet community needs
- Ensure clarity on how people can access SUD services in LA County
- Expand access to medications for addiction treatment
- Improving financial efficiencies to support the ongoing expansion of the SUD system of care

Methamphetamine 101

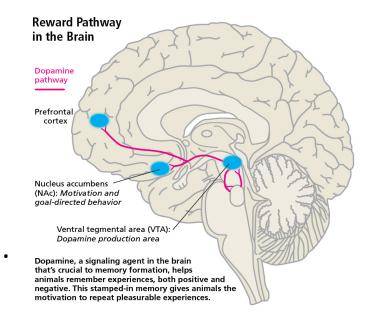






Meth – An Overview

- Meth is a stimulant that is often smoked or snorted, but can also be injected or consumed orally.
- Results in significant psychiatric and physical effects such as psychosis, paranoia, increased heart rate and blood pressure.
- Methamphetamine activates the "reward pathway" in the brain which floods the brain with dopamine, a neuro- transmitter that is naturally released in small amounts whenever someone experiences something pleasurable (e.g., eating, exercise, sex).





Why is Meth So Addictive?

- In a typical day, the brain produces 50 ng/dl of dopamine (DA) per day, and about 100 ng/dl on a REALLY good day.
- Comparatively, substances of abuse result in excessive DA production and release:
 - Tobacco \rightarrow 450 ng/dl
 - Marijuana → 650 ng/dl
 - Heroin \rightarrow 975 ng/dl
 - Methamphetamine → 1100 ng/dl (> 20x normal DA release)





Evolution of Methamphetamine

- Crystal meth was first synthesized as a stimulant in 1919 from the ephedrine molecule to increase alertness.
- Most meth is produced in clandestine labs, as opposed to in pharmaceutical grade facilities

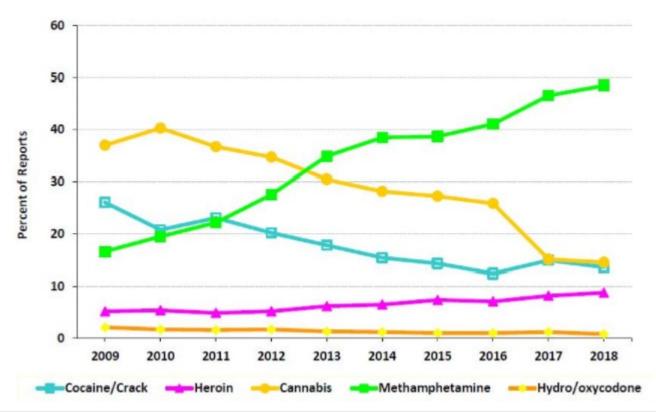
 This results in various chemicals, drugs, and impurities being mixed into meth and new and evolving analogues of meth that often become more potent/damaging with time.
 - Ultimately, drug dealers have figured out different ways to synthesize meth and ways to produce more intense and longer highs, including via the phenyl-2-propanone (P2P) method highlighted in a recent article* in The Atlantic about the growing concern of meth in communities across the U.S.
 - * https://www.theatlantic.com/magazine/archive/2021/11/the-new-meth/620174/

Easy production of more potent meth → CHEAPER PRODUCT, MORE DEMAND
 & AVAILABILITY



Meth in LA County

Figure 1. Drugs identified from law enforcement items submitted to forensic labs, LAC Source: NDEWS



Meth is the most common drug identified in law enforcement seizures in LA County, and is increasing.

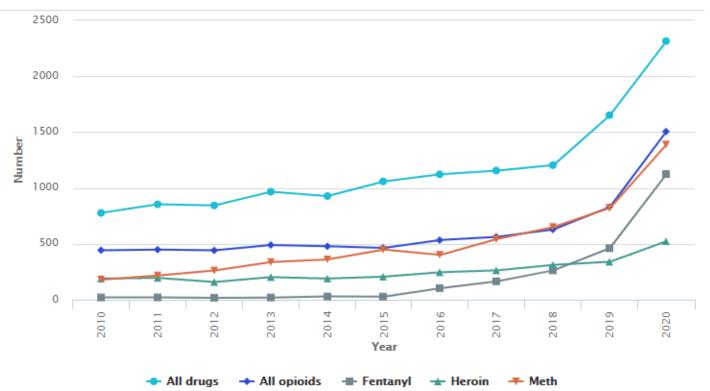
As of 2018, meth accounted for 48.5% of seized items by law enforcement.



Meth Overdose in LA County

Figure 6b. All drugs, methamphetamine and opioids related drug overdose deaths, LAC, 2010-2020

Source: LAC Coroner



There were 1,389 methamphetamine -related deaths in 2020, which was an increase of 68% from 2019 (822 deaths)

Discussion



"The opposite of addiction is not sobriety; the opposite of addiction is social connection."

- Johann Hari