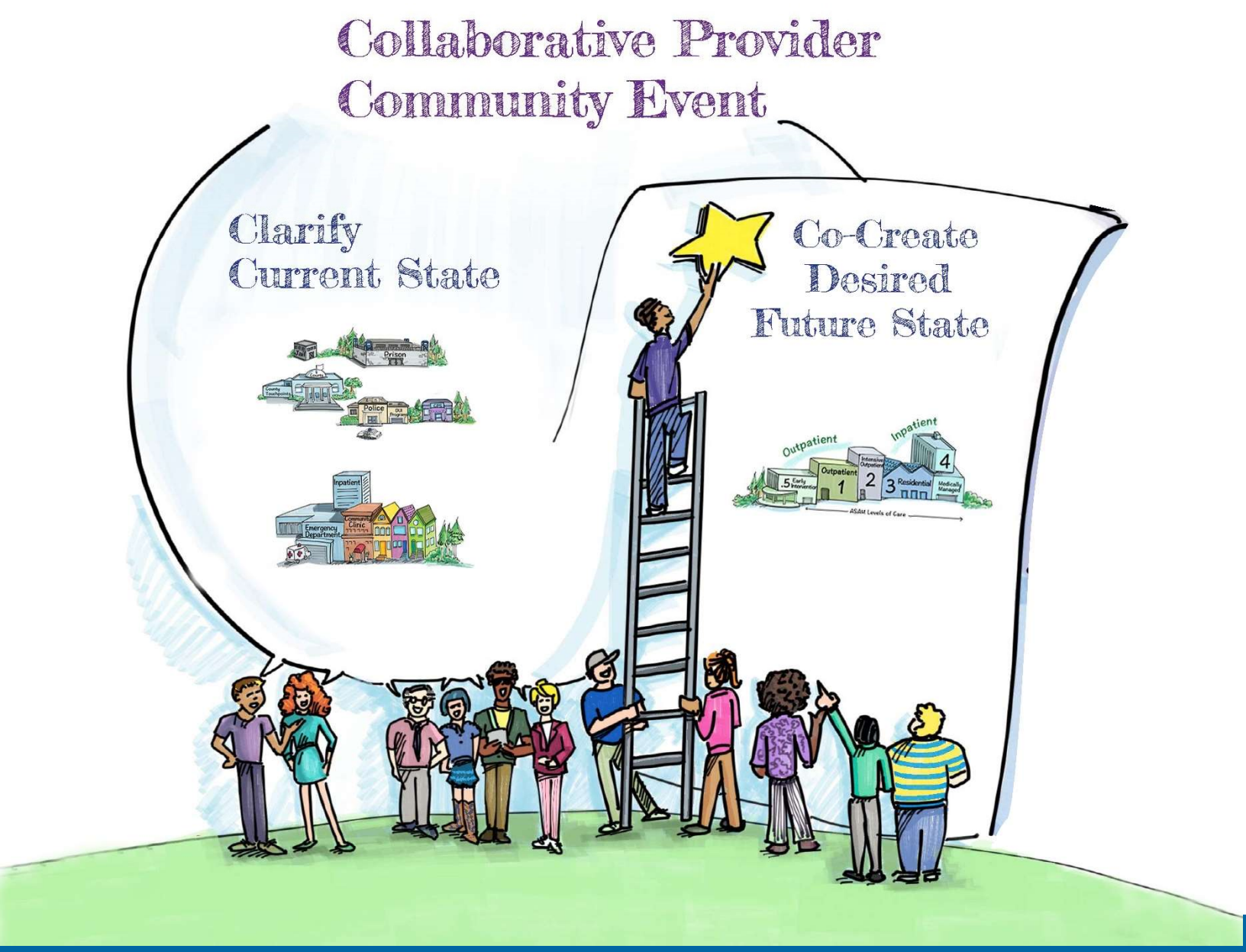

SYSTEMS OF CARE:
ENVISIONING THE FUTURE

San Bernardino County

Follow-up Process Improvement Event

July 26, 2022

HEALTH MANAGEMENT ASSOCIATES

SYSTEMS OF CARE:
ENVISIONING THE FUTURE

San Bernardino County

July 26, 2022

Charles Robbins, MBA
Scott Haga, MPAS, PA-C
Nayely Chavez, MPH

Department of Health Care Services

HMA

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

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

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

San Bernardino County, one of the seven counties selected, participated in a large-scale process improvement event on **May 11 and May 12, 2021**, that included members from local governmental agencies, healthcare, addiction treatment, law enforcement and those who pay for that treatment. During the event, attendees participated in intense work sessions with a focus on identifying current treatment processes, barriers, and gaps in these processes and a future state treatment system to support Systems of Care for San Bernardino County residents in need of addiction treatment and support services.

San Bernardino County Behavioral Health, San Bernardino Public Health, Arrowhead Medical Regional Center, Inland Valley Recovery Services, and Inland Empire Opioid Coalition, 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 San Bernardino County, California.

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

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

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

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

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

Section 1: Introduction and Background

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

Section 1 of this report provides a brief overview of San Bernardino County involvement in this project, changes in the patterns of substance use in *county* during the grant period, which coincided with COVID-19 pandemic, and a high-level summary of the initial process improvement event (PIE). **Section 2** lays

out the goals San Bernardino County developed, the current status and the key successes and challenges experienced in pursuing those goals, including the effects of the pandemic on ecosystem development and goal attainment. Finally, Section 3 details the plan for sustaining the gains and forward progress on enhancing the treatment and recovery ecosystem in San Bernardino County.

Brief Project Overview

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

County Description

With an area of 20,105 square miles, San Bernardino County is the largest county in the contiguous United States by area. With a population that is 55.8% Hispanic as of 2021, it is California's most populous majority-Hispanic county and the second-largest nationwide. The Department for Behavioral Health (DBH) is the lead agency responsible for SUD/OUD programs and services. DBH provides mental health and substance use disorder services to county residents who are experiencing major mental illnesses and/or substance abuse issues and are uninsured or on Medi-Cal, and individuals experiencing a behavioral health crisis. The Substance Use Disorder and Recovers Services (SUDRS) offers a variety of recovery services for youth and adults. The Inland Empire Opioid Crisis Coalition spans both San Bernardino and Riverside Counties and has over 40 member organizations working to reduce opioid use.

Epidemiology of SUD in San Bernardino County: Before and After

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

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

In 2020, San Bernardino County experienced 288 (12.9/100k) deaths related to any opioid overdose (216% increase over 2019) and 820 (28.7/100k) ED visits related to any opioid overdose (38% increase over 2019)[4].

