January 2022

Humboldt in the time of Covid : Available Substance Abuse Support with Reana West

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Transcription:

Noe:
So just to introduce myself and get a little bit of expansion for today my name is Noe Nino and I'm a junior year student studying History and Biology at Humboldt State University and so, I'm taking the internship class with Dr. Suzanne Pasztor who the department head for the history department, and this semester she wanted us to work with people around the community for project Humboldt in the Time of Covid and so each one of us was allowed sort of this freedom to really kind of find out more about our curiosities and find out more about how people locally have been dealing with Covid shutdown and how has that affected their organizations and so people have chosen to speak with religious leaders, business owners, farm owners, and just sort of seen how local community has changed because of covid conditions the aspect that I really cared about was mental health in Humboldt county, and specifically what I would like to learn today a little bit is more about substance abuse which is a topic that I know, is very.. It's talked about in our county and it's something that I feel is like really important to discuss and especially with the appropriate professionals who can give us more information on that one. So, without further ado I would like to ask a few questions about your experience, and so just a general one just to get a little more context; background information, can you tell me a little bit more about what you do at the department of Health and Human Services and what that looks like in substance abuse administration.

Reana :
Sure, but really quick, are you recording it on zoom because I didn't ge the little pop-up.

Noe :
Oh no, I have an audio recorder.

Reana :
Oh okay, just so you don't…

Noe :
Thank you for catching that, yes.

(audible laughter)

Reana :
Okay, so my title is substance abuse administrator and I'm also… it's like slash senior program manager so we have within the department of behavioral health you have program managers that are allotted a variety of programs. So my programs all involve people who have a substance abuse order diagnosis, so I kind of have two… two things that I do as substance abuse order

administrator, I kind of manage the substance abuse block grant which is kind of this chunk of money we get to spend on very state specific things like perinatal services or adolescent treatment and so that's, so I kind of help manage that grant and then there's applications that so with that and also any other grants that we get or apply for along substance abuse disorder for DHHS so that's the administration part and as a program manager I manage… I manage, it's really about five programs but I just added this other mini program, so we have five programs that are all out-patient programs, some of them are integrated with our counties special mental health system which are people who access special mental health services, which are people with like a level one serious mental illness and then within that system, I have a program called dual recovery program for people with serious mental illness and substance abuse disorder diagnosis and then on the SUB side, I manage some drug medical, so drug Medi-Cal is the payment for programs for people who are on Medi-Cal which is a state aid, right, for medical insurance, so state medical insurance and drug Medi-Cal particularly will pay for out-patient services and also residential services for people who have medical and I manage the two drug Medi-Cal out-patient programs, one of them is Healthy Moms program for women with children under five, who have substance abuse disorder and then the other one is just for… well actually there's three for adults who have a substance abuse disorder without the serious mental health component and then the also adolescence, so it's all of the drug Medi-Cal out-patient treatments that's my program, so I have those three; adults, adolescence, and perinatal, and then I also manage a program called Family Wellness Court for families who are involved in child welfare services who also have substance abuse issues so it's kind of this wrap-around service where there's case management and clinicians who help tribal families get through all of things they need for their change of plans to reunify with their kids. That's a pretty neat program. Then I also have a mental health clinician who is working in the nurse family partnership program which is where nurses and Public Health, that's integrated with public health program were nurses go into the homes of people who moms just had their first kid and just kind of help them everywhere they need. So I have the behavioral health clinician who'll do like therapy with those moms.

Noe :
Those are all really great programs, and just from a personal stand point my mom has a child care home here in Fortuna, where we live and she's had it for a few years and so working with her I've seen how those kind of things intersect, how parents who had a history of substance abuse and mothers, first time mothers under those kinds of really precarious situations, I've seen the challenges that… that sort of brings for the family and the family dynamic and the emotional development of the child. It's really heartwarming to see that there's programs that aim to identify that, treat it, and help the family over all. Something that I've sort of seen is that… that first step of seeing that something or someone may need a little bit more help is usually always the hardest and before Covid or really after Covid how did people become familiar with the substance abuse programs and who helps them enroll and learn more about them?

