Services for People with Co-Occurring Mental Health and Substance Use Disorders

December 10th, 2025

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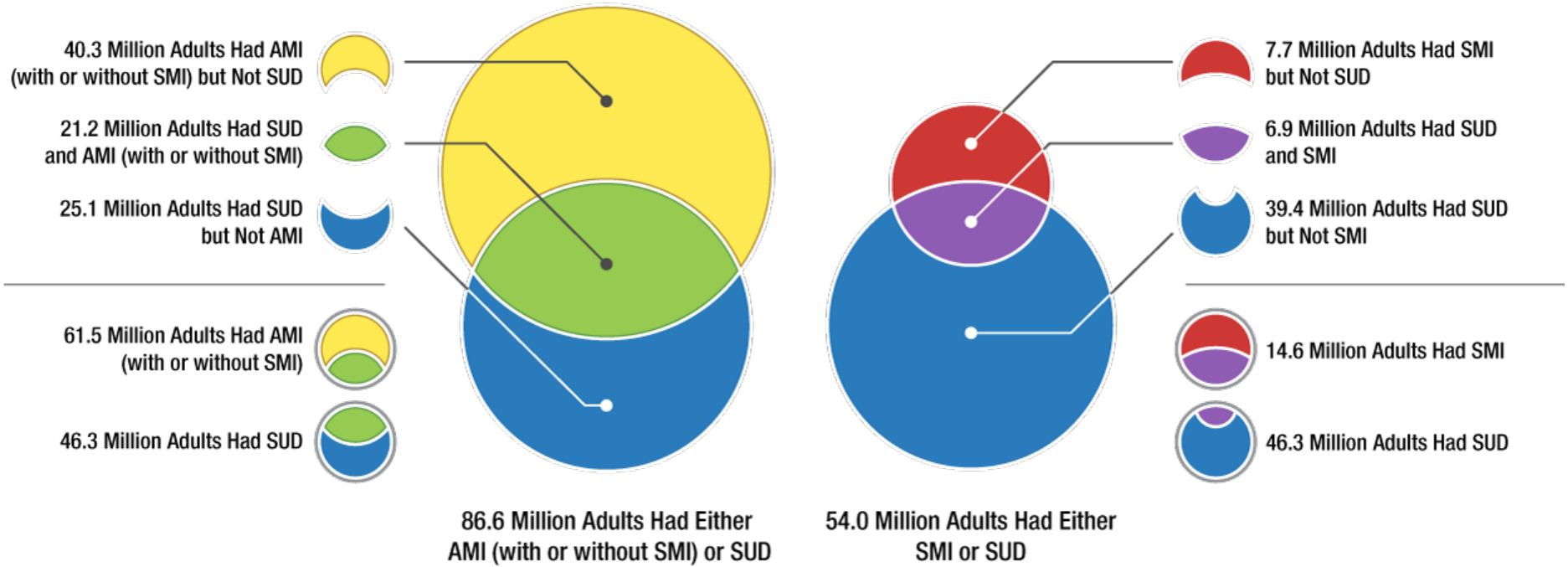
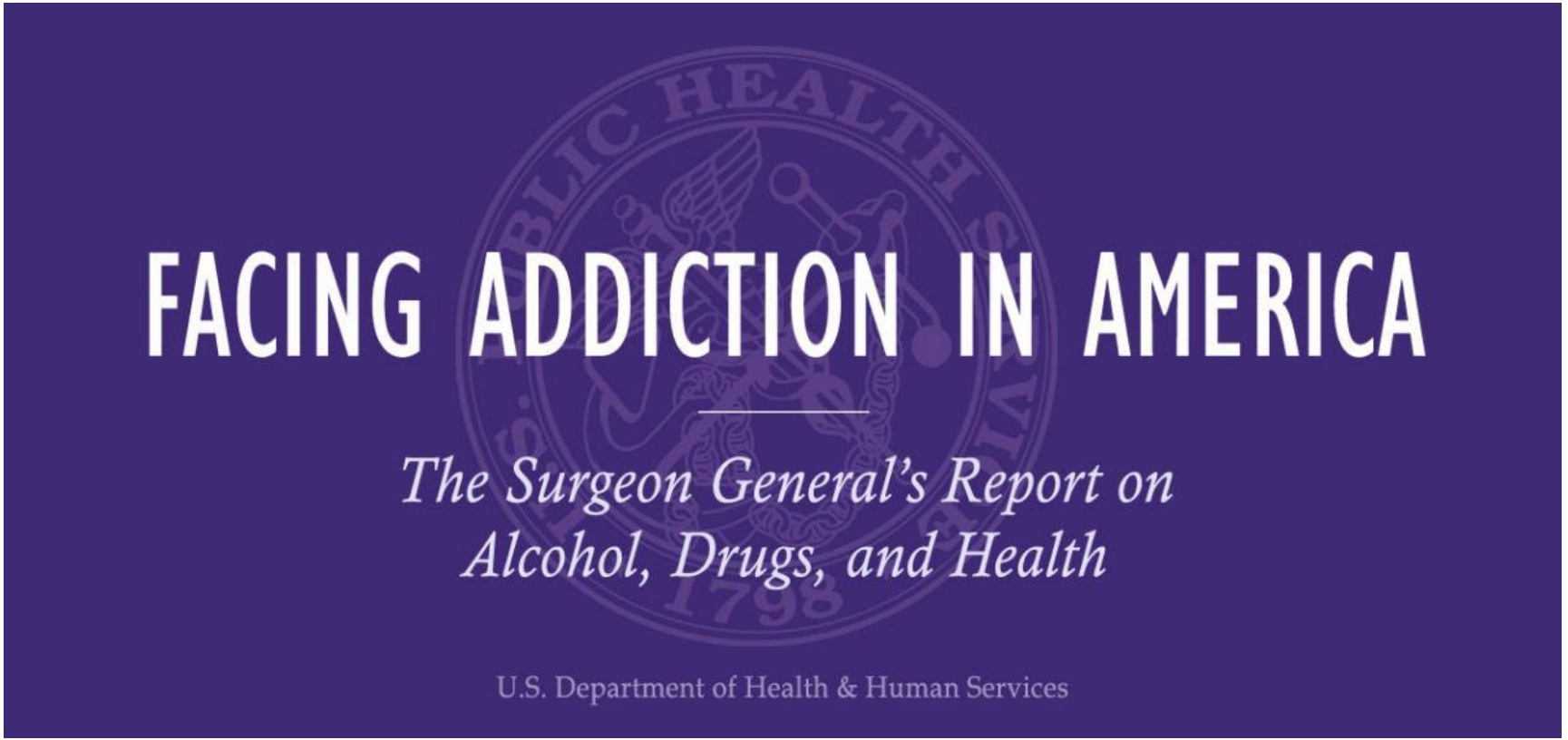
No financial conflicts of interests

