

Los Angeles County
Department of Public Health

**Division of Substance Abuse
Prevention and Control**



Prevention first
Treatment works
and **Recovery**
is possible!

STRATEGIC PLAN

2023-2028

JUNE 2023 | VERSION 1.0

Message from the SAPC Division Director

It is my pleasure to share the Strategic Plan 2023-28 for the Department of Public Health's Division of Substance Abuse Prevention and Control (SAPC).

The addiction landscape continues to evolve as the breadth of knowledge about substance use prevention, harm reduction, and treatment grows. Recent statewide initiatives such as the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver enabled advances in the quality, scope, and continuum of services available to Los Angeles County residents with substance use disorders (SUD). The multi-year California Advancing and Innovating Medi-Cal (CalAIM) initiative aims to build on the successes of the DMC-ODS and facilitate more integrated, streamlined, and value-based care delivery systems within Medi-Cal, again evolving and improving care delivery across publicly funded health systems throughout California.



As we address the worst overdose crisis in both local and national history, SAPC strives to leverage opportunities to continue to grow and enhance the full spectrum of substance use services for our communities. Through our prevention efforts, we collaborate with organizations, residents, and communities to foster societal change and create environments that address the risk and protective factors associated with substance use, particularly for underage youth and disproportionately impacted communities. Similarly, our harm reduction work enables us to connect with individuals who may not be ready for treatment but can engage in critical services that minimize the harms associated with substance use. Finally, SAPC's treatment services deliver a full range of quality, medically necessary SUD treatment services to Medi-Cal clients and other safety net populations.

This Strategic Plan is a culmination of input from the community, providers, and SAPC team, and will guide our critical work for the next five years to ensure that we are successfully connecting with and ensuring that Los Angeles County residents have access to needed services provided by a robust, culturally responsive workforce that can carry out SAPC's mission. As a leader in the field, SAPC will continue to be bold in shaping and implementing innovative and effective policy and fiscal strategies to build and strengthen relationships with community partners and other County Departments towards the aim of achieving on-the-ground health, behavioral health, and social service system care integration, and to better serve our clients and participants wherever they are on their recovery journey.

Sincerely,

A handwritten signature in blue ink, appearing to read 'GT'.

Gary Tsai, MD
Division Director
Substance Abuse Prevention and Control
Los Angeles County Department of Public Health

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Introduction

The Department of Public Health’s Division of Substance Abuse Prevention and Control (SAPC) developed this five-year Strategic Plan in partnership with its network providers and other stakeholders as SAPC navigates unprecedented change and opportunities for growth impacting the substance use prevention, harm reduction, and treatment field. The emergence of fentanyl and methamphetamine as key drivers of overdose deaths, the need to elevate the substance use disorder (SUD) service continuum to parity with mental and physical health systems, and the inequity of health disparities require bold new strategies.

The convergence of these and other factors, including transformations in service provisions prompted by the Drug Medi-Cal Organized Delivery System (DMC-ODS) and California Advancing and Innovating Medi-Cal (CalAIM), as well as behavioral health payment reform, underlies a wave of change that continues to transform the institutional and financial environments in which public agencies like SAPC and its network must operate over the coming years.

This Strategic Plan charts the course for successful implementation of these new opportunities, enables SAPC and its provider networks to build capacity to meet these new challenges and improve service delivery and outcomes for those served, and reduce substance use and abuse within the diverse communities of Los Angeles County through access to quality- and outcome-focused services.

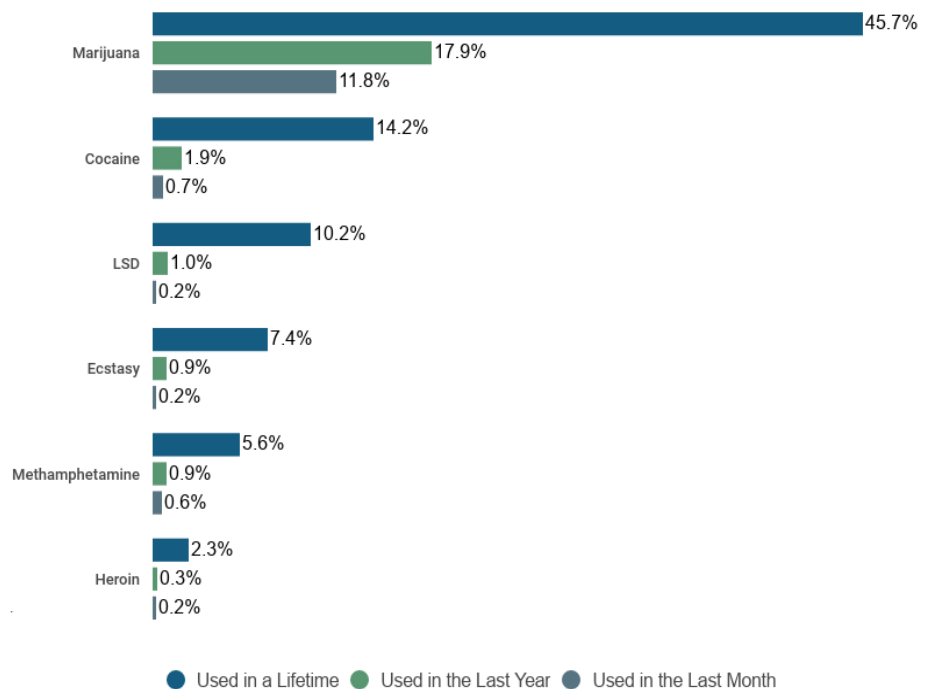
Substance Abuse Prevention and Control: Overview

National Substance Use Trends

Substance misuse impacts every community in the United States. According to a 2020 Substance Abuse and Mental Health Services Administration (SAMHSA) report, 37.3 million (13.5% of the US population) Americans aged 12 and older were current users of illicit substances and 138.5 million drink alcohol.¹

Although all substance misuse is problematic for communities, the rise in the use of opioids and methamphetamine and the associated rise in overdoses is a public health emergency. Almost 50,000 individuals in the U.S. die every year from an opioid overdose. This tragedy has only been exacerbated by the rise in use of fentanyl, which is driving many of the overdose deaths. Within California, 2,400 residents die from opioid overdose each year and opioids are a factor in 45.7% of all overdose deaths.

