

# Marin County SYSTEMS OF CARE: ENVISIONING THE FUTURE

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HEALTH MANAGEMENT ASSOCIATES



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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Funding for this event was made possible (in part) by H79T1081686 from SAMHSA. The views expressed in written event materials or publications and by facilitators and moderators do not necessarily reflect the official policies of the California Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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# HMA

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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 2020<sup>1</sup>. Overdose deaths attributed to synthetics such as fentanyl but excluding methadone are up as well (since 2019 and more so during the pandemic).<sup>2</sup> As the opioid crisis has worsened over the last ten years, we have reached a point where the treatment system, in its current state, can no longer handle the volume of patients needing care. Opioid use and overdose have been increasing in California, though the rates of use and overdose are lower than in many states.

Understanding this reality, the federal government has allocated billions of dollars to states to build appropriate systems of care for patients with opioid use disorder (OUD) and other substance use disorders, including the State Treatment Response (STR) and State Opioid Response (SOR) grants. The California Department of Health Care Services (DHCS) received STR and SOR grants which support project funding for the California Medication Assisted Treatment (MAT) Expansion Project. This initiative aims to serve an estimated 290,000 individuals with Opioid Use Disorders (OUD), prevent drug overdoses, and treat OUD as a chronic disease. Health Management Associates (HMA) received SOR funding from DHCS to focus on developing predictable and consistent Systems of Care to sustain addiction treatment as individuals transition from locations such as emergency departments, jails, primary care clinics, the community at large, and/or inpatient hospital settings. Seven counties (Orange, Marin, Santa Barbara, San Bernardino, Santa Cruz, Siskiyou, and Yolo) were selected to participate in the SOR-2, 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.

Marin County is one of the seven counties selected to participate in a large-scale Process Improvement Event held on May 11<sup>th</sup> - 12<sup>th</sup>, 2021, that included members from local governmental agencies, healthcare, addiction treatment, law enforcement, individuals with lived experience, and those who pay for that treatment. During the event, attendees participated in intense work sessions focused on identifying current treatment processes, barriers, and gaps in these processes and a future state treatment system to support Systems of Care for Marin County residents in need of addiction treatment and support services.

Marin County's Behavioral Health & Recovery Services, along with Kaiser Permanente, Marin City Health and Wellness Center, MarinHealth, Rx Safe Marin, and other Marin-based 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 Marin County, CA.

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

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

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

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, the Marin County Health and Human Services Agency's Behavioral Health and Recovery Services leadership team and Health Management Associates led a two-day Process Improvement Event in May 2021. The event's purpose was to increase access to MAT, reduce unmet SUD treatment needs, and reduce opioid overdose deaths through prevention, treatment, harm reduction, and recovery activities.

A follow-up Process Improvement Event was held on August 16, 2022. The conveying titled Envisioning the Future was held at the Marin Health and Wellness in San Rafael. Over 47 stakeholders and collaborators from Marin County's Treatment & Recovery Ecosystem participated in this virtual and in-person hybrid event to review the project's SMART goals identified as an output during the initial Process Improvement Event. This reconvening celebrated the achieved SMART goals while discussing the needed strategies for sustaining those goals and discussing new challenges and the plans to address these newly identified challenges.



**Section 1** of this report provides a brief overview of Marin 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 seven Smart Goals, and the key successes and challenges experienced in pursuing those goals, including the effects of the pandemic on the ecosystem development and its attainment of each SMART goal. Finally, **Section 3** details the plan for sustaining the gains achieved and continuing the forward progress on enhancing the treatment and recovery ecosystem in Marin 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 initial Process Improvement Event in Marin County, during which stakeholders reviewed and assessed the status of their progress toward those county-level goals and enhancing that ecosystem. We begin with an updated description of Marin County's SUD delivery system, the shifting epidemiology of substance use in Marin County, and the evolving resources that serve the population in need of support.

### County Description

Marin County is a county located in the North San Francisco Bay Area of the State of California. As of the 2020 Census, the population was 260,206. It is in the North Bay across the Golden Gate Bridge from the city and county of San Francisco.

There are 11 incorporated cities in the county. The largest is the city of San Rafael, also the county seat, with a population of 60,769. Novato has a population of 52,708, Mill Valley has 14,105, and San Anselmo has 12,693.

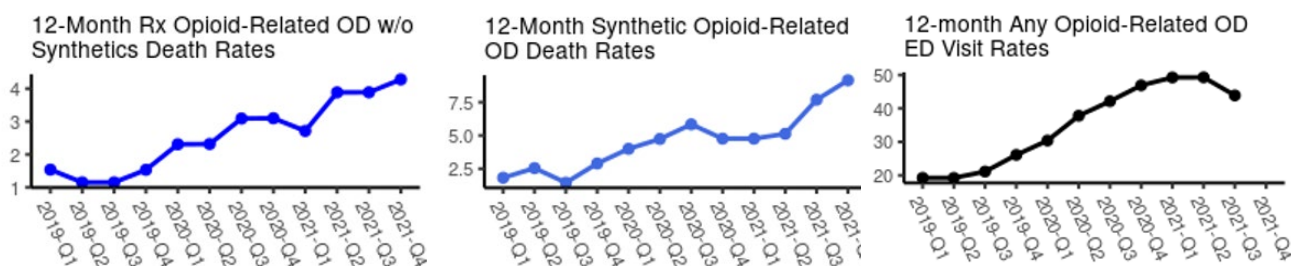
Marin County is well known for its natural beauty. As of 2020, Marin County had the sixth highest income per capita of all U.S. counties, at \$121,671. Its median property value is \$1,050,000, its median age is 47.1 years, the number of employed individuals is 130,038, and its poverty rate is 6.9%. The Marin County Board of Supervisors governs the county. The County seat of government is in the city of San Rafael.

The county's strong local economy is anchored by the arts and entertainment, biosciences/biotech research (linked explicitly to health and wellness), tourism, hospitality, and food and beverage industries. The school system includes the College of Marin and the Dominican University of California. Marin County is also home to many national protected areas, such as the Golden Gate National Recreation Area, state parks, trails, and marine protected areas. These many attributes combined make Marin County one of California's most desirable areas to live.

## Epidemiology of SUD in Marin County: Before and After

While Marin 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 Marin 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 System of Care initiative, which occurred during the pandemic, provides an interesting look at how opioid use may have changed because of the pandemic. As the pandemic wreaked havoc on the state of California, Marin County SUD prevention, treatment, and recovery partners remained responsive, agile, 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.

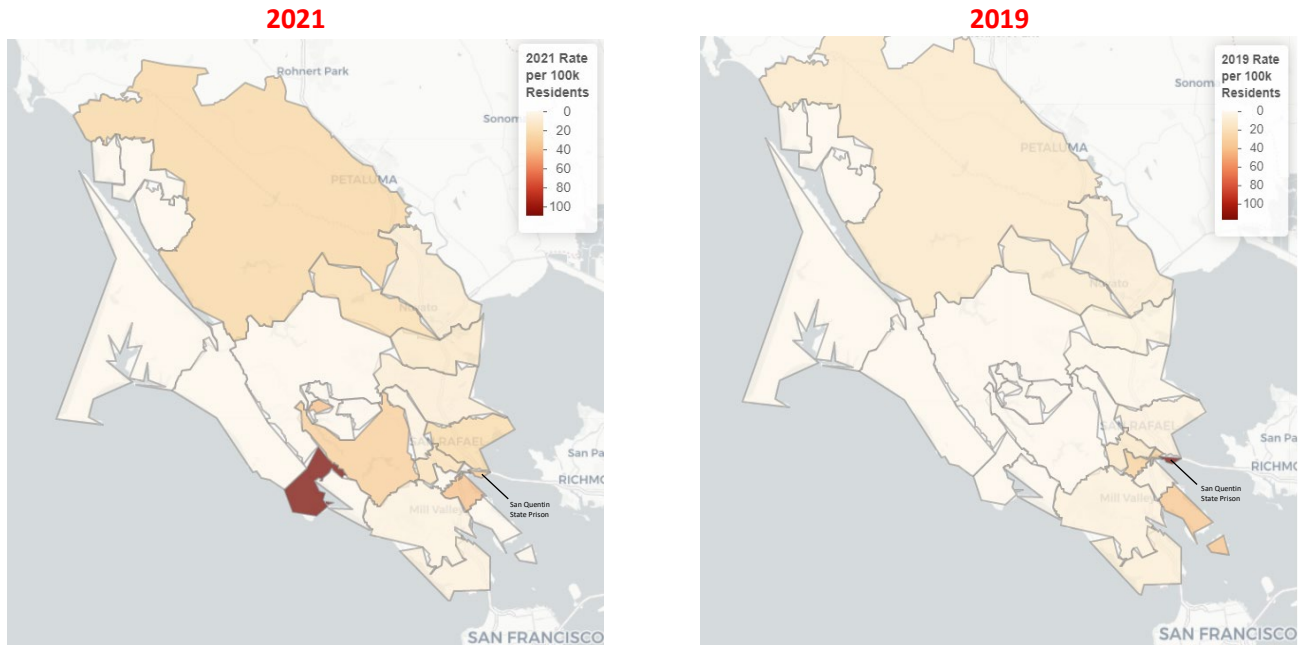
Marin County experienced 42 opioid-related overdose deaths in 2021. The annual crude mortality rate for 2021 was 16.33 per 100k residents, an increase of 93% from 2019. Figure 2 shows the 12-month rates for selected overdose indicators compared to the same indicators from 2019.



