HARM REDUCTION AND TREATMENT INTEGRATION MEETING

Reaching the 95%

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

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County of Los Angeles, Dept of Public Health

October 22, 2025

About SAPC

- The Department of Public Health's Bureau of Substance Abuse Prevention and Control (DPH-SAPC) oversees the most diverse and comprehensive continuum of SUD services in California.

SUBSTANCE ABUSE SERVICE HELPLINE
24/7 1.844.804.7500

CENS
Client Engagement and Navigation Services

CORECenter
Connecting to Opportunities for Recovery and Engagement

- SAPC is committed to innovative, equitable, and quality-focused substance use **prevention**, **harm reduction**, **treatment**, and **recovery services**.

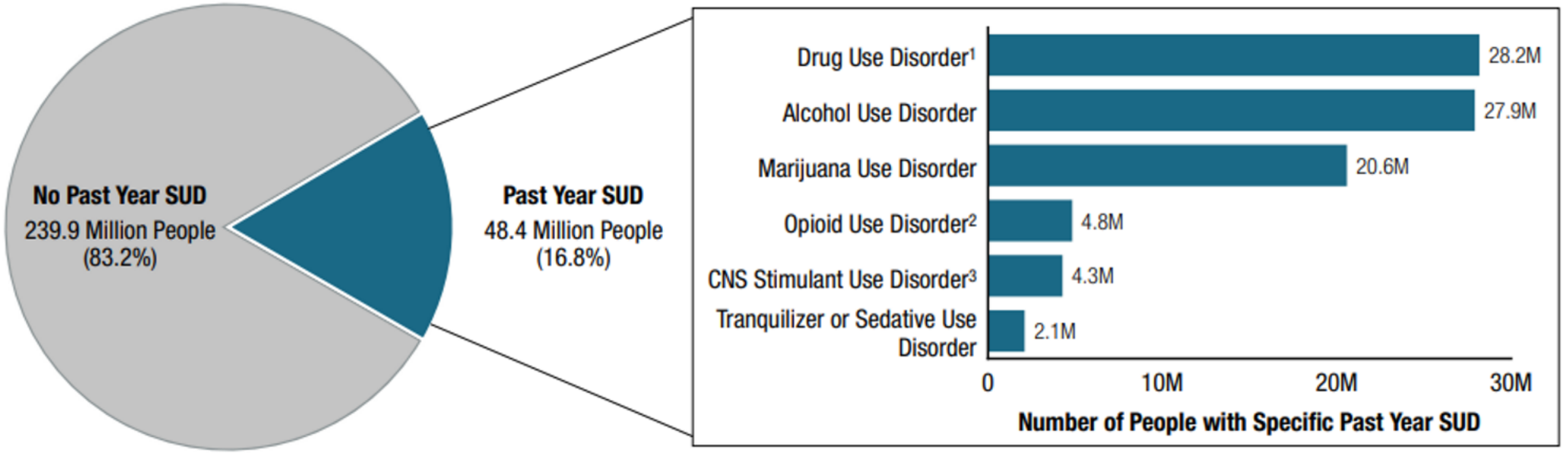
DPH-SAPC Contracted Provider Network*

Prevention	Treatment	Harm Reduction	Recovery Bridge Housing
29 provider agencies	**86** provider agencies	**12** provider agencies	**26** provider agencies
133 site locations	**394** site locations	**17** site locations	**143** site locations
69,552 served	**33,800** served	**35,000** served	**4,123** served

*For persons served, all numbers are annual

SAPC Website: ph.lacounty.gov/sapc/ | SAPC Strategic Plan - 2023-2028: ph.lacounty.gov/sapc/docs/providers/SAPC-Strategic-Plan-2023-2028.pdf

Figure 35. Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older; 2024



CNS = central nervous system.

Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

[1] Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives). See footnote 2 for more information about opioid use disorder.

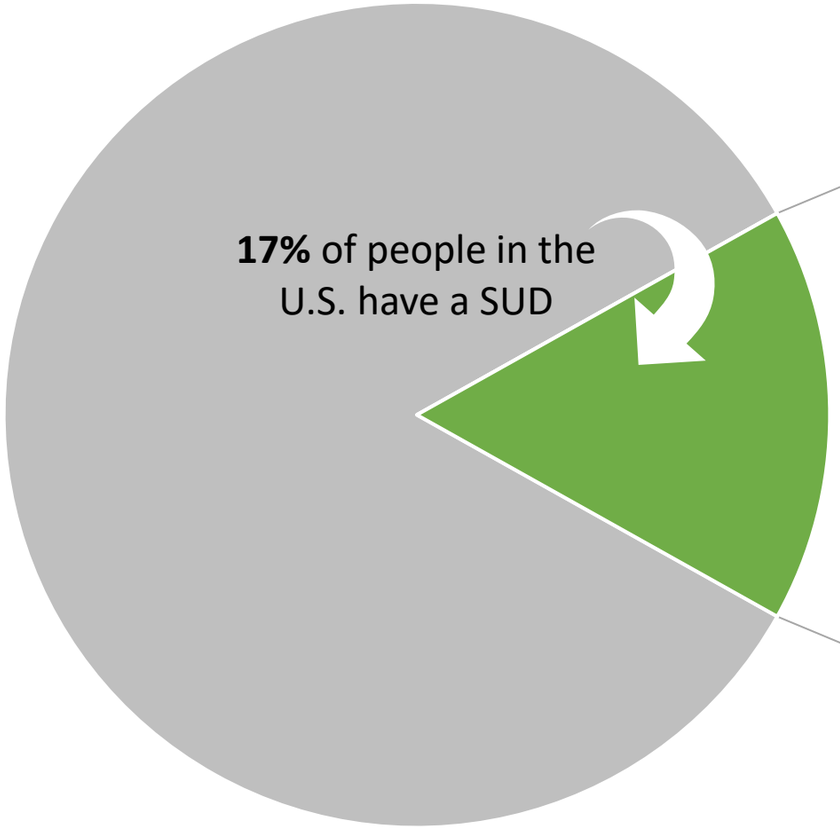
[2] Includes data from all past year users of heroin or prescription opioids. Respondents were not included if they used only nonopioid pain relievers and did not use heroin in the past year.

