



R95 Implementation

REACHING THE 95% - Enhancement incentive eligible

Please be sure to sign in to your left

SAPC | Substance Abuse
Prevention and Control



COUNTY OF LOS ANGELES
Public Health

Provider discussion led by: **Gary Tsai, MD, DFAPA, FASAM (he/him/his)**
Director

January 9, 2026

Agenda



Incentive opportunities and provider support resources



Reaching the 95%



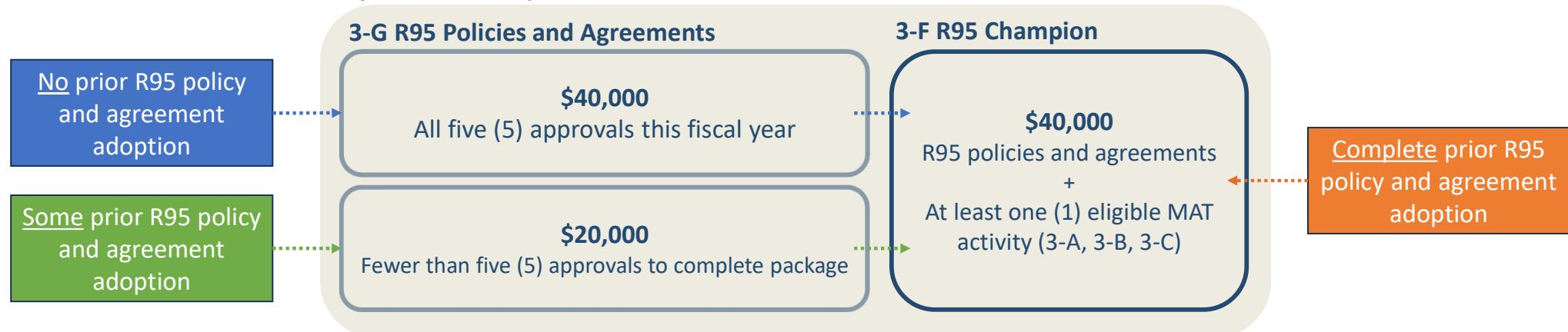
Panel discussion



Open discussion

R95 Incentives FY 25-26

Payment Reform | Value-Based Incentives (VBI)



R95 Enhancement Activity **All SUD treatment providers eligible**





Month	Meeting/Training	Details	R95 Enhancement Activity eligibility	
			Harm reduction	R95
Feb	Harm Reduction and Treatment Integration meeting	<p>Topic: Training for treatment staff on how to integrate harm reduction approaches to meet patient needs throughout the recovery journey</p> <p>Date: Thursday, February 5, 10:00am-12:00pm</p> <p>Location: Behavioral Health Services (BHS) Training Center 15519 Crenshaw Blvd., Gardena, CA 90249</p> <p>Registration: https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=211</p>	Yes	No
Due March 31, 2026: R95 Enhancement Activity deliverables				
Mar	Workgroup: Implementation	<p>Topic: Agency-level discussion about how to implement client-centered, low barrier design and how to address new challenges</p> <p>Date: Wednesday, March 11, 2:00pm-3:30pm</p> <p>Location: Belvedere Community Regional Park – Gym, 4914 E. Cesar Chavez Ave., Los Angeles, CA 90022</p> <p>Registration: https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=218</p>	No	Yes

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](#)

