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August 10, 2009

TO: Each Health Deputy

FROM: Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

SUBJECT: **UPDATE ON METHAMPHETAMINE PREVENTION AND TREATMENT SERVICES PLAN**

This is a status report on the Department of Public Health's (DPH) methamphetamine (MA) prevention and treatment services plan. DPH was funded at the level of $750,000 for MA prevention services countywide, and $1 million from the Third Supervisorial District for treatment services located in the Third District, but available to all Los Angeles County residents.

PREVENTION SERVICES

Prevention Services for Young Women – From January through June 2009, the 13 funded prevention programs implemented a variety of prevention activities in all eight Service Planning Areas (SPAs). A total of 862 young women participated in these activities. The activities included problem identification and referral for one-on-one prevention services; group education with young women at high-risk; school-based education with young women in the general population; and education of parents regarding MA prevention. In addition, relationships were established with school administrators, Neighborhood Watch groups, law enforcement, and other community-based organizations. Information regarding the dangers of MA was distributed at community, school, and provider events, reaching hundreds of young women throughout the county.

Prevention Services for Men Who Have Sex with Men (MSM) – DPH is in the process of implementing a bio-behavioral intervention pilot program, which combines post-exposure prophylaxis (PEP) with contingency management. The target demographic is high-risk gay men who are actively using MA. The program has received clearance from multiple Institutional Review Boards and staff are now actively recruiting individuals to participate in the program. To date, posters and palm size flyers have been designed and printed, a website, http://friendscarepep.org, has been developed and posted, and advertisements are being published (twice monthly in *Frontiers in LA* magazine, twice weekly on Craigslist [www.craigslist.org], and Facebook [social networking website- www.facebook.com]).

To date, the program has received 137 inquiries, of which 67 were pre-screened for eligibility over the phone, and of those, 26 were determined to be eligible for services. Thirteen individuals were screened at baseline (which includes a signed informed consent form, an Oral Rapid Human Immunodeficiency Virus (HIV) test and urine drug screen). Based on these results, eight were enrolled into the program (completed baseline risk assessment, HIV/sexually transmitted disease testing, physician visit, and enrolled in contingency management). To date, three individuals have initiated and completed PEP for HIV, with a medication adherence rate of 86 percent. Of the eight individuals enrolled in contingency management, six have completed the program with a mean attendance rate of 60 percent (14/24 sessions).

Community Level Prevention Services – As the community coalitions enter into their second year of funding (March 2009-February 2010), they have developed responses specific to the MA epidemic in their SPA. Each coalition has developed short and long term goals. Some goals include:

- Continue to offer training and education in their communities around the dangers of MA use;
- Conduct outreach in their respective SPAs and distribute the literature they developed in the first year;
- Maintain a strong presence at local gatherings including youth events, health fairs, gay pride events, and other programs; and
- Establish ties with schools and churches.

In addition, the coalitions are planning a countywide MA summit with broad representation from all involved parties (e.g., law enforcement, mental health, environmental health, children services, researchers, practitioners, etc.). The purpose of this summit is to offer a forum to share best practices, provide updates on local activities, and discuss initiatives that will strengthen the community response to the MA problem in Los Angeles County.

Education and Training – From March 2009 through May 2009, a specialized training curriculum to "Train the Trainer" was developed and implemented. Key spokespersons from each community coalition were carefully chosen to participate in a set of two trainings designed to develop their skills and knowledge about MA with the goal to be able to conduct trainings in their own communities. Due to the overwhelming need for training and education in all the SPAs, this was an effort to train individuals to broaden the distribution of information and to respond to the requests for training. To date, a total of 12 individuals have become certified as trainers. These include bi-lingual (Spanish and Chinese) presenters to reach diverse populations. At this time, there are plans for follow-up training, with the goal that by the end of August 2009, all community coalitions will have qualified representatives to conduct training and education about MA use specific to the needs of their areas.

Additionally, as most coalitions refer to the Community Assessment Service Centers (CASC) and the materials developed by the coalitions list CASC as a resource, five trainings on the uniqueness of MA-using clients have been conducted (SPAs 1, 2 , 3 ,4 & 8); the remaining three are scheduled (SPAs 5, 6 & 7) to be completed by the end of July 2009.

In conjunction with raising awareness of MA use in their communities, the coalitions provide referrals to individuals in need. This practice is expected to increase that the number of referrals. Therefore, it was determined that the current referral system will need to be enhanced in order to address the possible influx of MA-using clients.

TREATMENT SERVICES

Treatment Services for Young Women – As of June 30, 2009, a total of 101 young women were admitted to treatment for residential and outpatient services. Of the total, 48 percent are Latina; 40 percent are White; five percent are Asian/Pacific Islander; one percent are African American; and six percent are of other ethnicities. To date, 100 percent ($466,395) of funding for residential services, and 62 percent ($102,836) for outpatient services have been utilized.

