



# 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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Substance Abuse Prevention and Control  
County of Los Angeles, Dept of Public Health

December 11, 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.

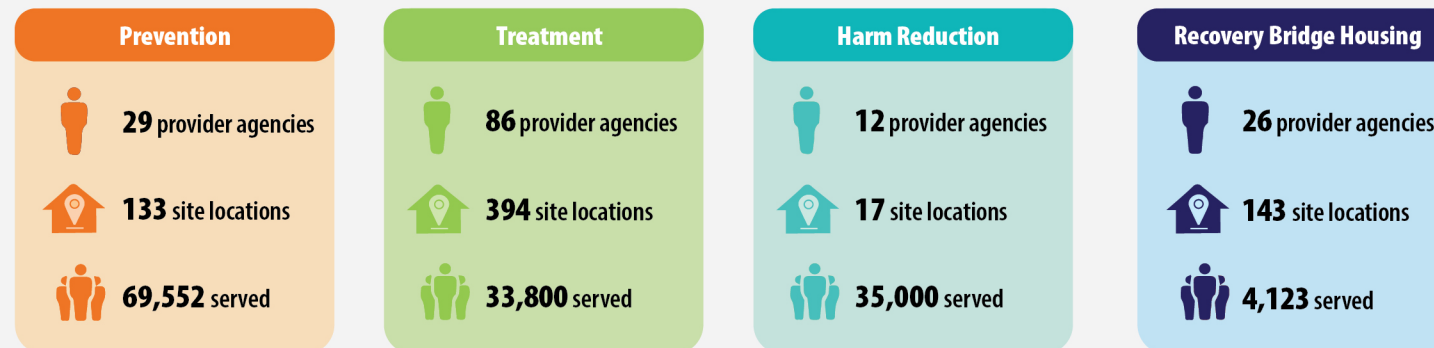
**SUBSTANCE ABUSE SERVICE HELPLINE**  
24/7 **1.844.804.7500**

**CENS**  
Client Engagement  
and Navigation Services

**COREcenter**  
Connecting to Opportunities for Recovery and Engagement

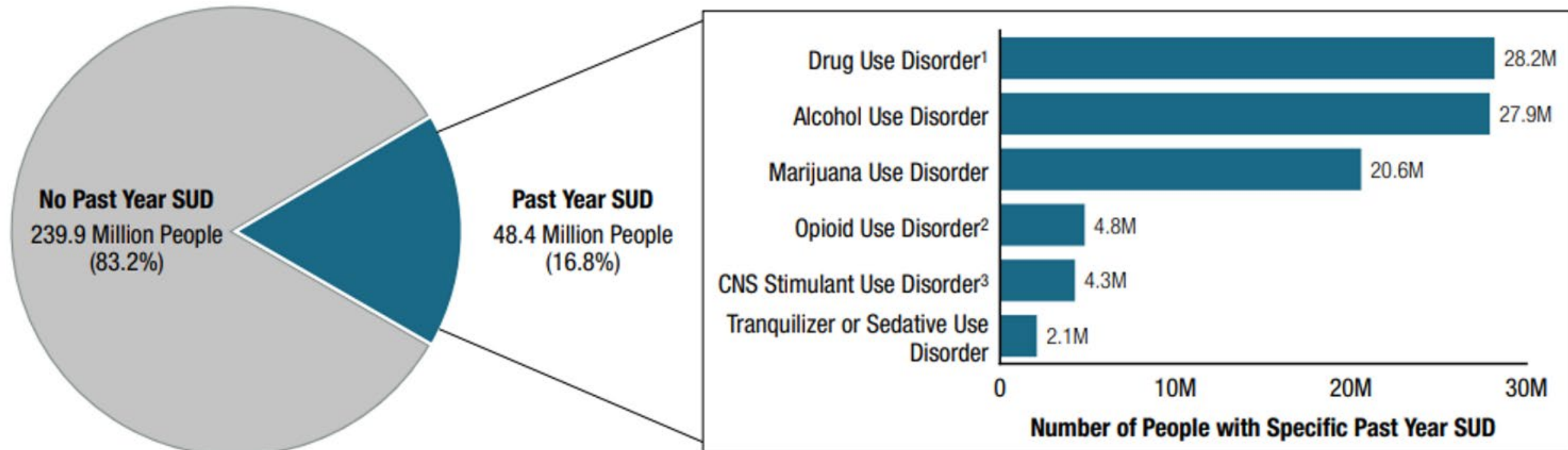
- SAPC is committed to innovative, equitable, and quality-focused substance use **prevention, harm reduction, treatment, and recovery services.**

## DPH-SAPC Contracted Provider Network\*



\*For persons served, all numbers are annual

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



CNS = central nervous system.

