



R95 Implementation

REACHING THE 95% - Enhancement incentive eligible

Please be sure to sign in by the door

SAPC | Substance Abuse
Prevention and Control



COUNTY OF LOS ANGELES
Public Health

Provider discussion led by: **Kevin Burns, MD** (he/him/his)
Associate Medical Director
Prevention and Harm Reduction
Clinical Services Division

March 11, 2026

Agenda



Incentive opportunities and provider support resources



Reaching the 95%



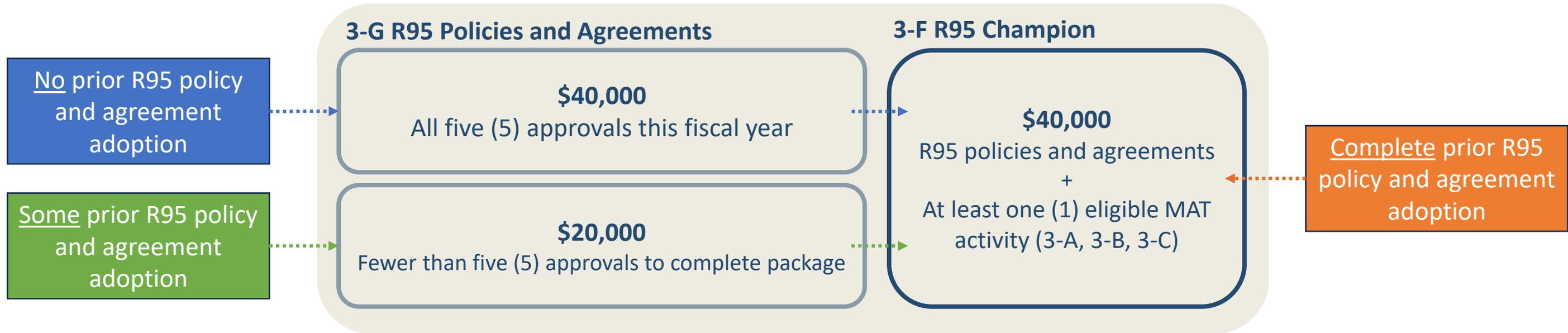
Panel discussion



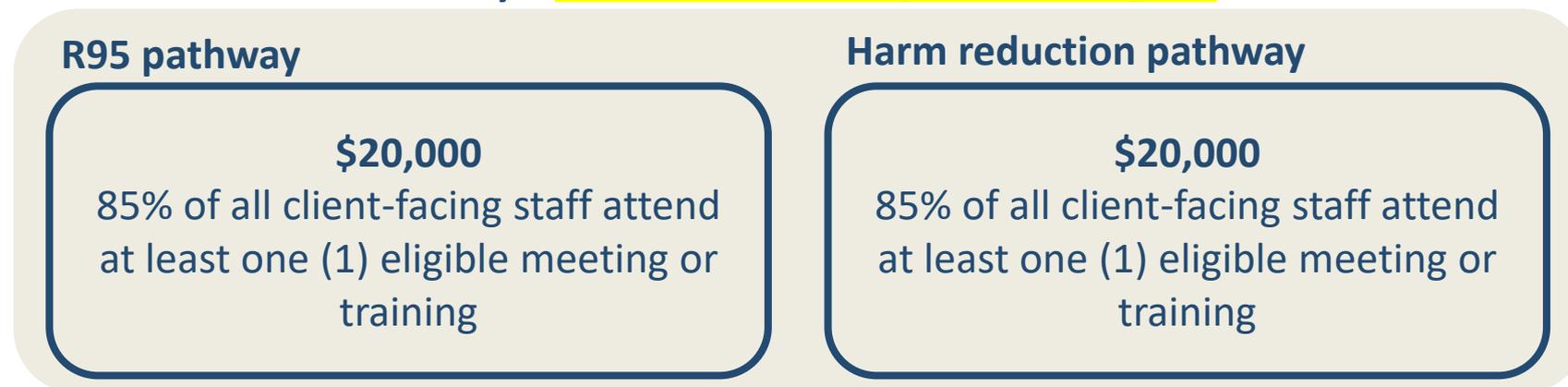
Open discussion

R95 Incentives FY 25-26

Payment Reform | Value-Based Incentives (VBI)



