R95 ENHANCEMENT ACTIVITY

FY 26-27

Attachment III: Staff Participation Attestation

Complete this form if your agency achieved the 85% client-facing staff participation threshold in one or both training tracks below AND if your agency was not notified by the SAPC team that you met this threshold. Email this completed form to SAPC-R95@ph.lacounty.gov by April 9, 2027.

The R95 Enhancement Activities opportunity is open to all treatment provider agencies. SAPC will be tracking attendance to eligible meetings and will notify agencies and provide an invoice to be signed by the provider agency when the provider agency meets the 85% client-facing staff participation threshold for meetings held between 7/1/2026 and 3/31/2027.

If a staff member participated in more than one meeting or training, only include them in the count for one of the meetings or trainings per track. SAPC may request additional supporting documentation (ex. signed attendance sheets) if the data reported below does not match attendance records of qualifying meetings and trainings.

Questions can be sent to SAPC-R95@ph.lacounty.gov or be called into the R95 Provider Consultation Line (626) 210-0648 (M-F, 8:30am-5:00pm).

Track 1: HARM REDUCTION INTEGRATION

Total number of staff with direct client contact*	
Total number of staff that attended qualifying meetings and/or trainings	
Point of contact name	
Point of contact email	

Track 2: REACHING THE 95%

Total number of staff with direct client contact*	
Total number of staff that attended qualifying meetings and/or trainings	
Point of contact name	
Point of contact email	

Client-facing, or frontline, staff include all personnel who interact with clients during the admission, treatment, and discharge processes including clerical staff, drivers, cooks, Peer Support Services Specialist, registered or certified counselors, Licensed Practitioners of the Healing Arts (LPHA), license-eligible LPHAs, etc. Include all employed staff across all sites.

To be completed by treatment agency:

Contracted/Provider Name (Printed):	**Contract Number(s):**
(Printed) Name and Title of Agency Leadership Representative:	
(Authorized Signature) Agency Leadership Representative: *(*must match name above)*	
Date of Signed Attestation:	

To be completed by SAPC R95:

Reviewer (Printed):	**Date:**
Reviewer (Signature):	
Decision:	

Date	**Name of meeting/training**	**Host** (SAPC, TTC, or Clare Matrix)	**Harm Reduction** or **R95**	**Eligible staff in attendance**

Duplicate table/page as needed.