

# **Reducing Mortality from Substance Use Among People Experiencing Homelessness in Los Angeles County**

January 2021



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## EXECUTIVE SUMMARY

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As follow up to the Homeless Mortality Report update released by the Department of Public Health (DPH) in December 2020, and the finding that drug/alcohol overdose is currently the leading cause of death among people experiencing homelessness (PEH) in Los Angeles County, this report outlines the various actions DPH's Division of Substance Abuse Prevention and Control (DPH-SAPC) and the Homeless Mortality Prevention Initiative Workgroup (HMPI Workgroup) is taking to mitigate the human toll of this devastating trend.

The HMPI Workgroup's recommendations and DPH-SAPC's specific interventions focused on mitigating drug overdose-related mortality for PEH can be organized into several broad categories:

### **Expanding and Enhancing Substance Use Services**

- Expansion of harm reduction services, including syringe exchange programs, distribution of fentanyl test strips and the opioid overdose prevention medication known as naloxone, as well as expanding access to medications for addiction treatment such as buprenorphine.
- Implementation of targeted interventions for high-risk categories of PEH including by drug type (methamphetamine and fentanyl), race/ethnicity (black and Latinx populations), and age group (age 55 and over).
- Facilitating engagement with PEH and timely access to treatment services.

### **Expanding Recovery-Oriented Housing Options**

Expansion of Recovery Bridge Housing within DPH-SAPC's specialty substance use disorder (SUD) system as well as recovery housing within the broader housing continuum.

### **Improving Support for Justice-Involved PEH**

Increase investments in diversion programming related to SUDs, including an SUD diversion program modelled after Law Enforcement Assisted Diversion (LEAD) that ODR and DPH-SAPC are working to establish and 33 residential treatment beds specifically dedicated for criminal justice diversion at the Mark Ridley-Thomas Behavioral Health Center (MRT-BHC).

### **Policy and Systems Change**

- Work with the California Department of Health Care Services (DHCS) to streamline the licensing and certification process to become a Drug Medi-Cal provider as a strategy to grow SUD treatment capacity in a timely manner.



- Support the piloting of safe consumption sites across California.
- Support the improvement of both the quantity and quality of the SUD workforce across California, in particular by identifying a State entity responsible for advancing SUD workforce strategies.

### **Augmenting Reviews and Analysis**

DPH-SAPC will participate in the homeless death review and annual Homeless Mortality Report updates.

Collectively, these measures are designed to address key drivers of drug overdose-related mortality among PEH and represent actionable interventions within the specialty SUD system. DPH-SAPC will continue to partner with the HMPI Workgroup and other systems (e.g., physical health, mental health, housing, social services) to implement effective strategies to reduce PEH mortality across the County.



## INTRODUCTION

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The homelessness crisis represents a fundamental societal failure to provide for and safeguard its most vulnerable members. Studies consistently underscore the human toll of this failure, as PEH have mortality rates between three to eight times higher compared to the general population<sup>123</sup>.

In response to this crisis, the DPH released a Homeless Mortality Report in October 2019 to assess trends in mortality rates and causes of death among PEH to inform interventions across the County to reduce the adverse effects of homelessness. A key finding was that the overall homeless mortality rate steadily increased over the past six years, with coronary heart disease and drug/alcohol overdoses representing the top two leading causes of death among PEH populations.

An October 29, 2019 motion from the Board of Supervisors (Board) subsequently requested that DPH work with other County Departments and the Chief Executive Office's (CEO) Homeless Initiative to develop recommended strategies for reducing homeless mortality. As a result, the HMPI Workgroup was established and included partners from the CEO, Department of Health Services (DHS),

Department of Mental Health (DMH), Chief Medical Examiner-Coroner (MEC), and Los Angeles Homeless Services Authority (LAHSA).

After an extensive feedback process that included interviews with PEH and homeless service providers, as well as data and expertise provided by this multidisciplinary HMPI Workgroup, subsequent findings and recommendations were presented to the Board on May 14, 2020. Recommendations included a broad range of proposals to reduce PEH mortality, including those focused on service enhancements, expansion of housing options, advancements in safety, and policy and systems improvements.

An update on progress with respect to the continued exploration and implementation of the HMPI Workgroup recommendations, in addition to considerations related to the impact of the COVID-19 pandemic, was shared with the Board on October 23, 2020.