[3] Includes data from all past year users of cocaine, methamphetamine, or prescription stimulants.

Substance Abuse and Mental Health Services Administration. (2025). *2024 National Survey on Drug Use and Health*. U.S. Department of Health and Human Services. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2024

Very few people with SUD seek treatment

In the SUD treatment field, we offer something few people receive, and even fewer people want, yet we often **establish criteria to access services** as if it's a hot commodity.



Of all people age 12+ with SUD…

15% 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***

85% did not receive **any SUD treatment**

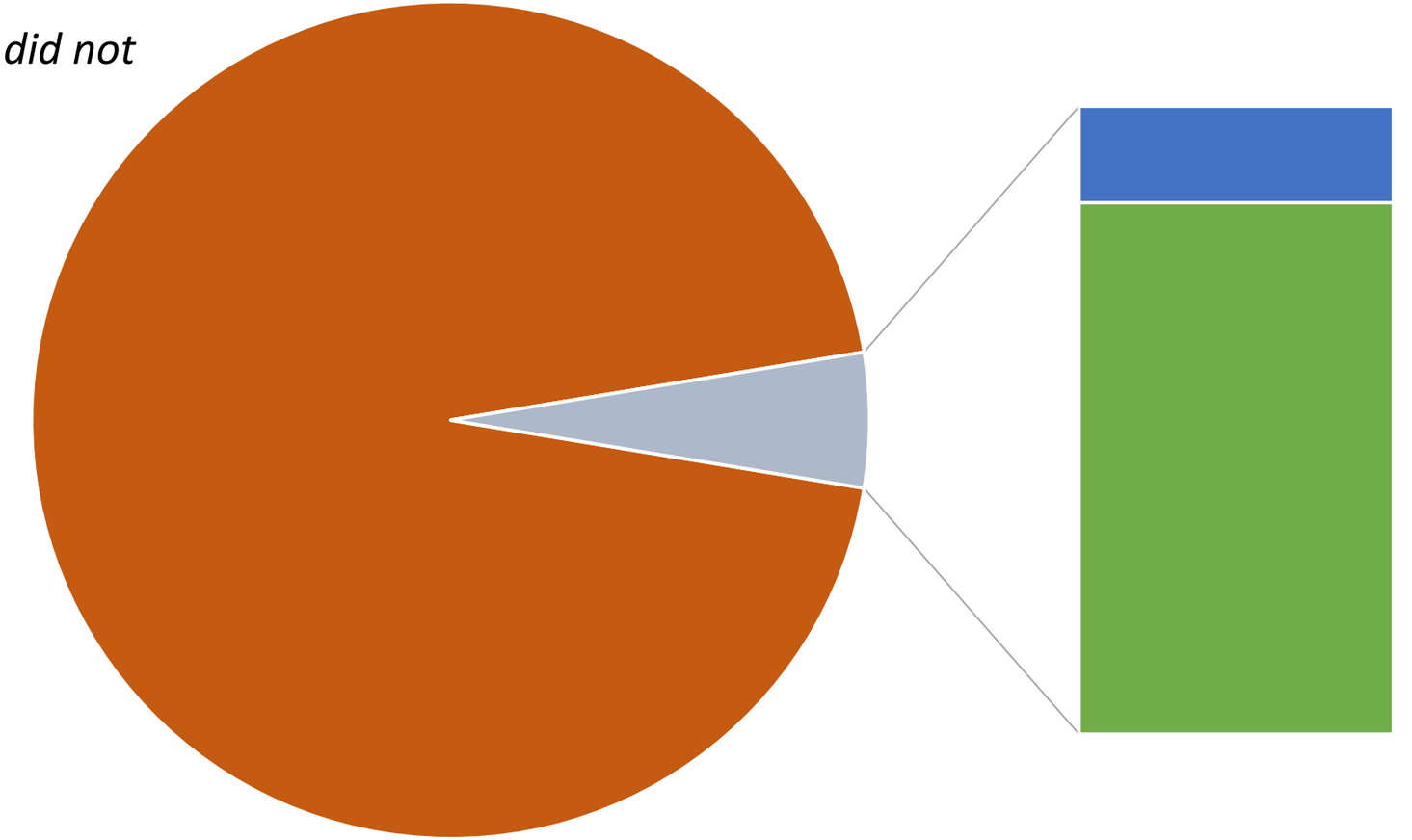
Substance Abuse and Mental Health Services Administration. *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables*: Table A.31AB, Table 5.10B, Table 5.17B, Table 5.17B

Improve Access → Reach Out To Those We've Missed

The SUD treatment system needs to change its public image to encourage 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

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. http://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases

Legislative update

AB 1037: The Substance Use Disorder Care Modernization Act

- Expands settings for risk reduction education
- Removes requirement to be abstinent for 24 hours prior to re/admission
- Streamlines SUD residential facility licensing and certification to provide MAT/Addiction Medication
- Recognizes Naloxone as an FDA-approved medication to be available over the counter

AB 309: Hypodermic needles and syringes

- Removes January 1, 2026, sunset of physician and pharmacist ability to provide safe hypodermic needles and syringes to prevent disease spread

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

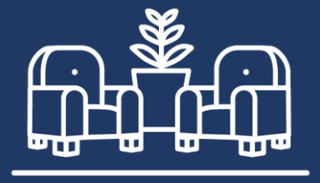
Harm Reduction Services

Harm Reduction Supplies Access

Syringe Exchange & Disposal

Naloxone and Test Strips

Medications for Addition Treatment



Drop-In Centers

Linkage to Ho using Services

Pharmacy Access

Referrals for Needed Services

<u>GOAL</u>: Meeting people where they are, both figuratively and literally

While brick and mortar locations are needed, mobile services that go out to people who are unlikely to go to brick and mortar locations are also needed

Stages of Change

Precontemplation → **Contemplation** → **Preparation** → **Action** → **Recovery Maintenance**

Harm reduction programs

- Initial engagement
- Harm reduction supplies
- Skills development to reduce risks
- Linkage to health care and social services
- Outreach: street teams
- Low-threshold medications for addiction treatment

Recovery is Possible!

