



Department of
Behavioral Health

FRESNO COUNTY OPIOID ABATEMENT PARTNER PLANNING MEETING

OCTOBER 1st
9 - 4 P M





Department of
Behavioral Health

Welcome and Introductions



Department of
Behavioral Health

HMA Facilitators

Shannon Breitzman



Robyn Odendahl



Berkley Powell

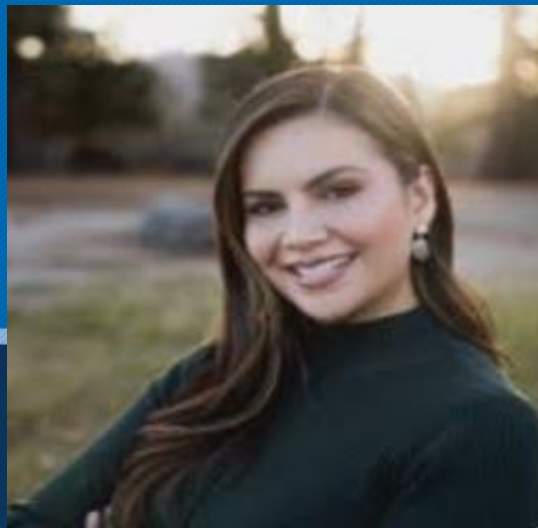


Fresno County Department of Behavioral Health

Susan Holt



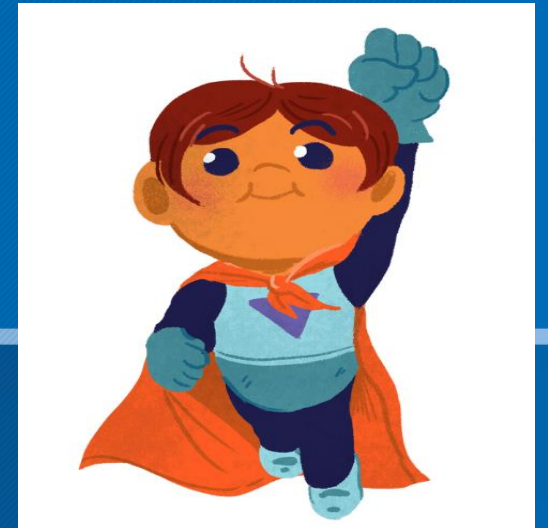
Gleyra Castro



Kathy Anderson



Michael Muro





Department of
Behavioral Health

Day One Agenda Details

Welcome And Introductions

Needs Assessment

Break

Collective Impact

Setting A Common Agenda

Lunch

Strategic Planning

Possibility Exploration

Wrap Up And Overview Of Day 2





Department of
Behavioral Health

Day Two Agenda Details

Welcome And Introductions

Strategic Planning Review

Strategic Planning-mutually Reinforcing Activities

Next Steps

Wrap Up And Commitments



Housekeeping

- Bathrooms
- Silence cell phones
- Feel free to stand and stretch as needed
- Help yourself to snacks and drinks



Agreements

- Stay present as much as possible
- Listen for the future to emerge
- For every challenge identify a possibility
- Okay to disagree, not to be disagreeable
- Listen actively and seek to understand
- Participate actively
- Look for opportunities to contribute/
Look for opportunities to let others contribute
- Share even if its unpolished



Ice Breaker



Please use the provided stickers to decorate your name tag or water bottle. Select a sticker (or a couple!) that “speak” to you.

Introduce yourselves and share your stickers and why you picked them with your table group.



About the Strategic Planning Effort

- To assess substance use prevention, treatment, and recovery service needs and opioid overdose issues in Fresno County
- To set goals for reducing harm from opioids
- To assist in the development of new and expanded ways to address the opioid crisis



About the Opioid Settlement Dollar Opportunity In Fresno County

Subdivision Fund

**Past or future
opioid-related expenses**



**Abatement
Accounts Fund**

**"Future opioid remediation"
List of Opioid Remediation
Uses (Exhibit E)**

**50%+ for High Impact
Abatement Activities**



Department of
Behavioral Health

California High Impact Abatement Activities (HIAA)

1. Matching funds or operation costs for SUD facilities with an approved project within the Behavioral Health Continuum Infrastructure Program (BHCIP)
2. New or expanded SUD treatment infrastructure.
3. Addressing needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD
4. Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction
5. Interventions to prevent drug addiction in vulnerable youth
6. Naloxone and efforts to expand access to naloxone



**An Assessment of Substance Use
Prevention, Treatment, And Recovery
Service Needs and Opioid Overdose
Issues in Fresno County:**

→ FINDINGS



Department of
Behavioral Health

Methodology

LITERATURE AND DOCUMENT REVIEW



Review county resources, past assessments, continuum of care, provider directories, etc. to understand the landscape in Fresno County

INTERVIEWS AND FOCUS GROUPS



Cross-sector community leader interviews and focus groups

SECONDARY DATA ANALYSIS



Data analysis on SUD/ODU prevalence, drug and alcohol overdose and death rates, ED and hospitalization rates, social and community drivers of health