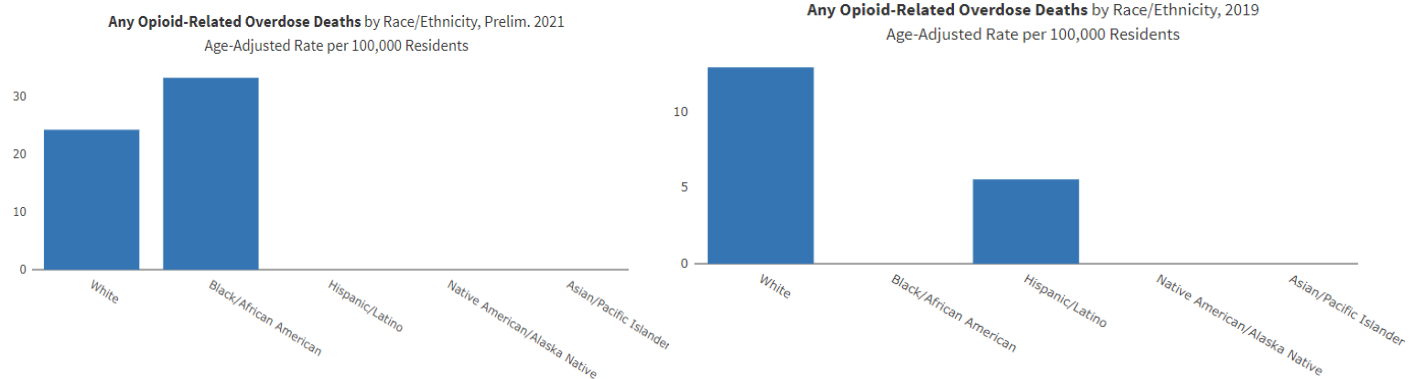
**Figure 2: Opioid Related-Overdose Indicators from 2019 to 2021**

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. Two points of significance while reading these maps:

- This map, provided by CDPH's California Overdose Surveillance Dashboard, accounts for a sample size of 100,000 residents. While certain areas show high overdose rates in dark orange, the population sizes of these areas are very small (<100,000 people). While there are undoubtedly many opioid-related overdose deaths being reported, the numbers do not match the standard sample size and appear more prominent on the maps.
- One geographic area that shows a significant decrease in opioid-related overdose deaths is the area that is home to San Quentin State Prison. This decrease can be linked to the implementation of the CDCR's MAT Program, funded by the State Opioid Response (SOR) grant.



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



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

### Key County Partners / Key Change Agents

Many stakeholders participated in the May 2021 Process Improvement Event and this follow-up event. Their agencies and organizations are listed below. The participants in each convening represent a broad cross-section of organizations, departments, decision-makers, doers, and people with lived experience.

Key Partners/Change Agents
Alcohol Justice
Alcohol and Other Drug (AOD) Advisory Board (Advisory to the Board of Supervisors) *
Bay Area Community Resources, Inc. *
BluePath Health*
Bucklew Programs*
CASTLE Marin*
Center Point*
Families For Safer Schools
Helen Vine Recovery Center*
Homeward Bound of Marin*
Kaiser Permanente*
Marin Adult Drug Court*
Marin City Health & Wellness Center*
Marin Community Clinics*
Marin County Children and Family Services*
Marin County Jail Reentry*
Marin County Mental Health Board*
Marin Health & Human Services, Behavioral Health and Recovery Services (BHRS)*
Marin Health & Human Services, Public Health
Marin Health & Human Services, Homelessness and Whole Person Care
Marin Health & Human Services, Social Services*
Marin Housing Authority
Marin Probation*
Marin Treatment Center*
MarinHealth*
Mental Health in Marin
Partnership HealthPlan of California*
Ritter Center*
Road to Recovery, BHRS – Outpatient and Recovery Coaches*
RxSafe Marin*
Serenity Knolls*
The Spahr Center
Subversive Foundation*
Sutter Health*
*Indicates organizations that were also part of the initial Process Improvement Event in May 2021

**Figure 5: Key Marin County Partners/Change Agents**

While all the participants continue to make significant contributions to enhancing treatment and recovery for persons affected by SUD in Marin County, the following individuals and organizations



continue to serve as key change agents and champions, steering the successful cross-sector, a cross-disciplinary collaboration that is driving Marin County's success.

## WELCOME: MARIN COUNTY PLANNING GROUP



**Jeff DeVido, MD, MTS**  
*Marin HHS*  
Chief, Addiction Services

**Catherine Condon, MPH**  
*Marin BHRS*  
Division Director

**Jordan Hall, MPA**  
*Marin BHRS*  
Program Manager

**Dominique McDowell**  
*Formerly of*  
*Marin City Health and Wellness*  
Director of Substance Abuse and  
Homeless Services

**Stacey Nelson, PhD**  
*Kaiser Permanente –*  
*San Rafael Medical Center*  
Program Director/Regional Co-Chair,  
Addiction Medicine and Recovery Services

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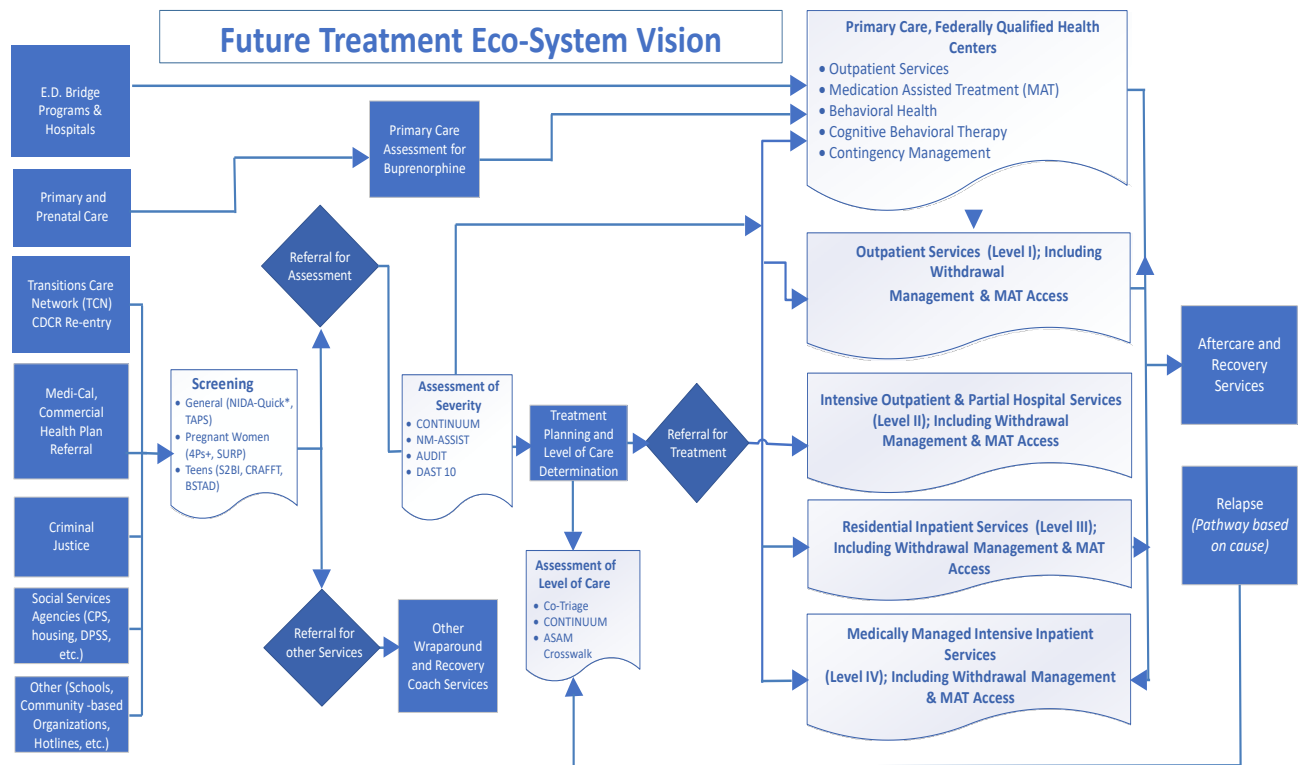
**Figure 6: Key Marin County Planning Group Members**

### 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 Marin 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 the 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 identified by stakeholders via breakout sessions.