Reana :
Yeah that's a good question, there's kind of a lot of different avenues that someone would get there so probably the biggest thing the biggest change that happened was actually right in the middle of covid, so July 2020 we went from system, a drug medical system where we were called 'state-plan', and then we went into this thing called organized delivery system so it was... It's kind of mucked because it was in the middle of covid and so we weren't sure really, it wasn't… we were able to tell like how our services were being expanded as much because we didn't know why people weren't coming. So July of 2020 we went from just being able to offer with that payment that I was telling you about; the drug Medi-Cal payment, we were only able to offer out-patient group treatment. That was it. So if someone wanted individual treatment they couldn't get it. If they wanted residential services, they couldn't get it, but then when we had the organized delivery system it expanded the payment of services so we were able to offer a lot more. So now, people can get residential services, they can get individual counseling, they can get case management, they can get field services, so that all got added in the middle of Covid. So prior to July 2020 a person generally accessed SUD services through an external way; a motivating force, right so it was often probation like they would get arrested then probation… probation would say, "you have to get SUD treatment." Or they would have a child welfare case and they would say, "you have to get SUD treatment," because that's where the referrals were coming from and they were also paying for any extra services like; residential treatment. Those were coming from child welfare or probation, so when we were able to add that as a medical service as a part of health insurance, it changed a little bit. So, now we have a twenty-four access line, it's called the Beacon Access Line, it's on our website, it says twenty-four hour access. So a person can call that any time twenty-four hours, and get connected with a screening person, a screener… clinician who screens and then get assigned a level of care. So, pre-ODS, we didn't have levels of care, now the level of care is one or two(point)one is out-patient SUD and then anything higher than three is residential. So now, you know… people can just call that number and get services, so I think that's changed a lot of our access because they don't have to just be referred by… or their not… it's being kind of marketed… not marketed but seen as a brain disorder and less of a moral failing and so people in primary care offices are referring to out-patient SUD, or in school systems, instead of just the legal system or the system where you get in trouble, now you get services instead of how about we get services to keep you out of trouble and were seeing a lot more of that, even among the Covid problems.

Noe :
Yeah, and that was definitely that was going to follow into my next question actually which was, being a medically underserved area where there is little access to primary care physicians just depending on socio-economic background, the type of insurance that you have, really… just the really long waiting lists, that was something I was going to bring up as a concern, that those primary care physicians are health advocates… there is a really long line to see them, the

concern about who can make those judgement calls regarding whether people need to receive adequate care for those substance abuse issues, but that pretty much answered the..

Reana :
Yeah, they don't… so they just need to call that number now, you know there doesn't really need to be a very arduous referral process, anyone can self refer. Parents can refer their kids or you could… if you saw someone on the street that was like, " I just wish I could get substance abuse services!" you could say, "Oh! Here's a twenty-four hour number, let's call this together." So, it's a lot different than before it was more challenging.

Noe :
Yeah, and those out-patient services that have now been expanded, are they now online platforms? Like zoom? How do those work out at home at people's residences?

