



# Board Study Session

“The Opioid & Fentanyl Crisis: An Overview”



**SAN MATEO  
COUNTY HEALTH**



# PRESENTERS

**Jei Africa**, Behavioral Health & Recovery Services (BHRS) Director

**Clara Boyden**, BHRS Deputy Director, Alcohol & Other Drug Services

**Mary Taylor Fullerton**, BHRS Clinical Services Manager

**Scott Morrow**, San Mateo County Public Health Officer

**Debbie Van Olst**, San Mateo County Epidemiology

**Tasha Souter**, BHRS Medical Director

**Nancy Magee**, San Mateo County Superintendent of Schools

**Gary Tsai**, Division Director Los Angeles County, Dept of Public Health

# AGENDA

- **Introduction**
- **Overview:** evolution & extent of opioid crisis
- **What we can learn from** LA County response
- **Current State** in San Mateo County
- **The Disconnect:** gap analysis
- **Recommendations** and action steps



# OVERVIEW

How we got here



SAN MATEO  
COUNTY HEALTH



# WHY DO PEOPLE USE DRUGS?

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# What are opioids?

- Type of drug used to induce pleasure & reduce pain
- Produce a temporary state of euphoria or high, and are extremely addictive
- More opioid use = More tolerance

*Need higher levels to achieve same effect*

## Common Opioids Include:

Generic	Brand Name
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, TyCo, Tylenol #3
Fentanyl	Duragesic, Actiq
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demeral
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Butrans

\*Heroin is also an opioid

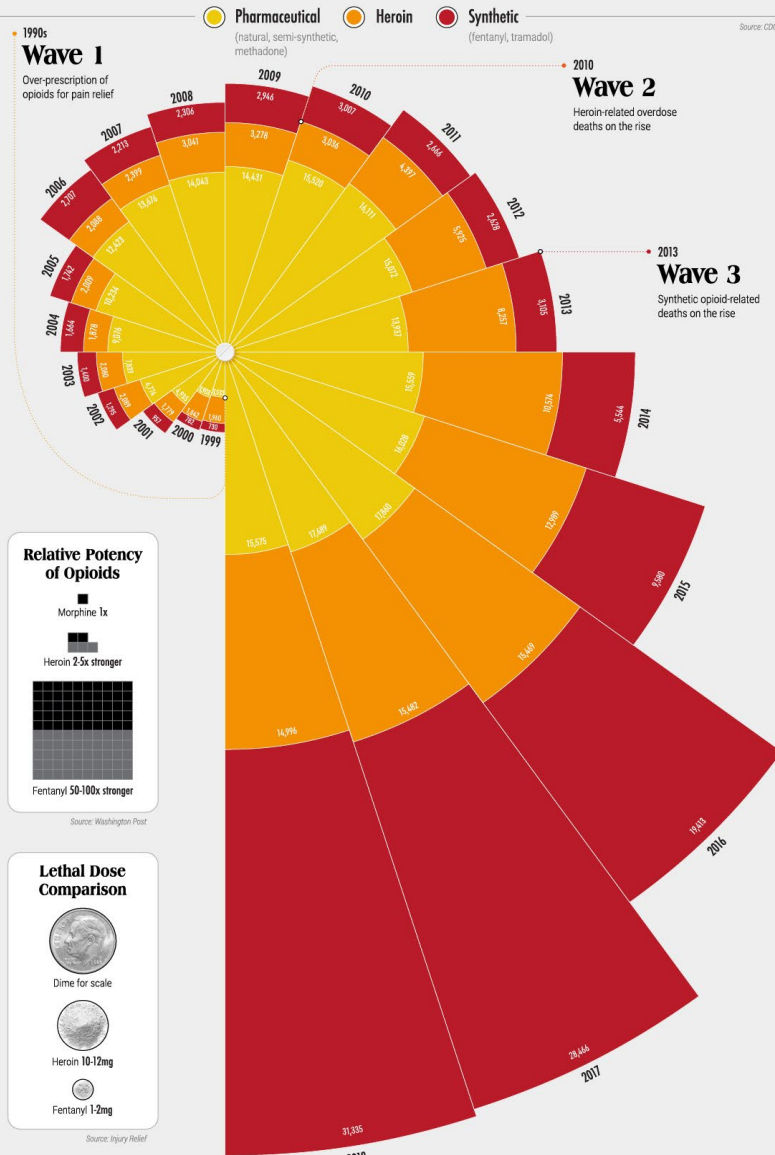


# The Spiraling Opioid Epidemic

IN AMERICA

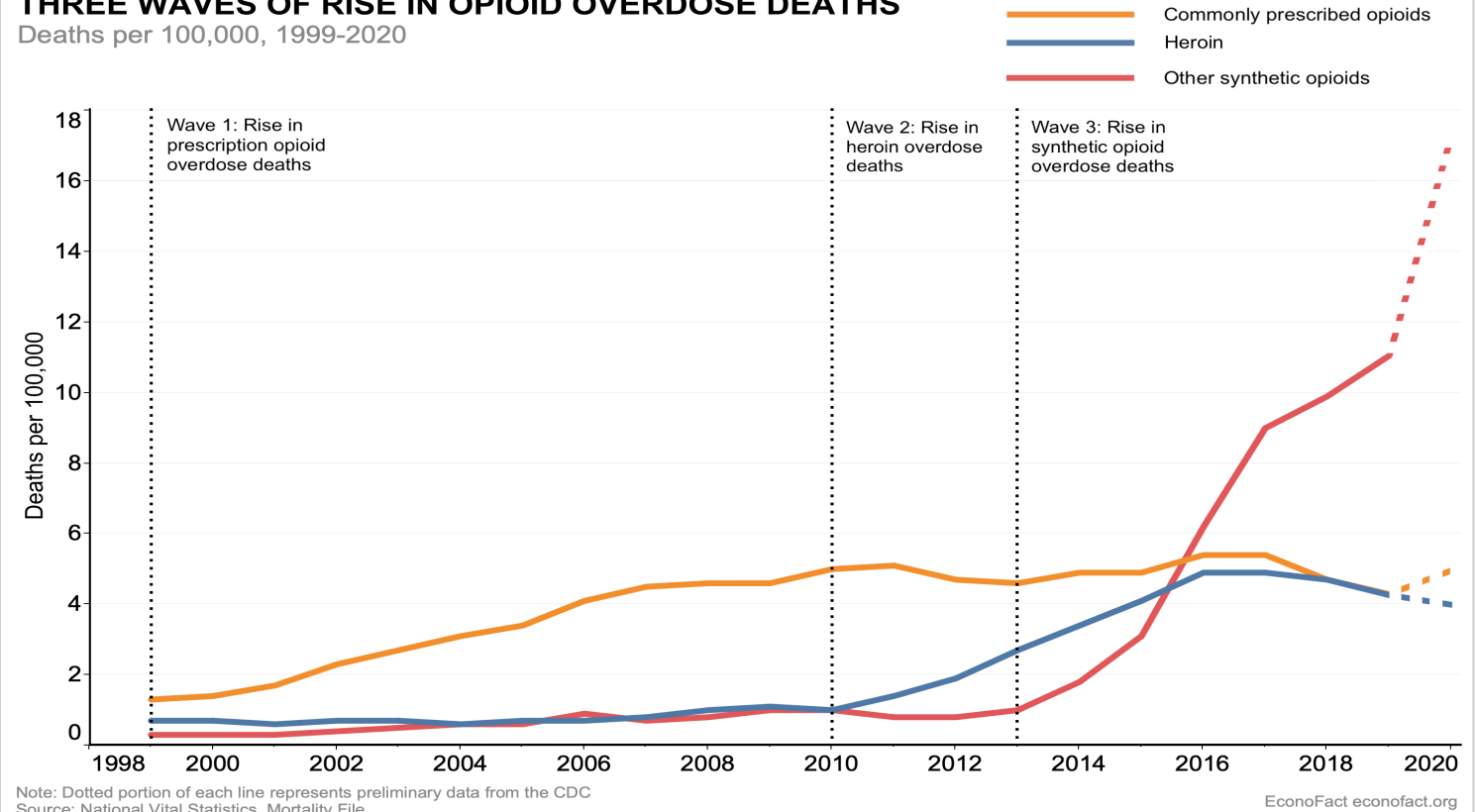
Over the last 20 years, the U.S. opioid crisis has escalated dramatically—leaving a trail of harm in its wake.

## U.S. Opioid Overdose Deaths



## THREE WAVES OF RISE IN OPIOID OVERDOSE DEATHS

Deaths per 100,000, 1999-2020



### Wave 1: The “Perfect “ storm

- 1996 Oxycontin was introduced
- Pain defined as the 5<sup>th</sup> vital sign

### Wave 2: Transition to heroin

- Most available substitute at time
- White powder (E) / black tar (W)

### Wave 3: Move to synthetics / fentanyl

- Cheaper, easier to manufacture

### Wave 4: Fentanyl + Stimulants

# “Facing Addiction in America:

## *Surgeon General’s report on Alcohol, Drugs and Health”*

November 2016

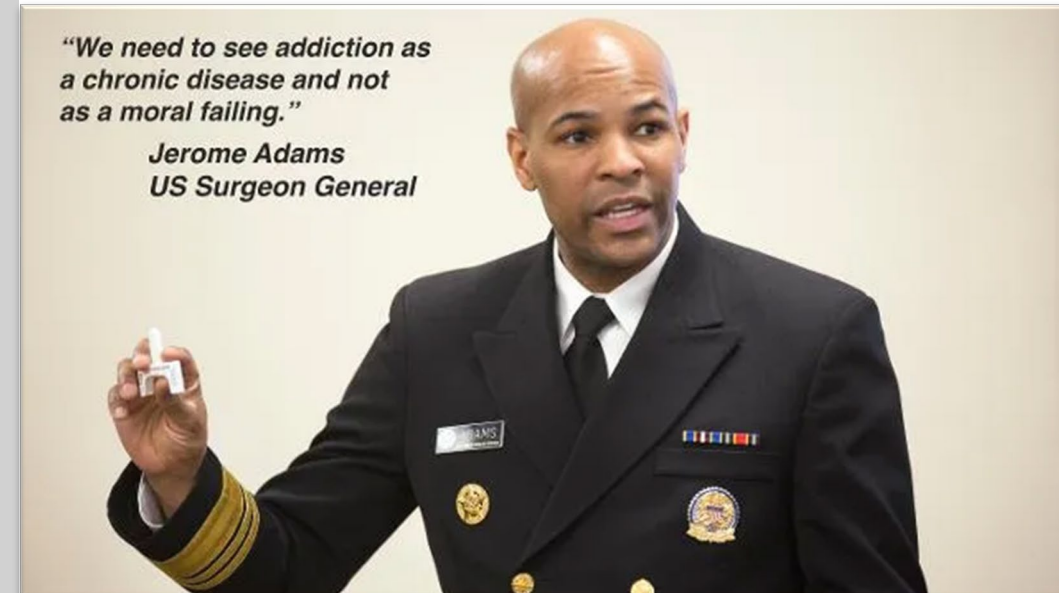


- 20+ million Americans have a Substance Use Disorder
  - *1 ½ times # of people who have all cancers combined.*
  - *More people use prescription opioids than use tobacco*
- \$420+ Billion annual economic impact of SUD (2016)
- Only 10% get meaningful help
  - *“Abundant scientific data” in support of Medication Assisted Treatment (MAT)*

