

Santa Cruz County SYSTEMS OF CARE: ENVISIONING THE FUTURE

HEALTH MANAGEMENT ASSOCIATES



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Don Novo

Elizabeth Wolff, MD, MPA

Laura Collins, MSW, LICSW

Mayur Chandriani, CPS

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HMA

HEALTH MANAGEMENT ASSOCIATES

Department of
Health Care Services



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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 two-thirds of these overdose deaths (although methadone is technically a synthetic opioid, it is reported separately and accounts for 5% of OD deaths). Overdose deaths are up 36.7% from August 2019 to August 2020¹. 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 manage 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 (Orange, Marin, Santa Barbara, San Bernardino, Santa Cruz, Siskiyou, and Yolo) 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 countywide Process Improvement Event and 2) subsequently provides 12 months of ongoing technical assistance to support the county in achieving its ideal future state for addiction treatment.

Santa Cruz County, one of the seven counties selected, participated in a large-scale Process Improvement Event or PIE held on May 18th – 19th, 2021. The PIE 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 Cruz County residents in need of addiction treatment and support services.

The Santa Cruz County Behavioral Health Services Agency and SafeRx of Santa Cruz County (a program of the Health Improvement Partnership of Santa Cruz County), along with Janus, Encompass Community Services, and other Santa Cruz organizations, 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 Cruz County, CA.

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

² <http://wonder.cdc.gov/mcd-icd10.html>

The two-day Process Improvement Event in May 2021 set the stage for adopting universal evidence-based tools for screening, assessment, and level of care determination. The hope was for this, coupled with the didactic training of all parties involved, to have yielded a more comprehensive and easy-to-use addiction treatment ecosystem.

To implement the future state as envisioned by this group, there was the need to hold ongoing collaborative interactions 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 were confident that we would be able to achieve considerable progress over the next year.



Figure 1: Screenshot of Participants who attended the May 2021 Virtual Process Improvement 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, leadership from Santa Cruz County Behavioral Health Services and staff from Health Management Associates led the Process Improvement Event in May 2021 with the aims of increasing access to MAT, reducing unmet SUD treatment needs, and reducing opioid overdose deaths through prevention, treatment, harm reduction, and recovery activities. On August 15, 2022, 87 stakeholders and collaborators from Santa Cruz County convened again to review progress made on achieving the SMART goals that were an output of the Process Improvement Event, discuss strategies for sustaining the achieved goals and identify and create plans to address new challenges and risks.

Section 1 of this report provides a brief overview of Santa Cruz County's involvement in this project, changes in the patterns of substance use in the county during the grant period, which coincided with the COVID-19 pandemic, and a high-level summary of the initial Process Improvement Event (PIE). **Section 2** lays out the project's SMART goals developed by the county's treatment and recovery ecosystem, the status of each of the ecosystems' seven Smart Goals, and the key successes and challenges experienced in pursuing those goals, including the effects of the pandemic on ecosystem development and its

attainment of each SMART goal. Finally, **Section 3** details the plan for sustaining the gains and forward progress on enhancing the treatment and recovery ecosystem in Santa Cruz 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 Cruz County during which stakeholders reviewed and assessed the status of their progress toward those county-level goals and on enhancing the county's treatment ecosystem. We begin with an updated description of Santa Cruz County's SUD delivery system and the shifting epidemiology of substance use in Santa Cruz County as well as the evolving resources that serve the population in need of support.

County Description

Santa Cruz County has 276,603 residents and is situated at the northern tip of Monterey Bay, approximately sixty-five miles south of San Francisco, thirty-five miles north of Monterey, and thirty-five miles southwest of Silicon Valley. Its natural beauty is present in the pristine beaches, lush redwood forests, and rich farmland. It has an ideal Mediterranean climate with low humidity and sunshine three hundred days a year.

There are four incorporated cities in the county. The largest is the city of Santa Cruz, with a population of 59,946. Watsonville has a population of 51,199, Scotts Valley has 11,580, and Capitola has 9,918.

Santa Cruz County is the gateway to the Monterey Bay National Marine Sanctuary, has twenty-nine miles of coastline, and includes numerous state parks and beaches. Its quaint shops and restaurants, coupled with many cultural and recreational activities, including sailing, fishing, golfing, surfing, kayaking, hiking, and biking, provide a wealth of leisure activities.

The county's strong local economy is anchored by technology, agriculture, and tourism. The school system includes Cabrillo Community College and the University of California, Santa Cruz. Santa Cruz also hosts the Long Marine Laboratory, the Lick Observatory, the National Marine Fisheries Service, and the Monterey Bay National Marine Sanctuary Exploration Center. These wonderful attributes combined make Santa Cruz County one of California's most desirable areas to live.

As of 2018, the county has per capita personal income of \$34,732, a median income of \$70,088, and a median value for owner-occupied housing of approximately \$800,000. The county government has a workforce of 2,470 employees in twenty agencies and departments and an annual budget of approximately \$777 million. The Santa Cruz County seat is in the city of Santa Cruz at 701 Ocean Street.

Epidemiology of SUD in Santa Cruz County: Before and After

While Santa Cruz County is considered one of the healthiest counties in California, it has not escaped the impacts of the opioid epidemic and other persistent and ongoing substance use issues impacting the health and well-being of Santa Cruz County citizens. While population health outcomes directly related to implementing the Systems of Care initiative are difficult to measure, looking at the changes in opioid-related indicators during the course of the System of Care initiative which occurred during the pandemic provides an interesting look at how opioid use may have changed as a result of the pandemic. As the pandemic wreaked havoc on the state, Santa Cruz County SUD prevention, treatment, and recovery partners remained responsive, nimble, and collaborative. Data from 2021, the most recent full year of data available from the California Department of Public Health (preliminary death data that may change), is compared to data from the beginning of 2019 below.

Santa Cruz County drug-related deaths also surged throughout 2021, with a report that 29 people had died of a fentanyl overdose in the county in the first nine months of 2021, while the county saw a 66% increase in fentanyl overdoses compared to the previous year. Santa Cruz County experienced a total of thirty-eight opioid-related overdose deaths in 2021. The annual crude mortality rate for 2021 was 13.92 per 100k residents, an increase of 33% from 2019. Figure 2 shows the 12-month rates for selected overdose indicators compared to the same indicators from 2019.

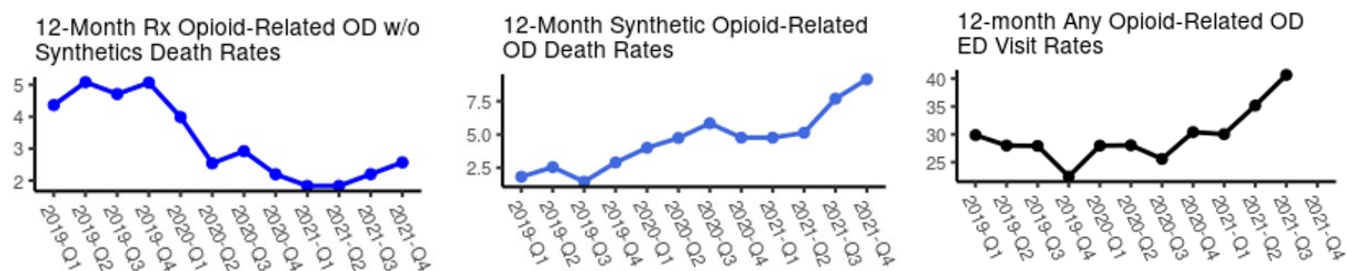


Figure 2: Opioid Related-Overdose Indicators from 2019 to 2021

Figure 3 presents a map of the 2021 annual age-adjusted rates for any opioid related overdose death by zip code compared to a map of the 2019 annual age-adjusted rates for any opioid related overdose death by zip code.

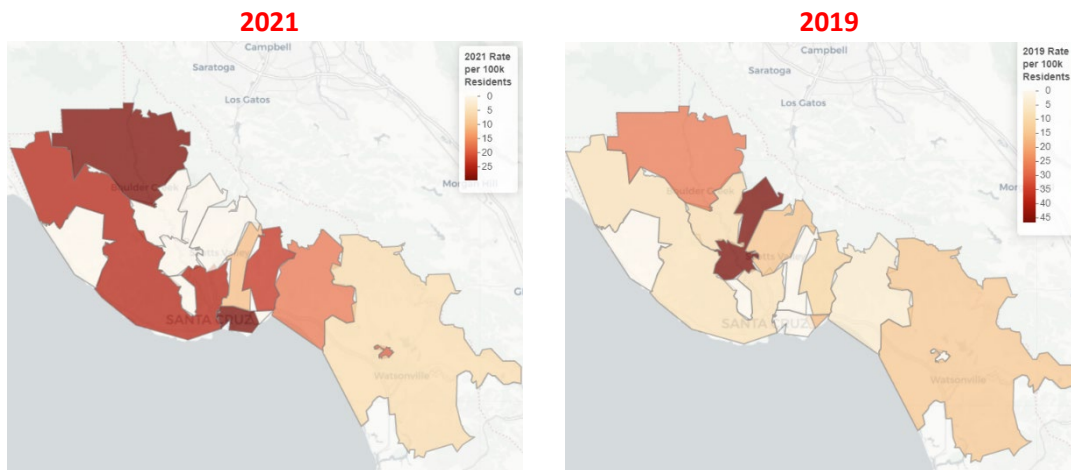


Figure 3: 2021 Compared to 2019 Opioid Related Overdose Deaths by Zip Code, Santa Cruz County

Figure 4 presents age adjusted opioid overdose death rates comparing 2019 and 2021 by race and ethnicity.

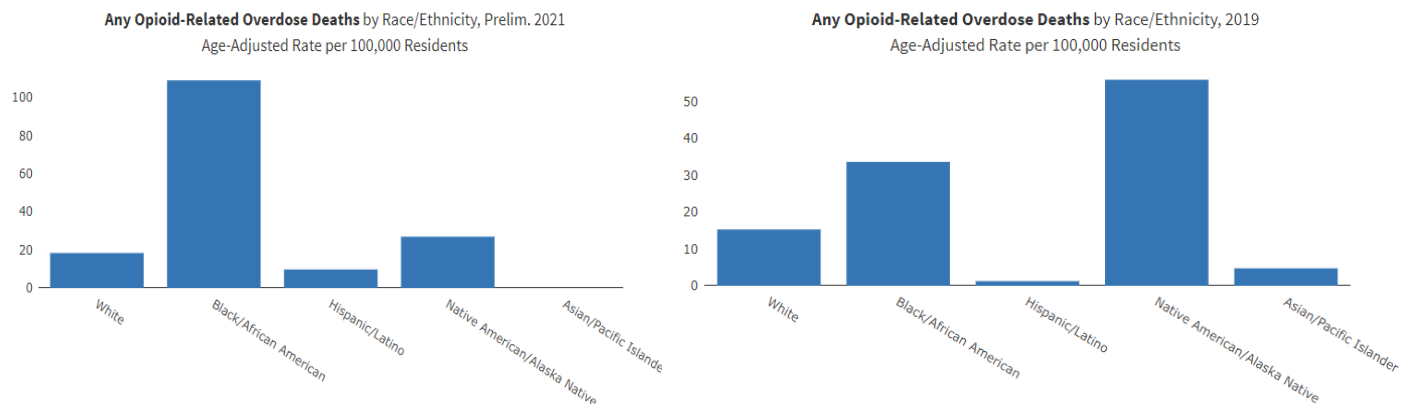


Figure 4: 2021 Compared to 2019 Opioid Related Overdose Deaths by Race/Ethnicity, Santa Cruz County

Locally, fentanyl-related fatalities nearly quadrupled from 5 in 2019 to 19 in 2020 (May 2021 Santa Cruz Coroner Data). Local Coroner's data indicates that fentanyl is co-occurring with many different substances as noted above.

Key County Partners / Key Change Agents

Many stakeholders participated in the original May 2021 Process Improvement Event, as well as this follow-up Envisioning the Future Event. Their agencies and organizations are listed in Figure 5. The

participants in each of the convenings represent a wide cross-section of organizations, departments, decision-makers, doers, and people with lived experience.

Key Partners/Change Agents
Central California Alliance for Health
County of Santa Cruz - Homeless Persons Health Project
County of Santa Cruz Behavioral Health*
County of Santa Cruz Children's Behavioral Health
County of Santa Cruz Health Officer
County of Santa Cruz Substance Use Disorder Services*
Doctors on Duty
Dominican Hospital – Common Spirit Healthcare
Encompass Community Services*
Encompass Community Services/Si Se Puede Program
Goodwill of Central Coast
Harm Reduction Coalition of Santa Cruz County
Health Improvement Partnership of Santa Cruz County*
Janus of Santa Cruz*
Monterey County Prescribe Safe Initiative
New Life Community Services
Pajaro Valley Prevention and Student Alliance (PVPSA)
SafeRx Santa Cruz County*
Salud Para La Gente
Santa Cruz Behavioral Health Division*
Santa Cruz Community Health Center
Santa Cruz County Behavioral Health- HOPES Team
Santa Cruz County Corrections*
Santa Cruz County Health Services Agency
Santa Cruz County Office of Education
Santa Cruz County Probation
Santa Cruz County Public Health
Sobriety Works*
Superior Court of Santa Cruz County
Telecare
The Camp Recovery Center
UCSC Student Health Services
Watsonville Community Hospital
<small>*Indicates organizations that were engaged in initial outreach and project discussions related to the Santa Cruz County Systems of Care project.</small>

Figure 5: Key Santa Cruz County Partners/Change Agents

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

WELCOME: SANTA CRUZ COUNTY PLANNING GROUP



Alex Threlfall, MD

*Formerly of County of Santa Cruz BHS
Chief of Psychiatry*

Anthony Jordan, MPA, CADC III-CA

*County of Santa Cruz BHS
Chief of Substance Use Disorder Services*

Casey Swank, LCSW

*County of Santa Cruz BHS
Behavioral Health Program Manager*



SafeRx Santa Cruz County

www.hipscc.org/saferx

@SafeRxSCC



Jen Hastings, MD

*SafeRx Santa Cruz County,
Health Improvement Partnership
Medical Lead*

Rita Hewitt, MPH, CPhT

*SafeRx Santa Cruz County, Health
Improvement Partnership
Program Manager*

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Figure 6: Key Santa Cruz County Planning Group Members

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 Cruz County. 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 7 represents the gaps and barriers identified, while Figure 8 represents the prioritization and consolidation of those key features and improvement opportunities and how they relate to that broader ecosystem. Figure 9 provides key features and solution outputs as identified by stakeholders via breakout sessions.

Process	Communication	People
<ul style="list-style-type: none"> • Institutional racism and its implications • Funding (particularly in behavioral health setting) • Grant funding (restrictions and limitations that come with it) • Access to medications (weekend, afterhours, interruptions) • Continuity of care • Complexity of system (Who do I refer to and how do I do it?) • Management of co-occurring disorders • Insurance challenges (especially for justice involved population) • Lack of universal consent • Lack of awareness of ecosystem • No access line to triage access to services • Wait times during process steps 	<ul style="list-style-type: none"> • Stigma in community at large • Lack of understanding of MAT in the criminal justice system • Lack of common knowledge around harm reduction and MAT • Need for culturally competent care • Lack of awareness of county resources • Limited access points for non-English speakers • No common understanding of behavioral health and substance use • Stigma in community at large • Lack of understanding of MAT in the criminal justice system • Lack of common knowledge around harm reduction and MAT • Need for culturally competent 	<ul style="list-style-type: none"> • Stigma from treatment providers • Staff turnover and implications for treatment
		Place
		<ul style="list-style-type: none"> • Housing challenges for unhoused population • Need to have suboxone services in house • Lack of medical detox • Lack of post-recovery housing
		Miscellaneous
		<ul style="list-style-type: none"> • Fear of law enforcement and fear among undocumented community

Figure 7: Identified Gaps and Barriers

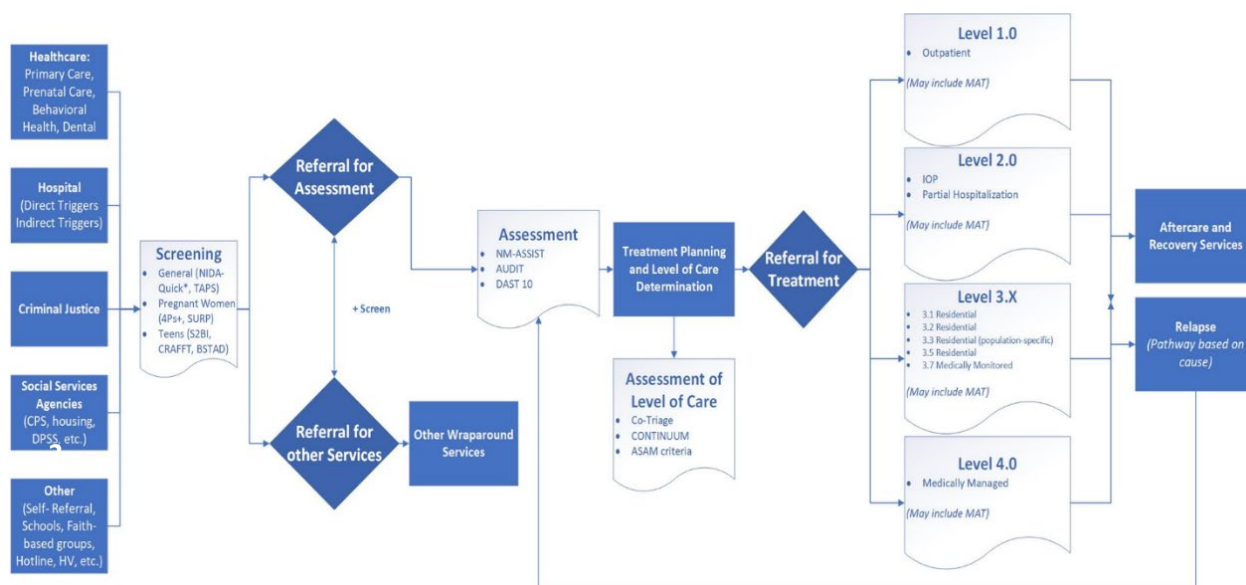


Figure 8: The “Scaffolding of the Future State”

Key Features and Solutions outputs from Santa Cruz Process Improvement Event Breakout Session	
1	Improve services/support for high utilizers in the Criminal Justice (CJ) System (with compassion and empathy)
2	Juvenile Justice Bridge program (support youth transitions with lang/culturally concordant family education and services)
3	Peer education and communication programs (for youth, school staff, administrators)
4	Re-interpret the readiness cycle for youth
5	Identifying root causes of burnout and turnover (getting to a solution for challenges)
6	Build and deploy programs to address staff turnover at all levels (e.g., student loan forgiveness, internships, pipeline programs with schools, etc.)
7	Central Access Line (build on 211, for SUD and MH triage and appts)
8	Information sharing for the transition of care (leverage social CM platforms)
9	Universal assessment tool (avoid redundant assessments – both in SUD across departments)
10	Universal consent for ROI
11	Quick start sites (same day) for MAT
12	Low Barrier treatment (e.g., for those with COD, multi-SUD)
13	Outreach and “mobile” services (esp. South County)
14	Inpatient/ residential facility
15	Treatment programs and need for expanded hours (more for detox and residential)
16	Building-integrated services with MAT (job training, other treatments)
17	Housing – a cycle of treatment and then housing challenges (funding source challenges vs. recovery reality)
18	Supportive housing opportunities (allows clients on MAT)
19	Sober living (SLE) for transitions of care
20	Transitional/ supportive Housing (recovery residences for ODS clients and others)
21	Anti-stigma education and messaging campaign (e.g., chronic ds, language focus, PSAs, etc.) start with the provider community and go beyond
22	Law enforcement education, engagement and addressing stigma, empathy (bring back/ spread HERO program)
23	Messaging: Positive reinforcement vs. schtick
24	Interactive sessions and relationship building
25	Increase use of paid peer support for service delivery, training, education stigma (funding challenges) across all LOCs

Figure 9: Key Features and Solutions as identified in the May 2021 Process Improvement Event

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 were provided. The concept behind having county-level goals was to encourage systemic progress toward the ideal treatment and recovery ecosystem for the county, 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 10 below.

