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July 7, 2010

TO: Each Supervisor

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

SUBJECT: **METHAMPHETAMINE INVESTMENT PLAN - FINAL REPORT**

This is to provide you with the attached report which provides a comprehensive overview of the methamphetamine (meth) investment plan implemented by the Department of Public Health.

On February 12, 2008, the Board approved a $1.75 million multi-pronged investment for meth, which included specific activities targeting the high-risk populations of young women and men who have sex with men (MSM) in the areas of prevention, intervention, education, and treatment. This included $750,000 for meth prevention and early intervention services over two years, and $1,000,000 for meth treatment services funded by the Third Supervisorial District discretionary funds available over three years. Total funding for this initiative is $4.5 million from fiscal years 2007-08 and 2010-11.

This report evaluates the success of the elements of the Plan in reaching the target populations and providing education and resources to promote behavior change and healthy lifestyles.

If you have any questions or would like additional information, please let me know.

JEF:mh

Attachment

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

Methamphetamine Prevention and Treatment Intervention Plan

County of Los Angeles
Department of Public Health

June 2010

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EXECUTIVE SUMMARY

On February 12, 2008, the County of Los Angeles Board of Supervisors (Board) approved a $1.75 million multi-pronged investment for methamphetamine-specific services targeting two groups at elevated risk for its use -- young women and men who have sex with men (MSM). The investment allowed for the delivery of prevention, community mobilization, training and technical assistance, treatment and evaluation services. The total annual investment was made up of $750,000 per year (for two years) for prevention and early intervention services supported through Board funds and $1,000,000 per year (for three years) for treatment services supported through Third Supervisorial District funds. The following report provides a comprehensive programmatic and fiscal review of this investment-to-date and offers both lessons learned and recommendations for ongoing methamphetamine related programming in Los Angeles County.

Since 2008, the total $4.5 million investment has been managed through the Department of Public Health's Substance Abuse Prevention and Control (SAPC) program and its Office of AIDS Programs and Policy (OAPP). For each of the five parts of the methamphetamine initiative, both programs relied on existing contracted providers or local experts in the field. All providers identified had experience serving either young women or men who have sex with men (MSM).

Table 1. Summary of Original Investment Plan for Methamphetamine Initiative

	Program Area					Total
	Prevention	Treatment	Evaluation	Training/ Technical Assistance	Community Mobilization	
SAPC	$250,000 (13 providers)	$475,000 (9 providers)	$20,000 (1 provider)			$745,000
OAPP	$250,000 (1 provider)	$475,000 (3 providers)		$100,000 (3 providers)	$180,000 (8 providers/ 1 per SPA)	$1,005,000
Total	$500,000	$950,000	$20,000	$100,000	$180,000	$1,750,000

Methamphetamine Prevention for Young Women

As part of its methamphetamine prevention strategy, SAPC selected 13 programs for expanded prevention efforts identified by their demonstrated expertise working with young women, particularly through collaboration with local schools. Each program identified used evidence-based prevention and early intervention strategies tailored to the unique cultural, developmental, and gender-specific needs of young women. To identify and address the community risk factors that played a role in increased use of methamphetamine among young women, SAPC conducted both risk assessments and needs assessments through several countywide town hall meetings. Based on the key findings from these meetings, SAPC, through its thirteen subcontractors, supported school-based peer counselor trainings intended to increase methamphetamine knowledge. In addition, SAPC supported a range of media events intended to raise methamphetamine awareness. Both efforts were evaluated for effectiveness.

Methamphetamine Prevention for MSM

There is a growing body of scientific literature that substantiates the link between the use of methamphetamine among MSM and the increased rates of new HIV infections among this group. It is also apparent that focusing solely on the risk behavior of MSM (e.g. unprotected anal intercourse) at the expense of a myriad of underlying issues (trauma, internalized homophobia, depression, etc.) that contribute to high risk individual behavior as well as the circumstances that trigger either methamphetamine use or risk taking would be short-sighted. As such, and in order to support more integrated interventions that consider social determinants of risk, OAPP identified a single provider to implement an evidence-based biomedical and behavioral prevention intervention targeted to the highest risk HIV-negative methamphetamine users. The intervention included an antiretroviral Post-Exposure Prophylaxis (PEP) component for the biomedical prevention of HIV transmission and Contingency Management (CM) component to promote behavior change.

Methamphetamine Community Mobilization

In order to lessen the risk factors and strengthen the resiliency of local communities, eight community coalitions -- one in each Service Planning Area (SPA) -- were established to mobilize local residents against methamphetamine use. The primary objective of this action was to enhance awareness, promote prevention activities, and further engage the community in recognizing and combating the growing problems associated with methamphetamine use. Coalitions were encouraged to develop a grassroots response tailored to the specific needs and nuances of their community.

Methamphetamine Treatment for Young Women

A combination of residential and outpatient services for young women were enhanced through nine SAPC providers. These providers were required to implement meth-specific treatment services for young women that address development and gender-specific issues consistent with evidence-based best practices.

Comparisons were made on client characteristics at admission, treatment compliance, and outcomes of two groups of women who sought treatment in Los Angeles County-funded facilities for their methamphetamine use: one that utilized women-specific therapies and the other a treatment curriculum that did not include gender specific programming. The purpose of the study was to determine if using treatment interventions that are sensitive to and focused on women's issues and needs would be more effective, especially in the areas of family relationships, criminal activity, employment, healthy living situations, and drug use.

Methamphetamine Treatment for MSM

The methamphetamine treatment investment targeted to MSM relied on three existing providers with track records serving gay men. Given OAPPs existing and ongoing support of treatment for HIV-positive men and given the strong nexus between methamphetamine use and HIV risk, OAPP targeted the treatment investment to serve **HIV-negative** MSM. OAPP worked closely with these treatment providers to ensure that a comprehensive, individualized system of care is being implemented and to reach each client at his specific level of need. OAPP recognizes the

added benefit of HIV prevention through the successful treatment of methamphetamine use among MSM.

Key Findings

The key findings of the methamphetamine initiative to date are as follows:

- *Prevention for Young Women:* Community assessments captured the risk factors most associated with methamphetamine use among young women. SAPC used the assessment findings to expand its service mix including innovative outreach and engagement efforts, strategies to increase methamphetamine protective factors, and key areas for collaboration and prevention planning.

- *Prevention for MSM:* The bio-behavioral prevention intervention for MSM is successfully enrolling gay men who exhibit high rates of HIV and sexually transmitted disease. No new HIV transmissions among participants enrolled in the PEP/CM intervention have been documented-to-date, suggesting that the intervention is having the intended outcome and strong consideration for expanding this intervention should be made.

- *Community Level Prevention:* A grassroots community prevention intervention was developed to engage and empower constituents around health and social issues in their neighborhoods. The diversity and geography of Los Angeles County necessitates a targeted community response, driven by the specific needs of each area.

- *Treatment for Young Women:* This investment has highlighted the disparities and persistent barriers that women face in seeking and remaining in treatment for their methamphetamine use. As anticipated, treatment approaches that are focused on young women's issues and needs result in more favorable outcomes, specifically in areas of family relationships, reduced drug use and criminal involvement, employment, and healthy living situations. Additional research is needed to validate initial findings and to explore the cost-effectiveness of single gender versus mixed gender treatments.

- *Treatment for MSM:* MSM clients who access substance abuse treatment demonstrate high rates of drug use and high rates of high-risk sexual encounters in the 30 days prior to treatment suggesting effective targeting of these services. A large proportion of the MSM population who access services through this investment are homeless and injection drug users, suggesting they are farther along the continuum of drug use and at even higher risk of contracting HIV.

- *Training and Technical Assistance:* The need for training and technical assistance among all methamphetamine prevention and treatment providers countywide remains substantial. Current treatment services are void of a comprehensive and individualized plan of care for mental health issues. Ongoing capacity building efforts to address program capacity, staffing and curriculum gaps is crucial and unless the co-occurring mental health needs of methamphetamine-using clients are systematically addressed, there is a risk of delivering substandard care.

BACKGROUND

Crystal Methamphetamine Work Group

In August 2005, Jonathan E. Fielding, MD, MPH, Director of Public Health and Health Officer convened the Crystal Methamphetamine Work Group (CMWG). The CMWG is comprised of representatives from community service agencies, research institutions, and various County departments. The overall purpose of the CMWG was to assess the scope and the impact of the methamphetamine (hereinafter referred to as "meth") epidemic in Los Angeles County and provide recommendations and action steps on how to address this growing public health issue. In October 2006, Dr. Fielding charged SAPC with facilitating the work group with support from OAPP and the Department of Mental Health (DMH). The group continues to meet quarterly and serves as an advisory, policy, and program recommendation group to the Department of Public Health.

Act Now Against Meth Coalition

The Act Now Against Meth (ANAM) Coalition was formed during the Summer of 2005 as a community response to the growing methamphetamine epidemic and its association with new HIV infections locally. The mission of the coalition was to mobilize community action against the meth epidemic through advocacy, education and awareness. Members of the coalition represent local community based organizations, recovery and treatment homes, neighborhood councils, youth agencies, and churches. During the April 2006 CMWG meeting, ANAM announced they were circulating a petition asking the Board of Supervisors to take action on the following:

- Create and expand [State] and [federal] programs to educate health care professionals to identify, educate, and treat meth addiction;
- Coordinate and integrate meth prevention, education and treatment strategies among local, [State] and [federal] HIV/AIDS, sexually transmitted disease, substance abuse, and mental health programs;
- Fully fund awareness, education, prevention and treatment efforts;
- Fund message/intervention research and development of effective social marketing campaigns to reach at-risk populations;
- Require large-scale social events, such as circuit parties and community events, to provide meth education or prevention; and
- Declare a public health state of emergency in the County of Los Angeles.

Board of Supervisors

On September 19, 2006, the BOS directed both DPH and DMH to provide an overview and develop a comprehensive strategy to address the growing meth problem in Los Angeles County using best practices for preventing and treating its use. The Board also instructed the Chief Administrative Office (CAO; now the Chief Executive Office) to work with DPH, DMH, the Department of Public Social Services, the Sheriff's Department, and other County agencies, as appropriate, to assess all County resources dedicated to address the County's meth epidemic.

In March 2006, DPH issued a comprehensive report substantiating meth use as a public health problem in Los Angeles County, especially among adolescents, women aged 18-40, and MSM. Of particular concern was the alarming upward trend in meth treatment admissions for adolescents, the higher prevalence of meth use relative to other drug use among females versus males as reflected in the increased numbers among Filipinas and young (18-25) Latinas, and significant association between HIV infection and meth use among MSM. Based on these trends, DPH recommended an $18.6 million investment in meth prevention, intervention and treatment strategy for the target populations. Also included in the report were the following objectives developed by DPH to address the meth epidemic, and to be carried out in collaboration with the CMWG and DMH:

- Strengthen the DPH response to the meth epidemic by expanding and enhancing collaborative efforts to reduce the consequences of meth abuse;
- Prevent or decrease meth use among specific populations by developing and implementing prevention and treatment strategies aimed at enhancing services for meth-using populations;
- Enhance data collection processes to capture meth abuse prevalence and incidence rates, monitor trends in at-risk populations, and use these data to develop an appropriate public health response;
- Improve access to services for at-risk populations by strengthening linkages between mental health, substance abuse, social services, and the criminal justice system to provide services to populations at-risk for meth use and integrate services where possible; and
- Secure funding for prevention, education, treatment, and research.

In response to this report and recommendations, the Board and Third District identified a total of $1.75 million per year for meth prevention, intervention and treatment services, from the following sources:

- $750,000 for methamphetamine prevention and early intervention services for each of two years;
- $1,000,000 for methamphetamine treatment services funded by Third Supervisorial District discretionary funds for each of three years.

The Board requested that DPH submit specific recommendations for these investments. On January 8, 2008, the methamphetamine Prevention, Intervention and Treatment Plan was presented and was approved by the Board on February 12, 2008. Funds were provided to DPH, and invested through SAPC and OAPP contract providers.

DPH Methamphetamine Prevention, Intervention and Treatment Plan

DPH presented the following plan to implement Board-approved investments in meth prevention, early intervention and treatment services. The plan included five major components for the annual investment:

Prevention

- $250,000 for Prevention among Young Women: To enhance and supplement 13 existing drug prevention and early intervention programs for young women in collaboration with local schools throughout the County.

- $250,000 for Prevention among MSM: To implement an evidence-based biobehavioral prevention intervention (post-exposure prophylaxis with contingency management) with HIV negative meth-using MSM.

Community Level Prevention

- $180,000 to support eight community coalitions, one in each SPA, to mobilize and raise awareness among local residents about meth use.

Treatment Services

- $475,000 for additional treatment slots for outpatient and residential services for young women. Nine contracted SAPC providers were funded.

- $475,000 for additional residential treatment slots for HIV-negative MSM. Three contracted OAPP providers were funded.

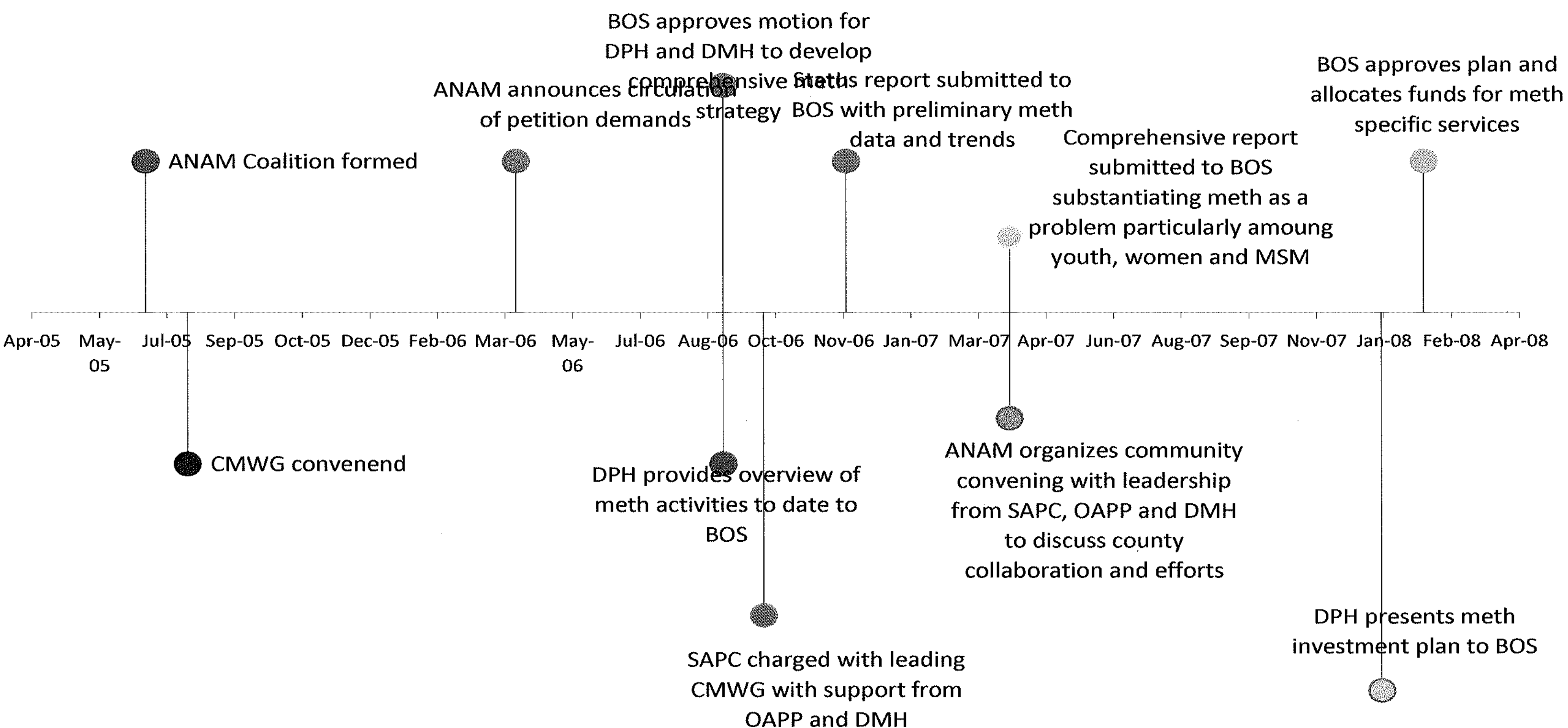
Training and Technical Assistance

- $100,000 for training and technical assistance targeted to existing service providers to enhance staff capacity to implement evidence-based prevention and treatment interventions including, appropriate cultural and gender specific techniques for the target populations.

Evaluation

- $20,000 allocated to the UCLA Integrated Substance Abuse Program to provide an evaluation of treatment services offered to young women through SAPC contracted providers. In order to complete an overall assessment of the investment, SAPC and OAPP performed additional evaluation activities to identify and measure outcome indicators.

Figure 1. Timeline of Key Events in the Initial Phrase of Los Angeles County's Response to Methamphetamine Epidemic



FISCAL OVERVIEW

From the inception of the initiative, a total of $4.5 million has been invested across multiple interventions and with dozens of providers to enhance the local response to methamphetamine abuse. The investment and spending pattern by fiscal year (FY) are described below. Because the funding investment timeline differed by project, the investment expenditures are broken down separately by program (OAPP and SAPC) to delineate how the funds were invested.

OAPP

Once the Board and the Third District earmarked resources to expand methamphetamine-related programming, OAPP adopted an approach that prioritized sound spending over spending within a specific funding term. Because funding of OAPP-supported programs began in March 2008 (and near the end of FY 2007-08), a series of unexpended amounts would be invested in subsequent program terms.

Community Level Prevention services were completed by March 2010, two years from the beginning of funding. Prevention services for MSM are projected to continue through December 31, 2010 due to slower than anticipated spending in the first term as a result of necessary review and approvals of the intervention. Treatment services for MSM, funded by a three-year Third District commitment, are anticipated to continue through the end of February 2011. The continuation of training and technical assistance services is predicated on Board deliberation of a contract for this service in August 2010.

Table 2. Summary of OAPP-related Allocations and Expenditures (Amounts in $1,000s)

		FY07/08		FY08/09		FY09/10*		FY10/11*		Total
		Alloc	Exp	Alloc	Exp	Alloc	Exp	Alloc	Exp	
Prevention	Board	$250	$44 ($206)	$250 *plus $206*	$165 ($291)	$0 *plus $291*	$256 ($35)	$0 *plus $35*	$35	$500
	Third District									
Treatment	Board									
	Third District	$475	$89 ($386)	$475 *plus $386*	$425 ($436)	$475 *plus $436*	$577 ($334)	$0 *plus $334*	$334	$1,425
Training/ T.A.	Board/ Third District	$100	$6 ($94)**	$120 *plus $94*	$152 ($62)	$50 *plus $62*	$45 ($67)	$0 *plus $67*	$67	$270
Community Mobilization	Board	$180	$43 ($137)	$160 *plus $137*	$152 ($145)	$0 *plus $145*	$130 ($15)	$0 *plus $15*	$15	$340
	Third District									
	Total	$1,005		$1,005		$525		$0		$2,535

* Expenditure figures for FY 2009-10 are projected, as are the allocated and expenditure amounts for 2010-11.
**Totals include allocations from Board and Third Supervisorial District

SAPC

The total annual funding allocation for treatment services for young women was $475,000 and for prevention was $250,000. To expand treatment services, SAPC administratively augmented five existing residential treatment contracts (~$72,000 each) and four outpatient treatment programs (~$29,000 each), all with service delivery sites in the Third District. As part of their prevention strategy for young women, SAPC administratively augmented thirteen prevention contracts for agencies with strong ties to school districts and/or who were conducting school-based prevention. Ten agencies received a funding augmentation of between $20,000 and $21,000 each, and three agencies received an augmentation of $45,790. The amounts varied based on SAPC's Board-delegated authority levels.

Table 3. Summary of SAPC-related Allocations and Expenditures (Amounts in $1,000s)

		FY07/08		FY08/09		FY09/10*		FY10/11*		Total
		Alloc	Exp	Alloc	Exp	Alloc	Exp	Alloc	Exp	
Prevention	Board	$250	$61 ($189)	$250 *plus $189*	$254 ($185)	$0 *plus $185*	$185 ($0)	$0	$0	$500
	Third District									
Treatment	Board									
	Third District	$475	$407 ($68)	$475 *plus $68*	$543	$475	$447 ($28)	$0 *plus $28*	$28	$1,425
Evaluation	Board	$20	$20	$20	$20	$0	$0	$0	$0	$40
	Third District									
	Total	$745		$745		$475				$1,965

* Expenditure figures for 09/10 are projected, as are allocated and expenditure amounts for 10/11.

PREVENTION EVALUATION

Research on meth use in Los Angeles County reveals that young women and MSM are disproportionately using methamphetamine. Prior to this initiative, few prevention interventions existed that were tailored specifically for these two populations. The purpose of this plan, in part, was to tailor interventions to young women and MSM.

Young Women

The 13 agencies identified to enhance the local methamphetamine prevention response were selected based on their demonstrated expertise working with young women, particularly through collaborations with schools. Each program used evidence-based prevention and early intervention strategies tailored to the unique cultural, developmental and gender needs of young women. The programs leveraged new funds with existing funds to implement innovative outreach, engagement and prevention strategies, as well as to increase service capacity. Despite the County's large scale and wide range of diverse communities, each prevention provider was able to establish partnerships with selected schools and develop strategies to meet the needs of their targeted community

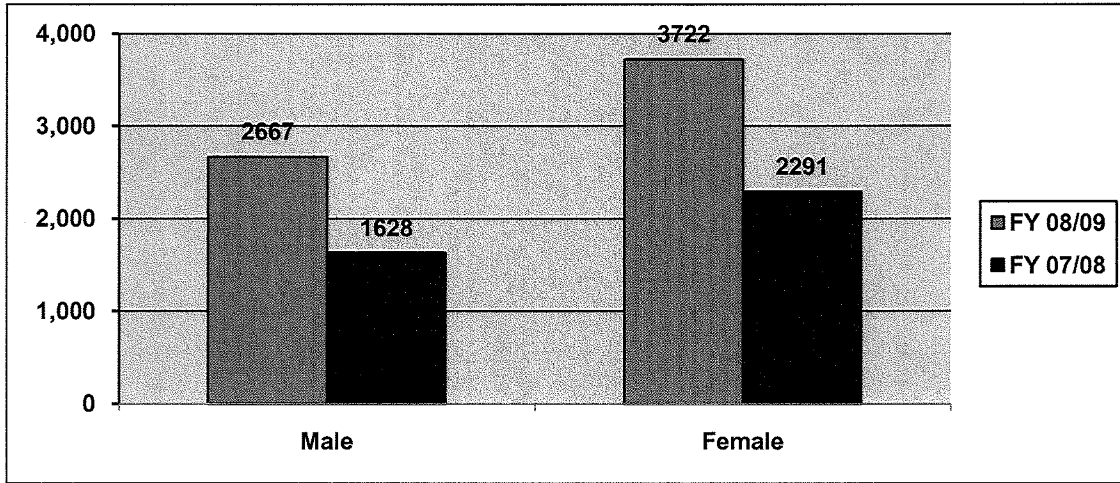
During the two-year project period that ended in December 2009, meth-associated risk factors were determined and data was gathered related to the severity of meth use among young women. SAPC allocated funding for Fiscal Year 2009-2010 to enable their providers to further strengthen their school collaborations and extend services to high risk youth, specifically females within the school setting. The programs were also required to address the key community risk factors identified during the assessment process, and create strategies to increase protective factors. The meth prevention program partners were as follows:

- Alcoholism Council of Antelope Valley
- Asian American Drug Abuse Program
- Pacific Clinics/Asian Pacific Family Centers
- Koreatown Youth and Community Center
- People Coordinated Services of So. California
- City of Redondo Beach, South Bay Youth Project
- California Hispanic Commission on Alcohol and Drug Abuse
- San Fernando Valley Partnership
- Day One
- Cambodian Association of America
- Search to Involve Pilipino Americans
- SPIRITT Family Services
- Los Angeles Youth Network

Young Women: Participant Demographics

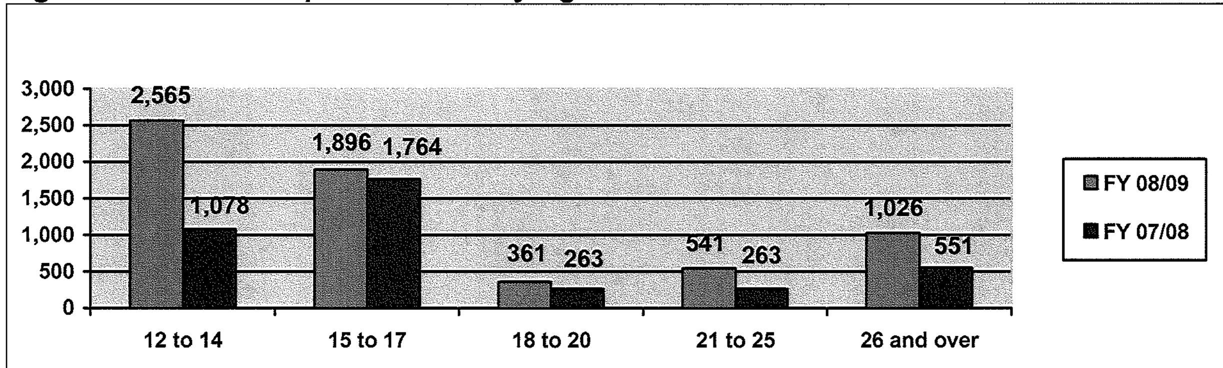
Although this investment was focused on young women, the benefit was not limited to this group as young men also participated in school-based program. Fifty-eight percent of all meth prevention services were for female participants. A total of 6,013 young women were served during FY 07/08 and FY 08/09.

Figure 2. Total Participants Served by Gender by Fiscal Year



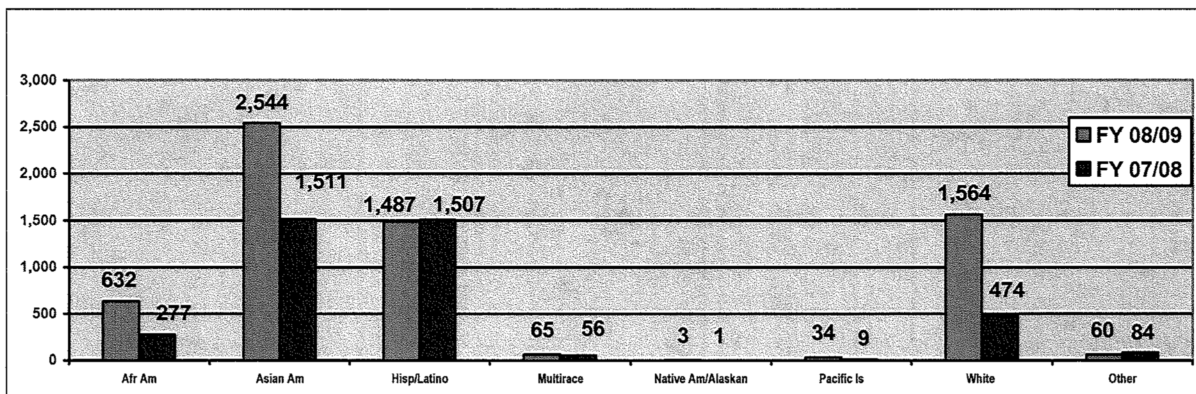
71% of the participants who participated in meth prevention activities targeted to young women were aged 12 to 17.

Figure 3. Total Participants Served by Age: FY 07/08 and FY 08/09



Thirty-nine percent of the participants who were served through meth prevention services or who participated in prevention activities were Asian-American, and 29% of the participants who were served meth prevention services or participated in prevention activities were Latino.

Figure 4. Total Participants Served by Race/Ethnicity: FY07/08 and FY 08/09



Young Women: Additional Programmatic Activities

Methamphetamine Prevention Collaborative

All thirteen providers meet at SAPC headquarters to discuss meth-specific prevention approaches and establish partnerships for coordinating countywide meth activities. SAPC staff provided technical assistance on work plan development. Work plans outlined specific goals and objectives that were used to guide each program. The work plan was also required as part of the augmentation requirement and were used for contract audit site visits.

Countywide Glass Pipe Training

SAPC coordinated Glass Pipe Training for providers. The training is designed to inform providers on environmental prevention strategies used to address meth-related community problems. This includes enforcing existing policies that prevent drug paraphernalia sales within their local neighborhood stores.

Prevention providers successfully collaborated with five local high schools and conducted both Peer Counselor trainings and meth prevention classroom presentations. Pre- and post-test results indicated that 98% of 48 peer counselor training participants had increased knowledge on meth. In addition, 44% of the participants understood the steps to refer at-risk female students to participate in drug-free alternative activities and other supportive activities. Meanwhile, 79% of 376 female student participants displayed an increase in knowledge on meth and its negative effects on users.

Town Hall-based Community Needs Assessment

In order to assess and identify characteristics and community risk factors that contribute to community meth-associated concerns prevention providers conducted town hall meetings to engage their community.

The overall goal was to prevent community meth-associated risk factors and increase protective factors geared towards young women within targeted communities. Based on the results of these town hall meetings, providers developed work plans and strategies that include:

- School-based prevention,
- Community-based education,
- Outreach,
- Problem identification and referral,
- Environmental strategies, and
- Collaborative efforts with school officials, parents, and law enforcement.

One positive outcome of the town hall meetings was increased community collaboration as evidenced by the involvement of key community leaders. The notable example is the City of Alhambra which has created a task force to assess the magnitude of meth availability and activity in the area, increased police patrol and the collection of meth-related crime data.

Meth 411 Press Event

Providers coordinated a countywide press event to titled ***411 on Meth*** to raise awareness about the damaging effects of meth use on youth, families, and communities. The press conference included youth and adult speakers and representatives from UCLA and the Phoenix House. The event concluded with a workshop that highlighted the magnitude and the social cost of meth on Los Angeles County communities.

Provider Interview-based Community Needs Assessment

As part of the ongoing effort to assess the impact of meth on communities, SAPC enlisted contracted prevention providers across the County to conduct community assessments and identify community risk factors that contribute to methamphetamine use among young women in each of their respective and unique communities. Each provider was given a set of six core questions to be used in a town hall meeting or group interview. The questions were intended to facilitate dialogue among various segments of the community including youth, educators, parents and law enforcement personnel.
The six core questions were:

1) What are the most pressing problems in your community?
2) What do you know about methamphetamine?
3) Is methamphetamine a problem in your community?
4) What types of problems can methamphetamine bring to your community?
5) Are there any smoke shops or convenience stores that sell drug paraphernalia in your community?
6) Where do problems occur in your community?

Portions of the results of the community assessments submitted SAPC are summarized below by SPA. The survey results are accompanied by a table summarizing the demographics of the survey participants:

SPA 1 - Alcoholism Council of Antelope Valley
The following factors contribute to meth-related problems in the Antelope Valley community:

- Meth is easily accessible
    - At the park
    - 'On every block', the street
    - Youth are buying it at school, using in the back of classrooms
    - Meth users know where the meth labs are
- Lack of awareness
    - Community at large isn't aware of problem (or doesn't want to acknowledge it)
    - Community isn't aware of resources available for substance abuse
    - Youth are not aware of the negative aspects of using meth
    - Youth are not aware of positive activities available to keep them busy

SPA 2 - San Fernando Valley Partnership
The following factors contribute to meth-related problems in the San Fernando Valley:

- Meth is easily accessible
- There are too many kids at school and you can't watch everyone
- Parents and teachers can't tell when someone is high
- There are empty houses in the neighborhood where people get high
- Young people and parents are uninformed

Table 4. Demographic Profile of SPA 2 Survey Participants by Year

January – December 2008	
Gender	
Males	0
Females	150
Total	150
Age	
12 – 14	25
15 – 17	125
18 – 20	0
21 – 25	0
Total	150
Race/Ethnicity	
African American	3
Asian American	5
Hispanic/Latino	142
Multiracial/Ethnic	0
Native American/Alaska	0
Hawaiian/Pacific Islander	0
White not Hispanic	0
Other	0
Total	150

January – December 2009	
Gender	
Males	0
Females	40
Total	40
Age	
12 – 14	20
15 – 17	20
18 – 20	0
21 – 25	0
Total	40
Race/Ethnicity	
African American	0
Asian American	0
Hispanic/Latino	40
Multiracial/Ethnic	0
Native American/Alaska	0
Hawaiian/Pacific Islander	0
White not Hispanic	0
Other	0
Total	40

SPA 3 – Day One

The following problem locations in the Pasadena community were identified:

- Meth is readily available at the schools, especially prominent at Pasadena High School
- Five stores were identified that sell drug paraphernalia
- Pasadena calls for law enforcement service – majority come from northwest Pasadena
- There are empty parking lots that are not gated
- McKinley Elementary School identified by Pasadena Police Department because of the number of fights – expressed need for added security and more parent and school administrative responsibility
- Pasadena HS identified by youth – claim students are either a drug dealer or a drug user
- Muir High School identified by the IMPACT Program representative--she said most of their referrals are coming from MHS

Table 5. Demographic Profile of SPA 3 (Group 1) Survey Participants by Year

January – December 2008	
Gender	
Males	16
Females	28
Total	44
Age	
12 - 14	0
15 - 17	10

January – December 2009	
Gender	
Males	25
Females	48
Total	73
Age	
12 – 14	8
15 – 17	58

18 - 20	14
21 - 25	20
Total	44
Race/Ethnicity	
African American	11
Asian American	1
Hispanic/Latino	27
Multiracial/Ethnic	1
Native American/Alaska	0
Hawaiian/Pacific Islander	0
White not Hispanic	3
Other	1
Total	44

18 – 20	6
21 – 25	1
Total	73
Race/Ethnicity	
African American	36
Asian American	0
Hispanic/Latino	18
Multiracial/Ethnic	5
Native American/Alaska	1
Hawaiian/Pacific Islander	0
White not Hispanic	10
Other	3
Total	73

SPA 3 - Pacific Clinics – Asian Pacific Family Center

The following factors contribute to meth-related problems in the San Gabriel Valley:

- Meth is easily accessible in neighborhoods and around schools
- Gang presence
- Negative peer influence
- Lack of accurate drug information and counseling help

The following problem locations in the San Gabriel Valley were identified:

- Rosemead Park (near Rosemead High School)
- Super A Foods (Alhambra)
- Rick's Drive In and Out (Alhambra)
- iBrowse coffee shop (Alhambra)
- boba shops
- Motels and cheap hotels (especially with hourly rates)
- Twenty-four-hour Chinese cafes such as JJ Café and JR Café (Monterey Park)

Table 6. Demographic Profile of SPA 3 (Group 2) Survey Participants by Year

January – December 2008	
Gender	
Males	386
Females	399
Declined to state	1
Total	786
Age	
12 – 14	396
15 – 17	369
18 – 20	21
21 – 25	0
Declined to state	0
Total	786
Race/Ethnicity	
African American	5

January – December 2009	
Gender	
Males	195
Females	215
Declined to state	4
Total	414
Age	
12 - 14	190
15 - 17	204
18 - 20	19
21 - 25	0
Declined to state	1
Total	414
Race/Ethnicity	
African American	5

Asian American	301
Hispanic/Latino	381
Multiracial/Ethnic	27
Native American/Alaska	1
Hawaiian/Pacific Islander	0
White not Hispanic	12
Declined to state	59
Total	786

Asian American	208
Hispanic/Latino	144
Multiracial/Ethnic	10
Native American/Alaska	0
Hawaiian/Pacific Islander	0
White not Hispanic	4
Declined to state	43
Total	414

SPA 3 - SPIRITT Family Services

The following factors contribute to meth-related problems in the SPIRITT Family Services service area:

- Low cost and high availability (of meth)
- Peer influence

The following problem locations in the SPIRITT Family Services service area were identified:

- School campus (in the bathrooms, classrooms, and behind school buildings)
- Kickbacks (at friends' homes) – during the day and some weekend evenings
- Local parks

Table 7. Demographic Profile of SPA 3 (Group 3) Survey Participants by Year

January – December 2008	
Gender	
Males	188
Females	183
Total	371
Age	
12 - 14	51
15 - 17	289
18 - 20	31
21 - 25	0
Total	371
Race/Ethnicity	
African American	9
Asian American	5
Hispanic/Latino	333
Multiracial/Ethnic	0
Native American/Alaska	0
Hawaiian/Pacific Islander	0
White not Hispanic	17
Other	7
Total	371

January – December 2009	
Gender	
Males	120
Females	277
Total	397
Age	
12 - 14	128
15 - 17	231
18 - 20	38
21 - 25	0
Total	397
Race/Ethnicity	
African American	12
Asian American	4
Hispanic/Latino	368
Multiracial/Ethnic	0
Native American/Alaska	0
Hawaiian/Pacific Islander	0
White not Hispanic	10
Other	3
Total	397

SPA 4 - Koreatown Youth and Community Center

The following factors contribute to meth-related problems in the Koreatown community:

- Parents work multiple jobs; lack of supervision at home
- Family problems and peer pressure

- Easy access to meth
- Business owners do not take responsibility for open areas (parking lots and alleys)
- Drug paraphernalia are sold at smoke shops, convenience stores, and 99 cent stores
- Low or no lighting at the park
- Rental property managers do not take responsibility for keeping apartment building safe

The following problem locations in the Koreatown community were identified:

- 'Kickbacks' (home parties)
- In the park
- Parking lots
- Clubs

Table 8. Demographic Profile of SPA 4 (Group 1) Survey Participants by Year

January – December 2008		January – December 2009	
Gender		**Gender**	
Males	112	Males	179
Females	159	Females	313
Total	271	**Total**	492
Age		**Age**	
12 - 14	26	12 - 14	60
15 - 17	245	15 - 17	432
18 - 20	0	18 - 20	0
21 - 25	0	21 - 25	0
Total	271	**Total**	492
Race/Ethnicity		**Race/Ethnicity**	
African American	2	African American	21
Asian American	158	Asian American	337
Hispanic/Latino	100	Hispanic/Latino	134
Multiracial/Ethnic	0	Multiracial/Ethnic	0
Native American/Alaska	0	Native American/Alaska	0
Hawaiian/Pacific Islander	0	Hawaiian/Pacific Islander	0
White not Hispanic	2	White not Hispanic	0
Other	9	Other	0
Total	271	**Total**	492

SPA 4 - Los Angeles Youth Network

The following factors contribute to meth-related problems in the West Hollywood community:

- Gangs throughout the neighborhood
- Drug paraphernalia being sold at smoke shops, convenience stores, and 99 cent stores
- Lack of emergency shelters
- Lack of intervention from community, schools and parents/family
- Overcrowded schools
- Low or no lighting at park and in parking lots

The following problem locations in the West Hollywood community were identified:

- Gower St. between Sunset Blvd. and Hollywood Blvd.
- Hollywood Blvd. between Bronson and La Brea
- Hollywood High School
- McDonalds at corner of Hollywood and Highland
- In the hillsides along the 101 Hollywood Freeway
- Smoke shops
- Bars/Clubs
- Parks
- Alleys
- Parking lots
- Side streets

Table 9. Demographic Profile of SPA 4 (Group 2) Survey Participants by Year

January – December 2008	
Gender	
Males	202
Females	124
Total	326
Age	
12 - 14	1
15 - 17	72
18 - 20	104
21 - 25	149
Total	326
Race/Ethnicity	
African American	102
Asian American	0
Hispanic/Latino	49
Multiracial/Ethnic	10
Native American/Alaska	0
Hawaiian/Pacific Islander	9
White not Hispanic	148
Other	8
Total	326

January – December 2009	
Gender	
Males	241
Females	116
Total	357
Age	
12 - 14	8
15 - 17	107
18 - 20	108
21 - 25	134
Total	357
Race/Ethnicity	
African American	78
Asian American	0
Hispanic/Latino	109
Multiracial/Ethnic	11
Native American/Alaska	2
Hawaiian/Pacific Islander	4
White not Hispanic	142
Other	11
Total	357

SPA 4 - Search to Involve Pilipino Americans

The following factors contribute to meth-related problems in the Historic Filipinotown community:

- Meth is easily accessible
    - Inside the classroom and the bathroom
    - “by the handshake”
- Low price, high purity
- Rental housing with absent owners, makes for “smokehouse” situations

Table 10. Demographic Profile of SPA 4 (Group 3) Survey Participants by Year

January – December 2008	
Gender	
Males	66
Females	90
Total	156
Age	
12 - 14	51
15 - 17	92
18 - 20	13
21 - 25	0
Total	156
January – December 2008	
Race/Ethnicity	
African American	10
Asian American	95
Hispanic/Latino	31
Multiracial/Ethnic	11
Native American/Alaska	
Hawaiian/Pacific Islander	
White not Hispanic	9
Other	
Total	156

January – December 2009	
Gender	
Males	62
Females	94
Total	156
Age	
12 - 14	49
15 - 17	91
18 - 20	16
21 - 25	0
Total	156
January – December 2009	
Race/Ethnicity	
African American	11
Asian American	94
Hispanic/Latino	32
Multiracial/Ethnic	10
Native American/Alaska	
Hawaiian/Pacific Islander	
White not Hispanic	9
Other	
Total	156

<u>SPA 6 - Asian American Drug Abuse Program</u>
The Asian American Drug Abuse Program conducted an assessment targeting one segment of the population (youth who have used meth). The six core questions provided by SAPC were not used. The following findings were extracted from the report submitted to SAPC.

- Meth is easily accessible
- Reasons for use
    - To get skinny
    - To belong, because others were using it
    - Curious, introduced by friends
    - Better high than drugs previously used

Table 11. Demographic Profile of SPA 6 Survey Participants by Year

January – December 2008	
Gender	
Males	145
Females	237
Total	382
Age	
12 - 14	0

January – December 2009	
Gender	
Males	298
Females	322
Total	620
Age	
12 - 14	0

15 - 17	361
18 - 20	12
21 - 25	9
Total	382
Race/Ethnicity	
African American	49
Asian American	157
Hispanic/Latino	161
Multiracial/Ethnic	7
Native American/Alaska	0
Hawaiian/Pacific Islander	0
White not Hispanic	8
Total	382

15 - 17	450
18 - 20	65
21 - 25	105
Total	620
Race/Ethnicity	
African American	120
Asian American	222
Hispanic/Latino	205
Multiracial/Ethnic	29
Native American/Alaska	0
Hawaiian/Pacific Islander	30
White not Hispanic	14
Total	620

SPA 7 - California Hispanic Commission on Alcohol and Drug Abuse

The following problem locations in the CHCADA service area were identified:

- Parks
- Streets
- Fast food restaurants
- Private residences
- Nightclubs
- Liquor stores
- Schools

Table 12. Demographic Profile of SPA 7 Survey Participants by Year

January – December 2008	
Gender	
Males	61
Females	168
Total	229
Age	
12 - 14	6
15 - 17	89
18 - 20	9
21 - 25	25
26-44	78
45-64	22
Total	229
	0
Race/Ethnicity	
African American	0
Asian American	0
Hispanic/Latino	229
Multiracial/Ethnic	0

January – December 2009	
Gender	
Males	0
Females	141
Total	141
Age	
12 - 14	40
15 - 17	96
18 - 20	4
21 - 25	1
26-44	0
45-64	0
Total	141
Race/Ethnicity	
African American	0
Asian American	0
Hispanic/Latino	141
Multiracial/Ethnic	0

Native American/Alaska	0
Hawaiian/Pacific Islander	0
White not Hispanic	0
Other	0
Total	229

Native American/Alaska	0
Hawaiian/Pacific Islander	0
White not Hispanic	0
Other	0
Total	141

SPA 8 - Cambodian Association of America

The following factors contribute to meth-related problems in the Cambodian community:

- Language barriers between parents and children
- Lack of education
- Lack of sufficient housing (crowded neighborhoods)
- Lack of supervision at home due to both parents working
- Peer pressure
- Overcrowded schools
- Stores where drug paraphernalia is sold, though specific stores were not identified

The following problem locations in the Cambodian community were identified:

- Schools – youth feel they can get drugs easily at school through their peers
- Street alleys – parents said they see people hanging out in alleys using and selling drugs
- Green Mango night club – where many Cambodian people hang out on weekends

Table 13. Demographic Profile of SPA 8 Survey Participants by Year

January – December 2008	
Gender	
Males	251
Females	498
Total	749
Age	
12 - 14	88
15 - 17	97
18 - 20	53
21 - 25	60
25+	451
Total	749
Race/Ethnicity	
African American	0
Asian American	749
Hispanic/Latino	0
Multiracial/Ethnic	0
Native American/Alaska	0
Hawaiian/Pacific Islander	0
White not Hispanic	0
Other	
Total	749

January – December 2009	
Gender	
Males	744
Females	991
Total	1735
Age	
12 - 14	144
15 - 17	168
18 - 20	98
21 - 25	299
25+	1026
Total	1735
Race/Ethnicity	
African American	89
Asian American	1545
Hispanic/Latino	101
Multiracial/Ethnic	0
Native American/Alaska	0
Hawaiian/Pacific Islander	0
White not Hispanic	0
Other	
Total	1735

SPA 8 - South Bay Youth Project
South Bay's assessment was conducted via a paper survey using the six core questions. The following problem locations in the South Bay community were identified:

- Schools
- Beaches
- Parties (private residences)
- Homes
- Huntington Beach pier
- Parks

Needs Assessment-related Lessons Learned

Assessment results identified that the availability of and access to meth were the major contributing factors to meth-related problems. Problem locations with increased accessibility to meth included parks, alleys, parking lots and school campuses. MPC providers developed work plans to include strategies to address the identified contributing factors and environmental problem locations.

To effectively address community risk factors and provide meth prevention services for young women in Los Angeles County, additional assessment, collaboration and strategic planning is needed. Future meth prevention efforts should include additional school collaborations for the purpose of providing services for high risk youth, including females. Programs can build upon identified key community risk factors and create strategies to increase protective factors.

Lastly, the additional meth prevention services with the 13 community-based agencies enhanced and expanded services focusing on young females. The programs demonstrated expertise particularly through collaboration with local schools. Each program tailored plans to address the unique cultural, developmental and gender needs of young people within their targeted communities. This program will utilize existing resources and build on established collaboration for primary and secondary meth prevention.

Men Who Have Sex with Men

There is strong evidence that links meth use among MSM with increased rates of new HIV infection. Among MSM, stimulant abuse, particularly meth, continues to be a major factor driving new HIV infections, as users engage in extremely high-risk sex. To address this, an evidence-based biomedical and behavioral prevention intervention was implemented for use in groups of MSM who use meth and engage in high-risk sex, including Post-Exposure Prophylaxis (PEP) for biomedical prevention of HIV transmission, and contingency management (CM) to promote behavior change.

Post-Exposure Prophylaxis (PEP): PEP provides a 28-day regimen of highly active anti-retroviral therapy (similar to the regimens used to treat HIV disease) and HIV risk-reduction education to high-risk individuals after a potential HIV exposure in order to avert HIV infection after the exposure. The safety and feasibility of PEP after sexual exposure has been demonstrated in numerous trials and programs, and is recommended by the federal Department of Health and Human Services, as well as the California Office of AIDS.

Contingency Management (CM): Participants are provided with an eight-week course of CM for meth use concurrent with PEP. This approach with meth-using MSM has been demonstrated

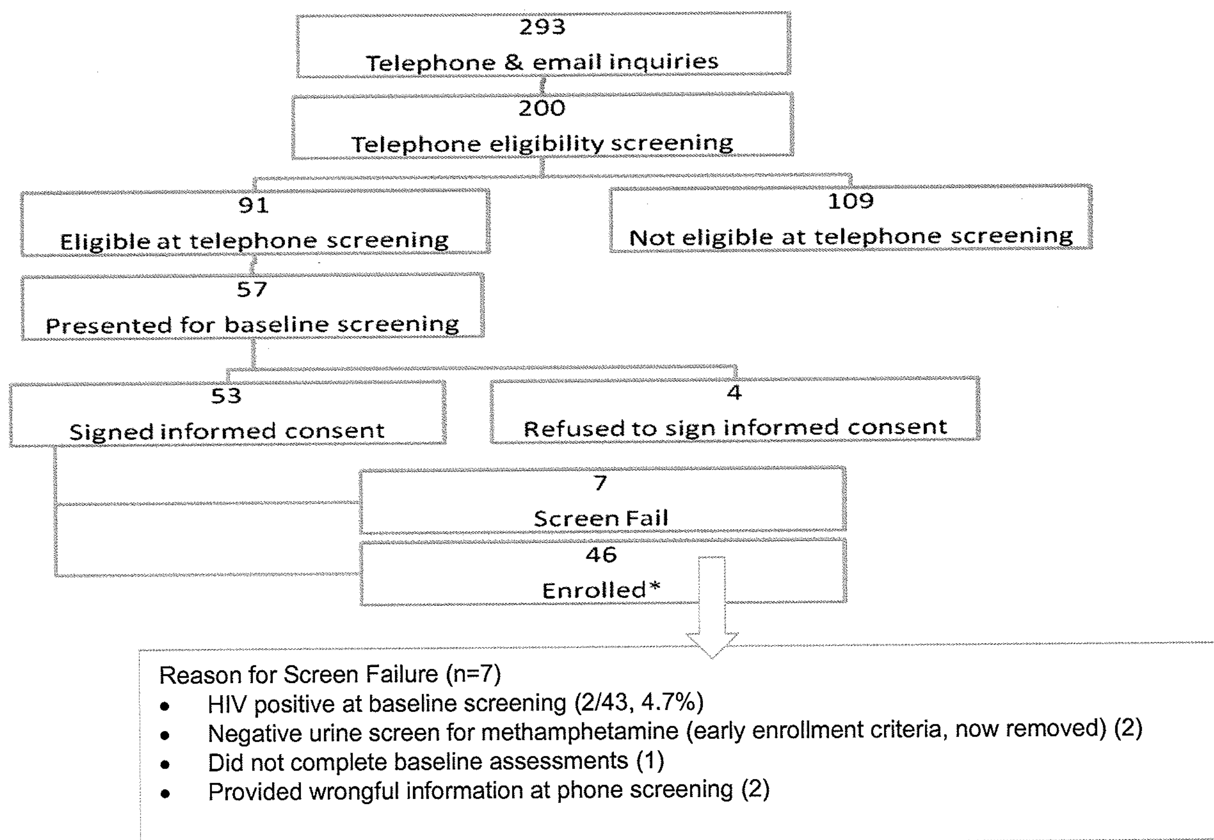
in controlled treatment trials and in uncontrolled community demonstrations to aid participants in significantly reducing meth use and associated HIV-risk behaviors.

As part of the meth initiative, the project plans to enroll a total of 55 participants by December 2010. Individuals meeting enrollment criteria for this intervention (HIV negative status with a high-risk HIV exposure within the previous 72 hours and use of meth in the last 30 days) receive CM three times a week for eight weeks and a four-dose starter pack of PEP (Truvada).

Please note this project is still being implemented, therefore all data shared below are preliminary and confidential. The data presented below were frozen on April 12, 2010.

As of April 2010, the program has enrolled 46 individuals. The start-up phase required multiple levels of preparation including protocol development, questionnaire development, Institutional Review Board approval (both Friends Research Institute and the University of California, Los Angeles), approval of the United States Food and Drug Administration, hiring and training of staff, and laboratory preparation and acquisition of medical supplies. The figure below shows the program progress to date including number of telephone and email inquiries, number of participants screened and total number of eligible participants enrolled.

Figure 5. PEP/CM Program Enrollment Tree and Progress-to-Date (as of April 12, 2010)



Participants had a mean age of 36.6 years, were primarily Caucasian/White (53.3%), identified as MSM (84.4%) and were low income (46.7% had an annual income of under $16,000/year) with the majority (55.6%) stating they had a high school diploma as their highest level of education.

Table 14. Demographic and Socioeconomic Profile of PEP/CM Participants

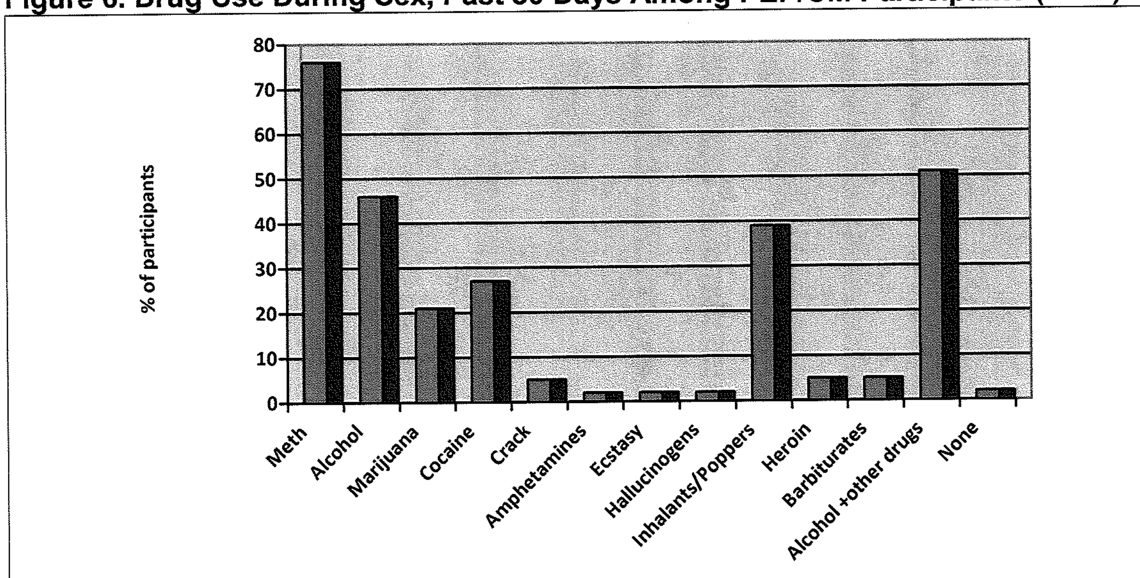
Characteristic	N	% or Mean
Age	45	36.6 (SD 7.6)
Primary Race/Ethnicity		
Caucasian/White	24	53.3%
Hispanic/Latino	15	33.3%
African American/Black	4	8.9%
Asian/Pacific Islander	1	2.2%
Other/Multi	1	2.2%
Sexual Identity		
Gay	38	84.4%
Bisexual	6	13.3%
Other	1	2.2%

Table 14 (cont.) Demographic and Socioeconomic Profile of PEP/CM Participants

Education	N	% or Mean
No HS Diploma	2	4.4%
HS Diploma/GED	27	60.0%
BA/BS	11	24.4%
Postgraduate	5	11.1%
Annual Income		
$16,000 and under	21	46.7%
$16,001 - $30,000	13	28.9%
$30,001 - $60,000	8	17.8%
Above $60,000	3	6.7%

In this cohort, meth and inhalants/poppers were the drugs of choice to use during sex. As Figure 6 points out, just over half of the participants also indicated that they had used alcohol plus other drugs during sex.

Figure 6. Drug Use During Sex, Past 30 Days Among PEP/CM Participants (n=45)



PEP/CM participants report a very high rate of sexually transmitted infection as described below. In particular, 16.3% of the cohort had syphilis. These high rates of sexually transmitted infections point to high rates of risky sexual behaviors, confirming that the project is reaching a population at high risk of HIV infection.

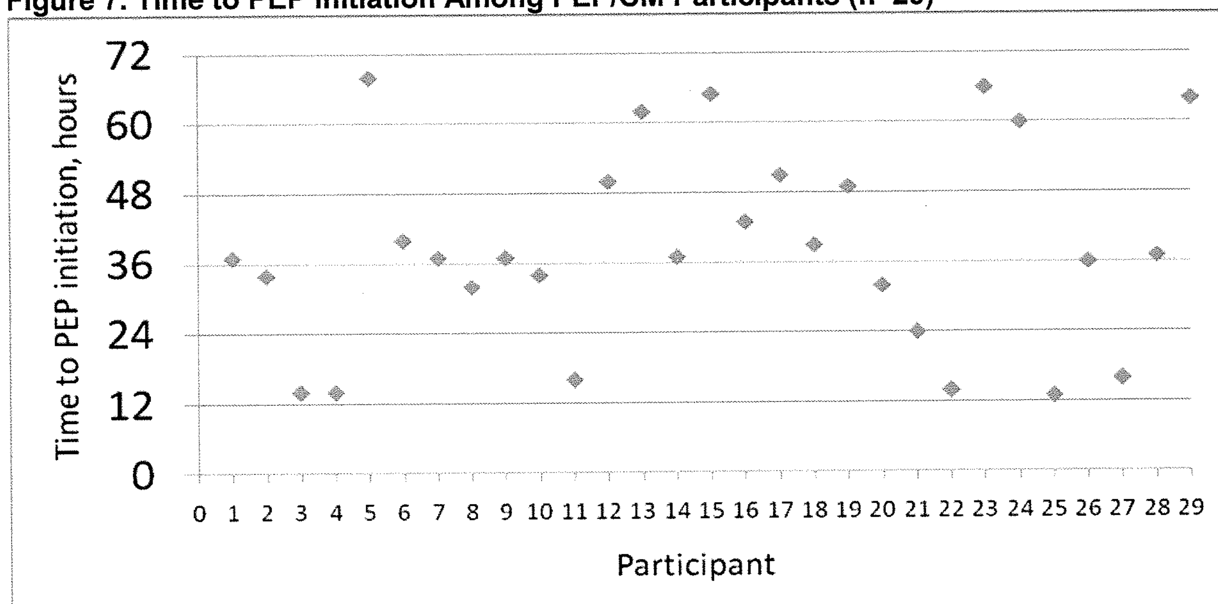
Table 15. STI Prevalence and Incidence Among PEP/CM Participants

Infection	Baseline Prevalence (N)	Baseline Prevalence (%)	3-Month Incidence (N)	3-Month Incidence (%)
Hepatitis B	2/43	4.7%	-	-
Syphilis	7/43	16.3%	2/28	7.1%
Gonorrhea (Urine)	1/45	2.2%	0/28	0%
Gonorrhea (Rectal)	2/45	4.4%	1/28	3.6%
Gonorrhea (Throat)	3/44	6.8%	4/28	14.3%
Chlamydia (Urine)	1/45	2.2%	0/28	0%
Chlamydia (Rectal)	2/45	4.4%	3/28	10.7%
HIV	-	-	0/28	0%

PEP/CM Program Adherence and Retention

Sixty-four percent of participants (29/45) initiated PEP. The majority started PEP at their first visit (n=25) indicating they had engaged in a high risk encounter placing them at risk for HIV infection. Four individuals initiated PEP during the course of the intervention via the starter pack indicating that while enrolled in the program, they were exposed to HIV through a high risk encounter. The average adherence to the medication was 79%. Reasons for non-adherence mainly included forgetting to take their pills. In addition, one individual listed intolerable side effects, one individual's exposure was reassessed as low risk, one individual relapsed on meth, one withdrew from the study, and two individuals were incarcerated.

Figure 7. Time to PEP Initiation Among PEP/CM Participants (n=29)



Note: Mean time from high-risk exposure to PEP initiation was 38.7 hours (SD 17.1), median 37 hours, range 13 to 68 hours.

Conclusions

This study shows that high risk sexual activity and incident sexually transmitted infection were present among the study population and when enrolled, most completed the medication regimen. There have been no reported HIV seroconversions among PEP/CM participants to date. PEP among meth-using MSM appears to be safe and feasible in the short term for HIV prevention when linked to CM. Further evaluation of long-term behavioral change is needed.

Leveraging of County Resources to Secure Additional Funding

As a result of the significant progress and promise of the PEP/CM intervention, Friends Research Institute has been able to secure additional funding from the California HIV and Research Program to conduct a randomized prospective trial of PEP-use in stimulant-using MSM. The project will begin enrolling in the second quarter of 2010 and will build upon the findings of this project, further testing CM methods on key outcomes related to PEP for HIV.

Community Level Prevention

Comprehensive community mobilization efforts can prevent and reduce problems related to drug use by lessening risk factors and strengthening resiliency factors among local communities. Eight community coalitions, one in each SPA, were established in an effort to form a coordinated countywide response to mobilize local residents against meth use. The primary objective of this action was to enhance current meth awareness and prevention activities and further engage the community in recognizing and combating the growing problems associated with meth use.

During the first year, OAPP set out to identify a subject matter expert who could serve as coordinator and assist with the start-up of the coalitions. Through a previous grant with The California Endowment, Brad Leathers had coordinated the start up of two community-based, meth-focused coalitions, one in the San Fernando Valley (SPA 2) and one in South Los Angeles (SPA 6). Since this model proved to be successful at raising awareness and engaging community members, the model was replicated through the implementation of six additional task forces throughout the County. Mr. Leathers worked closely with OAPP to ensure successful start up of the coalitions.

Community Coalitions Accomplishments and Performance Measures: Year One

All task forces were given a similar scope of work and process measures for comparison and standardization in the first year of implementation. This was also an attempt to coordinate efforts and share lessons learned throughout the County. They following indicators were used:

- Number of community meetings conducted to increase the number of community members exposed to and involved in addressing the meth issue;
- Number of trainings and workshops conducted to promote increased knowledge about meth;
- Documentation of knowledge gain among participants attending workshops;
- Resources developed (including a brochure) to provide information and raise awareness, and;
- Number of community events attended where information about meth was disseminated.

Target populations within each SPA were determined by the members of each coalition in order to focus the groups' activities and to maximize the impact of funding allocated. Target groups were identified based on the nuances of meth use within each community. Performance outcomes are presented below in table form to show a comprehensive picture of standardization of services provided countywide.

Table 16. Summary of Meth Community Coalitions Year One Activities

SPA	Coalition	Lead Agency	# of Mtgs	# of Trainings	Outreach Events	Target Population	Materials Developed
1	Antelope Valley Methamphetamine Awareness Coalition	Tarzana Treatment Centers	9	6	7	Women	Brochure & Website
2	San Fernando Valley Crystal Meth Network	CRI Help, Inc.	8	4	5	Women, Gay Men	2 Brochures (for each population) & Website
3	San Gabriel Valley Meth Task Force	Special Services for Groups, APAIT	7	5	4	Youth of Color, Asian population focus	Brochure (English, Spanish, Chinese & Vietnamese)
4	LA Metro Crystal Meth Task Force	Being Alive	10	5	4	Gay Men	Brochure (English & Spanish)
5	Westside Crystal Meth Coalition	Common Ground	7	4	4	Women	Brochure
6	South LA Meth Task Force	In the Meantime, Men (ITM)	5	2	3	AA gay men	Brochure previously developed under alternate funding source. No new materials developed.
7	Greater East LA Meth Task Force	The Wall, Las Memorias	10	4	6	Youth and Families	Brochure (English & Spanish)
8	Long Beach Meth Task Force	CSULB, Center for Behavioral Research and Services (CBRS)	8	4	5	Gay men	Brochure previously developed with information regarding the group including meeting dates and times. No new materials were developed.

Community Coalitions Accomplishments and Performance Measures: Year Two

Given the diversity of Los Angeles County, each coalition developed a unique response based on the needs of their own communities during the first year of this investment. This is highlighted by the specific populations the groups chose to target. The notion of standardizing a community grassroots response is counterintuitive to community coalition building; therefore, during the second year, coalitions were encouraged to develop their own goals and objectives based on the needs and the feedback from their members. Feedback from the coalitions demonstrated that they wanted the flexibility to respond to the needs of their own specific communities. Since there was less standardization in Year Two, highlights from each coalition by SPA are presented in narrative form below with overall highlights and challenges from the entire funding cycle included.

SPA 1: Antelope Valley Methamphetamine Awareness Coalition
Lead Agency: Tarzana Treatment Centers

Number of Meetings:	5
Number of Workshops and Outreach Events Conducted:	11

Main Challenges/Highlights: This task force was presented with the challenge of outreaching to individuals and agencies in SPA 1, where geographic size presents unique challenges not faced by other coalitions. Due to the high demand for educational workshops, the Coalition is currently focusing on disseminating information and community collaborations. All outreach and training efforts are organized and conducted by coalition members. The group established a relationship with the Department of Children and Family Services and is presenting meth information to mothers in recovery. They also established relationships with middle schools, high schools, and continuing education schools that allow access to youth. Their activities have been highlighted in the media including radio spots and newspaper articles.

SPA 2: San Fernando Valley Crystal Meth Network
Lead Agency: CRI Help, Inc.

Number of Meetings:	4
Number of Workshops and Outreach Events Conducted:	0

Main Challenges/Highlights: This coalition was funded the year before this effort by a previous grant, so there was already mobilization momentum. Having community mobilization activities housed in a residential facility made the outreach component more difficult, because outreach was not a part of the facility's usual activities. Some of the strengths of this group included involvement of meth users at the residential facility as members of the coalition to help drive activities, and development of trainings for family and loved ones, groups often overlooked when disseminating information. In Year Two, there was a refocus of their activities as they identified staff to play a key role in planning and preparing for an Executive Meth Briefing to be convened soon.

SPA 3: San Gabriel Valley Meth Task Force
Lead Agency: Special Services for Groups, APAIT

Number of Meetings:	9
Number of Workshops and Outreach Events Conducted:	18 workshops 3 outreach

Main Challenges/Highlights: The large geographic size of SPA 3 presented a challenge to recruit and retain individuals on a regular basis. There was an extremely high turnout at trainings (their workshops in year 2 had over 792 participants), but the lead agency had less success at retaining the same individuals as consistent members of the group. They spent a lot of work on outreach to get individuals to attend, and rotated meetings to make them more accessible to members. The task force increased collaborations in their community with over 25 organizations including businesses, schools, and faith-based services. They convened the First Annual San Gabriel Crystal Meth Summit which had approximately 350 participants.

SPA 4: LA Metro Crystal Meth Task Force
Lead Agency: Being Alive

Number of Meetings:	9
Number of Subcommittee Meetings	11
Number of Workshops and Outreach Events Conducted:	10 workshops 5 outreach

Main Challenges/Highlights: This task force had significant diversity in the member representation including meth users, those in recovery, and service providers. This coalition also offered workshops on meth in Spanish, filling a gap in the community to outreach and provide information to monolingual Spanish-speaking groups. They convened the "Life After Meth: Crystal Meth Resource and Recovery Fair," which had approximately 260 participants including users, friends, and family and service providers who attended.

SPA 5: Westside Crystal Meth Coalition
Lead Agency: Common Ground

Number of Meetings:	5
Number of Workshops and Outreach Events Conducted:	6 workshops 11 outreach

Main Challenges/Highlights: This coalition developed a core group of dedicated participants, and discovered that networking with other agencies created a broader dialogue around other health issues, including meth use. The coalition convened approximately 300 individuals at various meetings and workshops throughout SPA 5 in Year Two. Two-thirds of participants were current or former meth users. They involved more than 30 public and social service organizations in meth-focused work and adapted their existing programs to include a meth education component to continue promoting meth education and awareness on a regular basis. Incorporating meth activities into the agency's overall day to day work ensures sustainability of meth prevention and intervention.

SPA 6: South LA Meth Task Force
Lead Agency: In the Meantime, Men (ITM)

Number of Meetings:	2
Number of Workshops and Outreach Events Conducted:	1 workshop

Main Challenges/Highlights: Activities were driven by the agency's focus on their target population (young black gay, same gender loving and bisexual men) and not residents of all groups SPA-wide; therefore overall community collaboration was limited. The agency does a good job of incorporating meth information, including substance abuse issues, into their overall mission and activities when providing wellness services for their specific population. In

retrospect, selecting an organization with broader community reach would benefit the engagement of a larger cross-section of residents in SPA 6.

SPA 7: Greater East LA Meth Task Force
Lead Agency: The Wall, Las Memorias

Number of Meetings:	11
Number of Workshops and Outreach Events Conducted:	4 workshops 10 outreach

Main Challenges/Highlights: The lead agency created collaborations with multiple providers who are now able to reach out to a broader segment of the population they serve. They have a very strong advocacy focus and actively mobilize their community outside of their scope of work, including procuring proclamations from ten Greater East Los Angeles cities. These proclamations have brought greater visibility to the issue at large and informed local politicians of the concerns of the community. They also completed almost 900 surveys for the community data component described in a corollary to this report. They are conducting meth workshops in Spanish for monolingual parents, and have started a Crystal Meth Anonymous Meeting in East Los Angeles, both of which fill gaps identified in the community. They have used technology creatively and sponsored a Crystal Meth Webinar, a virtual town hall to disseminate information about meth. In order to outreach to youth, they have also developed social networking sites including MySpace and Facebook.

SPA 8: Long Beach Meth Task Force
Year One Lead Agency: CSULB, Center for Behavioral Research and Services (CBRS)
Year Two Lead Agency: Saint Mary's Medical Center

Number of Meetings:	6
Number of Workshops and Outreach Events Conducted:	2 workshops 1 outreach
Support Group:	30 sessions

Main Challenges/Highlights: Long Beach had a pre-established Meth Task Force that this funding had hoped to support. However, there was initial misunderstanding by the lead agency, who perceived that the County was imposing a different agenda by requiring a standardized, separate scope of work. While CBRS took the lead in Year One, St. Mary Medical Center took the lead in Year Two and convened two major community forums, with an average of 100 people at each forum, and organized a youth art contest. A website and brochure were created for information on local resources. One of the challenges was to involve other providers, since many agencies in SPA 8 have their own substance abuse coalitions. Therefore, future efforts need to address increased collaboration among service providers.

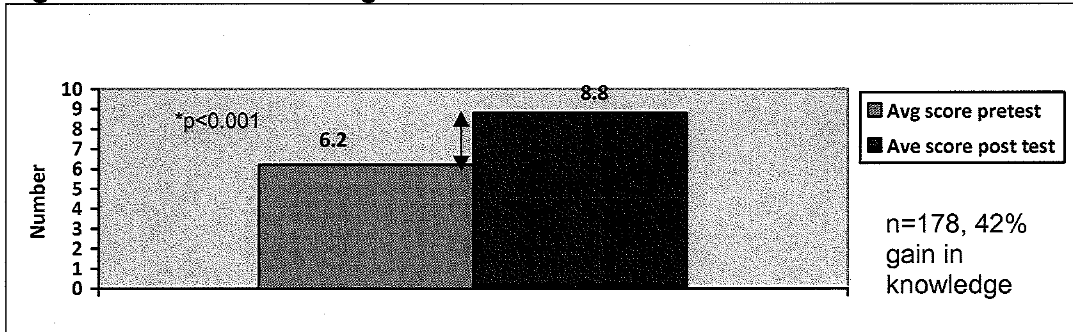
Training Summary: Year One

It is apparent that the delivery of basic information about the nature, use and effects of meth use is a critical component to our local meth initiative as knowledge levels remain modest to low, even among stakeholders working in the public health or other related fields. As part of the expanded training efforts, thirty-four community trainings were conducted throughout the County during the first year of the meth initiative. Trainings covered a wide range of topics areas including: Meth 101, Meth Use among Distinct Populations, Resources for Family/Friends, and Effects of Meth Use on the Brain. Twenty-five of the trainings were conducted by trainers funded through the meth initiative. Coalitions were encouraged to use a variety of resources and personnel when possible to address the need of their own coalitions, and many convened

other trainings on topics of interest with additional speakers. Knowledge gain was measured through pre/post test assessments. The data shared below are from the trainings that used the same pre/post test format for comparison purposes.

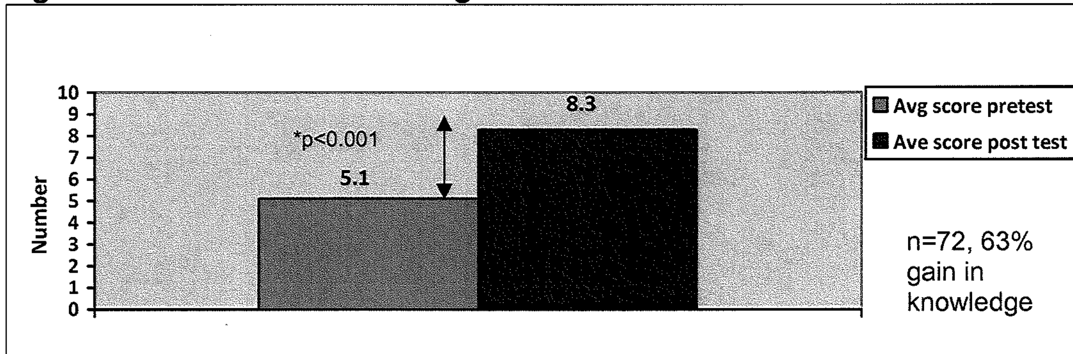
Of the eight Meth 101 trainings conducted by a trainer funded through the meth initiative, there was a significant (42%) knowledge gain among the participants.

Figure 8. Meth 101: Average Scores between Pre- and Post-Tests



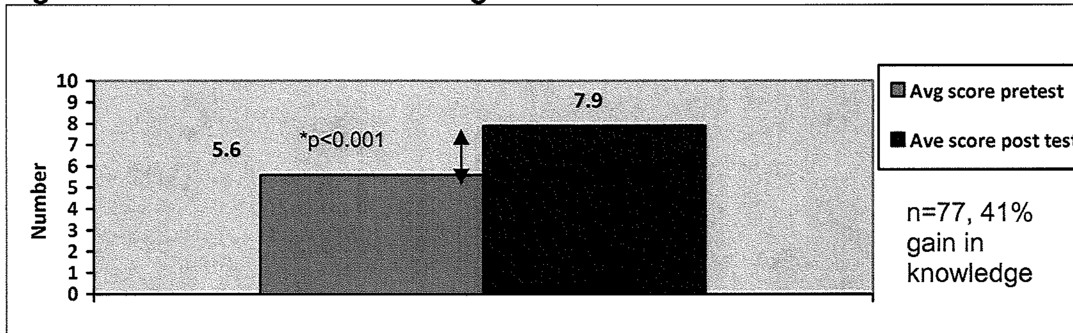
Among participants in the eight Meth and Youth Trainings conducted, there was significant (63%) meth-related knowledge gain.

Figure 9. Meth and Youth: Average Scores between Pre- and Post-Tests



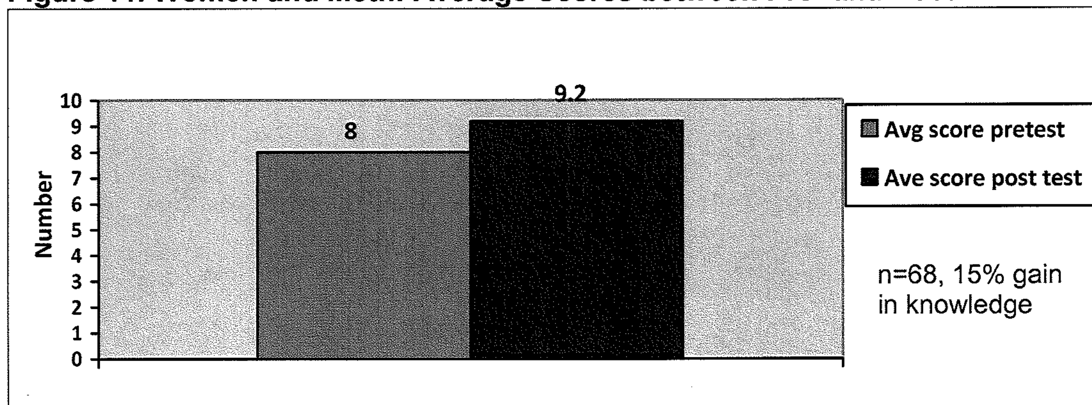
Among participants in the seven Meth Inside Out DVD trainings conducted, there was a knowledge gain of 41%.

Figure 10. Meth Inside Out: Average Scores between Pre- and Post-Tests



Finally, among the participants in the Women and Meth trainings conducted during this period, there was a knowledge gain of 15%, the lowest of the four training groups.

Figure 11. Women and Meth: Average Scores between Pre- and Post-Tests



Training Summary: Year Two

During the second year of community-funded meth activities, a specialized training curriculum to "Train the Trainer" was developed and implemented. From the inception of this project, there was an overwhelming need and request for training and education regarding meth across all eight SPAs. As such, this was an effort to train individuals to broaden the distribution of information and to respond to requests for workshops or forums on this topic. Additionally, since future funding was unclear, coalitions wanted to promote sustainability and build capacity among their own community members. Key spokespersons from each coalition were carefully chosen to participate in a set of two trainings designed to develop their skills and knowledge about meth, with the overall goal to provide resources and trainings in their own communities.

Thirty-six individuals participated in five trainings (three hours a day over a 2-day period) offered throughout the County in seven out of eight SPAs. Of those who went through the training, 16 individuals were certified to become trainers in their community, based on a combination of readiness to conduct workshops and familiarity with the topic. The other 20 participants were encouraged to continue their training in order to get certified in the future. Below is the train the trainer breakdown by SPA:

SPA 1: 6 people certified
SPA 2: 1 person certified
SPA 3: 2 people certified
SPA 4: 2 people certified
SPA 5: 3 people certified
SPA 6: 0 people certified (failed certification)
SPA 7: 2 people certified
SPA 8: SPA did not request training

Table 17. Evaluation Results of "Talking to Tina, Train the Trainer" Course

	Very Satisfied/Satisfied	Neutral	Very Dissatisfied/ Dissatisfied
Quality of training	100%	0	0
Quality of instruction	94.7%	5.3%	0
Training experience	94.7%	5.3%	0
Class organization	94.7%	5.3%	0
Usefulness of materials	100%	0	0

Instructor knowledge	100%	0	0
Instructor preparedness	100%	0	0
Instructor receptiveness	100%	0	0
Usefulness of information	100%	0	0
Personal knowledge in area	78.9%	15.8%	5.3%
Personal enhancement of skills	100%	0	0
Self-confidence in presentation	78.9%	15.8%	5.3%
Self-confidence to do research for presentation	100%	0	0
Self-confidence in response to questions	89.5%	10.5%	0
Use of information for job	100%	0	0
Use of information for community	100%	0	0
Future recommendation for this training	100%	0	0

Community Level Prevention Next Steps

The investment ended on February 28, 2010. However, despite discontinued funding for the community coalitions, two coalitions have elected to continue their work in their communities. Specifically, the Meth Task Forces for SPA 1(Antelope Valley) and SPA 7 (East L.A. County) have forged a strong community collaboration that the groups concluded was important to sustain the work that has taken place. Therefore, planning and development activities in these areas will continue. The Long Beach HIV Planning Group has convened a meth subcommittee to address the ongoing needs of meth prevention in Long Beach (previously addressed by SPA 8 Meth Task Force). Additionally, these coalitions are planning to convene an executive briefing within the next six months to highlight their work and engage senior leadership in discussions around cross-system collaborations and further leveraging services for better client care.

Community Coalition Provider-based Community Needs Assessment

In an effort to assess the use of meth and perception of the drug as an issue in their community, a one page, anonymous paper-based survey was developed for use during outreach events. Each of the coalitions implemented these surveys in their respective communities. There were two different surveys developed; one for the general population that queried individuals on use of meth and attitudes and behaviors around the drug; and one for MSM that asked more specific questions around meth use and sexual risk behaviors. The surveys developed for MSM were used at gay-specific events, such a LA Gay Pride, San Gabriel Valley Gay Pride, San Fernando Valley Gay Pride, Los Angeles Black Pride. The general population surveys were conducted at outreach events such as the Women's Expo, the Antelope Valley Youth Fair, Chinese New Year Celebration, Noche de Las Memorias, etc. All the task forces participated, with the exception of the Long Beach Meth Task Force in SPA 8 who did not submit any surveys. Below is a visual representation of the number of surveys implemented by SPA.

Table 18. Community Needs Assessment Survey Summary by SPA

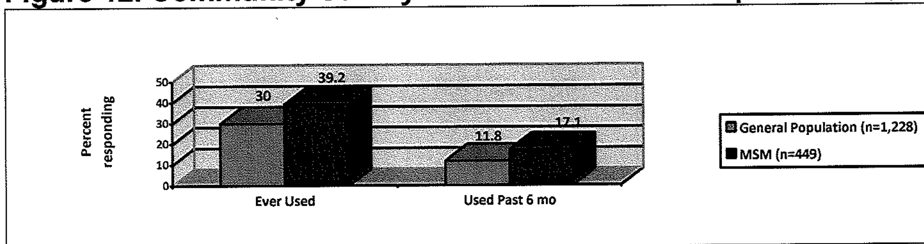
	General Population Surveys	Gay Men Surveys	Total
SPA 1	145	47	192
SPA 2	60	0	60
SPA 3	40	0	40
SPA 4	86	339	425
SPA 5	184	0	184

SPA 6	51	82	133
SPA 7	812	60	872
SPA 8	Did not submit	Did not submit	Did not submit
Total	1378	528	1906

While the data should not be expected to be a population-based estimate of meth use throughout the county, they provide another snapshot of the meth epidemic (SPA 8 withstanding), which is useful when triangulating all sources of data to provide a comprehensive picture of the problem. In total, 1,228 surveys were implemented among the general population and 449 surveys were conducted with MSM. Highlights from the data are shared below.

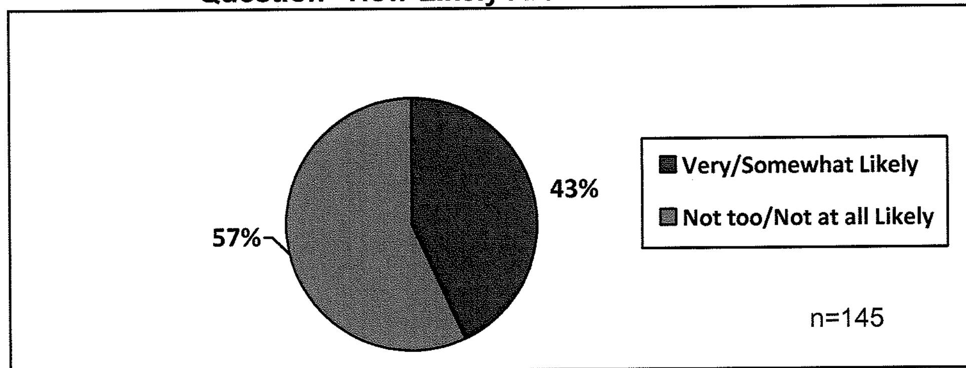
Alarmingly, thirty percent of the general population surveyed self-reported having used meth in the past and almost 12% reported meth use in the last 6 months. Rates were higher among MSM, with approximately 40% of MSM self-reporting they had ever used meth, and 17% self-reporting use in the last 6 months.

Figure 12. Community Surveys on Meth Use: Gen Pop and MSM, 08 and 09



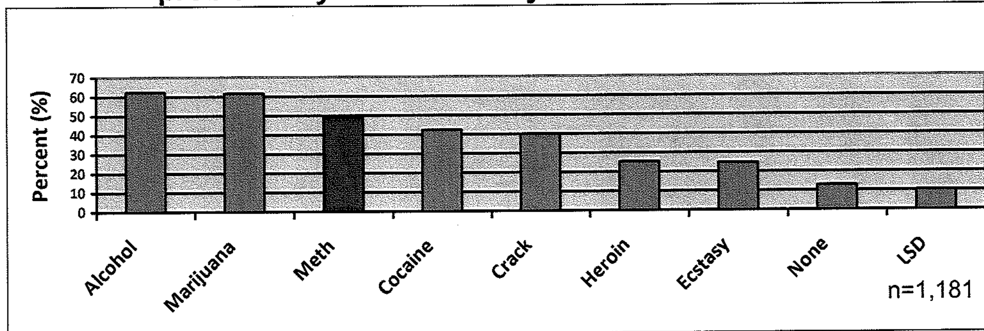
Almost half of the respondents in the general population who self-reported using meth in the last 6 months stated they were "very" or "somewhat" likely to try meth again in the future.

Figure 13. Responses Among Those Who Used Meth in the Last 6 Months to the Question "How Likely Are You To Use Meth in the Future?"



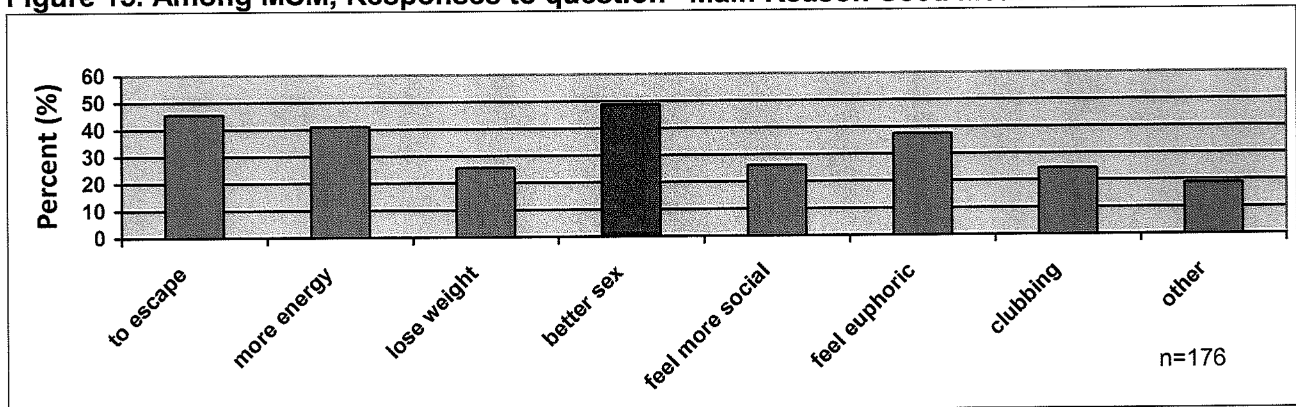
The surveys suggested that meth was the number one illicit drug (behind marijuana) cited as the most significant problem in communities from the perspective of the respondents.

Figure 14. Responses to question "Which of the following drugs are a significant problem in your community?"



Among MSM who had ever used meth, better sex was the number one reason cited for meth use. With almost 40% of MSM self-reporting ever using meth, and 17% self reporting using within the last 6 months, this could indicate a continued need for outreach and education to this population, especially regarding sexual risk behaviors.

Figure 15. Among MSM, Responses to question "Main Reason Used Meth in the Past?"



TREATMENT EVALUATION

The investment of resources by the Third Supervisorial District for three consecutive funding cycles has allowed the enhancement of treatment services for meth using populations, including high risk women and men who have sex with men. Although all funded service providers are located in the Third Supervisorial District, services are available to residents countywide.

Research on meth addiction treatment service needs in Los Angeles County shows a particular need for residential gay-specific treatment slots. Similarly, few treatment services exist to address the specific needs of women, especially women of color, who are at particularly high risk for meth addiction.

Young Women

Local epidemiologic surveys indicate that more than half of the individuals who identified meth as a very or somewhat serious issue in their community were women. In addition, 43% of these women had personal exposure to this community problem, having seen, read, or heard something about meth during the past 30 days. Increasingly, more women in Los Angeles County reported they received treatment for meth addiction. Of the total number of individuals admitted for treatment to publicly-funded facilities in the County in FY 08/09, 43% (a 7.5% increase from FY 05/06) were women. This percentage of meth admissions was higher than female admissions associated with other drugs including marijuana, cocaine, or heroin.

Over the last few years, Los Angeles County Participant Reporting System (LACPRS) data indicate that over 55% of females countywide, reported meth as their primary or secondary drug, and these women were in the 25–44 age group. LACRPS 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, SAPC eliminated the age limit so the agencies could serve women of all ages.

A listing of participating agencies, with corresponding admissions and discharges is highlighted in the table below:

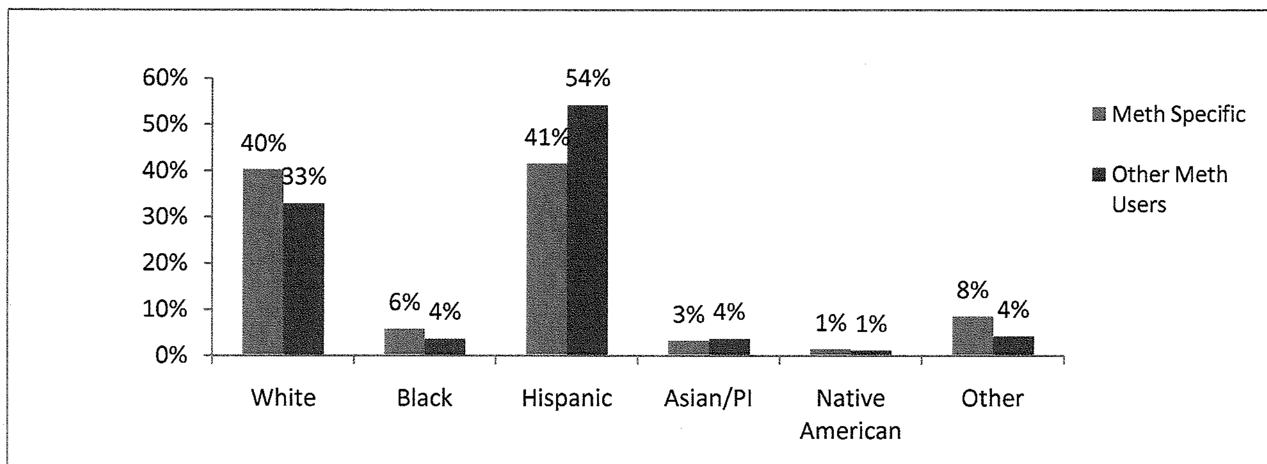
TABLE 19. Admissions and Discharges by Participating Agencies: Jan 2008-June 2009

Agency	Admissions (n=227)	Episodes (180)
Behavioral Health Services	13	6
Children's Hospital of Los Angeles	11	--
CLARE Foundation	57	53
Cri-Help, Inc.	3	1
Didi Hirsch Psychiatric Service	29	27
El Proyecto del Barrio	31	27
National Council on Alcoholism and Drug Dependence of the San Fernando Valley	30	25
Van Ness Recovery House (The)	26	26
Tarzana Treatment Center	27	15

The sample consisted of 40% white, 6% black, 41% Latino, 3% Asian or Pacific Islander, 1% Native American, and 9% Other racial/ethnic group. Ninety-one percent were unemployed; 41%

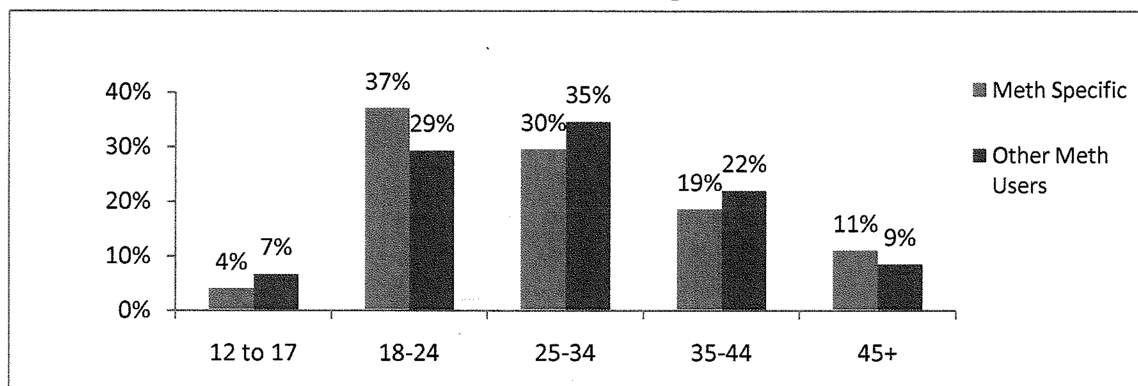
were homeless, and 42% had less than a high school education. More than a third (36%) had co-occurring disorders and 41% had some involvement with the criminal justice system.

Figure 16. Race/Ethnicity of Admissions Among Women: Jan 2008 – June 2009



As the figure below suggests, the majority of women admitted for treatment (67%) were between the ages of 18 and 34. In addition, women from both groups were mostly of childbearing age and had children.

Figure 17. Age Breakdown of Admissions Among Women: Jan 2008 – June 2009



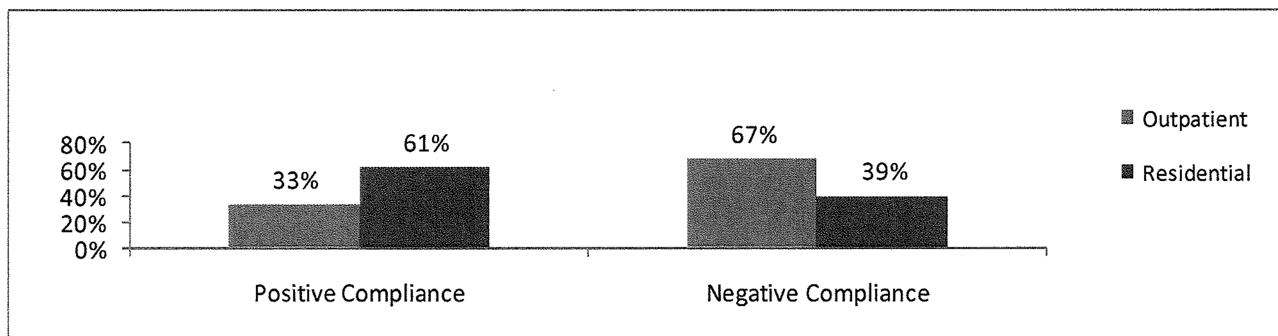
As described in Table 20 below, surveyed women reported first meth use at an early age -- 17% of the meth study group and 25% of the comparison group began using meth before age 15. Slightly more than a third of the study group used meth 11 or more times during the past 30 days while 15% used the drug at least four times during past 30 days. Three-fourths (75%) of women in the study group had prior drug episodes, more than half (58%) for the comparison group. In addition to meth, both groups of women used other illicit drugs (69% vs. 64%). In both groups, smoking was the predominant route of drug administration (67% vs. 75%).

TABLE 20. Patterns of Meth Use: Jan 2008 – June 2009

Characteristics of Drug Use	Meth Study Group (n=227)	%	Other Meth Users (n=7,695)	%
Age of first use of primary drug	38	16.7	1,910	24.8
<15 years old	98	43.2	2,954	38.4
15-19 years old	67	29.5	2,013	26.2
20-29 years old	24	10.6	818	10.6
30+ years old				
Prior drug episode				
Yes	165	72.7	4,433	57.6
No	62	27.3	3,262	42.4
Polydrug use				
Yes	157	69.2	4,909	63.8
No	70	30.8	2,786	36.2
Freq. of past 30 day drug use				
Did not use MA	99	43.6	4,205	54.6
1-4 times per month	34	15.0	1,177	15.3
5-10 times per month	16	7.0	612	8.0
11 or more days	78	34.4	1,701	22.1
Primary Route of Administration	152	66.9	5,743	74.6
Smoked	22	9.7	726	9.4
Inhaled	19	8.4	529	6.9
Injected	24	10.6	617	8.0
Taken orally	10	4.4	80	1.0
Other				

Results indicate that the rates of positive compliance in the meth study group were 33% for outpatient clients and 61% for residential clients. Meanwhile, the rate of positive compliance in the comparison group was higher at 48% for outpatient clients and 66% for residential clients.

Figure 18. Treatment Compliance by Treatment Modality Among Meth Initiative Clients: Jan 2008 – June 2009



The study found that residential clients, from both groups, who self-referred themselves into treatment, who were employed, and who had more years of education were more compliant with treatment. On the other hand, women in outpatient programs who had open cases with Child Protective Services were less compliant with their treatment compared to similarly situated women in residential programs. Meanwhile, polydrug use, homelessness, and co-occurring disorders did not significantly influence compliance.

The findings on characteristics associated with entry, retention, and outcomes of young women in meth treatment follow:

- There were higher rates of positive compliance among women in residential compared to those in outpatient treatment settings. Providing shelter and treatment to two-fifths of homeless women in the meth study group may have influenced overall positive compliance.
- With the use of treatment approaches sensitive to and focused on women's issues and needs, the outcomes were favorable in the meth study group, especially in the areas of family relationships, criminal activity, employment, living situation, and drug use.

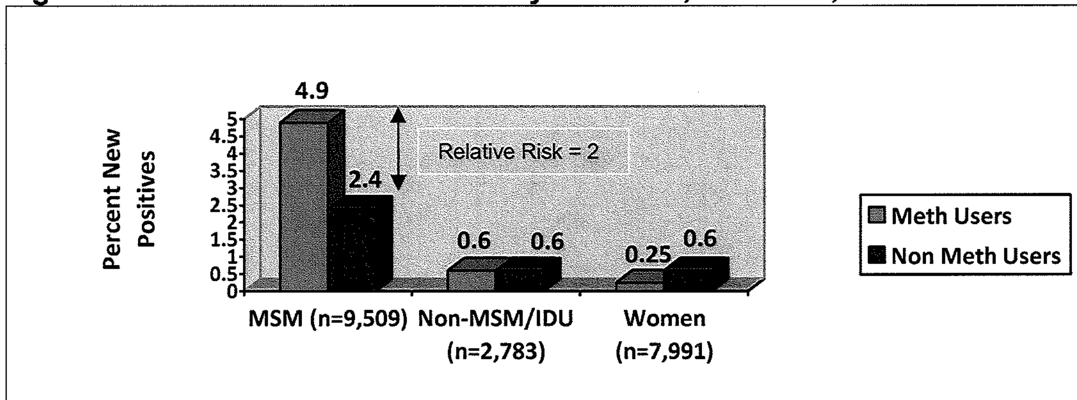
Lessons Learned

The study examined and identified key characteristics, in multiple life areas, that could either deter or enhance treatment compliance among young women. The associated employment, family, legal/criminal, parenting, and psychological distresses are significant impediments to the initiation of treatment, retention, and good outcomes. To effectively address these barriers, intervention strategies that are sensitive to and tailored for women are necessary. Long-term follow-up study may be needed to fully understand treatment and non-treatment factors that sustain effects and facilitate stable recovery from meth abuse.

Men Who Have Sex with Men (MSM)

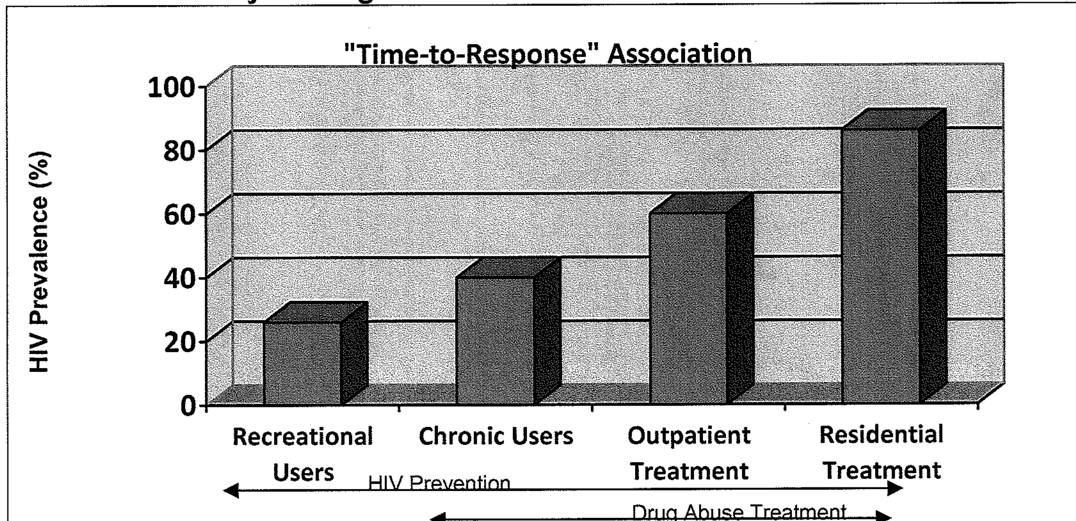
Abuse of meth among MSM continues to be a major factor in driving new HIV and STD infections. Drug users who enter and continue in treatment are more likely than those who remain out of treatment to reduce activities that place them at risk for acquiring HIV, such as sharing needles and injection equipment or engaging in unprotected sex. Los Angeles County HIV Counseling and Testing data estimate meth-using MSM are at least two times more likely to be HIV-positive than MSM who do not use meth.

Figure 19. New HIV-Positive Testers by Meth Use, HCT Data, 2005



Research conducted by Drs. Shoptaw and Reback (figure below) indicate that as the level of meth use increases among MSM users, HIV prevalence rates also increase. This "time-to-event" association shows that the more frequently and consistently gay men report using meth, the more likely they will also report being HIV infected. Evidence shows that interventions that reduce meth use also reduce high-risk sexual behaviors among treatment-seeking gay men, thereby reducing their risk for contracting and transmitting HIV.

Figure 20. "Time-to-Response" Association Highlighting HIV Seropositivity of Users based on Intensity of Drug Use



Source: Shoptaw, S. and Reback, C.J., (2006). *Journal of Urban Health, 83 (6):1151-1157*

This research has helped guide OAPP's investment for HIV negative meth using MSM. As part of its investment strategy, OAPP identified three treatment providers (Rainbow Bridge Community Services, Tarzana Treatment Centers, and Van Ness Recovery House) to provide comprehensive, individualized care (CIC) for HIV-negative meth-using MSM. Two of these three treatment providers (Rainbow Bridge and Van Ness) are small agencies who target the gay, lesbian, bisexual, transgender community. The third provider is a large agency (TTC) with documented expertise and staff capacity to provide gay-specific care.

OAPP is working closely with these three treatment providers to ensure that a comprehensive, individualized system of care is being implemented to reach each client at their specific level of need by providing intensive and targeted technical assistance to each agency. A total of 501 hours of intensive one-on-one technical assistance training was conducted by consultants on this project with staff from these sites, including:

- Consistent use of screening tools and criteria for enrollment by each site;
- Increasing data completeness in client records to document effectiveness of services, and;
- Increasing the availability of skilled mental health clinicians to conduct comprehensive assessments and implement individualized and comprehensive treatment plans.

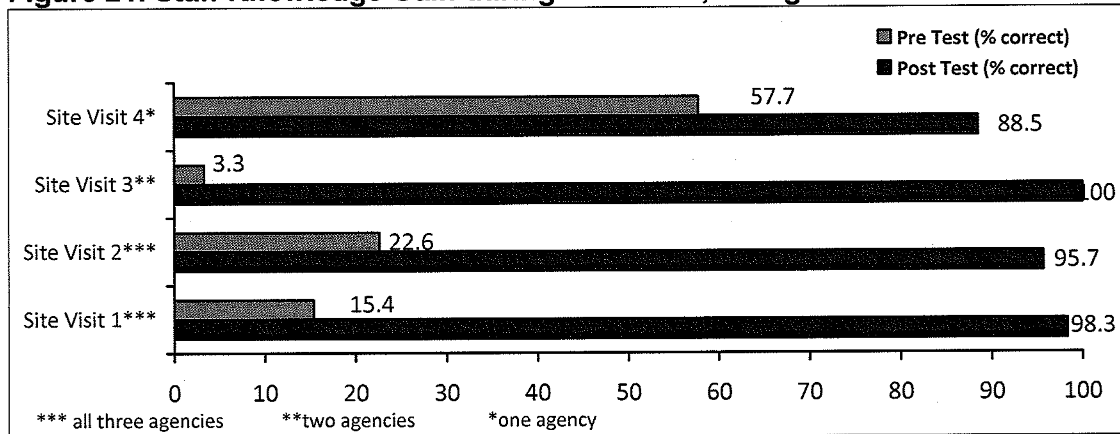
Pre/post tests determined knowledge gain from technical assistance sessions including the following:

- Understanding the common features between mental illness and addiction disorders;
- The difference between sexual addiction and bipolar disorder;
- What the standard of care should look like when referring a client for mental health services;
- Understanding the eligibility requirements for enrollment into this specific contract;
- Why it is standard of care to obtain releases of information;
- How to assess recent sexual risk taking behavior;
- Familiarity with the stages of change model;
- Understanding of post-exposure prophylaxis protocol, and;

- Understanding harm reduction strategies related to sexual risk taking.

In addition, trainings of evidence-based strategies, including cognitive behavioral therapy and motivational interviewing, were provided and agencies were requested to implement evidence-based curricula. As the data below indicate, staff knowledge at the three funded agencies significantly increased from baseline as a result of the intensive technical assistance and training to build staff capacity.

Figure 21. Staff Knowledge Gain during TA Period, All Agencies



Based on the logic model outputs developed for this program (see Table 21 below), a specific monitoring tool was developed to assess services being provided.

The areas of performance measured at each site, based on the logic model, included:

Eligibility: Clarification in the charts (with a verification signature from a licensed mental health professional) that the client meets CIC criteria, which includes:

- MSM, MSM/W, Transgender (FTM or MTF) or any male that is engaging in high risk sexual activities but may identify as a heterosexual;
- Meth as primary drug of choice/use (within the last 60 days); and
- HIV-negative (test results documented within 30 days of intake (if not, documentation of work to prepare client for testing)

Intake Process, DSM-IV Diagnosis and Psychosocial Assessment: The following components are required as evidence of compliance with the CIC specific intervention:

- a comprehensive, individualized psychosocial assessment with complete DSM-IV diagnostic workup completed and signed by a credentialed mental health professional;
- sexual and injection drug use-related risk assessment forms referenced during the psychosocial assessment;
- properly completed release of information forms for outside providers (e.g. probation, parole, MD etc), and;
- a comprehensive, individualized treatment plan drawn from the psychosocial assessment, with consultation from a licensed mental health professional and developed by the team.

Figure 22. Logic Model: Comprehensive Individualized Care (CIC) Treatment Services (Methamphetamine)

ASSUMPTIONS	RESOURCES NEEDED	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	LONG TERM IMPACT
		Processes, techniques, tools, events, actions of the planned program including products (materials), services (education, counseling, health screening and infrastructure):	*Direct results of program activities-products delivered or produced:*	*Specific changes in attitudes, behaviors, knowledge expected to result from program activities (often detailed at individual level):*	*Structural, organizational community, etc., level changes expected to result from program activities:*
• Individuals willing to participate • Community will be receptive to accessing local services • Funding will exist • Appropriate staff will be available • Services offered will be appropriate & responsive to needs of population • Equipment and supplies will be available and logistically well organized • Low turnover of trained staff • Space is accessible & available for staff & participants	• Costs of tests • Staff salaries • Qualified mental health professional to provide oversight and assessment	1) HIV testing and referral 2) STI testing and referral 3) Hep testing and referral 4) Random urine analyses conducted and documented 5) Collect information at intake including demographics, risk behaviors – (Casewatch) 6) Implement CBT and MI curriculums 7) Staff understanding of integration of assessment information 8) Increase staff recognition and referrals of clients for psychiatric care 9) Individualized, comprehensive treatment plans implemented and reviewed 10) DSM IV assessed and implemented by appropriate personnel 11) Assessment for psychiatric medications and referral 12) Releases of information to obtain records from linked referrals 13) Referral and follow up to other services (not provided on-site) 14) Program Compliance 15) Follow up upon discharge: 3, 6, 12 months	1a) HIV tests documented 2a) STD tests documented 3a) Hep tests documented 4a) Urine tests documented 5a) Demographic information including risk behaviors 6a) Increased knowledge of sexual behaviors related to meth use* 6b) Documentation of use of evidence-based curriculum 7a) Charts have integrated assessment information 7b) On site TA with pre/post each visit 8a) Clients appropriately assessed and referred 9a) Tx plans individualized, comprehensive, integrated 10a) DSM IV accurately reflects client needs & is tied to psychosocial and tx plan 11a) Psychosocial assessment & referral as appropriate 12a) Medical records tied to tx issue 13a) Referrals on file with evidence of linkage 14a) Group and individual meeting attendance 15a) Risk behaviors, days of meth use at 3, 6, 12 mo	• Decreased high risk drug and sexual behaviors • Increased access and use of HIV testing • Decreased meth use *Satisfaction survey with clients regarding risk reduction behaviors	• Decreased meth use • Decreased new HIV infections among clients seeking treatment • Decreased STIs among clients seeking treatment

The treatment plan should include all problem domains as identified in the psychosocial assessment, with the treatment plan addendum capturing any new issues that surface. Many of the client assessments are being implemented by individuals who are unlicensed; therefore, there is an incorrect diagnosis driving the individual's treatment plan. Thus, all plans should be reviewed and endorsed by a licensed mental health practitioner and the treatment team.

In addition, all progress notes should be linked to the treatment plan focus areas, and corresponding interventions must include appropriate release of information forms and/or psychiatric medications, as applicable. Evidence in client charts of the collaboration with outside providers regarding the need for psychiatric medication should also be captured, such as a progress note that captures phone conversations that staff have with psychiatrists, parole officers, etc. In summary, the charts should contain all the information required for effective treatment. If the correct and comprehensive documentation is included and used, it will craft an individualized, comprehensive treatment plan for each client.

Services Provided: This includes the documentation of group and individual meeting attendance and implementation of evidence-based curriculums.

CIC Program Performance Data

During April to July 2009, site visits were conducted and charts reviewed to quantitatively capture and monitor the performance of agencies as related the indicators driven by the logic model. A meeting was convened with all the providers to discuss gaps in services and further clarify specific programmatic outcomes OAPP expected to see in place by the end of 2009 based on the preliminary outcomes. A follow-up review was conducted from November to December 2009 and the performance is quantitatively captured in the figures below.

One of the main gaps identified from the first review at both Rainbow Bridge and Van Ness Recovery House was limited staff capacity, specifically the lack of a licensed mental health professional who could accurately implement a comprehensive, individualized psychosocial assessment with a complete DSM-IV diagnostic workup. In response, OAPP allocated resources to hire a mental health clinician to work part-time at both these sites. The data show the improvement in the psychosocial assessment performance at Rainbow Bridge illustrated in the Intake, DSM-IV and Psychosocial performance areas (see Figure 23 below).

Figure 23. Rainbow Bridge: CIC Program Performance

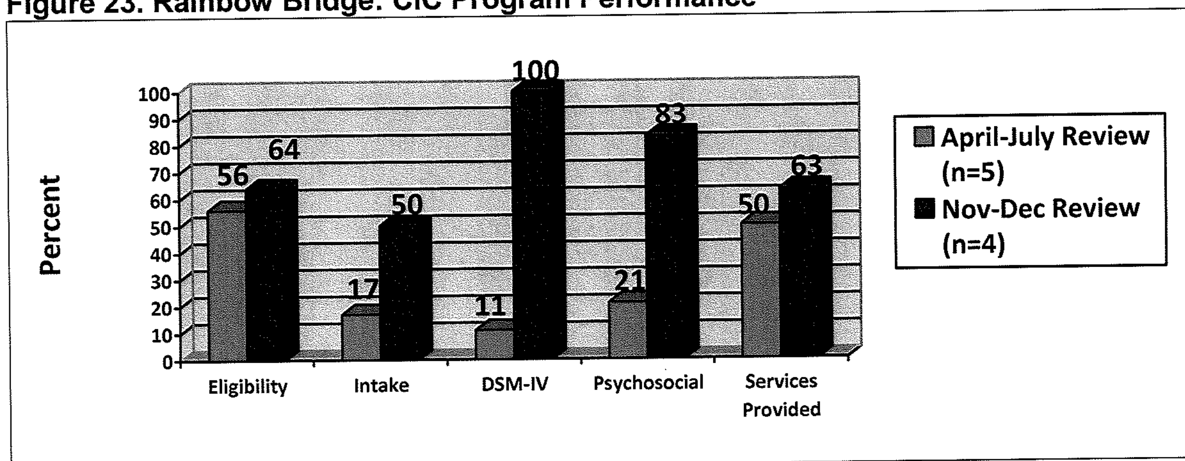
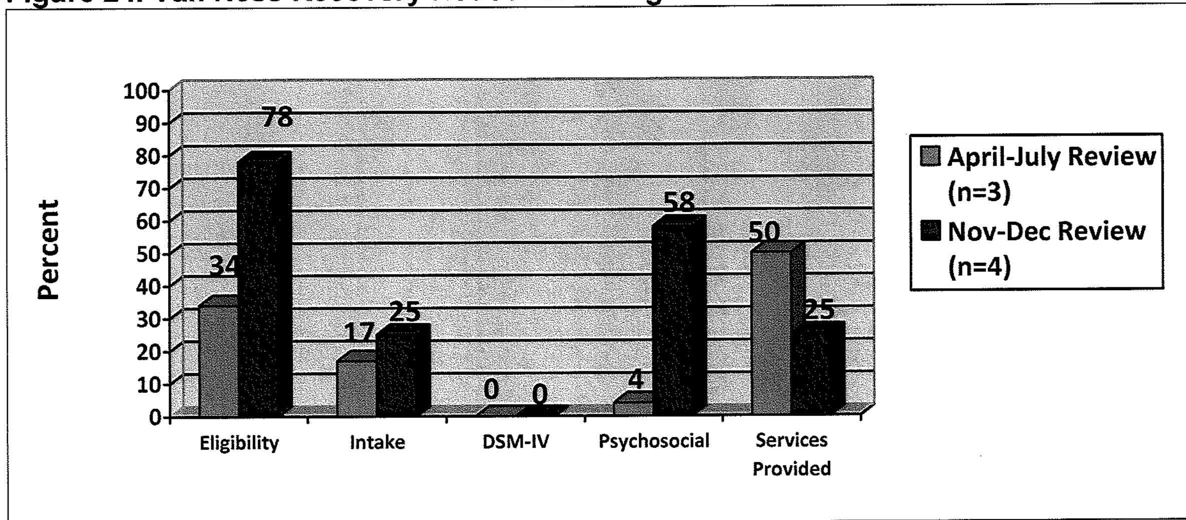


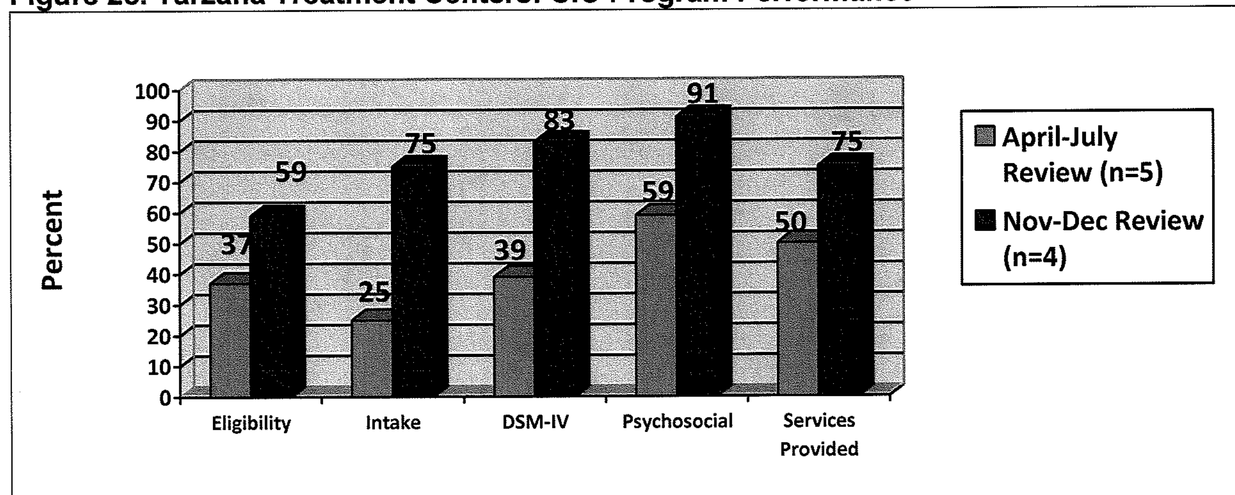
Figure 24 highlights outcomes from Van Ness Recovery House. Van Ness declined the assistance of the mental health professional, and performance of assessments that include Intake, DSM-IV and Psychosocial remain very low.

Figure 24. Van Ness Recovery House: CIC Program Performance



Tarzana exhibited strong program performance in the areas of psychosocial and DSM-IV assessment. They have qualified personnel and enhanced staff capacity; more specifically, mental health clinicians are on staff and various treatment modalities are available for their clients depending on need, including detoxification services. The main area of improvement included integration of substance abuse services and mental health services where there had been an absence of recognition on the mental health side, of appropriate and relevant interventions that should be used to direct and individualize treatment.

Figure 25. Tarzana Treatment Centers: CIC Program Performance



CIC Client Demographics

Preliminary client demographic data of the CIC clients served from March 2008 to December 2009 are listed below. Almost half of Tarzana's clients are transgender, a population at high risk for substance abuse, HIV infection, and mental health concerns. The plurality of clients served at all agencies were white (46%), and 82% identified as gay. The mean age of all clients was 34 years and most clients were homeless (68%). The primary mode of meth administration was smoking (63%) followed by injecting (24%).

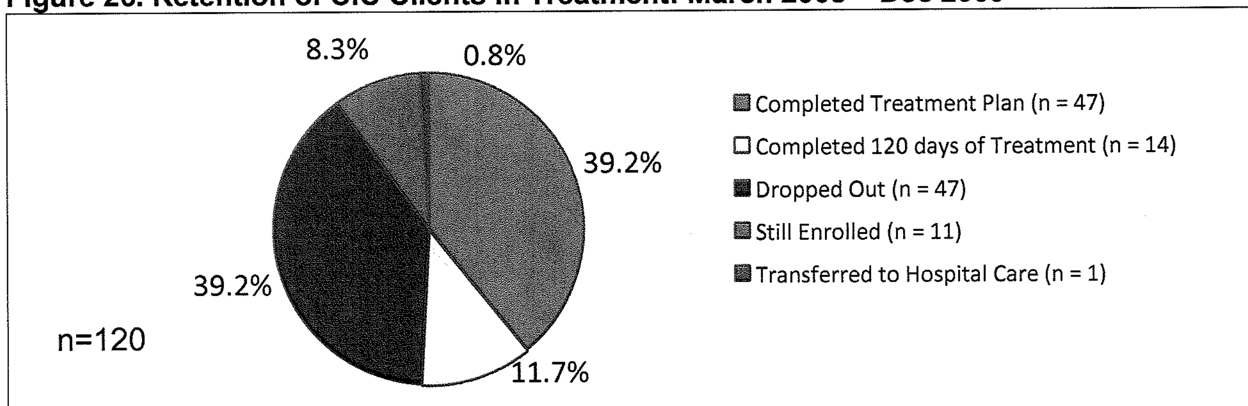
Table 21. Demographics of CIC Clients: March 2008 – December 2009

	Rainbow Bridge (n=53)	Tarzana (n=21)	Van Ness (n=46)	Total (n=120)
Gender				
Male	52 (98.1%)	11 (52.4%)	40 (87.0%)	103 (85.8%)
TG MTF	1 (1.9%)	10 (47.6%)	3 (6.5%)	14 (11.7%)
TG FTM	0	0	3 (6.5%)	3 (2.5%)
Race/Ethnicity				
Asian/Pacific Islander	2 (3.8%)	1 (4.8%)	3 (6.5%)	6 (5.0%)
Black	6 (11.3%)	6 (28.6)	10 (21.7%)	22 (18.3%)
Hispanic/Latino	16 (30.2%)	8 (38.1)	12 (26.1%)	36 (30.0%)
White	29 (54.7%)	5 (23.8%)	21 (45.7%)	55 (45.8%)
Other	0	1 (4.7%)	0	1 (0.9%)
Sexual Orientation				
Gay/Lesbian	47 (88.7%)	13 (61.9%)	38 (82.6%)	98 (81.7%)
Bisexual	4 (7.5%)	5 (23.8%)	1 (2.2%)	10 (8.3%)
Heterosexual	1 (1.9%)	3 (14.3%)	7 (15.2%)	11 (9.2%)
Unknown	1 (1.9%)			1 (0.8%)
Mean age (years)	36.2 (SD 9.5)	34.4 (SD 9.9)	31.4 (SD 7.5)	34.0 (SD 9.1)
Homeless	24 (45.3%)	19 (95.0%)	38 (82.6%)	81 (68.1%)
Primary Mode of Administration*				
Injection**	15 (28.3%)	6 (28.6%)	7 (15.6%)	28 (23.5%)
Smoking	36 (67.9%)	11 (52.4%)	28 (62.2%)	75 (63.0%)
Snorting	2 (3.8%)	4 (19.0%)	10 (22.2%)	16 (13.5%)

*1 missing **5 exclusive injectors, no use of non-injected substances

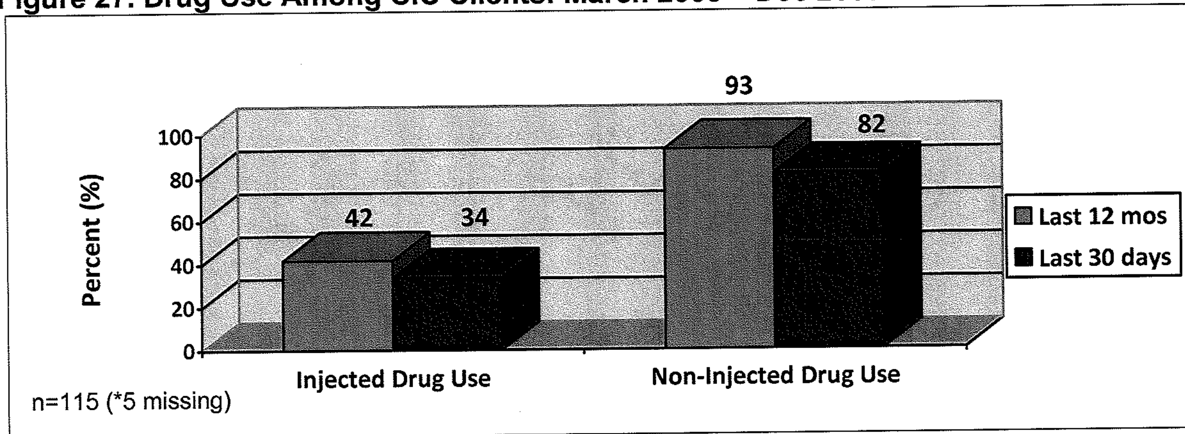
Just over half of the clients served completed treatment (52%). There was a high dropout rate, with 40% of clients not completing the program. Reasons for relapse need to be emphasized and understood during treatment in order to improve retention in care.

