Providing Quality Care Without Testing

REACHING THE 95%

Please sign in by the door

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

Provider discussion led by: **David W. Hindman, PHD**
Division Chief, SAGE EHR Management Division
Section Manager, Clinical Standards & Training (CST) Branch

August 20, 2026

Agenda

Reaching the 95% overview

Providing quality care without testing

Panel Discussion

Open Discussion

Provider Support Resources

The Reaching the 95% (R95) Initiative

Lowering barriers to life-saving SUD treatment services

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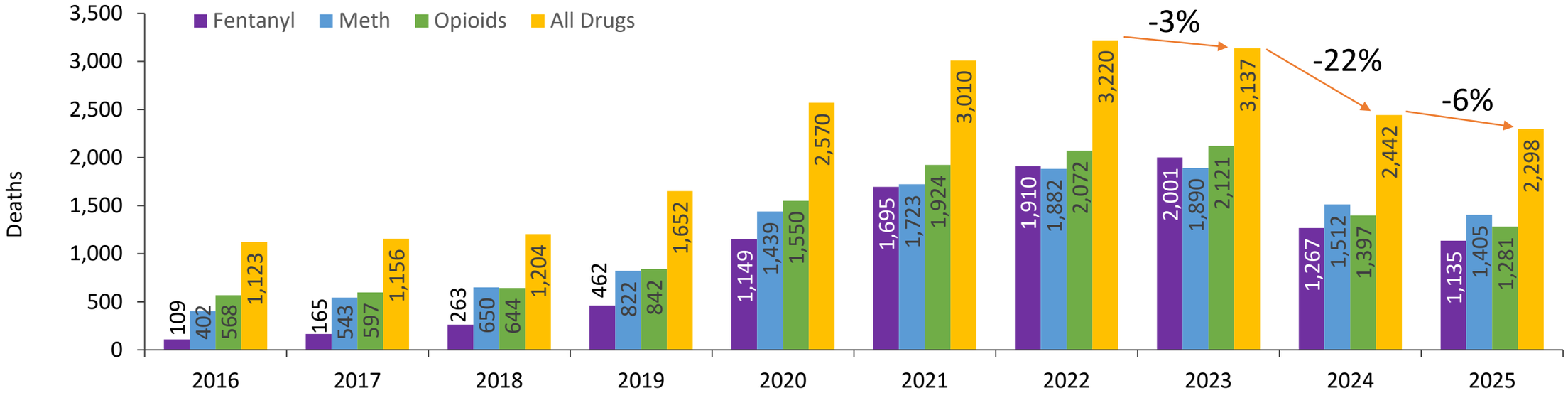
Drug Overdose in LA County Report 2025



- **3 consecutive years of decreases in drug overdose deaths**
- **Nearly 30% overall decrease in drug overdose deaths from 2022 to 2025**
  - 40% reduction in fentanyl-related deaths
  - 25% reduction in methamphetamine-related deaths
    - Methamphetamine is once again the most prevalent drug involved in drug overdose deaths

Data Report: Drug Overdose in Los Angeles County. Health Outcomes and Data Analytics Division, Substance Abuse Prevention and Control Bureau, Los Angeles County Department of Public Health, June 2026

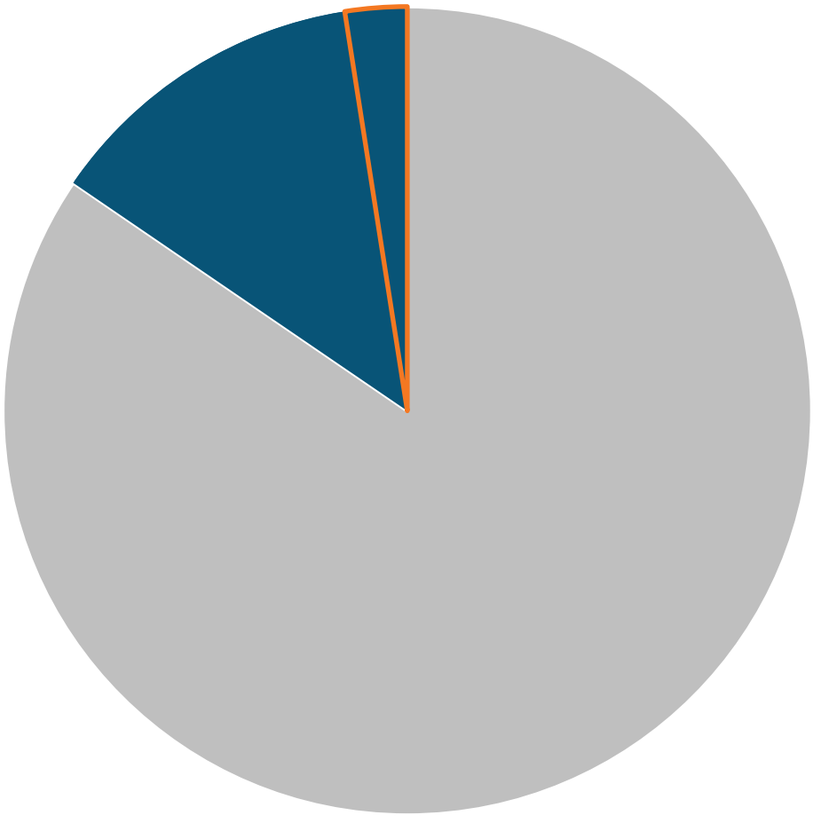
Reaching the 95% Initiative

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 receive treatment



15% of people age 12+ in the U.S. have a SUD

(-3% from 2024)

