



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

April 9, 2026

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
 **1.844.804.7500**

CENS
 Client Engagement and Navigation Services

CET
 Community Engagement Team

- SAPC is committed to innovative, equitable, and quality-focused substance use **Prevention, Harm Reduction, Treatment, and Recovery Services.**

DPH-SAPC Contracted Provider Network*



PREVENTION

-  **29** provider agencies
-  **133** site locations
-  **148,324** served



HARM REDUCTION

-  **16** provider agencies
-  **100** site locations
-  **200,000** served

TREATMENT AND RECOVERY

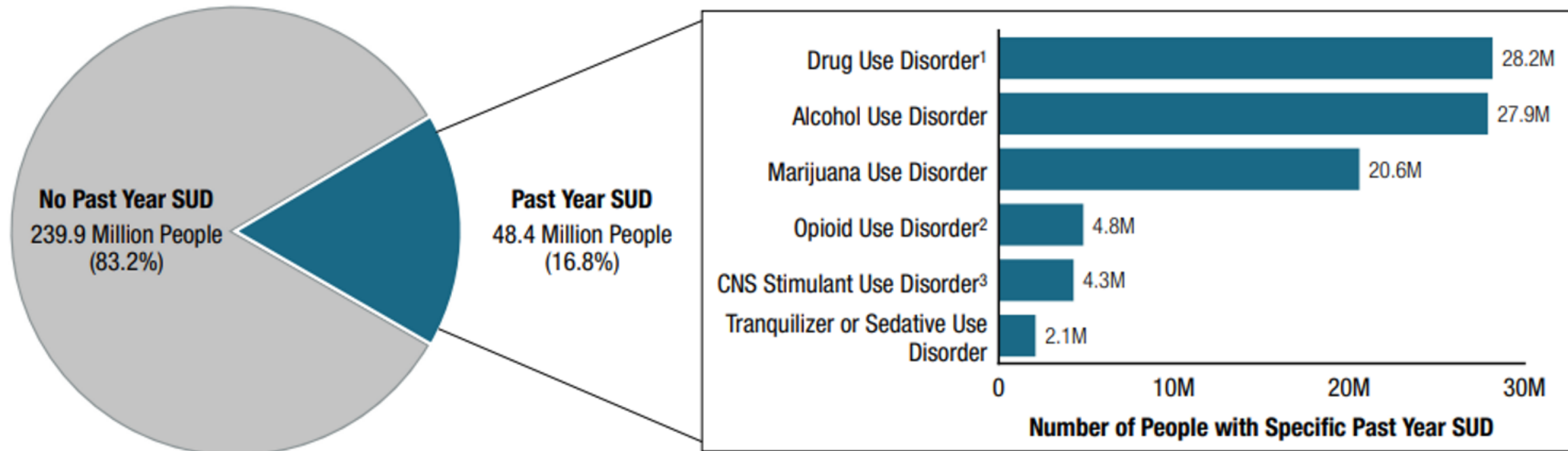
-  **80** provider agencies
-  **254** site locations
-  **33,800** served

Recovery Housing

-  **27** provider agencies
-  **170** site locations
-  **4,752** served

*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.

