Accessing and Lowering Barriers to Los Angeles County's Substance Use Disorder Treatment System

SAPC Substance Abuse Prevention and Control

County of Los Angeles Public Health

BHSA CPT Meeting Presentation
November 10, 2026

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About SAPC

- The Los Angeles County Department of Public Health **Substance Abuse Prevention and Control Bureau** oversees the most diverse and comprehensive continuum of substance use **prevention, harm reduction, and treatment services** in California.
- Committed to innovative, equitable, and quality focused care
- Contracts with community-based organizations for the entirety of its SUD treatment services.

DPH-SAPC Contracted Provider Network*

PREVENTION	HARM REDUCTION	TREATMENT AND RECOVERY	Recovery Bridge Housing
29 provider agencies	16 provider agencies	80 provider agencies	27 provider agencies
133 site locations	100 site locations	254 site locations	170 site locations
148,324 served	200,000 served	33,800 served	4,752 served

*For persons served, all numbers are annual

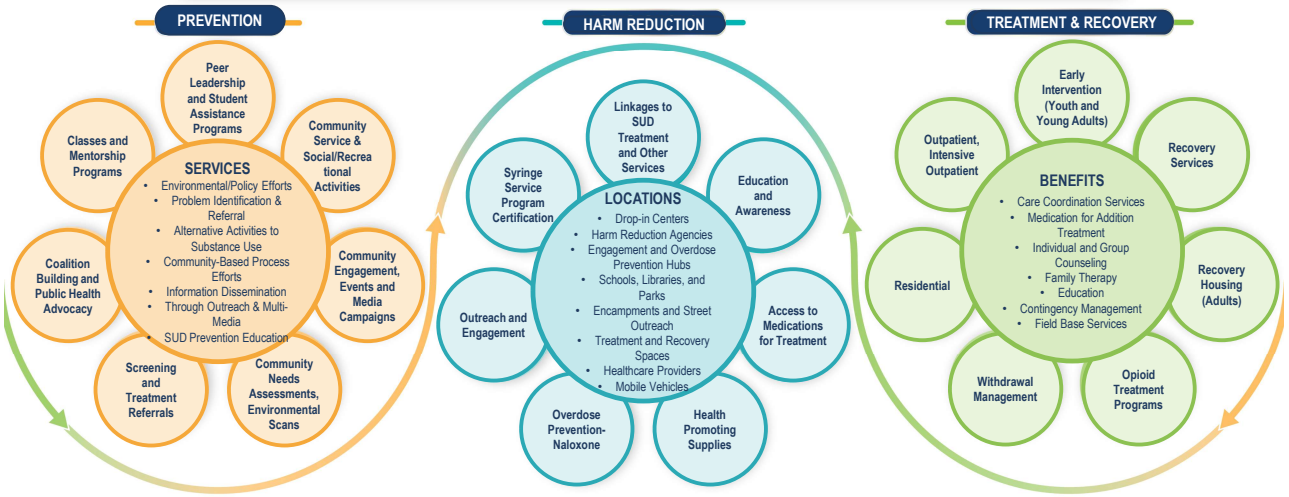
SAPC Website: ph.lacounty.gov/sapc/ | SAPC Strategic Plan - 2023-2028: ph.lacounty.gov/sapc/docs/providers/SAPC-Strategic-Plan-2023-2028.pdf

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LA County's SUD Continuum of Care & Benefits



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Entryways to Treatment

There is No Wrong Door to access alcohol/drug treatment.

SASH
[Substance Abuse Service Helpline]
1-844-804-7500
A 24/7 toll-free helpline where a team of professionals is available to provide screening, resources, and referrals directly to a matching treatment provider.

CENS
[Client Engagement and Navigation Services]
Conducts in-person alcohol/drug education, screenings, and engagement; staff serve as liaisons between County, city agencies, and treatment providers.

SUD Providers
[Self-Referral]
Any person (or representative) can contact alcohol/drug treatment providers directly by using the Online Provider Directory (SUDHelpLA.org) to access treatment options.