Vivek Murthy, MD, US Surgeon General 2014-2017, 2021-present

# “A Public Health Crisis”

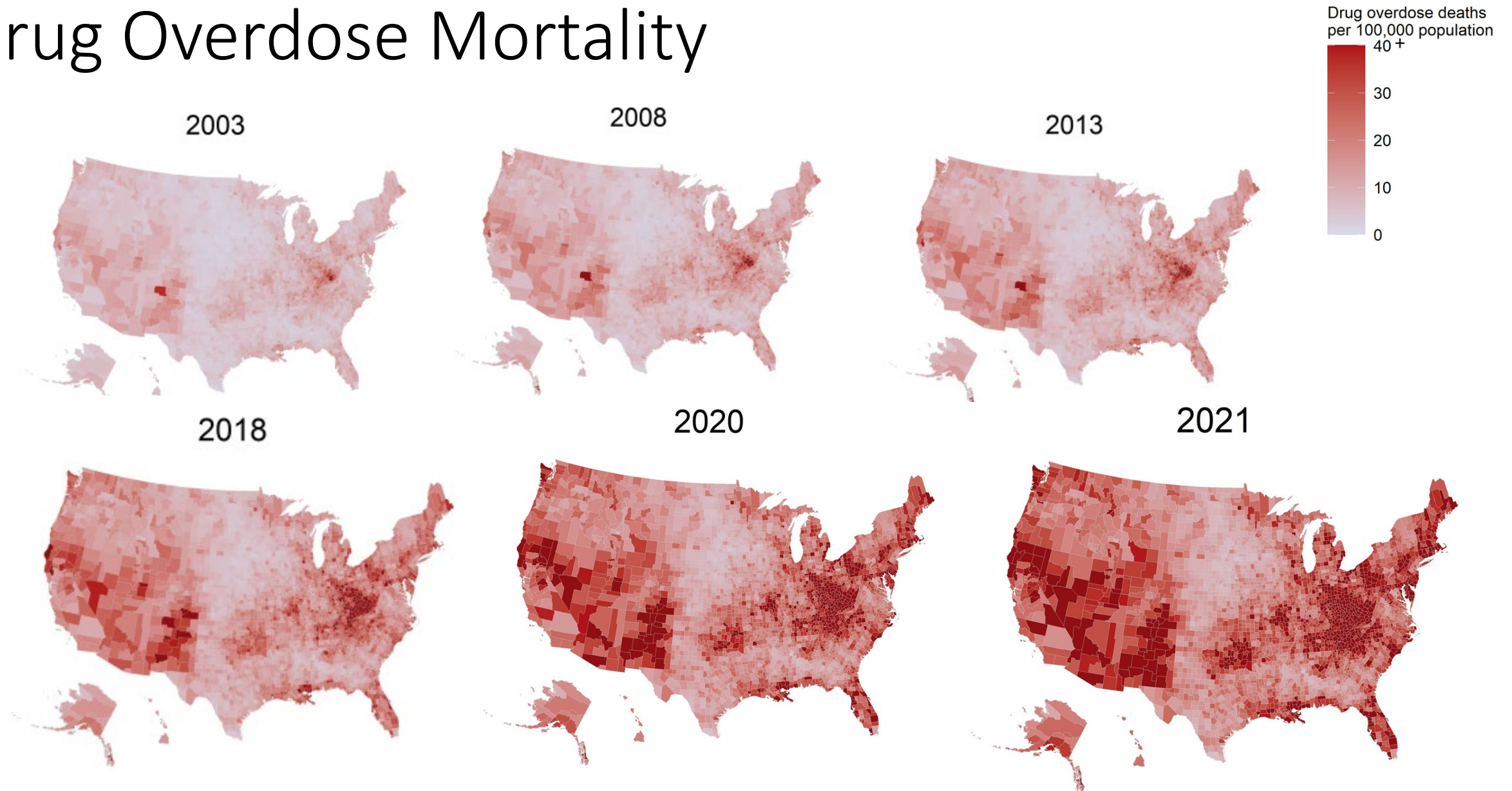
*“The way we as a society view and address opioid use disorder must change — individual lives and **the health of our nation depend on it.**”*



Jerome Adams, MD, US Surgeon General 2017-2021



# Drug Overdose Mortality



SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data (<http://www.cdc.gov/nchs/deaths.htm>).

Rossen LM, Bastian B, Warner M, Khan D, Chong Y. Drug overdose mortality: United States, 2003–2021. National Center for Health Statistics. 2022.





# National Picture 2023

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- Overdose deaths are at the highest levels ever recorded and continue to rise year over year
- Of these deaths, **more than half are now attributed to synthetic opioids** (mainly fentanyl) nationwide
  - 4/12/23 DEA issues “Emerging Drug Threat” related to Xylazine
- Initially the opioid epidemic severely impacted white Americans in rural and suburban areas, today **Black Americans** are suffering disproportionately.
  - Also reflected in San Mateo County data





Lethal dose of heroin vs. fentanyl

# Fentanyl – “Drug of Mass Destruction”

- Fentanyl is a manufactured opioid drug used for pain management
- Extremely strong & highly addictive

*100x stronger than Morphine, 50x stronger than Heroin*

- Forms: injectable, lozenges, and patches
- Most street Fentanyl is tasteless, odorless, and colorless

*Making it nearly impossible to detect*

- Added to or used with other street drugs

*Sometimes unknown to the user*

- Fourth Wave of Epidemic: Fentanyl + stimulant overdose deaths



**FENTANYL IS BEHIND  
1 IN 5 DEATHS**

**AGES 15-24  
IN CALIFORNIA**

**FactsAboutFentanyl.org**



**OUTFRONT**

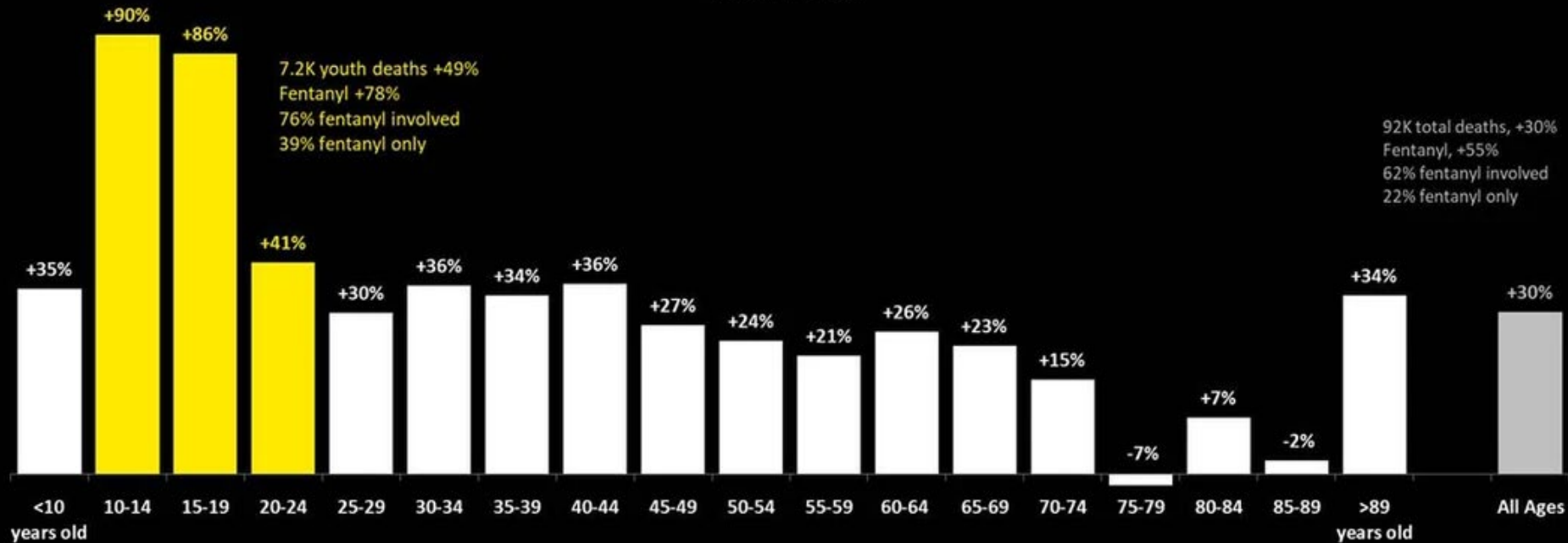
**Awareness is key. You can help.  
Now that you know, who will you tell?**



# Youth & Fentanyl

## 2020: Youth Drug Deaths Now Growing Faster than All Others

### Annual Growth of U.S. Drug-induced Deaths by Age Group 2020 v 2019



Derived from: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death 2018-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1998-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd1010expanded.html> on Dec 26, 2021 9:18:37 AM. NCHS has defined selected causes of death groups for analysis of all ages mortality data. Drug overdose deaths are identified using underlying cause of death codes from the Tenth Revision of ICD (ICD-10): X40-X44 (unintentional), X50-X54 (suicide), X65 (homicide), and Y10-Y14 (undetermined). Drug overdose deaths involving selected drug categories are identified by specific multiple cause of death codes. Drug categories presented include: heroin (T40.1); natural opioid analgesics, including morphine and codeine, and semisynthetic opioids, including drugs such as oxycodone, hydrocodone, hydromorphone, and buprenorphine (T40.2); methadone, a synthetic opioid (T40.3); synthetic opioid analgesics other than methadone, including drugs such as fentanyl and tramadol (T40.4); cocaine (T40.5); benzodiazepines (T42.4); and psychostimulants with abuse potential, which includes methamphetamine (T43.6). Rates are per 100K, age adjusted for all ages. "Rx Opioids" uses T40.2+T40.3. "Fentanyl Involvement" uses T40.4 and "Fentanyl % of all drug deaths" is (MCD T40.4/Drug overdose deaths). "Fentanyl only" uses (Any T40.4) minus (Any T40.4 AND any involvement of T40.1 AND OR T40.2 AND OR T40.3, AND OR T40.5, AND OR T42.4 AND OR T43.6). Multiple drugs may be involved in one drug death. State rankings are based on death rates and growth in rates for states where data exist.



