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December 6, 2022

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director 

SUBJECT: OVERDOSE PREVENTION MOTION REPORT BACK

This report is in response to the July 26, 2022, Board motion instructing the Director of Public Health (DPH or Public Health), in partnership with the Alliance for Health Integration, Department of Health Services (DHS), Department of Mental Health (DMH), Department of Children and Family Services, Medical Examiner-Coroner, Probation Department, Los Angeles County Homeless Services Authority (LAHSA), Los Angeles County Office of Education, Chief Executive Office inclusive of the Alternatives to Incarceration and Anti-Racism, Diversity and Inclusion initiatives, Long Beach Department of Health and Human Services, Pasadena Department of Public Health, other applicable entities and community stakeholders such as Federally Qualified Health Centers, managed care plans, hospitals, community-based organizations (CBO), and faith-based organizations, to develop and regularly update a plan of action to address the growing crisis of overdose deaths related to methamphetamine, fentanyl, opioids and other substances.

The following is the first report back on the following Board directed projects to date.

Project #1: Build on current planning processes and strategies to support shared goals around reducing the risk of drug overdoses.

Public Health’s Division of Substance Abuse Prevention and Control (DPH-SAPC) leads, coordinates, and participates in several ongoing overdose prevention and response initiatives which involve the entities identified in the motion. DPH-SAPC invited leadership from these agencies and priority groups to participate in a convening on October 13, 2022, to discuss how to collectively advance the overdose-related projects outlined below and to promote the elevation and coordination of these prevention and response strategies within this multi-sector coalition. Subsequent meetings will be convened to further advance these projects. DPH-SAPC has also previously outlined a strategy to address rising overdose deaths among people experiencing homelessness (PEH) in the report on *Reducing Mortality from Substance Use among People Experiencing Homelessness in Los Angeles County* which closely

aligns with broader strategies to address overdoses among other populations.¹

Project #2: Ensure strategies to address the drug overdose epidemic among populations disproportionately impacted by overdoses, including persons of color, individuals who are justice-involved, people experiencing homelessness, and LGBTQ+ residents.

DPH-SAPC contracts with community-based organizations (CBOs) for Engagement and Overdose Prevention (EOP) Hub services, which include syringe exchange, safer use equipment, naloxone and fentanyl test strip distribution, linkage to infectious disease testing, and referrals to medical, psychiatric, and substance use disorder (SUD) care. In Fiscal Year (FY) 2022-2023, DPH-SAPC added one EOP Hub for a total of seven Hubs across LA County and increased funding by \$3.41 million for a total of \$4.16 million in County-wide EOP Hub services. The new investment extended accessibility of harm reduction and overdose prevention services and enabled continued efforts to better serve those disproportionately impacted by overdose, in particular individuals of color, LGBTQ+, justice-involved, and/or PEH. Complementary to DPH-SAPC's EOP Hubs, DHS' Harm Reduction Division's (DHS-HRD) Harm Reduction Expansion Program (HARP) is launching increased support to street-based syringe distribution programs in Service Planning Areas (SPAs) 6 & 8 to address racial and socioeconomic disparities in overdose fatalities.

DHS-HRD operates the Overdose Education and Naloxone Distribution (OEND) prevention program that complements harm reduction services offered through DPH and are focused on the delivery of harm reduction services, overdose response training and naloxone distribution to people of color (POC), individuals who are justice-involved, PEH, people who use drugs (PWUD), people engaged in sex work, and people who identify as LGBTQ+.

DPH-SAPC and DHS-HRD are co-coordinating LA County's Harm Reduction Steering Committee to ensure a cohesive countywide harm reduction strategy and that individuals from these communities have a voice in shaping the delivery of overdose prevention services in LA County.

DHS-HRD's countywide OEND program provides overdose education and naloxone through direct distribution to designated community sites, to DHS programs, facilities, and community contractors, and to the LA County jail system using jail-based vending machines and other jail access points. Naloxone is provided directly to DHS funded homeless service providers, who are integrating harm reduction services into their existing service models across LA County. DHS supports these community partners, which include public entities and community-based organizations, and secures naloxone through the State's Naloxone Distribution

¹ <http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/ReducingMortalitySubstanceUsePEHinLAC.pdf>

Project.

DHS-HRD is also implementing an overdose response team serving the Skid Row neighborhood in Los Angeles, which has been disproportionately impacted by the overdose epidemic. This overdose response team monitors Skid Row for overdoses and responds to these overdoses as they occur through administering naloxone and providing post-overdose referrals and support.

DHS Housing for Health launched mobile units in September 2022 to provide street medicine to unsheltered clients throughout the county. Mobile clinic staff provide on-demand substance use care to clients, including provision of Medications for Addiction Treatment (MAT) services, expedited referrals to substance use treatment centers, and dispensing of harm reduction equipment, including fentanyl test strips, naloxone, and safer use supplies. Social workers, substance use counselors, and community health workers with lived experience will support clients with dual diagnoses/confounding mental health issues as they pursue healthier living with substances.

LAHSA facilitates an ongoing workgroup with a focus on analyzing and implementing recommendations from the Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness to improve service provision for this population. This report and recommendations include feedback from Black PEH who have used substances and have navigated substance use programs. Additionally, LAHSA works with the Lived Expertise Advisory Board (LEAB) and Homeless Youth Forum of Los Angeles (HYFLA) to gather feedback and recommendations on needed services and resources.

According to national data, 95 percent of individuals with SUDs do not seek treatment, and the lack of readiness to seek treatment is compounded by internalized stigma, widespread assumptions about abstinence being required to initiate SUD services, historical prosecutorial and carceral system interception of people with SUDs, and a legacy of low community and health system promotion of SUD treatment services.

This 95 percent of people with SUDs who do not seek treatment include individuals who access DPH-SAPC and DHS harm reduction and overdose prevention services. As the County pursues greater access to harm reduction services, concurrent efforts are needed to ensure availability of SUD treatment programs across the full continuum of SUD care (outpatient, residential, etc.) that is ready and able to serve individuals who are not ready to commit to a specific treatment regime or entirely cease all alcohol and drug use. Capacity building efforts are needed to increase access to low barrier treatment options and the development of programs that are more flexible, inclusive, and less judgmental for those who are ambivalent to abstinence. DPH-SAPC is initiating work with its treatment provider network to expand this treatment option and better reach the 95 percent of people who need

care but do not access it. A continuum of care that is more inclusive of individual treatment preferences should also contribute to reduce overdoses. As the County implements efforts to better reach those in need, it will also require network providers at all levels of care to expand service capacity and in turn for DPH-SAPC to identify resources to pay the required Medi-Cal local match (average 30 percent per service).

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

Project #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.

DPH-SAPC operates time-limited (up to 180 days) recovery-oriented housing, known as Recovery Bridge Housing (RBH), for individuals who are concurrently enrolled in some form of outpatient SUD treatment. This is a non-Drug Medi-Cal (DMC) covered benefit; therefore, this essential service is covered with Measure H, Care First Community Investment (CFCI), and other local funds. DPH-SAPC added 198 new beds across LA County, including 56 from three new RBH provider agencies and 142 beds from existing RBH provider agencies for a total of 1,140 beds. DPH-SAPC continues to improve access to this service by: (1) improving coordination between criminal justice partners and RBH providers to support RBH placement for justice involved clients; (2) training court personnel and criminal justice partners on the SUD treatment system to increase understanding of the referral process, appropriate levels of care, and medical necessity; (3) coordinating a training series with LAHSA on the rehousing system for RBH providers to facilitate permanent housing placements for individuals exiting RBH facilities; and (4) supporting access for difficult to place Registered Sex Offenders (currently 62 beds available in SPA 4 and SPA 8) and messaging this resource to criminal justice partners to increase utilization. While an important transitional housing option for those in treatment, RBH is short-term and does not address the need for more permanent housing solutions for those with SUDs.

To better support individuals who function best within a living environment that facilitates an abstinence-based lifestyle, additional longer-term housing options are needed. At present, DHS and LAHSA provide permanent supportive housing (PSH) based on a Housing First model which houses and supports individuals regardless of where they are on the substance use and recovery spectrum. Current PSH case managers support clients using a recovery-oriented approach and are trained to provide harm reduction counseling and trauma-informed care to clients with prior and current SUD. Providing direct access to SUD services would also allow individuals to increase their success once placed into a housing opportunity.

Bringing services to individuals at permanent and interim housing sites, would provide a much-needed resource for those in recovery. While the DMC benefit permits delivery of SUD treatment services in the field (e.g., PSH site), it requires contracted SUD providers to opt-in and determine that offsite services at scattered locations are fiscally viable given reimbursement rates. However, this option will not address all needs because it still does not fully address individual preferences for a recovery-oriented permanent housing environment and it is dependent on voluntary participation from contracted providers.

Public Health, DHS, and LAHSA will continue their collaboration to determine how to best support individuals in PSH who prefer abstinence-based models of recovery-oriented housing, and how recovery-oriented housing can be complementary to and implemented alongside or perhaps even within a Housing First service model.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

Project #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.

DPH-SAPC collaborates with DHS, DMH, and LAHSA to expand and improve SUD services for PEH in PSH, Project Roomkey, Mainstream Services Integration, and Homeless Encampment Outreach projects. Currently, DPH-SAPC provides SUD navigation services to approximately 150 PSH, four Project Roomkey, 55 Mainstream Services Integration, and four homeless encampment and two homeless shelter sites. A total of 32 new PSH sites and 37 Mainstream Services sites were added in FY 2021-2022. DPH-SAPC also contracts with CBOs for the Client Engagement and Navigation Services (CENS) where SUD counselors regularly outreach to PEH at encampments and shelters in SPAs 3, 4, 5, and 8.

DPH-SAPC is currently assessing opportunities to expand CENS services to PEH through by determining if these services can be DMC reimbursable. This will support equitable service delivery by allowing for more services in areas with high numbers of Black and Latinx PEH and disproportionate SUD service needs. This evaluation includes assessing the potential expansion of CENS services based on the 2022 Homeless Count to capture high need areas and exploring opportunities to utilize Peer Support Certified Specialists to provide outreach for difficult to engage populations. Furthermore, if this assessment results in increased revenue opportunities, this could also be a pathway to expand the Mainstream Services pilot to include multiple site visits and ongoing access and navigation within this program as well. However, additional local funds are still needed to support the

Medi-Cal local match requirements with expanded Medi-Cal reimbursable services.

The approval of increased Measure H funding for FY 2022-2023 will enable DPH-SAPC to provide SUD supportive services coverage at existing and new PSH sites and at scattered housing sites to help minimize the impact of SUD on housing retention, as well as to fund approximately 50 additional RBH beds to increase capacity for PEH.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

Project #5: Provide recommendations to expand harm reduction efforts including, but not limited to, developing a plan to establish safer consumption sites in the County, expanded distribution of fentanyl strips, naloxone, drug checking and low-threshold Medications for Addiction Treatment (MAT), including in carceral facilities for adults and youth, and exploring the feasibility of funding for prevention case management.

LA County can expand harm reduction by allocating additional non-federal flexible funding to finance the expansion of harm reduction services that specifically include increased distribution of fentanyl strips, additional purchase of naloxone for distribution when the California Department of Health Care Services' (DHCS) Naloxone Distribution Program experiences shortages in their distribution to LA County, and funding the availability of drug checking technology within CBOs who provide services to individuals who use drugs.

Currently, DPH-SAPC and DHS-HRD coordinate County responses to overdose prevention training and naloxone requests from individual community members, schools, law enforcement, justice system, CBOs, and other governmental entities. As overdose deaths and the need for naloxone continue to increase, expanded funding for naloxone and other Harm Reduction interventions are needed to save lives. With the shortages of naloxone, LAHSA and other service providers anticipate an increased need in additional avenues to provide this resource.

DPH-SAPC and DHS are engaged with a coalition of stakeholders to determine what legal pathways exist for establishing a safer consumption site pilot in LA County given the recent veto of California Senate Bill 57. If a safer consumption site pilot is established in LA County, it will require allocation of flexible local funding as well as support from County leadership across health, judicial, law enforcement, and other sectors to remain viable. DHS is supporting a coordinated Skid Row planning effort to explore the development of a Drug User Health Hub to increase holistic and non-judgmental medical and behavioral health services to PWUD in Skid Row. The Health Hub would require stable and flexible funding to launch and maintain services and could provide space for a safe consumption site.

DPH-SAPC leads a quarterly MAT learning collaborative and launched <http://matworks.org> to accelerate the adoption of MAT services throughout LA County. DHS operates MAT telephone consultation through which clinicians and staff working with DHS-operated and DHS-affiliated services can obtain on-demand MAT consultation including prescriptions for MAT issued to local pharmacies. Additionally, DPH-SAPC established an updated harm reduction syringe program certification program in May 2022 that formalized the pathway for EOP Hubs to conduct field-based harm reduction services and establish an updated, lower-barrier pathway for these programs to initiate harm reduction syringe services that both adhere to California syringe exchange statutes and eliminate the unnecessary local barriers to harm reduction syringe services that were previously in place. Case management can also be provided for those receiving harm reduction services, as well as those who are enrolled in SUD treatment and recovery services.

In its clinical programs, DHS currently provides grant funded bedside and/or prescribed naloxone (Narcan) nasal spray at any point of contact for patients at risk for or who have had a previous overdose. DHS began providing bedside safer use supplies including sterile syringes, to patients seen at Harbor-UCLA, LAC-USC, and Olive View Medical Center in May 2022 and in accordance with the DHS *Safer Consumption for People Who Use Drugs Expected Practice*. DHS strongly supports all efforts to secure funding to sustain, expand, and expedite the bedside delivery of effective harm reduction services including naloxone and safer use supplies in DHS clinical programs. DHS-HRD is assessing the feasibility within each DHS clinical site to support the development and adoption of harm reduction programs across DHS' clinical programs, including evaluating the feasibility of establishing "vending machines" with naloxone and other safer use harm reduction supplies at DHS hospitals and clinics to create the lowest barriers possible for patients to access these evidence-based, life-saving services. "Lay person" education and distribution of naloxone can reduce overdoses by 21 percent.² Patients involved with harm reduction syringe services programs (SSPs) are five times more likely to engage in SUD treatment, and patients involved with both SSPs and who receive MAT are three times more likely to reduce or discontinue IV drug use.³ Currently, DHS relies on grant funds to supply bedside naloxone, fentanyl test strips, and safe syringe supplies. County support to allocate additional local flexible fundings to sustain these very effective services will expand LA County's capacity to address the overdose crisis.

DPH-SAPC is also exploring how to increase the number of its SUD treatment providers who hire MAT prescribers. To motivate participation, DPH-SAPC is exploring cost-sharing arrangements and/or capacity building funds to hire prescribers and address other needs that have severely limited the expansion of MAT within its specialty SUD treatment network. The more providers who grow in-house access to MAT, the better patient treatment outcomes should be—and expanded access should also minimize overdose risk.

² <https://nida.nih.gov/publications/naloxone-opioid-overdose-life-saving-science>

³ <http://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

LAHSA partnered with DHS and Community Health Project LA (CHPLA) to expand the reach of the Overdose Education and Naloxone Distribution (OEND) program to more interim housing providers in the homeless services system, which includes streamlining and increasing distribution of naloxone. All interim housing providers contracted with LAHSA are now required to undergo training in overdose prevention and carry naloxone on-site under the new FY 22-23 Scope of Required Services. This is also a requirement for DPH-SAPC contractors.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

Project #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 Pre-Exposure Prophylaxis/Post-Exposure I.

DPH-SAPC maintains an existing collaboration with Public Health's Division of HIV and STD Programs (DPH-DHSP) and Division of Acute Communicable Disease Control's (DPH-ACDC) Viral Hepatitis Program to ensure funding and programmatic support for HIV, viral hepatitis, and other STI screening and referral services (including referrals for HIV Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis). These services support the DPH-SAPC contracted EOP Hubs which work directly with people with shared risk factors for substance use, HIV, STIs and viral hepatitis. Both DPH-DHSP and DPH-ACDC's Viral Hepatitis Program work directly with DPH-SAPC contracted EOP Hubs and during FY 2022-2023, DPH-SAPC executed a funding and programmatic expansion of the EOP Hubs that ensures these services are available to LA County harm reduction service recipients.

DPH-SAPC also requires its contracted SUD treatment network providers to develop and maintain policies and procedures to prevent and/or reduce the risk of viral hepatitis transmission and provides a care coordination benefit to enable needed coordination for HIV, viral hepatitis, and other STI screening and referral services (including care coordination for HIV Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis).

DHS offers and performs STI and HIV screening for DHS patients. DHS' clinicians are trained to emphasize the importance of this screening with all patients, particularly those who have SUDs and PWUD. Offering STI and HIV screening is obligatory for patients initiating ambulatory care. DHS is considering conducting a feasibility analysis for more universal STI and HIV screening in its emergency and inpatient care settings. Providing bidirectional screening at all patient care points of contact would increase DHS' ability to diagnose and expedite STI and HIV treatment for patients.

As these projects progress, subsequent reports may identify additional funding needs for

applicable Departments.

Project #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.

As part of a Countywide prevention efforts, DPH-SAPC is partnering with local school districts and community-based substance use prevention providers to conduct Botvin LifeSkills Training (LST), an evidence-based program designed to positively impact the lives of youth in elementary, middle, and high school by equipping them with the confidence and the necessary skills to successfully handle challenging situations. Other commonly known evidenced-based programs, such as Project Towards No Drugs (PTND), Strengthening Families, and Project Alert, are also taught by DPH-SAPC's Prevention Providers. In addition, DPH-SAPC currently operates 40 of 50 planned Student Wellbeing Centers (SWC) across the County that offer a comprehensive health and youth development curriculum in classrooms and within the centers that focuses on substance use prevention, mental health, and sexual health. The positive youth development framework enables young people to gain leadership skills and opportunities as peer health advocates in their school communities and their neighborhoods to support life affirming health practices; parent educators offer parent and family engagement opportunities to enhance family communication around adolescent health and wellness; and partnerships with Planned Parenthood and DMH enable access to additional sexual health and mental health services. In 2023, the SWCs will educate the peer health advocates and other students on each campus on the dangers of fentanyl and train them in the administration of naloxone as well as provide naloxone to students who demonstrate a need to carry it.

DPH-SAPC also created and disseminated video-recorded trainings on trends in youth substance use for school districts, community members, and youth. These trainings provide extensive information on the dangers of fentanyl, ways to incorporate harm reduction skills, and how to administer naloxone as well as clear instructions and guidelines for educational institutions to receive naloxone for on-campus overdoses. Available toolkits provide extensive resources for educators, parents, and youth on substance use including background on naloxone, how to talk to youth about substances, and how to access specialized addiction services. Efforts are also needed to fund prevention-oriented coalitions to increase education and awareness on use and impact of opioid use.

As part of Countywide treatment efforts, DPH-SAPC is expanding training for the Healthy Youth: Early Intervention Services for Youth at Risk of Substance Use Behaviors (Healthy Youth) curriculum, designed as an evidence-based, age-appropriate curriculum to meet the needs of youth and young adults who are identified through screening as being at risk for substance use behaviors. The curriculum is intended to be used in diverse settings, including substance use treatment agencies and field-based sites (e.g., schools, Short-Term Residential Therapeutic Programs

[STRTPs]) and Probation halls and camps. The overall focus of the curriculum is to prevent risky substance use behaviors and substance misuse, as well as other risky health behaviors, among youth while promoting healthy behaviors and wellbeing during this crucial developmental period.

In FY 2021-2022, all SAPC youth treatment providers, CENS staff co-located in the juvenile halls, and CENS for Youth staff co-located in each SPA (to screen and link youth with complex needs to services), were trained on the Healthy Youth curriculum. During FY 2022-2023, DPH-SAPC will introduce the curriculum to adult provider agencies that serve young adults aged 18 through 20 and develop a resource guide in partnership with Azusa Pacific University for parents, guardians, caretakers, and supports of youth receiving substance use Early Intervention Services known as the Healthy Youth Caregiver Guide.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

Project #8: Expand the accessibility of contingency management interventions including consideration of prescription digital therapeutics for addiction treatment.

Contingency Management (CM) is a priority for DPH-SAPC and DHS to provide evidenced-based care for those with stimulant use disorder (StUD). National age-adjusted rates of drug overdose deaths involving methamphetamine increased nearly 5-fold during 2012-2018. There are alarming racial disparities: non-Hispanic Black male patients suffered the largest increase in death rates during 2011-2018.⁴ The number of overdose deaths continues to rise and in 2021 reached an alarming 100,000, which represents a nearly 30 percent increase over 2020.⁵ In addition, Latinx patients have suffered a 617 percent increase in overdose deaths due to synthetic opiates such as fentanyl since 2014.⁶ DHS and DPH-SAPC will continue its work to educate the public and patients about the serious risk of illicit fentanyl in stimulants like methamphetamine, which is dramatically increasing the risk of overdoses.

DHS is conducting a feasibility study for how DHS facilities, including ambulatory care centers, could offer CM to DHS patients. The current DHS CM programs are grant funded. LAC+USC launched a grant funded program at the Skid Row Community ReFresh Spot for unhoused patients with StUD⁷. DHS also plans to expand its CM programming as part of its street medicine initiative, as well as in select interim housing

⁴ Methamphetamine Overdose Deaths in the US by Sex and Race and Ethnicity. Beth Han, MD, PhD, MPH; Jessica Cotto, MPH; Kathleen Etz, PhD; Emily B. Einstein, PhD; Wilson M. Compton, MD, MPE; Nora D. Volkow, MD. JAMA Psychiatry. Published online January 20, 2021. doi:10.1001/jamapsychiatry.2020.4321

⁵ Drug Overdose Deaths in the U.S. Top 100,000 Annual https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

⁶ The Opioid Crisis and the Hispanic/Latino Population: An Urgent Issue <https://store.samhsa.gov/product/The-Opioid-Crisis-and-the-Hispanic-Latino-Population-An-Urgent-Issue/PEP20-05-02-002>

⁷ <http://www.latimes.com/california/story/2022-07-04/can-target-gift-cards-keep-you-off-meth-california-plans-to-test-it>

and PSH sites. Additionally, Housing for Health and HRD partnered to pursue funding through the Hilton Foundation to fund a CM program pilot designed to help those using stimulants and residing in PSH to improve health outcomes and maintain housing. Along with increased access to CM, DHS is in the process of developing a clinical expected practice (EP) for the management of StUD that includes offering patients CM as well as the use of non-FDA approved medications that have shown modest benefit. EPs can be an effective tool for DHS providers to learn and implement practice change, and DHS hopes that this newest addiction medicine EP will help address the growing crisis related to stimulant use. Given the proven efficacy of CM for reducing stimulant use, allocating local flexible and sustainable funding for CM would support ongoing development of new CM programs and expand current CM programs.

DPH-SAPC will participate in the State's (DHCS) Medi-Cal funded CM program involving 37 of its contracted outpatient SUD treatment providers when DHCS launches its CM program in early 2023. This is a federal waiver program that will be the first Medi-Cal covered benefit for CM in the nation. Operationalized through DPH-SAPC's Drug Medi-Cal Organized Delivery System, DHCS will evaluate the program during the pilot period to determine if and how this temporary benefit could become permanent. The CM benefit will be open to individuals enrolled in outpatient treatment at a participating site who are eligible to participate in a structured 24-week program where financial incentives are earned for being stimulant free. DPH-SAPC will be implementing this CM program involving the digital therapeutic program vendor selected by DHCS to manage the recovery incentive.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

Project #9: Expand efforts to explore and offer MAT options for methamphetamine and other SUDs.