[3] CA Overdose Dashboard
[4] https://skylab.cdph.ca.gov/ODdash/?tab=CTY

Key County Partners / Key Change Agents

Many stakeholders participated in the original May 2021 event and in the follow-up event in July 2022. Their agencies and organizations are listed below. The participants in each of the convenings represent a wide cross-section of organizations, departments, decision-makers, doers, and people with lived experience. Organizations in **bold** joined the original and follow-up events. These agencies included:

- Acadia Healthcare
- **Aegis Treatment Center**
- **Arrowhead Regional Medical Center**
- Asian American Resource Center
- Blue Shield
- **Cedar House Life Change Center**
- Childrens Network
- Clare|Matrix
- Dignity Health
- ECM
- FAP
- High Desert Child adolescent and family services
- IECAAC
- **Inland Behavioral and Health Services, Inc. (IBHS)**
- **Inland Valley Recovery Services**
- InnROADs
- Institute for Public Strategies
- Loma Linda University School of Pharmacy
- LSSC
- **Molina Healthcare of California**
- Office of the Public Guardian/County of San Bernardino
- Pacific Clinics
- Probation Department
- Reach Out
- **Rim Family Services, Inc.**
- **Riverside San Bernardino County Indian Health Inc, Behavioral Health Services**
- **San Bernardino County Board of Supervisors**
- **San Bernardino County Public Health Department**
- **San Bernardino County Police Department**
- **San Bernardino County Courts**
- **San Bernardino County Department of Behavioral Health**
- St. John of God Healthcare Services
- STAR
- Superior Court of San Bernardino
- TURN Behavioral Health Services (MHS)
- Western University
- Valley Improvement Programs, Inc.
- VARP Inc
- Vituity

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

Planning Team/Key Change Agents

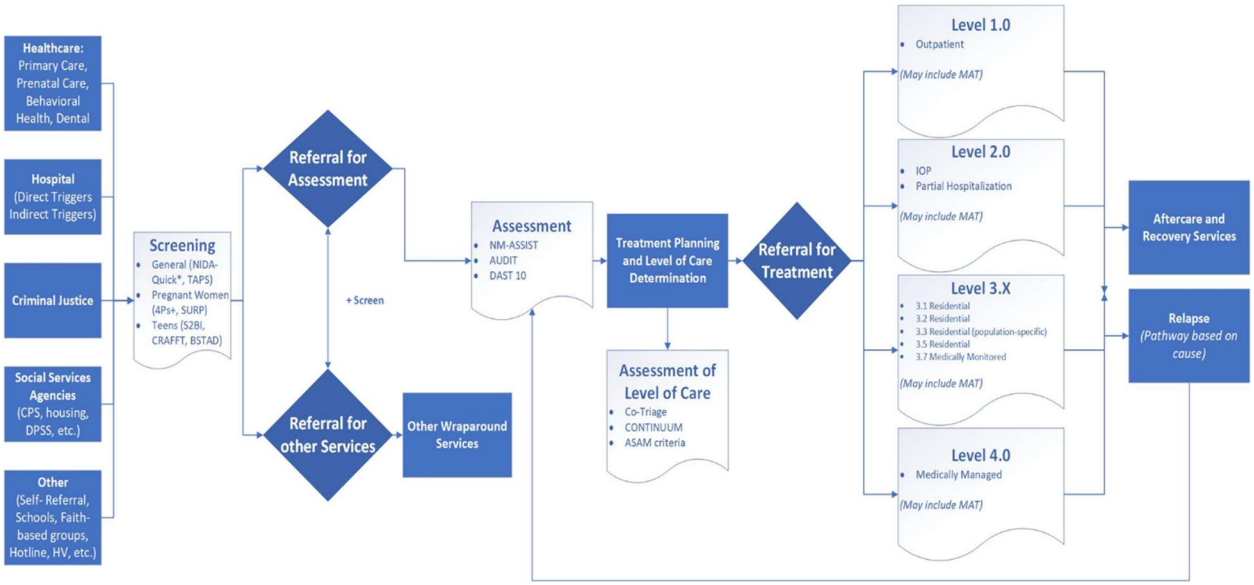
- Jennifer Alsina, Deputy Director for the Substance Use Disorder Recovery Services (SUDRS) Division
- Dr. Jon Avalos, Associate Medical Director, San Bernardino County Dept of Behavioral Health
- Catherine Smith, Program Manager II, Substance Use Disorders and Recovery Services Division
- Michael Sweitzer, Program Manager II, Substance Use Disorders and Recovery Services Division

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 San Bernardino. The stakeholders at that event also mapped out and discussed the process flows of key sectors and agencies, which facilitated the identification of gaps and barriers in their system, as well as the key features and opportunities for improvement to drive enhancement of the treatment and recovery ecosystem. Figure 2 represents the gaps and barriers identified and Figure 3 represents the prioritization and consolidation of those key features and improvement opportunities and how they relate to that broader ecosystem.

Figure 2: **Gaps and Barriers**

Figure 3: The "Scaffolding of the Future State"



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

Section 2: County Goals

Review of Goals

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

Figure 4: County SMART Goals

County SMART Goal	Target Date	Measure of Success	Status
#1 Develop a county eco-system map of all SUD treatment providers, ED Bridge, NTP/OTP, Pharmacies, MAT expansion projects, and related support services to increase and systematize information sharing and coordination across other SUD initiatives/funding steams and partners.	April 30, 2022	Ecosystem map developed and distributed to stakeholders	Completed
#2 Establish reasonable benchmarks to build MAT provider capacity to ensure network adequacy.	March 30, 2022	Benchmark developed and distributed to stakeholders	Completed

#3 Determine what data is available and create a dashboard to better understand service utilization, to identify potential areas for increased focus and to establish annual benchmarks	Sept 30, 2022	Data collected and reported	Completed
#4 Increase the number of patients accessing MAT in county operated facilities by 5% per six months.	Sept 30, 2022	Data reviewed and reported	Completed

Implementation Status

All four of the county SMART goals were competed by their targeted date. The achievement of attaining the goals highlights the robust collaboration in San Bernardino among providers, SUDRS, and HMA. The goals were presented at each quarterly call and participants were provide with a progress report. The quarterly calls created the atmosphere of collaboration and coordination which facilitated the tasks required to implement each goal.

Celebrating Key Successes and Assets

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

County Client

My name is Monika[redacted] and I started using opiates in early 2014 for the first time. By the middle of the year I was over it. I put myself into a methadone clinic, since trying to do it alone was definitely not going to happen. I used on and off getting clean for short periods of time for years. In 2019 I found I was pregnant. I immediately knew I HAD to get clean. poisoning my own body was one thing, but not that of an unborn baby. Thank you to my counselor and the riverside clinic was able to get clean. I had an incredibly difficult pregnancy to make things harder. I have a short cervix that put me on strict bed rest and gave the baby a 10% chance at survival. She was born in January 2 months early at 3lbs. We spent everyday with her at the hospital until she made it home. She saved my life, and that of my husband. We have both Been clean 3 years now, and our daughter is a smart thriving 2 1/2 year old. I've also been able to taper myself down from 140mg a day to 70. So I'm working on getting off methadone as well, Just slowly. I feel like we are proof that the program can and will work if you have the determination, and in my case a real reason to get clean!

