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April 28, 2025

TO: Supervisor Kathryn Barger, Chair
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FROM: Lisa H. Wong, Psy.D. *Lisa Wong*
Director, Department of Mental Health

Barbara Ferrer, Ph.D., M.P.H., M.Ed. *Barbara Ferrer*
Director, Department of Public Health

SUBJECT: **REPORT ON CONTINUUM OF CARE FOR MENTAL
HEALTH AND SUBSTANCE USE DISORDER BEDS
(ITEM NO. SET MATTER 1, AGENDA OF JUNE 18,
2024)**

Lisa H. Wong, Psy.D.
Director, Department of Mental Health

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Director, Department of Public Health

500 W. Temple St.
Los Angeles, CA 90012

As requested at the Board meeting of May 2, 2023, the Directors of Department of Mental Health (DMH), Department of Public Health (DPH), Department of Health Services (DHS), Justice, Care and Opportunities Department (JCOD), and the Executive Director of the Homeless Initiative (HI) will report on the Continuum of Care for mental health (MH) and substance use disorder (SUD) beds and include in a quarterly written report back to the Board.

Subsequently, as directed by the Chair, DMH and DPH will report on the Continuum of Care for MH and SUD treatment beds and include a quarterly written report back to the Board.

The following provides updates by DMH and DPH for the period of October 1, 2024, through January 31, 2025, on these directed topics and measurable outcomes on number and types of beds available; number of individuals served in the prior quarter in each bed type, including, average length of stay, discharge location, requested but unsecured beds, and average wait time per bed type; and bed distribution. Provided in Attachment A is the April 15, 2025, Set Matter 1: Los Angeles County (County) Bed Status Report Update presentation deck (the Set Matter was subsequently postponed to May 6, 2025).

I. Number and types of beds available, including beds net growth and beds in development.

Department of Mental Health

DMH bed continuum data is comprised of two lead divisions - Health Access and Integration (HAI) and the Housing and Job Development Division (HJDD). HAI includes five bed types: urgent care centers (crisis receiving and stabilization), acute inpatient, subacute, crisis residential treatment program, and enriched residential services (crisis residential/extended residential). HJDD includes three bed types: licensed residential care, interim housing, and permanent supportive housing (PSH). In addition to HJDD, contributions to the interim housing bed network also come from the DMH Outpatient Care Services Division, Transition Age Youth (TAY) Enhanced Emergency Shelter Program (EESP).

DMH has systematically increased bed capacity across the continuum, specifically adding 25 acute inpatient beds, 120 Skilled Nursing Facility-Special Treatment Programs (SNF-STP) and medical SNF subacute beds, 16 Crisis Residential Treatment Program (CRTP) beds, and 534 PSH units between October 2024 and January 2025. DMH has committed to building a more robust bed continuum, acknowledging it takes time, strategy and countywide planning to ensure that, in the short-term and long-term, the right quantity of bed types is added to increase access. This strategy also accounts for the inevitable loss of bed inventory due to issues such as facility closures, fluctuations in access to beds, license/certification issues or contract terminations. (Example: DMH experienced a loss of beds in January 2024 when a CRTP facility with 10 beds closed.) The numbers reflected in this report show net gains (i.e., bed losses are accounted for in the totals.) DMH works closely with facilities to preserve existing inventory but when inventory is lost, DMH proactively works to fill the gap.

In addition to the beds added this past quarter, the County has been proactive in developing countywide strategies to leverage several state funding initiatives including but not limited to Behavioral Health Continuum Infrastructure Program (BHCIP), Behavioral Health Bridge Housing (BHBH), and Community Care Expansion (CCE) grants. Most recently, DMH released its Interim Housing Program (IHP) Request for Applications (RFA) on October 7, 2024, to provide funding for operations and start-up infrastructure for interim housing throughout the County using BHBH dollars. This solicitation closed on November 29, 2024, and applications have been in the process of being reviewed for awards. Awards are occurring on a rolling basis, and the first conditional award letters were sent out on January 31, 2025.

Additionally, DMH continued the implementation of the CCE Preservation program and the process of awarding contracts as a result of an application process. In November 2024, eligibility notifications were sent to licensed residential care facilities that had applied for CCE Preservation - Operating Subsidy Payments program funding, which will provide

approved facilities with subsidies to cover operating deficits and help prevent closures. An onboarding session for eligible facilities was held on January 30, 2025. This is in addition to awards of CCE Preservation - Capital Projects program funding that DMH is partnering with the Los Angeles County Development Authority (LACDA) to administer, to support health and safety capital improvements for licensed residential care facilities and help preserve the stock of such facilities within the County. During the reporting period, capital improvements were underway at several facilities, including the installation of new roofs, HVAC systems and windows, and the completion of other necessary upgrades. New Capital Projects agreements and deed restrictions also continued to be executed and recorded with approved facilities during this time.

Over the reporting period, DMH also continued to expand its PSH resources through the opening of four new PSH sites supported with capital investments from the No Place Like Home program and an award of additional federal housing subsidies from LACDA. DMH also began housing its first clients through the newly launched Rental Assistance Program (RAP), which targets housing subsidies for clients who are not eligible for federal housing subsidies, and the Housing for Empowered Adult Living (HEAL) program, which helps to provide housing subsidies for clients residing in licensed residential care facilities who are ready to transition to more independent living settings.

Additionally, on November 26, 2024, the California Department of Housing and Community Development released its Homekey+ Notice of Funding Availability, announcing approximately \$2.145 billion in grant funding to support the development of PSH for Veterans and individuals with mental health or substance use disorder challenges who are at-risk of or experiencing homelessness. DMH is working with other County departments, including DPH SAPC, the Chief Executive Office –HI, and Military and Veterans Affairs, as well as LACDA, and a contracted consultant to develop an implementation plan for the County. This funding is expected to result in more PSH units countywide. DMH is also exploring the allocation of Mental Health Services Act (MHSA)/Behavioral Health Services Act (BHSA) funds for capital subsidies and rental subsidies, which would serve as the local match for PSH developments that are applying for Homekey+ funding.

HAI and DPH Substance Abuse Prevention and Control (SAPC) are engaging with behavioral health providers who were awarded BHCIP grant funds (estimated at \$695 million for rounds three through five) to expand behavioral health treatment and increase the number of treatment and residential beds across levels of care. These BHBH, CCE, and BHCIP beds will expand the County's bed network over the next few years as the projects are completed and the beds come online.

Department of Public Health

DPH SAPC Bureau's contracted SUD treatment network includes four main bed types: Sobering Centers (Crisis Receiving and Stabilization), Inpatient Withdrawal Management (Acute Inpatient/Subacute), Residential Treatment with or without Withdrawal

Management (Crisis Residential / Extended Residential), and Recovery Bridge Housing (RBH) and Recovery Housing (RH) beds (Interim Housing) each serving a unique role within the SUD treatment continuum.

DPH SAPC continues efforts to add contracted beds and slots across its treatment continuum to improve access to care not only for those actively taking steps to connect to care via the call center, direct-to-provider, etc., but also to expand access in preparation for [Reaching the 95%](#) of people with SUD who according to national data do not want or have not decided to seek needed treatment services. The SUD system is proactively implementing strategies to connect with these individuals and designing programming that matches their needs and preferences rather than using a prescribed model of care which is relatively the same for all. To impact these key priorities, DPH SAPC residential SUD treatment beds saw a net increase of 52 beds between October 2024 and January 2025 moving from 2,672 to 2,724. Similarly, Interim Housing resources expanded with an increase of 167 beds from 1,433 to 1,600 in the same period. Sobering Centers and Inpatient Withdrawal Management remain stable at 15 and 78 beds, respectively; however, growth is expected due to the State's BHCIP awards as well as new efforts at LA General Hospital. Additionally, 221 beds initially categorized as "in-development" have shifted into "active capacity" as projects reach completion.

DPH SAPC is also identifying how to invest in low-barrier recovery-oriented PSH through participation in Homekey+ and investing in rental subsidies for a select number of individuals experiencing homelessness where a SUD diagnosis is the primary barrier to independent living. This would represent an expansion of the continuum of housing options for individuals with a SUD who prefer a recovery-oriented living environment, but who would also benefit from the Housing First approach in the event of a relapse where additional support may be needed to achieve their personalized goals.

II. Number of individuals served in the prior quarter in each bed type, including, average length of stay (LOS), discharge location, requested but unsecured beds, and average wait time per bed type.

Department of Mental Health

The number of DMH clients served includes total episodes (or visits for Urgent Care Centers (UCCs) and admissions for Enriched Residential Services (ERS)) as well as the number of unique clients served. Because DMH clients can step up or down between levels of care, the unique client counts are specific to each level of care. Of note, State hospital clients (24) represent only those placed by HAI Intensive Care Services and not the total number admitted to the State hospitals. Additionally, the most extended average lengths of stay are with the DMH subacute level of care. At an average of more than 1,000 days for general subacute and 435 days for those in State hospital, as stated above, addressing capacity and flow for subacute clients is a DMH priority. Mental Health Rehabilitation Center (MHRC) are subacute facilities that are licensed for 18 month stays, with longer

stays permitted when authorized. Many DMH clients need longer stays as they move from the hospitals, jails, and streets and are receiving treatment for both specialty MH and SUD. While throughput is a top priority, DMH is also intent on ensuring that all its clients are at the right level of care at the right time. This journey will look different for each person.

Of the DMH specialized inpatient discharges, more than half (58%) stepped down from acute to subacute level of care. For subacute, more than half (57%) were discharged to ERS level of care. For residential onsite clinical/treatment services (CRTP and ERS), clients were discharged to a more diverse array of programs with Full Service Partnerships (FSPs) and outpatient as primary placements. Because crisis and extended residential levels of care are voluntary, a notable percentage of clients go absent without leave (AWOL) or leave against medical advice (8% of CRTP clients and 20% of ERS clients go AWOL; 11% of ERS clients leave against medical advice, and 40% of CRTP clients discharged to "other").

DMH served 956 people in licensed residential facilities through the ERC program between October 1, 2024, and January 31, 2025. The average LOS for these individuals was 804 days or over two years.

DMH served 1,323 people in interim housing between October 1, 2024, and January 31, 2025, including 1,080 individuals through the IHP and 243 individuals through the TAY EESP. The average LOS in interim housing for IHP clients was 190 days or a little over six months and 46 days for TAY EESP clients.

DMH served 5,957 people in PSH between October 1, 2024, and January 31, 2025. The average LOS for these individuals was 1,573 days or over four years.

Department of Public Health

DPH SAPC's treatment network served a total of 10,551 people in all bed-based levels of care between October 2024 and January 2025. The majority of admissions were for SUD Residential Treatment without Withdrawal Management (5,733) with an average LOS of 51 days. RBH requires concurrent enrollment in outpatient SUD treatment and has an average LOS of 81 days; the service was capped at 180 days until October 2024, when it was increased to one year if residents continue to meet housing criteria or secure appropriate housing and remain in outpatient treatment. Total admissions for sobering centers were 659 with an average LOS of one day whereas residential and inpatient withdrawal management was 1,752 admissions with an average LOS of six days. Because of the nature of SUDs and the fact that treatment at every level is voluntary, some patients self-discharge very early in care while others stay for longer durations, thus impacting the average LOS.

NOTE: The Board requested data on the number of beds that were requested, but unable to be secured. This metric is not tracked by the departments. For DMH and DPH-SAPC, the number of beds requested but not secured and the average wait time per bed type cannot be tracked because Medi-Cal prohibits waitlists for Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) services. If the departments maintained waitlists, it would conflict with contractual agreements. The only exception is the DMH IHP, which tracks waitlist data for interim housing beds. For those served by the program over the reporting period, the average waitlist time was five days.

III. Bed Distribution (Location)

Department of Mental Health

The DMH HAI, HJDD, and TAY EESP bed networks reflect the distribution of beds across Service Planning Areas (SPA) and/or Supervisorial District (SD). For UCC, CRTP, and ERS geographic distribution is being considered as capacity is being expanded. Where acute and subacute beds represent the greatest proportion of beds within the HAI bed continuum, the DMH strategy for addressing bed capacity needs focuses on a regional view for this level of care. It is important to note that, for ERC, DMH does not purchase dedicated beds but rather clients are able to use an ERC subsidy at any licensed residential care facility in the County willing to accept the client and the subsidy. Similarly, approximately 45% of the PSH subsidies that HJDD administers are tenant-based subsidies, which allow clients flexibility to choose the location of their housing.

Department of Public Health

DPH SAPC manages a network of treatment providers distributed across all SPAs and SDs. SUD residential treatment with or without Withdrawal Management represents the greatest proportion of beds at 61% (2,724) followed by RBH at 36% (1,600), Inpatient Withdrawal Management at 2% (78), and Sobering Centers at less than one percent (15). SUD beds are located throughout the County with higher concentration of sites in regions with a higher proportion of Medi-Cal beneficiaries; this reflects that DPH SAPC services are targeted for Medi-Cal beneficiaries.

Challenges and Opportunities

Department of Mental Health

DMH's focus on expanding the bed network is impacted by the following key challenges:

- Within the DMH network there are capacity gaps in levels of care, specifically subacute and residential. While there is urgency regarding access to services for many clients, building this needed capacity takes time. In other words, the demand for services is clear but there is an inherent lag in supply statewide that has to catch up to the demand.
- To bring these beds online requires a complex matrix of funding sources for capital, operations/services, etc. There are also external pressures such as reduced State funding, insufficient rate structures and unfunded initiatives that significantly impact DMH's ability to bring new beds online.
- Given the recent fires and change in federal administration, it is unclear what the impact will be on tax revenue and funding availability for treatment, housing and other resources.
- And finally, there are other factors impacting the provider network such as workforce challenges, difficulty meeting the needs of high acuity DMH clients, rate and contracting issues that affect the pace at which DMH can expand the bed network.

DMH supports the continued focus on collaboration across County departments and building partnerships with the DMH provider network. A few key opportunities include:

- Maintain the cross-departmental approach to CalAIM and other State initiatives (e.g., BHCIP, CCE, BHBH, BHAI, SB 43, etc.) and maximize and leverage these funding sources.
- Focus on bed rates including rate alignment to minimize competition among County departments or rate increases to improve the County's position in the market.

Department of Public Health

DPH SAPC continues to focus on optimizing and leveraging Medi-Cal and other funding sources to expand all levels of SUD treatment, including residential SUD beds which are Medi-Cal reimbursable, sobering center beds which may be reimbursable through the public managed care plans, and RBH beds which are not Medi-Cal reimbursable. DPH SAPC is also seeking new opportunities such as Homekey+ to support expansion into new service areas such as PSH for individuals with a SUD.

The historical underinvestment in the SUD system and workforce, coupled with the need to design and implement programming focused not just on those who act upon their need for treatment services but also on [Reaching the 95%](#) of people with SUD who do not, requires a commitment to maintain and expand funding for services. This strategy needs to continue, even in these uncertain financial times, to ensure individuals receive clinically

effective care near where they reside or work, so participation is easier, and to meaningfully impact unprecedented overdose rates. DPH SAPC continues to (1) increase funding for community-based contractors to add new sites or expand beds/slots at existing sites to better meet community SUD service needs and minimize admission delays; (2) maintain open contracting and funding augmentations for Medi-Cal reimbursable services; (3) add new providers not currently delivering care in its system; and (4) identify new funding sources and projects to expand its continuum of services (e.g., Homekey+ PSH) to better meet the needs of patients.

Any divestment or reductions in County (e.g., Opioid Settlement Fund, Care First Community Investment, Measure H) and/or State financial resources (e.g., BHBH, Bond BHCIP, etc.) would impact the ability to maintain and grow these bed-based treatment options and other levels of care. This is because a meaningful reduction in one area (e.g., Medi-Cal) would likely have a domino effect on another area (e.g., housing) because it is DPH SAPC's intentionally designed fiscal strategy to leverage and optimize all funding sources that have created these growth opportunities without additional Net County Costs (NCC), therefore, continued system and workforce investment is a cornerstone priority of the SUD continuum.

Conclusion

DMH and DPH SAPC have made progress in expanding the County behavioral health continuum of care. The next update is scheduled to report on the period of February 1, 2025, through March 31, 2025.

If you have any questions, you may contact us or your staff may contact Jaclyn Baucum, DMH (JBaucum@dmh.lacounty.gov) or Dr. Gary Tsai, DPH SAPC (GTsai@ph.lacounty.gov).

LHW:BF: JB:GT

Attachment

- c: Executive Office, Board of Supervisors
- Chief Executive Office
- County Counsel
- Department of Health Services
- Department of Public Health
- Justice Care and Opportunities Department

Attachment A: LA County Bed Status Report Update presentation deck for May 6, 2025.

