

Ending the HIV Epidemic (EHE) Regional Learning Collaborative

***Alameda, Los Angeles, Orange, Riverside, Sacramento,
San Bernardino, San Diego, and San Francisco Counties***



**Session 20:
*Addressing the Intersection of HIV and Substance Use***

**Tuesday, August 16, 2022
10-11:30 a.m. PST**

Session Agenda

1) Presentations

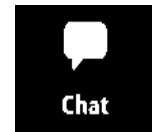
- California Department of Public Health, Office of AIDS
 - Alessandra Ross, Chief, Harm Reduction Unit
- APLA Health
 - Roger Sediles, Program Manager, Substance Abuse Programs
- The Wall Las Memorias – Act Now Against Meth Coalition
 - Richard Zaldivar, Founder and Executive Director
 - Guilmar Perdomo, Prevention Programs Manager

2) Panel Discussion/Q&A

- Enter questions using



- Share comments/resources using



CDPH/Office of AIDS Harm Reduction Unit

Policy and Program Updates, 2022

HIV

HCV

OD

Stigma

Alessandra Ross, MPH
Harm Reduction Unit Chief
California Department of Public Health, Office of AIDS



What is Harm Reduction for People Who Use Drugs ?

- An approach to working with people that aims to **reduce harm rather than eliminate risk**
- Works with people **while they continue to use drugs**
- **Does not expect** or demand that the person will stop using drugs
- Incorporates a spectrum of strategies including **safer use and managed use**

What We Do

- *CA Harm Reduction Initiative (CHRI)* - Fund **37 syringe services programs** (SSPs) to help them hire staff and grow their programs
- *Harm Reduction Supply Clearinghouse* - Provide **harm reduction supplies** (syringes, sterile injection equipment, drug smoking supplies) to 64 programs in the state
- **Authorize new SSPs** and help them build alliances before they start
- Fund **technical assistance** to help SSPs solve organizational problems and eliminate racial health disparities
- Solve **policy problems** that prevent people who use drugs from getting good health care, social services and housing

National Harm Reduction Coalition (NHRC)'s Point-in-Time Survey

Demographic Data

Housing Status

Overdose Experiences

Substance Use Disorder Treatment Experiences

Drug Availability in Your Area

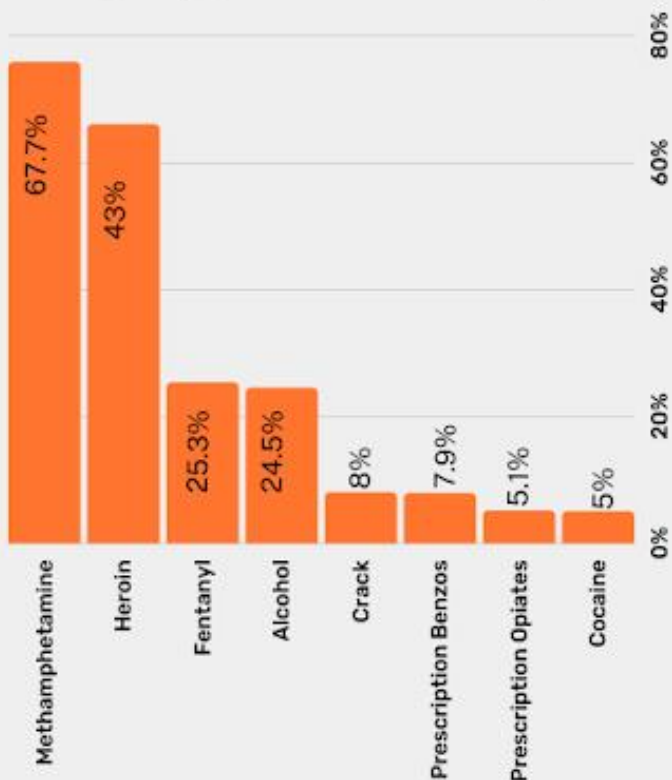
Route of Administration

(injecting, smoking, eating, snorting, booty bumping)

Services/Resources for Meth Users

DRUG USE DATA

Participants were asked which drugs they use regularly (at least once a week)



74%

Regularly use a stimulant

55.8%

Regularly use an opiate

82.7%

Reported regularly smoking at least one drug. Smoking was the most commonly reported route of administration

This highlights the importance of Syringe Services Programs (SSPs) distributing safer smoking supplies as a tool for engagement and support.