Within the DPH-SAPC treatment network, through the DMC benefit, MAT is available in both clinical and non-clinical settings and can be delivered as a standalone service or as a service delivered as part of all levels of care. DPH-SAPC has developed and has been disseminating information to the DMC-contracted treatment network and to DHS-operated clinics and community health centers about off-label medications for methamphetamine use disorder alongside information about FDA-approved medications for alcohol, opioid, and tobacco use disorder. To accelerate the adoption of off-label medications for methamphetamine use disorder, DPH-SAPC and the DHS are coordinating on a forthcoming publication on updated clinical guidance targeting a clinical audience which is expected by early 2023. Additionally, to accelerate the availability of MAT within the DMC-certified SUD treatment network, DPH-SAPC provided guidance in January 2022 clarifying the pathways through which patients within the DPH-SAPC system can access MAT, and is expanding the provision of technical assistance, training, and direction to ensure individuals served by DPH-SAPC treatment contractors and EOP Hub

contractors have full access to MAT.

DHS clinical programs have already established MAT programs at its hospitals and major ambulatory care centers, and there are plans to expand access to MAT within these sites and to additional sites to decrease the barriers to MAT within the communities that are most impacted by the overdose crisis. The community health safety net system does not universally nor reliably provide life-saving MAT and counseling for patients diagnosed with a SUD, and DHS providers are urgently implementing efforts specifically aimed at reaching Black and Latinx patients who disproportionately experience premature death, incarceration, homelessness, unemployment and estrangement from family due to untreated SUD. DHS is currently conducting a feasibility analysis aimed to increase referrals from Correctional Health Services (CHS) patients receiving MAT to community sites and to expand clinical services for patients with co-occurring mental health and SUDs. Correctional Health Services has an existing MAT program for up to 200 incarcerated individuals receiving sublingual buprenorphine and capacity to treat additional incarcerated individuals with injectable extended-release buprenorphine. Allocating additional resources to CHS' MAT program would expand access to MAT for LA County's incarcerated population.

DHS has launched multiple innovative, evidenced-based, and impactful services for the treatment of SUDs. The DHS SUD Workgroup remains focused on sustaining and improving DHS' ability to identify and treat patients with opioid use disorder (OUD) with MAT that has proven to reduce mortality by 87 percent, improve quality of life, decrease transmission of HIV/HCV, decrease health care costs associated with emergency department visits (ED), and decrease justice system involvement.⁸ Additionally, DHS is in the process of publishing a new EP providing DHS clinicians guidance describing the use of off-label medications for methamphetamine use disorder, which will expand the availability of these medication treatments.

Ensuring MAT is prescribed at all DHS clinical programs greatly increases the likelihood DHS patients will be successful in decreasing substance use and reduce overall mortality. For example, when people who use opioids, such as fentanyl or heroin, treatment with buprenorphine doubles the chances they will successfully abstain from drug use and reduces the chances of the person dying from an overdose by over four-fold.^{9,10,11} DHS has been able to obtain \$5 million dollars in external grant support since

⁸ Transforming Management of Opioid Use Disorder with Universal Treatment. R Gupta, M.D., M.P.H., M.B.A., R L. Levine, M.D., J A. Cepeda, Ph.D., M.P.H., and D R. Holtgrave, Ph.D. *N Engl J Med* 2022; 387:1341-1344 DOI: 10.1056/NEJMp221012.

⁹ Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association with Mortality: A Cohort Study. Laroche MR, Bernson D, Land T, Stopka TJ, Wang N, Xuan Z, Bagley SM, Liebschutz JM, Walley AY. *Ann Intern Med*. 2018 Aug 7;169(3):137-145. Doi: 10.7326/M17-3107. Epub 2018 Jun 19. PMID: 29913516; PMCID: PMC6387681.

¹⁰ Opioid agonist treatment and risk of mortality during opioid overdose public health emergency: population based retrospective cohort study. Pearce L A, Min J E, Piske M, Zhou H, Homayra F, Slaunwhite A et al. *BMJ* 2020; 368:m772 doi:10.1136/bmj.m772.

¹¹ A placebo controlled clinical trial of buprenorphine as a treatment for opioid dependence. Rolley E. Johnson, Thomas Eissenberg, Maxine L. Stitzer, Eric C. Strain, Ira A. Liebson, George E. Bigelow. *Drug and Alcohol Dependence*, Volume 40, Issue 1, 1995, Pages 17-25, ISSN 0376-8716, [https://doi.org/10.1016/0376-8716\(95\)01186-2](https://doi.org/10.1016/0376-8716(95)01186-2).

2018 to create and support SUD and MAT programs across emergency, inpatient, ambulatory, and on-call services. These grant initiatives have supported the challenging work of mitigating the overdose crisis and demonstrated how critical it is to implement and educate the healthcare team about how to initiate MAT at all points of patient care contact.

DHS Emergency Department/Inpatient MAT Services

DHS currently has ED and inpatient MAT consult services at Harbor-UCLA, Olive View Medical Center, and LAC-USC that are run by in-kind and/or grant funded positions for board certified/eligible addiction specialists and substance use counselors. This workforce provides weekday and limited weekend services coverage at these locations and assists physicians and the healthcare team provide timely consultation to initiate MAT and perform trauma informed assessment and engagement in SUD services after their ED visits and/or admissions for the one in nine patients with a SUD diagnosis.

Nationally in 2017, SUD-related hospitalization costs exceeded \$13 billion.^{12,13} This figure is now likely higher, partly due to the increase of SUDs identified during the COVID pandemic. DHS analysis and national data have shown most patients who should be offered MAT leave without these life-saving medications. Studies demonstrate a 400 percent increased risk of death if a patient with an OUD is not provided MAT.¹⁴ For this and many other reasons, grants have been obtained to support the ED and inpatient consult services. Preliminary data demonstrates that DHS inpatient MAT consult services have doubled the number of patients being discharged on MAT and a 67 percent increase in patients being provided naloxone at bedside or prescribed before discharge. In addition, the Harbor-UCLA MAT consult team has demonstrated that at 60 days nearly 25 percent of patients are still engaged in some form of MAT/SUD care.

ED and inpatient addiction consult services are vital and these services help DHS to begin to meet the nationally recognized absence of acute care addiction consultation.¹⁵ Inpatient consults also facilitate the transition of care to outpatient MAT services and improve adherence with ongoing SUD treatment. Currently, the majority of inpatient MAT/SUD services are provided by DHS physicians providing SUD medical treatment on top of their existing hospitalist and emergency medicine responsibilities and by grant supported substance use counselors.

There is a high prevalence of co-occurring SUDs for inpatients in DHS settings, for example 25 percent of patients with heroin use disorder (HUD) also have alcohol use

¹² National Prevalence of Alcohol and Other Substance Use Disorders Among Emergency Department Visits and Hospitalizations: NHAMCS 2014-2018, L W Suen, A Makam, HR Snyder, D Repplinger, MB Kushel, M Martin, OK Nguyen PMID: 34518978, PMCID: PMC8436853 DOI: 10.1007/s11606-021-07069-w.

¹³ Hospital Standards for People with Substance Use Disorders. Englander et al, N Engl J Med 2022; 387:672-675 DOI: 10.1056/NEJMp2204687.

¹⁴ Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. Sordo, et. al, BMJ 2017;357:j1550, doi: <https://doi.org/10.1136/bmj.j1550>.

¹⁵ NPR story: <https://www.npr.org/sections/health-shots/2022/09/30/1124621377/addiction-treatment-specialists-salem-hospital>.

disorder (AUD); 20 percent of patients with HUD also have cocaine use disorder (CUD); and 60 percent of patients with CUD also have AUD.¹⁶ To sustain and meet the growing demand of emergency visits and hospitalizations due to opioid and stimulant overdoses, there needs to be secured funding and protected provider time for physicians and substance use counselors.

DHS Ambulatory MAT Services

DHS has eight MAT clinics, four of which are DMC-ODS at multiple ambulatory sites. These clinics have begun to meet the demand of patients with SUD, particularly OUD, but many patients have had multiple costly SUD-related ED visits and/or admissions before they present to these ambulatory appointments. For example, during the FY 2019-2020 at the Harbor UCLA Lomita MAT clinic, 328 patients received a MAT prescription over the year. In comparison, among hospitalized patients, 71 were discharged with the primary diagnosis of OUD yet only seven received a prescription for buprenorphine (9 percent). During this same year in the ED, 671 patients had a documented diagnosis of OUD yet only 47 patients were discharged with buprenorphine (7 percent). DHS grant-supported emergency and inpatient MAT consult and on-call services have demonstrated improvement in MAT initiation. More importantly, these consult services have demonstrated improved retention of patients on MAT following up at DHS clinics. This demonstrates that if a patient is offered MAT within DHS, they are more likely to continue to receive ongoing SUD treatment and pursue recovery. DHS is currently conducting a feasibility study to assess how all DHS clinics can provide and expand MAT services.

DHS MAT Telephone Consultation Line Services

In March 2020, LAC+DHS launched the MAT provider telephone consultation line to provide real-time support to health providers including doctors, nurses, case managers and other DHS staff. This phone consultation line allows providers to have access to expert consultation to help prescribe these life-saving medications to those in need. While many health care providers are aware of MAT as an option for patients with SUDs, many lack the familiarity to start their patients on these medications and/or have not obtained the federally mandated X DEA Waiver to prescribe buprenorphine for opioid use disorder. Prior to March 2020, it was estimated that approximately 1,700 patients assigned to LAC+DHS primary care met diagnostic criteria for an OUD, but fewer than 250 had been prescribed MAT.

This consultation phone line operates seven days per week between 8AM and 12AM and has received more than 2,300 calls from March 2020 to October 2022 related to 1,705 unique patients, many of whom experience homelessness and would otherwise have been very unlikely to have received MAT services to treat their SUDs. The line now receives as many as 135 calls per month from DHS clinicians and staff seeking support

¹⁶ <https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/what-are-some-approaches-to-diagnosis>

in starting their patients on MAT. DHS intentionally integrated MAT into already existing care settings such as primary care and outreach teams for persons experiencing homelessness, rather than restricting MAT treatment to specialty clinics. The MAT provider consultation line has been integral to allowing any health provider to connect a patient experiencing SUD to MAT immediately and in the moment when seeking help rather than referring them to an alternative resource which may be in another location and on another day which they will often fail to access.

Based on studies of the baseline risk of overdose death and ED visits/hospitalization among this population and the risk reduction achieved with MAT, DHS can extrapolate that the 1,705 patients serviced through the MAT provider consultation line represents approximately 35 lives saved from overdose death and 85 drug-related ED visits/hospitalizations prevented.¹⁷ This is a highly impactful service that is helping to save lives and transform DHS' system to be better equipped to combat the SUD epidemic, but grant funding alone is an unstable and unreliable funding source. The findings of this DHS MAT call line were published and demonstrate how low barrier addiction treatment can greatly increase the delivery of MAT for under-resourced communities, especially unhoused patients.¹⁸ At this time DHS MAT providers are working to meet the growing crisis of adolescents with opioid overdose. Only one in four adolescents with opiate use disorder receive MAT. As with other populations, MAT is more effective than behavioral treatment for adolescents with OUD, and leads to better retention in treatment, yet the majority are not being offered MAT.¹⁹ To date, DHS' MAT providers have begun to provide MAT for a small number of adolescents and DHS aims to complete a needs survey and is working with the Office Child Protection to expedite evidenced based care for youth at high risk of overdose.

DHS aims to continue increasing MAT access for all patients as well as address barriers that may delay MAT initiation and continuous care. At this time, the large majority of DHS' current successful MAT/SUD provider services and substance use counselors/navigators are supported through grants and in-kind support. There are also potential opportunities for DPH-SAPC and DHS to partner on the MAT Consultation Line to support growth of MAT access within DPH-SAPC's network of providers.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

¹⁷ Association between homelessness and opioid overdose and opioid-related hospital admissions/emergency department visits. Yamamoto A, Needleman J, Gelberg L, Kominski G, Shoptaw S, Tsugawa Y. *Soc Sci Med*. 2019 Dec;242:112585. doi: 10.1016/j.socscimed.2019.112585. Epub 2019 Oct 3. PMID: 31634808; PMCID: PMC7023863.

¹⁸ Providing Low-barrier Addiction Treatment Via a Telemedicine Consultation Service During the COVID-19 Pandemic in Los Angeles, County: An Assessment 1 Year Later - A J Kennedy, J S George, G Rossetti, C O Brown, K Ragins, D Dadiomov, R Trotzky-Sirr, G Sanchez, H Llamas, B Hurley *J Addict Med* 2022 Jul 16. doi: 10.1097/ADM.0000000000001034

¹⁹ Hadland SE, Bagley SM, Rodean J, Silverstein M, Levy S, Larochelle MR, Samet JH, Zima BT. Receipt of Timely Addiction Treatment and Association of Early Medication Treatment With Retention in Care Among Youths With Opioid Use Disorder. *JAMA Pediatr*. 2018 Nov 1;172(11):1029-1037. doi: 10.1001/jamapediatrics.2018.2143. PMID: 30208470; PMCID: PMC6218311.

Project #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.

DPH-SAPC requires DMC-contracted treatment providers' care coordinators take the Direct Service Training Curricula Courses provided by LAHSA which addresses Trauma-Informed Care, Cultural Humility, Housing First, Harm Reduction, Motivational Interviewing, and Critical Time Intervention. Additionally, DPH-SAPC hosts a quarterly Trauma Informed Care Approaches for Working with Individuals with Substance Use Disorder training for the DPH-SAPC provider network.

DPH-SAPC also contracted with the Worker Education & Resource Center, Inc. to provide leadership and organizational capacity building technical assistance and trainings to the DPH-SAPC contracted EOP Hubs in 2022, with the purpose of ensuring organizational capacity to undertake harm reduction service expansion and the recruitment and retention of a workforce capable of delivering trauma-informed and culturally responsive harm reduction and overdose prevention services.

DPH-SAPC's capacity building initiative is complementary to the DHS-HRD harm reduction workforce development training initiative, which includes training on trauma-informed and culturally responsive harm reduction services for LA County community-based organizations. DHS-HRD is also launching culturally responsive and trauma-informed trainings through Harm Reduction leadership development programming to increase trainings provided by people with lived experience of homelessness, drug use, incarceration and/or sex work.

DHS continues to provide high quality care for all, especially historically marginalized populations, and remains committed to identifying and addressing inequities and making systemic changes to eliminate health care disparities deeply rooted in structural racism. Creating a trauma-informed and culturally responsive healthcare system is at the core of building a workplace culture that embodies equity, diversity, inclusion, and anti-racism. By transforming to a trauma responsive healthcare system, DHS aim to address the alarming overdose deaths for all marginalized communities, especially Latinos that have suffered a 35-fold increase in fentanyl related deaths.²⁰ Trauma-informed care can increase SUD patient retention and decrease the role trauma has in the development of SUD.²¹ Further, by having a culturally competent healthcare workforce that provides trauma-informed care DHS can build resilience and wellness among all workforce members. Working with marginalized and uninsured patients in a safety net health care setting, in particular patients struggling with SUD, can contribute to burnout, especially if

²⁰ [New Research Sends Stark Warning of Rise in Overdose Deaths Among Latino Population in California | Drug Policy Alliance](#)

²¹ Bartholow LAM, Huffman RT. The Necessity of a Trauma-Informed Paradigm in Substance Use Disorder Services. J Am Psychiatr Nurses Assoc. 2021 Aug 1:10783903211036496. doi: 10.1177/10783903211036496. Epub ahead of print. PMID: 34334012.

they are not provided trauma-informed and culturally responsive trainings to meet the growing demands related to SUDs.

DHS' aim is to sustain and expand trauma-informed care trainings and resources for all staff. At this time, many of the DHS trauma-informed trainings are primarily grant supported and occur in the social work department. A feasibility study on how all DHS providers could be provided these trainings is necessary. In addition, secured funding and protected time to complete these vital trainings would greatly improve DHS providers' ability to implement these critical skills for harm reduction and overdose prevention.

LAHSA has partnered with DHS and CHPLA to expand the reach of the OEND program to more interim housing providers in the homeless services system by adding the training on overdose prevention to LAHSA's Centralized Training Academy website and streamlining distribution of naloxone. All interim housing providers contracted with LAHSA are now required to undergo training in overdose prevention and carry naloxone onsite under the new FY 2022-2023 Scope of Required Services. LAHSA is also working with DHS and CHPLA to develop guidance and procedures to assist all providers in implementing effective harm reduction practices. As an expansion of LAHSA's typical training on harm reduction, Homeless Engagement Teams (HET) and their supervisors continue to work with CHPLA and DHS' OEND program to do field-based training on overdose detection and reversal with Narcan. HET members conduct outreach with CHPLA staff in areas where highly vulnerable populations are present.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

Project #11: Develop a framework and timeline, including key metrics and milestone goals, to define success related to addressing the overdose epidemic in the County.

The framework and timeline for success in the overdose epidemic includes:

- Continuing to monitor the drug overdose death data to understand trends and identify actionable strategies to effectively address overdoses across the County.
- Increased distribution of naloxone and other harm reduction supplies proportionally to the public health burden of overdose, with an increase in the units of naloxone and other harm reduction supplies that exceeds the increase in overdose prevalence each year in LA County from the prior fiscal year.
- Increase in the count of overdoses reversed with naloxone as reported by CBOs and first responders that exceeds the increase in overdose prevalence each year in LA County from the prior fiscal year.

- Increased provision of MAT and other SUD services to people who use drugs in LA County, demonstrating an increase in MAT and SUD service delivery from the prior fiscal year.

Project #12: Assess the funding in each Department's budget that is used to serve people who use drugs to determine how best to leverage funding to maximize the County's resources for this population, including the allocation of opioid settlement dollars, and identify funding gaps and work with the Chief Executive Officer on strategies to address those gaps.

The CEO's Office will work with the board motion workgroup to develop a listing of needs, including existing work and funding in support of needs and identify gaps. The workgroup members will provide a listing of available one-time and ongoing resources available to address gaps to the CEO's Office, including leveraging State/federal reimbursement. The CEO will evaluate all available funding options to provide recommendations, if available.

Project #13: Direct the Chief Executive Officer, through the Legislative Affairs and Intergovernmental Relations Division, and the Los Angeles County Advocates in Sacramento and Washington D.C., to coordinate with the Directors of Public Health and Health Services, and the Acting Director of Mental Health, to advocate with Governor Gavin Newsom, the 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.

In September 2022, DPH collaborated with CEO Legislative Affairs and Intergovernmental Relations (CEO-LAIR) to submit letters to U.S. Senators Feinstein and Padilla, as well as House of Representatives Appropriations and authorizing committee members from the County delegation to express support for public health-related federal appropriations priorities for the County, including a specific request for increased investment in the federal Substance Abuse Block Grant (SABG), whose federal fiscal year 2022 appropriation level was \$1.9 billion. In addition, on October 5, 2022, CEO-LAIR, in collaboration with DPH and other impacted County departments, submitted a letter to the County's congressional delegation to advocate for specific federal requests related to overdose prevention priorities, namely for (1) increasing workforce development and funding for the licensed, registered, and certified SUD workforce, including SUD counselors, inclusive of the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR-LRP); (2) expanding harm reduction policies and funding to support establishing safe consumption sites and

expanding harm reduction services, including syringe exchange and other safer consumption equipment, naloxone, fentanyl strip distribution, infection disease testing, and low-threshold initiation of MAT and other medical services; and (3) expanding CM policies to support a strongly evidence-based treatment in which individuals are provided reinforcing rewards, for evidence of positive behavioral change, such as substance abstinence.

In addition, on September 27, 2022, Governor Newsom signed County-sponsored AB 2473 by Assemblymember Nazarian, which will increase the required minimum training standards for prospective SUD counselor registrants in California, including knowledge of co-occurring substance use and mental health conditions and MAT, among others. The bill will help ensure California has an SUD counselor workforce that is better prepared to enter the SUD treatment field and deliver modern addiction treatment services. CEO-LAIR will also continue to work with DPH and other impacted County departments to advocate for specific state-level requests related to overdose prevention priorities, including for increased SUD workforce development and funding; expanding harm reduction policies and funding; and expanding CM policies.

NEXT STEPS

The County Departments and partner agencies will continue to collaborate on implementation of the projects described herein and report back to the Board of Supervisors biannually hereafter with the next report back in June 2023.

BF:gt

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors



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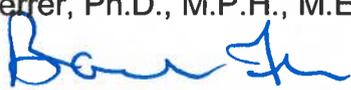
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September 21, 2023

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director 

SUBJECT: **CONFRONTING THE DRUG OVERDOSE EPIDEMIC
(BOARD AGENDA OF JULY 26, 2022, ITEM 11)**

This report is in response to the July 26, 2022 Board motion instructing the Director of Public Health (Public Health), in partnership with the Department of Health Services (Health Services), Department of Mental Health (Mental Health), Department of Children and Family Services (DCFS), Medical Examiner-Coroner, Probation Department, Los Angeles County Homeless Services Authority (LAHSA), Los Angeles County Office of Education, Chief Executive Office inclusive of the Alternatives to Incarceration and Anti-Racism, Diversity and Inclusion initiatives, Long Beach Department of Health and Human Services, Pasadena Department of Public Health, other applicable entities and community stakeholders such as Federally Qualified Health Centers, managed care plans, hospitals, community-based organizations (CBO), and faith-based organizations, to develop and regularly update a plan of action to address the growing crisis of overdose deaths related to methamphetamine, fentanyl, opioids and other substances.

The following is the second report back on the following Board directed projects and reflects updates since the initial report back on December 6, 2022.

Project #1: Build on current planning processes and strategies to support shared goals around reducing the risk of drug overdoses.

Public Health's Bureau of Substance Abuse Prevention and Control (SAPC) leads, coordinates, and participates in a spectrum of ongoing overdose prevention and response initiatives which involve the entities identified in the motion. Public Health invited leadership from these agencies and priority groups to participate in a second convening on June 6, 2023, to discuss how to continue to advance the overdose-related projects outlined below and to promote the elevation and coordination of these prevention and response strategies within this multi-sector coalition.

Project #2: Ensure strategies to address the drug overdose epidemic among populations disproportionately impacted by overdoses, including persons of color, individuals who are justice-involved, people experiencing homelessness, and LGBTQ+ residents.

Public Health contracts with community-based organizations (CBOs) for Engagement and Overdose Prevention (EOP) Hub services, which include syringe exchange, safer use equipment, naloxone and fentanyl test strip distribution, linkage to infectious disease testing, and referrals to medical, psychiatric, and substance use disorder (SUD) care. Following the update on December 6, 2022, Public Health, in partnership with Health Services, continued to execute the harm reduction programs supported by the Substance Abuse and Mental Health Services Administration's (SAMHSA) inaugural Harm Reduction Grant which funds selected harm reduction supplies, staffing capacity for outreach and engagement to people who use drugs in Los Angeles (LA) County, and facilitating the harm reduction steering committee. Specifically, SAMHSA funding has been deployed in the community through Public Health's contracted EOP Hubs to purchase clean injection supplies and safer sex supplies, and funding has also been used to hire people with lived experience as peer support workers in Service Planning Areas (SPAs) 4 and 6 to work specifically with people experiencing homelessness (PEH) and people who use drugs (PWUD) and who support LA County harm reduction steering committee activities. During the 2nd quarter of the 2022-2023 fiscal year the peer support workers worked closely with mobile and foot-based outreach teams to provide essential harm reduction services and have had 1,285 encounters with PEH and PWUD. Additionally, in the last quarter, the EOP Hubs have provided harm reduction services to over 3,000 individuals, the majority of whom identify as Black or Latinx and are experiencing homelessness. Public Health-contracted EOP hubs have provided over 14,000 units of naloxone to the community and have reported over 750 overdose reversals in the community during this period. They have also distributed over 300,000 sterile syringes, 7,000 fentanyl test strips, 1,000 wound care kits, and have linked over 400 participants to specialized substance use treatment. The Public Health EOP hub scopes of work specifically include substance use navigation for PWUD including those using methamphetamine, fentanyl, and other drugs that cause overdoses in LA County.