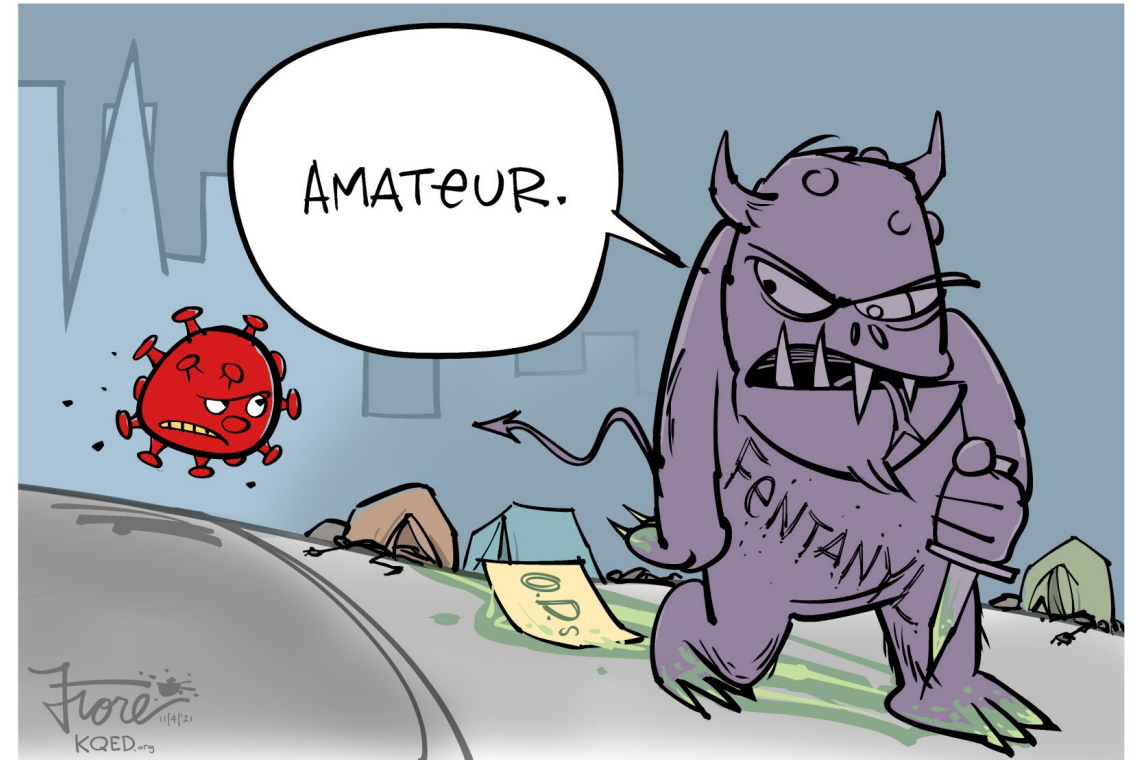


Can you tell which are real and which are fake?

Everyone of these pills is counterfeit and contains fentanyl except for the 30 mg IR Adderall

# Summary: A Rocky Landscape

- Increasing overdose deaths nationwide
  - SMC increasing but not at same rate
- Spike in fentanyl related deaths
  - *now fentanyl + stimulants (meth and/or cocaine)*
- Youth drug-related deaths and internet sales of drugs on the rise nationally
- Federal & State efforts ramping up
  - Promotion of Naloxone (OTC) & Fentanyl Test Strips
  - Jan '23 DEA removed X-Waiver requirement for prescribers
  - Mar '23 Governor Newsom released Master Plan
  - Apr '23 DEA issues Emerging Drug Threat for Xylazine
- Opioid lawsuits against pharmaceutical manufacturers and pharmacies
  - Initial opioid settlements funds being distributed



# GARY TSAI, MD, FAPA, FASAM

## **Director**

Substance Abuse Prevention and Control  
County of Los Angeles, Dept of Public Health

System of Care Response



# PREVENTION STRATEGY

1. Positive Youth Development Programs
2. SAPC Community-Based Prevention Network
3. Media Campaign / Engagement
4. Ambassador and Health Educator Engagement in Schools & Libraries
5. Safe Med LA Opioid Coalition ([www.SafeMedLA.org](http://www.SafeMedLA.org))
6. Hospital Overdose Prevention (HOP) Project



# REACHING THE 95%

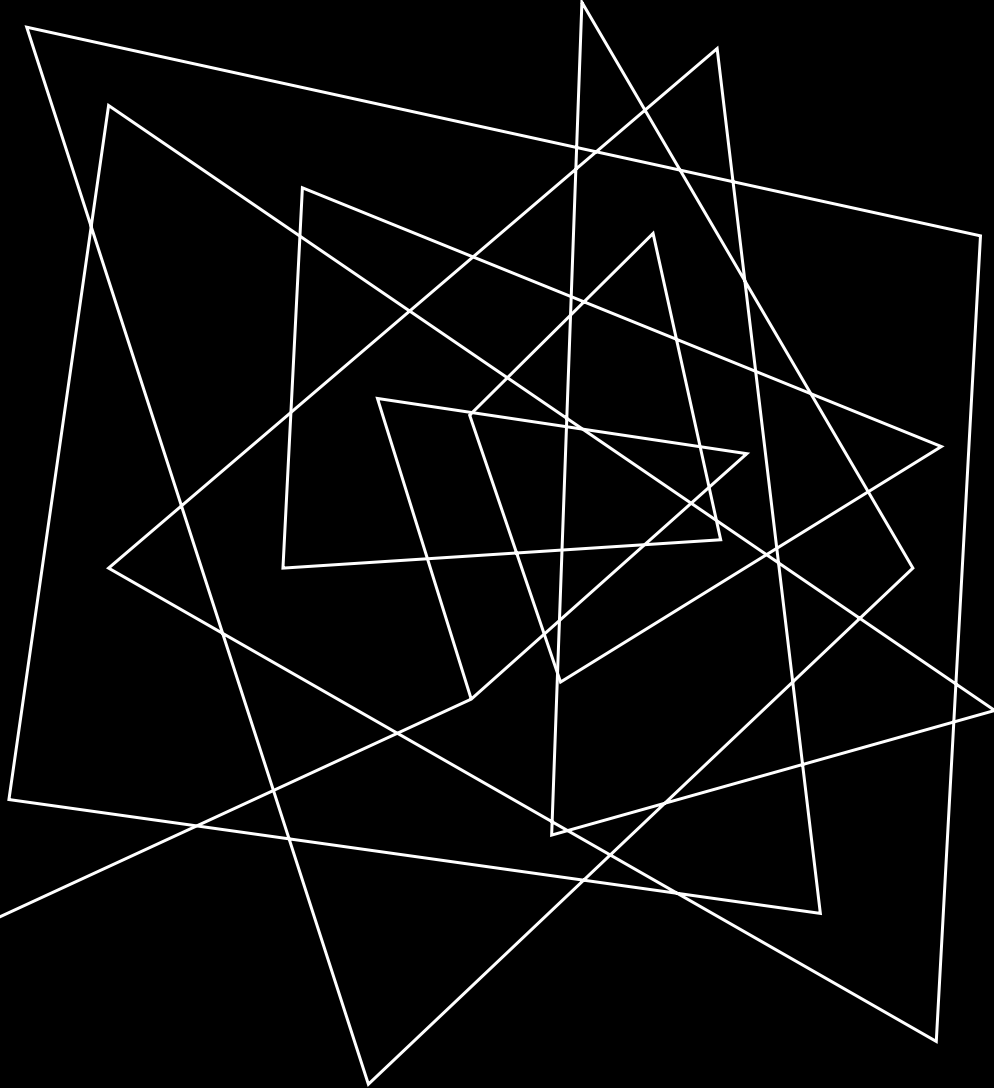
1. Establishing a Low-Barrier SUD Treatment System
2. Harm Reduction Expansion



COUNTY OF LOS ANGELES  
**Public Health**

# TREATMENT STRATEGY

1. Medications for Addiction Treatment (MAT) Access Project (MAP)
2. Implementing Recovery Incentives (Contingency Management) Program
3. Ongoing Expansion of Recovery Bridge Housing (RBH) Beds
4. Ongoing Expansion of Residential and Withdrawal Management Beds
5. Ongoing Expansion of Field-Based and Navigation Services
6. Maximally Leveraging Payment Reform Under CalAIM to Strengthen Specialty SUD System Financial Fundamentals Across the Prevention, Harm Reduction, and Treatment Portfolio



# CURRENT STATE

San Mateo County

Scott Morrow

Debbie Van Olst



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COUNTY HEALTH



*"Substance abuse is one of the biggest threats  
to the health of our community!"* *Dr. Scott Morrow*

Join us for a presentation by  
**Scott Morrow, M.D.**  
Public Health Officer  
as he reports on Healthy San Mateo 2000,  
substance abuse issues in our county

February 17, 1999

9-11 a.m. (registration: 8:30 a.m.)  
Clarion Hotel, Nob Hill Room  
401 E. Millbrae Avenue, Millbrae  
Phone: (650) 692-6363

*RSVP by February 12, 1999 to Carrie Avritt at (650) 802-6434*

Presented by: San Mateo County Substance Abuse Network, Alcohol and  
Drug Services, and Treatment Providers Coalition



# Current State: San Mateo County

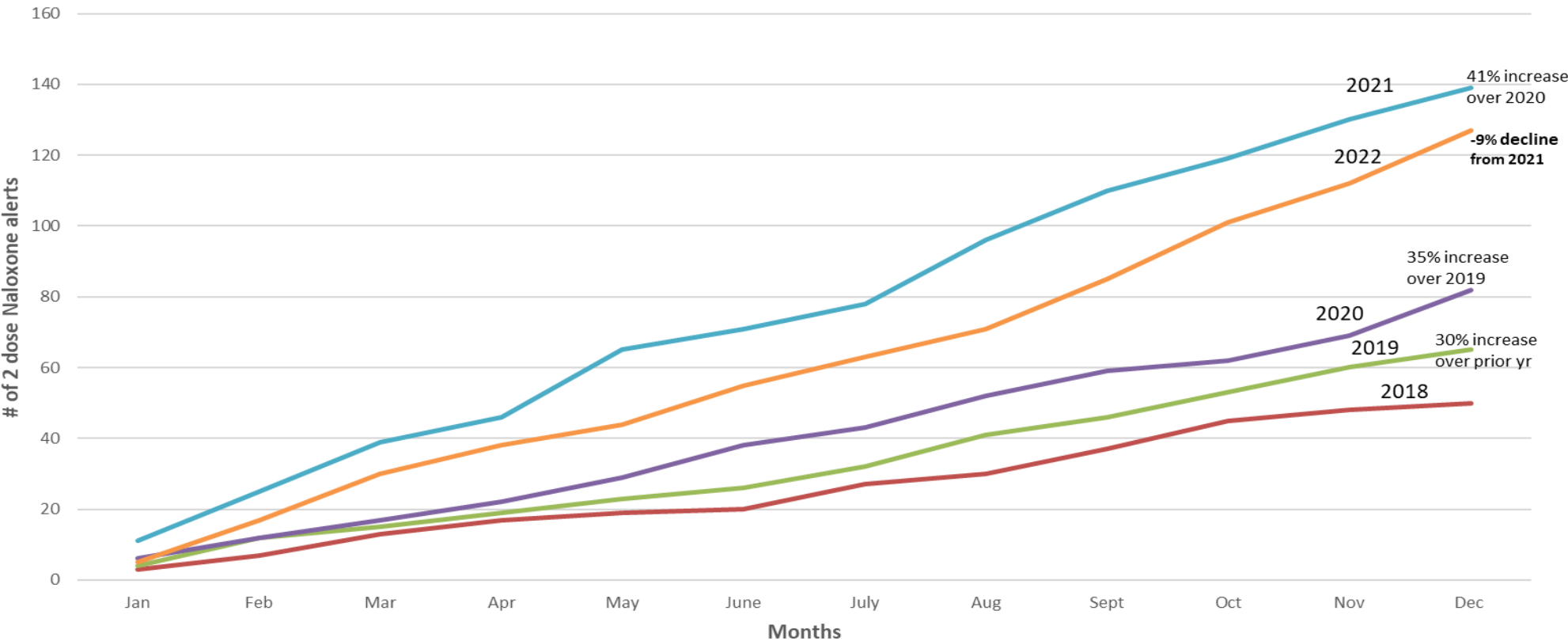
- **Data systems, nationally and locally, are flawed**
  - Inconsistent documentation, data collection, and analysis methods = misinterpretation
- **Fentanyl - involved deaths are increasing in San Mateo County**
  - Fentanyl only deaths were 2% (2) in 2017, peaked in 2020 at 21% (24) and declined to 10% in 2021 (13)
  - Fentanyl + stimulant deaths have been increasing across the U.S. for many years and increased in SMC in 2021
    - Fentanyl + stimulant deaths were 11% (13) in 2020 and increased to 31% (40) in 2021
- **Demographics for drug-related deaths in San Mateo County**
  - White and Asian residents are under-represented as a percent of residents
  - Black residents are over-represented as a percent of residents
  - Male resident deaths were over 70% annually (2017 to 2021)
  - 2021 deaths ranged in age from 16 to 72 years old
    - 81% of deaths were in ages 20 to 59, 3% in 16 to 19, 16% over 60 years old