CHANGES IN ROUTES OF ADMINISTRATION

36%

of all participants who indicated regularly using fentanyl reported switching from injecting to smoking in the past 6 months

Reasons for changing ROA:

35%

Indicated change in purity or strength of drugs they regularly use

26%

Indicated change in how body responds or reacts to their primary ROA

23%

Indicated change in availability or price of drugs they regularly use

Smoking Supplies

- SSPs have been giving out smoking supplies for years
- 2018 – Statute change allows people to distribute and possess harm reduction supplies
- 2019 – Administrative action to declare materials in the Clearinghouse to be permitted by law
- 2020 – Added pipes to the Clearinghouse
- 2022 – Dear Colleague letter



New Collaboration with RTI International



Drug and Alcohol Dependence

Volume 227, 1 October 2021, 109003



Transition from injecting opioids to smoking fentanyl in San Francisco, California

Alex H. Kral ^a  , Barrot H. Lambdin ^{a, b, c}, Erica N. Browne ^a, Lynn D. Wenger ^a, Ricky N. Bluthenthal ^d, Jon E. Zibbell ^a, Peter J. Davidson ^e

Increase in Clearinghouse Funding

- Provides supplies to 64 SSPs
- 2021 Increase in funding from \$3M to 6M
- More supplies, special projects

Point of Care Testing

	2021	2020	2019	2018	2017
Number of programs	56	54	46	39	38
Provide HIV testing	36	36	36	34	31
Percent offering HIV testing	64%	67%	78%	87%	82%
Provide HCV screening	35	28	32	32	30
Percent offering HCV screening	63%	52%	70%	82%	79%

- Worked with Alliance Health Project to offer 60 training slots for test counselors
- 30 programs signed up
- Seven of those had never offered HIV testing before



Clearinghouse Mini Grants



Photo Credit: Sidewalk Project

DHCS Contingency Management Pilot

California's historic Medi-Cal transformation to improve and expand services gains federal approval

To Combat Meth, California Will Try A Bold Treatment: Pay Drug Users To Stop Using

California to Offer Contingency Management for Stimulant Use on Medicaid

PHASE ONE
2022 - 2024

Los Angeles

Marin

Orange

Riverside

Sacramento

San Francisco

Ventura

70%
of DMC-ODS
counties
opted-in the pilot

PHASE TWO
2024 - 2026

Alameda

San Bernadino

Contra Costa

Santa Cruz

Fresno

San Diego

Imperial

San Joaquin

Merced

San Luis Obispo

Kern

San Mateo

Nevada

Santa Barbara

Placer

Santa Clara

Yolo

Shasta

Tulare



What's New: San Diego

In early 2021, County Supervisors reversed a 25-year ban on funding SSPs

2021-2022, SD Health & Human Services Agency began planning to establish new SSPs and expand naloxone distribution. Conducted needs assessment with hundreds of stakeholders, incl people who use drugs throughout the county.