Drug Usership Among Americans Aged 12 & Older



National Center for Drug Abuse Statistics, data from the Substance Abuse and Mental Health Services Administration 2020 National Survey of Drug Use and Health

Figure 1

¹ SAMHSA 2020 National Survey of Drug Use and Health, <https://drugabusestatistics.org>

Overview of Los Angeles County

Los Angeles County (LAC) is the largest county in the United States, home to nearly 10 million people, and is spread out over 88 cities and 54 unincorporated communities covering 4,103 square miles. The population in LAC experienced a significant decline due to COVID-19 and other factors between 2019 and 2021, with a net loss of 315,314 residents mostly driven by domestic out-migration. Large decreases were observed across LAC regions, age, gender, and race/ethnicity groups. Exceptions to the decrease were seen in SPA 1, County residents aged 65 or older, and Asians, which increased from 2019 to 2021.

The demographic distributions remained similar from 2019 to 2021, with subgroups shifting between 0.0% to 1.1% of the total LAC population (largest shift was among Asians, 15% to 16% of LAC). LAC remains diverse, with a racial/ethnic composition of 48% Latinx, 28% White, 16% Asian, and 8% Black in 2021. Over half (55%) of LAC residents aged 50 or older speak a language other than English at home (US: 22%), and about 1 out of 4 residents speak English less than “very well”. The hot spot areas of LAC residents who speak one of the threshold languages at home with limited English proficiency can be found here: <http://publichealth.lacounty.gov/sapc/docs/providers/data/LAC-Threshold-Language-Hot-Spot-Areas-Maps.pdf>

Substance Use in Los Angeles County

Annually in Los Angeles County, there are over 2,500 accidental overdose deaths², over 134,500 SUD-related emergency visits, and over 106,000 SUD-related hospitalizations accounting for approximately \$7.8 billion in total hospital charges.³ Approximately 2.2 million residents engage in risky use of alcohol

² Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death. CDC WONDER Online Database. Drug or alcohol induced underlying cause of death.

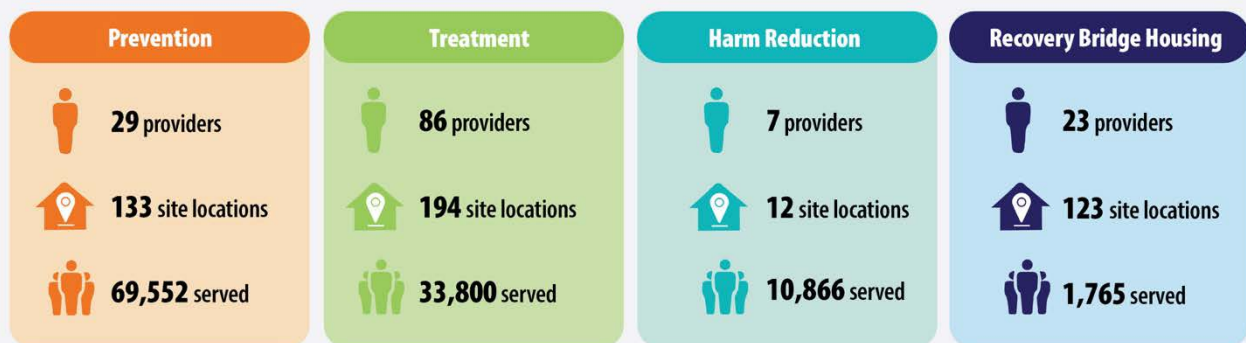
³ Department of Health Care Access and Information (previously OSHPD). Emergency Department and Inpatient Discharge Data Set. California Department of Public Health.

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or other drugs⁴. While Whites and Latinxs have the highest total number of accidental drug overdose deaths, Blacks/African Americans have the highest age-adjusted accidental drug overdose death rate per 100,000 population (60), followed by Whites (36), American Indians/Alaskan Natives (28), Pacific Islanders (21), Latinxs (20), then Asians (4).

SAPC is the publicly funded SUD provider for Los Angeles County and contracts out services to community organizations. The above data demonstrates opportunities for SAPC to adapt programs and policies to better engage people at every stage of the recovery journey and expand the accessibility of the prevention, harm reduction, and treatment service options for those who need care, but may not be interested or ready to access it.

SAPC Contracted Provider Network



⁴ Rawson R. California's Forum on Integration: Integrating Substance Use Disorder Services and Primary Care: Overview and Rationale. UCLA Integrated Substance Abuse Programs. Dec 8, 2010. Estimated from slide 3.

Trends Reshaping SAPC's Operating Environment

Present and Emerging Trends in Los Angeles County

Methamphetamine and Fentanyl Overdose Surge

In recent years, the number of accidental drug overdose deaths in LAC surged 144% from 1,123 in 2016 to 2,741 in 2021. Methamphetamine and fentanyl were the most common drug types involved in overdose deaths, accounting for 56% and 55%, respectively, of all drug overdose deaths in 2021. Methamphetamine has consistently been a leading driver of overdoses, and fentanyl is the primary contributor to the increase in overdose deaths in LAC. Fentanyl overdose deaths increased 1,280% from 109 in 2016 to 1,504 in 2021.

Increasing number of Overdose Deaths Among People Experiencing Homelessness (PEH)

Substance abuse affects 46% of people experiencing homelessness (PEH). In recent years, the number of PEH in LAC increased from 46,634 in 2016 to 68,919 in 2022. Deaths among PEH increased from 1,735 in 2016 to 3,183 in 2021. Overdose was the primary driver of the sharp increase in deaths among PEH, with an overdose mortality rate that increased 243% from 347 per 100,000 in 2016 to 1,189 per 100,000 in 2021. Overdose was the leading cause of death across demographic groups, accounting for 37% of all deaths among PEH.

