



Reaching the 95%

Regional Listening Session

Agenda:

- Overview of Reaching the 95%
- FY 25-26 Incentive structure
- Updates to required policy and agreement language
- Common misconceptions
- Wrap up & Resources

Scan with your phone
camera to sign in



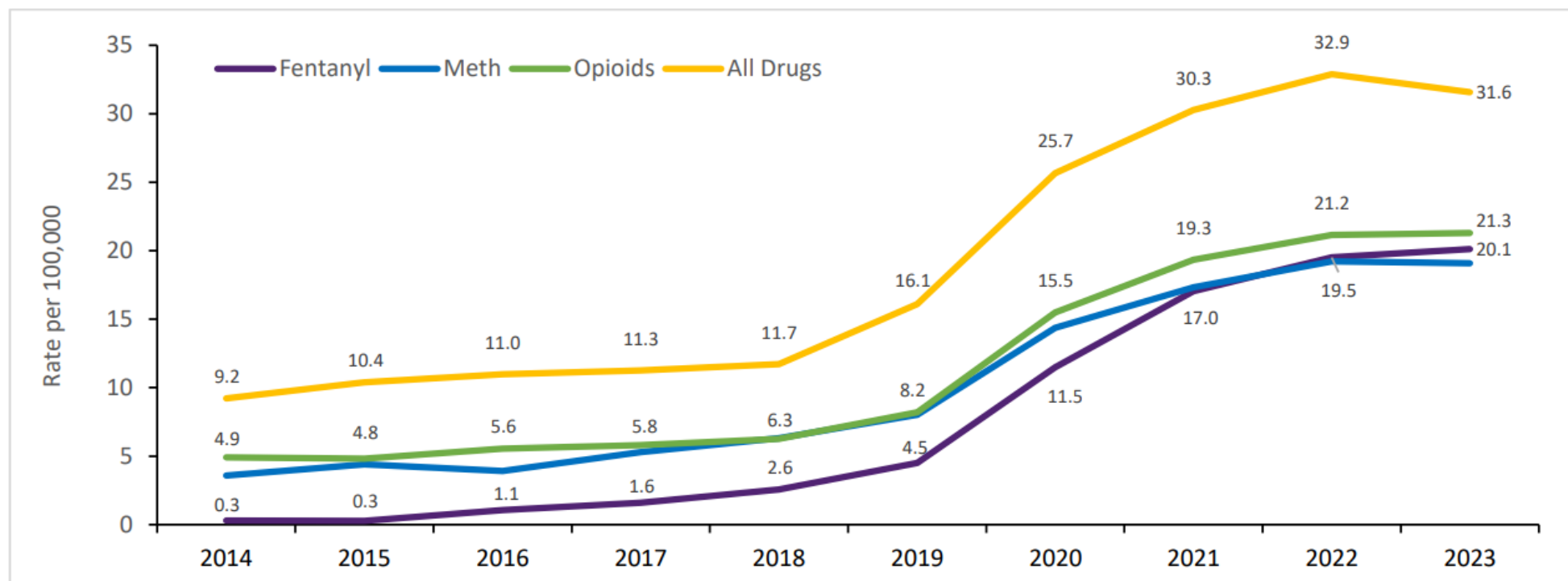
***“The opposite of addiction is NOT sobriety;
the opposite of addiction is connection”***