# Emergency Medical Services



**San Mateo County Trended 2-dose Naloxone Alerts**  
**Cumulative total by month**  
**(2017 - 2022)**



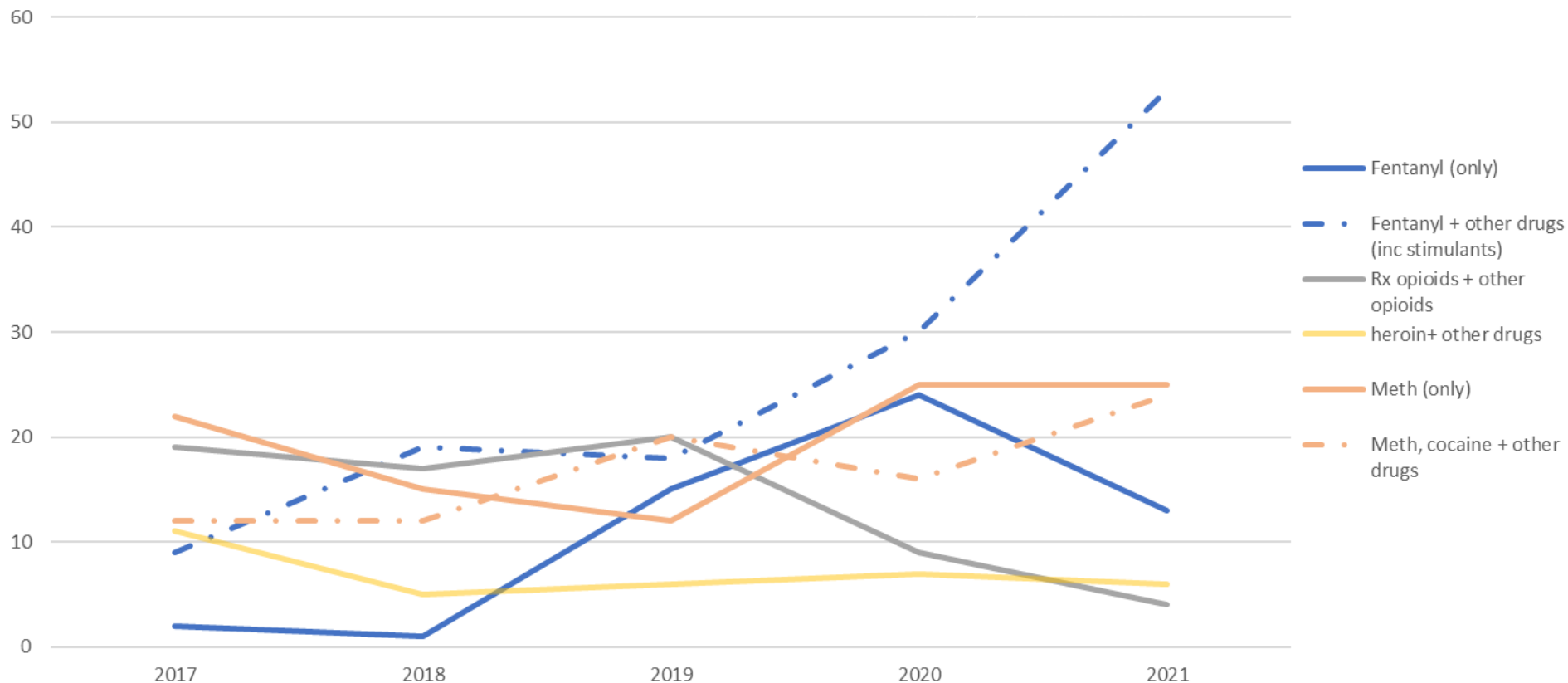
Source: FirstWatch (MEDS ePCR - First responder 2 doses of naloxone)

# Coroner Drug Toxicology Review



SAN MATEO COUNTY HEALTH  
**PUBLIC HEALTH,  
POLICY & PLANNING**

San Mateo County Drug-related Deaths by Drug  
2017 to 2021



Source: VRBIS/EDRS death certificate, Coroner toxicology and summary

Note: Drug category causing death is exclusive

## Notes:

Total Fentanyl-involved deaths were 66 in 2021

Fentanyl + other drugs category includes Meth + all opioids and Fentanyl + all stimulants

SMC lagged the national trend through 2019 but 2021 shows dramatic increase.

Drug trends travel from East to West

- tends to be marker of “trend” to come.

# WHAT IS COMING

## **Xylazine, an animal tranquilizer, street name “tranq dope” is being mixed with fentanyl**

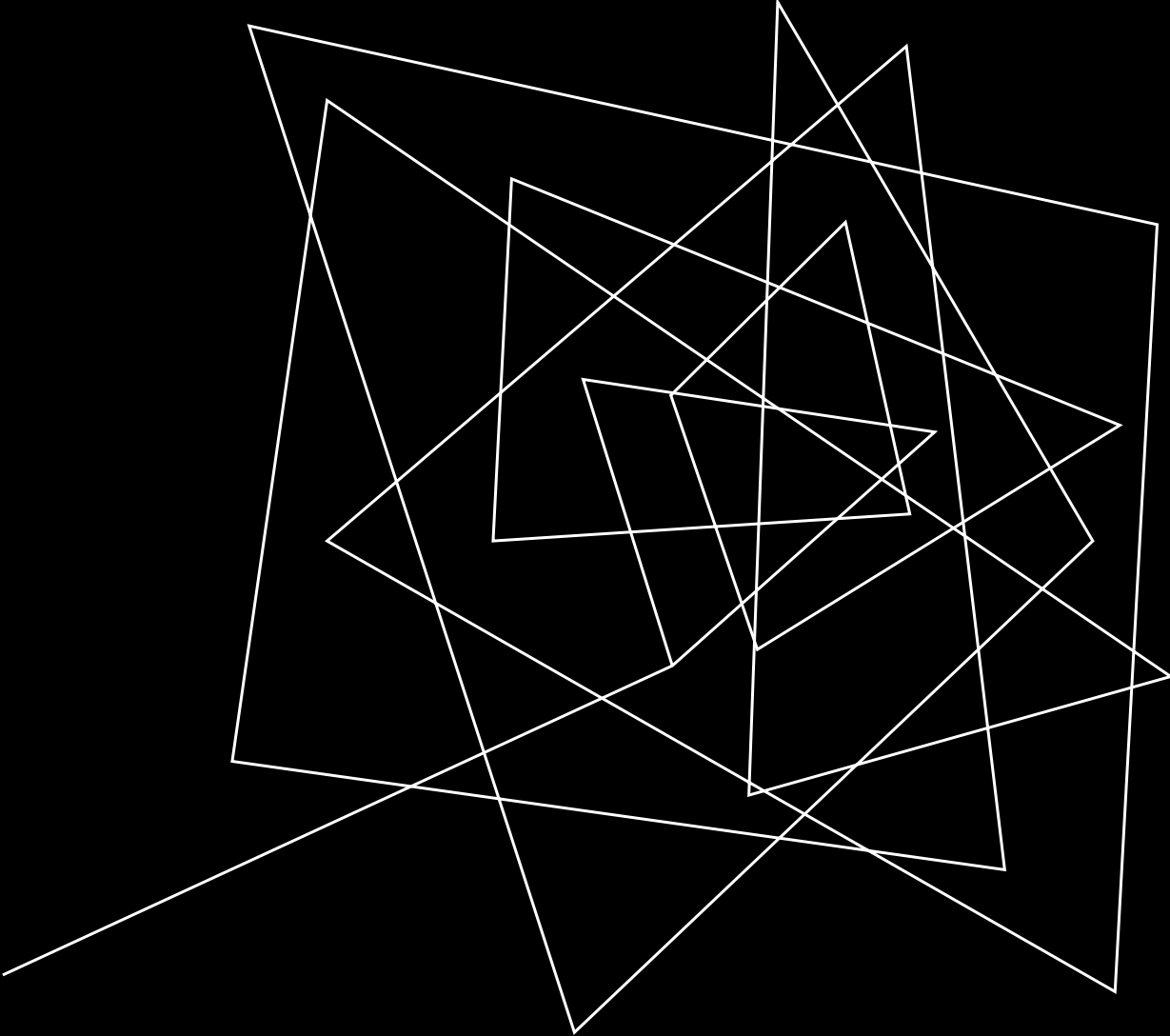
- Serious health problems occur including skin lesions and necrosis
- Narcan/naloxone does not reverse Xylazine overdoses
- SMC crime lab had 2 positive cases in 2022
  - SMC had one drug-related death tested positive in 2021
  - SF had 4 drug-related deaths test positive between December 2022 and January 2023
  - Santa Clara County had one drug-related positive at end of February 2023
- **New** test strips for xylazine – **availability imminent, cost unknown**

## **Naloxone approved Over the Counter (March ‘23) – availability imminent, cost unknown**

## **Regional and National trends continue to increase**

- Youth use and deaths involving fentanyl
- Fentanyl & stimulants (meth and cocaine) mainly due to co-use or adulteration of fentanyl

## **We need to be prepared for what is happening nationally**



# CLIENT/FAMILY PERSPECTIVE

Bonnie Manamara





# TASHA SOUTER, MD, FASAM

Medical Director, BHRS  
San Mateo County

CLINICAL ASSOCIATE PROFESSOR (AFFILIATE)  
Stanford University School Of Medicine  
Dept. of Psychiatry and Behavioral Sciences

## WHAT IS WORKING

*Medication Assisted Treatment (MAT) is considered the “gold standard” treatment for Opioid Use Disorders.*

*– U.S. Surgeon General’s Report: [Spotlight on Opioids](#)*

# Treatment Works

- Psychosocial Interventions
- Coaching and Counseling
- Medication Assisted Treatment (MAT)

