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: **Gary Tsai, MD** (he/him/his)
Director

June 8, 2026

Agenda

- Provider support resources
- Reaching the 95% overview
- Year in Review
- R95 Implementation Survey Review
- Open discussion

Month	Meeting/Training	Details	Harm reduction	R95
July	**R95 26-27 Kick Off**	**Topic:** Progress and a look ahead to Year 4, including incentive opportunities and focus areas **Date:** Monday, July 16, 10:00am-12:00pm **Location:** Behavioral Health Services (BHS), 15519 Crenshaw Blvd. Gardena, CA 90249 **Registration:** https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=214	No	Yes

R95 FY 25-26 Calendar

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

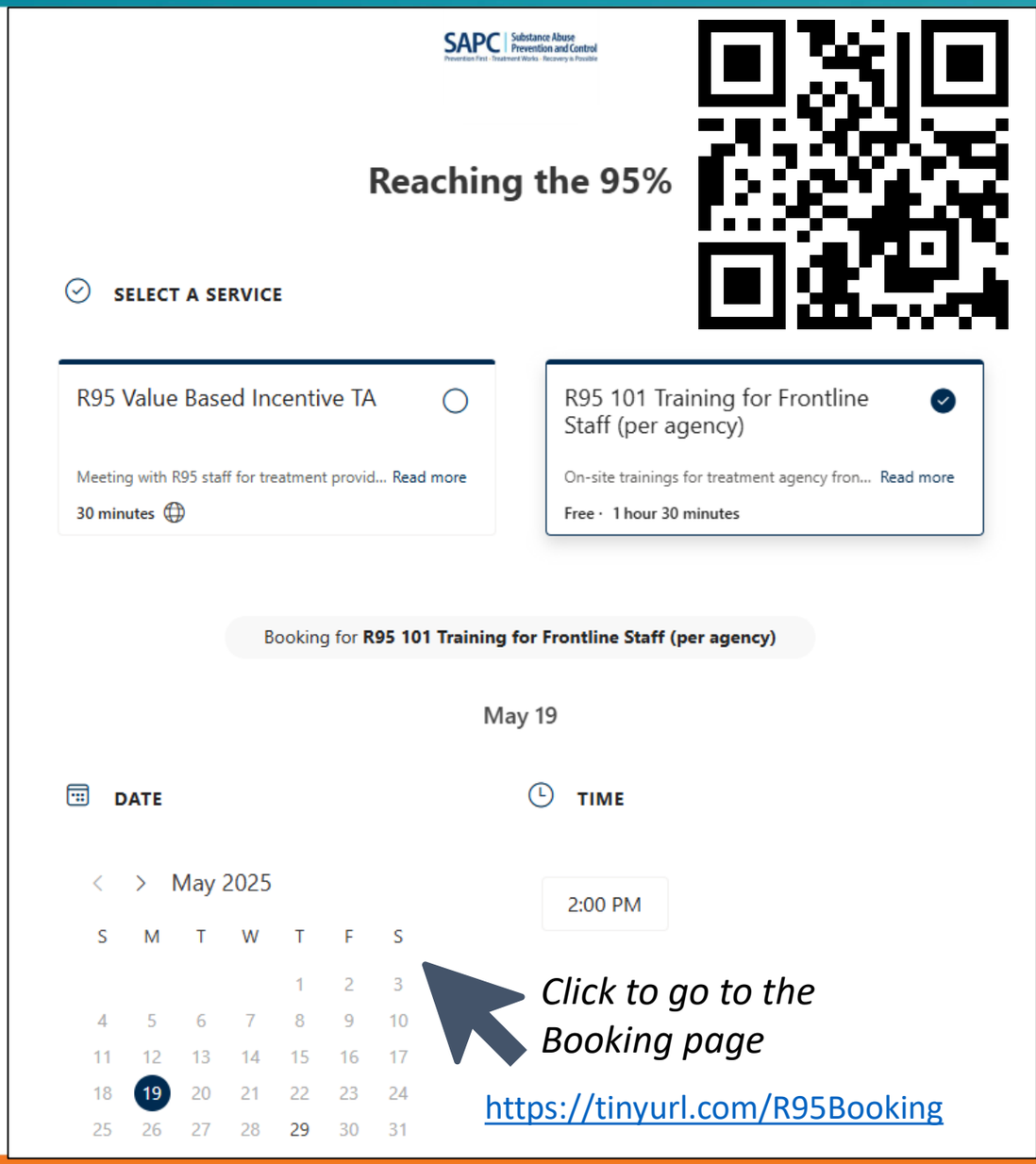
R95 Consultation Line for Providers

(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



The Reaching the 95% (R95) Initiative

