

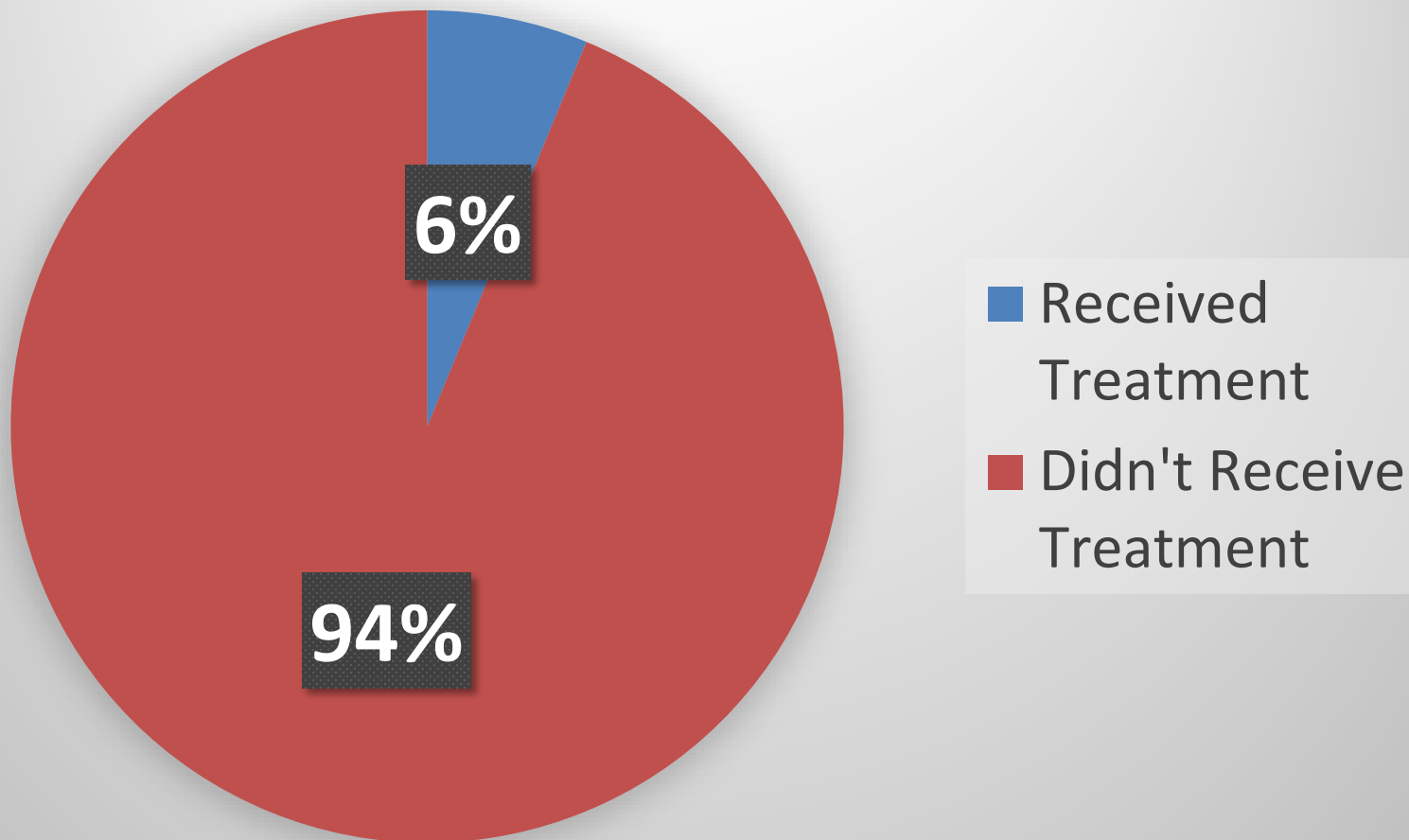


Harm Reduction & Treatment Integration Meeting

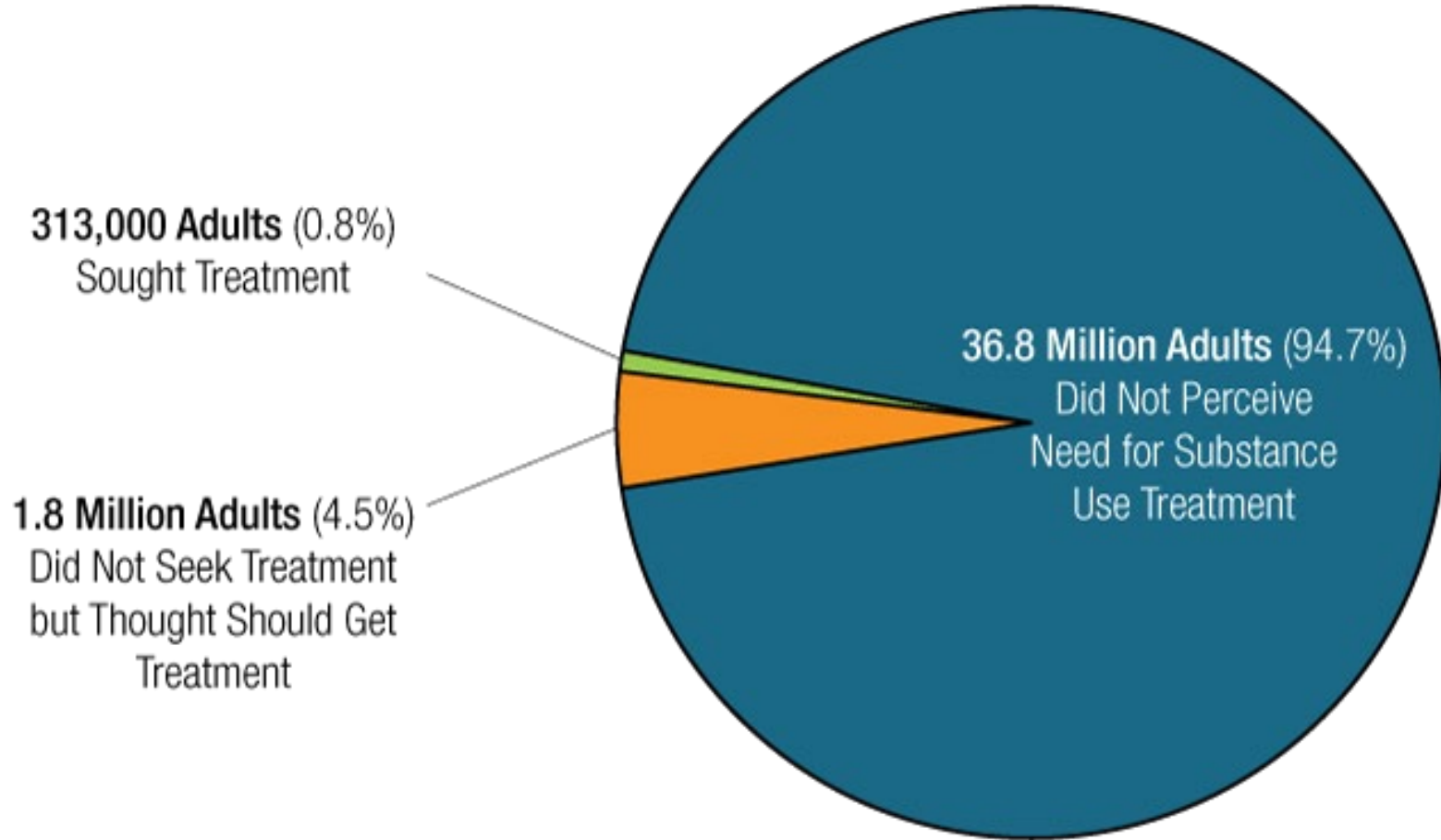
October 8, 2024



Receipt of Specialty Substance Use Treatment among People with a Past Year SUD



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



39.7 Million Adults with a Substance Use Disorder Who Did Not Receive Substance Use Treatment

Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report>

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

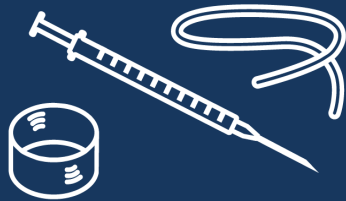
- Low threshold services proven to reduce morbidity and mortality, including outreach, overdose prevention (naloxone and fentanyl test strip distribution, etc), syringe exchange, peer services, linkages to SUD treatment and other needed services, etc.