R95 Enhancement Activity **All SUD treatment providers eligible**



Month	Meeting/Training	Details		
			Harm reduction	R95
Mar	Workgroup: Implementation	<p>Topic: Agency-level discussion about how to implement client-centered, low barrier design and how to address new challenges</p> <p>Date: Wednesday, March 11, 2:00pm-3:30pm</p> <p>Location: Belvedere Community Regional Park – Gym, 4914 E. Cesar Chavez Ave., Los Angeles, CA 90022</p> <p>Registration: https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=218</p>	No	Yes
	Due March 31, 2026: R95 Enhancement Activity deliverables			
Apr	Harm Reduction and Treatment Integration meeting	<p>Topic: Training for treatment staff on how to integrate harm reduction approaches to meet patient needs throughout the recovery journey</p> <p>Date: Thursday, April 9, 1:00pm-3:00pm</p> <p>Location: The California Endowment – Redwood Room 1000 North Alameda St., Los Angeles, CA 90012</p> <p>Registration: https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=212</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>

The Reaching the 95% (R95) Initiative

Lowering barriers to life-saving SUD treatment services

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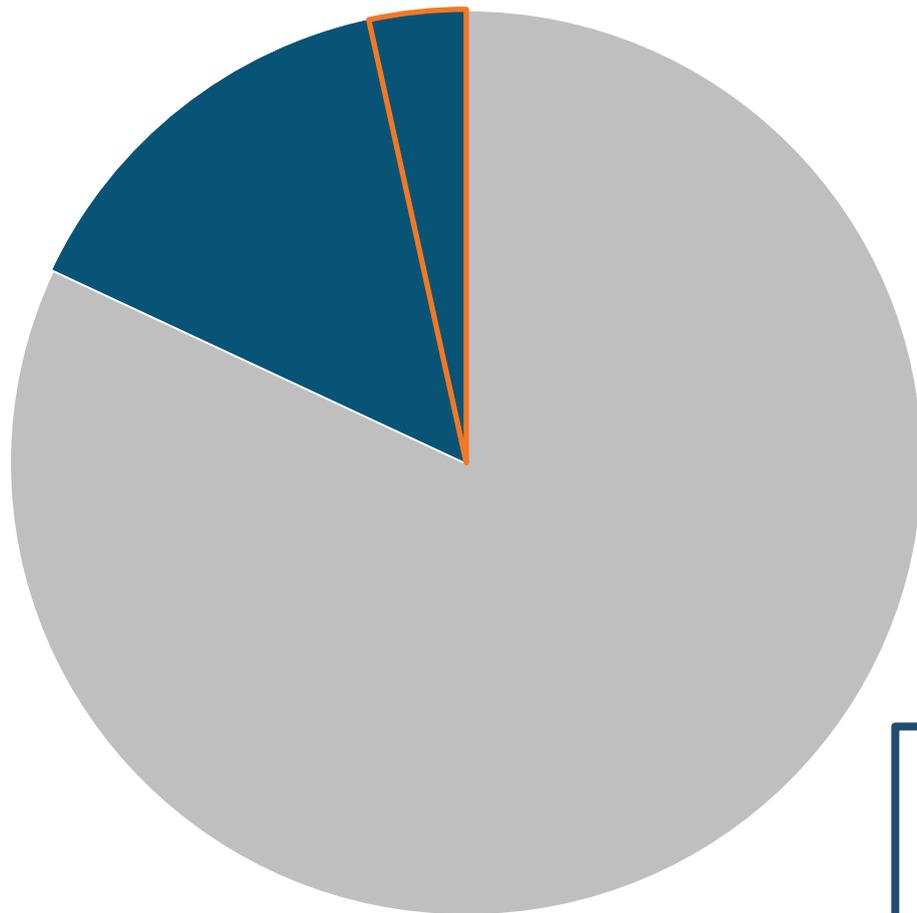
Reaching the 95% Initiative

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 with SUD by expanding outreach and lowering barriers to care

Very few people with SUD actively seek treatment



■ **18%** of people age 12+ in the U.S. have a SUD
(+1% from 2023)

