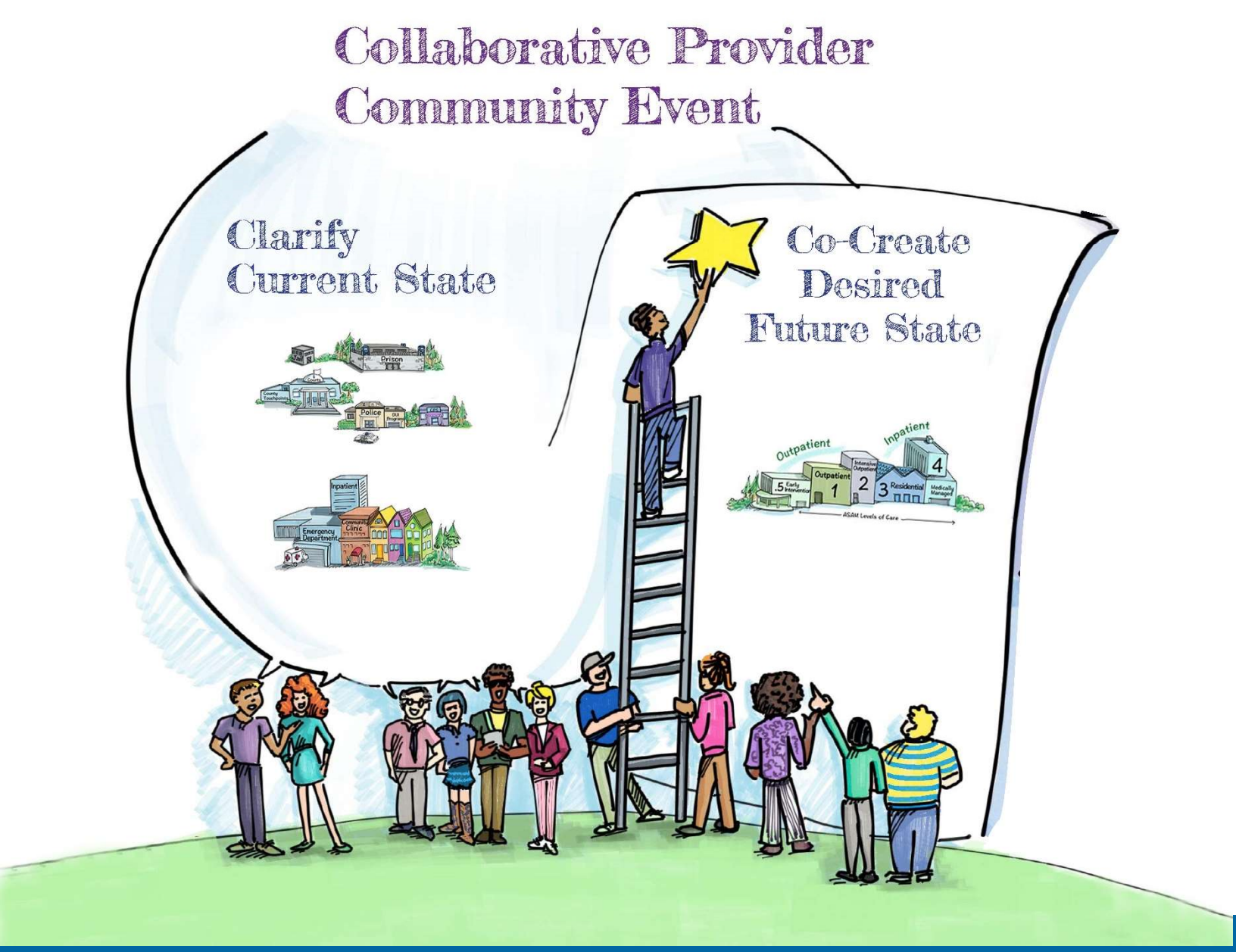


SYSTEMS OF CARE:
ENVISIONING THE FUTURE

Santa Barbara

Follow-up Process Improvement Event

August 4, 2022

HEALTH MANAGEMENT ASSOCIATES

SYSTEMS OF CARE:
ENVISIONING THE FUTURE

Santa Barbara County

Charles Robbins, MBA
Helen DuPlessis, MD, MPH
Nayely Chavez, MPH

Department of Health Care Services

HMA

Funding for this event was made possible (in part) by H79TI081686 from SAMHSA. The views expressed in written event materials or publications and by facilitators and moderators do not necessarily reflect the official policies of the California Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Table of Contents

Executive Summary

Overdose is the leading cause of accident-related death in the United States. In recent years, most of these overdoses came from a combination of prescribed opioids and heroin. More recently, synthetic opioids, such as fentanyl, account for over 2/3 of these overdose deaths (although methadone is technically a synthetic opioid, it is reported separately and accounts for nearly 5% of OD deaths). Overdose deaths are up 36.7% from August 2019 to August 2020[1]. Overdose deaths attributed to synthetics such as fentanyl but excluding methadone are up as well (since 2019 and more so during the pandemic).[2] As the opioid crisis has worsened over the last ten years, we have reached a point where the treatment system, in its current state, can no longer handle the volume of patients needing care. Opioid use and overdose have been increasing in California, though the rates of use and overdose are lower than in many states.

Understanding this reality, the federal government has allocated billions of dollars to states to build appropriate systems of care for patients with opioid use disorder (OUD) and other substance use disorders; including the State Treatment Response (STR) and State Opioid Response (SOR) grants. The California Department of Health Care Services (DHCS) received STR and SOR grants which support project funding for the California Medication Assisted Treatment (MAT) Expansion Project. This initiative aims to serve an estimated 290,000 individuals with Opioid Use Disorders (OUD), prevent drug overdoses, and treat OUD as a chronic disease. Health Management Associates (HMA) received SOR funding from DHCS to focus on developing predictable and consistent Systems of Care to sustain addiction treatment as individuals' transition from locations such as emergency departments, jails, primary care clinics, the community at large and/or inpatient hospital settings. Seven counties across California were selected to participate in the Systems of Care project based on need and capacity within the county. The Systems of Care project: 1) engages stakeholders in each selected county in a two-day countrywide process improvement event and; 2) subsequently provides 12 months of ongoing technical assistance to support the county in achieving their ideal future state for addiction treatment.

Santa Barbara County, one of the seven counties selected, participated in a large-scale process improvement event on **April 22 & 23, 2021**, that included members from local governmental agencies, healthcare, addiction treatment, law enforcement and those who pay for that treatment. During the event, attendees participated in intense work sessions with a focus on identifying current treatment processes, barriers, and gaps in these processes and a future state treatment system to support Systems of Care for Santa Barbara County residents in need of addiction treatment and support services.

Santa Barbara County Behavioral Wellness partnered with HMA to convene stakeholders and examine the disease of addiction and evidence-based treatments, and to conduct an evaluation of the entire addiction treatment system in and around Santa Barbara County, California.

The two-day events in April 2021 set the stage for adopting universal evidence-based tools for screening, assessment, and level of care determination. This coupled with the didactic training of all parties involved, will yield a more comprehensive and easy-to-use addiction treatment ecosystem.

[1] https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

[2] http://wonder.cdc.gov/mcd-icd10.html

To implement the future state as envisioned by this group, there will need to be ongoing collaborative interaction and a bevy of systems developed to receive and track patients as they flow through the system. However, given the strong buy-in by the participants, we should be able to achieve significant progress over the next year.

Figure 1: Screenshot of Some Participants Who Attended the April 2021 Virtual Event

Section 1: Introduction and Background

In response to the inexorable increase in drug overdose deaths in recent years, the state of California Department of Health Care Services (DHCS) funded a series of Medication Assisted Treatment (MAT) expansion grants as part of the Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response (STR) and State Opioid Response (SOR). As part of that effort, Santa Barbara County and staff from Health Management Associates participated in a process improvement event in April, 2021 with the aims of increasing access to MAT, reducing unmet SUD treatment need, and reducing opioid overdose deaths through prevention, treatment, harm reduction, and recovery activities. In August, 2022 stakeholders and collaborators from Santa Barbara County convened again to review progress made on achieving goals that were identified in the original process improvement event, discuss strategies for sustaining those goals and to identify and create plans to address new threats.

Section 1 of this report provides a brief overview of Santa Barbara County involvement in this project, changes in the patterns of substance use in *county* during the grant period, which coincided with COVID-19 pandemic, and a high-level summary of the initial process improvement event (PIE). **Section 2** lays out the goals Santa Barbara County developed, the current status and the key successes and challenges experienced in pursuing those goals, including the effects of the pandemic on ecosystem development

and goal attainment. Finally, **Section 3** details the plan for sustaining the gains and forward progress on enhancing the treatment and recovery ecosystem in Santa Barbara County.

Brief Project Overview

During the 18-month grant period (October 2020 thru September 2022), the Systems of Care project engaged and supported stakeholders in each selected county to move toward community-defined goals driven by stakeholders' aspirational "ideal future state treatment and recovery ecosystem." This report documents the follow-up to the original process improvement event in Santa Barbara during which stakeholders reviewed and assessed the status of their progress toward those county-level goals and on enhancing that ecosystem. We begin with an updated description of the Santa Barbara SUD delivery system and the shifting epidemiology of substance use in Santa Barbara county as well as the evolving resources that serve the population in need of support.

County Description

Santa Barbara County, California, officially the County of Santa Barbara, is in Southern California. As of the 2020 census, the population was 448,229. The county seat is Santa Barbara, and the largest city is Santa Maria. 47.2% of the residents are Hispanic/Latino. The Department of Behavioral Wellness (BWELL) is the lead agency responsible for SUD/OUD programs and services. BWELL provides mental health and substance use disorder services to county residents who are experiencing major mental illnesses and/or substance misuse issues and are uninsured or on Medi-Cal, and individuals experiencing a behavioral health crisis. The Alcohol and Drug Program offers a variety of recovery services for youth and adults. The county coordinates and supports two opioid coalitions, one for the south county and one for the north county.

Epidemiology of SUD in Santa Barbara County: Before and After

Nationally, all drug overdose deaths are predicted to increase by 24%, leading to 86,000 predicted deaths for the 12 months ending in July 2020. National cocaine deaths increased by 30% and psychostimulant deaths excluding cocaine increased by 42%.

In California, all-drug related deaths increased by 20% to 6,954 over 12 months. Fentanyl accounted for 36% of these overdose deaths, an increase of 89% from the prior year. Psychostimulants deaths increased by 21% and cocaine by 49%.[3]

In Santa Barbara County, overdose deaths that involved opioids increased from 38 in 2017 to 101 in 2021. Most (74%) of these deaths in 2021 were due to Fentanyl. Deaths due to opioids represented 63% of all alcohol and drug related overdose deaths in 2021. The number of deaths involving fentanyl has increased from 12 in 2017 to 75 in 2021. The number of deaths involving stimulants in combination with opioids, has increased from 13 in 2017 to 41 in 2021. ED visits and hospitalizations for opioid overdoses are slightly higher than the state rate.

Key County Partners / Key Change Agents

Many stakeholders participated in the original May 2021 event and in the follow-up event in August 2022. Their agencies and organizations are listed below. The participants in each of the convenings

[3] CA Overdose Dashboard

represent a wide cross-section of organizations, departments, decision-makers, doers, and people with lived experience. Organizations in **bold** joined the original and follow-up events. These agencies included:

- Access Support Network
- Aegis Treatment Center
- **CenCal Health**
- Coast Valley Substance Abuse Treatment Centers
- Common Spirit
- **Council on Alcoholism and Drug Abuse (CADA): Project Recovery**
- Dignity Health
- Fighting Back Santa Maria Valley
- **Good Samaritan (Recovery Point)**
- Good Samaritan Shelter Another Road Detox
- Good Samaritan Shelter Recovery Way Home
- Good Samaritan Shelter Turning Point
- Good Samaritan Shelter/ TC house
- Good Samaritan Shelter-Another Road Detox
- Idea Engineering
- Lags Medical Centers
- Marian Regional Medical Center
- **Pacific Pride Foundation**
- Pinnacle Treatment
- Probation Department
- Salvation Army Hospitality House
- **Sanctuary Centers Santa Barbara**
- **Santa Barbara County Department of Behavioral Wellness**
- Santa Barbara Office of the Public Defender
- **Santa Barbara Cottage Hospital**
- Santa Barbara Neighborhood Clinics
- Santa Barbara Sherriff's Office
- Santa Barbara County Public Health Department
- **Santa Barbara County Social Services**
- **The Salvation Army, Santa Barbara Hospitality House**
- **UC Santa Barbara Student Health Service**
- Wellpath
- YOR Place Lompoc

While all the participants continue to make significant contributions in enhancing treatment and recovery for persons affected by SUD in Santa Barbara, the following individuals and organizations continue to serve as key change agents and champions, steering the successful cross-sector, cross-disciplinary collaboration that is driving Santa Barbara's success.