16% received treatment when including all settings, such as specialty treatment, primary care, telehealth, withdrawal management, prison, jail, or juvenile detention center *(-3% from 2024)*

84% of people age 12+ in the U.S. with SUD or in need of SUD treatment received **no** treatment in the past year

Substance Abuse and Mental Health Services Administration. (2026). Key substance use and mental health indicators in the United States: Results from the 2025 National Survey on Drug Use and Health (HHS Publication No. PEP26- 07-010, NSDUH Series H-61). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2025

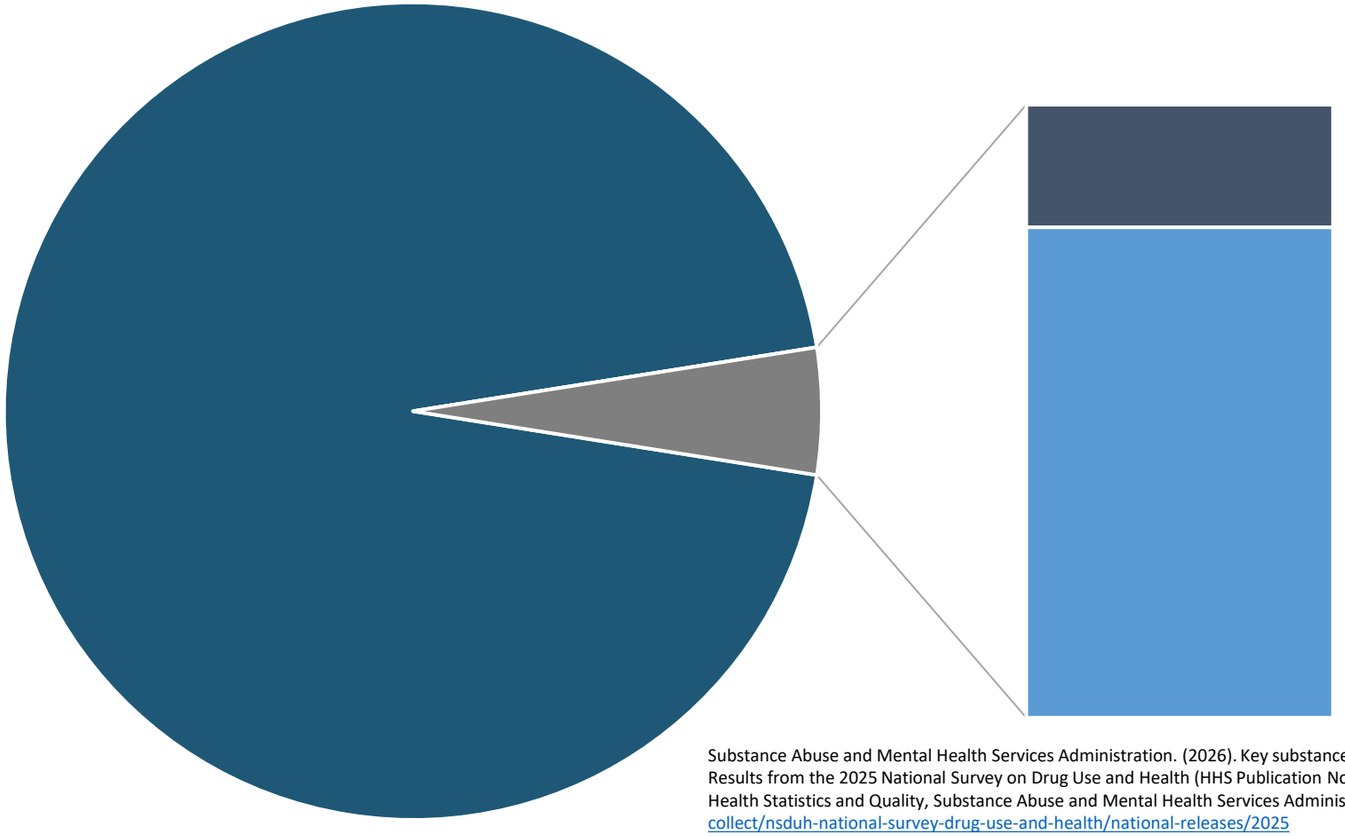
In the SUD treatment field, we offer something few people receive, and even fewer people want, yet we often **establish criteria to access services** as if it's a hot commodity.

