



R95 Regional Listening Session In Person Meeting October 3, 2024

Bureau of Substance Abuse Prevention and Control
Los Angeles County Department of Public Health



***“The opposite of addiction is NOT sobriety;
the opposite of addiction is connection”***

Johann Hari, British-Swiss Writer & Journalist





AGENDA

Welcome and Overview (20 min)

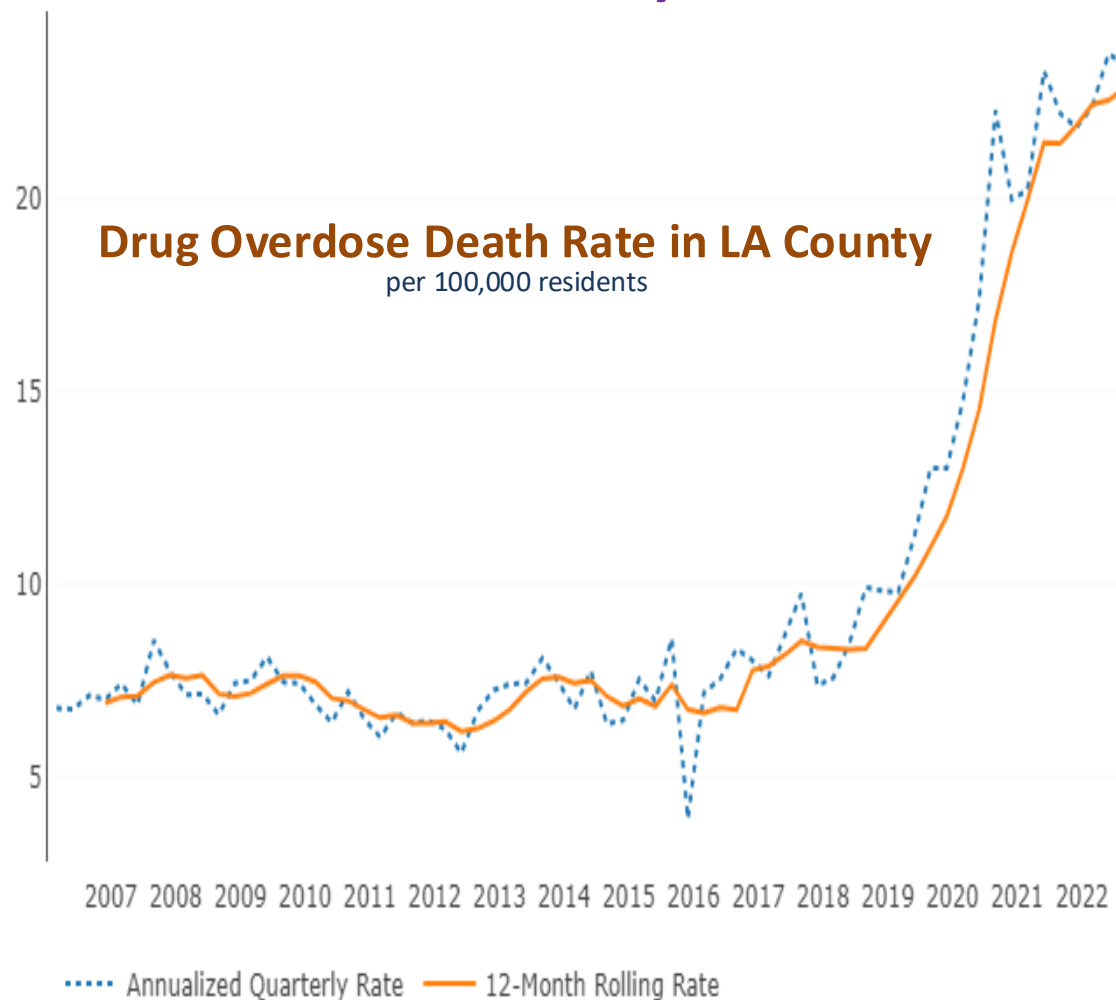
Discussion

– Admission Policy & Admission Agreement (45 min)