*Johann Hari, British-Swiss
Writer & Journalist*



We are in the worst overdose crisis in national and local history

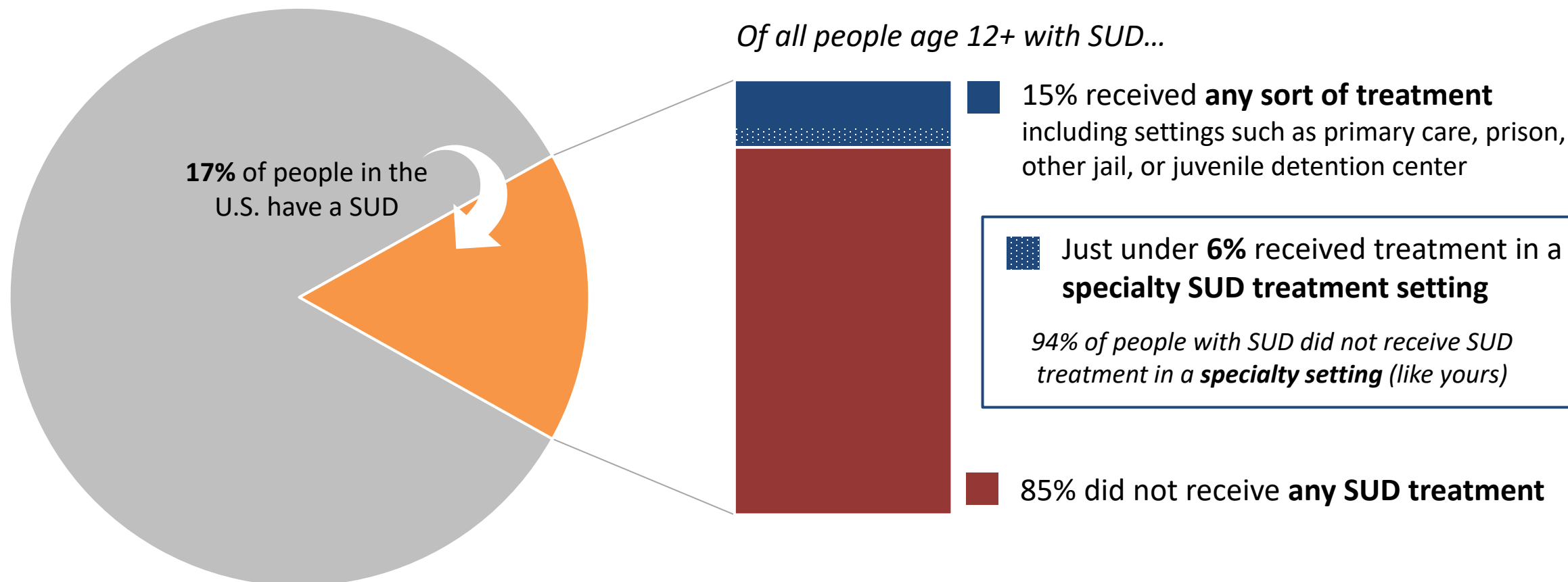
Drug Overdose Death Rate in LA County per 100,000 residents



*Notes: All drug overdose deaths in this report are due to accidental drug overdose, excluding intentional overdose such as suicide. Opioids refers to accidental overdose deaths involving all opioids, including fentanyl and heroin. Meth refers to methamphetamine. All drugs refer to all accidental overdose deaths involving alcohol and/or drugs, including fentanyl, meth, and opioids.

Very few people with SUD seek treatment

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.