Lowering barriers to life-saving SUD treatment services

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

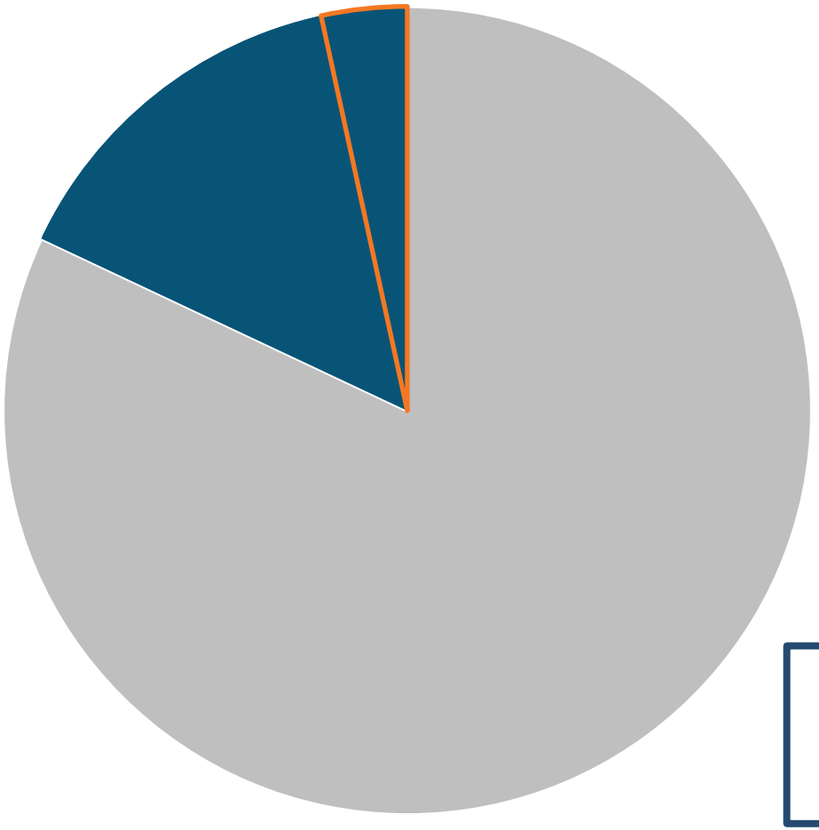
Reaching the 95% Initiative

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

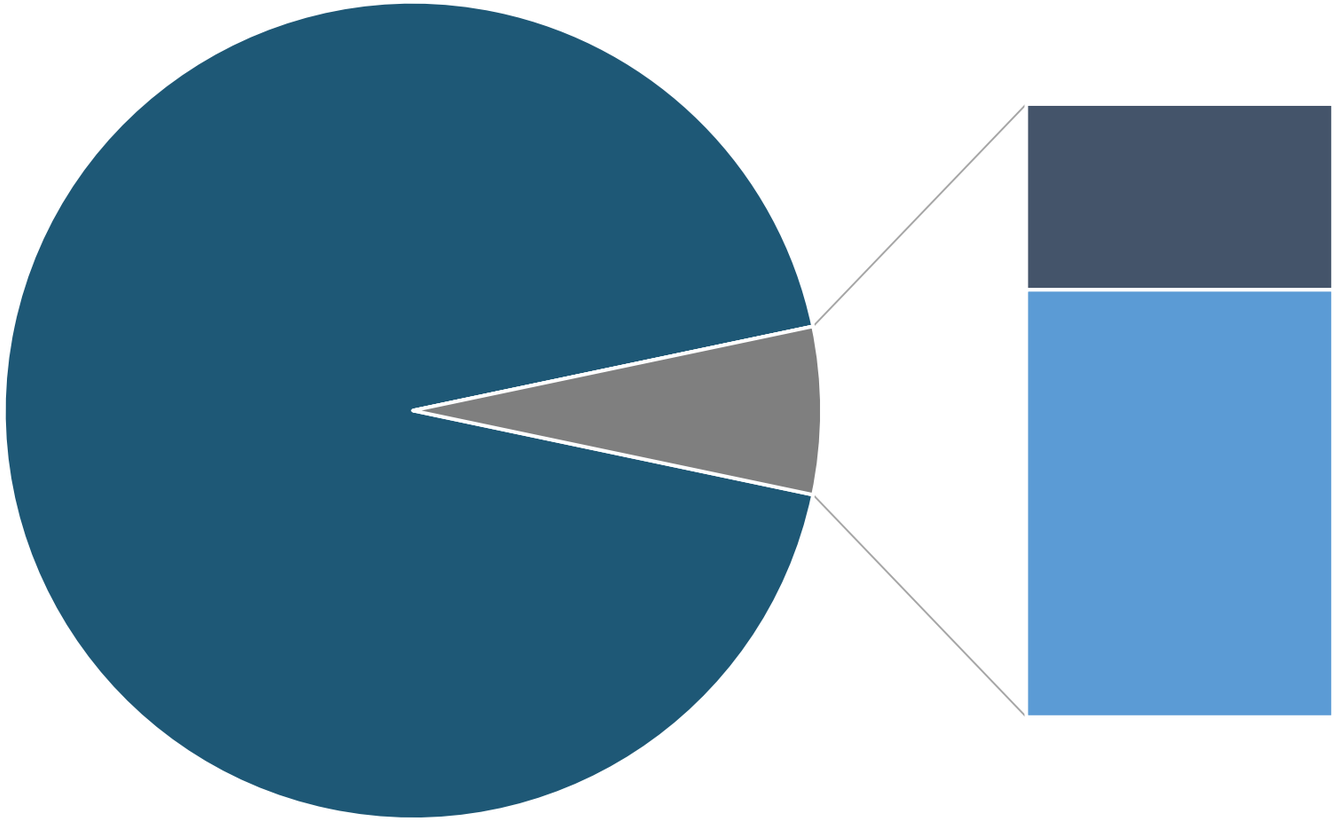
Substance Abuse and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report

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

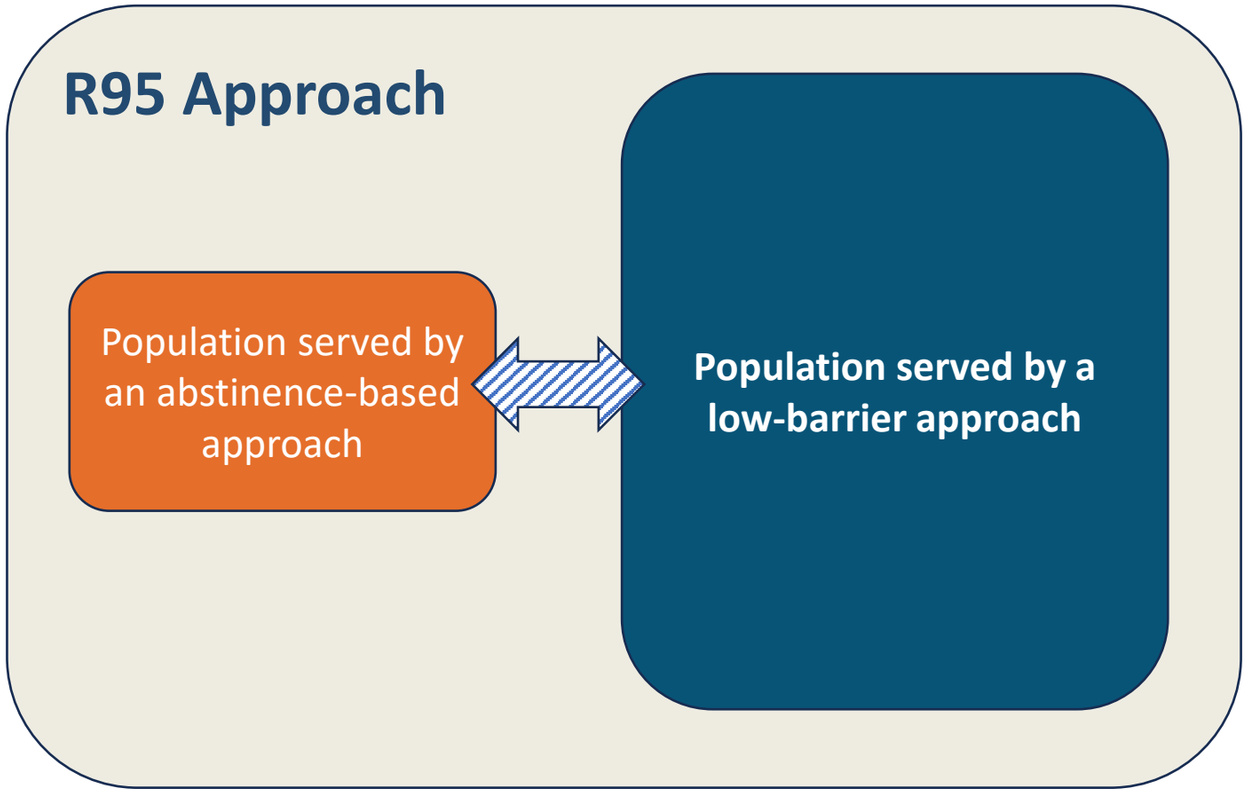
(+1% from 2022)