Santa Cruz County Systems of Care Smart Goal(s)	Details	Target Date(s)	Status
1. Identify and apply for 2-3 sources of short-term funding (1-2 years) and 1-2 long-term funding (2+ years) for increasing MAT access for undocumented and uninsured persons and program sustainability.	<ul style="list-style-type: none"> • Healing the Streets – HIP/SafeRx assisting • Youth Funding – SafeRx received grant funding • SafeRx applied for Opioid Settlement funding 	March 2022 & July 2022	Achieved
2. Enhance current SafeRx resource document for patient-centered identification of MAT programs and increase usage of the tool.	<ul style="list-style-type: none"> • Integrate SafeRx document and Recovery Wave on UNITE US platform • Integrate SafeRx Resource Document into 211 	March 2022	Achieved
3. Hold community convening twice a year – for integration of sectors and discuss resource updates.	<ul style="list-style-type: none"> • October 18, 2021 – MAT Advisory Group Convening- Polysubstance • December 3, 2021 – Winter MAT Advisory Group Meeting- coroner • March 22, 2022, Spring Safe RX- Convening 	<ul style="list-style-type: none"> • Fall 2021 • Winter 2021 • Spring 2022 	Achieved
4. Transition of Care a) Increase ED Bridge referrals by 50% at Watsonville Community Hospital. b) Increase ED Bridge referrals by 5% at Dominican Hospital c) MAT services and referrals available in County PHF	a. Watsonville Hospital program increased referrals by over 100% (went from 0 – 134 & MAT inductions from 0 – 455 over the 14 months beginning in May 2021 – July 2022 (Achieved) b. Dominican Hospital – Increased referrals > 5% (20+ new referrals) (Achieved) c. New MAT inductions now accessible through Telecare at the CSP and PHF (Achieved)	a. July 2022 b. July 2022 c. June 2022	Achieved
5. Addressing Stigma a) Provide seminars to professionals and paraprofessionals regarding MAT services at least quarterly. b) Develop a public service announcement campaign	a. Stigma - Pharmacy Awareness Campaign: initial meeting with pharmacists; development of notepads for pharmacists b. #CompassionOverStigma campaign <ul style="list-style-type: none"> • MAT AG April 12 focus on stigma 	July 2022	Partially achieved

6. Peer involvement a. Peer involvement in transitions and the provision of care. b. Ensuring a living wage for peer support counselors	a. Peer involvement integral to Healing the Streets and SafeRx grant	July 2022	Partially achieved
7. Youth MAT – implementation of youth-centered MAT programs in Santa Cruz County	<ul style="list-style-type: none"> Youth MAT program implemented at Santa Cruz Community Health (SCC), Youth MAT presentations for SCC Engaging with HMA on Youth Guidelines-clarified Naloxone can be distributed to minors 	July 2022	Achieved

Figure 10: Santa Cruz County SMART Goals

Coaching and Technical Assistance Successes

HMA provided Coaching and Technical Assistance with several provider groups and organizations that identified project goals of increasing access to MAT and treatment services. HMA supported these organizations by working with them toward achieving their specific goals. In addition to what we heard about during the Envisioning the Future convening, there were several coaching successes to highlight:

- **Watsonville Community Hospital** identified and successfully achieved its goals of 1) all emergency medicine and hospitalist physicians obtaining their X-waiver; 2) starting buprenorphine inductions in the emergency department, inpatient service, and OB service; and 3) providers, nurses, and pharmacists received training on naloxone administration for overdose. This effort was by the strong champions of the SUD navigator Ashlee DeHerrera and pharmacist Jennifer Gavin with support from Dr. Reb Close from ED Bridge.
- **The Santa Cruz Specialty Behavioral Health (SBH) Clinic** identified goals of 1) increasing the organization's participation in a community-wide solution to the opioid epidemic, 2) implementing an evidence-based screening tool, and 3) starting an MAT program. Through our coaching sessions, we focused the most on the latter, and they focused on patients for whom they are presently treating their serious mental illness and refer out for buprenorphine treatment. Though they have not yet written their first prescription, they are primed to do so. They had four additional providers receive their X-waiver in addition to the eight existing X-waivered providers. Additionally, they have identified an evidence-based screening tool that they are working to implement at the initial intake.
- **Salud Para La Gente (SPLG)** developed goals of 1) increase six-month patient retention in the MAT program from 48% (baseline) to 60%, 2) increase attendance to MAT shared appointments to a minimum of five patients, 3) increase the number of patients in contingency management to eight people with 60% completing the eight-week program, and 4) identify one new location for mobile outreach van. SPLG provides low barrier care to buprenorphine and noted improved program retention, though data gathering was challenging on a regular basis. Their MAT shared appointments did increase to at least five, though this number was not consistently held. They are planning to start a Spanish-speaking MAT shared appointment. They successfully started a contingency management program, and seven patients completed the program in Q1 of 2022. Last, they identified a new location for their mobile van; however, they noted several barriers,

including staffing and county removal of homeless encampments making engagement more challenging.

- **Telecare** – HMA worked with Telecare’s leadership to develop the capabilities needed to implement Medication Assisted Treatment (MAT) at the Santa Cruz County Psychiatric Health Facility (PHF). The PHF is now able to offer patients the ability to start MAT as part of the services offered by Telecare to ensure that patients have a greater opportunity to connect with initial and ongoing MAT maintenance services.
- **Encompass Community Services and Janus of Santa Cruz County** – HMA worked with both organizations and the Santa Cruz Behavioral Health Services agency to address payment and reimbursement issues related to Outpatient MAT Services at both organizations. As a result of this collaboration, the Behavioral Health Services Agency is working to address concerns and provide guidance on Outpatient MAT billing and service delivery concerns.

Implementation Status

As noted above, the Santa Cruz County Systems of Care Planning Group developed a broad set of project Smart Goals that served as the compass for the Santa Cruz Systems of Care project and its Coaching and Technical Assistance program over the remaining 15 months of the collaborative effort. The project’s Smart Goals focused on addressing the seven most pressing issues identified during the Process Improvement Event. These seven Smart Goals provided the entire County treatment ecosystem with a one-year focus on developing improvements that will provide a lasting impact for both the community and its residents in recovery from SUD and Stimulant Use Disorder. HMA’s Coaching and Technical Assistance program worked with each organization that worked with HMA on expanding access to Medication Assisted Treatment. The Coaches work with each organization on setting their own Smart Goals helping each organization achieve its desired outcomes and enhancing its ability to offer services and MAT.

ACHIEVEMENTS: SANTA CRUZ COUNTY SMART GOALS

Santa Cruz County Systems of Care Smart Goal(s)	Accomplishments
1. Securing funding: short and long term	Healing the Streets; Funding for Youth; Opioid Settlement Funds applied for and still pending <input checked="" type="checkbox"/>
2. Enhance and increase utilization of MAT Resources	Integration with Recovery Wave and 211 <input checked="" type="checkbox"/>
3. Community Convenings (at least 2) for cross sector integration and resource updates	Fall, Winter, Spring community meetings: Collaborative Justice, Stigma, Fentanyl Town Hall <input checked="" type="checkbox"/>
4. Improve Transitions of Care: Watsonville and Dignity ED Bridge Telecare and PHF provide MAT	-Watsonville ED Bridge launched -Dignity ED Bridge increased referrals -Telecare and PHF now provide MAT <input checked="" type="checkbox"/>
5. Addressing Stigma	#CompassionOverStigma Campaign Pharmacy Campaign; presentation on negative impacts of stigma on health care <input checked="" type="checkbox"/>
6. Peer Involvement	Healing the Streets <input checked="" type="checkbox"/>
7. Youth MAT: implementation of youth centered MAT	SCCH started YOUTH MAT program; shared best practices with providers <input checked="" type="checkbox"/>




Figure 11: Santa Cruz County Accomplishments

Status of Santa Cruz County SMART Goals

All seven of the project's Smart Goals have met a level of achievement as of August 15, 2022, the date of the project's Envisioning the Future conveying. All seven Goals have been achieved, with some still in progress despite already having attained considerable progress. Celebration of Success slides for each of the Seven goals are included in this slide deck as part of the Envisioning slides.

Celebrating Key Successes and Assets: Opportunities Realized

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 Cruz County made considerable progress toward those goals. During the Envisioning the Future convening, we heard about several successes. It is important to highlight and learn from the factors and assets that proved key to that progress.

Organization	Key Success
Santa Cruz Community Health 	Addressing an unmet need and leading efforts in the development of a Youth-focused MAT Treatment program for adolescents that includes: <ul style="list-style-type: none">• Building a Medical home with clients• Build a trusting relationship with the patient (youth) and their family• Understanding and educating the public on the developmental stages of adolescence• Providing Screening, Brief Intervention, Referral to Treatment (SBIRT)• Annual related risk screening for Substance Use (CRAFT)• Targeted interventions, including pharmacotherapy and referrals
Dominican & Watsonville Hospitals 	CA Bridge's recognition of Watsonville Hospital's status as the seventh top distributor of naloxone in California. Additionally, Watsonville trained its staff on Naloxone use and increased the number of X-waivered providers who began (MAT) buprenorphine inductions throughout the hospital. Both Dominican and Watsonville Hospitals increased access to MAT by connecting individuals in recovery to MAT services. Since January 2022, both facilities increased the number of MAT X-waivered providers: <ul style="list-style-type: none">• Dominican Hospital increased MAT prescribers by eight, from 4 to 12• Watsonville Hospital increased MAT prescribers by nine, from 2 to 11
 Santa Cruz Psychiatric Health Facility (PHF)	Implementation of a Medication Assisted Treatment Program (MAT) at the contracted Santa Cruz County Psychiatric Healthcare Facility <ul style="list-style-type: none">• Program focused on the availability of MAT (induction) for patients who were transported to the psychiatric facility and experiencing opioid withdrawal.





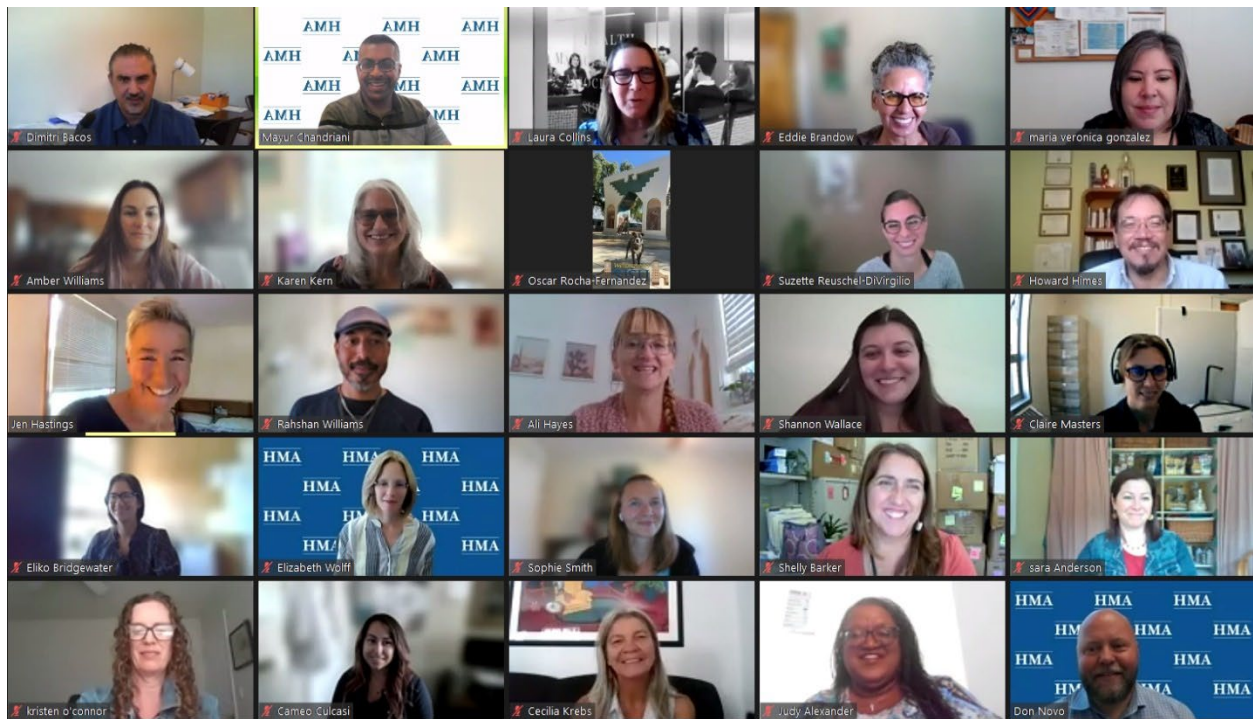
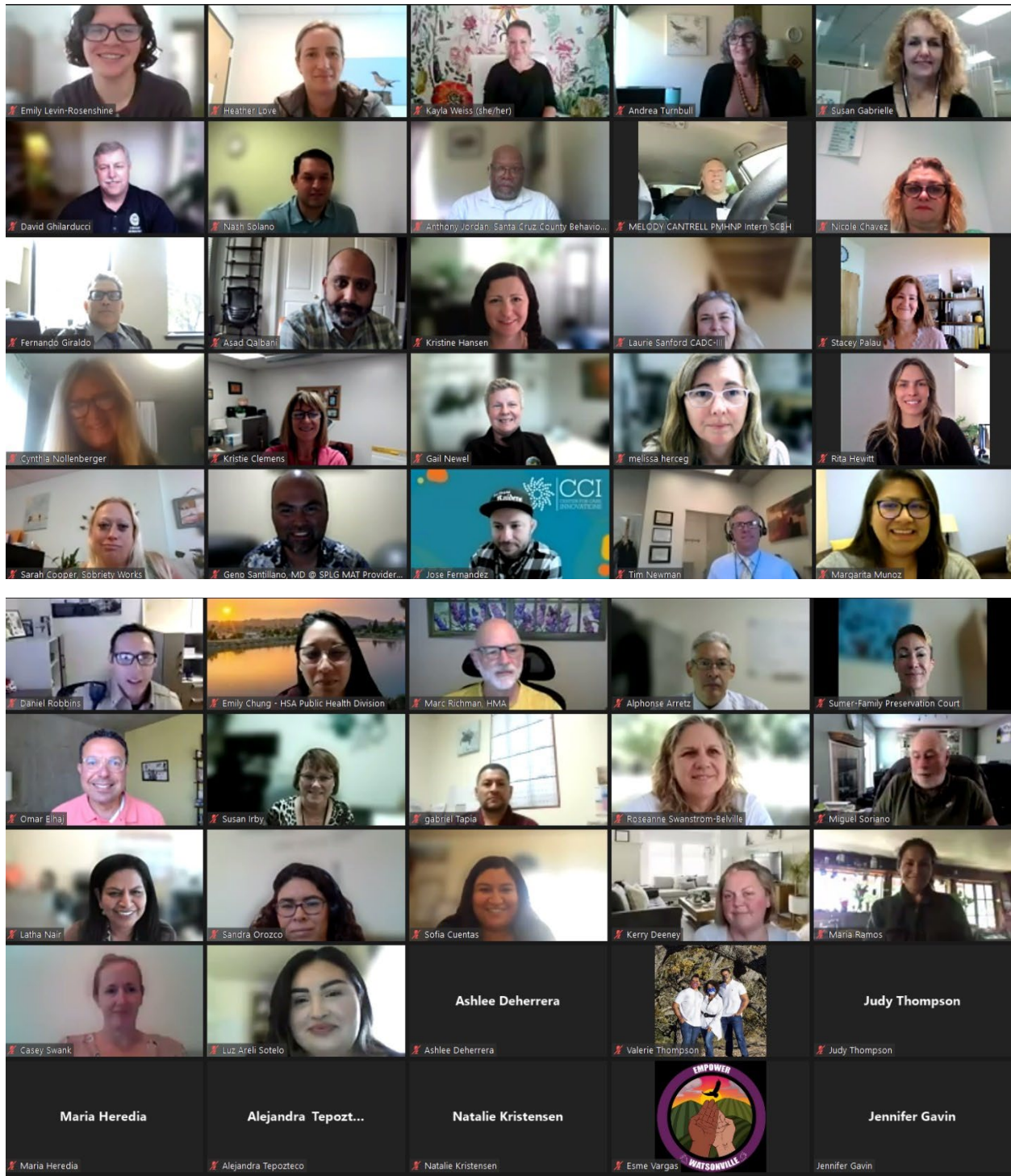
	<ul style="list-style-type: none"> Project made MAT available to patients who choose to begin MAT treatment without referral to a MAT induction program
<p>Santa Cruz County Behavioral Health</p> 	<p>The Healing the Streets program focused on building an integrated system of care by engaging homeless residents where they are at in their recovery journey through:</p> <ul style="list-style-type: none"> Provide direct services to people experiencing homelessness and serious mental illness with or without a co-occurring substance use disorder Develop an integrated, sustainable model for this population of focus that produces the best outcomes possible for our community
<p>Increasing Coordination of Care between the Jail and Outpatient Medical Care (PCP)</p> 	<p>This joint effort program is operated between Santa Cruz Community Health Center and Santa Cruz County Health Services Agency with a focus on Improving discharge planning at the Santa Cruz County jails</p> <ul style="list-style-type: none"> The program offers care coordination between the jail health programs and community health providers to ensure smooth discharge for individuals that are reintegrated into the community The program offers treatment for alcohol and opioid dependency as part of the patient's primary care services Behavioral Health Services are also available to patients
<p>Pajaro Valley Prevention and Student Assistance, INC.</p> 	<p>PVPSA/Empower Watsonville developed a survey of Youth Substance Use in Pajaro Valley to better understand the issue of Youth Substance Youth in the Watsonville Area with the goal of minimizing youth substance use by offering the following services:</p> <ul style="list-style-type: none"> Peer education Advocacy for public health policy Increasing self-efficacy and resiliency <p>The survey was promoted at outreach events, through classroom presentations and social media over a one-month period and received approximately four hundred responses. A similar North County survey is now in process.</p>
<p>Safe RX Santa Cruz "Let's Talk" Community Education & Awareness</p> 	<p>"Let's Talk" brochures, developed with Monterey and San Benito Counties based on work from Marin County, are a resource for parents and teens to increase knowledge and dialogue on:</p> <ul style="list-style-type: none"> Mental Health Drug use including opioids and fentanyl, stimulants Naloxone (Narcan) <p>In collaboration with the Santa Cruz Office of Education, "Let's Talk" brochures are being mailed to most 9th grade families, and a digital version is available to all families and school staff. SafeRx provided Fentanyl education and Naloxone (Narcan) training for school staff.</p>

Figure 12: Santa Cruz County Community Partner Key Successes

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 Cruz County and our responses to those challenges are described in the next section.





Figures 13, 14, & 15: Group Photo of All Participants from the August 15, 2022, Virtual Event on Zoom

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

The second half of the convening was devoted exclusively to a discussion about the future of the treatment and recovery ecosystem in Santa Cruz 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 met. For example, the continued effort to maintain timely, affordable, and appropriate transitions of care. The following sections summarize the discussion and resulting approaches Santa Cruz County intends to put in place to continue the progress of enhancing its 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 later participated in a chatterfall to further elaborate on those needs to prioritize SUD-related priorities and infrastructure needs for the future. The findings are summarized in Figure 16 below.

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

The SUD-related priorities identified by participants include:

- Strengthening the SUD workforce (paying a living wage, recruitment, training, morale, retention)
- Sustaining MAT services after SOR (State Opioid Response) funding sunsets

SUD-related priorities	
Promoting MAT services throughout the county to increase the number of patients accessing MAT	13%
Sustaining MAT services after SOR (State Opioid Response) funding sunsets	19%
Expanding and enhancing residential treatment for youth	16%
Strengthening the SUD workforce (paying a living wage, recruitment, training, morale, retention)	22%
Create an integrated model for peer support services (team-based care transformation, training, and capacity building)	17%
Catalyze change that is culturally responsive	12%

Figure 16: SUD-related priorities, as identified by event participants via Zoom poll

Not surprisingly, some of the infrastructure necessary to address these emerging priorities are the same as what is needed to sustain the previously identified county goals. There are additional solutions needed, particularly to address the SUD workforce. Figure 16 below provides a specific snapshot of the infrastructure needed to sustain the gains in the community.

PHYSICAL ENVIRONMENT	PEOPLE	MATERIALS/ RESOURCES	PROCESS	MEASUREMENT	COMMUNICATION
Recovery residences Youth specific recovery residence Transportation	Collaboration Recruitment and retention of culturally responsive providers Family involvement Substance users	Funding Increased compensation Client incentives Education and training Narcan production Harm reduction resources	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, especially around substance use and mental health LGBTQ-friendly language

Figure 17: Various infrastructure needed to sustain gains in the community

Next Phase Action Plan

Several actions were identified to ensure that Santa Cruz County continues to make forward progress on enhancing the treatment and recovery ecosystem. Some of the action items include continuing the quarterly calls, continuously collaborating with and supporting community partners, increasing the workforce, education, and training of Narcan, and focusing on expanding in-country access to residential treatment services for Youth.

