Washington State Health Care Authority

Report to the Legislature

Safe supply work group

Preliminary report

Engrossed Substitute Senate Bill 5187; Section 215(124); Chapter 475; Laws of 2023

December 1, 2023

Safe supply work group

Acknowledgements

Washington State Health Care Authority

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Executive summary

This is the initial report on the progress made by the Washington State Health Care Authority (HCA) in establishing the safe supply work group, as directed by Engrossed Substitute Senate Bill (ESSB) 5187 (2023); Section 215(124). The formation of this work group is a direct response to the **substance use recovery services plan** outlined in **Engrossed Senate Bill 5476** (2021) and funded through ESSB 5187 (2023). The Substance Use Recovery Services Advisory Committee has presented a set of recommendations to the legislature, one of which pertains to the establishment of a safe supply work group.

ESSB 5187; Section 215(124) authorized allocating $300,000 from the opioid abatement settlement account as a state appropriation. This allocation is intended to support the establishment of a statewide safe supply work group. HCA has contracted with Health Management Associates to facilitate the workgroup, providing ongoing status updates to HCA.

The primary objective of this work group is to conduct a comprehensive analysis and assessment of the current situation and provide a preliminary report and recommendations to the governor and appropriate committees of the Legislature in December 2023, and a final report in December 2024.

Committee recommendation framework

This work group is tasked with an evaluation that shall include, but is not limited to, the following:

- Examining the concept of "safe supply," defined as a legal and regulated supply of mind or body altering substances that traditionally only have been accessible through illicit markets.
- Examining whether there is evidence that a proposed "safe supply" would have an impact on fatal or nonfatal overdose, drug diversion, or associated health and community impacts.
- Examining whether there is evidence that a proposed "safe supply" would be accompanied by increased risks to individuals, the community, or other entities or jurisdictions.
- Examining historical evidence regarding the overprescribing of opioids; and
- Examining whether there is evidence that a proposed "safe supply" would be accompanied by any other benefits or consequences.

Background

Work group origin

The Substance Use and Recovery Services Advisory Committee (SURSAC) set forth a recommendation to establish a system to provide safe supply services in Washington State. SURSAC requested a special work group be formed to decide on the details for a model that fits the needs and concerns of Washington residents who will be directly impacted by the implementation of a statewide Safe Supply system, including people who use drugs. This was recommended with the understanding that there are several models to explore and many important implications and logistics to consider within those models.

SURSAC felt that to realize the public health, safety, and social benefit of this recommendation, individuals will need to be able to access their substance(s) of choice in a form that is as safe as possible to consume (safe supply) and to do so without legal interference in a medicalized framework. This resulting system is intended to reduce harms associated with drug use, including overdose and incarceration.[1]

Following submission of the substance use recovery services plan, ESSB 5187; Section 215(124) was enacted, granting authorization for the allocation of $300,000 from the opioid abatement settlement account as a state appropriation. This allocation is intended to support the establishment of a statewide safe supply work group.

The primary objective of this work group is to conduct a comprehensive analysis and assessment of the current situation and provide a preliminary report and recommendations to the governor and appropriate committees of the Legislature in December 2023, and a final report in December 2024.

Health Management Associates consulting team

Using the $300,000 funding allocated for the administration of the Safe Supply Work Group per **ESSB 5187**, the Authority has added a new work order to an existing contract with Health Management Associates (HMA), to provide facilitation of the work group. HCA will compensate HMA for providing the following services related to the Safe Supply Work Group:

- Facilitate discussions among work group members to develop a strategic plan for implementing a Safe Supply initiative in Washington State.
- Convene and host meetings with the Safe Supply work group, including agenda preparation, scheduling speakers, and moderating sessions.
- Provide monthly updates to HCA.
- Adhere to policy pertaining to legislatively directed committees, work groups, or councils.
- Provide any public work group announcements (e.g, applications needed for an open seat) to HCA for distribution through GovDelivery or other agency listservs.
- Record each meeting and providing meeting notes to work group members and HCA.
- Draft the final report with the work group's recommendations for a safe supply initiative in time for HCA to undergo the internal review process and send to the governor's office and appropriate committees of the legislature by December 1, 2024.