5% thought they should get treatment but **did not seek** it

(+1% from 2022)

Substance Abuse and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report

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



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

R95 Year In Review

A look at engagement as we wrap Year 3

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

R95 Enhancement Activity

FY 25-26 training incentive

$20,000 incentive per track when 85% of all client facing staff attend at least one (1) eligible meeting/training

	R95	Harm reduction	Total
Eligible Meetings/Trainings	55	52	107
Individual participants	2,804	2,577	3,739
Participating agencies	69 (93%)	68 (92%)	75 (101%)
Approved	45 (65%)	35 (51%)	50 (68%)

R95 Track Trainings:

- Available via Access Optimization, CST, LNC, Clare Matrix, and Tarzana
- Slight increase in participation compared to CBI FY 24-25 (37 agencies)
- Team saw increased demand for R95 101 after CEs were initially approved and after they were expanded
  - Demand for R95 101 heavily declined after end of Enhancement Activity on 3/31/26.

Harm Reduction Track Trainings:

- Available via CST, LNC, Clare Matrix, and Tarzana
- Higher agency participation compared to CBI FY 24-25 (43 agencies)
- Some staff were taking other Harm Reduction-related trainings beyond the specific ones approved for R95 Enhancement Activity

VBI: R95 Policy and Agreement adoption

Activity 3-G R95 Client-facing Agreements

77%

Treatment agencies have adopted the R95 Treatment Standard
(57 agencies)

80%

Unique clients are being served under the R95 Treatment Standard
(33,892 unique clients)

4%

Treatment agencies have **partially adopted** the R95 Treatment Standard
(3 agencies)

18%

Treatment agencies with **no adoption** of the R95 Treatment Standard
(13 agencies)

Continued focus:

- **Reach and growth:** Understanding concerns of remaining agencies and connecting providers and resources throughout SAPC continuum
- **Culture shift:** Training and education at all levels of staffing, in and beyond the SAPC provider network
- **Monitoring:** Ensuring compliance and providing TA

VBI: R95 Champion

Activity 3-F: R95 policies and agreements and one qualifying MAT activity (3-A, 3-B, 3-C)

	Total	Percent
Met R95 Policies & Agreements	50	68%
Met Qualifying MAT activity	29	39%
Eligible	22	30%

**Data reflects final DQR Report review and verification in May 2026*

R95 Policies and Agreements:

- Admission Policy *(*FY 23-24)*
- Admission Agreement *(*FY 24-25)*
- Discharge Policy *(*FY 23-24)*
- Toxicology Policy *(*FY 24-25)*
- Toxicology Agreement *(*FY 24-25)*

**Initial date adoption available*

MAT Activity:

a. MAT Education/Services for OUD in Non-OTP Settings
b. MAT Education Services for AUD
c. MAT Agency-wide Naloxone Distribution

As of DQR cumulative for FY 25-26

Compliance checks

- Onboarding and annual training
- Signed client-facing agreements

QI chart review findings (Feb-April 2026)