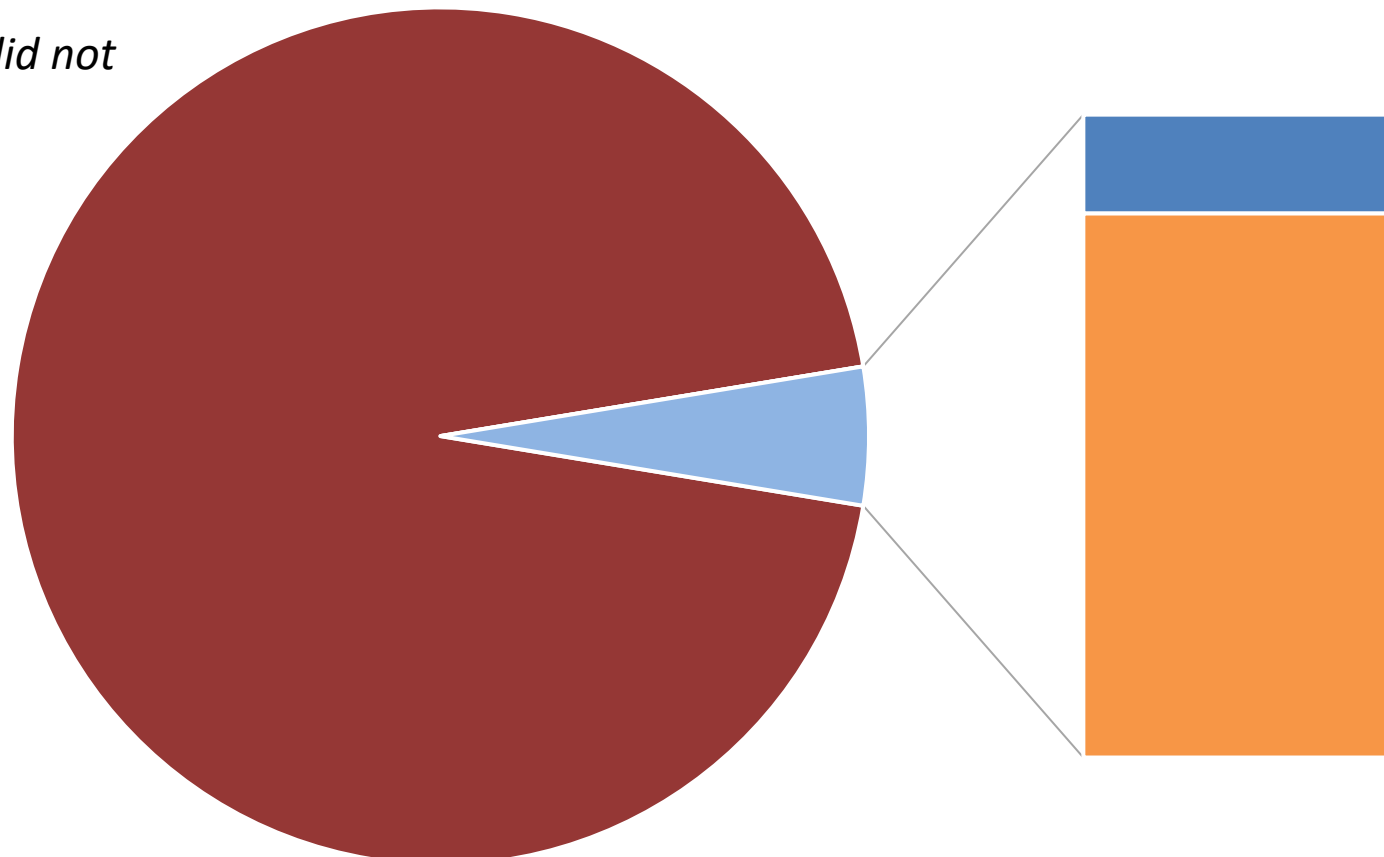


It's time to improve access by reaching out to those we've missed

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 top reasons people did not seek treatment

- 78.6% thought they should have been able to handle their alcohol or drug use **alone**
- 47.5% did not know **how** or **where** to get treatment
- 45.3% worried about **what people would think** or say if they go treatment
- 33.4% couldn't find treatment program/healthcare professional they **wanted** to go to

- 63.4% **not ready to start** treatment
- 53.3% **not ready to stop or cut back** using alcohol or drugs
- 49.2% thought it would **cost too much**
- 34.4% **health insurance** would not pay enough for costs of treatment
- 39.5% did not have **enough time** for treatment
- 35.8% worried that information would not be kept **private**