[1] Addressing the Syndemic of HIV, Hepatitis C, Overdose, and COVID-19 among people who use drugs: The potential roles for decriminalization and safe supply (2020)

Safe supply

Safe supply is defined as "a legal and regulated supply of mind or body altering substances that traditionally have only been accessible through illicit markets."[2] Research has shown that safe supply:

- Reduces the chance of overdose for those who receive it[3]
- Promotes safer use over time[4]
- Reduces theft, petty crime, and syringe litter in certain models [5]
- Increases prosocial engagement with their communities[6,7]

> "Safe supply programs are built on the premise that prescribing pharmaceutical-grade opioids such as hydromorphone and diacetylmorphine to people at high risk of fatal overdose will reduce their use of fentanyl-adulterated opioids obtained from the illicit drug market, and subsequently prevent overdose events and reduce overdose mortality[2]"

Safe supply offers people an opportunity to pursue and achieve self-determined goals[8]. These goals are often to use less drugs purchased on the illicit market, to use less overall, and to reduce participation in criminal activity[9,10]. Safe supply is grounded in a belief in bodily autonomy and can be lifesaving. To date, there are no documented overdose deaths among people actively participating in safe supply[11,12].

The limitations of safe supply include that it is not considered an evidence-based treatment for opioid use disorder[13]. It has a developing evidence base, and the emerging results are encouraging. It does not meet everyone's needs but helps a small proportion of people with severe symptoms of opioid use disorder at high risk for overdose[14]. Safe supply is just one intervention that has the potential to impact overdose rates and must fit within a context of services that comprehensively support people who use drugs[15].

Below are four potential safe supply models for the work group to consider, as presented by Adam Palayew during the SURSAC Special Meeting on September 9th, 2022. Adam Palayew is a PhD student in

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[2] **Safe Supply — CAPUD**
[3] **Evaluation of an emergency safe supply drugs and managed alcohol program in COVID-19 isolation hotel shelters for people experiencing homelessness (2022)**
[4] **Characterizing safer supply prescribing of immediate release hydromorphone for individuals with opioid use disorder across Ontario, Canada (2022)**
[5] BC Centre on Substance Use. (2019). Heroin compassion clubs: A cooperative model to reduce opioid overdose deaths and disrupt organized crime's role in fentanyl, money laundering and housing unaffordability. Retrieved from: **https://www.bccsu.ca/wp-content/uploads/2019/02/Report-Heroin-Compassion-Clubs.pdf**
[6] **Safer supply pilot project findings - Canada.ca**
[7] **Vancouver's Unconventional Approach to Its Fentanyl Crisis - The New York Times (nytimes.com)**
[8] Drug User Liberation Front. Compassion Club Preliminary Findings. 2023. **https://www.dulf.ca/cc-preliminary-findings**
[9] Lew, B., Bodkin, C., Lennox, R. *et al.* The impact of an integrated safer use space and safer supply program on non-fatal overdose among emergency shelter residents during a COVID-19 outbreak: a case study. *Harm Reduct J* **19**, 29 (2022). https://doi.org/10.1186/s12954-022-00614-8
[10] Oviedo-Joekes E, Guh D, Brissette S, et al. Hydromorphone Compared With Diacetylmorphine for Long-term Opioid Dependence: A Randomized Clinical Trial. *JAMA Psychiatry.* 2016;73(5):447–455. doi:10.1001/jamapsychiatry.2016.0109
[11] Ivsins, A., Boyd, J., Beletsky, L., & McNeil, R. (2020). Tackling the overdose crisis: The role of safe supply. International Journal of Drug Policy, 80, 102769. doi:10.1016/j.drugpo.2020.102769
[12] Fischer, B., Lee, A., & Vojtila, L. (2020). 'Safer opioid distribution' as an essential public health intervention for the opioid mortality crisis—Considerations, options and examples towards broad-based implementation. Public Health in Practice, 1, 100016. doi:10.1016/j.puhip.2020.100016
[13] Canadian Association of People Who Use Drugs. (2019). Safe supply concept document. Retrieved from http://www.capud.ca/sites/default/ files/2019-03/CAPUD%20safe%20supply%20English%20March%20 3%202019.pdf
[14] Oviedo-Joekes E, Guh D, Brissette S, et al. Hydromorphone Compared With Diacetylmorphine for Long-term Opioid Dependence: A Randomized Clinical Trial. *JAMA Psychiatry*. 2016;73(5):447–455. doi:10.1001/jamapsychiatry.2016.0109
[15] Andrew Ivsins, Jade Boyd, Samara Mayer, Alexandra Collins, Christy Sutherland, Thomas Kerr, Ryan McNeil, Barriers and facilitators to a novel low-barrier hydromorphone distribution program in Vancouver, Canada: a qualitative study, Drug and Alcohol Dependence, Volume 216,2020,108202,ISSN 0376-8716

epidemiology at the University of Washington and has conducted studies and works on safe supply projects in British Columbia and Seattle. These models provide a foundation through which the workgroup will formulate their recommendations:

Table 1. Characteristics of different safe supply frameworks under consideration

Scenario	Framework 1: Prescription (supervised consumption)	Framework 2: Prescription (unsupervised consumption)	Framework 3: Buyer's Club	Framework 4: Dispensary (not for profit/for profit)
Description	Drugs are prescribed and administered in a supervised setting under the care of health professionals and/or peer workers.	Drugs are prescribed and dispensed by a health care provider at a dedicated facility, but PWUD have the option to administer it on their own terms outside of a supervised setting, such as their own home, in take home doses.	Buyers Club: Network of people in community. Pool money and buy from a source and then use that to purchase drugs in bulk, test them, package them and provide them back to the community. Buyers come together and collective purchasing. (e.g. Dallas Buyers Club; History of HIV Meds). Grassroots, no physical location. Less institutional	Drugs can be made available without prescription in dispensaries and shops (e.g., cannabis). This model can be run in a for profit or a non-for profit manner. There can also be restrictions who can access these locations including based on age.
Delivery	Prescriber	Prescriber	Alternative	Alternative
Population coverage	PWUD in contact with health system	PWUD in contact with health system	All PWUD	All PWUD

Literature review provided by Health Management Associates

Benefits across all modalities include decreased crime, decreased street drug use among participants, an increase in social wellbeing and the accessing of employment and housing, and finally a decrease in risk of overdose death[16]. Safe supply programs experience high retention; when people are initiated into them, they stay engaged long-term.

[16] Gagnon, M., Rudzinski, K., Guta, A. *et al.* Impact of safer supply programs on injection practices: client and provider experiences in Ontario, Canada. *Harm Reduct J* **20**, 81 (2023). https://doi.org/10.1186/s12954-023-00817-7

Even in countries with multiple safe supply programs, there are critics concerned with its impact on individual and community health[17]. Critics believe diversion to be a risk, in which safe supply patients share drugs prescribed to them with others who are not enrolled in the program[18]. This may increase the recipient's risk of overdose and undermines the program's effectiveness for the patient. Further, there are limitations to the program in the face of an ever-changing illicit drug market. Fentanyl has affected long-established approaches to managing opioid withdrawal and treating opioid use disorder. The existing supply of prescribed medications may not meet people's needs[19]. Finally, it is an expensive intervention, and there are concerns about its sustainability.

Countries with successful implementation of safe supply typically have less punitive approaches to substance use than found across the United States[20]. Partial or full decriminalization of drugs and drug paraphernalia allow proliferation of harm reduction services[21,22]. As such, there is typically an existing safe consumption space and ample access to supplies that reduce risk of infectious disease transmission and injection-related wounds[23]. Safe consumption spaces also nearly eliminate the risk of overdose death because of the opportunity for immediate response[24]. Further, safe supply is available amongst low threshold options for methadone and buprenorphine, allowing it to be prioritized for those who have not found success for any reason with other MOUD options.

In conclusion, the risk to benefit ratio may vary across modalities and within different state and local environments. The success of a program can depend on supportive policies, existing infrastructure for harm reduction services, access to safe consumption spaces, and a willing workforce of both physicians and harm reduction providers.

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[17] Roberts, E., & Humphreys, K. (2023). "Safe Supply" initiatives: Are they a recipe for harm through reduced health care input and supply-induced toxicity and overdose? Journal of Studies on Alcohol and Drugs, 84, 644–647. doi:10.15288/jsad.23-00054

[18] Brothers TD, Leaman M, Bonn M, Lewer D, Atkinson J, Fraser J, Gillis A, Gniewek M, Hawker L, Hayman H, Jorna P, Martell D, O'Donnell T, Rivers-Bowerman H, Genge L. Evaluation of an emergency safe supply drugs and managed alcohol program in COVID-19 isolation hotel shelters for people experiencing homelessness. Drug Alcohol Depend. 2022 Jun 1;235:109440. doi: 10.1016/j.drugalcdep.2022.109440. Epub 2022 Apr 7. PMID: 35461084; PMCID: PMC8988445.