Los Angeles County Bed Status Report Update

Board Meeting

May 6, 2025

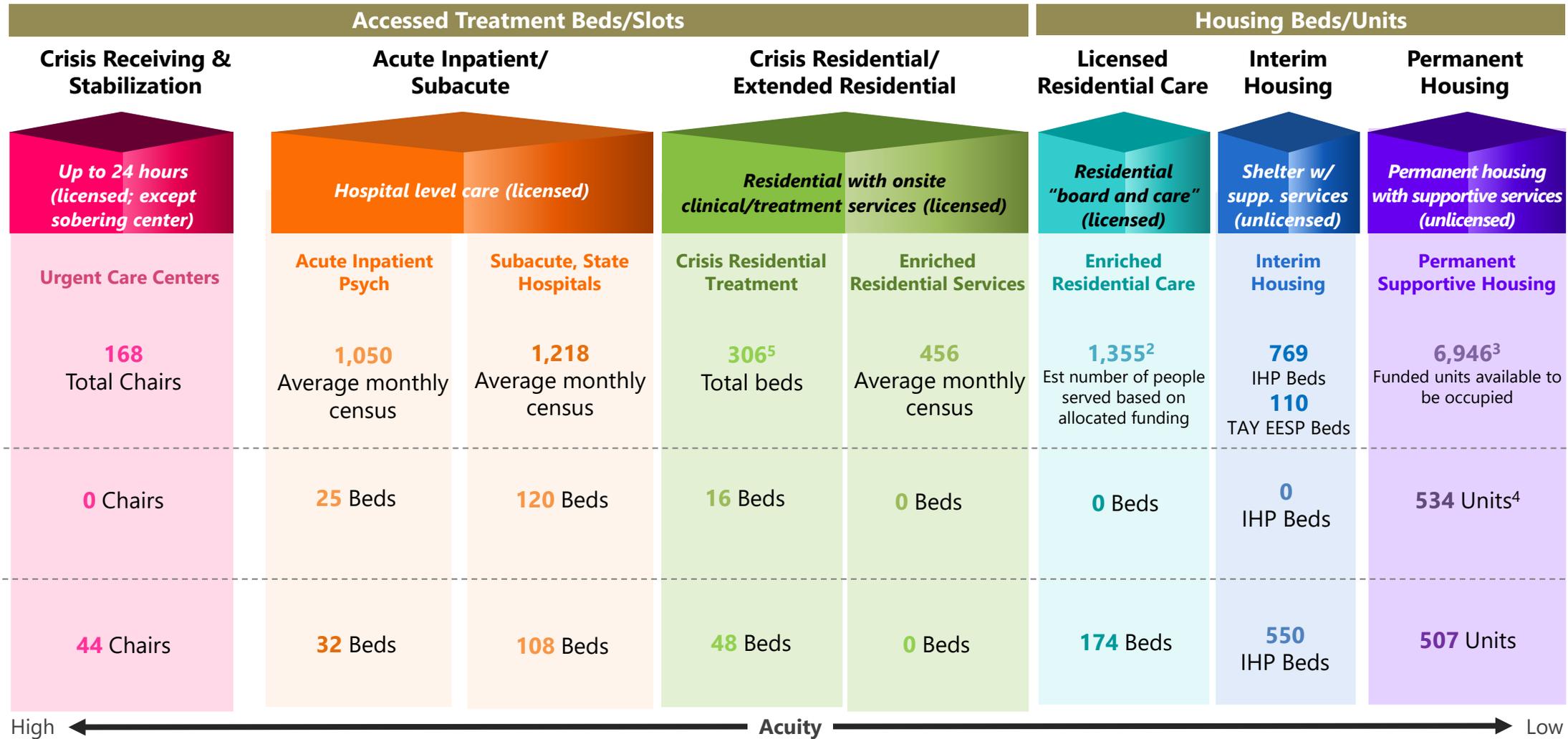
Presenters:

DMH - Lisa Wong, Psy.D.

DPH - Barbara Ferrer, Ph.D., M.P.H., M.Ed.

Department of Mental Health

Mental Health Beds Available, Net Growth & In-Development



1 - Estimates are subject to change and do not represent beds that are not yet funded, that are in the contracting stage or in the longer-term pipeline related to state infrastructure grants.

2 - Includes estimated 450 beds to be funded with Community Care Expansion (CCE) dollars that are in the ramp-up process.

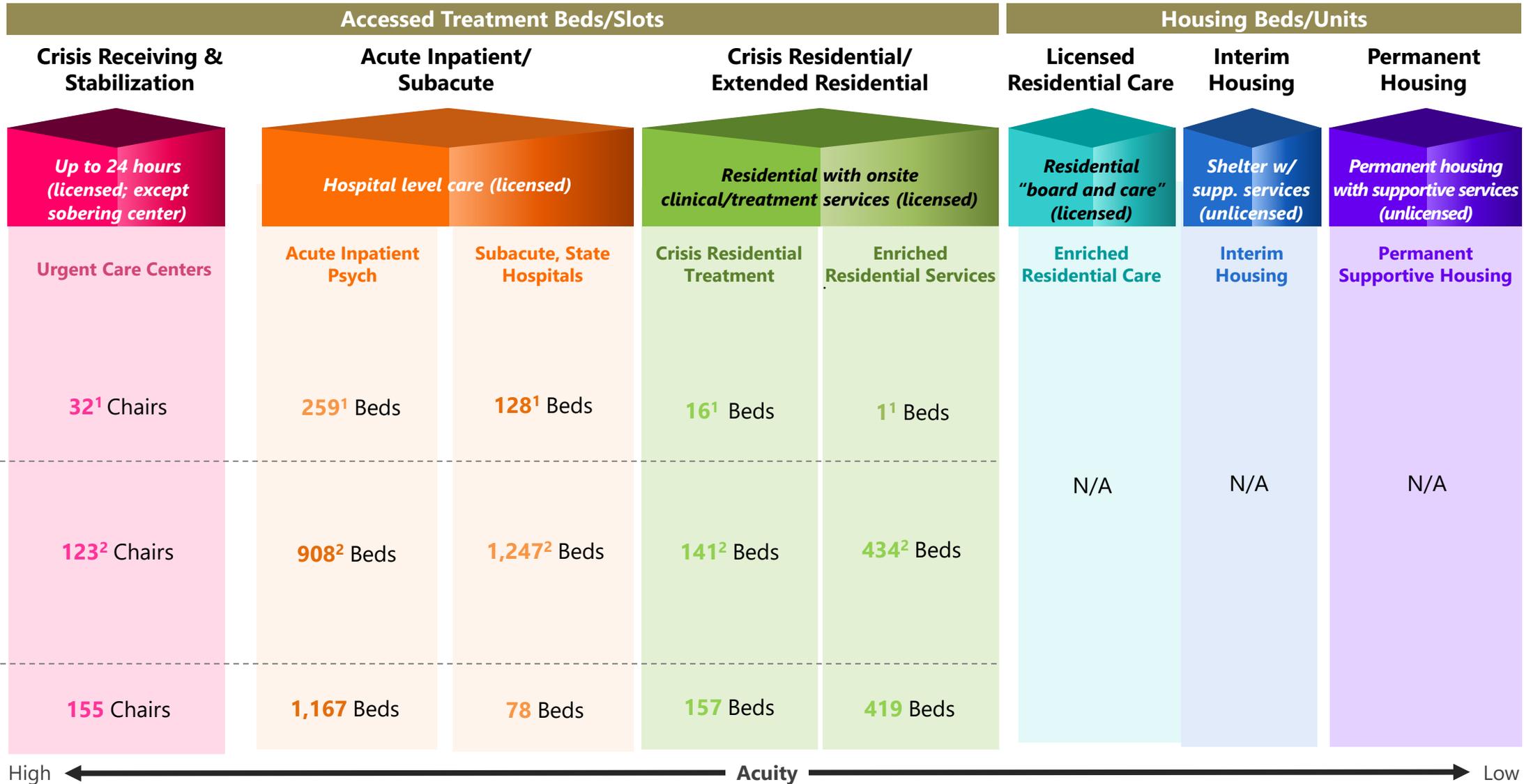
3 - Includes units from developments that are newly opened and still leasing up as well as units for projects that opened prior to October 2024 that were not included in the prior report.

4 - Excludes 40 resources awarded to DMH during the reporting period by the Housing Authority of the City of Los Angeles (HACLA) that are currently suspended due to budget shortfall.

5 - For the previous quarter (Jul-Sep 2024) 287 total CRTP beds were reported. The corrected total is 290 reflecting 10 (not 7) CRTP beds that were under review due to contract monitoring. In the current quarter (Oct 2024-Jan2025) an additional 16 CRTP beds were added.

Behavioral Health Continuum Infrastructure Program (BHCIP) Update

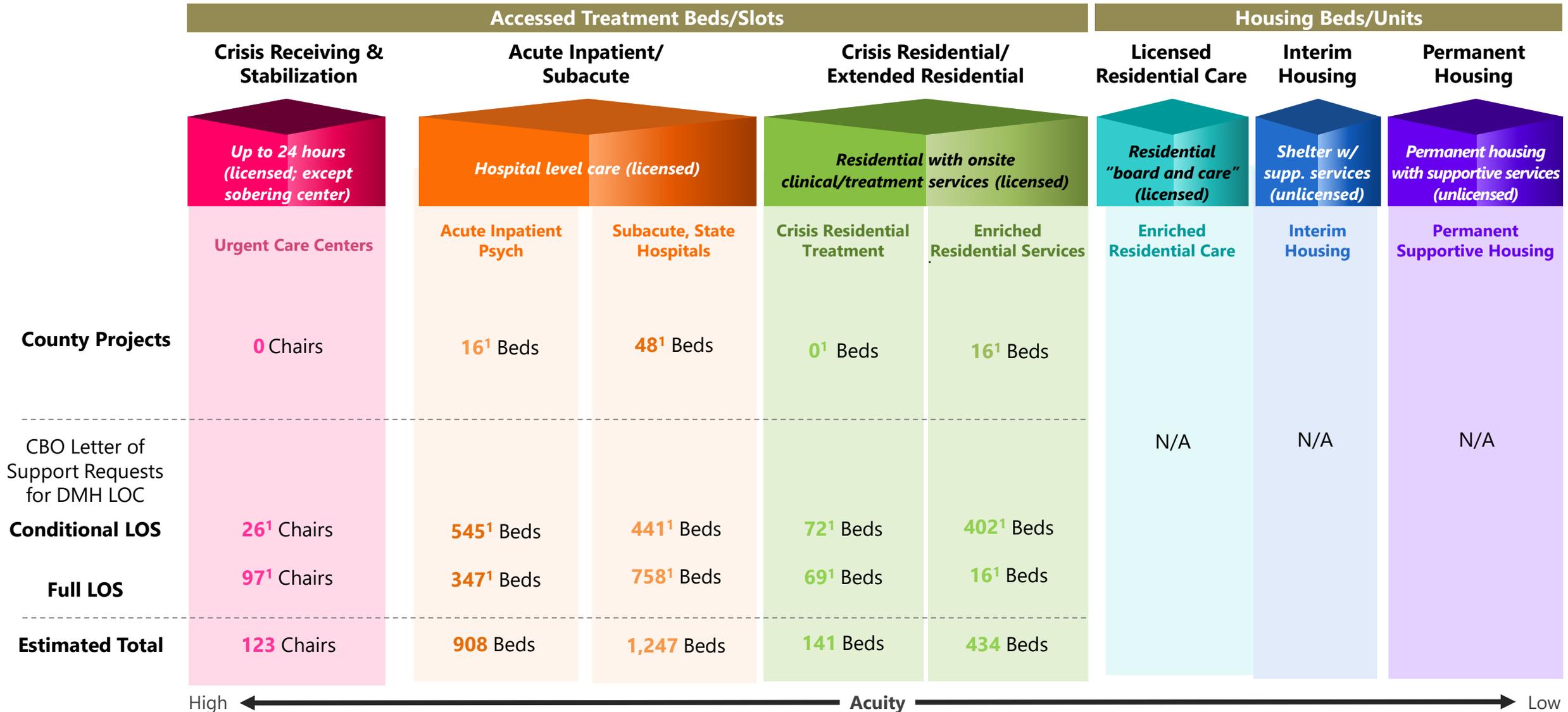
BHCIP DMH Bed Pipeline



1 – Counts are estimates based on original information provided during RFA letter of support process. DHCS has not published final awarded bed counts. NOTE: providers must also complete the licensing and DMH contracting process before beds can be confirmed to the County network.

2 - Beds/chairs were undifferentiated in Bond BHCIP applications and so it is not possible to know a precise number of indicated bed types. Number of bed requests submitted via Prop 1 Bond applications far exceeded the State allocation for Round 1.

Prop 1 Bond Rd 1 County Project and CBO Breakout



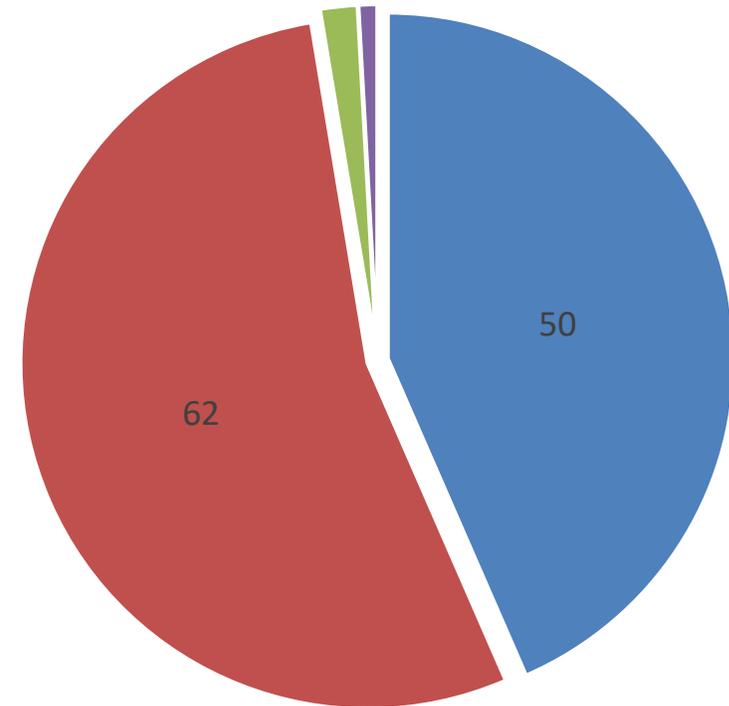
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▶▶ Countywide Letter of Support Response

The County evaluated projects that were submitted to request support letters for Bond BHCIP Round 1: Launch Ready and reviewed each project based on the following criteria to ensure the greatest benefit to the system:

- ✓ Project value to the system by meeting community and County needs.
- ✓ Provider capability including contract standing (as applicable).
- ✓ Support of County priorities such as integrated care and serving safety net populations.

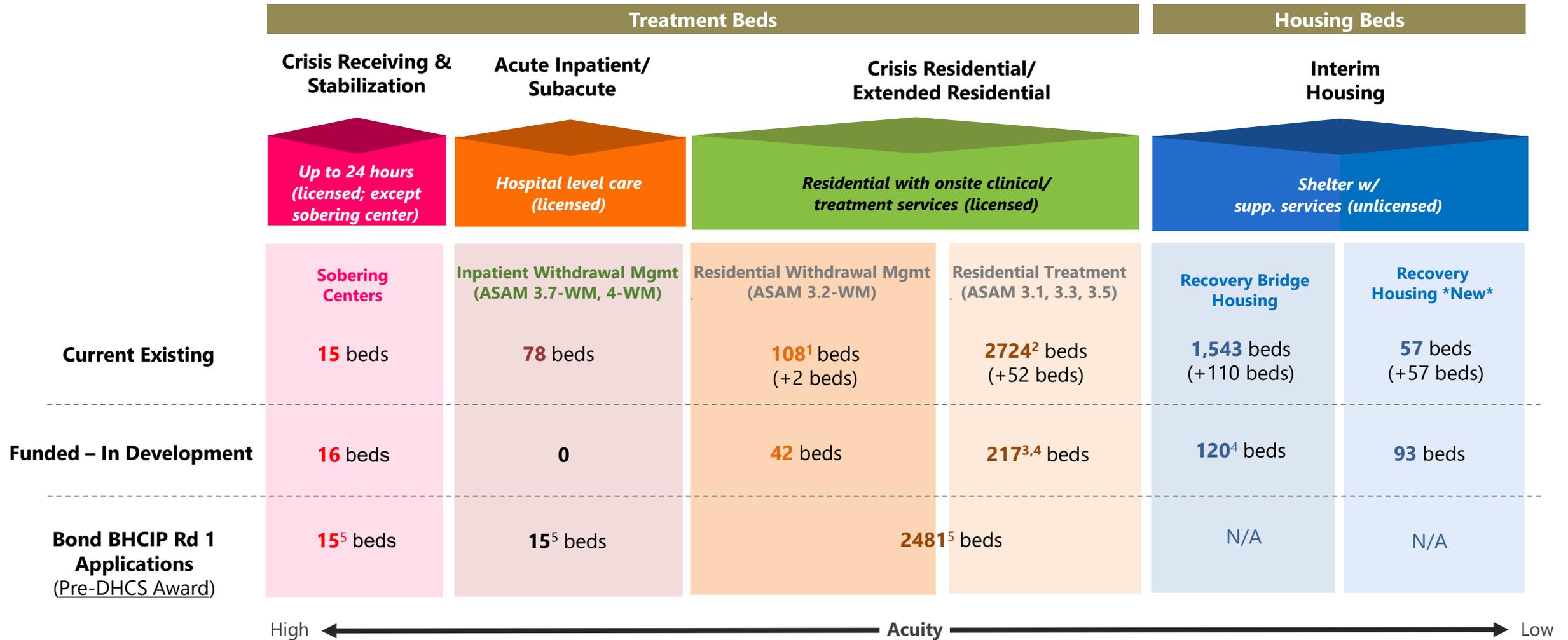
LA County Letter of Support Tiers
(total LOS issued = 115)



■ Full LOS (50) ■ Conditional LOS (62)
■ Withdrew Application (2) ■ No Letter Issued (1)

Department of Public Health - SAPC

DPH-SAPC Beds Available, Net Growth & In-Development



1 - Beds are estimated as the State does not distinguish between licensure for Residential WM (ASAM 3.2-WM) and Residential (ASAM 3.1, 3.3, 3.5) beds and SAPC's providers utilize these beds flexibly based on need. Historically utilization has been at 4% of residential beds that may be used for WM.
 2 - Bed counts are updated to reflect all fully executed contract actions, and the numbers change as beds are added, beds are removed (in addition to facility openings and closures).
 3 - Beds include BHCIP recipients currently contracted with SAPC, although additional BHCIP related beds may be funded upon completion of BHCIP projects, DHCS DMC licensure or certification, and meeting SAPC contracting requirements
 4.- Amounts have been adjusted to account for variance from Q4, Fiscal Year 2023-24 and Q1, Fiscal Year 2024-25.
 5 - Beds were undifferentiated in Bond BHCIP applications and so it is not possible to know a precise number of indicated bed types.