Additionally, the federal government has indicated its intention to continue to fund State Opioid Response (SOR) grants to ensure that states effectively address the chronic disease of substance use disorder. Health Management Associates has been notified that they will receive some SOR-3 funding to continue work in this area. Although it is not clear whether Santa Cruz 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 Cruz 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 in communication and coordination between the county, SafeRx Santa Cruz County (a program of the Health Improvement Partnership of Santa Cruz County), the county's treatment and recovery eco-

system providers, and the overall community. Participation in joint SafeRx Santa Cruz County and System of Care project quarterly calls and virtual convenings remains high, and the feedback obtained by stakeholders indicates increased buy-in and support. Santa Cruz County is well-positioned to realize their aspirations of an improved SUD treatment and recovery ecosystem. The county is fortunate to have active and engaged community partners and the leadership of SafeRx Santa Cruz County, along with the county's Behavioral Health Services Agency leadership.

Appendix

Fentanyl and Other Drug Threats

An educational presentation about the threats posed by fentanyl and other “new drugs” was provided during the Envisioning the Future event. The presentation was intended to enhance stakeholders’ knowledge and understanding of the risks associated with these drugs (fentanyl and xylazine, in particular), clarify the realities and myths of passive exposure, and offer tools and strategies for organizing teams and responding to crisis drug events.

Fentanyl has been approved by the FDA and used appropriately and effectively in controlled medical environments as an anesthetic and pain medication since the 1960s. In recent years, however, an influx of illicit fentanyl and its precursors (from China and Mexico), along with homegrown fentanyl laboratories in the US, have created a new and potent wave of overdose events. Fentanyl exposure occurred initially as a contaminant in a broad swath of street drugs, but more recently is being sought out as a drug of choice, particularly among adolescents and young adults. Because the potency of fentanyl is one hundred times greater than morphine and ten times greater than heroin, the threat is literally and figuratively breathtaking.

This surge in fentanyl-related overdose events has been accompanied by egregious misinformation and irrational fears among first responders, causing a reluctance to respond to overdose events and unreasonably punitive responses to individuals experiencing overdose events. The presentation addressed the myths and exceedingly limited risk of passive exposure and described The National Institute of Occupational Safety and Health (NIOSH) exposure risk stratification, precautions, and decontamination procedures.

Harm reduction is key to addressing the fentanyl epidemic, as 77% of overdoses show no evidence of naloxone administration.³ Participants discussed harm reduction strategies such as naloxone distribution and administration, fentanyl test strips, and safer use practices.

There was a brief discussion about a new drug threat, xylazine, a non-opioid medication with approved uses as a veterinary tranquilizer, which has now become a serious overdose hazard through its increasingly common, dealer-driven combination with fentanyl and other street drugs. Xylazine depresses blood pressure and respiration, which is the cause of the serious overdose threat, especially when combined with other drugs that have similar side effects (e.g., heroin, fentanyl, and other synthetic opioids, alcohol, and benzodiazepines). A less life-threatening side effect of xylazine is the spectrum of skin manifestations—rashes that begin as papules (i.e., little bumps) and progress to skin necrosis (i.e., death of skin layers).

Finally, the presentation described the concept of mass casualty, or drug overdose events - declared when first responders and emergency rooms are treating multiple overdose patients at once, from the same location/environment. Dr. David Ghilarducci, EMS Director and Deputy Health Officer reviewed the prevention, identification, and response to such incidents.

³ 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.

Please find the Envisioning the Future event slides attached.
The recording of this event can be found at www.bit.ly/SantaCruzETF.

Today's Convening

Systems of Care:

Envisioning the Future of Santa Cruz County

will begin shortly.

Contact Mayur Chandriani
mchandriani@healthmanagement.com

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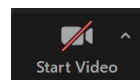
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Welcome!

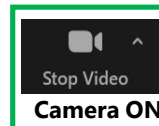
Thank you for joining us this morning.

Please read through the following as we will promptly begin at **10:00am**.

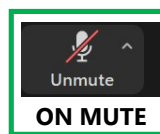
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 - If you joined the audio with a phone and did not enter your unique participant ID then enter **# <your participant ID> #** on your phone now. *Note: Your unique participant ID can be found by clicking on the lower left corner of your Zoom screen where it says 'Join Audio' and your Participant ID will appear.*
 - Please also mute your computer speaker (no sound is coming out through your computer speaker)
- **Ensure your camera is ON.** On the bottom left corner of your screen click on the camera icon that reads start video, after you click on it should look like the picture on the right.
- **Ensure you are on mute.** On the bottom left corner of your screen, you will see a red line through the microphone. Later in the convening we will invite you to unmute your microphone, until then please remain on mute.



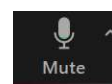
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Camera ON



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MICROPHONE ON

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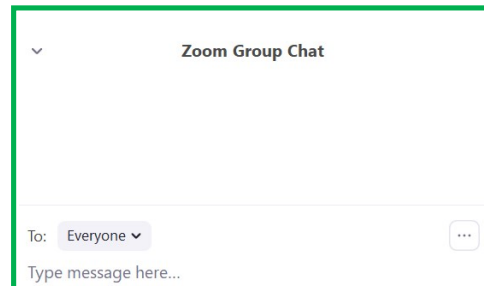
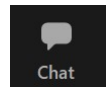
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Welcome!

Thank you for joining us this morning.

Please read through the following as we will promptly begin at **10:00 am**.

- **Locate the chat box.** On the bottom middle of your screen, click on the chat icon. This will open the "Zoom Group Chat" pane on the right side of your screen. You will see messages throughout the webinar on there. When prompted by the presenters, type in your answers or questions there.



LET'S ZOOM INTO THIS EVENT

- +We would love to have you on camera if, and when possible.
- +Take care of yourself-we understand people may be working from home and managing children, pets, partners, etc. so give yourselves and each other some grace!
- +Participate! This is a community event so please use chat, take yourself off mute for interactive components, use emoticons.
- +Please be sure to mute yourself when you are not talking.
- +THANK YOU FOR BEING HERE!

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Systems of Care: Envisioning the Future

Santa Cruz County
August 15, 2022



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

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WELCOME

Santa Cruz County Welcome

Anthony Jordan, MPA, CADC III-CA
County of Santa Cruz BHS
Chief of Substance Use Disorder Services



*Please be sure to **mute** yourself by hovering your cursor over the microphone (Mute) icon on the bottom left side of your screen and click. A **red slash** will appear.*

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WELCOME: SANTA CRUZ COUNTY PLANNING GROUP



Alex Threlfall, MD

Formerly of County of Santa Cruz BHS
Chief of Psychiatry

Anthony Jordan, MPA, CADC III-CA

County of Santa Cruz BHS
Chief of Substance Use Disorder Services

Casey Swank, LCSW

County of Santa Cruz BHS
Behavioral Health Program Manager



SafeRx Santa Cruz County

www.hipscc.org/saferx

@SafeRxSCC



Jen Hastings, MD

SafeRx Santa Cruz County,
Health Improvement Partnership
Medical Lead

Rita Hewitt, MPH, CPhT

SafeRx Santa Cruz County, Health
Improvement Partnership
Program Manager

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WELCOME: SANTA CRUZ COUNTY



SafeRx Santa Cruz County

www.hipscc.org/saferx

@SafeRxSCC

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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.
- + CE credit from ASWB will only be available for those participating in the webinar virtually
- + 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.

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, Physician Assistants (PA) and Ph.D. Psychologist, 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 Emerging Drugs**

Health Management Associates, #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Health Management Associates maintains responsibility for this course. ACE provider approval period: 09/22/2021 – 09/22/2022. **Social workers completing this course receive 1.0 continuing education credits.**

WELCOME AND INTRODUCTIONS

Health Management Associates Welcome

**Santa Cruz County
Systems of Care
Team Lead**



Don Novo
Principal
HMA

**Northern
California TA
Coordinator**



Mayur Chandriani, CPS
Associate
HMA

**Santa Cruz County
Systems of Care Coaches**



**Elizabeth Wolff,
MD, MPA**
Principal
HMA



**Laura Collins,
LCSW**
Senior Consultant
HMA

**Touchpoints
Coach**



Bren Manauh, LCSW-S
Principal
Coach for:

Expanding Access to MAT in County
Criminal Justice Settings

Effective Child Welfare and Justice
Systems for Families Impacted by Opioid
and Stimulant Use

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AGENDA

- + Welcome
- + Speed Networking
- + Why Are We Here?
- + Responding to Fentanyl and other Emerging Drugs
- + Santa Cruz Overdose Response
- + BREAK
- + Celebration of Successes: Sharing with Q&A
- + Focusing on the Future – Breakout and Report Out
- + Making Progress in the Near Term
- + The Future of Systems of Care

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SECURITY DISCLAIMER

- + In the case of any security issues that may occur, this session will immediately end.
- + A separate email will be sent to all participants with further instruction.



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SYSTEMS OF CARE PROJECT GOALS



Make treatment more accessible and equitable for people with SUD/OD/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

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MESSAGES FOR THE SYSTEMS OF CARE OPIOID USE DISORDER & SUBSTANCE USE DISORDER INITIATIVE



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OBJECTIVES FOR TODAY

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

SMALL BREAKOUT ROOM

BREAKOUT ACTIVITY "Speed Networking"



INSTRUCTIONS

Step 1: Review How Breakouts Work

Step 2: Group Breakout *10 min*

Share the following with the other participants in the room:

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

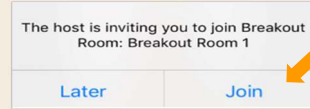
Step 3: Return to Main Room

BREAKOUT ACTIVITY "Speed Networking"



HOW BREAKOUTS WORK

1. Click 'Join' when you see this prompt:



2. This message will appear.



3. You'll enter a "room" with 3-4 colleagues, please ensure to unmute your microphone.



MICROPHONE ON

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BREAKOUT ACTIVITY "Speed Networking"



INSTRUCTIONS

Step 1: Review How Breakouts Work

Step 2: Group Breakout 10 min

Share the following with the other participants in the room:

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

Step 3: Return to Main Room

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BREAKOUT ACTIVITY "Speed Networking"



INSTRUCTIONS

Step 1: Review How Breakouts Work

Step 2: Group Breakout *10 min*

Share the following with the other participants in the room:

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

Step 3: Return to Main Room

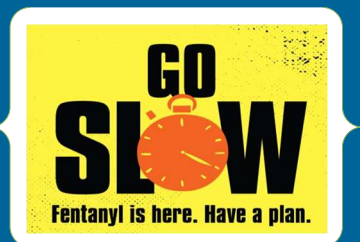
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RESPONDING TO FENTANYL AND OTHER EMERGING DRUGS



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

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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 concern
- + List at least two harm reduction mechanisms to combat the dangers 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)

IMPORTANT FACTS ABOUT FENTANYL

I 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

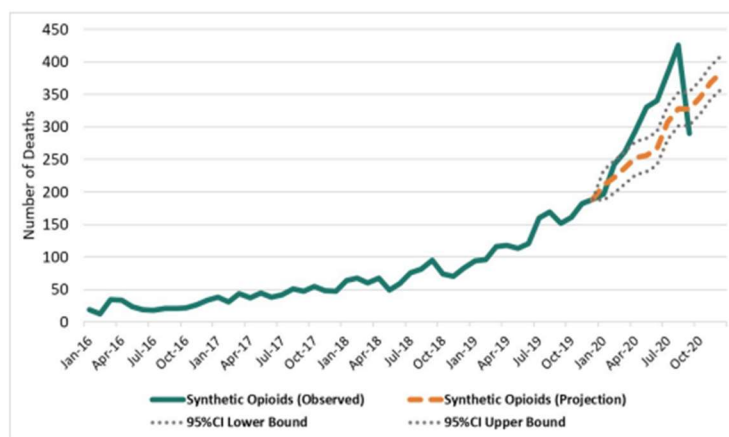
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I FENTANYL DATA CALIFORNIA

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

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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)

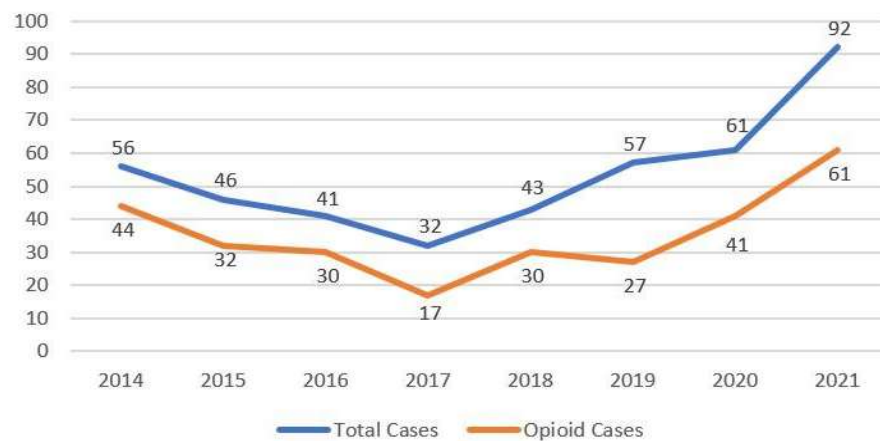
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OPIOID DEATHS IN SANTA CRUZ

Accidental Opioid Death Trend Over Time



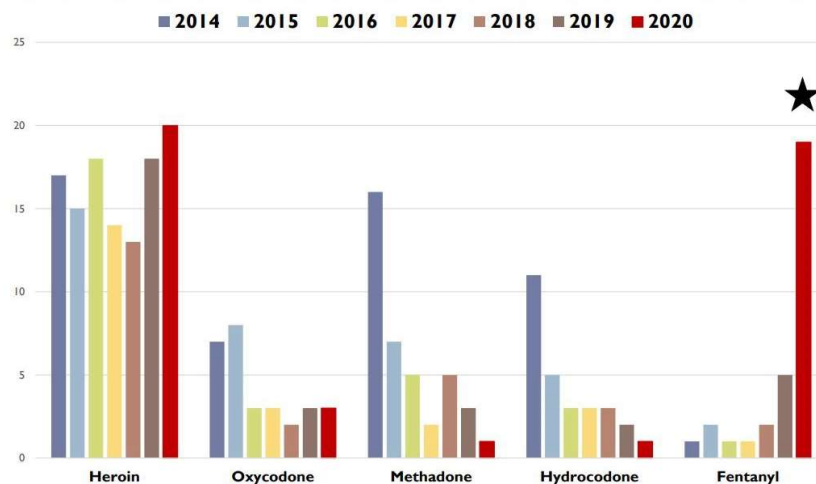
Fiore, Santa Cruz County Sheriff-Coroner's Office

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OPIOID TRENDS OVER TIME IN SANTA CRUZ



Fiore, Santa Cruz County Sheriff-Coroner's Office

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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

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I HOW SUPPLIED

Pharmaceutical Fentanyl

Transdermal



Injectable



Transmucosal



Illicit Fentanyl

Pills



Pure Powder



Mixed with Heroin/sugar



Adulterated psychostimulants



Source: Insightcrime.org

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I FACTS ABOUT FENTANYL

- + Counterfeit cannabis vape cartridges
 - + Have been found to contain fentanyl
 - + The San Diego County Medical Examiner (SDCME) reports this was the 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

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POTENCY OF FENTANYL



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

Source: U.S. Drug Enforcement Administration <https://www.nist.gov/image/fauxfentanyllethaldose005jpg>

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

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ONE PILL CAN KILL

- + Potency
 - + Morphine < heroin < fentanyl < carfentanyl/sufentanyl
 - + Other opioids: Nitazenes: protonitazene and isotonitazene
 - + 3-10 times more potent than fentanyl
- + Potency within pills and inside pill varies
 - + Range from 1mg to 5mg fentanyl in pill
 - + Intra-pill inconsistencies from different parts of pill



Comparing the size of lethal doses of heroin, fentanyl, and carfentanyl. The vials here contain an artificial sweetener for illustration. (New Hampshire State Police Forensic Laboratory)

Sources: Baumann, 2018; Boas, 1985; Hug, 1981; Roy, 1988; Torralva, 2019

<https://www.fda.gov/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-fdas-new-resource-guide-support-responsible-opioid>

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

https://www.dea.gov/sites/default/files/2021-12/DEA-OPCK_FactSheet_December%202021.pdf

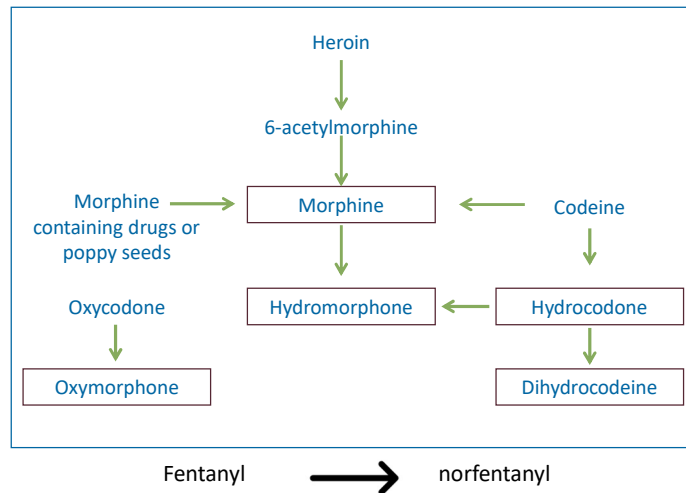
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DIFFERENCES AMONGST OPIOIDS

- + Fentanyl is
 - + Highly lipophilic
 - + Crosses blood brain barrier quickly
 - + Redistributes to adipocytes
 - + 1000 times more lipid soluble than morphine
 - + Morphine, heroin, fentanyl, buprenorphine
- + Lipophilicity influences onset of action
 - + The more lipophilic the faster the onset of action
 - + Morphine 6 minutes, fentanyl 60 seconds
- + **Take Home Points: Brain Effects**
 - + Morphine: slow in slow out
 - + Fentanyl: fast in fast out
 - + Heroin: fast in slow out



Sources: Fairbairn 2017; Torralva, 2019
https://www.dea.gov/sites/default/files/2021-12/DEA-OPCK_FactSheet_December%202021.pdf

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OTHER DIFFERENCES BETWEEN FENTANYL AND HEROIN

- + Detection in toxicology tests
 - + Heroin, codeine, morphine and poppy seeds are all detected as morphine in routine toxicology tests
- + Some tests will specifically detect 6 acetyl-morphine
 - + In order to differentiate heroin-use from potential food or legal prescriptions
- + To detect other opioids, you need the ability to detect other substances (true for point of care tests and confirmatory send-outs)
- + Even point of care tests that can detect heroin, buprenorphine, and/or methadone do NOT detect fentanyl

Compound	Detected by positive	Detected by positive
Heroin	6 acetyl morphine	Morphine
Poppy seeds	Morphine	
Codeine	Codeine	
Morphine	Morphine	
Oxycodone	Oxycodone	Oxymorphone
Hydrocodone	Hydrocodone	Hydromorphone
Hydromorphone	Hydromorphone	
Fentanyl	Nor fentanyl	
Buprenorphine	Norbuprenorphine	
Methadone	Methadone	2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP)

Sources: Fairbairn 2017; Torralva, 2019
https://www.dea.gov/sites/default/files/2021-12/DEA-OPCK_FactSheet_December%202021.pdf
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35724&ver=68f>

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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	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 Alcohol 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>

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POLL

+One pill can kill?