Planning Team/Key Change Agents

- John Doyel (Santa Barbara County Department of Behavioral Wellness)

- Melissa Wilkins (Santa Barbara County Department of Behavioral Wellness)

Initial Process Improvement Event Summary

During the initial process improvement event, the HMA team lead, coaches and technical assistance coordinator (TAC), worked with the county to gather high-level information on addiction treatment resources and capacity and successful strategies in Santa Barbara. The stakeholders at that event also mapped out and discussed the process flows of key sectors and agencies, which facilitated the identification of gaps and barriers in their system, as well as the key features and opportunities for improvement to drive enhancement of the treatment and recovery ecosystem. Figure 2 represents the gaps and barriers identified and Figure 3 represents the prioritization and consolidation of those key features and improvement opportunities and how they relate to that broader ecosystem.

Figure 2: **Gaps and Barriers**

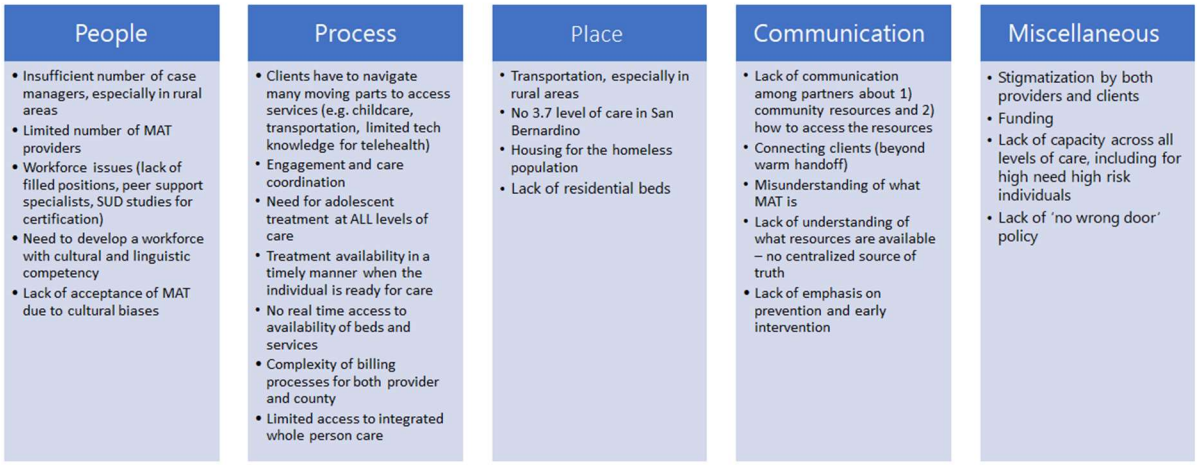
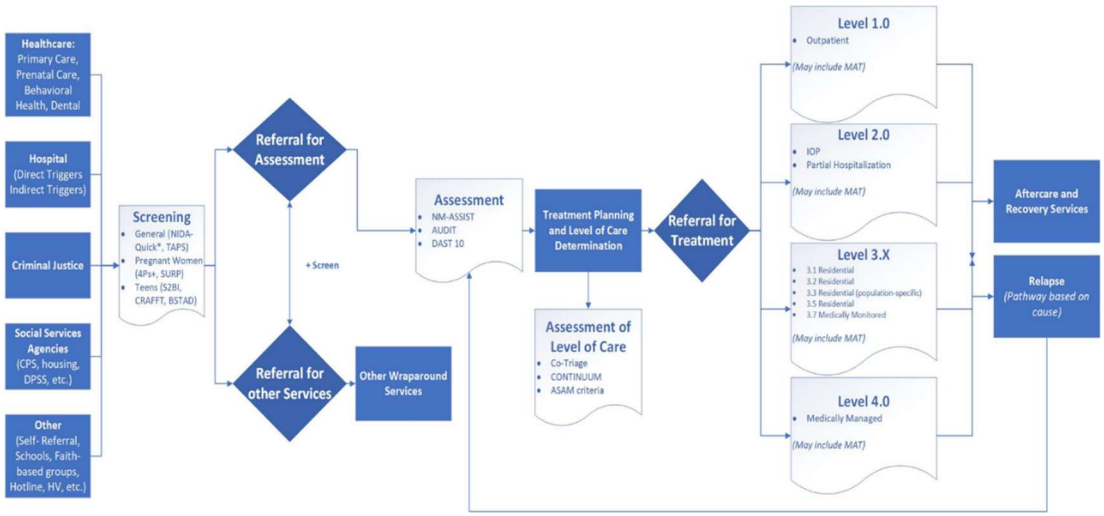


Figure 3: The "Scaffolding of the Future State"



Both the identification of the gaps and barriers and the development of the future state ecosystem diagram contributed to the formation of the county goals as described below.

Section 2: County Goals

Review of Goals

The county-level goals developed at the initial convening, aimed at addressing key features and change ideas, were reviewed and status updates provided. The concept behind having county-level goals was to encourage systemic progress toward the ideal treatment and recovery ecosystem for the county as a whole, even while individual agencies, providers and other resources were undertaking their own specific development and improvement efforts. There was some refinement in those goals in the weeks following the event. Additionally, progress toward these goals was discussed during quarterly calls with stakeholders and the HMA team. The goals and the status of each are described in Figure 4 below.

Figure 4: County SMART Goals

County SMART Goal	Target Date	Measure of Success	Status
#1 Develop a county wide Eco-system map of all SUD treatment providers and related support services to increase and systematize information sharing and coordination across other SUD initiatives	May 30, 2022	Ecosystem map developed and distributed to stakeholders and posted on website	Completed
#2 Improve transitions of care between the county access line and providers [timeliness of access to care, timely information exchange, treatment retention], so that there are seamless referrals and better care coordination.	July 31, 2022	PIPs created and reported on monthly	Completed
#3 Increase the use of standardized 1) screening and 2) assessment processes using validated tools.	Sept 30, 2022	County using ASAM assessment that includes ASAM criteria	Completed
#4 Implement a systemwide stakeholder educational program on the Neuroscience of Addiction, ASAM levels of care, and how to access programs and services.	Sept 30, 2022	Webinars completed, county continues to provide training	Completed
#5 Increase the usage of universal release of information.	Sept 30, 2022	Universal release of information created and working to add to electronic health records	Completed

Implementation Status

All five of the county SMART goals were competed by their targeted date. The achievement of attaining the goals highlights the robust collaboration in Santa Barbara among providers, DBW, and HMA. The goals were presented at each quarterly call and participants were provide with a progress report. The

monthly north and south county calls created the atmosphere of collaboration and coordination which facilitated the tasks required to implement each goal.

Celebrating Key Successes and Assets

During the best of circumstances, progress toward systemic goals rarely proceeds along a direct and continuous path and working across sectors, with multiple stakeholders, during the thick of a public health emergency occasioned by an unprecedented and unpredictable communicable disease threat was far from ideal. Still, Santa Barbara County made significant progress toward those goals as demonstrated by the client stories below. During the Envisioning the Future convening we heard about several success stories of clients who received services.

Client Success

One participant expressed their relationship with a client currently in recovery. They shared the journey of engagement throughout the years and the importance of timing in a person's journey. As someone that has worked in the recovery, they expressed how the journeys of those clients, regardless of the challenges, motivate them to do this work.

Implementing MAT

Another participant shared their organizations journey on implementing MAT. They expressed the experience starting from a provider obtaining their X-waiver, motivating another to also get it, discussing operational elements and ultimately being able to provide the service. They talked of the benefit of having these services readily available to their population.

Building and Fostering Connections

Another participant shared how networking in the initial process improvement event allowed them to foster a relationship with a colleague in the emergency department. This connection allowed for them to ensure a client was seen in a timely manner. The participant thanked all the staff in attendance letting them know their hard work is recognized.

Opportunities Realized

Attendance of individuals attending quarterly calls and events

Another success has been the robust attendance of stakeholders for the Systems of Care events as demonstrated by the table below.

Figure 5: Attendance of Stakeholders

Date	Event Description	Attendance
April 22, 2021	**Day 1 of Process Improvement Event**	**71**
April 23, 2021	**Day 2 of Process Improvement Event**	**65**
July 20, 2021	**MAT Access and Utilization - Stakeholder Collaboration Meeting**	**32**

August 17, 2021	**MAT Access and Utilization - Stakeholder Collaboration Meeting**	**34**
August 25, 2021	**No. County Opioid Coalition**	**21**
September 29, 2021	**No. County Opioid Coalition**	**18**
October 19, 2021	**MAT Access and Utilization - Stakeholder Collaboration Meeting**	**21**
October 27, 2021	**No. County Opioid Coalition**	**24**
November 16, 2021	**MAT Access and Utilization - Stakeholder Collaboration Meeting**	**31**
November 24, 2021	**No. County Opioid Coalition**	**17**
December 21, 2021	**MAT Access and Utilization - Stakeholder Collaboration Meeting**	**22**
January 25, 2022	**No. County Opioid Coalition**	**19**
February 23, 2022	**No. County Opioid Coalition**	**20**
March 15, 2022	**MAT Access and Utilization - Stakeholder Collaboration Meeting**	**16**
March 30, 2022	**No. County Opioid Coalition**	**16**
April 27, 2022	**No. County Opioid Coalition**	**16**
June 21, 2022	**MAT Access and Utilization - Stakeholder Collaboration Meeting**	**17**
June 29, 2022	**No. County Opioid Coalition**	**16**
August 4, 2022	**Santa Barbara's Envisioning the Future Event**	**69**

Summarizing the effects of COVID-19 and The Public Health Emergency on SUD

Across the country, including in California, the effects of the pandemic and ensuing public health emergency challenged our efforts to meet the needs of populations in our communities. Many staff and resources were redeployed on COVID-related activities; access to supplies, providers, and pharmaceuticals were interrupted; and regular access to social connections of all kinds were disrupted. Vulnerable populations including those with substance use and behavioral health disorders were significantly affected by these disruptions. The most substantial challenges experienced in Santa Barbara County and our responses to those challenges are described in the next section.

Challenges and Adjustments

Challenges in the County

Numerous challenges have surfaced over the 18-months of the initiative. Of particular concern is the challenge of an overburdened and understaffed workforce. Several facilities have closed including Lags Medical Centers and Coast Valley Substance Abuse Treatment Centers. Additionally, it was reported that there is some cultural bias for utilizing MAT among providers and residential treatment facilities which stifles efforts to expand MAT services, although that has improved over time. There is low utilization of adolescent treatment programs and often the number of adults seeking residential treatment exceeds the number of residential treatment beds available within the County. While there are Opioid Treatment Programs, Aegis Treatment Centers, located in both the northern and southern parts of the county, the geographic distance of the county, compounded by a lack of reliable public transportation, make it challenging for those in other regions to access Aegis Treatment Centers for opioid use disorder treatment.

Challenges with Long Term Implications for State Opioid Response Work and the Drug Medi-Cal Organized Delivery System (DMC-ODS)

While the California Drug Medi-Cal Organized Delivery System (DMC-ODS) represents significant progress in providing access to SUD treatment that is evidence-based and high quality, the current DMC-ODS system in Santa Barbara County is not able to sustain a treatment and recovery ecosystem of care to meet the current demand for SUD services. The reasons for that are multiple and not entirely unique to Santa Barbara County, although there are certainly some local challenges as well as successes that contribute to and attempt to ameliorate the gaps in supply.

Principal among the gaps in the ecosystem is the relatively low number of X-waivered providers willing to actively prescribe MAT for individuals with OUD. While Santa Barbara County was able to recruit and coach additional MAT prescribers during the grant period (specifically from within BWELL, the Santa Barbara Public Health Department, Marian Hospital Bridge program), there is still a dearth of actively prescribing MAT providers, particularly those willing to treat youth. This is primarily a function of inadequate reimbursement for DMC-ODS-contracted MAT providers and fears about the risks associated with MAT prescribing. The former is currently addressed by having these providers remain outside of the DMC-ODS contracted network (office-based opioid treatment private practitioners and FQHC providers get paid at better rates outside of the DMC-ODS network). The latter can be addressed by continued coaching and practice-support, and by leveraging active MAT prescribers to mount a communication campaign to help reluctant providers to overcome their fears about risk and liability.

One of the other long-term challenges is the dearth of para-professional care coordinators or navigators – individuals who can support and “accompany” individuals with SUD on their recovery path, particularly during the early stages of that journey (e.g., MAT induction). As with MAT prescribing, identifying and training the paraprofessional workforce to support youth is uniquely challenging. It’s not entirely clear what all of the factors are that contribute to this challenge, but certainly, inadequate pay, inadequate and non-standardized training and professional development are among the factors. The state is in the midst of implementing a new Community Health Worker (CHW) benefit (effective July, 2022) that may contribute to this workforce, but there are significant requirements to this benefit that may limit its

usefulness to the treatment and recovery ecosystem (e.g., requirement for certification, requirement for provider orders/"prescription" to deliver these services, which are established as part of the preventive health benefit domain – although there is a special call-out in the state plan amendment for CHWs to be in SUD). There is also a planned pilot of paraprofessional billing planned in some counties, which may test out and clarify how to maximize billing and workflows to optimize this workforce.