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

Harm Reduction Services



**Harm Reduction
Supplies Access**



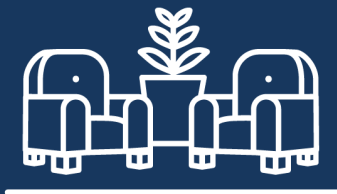
**Syringe Exchange &
Disposal**



**Naloxone and
Test Strips**



**Medications for
Addiction Treatment**



Drop-In Centers



**Linkage to Ho using
Services**



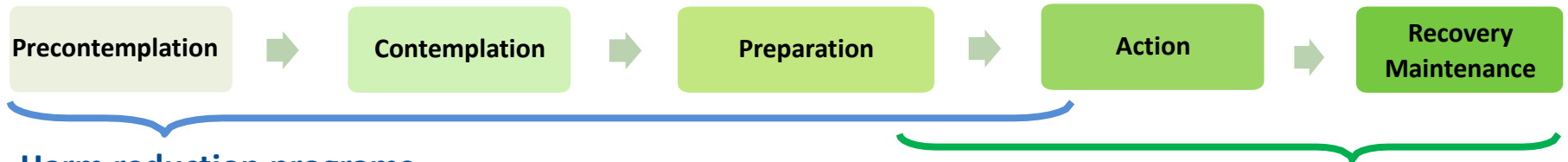
Pharmacy Access



**Referrals for Needed
Services**

- **GOAL** → 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



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

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?

***SAMHSA* ADVISORY**

Substance Abuse and Mental Health
Services Administration

DECEMBER 2023

ADVISORY: LOW BARRIER MODELS OF CARE FOR SUBSTANCE USE DISORDERS

Principles and Components of Low Barrier Models of Care

<http://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005>

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://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005>

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://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005>