Untreated Substance Use Disorder

In Los Angeles County, it is estimated that approximately 1.64 million residents aged 12 and older (17%) are affected by an SUD. Among Medi-Cal beneficiaries, where an estimated 630,000 individuals are affected by SUD, only 5% of these beneficiaries are currently receiving needed SUD treatment. This data aligns with national data that shows less than 5% of those with an SUD seek treatment. Notably,

national surveys consistently indicate that among those who have an SUD and don't seek treatment, an alarming 95% do not seek treatment because they did not feel they need it or don't want it.⁵

As addressed above, only a small percent of those needing SUD treatment receive it. By far, the most common reasons for not seeking treatment include not thinking one needs help or not wanting it. This is driven by a multitude of reasons, including longstanding stigma and discrimination (e.g., do not want others to find out), personal or cultural beliefs about SUD (e.g., one should be strong enough to handle it alone), lack of awareness of what SUDs are and how effective treatment can be (e.g., I use substances just like everyone else and the problem is not serious enough to seek help), and lack of access to resources (e.g., not knowing where to go or not having transportation).

Strategic Planning Process

SAPC initiated the strategic planning process in the fall of 2022. The process included input from SAPC leadership and staff, as well as contracted network providers and external stakeholders with facilitation from Health Management Associates (HMA). The Strategic Plan leverages the early work of SAPC's Strategic and Network Development (SND) Branch that began in late 2019 and was curtailed during the COVID-19 public health emergency but resumed in Spring 2021. While the SAPC Provider Network and staff have a wealth of lived experience that informed the Strategic Plan, the pandemic posed a barrier in engaging people who use drugs and non-users who accessed SUD services. Plans are underway to include focus groups both with non-users and people who use drugs to inform and adjust the plan as needed.

The strategic planning process included three phases: context setting, data collection, and plan development. Numerous stakeholder activities were held as depicted by the Figure 2 below.

⁵ Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

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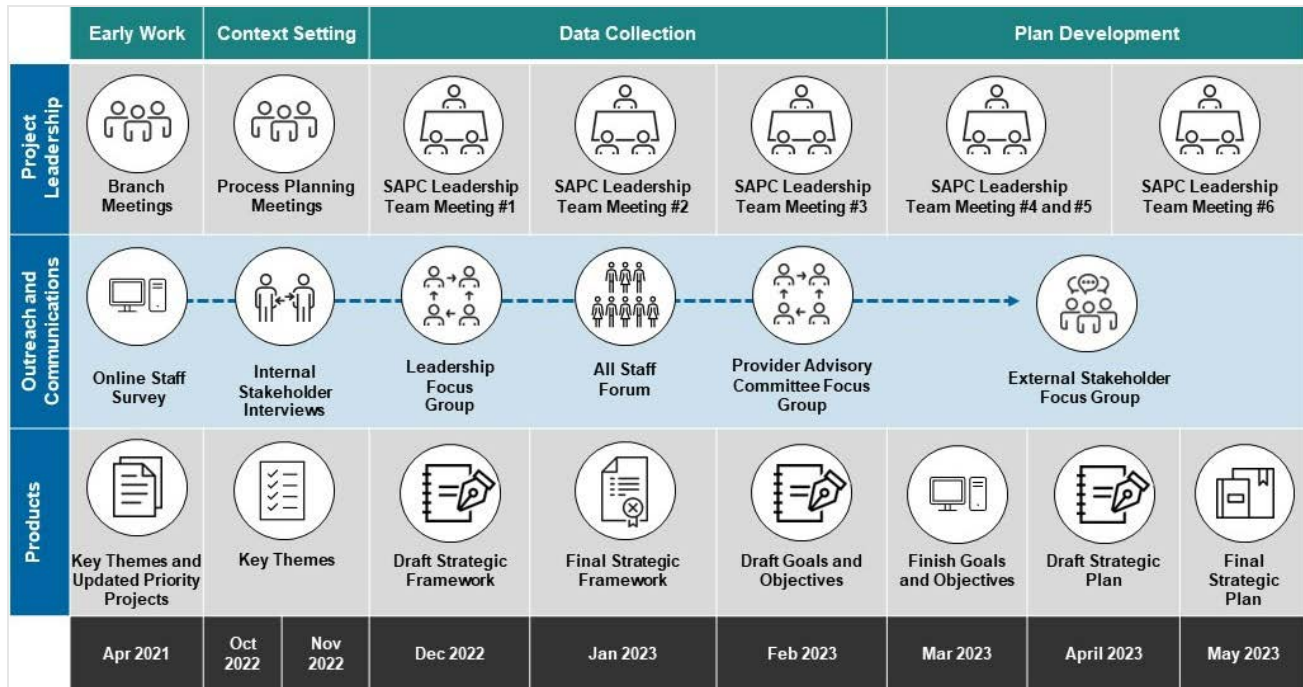


Figure 2

SAPC Staff Early Work

In late 2019, SAPC held strategic planning development meetings with the Branches and Units within SAPC to gain an understanding of their varied strategic goals and gather feedback about their respective mid- to long-term priority projects and initiatives.

The onset of the public health emergency shifted the Division’s collective focus and resources to assist in the pandemic response efforts, however, internal planning activities resumed in 2021. An employee feedback survey was disseminated in April 2021 to collect feedback about SAPC’s vision, mission, and values and gather new concepts to include in the plan. In addition, the Branches and Units within SAPC updated their priorities to further inform the development of the Strategic Plan’s objectives.

Internal Stakeholders

HMA conducted 12 interviews with members of SAPC's leadership and management teams between October and November of 2022. Information gleaned from the interviews provided HMA with a general concept of the topic areas for the strategic framework. This included four key priorities, or pillars, that encompass SAPC's vision.

SAPC staff were surveyed during the month of January 2023 with 194 employees completing the survey. Results of the survey were shared during the All SAPC Staff meeting on January 19, 2023. Additional feedback was obtained through open-ended questions regarding the key priorities and polling on activities related to cross-cutting strategies.

External Stakeholders

External stakeholders, consisting of County partners, managed care organizations, Commission on Alcohol and Other Drugs (CAOD), and training partners were administered an online survey available in February 2023, with 20 participants completing the survey. Additional feedback regarding the key priorities and cross-cutting strategies were collected during a focus group session on March 7, 2023 and consisted of three external stakeholders.