Figure 26. Retention of CIC Clients in Treatment: March 2008 – Dec 2009



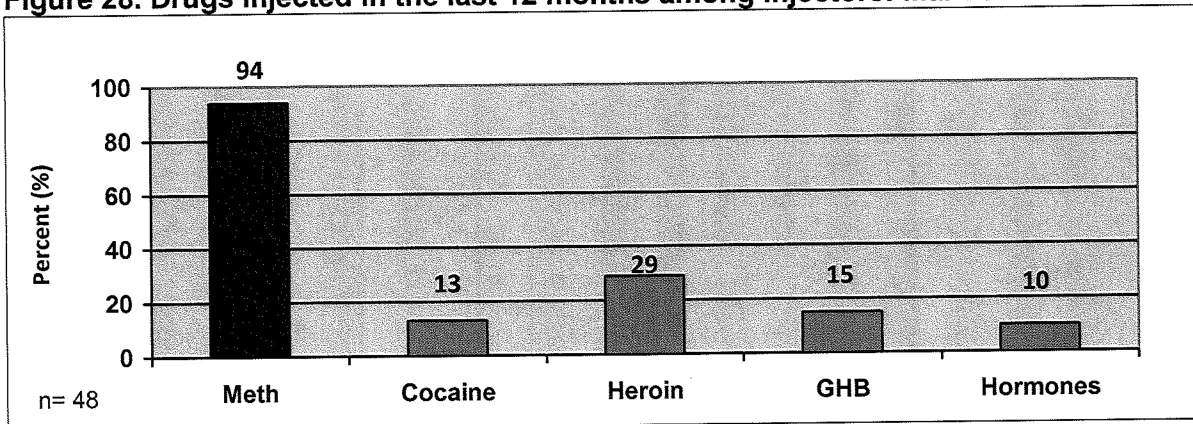
Among the total sample of 115 individuals, 48 (42%) stated they had injected substances in the last 12 months. Thirty-nine individuals (34%) also injected in the last 30 days suggesting a high level of dependence. This is a particularly concerning trend linked to HIV transmission. Ninety-three percent (107/115) of the sample indicated they had used a non-injecting substance in the last 12 months. Ninety-four individuals also reported using substances in the last 30 days, indicating a high level of drug use. The implication is that this is an extremely high risk population who is actively using drugs and could benefit from treatment.

Figure 27. Drug Use Among CIC Clients: March 2008 – Dec 2009



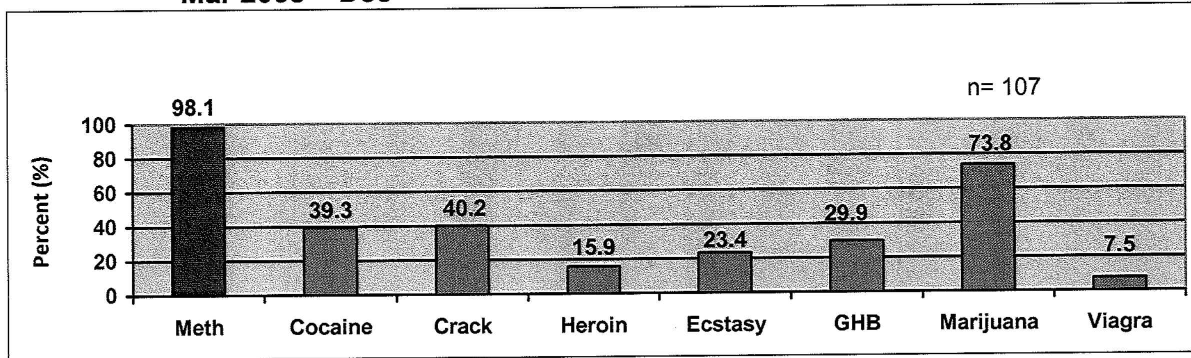
Almost all the injectors were injecting meth (94%), and over a quarter of the injectors (29%) were injecting heroin. Thirteen percent were injecting cocaine and 15% were injecting gamma hydroxybutyrate (GHB). All five individuals who stated they were injecting hormones were transgender. High rates of meth use among injectors suggest that agencies are capturing a high risk population.

Figure 28. Drugs injected in the last 12 months among injectors: Mar 2009 – Dec 2009



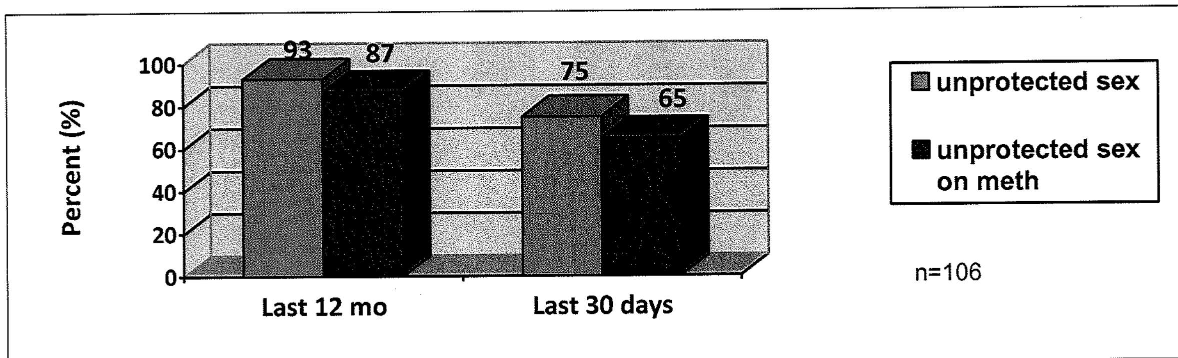
As Figure 29 points out, among all individuals who used non-injection drugs in the last 12 months, the overwhelming drug of choice was meth (98%), although there were also high rates of cocaine (40%) and crack (40%).

Figure 29. Non-injection drugs use in the last 12 months among non-injectors: Mar 2008 – Dec



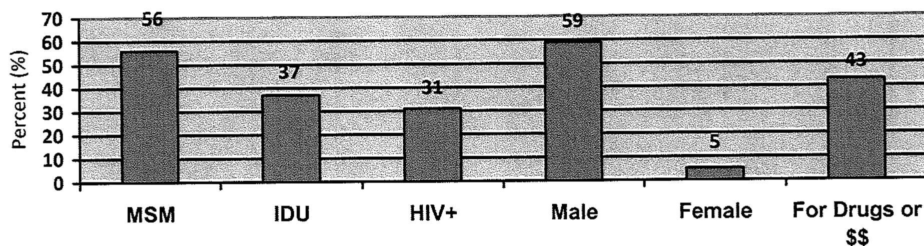
Clients receiving CIC services engaged in high rates of unprotected sex. Ninety-three percent of the sample had unprotected sex in the last 12 months, and 87% had unprotected sex while on meth in the last 12 months. Within the last 30 days, 75% of the clients reported unprotected sex and 65% had unprotected sex on meth. These data indicate a need for education around safer sexual practices to decrease risk of sexually transmitted diseases including HIV.

Figure 30. Sexual Risk Behaviors Among CIC Clients: Mar 2008 – Dec 2009



Clients are engaging in high rates of unprotected sex with partners of high risk placing them at further risk of sexually transmitted diseases. Over half of the sample had unprotected sex on meth with an MSM, 37% had unprotected sex on meth with an injection drug user, and 31% had unprotected sex on meth with an HIV-positive individual. In addition, 43% were engaging in unprotected sex on meth for drugs or money, indicating high level of drug use and unstable socioeconomic conditions.

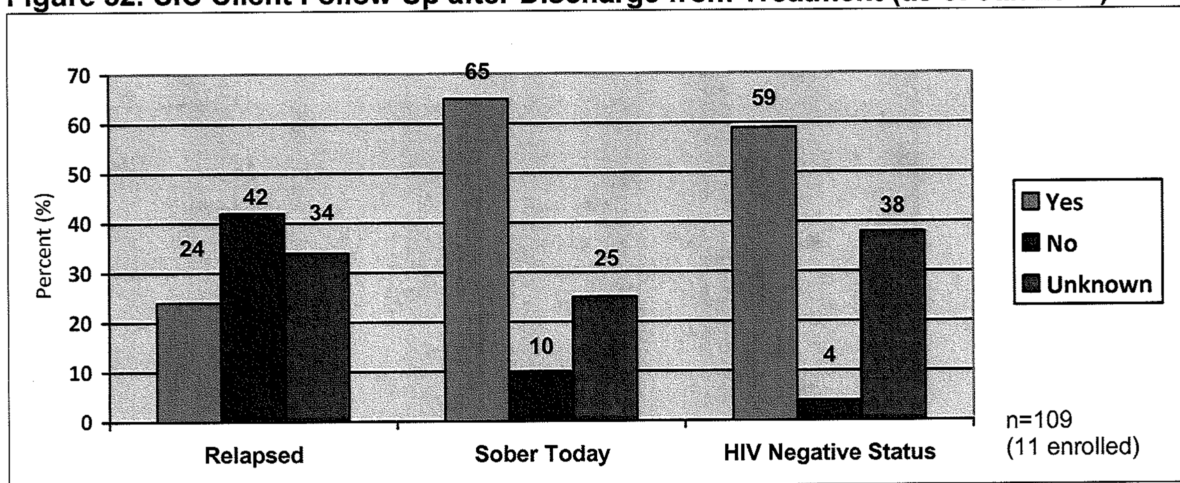
Figure 31. Unprotected Sex on Meth in the Last 30 Days, Partner Status



n=106 *14 missing

The data presented below are a snapshot of the drug use and HIV status of CIC clients after discharge from treatment. Traditionally, programs do not capture this level of information, and agencies were tasked with maintaining contact with their clients to collect the following information to indicate effectiveness of treatment with regards to sustaining sobriety and maintaining HIV negative status.

Figure 32. CIC Client Follow Up after Discharge from Treatment (as of Jan 2010)



Limitations

Applying an intervention deemed efficacious and successful in a research setting to a community setting is often difficult, because often the intervention is less concentrated and has more confounders when the intensity and oversight of the research protocol is removed. Moreover, public health programs often target all individuals in a risk group, unlike a research study where participants are selected and motivated to complete the process. This often dilutes the impact of strategies developed in the research setting when practice is put into the real world. There were other multiple challenges with implementation of this project including oversight of agencies, data collection and data fidelity and analysis.

In addition, it is very difficult without a control group for comparison to make any meaningful generalizations on the overall impact of such a program. However, there is an opportunity to learn how to best implement a program in a real world setting and make programs as responsive as possible to issues that arise. There were some overall lessons learned and conclusions that were derived from the investment to date shared below.

Conclusions/Lessons Learned

A recurrent problem that is undermining the successful treatment of meth-addicted patients is a lack of mental health care services for clients seeking care. While substance abuse treatment is necessary, it often does not treat underlying, concurrent mental and emotional health issues that exacerbate meth use. The literature clearly documents that most people entering drug treatment have co-occurring mental health illness. A recent study showed that among 77 studies that included 4,930 adolescents and 1,956 adults, two-thirds of the patients entering substance abuse treatment programs reported at least one co-occurring mental health problem during the previous year (Chan et al. Journal Substance Abuse Treatment, 2008). Additional research also shows that clients presenting for treatment are likely to have multiple diagnoses.

Individuals with substance and co-occurring mental health problems are a unique, high risk population, and meth users in particular can experience psychotic symptoms, paranoia, depression, suicidal ideation, and/or overt aggression. Some of these psychiatric symptoms occur during intoxication, some during withdrawal, and some linger months after detoxification, which elevates the risk of relapse to drug use if not addressed. Similarly, *if pre-existing psychiatric illnesses are left undiagnosed and untreated while addiction is being addressed, relapse risk increases.*

The literature documents serious mental health issues among the target populations, including a report from a clinical trial conducted in Los Angeles County which showed outpatient treatment-seeking HIV-negative MSM meth users meeting abuse/dependence criteria were nearly twice as likely as HIV-positive MSM meth users to experience current suicidal or homicidal ideation (Peck et al. Journal of Addictive Diseases, 2005).

In another Los Angeles study among non-treatment-seeking meth-dependent females, between 47% and 67% reported any of the following psychotic symptoms while high on meth or abstinent from meth: paranoid delusions and auditory hallucinations (Mahoney et al. American Journal on Addictions, 2008). Active engagement and collaboration with DMH is crucial to providing multi-level treatment for these at-risk populations.

Another challenge has been implementing innovative and evidence-based strategies within programs. Traditionally programs implement "business as usual", and employing new techniques and curricula often requires a significant shift in the way services are provided. To ensure such strategies are being implemented, a large degree of training and technical oversight is needed. DPH needs to have qualified consultants and experts in the field working closely with their agencies to ensure these curricula are being integrated into the programs. The quality and capacity of substance abuse staff is also critical to providing comprehensive, targeted care. In particular, staff must include a licensed mental health professional for implementation of a comprehensive, individualized psychosocial assessment with a complete DSM-IV diagnostic workup. In larger agencies, there needs to be integration of substance abuse services and mental health services as evidenced in a comprehensive treatment plan.

OAPP has provided an intense level of oversight on this project. In order to remain highly responsive to issues as they arise, OAPP staff must work closely with training consultants and each agency. This includes monitoring the technical assistance hours and issues that arise, responding to training requests, staff turnover, data inconsistencies, closely reviewing monthly invoices, receiving monthly updates, and conducting periodic site visits. Similarly, agencies have been held to a high level of accountability and asked to improve data entry, chart documentation and individual assessments. It needs to be further examined if DPH can realistically continue to provide the magnitude of oversight and accountability that was required during this project.

Accurate data entry is critical to providing valid information, and agency staff needs to be trained and become familiar with the data system in use. Likewise, the data system in use needs to be able to accurately and completely capture all relevant information. Accurate reporting and analysis of client-level data requires extensive data cleaning and frequent communication with each agency for validation of information. Higher client numbers would exacerbate these challenges unless streamlined data entry and analysis protocols are employed.

RECOMMENDATIONS

Community-wide Response

1) **All future prevention efforts must be tailored to address risks specific to the target population to improve program effectiveness.**

   There are unique populations defined by age, ethnicity, rural/urban location, gender and sexual orientation that are vulnerable to meth use, and each distinct population requires a very different intervention.

2) **Effective prevention must also have involvement at the local level and requires participation from many segments of the community such as schools, youth, parents, law enforcement, health officials, businesses, the faith community, social service providers, and representatives of other community agencies and organizations.**

   Funded community level programs should be required to have diverse staff representation. Due to the diversity and geographical size of Los Angeles County, it is also important to consider varied challenges that could be experienced by area. For example, a response targeting Antelope Valley residents might experience difficulties and barriers related to transportation because of geographical size, while a response targeting Metro Los Angeles residents, a high density area with a large concentration of services, may need special attention on increased collaboration and coordination among services available.

3) **Further examination is needed to determine whether SPA-based coalitions are sufficient, or if coalitions should also include unique communities that traverse SPA boundaries.**

   A main challenge is maintaining a level of programmatic consistency and standardization to measure performance, while still remaining true to a flexible model that breathes within its respective community. In order to have a level of consistency, both central coordination and oversight are crucial. An idea for consideration is the adaptation of peer-based models such as the "Promotora" Model, which trains indigenous community members as ambassadors and educators for a variety of health and social issues.

Service Provider Recommendations

4) **This project has highlighted the need to re-examine the current reimbursement system for substance abuse prevention and treatment services, and to synchronize both services and reimbursement rates across DPH programs.**

   Consistency across programs should be developed, and metrics for programmatic performance measurement should be standardized in order to ensure that the services purchased are consistent, and that outcomes can be measured and compared across programs for assessment of efficacy and return on investment. It may be beneficial to migrate to a performance-based reimbursement system where agencies are paid based on the amount and level of services they are providing, rather than on cost-reimbursement payment strategies that are not directly linked to programmatic performance. It is also important not to dilute the County investment.

5) **Key providers who exhibit a gold standard of care in providing services for a specific population should be identified for investment.**

   It is not cost effective to fund many agencies at lower levels when fewer agencies with a larger budget could focus their efforts in a more targeted way. This will also allow for targeted capacity building assistance, and the building of consistent programs across the County.

Systems Improvement

6) **Continued commitment by senior County leadership to integration and coordination of County health services is paramount to success when attempting to improve services for clients.**

   Collaboration and system communication across County health departments (DPH, DMH and DHS) must improve if progress towards integration of care is to be made. If this is not achieved, clients will continue to receive fragmented services. For example, there is a clear lack of mental health care services for clients seeking substance abuse treatment. When crucial underlying problems associated with mental or emotional illness are not being assessed and diagnosed, the success of any intervention is undermined.

7) **Ideally, Los Angeles County should migrate to a centralized data repository where information on all Los Angeles County clients is available to better determine what types of services each client was accessing and what level of care they need.**

   A centralized data repository would greatly assist with coordination and targeting of services and improve client care, while leveraging resources across departments to avoid duplicative services and their associated costs. Much can be learned and implemented countywide by examining the Centers for Disease Control and Prevention's program collaboration and service integration models.

   If the County systems continue to operate in silos, individuals seeking services cannot receive holistic care that provides valuable information on the whole person, rather than on specific treatment episodes seen under the disconnected lenses of the programs providing them. The ability to view a client's complete history will lead to improved health outcomes and greater efficiency.

Overall, the meth funding investment was successful in impacting a targeted segment of the community in need. However, without collaboration and coordination of services, any future efforts to address health outcomes within populations will not achieve the maximum impact desired. This project has highlighted the need to reexamine the overall system of care and continue to strive towards comprehensive provision of health services for the residents of Los Angeles County.