SUD
Treatment

Medical
Hospital

Primary Care
Clinic

Addiction
Medication
(MAT) Services

Mental Health
Clinic

Housing
Service

Addiction Treatment
including MAT

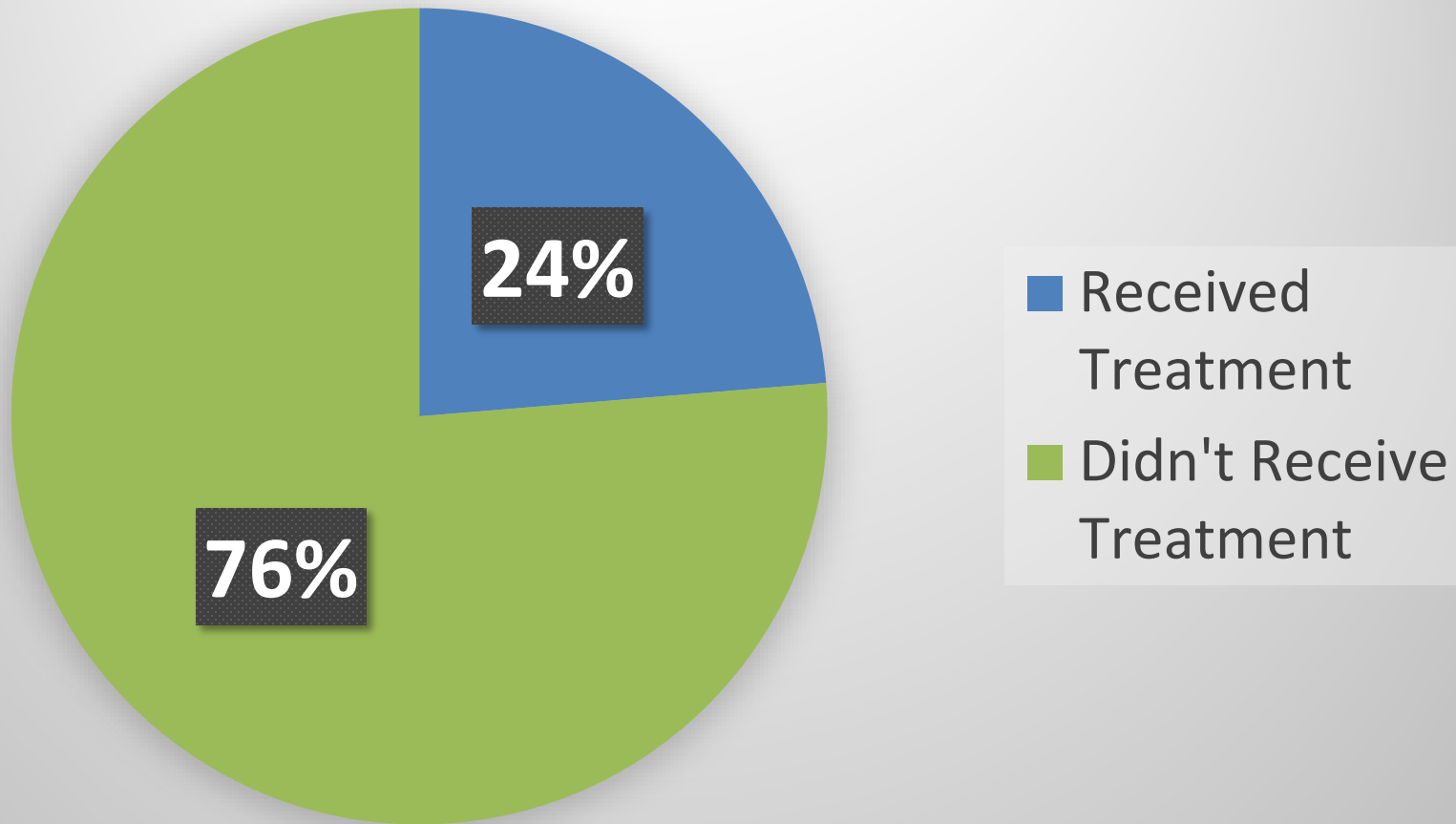
Medical Hospital
offering Addiction Tx

Primary Care Clinic
providing Addiction Tx

Mental Health Clinic
providing Addiction Tx

Housing / Social Service
linking people to
Addiction Tx

Receipt of Any Substance Use Treatment among People with a Past Year SUD



Substance Abuse and Mental Health Services Administration. (2024). *Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health* (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <http://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>

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	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Medication at first visit. • Home initiation permitted. • Various medication formulations offered. • Individualized medication dosage. • Rapid re-initiation of medication after short-term disruption. 	<ul style="list-style-type: none"> • 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.
High Barrier Care	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Two or more visits before medication. • Clinic initiation required. • Limited medication formulation options. • Uniform maximum dosage. • Induction required to restart medication. 	<ul style="list-style-type: none"> • 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.

ASAM Clinical Considerations for Engagement and Retention of Non-Abstinent Patients in Treatment

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. Clinical Considerations for Engagement and Retention of Non-Abstinent Patients in Treatment. 2024 (*Coming Soon*).

<http://www.asam.org/quality-care/clinical-recommendations/asam-clinical-considerations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment>

ASAM Clinical Considerations for Engagement and Retention of Non-Abstinent Patients in Treatment

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. Implement clinical strategies to optimize 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

American Society of Addiction Medicine. Clinical Considerations for Engagement and Retention of Non-Abstinent Patients in Treatment. 2024 (*Coming Soon*).

