



# Behavioral Health Commission February 13, 2025 DPH-SAPC Updates

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**Prevention**

**Harm Reduction**

**Treatment**

**Recovery**

## SUBSTANCE USE CONTINUUM OF CARE Overview



## Prevention

## Harm Reduction

## Treatment

## Recovery

- **Substance use prevention services address both individual and community-level public health issues of drug access and availability, with key strategies targeting risk and protective factors associated with cannabis, alcohol, methamphetamine, and opioid use:**
  - **Increase Community Education & Awareness Through Positive Youth Development Programs**  
Parent/guardian presentations, youth summits, evidence-based health education programs for youth and young adults, and peer-based youth leadership programs.
  - **Mobilize Community to Develop Strategies That Address Local Concerns Over Misuse of Substances**  
Community efforts to advocate for safe prescribing/disposal practices, restricted online sales and delivery of substances to minors, safer consumer labeling practices.
  - **Enhance Data Collection to Assess the Scope of Use in Los Angeles County**  
Local outlet density reports, environmental scans, and community needs assessments to evaluate service and community needs/strengths.
  - **Launch Countywide Media Campaigns to Promote Education and Awareness**  
Media campaigns covering various topics including cannabis, fentanyl, methamphetamine, alcohol, and prescription opioids.
  - **Directly-Operated Community Education and Referrals**  
Student Wellbeing Centers at 43 high schools and CORE Centers at 7 Public Health Centers.

SAPC expanded substance use prevention investments by over 275% without NCC (Net County Costs) funds by requiring use of Medi-Cal as the funder of first resort for treatment contracts and then shifting previously allocated funds to this modality.

### Prevention



**29** provider agencies



**133** site locations



**69,552** served

Prevention

Harm Reduction

Treatment

Recovery

- **Harm Reduction services aim to reduce the negative consequences associated with substance use, meeting individuals where they are at and recognizing that some people aren't interested or able to stop using substances:**

- **Engagement and Overdose Prevention (EOP) Hubs**

On-site and field-based services that offer safe consumption supplies, overdose prevention medication (naloxone) distribution, medications for addiction treatment (MAT) prescribing, wound care etc. that focus on decreasing the negative health consequences associated with drug use. This includes 17 indoor drop-in centers, 60 outdoor vehicle-based pop-up sites, and 63 street-based outreach events each week.

- **Saving Lives**

Distribution of naloxone for overdose prevention led to 6,000 lives saved in FY 2023-24 as reported by EOP Hubs with over 100,000 naloxone doses distributed within the community and 70,000 fentanyl and xylazine test strips to test drug supply prior to use and minimize overdose potential.

- **Community and Student Education and Collaboration**

Presentations that outline the facts about opioids/fentanyl substances, impact of opioid use and how to prevent overdose, and naloxone distribution.