Finally, it is important to recognize that neither the DMC-ODS network nor the legacy Drug Medi-Cal providers are sufficient to meet the growing need for SUD treatment and recovery services. Although it is tempting for County SUD agencies to focus on their DMC-ODS network providers to ensure compliance with DHCS contracts, County agencies must recognize the importance of integrating providers from both of those "networks" to spread and stretch treatment resources as far as possible. Santa Barbara County has done a spectacular job of considering all SUD providers as part of the larger ecosystem and must continue to do so into the future.

Figure 6: Photos of Participants of the August 2022 In-Person Event

Section 3: Sustaining the Gains and Continuing Progress Toward County-level Goals

The second half of the convening was devoted almost exclusively to a discussion about the future of the treatment and recovery ecosystem in Santa Barbara County. While some of the county-level goals were time limited, others represent longer term system changes toward which some progress has been made, but which require more effort. Still others require long term surveillance to ensure the focus is maintained and targets are met. For example, the continued effort to maintain timely and appropriate transitions of care. The following sections summarize the discussion and resulting approaches Santa Barbara County intends to put in place to continue the progress of enhancing their ecosystem.

Sustaining the Gains

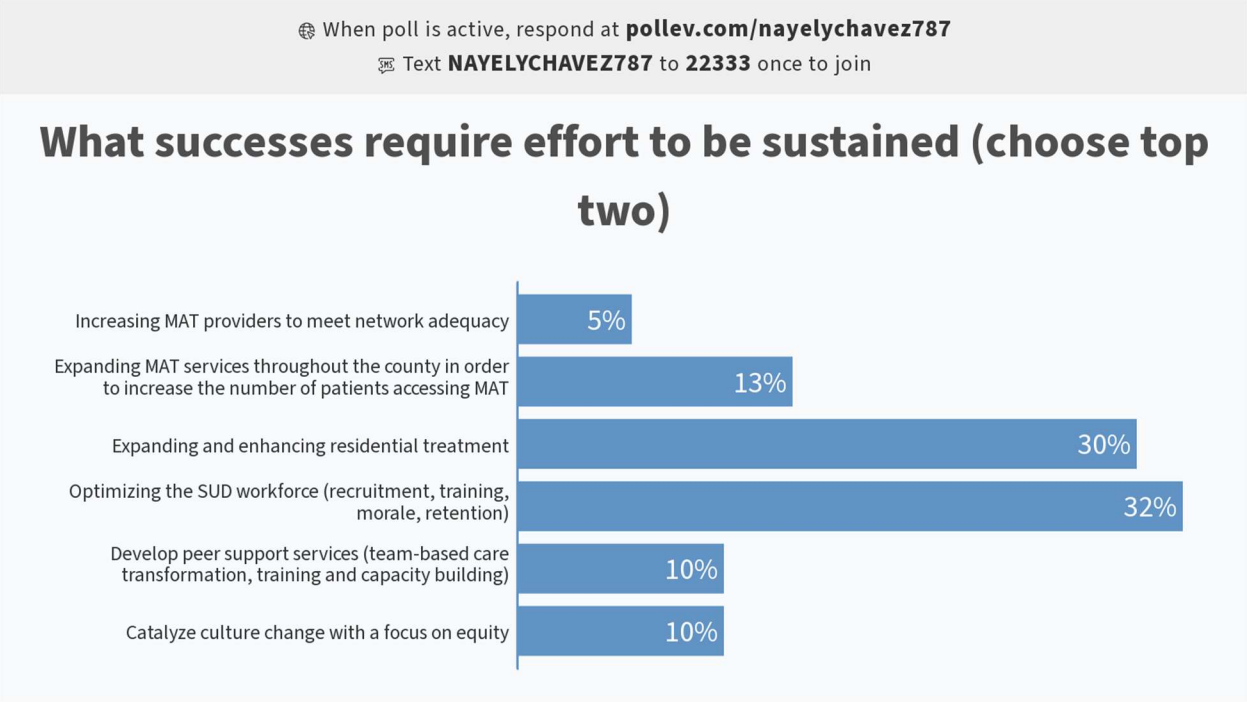
Participants were polled to determine what kind of infrastructure currently exists or might be needed to sustain the progress made on the county-wide goals established during this grant period. Participants

were later organized into breakout groups to further discuss those needs and to prioritize SUD-related priorities and infrastructure needs for the future. The findings are summarized below

What Else Needs to Be in Place to Address New Priorities?

The top SUD-related priorities identified by participants include:

- Expanding MAT services throughout the county to increase the number of patients accessing MAT
- Optimizing the SUD workforce (recruitment, training, morale, retention)



Not surprisingly, some of the infrastructure necessary to address these emerging priorities are the same as what's needed to sustain the previously identified county goals. There are additional solutions needed, particularly to address the SUD workforce. Figure 7 below provides a specific snapshot of the infrastructure needed to sustain the gains in the community.

Figure 7: What Kind of Infrastructure Solutions Need to Be In Place?

PHYSICAL ENVIRONMENT	PEOPLE	MATERIALS/ RESOURCES	PROCESS	MEASUREMENT	COMMUNICATION
Recovery residences Youth specific recovery residence Transportation	Collaboration Recruitment and retention of providers Family involvement	Funding Increased compensation Client incentives Education and training	Peer support certification Care coordination Case management Withdrawal management	PIPs Data recording	Community awareness Provider meetings Parent and youth education Creative messaging to reduce stigma

Next Phase Action Plan

Several actions were identified to ensure that Santa Barbara County continues to make forward progress on enhancing the treatment and recovery ecosystem. Some of the action items include: the continuation of the quarterly calls, bringing in a third-party vendor to assess population, network, and workforce adequacy, and to focus on expanding residential treatment services.

Additionally, the federal government has indicated its intention to continue to fund State Opioid Response (SOR) grants to ensure that states are effectively addressing the chronic disease of substance use disorder. Health Management Associates has been notified that they will receive some of those SOR funds to continue work in this area. Although it is not clear whether Santa Barbara County will continue to work with HMA in one of these grant opportunities, participants will have continued access to trainings and other technical assistance programming (e.g., toolkits, webinars, patient facing materials).

Conclusion

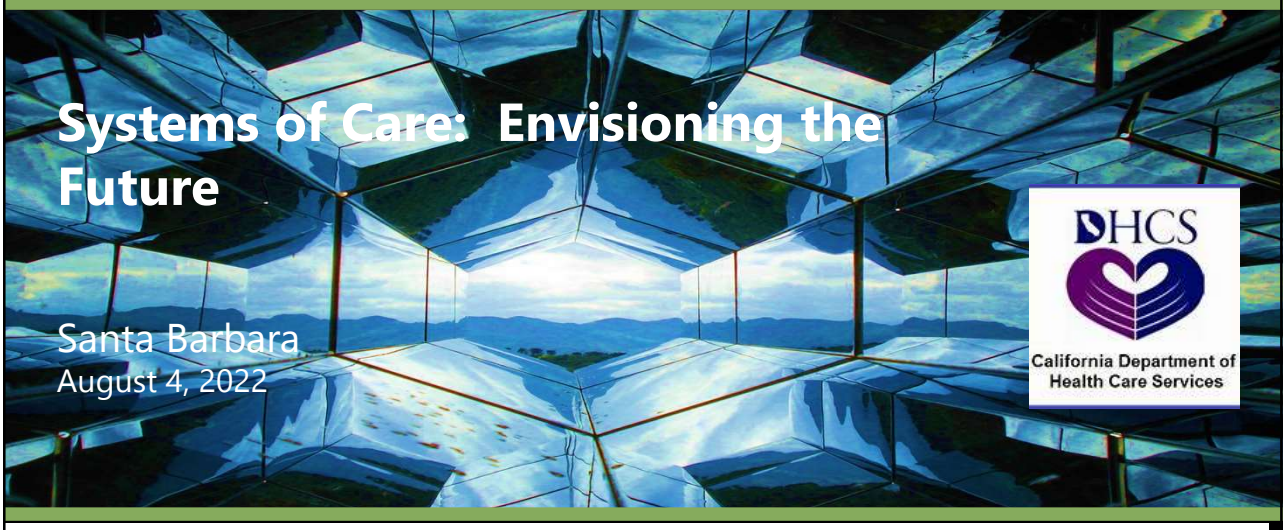
Santa Barbara County has made significant strides in enhancing the treatment and recovery ecosystem available to individuals with substance use disorder and their affected partners and family members. While there are still opportunities to improve and smooth the recovery path for people in need, the foundation we have built by cultivating relationships across sectors, identifying common values and goals, sharing information and best practices and collaborating on ecosystem enhancements positions us to continue making progress, even while facing significant headwinds, such as fentanyl and other drug threats.

Through the activities of the Systems of Care initiative, there has been a noticeable increase of communication and coordination between BWELL, the providers, and the community. Participation in quarterly calls and virtual convenings remains high and the feedback obtained by stakeholders indicates increased buy-in and support. Santa Barbara County is well positioned to realize their aspirations of an improved SUD treatment and recovery ecosystem.

Appendix

Follow-up Process Improvement Event Slides

HEALTH MANAGEMENT ASSOCIATES



Systems of Care: Envisioning the Future

Santa Barbara
August 4, 2022

DHCS
California Department of Health Care Services

Funding for this event was made possible by the State Opioid Response grants from SAMHSA. The views expressed in written event materials or publications and by facilitators and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

1

WELCOME

John M. Doyel, MA, LAADC
Assistant Director

SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

2

CONTINUING EDUCATION

Continuing education credits are available for this course.

+ Course level: Beginner

To receive credit:

1) **Attend the one-hour didactic section of the agenda (Fentanyl and Other Drug Threats)**
   + To verify your attendance, please be sure your participant ID is linked to your audio. If you joined the audio by computer microphone and speaker, then you're all set.
   + If you joined the audio with a phone and did not enter your unique participant ID, please enter it now. Your unique participant ID can be found by clicking on the lower left corner of your Zoom screen where it says, 'Join Audio'.
2) **Complete an online course evaluation**
   + An evaluation link will be sent by email after the session (along with a pdf copy of the slide deck).
   + Please complete the evaluation **within 7 days of receipt**.
   + A report of these proceedings will be produced within weeks and will include a copy of the presentation slide deck.

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

3

3

CONTINUING EDUCATION

The AAFP has reviewed California Systems of Care Envisioning the Future Series and deemed it acceptable for AAFP credit. Term of approval is from 6/14/2022 to 6/15/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Credit approval includes the following session(s):

+ **1 hour Online Only, Live AAFP Prescribed Credit(s) – Fentanyl and Other Drug Threats**

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

4

4

WELCOME AND INTRODUCTIONS

Charles Robbins, MBA
Principal
Health Management Associates

Helen DuPlessis, MD, MPH
Principal
Health Management Associates

Nayely Chavez
Senior Consultant
Health Management Associates

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

5

AGENDA

- Welcome and Introduction
- Speed Networking
- Why Are We All Here?
- Responding to Fentanyl and Other Threats
- Celebration of Successes
- BREAK
- Focusing on the Future – Breakout and Report Out
- Making Progress in the Near Term
- The Future of Systems of Care

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

6

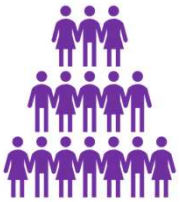
SYSTEMS OF CARE PROJECT GOALS

Make treatment more accessible and equitable for people with SUD/OUD/StUD

Strengthen links and communication among all stakeholders in the ecosystem

Support all stakeholders' achievement of shared county-level SMART goals

Improve the safety of transitions between levels of care



Increase the number and activity and cultural concordance of MAT prescribers in the county

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

7

OBJECTIVES FOR TODAY

- Build and Renew networks and connections
- Review successes and progress made on county goals
- Learn more about fentanyl, new drug threats and approaches to address those
- Plan how to sustain ongoing SUD priorities for the county
- Identify new priorities for SUD systems

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

8

SMALL BREAKOUT

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

BREAKOUT ACTIVITY
"Speed Networking"

INSTRUCTIONS

Group Breakout at Tables *5 min*

Share the following with the other participants at your table:

- **Name**
- **Organization**
- ***What makes you passionate about this work?***

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL



RESPONDING TO FENTANYL AND OTHER DRUG THREATS

HEALTH MANAGEMENT ASSOCIATES

Sources: Insightcrime.org; Adapt Pharma.com; goslow.org

11

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

11

LEARNING OBJECTIVES FOR PRESENTATION

- Describe at least two differences between fentanyl (or synthetic opioids other than methadone) and heroin
- Explain at least two reasons why illicit fentanyl is a serious threat
- List at least two harm reduction mechanisms to combat the threat of synthetic opioids
- Describe at least three risks of xylazine exposure in humans
- Describe two best practices for responding to crisis drug events (e.g., clusters of overdoses)