<http://www.asam.org/quality-care/clinical-recommendations/asam-clinical-considerations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment>

ASAM Clinical Considerations for Engagement and Retention of Non-Abstinent Patients in Treatment

6. Build connections to people with SUD who are not currently seeking treatment
7. Cultivate staff buy-in
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 non-abstinent patients
10. Measure progress and strive for continuous improvement of engagement and retention

American Society of Addiction Medicine. Clinical Considerations for Engagement and Retention of Non-Abstinent Patients in Treatment. 2024 (*Coming Soon*).

<http://www.asam.org/quality-care/clinical-recommendations/asam-clinical-considerations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment>

SAMHSA Six Pillars of Harm Reduction

- Led by people who use drugs and with lived experience of drug use
- Embraces the inherent value of people
- Commits to deep community engagement and community building
- Promotes equity, rights, and reparative social justice
- Offers most accessible and noncoercive support
- Focuses on any positive change, as defined by the person

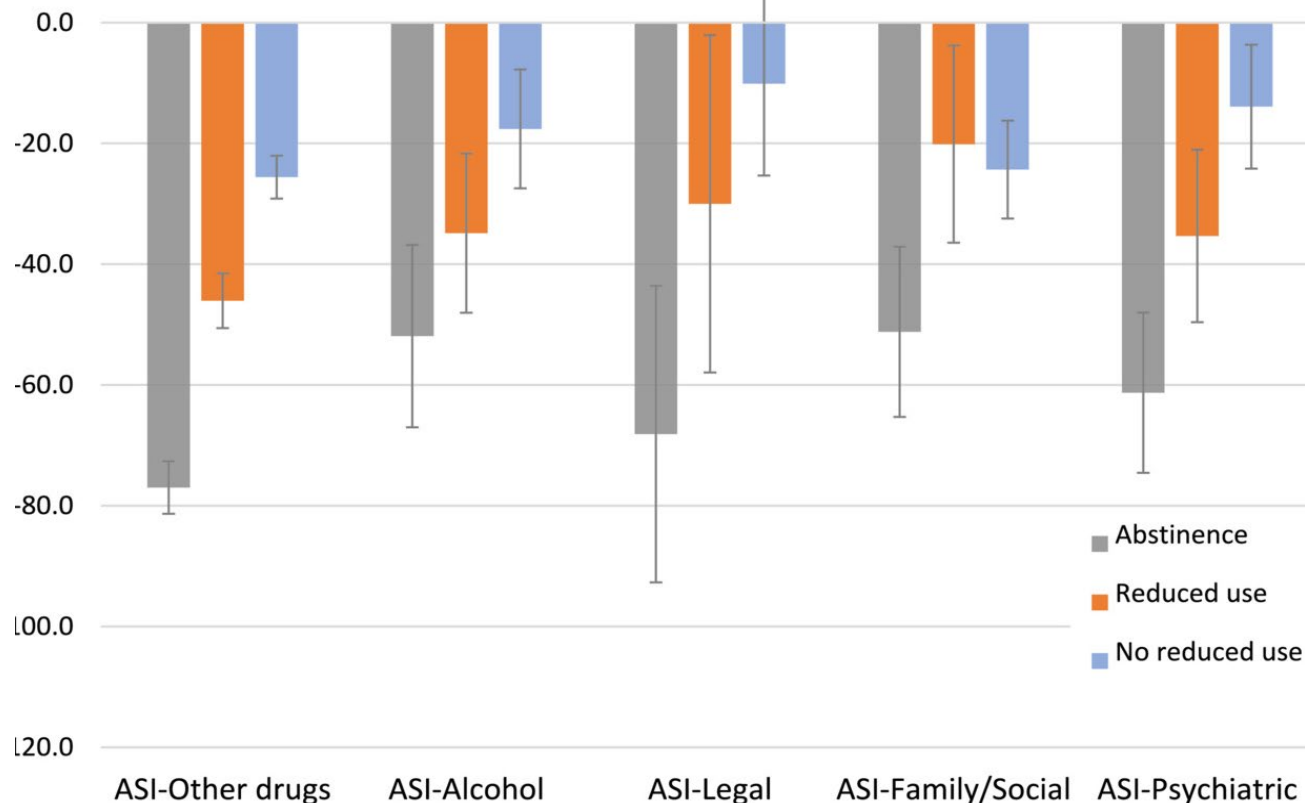
<http://www.samhsa.gov/find-help/harm-reduction/framework>