COMMUNITY AND PROVIDER SURVEY



Community and provider survey distributed and analyzed



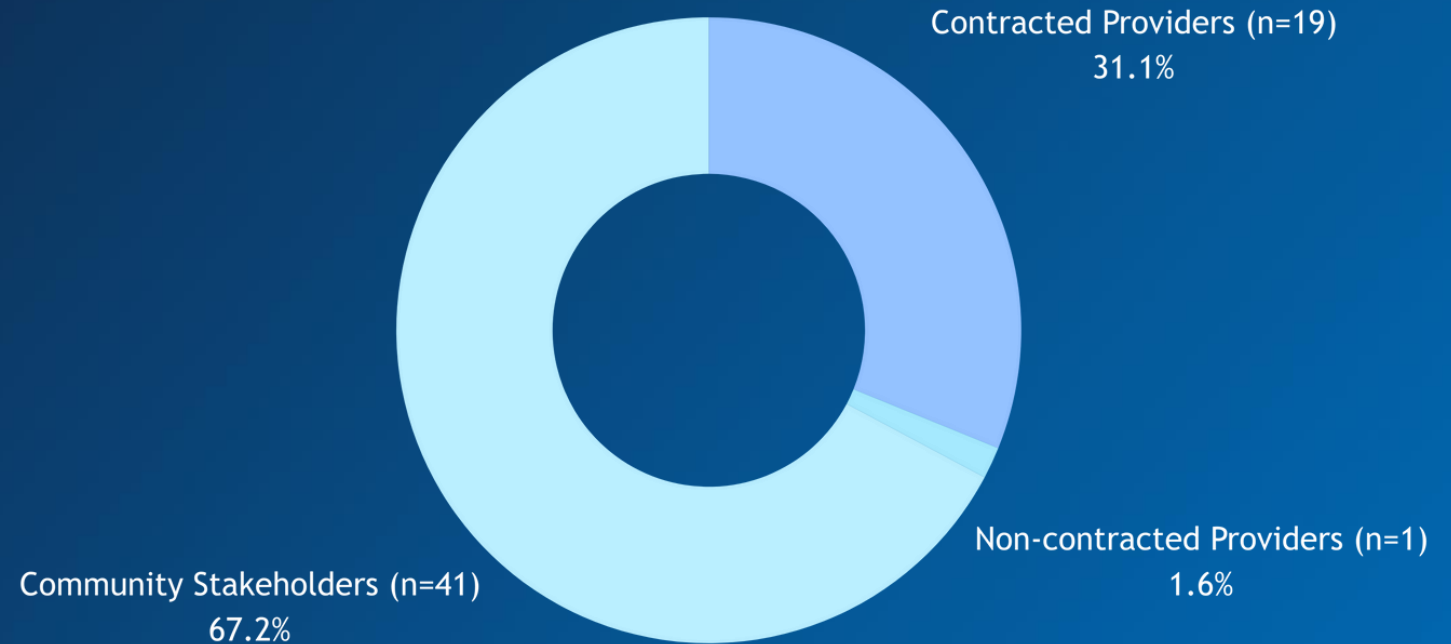
Department of Behavioral Health

Stakeholder Engagement

Focus Groups



Survey Respondents



Community Survey Respondents Perspective and Locations



■ 41% Fresno
County
Probation



■ 27% Criminal
Justice



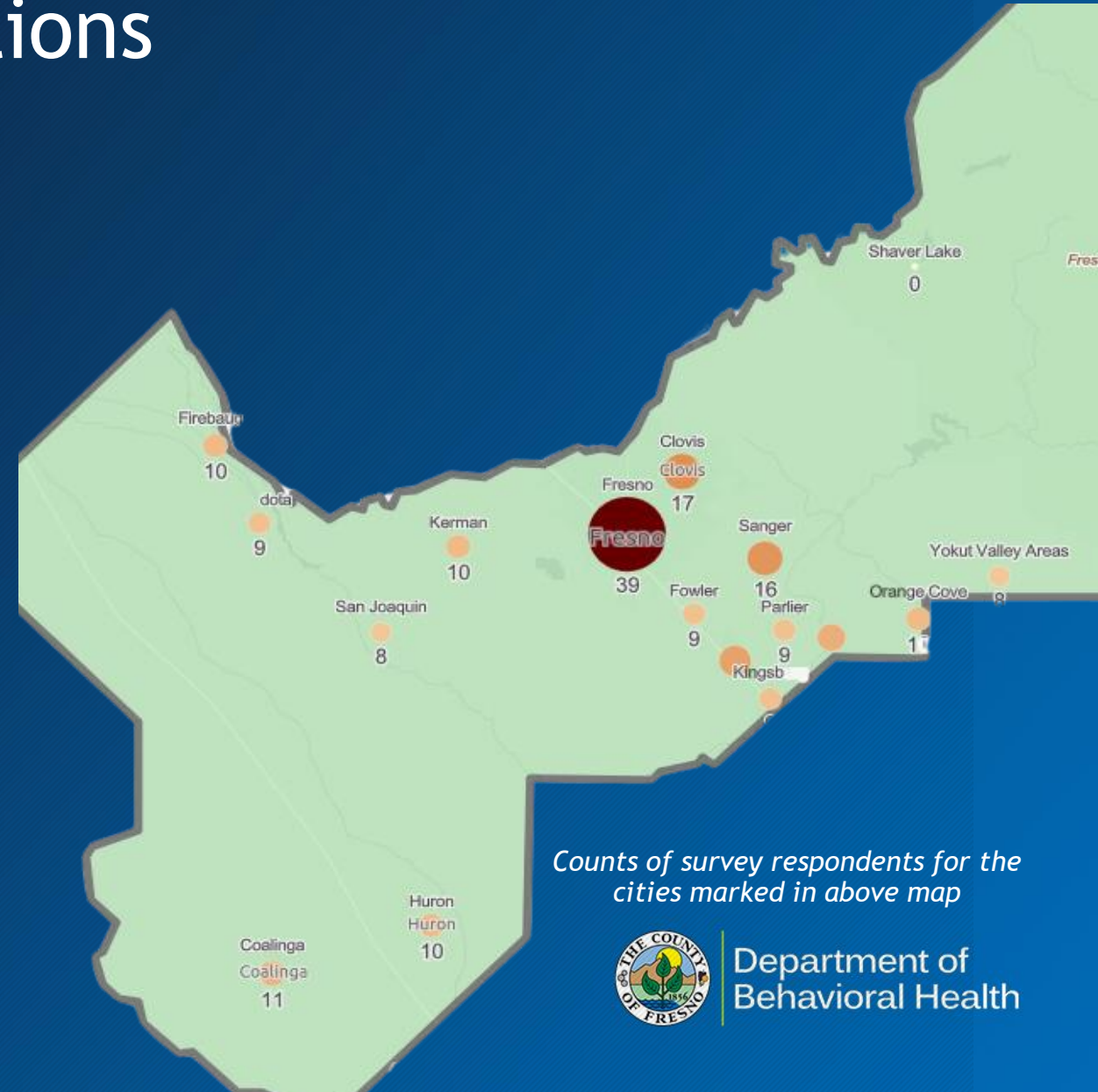
■ 15% Social
Services



■ 15% County
Government



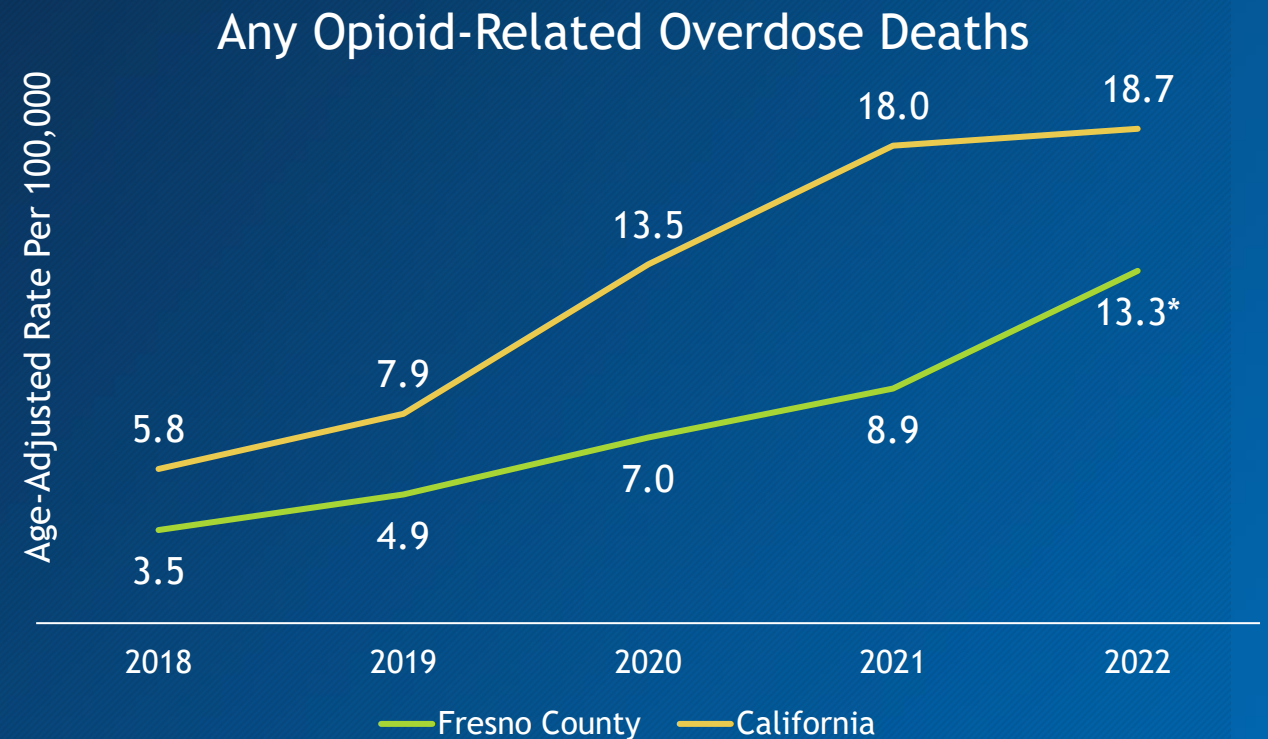
■ 9% Other



Department of
Behavioral Health

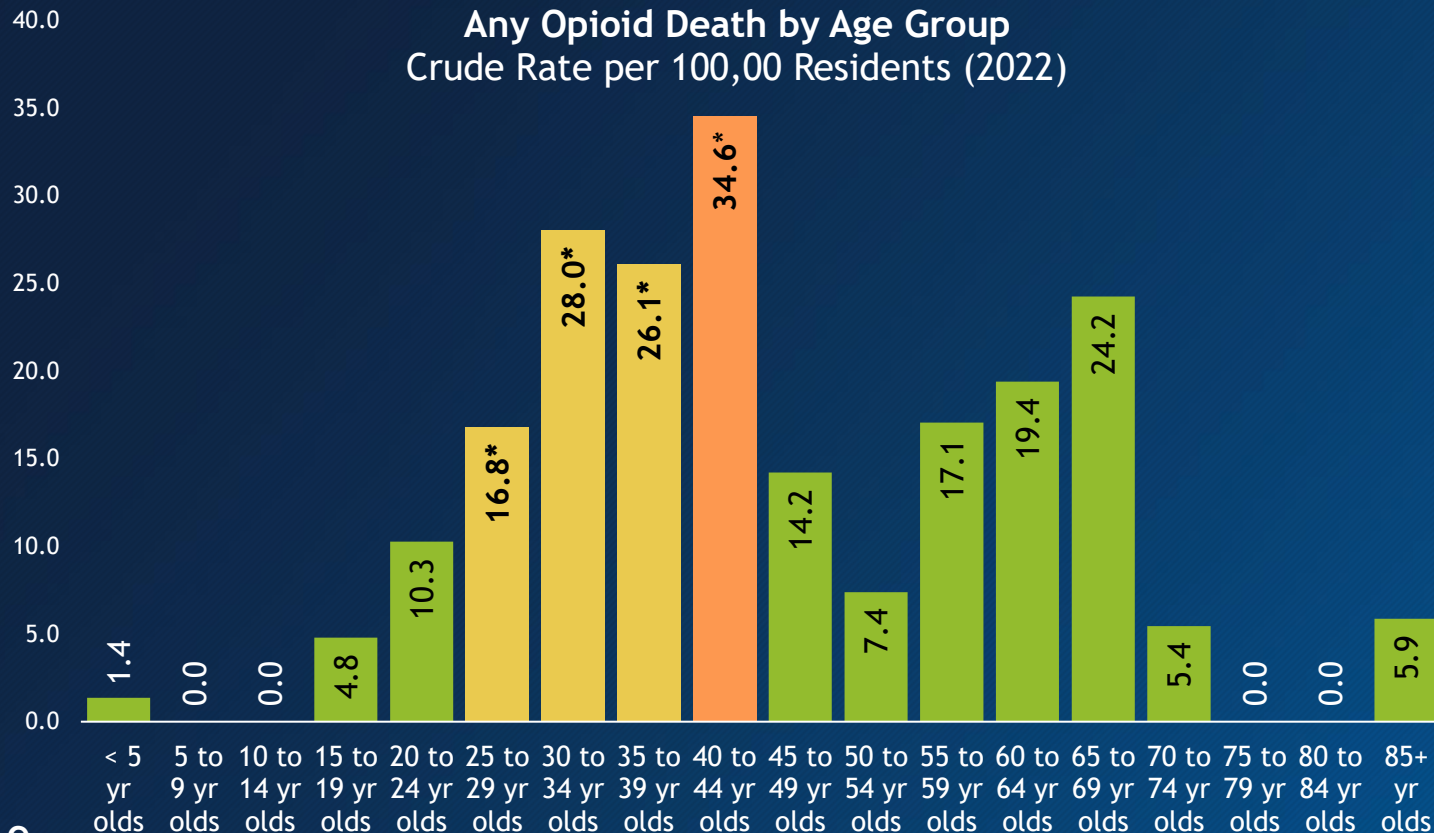
Trends in Opioid Use Overview

- Opioid-related deaths have increased dramatically from 2018 to 2022, reaching a rate of 13.3 per 100,000 residents.
- In 2022, opioids were involved in nearly 60% (129) of all drug-related deaths in Fresno County (217).
- Synthetic opioids, such as fentanyl, were responsible for the majority (77.5%, 100) of opioid-related deaths.