Brian is the Immediate-Past President of the American Society of Addiction Medicine, so comments on topics involving ASAM may be biased towards ASAM

Prevalence of Co-Occurring Disorders



Substance Abuse and Mental Health Services Administration. (2025). *Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health* (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases



http://addiction.surgeongeneral.gov. Public domain. Used with Permission.

Integrating substance use services results in better outcomes

Addiction Treatment (including medications)	Hospitals *Offering SUD Tx*	Primary Care Clinic *Offering SUD Tx*	Mental Health Clinic *Offering COD Tx*
Specialty Medical Care *Offering SUD Tx*	Pharmacy Services *Offering SUD Tx*	Carceral Settings *Offering SUD Tx*	Housing / Social Services *Linking to SUD Tx*

APhA

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Nine Quadrant Model

County of Los Angeles Public Health

MCP

DMH

DPH-SAPC

**Ability to serve severe mental illness within SAPC's system will depend on agency workforce

Mental Health Severity	Addiction Acuity and Withdrawal Potential: Low	Addiction Acuity and Withdrawal Potential: Moderate	Addiction Acuity and Withdrawal Potential: High
Low	*Member has mild-moderate MH condition*. Primary Care (MH/MCP) Outpatient SUD Treatment (SAPC)	Intensive Outpatient (SAPC)	Hospital (SUD – WM) Residential SUD Treatment (+/- MH)
Moderate	*Member has moderate-severe MH condition* Mental Health COD Program (MH + SUD) Seeking Safety, MI	Outpatient MH + IOP (SAPC) Dual Diagnosis Program (e.g., Harbor) , DMH-LE specialty programs (River Community, Tarzana, co-contracted DMH & SAPC programs) Seeking Safety, MI, Integrate Recovery, concurrent treatment	Residential SUD Treatment (+/- MH via DMH Contract) Residential Dual Disorder (SAPC + DMH Contracts, e.g. River Community)
High	*Member has moderate-severe MH condition* Outpatient Mental Health (DMH) +/- MAT (DMH) Intensive MH (FSP, HOME, AOT, ERS) (DMH)	Intensive MH (FSP, HOME, AOT, ERS) (DMH) +/- IOP/Residential (SAPC)**	Detox, Residential (SAPC +/- DMH Contracts) (e.g., Tarzana, BHS)** Psychiatric Hospital (5150 + WM) (DHS) Hospital-based WM (+ CL Psych)