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…

95% did not seek treatment and **did not think they needed** treatment

(+2% from 2024)



<1% thought they should get treatment and **unsuccessfully** sought treatment

(-2% from 2024)

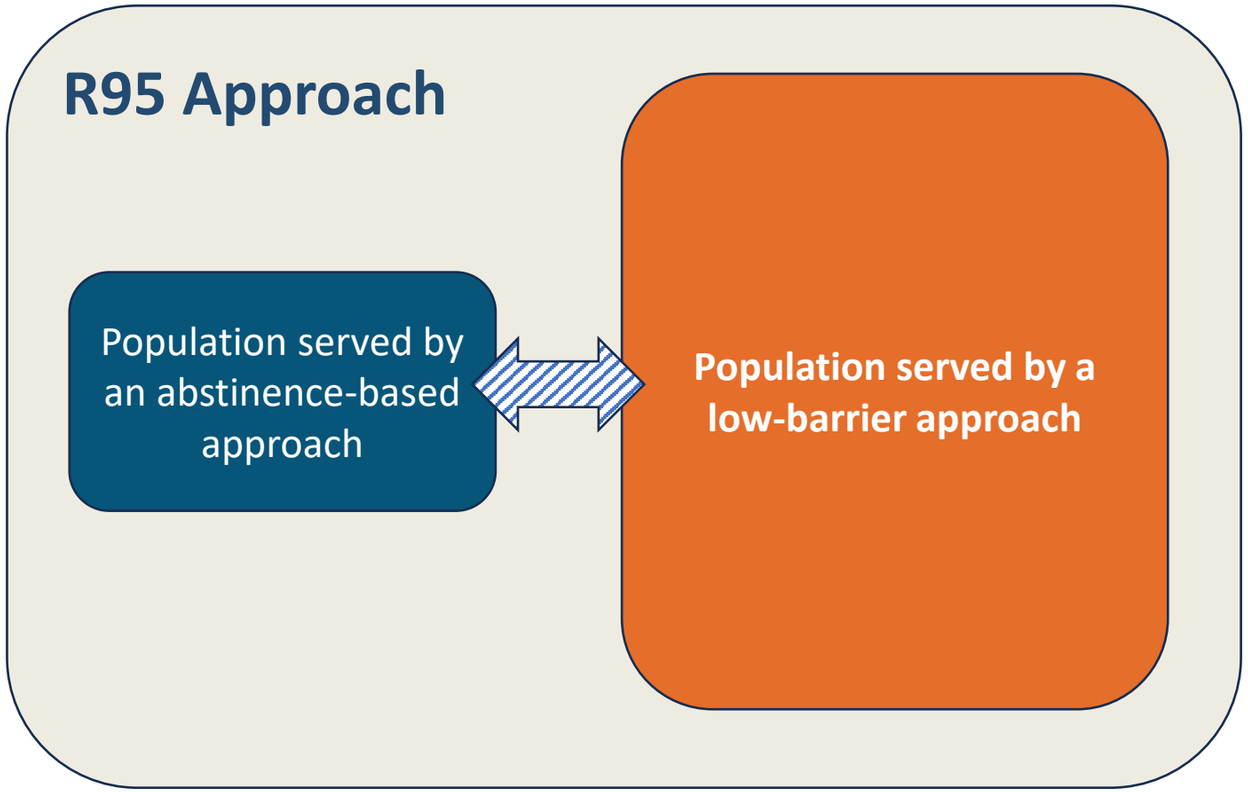
5% thought they should get treatment but **did not seek** it

(No change from 2024)

Substance Abuse and Mental Health Services Administration. (2026). Key substance use and mental health indicators in the United States: Results from the 2025 National Survey on Drug Use and Health (HHS Publication No. PEP26- 07-010, NSDUH Series H-61). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2025

The SUD treatment system needs to change its public image to encourage people with SUD to access services

