



# R95 Implementation

REACHING THE 95%

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:

**David Hindman, PhD** (he/him/his)

Division Chief, Sage EHR Management Division

Section Manager, Clinical Standards & Training (CST) Branch

May 20, 2026

# Agenda



**Provider support resources**



**Reaching the 95%**



**Panel discussion**



**Open discussion**



**R95 Implementation Survey Review**

Month	Meeting/Training	Details		
			Harm reduction	R95
June	<b>R95 Year in Review</b>	<p><b>Topic:</b> Agency-level discussion about how to implement client-centered, low barrier design and how to address new challenges</p> <p><b>Date:</b> Monday, June 8, 1:00pm-2:30pm</p> <p><b>Location:</b> Helpline Youth Counseling, Liberty Community Plaza, 14181 Telegraph Road, Whittier, CA 90604</p> <p><b>Registration:</b> <a href="https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=214">https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=214</a></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 (3<sup>rd</sup> 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>

# R95 Initiative Resources

- [R95 SUD Treatment Staff Training Presentation](#)

Remove this slide before use

**Reaching the 95%**  
Staff training resource

*Goals of Reaching the 95%*

- To ensure that we are designing a specialty SUD system that is focused not just on the ~5% of people with SUDs who are already receiving and open to treatment, but also the ~95% of people with SUDs who do not receive treatment for any reason.
- To communicate – through words, policies, and actions – that people with SUD are worthy of our time and attention, no matter where they are in their recovery journey or their stage of readiness for change.
- To disconnect the concept of readiness for treatment from readiness for abstinence. Requiring abstinence is too high of a bar, and people who are not yet ready for complete abstinence should still be considered for SUD treatment.

**Instructions**

This training deck is being provided as a template by LA County Department of Public Health (LACDPH) [Substance Abuse Prevention and Control \(SAPC\)](#) as part of the [Reaching the 95%](#) initiative to engage more people in life-saving SUD treatment services.

All content highlighted in **yellow** should be updated with your agency's name, policies, etc. before this deck is used for training. This material may be used in its entirety or in parts across a series of meetings, as long as all concepts are covered.

**Intended audience:** Clinician, non-clinician, administrative, and support staff in agencies that provide substance use services and/or housing or social services who serve clients with SUD

**Intended use:** Internal staff training (onboarding, annual refresher, etc.)

Questions about the material can be emailed to [SAPC-R95@ph.lacounty.gov](mailto:SAPC-R95@ph.lacounty.gov)

- Updated to include all the R95 Policies and Agreements
- Includes links to available tools and resources
- Outlines staff training and development requirements
- Training is provided upon hire and reviewed annually
- Required for all administrative and practitioner staff working at SUD treatment sites
- Providers are encouraged to make the training available to non-clinician staff
- Conduct regular staff meetings and dialogue on an annual basis

*\*Note: This template is only available in a power point format as it is intended to be tailored by each provider agency. It must be downloaded from the R95 website prior to accessing.*

# R95 Initiative Resources

- Designed to help staff walk through common scenarios that may arise when implementing R95 practices
- Intended to spark discussion and describe how R95 policies can be practically applied in daily work
- Includes a facilitator guide, a review of the scenario, reflection and connecting the approach.
- Admission Scenarios:
  - *Addressing Capacity Concerns & Rethinking Readiness*
- Discharge Scenarios:
  - *Managing Relapse While Maintaining Connection & Safety, When Substances are Found Onsite and Keeping Clients Connected Through Transitions*
- Toxicology Scenarios:
  - *Maintaining Trust When a Client Refuses to Drug Test and Using Toxicology as a Therapeutic Tool*

## R95 Case Scenarios Discussion Tool

Reaching the 95%  
(R95) Initiative

**R95 Case Scenarios  
Discussion Guide**

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**Purpose**

This guide is designed to help staff walk through common scenarios that may arise when implementing R95 practices. Each scenario, along with its accompanying questions, is intended to spark discussion and describe how R95 policies can be practically applied in daily work.