Guiding principles of Reaching the 95%

Enhancing outreach and engagement



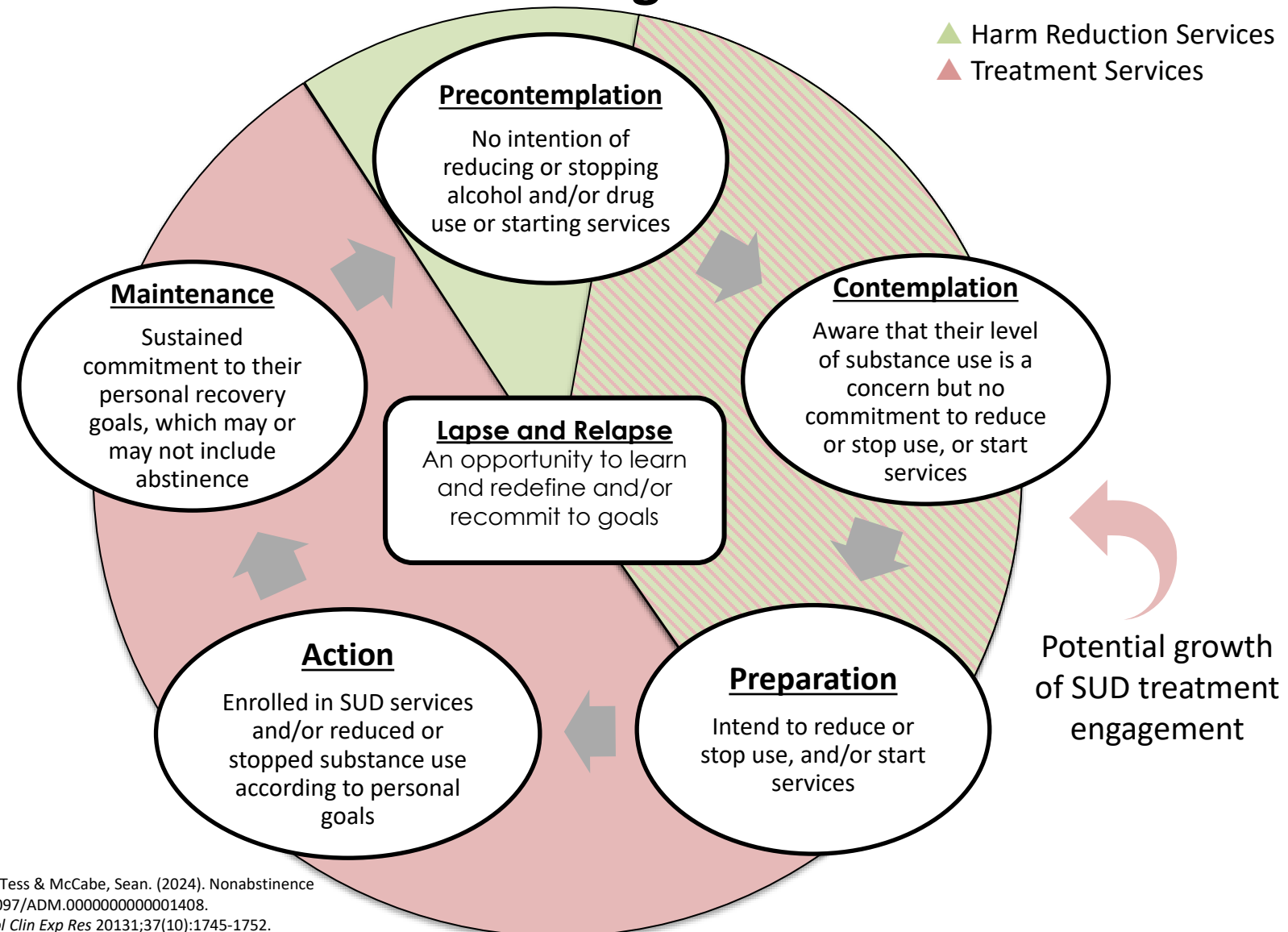
Lowering barriers to care



Harm Reduction and Treatment Integration

In recognizing the ups and downs of recovery, we need to take a different approach to SUD and better connect those that need treatment services but may not be ready for 100% abstinence at admission.

- 65% of adults in self-identified recovery reported alcohol or other drug use in the past month.¹
- People with AUD with non-abstinent goals prior to engaging in treatment are still likely to achieve clinically significant reductions in consumption.²



1. Pasman, Emily & Evans-Polce, Rebecca & Schepis, Ty & Engstrom, Curtiss & McCabe, Vita & Drazdowski, Tess & McCabe, Sean. (2024). Nonabstinence among US Adults in Recovery from an Alcohol or Other Drug Problem. *Journal of Addiction Medicine*. 10.1097/ADM.0000000000001408.