People	Process	Place	Communication	Miscellaneous
<ul style="list-style-type: none"> <li>• Lack of women's services</li> <li>• Stigma</li> <li>• Cultural Competency- (Limited language and cultural services and concordance (especially navigation)</li> <li>• Monolingual Spanish – limited services. Need more providers with this skill</li> <li>• Workforce shortages</li> <li>• Staff resources with competency across the board</li> <li>• Limited MAT providers in hospitals outside of the ED</li> <li>• Increase the number of network Providers in the Community</li> </ul>	<ul style="list-style-type: none"> <li>• Delays, paperwork, (DMC) intercounty transfers. Etc. Process has many layers</li> <li>• Delays for connecting clients with cooccurring conditions to services (and getting them pharmacologically stabilized)</li> <li>• Fragmented MH/SUD and documentation requirements</li> <li>• Inconsistency in approaches to assessment (and even willingness to assess), referral and management in many sectors: lack of standardization</li> </ul>	<ul style="list-style-type: none"> <li>• Challenging issues - Chronic homeless</li> <li>• Transition issues for people leaving detox and in need of residential treatment</li> <li>• Lack of Transitional housing resources</li> <li>• Local residential for youth</li> </ul>	<ul style="list-style-type: none"> <li>• Use of technology to streamline identification of available treatment services</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> </ul>
Administrative time	Cultural Competency	Inconsistent assessment	Staff resources	Transition issues
<ul style="list-style-type: none"> <li>• Delays</li> <li>• Paperwork</li> <li>• Intercounty transfers</li> </ul>	<ul style="list-style-type: none"> <li>• Limitations around language</li> <li>• Stigma</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistent approaches</li> <li>• Lack of standardization or willingness to assess</li> </ul>	<ul style="list-style-type: none"> <li>• Competency across the board</li> <li>• How to recruit &amp; train staff</li> </ul>	<ul style="list-style-type: none"> <li>• For people leaving detox and in need of residential treatment</li> </ul>

**Figure 7: Identified Gaps and Barriers**



**Figure 8: The "Scaffolding of the Future State"**

Key Features and Solutions outputs from Marin Process Improvement Event Breakout session	
1	Develop a centralized navigation system that will review insurances, resources, and available treatment options
2	Develop a career pathway for SUD counselors
3	Spanish training of staff-volunteer opportunity
4	Navigation and investment in developing substance use treatment professionals (both counselors and recovery coaches
5	Ongoing education about what services are available
6	Workforce development to become recovery coaches
7	Adoption of a screening tool that aligns with ASAM criteria
8	Reducing multiple assessments before treatment admission
9	Use assessment results to ensure a proper transition to treatment location (regardless of what services the assessor provides)
10	County to contract house in sober living or Mill Street until transition placement to ensure smooth & safe transitions of care from withdrawal management to residential and residential to outpatient treatment
11	Build/contract with residential dual-diagnosis and partial hospitalization programs in Marin County

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

## Section 2: County Goals

### Review of Goals

The county-level goals developed at the initial convening addressed key features, transformation 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 specific development and improvement efforts. There was some refinement in those goals in the weeks following the event. Additionally, quarterly calls with stakeholders and the HMA team discussed progress toward these goals. The purposes and the status of each goal are described in Figure 10 below.

Marin County Systems of Care SMART Goal(s)	Update
1. Provide support for at least three (3) providers to increase their MAT RX prescribing by 10%.	<ul style="list-style-type: none"> <li>• Providing coaching and consultation to two MAT providers</li> <li>• Developed and disseminated outreach materials and workflows to increase referrals to MAT providers</li> </ul>
2. Within the Medi-Cal system of care, support at least three (3) interested MAT providers in identifying 1-2 projects specifically to reduce racial disparities in access to care.	<ul style="list-style-type: none"> <li>• Expanded access to services, including services provided in Spanish</li> <li>• Increased outreach in various communities across Marin County</li> </ul>
3. Add three (3) additional sites in Marin County that provide Narcan (Naloxone) free of charge.	<ul style="list-style-type: none"> <li>• Marin County HHS – Social Services Campus</li> </ul>



	<ul style="list-style-type: none"> <li>• Marin County Jail Lobby</li> <li>• Kaiser Permanente San Rafael</li> <li>• Expanded regular field-based outreach and distribution</li> </ul>
4. There will be documented and publicly available workflows to access quality substance use treatment services, regardless of insurance status.	<ul style="list-style-type: none"> <li>• HMA is developing ecosystem mapping</li> </ul>
5. Partner with Marin FQHCs to establish communication protocols for on-demand treatment initiation for uninsured community members.	<ul style="list-style-type: none"> <li>• In process</li> </ul>


**Figure 10: Marin County SMART Goals**

### Implementation Status





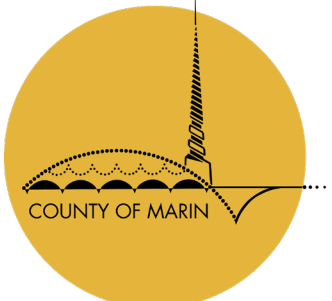
Event participants and community organizations collectively made considerable commitment and progress in attaining the project's SMART goals. The attainment of each SMART goal has increased the availability and access to MAT and Naloxone, ensuring that Marin County can meet its objectives of increasing access to MAT services and reducing overdose deaths.

### 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, The Marin County Treatment and Recovery Ecosystem 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. Although some organizations are specifically identified below, many of these efforts reflect broader partner involvement from stakeholders across the ecosystem. This summary is also not exhaustive and primarily reflects the successes shared by partners during the convening.

Smart Goal Success by Organization	Key Success
<b>RX Safe Marin</b> 	<b><u>Increased Access to Naloxone</u></b> <ul style="list-style-type: none"> <li>• Expanded Naloxone Outreach, Training, and Distribution</li> <li>• Installed Two Naloxone Vending Machines (2,000 kits) - Additional Five Machines by December 2022</li> <li>• The Spahr Center, Marin County Office of Education, and RxSafe Marin Partnership – Naloxone Training and Distribution at Middle and High Schools</li> </ul>

<p><b>Marin County SUD Treatment Ecosystem</b></p> 	<p><b><u>Enhanced Equitable Access to and Provision of Substance Use Services</u></b></p> <ul style="list-style-type: none"> <li>• Expanded Residential treatment services, including services in Spanish</li> <li>• Added Four (4) Recovery Coaches</li> <li>• Secured Funding to Support 0.50 FTE Jail MAT Coordinator</li> <li>• Promoted MAT and other Substance Use Treatment and Harm Reduction Resources – Community Outreach, Education Materials, and Paid Media Campaigns (social media, Radio, Bus Shelters)</li> <li>• HMA Developed Workflow/Map – Access Services Regardless of Insurance Status</li> </ul>
<p><b>The SPAHR Center</b></p> 	<p><b><u>Implementation of Harm Reduction and Treatment Referral programs across Marin County, including:</u></b></p> <ul style="list-style-type: none"> <li>• Naloxone Distribution Program: <ul style="list-style-type: none"> <li>○ Naloxone kits and use instruction</li> </ul> </li> <li>• Referrals for Recovery treatment services</li> <li>• HIV and HCV rapid testing</li> <li>• Connections to social services</li> <li>• Mobile Harm Reduction Programs at locations throughout Marin County</li> <li>• Syringe Services Program includes: <ul style="list-style-type: none"> <li>○ Needs-based vs. One for One exchanges</li> <li>○ Secondary exchanges</li> <li>○ A large variety of syringes and supplies</li> <li>○ Safer smoking supplies</li> <li>○ Safe disposal</li> </ul> </li> </ul>
<p><b>Kaiser Permanente</b></p> 	<p><b><u>Expanded Access to SUD Treatment Services, including MAT and Service Navigation that includes:</u></b></p> <ul style="list-style-type: none"> <li>• Expanded buprenorphine prescribing to the San Rafael Kaiser Permanente (KP) Emergency Department</li> <li>• Substance Use Navigators: Added a Substance Use Navigator to the San Rafael KP Emergency Department</li> <li>• Naloxone Pilot at Kaiser Permanente San Rafael</li> </ul>
<p><b>Marin Treatment Center</b></p> 	<p><b><u>Expanded Access to SUD Treatment Services and prevention services that include:</u></b></p> <ul style="list-style-type: none"> <li>• Expanded buprenorphine prescribing</li> <li>• Free Naloxone kits and use instructions available to all</li> </ul>

<b>MAT Treatment &amp; Navigation Services</b> 	<b>Treatment and Navigation Services</b> <ul style="list-style-type: none"> <li>• Access to Medication Assisted Treatment (MAT) in the Emergency Department</li> <li>• Substance Use Navigators: Continued Funding for SUNs at MarinHealth</li> </ul>
	<b>Naloxone Distribution Program:</b> <ul style="list-style-type: none"> <li>○ Naloxone kits and use instruction</li> <li>○ On-demand treatment initiation for uninsured community members</li> </ul>
	<ul style="list-style-type: none"> <li>• Naloxone Distribution Program and MAT Treatment Services: <ul style="list-style-type: none"> <li>○ Free Naloxone kits and use instructions available to all</li> <li>○ On-demand treatment initiation for uninsured community members</li> </ul> </li> <li>• Access to initial and ongoing Medication Assisted Treatment (MAT)</li> </ul>
<b>Substance Use Navigator</b> 	<b>Treatment and Navigation Services</b> <ul style="list-style-type: none"> <li>• Access to Medication Assisted Treatment (MAT) in the Emergency Department</li> <li>• Substance Use Navigators: Continued Funding for SUNs at Sutter Novato Community Hospital</li> </ul>
<b>Key Initiatives Underway</b> 	<b>Other Marin County Ecosystem Key Initiatives include:</b> <ul style="list-style-type: none"> <li>• Participating in Recovery Incentives Program: California's Contingency Management Pilot Program – Fall 2022</li> <li>• Mobile Overdose and Suicide Outreach Team</li> <li>• Catalyst Project – Seeds of Hope: Avoiding Deaths Through Social Connection presentations and social media over one month and received approximately four hundred responses</li> </ul>

**Figure 11: Marin County SMART Successes**

### Coaching and Technical Assistance Successes

HMA provided Coaching and Technical Assistance to several provider groups and organizations that identified project goals of increasing access to MAT and treatment services. HMA supported these organizations by collaborating 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:

- **Ritter Center** – We provided coaching on starting their MAT program, including P & Ps, how to best use interprofessional teams, and billing and coding questions. We assisted their team in working through some barriers and challenges and provided coaching to the prescribers on induction, dosing, and other buprenorphine prescribing questions. We also connected the CMO with additional resources and support in Marin County and at UCLA.