Any Opioid Death by Age Group

Any Opioid Death by Age Group
Crude Rate per 100,00 Residents (2022)



*Rate is significantly higher in 2022 compared to 2018

Source: California Overdose Surveillance Dashboard

Fresno County SUD Services Utilization

SUD Outpatient Utilization

- Less than 21 Years: 40.0%
- 21-39 Years: 39.7%
- 40-59 Years: 18.3%
- 60+ Years: 2.0%

SUD Residential Treatment

- Less than 21 Years: 1.3%
- 21-39 Years: 58.2%
- 40-59 Years: 35.9%
- 60+ Years: 4.7%

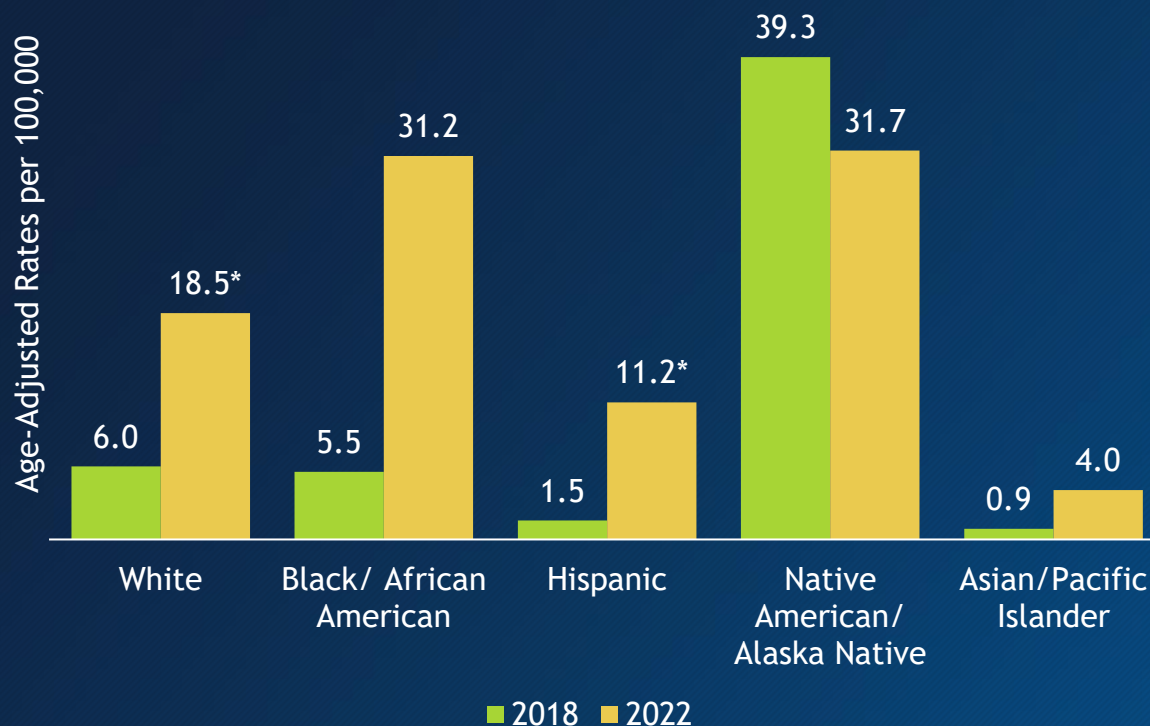
Source: BHSOC Culturally Responsive Plan FY 2023/24 Data



Department of
Behavioral Health

Any Opioid Overdose Death Rates by Race and Ethnicity

Any Opioid Overdose Death Rates by Race and Ethnicity
for Fresno County, 2018 and 2022



Fresno County SUD Services Utilization

SUD Outpatient Utilization

- Hispanic: 62.4%
- White: 16.9%
- American Indian/Alaskan Native: 1.0%
- Black/African American: 8.5%

SUD Residential Treatment

- Hispanic: 52.2%
- White: 27.5%
- American Indian/Alaska Native: 1.3%
- Black/African American: 12.6%

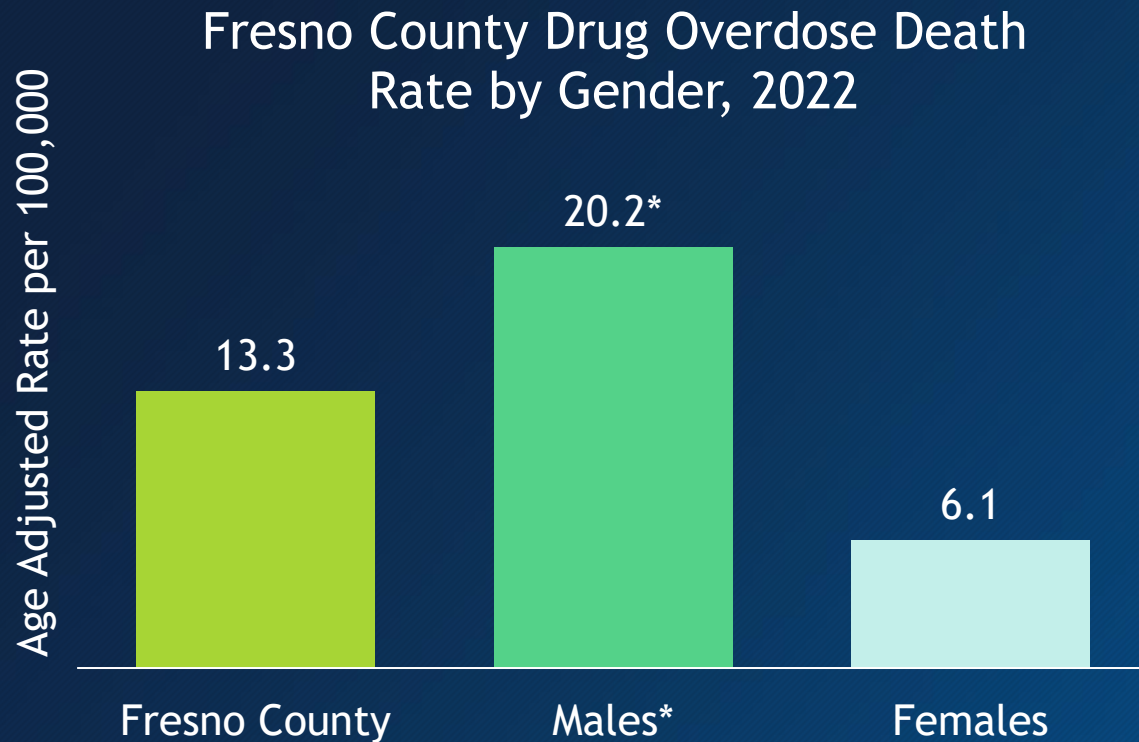
Source: BHSOC Culturally Responsive Plan



Department of
Behavioral Health

*White and Hispanic rates significantly higher in 2022 Source: California Overdose Surveillance Dashboard

Any Opioid Overdose Death Rates by Gender



*The rate for males in Fresno County was significantly higher than for females in Fresno County and significantly higher than the Fresno County rate of 13.3 per 100,000.

Source: California Overdose Surveillance Dashboard

Fresno County SUD Services Utilization

SUD Outpatient Utilization

- Male: 59.7%
- Female: 40%

SUD Residential Treatment

- Male: 59.0%
- Female: 40.4%

Source: BHSOC Culturally Responsive Plan



Department of
Behavioral Health

OUD Related Health Care Utilization

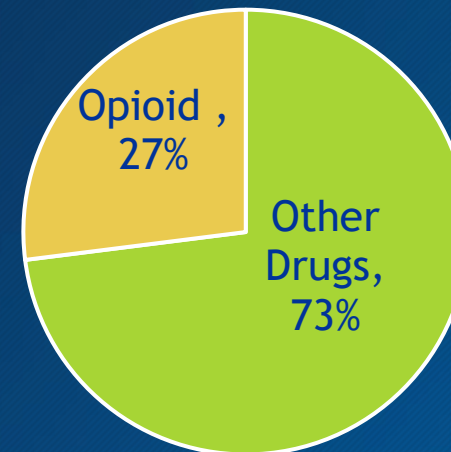
ED Utilization

- Opioid-related ED visits accounted for a substantial portion of all drug-related ED visits in the county.
- The number of opioid-related ED visits has increased significantly since 2018.
- Black/African American residents experienced the highest rate of opioid-related ED visits, followed by White residents

