# **IMPACT SUMMARY**

This document provides a summary of the size, scope, complexity, and successes of the Los Angeles County Department of Public Health's Substance Abuse Prevention and Control Bureau (DPH-SAPC) and its provider networks across prevention, harm reduction, treatment, and recovery.

This information also serves to provide a better understanding of where the specialty substance use disorder (SUD) system has been and the trajectory of growth it is headed under DPH-SAPC's leadership.

## **Overview of DPH-SAPC**

- DPH-SAPC is a well-recognized SUD leader across California, as the only county specialty SUD system specifically represented on the County Behavioral Health Directors Association Governing Board, the State Department of Health Care Services' Behavioral Health Stakeholder Advisory Committee, the California Health and Human Services Agency's Behavioral Health Task Force, and a number of other forums that shape behavioral health strategy, policy, and decisions across California.
- DPH-SAPC has a total annual budget of \$750M. Los Angeles County currently invests 15% of its specialty behavioral health funding into the specialty SUD system (\$750M of \$4.95B) and 85% into the specialty MH system.



## **Breakdown of SAPC Funding Sources**

- Drug Medi-Cal
- Substance Use Block Grant
- 2011 Realignment
- Behavioral Health Bridge Housing (BHBH)
- Measure H
- Care First, Community Investment (CFCI)
- AB 109
- Opioid Settlement Funds
- DPSS: General Relief and CalWorks
- Innovations Grant Interim Housing Outreach Program (IHOP)
- Juvenile Justice Crime Prevention Act & Juvenile Justice Realignment Block Grant
- Other Funding





- DPH-SAPC operates its Drug Medi-Cal Organized Delivery System (DMC-ODS) based on several SUD-specific waivers that are federally approved [Section 1915(b) and 1115 waivers]. These SUD-specific federal waivers will persist even after CalAIM's Behavioral Health Administrative Integration initiative, meaning that at a State-level, the State Department of Health Care Services will continue to have separate specialty mental health and special SUD systems.
- DPH-SAPC is comprised of over 550 staff members that support its prevention, harm reduction, treatment and recovery efforts.



### **Breakdown of SAPC Staffing**

- Prevention Programs
- Harm Reduction Programs
- Treatment and Recovery Programs
- Clinical Services, Quality Improvement, and Training
- Data, EHR Management, and Information Technology
- Member Services, Marketing, and Planning
- Administrative Services

# **Description of DPH-SAPC's Reach and Network**

 DPH-SAPC serves approximately 275,000 individuals across prevention, harm reduction, treatment, and recovery each year.

# Served Annually
200,000
37,000
35,000
4,123



 DPH-SAPC contracts with the following numbers of community-based organizations, broken down into the prevention, harm reduction, treatment, and recovery networks:

DPH-SAPC Contracts with Provider Agencies*	
Treatment	82
Prevention	29
Harm Reduction	12
Recovery-Oriented Housing	25
Total Unique Agencies	102

\*Reflects an unduplicated count of contracts by program area. However, agencies may be funded to provide services across various parts of the specialty SUD service continuum.

# **DPH-SAPC Successes**

## Service Expansion\*

- Year-by-year system expansion since launching DMC-ODS in 2017
- o 275% increase in SUD treatment and recovery investments



□ 1000% increase in residential services

180% increase in residential beds

- Over 550% increase in Recovery Bridge Housing (RBH) beds
- □ 50% increase in outpatient services
- Medications for Addiction Treatment (MAT) increased by 205% from FY 2022-23 to FY 2023-24.
- o 500% increase in harm reduction investments to expand these critical services
- o 260% increase in SUD prevention investments

\*This system expansion was achieved without additional County General Fund through the optimization of fiscal strategies which have yielded over \$200M and counting.

## Technology



- Implementation of electronic health record to move the specialty SUD system, which was primarily paper-based prior to 2017, to electronic health records, including covering the cost of doing so for agencies that could not afford this transition themselves.
- Designed and developed best-in-class and award-winning Service & Bed Availability Tool (CSAC Innovation Award) and RecoverLAmobile app (National Model Practice Award) with filterable service locator and real-time bed availability to simplify the process of identifying and connecting with SUD services.

SAPC Impact Summary December 2024 Page 3 of 4



### Innovative Payment Reform

- Implemented a behavioral health payment reform approach that is leading the State with respect to innovative behavioral health financing.
- \$
- Only county system, either within the specialty MH or SUD system, that implemented capacity building and incentives as a component of payment reform, as well as a10-year payment reform roadmap to assist its provider network with strategic financial planning.
  - Offered \$36.6M in Year 1 (FY 2023-24) of payment reform in the form of capacity building and incentive funds for DPH-SAPC treatment provider network.
  - DPH-SAPC received two national awards for its payment reform approach: National Association of Counties (NACo) Achievement Award and National Association of County and City Health Officials (NACCHO) Promising Practice Award.

### Legislative Success



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Passage of AB 2473 to increase training standards for SUD counselor workforce across California.