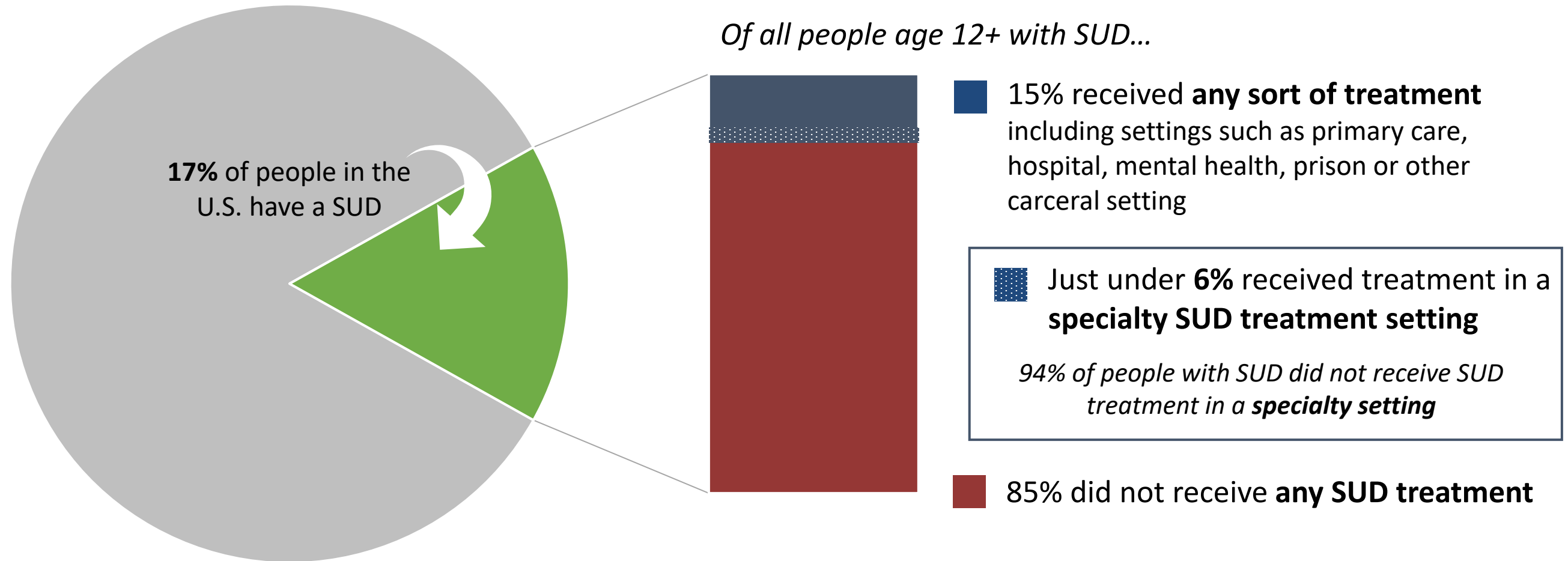
Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

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.

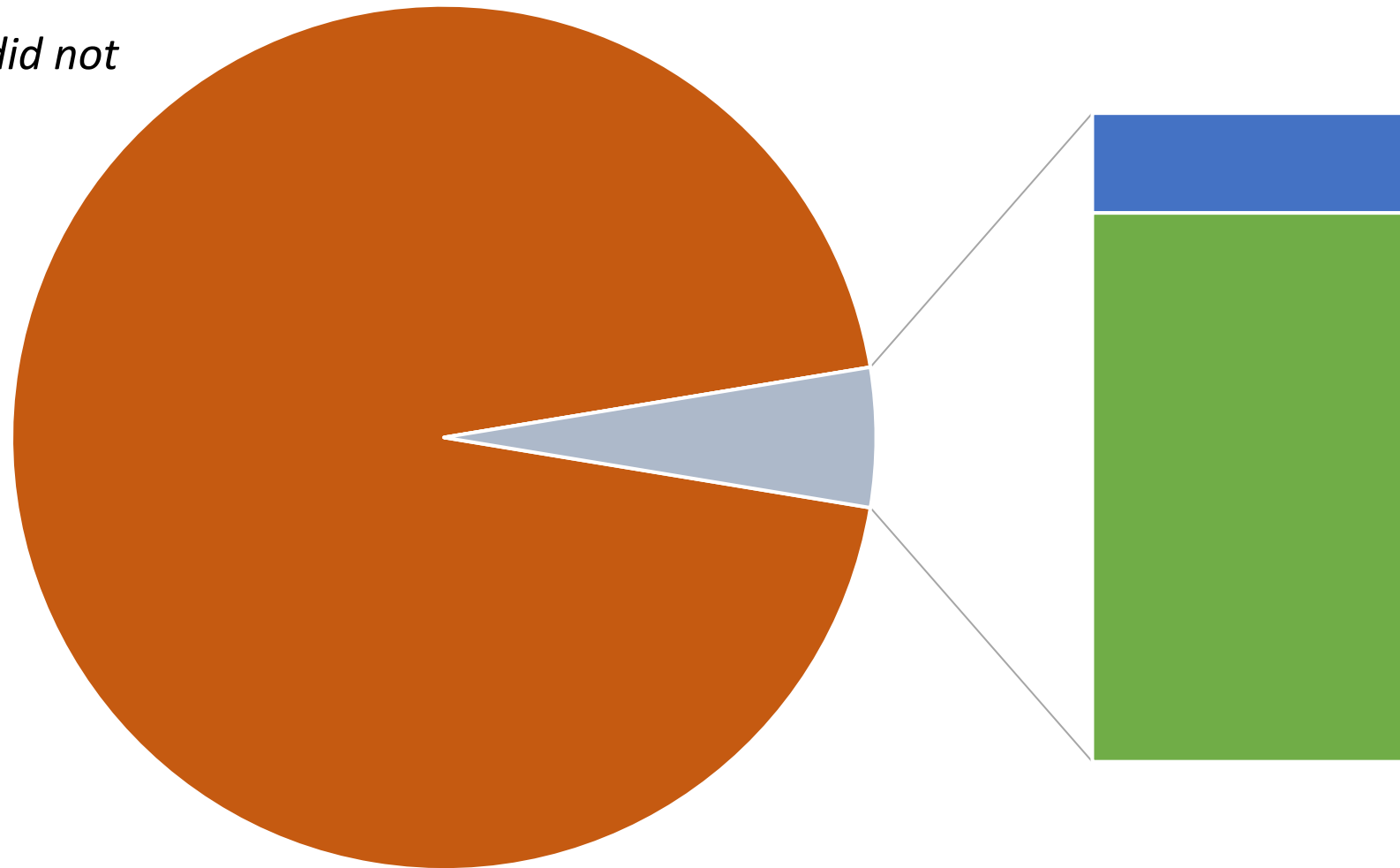
In the SUD treatment field, we offer something few people receive, and even fewer people want, yet we often **establish criteria to access services** as if it's a hot commodity.



