



Harm Reduction & Treatment Integration Meeting

August 27, 2025



Be sure to scan with your
phone camera and sign in!

tinyurl.com/HarmReductionIntegrationSignIn

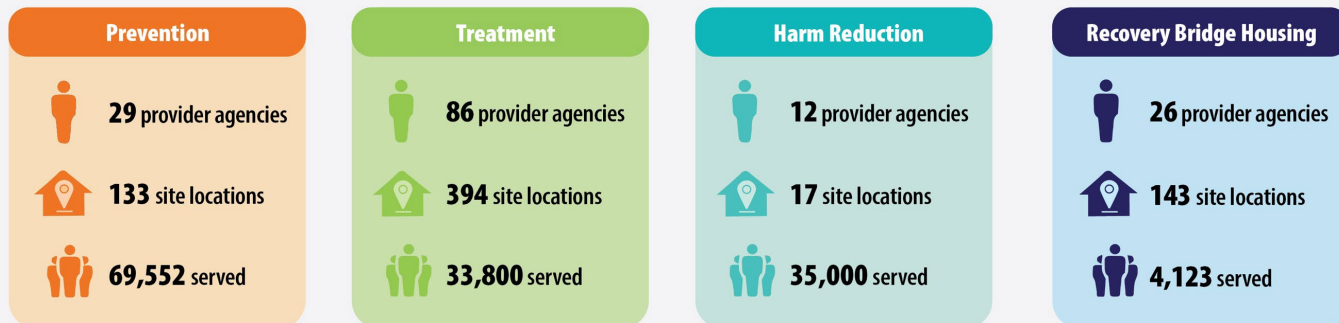
About SAPC

- 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.



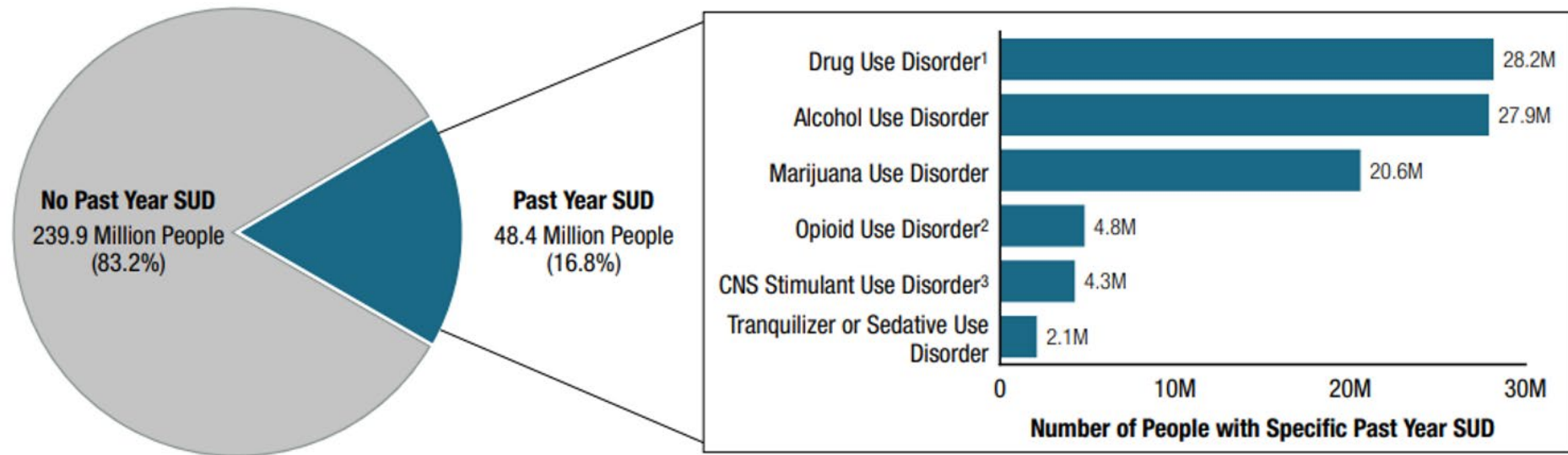
- SAPC is committed to innovative, equitable, and quality-focused substance use **prevention**, **harm reduction**, **treatment**, and **recovery services**.

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.