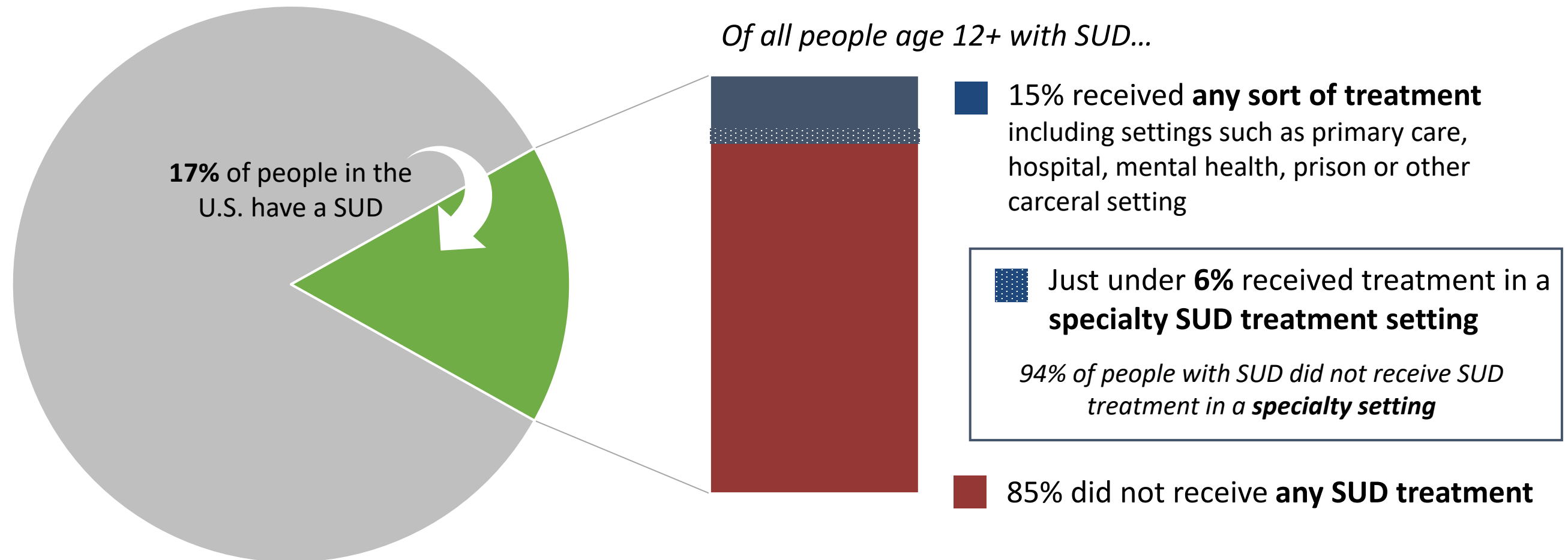
Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Includes data from all past year users of cocaine, methamphetamine, or prescription stimulants.