- **RxSafe Marin** – We provided coaching around the importance of SBIRT. We also did some research for them around mobile outreach overdose response teams and presented to the entire RxSafe Marin group on the SOC project.
- **Marin Children and Family Services** – We provided coaching around addressing barriers they were experiencing with some SUD treatment providers and helped connect them to additional resources. We also provided 1:1 coaching with their new perinatal case manager, including education on addiction, MAT, and coaching around working with pregnant and parenting women with SUD.
- **Marin Treatment Center** – MTC's leadership, requested support to strengthen their team, particularly in developing a shared team vision, resolving conflict, clarifying roles, and leading productive meetings. We provided four coaching sessions to their CEO, COO, Medical Director, and Clinical Director. Through our work together, they noted improvement in team communication.

### 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 was interrupted; and regular access to social connections of all kinds was disrupted. These disruptions significantly affected vulnerable populations, including those with substance use and behavioral health disorders. Marin County experienced 42 opioid-related overdose deaths in 2021. The annual crude mortality rate for 2021 was 16.33 per 100k residents, an increase of 93% from 2019. The most substantial challenges experienced in Marin County and our responses to those challenges are described in the next section.







***Figures 12, 13, & 14: Photos of Attendees at the In-Person Venue (Marin Health & Wellness Campus) on August 16, 2022***

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

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

### Sustaining the Gains

Participants were polled to determine what infrastructure currently exists or might be needed to sustain the progress made on the countywide 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 X* below.

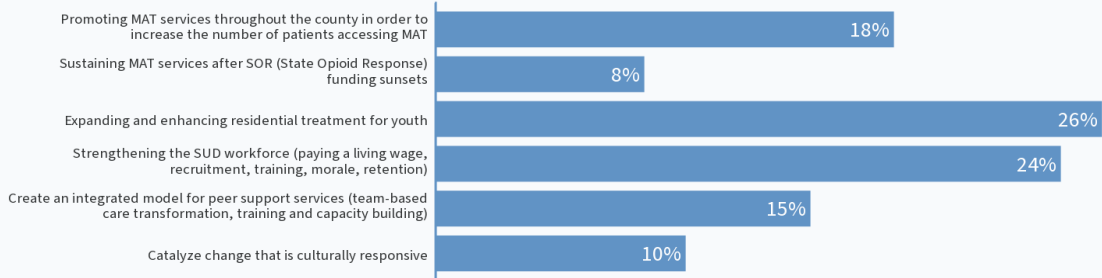
### What Else Needs to Be in Place to Address New Priorities?

The SUD-related priorities identified by participants include:

- Expanding and enhancing residential treatment for Youth
- Strengthening the SUD workforce (paying a living wage, recruitment, training, morale, retention)



## What initiatives should we focus on as a community to improve quality of life for those with substance use? (select all that apply)



**Figure 15: SUD-related priorities, as identified by event participants via a texting 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 necessary 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  Individuals who use substances	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 16: Various infrastructures needed to sustain gains in the community**

### Next Phase Action Plan

Several actions were identified to ensure that Marin County continues to make forward progress on enhancing the treatment and recovery ecosystem. Some 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-county 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 unclear whether Marin will continue to work with HMA in one of these grant opportunities, participants will have continued access to training and other technical assistance programming (e.g., toolkits, webinars, and patient-facing materials).

The Marin County RXSafe Marin Coalition will continue the use of setting and tracking ecosystem SMART Goals to identify system-wide access to MAT, Naloxone, and treatment services. The setting of annual SMART Goals will help to address system-wide needs, track progress, and ensure that all community partners, providers, and treatment organizations are vested in the shared future state of the county's treatment ecosystem.

### Conclusion

Marin 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 the path for people in recovery, 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, the county's treatment and recovery ecosystem providers, and the overall community. Participation in joint Marin County Behavioral Health and Recovery Services (BHRS) and System of Care project quarterly calls and virtual convenings remains high. The feedback obtained by stakeholders indicates increased buy-in and support. Marin is well-positioned to realize its aspirations of an improved SUD treatment and recovery ecosystem. The county is fortunate to have active and engaged community partners and the leadership of Marin BHRS.



## 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) and 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 100 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.<sup>3</sup> Participants discussed harm reduction strategies such as naloxone distribution and administration, fentanyl test strips, and safer use practices. The event culminated with an impromptu training on naloxone administration by Andy Fyne, Harm Reduction Director at The Spahr Center, for those individuals who attended the event in person.

There was a brief discussion about a new drug threat, xylazine, a non-opioid medication with approved uses as a veterinary tranquilizer. It 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 with similar side effects (e.g., heroin, fentanyl, 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).

---

<sup>3</sup> 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.

## SPAHR Center Naloxone Overdose Reversal Training



The Marin County Project Planning Committee would like to thank the SPAHR Center and Andy Fyne, their Harm Reduction Program Director, and his team for providing Overdose Reversal Training as part of Envisioning the Future Conveying. The Project planning committee is incredibly grateful to Andy and the SPAHR Center's Harm Reduction Team for sharing their knowledge and training us on the proper use of Naloxone in reversing an overdose. As part of the event, participants were instructed how to use Naloxone and provided with Naloxone overdose reversal kits. This measure adds additional responders who can assist in saving the lives of family, friends, and neighbors in their community that may experience an overdose event.



**Video Link on Vimeo:** [https://player.vimeo.com/video/749322732?h=aae1e05190&app\\_id=122963](https://player.vimeo.com/video/749322732?h=aae1e05190&app_id=122963)



**Figure 17: The SPAHR Center's Harm Reduction Program Outreach Van outside of the Marin Health and Wellness Campus on August 15, 2022**

Please find the Envisioning the Future event slides attached.  
The recording of this event can be found at [www.bit.ly/MarinETF](http://www.bit.ly/MarinETF).

Today's Convening

**Systems of Care:**

**Envisioning the Future of Marin County**

will begin shortly.

**Contact Mayur Chandriani**  
[mchandriani@healthmanagement.com](mailto:mchandriani@healthmanagement.com)

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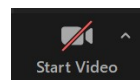
**Welcome!**

Thank you for joining us this afternoon.

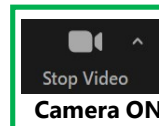
Please read through the following as we will promptly begin at **1:00pm**.

- **Ensure your audio is linked to your Zoom participant ID.**
  - If you joined the audio by computer microphone and speaker, then you're all set.
  - If you joined the audio with a phone and did not enter your unique participant ID 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.

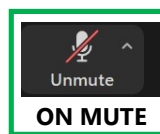


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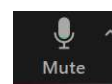


Camera ON

- **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.



ON MUTE



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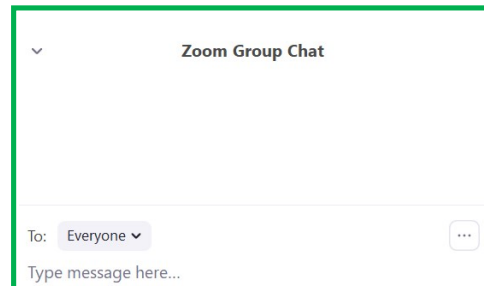
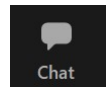
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**Welcome!**

Thank you for joining us this afternoon.

Please read through the following as we will promptly begin at **1:00 pm**.