Reana:
It kind of depends, so we… right at the pandemic started we transitioned all of our groups to zoom, so were doing and still primarily group treatment because for SUD services, groups are really indicated as best practice. People are not only learning from a facilitator, but really from learning from each other and their listening to each other change and grow and help each other. So groups are still the best way to go even though we can do these other services, so we transitioned all of our services to zoom and then we added case management and alot of that is through the phone or telehealth and then we added field services with the adolescents, which has been great, so it is a little bit different, but adults are still doing most of their groups on zoom but where doing in-person individual services so all of our one-on-ones are in person, in-person assessments, in-person treatment plans and then in our adolescent program , everything is in person, so they're actually going into the field to meet the adolescents and meet them at school or at home because they weren't really connecting to the telehealth and the groups so the expansion has been a lot more helpful for the adolescents since they weren't able to do anything but groups before and they weren't liking that, since they don't like to talk around each other as much, or just not very social and that's expanded a lot, we're doing a lot more stuff with adolescents than we did, but the thing I tried to do which I thought would be really cool, if we put giant TV's in the group rooms to do a hybrid because you would think that the clients would want to be in-person, but it turns out they got all these reasons why they don't want to be in person so they… and its hard with SUD services because it's like… is that because they're using and they dont want us to see them or is it because their really afraid of Covid, so we've been struggling with that and we're still kind of struggling with that so we're trying to offer more in-person groups at least once a month, once every couple of times. I had with the giant TV's… had this idea where we do, who wanted to come to group in-person would be in-person and then we would have… like we're doing Zoom, right, but hasn't really taken off and I'm not sure why. I think, the clients are saying they don't want to do in-person since they don't want to wear a

mask for ninety minutes, our groups are ninety minutes, and that's like non-negotiable, they have to wear a mask and we don't do the social distancing anymore in groups… they can sit near each other, but they have to have a mask and so a lot of them are using that as the reason they don't want to do in-person groups, so we had some outside groups without masks, that seemed to go over okay. Yeah, that's the struggle and it's also like some people's - the level of comfort around Covid, some people are like, "Yeah, no problem… bring it on… you know it's a hoax" and then the other people are like, " Oh my gosh, I'm going to kill my family," and so that's a struggle when we really want to provide group treatment because there are so many different.. Yeah.

Noe :
I can imagine that for a lot of people, I guess… they could be more comfortable doing it from home since you do it from a place where your most comfortable. Wether it's your bedroom, your living room, or… I'm in right now, I'm in the garage… That's the place that there's less noise because my mom's daycare… It's a lot of background noise so I need somewhere silent and comfortable so I go here, but I totally understand and those programs, I know there's some that are focused on helping transgenered youth, and at-rick youth in general, moms through the Healthy Mom's program, but I'm also interested in learning a little bit more about the programs that help people that maybe don't speak English, that come from different backgrounds and how have those people been helped or addressed locally?

Reana :
Yeah, it's very challenging because when we were doing in-person we would have in-person interpreters come to the groups and so we've recently been kind of working on having translators like during the group, were working with IT to get that going, so it can translate during the audio-sessions, like a transcript, but I think were still just have gone with, when someone does… where it's challenging to have the interpreter in the group and doing that on zoom that we're just doing those individually, but honestly we don't enough of a need to have a whole group… like ideally in a perfect world, we would have all the spanish speaking with a bilingual facilitator but we don't have enough people who need meet that criteria, want that. So we end up just piecing it together and doing individual work generally, but when we were meeting in person more we did have in-person interpreters, so I think we will bring that back once we're in the groups more.

Noe :
Yeah, and just out of curiosity the facilitators who organize the meetings in… in-group settings, are they social workers? Or what is their particular background,

Paula :
So for the SUD groups it is both, we usually have well there primarily substitute substance abuse counselors, so their certified substitute substance abuse counselors but for like Healthy Mom's all of their groups also have licensed clinicians and for the adult dual recovery, because it'd dual

recovery they both have a licensed clinician, for the adolescents they are SUD counselors, but their supervisors of licensed, so they should be able to take on any mental health challenges that someone might have or help refer them out, but their primarily in my programs SUD counselors.

Noe :
Yes, and on the national level something that I've been very curious to see how it's translating and how it looks like locally I was reading an article actually on the cdc's website that in 2019 there was around seventy-one thousand drug overdoses that involve opioids and we know that here locally synthetic opioids like fentanyl have made a really big impact in a very bad way I believe thirty-three deaths up to date have been related to fentanyl overdoses here locally, and I was wondering why have we been seeing this uptake in alternative drugs here locally?

