FY 26-27 Kick Off

REACHING THE 95%

Please sign in by the door

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County of Los Angeles Public Health

Provider discussion led by: **Jose Gonzalez, MD** (he/him/his)
Associate Medical Director
Street Addiction Consultation Team

July 16, 2026

Agenda

- Reaching the 95% overview
- Value-Based Incentives FY 26-27
  - 3-I R95 policies and client-facing agreements
  - 3-H R95 unique clients served
- Enhancement Activity FY 26-27
- Looking forward
- Discussion and questions

The Reaching the 95% (R95) Initiative

Lowering barriers to life-saving SUD treatment services

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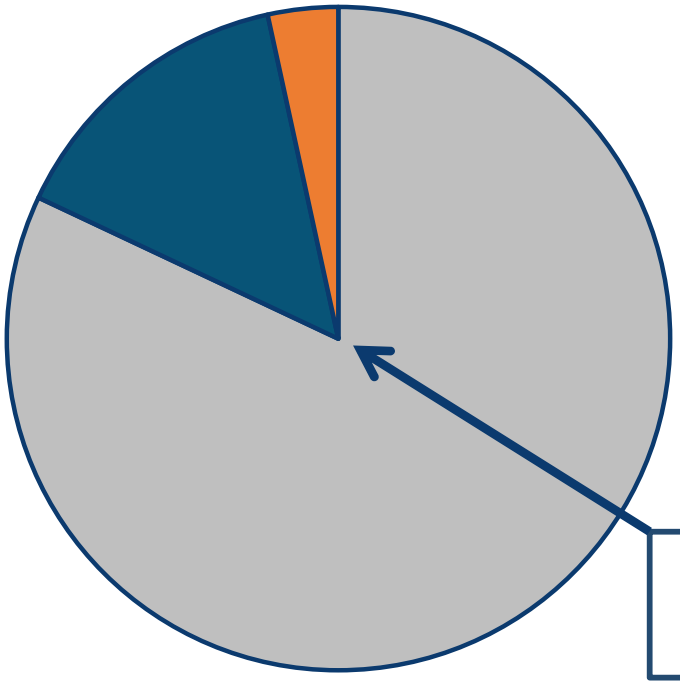
Reaching the 95% Initiative

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

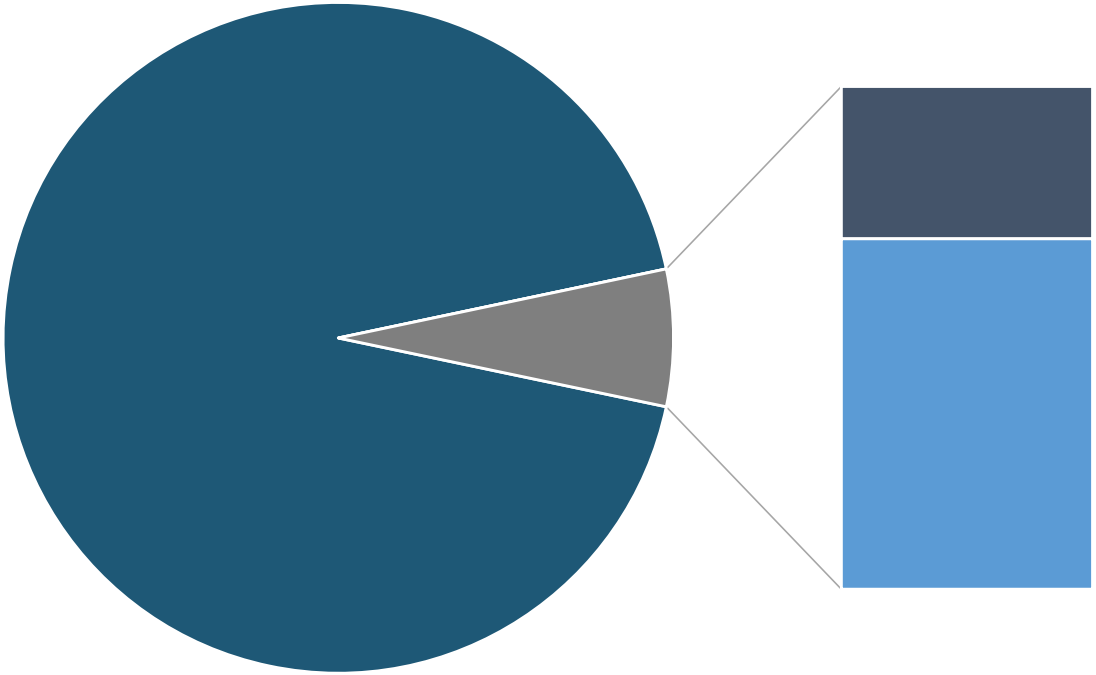
81% of people age 12+ in the U.S. with SUD received **no** treatment in the past year

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)

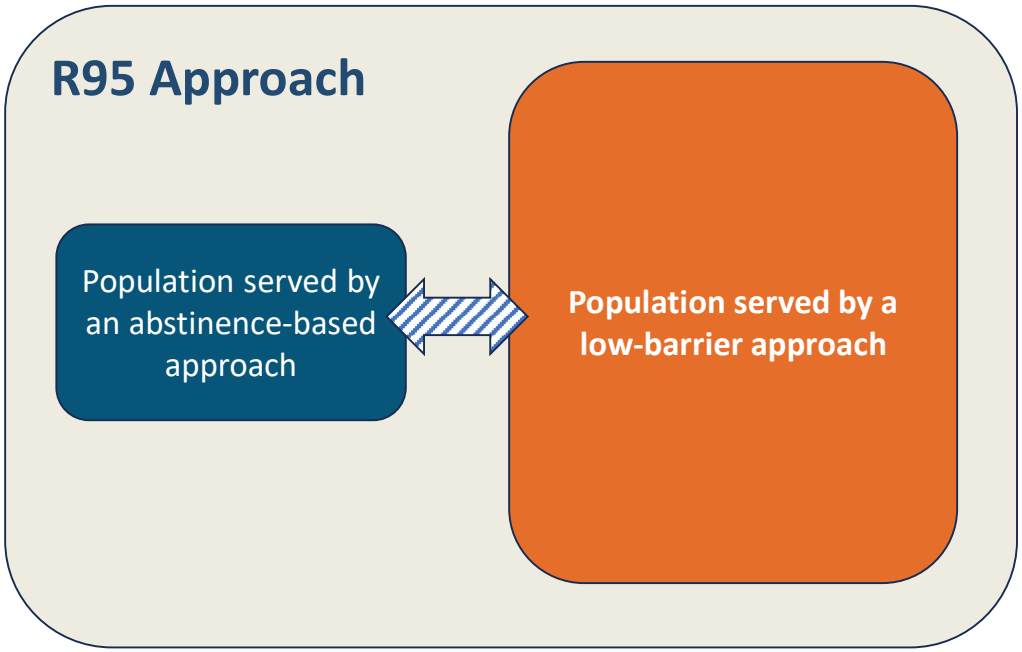


2% thought they should get treatment and **unsuccessfully** sought treatment
(+1% from 2022)

