

Los Angeles County COMMISSION ON ALCOHOL AND OTHER DRUGS

Annual Report

January - December 2024

TABLE OF CONTENTS

3	Commission on Alcohol & Other Drugs Mission Statement and Ordinance
<u>5</u>	Key Issues Impacting At-Risk and Systems-Involving Alcohol and Other Drugs
<u>6</u>	Strategic Priorities for 2024
	Strategic Priority 1: Address the Changing Environment Providing Substance Us Disorder Treatment
	Strategic Priority 2: Address the Lack of Youth Services in Substance Use Disorde Prevention and Treatment and Promote Increased Access an Services
<u>Z</u>	Commission on Alcohol and Other Drugs Meetings
	Education and Prevention Committee
	Policy and Planning Committee
	Commission Recommendations
<u>10</u>	Commission on Alcohol & Other Drugs Strategic Partnerships
	Commissioner Representation on other County/Community Bodies
	Los Angeles County Department of Public Health - Substance Abuse Prevention and Control
<u>18</u>	Commission on Alcohol and Other Drugs 2024 Accomplishments

COMMISSION ON ALCOHOL AND OTHER DRUGS COMMISSIONERS BY SUPERVISORIAL DISTRICT JANUARY 2024 – DECEMBER 2024

COMMISSION OFFICERS

Tony Bell, Chair Tonya McKenzie, Vice Chair Bruce Boardman, Second Vice Chair Jack Hadjinian, Recording Secretary Amanda Cowan, Member-At-Large Lou La Monte, Member-At-Large (served until September 2024)

COMMISSION LIAISON

Jessie Taw

FIRST SUPERVISORIAL DISTRICT SUPERVISOR HILDA L. SOLIS

Christina L. Gonzales Jack Hadjinian Bennett W. Root, Jr. Jerry G. Velasco

THIRD SUPERVISORIAL DISTRICT SUPERVISOR LINDSEY P. HORVATH

Amanda Cowan Charles Robbins Ruben Rodriguez Avia Rosen

FIFTH SUPERVISORIAL DISTRICT SUPERVISOR KATHRYN BARGER

Tony Bell Rebecca Birotte Jozef Essavi Howard L. Winkler

COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE

Jeremiah Hart (served until February 2024) Edward Elizalde (appointed March 2024; served until September 2024)

SECOND SUPERVISORIAL DISTRICT SUPERVISOR HOLLY J. MITCHELL

Bruce Boardman Tonya McKenzie Dean Nakanishi (served until October 2024) Johng Ho Song

FOURTH SUPERVISORIAL DISTRICT SUPERVISOR JANICE HAHN

Deena Duncan Mark Mendoza, Jr.

Juan Navarro G. Lola Worthington

SUBSTANCE ABUSE PREVENTION AND CONTROL

Alicia Garoupa

LEAGUE OF CALIFORNIA CITIES LOS ANGELES DIVISION

Lou La Monte (served until September 2024)

Ana Maria Quintana (appointed October 2024)

COMMISSION ON ALCOHOL AND OTHER DRUGS MISSION STATEMENT AND ORDINANCE

MISSION STATEMENT

The Los Angeles Commission on Alcohol and Other Drugs (CAOD) advises and makes recommendations to the Los Angeles County Board of Supervisors on alcohol and drug issues with the goal of reducing problems and the negative impact of substance use disorders (SUD) on the quality of life for individuals and their families residing in Los Angeles County.

ORDINANCE

The Commission, as an advisory board, is established pursuant to California Health and Safety Code Sections 429.997, 11752.1(e), 11798.1(a), 11805 and 11998.1(f)(2). The Commission functions pursuant to Chapter 3.15 of the Los Angeles County Code; Board Order Nos. 10 of January 19, 2010, 55 of January 19, 2010, 64-B of January 19, 2010, 19 of January 26, 2010, Ordinance No. 2010-0003 (Which consolidated the Commission on Alcoholism and the Narcotics and Dangerous Drugs Commission and repealed Chapters 3.06 and 3.40), and Board Order No. 125 of June 26, 1990, Ordinance No. 90-0086 (Term Limits); Board Order No. 31 of April 6, 2010, and Ordinance No. 2010-0016. Board Order No. 38 of October 19, 2010, Ordinance No. 2010-0046. The Commission is charged by its ordinance to:

- Review federal, state and local legislation and recommend to the Board appropriate measures for the implementation thereof
- Recommend to the Board strong programs in the field of enforcement, medication, prevention, and rehabilitation concerned with problems associated with the abuse of and addiction to alcohol and other drugs
- Advise the County Substance Abuse Prevention and Control (SAPC) on goals and policies of the County Substance Abuse Prevention and Control Administration and on any other related matters the County SAPC Administrator refer to it or which are raised by the Commission
- Organize and assist in alcohol and other drug conferences in areas of the County
- Encourage and educate the public to understand the nature of addiction, and encourage support throughout the county for development and implementation of effective programs for prevention and treatment of alcohol and other drug abuse, addiction and related problems
- Do all other things necessary or helpful to reduce the illicit and problematic use of alcohol and other drugs

The Commission remains a dedicated and diversified entity providing discussion and perspective around topics and concerns related to the use and regulation of alcohol and other drugs within the County of Los Angeles. Through a diverse multicultural and comprehensive viewpoint involving a wide variety of community representatives, the commission provides advocacy on the importance of substance use prevention and treatment among all age groups and populations residing within the County. The Commission is committed in supporting and partnering with SAPC and the Los Angeles County Board of Supervisors to create a system of inclusive integrated services by advocating thorough policy, planning, education, prevention, and recovery, those services that are designed to address and reduce the negative impact of alcohol and other drug use on the quality of life for children, youth and adults in Los Angeles County.

KEY ISSUES IMPACTING AT-RISK AND SYSTEMS-INVOLVING ALCOHOL AND OTHER DRUGS

For our Commission, in 2024 we welcomed two new Commissioners to complete our roster, bringing in new perspectives from a variety of knowledgeable individuals engaged with serving diverse populations across Los Angeles County. Those who serve have helped the Commission become a stronger advocate in the health and well-being of all Angelenos.

With the intensifying crisis of fentanyl laced illicit drugs plaguing all age groups in our Los Angeles communities, substance use has become an epidemic of its own leading to too many unnecessary deaths. Methamphetamine use continues to wreak havoc on communities and loved ones, destroying the minds and health of Angelenos and all the families involved. Alcohol abuse continues to increase leading to more cases of domestic violence resulting in families being pulled apart from the devastating effects. The toll of substance use and abuse is having a profound effect on our learning institutions, homelessness, families, work force and communities as a whole.

The Commission recognizes the importance of taking action now to strengthen our Communities, Families, Educational Institutions, Medical Providers, Behavioral Health Providers, Emergency Responders, Homeless Outreach Services, Courts, Probation, Parole, Department of Health Services (DHS), Department of Public's (DPH) SAPC and the Los Angeles County Board of Supervisors to create partnerships in providing increased prevention, education, harm reduction and low barrier treatment strategies to address our critical Los Angeles' societal needs.

The Commission is tightly integrated with SAPC, the principal agency within the County authorized to create and maintain County programs designed to assist in the prevention of alcohol and drug related problems and to coordinate and support County efforts to provide harm reduction, treatment and recovery options for its residents confronting alcohol and drug use and abuse.

The CAOD adopted and enacted a new strategic plan with a focus on prevention. To that end, we adopted a new Strategic Prevention Framework (SPF). The SPF six step planning process guides the development of prevention services. The following is a list of our strategic priorities and how we informed and educated the commission in each of these areas.

CAOD's strategic plan focused on two (2) Priority Areas, including:

- Priority 1: Address the Changing Environment in Providing Substance Use Disorder (SUD) Treatment
- Priority 2: Address the Lack of Youth Services in SUD Prevention and Treatment and Promote Increased Access and Services

STRATEGIC PRIORITIES FOR 2024

STRATEGIC PRIORITY 1: ADDRESS THE CHANGING ENVIRONMENT IN PROVIDING SUBSTANCE USE DISORDER TREATMENT

Goal 1: Discuss plans with SAPC on implementation of SB43 involuntary SUD and mental health treatment.

Goal 2: Collaborate with County of Los Angeles Commission on Mental Health, Human Immunodeficiency Virus, and Youth.

Goal 3: Collaborate with SAPC on any pending legislature and promote approval/disapproval with County of Los Angeles Board of Supervisors.

Goal 4: Collaborate with SAPC on outreach and engagement funding and implementation opportunities.