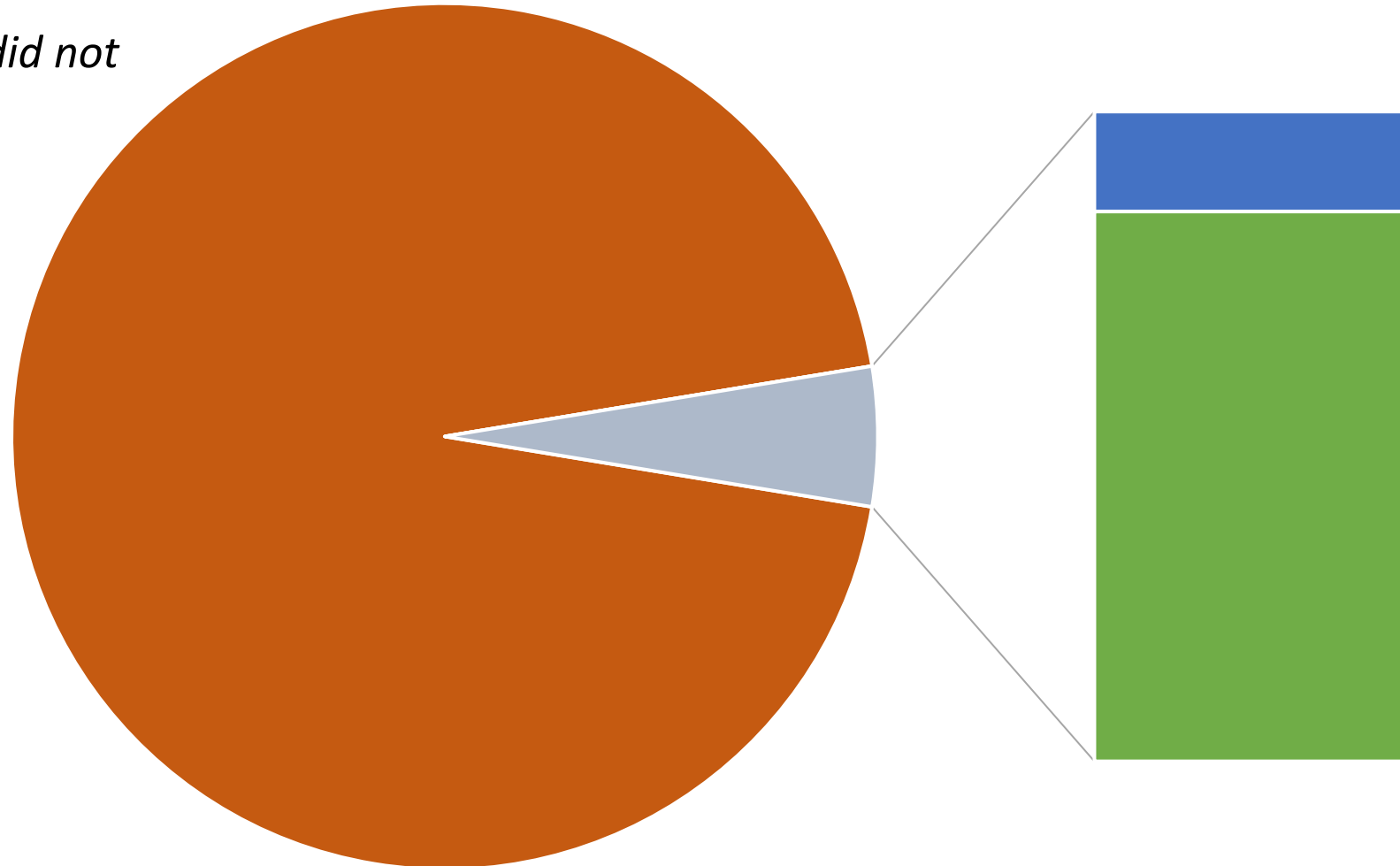
In the SUD treatment field, we offer something few people receive, and even fewer people want, yet we often **establish criteria to access services** as if it's a hot commodity.



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





## 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

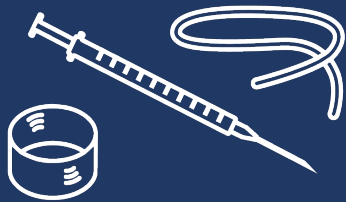
- Low threshold services proven to reduce morbidity and mortality, including outreach, overdose prevention (naloxone and fentanyl test strip distribution, etc), syringe exchange, peer services, linkages to SUD treatment and other needed services, etc.