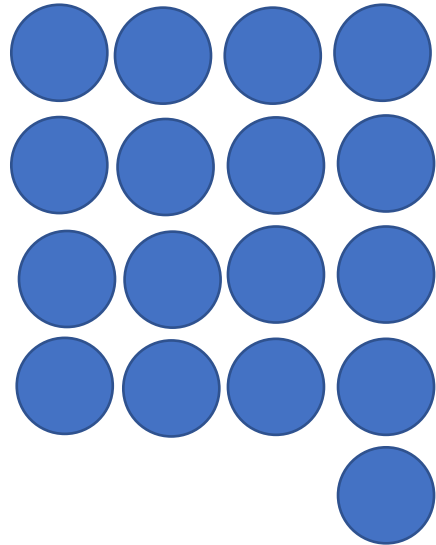




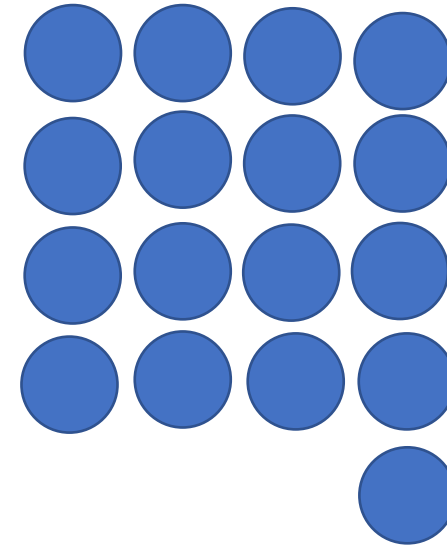
# Medication Assisted Treatment (MAT) Study

\*Gunne and Gronbladh 1981

- Pretreatment MAT Group



- Pretreatment Control Group

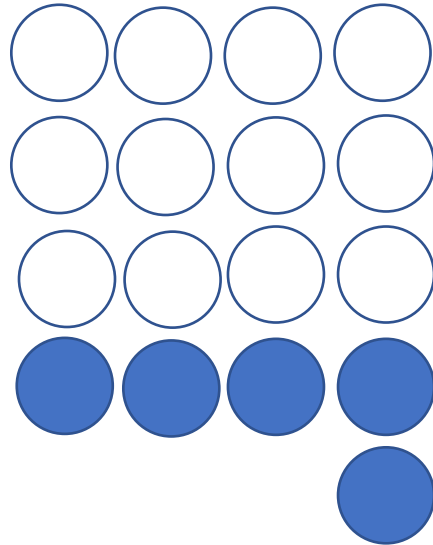


● = ongoing daily heroin use

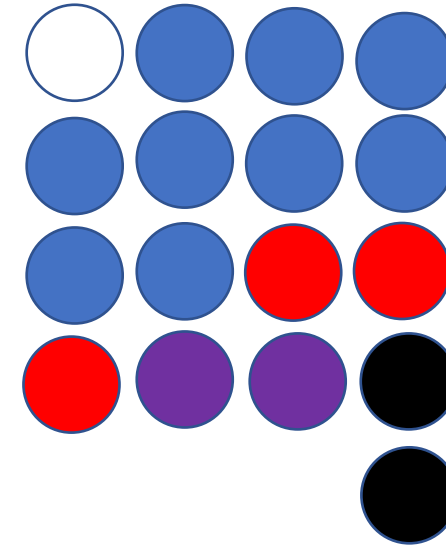
# Medication Assisted Treatment (MAT) Study

\*Gunne and Gronbladh 1981

2 years later Treatment Group  
(with MAT)



2 years later Control Group  
(without MAT)



○ = **ceased substance use and started work or school.**

● = **ongoing daily heroin use.**

● = **deceased.**

● = **incarcerated.**

● = **life threatening medical complications.**

# Medication Assisted Treatment (MAT)

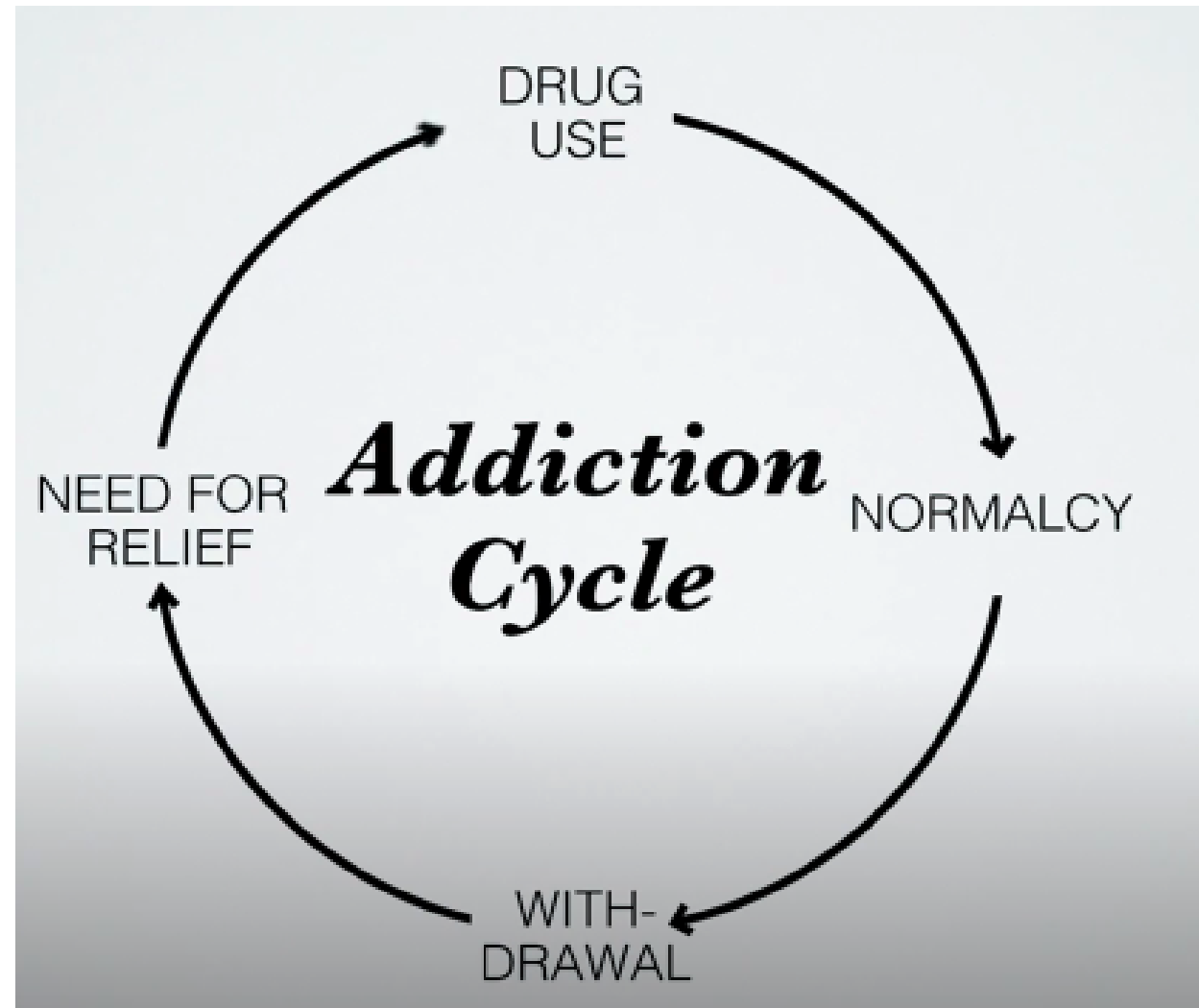
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- *Decreases*

- Opioid use.
- Opioid-related overdose deaths.
- Infectious disease transmission.
- Criminal activity.

- *Increases*

- Retention in treatment.
- Social functioning.
- Maternal and fetal health.





## JAIL-BASED MEDICATION-ASSISTED TREATMENT

PROMISING PRACTICES, GUIDELINES,  
AND RESOURCES FOR THE FIELD

October 2018

# JAIL-BASED MAT: PROMISING PRACTICES, GUIDELINES AND RESOURCES

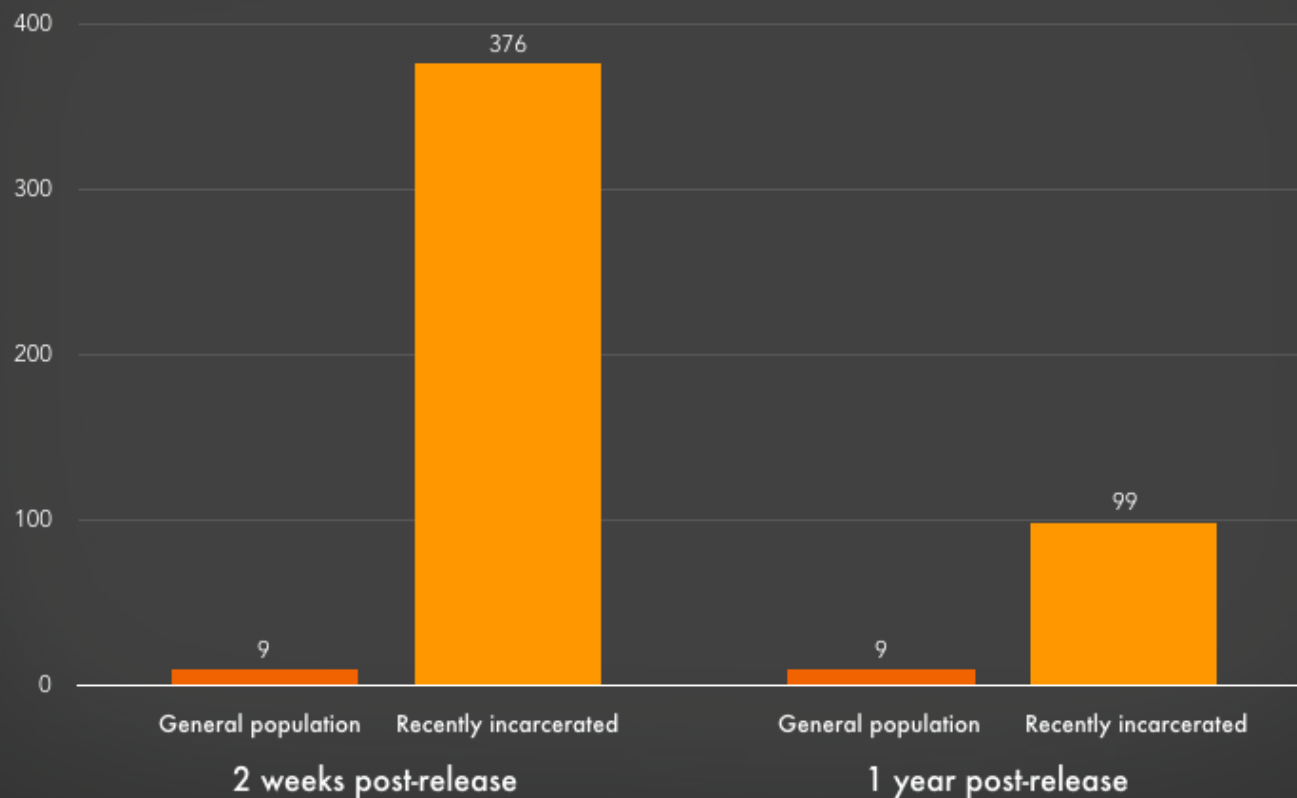
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*"Jails are on the front lines of this epidemic, and they also are in a unique position to initiate treatment in a controlled, safe environment."*