- True
- False



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

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:

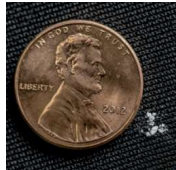
- Call For Help
- Administer Naloxone
- Rescue Breathing
- Repeat Steps As Needed



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



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



SOURCE: DEA

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

SOURCE: PBS Science, December 2018



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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

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FACTS ABOUT EXPOSURE RISKS, SAFETY PRECAUTIONS AND DECONTAMINATION RECOMMENDATIONS



Photos: Unsplash; NIOSH First responder toolkit

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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>

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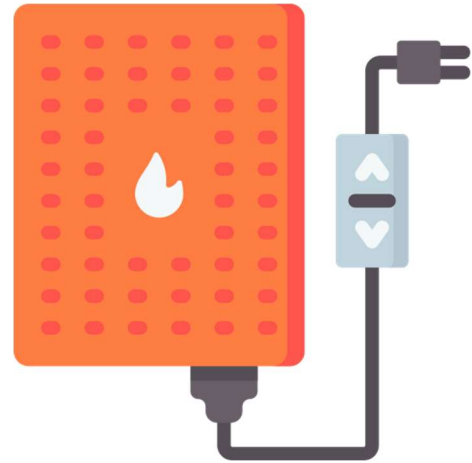
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+Dermal

- 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

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

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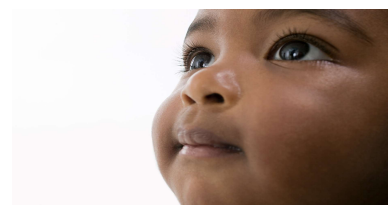
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+Inhalation

- Unprotected 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

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I CDC/ NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH

+ Suspect that illicit drugs may be present, but no illicit drug products are visible

- 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



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.>

Photo from Canva

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I CDC/ NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH

+ Liquid or **small** amounts of powder are visible

- Example: An illicit drug storage or distribution facility, milling operation, or production laboratory
- Wear gloves
- Wear mask
- Wear eye protection
- Wear coveralls



Source: <https://www.cdc.gov/niosh/topics/fentanyl/risk.html>
 Photo from PowerPoint

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I CDC/ NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH

+ Liquid or **large** amounts of powder are visible

- Example: An illicit drug storage or distribution facility, milling operation, or production laboratory

- Wear gloves
- Wear mask
- Wear eye protection
- Wear coveralls

Source:

<https://www.cdc.gov/niosh/topics/fentanyl/risk.htm>

Photo sources: PowerPoint and Canva



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I **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

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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

TIME FOR A POLL

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

- Legend
- Reality



Photo source: IMDb

I 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
- + 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 (booty bump)
 - Have naloxone available
 - Know how to recognize OD and use naloxone
 - Go slow (use a test dose)
 - Don't stack doses

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

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I 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



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>

<https://www.healthaffairs.org/doi/10.1377/hblog20210601.974263/full>

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HOW TO GET NALOXONE IN CALIFORNIA

+ Naloxone distribution project

https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx

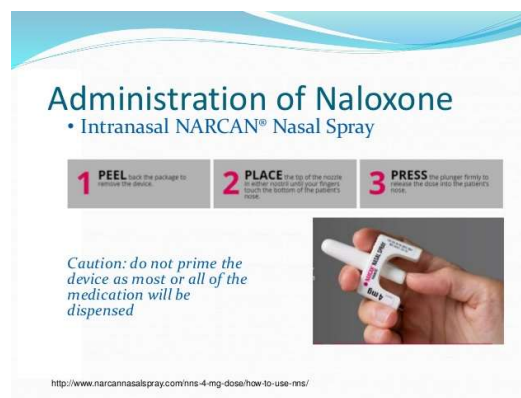
Limited supply at present

+ Available through Medi-Cal with a prescription

+ Can distribute to minors 12 years of age and older

+ Santa Cruz schools will have Narcan and are getting training

+ Santa Cruz Narcan Resource sheet



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HOW TO GET NALOXONE IN SANTA CRUZ COUNTY

NARCAN AVAILABILITY RESOURCE INFORMATION NARCAN® NALOXONE DISTRIBUTION SITES

NARCAN® (NALOXONE) DISTRIBUTION SITES	
Clinics	Pharmacies
Santa Cruz County Health Services Narcan® available at no cost. Also available: Primary Care and Medication for Addiction Treatment (MAT) Santa Cruz Health Center 1080 Emeline Ave, Santa Cruz. (831) 454-4100 Watsonville Health Center 1430 Freedom Blvd, Suite D, Watsonville. (831) 763-8400 Homeless Persons Health Project (HPHP) 115-A Coral St, Santa Cruz. (831) 454-2080	Westside Pharmacy and Medical Supply Narcan® covered by Medi-Cal, Medicare, and most health plans or can self-pay 1401 Mission St, Santa Cruz. (831) 423-7175
Santa Cruz Community Health Narcan® available at no cost. Also available: Primary Care and Medication for Addiction Treatment (MAT) The Women's Health Center 250 Locust Street, Santa Cruz. 831-427-3500 x 326 East Cliff Family Health Center 21507 East Cliff Dr, Santa Cruz. 831-427-3500 x 326 SC Mountain Health 9500 Central Ave, Ben Lomond. 831-427-3500 x 326	Horsnyder Pharmacy and Medical Supply Narcan® covered by Medi-Cal, Medicare, and most health plans or can self-pay 1226 Soquel Ave #A, Santa Cruz. (831) 458-140
Salud Para La Gente Need an appointment for Narcan®. Also available: Primary Care and Medication for Addiction Treatment (MAT) 204 E Beach St, Watsonville. Call center (831) 728-0222 or Margarita (831) 728-8250 x 1064. M-F 9-5 VM	Frank's Pharmacy Narcan® covered by Medi-Cal, Medicare, and most health plans or can self-pay 7548 Soquel Dr, Aptos. (831) 685-1100
Janus of Santa Cruz Narcan® available. Also available: Medication for Addiction Treatment (MAT) Main Number (831) 462-1060 1000A Emeline Ave, Santa Cruz and 284 Pennsylvania Dr, Watsonville	UCSC Pharmacy This resource is primarily for UCSC students. Narcan® \$5 copay with UCSC insurance 1156 High St, Santa Cruz. (831) 459-2360
UCSC Health Center This resource is primarily for UCSC students. Narcan® \$5 copay with UCSC insurance. Also available: Medication for Addiction Treatment (MAT) 1156 High St, Santa Cruz. (831) 459-2211	Other Pharmacies may have Narcan® but call ahead to confirm they have stock and will dispense without a prescription. If you are acquiring Narcan® at a pharmacy with a prescription, then you may be required to pay a co-pay depending on your insurance
Dominican Hospital ED Narcan® on request. Also available: Medication for Addiction Treatment (MAT) 1555 Soquel Dr, Santa Cruz. (831) 462-7700	
Watsonville Community Hospital Narcan® on request. Also available: Medication for Addiction Treatment (MAT) 75 Nielson St, Watsonville. (831) 761-5655	

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Call locations first during normal business hours to ensure staff are available to assist you.

CÓMO OBTENER LA NALOXONA EN EL CONDADO DE SANTA CRUZ

Recursos de Narcan

[RECURSOS DE NARCAN \(ESPAÑOL\)](#)

www.hipscc.org/saferx

NARCAN® (NALOXONA) DIRECTORIO	
Clínicas	Farmacias
Servicios de Salud en el Condado de Santa Cruz Narcan® disponible sin costo. También cuidado médico y Medicamento para tratamiento de adicción Santa Cruz Health Center 1080 Emeline Ave, Santa Cruz. (831) 454-4100 Watsonville Health Center 1430 Freedom Blvd, Suite D, Watsonville. (831) 763-8400 Homeless Persons Health Project (HPHP) 115-A Coral St, Santa Cruz. (831) 454-2080	Westside Pharmacy and Medical Supply Cubierto por Medi-Cal, Medicare y la mayoría de los planes de salud o puede pagarlo usted mismo 1401 Mission St, Santa Cruz. (831) 423-7175
Centros de Salud de Santa Cruz (SCCH) Narcan® disponible sin costo. También cuidado médico y Medicamento para tratamiento de adicción Centro de la Mujer 250 Locust Street, Santa Cruz. 831-427-3500 x 326 East Cliff Family Health Center 21507 East Cliff Dr, Santa Cruz. 831-427-3500 x 326 SC Mountain Health 9500 Central Ave, Ben Lomond. 831-427-3500 x 326	Horsnyder Pharmacy and Medical Supply Cubierto por Medi-Cal, Medicare y la mayoría de los planes de salud o puede pagarlo usted mismo 1226 Soquel Ave #A, Santa Cruz. (831) 458-140
Salud Para La Gente Necesita una cita para Narcan® disponible sin costo. También cuidado médico y Medicamento para tratamiento de adicción 204 E Beach St, Watsonville. Centro de llamadas: (831)728-0222 o Margarita 831-728-8250 x 1064 M-F: 9-5 dejar mensaje	Frank's Pharmacy Cubierto por Medi-Cal, Medicare y la mayoría de los planes de salud o puede pagarlo usted mismo 7548 Soquel Dr, Aptos. (831) 685-1100
Janus of Santa Cruz Narcan® disponible También proporciona: Servicios MAT Número Principal: (831) 462-1060 1000A Emeline Ave, Santa Cruz y 284 Pennsylvania Dr, Watsonville	UCSC Pharmacy Este recurso es principalmente para estudiantes de UCSC. Narcan® \$5 copago con seguro de UCSC, y MAT. 1156 High St, Santa Cruz. (831) 459-2360
UCSC Health Center Este recurso es principalmente para estudiantes de UCSC. Narcan® \$5 copago con seguro de UCSC, y MAT. 1156 High St, Santa Cruz. (831) 459-2211	Otras farmacias quizás tienen Narcan®, pero llame antes para asegurarse que lo confirmará que tienen en stock y se dispensará sin receta. Si está obteniendo Narcan® en una farmacia con una receta, entonces quizás requiere pagar un copago dependiente de su seguro.
Dominican Hospital ED Narcan® disponible sin costo; también disponible MAT. 1555 Soquel Dr, Santa Cruz. (831) 462-7700	
Watsonville Community Hospital Narcan® disponible sin costo; también disponible MAT. 75 Nielson St, Watsonville. (831) 761-5655	

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TRUNARC™ HANDHELD NARCOTICS ANALYZER



- + TruNarc™ Handheld Narcotics Analyzer is a tool to instantly identify suspected narcotics like fentanyl and carfentanyl.
- + Handheld Narcotics Analyzer enables officers, customs, border control, and other personnel to scan more than 498 suspected controlled substances in a single, definitive test.
- + Currently used by the Community Hospital of the Monterey Peninsula (CHOMP)
- + Santa Cruz County is currently working on a grant to have one on hand (sold for upwards of \$28,000).

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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.

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TIME FOR A POLL

Do you carry naloxone with you at all times?

- Yes
- No



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California Statewide Opioid Safety Workgroup



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/xmycoj3) (<https://tinyurl.com/xmycoj3>).
- 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) (<https://choosemat.org>).

If You Need Naloxone in Your Agency/Community:

A [list of naloxone access options in California](https://tinyurl.com/lyt2busc) (<https://tinyurl.com/lyt2busc>) is available from the California Health Care Foundation. Community members can also [access naloxone through local harm reduction services](https://tinyurl.com/lyt2busc) (<https://tinyurl.com/lyt2busc>).

California Department of Public Health (CDPH): <https://www.cdph.ca.gov/Programs/OPA/Pages/Opioide.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://www.cdph.ca.gov/Programs/OPA/Pages/Opioide.aspx>

² Noveck et al. ACMT and AACT position statement: preventing occupational fentanyl and fentanyl analog exposure to emergency responders. *Clinical Toxicology* 2018;56:287-306.

³ Hopper MH et al. The Magnitude and Duration of Respiratory Depression Produced by Fentanyl and Fentanyl plus Diphenhydramine in Man. *JPET* 1976;159:464-468.

⁴ Lynch MJ, Savarino J, Gouville F. Respiratory and Cardiovascular Protection in the Era of Ultra-Potent Opioids. *Respiratory Emergency Care* 2018;22:157-165.

Page 2 of 2

BUT WAIT, IT'S NOT JUST ABOUT FENTANYL

- + **Xylazine** IS FOUND regularly in used syringes from syringe exchange services
 - + mixed with opioids
 - + mixed with stimulants
- + Associated dangers
 - + Slow breathing, sedation, coma
 - + Body temperature changes
 - + Heart and kidney problems
 - + Skin necrosis
 - + Increased risk of overdose
- + 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)
- + Sought after by some for its effects



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>

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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.

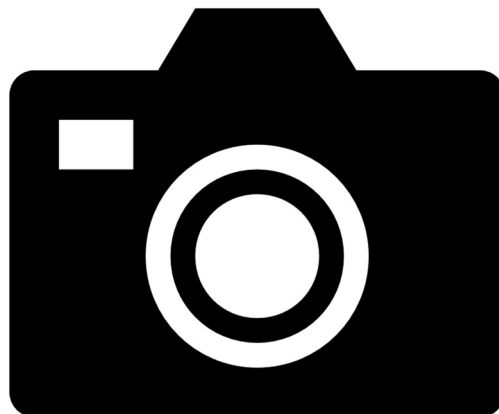
New Jersey State Police Drug Monitoring Initiative Office of Drug Monitoring & Analysis, Drug Monitoring Initiative (DMI) 2.2022

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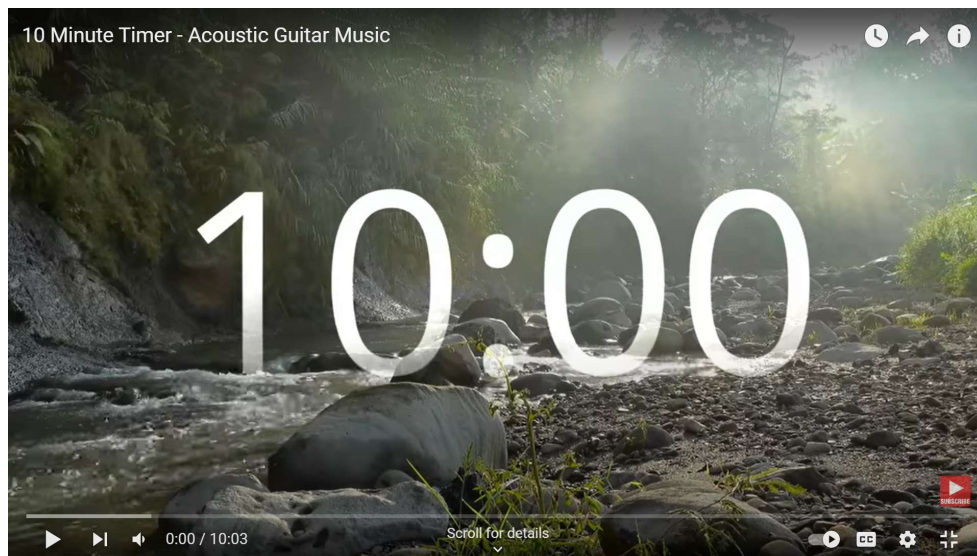
Before the break, time for a group pic!



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10-MINUTE BREAK!



HEALTH MANAGEMENT ASSOCIATES

<https://www.youtube.com/watch?v=Pg-FJ00kcYI>

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UNDERSTANDING SANTA CRUZ COUNTY'S RESPONSE TO MASS DRUG OVERDOSES:

THE PUBLIC HEALTH DEPARTMENT'S PERSPECTIVE ON IDENTIFICATION,
PREVENTION AND RESPONSE

DAVID GHILARDUCCI MD, DEPUTY PUBLIC HEALTH OFFICER

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Santa Cruz County Overdose Response



David Ghilarducci MD
EMS Medical Director/Deputy Health Officer

Prevention




Identification



Response





Prevention

- Education
- Improved prescribing practices
- Narcan Distribution
 - EMS
 - Needle exchange
- ED Bridge
 - Connection to care
 - Treatment



County of Santa Cruz California
Serving the Community ~ Working for the Future

Government Departments Living Working Business Visiting

Health Services Agency (HSA)

HSA Divisions Health Alerts Reports & Statistics HSA Services A-Z Job Opportunities

You are here: [HSA Home](#) » [HSA Divisions](#) » [Public Health](#) » [Syringe Services Program](#)

Syringe Services Program (SSP)

Public Health


- Birth and Death Certificates
- CAReTeam Integrated Services »
- Childhood Lead Poisoning Prevention

Program Description

Effective April 30, 2013 the Santa Cruz County Health Services Agency (HSA) began administering the Syringe Services Program (SSP). The primary goal of the SSP is to work in partnership with the community to help prevent the spread of infectious diseases associated with injection drug use and to address the community's concern regarding improperly discarded syringes.

RecoveryWave.com
[Click Here for Recovery Resources](#)

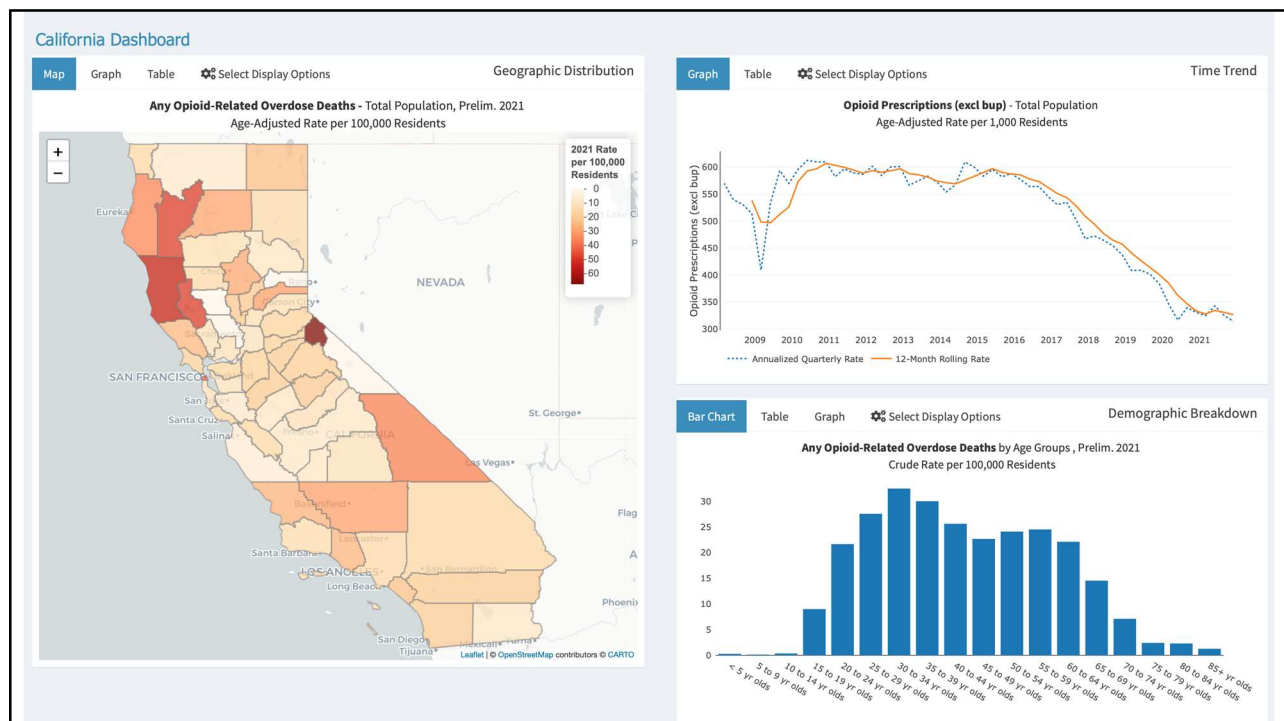
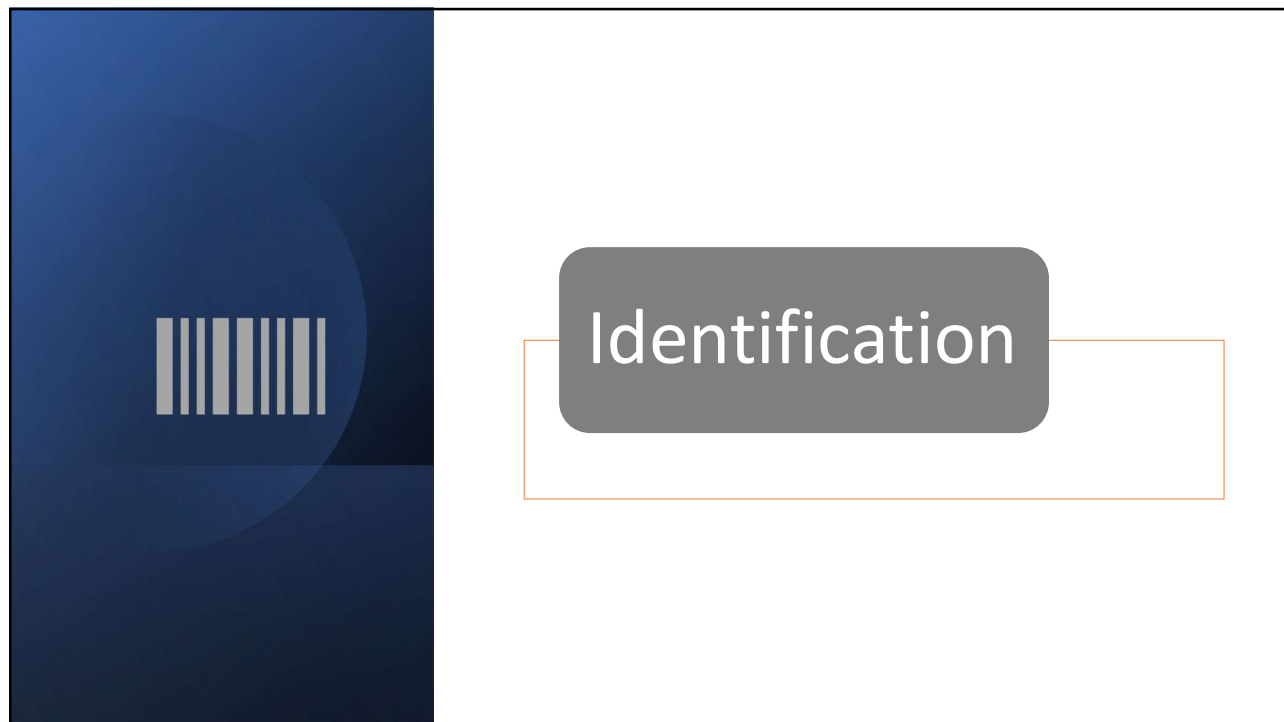
Exchange Schedule & Sites