**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

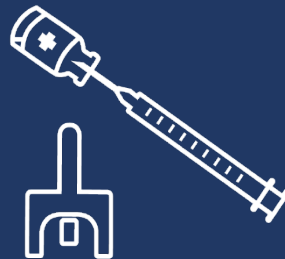
# Harm Reduction Services



**Harm Reduction  
Supplies Access**



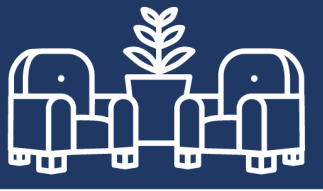
**Syringe Exchange &  
Disposal**



**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

**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

# 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



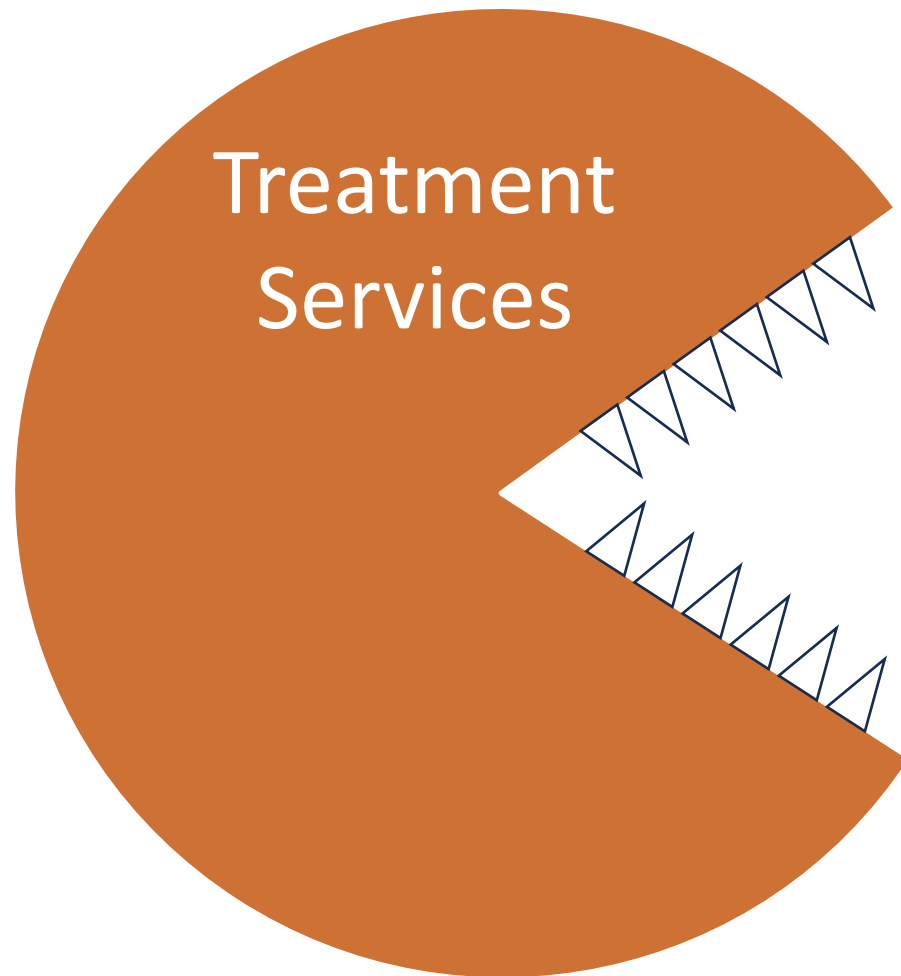
Treatment  
Services

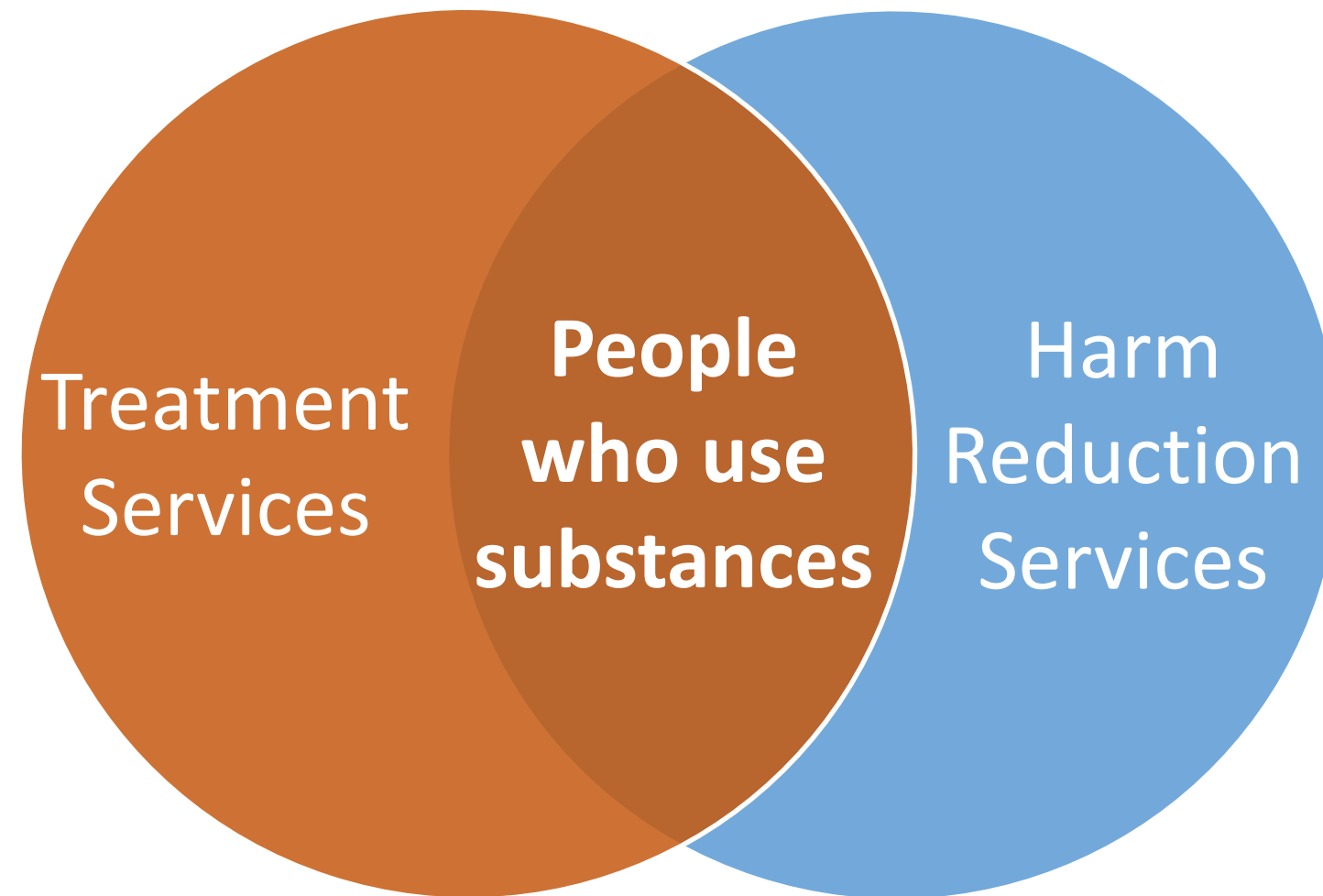


Harm Reduction  
Services



## Problematic Conceptualization





# ***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://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 <sup>35,36,37,38,39,40</sup>	Requirements and Approach (medication only)	Availability <sup>41,42,43,44,45</sup>
<b>High Barrier Care</b>	<ul style="list-style-type: none"> <li>• Requirements for current or previous engagement with specific services.</li> <li>• Visit frequency based on a rigid, pre-determined schedule.</li> <li>• Treatment discontinuation due to ongoing substance abuse.</li> <li>• Treatment goals imposed.</li> <li>• Abstinence as the primary goal for all clients, all the time.</li> </ul>	<ul style="list-style-type: none"> <li>• Two or more visits before medication.</li> <li>• Clinic initiation required.</li> <li>• Limited medication formulation options.</li> <li>• Uniform maximum dosage.</li> <li>• Induction required to restart medication.</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment only available at specialty SUD programs.