Reaching the 95% (R95) Initiative

R95 Case Scenarios
Discussion Guide

Purpose

This guide is designed to help staff walk through common scenarios that may arise when implementing R95 practices. Each scenario, along with its accompanying questions, is intended to spark discussion and describe how R95 policies can be practically applied in daily work.

Through these discussions, staff will:

- Explore how R95 principles apply to everyday decision-making.
- Reflect on biases and assumptions related to readiness, relapse, and accountability.

Facilitator Guide

This guide is intended to support the implementation of R95 practices and can be used in a variety of settings to support staff learning and adaptation of practices. You can use this guide during staff meetings, supervision, annual R95 training, new staff training, or onboarding to encourage dialogue and shared learning. The guide includes three main sections – case scenarios, discussion questions, and R95 approach guidance. The suggestions below describe how each section can be used.

1. **Review the Scenario:** Read the scenario aloud or ask a participant to read it. The scenarios can be adapted so they apply to other environments. For example, a scenario that mentions reporting a toxicology test to DCFS could instead reference the courts or a probation officer if that is more applicable to your staff. We encourage you to tailor the scenarios so they reflect situations your staff may encounter.
2. **Encourage Reflection:** Use the discussion questions to invite staff to share how they might respond to the scenario, reflect on their thoughts, concerns, or questions, and discuss what barriers, supports, or emotions could influence their decisions. The discussion questions are intended to spark conversation. You can use the questions provided and add others that are relevant to your staff.
3. **Connect the R95 Approach:** The R95 Approach section highlights key R95 practices that relate to the scenario. After the discussion, review the “R95 Approach” section to highlight how insights shared by staff connect to R95 principles and practices.

More information and resources about the Reaching the 95% Initiative can be found at http://publichealth.lacounty.gov/sapc/public/reaching-the-95.htm?hl.

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Admissions Scenarios

Scenario 1: Addressing Capacity Concerns

During a team meeting, staff express frustration about the R95 initiative. One counselor says, "We can't admit everyone. **We're already at capacity and now we're being told to admit clients who aren't even ready, and some don't even want to quit.**" Others nod, adding that the groups feel harder to manage and that they worry about being stretched too thin to give clients the attention they need.

Discussion Questions

- What assumptions about capacity are surfacing?
- How might expanding access under R95 impact staffing, workload, and quality of care?
- What strategies can support staff morale (e.g., staff appreciation, self-care) and structure (e.g., supervisor support, improving/implementing new processes, etc.) as admissions increase with clients who may have higher acuity?

R95 Approach

R95 encourages agencies to lower barriers to care, allowing individuals to enter treatment at various stages of readiness. **"Readiness" under R95 is defined as the willingness to engage in services**, not readiness for full abstinence. Welcoming clients earlier in their recovery journey helps SUD counselors engage clients sooner and reduce harm, as evidence shows that even incremental reductions in use can have significant health benefits.

Staff concerns about capacity are valid and can guide advocacy when justifying the need for additional resources, staffing, and scheduling adjustments to help sustain quality care as access expands. That said, SAPC's vision is for **agencies to serve more individuals who need treatment, allowing them to hire more staff, add programs, and open new sites as participation increases.** SAPC encourages providers to monitor their funding utilization and request any increases or decreases as needed, as funding augmentations are based on utilization. SAPC also wants specialty SUD provider agencies to **move out of a "scarcity" mindset, which SUD systems have become accustomed to due to decades of under-investment, and to shift to a more "abundance" mindset**. What this means practically is that limiting services due to capacity constraints is more of a scarcity mindset, and results in a constriction of services. An abundance mindset would be to **offer all the services you can, and then to consider expansion of capacity and seeking contract augmentations based on need.** This fundamental shift helps to facilitate growth of SUD services versus artificially constricting services given capacity constraints.

For leadership, using tools from the *Focus on Finance* training series (occurrences posted on the SAPC Training Calendar) on costing out services can support this process. Costing out services helps agencies understand the true cost of care, identify census needs, and plan strategically for staffing and capacity growth—ensuring that R95 implementation is both sustainable and equitable.

Scenario 2: Rethinking Readiness

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."

Discussion Questions

- 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?