Behavioral Health Continuum

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Discrete SUD Service Categories	Primary Prevention Services	Harm Reduction Services	Early Intervention Services	Opioid Treatment Programs	Outpatient & Intensive Outpatient Services with or w/o Withdrawal Management	Residential Treatment Services with or w/o Withdrawal Management	Inpatient Services with Withdrawal Management	Housing Intervention Services *** *Recovery Bridge Housing* *** *Recovery Housing* *** *Permanent Supportive Housing*
Discrete MH Service Categories	Primary Prevention Services	Early Intervention Services	Outpatient & Intensive Outpatient Services	Crisis Services	Residential Treatment Services	Hospital/ Acute Services	Subacute/ Long-Term Care Services	

Addiction Medications (aka Medications for Addiction Treatment (MAT))

A Continuum of Substance Use Interventions

Youth Development & Health Promotion

- Programs at school- and community-level

Drug Use Prevention

- Universal, selected, and indicated prevention

Harm Reduction → Currently largely serves people who are using drugs and not yet interested in SUD treatment

- Low threshold services proven to reduce morbidity and mortality, including outreach, overdose prevention (naloxone and fentanyl test strip distribution, etc), syringe exchange, peer services, linkages to SUD treatment and other needed services, etc.

SUD Treatment & Recovery → Currently largely serves people who are ready for abstinence

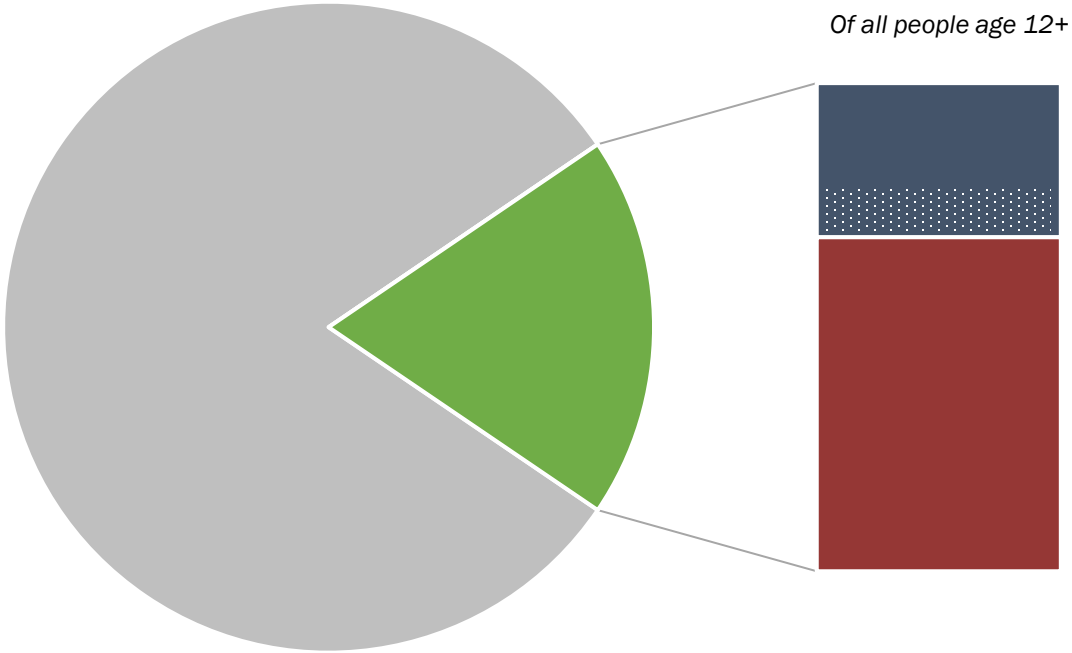
- Involves a spectrum of settings: opioid treatment programs, outpatient, intensive outpatient, residential, inpatient, withdrawal management, Recovery Services, Recovery Bridge Housing, field-based services, care coordination and navigation, etc.