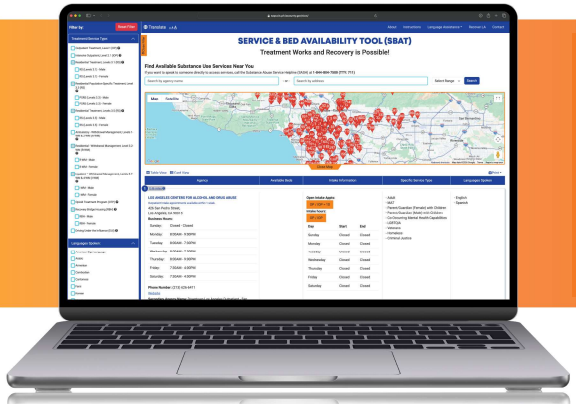
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Service & Bed Availability Tool (SBAT)

The SBAT website (**SUDHelpLA.org**) allows anyone with an internet connection to find SUD treatment services and site contact information.



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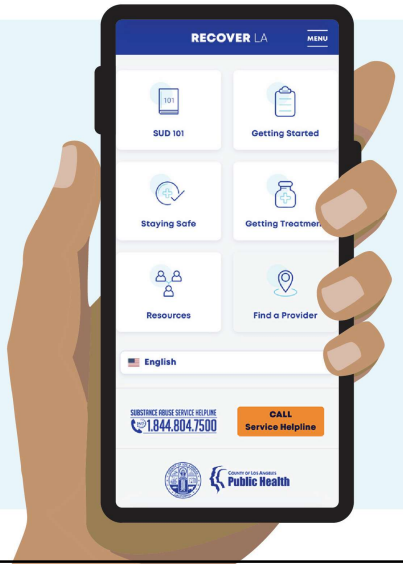
- Distance
- Treatment/Service Type
- Languages Spoken
- Clients Served (e.g. youth, perinatal, disabled, LGBTQIA, homeless, re-entry, etc.)
- Night/Weekend Availability

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Recover LA Mobile WebApp



RecoverLA.org

To access the desktop or mobile webapp, go to: RecoverLA.org

- Free Mobile webapp (works best on your mobile device)
- Provides education and resources for those seeking substance use services for themselves or others
- Available in 13 languages

Install this webapp on your phone:
Tap the share icon and then Add to Home Screen

Scan QR code to access app

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REACHING THE 95% (R95)

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Reaching the 95% Initiative

Fundamental R95 Goals

1. Ensure specialty SUD systems are designed not just for the ~5% of people with SUDs who are already interested in treatment, but also the ~95% of people with SUDs who are not.
2. To lower barriers to care in the hearts and minds of the SUD community and public by disconnecting readiness for treatment from abstinence.
3. To communicate – through words, policies, and actions – that people with SUD are worthy of our time, attention, and compassion, no matter where they are in their readiness for change or recovery journey.

The R95 Initiative was launched by the Los Angeles County Department of Public Health's Substance Abuse Prevention and Control (SAPC) in 2023 to reach more people by expanding outreach and lowering barriers to care

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Guiding Principles

1. **A person ready for treatment may not be ready for complete abstinence – and that's okay.** Any reduction in use positively impacts a person's health outcomes.
2. **SUD is a chronic medical condition.** Substance use is a symptom of SUD, and therefore a lapse or return to use is not a dischargeable offense on its own. There can still be consequences for use while in treatment, such as changes in programming, changes in LOC, additional education, and/or revisiting treatment plans and goals.
3. **Toxicology screening is a clinical tool and should not be used as a treat or punishment** as it erodes trust with the treatment care team and can trigger trauma. If a client refuses to test, care teams should document refusal and follow procedures as if client tested positive.

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R95 Strategies to Increase Access to SUD Treatment

1 Enhancing outreach and engagement

Meeting people where they are:

- Expanding field- and street-based services
- Increasing efforts to interface with other areas of health and social systems

Meeting people at different points of their recovery:

- Expanding low barrier and low judgement services so abstinence is not a condition of or prerequisite for admission.
- Expanding offerings of Addiction Medication (Medications for Addiction Treatment [MAT])

Optimizing reimbursable outreach and engagement services:

- Expanding services available to clients before formal diagnosis

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R95 Strategies to Increase Access to SUD Treatment

2 Establishing lower barrier care



Designing spaces and services around the client to enhance engagement and retention:

- Performing customer experience assessments at the SUD provider level to make the care environment more inviting



Redefining "readiness" for care:

- Lowering the bar of admissions to welcome a broader range of recovery goals, inclusive of nonabstinent goals



Supporting someone through recovery's ups and downs:

- Raising the bar of discharge policies so that there are more nuanced considerations before someone is discharged from treatment because of relapse



Connecting the continuum of care and not gatekeeping life-saving practices:

- Strengthening bidirectional referrals between harm reduction and SUD treatment agencies to meet clients needs throughout the recovery journey