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

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



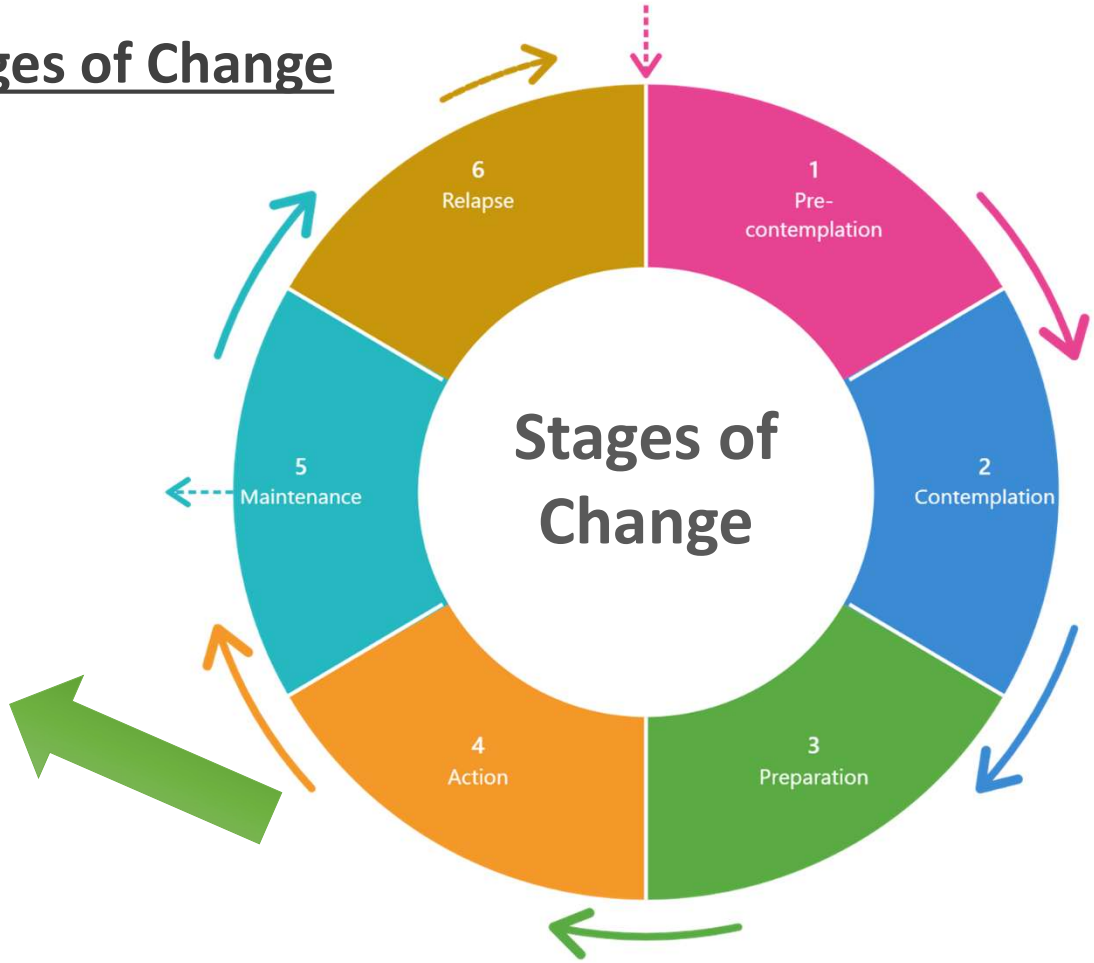
The R95 approach supports abstinence-based **and** low-barrier approaches to SUD care, guided by what the client wants and needs at that moment.

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

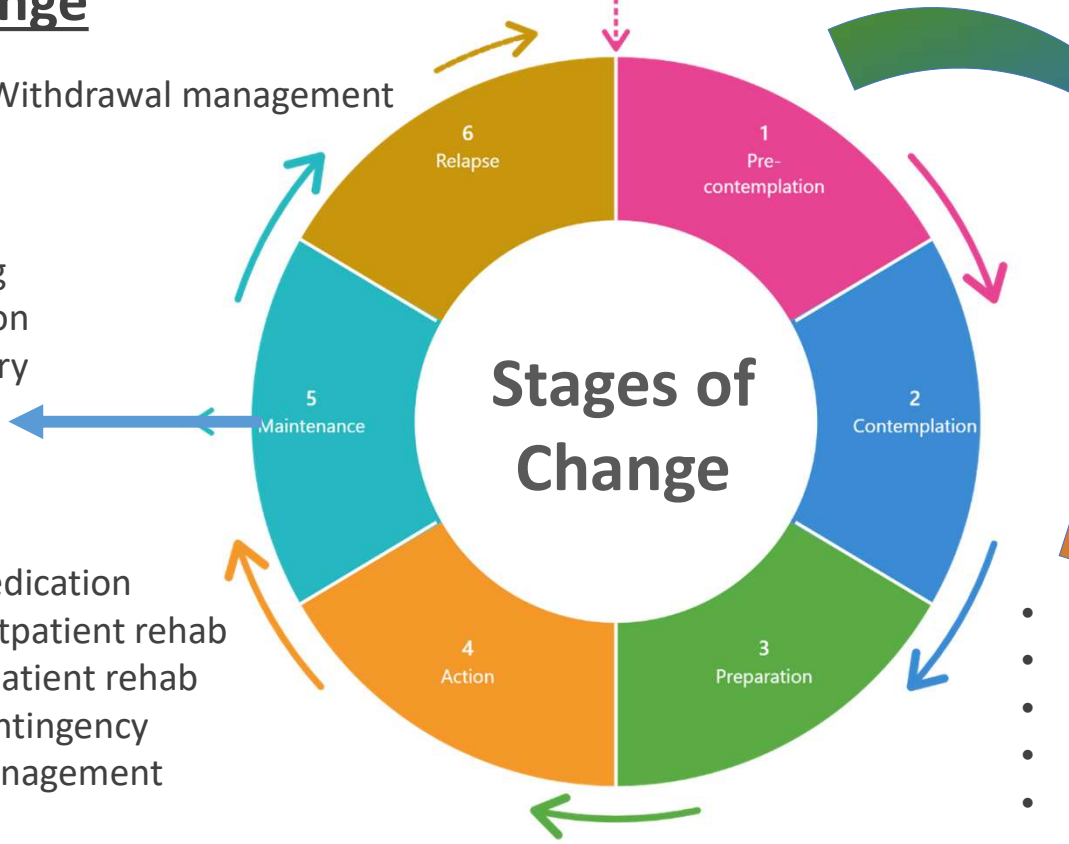
Action

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



Timely Intervention Using the Stages of Change

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



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 of controlled drinking for some) [1] • AA's idea of "progress not…perfection" [1]	• Reduction in substance use and engaging in less risky substance use as acceptable goals	• Individuals seeking treatment are admitted based on their desire to receive SUD services (even if not ready for 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's idea allowing the individual to "draw his own conclusion" regarding the definition of 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

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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

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

09MAR2026

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R95 Strategies to Increase Access to SUD Treatment

2 Establishing lower barrier care

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

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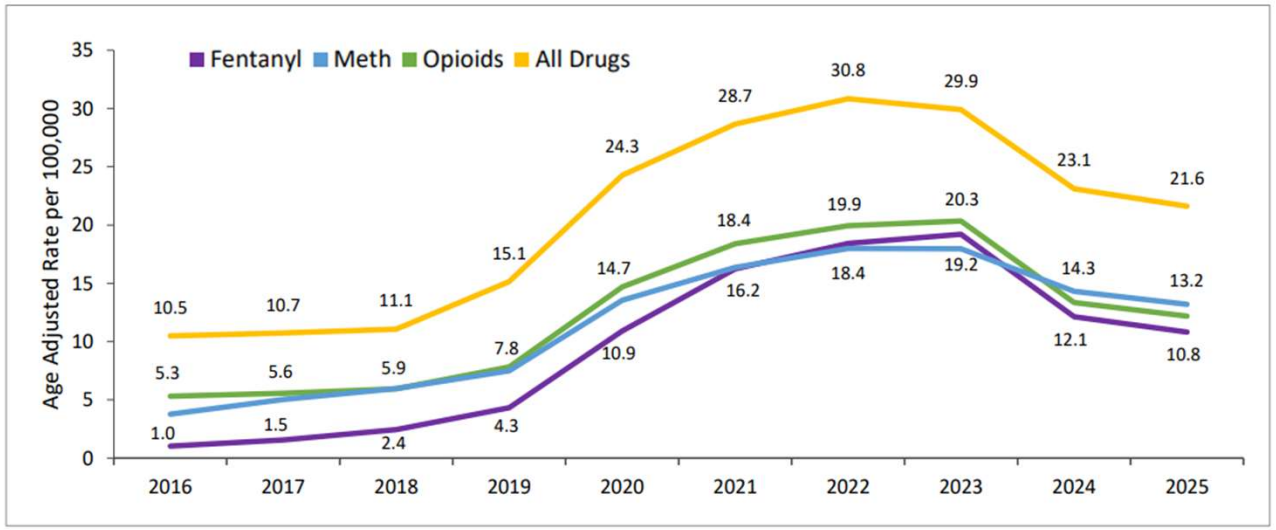
Fentanyl Overdose in LA County Report 2025