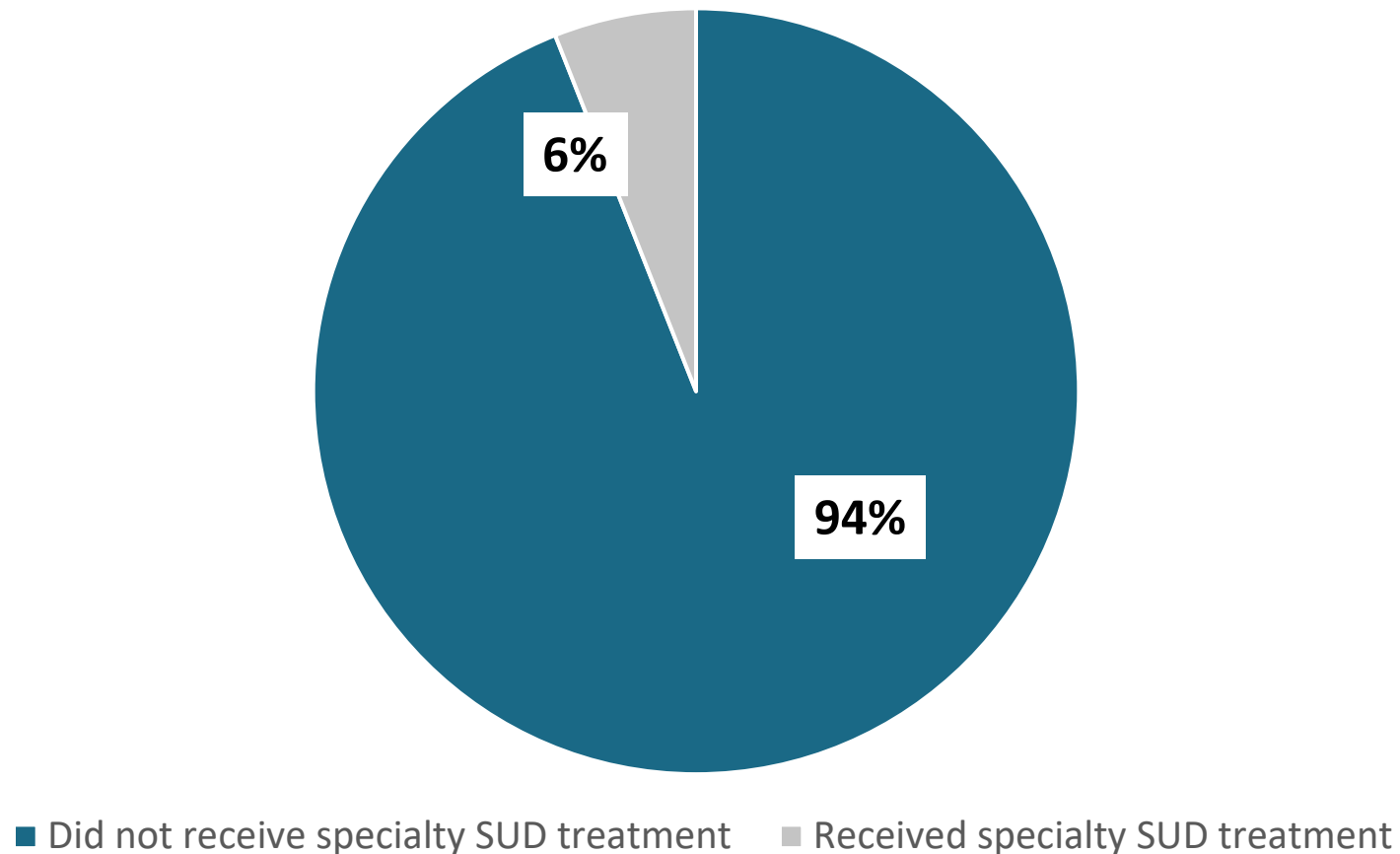
Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

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.