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



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

- Johann Hari, British-Swiss Writer

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

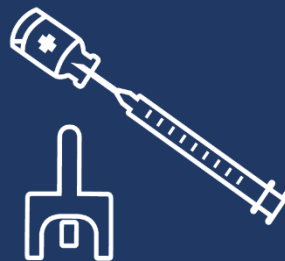
Harm Reduction Services



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

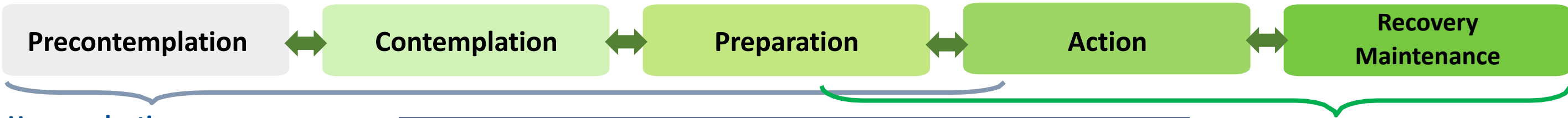


Referrals for Needed
Services

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

People who use harm reduction services are...

3X

more likely to reduce or stop
using drugs

5X

more likely to participate in
drug treatment

Centers for Disease Control and Prevention. (2023, November 14). Syringe services programs (SSPs). U.S. Department of Health & Human Services.
<https://www.cdc.gov/syringe-services-programs/php/index.html>



LA County Departments of Public Health and Health Services campaign to fight stigma and build support for and use of community services.

Rewriting
LA County's Story



We're Making LA Stronger Together.

LA County is tackling the overdose crisis.



We All Belong in LA.
LA Belongs to All of Us.



ByLAForLA.org



:30

"I want us to get to a place where when we see someone having a tough moment, we recognize their humanity is as valuable and irreplaceable as our own."

Dr. Ricky, *Los Angeles*

Public Health Professor, USC



resources to achieve that.