- Of those in the U.S. with a history of substance use disorder, 75% are in recovery

Harm Reduction is Essential

- Harm reduction is practiced all across health care settings and services
- In the context of the worst overdose crisis in history, harm reduction reduces mortality risks, increases treatment access and access to other health and social services, and supports recovery

Treatment programs

- Biopsychosocial treatment for substance use (including medication services, individual and group therapy)
- Linkage to other medical and social services
- Crisis care

Aligning Services with Readiness is Essential

- Addiction is chronic and recurrent, and not all people are at the same stage of readiness to change.
- Only focusing on individuals in some stages of change as opposed to ALL stages of change limits service reach and impact → We need the widest service net possible

Slide Credit: Adapted from Agència de Salut Pública de Barcelona

Harm Reduction Approach is Patient Centered

Assessment

- What does the patient want? Why now?
- Does the patient have immediate needs?
- Multidimensional assessment aligned with patient readiness?

Service Planning

- Identify most important to determine treatment priorities
- Patient invited to choose tangible goals for each priority
- What specific services are needed?

Level of Care Placement

- What "dose" or intensity of these services is needed?
- Where can these services be provided, in the least intensive and most appropriate LOC?
- What is the progress of the plan and the patient's desired outcomes?

Better Blending Treatment & Harm Reduction

We know recovery is a continuum, but the separation and programmatic divide between treatment and harm reduction services is often wide and needs to be addressed to better match the continuum of SUD services with client experience.

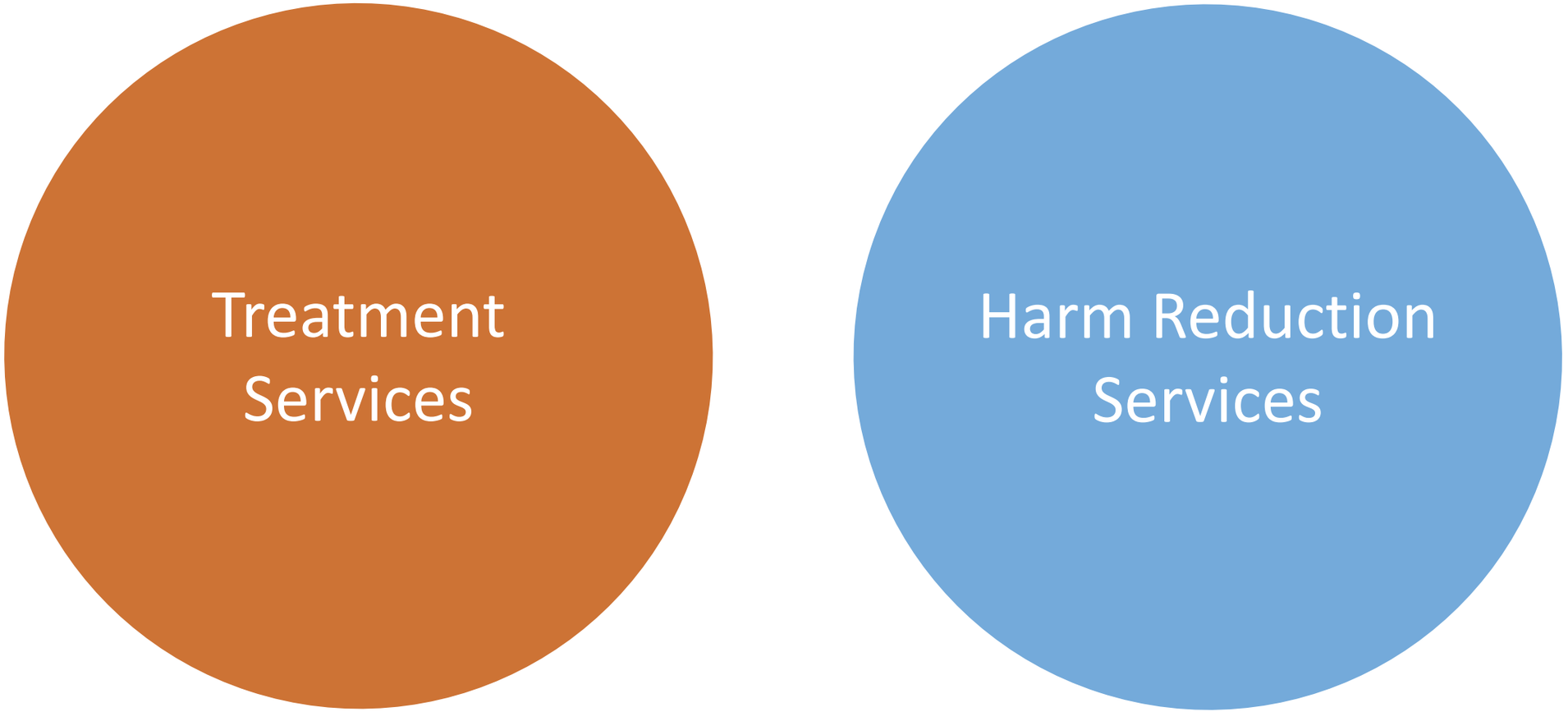
Better integrating treatment and harm reduction services within agencies is both a cultural and operational issue, with the cultural issue being the more challenging to address.

- Achieving this goal will require addressing this from both angles and will require agency-level interventions on top of what SAPC focuses on given that agencies have different cultures and agency leadership know their culture best.