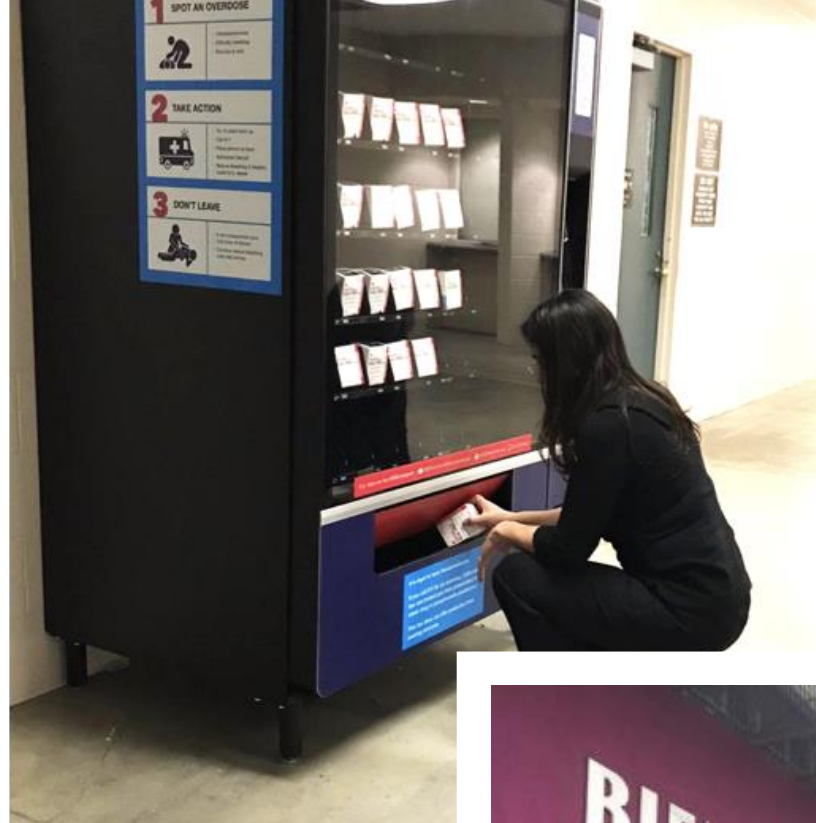
August 2022, County will apply to CDPH for approval of four new SSP sites

What's New: Los Angeles

LA Department of Health Services created new protocol for SSP authorization

Significant new investment in harm reduction via county alternatives to incarceration funding ('Measure J').

Innovative jail-based overdose prevention services, criminal justice diversion, and other programs scaled up and made permanent.

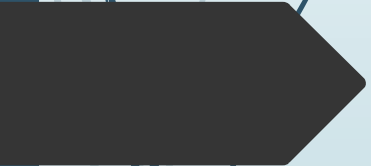


Alessandra Ross
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Substance Use Programs

Party Wise Program
Los Angeles, CA



Out Here Sexual Health Center – Powered by APLA Health
Community Resources Department
Roger A. Sediles





Substance Use Programs

- For MSM who use Meth
 - Empower participants to make informed choices
 - To reduce the negative consequences related to the use of drugs
 - Focuses on key public health areas through the implementation of **Health Navigation Sessions** (HNS), **Contingency Management** (CM) a type of behavioral treatment intervention.
 - **Support groups, harm reduction workshops, free fentanyl test and naloxone distribution** to minimize overdose within program's demographic, and other behavioral treatment-based interventions.
 - **Provides linkages to services** that may include; **Medication-Assisted Therapy (MAT)**, **HIV/STD testing and treatment, PEP/PrEP**, as well as **HIV care** for newly diagnosed and out-of-care HIV-positive MSM.

Meth Use - Public Health Issues

According to a data brief from March of 2019 by The Los Angeles County, Substance Abuse Prevention and Control (SAPC),

- At a national level **195,000** individuals initiated meth use in 2017.

According to death certificate data from the Centers for Disease Control and Prevention,

- Deaths in LAC listing meth poisoning as a cause of death and drug overdose as the underlying cause of death (meth-related) increased to 707% , from **43** in 2008 to **347** in 2017.

According to the Los Angeles County,

- In 2017, 66% of clients who reported meth as the primary drug problem had used meth before or during sex in the past year.
- **Latinos accounted for the majority of clients with a primary meth problem in LAC**, with a 63%, followed by White (22%), Black (10%), and Asian/Pacific Islander (2%) FY17-18.

<http://publichealth.lacounty.gov/sapc/MDU/MDBrief/MethamphetamineBriefFinal.pdf>



Why Harm Reduction Based Program?