</li> <li>• Non-integrated or limited-service offerings.</li> <li>• One or more day wait to initiate treatment, appointment required.</li> <li>• Traditional hours of operation.</li> <li>• Services only available in-person.</li> </ul>

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 <sup>35,36,37,38,39,40</sup>	Requirements and Approach (medication only)	Availability <sup>41,42,43,44,45</sup>
<b>Low Barrier Care</b>	<ul style="list-style-type: none"> <li>• No service engagement conditions or preconditions.</li> <li>• Visit frequency based on clinical stability.</li> <li>• Ongoing substance use does not automatically result in treatment discontinuation.</li> <li>• Client's individual recovery goals prioritized.</li> <li>• Reduction in substance use and engaging in less risky substance use as acceptable goals.</li> </ul>	<ul style="list-style-type: none"> <li>• Medication at first visit.</li> <li>• Home initiation permitted.</li> <li>• Various medication formulations offered.</li> <li>• Individualized medication dosage.</li> <li>• Rapid re-initiation of medication after short-term disruption.</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment available in non-specialty SUD settings.</li> <li>• Other clinical and non-clinical services incorporated into SUD treatment settings.</li> <li>• Same-day treatment availability, no appointment required.</li> <li>• Extended hours of operation.</li> <li>• Telehealth and in-person services available.</li> </ul>