Questions?



Appendices

Appendix: Acronyms Used In This Presentation

Funding Acronyms

ACR	Alternative Crisis Response
ARPA	American Rescue Plan Act
BHBH	Behavioral Health Bridge Housing
BHCIP	Behavioral Health Continuum Infrastructure Program
BHSA	Behavioral Health Services Act
CCE	Community Care Expansion
DHSP	Division of HIV and STD Programs
DMC	Drug Medi-Cal
DSH	Disproportionate Share Hospital payments
EPSD	Early Period Screening Detection
FFP	Federal Financial Participation
HDAP	Housing and Disability Advocacy Program
HHAP	Homeless Housing, Assistance and Prevention Grant
HHC	Housing and Homelessness Committee
HHIP	Housing and Homelessness Incentive Program
MC	Managed Care
MHSA	Mental Health Services Act
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMHSA	Substance Abuse and Mental Health Services Administration
SGF	State General Fund

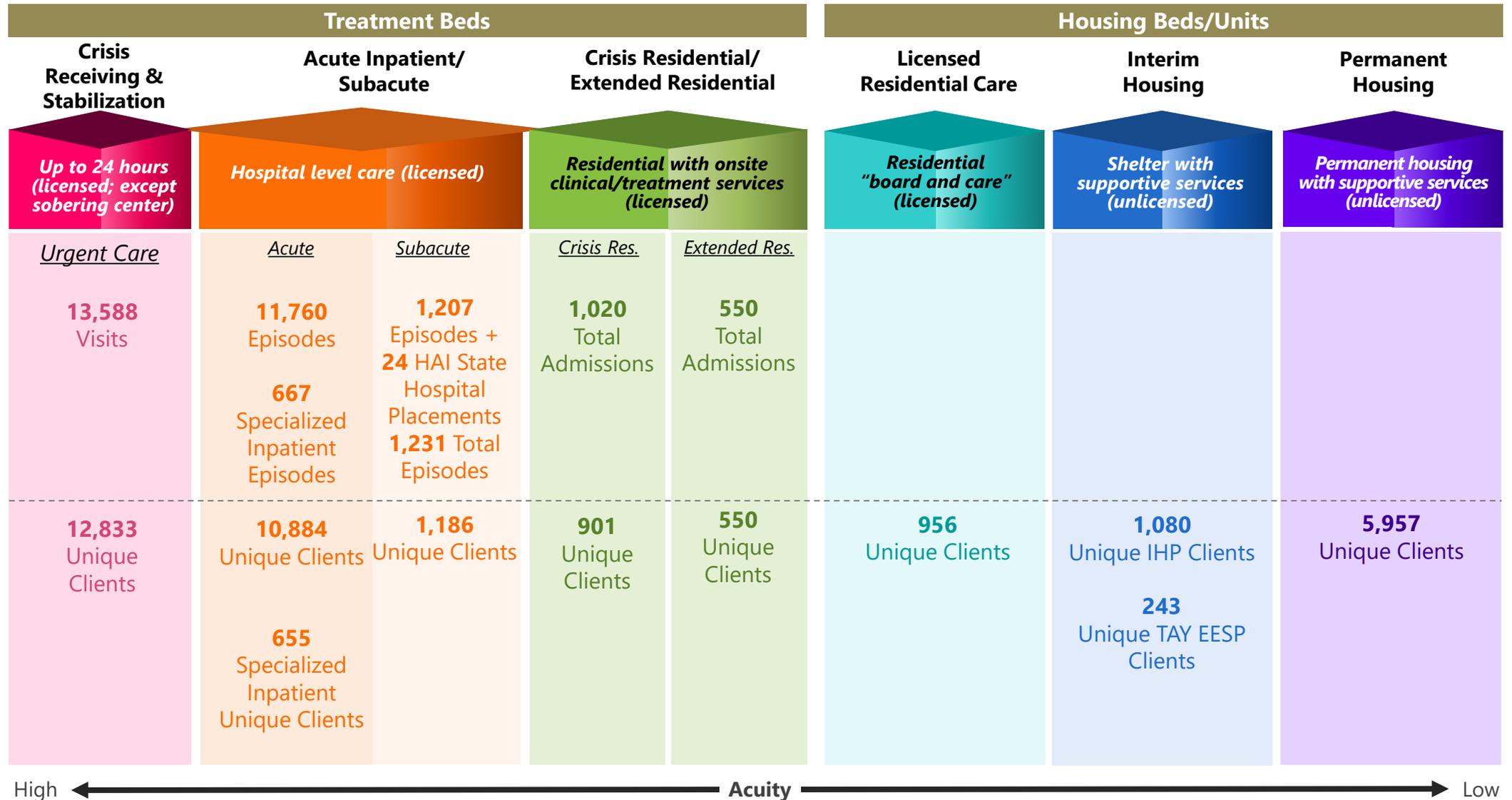
Other Acronyms

ALOS	Average Length of Stay
BHAI	Behavioral Health Administrative Integration
FFS	Fee For Service
DTO	Danger to Others
DTS	Danger to Self
IMD	Institutions for Mental Disease
PHF	Psychiatric Health Facility
SD	Short Doyle
SMI	Severely Mentally Ill
TAY	Transitional Age Youth

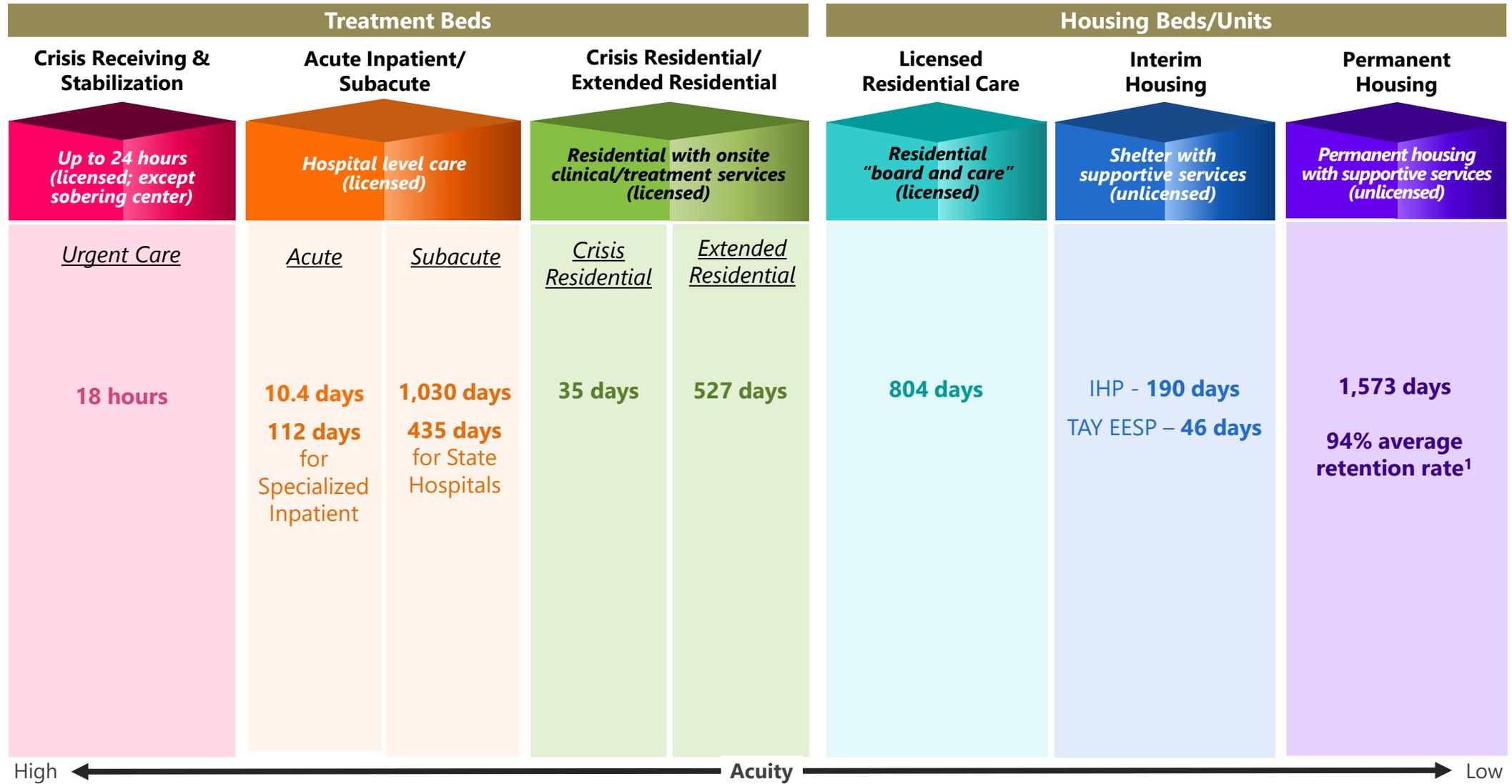
Appendix: DMH Bed Set Matter Directives for Reporting Period October 2024 – January 2025

- **Measurable outcomes**
 - Number of people served in the prior quarter
 - Average length of stay
 - Where beds are located
 - Where clients went upon discharge/exit destination

How many people were served Oct 2024-Jan 2025 by DMH Level of Care



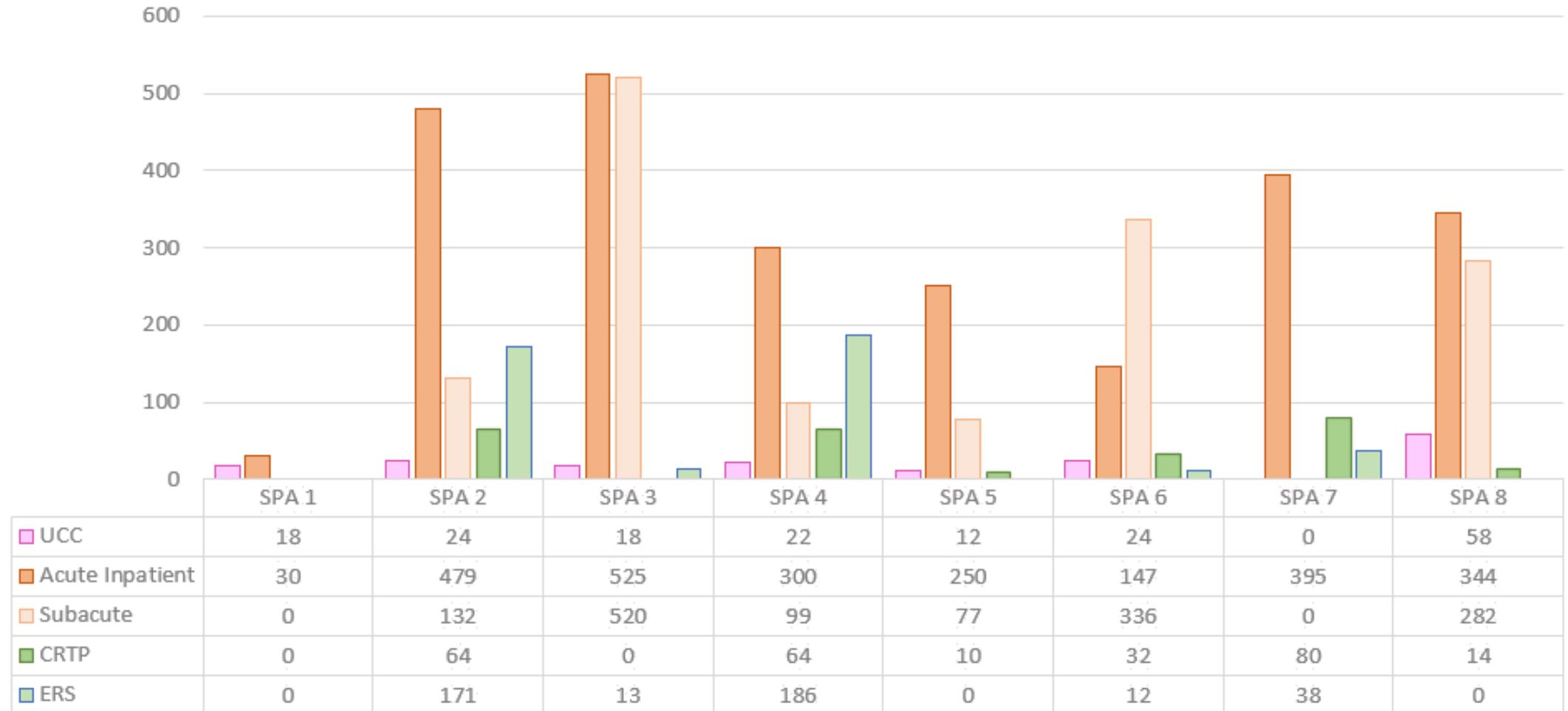
DMH Average Length of Stay Oct 2024-Jan 2025 by Level of Care



1 – Based on FY 23-24 data.