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<sup>1</sup>Nordentoft M, Wandall-Holm N. 10 year follow up study of mortality among users of hostels for homeless people in Copenhagen. *BMJ*. 2003;327(7406):81. doi:10.1136/bmj.327.7406.81

<sup>2</sup>Ivers J-H, Zgaga L, O'Donoghue-Hynes B, Heary A, Gallwey B, Barry J. Five-year standardised mortality ratios in a cohort of homeless people in Dublin. *BMJ Open*. 2019;9(e023010):1-5. doi:10.1136/bmjopen-2018-023010

<sup>3</sup>Aldridge RW, Story A, Hwang SW, et al. Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. *Lancet*. 2017; 391:241-250. doi:10.1016/S0140-6736(17)31869-X



In December 2020, DPH released an update to its report to assess trends in mortality rates and causes of death among PEH, with additional analyses suggested by the HMPI Workgroup. Notable new data include: 1) age-adjusted comparisons of cause-specific mortality rates among racial/ethnic and gender subgroups of PEH; 2) trends in overdose mortality rates by PEH age groups; and 3) an analysis of drug types most frequently involved in overdose deaths.

The main findings of this update to the Homeless Mortality Report were that PEH were 36.1 times more likely to die from a drug or alcohol overdose compared to the general population in Los Angeles County and that drug/alcohol overdose has been the leading cause of death among PEH in the County since 2017, when it surpassed coronary heart disease as the leading cause. Although the overall mortality rate among PEH experienced a relatively small increase from 2017 to 2019, the rate of drug overdose deaths continued to substantially increase in 2019 while rates for other major causes either decreased or remained stable.

While methamphetamine was the drug type involved in the greatest percentage of overdose deaths from 2018 to 2020, the methamphetamine percentages remained relatively stable. However, the percentage of overdose deaths involving fentanyl tripled between 2018 and 2020. Additionally, during the first seven months of 2020, 42% of overdose deaths among PEH involved fentanyl. That percentage was highest among black PEH, for whom 46% of overdose deaths involved fentanyl. The updated analysis demonstrated that the continued increase in overdose mortality rates among PEH through 2019 was largely driven by the increased involvement of fentanyl in overdose deaths in these two racial/ethnic groups. Further, preliminary evaluation of the first seven months of 2020 indicates that fentanyl will likely contribute to continued increases in overdose deaths rates, and that these increases will likely begin to occur among white PEH as well. When reviewing overdoses that only involved one drug, fentanyl was the only drug type that increased between 2018 and 2020, with methamphetamine experiencing a decrease of over 30% between 2019 and 2020. Meanwhile, the percentage of PEH overdose deaths involving heroin and other opiates decreased from 2018 to 2020.

Analysis of overdose death rates by age group also revealed that while the majority of overdose-related PEH deaths occurred among those aged 25-54, the age groups with the highest overdose rates in 2019 and the sharpest rate increases were PEH aged 55-61, followed by those aged 62+. The reasons for this finding may be due to the growing adverse physiological impacts of drug and alcohol use as people age and develop more medical co-morbidities, as well as use patterns among older PEH populations.



Given that reducing mortality among PEH populations will require strategies to effectively reduce drug/alcohol overdoses, this report outlines a plan of action for recommendations from the HMPI Workgroup focused on substance use. While this work is being led by DPH-SAPC, as the County entity responsible for overseeing the specialty substance use disorder (SUD) prevention and treatment system, the HMPI Workgroup also acknowledges that addiction is a communitywide issue that should not be relegated solely to the specialty SUD system and requires collective action and intervention from the broader health and social service systems that serve PEH.



## ACTION PLAN

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The HMPI Workgroup’s recommendations focusing on mitigating drug/alcohol overdose-related mortality for PEH can be organized into several broad categories, described in further detail below:

1. Expanding and Enhancing Substance Use Services
  2. Expanding Recovery-Oriented Housing Options
  3. Improving Support for Justice-Involved PEH
  4. Policy and Systems Change
  5. Augmenting Reviews and Analysis
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### 1. EXPANDING AND ENHANCING SUBSTANCE USE SERVICES

#### 1.1 Harm Reduction Services

Harm reduction services are broadly defined as practical approaches and programs designed to reduce the negative consequences of substance use that are grounded in respect and positive change, without judgment or the prohibition of substance use as a precondition of support. Examples of harm reduction include but are not limited to overdose prevention interventions such as naloxone distribution, syringe exchange services, and the use of fentanyl test strips.

Harm reduction represents an important engagement strategy for individuals who use substances, particularly those that are not ready to stop their use. As a result, the HMPI Workgroup recommended the expansion of preexisting harm reduction services throughout Los Angeles County.

#### **Facilitating Harm Reduction Services through Education and Training**

Historically, harm reduction and SUD treatment services were viewed more as distinct rather than concurrent treatment options. This in part stemmed from beliefs that individuals seeking treatment and recovery should commit to sobriety and reject strategies that were perceived as narcotic “substitutes” (i.e., FDA approved medications) or served as “temptations” for relapse (i.e., overdose prevention medications, clean supplies).