Through these discussions, staff will:

- Explore how R95 principles apply to everyday decision-making.
- Reflect on biases and assumptions related to readiness, [relapse](#), and accountability.

**Facilitator Guide**

This guide is intended to support the implementation of R95 practices and can be used in a variety of settings to support staff learning and adaptation of practices. You can use this guide during staff meetings, supervision, annual R95 training, new staff training, or onboarding to encourage dialogue and shared learning. The guide includes three main sections – case scenarios, discussion questions, and R95 approach guidance. The suggestions below describe how each section can be used.

1. **Review the Scenario:** Read the scenario aloud or ask a participant to read it. The scenarios can be adapted so they apply to other environments. For example, a scenario that mentions reporting a toxicology test to DCFS could instead [reference](#) the courts or a probation officer if that is more applicable to your staff. We encourage you to tailor the scenarios so they reflect situations your staff may encounter.
2. **Encourage Reflection:** Use the discussion questions to invite staff to share how they might respond to the scenario, reflect on their thoughts, concerns, or questions, and discuss what barriers, [supports](#), or emotions could influence their decisions. The discussion questions are intended to spark conversation. You can use the questions provided and add others that are relevant to your staff.
3. **Connect the R95 Approach:** The R95 Approach section highlights key R95 practices that relate to the scenario. After the discussion, review the “R95 Approach” section to highlight how insights shared by staff connect to R95 principles and practices.

More information and resources about the Reaching the 95% Initiative can be found at <http://publichealth.lacounty.gov/sapc/public/reaching-the-95.htm?hl>.

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Jump to: [Admission Scenarios](#) | [Discharge Scenarios](#) | [Toxicology Scenarios](#)

# R95 Initiative Resources

- [R95 Implementation Success Stories](#)

Reaching the 95%  
(R95) Initiative

R95 Implementation  
Success Stories

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**Title:** Strengthening Access and Engagement with R95 and Stage-of-Change Group Design

**Agency Overview**

- Agency:** Families for Children
- Population Served:** Adults, justice-involved, parents/guardians with Children
- Program Size:**
- Treatment Levels of Care:** Outpatient and intensive outpatient
- Program Context:** The program provides group-based treatment and serves clients with different levels of readiness and varying external mandates. This structure requires staff to balance clinical needs, client circumstances, and compliance expectations.

**Featured R95 Implementation Area**

Restructuring treatment groups around the Stages of Change and integrating a readiness-based, harm-reduction approach across the program.

**Implementation Approach**

***At a Glance:** FFC's approach combined sustained staff engagement with client-informed program redesign, creating flexible group options and harm-reduction practices that aligned services with client readiness and supported more meaningful engagement.*

FFC's R95 implementation unfolded in stages, beginning with building staff understanding and buy-in, followed by redesigning groups to better match client readiness, and integrating harm-reduction strategies to strengthen engagement.

**Building Staff Buy-In**

Following the R95 rollout, FFC experienced significant staff resistance –particularly around lowering barriers to care, integrating harm reduction, and shifting away from long-standing abstinence-based expectations. Leadership created space for honest dialogue, emphasized that disagreement did not reflect a counselor's level of care or competence,

## R95 In Practice:

- Profiles developed with input from SUD Provider Agencies
- Provide real insights to what these changes mean for SUD treatment agencies, their staff, and their clients