*Treatment using MAT, particularly when coupled with evidence-based behavioral therapy, improves medical and mental health outcomes and reduces relapses and recidivism."*

## Recently incarcerated people are over 40 times more likely to die from an opioid overdose

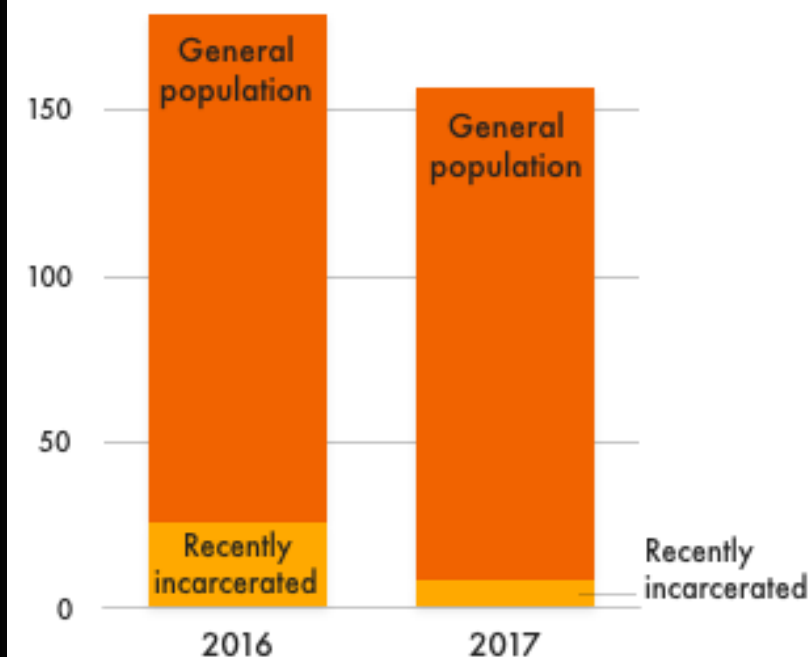
Number of opioid overdose deaths per 100,000 recently incarcerated people in North Carolina compared to rate among the general population in North Carolina



Rhode Island MAT Program  
Fatal overdoses cut by >60%

## Medication-Assisted Treatment helps reduce fatal overdoses

Fatal overdoses in the first 6 months of the year fell after the Rhode Island DOC implemented a MAT program in 2016





# People Experiencing Homelessness

\*Padwa et al 2022

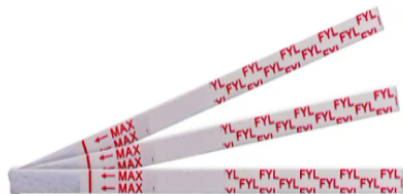
- *Increased risk for overdose.*
- *More likely to have co-occurring mental health disorders.*
- *Lower rates of treatment engagement and completion.*

- ✓ Availability and utilization of housing services, such as transitional housing/recovery residences, improve substance use outcomes.
- ✓ Integrating housing resources and treatment (MAT, Contingency Management, mental health treatment) improves outcomes.



DRUGS DO NOT COME WITH  
AN INGREDIENTS LIST.  
MANY CONTAIN DEADLY  
DOSES OF FENTANYL.

# FENTANYL TEST STRIPS



[25 Pack] Fentanyl Strips for Rapid Detection, Urinary Drug Testing, One-Step Quick Results, Easy-Read Urine Drug Test Strip...

25 Count (Pack of 1)

★★★★☆ ~ 258

\$25<sup>00</sup> (\$1.00/Count)

✓prime FREE One-Day

Coming Soon



# 5 STEPS TO RESPOND TO AN OPIOID OVERDOSE

STEP <b>1</b>		<b>SHOUT &amp; SHAKE</b> their name & their shoulders
STEP <b>2</b>		<b>CALL 9-1-1</b> If unresponsive.
STEP <b>3</b>		<b>GIVE NALOXONE:</b> 1 spray into nostril or inject 1 vial or ampoule into arm or leg.
STEP <b>4</b>		<b>PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS.</b>
STEP <b>5</b>		<b>IS IT WORKING?</b> If <b>no</b> improvement after 2-3 minutes, repeat steps 3 & 4. <b>Stay with them.</b>



*Get naloxone. Give naloxone.  
Save a life.*

## RECOVERY POSITION

If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.

head should be tilted back slightly to open airway



hand supports head

knee stops body from rolling onto stomach

## SIGNS OF OPIOID OVERDOSE

- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp

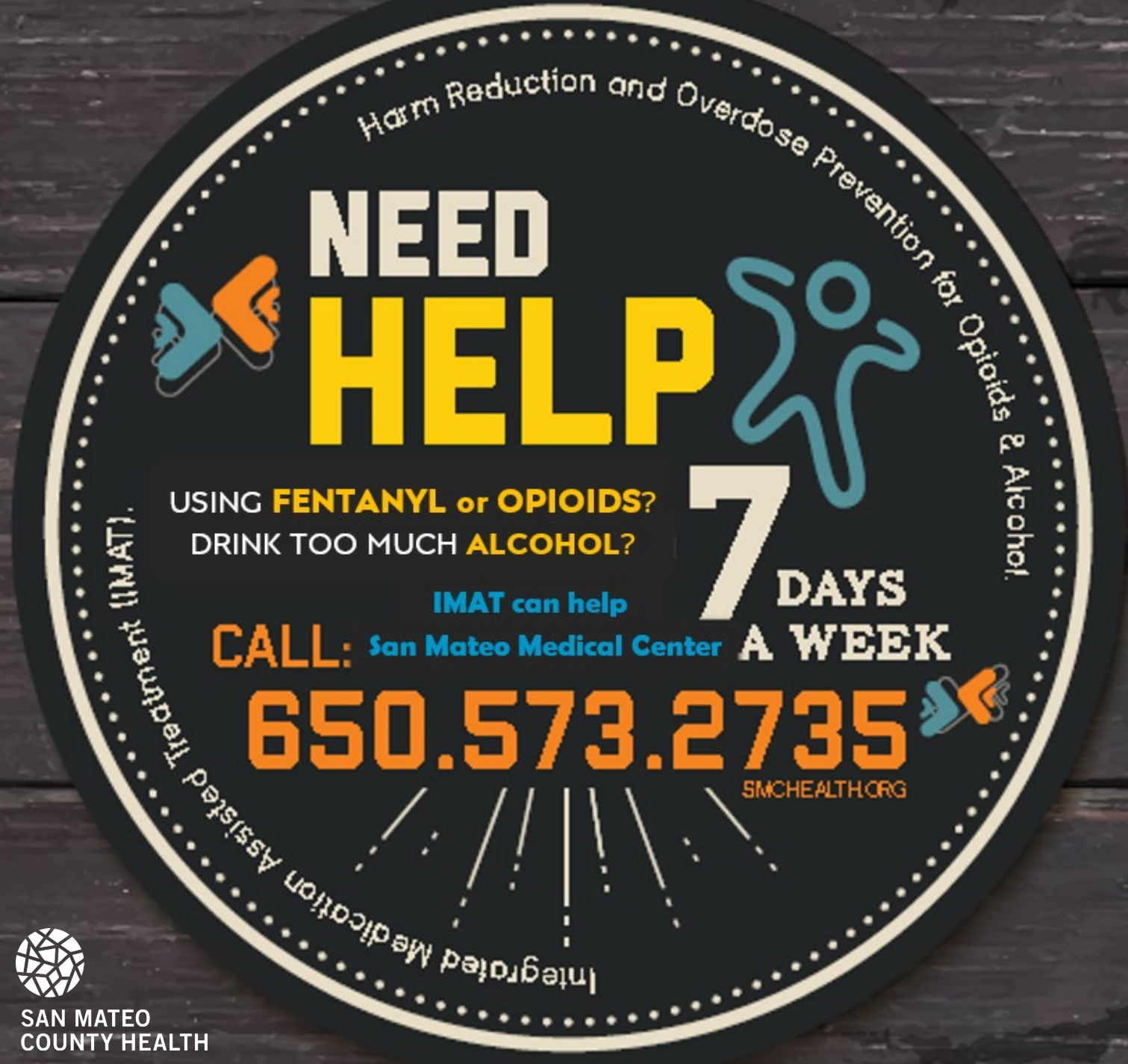




# WHAT IS WORKING: SAN MATEO COUNTY



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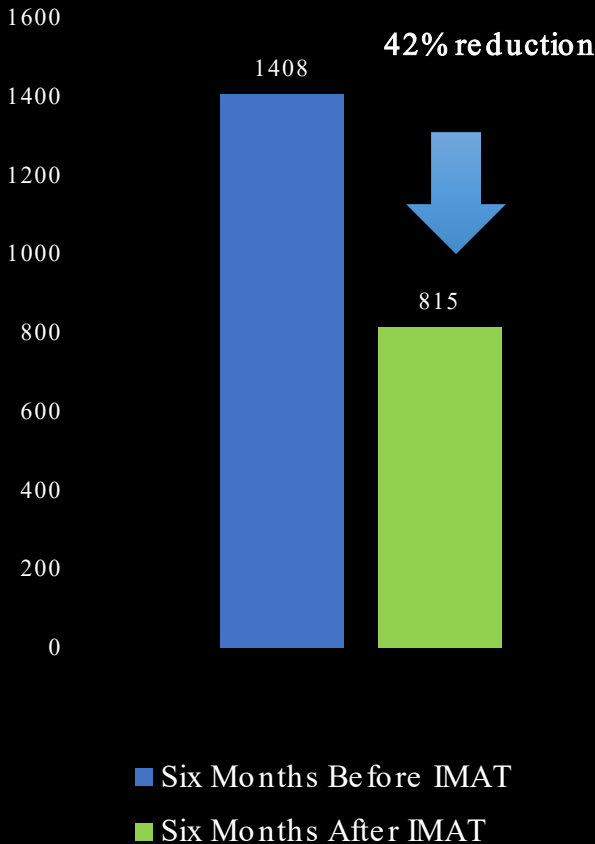
# IMAT: Integrated Medication Assisted Treatment