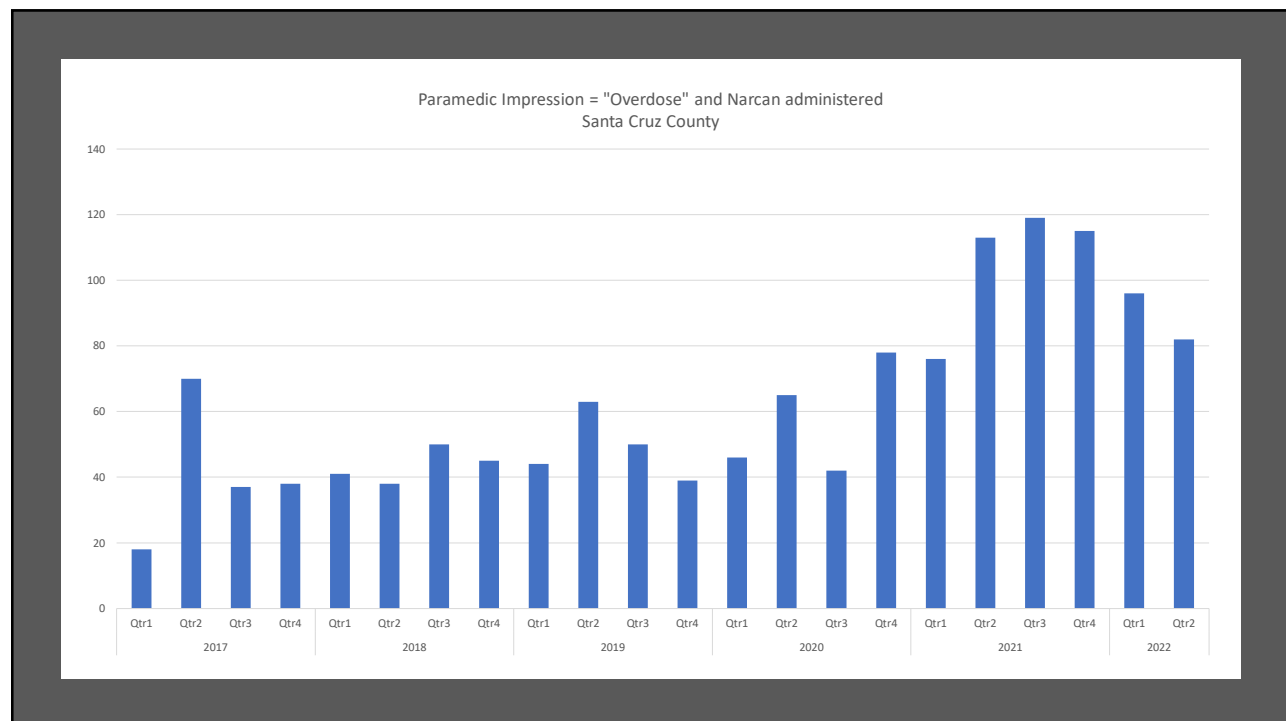
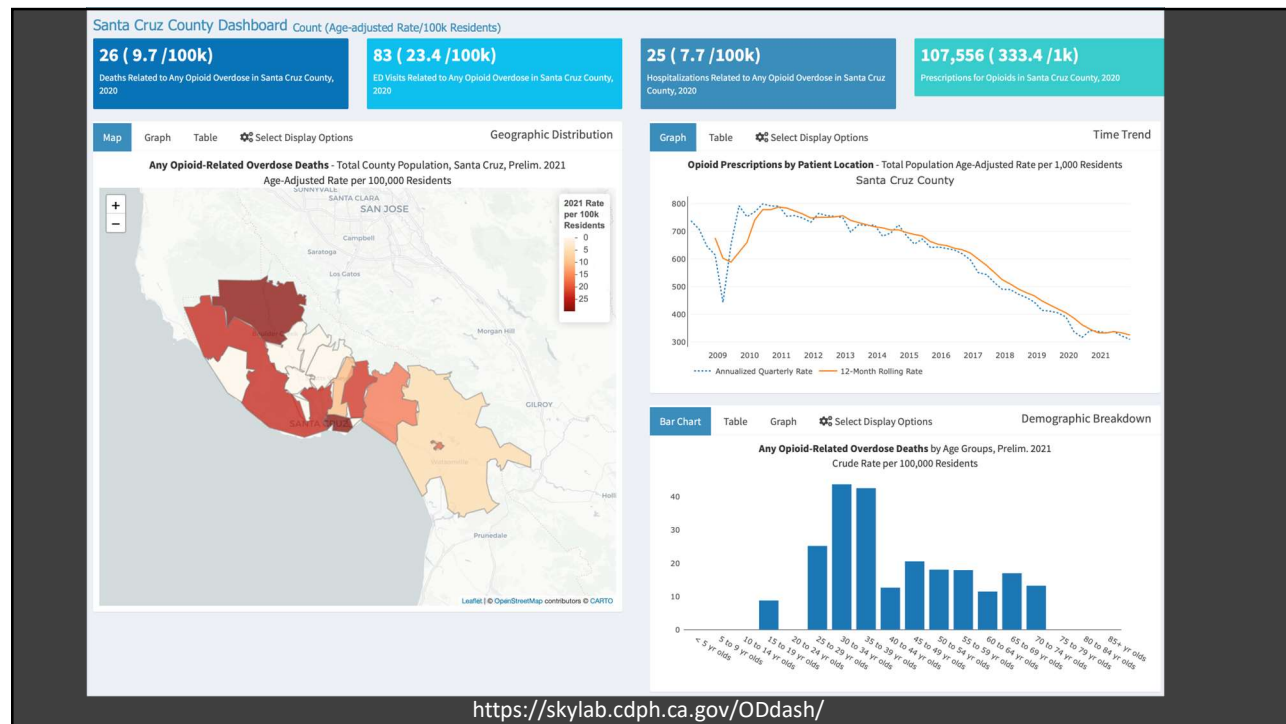
 Santa Cruz County EMS Agency Operational Policies		Section 600
Policy 634: Leave Behind Naloxone		
Revision: New Effective X/X/XX		
I.	Scope	
A.	To contribute to decreasing morbidity and mortality related to opioid overdose.	
B.	This standing order permits clinical and non-clinical staff who have completed Naloxone Training to distribute naloxone to eligible clients from CDPH-provided supplies. Restock of harm reduction naloxone will be through the EMS Innovator or Medic 100.	
II.	Distribution	
A.	Eligible clients include any person at risk of experiencing an opioid-related drug overdose, or a family member, friend or other person able to assist a person at risk of experiencing an opioid-related drug overdose.	
B.	Assess the client who presents for contraindications and precautions, including:	
1.	Contraindications: hypersensitivity or allergy to naloxone.	
2.	Precautions:	
a)	Anaphylactic shock may occur in those allergic to naloxone or any component of the medication.	
b)	Acute withdrawal symptoms may occur in individuals currently using opioids including: body aches, fever, sweating, runny nose, sneezing, yawning, weakness, shivering or trembling, nervousness, restlessness or irritability, diarrhea, nausea, abdominal cramps, increased blood pressure and tachycardia.	
c)	Persons, especially those with pre-existing cardiovascular disorders, should be closely monitored in an appropriate healthcare setting after receiving naloxone.	
III.	Order	
A.	Document in <u>ImageTrend</u> on Narrative screen "Innovator Followup", then select "Narcan left on scene" from the dropdown menu.	
B.	Distribute as available one box (two naloxone 4 mg/0.1 ml) intranasal administration devices.	
C.	Offer all clients a copy of the Naloxone Fact Sheet (English or Spanish).	

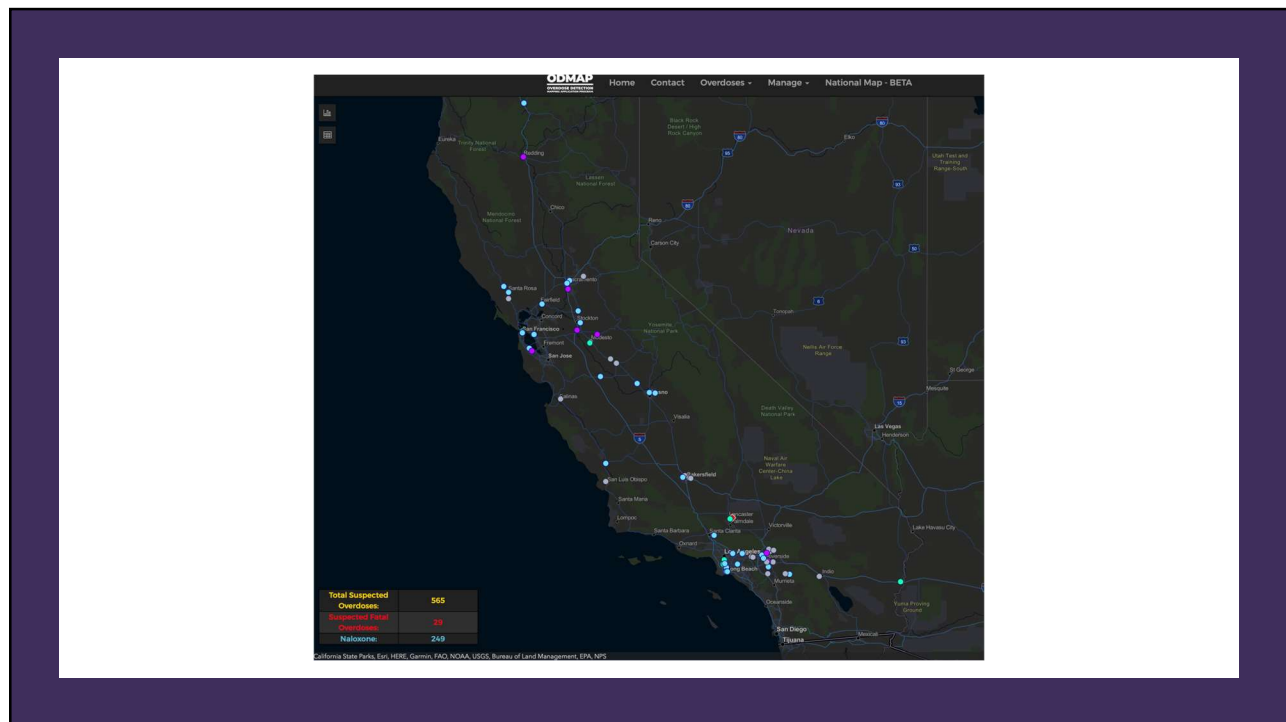


A filing cabinet is full of syringes at the Santa Cruz County Syringe Services Program at the Emeline Avenue clinic in Santa Cruz. (Kara Meyberg Guzman – Santa Cruz Local)

<https://santacruzlocal.org>

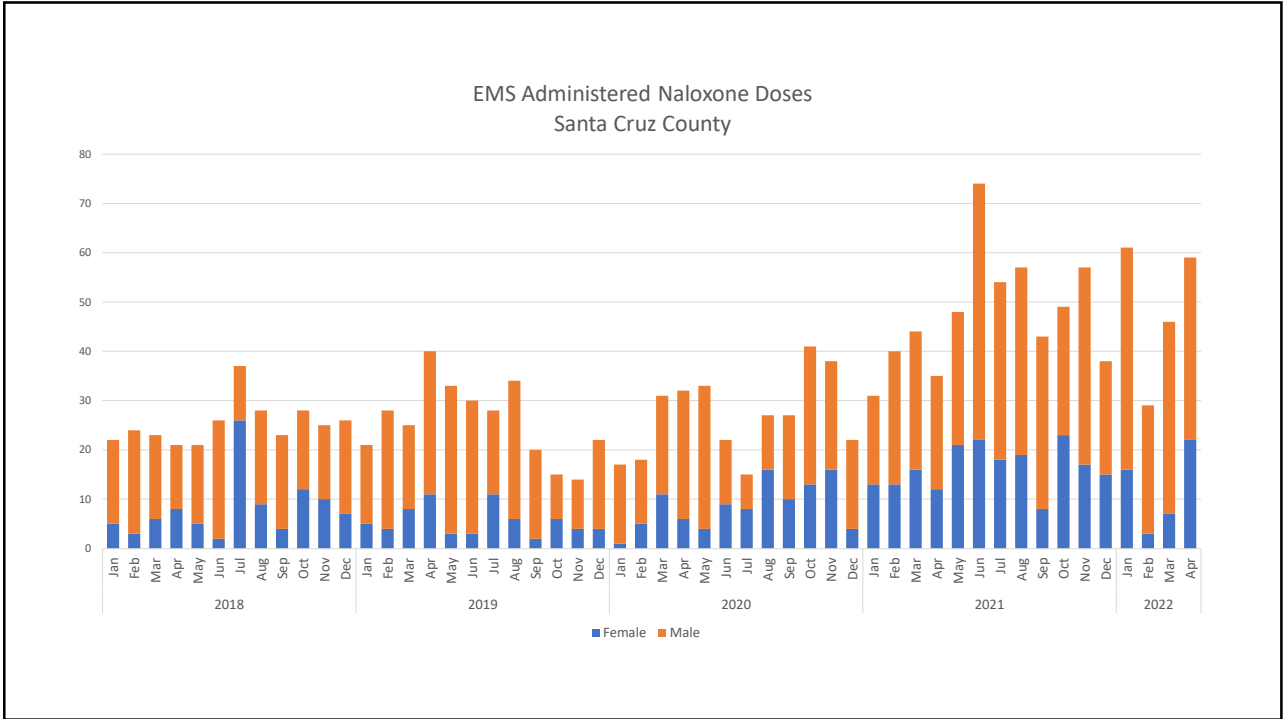
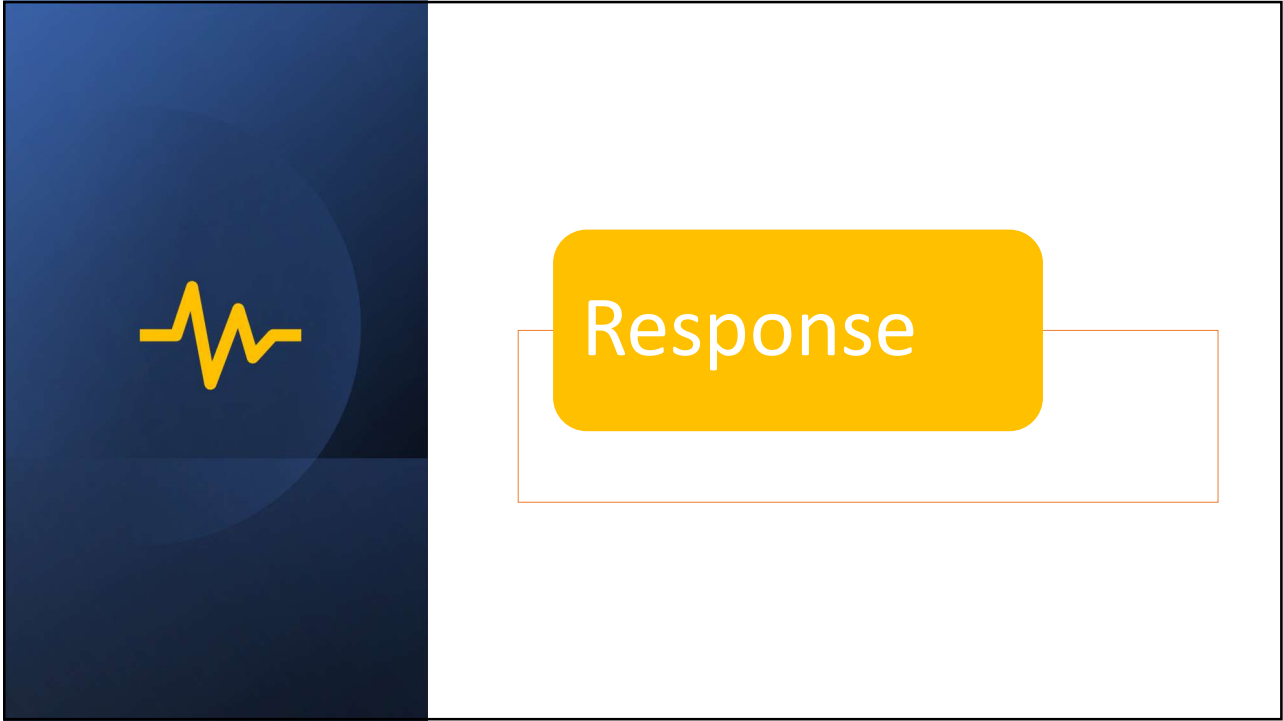






TruNarc™
Handheld
Narcotics
Analyzer





Public Health / EMS Initiative: Paramedic-Administered Buprenorphine

Gene Hern, MD, MS EMS Medical Director

CA Bridge Group: Vanessa Lara, Melissa Speener, John Kaleekal, Arianna Campbell, Aimee Moulin,

Hannah Synder, John Goodman, Mariah Kalmin, Steve Shoptaw, Andrew Herring



Opioid Withdrawal

Contra Costa County Emergency Medical Services

Any Exclusion criteria present?

- Under 18 years of age
- Pregnant
- Any methadone use
- Altered mental status and unable to give consent
- Severe medical illness (sepsis, respiratory distress, etc)
- Recent benzodiazepine, alcohol, or intoxicants suspected
- Unable to comprehend potential risks and benefits for any reason
- Not a candidate for buprenorphine maintenance treatment for any reason

Clinical Opioid Withdrawal Scale (COWS) > 7

No → Not eligible for prehospital treatment

Yes → Provide supportive treatment

Provide supportive treatment in buprenorphine

Is patient agreeable to treatment?

