



Reaching the 95%

R95 in Residential Treatment Settings

Agenda:

- Incentive overview
- R95 overview
- Treatment provider agency panel
- Wrap up

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

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



R95 Incentives FY 25-26

Value-Based Incentives

- **3-G R95 Policies and Client-Facing Agreements**
 - Due: December 31, 2025
 - New participants: \$40,000
 - Existing participants: \$20,000
- **3-F R95 Champion**
 - Must complete:
 1. All R95 policies and client-facing agreements
 2. At least one qualified MAT activity threshold, cumulatively over Q1-Q3
 - MAT Education/Services for OUD in Non-OTP settings
 - MAT Education/Services for AUD
 - MAT Agency-wide Naloxone Distribution
 - R95 team will notify eligible treatment provider agencies after Q3 DQR
 - \$40,000

R95 Enhancement Activity

Per track: 85% staff participation by March 31, 2026, for \$20,000

- **Harm Reduction track**
 - SAPC-led Harm Reduction and Treatment Integration Meetings
 - Harm Reduction trainings by Tarzana Treatment Centers or Clare Matrix
 - Provider agency created materials for internal training after approval by SAPC
 - CST: Utilizing Naloxone and Other Harm Reduction Strategies for Substance Use Providers (LNC or live)
 - CST: Re-Imagining Harm Reduction for Substance Use Treatment
- **R95 track**
 - SAPC-led R95 Workgroup Meetings
 - SAPC-led R95 101 Training for Frontline Staff
 - R95 trainings by TTC, CM
 - CST: Reaching the 95% Through Radical Hospitality: Transforming Substance Use Treatment

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




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
				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

2:00 PM

 *Click to go to the Booking page*

Upcoming meetings

Virtual R95 office hour

Wednesday September 17, 9:00am-10:00am

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

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>

Workgroup: R95 with Justice-Involved Patients – R95 Enhancement eligible

- Topic: Discussion of opportunities and challenges of R95 implementation with justice-involved patients
- Date: Thursday, September 18, 1:00pm-2:30pm (*following SAPC All Treatment Provider Meeting*)
- Location: Almansor Court, 700 S Almansor St, Alhambra, CA 91801
- Registration: <https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=208>