This ultimately contributed to discouragement of harm reduction interventions by some service providers. With more recent acceptance of SUDs as a chronic and relapsing health condition, and promotion of patient-centered and -directed care, it became





critical, as also recommended by the HMPI Workgroup, to launch harm reduction education and training to address misinformation and bias, promote the full continuum of substance use services, and ensure that health, behavioral health, housing, and social service providers are aligned in terms of knowledge about and the referral process for harm reduction services. DPH-SAPC has subsequently trained its agents at the Substance Abuse Service Helpline (SASH) and SUD counselors co-located at Client Engagement and Navigation Services (CENS) sites to assist so that individuals seeking help for their substance use can also be referred for harm reduction services. Future efforts need to include broader trainings for the SUD network, which may include harm reduction education and trainings offered by other organizations represented within the HMPI Workgroup, and to continue to seek opportunities to expand these offerings.

An additional connection avenue recently implemented by DPH-SAPC are the Connecting to Opportunities for Recovery and Engagement (CORE) Centers, developed to engage youth, adults and families to receive support if a loved one struggles with alcohol or drugs. CORE Center staff are trained on harm reduction approaches including naloxone administration to reverse an opioid overdose, and conduct screenings and referrals to no-cost treatment services for Medi-Cal and My Health LA clients. Further, all DPH-SAPC prevention and treatment contractors are also trained on opioid overdose prevention techniques including maintaining naloxone on site and available for distribution to program participants.

### **Expansion of Syringe Exchange Programs**

Syringe exchange programs (SEP) are community-based programs that provide access to sterile syringes and other supplies for safer injection drug use, offer safe disposal options for used syringes, and provide and link clients to important services and programs such as overdose prevention including naloxone distribution and education, abscess and wound care, screenings for sexually transmitted diseases, viral hepatitis and HIV care, and referrals to social, substance use, mental health, and other medical services. As a central harm reduction service and given that opioids and injectable methamphetamine are involved in a significant amount of PEH overdose deaths, the HMPI Workgroup recommended exploring expansion of SEPs and street-based syringe distribution to better serve high-risk PEH populations.

DPH-SAPC currently operates twelve SEP sites and is working with DPH's Acute Communicable Disease Program to expand its SEP contracts to accommodate funding



to better support this work and to mitigate the spread of communicable diseases such as hepatitis. In addition, DPH-SAPC added a category to the Prevention Services Request for Statement of Qualifications (RFSQ) solicitation to enable quicker launch of SEP and other harm reduction services if additional funding becomes available. DPH-SAPC will continue to explore opportunities to access sustainable funding, as limitations with using federal funding is an issue, to expand its SEPs and ensure enhanced connections with overdose prevention and other crucial services to better engage and serve PEH. Expansion of SEPs, particularly street-based distribution, would also require close engagement with local leads to ensure support from the community, as SEP services are not available countywide.

### **Expansion of Naloxone and Fentanyl Test Strip Distribution**

Naloxone is a medication that rapidly reverses opioid overdoses when administered, and fentanyl test strips can identify the presence of fentanyl in drugs, powders, and pills. Given the opioid epidemic and concerning emergence of fentanyl, both of these harm reduction strategies help to reduce risks to active drug users and other high-risk sub-populations of PEH, and reduce morbidity and mortality associated with overdose.

Naloxone distribution, and to a lesser extent fentanyl test strip distribution, is currently occurring through various County initiatives with DHS' Whole Person Care (WPC) program, the Office of Diversion and Reentry (ODR), Housing for Health (HFH), Correctional Health Services (CHS), and DPH-SAPC, along with statewide initiatives led by the California Department of Health Care Services and Department of Public Health. DPH-SAPC has also required its SUD network to make naloxone available directly or by referral to individuals in treatment even if their recovery goal is sobriety. This is critical since relapse is accepted as part of the SUD recovery process, but still requires provider-level education and technical assistance to verify actual adoption of this policy. Implementing the HMPI Workgroup's recommendation to continue the expansion of naloxone and fentanyl test strips will require sustainable funding as a result of limitations with using federal funding for fentanyl test strips and the fact that street-based distribution of naloxone is often not fundable via Medi-Cal.

### **Medications for Addiction Treatment Campaign**

Medications for Addiction Treatment (MAT) such as buprenorphine, methadone, and naltrexone are evidence-based pharmacologic treatment options for opioid and alcohol use disorders that have been demonstrated to reduce cravings and relapse and



improve treatment retention. Historical negative perceptions within the SUD field about use of MAT equating to drug use as opposed to treatment, along with a general lack of MAT prescribers have contributed to a longer adoption runway for utilization of this key treatment option.

A concerted effort by the State and County with the Drug Medi-Cal Organized Delivery System (DMC-ODS) and subsequent actions resulting from the opioid crisis response are some of the contributors that propelled MAT adoption. Growth in the use of MAT is demonstrated by County-level Medi-Cal fee-for-service pharmacy data that shows claims for all forms of MAT increased each year from 2010 to 2019, as well as an over 250% increase in buprenorphine prescribers from 2016 to 2020. Despite this, the need and potential benefit of MAT continues to outpace its availability and there continues to be bias hindering the broader expansion of MAT.