SAMHSA Core Practice Areas for Harm Reduction

- Safer Practices
- Safer Settings
- Safer Access to Healthcare
- Safer Transitions to Care
- Sustainable Workforce and Field
- Sustainable Infrastructure

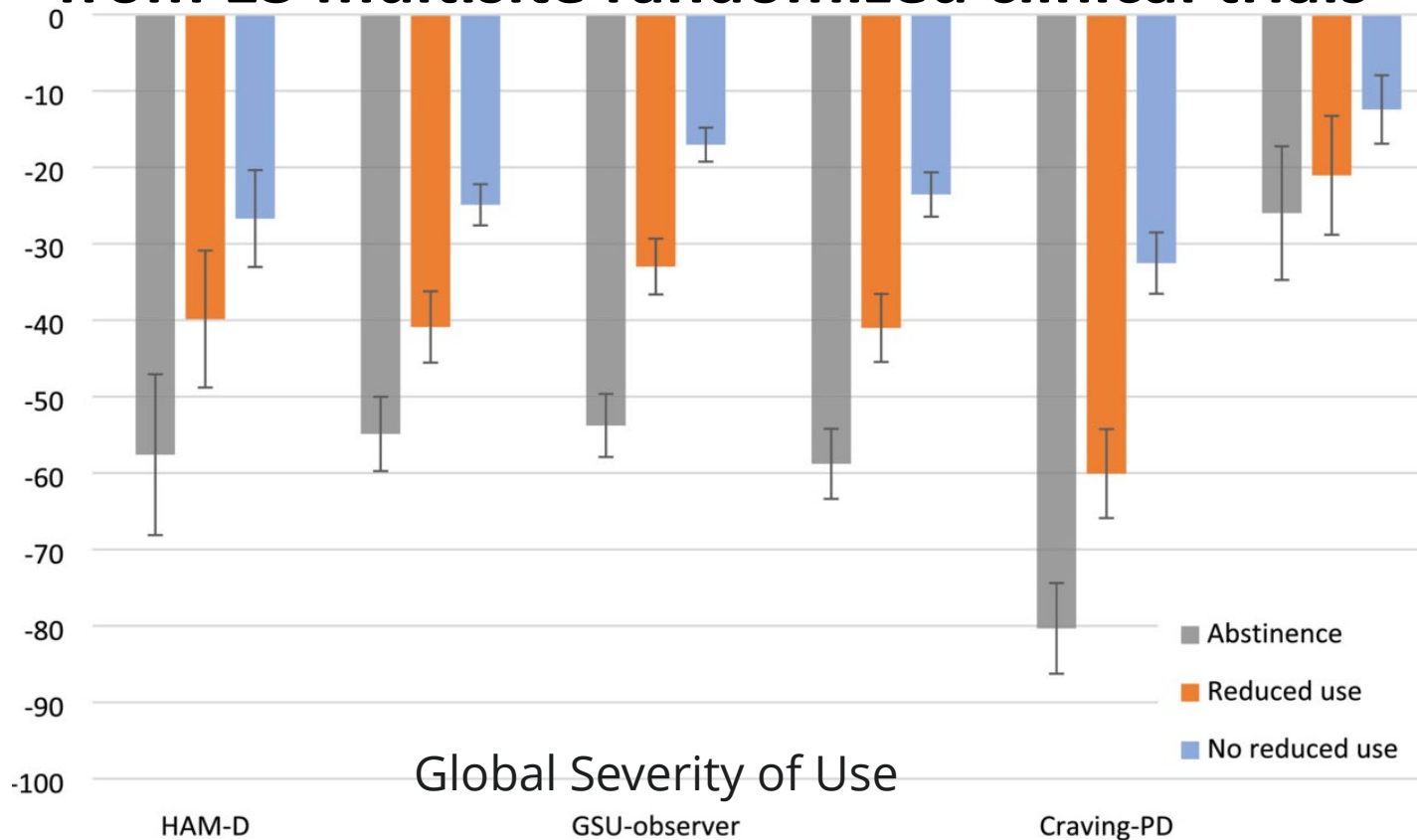
<http://www.samhsa.gov/find-help/harm-reduction/framework>