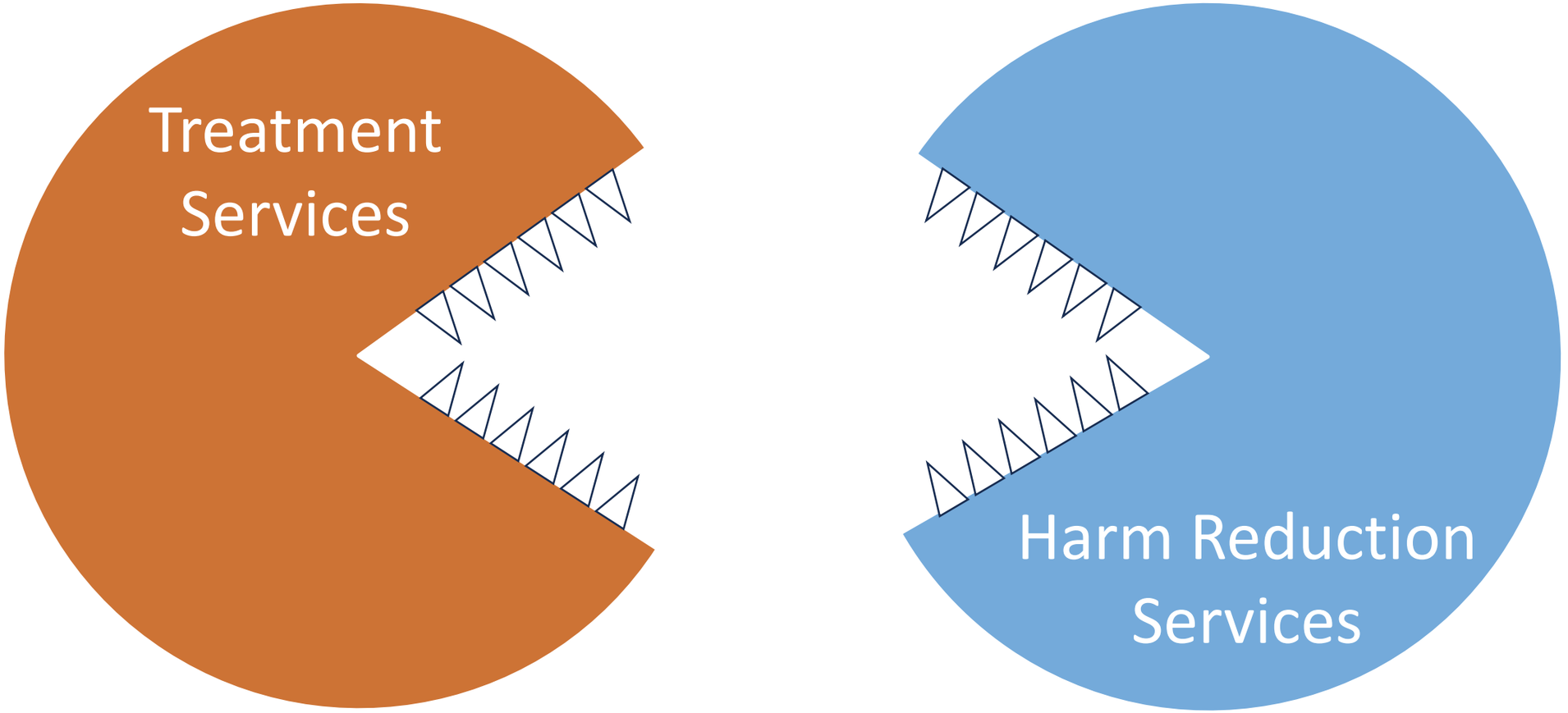
Ingredients for culture change at the agency-level

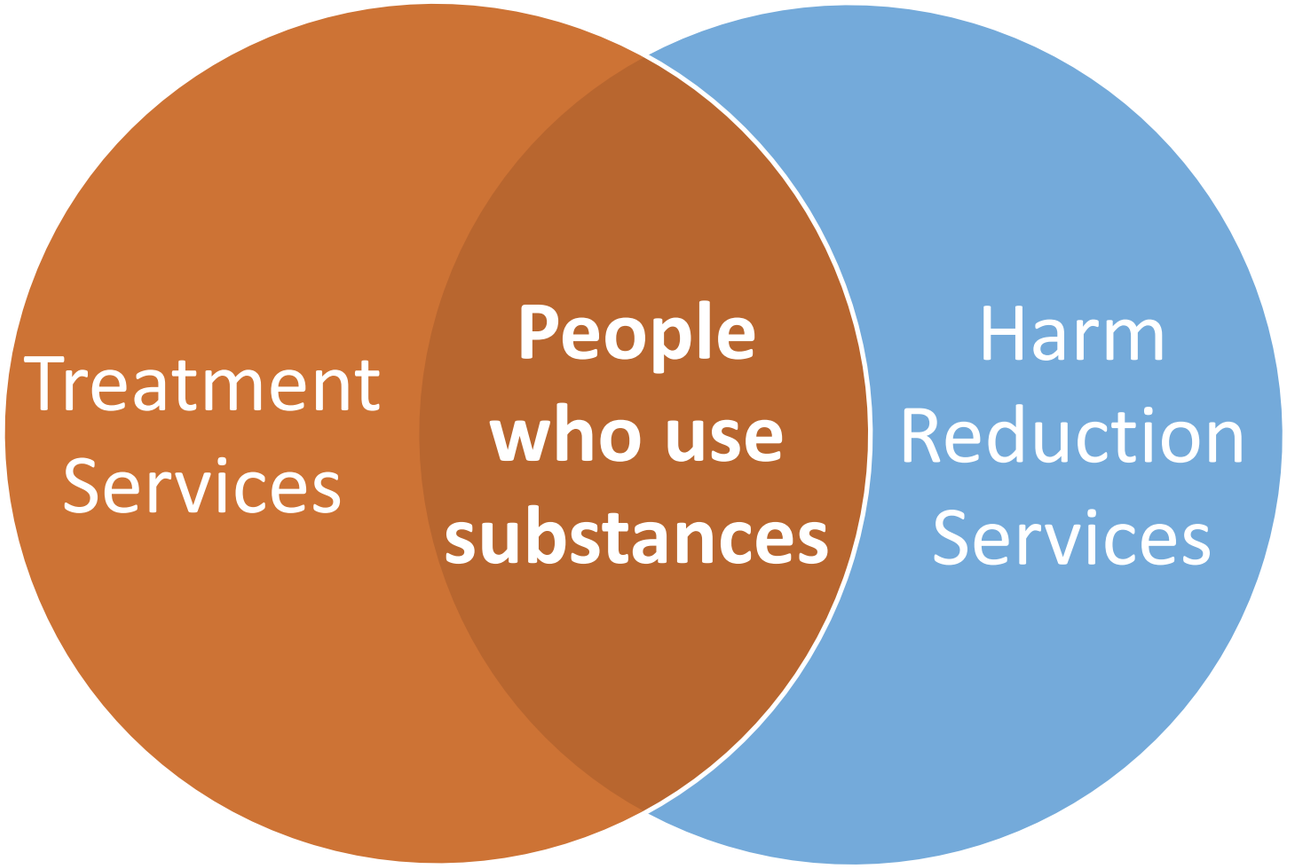
1. Knowing what we're dealing with – Opening the door for discussions to explore staff thoughts/feelings around this topic (e.g., individual/supervision/staff meetings, office hours, etc.) --> **ESSENTIAL FOCUS!**
2. Leadership making the end goal clear – Aligning the agency and staff
3. Evaluating progress – How do we know when treatment and harm reduction service are more integrated?
4. Adjusting approaches as needed – Our evaluations will allow us to modify our interventions to more effectively achieve this integration