Provider Advisory Committee

SAPC's Provide Advisory Committee (PAC) is comprised of 22 provider representatives for various aspects of the specialty SUD system (e.g., prevention providers, perinatal providers, youth providers, harm reduction agencies). The PAC serves as an advisory body to SAPC and its input ensures SUD services are developed with the insight, experience, and knowledge of SAPC's provider network. The PAC provided important feedback on SAPC's strategic planning process during a focus group session on February 14, 2023, with particular focus on two key priorities: System Innovation & Provider Support and Participant Experience. Additional feedback was solicited from SAPC's provider network via a follow-up survey in February 2023, with 24 participants completing the survey.

Strategic Plan Framework

Vision

All people and communities in Los Angeles County have a chance to pursue their dreams and to fulfill their promise without the burden of substance use and addiction.

Mission

SAPC leads and facilitates the delivery of a comprehensive continuum of innovative, equitable, and quality-focused substance use prevention, harm reduction, treatment, and recovery services that effectively engages and supports individuals and communities.

Values

Leadership - We share an inspiring vision and clear priorities, we anticipate future challenges, take action that affects positive change in the lives of individuals and their communities, and in the County.

Partnership and Engagement - We value collaborations with the community, stakeholders, and the public we serve by actively listening to understand needs and how they want to engage.

Integrity - We are dedicated, honest, transparent, and trustworthy in all that we do.

Expertise - We have the knowledge, insight, and expertise to do what we do with utmost quality and professional rigor, and the commitment to continually grow and improve.

Program and Service Excellence - We are respectful, culturally relevant, and effective in the delivery of excellent service with dignity and compassion.

Accountability - We share a responsibility to those we serve to ensure the delivery of effective and responsive care in accordance with recognized standards and continuous quality improvement.

Health Equity - We are committed to ensuring that all people have equitable access to services that increase opportunities for living at optimal health and well-being.

Key Priorities and Cross-Cutting Strategies



Figure 3

SAPC identified four key priorities and five cross-cutting strategies (Figure 3) that, over the next five years, will help advance countywide SUD system transformation to realize the opportunities more fully under the DMC-ODS, CalAIM, payment reform, and other critical efforts.

The key priorities are foundational to SAPC’s mission and vision. The cross-cutting strategies span SAPC’s four key priorities and further support the mission and vision. The key priorities and cross-cutting strategies together with the goals and objectives (Figure 4) will guide and sustain SAPC’s efforts to elevate prevention, harm reduction, treatment and recovery services in Los Angeles County.

**Division of Substance Abuse
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2023-2028 Strategic Plan Framework Overview

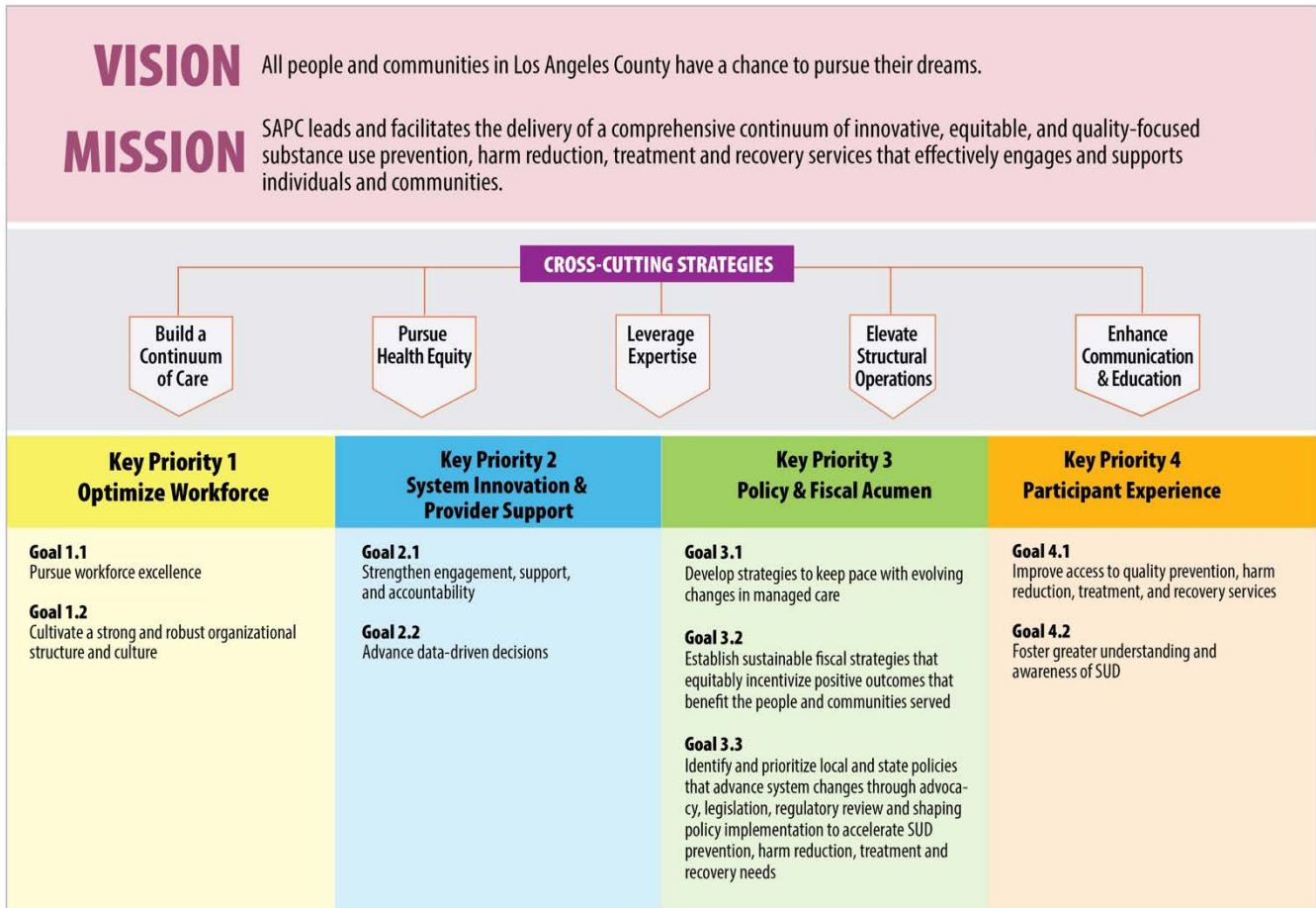


Figure 4

Strategic Plan Goals and Objectives

Key Priority 1

Optimize Workforce: Build and retain a robust, talented, and culturally responsive workforce that is capable of carrying out SAPC's mission.