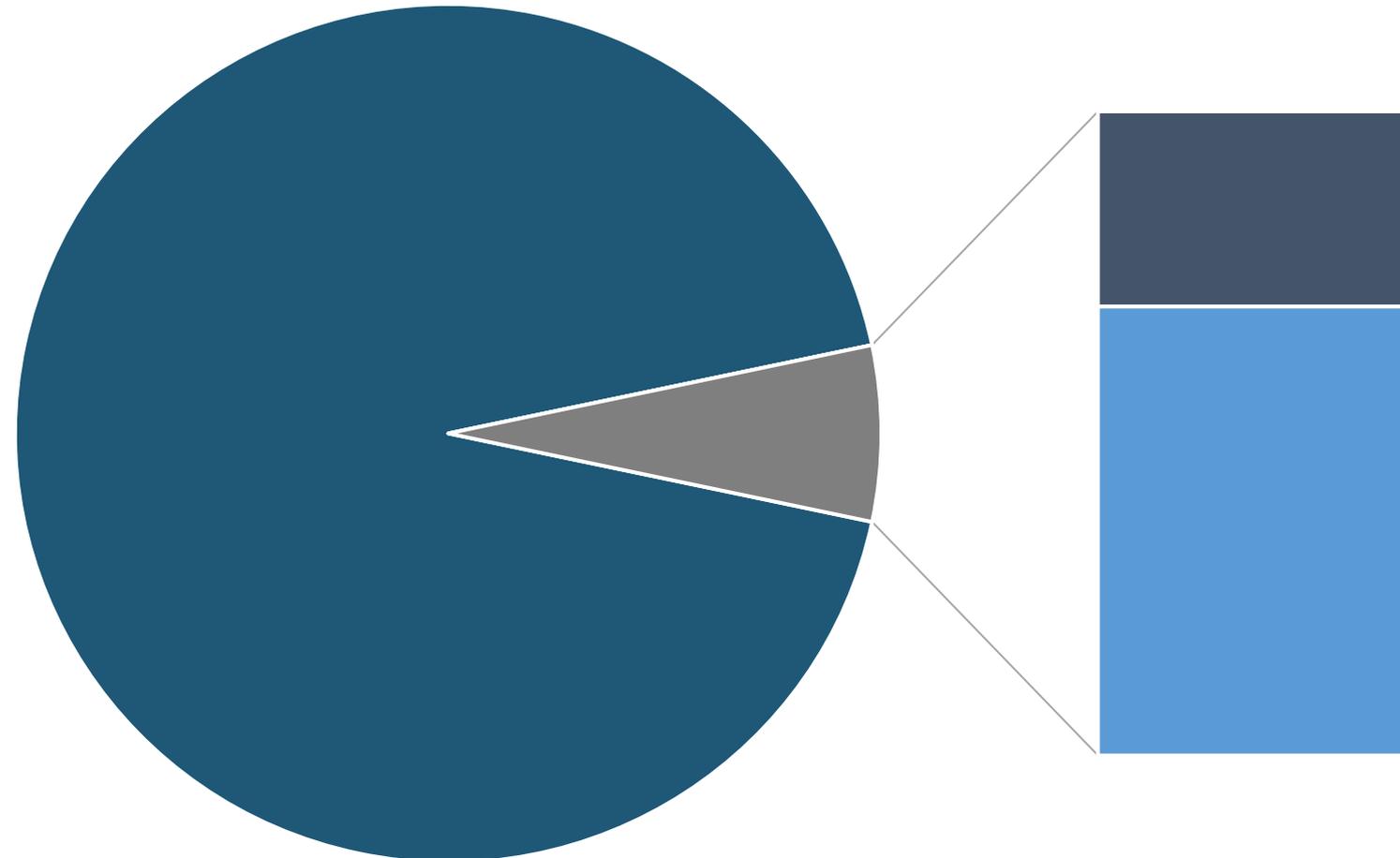
■ **19%** of those received treatment when including all settings, such as specialty treatment, primary care, telehealth, withdrawal management, prison, jail, or juvenile detention center

81% of people age 12+ in the U.S. with SUD received no treatment in the past year

It's time to improve access by reaching out to those we've missed

Of people age 12+ with SUD that did not access treatment...

93% did not seek treatment and **did not think they needed** treatment
(-2% from 2022)



2% thought they should get treatment and **unsuccessfully** sought treatment
(+1% from 2022)

5% thought they should get treatment but **did not seek** it
(+1% from 2022)



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



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

R95 Strategies to Increase Access to SUD Treatment

2 Establishing lower barrier care



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 client needs throughout the recovery journey

Provider Panel

Mandi London, New Directions Alcohol and Drug Services

Florena Randolph, Twin Town Treatment Services

Michael Warner, Chabad Treatment Center

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COUNTY OF LOS ANGELES
Public Health

Panel introduction

- Role/position
- Agency
 - Years in operation
 - Levels of care
 - Number of beds or population size
 - Population served
- Experience implementing R95



Panel questions

- What steps did your agency take to implement R95?
- What kind of challenges did you encounter when implementing R95?
- What has been the impact of implementing R95?
- What lessons have been learned throughout the process?