Public Health also launched a fentanyl social media awareness campaign, which ran from February to July 2023. The campaign included ten social media postings addressing three primary messages: (1) *Your Pills Could Be Laced*, focusing primarily on teens accessing pills; (2) *What You Can Do*, which promotes harm reduction measures to reduce risk of deadly overdose; and (3) *The Fentanyl Crisis is Happening in our Community* which raises awareness to the impact of fentanyl in LA County. The campaign targeted youth/young adults and the general population and

was posted on the Public Health and Song for Charlie¹ social media platforms. As of May 2023, over 99,000 people in LA County have been reached with a total of 135,000 impressions (or views) from the Public Health feeds. Public Health is also preparing to undertake a large-scale fentanyl media effort in Summer 2023.

In addition, Public Health and Health Services submitted a collaborative proposal to the Center for Disease Control in response to its Overdose to Action campaign in May 2023. The proposal requests funds to expand Medications to Addiction Treatment (MAT), drug testing, and anti-stigma campaign for harm reduction. The award would also expand the Health Services Harm Reduction Division's (HRD) Overdose Education and Naloxone Distribution (OEND) Naloxone Access Point program to three to-be-determined County criminal courthouse locations. Funds were also requested to expand Public Health's Client Engagement and Navigation Services (CENS) program. If awarded, Public Health and Health Services will be able to invest \$3.5 million over five years in additional overdose prevention activities.

Health Services HRD continues operation of the OEND prevention program that complements harm reduction services offered through Public Health and are focused on the delivery of harm reduction services, overdose response training and naloxone distribution to people of color (POC), individuals who are justice-involved, PEH, PWUD, people engaged in sex work, and people who are LGBTQ-identifying. From December 2023, the OEND program distributed over 39,000 units (78,000 doses of naloxone)², including over 13,000 units to people leaving LA County jails and 27,000 units distributed directly to PEH, PWUD and people engaged in sex work. The program also conducted 200 overdose response trainings for over 500 people and received more than 2,554 reports from community members of naloxone use in overdose events.

The HRD-OEND program is leading the Keep Each Other Safe campaign and works in partnership with Health Services' Housing for Health (HFH) and Office of Diversion and Re-entry (ODR) as well as LAHSA to coordinate training and naloxone distribution at interim and permanent supportive housing sites. The campaign will distribute naloxone and wall boxes (i.e., unlocked, wall-mounted units in which to place naloxone) in housing sites across LA County and will provide training and technical assistance to ensure readily available access to naloxone in case of overdose events. The Keep Each Other Safe campaign is a multi-year initiative that initiates training, technical assistance, and supply purchases for housing sites in phases. Training began in November 2022, and in April 2023 housing sites began installing naloxone wall boxes.

Health Services' ODR has operated the LEAD (Law Enforcement Assisted

¹ Song for Charlie is a national family-run, nonprofit charity dedicated to raising awareness about 'fentapills' — fake pills made of fentanyl: <http://www.songforcharlie.org>

² Each box of intranasal naloxone included two doses of naloxone.

Diversion/Let Everyone Advance with Dignity) program since 2017. LEAD is centered at the intersection of public health, public safety and racial justice. The program is building a non-punitive, community-based system of response and care to better address the root causes of frequent contact with law enforcement that is related to substance use, unmet mental health needs, and/or extreme poverty. LEAD reduces racial disparities in arrests, filing and sentencing by referring to voluntary, long-term, harm reduction case management. LEAD focuses on individuals who have multiple contacts with the criminal legal system and are at high risk for recidivism; are typically excluded or underserved by existing programs including people who identify as Transgender, Gender Diverse, Intersex or non-cisgender (TGI), PEH, PWUD, people who trade sex, immigrants, people living with HIV/AIDS; and/or are disproportionately impacted by racial disparities in policing, arrests, and sentencing.

Heath Services HRD partnered with LAHSA and Community Health Project Los Angeles to expand the reach of the OEND program to more interim housing providers by adding training on overdose prevention to the agency's Centralized Training Academy website and streamlining distribution of naloxone. The Centralized Training Academy can be accessed by any staff members working at an agency funded by LAHSA. OEND also supported LAHSA's application to the California Department of Health Care Services' (DHCS) Naloxone Distribution Project.

Heath Services HRD partnered with Health Services HFH to embed harm reduction services in its Street-Based Engagement programming. Since January 2023, the Multidisciplinary Teams distributed over 6,000 units of naloxone to PEH in areas such as underpasses, riverbeds, and the desert. All Multidisciplinary Team members participated in intensive harm reduction trainings and have been trained on overdose prevention strategies and overdose response.

Heath Services HRD partnered with Special Services for Groups, Homeless Outreach Program Integrated Care System (SSG/HOPICS) and Bienestar to expand harm reduction services for overdose prevention in SPA 6 and 8, respectively. SPAs 6 and 8 have demonstrated a large unmet need for harm reduction services due to their high concentration of overdose deaths, people recently released from incarceration, and POC. Since September 2022, these street-based harm reduction teams have distributed over 3,504 units/7,008 doses of naloxone directly to PEH, PWUD and people engaged in sex work. These programs received over 257 reports from community members of naloxone use in overdose events.

Heath Services HRD partnered with Homeless Healthcare Los Angeles to implement a first of its kind overdose response team in Skid Row. The program operates seven days a week from 9:00 am to 2:00 pm and responds to overdose events with customized golf carts equipped with oxygen, overdose kits (that include naloxone, Cardiopulmonary Resuscitation [CPR] face shields, quick reference guides), fentanyl test strips, sterile syringes and other harm reduction supplies. All program staff are trained and certified by

the Red Cross in Adult and Pediatric First Aid, CPR, and automated external defibrillator (AED). In an overdose event, staff are trained to continue providing overdose response until the participant becomes responsive and/or Emergency Medical Services arrives. This new street-based overdose response team is focusing its efforts on the most concentrated areas of drug use in the community, and is providing overdose prevention education, overdose reversals, syringe distribution and needle clean-up services within these sites. Since December 2022, the street-based overdose response team successfully reversed over 70 overdoses and received over 400 reports from community members of naloxone use in overdose events. They have also distributed over 7,216 units/14,432 doses of naloxone directly to PEH, PWUD and people engaged in sex work.

Health Services HRD is planning for the transition of the David L. Murphy Sobering Center, which has been greatly underutilized as a sobering center, into a Harm Reduction Health Hub serving the Skid Row area. The Health Hub will continue to offer sobering and respite beds; however, its services will be expanded to include a drop-in center, behavioral health referrals, light-touch case management, health care which specializes in serving PWUD, harm reduction services and supplies, food, and access to basic essentials. The need for a Health Hub in the Skid Row community was voiced by residents of Skid Row during the Health Services HFH coordinated Skid Row Action Plan. Plans are still in the initial phases of development, but a tentative soft launch of the Health Hub is slated for January 2024.

Health Services HFH mobile units (which launched in September 2022) provided street medicine to unsheltered clients throughout LA County. Mobile clinic staff provide on-demand substance use care to clients, including provision of MAT services and contingency management, expedited referrals to substance use treatment centers, and dispensing of harm reduction equipment, including fentanyl test strips, naloxone, and safer use supplies. Social workers, substance use counselors, and community health workers with lived experience are supporting clients with co-occurring mental health and SUD diagnoses as they pursue healthier living with substance use. Since September 2022, four mobile units operating in each SPA to over 50 communities have provided over 3,200 encounters, with services provided in unsheltered settings as well as in Inside Safe motels/hotels.

Mental Health launched a Naloxone Distribution Program in January 2023 that placed emergency boxes in each of the 16 Outpatient Mental Health Clinics; and trained all Homeless Outreach & Mobile Engagement (HOME) Team staff on the administration of nasal naloxone and distribution of this life-saving medication to PEH throughout LA County. The Pharmacy Division at Mental Health also began a program for the distribution of fentanyl test strips during the Spring of 2023.

Project #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.

Public Health operates time-limited (up to 180 days) recovery-oriented housing, known as Recovery Bridge Housing (RBH), for individuals who are concurrently enrolled in some form of outpatient SUD treatment. This is a non-Drug Medi-Cal (DMC) covered benefit; therefore, this essential service is currently covered with Measure H, Care First Community Investment (CFCI), and other local and State funds. Since the update on December 6, 2022, Public Health received a \$61.9 million award from the California DHCS Behavioral Health Bridge Housing (BHBH) grant through June 2027 to support an additional 300 RBH beds and a new pilot for 100 Recovery Housing (RH) beds to grow the recovery-oriented housing-continuum for individuals in recovery from SUD who voluntarily prefer abstinence-based housing. RH beds will soon be available for up to 12 months for individuals who seek a recovery environment and who are encouraged, but not required, to participate in ongoing treatment or recovery services. The BHBH grant allows for start-up funds to purchase small furnishings and equipment, and perform minor renovations, to bring the additional 400 beds on-line; and supports housing navigation services for existing and expanded RBH and RH participants to help secure permanent housing and support immediate housing needs (e.g., assistance getting IDs and other vital documents, transportation, food, hygiene products). The program development and contracting process for new RBH and RH beds and other services is beginning now. At the July 11th, 2023 Board meeting, your Board passed a motion authorizing the receipt of these award funds. After the grant term ends in June 2027, Public Health will need to identify other resources to continue access to the 300 RBH and 100 RH beds. Public Health plans to demonstrate the efficacy of this program in support of ongoing advocacy for continued funding from the State.

In January 2023, Health Services HFH opened a new interim housing site in SPA 8 called Safe Landing in partnership with Exodus Recovery, Inc. Safe Landing provides low-barrier, easy-to-access interim housing based on a Housing First model. Safe Landing accepts PWUD, including those who are under the influence, PEH, persons engaged in sex work, and those impacted by the criminal justice system. Law enforcement and emergency responders are able to divert persons to Safe Landing in lieu of taking them to jail or emergency rooms. In addition to interim housing and respite beds, Safe Landing also provides comprehensive medical and mental health care through its partnership with LA Christian Health Centers. Since opening, Safe Landing has served 1,037 across the stabilization and triage beds at the facility. Two hundred three (203) of these participants have been linked to physical health services, 28 to mental health services, 18 to SUD treatment, and 117 to benefits advocacy services. Of the 136 participants residing in longer-term stabilization beds, Exodus staff have supported 85 in obtaining both CA ID and Social Security Cards to meet the CES Document Readiness requirement for a permanent housing match.

Health Services HFH updated provider Statements of Work to include more precise language around harm reduction needs as well as requirements for trainings on Harm

Reduction, Trauma Informed Care and Housing First models, which are the tenants of HFH. HFH, in partnership with the HRD, disperses naloxone and harm reduction supplies to all 70+ contracted agencies for the 22,000+ clients in supportive interim and permanent housing, case management, street-based engagement and a range of other PEH supportive programs. HFH is currently expanding to provide and install wall boxes in all its project-based sites throughout LA County. Permanent housing is a direct deterrent to recidivism and with housing and harm reduction supplies, providers can reach and serve the most vulnerable justice-involved individuals.

Health Services ODR's LEAD program is currently active in three locations with the capacity to serve 380 individuals and recently received funding to expand programming to up to nine locations with the capacity to serve 1,000 individuals. There are 280 permanent supportive housing subsidies available through Health Service's Flexible Housing Subsidy Pool (FHSP), funded through CFCI and there is a proposal pending with the CFCI committee for additional FHSP subsidies for LEAD. LEAD utilizes a Housing First approach and works with PWUD while in housing to connect them to treatment options.

Mental Health provided training on overdose reversal to community partners that provide housing for adolescents and distributed naloxone to those programs as well. Naloxone is also distributed by the Full Service Partnership (FSP) teams who frequently work with clients transitioning from homelessness into housing.

Project #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.

Public Health collaborates with Health Services, Mental Health, and LAHSA to expand and improve SUD services for PEH in Permanent Supportive Housing (PSH), Project Roomkey, Mainstream Services Integration (MSI), and Homeless Encampment Outreach projects. Since the update on December 6, 2022, 14 new PSH co-locations and nine Mainstream Services sites have been added for a total of 174 PSH, 64 MSI, four homeless encampments, and two homeless shelter sites where CENS providers deliver SUD services. Since the last update, the remaining Project Roomkey site where CENS delivered SUD services has been terminated. Public Health also newly launched CENS for youth at 8 CENS Area Offices in each SPA to facilitate access to early intervention and SUD treatment services among youth (ages 12-17) with complex needs in LA County. The program serves to strengthen collaboration and strategic partnerships with a variety of youth-serving organizations such as schools, child protective services, and County partners to ensure successful connections to treatment services for youth (especially among justice-involved and foster youth) by screening and providing warm hand offs into early intervention or treatment services.

To better leverage available funding options and expand access to navigation services at

critical locations and for high-priority populations, Public Health is also working with its CENS providers to leverage DMC reimbursement in Fiscal Year (FY) 2023-2024 for select services (e.g., screening, referral, outreach). Leveraging DMC opportunities should result in cost savings for non-DMC funding streams that can be redirected to support expansion of services to justice-involved, PEH, and other hard to engage populations.

On June 15, 2023, Mental Health presented to the Mental Health Services Act (MHSA) Oversight & Accountability Commission an Innovations project application to create new regional, field-based, multidisciplinary teams dedicated to serving PEH who are living in interim housing. The project was unanimously approved by the MHSA Oversight and Accountability Commission and is designed to address current gaps in behavioral health and physical health services, support interim housing stability, facilitate transition to permanent housing and prevent a return to homelessness.

Mental Health opened a drop-in center in January 2023 to provide low-barrier navigation to housing, SUD and mental health treatment, and criminal justice programs for mental health.

Project #5: Provide recommendations to expand harm reduction efforts including, but not limited to, developing a plan to establish safer consumption sites in the County, expanded distribution of fentanyl strips, naloxone, drug checking and low-threshold Medications for Addiction Treatment (MAT), including in carceral facilities for adults and youth, and exploring the feasibility of funding for prevention case management.

Since the update on December 6, 2022, LA County submitted a proposal to the Centers for Disease Control (CDC) to expand harm reduction efforts, as effective access and implementation requires allocating more flexible non-federal funding to specifically increase distribution of fentanyl strips, purchase of additional naloxone doses when the California DHCS Naloxone Distribution Program experiences shortages in supply for LA County, and availability of drug checking technology for CBOs who serve PWUD (see Project #2).

Additionally, Public Health's partnership with the University of California, Los Angeles (UCLA) Drug Checking Project has expanded to three community-based locations (East Los Angeles, Skid Row in Downtown Los Angeles, and in Hollywood), and if awarded, the CDC grant would enable expansion to additional sites. Two EOP Hubs (Homeless Healthcare Los Angeles and Bienestar) are also in the process of purchasing drug checking equipment and operationalizing their drug checking programs which are expected to launch during FY 2023-2024.

Governor Newsom's veto of Senate Bill (SB) 57 last year presented a setback for harm reduction advocates seeking to open safer consumption sites locally. Subsequently, the Governor directed California's Health and Human Services

Agency to meet with city and county officials across the state to discuss creating supervised spaces where PWUD could consume legally while being engaged with harm reduction services and report their findings back to the legislature. These meetings were convened by a senior facilitator from California State University Sacramento and hosted by Health Services in partnership with Public Health on February 10, 2023, in Skid Row area of LA and also involved State officials and CBOs. Additionally, Health Services and Public Health sent delegates to similar meetings in San Francisco and Oakland on February 15 and 16, 2023, respectively. These meetings covered the existing set of overdose response initiatives in each jurisdiction and reviewed the legal and regulatory obstacles to creating safer consumption spaces.

To inform the deployment of safer consumption spaces in LA County, Public Health coordinated a delegation that also included Health Services and CBO – SSG/HOPICS to visit established safer consumption sites between May 17, 2023, and May 26, 2023, in Copenhagen, Denmark; Barcelona, Spain; and Lisbon, Portugal. During this visit, the delegations learned about community organized efforts to engage PWUD and opportunities for broad-based deployment of low-threshold harm reduction services and substance use treatment services. A report summarizing the learnings from these visits is anticipated during the first quarter of FY 2023-2024.

Public Health and Health Services remain engaged with a coalition of stakeholders to determine pathways for establishing a safer consumption site pilot in LA County. This coalition includes the Los Angeles County Harm Reduction Steering Committee, academic partners, law enforcement, and prosecutors. Establishing a safer consumption site pilot will require allocation of flexible local funding as well as support from local leadership across health, judicial, law enforcement, and other sectors in order to remain viable.

Public Health continues to lead the bi-monthly MAT Learning Collaborative (with meetings on January 12, 2023, March 23, 2023, and June 1, 2023) to grow the availability of low-threshold MAT. In parallel, Health Services is growing the operation of its MAT telephone consultation through which clinicians and staff working with Health Services operated and affiliated services can obtain on-demand MAT consultation including MAT prescriptions issued to local pharmacies. This call line fielded 345 calls for low-threshold MAT services between December 5, 2022, and June 30, 2023, specifically including MAT being provided to people being released from carceral settings. Public Health is also preparing for addiction support (through the aforementioned CDC grant and when opioid settlement funding becomes available) which will be used to expand the reach of the MAT consultation line to additional sites in the community.

Additionally, Public Health established an updated harm reduction syringe program certification program in May 2022 that formalized the pathway for EOP Hubs to

conduct field-based harm reduction services and establish an updated, lower-barrier pathway for these programs to initiate harm reduction syringe services that both adhere to California syringe exchange statues and eliminate the unnecessary local barriers to harm reduction syringe services that were previously in place. As of June 30, 2023, Public Health has certified a total of 16 harm reduction syringe services programs, up from seven in May 2022.

Health Services HRD is collaborating with Health Services hospitals and the Ambulatory Care Network (ACN) to expand and coordinate distribution of safer use supplies across their facilities. The goal is to promote health and social inclusion, better serve PWUD, help increase engagement in health services, and reduce overdose deaths. An 18-month strategy was proposed in December 2022 that included a timeline and budget for a phased implementation. The plan includes provider harm reduction literacy, language, education, and patient and provider messaging. While the proposal and activities are planned across Health Services' system, a concerted focus will be made on primary care to reduce empaneled patients' emergency department utilization and increase engagement with health services. During this period, HRD will be responsible for centralized coordination across Health Services for training, technical assistance, supply procurement, storage, and distribution to clinics and hospitals. By the end of the project, hospitals and clinics will take on responsibility for continuing harm reduction service delivery and supply distribution.

As noted in the December 2022 report, the Board of Supervisors can further support the efforts of Health Services hospitals and clinics by allocating flexible funds which can be used for the purchase of harm reduction supplies and directing medical providers throughout the system to be trained on harm reduction and safer use strategies.

Health Services HRD is in the process of contracting for three Drop-In Centers and planning for the development of a Health Hub on Skid Row. The Skid Row Action Plan that emerged from a June 2022 board motion identified a need for a network of strategically located specialty services throughout the Skid Row area that meet the needs of PWUD. The Drop-In Centers and Health Hub are planned to be strategically located throughout the County and provide PEH, those engaged in sex work, PWUD, and those involved with the criminal justice system a safe space to rest, access bathrooms, receive referrals to services, charge cell phones, and receive harm reduction services and supplies. The Drop-In Centers and Health Hubs would be able to accommodate safer consumption services once authorized. The Board can support these efforts by allocating flexible funding for these spaces and their services and by supporting law enforcement policies and practices that do not criminalize or otherwise deter PWUD from accessing safer consumption services at these sites.

Project #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 Pre-Exposure Prophylaxis/Post-Exposure I.

Public Health's Divisions of SAPC, HIV and STD Programs (DHSP) and Acute Communicable Disease Control's (ACDC) Viral Hepatitis Program collaborate to ensure funding and programmatic support for HIV, viral hepatitis, and other STI screening and referral services (including referrals for HIV Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis). Since the update on December 6, 2022, each of the seven EOP Hubs communicated with both DHSP and ACDC about plans to refer or provide direct HIV and viral hepatitis testing and treatment for the current and upcoming FY. This includes staff completion of HIV pre-and post-test counseling training (2 EOP Hubs), attendance at an HIV and STI 101 workshop to equip staff with knowledge on how to speak with participants about risk factors, symptoms, and referrals for specialized medical services (5 EOP Hubs); and completion of application to obtain a Clinical Laboratory Improvement Amendment (CLIA) waiver to provide HIV and viral hepatitis testing to participants during harm reduction outreach (2 EOP Hubs).

Health Services continues to offer and conduct STI and HIV screening for patients. Expected Practices emphasize the importance of screening all patients, including PWUD, those who engage in sex work, those who are justice involved and/or PEH. Health Services is still exploring the option of conducting a feasibility analysis for universal STI and HIV screening in DHS emergency and inpatient care settings.

Mental Health provides screening at its Outpatient Clinics for STI, HIV, STI, and viral hepatitis. Trainings are also provided regularly to educate the staff on the referral process to SUD treatment, while also providing its own co-occurring groups for SUDs.

Project #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.

Public Health implements a variety of prevention, early intervention, and treatment services for young people directly and in collaboration with contracted CBOs. This includes services within the Probation camps and halls as well as Student Wellbeing Centers (SWBC) located within select high schools across the County. Since the update on December 6, 2022, events have continued in the following areas:

Community Prevention – Public Health staff and prevention contractors contributed to educating and engaging young people and their families about the impact of substance use on individuals and communities and opportunities to make local changes. Highlights during the period include:

- Public Health's Countywide prescription drug misuse prevention effort, "Let's Make a Difference," promotes three core safe medication practices: safe

storage, medication safety, and safe disposal as a means to reduce access and availability issues as environmental contributors to prescription medication misuse, including fentanyl. To date, CBOs have partnered with pharmacies throughout all eight SPAs, introduced 81 pop-up stands for outreach, engaged with thousands of community members, and collected 847 pledges from community members to practice core safe medication practices.

- SafeMedLA Community Education Action Team (CEAT) coordinated with Public Health providers on the Drug Enforcement Administration (DEA) bi-annual Drug Take Back Day on April 22, 2023. CEAT hosted and supported 30 collection sites for safe disposal of unused, unwanted, and expired opioids and other prescription (Rx) drug waste. This collaborative event encouraged individuals, families, and communities to clean out their medicine cabinets and properly dispose of prescription drugs, thereby reducing the risks and harms associated with prescription drug misuse and abuse, and environmental contamination.
- Public Health launched 448 fentanyl related outreach events and delivered 87 presentations to 4,818 parents, students, and school faculty. Its providers also conducted community education regarding Senate Bill 367, the Campus Opioid Safety Act in SPA 1, and the Measure, Store, and Lock (MSL) campaign in SPA 8. The provider network continues to utilize social media channels to disseminate educational materials and offer educational presentations on fentanyl prevention.