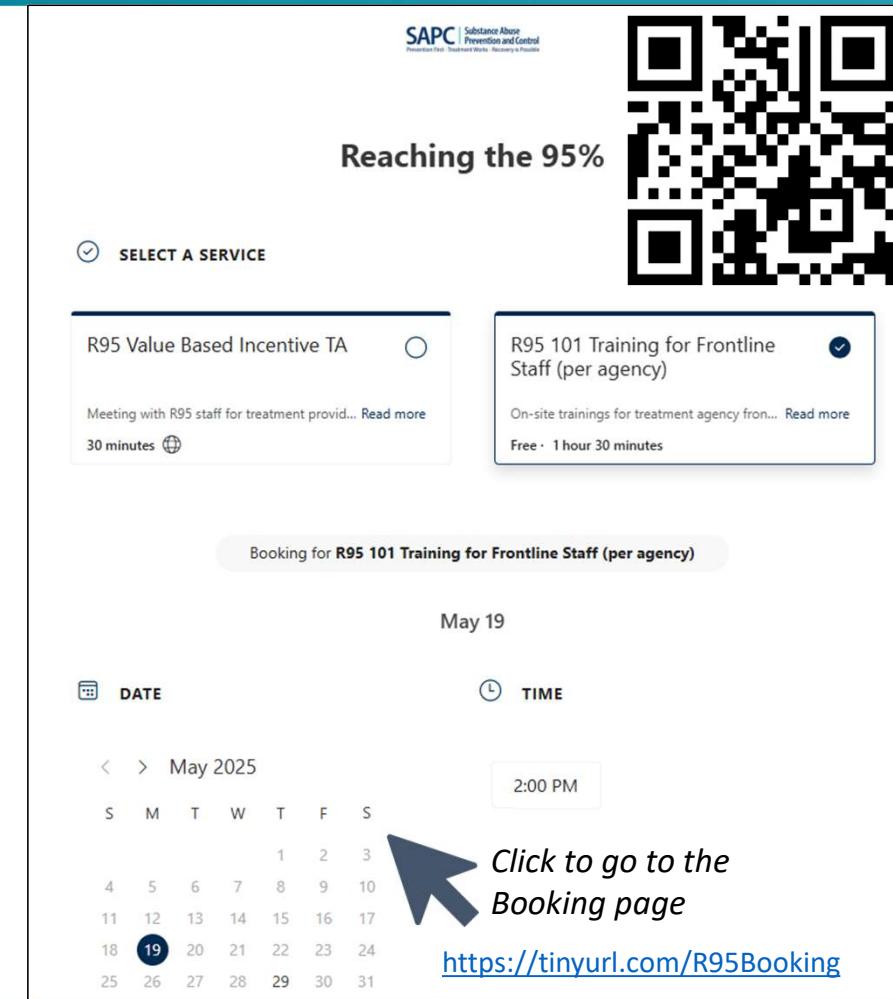
R95 Consultation Line for Providers

(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



Reaching the 95%

SELECT A SERVICE

R95 Value Based Incentive TA

Meeting with R95 staff for treatment provider... [Read more](#)
30 minutes 

R95 101 Training for Frontline Staff (per agency)

On-site trainings for treatment agency from... [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
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