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

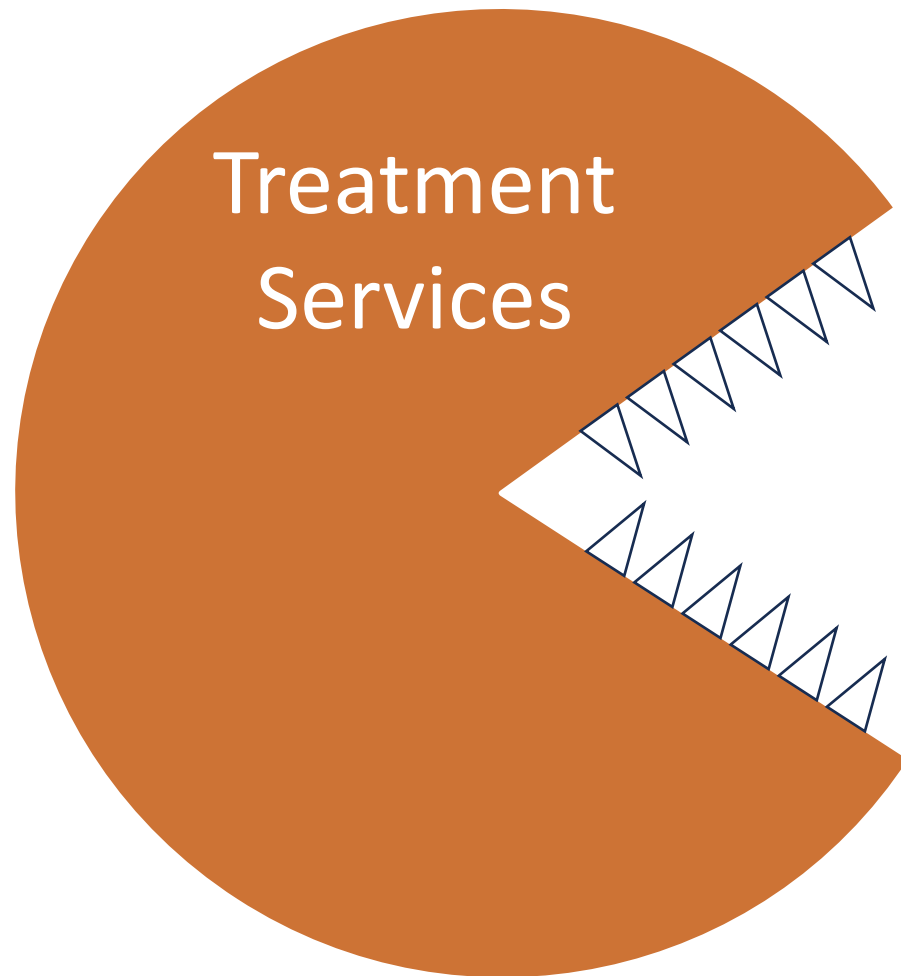


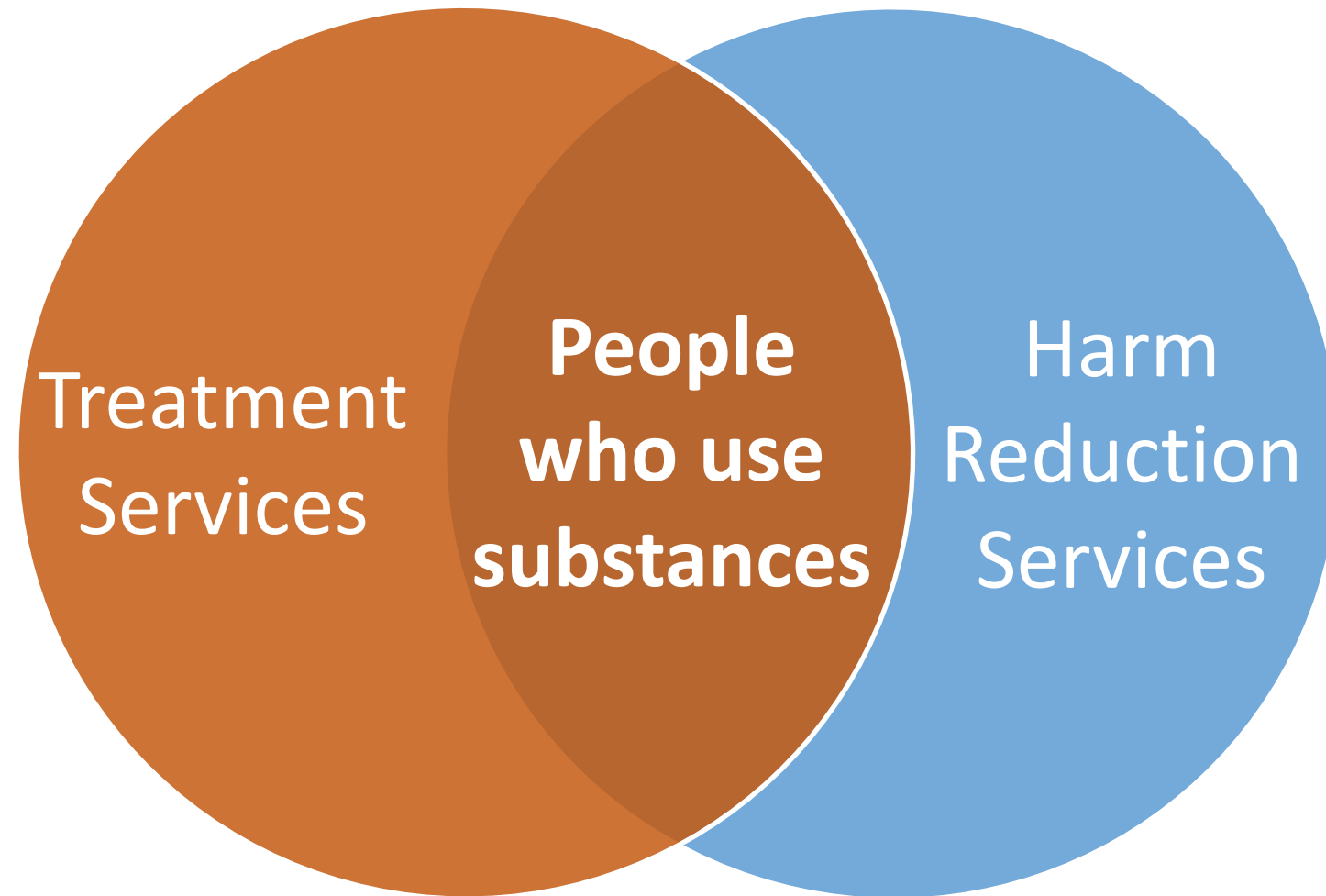
Treatment
Services



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 ^{35,36,37,38,39,40}	Requirements and Approach (medication only)	Availability ^{41,42,43,44,45}
<p>High Barrier Care</p>	<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.