- Random charts reviewed from 35 agencies that committed to full R95 implementation as of end of FY 24-25
  - 7 agencies had not implemented one or both client-facing Admission Agreements and/or Toxicology Agreements on file
- Of agencies with agreements on file:

N=28	**Inconsistent implementation**	**Noncompliance** (no agreements or no required text)
Admission agreement	11 (39%)	11 (39%)
Toxicology agreement	11 (39%)	14 (50%)

Next steps

- Agencies committed to full adoption of R95 were notified via email in March 2026 of upcoming/ongoing random chart review compliance checks
- Clarified expectations that policies be implemented 1 mo. after approval for new and continuing adopters
- Promote R95 resources and tools available to providers

R95 Implementation Survey Review

Implementation status and opportunities for support

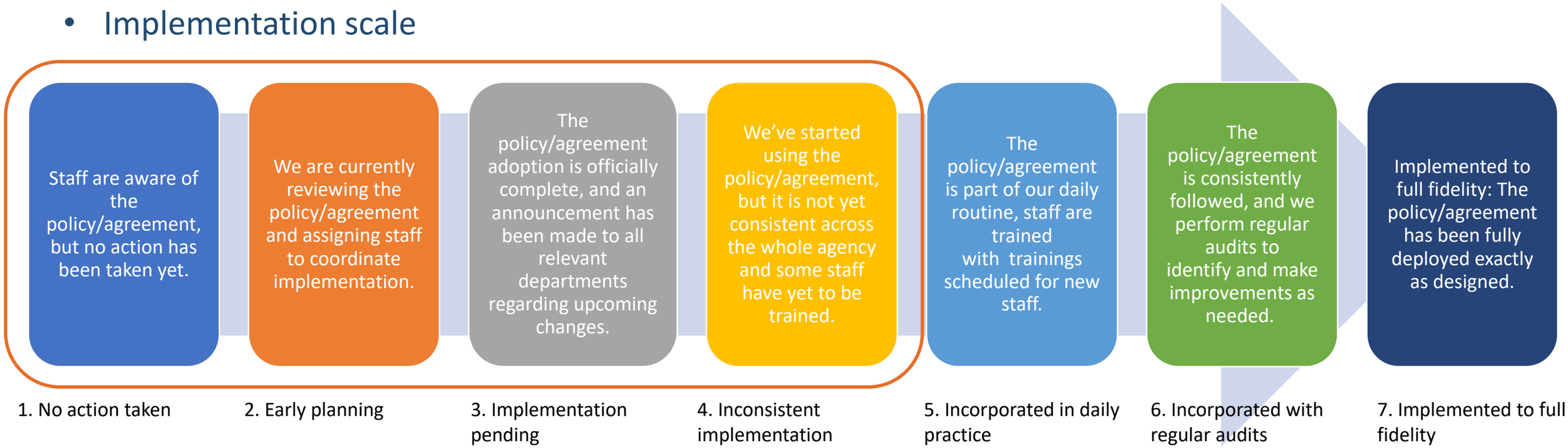
SAPC | Substance Abuse Prevention and Control