San Mateo Medical Center  
Emergency Department

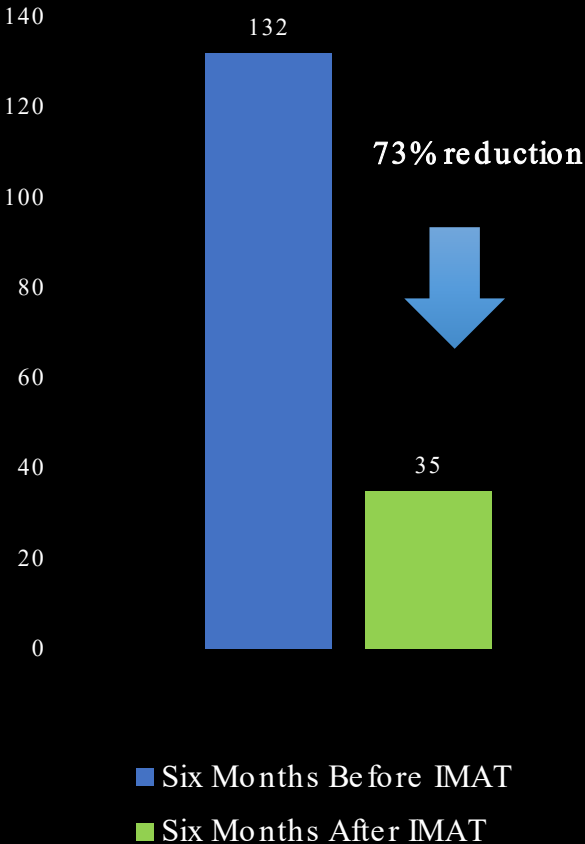


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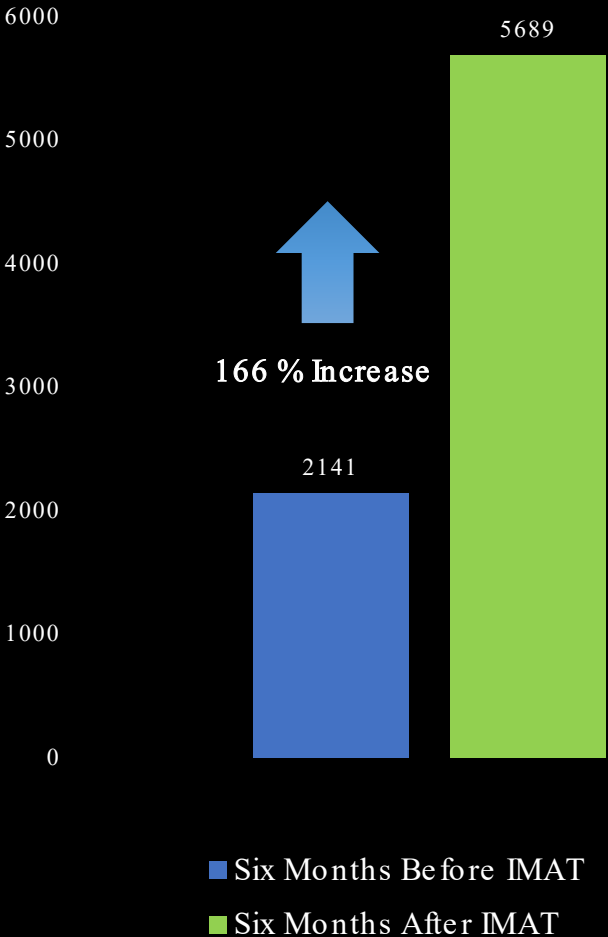
ED/PES Services  
All IMAT Clients  
FY15-20



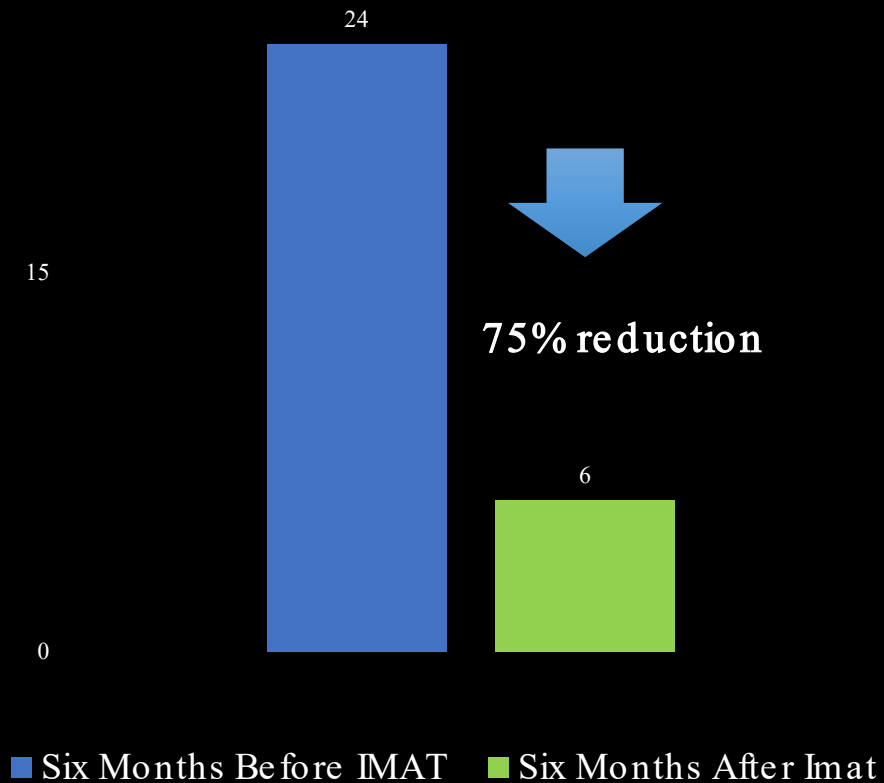
Inpatient Hospitalization  
All IMAT Clients  
FY15-20



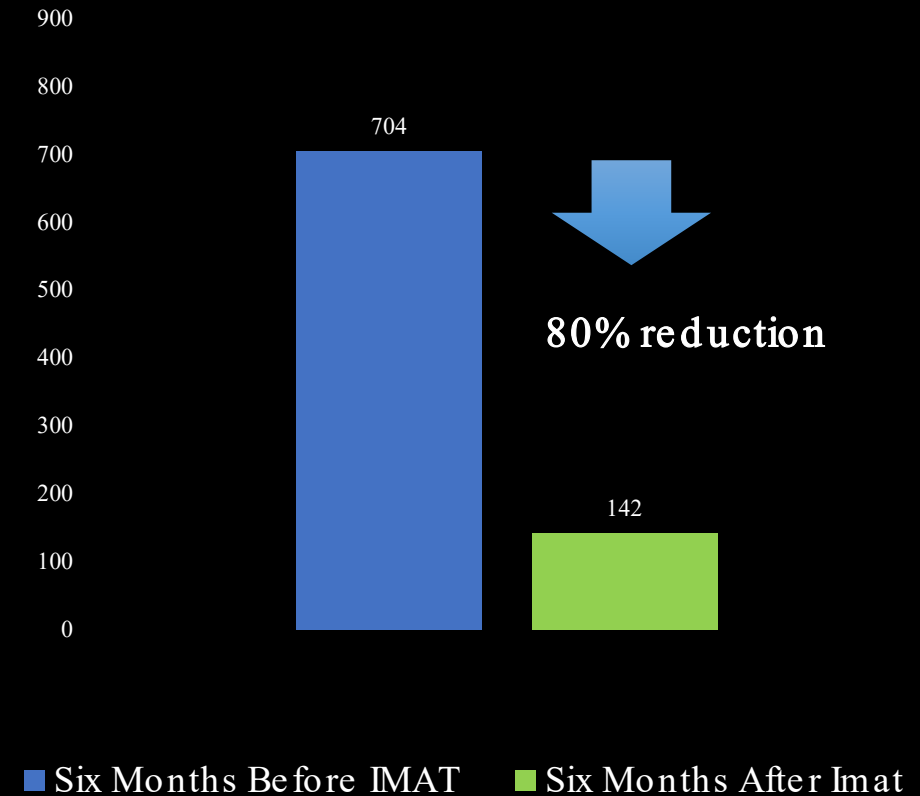
Outpatient Services  
All IMAT Clients  
FY15-20



Number of IMAT Clients with  
Any Incarceration



Total Number of Days Incarcerated  
among IMAT OUD Clients





# Opioid Settlements

*State, local and tribal governments across the United States have participated in lawsuits against pharmaceutical manufacturers and drug distributors in response to the opioid epidemic.*

*On July 21, 2021, a \$26 billion offer to settle was made by opioid manufacturer Janssen and the "big three" distributors to resolve their liabilities in over 3,000 opioid crisis-related lawsuits*

## California:

- Funds deposited into the Opioid Settlement Fund (OSF)
- Overseen by the Department of Health Care Services (DHCS)

## San Mateo County Settlement Funds:

SMC Behavioral Health & Recovery Services  
Two new Case Management / Assessment Specialists  
One Psychiatric Social Worker

- Embedded in community settings
  - Jails, Navigation Center, Detox, etc.
- Conduct outreach and evaluation,
- Increase engagement and linkage of:
- Individuals experiencing homelessness
- Individuals in custody / justice system

# San Mateo County System of Care

Population Specific Services:

*Youth, Adult, Perinatal, Justice Involved*



SAN MATEO  
COUNTY HEALTH

## Substance Use Disorder (SUD) Treatment Levels of Care

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Outpatient Services (*<9 hours / week*)

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Intensive Outpatient Services (*9 -19 hours / week*)

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Medication Assisted Treatment (MAT)

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Opioid (Narcotic) Treatment Program

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Residential Treatment Services (*3 levels*)

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Withdrawal Management (*inc. Residential Detox*)

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Recovery Services

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Care Coordination

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Sobering Station



# In the Works:

## System Solutions in Development

### Opioid Settlement Response

- Expanded field-based IMAT staffing addressing complexity
- Improve justice system collaboration and coordinated release
- Increase engagement of unhoused residents

### Navigation Center / Homeless Engagement

- SUD Treatment on site 5-7 days per week via El Centro Contract.
- IMAT Case Manager on site
- Coordinate with Human Services Agency and Center on Homelessness

### Medi-Cal– Expanded Services Under CalAIM:

- Screen, Assess Brief Intervention, Referral to Treatment (SABIRT)
- Recovery Services
- Peer Specialist Support Services,
- Recovery Incentives (Contingency Management)

### Enhance Detox Services

- Horizon Services (Palm Ave Detox) seeking to incorporate medical services on site
- Senator Mullin sponsored AB2096 (effective 1/1/2023) to allow Chemical Dependency Recovery Hospitals in a non-freestanding facility

### Residential Services

- Youth Residential Services: Dedicated Capacity via JOA with CalMHSA & Bay Area Counties
- Expand Recovery Residence Housing Services

# NANCY MAGEE

San Mateo County  
Superintendent of Schools  
Parent



SAN MATEO  
COUNTY  
OFFICE OF  
EDUCATION



San Mateo County  
Coalition for Safe Schools and Communities

# Naloxone For Schools

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## TOOLKIT

*December 16, 2022*



District /School Participation

The Coalition for Safe Schools and Communities supports LEA participation in the Naloxone Distribution Program as a best practice for student/staff safety and wellness. We encourage and support local efforts to educate leaders, staff, and community, and to fully implement the program as described in the toolkit.