STRATEGIC PRIORITY 2: ADDRESS THE LACK OF YOUTH SERVICES IN SUBSTANCE USE DISORDER PREVENTION AND TREATMENT AND PROMOTE INCREASED ACCESS AND SERVICES

Goal 1: Collaborate with SAPC and County partners on securing increased youth SUD treatment within the County of Los Angeles and promote by making recommendations to the County of Los Angeles Board of Supervisors.

Goal 2: Promote SAPC's efforts in educating the public on substance use and prevention services at Public Health core centers, educational institutions, and recreational parks Countywide.

Goal 3: Promote school-based education to instructors, faculty, and parents on substance use and prevention and advocate for increased resources through advocacy of SAPC and County partner efforts and promotion to County of Los Angeles Board of Supervisors.

COMMISSION ON ALCOHOL AND OTHER DRUGS MEETINGS

Commission meetings are the primary vehicle through which information regarding alcohol and other drug related issues in Los Angeles County is disseminated and the venue at which policy matters are considered and recommendations are developed.

During 2024, the Commission held 11 regular meetings during which reports, and presentations were given in alignment with our strategic goals by County departments, advocates and stakeholders on SUD related issues, services and programs were provided. The meeting topics included:

Teaching, Obedience, Respect, Courage, and Honor (TORCH) Program Police Chief Jake Fisher El Monte Police Department	Behavioral Health Administrative Integration and Collaboration Between SAPC and Department of Mental Health Dr. Gary Tsai, MD Director for Substance Abuse Prevention and Control Bureau
Report from Substance Abuse Prevention and Control Michelle Gibson, MPH Deputy Director for Substance Abuse Prevention and Control Bureau	Youth Prevention and Treatment Initiatives Stephanie Chen, LCSW, MPH Chief of Community and Youth Engagement Yanira Lima, MPA, MHM Chief of Treatment Services – Systems of Care for Substance Abuse Prevention and Control Bureau
Overview of Sacramento County Alcohol and Drug Advisory Board Melinda Avey Chair for Sacramento County Alcohol and Drug Advisory Board	Health Deputy Roundtable Health Deputy – 1 st District: Jazmine Garcia- Delgadillo Health Deputy – 2 nd District: Yolanda Vera and Victoria Gomez Health Deputy – 3 rd District: Aaron Fox Health Deputy – 5 th District: Anders Corey

The Commission also has two active committees that meets every other month at the general meeting. They are the Education and Prevention Committee and the Policy and Planning Committee. The following topics were discussed and brought to the Commission in 2024:

EDUCATION AND PREVENTION COMMITTEE

- Youth Opioid Response Jae Canas, MPH, Los Angeles County Department of Mental Health and University of California, Los Angeles, Los Angeles Public Partnership for Wellbeing
- Prevention Services Stephanie Chen, LCSW, MPH, Substance Abuse Prevention and Control
- Treatment Services Systems of Care Yanira Lima, MPH, MHM, Substance Abuse Prevention and Control

POLICY AND PLANNING COMMITTEE

- AB 915 (Arambulo) Pupil health: drug education: opioid overdose training program.
- AB 941 (Waldron) Controlled substances: psychedelic-assisted therapy.
- AB 1510 (Jones-Sawyer) Fighting Fentanyl Bond Act of 2024.
- AB 1775 (Haney) Cannabis: retail preparation, sale, and consumption of non-cannabis food and beverage products.
- AB 1842 (Reyes) Health care coverage: Medication-assisted treatment.
- AB 2651 (Bains) Alcohol Drug Counselors.
- AB 2711 (Ramos) Suspensions and expulsions: controlled substances: tobacco: alcohol: plans and protocols.
- AB 2893 (Ward) The Shared Recovery Housing Residency Program.
- AB2998 (McKinnor) Opioid overdose reversal medications: pupil administration
- AB 3195 (Haney) Alcoholic beverages: hours of sales
- AB 3206 (McKinnor) Alcoholic beverages: hours of sale: arenas in the City of Inglewood
- SB 21 (Umberg) Controlled substances.
- SB 495 (Dodd) Alcoholic beverages: off-sale retail licenses and consumer delivery service permits.
- SB 969 (Wiener) Alcoholic beverages: entertainment zones: consumption.
- SB 1012 (Wiener) The Regulated Psychedelic-assisted Therapy Act and the Regulated Psychedelic Substances Control Act.
- SB 1438 (Niello) Housing First: sober housing
- SB 1502 (Ashby) Controlled substances: xylazine