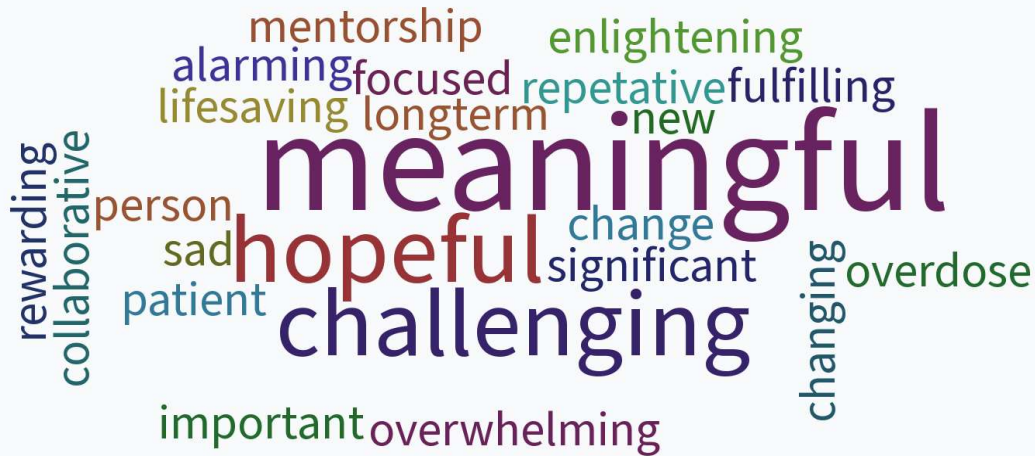
- **Locate the chat box.** On the bottom middle of your screen, click on the chat icon. This will open the “Zoom Group Chat” pane on the right side of your screen. You will see messages throughout the webinar on there. When prompted by the presenters, type in your answers or questions there.



## FOR OUR VIRTUAL AUDIENCE

- +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!

**Describe your work in Substance Use in one word.**



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### Systems of Care: Envisioning the Future

Marin County  
August 16, 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

# Marin County Welcome

**Catherine Condon**

Division Director, Marin County Behavioral Health and Recovery Services (BHRS)



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: MARIN COUNTY PLANNING GROUP



**Jeff DeVido, MD, MTS**

*Marin HHS*

Chief, Addiction Services

**Catherine Condon, MPH**

*Marin BHRS*

Division Director

**Jordan Hall, MPA**

*Marin BHRS*

Program Manager

**Dominique McDowell**

*Formerly of*

*Marin City Health and Wellness*

Director of Substance Abuse and  
Homeless Services

**Stacey Nelson, PhD**

*Kaiser Permanente –*

*San Rafael Medical Center*

Program Director/Regional Co-Chair,  
Addiction Medicine and Recovery Services

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## WELCOME: ACKNOWLEDGING COLLABORATION WITH MARIN COUNTY PROVIDERS



The Helen Vine Recovery Center



Partnership HealthPlan of California



**MARINTREATMENTCENTER**  
Compassionate, confidential, individualized care



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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 Emerging Drugs)**

- + 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.

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## 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.**

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## WELCOME AND INTRODUCTIONS

### Health Management Associates Welcome

**Marin County  
Systems of Care  
Team Lead**



**Don Novo**  
Principal  
HMA

**Northern  
California TA  
Coordinator**



**Mayur Chandriani, CPS**  
Associate  
HMA

**Event Producer/  
Southern California  
TA Coordinator**



**Nayely Chavez, MPH**  
Senior Associate  
HMA

**Marin County  
Systems of Care Coaches**



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



**Shelly Virva,  
LCSW, FNAP**  
Senior Consultant  
HMA



**Laura Collins,  
MSW, LICSW**  
Senior Consultant  
HMA  
(Ad Hoc)

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## AGENDA

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

## 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.



## 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



- Screening and Brief Assessment for OUD/SUD should be available at any health and social service point of entry
- Planning transitions between levels of care optimizes the recovery journey
- Everyone with OUD should be offered MAT
- Acknowledging disparities and cultural needs and offering low barrier treatment increases treatment initiation and retention
- Stigma reduction and motivational interviewing improve engagement of clients with OUD/SUD

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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

*(In-Person vs. Virtually)*

#### 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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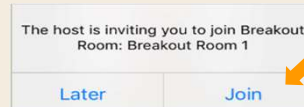
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## BREAKOUT ACTIVITY "Speed Networking"



### 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.



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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

## 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



## 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)

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# IMPORTANT FACTS ABOUT FENTANYL

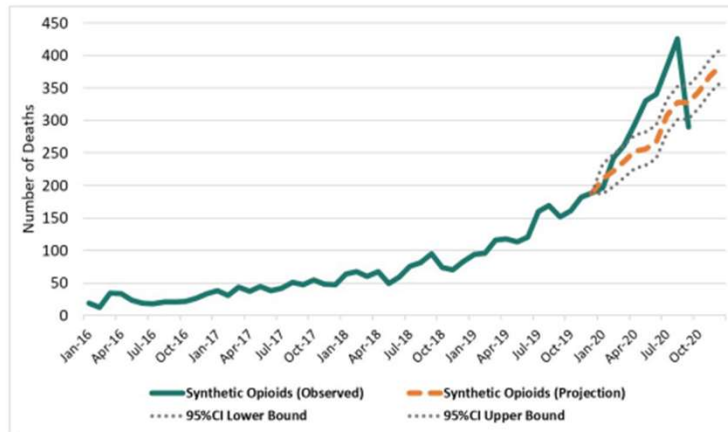
## I FACTS ABOUT FENTANYL

- + 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](https://www.fentanylawarenessday.org/files/ugd/89faea_e40da0d83dd745a1bf1139db47af8bba.pdf)

## 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/CDC/PHP/sapb/CDPH%20Document%20Library/2020-Overdose-Mortality-Data-Brief\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CDC/PHP/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](http://www.cdph.ca.gov/sapb))

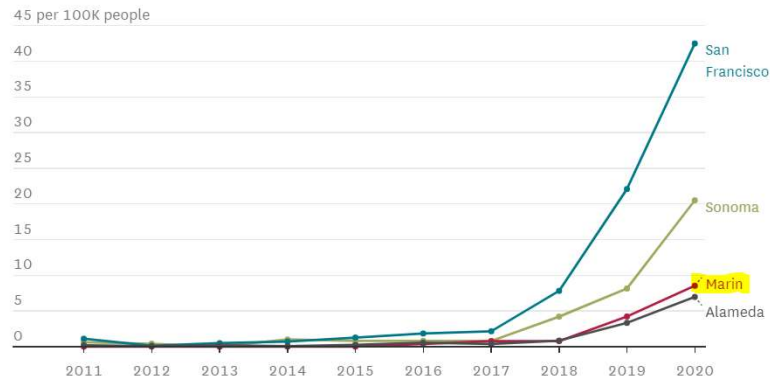
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## FENTANYL DATA MARIN

**Fentanyl-related death rates in selected Bay Area counties, 2011 to 2020**



Source: [CDPH Center for Health Statistics and Informatics Vital Statistics](#)

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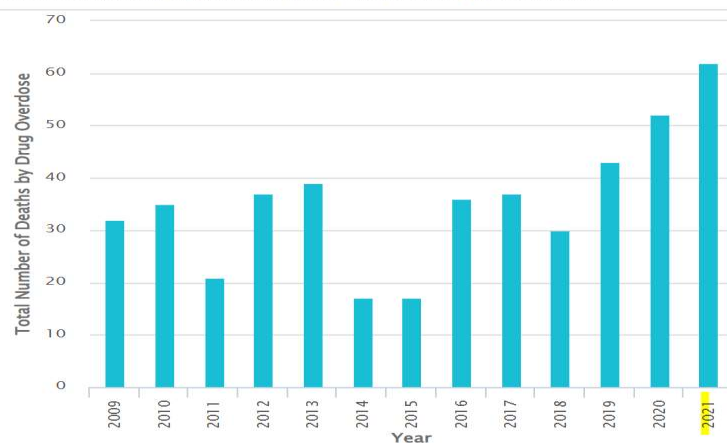
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## OVERDOSE DATA MARIN

**Drug Overdose Deaths by Year, Marin County Residents**

Source:  
California Department of Public Health, Center for Health Statistics and Informatics (CHSI), California Integrated Vital Records System (Cal IVRS)



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## I 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\\_PR8%20FINAL.pdf](https://www.dea.gov/sites/default/files/2020-09/Fentanyl%20Used%20in%20Vape%20Pens_PR8%20FINAL.pdf)

## I POTENCY OF FENTANYL



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

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/fauxfentynallethaldose005jpg>

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

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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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## 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:

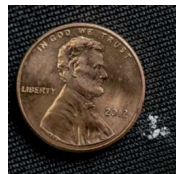
- Call For Help
- Administer Naloxone
- Rescue Breathing
- Repeat Steps As Needed



"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





## 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>

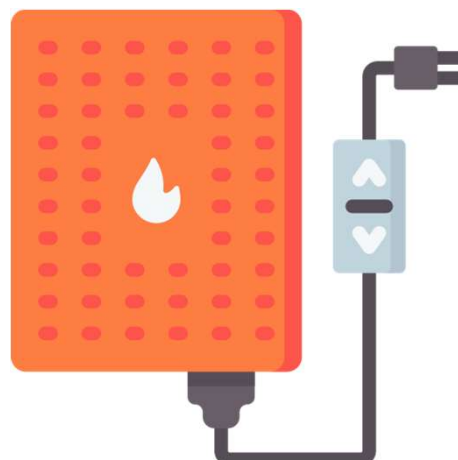
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## AMERICAN COLLEGE OF MEDICAL TOXICOLOGY AMERICAN ACADEMY OF CLINICAL TOXICOLOGY

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



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

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

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## AMERICAN COLLEGE OF MEDICAL TOXICOLOGY AMERICAN ACADEMY OF CLINICAL TOXICOLOGY

