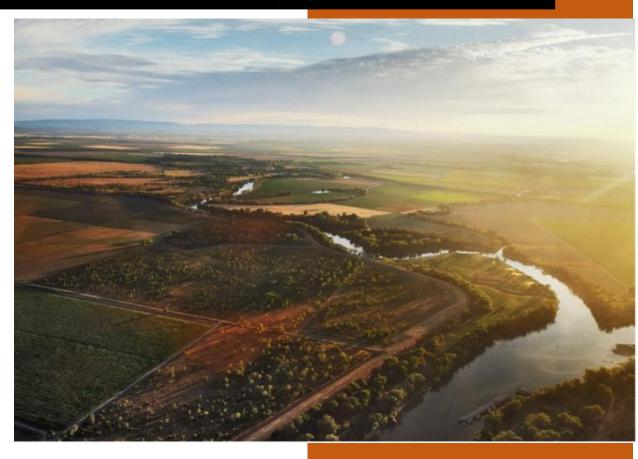




Envisioning the Future: Yolo County Substance Use Prevention, Treatment and Recovery System of Care Event



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SYSTEMS OF CARE: ENVISIONING THE FUTURE

Yolo County Follow-up Process Improvement Event 8/12/2022



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Executive Summary

Overdose is the leading cause of accident-related death in the United States.¹ In recent years, the vast majority 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).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 countywide 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. Yolo County, one of the seven counties selected, participated in a large-scale process improvement event in April 2021 that included members from local governmental agencies, healthcare, addiction treatment, prevention and recovery services. 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 Yolo County residents in need of addiction treatment and support services.

Yolo County Health and Human Services partnered with HMA to convene stakeholders and examine the disease of addiction and evidence-based treatments, and to examine the entire addiction treatment system in and around Yolo County, CA.

The two-day event 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.

In August 2022 partners from Yolo County convened again to review progress made on achieving goals that were identified in the two-day event, discuss strategies for sustaining those goals and to identify

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

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

and create plans to address new goals related to the substance use prevention, treatment and recovery 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 people 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.

Key Successes

Yolo County has cultivated relationships across sectors, worked toward identifying common values and goals, shared information and best practices and collaborated on ecosystem enhancements positions across the County to continue making progress. A summary of the key successes are as follows:

- Progress toward systemic goals (specifically goals 3 and 4 to increase the number of SUD trainings/meetings and ecosystem connections and coordination, and to complete successful treatment for overall system)
- Hosting multiple trainings for probation officers so that they can carry Narcan
- A large number of annual trainings provided to staff, providers and community partners
- Having great collaboration amongst agencies and community partners
- Increased availability of Narcan on hand and intensive follow up after it is administered

The report provides a deeper overview of the successes as well as next steps required to sustain success.

Section 1: Introduction and Background

In response to the 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, Yolo County and staff from Health Management Associates participated in a process improvement event in April 2021 with the aims of increasing access to MAT, reducing unmet substance use disorder (SUD) treatment need, and reducing opioid overdose deaths through prevention, treatment, harm reduction, and recovery activities. In August 2022 stakeholders and collaborators from Yolo 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 Yolo County's involvement in this project, changes in the patterns of substance use in Yolo during the grant period, which coincided with the COVID-19 pandemic, and a high-level summary of the initial process improvement event (PIE). Section 2 lays out the goals Yolo 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 a plan for sustaining the gains and forward progress on enhancing the prevention, treatment and recovery ecosystem in Yolo.

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 prevention, treatment and recovery ecosystem." This report documents the follow-up to the original process improvement event in Yolo County during

which stakeholders reviewed and assessed the status of their progress toward those county-level goals and on enhancing the ecosystem. We begin with an updated description of the Yolo County SUD delivery system and the shifting epidemiology of substance use in Yolo County as well as the evolving resources that serve the population in need of support.

County Description

Yolo County is located in northern California. According to the 2020 census, the population of the County was 216,403. Yolo County is a mix of urban, with cities like Davis and West Sacramento, and rural, with agricultural regions.

Yolo County has a current substance use prevention, treatment and recovery ecosystem that includes residential treatment, intensive outpatient for some populations, outpatient, some outpatient withdrawal management, medication assisted treatment (MAT) services, prevention and education services. Yolo County participates in the Drug Medi-Cal Organized Delivery System. The County participates in the "Jail Mat" program. The County also has the Yolo Opioid Coalition co-chaired by the County's Alcohol and Drug Administrator and the Chief Behavioral Health Officer from CommuniCare, a local Federally Qualified Health Center, that convenes with the goal: To strengthen connection and relationships between service providers and community-members and support paths to healing for community impacted by Opioid use and addiction. This coalition will use data, community-input and multi-disciplinary collaboration to set recommendations and direction for prevention, early intervention and treatment for those impacted by addiction.

Epidemiology of SUD in Yolo County: Before and After

While Yolo County is considered one of the healthiest counties in California, it has not escaped the impacts of the opioid epidemic and other persistent and ongoing substance use issues impacting the health and wellbeing of Yolo County citizens. While population health outcomes directly related to implementing the Systems of Care initiative are difficult to measure, looking at the changes in opioid related indicators during the course of the System of Care initiative which occurred during the pandemic provides an interesting look at how opioid use may have changed as a result of the pandemic. As the pandemic wreaked havoc on the state, Yolo County SUD prevention, treatment and recovery partners remained responsive, nimble and collaborative. Data from 2021, the most recent full year of data available from the California Department of Public Health (preliminary death data that may change), is compared to data from 2018 below.

Yolo experienced five opioid-related overdose deaths in 2021. The annual crude mortality rate for 2021 was 2.24 per 100k residents, a decrease of 45% from 2019. Figure 1 shows the 12-month rates for selected overdose indicators compared to the same indicators from 2018.

