



# R95 Case Scenarios Discussion Guide

**SAPC** | Substance Abuse  
Prevention and Control



COUNTY OF LOS ANGELES  
**Public Health**

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# Agenda



**Welcome & Overview**



**R95 Case Scenario Discussion Guide**



**Scenario Review & Feedback**



**General Discussion**

# 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

## **Purpose:** *(p. 1)*

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 clarify 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.

# 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 (3<sup>rd</sup> 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 provid... [Read more](#)  
30 minutes

R95 101 Training for Frontline Staff (per agency)   
On-site trainings for treatment agency fron... [Read more](#)  
Free · 1 hour 30 minutes

Booking for R95 101 Training for Frontline Staff (per agency)

May 19

DATE

TIME

May 2025

2:00 PM

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Click to go to the Booking page

<https://tinyurl.com/R95Booking>

# Reaching the 95% (R95) Case Scenarios Discussion Guide



## Discussion Guide Format

- The document is designed to be a facilitator guide.
- Facilitator guidance is provided in two key sections:
  - Facilitator instructions at the beginning of the guide.
  - R95 Approach sections, which support scenario debriefs by highlighting relevant R95 principles that align with each scenario.
- Three main sections:
  - Scenario
  - Discussion questions
  - The R95 approach

## Discussion Guidelines:

- There are no “right” or “wrong” answers.
- We encourage you to be candid.
- You’re welcome to pass on a question if it doesn’t apply or you’d rather not answer.
- Focus on whether the **scenarios resonate**, if the **questions spark dialogue**, and if the **R95 approach is clear and beneficial**.
- One voice at a time to ensure those attending virtually and those in the room don’t overlap.
- We’ll be taking notes to identify themes, but individual names and agencies will not be attributed in the summary.

# Admissions Scenarios

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## Case Scenario 2: Rethinking Readiness (p. 2)

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”.

### Feedback:

*How relevant does this scenario feel to your day-to-day work?*

## Case Scenario 2: Rethinking Readiness (*p. 1*)

- 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?

### Feedback:

*Do these questions feel useful for sparking meaningful conversation with your staff?*

## Case Scenario 2: Rethinking Readiness *(p. 3)*

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

## Case Scenario 2: Rethinking Readiness (p. 3)

### Feedback:

*How helpful is the R95 Approach section in connecting the scenario to R95 principles and practices?*

# Discharge Scenarios



## Case Scenario 2: When Substances Are Found On-Site (p. 4)

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.

### Feedback:

*How relevant does this scenario feel to your day-to-day work?*

## Case Scenario 2: When Substances Are Found On-Site (p. 4)

- 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?

### Feedback:

*Do these questions feel useful for sparking meaningful conversation with your staff?*

## Case Scenario 2: When Substances Are Found On-Site (p. 4)

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.

## Case Scenario 2: When Substances Are Found On-Site (p. 4)

### Feedback:

*How helpful is the R95 Approach section in connecting the scenario to R95 principles and practices?*

# Toxicology Scenarios

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## Case Scenario 1: Maintaining Trust When a Client Refuses to Drug Test *(p. 6)*

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.

### Feedback:

*How relevant does this scenario feel to your day-to-day work?*

## Case Scenario 1: Maintaining Trust When a Client Refuses to Drug Test *(p. 6)*

- 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?

### **Feedback:**

*Do these questions feel useful for sparking meaningful conversation with your staff?*

## Case Scenario 1: Maintaining Trust When a Client Refuses to Drug Test *(p. 6)*

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 validate the client's feelings (e.g., "It sounds like testing has been stressful in the past") while clarifying the purpose of testing for treatment planning, and any potential consequences from DCFS. Documenting the client's refusal (if they consented to toxicology testing), along with their ongoing engagement and progress towards treatment goals, helps provide a full picture.

*\*continued on next slide*

## Case Scenario 1: Maintaining Trust When a Client Refuses to Drug Test *(p. 6)*

It is also important for the counselor to clearly communicate 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, but instead prompts a clinical check-in.

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

### Feedback:

*How helpful is the R95 Approach section in connecting the scenario to R95 principles and practices?*

# Discharge Scenarios



## Case Scenario 1: Managing Relapse While Maintaining Connection and Safety *(p. 3)*

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.

### Feedback:

*How relevant does this scenario feel to your day-to-day work?*

## Case Scenario 1: Managing Relapse While Maintaining Connection and Safety *(p. 3)*

- 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?

### **Feedback:**

*Do these questions feel useful for sparking meaningful conversation with your staff?*

## Case Scenario 1: Managing Relapse While Maintaining Connection and Safety *(p. 4)*

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.

### **Feedback:**

*How helpful is the R95 Approach section in connecting the scenario to R95 principles and practices?*

## Facilitator Guide: *(p. 1)*

Use this guide during staff meetings, supervision, or in-house training to encourage dialogue and shared learning.

- **Review the Scenario:** Read the scenario aloud or have a participant read it. Guide the discussion using the provided questions.
- **Encourage Reflection:** Invite staff to share how they might respond, share their thoughts/concerns/questions, and discuss what barriers, supports, or emotions could influence their decisions.
- **Connect the R95 Approach:** After the discussion, review the “R95 Approach” section to highlight how insights shared align with R95 principles and practices.