## Featured Agencies and Stories:

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

# The Reaching the 95% (R95) Initiative

*Lowering barriers to life-saving SUD treatment services*

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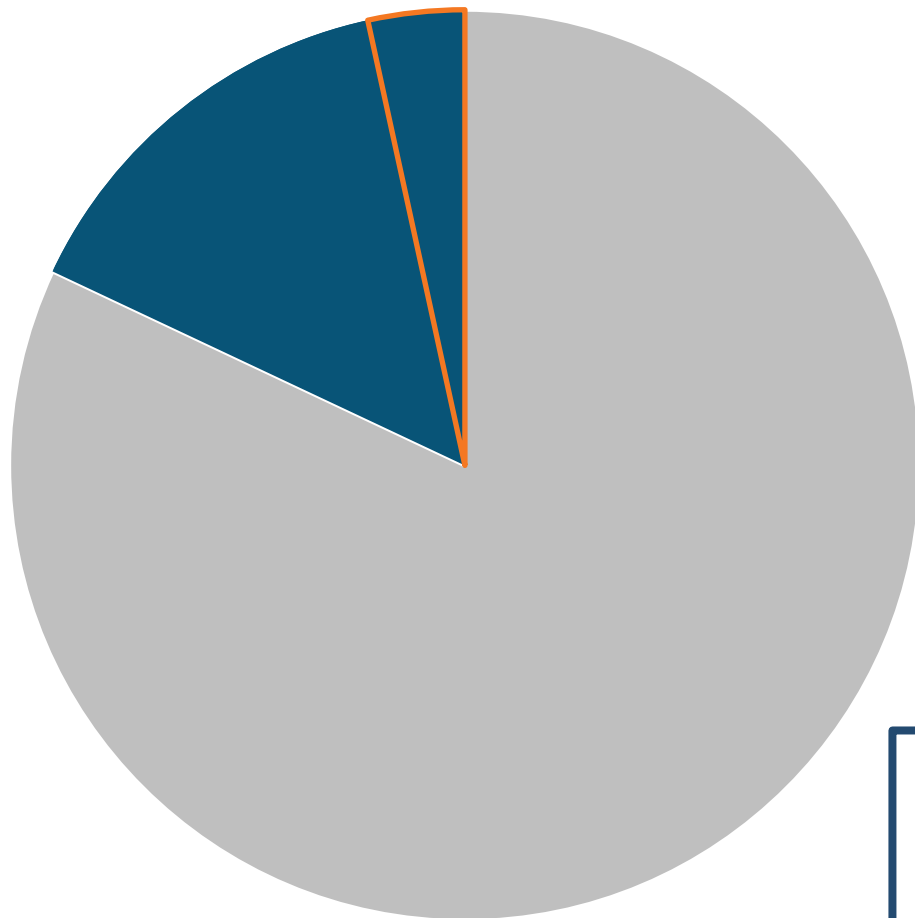
# Reaching the 95% Initiative