Reaching the 95%

Overview



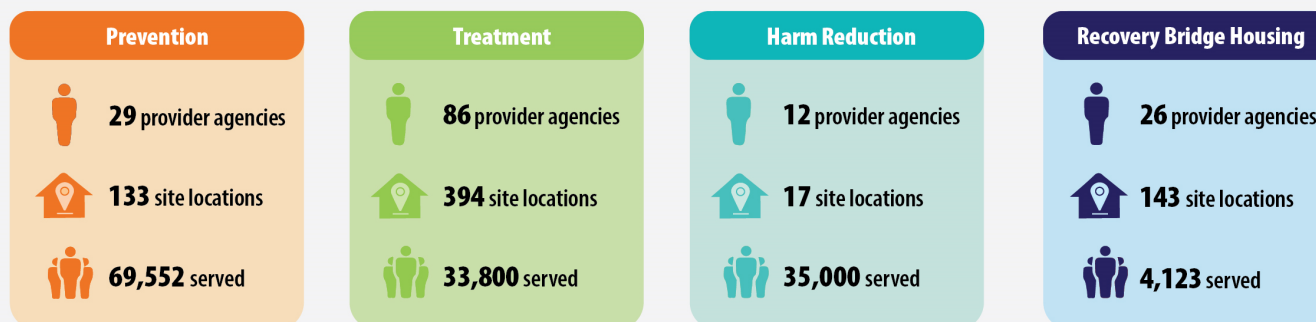
About SAPC

- 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*



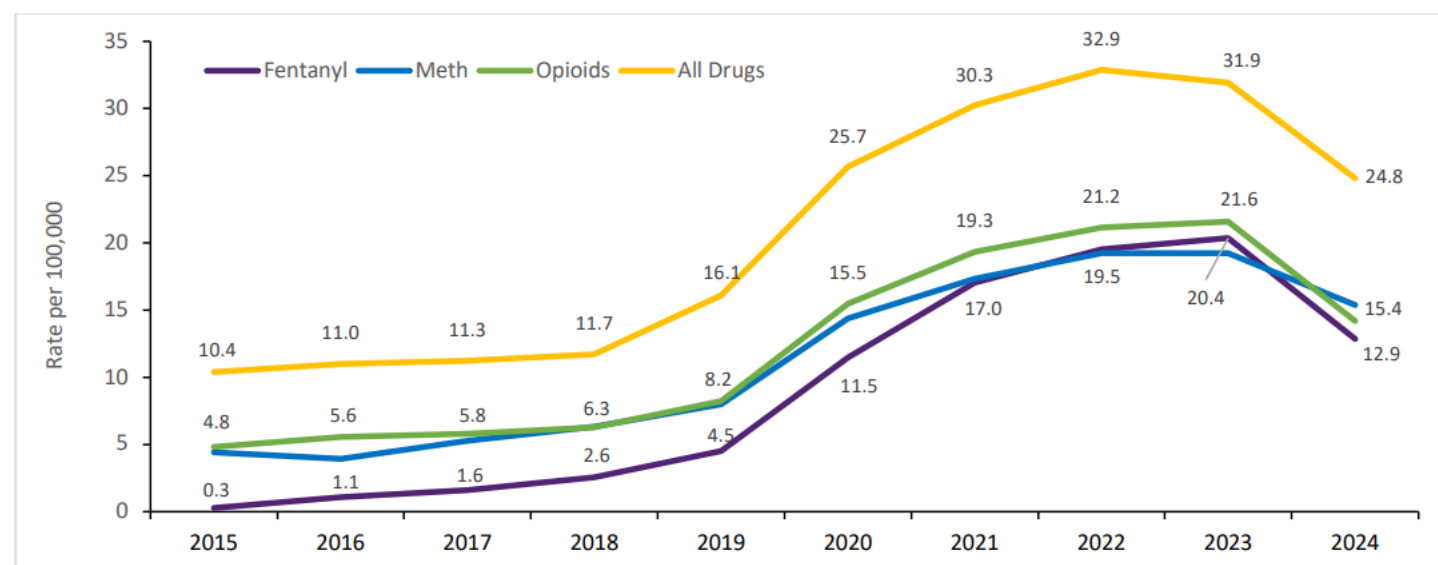
*For persons served, all numbers are annual

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

Summary

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

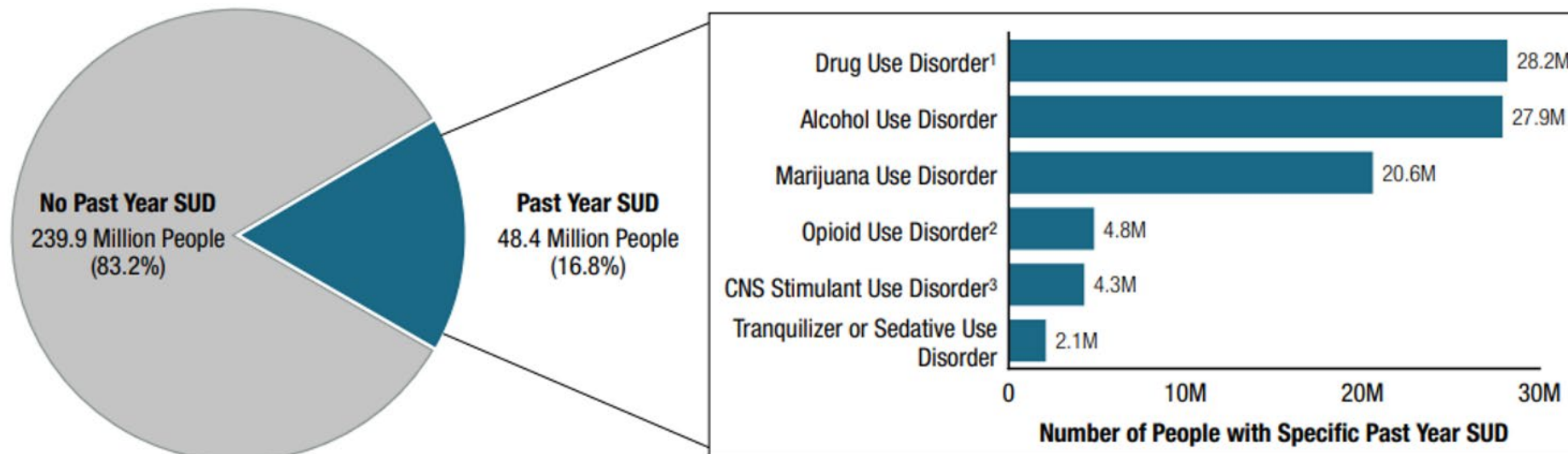
Figure 2. Rate of Drug Overdose Deaths per 100,000 Population by Drug, LAC, 2015-2024



*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

Figure 35. Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older; 2024



CNS = central nervous system.