Toward this aim, and as part of a grant from the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), DPH-SAPC launched a MAT Awareness Campaign in November 2020. The campaign aims to increase awareness of and linkages to MAT across the County. The first component of this campaign involved the development and distribution of MAT posters that DPH-SAPC SUD treatment providers are required to post in their waiting areas to ensure that clients are aware of the basics about what MAT is and how to access it. Goals of these materials include encouraging and empowering individuals to ask their provider about MAT as a treatment option, reducing any patient perceived stigma about using medication to support treatment and recovery goals, and minimizing sole reliance on providers to recommend this option, especially if MAT is not directly offered by the SUD agency. The second component of the MAT Awareness Campaign involves developing and disseminating social and other media messages designed to shape communitywide understanding and familiarity with MAT to increase demand and supplement the work that DHS and others are doing to increase the supply of MAT prescribers across the County.

## 1.2 SUD Treatment Services

Individuals with SUDs that seek treatment are the exception as opposed to the rule, even without considering the additional challenges and barriers associated with homelessness. For this reason, it is especially important to implement processes that are clear and easy for PEH



to access SUD services. Furthermore, the updated findings of the Homeless Mortality Report released in December 2020 offer additional insight into effective strategies to reduce PEH overdose mortality, including recommended targeted efforts by drug type, age group, and racial/ethnic group that are particularly high-risk.

**Targeted Interventions for High-Risk PEH Groups Identified by Homeless Mortality Report**

Recent findings from the Homeless Mortality Report highlight that specific drugs used (methamphetamine and fentanyl), racial/ethnic groups (black and Latinx), and age groups (age 55 and over) of PEH are most impacted by increased overdose mortality, and where tailored interventions present an important opportunity to reduce deaths in these subpopulations and PEH more broadly.

*Targeting Drug Types*

Detailed analysis reveals that methamphetamine and fentanyl are the top two drugs contributing to the high overdose-related mortality rate among PEH between 2019 and 2020. The fentanyl mortality rate is rising and impacts more PEH while the methamphetamine rate decreased slightly but actually impacted more people (not exclusive to PEH) overall. Therefore, strategies to reduce the impact and use of fentanyl and methamphetamine remain a top priority.

- Strategies being implemented to effectively address fentanyl include:
  - Advance the harm reduction strategies indicated above, with a focus on naloxone and fentanyl test strip distribution, as well as SEPs that can reduce complications from communicable diseases and other co-morbidities that may contribute to mortality.
  - Advance education and linkages to needed services identified above and simplify the process of seeking and receiving SUD treatment for PEH and other individuals using all types of substances, including fentanyl.
  - Continue to grow coalitions such as the Help for Addiction Recovery and Treatment (HEART) Collaborative and Safe Med LA ([www.SafeMedLA.org](http://www.SafeMedLA.org)) with a dedicated focus on the opioid epidemic, including fentanyl. The HEART Collaborative was established based on a

Board Motion on June 27, 2017 as a body that allows for a strategic and coordinated approach for all opioid-related initiatives in across the County.



Similarly, Safe Med LA is the Countywide opioid coalition led by DPH-SAPC that includes a broad public-private stakeholder group focused on addressing nine key drivers of opioid-related deaths. These strategies employ a collective impact framework to address this complex issue of reducing and reduce fentanyl-related deaths among PEH.

- Promote DPH-SAPC's Opioid Awareness Media Campaign materials on the website (<http://publichealth.lacounty.gov/sapc/managepainsafely/>) and feature information and messaging about the risks of fentanyl, particularly illegally manufactured fentanyl found in counterfeit pills.
- Strategies being implemented to address methamphetamine-related deaths include:
  - Continue development of the Los Angeles County Methamphetamine Task Force which DPH-SAPC launched on December 8, 2020 as a part of a strategic and coordinated effort to address the concerning rise in methamphetamine use in the County. It is a broad, cross-sector workgroup that aims to take a coordinated, comprehensive and data-driven approach to addressing methamphetamine use and includes both a Prevention Committee and a Treatment Committee and will ensure a approach to address both the upstream drivers and downstream needs of individuals using methamphetamine, including among PEH.
  - Conduct a second large scaled methamphetamine campaign, to expand the reach and focus following the first campaign launched in Spring 2020. This campaign will target high-risk populations, including PEH, and is slated for launch by Spring 2021. . While the opioid epidemic has received the most attention, this campaign will ensure that methamphetamine is also highlighted as a serious public health threat to communities across the County and will emphasize how individuals using methamphetamine can receive help.