Click to go to the Booking page

<https://tinyurl.com/R95Booking>

The Reaching the 95% (R95) Initiative

Lowering barriers to life-saving SUD treatment services

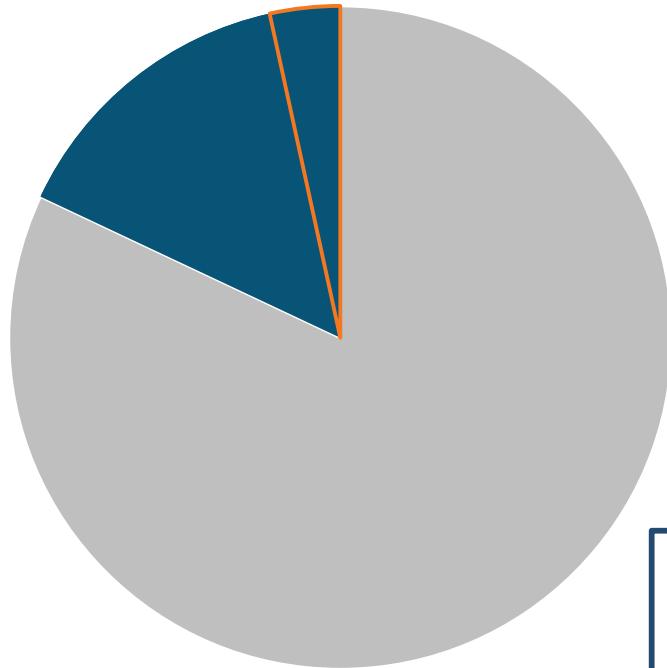
Reaching the 95% Initiative

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

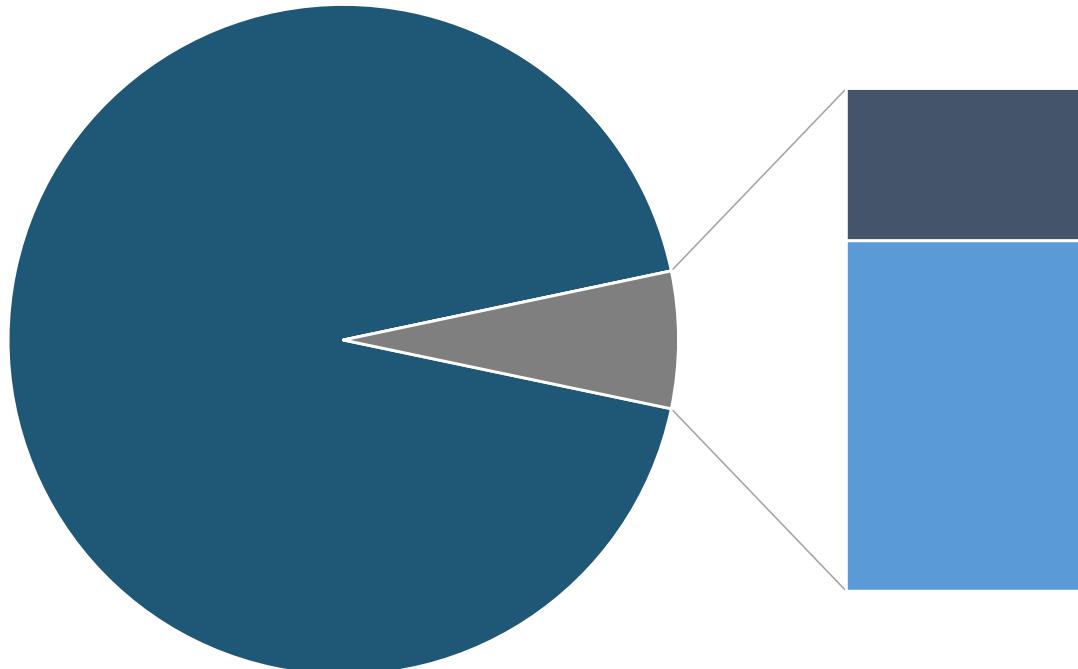
Substance Abuse and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality,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



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

R95 Strategies to Increase Access to SUD Treatment

2 Establishing lower barrier care



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



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

Provider Panel

Dakota Brown, San Fernando Recovery Center

Zainab Mohammed, Families for Children

Michael Warner, Chabad Treatment Center

Shanna Whitlow, Didi Hirsch Mental Health Services

Panel introduction

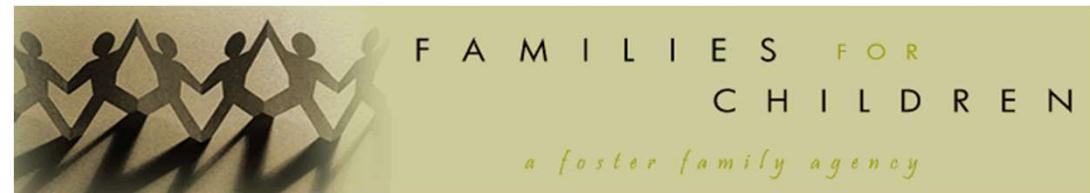
- Role/position
- Agency
 - Years in operation
 - Levels of care
 - Number of beds or population size
 - Population served
- Experience implementing R95



SAN FERNANDO RECOVERY CENTER



**CHABAD
TREATMENT
CENTER**



Case Scenario: Redefining “readiness” for treatment

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?

Case Scenario: Client conduct and expectations

A counselor checks on Darryl, a client who has been in residential treatment for two months and has shown steady progress. During a routine room check, **the counselor finds small bags containing what appears to be fentanyl and prescription pills.**

Some staff insist he should be **discharged immediately to protect others, while others suggest holding a team meeting before making any decisions.** The team debates whether keeping him “sends the wrong message” that use is tolerated.