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 ^{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.

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>



Engagement and Retention of Nonabstinent Patients in Substance Use Treatment

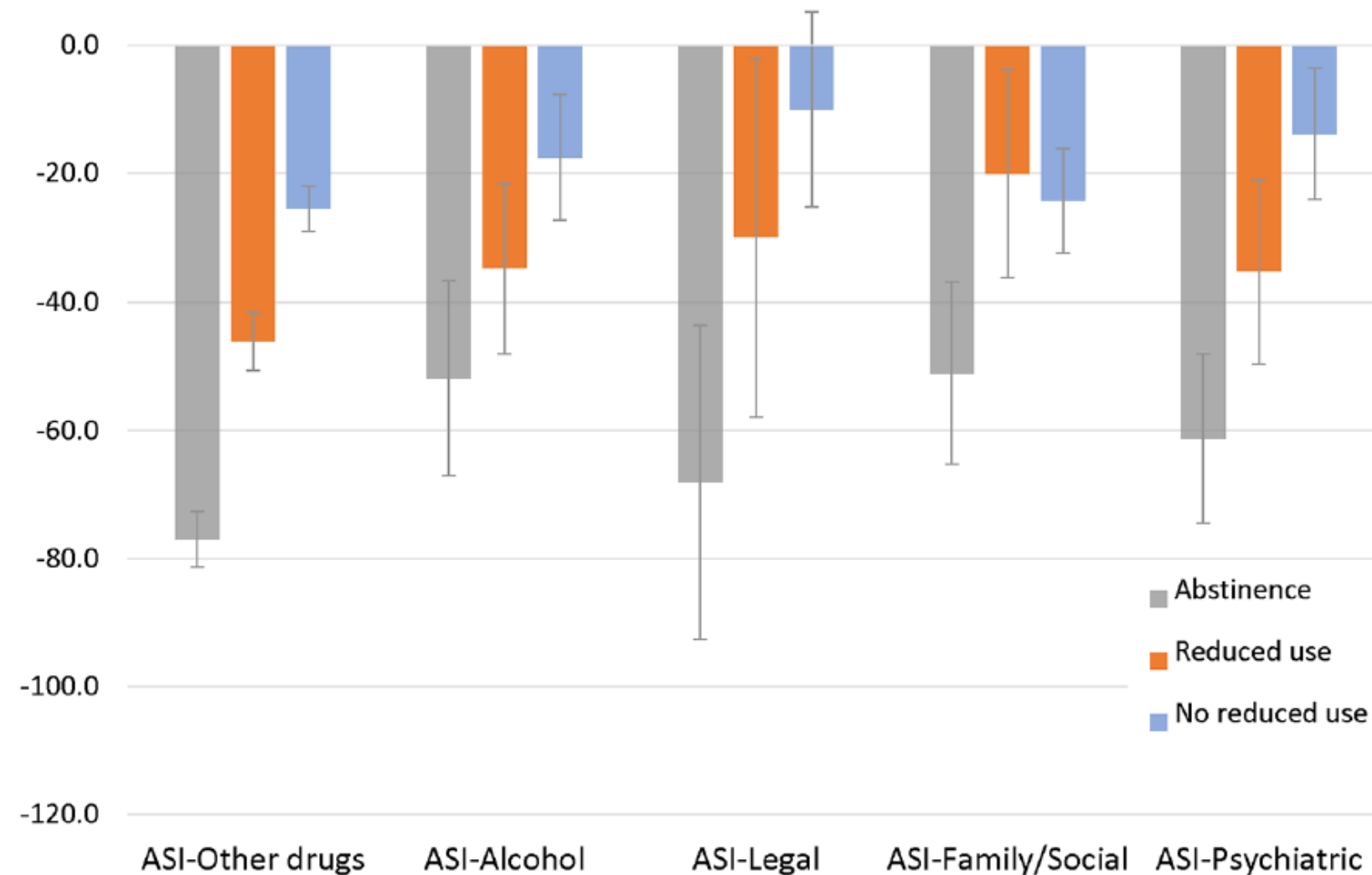
Clinical Consideration for Addiction Treatment Providers

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.