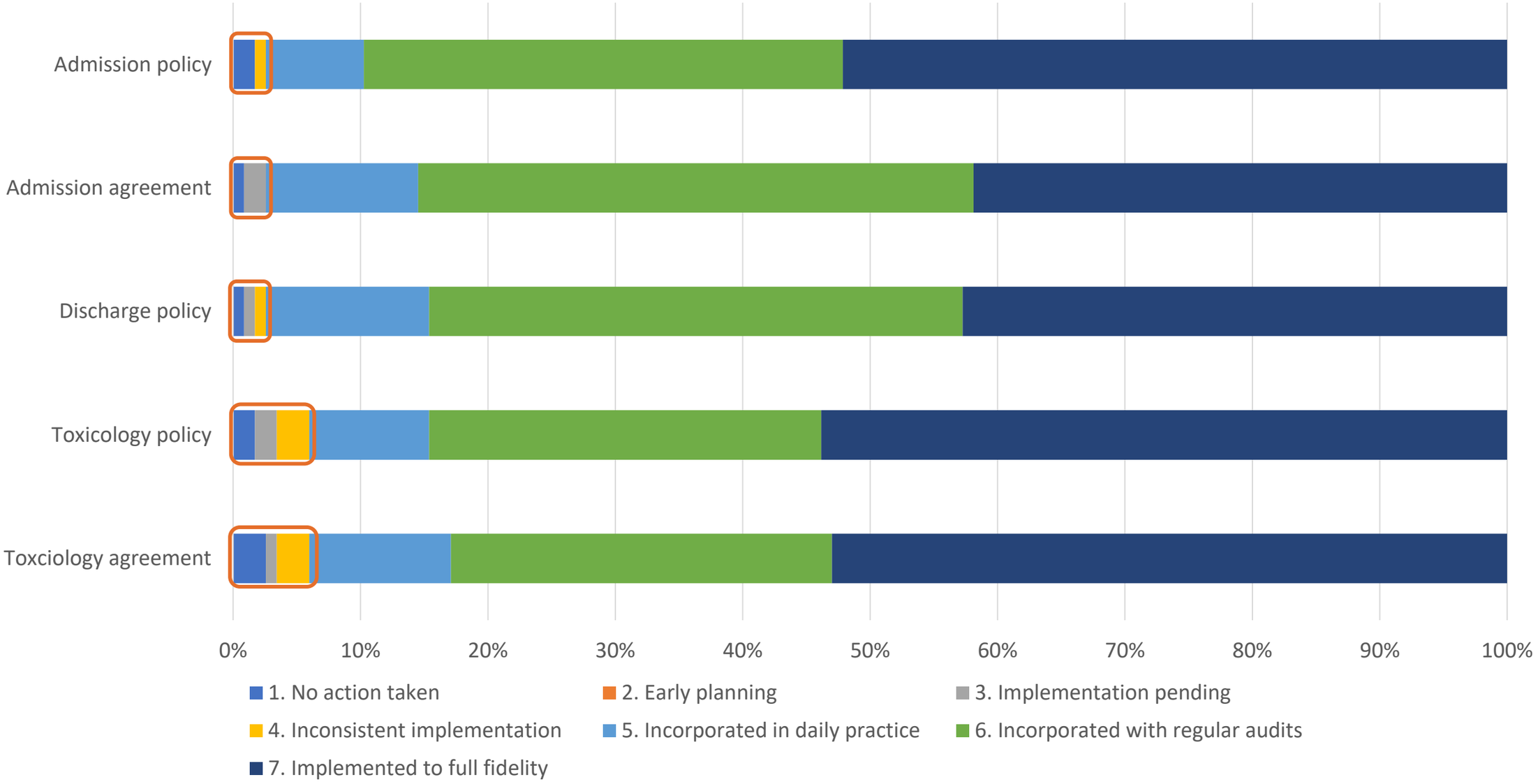
County of Los Angeles Public Health

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
- 117 responses from 42 agencies

- Implementation scale




Admission policy
Admission agreement
Discharge policy
Toxicology policy
Toxciology agreement
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
1. No action taken
2. Early planning
3. Implementation pending
4. Inconsistent implementation
5. Incorporated in daily practice
6. Incorporated with regular audits
7. Implemented to full fidelity

Diving deeper into feedback and challenges

"When a harm reduction approach is used for a patient on the residential unit who has relapsed, other patients think they can relapse with impunity and then it tends to be more widespread."

Q: How can programs/facilitators leverage an individualized patient-centered approach to address client "copycat" behavior?

"…if clients are not required to complete toxicology testing, this practice impacts our ability to safely monitor for withdrawals, integrate MAT medication…"

Q: How can qualified clinicians provide support to ensure safe monitoring for withdrawals and MAT integration?

"Policy has been fully implemented and has been helpful in ensuring discharged is based on clinical need and client choice."

Q: What kind of workflow improvements have proven beneficial to strengthening communication and decision making between counselors and clinicians?

"Our agency uses toxicology testing as a clinical tool to inform care, discuss relapse, and adjust treatment plans rather than a punitive measure."