- What steps can staff take to ensure immediate safety for Darryl and others?
- How can the team balance safety, accountability, and engagement when deciding next steps?
- What messaging helps clients understand that relapse is addressed, not ignored?

Case Scenario: Toxicology testing

Sam, a 35-year-old father referred by DCFS, has been attending groups consistently and is making substantial progress in his recovery. When asked to take a random toxicology (drug) test, he refuses, saying, “You’re just trying to get me in trouble again.”

The counselor feels torn – DCFS expects documentation, but confronting Rob might harm the fragile trust they’ve built.

- What might Sam’s refusal reveal about his experience with treatment and toxicology testing?
- How might informed consent for toxicology testing and information-sharing affect how staff approach this situation?
- How can the counselor maintain trust and honor the client’s autonomy, while balancing what DCFS expects of the client?
- How can staff reframe toxicology testing as a clinical, not punitive, tool?

What has helped with implementing R95?

What are the challenges of implementing R95?

- **How did you overcome them?**
- **What challenges are you still facing?**

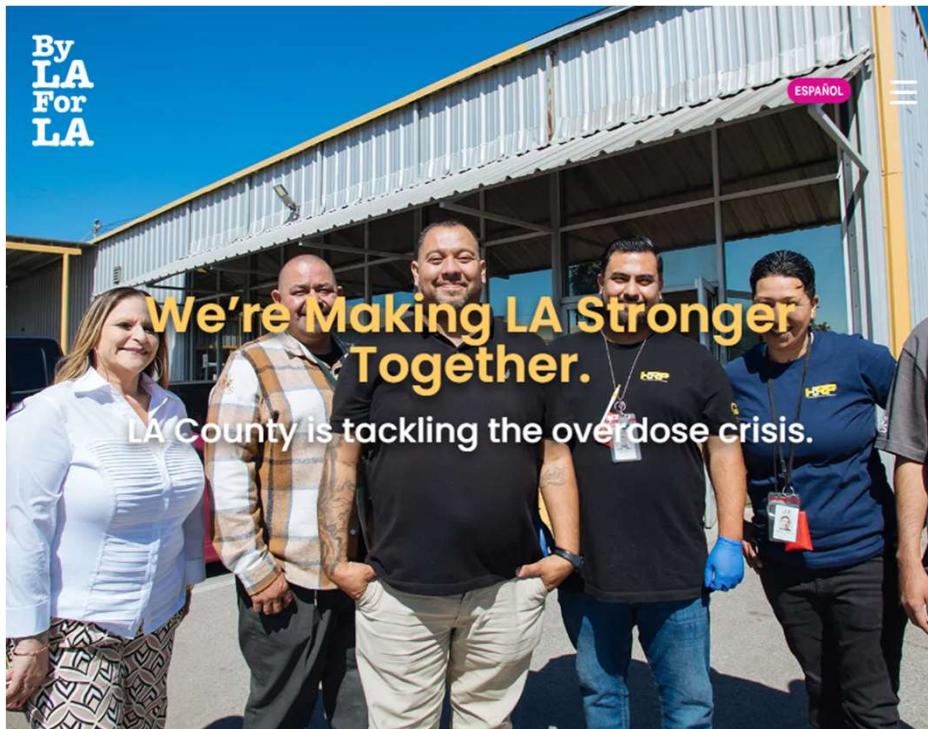




Additional questions?

DON'T FORGET TO SIGN IN
Scan with your phone camera →
or use a web browser:
forms.office.com/g/jd39MSBEat





We've Saved 35,000 Lives
in LA County & Counting.

Stereotypes don't stop overdoses. New approaches do.

ByLAForLA

- Real impact videos in English and Spanish
- Resource page featuring:
 - Substance use and overdose prevention
 - Health care
 - Mental health
 - Housing, food, and other services
- Anti-stigma campaign toolkit available in English and Spanish with printable flyers, social media posts, and photos



~~Overdose.~~
OVERCOME.