DMH HAI Bed Distribution by Level of Care (July-Sep 2024*)

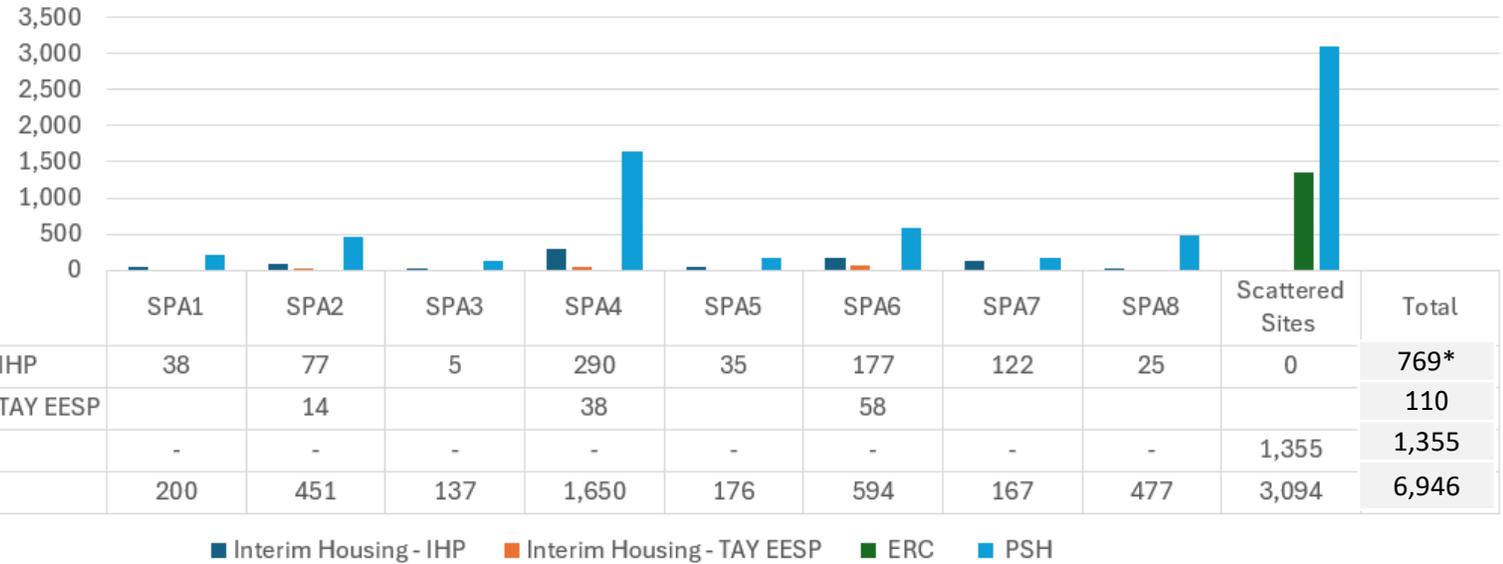
DMH Bed Distribution by SPA



UCC Acute Inpatient Subacute CRTP ERS

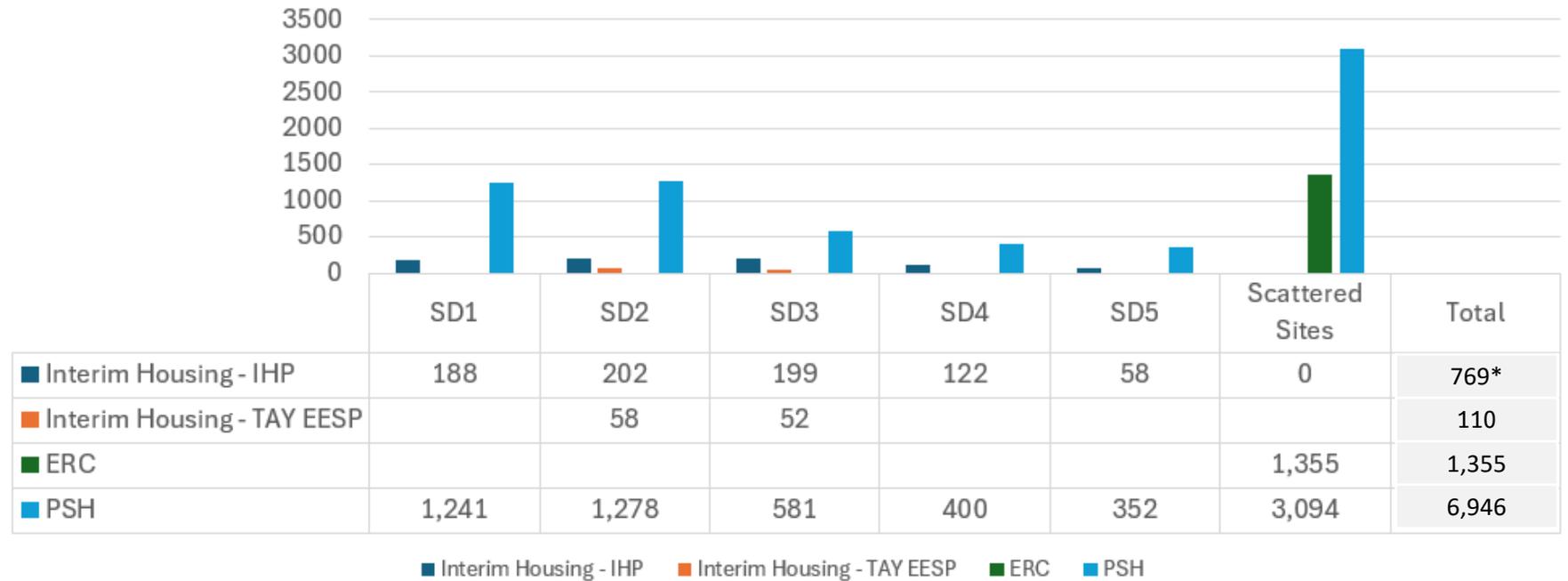
*updated biannually

DMH HJDD & TAY EESP Bed Distribution by SPA/Supervisorial District and Level of Care (Oct 2024-Jan 2025)



■ Interim Housing - IHP ■ Interim Housing - TAY EESP ■ ERC ■ PSH

* In this report, we are identifying individual beds/units, whereas, in the prior report we identified the number of distinct users of beds/units. So, while the figure has gone down from the prior report, it does not reflect a loss of beds/units.



■ Interim Housing - IHP ■ Interim Housing - TAY EESP ■ ERC ■ PSH

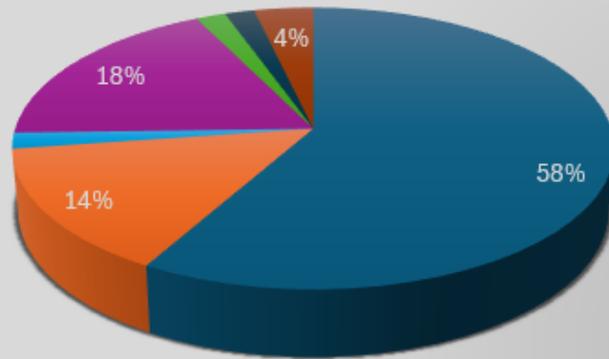
Where DMH Clients Went Upon Discharge in Oct 2024-Jan 2025 by LOC

Treatment Beds

Acute

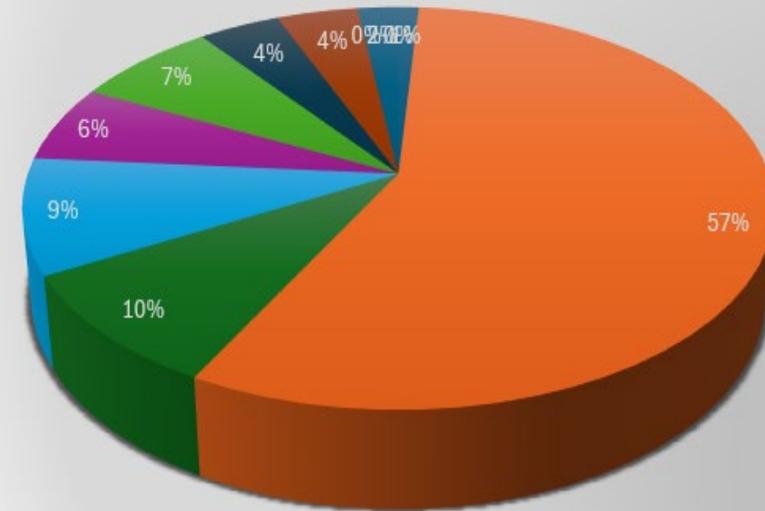
Subacute

Specialized Inpatient (n=55)



- IMD = 32 (58%)
- ERS = 8 (15%)
- SNF = 0 (0%)
- Assisted Living = 1 (2%)
- Home/self = 10 (18%)
- AWOL = 1 (2%)
- Against Med Advice = 1 (2%)
- Higher LOC = 2 (4%)

Subacute (n=97)



- IMD = 1 (1%)
- ERS = 55 (57%)
- FSP = 9 (9%)
- SNF = 9 (9%)
- Assisted Living = 6 (6%)
- Home/Self = 7 (7%)
- AWOL = 4 (4%)
- Against Med Advice = 4 (4%)
- Higher LOC = 0 (0%)
- Jail = 2 (2%)
- Deceased = 0 (0%)

Where DMH Clients Went Upon Discharge in Oct 2024-Jan 2025 by LOC

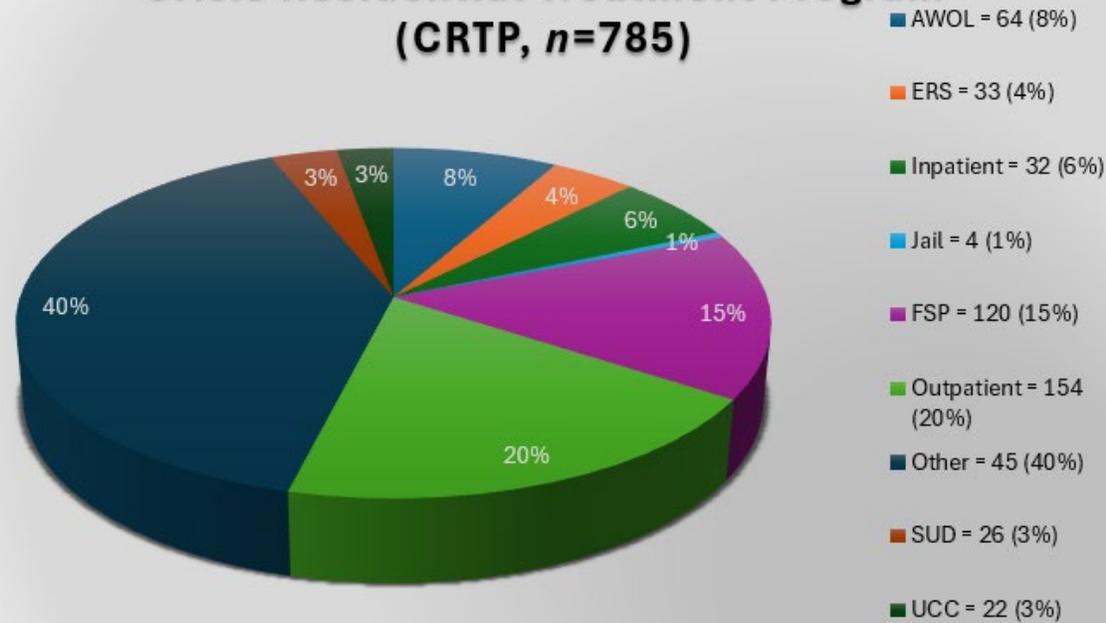
Treatment Beds

Crisis Residential/ Extended Residential

Residential with onsite clinical/treatment services (licensed)

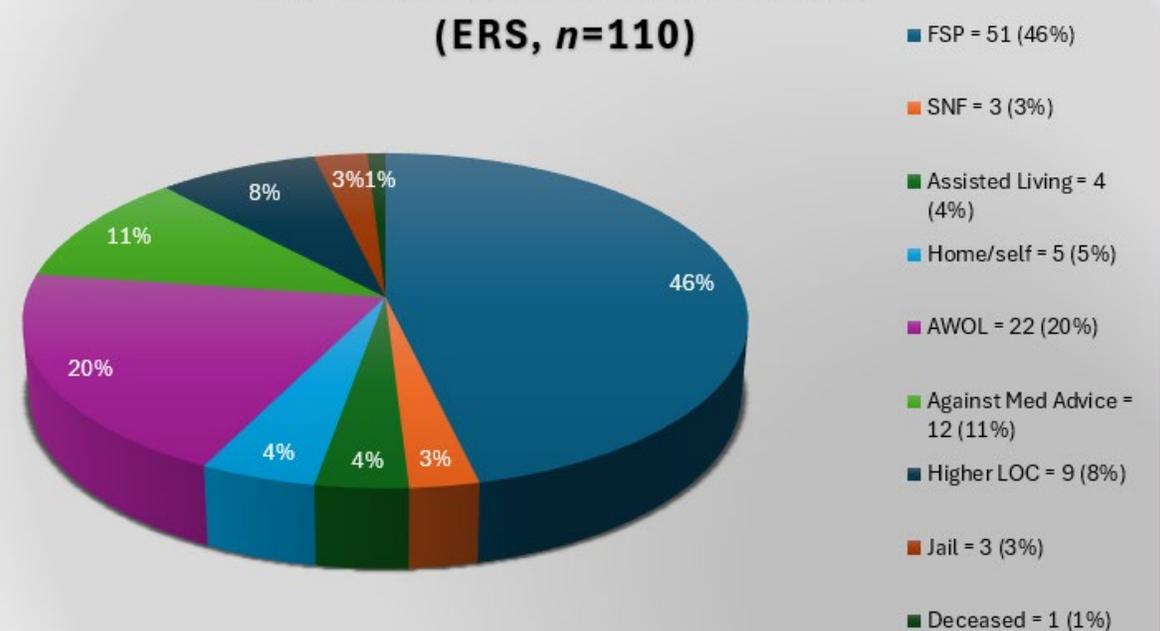
Crisis Residential

Crisis Residential Treatment Program (CRTP, n=785)



Extended Residential

Enriched Residential Services (ERS, n=110)



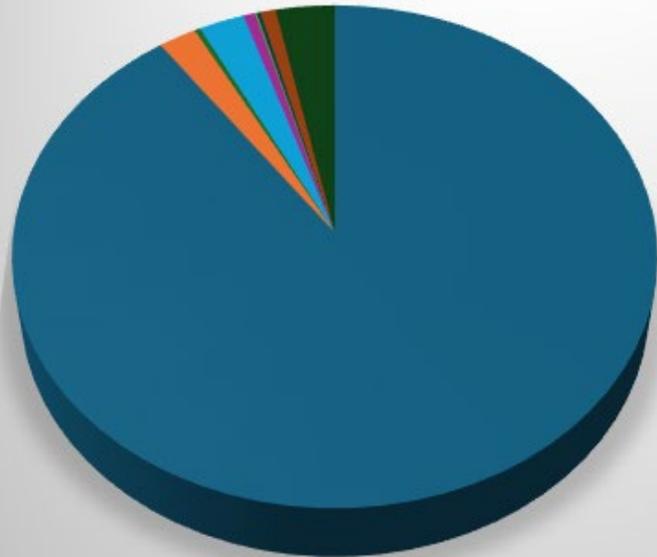
DMH Client Status by LOC including Exit Destinations - Oct 2024 – Jan 2025

Housing Beds/Units

Licensed Residential Care

Residential "board and care" (licensed)

Enriched Residential Care

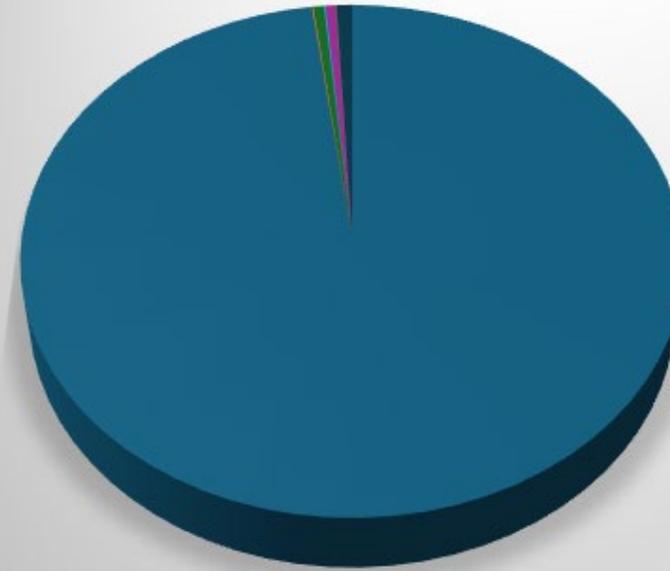


Total Unique Clients Served = 956

Permanent Housing

Permanent housing with supportive services (unlicensed)

Permanent Supportive Housing

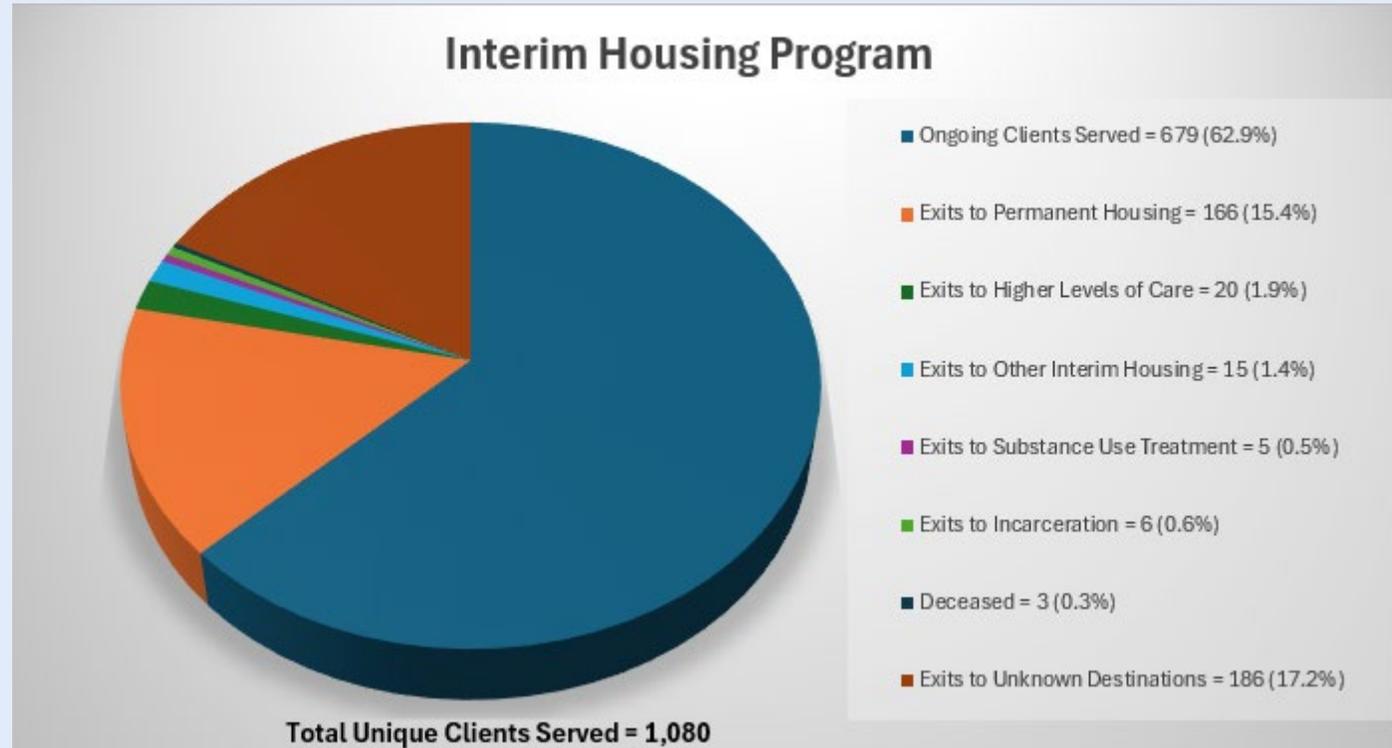


Total Unique Clients Served = 5,957

Housing Beds/Units

Interim Housing

Shelter with supportive services (unlicensed)