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



1. Amin-Esmaeili M, Farokhnia M, Susukida R, Leggio L, Johnson RM, Crum RM, Mojtabei R. Reduced drug use as an alternative valid outcome in individuals with stimulant use disorders: Findings from 13 multisite randomized clinical trials. *Addiction*. 2024 May;119(5):833-843. doi: 10.1111/add.16409. Epub 2024 Jan 10. Erratum in: *Addiction*. 2024 Oct;119(10):1849-1852. doi: 10.1111/add.16590. PMID: 38197836; PMCID: PMC11009085. <http://pubmed.ncbi.nlm.nih.gov/38197836>

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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

Deliverable Form (Capacity Building Activity 2-J)

ATTESTATION OF HARM REDUCTION TRAINING PROTOCOLS FOR STAFF

Complete and return this form via an email titled “Attestation 2-J: Staff Participation in Harm Reduction Trainings” sent to sapc-cbi@ph.lacounty.gov by 3/31/2025.

ATTESTATION OF COMPLIANCE:

Please confirm which of the qualifying harm reduction trainings agency staff with direct patient contact* in the provision of SAPC-contracted services have completed as part of the Treatment Agency Staff Participation in Harm Reduction Trainings Capacity Building Activity (2-J) and indicate the number of staff who attended each type of training. If a staff member participated in more than one harm reduction training, please include them in the count for only one of the training types.

**For the purpose of this activity, “staff with direct patient contact” includes all personnel who interact with patients during the admission, treatment, and discharge processes including clerical staff, drivers, cooks, Peer Support Services Specialists, registered or certified counselors, Licensed Practitioners of the Healing Arts (LPHA) and license-eligible LPHAs, etc.*



Tarzana Treatment Centers, Inc / Clare|Matrix Training

- Staff attended live harm reduction trainings conducted by your assigned training agency partner (Tarzana Treatment Centers, Inc or Clare|Matrix)
 - Tarzana Treatment Centers, Inc contact: odhrta.ttc@tarzanatc.org
 - Clare|Matrix contact: nlinares@clarematrix.org
- For clarification on your assigned training agency partner, contact SAPC at: SAPC-CBI@ph.lacounty.gov

Number of Staff Trained



SAPC CST Trainings

- Staff attended one of the following SAPC CST Trainings:
 - Reimagining Harm Reduction in Substance Use Treatment
 - Utilizing Naloxone and Other Harm Reduction Strategies for Substance Use Treatment Providers
 - *Note: Any forthcoming GST trainings with a harm reduction-focus launched by SAPC will be considered qualified trainings*
- The SAPC CST calendar can be accessed [here](#):
http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=pho&ou=ph&cal_id=24

Number of Staff Trained



SAPC Harm Reduction and Treatment Integration Meeting

- Staff attended one of the following R95 Harm Reduction and Treatment Integration Meetings:

Date	Location	Address	Time
10/08/2024	House of Hope	205 W. 9 th Street, San Pedro, CA 90731	9:30 AM - 11:30AM
12/05/2024	Twin Town Treatment Centers - Torrance	3828 Carson St. Ste. 100, Torrance, CA 90503	2:00 PM - 4:00 PM
02/03/2025	The California Endowment Center for Healthy Communities	1000 North Alameda Street Los Angeles, CA 90012	2:00 PM - 4:00 PM
04/07/2025	Helpline Youth Counseling	14181 Telegraph Rd, Whittier, CA 90604	3:00 PM - 5:00 PM

Number of Staff Trained





Other SAPC-Approved Harm Reduction Training

- Please indicate which training(s) your staff have participated in using the table below.
- To obtain approval of a harm reduction training, please contact SAPC at: SAPC-CBI@ph.lacounty.gov
- If the number of "Other SAPC-Approved Harm Reduction Trainings" exceeds the space provided, please attach an additional page with the corresponding details.