- Elevated risk of HIV transmission and acquisition.
- Lack of HIV and STD testing and Treatment.
- When experiencing withdrawal a person may encounter a lower number of services available to them due to client/patient mistrust and service providers interactions.
- Despite the belief that substance users can't maintain adherence, in our experience **95% of our HIV positive program participants have been capable of maintaining medication adherence.**



Why Harm Reduction Based Program?

- Methamphetamine use impaired judgment/decision-making.
- Party and play leads to an increased number of sexual partners.
- Not knowing the risk related to needle sharing and the options to reduce the risk.
- High number of untreated STD infections within individuals not interested or ready to access drug treatment services, increasing their risk for HIV/STD acquisition and transmission.
- **When not aware of the risk**, HIV+ methamphetamine using MSM could decrease medication adherence, which as we know in some cases threatens viral suppression and increases the opportunities of transmission.

Party Wise Program Description

Crystal Meth Program for Gay Men who use Meth –

Los Angeles Department of Public Health, Division of HIV and STD Programs (DHSP)

- Originally developed in consultation with Rafael Diaz and the Cesar Chavez Institute (UCSF) in 2005.
- Harm Reduction based HIV/STD prevention program working with active Crystal Meth using gay men.
- Program goal is to reduce the opportunities for active Crystal Meth using gay men to acquire or transmit HIV/STD and Hep C - through their sexual and drug using behaviors.



Party Wise Programs Activities

Contingency Management integration into Party Wise, under DHSP funding within existing SOW:

- Working with Gay men who use meth.
- Outreach to **628** Gay men who use meth.
- Link Referrals; **209** Gay men who use meth.
- Individual Health Navigation Sessions; minimum **196** Gay men who use meth.
- 30 days follow up; Minimum **103** Gay men who use meth.
- 6-8 weeks – 18-24 visits, **Contingency Management** Program; **24** participants per contract year.
- All activities occur over a 12-month period and they are done in person or virtually due to COVID related limitations.

Party Wise Programs SHF Activities

Harm Reduction Based Workshops
re-integration **under Sierra Health Foundation funding**

- Black and Latino MSM who use meth.
- Outreach (virtually and/or in-person) to **300** meth users.
- Monthly English and Spanish harm reduction based group, 3-session workshop series; **132** participants.
- Topics; **Crystal Meth 101, HIV/STD 101, Triggers and Addiction.**
- 30 days follow up; **132** participants.
- **Distribution of fentanyl test strips and naloxone spray** as requested.
Currently a total of **22,491** test strips have been distributed between July 2021 and July 2022.



Party Wise Program Challenges and Successes



Party Wise Programs Challenges

- Lack of HIV and STD testing and treatment
- Fear of blood and urine test for HIV and STDs, because of their belief that they might be tested for drugs without their knowledge/consent and be reported.
- For some, lack of confidence in themselves, in most cases accepting defeat before trying to make any changes.
- Myths related to HIV medication and it's interaction with substance use.
- Fear of an HIV positive test result while dealing with their drug addiction, homelessness, relationship issues and financial problems,

Party Wise Programs Challenges

- Labor shortage prevalence throughout all geographic regions, organizational types, and job sectors as one of the many “side effects” of the COVID-19 pandemic.
- Mass employee exits from the healthcare and non-profit organizations since the onset of the COVID-19 pandemic, and this trend shows no signs of slowing.
- Per the United States Department of Health and Human Services (HHS), nearly 1,200 out of 5,000 hospitals experienced critical staffing shortages in early January 2022. Hospitals continue to report critical staffing shortages as recently as early March 2022. **Labor costs continue to rise as well, compounding the concern.** Specifically, clinical labor costs are up an average of 8% per patient per day compared to 2019.
- Understandably so, healthcare related fields continue to be uniquely affected by a range of circumstances, including, but not limited to, staff burnout, safety concerns, workload, stress, and vaccine mandates, has intensified the staffing crisis within these job sectors.
- Public health workers have also experienced significant loss, firsthand and throughout the global health crisis.
- The party Wise Program is not the exception and the prevalent labor shortage has been a roadblock to recruit and maintain new staff, recruitment of new participants, as well as keeping qualitative report between clients and staff.