COMMISSION RECOMMENDATIONS

The CAOD, as a whole recognizes the lack of residential treatment services for youth in Los Angeles County who have been impacted by substance use and need residential care due to influences in their community of residence and/or educational institutions which make it difficult to cease alcohol or drug use. Youth who have become addicted to alcohol or other drugs need residential treatment services to remove them from the environments that greatly influence their decision making and continued substance use, which with readily available fentanyl laced drugs could be life threatening. Therefore, the CAOD will revise next year's strategic priorities to include a focus on increased access and availability of youth services. The goal of the CAOD will be to collaborate with County partners on increasing youth services across Los Angeles County so that those families and the youth needing care will have a continuum of substance prevention, use, and abuse treatment available.

The Commission also recognizes the need for low barrier admission policies for substance use treatment services and the changing environment of substance use treatment as a whole. Los Angeles County with its rising homeless populations, increased moderate to severe mental health populations and increased deadly drug combinations must be readily able to promote introductions into a helping environment that is welcoming and all-inclusive in generating whole person care even when those being served are not ready for an abstinence-focused model. Medications for Addiction Treatment (MAT) of substance use must be accepted in all facets, including interim housing as a lifesaving method. Harm reduction strategies and trauma informed care are keys to building rapport and success with those individuals still contemplating if substance use/abuse is detrimental to their ability to function in society or an unhealthy means to cope.

COMMISSION ON ALCOHOL AND OTHER DRUGS STRATEGIC PARTNERSHIPS

The Commission maintains a critical and distinct role in Los Angeles County. As advisors to the Board, and advocates for those with SUDs and their families, the Commission often serves as a bridge between the County and its partners, including the County service agencies, law enforcement, courts, philanthropy, the nonprofit sector, and the community. The Commission's experience, expertise and steadfast commitment to at-promise children, youth and adults has contributed to the forging of strong partnerships with some of the most important entities shaping public policy in Los Angeles County.

COMMISSIONER REPRESENTATION ON OTHER COUNTY/COMMUNITY BODIES

Tony Bell	L.A. County Local Agency Formation Commission (LAFCO)
Bruce Boardman	Member of the California Association of Alcohol and Drug Program Executives (CAADPE)
Amanda Cowan	MAT Community Advisory Board Prevention & Education in Communities of Color Grant UCLA- ISAP Community Advisory Board (CAB) for the Clinical Trials Network (CTN) Project Community Advisory Board for IAS PhD Candidate
Deena Duncan	SAPC Provider Advisory Committee Board member of the California Association of Alcohol and Drug Program Executives (CAADPE) California Consortium of Addiction Programs and Professionals
Jozef Essavi	Los Angeles County Small Business Commission
Alicia Garoupa	Countywide Prevention and Promotion Services Governing Committee Countywide System of Care Executive Advisory Committee Student Mental Health Policy Workgroup, California Department of Education
Christina Gonzales	California Association of Alcohol and Drug Program Executives, Inc. California Association of DUI Treatment Programs SAPC Provider Advisory Committee
Jack Hadjinian	Western Prelacy of the Armenian Apostolic Church of America
Tonya McKenzie	Black Public Relations Society – Vice President North Redondo Beach Business Association – Past President Redondo Beach General Plan Advisory Committee (GPAC) Member Redondo Beach Emergency Crisis Council Al-Impics Planning Committee

Juan Navarro	Juvenile Justice Coordinating Council Board member of the California Association of Alcohol and Drug Program Executives (CAADPE) Board member of the PIH Health – Community Benefit Oversight Committee
Ana Maria Quintana	League of California Cities – State League of California Cities – Los Angeles Division Gateway Cities Affordable Housing Trust
Ruben Rodriguez	Cesar Chavez Commemorative Committee - SFV
Bennet W. Root, Jr	Los Angeles County Mental Health Commission
Johng Ho Song	Queens Care Charitable Foundation Board
Jerry Velasco	Mexican American Opportunity Foundation San Gabriel Valley Civic Alliance El Monte Promise Foundation
Howard Winkler	West Coast Vaad Hachesed

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH SUBSTANCE ABUSE PREVENTION AND CONTROL

2024 Milestones and Highlights:

Prevention – Media Campaigns

To continue to drive down opioid overdose rates and expand access to overdose prevention medications (naloxone), SAPC launched its second multi-media fentanyl campaign, fentanylfrontline.org in July 2024 with more concentrated harm reduction messaging to increase information-seeking of naloxone distribution sites, acquiring and carrying naloxone, intent to avoid/reduce use of pills/powders especially while alone. Messaging was on billboards, Metro buses, trains, streaming TV, YouTube, and ads on Facebook, Instagram, Snapchat and TikTok. A mid-point evaluation of first effort (August 2023-March 2024) projects 697,410 individuals newly carry naloxone; 2,077 lives saved; \$15.5 million in hospitalization cost savings; and increased awareness across target audiences ranging from 72% to 91%.