2. Dunn KE, Strain EC. Pretreatment alcohol drinking goals are associated with treatment outcomes. *Alcohol Clin Exp Res* 2013;37(10):1745-1752.



FY 25-26 Incentive structure



R95 Policies and Agreements deliverable-based activity

- Update** • **\$40,000** per agency that completes the following deliverables
- Admission policy
 - Admission patient-facing agreement
 - Discharge policy
 - Toxicology policy
 - Toxicology patient-facing agreement
- Approvals may span across fiscal years
 - Deliverables due by EOD December 31, 2025

What if I completed the policies in a previous fiscal year?

You are still eligible to complete the patient facing agreements and round out the package for \$20,000

Additional R95 Champion Incentive

\$40,000 per agency that completes:

1. R95 Policies and Agreements activity* **AND**
2. At least one of the following MAT activities:
 - a. MAT Education/Services for OUD in Non-OTP settings
 - b. MAT Education/Services for AUD
 - c. MAT Agency-wide Naloxone Distribution

*If agency completed all R95 activities by end of FY 24-25, agency is still eligible by completing eligible MAT activity/activities



R95 Incentives for meetings and trainings

- \$20,000 per agency per category that has 85%+ of staff with direct patient interaction attend eligible meetings and trainings for:
 - Harm Reduction Integration
 - Harm Reduction and Treatment Integration meetings
 - Harm Reduction trainings from Clare Matrix and/or Tarzana Treatment Centers
 - R95 overall
 - R95 101 Training for Frontline Staff
 - R95 workgroup meetings
 - Additional R95-specific trainings
- SAPC will give advanced notice via email of additional eligible meetings and trainings hosted by SAPC or approved training partners
- Informational Notice going out shortly to the treatment network
- Meeting/training attendance due March 31, 2026



Required policy and agreement language



R95 Admission Policy

- **Abstinence is not a condition or prerequisite for admission**
- **Admission does not require toxicology (drug/UA) test results (whether + or -)**
- **Same day admission service is offered whenever possible**
- Lapse and relapse are part of SUDs and we work with patients who want care
- Language Assistance services are provided for patients who needs them to participate
- Patients with mental health conditions and psychiatric medications are served
- **Prescriptions for addiction medications are allowed/encouraged**
- Medi-Cal does not need to be active or assigned to LA County at admission
- Service environment matters, make it feel inviting

FY 25-26 Updates to Language:

- *Optional* language update around interpretation services available through EPS SAPC (p.4)
- Included “**Addiction Medication**” as alternate term for MAT (p.6)
- Added *optional* language listing examples of group sessions appropriate for patients with mixed goals (p.11-12)
- Changed *optional* language from “should” to “may” when considering separate areas for different recovery goals (p.12)

ADMISSION POLICY: RECOVERY GOALS – ABSTINENCE AND NON-ABSTINENCE

- **OUTPATIENT AND RESIDENTIAL / INPATIENT LEVELS OF CARE**

- Prospective patients who are unsure about abstinence are ENCOURAGED to participate in an intake appointment.
- Staff accept patients where they are at in their recovery journey and offer services to match their needs, for example some patients may get more individual than group services.
- Staff use Motivational Interviewing techniques to maintain an open dialogue with patients to discuss their goals which may evolve over the treatment episode.

- **RESIDENTIAL / INPATIENT LEVELS OF CARE**

- Admitting a patient without abstinence goals does not mean they can use onsite.
- New patients do not need a negative (or positive) toxicology test to be admitted and may have used substances in the 24-hours prior to admission. Consult with on-duty LPHA as needed.