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

12

12

IMPORTANT FACTS ABOUT FENTANYL

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

13

FACTS ABOUT FENTANYL

+ Fentanyl is involved in more deaths of Americans under 50 than any other cause of death
+ Fentanyl is involved in more American youth drug deaths than heroin, meth, cocaine, benzos and prescription drugs COMBINED
+ Fentanyl involved deaths are fastest growing among 14 - 23-year-olds
+ Overdose deaths linked to synthetic opioids like fentanyl tripled among teenagers in the last two years

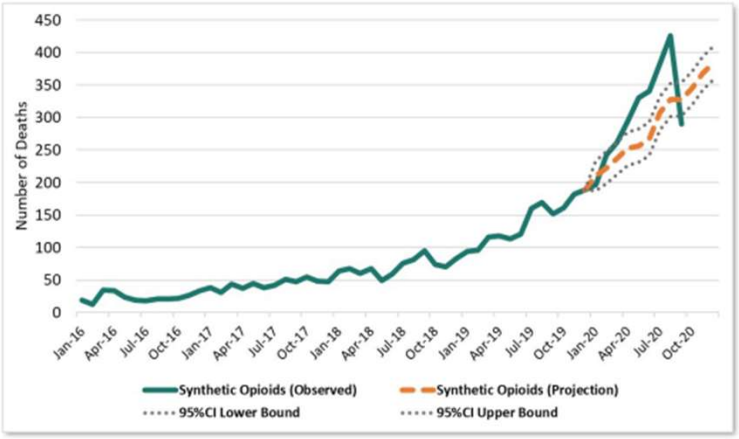
Source: https://www.fentanylawarenessday.org/_files/ugd/89faea_e40da0d83dd745a1bf1139db47af8bba.pdf

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

14

FENTANYL DATA CALIFORNIA

Number of Preliminary Observed and Projected Synthetic Opioid-Related Overdose Deaths in California, 2016 – 2020



Source:https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH%20Document%20Library/2020-Overdose-Mortality-Data-Brief_ADA.pdf

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

15

FENTANYL DATA CALIFORNIA 2021

Table 1. Preliminary monthly drug-related overdose deaths by substance

Month and Year	All Drug	Any Opioid	Prescription Opioids excl. Synthetics	Heroin	Synthetics excl. Methadone	Fentanyl	Psychostimulants with Abuse Potential	Cocaine
January 2021	975	629	113	91	496	496	531	124
February 2021	795	511	101	52	422	417	407	98
March 2021	915	607	102	81	513	507	506	113
April 2021	937	634	125	70	524	515	475	128
May 2021	916	615	98	63	532	527	488	106
June 2021	942	639	91	64	555	549	507	108
July 2021	959	627	104	60	536	530	522	107
August 2021	950	627	93	62	549	544	534	133
September 2021	885	576	86	67	496	495	469	110
October 2021	810	561	82	51	494	491	445	110
November 2021	685	454	66	40	393	388	349	95
December 2021	531	325	58	21	274	272	274	56

Data Sources: California Comprehensive Death File (Dynamic) 2021.
Data extraction date: 4/15/2022

CDPH Substance and Addiction Prevention Branch - Overdose Prevention Initiative
Substance and Addiction Prevention Branch webpage (www.cdph.ca.gov/sapb)

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

16

HISTORY OF FENTANYL

- Synthetic opioid, first synthesized in 1960 by Dr. Paul Jansen in Belgium
- Approved in the United States for anesthesia in 1968 administered intravenously and later as an analgesic taken orally
- Transdermal and transmucosal formulations developed in the 1990's
- Clandestine lab production began increasing since 2006
  - Fentanyl that is resulting in death is from illicit supplies, not legally manufactured

Source: Comer SD et al. Neurosci Biobehav Rev 2019;106:49-57

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

17

17

HOW SUPPLIED

Pharmaceutical Fentanyl

Transdermal

Injectable

Transmucosal

Illicit Fentanyl

Pills

Pure Powder

Mixed with Heroin/sugar

Adulterated psychostimulants

Source: Insightcrime.org

HEALTH MANAGEMENT ASSOCIATES

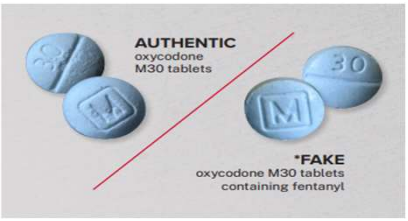
Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

18

18

FENTANYL FOUND IN…

- Fentanyl is found in
  - Liquid form
    - Eye drops, nasal spray, dropped onto paper
  - Illicit opioids, stimulants, cannabis vape products
  - Illicitly manufactured stimulant, benzodiazepine & opioid pills
  - 99% of oxycodone pills submitted to crime lab contain fentanyl
- Pills look identical to legally manufactured pills
  - 40% contain a potentially fatal dose of fentanyl
  - Concentration not always evenly distributed in pills



Sources:
https://www.dea.gov/sites/default/files/2020-01/2019-NDTA-final-01-14-2020_Low_Web-DIR-007-20_2019.pdf
https://www.cdc.gov/stopoverdose/fentanyl/
https://www.dea.gov/sites/default/files/2021-12/DEA-OPCK_FactSheet_December%202021.pdf
https://www.dea.gov/sites/default/files/2020-09/Fentanyl%20Used%20in%20Vape%20Pens__PRB%20FINAL.pdf

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

FACTS ABOUT FENTANYL

- Cannabis vape cartridges
  - Have been found to contain fentanyl
  - The San Diego County Medical Examiner (SDCME) reports this is was first case in which they had found fentanyl in vape pens. The SDCME confirmed the following substances were found in a vape pen seized in this case: carfentanyl, furanylfentanyl, cyclopropyl fentanyl, fentanyl, etizolam, and XLR-11 (a synthetic cannabinoid). 2020
- 2022 has seen an explosion of reported cases

Source: https://www.dea.gov/sites/default/files/2020-09/Fentanyl%20Used%20in%20Vape%20Pens__PRB%20FINAL.pdf

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

POTENCY OF FENTANYL

This photo is of 2 mg of fentanyl powder; a lethal dose in an average adult

- Fentanyl is 100 times more potent than morphine and at least 10 times as potent as heroin.

Source: U.S. Drug Enforcement Administration https://www.nist.gov/image/fauxfentynallethaldose005jpg

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

OTHER DIFFERENCES BETWEEN FENTANYL AND HEROIN

- Not detected in "routine" toxicology tests
  - Know what is actually covered in your toxicology assays
  - Opioids vs. synthetic opioids
- Length of time detectable
  - Heroin & metabolites 4 days
  - Fentanyl 7 days
  - Nor fentanyl 13 days

Photo: kidney.org

Sources: https://www.aruplab.com/files/resources/pain-management/DrugAnalytesPlasmaUrine.pdf
Huhn 2020

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

WHAT'S DIFFERENT ABOUT FENTANYL?

Characteristic	Heroin	Fentanyl
Potency	1.5-2 x morphine	50-100 x morphine
Half-Life	3 hrs (morphine)	3.5 hrs
Respiratory Depression (onset)	20-30 min	2-5 min
Lipid (fat) solubility	200x morphine	580x morphine
Ability to detect	Urine point of care & confirmatory testing	Not available in urine point of care testing; only confirmatory
Duration of detection	4 days	Up to 13 days

SOURCE: Suzuki J. et al. Drug Alchol Depend. 2017;171:107-116; Fairbairn N. et al. Int J Drug Policy 2017;46:172-179
https://www.cms.gov/medicare-coverage-database/search.aspx

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

23

23

POLL

+One pill can kill?

- True
- False

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

24

24

MYTHS, FACTS AND THE BATTLE TO CORRECT MISINFORMATION AND FENTANYL EXPOSURE

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

25

MYTH: YOU NEED MORE NALOXONE TO REVERSE A FENTANYL OVERDOSE

Some sources say there is not a need for more naloxone for fentanyl overdoses

- Bell 2019
- Carpenter 2020

Some sources suggest need for more naloxone for fentanyl overdoses

- Mayer 2018
- Schuman 2008
- Slavova 2017
- Somerville 2017
- Sutter 2017

FACT: WE DON'T KNOW IF YOU NEED MORE NALOXONE

TAKE HOME POINTS:

- Call For Help
- Administer Naloxone (and repeat after 2 min. if no response)
- Rescue Breathing
- Repeat Steps As Needed

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

26

"Any fentanyl exposure can kill innocent law enforcement, first responders and the public. Deputy Attorney General, Rod Rosenstein" – Sept. 2016

SOURCE: DEA

Opinion: 'Passive' fentanyl exposure: more myth than reality

SOURCE: PBS Science, December, 2018

SOURCE: Voice of San Diego, Aug. 2021; Sept. 2021; Oct. 2021

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

CONSEQUENCES OF FENTANYL EXPOSURE FEARS

- + Slow or no law enforcement response to overdose calls (awaiting PPE, or just reluctant to engage)
- + 911 calls for overdose now leading to felony arrests
- + Heavy resource expenditures on PPE and related equipment

Fentanyl Overdose	Panic/Anxiety Attack
Profoundly slowed heartbeat	Rapid heartbeat and/or palpitations
Very low blood pressure	Sweating, chills, flushes
Dangerously low breathing rate	Breathing difficulties
Dizziness	Dizziness
Confusion	Chest pain
Sleepiness	Sudden overwhelming sense of doom
Loss of consciousness	Trembling
Bluish lips and nails	Numbness, tingling of extremities
Pinpoint pupils	Sense of choking
Weak muscles	Chest pain

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

FACTS ABOUT EXPOSURE RISKS, SAFETY PRECAUTIONS AND DECONTAMINATION RECOMMENDATIONS

Photos: Unsplash; NIOSH First responder toolkit

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

29

AMERICAN COLLEGE OF MEDICAL TOXICOLOGY AMERICAN ACADEMY OF CLINICAL TOXICOLOGY

- "For routine handling of drugs nitrile gloves provide sufficient dermal protection"
- "Exceptional circumstances where there are drug particles or droplets suspended in the air, N95 mask provides sufficient protection"
- "In the unlikely event of poisoning naloxone should be administered"

Photo source: iStock

Source: AMCT & ACCT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5711758/

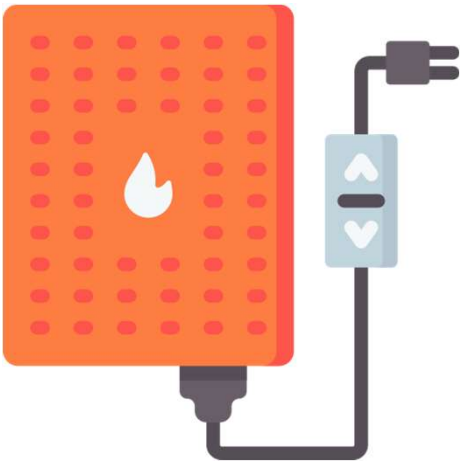
HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

30

AMERICAN COLLEGE OF MEDICAL TOXICOLOGY
AMERICAN ACADEMY OF CLINICAL TOXICOLOGY

- Dermal
  - Patches take 3-13 hours to produce therapeutic blood concentrations of fentanyl
    - Patches are designed to deliver the medication. They adhere to skin, have agents to enhance absorption
    - If both palms were covered in fentanyl patches it would take 14 minutes to get an effect
    - Increased absorption from covering large surface areas, broken skin and/or heat
  - Tablets & powders require dissolution for absorption
    - Touching a tablet does not lead to absorption
    - Powder sits on skin
    - Powder is easy to brush/wash off with soap, water
    - DO NOT use alcohol-based hand sanitizers to wash off



Source: a href="https://www.flaticon.com/free-icons/healthcare-and-medical" title="healthcare and medical icons">Healthcare and medical icons created by Freepik - Flaticon</a

Source: AMCT & ACCT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5711758/

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

31

AMERICAN COLLEGE OF MEDICAL TOXICOLOGY
AMERICAN ACADEMY OF CLINICAL TOXICOLOGY

- Inhalation
  - Unprotected (i.e., no mask), an individual would require 200 minutes of exposure to reach a concerning blood level of fentanyl

- Mucous membranes: 30-fold absorption compared to skin
  - If splash to eyes or mouth
    - Wash immediately
    - Be prepared to administer naloxone
    - Be prepared to provide rescue breathing

Source: AMCT & ACCT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5711758/
Photos source: PowerPoint

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

32

CDC/ NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH

+ If you suspect that illicit drugs may be present, <u>but no illicit drug products are visible</u>

  - Example: An EMS response to a suspected drug overdose where information indicates illicit drug products are suspected but are not visible on scene

  - **Wear nitrile gloves**
  - **No mask required**

Photo from Canva

Source: https://www.cdc.gov/niosh/topics/fentanyl/risk.html
2019 PPE Basics for First Responders Exposed to Fentanyl retrieved from https://www.safetyandhealthmagazine.com/articles/18841-ppe-basics-for-first-responders-exposed-to-fentanyl-niosh-releases-video#:~:text=NIOSH%20recommends%20wearing%20nitrile%20gloves,R100%20respirator%3B%20and%20protective%20eyewear.