Student Wellbeing Centers (SWBC): Public Health staff deliver health education and substance use prevention, and collaborate to deliver mental and sexual health services, to high school students which by the Fall 2023 will include 41 of the total 50 locations. Highlights during the period include:

- Public Health staff at eight SWBCs provided training to the Peer Health Advocates (PHA) on the dangers of fentanyl and overdose prevention including naloxone administration. SAPC's Associate Medical Director for Prevention Services presented on the topic at Montebello High School during National Public Health Week and demonstrated how to respond to a potential overdose with naloxone; and conducted a presentation to 836 parents and 470 students in the Parent and Student Ambassador program, a component of Public Health's School COVID Prevention Program.
- Public Health Communications created YouTube videos featuring SAPC's Associate Medical Director for Prevention Services and a Montebello PHA demonstrating naloxone administration.
- Public Health SWBC staff became trainers for Hands Only Cardiopulmonary Resuscitation (HOCPR) and subsequently trained PHAs so that HOCPR

trainings can be provided to students at all SWBC. The PHAs will also conduct HOCPR awareness presentations.

Early Intervention and Treatment: Public Health's Drug Medi-Cal Organized Delivery System (DMC-ODS) benefits package offers a variety of early intervention and treatment services to young people. Highlights during the period include:

- Public Health continues to promote the expansion of Early Intervention Services under DMC for youth (ages 12-17) and young adults (ages 18-20) who have been screened and determined to be at risk of developing a SUD but who do not meet the medical necessity criteria for a SUD diagnosis. Network providers are now able to more effectively engage young people who need some services but do not require enrollment in treatment to address their needs and can expand this service option in a variety of clinic and community-based settings.
- Public Health collaborated with Azusa Pacific University (APU) to develop an evidence-based early intervention curriculum entitled "*Healthy YOUth: Early Intervention Curriculum*," to provide developmentally appropriate psychoeducation programming to youth and young adults struggling with substance use behaviors to improve their overall physical, mental, and social health and wellbeing. Currently, 58 staff members/counselors from 21 youth network treatment providers have successfully completed the required trainings and are delivering the early intervention services in their respective service locations.
 - The Healthy YOUth curriculum is delivered to youth at the Barry J. Nidorf (to transition to Los Padrinos upon closure) and Central Juvenile Halls through the CENS Program. CENS staff also offer SUD screening and care coordination to refer youth to post-release SUD services.
- Public Health is collaborating with APU to implement an evidence-based "Caregiver Guide" as a supplement to the early intervention curriculum to support caregivers and families of youth receiving services. As of June 2023, network providers can register for APU trainings on how to conduct the course.
- Public Health, in collaboration with the County's Probation Department, implemented SUD treatment services for the Secure Youth Treatment Facilities (SYTF) youth and young adults diverted from the California Division of Juvenile Justice at Campus Kilpatrick, and Barry J Nirdorf. Services at both camps are specifically designed for youth and young adults who meet the criteria for SUD or have been determined by a clinical assessment as being at significant risk for such a diagnosis. Service delivery for early intervention and treatment services include screenings; assessments; treatment planning, individual and group

sessions, care coordination and re-entry planning to ensure continuity of care post-release. All services provided are evidenced-based and trauma informed.

- Mental Health provides a number of treatment options in its Juvenile Justice Mental Health Programs including Seeking Safety (trauma plus substance use) for youth the Juvenile Halls; and a 10-to-12-week SUD treatment program based on Cognitive Behavioral Therapy (CBT) and Motivational Interviewing in the camps and Dorothy Kirby Center. In addition, in the Juvenile Halls Mental Health has the ability to provide MAT when needed. Mental Health collaborates closely with Health Services and Juvenile Court Mental Health Services (Pediatricians) to provide consultation whenever necessary.

Project #8: Expand the accessibility of contingency management interventions including consideration of prescription digital therapeutics for addiction treatment.

Public Health continues to prioritize the launch of Contingency Management (CM) as a key evidenced-based strategy for those with stimulant use disorder (StUD). The Medi-Cal funded CM programs use a digital platform as part of its incentive delivery program. Medi-Cal funded recovery incentives are aligned with clinically effective dollar values that have received state and federal policy approval. Since the update on December 6, 2022, California DHCS launched CM as a pilot Medi-Cal benefit under the DMC program on May 4, 2023, after a delayed launch. The State currently authorized CM services to be delivered at seven provider sites and 69 provider sites are in the process of completing training and lab registration. DHCS approvals will be completed on a rolling basis.

Health Services HRD launched implementation of the Housing Retention Contingency Management Pilot with a soft launch in July 2023. The pilot project will provide CM services to residents at risk of losing their housing due to substance use related behaviors; it stabilizes housing and improves health and other targeted behaviors through the use of incentives. It is a collaborative effort with Health Services HRD and HFH, Public Health, Brilliant Corners, and The People Concern, and it is funded by The Hilton Foundation. The program will be delivered by a multidisciplinary team in a specialized mobile van. The team visits participants at their housing location, develops CM goals, assesses progress towards achieving those goals, and issues incentives. The team will work closely with the participant's HFH Intensive Case Management Services Case Manager and property or facility management (as appropriate) to support the participant's progress towards reducing problematic drug use and housing retention. Contracting and hiring is currently in process.

Health Services SUD Working Group offers a CM program for treating StUD at Harbor UCLA and Los Angeles General Medical Center. Both programs offer \$10 to \$20 incentives for completing CM goals such as keeping appointments and abstaining from stimulant use. CM is offered in partnership with other SUD programming to ensure that participants receive wholistic care in treating their StUD.

Mental Health created a curriculum for SUD that includes CM, called Integr8Recovery. The model also uses CBT, harm reduction approaches, and leverages the digital environment for feedback and tracking. Integr8Recovery Groups are held in six directly-operated clinics, with plans to expand to all 16 directly-operated clinics in the next year.

Project #9: Expand efforts to explore and offer MAT options for methamphetamine and other SUDs.

Public Health continues to require that all contracted treatment providers educate clients with an alcohol (AUD) or opioid (OUD) use disorder on MAT options and either directly provide or effectively make referrals as needed. The Public Health MAT Learning Collaborative is described above in Project #5 and is organized around expansion of MAT adoption within contracted provider sites and other community health settings.

Since the update on December 6, 2022, Public Health led monthly Methamphetamine Task Force Treatment Committee meetings, and on May 1, 2023, provided comments on the draft American Society of Addiction Medicine (ASAM) National Practice Guideline on the treatment of methamphetamine use disorder (MUD) and other StUDs. Two Public Health physicians served on ASAM's National Practice Guideline Writing Committee and are preparing LA County specific guidelines on MAT for StUD after ASAM publishes the final version of the guideline in July 2023. Between December 2022 and June 2023, Public Health delivered nine presentations to Public Health, Mental Health, and community health center audiences on MAT for StUD using material that will be published in the final StUD guideline. Public Health has provided guidance to its contracted treatment agencies that off-label medications for MUD and other StUD are covered by Medi-Cal and that Public Health supports delivering the full range of effective medication, counseling, and support services for people with StUD in LA County.

Additionally, Public Health and Health Services jointly participated in the California Centers for Care Innovations Learning Collaborative beginning in March 2023, which included involvement of four Health Services primary care clinics (including the Health Services Mobile Clinics) and three federally qualified health centers (FQHCs); and recently hosted a learning session in LA on May 11-12, 2023, for all participating clinics across California. These learning sessions are key opportunities for clinics in LA County to expand their MAT programs for MUD, AUD, OUD and other SUDs.

Opioid overdoses have been a significant cause of morbidity and mortality in correctional facilities throughout the country. Medications for OUD have shown impressive results in reducing overdose deaths, decreasing suffering, and improving the wellbeing of patients. The preferred medication by medical professionals and

patients is the opioid partial agonist buprenorphine (Suboxone/Sublocade) due to its safety profile, relatively low level of side effects, ability to prevent overdoses, and improvement in treatment retention.

Most jails and prisons are not providing adequate treatment for OUD. Health Services' Correctional Health Services (CHS) has had difficulty providing sublingual buprenorphine-naloxone (Suboxone) to all patients because, as a controlled substance, it needs to be given under directly observed therapy with a nurse and deputy; it has not been possible to hire enough staff to reach all the estimated 1,400 patients that need treatment on any given day. Long-acting injectable buprenorphine (Sublocade) has the advantage of being given once monthly, thus eliminating the need for daily treatment administration. It also ensures that patients already on long-acting treatment when they are released into the community, a particularly vulnerable time for overdose and death.

Health Services CHS began providing injectable buprenorphine to patients in July 2022. Since then, the number of patients currently on treatment for OUD has increased from 230 to 873 as of June 2023. Access to buprenorphine is expanding to all jail facilities by July 2023. CHS Addiction Medicine Services (AMS) hired additional clinical pharmacists and nurses to meet demand. Though CHS continues to build capacity, the waitlist has decreased significantly, and it is expected that soon all patients will receive treatment within a day or two of entering the jail or expressing need. Due to the unparalleled size of the jail system, the ability to provide medications for OUD for all consenting eligible patients will be an important model for other correctional health systems throughout the country.

Health Services SUD Working Group provides culturally, developmentally appropriate, and trauma-informed medical care for treating SUDs. According to data from Health Services emergency departments, hospitals, and clinics, there is a slight increase in the number of patients with AUD and/or OUD. To help meet the treatment needs of this population, the SUD Working Group is actively seeking in-kind and grant supported funding. Since December 2022, Health Services has received almost \$1 million in funding. This includes funding for MAT; programs to increase health care provider's knowledge and understanding of SUDs; ensuring patients have timely connections to outpatient providers; linking high-risk priority youth to addiction specialists; and serving priority populations such as youth and those served by DCFS, out-of-home care, public clinics, hospitals, and emergency departments, or released from law enforcement.

Mental Health provides a continuing medical education training in coordination with Public Health to educate its physicians on MAT, including the use of medications to treat MUD. The policies and procedures are being updated to reflect a more modern approach to addiction treatment.

Project #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.

Public Health continues to require that DMC-contracted treatment providers' care coordinators take the Direct Service Training Curricula Courses provided by LAHSA which addresses Trauma-Informed Care, Cultural Humility, Housing First, Harm Reduction, Motivational Interviewing, and Critical Time Intervention. Public Health also hosts Cultural Competency Trainings each month for its SUD provider network and hosted a Trauma Informed Care Approaches for Working with Individuals with SUD training with its network on June 16, 2022. Public Health and its network of prevention providers regularly conduct trainings (multiple times each week) to county staff and the community that describe the substance use resources, specifically including prevention and treatment for fentanyl and/or methamphetamine use, available to the community. Public Health and Mental Health are collaborating to offer Seeking Safety trainings (an evidence-based behavioral treatment that helps people with trauma, posttraumatic stress disorder, and substance use) to both the Public Health SUD treatment network and mental health treatment network during FY 2023-2024.

Health Services HRD, as part of its OEND programming, is developing harm reduction trainings tailored to the medical setting and will provide trainings on harm reduction and overdose prevention to Health Services hospitals, clinics and ACN, HFH and ODR. Additionally, HRD is implementing a Workforce Development Program, with the objective of recruiting and training people interested in providing harm reduction services and expanding the skills and knowledge of those individuals and organizations providing harm reduction services. The program will help prepare organizations for the expansion of harm reduction services as an industry by increasing the capacity of current staff, improving their current skills, as well as identifying and training people interested in entering the field of harm reduction. Increasing the available harm reduction workforce will enable providers to expand their delivery of services in LA County.

A countywide needs assessment, implemented by stakeholders, is underway to assess harm reduction service needs and infrastructure to support training and the development of a larger harm reduction workforce. This workforce will be available to provide overdose prevention services and street-based outreach to PEH, PWUD, people engaged in sex work and people recently released from incarceration. The needs assessment will inform training and technical assistance (needed or provided) to harm reduction direct service staff and their supervisors as well as to people with lived experience seeking employment in the harm education sector.

Mental Health has provided training on overdose prevention and MAT to both its physicians and non-physician staff. Training includes trauma-informed and culturally competent approaches for special populations. The most recent two-hour continuing medical education training for staff physicians was held June 1, 2023, and included discussion on differential access to MAT between ethnic groups and proposed solutions. Additionally, Mental Health is distributing fentanyl test strips with a

focus on its services within Skid Row.

Project #11: Develop a framework and timeline, including key metrics and milestone goals, to define success related to addressing the overdose epidemic in the County.

Building upon the work outlined in this Board Motion and subsequent responses, Public Health developed the following framework to define success in addressing the overdose epidemic in the County and determining progress towards those goals. This involves:

- Monitoring the drug overdose death data to understand trends and identify actionable strategies to effectively address overdoses across the County. Public Health published the updated the Data Dashboards on overdose on December 7, 2022; Report on Fentanyl Overdoses in Los Angeles County, and Update: Report on Accidental Drug Overdose Deaths During the COVID-19 Pandemic on November 28, 2022; Accidental Drug Overdose Deaths by Drug Type report on March 23, 2023; and Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County: 2014-2021 on May 12, 2023. These are regularly used in program planning, and these reports include discussion about action strategies to reduce overdose death in LA County.
- Increased distribution of naloxone and other harm reduction supplies proportionally to the public health burden of overdose, with an increase in the units of naloxone and other harm reduction supplies that exceeds the increase in overdose prevalence each year in LA County from the prior FY. As discussed in Project #2 above, Public Health and Health Services programs distributed over 40,000 units of naloxone in LA County, including 13,000 units to people leaving LA County jails and 27,000 distributed directly to PEH, PWUD and people engaged in sex work, and increased the distribution of over 500,000 units of harm reduction supplies to PWUD biannually, representing an increase from baseline that exceeds the increase in overdose prevalence from 2021-2022.
- Increase in the count of overdoses reversed with naloxone as reported by CBOs and first responders that exceeds the increase in overdose prevalence each year in LA County from the prior FY. Between December 5, 2022, and June 30, 2023, CBOs and first responders reported over 2,554 community overdose reversals and 505 first responder reversals, both of which are undercounted from the actual count of reversals because not every community member and first responder who reverses an overdose reports it via established reporting mechanisms.
- Increased provision of MAT and other SUD services to PWUD in LA County, demonstrating an increase in MAT and SUD service delivery from the prior FY. Public Health published the SAPC Contracted Treatment Network FY 2021-2022 report on May 16, 2023, and maintains a metrics dashboard that includes

these metrics for the SAPC-contracted specialty SUD treatment systems. Within residential levels of care, as one example, the provision of MAT services to patients with AUD/OD increased five-fold between FY 2021-2022 and FY 2022-2023. From July through December 2022, Health Services provided MAT for AUD/OD to 4,717 unique patients, and from January 2023 through June 2023, these same settings provided MAT for AUD/OD to 5,655 unique patients (a 20% increase over the previous two quarters).

Project #12: Assess the funding in each Department's budget that is used to serve people who use drugs to determine how best to leverage funding to maximize the County's resources for this population, including the allocation of opioid settlement dollars, and identify funding gaps and work with the Chief Executive Officer on strategies to address those gaps.

The CEO is assessing funding options, including the opioid settlement dollars, to identify opportunities for investment in opioid overdose prevention efforts. Since the update on December 6, 2022, CEO has worked with Public Health and Health Services to compile funding information for current overdose prevention work (e.g., source, amount and duration, service type, target population) and identify funding gaps that impact the ability to appropriately scale essential services. CEO will continue to work with the Departments to determine the ability to identify funding to address service gaps.

Project #13: Direct the Chief Executive Officer, through the Legislative Affairs and Intergovernmental Relations Division, and the Los Angeles County Advocates in Sacramento and Washington D.C., to coordinate with the Directors of Public Health and Health Services, and the Acting Director of Mental Health, to advocate with Governor Gavin Newsom, the 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.

On [December 29, 2022](#), President Joseph R. Biden signed [H.R. 2617](#) – the Consolidated Appropriations Act, 2023 (Omnibus Package), which among other things reauthorized \$2 billion for the County-supported Substance Abuse Prevention and Treatment Block Grant (SABG), an increase of \$100 million above the Federal Fiscal Year 2022 enacted level. The Omnibus Package also provided \$505 million for opioid overdose surveillance and prevention; and, included County-supported Mainstreaming Addiction Treatment Act (the MAT Act), which repealed the requirement for health care practitioners registered to dispense controlled substances to apply for a separate waiver (known as the X Waiver) through the U.S. Drug Enforcement Agency to dispense buprenorphine for OUD maintenance or detoxification treatment.

Additionally, CEO Legislative Affairs and Intergovernmental Relations (CEO-LAIR) is collaborating with Public Health to advocate for permanent reauthorization of the Medicaid state plan option to lift the Institutions for Mental Disease (IMD) for SUD treatment. This would allow states with Medicaid 1115 waivers for SUD treatment in IMDs, such as the DMC-ODS waiver, to transition to a permanent state plan option.

In March 2023, CEO-LAIR collaborated with Public Health and Health Services to advocate in support of the Opioid and Fentanyl Response proposal in Governor Gavin Newsom's FY 2023-24 January Proposed Budget (January Budget). The proposal included \$93 million in Opioid Settlement Funds over four years beginning in FY 2023-24 to support youth- and fentanyl-focused investments, including \$79 million to increase distribution to first responders, law enforcement, CBOs, and county agencies; \$10 million for fentanyl program grants to increase local efforts in education, testing, recovery, and support services; \$4 million to support making fentanyl test strips and naloxone more widely available; and \$3.5 million ongoing to provide all middle and high school sites at least two doses of naloxone hydrochloride or another medication to reverse opioid overdoses on campus. On May 12, 2023, building on the opioid response investments proposed in the January Budget, the Governor's May Revision included an additional \$141.3 million in Opioid Settlements Funds over four years for the California DHCS to support the Naloxone Distribution Project, for a total of \$220.3 million over four years. Additionally, the May Revision included \$30 million one-time Opioid Settlements Fund in FY 2023-24 to support the development of a lower cost, generic version of a naloxone nasal spray product through the CalRx Naloxone Access Initiative at the Department of Health Care Access and Information.

In addition, in March 2023, CEO-LAIR's Sacramento Advocates collaborated with Public Health to successfully advocate for revisions to [AB 1055](#) (Bains), which as introduced, would have delayed the implementation of last year's County-sponsored [AB 2473](#) (Nazarian). As enacted, AB 2473 requires the California DHCS to implement changes by December 31, 2025, to the qualifications and registration or certification of personnel working within alcoholism or drug abuse recovery and treatment programs licensed, certified, or funded under state law. Without LA County's recommended amendments, AB 1055 would have instead required DHCS to adopt those regulations by December 31, 2027. AB 1055 is not proceeding this year.

CEO-LAIR continues to work with the impacted County departments to advocate for federal- and State-level funding and legislation to combat substance use and the overdose epidemic, including but not limited to additional resources for behavioral health workforce development, harm reduction and treatment services across the County

NEXT STEPS

Each Supervisor
September 21, 2023
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The County Departments and partner agencies will continue to collaborate on implementation of the projects described herein and report back to the Board of Supervisors biannually hereafter with the next report back in December 2023.

BF:gt

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors



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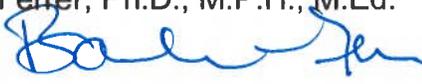
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December 21, 2023

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director 

SUBJECT: **CONFRONTING THE DRUG OVERDOSE EPIDEMIC
(BOARD AGENDA OF JULY 26, 2022, ITEM 11)**

This report is in response to the July 26, 2022 Board motion instructing the Director of Public Health (DPH), in partnership with the Department of Health Services (DHS), Department of Mental Health (DMH), Department of Children and Family Services (DCFS), Medical Examiner, Probation Department, Los Angeles County Homeless Services Authority (LAHSA), Los Angeles County Office of Education, Chief Executive Office inclusive of the Alternatives to Incarceration and Anti-Racism, Diversity and Inclusion initiatives, Long Beach Department of Health and Human Services, Pasadena Department of Public Health, other applicable entities and community stakeholders such as Federally Qualified Health Centers, managed care plans, hospitals, community-based organizations (CBO), and faith-based organizations, to develop and regularly update a plan of action to address the growing crisis of overdose deaths related to methamphetamine, fentanyl, opioids and other substances.

The following is the third report back on the following Board directed projects and reflects updates since the report back on September 21, 2023.

Project #1: Build on current planning processes and strategies to support shared goals around reducing the risk of drug overdoses.

DPH's Bureau of Substance Abuse Prevention and Control (SAPC) leads, coordinates, and participates in a spectrum of ongoing overdose prevention and response initiatives which involve the entities identified in the motion. DPH invited leadership from these

agencies and priority groups to participate in a third convening on November 6, 2023, to discuss how to continue to advance the overdose-related projects outlined below and to promote the elevation and coordination of these prevention and response strategies within this multi-sector coalition.

The Harm Reduction Steering Committee (HRSC), jointly operated by DPH-SAPC and DHS' Harm Reduction Division (HRD), convened meetings on September 27, 2023, October 25, 2023, and November 29, 2023; and four Listening Sessions with Los Angeles City community members in July that brought together people who use drugs (PWUD), engage in sex work (PESW), have justice system involvement and are experiencing homelessness (PEH) to inform future programming.

DPH-SAPC and DHS-HRD hosted a joint Opioid Settlement Funding Listening Session on October 17, 2023. It was well attended with participants actively discussing what types of strategies and programming should be funded with the settlement dollars and responded to a supplemental survey open through November 15, 2023. Major themes were abstracted to inform how DPH-SAPC and DHS-HRD apply the opioid settlement funding to community-based harm reduction programming.

Project #2: Ensure strategies to address the drug overdose epidemic among populations disproportionately impacted by overdoses, including persons of color, individuals who are justice-involved, people experiencing homelessness, and LGBTQ+ residents.

Since the update on September 21, 2023, DPH, DHS and DMH, continue to implement harm reduction programs and services, directly or in partnership with subcontracted providers. Key data highlights and new developments are as follows:

- DPH-SAPC's seven (7) contracted Engagement and Overdose Prevention (EOP) Hubs, described within the previous report back, conducted 11,944 service encounters, distributed 22,427 units of naloxone, 15,525 fentanyl test strips, 688,803 sterile syringes, and 6,299 wound care kits between September 1 and December 31, 2023. EOP Hubs reported 1,328 overdose reversals and 525 referrals to substance use treatment. Eighty-three percent of encounters were with PEH and the majority identified as Black or Latinx. More than 30 new outreach sites were also added.
- DHS-HRD and its contracted programs conducted 22,848 service encounters, distributed 58,982 units of naloxone to PWUD, PEH, PESW, and people recently released from incarceration; and reported approximately 3,200 overdose reversals and distributed approximately \$1,330,664 worth of harm reduction supplies between July 1, 2023, and November 30, 2023.
- DHS-HRD Overdose Response Team operating in the Skid Row area, and as further described within the previous report back, distributed over 10,000 units/20,000 doses of naloxone, reversed over 30 overdoses with an additional 120

reported reversals from community members and distributed over \$705,000 in harm reduction supplies since the previous report back to PWUD, PEH, and PESW.