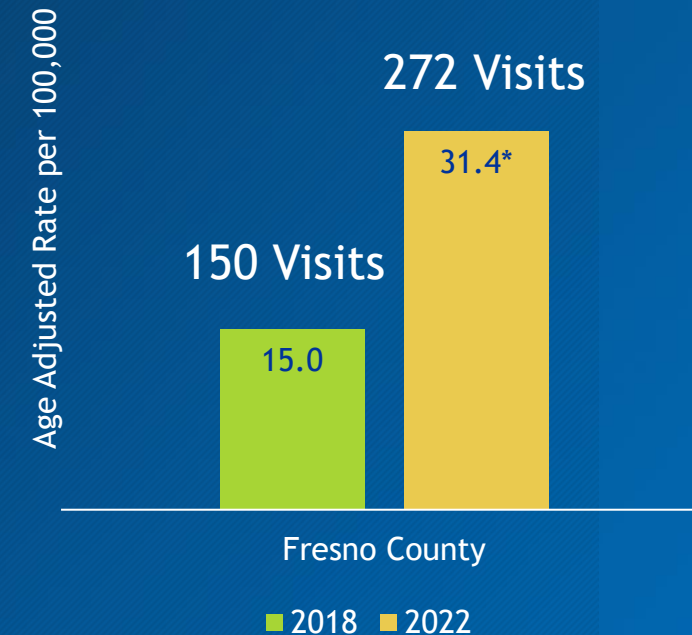
Hospital Inpatient Utilization

- Opioid-related overdose hospitalizations increased in both Fresno County and California between 2018 and 2022.
- There were 120 inpatient hospitalizations for OUD in 2022 (compared to 88 in 2018)

Drug Related ED Utilization, 2022



Opioid Related ED Utilization, 2018 and 2022



Department of
Behavioral Health

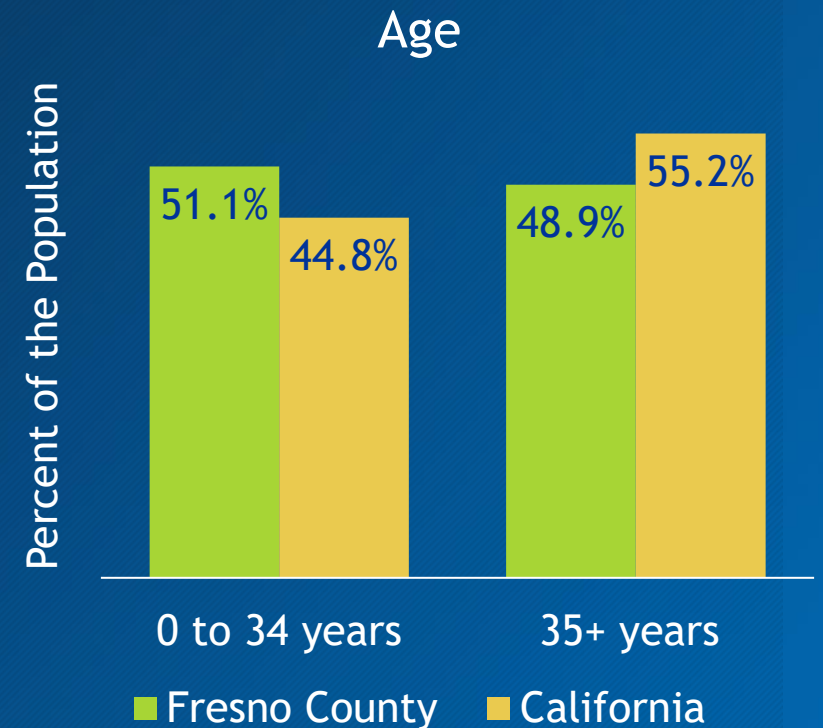
*The rate in 2022 in Fresno County was significantly higher than in 2018. Source: California Overdose Surveillance Dashboard

Influential Factors in Fresno County



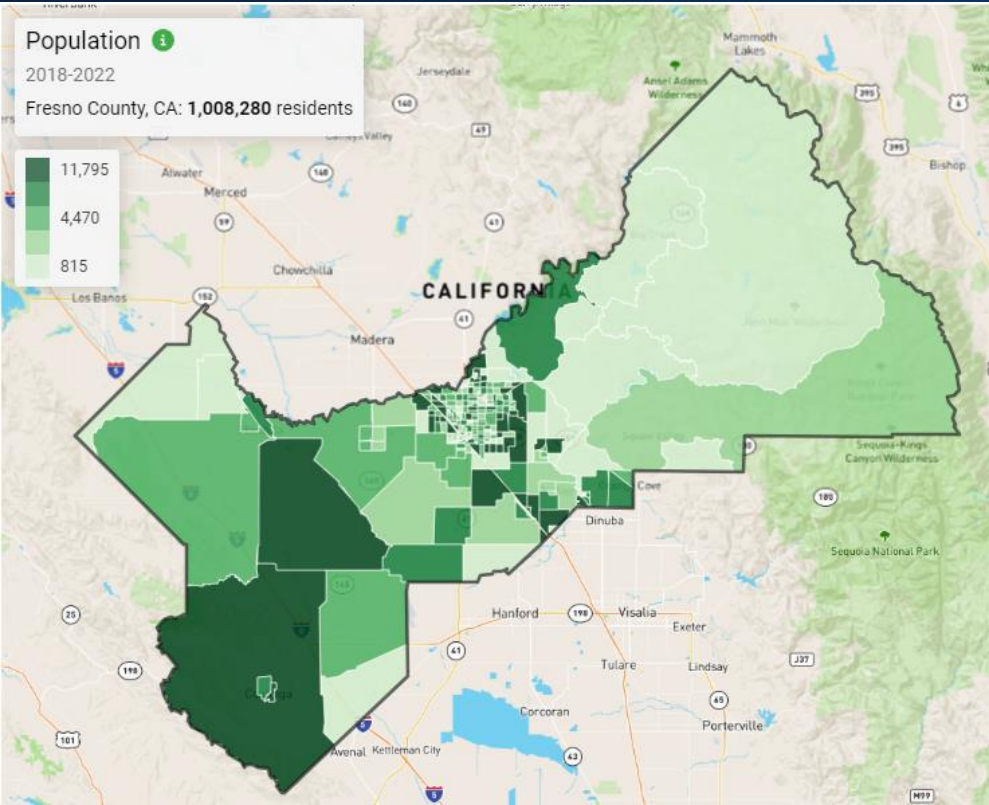
Influential Factors in Fresno County: Demographics

- In 2024, Fresno County's population is notably younger than California's
- Fresno County is a diverse community, with Hispanics or Latinos making up a majority of the population at 55.8%. This was significantly higher than the statewide average of 41.3%
- Fresno County has more American Indian and Alaska Native residents compared to California, with an estimated 22,761 people (2.2% of the population)