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

CDC/ NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH

+ <u>Small amounts of illicit drugs in powder or liquid are visible</u>

  - Example: An EMS response to a suspected overdose where small amounts of powder or liquid are visible

  - **Wear nitrile gloves**
  - **Wear a fitted mask**
  - **Wear eye protection**

Source: https://www.cdc.gov/niosh/topics/fentanyl/risk.htm
Photo from PowerPoint

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

EXPOSURE RISK AND PRECAUTIONS: National Institute on Occupational Safety and Health (NIOSH) SUMMARY

	Minimal (No amount of suspected illicit drug is visible)	Moderate (Small amount of suspected illicit drug is visible)	High (Large amounts of suspected illicit drug is visible)
Hand	Nitrile gloves	Nitrile gloves	Nitrile gloves
Respiratory		N, P, or R 100 disposable filtering mask	Air purifying respirator (APR) or PAPR
Dermal		Wrist/arm protection	Hazmat Suit
Face and Eye		Safety goggles	Safety goggles
Decontamination Recommendations	Wash hands with soap and cool water	Dispose of protective gear and wash before entering building	Dispose of outer garments (suit) and wash before entering building

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

35

DECONTAMINATION SUMMARY

- Minimal powder contamination should be washed with soap and water
- Surfaces can be cleaned with bleach solutions or peracetic acid (pool chemicals)
- Fentanyl is stable in water for days, so wash off
- Avoid use of isopropyl-based hand sanitizers

Can J Hosp Pharm 2012;65:380-386

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

36

TIME FOR A POLL

+ Inadvertent fentanyl exposure leads to overdose regularly. Is this a legend or reality?
  - Legend
  - Reality

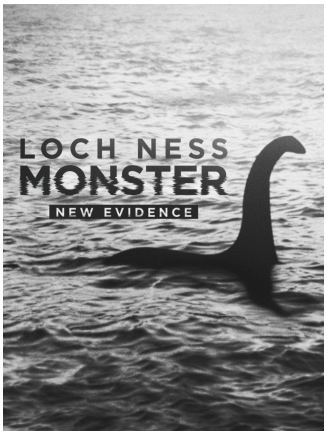


Photo source: IMDb

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

37

HARM REDUCTION IS KEY

+ Harm reduction: interventions aimed at reducing the negative effects of health behaviors without necessarily extinguishing the problematic health behaviors completely.
+ Naloxone is the effective opioid reversal medication (Naloxone Distribution Program in CA and local counties)
  + Storage sites at work, in your bags and backpacks
  + Know how to use it
+ Fentanyl test strips are very accurate and accessible
+ MAT very effective to decrease use of illicit opioids
+ Harm reduction messages for clients
  - Test for fentanyl
  - Don't use alone or tell someone where you are
  - Educate on alternative routes administration (avoid booty bumping)
  - Don't stack doses
  - Go slow (use a test dose)
  - Have naloxone available
  - Know how to recognize OD and use naloxone

Source: https://www.fentanylawarenessday.org/_files/ugd/89faea_e40da0d83dd745a1bf1139db47af8bba.pdf

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

38

FENTANYL TEST STRIPS (FTS)

- Fentanyl test strips (FTS) are a simple, inexpensive, and evidence-based method of averting drug overdose.
  - Receiving a positive test was associated with positive change in OD risk behavior.
  - Federal funds can be used to purchase FTS.
  - Drug paraphernalia laws criminalize drug testing equipment including FTS
  - Pilots in CA and elsewhere allow distribution through syringe exchanges programs

https://www.healthaffairs.org/do/10.1377/hblog20210601.974263/full

Sources: https://www.technologynetworks.com/applied-sciences/news/fentanyl-test-strips-help-to-prevent-overdoses-310792
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6701177/
https://www.samhsa.gov/newsroom/press-announcements/202104070200

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

39

39

HOW TO GET NALOXONE IN CALIFORNIA

- Naloxone distribution project
  https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx
- Available through Medi-Cal with a prescription
- How can we get naloxone in your county?

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

40

40

SHOCKING FACTS ABOUT OVERDOSE DEATHS

- The problem
  - 77.3% opioid-involved OD deaths had no evidence of naloxone administration
  - The highest percentages of deceased lacking evidence of naloxone administration were those with
    - highest educational attainment (doctorate or professional degree, 87.0%)
    - oldest (55-64 years, 83.4%; ≥65 years, 87.3%)
    - youngest ages (<15 years, 87.5%)
- The answer
  - Increase access to naloxone
  - Prevention efforts

Source: Quinn K, Kumar S, Hunter CT, O'Donnell J, Davis NL. Naloxone administration among opioid-involved overdose deaths in 38 United States jurisdictions in the State Unintentional Drug Overdose Reporting System, 2019. Drug Alcohol Depend. 2022 Jun 1;235:109467. doi: 10.1016/j.drugalcdep.2022.109467. Epub 2022 Apr 16. PMID: 35461083; PMCID: PMC9106898.

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

41

TIME FOR A POLL

Do you carry naloxone with you at all times?

- Yes
- No

Photo from Addiction Treatment Forum

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

42

California Statewide Opioid Safety Workgroup

CDPH

Responding to a Fentanyl Overdose:
What California First Responders Need to Know

California has seen an increasing number of fentanyl/fentanyl analog-related overdoses. Preliminary 2018 data report 743 fentanyl-related overdose deaths (an increase of 72% from 2017).[1] With fentanyl in our drug supply, first responders (e.g., emergency medical services and law enforcement) are likely to encounter it on the job and may have safety concerns. To address these concerns, the American College of Medical Toxicology (ACMT) and the American Academy of Clinical Toxicology (AACT) released a position statement for first responders.[2]

The risk of clinically significant exposure to emergency responders is extremely low.

According to the ACMT and AACT Position Statement:

- Incidental skin absorption is unlikely to cause clinical signs of toxicity.
- Nitrile gloves provide sufficient protection for routine handling.
- Simple washing with soap and water is adequate to remove fentanyl from contaminated skin. *Hand sanitizers and cleaning agents may increase fentanyl absorption and should not be used.*
- If drug particles are suspended in the air, a fit-tested N95 respirator provides reasonable protection.

Assisted ventilation and naloxone administration is the standard first aid response to opioid overdose.

Signs, Symptoms, and Management of a Suspected Fentanyl Overdose:

- Fentanyl produces characteristic opioid overdose signs and symptoms including decreased level of consciousness, slowed breathing, lack of response to stimulation, and constricted pupils.
- Peak respiratory depression can occur in 5 minutes or less. A rapid response is imperative.[3]
- Naloxone administration and assisted ventilation are the most critical interventions.
- California Poison Control System can assist in the management of a suspected fentanyl overdose. They can be reached at 1-800-222-1222.

Aftercare for Overdose Victims:

First responders can be critical liaisons linking those suffering from opioid use disorder with treatment and follow-up care. When possible, people who have experienced overdose should be linked to care based on their individual circumstances:

- Harm reduction and syringe services programs provide a variety of health and social services for people who use drugs and often serve as trusted entry points to other parts of the health system. Click here to find a harm reduction provider near you (https://tinyurl.com/yxmycoj3).
- Medications used to treat opioid use disorder reduce the risk of overdose. Click here to find local substance use disorder treatment in your community (https://choosemat.org).

If You Need Naloxone in Your Agency/Community:

A list of naloxone access options in California (https://tinyurl.com/yyt2busc) is available from the California Health Care Foundation. Community members can also access naloxone through local harm reduction services (https://tinyurl.com/yxmycoj3).

California Department of Public Health (CDPH): https://www.cdph.ca.gov/Pages/Opioids.aspx

Page 1 of 2

Frequently Asked Questions

I have heard news reports about first responders developing toxicity from just entering the room where someone has overdosed. Should I be concerned?

Mass media reports of fentanyl toxicity by first responders through passive contact in their job duties are more myth than fact. In order to create clinically significant toxicity, an adequate dose of fentanyl must be absorbed into the blood stream and enter the central nervous system. Simply being in a room where fentanyl is present will not result in toxicity or overdose.

If I see white powder on the scene next to an overdose victim, do I need to wear a mask?

An undisturbed white powder is unlikely to be an inhalation risk to first responders. Even in industrial settings at the highest airborne concentration, it would take 200 minutes of exposure to achieve a dose of 100mcg of fentanyl.[2] However, if drug particles are suspended in the air, a fit-tested N95 respirator is suggested.

Can I experience opioid toxicity if I get fentanyl on my skin?

It would be highly unlikely to experience opioid toxicity from incidental dermal exposure. Absorption of fentanyl from transdermal patches designed to deliver the drug systemically requires hours to produce a therapeutic serum level. To prevent the possibility of absorption, immediate cleansing with soap and water should follow any inadvertent contact.

Will assisted ventilation with a bag-valve-mask or barrier mask put me at risk for inhaling fentanyl from an overdose victim?

Fentanyl and other opioids are not exhaled or excreted through sweat or the skin; therefore, first responders are not at risk of toxicity when providing assisted ventilation.

Do I need to administer more doses of naloxone to reverse a fentanyl overdose?

Fentanyl overdoses are responsive to naloxone like other opioids. Standard naloxone dosing should be implemented with repeated administration every 2-3 minutes until respiratory function is restored. Early and concurrent introduction of ventilatory support should always be a priority.[4]

I see the same patients for an opioid overdose multiple times. What can I do as a first responder to stop this cycle?

Individuals who have experienced an overdose are at the highest risk of experiencing a subsequent overdose. Linking patients to local harm reduction and substance use disorder treatment programs that provide medications for opioid use disorder are the most critical interventions to prevent future overdoses. First responders should also ensure that survivors of an overdose have naloxone on hand for themselves and others.

[1] https://cdph.ca.gov/OpioidDashboard
[2] Moss MJ et al. ACMT and AACT position statement: preventing occupational fentanyl and fentanyl analog exposure to emergency responders. Clinical Toxicology 2018;56:297-300.
[3] Harper MH et al. The Magnitude and Duration of Respiratory Depression produced by Fentanyl and Fentanyl plus Droperidol in Man. JPET 1976;199:464-468.
[4] Lynch MJ, Swanna J, Gowdie F. Scene Safety and Force Protection in the era of ultra-potent Opioids. Prehospital Emergency Care 2018;22:157-162.

Page 2 of 2

43

BUT WAIT, IT'S NOT JUST ABOUT FENTANYL

- **Xylazine -** What is it?
  - Agonist at alpha 2 adrenergic receptors
  - Decreases release of norepinephrine and dopamine
  - Approved by FDA as a veterinary anesthetic (sedating and muscle relaxing)
- Associated dangers
  - Slow breathing, sedation, coma
  - Body temperature changes
  - Heart and kidney problems
  - Skin necrosis
  - Increased risk of overdose
- Sought after by some for its effects
- **Xylazine** IS FOUND regularly in used syringes from syringe exchange services
  - mixed with opioids
  - mixed with stimulants

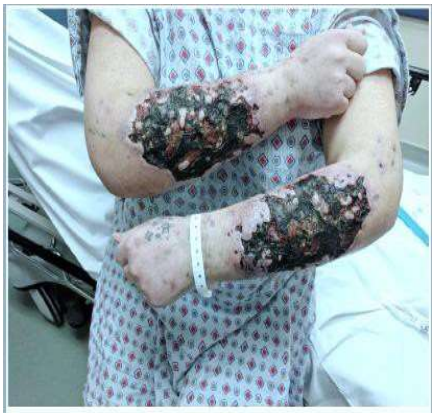


FIGURE 1: Black and green necrotic and scaly lesions of the patient's forearms.

New Jersey State Police Drug Monitoring Initiative Office of Drug Monitoring & Analysis, Drug Monitoring Initiative (DMI) 2.2022

Sources: Friedman (2022); https://www.nflis.deadiversion.usdoj.gov/nflisdata/docs/NFLISDrug2020AnnualReport.pdf

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

44

44

TIME FOR A POLL

Has anyone seen or heard directly from a patient about xylazine?

- Yes
- No

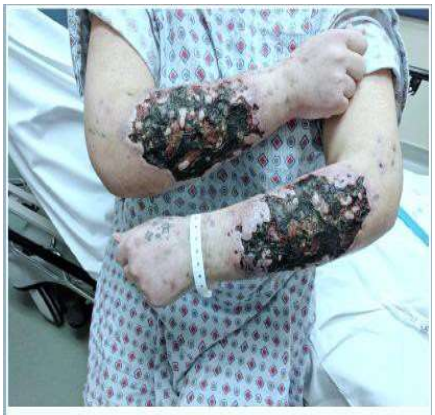


FIGURE 1: Black and green necrotic and scaly lesions of the patient's forearms.

New Jersey State Police Drug Monitoring Initiative Office of Drug Monitoring & Analysis, Drug Monitoring Initiative (DMI) 2.2022

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

45

STRENGTHENING COMMUNITY RESPONSES TO MASS DRUG OVERDOSES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

46

MASS DRUG OVERDOSE EVENTS: ARE THEY REAL?