Figure 2. Age-Adjusted Rate of Drug Overdose Deaths per 100,000 Population by Drug, LAC, 2016-2025



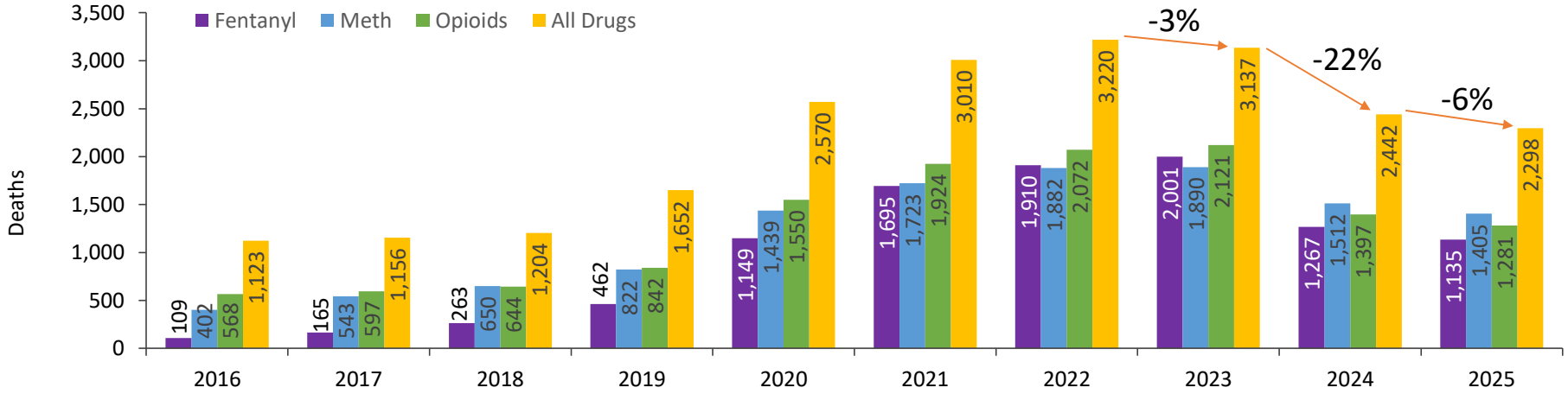
*Notes: All drug overdose deaths in this report are due to accidental drug overdose, excluding intentional overdose such as suicide. Opioids refers to accidental overdose deaths involving all opioids, including fentanyl, heroin, and prescription (Rx) opioids excluding fentanyl. Meth refers to methamphetamine.

Data Report: Fentanyl 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

Summary:

- Fentanyl deaths declined to 49% of all AOD overdose deaths in LA Co.
- In 2024 fentanyl overdose deaths declined sharply by 37% followed by an additional 10% decline in 2025.
- Investments in overdose response, harm reduction, and treatment expansion are working!
- Overall drug overdose deaths also declined by 22% in 2024 followed by an additional 6% decline in 2025.
- Targeted prevention efforts are still needed to advance health equity in LAC when race/ethnicity and area poverty are considered.

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

R95 Year In Review

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R95 Enhancement Activity in Year 3

FY 25-26 training incentive

$20,000 incentive per track when 85% of all client facing staff attend at least one (1) eligible meeting/training

***Total Incentives Earned:**
R95 Track: 900 K
Harm Reduction Track: 700K

	R95	Harm reduction	Total
Eligible Meetings/Trainings	55	52	107
Individual participants	2,804	2,577	3,739
Participating agencies	69 (93%)	68 (92%)	75 (101%)
Approved	45 (65%)	35 (51%)	50 (68%)

Year 3 Trainings (R95 & Harm Reduction Tracks):

- In Person & Virtual Options *(*Note: Moving to In-Person Only in FY 26-27)*
- Training Available via CST, LNC, Clare Matrix, and Tarzana Treatment Centers and Access Optimization

Trends:

- Team saw increased demand for R95 101 after CEs were initially approved and after they were expanded
- Demand for R95 101 heavily declined after end of Enhancement Activity on 3/31/26.
- R95 Track: Slight increase in participation compared to CBI FY 24-25 (37 agencies)
- Harm Reduction Track:
  - Higher agency participation compared to CBI FY 24-25 (43 agencies)
  - Some staff were taking other Harm Reduction-related trainings beyond the specific ones approved for R95 Enhancement Activity

VBI: R95 Policy and Agreement adoption

Activity 3-G R95 Client-facing Agreements

77%

Treatment agencies have adopted the R95 Treatment Standard
(57 agencies)

80%

Unique clients are being served under the R95 Treatment Standard
(33,892 unique clients)

4%

Treatment agencies have **partially adopted** the R95 Treatment Standard
(3 agencies)

18%

Treatment agencies with **no adoption** of the R95 Treatment Standard
(13 agencies)

VBI: R95 Champion in Year 3

Activity 3-F: R95 policies and agreements and one qualifying MAT activity (3-A, 3-B, 3-C)

	Total	Percent
Met R95 Policies & Agreements	50	68%
Met Qualifying MAT activity	29	39%
Eligible	22	30%

**Data reflects final DQR Report review and verification in May 2026*

R95 Policies and Agreements:

- Admission Policy *(*FY 23-24)*
- Admission Agreement *(*FY 24-25)*
- Discharge Policy *(*FY 23-24)*
- Toxicology Policy *(*FY 24-25)*
- Toxicology Agreement *(*FY 24-25)*

**Initial date adoption available*

MAT Activity:

a. MAT Education/Services for OUD in Non-OTP Settings
b. MAT Education Services for AUD
c. MAT Agency-wide Naloxone Distribution

As of DQR cumulative for FY 25-26

R95 Compliance checks in FY 25-26

- Signed client-facing agreements

QI chart review findings (Feb-April 2026)

- Random charts reviewed from 35 agencies that committed to full R95 implementation as of end of FY 24-25
  - 7 agencies had not implemented one or both client-facing Admission Agreements and/or Toxicology Agreements on file
- Of agencies with agreements on file:

N=28	**Inconsistent implementation**	**Noncompliance** (no agreements or no required text)
Admission agreement	11 (39%)	11 (39%)
Toxicology agreement	11 (39%)	14 (50%)

Next steps

- Agencies committed to full adoption of R95 were notified via email in March 2026 of upcoming/ongoing random chart review compliance checks
- Clarified expectations that policies be implemented 1 mo. after approval for new and continuing adopters
- Promote R95 resources and tools available to providers

Value-Based Incentives

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FY 2026-27 Value-Based Incentives

Access to Care
3-A: MAT Education/Services for Opioid Use Disorder (OUD) in Non-OTP Settings Continuation At least **60%** of clients with OUD in non-OTP settings receive MAT education and/or Medication Services that include MAT.
3- B: MAT Education/Services for Alcohol Use Disorder (AUD) Continuation At least **50%** of clients with AUD agency-wide receive MAT education and/or Medication Services that include MAT.
3-C: Clients Referred/Admitted to Another SUD Level of Care Continuation At least **35%** of clients are referred and admitted to another level of SUD care within 30 days of discharge.
3-D: Mental and Physical Health Referrals/Care Coordination Continuation At least **30%** of clients with mental or physical conditions are referred and connected to appropriate services.

FY 2026-27 Value-Based Incentives

Access to Care (continued)
3-E: Percent of Clients Engaged in Treatment (= or > 30 days) New At least **60%** of clients remain engaged in treatment for 30 days or longer following admission.
3-F: 7-Day Follow-up after Residential Services Discharge New At least **30%** of clients discharged from residential care (including residential WM) receive a qualifying follow-up service within 7 days.
3-G: Percent of Appointment Disposition Form Referrals with Completed Appointment Disposition New At least **30%** of referral and appointment records in the Appointment Disposition Log are completed within three (3) days of the appointment date.
3-H: R95 - Unique Clients Served New At least a **5%** increase in the number of unique clients served compared to the previous fiscal year (FY 2025-26 vs FY 2026-27).
3-I: R95 - Client-Facing Agreements Continuation Participating treatment providers will update patient-facing agreements with language acknowledging SUD as a chronic medical condition that will be treated with compassion.