### *Targeting High-Risk Racial/Ethnic Groups*

Findings from the Homeless Mortality Report indicate that recent increases in rates of overdose deaths among PEH are largely attributable to black and Latinx PEH. DPH-SAPC is engaged in a number of efforts to mitigate these harms:



- Requiring its provider network to ensure staff are trained and address cultural competence, racial equity, and language accessibility in the provision of services, which includes trainings developed and offered by DPH-SAPC to support this priority.
- Maximizing relatability of relevant outreach materials and media campaign messaging by involving diverse people with lived experiences of homelessness and substance use in the development and design of these public-facing resources.
- Conducting trainings for specialty SUD treatment providers on the most recent findings of the Homeless Mortality Report and LAHSA's 2019 *Report and Recommendations from the Ad-hoc Committee on Black People Experiencing Homelessness* and optimizing care for high-risk PEH populations.
- Implementing additional recommendations from the Report and Recommendations from the Ad-hoc Committee on Black People Experiencing Homelessness, including, but not limited to:
  - Partnering with the County's various health equity initiatives to include considerations related to risky substance use and enhance coordination between different service systems.
  - Analyze data to understand characteristics, experiences, and challenges of those accessing Recovery Bridge Housing (RBH) and what may determine how long Black and Latinx people who are experiencing homelessness stay in RBH.

### *Targeting High-Risk Age Groups*

Older PEH age groups (55+) have been disproportionately affected by drug overdose deaths even though most overdose deaths occur among PEH ages 25-54. This finding underscores the importance of not just engaging younger PEH age groups, but also those 55 and older who will continue to have higher mortality rates from drugs and alcohol without intervention. Given this, street- and peer-based outreach teams should be trained on the unique aspects of engaging older PEH groups, including inquiring about drug and alcohol use to detect patterns that may increase risks (e.g., intermittent drug use that may result in loss of tolerance, purchasing potentially counterfeit black-market pills containing fentanyl). It also emphasizes the importance of ensuring that older populations are represented and considered in external messages and resources.



For example, the SBAT has an option to make text sizes larger for older populations and those that are visually impaired.

### **Increase Number of DPH-SAPC Providers Using HMIS**

The Homeless Management Information System (HMIS) is an online database used to collect client-level data to inform needs and support PEH services across the County. As such, the HMPI Workgroup recommended that SUD treatment providers attain access to HMIS to ensure greater linkage between the SUD and homeless systems.

While 80% of DPH-SAPC providers currently have access to HMIS licenses, since approximately one in four clients served are homeless, it is important for all to access and utilize the system. DPH-SAPC continues to train staff on the VI-SPDAT in order to assess and prioritize housing. DPH-SAPC also expanded its case management benefit to allow for additional service hours for providers to coordinate and connect PEH with housing-focused resources.

In addition to accessing and using HMIS, a critical and necessary element to ensure maximal benefit from the data platform will be ensuring that there are sufficient interim or permanent housing options available for individuals with SUDs, including ensuring that recovery housing is a part of the housing continuum.

### **Expand Peer-Based Outreach**

Expanded street- and peer-based outreach to PEH is a central strategy to engaging this high-risk population and reducing mortality related to overdoses. Several County departments currently offer this service, including DPH-SAPC through the CENS. Staff from contracted agencies comprise the CENS and perform face-to-face engagement and screening in the field to facilitate access to and completion of SUD treatment. CENS staff currently serve various homeless encampment locations: San Gabriel Valley Riverbed and 605 Freeway, Spring and Arcadia Streets, Venice City + County + Community (C3), and Harbor-UCLA Medical Center. DPH-SAPC is also coordinating with LAHSA to provide CENS for the Homeless Engagement Team in Skid Row.

Because Drug Medi-Cal does not reimburse for outreach currently, the CENS is entirely funded with federal and local dollars (e.g., Block Grant, AB 109) and expansion would require sustainable funding to support this growth. Through the County Behavioral



Health Directors Association (CBHDA), both DPH-SAPC and DMH are engaging with the State Medicaid agency, the Department of Health Care Services (DHCS), to help shape a proposal that will be considered as a part of the upcoming Section 1115 waiver renewal to allow Medi-Cal reimbursement for services delivered prior to the establishment of medical necessity, inclusive of outreach.

Expanding street- and peer-based outreach to PEH will also require an expanded workforce to deliver those services. The recent passage of SB 803 represents a notable opportunity to expand the behavioral health workforce across California by establishing a State framework for certifying and training Peer Support Specialists. DPH-SAPC and DMH are currently working with State-level entities to inform the operationalization of SB 803 to ensure that the peer certification framework established will best support efforts to increase engagement of PEH and other populations, both from the perspective of the quality and quantity of workforce available.

