



*Reaching the 95%*

# Workgroup Meeting

## Agenda:

- Year in review: FY 24-25
- Year ahead: FY 25-26
  - Value Based Incentives
  - R95 Enhanced Activities
- Wrap up & Resources

Scan with your phone  
camera to sign in or go to:

[https://tinyurl.com/  
R95WorkgroupSignIn](https://tinyurl.com/R95WorkgroupSignIn)



July 15, 2025

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

*Johann Hari, British-Swiss  
Writer & Journalist*

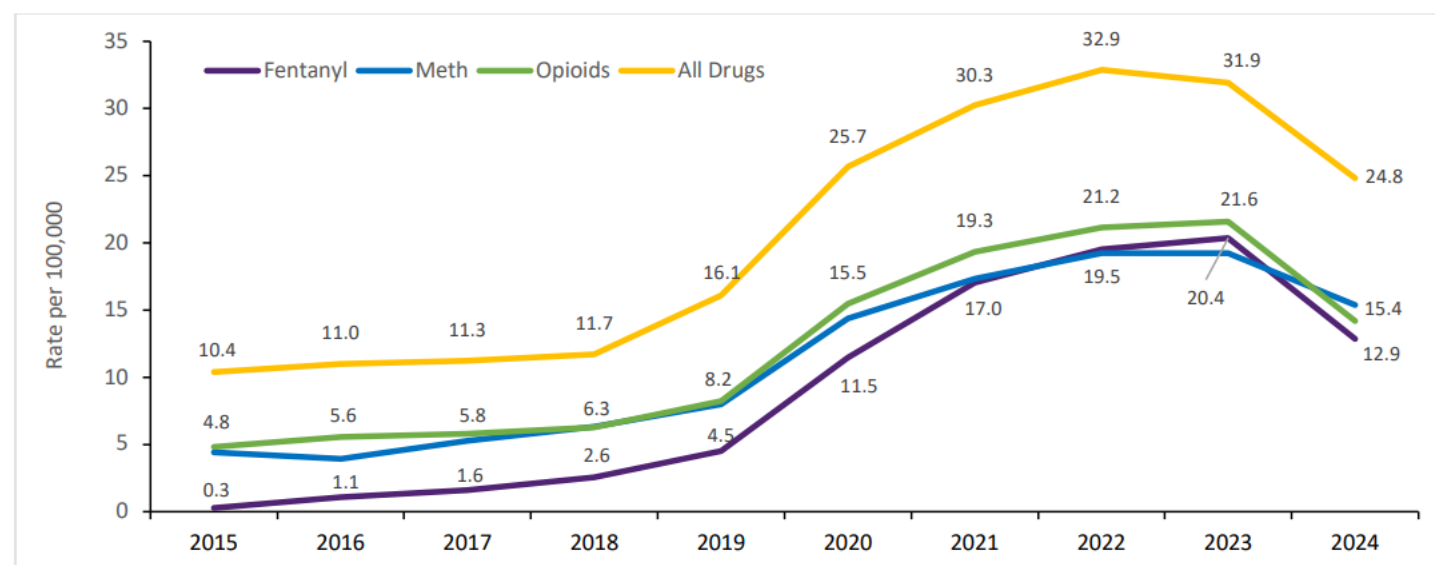


# Fentanyl Overdoses in LA County Report (June 15, 2025)

## Summary:

- Fentanyl accounts for 52% of all AOD overdose deaths in LA Co.
- In 2024 fentanyl overdose deaths declined by 37%
- Investments in overdose response, harm reduction, and treatment expansion are working!
- Overall drug overdose deaths also declined by 22%
- Targeted prevention efforts are still needed to advance health equity in LAC

Figure 2. Rate of Drug Overdose Deaths per 100,000 Population by Drug, LAC, 2015-2024



\*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.

Data Report: [Fentanyl Overdoses in Los Angeles County](#). Health Outcomes and Data Analytics Division, Substance Abuse Prevention and Control Bureau, Los Angeles County Department of Public Health, June 2025

# Reaching the 95%

The Reaching the 95% (R95) Initiative was launched by the Los Angeles County Department of Public Health's Substance Abuse Prevention and Control in 2023 to reach more people by expanding outreach and lowering barriers to care

## 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.

## Reaching the 95%

### Aligning stakeholders

Providing SUD training, materials on service connection resources

Implementing strategies to better engage people with SUD

### Expanding outreach and engagement

Expanding low barrier, low judgement services

Optimizing reimbursable services

### Lowering barriers to care

Redefining readiness for treatment

Strengthening bidirectional referrals



Year ahead: FY 2025-2026

# Value Based Incentives – R95



## Service Design Follow-up Implementation Plan - Continuation (1/2)

- This incentive supports provider agencies in adapting program services to align with the treatment needs of individuals who want to participate in services but are not yet ready to maintain abstinence.
- **Eligibility**
  - Provider agencies with an approved FY 2023-24 Year Implementation/Investment Plan or
  - Provider agencies with an approved FY 2024-2025 Implementation/Investment Plan and who did not participate in the FY 2024-25 Follow-Up Implementation Plan
- **Provider Deliverables:**
  - A) Participation in Deliverable Activities
  - B) Complete and submit the Service Design Change Project Plan by March 31, 2026
- **Payment Rate:** \$30,000 one-time payment