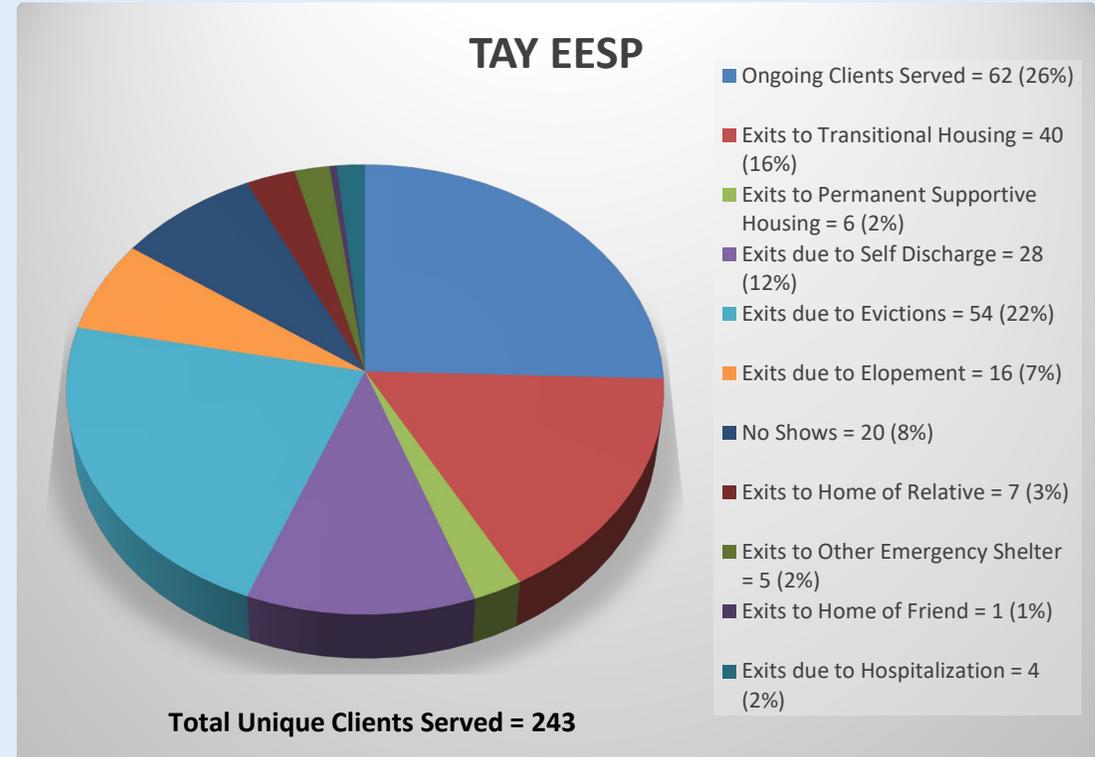
DMH Client Status Including Exit Destination in Oct 2024 – Jan 2025 by LOC

Housing Beds/Units

Interim Housing

Shelter with supportive services (unlicensed)

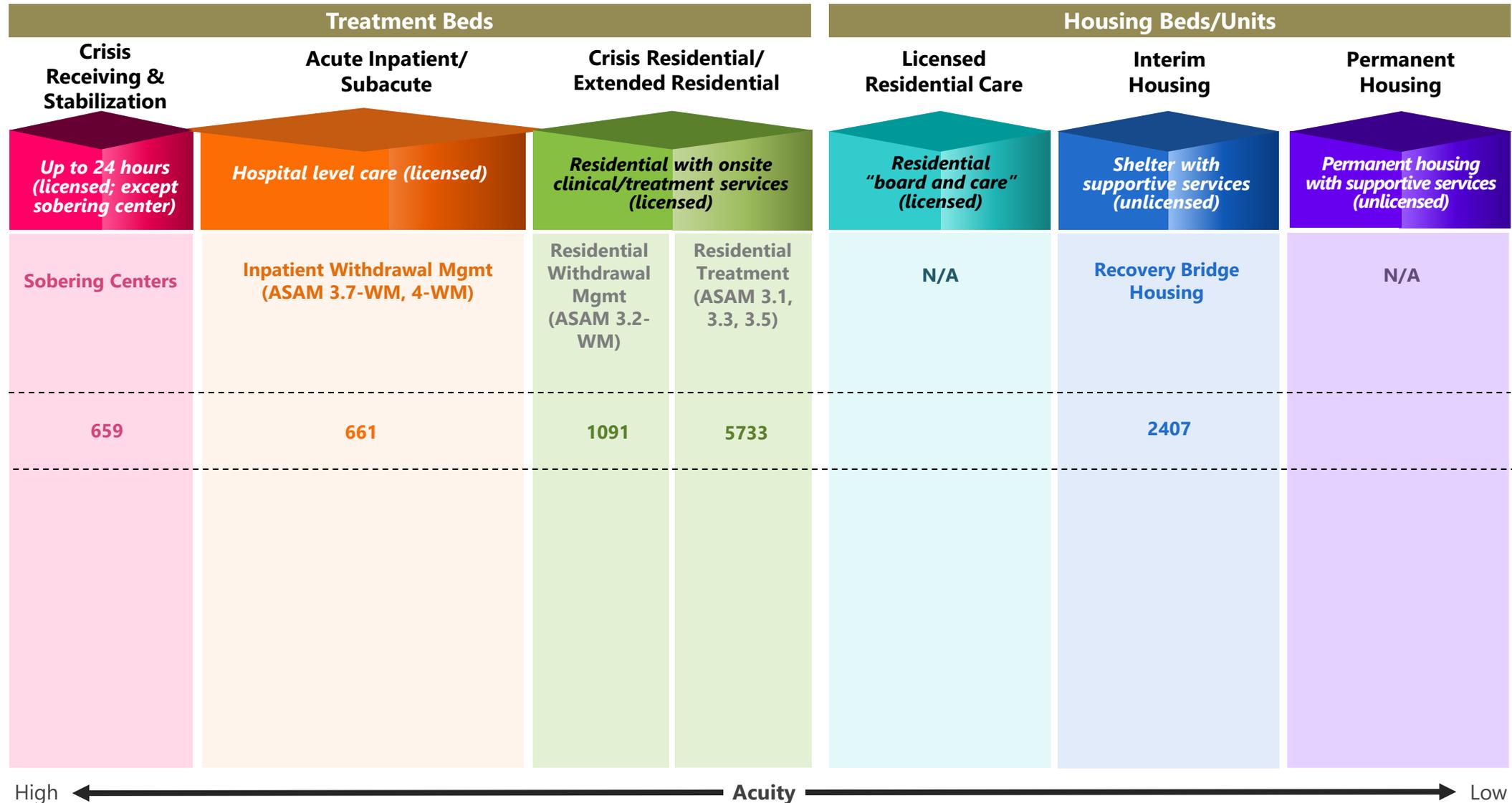
The Enhanced Emergency Shelter Program (EESP) was created to address the mental health and housing needs specific to our young people in LA County. There is a strong framework in place within each shelter which includes DMH mental health clinicians, housing specialists, and an employment specialist who visit their clients 1-2 times per week to provide services including helping a client become document ready for housing opportunities. Other services include substance use/abuse groups and living skills groups addressing topics such as financial literacy and building positive relationships. Care is taken to build rapport and work one on one with the young person on the best possible plan to successfully transition into the community.



Appendix: DPH-SAPC Bed Set Matter Directives for Reporting Period October 2024 – January 2025

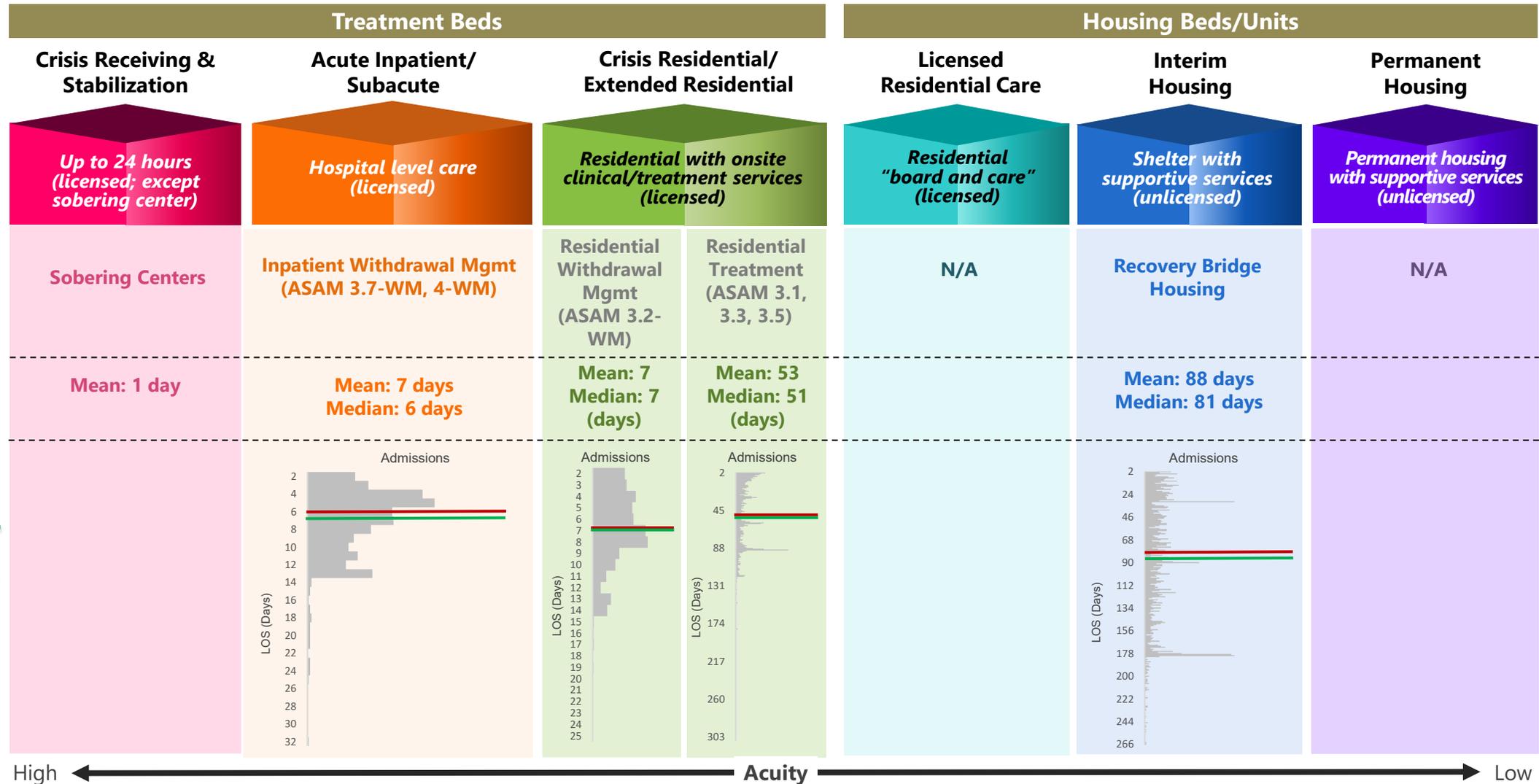
- **Measurable outcomes**
 - Number of people served in the prior quarter
 - Average length of stay
 - Where beds are located
 - Where clients went upon discharge/exit destination

How many people served by DPH-SAPC Level of Care (Oct 2024 – Jan 2025)



Average (Median) Length of Stay by DPH-SAPC Level of Care

(Oct 2024 – Jan 2025)



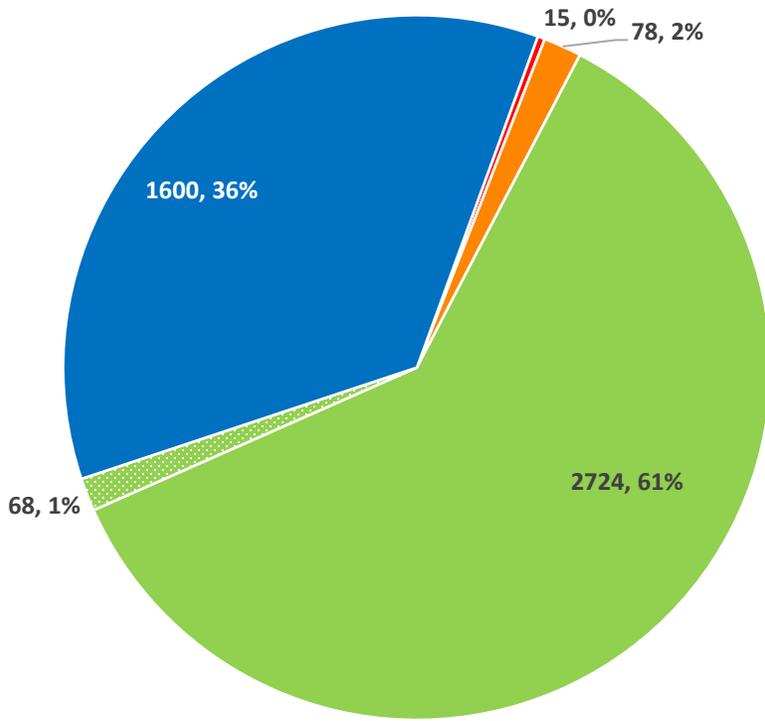
Mean:

Median:

*Given that DPH-SAPC operates a continuum with various levels of care, considering the length of stay of any individual level of care is incomplete given that many people access multiple levels of care within a given treatment episode --> **The average length of a treatment episode for clients in DPH-SAPC's system in a fiscal year is 156 days when considering that individuals with SUD access a continuum of services.**