FY 25-26 Updates to Language:

- Added *optional* language listing examples of group sessions appropriate for patients with mixed goals (p.11-12)
- Changed **optional** language from “should” to “**may**” when considering separate areas for different recovery goals (p.12)

R95 Admission Agreement for Patient Signature

Includes important information about treatment services and care delivery including elements required by state for licensing and certification

- Supports abstinence as a treatment goal
- Welcomes patients who have not decided to stop using but want services
- Acknowledges that addiction (SUD) is a life-long health condition (chronic disease)
- Empowers patient to decide their own treatment goals which may include a reduction in substance use instead of complete abstinence
- Encourages program participation and following of program rules and consequences
- Informs patient that readmission is determined on a case-by-case bases in consultation with their clinical supervisor with no minimum time requirements

FY 25-26 Updates to Language:

- Updated required language to explicitly state the “use, **possession, or sale**” of substances on site is “no tallowed and will result in reasonable consequences” (p.1)
- Updated required language to include **legal status** in anti-discrimination statement (p.2)
- Made a **fax number** for grievances or complaints optional (p.4)

R95 Discharge Policy

- **Positive toxicology (drug/UA) test doesn't mean automatic discharge**
 - **No automatic discharge/transfer hospital/withdrawal management from residential**
- Use the care coordination benefit to help prevent patients from losing Medi-Cal during the treatment episode
 - No discharge when health benefits lapse for those that remain eligible
- Ensure a warm-handoff when stepping a patient up or down levels of care
- Provide informational materials at discharge, including naloxone

No updates to language for FY 25-26

R95 Toxicology Policy

- Provides an outline of agency protocol for implementing toxicology testing as a therapeutic tool to support clients in SUD treatment.
 - Grounds testing in a trauma-informed, culturally-response approach, prioritizing respect, safety, and accuracy.

FY 25-26 Updates to Language:

- Corrected *optional* language to be more inclusive of treatment settings (formerly “residents” updated to “**patients**”) (p.6)

R95 Toxicology Patient Agreement

- Informs patients about the toxicology testing process, the benefits of engaging in testing, patient expectations, and patient rights.
 - Testing is a clinical tool used to facilitate discussion with clients around their substance use and triggers, progress toward their goals, and linkage to additional resources, including harm reduction.
 - A toxicology test (+/-) is not required for admission and a client will not be automatically discharged if they test positive (without consideration of the client's other behaviors and actions).

FY 25-26 Updates to Language:

- Updated required language for syntax around **“trauma informed, culturally responsive patient-centered care”** (p.1)
- Updated required language **“Testing may occur”** (p.1)
- Added required language around how **refusal to submit to toxicology testing will be addressed** (p.2)
- Added required language about **how toxicology results may be reported when required by other agencies** (p.2)
- Added optional language of patient’s right to request a copy of agency’s toxicology policy



Common misconceptions about R95



Common misunderstandings

R95 means we have to admit **absolutely everyone**

- R95 encourages a more realistic and compassionate approach to deeming someone “ready” for treatment when it comes to *readiness for abstinence* or *how a patient defines abstinence*
 - SAPC recognizes the value of each agency’s unique offerings, approach, and “special sauce” that means some agencies can cater more specifically to some patients’ needs than others
 - If your agency is not a fit for the individual, agencies may/must provide a warm hand off to a suitable treatment agency with the appropriate LOC
-
- LA County departments (including DMH, DCFS, Probation, and LACOE) have been directed by the BOS to collaborate with DPH-SAPC on training staff on SUD and how to make referrals, how treatment works, etc.
 - There is strong support from these departments for R95
 - Should treatment providers run into issues with these other agencies, providers should notify SAPC-R95@ph.lacounty.gov for support and resolution
 - Agencies should still offer testing voluntarily to support patients, but a patient not testing should not end the treatment relationship

Treatment agencies will receive **backlash from DHCS, DCFS, Probation, etc.**, especially with the R95 toxicology policy

Common misunderstandings

- Treatment agencies are still allowed to have consequences for refusing toxicology testing, as outlined in the Toxicology Policy and Patient Agreement, and declining toxicology testing should always initiate a discussion with clients about the reasoning for that decision.
- R95 only prohibits automatic discharge/refusal to admit solely for refusing toxicology testing. However, if patient generally disengaging in treatment (where refusal to test is on feature of disengagement), agencies may appropriately discharge patient