**SAPC expanded harm reduction investments by over 500% since 2021.**

**Harm Reduction**



**12** provider agencies



**17** site locations



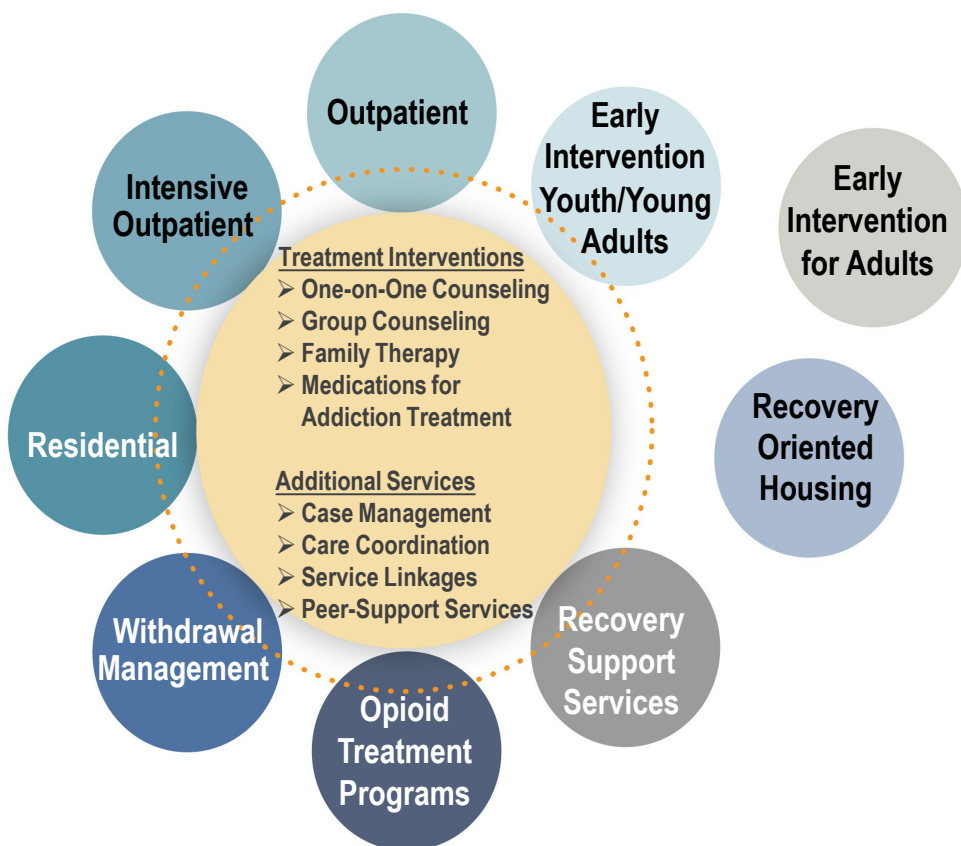
**35,000** served

Prevention

Harm Reduction

Treatment

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### System Expansion Strategy

Since 2017, all treatment providers are required to bill Medi-Cal, known as Drug Medi-Cal (DMC) in the SUD system as the first payor.

- This means generally between **50%-90%** of each eligible service is **paid for by the federal government**.
- As a result, SAPC uses this “savings” to:
  - (1) Say **“yes”** to contractor requests to add **new beds or slots** to current sites.
  - (1) Say **“yes”** to new or current contractor requests to add **new sites or levels of care**.
  - (1) Say **“yes”** to **grow other non Medi-Cal funded services** like prevention, harm reduction, and recovery-oriented housing.

#### Treatment



**86** provider agencies



**394** site locations



**33,800** served

SAPC expanded treatment investments by over 1000% for residential services and 180% in new residential beds, 50% increase in outpatient services, and 205% increase in MAT, made possible by leveraging Medi-Cal.

Prevention

Harm Reduction

Treatment

Recovery

- The road to recovery from a SUD is a JOURNEY. The steps taken on this journey are different for each person. It may begin with reducing the type or amount of substance, or it may begin with individualized treatment in a specialized SUD facility. Regardless of how the journey starts, recovery represents daily efforts to improve health and well-being, to live a self-directed life, and to strive in reaching full potential.

- **Recovery Services**

Available before, during or after treatment to support engagement in care, achievement of their personal recovery goals, and reduce likelihood of relapse.

- **Recovery Oriented-Housing**

Recovery-oriented housing is for those who want to live in a setting that supports their desire to not use alcohol or drugs but supports maintenance of housing if there is a relapse and a continued desire not use substances.

- **Recovery Bridge Housing (RBH)**

RBH is up to 180 days for individuals with SUD who are concurrently enrolled in outpatient services.

- **Recovery Housing (RH)**

RH is up to 365 days for individuals with SUD are encouraged but not required to be concurrently enrolled in outpatient services.

SAPC expanded recovery housing investments by over 700% since 2017.