R95 Approach

Low-barrier and client-centered care defines readiness as the willingness to engage in treatment or receive treatment services, rather than readiness for abstinence. A client's uncertainty about change can be an entry point, not a barrier. Staff can use this as an opportunity to practice client-centered care by aligning services with Robin's current level of readiness. Robin's openness about her substance use provides valuable information about her stage of change. Through motivational interviewing, staff can explore what matters most to Robin and help identify meaningful goals —like strengthening her relationships, improving her health, practicing safer or reduced substance use, or achieving housing stability. **Meeting clients where they are helps build trust and engagement, which is key for clients feeling safe, supported, and motivated to continue showing up for services.**

Shifting to a low-barrier approach can take time for staff, especially when long-standing beliefs about abstinence are part of their personal and professional identity. However, lower barrier approaches also represent an opportunity to make work more fulfilling for staff by seeing how effective engagement can allow staff to help more people. Leadership can foster this culture shift by **validating staff experiences, engaging them with curiosity and empathy, and reinforcing the agency's mission to improve and save lives for people at different levels of readiness.** R95 is in full support of abstinence and, at the same time, supports people wherever they are in their recovery journey, including if they are interested in SUD treatment even if they're not ready for complete abstinence from all substances.

Discharge Scenarios

Scenario 1: Managing Relapse While Maintaining Connection and Safety

After several months in treatment, Tanya earns weekend passes to visit family. She returns from one pass appearing jittery, defensive, and smelling faintly of alcohol. During a staff meeting, one counselor insists, "She's a bad influence—**if we keep letting people come back like this, it sends the wrong message**." Another staff member hesitates, unsure how to respond but worried that discharging Tanya will undo her progress.

Discussion Questions

- How can staff balance safety, fairness, and compassion in this moment?
- What does relapse mean in the context of a chronic disease model?
- How can staff frame this event as a learning opportunity for Tanya and the other clients in the program?
- How might staff approach Tanya in a way that maintains connection and supports accountability?
- In what ways could supervisors or peers engage the staff member who spoke out to better understand their concerns, explore comfort with the R95 approach, and support team learning?

R95 Approach

Under R95, relapse is a clinical issue, not a disciplinary one. Recognizing recovery as a nonlinear process helps reduce punitive reactions to lapses, which are a natural part of substance use disorder. When approaching Tanya, the **focus is on re-engagement and stabilization rather than discharge**. Staff can ensure safety, explore triggers, and adjust Tanya's care plan to include additional supports like counseling or withdrawal management. Consistent messaging helps clients understand that **relapse does not mean failure—it is a moment for reflection, compassion, and recommitment to care**. The same spirit of compassion extends to the treatment team. Staff can approach the statement made during the meeting as an opportunity for connection and learning.

Scenario 2: When Substances Are Found Onsite

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 baggies 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.**

Discussion Questions

- 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?

R95 Approach

R95 does not condone substance use within treatment settings and emphasizes responding through clinical judgment and engagement rather than *automatic* discharge. The selling of substances is not condoned either, and SAPC understands agencies having clear policies around individuals who sell substances in treatment settings being discharged. **Providers should evaluate safety risks, client stability, and willingness to re-engage**. Temporary adjustments—such as limiting group participation or referring to withdrawal management—may be appropriate, but decisions should weigh all factors, including the potential benefit of continued treatment.

This is an opportunity to reinforce overdose prevention and harm reduction strategies, including naloxone access and safer use education. **The key message: use is not permitted onsite, but clients are not automatically dismissed for *relapse***. That said, clients may be automatically discharged for selling substances onsite. **The goal is to maintain safety while continuing to provide structure and dignity-based care.** If deemed necessary after considering all relevant factors, discharge for possession is allowable and may be appropriate within the R95 approach. Staff should use a warm handoff to step clients up or down to a more appropriate level of care or connect them with an agency that may better serve the client's needs.

Scenario 3: Keeping Clients Connected Through Transitions

After several weeks of disengagement and escalating behavioral issues, Denise's treatment team meets to discuss next steps. Some staff express frustration and worry that her outbursts are disrupting the group environment. **The clinical team decides that transitioning Denise to a different program at a clinically appropriate level of care –which could mean stepping up, down, or laterally depending on her needs—may better support her progress**. Denise disagrees with the decision but expresses that she wants to continue treatment elsewhere rather than stop altogether.

This situation prompts staff to reflect on how to balance accountability, safety, and ongoing support, rather than exclusion.

Discussion Questions

- What does a “warm handoff” look like in this case?
- How can staff reduce the risk of relapse or overdose after discharge?
- What messages can staff reinforce to help Denise feel supported and connected despite the discharge?

R95 Approach

R95 views **discharge as a transition, not a termination**. Even when behavioral concerns arise, the focus remains on maintaining engagement and continuity of care. Staff should coordinate a warm handoff to a treatment facility or harm reduction services that can better support the client’s needs or treatment goals, ensuring direct communication with the receiving program and sharing information about Denise’s progress, strengths, and triggers to promote continuity in treatment.