The Children's Hospital of Los Angeles (CHLA) has voluntarily opted out of the project because of CHLA's limited involvement with young women whose primary or secondary drug of choice was MA. Alcohol and Drug Program Administration (ADPA) has redirected the unused funds, previously allocated to CHLA, to the other three outpatient treatment providers to fund an additional ten outpatient slots. A small portion of the funds will also be allocated to additional training. Dr. Neva Chauppette, who was asked to train ADPA's treatment providers on evidence-based strategies for MA-using women, will conduct follow-up visits with treatment providers.

ADPA holds quarterly meetings with treatment providers to promptly and appropriately address any issues or concerns they may have. These meeting have given ADPA staff and providers a venue to focus on challenges and gaps. For example, an issue that was recurring at the meetings was the need to increase the age limit for services for women to reflect actual client demographics, which was initially set at 26 years old and younger. Most of the agencies were experiencing difficulty in utilizing the funding because of the age limit. Over the last three years, data from ADPA's participant reporting system indicate that over 55 percent of females reporting MA as their primary or secondary drug of choice were in the 25–44 age group. Data continue to show that the 25–44 age group has the highest concentration of primary and secondary drug use for women at admission. In May 2009, ADPA eliminated the age limit so the agencies can serve more women.

Another issue discussed in a provider meeting was the gap in services for psychiatric treatment for MA-using clients. Specifically, the providers raised as critical issues the appropriate assessment of mental health disorders leading to or as a result of MA use, and limited or lack of access to medication for MA-using clients. These issues were discussed with the Department of Mental Health.

Training and Technical Assistance for Treatment Services for Young Women -- In the last three months, two trainings were offered to ADPA providers to assist providers with treatment services for MA-using clients. On April 24, 2009, "Contingency Management," an evidenced-based intervention, was held and facilitated by Dr. Tom Freese. Training on "Psychiatric Care for MA-using Clients" was also held on May 27, 2009 and facilitated by Dr. Steven Shoptaw. Pre- and post-tests were conducted for the trainings; the results are being evaluated by the University of California, Los Angeles, Integrated Substance Abuse Program.

As indicated above, Dr. Neva Chauppette facilitated a series of intensive provider trainings October through December 2008. These trainings focused on building the capacity of treatment providers to enhance service delivery to female MA users. To assess how well the providers are using the skills they learned from these trainings, ADPA and Dr. Chauppette conducted a series of follow-up site visits from January to April 2009, during which observation and technical assistance was provided to the agencies.

Treatment Services for MSM – From March 2008 through June 2009, Office of AIDS Programs and Policy (OAPP) substance abuse treatment providers, Rainbow Bridge, Tarzana Treatment Centers, and Van Ness Recovery House, have served 81 high-risk HIV- negative gay men or transgenders (33 at Rainbow Bridge, 14 at Tarzana Treatment Centers and 34 at Van Ness Recovery House). Smoking continues to be the primary mode of admission for MA use among the clients admitted (41 percent), although 33 percent of all the clients admitted have injected MA in the past 12 months. Fifty-six percent of clients reported unprotected sex under the influence of MA (in the past 12 months) and among these individuals, 21 percent reported receptive anal sex with an HIV positive individual (in the past 12 months). These figures largely indicate the program is reaching the individuals who are at extremely high-risk for HIV infection.

As mentioned in the previous report, bi-monthly meetings are held with the three agencies to address programmatic issues, share data collected, ensure services are being implemented effectively, and discuss other issues or concerns.

Access to mental health medications was a gap identified in a previous meeting and was resolved by authorizing short-term billing of psychiatric medications to OAPP. In addition to medication, it was determined that a comprehensive mental health assessment including the client's psychosocial assessment and intake was needed. In the case of two of the smaller agencies (Rainbow Bridge and Van Ness Recovery House), there was a lack of staff capacity and ability to provide this service. OAPP responded by allocating funds for a licensed mental health professional staff member to spend 20 hours/week at each agency in order to further enhance each agency's capacity to effectively and accurately assess their clients' mental health needs.

Training and Technical Assistance for Treatment Services for MSM – To date, 250 hours of intensive one-on-one technical assistance have been conducted during individualized site visits with the three-OAPP funded agencies. During each visit, charts were reviewed and discussed with staff in order to assist the agencies with responding effectively and comprehensively to each client and appropriately documenting the services provided. A specific monitoring tool was developed for performance-based monitoring, and pre and post tests with the staff were implemented after each visit, resulting in an average overall knowledge gain of 81 percent among all three providers. In addition, two trainings were conducted for OAPP monitoring staff in order to further develop staff skills during audit. The trainings provided information on the following: the disease of addiction, stages of change and treatment planning, psychosocial assessment, diagnostic workup, treatment plan addendum, chart review, and case studies.

Crystal Methamphetamine Work Group

With DPH's active support and sponsorship, the Crystal Methamphetamine Work Group continues to meet on a regular basis. At the June 2009 meeting, the Work Group explored strategies for advocating and emphasizing the need to integrate mental health services into alcohol and drug service delivery systems. These recommendations will be further discussed by the Work Group at its future meetings.

We will continue to keep you updated on the progress of the project. If you have any questions or need additional information, please let me know.

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Attachment

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors
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Director of Children and Family Services
Director of Public Social Services