Surveillance of drug use and its community impact

Slide Credit: Adapted from Agència de Salut Pública de Barcelona

Very few people with SUD seek treatment

SUD treatment is something few people with SUD receive



Of all people age 12+ with SUD…

19% received **any sort of treatment** including settings such as primary care, hospital, mental health, prison or other carceral setting

Just under **6%** received treatment in a **specialty SUD treatment setting**

*94% of people with SUD did not receive SUD treatment in a **specialty setting***

81% did not receive **any SUD treatment**

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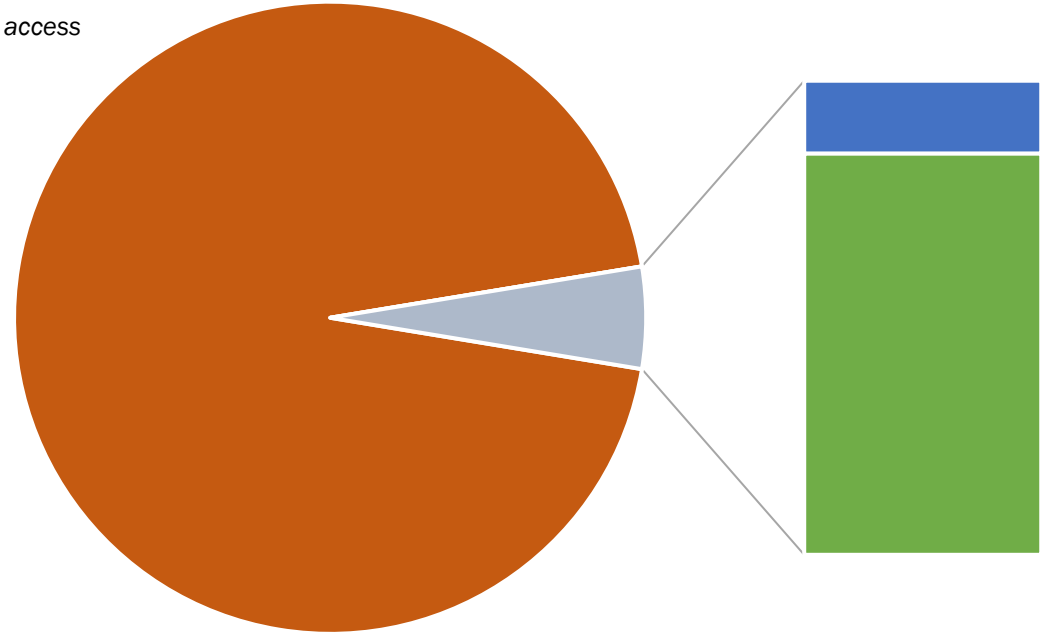
Improve Access → Reach Out To Those We've Missed

SAPC's priority is to evolve the SUD treatment system supports people with SUD to access services

Of people with SUD that did not access treatment…

95% did not seek treatment and did not think they needed treatment



1% thought they should get treatment and unsuccessfully sought treatment

4% thought they should get treatment but did not seek it

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Reaching the 95% (R95) Initiative – The "What"

- **The R95 Initiative launched by the Los Angeles County Department of Public Health's Substance Abuse Prevention and Control (SAPC) in 2023 to reach more people impacted by substance use through:**

  - Enhancing Outreach and Engagement
  - Establishing Lower Barrier Care

Fundamental R95 Goals

1. **Ensure specialty SUD systems are designed not just for the ~5% of people with SUDs who are already interested in treatment, but also the ~95% of people with SUDs who are not.**
2. **To lower barriers to care in the hearts and minds of the SUD community and public by disconnecting readiness for treatment from abstinence.**
3. **To communicate – through words, policies, and actions – that people with SUD are worthy of our time, attention, and compassion, no matter where they are in their readiness for change or recovery journey.**

Lower Barrier Care – The "How"

Traditional Approach

- Defining readiness for treatment as readiness of abstinence
- Focusing on program rules to define the terms of treatment engagement
- Discharging patients who return to use.