### **Reduce Access Times Between SUD Screening and Treatment**

When individuals are ready for SUD treatment, it is critical to link them to services as soon as possible to increase the likelihood for ongoing engagement. The HPMI Workgroup thus explored different strategies to reduce the amount of time needed to access SUD services and updates are as follows:

#### *Bed availability and intake appointment reporting enhancements on the Service and Bed Availability Tool:*

The SBAT is a web-based service and bed locator for specialty SUD services in the County that was developed by DPH-SAPC to simplify the process of finding SUD treatment services that meet one's needs. SBAT users can filter through the list of contracted providers according to specific criteria, such as service type, languages spoken, or special populations served. Users may be individuals seeking SUD services or their service providers or social network. While the location, services offered, and phone number are accurate, the bed/slot information is based on self-report from provider agencies and therefore may not reflect actual availability at the time of contact (e.g., bed/slot may already be filled) which complicates the process of accessing SUD treatment beds or appointments. In response to this issue, DPH-SAPC assigned staff to contact provider sites to verify entries and request data if there was a lapse in daily submissions. This action resulted in more accurate SBAT information to support PEH and others seeking services.





*Mobile-friendly version of web-based SBAT and SUD resource guide to facilitate SUD service access:*

To further facilitate SUD service access for PEH and others, DPH-SAPC applied and received a grant from NACCHO and the CDC to develop a progressive web application to make the SBAT mobile-friendly and allow for easier use on smart phones. This will enable PEH with smart phones and other service providers or outreach workers to more easily identify specialty SUD treatment services in the field. Grant funding is also being used to develop, promote, and distribute a SUD resource and referral support guide to facilitate access to services and resources. This guide includes information about substance use and SUDs, what to expect in treatment, patient rights, patient confidentiality, SUD screening questions and how to contact DPH-SAPC's 24/7 Substance Abuse Service Helpline, including harm reduction options such as naloxone and MAT. DPH-SAPC is aiming to launch the SUD guide in February 2021 and the mobile-friendly version of the SBAT by the Summer of 2021.

*Telehealth, Telephone and Field Based Services:*

DMC-ODS allows SUD treatment providers to deliver services via telehealth, telephone and in non-clinical settings or homes which is known as Field-Based Services (FBS) as long as the staff are linked to the contracted DMC-certified facility. These modalities are available to reach historically difficult to serve populations due to physical mobility, employment conflicts, transportation limitations, or restrictive housing requirements. Each enables the SUD staff to serve the patient in a location that is preferable and convenient, and which may encourage greater and more consistent participation. COVID-19 propelled the SUD system to embrace these modalities more broadly, and DPH-SAPC is taking steps to make these efforts to enhance access to care more permanent.

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## 2. EXPANDING RECOVERY-ORIENTED HOUSING OPTIONS

Expanding housing options for PEH with SUDs, inclusive of DPH-SAPC's Recovery Bridge Housing (RBH) for those concurrently enrolled in SUD treatment, is critical to enabling this population to either obtain stability on basic needs like safe living arrangements to begin thinking about substance use goals or to sustain recovery achievements gained through treatment



participation. Additionally, the HPMI Workgroup highlighted the need to facilitate access to SUD treatment for individuals residing in other interim or permanent housing settings, as well as the importance of prioritizing housing placements for individuals with SUDs.

RBH is a type of abstinence-based, peer-supported interim housing that provides a safe and recovery-oriented living environment for patients who are homeless or unstably housed while they undergo concurrent and voluntary outpatient, intensive outpatient, Opioid Treatment Program (OTP), or outpatient withdrawal management treatment. Importantly, RBH aims to be low barrier in defining “abstinence” as drug-free but not medication or MAT-free, while serving as an important interim housing option for people who do not need residential SUD treatment based on the severity of their SUD condition, but do need a safe living environment that minimizes potential relapse triggers that are at times present in housing first options. Given that RBH is not reimbursable through DMC and is funded with Measure H and other local dollars, any expansion in the current 1000 RBH beds across the County would require additional sustainable funding.

To address SUD clients that at times do not thrive in housing first settings, the HMPI Workgroup will continue to explore opportunities to build out recovery housing within the housing continuum to better meet the varied needs of PEH, including those with SUDs. To facilitate connections between the SUD and housing systems, and vice versa, workgroup member organizations will continue service integration efforts through the cross-training of respective workforces to clarify service offerings and bi-directional referral processes.

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### **3. IMPROVING SUPPORT FOR JUSTICE-INVOLVED PEH**

The intersection between PEH and those living with SUDs and involved with the criminal justice systems is undeniable. For this reason, the HMPI Workgroup recommended increasing investments in SUD diversion opportunities for PEH from jails and other correctional settings.

DPH-SAPC is currently working with DHS’ ODR to establish a SUD diversion program modelled after Law Enforcement Assisted Diversion (LEAD), which is a community-based approach to improve public safety and public order, while reducing unnecessary justice system involvement. The program launch will be in the third quarter of Fiscal Year 2020-2021 and DPH-SAPC and ODR will work together to coordinate care to support LEAD participants with connecting with SUD treatment.