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Additional Resources

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Admissions and recovery goals

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Treatment agencies cannot bar admission for:

- Non-abstinence recovery goals
- A positive toxicology test result or refusal to test
- Current or recent substance use
- Controlled co-occurring conditions
- Lack of Medi-Cal, if eligible

Treatment agencies must:

- Make every reasonable effort for same day admission
- Provide language assistance
- Prioritize service design, including physical spaces

What this may look like:

- Clients can be honest about their recovery goals and don't have to commit to abstinence from the get-go.
- Clients will receive client-centered treatment plans, including groups focused on relevant topics and skills.
- Clients don't have to agree to a toxicology test to be admitted or start receiving services.
- Greater use of language assistance services throughout treatment.
- Staff will help clients move or apply for Medi-Cal if client does not already have coverage.

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Client-centered discharge practices

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Treatment agencies cannot discharge clients *solely* for:

- Return to symptoms (lapse or relapse)
- Non-abstinent recovery goal
- Lapsed Medi-Cal coverage when still eligible
- Positive toxicology test or refusal to submit to a test

Treatment agencies must:

- Make every effort to warm hand off at discharge
- Provide harm reduction education at discharge

What this may look like:

- Clients will receive support if they lapse – not be abandoned. This can include safe spaces to sober, discussions with treatment teams about recovery goals, and no-judgement support.
- Upon discharge, clients will be given harm reduction education and tools, warm hand offs to relevant partners, and links to social services.

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Toxicology testing as a clinical tool

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- Policies and practices do not discharge clients for refusing to test or testing positive
- Clients are encouraged to disclose any potential substances prior to testing
- If a client refuses to test, provider agencies are to proceed as if client tested positive
- Treatment staff are encouraged to provide the full picture of recovery if reporting toxicology results to other agencies

What this may look like:

- Clients consent for their toxicology testing schedule and treatment will not end if a client refuses to test.
- If a client refuses to test, treatment team will document client's refusal and the steps followed to continue engagement.
- Treatment staff will make every effort to provide more detailed toxicology reports to other agencies (e.g., DCFS, Probation) highlighting attendance, engagement, and progress beyond the positive or negative toxicology result.

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Publicly Funded Treatment Options

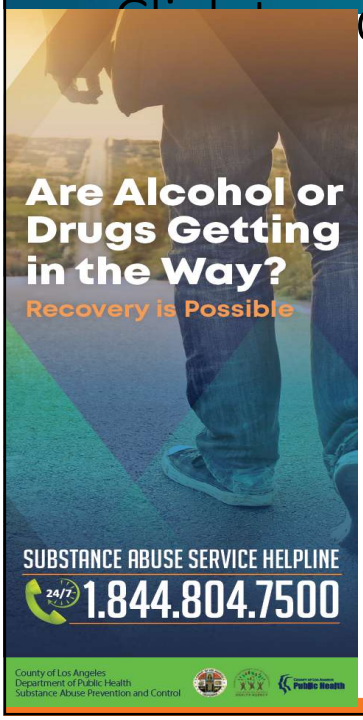
Level of Care	What Care Looks Like	Characteristics
Early Intervention	Community setting, 1-3 times per week	Psychoeducation and early intervention services for youth and young adults (ages 12-20)
Outpatient	Community setting, 2-3 times per week	Minimal withdrawal risk, motivation strategies, able to maintain recovery goals with supports
Intensive Outpatient	Community setting, 4-5 times per week	Minimal withdrawal risk, requires more structure to support recovery
Residential	Short-term onsite living and treatment	Minimal withdrawal risk, requires 24-hour structured environment needed to initiate recovery
Opioid Treatment Program	Community setting, on-site and take-home dosing of medication, monthly counseling	For clients with opioid use disorder, provides medication and counseling services
Withdrawal Management (Detox)	Monitoring and/or management of withdrawal	Risk of withdrawal from mild to severe. Level of medical supervision and support varies depending on the level of withdrawal risk
Recovery Services	Support services to help individuals remain engaged in supportive care and reduce likelihood of relapse	Flexible services delivered prior, concurrent, following, or between other services, to advance recovery goals

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QUICK REFERENCE GUIDE

- Eligibility for Services
- Screening
- How to Find Services
- Available Services

Available online in all threshold languages:
http://ph.lacounty.gov/sapc/public/member-info-and-resources/

To request hard copies email: PCM@ph.lacounty.gov

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Thank You!

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