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	**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

Activity 3-H Reporting Guidance

KPI MSO Payment Reconciliation Report

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Note: Report will need to be run two separate times – once for baseline (FY 25-26) and once for incentive performance (FY 26-27)

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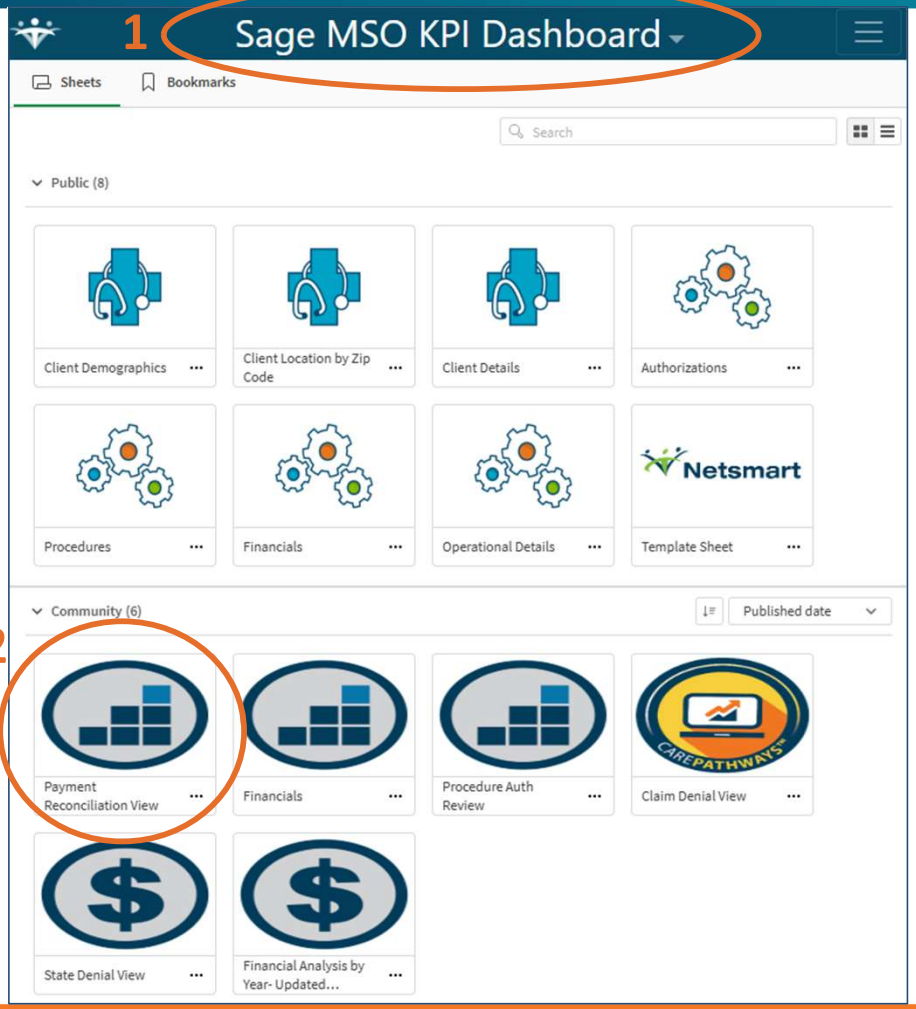
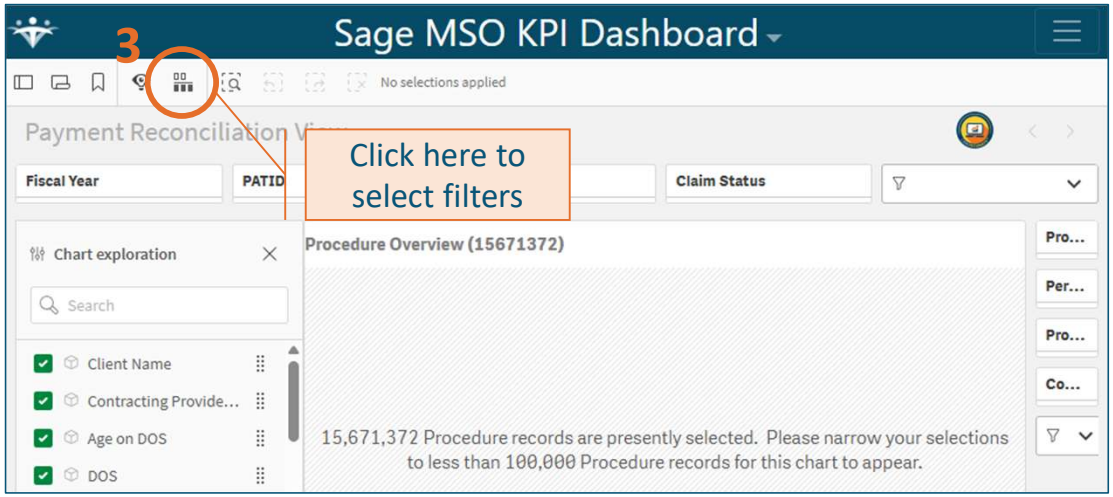
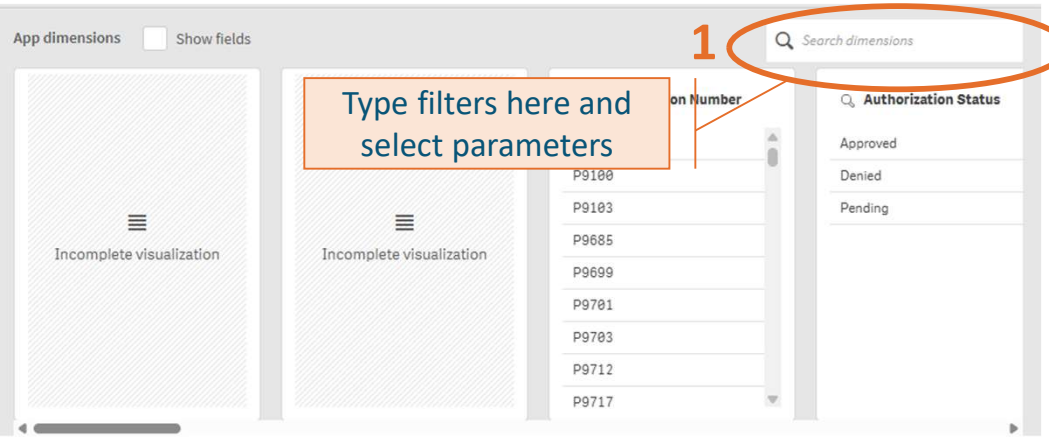


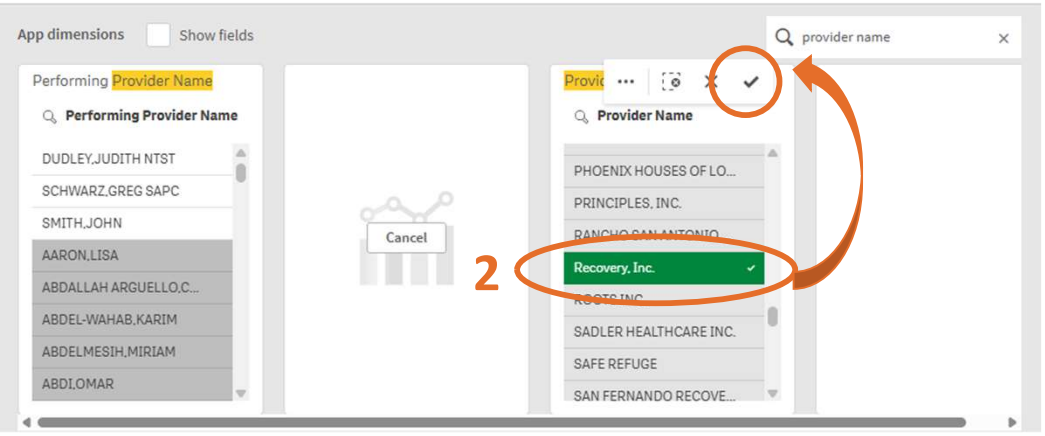
Payment Reconciliation View Report: Accessing the KPI MSO Dashboard

KPI Dashboard Log in:
https://carepathways.netsmartcloud.com/account/login/5CCB3C86

1. Click at the top for the Sage **MSO** KPI Dashboard
2. Open the Payment Reconciliation View report
3. To start customizing the report, click the Selection Tool icon





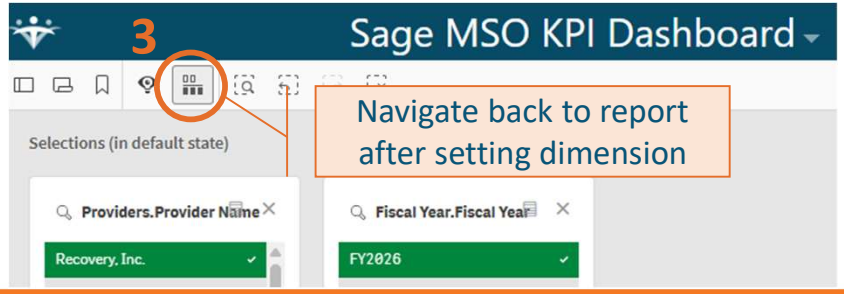


Payment Reconciliation View Report: Setting dimensions

1. In Selection Tool view, type dimensions of interest in search bar or slide bottom navigation bar to desired dimension.
2. Select desired parameter and click the check mark to confirm selection. Do this for both dimensions. Selections will populate in the top half of the window.