The Mark Ridley-Thomas Behavioral Health Center (MRT-BHC) represents another important investment in diversion programming. This innovative facility will provide integrated inpatient, residential, outpatient, and supportive services for clients with behavioral health needs, including SUDs and other co-occurring behavioral health issues. The first floor will include a sobering center and withdrawal management services known as the Respite and Recovery Center and both residential and outpatient SUD treatment services on the third floor, with 33 residential SUD treatment beds specifically dedicated for criminal justice diversion. SUD services are anticipated to launch by the end of calendar year 2021.

Established and currently operational SUD diversion programs, where DPH-SAPC is exploring expansion opportunities, include:

- The In-Custody to Community Referral Program (ICRP) is a SUD collaborative designed to link individuals transitioning from incarceration to community-based SUD services upon release from jail custody. ICRP links individuals that are screened and meet clinical criteria to designated DPH-SAPC community treatment programs. ICRP was developed to remove barriers to accessing SUD treatment after release from custody and promote long-term recovery.
- The Substance Treatment and Reentry Transition (START) Community Program provides community-based, supervised, non-custodial residential SUD treatment services to non-violent, non-serious, and non-sexual ("N3") inmates who have a minimum of 90 days left of on their sentence and who volunteer to participate in a SUD treatment program while they serve out the remainder of their sentence.

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#### 4. POLICY AND SYSTEMS CHANGE

While the majority of HMPI Workgroup recommendations focus on actions under local control, others require advocacy at the State and federal levels, and relate to policy or other changes outside of local control. These can be broadly organized into three categories: SUD treatment expansion, harm reduction, and SUD workforce.

##### **Treatment Expansion**

Timely expansion of outpatient, residential, and withdrawal management SUD treatment capacity relates to the DMC certification and licensure process performed by the State's



DHCS. This process can take over one year and includes other mandates that create financial challenges for community-based providers interested in offering specialty SUD treatment services. Through discussions, DHCS is aware of these challenges and DPH-SAPC will continue to work with the State to identify solutions to streamline this process as a strategy to encourage expansion of especially residential and inpatient SUD treatment capacity.

### Harm Reduction

Safe consumption sites (SCS) are designated places with trained personnel where people can use pre-obtained drugs in safe and hygienic environments that are designed to mitigate the health and public order issues often associated with drug use in public settings. Similar to other harm reduction approaches, SCS can be an essential engagement tool for individuals who are pre-contemplative<sup>4</sup> regarding their drug use but who over time and with non-judgmental engagement and support, may shift to other stages of change such as contemplation<sup>5</sup> and action<sup>6</sup> on their path to recovery. SCS have shown positive effects on reduced overdoses, decreased injection-related infections and transmission of communicable diseases such as HIV and hepatitis, and safe disposal of syringes. Given varying interpretations of state and federal drug laws, no SCS exist in the United States currently and the only sanctioned site in North America is in Vancouver, Canada. Over the past several years, several California bills have been proposed to establish SCS at select pilot locations across the State, and it is likely that similar bills will continue to advance, both in California and other jurisdictions across the country. The HMPI Workgroup supports piloting SCS in Los Angeles County and will explore avenues to make this service available to PEH and other populations.

### SUD Workforce

The specialty SUD workforce is currently almost entirely comprised of registered and certified SUD counselors with varied educational backgrounds, along with a smaller proportion of licensed clinicians (e.g., social workers, psychologists, nurses, physicians). While shortages have been apparent in the behavioral health workforce throughout California as a whole, the history of underinvestment in the SUD workforce has been especially pronounced and has restricted the growth and enhancement of the addiction field leading to quality and quantity

<sup>4</sup> A Stage of Change where individuals are not even thinking about modifying behaviors like alcohol and drug use.

<sup>5</sup> A Stage of Change where individuals are willing to consider they may have a problem with for example their alcohol and drug use.

<sup>6</sup> A Stage of Change where individuals are working towards modifying behaviors and learning skills like deciding to stop using alcohol and/or drugs.



deficits that ultimately impact patient care and service access. Because there is no State-level entity responsible for the SUD workforce, DPH-SAPC has led various local workforce efforts (see below) as well as investments in community health workers made by DHS' Whole Person Care, SUD Engagement and Navigation Services initiative. Furthermore, while California's *Office of Statewide Health Planning and Development (OSHPD)* is responsible for developing programs that create, enhance, and grow the public mental health workforce its purview does not extend to the SUD workforce. DPH-SAPC has discussed these concerns with the State (DHCS), however, continued advocacy is required to ensure adequate State-level leadership and attention to improving the quantity and quality of the SUD workforce as well as the more general goal of better integrating health and social service systems.