# Engagement and Retention of Nonabstinent Patients in Substance Use Treatment

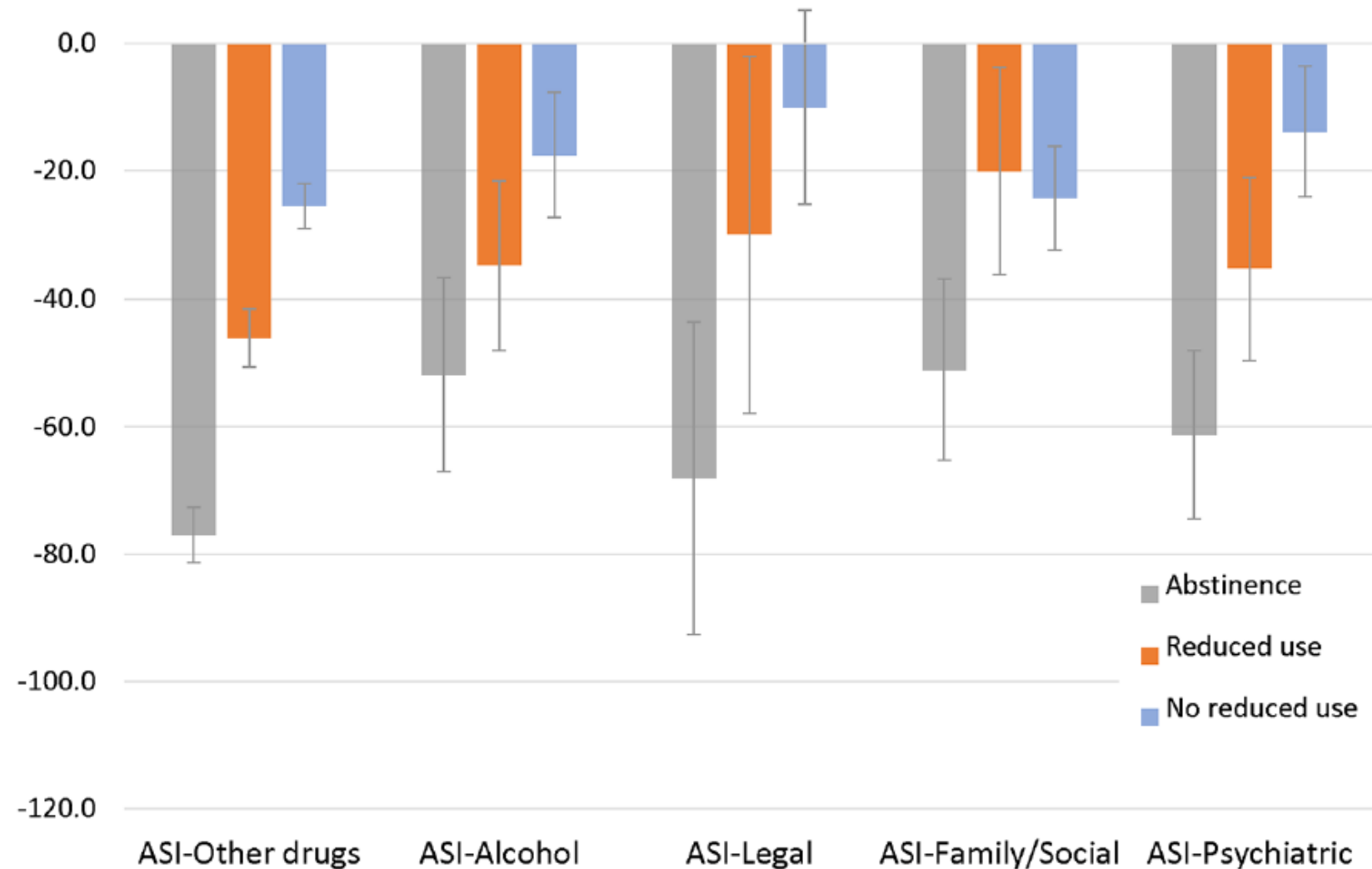
## *Clinical Consideration for Addiction Treatment Providers*