Reana :
Yeah well I think that fentanyl, it's because there's more fentanyl. So you know prior to that it took a lot more heroin to overdose, but now that fentanyl is in so many things that it's a lot easier to overdose. So I don't know if there's really been a change in you know anything that's happened differently other than that there's more fentanyl you know and also it could also be coupled with you know maybe what that website was indicating or that article I read that too was that because the pandemic people are using alone that could be something that is happening that could increase overdose that's one of the big roles when you use the harm reduction rules ever use alone always have Narcan and so perhaps some of those things went out the window because people are spending a lot more time alone but it's just because of fentanyl increase and also having the fentanyl and meth the fentanyl and coke the fentanyl and everything crushed pills it's pretty frightening and we've got our case managers have several test kits they distribute everyone is Narcan train everyone has nor can I have Narcan in my fruit basket right now I just took some home I used to have some in my purse but I don't go places that often so yeah I think it's education I love that HACHR is also working on it they're great we've got from public health they have Narcan and the syringe exchange but it's a scary thing it really is and it's so preventable I hate that it's so preventable and it's killing our community members

Noe :
… and I read that on the national level as well there is this uptake in drug use even though I guess some people have said it's harder to get drugs right now because of covid shutdown but also at the same time covid drug use has remained consistent and so why do we see people sort of even in these times where it's harder to get drugs why are we seeing them still using them ? Is it the isolation? I know we spoke about that briefly or is it an unhealthy coping mechanism that were just seeing develop into an even bigger problem?

Reana :
Probably and from my perspective the people that are using drugs are still the same people that used drugs so maybe the ones in the pandemic that are using more drugs are maybe using people that weren't using drugs pre-pandemic and are now we're probably always drinking and decided to drink more from my perspective my thing is that like we still have the same numbers that we had before, so I'm not really sure maybe the people who using drugs because of the isolation haven't reached out for treatment yet you know because I haven't really noticed a huge increase in requests for services but that doesn't mean that people aren't using and not requesting services but we can't help people if they're not asking for help you know like knocking on everyone's door and being " are you sure your…" Just from anecdotally watching all the Tick-Tock videos… and all the housewives are drinking wine everyday people are… as far as alcohol I'm sure that's going to just for my own friend group I feel like they're drinking more so…

Noe:
No, I can imagine that there's a stigma with hard drugs that are not necessarily taken recreationally but with a codependent relationship, you know I can imagine that for the typical family with a mother and father and uncle who lives next door there's a stigma of saying hey neighbor I need help I need the resources that I can get so, what kind of groups have we been seeing... Is there any group that has disproportionately been more affected? I know you said people are using drugs now are the same people that probably used drugs before covid, but are we seeing any disproportionate or a statistics showing that there's a group of people?

Reana :
Well I think just generally disproportionate in our community is our Native American indigenous population definitely has a higher percentage of children in the child welfare system then their population would indicate and that's probably the same around substances but I can't say that we've got a particular population that's changed at all during covid, were primarily a caucasian county and that's who we're treating like I said we do have have some sometimes we will have some spanish speakers that will need that interpretive service but other than that we've got a pretty high percentage of natives is that are referred to this system from both the child welfare system and the legal system as probably just indicative of colonisation over the centuries and that's the thing that disparity needs a lot of attention and we do have that one program that's helping with that but there should definitely be more.

Noe :
And the tribes do they sort of deal… do they have their own programs for substance abuse?

Reana :
Yeah they do, they really do which is great and along with that reform we have with direct Medi-Cal the tribal entities can get money also so they've got a bunch of money from the state opioid response and they've gotten grants for that and to help and there has been a lot more medication system treatments for the native communities and also education around overdose that's been something that's probably... Doesn't keep up with the needs, there's probably all these people using and overdosing, but at the same time that people are being trained and educated on how to do it but it's almost not fast enough right so now we make sure that all the native treatment facilities are Narcan trained and offered them training but it took a while so ideally we'll start seeing results go down but we still have a high percentage that get out of jail and use and can still overdose and that connection there's lots of programs that are trying to strengthen that to go from straight to jail to treatment so that would be helpful because that's where a lot of people end up… with overdosing.