R95 means **no consequences** for patients refusing toxicology testing

R95 won't let us discharge **any** patients

- R95 allows agencies to discharge for cause and only prohibits automatic discharge solely for expression of symptoms (lapse/relapse)
- If a patient is violent, threatens violence, brings substances on site, refuses to engage in treatment, etc. then agencies may appropriately discharge patient
- The R95 Discharge Policy and Patient-Facing Admission Agreement required language templates include space for agencies to outline specific standards for discharge, as long as they are not in conflict with R95

Common misunderstandings

R95 encourages substance use while in treatment (e.g. on site)

- R95 does not support substance use AND calls for compassionate understanding that recovery is challenging and not linear
- The Admission Policy and Agreement required language templates were updated for FY 25-26 to highlight that possession, use, and distribution/sale of substances on site is prohibited (and an appropriate reason for discharge, at agency's discretion)

- R95 absolutely supports abstinence AND requires agencies to operate in real world understanding that lapses are part of most recovery journeys and patients may define abstinence and recovery differently
- R95 does prohibit automatic discharge of patients for a re/lapse or return to substance use as it is a symptom of the chronic condition they've sought you out to treat
- If you are already continuing treatment for patients that lapse in your care, you are already practicing in alignment with R95

R95 doesn't support abstinence

Additional beliefs or questions about R95?



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




SAPC Substance Abuse Prevention and Control
Prevention First · Treatment Works · Recovery is Possible

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

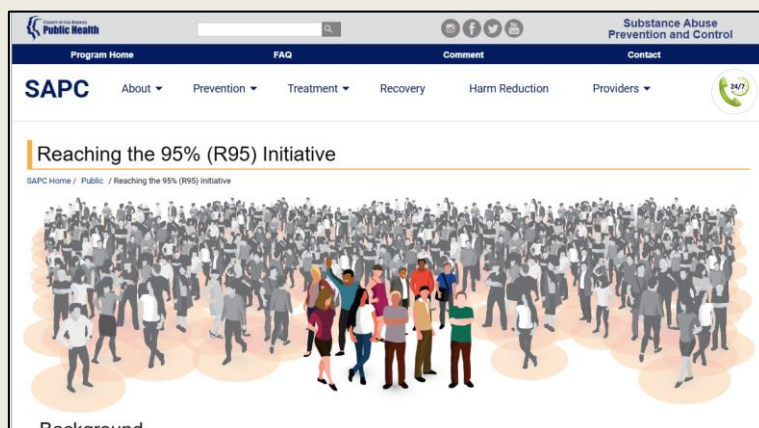
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18	19	20	21	22	23	24
25	26	27	28	29	30	31

2:00 PM

 Click to go to the Booking page

Reaching the 95% Resources

R95 website

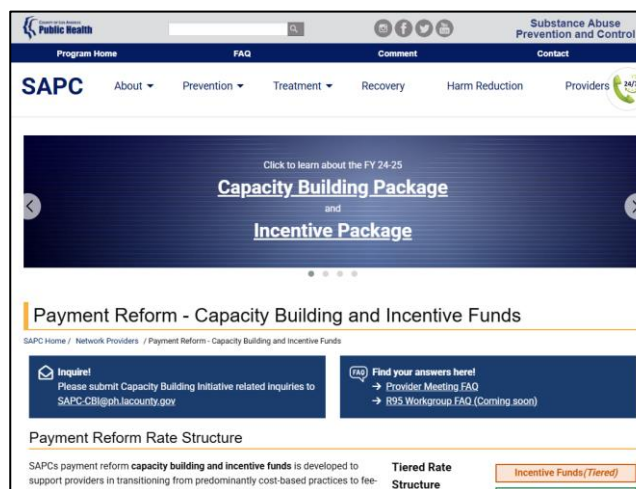


R95 Consultation Line

(626) 210-0648

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

SAPC Payment Reform



Email

R95: SAPC-R95@ph.lacounty.gov

Payment Reform (VBI) : SAPC-CBI@ph.lacounty.gov

SAPC Trainings and Events