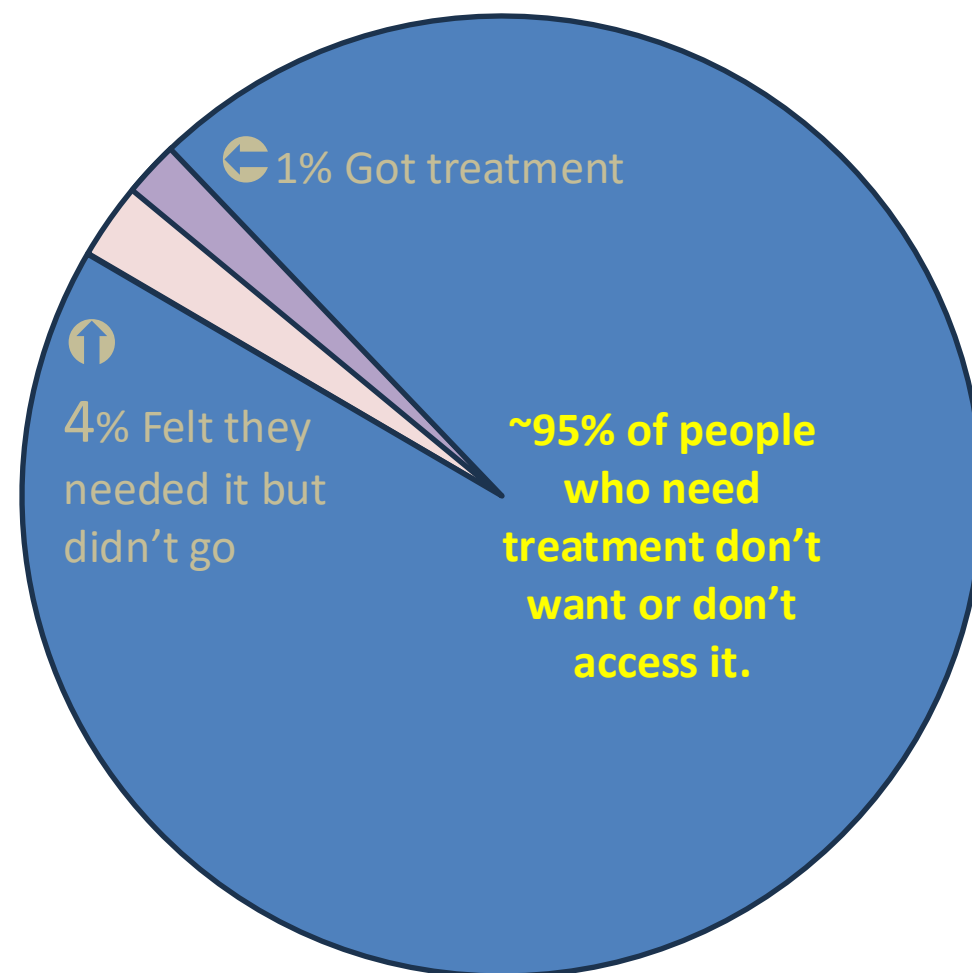
– Discharge Policy & Toxicology Policy and Patient Agreement (45 min)

Wrap-Up (10 min)

We are in the worst overdose crisis in national and local history.



About 95% of people who need treatment don't want or don't get it





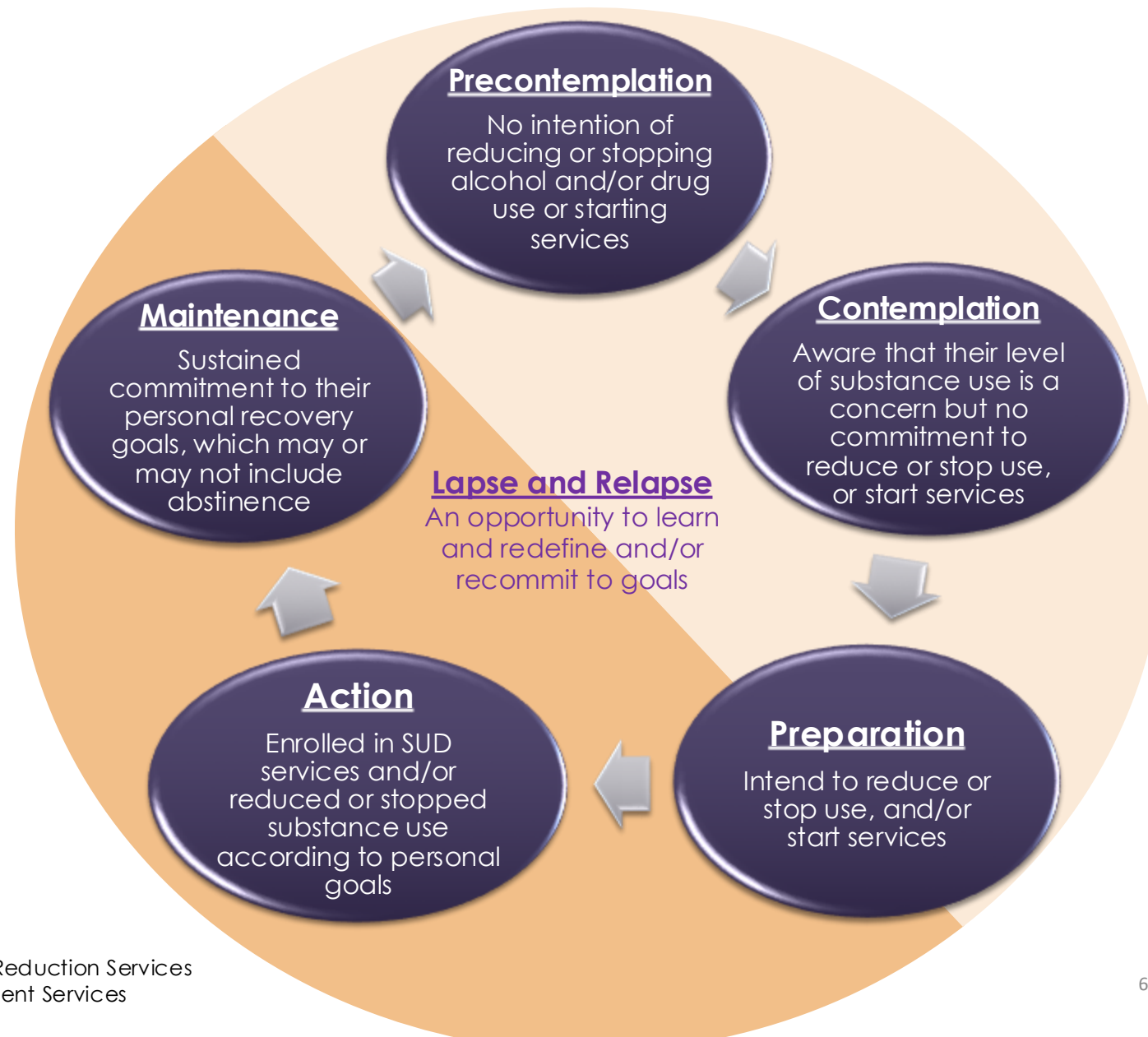
Increased access begins with
reimagining our admission policies.