R95 Approach

- Being open to admitting people into treatment who are interested in care, even if they may not be ready for complete abstinence
- Focusing on patient preferences to inform the terms of treatment engagement
- Continue to engage patients who return to use

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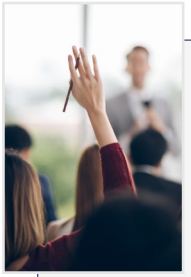
Achieving Culture Change within the Specialty SUD System

County of Los Angeles Public Health



R95 Listening Sessions

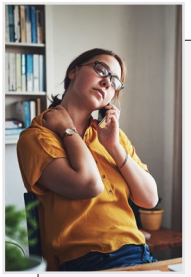
- Open to all
- Open forum to discuss R95 updates and agency questions at all stages of agency culture change

R95 Workgroup Meetings

- Open to all and targeted to agencies intending to participate and already participating
- Discussion and TA specific to upcoming payment reform activities

R95 101 Trainings for Frontline Staff

- Currently targeted to R95 participants
- TA on agency-implemented R95 policies and clinical implementation



R95 Consultation Line

- (626) 210-0648, M-F 8:30am-5:00pm
- Open to all for programmatic implementation TA and high-level clinical questions

ENGAGEMENT AND RETENTION OF NON-ABSTINENT PATIENTS IN CARE: CLINICAL CONSIDERATIONS

Core dilemma:

Patients are denied admission and/or discharged from substance use treatment for exhibiting symptoms of the disease for which they need treatment

American Society of Addiction Medicine. Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers. October 2024. http://www.asam.org/quality-care/clinical-recommendations/asam-clinicalconsiderations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment

Summary of Recommended Strategies

1. Cultivate patient trust by creating a welcoming, nonjudgmental, and trauma-sensitive environment.
2. Do not require abstinence as a condition of treatment initiation or retention.
3. Optimize clinical interventions to promote patient engagement and retention.
4. Only administratively discharge patients from treatment as a last resort.
5. Seek to re-engage individuals who disengage from care.
6. Build connections to people with SUD who are not currently seeking treatment.
7. Cultivate staff acceptance and support.
8. Prioritize retention of front-line staff.
9. Align program policies and procedures with the commitment to improve engagement and retention of all patients, including nonabstinent patients.
10. Measure progress and strive for continuous improvement of engagement and retention.

American Society of Addiction Medicine. Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers. October 2024.
http://www.asam.org/quality-care/clinical-recommendations/asam-clinicalconsiderations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment

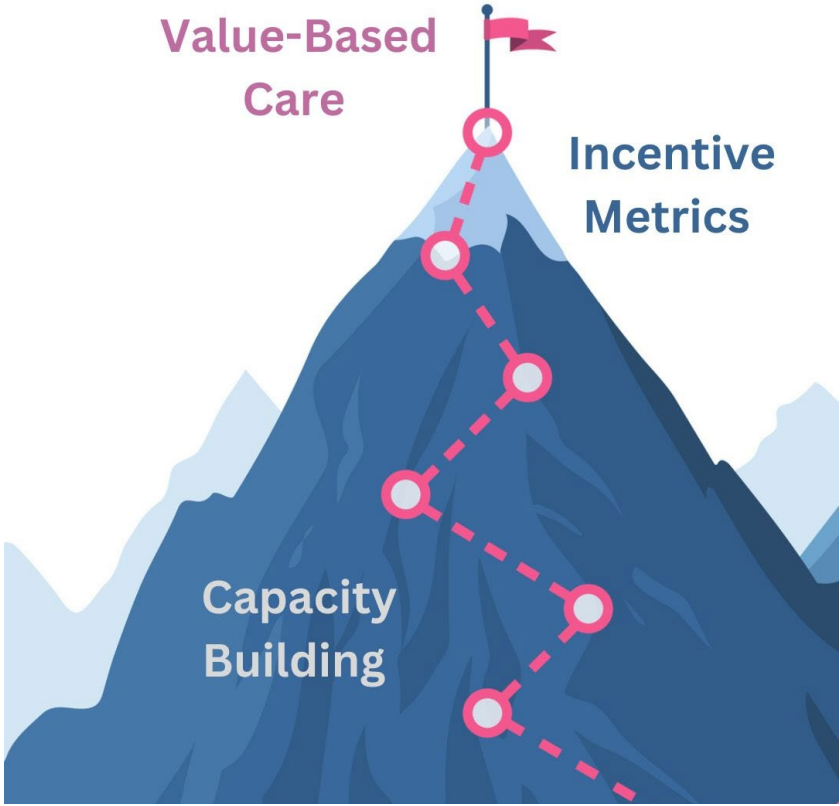
Payment Reform - Value-Based Incentives

What is capacity building?