Figure 1: 2021 Compared to 2018 12-Month Opioid Related Overdose

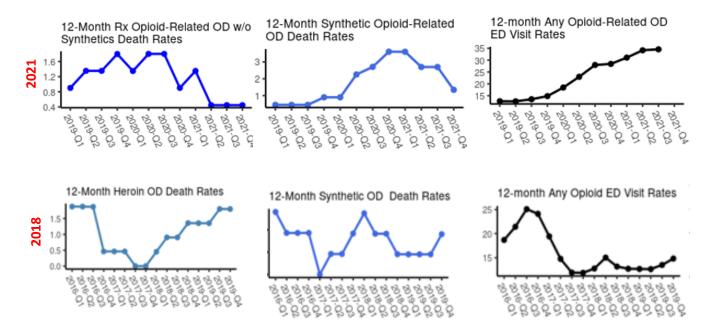


Figure 2 presents a map of the 2021 annual age-adjusted rates for any opioid related overdose death by zip code compared to a map of the 2018 annual age-adjusted rates for any opioid related overdose death by zip code.

Figure 2: 2021 Compared to 2018 Opioid Related Overdose Deaths by Zip Code, Yolo County

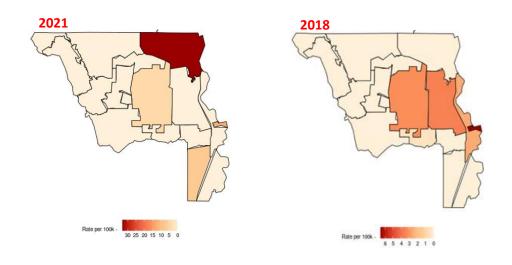
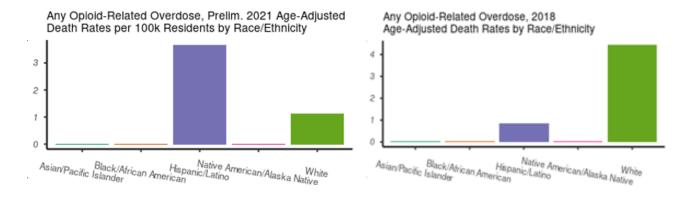


Figure 3 presents age adjusted opioid overdose death rates comparing 2018 and 2021 by race and ethnicity.

Figure 3: 2021 Compared to 2018 Opioid Related Overdose Deaths by Race/Ethnicity, Yolo County



Figures 4 and 5 present Coroner data on specific fentanyl related deaths in the county.

Total Fentanyl Overdoses

20

18

16

14

12

10

8

6

4

2

0

FY 19/20

FY 20/21

FY 21/22

Figure 4: Total Fentanyl Overdoses by Fiscal Year (last three years), Yolo County

Fentanyl Overdose Age Range

70

60

40

30

10

FY 19/20

FY 20/21

FY 21/22

Figure 5: Fentanyl Overdose Age Range, Yolo County

Table 1: Total number of Fentanyl overdose deaths by Fiscal Year and Age, Yolo County

Fiscal Year	Total Number of	Ages
	Deaths	
07/01/2019-	4	18, 22, 23, 21
06/30/2020		
07/01/2020-	10	33, 30, 34, 26, 20, 30, 29, 23, 39, 26
06/30/2021		
07/01/2021-	19	36, 24, 37, 35, 23, 24, 39, 41, 28, 36, 55, 61, 30, 19, 53,
06/30/2022		46, 23, 23, 30

Key County Partners / Key Change Agents

Many stakeholders participated in the original PIE in April 2021, and in this *Envisioning the Future* follow-up event. Their agencies and organizations are listed in Table 1 (new participants listed in blue font). The participants in each of the convenings represent a wide cross-section of organizations, departments, decision-makers, doers, and people with lived experience.

Table 2: Event Attendance

Yolo County Agencies/ Organizations	Attended April 2021 PIE Event	Attended August 2022 Envisioning the Future Event
Yolo County, Health & Human Services Agency	~	✓
Yolo County Public Defender's Office	\	✓
Yolo County Probation	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	✓
Yolo County District Attorney's Office	✓	✓
Walter's House Residential Substance Use Treatment (Fourth & Hope)	>	>
CommuniCare Health Centers	~	✓
MedMark Treatment Centers — Sacramento	>	
CORE Medical Clinic	~	✓
Turning Point Community Programs (Free to Choose)	>	>
Progress House	\	
BAART Norwood	~	
Sutter Health	~	
Dignity Health	V V V V	✓
City of Davis	~	
Heritage Oaks Hospital/ Yolo Access Line	>	~
Woodland United Fellowship	✓	
Davis Community Meals and Housing/ Cesar Chavez	~	~
City of Woodland	\	✓
Yolo County Children's Alliance	~	✓
Yolo County Office of Education	~	~
Wellpath		~
Empower Yolo		~
Mercy Coalition		✓
Yolo Conflict Resolution Center		✓
Stanford Sierra Youth & Families		✓
Woodland Memorial Hospital		✓
Yolo County Sheriff's Office		<u> </u>

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

- Ian Evans, Adult & Aging Branch Director, Yolo HHSA
- Julie Freitas, Clinical Manager, Yolo HHSA
- Glenn Johnson, AOD Program Coordinator, Yolo HHSA
- Amara Pickens, Fourth & Hope
- Garrett Stenson, Program Director, CORE Medical Clinic
- Jodi Nerell, Director of Local Engagement for Mental Health and SUD, Sutter Health
- William Oneto, Division Manager of Administration, Yolo County Probation
- Rachelle Gayton, Division Manager of Operations, Yolo County Probation
- Sara Gavin, CommuniCare
- Joseph Gocke & Monica Bruschia, Public Defender's Office
- Tracie Olson, Public Defender's Office
- Christina Andrade-Lemus, CommuniCare
- Marshall Stenson, CORE
- Wendy Mills, Partnership Health Plan
- Kali Coughlin Paredes, Fourth & Hope

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 the County. The stakeholders at that event also mapped out and discussed the process flows of key sectors and agencies, which facilitated the identification of gaps and barriers in their system, as well as the key features and opportunities for improvement to drive enhancement of the treatment and recovery ecosystem. Figure 4 represents the prioritization and consolidation of those key features and improvement opportunities and how they relate to the broader ecosystem.