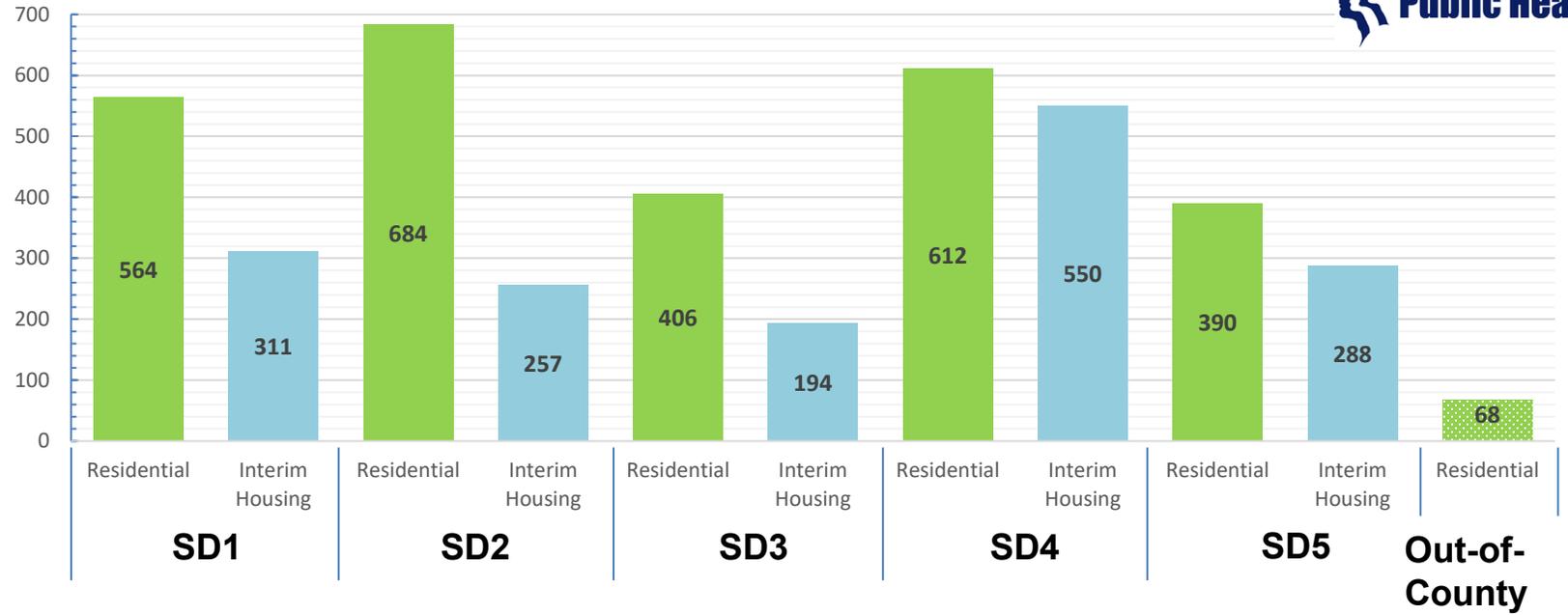
DPH-SAPC Bed Distribution

Treatment Bed Counts

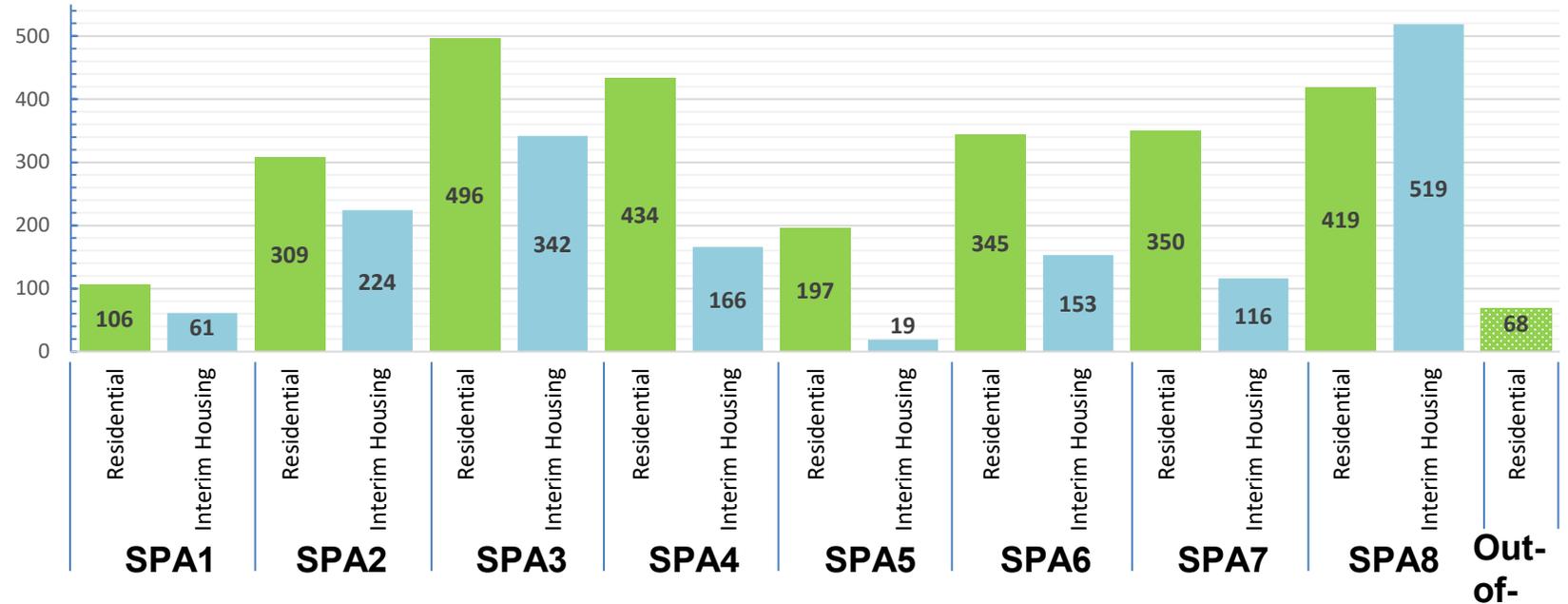


- Crisis Receiving & Stabilization
- Acute Inpatient / Subacute
- Residential
- Interim Housing
- Out of County Residential

Bed Distribution by Supervisorial District Fiscal FY 24-25 (Oct 24 - Jan 25)

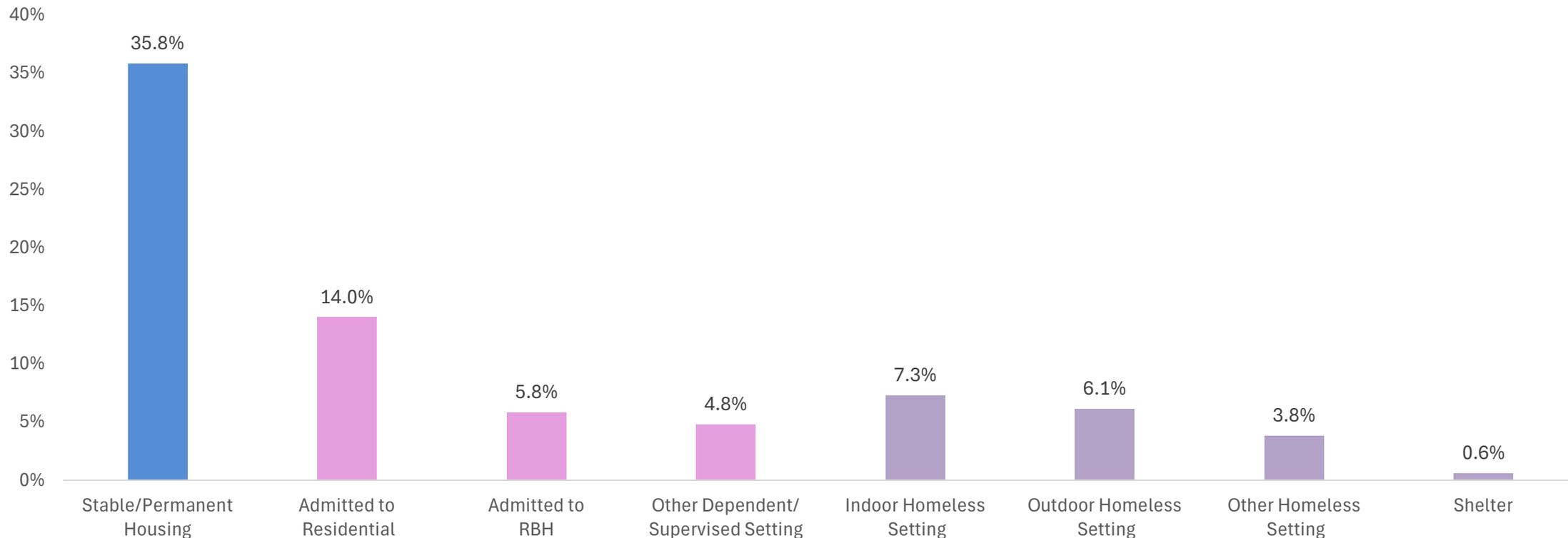


Bed Distribution by Service Planning Area (SPA) Oct 24 - Jan 25



DPH-SAPC: Where Patients Homeless at Admission Went Upon Discharge by Bed Type (Oct 2024 – Jan 2025)

(Residential, Residential Withdrawal Management, and Recovery Bridge Housing)



Note:

All percentages are based on the number of PEH admitted to Residential Beds and RBH, who were discharged between October 2024 and January 2025 (4,201).

Stable/Permanent Housing: based on the self-reported information.

Indoor Homeless Setting: 'Doubling up or living with others temporarily', 'Hotel/motel voucher', 'Motels due to lack of alternative' 'Temporary indoor situation (like abandoned building), etc.

Outdoor Homeless Setting: includes individuals who reported 'Sleeping in car/van' or 'Living outside (sleeping outdoors)'

Other Homeless Setting: indicates individuals reported as homeless upon discharge, with homeless living status not specified.

Other Dependent/Supervised Setting: indicates individuals reported their current living status as dependent/supervised setting, with dependent setting not specified.

22% of the discharges left their treatment program before completing their treatment services with administrative discharges, which does not capture homeless living status.

Data Source: Los Angeles County Participant Reporting System (LACPRS)/California Outcome Measurement System (CalOMS)

Appendix: DMH Distribution of Contract Provider Beds & Beds In Development

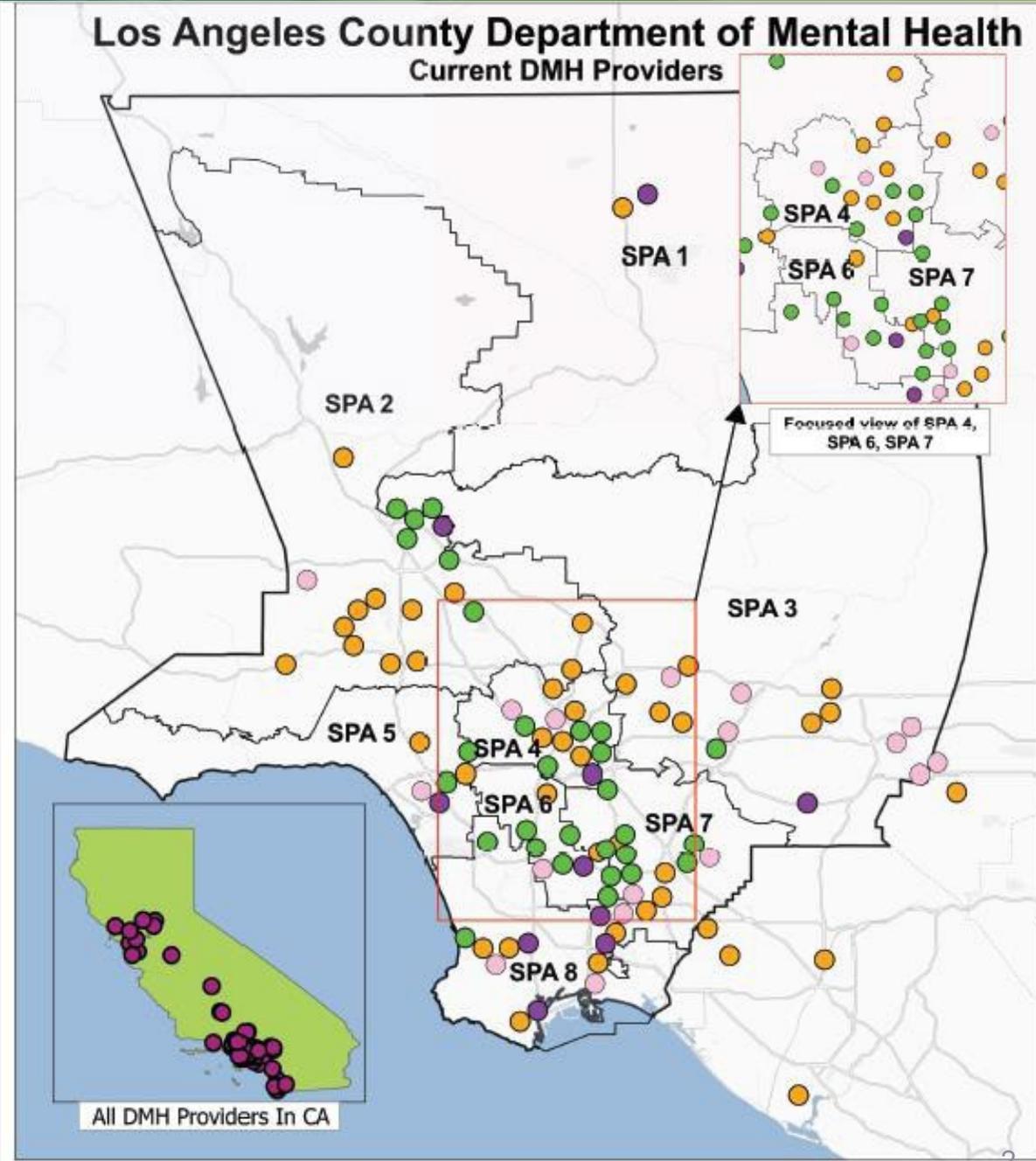


Location of DMH Service Providers by Type

Legend

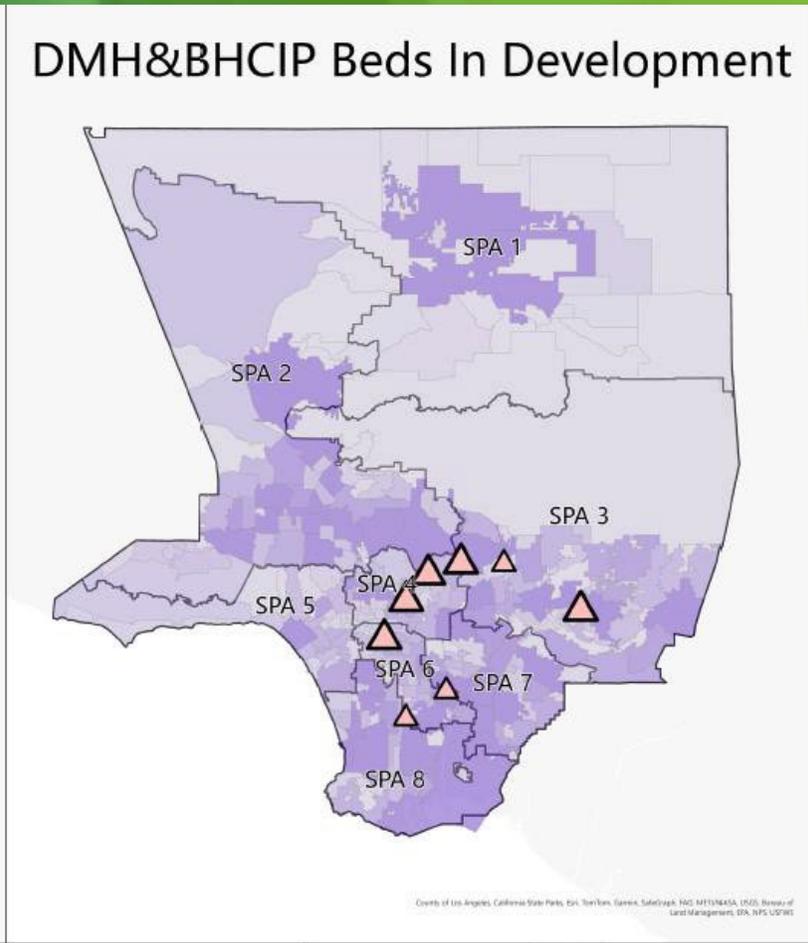
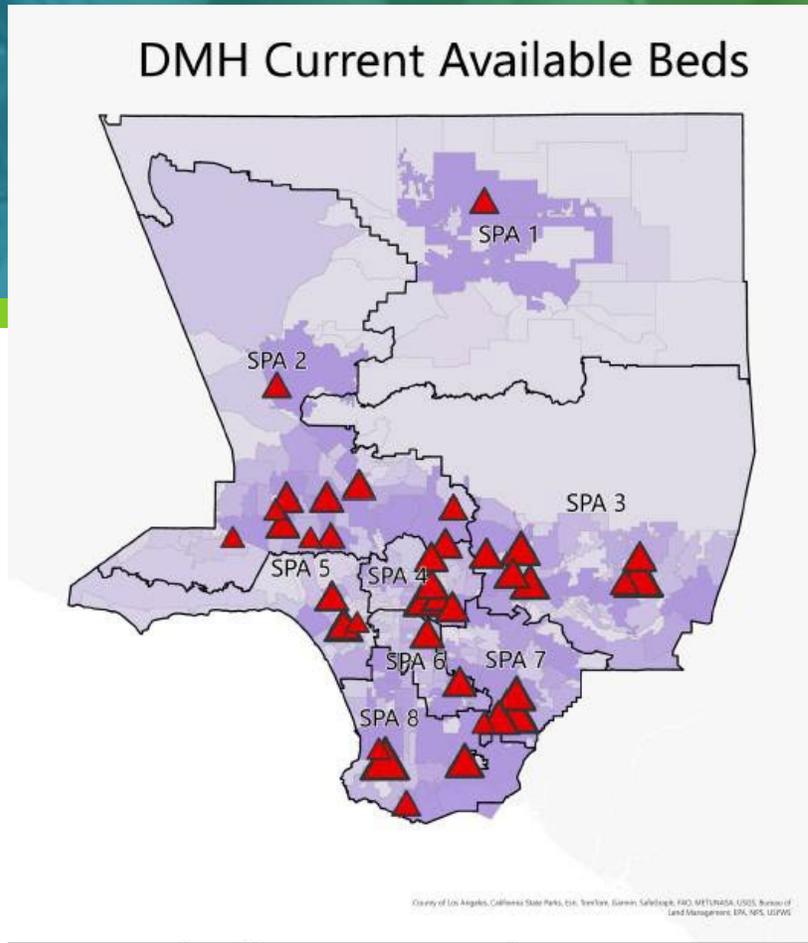
Level of Care