- DHS-HRD's countywide Overdose Education and Naloxone Distribution (OEND) program, run in partnership with Community Health Project Los Angeles (CHPLA), continues to provide overdose education and naloxone through direct distribution to designated community sites, DHS programs and facilities, and community contractors, as described within the previous board report. The Clearinghouse has been supporting DHS hospitals and clinics to support implementation of naloxone and other harm reduction supply distribution. OEND is expected to distribute 20,976 units of naloxone and receive reports of 1,478 overdose reversals from September 21, 2023, throughout this reporting period.
- DHS Housing for Health (HFH) Street-Based Engagement (MDT) programs, described in the previous report back, distributed 6,000 units of naloxone and distributed over \$100,000 in harm reduction supplies between July 1, 2023, and November 30, 2023.
- DHS-HFH Mobile Clinic, described within the previous board report, provided nearly 2,000 individuals with direct care and vital linkage to resources and recently began distributing xylazine test strips to document if community xylazine is present to intervene with information and education.
- DHS-HFH is establishing a Harm Reduction Health Hub in Skid Row (likely at a location at 5th and Crocker Street) which will offer case management, respite beds, behavioral health services, light touch health care interventions, a drop in space and set-aside space for an Overdose Prevention Program if County approved.
 - DPH-SAPC and DHS are collaborating to ensure that the Harm Reduction Health Hub will also offer medications for opioid use disorder (OUD) onsite.
- DHS continues its transition of the 30-bed David L. Murphy Sobering Center, described in the previous report back, which may include case management, a drop-in space, and a dedicated space for an Overdose Prevention Program if County approved. The project was awarded \$2.7 million from AB109 in the Supplemental Budget Process, and \$5.0 million from AB109 in a previous funding cycle to make physical changes to the Sobering Center footprint and accommodate new services. The project is tentatively slated to begin operations in early 2024.
 - DPH-SAPC is collaborating with DHS-HRD to establish an on-site opioid treatment program (OTP) which offers people with OUD methadone, buprenorphine, and naltrexone.
- DHS' grant-funded LA County MAT (Medications for Addiction Treatment) Consultation Line, as described in the previous report back, was a finalist for the 2023 DHS IDEA Award. DHS and DPH continue to collaborate to expand the reach

of the LA County MAT Consultation Line to LA County residents using investments from Measure H, opioid settlement, and CDC funding.

- DMH placed naloxone overdose stations in all 16 directly operated clinics and trained staff on the use of fentanyl test strips and appropriate supplies, made available naloxone kits for clinic clients, equipped field-based providers with naloxone kits and fentanyl test strips, and offered training to prevent and respond to overdoses.
- DMH Homeless Outreach and Engagement (HOME) Team, the Men's Community Reentry Program (MCRP), and Full-Service Partnership (FSP) staff responded to a number of overdoses in the field among PEH clients; and non-DMH clients can receive naloxone and fentanyl test strips at the newly created drop-in center, headed by the Skid Row Concierge Outreach Team which provides overdose prevention education and supplies, housing navigation, and mental health services.

Additionally, Departments continued to implement and develop the following programs and efforts as outlined in previous reports, and ensure continued operation and growth:

- DPH and DHS are operationalizing the Centers for Disease Control and Prevention (CDC) \$3.2 million per year for five (5) years (Fiscal Year [FY] 23-24 through FY 27-28) award for overdose prevention and response activities.
- DPH is expanding access to SUD services for youth residing in Short Term Residential Therapeutic Programs (STRTPs); and collaborating with DPH, Probation, DMH, DCFS, and Office of Child Protection to provide recommendations and promote access to SUD services for youth with complex needs.
- DHS is creating access to low barrier MAT, harm reduction services like teaching and providing naloxone before discharge, education and safer consumption supplies like fentanyl test strips and syringes via mobile street teams and through partnership with emergency departments, hospital, clinics, and Community Health Services (CHS).
- DPH, DHS and DMH continued their collaboration on task forces to: 1) streamline navigation to MAT for those being discharged from jail; 2) coordinate overdose prevention in Skid Row; 3) address and coordinate methamphetamine prevention and treatment approaches; and 5) determine if xylazine is present in the drug supply (currently seen in about 4% of samples tested) and discuss use of xylazine test strips and educate patients and staff.

Project #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.

Since the update on September 21, 2023, DPH, DHS and DMH continued to expand recovery-oriented housing options for PEH as follows:

- DPH conducted two separate surveys to identify agencies who can quickly expand access to add 550 Recovery Bridge Housing (RBH) under the State's Behavioral Health Bridge Housing (BHBH) program and local Opioid Settlement funding, as described within the previous report back. A total of 545 potential RBH beds were offered by contracted agencies, and as of October 30, 2023, DPH met with 16 agencies and confirmed 208 beds are available for immediate occupancy and is currently in the contracting process. DPH will have approximately 1,650 RBH beds countywide after this expansion and has continued to meet with local and State leadership to emphasize the importance of ensuring a housing continuum inclusive of recovery-oriented options.
- DHS provided housing resources at all ambulatory, emergency, and inpatient service levels, and HFH teams work diligently to provide immediate housing referrals and resources, including Intensive Case Management Services (ICMS) that assist patients with complex care needs that require intensive medical, mental health and/or social service needs.
- DMH, in collaboration with UCLA and Eisenhower Medical Center, added SUD treatment as a service option for programs housing justice-involved youth.

Additionally, Departments continued to implement and develop the following programs and efforts as outlined in previous reports, and ensure continued operation and growth:

- DHS field services for the People Assisting the Homeless (PATH) program that provides vital linkage for unhoused patients that would not otherwise seek care.
- DHS HFH work on the Skid Row Action Plan and developing a second Safe Landing program in Skid Row.
- DMH offers housing services as a key component of justice-involved care at the Men's and Women's Re-Entry Programs (MCRP, WCRP); assists PWUD enter housing, which is a key activity of their efforts, including: the HOME Team, FSP, the Veteran Peer Access Network (VPAN), Enhanced Emergency Shelters for Transitional Age Youth (TAY, EESP), Interim Housing, Assisted Outpatient Treatment (AOT), and Prevent Homelessness Promote Health (PH)² programs. The

Skid Row Concierge Team also helps residents of Skid Row navigate current housing system labyrinth.

- DMH provides specialty mental health services in permanent supportive housing (PSH) through its Housing Supportive Services Program (HSSP), in collaboration with DHS' ICMS teams and DPH's Client Engagement and Navigation System (CENS) teams with the common goal of providing supports to help residents maintain and retain their housing.

Project #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.

Since the update on September 21, 2023, DPH, DHS and DMH continue to expand access to navigation services for people with SUD and co-occurring mental health and/or physical health service needs as follows:

- DPH is currently working on a new contract solicitation for release in early 2024 to operationalize new State BHBH funding for the provision of Housing Navigation services for all residents in RBH or Recovery Housing (RH), as outlined in previous report backs. Housing Navigation teams will work with clients while they are enrolled in RBH or RH to ensure they have a safe and stable housing plan ready for when they are discharged from these programs.
- DPH is working with CENS providers to expand use of Drug Medi-Cal (DMC) for select services (e.g., screening, referral, outreach) to better leverage available funding options and expand access to navigation services at critical locations and for high-priority populations. Two CENS providers have successfully piloted this process and DPH is working with all CENS providers to implement DMC billing/reimbursement by January 2024. Leveraging DMC will result in the ability to reinvest non-DMC funding in expanding other services for justice-involved, PEH, and other hard to engage populations.
- DHS, DMH and DPH are collaborating on the Interim Housing Outreach Program (IHOP) that will serve all eight SPAs and provide onsite services to individuals with physical and behavioral health needs including SUD linkage, support interim housing stability, facilitate transitions to permanent housing, and onsite harm reduction interventions (e.g., distribution of naloxone and fentanyl test strips) and SUD informational/educational sessions (individuals and group). Full implementation of the IHOP multi-disciplinary team (MDT) is projected for the third quarter of FY 23-24.

- DHS began piloting services in SPA 4 in mid-November 2023. The SPA 4 DPH provider has agreed to support the IHOP pilot project, part-time, with existing CENS staff.
- DPH received Mental Health Services Act (MHSA), Innovations Grant funding to further expand access to SUD treatment for unhoused individuals in interim housing sites.
- DMH received funding through the new BHBH program and will use the funding to enhance its current non-congregate interim housing and expand to new sites across the County for PEH with serious mental illness, many of whom have co-occurring SUDs.
- DPH added seven new PSH co-locations and one Mainstream Services Integration (MSI) site for a total of 181 PSH and 65 MSI sites where CENS providers deliver SUD services. DPH continues to collaborate with DHS-Correctional Health Services and DMH partners to leverage opportunities through CalAIM to promote behavioral health warm hand-offs through navigation services for justice-involved individuals with SUDs.
- DMH Men's Community Reentry should be expanded and decentralized throughout each SPA to promote reintegration, and provide supportive services such as employment, education, and housing for justice-involved populations. Dual DMH specialty mental health and Department of Health Care Services substance use treatment certification of these services would advance this goal.

Additionally, Departments continued to implement and develop the following programs and efforts as outlined in previous reports, and ensure continued operation and growth:

- DHS continues to collaborate with DPH and DMH with in-kind and grant funding to sustain and expand services that are vital in obtaining services for post-justice involved patients that are at a much higher risk of overdose death. DHS has one post-justice involved clinic at Harbor UCLA Department of Family Medicine called REACH that has served as a model for other clinics on how to provide expedited medical, social services, mental health services after incarceration. With CalAIM funding, DHS has a Community Health Worker (CHW) with lived experience who effectively helps post justice involved patients establish medical, mental health and psychosocial care.

- The DMH programs MCRP and WCRP have been involved in the planning and implementation of the CalAIM Justice-Involved Initiative for LA County. Together with DPH and DHS-Correctional Health Services, these DMH programs have developed workgroups to operationalize the initial screening, create the 90 days prior-to-release assessments, and establish the Adult Behavioral Health Warm Hand-Off and Youth Behavioral Health Warm Hand-Off protocol.

Project #5: Provide recommendations to expand harm reduction efforts including, but not limited to, developing a plan to establish safer consumption sites in the County, expanded distribution of fentanyl strips, naloxone, drug checking and low-threshold Medications for Addiction Treatment (MAT), including in carceral facilities for adults and youth, and exploring the feasibility of funding for prevention case management.

Since the update on September 21, 2023 DPH, DHS and DMH continue to expand harm reduction as follows:

- DPH is expanding its network of EOP Hubs to advance these services. DPH supports DHS' Youth Opioid Response program to increase staff capacity in the DHS hospital system to provide MAT to youth with complex needs. DPH has partnered with DHS to create and delivered MAT trainings for all the providers at the VIP (Violence Intervention Program) clinics (Pediatricians and SW) at DHS sites that see mostly DCFS youth with complex needs and DHS and DPH are conducting ongoing trainings and planning meetings.
- DPH is convening regular Community Meetings on Harm Reduction with the public, local government, and health officials, as well as law enforcement to provide a forum to address questions, concerns, and to hear about the positive impacts of harm reduction in order to inform its expansion of its EOP Hub network.
- DPH, DHS and a CBO (SSG/HOPICS), as described in the previous report back, visited safer consumption sites in Copenhagen, Denmark; Barcelona, Spain; and Lisbon, Portugal. The major findings of this visit included an understanding that safer consumption spaces (SCS) should be seen as part of the continuum of substance use services offered to LA county residents in addition to low-threshold harm reduction and treatment services. Presentations summarizing the learnings from these visits were delivered in July and October 2023.
- DHS-HRD's OEND program continues to work with DHS and DHS partners, including LAHSA, DPH, and DMH, to provide overdose prevention and response training and expand naloxone and fentanyl test strip distribution. OEND has provided increased technical assistance to housing sites countywide to reduce overdose deaths.

- LAHSA interim housing sites are participating in training, increasing naloxone distribution and started installing wall boxes with naloxone in common areas to ensure 24-hour access for housing participants.
- DHS HFH and Office of Diversion and Reentry (ODR) interim and permanent housing sites are installing wall boxes with naloxone offering 24-hour access, with an initial focus on Skid Row. To date, over 170 wall boxes have been installed at over 25 housing sites.
- DMH is offering trainings to its Interim Housing and Enriched Residential Care licensed residential care facilities on preventing overdoses through the use of naloxone. DMH uses Housing First and Harm Reduction models in its PSH and offers training on these models to DMH case managers.
- DHS-HRD is developing a series of spaces designed to be able to offer safer consumption spaces including Drop-In Centers and Harm Reduction Health Hubs as described above. DHS-HRD has selected 3 community contractors to establish harm reduction drop-in centers, and the contracts are expected to be executed by the end of December.

Additionally, Departments continued to implement and develop the following programs and efforts as outlined in previous reports, and ensure continued operation and growth:

- DPH and DHS remain engaged with a coalition of stakeholders to determine what legal pathways exist for establishing a safer consumption site pilot in Los Angeles County, including the Los Angeles County Harm Reduction Steering Committee, academic partners, law enforcement, and prosecutors. If a safer consumption site pilot is established, it will require allocation of flexible local funding as well as support from County leadership across health, judicial, law enforcement, and other sectors in order to remain viable.
- DHS remains committed to sustaining and expanding harm reduction and low threshold MAT at all DHS operated facilities and DHS has ambulatory MAT clinics at most of its locations with MAT visits embedded in primary care in these settings. Four DHS clinics (High Desert Regional Health Centers, Edward R. Roybal Comprehensive Health Center, Hubert H Humphrey Comprehensive Health Center, and the DHS Mobile Clinic Program) are recipients of the Centers for Care Innovation Addiction Treatment Starts Here capacity building grant award to increase capacity of treating SUD in primary care settings with MAT, integrated behavioral health services, and collaborations with community-based providers. As described in the previous report back, DHS-HRD continues to collaborate with DHS hospitals and the Ambulatory Care Network (ACN) to expand and coordinate safer use supplies distribution across their facilities.

- DHS' emergency departments, inpatient settings, and ambulatory settings currently provide SUD/MAT care via in-kind and/or grant supported programs. Sustaining and/or expanding services will require secure funding. The Board of Supervisors can further support the efforts of DHS hospitals and clinics by allocating flexible funds for the purchase of harm reduction supplies and directing medical providers throughout the system to be trained on harm reduction and safer use strategies.
- DHS' Integrated Correctional Health Services – Addiction Medicine Services (ICHS-AMS) provides a wide range of in-custody SUD treatment services for all adult patients who are housed in the Los Angeles County Sheriff Department's (LASD) jail system. As of October 2023, 5,804 individuals received sublingual buprenorphine and 2,886 received injectable buprenorphine. The waitlist has decreased and it is expected that all patients will receive treatment in a timely manner when entering the jail or expressing need.
- DMH provided training to psychiatrists, psychiatric nurse practitioners, and clinical pharmacists on the use of low-threshold MAT within its treatment services. DMH Clinics established co-occurring disorder treatment groups that do not require that clients have their SUD already in remission as a condition of participation. In this way, the harm of using substances is reduced as clients move at their own pace toward recovery. This program, Integr8Recovery, uses cognitive behavioral therapy (CBT) and contingency management (CM). Providing naloxone and fentanyl test strips is now a regular routine at DMH Clinics. Expansion of these services should include test strip for xylazine as well. Case management that addresses overdose prevention is currently in place, although ongoing training is needed.

Project #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 Pre-Exposure Prophylaxis/Post-Exposure I.

Since the update on September 21, 2023 DPH, DHS and DMH continue to expand bidirectional referrals for clients with SUD who are at-risk of or diagnosed with STIs:

- Five additional syringe services programs across the County have had staff participate in HIV pre-and post-test counseling trainings and are currently in the process of obtaining Clinical Laboratory Improvement Amendment (CLIA) waivers to support HIV testing of participants during harm reduction outreach.

- DHS clinics, emergency departments and hospitalizations offer directional screening, treatment and referral as needed supported by expected Practices emphasize the importance of screening priority patients, as described in the previous report back. DHS Mobile Services are now providing expansion of these vital services.
- DMH has updated its HIV testing policies to use an “opt-out” rather than “opt-in” approach, to assure broad testing among its clients.

Project #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.

DPH, DHS and DMH implemented a variety of prevention, early intervention, and treatment services for young people directly and in collaboration with contracted CBOs as follows:

- DPH conducted over 450 fentanyl related outreach events and delivered 178 educational presentations to 9,231 parents, students, and school faculty since 2022.
- In partnership with LACOE, DPH has reached out to all secondary schools across the County to explore the expansion of substance use education across their respective curricula and also to support training of their Health Educators to support elevated recognition of substance use considerations in the school setting.
- 39 of the total 50 DPH Student Wellbeing Centers will be staffed by Winter 2024. Highlights during the period include:
 - Sixty-four classroom education sessions are scheduled for over 1900 students on substance use and overdose prevention.
 - All SWBCs in the Los Angeles Unified School District (LAUSD) have naloxone kits for distribution and training for students who request them. 35 naloxone kits were distributed between July and October 2023. Fentanyl test strips have been available beginning in November.
 - The Peer Health Advocate Program of the SWBCs will present training of all peer leaders (394 students) by EndOverdose in November.
 - The SWBC Program Manager is participating in the LAUSD Opioid Task Force, a collaboration of school and community partners identifying additional strategies for prevention of overdose among students.

- DPH collaborated with Probation to launch substance use services at juvenile halls:
 - DPH CENS receive referrals for youth with an identified substance use concern as of September 2023, and provide additional SUD screening and coordinates referrals to community SUD treatment providers. CENS staff are trained for and deliver early intervention curriculum to youth housed within the juvenile hall as of November 2023. The screening process will be enhanced by the adoption of improved tools.
 - DMH psychiatrists closely follow youth taking medications for SUD as well as other mental health disorders for ongoing counseling, evaluation, and treatment planning.

- DPH collaborated with Probation to launch SUD treatment services for the Secure Youth Treatment Facilities (SYTF) youth and young adults diverted from the California Department of Corrections and Rehabilitation, Division of Juvenile Justice:
 - At Barry J. Nidorf, onboard staff to serve male youth in the SUD Unit, that launched on December 8, 2023, and which fosters a therapeutic environment for those in recovery. Future efforts will include (1) improving mental health staff knowledge and skills to better incorporate goals of substance abuse treatment into treatment planning, (2) prioritizing and titrating services for those youth known to be at the highest risk, and (3) improving care coordination between partner agencies to enhance client engagement. DPH also incorporated early intervention groups for all SYTF youth to increase access to on-site SUD services.
 - At Campus Kilpatrick, implementation continues as outlined in the previous report back.

- DHS collaborates with multiple agencies including DPH and DMH on the California Youth Opioid Response 3 "Quick Start for Youth" (YOR) assisting LA General and DHS addiction physicians to enhance access to services, incorporate the youth voice into work, and institutionalize interagency linkage and service to addiction care that includes MAT services. DHS physicians and SUD counselors work in partnership with DCFS, DMH, and DPH to provide a culturally, developmentally appropriate, trauma-informed medical model for treating youth with SUD; and links high risk priority youth to DHS addiction specialists. Priority population include youth engaged in DCFS, in out-of-home care, in public clinics, hospitals and emergency departments, or released from law enforcement. YOR aims to rapidly start treatment while bridging identified youth to longitudinal addiction care in medical homes.

Project #8: Expand the accessibility of contingency management interventions including consideration of prescription digital therapeutics for addiction treatment.

Since the update on September 21, 2023 DPH, DHS and DMH continue to implement contingency management strategies as follows:

- DPH is expanding the network of treatment providers who offer Contingency Management (CM) through the Medi-Cal benefit under the DMC program, which began on May 4, 2023. This program uses a digital delivery platform for the recovery incentive. The State has currently authorized CM services to be delivered at 37 sites, operated by 15 provider agencies. Another 30 provider sites are in the process of completing training and lab registration. DHCS approvals will be completed on a rolling basis. DPH has considered prescription digital therapeutics for addiction treatment but is not pursuing implementation at this time.
- DHS Mobile Services will be collaborating with the PEH Mortality Workgroup to launch a grant funded CM program in November 2023. DHS has already piloted CM at ambulatory and emergency department-based programs with grant funding. The goal remains to find secure funding and models for larger CM programs across DHS.
- DHS-HRD launched the Hilton Foundation-funded Housing Retention CM pilot in August of 2023, with eight enrollees in the first month at one Permanent Supportive Housing site on Skid Row and expanded to another site in Lancaster in late October with a total of 14 participants to date. Participants are already achieving their personally identified goals designed to help stabilize their housing. Additionally, leadership at housing sites has reported an overall reduction in problematic behavior that had previously impacted staff's ability to engage clients.
- DMH uses CM as a tool in its Integr8Recovery Co-occurring Disorder Treatment Programs, and in the Skid Row Concierge services. DMH plans to expand CM further in its clinics and programs.

Project #9: Expand efforts to explore and offer MAT options for methamphetamine and other SUDs.

Since the update on September 21, 2023 DPH, DHS and DMH continue to implement MAT options for methamphetamine and other SUDs as follows:

- DPH continues to prioritize the launch of CM as an evidenced-based strategy for those with stimulant use disorder (StUD) as outlined under Project 8.
- DHS continues to provide culturally, developmentally appropriate, trauma-informed medical care for treating SUDs and since the last report back there

has been an increase in the number of patients with alcohol (AUD), stimulant, and/or opioid use disorders (OUD). To help meet the treatment needs, the SUD Working Group is actively seeking in-kind, grant and DHS funding.

- DHS HFH Mobile Clinics continue to provide MAT in the field (e.g., encampment, RV interim housing) and explore how to best educate the homeless outreach community at large on MAT availability.

Project #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.

Since the update on September 21, 2023 DPH, DHS and DMH continue to expand trauma-informed and culturally responsive harm reduction and overdose prevention trainings as follows:

- DPH continues to host Cultural Competency Trainings and its network of prevention providers regularly conduct trainings to county staff and the community that describe the substance use resources, as outlined in the previous report.
- DPH and DMH continue to offer Seeking Safety trainings to both the SUD and mental health treatment network.
- DHS-HRD continues to expand trauma-informed and culturally responsive trainings for street-based homeless outreach teams and other community providers, housing site staff and participants, and DHS Hospitals and Clinics.
- DHS-HRD's Harm Reduction Workforce Development program, contracted with the Worker Education and Resource Center (WERC), commenced in-depth cohort-based learning for supervisors and direct service staff currently providing harm reduction services. Trainings include 'Trauma-Informed Care, Vicarious Trauma, and Boundaries' and 'Modeling Trauma-Informed Sensitivity and Recovery-Oriented Supervision.
- DPH-SAPC's Harm Reduction Leadership Program for harm reduction executives is a partner in this initiative.
- DHS-OEND is providing training on best practices for engaging PWUD using a trauma-informed lens and in August and began training DHS Hospital and Clinic staff. Further, DHS and OEND teams have trained the Social Workers, Community Health Workers, SUD Counselors, and Medical Case Workers working in the DHS Hospital and Clinic system of care in August 2023.

- DHS-OEND began providing training and technical assistance to housing sites that recently experienced overdose deaths, including trauma- and grief-sensitive overdose response trainings with both housing staff and participants and technical assistance on harm reduction interventions that can prevent overdoses including installation of wall boxes described above. Since the last report back, OEND contractor Community Health Project Los Angeles will have trained approximately 1,100 individuals on overdose prevention and response and trauma-informed engagement with PWUD.
- DMH continues to provide training on overdose prevention to all of its field-based teams and has equipped them with Naloxone. Ongoing trainings are planned to educate staff at various levels about harm reduction. The MCRP uses a culturally sensitive and population specific model when working with individuals with an incarceration history, and advocates for clients who experience discrimination from treatment programs or housing facilities. DMH MCRP works collaboratively with DPH-contracted residential substance use programs to serve these populations.

Project #11: Develop a framework and timeline, including key metrics and milestone goals, to define success related to addressing the overdose epidemic in the County.