Case Scenario 1: Addressing Capacity Concerns

During a team meeting, staff express frustration about the R95 initiative. One counselor says, “We can’t admit everyone. We’re already at capacity and now we’re being told to **admit clients who aren’t even ready, and some don’t even want to quit.**”

Others nod, adding that client groups feel **harder to manage** and that they worry about being stretched too thin to give clients the attention they need.

- What assumptions about capacity are surfacing?
- How might expanding access under R95 impact staffing, workload, and quality of care?
- What strategies can support staff morale and structure as admissions increase with clients who may have higher acuity?

Case Scenario 2: Managing Relapse While Maintaining Connection & Safety

After several months in treatment, Tanya earns weekend passes to visit family. She returns from one pass appearing **jittery, defensive, and smelling faintly of alcohol**.

During a staff meeting, one counselor insists, “She’s a bad influence—if we keep letting people come back like this, **it sends the wrong message.**” Another staff member hesitates, unsure how to respond but worried that discharging Tanya will undo her progress.

- How can staff balance safety, fairness, and compassion in this moment?
- What does relapse mean in the context of a chronic disease model?
- How can staff frame this event as a learning opportunity for Tanya and the other clients in the program?

A client has been in **outpatient treatment** for several months and has been open about struggling with meth and fentanyl use. They've made progress, attending sessions consistently and reconnecting with family, but their **latest toxicology test comes back positive for fentanyl**. When the counselor brings it up, the client looks nervous and avoids eye contact.

The counselor pauses before responding, remembering the importance of maintaining the therapeutic alliance. Instead of asking, "What happened?" they say, "**You've been working hard to stay connected. How have things felt this week?**" The client shares that a fight with their partner triggered cravings, and the counselor listens with empathy. When the test results are mentioned later in the session, they're framed as part of the conversation: "It sounds like this week was tough. The tox screen showed some use—let's talk about what additional supports might help and whether you'd like to adjust any of your treatment goals."

Case Scenario 3: Using Toxicology as a Therapeutic Tool

- What makes this interaction therapeutic rather than confrontational?
- How does the counselor's tone and approach support honesty and engagement?
- How can toxicology results be used to guide treatment planning?

Preparing for HR 1 Medicaid Eligibility Changes

Benefits Cal

DHCS HR 1 Implementation Plan

DPSS: Keep Your Benefits

DPSS: CalFresh HR 1 Informational flyer

- **Restricting Federal Funding for Certain Qualified Non-Citizens (Effective 10/1/2026):** Changes who counts as a “qualified” immigrant for federally funded Medi-Cal.
 - [SAPC Information Notice 26-02](#). Coverage for clients who are ineligible or federal substance use disorder treatment services.
- **Work Reporting Requirements (Effective 1/1/2027):** Requires adult expansion enrollees eligible for federally-funded Medicaid under the Affordable Care Act (“New Adult Group”) to work, study, or volunteer at least 80 hours per month unless exempt.
 - Exempt populations include those with a clinically diagnosed SUD and those actively in SUD treatment.
- **Six-Month Renewals (Effective 1/1/2027):** Requires the New Adult Group members to renew Medi-Cal every six months instead of once a year. The renewal period continues to be on an annual basis for all other populations, such as children, pregnant people, older adults, persons with disabilities, and American Indian and Alaska Natives.
- **Retroactive Medi-Cal Timeframes (Effective 1/1/2027):** Reduces retroactive coverage from three months to one month for New Adult Group members and two months for all other Medi-Cal members.



Additional questions?

Next R95 Workgroup Meeting:
June 8, 2026, 1:00pm-2:30pm
Year in Review and Compliance