Streamlined
assessment
and referral
process
and ref

Figure 6: The "Scaffolding" of the Future State

Section 2: County Goals

Review of Goals

The county-level goals developed at the PIE, aimed at addressing key features and change ideas, were reviewed at the *Envisioning the Future* follow up event, and status updates were provided. These goals were refined after they were originally developed, and progress was discussed during quarterly calls with stakeholders and the HMA team. The concept behind having county-level goals was to encourage systemic progress toward the ideal prevention, 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. The goals are presented in Table 3 below. The status of goal implementation is presented in Table 4.

Table 3: Yolo County System of Care Goals



YOLO COUNTY SMART GOALS	TARGET DATE	MEASURES	IMPLEMENTATION AND ACCOUNTABILITY
Yolo County will increase access to care for Medi-Cal beneficiaries needing residential withdrawal management level of care services.	June 30, 2023	By 50% compared to the fiscal year 2019/2020 data.	Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate
Yolo County will increase timely transitions in care for Medi-Cal beneficiaries following residential treatment services.	June 30, 2023	To meet or exceed the Statewide cumulative average when comparing to fiscal year 2019/2020 EQRO data.	Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate
Increase Yolo County's substance use ecosystem connection and coordination through targeted trainings from various stakeholders.	June 30, 2023	Increased number of trainings by 25 %	Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate
Increase successful treatment completion for our overall system.	June 30, 2023	By 5% annually based on provider outcome reports submitted bi-annually.	Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate

Table 4: Yolo County System of Care Goals: Implementation Status

Goal 1: By 2023, Yolo County will increase access to care for clients needing residential withdrawal				
management level of care services by 50% compared to fiscal year 2019/2020 data				
Overall Status	Limited Progress has been made on this goal; however, a plan is in place to address barriers			
Activities	 FY 18/19-643 Clients served only 2.5% for WM Services FY 19/20-696 Clients served only 0.4% for WM Services FY 20/21 = 2-3 clients served 			
Data/measures/evidence pointing to goal achievement	Dip in withdrawal management as the County was trying to identify providers and make connections. Have heard issues and concerns from specific providers around this and have figured out the disconnect and are game planning internally. Currently connecting with providers and community partners to have better outcomes for clients.			
Next steps	Continue meeting with partners and providers to figure out the issues and to work toward increasing access to care for those needing residential withdrawal management. County working on an agreement with a second residential withdrawal provider to increase bed capacity.			

	Il increase timely transitions in care for clients following residential exceed the Statewide cumulative average when comparing to fiscal		
Overall Status	Some progress has been made surrounding this goal		
Activities	Getting clients to first level of treatment within 7 days - in order to do this, the county will need to increase: • TX Planning • Warm Hand-Offs • Follow-Up/Remain Available • Being Aware of Options (a lot of turnover in the county amongst staff; leads to clients and staff not always knowing what services are available)		
Data/measures/evidence	Previous data FY 19/20:		
pointing to goal achievement	Yolo (n=96); Statewide (n =25,123)		
	Current data (20/21):		
	Yolo (n=320); Statewide (n=49,799)		
November	Do not have the numbers yet for FY 21/22 data.		
Next steps	The County is working on ways to improve, including treatment planning, warm hand-offs, follow-up and remaining available to clients and ensuring clients and staff are both aware of the options for services. County staff have reviewed this specific goal at meetings with providers to discuss the importance of this continuity of care. This will remain an agenda item on future provider meetings to build on progress made to date.		

Goal 3: Increase the number of SUD trainings/meetings and ecosystem connections by 25%					
(Increase Yolo County's substance use ecosystem connection and coordination)					
Overall Status	This goal has been accomplished				
Activities	Annual trainings have been provided to staff and providers,				
	including:				
	 ASAM Criteria Training Cultural Competence Training Residential Documentation Training Outpatient Documentation Training SUD Services Training (Internal Teams) SUD Providers Meetings Authorization Timeliness & LOS Meetings 				
	Additional trainings include:				
	SOC Event				
	SUD Services Training (Internal Teams & Community				
	Partners)				
	Fentanyl Awareness Campaign				

	T/A Calls/Meetings if Needed
Data/measures/evidence pointing to goal achievement	Have addressed turnover in staff with providing SUD services training to internal teams and community partners. Currently partnering with CommuniCare for the Fentanyl Awareness Campaign.
Next steps	Continue to offer trainings to providers and community partners to deepen collaboration in the county.

Goal 4: Increase successful treatment completion for our overall system by 5% annually based on					
provider outcome reports submitted bi-annually.					
Overall Status	This goal has been achieved/ completed				
Activities	Have services available for when clients are ready for treatment				
	and provide them with the necessary treatment that is needed.				
Data/measures/evidence	According to the FY 21/22 data:				
pointing to goal achievement	Outpatient services increased from 19% to 30%				
	 NTP/OTP services stayed the same (17%) 				
	 Residential services increased from 27% - 57% 				
	Overall treatment services increased from 30% - 41%				
	Three years ago, the County had a 25% completion rate, and it is				
	amazing to get this above 40% this year. This is well above the 5%				
	annual target we set out to reach for this goal.				
Next steps	Continue to have available SUD services for our clients and provide				
	them with the tools, education and support needed to be				
	successful. Continue to review data bi-annually with SUD providers				
	to monitor and ensure progress made is not lost over time.				

Celebrating Key Successes

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, Yolo County made significant progress toward those goals as demonstrated above.