Building upon the work outlined in this Board Motion and subsequent responses, DPH developed the following framework to define success in addressing the overdose epidemic in the County and determining progress towards those goals. This involves:

- New reports and data dashboards updated since September 21, 2023 include updated 2022 overdose numbers for DPH-SAPC's Fentanyl Data Report and updated Methamphetamine Dashboard: Tracking Patterns in Methamphetamine Use and Opioid Dashboard: Tracking Patterns in Opioid Use as part of DPH's Alcohol and Other Drug Surveillance Dashboard. Documents are available here: <http://publichealth.lacounty.gov/sapc/providers/data-reports-and-briefs.htm>
- Increased distribution of naloxone and other harm reduction supplies proportionally to the public health burden of overdose. As discussed in Project #2 above, DPH, DHS, and DMH distributed over 43,403 units of naloxone in LA County, including 20,976 units to people leaving LA County jails of which 85% were distributed directly to PEH, PWUD and PESW, and increased the distribution of over 20,000 units of harm reduction supplies to PWUD biannually, representing an increase from baseline that exceeds the increase in overdose prevalence from 2021-2022.
- Increase in the count of overdoses reversed with naloxone as reported by CBOs and first responders that exceeds the increase in overdose prevalence each year in LA County from the prior FY. Since September 21, 2023, CBOs and first responders reported over 2,802 community overdose reversals and 505 first responder reversals,

both of which are undercounted from the actual count of reversals because not every community member and first responder who reverses an overdose reports it via established reporting mechanisms.

- Increased provision of MAT and other SUD services to PWUD in LA County, demonstrating an increase in MAT and SUD service delivery from the prior FY via a service delivery data dashboard. Within residential levels of care, as one example, the provision of MAT services to patients with AUD/ODU increased five-fold between FY 2021-2022 and FY 2022-2023.
- Collaboration with probation where when naloxone is administered within Los Padrinos Juvenile Hall, an automatic notification to CENS is generated to ensure that screening and referral to SUD services are made available.

Project #12: Assess the funding in each Department's budget that is used to serve people who use drugs to determine how best to leverage funding to maximize the County's resources for this population, including the allocation of opioid settlement dollars, and identify funding gaps and work with the Chief Executive Officer on strategies to address those gaps.

Since the last update provided, the Board approved an Opioid Settlement Spending Plan (Plan) for the Distributors and Janssen national opioid settlements. The Opioid Settlement Spending Plan authorized allocation of \$15.6 million to four departments, including the DPH, DHS-ODR, the County Fire Department, and the County Medical Examiner's Office. Funding was allocated as part of the FY 2023-24 Supplemental Budget and funding is anticipated to be allocated to these departments for Board-approved uses for at least the next three years. Departments received funding for programming previously identified as areas of need related to overdose prevention, harm reduction, naloxone distribution, MAT, positive youth development, as well as various other opioid mitigation efforts.

The Chief Executive Office (CEO) is also tracking the potential for receipt of funds resulting from future opioid settlements and will develop proposed spending plans for Board approval, when appropriate, ensuring the continued collaboration between CEO and impacted departments, to address the County's most pressing needs related to the opioid crisis.

Project #13: Direct the Chief Executive Officer, through the Legislative Affairs and Intergovernmental Relations Branch (CEO-LAIR), and the Los Angeles County Advocates in Sacramento and Washington D.C., to coordinate with the Directors of Public Health and Health Services, and the Acting Director of Mental Health, to advocate with Governor Gavin Newsom, the 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.

In June 2023, CEO-LAIR's Sacramento Advocates collaborated with DPH to successfully advocate for revisions to the [draft Substance Use Disorder Licensing and Certification trailer bill](#) which would have undermined the advances made by last year's County-sponsored [AB 2473](#) (Nazarian) by completely repealing the Health and Safety Code 11833. As enacted, AB 2473 requires the California DHCS to implement changes by December 31, 2025, to the qualifications and registration or certification of personnel working within alcoholism or drug abuse recovery and treatment programs licensed, certified, or funded under state law. CEO-LAIR's Sacramento Advocates worked through the Assembly Budget Health & Human Services Subcommittee and the Administration to reinstate the language in the final Health Trailer Bill ([AB 118, Chapter 42, Statutes of 2023](#)) that repeals the voluntary certification procedure for alcohol and other drug treatment recovery services, and instead requires those programs to be certified. The bill also prohibits a program from offering alcohol and other drug treatment recovery services without certification and establishes procedures for certification, inspections of certified programs, and for revocation of certification from noncompliant programs.

In July 2023, the U.S. House of Representatives Committee on Energy and Commerce marked up and reported out [H.R. 4531](#), the Support for Patients and Communities Act, which would reauthorize the SUPPORT Act, the bipartisan opioid package enacted in 2018. Some of the key provisions under consideration which would increase federal resources for the County's SUD prevention and treatment efforts include: a permanent reauthorization of the Medicaid state plan option to lift the Institutions for Mental Disease (IMD) for SUD treatment that would allow states with Medicaid 1115 waivers for SUD treatment in IMDs, such as the DMC-ODS waiver, to transition to a permanent state plan option; prohibiting states from terminating Medicaid enrollment due to incarceration in order to simplify the reactivation of benefits upon reentry, and lifting the Medicaid inmate exclusion for pregnant women in pretrial custody; and, reauthorization of other public health programs focused on prevention, treatment, and recovery for patients with substance use disorder, and a permanent extension of Medicaid's required coverage of medication-assisted treatments. CEO-LAIR is collaborating with DPH to support the inclusion of these provisions into H.R. 4531.

In July 2023, the State Legislature and Governor Gavin Newsom finalized the State Budget Act of 2023 (State Budget) that included funding for several County-supported activities related to substance use and overdose prevention. Specifically, the State Budget includes \$14 million one-time Opioid Settlements Fund (OSF) over four years for fentanyl program grants to increase local efforts in education, testing, recovery, and support services to implement the State's fentanyl overdose reduction grant program (AB 2365, Chapter 783, Statutes of 2022), and to support innovative approaches to make fentanyl test strips and naloxone more widely available. Moreover, the State Budget provides \$74.8 million in Fiscal Year (FY) 2023-24, \$35.8 million in FY 2024-25, \$24.8 million in FY 2025-26, and \$24.1 million in FY 2026-27 from the OSF to expand the Naloxone Distribution Project, to increase distribution to first responders, law enforcement, community-based organizations, and county agencies. For the Overdose Prevention and Harm Reduction Initiative, the State Budget includes \$61 million one-time OSF over four years to provide grants to local health jurisdictions and community-based organizations to support syringe exchange and disposal program activities, including treatment navigators. Finally, the State Budget provides \$3.5 million ongoing Proposition 98 General Fund for Reversing Opioid Overdoses, for all middle schools, high schools, and adult school sites to maintain at least two doses of naloxone hydrochloride or another medication to reverse an opioid overdose on campus for emergency aid.

On October 10, 2023, Governor Newsom signed into law [SB 43](#) (Eggman, Chapter 637, Statutes of 2023), which expands the definition of "gravely disabled," for purposes of involuntarily detaining an individual with a severe SUD, or a co-occurring mental health disorder and a severe SUD, or chronic alcoholism that is unable to additionally provide for personal safety or necessary medical care. CEO-LAIR worked with the impacted County departments during the State legislative session to assess the bill language and share County's concerns with Senator Eggman's office.

CEO-LAIR continues to work with the impacted County departments to advocate for federal and State level funding and legislation to combat substance use and the overdose epidemic, including but not limited to additional resources for behavioral health workforce development, harm reduction and treatment services across the County.

NEXT STEPS

The County Departments and partner agencies will continue to collaborate on implementation of the projects described herein and report back to the Board of Supervisors biannually with the next report back in July 2024.

BF:gt

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Health Services
Mental Health
Children and Family Services
Chief Medical Examiner
Probation



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July 19, 2024

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director 

SUBJECT: **CONFRONTING THE DRUG OVERDOSE EPIDEMIC
(BOARD AGENDA OF JULY 26, 2022, ITEM 11)**

This report is in response to the July 26, 2022 Board motion instructing the Director of the Department of Public Health (DPH), in partnership with the Department of Health Services (DHS), Department of Mental Health (DMH), Department of Children and Family Services (DCFS), Medical Examiner, Probation Department, Los Angeles County Homeless Services Authority (LAHSA), Los Angeles County Office of Education, Chief Executive Office inclusive of the Alternatives to Incarceration and Anti-Racism, Diversity and Inclusion initiatives, Long Beach Department of Health and Human Services, Pasadena Department of Public Health, other applicable entities and community stakeholders such as Federally Qualified Health Centers, managed care plans, hospitals, community-based organizations (CBO), and faith-based organizations, to develop and regularly update a plan of action to address the growing crisis of overdose deaths related to methamphetamine, fentanyl, opioids and other substances.

The following is the fourth report back on the following Board directed projects and reflects updates since the previous report back on December 21, 2023.

Project #1: Build on current planning processes and strategies to support shared goals around reducing the risk of drug overdoses.

DPH's Bureau of Substance Abuse Prevention and Control (DPH-SAPC) leads, coordinates, and participates in a spectrum of ongoing overdose prevention and response initiatives which involve the entities identified in the motion. DPH-SAPC invited leadership from these agencies and priority groups to participate in a fourth convening on

June 27, 2024, to discuss how to continue to advance the overdose-related projects outlined below and to promote the elevation and coordination of these prevention and response strategies within this multi-sector coalition.

The Harm Reduction Steering Committee (HRSC), jointly led by DPH-SAPC and DHS' Harm Reduction Division (HRD), convened meetings on December 13, 2023, January 31, 2024, February 28, 2024, March 27, 2024, and May 29, 2024 to support implementation for these services to support people who use drugs (PWUD), engage in sex work (PESW), have justice system involvement and are experiencing homelessness (PEH) to inform future programming.

DPH-SAPC and DHS-HRD continue to conduct weekly coordination meetings on the County's harm reduction initiatives. Both also conducted quarterly coordination meetings with the City of Los Angeles on February 28, 2024 and June 26, 2024, to coordinate harm reduction services between LA County and the City of Los Angeles.

DPH, DMH, DHS, and several LA County-contracted community-based organizations (CBO) regularly participate in the Skid Row Overdose Prevention Committee focused on overdose prevention and response in skid row.

Project #2: Ensure strategies to address the drug overdose epidemic among populations disproportionately impacted by overdoses, including persons of color, individuals who are justice-involved, people experiencing homelessness, and LGBTQ+ residents.

Since the update on December 21, 2023, DPH, DHS and DMH continue to implement harm reduction programs and services, directly or in partnership with subcontracted providers. Key data highlights and new developments are as follows:

- DPH-SAPC's and DHS' networks of harm reduction programs collectively conducted 79,186 service encounters, distributed 251,358 doses of naloxone, 37,850 fentanyl test strips, 1,242,661 sterile syringes, and 19,645 wound care kits between December 22, 2023 and July 26, 2024. These programs reported 10,377 overdose reversals and 192 referrals to substance use treatment with an additional 544 encounters involving telehealth-provided addiction medication (through the LA County MAT Consultation Line service). 85% percent of encounters were with PEH and the majority identified as Black or Latino.
- These programs include the previously described DPH-SAPC contracted network of Engagement and Overdose Prevention Hubs (EOP Hubs). These operate complementary with DHS-HRD contracted Overdose Education and Naloxone Distribution (OEND) Program, Multidisciplinary Outreach Teams, Overdose Response Teams, Drop-In Centers, and DHS Housing for Health (HFH) Street-Based Engagement Multidisciplinary Teams.

- DPH-SAPC added five new EOP Hubs to expand the network of contracted programs from seven to twelve agencies and expanded an additional 65 new outreach events each week.
- The DHS-HRD network grew with three new harm reduction drop-in centers through contracts with Bienestar in East Los Angeles, Homeless Outreach Program Integrated Care System (HOPICS) in South Los Angeles, and Mental Health America of Los Angeles in Lancaster. These programs provide meals, harm reduction supplies, hygiene kits, HIV/STI testing and counseling, mental health support, drug checking, wellness groups, and referrals to social, medical, mental health, and substance use treatment services.
- DHS-HRD and DPH-SAPC have been working collaboratively with community-based organizations (CBO), LA City Council District 1 and the LA County Supervisor's office to mobilize around overdose prevention and harm reduction services in MacArthur Park. Both departments list which existing harm reduction programs operate in MacArthur Park and DPH-SAPC publishes a list of which substance use treatment services operate in the vicinity of MacArthur Park, with a coordinated plan for expansion of services to ensure ongoing overdose prevention coverage in MacArthur Park. DHS-HRD has identified ongoing funding to establish a harm reduction drop-in center in the MacArthur Park vicinity. DHS-HRD is preparing to release a Work Order Solicitation to contract with a CBO to operate the drop-in center. Additionally, DHS-HRD has applied with the State for one time AB109 one-time funding to implement a MacArthur Park Overdose Response Team, similar to the Skid Row Overdose Response Team described below. DHS-HRD will continue to collaborate with CEO to identify funding opportunities to fund this team long-term.
- DHS continues to advance, in collaboration with DPH-SAPC and DMH, the establishment of a Harm Reduction Health Hub in Skid Row at 5th and Crocker Street which will offer case management, intoxication/ inebriation support/post-overdose care, behavioral health services, light touch health care interventions, a drop in space and set-aside space for an overdose prevention program, as approved by local officials. DHS-HRD has identified two years of funding and are waiting for the identified space to complete construction of the space. The Crocker Street Health Hub will be part of the larger Crocker Campus being coordinated by Housing for Health as part of the Skid Row Action Plan.
- DHS continues its transition of the 50-bed David L. Murphy Sobering Center into a Harm Reduction Health Hub, which will include a drop-in space and a dedicated area for an overdose prevention program upon approval. DHS-HRD is currently working with the Internal Services Division (ISD) to redesign the space and are developing a Request for Proposals to identify community-based organizations to implement the Health Hub. Described in the previous report back, DHS continues its transition of the 30-bed David L. Murphy Sobering Center that will include case

management, a drop-in space, and a dedicated space for an Overdose Prevention Program.

- DPH-SAPC and DHS are collaborating to ensure that the Harm Reduction Health Hub and David L. Murphy Sobering Center sites above will have the full range of medications for opioid use disorder (OUD), including methadone, available onsite.
- Effective July 1, 2024, the DHS-HRD funded Skid Row Overdose Response Team expanded its hours of operation from six to twelve-hours daily. The Skid Row Overdose Response Team monitors Skid Row for overdoses to provide overdose prevention services. The Skid Row Overdose Response Team provides a set of dedicated teams to actively monitor Skid Row for potential and actual overdoses. Equipped with naloxone and oxygen, the team's goal is to prevent overdoses from happening and respond and reverse overdoses when they occur. Since the program's inception in December of 2022, the contractor has reversed 181 overdoses. In conjunction with this project, DHS-HRD has recently funded Homeless Health Care Los Angeles to provide overdose response training using their oxygen-naloxone overdose response model to eight community-based organizations which also provide overdose response services.
- The LA County MAT Consultation Line funded through DHS and DPH-SAPC described in the previous report back, provided low-threshold addiction medications to 545 Los Angeles County residents (>85% of whom were experiencing homelessness) between December 22, 2023 and July 26, 2024.
- DMH provides naloxone and prevents overdose through directly operated clinics, and the DMH Homeless Outreach and Engagement (HOME) Team, the Skid Row Concierge Outreach Team, and Full-Service Partnership (FSP) programs. DMH is also expanding its use of drug testing strips for newer and more dangerous street drugs. DMH continues to maintain naloxone overdose stations in all of its directly-operated clinics and trained staff on the use of fentanyl test strips and appropriate supplies, including naloxone and test kit distribution. DMH is expanding the supplies to include xylazine test strips and test strips for nitazines (new synthetic opioids that are more potent than fentanyl and not medically approved for any human use). DMH plans to provide training and supplies for wound care in response to the increasing severity of flesh wounds encountered on the street.
- DMH's Homeless Outreach and Engagement (HOME) Team, the Men's Community Reentry Program (MCRP), and Full-Service Partnership (FSP) staff has responded to overdoses in the field among PEH clients; and non-DMH clients can receive naloxone and fentanyl and other test strips at the newly created drop-in center, headed by the Skid Row Concierge Outreach Team which provides overdose prevention education and supplies, housing navigation, and mental health services.

Additionally, Departments continued to implement and develop the following programs and efforts as outlined in previous reports, and ensure continued operation and growth:

- DPH expanded access to SUD services for youth residing at 18 Short Term Residential Therapeutic Programs (STRTPs); and collaborated with DPH, Probation, DMH, DCFS, and Office of Child Protection to provide recommendations and promote access to SUD services for youth with complex needs.
- DPH, DHS and DMH continued their collaboration on task forces to: 1) streamline navigation to MAT for those being discharged from jail; 2) coordinate overdose prevention in Skid Row; 3) address and coordinate methamphetamine prevention and treatment approaches; and 4) determine if xylazine is present in the drug supply (seen in about 0.38% of samples tested between January and March 2024), and discuss use of xylazine test strips and educate patients and staff.

Project #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.

Since the update on December 21, 2023, DPH, DHS and DMH continued to expand recovery-oriented housing options for PEH as follows:

- DPH is in the process of adding 266 Recovery Bridge Housing (RBH) and 45 Recovery Housing (RH) beds under the State's Behavioral Health Bridge Housing (BHBH) program and local Opioid Settlement funding, as described within the previous report back. DPH expects that 300 RBH and 100 RH beds will be available for use by February 2025. DPH will have approximately 1,650 RBH beds countywide after this expansion and has continued to meet with local and State leadership to emphasize the importance of ensuring a housing continuum inclusive of recovery-oriented options.
- DMH received funding through the new BHBH program and will use the funding to enhance its current non-congregate interim housing and expand to new sites across the County for PEH with serious mental illness and/or co-occurring SUDs. DMH plans to utilize a portion of this funding to create approximately 200 interim housing beds and 50 triage beds in Skid Row as part of the Crocker Campus Project. The Crocker Campus Project is designed to be the cornerstone of implementing the recommendations from the Skid Row Action Plan, with a safe services space and harm reduction health hub. In addition, DMH plans to work with a third-party administrator to release a solicitation for the creation of additional interim housing beds that will aim to provide equitable access to interim housing across the county. These beds will prioritize CARE Court participants, and PEH with serious mental illness, including those with co-occurring disorders.

- The Justice, Care and Opportunities Department (JCOD) established on-demand emergency housing available through the JCOD Justice Connect Support Center focused on justice-involved residents who have a current bed resource need.

Additionally, Departments continued to implement and develop the following programs and efforts as outlined in previous reports, and ensure continued operation and growth:

- DHS field services for the People Assisting the Homeless (PATH) program that provides vital linkage for unhoused patients that would not otherwise seek care. DHS HFH work on the Skid Row Action Plan and developing a second Safe Landing program in Skid Row.
- DMH housing services for justice-involved care at the Men's and Women's Re-Entry Programs (MCRP, WCRP); and for PWUD via the HOME Team, FSP, the Veteran Peer Access Network (VPAN), Enhanced Emergency Shelters for Transitional Age Youth (TAY, EESP), Interim Housing, Assisted Outpatient Treatment (AOT), and Prevent Homelessness Promote Health (PH)² programs.
- DMH specialty mental health services in permanent supportive housing (PSH) through its Housing Supportive Services Program (HSSP), in collaboration with DHS' ICMS teams and DPH's Client Engagement and Navigation System (CENS) teams with the common goal of providing supports to help residents maintain and retain their housing.

Project #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.

Since the update on December 21, 2023, DPH, DHS and DMH continue to expand access to navigation services for people with SUD and co-occurring mental health and/or physical health service needs as follows:

- DPH is currently working on a new contract to operationalize new State BHBH funding for the provision of Housing Navigation services, starting in Fall of 2024, for all residents in RBH or RH, as outlined in previous report backs. Housing Navigation teams will work with clients while they are enrolled in RBH or RH to ensure they have a safe and stable housing plan ready for when they are discharged from these programs.
- DPH is working with CENS providers to expand use of Drug Medi-Cal (DMC) for select services (e.g., screening, referral, outreach) to better leverage available funding options and expand access to navigation services at critical locations and for high-priority populations. An Informational Notice was released on November 30, 2023, instructing all CENS provider agencies to implement DMC billing and reimbursement processes. Leveraging DMC will result in the ability to reinvest non-

DMC funding in expanding other services for justice-involved, PEH, and other hard to engage populations.

- DHS, DMH and DPH are collaborating on the Interim Housing Outreach Program (IHOP) that will serve all eight SPAs and provide onsite services to individuals with physical and behavioral health needs including SUD linkage, support interim housing stability, facilitate transitions to permanent housing, and onsite harm reduction interventions (e.g., distribution of naloxone and fentanyl test strips) and SUD informational/educational sessions (individuals and group). In November 2023, DHS piloted services at interim housing sites in SPA 4 and DPH-SAPC's contracted CENS provider supported the pilot on an as-needed basis. In February 2024, DMH provided approval for all CENS to begin interviewing and onboarding staff for IHOP. Full implementation of the IHOP multi-disciplinary team (MDT), with all three departments, in all 8 SPAs, is projected by the third quarter of FY 24-25.
- DPH implemented eight new PSH co-locations. The additional co-locations bring the total of PSH sites served to 192, with 133 existing PSH co-locations where CENS providers deliver SUD services. Additionally, since December 2023, CENS providers have delivered services to an additional 11 interim housing sites as part of Mainstream Services Integration (MSI). This brings the total sites served under MSI to a total of 76 sites served.
- DPH and DMH continues to collaborate with DHS' Correctional Health Services to leverage opportunities through CalAIM to promote behavioral health warm hand-offs through navigation services for justice-involved individuals with SUDs. Currently all adult patients (with very few exceptions) diagnosed with opioid use disorder are seen by an SUD counselor in jail who coordinates referrals on release. DMH continues to operate services in juvenile justice settings and is working toward integration with outpatient mental health clinics for children and adolescents. DPH, DHS and DMH continue conduct workgroups to operationalize the initial screening, create the 90 days prior-to-release assessments, and establish the Adult Behavioral Health Warm Hand-Off and Youth Behavioral Health Warm Hand-Off protocol for CalAIM justice-involved efforts.
- DMH Men's Community Reentry should be expanded and decentralized throughout each SPA to promote reintegration, and provide supportive services such as employment, education, and housing for justice-involved populations. Dual DMH specialty mental health and Department of Health Care Services substance use treatment certification of these services would advance this goal. DMH is also working with its contractors to place naloxone in its Foster Youth Care Homes.

Additionally, Departments continued to implement and develop the following programs and efforts as outlined in previous reports, and ensure continued operation and growth:

- DHS continues to operate one post-justice involved clinic at Harbor UCLA Department of Family Medicine called REACH as a collaboration with DHS' Correctional Health Service that has served as a model for expedited medical, social services, mental health services post incarceration.

Project #5: Provide recommendations to expand harm reduction efforts including, but not limited to, developing a plan to establish safer consumption sites in the County, expanded distribution of fentanyl strips, naloxone, drug checking and low-threshold Medications for Addiction Treatment (MAT), including in carceral facilities for adults and youth, and exploring the feasibility of funding for prevention case management.