Name of Training	Location (address or virtual)	Date	Time	Approved by SAPC (yes/no)

Number of Staff Trained _____

VERIFICATION SUMMARY:

Total Number of Staff with Direct Patient Contact Employed (across all sites): _____

Total Number of Staff with Direct Patient Contact Who Attended No Less Than One of the Harm Reduction Trainings Listed Above: _____

Note: No fewer than 85% of staff who have direct patient contact must participate in an qualifying harm reduction training between 7/1/2024 and the 3/31/2025 for your agency to be eligible for this capacity building payment.

Having conducted a good faith review, I attest that _____
(agency name) staff have engaged in the approved harm reduction trainings above as part of the Treatment Agency Staff Participation in Harm Reduction Trainings Capacity Building Activity 2-J, and all information provided is complete and accurate.

Agency Leadership Representative Name (Printed): _____

Agency Leadership Representative Title: _____

Signature:  _____

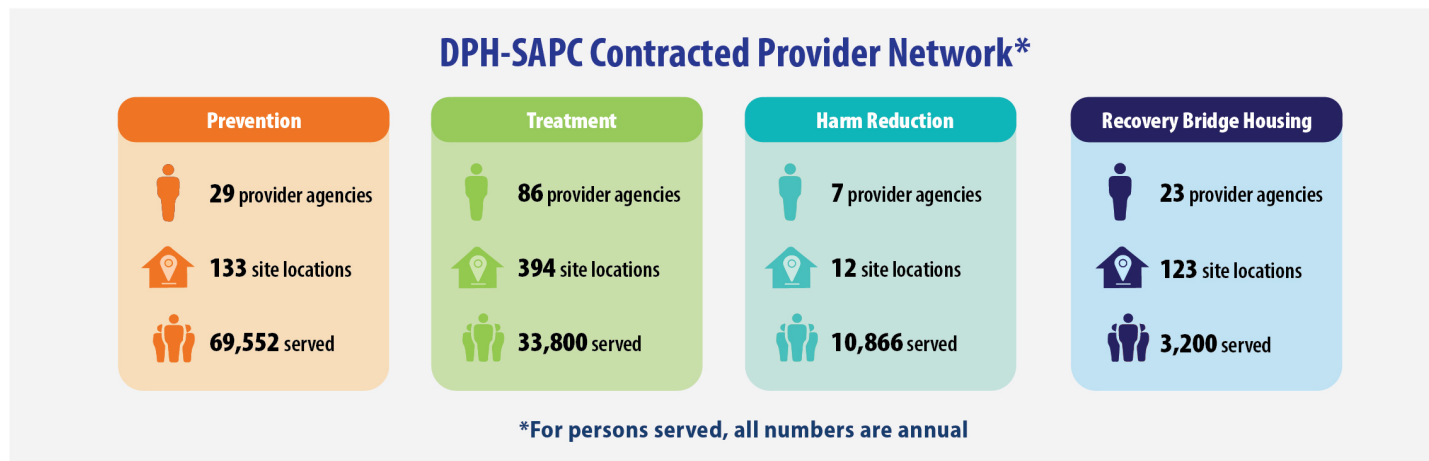
Date: _____

About SAPC

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



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



Thank You!

SAPC website:

<http://publichealth.lacounty.gov/sapc>

SUBSTANCE ABUSE SERVICE HELPLINE

 **1.844.804.7500**

RecoverLA.org *(try it out on your mobile browser!)*



SAPC's filterable Service & Bed Availability Tool:

<http://sapccis.ph.lacounty.gov/sbat>