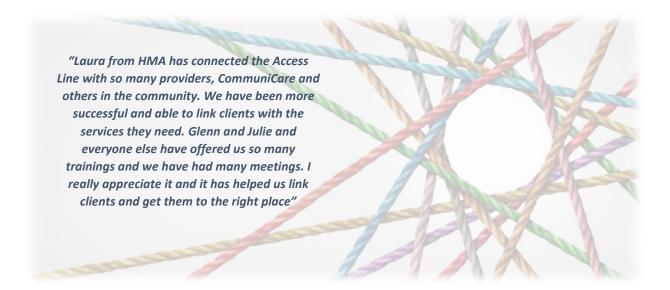
During the *Envisioning the Future* event we heard about a number of additional successes shared across partners. It's important to highlight and learn from the factors and assets that proved key to that progress. A few of the success factors and assets that were critical to progress on goals include:

"Over the course of this year, we have been able to provide Narcan training with healthcare providers like Dignity Health, with Yolo County Probation (80 sworn officers) and with Woodland Public Library with over 30 staff... this week we are getting our next shipment of Narcan to distribute to all of our treatment locations and are looking forward to that as well"

- Hosting multiple trainings for probation officers so that they can carry Narcan
- A large number of annual trainings provided to staff, providers and community partners
- Having great collaboration amongst agencies and community partners
- Increased availability of Narcan on hand and intensive follow up after it is administered

"We have a champion here, an unhoused shelter run by case managers. Partnerships within the community so clients can learn about housing services. We are able to help a 23-year-old who has chronic diabetes and also a meth addiction into housing. None of this would have been possible without collaboration in the county and it is really nice to break silos in the county and have success stories"

"One of our Homekey clients who experienced an overdose earlier this year and a couple of supportive staff were able to administer Narcan and basically save her life as the ambulances came. It was pretty amazing. We do have a lot of Narcan and try to keep our clients in the Homekey rooms. There is Narcan in each of the rooms and we also have harm reduction services that visit the site every Tuesday afternoon"



Opportunities Realized

The HMA team provided Coaching and Technical Assistance (TA) with several provider groups and agencies that identified and worked towards project goals and other opportunities.

- Fourth & Hope identified several goals throughout our coaching engagement. This residential SUD program required "infrastructure" support, as they were expanding programming and sites. The coaching and TA also provided guidance with referral management, regulatory preparation, clinical staff training, and overall leadership coaching in rethinking the organizational structure and vision with the expansion. Our team also provided direction with acquiring additional funding sources to support the agency's expansion, specifically with CalAIM, which the agency successfully acquired.
- Access Line was also very engaged with coaching and TA, with calls focusing on referral
 management, staff development, and both county and cross-agency communication. During
 the coaching engagement, the Access Line was connected with other SUD agencies in the
 county, with a specific focus on standardizing the referral process and communication pathways
 by agency. This process contributed to improved efficiencies with referrals and increased access
 to treatment for local applicants.
- Heritage Oaks Hospital received coaching specific to expansion of their outpatient mental health and substance use disorder program, to be more inclusive of MAT services. HMA provided coaching in supporting the visioning of the new leadership to develop interim planning for patients requesting MAT, and longer-term planning to support training for a more Trauma-Informed and Harm Reduction training model for staff. On the inpatient-side, Heritage Oaks partnered with a local Emergency Department, who agreed to initiate MAT for patients being admitted to their inpatient psychiatric units, prior to transfer.
- Other Yolo agencies benefitted from more brief coaching and TA connections.
 - CommuniCare engaged with HMA for a focused training session with staff on the Neurobiology of Addiction and Medication Assisted Treatment
 - Turning Point briefly engaged to discuss contract issues and explore additional CalAIM funding opportunities

 Progress House primarily met with HMA related to referral management issues with the Access Line, which were improved with internal staffing/leadership changes

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

Challenges and Adjustments

In addition to adjusting to the impacts of the Pandemic which greatly impacted staffing and agency capacity, providers also reported challenges related to cross-agency communication, referral management, and lack of resources to support the full continuum of SUD care. Throughout the coaching engagement, HMA facilitated communication between agencies to foster improved referral communication and follow-up; and as COVID rates improved, this ultimately contributed to increased volume of referrals and access to care. Yolo County is aware of the improved cross-agency communication and continues to support this with both individual and Quarterly provider meetings.

Section 3: Sustaining the Gains and Continuing Progress Toward Countylevel Goals

The second half of the convening was devoted almost exclusively to a discussion about the future of the prevention, treatment and recovery ecosystem in Yolo 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. The following sections summarize the discussion and resulting approaches Yolo County partners intend to put in place to continue the progress of enhancing their ecosystem.

Sustaining the Success

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 asked to partake in an activity utilizing the chat feature on Zoom. Participants were later organized into breakout groups to further discuss those needs and to rank SUD-related priorities and infrastructure needs for the future. The findings are summarized in Table 4 below and categorized in Figure 5 below to distinguish infrastructure needs for Yolo County to consider as it sustains success and considers additional priorities.

Chatterfall 1: Of the goals and successes we have discussed, which do you consider to be the most important to sustain?

- More Narcan on hand and intensive follow-up after it is administered
- Inpatient treatment for women, families, and teens
- Next-level treatment upon completion of treatment programs and warm hand-offs

- Stigma reduction/ De stigmatizing treatment for opioid use disorder
- Availability/Accessibility of sober living environments in Yolo County
- Immediate access to whatever level of care is appropriate for that client
- Narcan policies and distribution
- Housing supports
- Harm reduction
- Access to treatment

Chatterfall 2: What types of infrastructure supports do you need to sustain the successes and achieve these goals (partners, resources, community/political will, etc.)?