- Funds that LA County DPH-SAPC will pay an SUD treatment provider either in advance as start-up funds or after the fact to compensate a treatment provider for completing a shared aim.
- Capacity building is designed to help prepare providers to meet select incentive metrics and maximize a supplemental incentive payment to prepare for value-based reimbursement.

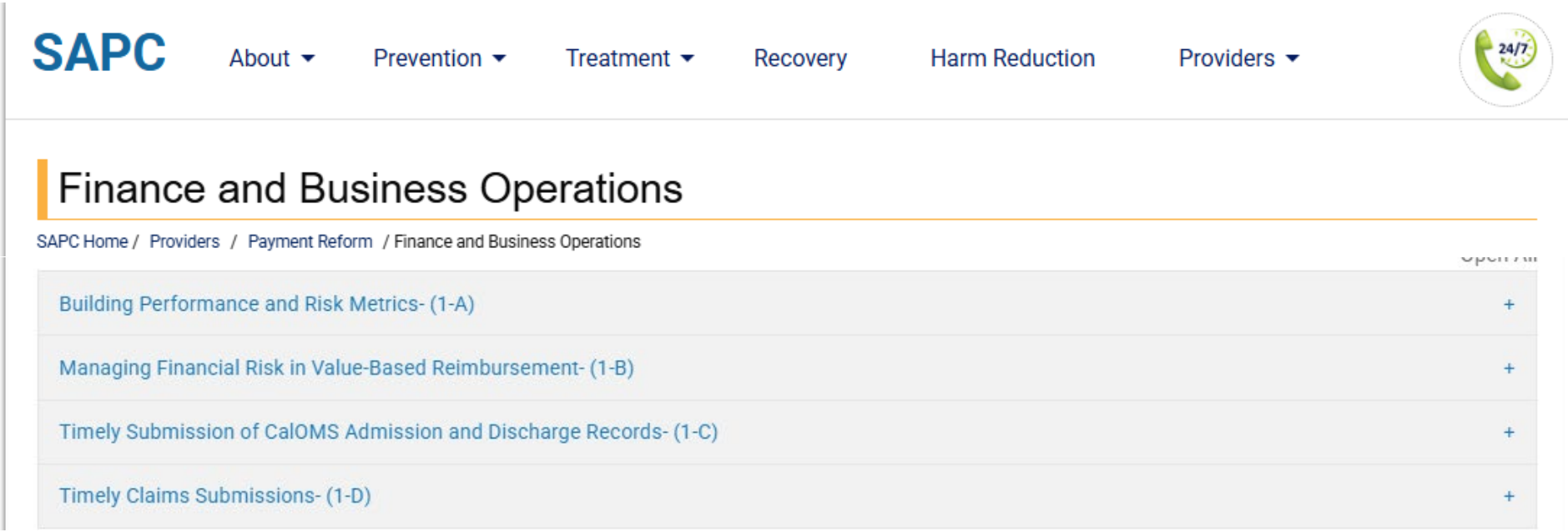
What are incentives?

- Funds that LA County DPH-SAPC will pay an SUD treatment provider after achieving a performance metric in order to draw down an incentive payment.
- The funds can be used to reinvest in the program as needed, including to support activities associated with the metric.