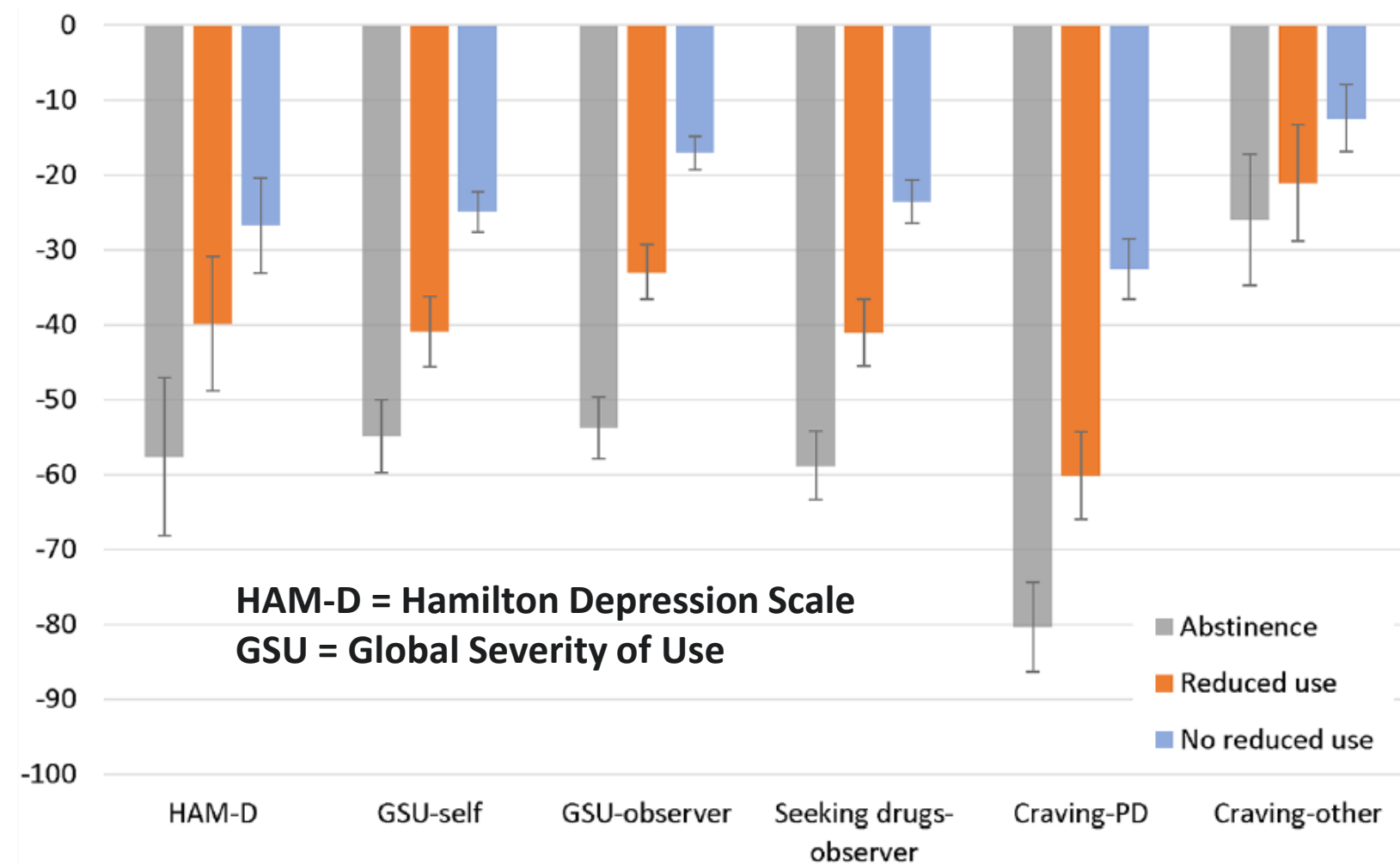
Reduced drug use as an alternative valid outcome in individuals with stimulant use disorders: Findings from 13 multisite randomized clinical trials

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



Resource presentation:

Harm Reduction Toolkit for SUD Treatment Integration

Justin Arguel

Tarzana Treatment Centers

Bridging the Gap: A Harm Reduction Toolkit for SUD Treatment Integration

Created for the SAPC Treatment Provider Network to enhance access, engagement, and outcomes across the continuum of care

Version 1.0 (November 2025)

TARZANA TREATMENT CENTERS, INC.