- Sober living
- Housing
- Dismantling homophobia and transphobia within Yolo County for those folks who are also seeking SUD services
- More treatment programs in Yolo County system of care, specifically for residential services
- Having Narcan available for distribution at more locations, rather than just for on-site overdose response
- More inpatient treatment in Yolo County
- Reduction in cost of Narcan to make it more accessible to people to keep multiple on hand, such as a family member
- More staff in the field, meeting clients where they are, being present for them
- Education
- More funding for staff
- Resources, staffing, and MONEY
- Funding, expansion of services, increasing staffing ratios
- Community will
- Emergency shelter options throughout the county
- Dual diagnosis programs: resources, staffing, community/political will
- More clinical supports available to youth with SUD struggles, namely for stimulant misuse
- Ongoing staff and volunteer training
- Increased community engagement
- More outside MDs speaking of the effectiveness of MAT/ MOUD
- 3.2 withdrawal management, mental health training
- Community support

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

The SUD-related priorities identified by participants are reflected in the table below. Not surprisingly, some of the infrastructure necessary to address these emerging priorities are the same as what is needed to sustain the previously identified County goals. There are additional solutions needed, particularly to address getting more clients in treatment.

Table 5: Yolo County System of Care New Priorities and Needs to Support Priorities

Breakout	Top SUD-related priorities for future	What needs to be in place to
Groups		address priorities
Group 1	1) Building out the youth system of care for SUD-defining what that looks like-infrastructure, education, housing, IOP, CalAIM Standards, etcworking with schools-including SU education that is more relevant to students lives; updated screening tools that better reflect the current reality	 MHSA \$? Grant writing workshops or assistance for Nonprofits to get these \$\$
	 Destigmatizing treatment of OUD especially given fentanyl and synthetic opioids; more education and awareness of addiction as a disease-the neurobiology of addiction- especially among providers 	
Group 2	Overall SUD services in the county and for all populations (youth, older): More outpatient, residential, and Harm Reduction housing options are needed across the continuum A workforce that is representative of the	 Expanded funding sources with community will Anti-discrimination campaigns
	community 3) More education and access to Harm Reduction services	
Group 3	1) More beds (residential beds, transitional housing, transitional housing, after-care beds, direct treatment options for youth, etc.) 2) More clients in treatment (treatment options for those without Medi-Cal funding, those with registration requirements, or that can accommodate families; outreach & engagement)	 Expectations/training for SUD counselors Updated facilities / infrastructure (addressing zoning issues & red tape) Additional grants (\$\$\$) Finding providers with capacity or the ability to increase capacity Find solutions to staffing shortages Support from decision makers Treatment that integrates trauma-counseling (instead of siloed) Funding options for those w/out Medi-Cal

Figure 5: Yolo County System of Care Infrastructure Needs for Sustaining Progress and Addressing New Priorities



- Relationship-building with orgs that serve the community
- Create pipeline of counseling and nursing professionals
- ED Bridge Programs
- School districts
- Youth and adult systems of care and system navigators



- SUD services for Youth
- Transportation Services
- Treatment services for Justice-involved
- Sustainable funding sources
- Wrap-around CM providing the full continuum



- Community will to support implementation of funds
- More culturally responsive services and clinicians that reflect community, staff with lived experience
- Properties that can be designated for sober living housing



- Anti-discrimination education
- Data management (ability to collect & share data)
- Culturally responsive services
- Ongoing community outreach (addressing stigma, bringing clients into care, etc.)

Next Steps and Commitments

A number of actions and commitments were identified to ensure that Yolo County continues to make forward progress on enhancing the treatment and recovery ecosystem. Some of the action items include:

- "I will commit to working with our team and our partners to help address the gaps identified in the breakouts"
- "I will commit to always working with compassion and empathy towards all individuals in the community, to be mindful of stigma and unintentional perpetuation, and to continue working within the community to improve the quality of life for those most vulnerable."
- "Committing to providing updated information to clients regarding harm reduction, fentanyl facts and Narcan in weekly recovery support sessions"
- "I will commit to meeting SUD clients where they are at, being patient and empathetic, and continuing to make a positive impact and inspire hope amongst them"

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 SUD. HMA has been notified that they will receive some of those SOR funds to continue work in this area. Yolo County would like to continue to work with HMA in one of these grant opportunities, and in the meantime, participants will have continued access to trainings and other technical assistance programming (e.g., toolkits, webinars, patient facing materials).

Conclusion

Yolo County has made significant strides in enhancing the treatment and recovery ecosystem available to individuals with SUD 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 Yolo County has built by cultivating relationships across sectors, identifying common values and goals, sharing information and best practices and collaborating on ecosystem enhancements positions the County to continue making progress.

Appendix

Fentanyl and Other Drug Threats

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

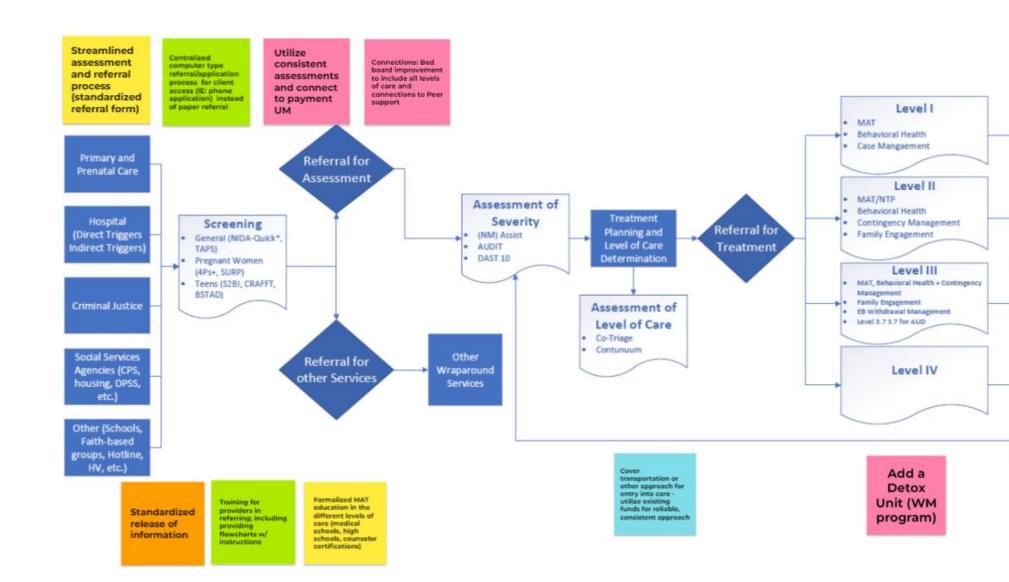
Fentanyl has been approved by the FDA and used appropriately and effectively in controlled medical environments as an anesthetic and pain medication since the 1960s. In recent years, however, an influx of illicit fentanyl and its precursors (from China and Mexico) along with homegrown fentanyl laboratories in the US have created a new and potent wave of overdose events. Fentanyl exposure occurred initially as a contaminant in a broad swath of street drugs, but more recently is being sought out as a drug of choice – particularly among adolescents and young adults. Because the potency of fentanyl is 100 times greater than morphine and 10 times greater than heroin, the threat is literally and figuratively breathtaking.