<https://protect-public.hhs.gov/datasets/HHSGOV::hospital-data-coverage>



Party Wise Programs Challenges

COVID related limitations and other “side effects” also include:

- No STD testing availability at times.
- Relapse for many users during the pick of the pandemic
- Using meth regularly/daily as a way to cope
- Clients lack of interest to deal with their drug use and sexual health
- Clients lack of private transportation and paranoia as a side effect of their meth use.
- Miss information about COVID and its vaccination.
- Fear from clients to increasing their risk to COVID exposure by visiting clinics and health centers.



Party Wise Program Response

- Assist clients in the creation of a social support network for HIV/STD testing, as well as with referrals to other services, including COVID- 19 and now monkeypox related information and vaccination.
- Include former and current participants in the implementation of program planning for outreach.
- Provide accurate and reliable information about HIV/STD testing and treatment
 - Refer to reliable service providers, who won't be judgmental and open to understand their straggles and limitations.
 - Explain what can be reportable and what is not (not testing for drugs without consent).
- Give clients ownership of their own process on creating a pathway to recovery.
- Use free and incentivized HIV/STD testing to get clients to our doors and use the opportunity to expand the conversation about meth use and vise versa.

Party Wise Program Response

- Our response also includes all four strategies of *Ending the HIV Epidemic* (EHE) initiative
- Diagnose, Treat, Prevent, and Respond. When asking participants about their HIV and STD status and risk.
 - All participants are referred/linked to HIV/STD testing (unless not available during COVID).
 - HIV Negative clients are offered and referred to PrEP services if they want to after first session.
 - Medical Care and adherence is discussed with HIV Positive clients during their first Health Navigation sessions and they are linked when they are ready. (Process can start on the first session)
 - Some of these services are offered on site.
- Partnering with various testing locations or needle exchange units during outreach when possible.
- Remind group participants about the availability of HIV/STD testing as much as possible, during intakes, groups, health navigation sessions, CM sessions and follow ups.

Party Wise Program Data 2019 -2020

- The collection of this data came from the participant's intake form, collecting data on demographics, risky sexual behaviors, substance use and referrals/linkage for **201** clients.
- The majority of clients identified as gay cis men (**200** clients) with the exception of one cis bisexual man.
- 19.90% (**40**) were homeless, 65.17% (**131**) clients rent or share a unit, 13.43% (**27**) had "other" living arrangements, only 1.49% (**3**) owned a home.
- Race and ethnicity.
 - 53.23% (**107**) Latinx participants
 - 32.34% (**65**) Black/AA
 - 9.95% (**20**) white
 - 1.99% (**4**) Asian
 - 1% (**2**) Native American/Alaskan Native
 - 0.5% (**1**) Pacific Islander
 - 0.5% (**1**) other and no Native Hawaiians



Party Wise Program Successes

Program Data 2019-2020

- The use of substances, whether in exchange for sex or for recreational use, was very common among program participants (at the point of intake).
- A total of 86.5% of clients (**174**) reported having had exchanged sex for drugs in the past 6 months.
- While meth was the predominant substance used, with 100% of clients reporting having had used it, other substances were reported as well.
- A total of **79** individuals were referred to PrEP services.
- **27** program participants were linked into HIV testing.
- **73** program participants were linked into HIV and STD testing simultaneously.
- **97** program participants were linked into STD testing.
- With a total of **197** participants linked into HIV prevention services.
- **201** clients committed to change a sexual or drug using behavior, and **150** of them reported to reach their goal and showed changed behavior.



Party Wise Program Successes

Program Data 2014 -2018

- We identified and recruited high-risk individuals and their peers, who may not have had access to HIV/STD testing through conventional HIV testing programs.
- From July 2014 – June 2018 only, we had a total of **801** participants who completed our four sessions weekly workshop.
- Within these years, a minimum of **475** clients were tested for HIV/STDs each contractual year. With a total of **1,903** individuals tested for HIV/STDs.
- **184** former group participants completed three or more weekly support group sessions.
- **38** former group participants completed a 16 hour Peer Health Educator training with a minimum of **85%** score on their PHEs Certification test.