Dimension	Parameter
Provider Name	Select your provider agency
Fiscal Year-Month	In separate reports: **Baseline** FY25-26: select **FY2026-Jul** through **FY2026-Feb** **Incentive** FY 26-27**:** select **FY2027-Jul** through **FY2027-Feb**

3. To navigate back to the report, click the Selection Tool icon



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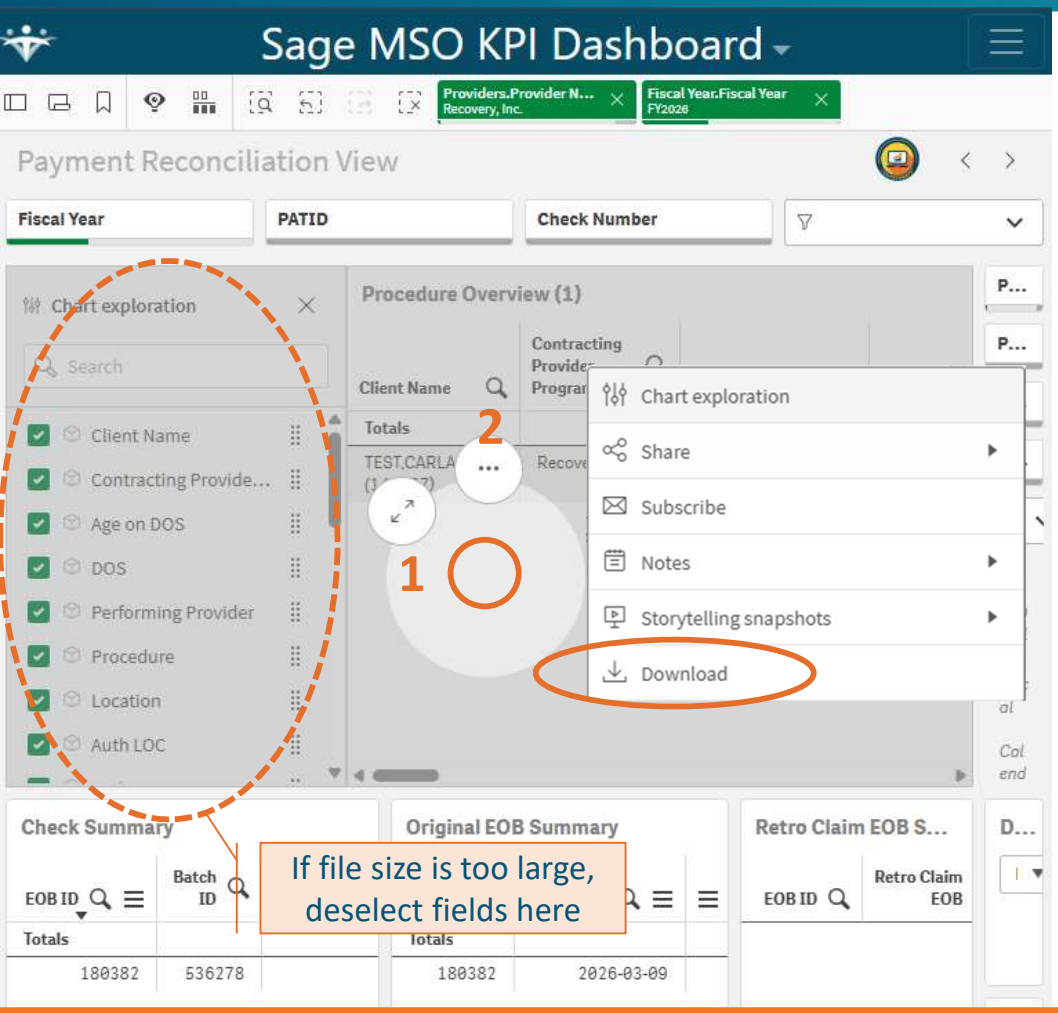
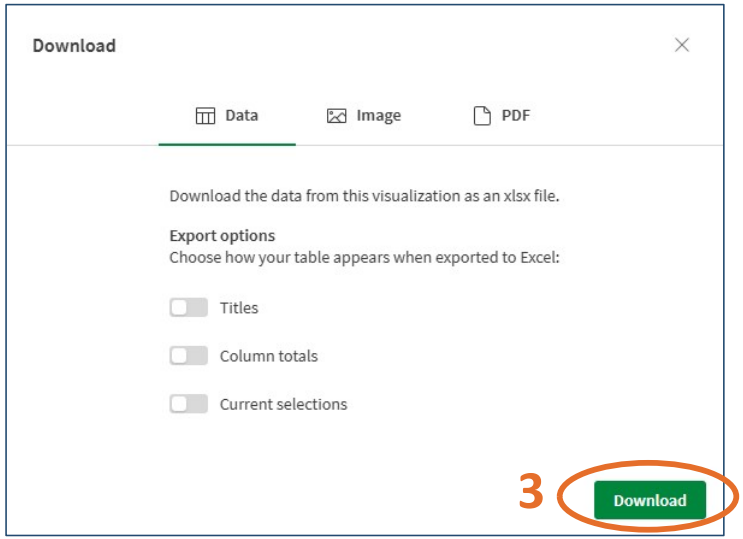
Payment Reconciliation View Report:
Downloading report

1. Right click anywhere in the Procedure Overview window to open additional navigation
2. Click the three dots (…) to open menu and select Download
3. Download as Data to a secure location as this will have patient information

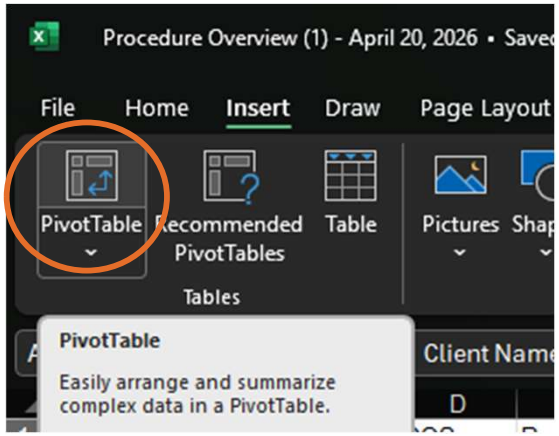




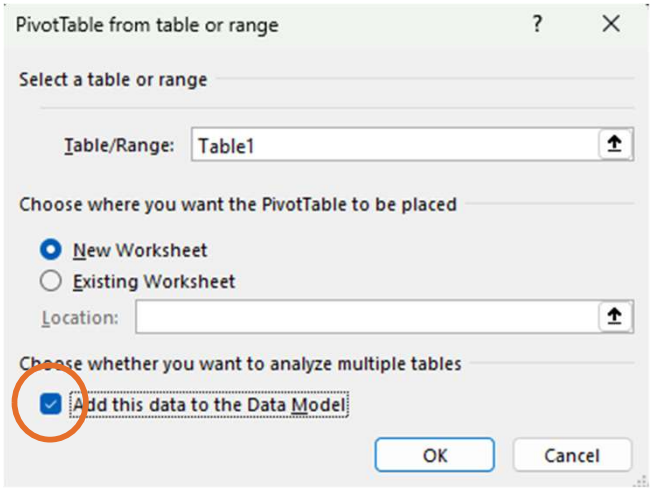
Data Analysis:
Create a pivot table

1. Open downloaded file in Excel. File may be found in your internet browser's download notifications or in your device's Downloads folder.