#### *SUD Workforce Enhancement for Longitudinal Learning (SWELL) Initiative:*

The SWELL Initiative is a collaboration between DPH-SAPC and the three SUD counselor certifying bodies in California that is focused on improving the quality of the SUD workforce by modernizing the SUD counselor training curriculum and ensuring that both current and new SUD workforce members are work-ready with respect to the newer practices associated with implementation of the DMC-ODS waiver. The SWELL Initiative aims to accomplish this by: 1) Aligning core SUD counselor training curriculum topics to evolving priority areas for publicly-funded SUD systems in California; 2) Shifting SUD counselor training to a competency- and skills-based training curriculum model as opposed to multiple choice tests; and 3) Facilitating practice-based learning by distributing training topics throughout the curriculum rather than limiting topics to confined and time-limited courses. Conducted by the SUD counselor certifying body, California Consortium of Addiction Programs and Professionals (CCAPP), trainings that align with the principles of the SWELL Initiative began in Fall 2019.

#### *Tuition Incentive Program (TIP) Pilot:*

The TIP Pilot is a 14-month pilot program funded through a Proposition 64 grant awarded to DPH-SAPC that aims to increase the quantity of the specialty SUD workforce in Los Angeles County by offering no-cost tuition to 125 prospective SUD counselors. By offering no-cost tuition for the courses required to become a registered and certified SUD counselor, the TIP Pilot incentivizes motivated



individuals who otherwise would not pursue a career in counseling given financial difficulties. Participants also receive technical assistance support via peer learning collaboratives and have an opportunity to gain first-hand work experience as a SUD counselor within the Los Angeles County treatment provider network.

*SUD Workforce Recruitment Campaign:*

In Fall 2019, DPH-SAPC launched its [SUD Workforce Recruitment Campaign](#) to provide education and messaging focused on encouraging people to pursue a career in addiction care and services. The SUD Workforce Recruitment Campaign includes recruitment videos designed to cultivate interest in joining the SUD workforce offers a webpage resource for information on how to become a SUD counselor or licensed clinician and learn about respective training programs, and also connects visitors of the site with SUD agencies that are hiring.

While the local SUD workforce efforts described above are envisioned to be helpful, a sustained and State-level strategy to grow and improve the SUD workforce will be essential to achieve the main goal that many of the HMPI Workgroup's recommendations are focused on improving SUD services and systems as a means to reduce overdose-related mortality among PEH.

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## 5. AUGMENTING REVIEWS AND ANALYSIS

As ongoing follow up, DPH intends on releasing annual updates to the Homeless Mortality Report to continue to inform interventions to address mortality among PEH. As the top contributor to PEH mortality, drug/alcohol overdoses will be monitored carefully to better understand the key drivers of SUD-related mortality among the PEH population.

Additionally, DPH-SAPC will participate in the homeless death review led by the MEC, in collaboration with others at DPH, DHS, DMH, LAHSA, DPSS, CIO, and the CEO's Homeless Initiative, to provide subject matter expertise related to overdose mortality.



## CONCLUSION

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Reducing the tragedies of homelessness and improving outcomes for PEH is a key County priority. In support of these efforts, DPH's Homeless Mortality Report identified drug/alcohol overdoses as the top contributor to mortality for PEH since 2017, with trends suggesting continued increases in SUD-related deaths in the absence of effective and data-informed interventions.

The HMPI Workgroup issued a comprehensive set of recommendations to address the top drivers of PEH mortality, including those attributable to drugs and alcohol. As with other complex problems, solutions to substantively address overdose mortality in PEH will require a multi-pronged and strategic approach addressing the full spectrum of drivers of this crisis. Ranging from policy to services, prevention and harm reduction to housing and treatment, and from interventions that are already operational to those that are being explored as a future state, this report outlines the range of actions being taken to address overdose-related mortality among PEH in Los Angeles County as it relates to substance use.

The most comprehensive suite of strategies to reduce PEH mortality related to overdoses involves enhancing and growing harm reduction (e.g., syringe exchange, naloxone and fentanyl test strip distribution, MAT) and SUD treatment services, as well as targeted interventions to address the specific drivers of overdose deaths among PEH. Ensuring recovery-oriented interim and permanent housing and better connecting the SUD and housing systems in a bi-directional manner aims to both mitigate the mortality associated with homelessness and ensure that PEH with SUDs receive necessary services before they result in an overdose event. Given both short- and long-term adverse outcomes related to incarceration, establishing new and expanding current SUD diversion opportunities are other interventions to address PEH who interface with the justice system. In addition to focusing on local strategies, the HMPI Workgroup also felt it was important to address state and federal policies that are barriers to better serving PEH with SUDs, including the need to streamline the process of certifying new residential and inpatient SUD treatment facilities, piloting SCS to determine if this harm reduction approach can yield positive outcomes similar to those seen in other areas of the world that have implemented SCS, and ensuring a State-level infrastructure and strategy to grow the SUD workforce. Finally, DPH-SAPC will contribute to the annual Homeless Mortality Reports and a homeless death review directed by the MEC to continue to evolve the County's strategies to address overdose-related mortality among PEH.

Through this comprehensive collective impact approach, DPH-SAPC will continue to partner with the HMPI Workgroup to reduce the human toll of substance use among PEH.