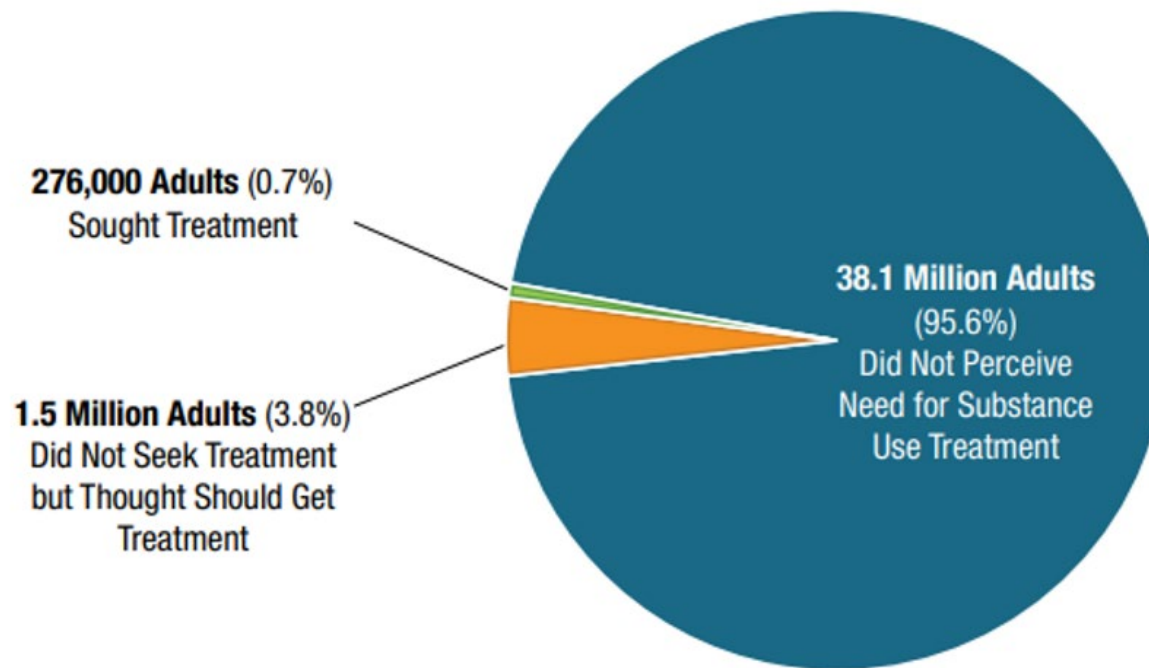
² Includes data from all past year users of heroin or prescription opioids. Respondents were not included if they used only nonopioid pain relievers and did not use heroin in the past year.

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

Receipt of specialty SUD treatment among those with SUD



**Figure 73. Perceptions of Need for Substance Use Treatment:
Among Adults Aged 18 or Older with a Past Year Substance Use
Disorder Who Did Not Receive Substance Use Treatment in the
Past Year; 2024**



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

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

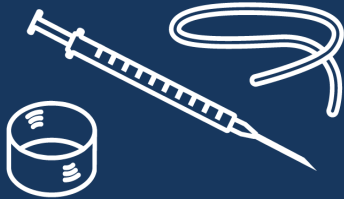
- Low threshold services proven to reduce morbidity and mortality, including outreach, overdose prevention (naloxone and fentanyl test strip distribution, etc), syringe exchange, peer services, linkages to SUD treatment and other needed services, etc.