Party Wise Program, Lessons Learned

- Keep in mind client's state of mind due to their drug use, paranoia, depression, irritability, etc.
- As service providers it is important to remind ourselves not to take clients actions personal.
- It is vital to re-enforce clients confidence, remind them that they are competent to make choices and changes in their lives.
- Keep in mind that change cannot be imposed.
- Rewards and encouragement are more effective than punishment and judgment.
- It is essential to make sure that your testing department or allies understand your clients; their behaviors, their fears and challenges.

Party Wise Program, Lessons Learned

- Client's misinformation is hard to amend even when you are providing accurate information and it is difficult to change their beliefs about HIV/STDs testing and treatment. You and your HIV/STD testing partners should be aware when giving information, as clients might not always trust in the information that you are giving them.
- Same as with harm reduction strategies for drug use, when illustrating the benefits of knowing clients HIV status, testing for STDs, adherence, PrEP, PEP and other strategies to minimize risk, it has been helpful to involved the program participants peers in presenting this information to folks from their social network on their personal time.



Party Wise Program, Lessons Learned



PEER HEALTH EDUCATORS



IN THE WORKS



Party Wise Program Expansion Privately Funded, Murray/Reese Foundation.

- Target population – gay men who use meth.
- Implementation of “Getting Off Curriculum (8-week, 24 session gay-specific behavioral therapy (GCBT) intervention that follows the manual, **Getting Off: A behavioral Intervention for Gay and Bisexual Methamphetamine Users**).
- Weekly harm reduction based groups in the West Hollywood area.
- Monthly digital campaign on Grindr and other social media venues.
- Quarterly town halls/community forums about meth, fentanyl, overdose risk and related subjects to increase community awareness.

Party Wise Program Expansion

- Facilitated by a Certified Alcohol Drugs Counselor (CADC)
- We have been able to complete an 8 weeks, 24 sessions “Getting Off” pilot with 9 participants out of 12 initial participants at the end of June 2022.
- We maintain report with participants whom have been able to stay off of meth and some have started other components of the program like Contingency Management and Health Navigation Sessions to assist with their drug use and sexual risk.
- We are still working on the other components of the program that includes:
 - **Weekly harm reduction based groups in the West Hollywood area**
 - **Monthly digital campaign on Grindr and other social media venues to promote awareness**
 - **Quarterly town halls/community forums about meth to increase community awareness.**



Thank You!

Presenter's Contact Information:

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OUT HERE

SEXUAL HEALTH

POWERED BY

APLA
Health



Act**NOW**

Against Meth

Presenters



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The Meth Crisis & HIV in Los Angeles County

- Methamphetamine use in HIV-Positive MSM led to increase risky sexual behavior and caused the psychosocial impairment and memory loss, which may decrease adherence to Antiretroviral Treatment. (Homer, B.D. 2008)
- Meth is the most commonly used substance among HIV+ MSM and second most common among HIV- MSM. (mSTUDY 2014-2018 cohort)
- A person who uses meth (compared to non-use), is 1.5x more likely to contract HIV. (SAPC Dashboard)
- Meth-related deaths from 2010-2020 increased 1,185% (81 to 1041). (SAPC Dashboard.)

Act Now Against Meth

2005 - Present

- Act Now Against Meth Coalition was created in 2005 in response to the lack of attention methamphetamine received from public health officials in Los Angeles.
- The coalition included non-profit organizations, local businesses, public schools and religious leaders.
- In 2006, the coalition collected 10,000 petition signatures, demanding the county to address the crisis.
- As a result, the Board of Supervisors presented and passed a motion allocating \$1.5 million dollars to fund new prevention and treatment programs.