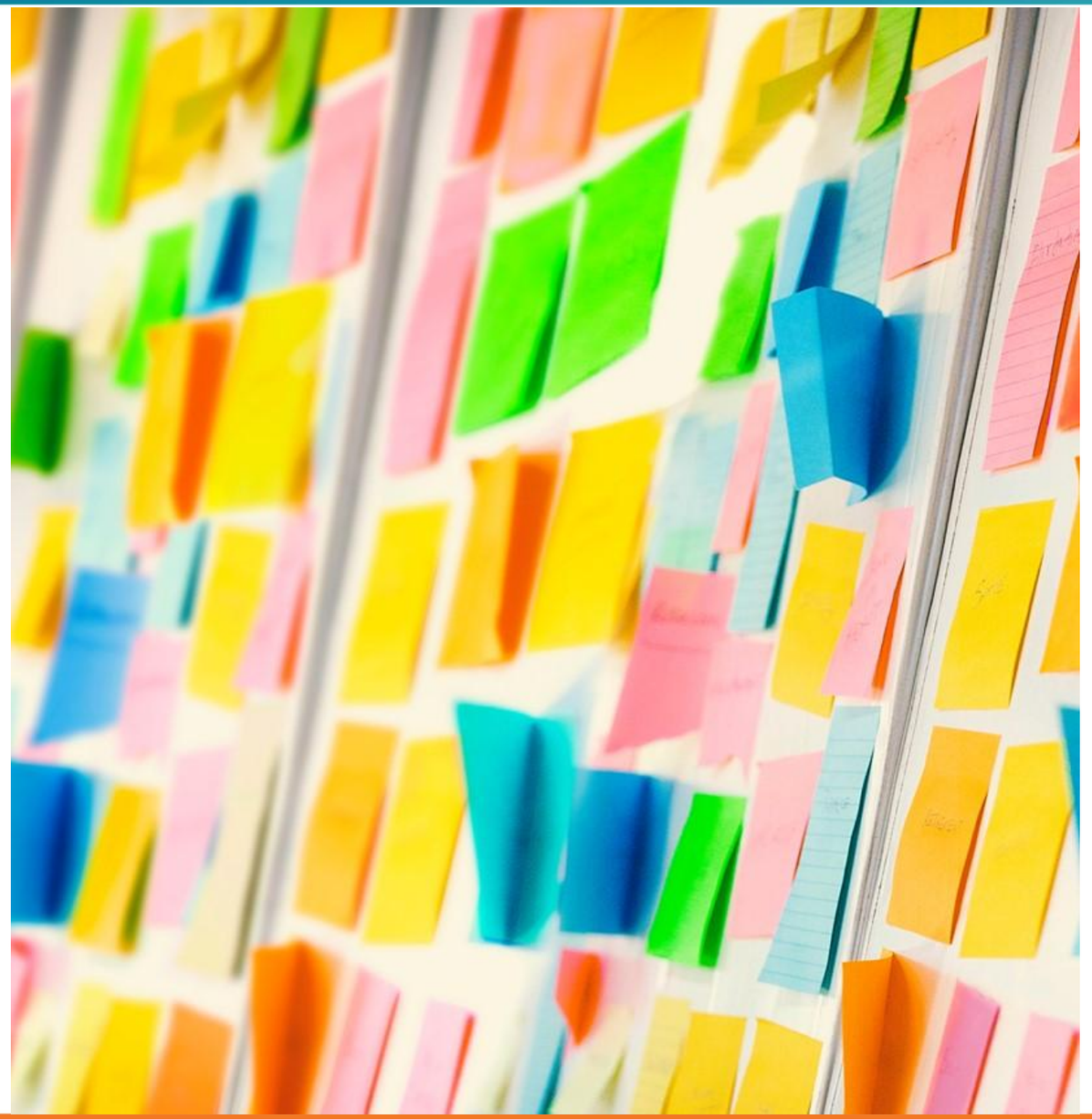
Q: What steps can be taken to ensure the Toxicology Policy and patient-facing agreement are continuously integrated into treatment by existing and new staff, (e.g., training, monitoring, internal audits)?

Open Discussion

- What impacts have you seen of the CalFresh work requirements that went into effect June 1, 2026?
- What is your agency doing to prepare for Medicaid/Medi-Cal work requirement changes in 2027?

Centers for Medicare & Medicaid Services 6/1/2026
an interim final rule:

- Allows clients to self-attest to a work requirement exemption in 2027, and requires supporting documentation starting 2028.