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

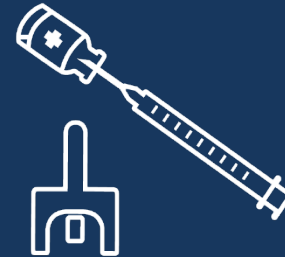
Harm Reduction Services



**Harm Reduction
Supplies Access**



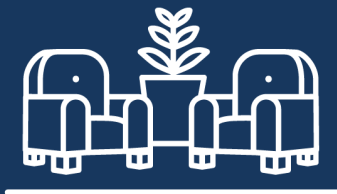
**Syringe Exchange &
Disposal**



**Naloxone and
Test Strips**



**Medications for
Addiction Treatment**



Drop-In Centers



**Linkage to Ho using
Services**



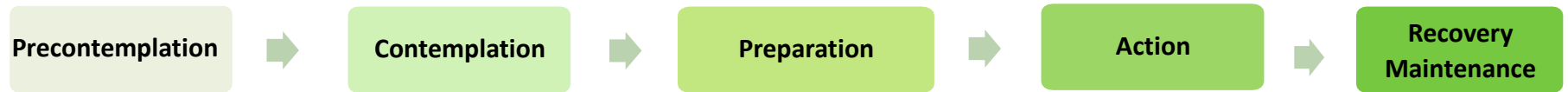
Pharmacy Access



**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

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

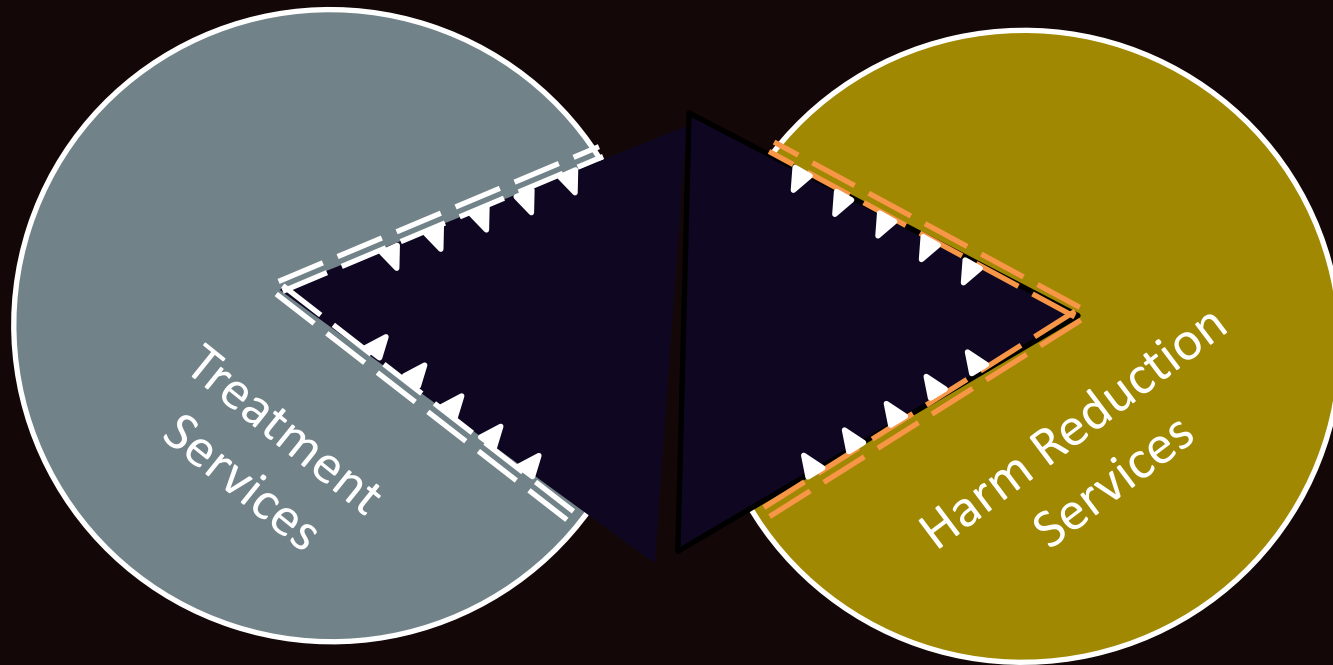
Problematic Conceptualization

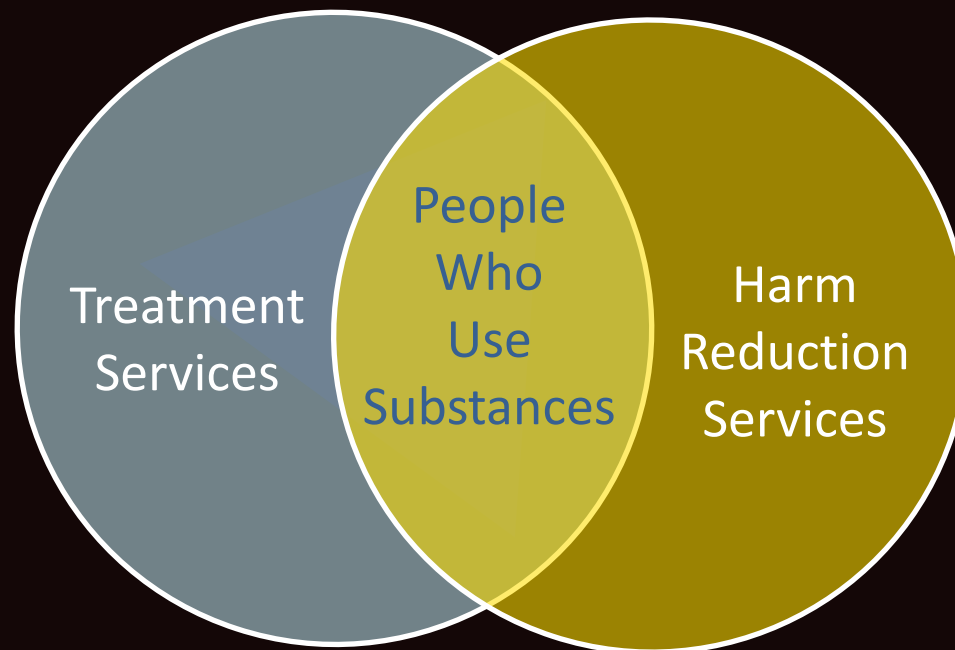


Treatment
Services

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://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