Prevention – Investments

Prevention services are key to preventing or delaying initiation of alcohol and drug use by young people and creating advocacy opportunities to reduce the impact of alcohol/cannabis outlets on communities. Therefore, SAPC increased funding commitments to SUD prevention services by maximizing available federal dollars. Since 2017, the prevention services budget increased by 260% to expand primary prevention and harm reduction activities such as launching 43 Student Wellbeing Centers at high schools; training 300 student peer advocates on how to administer naloxone; expanding Connecting to Opportunities for Recovery and Engagement at Public Health Centers to educate community members on substance use services; launching media campaigns on core substance related topics; growing positive youth development programs; and supporting coalition-building initiatives.

Prevention – Community Outreach

Community events are an important part of raising public understanding of substance use and awareness that SUDs are chronic and treatable health conditions and there is no shame in seeking care. SAPC demonstrates this through the annual Al-Impics event that brings together patients receiving treatment from contractors across the County, family members, celebrities, and CAOD and SAPC representatives to celebrate those in recovery through sports competition; sponsorship of the annual Shatterproof Walk to End Addiction Stigma in Los Angeles City; and participation at a variety of community events such as Taste of Soul to share information and promote service connections. Such efforts are designed to tangibly demonstrate their motto – *Prevention First, Treatment Works and Recovery is Possible*!



Prevention – Retail Cannabis

The local retail cannabis industry is expanding, and County efforts are underway to promote a safer and more regulated market that supports social and economic justice as well as public health and safety. SAPC participated in this effort by advocating to also focus on implementation of strategies that concurrently prevent access by minors, inform community members how to report violations by retailers in the regulated and unregulated market, and acknowledge potential community harms. To support this approach, SAPC has created a series of factsheets that simply articulate <u>Cannabis Prevention Activities</u>, <u>How to Submit Complaints About Cannabis and Hemp Products</u>, <u>Packaging and Labeling Requirements</u>, <u>How to Read a Cannabis Label</u>, <u>Facts About Delta-8 THC</u>, and <u>How to Respond to Teens</u> and conducted community education presentation to speak frankly on the impact of cannabis use and known risks.

Prevention – Early Intervention

Youth (12-17) and Young Adults (18-20) who have initiated alcohol and/or drug use may benefit from Early Intervention Services. To increase access to a full spectrum of services available in outpatient treatment settings to those who do not meet medical necessity for a SUD but are at risk of developing one, SAPC has encouraged contractor providers to increase access to Early Intervention Services and developed a Screener for Youth and Young Adults to assess needs for these services and, in collaboration with Azusa Pacific University, developed the Healthy Youth Early Intervention curriculum to train providers how to implement this level of care with the target population.

Harm Reduction – Services

SAPC continues to prioritize expansion of its harm reduction services to prevent communicable disease transmission and overdose deaths for people who use drugs and deliver public health and SUD services to residents regardless of their individual recovery goals. Over 2024, SAPC increased annual funding from \$3.5 million to \$5.5 million and expanded the SAPC-contracted network of Education and Overdose Prevention (EOP) from 7 to 12, and increased the number of sites offering harm reduction syringe services from 100 to 140. These EOP Hubs are a critical component of Los Angeles County's Harm Reduction Initiative, which (collectively, across all of Los Angeles County contracted harm reduction programs) conducted 191 service encounters, distributed 591,069 doses of naloxone (overdose reversal medication), 75,523 fentanyl test strips, 2,364,474 sterile syringes, and 31,791 wound care kits. These programs reported 20,700 overdose reversals, 379 referrals to substance use treatment with an additional 936 encounters involving telehealth-provided addiction medication (through Los Angeles County MAT Consultation Line service).