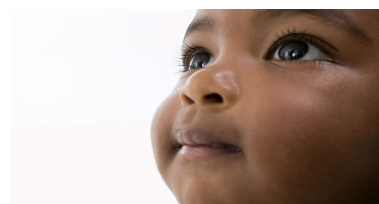
### + Inhalation

- 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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## 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



Photo from Canva

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

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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.htm>  
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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## 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

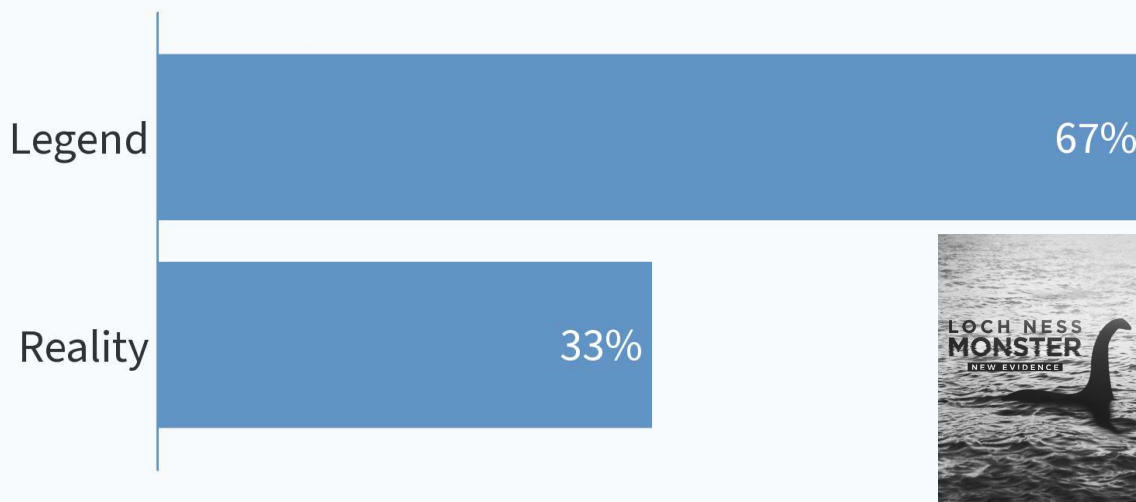
Can J Hosp Pharm 2012;65:380-386

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



### 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                             | • Have naloxone available                   | • Go slow (use a test dose) |
| • Don't use alone or tell someone where you are | • Know how to recognize OD and use naloxone | • Don't stack doses         |

Source: [https://www.fentanylawarenessday.org/\\_files/ugd/89faea\\_e40da0d83dd745a1bf1139db47af8bba.pdf](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/hlthaff.2021.0601.974263/full>

## I HOW TO GET NALOXONE IN CALIFORNIA

- + Naloxone distribution project  
[https://www.dhcs.ca.gov/individuals/Pages/Naloxone Distribution Project.aspx](https://www.dhcs.ca.gov/individuals/Pages/Naloxone%20Distribution%20Project.aspx)
  - \*Limited supply at present\***
- + Available through Medi-Cal with a prescription
- + Can distribute to minors 12 years of age and older
- + Marin County: Visit  
[www.RxSafeMarin.org/Naloxone](http://www.RxSafeMarin.org/Naloxone)



**Administration of Naloxone**  
 • Intranasal NARCAN® Nasal Spray

- 1 PEEL** back the package to remove the device.
- 2 PLACE** the tip of the nozzle in the nostril and your finger on the bottom of the patient's nose.
- 3 PRESS** the plunger firmly to release the dose into the patient's nose.

*Caution: do not prime the device as most or all of the medication will be dispensed*

<http://www.narcanaspray.com/nrs-4-mg-dose/how-to-use-nrs/>

## HOW TO GET NALOXONE IN MARIN COUNTY

DIRECT DISTRIBUTION SITES		
Narcan Vending Machines		The Spahr Center
<b>Marin HHS Social Services Courtyard</b> 120 N Redwood Dr, San Rafael, CA 94903		Marin County's only non-profit community agency devoted to serving, supporting and empowering the lesbian, gay, bisexual, and transgender community and everyone in the county living with and affected by HIV.
<b>Marin County Jail Lobby</b> 13 Peter Behr Dr, San Rafael, CA 94903		150 Nellen Avenue, Suite 100 Corte Madera, CA 94925 (415) 457-2487
MARIN COUNTY FIRE DEPARTMENTS		
<a href="#">Bolinas Fire Protection District</a> 100 Mesa Rd Bolinas, CA 94924	<a href="#">Central Marin Fire Department</a> 342 Tamalpais Dr Corte Madera, CA 94925	<a href="#">Inverness Public Utilities District</a> 50 Inverness Way Inverness, CA 94937
<a href="#">Kentfield Fire Protection District</a> 1004 Sir Francis Drake Blvd Kentfield, CA 94904	<a href="#">Marin County Fire Department</a> 33 Castle Rock Rd Woodacre, CA 94973	<a href="#">Marinwood Fire Department</a> 777 Miller Creek Rd San Rafael, CA 94903
<a href="#">Novato Fire Protection District</a> 95 Rowland Way Novato, CA 94945	<a href="#">Ross Valley Fire Department</a> 777 San Anselmo Ave San Anselmo, CA 94960	<a href="#">Mill Valley Fire Department</a> 1 Hamilton Dr Mill Valley, CA 94941
<a href="#">San Rafael Fire Department</a> 1600 Los Gatos Dr., Suite 345 San Rafael, CA 94901	<a href="#">Southern Marin Fire District</a> 308 Reed Blvd Mill Valley, CA 94941	<a href="#">Stinson Beach Fire Department</a> 100 Calle del Arroyo Stinson Beach, CA 94970
<a href="#">Tiburon Fire Protection District</a> 1679 Tiburon Blvd Tiburon, CA 94920	 	

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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 percentage of individuals who die without use of naloxone are:
  - + 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.

## Do you carry naloxone with you at all times?

Yes 16%

No 84%



### 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).<sup>1</sup> 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.<sup>2</sup>

**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.<sup>3</sup>
- Naloxone administration and assisted ventilation are the most critical interventions.
- California Poison Control System can assist in the management of a suspected fentanyl overdose. They can be reached at 1-800-222-1222.

#### Aftercare for Overdose Victims:

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

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

#### If You Need Naloxone in Your Agency/Community:

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

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

### 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.<sup>4</sup> 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.<sup>5</sup>



**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.

<sup>1</sup> <https://cdph.ca.gov/PressRelease/2018/0808.htm>

<sup>2</sup> Moss AJ et al. ACMT and AACT position statement: preventing occupational fentanyl and fentanyl analog exposure to emergency responders. *Clinical Toxicology* 2018;56:207-208.

<sup>3</sup> Hooper BH et al. The magnitude and duration of respiratory depression produced by fentanyl and fentanyl analogs in mice. *JPET* 1976;199:464-469.

<sup>4</sup> Lynch MJ. Duration of toxicity of fentanyl and fentanyl analogs in the setting of occupational exposure. *Prehospital Emergency Care* 2018;22:157-162.

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

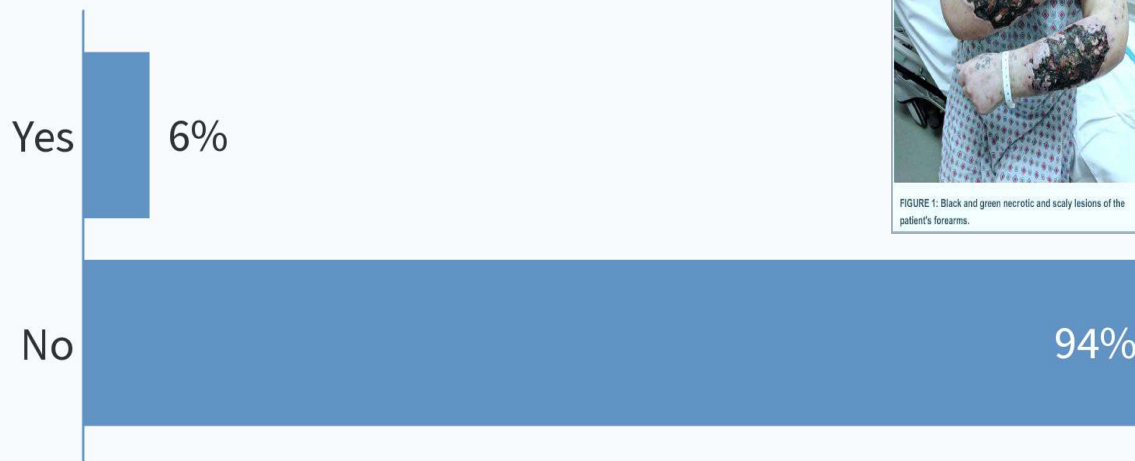
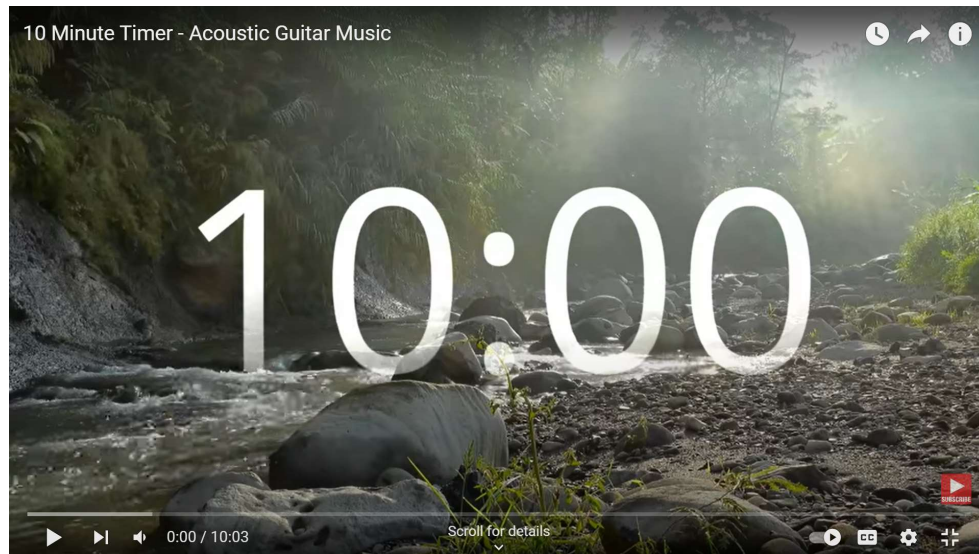