## 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)*

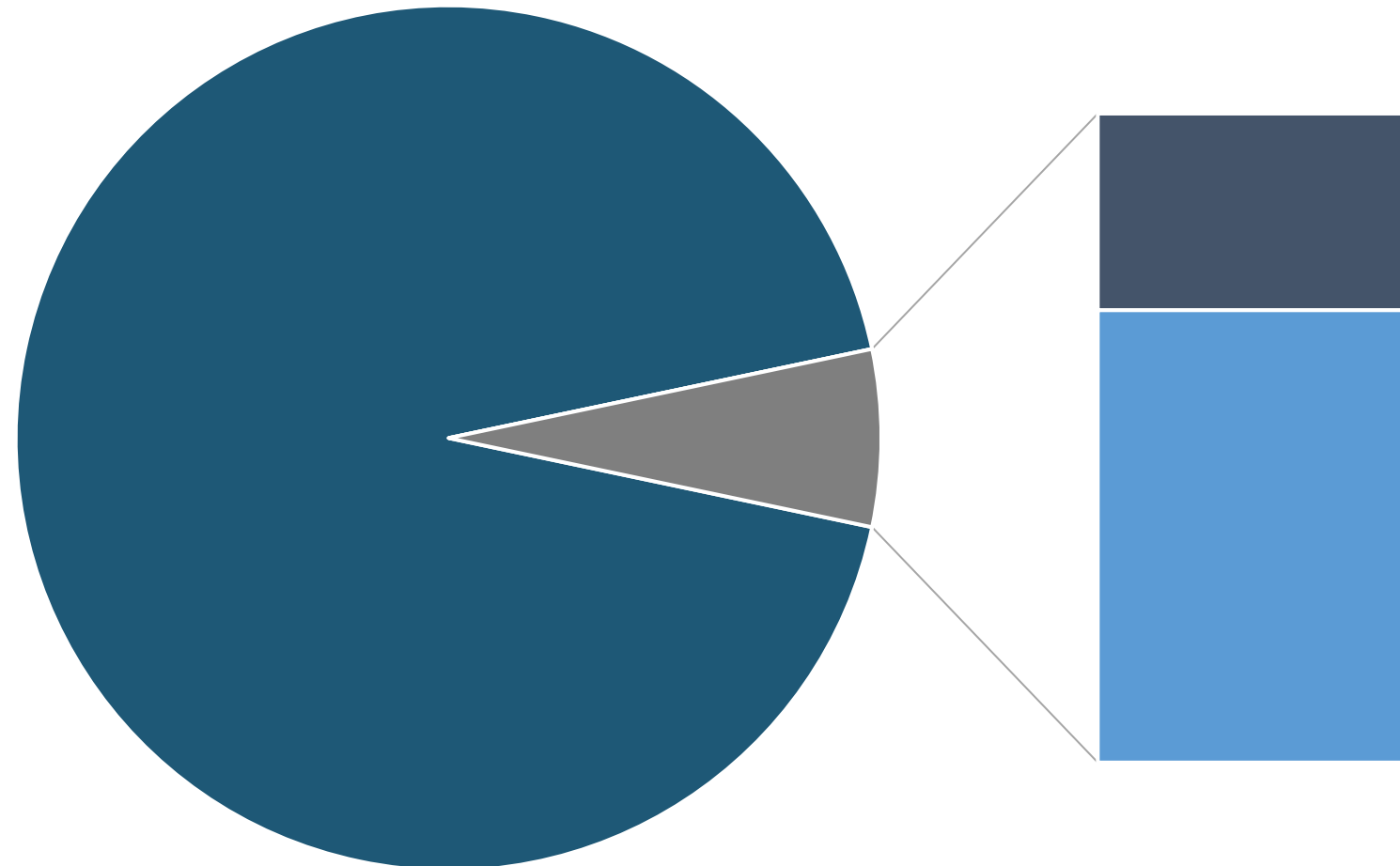
■ **19%** of those received treatment when including all settings, such as specialty treatment, primary care, telehealth, withdrawal management, prison, jail, or juvenile detention center

**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)*

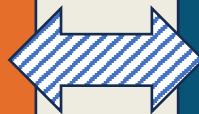
**5%** thought they should get treatment but **did not seek** it  
*(+1% from 2022)*



## Reaching the 95% is a broader approach to treatment to serve more people, inclusive of those seeking abstinence

### R95 Approach

Population served by  
an abstinence-based  
approach



Population served by a  
low-barrier approach

The R95 approach supports abstinence-based and low-barrier approaches to SUD care, guided by what the client wants and needs at that moment.

Client preferences can shift day-to-day, and **clients are best served when they continue to be engaged in treatment** rather than being removed from and reintroduced to treatment.

# 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

*Maricela Gray, House of Hope  
Baldomero "Junie" Gonzalez, CRI-Help  
Kelly Steiner, Rancho San Antonio Boys Home*



## Panel introduction

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



## Panel and Group Discussion

- How did you innovate with your service design, so **programming engages clients**?
- How do you **involve clients in service design**?
- What sort of **feedback** have you gotten from clients? How do you collect feedback?
- What steps have been taken to ensure **sustainability** of R95 implementation?



