

DMC + Supplemental Programs, Substance Use Disorder Treatment System

Michelle Gibson

Deputy Director

Substance Abuse Prevention and Control Bureau,

Department of Public Health



LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
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COUNTY OF LOS ANGELES
Public Health

Theme	How SAPC is addressing this
Care Coordination & Navigation	<ul style="list-style-type: none"> • Care Coordination benefit to step up, down, or across, SBAT, phone calls, CENS Navigators • Accepting more individuals that might not be at your typical level of readiness (R95) • Addressing known gaps and transitions of care, for example from DPSS or hospital to program and transitions from criminal justice settings (CalAim-JI)
Specific Populations & Specialized Treatment Needs	<ul style="list-style-type: none"> • Justice Involved & At-Risk Youth: Finding better ways to triage and help with reentry (CalAim-JI), working with at-risk youth (JJCPA), looking at opportunities in camps and halls • Youth and Student Services: RYSE and Bridge services and programming are specifically tailored for young people up to the age of 21. Treatment and prevention programs, including student wellbeing centers are available on school campuses.
Peer Involvement & Comprehensive Supports	<ul style="list-style-type: none"> • The SUD system is mostly comprised of peers, with robust representation of those with lived experience. The formal classification is relatively new and still emerging.
Capacity & Infrastructure	<ul style="list-style-type: none"> • Our capacity and infrastructure grows as our providers expand and add sites. To address those with COD, we are cross-training for co-occurring and enhanced capabilities across DMH and SAPC and are ensuring that our organizations are ASAM 4th edition ready.
Cultural & Linguistic Competence	<ul style="list-style-type: none"> • SAPC supports those providers looking to expand their non-English services and requires agencies to undergo culturally responsive services training.

SAPC is the publicly funded SUD provider for Los Angeles County and contracts out services to community organizations. We serve any Medi-Cal eligible individual with SUD needs, including youth, families, and other specialty populations (e.g., older adults, justice involved, PEH, LGBTQI+, veterans, and patients with disabilities).

SAPC was one of the first California counties to opt into DMC-ODS in 2017, which refers to the Drug Medi-Cal Organized Delivery System. This has allowed us to expand DMC reimbursable SUD service offerings, including Outpatient and Intensive Outpatient Services.

34,229 Patients

were admitted to specialty SUD treatment programs in LA County in FY '23-24

Outpatient and Intensive Outpatient Services offer treatment services at varying levels of intensity depending on the individual's needs. In addition to our core set of benefits and treatment services, SAPC offers services for specific populations to cover different types of needs like Pregnant and Parenting Women, youth, and justice involved populations.

We track various metrics to assess client satisfaction and use this data to ensure services address their needs.

- Satisfaction
- Treatment Outcome
- Access
- Care Coordination
- Quality of Care

DMC-ODS Services

- Individual Sessions, Group Sessions Patient Education, Care Coordination, Recovery Support Services
- Youth (12-21)
 - <6 hours per week (Outpatient)
 - 6-19 hours per week (Intensive Outpatient)
- Adults (22+)
 - <9 hours per week (Outpatient)
 - 9-19 hours per week (Intensive Outpatient)
- Outpatient Withdrawal Management (select sites)
- MAT - Medications for Addiction Treatment (direct or by referral)

Supplemental Services

- Reimagining Youth SUD Engagement (RYSE)
- BRIDGE Family Support Services
- Juvenile Program Camps and Halls
- Population Specific – AB 109, CalWORKs, General Relief, JJCPA (Youth)

Program Funding Sources

- 2011 Realignment
- Medi-Cal / Federal Financial Participation (i.e. DMC-ODS, FFP)
- Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)
- Various local transfers

Substance Use Disorder Treatment System: Details

Level of Service	Outpatient, Intensive Outpatient
Will the program be funded by the Behavioral Health Services Act (BHSA)?	No, but it is BHSA eligible under Behavioral Health Service and Supports (BHSS): Children’s, Adult, and Older Adult Systems of Care
Will the program grow, shrink or stay the same?	We anticipate that our contracted network will grow over the next 3-year planning period, but there may be an impact due to declines in Medi-Cal enrollment.

Priority Goal #1: Access to Care ↑

The timely and appropriate use of health services to achieve the best possible health outcomes, inclusive of all modalities. Improving Californians' access to care is necessary for improving outcomes.

We are working to improve access to care through our Reaching the 95% (R95) Initiative for lower barrier care, and our open contracting process to increase service density.

- **SAPC's Reaching the 95% (R95) Initiative** focuses on enhancing outreach and engagement and establishing lower barrier care across the SUD system.
- We plan to add sites, funding, and slots for existing providers interested in growing the size and location of facilities, and contract with new organizations to add new locations outside of our current network.

Priority Goal #2: Homelessness ↓

Addressing the increase in statewide homelessness is crucial to ensuring unhoused individuals living with significant behavioral health needs receive regular access to behavioral health treatment and safe and stable housing where they can recover.

SAPC is working to decrease homelessness by growing housing options for clients with SUD. SAPC has invested in expanding Recovery Bridge Housing (RBH) and Recovery Housing (RH). These benefits offer PEH concurrently participating in SUD treatment services with up-to 360 days of RBH, and RH for up-to 365 days.