Before discharge, staff should provide overdose prevention information, naloxone access, and safer-use resources, along with coping strategies and relapse warning signs. These steps reinforce safety and help ensure the client remains connected to care. **By treating discharge as a part of the continuum and facilitating a warm handoff, staff uphold R95 principles of compassion and sustained engagement, even when behavior challenges make continued treatment difficult.**

Toxicology Scenarios

Scenario 1: Maintaining Trust When a Client Refuses to Drug Test

Sam, a 15-year-old teenager who uses they/them pronouns, referred by DCFS, has attended groups consistently and is making visible progress. **When asked to take a random toxicology (drug) test, they refused**, saying, “You’re just trying to get me in trouble again.” The counselor feels torn—DCFS expects documentation, but confronting Sam might harm the fragile trust they’ve built.

Discussion Questions

- What past experiences might be influencing how Sam perceives toxicology testing?
- How might informed consent for toxicology testing, information-sharing, and a trauma - informed approach affect how staff respond to this situation? How can staff assess whether Sam truly understands informed consent and feels they have a real choice?
- How can the counselor maintain trust and honor Sam’s autonomy, while balancing what DCFS expects of the client?
- How can staff explain the purpose of toxicology testing so it feels supportive rather than disciplinary?

R95 Approach

Toxicology testing under R95 is viewed as a useful clinical engagement tool, but not a requirement that could result in discharge if declined. **A refusal can offer insight into trust, fear, or shame, which is valuable clinical information that can inform therapeutic approaches with the client.** Counselors can ask the individual why they feel that way towards testing, while still granting them the ability to refuse. They may also validate the client's feelings (e.g., "It sounds like testing has been stressful in the past") and maintain trust by emphasizing that testing is not about suspicion but supporting treatment planning and DCFS documentation requirements. Documenting the client's refusal (if they previously consented to toxicology testing), along with their ongoing engagement and progress towards treatment goals, helps provide a full picture.

It is also important for the counselor to clearly communicate to the client about their obligations to external entities by explaining what information must be reported and what remains confidential. They can also reassure the client that a positive result will not lead to an automatic discharge or judgement, but may instead prompt a clinical check-in.

When possible, in consideration of past trauma and other factors, counselors can collaborate with the client to adjust their treatment plan. An individual's SUD care must have patient buy-in, especially for Youth who may not always be able to control their environment or situation. Involving the individual in decisions about their care, from scheduling to testing frequency and intensity (e.g., not using directly observed specimen collection or, when required, allowing a client to select a staff member they feel most comfortable with) helps build trust toward a patient-led treatment plan that reflects the client's current stage of recovery.

While refusal to test may carry external consequences (such as losing placement with DCFS), **within R95, every effort should be made to support the client in care, whether or not toxicology testing occurs.** This approach empowers staff as clinical treatment providers, while centering continued engagement as a priority to support the patient.

Scenario 2: Using Toxicology as a Therapeutic Tool

A client has been in outpatient treatment for several months and has been open about struggling with meth and fentanyl use. They've made progress, attending sessions consistently and reconnecting with family, but **their latest toxicology test comes back positive for fentanyl**. When the counselor brings it up, the client looks nervous and avoids eye contact.

The counselor pauses before responding, **remembering the importance of maintaining the therapeutic alliance**. Instead of asking, "What happened?" they say, "You've been working hard to stay connected. How have things felt this week?" The client shares that a fight with their partner triggered cravings, and the counselor listens with empathy. When the test results are mentioned later in the session, they're framed as part of the conversation: "It sounds like this week was tough. The tox screen showed some use—**let's talk about what additional supports might help and whether you'd like to adjust any of your treatment goals**."

Discussion Questions

- What makes this interaction therapeutic rather than confrontational?
- How does the counselor's tone and approach support honesty and engagement?
- How can toxicology results be used to guide treatment planning?

R95 Approach

R95 emphasizes using toxicology results as clinical information to guide care. In a therapeutic relationship, **clients feel safe to be honest, and staff respond with empathy and curiosity rather than judgment.** Counselors can take steps to make the testing process more collaborative by inviting the client's input on how often they are tested, which substances are included, and how the results are used. **This collaborative approach reduces stigma, empowers the client** to utilize testing to adjust their treatment plan, and strengthens trust through open and honest communication. By framing **toxicology results as information that supports recovery, rather than punishment**, staff reinforce R95's focus on dignity, readiness, and compassionate engagement.