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



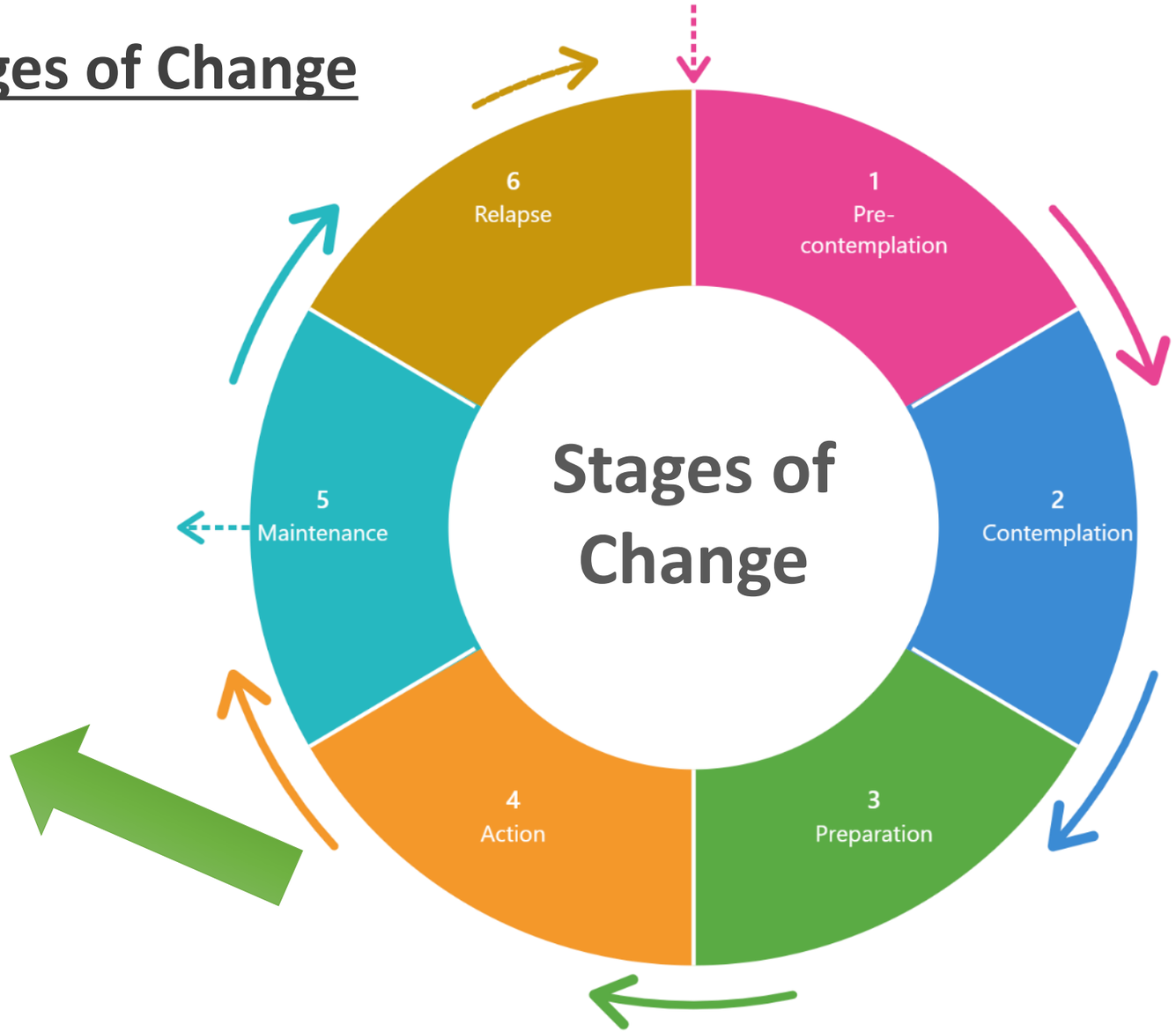
The R95 approach supports abstinence-based **and** low-barrier approaches to SUD care, guided by what the client wants and needs at that moment.

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.