## Service Design Follow-up Implementation Plan - Continuation (2/2)

- Providers will have an opportunity to engage in a LEARN-DO-SHARE approach:
  - Learn new concepts
  - Collaboratively practice what they learned
  - Develop performance improvement projects that will help to reach the SMART goals outlined in Implementation Plan submissions from prior years.
- **Deliverable Activities Include:**
  - Attend Orientation
  - Attend a two-day Change Leader Academy
  - Participate in Coaching Calls (attend 3 of the four)
  - Complete a Change Project Plan
  - Develop and present a 5x5 PowerPoint slide deck reflecting the Change Project Plan



## R95 Policies and Agreements deliverable-based activity (1/3)

- **\$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 some 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 Policies and Agreements deliverable-based activity (2/3)

### Key principles of R95 policies and agreements

- 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
- 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.
- Toxicology screening is a clinical tool and should not be used as a threat 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 procedure as if client tested positive.
  - Although other entities (e.g. DCFS, Probation) may have consequences for not submitting toxicology results, the care team is not expected to punish a client for refusing to test.

## R95 Policies and Agreements deliverable-based activity (3/3)

- Templates with required and optional language are available on the [Payment Reform Value-Based Incentives](#) webpage
  - Click: [Access to Care](#)
  - Expand: R95 Client-Facing Agreements
    - [Activity guide](#)
    - [Admission Agreement](#)
    - [Toxicology Agreement](#)
    - [Admission Policy](#)
    - [Discharge Policy](#)
    - [Toxicology Policy](#)
    - [Invoice form](#)

1. Provider agencies review R95 templates and include all required text in provider agency draft policy/agreement
  - a. Provider agencies may include additional language, sections, clarifications, etc. as long as they are in alignment with the spirit of R95
2. Provider agencies submit R95-compliant policies/agreements to [DPH-SAPC-VBI@ph.lacounty.gov](mailto:DPH-SAPC-VBI@ph.lacounty.gov) by EOD December 31, 2025
  - a. If you referenced another policy within the submission, please include a copy of the referenced policy
  - b. SAPC will accept early admissions
3. SAPC will review submissions for completeness. If necessary, SAPC will engage with provider agency around any required revisions before acceptance.



Year ahead: FY 2025-2026

# R95 Enhancement Activity

*New incentive  
opportunity!*



## Incentives for meetings and trainings (1/2)

- \$20,000 per agency per category that has 85%+ of staff with direct patient interaction attend eligible meetings and trainings for one or both categories
  - Additional trainings and meetings that satisfy the R95 Enhancement Activities requirements will be announced by SAPC-R95 team
- SAPC will give advanced notice via email of additional eligible meetings and trainings hosted by SAPC or approved training partners

### Harm reduction

Harm Reduction and Treatment Integration meetings

Harm Reduction trainings hosted by Clare Matrix and/or Tarzana Treatment Centers

### R95

R95 101 Training for Frontline Staff

R95 Workgroup meetings

## Incentives for meetings and trainings (2/2)

### Additional guidance

- Provider agencies may opt in to both R95 Enhancement Activities tracks for a total opportunity of \$40,000
- Patient-facing staff threshold is across all meetings. 85% of staff do not need to be present at the same meeting.

### References

- [Informational notice](#) and attachments available on [Bulletins](#) page under Bulletins 2025
  - [Attachment I: R95 Enhancement Intent to Participate](#) (optional)
  - [Attachment II: R95 Enhancement Invoice FY 25-26](#) **REQUIRED**
  - [Attachment III: R95 Enhancement Staff Participation Attestation](#) (if requested)
- Meeting/training attendance due by March 31, 2026, to [SAPC-R95@ph.lacounty.gov](mailto:SAPC-R95@ph.lacounty.gov)