Noe :
Yes and with the county is there a partnership or is there a mutual understanding with indigenous tribes if they need the support… if they need, I'm not sure what the right word would it here be but if they needed the guidance And backed up by the county is there sort of …

Reana :
Yeah, Absolutely yeah so we do work with all of the different tribes and supporting them we have case managers that help their case managers and we have native clients that go back and forth so we definitely do try to keep that connection strong.

Noe :
And you mentioned the federal money that is sort of granted to the programs and how have we been saying that money be applied here locally. I mean does it help offset the row over work programs or how is it being applied to help the people?

Reana:
Let's see so specifically when we did get a big response grant for medications treatment in the jail so that's offered now, it didn't used to be. So now when somebody goes into jail on some soboxone which is a medicated assisted treatment then they can continue that in jail instead of being detoxed from it. We have, now there is Aegis Treatment Center where they do medication-assisted treatment they just came about a year-and-a-half ago so during covid and that's been huge they have new 250 clients that are now on methadone so there's methadone in the community that didn't use to be here and that was paid for with a state grant at the beginning, I mean a federal grant through the state. Let's see the tribal programs, they were able to offer like some telehealth medication-assisted treatment for their clients like the ones that were out in the eastern south county, and nd we've used it at DHHS for training at staff like how to do trauma

response groups we had some trainers come out for that. What else, yeah I don't know if we got… Well, I used it to get the telehealth equipment, that was at a specific Telehealth Grant to help get Telehealth for the SUD programs but it's mostly been focused on medications assisted treatment so because that's the way to keep people from overdosing and dying it's to give them this medications assisted treatment like Suboxone or Methadone is so a lot of that Federal funding went to open those programs and so now really even if someone can't get into open door they can go to Aegis or if Open Door has a waiting list for a suboxone now you can go to Aegis, they can go to Crossroads, they can go to Waterfront, they can go to HATCHR they can go to the IPA. There's lots more places where you can get to medications assisted treatment whereas 2 years ago it was only Open Door. So that's been helpful.

Noe :
…And talking about that potential to still grow and how federal funds have allowed those programs to extend where are we right now with oh, how do I say this, this is kind of a conceptual question it's really interesting. The potential to grow, I would believe is still there. I mean there are still services we probably lack that we need, what would those services be here locally ?

Reana :
Yeah that's a good question so basically we joined as regional model so I were organized delivery system so I we had for the county was regional so we had seven counties that are all together and they're under partnership health care and partnership health care is a manager healthcare so if somebody in Modoc County needs residential services and there's no residential providers and Modoc they get sent to us maybe or two somewhere in Shasta that something like that so we have this region and ideally the region were supposed to offer this array of services so it needs to include narcotic treatment programs which we have in all of the counties, so that's not a gap. They need to be able to offer residential programs and detox perinatal residential, youth residential, and then intensive out-patient and regular out-patient, so in the spanning region we have all of those things, but we don't really have them right in our county so we don't have youth residential here if an adolescent in Humboldt needs youth needs residential we can provide that if they have Medi-Cal for free for their insurance but they would have to go to like southern California or we might be able to contact someone from the Bay Area is so we don't have anywhere and our seven-county region that is youth residential so that's a gap, perinatal residential another gap so we offer it as a benefit but they have to go and our southern region we have a perinatal region I think it's in I want to say Shasta County but there's only one and it's not local so if someone wants to stay close to their family and stay here we don't have any perinatal residential in Humboldt, but it's still a benefit so if someone came to me and said I think I new perinatal residential I would be able to help connect them to it but it just wouldn't be in our county yeah those are our two biggest gaps while the other gap is probably co-occurring, co-occurring disorders so if someone needs a residential for a dual diagnosis like severe mental