SAPC ODHRTA
Overdose & Harm Reduction
Technical Assistance



HARM REDUCTION & TREATMENT INTEGRATION TOOLKIT

Tarzana Treatment Centers, Inc.

SAPC OVERDOSE PREVENTION & HARM REDUCTION TECHNICAL ASSISTANCE (ODHRTA)
ODHRTA@TARZANATC.ORG

JUSTIN MARK ARGUEL, MPH, CHES



ABOUT US

ODHRTA aims to reduce overdose deaths in LA County

Tarzana Treatment Centers and Clare | Matrix are contracted by SAPC to support the treatment provider network in integrating harm reduction into their programs.

We offer training, technical assistance, and practical resources to help providers lower barriers to care, improve patient engagement, and reduce overdose deaths.



Overdose Response & Naloxone Distribution



Reaching the 95% to engage more individuals in care



Harm Reduction & Treatment Integration

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SAPC ODHRTA
Overdose & Harm Reduction
Technical Assistance



HARM REDUCTION & TREATMENT INTEGRATION TOOLKIT

Why It Exists

- Providers across the network were sharing similar themes, questions, and concerns
- Policy updates and trainings can only go so far in shifting how people think and practice
- Providers needed something they could sit with and turn to – a tool that walks them through scenarios that aren't always clear
- It's a living document that will continue to grow as new questions emerge, and will be accessible to all providers, now and in the future

Key Areas of Need Across the Provider Network



**Staff Buy-In &
Culture Change**



Navigating the Grey



**High-Stakes Clinical
Scenarios**

Key Areas of Need Across the Provider Network



Embracing the Culture Change

- Frequently mentioned **as one of the biggest challenges** in implementing harm reduction-aligned practices
- For a lot of us, **this work is deeply personal**, especially those of us who are in recovery or have friends or family in recovery
- There's **a real gap** between our past experiences, how we've been historically taught, and are now being asked to do
- We need to provide staff and leadership with the language and tools to implement these practices confidently

Key Areas of Need Across the Provider Network



Reframing Treatment Progress

- Whereas the old rules were simpler, we are now asking providers to be **more flexible**, and to **use clinical judgment** instead of defaulting to automatic responses
- This toolkit walks through real scenarios to provide staff with guidance in the moment:

How do I support folks with non-abstinence goals?

How should I navigate mixed treatment settings?

What do I do when a patient returns to use?

Key Areas of Need Across the Provider Network



Navigating through Legal Cases

- Cases involving the justice system, including **DCFS cases**, are where providers feel most exposed: legally, ethically, and clinically
- There's a lot of nuance that doesn't always get addressed:
 - Does substance use always indicate a substance use disorder diagnosis?
 - Does a positive toxicology screen alone automatically trigger a mandated report?
- This toolkit **provides concrete guidance and language tools** so that staff can feel equipped for these situations

Inside the Toolkit



Evidence-Based Harm Reduction

The research behind harm reduction, safer use supplies, and syringe service programs



R95 Framework & Systems Redesign

The why behind lower barriers to admission and raising the bar for discharge



Operating in the Grey

How to use clinical judgment in complex, real-world scenarios



Individualized, Contextualized Care

Responding to continued use, secondary substance use, or mixed treatment settings



Addressing Provider Concerns Head-On

Honest, nuanced answers to the tough questions we keep hearing from providers



Workforce Development & Culture Change

Leadership strategies for introducing harm reduction to staff and navigating discomfort

Bridging the Gap:

A Harm Reduction Toolkit for SUD Treatment Integration

Created for the SAPC Treatment Provider Network to enhance access, engagement, and outcomes across the continuum of care

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SAPC ODHRTA
Overdose & Harm Reduction
Technical Assistance



SAPC Substance Abuse
Prevention and Control



COUNTY OF LOS ANGELES
Public Health

ACCESS THE TOOLKIT AT OUR DOCSEND



Contact

Tarzana Treatment Centers, Inc.

SAPC OVERDOSE PREVENTION & HARM REDUCTION TECHNICAL ASSISTANCE (ODHRTA)

ODHRTA@TARZANATC.ORG

Panel Discussion

Bruce Boardman, Social Model Recovery Systems

Amanda Cowen, Los Angeles Community Health Project (CHPLA)

Bill Tarkanian, Los Angeles Centers for Alcohol and Drug Use (LACADA)

SAPC | Substance Abuse
Prevention and Control





Discussion

For Harm Reduction: What makes referrals to treatment hard?