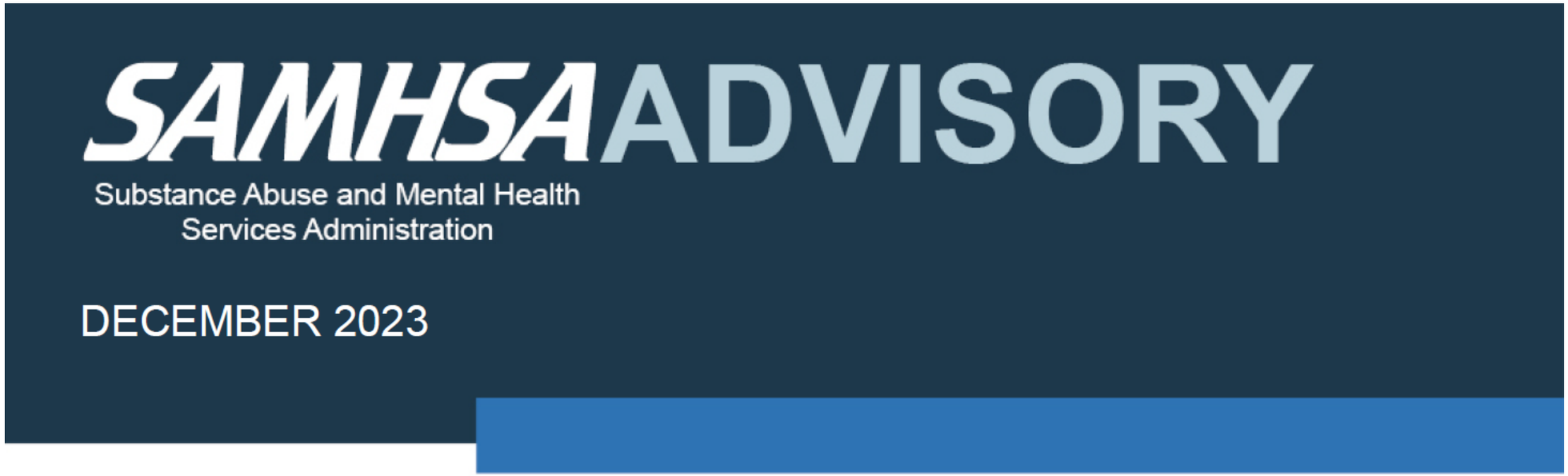
Problematic Conceptualization



Problematic Conceptualization




Treatment Services
People who use substances
Harm Reduction Services



ADVISORY: LOW BARRIER MODELS OF CARE FOR SUBSTANCE USE DISORDERS

Principles and Components of Low Barrier Models of Care

http://web.archive.org/web/20250125082906/https://www.samhsa.gov/resource/spark/low-barrier-models-care-substance-use-disorders

http://web.archive.org/web/20250124042408/https://library.samhsa.gov/sites/default/files/advisory-low-barrier-models-of-care-pep23-02-00-005.pdf

SAMHSA Principles of Low Barrier Models of Care

- Person-centered care
- Harm reduction and meeting the person where they are
- Flexibility in service provision
- Provision of comprehensive services
- Culturally responsive and inclusive care
- Recognize the impact of trauma

http://web.archive.org/web/20250125082906/https://www.samhsa.gov/resource/spark/low-barrier-models-care-substance-use-disorders
http://web.archive.org/web/20250124042408/https://library.samhsa.gov/sites/default/files/advisory-low-barrier-models-of-care-pep23-02-00-005.pdf

SAMHSA Components of Low Barrier Models of Care

- Available and accessible
- Flexible
- Responsive to patient needs
- Collaborative with community-based organizations
- Engaged in learning and quality improvement

http://web.archive.org/web/20250125082906/https://www.samhsa.gov/resource/spark/low-barrier-models-care-substance-use-disorders
http://web.archive.org/web/20250124042408/https://library.samhsa.gov/sites/default/files/advisory-low-barrier-models-of-care-pep23-02-00-005.pdf

SUD Treatment

Medical Hospital

Primary Care Clinic

Addiction Medication (MAT) Services

Mental Health Clinic

Housing Service

Addiction Treatment

including Addiction Medications

Medical Hospital

offering Addiction Tx

Primary Care Clinic

providing Addiction Tx

Mental Health Clinic

providing Addiction Tx

Housing / Social Service

linking people to Addiction Tx

Barrier Level	Requirements and Approach [35,36,37,38,39,40]	Requirements and Approach (medication only)	Availability [41,42,43,44,45]
High Barrier Care	• Requirements for current or previous engagement with specific services. • Visit frequency based on a rigid, pre-determined schedule. • Treatment discontinuation due to ongoing substance abuse. • Treatment goals imposed. • Abstinence as the primary goal for all clients, all the time.	• Two or more visits before medication. • Clinic initiation required. • Limited medication formulation options. • Uniform maximum dosage. • Induction required to restart medication.	• Treatment only available at specialty SUD programs. • Non-integrated or limited-service offerings. • One or more day wait to initiate treatment, appointment required. • Traditional hours of operation. • Services only available in-person.