illness and severe substance abuse we don't really have a place for them, they can go to Waterfront if they're stable on their meds and you know… a really long list of criteria to Waterfront which is our local residential who provides 3.5 level of Healthcare which is higher than the other two Crossroads and HRC. If someone has a severe mental illness that's a bit of a struggle to find a good spot for them and I know that lots of people who would love us to have that but it takes someone who is really dedicated to opening a huge facility and focusing on people with severe mental illness and that's a hard task so we don't really have that, so we have to piece things together so sometimes they can go to Waterfront sometimes they can go toOne of the out-of-county providers Crossroads will take some folks too but we don't have like this, if we had this dream place it would be this 40 bed facility nearby on a lake, for people with special mental health and they had their own rooms, but that's a gap.

Noe :
Yes, and are there any organizations available right now that sort of champion or want that or where are we with the future of providing this kind of services for people ?

Reana :
Yeah, like those three residential gaps, so partnership health care there are the care manage plan that everyone kind of has so everyone with Medi-Cal generally gets assigned to Partnership and Partnership is the champion and they're like hey we're at managing this southern region we know we have these caps so they're the ones really trying to find those contracts for closer youth residential they've offered some grants for people to increase their mental health dual diagnosis enrollment, so there trying to either take their existing providers and have them add a dual diagnosis component or a periental component by offering incentives, so were not there yet, but that the state even the department of health care services has a big… goal of offering just across California because it's not just tumble we're definitely lacking youth residential, perinatal, and dual diagnosis, so the day is like yeah co-occurring, we'll pay for it, these two have a lot of wacky rules like the primary has to be mental health in order for us to access Medi-Cal or stuff like that, so they just had these barriers… so they're dropping a lot of their barriers around what they will pay for, so I think that's going to help, so the future is definitely more integrated, more continued care, it's just that bureaucracies are like super slow so I think that the future is bright but right this second sometimes it's challenging to get special populations those services they need.

Noe :
It definitely sounds like here locally… I feel like Humboldt country definitely has the tools to deal with stuff within the normal human realm of despair, but when It comes to those bigger issues as you mentioned at least other communities are able to help and fill in those gaps and it's really kind of like that battle of being a rural Northern California, it's it's hard for everyone to

get any kind of service not just any kind of mental health, but dental, physical and it's interesting To see how this plays into that specific branch of of health.

Reana :
Like you said, with dental; it's way easier to get Residential SUD treatment than a dentist, and I'm sure of that because my son just had to drive… I don't know where, like another county so we are doing better than dental, yay

Noe :
People in the university, just students my age they have to drive to Redding or they have to drive almost back home to get a dentist which is … when you're from Los Angeles or other places where they are that seems kind of frustrating to say the least so I can imagine that when you're in those dire situations, really life or death situations when you need that kind of support and you need that kind of program that's going to meet you where you're at and we don't have it locally that's scary for the person on the other side whether there's a program for them which is terrible for sure. How have we been seeing people of different ages sort of battle substance abuse here locally? I know that people of all ages use different drugs and there's not one specific drug for a specific age group but how has the county been feeling with people are just different demographics?

Reana :
Yeah, well we definitely, I know for me… I have those three programs so I got one that specializes in adolescence, one that specializes in mom's, and one that specializes in adults, we might have a bit of a gap with older adults, and maybe that transition age, so we do partner with transgender youth with is TAY, and we did have a bit of substance program kind of going with them and ideally that would be strengthened because I do see the value and like having everyone in the right group, and a right group for everyone. So obviously someone who's nineteen and their group with a bunch of people who are fifty, they're not going to get the same out of that as if were in a group with people who were more their age and where they can identify. So it's in our adult system we do have different groups, we have women's groups, men's groups, co-occurring groups, group for people who grew up in the legal system, but we haven't had the numbers to really split it out in the adults so we really just had to under ninteen but that other, we don't have say five or six people to do their own group of older adults or other group of translations youths so we end up putting them in oh, I've added all those different groups in the past and maybe if is allow or people just graduated and we didn't have anyone to come in and that's just the nature of a rural place you know sometimes you're a group of a bunch of people because there's not enough for you to be in your own group.

