



SAPC All Treatment Provider Meeting

March 18, 2026

Executive Updates

- DHCS BHIN 26-006: Admission Agreements and “Return to Use” Plans – see slide
- Reaching the 95% (R95) Initiative 8-Year Roadmap – see slide
- ASAM 4th Edition Preparations – see slide



DHCS BHIN 26-006: Admission Agreements and “Return to Use” Plans

Context: SAPC lead the County’s drafting of and sponsorship of **Assembly Bill (AB) 1037 (SUD Care Modernization Act)**, which lowers barriers to SUD care to reflect current evidence-based best practices and optimize access to appropriate treatment and services. **AB 1037 had 4 key focuses:**

- Removed the prohibition of risk reduction language to better engage individuals at different stages of their journey.
- Remove the prohibition of SUD agencies serving individuals who are intoxicated or not abstinent and “drug-free” upon admission or during treatment.
- Streamlined the process for residential SUD sites receiving approval from DHCS for Incidental Medical Services (IMS) to directly provide MAT and other incidental medical services.
- Updated language in state statutes to acknowledge that naloxone is now also available over-the-counter.

What: DHCS drafted their Behavioral Health Information Notice (BHIN) 26-006 to operationalize AB 1037, which better aligns state requirements to R95 principles.



Key Changes in DHCS' BHIN 26-006

Key changes to prior practice per previous state requirements

- **Admission Agreements**
 - No longer requires a person to have been abstinent, to not be intoxicated, or to otherwise not be under the influence in order to be admitted into care, be considered for treatment, or continue treatment.
- **Return to Use (Relapse) Plans**
 - Does not require SUD agencies to discharge clients solely due to relapse/lapses/return to use.
 - SUD agencies still need to develop Return to Use (Relapse) Plans to outline what to do if/when a client returns to substance use.



Update: Reaching the 95% Initiative

Agency adoption of all R95 policies and agreements increased from

51% to **77%**

FY 24-25

FY 25-26



- 81% of contracted treatment provider agencies are participating in *some* aspects of R95



Reaching the 95% (R95) Initiative: 8-Year Roadmap

Purpose: To outline SAPC’s plan to redesign SUD treatment – how it’s perceived by the community and how it’s delivered by provider agencies – improving access to life-saving services for vulnerable populations and moving the SUD treatment system to lower barrier and on-demand care.

Goal: To increase unique clients served by lowering barrier to services and improving treatment experiences.

Approach: Working from the inside out by: 1) increasing treatment provider capacity and buy-in for R95 policy changes; and then 2) enhancing demand for services via a community-wide culture shift in perceptions around treatment readiness and how SUD is recognized, talked about, and addressed.

Phase 1				Phase 2			
Lowering system barriers				Community perception and demand			
System alignment: Incentives and enhanced training				Referral pathways	Network capacity building	Public campaigns and education	
2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31

High barrier care

Lower barrier care

On-demand care





R95 8-Year Roadmap

Impact Area	Phase 1				Phase 2			
	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
SUD Systems	Lower barrier care				On-demand care			
	• Network capacity building							
Barrier Focus	• Abstinence requirements	• Toxicology/drug tests • Return to use	• Harm reduction and treatment referrals		• Public sentiment and beliefs about SUD and treatment			
	• Recovery goals		• Preparing for HR-1 Medi-Cal eligibility changes		• Limited intake/admission hours, on demand treatment			
SUD Service Providers	Initial engagement	Frontline staff engagement and training			Ongoing compliance monitoring, training, and process evaluation			
					Frontline staff training			
County Departments	Better Reaching the 95% Board Motion – County agency coordination							
	Interagency education and training				Promotion of the availability of lower barrier SUD services			
Community				Redefining readiness for treatment with the community through media campaigns, CBO partnerships, and social services partnerships*				
Public Focus	Public messaging through website and presentations			What is SUD, services available, and redefining treatment readiness • SUD stakeholders, housing, and support services • Established and informal places of community				

*SAPC-wide effort



ASAM 4th Edition Implementation in California

Context: The ASAM 4th edition represents an evolution of the ASAM Criteria that is used to assess, place, and deliver services to SUD clients consistent with evidence and best practices.

Key Changes with the ASAM 4th edition compared to the 3rd edition:

- **More co-occurring capability within every level of care**
 - **More withdrawal management (WM) and the integration of WM into treatment levels of care**
 - **Changes to the levels of care** → will require new State licenses and certification, as well as new SAPC contracts
 - **Changes to the ASAM Dimension** → will require changes to ASAM assessments, including the CONTINUUM tool
- } may require NEW programming, and NEW and DIFFERENT staffing

What: DHCS has announced that it is planning on releasing guidance on the ASAM 4th edition in January 2027, and implementing the ASAM 4th edition in July 2027.

The magnitude of change in the shift from the 3rd edition of the ASAM Criteria to the 4th edition is akin to the magnitude of change when SAPC implemented the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver... This is a BIG deal!



SAPC's Multi-Faceted Approach to ASAM 4th Edition Implementation in LA County

SAPC is planning for the ASAM 4th edition transition and plans on supporting its provider network in several key ways:

1. Funding

- **One-time bump up in base rates for ASAM 4th edition investments** (above and beyond SAPC's usual market basket increases) for residential and non-residential settings in FY26-27, leading up to DHCS' new cost analyses to re-base State rates in 2027
- **Incentive payments** for residential settings to pay for staff and expenses needed to apply for Incidental Medical Services (IMS), hire staff to deliver more co-occurring MH services and withdrawal management, etc.

2. Training & Technical Assistance

- SAPC's vendor (CIBHS) can support residential site with seeking IMS approval from DHCS
- Once DHCS finalizes implementation details around the ASAM 4th edition, SAPC will develop trainings available to provider agencies and staff