- Acute Inpatient
- Crisis Resolution & Triage
- Crisis/Extended Residential
- Subacute





DMH Acute Inpatient Beds Available + In Development



Legend

DMH Available Beds	Population 2020
▲ 2 - 16 (6)	466,704
▲ 17 - 32 (6)	0
▲ 33 - 75 (18)	
▲ 76 - 125 (6)	
▲ 126 - 192 (4)	

Acute Level Of Care Map

Date Exported: 08/19/2024
Created By: otambazidis@dmh.lacounty.gov

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

Legend

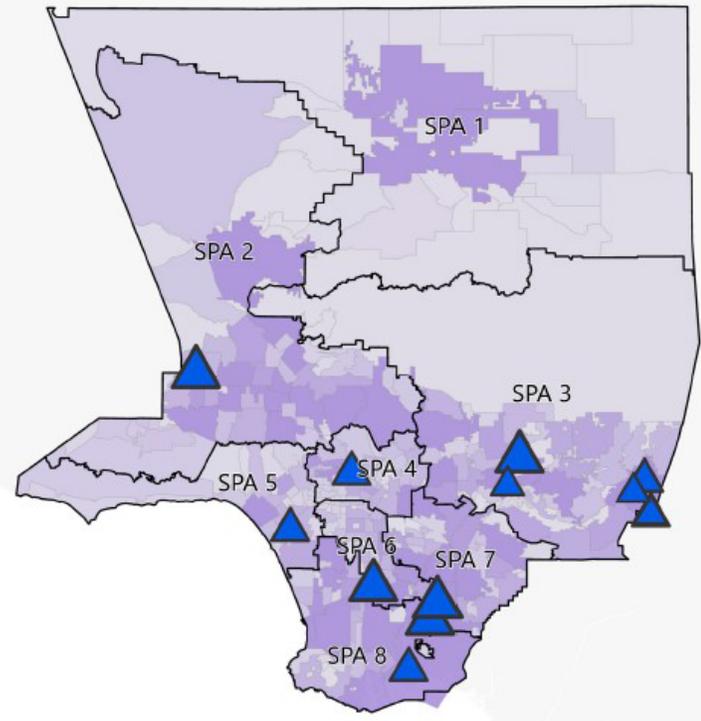
Beds In Development	Population 2020
▲ 6 - 16 (3)	466,704
▲ 17 - 32 (0)	0
▲ 33 - 75 (5)	
▲ 76 - 125 (0)	
▲ 126 - 128 (0)	

In development providers are based on bed projects that are in process. Some projects may change or may not come to fruition so this map may be revised.
Author: otambazidis@dmh.lacounty.gov; printed: 8/5/24; Data date: July 2024



DMH Subacute Beds Available + In Development

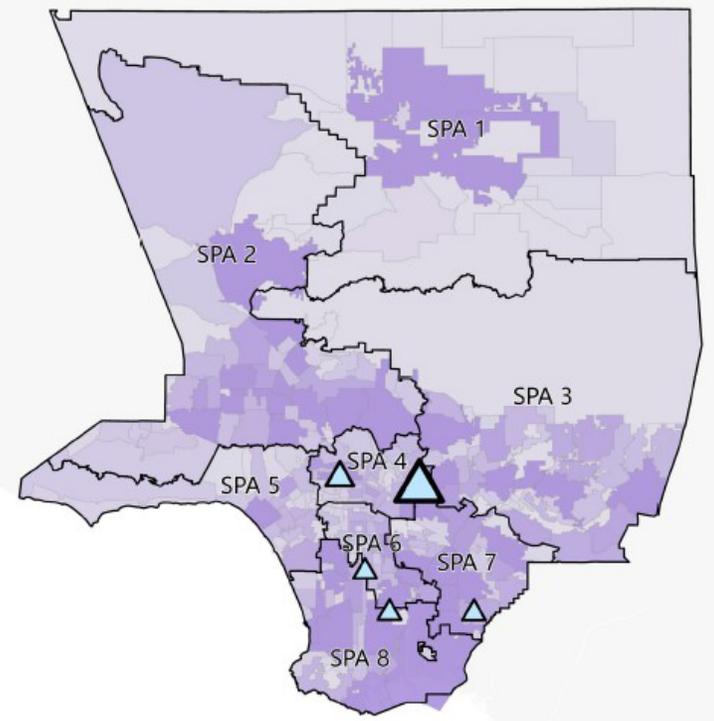
DMH Current Available Beds



Legend

DMH Available Beds	Population 2020
▲ 2 - 16 (0)	466,704
▲ 17 - 32 (0)	0
▲ 33 - 75 (3)	
▲ 76 - 125 (5)	
▲ 126 - 192 (5)	

DMH&BHCIP Beds In Development



Legend

Beds In Development	Population 2020
▲ 6 - 16 (3)	466,704
▲ 17 - 32 (1)	0
▲ 33 - 75 (0)	
▲ 76 - 125 (0)	
▲ 126 - 128 (1)	

Subacute Level Of Care Map

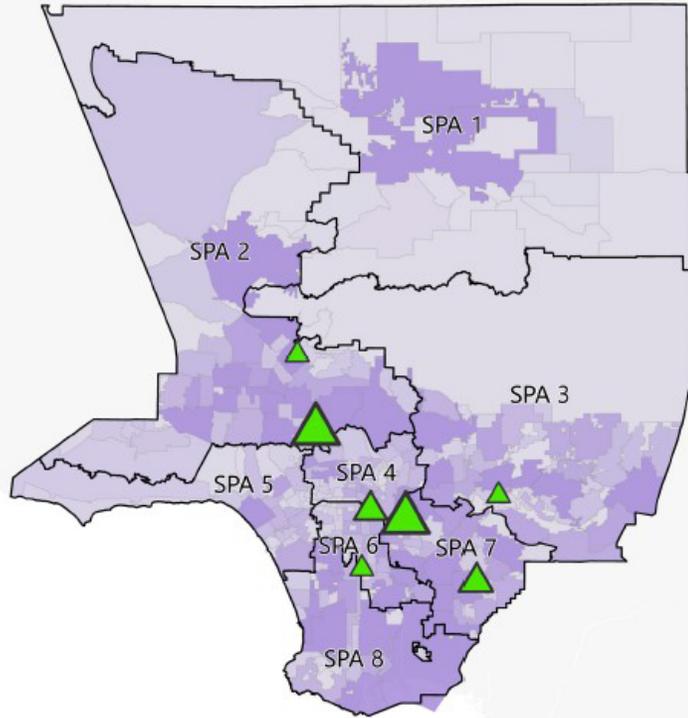
Date Created: 08/19/2024
Created By: otambazidis@dmh.lacounty.gov





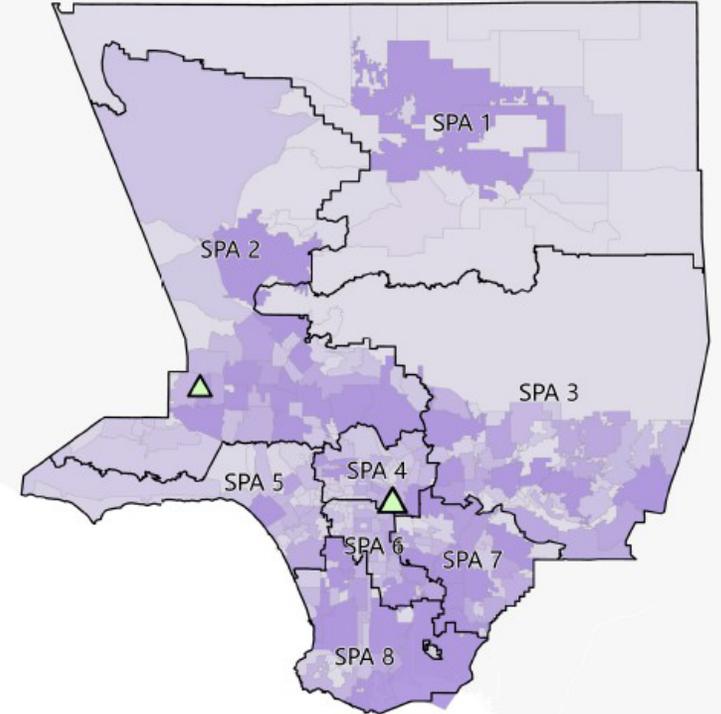
DMH ERS Beds Available + In Development

DMH Current Available Beds



County of Los Angeles, California State Parks, Civil, TomTom, Garmin, SafeGraph, FMO, MET/NASA, USGS, Bureau of Land Management, EPA, NPS, USFWS

DMH&BHCIP Beds In Development



County of Los Angeles, California State Parks, Civil, TomTom, Garmin, SafeGraph, FMO, MET/NASA, USGS, Bureau of Land Management, EPA, NPS, USFWS

Legend

DMH Available Beds	Population 2020
▲ 2 - 16 (3)	466,704
▲ 17 - 32 (0)	0
▲ 33 - 75 (2)	
▲ 76 - 125 (0)	
▲ 126 - 192 (2)	

Enriched Residential Services Level Of Care Map

Date Created: 08/19/2024
Created By: otambazidis@dmh.lacounty.gov



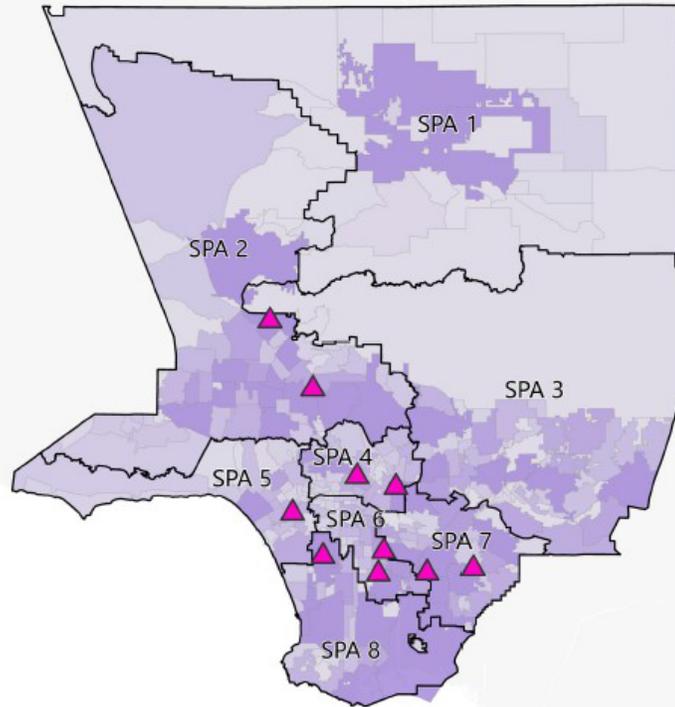
Legend

Beds In Development	Population 2020
▲ 6 - 16 (1)	466,704
▲ 17 - 32 (1)	0
▲ 33 - 75 (0)	
▲ 76 - 125 (0)	
▲ 126 - 128 (0)	

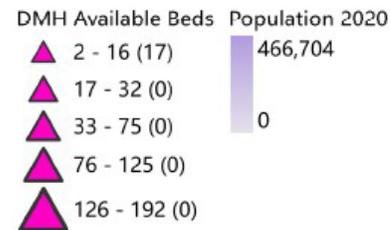


DMH CRTP Beds Available + In Development

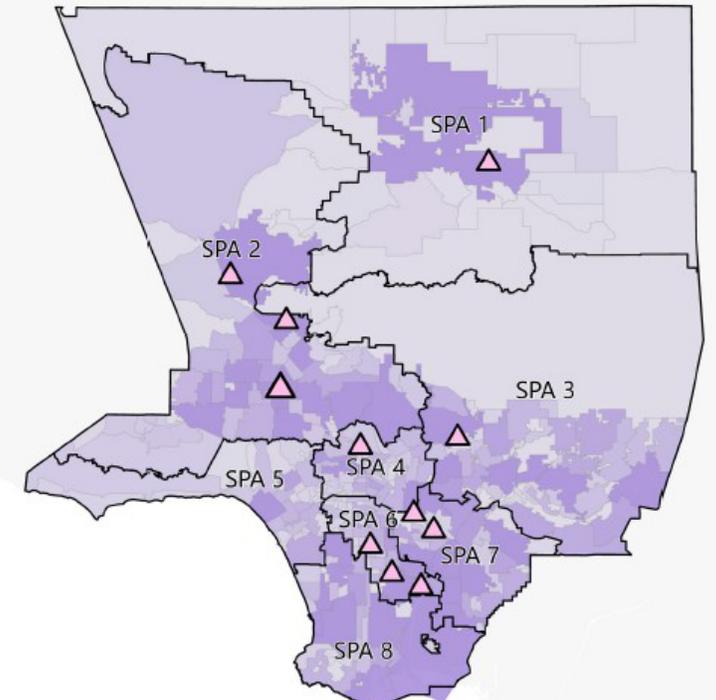
DMH Current Available Beds



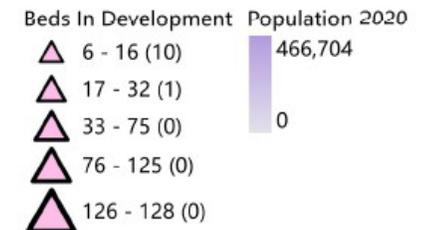
Legend



DMH&BHCIP Beds In Development



Legend



Crisis Residential Treatment Program Level Of Care Map

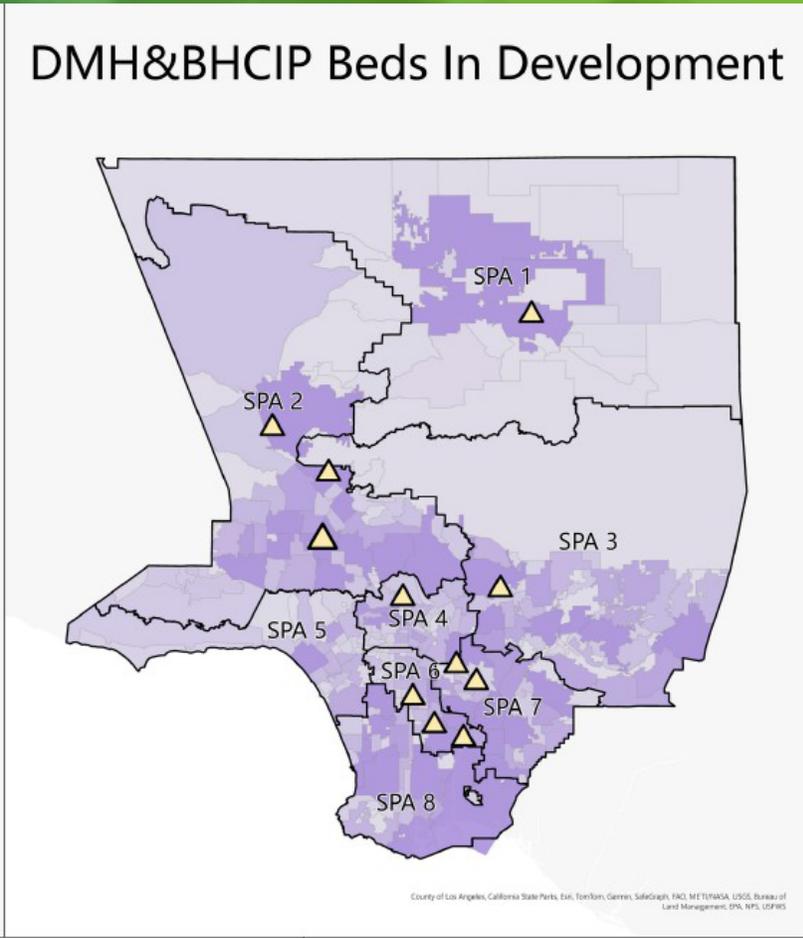
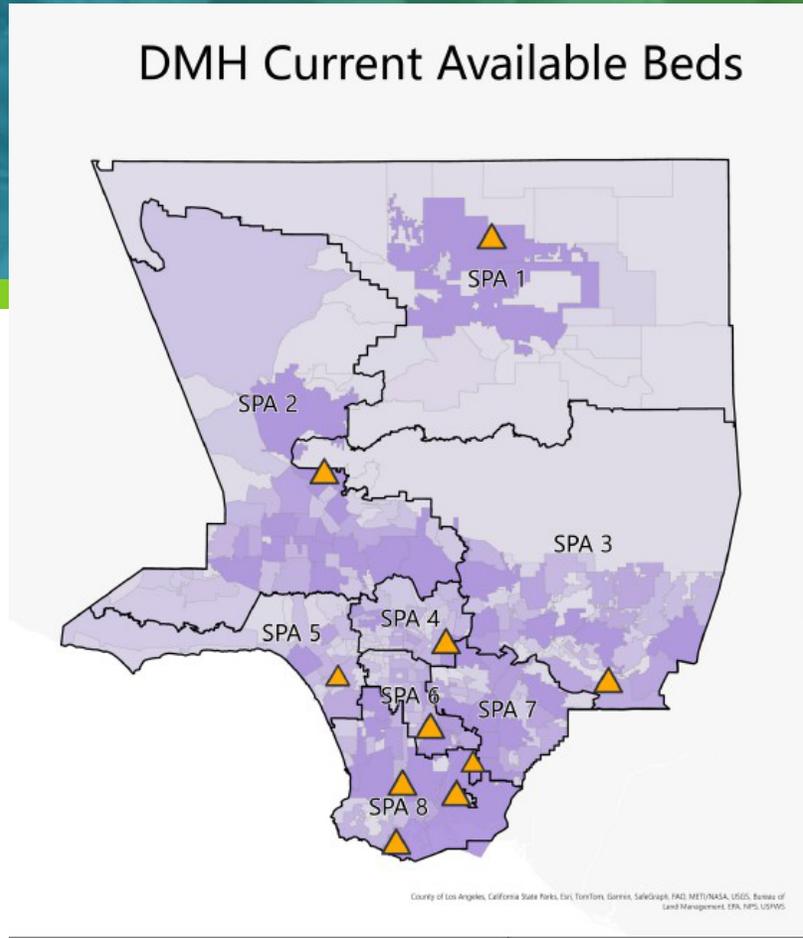
Date Created: 08/19/2024

Created By: otambazidis@dmh.lacounty.gov



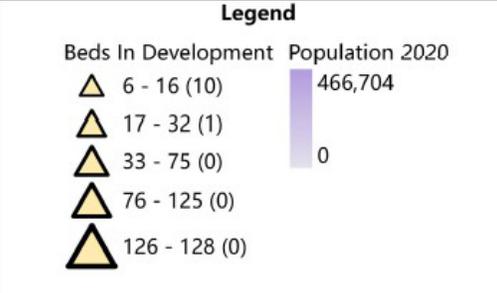


DMH UCC Chairs Available + In Development



Crisis Resolution & Triage Level Of Care Map

Date Created: 08/19/2024
Created By: otambazidis@dmh.lacounty.gov



In development providers are based on bed projects that are in process. Some projects may change or may not come to fruition so this map may be revised.