Timely Intervention Using the Stages of Change

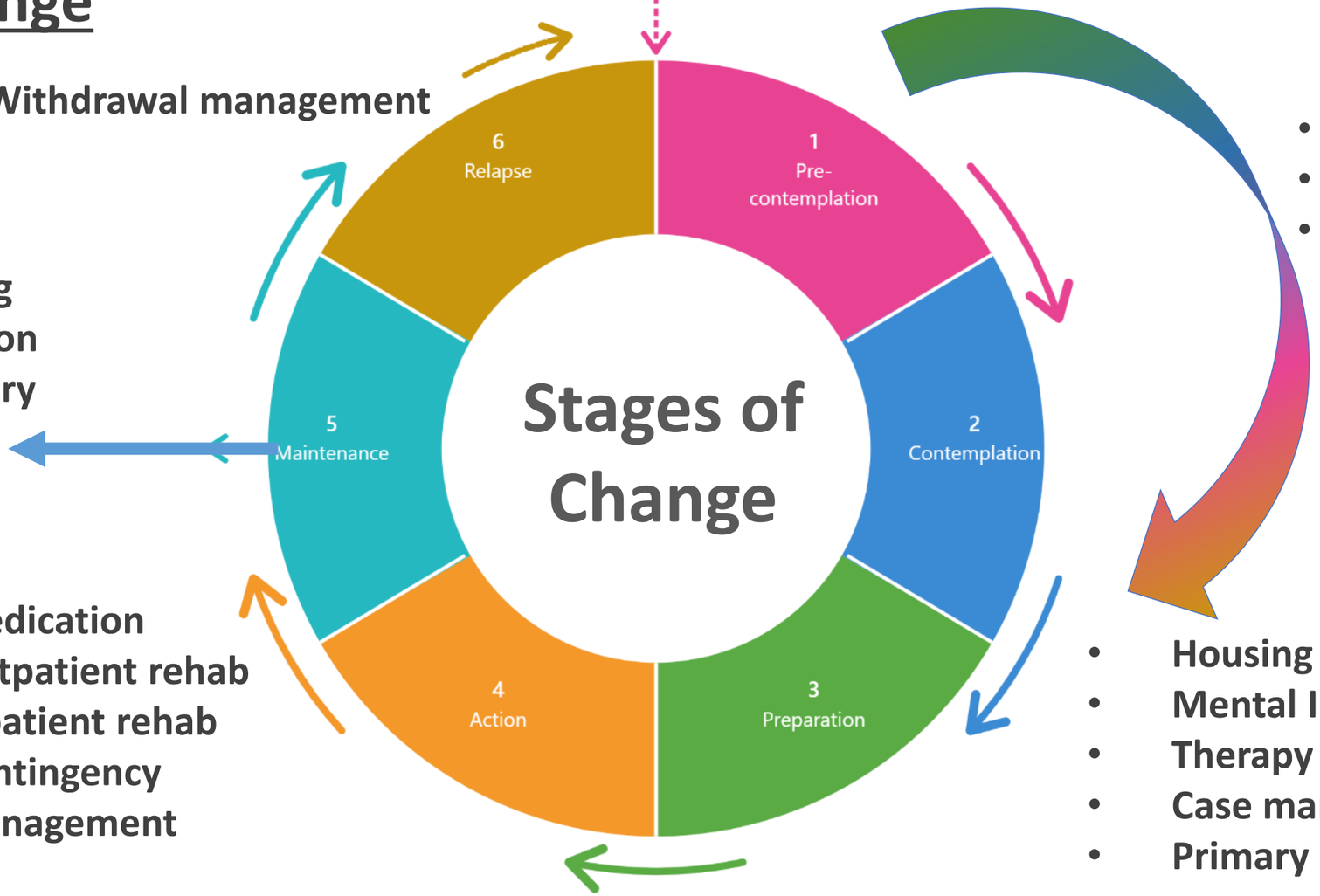
Action

- Medication
- Inpatient rehab
- Sober living
- Hep C / HIV treatment
- Therapy
- Housing Services
- Primary Care Services



Timely Intervention Using the Stages of Change

- **Prevention**
- Harm reduction
- OD prevention
- HIV & Hep C tx
- Housing services
- Mental Illness Tx
- Therapy
- Case management
- Primary care services
- Medication
- Outpatient rehab
- Inpatient rehab
- Contingency management
- Recovery Housing
- Relapse prevention
- Workforce re-entry
- Withdrawal management



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Alignment: Traditional [12 Steps] & Lower Barrier Treatment

Traditional Treatment [12 Steps]	Harm Reduction	R95 Policies & Agreements
• A desire to stop drinking is the only requirement for AA membership (does not rule out the possibility someone hasn't yet stopped drinking) [1] • AA's idea of "progress not…perfection" [1]	• Making steps towards stopping is acceptable, acknowledges someone may still be working toward their goal of stopping	• Individuals seeking treatment are admitted based on their desire to receive SUD services (even if they haven't achieved abstinence)
• AA conceptualizes alcoholism as a disease. The dispositional disease model, which privileges abstinence, is not endorsed by AA.[1]	• Ongoing substance use does not automatically result in treatment discontinuation	• SUD is a chronic and relapsing health condition [disease] that benefits from continued connections to services
• AA encourages allowing an individual to "draw his own conclusion" to define his/her problem[1]	• Meeting people where they are or aligning services with readiness	• Prioritizes client centered care and individualized recovery goals over program centered care
• Motivational Interviewing techniques are widely used in traditional treatment settings[1]	• Incorporates motivational interviewing to focus on resolving ambivalence regarding change	• Motivational interviewing skills encourage treatment participation no matter how incremental

1. Lee, H. S., Engstrom, M., & Petersen, S. R. (2011). Harm Reduction and 12 Steps: Complementary, Oppositional, or Something In-Between? *Substance Use & Misuse*, *46*(9), 1151–1161. https://doi.org/10.3109/10826084.2010.548435

Toxicology testing: Providing quality care when a client declines to test

COMMON MISCONCEPTIONS	EVIDENCE BASED GUIDANCE
-A positive drug test is necessary to confirm SUD prior to treatment admission or medication initiation.	-A positive drug test is neither necessary or sufficient to establish a diagnosis of SUD or required to provide access to prescription medication.
-A client who shows signs of intoxication and declines to test should not be admitted to treatment as doing so could jeopardize the clinical safety of the client, staff and program participants.	-A client who is intoxicated is not inherently impaired and disconnecting high-risk individuals from treatment results in high treatment risk. Use clinical judgement to assess a client's functional capability to engage in treatment.
-Treatment staff can be held legally liable for treating clients who decline to test.	-Drug test refusal should be well documented along with its clinical relevance for the given client. When the client declines testing against clinical guidance they assume the risk for their decision.
-A clinician cannot provide quality care without having a toxicology test on file.	-A clinician can safely proceed with providing quality care by leveraging clinical observation, clinical interventions and other tools following a client's decision to decline testing.