IT IS PAST TIME FOR COMMUNITIES TO PREPARE A RESPONSE TO A MASS CASUALTY OR MASS DRUG OVERDOSE EVENT.

Prepare for 'mass-overdose' events from fentanyl, DEA warns police nationwide

The opioid abuse and drug overdose crisis has veered into a frightening new phase in which the rise of the easy-to-make, exceedingly powerful synthetic painkiller fentanyl is causing multiple, interconnected deaths at one time

One dead, 12 hospitalized in mass overdose in California
Police say the victims used the powerful narcotic fentanyl, and first responders treated them with naloxone, which likely saved lives

Police say 10 people died in fatal fentanyl overdoses in Northeast D.C.

Cluster of California Fentanyl overdoses alarms authorities

HEALTH MANAGEMENT ASSOCIATES

Source: https://www.nbcnews.com/news/us-news/cluster-california-fentanyl-overdoses-alarms-authorities-n959151

47

47

WHAT CAN YOU DO TO STRENGTHEN YOUR COMMUNITY'S RESPONSE TO MASS CASUALTY DRUG OVERDOSES?

+ Establish or join a local task force with multi-sector representation to address the opioid overdose problem.
+ Develop a mass-casualty opioid overdose response plan
+ Discuss and determine the roles and responsibilities including the lead agency in preparing for, responding to, and recovering from a mass casualty event secondary to illicit opioids.
+ Discuss and determine the resources, communication structures, and training needed to respond to an event.
+ Determine the epidemiological triggers for an alert through analysis of surveillance data from partners.

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

48

48

WHAT CAN YOU DO TO STRENGTHEN YOUR COMMUNITY'S RESPONSE TO MASS CASUALTY DRUG OVERDOSES (CONT.)?

- Discuss and determine the priority actions required during a mass casualty/mass overdose event.
  - Increase public awareness and educate communities on how they can contribute to reducing drug-related harms. Disseminate informational material to frontline community partners and the public.
  - Ensure effective surveillance for drug overdose events and communication amongst healthcare providers.
  - Facilitate and increase the availability of treatment and counseling for substance use disorders, needle exchange and safe disposal sites.
  - Increase the distribution of naloxone kits to people at-risk of experiencing or witnessing an opioid overdose – community health, mental health and addictions services providers; people who use drugs and their friends and families.
  - Develop a streamlined system for toxicology testing.
  - Identify and target the sources of the danger – illicit opioids, other fentanyl laced substances, etc.

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

49

TRAINING: FEMA'S WHOLE COMMUNITY APPROACH AND TABLETOP EXERCISES

- The "Whole Community" is FEMA's philosophical approach on how to conduct emergency management in a way that integrates the needs, capabilities, and resources across the community.
- Attempts to engage the full capacity of the private and nonprofit sectors, including businesses, faith-based and disability organizations, and the general public, in conjunction with the participation of local, tribal, state, territorial, and Federal government partners.
- Tabletop Exercises are a disaster preparedness activity that takes participants through the process of managing a simulated crisis scenario.
  - Discussion-based to help participants familiarize themselves with the response process and emergency response plans or protocols.
  - Enables administrators to gauge the gaps and strengths of the community's response practices.
  - After the exercise has been completed, a debrief (hot wash) is conducted, learning is reinforced, and feedback is provided.

Source: FEMA, A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action. December 2011

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

50

IDENTIFYING STAKEHOLDERS FOR PARTICIPATION

- Local Public Health Agencies (i.e., communicable disease, environmental health, opioid or SUD programs)
- First Responders (EMTs, firefighters, law enforcement)
- Regional and Municipal Offices of Emergency Management
  - Colorado Emergency Management Association (CEMA)
- District Attorneys and Public Defenders who are working on the sentencing and prior to involvement in the criminal justice system
- Behavioral Health and Addiction Medicine Providers
- Peer Recovery Coaches
- Community Based Organizations (i.e., HIV/AIDS, faith-based, libraries, harm reduction)
- Local Businesses
- Poison Control Center
- Child Welfare
- Farm Bureau
- Health alert network partners
- Drug task forces
- Correctional Care
- Day Shelters, Homeless Shelters
- Schools System
- Hospitals
- Local Media
- Coroners/Medical Examiner Office
- People with Lived Experience
- Long Term Care Providers
- Recovery Support Providers (informal/formal)
- Pharmacists
- College Campus Staff
- Transportation
- California Bureau of Investigation (CBI)

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

51

51

WHAT CAN YOU DO WHEN A MASS OVERDOSE EVENT OCCURS?

+ Discuss and determine the priority actions required during a mass casualty/mass overdose event.
  - + Increase public awareness and educate communities on how they can contribute to reducing drug-related harms. Disseminate informational material to frontline community partners and the public.
  - + Ensure effective surveillance for drug overdose events and communication amongst healthcare providers.
  - + Facilitate and increase the availability of treatment and counseling for substance use disorders, needle exchange and safe disposal sites.
  - + Increase the distribution of naloxone kits to people at-risk of experiencing or witnessing an opioid overdose – community health, mental health and addictions services providers; people who use drugs and their friends and families.
  - + Develop a streamlined system for toxicology testing.
  - + Identify and target the sources of the danger – illicit opioids, other fentanyl laced substances, etc.

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

52

52

TRAINING: FEMA'S WHOLE COMMUNITY APPROACH AND TABLETOP EXERCISES

- The "Whole Community" is FEMA's philosophical approach on how to conduct emergency management in a way that integrates the needs, capabilities, and resources across the community.
- Attempts to engage the full capacity of the private and nonprofit sectors, including businesses, faith-based and disability organizations, and the general public, in conjunction with the participation of local, tribal, state, territorial, and Federal government partners.
- Tabletop Exercises are a disaster preparedness activity that takes participants through the process of managing a simulated crisis scenario.
  - Discussion-based to help participants familiarize themselves with the response process and emergency response plans or protocols.
  - Enables administrators to gauge the gaps and strengths of the community's response practices.
  - After the exercise has been completed, a debrief (hot wash) is conducted, learning is reinforced, and feedback is provided.

Source: FEMA, A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action. December 2011

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

53

ROLES AND RESPONSIBILITIES

Role	Responsibility	Exercise Participation
Exercise Director	Convenes community participants, oversees exercise functions, oversees evaluation of exercise implementation, set up and clean up.	Passive
Exercise Facilitator	Presenting scenarios, providing situation updates, moderating discussions and keeping discussions relevant to exercise objectives, ensuring all objectives and issues are discussed as thoroughly as possible, moderating debrief.	Active
Evaluator	Observes, captures unresolved issues, and analyzes exercise results.	Passive
Observer	Observes the exercise as it takes place and may support players by asking relevant questions and developing responses but does not participate in moderated discussion.	Passive/Somewhat Active
Player	Discusses his or her role and responsibilities in preventing, responding to, or recovering from the situation presented based on current plans, policies, and procedures.	Active
Scribe	Keeps a written record of all discussions that take place during the exercise (in addition to evaluator notes).	Passive

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

54

EXERCISES

Each exercise presents a scenario with a series of inputs to describe the evolution of events.

For each situation update, participants will answer the following questions:

- What are the key response actions to be taken?
- Whose role or responsibility are those actions?
- What resources or services are required for an effective response?

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

55

55

EXAMPLE EXERCISE

An increase in overdoses has occurred over a short period of time in rural San Joaquin County California. Participants must work to identify the root causes of the overdose increase and connect people to appropriate resources, including those who overdosed, etc.

Scenario:

Tuesday am: There has been a sharp increase in EMS service demand across three communities in rural San Joaquin County over a 48-hour period with EMS responding to 12 incidences of overdose. Victims required two doses of Narcan before being transported. All the overdose victims are monolingual Spanish, and it has been difficult for the emergency departments to get adequate information about the circumstances surrounding the overdose events.

At three am Wednesday night EMS respond to a residence in one of the three communities and discover four additional victims who have overdosed. The person responsible for calling 911 is not in the residence. EMS is unable to reverse the overdose for any of the victims and all are reported deceased at the scene.

Scenario Update:

At 4:30 am EMS responders receive a call to respond to a 19-year-old male who is non- responsive at his place of work, a commercial farm. EMS responders were unable to reverse that overdose despite two doses of Narcan. When they arrived a shift manager at the farm reported that three of the workers have not reported for work and someone is sent to a building for housing shift workers onsite to check on the missing workers. Three males are discovered deceased in the building. The local sheriff's department is called in to investigate.

County sheriff's officers discover drug paraphernalia in the building onsite and evidence of methamphetamine use . Several bottles of Percocet are also discovered but do not appear to be tied to a specific prescription or prescriber.

At one of the hospitals, an interpreter working in the emergency department works with nurses to talk with one of the overdose victims and discovers that both overdose victims used methamphetamine to stay awake for an upcoming shift at a local farm. Neither of the victims are willing to say more and it is suspected they are undocumented and worried about arrest.

HEALTH MANAGEMENT ASSOCIATES

56

56

EXERCISE TOOLS

Exercise Questions

What are the key response actions to be taken?
Whose role or responsibility are those actions?
What resources or services are required to respond?

Copyright © 2022 Health Management Associates, Inc. All rights reserved.
PROPRIETARY and CONFIDENTIAL

57

EXERCISE TOOLS

Exercise Debrief

Response Strengths	
Response Weaknesses	
Identified Improvements Prioritized and Assigned to Agencies	
Priorities:	**Agency/Person Assigned:**
Lessons Learned/Actions to be Taken	

Copyright © 2022 Health Management Associates, Inc. All rights reserved.
PROPRIETARY and CONFIDENTIAL

58

EXERCISE TOOLS

Opioid Emergency Response Tabletop Exercises

After-Action Report/Improvement Plan

Analysis of Core Capabilities

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
[Objective 1]	[Core capability]				
[Objective 2]	[Core capability]				
[Objective 3]	[Core capability]				
[Objective 4]	[Core capability]				

Table 1. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

Appendix A: Improvement Plan

This IP has been developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[2]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Core Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Core Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					
Core Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Core Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Core Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

59

EXERCISE TOOLS

Facilitator/Evaluator Feedback Form

Exercise Name: **Exercise Date:**

Name: **Role:**

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the following statements, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree				Strongly Agree
The exercise was well structured and organized.	1	2	3	4	5
The exercise scenario(s) was plausible and realistic.	1	2	3	4	5
The Facilitator(s) was knowledgeable about the area of play and kept the exercise on target.	1	2	3	4	5
The exercise documentation provided to assist in preparing for and participating in the exercise was useful.	1	2	3	4	5
This exercise allowed participants to practice and improve priority capabilities.	1	2	3	4	5
This exercise helped participants identify strengths and weaknesses in the execution of plans, protocols, and procedures.	1	2	3	4	5

Based on today's exercise, list observed key strengths and/or areas that need improvement.

Strengths:

Areas for improvement:

Please provide recommendations on how this exercise or future exercises could be improved or enhanced:

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

60

EXERCISE TOOLS

Participant Feedback Form

Exercise Name: **Exercise Date:**

Name: **Role:**

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the following statements, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree				Strongly Agree
The exercise was well structured and organized.	1	2	3	4	5
The exercise scenario(s) was plausible and realistic.	1	2	3	4	5
The exercise documentation provided to assist in preparing for and participating in the exercise was useful.	1	2	3	4	5
This exercise helped participants identify strengths and weaknesses in the execution of plans, protocols, and procedures.	1	2	3	4	5
After this exercise, I believe my team/agency is better prepared to deal successfully with the scenario(s) that was exercised.	1	2	3	4	5

Based on today's exercise, list observed key strengths and/or areas that need improvement.