# R95 Implementation Survey Review

*Implementation status and opportunities for support*

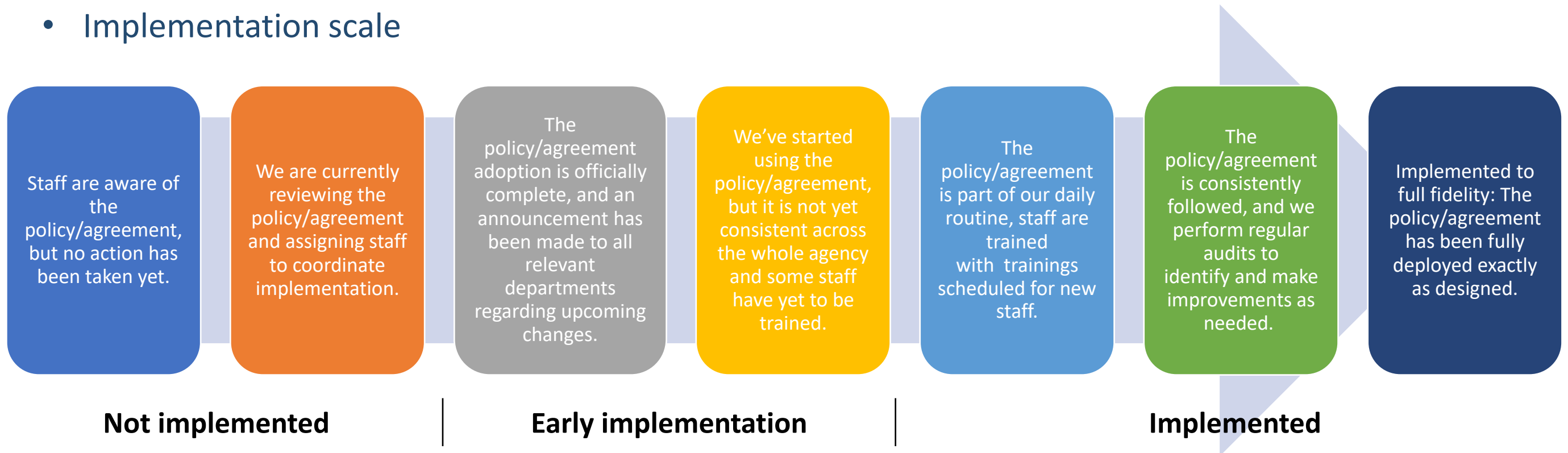
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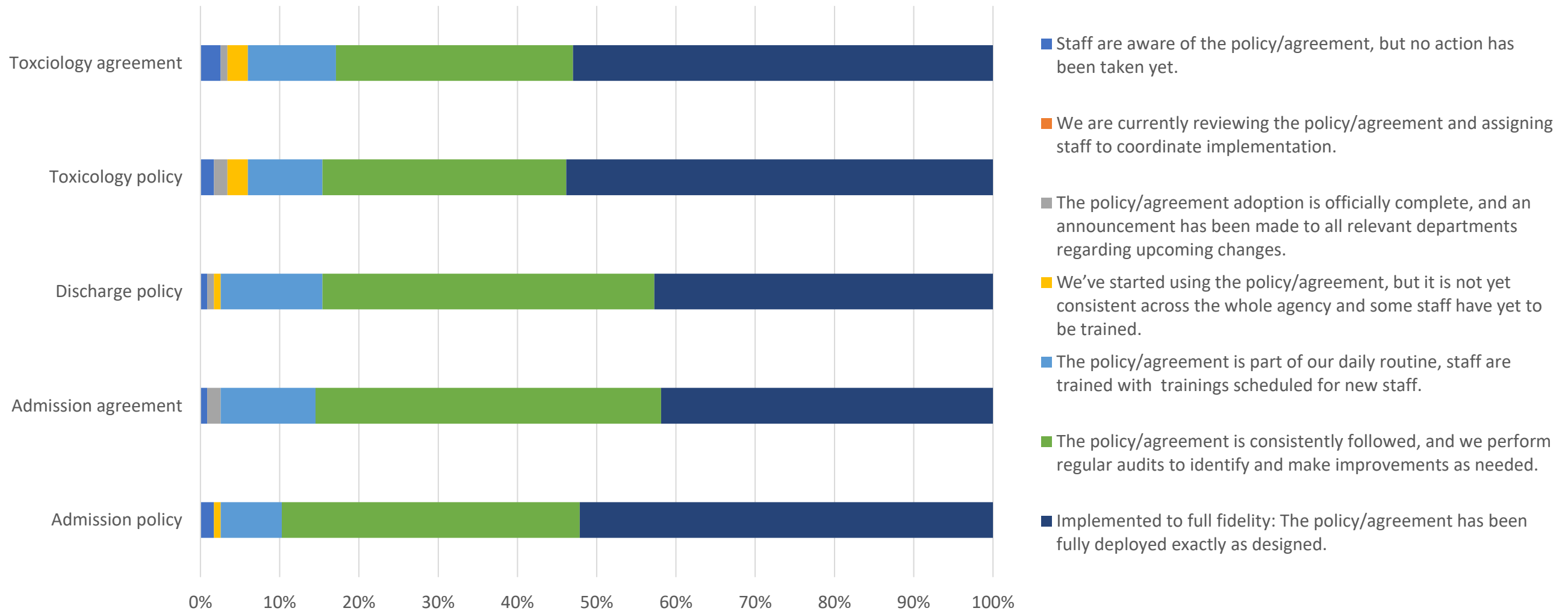
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**Public Health**