Author: otambazidis@dmh.lacounty.gov; printed: 8/5/24; Data date: July 2024

Appendix: Locations and Projected Needs of DPH-SAPC Beds & Services

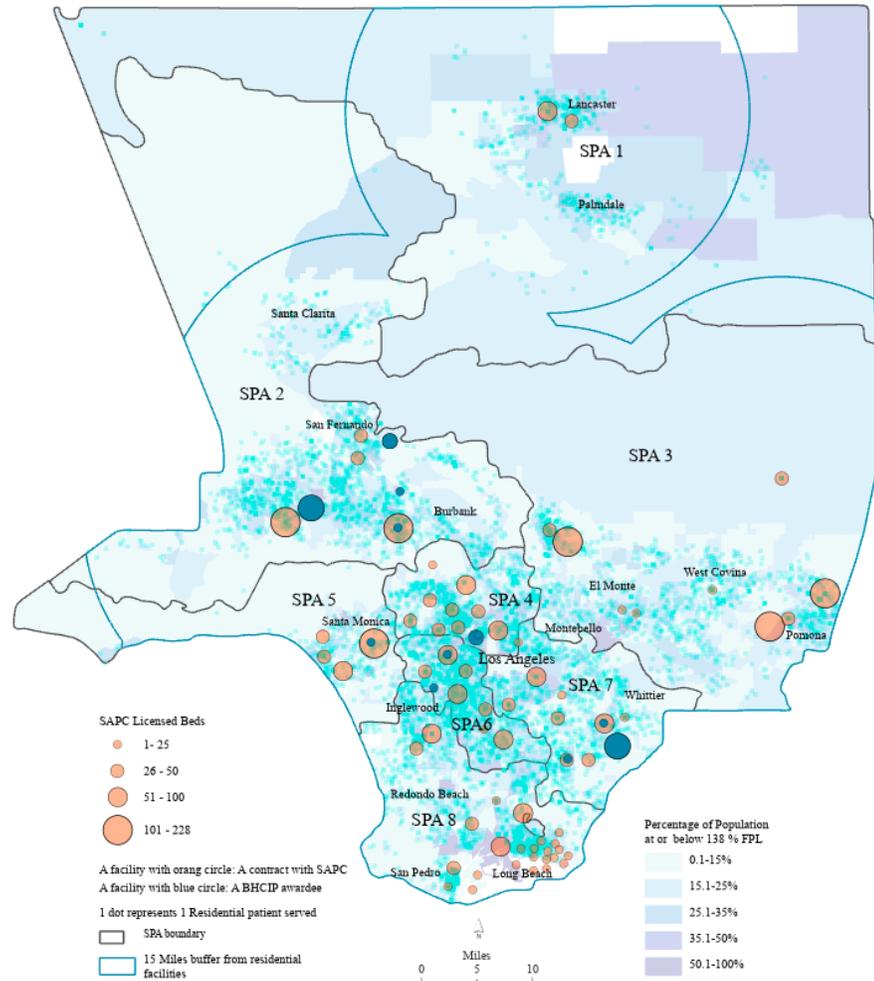
►► FY24-25 Projected Residential SUD Utilization and Needs Assessment

(assuming 15% vacancy rates of available days/year and 80% access to contracted bed capacity)

	LAC Overall (12+)	Youth (12-17)	Adult 18+	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	Out of County
# of Beds Needed	2,311	13	2,298	123	385	367	303	93	327	272	418	24
Total SAPC-funded Beds	2,635	13	2,622	206	253	488	344	197	372	286	421	68
Total SAPC-funded beds available for SAPC clients	2,108	13	2,095	165	202	390	275	158	298	229	337	54
Additional Beds Needed	203	0	203	(42)	183	(23)	28	(65)	29	43	81	(30)
Additional Licensed Beds Available ¹⁰	787	17	770	2	74	146	143	72	43	41	74	N/A

Residential SUD – Max Capacity, Clients Served, & Projected Needs

(assuming 15% vacancy rates of available days/year and 80% access to contracted bed capacity)

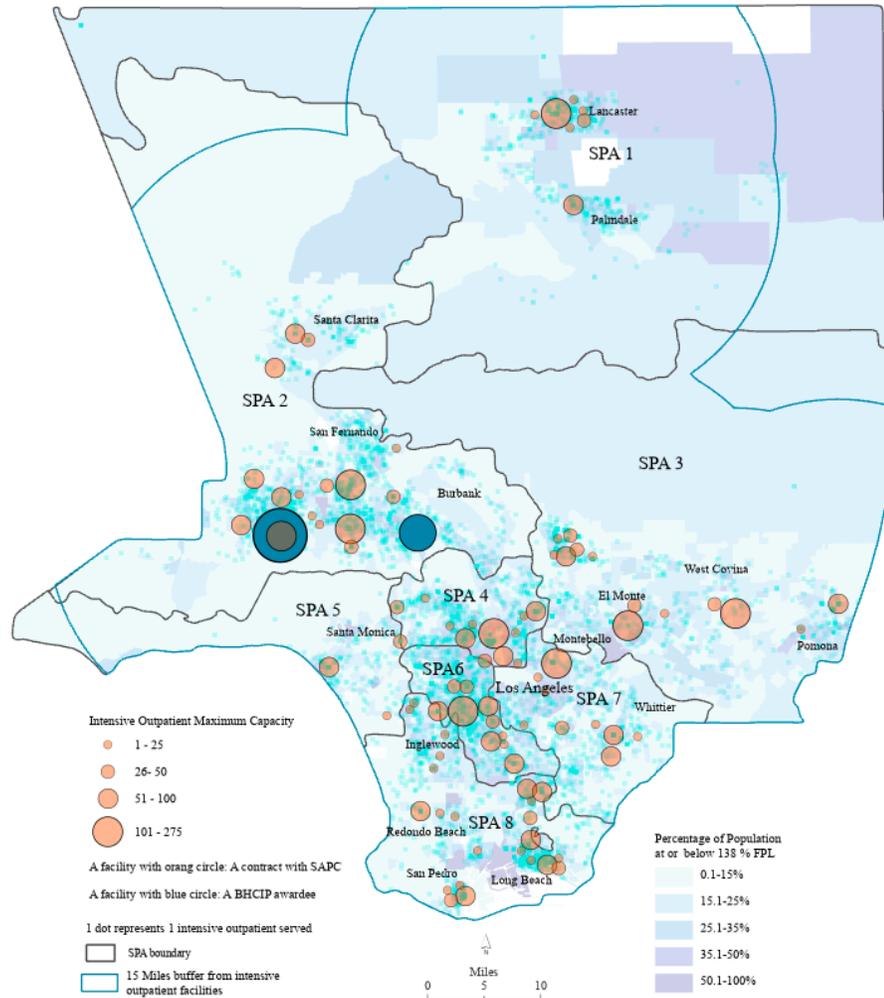


Projected Residential SUD Needs

- SPA 2: 184 beds
- SPA 4: 29 beds
- SPA 6: 30 beds
- SPA 7: 46 beds
- SPA 8: 87 beds
 - Particular needs:
 - Residential Withdrawal Management
 - Residential settings with Incidental Medical Services (IMS) approvals that offer MAT directly
 - Residential SUD settings with co-occurring capabilities

▶▶ Intensive Outpatient (IOP) SUD – Max Capacity, Clients Served, & Projected Needs

(assuming 15% vacancy rate of available days/year)



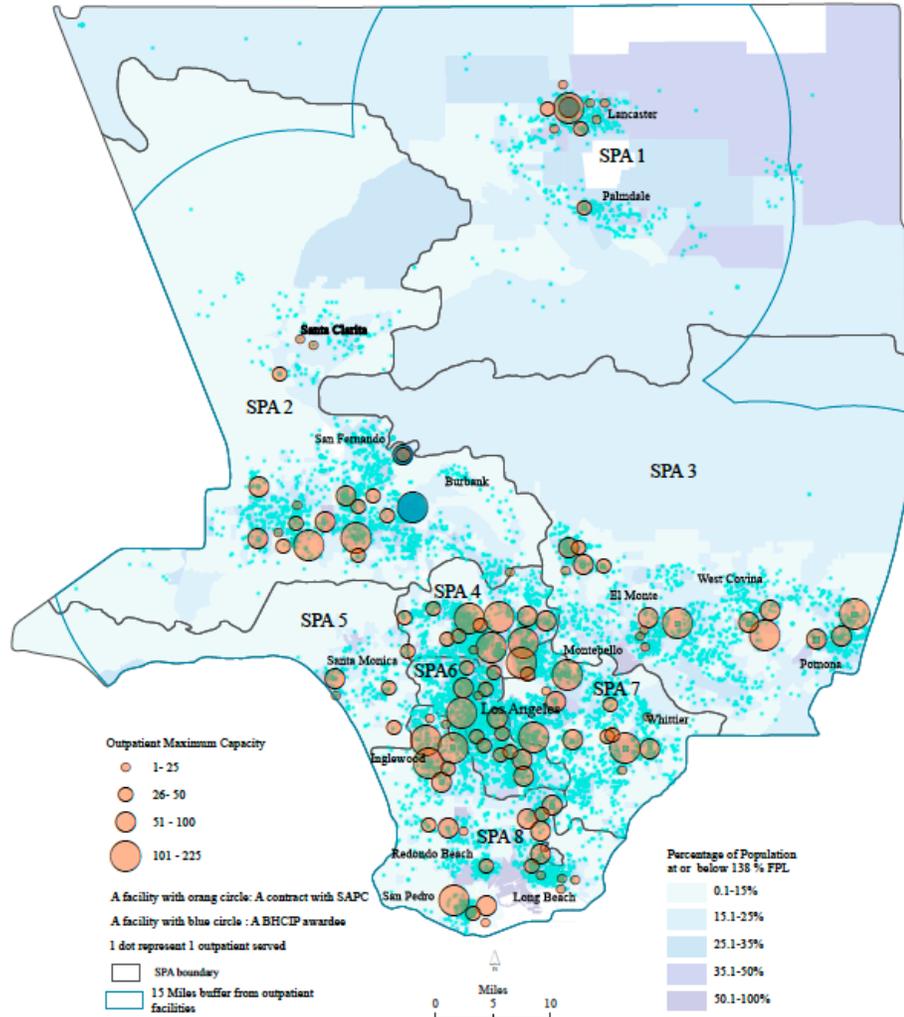
Projected IOP Needs

- **SPA 5: 26 slots**
 - Overall, LA County IOP capacity is projected to be sufficient, but additional slots in SPA 5 are recommended given utilization patterns
- **Particular needs:**
 - IOP settings with co-occurring capabilities and that offer MAT directly



Outpatient (OP) SUD – Max Capacity, Clients Served, & Projected Needs

(assuming 15% vacancy rate of available days/year)

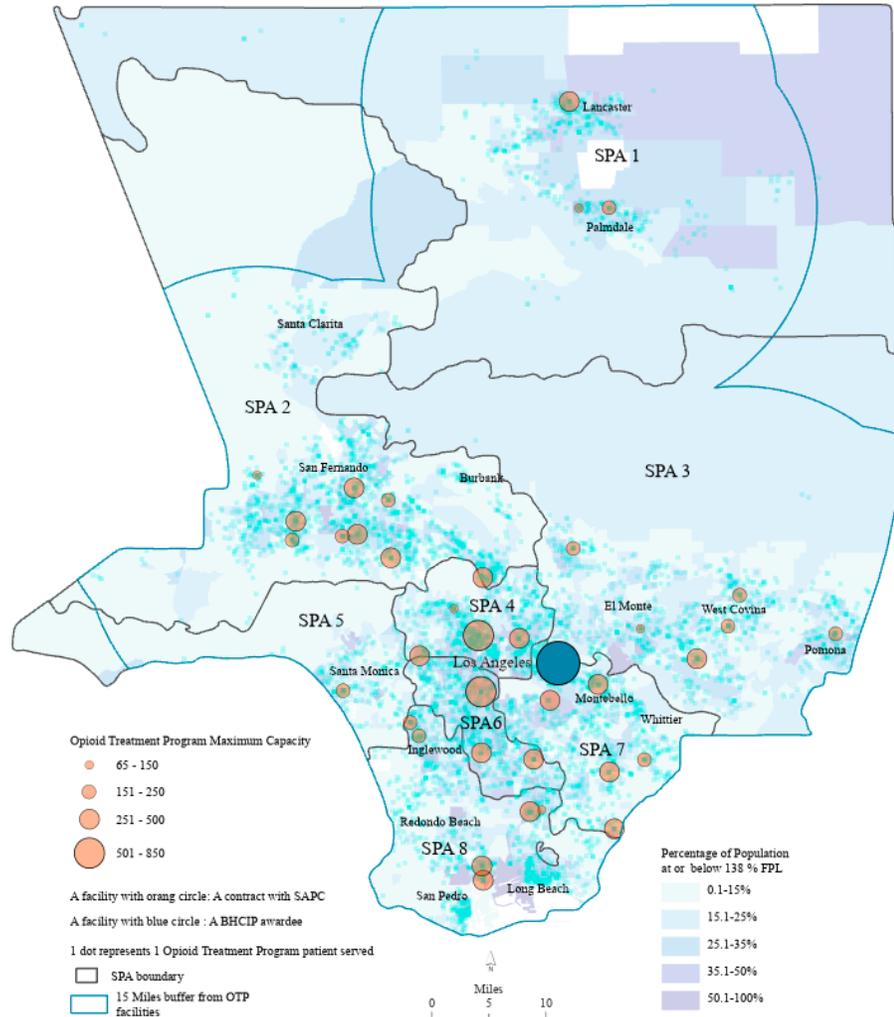


Projected OP Needs

- **SPA 6:** 40 slots
 - Overall, LA County OP capacity is projected to be sufficient, but additional slots in SPA 6 are recommended given utilization patterns
 - Particular needs:
 - OP Withdrawal Management
 - OP settings with co-occurring capabilities and that offer MAT directly

▶▶ Opioid Treatment Program (OTP) – Max Capacity, Clients Served, & Projected Needs

(assuming 15% vacancy rates of available days/year and 4 clients served per slot/day)



Projected OTP Needs

- Overall, LA County OTP capacity is projected to be sufficient.
 - However, OTPs that meaningfully offer buprenorphine are a value-add.

▶▶ Recovery-Oriented Housing – Projected Needs

Behavioral Health Bridge Housing and opioid settlement funds are supporting the expansion of Recovery Bridge Housing (RBH) and Recovery Housing beds.

- **RBH – 200 beds added in FY23-24, with another 200 anticipated to be added in FY 24-25**
- **Recovery Housing – 150 beds to be added by FY 24-25**

Projected RBH Needs

- SPA 1: 18 beds
- SPA 2: 30 beds
- SPA 4: 74 beds
- SPA 5: 16 beds
- SPA 6: 62 beds

Recovery Housing Needs

- TBD (new option)