2. In the top toolbar, click Insert to change the ribbon and then select PivotTable

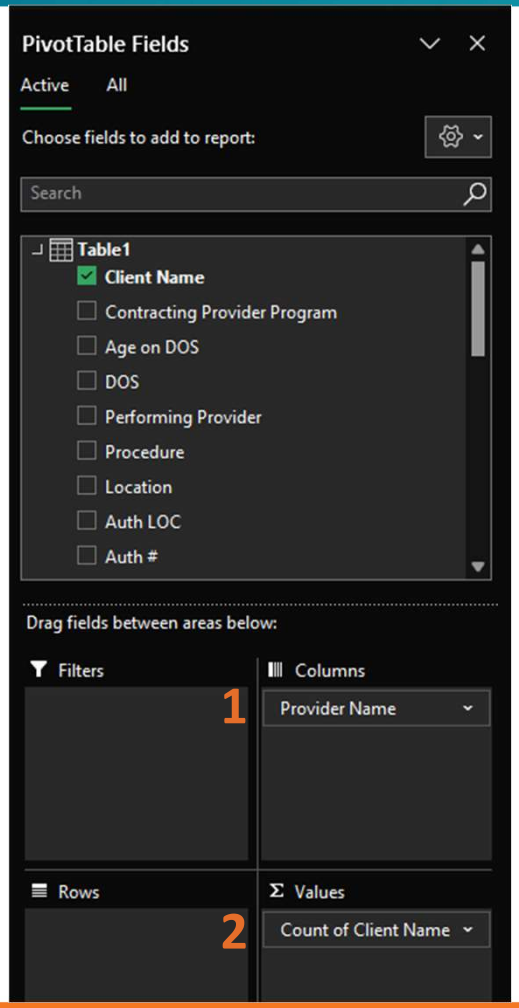


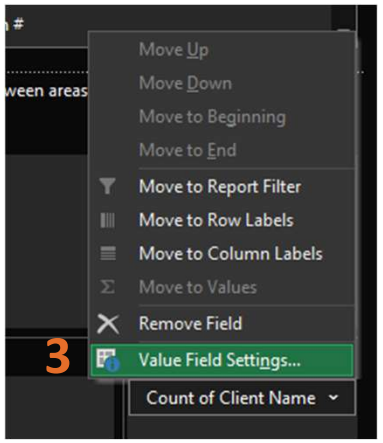
3. In the pop-up window, check the box for "Add this data to the Data Model" and then click OK

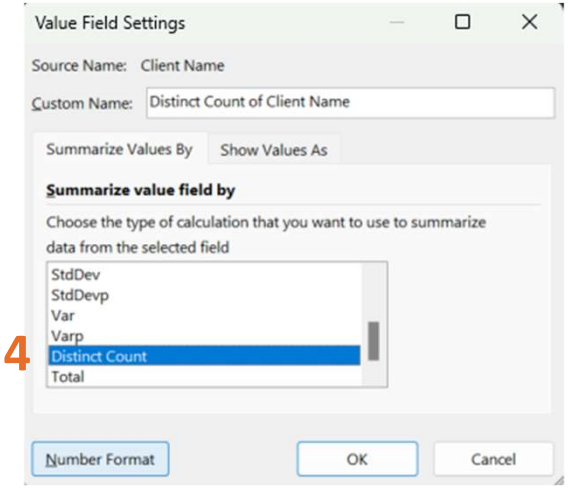


Data Analysis:
Set pivot table fields

1. Drag “Provider Name” from the top fields list to Columns
2. Drag “Client Name” from the top fields list to Values
3. Right click on “Count of Client Name” to open the option menu and select “Value Field Settings”
4. In the pop up window, click to summarize value field by “Distinct Count.” Click OK.
5. The resulting value is what should be reported for this VBI activity.







Reporting:
Packaging for VBI submission

1. Create a new worksheet/tab by clicking the plus (+) sign along the bottom

2. Right click the new worksheet/tab to rename to: **VBI Activity 3-H Results**

3. Copy and paste the table below in the new worksheet/tab and follow the format to paste in your findings.
   Reminder: To be VBI incentive eligible, your agency must demonstrate **at least a 5% increase** in the activity period.

4. Save the file as: ***Provider Agency Name*** **Unique Clients Served**

Timeframe	Unique clients served (n)	Difference
July 1, 2025-February 28, 2026	[Enter report result here]	--
July 1, 2026-February 28, 2027	[Enter report result here]	[Calculate difference between two years as a percent change]

Don't forget your VBI Invoice!

Break

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

Looking forward

R95 8-Year Roadmap

Impact Area	Phase 1				Phase 2			
	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
SUD Systems	Lower barrier care				On-demand care			
	• Network capacity building							
Barrier Focus	• Abstinence requirements • Recovery goals	• Toxicology/drug tests • Return to use	• Harm reduction and treatment referrals • Preparing for HR-1 Medi-Cal eligibility changes		• Public sentiment and beliefs about SUD and treatment • Limited intake/admission hours, on demand treatment			
SUD Service Providers	Initial engagement	Frontline staff engagement and training			Ongoing compliance monitoring, training, and process evaluation Frontline staff training			
County Departments	Better Reaching the 95% Board Motion – County agency coordination							
	Interagency education and training				Promotion of the availability of lower barrier SUD services			
Community				Redefining readiness for treatment with the community through media campaigns, CBO partnerships, and social services partnerships*				
Public Focus	Public messaging through website and presentations			What is SUD, services available, and redefining treatment readiness • SUD stakeholders, housing, and support services • Established and informal places of community				

*SAPC-wide effort

Roadmap discussion

What does ON DEMAND CARE mean to you?

How are you working with your SAPC harm reduction partners?

How can referrals and admissions be improved?

How are you planning to improve your agency's community presence?

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R95 Compliance

[Admission policy]

[Admission agreement]

[Discharge policy]

[Toxicology policy]

[Toxicology agreement]

[Staff training template]

[Summary of Revisions] **New**

Expectations

- **Training**: R95 concepts covered and discussed in onboarding training and at least annually thereafter
- **Policies**: SAPC-approved policies incorporated in policies and procedure manuals
  - Staff should be able to point to the policy if requested by CPA
- **Agreements**: Clients admitted after implementation date have signed copies included in charts
  - SAPC will spot check with chart reviews periodically
  - Encouraged to also review and get signatures with clients engaged prior to implementation date

Provider agencies that adopted 2023-2026: All policies and agreements already implemented as of July 1, 2026

Provider agencies that adopt this year (FY 26-27): Policies and agreements implemented within one month of final SAPC Finance VBI activity approval

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HR 1 Medicaid Eligibility Changes

