

R95 ENHANCEMENT ACTIVITIES STAFF PARTICIPATION ATTESTATION

This form should be used if you feel you achieved the 85% patient-facing staff participation in one or both training tracks below but were not notified by the SAPC R95 team. If you choose to submit, email this completed form to SAPC-R95@ph.lacounty.gov.

The R95 Enhancement Activities opportunity is open to all treatment provider agencies. SAPC will be tracking attendance to eligible meetings and will notify agencies and provide an invoice to be signed by the agency when the agency meets the 85% staff participation goal for meetings held between 7/1/2025 and 3/31/2026.

If a staff member participated in more than one meeting or training, please only include them in the count for one of the meetings or trainings per track. SAPC may request additional supporting documentation if the data reported below does not match attendance records of qualifying meetings and trainings.

Questions can be sent to SAPC-R95@ph.lacounty.gov or be called into the R95 Provider Consultation Line (626) 210-0648 (M-F, 8:30am-5:00pm).

Track 1: HARM REDUCTION INTEGRATION

Total number of staff with direct patient contact*	
Total number of staff that attended qualifying meetings and/or trainings	
Point of contact name	
Point of contact email	

Track 2: REACHING THE 95%

Total number of staff with direct patient contact*	
Total number of staff that attended qualifying meetings and/or trainings	
Point of contact name	
Point of contact email	

* **Staff with direct patient contact** includes all personnel who interact with patients during the admission, treatment, and discharge processes including clerical staff, drivers, cooks, Peer Support Services Specialist, registered or certified counselors, Licensed Practitioners of the Healing Arts (LPHA), license-eligible LPHAs, etc. Include all employed staff across all sites.

To be completed by treatment agency:

Contracted/Provider Name (Printed):	Contract Number(s):
(Printed) Name and Title of Agency Leadership Representative:	
(Authorized Signature) Agency Leadership Representative: (<i>*must match name above</i>)	
Date of Signed Attestation:	

To be completed by SAPC R95:

Reviewer (Printed):	Date:
Reviewer (Signature):	
Decision:	

Resources:
[Reaching the 95% website](#)

R95 Enhancement Activities FY 25-26
Staff Participation Attestation

Date	Name of meeting/training	Host (SAPC, TTC, or Clare Matrix)	Harm Reduction or R95	Eligible staff in attendance

Duplicate table/page as needed.