

TREATMENT AGENCY STAFF PARTICIPATION IN HARM REDUCTION TRAININGS – ATTESTATION AND VERIFICATION

Complete and return this form via an email titled “Attestation 2-J: Staff Participation in Harm Reduction Trainings” sent to sapc-cbi@ph.lacounty.gov by 3/31/2025.

ATTESTATION OF COMPLIANCE:

Please confirm which of the qualifying harm reduction trainings agency staff with direct patient contact* in the provision of SAPC-contracted services have completed as part of the Treatment Agency Staff Participation in Harm Reduction Trainings Capacity Building Activity (2-J) and indicate the number of staff who attended each type of training. If a staff member participated in more than one harm reduction training, please include them in the count for only one of the training types.

**For the purpose of this activity, “staff with direct patient contact” includes all personnel who interact with patients during the admission, treatment, and discharge processes including clerical staff, drivers, cooks, Peer Support Services Specialists, registered or certified counselors, Licensed Practitioners of the Healing Arts (LPHA) and license-eligible LPHAs, etc.*

Tarzana Treatment Centers, Inc / Clare|Matrix Training

- Staff attended live harm reduction trainings conducted by your assigned training agency partner (Tarzana Treatment Centers, Inc or Clare|Matrix)
 - Tarzana Treatment Centers, Inc contact: odhrta@tarzanatc.org
 - Clare|Matrix contact: odtraining@clarematrix.org
- For clarification on your assigned training agency partner, contact SAPC at: SAPC-CBI@ph.lacounty.gov

Number of Staff Trained _____

SAPC CST Trainings

- Staff attended one of the following SAPC CST Trainings:
 - **Reimagining Harm Reduction in Substance Use Treatment**
 - **Utilizing Naloxone and Other Harm Reduction Strategies for Substance Use Treatment Providers**
- *Note: Any forthcoming CST trainings with a harm reduction-focus launched by SAPC will be considered qualified trainings*
- The SAPC CST calendar can be accessed [here](http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=pho&ou=ph&cal_id=24):
http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=pho&ou=ph&cal_id=24

Number of Staff Trained _____

SAPC Harm Reduction and Treatment Integration Meeting

- Staff attended one of the following R95 Harm Reduction and Treatment Integration Meetings:

Date	Location	Address	Time
10/08/2024	House of Hope	205 W. 9 th Street, San Pedro, CA 90731	9:30 AM - 11:30 AM
12/05/2024	(Revised Location) Behavioral Health Services	15519 Crenshaw Blvd., Gardena, CA 90249	2:00 PM – 4:00 PM
02/03/2025	The California Endowment Center for Healthy Communities	1000 North Alameda Street Los Angeles, CA 90012	2:00 PM – 4:00 PM
04/07/2025	Helpline Youth Counseling	14181 Telegraph Rd, Whittier, CA 90604	3:00 PM – 5:00 PM

Number of Staff Trained _____

Other SAPC-Approved Harm Reduction Training

- Please indicate which training(s) your staff have participated in using the table below.
- To obtain approval of a harm reduction training, please contact SAPC at: SAPC-CBI@ph.lacounty.gov
- If the number of “Other SAPC-Approved Harm Reduction Trainings” exceeds the space provided, please attach an additional page with the corresponding details.

Name of Training	Location (address or virtual)	Date	Time	Approved by SAPC (yes/no)

Number of Staff Trained _____

VERIFICATION SUMMARY:

Total Number of Staff with Direct Patient Contact Employed (across all sites): _____

Total Number of Staff with Direct Patient Contact Who Attended At Least One Qualifying Harm Reduction Training: _____

Note: No fewer than 85% of staff who have direct patient contact must participate in a qualifying harm reduction training between 7/1/2024 and 3/31/2025 for your agency to be eligible for this capacity building payment.

Having conducted a good faith review, I attest that _____
(agency name) staff have engaged in the approved harm reduction trainings above
as part of the Treatment Agency Staff Participation in Harm Reduction Trainings
Capacity Building Activity 2-J, and all information provided is complete and
accurate.

Agency Leadership Representative Name (Printed): _____

Agency Leadership Representative Title: _____

Signature: _____

Date: _____

Contracted/Provider Name (Printed):	Contract Number(s):
By (Authorized Signature):	
Printed Name and Title of Authorized Signor:	
Date of Signed Attestation of Compliance:	