## 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.

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

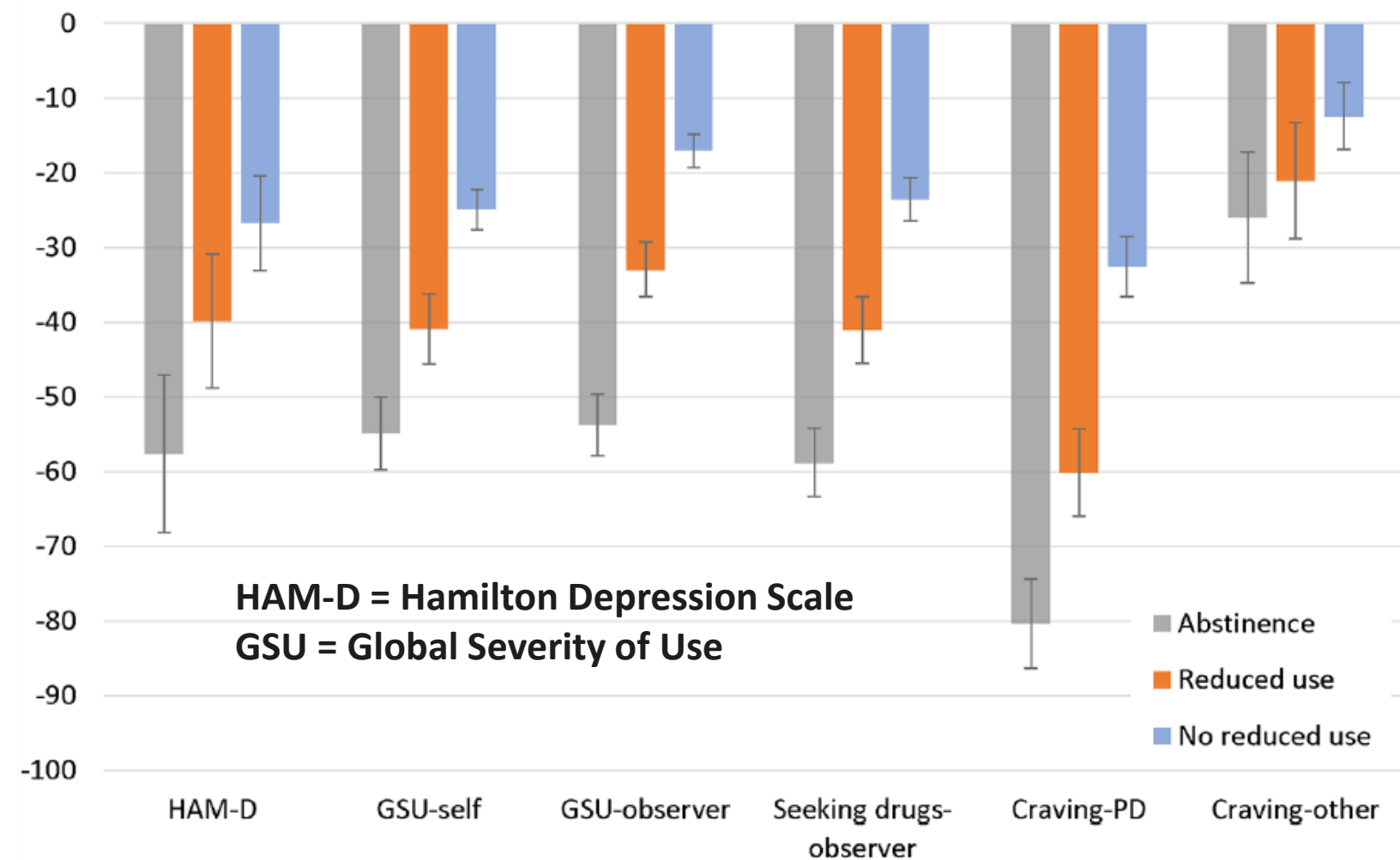
Percent Change in Addiction Severity Index (ASI) Composite Score Subscales





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

**Percent Change in Other Clinical Measures**



# Panel discussion

*Elly Jalayer, Bienestar*

*Kristina Morgan, The Sidewalk Project*

*Giovana Santana, Venice Family Clinic*





## Discussion

- What have been some of the **facilitators/successes** with integrating harm reduction and treatment?
- What are some of the **challenges** agencies have had integrating harm reduction and treatment?
- How do you wish harm reduction and treatment **worked more closely together**?