MHS Client

My name is [Client A], I gave birth to a beautiful little girl, however, due to my substance abuse problem, my living situation, and my lack of prenatal care, she was placed with a foster family by Children and Family Services. I was lost. I was using crystal methamphetamine for 8 years prior to her being born and had no clue how to stay clean. By the grace of God, my Social Worker sent me to MHS, Central Valley for my substance abuse treatment and NA meetings as part of my reunification plan. Since then, I have completed my substance abuse program, parenting classes, drug education, and relapse prevention at MHS, Central Valley.

MHS, and all the counselors there, taught me the coping skills I needed to deal with life on life's terms, without the use of drugs or alcohol. I wasn't lost anymore. I no longer felt alone. For the first time in a long time, I had hope in a better, brighter future. With thanks to MHS, I am now just a few short months away from reunifying with my daughter, gaining housing, and now I have a career. I am proud to say I am a Peer Support Specialist for MHS, and I love my job. I am now returning to school to become an Alcohol and Drug Counselor so that I can help others the way MHS helped me to change my life for the better. I am so grateful for the guidance and opportunity I was given by MHS. Without them, I know I would still be a hopeless, lost addict with no idea of what a good life feels like. I want to thank MHS, the counselors at Central Valley, and my Program Director for helping me to build a life that will make my kids proud. A life that I can be proud of. A life that is worth living again. There are no words to describe the depth of my gratitude. Thank you MHS.

Fontana CHOICE Client

We have a male individual who attends Ouida Lee's Relapse and Recovery…he has one year sober free, attends classes weekly, and has become a peer advocate for his fellow group members.

County Clients

We have two in outpatient who are successfully complying with Probation, CHOICE, and CFS. They have not missed one class, and each have 3 months of sobriety. They are spending more time with their children and well on their way to being self-sufficient.

Relapse & Recovery group, I have a young man who completed two weeks ago and has chosen to continue to attend R&R. He has about 9 months of sobriety with one minor lapse.

Opportunities Realized

Attendance of individuals attending quarterly calls and events

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

Figure 5: Attendance of Stakeholders

Date	Event Description	Attendance
May 11, 2021	**Day 1 of Process Improvement Event**	**90**
May 12, 2021	**Day 2 of Process Improvement Event**	**74**
September 20, 2021	**San Bernardino's System of Care Collaborative Quarterly Meeting**	**36**
January 24, 2022	**San Bernardino's System of Care Collaborative Quarterly Meeting**	**38**
May 2, 2022	**San Bernardino's System of Care Collaborative Quarterly Meeting**	**33**
July 26, 2022	**San Bernardino's Envisioning the Future Event**	**94**

Telecare ready to start prescribing

While the first induction has not occurred at the writing of this report, Telecare is now ready to start prescribing in their crisis clinics and crisis housing due to the technical assistance provided by HMA

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

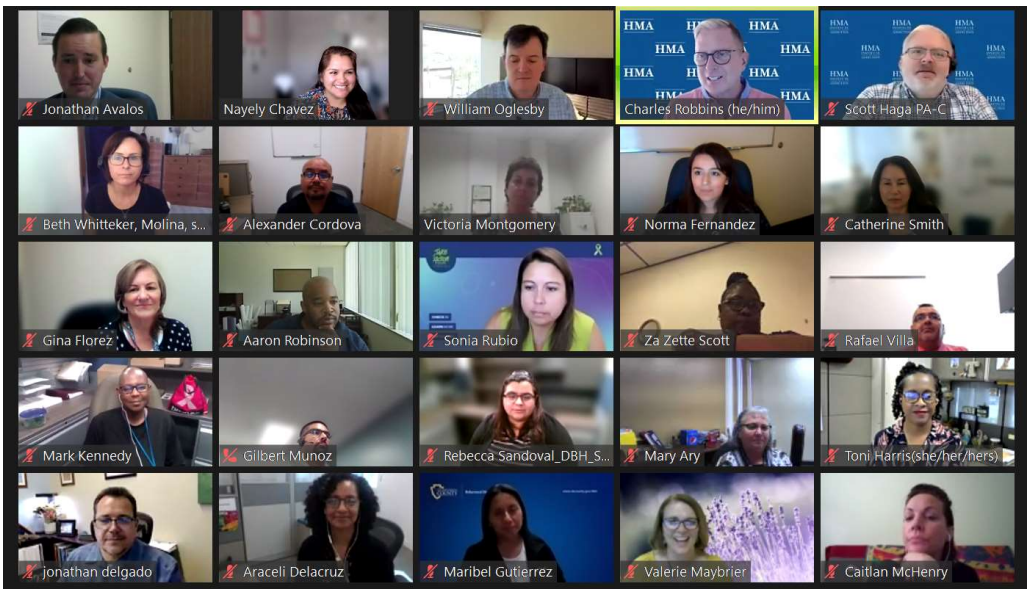
Across the country, including in California, the effects of the pandemic and ensuing public health emergency challenged our efforts to meet the needs of populations in our communities. Many staff and resources were redeployed on COVID-related activities; access to supplies, providers, and pharmaceuticals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

Challenges and Adjustments

Challenges in the County

Numerous challenges have surfaced over the 18-months of the initiative. Of particular concern is the challenge of an over-burdened and under-staffed workforce, especially for such a large county. There remains a cultural bias for utilizing MAT among providers and residential treatment facilitates which stifles efforts to expand MAT services. There is a significant lack of adolescent treatment programs and residential treatment facilities (there is no ASAM 3.7 level of care). These challenges are compounded by the vast geographic distance of the county including lack of reliable public transportation. The result is a segmented SUD ecosystem. It has been noted that it has been difficult to integrate services among the county providers and outside providers.

Figure 6: Screenshot of Participants of the July 2022 Virtual Event



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

The second half of the convening was devoted almost exclusively to a discussion about the future of the treatment and recovery ecosystem in San Bernardino County. While some of the county-level goals were time limited, others represent longer term system changes toward which some progress has been made, but which require more effort. Still others require long term surveillance to ensure the focus is maintained and targets are met. For example, increasing the number of patients accessing MAT in county operated facilities by 5% every six months. The following sections summarize the discussion and resulting approaches San Bernardino intend to put in place to continue the progress of enhancing their ecosystem.

Sustaining the Gains

Participants were polled to determine what kind of infrastructure currently exists or might be needed to sustain the progress made on the county-wide goals established during this grant period. Participants were later organized into breakout groups to further discuss those needs and to prioritize SUD-related priorities and infrastructure needs for the future. The findings are summarized below.