The diagram consists of six colored rectangular boxes arranged in a 3x2 grid. The top-left box is red and contains the text 'SUD Treatment'. The top-right box is gray and contains 'Medical Hospital'. The middle-left box is yellow and contains 'Primary Care Clinic'. The middle-right box is blue and contains 'Addiction Medication (MAT) Services'. The bottom-left box is green and contains 'Mental Health Clinic'. The bottom-right box is purple and contains 'Housing Service'. Two red circles are drawn around the boxes: one around the red 'SUD Treatment' box and another around the blue 'Addiction Medication (MAT) Services' box.

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

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.



Engagement and Retention of Nonabstinent Patients in Substance Use Treatment

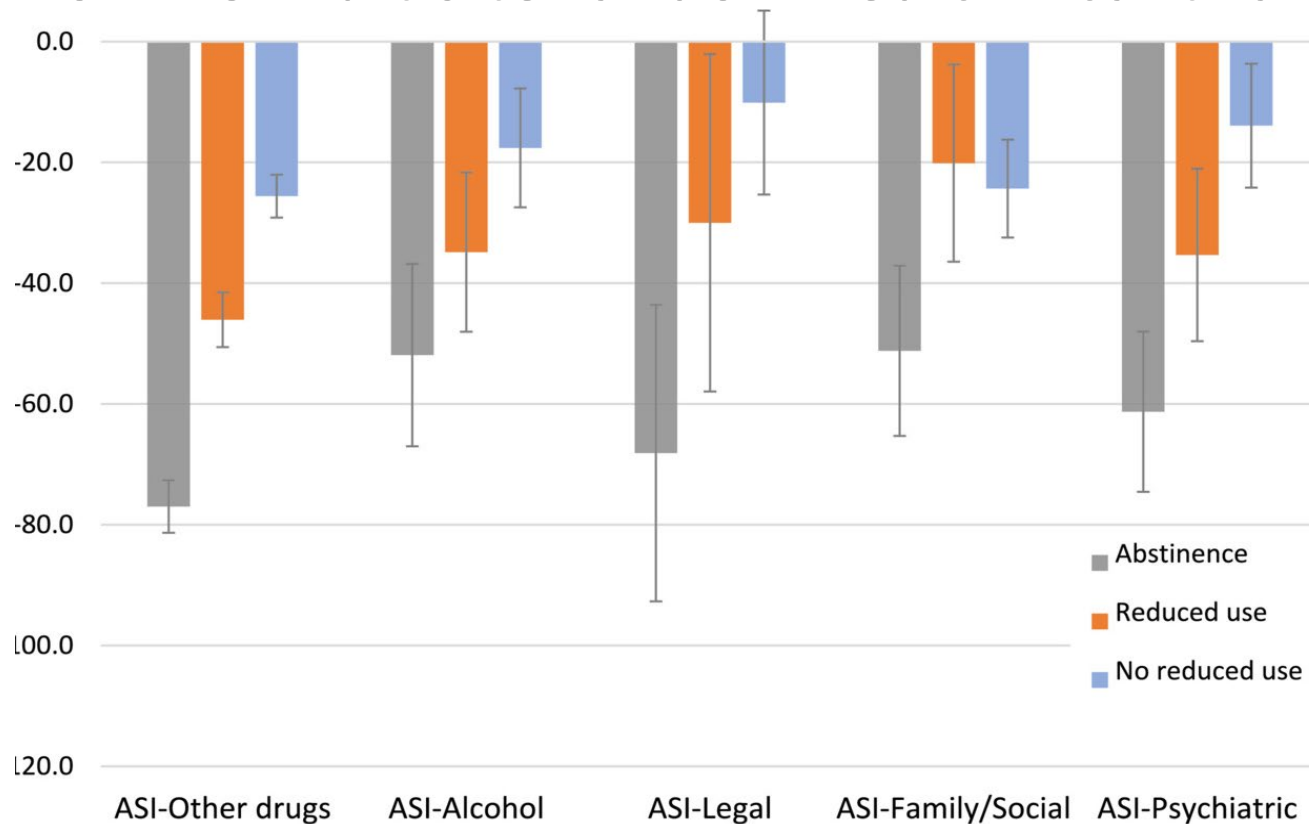
Clinical Consideration for Addiction Treatment Providers