	Goals and Objectives	Cross-Cutting Strategies
Goal 1.1		
	Pursue workforce excellence	
1.1.1	By June 2026, develop strategies to ensure a diverse and inclusive workforce that is culturally responsive (reflective of population, people with lived experience-PWLE, language, etc.)	<ul style="list-style-type: none">• Build Continuum of Care• Pursue Health Equity• Leverage Expertise• Elevate Structural Operations
1.1.2	By June 2026, target efforts to recruit and retain prevention providers, certified counselors, MAT providers, and peer support specialists.	<ul style="list-style-type: none">• Build Continuum of Care• Pursue Health Equity• Leverage Expertise• Elevate Structural Operations
1.1.3	By June 2028, develop strategies to achieve appropriate compensation and increase the quantity, quality, and diversity of SUD counselors and licensed clinicians in the provider network.	<ul style="list-style-type: none">• Build Continuum of Care• Pursue Health Equity• Elevate Structural Operations
Goal 1.2		
	Cultivate a strong and robust organizational structure and culture	
1.2.1	By June 2024, develop and disseminate information that highlights program accomplishments and opportunities for growth across the division and provider network.	<ul style="list-style-type: none">• Leverage Expertise• Elevate Structural Operations• Enhance Communication & Education
1.2.2	By June 2024, foster an organizational framework that is grounded in continuous leadership development and workforce engagement.	<ul style="list-style-type: none">• Leverage Expertise• Elevate Structural Operations
1.2.3	By June 2026, build a network of providers with seamless coordination grounded in quality improvement.	<ul style="list-style-type: none">• Leverage Expertise• Elevate Structural Operations

Key Priority 2

System Innovation & Provider Support: Drive innovation and data-driven decision-making to support our network providers in addressing the needs of community members.

Goals and Objectives	Cross-Cutting Strategies
Goal 2.1 Strengthen engagement, support, and accountability	
2.1.1 By July 2024, operationalize strategies for enhancing education, communication, quality, and compliance within SAPC's provider network.	<ul style="list-style-type: none">• Elevate Structural Operations• Enhance Communication & Education
2.1.2 By June 2024, foster sustainable partnerships with the provider network to inform, prepare, and plan for CalAIM and other system changes including enhancing provider infrastructure to address service gaps and increase network capacity.	<ul style="list-style-type: none">• Leverage Expertise• Elevate Structural Operations• Enhance Communication & Education
2.1.3 By July 2026, implement strategies that leverage technology and assess performance and service outcomes, and address operational areas of improvement across SAPC's portfolio.	<ul style="list-style-type: none">• Elevate Structural Operations• Enhance Communication & Education
Goal 2.2 Advance data-driven decisions	
2.2.1 By June 2025, improve the quality and usability of data collected, and identify and implement strategies to support organizational planning, efficiency, and innovation that optimizes data-driven decisions and positively impacts clinical, programmatic and fiscal operations systemwide.	<ul style="list-style-type: none">• Leverage Expertise• Elevate Structural Operations
2.2.2 By June 2026, leverage streamlined data sharing and analytics improvements within SAPC to prioritize provider oversight and monitoring metrics and performance indicators that specifically target quality care and achievement of strategic objectives.	<ul style="list-style-type: none">• Elevate Structural Operations• Enhance Communication & Education
2.2.3 By June 2027 improve the collection and reporting of data to better identify disparities and address inequities in services and treatment outcomes.	<ul style="list-style-type: none">• Build Continuum of Care• Pursue Health Equity• Elevate Structural Operations• Enhance Communication & Education
2.2.4 By June 2028, develop and apply data strategies that inform decisions to ensure equitable access to evidence-based prevention, harm reduction, treatment, and recovery services.	<ul style="list-style-type: none">• Build Continuum of Care• Pursue Health Equity• Elevate Structural Operations• Enhance Communication & Education

Key Priority 3

Policy & Fiscal Acumen: Provide leadership in policy and insight in value-based care driving fiscal preparedness and accountability.

Goals and Objectives

Cross-Cutting Strategies

Goal 3.1

Develop strategies to keep pace with evolving changes in managed care.

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| <p>3.1.1 By June 2024, increase provider utilization of, and/or linkages to, medications for addiction treatment (MAT).</p> <p>3.1.2 By June 2024, advocate for upstream risk reduction, harm reduction, and treatment policies.</p> <p>3.1.3 By June 2027, establish and strengthen processes that align with CalAIM and Medi-Cal requirements.</p> <p>3.1.4 By June 2028, strengthen relationship with managed care plans and develop and operationalize effective approaches toward Behavioral Health Administrative Integration that improves coordination between substance use and mental health systems.</p> | <ul style="list-style-type: none">• Build Continuum of Care• Pursue Health Equity• Leverage Expertise• Elevate Structural Operations• Enhance Communication & Education
<ul style="list-style-type: none">• Build Continuum of Care• Pursue Health Equity• Leverage Expertise• Enhance Communication & Education
<ul style="list-style-type: none">• Elevate Structural Operations
<ul style="list-style-type: none">• Build Continuum of Care• Pursue Health Equity• Elevate Structural Operations• Enhance Communication & Education |
|---|---|

Goal 3.2

Establish sustainable fiscal strategies that equitably incentivize positive outcomes that benefit the people and communities served.

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| <p>3.2.1 By June 2026, develop and monitor effective fiscal strategies to incentivize high quality care and services.</p> <p>3.2.2 By June 2027, ensure readiness for valued-based payment approaches the implementation of innovative financing models that strengthen provider capabilities and support enhanced outcomes.</p> | <ul style="list-style-type: none">• Pursue Health Equity• Elevate Structural Operations
<ul style="list-style-type: none">• Elevate Structural Operations |
|--|---|

Key Priority 3

(cont'd)

Policy & Fiscal Acumen: Provide leadership in policy and insight in value-based care driving fiscal preparedness and accountability.

