



# Los Angeles County Homelessness Emergency Mission 3: Mental Health and Substance Use Disorder (SUD) Services

May 23, 2024

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





# Outline

- **SAPC's Strategies to Better Engage People Experiencing Homelessness (PEH) with Substance Use Disorders (SUD)**
  - Reaching the 95% (R95) Initiative
  - Expanding SUD Services & Reach
    - Brick-and-Mortar Treatment
    - Field-Based Treatment
    - Outreach & Expansion of Harm Reduction Network
  - SAPC's Leveraging of the Homeless Emergency Declaration
  - Proposition 1



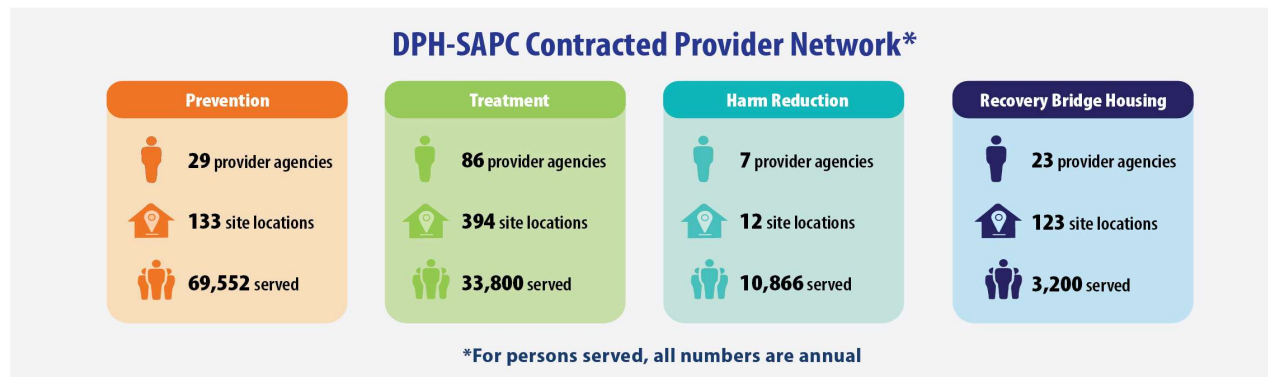
# About SAPC

- The Department of Public Health's Bureau of Substance Abuse Prevention and Control (DPH-SAPC) oversees the most diverse and comprehensive continuum of SUD services in California.



- SAPC is committed to innovative, equitable, and quality-focused substance use **prevention, harm reduction, treatment, and recovery services.**

- SAPC serves as the specialty managed care DMC-ODS plan for LA County, overseeing the substance use prevention, harm reduction, and treatment systems.
- SAPC contracts out all of its services to community-based organizations.