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>

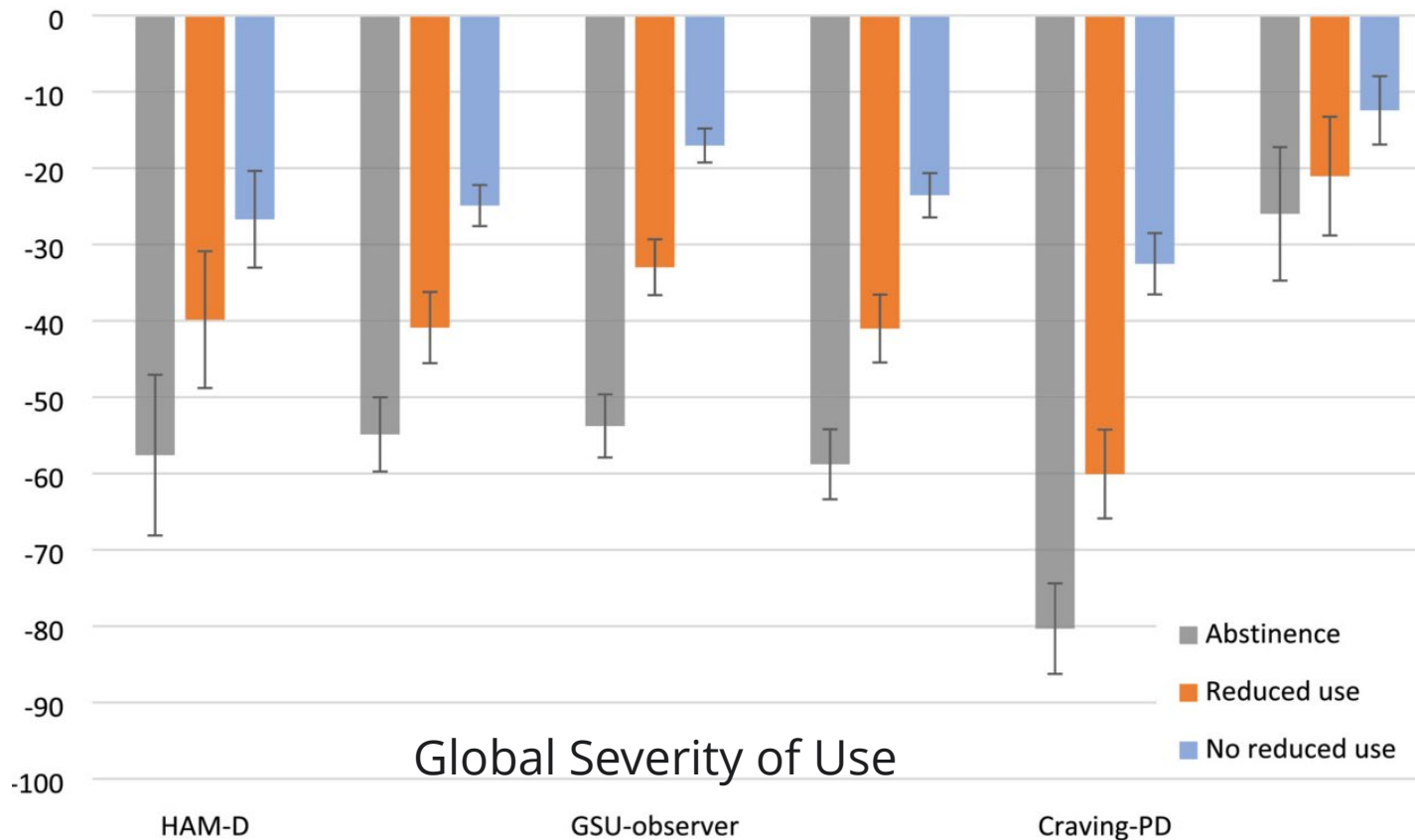
Summary of Recommended Strategies

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.