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

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

Finally, the presentation described the concept of mass casualty, or drug overdose events - declared when first responders and emergency rooms are treating multiple overdose patients at once, generally from the same location/environment. The presenter described the advent of community response teams and offered tools for organizing, developing and training these teams.

The Scaffolding of the Future State from first PIE



Today's convening

Systems of Care: Envisioning the Future

will begin shortly.

Contact Akiba Daniels adaniels@healthmanagement.com

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SECURITY DISCLAIMER

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



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

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AGENDA

- +Welcome and Introduction
- +Communicare Youth Fentanyl Campaign
- + 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
- +Closing and Next Steps

Yolo County Welcome

Ian Evans, Adult and Aging Branch Director Yolo County Health and Human Services Agency



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.

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WELCOME: YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

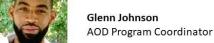






lan Evans Adult and Aging Branch Director

Julie Freitas Clinical Manager



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Coach, Yolo County Expanding Access to MAT in County Criminal Justice Settings – The "Jail MAT Program"

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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





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

CONTINUING EDUCATION

Continuing education credits are available for this course.

+ Course level: Beginner

To receive credit:

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.

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CONTINUING EDUCATION

The AAFP has reviewed California Systems of Care Envisioning the Future Series and deemed it acceptable for AAFP credit. Term of approval is from 6/14/2022 to 6/15/2023. Physicians 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.

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 strategies to address
- +Plan how to sustain ongoing SUD priorities for the county
- +Identify new priorities for SUD systems

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RESPONDING TO FENTANYL AND OTHER DRUG THREATS





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

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LEARNING OBJECTIVES FOR PRESENTATION

- + Describe at least two differences between fentanyl (or synthetic opioids other than methadone) and heroin
- + Explain at least two reasons why illicit fentanyl is a serious 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)

IMPORTANT FACTS ABOUT FENTANYL

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I FACTS ABOUT FENTANYL

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

 $Source: https://www.fentanylawarenessday.org/_files/ugd/89 faea_e40 da0 d83 dd745 a1bf1139 db47 af8 bba.pdf$

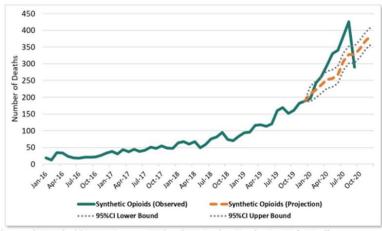
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I FENTANYL DATA CALIFORNIA

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



Source:https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH%20Document%20Library/2020-Overdose-Mortality-Data-Brief_ADA.pdf $H \ EALTH \ MANAGEMENT \ ASSOCIATES$ Copyright © 2022 Health Management Associates, all rights reserved, PROPRIETARY and CONFIDENT
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I 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	498	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	995	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): Health Management Associates, Inc.

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I HISTORY OF FENTANYL

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

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

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HOW SUPPLIED

Pharmaceutical Fentanyl

Transdermal



Transmucosal

Source: Insightcrime.org



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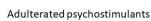
Injectable



Pure Powder

Pills









Illicit Fentanyl











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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





w.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/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

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I 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

I POTENCY OF FENTANYL



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

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

 $Source: U.S.\ Drug\ Enforcement\ Administration\ \underline{https://www.nist.qov/image/fauxfentynallethaldose005jpg}$

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I 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 acetylmorphine
 - + 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: Fairbaim 2017; Torralva, 2019 https://www.dea.gov/sites/defaut/files/2021-12/DEA-OPCK_FadSheet_December%202021.pd https://www.cms.gov/medicare-coverage-database/vewlicd.aspx?lcdid=357248ver=88f

I 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



 $Sources: \underline{https://www.aruplab.com/files/resources/pain-management/DrugAnalytesPlasmaUrine.pdf}\\ \underline{Huhn~2020}$

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I 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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- +One pill can kill?
 - True
 - False



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

MYTH: YOU NEED MORE NALOXONE TO REVERSE A FENTANYL OVERDOSE

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

- Bell 2019
- Carpenter 2020



Some sources suggest need for more naloxone for fentanyl overdoses

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

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

TAKE HOME POINTS:

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

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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



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I 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



 $Photos:\ Unsplash; NIOSHFirst responder toolk it$

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- + "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"



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

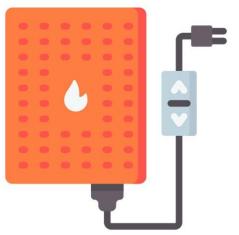
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+Dermal

- 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.nlh.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 $\frac{1}{N} \frac{1}{N} \frac{1}{N$

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I CDC/ NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH

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



Photo from Canva

Source: https://www.cdc.gov/nioshtopics/fentant/frisk.html
2019 PPE Basics for First Responders Exposed to Fentanty retrieved from <a href="https://www.safetvandhealthmagazine.com/articles/18841-ppe-basics-for-first-responders-exposed-to-fertanty-Iniosh-releases-video#~-text=NIOSH%20recommends%20wearing%20nitnle%20gloves.R100%20respirator%3B%20and%20protective%20evewar.