Benefits Cal

Interim Final Rule **June 1, 2026**

DHCS HR 1 Implementation Plan

DPSS: Keep Your Benefits

DPSS: CalFresh HR 1 Informational flyer

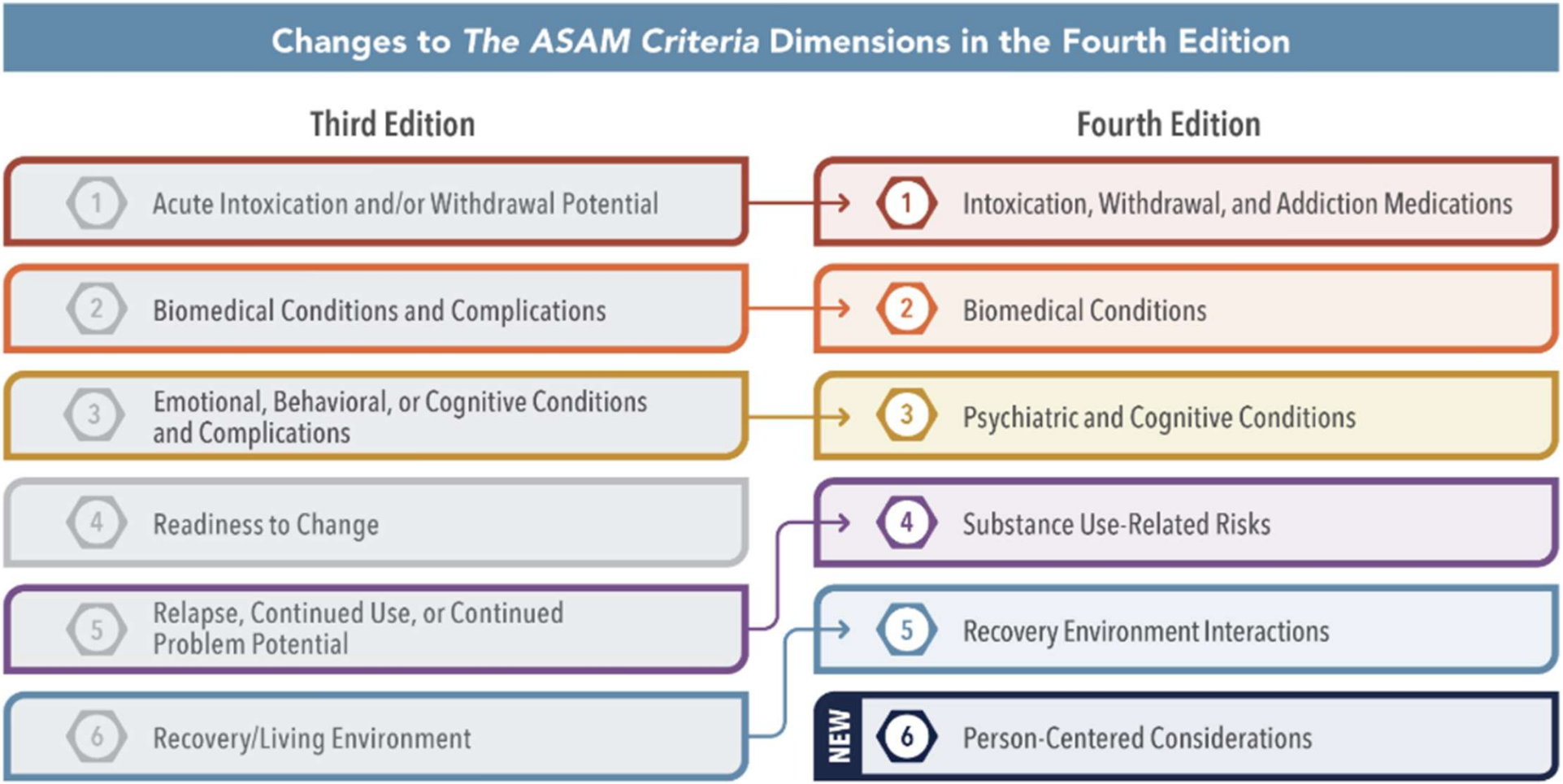
Changes to SNAP benefit work requirement in effect as of June 1, 2026

Changes to Medicaid eligibility effective January 1, 2027

- Interim final rule published June 1, 2026
- Comment period closes July 31, 2026

Key takeaways:

- Medical frailty includes those “with a substance use disorder, excluding an individual in stable recovery” (CMS defines this as in recovery for five or more years)
- The excluding condition must "significantly impair" a person's ability to work. Individuals may self attest once after January 1, 2028, then must “prove” their exclusionary condition doesn’t allow them to meet the work requirement.
  - **CMS expects individuals with exclusionary conditions to be receiving treatment, which they can use as “proof” of an ongoing condition.** However, with SUD, if someone has received treatment and is stable, they don’t need to be in treatment indefinitely but still may face challenges meeting the work requirements.

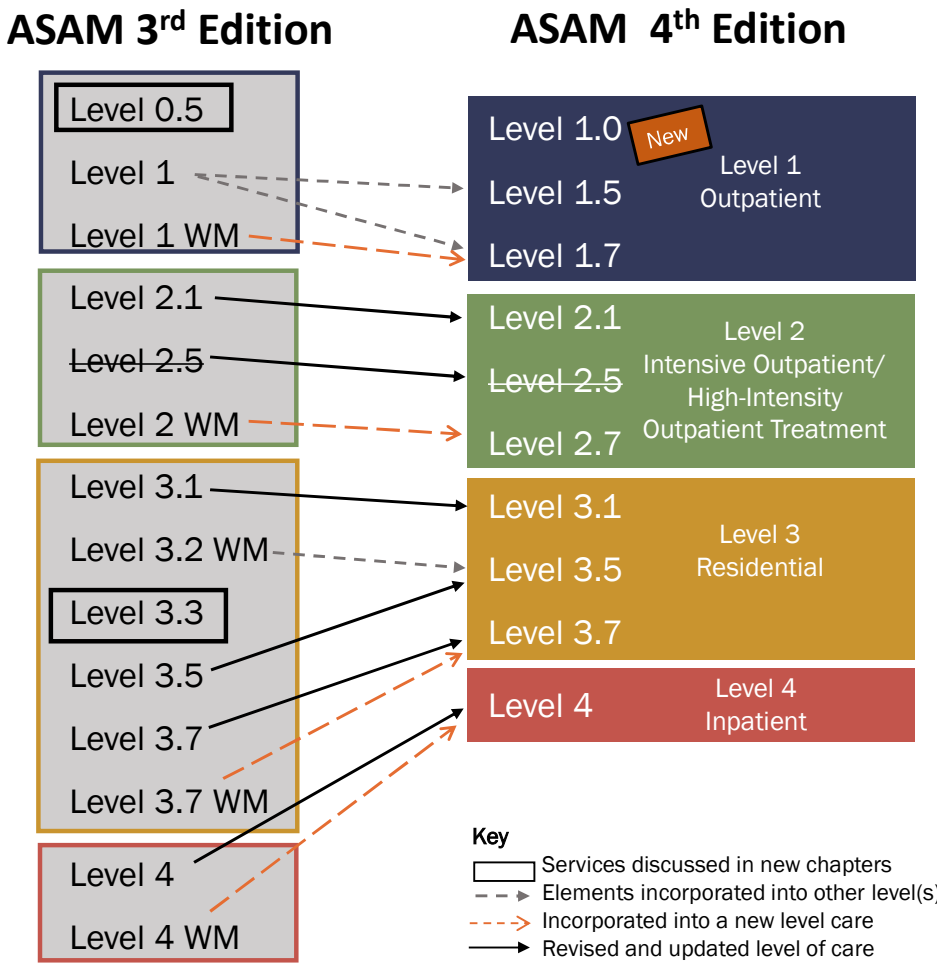

Changes to The ASAM Criteria Dimensions in the Fourth Edition
Third Edition
Fourth Edition
1 Acute Intoxication and/or Withdrawal Potential
2 Biomedical Conditions and Complications
3 Emotional, Behavioral, or Cognitive Conditions and Complications
4 Readiness to Change
5 Relapse, Continued Use, or Continued Problem Potential
6 Recovery/Living Environment
1 Intoxication, Withdrawal, and Addiction Medications
2 Biomedical Conditions
3 Psychiatric and Cognitive Conditions
4 Substance Use-Related Risks
5 Recovery Environment Interactions
NEW 6 Person-Centered Considerations

The ASAM Criteria, 4th Edition

DHCS will transition from the ASAM 3rd Edition to 4th Edition on or after July 1, 2027. Implications for service providers include:

This includes:

- Full biopsychosocial assessment not needed for LOC placement
- Assessing for and providing mental health services
- Serving clients with mild to moderate mental health (MH) conditions and ensure access to related MH services.
- Prescribing Addiction Medications (MAT) across all levels
- Withdrawal management at all levels
- Delivering Recovery Support Services.
- Ensure access to overdose prevention services



ASAM 4th Edition

- **Schedule of Activities/Launch**
  - Tentative Schedule:
    - Wed. July 22, 1:00 pm – 2:30 pm- Project Launch
    - Wed. August 19, 1:00 pm – 2:30 pm
    - Wed. September 23 OR 30, 1:00 pm – 2:30 pm
    - Wed. October 14 and Thurs October 15 (In-Person)
    - Wed. December 16, 1:00 pm – 2:30 pm