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



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



Panel discussion



Thank You!

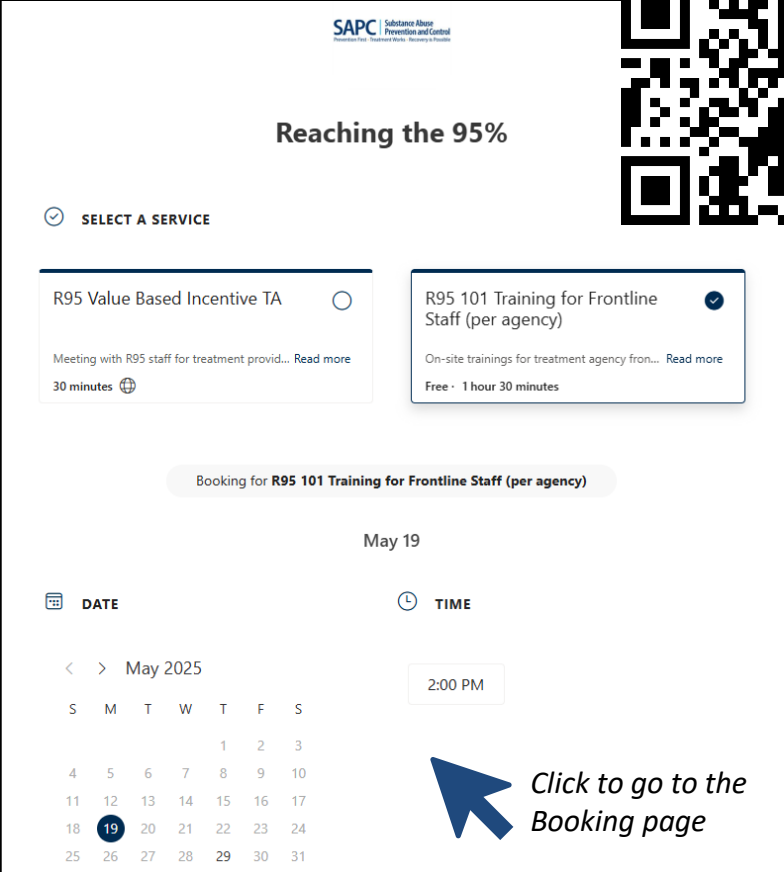
Be sure to scan with your phone
camera and sign in!



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

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



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 from... [Read more](#)

Free · 1 hour 30 minutes

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

May 19

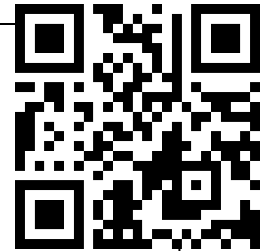
DATE TIME

< > May 2025

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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>

Upcoming meetings

Virtual R95 office hour

Wednesday September 17, 9:00am-10:00am

Add to calendar: <http://publichealth.lacounty.gov/sapc/calendar/meeting/SAPC-R95-Virtual-Office-Hours.ics>

Workgroup: R95 with Justice-Involved Patients – R95 Enhancement eligible

- Topic: Discussion of opportunities and challenges of R95 implementation with justice-involved patients
- Date: Thursday, September 18, 1:00pm-2:30pm (*following SAPC All Treatment Provider Meeting*)
- Location: Almansor Court, 700 S Almansor St, Alhambra, CA 91801
- Registration: <https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=208>

Harm Reduction and Treatment Integration – R95 Enhancement eligible

Topic: Training for treatment staff on how to integrate harm reduction approaches to meet patient needs throughout the recovery journey

Date: Wednesday, October 22, 2:00pm-4:00pm

Location: Child & Family Center, Education Building, 21545 Centre

Point Pkwy, Santa Clarita, CA 91350

Register Here: <https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=215>