## Feedback

*How helpful is the facilitators guidance in preparing someone to lead this discussion?*

# General Feedback

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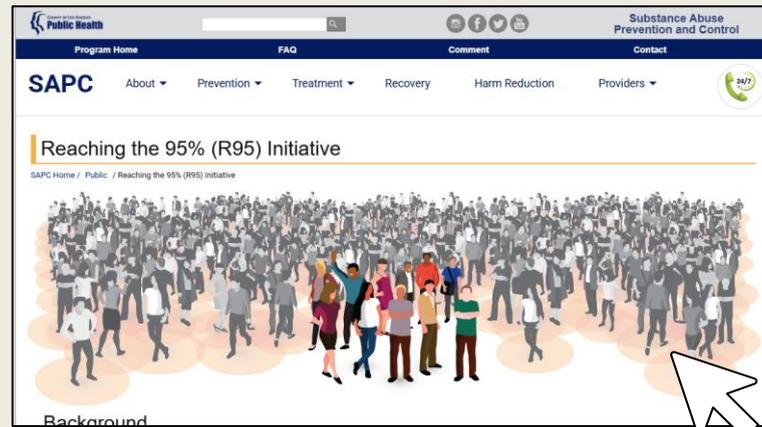
## General Feedback

- *What are your thoughts about the way the discussion guide is organized?*
- *How do you envision sharing or using this guide with your teams?*
- *Are the topic areas covered in the discussion guide sufficient or are there other situations or challenges missing?*
- *What additional support would help your agency successfully use this guide?*



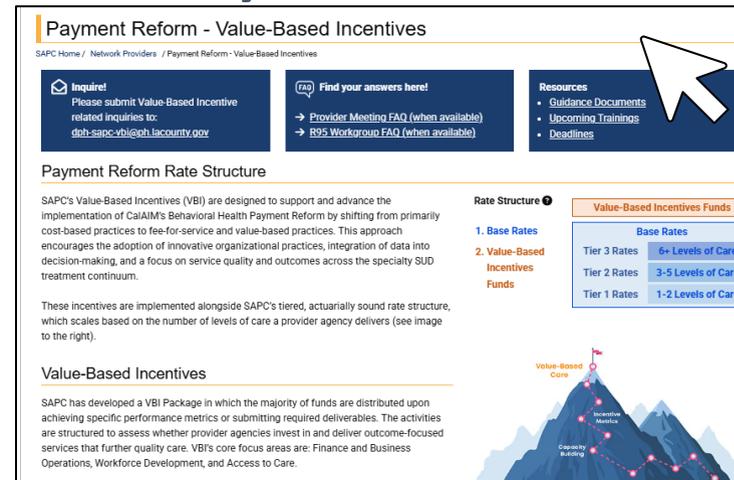
# Reaching the 95% resources

## R95 website



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

## SAPC Payment Reform VBI

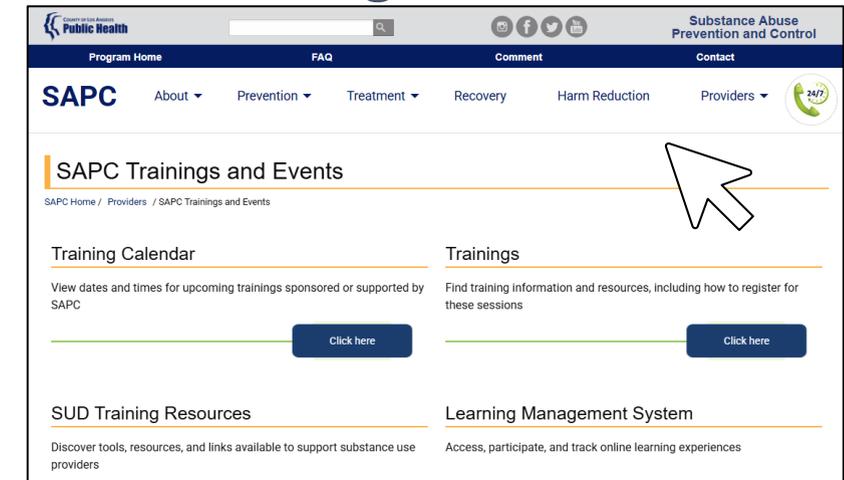


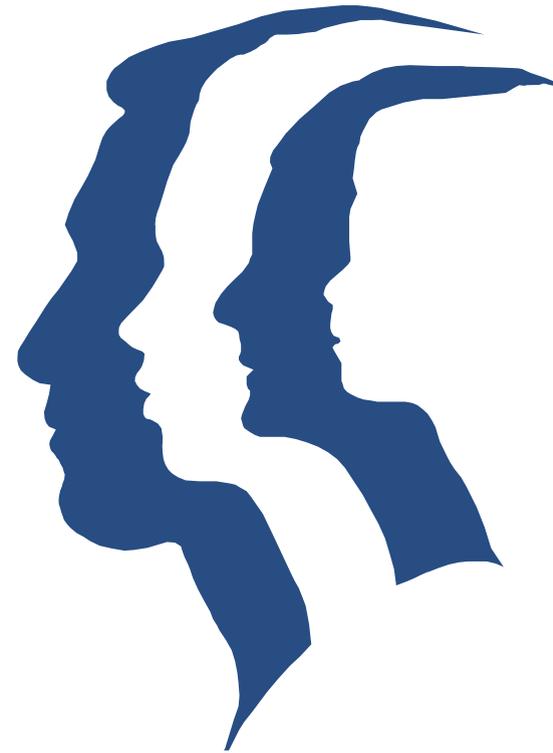
## **NEW:** Electronic Deliverable Submission Form



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

## SAPC Trainings and Events





**Thank You!**