Noe :
... And I know we have a lack of therapists who accept Medi-Cal and there's a lack of psychologists as well as so I can imagine that there's also a challenge with post-care as well as people graduate from those programs, are they also having to be sent out to be out of the area to receive care or how does it look like for them?

Reana :
No, there is care here, yeah it's just not like you were saying specialty for their age necessarily so they will just be in a group with adults. And we in the county also have a staffing shortage is just like as you were saying with the professionals such as dentists and doctors, just like the state a clinical licensed social worker can make twice as much money in LA, and be able to fly anywhere they want in a day. So we have a hard time attracting those professionals and especially wanting them to work with the county because we do deal with in-person work, we don't do a lot of telehealth, we do, but we also do a lot of in-person, so if someone just wants to do telehealth they can go to the community and just do telehealth as a therapist, but county SUD programs are like no, this is SUD you need to see in-person, were not just going to have an SUD program that's through telehealth and the clinicians are able to kind of choose if they don't want to do things in person so we have a lot of folks that way.

Noe :
No, I definitely understand just to take a look at the last group of vulnerable people that I'm really curious to learn about here locally, because I mean… driving through town you see them and it's people who experience homelessness and I know that in parks that we have issues with needles that are used and there's been a lot of controversial conversations about whether or not the county should provide, I mean what are they called, the stations for safe injections, and I know that for me it's difficult because I truly wasn't able to find a lot of information on that but for homeless people or people who experience homelessness and Humboldt County is there programs at sort of address them at that level of concern about safe injection and what does it look like ?

Reana :
Yeah, definitely well so, have you talked to HACHR(The Humboldt Area Center for Harm Reduction), they are pretty fantastic when it comes to syringe supply… I mean syringe exchange and having a place for people who are experiencing homelessness to get safe supplies and to work on harm reduction. I have a group in one of my programs that's a harm reduction group, so it's for people actively using drugs or alcohol and without a clear intention to quit anytime soon, so I think just having those open conversations about safe use, and as I said we offer, there's fentanyl test strips, and we give everyone narcan and we do a lot of education, we have in the Public Health brand, they do a van that goes out and does syringe exchange and we have a

program in the social services department which is a Hope Home that they have a van and they go out and do showers and provide information, but the challenges so someone who is using… so say they are using on the street and their experiencing homelessness and they… how do they get these services? Pre-covid we had a lot of case management which we could pick them up and take them to groups and we used to have that level of case management but it's like getting them like you said to the door, it's that gap from using all that time and feeling helpless around it to saying that you can get help and I really love our early recovery group our harm reduction group because it does that we'll take anybody it's really easy to get into we have case managers that help people get phones so they can do a zoom group if they need to then they also have in-person so it's just kind of getting… because we do have more services available they could have residential services if they wanted, where they didn't used to have that so a person experiencing homelessness who was using all the time back before, they would have to get arrested in order to get treatment paid for, but now they just need Medi-Cal and it will be paid for. So, I thinkIt actually has gotten a little bit better so I think for those people experiencing homelessness who want treatment they can get that they didn't use to be able to get that it's just a matter of getting them that information that might be a little more challenging during covid-19 it was.

Noe:
I definitely feel like that plays into the same essence of people not getting help because they're also experiencing loneliness At home because of covid isolation so not having the strong emotional support at home or just with a closed group of intimate friends I guess it's hard to have that kind of accountability and have people hold you accountable to that kind of standard self care as well.

Reana:
Exactly.

End.

- Will submit the press release form when it has been signed and returned.