Harm Reduction – National and State Leadership

SAPC is helping lead harm reduction understanding and expansion across California and nationally, including being involved with developing (and will be speaking at) the California Department of Health Care Services' Harm Reduction in SUD Treatment Summits (Los Angeles County's summit has been scheduled for February 27, 2025), and in developing the American Society of Addiction Medicine's *Engagement and Retention of Nonabstinent Patients in Substance Use Treatment* Clinical Considerations Guidance for Addiction Treatment Providers.

Harm Reduction – Reaching the 95%

National survey data tells us that 95% of people with a SUD either don't want or don't access SUD treatment services and another 4% think they need services, but don't seek it. This means that currently only 1% of people who need services actually connect with care. Therefore, much more needs to be done to attract individuals to care, including increasing funding for the SUD system so SAPC can add more service locations that offer any or all of the full continuum of care inclusive of harm reduction, outpatient, residential and withdrawal management services. It also led to the launch of a new initiative to enable <u>Reaching the 95% (R95)</u> across the network. This required a comprehensive strategy, in partnership with network providers, to determine how to evolve their admission and discharge policies, and train and support staff, to make

program modifications necessary to engage those who may not be ready for "treatment as usual". This is a critical effort to reduce the negative impacts of substance use of individuals and families, and to find workable solutions to the overdose crisis. Momentum continues to build as providers begin to implement these strategies at their sites and demonstrate to patients through their words and actions that they are valued and deserving of services that match their preferences whether or not they have current abstinence goals.

Better Integrating Treatment and Harm Reduction

A key R95 initiative during 2024 was better integrating harm reduction and treatment approaches through coordinated engagement of both SAPC's contracted EOP Hubs network and treatment network. SAPC offered treatment providers a financial incentive to execute one or more memoranda of understanding (MOU) with agencies certified by Los Angeles County to deliver harm reduction syringe services, and 25 treatment agencies submitted MOUs for this incentive. To support institutionalizing harm reduction approaches across both the EOP Hub and treatment network, SAPC established an additional incentive payment for treatment agencies who between July 1, 2024 and March 31, 2025, ensure 85% of staff who have direct patient contact to participate in a SAPC-approved harm reduction training. Additionally, SAPC conducted six Harm Reduction & Treatment Integration Meetings throughout 2024 involving both SAPC-contracted EOP Hubs and treatment agencies to discuss better serving people who use drugs in Los Angeles County.

Treatment – Moving the Specialty SUD System to Value-Based Reimbursement

SAPC leveraged new opportunities from the Department of Health Care Services (DHCS), California Advancing and Innovating Medi-Cal (CalAIM) in year two of Payment Reform which enabled SAPC to leverage new flexibilities for reimbursement, including creating a three-tiered reimbursement structure to financially reward providers who offer more comprehensive continuums of care and to support the higher infrastructure and operational costs of such systems; and to promote a more diverse clinical direct service workforce in outpatient levels of care, that includes future options to expand access to Medications for Addiction Treatment (MAT) services. SAPC is the first specialty SUD system in the State to move to a value-based reimbursement model and continues to identify solutions to ensure appropriate fiscal accountability and clinical investment after DHCS moved away from cost settlement requirements to ensure that higher rates result in meaningful clinical investments to support positive patient outcomes and the transition to value-based care.

Treatment – Capacity Building and Incentives

SAPC was the first County behavioral health (BH) entity in California to design and implement Capacity Building and Incentives (CB&I) efforts in direct response to DHCS transformations under CalAIM Payment Reform. The maximum investment of \$50 million for the contracted provider network for Fiscal Year (FY) 2023-2024 and up to \$70 million for FY 2024-2025 was made possible through careful fiscal analysis of new Drug Medi-Cal rates and determining how much to raise provider rates to support movement towards parity with the mental health system and improved clinical care and outcomes, and how much could be invested in innovative strategies to motivate contractors to implement new efforts that are directly associated with what SAPC deemed critical to advance the SUD system in an effective and coordinated manner; the broad categories are 1) Workforce Development, 2) Access to Care - <u>Reaching the 95%</u>; and 3) Fiscal and Operational Efficiency. See <u>SAPC's CB&I Webpage</u> for more information on this effort, including specific projects and resources that can be used as a model for other BH systems. SAPC's CB&I approach received a Recognition Certificate from Los Angeles County's Productivity and Quality Awards Program.