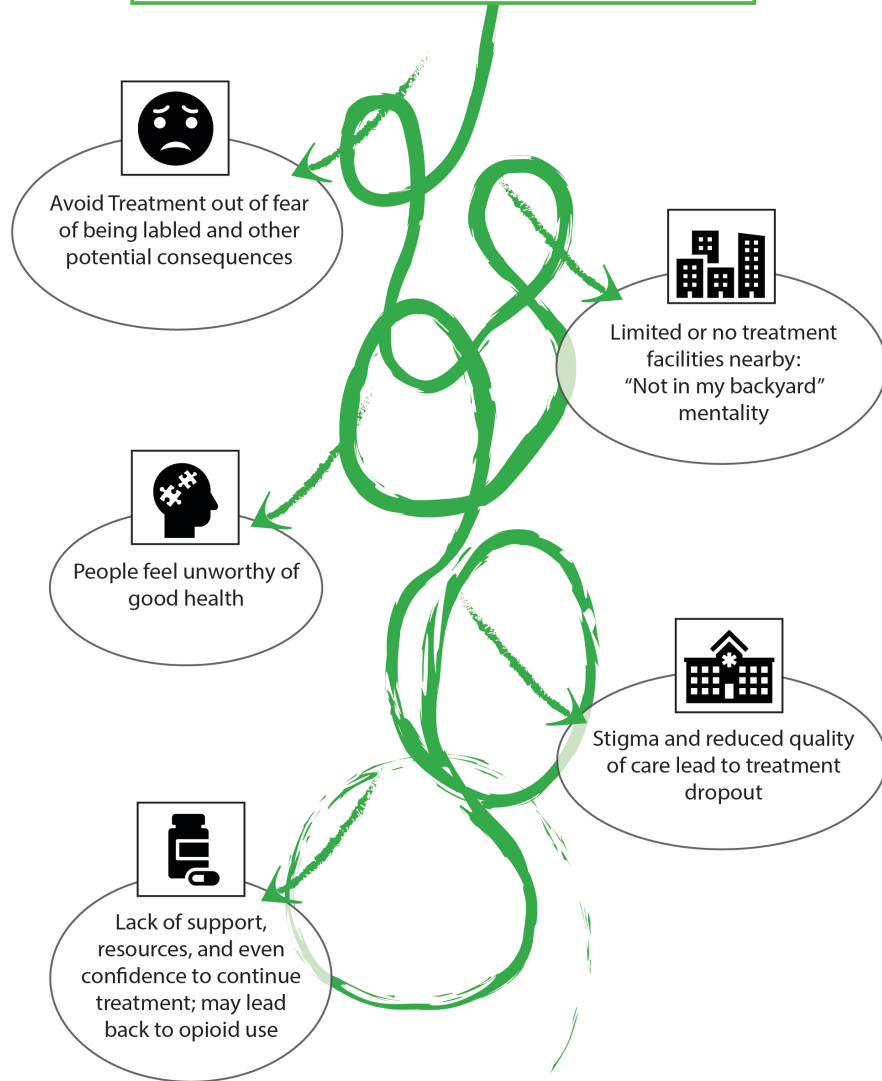
# THE DISCONNECT

System Gaps



# The Pathway to Treatment

## People with Opioid Use Disorder



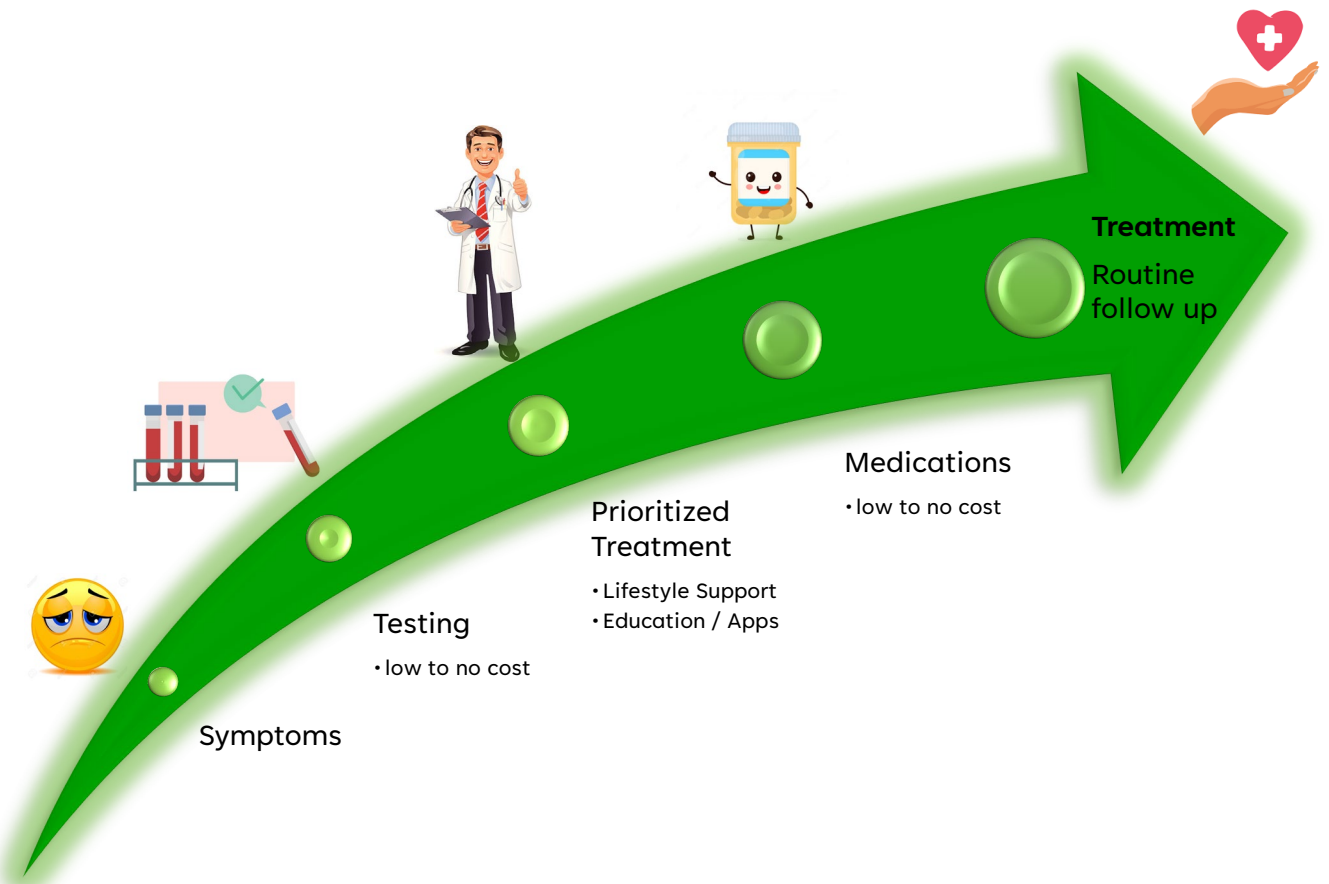
## Treatment

10% of People with a Substance Use Disorder Receive Treatment

< vs. >

# The Pathway To Treatment

## Other Chronic Health Conditions



*The pathway to treatment looks different for everyone and is not a straight line or linear process (Ashford et al., 2019; Corrigan et al., 2017a; 2017b; da Silva et al., 2018; Luoma et al., 2014; McGinty & Barry, 2020; SAMHSA, 2020b; van Boekel et al., 2013).*

# General Criteria for **County Funded** Substance Use Services

Known or suspected  
substance use  
disorder

**Treatment is  
voluntary**

Active or pending  
Medi-Cal in  
San Mateo County

Uninsured and  
income eligible

Undocumented  
individuals are  
welcomed

Must meet program  
specific eligibility  
requirements





# Continuum of Evidence Based Services

“I don’t have a problem”



## Precontemplation

- ✓ Emergency Services response
- ✓ Criminal justice system

“Ok, maybe it’s a problem”



## Contemplation / Preparation

- ✓ Intermittent Outreach
- ✓ Social Model Detox

“I’m Ready to Change”



## Action

- ✓ Residential, Outpatient and Intensive Outpatient Treatment services
- ✓ Support Groups
- ✓ Medication Assisted Treatment (MAT)
- ✓ Case Management
- ✓ Access to shelter / temp housing

“I’m in Recovery”



## Maintenance

- ✓ Sober Living
- ✓ Behavioral counseling
- ✓ Case Mgmt “tune ups”
- ✓ Community groups
- ✓ Recovery Services
- ✓ Housing opportunities

## Community Education & Overdose Prevention

- Service promotion
- Active Stigma reduction campaign
- Robust, county-wide community based education

## Evidenced based Harm Reduction Services

- Street outreach (MAT focus)
- Free Naloxone distribution programs / vending machines
- Fentanyl Test Strips

*\*often non-reimbursable*

**The  
95%**

## Low-barrier SUD Treatment

- Safe housing
- Incarceration alternatives
- Judgment-free engagement & flexible programming
- Community outreach and education

## More Addiction Specialists

## Linguistic capacity

## Medical Detox

AB2096 passed, unclear if Mills will seek licensure

## Expanded MAT

Public & Private Primary Care settings

## Stability Pathways

- School based treatment
- Affordable housing
- Employment opportunities

**Sense of community  
belonging & purpose**

**Equitable access**

**Have**

**NEED**

# Prevention, Education & Community Opioid Response



**SAN MATEO  
COUNTY HEALTH**  
All together better.

Youth Substance Use Treatment  
Messaging and Outreach Project

- Early Intervention with youth, school partnerships
- Peer health & peer to peer education models to reduce stigma, expand knowledge (addiction verses treatment)
- Non-judgmental counseling onsite at schools



I HAVE ALWAYS HAD A LOT OF ANXIETY AND I'VE SEEN MY FRIENDS GET SO PARANOID WHEN THEY'RE HIGH. I CHOOSE NOT TO USE BECAUSE I DON'T WANT TO RISK MAKING MY ANXIETY WORSE.

DAVID, 17

<https://cannabisdecoded.org/>

[ HEALTH ] DECODED

- Media education campaign to for youth, parents, and communities.
- Examples of topics: one pill can kill, counterfeit “fenta-pills” and rainbow fentanyl accidental poisonings, treatment resources, and stigma.

# Recommendations

## 1. Prevention: Community Opioid Response

- Root cause analysis including social determinants of health
- Community based substance use education for schools, community leaders and health providers
- Social support, outreach & person-centered engagement at all stages of change
- Implement a media education campaign addressing youth, parent and community needs, concerns, stigma

## 2. Harm Reduction Tools

- Reaching the 95% through expanded MAT: Medication Assisted Treatment (public & private) including street outreach and field based coordination
- Expand access to Fentanyl & Xylazine test strips, Naloxone distribution, including community based vending machines
- Expand access to wet/damp housing units

## 3. Increase availability and accessibility of full continuum of treatment services

- Expand public & private provider MAT education and implementation support
- Invest in workforce development, training, recruitment and retention, to build quality and increase CBO capacity
- Expand access to services which reflect community demographics, language and cultural needs



SAN MATEO  
COUNTY HEALTH





# Recommendations, continued

## 4. Invest in expanded surveillance and data monitoring efforts

- Invest in capacity building and training of Epidemiologist(s) related to mental health and substance use
- Implementation of a data warehouse to facilitate analysis of increasing quantities of data

## 5. Policy & Advocacy

- Advocacy at federal level (privacy data to address 42 CFR Part 2 confidentiality rules that inhibit coordination of care, especially for the 95% (Already on BOS leg agenda);
  - Advocate for flexibility in definition of 'medical emergency' which is too narrow
  - Align to HIPAA to share with any treating provider
- SB 641, over the counter Naloxone advocacy for generic availability to increase access given tight supplies
- Medicaid services and constraint on rates impact provider capacity, workforce and quality
- Expand access to wet/damp housing
- AB1288 (Reyes) : this bill would prohibit health insurers from requiring prior authorization to provide MAT services.



THANK YOU



SAN MATEO  
COUNTY HEALTH