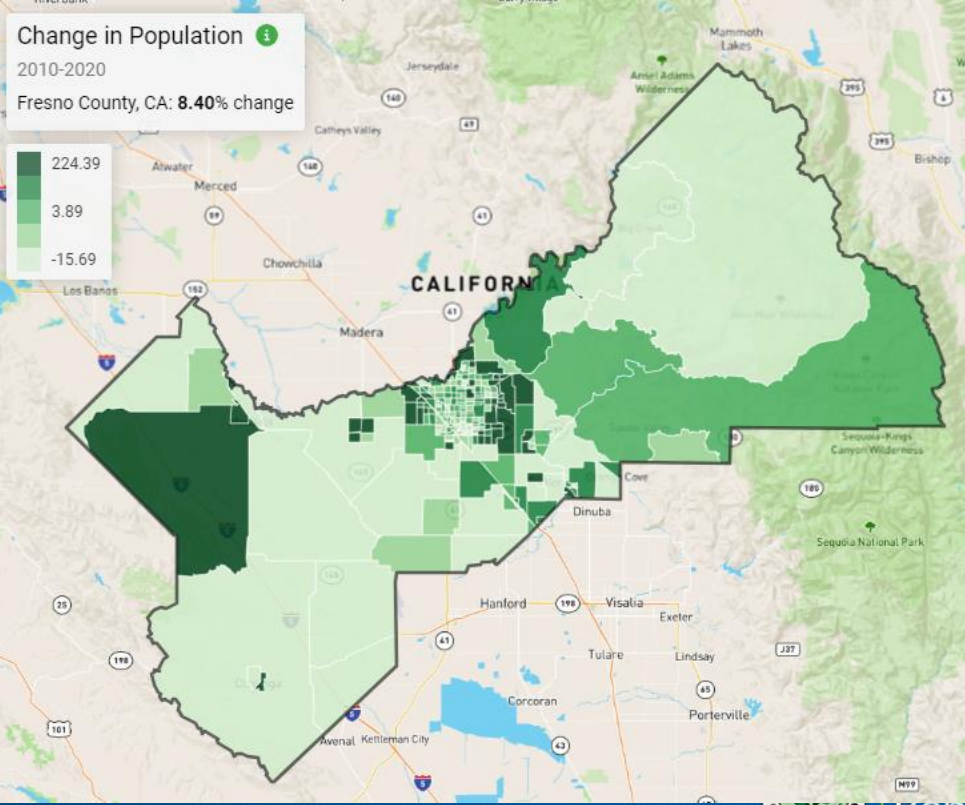


Influential Factors in Fresno County: Demographics

Population Estimates by ZIP Code, 2018-2022



Percent Change in Population by ZIP Code, 2010 to 2020

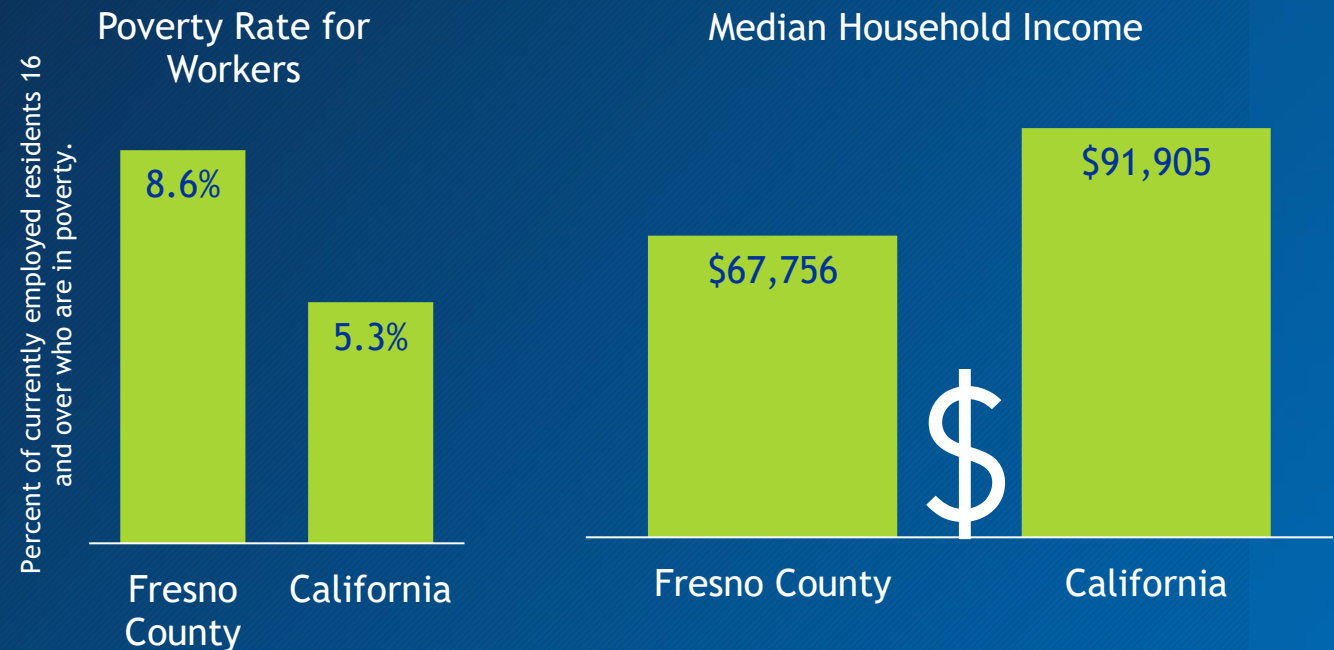


Note: Light green (small/declining) to dark green (large/increasing) color indicates the size of the population and the extent of percent change in population. Source: U.S. Census Bureau

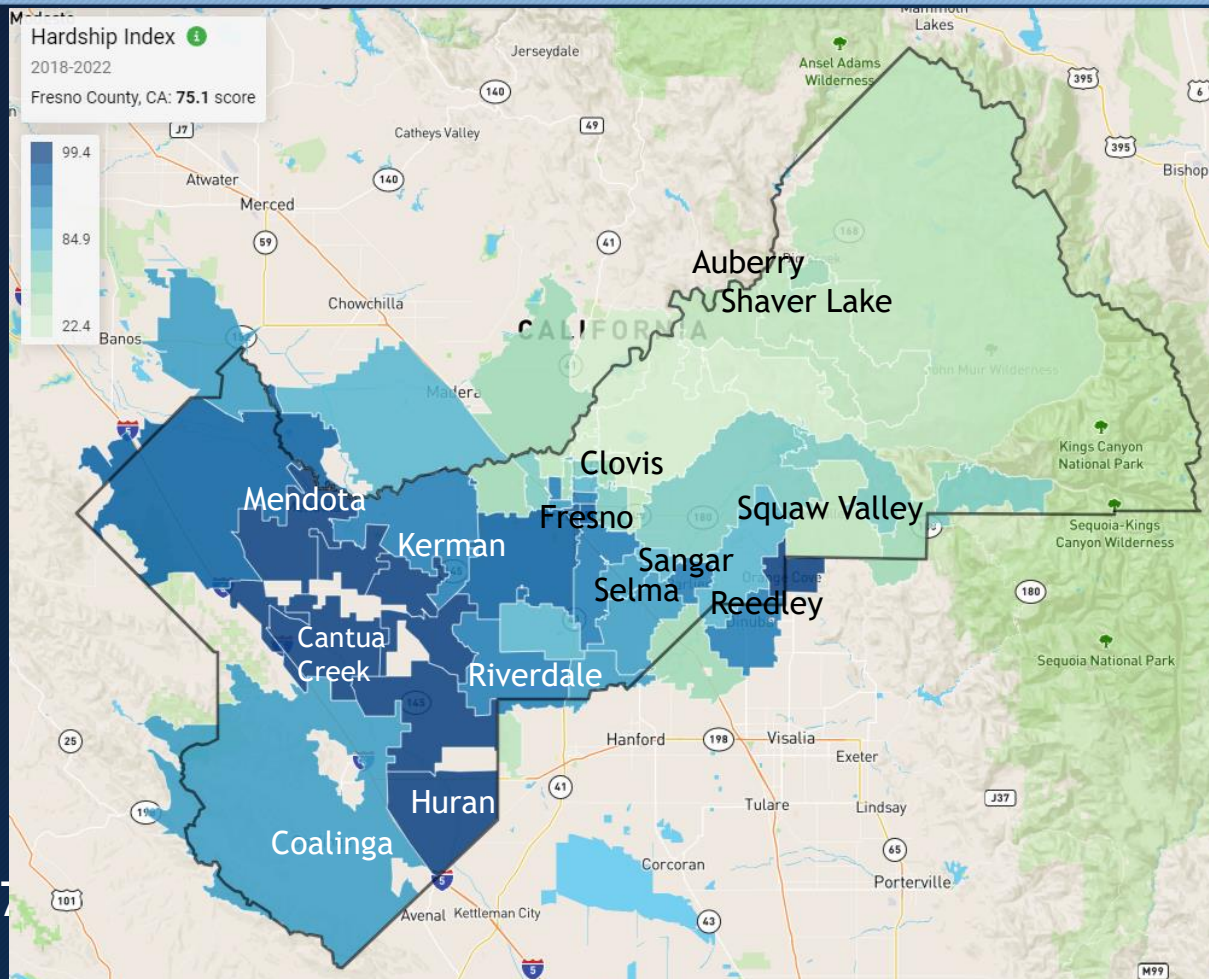


Influential Factors in Fresno County: Economic Status

- Fresno County is grappling with economic challenges, including a significant income gap, high poverty rates, and elevated unemployment.
- Nearly one in 10 (9%) residents (16+ years) are neither employed nor enrolled in education, indicating potential obstacles to economic engagement.
- These factors are exacerbated by a disproportionate number of workers living in poverty and a lack of economic opportunities for many residents.



Influential Factors in Fresno County: Economic Status



- The Hardship Index is a composite score reflecting hardship in the community (higher value, greater hardship).
 - Incorporates unemployment, education, age dependency per capita income, crowded housing, and poverty
- Fresno County's Hardship is 75.1 from 2018-2022, which was higher than California (56.9).
- Hardship scores by ZIP code range from the least hardship (light green) at 22.4 to the highest hardship (dark blue) at 99.4.

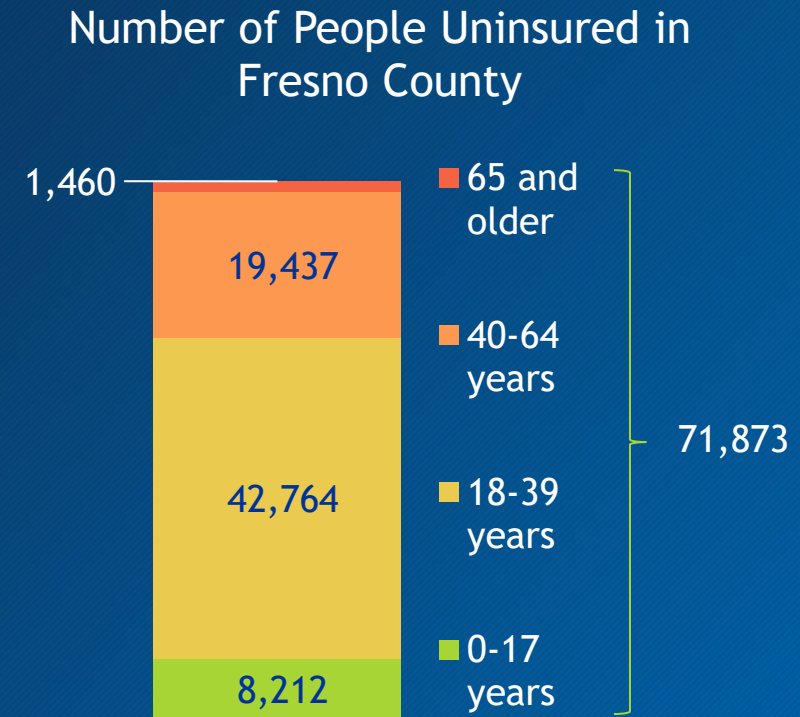


Department of
Behavioral Health

Source: American Community Survey, Five Year Estimates. 2018-2022

Influential Factors in Fresno County: Access to Health Care

- A significant portion of Fresno County residents lack health insurance, potentially limiting access to necessary medical care.
- Younger adults in particular are more likely to be uninsured.
- More adults were publicly insured in Fresno County than California - Nearly half (49.8%).