Treatment – Performance Metrics

In partnership with its Provider Advisory Committee, SAPC developed a set of performance metrics in the categories of clinical care (e.g., service expansion, patient perceptions, care coordination, MAT), financial health (e.g., revenue and investment opportunities, payment reform and CBI, productive practitioner time), workforce (e.g., training, recruitment, retention, gaps) and organizational processes (e.g., intake process, discharge process, community reach) with the purpose of preparing SUD contractors for value-based care under CalAIM, and testing the applicability of these metrics in detecting delivery of effective care and promoting improved services for Los Angeles County residents. SAPC recognized that with the movement from costbased to fee-for-service and ultimately to an outcome-based care reimbursement model in the near future that it is essential to begin these discussions with contractors early, earn their buy-in and gain voluntary participation. Furthermore, it is important to SAPC to be a State-wide SUD leader and initiate efforts before required to influence the State process and advocate for requirements that align with Los Angeles County priorities.

Treatment – Legislation

Building upon the success of passage of AB 2473, which was initiated by SAPC to increase SUD training standards from 9 to 80 hours prior to the delivery of Drug Medi-Cal reimbursable services to align with minimum standards for peer providers, SAPC identified another legislative priority which was accepted by the Chief Executive Office and is now making its way through the process. This draft legislation, titled "SUD Modernization Care Act", seeks to change outdated requirements within existing statutes to reflect current evidence-based best practices and increase access to SUD treatment. This is a critical step to reduce stigma against people with SUD and codify language that demonstrates respect for individuals with this chronic health condition through the words we use to describe them and their service needs. This also serves to shift the narrative about these individuals from one of a moral failing to a treatable brain condition.

Treatment – Counselor Workforce

Recognizing the critical role that SUD counselors play in the delivery of treatment services (approximately 80% counselors, 20% clinicians) and the workforce shortages that plague the Behavioral Health system, SAPC decided to renew its workforce recruitment initiative – Tuition Incentive Program (TIP) – which supports the cost of registration, tuition and education materials to entice individuals to enter the SUD field and become a certified counselor. Funded through the Care First Community Investment fund, SAPC expanded upon the success of the

TIP pilot to support additional SUD workforce development; and partnered with the Tarzana Treatment Center College Certificate Program to implement TIP throughout Los Angeles County. TIP focuses on individuals with lived experience living in SPAs 1 (Antelope Valley), 4 (Central Los Angeles), and 6 (South Los Angeles) for program recruitment however TIP is open to all interested Los Angeles County Residents. SAPC's TIP effort received a Recognition Certificate from Los Angeles County's Productivity and Quality Awards Program.

Treatment – Physician Workforce

The SUD system has historically had few medical doctors delivering care at community-based contractors as the workforce is predominantly (~80%) SUD counselors. Therefore, it has impacted the ability to broad expand access to MAT for individuals with an alcohol and/or opioid use disorder outside of SAPC's approximately 13 Opioid Treatment Program (OTP) agencies that generally limit MAT prescribing to methadone. To promote onboarding of physicians to expand MAT prescribing at contracted (non-OTP) outpatient and residential sites, SAPC implemented a time limited cost sharing effort in the amount of \$200,000 per 40 hours per week of prescribing time which was open to all contracted treatment agencies. To date, 27 contracted agencies joined this effort. The provision of addiction medications alongside other behavioral health services, is central to advancing the SUD system and ensuring patients have access to all effective options to treat their condition. Financial investments are central to achieving this objective.

<u> Treatment – Medi-Cal Peer Support Specialist Program</u>

Contributing to the provider workforce recruitment efforts, SAPC has launched the Peer Certification Scholarship Program to support the development and growth of Medi-Cal Peer Support Specialists in SUD treatment programs. Funded through SAPC, the program has awarded 68 scholarships across three cohorts. These scholarships provide financial assistance to cover the application, 80-hour training, and exam costs required for certification through the CalMHSA program. This initiative aims to strengthen the peer support workforce by empowering individuals with lived experience to deliver critical behavioral health services throughout Los Angeles County.

Treatment – Wraparound Youth Services

Recognizing that Drug Medi-Cal only covers services for the youth in treatment, and ultimate success is also dependent on the family unit, SAPC launched the Building Relationships, Inspiring Development, Growing Engagement (BRIDGE) program outside of Drug Medi-Cal to fund supportive services to their parents, caregivers, and families. This will ensure that youth are maximally prepared to address their substance use issues, and their loved ones will be prepared and willing to support them in achieving their recovery goals.