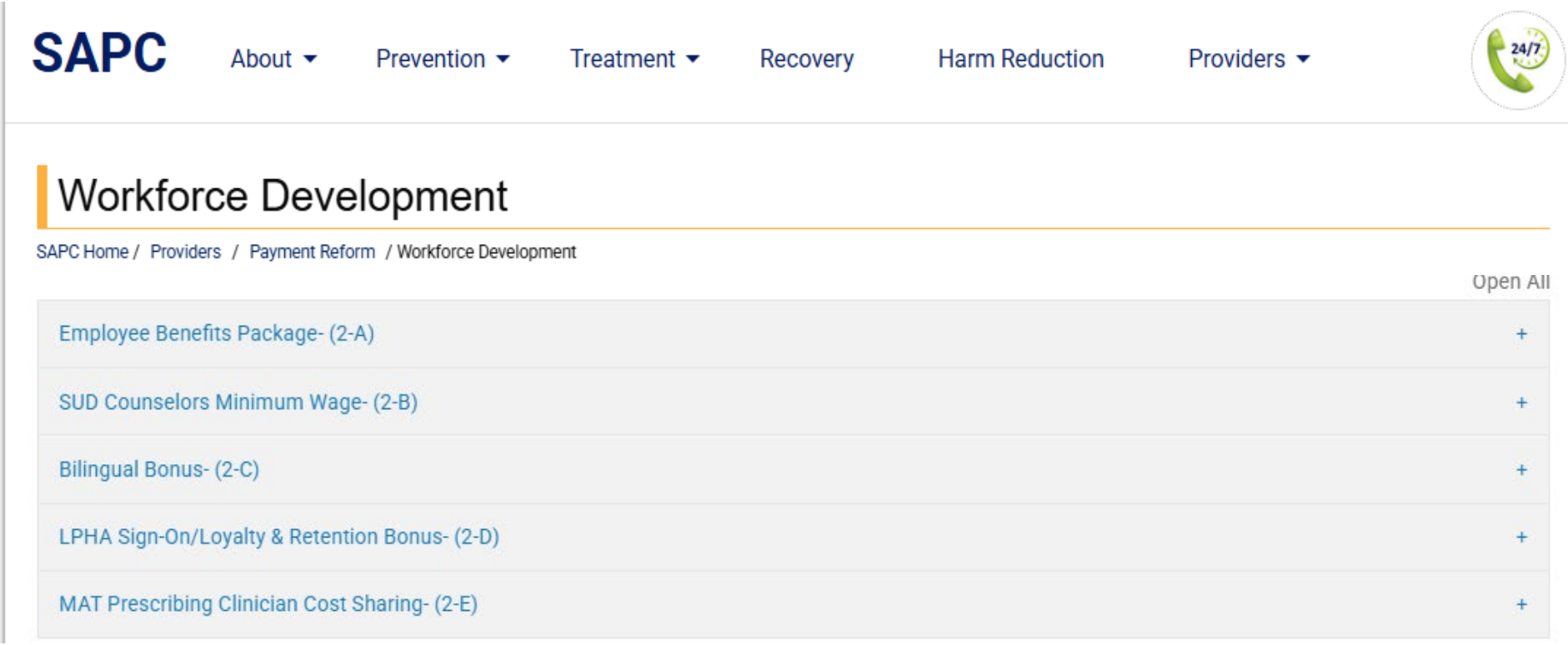


http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi

http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/access-to-care.htm



http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/finance-and-business-operations.htm



http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/workforce-development.htm

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Addiction is a Chronic Disease → Continuum of Ongoing Care