Since the update on December 21, 2023 DPH, DHS and DMH continue to expand harm reduction as follows:

- DPH is expanding its network of EOP Hubs to advance these services, as described above. DPH and DHS collaborate on the Youth Opioid Response program to increase staff capacity in the DHS hospital system to provide MAT to youth with complex needs, which has been extended through September 2024.
- DPH is convening regular Community Meetings on Harm Reduction with the general public, with the most recent meeting convened on March 29, 2024 and with an additional community meeting planned for August 2024, in addition to a December 14, 2024 meeting with local government and health officials, and a January 29, 2024 meeting with law enforcement to provide a forum to address questions, concerns, and to hear about the impacts of harm reduction in order to inform its expansion of harm reduction programming in Los Angeles County.
- DPH, through Student Wellbeing Centers on 38 high school campuses, is expanding access to naloxone and substance use referrals. In April and May of 2024, 72 students were trained to administer naloxone, January 2024-May 2024, 2,305 students were educated on substance use themes and 13 were referred to providers for substance use support.
- DHS-HRD's OEND program continues to work with DHS and DHS partners, including LAHSA, DPH, and DMH, to provide overdose prevention and response training and expand naloxone and fentanyl test strip distribution. CHPLA OEND program staff recently installed harm reduction vending machines in a few new locations across the county including Mental Health America Los Angeles, SPA 1, The Sobering Center- SPA 4, the visitor area at Men's Central Jail and Century Regional Detention Facility, and Clare Matrix SPA 5.
- LAHSA interim housing sites continue to increase naloxone distribution. In addition to the original 170 wall boxes installed at housing sites during the COVID-19 pandemic, another 70 were installed in LAHSA housing sites.

- Housing for Health (HFH) and Office of Diversion and Reentry (ODR) interim and permanent housing sites are installing wall boxes with naloxone offering 24-hour access, with an initial focus on Skid Row. Since the December update, 50 wall boxes have been installed at housing sites--all interim housing sites have been equipped with naloxone wall boxes.
- DMH coordinated with DPH-SAPC to offer trainings to its contracted Interim Housing (IH) facilities on preventing overdoses through the use of naloxone. The training took place on January 11, 2024 and was attended by 30 staff from 11 of DMH's 26 interim housing sites. Participants learned to identify risk factors that may increase the risk of overdose, to recognize and respond to an opioid overdose using Naloxone, and to identify resources for accessing ongoing support and care. Additional training opportunities through DPH were also made available in November 2023. To date, 24 of the 26 DMH-contracted interim housing sites have one or more staff members who have taken advantage of the training opportunities or provided the date when they had most recently obtained overdose training elsewhere.
- DMH also worked with DPH-SAPC to offer naloxone training to its Enriched Residential Care (ERC) licensed residential care facilities on February 12, 2024. Approximately 30 staff from ERC facilities attended. DMH anticipates that this training will allow ERC staff to more easily identify signs of overdose and increase their capacity to respond in an effective and timely manner to mitigate negative outcomes.

Additionally, Departments continued to implement and develop the following programs and efforts as outlined in previous reports, and ensure continued operation and growth:

- DPH and DHS remain engaged with a coalition of stakeholders to determine what legal pathways exist for establishing a safer consumption site pilot in Los Angeles County. DHS-HRD, in collaboration with DPH, is expanding the of drop-in spaces described above that could serve as safer consumption sites/overdose prevention programs when approved by local officials.
- DHS continues to sustain and expand harm reduction and low threshold MAT at all DHS operated facilities and DHS has ambulatory MAT clinics at most of its locations with MAT visits embedded in primary care in these settings. DHS' emergency departments, inpatient settings, and ambulatory settings continue to provide SUD services and MAT.
- DHS' Correctional Health Services – Addiction Medicine Services (CHS-AMS) continues to provide a wide range of in-custody SUD treatment services for all adult patients housed in the Los Angeles County Sheriff Department's (LASD) jail system. As of June 20, 2024, 11,362 individuals received sublingual buprenorphine, 5,414 patients received Sublocade (long-acting injectable buprenorphine), and 287

patients received Brixadi (alternate long-acting injectable buprenorphine); and there are currently 233 patients on sublingual buprenorphine and 1,263 patients on injectable buprenorphine in jail. There is not currently a waitlist to receive treatment. Every person is screened for opioid use disorder upon entering the jail. Anybody that screens positive is seen by a medical provider and offered buprenorphine immediately (or as soon as medically appropriate).

- DMH psychiatrists closely follow youth taking medications for SUD in juvenile justice programs while providing integrated treatment of other mental health disorders for ongoing counseling, evaluation, and treatment planning. The uptake MAT in the Juvenile Justice programs has increased with increasing availability.
- DMH continues to operate co-occurring disorder treatment groups that do not require that clients have their SUD already in remission as a condition of participation. This program, Integr8Recovery, uses cognitive behavioral therapy (CBT) and contingency management (CM). Providing naloxone and fentanyl and other test strips is now a regular routine at DMH Clinics.

Project #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 Pre-Exposure Prophylaxis/Post-Exposure I.

Since the update on December 21, 2023 DPH, DHS and DMH continue to expand bidirectional referrals for clients with SUD who are at-risk of or diagnosed with STIs:

- Each DPH contracted EOP Hub maintains HIV and Hepatitis testing and linkage to care plans to ensure testing, prevention, and treatment options are available to LA County residents served by these programs. The EOP Hubs regularly convene with DPH Division of HIV and STD Programs and Acute Communicable Disease Control Viral Hepatitis leadership to ensure alignment with best practices. DPH published a health alert *Local Outbreak of Hepatitis A among Persons Experiencing Homelessness and/or who use Illicit Drugs* on May 10, 2024 and disseminated information about viral hepatitis vaccination and transmission prevention to DPH contracted EOP Hubs and substance use treatment networks.
- DHS clinics, emergency departments and hospitalizations continue to offer directional screening, treatment and referral as needed and DHS Mobile Services continue to provide expansion of these vital services.
- DMH has updated its HIV testing policies to use an “opt-out” rather than “opt-in” approach, to assure broad testing among its clients.

Project #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.

Since the update on December 21, 2023, DPH, DHS and DMH implemented a variety of prevention, early intervention, and treatment services for young people directly and in collaboration with contracted CBOs as follows:

- DPH conducted over 550 fentanyl related outreach events and delivered 265 educational presentations to over 10,000 parents, students, and school faculty since 2022.
- 39 of the total 50 DPH Student Wellbeing Centers (SWBC) will be staffed by Winter 2024. Highlights during the period include:
 - 146 classroom education sessions are scheduled for over 2,900 students on substance use and overdose prevention.
 - All SWBCs in the Los Angeles Unified School District (LAUSD) have naloxone kits for distribution and training for students who request them. 97 naloxone kits were distributed between January and May 2024. Fentanyl test strips have been available beginning in November 2024.
 - The Peer Health Advocate Program at eight campuses chose to focus on Substance Abuse Prevention for their culminating projects resulting in a health fair, flyers, skits, and other peer-to-peer outreach.
 - Partnered with DPH-SAPC Connecting to Opportunities for Recovery & Engagement (CORE) Center representatives at various SWBC sites to engage and outreach to students on substance use prevention.
 - The SWBC Program Manager is participating in the LAUSD Opioid Task Force, a collaboration of school and community partners identifying additional strategies for prevention of overdose among students.
- DPH collaborated with Probation to launch substance use services at Los Padrinos Juvenile Hall (LPJH):
 - DPH CENS provided on-site SUD screenings and connected youth to a continuum of SUD treatment services in the community, including early intervention, outpatient, residential, and recovery services. CENS serve as a resource hub for participating youth and young adults throughout their treatment while in custody and as they reintegrate into the community. CENS staff are trained and deliver early intervention curriculum to youth housed within LPJH. Since November 2023 over 850 youth have been screened by CENS at LPJH.
- DPH collaborated with Probation to launch SUD treatment services for the Secure Youth Treatment Facilities (SYTF) youth and young adults diverted from the

California Department of Corrections and Rehabilitation, Division of Juvenile Justice under Senate Bill 823. Outpatient SUD treatment services launched at three SYTF locations: Barry J. Nidorf, Camp Vernon Kilpatrick, and Dorothy Kirby Center. With this expansion, DPH providers now serve post-adjudicated male and female youth and young adults in Probation custody. Outpatient treatment services are also provided to youth and young adults in the other housing units at Barry J. Nidorf and the two other SYTF. In FY23-24 over 100 youth were served at SYTF facilities.

- DHS collaborates with multiple agencies including DPH and DMH on the California Youth Opioid Response 3 "Quick Start for Youth" (YOR) assisting LA General and DHS to rapidly institutionalize interagency linkage and service to addiction care that includes MAT services while bridging identified youth to longitudinal addiction care in medical homes. DHS physicians and SUD counselors work in partnership with DCFS, DMH, and DPH to provide a culturally, developmentally appropriate, trauma-informed medical model for treating youth with SUD; and links high risk priority youth to DHS addiction specialists. Priority populations are youth engaged in DCFS, in out-of-home care, in public clinics, hospitals and emergency departments, or released from law enforcement.

Project #8: Expand the accessibility of contingency management interventions including consideration of prescription digital therapeutics for addiction treatment.

Since the update on December 21, 2023, DPH, DHS and DMH continue to implement contingency management strategies as follows:

- DPH is expanding the network of treatment providers who offer Contingency Management (CM) through the Medi-Cal benefit under the DMC program, which began on May 4, 2023. This program uses a digital delivery platform for the recovery incentive. The State has currently authorized CM services to be delivered at 44 sites, operated by 21 provider agencies. Another 23 provider sites are in the process of completing training and lab registration. DHCS approvals will be completed on a rolling basis. DPH has considered prescription digital therapeutics for addiction treatment but is not pursuing implementation at this time.
- DHS Mobile Services launched a grant-funded CM program in early 2024. The project is located at a community-based site in North Hollywood and provides CM for stimulant use. In addition to providing financial incentives to participants weekly, the program also includes a support group. DHS has already piloted CM at ambulatory and emergency department-based programs with grant funding. The goal remains to find secure sustainable funding for CM programs across DHS.
- DHS-HRD launched a grant-funded CM pilot that focuses on keeping people housed. Since then, the program has expanded to four The People Concern housing sites including: Kensington Campus in Lancaster and The Lamp Lodge, The Village and 6th Street Place on Skid Row. The CM Pilot program

has maintained an average caseload of about 30 participants at a time and has seen 60 unique clients, many of which have re-enrolled in the 12-week program. Staff reported several categories of success among clients including job readiness, interest in MAT treatment, attendance of wellness group classes (including mental health and financial wellness sessions), family reunification and more which have overall contributed housing retention among participants.

- DMH uses CM as a tool in its Integr8Recovery Co-occurring Disorder Treatment Programs, and in the Skid Row Concierge services. DMH continues to expand CM further in its clinics and programs, which has been well-received by patients.

Project #9: Expand efforts to explore and offer MAT options for methamphetamine and other SUDs.

Since the update on December 21, 2023 DPH, DHS and DMH continue to implement MAT options for methamphetamine and other SUDs as follows:

- DPH continues to prioritize the launch of CM as an evidenced-based strategy for those with stimulant use disorder (StUD) as outlined under Project 8.
- DHS continues to provide culturally, developmentally appropriate, trauma-informed medical care for treating SUDs and since the last report back there has been an increase in the number of patients with alcohol (AUD), stimulant, and/or opioid use disorders (OUD). To help meet the treatment needs, the SUD Working Group is actively seeking in-kind, grant and DHS funding.
- DHS HFH Mobile Clinics continue to provide MAT in the field (e.g., encampment, RV interim housing) and explore how to best educate the homeless outreach community at large on MAT availability.
- DMH has updated its medication parameters, DPH has published an addiction medication information notice, and DHS maintains an expected practice each of which advance the use of MAT for stimulant use disorders and each department provides training for their department's respective clinical workforces on the use of these medications.

Project #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.

Since the update on December 21, 2023, DPH, DHS and DMH continue to expand trauma-informed and culturally responsive harm reduction and overdose prevention trainings as follows:

- DPH continues to host Cultural Competency Trainings and its network of prevention providers regularly conduct trainings to county staff and the community that describe the substance use resources, as outlined in the previous report.
- DPH and DMH continue to offer Seeking Safety trainings to both the SUD and mental health treatment network. DMH is greatly expanding its training for Seeking Safety through SAMHSA grant funding.
- DHS-HRD continues to expand trauma-informed and culturally responsive trainings for street-based homeless outreach teams and other community providers, housing site staff and participants, and DHS Hospitals and Clinics.
- DHS-HRD's Harm Reduction Workforce Development program, contracted with the Worker Education and Resource Center (WERC), commenced in-depth cohort-based learning for supervisors and direct service staff currently providing harm reduction services. Trainings include 'Trauma-Informed Care, Vicarious Trauma, and Boundaries' and 'Modeling Trauma-Informed Sensitivity and Recovery-Oriented Supervision.
- DHS-OEND is providing training on best practices for engaging PWUD using a trauma-informed lens and in August 2023 began training DHS hospital and clinic staff. Further, DHS and OEND teams have trained social workers, community health workers, SUD counselors, and medical case workers working at DHS hospitals and clinics. To date, 305 county staff have been trained on topics including harm reduction best practices, overdose prevention and naloxone. DHS also has a training team that offers additional training on trauma-informed care, motivational interviewing and other related topics. DHS-OEND provides training and naloxone access for its 105 street-based engagement teams providing services in the community for people experiencing homelessness.
- DHS-OEND began providing training and technical assistance to housing sites that recently experienced overdose deaths, including trauma- and grief-sensitive overdose response trainings with both housing staff and participants and technical assistance on harm reduction interventions that can prevent overdoses including installation of wall boxes described above. Since the last report back, OEND contractor Community Health Project Los Angeles will have trained approximately 1,038 individuals on overdose prevention and response and trauma-informed engagement with PWUD.
- DMH continues to provide training on overdose prevention and harm reduction to all of its field-based teams and has equipped them with Naloxone. The MCRP uses a culturally sensitive and population specific model when working with individuals with an incarceration history, and advocates for clients who experience discrimination from treatment programs or housing facilities. DMH MCRP works collaboratively DPH-contracted residential substance use programs to serve these populations.

Project #11: Develop a framework and timeline, including key metrics and milestone goals, to define success related to addressing the overdose epidemic in the County.

Building upon the work outlined in this Board Motion and subsequent responses, DPH developed the following framework to define success in addressing the overdose epidemic in the County and determining progress towards those goals. This involves:

- New reports and data dashboards updated since December 21, 2023 include ensuring the DPH-SAPC's Fentanyl Data Report and updated Methamphetamine Dashboard: Tracking Patterns in Methamphetamine Use and Opioid Dashboard: Tracking Patterns in Opioid Use as part of DPH's Alcohol and Other Drug Surveillance Dashboard include the latest overdose numbers. Documents are available here: <http://publichealth.lacounty.gov/sapc/providers/data-reports-and-briefs.htm>.
- Increased distribution of naloxone and other harm reduction supplies proportionally to the public health burden of overdose. As discussed in Project #2 above, DPH-SAPC and DHS distributed over 75,848 units of naloxone in LA County, including 20,976 units to people leaving LA County jails of which 85% were distributed directly to PEH, PWUD and PESW, representing an increase from baseline that exceeds the increase in overdose prevalence from 2022-2023.
- Increase in the count of overdoses reversed with naloxone as reported by CBOs and first responders that exceeds the increase in overdose prevalence each year in LA County from the prior FY. Since December 21, 2023, CBOs and first responders reported over 5,555 community overdose reversals and 832 first responder reversals, both of which are undercounted from the actual count of reversals because not every community member and first responder who reverses an overdose reports it via established reporting mechanisms.
- Increased provision of MAT and other SUD services to PWUD in LA County, demonstrating an increase in MAT and SUD service delivery from the prior FY via a service delivery data dashboard. Within residential levels of care, as one example, the provision of MAT services to patients with AUD/ODU increased five-fold between FY 2021-2022 and FY 2022-2023.
- Collaboration with probation where when naloxone is administered within Los Padrinos Juvenile Hall, an automatic notification to CENS is generated to ensure that screening and referral to SUD services are made available.

Project #12: Assess the funding in each Department's budget that is used to serve people who use drugs to determine how best to leverage funding to maximize the County's resources for this population, including the allocation of opioid settlement dollars, and identify funding gaps and work with the Chief Executive Officer (CEO) on strategies to address those gaps.

Since the last update that reflects Board approval on the Opioid Settlement Spending Plan (Plan), funds have been distributed to various departmental budgets. DPH, DHS-ODR, Fire Department and Medical Examiner received an aggregate total of \$15.6 million in opioid settlement funds. Plan expenditures for FY 2023-24 are projected at approximately \$7.3 million for programs related to overdose prevention, harm reduction, naloxone distribution, MAT, positive youth development, as well as various other opioid mitigation efforts. It is anticipated that funding will continue to ramp up after the initial implementation timeframe. Unused funds will be subject to carryover for allowable uses as part of the budget process.

The CEO and DPH continue to monitor the potential receipt of future funds from other opioid settlements and will develop proposed spending plans for Board approval when appropriate. Current opioid programs operated by DPH, DMH, and DHS rely on time-limited grant funded programs that would ideally be sustained through sustainable funding. The CEO and DPH will continue collaboration with impacted departments in addressing the County's most pressing needs related to the opioid crisis.

Project #13: Direct the Chief Executive Officer, through the Legislative Affairs and Intergovernmental Relations Branch (CEO-LAIR), and the Los Angeles County Advocates in Sacramento and Washington D.C., to coordinate with the Directors of Public Health and Health Services, and the Acting Director of Mental Health, to advocate with Governor Gavin Newsom, the 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.

On March 8, 2024, President Biden signed H.R. 4366, the Consolidated Appropriations Act, 2024, into law, which included a County-supported provision that reauthorized and made permanent the 2018 SUPPORT Act's Medicaid state plan option to provide short term stays for SUD treatment in institutions for mental disease (IMDs).

On March 23, 2024, President Biden signed into law H.R. 2882, the Further Consolidated Appropriations Act, 2024, which included \$2 billion for the County-supported Substance Use Prevention, Treatment, and Recovery Services Block Grant program.

CEO-LAIR continues to work with the impacted County departments to advocate for federal- and State-level funding and legislation to combat substance use and the overdose epidemic, including but not limited to additional resources for behavioral health workforce development, harm reduction and treatment services across the County.

NEXT STEPS

The Departments working on overdose prevention efforts continue to prioritize this critical work within existing funding sources and grants and appreciate opportunities to identify stable and sufficient resources to sustain this essential work. Furthermore, the County Departments and partner agencies will continue to collaborate on implementation of the projects described herein and report back to the Board of Supervisors biannually with the next report back in January 2025.

BF:gt

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors



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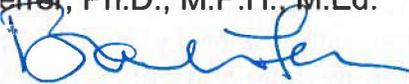
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January 2, 2025

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director 

SUBJECT: **CONFRONTING THE DRUG OVERDOSE EPIDEMIC
(BOARD AGENDA OF JULY 26, 2022, ITEM 11)**

This report is in response to the July 26, 2022 Board motion instructing the Director of the Department of Public Health (DPH), in partnership with the Department of Health Services (DHS), Department of Mental Health (DMH), Department of Children and Family Services (DCFS), Medical Examiner, Probation Department, Los Angeles County Homeless Services Authority (LAHSA), Los Angeles County Office of Education, Chief Executive Office (CEO) inclusive of the Alternatives to Incarceration and Anti-Racism, Diversity and Inclusion (ARDI) initiatives, Long Beach Department of Health and Human Services, Pasadena Department of Public Health, other applicable entities and community stakeholders such as Federally Qualified Health Centers, managed care plans, hospitals, community-based organizations (CBO), and faith-based organizations, to develop and regularly update a plan of action to address the growing crisis of overdose deaths related to methamphetamine, fentanyl, opioids and other substances.

The following is the fifth report back on the following Board directed projects and reflects updates since the previous report back on July 19, 2024. Of note, LA County's count of fatal overdoses fell from 3,220 in 2022 to 3,092 in 2023, the first drop in the LA County overdose count in over a decade, reflecting the projects below are yielding progress in the right direction.

Project #1: Build on current planning processes and strategies to support shared goals around reducing the risk of drug overdoses.

DPH's Bureau of Substance Abuse Prevention and Control (SAPC) leads a spectrum of ongoing overdose prevention and response initiatives which involve the entities identified in the motion. DPH invited leadership from these agencies and priority groups to participate in

a fifth convening on November 21, 2024, to discuss how to continue to advance the overdose-related projects outlined below and to promote the elevation and coordination of these prevention and response strategies within this multi-sector coalition.

The Harm Reduction Steering Committee (HRSC), jointly led by DPH and DHS' Harm Reduction Division (HRD), convened five meetings on July 31, 2024, August 28, 2024, September 25, 2024, October 30, 2024, and December 11, 2024, to support implementation for these services to support people who use drugs (PWUD), people engaged in sex work (PESW), those with justice system involvement, and people experiencing homelessness (PEH) to inform the optimization of these services and future overdose prevention programming.

Project #2: Ensure strategies to address the drug overdose epidemic among populations disproportionately impacted by overdoses, including persons of color, individuals who are justice-involved, people experiencing homelessness, and LGBTQ+ residents.

Since the update on July 19, 2024, DPH, DHS and DMH have continued implementing harm reduction programs and services, either directly or in partnership with subcontracted providers. Key data highlights and new developments are as follows:

- DPH's and DHS' networks of harm reduction programs collectively conducted 112,223 service encounters, distributed 339,711 doses of naloxone, 37,673 fentanyl test strips, 1,121,813 sterile syringes, and 12,146 wound care kits between July 19, 2024, and December 31, 2024. These programs reported 10,363 overdose reversals, 187 referrals to substance use treatment with an additional 392 encounters involving telehealth-provided addiction medication (through the LA County MAT Consultation Line service funded by DPH). 85% percent of encounters were with PEH and the majority identified as Black or Latino.
- Since the adoption of this motion on July 26, 2022, DPH's and DHS' networks of harm reduction programs collectively conducted over 250,000 service encounters, distributed 910,154 doses of naloxone, 98,048 fentanyl test strips, 3,353,277 sterile syringes, and 39,090 wound care kits. These programs reported 26,725 overdose reversals, 1,304 referrals to substance use treatment with an additional 3,076 encounters involving telehealth-provided addiction medication (through the LA County MAT Consultation Line service funded by DPH).
- These programs include DPH's previously described contracted network of twelve Engagement and Overdose Prevention Hubs (EOP Hubs), which operate 140 harm reduction service locations and conduct discrete outreach activities each week. These operate complementary with DHS-HRD contracted Overdose Education and Naloxone Distribution (OEND) Program, Multidisciplinary Outreach Teams, Overdose Response Teams, Drop-In Centers, and DHS Housing for Health (HFH) Street-Based Engagement Multidisciplinary Teams.
- Overdose Response Teams operated by Homeless Health Care Los Angeles began

serving MacArthur Park on October 24, 2024 and continues their Skid Row teams. DHS-HRD added a fourth contracted Drop-In Center with Bienestar in Pomona.

- In July 2024, DPH launched Wave 2 of its multi-media fentanyl campaign, fentanylfrontline.org, with a greater focus on harm reduction messaging to strengthen naloxone access and highlight the risks of using pills or powders, particularly when used alone. Messaging was on billboards, Metro buses, trains, streaming TV, YouTube, and ads on Facebook, Instagram, Snapchat and TikTok. A mid-point evaluation of Wave 1 (August 2023-March 2024) projects 697,410 individuals newly carry naloxone; 2,077 lives saved; \$15.5 million in hospitalization cost savings; and increased awareness across target audiences ranging from 72% to 91%.
- On October 21, 2024, CEO-ARDI launched the Advancing Pride Justice webpage to increase awareness of the information, services, and resources provided by the County for LGBTQ+ communities. The webpage can be accessed at the following link: <https://ceo.lacounty.gov/ardi/pride-justice>. It features resources directly provided by, or contracted through, the County that offer culturally appropriate and knowledgeable services to support the health and well-being of transgender, gender diverse, and intersex (TGI) residents and LGBTQ+ communities more broadly. The resource section specifically highlights available substance use treatment services to help community members find agencies that are more equipped to serve LGBTQ+ identified clients, thereby reducing barriers to treatment such as fears of provider discrimination or lack of cultural sensitivity.