# Resources for provider agencies



# 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




**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

S	M	T	W	T	F	S
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4	5	6	7	8	9	10
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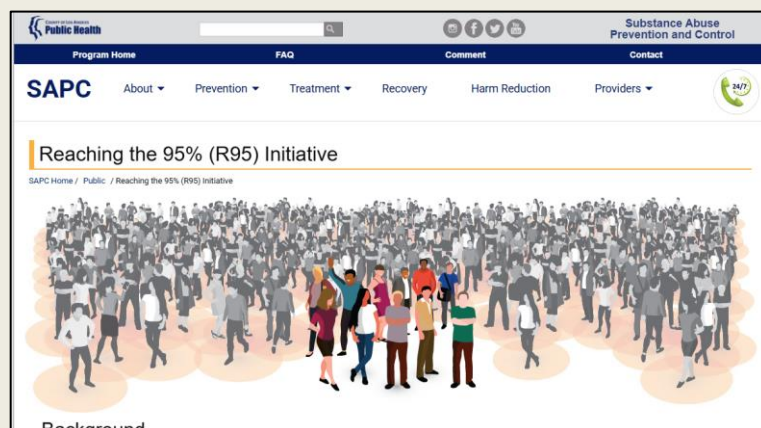
 *Click to go to the Booking page*





# Reaching the 95% Resources

## R95 website

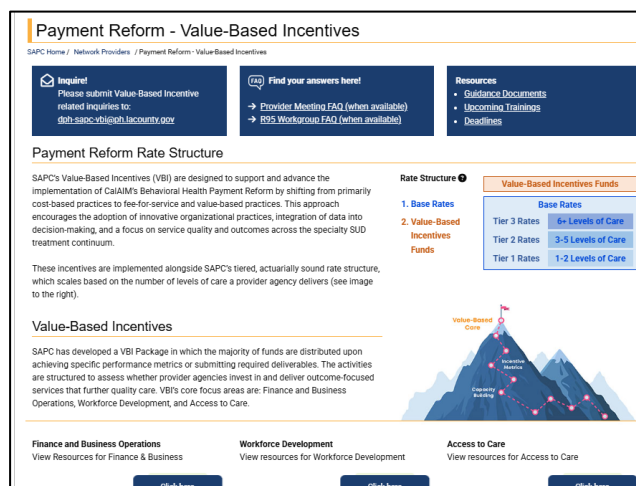


## R95 Consultation Line

**(626) 210-0648**

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

## SAPC Payment Reform VBI

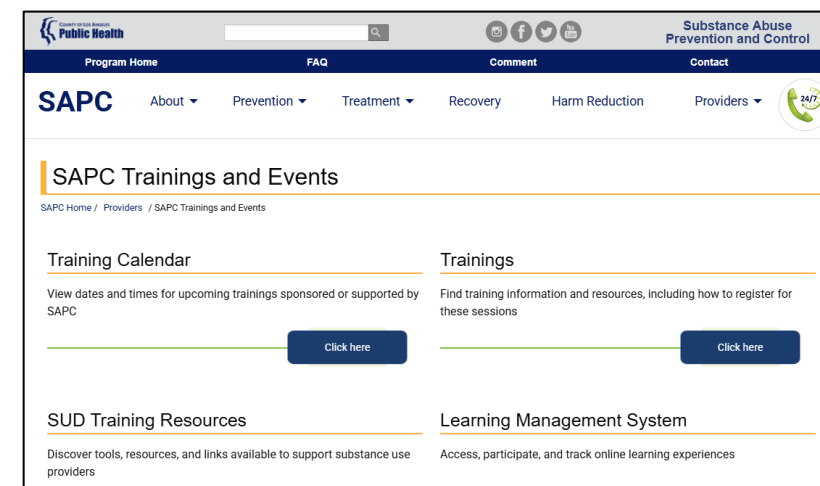


## Email

**R95:** SAPC-R95@ph.lacounty.gov

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

## SAPC Trainings and Events



## Additional beliefs or questions about R95?



*Don't forget to sign in*

Scan with your phone  
camera to sign in or go to:  
**[https://tinyurl.com/  
R95WorkgroupSignIn](https://tinyurl.com/R95WorkgroupSignIn)**



# Upcoming meetings

## Virtual R95 office hour

Tomorrow, Wednesday July 16, 9:00am-10:00am

Add to calendar: <http://publichealth.lacounty.gov/sapc/calendar/meeting/SAPC-R95-Virtual-Office-Hours.ics>

## Workgroup: R95 in Residential Treatment – R95 Enhancement eligible

Topic: Discussion of opportunities and challenges when following R95 principles in residential treatment settings

Date: Tuesday, August 26, 12:00pm-1:30pm

Location: Behavioral Health Services (BHS) Training Center, 15519 Crenshaw Blvd., Gardena, CA 90249

Register here: <https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=206>

## Harm Reduction and Treatment Integration – R95 Enhancement eligible

Topic: Training for treatment staff on how to integrate harm reduction approaches to meet patient needs throughout the recovery journey

Date: Wednesday, August 27, 10:00am-12:00pm

Location: Asian American Drug Abuse Program, Inc. (AADAP), 2900 Crenshaw Blvd., Los Angeles, CA 90016

Register Here: <https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=207>



Supplemental material: R95 policies and agreements

# **FY 25-26 updates to required text**



# 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