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

The top SUD-related priorities identified by participants include:

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

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

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

PHYSICAL ENVIRONMENT	PEOPLE	MATERIALS/ RESOURCES	PROCESS	MEASUREMENT	COMMUNICATION
Expanding and enhancing residential treatment	Increase in X-waivered providers and support for those providers Workforce recruitment and training	Peer certification Training for parents of youth	Enhancing cultural competency Continuous RFP for residential treatment	Improvements in outcomes for youth Salary analysis for compensation and benefits	Addressing stigma Regular county-wide network meeting

			Focus on equity and inclusion		

Next Phase Action Plan

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

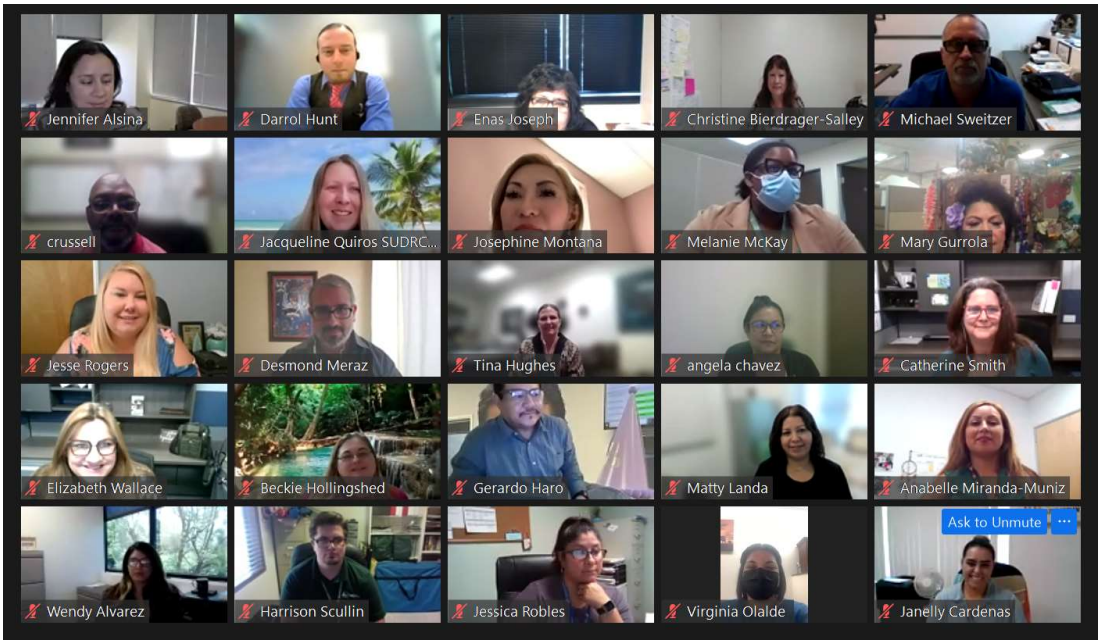
Additionally, the federal government has indicated its intention to continue to fund State Opioid Response (SOR) grants to ensure that states are effectively addressing the chronic disease of substance use disorder. Health Management Associates has been notified that they will receive some of those SOR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

Accountability and Engagement

To increase accountability and engagement the San Bernardino County-Substance Use Disorder and Recovery Services (SUDRS) division plans to continue working to enhance the delivery of services in all levels of care and to minimize some of the challenges identified by:

- Providing more trainings for community stakeholders, treatment providers and staff on MAT resources, treatment options and availability.
- Plan to open a Withdrawal Management Level 1 and 2 clinic, as an added component of treatment service, within the Rialto Behavioral Addiction Treatment Services (RBATS) outpatient clinic. Additional plans to expand the service within the system of care as resources become available.
- A plan to re-establish the open procurement for Residential/ Withdrawal Management services for adolescents and adults with the goal to expand residential treatment services availability within the community, in January 2023.
- Continued recruitment for additional physicians to provide SUD services within the system. Increased distribution of NARCAN throughout the community at events as part of public outreach.
- Develop policies and procedures to distribute purchased Fentanyl test strips.
- Purchased and continue to utilize the 14 panel drug tests that includes testing for Fentanyl, and Buprenorphine.
- Continue the quarterly calls with Health Management Associates.

Figure 8: Screenshot of Participants of the July 2022 Event



Conclusion

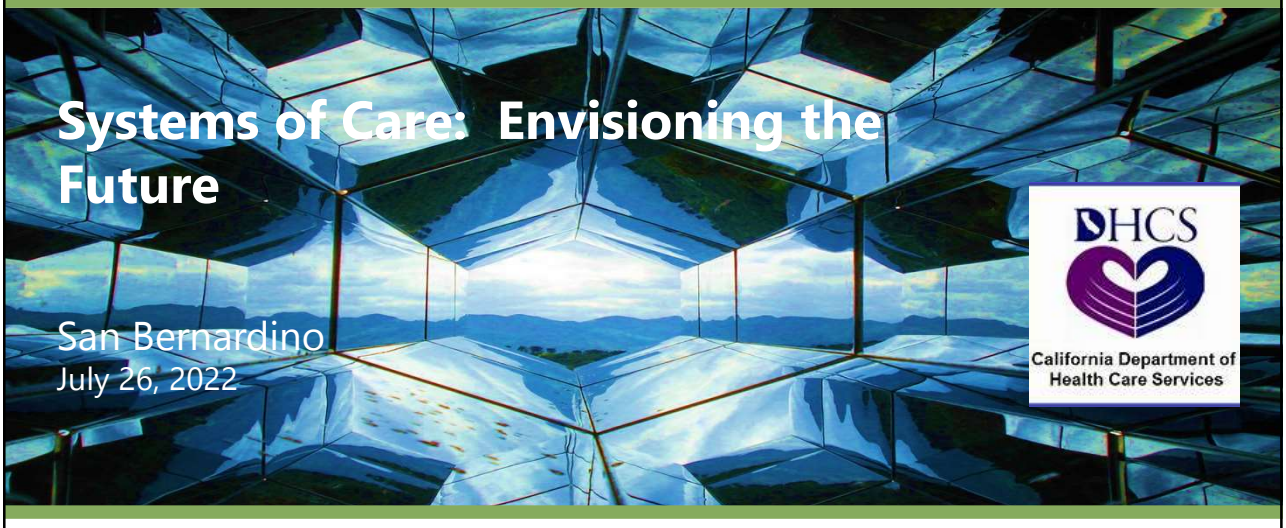
San Bernardino has made significant strides in enhancing the treatment and recovery ecosystem available to individuals with substance use disorder and their affected partners and family members. While there are still opportunities to improve and smooth the recovery path for people in need, the foundation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

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

Appendix

Follow-up Process Improvement Event Slides

HEALTH MANAGEMENT ASSOCIATES



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1

WELCOME

Michael Knight
Assistant Director for DBH

SAN BERNARDINO COUNTY

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

HEALTH MANAGEMENT ASSOCIATES

2

WELCOME: THE SAN BERNARDINO COUNTY PLANNING GROUP

Jennifer Alsina
Deputy Director for the Substance Use Disorder Recovery Services (SUDRS) Division

Dr. Jonathan Avalos
Associate Medical Director, San Bernardino County Dept of Behavioral Health

Catherine (Cathy) Smith
Program Manager II, Substance Use Disorder and Recovery Services Division

Michael Sweitzer
Program Manager II, Substance Use Disorders and Recovery Services Division

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CONTINUING EDUCATION

Continuing education credits are available for this course.