- **Training calendar for future ASAM 4th Edition trainings:**
  - http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=pho&ou=ph&cal_id=24

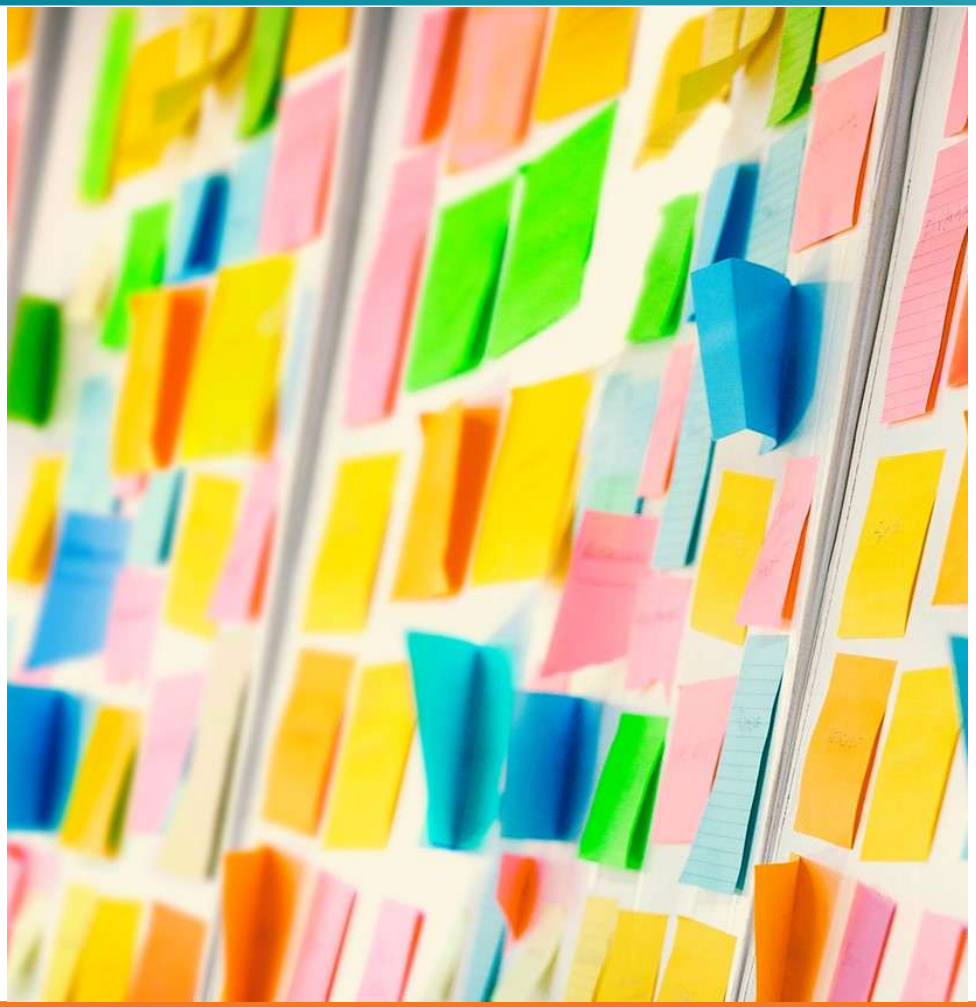
- Training ASAM 4 training on SAPC LNC: https://www.sapc-lnc.org/www/lms/default.aspx

Open Discussion

What challenges with access to and continuation of care have your populations faced?

What tough conversations have you had with clients around lower barrier care?

What successes can you share?



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

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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

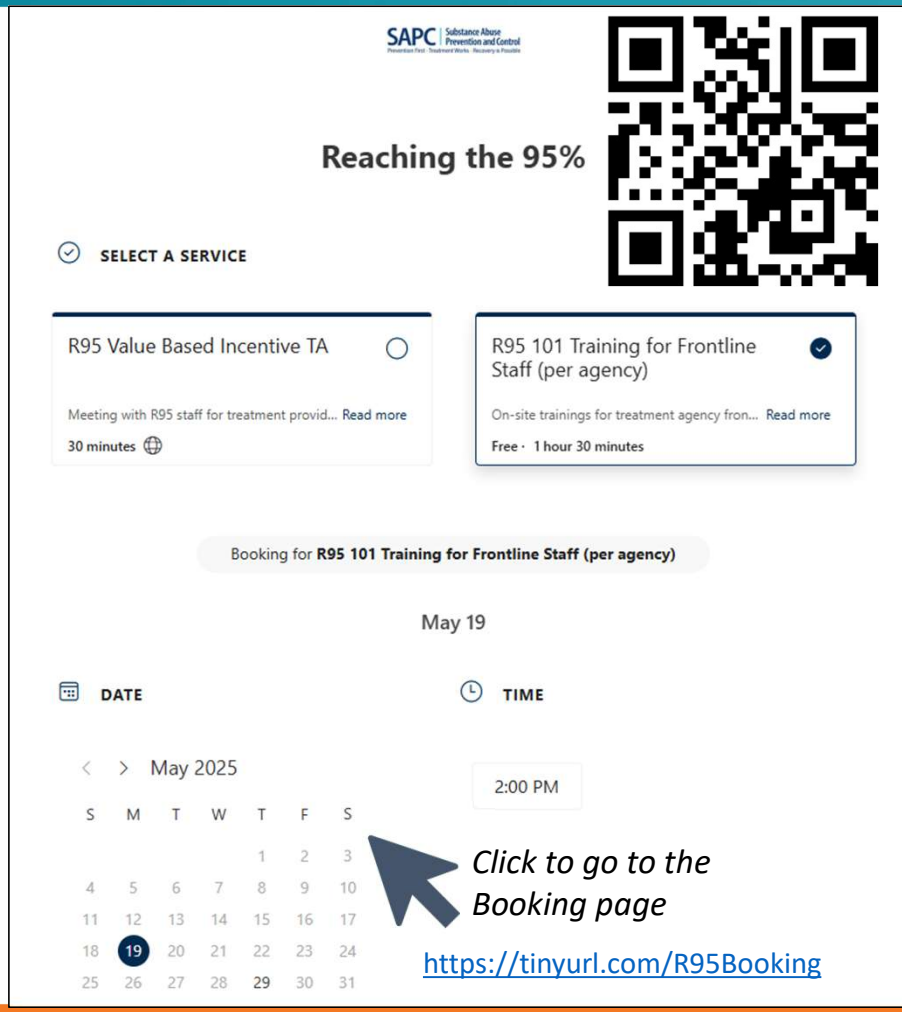
R95 Consultation Line for Providers

(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



Additional questions?

Next R95 Workgroup Meeting:
Thursday August 20, 2026, 3:00pm-3:30pm
Providing quality care without testing

Supplemental Slides

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FY 2026-27 Value-Based Incentives

Finance and Business Operations
Timely Submission of CalOMS Admission and Discharge Records Continuation At least **85%** of CalOMS admission and discharge records agency-wide are submitted on time and are 100% complete.
Timely Claims Submissions Continuation **95%** of prior-month service claims are submitted by the 10th of each month, as monitored through supplemental or late claims SAPC tracks each month.
Building Performance and Risk Metrics – Data Aggregation* Continuation Provider agencies will use various analytical strategies to strengthen data-informed decision-making, risk management, and financial sustainability within evolving value-based reimbursement models.

FY 2026-27 Value-Based Incentives

Workforce Development

SUD Counselor-to-Client Ratio New

The agency-wide SUD Counselor-to-client ratio is at least:

- OP/IOP: **20** clients per counselor
- Residential: **12** clients per counselor
- Mixed LOCs: **16** clients per counselor

Percent of Clients with Co-Occurring Mental Health Conditions seen by LPHA New

At least **25%** of clients with co-occurring mental health conditions received a service provided directly by an LPHA.

MAT Prescribing Clinician Start-Up Cost Sharing Continuation

Incentive provides a cost-sharing opportunity alongside treatment agency's own financial investments to recruit, retain, and utilize medical clinicians, as members of the agency's treatment team to provide medication services.

Reaching the 95% resources

R95 website

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

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Email
R95: SAPC-R95@ph.lacounty.gov
Payment Reform (VBI) : DPH-SAPC-VBI@ph.lacounty.gov