[19] Roy, É., Arruda, N.,&Bourgois, P. (2011). The growing popularity of prescription opioid injection in downtown Montréal: New challenges for harm reduction. Substance Use & Misuse 46, 1142–1150. doi:10.3109 /10826084.2011.552932

[20] Beletsky, L., & Davis, C. S. (2017). Today's fentanyl crisis: Prohibition's Iron Law, revisited. The International journal on drug policy, 46, 156–159. **https://doi.org/10.1016/j.drugpo.2017.05.050**

[21] Canadian HIV/AIDS Legal Network. (2020, May 14). Civil society organizations call for drug decriminalization as a necessary response to COVID-19 [Media release]. Retrieved from http://www.aidslaw.ca/site/ media-release-civil-society-organizations-call-for-drug-decriminalization-as-a-necessary-response-to-covid-19/?lang=en

[22] United Nations Human Rights Office of the High Commissioner. (2020). Statement by the UN expert on the right to health* on the protection of people who use drugs during the COVID-19 pandemic. Retrieved from https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews. aspx?NewsID=25797&LangID=E

[23] Lew, B., Bodkin, C., Lennox, R. *et al.* The impact of an integrated safer use space and safer supply program on non-fatal overdose among emergency shelter residents during a COVID-19 outbreak: a case study. *Harm Reduct J* **19**, 29 (2022). https://doi.org/10.1186/s12954-022-00614-8

[24] Potier, C., Laprévote, V., Dubois-Arber, F., Cottencin, O., & Rolland, B. (2014). Supervised injection services: What has been demonstrated? A systematic literature review. Drug and Alcohol Dependence, 145, 48–68. doi:10.1016/j.drugalcdep.2014.10.012

Process for gathering information on safe supply

The Health Management Associates (HMA) team identified a list of research questions based on the requirements of the Safe Supply Work Group, and a series of methods to gather sufficient information for the Work Group to answer them. In summary, the HMA team will conduct a scoping review of available literature on safe supply for the workgroup. Further, HMA will integrate primary data collection among people who use drugs, led by the University of Washington, into proposed recommendations. All information collected will be shared with Work Group members during frequent meetings. Below is the list of research questions that have been identified so far, which may evolve once the workgroup convenes:

1. Does safe supply impact overdose, both fatal and nonfatal?
2. Does safe supply contribute to drug diversion?
3. Are there other health and community impacts from safe supply programs?
4. Are there increased risks to individuals, communities, or entities who implement safe supply?
5. How does safe supply fit into the context of historical over-prescribing of opioids?
6. Do intended benefits outweigh consequences?
7. What are implementation considerations?

Methodology

Scoping review

HMA will conduct a scoping review of the existing evidence base of safe supply between November 2023 and January 2024. The methods of the scoping review include:

1. Review and refine research questions with input from the Work Group.
2. Identify articles on PubMed and other academic literature and peer reviewed article databases.
3. Select articles in accordance with established inclusion/exclusion criteria that ensures relevance of reviewed articles.
4. Read and extract information from articles that answers the research questions.
5. Summarize findings and present to the Work Group.

Survey of attitudes

HMA will survey Work Group members and Behavioral Health providers, including substance use disorder and co-occurring treatment providers as well as providers specializing in prevention and harm reduction, on perceptions and attitudes about safe supply. The Work Group survey will be conducted at the first meeting and in Fall 2024, to evaluate a change in participant's perceptions of safe supply, the quality of evidence of the intervention, what challenges exist to its implementation and what resources are needed to pursue it.

In collaboration with the Work Group, HMA will develop a survey for behavioral health providers and other allied professionals, because they are the primary workforce to implement safe supply. This survey will provide a cross-sectional assessment of the willingness of providers to support a safe supply program and their readiness to prescribe medications as part of a program. The survey may also be used to identify resources needed to support providers to increase readiness. Both surveys will be developed in Qualtrics and shared electronically.

Key informant interviews

HMA, in collaboration with the Work Group, will identify subject matter experts in safe supply, particularly those who have operated or led a safe supply program, and conduct 1-1 interviews. The purpose of the interviews will be to better understand the day-to-day challenges of operating a safe supply program and elucidate more nuanced information that can inform how a program can be adapted to a US context. Those selected for interview will work outside of Washington State and have experience in the different safe supply models.

Additionally, HMA may interview providers, subject matter experts, and other key stakeholders within Washington state to gain additional context on the information gathered during the survey process.