Strengths:

Areas for improvement:

Please provide recommendations on how this exercise or future exercises could be improved or enhanced:

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

61

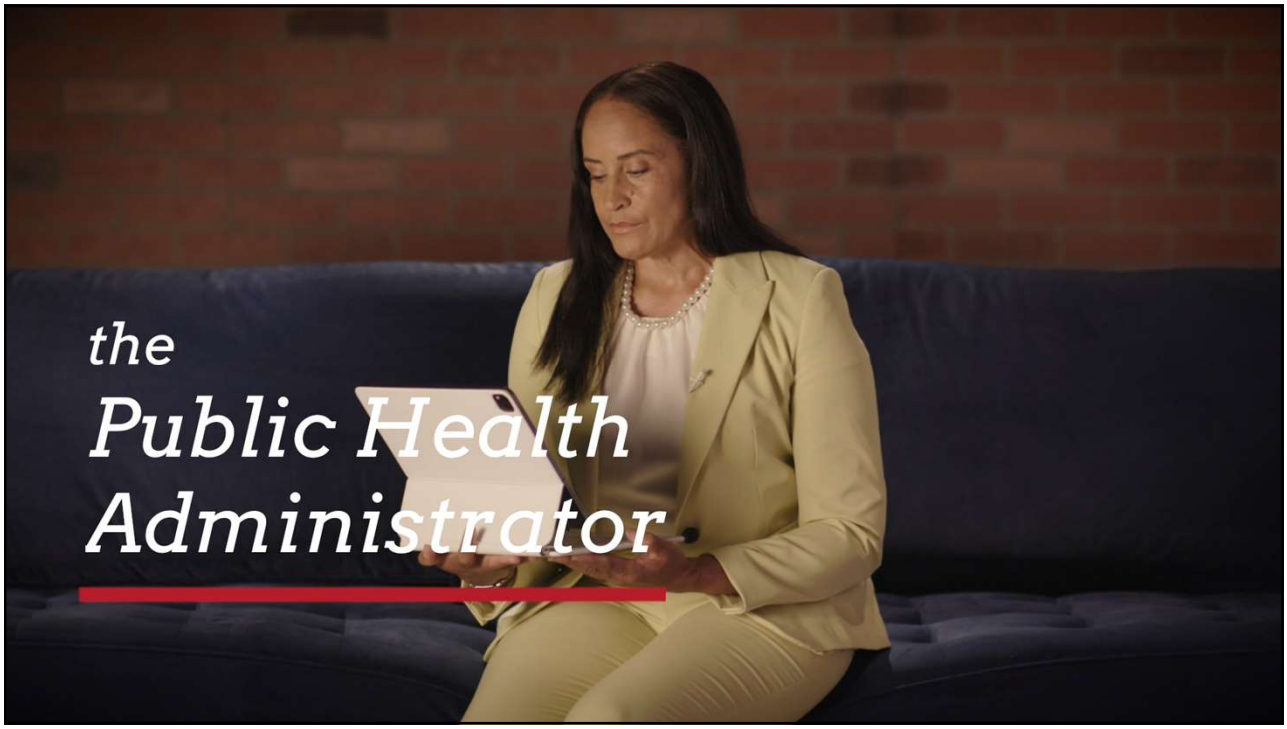
61

FENYANYL CAMPAIGN

www.fentanylisforeversb.org

62

62



63

REFERENCES:

- American College of Medical Toxicology & American Academy of Clinical Toxicology Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders
- Armenian, P., Vo, K. T., Barr-Walker, J., & Lynch, K. L. (2018). Fentanyl, fentanyl analogs and novel synthetic opioids: A comprehensive review. Neuropharmacology, 134, 121–132. doi:10.1016/j.neuropharm.2017.10.016
- Baumann MH, Kopajtic TA, Madras BK. Pharmacological Research as a Key Component in Mitigating the Opioid Overdose Crisis. Trends Pharmacol Sci. 2018 Dec;39(12):995-998. doi: 10.1016/j.tips.2018.09.006. PMID: 30454770.
- Bell A, Bennett AS, Jones TS, Doe-Simkins M, Williams LD. Amount of naloxone used to reverse opioid overdoses outside of medical practice in a city with increasing illicitly manufactured fentanyl in illicit drug supply. Subst Abus. 2019;40(1):52-55. doi: 10.1080/08897077.2018.1449053. Epub 2018 Jun 25. PMID: 29558283.
- Boas RA, Villiger JW. Clinical actions of fentanyl and buprenorphine. The significance of receptor binding. Br J Anaesth. 1985 Feb;57(2):192-6. doi: 10.1093/bja/57.2.192. PMID: 2982388.
- Beletsky, L., Seymour, S., Kang, S., Siegel, Z., Sinha, M. S., Marino, R., Dave, A., & Freifeld, C. (2020). Fentanyl panic goes viral: The spread of misinformation about overdose risk from casual contact with fentanyl in mainstream and social media. The International journal on drug policy, 86, 102951. Advance online publication. https://doi.org/10.1016/j.drugpo.2020.102951
- California Department of Public Health. (2022). Overdose Prevention Initiative. Retrieved from: https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Data.aspx
- California Overdose Surveillance Dashboard. California Quick Stats. Retrieved from: https://skylab.cdph.ca.gov/ODdash/
- CDPH Responding to Fentanyl Overdose retrieved from https://www.cdph.ca.gov/Documents/FentOverdose4FirstResponders_09.09.19.pdf
- Carpenter J, Murray BP, Atti S, Moran TP, Yancey A, Morgan B. Naloxone Dosing After Opioid Overdose in the Era of Illicitly Manufactured Fentanyl. J Med Toxicol. 2020 Jan;16(1):41-48. doi: 10.1007/s13181-019-00735-w. Epub 2019 Aug 30. PMID: 31471760; PMCID: PMC6942078.
- Comer, S. D., & Cahill, C. M. (2019). Fentanyl: Receptor pharmacology, abuse potential, and implications for treatment. Neuroscience and biobehavioral reviews, 106, 49–57. https://doi.org/10.1016/j.neubiorev.2018.12.005

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

64

REFERENCES:

- DEA First Responder Safety Infographic https://www.dea.gov/sites/default/files/Publications/Final%20STANDARD%20size%20of%20Fentanyl%20Safety%20Recommendations%20for%20First%20Respond....pdf
- del Pozo, B., Sightes, E., Kang, S. et al. (2021). Can touch this: training to correct police officer beliefs about overdose from incidental contact with fentanyl. Health Justice 9, 34. https://doi.org/10.1186/s40352-021-00163-5
- Department of Homeland Security. Master Question List for Synthetic Opioids. CSAC 21-013. https://www.dhs.gov/sites/default/files/publications/21_1110_st_csac_mql_synthetic_opioids_30sep2021_pr_508.pdf
- Fairbairn N, Coffin PO, Walley AY. Naloxone for heroin, prescription opioid, and illicitly made fentanyl overdoses: Challenges and innovations responding to a dynamic epidemic. Int J Drug Policy. 2017 Aug;46:172-179. doi: 10.1016/j.drugpo.2017.06.005. Epub 2017 Jul 4. PMID: 28687187; PMCID: PMC5783633.
- Fentanyl: A Briefing Guide for First Responders. US Department of Justice Drug Enforcement Administration. 2018 https://www.nvfc.org/wp-content/uploads/2018/03/Fentanyl-Briefing-Guide-for-First-Responders.pdf
- Friedman, J., Montero, F., Bourgois, P., Wahbi, R., Dye, D., Goodman-Meza, D., & Shover, C. (2022). Xylazine spreads across the US: A growing component of the increasingly synthetic and polysubstance overdose crisis. Drug and alcohol dependence, 233, 109380. https://doi.org/10.1016/j.drugalcdep.2022.109380
- https://www.washingtonpost.com/local/dc-politics/new-opioids-more-powerful-than-fentanyl-are-discovered-in-dc-amid-deadly-wave-of-overdoses/2021/11/29/680afb2c-4d43-11ec-94ad-bd85017d58dc_story.html
- Hug, 1981, Huhn 2020- protracted renal clearance of fentanyl,
- Huhn AS, Hobelmann JG, Oyler GA, Strain EC. Protracted renal clearance of fentanyl in persons with opioid use disorder. Drug Alcohol Depend. 2020 Sep 1;214:108147. doi: 10.1016/j.drugalcdep.2020.108147. Epub 2020 Jul 2. PMID: 32650192; PMCID: PMC7594258.
- Mayer, S., Boyd, J., Collins, A., Kennedy, M. C., Fairbairn, N., & McNeil, R. (2018). Characterizing fentanyl-related overdoses and implications for overdose response: Findings from a rapid ethnographic study in Vancouver, Canada. Drug and alcohol dependence, 193, 69–74. https://doi.org/10.1016/j.drugalcdep.2018.09.006.
- Moss, R.B., Carlo, D.J. Higher doses of naloxone are needed in the synthetic opioid era. Subst Abuse Treat Prev Policy 14, 6 (2019). https://doi.org/10.1186/s13011-019-0195-4

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

65

REFERENCES:

- National Institute for Occupational Safety and Health. (2020). Fentanyl: Emergency Responders at Risk. Preventing Emergency Responders' Exposures to Illicit Drugs. Retrieved from: https://www.cdc.gov/niosh/topics/fentanyl/risk.html
- New Jersey State Police Drug Monitoring Initiative Office of Drug Monitoring & Analysis, Drug Monitoring Initiative (DMI) 2.2022
- Palmer LE, Gautier A. Clinical Update: The Risk of Opioid Toxicity and Naloxone Use in Operational K9s. J Spec Oper Med. 2017 Winter;17(4):86-92. PMID: 29256202.
- Quinn K, Kumar S, Hunter CT, O'Donnell J, Davis NL. Naloxone administration among opioid-involved overdose deaths in 38 United States jurisdictions in the State Unintentional Drug Overdose Reporting System, 2019. Drug Alcohol Depend. 2022 Jun 1;235:109467. doi: 10.1016/j.drugalcdep.2022.109467. Epub 2022 Apr 16. PMID: 35461083; PMCID: PMC9106898.
- Roy SD, Flynn GL. Solubility and related physicochemical properties of narcotic analgesics. Pharm Res. 1988 Sep;5(9):580-6. doi: 10.1023/a:1015994030251. PMID: 2907788.
- Substance and Addiction Prevention Branch, California Department of Public Health. (2020). Synthetic Opioid-Related Overdose Deaths Increased at an Unpredictable Pace in 2020. Retrieved from: https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH%20Document%20Library/2020-Overdose-Mortality-Data-Brief_ADA.pdf
- Schumann H, Erickson T, Thompson TM, Zautcke JL, Denton JS. Fentanyl epidemic in Chicago, Illinois and surrounding Cook County. Clin Toxicol (Phila). 2008 Jul;46(6):501-6. doi: 10.1080/15563650701877374. PMID: 18584361.
- Slavova S, Costich JF, Bunn TL, Luu H, Singleton M, Hargrove SL, Triplett JS, Quesinberry D, Ralston W, Ingram V. Heroin and fentanyl overdoses in Kentucky: Epidemiology and surveillance. Int J Drug Policy. 2017 Aug;46:120-129. doi: 10.1016/j.drugpo.2017.05.051. Epub 2017 Jul 18. Erratum in: Int J Drug Policy. 2018 Aug;58:92. PMID: 28735777.
- Somerville NJ, O'Donnell J, Gladden RM, Zibbell JE, Green TC, Younkin M, Ruiz S, Babakhanlou-Chase H, Chan M, Callis BP, Kuramoto-Crawford J, Nields HM, Walley AY. Characteristics of Fentanyl Overdose - Massachusetts, 2014-2016. MMWR Morb Mortal Wkly Rep. 2017 Apr 14;66(14):382-386. doi: 10.15585/mmwr.mm6614a2. PMID: 28406883; PMCID: PMC5657806.
- Sutter ME, Gerona RR, Davis MT, Roche BM, Colby DK, Chenoweth JA, Adams AJ, Owen KP, Ford JB, Black HB, Albertson TE. Fatal Fentanyl: One Pill Can Kill. Acad Emerg Med. 2017 Jan;24(1):106-113. doi: 10.1111/acem.13034. Epub 2016 Oct 31. PMID: 27322591.