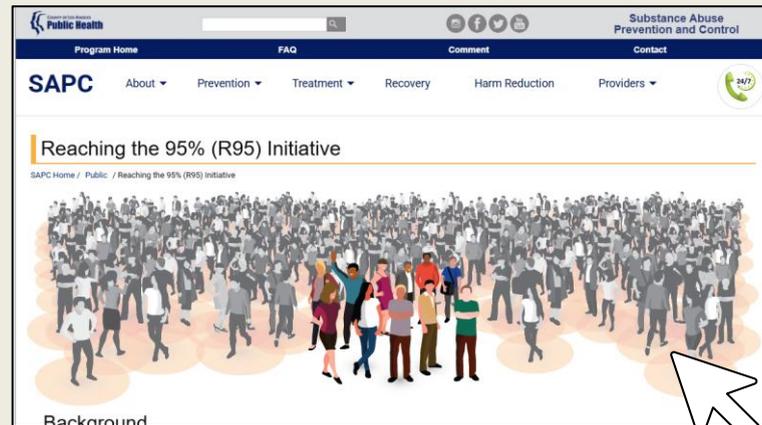
DON'T FORGET TO SIGN IN

Scan with your phone camera
or use a web browser:
forms.office.com/g/jd39MSBEat



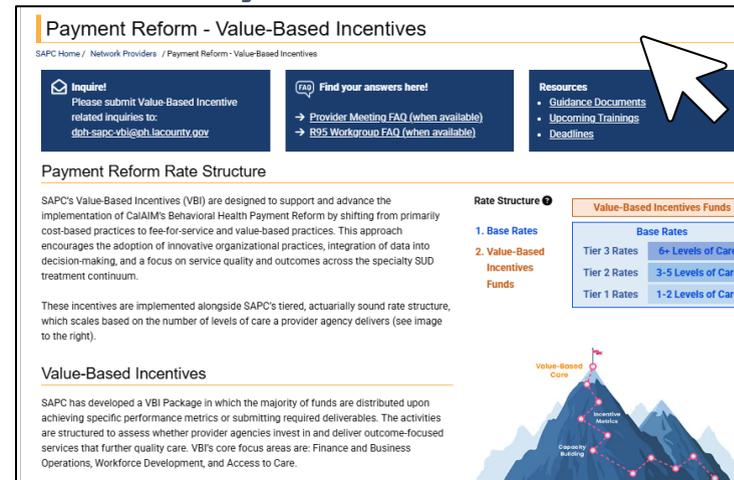
Reaching the 95% resources

R95 website



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(626) 210-0648
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SAPC Payment Reform VBI

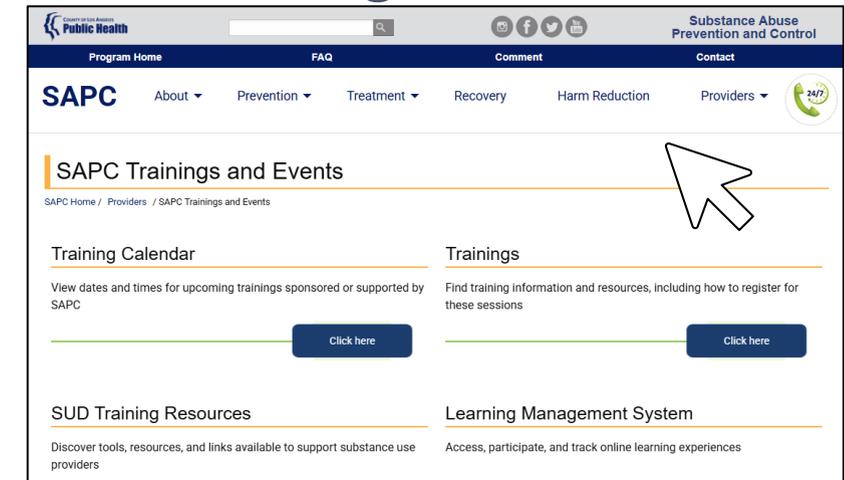


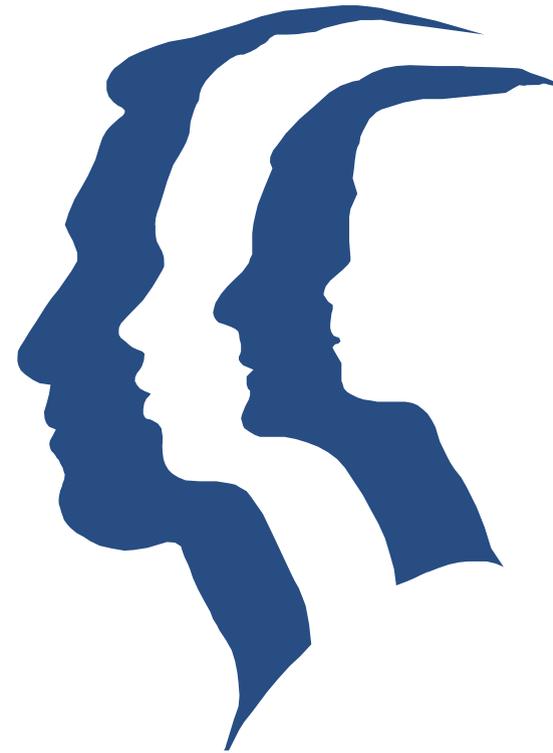
NEW: Electronic Deliverable Submission Form



Email
R95: SAPC-R95@ph.lacounty.gov
Payment Reform (VBI) : DPH-SAPC-VBI@ph.lacounty.gov

SAPC Trainings and Events





Thank You!

Supplemental slides



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.**