No → Give Medication Assisted Treatment brochure

Yes → Contact Opioid Protocol Physician

Request buprenorphine protocol

With Approval

Give water to moisten mucous membranes

Administer 16mg buprenorphine SL

Reassess after 30 minutes

If symptoms worsen or persist

Redose with 8mg buprenorphine

Total Maximum Dose 24mg

Inform patient Public Health will initiate contact within 72 hours to offer additional treatment

Recommend transport to designated Opioid Receiving Facility

Treatment Guideline A##

Page 1 of 1

Opioid Withdrawal

Contra Costa County Emergency Medical Services

Clinical Opioid Withdrawal Scale (COWS)

<p>Anxiety or Irritability</p> <p>0 None</p> <p>1 Reports increasing irritability or anxiousness</p> <p>2 Obviously irritable or anxious</p> <p>4 Too irritable to participate or affecting participation</p>	<p>Resting Heart Rate</p> <p>Measured after sitting for 1 minute</p> <p>0 ≤ 80 BPM</p> <p>1 81-100 BPM</p> <p>2 101-120 BPM</p> <p>4 ≥ 120 BPM</p>
<p>Bone or Joint Aches</p> <p>If patient was having pain previously, only additional pain attributed to withdrawal is scored</p> <p>0 Not present</p> <p>1 Mild diffuse discomfort</p> <p>2 Reports severe diffuse aching of joints/muscles</p> <p>4 Pt rubbing joints or muscles and unable to be still</p>	<p>Restlessness</p> <p>Observed during assessment</p> <p>0 Able to sit still</p> <p>1 Reports difficulty sitting still, but able to do so</p> <p>3 Frequent shifting or extraneous movement of legs/arms</p> <p>5 Unable to sit still for more than a few seconds</p>
<p>GI Upset</p> <p>Over last 1½ hour</p> <p>0 No GI symptoms</p> <p>1 Stomach cramps</p> <p>2 Nausea or loose stool</p> <p>3 Vomiting or diarrhea</p> <p>5 Multiple episodes of diarrhea or vomiting</p>	<p>Tremor</p> <p>Observation of outstretched hands</p> <p>0 No tremor</p> <p>1 Tremor can be felt but not observed</p> <p>2 Slight tremor observable</p> <p>4 Please don't stop the, please don't stop the music</p>
<p>Gooseflesh Skin</p> <p>0 Skin is smooth</p> <p>3 Piloerection of skin can be felt or arm hairs standing up</p> <p>5 Prominent piloerection</p>	<p>Yawning</p> <p>Observation during assessment</p> <p>0 No yawning</p> <p>1 Yawning once or twice during assessment</p> <p>2 Yawning three or more times during assessment</p> <p>4 Yawning several times/minute</p>
<p>Pupil Size</p> <p>Over past 1½ hour not accounted for by environment or activity</p> <p>0 Pupils pinpoint or normal sized for ambient light</p> <p>1 Pupils possibly larger than normal for ambient light</p> <p>2 Pupils moderately dilated</p> <p>5 Silver dollars</p>	<p>Sweating</p> <p>Over past 1½ hour not accounted for by environment or activity</p> <p>0 No report of chills or flushing</p> <p>1 Subjective report of chills or flushing</p> <p>2 Flushed or observable moistness to face</p> <p>3 Beads of sweat on brow or face</p> <p>4 Sweat streaming off face</p>
<p>Runny Nose or Teasing</p> <p>Not accounted for by cold symptoms nor allergies</p> <p>0 Not present</p> <p>1 Nasal stuffiness or unusually moist eyes</p> <p>2 Nose running or eyes tearing</p> <p>4 Nose constantly running or tears streaming down face</p>	<p>TOTAL COWS SCORE:</p> <p>5-12 = mild</p> <p>13-24 = moderate</p> <p>25-36 = moderately severe</p> <p>> 36 = severe withdrawal</p>

PEARLS

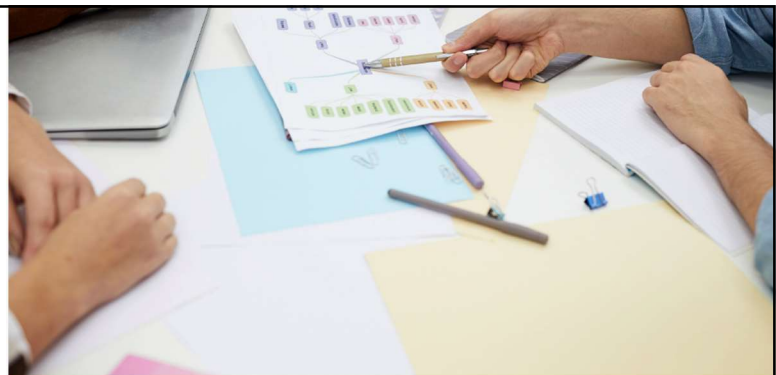
Treatment Guideline A##

Page 2 of 2

Find an emergency department providing addiction treatment



Spike Response Planning



Overdose Spike Response Framework for Communities and Local Health Departments

June 2021



CELEBRATION OF SUCCESSES



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ACHIEVEMENTS: SANTA CRUZ COUNTY SMART GOALS

Santa Cruz County Systems of Care Smart Goal(s)	Accomplishments
1. Securing funding: short and long term	Healing the Streets; Funding for Youth; Opioid Settlement Funds applied for and still pending <input checked="" type="checkbox"/>
2. Enhance and increase utilization of MAT Resources	Integration with Recovery Wave and 211 <input checked="" type="checkbox"/>
3. Community Convenings (at least 2) for cross sector integration and resource updates	Fall, Winter, Spring community meetings: Collaborative Justice, Stigma, Fentanyl Town Hall <input checked="" type="checkbox"/>
4. Improve Transitions of Care: Watsonville and Dignity ED Bridge Telecare and PHF provide MAT	-Watsonville ED Bridge launched -Dignity ED Bridge increased referrals -Telecare and PHF now provide MAT <input checked="" type="checkbox"/>
5. Addressing Stigma	#CompassionOverStigma Campaign Pharmacy Campaign; presentation on negative impacts of stigma on health care <input checked="" type="checkbox"/>
6. Peer Involvement	Healing the Streets <input checked="" type="checkbox"/>
7. Youth MAT: implementation of youth centered MAT	SCCH started YOUTH MAT program; shared best practices with providers <input checked="" type="checkbox"/>

■ **CELEBRATION OF SUCCESSES: Moving Us Forward**

MAT for Youth- Addressing an unmet need

SCCH Update on MAT for Youth
Kristen O'Connor and Nadia Al-Lami



Santa Cruz Community Health



Office Based Addiction Treatment:

Adolescents

Kristen O'Connor, RN BSN CARN
OBAT Program Manager
koconnor@schealthcenters.org

Nadia Al-Lami, RN, MSN, CPNP
Pediatric Nurse Practitioner
nallami@schealthcenters.org

Role of Pediatric Primary Care



- Medical home
- Build trusting relationship with patient and family
- Understands developmental stages of adolescence
- Screening, Brief intervention, Referral to Treatment (SBIRT)
- Annual related risk screening for Substance Use (CRAFTT)
- Targeted interventions including pharmacotherapy and referrals

4

Consent for Treatment in California



What does California law say about offering substance use treatment for adolescents without parental consent?

- “A minor who is 12 years of age or older may consent to medical care and counseling relating to a diagnosis and treatment of a drug or alcohol related problem”(CA Family Code 6929b)
- EXCEPTION to law specifies parental consent required for Medication for Opioid Use Disorder (buprenorphine, methadone)

4

Addressing Confidentiality



- Bring adolescent back alone without parent
- Fill out confidential forms
- Review and discuss with provider alone

CRAFFT: Screening For Substance Use

- Validated screening tool recommended by AAP
- Offered at every adolescent well care visit
- Followed by targeted interventions based on risk assessment including: education, motivational interviewing, behavioral health supports and pharmacotherapy when indicated

TIPS for TEENS
E-CIGARETTES
THE TRUTH ABOUT E-CIGARETTES

SLANG: E-CIGS/ E-HOOKAHS/ VAPE PENS/ VAPES/ TANK SYSTEMS/ MODS
GET THE FACTS

E-CIGARETTES ARE A WAY TO INHALE NICOTINE AND MARIJUANA. The aerosol emitted can also contain other harmful substances, including heavy metals such as lead, volatile organic compounds, and cancer-causing agents.

E-CIGARETTES COME IN MANY SHAPES AND SIZES. Some resemble pens, USB sticks, and other everyday items. Larger devices such as tank systems, or "mods," do not resemble other tobacco products.

E-CIGARETTE USE HARMS THE DEVELOPING BRAIN. E-cigarettes typically deliver nicotine, a harmful drug to the youth brain and body. Teens are particularly vulnerable to the effects of nicotine since the brain is still developing during these years and through young adulthood. People who use marijuana in an e-cigarette may experience the same side effects as they would if they smoked marijuana—all of which can be heightened if the person uses marijuana with another substance, such as alcohol.

Q&A

Q. AREN'T E-CIGARETTES SAFER THAN SMOKING CIGARETTES OR USING SMOKELESS TOBACCO?
A. Regular cigarettes are extraordinarily dangerous, killing half of all people who smoke long-term. However, youth use of tobacco products in any form is unsafe, including e-cigarettes. More research is needed to fully understand their impact on health.

Q. CAN'T E-CIGARETTES HELP ME QUIT SMOKING REGULAR CIGARETTES?
A. E-cigarettes may help non-pregnant adult smokers if used as a complete substitute for all cigarettes. However, there is no conclusive evidence that using e-cigarettes helps someone quit smoking for good. The U.S. Food and Drug Administration (FDA) has approved seven "quit aids" for quitting smoking, but e-cigarettes are not currently one of them.

Q. AREN'T E-CIGARETTES USED MORE OFTEN BY ADULTS, NOT YOUTH?
A. Youth are more likely than adults to use e-cigarettes. In 2018, more than 3.6 million U.S. middle and high school students used e-cigarettes in the past 30 days, including 4.9 percent of middle school students and 20.3 percent of high school students.

THE BOTTOM LINE: E-cigarettes are unsafe for young people. Whether a young person uses nicotine or marijuana in an e-cigarette, there can be dangerous health consequences.

LEARN MORE: Get the latest information on how drugs affect the brain and body at teens.drugabuse.gov.

TO LEARN MORE ABOUT E-CIGARETTES, CONTACT:
SAMHSA
1-877-SAMHSA-7 (1-877-726-4727)
(English and Español)
TTY 1-800-487-4889
www.samhsa.gov
store.samhsa.gov

SAMHSA
Substance Abuse and Mental Health Services Administration

What Does Treatment Look Like for Opioid Use Disorder?



Medication

1. **Naltrexone:**
Opioid antagonist
2. **Methadone:**
Full opioid agonist
3. **Buprenorphine:**
Partial opioid agonist

*Recommended by the **American Academy of Pediatrics**; randomized clinical trials show fewer relapses, fewer cravings for opioids, longer retention in care*

Behavioral Therapy

- Motivational enhancement
- Cognitive behavioral therapy
- Contingency management

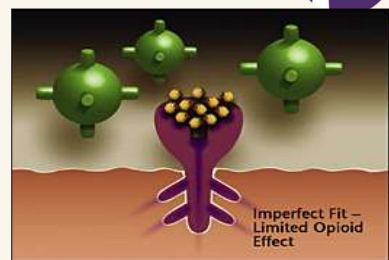
Best modality not known, and a combo may work best; critical component of treatment, since dual diagnoses rule, not exception

American Society of Addiction Medicine, Principles of Addiction Medicine, 2015

Evidence for Adolescents: Buprenorphine



- FDA approved 16 and over
- Can be provided by primary care clinician with DEA Wavier
- Reduces withdrawal and cravings
- Best studied among adolescents/young adults
- Reduces risk of relapse
- Better retention in addiction treatment
- Improved clinical outcomes
- Lowers rate of illicit opioid use
- Formulation: daily or monthly dose



PARTIAL OPIOID AGONIST



SUBLINGUAL



INJECTABLE

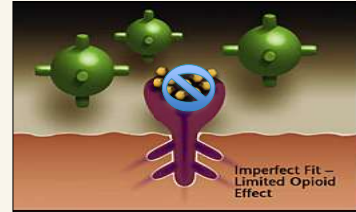
Source: Opioid Use Among Adolescents & Young Adults: Toolkit for Pediatric & Primary Care Providers 2019

Evidence for Adolescents: Naltrexone



- FDA approved 18 and over
- Prescribed by Primary care provider- no special training
- Opioid free before starting
- Reduces cravings only
- Trials considering adolescents are lacking
- Case Series: 63% Retention at 4 months (Fishman, Addiction, 2010)
- Formulation: daily or monthly dose

Source: Opioid Use Among Adolescents & Young Adults: Toolkit for Pediatric & Primary Care Providers 2019



FULL OPIOID ANTAGONIST



Image: North Dakota Addiction and Recovery

Should Youth Receive Meds.....?



The AAP recommends that pediatricians consider offering medication-assisted treatment to their adolescent and young adult patients with severe opioid use disorders or discuss referrals to other providers for this service.

Medication-Assisted Treatment of Adolescents With Opioid Use Disorders

COMMITTEE ON SUBSTANCE USE AND PREVENTION

AAP Committee on Substance Use and Prevention, August 2016

Educate About Naloxone (Narcan)



- Overdose prevention and education including includes handing out Naloxone rescue spray (Narcan) and fentanyl test strips (harm reduction)

All MAs trained to provide Narcan education and distribute the medication in clinic to patients and parents with diagnoses of OUD



Santa Cruz Community Health



Thank You

Kristen O'Connor, RN BSN CARN
OBAT Program Manager
koconnor@schealthcenters.org

Nadia Al-Lami, RN, MSN, CPNP
Pediatric Nurse Practitioner
nallami@schealthcenters.org

CA Bridge: Dominican and Watsonville Hospitals and EDs



Nash Solano, Dominican
Ashlee Deherrera, Watsonville



What is the California Bridge Program?

CA Bridge saves lives by making it possible for people who use drugs to get treatment at any hospital—whenever and wherever they need it.

Those individuals can **start treatment** in the **ED or hospital** and are then referred ("*bridged*") for ongoing Medication for Addiction Treatment (MAT) usually with their Primary Care Provider or current clinic/medical home.

Dominican Hospital and Watsonville Community Hospital have this program.

Both hospitals have **Substance Use Navigators (SUNs)**

Nash Solano 831-400-6191 (Dominican)

Ashlee Deherrera 831-761-5655 (Watsonville)

Not just a Santa Cruz program- this is a statewide effort

Find an emergency department providing addiction treatment



What is a Substance Use Navigator (SUN)?

Guided by the principles of harm reduction, Navigators work with hospital staff to change the organizational culture around addiction to a more compassionate, respectful, less judgmental care environment that puts patients' goals first. They support our model for treating opioid use disorder in the hospital emergency department that includes:

- Immediate access to medication for addiction treatment. (Buprenorphine/Suboxone)
- Navigation to ongoing care in the community
- A culture of harm reduction

X-Waivered Providers: What is an X waiver?

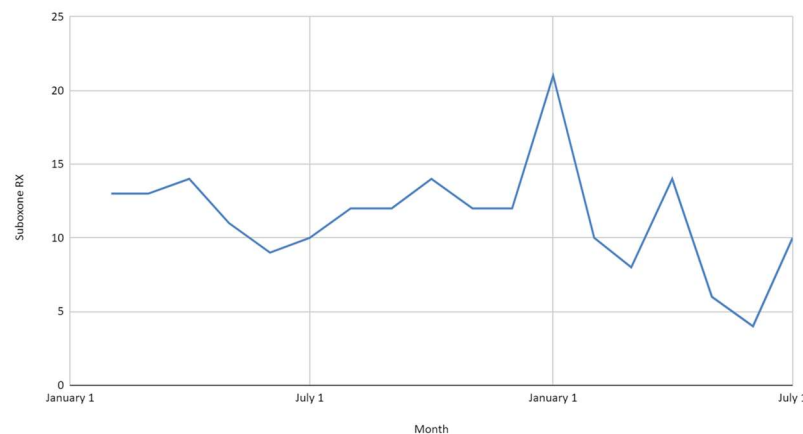
An "X waiver" **refers to the Drug Addiction Treatment Act (DATA 2000) "waiver" legislation that authorized the outpatient use of buprenorphine for the treatment of opioid use disorder.** In order to prescribe buprenorphine a provider must have an X waiver.

In January 2022, the regulations regarding X waivers were changed so the process for obtaining an X-waiver became simpler.

Since that time the number of X waived ED providers (MD, DO, PA, NP) at Dignity Hospital has increased from 4 to 12 and at Watsonville Hospital from 2 to 11.

New Suboxone starts per month at Dignity Hospital

Suboxone RX vs. Month



Average 11
new
Suboxone
starts per
month

2021-2022

Watsonville Community Hospital ED Bridge History

- SUN hired 6/21
- 1st Buprenorphine induction within first 2 weeks
- Narcan Distribution Program launched 10/21
- Buprenorphine Initiative launched 4/2022
- Almost all WCH's ED providers are X-Waivered (11/12)
- MAT initiatives expanding to inpatient with the support of MAT champions
- MAT Champions: Dr. Haberlach, Dr. Claypool, Jennifer Gavin, Amy Grooters, Sheryl Germany, Celeste Nelson, Ashlee Deherrera
- WCH has had 134 Buprenorphine inductions 6/21- 6/22
- SUN has connected 455 patients to SUD treatment between 6/21- 6/22

Naloxone Distribution Program (NDP)

Provided to any patient or family member of a patient who may be at risk of an opioid overdose. No charge and no prescription needed.

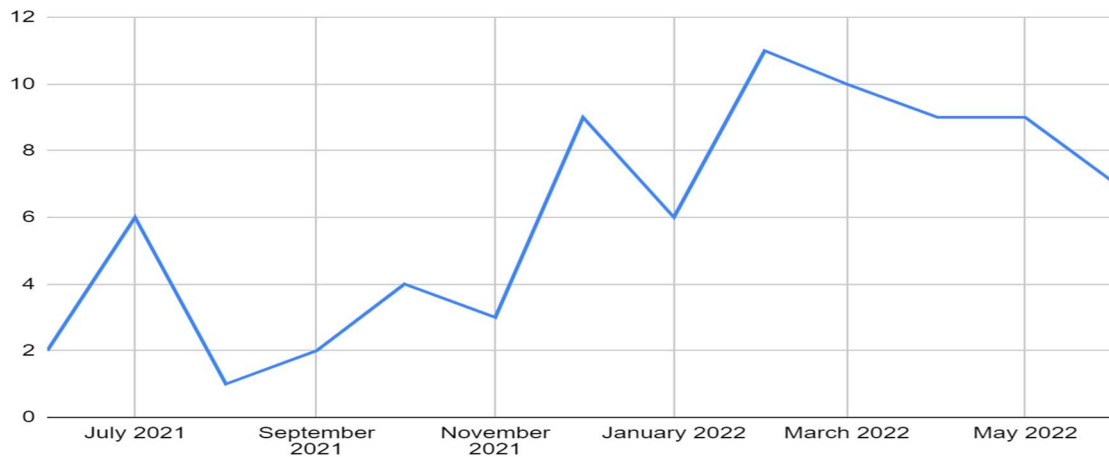
Why Naloxone Distribution Program?

Despite an increase in recent years of providers prescribing naloxone to patients, data shows that only 1.6% of patients actually fill those naloxone prescriptions.



Watsonville Hospital Emergency Dept recognized by CA BRIDGE as 7th in the state for distributing 2400 Narcan kits (out of 300 hospitals)

New Suboxone starts at Watsonville Hospital



CA Bridge: Dominican and Watsonville Hospitals and EDs



Nash Solano, Dominican
Ashlee Deherrera, Watsonville



■ CELEBRATION OF SUCCESSES: Moving Us Forward

Implementation of Medication for Addiction Treatment (MAT) at the Psychiatric Health Facility (PHF)



■ CELEBRATION OF SUCCESSES: Moving Us Forward with Peers

HEALING THE STREETS

Karen Kern, MPA
Director of Adult Services
Santa Cruz County Behavioral Health





building an integrated system of care by
engaging people where they are

What we know:

- Pandemic impact on connecting with people experiencing homelessness
- 2022 Point-in-Time count self-report of people experiencing homelessness – lots of people expressing a behavioral health concern

Additional Homeless Populations	Unsheltered
Adults with a Serious Mental Illness	744
Adults with a Substance Use Disorder	1,031
Adults with HIV/AIDS	158
Adult Survivors of Domestic Violence (optional)	59
Adult Veterans	310

Healing the Streets: Project Aims

Provide direct services to people experiencing homelessness and serious mental illness with or without a co-occurring substance use disorder

Develop an integrated, sustainable model for this population of focus that produces the best outcomes possible for our community

What is Healing the Streets?

Grant-funded services provided at the street level for people experiencing homelessness and behavioral health concerns.