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

66

REFERENCES:

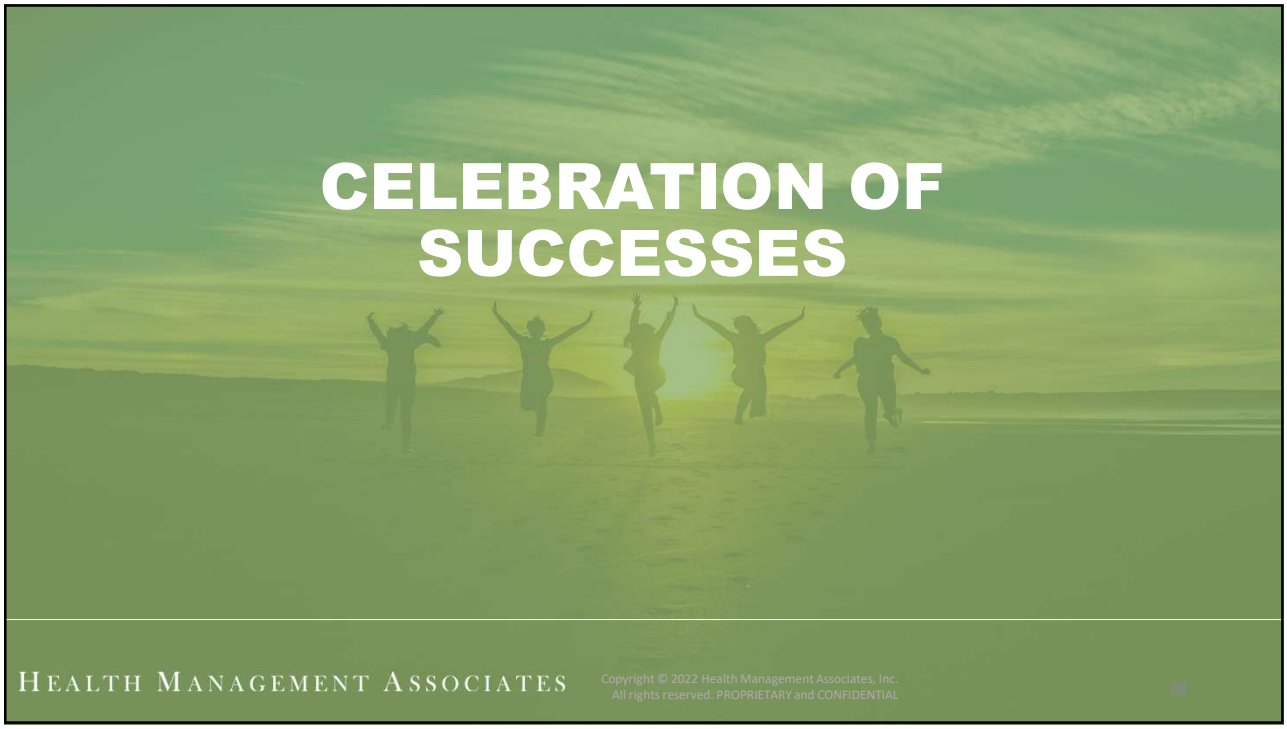
- Thors L, Öberg L, Forsberg E, Wigenstam E, Larsson A, Bucht A. Skin penetration and decontamination efficacy following human skin exposure to fentanyl. Toxicol In Vitro. 2020 Sep;67:104914. doi: 10.1016/j.tiv.2020.104914. Epub 2020 Jun 13. PMID: 32540164.
- Torralva, R., & Janowsky, A. (2019). Noradrenergic Mechanisms in Fentanyl-Mediated Rapid Death Explain Failure of Naloxone in the Opioid Crisis. The Journal of pharmacology and experimental therapeutics, 371(2), 453–475. https://doi.org/10.1124/jpet.119.258566
- U.S. Drug Enforcement Administration https://www.nist.gov/image/fauxfentynallethaldose005jpg

OTHER RESOURCES AND TOOLS

- https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfClia/analyteswaived.cfm
- https://www.aruplab.com/files/resources/pain-management/DrugAnalytesPlasmaUrine.pd
- https://www.cdc.gov/niosh/topics/fentanyl/toolkit.html
- https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=35724&ver=68f
- https://www.dea.gov/sites/default/files/2020-01/2019-NDTA-final-01-14-2020_Low_Web-DIR-007-20_2019.pdf
- https://www.dea.gov/sites/default/files/2020-09/Fentanyl%20Used%20in%20Vape%20Pens__PRB%20FINAL.pdf
- https://www.dea.gov/sites/default/files/2021-12/DEA-OPCK_FactSheet_December%202021.pdf
- https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx
- https://www.fda.gov/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-fdas-new-resource-guide-support-responsible-opioid
- https://www.fentanylawarenessday.org/_files/ugd/89faea_e40da0d83dd745a1bf1139db47af8bba.pdf
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6701177/
- https://www.nflis.deadiversion.usdoj.gov/nflisdata/docs/NFLISDrug2020AnnualReport.pdf
- https://www.safetyandhealthmagazine.com/articles/18841-ppe-basics-for-first-responders-exposed-to-fentanyl-niosh-releases-video#:~:text=NIOSH%20recommends%20wearing%20nitrile%20gloves,R100%20respirator%3B%20and%20protective%20eyewear
- https://www.samhsa.gov/newsroom/press-announcements/202104070200
- https://www.technologynetworks.com/applied-sciences/news/fentanyl-test-strips-help-to-prevent-overdoses-310792

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

67



68

BRIEF REVIEW: SANTA BARBARA COUNTY GOALS

- **Develop a county wide Eco-system map of all SUD treatment providers and related support services to increase and systematize information sharing and coordination across other SUD initiatives**
  - Roster available on the County website
  - Monthly update sent out
  - Re-activated the monthly MAT access and utilization meeting
  - Re-start of North County Coalition
  - County meeting monthly with Public Health
- **Improve transitions of care between the county access line and providers [timeliness of access to care, timely information exchange, treatment retention], so that there are seamless referrals and better care coordination.**
  - PIP – timeliness, utilization of CM, etc.
  - PIP – decentralization of outpatient treatment screenings, reduce attrition
  - PIP – transitioning clients from residential to outpatient in timely manner
  - Trained Access staff on referrals that are urgent
  - Reported out on regular basis / EQRO

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

69

BRIEF REVIEW: SANTA BARBARA COUNTY GOALS

- **Increase the use of standardized 1) screening and 2) assessment processes using validated tools.**
  - SCREENING: Inventory what community partners (non-treatment) are using to identify risk for SUD (NIDA quick screen, AUDIT, PHQ9)
  - ASSESSMENT: County using ASAM assessment that includes ASAM criteria (more discussion)
  - Cal MESA working on standardized screening
- **Implement a systemwide stakeholder educational program on the Neuroscience of Addiction, ASAM levels of care, and how to access programs and services.**
  - Completed with webinars offered by HMA
  - County to continue offering trainings
- **Increase the usage of universal release of information.**
  - Universal release of information completed
  - Working on getting it into EHR

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

70

CELEBRATING SUCCESSES

We want to hear from YOU!

We know your work continues to make a difference in the lives of many…

Would anyone like to share an agency or client success story?

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

71

BREAK

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

72

73

TIME FOR A POLL

1. **What successes require effort to be sustained (choose top two)**

+ Increasing MAT providers to meet network adequacy
+ Expanding MAT services throughout the county in order to increase the number of patients accessing MAT
+ Expanding and enhancing residential treatment
+ Optimizing the SUD workforce (recruitment, training, morale, retention)
+ Develop peer support services (team-based care transformation, training and capacity building)
+ Catalyze culture change with a focus on equity

HEALTH MANAGEMENT ASSOCIATES
Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

74

TIME FOR A POLL

2. What kind of infrastructure solution needs to be built to sustain the expansion of MAT services (select all that apply)?

a. People
b. Processes
c. Environment
d. Materials/resources
e. Measurement/metrics
f. Other

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

BREAKOUT ACTIVITY
"**Focusing on the Future**"

INSTRUCTIONS

Step 1: Getting Started

Select a scribe for the post-it board
Select a reporter (closest next birthday)

Step 2: Write on Post-it Board

- What needs to be in place to sustain the gains? *12 minutes*
- What are our top two SUD-related priorities for the future? *12 minutes*
- What needs to be in place to address those priorities? *18 minutes*

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

REPORT OUT

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

77

REPORT OUT TABLE 1: FOCUSING ON THE FUTURE

Sustaining Existing Gains	Top Two SUD-Related Priorities	Needed Infrastructure
+ lorum	+ lorum	+ lorum

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

78

79

WHAT DO YOU NEED TO BE READY TO SUSTAIN THIS WORK?

- Workforce development
- Peer support service development
- Increased capacity and focus on care coordination and/or navigation services
- Increased outreach to youth and families
- Increased capacity for residential services

- Others??

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

80

THE FUTURE OF SYSTEMS OF CARE

- On May 19, 2022, the SAMHSA released the State Opioid Response (SOR) III **Notice of Funding Opportunity**
- California has been tentatively allocated $107,038,177 per year for two years, for a total of $214,076,354 from September 30, 2022 through September 29, 2024
- HMA has been notified of the likelihood of SOR3 funding
- Decisions from DHCS are anticipated in time for a start date of October 1, 2022

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

81

82

Words Matter

Stigma and addiction

What is stigma?
Stigma can be defined as a label with an associated stereotype that elicits a negative response. Typical stigma related to addiction patients: they are dangerous, unpredictable, incapable of managing treatment, at fault for their condition, etc.

Where does it come from?
For people with an SUD, stigma may stem from antiquated and inaccurate beliefs that addiction is a moral failing, instead of what we know it to be—a chronic, treatable disease from which patients can recover and continue to lead healthy lives.

How does it affect people with SUD?
- Stigmatizing attitudes can reduce willingness of individuals with SUD to seek treatment.
- Stigmatizing views of people with SUD are common; this stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from people with an SUD
- Stigmatizing language can negatively influence health care provider perceptions of people with SUD, which can impact the care they provide.

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

83

Words Matter

Stigma and addiction

How can we make a change?
- When talking to people with SUD, their loved ones, and your colleagues, use non-stigmatizing language that reflects an accurate, science- based understanding of SUD and is consistent with your professional role.
- Because clinicians are typically the first points of contact for a person with an SUD, health professionals should "take all steps necessary to reduce the potential for stigma and negative bias." Use person-first language and let individuals choose how they are described.

What is person-first language?
- Person-first language maintains the integrity of individuals as whole human beings—by removing language that equates a person to their condition or has negative connotations. For example, "person with a substance use disorder" has a neutral tone and distinguishes the person from his or her diagnosis.

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

84

Words Matter

Stigma and addiction

What else should I keep in mind?
It is recommended that "substance use" be used to describe all substances, including alcohol and other drugs, and that clinicians refer to severity specifiers (e.g., mild, moderate, severe) to indicate the severity of the impairment. This language also supports documentation of accurate clinical assessment and development of effective treatment plans.

When talking about treatment plans with people with SUD and their loved ones, be sure to use evidence-based language instead of referring to treatment as an intervention.

Visit **NIDAMED** for resources at **drugabuse.gov/nidamed** NIH National Institute on Drug Abuse

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

85

Words Matter

Instead of…	Use…	Because…
Addict User **Substance or drug abuser** **Junkie** **Alcoholic** **Drunk** **Substance dependence** **Former addict Reformed addict**	• Person with opioid use disorder (OUD)/SUD or person with opioid addiction • Patient • Person in recovery or long-term recovery **For heavy alcohol use:** • Unhealthy, harmful, or hazardous alcohol use • Person with alcohol use disorder	• Person-frst language. • The change shows that a person "has" a problem, rather than "is" the problem.7 • The terms to avoid elicit negative associations, punitive attitudes, and individual blame.7
Addicted baby	• Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/ neonatal abstinence syndrome • Newborn exposed to substances	• Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome. • Using person-frst language can reduce stigma.

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

86

Words Matter

Instead of…	Use…	Because…
Habit	• Substance use disorder • Drug addiction	• Inaccurately implies that a person is choosing to use substances or can choose to stop.6 • "Habit" may undermine the seriousness of the disease.
Abuse	**For illicit drugs:** • Use **For prescription medications:** • Misuse, used other than prescribed	• The term "abuse" was found to have a high association with negative judgments and punishment.8 • Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse. • Consider the motivation and intent of misuse (e.g., level, reasons) to determine whether the specifc instance suggests SUD.
Opioid substitution **Replacement therapy**	• Opioid agonist therapy • Medication treatment for OUD • Pharmacotherapy	• It is a misconception that medications merely "substitute" one drug or "one addiction" for another.6

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

87

Words Matter

Instead of…	Use…	Because…
Clean	**For toxicology screen results:** • Testing negative **For non-toxicology purposes:** • Being in remission or recovery • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs	• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.9 • Set an example with your own language when treating patients who might use stigmatizing slang. • Use of such terms may evoke negative and punitive implicit cognitions.7
Dirty	**For toxicology screen results:** • Testing positive **For non-toxicology purposes:** • Person who uses drugs	• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.9 • May decrease patients' sense of hope and self-efficacy for change.7

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

88

TIME FOR A POLL

Would a new name of the Alcohol and Drug Programs support the effort to reduce stigma?

a. Yes
b. No

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

89

TIME FOR A POLL

Please select your top choice

a. Alcohol and Drug Programs
b. Substance Use Disorder Division
c. Substance Use Disorders Services
d. Substance Use Services
e. Substance Use Disorder Treatment and Prevention Services
f. Substance Use Prevention and Treatment

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

90

TIME FOR A WORD CLOUD

Do you have other suggestions for a name?

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

RECAP AND REASSURANCE

- Build and renew networks and connections
- Review successes and progress made on county goals
- Learn more about fentanyl, new drug threats and approaches to address those
- Plan how to sustain ongoing SUD priorities for the county
- Identify new priorities for SUD systems

- Review of the work done today

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

SELF CARE AND GRATITUDE

Share one self-care or gratitude practice not many people know about

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

93

NEXT STEPS AND CLOSING

HEALTH MANAGEMENT ASSOCIATES

94

Next Steps and Closing

- Follow-up meeting with Santa Barbara County
- You will receive a follow up email with an evaluation to complete
- If you are interested in receiving continuing education credit, you MUST complete the evaluation by the deadline and indicate your need for CME.
- Follow-up questions?
  - Contact Nayely Chavez
  - nchavez@healthmanagement.com

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

95

On behalf of the Systems of Care team, we wish you all health during these times.

Copyright © 2022 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

96

Send your questions to the host via the chat or Q+A window in the Zoom meeting.

Q+A is now open.

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2022 Health Management Associates, Inc. All rights reserved. PROPRIETARY and CONFIDENTIAL

97

QUESTIONS AND DISCUSSION

HEALTH MANAGEMENT ASSOCIATES

98