American Society of Addiction Medicine. E*ngagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers.* October 2024. https://www.asam.org/quality-care/clinical-recommendations/asam-clinicalconsiderations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment

Optimize clinical interventions to promote patient engagement and retention:

Prioritize a client's immediate needs: Prioritize early assessment and triage of client's immediate needs (food & shelter). Proactively consider each client's barriers to engagement in care, such childcare or transportation needs.

Provide low threshold access to medications: Align services with readiness by engaging clients in care and creating trusting relationships within the treatment system while stabilizing their symptoms and reducing their risk for overdose and death.

Reduce barriers to access (e.g., telehealth, mobile units): Consider how clinical service offerings can help clients who are ambivalent about treatment or recovery overcome barriers and facilitate ongoing engagement by improving access to care.

Shared decision making: Clinicians should work with patients to understand their individual needs, priorities, and motivations and construct a feasible and effective service plan with treatment goals that have personal significance.

Strong therapeutic alliances: The collaborative relationship between a patient and their clinician is an important factor in the success of psychotherapeutic interventions and integral to supporting the patient's well-being.

Incentives and motivational enhancements: Incentives have been shown to be effective in promoting treatment enrollment, engagement, and retention. (e.g., cash, gift cards, transportation vouchers, food, clothing, recreational items)

Manage co-occurring decisions: Clients with SUDs commonly experience co-occurring mental health and comorbid physical health concerns. Addressing co-occurring concerns is vital to support engagement and retention in treatment.

American Society of Addiction Medicine. E*ngagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers.* October 2024. https://www.asam.org/quality-care/clinical-recommendations/asam-clinicalconsiderations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment

Provider Panel

Colette Harley, Shields for Families

Jina Tintor, Homeless Health Care Los Angeles

Kathy Watt, Vann Ness Recovery House

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Panel introduction

- Role/position
- Agency
  - Location(s)
  - Years in operation
  - Levels of care
  - Number of beds or population size
  - Population served

HOMELESS HEALTH CARE LOS ANGELES

SHIELDS for families
believing, building, becoming

VAN NESS RECOVERY HOUSE
50th Anniversary

Panel and Group Discussion

- What **clinical observation methods or alternative tools** do you use when a client declines to test?
- How do you **train staff to use behavioral signs and clinical judgement safely** while maintain trust with the client?
- How do you **keep care client-centered and low-threshold** when clients are hesitant or decline testing?
- How have you **navigated any internal pushback** from those in favor of mandatory testing?

Additional questions?

Next Harm Reduction and Treatment Integration Meeting:

Friday September 18, 2026, 1:00pm-3:00pm

Enhancement Eligible

Thank You!

Month	Meeting/Training	Details
August	**R95 Workgroup: Providing quality care without testing** *Enhancement eligible: R95*	**Topic:** Leveraging clinical observation and other tools when clients decline to test. **Date:** Thursday, August 20, 2026, 2:00pm-3:30pm **Location:** Asian American Drug Abuse Program, Inc. (AADAP), 2900 Crenshaw Blvd., Los Angeles, CA 90016 **Registration:** https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=226
September	**Harm Reduction and Treatment Integration** *Enhancement eligible: Harm reduction*	**Topic:** Meeting with harm reduction and treatment providers to identify opportunities for collaboration to best serve Angelenos with SUD across the SAPC and recovery spectrum. **Date:** Friday, September 18, 2026, 1:00pm-3:00pm **Location:** Zev Yaroslavsky Family Support Center RED/PINE Room Combo, 7555 Van Nuys Blvd, Van Nuys, CA 91405 **Registration:** https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=227
October	**R95 Workgroup: Pregnant and parenting clients** *Enhancement eligible: R95*	**Topic:** Service design considerations for pregnant and parenting clients in different levels of treatment. **Date:** Thursday, October 1, 2026, 11:00am-12:30pm **Location:** Behavioral Health Services (BHS) Training Center, 15519 Crenshaw Blvd., Gardena, CA 90249 **Registration:** https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=228
November	November 2, 2026: **VBI Activity 3-I R95 Policies and Client-Facing Agreements** due	
	Harm Reduction and Treatment Integration *Enhancement eligible: Harm reduction*	**Topic:** Meeting with harm reduction and treatment providers to identify opportunities for collaboration to best serve Angelenos with SUD across the SAPC and recovery spectrum. **Date:** Tuesday, November 17, 2026, 10:00am-12:00pm **Location:** Helpline Youth Counseling, 14181 Telegraph Road, Whittier, CA 90604 **Registration:** https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=229
December	**R95 Workgroup: RYSE Initiative and Youth** *Enhancement eligible: R95*	**Topic:** Engaging and supporting youth through recovery. **Date:** Thursday, December 17, 2026, 10:00am-11:30am **Location:** Zev Yaroslavsky Family Support Center SEQ/JOS Room Combo, 7555 Van Nuys Blvd, Van Nuys, CA 91405 **Registration:** https://sapccis.ph.lacounty.gov/registration/registration.aspx?ID=230