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I 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 or residential treatment staff checking/cleaning a resident's belongings 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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I 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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I TIME FOR A POLL

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



Photo source: IMDb

I HARM REDUCTION IS KEY

- + Harm reduction: interventions aimed at reducing the negative effects of health behaviors without necessarily extinguishing the problematic health behaviors completely.
- + Naloxone is the effective opioid reversal medication (Naloxone Distribution Program in CA and local counties)
 - +Storage sites at work, in your bags and backpacks
 - +Know how to use it
- + Fentanyl test strips 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
- administration (booty bump) Don't stack doses
- · Have naloxone available
- · Know how to recognize OD and use naloxone

• Educate on alternative routes • Go slow (use a test dose)

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 evidencebased 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/newsfentanyl-test-strips-help-to-prevent-overdoses-310792 https://www.ncbi.ntlm.nih.gov/pmc/articles/PMC57011777 https://www.ncbi.ntlm.nih.gov/pmc/articles/PMC57011777 https://www.sminbs.apv/newspour/press-announcements/202104070200

I HOW TO GET NALOXONE IN CALIFORNIA

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



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I 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 Overdos Reporting System, 2019. Drug Alcohol Depend. 2022 Jun 1;235:109467. doi: 10.1016/j.drugalcdep.2022.109467. Epub 2022 Apr 16. PMID: 35461083; PMCID: PMC9106898.

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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



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., energency) medical services and lave enforcement) are likely to encounter it on the job and may have safely 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



According to the ACMT and AACT Position Statement:

- · 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. Citck here to find a harm eduction provider near you (https://linyurl.com/ymropci3).
- 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 <u>list of naloxone access options in California</u> (https://tinyurl.com/yyt2busc) is available from the California Health Care Foundation. Community members can also <u>access naloxone through local harm</u> reduction services (https://tinyurl.com/yxmycoj3).

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

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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.



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. 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.

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.

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

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 nationone on hand for themselves and others.

Instruction and Constitutions

See Must are A Conf.** and Properties described in Proceedings on the Properties of the Processing on the Conf.** and Pro

I BUT WAIT, IT'S NOT JUST ABOUT FENTANYL

- + <u>Xylazine</u> 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

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

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I TIME FOR A POLL

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

- Yes
- No

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STRENGTHENING COMMUNITY RESPONSE 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

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

■ 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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I IDENTIFYING STAKEHOLDERS FOR PARTICIPATION

- Local Public Health Agencies Peer Recovery Coaches (i.e., communicable disease, environmental health, opioid Organizations (i.e. or SUD programs)
- First Responders (EMTs, firefighters, law enforcement) Local Businesses
- Regional and Municipal Offices of Emergency Management
 - Colorado Emergency Management Association (CEMA)
- District Attorneys and Public Drug task forces Defenders who are working on the sentencing and prior to involvement in the criminal justice system
- Behavioral Health and Addiction Medicine Providers

- Organizations (i.e., HIV/AIDS, faith-based, libraries, harm reduction)
- Poison Control Center
- Child Welfare
- Farm Bureau
- Health alert network partners
 Transportation
- 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
- · California Bureau of Investigation (CBI)

+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 drugrelated 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

- + 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

I 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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Exercise #5

- The supply of illicit opioids has been affected by a natural disaster sending area residents struggling with opioid addiction into withdrawal with no access to substances and limited access to support services to manage their withdrawal symptoms. There is a great deal of stigma around addiction in the community and very little sympathy or understanding among community members and some service providers.
- Participants must work to identify those in need of support, resources to meet that need and how to coordinate those resources. Participants must also work to address stigma.

Exercise #5 Scenario Updates

An F4 tornado affected several counties in central California two days ago. Relief efforts are well underway and well-coordinated. Roads into and out of towns are nearly impassable and primary care clinics and hospitals are at capacity with injured citizens. The situation has created a shortage in illicit supply and has driven up the cost of the little that is available. The shortage may be connected to looting and break ins at the structures that remain standing (homes and businesses). Several people who are sick from opioid withdrawal are showing up to temporary sites set up to provide emergency care and to an emergency department located in the region.

The emergency responders and medical staff are exhausted and view the individuals in withdrawal as a low priority and some were burned out with responding to opioid related issues before the tornado, so stigma is high. There is not a clear or up-to-date understanding about available MAT providers in the community in primary care or in mental health.

The nearest withdrawal management center is at capacity; EMS and law enforcement are stating they are unable to transport to surrounding communities to access withdrawal management due to time and resource constraints.

A local addiction treatment provider expresses concern to the media and the Governor's office that those in withdrawal who have been turned away or have avoided seeking care due to stigma may be at risk of death due to dehydration and heart failure.

I EXERCISE TOOLS

Exercise Questions

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

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I EXERCISE TOOLS

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

I 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 transcensis individual exercises to support preparedness reporting and tend analysis. Table 1 includes the exercise objective, 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)				8

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(p) and did not negatively impact the performance of these activities. Performance of this activity of not contribute to additional health and/or after pitch for the public of the mergency workers, and it was conducted in accordance with applicable plants, postoless, procedures, regulations, and loss.

applicable jans, policies, procedures, regulations, and laws.

Performed with Some Challenges (5): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objectiveli] and did not negatively impact the performance of chest exhibits. Performance of this activity of one contributes additional health and/or safery risks for the public of for emergency workers, and it was conducted in accordance with asplicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenger (AI): 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 harban and/or safety visit for the public of re-mergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

 $\label{tobe Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).}$

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]	[Area for Improvement]	[Corrective Action 1]					
Core Capability 1: [Capability Name]	[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]	[Area for Improvement]	[Corrective Action 1]					
Core Capability 2: [Capability Name]	[Area for Improvement]	[Corrective Action 2]					
Core Capability 2: [Capability Name]	[Area for Improvement]	[Corrective Action 1]					

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I 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:

I 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 stotements, 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