Increased opportunity begins with
reimagining our discharge policies.



Reaching the 95% (R95) Initiative

We need to take a different approach to address substance use disorders (SUD) and better connect with those that need treatment services but may not be ready for 100% abstinence at admission.



R95 Admission Policy

- **Abstinence is not a condition or prerequisite for admission**
- **Admission does not require toxicology (drug/UA) test results (whether + or -)**
- **Same day admission service is offered whenever possible**
- Lapse and relapse are part of SUDs and we work with patients who want care
- Language Assistance services are provided for patients who needs them to participate
- Patients with mental health conditions and psychiatric medications are served
- **Prescriptions for addiction medications are allowed/encouraged**
- Medi-Cal does not need to be active or assigned to LA County at admission
- Service environment matters, make it feel inviting

ADMISSION: RECOVERY GOALS – ABSTINENCE AND NON-ABSTINENCE

- **OUTPATIENT AND RESIDENTIAL / INPATIENT LEVELS OF CARE**

- Prospective patients who are unsure about abstinence are ENCOURAGED to participate in an intake appointment.
- Staff accept patients where they are at in their recovery journey and offer services to match their needs, for example some patients may get more individual than group services.
- Staff use Motivational Interviewing techniques to maintain an open dialogue with patients to discuss their goals which may evolve over the treatment episode.

- **RESIDENTIAL / INPATIENT LEVELS OF CARE**

- Admitting a patient without abstinence goals does not mean they can use onsite.
- New patients do not need a negative (or positive) toxicology test to be admitted and may have used substances in the 24-hours prior to admission. Consult with on-duty LPHA as needed.

R95 Admission Agreement for Patient Signature

Includes important information about treatment services and care delivery including elements required by state for licensing and certification

- Supports abstinence as a treatment goal
- Welcomes patients who have not decided to stop using but want services
- Acknowledges that addiction (SUD) is a life-long health condition (chronic disease)
- Empowers patient to decide their own treatment goals which may include a reduction in substance use instead of complete abstinence
- Encourages program participation and following of program rules and consequences
- Informs patient that readmission is determined on a case-by-case bases in consultation with their clinical supervisor with no minimum time requirements

R95 Discharge Policy

- **Positive toxicology (drug/UA) test doesn't mean automatic discharge**
 - **No automatic discharge/transfer hospital/withdrawal management from residential**
- Use the care coordination benefit to help prevent patients from losing Medi-Cal during the treatment episode
 - No discharge when health benefits lapse for those that remain eligible
- Ensure a warm-handoff when stepping a patient up or down levels of care
- Provide informational materials at discharge, including naloxone

R95 Toxicology Policy and Patient Agreement

- **Agency-Facing Toxicology Policy**

- Provides an outline of agency protocol for implementing toxicology testing as a therapeutic tool to support clients in SUD treatment.
 - Grounds testing in a trauma-informed, culturally-response approach, prioritizing respect, safety, and accuracy.

- **Patient-Facing Toxicology Agreement**

- Informs patients about the toxicology testing process, the benefits of engaging in testing, patient expectations, and patient rights.
 - Testing is a clinical tool used to facilitate discussion with clients around their substance use and triggers, progress toward their goals, and linkage to additional resources, including harm reduction.
 - A toxicology test (+/-) is not required for admission and a client will not be automatically discharged if they test positive (without consideration of the client's other behaviors and actions).



OTHER R95 INITIATIVES

- New referral partnerships – expand ways to get more people to come for services
- New field-based services sites – go to locations where people may prefer to get care
- Lowering the bar for admissions – steps to encourage patients to come
- Raising the bar for discharges – steps to discourage patients from leaving
- Leveraging the engagement policy – emphasizes on engagement prior to diagnosis
- Evaluating service design – patient, not program centered services
- Customer walk-throughs – see your admission process as a patient
- Bi-directional referrals – work with harm reduction providers

DISCUSSION

What are the challenges and opportunities to reimagining admission and discharge policies?