- Course level: Beginner

To receive credit:

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

4

CONTINUING EDUCATION

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

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

Health Management Associates, #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.**

HEALTH MANAGEMENT ASSOCIATES

5

WELCOME AND INTRODUCTIONS

Charles Robbins, MBA
Principal
Health Management Associates

Scott Haga, MPAS, PA-C
Senior Consultant
Health Management Associates

Nayely Chavez
Senior Consultant
Health Management Associates

HEALTH MANAGEMENT ASSOCIATES

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AGENDA

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

7

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.

8

SYSTEMS OF CARE PROJECT GOALS

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

Strengthen links and communication among all stakeholders in the ecosystem

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

Improve the safety of transitions between levels of care

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

HEALTH MANAGEMENT ASSOCIATES

9

DHCS California Department of Health Care Services HMA

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, new drug threats and approaches to address those
- Plan how to sustain ongoing SUD priorities for the county
- Identify new priorities for SUD systems

HEALTH MANAGEMENT ASSOCIATES

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SMALL BREAKOUT ROOM

HEALTH MANAGEMENT ASSOCIATES

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BREAKOUT ACTIVITY
"Speed Networking"

INSTRUCTIONS

Step 1: Review How Breakouts Work

Step 2: Group Breakout *5 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

HEALTH MANAGEMENT ASSOCIATES

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BREAKOUT ACTIVITY
"Speed Networking"

INSTRUCTIONS

Step 1: Review How Breakouts Work

Step 2: Group Breakout *5 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

HEALTH MANAGEMENT ASSOCIATES

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RESPONDING TO FENTANYL AND OTHER DRUG THREATS

HEALTH MANAGEMENT ASSOCIATES

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 threat
- List at least two harm reduction mechanisms to combat the threat of synthetic opioids
- Describe at least three risks of xylazine exposure in humans
- Describe two best practices for responding to crisis drug events (e.g., clusters of overdoses)

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IMPORTANT FACTS ABOUT FENTANYL

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FACTS ABOUT FENTANYL

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

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

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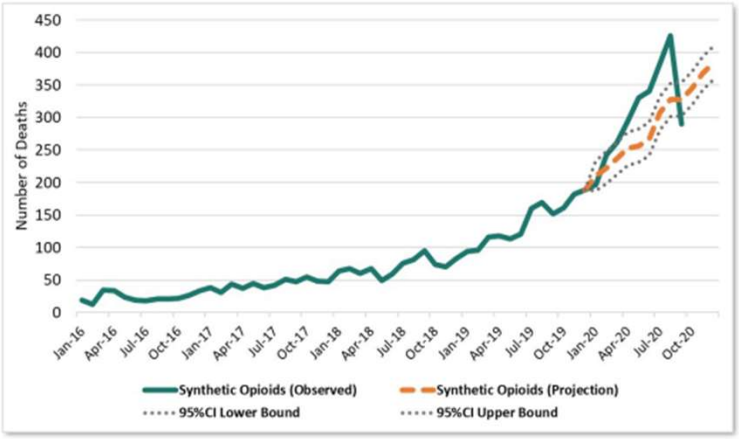
FENTANYL DATA CALIFORNIA

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



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

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FENTANYL DATA CALIFORNIA 2021

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

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

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

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

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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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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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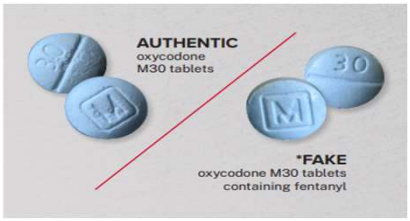
FENTANYL FOUND IN…

- Fentanyl is found in
  - Liquid form
    - Eye drops, nasal spray, dropped onto paper
  - Illicit opioids, stimulants, cannabis vape products
  - Illicitly manufactured stimulant, benzodiazepine & opioid pills
  - 99% of oxycodone pills submitted to crime lab contain fentanyl
- Pills look identical to legally manufactured pills
  - 40% contain a potentially fatal dose of fentanyl



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

FACTS ABOUT FENTANYL

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

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

POTENCY OF FENTANYL

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

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

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

OTHER DIFFERENCES BETWEEN FENTANYL AND HEROIN

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

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

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

OTHER DIFFERENCES BETWEEN FENTANYL AND HEROIN

- Detection in toxicology tests
- Length of time detectable
  - Heroin & metabolites 4 days
  - Fentanyl 7 days
  - Nor fentanyl 13 days

Photo: kidney.org

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

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

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POLL

+One pill can kill?

- True
- False

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

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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

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

SOURCE: DEA

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

SOURCE: PBS Science, December, 2018

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

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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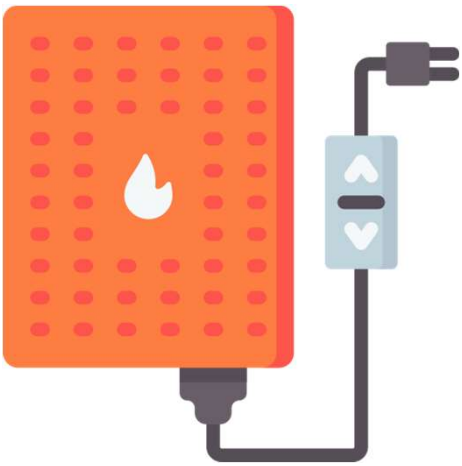
- Dermal
  - Patches take 3-13 hours to produce therapeutic blood concentrations of fentanyl
    - Patches are designed to deliver the medication. They adhere to skin, have agents to enhance absorption
    - If both palms were covered in fentanyl patches it would take 14 minutes to get an effect
    - 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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+ 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

+ <u>Suspect that illicit drugs may be present, but no illicit drug products are visible</u>
  - Example: An EMS response to a suspected drug overdose where information indicates illicit drug products are suspected but are not visible on scene
  - Wear nitrile gloves
  - No mask required

Photo from Canva

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

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CDC/ NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH

+ Small amounts of illicit drugs in powder or liquid are visible

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

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

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

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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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TIME FOR A POLL

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

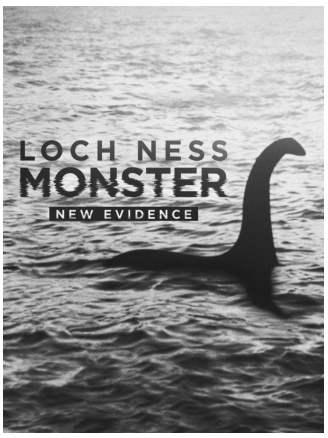

Photo source: IMDb

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HARM REDUCTION IS KEY

- Harm reduction: interventions aimed at reducing the negative effects of health behaviors without necessarily extinguishing the problematic health behaviors completely.
- Naloxone is the effective opioid reversal medication (Naloxone Distribution Program in CA and local counties)
  - Storage sites at work, in your bags and backpacks
  - Know how to use it
- Fentanyl test strips are very accurate and accessible
- MAT very effective to decrease use of illicit opioids
- Harm reduction messages for clients

- Test for fentanyl
- Don't use alone or tell someone where you are
- Educate on alternative routes administration (booty bump)
- Have naloxone available
- Know how to recognize OD and use naloxone
- Go slow (use a test dose)
- Don't stack doses

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

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FENTANYL TEST STRIPS (FTS)

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

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

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

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HOW TO GET NALOXONE IN CALIFORNIA

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

SHOCKING FACTS ABOUT OVERDOSE DEATHS

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

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

TIME FOR A POLL

Do you carry naloxone with you at all times?

- Yes
- No

Photo from Addiction Treatment Forum

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California Statewide Opioid Safety Workgroup

CDPH

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

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

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

According to the ACMT and AACT Position Statement:

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

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

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

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

Aftercare for Overdose Victims:

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

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

If You Need Naloxone in Your Agency/Community:

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

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

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Frequently Asked Questions

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

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

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

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

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

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

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

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

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

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

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

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

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

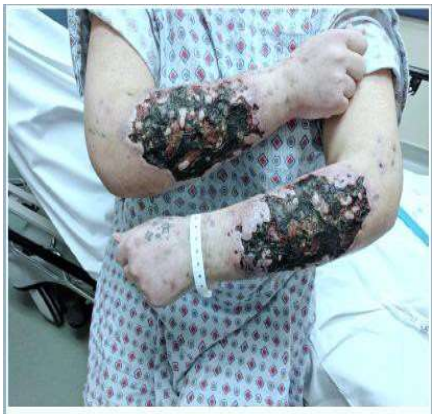

FIGURE 1: Black and green necrotic and scaly lesions of the patient's forearms.

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

TIME FOR A POLL

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

- Yes
- No

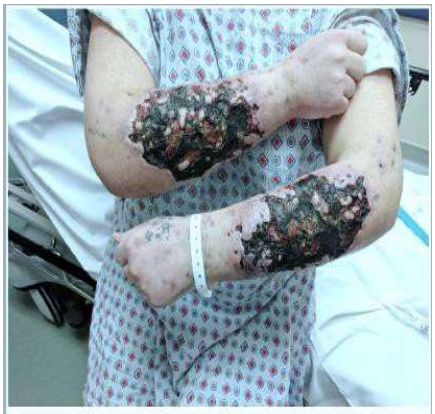

FIGURE 1: Black and green necrotic and scaly lesions of the patient's forearms.

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

STRENGTHENING COMMUNITY RESPONSES TO MASS DRUG OVERDOSES

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MASS DRUG OVERDOSE EVENTS: ARE THEY REAL?

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

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

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

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

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

Cluster of California Fentanyl overdoses alarms authorities

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

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

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

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

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

HEALTH MANAGEMENT ASSOCIATES

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TRAINING: FEMA'S WHOLE COMMUNITY APPROACH AND TABLETOP EXERCISES

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

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

HEALTH MANAGEMENT ASSOCIATES

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IDENTIFYING STAKEHOLDERS FOR PARTICIPATION

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

HEALTH MANAGEMENT ASSOCIATES

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WHAT CAN YOU DO WHEN A MASS OVERDOSE EVENT OCCURS?

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

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TRAINING: FEMA'S WHOLE COMMUNITY APPROACH AND TABLETOP EXERCISES

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- Attempts to engage the full capacity of the private and nonprofit sectors, including businesses, faith-based and disability organizations, and the general public, in conjunction with the participation of local, tribal, state, territorial, and Federal government partners.
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  - Enables administrators to gauge the gaps and strengths of the community's response practices.
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Source: FEMA, A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action. December 2011

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ROLES AND RESPONSIBILITIES

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

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EXERCISES

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

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

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

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EXAMPLE EXERCISE

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

Scenario:

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

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

Scenario Update:

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

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

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

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EXERCISE TOOLS

Exercise Questions

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

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EXERCISE TOOLS

Exercise Debrief

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

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EXERCISE TOOLS

Opioid Emergency Response Tabletop Exercises

After-Action Report/Improvement Plan

Analysis of Core Capabilities

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

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

Table 1. Summary of Core Capability Performance

Ratings Definitions:

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

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

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

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

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

Appendix A: Improvement Plan

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

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[7]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Core Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Core Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					
Core Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Core Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Core Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					

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EXERCISE TOOLS

Facilitator/Evaluator Feedback Form

Exercise Name: **Exercise Date:**

Name: **Role:**

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

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

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

Strengths:

Areas for improvement:

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

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EXERCISE TOOLS

Participant Feedback Form

Exercise Name: **Exercise Date:**

Name: **Role:**

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

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

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

Strengths:

Areas for improvement:

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

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OTHER RESOURCES AND TOOLS

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

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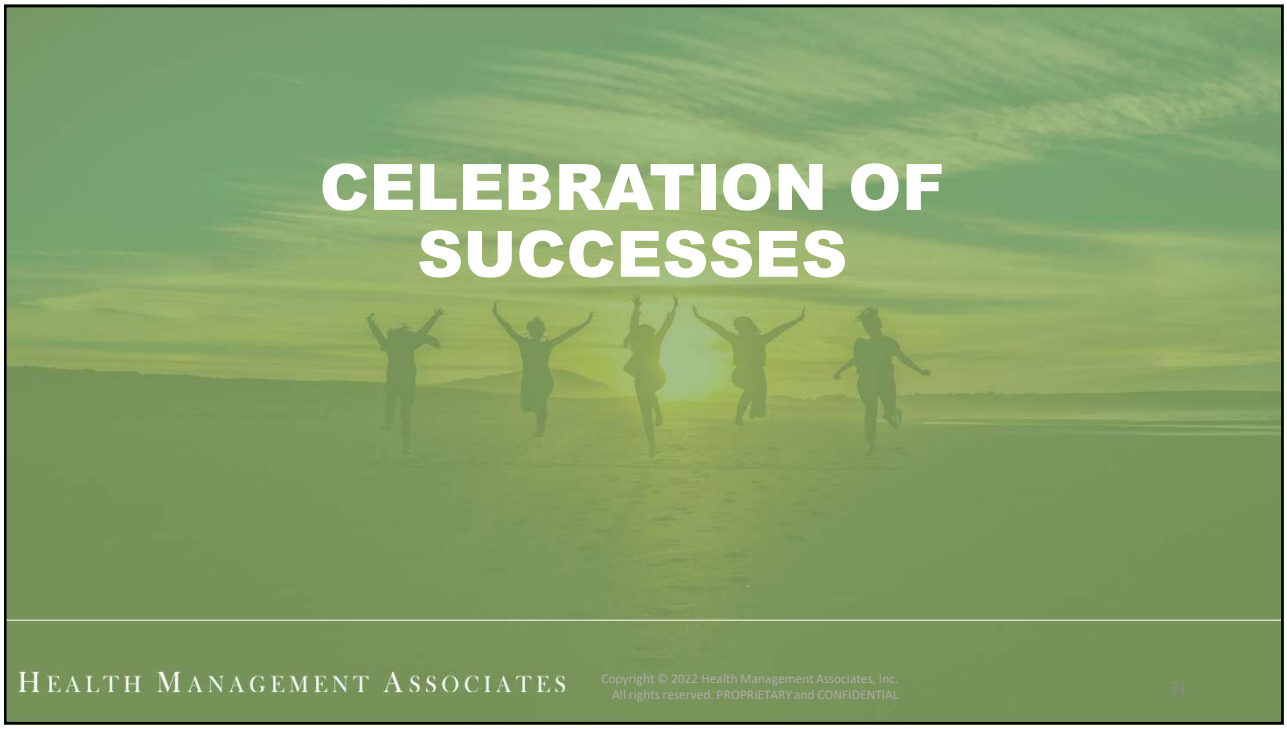

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BRIEF REVIEW: SAN BERNARDINO COUNTY GOALS

1. By *April 30*, develop a county eco-system map of all SUD treatment providers, ED Bridge, NTP/OTP, Pharmacies, MAT expansion projects, and related support services to increase and systematize information sharing and coordination across other SUD initiatives/funding steams and partners. **COMPLETED**
2. By *March 30, 2022* establish reasonable benchmarks to build MAT provider capacity to ensure network adequacy. **COMPLETED**
3. By September 30, 2022, determine what data is available and create a dashboard to better understand service utilization, to identify potential areas for increased focus and to establish annual benchmarks. **COMPLETED**
4. Between *March 1, 2022* and *September 30, 2022,* increase the number of patients accessing MAT in county operated facilities by 5% per six months. **COMPLETED**

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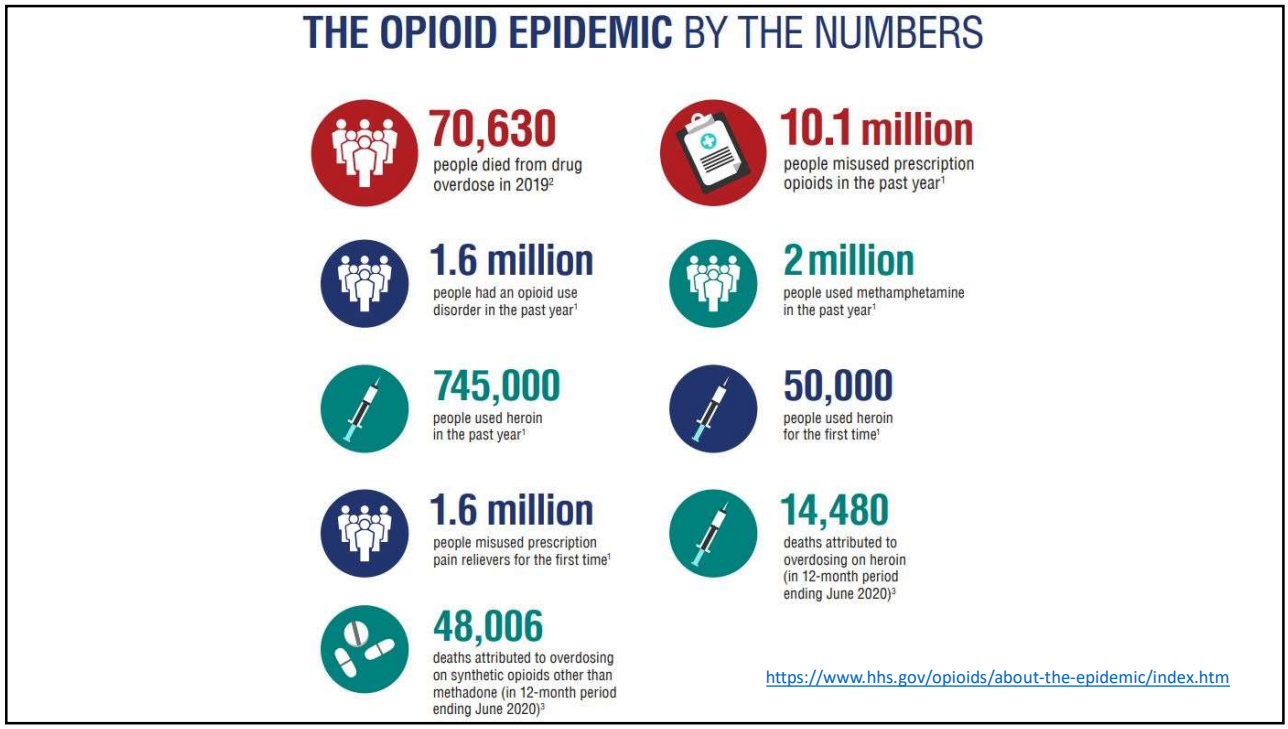

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Buprenorphine providers needed based on data

- 10.1 million people misused opioids in 2019 divided by 70,630 people who died from opioid overdose (OD) in 2019 = **143** people misusing opioids for every 1 OD that occurred in 2019
- San Bernardino had **288** OD deaths in 2020 (12.9% per 100,000)[1]
- 288 overdoses times 143 people misusing opioids for every OD = 41,184 people misusing opioids in San Bernardino in 2020
- 41,184 times .5 (50%) uptake of MOUD = 20,592 estimated patients wanting MOUD
  - 20,592/30 patient (pt) limit= **686** providers with a 30 pt limit or
  - 20,592/100 = **205** providers with a 100 pt limit or
  - 20,592/275 = **75** providers with a 275 pt limit
- Median = 205 prescribers / Mean = 322 prescribers
- **Need between 143 to 241 active prescribers**