FIGURE 1: Black and green necrotic and scaly lesions of the patient's forearms.

**10-MINUTE BREAK!**

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

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**10-MINUTE BREAK!**

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

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# CELEBRATION OF SUCCESSSES



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## BRIEF REVIEW: MARIN COUNTY SMART GOALS



<i>Marin County SMART Goals</i>		<i>Implementation</i>
<b>1</b>	Provide support for at least three (3) providers to increase their MAT RX prescribing by 10%.	By June 30, 2022
<b>2</b>	Within the Medi-Cal system of care, provide support to at least three (3) interested MAT providers in identifying 1-2 projects specifically aimed at reducing racial disparities in access to care.	By June 30, 2022
<b>3</b>	Add three (3) additional sites in Marin County that provide Narcan (naloxone) free of charge.	By June 30, 2022
<b>4</b>	There will be documented and publicly available workflows of how to access quality substance use treatment services, regardless of insurance status.	By June 30, 2022
<b>5</b>	Partner with Marin FQHCs to establish or communicate protocols for on demand treatment initiation for uninsured community members.	By June 30, 2022

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

## Increased Access to Naloxone

- Expanded Naloxone Outreach, Training and Distribution
- Installed Two Naloxone Vending Machines (2,000 kits) - Additional Five Machines by December 2022
- Naloxone Pilot at Kaiser Permanente San Rafael
- The Spahr Center, Marin County Office of Education and RxSafe Marin Partnership – Naloxone Training and Distribution at Middle and High Schools



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

## Enhanced Equitable Access to and Provision of Substance Use Services

- Expanded buprenorphine prescribing to the San Rafael Kaiser Permanente (KP) Emergency Department
- Expanded Residential treatment services, including services in Spanish
- Added Four (4) Recovery Coaches
- Substance Use Navigators: Added a Substance Use Navigator to the San Rafael KP Emergency Department; Continued Funding for SUNs at Marin Health and Novato Community Hospital
- Secured Funding to Support 0.50 FTE Jail MAT Coordinator

## ■ CELEBRATION OF SUCCESSES: Moving Us Forward

### Enhanced Equitable Access to and Provision of Substance Use Services (continued)

- Promoted MAT and other Substance Use Treatment and Harm Reduction Resources – Community Outreach, Education Materials and Paid Media Campaigns (Social Media, Radio, Bus Shelters)
- HMA Developed Workflow/Map – Access Services Regardless of Insurance Status



## ■ CELEBRATION OF SUCCESSES: Moving Us Forward

### Other Key Initiatives In Progress

- Participating in *Recovery Incentives Program: California's Contingency Management Pilot Program* – Fall 2022
- Mobile Overdose and Suicide Outreach Team
- Catalyst Project – Seeds of Hope: Avoiding Deaths Through Social Connection



## UPCOMING EVENTS

### September is Recovery Month and Suicide Prevention Month

- + September 15<sup>th</sup>: **Women in Recovery Film Screening and Q&A**
  - + Homeward Bound – New Beginnings Center (6:30pm – 8:00pm)
- + September 22<sup>nd</sup>: **Helen Vine Recovery Month Celebration**
  - + San Rafael Community Center – 618 B Street (5:00pm – 8:00pm)



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## CELEBRATION OF SUCCESSES: Moving Us Forward

### HMA Coaching

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## **CELEBRATING SUCCESSES**

**We want to hear from YOU!**

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

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



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**FOCUSING ON THE  
FUTURE**

**Breakout**

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## BREAKOUT ACTIVITY

### "Focusing on the Future"



## INSTRUCTIONS

### Step 1: Getting Started

Select a notetaker/reporter  
(closest next birthday)

### Step 2: Let's Brainstorm!

**In-Person:** Flip Charts

**Virtual:** Google Slides

- What needs to be in place to sustain the gains? *6 minutes*
- What are our top two SUD-related priorities for the future? *6 minutes*
- What needs to be in place to address those priorities? *6 minutes*

### Step 3: Return to Main Room @ **3:45pm.**

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# LET'S REPORT OUT!

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Zoom Group 1		
<b>Q1:</b> What needs to be in place to sustain the gains? What leaders, organizations/partners need to be left in place?	<b>Q2:</b> What are our top two SUD-related priorities for the future?	<b>Q3:</b> What needs to be in place to address those priorities?
<ul style="list-style-type: none"> <li>- Funding for existing programs need to be sustained</li> <li>- Continued provider education and skills training (for pharmacists as well)</li> <li>- More training and education for pharmacists</li> <li>- Jeffery Davidowitz (substance use navigator in ER) - really valuable resource for referrals</li> <li>- Including community faith leaders in education and outreach</li> <li>- PCPs and clinics that provide wraparound care need to continue to be at the table.</li> </ul>	<ul style="list-style-type: none"> <li>- Housing</li> <li>- Client/patient retention</li> <li>- Recruitment/retention of providers within Marin county</li> <li>- Community education and engagement</li> </ul> <p>*Safe residential treatment for youth!</p>	<ul style="list-style-type: none"> <li>- Communication between agencies - a coordinator across agencies?</li> <li>- Support staff in finding housing/support in moving to community - hard to establish in Marin</li> <li>- Maybe alter job requirements so that more applicants can apply</li> <li>- Training/recruitment program for more peer supports</li> <li>- Transportation assistance? Esp for contractors - cost of commuting and bridge tolls</li> <li>- Increased education and outreach to combat stigma (incentives for facilities to accept clients?)</li> <li>- Develop relationships with SNIFs that will take MAT patients</li> </ul>
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Zoom Group 2		
<b>Q1:</b> What needs to be in place to sustain the gains? What leaders, organizations/partners need to be left in place?	<b>Q2:</b> What are our top two SUD-related priorities for the future?	<b>Q3:</b> What needs to be in place to address those priorities?
<ol style="list-style-type: none"> <li>1. Additional SUD tx providers for youth across the continuum, that are local - including residential and transitional care services, co-occurring culturally appropriate services, including language</li> <li>2. Un-silo the services - forums to promote collaboration, coordination, resource sharing, prevent duplication of services</li> <li>3. Better coordination with related programs, including behavioral health</li> <li>4. Strengthen relationships between orgs that last beyond leader transitions</li> <li>5. Bring youth/peers/persons in recovery to the table with regards to developing priorities and programs (and compensate): example - <a href="#">Marin 9 to 25</a>, <a href="#">Marin Prevention Network</a>, Youth Working for Change, Youth Explorers, Marin County Youth Commission</li> <li>6. Promoting sustainability - funding and community buy-in/backing to ensure implementation</li> <li>7. Expand Housing - residential (incl youth, women &amp; kids), transitional, sober living</li> </ol>	<ol style="list-style-type: none"> <li>1. Expand Housing - residential (incl youth, women &amp; kids), transitional, sober living - the continuum of hsg services</li> <li>2. Un-silo the services - forums to promote collaboration, coordination, resource sharing, prevent duplication of services ~Better coordination with related programs, including behavioral health ~Strengthen relationships between orgs that last beyond leader transitions</li> </ol>	<ol style="list-style-type: none"> <li>1. Funding/finances continue to sustain current programs in place and exploration of add'l options ~including County to continuing to pursue funding opps for SUD programs/residential/hsg</li> <li>1. Buy-in/support from the community (educational campaigns on Harm Reduction, stigma, education on the unhoused)</li> </ol>
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## Zoom Group 3

**Q1:** What needs to be in place to sustain the gains? What leaders, organizations/partners need to be left in place?

Funding ongoing, sustainable

**Q2:** What are our top two SUD-related priorities for the future?

Increased funding for prevention and intervention services

- CSU - Right time, right person, right service, aftercare
- Universal screening and care navigation to support connection to services
- Increased treatment and intervention facilities, sobering centers, certified WIC 5170

**Q3:** What needs to be in place to address those priorities?

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Sustaining gains:

PEOPLE → to provide services, support, etc.