Direct field-based services for clinical care (Street Medicine)

Capacity to connect via telehealth from the field

Case management using a Critical Time Intervention Model

Peer support with someone having lived experience

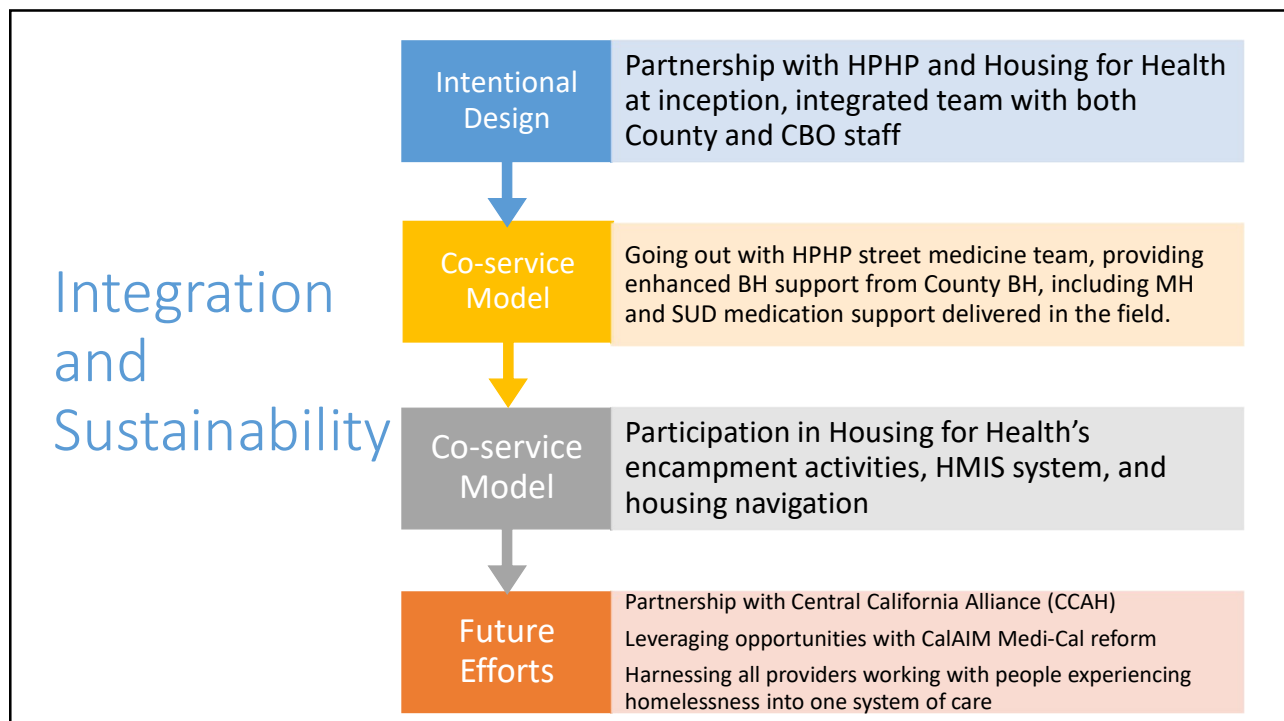
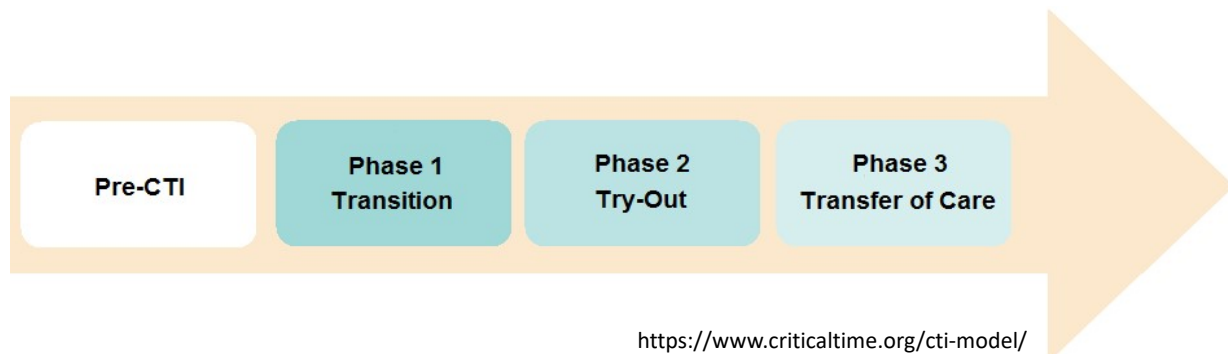
Connection with housing resources

Crisis intervention and support

Mental Health and Substance Use Disorder expertise

Critical Time Intervention (CTI)

- Evidence-based, Community Driven
- Time-limited, phased and focused approach
- Harm Reduction framework
- Regular case review
- Smaller caseloads



Evaluation of the model

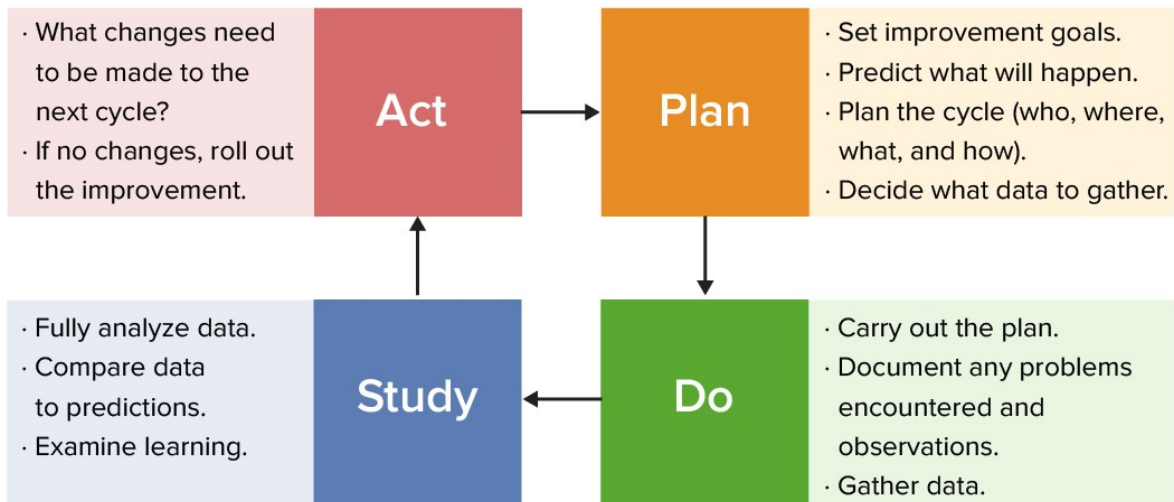
- Evaluate effectiveness of different program components – process and outcome measures
- Ensuring inclusion of activities aimed at social determinants of health

Social determinants of health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.

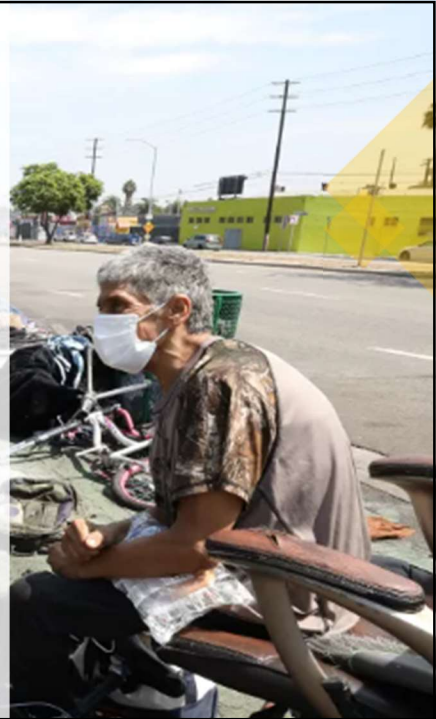


Source: NHS Health Scotland



What we know:

- Including people with lived experience is critical to service design and implementation
- People can be engaged anywhere, anytime
- Outreach works
- People know best what they need
- We need a diversity of expertise, options and approaches



"Any one of us could be affected by an unexpected life event or illness where peer support will be vital to our recovery and wellbeing"



- Authenticity and trust
- Respect and social inclusion
- Self-determination
- Hope and recovery
- Empathy and understanding
- Health and wellness
- Personal growth

Nothing about us without us



CELEBRATION OF SUCCESSES: Moving Us Forward

Increasing Coordination of Care Between the Jail and Outpatient Medical Care (PCP)

Improving Discharge Planning at our County Jails

NORTH COUNTY Medication for Addiction Treatment (MAT) Locations

Health Center	Specifics for Opioid or Stimulant Treatment	Under 18	Phone #	Hours
SANTA CRUZ COMMUNITY HEALTH The Women's Center 250 Locust Street Santa Cruz East Cliff Family Health 21507 East Cliff Drive, SC Santa Cruz Mountain Health 9500 Central Ave. Ben Lomond, CA	SCCH offers treatment for Opioid and Alcohol dependence as part of Primary care. Behavioral Health Services also available.	MAT services available for youth with parental consent	831-427-3500 x 326 SCCH Call Center Please leave your name and phone number	Mon - Thursday: 8 am to 8 pm Friday: 8 am to 5 pm Saturday: Limited hours
Santa Cruz County Health Center (Emeline) HSA North County 1080 Emeline Ave. Santa Cruz, CA 95060	Santa Cruz County Health Services Agency offers treatment for Opioid, Alcohol and Stimulant Dependence as part of Primary Care, including integrated Behavioral Health.	Not available	MAT Line: 831-454- 4808 Leave a complete message with your full name, date of birth and your phone number. ED Bridge: leave patient information above, provider name, provider number, and any relevant information	M-F 8-5

Condado del Norte Ubicaciones: Medicamentos para el Tratamiento de Adicción

Centro de Salud	Tratamiento Específicos de Opióide o Estimulante	Menores de 18	Teléfono	Horas
SANTA CRUZ COMMUNITY HEALTH El Centro de Mujeres (Women's Center) 250 Locust Street Santa Cruz East Cliff Family Health 21507 East Cliff Drive, SC Santa Cruz Mountain Health 9500 Central Ave. Ben Lomond, CA	SCCH ofrece tratamiento para dependencia de Opióide y Alcohol como parte de la atención principal. Servicios de la salud para el comportamiento, también están disponibles.	MAT servicios disponibles para jóvenes con el consentimiento de sus padres	831-427-3500 x 326 SCCH Centro de llamada Por favor deje su nombre, y número de teléfono.	Lunes - Jueves: 8 am a 8 pm Viernes: 8 am a 5 pm Sábado: Horas limitadas
Condado de Santa Cruz Centro de Salud (Emeline) HSA Condado Norte 1080 Emeline Ave. Santa Cruz, CA 95060	Condado de Santa Cruz Agencia de Servicios de Salud ofrece tratamiento para dependencia de Opióide, estimulantes, y alcohol como parte de la atención principal incluyendo salud mental	No tienen servicios en este momento	Línea de MAT 831-454- 4808 Por favor deje un mensaje completo con su nombre, fecha de nacimiento, y número de teléfono. ED Bridge: deje la información del paciente arriba, el nombre del proveedor, el número del proveedor y cualquier información relevante	Lunes a Viernes 8-5

■ CELEBRATION OF SUCCESSES: Moving Us Forward

YOUTH SUD WORK

PVPSA

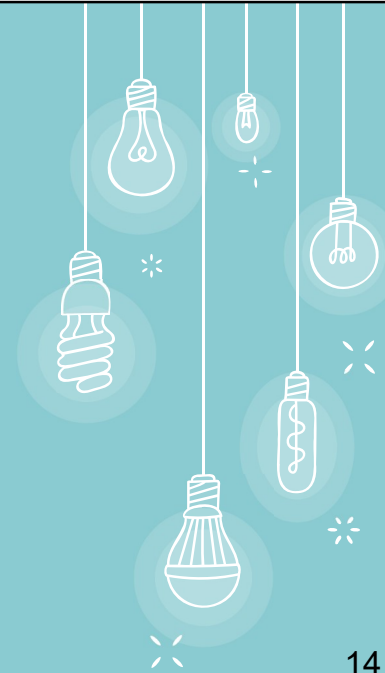
Youth Substance Survey with Empower Watsonville

The background of this section is a light blue gradient with several hanging light bulbs of different colors (yellow, white, blue) and some small white star-like sparkles. On the right side, there is a circular logo with a purple border. Inside the circle, two hands are shown holding a bright sun over green hills, with a black bird flying above. The word "EMPOWER" is written in white on the top arc of the circle, and "WATSONVILLE" is written in white on the bottom arc, flanked by two small strawberry icons.

Empower Watsonville
Presenting: Youth Substance Use In
Pajaro Valley Survey

HOW IT STARTED?

- Youth wanted more stories from their peers regarding substance use
- The youth made their own collection of questions and modified for youth to be able to answer
- Took lead, ownership and self-promoted their survey



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EMPOWER WATSONVILLE SUBSTANCE USE SURVEY IN ACTION

- Promotion of survey at outreach events, classroom presentations and social media
- Survey open for a month
- Gathered about 400 responses from youth in the Pajaro Valley



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8

Top data findings on Fentanyl and stimulant overdoses



Finding 1

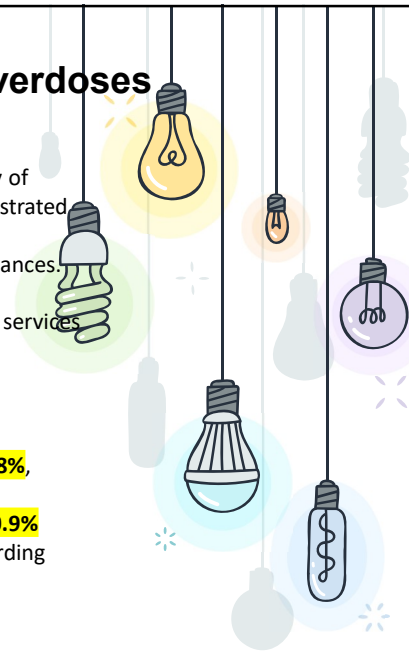
- The survey allowed us to view the usage, consumption, and accessibility of substances in the Pajaro Valley youth, which was prominent and demonstrated that substance use is a concern for our PV youth.
- Friends and Social media are the main outlets where youth obtain substances.

Finding 2

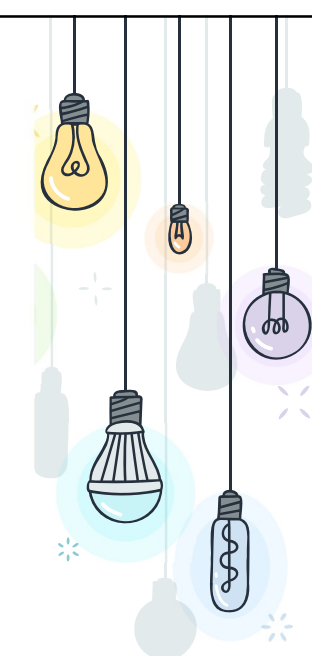
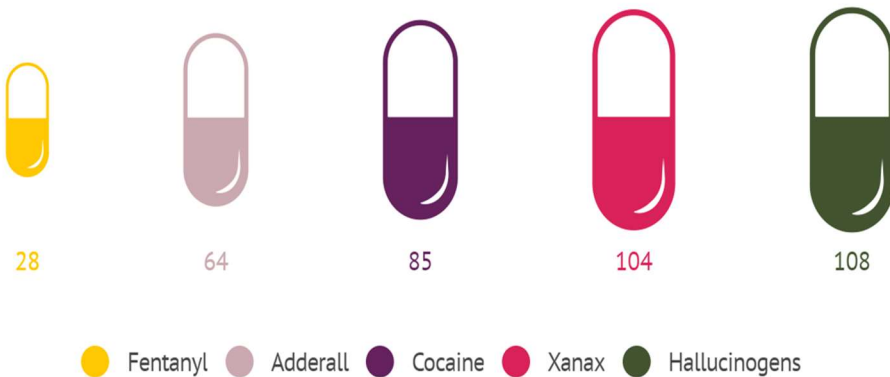
- Many youths have mentors but are not knowledgeable on what referral services are accessible.
- Peer pressure is the main barrier when trying to quit substance use.

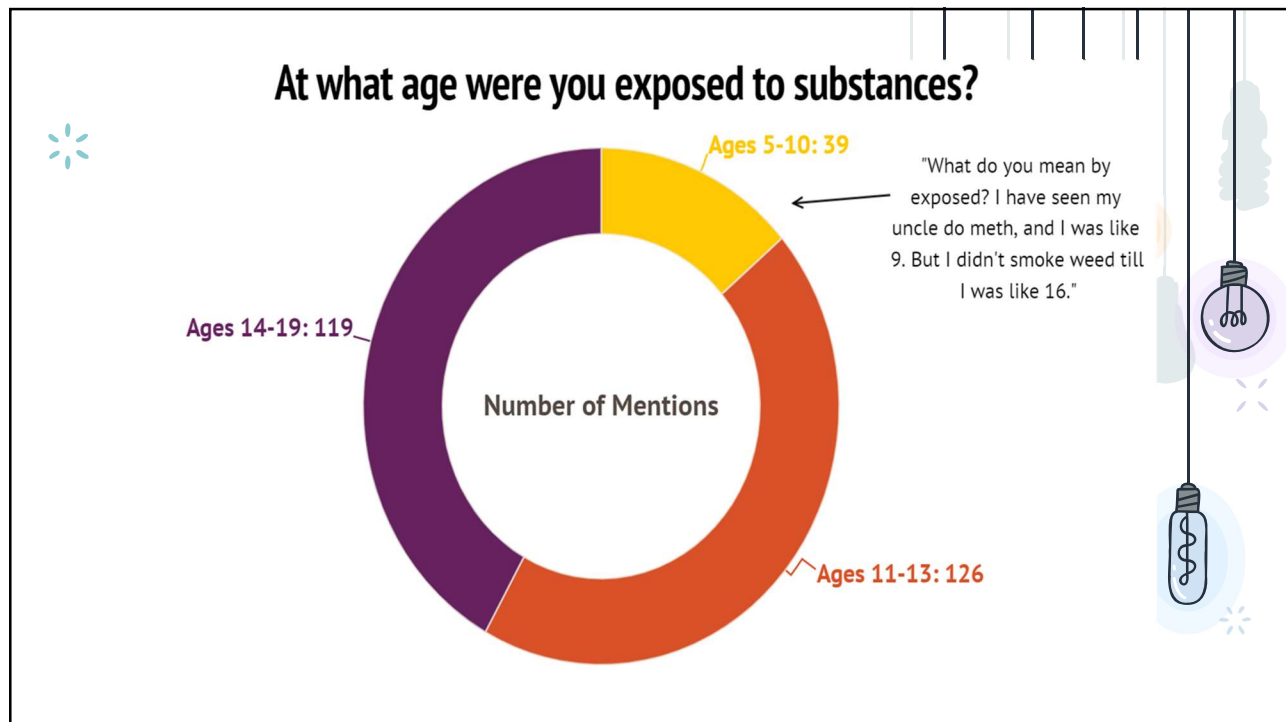
Finding 3

- Some of the popular choices of substance use not including alcohol and cannabis, youth voted **28.1% Xanax**, **Hallucinogens 26.9%**, **Adderall 15.8%**, **Cocaine 22.6%**, and **7.2% voted Fentanyl**.
- Exposure to substances accounted for age groups **11-13**, **14-19** voted **30.9%**
- Many youth are not informed on the current school policy in place regarding youth who are caught with substances or intoxicated.



Besides alcohol, nicotine and cannabis, what is the most popular substance of choice among youth?





PERSONAL NARRATIVES

"I used Marijuana in 7th grade, I used them to fit in and try to be cool. I think during middle school a lot of people used it to try to fit in or be cool, and I guess it normalized it and inspired people that it's fine to do it.

- ✧ Now, a lot of people do it. I estimate that at least 60% of WHS and 75% of PV students do substances. They think it's normal and that it has no consequences and won't do them any harm to their bodies."

"The school to prison pipeline. Suspension does not help. Students need resources and help."

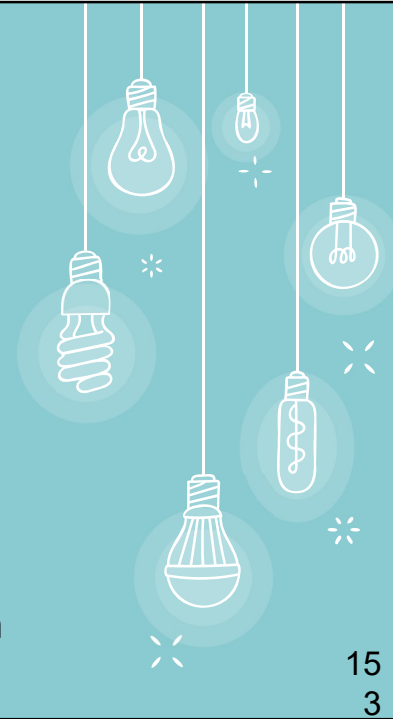
"Some students need help, not to be suspended when they are intoxicated on school campus. It's like a scream for help"

"I have really bad anxiety so smoking has always been something that helped me cope with both that and my depression."

"I had friends who showed up to high school explicitly drunk, and they never got caught. It made me think how little the teachers and staff cared about students' well-being, and only stepped up when they had to be involved."