# Implementation survey

- Sent to each treatment provider agency April-May 2026, to be answered per SAPC-contracted treatment site on the implementation status and challenges for each component of R95
- Received 117 responses
- Implementation scale



# Policies and Agreements



- Staff are aware of the policy/agreement, but no action has been taken yet.
- We are currently reviewing the policy/agreement and assigning staff to coordinate implementation.
- The policy/agreement adoption is officially complete, and an announcement has been made to all relevant departments regarding upcoming changes.
- We've started using the policy/agreement, but it is not yet consistent across the whole agency and some staff have yet to be trained.
- The policy/agreement is part of our daily routine, staff are trained with trainings scheduled for new staff.
- The policy/agreement is consistently followed, and we perform regular audits to identify and make improvements as needed.
- Implemented to full fidelity: The policy/agreement has been fully deployed exactly as designed.

## Diving deeper into feedback and challenges

“Lapses in implementation are promptly identified and corrected through established internal auditing practices.”

**Q: What does internal auditing this look like for your agency? How do you inform the client community of policy changes?**

“There was initial pushback following use of “Return to Use Prevention Plans” as alternative to discharge but there has been a profound cultural shift.”

**Q: What other practices, resources or tools have proven beneficial to staff?**

“Clients are opting out of testing, some clients are just coming to hang out. Clients don't feel the need to make an effort towards their recovery and some only attend to stay in compliance with being in treatment.”

**Q: What steps can be taken to engage clients who may have non-abstinence or low-barrier (e.g., safer-use, reduced use) goals?**

“When a harm reduction approach is used for a patient on the residential unit who has relapsed, other patients think they can relapse without impunity and then it tends to be more widespread.”

**Q: How might group facilitators integrate the R95 individualized patient-centered approach to address this issue?**



## **Additional questions?**

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

# Reaching the 95% resources

## R95 website



**R95 Consultation Line**  
**(626) 210-0648**

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

## R95 101 Training for Frontline Staff

- In-person trainings per agency to address staff questions and concerns about real life application of R95 principles
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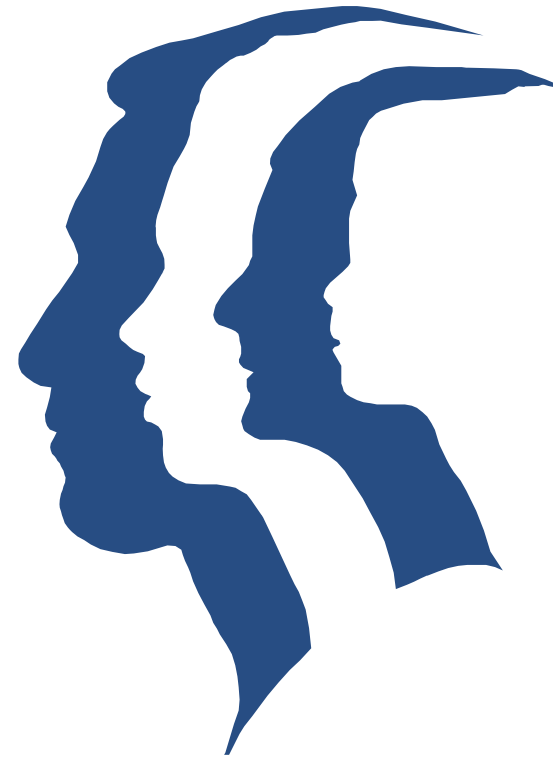
- Monthly Teams meeting with R95 overview and updates with dedicated time for agency questions