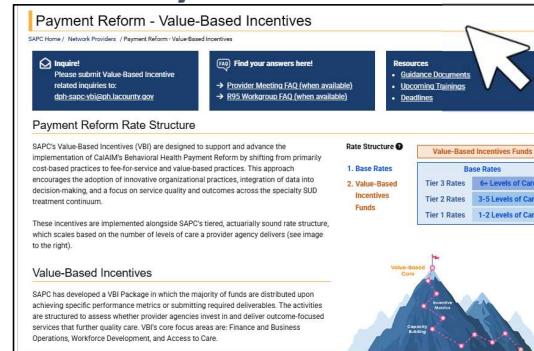
Reaching the 95% resources

R95 website



R95 Consultation Line
(626) 210-0648
 M-F 8:30am-5:00pm, excluding
 County holidays

SAPC Payment Reform VBI



Payment Reform - Value-Based Incentives

Rate Structure

Value-Based Incentives Funds	
1. Base Rates	Base Rates
2. Value-Based Incentives Funds	Tier 3 Rates 6+ Levels of Care
	Tier 2 Rates 3-5 Levels of Care
	Tier 1 Rates 1-2 Levels of Care

Value-Based Incentives

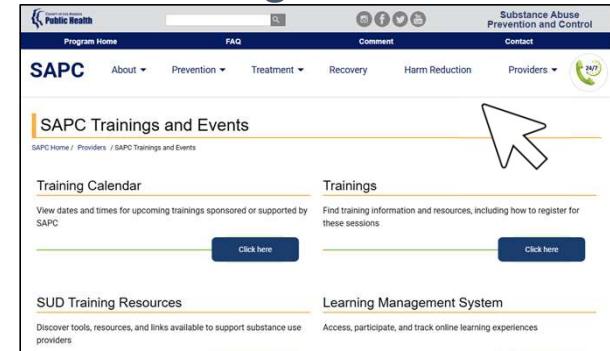
SAPC's Value-Based Incentives (VBI) are designed to support and advance the implementation of CalAIM's Behavioral Health Payment Reform by shifting from primarily cost-based practices to fee-for-service and value-based practices. This approach encourages the adoption of innovative organizational practices, integration of data into decision-making, and a focus on service quality and outcomes across the specialty SUD treatment continuum.

These incentives are implemented alongside SAPC's tiered, actually sound rate structure, which scales based on the number of levels of care a provider agency delivers (see image to the right).

Value-Based Incentives

SAPC has developed a VBI Package in which the majority of funds are distributed upon achieving specific performance metrics or submitting required deliverables. The activities are structured to assess whether provider agencies invest in and deliver outcome-focused services that further quality care. VBI's core focus areas are: Finance and Business Operations, Workforce Development, and Access to Care.

SAPC Trainings and Events



SAPC Trainings and Events

Training Calendar

View dates and times for upcoming trainings sponsored or supported by SAPC

Trainings

Find training information and resources, including how to register for these sessions

SUD Training Resources

Discover tools, resources, and links available to support substance use providers

Learning Management System

Access, participate, and track online learning experiences

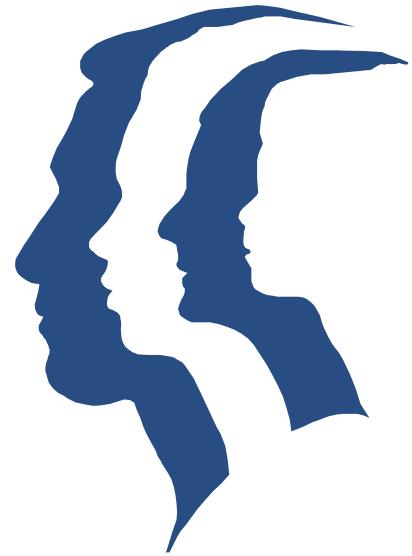
NEW: Electronic Deliverable Submission Form



Email

R95: SAPC-R95@ph.lacounty.gov

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



Thank You!

Supplemental slides



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**.