Project #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.

Since the update on July 19, 2024, DPH, DHS and DMH continued to expand recovery-oriented housing options for PEH as follows:

- DPH is in the process of adding 400 new Recovery Bridge Housing (RBH) and 150 new Recovery Housing (RH) beds under the State's Behavioral Health Bridge Housing (BHBH) program and local Opioid Settlement funding, as described within the previous report back. Currently, 266 RBH beds have been added and 136 are undergoing contracting; and nine RH beds have been added and 67 are undergoing contracting. DPH's goal is to have 300 RBH and 100 RH beds available for use by February 2025. DPH will have approximately 1,600 RBH beds and approximately 150 RH beds countywide after this expansion.
- DPH continues to engage housing partners in discussions about the benefits of establishing recovery-oriented housing as a component of the housing continuum to provide maximum options to PEH based on their preferences, in addition to the recovery-oriented housing funded through DPH.

Project #4: Provide recommendations to expand and promote access to navigation services for people with substance use disorders, including the unhoused and justice-involved, to access services, including permanent supportive housing.

Since the update on July 19, 2024, DPH, DHS and DMH continue to expand access to navigation services for people with substance use disorders (SUDs) and co-occurring mental health and/or physical health service needs as follows:

- DPH is currently working on a new contract to operationalize new State BHBH funding for the provision of Housing Navigation services, starting in Fall of 2024, for all residents in RBH or RH, as outlined in previous report backs. Housing Navigation teams work with clients while they are enrolled in RBH or RH to ensure they have a safe and stable housing plan ready for when they are discharged from these programs. One Housing Navigation agency has been identified and is in the contracting process.
- DPH implemented thirteen new PSH co-locations. The additional co-locations bring the total of PSH sites served to 205 with 146 existing PSH co-locations where Client Engagement and Navigation Services (CENS) providers deliver SUD services. Additionally, since December 2023, CENS providers have delivered services to an additional three interim housing sites as part of Mainstream Services Integration (MSI). This brings the total sites served under MSI to seventy-nine sites.
- DHS, DMH and DPH are collaborating on the Interim Housing Outreach Program (IHOP) that serves all eight Service Planning Areas (SPA). Onsite services include linkages to physical health, mental health, and SUD services; support for interim housing stability; facilitating transitions to permanent housing; onsite harm reduction interventions (e.g., distribution of naloxone and fentanyl test strips); and individual and group SUD informational/educational sessions. Full implementation of the IHOP multi-disciplinary team (MDT) is expected by March 2025.
- DHS, DMH and DPH are collaborating on the State's California Advancing and Innovating Medi-Cal Justice-Involved (CaAIM JI) Initiative to provide Medi-Cal reimbursable services in-custody for up to 90-days pre-release. Currently, the three departments are developing staffing plans to specify the in-custody services each department anticipates providing while ensuring there is no overlap of services.
- DPH continues to contract with CENS to be co-located at approximately 20 sites, including Probation Area Offices and Courthouses, to assist unhoused and justice-involved individuals access services. As of part of the DPH's efforts of going live on October 1, 2024, with a post-release linkage process under the CaAIM JI Initiative, to receive requests from CA correctional facilities DPH identified one (1) CENS agency to serve as the hub to receive all referrals from CA correctional facilities that include county jails, juvenile detention centers, and California Department of Corrections and Rehabilitation (CDCR). In this expanded role, this CENS agency

will coordinate SUD treatment linkages for Los Angeles County residents with pre-release care managers from correctional facilities prior to release.

- Inside LA County Jails, SUD counselors meet with all patients that screen positive for Opioid Use Disorder to discuss a plan for treatment when they are released. Information is placed in their property so it can be readily accessed as patients leave jail.

Project #5: Provide recommendations to expand harm reduction efforts including, but not limited to, developing a plan to establish safer consumption sites in the County, expanded distribution of fentanyl strips, naloxone, drug checking and low-threshold Medications for Addiction Treatment (MAT), including in carceral facilities for adults and youth, and exploring the feasibility of funding for prevention case management.

Since the update on July 19, 2024, DPH, DHS and DMH continue to expand harm reduction as follows:

- In July 2024, DPH confirmed 27 contracted SUD treatment agencies committed to expanding low-threshold addiction medication services and also conducted monthly outreach to expand to additional agencies through December 2024. Success metrics describing this expansion is described under Project #11. In July 2024, 25 DPH contracted SUD treatment agencies executed memoranda of understanding with harm reduction syringe services programs to make substance use treatment services increasingly accessible to LA County residents who use drugs.
- DPH is convening regular Community Meetings on Harm Reduction with the general public, with the most recent convened on October 11, 2024 and December 11, 2024. Meetings provide a forum to address community questions and concerns, and to hear about the impacts of harm reduction in order to inform program expansion in LA County.
- DHS-HRD's OEND program continues to work with DHS and its partners, including LAHSA, DPH, and DMH, to provide overdose prevention and response training and expand naloxone and fentanyl test strip distribution. In addition to the vending machines established since the last update, Community Health Project LA (CHPLA) OEND program staff will launch two additional community vending machines, one at the Bienestar Pomona drop-in center and the other at the upcoming Crocker Health Hub.
- LAHSA interim housing sites continue to increase naloxone distribution and install wall boxes. Since the last update, LAHSA has installed five wall boxes bringing their total to 245 wall boxes installed in LAHSA housing sites. DHS-HFH and Office of Diversion and Reentry (ODR) interim and permanent housing sites are installing wall boxes with naloxone offering 24-hour access, with an initial focus on Skid Row. Since the July update, one hundred and thirty-five wall boxes have been installed at housing

sites, including all interim housing sites.

- DPH conducted a training for previously described IHOP program case worker staff focused on harm reduction and navigation to addiction medication services on November 20, 2024.
- DMH continues to collaborate with other agencies to provide care within the juvenile justice system. Within the halls and camps, Probation staff have naloxone on all units and all nurses carry it with them so it is widely available. MAT in the juvenile justice system continues to grow with buprenorphine prescriptions increasing by 35% and naloxone prescriptions increasing by 7% compared to the previous reporting period.
- DHS Correctional Health Services (DHS-CHS) identified that the number of patients on injectable buprenorphine in the LA County Jail system had been slowly rising and peaked at about 1,450 in September 2024. All consenting eligible adults were being treated, however, the current annual budget (\$24.7M) is insufficient to cover the need and even when considering alternatives (e.g., sublingual buprenorphine), there are insufficient nurses to observe administration. DHS-CHS is exploring budget increases and grants to address these needs.

Project #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 Pre-Exposure Prophylaxis/Post-Exposure.

Since the update on July 19, 2024, DPH, DHS and DMH continue to expand bidirectional referrals for clients with SUD who are at-risk of or diagnosed with STIs:

- Each DPH contracted EOP Hub maintains HIV and hepatitis testing and linkage to care plans to ensure testing, prevention, and treatment options are available to LA County residents served by these programs. The EOP Hubs regularly convene with DPH's Division of HIV and STD Programs (DHSP) and Acute Communicable Disease Control (ACDC) Viral Hepatitis leadership to ensure alignment with best practices. In addition to HIV testing, DHSP provided technical assistance and capacity building to two agencies serving clients with SUD to implement integrated rapid HIV and rapid syphilis testing, and eventually progressing to confirmatory lab-based testing; and conducted a mobile clinic with three EOP Hubs to provide HIV/STI test and treat events. Harm reduction sites provide a unique opportunity to expand HIV/STI testing for SUD clients and often results in high positivity rates for clients who would otherwise go untested.
- SAPC coordinates and chairs DPH's Harm Reduction Alignment and Coordination meeting to ensure intradepartmental collaboration on efforts serving PEH, PWUD, PESW, and people who are justice-involved with the aims of reducing accidental

drug overdose deaths, new infections of HIV, STIs, and viral hepatitis, and to make it easier for a client connecting with any DPH program to be linked to needed care.

- DHS clinics, emergency departments and hospitals continue to offer directional screening, treatment and referral as needed and DHS Mobile Services continue to provide expansion of these vital services.
- DMH continues to plan for implementation of routine “opt-out” HIV testing in all 47 clinics, rather than an “opt-in” approach to assure broad HIV testing for clients with an anticipated launch date in early 2025.

Project #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.

Since the update on July 19, 2024, DPH, DHS and DMH implemented a variety of prevention, early intervention, and treatment services for young people directly and in collaboration with contracted CBOs as follows:

- DPH conducted over 675 fentanyl related outreach events and delivered 370 educational presentations to over 14,000 parents, students, and school faculty between 2022 and 2024.
- 43 of the total 50 DPH Student Wellbeing Centers (SWBC) were staffed during this reporting period. Highlights during the period include:
 - All SWBCs in the Los Angeles Unified School District (LAUSD) have naloxone kits and fentanyl tests strips for distribution and training for students who request them. Between August 1 and October 31, 2024, 450 students received information and education on naloxone.
 - Between August 1 and October 31, 2024, 2,570 students received substance use prevention education through outreach activities conducted by SWBC staff.
 - More than 300 Peer Health Advocates across 42 school sites received education around recognizing signs of an overdose and how to administer naloxone.
 - Partnered with SAPC’s Connecting to Opportunities for Recovery & Engagement (CORE) staff at various SWBC sites to engage and outreach to students on substance use prevention.
 - The SWBC Program Manager is part of the LAUSD Opioid Task Force, a collaboration of school and community partners aimed at identifying additional strategies to prevent overdoses among students.
- DPH continues their collaboration with Probation through the CENS program to provide on-site SUD treatment services for youth and young adults at Los Padrinos

Juvenile Hall (LPJH). The continuum of SUD treatment services includes early intervention, education, service navigation, and community linkages. CENS staff are trained to deliver services to youth and young adults housed at LPJH. Since November 2023, over 1,000 youth have been screened by CENS and connected to appropriate levels of SUD care.

- DPH continues to collaborate with Probation, DMH, DHS, and LACOE to provide SUD treatment services at Secure Youth Treatment Facilities (SYTF) for those diverted from the California Department of Corrections and Rehabilitation under Senate Bill 823. Outpatient SUD treatment services are provided at three SYTF locations: Barry J. Nidorf, Camp Vernon Kilpatrick, and Dorothy Kirby Center (DKC). With this expansion, DPH providers now serve post-adjudicated male and female youth and young adults in Probation custody. Outpatient treatment services are also provided to youth and young adults in a dedicated housing unit at Barry J. Nidorf. Since November 2023, DPH providers have served over 150 youth/young adults.
- DPH is working with Probation to implement SUD treatment services by the end of fiscal year (FY) 24-25 at the general population camps: Afflerbaugh, Rockey, Paige, and Dorothy Kirby Center.
- DPH collaborated with Azusa Pacific University (APU) to provide continuing education training to the SUD workforce and partners on delivering early intervention curricula, including the *Health YOUth* curriculum and the companion *Caregiver Guide*, to support youth and their parents/caregivers.
- On September 20, 2024, DPH launched the Building Relationships, Inspiring Development, Growing Engagement (BRIDGE) Program to enhance youth treatment providers' capacity to deliver family supportive services to parents, caregivers, and families of youth under 18 years of age who are receiving SUD treatment services, inclusive of youth with complex needs and those who are juvenile justice-involved or released from detention or secured facilities.
- DHS collaborates with multiple agencies including DPH and DMH on the California Youth Opioid Response (YOR) "Quick Start for Youth" to assist LA General Hospital and DHS with linking youth to addiction care that includes MAT services while bridging identified youth to longitudinal addiction care in medical homes. DHS has provided "low barrier MAT" trainings for the five DHS Pediatric HUB clinics.
- DMH continues to deliver early intervention and prevention programming for substance use at the juvenile camps, and also at BJA/SYTF. At LPJH, BJA/SYTF and DKC/SYTF DMH collaborates with SAPC-contracted providers who provide early intervention/prevention programming.

Project #8: Expand the accessibility of contingency management interventions including consideration of prescription digital therapeutics for addiction treatment.

Since the update on July 19, 2024, DPH, DHS and DMH continue to implement contingency management (CM) strategies as follows:

- DPH has added three new sites that offer CM through the Medi-Cal benefit under the DMC program, which began on May 4, 2023. This increases total participation to 47 sites, operated by 21 provider agencies. Since the program's inception through June 30, 2024, a total of 1,484 patients have participated in CM services. Of the total number of toxicology screenings, 98 percent confirmed negative drug testing results.
- DPH led a training on methamphetamine, LGBTQ+ populations, and the correctional health system on December 10, 2024 focusing on low-threshold engagement, CM, and addition medications for methamphetamine use disorder.
- DHS Mobile Services launched a grant-funded CM program in early 2024. In its first cycle in SPA 2, 20 participants enrolled in the 16-week program. The program has ongoing enrollment and has seen two participants complete the entire cycle. Participants have had successes such as connecting to SUD treatment and family reunification. CM services expanded to SPA 6 and plan for expansion in SPA 1 in December 2024.
- DHS-HRD launched a grant-funded CM pilot that focuses on keeping people housed. Since the July update, the program has expanded to two additional The People Concern sites including Turning Point (Interim Housing) and The Laurel (Permanent Supportive Housing), both in Santa Monica. The CM Pilot has enrolled participants at six different The People Concern housing sites and maintained an average caseload of about 30 participants at a time with 83 unique clients, many of whom re-enrolled in the 12-week program.

Project #9: Expand efforts to explore and offer MAT options for methamphetamine and other SUDs.

Since the update on July 19, 2024, DPH, DHS and DMH continue to implement MAT options for methamphetamine and other SUDs as follows:

- DPH continues to prioritize the launch of CM as an evidenced-based strategy for those with stimulant use disorder (StUD), including methamphetamine, as outlined under Project 8 including the training provided to CHS on December 10, 2024.
- DHS continues to provide culturally and developmentally appropriate, trauma-informed medical care for treating SUDs, and since the last report back, there has been an increase in the number of patients with alcohol (AUD), stimulant, and/or opioid use disorders (OUD) receiving harm reduction equipment/supplies, connections to SUD counseling and treatment services, CM services, and MAT services in clinic and field-based settings.

- DHS HFH Mobile Clinics continue to provide MAT and CM services in the field (e.g., encampment, RVs, interim housing) and explore how to best educate the homeless outreach community at large on MAT availability.
- To help meet treatment needs, DHS' SUD Clinical Advisory Committee is actively seeking in-kind, grant and DHS funding for addiction medication services in correctional health, 24/7 staffing of DHS hospital emergency rooms with substance use navigators, and addiction medicine physician staffing that includes physicians prepared to treat adolescents.
- DMH maintains medication parameters, DPH maintains an active addiction medication information notice, and DHS maintains an expected practice each of which advance the use of MAT for StUD and each department provides training for their department's respective clinical workforces on the use of these medications. DPH provides monthly trainings emphasizing the use of addiction medications for methamphetamine and other SUDs. Success metrics describing DPH's expansion of addiction medications in SAPC's contracted SUD treatment network is described under Project #11.

Project #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.

Since the update on July 19, 2024, DPH, DHS and DMH have continued to expand trauma-informed and culturally responsive harm reduction and overdose prevention trainings as follows:

- DPH, DMH and DHS continue to host various training opportunities with stakeholders, including Cultural Competency, Seeking Safety, and trauma-informed care respectively.
- DPH conducted a training to new Public Health Nurses (PHN) during their DPH New Nurse Orientation on September 25, 2024, which included specific topics on the current opioid overdose wave and illicitly manufactured fentanyl, overdose prevention strategies, harm reduction framework/approach, harm reduction practices in health care, and using people-centered, non-stigmatizing language and approaches to engaging PWUD and those at increased risk.
- DHS-HRD's Harm Reduction Workforce Development program contracted with the Worker Education and Resource Center (WERC) to conduct cohort-based learning for harm reduction specialists beginning on July 17, 2024 and two job seekers cohorts on September 3, 2024 (Skid Row) and October 28, 2024 (MacArthur Park).
- DHS-OEND is providing training on best practices for engaging PWUD using a trauma-informed lens and to date, 333 county staff have been trained on topics

including harm reduction best practices, overdose prevention and naloxone.

- DHS-OEND continues to provide training and technical assistance county-wide via the Community Health Project Los Angeles. Since July 2024, approximately 1,505 individuals have been trained on overdose prevention and response and trauma-informed engagement with PWUD.
- DMH provided training on overdose prevention and harm reduction to its field-based teams during the reporting period and has equipped them with naloxone and fentanyl test strips. Efforts are underway to build capacity for wound care management within DMH to further assist outreach to PEH PWUD.

Project #11: Develop a framework and timeline, including key metrics and milestone goals, to define success related to addressing the overdose epidemic in the County.

Building upon the work outlined in this Board Motion and subsequent responses, DPH developed the following framework to define success in addressing the overdose epidemic in the County and determining progress towards those goals. This involves:

- New reports and data dashboards updated since July 19, 2024 include the following reports:
 - Report on Fentanyl Overdoses in Los Angeles County:
<http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Fentanyl-Overdoses-in-Los-Angeles-County.pdf>
 - Community Needs Assessment: Alcohol Use and Public Perceptions in LAC
<http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Alcohol-Use-and-Public-Perceptions-in-Los-Angeles-County.pdf>
 - Community Needs Assessment: Methamphetamine Use and Public Perceptions in Los Angeles County
<http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Methamphetamine-Use-and-Public-Perceptions-in-Los-Angeles-County.pdf>
 - Community Needs Assessment: Prescription Medication Misuse and Public Perceptions in Los Angeles County
<http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Prescription-Misuse-and-Public-Perceptions-in-Los-Angeles-County.pdf>
- Increased distribution of naloxone and other harm reduction supplies proportionally to the public health burden of overdose. As discussed in Project #2 above, DPH and DHS distributed over 339,711 units of naloxone in LA County of which 85% were distributed directly to PEH, PWUD and PESW.
- Increased count of overdoses reversed with naloxone, as reported by CBOs and first responders, that exceeds the annual rise in overdose prevalence in LA County compared to the prior FY. Since December 21, 2023, CBOs and first responders

reported over 10,363 community overdose reversals and 1,455 first responder reversals, both of which are undercounted from the actual count of reversals because not every community member and first responder who reverses an overdose reports it via established reporting mechanisms.

- Increased provision of MAT and other SUD services to PWUD in LA County, demonstrating an increase in MAT and SUD service delivery from the prior FY via a service delivery data dashboard. To illustrate, the provision of MAT services to patients with AUD and/or OUD served treatment settings in DPH contracted outpatient and residential substance use treatment settings (other than opioid treatment programs) increased 383% between FY 2022-2023 and FY 2023-2024.

Project #12: Assess the funding in each Department's budget that is used to serve people who use drugs to determine how best to leverage funding to maximize the County's resources for this population, including the allocation of opioid settlement dollars, and identify funding gaps and work with the Chief Executive Officer (CEO) on strategies to address those gaps.

Since the last update, which reflects Board approval of the Opioid Settlement Spending Plan (Plan), funds have been distributed to various departmental budgets. DPH, DHS-ODR, Fire, and Medical Examiner have received aggregate funding of \$16.6 million annually in opioid settlement funds for Fiscal Year 2024-25 to support programs related to overdose prevention, harm reduction, naloxone distribution, MAT, positive youth development, as well as various other opioid mitigation efforts. It is anticipated that funding will continue to ramp up after the initial implementation timeframe. Unused funds will be subject to carryover for allowable uses as part of the budget process.

The County has recently received additional funding as a result of new opioid settlements. The CEO, DPH, and impacted departments are focused on addressing the County's most pressing needs related to the opioid crisis. The CEO has invited Departments to submit proposals for these new funds. Numerous proposals were received and will be evaluated for potential allocation of funding. Following consultation with impacted Departments and input from the Board offices, a comprehensive spending plan for the new funds will be developed to align with the settlement terms.

The CEO and DPH continue to monitor the potential receipt of future funds from other various opioid settlement and will develop proposed spending plans for Board approval when appropriate. This will help to ensure the continued collaboration between CEO, DPH, and impacted Departments in addressing the current opioid crisis.

Project #13: Direct the Chief Executive Officer, through the Legislative Affairs and Intergovernmental Relations Branch (CEO-LAIR), and the Los Angeles County Advocates in Sacramento and Washington D.C., to coordinate with the Directors of Public Health and Health Services, and the Acting Director of Mental Health, to advocate with Governor Gavin Newsom, the 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.

On August 1, 2024, the U.S. Senate Committee on Appropriations approved the Subcommittee on Labor, Health & Human Services, Education and Related Agencies (LHHS) proposed \$2 billion for the County-supported Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant program for federal fiscal year (FFY) 2025, a \$40 million increase from the enacted FFY 2024 level and \$500 million less than the proposed U.S. House Committee on Appropriations level. CEO-LAIR's Washington, D.C. Advocates continue to lead conversations with federal officials to maintain and/or increase the funding level for the SUPTRS Block Grant program for FFY 2025.

In September and October 2024, CEO-LAIR collaborated with DPH to send letters to the County's Congressional Delegation members to advocate for the County's public health funding priorities, including reversing the U.S. House Committee on Appropriations proposal to cut \$119 million from the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority AIDS set aside which DPH uses to provide services for persons with HIV who need assistance addressing challenges that impede consistent access to HIV treatment, including homelessness, substance use disorder, and untreated mental illness. CEO-LAIR is also laying the groundwork for advocacy in support of renewing the California Advancing and Innovating Medi-Cal (CalAIM) waiver, including the Drug Medi-Cal Organized Delivery System.

On September 29, 2024, Governor Gavin Newsom signed County-supported [AB 2998](#) (Chapter 974, Statutes of 2024) into law. This legislation, authored by Assemblymember Tina McKinnor, complements the County's harm reduction efforts by expanding access to naloxone. It allows pupils aged 12 and older to carry or administer federally approved over-the-counter opioid reversal medication during an opioid overdose.

CEO-LAIR is also pursuing a legislative proposal that was submitted by DPH for County sponsorship for the 2025 State Legislative Session. The proposal would update outdated requirements within existing State statutes to align with current evidence-based practices that would increase access to SUD treatment. The proposal would update the following areas: 1) Harm Reduction Language Prohibition; 2) SUD Residential Facilities Categorized as "Non-medical; 3) SUD Symptoms during Admission and Continued Treatment; 4) Lower Barriers for Syringe Services Programs; and 5) Over-the-Counter Access to Lifesaving Opioid Antagonists. This legislative proposal aligns with several Board-adopted plans and policies to increase access to SUD treatment for the County's most vulnerable residents, including the Board's [Better Reaching the 95%](#) and [Confronting the Drug Overdose Epidemic](#) motions.

CEO-LAIR continues to work with the impacted County departments to advocate for federal- and State-level funding and legislation to combat substance use and the overdose epidemic, including but not limited to additional resources for behavioral health workforce development, harm reduction and treatment services across the County.

NEXT STEPS

The Departments and partner agencies working on overdose prevention efforts will continue to collaborate on implementation of the projects described herein and report back to the Board of Supervisors biannually with the next report back in July 2025.

BF:gt

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors