

## Community Impact Statement Recommendation

To: Downtown Los Angeles Neighborhood Council Board

From: Government Liaison Committee

Date Approved by Committee: 23 February 2022

For Board Consideration on: 8 March 2022

**Re: Council File 21-1415 - Naloxone Training and Distribution / Street-Based Services / Shelter Sites / Drug Overdose / People Experiencing Homelessness / Los Angeles Homeless Services Authority**

### Motion or Recommendation of the committee:

The Government Liaison Committee recommends a **YES** vote on CF **21-1415**.

For	<b>X</b>	Against unless amended	
For if amended		No Position	
Against		Neutral Position	

Committee Vote Count: (4) Yes; (0) No; (1) Abstain

### Additional Language:

### Summary:

**CF 21-1415 moves that the Chief Legislative Office be directed to identify and report in 30 days all City departments that have contact with or provide services to people experiencing homelessness and indicate if the department provides employees with naloxone training and distribution along with frequency and opportunities to expand at existing departments and new departments.**

## MOTION

The Los Angeles County Department of Public Health, Center for Health Impact Evaluation released a report on **Recent Trends In Mortality Rates and Causes of Death Among People Experiencing Homelessness (PEH) in Los Angeles County, January 2021.**

Drug overdose has been the leading cause of death among people experiencing homelessness (PEH) since 2017. For the combined years of 2017-2019, PEH were 36 times more likely to die of a drug overdose than people in the general LA County population.

The drug type involved in the highest percentage of overdose deaths in 2018, 2019 and the first seven months of 2020 was methamphetamine, but the only drug involved in increasing percentages of overdose deaths across all three years was fentanyl, which was involved in more than twice as many overdose deaths in the first seven months of 2020 as in all of 2019.

The first seven months of 2020 saw an alarming increase in overdose deaths in this population. 273 PEH died of overdoses from January through July of 2020, compared to 205 during those same months in 2019—a 33% increase. This increase was driven largely by the more frequent involvement of fentanyl in overdose deaths among PEH in 2020 compared to the prior year.

While there was no change from 2018 to 2019 in the percentage of overdose deaths involving fentanyl among white PEH, among Black and Latinx PEH fentanyl involvement in overdose deaths doubled. Then during the first seven months of 2020, fentanyl involved overdoses increased precipitously across all the three racial/ethnic groups.

The data presented in this report demonstrates the urgent need for our systems of care and support for PEH in LA City and County to include a focus on preventing premature death for people using substances to cope with street life and trauma and struggling with substance use disorders.

**I THEREFORE MOVE** that the Los Angeles Homeless Services Authority be directed to identify and report in 30 days all agency staff and contracted providers that received naloxone training and distribution along with frequency and status and opportunities to expand and require naloxone training and distribution to all contracted street-based services and shelter sites (Interim, WSP, AWS, PRK, PHK) and their participants.

**I FURTHER MOVE** that the Chief Legislative Office be directed to identify and report in 30 days all City departments that have contact with or provide services to people experiencing homelessness and indicate if the department provides employees with naloxone training and distribution along with frequency and opportunities to expand at existing departments and new departments.

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**I FURTHER MOVE** that the Chief Legislative Office be directed to identify any current and future 2021-2025 years County, State, and Federal legislation for the City Council to consider taking an official position that would:

- Decrease the amount of time required to secure Drug Medi-Cal certification for new residential and non-residential service sites to enable the more rapid expansion of substance use disorder treatment networks to meet the needs of people experiencing homelessness.
- Decrease wait times between substance use disorder screening and treatment admissions by funding and improving LA County contracted providers' timely reporting of available beds using the Service Bed Availability Tool (SBAT), a web-based platform that tracks substance use disorder services in LA County.
- Increase federal matching dollars for services for people experiencing homelessness that are currently covered by Medi-Cal and explore opportunities to change Medi-Cal reimbursement policies to allow billing for services provided by multidisciplinary teams treating people experiencing homelessness in non-clinical settings like multi-disciplinary outreach teams.
- Increase distribution of naloxone to people experiencing homelessness in street settings and shelter/interim housing settings, and to those exiting jail and correctional facilities.
- Increase education of homeless service providers and people experiencing homelessness about the signs, symptoms and dangers of overdose.
- Increase investment in Recovery Bridge Housing (RBH) to ensure that all people experiencing homelessness receiving outpatient substance use disorder treatment services have access to interim housing for the duration of their treatment.
- Expand syringe exchange programs into areas with high concentrations of overdose deaths among people experiencing homelessness to reduce overdose deaths, HIV, hepatitis C, and other infectious diseases in this vulnerable population.
- Expand and enhance LA County contracted substance use disorder provider utilization of LAHSA's HMIS to improve coordination of care and housing focused case management for people experience homelessness.

PRESENTED BY:



GILBERT A. CEDILLO  
Councilmember, 1st District

SECONDED BY:



**ORIGINAL**