Goals and Objectives

Cross-Cutting Strategies

Goal 3.3

Identify and prioritize local and state policies that advance system changes through advocacy, legislation, regulatory review and shaping policy implementation to accelerate SUD prevention, harm reduction, treatment and recovery needs.

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| <p>3.3.1 By June 2025, explore policies that enhance the scope and reach of existing harm reduction approaches.</p> | <ul style="list-style-type: none">• Build Continuum of Care• Pursue Health Equity• Elevate Structural Operations• Enhance Communication & Education |
| <p>3.3.2 By June 2025, advance prevention approaches and policies that protect youth, promote public health, advance social equity, and mitigate harms from legalization of commercial cannabis.</p> | <ul style="list-style-type: none">• Build Continuum of Care• Pursue Health Equity• Enhance Communication & Education |
| <p>3.3.3 By December 2027, work with local and state entities to ensure expanded treatment and workforce policies and priorities.</p> | <ul style="list-style-type: none">• Leverage Expertise• Elevate Structural Operations• Enhance Communication & Education |
| <p>3.3.4 By June 2028, establish policy strategies that advance social, racial, economic, and geographic equity and promote SUD within behavioral health framework.</p> | <ul style="list-style-type: none">• Build Continuum of Care• Pursue Health Equity• Elevate Structural Operations• Enhance Communication & Education |

Key Priority 4

Participant Experience: Secure and establish a continuum of services that is community and participant centered.

Goals and Objectives

Cross-Cutting Strategies

Goal 4.1

Improve access to quality prevention, harm reduction, treatment, and recovery services.

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| <p>4.1.1 By June 2026, ensure coordinated access and availability of evidence-based, culturally responsive, linguistically and developmentally appropriate substance use services.</p> <p>4.1.2 By June 2028, establish quality improvement processes that enhance operational, administrative, and programmatic processes to support quality service delivery.</p> | <ul style="list-style-type: none">• Pursue Health Equity• Elevate Structural Operations
• Build Continuum of Care• Pursue Health Equity• Elevate Structural Operations• Enhance Communication & Education |
|---|--|

Goal 4.2

Foster greater understanding and awareness of SUD.

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| <p>4.2.1 By June 2026, expand awareness of SAPC's prevention, harm reduction, treatment, and recovery service continuum particularly among disproportionately impacted communities and populations.</p> <p>4.2.2 By June 2028, mainstream harm reduction and safer use practices to increase adoption and community and provider acceptance and engagement.</p> | <ul style="list-style-type: none">• Build Continuum of Care• Pursue Health Equity• Leverage Expertise• Enhance Communication & Education
• Build Continuum of Care• Pursue Health Equity• Leverage Expertise• Enhance Communication & Education |
|---|--|

Looking forward: Policies and Issues Impacting SUD

Drug Medi-Cal Organized Delivery System

In 2017, SAPC was one of the first California counties to opt-in to the Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot to improve and transform the efficacy of SUD services. DMC-ODS has rigorous requirements for evidence-based care, quality, access, and coordination with physical and mental health. This enabled SAPC to expand DMC reimbursable SUD service offerings, including expanded access to early intervention services for those under 21 years of age without a SUD diagnosis, increased availability of residential and withdrawal management services, prioritizing access to medications for addiction treatment (MAT) and requiring the implementation of evidence-based practices.

Looking forward, DMC-ODS continues to change in the face of lessons learned from the early years of implementation and emerging policies shaping SUD systems in California. SAPC's ongoing priorities include ensuring a sufficient provider array across the County for all funded levels of care; meeting the needs of the unique needs of patients, including culturally, linguistically, and developmentally appropriate services; and prioritizing care coordination, such as physical health care organized by Managed Care Organizations (MCOs) and services organized by the County Department of Mental Health (DMH).

Division of Substance Abuse Prevention and Control

CalAIM

In 2019, the State released plans for the multi-year initiative known as California Advancing and Innovating Medi-Cal (CalAIM). CalAIM represents a broad systematic and operational transformation across multiple Medi-Cal systems. While many of the CalAIM proposals were delayed due to COVID-19, these efforts have included an aggressive launch and has significant impact on SAPC. Two of the key proposals impacting SAPC over the next few years are payment reform and behavioral health integration.

Payment Reform

Payment reform under CalAIM offers SAPC significant opportunities to improve its fiscal and operational efficiency by establishing reimbursement options to better support the costs of delivering high-quality and outcome-focused treatment services. This includes the ability to: increase treatment rates to cover the costs of care today and enable investments needed to achieve parity with mental and physical health systems moving forward, promote a more diverse clinical workforce via practitioner-level rates for outpatient care; to expand access to MAT; and streamline fiscal reporting requirements.

SAPC leveraged this opportunity to raise rates and plan for upstream changes such as value-based reimbursement by making substantial investments in its provider network focused on workforce development, increasing engagement of individuals who need services but are not ready for treatment (aka: the Reaching the 95% [R95] Initiative), facilitating greater care coordination, expanding access to MAT, enhancing data reporting, and strengthening operational and fiscal systems.

CalAIM Goals

- 1) To identify and manage comprehensive needs through whole person care approaches and by better addressing social drivers of health;
- 2) To improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform;
- 3) To make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.

Behavioral Health Administrative Integration

The CalAIM Behavioral Health Administrative Integration component of CalAIM advances strategies to eliminate administrative silos between county/regional behavioral health systems (specialty mental health and substance use systems).⁶ SAPC and the Department of Mental Health (DMH) are collaborating on integration and exploring opportunities to ensure individuals experience more integrated behavioral health care within the respective systems, regardless of whether individuals have an SUD condition only, a mental health condition only, or both.