Act Now Against Meth

2005 - Present

- In 2019, the rise in methamphetamine use among MSM and other underserved populations prompted the reinstatement of ANAM.
- Following community conversations, focus groups, town hall meetings and a large scale community summit with over 140 community members in attendance, a workgroup was formed to draft a list of recommendations on addressing meth in LA.
- In December 2021, the “Act Now Against Meth: Los Angeles County Platform Addressing The Meth Epidemic” was finalized and approved by the workgroup.
- Working with Supervisor Hilda Solis’ office, a motion was introduced to the Board of Supervisors to direct county departments to provide a plan of action to address stimulant and opioid use.
- The motion was unanimously passed on July 26th, 2022.

Process



Community Meetings

- 5 community conversations allowing community members to share insight on meth in their community.
- 4 focus groups with target populations.

Roundtable Meetings

- 2 Roundtable meetings with over **115** community members and health professionals in attendance.
- Creation of the Planning Committee.

Community Summit

- A 3 hour summit with over **140** people in attendance.
- Participants provided key insight to develop recommendations in the areas of prevention, treatment and policy.

Platform Working Group

Guilmar Perdomo - The Wall Las Memorias

Elena Rosenberg - UCLA CHIPTS

Craig Pulsipher - APLA Health

Katja Nelson - APLA Health

Everardo Alvizo - Long Beach Comprehensive HIV Planning Group

Kevin Sitter - CA State Office of AIDS

Tim Young - SAPC

Rangell Oruga - SAPC

Sarah Blanch - Institute for Public Strategies

Dean Ambrosini - Institute for Public Strategies

Richard Zaldivar - The Wall Las Memorias

Los Angeles County Act Now Against Meth Platform

December 2021

Recommendations Related to Prevention

- Ensure substance use prevention and treatment referrals are offered to clients accessing HIV, STI, and viral hepatitis screening, as well as HIV Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis (PrEP/PEP) services, to promote a holistic approach to wellness. When using meth and other drugs, individuals often engage in sexual behaviors that are primary risk factors for HIV transmission. Sexual health screening and PrEP programs offer prime opportunities for referrals to substance use prevention and treatment services.
- Incorporate comprehensive HIV, STI, and viral hepatitis screening, as well as PrEP/PEP navigation services, in substance use prevention and treatment programs through collaboration with clinical service providers across LA County. Despite substance use being a key risk factor for and frequent comorbid condition with HIV, individuals in meth and other substance use prevention and treatment programs are not routinely offered prevention or screening services for HIV and related conditions. Incorporating these auxiliary services is critical to optimizing meth use prevention efforts.

- **Improve cultural proficiency among County departments and service providers.** County departments and service providers must be culturally proficient in the areas of race, ethnicity, language, sexual orientation, gender identity, and religious beliefs. These characteristics each intersect with methamphetamine use in unique ways that service providers should be aware of and be competent to address. County departments and service providers should be required to receive annual training in these areas to ensure that clients receive culturally proficient services. Training should follow curricula approved by the Los Angeles County Center for Health Equity.

Recommendations Related to Treatment

- **Implement harm reduction principles.** It is crucial for LA County to require and promote harm reduction principles in all meth treatment programs to prevent and reduce the negative individual and community consequences of meth use. To that end, all meth treatment services across the County must be delivered in accordance with training in harm reduction principles and trauma-informed care.
- **Fund, invest in, and increase coordination of treatment efforts between mental health and substance use providers.** We call upon the Los Angeles County Department of Public Health and Department of Mental Health to streamline and implement coordinated services to adequately address co-occurring disorders impacting those using meth. When services are managed by different departments in silos, clients are less likely to have their health needs met.
- **Ensure meth treatment programs address the complex, holistic needs of marginalized racial and ethnic communities by investing in and expanding the capacity of service providers who reflect the racial and ethnic identities of those communities.** Increasing the capacity of service providers from Latinx, Black, Asian, Native Hawaiian and other Pacific Islander, Indigenous, and other marginalized racial and ethnic communities is critical to improving the engagement and outcomes of clients from these communities.

Recommendation Related to Policy

Policy #2: Expand access to contingency management services.

Policy #5: Increase funding for low-barrier harm reduction services, including syringe service programs, and work to increase public awareness of the effectiveness of harm reduction to reduce stigma.

Policy #7: Support efforts to decriminalize drug possession and increase diversion programs.