R95 FY 26-27 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

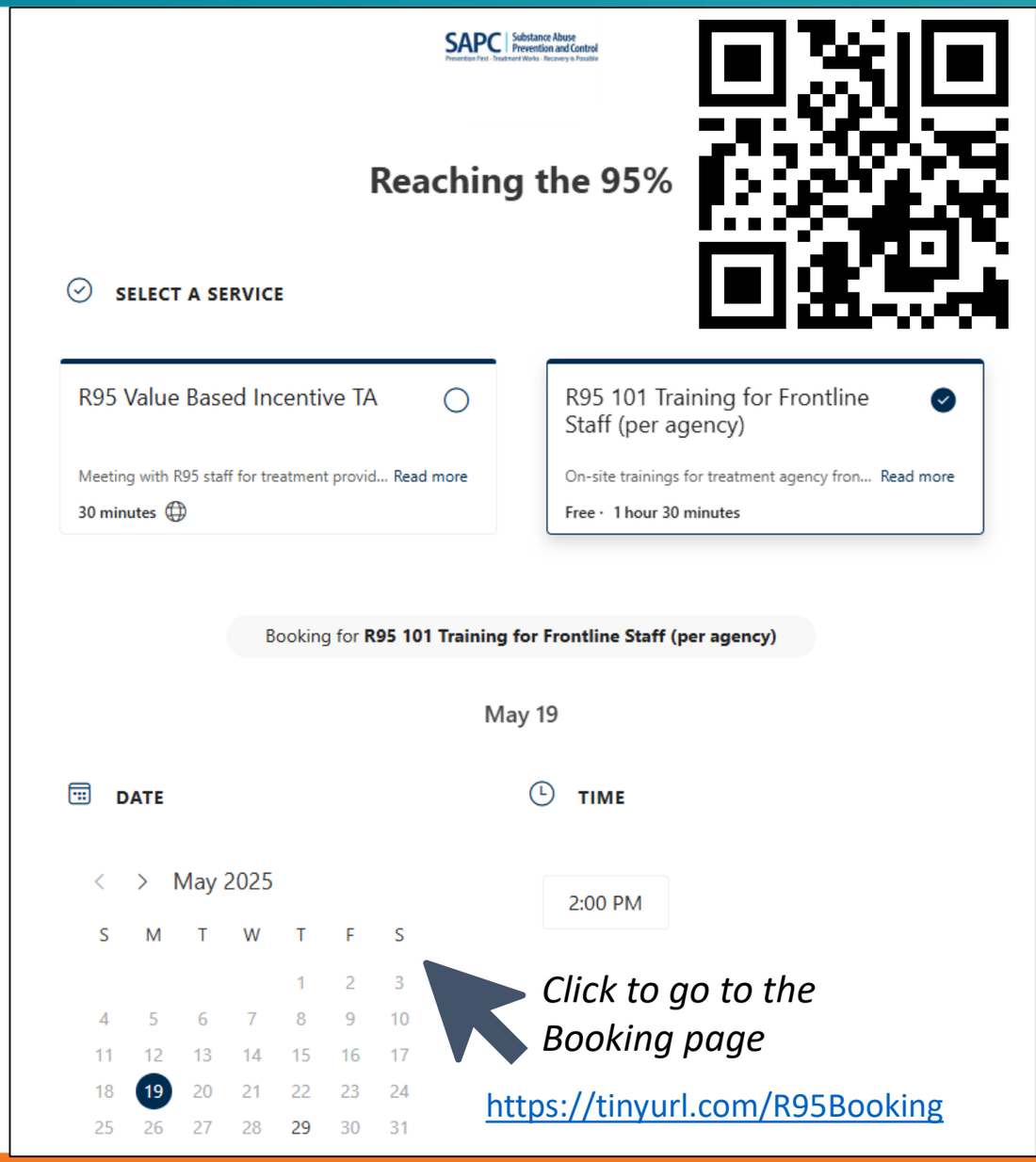
R95 Consultation Line for Providers

(626) 210-0648

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

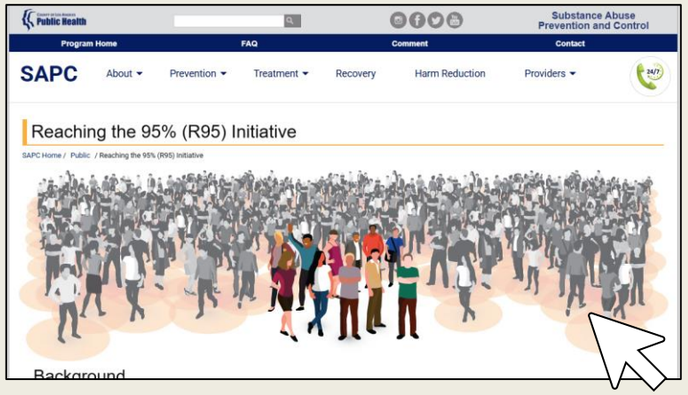
R95 Virtual Monthly Office Hour (3rd W, 9:00am)

