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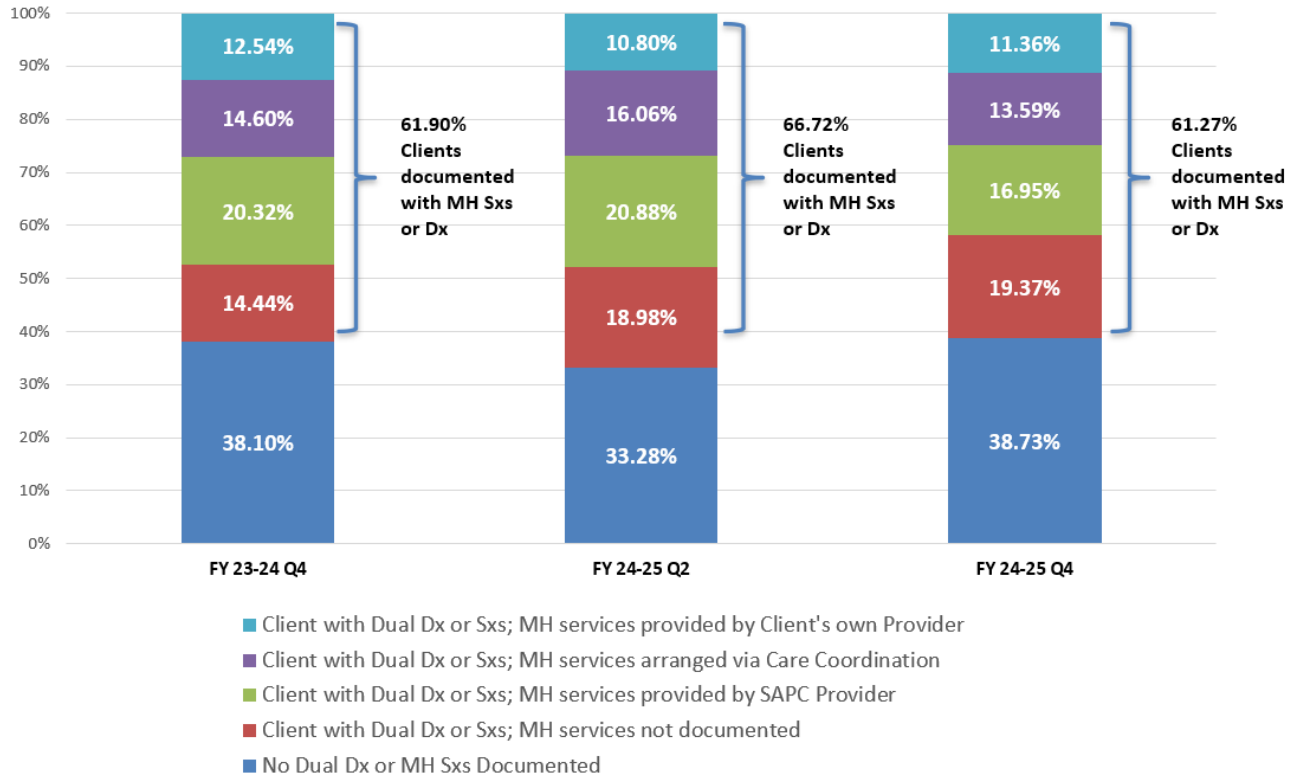
Substance Abuse Prevention and Control Bureau Director's Update – March 12, 2026

The Los Angeles County Department of Public Health's Bureau of Substance Abuse Prevention and Control (DPH-SAPC) recognizes that integrated substance use disorder (SUD) and mental health (MH) care is already being delivered in the current County behavioral health system. To create a baseline and assess progress, DPH-SAPC first reviewed how often specialty SUD providers offer concurrent MH services within the specialty SUD system.

SAPC's Quality Improvement (QI) team performed chart reviews across the specialty SUD system and found that across all levels of care:

- Approximately **60%-65%** of DPH-SAPC clients have a co-occurring MH condition.
- Upwards of **20%** of DPH-SAPC clients served with a co-occurring MH condition are receiving some portion of their MH care through their DPH-SAPC provider. In other words, they are receiving concurrent SUD and MH services provided through SAPC's specialty SUD system. Others may be receiving MH care through their managed care plan or DMH, depending on the severity level of their MH needs. *
- Additional review findings and key takeaways include:
 - **Co-Occurring MH and SUD Needs and Services (Sxs) for all Levels of Care (LOC)**
Among clients with a co-occurring SUD and MH disorder, the highest proportion of MH services are delivered by a SAPC SUD provider, as opposed to other options through care coordination with another MH provider or via a MH provider the individual was already receiving MH services from.

*Managed care plans are responsible for the MH care for people with mild to moderate MH conditions, whereas DMH is responsible for the MH care for people with moderate to severe MH conditions.



○ **Co-Occurring MH and SUD Needs and Services by Level of Care Groupings**

The proportion of clients with co-occurring MH conditions that receive MH services through their SUD provider varies by level of care. The highest proportion (~33%) is observed in Withdrawal Management (WM) settings, followed by residential settings, outpatient SUD settings, and finally Opioid Treatment Program settings.