University of Washington- interviews with people who use drugs (PWUD)

Between May 2023 and September 2023, a research team at the University of Washington interviewed 457 people in Seattle who used drugs. Most, 351 people, injected drugs and 106 smoked opioids as their primary mode of consumption. Of the people who injected 369 (77%) injected opioids at some point in the last year; the most common other substance injected was methamphetamine.

Interview questions focused on people's interest in the four different types of safe supply models: a prescribed supervised model, a prescribed unsupervised model, a community-based model, and a dispensary-based model. Of the 369 people who injected opioids 293 (77%) reported wanting some type of safe supply. Of the 106 people who smoked opioids and didn't inject any drugs 79 (75%) reported wanting some form of safe supply.[25]

In the coming months, the University team will conduct extensive analyses to determine what models of safe supply are of interest to people. They will also study the potential impact of accessing a safe supply for individuals, stratifying by risk of overdose, frequency of use, engagement in criminal activity, and interest in treatment.

[25] Palayew, A., et al. (2023) Attitudes, preferences, and potential outcomes for different models of regulated opioids among people who use drugs in Seattle Washington [Unpublished manuscript]. Addictions, Drug & Alcohol Institute, University of Washington.

Safe Supply Work Group

The purpose of the work group is to evaluate potential models for safe supply services and make recommendations on inclusion of a safe supply framework in the Washington state substance use recovery services plan to provide a regulated, tested supply of controlled substances to individuals at risk of drug overdose. The work group membership is reflective of the community of individuals living with substance use disorder, including persons who are black, indigenous, and persons of color, persons with co-occurring substance use disorders and mental health conditions, as well as persons who represent the unique needs of rural communities.

Work group membership

All members of the statewide Safe Supply Work Group are appointed by the governor's office, per ESSB 5187; Section 215(124).

HCA assisted the governor's office in the by providing the template used for applications to the Substance Use Recovery Services Advisory Committee, amended to reflect the directives and seats of representation for the Safe Supply Work Group.

Table 2 provides a list of the governor-appointed work group members' respective areas of representation.

Table 2. Safe supply work group members

Area of representation
Adult in recovery from substance use disorder
Youth in recovery from substance use disorder
Expert from Addictions, Drug, and Alcohol Institute (ADAI) at the University of Washington
Outreach services provider
Substance use disorder treatment provider
Peer recovery services provider
Recovery housing provider
Expert in serving persons with co-occurring substance use disorders and mental health conditions
Expert in antiracism and equity in health care delivery systems
Employee who provides SUD treatment or services as a member of a labor union representing workers in the behavioral health field
Representative from the Association of Washington Healthcare Plans
Representative of sheriffs and police chiefs
Represntative of a federally recognized tribe
Representative of local government

Meeting process

HMA will schedule, plan, facilitate, and document the Work Group meetings. The overall goal is for the Work Group members to increase knowledge of safe supply and the different models of implementation so that they can propose actionable recommendations regarding its application in Washington State.

With this goal in mind, meetings will consist of research presentations, guest speakers, and discussion sessions. HMA will conduct and present on a scoping review of the project, to build consensus on the evidence base of safe supply, gaps in research, and areas of growth. This will be complemented by a presentation of the University of Washington's research findings.

The Work Group will meet at least monthly. At the initial meeting in 2023, HMA will guide the group through a decision-making process to determine group governance structure, meeting cadence, and other processes. HMA will develop and share agendas before each meeting. Meeting themes will center on the research questions.

Project Timeline

Table 3: Timeline for safe supply workgroup and contractor

Timeline/Activities	2023			2024											
	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Project Management															
Overall project coordination				■	■	■	■	■	■	■	■	■	■	■	■
Monthly progress reports				■	■	■	■	■	■	■	■	■	■	■	■
Initial Research and Preliminary Report															
Host kickoff meeting with client	■														
Scoping review to understand the landscape of Safe Supply	■	■	■	■											
Draft preliminary report	■														
Final preliminary report		■													
Submit report to state			■												
Workgroup Meetings															
Preparation for meetings			■	■	■	■	■	■	■	■	■	■			
Continue research			■	■	■	■	■	■	■	■	■	■			
Perceptions and attitudes			■									■	■		
Key informant interviews				■	■										
Interviews people who use drugs						■	■								
Facilitate meetings			■	■	■	■	■	■	■	■	■	■			
Submit minutes and summarize key themes			■	■	■	■	■	■	■	■	■	■			
Final Report															
Outline key findings									■	■	■	■			
Draft writing										■	■	■			
Draft submission (9/9)												■			
Final draft (10/18)													■		
Final edits (11/30)														■	
Final report (12/1)															■