WHAT THE YOUTH OF EMPOWER HAVE TO SAY:

- Hear out the youths stories
- Create restorative policies to encourage youth to access services
- Reduce barriers to services
- Youth to youth relationships help youth reduce substance use
- Reduce stigma
- Create safe spaces
- Youth want a voice to help reduce youth substance use; need more adult partners in amplifying their voice



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3



WE WOULD LOVE TO THANK OUR AMAZING EMPOWER YOUTH WHO HAVE PARTICIPATED IN OUR FIRST COHORT AND HAVE SET THE FOUNDATION TO THOSE WHO COME AFTER THEM. THEY HAVE DEMONSTRATED HOW PASSIONATE THEY ARE ABOUT CREATING A POSITIVE IMPACT IN THEIR COMMUNITY.



CELEBRATING SUCCESSES: Community Education and Awareness

Additional community facing projects focused on increasing education and awareness

**Rita Hewitt, SafeRx Program Manager
Health Improvement Partnership of Santa Cruz County**



SafeRx Santa Cruz County

www.hipscc.org/saferx

[@SafeRxSCC](https://www.facebook.com/SafeRxSCC)

CELEBRATION OF SUCCESSES: Community Education and Awareness

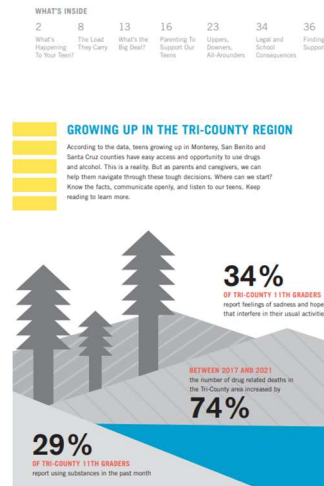
About Let's Talk

This booklet is designed for parents and guardians of local teens in Santa Cruz County. The booklet is a great tool to support families in having discussions with their teens about mental health, specific drugs such as opioids, and provide local data.

With accurate information and local resources at hand, we can have meaningful conversations with our youth.

For incoming 9th grade families: keep a look out for your booklet in the mail: coming soon from the County Office of Education!

Together we can support our teens and prevent harms from substances.



DEAR READER,

THIS PARENTING THING IS HARD. BY PARENTING, WE MEAN ANYONE WHO IS CARING FOR A YOUNG PERSON. YOU MAY INDEED BE A PARENT, OR YOU MAY BE A GRANDPARENT, A FOSTER PARENT, A STEP-PARENT, A CONCERNED NEIGHBOR OR A COMMUNITY LEADER. WHATEVER YOUR TITLE, YOU ARE A CARETAKER, AND SO THIS BOOK IS FOR YOU.

You signed on to parenting knowing it would be hard, but maybe not knowing that the further along you went and the more complex that your little human being became, the heavier the challenges there would be. Here in the Tri-County region that spans Santa Cruz, Monterey and San Benito Counties, substance use, including alcohol, tobacco and other drugs, looms large as a significant challenge for youth and families trying to navigate the teen years. Whether you call your home the ocean, the redwoods, the mountains or farmland, it's time to acknowledge that this is an issue that our teens are grappling with, and they need our help.

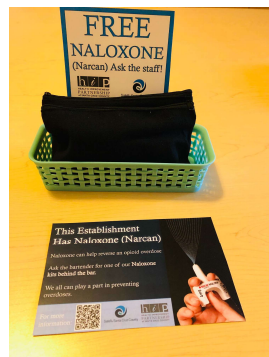
There is no magic bullet to address these substance use. As much as we'd like to hand over a roadmap with all the right answers, our counties and our families are far too diverse in their experiences, their values, their relationships and their preferences to have any precise blueprint. We also know that parents are just one part of the equation. It takes a village, a true community effort to shape a healthier environment and to engage community norms so that all teens can thrive. We do not have a step-by-step guide with the promise of fail-proof success. Because no part of parenting ever does.

But here's what we do have: We have creative, energetic, resilient kids who are working hard at the task of figuring out who they are and who they want to be in this world. We have solid research on how to help teens navigate the complexities of adolescence and substance use. We have best practices that can be adapted to meet the needs of individual families, and networks of neighbors and friends. And we have our own intuitive wisdom as parents and caregivers, our own knowledge of our children in all of their uniqueness, and our unwavering love for and dedication to our kids. "Let's Talk" is a nod to parents, centered around the idea that with a lot of solid science, and a lot of heart, we can support our teens as they navigate the tough stuff.

SO LET'S START THE TALK.

Educational booklets for families of 9th Graders distributed through the SCC County Office of Education 157

CELEBRATION OF SUCCESSES: Community Education and Awareness



Increasing naloxone access and fentanyl awareness

SafeRx Santa Cruz County

h i p
HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY

SafeRx is a program of the Health Improvement Partnership (HIP)

hipsc.org/saferrx

[@SafeRxSCC](https://www.facebook.com/SafeRxSCC)

[@saferrx.scc](https://www.instagram.com/saferrx.scc)

saferrx@hipsc.org



WE CAN ALL PLAY A PART IN SAVING LIVES



SafeRx webpage: how to respond to an overdose, local naloxone resources, and information about fentanyl

SANTA CRUZ COUNTY NALOXONE DISTRIBUTION SITES

Call locations first during normal business hours to ensure staff are available to assist you.

LOCAL CLINICS

Santa Cruz County Health Services

Several community sites offer also available: Primary Care and Medication for Addiction Treatment (MAT)

Santa Cruz Health Center 1680 Everline Ave, Santa Cruz, CA 95061-6410

Westside Health Center 1680 Everline Ave, Santa Cruz, CA 95061-6410

Humboldt Primary Health Project (PHP) 1155 Santa Cruz St, Santa Cruz, CA 95061-6410

Santa Cruz Community Health Center (CHC)

Several community sites offer also available: Primary Care and Medication for Addiction Treatment (MAT)

Santa Cruz Health Center 1680 Everline Ave, Santa Cruz, CA 95061-6410

Santa Cruz Family Health Center 21507 East Cliff Dr, Santa Cruz, CA 95061-6410

UCSC Health Center 1680 Everline Ave, Santa Cruz, CA 95061-6410

WHAT IS NALOXONE?

Naloxone (brand name Narcan) is a life-saving FDA-approved medication that is used to reverse the effects of overdose from opioid such as heroin, fentanyl, oxycodone, and morphine.

Naloxone can be administered two ways: through injection (like a shot) or via nasal spray.

To learn more about how to use naloxone, go to the [hipsc.org/saferrx](https://www.hipsc.org/saferrx) website or visit the National Harm Reduction Campaign's [nationalharmreduction.org](https://www.nationalharmreduction.org/)

VIDEO: HOW TO USE NARCAN

DO NOT

UNDERSTANDING FENTANYL

Fentanyl is a powerful synthetic opioid that is up to 100x more potent than morphine and up to 50x more potent than heroin. Because of fentanyl's high potency, it poses a greater risk for overdose and mortality. It is a major contributor to fatal and non-fatal overdoses in the U.S. While traditionally used in the hospital setting by doctors, there is now illegal manufacturing of illicit fentanyl that has flooded the US street drug supply. Non-prescribed fentanyl is being sold as counterfeit pills such as Xanax, Percocet, Narcan, and Oxycodone. It's also being sold as heroin in a powder form and has been found in methamphetamine and cocaine.

What is the cost?

People who unknowingly take fentanyl that is mixed into other drugs are at the greatest risk for overdose and fatality.

How and how often?

In California, there have been several recent reported cases of fatal overdoses from counterfeit pills with fentanyl that were purchased on Instagram and Instagram.

In Santa Cruz County, fatal fatal overdoses from fentanyl increased over 8 times from 5 in 2019 to 44 in 2021 (April 2022 Santa Cruz coroner data).

Drug Checking for Fentanyl

Using fentanyl testing strips is one of the most effective ways to reduce risk if you plan on using substances. However, testing strips are not 100% accurate! Fentanyl

Video: How to use fentanyl test strips (5 min)

Important, please review carefully!

DO NOT

Protect yourself from L...

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CELEBRATION OF SUCCESSES: Community Education and Awareness



Billboard in Watsonville
on August 22, 2022

**"Naloxone Can
Reverse Opioid
Overdose"**

**"Naloxone saves lives.
To learn more about
naloxone, visit
HIPSCC.ORG/SafeRx"**

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CELEBRATING SUCCESSES: Q & A

Time for Q & A:

Moderated from the questions in the chat

We may ask you to unmute...



CELEBRATING SUCCESSES: SHARING ADDITIONAL AGENCY AND CLIENT STORIES

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

Please share your agency and client success stories in the chat.

We want to hear from YOU!



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FOCUSING ON THE FUTURE

LET'S CHATTERFALL!

HEALTH MANAGEMENT ASSOCIATES

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WHAT INITIATIVES SHOULD WE FOCUS ON AS A COMMUNITY TO IMPROVE QUALITY OF LIFE FOR THOSE WITH SUBSTANCE USE?

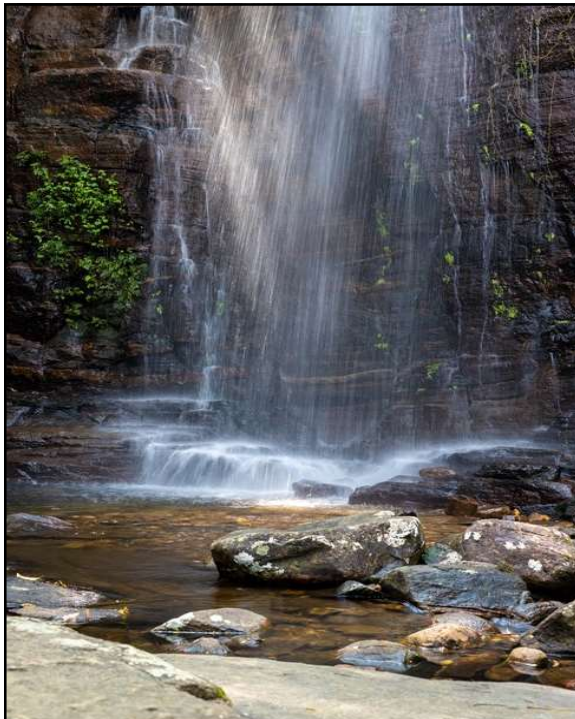
Poll (select all that apply)

- + Promoting MAT services throughout the county in order to increase the number of patients accessing MAT
- + Sustaining MAT services after SOR (State Opioid Response) funding sunsets
- + Expanding and enhancing residential treatment for youth
- + Strengthening the SUD workforce (paying a living wage, recruitment, training, morale, retention)
- + Create an integrated model for peer support services (team-based care transformation, training and capacity building)
- + Catalyze change that is culturally responsive

HEALTH MANAGEMENT ASSOCIATES

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CHATTERFALL

Type your response to the following in the Chat:

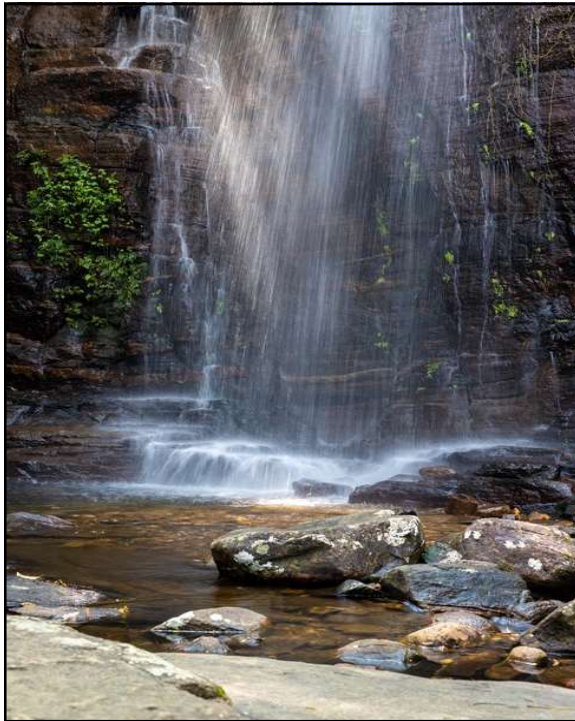
But don't push enter

Are there other initiatives we could on as a community to improve quality of life for those with substance use?

Push enter when told to do so

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CHATTERFALL: FOCUSING ON THE FUTURE

Type your response to the following in the Chat:

But don't push enter

What needs to be in place to sustain the gains?

Push enter when told to do so

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CHATTERFALL: FOCUSING ON THE FUTURE

Type your response to the following in the Chat:

But don't push enter

What are our top two SUD-related priorities for the future?

Push enter when told to do so

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CHATTERFALL: FOCUSING ON THE FUTURE

Type your response to the following in the Chat:

But don't push enter

What needs to be in place to address those priorities?

Push enter when told to do so

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MAKING AND SUSTAINING PROGRESS IN THE NEAR FUTURE

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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

SENDING YOU ONWARD



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.

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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.

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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



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Words Matter

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Compassion Over Stigma: Tri-County Media Campaign

Yo elijo

#LaCompasiónSobreLaVergüenza porque...

“Juzgar y abandonar no ayuda a quienes sufren adicciones ni a la sociedad misma. Alcanzar crea confianza y esperanza de que cualquiera pueda liberarse de la adicción.”

—Walter Espinoza, Gerente Del Centro de Salud -HSA- Condado de Santa Cruz



Las voces de nuestra comunidad están de acuerdo:
Detén la vergüenza de la adicción. Apoye la recuperación.

Agrega tu voz a la conversación.
CompassionOverStigma.com

I choose

#CompassionOverStigma because...

“There is a hopeful tomorrow for those with substance use disorders, it is our calling as health care professionals to have everyone feel worthwhile of tomorrow.”

—Kristen O'Connor, Nurse, Santa Cruz Community Health



The voices of our community agree:
Stop the stigma of addiction. Support recovery.

Add your voice to the conversation.
CompassionOverStigma.com

I choose

#CompassionOverStigma because...

“People want to be seen as who they are and not what they've done! Imagine if a snapshot was taken of you at your most vulnerable time and that's all people ever got to see, that snapshot. How would you feel? We are so much more!”

—Ray Aguilar, Counselor living in recovery, Partnership Re-Entry Program



The voices of our community agree:
Stop the stigma of addiction. Support recovery.

Add your voice to the conversation.
CompassionOverStigma.com

I choose #CompassionOverStigma because...

"We are living examples of someone who had compassion on us. Because of that compassion we had the space to recover, heal, and now give back."

—Danny Contreras,
Speaker, Gang Expert, Consultant, Educator,
KEYS 2 LIFE



The voices of our community agree:
Stop the stigma of addiction. Support recovery.

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Words Matter

Anti-Stigma Media Campaign with PVPSCA

Hablando
sobre un
sobredosis
podría salvar
una vida.



Talking
About
Overdose
Could Save
a Life.



La compasión
es el
antídoto
contra el
estigma.



Empathy is
the
Antidote to
Stigma.



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Words Matter

Instead of...	Use...	Because...
Addict User Substance or drug abuser Junkie Alcoholic Drunk Substance dependence Former addict Reformed addict	<ul style="list-style-type: none"> Person with opioid use disorder (OUD)/SUD or person with opioid addiction Patient Person in recovery or long-term recovery For heavy alcohol use: <ul style="list-style-type: none"> Unhealthy, harmful, or hazardous alcohol use Person with alcohol use disorder 	<ul style="list-style-type: none"> Person-first language. The change shows that a person “has” a problem, rather than “is” the problem. The terms to avoid elicit negative associations, punitive attitudes, and individual blame.
Addicted baby	<ul style="list-style-type: none"> Baby born to a person 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 	<ul style="list-style-type: none"> Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome. Using person-first language can reduce stigma.

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Words Matter

Instead of...	Use...	Because...
Habit	<ul style="list-style-type: none"> Substance use disorder Drug addiction 	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Use For prescription medications: <ul style="list-style-type: none"> Misuse, used other than prescribed 	<ul style="list-style-type: none"> 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 specific instance suggests SUD.
Opioid substitution Replacement therapy	<ul style="list-style-type: none"> Opioid agonist therapy Medication treatment for OUD Pharmacotherapy 	<ul style="list-style-type: none"> It is a misconception that medications merely “substitute” one drug or “one addiction” for another.⁶

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Words Matter

Instead of...	Use...	Because...
Clean	For toxicology screen results: <ul style="list-style-type: none"> • Testing negative For non-toxicology purposes: <ul style="list-style-type: none"> • Being in remission or recovery • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Testing positive For non-toxicology purposes: <ul style="list-style-type: none"> • Person who uses drugs 	<ul style="list-style-type: none"> • 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

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RECAP AND REASSURANCE

- + Build and renew networks and connections
- + Review successes and progress made on county goals
- + Learn more about fentanyl, new drugs, and approaches to address risk
- + Plan how to sustain ongoing SUD priorities for the county
- + Identify new priorities for SUD systems
- + Review of the work done today

International Overdose Awareness Day 2022

WEDNESDAY AUGUST 31ST ♥

JOIN US FOR A VIRTUAL PROGRAM FROM 12-1:30PM
OR AN IN-PERSON EVENT AT APTOS VILLAGE PARK
FROM 4:30-6PM



Listen to stories and first-person accounts.

*Learn more about what we can do as a community to
prevent overdose.*

Virtual Event Registration Link:

[https://us02web.zoom.us/meeting/register/tZYrcu6tqDossGtVRm5lfvbaD8ly7sduRDm1u](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZYrcu6tqDossGtVRm5lfvbaD8ly7sduRDm1u)

In-Person Location Event Address:

100 Aptos Creek Rd, Aptos, CA 95003

Spanish translation available

No registration required for in-person event

See SafeRx Facebook or Instagram for more updates

Contact [safexhipsc.org](https://www.safexhipsc.org) with questions



Día Internacional de Conciencia de la Sobredosis 2022

MIÉRCOLES 31 DE AGOSTO ♥

ÚNASE A NOSOTROS PARA UN PROGRAMA VIRTUAL DE
12-1:30 PM O UN EVENTO EN PERSONA EN APTOS
VILLAGE PARK DE 4:30-6PM



Escuche historias y relatos en primera persona.

*Obtenga más información sobre lo que podemos hacer
como comunidad para prevenir la sobredosis.*

Registrarse para el Evento Virtual :

[https://us02web.zoom.us/meeting/register/tZYrcu6tqDossGtVRm5lfvbaD8ly7sduRDm1u](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZYrcu6tqDossGtVRm5lfvbaD8ly7sduRDm1u)

En Persona: Dirección del Lugar del Evento:

100 Aptos Creek Rd, Aptos, CA 95003

Traducción al español disponible

No es necesario registrarse para el evento en persona

Vea SafeRx Facebook o Instagram para obtener más

Comuníquese con [safexhipsc.org](https://www.safexhipsc.org) si tiene preguntas



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Information for online participants

As the Administrative Entity for SOR II funding of the Hub and Spoke System (HSS) for Department of Health Care Services (DHCS), Advocates for Human Potential, Inc. (AHP) and its partners, Aurrera Health Group, and the UCLA- Integrated Substance Abuse Program (ISAP) are hosting a HSS Statewide conference for the California Hub and Spoke grantees. The two-day hybrid conference will be held on September 8 and 9, 2022, at the Sacramento Convention Center with participants both onsite and online. Online streaming of the sessions will be available via Zoom. The conference is free to grantees.

Online Participant links to the streaming conference sessions:

Please watch for an email that will be sent to you in September entitled **H&SS September Conference Online information and Links**. This email will provide a conference agenda and instructions on how to link for online access to your sessions. The conference is free to H&SS and YOR grantees.

Online Conference Hours:

Please be prepared to enter the online platform on Thursday, September 8, by 9:30 am. Streaming session will start at 9:45 and continue through 5:15 pm. For Friday, September 9, please be prepared to enter the online platform by 8:45 am. Streaming session will start at 9:00 am and continue through 1:45 pm. 15-minute breaks will allow online participants to enter streaming concurrent sessions.

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■ SELF CARE AND GRATITUDE



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

Feel free to come off mute or type in the chat!

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NEXT STEPS AND CLOSING

HEALTH MANAGEMENT ASSOCIATES

Next Steps and Closing

- + Follow-up meeting with Santa Cruz County
- + Please complete survey in chat. This link will also be emailed to all attendees.
- + If you are interested in receiving continuing education credit, you MUST complete the evaluation by the deadline and indicate your need for CME or CEs.
- + Envisioning The Future – Final Report: [Addiction Free CA | Systems of Care](#)
- + Follow-up questions?
 - + Contact Mayur Chandriani
 - + mchandriani@healthmanagement.com

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





QUESTIONS AND DISCUSSION

HEALTH MANAGEMENT ASSOCIATES