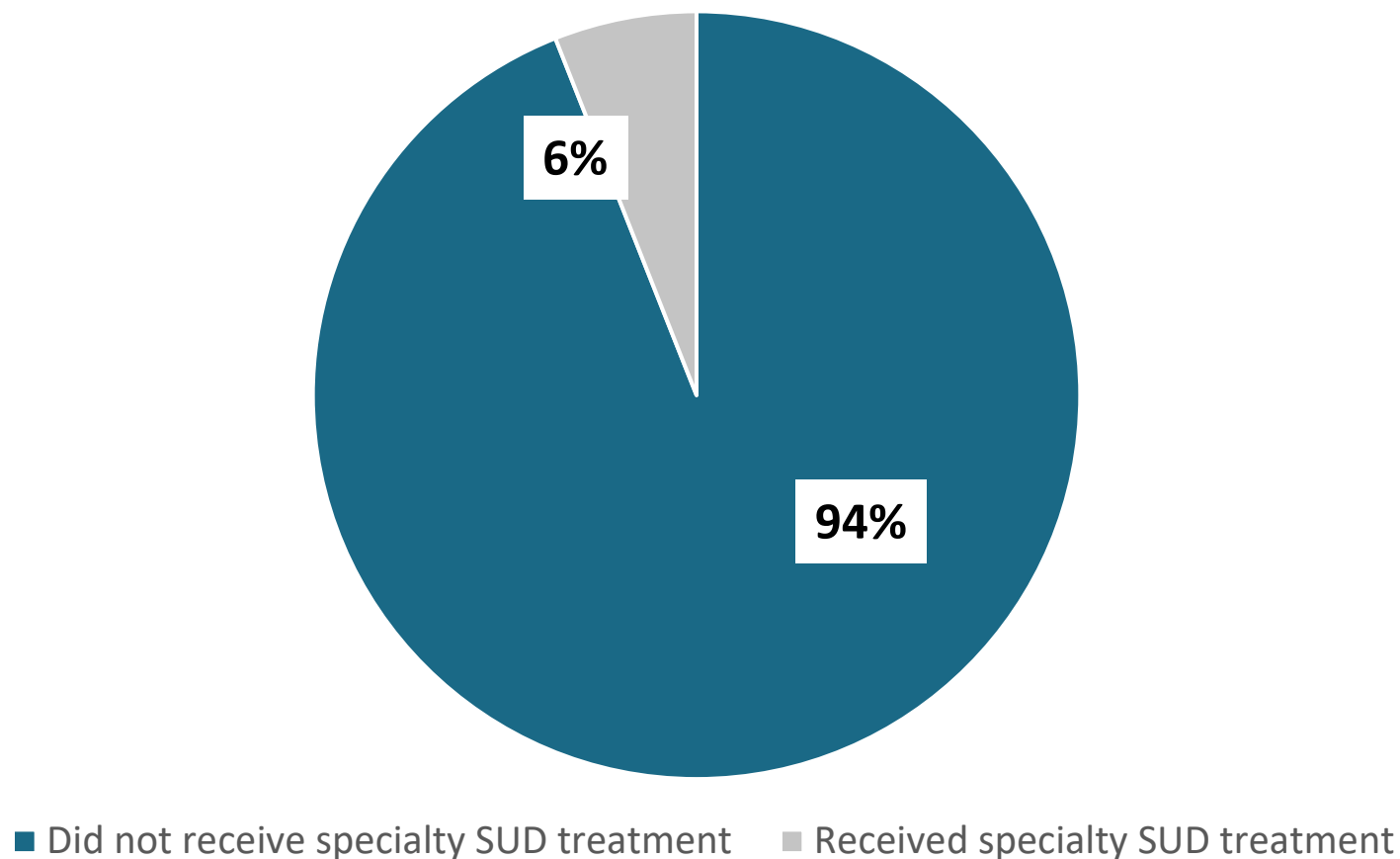
Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

¹ Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives). See footnote 2 for more information about opioid use disorder.