What other influential factors do you believe are important to be considered when thinking through the opioid epidemic in Fresno County?



Gap Analysis of SUD/ODU Services in Fresno County

American Society of Addiction Medicine (ASAM) Criteria Continuum of Care

| | | | | | | | |
|-------------------------|-----|--------------------------------|--|-----|---|-----|--|
| Level 4: Inpatient | | | | 4 | Medically Managed Inpatient | | |
| Level 3: Residential | | 3.1 | Clinically Managed Low-Intensity Residential | 3.5 | Clinically Managed High-Intensity Residential | 3.7 | Medically Managed Residential |
| Level 2: IOP/HIOP | | 2.1 | Intensive Outpatient (IOP) | 2.5 | High-Intensity Outpatient (HIOP) | 2.7 | Medically Managed Intensive Outpatient |
| Level 1: Outpatient | 1.0 | Long-Term Remission Monitoring | | 1.5 | Outpatient Therapy | 1.7 | Medically Managed Outpatient |
| Recovery Residence | RR | Recovery Residence* | | | | | |



Department of
Behavioral Health

Gap Analysis of SUD/ODD Services in Fresno County

- **Overall Gaps**

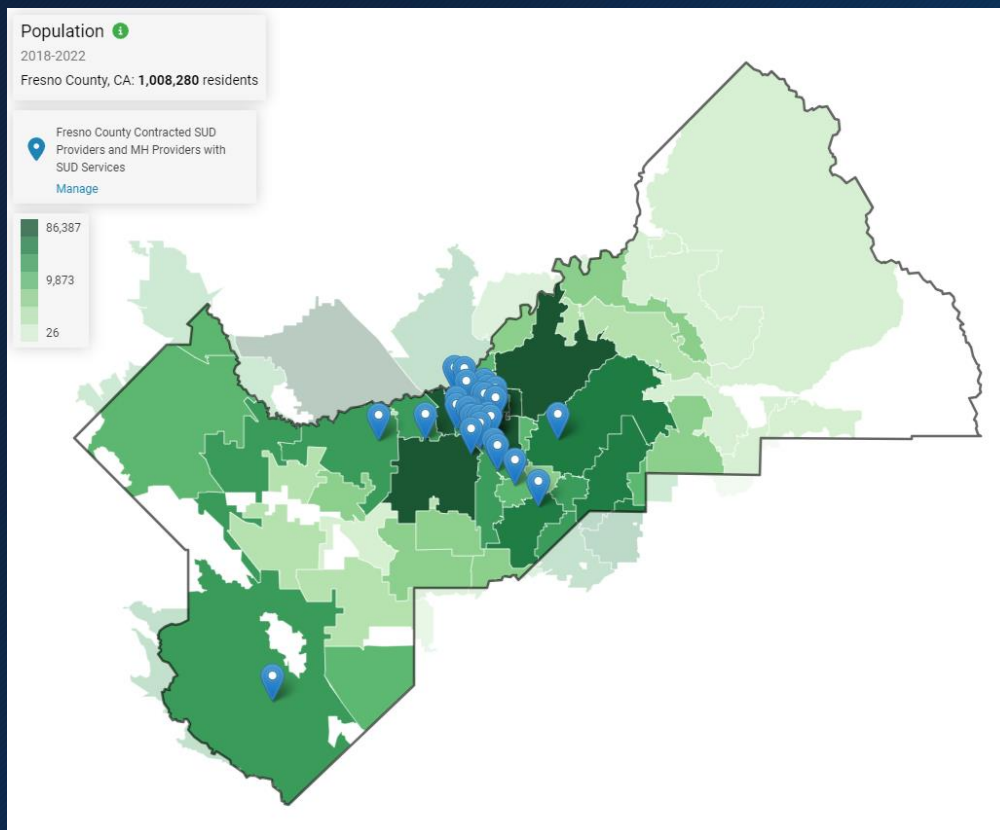
- A lack of residential SUD treatment programs is a significant gap identified by stakeholders, with an emphasis on youth residential.
- Insufficient outpatient SUD/ODD programs are another major concern, with an emphasis on intensive outpatient programs.
- Provider survey respondents were more likely to identify gaps in withdrawal management/detox programs.

- **Geographic Disparities**

- Respondents in living/working in rural areas reported a greater need for outpatient SUD/ODD programs.
- Respondents in living/working in urban areas identified a lack of SUD prevention programs.



Gap Analysis of SUD/ODU Services in Fresno County



- Among DBH contracted network in Fresno County, missing levels of care includes:
 - Clinically Managed High Intensity Residential[1]
 - Partial Hospitalization
 - Medically Monitoring Intensive Inpatient Services[2]

[1] DBH is beginning to contract with a provider offered Clinically Managed High Intensity Residential towards the end of 2024

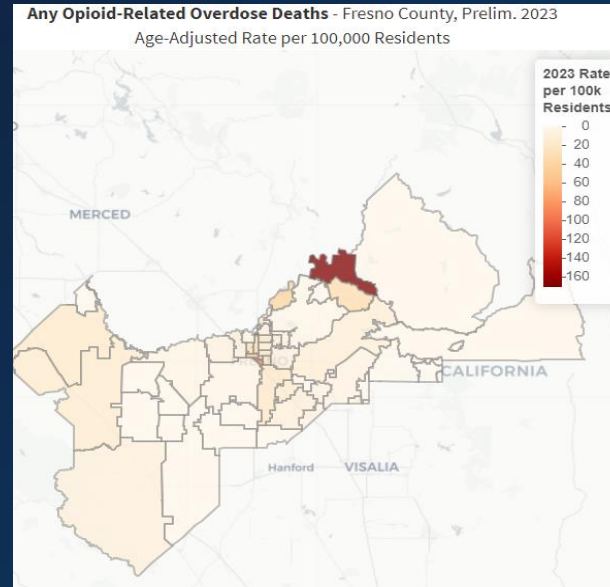
[2] These services are offered through DBH's MOU with Managed Care Plans Anthem Blue Cross and CalViva Health



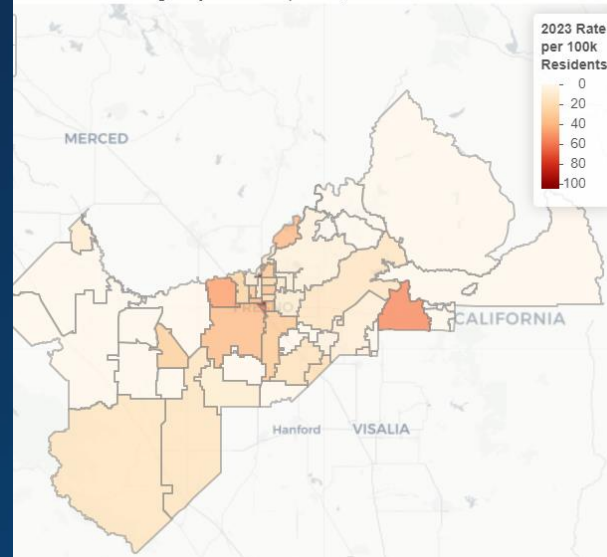
Department of
Behavioral Health

Gap Analysis of SUD/ODU Services in Fresno County

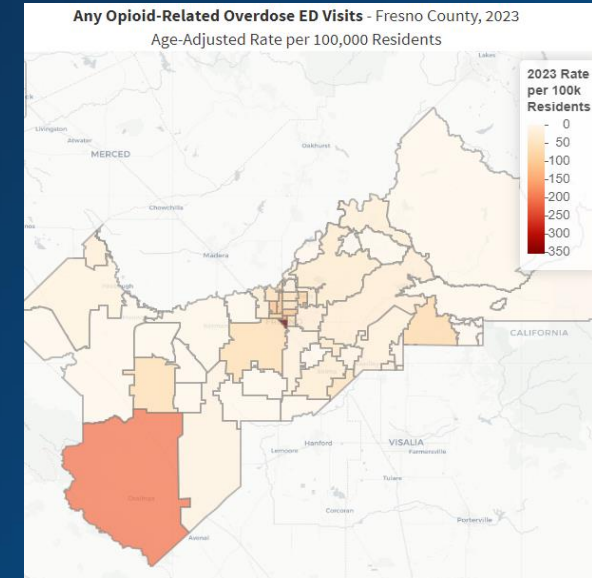
Overdose
Deaths



Any Opioid-Related Overdose Hospitalizations - Fresno County, 2023
Age-Adjusted Rate per 100,000 Residents

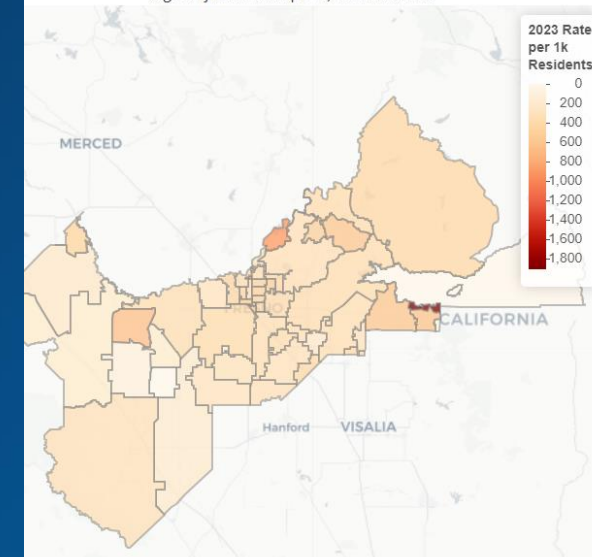


Overdose
Hospitalizations



Overdose ED
Visits

Opioid Prescriptions by Patient Location - Fresno County, 2023
Age-Adjusted Rate per 1,000 Residents



Opioid
Prescriptions



Department of
Behavioral Health

Note: Dark red/salmon color reflect higher Age adjusted rates per 100,000 than beige/white color.