### Recovery Bridge Housing



**26** provider agencies



**143** site locations



**4,123** served



**Prevention**

**Harm Reduction**

**Treatment**

**Recovery**

# Advancing the Continuum of Care through System Design and Innovation

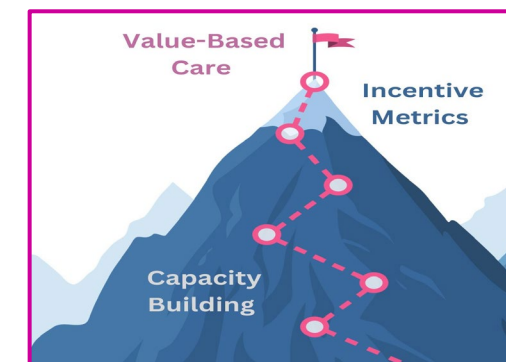




# Optimizing Payment Reform for Treatment Services

*When the State (DHCS) enabled counties to revamp reimbursement models in 2023 by implementing CalAIM Behavioral Health Payment Reform, SAPC quickly implemented multiple strategies to leverage this new financial opportunity which allowed us to **transition the specialty SUD system here in LA County to a value-based reimbursement model.***

- **New** Developed 3-tiered rate structure to acknowledge the higher service costs when offering multiple levels of care and to encourage providers on lower tiers to get rate increases by adding new levels of care.
- **New** Designed and launched voluntary value-driven **Capacity Building Package** to support strategies to address *Workforce Development, Access to Care (R95)* and *Fiscal, Business and Operational Practices*. **\$14M to CBOs in Year 1!**
- **New** Designed and launched voluntary value-based **Incentives Package** to compensate contractors for meeting performance metrics. **\$22M to CBOs in Year 1!**



Higher rates, capacity building, and incentives were made possible without new funds by strategically evaluating new State-County rates and determining how to balance increasing contractor compensation while also targeting development strategies designed to directly impact the quality of patient care.



# Advancing Workforce Capabilities

- Over 80% of the SUD workforce are SUD counselors, nearly all of whom have lived experience.

## **MORE NEEDS TO BE DONE TO SUPPORT THIS WORKFORCE TO SUPPORT CARE DELIVERY – INCLUDING THOSE WITH CO-OCCURRING MH AND SUD CONDITIONS**

*To advance this work, SAPC led the following efforts:*

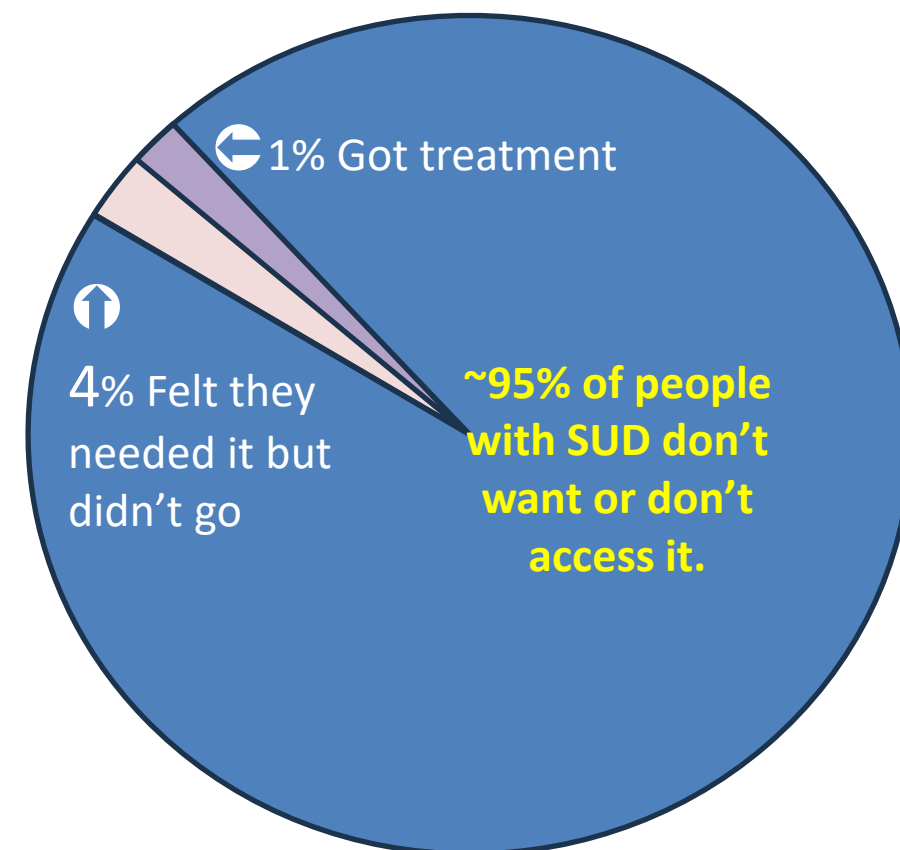
- Passed State-wide legislation (AB 2473) to increase registered counselor training standards from 8- to 80-hours beginning in Summer 2025.
- Launched and funded a Tuition Incentive Program to encourage individuals, including those who have received treatment services, to join the counselor workforce and help staffing shortages as the SUD system grows.
- Added more scholarships to become a Peer Support Specialist to help grow this workforce within the specialty SUD system.