Treatment – Field-Based Services

As a part of the R95 Initiative, SAPC promoted expansion of field and street-based SUD services for people who are not interested or able to receive services in traditional treatment settings and increased efforts with other areas of health and social systems to better engage individuals who would benefit from SUD care in those systems. Seventy-four (74) additional field-based service

locations were added in 2024 in school, community center, in-home (e.g., interim, permanent, encampments settings) and other settings. Field-based services increase access to SUD care by offering services in the places where people live, learn, work, and engage in recreation and improve opportunities to support patient centered care and the integration of behavioral health.

Treatment – Interim Housing Outreach Program

The Interim Housing Outreach Program (IHOP) allows for the service category of Client Engagement and Navigation Services (CENS) to engage people with potential SUD risk or needs to receive services in interim housing locations. During 2024, CENS have implemented new services under IHOP in Service Planning Areas (SPA) 4 and 6 at 35 interim housing locations. The remaining SPAs will be implemented in 2025.

Treatment – Bridge Housing Expansion

DHCS awarded the Behavioral Health Bridge Housing (BHBH) grant to SAPC in the total amount of \$61.9 million through June 2027. The BHBH grant funds bridge housing to address immediate housing needs of people experiencing homelessness who have serious behavioral health needs and prioritizes CARE court clients. The funding includes an expansion of an additional 300 Recovery Bridge Housing (RBH) beds, start-up infrastructure funding, the development and introduction of 145 Recovery Housing (RH) beds to SAPC's continuum of services, and the development and introduction of Housing Navigation to assist all RBH and RH residents in obtaining long-term stable housing, and Participant Assistance Funds, which a provides a maximum of \$500 per participant to assist with moving costs associated with obtaining permanent housing. The BHBH grant also funds a total of five County staff to implement and manage the program. These new beds have been incorporated and operationalized on a rolling basis, with the goal to have all proposed beds in place by June 2025. In addition, Opioid Settlement funding also supports an additional 100 RBH beds and 50 RH beds. Once the expansion is complete, it will bring the total RBH bed capacity to over 1,600 and RH beds to 195 across the County.

Treatment – Administrative Integration

In partnership with the Department of Mental Health (DMH), SAPC is implementing 11 collaborative efforts outlined under the State's Behavioral Health Administrative Integration (BHAI), including but not limited to a single 24/7 access line, joint cultural competency plans, joint beneficiary materials and grievance and appeals processes, data sharing with particular emphasis on federal restrictions on release of SUD patient records (42 CFR Part 2) and the impact on information sharing without consent, and network adequacy reporting. The DMH and SAPC call centers were combined in July 2024 enabling individuals to receive mental health and SUD screenings and referrals via a single call. This effort demonstrates that patients can have an integrated experience even when the specialty SUD and specialty mental health systems are managed under different departments. Additionally, DMH and SAPC submitted the first integrated cultural competence plan report that outlined projects, initiatives, and accomplishments in supporting equity and responsiveness in addressing racial and other cultural or linguistic disparities.

COMMISSION ON ALCOHOL AND OTHER DRUGS 2024 ACCOMPLISHMENTS

In 2024, the Los Angeles Commission on Alcohol and Other Drugs returned to the Hall of Administration with a full meeting schedule, made significant progress towards addressing our strategic priorities and implementing improvements in support of our mission to improve awareness, education, prevention and treatment to our Los Angeles County residents.

I appreciate our Commissioners for their commitment and work throughout this year, our SAPC County support liaison, Jessie Taw, and our partnership with DPH SAPC for providing their input, expertise, and guidance on strengthening the quality of services to the communities we serve. Also, outstanding have been our Sub-Committees on Policy and Planning, and Education and Prevention, which have informed and educated our efforts and helped us track and impact legislation that affects key issues of interest to our commission.

Of particular interest and concern amongst our Commissioners this year was in the field of youth prevention, particularly in the context of an ongoing crisis of fentanyl. And while all other drugs including methamphetamine, alcohol, cannabis continue to destroy lives, families, and communities, fentanyl has taken a devastating toll.

We look forward to working collaboratively with our other County partners to strengthen our advocacy on various issues which overlap with our purpose and mission including the Los Angeles County Commissions on Mental Health in our mutual effort to improve the quality of life for our Los Angeles County communities.

Thank you for the opportunity to serve.

Anthony E. Bell