Jakubowski, A., Fox, A. (2020). Defining Low-threshold Buprenorphine Treatment. J Addict Med. 2020 Mar/Apr;14(2):95-98. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7075734

Barrier Level	Requirements and Approach [35,36,37,38,39,40]	Requirements and Approach (medication only)	Availability [41,42,43,44,45]
Low Barrier Care	• No service engagement conditions or preconditions. • Visit frequency based on clinical stability. • Ongoing substance use does not automatically result in treatment discontinuation. • Client's individual recovery goals prioritized. • Reduction in substance use and engaging in less risky substance use as acceptable goals.	• Medication at first visit. • Home initiation permitted. • Various medication formulations offered. • Individualized medication dosage. • Rapid re-initiation of medication after short-term disruption.	• Treatment available in non-specialty SUD settings. • Other clinical and non-clinical services incorporated into SUD treatment settings. • Same-day treatment availability, no appointment required. • Extended hours of operation. • Telehealth and in-person services available.

Jakubowski, A., Fox, A. (2020). Defining Low-threshold Buprenorphine Treatment. J Addict Med. 2020 Mar/Apr;14(2):95-98.
Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7075734

Engagement and Retention of Nonabstinent Patients in Substance Use Treatment

Clinical Consideration for Addiction Treatment Providers

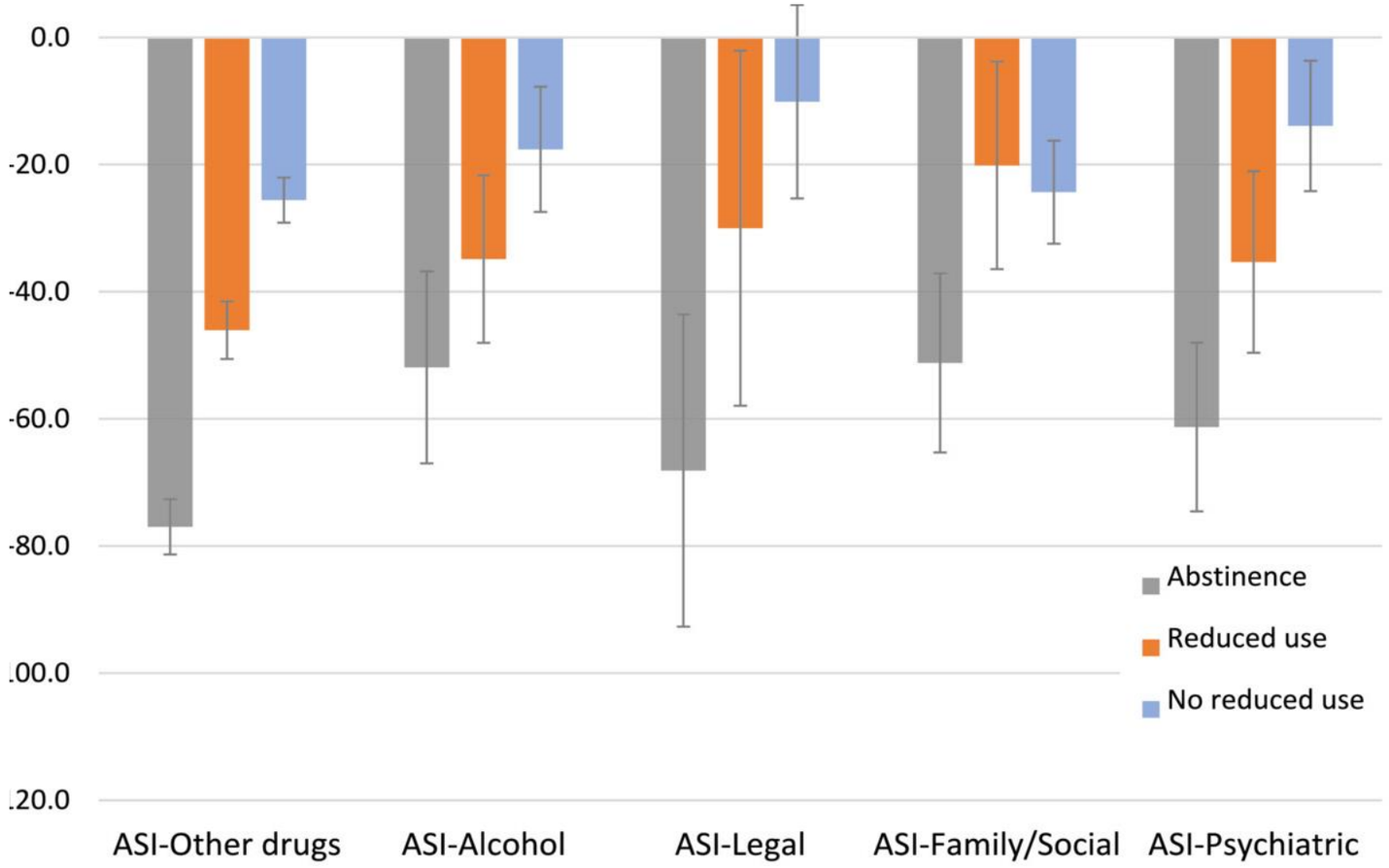
American Society of Addiction Medicine. Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers. October 2024. https://www.asam.org/quality-care/clinical-recommendations/asam-clinicalconsiderations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment

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.