# SAPC's Strategies to Better Engage PEH with SUDs





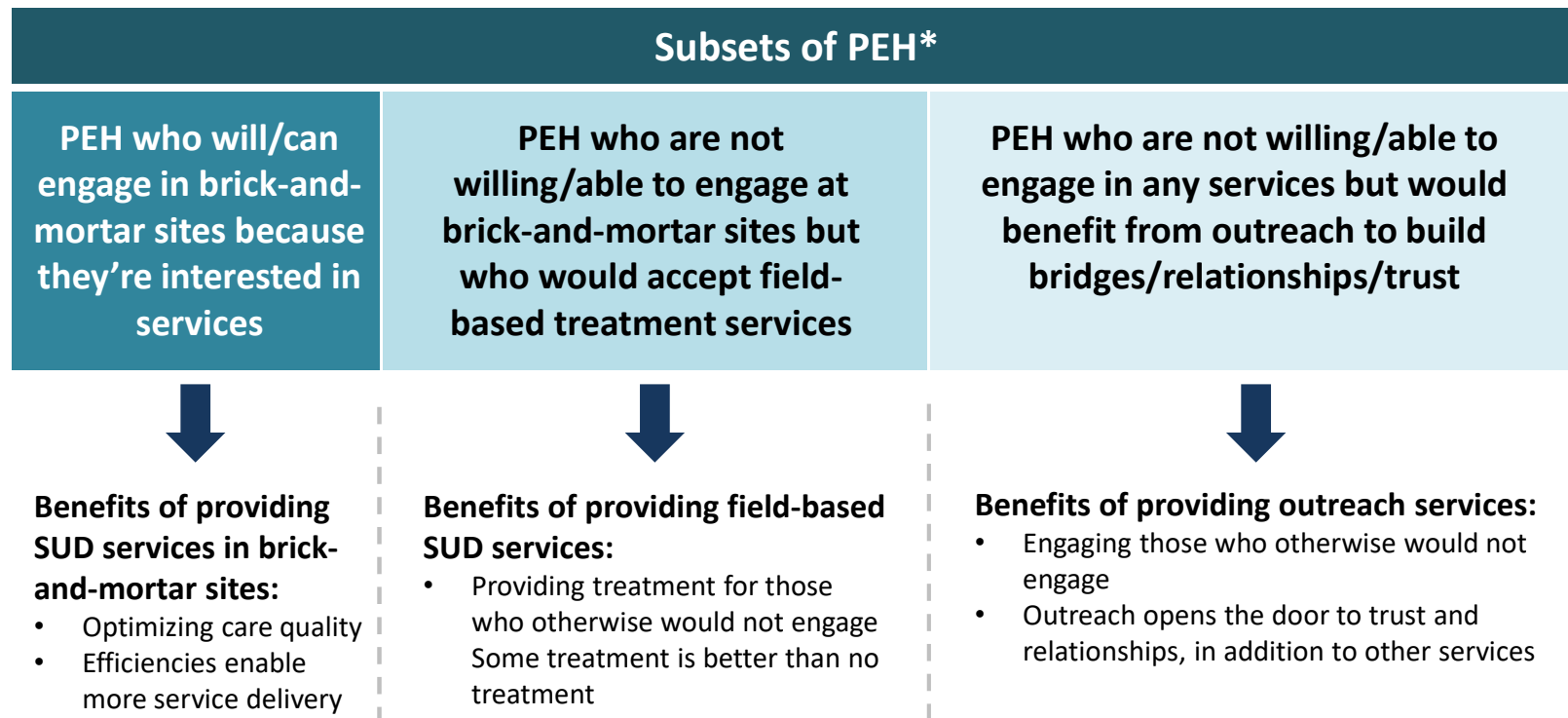
## Reaching the 95% (R95) Initiative

- **National Survey on Drug Use and Health (NSDUH)**
  - > 95% of people with SUDs who don't access treatment don't want or don't think they need help
- **Fundamentally, we need to take a different approach to address SUDs to substantively increase our reach into the 95% and ensure that we are designing a specialty SUD system that is focused not just on the ~5% of people with SUDs who are knocking on our treatment doors, but also the ~95% of people with SUDs who are not but really should be.**
- **The R95 Initiative was launched by the Los Angeles County Department of Public Health's Substance Abuse Prevention and Control (DPH-SAPC) in 2023 to focus on needed CULTURE CHANGE within the specialty SUD system to shape the way that we think about and treat those with SUD. An Oct 2023 Board motion strengthened the R95 Initiative by expanding its focus to include various other County Depts as well.**
  - Key Goals
    1. Optimizing Outreach & Engagement
    2. Establishing Lower Barriers to SUD Care



## Strategic Approach to Meeting PEH Needs

- Optimizing the matching of resources to need



\*Visual not to scale



## Expanding SUD Services and Reach

- **Brick-and-Mortar SUD treatment**

- Field-based SUD treatment
- Outreach & harm reduction expansion

- **Ideal for individuals who will actively seek out SUD treatment, with or without support (e.g., transportation).**
- **Service participants receive all components of SUD treatment:**
  - Individual counseling
  - Group counseling
  - Medications for addiction treatment
  - Care coordination
  - Family therapy
  - Higher levels of care (withdrawal management, residential, inpatient, etc.)
- **Growth of SAPC's specialty SUD treatment system since implementation of the Drug Medi-Cal waiver in 2017:**
  - Overall, 275% increase in SUD treatment investments due to 830% increase in leveraging of Drug Medi-Cal, resulting in:
    - >200% increase in residential SUD treatment beds
    - 1000% increase in residential SUD treatment services
    - 50% increase in outpatient SUD treatment
    - >700% increase in Recovery Bridge Housing beds



## Expanding SUD Services and Reach

- Brick-and-Mortar SUD treatment
- **Field-based SUD treatment**
- Outreach & harm reduction expansion