The California Health Care Foundation's *Behavioral Health Integration in Medi-Cal: A Blueprint for California* report highlights that incorporating mental and emotional health development and promotion into community health and public health prevention strategies can make all health promotion more effective and can help prevent other public health issues such as teen pregnancy, community and interpersonal violence, tobacco use, and homelessness. Likewise, effective integrated treatment of mental and SUD can lead to improved physical health for those with behavioral health conditions. Both are associated with decreased costs to other human services systems such as child welfare, criminal justice, education, and housing services. Figure 5 below portrays the current structure, while Figure 6 demonstrates the desired structure for an integrated system of care.

⁶ [CalAIM Behavioral Health Administrative Integration, DHCS Concept Paper, January 23, 2023](#)

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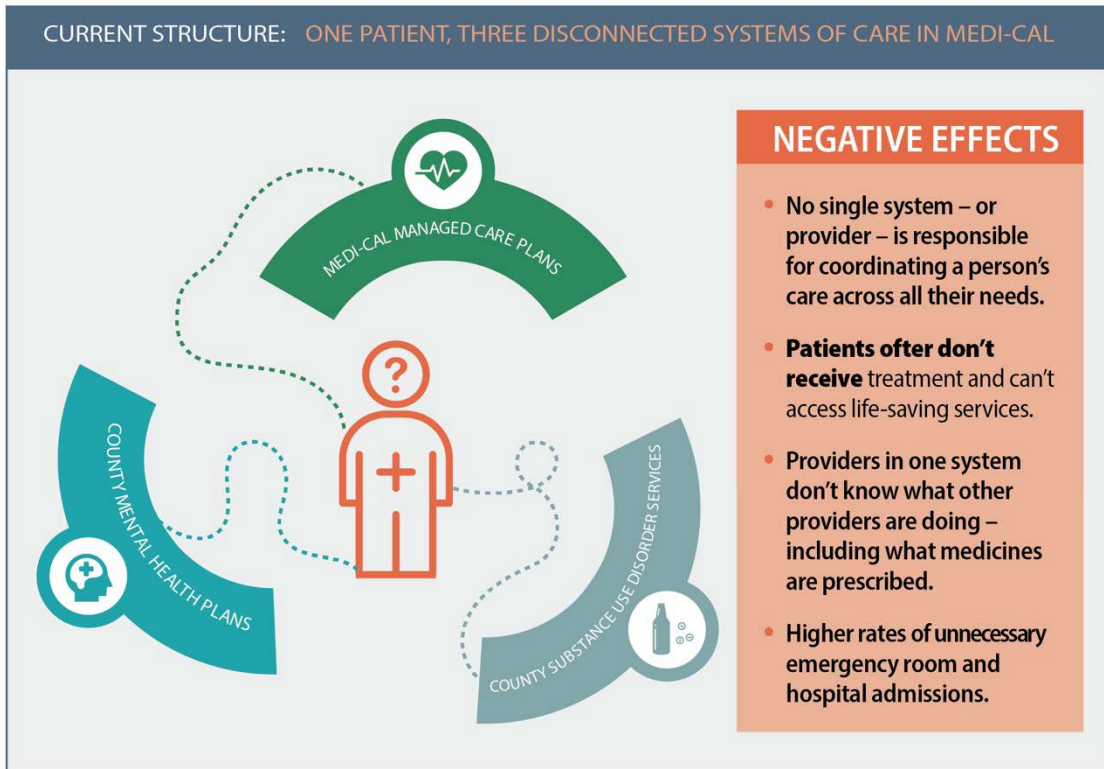


Figure 5

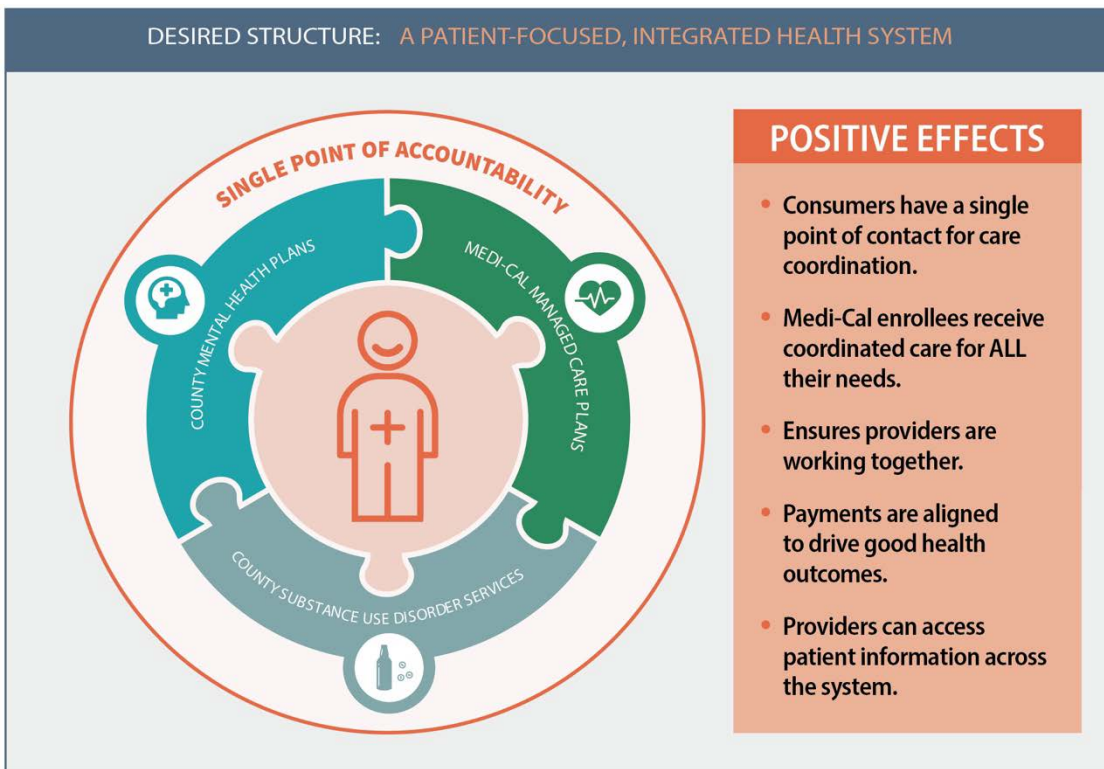


Figure 6

Equity and Health Disparities

Ensuring health equity within the SAPC system involves ensuring that everyone has a fair and just opportunity to live without the adverse impact of substance use. As noted above, certain subgroups, such as PEH or those with a co-occurring mental health disorder, suffer significant disparate impacts from substance use (e.g., overdose deaths). There are also significant differences in the availability, access, and completion of treatment services across racial and ethnic groups. For example, according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), of individuals who need treatment for illicit substance use disorders, White populations receive treatment 24% of the time, while Black and Latinx individuals receive treatment just 19% and 18% of the time, respectively.⁷ Other groups, such as self-identified members of LBGTQI+ and people with disabilities also have disparate access to treatment related to fears of stigma and discrimination.