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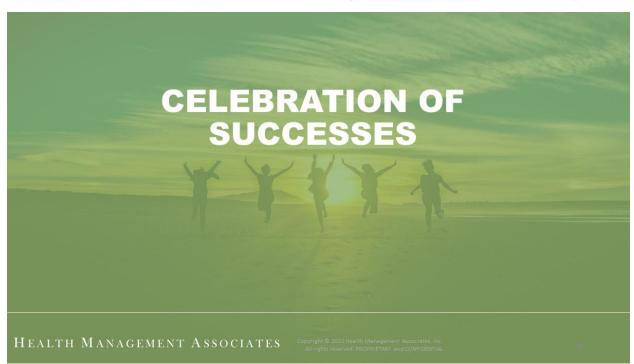
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- Torralva, R., & Janowsky, A. (2019). Noradrenergic Mechanisms in Fentanyl-Mediated Rapid Death Explain Failure of Naloxone in the Opioid Crisis.
 The Journal of pharmacology and experimental therapeutics, 371(2), 453–475. https://doi.org/10.1124/jpet.119.258566
- U.S. Drug Enforcement Administration https://www.nist.gov/image/fauxfentynallethaldose005jpg

OTHER RESOURCES AND TOOLS

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

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Goals Presentation

GLENN JOHNSON

ADULT & AGING BRANCH



■ YOLO COUNTY GOALS

YOLO COUNTY SMART GOALS	TARGET DATE	MEASURES	IMPLEMENTATION AND ACCOUNTABILITY
Yolo County will increase access to care for Medi-Cal beneficiaries needing residential withdrawal management level of care services.	June 30, 2023	By 50% compared to the fiscal year 2019/2020 data.	Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate
Yolo County will increase timely transitions in care for Medi-Cal beneficiaries following residential treatment services.	June 30, 2023	To meet or exceed the Statewide cumulative average when comparing to fiscal year 2019/2020 EQRO data.	Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate
Increase Yolo County's substance use ecosystem connection and coordination through targeted trainings from various stakeholders.	June 30, 2023	Increased number of trainings by 25 %	Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate
Increase successful treatment completion for our overall system.	June 30, 2023	By 5% annually based on provider outcome reports submitted bi-annually.	Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate

Goal 1

By 2023, Yolo County will increase access to care for clients needing residential withdrawal management level of care services by 50% compared to fiscal year 2019/2020 data

Previous Data

- FY 18/19-643 Clients served only 2.5% for WM Services
- FY 19/20-696 Clients served only 0.4% for WM Services

20/21Data FY 20/21=0 Figured out the disconnect linernally Game Plan Internally Connect with Providers & Community Partners

Goal 2

By 2023, Yolo County will increase timely transitions in care for clients following residential treatment services to meet or exceed the Statewide cumulative average when comparing to fiscal year 2019/2020 EQRO data

Previous Data

Yolo (n= 96)			Statewide (n= 25,123)	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	2	2.08%	2,067	8.2%
Within 14 Days	7	7.29%	2,787	11.1%
Within 30 Days	9	9.38%	3,447	13.7%
Any days (TOTAL)	17	17.71%	4,677	18.6%

Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	*	n/a	3,757	7.54%
Within 14 Days	*	n/a	5,160	10.36%
Within 30 Days	16	5.00%	6,422	12.90%
	41	12.81%	10,112	20.31%

How Can We Improve

- TX Planning
- Warm Hand-Offs
- Follow-Up/Remain Available
- · Being Aware of Options

Goal 3

Increase the number of SUD trainings/meetings and ecosystem connections by 25 %

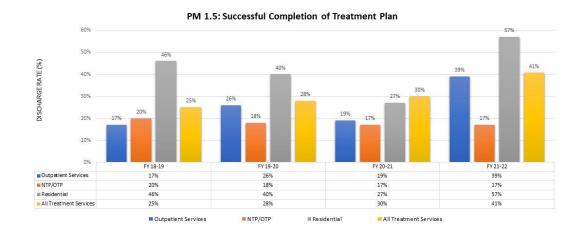
Yearly Trainings Provided

- · ASAM Criteria Training
- Cultural Competence Training
- Residential Documentation Training
- Outpatient Documentation Training
- SUD Services Training (Internal Teams)
- SUD Providers Meetings
- Authorization Timeliness & LOS Meetings

Additional Trainings/Meetings/Events

- SOC Event
- SUD Services Training (Internal Teams & Community Partners)
- Fentanyl Awareness Campaign
- T/A Calls/Meetings if Needed

 $Goal\,4$ Increase successful treatment completion for our overall system by 5% annually based on provider outcome reports submitted bi-annually.



^{*}Let us know what will be helpful

Open Mic



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AB 1542/ AB 1928 We want to hear from you...

Poll: Is this a gap in the SUD continuum?

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Open Mic



Chat Us Up



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Chatterfall 1

Of the goals and successes we've discussed, which do you consider to be the most important to sustain?



Chatterfall 2

+What types of infrastructure supports do you need to sustain the successes and achieve these goals (partners, resources, community/political will, etc.)?

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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 are your top two SUD-related priorities for the future?
- What needs to be in place to address those priorities?

Step 3: Return to Main Room

REPORT OUT

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ONE THING I COMMIT TO...

Chatterfall-Add to the chat one thing you will commit to in support of the priorities discussed today. Don't hit enter until we say go!



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THE FUTURE OF SYSTEMS OF CARE

- +On May 19, 2022, the SAMHSA released the State Opioid Response (SOR) III Notice of Funding Opportunity
- +California has been tentatively allocated \$107,038,177 per year for two years, for a total of \$214,076,354 from September 30, 2022 through September 29, 2024
- +HMA was invited by DHCS to submit "outline proposals" for these SOR III funds, including an enhanced Systems of Care learning collaborative model
- + Decisions from DHCS are anticipated in time for a start date of September 30, 2022

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Next Steps and Closing

- + Follow-up meeting with Yolo County
- + Summary report of the meeting and 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 Cami McIntire
 - + cmcintire@healthmanagement.com
- + If you want continuing education credit, remember to complete the evaluation (you'll receive it in the next few days)

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



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