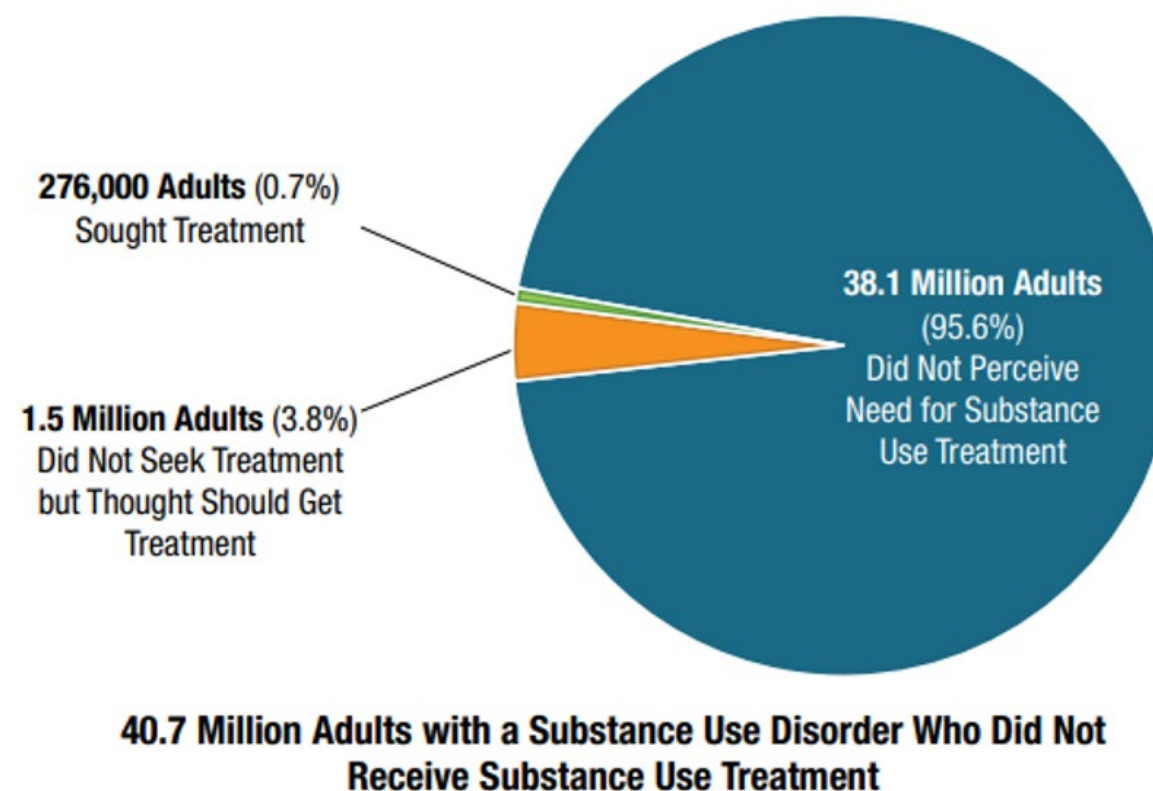
² Includes data from all past year users of heroin or prescription opioids. Respondents were not included if they used only nonopioid pain relievers and did not use heroin in the past year.

³ Includes data from all past year users of cocaine, methamphetamine, or prescription stimulants.

Receipt of specialty SUD treatment among those with SUD



**Figure 73. Perceptions of Need for Substance Use Treatment:
Among Adults Aged 18 or Older with a Past Year Substance Use
Disorder Who Did Not Receive Substance Use Treatment in the
Past Year; 2024**



Substance Abuse and Mental Health Services Administration. (2025). *2024 National Survey on Drug Use and Health*. U.S. Department of Health and Human Services. <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2024>

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

Centering service design around client experience and needs

Expanding low barrier, low judgement services

Optimizing reimbursable services

Lowering barriers to care

Redefining readiness for treatment

Strengthening bidirectional referrals

Lower Barrier Care

Traditional Approach

- Defining readiness for treatment as readiness of abstinence
- Focusing on program rules to define the terms of treatment engagement
- Discharging clients who relapse



R95 Approach

- Being open to admitting people into treatment who are interested in care, even if they may not be ready for complete abstinence
- Focusing on client preferences to inform the terms of treatment engagement
- Looking for ways to maintain clients in treatment who relapse



Lower barrier policies



Reaching the 95%

Residential treatment



Residential Considerations



- **Positive toxicology (drug test) or refusal to test following off-site pass**
 - Opportunity for connection – use motivational interviewing to understand triggers and reasons for refusal
 - Identify any additional supports needed or changes in treatment plan or level of care
 - Cannot be the only reason for an automatic discharge

[Cal. Code Regs. Tit. 9, 10335 – Failure of Patients to Provide a Body Specimen:](#)

“When a patient fails to provide a body specimen when required, the program shall proceed as though the patient's sample from his or her body specimen disclosed the presence of an illicit drug(s). Such failures shall be noted in the patient's records.”