**Email**

**R95:** [SAPC-R95@ph.lacounty.gov](mailto:SAPC-R95@ph.lacounty.gov)

**Payment Reform (VBI) :** [DPH-SAPC-VBI@ph.lacounty.gov](mailto:DPH-SAPC-VBI@ph.lacounty.gov)



**Thank You!**

# Supplemental slides



# 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.

## 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

# Resources



## SAPC website

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



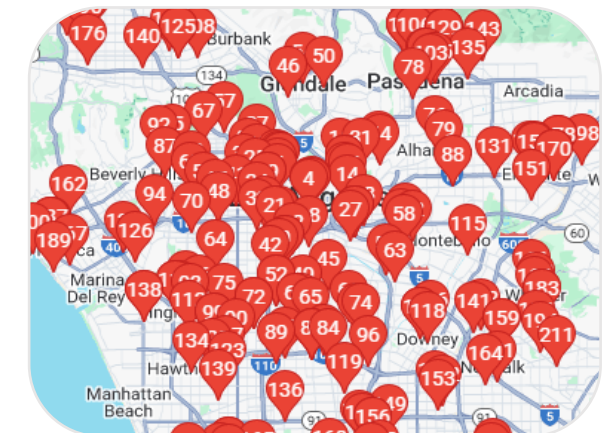
## Substance Abuse Services Helpline

(844) 804-7500



## RecoverLA.org

Even better on a mobile device



## Service & Bed Availability Tool (SBAT)

<http://SUDHelpLA.org>

# *R95 Case Scenarios*



## Admission Scenario – Scenario 2: Rethinking Readiness

During an intake screening, staff meet with a new client, Robin, who explains she's been using meth regularly but wants to cut back. Robin mentions that she plans to keep smoking weed because it helps with her anxiety. After the call, an intake counselor expresses frustration:

**“She’s not ready for treatment if she’s still using and doesn’t even want to quit everything. If we let her in, others are going to think it’s ok to keep using”.**

- What beliefs about recovery or readiness might be shaping this reaction?
- How can the team reframe what it means to be “ready” under R95?
- How could staff reframe Robin’s goals using a harm reduction approach under R95?
- What communication strategies could support engagement and trust building from the onset of the relationship?

## Discharge Scenarios - Scenario 3: Keeping Clients Connected Through Transitions

After several weeks of disengagement and escalating behavioral issues, Denise’s treatment team meets to discuss next steps. Some staff express frustration and worry that her outbursts are disrupting the group environment. **The clinical team decides that transitioning Denise to a different program at a clinically appropriate level of care –which could mean stepping up, down, or laterally depending on her needs—may better support her progress.** Denise disagrees with the decision but expresses that she wants to continue treatment elsewhere rather than stop altogether.

This situation prompts staff to reflect on how to balance accountability, safety, and ongoing support, rather than exclusion

- What does a “warm handoff” look like?
- How can staff reduce the risk of relapse or overdose after discharge?
- What messages can staff reinforce to help Denise feel supported and connected despite the discharge?

## Toxicology Scenarios -

### Scenario 1: Maintaining Trust When a Client Refuses to Drug Test

Sam, a 15-year-old teenager who uses they/them pronouns, referred by DCFS, has attended groups consistently and is making visible progress. **When asked to take a random toxicology (drug) test, they refused**, saying, “You’re just trying to get me in trouble again.” The counselor feels torn—DCFS expects documentation, but confronting Sam might harm the fragile trust they’ve built.

- What past experiences might be influencing how Sam perceives toxicology testing?
- How might informed consent for toxicology testing, information-sharing, and a trauma-informed approach affect how staff respond to this situation? How can staff assess whether Sam truly understands informed consent and feels they have a real choice?
- How can the counselor maintain trust and honor Sam’s autonomy, while balancing what DCFS expects of the client?
- How can staff explain the purpose of toxicology testing so it feels supportive rather than disciplinary?