Behavioral health workforce initiatives often only focused on licensed clinicians and exclude non-licensed practitioners such as SUD counselors. Operationalizing more integrated behavioral health (BH) systems and achieving greater parity across BH systems will require us to prioritize this SUD counselor workforce.

## Increasing Access – Reaching the 95% (R95)

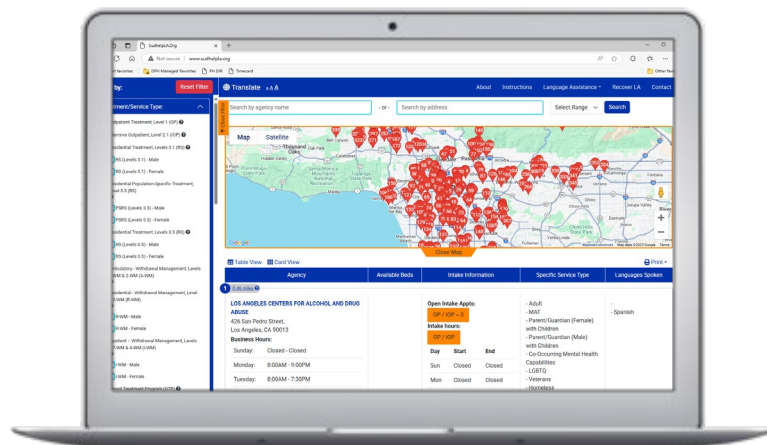
**Most people with a SUD don't think they need or don't receive treatment services. Why and what can be done?**

- Ensure specialty SUD systems are designed not just for the ~5% of people with SUDs who are already interested in treatment, but also for the ~95% of people with SUDs who are not.
- Lower barriers to care in the hearts and minds of the SUD community and public by disconnecting readiness for treatment from abstinence.
- Communicate through words, policies, and actions that people with SUD are worthy of our time, attention, and compassion, no matter where they are in their readiness for change or recovery journey.



**Systems need to embrace new strategies to find and serve those that need care who “don't fit” fit the current model AND find funding for new contracts and beds/slots to meet the need when they come.**

# Leveraging Technology to Simplify Service Access & Increase Understanding



## Filter by:

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



## Service & Bed Availability Tool (SBAT)

[www.SUDHelpLA.org](http://www.SUDHelpLA.org)

An award-winning platform for finding SUD treatment beds and services

## RecoverLA Web App

[www.RecoverLA.org](http://www.RecoverLA.org)

One-stop shop for learning more about SUDs and finding LAC prevention, harm reduction and treatment resources



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

*- Johann Hari, British-Swiss Writer*