Visit Our Webpage

TheWallLasMemorias.org/ANAM

- Download the Platform
- View past presentations from guest speakers
- View zoom recordings of our town halls and summit.
- Stay up to date with our work.

Press Conference March 21, 2022



Los Angeles County Board of Supervisors Board Motion

WE, THEREFORE MOVE that the Board of Supervisors direct the Departments of Public Health, in partnership with the Department of Health Services, and the Department of Mental Health, the Alliance for Health Integration, the Medical Examiner- Coroner, the Alternatives to Incarceration Initiative, the Department of Children and Family Services, the Los Angeles County Homeless Services Authority (LAHSA), the Homeless Initiative, the Los Angeles County Office of Education, the Chief Executive Office, the Long Beach Department of Health and Human Services, other applicable entities, and community stakeholders, to report back in writing within 120 days and biannually thereafter with an updated plan of action to address the growing crisis of overdose deaths related to methamphetamine, fentanyl, opioids, and other substances. Considerations in this plan should include, but are not limited to:

1. Build on current planning processes and strategies established by DPH-SAPC and DHS to ensure coordination with relevant County Departments, the Alliance for Health Integration, and key stakeholders such as community-based organizations, faith-based organizations, Federally Qualified Health Centers (FQHC), hospitals, County jails, Probation camps and halls, and managed care plans, to support shared goals around reducing the risk of drug overdoses;
2. Ensure strategies to address the drug overdose epidemic among populations disproportionately impacted by overdoses, including persons of color, individuals who are justice-involved, PEH, and LGBTQ+ residents;
3. Work with the housing system to expand the housing continuum and availability of recovery-oriented permanent, interim, and emergency housing options throughout the County, in addition to currently available Housing First models, with particular focus on unhoused individuals with justice involvement who use drugs;
4. Provide recommendations to expand and promote access to navigation services for people with SUDs, including the unhoused and justice-involved, to access services, including permanent supportive housing;

5. Provide recommendations to expand harm reduction efforts including but not limited to developing a plan to establish safer consumption sites in LAC, expanded distribution of fentanyl strips, naloxone, drug checking, and low-threshold MAT, including in carceral facilities for adults and youth, and exploring the feasibility of funding for prevention case management.
6. Expand bidirectional screening and referral processes across systems caring for persons with shared risk factors for SUD, HIV, sexually transmitted infections (STI), and viral hepatitis, such that individuals who are receiving any of these services are screened and referred for other service needs associated with risk factors, including the need for HIV PrEP/PEP;
7. Implement evidence-based, age-appropriate substance use curricula for students K-12 and for those in Probation camps and halls and their parents/guardians;
8. Expand the accessibility of contingency management interventions;, including consideration of prescription digital therapeutics for addiction treatment;
9. Expand efforts to explore and offer MAT options for methamphetamine and other substance use disorders;

10. Work with County Departments who serve people who use drugs to expand trauma-informed and culturally responsive trainings around harm reduction, overdose prevention, and other related topics;

11. Develop a framework and timeline, including key metrics and milestone goals, to define success related to addressing the overdose epidemic in LAC;

12. Assess the funding in each Department's budget that is used to serve PWUD to determine how best to leverage funding to maximize the County's resources for this population, and identify funding gaps and work with the Chief Executive Office on strategies to address those gaps; and

13. Direct the Chief Executive Office Legislative Affairs team and County advocates in Sacramento and Washington, D.C. to coordinate with the Departments of Public Health, Health Services, and Mental Health to advocate with the Governor, State Legislature, the California Department of Public Health, and the California Department of Health and Human Services, and Congress for additional federal and state resources to combat substance use and the overdose epidemic. This includes increasing federal- and state-level recruitment, retention, training, and educational resources and requirements for SUD counselors, the primary workforce delivering specialty SUD prevention, harm reduction, and treatment services across the County.

Co-Sponsored By:

Supervisors Hilda Solis and Holly J. Mitchell

Motion Passes Unanimously on July 26, 2022

Community Partners

RESEARCH PARTNER