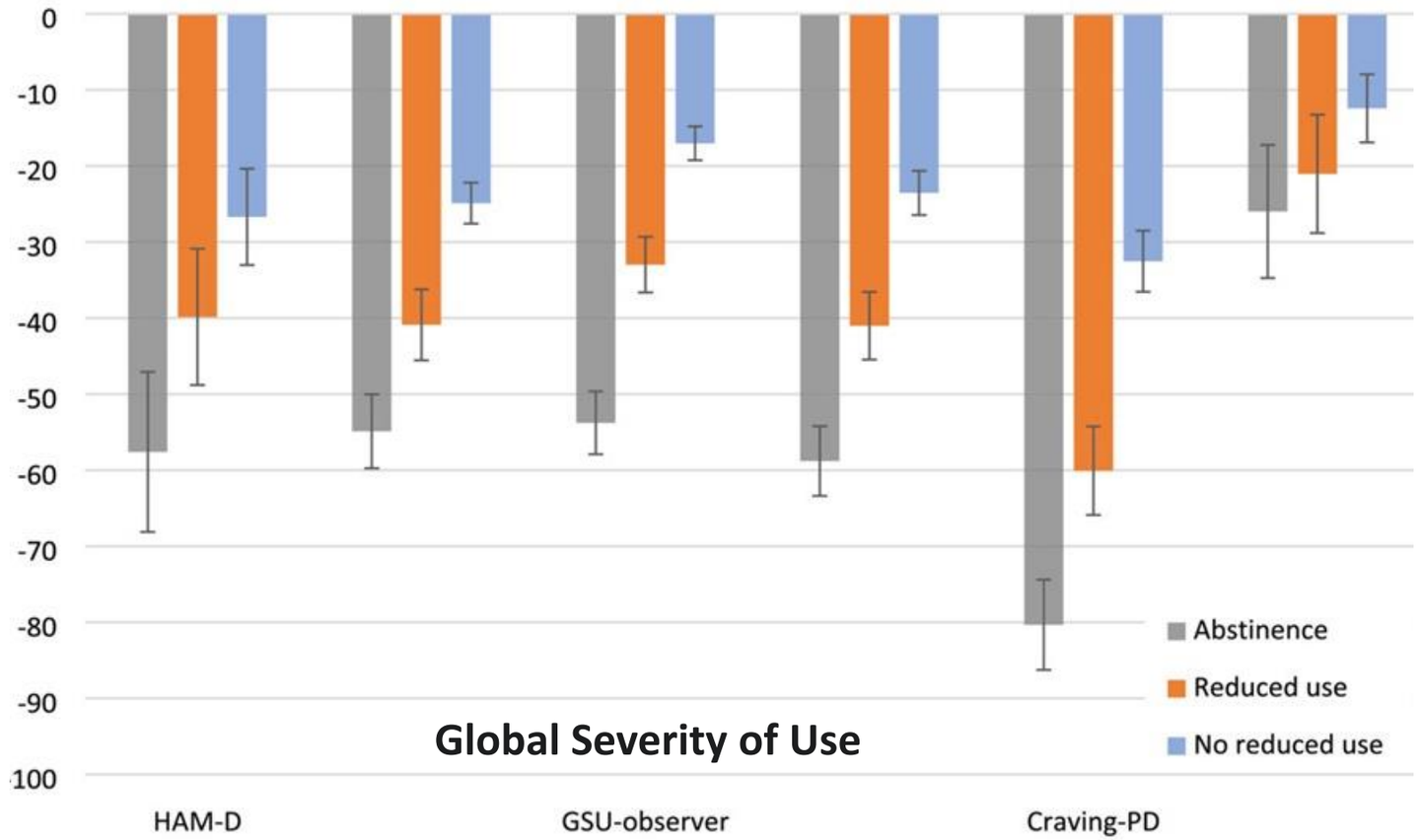
American Society of Addiction Medicine. Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers. October 2024. https://www.asam.org/quality-care/clinical-recommendations/asam-clinicalconsiderations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment

Reduce drug use as an alternative valid outcome in individuals with stimulant use disorders: Findings from 13 multisite randomized clinical trials



Amin-Esmaeili et al. (2024). *Reduced drug use as a valid outcome in stimulant use disorders. Addiction*, 119(5), 833–843. https://pubmed.ncbi.nlm.nih.gov/38197836

Reduce drug use as an alternative valid outcome in individuals with stimulant use disorders: Findings from 13 multisite randomized clinical trials



Amin-Esmaeili et al. (2024). *Reduced drug use as a valid outcome in stimulant use disorders. Addiction*, 119(5), 833–843. https://pubmed.ncbi.nlm.nih.gov/38197836

Panel discussion

Elizabeth Pacheco, Tarzana Treatment Centers

Oscar Arrelano, SSG HOPICS

Melisa Chavez, VelNonArt Transformative Health

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

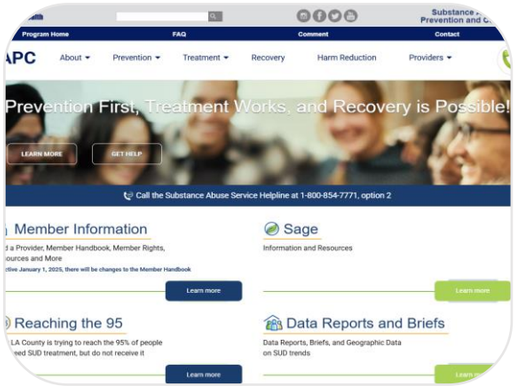
Additional questions?

DON'T FORGET TO SIGN IN

Scan with your phone camera or use a web browser:

tinyurl.com/HarmReductionIntegrationSignIn

Resources



SAPC website

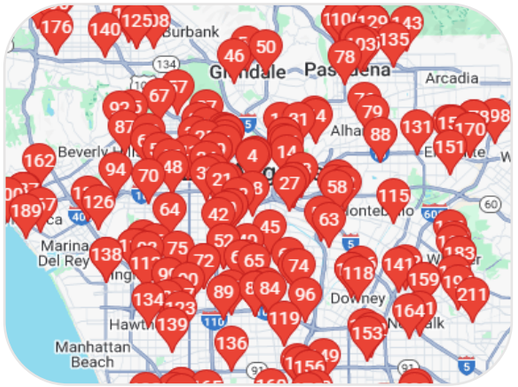
http://publichealth.lacounty.gov/sapc

Substance Abuse Services Helpline

(844) 804-7500

RecoverLA.org

Even better on a mobile device



Service & Bed Availability Tool (SBAT)

