

SUBSTANCE ABUSE FOCUS GROUP

2/27/04

A focus group comprised of health professionals in Los Angeles County was brought together by the LA Coalition to End Hunger & Homelessness to provide recommendations to Bring LA Home – 10 year plan to end homelessness. This report is intended to serve as recommendations which will be submitted to be considered for the draft plan.

This is the third of three (3) focus groups that were convened in February 2004. The attendees for this focus group were: Hal Bastian – Downtown Center Business Improvement District, Verda Bradley – Department of Mental Health, Richard Browne – Alcohol and Drug Program Administration, Carolyn Buenaflor – A Community of Friends, Susan Burton – A New Way of Life, Mark Casanova – Homeless Healthcare Los Angeles, Robin Conerly – LAHSA, Peter de Gyarafas – Children’s Hospital Los Angeles, John Eppick – Sober Living Network, Fernando Escarcega – Department of Mental Health, Sharon Gassett – Prototypes, Linda Jackson Epstein – Wings of Healing, Merna Leisure – Sober Living Network, Shannon Murray – Lamp Community, Pat Parker – Clean and Free, Lori Pendroff – Prototypes, Jose Rodriguez – Tarzana Treatment Center, Ruth Slaughter – Prototypes, Dorene Toutant – A Community of Friends

The following is a summary:

Location: 520 S. Virgil, LA, CA 90020

Time: 10:00 a.m. – 12 p.m.

Date: February 27, 2004

Subject	Comments
<i>AB 2034</i>	<u>Rec:</u> Expand AB34 to include substance abuse.
<i>Community Assessment Service Center</i>	<u>Rec:</u> This program which is the gateway to many treatment programs are not well known to many homeless service providers. It is underutilized by this population and it could potentially hook up many people to services such as GR and substance abuse treatment. Better integration of services includes various sectors of providers knowing about other systems of care and how to utilize them.
<i>Continuum of Care</i>	<u>Rec:</u> When planning the continuum of care, it must take into account different types of programs for different populations. Such as, 12 step, harm reduction, detox, needle exchange, etc. One simple fix will not work anymore.
<i>Discharge Planning</i>	<u>Rec:</u> Address re-socialization, pre-release counseling, and housing plans when developing discharge plans. Apply this program change to the Youth Authority also.
<i>Dually Diagnosed</i>	<u>Rec:</u> Need more (at least 25 new) dually diagnosed long term programs in throughout the County because many treatment programs do not accept individuals who are on psychotropic medications.
<i>Expand Detox Beds</i>	<u>Rec:</u> Expand outpatient and in-patient detox beds – <u>Treatment on demand</u> . In the current system - not enough outpatient or inpatient beds to accommodate the need.

<i>Expand Treatment Services</i>	<u>Rec:</u> Expand treatment to include – life skills, vocational skills, education and literacy, employment training.
<i>Food Stamps and TANF</i>	<u>Rec:</u> Need to change <u>state law</u> to allow people with drug convictions to receive food stamp and TANF benefits.
<i>Funding</i>	<p><u>Rec:</u> Change funding regulations to fund more dual recovery programs and expand existing ones.</p> <p><u>Rec:</u> Expand and fund more inpatient detox programs and tie it to housing. LA needs <u>treatment on demand</u>.</p>
<i>Gender Specific Treatment</i>	<u>Rec:</u> There needs to be a shift towards gender specific treatment options. Women, men and transgenders need very different types of treatment in order to be effective for them. Experience among providers has shown that women who are actively using and become psychotic are generally excluded from services and when they do access needed substance abuse services it lacks an environment conducive to women – nurturing, small, one-on-one.
<i>Harm Reduction</i>	<u>Rec:</u> Fund more harm reduction models. This is an important model for people in recovery because it allows individuals to continue receiving care even when they relapse.
<i>Harm Reduction</i>	<u>Rec:</u> Need more programs that will accept people even after they have relapsed.
<i>Housing</i>	<p><u>Rec:</u> Housing First models – all levels of care for different populations. For example: “wet housing”, housing and shelters for women and children, safe havens, permanent supportive housing with specialized on-site integrated services.</p> <p><u>Rec:</u> Promote <u>healthy communities</u> by addressing adverse behaviors. Provide permanent supportive services – on site or mobile.</p>
<i>HUD Regulations</i>	<u>Rec:</u> Change HUD regulations to make eviction a last resort – not the first option. Expand shelter + care program in all of LA County.
<i>Integrated Approach</i>	<u>Rec:</u> Promote Co-Occurring Disorders Institute created by the Department of Mental Health.
<i>Legal</i>	<u>Rec:</u> Expand drug court, homeless court and initiate community courts in LA.
<i>Medi-Cal</i>	<u>Rec:</u> Medi-Cal should be reinstated for people on GR. Individuals without health coverage are not able to access any substance abuse treatment.
<i>Mobile Teams</i>	<u>Rec:</u> Provide more mobile teams for mental health and substance abuse issues. Being able to bring the treatment to the person is more effective than having the person seek out the assistance.
<i>Needle Exchange</i>	<u>Rec:</u> LA needs to support needle exchange programs because they are utilized at a high rate. The age restriction in LA County needs to be changed. It does not allow the youth population to access needle exchange services even though they are a large population using the program – there is a need and it needs to be filled.

<i>Prop. 36</i>	<p><u>Rec:</u> Re-assess Prop. 36 to make it more effective and expand it to include dually diagnosed population. It is not being implemented the way it was intended. Prop. 36 was to make treatment on demand available, work on eligibility of SSI and Medi-Cal – this is not happening, therefore, must be re-examined.</p>
<i>Public Education</i>	<p><u>Rec:</u> Education community about people in recovery.</p>
<i>Section 8</i>	<p><u>Rec:</u> Change regulations to allow for more flexibility so there are not barriers to obtaining housing such as, past convictions, allow for rehabilitation.</p>
<i>SSI Change</i>	<p><u>Rec:</u> Reinstate SSI regulations to allow substance abuse as an illness to qualify for benefits.</p> <p><u>Rec:</u> People on SSI with children need to have greater access to support services – similar to what is available for families on TANF. Federal law needs to be changed to include childcare benefits, opportunities for education, employment training and work incentives.</p>
<i>Systems Change</i>	<p><u>Rec:</u> Require large systems to begin institutionalizing changes.</p>
<i>Transgender Community</i>	<p><u>Rec:</u> Agencies must become more progressive and expand substance abuse services for transgender adults and youth – currently there are little or no services.</p>
<i>Women with Children</i>	<p><u>Rec:</u> There is a great need County-wide for programs that accept women and their children. Too many times women and their children have to be broken up in order to receive treatment. These gender-specific programs need to be connected with more funding to treat co-occurring disorders in a nurturing environment while being able to remain with their children.</p>
<i>Youth</i>	<p><u>Rec:</u> Need expansion of programs in the following areas: drop in centers, youth County system of care, detox programs, housing opportunities.</p> <p><u>Rec:</u> Integrate mental health and substance abuse services.</p> <p><u>Rec:</u> There should not be any age restrictions to participate in needle exchange programs.</p>