- SAPC has improved access to SUD supportive services through **outreach and engagement and Field-Based Services targeting PEH**. We also encourage providers to leverage the care coordination benefit to support connections to housing services.

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- SAPC introduced **Housing Navigation Services** in FY 2024-25 to support and connect PEH to stable housing options. Housing navigators help individuals prepare, find, move into, and retain affordable and permanent housing opportunities.

Priority Goal #4: Justice Involvement ↓

Reducing adults and youth living with behavioral health needs who are involved in the justice system - including those who have been arrested, are living in, who are under community supervision, or who have transitioned from a state prison, county jail, youth correctional facility, or other state, local, or federal carcel settings where they have been in custody of law enforcement authorities.

SAPC is addressing justice involvement through programs for juveniles in custody settings and transitioning back into the community and justice-related service for adults (e.g. diversion, P36). We're also participating in CalAIM JI for 90-day pre-release services, including Medi-Cal enrollment, and behavioral health linkages to community.

The **Juvenile Justice Crime Prevention Act (JJCPA)** funds collaborative projects between SAPC and Probation to deter continued substance use, demonstrate reductions in subsequent justice involvement, and increase completion of court-ordered requirements.

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SAPC has a series of additional **partnerships with LA County Courts, Law Enforcement, and the Probation department** to divert drug offenders into SUD treatment in lieu of incarceration, facilitate transition from incarceration, and transition individuals to lower security facilities or probation programs.

Priority Goal #5: Removal of Children from Home ↓

Removal of children from home, specifically those with an open child welfare status, refers to when children may be removed from their home due to abuse and/or neglect. Providing early intervention and intensive BH services to parents and additional members of the family unit living with a behavioral health condition can prevent family disruption and improve child welfare outcomes.

SAPC's **Pregnant and Parenting Women (PPW)** and **BRIDGE** programs provide treatment and supportive services to parents engaged in SUD treatment. Child services are also provided, including access to transportation, child-care, and child case-management.

PPW services include sexual and reproductive health education and childcare to encourage parents' attendance and engagement. Childcare creates a welcoming and safe treatment environment that promotes participation.

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SAPC collaborates with DCFS to support families with open cases. Collaborative projects include:

- **Substance Use Disorder – Trauma-Informed Parent Support (SUD-TIPS) program**, enabling CENS Counselors to conduct screenings and referrals to treatment for parents/caregivers with DCFS involvement.
- **Recovery Support Court**, a program that connects DCFS involved parents to treatment services when substance use is a contributing factor to their open DCFS case.

Priority Goal #6: Untreated Behavioral Health Conditions ↓

An individual's behavioral health condition that has not been diagnosed or attended to with appropriate and timely care.

SAPC is increasing the capacity of our outpatient and high intensity outpatient services to serve clients with moderate to severe mental illness through each of the following:

- Advancing policies supporting admission for clients with serious mental illness
- Increasing the number of licensed clinicians prepared to assess / treat co-occurring conditions
- Increasing the number of psychiatric medical clinicians that provide medication support

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We are increasing our clinic's collaboration with community mental health agencies to ensure **coordinated care for LA County residents with co-occurring disorders.**

SAPC is also working with DMH and County partners to ensure **co-occurring and enhanced capabilities extend across both the SUD and mental health systems** at the county level for a no-wrong door approach.

Co-occurring-capable (COC) programs are SUD treatment programs that mainly focus on SUDs but can also treat patients with subthreshold or diagnosable but stable mental disorders. These programs may offer mental health services onsite or by referral.

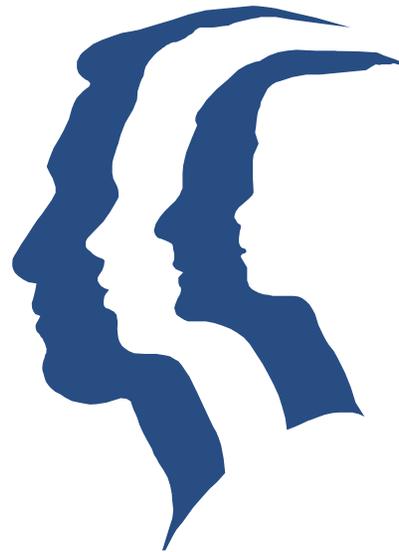
<https://www.ncbi.nlm.nih.gov/books/NBK571024/>

Additional Goal: Engagement in School ↑

Engagement refers to the degree of attention, curiosity, interest, passion, and optimism that an individual has towards school and related activities, including their enrollment and participation in as well as graduation from school. Enhancing engagement through prevention and treatment of behavioral health conditions can enable individuals to participate actively and meaningfully, leading to improvements in quality of life, independence, and wellbeing.

To increase engagement in school, we contract with a network of youth treatment providers that have relationships with various high schools and middle schools to provide services on campus through field-based service options. We also have extensive prevention-oriented networks in schools, including student wellbeing centers and contract with LACOE.

School-level field-based services (FBS) are treatment Services that are provided at a location other than a brick-and-mortar treatment provider agency. SUD services on school campuses have been approved at 76 school sites through FBS.



Questions?