http://SUDHelpLA.org

Month	Meeting/Training	Details	R95 Enhancement Activity eligibility	
			Harm reduction	R95
Nov	**Workgroup: Mixed Recovery Goal Communities**	**Topic:** Discussion of opportunities and challenges of separating readiness for treatment from readiness for complete abstinence **Date:** Thursday, November 6, 2:00pm-3:30pm **Location:** Zev Yaroslavksy Family Support Center, Joshua and Sequoia Room Combo, 7555 Van Nuys Blvd, Van Nuys, CA 91405 **Registration:** https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=209	No	Yes
	Virtual office hour 3rd Wednesdays 9:00am-10:00am	**Topic:** 15-minute R95 overview, followed by 15-minute open, provider-led discussion about compliant policies and agreements, clinical considerations, etc. Bring questions and hear from other agencies. **Add series to calendar**	No	No
Dec	**Due December 31, 2025: R95 Value Based Incentive Policy and Agreements**			
	Harm Reduction and Treatment Integration meeting	**Topic:** Training for treatment staff on how to integrate harm reduction approaches to meet client needs throughout the recovery journey **Date:** Thursday, December 11, 10:00am-12:00pm **Location:** East Los Angeles College, G1-301AB, 1301 Avenida Cesar Chavez, Monterey Park, CA (In-Person Only) **Registration:** https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=217	Yes	No
	Virtual office hour 3rd Wednesdays 9:00am-10:00am	**Topic:** 15-minute R95 overview, followed by 15-minute open, provider-led discussion about compliant policies and agreements, clinical considerations, etc. Bring questions and hear from other agencies. **Add series to calendar:** http://publichealth.lacounty.gov/sapc/calendar/meeting/SAPC-R95-Virtual-Office-Hours.ics	No	No

R95 FY 25-26 Calendar

R95 Support for Treatment Agencies

R95 101 Training for Frontline Staff

In-person trainings per agency to address staff questions and concerns about real life application of R95 principles

Request by email or through Booking

R95 Value-Based Incentive TA

Virtual meeting to discuss specific R95 topics and/or Value-Based Incentive deliverables

Request by email or through Booking

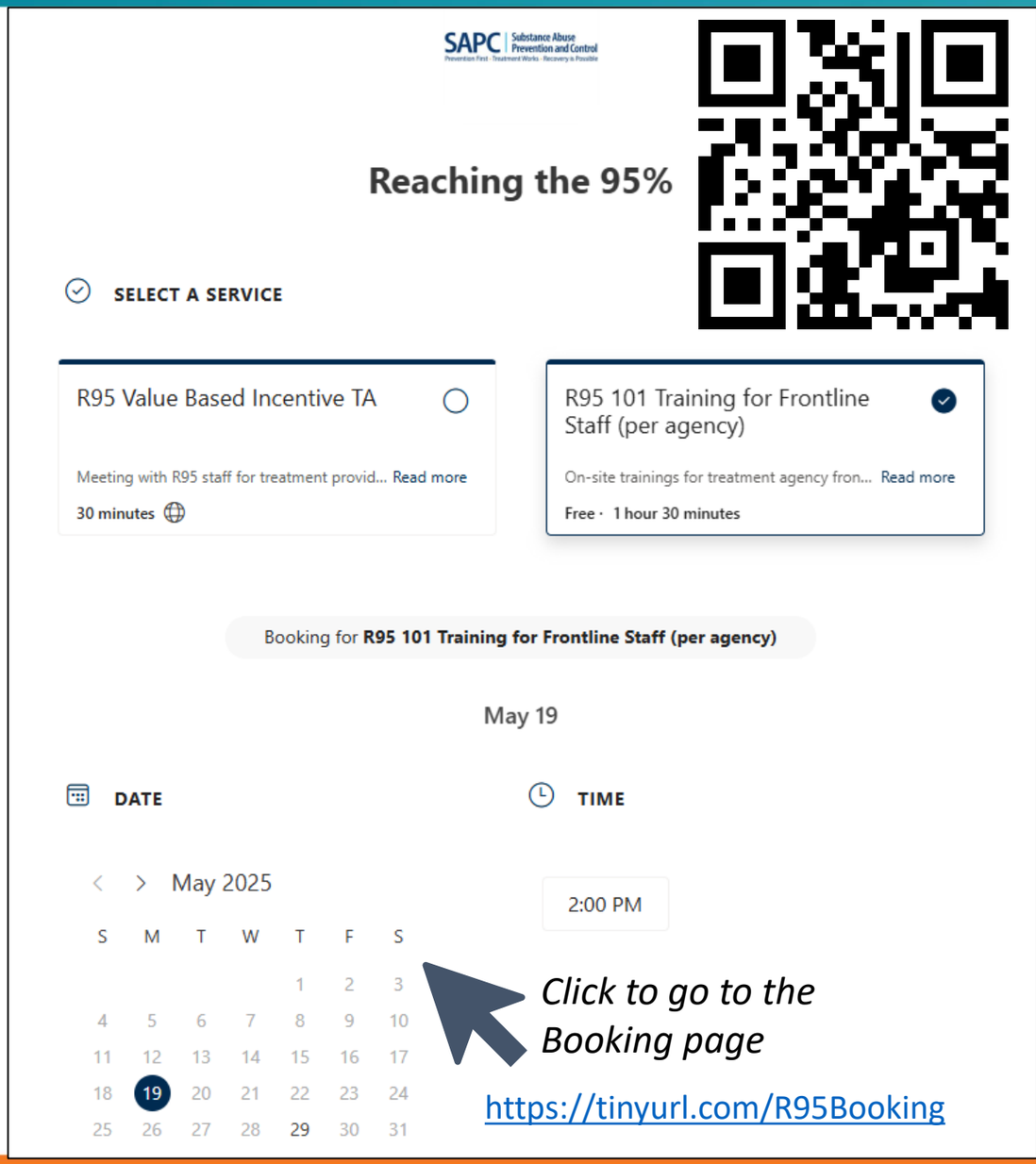
R95 Consultation Line for Providers

(626) 210-0648

M-F 8:30am-5:00pm, excluding County holidays

R95 Virtual Monthly Office Hour (3rd W, 9:00am)

Monthly Teams meeting with R95 overview and updates with dedicated time for agency questions



Thank You!

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