Looking forward, SAPC will continue to explore strategies that expand access to culturally and linguistically relevant outreach, engagement, and services in efforts to address these disparate impacts. This includes social determinants of health such as employment and housing stability, insurance status, proximity to services, and lack of culturally responsive care on the ability to access prevention, harm reduction, treatment, and recovery services.

Advancing Substance Use Overdose Prevention and Harm Reduction Strategies

Addressing the national overdose crisis at the local, state, and federal levels requires comprehensive, multi-pronged, and innovative approaches to promote overdose prevention and harm reduction strategies among a broad range of stakeholders.

⁷ Center for Behavioral Health Statistics and Quality. (2021). *Racial/ethnic differences in substance use, substance use disorders, and substance use treatment utilization among people aged 12 or older (2015-2019)* (Publication No. PEP21-07-01-001). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [https:// www.samhsa.gov/data/](https://www.samhsa.gov/data/)

A central component of better addressing overdoses is SAPC's commitment to better serve those who are at risk for overdose and those who are not yet ready for treatment. This includes increasing access to MAT and harm reduction services and advocating for legislation that uses proven public health strategies to reduce harmful consequences of substance use (such as, safe consumption sites), and exempts civil liabilities for those providing emergency aid related to administering opioid antagonists (such as naloxone and nalmefene) and expands distribution and administration of opioid antagonists in public locations.

SAPC will continue to take an active role in key discussions with local and state stakeholders and policymakers to shape policy to broaden community-based overdose prevention programs and support expansion of evidence-based harm reduction strategies.

Reaching the 95% (R95) of People with SUDs Who Are Not Interested in Treatment

Results from SAMHSA's 2020 National Survey on Drug Use and Health indicate that SUD systems are serving about 5% of people who need treatment and the remaining 95% either do not think they need or do not want treatment.⁸ SAPC data is aligned with these national trends.

In response, SAPC's *Reaching the 95% (R95)* initiative is designed to ensure that the specialty SUD system is focused and designed to better address people with SUDs wherever they are in their recovery journey, including those who are not presently interested in care. The R95 Initiative achieves these aims by focusing on two things: 1) enhanced outreach and engagement; and 2) changing policies and practices to ensure lower barrier to accessing treatment (e.g., changing admissions policies to not require abstinence). This includes supporting its provider network in increasing field-based options for treatment, engaging in new partnerships, and updating policies and procedures to ensure they focus on attracting participants in care as opposed to filtering them out.

⁸ Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Implementation and Evaluation

The Strategic Plan is a living document that lays a course for the future, with the key priorities and cross cutting strategies serving as the overarching targets.

To ensure the Strategic Plan remains relevant, dynamic and responsive, SAPC will coordinate a systematic implementation and evaluation framework to continuously monitor and update the plan's objectives as they are enacted, while adapting to changing circumstances in the service of achieving these goals. The Plan allots five years for implementation of the strategies, with regular opportunities to examine progress, measure achievements, identify barriers, and consider mid-course adjustments.

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Finally, SAPC extends its appreciation to the Board of Supervisors and DPH executive leadership for their continued support, and its strategic planning consultant, Health Management Associates.

Appendices

[Appendix A: SAPC Organizational Structure](#)

To effectively manage its services SAPC is organized into nine operational branches. It also participates in multiple partnerships with other agencies and organizations to better focus on the specific needs of different subgroups within the client population impacted by substance use. Listed here alphabetically, the branches and areas of responsibility that SAPC encompasses:

Clinical Services Branch

This Branch ensures patients receive medically necessary services, providers practice core clinical standards, and organizational efforts are data driven.

Contracts and Compliance Branch

This Branch ensures that all network provider contracts are written, solicited, executed, and monitored in accordance with all relevant regulations and objectives for service delivery.

Finance Services Branch

This Branch is responsible for overseeing fiscal operations as it relates to claims processing, fiscal compliance, budget, revenue and expenditures, and overall responsible stewardship of public funds.

Health Outcomes and Data Analytics Branch

This Branch conducts analysis on prevention- and treatment-related data and prepares reports and evaluations to support and facilitate quality-, evidence-, and performance-based SUD prevention and treatment services and to improve the public's understanding of substance use trends.

Division of Substance Abuse Prevention and Control

Information Systems Branch

This Branch is responsible for the design, development, and implementation of SAPC's network operations, information technology support, and electronic data collection systems between SAPC and contracted agencies to comply with State and federal funding sources.

Prevention Services Branch

This Branch oversees projects that support the provision of harm reduction services including overdose prevention and naloxone distribution. The Branch also oversees primary prevention services including services at school sites, within Public Health Wellness Communities, and other community-based locations to provide community outreach, education, coalition-building, and policy advocacy initiatives that address the risk and protective factors associated with substance use.

Sage Management Branch

This Branch oversees the design, development, and implementation of EHR and enterprise applications between SAPC, network providers, and health plan entities to facilitate integrated services and appropriate information sharing and optimize clinical systems and claims processing.

Strategic and Network Development Branch

This Branch guides the evolution of SUD services, supporting branches in anticipating, and effectively responding to, changing regulatory, legislative and community conditions, improving patient access and promoting community awareness of SUD with a health equity lens.

Treatment Services-Systems of Care Branch

This Branch supports providers and partners (county funders and stakeholders) to ensure that all eligible beneficiaries have access to a robust SUD benefit package and quality-focused services, including youth and young adults, pregnant and parenting women, people experiencing homelessness and/or justice involved.