For Treatment: What makes referrals to harm reduction hard? When do you/would you refer?

For Everyone:

When do you/would you refer?

What do successful, streamlined referrals look like? What's the *ideal*?



Additional questions?

DON'T FORGET TO SIGN IN

Scan with your phone camera
or use a web browser:

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

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



Resources



SAPC website

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



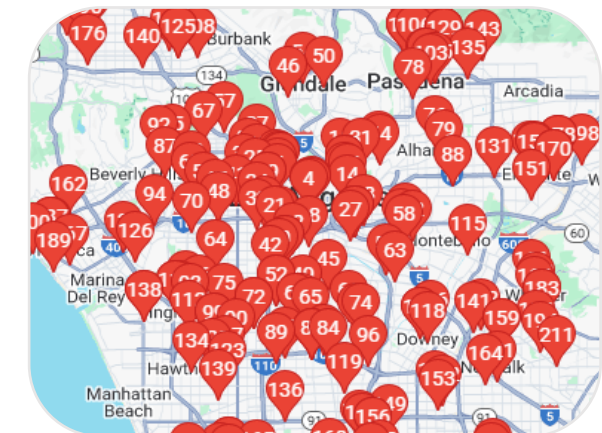
Substance Abuse Services Helpline

(844) 804-7500



RecoverLA.org

Even better on a mobile device



Service & Bed Availability Tool (SBAT)

<http://SUDHelpLA.org>

R95 in Practice

SAPC works hand in hand with SUD treatment provider agencies to operationalize the R95 Initiative, lowering barriers and centering system and service design around people with SUD. The profiles below provide real insights to what these changes mean for SUD treatment agencies, their staff, and their clients.

Featured Agencies	
CRI-Help	<u>Building Staff Alignment to Support Lower-Barrier, Client-Centered Care</u>
Families for Children	<u>Strengthening Access and Engagement with R95 and Stages of Change Group Design</u>
Pax House Recovery	<u>Implementing R95 in a Small Provider Setting: A Behavior-Based Approach</u>
Safe Refuge	<u>Building Staff Engagement in Discharge Practices Through Transparent Communication</u>

*New resource available on [Reaching the 95% \(R95\) Initiative](#) website

Month	Meeting/Training	Details	R95 Enhancement Activity eligibility	
			Harm reduction	R95
May	Workgroup: Implementation and Sustainability	<p>Topic: Agency-level discussion about how to implement client-centered, low barrier design and how to address new challenges</p> <p>Date: Wednesday, May 20, 1:00pm-2:30pm</p> <p>Location: House of Hope, 205 W. 9th St. San Pedro, CA 90731</p> <p>Registration: https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=213</p>	No	No
	Virtual office hour 3 rd Wednesdays 9:00am-10:00am	<p>Topic: 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.</p> <p>Add series to calendar: http://publichealth.lacounty.gov/sapc/calendar/meeting/SAPC-R95-Virtual-Office-Hours.ics</p>	No	No
June	R95 Year in Review	<p>Topic: Agency-level discussion about how to implement client-centered, low barrier design and how to address new challenges</p> <p>Date: Monday, June 8, 1:00pm-2:30pm</p> <p>Location: Helpline Youth Counseling, Liberty Community Plaza, 14181 Telegraph Road, Whittier, CA 90604</p> <p>Registration: https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=214</p>	No	No
	Virtual office hour 3 rd Wednesdays 9:00am-10:00am	<p>Topic: 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.</p> <p>Add series to calendar: http://publichealth.lacounty.gov/sapc/calendar/meeting/SAPC-R95-Virtual-Office-Hours.ics</p>	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](#)

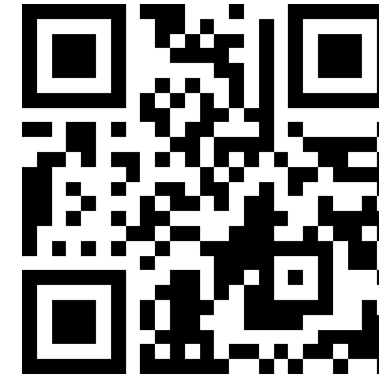
R95 Consultation Line for Providers

(626) 210-0648

M-F 8:30am-5:00pm, excluding County holidays

R95 Virtual Monthly Office Hour (3rd W, 9:00am)

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



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

2:00 PM

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

Click to go to the Booking page

<https://tinyurl.com/R95Booking>



Thank You!