## Additional questions?

**DON'T FORGET TO SIGN IN**

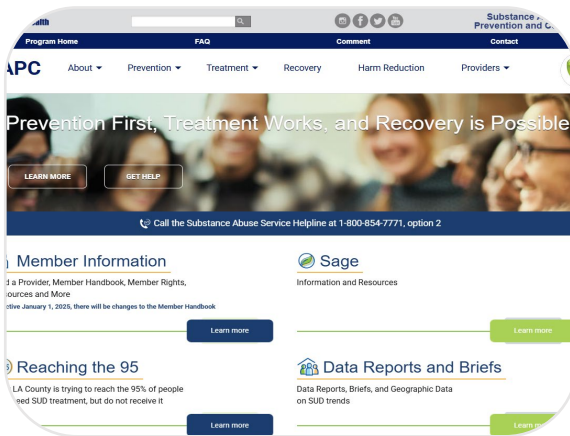
Scan with your phone camera  
or use a web browser:

**[tinyurl.com/  
HarmReductionIntegrationSignIn](https://tinyurl.com/HarmReductionIntegrationSignIn)**





## Resources



### SAPC website

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



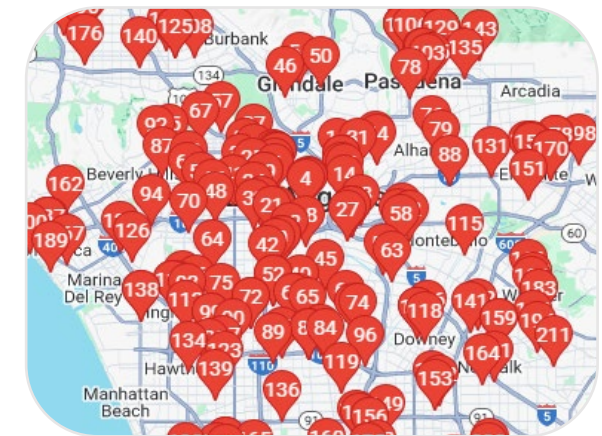
### Substance Abuse Services Helpline

(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
Dec	Due December 31, 2025: R95 Value Based Incentive Policy and Agreements			
Jan	<b>R95 Workgroup: Implementation</b>	<b>Topic:</b> Agency-level discussion about how to implement client-centered, low barrier design and how to address new challenges <b>Date:</b> Friday, January 9, 2:00pm-3:30pm <b>Location:</b> Zev Yaroslavsky Family Support Center, Joshua and Sequoia Room Combo 7555 Van Nuys Blvd, Van Nuys, CA 91405 <b>Registration:</b> <a href="https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=210">https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=210</a>	No	Yes
	Virtual office hour 3 <sup>rd</sup> Wednesdays 9:00am-10:00am	<b>Topic:</b> 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. <b>Add series to calendar:</b> <a href="http://publichealth.lacounty.gov/sapc/calendar/meeting/SAPC-R95-Virtual-Office-Hours.ics">http://publichealth.lacounty.gov/sapc/calendar/meeting/SAPC-R95-Virtual-Office-Hours.ics</a>	No	No
Feb	<b>Harm Reduction and Treatment Integration meeting</b>	<b>Topic:</b> Training for treatment staff on how to integrate harm reduction approaches to meet patient needs throughout the recovery journey <b>Date:</b> Thursday, February 5, 10:00am-12:00pm <b>Location:</b> Behavioral Health Services (BHS) Training Center 15519 Crenshaw Blvd., Gardena, CA 90249 <b>Registration:</b> <a href="https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=211">https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=211</a>	Yes	No
	Virtual office hour 3 <sup>rd</sup> Wednesdays 9:00am-10:00am	<b>Topic:</b> 15-minute R95 overview, followed by open, provider-led discussion about compliant policies and agreements, clinical considerations, etc. Bring questions and hear from other agencies. <b>Add series to calendar:</b> <a href="http://publichealth.lacounty.gov/sapc/calendar/meeting/SAPC-R95-Virtual-Office-Hours.ics">http://publichealth.lacounty.gov/sapc/calendar/meeting/SAPC-R95-Virtual-Office-Hours.ics</a>	No	No

# 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 (3<sup>rd</sup> W, 9:00am)

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



**SAPC** | Substance Abuse  
Prevention and Control

Reaching the 95%

SELECT A SERVICE

R95 Value Based Incentive TA

Meeting with R95 staff for treatment provid... Read more

30 minutes

R95 101 Training for Frontline Staff (per agency)

On-site trainings for treatment agency fron... Read more

Free • 1 hour 30 minutes

Booking for **R95 101 Training for Frontline Staff (per agency)**

May 19

DATE

TIME

< > May 2025

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

2:00 PM

Click to go to the Booking page

<https://tinyurl.com/R95Booking>





**Thank You!**