Gap Analysis of SUD/ODU Services in Fresno County: Recovery Housing

The assessment identified 20 sober living programs in Fresno County of which only two are contracted by DBH, and these are in the City of Fresno.

Sober Living Homes Under Contract with DBH and Waitlists:

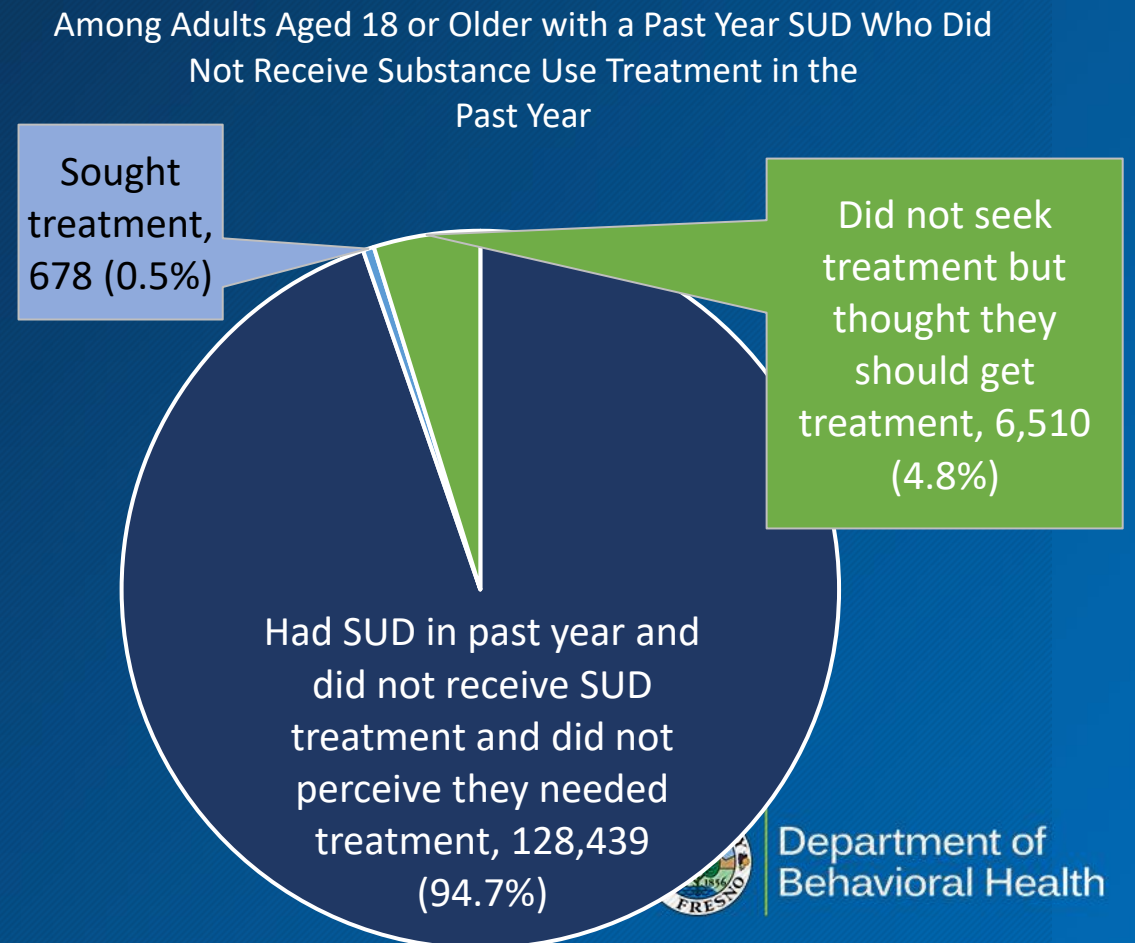
- Westcare Men: 10
- Westcare Women: 7
- Mental Health Systems (MHS) Women: 25
- MHS Perinatal - Men/Women/Children: 31 families as of July 2024.

Housing Status in Fresno County

- One in five adults (20.4%) adults who were not able to pay mortgage, rent, or utility bill in the past 12 months, which was like California.
 - Increased to 30% among renters
- One in 10 (10.8%) households of crowded, significantly higher than California
- Five percent of housing units were vacant

Barriers to Accessing SUD Care

- An estimated 150,439 people in Fresno County (12+ years) had SUD in the past year, or 17.1%
 - Among which approximately 22K people in Fresno County received SUD treatment (15%).
- Among adults (18+ years) with SUD in Fresno County, one in 20 adults had thought they should get treatment but did not seek it (4.8%), or sought it (0.5%).



Results should be interpreted with caution as the estimates do not take into consideration the demographics of Fresno County but rather apply national standards to the County. Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2023.

Barriers to Accessing SUD Care

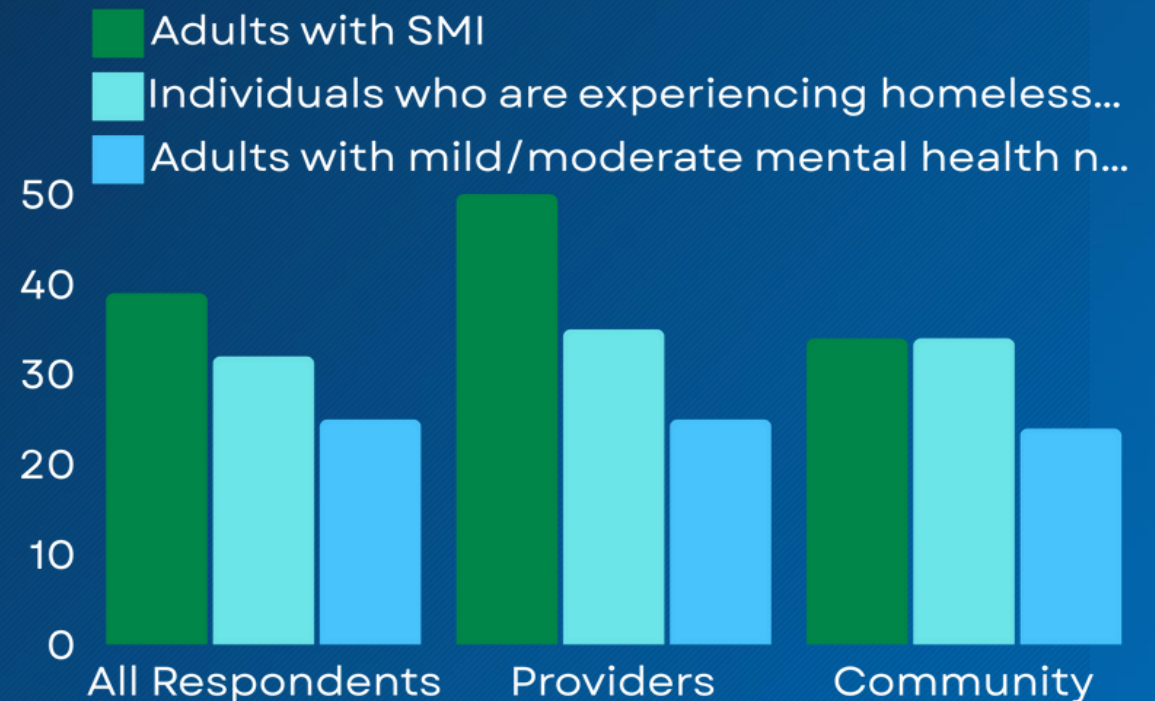
- National Survey on Drug Use and Health (NSDUH) found that among adults with a past year of substance use disorder who felt they needed treatment but did not receive it, the primary reasons cited were:
 - Thinking they should have been able to handle their alcohol or drug use on their own (74.1%)
 - Not being ready to start treatment (65.6%)
 - Not being ready to stop or cut back on using alcohol or drugs (60.1%)



Priority Concerns Among Survey Respondents: Populations

Top 3 populations identified as having the largest barriers to accessing SUD/ODU treatment

1. Adults with SMI service and support needs
2. Individuals who are experiencing homelessness
3. Adults with mild/moderate mental health service needs