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



Reaching the 95% resources

R95 website



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Email

R95: SAPC-R95@ph.lacounty.gov

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

Supplemental Slides

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Value-Based Incentives

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Activity 3-I: R95 Client-facing Agreements

Description	This incentive fosters a client-centered approach by ensuring participating treatment provider agencies update their policies and patient-facing agreements to recognize SUD as a chronic medical condition that will be treated with compassion. **Treatment provider agencies are expected to implement approved policies and agreements within one (1) month of SAPC approval.**
Eligibility	Open to all contracted treatment provider agencies that have not adopted all five (5) R95 policies and agreements: admission policy, discharge policy, toxicology policy, admission agreement, and toxicology agreement. *More on the Payment Reform VBI website*
Invoicing/ Submission Guidelines	**Submit required documents by 11/02/2026** For provider agencies that have not previously completed any of the below documents, submit all five. For provider agencies that previously completed any of the below policies and agreements, short of all five (5) items, submit all remaining items. • R95 Admission Policy • R95 Discharge Policy • R95 Admission Agreement • R95 Toxicology Policy • R95 Toxicology Agreement
Payment	• $40,000 one-time payment for all five (5) R95 policies and agreements completed in FY 2026-27 • $20,000 one-time payment for one to four (1-4) remaining R95 policies and/or agreements completed in FY 2026-27

Activity 3-H: R95 Unique Clients Served

Description	**At least 5% increase in the number of unique clients served compared to previous fiscal year** (FY 2025-26 vs FY 2026-27) This incentive encourages provider use of meaningful data to support business decisions, focusing on measurable impact and data reporting at the agency level to understand provider agency reach and progress in reaching the 95% of people with SUD that have not been engaged in treatment.
Eligibility	Treatment provider agencies that have been approved for all five (5) R95 policies and agreements in any fiscal year, including FY 2026-27, are eligible.
Calculation	Numerator: (number unique clients served July 1, 2026-February 28, 2027) – (number unique clients served July 1, 2025-February 28, 2026) Denominator: number unique clients served July 1, 2025-February 28, 2026
Invoicing/ Submission Guidelines	**Guidance Documents:** R95 Unique Clients Served activity guide & R95 Unique Clients Served Submission Checklist **Submit the below documents by 03/19/2027:** • Invoice Form • KPI MSO Payment Reconciliation Report (Do not submit PHI via VBI Electronic Submission Form or unsecure email.)
Payment	$ 20,000

R95 Enhancement Activity FY 26-27

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R95 Enhancement Activity

	R95 Track	Harm Reduction Track
Incentive amount	**$15,000**	**$15,000**
Participation threshold	85% client-facing staff, at least one training	85% client-facing staff, at least one training
Eligible meetings **In person only** July 1, 2026-March 31, 2027	R95 Workgroup meetings	Harm Reduction and Treatment Integration meetings
	R95 101 Training for Frontline Staff	Internal training with approval
	Tarzana Treatment Centers and Clare Matrix trainings	Tarzana Treatment Centers and Clare Matrix trainings
Total potential incentive	**$30,000**	

Requesting R95 Enhancement Activity eligible trainings:

R95 Track

- Clare Matrix (email) or Tarzana Treatment Centers (email) to request a training at a facility of your choosing or at Clare Matrix or TTC
- Eligible workgroup meetings (R95 FY 26-27 Calendar)
- SAPC R95 (Booking or email) to request an R95 101 Training at a facility of your choosing from available dates

Harm Reduction Track

- Clare Matrix (email) or Tarzana Treatment Centers (email) to request a training at a facility of your choosing or at Clare Matrix or TTC
- Eligible Integration meetings (R95 FY 26-27 Calendar)
- Agencies must submit Harm Reduction slides to SAPC-R95@ph.lacounty.gov for approval prior to self-training

Preparation, Notification and Payment Process:

- Submit R95 Enhancement Activities – Intent to Participate (Attachment 1), with a precise count of direct client-facing staff, by 3/31/27.
- SAPC R95 staff will automatically notify providers when they meet the 85% threshold and include a prepopulated invoice for completion.
- Providers must complete the R95 Enhancement Activities Invoice by 3/31/27 and submit to SAPC-R95@ph.lacounty.gov