- **Substance use, possession, or sale on site**
 - Still prohibited by program rules, even under R95
 - Clients that not only bring substances on site but influence other clients to lapse or use should face reasonable consequences

Residential Considerations

- **Managing the effects of lapse or return to use**
 - If possible, isolate intoxicated client and give them time to safely sober until they are functionally able to participate in treatment and can be admitted
 - Initiate the resident relapse plan required by DHCS, which includes how the treatment stay and plan will be adjusted to address the episode
 - Address relapses on a case-by-case basis to allow for tailored decisions about the circumstances, balancing considerations re: both the client and others
 - When still committed to their recovery, it can be therapeutic both for the client who lapsed and their peers to demonstrate acceptance and a return to treatment



[SB-992 Alcoholism or Drug Abuse Recovery or Treatment Facilities](#) (passed in 2018) updates the State Health and Safety Code (11834.26(d)) to require licensees to develop a resident relapse plan and explicitly does not require a licensee to discharge a resident due to relapse episode, or lapse.

Residential Considerations



- **Repeated lapses or program rule violations**
 - Policies are discouraged from having hard violation counts for an automatic discharge (e.g. 3 strikes and you're out) and client situations should be evaluated on a case-by-case basis
 - When possible, each lapse or non-violent violation should be met with connection and curiosity
 - Different or additional groups or one-on-one sessions
 - Nuanced evaluation of client motivations
 - R95 allows discharge with warm transfer to another site or level of care when the client is no longer best being served at current treatment agency



Reaching the 95%

Panel discussion

Chris Abernathy, Social Model | **Stan Galperson**, Tarzana Treatment Centers | **Gary Horejsi**, CRI-Help



Panel Discussion

How did your agency rethink service design to be more client-centered?

What operational/cultural changes did you make when adopting lower barrier care policies?

What challenges did you face and how did you address them?

What policies or approaches were harder to adopt than others?

Additional beliefs or questions about R95?



Don't forget to sign in

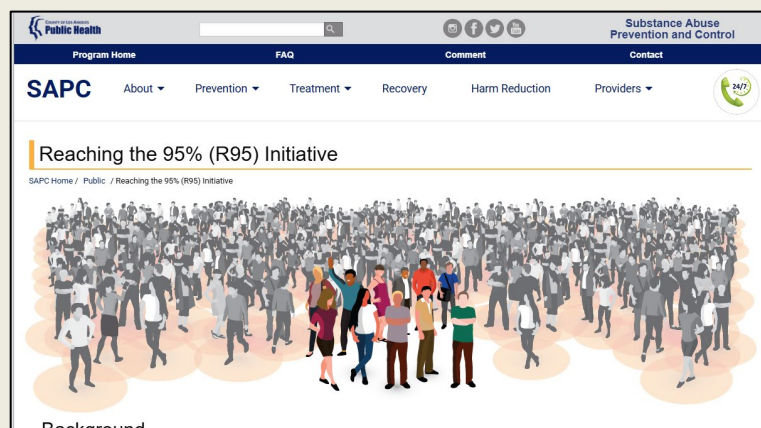
Scan with your phone
camera to sign in or go to:
**[https://tinyurl.com/
R95WorkgroupSignIn](https://tinyurl.com/R95WorkgroupSignIn)**





Reaching the 95% Resources

R95 website

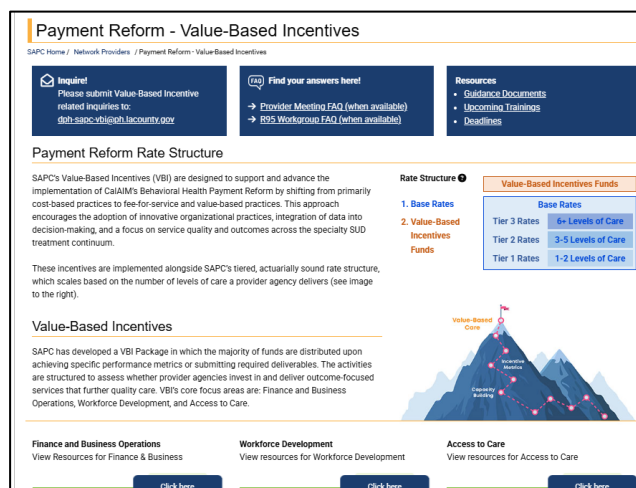


R95 Consultation Line

(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