Appendix A: About Health Management Associates

Dedicated to serving populations who depend on publicly funded services, HMA successfully tackles a wide variety of healthcare issues, working directly with federal, state, and local government agencies, health systems, providers, health plans, foundations, associations, and others to effect change. Our colleagues have held senior level positions in medical and behavioral health provider systems, public health agencies, community-based organizations, state and federal agencies, managed care, and accountable care organizations. We offer a breadth and depth of experience we believe is valuable to our clients in helping them achieve their goals and effect change.

HMA specializes in strategic planning, building partnerships and coalitions, and in the development, evaluation, and assessment of health programs. The team that will be leading this work for HMA is noted below.

Charles Robbins, MBA

At HMA, Charles facilitated strategic planning processes for Texas Health Action, Los Angeles County Substance Abuse Prevention Control, and CDC Foundation's Overdose Response System. He conducted business planning for Palm Springs LGBT Community Center, DAP Health, and San Francisco AIDS Foundation. His portfolio of evaluations includes the City of Los Angeles' FamilySource System and Los Angeles County's Strategies to Expand and Enhance Interim Housing and Emergency Shelter Services. Charles has conducted numerous needs assessments including work for Boston Public Health Commission, Los Angeles Department of Public Health, Wyoming Department of Health, and the Arizona Department of Health Services. His equity work includes developing a Health Equity Action Plan on behalf of the San Joaquin County Public Health Services and an LGBTQIA+ Quality of Life Study on behalf of the City of Austin, TX. Charles developed and has been conducting workforce training on The Intersection of HIV and SUD on behalf of the State of Minnesota.

Erin Russell, MPH

Erin spearheaded the establishment of Maryland's centralized naloxone access program, advocated for the legalization of syringe service programs and drug checking technologies, and created a sustainable funding pipeline for implementation and evaluation. Erin collaborated with state governments and prevention professionals to amplify naloxone access, explore innovative approaches to distribution, and improve the quality of harm reduction services. Her work involved conducting studies to assess readiness for harm reduction, designing and implementing community-based programs, and evaluating their impact. She promotes risk reduction associated with drug use and fosters a non-judgmental and supportive environment at various levels, including individual, organizational, community, and policy. She advocates for informed decision-making regarding health and facilitates access to harm reduction services such as needle exchange programs, overdose prevention education, and resources for safer drug use practices. Erin volunteered at a local syringe service program from 2008 to 2013, which deepened her understanding of comprehensive care prioritizing human dignity, compassion, and social well-being.

Erin's passion for harm reduction has taken her all over the world. She toured safe consumption facilities in Vancouver; conducted interviews of providers at Human Immunodeficiency Virus (HIV) clinics in Nairobi, Kenya; handed out naloxone in Porto, Portugal; and visited with women-run organizations in Barcelona. She channeled the inspiration from these trips into her work. As a result of her travels, she is keyed-in to the latest developments and evidence in the field and has a global perspective that enhances the development of local harm reduction systems in the United States.

Megan Beers, PhD

Megan is a clinical psychologist and evaluator, with experience across behavioral health systems of care. Her work at HMA includes facilitation, program development, needs assessment and evaluation, and technical assistance to providers and municipalities. Before joining HMA, Megan served as chief operations and program officer for Childhaven in Seattle, where she provided leadership for programs across the organization's continuum of care, including early learning, outpatient mental health, Wraparound with Intensive Services (WISe), and Part C Early Intervention.

In addition, Megan previously served in various roles with Wellspring Family Services where she was responsible for program development and leadership for a variety of services supporting families experiencing homelessness. With expertise in mental health and trauma-informed care, she provided staff training and consultation to drive quality improvement.

Carlos D. Mena

Prior to joining HMA, Carlos was a program coordinator at APLA Health (formerly known as AIDS Project Los Angeles), a federally qualified health center (FQHC). In this role, he implemented unconventional methods of outreach to create trusting relationships among communities of color. He is skilled in program management, community engagement, facilitation, and strategic planning and has expertise in Human Immunodeficiency Virus (HIV) prevention and harm reduction.

Carlos earned a Bachelor of Science in health care administration from California State University – Long Beach. He identifies as a person of color and is bilingual and fluent in English and Spanish.