

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

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

### ATTESTATION OF COMPLIANCE:

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

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

**Tarzana Treatment Centers, Inc / Clare|Matrix Training**

Staff attended live harm reduction trainings conducted by your assigned training agency partner (Tarzana Treatment Centers, Inc or Clare|Matrix)

- Tarzana Treatment Centers, Inc contact:  
[odhrta.ttc@tarzanatc.org](mailto:odhrta.ttc@tarzanatc.org)
- Clare|Matrix contact: [odtraining@clarematrix.org](mailto:odtraining@clarematrix.org)
- For clarification on your assigned training agency partner, contact SAPC at: [SAPC-CBI@ph.lacounty.gov](mailto:SAPC-CBI@ph.lacounty.gov)

**Number of Staff Trained \_\_\_\_\_**

**SAPC CST Trainings**

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

**Number of Staff Trained** \_\_\_\_\_

**SAPC Harm Reduction and Treatment Integration Meeting**

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

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

**Number of Staff Trained** \_\_\_\_\_

**Other SAPC-Approved Harm Reduction Training**

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

| Name of Training | Location<br>(address or virtual) | Date | Time | Approved<br>by SAPC<br>(yes/no) |
|------------------|----------------------------------|------|------|---------------------------------|
|                  |                                  |      |      |                                 |
|                  |                                  |      |      |                                 |
|                  |                                  |      |      |                                 |
|                  |                                  |      |      |                                 |

**Number of Staff Trained** \_\_\_\_\_

**VERIFICATION SUMMARY:**

**Total Number of Staff with Direct Patient Contact Employed (across all sites):** \_\_\_\_\_

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

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

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

Agency Leadership Representative Name (Printed): \_\_\_\_\_

Agency Leadership Representative Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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