[1] https://skylab.cdph.ca.gov/ODdash/

- Approx. 169 prescribers have a buprenorphine (X) waiver in SB
- Approx. 1/3 are active (56 prescribers)

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CELEBRATING SUCCESSES

INTO LIGHT Project California exhibition (begins in September 2022)
Cal State San Bernardino
5500 University Parkway
San Bernardino, CA 92407

CSUSB Anthropology Museum
Social and Behavioral Sciences (SB), Room 306

Free and open to the Public Monday-Friday, 9am-4pm
Weekends and extended hour visits possible for groups of 15 or more, with 2 weeks notice (contact arianna.huhn@csusb.edu)

Motivated by the death of her son, Devin, to an overdose of fentanyl, founder Theresa Clower took up portrait work as a way of working through her grief. After completing Devin's portrait, she was inspired to find others who lived and died like her son and to show the extent of the drug epidemic through exhibits involving each State. She aspired to draw their portraits, tell their stories, and start a dialogue around the disease.

By creating public exhibitions of original portraits and individual stories of people who have died from the disease of drug addiction in locations around the country, we provide communities with an opportunity to talk about the issue of stigma, the primary obstacle to getting support and treatment for those with SUD and their families. INTO LIGHT PROJECT is art activism in the purest sense.

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CELEBRATING SUCCESSES

SB County Client

My name is Monika[redacted] and I started using opiates in early 2014 for the first time. By the middle of the year I was over it. I put myself into a methadone clinic, since trying to do it alone was definitely not going to happen. I used on and off getting clean for short periods of time for years. In 2019 I found I was pregnant. I immediately knew I HAD to get clean. poisoning my own body was one thing, but not that of an unborn baby. Thank you to my counselor and the riverside clinic was able to get clean. I had an incredibly difficult pregnancy to make things harder. I have a short cervix that put me on strict bed rest and gave the baby a 10% chance at survival. She was born in January 2 months early at 3lbs. We spent everyday with her at the hospital until she made it home. She saved my life, and that of my husband. We have both Been clean 3 years now, and our daughter is a smart thriving 2 1/2 year old. I've also been able to taper myself down from 140mg a day to 70. So I'm working on getting off methadone as well, Just slowly. I feel like we are proof that the program can and will work if you have the determination, and in my case a real reason to get clean!

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CELEBRATING SUCCESSES

MHS Client

My name is XXXX, I gave birth to a beautiful little girl, however, due to my substance abuse problem, my living situation, and my lack of prenatal care, she was placed with a foster family by Children and Family Services. I was lost. I was using crystal methamphetamine for 8 years prior to her being born and had no clue how to stay clean. By the grace of God, my Social Worker sent me to MHS, Central Valley for my substance abuse treatment and NA meetings as part of my reunification plan. Since then, I have completed my substance abuse program, parenting classes, drug education, and relapse prevention at MHS, Central Valley.

MHS, and all the counselors there, taught me the coping skills I needed to deal with life on life's terms, without the use of drugs or alcohol. I wasn't lost anymore. I no longer felt alone. For the first time in a long time, I had hope in a better, brighter future. With thanks to MHS, I am now just a few short months away from reunifying with my daughter, gaining housing, and now I have a career. I am proud to say I am a Peer Support Specialist for MHS, and I love my job. I am now returning to school to become an Alcohol and Drug Counselor so that I can help others the way MHS helped me to change my life for the better. I am so grateful for the guidance and opportunity I was given by MHS. Without them, I know I would still be a hopeless, lost addict with no idea of what a good life feels like.

I want to thank MHS, the counselors at Central Valley, and my Program Director for helping me to build a life that will make my kids proud. A life that I can be proud of. A life that is worth living again. There are no words to describe the depth of my gratitude. Thank you MHS.

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CELEBRATING SUCCESSES

Fontana CHOICE

We have a male individual who attends Ouida Lee's Relapse and Recovery…he has one year sober free, attends classes weekly, and has become a peer advocate for his fellow group members.

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CELEBRATING SUCCESSES

County Clients

We have two in outpatient who are successfully complying with Probation, CHOICE, and CFS. They have not missed one class and each have 3 months of sobriety. They are spending more time with their children and well on their way to being self-sufficient.

Relapse & Recovery group, I have a young man who completed two weeks ago and has chosen to continue to attend R&R. He has about 9 months of sobriety with one minor lapse.

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CELEBRATING SUCCESSES

Open Mic

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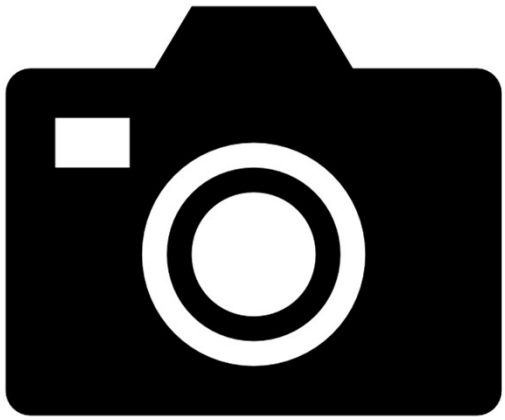

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BREAK
PLEASE RETURN AT 10:57AM

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WHAT SUCCESSES REQUIRE EFFORT TO BE SUSTAINED?

Poll (select top three)

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

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TIME FOR A POLL

1. Does the infrastructure already exist to sustain the expansion of MAT services?

   a. Yes
   b. No

2. If you answered "no" what kind of infrastructure solution needs to be built (select all that apply)?
   a. People
   b. Processes
   c. Environment
   d. Materials/resources
   e. Measurement
   f. Other

HEALTH MANAGEMENT ASSOCIATES

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

INSTRUCTIONS

Step 1: Getting Started

Share the following with the other participants in the room:
- **Name**
- **Organization/role**

Select a notetaker/reporter (closest next birthday)

Step 2: Google Slides

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

Step 3: Return to Main Room

HEALTH MANAGEMENT ASSOCIATES

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REPORT OUT

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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

- Addressing stigma
- Enhancing cultural competency
- Increase in X waivered providers and support for those providers
- Workforce recruitment and training
- Continuous RFP for residential treatment
- Peer certification
- Focus on equity and inclusion
- Focus on youth
- Regular county-wide network meeting
- More training for parents of youth
- Salary analysis for compensation and benefits

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 SOR 3 funding. More information will be coming soon.

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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** NIH National Institute on Drug Abuse

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

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Words Matter

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

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Words Matter

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

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RECAP AND REASSURANCE

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

+ Review of the work done today

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SELF CARE AND GRATITUDE

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

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NEXT STEPS AND CLOSING

HEALTH MANAGEMENT ASSOCIATES

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Next Steps and Closing

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