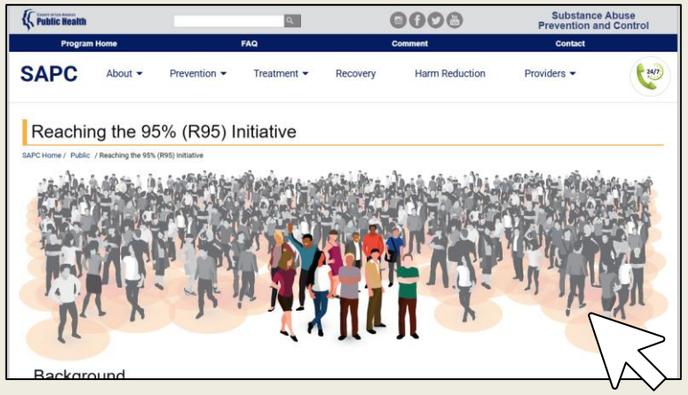


Additional questions?

Next R95 Workgroup Meeting:
Monday July 12, 2026, 10:00am-12:00pm
R95 26-27 Kick Off

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
- 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

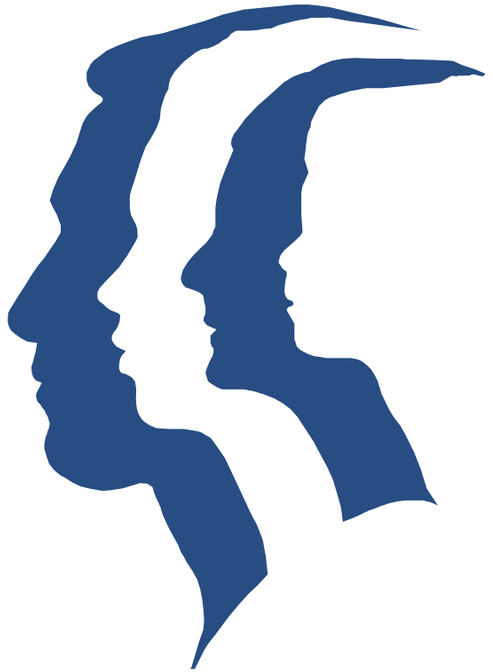
R95 Virtual Monthly Office Hour (3rd W, 9:00am)

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

Email

R95: SAPC-R95@ph.lacounty.gov

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



Thank You!

Supplemental slides

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

Preparing for HR 1 Medicaid Eligibility Changes

- **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.

Benefits Cal

DHCS HR 1 Implementation Plan

DPSS: Keep Your Benefits

DPSS: CalFresh HR 1 Informational flyer

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
24/7 **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

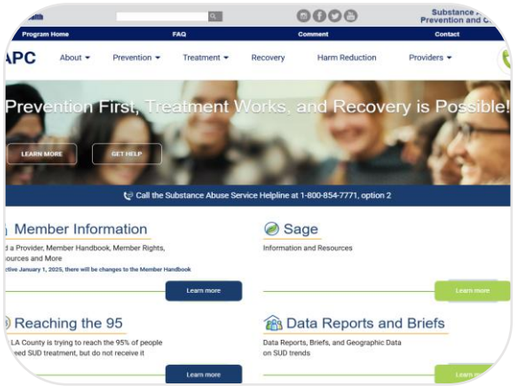
Recovery Housing
- **27** provider agencies
- **170** site locations
- **4,752** served

*For persons served, all numbers are annual

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

07APR2026

Resources



SAPC website

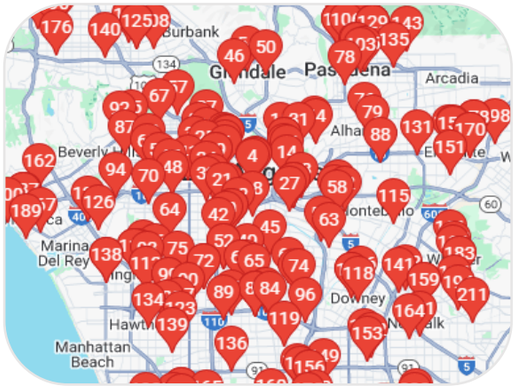
http://publichealth.lacounty.gov/sapc

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

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

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?