- **Field-based SUD treatment (FBS) is provided in non-traditional settings such as schools and where patients reside (e.g., encampments, shelters, interim or permanent housing).**
- **Goal is to increase access to SUD treatment services, promote patient engagement, and better serve hard-to-reach populations.**
- **Primary components of SUD treatment are more limited compared to brick-and-mortar settings:**
  - Individual counseling
  - Care coordination
- **FBS scaling challenges for SUD providers: staffing shortages, cost-to-volume of service recipient ratio (reimbursement)**
- **SAPC has streamlined the FBS application process and significantly expanded FBS:**

Fiscal Year	FBS Agencies	FBS Service Sites
FY 22-23	16	56
FY 23-24	18	72
FY 24-25	38	124

} 29% increase  
} 72% increase  
} 121% increase





## Expanding SUD Services and Reach

- Brick-and-Mortar SUD treatment
- Field-based SUD treatment
- **Outreach & harm reduction expansion**

### Client Engagement and Navigation Services (CENS)

- Services include outreach, engagement, SUD education, linkage to services, navigation, harm reduction strategies.
- Provided in interim housing, encampments, courts, urgent care centers, etc.
- Previous CENS scaling challenge was funding-related, but due to CalAIM policy changes, SAPC started billing Drug Medi-Cal for a portion of CENS services starting in 2024.
- SAPC has significantly expanded CENS sites, particularly for PEH:

Fiscal Year	CENS Agencies	CENS Sites
FY 22-23	8	162
FY 23-24	8	228
FY 24-25	8	418

} 41% increase  
} 83% increase  
} 158% increase



## Expanding SUD Services and Reach

- Brick-and-Mortar SUD treatment
- Field-based SUD treatment

- **Outreach & harm reduction expansion** (cont'd)

### Harm Reduction Services

- Harm reduction services are central to better engaging the 95%.
- Services include outreach, engagement, naloxone and test strip distribution, syringe exchange, SUD education, linkage to services, etc.
- Provided via both brick-and-mortar and street-based settings.
- Harm reduction funding is limited and various funding streams have restrictions, but SAPC's fiscal strategies have allowed it to significantly expand harm reduction investments by over 500% over the past three years.
- Investing in the full continuum of SUD services
  - Importantly, SAPC's increased harm reduction investments have been made in the context of also increasing investments in:
    - SUD prevention by 260%
    - SUD treatment by 275%



## SAPC's Leveraging of the Homeless Emergency Declaration

- **Hiring**
  - Examinations opened through HI → 10
  - Hired candidates through the HI examination process → 37 candidates
  - Ordinance Position Authority (OPA's) to support expedited hiring through HI → 32+ items
- **Contracting**
  - New contracts executed → 5 (harm reduction)
  - Contract amendments executed → 9 (7 harm reduction and 2 juvenile justice SUD treatment)
  - New contracts pending execution → 3 (to support opioid settlement investments in MAT)
- **Procurement**
  - Substance Use Disorder Network Learning Platform
  - In-process of procuring items for 25,000 overdose prevention kits



# Proposition 1

- **Behavioral Health Services Act; BHSA ([Senate Bill 326](#))**
  - SAPC is working with DMH around opportunities to focus some portion of BHSA on SUD priorities; specifics are unclear at this time.
  - MHSAs innovation funds have recently been invested in the Interim Housing Outreach Program (IOP), which includes SUD priorities in terms of expanding SUD counselors in interim housing settings, harm reduction and overdose prevention kits, and both beds and licensed clinician staff to support the expansion of co-occurring SUD and MH services in residential settings.
- **Behavioral Health Infrastructure Bond Act; BHIBA ([Assembly Bill 531](#))**
  - \$6.38 billion general obligation bond intended to develop a wide range of behavioral health treatment, residential care settings, and supportive housing.
  - Details are not currently clear, but BHIBA will likely be operationalized by DHCS similar to the BHCIP.
    - SAPC will be encouraging its SUD provider network to pursue these bond funds.
    - SAPC is interested in ensuring a reasonable proportion of these bond funds are invested in SUD sites, though we recognize that there are also sizable needs for the bond funds to be invested in MH sites



# Discussion



**“The opposite of addiction is NOT sobriety;  
the opposite of addiction is **connection.**”**

*- Johann Hari*