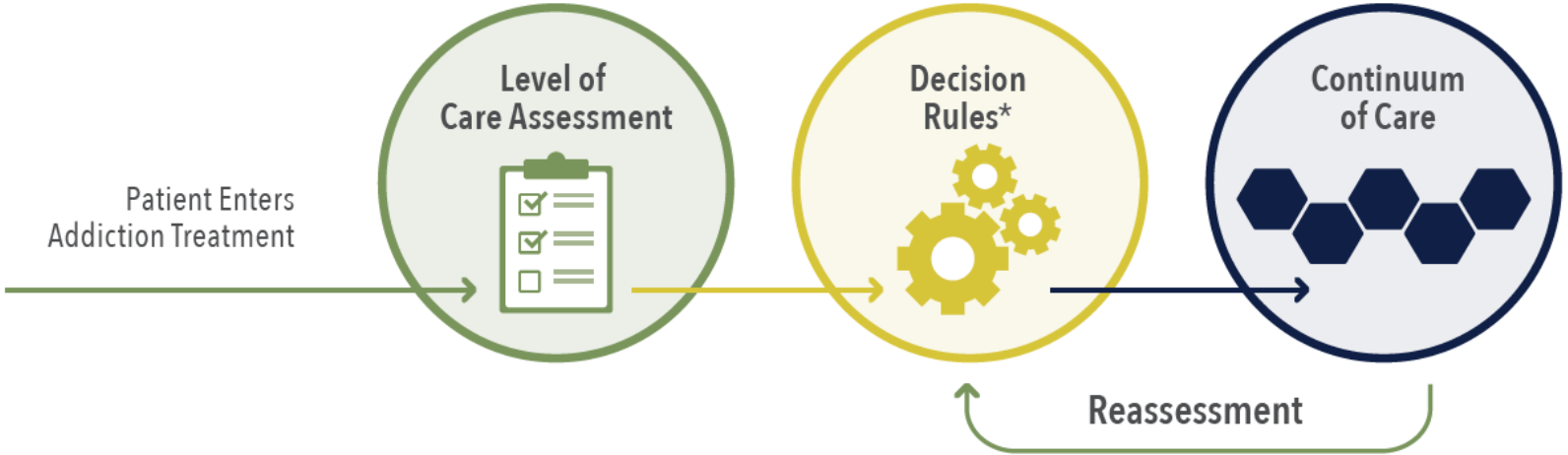
County of Los Angeles Public Health

.5 Early Intervention
1 Outpatient Services
2.1 Intensive Outpatient Services
2.5 Partial Hospitalization Services
3.1 Clinically Managed Low-Intensity Residential Services
3.3 Clinically Managed Population-Specific High-Intensity Residential Services
3.5 Clinically Managed High-Intensity Residential Services
3.7 Medically Monitored Intensive Inpatient Services
4 Medically Managed Intensive Inpatient Services

- Substance use disorder treatment requires a continuous care strategy
- This does not mean longer episodes of residential treatment or repeated residential admissions, but rather using the full continuum of levels of care
- Determination of when it is clinically appropriate to the next level of care is according to **ASAM Criteria**
- Clients step down to next level of care based on their treatment progress and readiness to continue recovery work at that level of care

Dennis M, Scott CK. Managing addiction as a chronic condition. Addict Sci Clin Pract. 2007 Dec;4(1):45-55. doi: 10.1151/ascp074145. PMID: 18292710; PMCID: PMC2797101.

Core Components of The ASAM Criteria



* Decision rules include the Dimensional Admission Criteria and the transition and continued service criteria.

ASAM Criteria 3rd → 4th Edition Notable Level of Care changes

Removing Level 0.5. Early intervention and prevention are addressed in a new chapter.

Removing Level 3.3. Reflecting that cognitive deficits should be addressed in all levels of care.

Level 3.2 WM services integrated into Level 3.5.

Recovery support service expectations at each level of care.

Expectation that all levels of care be co-occurring capable at minimum.

Adding harm reduction as a component of individualized care.

Integrating Co-occurring Capability

All programs should be co-occurring capable at minimum

- Program services designed with expectation that most patients have co-occurring conditions
- Ability to manage mild to moderate acuity, instability, and/or functional impairment.
- At least one staff member qualified to assess and triage mental health conditions
- Integrated treatment plans
- Coordination with external mental health providers as needed
- Program content that addresses co-occurring conditions

ASAM 4th Edition Residential Capacity Building Pilot

- Capacity building start-up fund funds for:
  - Staffing (LPHAs which may include *psychiatrist / Psych-NPs*) providing mental health services in residential LOCs
  - Adding residential withdrawal management bed capacity
  - *Focused on residential sites of care*
- Funding provided following approved Implementation Plan which must include:
  - Staffing Model
  - Withdrawal management Bed Additions

- Progress Reports Monitoring Key Performance Indicators:
  - Documents mental health diagnoses
  - Count / % of Staff providing mental health services
  - Count / % Clients who received on-site mental health services
  - Units of Service for mental health services
  - Residential withdrawal management bed count / utilization

Mental Health and Substance Use System Considerations Under SB43

LPS Facilities

- LPS Facility Designation Interim Regulations
- Workforce development needed to support staff to address clients' substance use needs

SAPC Contracted Substance Use Programs

- Unlocked and voluntary
- Workforce Investments to build workforce so practitioners have the capacity to address mental health

Co-Occurring Disorder Treatment Optimization Project (COOP) Pilot

- Five co-contracted agencies:
  - Behavioral Health Services, Inc
  - Prototypes/HealthRIGHT360
  - Social Model Recovery Systems
  - Tarzana Treatment Centers, Inc
  - Pacific Clinics

- Focused on identifying facilitators for client-level service integration:
  - SAMHSA Certified Community Behavioral Health Clinic (CCBHC) funds explicit integration of MH/SUD services
  - Creating policies and procedures specific to integrated treatment services helps with staff training, new hire orientations, and defining workflows
  - MH facility licensing at residential SUD facilities facilitates integration
  - 42 CFR Part 2 Compliant EHR that can be configured to bill multiple payers facilitates integration
  - Having both MH and SUD staff working in a single site facilitates integration

Discussion & Questions