Housing → Housing first. Supportive Housing.

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- ↳ Opioid Settlement \$
- ↳ Federal Sources

Training + Retention  
Peers

Priorities

- Deaths
- connections
- Narcan (targeted distributions)  
↳ youth (MCOE)

Kids/Youth  
Support/Celebration for recovery + those who work in the field  
co-occurring disorders

← In-Person Group 1

- maintain Funding
- Workforce Support + work force recruitment + retention

Top Priorities

- 1) Increase tx continuum of care for youth + family
- 2) Limit access to supply chain?

Needs to be in place

Getting people connected to meaningful groups and creating communities

In-Person Group 2 ->

Sustain the gains

Focus on Community Awareness

Funding (ongoing, stable, permanent)

- Community building (networking for providers + agencies)

Relevant / modern education for ~~providing~~ the whole ecosystem

2. Social + Emotional Wellness  
training: Support in schools. (destigmatize)

Expand Recovery navigation through  
Coaches + peers w/ youth + Adults.

3. Keep Community Focus Through  
campaign about widespread use is through  
all groups (all people).

\$ Funding

\$ Funding  
Bring In representation from all affected demographics

<- In-Person Group 3

① What needs to be in place to sustain the gains?

- Staffing <sup>→ Sustainable change</sup>
- Funding <sup>→ Develop partnership resources</sup>  
<sup>→ Monitor expenditures</sup>
- Sense of Urgency & Build on Momentum
- Coordinated Planning & Aligned Goals
- Involve more folks w/ lived experience

② What are our top two SUD-related priorities for the future?

- ★ Streamline access to services
- ★ Single/local co-occurring services (under infrastructure)
- ★ Infrastructure <sup>workforce</sup> <sub>provider network</sub> <sup>variety of services</sup>
- Robust sites for youth (local) (under infrastructure)

③ What needs to be in place to address those priorities

- Providers
- Workforce Development
- Updated protocols for Access to services
- local co-occurring SMI/SP w/ withdrawal Management Res facility
- Less Red Tape
- Space, Time, Support, \$\$\$, Resources for innovative trial & error.

**In-Person Group 4 ->**

### In-Person Group 5

## Brainstorm

- ▷ What needs to be in place to sustain the gains? (person-focused)
  - Basic needs like housing (more prominent)... single → housing
  - Strong follow-up / discharge planning that include follow up care.
  - Give folks a voice & connections in the therapeutic community to sustain accountability
  - Case management / recovery coach
- ▷ What are our top 2 sub-related priorities for future?
  - Safety ↑ stabilization
  - Medical / Psychopharmacological / MAT care (Pall.)
- ▷ What needs to be in place to address these priorities?
  - Coordination & Collaboration
  - Exercise Whole Person Care &
  - Learning how to take care of caretakers (Compassion fatigue / vicarious trauma...)
  - Strength-based focus for folks & their systems (formal / informal)

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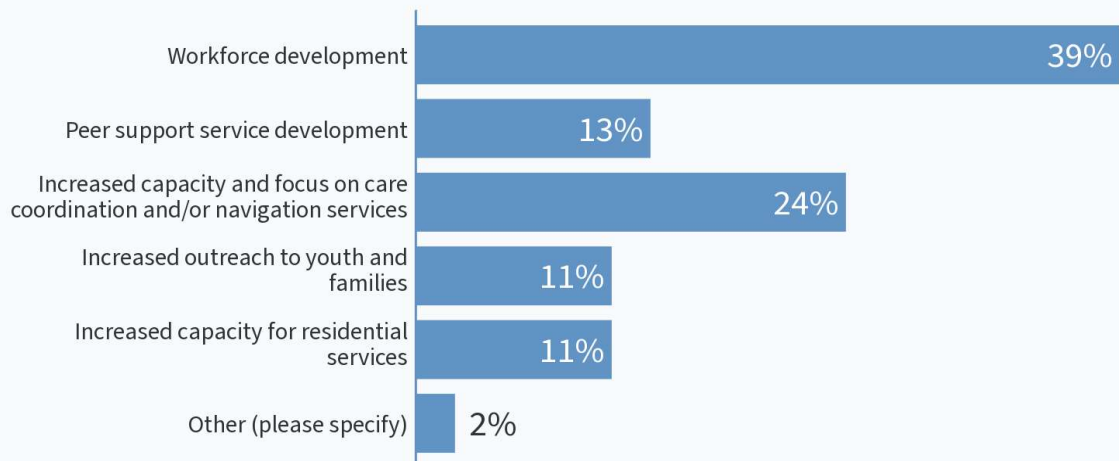
# MAKING AND SUSTAINING PROGRESS IN THE NEAR FUTURE

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## PASSING THE BATON: What do you need to be ready to sustain?



## 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](https://drugabuse.gov/nidamed)



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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"> <li>Person with opioid use disorder (OUD)/SUD or person with opioid addiction</li> <li>Patient</li> <li>Person in recovery or long-term recovery</li> </ul> <b>For heavy alcohol use:</b> <ul style="list-style-type: none"> <li>Unhealthy, harmful, or hazardous alcohol use</li> <li>Person with alcohol use disorder</li> </ul>	<ul style="list-style-type: none"> <li>Person-first language.</li> <li>The change shows that a person “has” a problem, rather than “is” the problem.<sup>7</sup></li> <li>The terms to avoid elicit negative associations, punitive attitudes, and individual blame.<sup>7</sup></li> </ul>
Addicted baby	<ul style="list-style-type: none"> <li>Baby born to mother who used drugs while pregnant</li> <li>Baby with signs of withdrawal from prenatal drug exposure</li> <li>Baby with neonatal opioid withdrawal/ neonatal abstinence syndrome</li> <li>Newborn exposed to substances</li> </ul>	<ul style="list-style-type: none"> <li>Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome.</li> <li>Using person-first language can reduce stigma.</li> </ul>

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## Words Matter

Instead of...	Use...	Because...
Habit	<ul style="list-style-type: none"> <li>Substance use disorder</li> <li>Drug addiction</li> </ul>	<ul style="list-style-type: none"> <li>Inaccurately implies that a person is choosing to use substances or can choose to stop.<sup>6</sup></li> <li>"Habit" may undermine the seriousness of the disease.</li> </ul>
Abuse	<p><b>For illicit drugs:</b></p> <ul style="list-style-type: none"> <li>Use</li> </ul> <p><b>For prescription medications:</b></p> <ul style="list-style-type: none"> <li>Misuse, used other than prescribed</li> </ul>	<ul style="list-style-type: none"> <li>The term "abuse" was found to have a high association with negative judgments and punishment.<sup>8</sup></li> <li>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.</li> <li>Consider the motivation and intent of misuse (e.g., level, reasons) to determine whether the specific instance suggests SUD.</li> </ul>
Opioid substitution Replacement therapy	<ul style="list-style-type: none"> <li>Opioid agonist therapy</li> <li>Medication treatment for OUD</li> <li>Pharmacotherapy</li> </ul>	<ul style="list-style-type: none"> <li>It is a misconception that medications merely "substitute" one drug or "one addiction" for another.<sup>6</sup></li> </ul>

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## Words Matter

Instead of...	Use...	Because...
Clean	<p><b>For toxicology screen results:</b></p> <ul style="list-style-type: none"> <li>Testing negative</li> </ul> <p><b>For non-toxicology purposes:</b></p> <ul style="list-style-type: none"> <li>Being in remission or recovery</li> <li>Abstinent from drugs</li> <li>Not drinking or taking drugs</li> <li>Not currently or actively using drugs</li> </ul>	<ul style="list-style-type: none"> <li>Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.<sup>9</sup></li> <li>Set an example with your own language when treating patients who might use stigmatizing slang.</li> <li>Use of such terms may evoke negative and punitive implicit cognitions.<sup>7</sup></li> </ul>
Dirty	<p><b>For toxicology screen results:</b></p> <ul style="list-style-type: none"> <li>Testing positive</li> </ul> <p><b>For non-toxicology purposes:</b></p> <ul style="list-style-type: none"> <li>Person who uses drugs</li> </ul>	<ul style="list-style-type: none"> <li>Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.<sup>9</sup></li> <li>May decrease patients' sense of hope and self-efficacy for change.<sup>7</sup></li> </ul>

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**What's an action you can take today to reduce stigma around substance use disorders?**



## **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

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



A word cloud featuring various self-care and gratitude practices. The most prominent words are "friends", "time", and "togetherness". Other words include: movement, exercise, painting, watch, hobbies, talking, quilting, colleagues, walks, nature, journaling, conscious breathing, grandchild, sewing, breathe-work, pet team, meetings, motorcycle, forage, open, ecstatic-dance, supervision, sauna, take, and me.

## **NEXT STEPS AND CLOSING**

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## Next Steps and Closing

- + Follow-up meeting with Marin 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](mailto:mchandriani@healthmanagement.com)

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



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# **QUESTIONS AND DISCUSSION**

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