Priority Concerns Among Focus Group Participants: Populations

Individual
experiencing
homelessness

Individuals living
in rural
communities

Individuals
experiencing
economic
hardship

Individuals who
are elderly

Youth

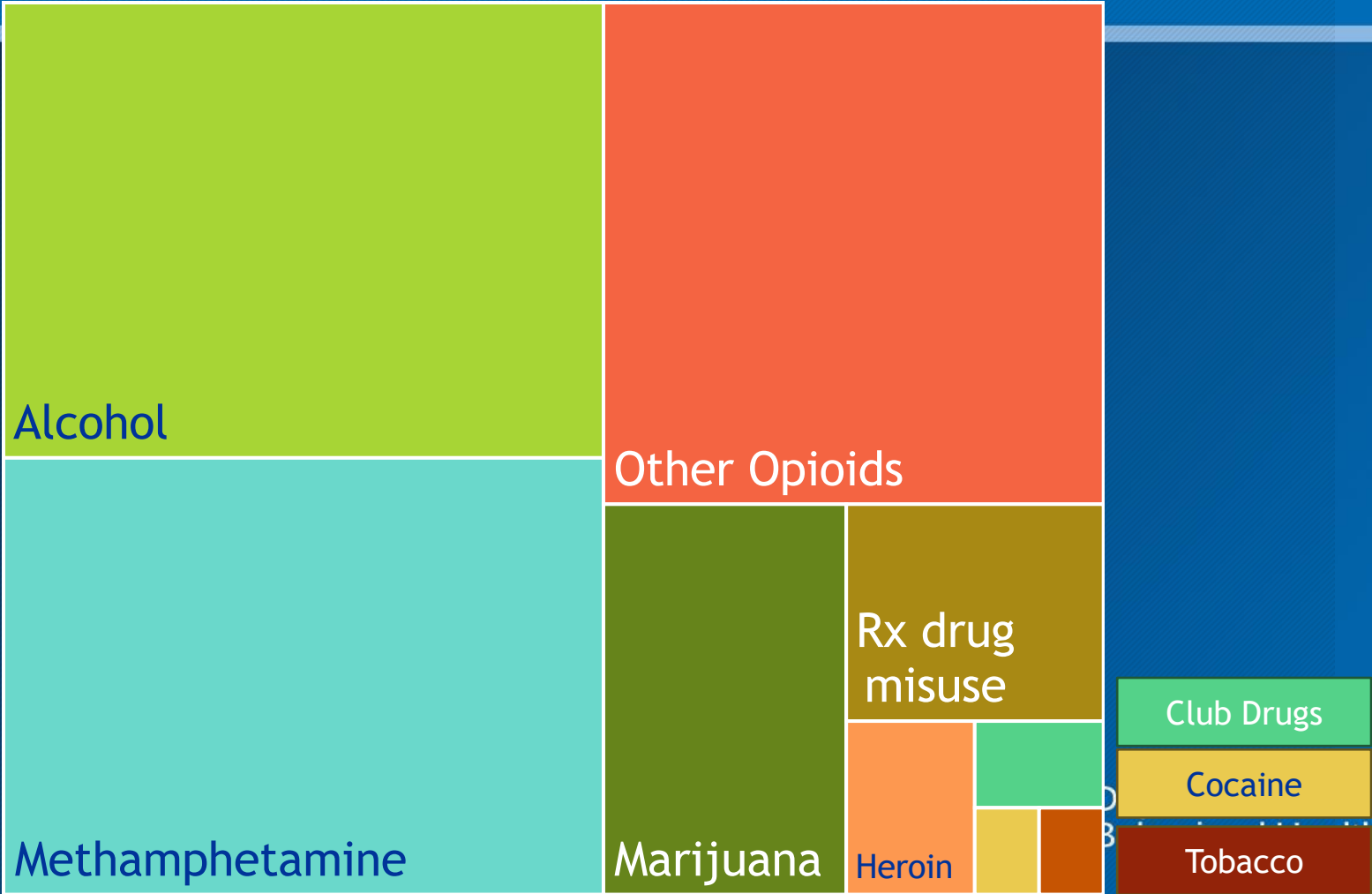
Individuals
involved in the
Justice System



Priority Concerns Among Survey Respondents: Substances

Top 3 Most Urgent Substance Use Issues Affecting Fresno County

- 1. Alcohol (80%)
- 2. Methamphetamines (77%)
- 3. Other Opioids, including Fentanyl and Xylazine (74%)



Priority Concerns Among Focus Group Participants: Substances

Cannabis, alcohol, hallucinogens, fentanyl, and methamphetamines were frequently mentioned substances.

- Often noted in Urgent Care Settings

Opioid and methamphetamine use is on the rise, seen often among individuals with severe mental health conditions.

Older adults may unknowingly take opioids through prescribed pain medications, often involving oxycodone and other pain relievers. Fear and misconceptions about opioid use among older adults may hinder effective treatment by doctors.



Priority Investments Among Survey Respondents



Top three choices for Fresno County to prioritize investment in supporting people with OUD and any co-occurring SUD or mental health conditions:

1. Connect people who need help to the help they need (connections to care)
2. Support people in treatment and recovery
3. Increase the amount and/or type of OUD/SUD treatment available (*Prioritized more so among survey respondents living/working in rural areas*)



Priority Investments Among Survey Respondents



Top two choices for Fresno County to prioritize investment in supporting prevention of OUD/SUD conditions

1. Prevent overdose deaths and other harms (harm reduction)
2. Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids



Stakeholder Recommendations

- **Enhancing Education and Awareness Campaigns** specifically designed for individuals, families, healthcare providers, educators, and community leaders.
- **Expanding and Improving Access to Services**, especially in Rural Areas Including Increasing Availability and Reducing Barriers
- **Addressing Stigma Through Community Engagement**
- **Improving Coordination and Data Sharing Between Different Health and Social Services/Human Services Agencies**
- **Ensuring Financial and Policy Support to Address Systemic Barriers**
- **Providing Tailored Services for Specific Populations with High Needs**





BREAK TIME



Department of
Behavioral Health

Needs Assessment

Tabletop Discussions

- What do you think are the most urgent issues to address?
- What do you think the challenges will be to address these issues?
- What are the opportunities to address these issues?



<http://bit.ly/FresnoCounty2024>



Department of
Behavioral Health

Report Out

What do you think are the most urgent issues to address?



Collective Impact



Department of
Behavioral Health

Collective Impact

- Brings people together in a structured way to achieve social change.
- Partners have a shared understanding of the problem and a shared vision for how to solve it.
- Partners agree to track their progress in a shared way that supports accountability and continuous improvement.
- Partners coordinate their collective efforts to maximize the result.

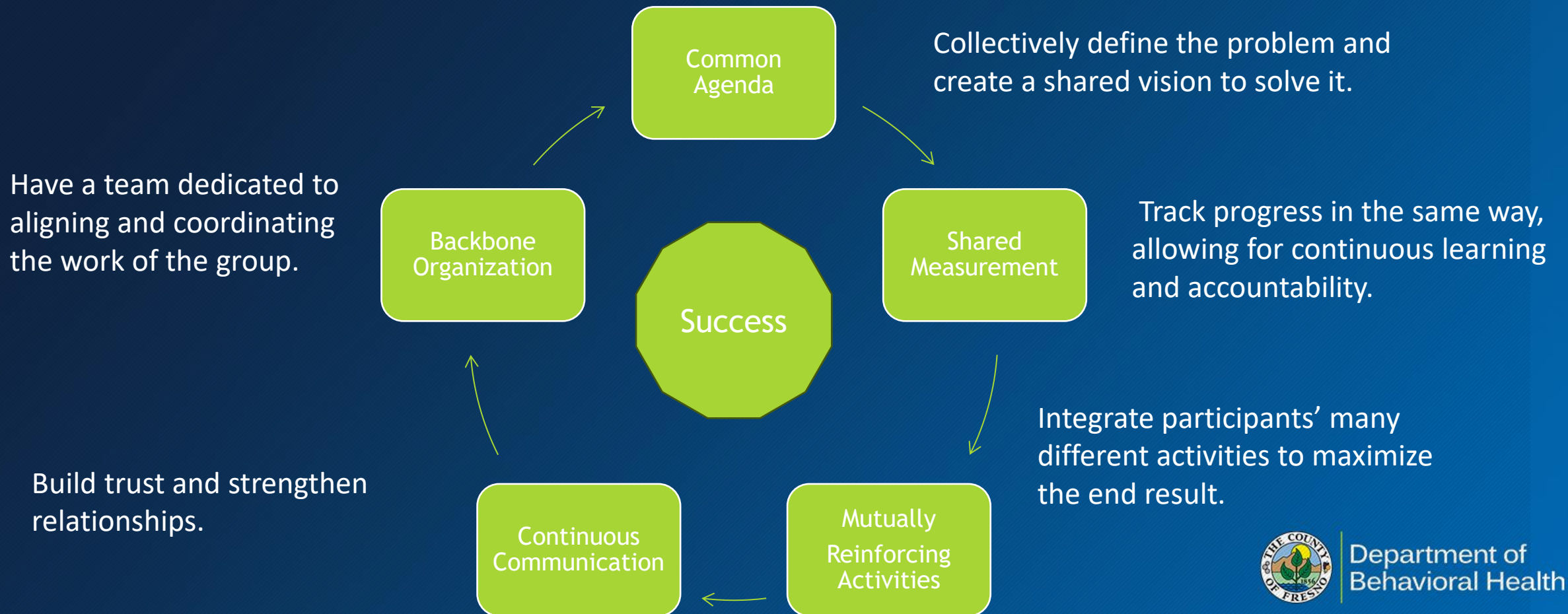


Collective Impact

- Partners communicate regularly and with the goal to establish and build trust.
- There is a strong backbone that orchestrates the work.
- Equity is at the center of the work.
- Recruit and co-create with cross-sector partners and community members.



5 Conditions of Collective Impact



Collective Impact

Despite the 5 conditions of Collective Impact, it is not a prescription but rather it is a recipe...



Isn't this just collaboration?

Collaboration

- Implement a new program
- Use data to pick a winner or prove something works
- One of many things you are doing
- Implementation in isolation

Collective Impact

- Change outcomes
- Use data for continuous improvement
- It is part of what you do every day
- Implementation in community



Establishing the Common Agenda

- Shared vision for change and shared agreement about the ultimate goal of your work
- Results in people being engaged, curious and committed
- Guides your strategy, activities, communication
- Shared intent



Examples of Common Agendas

The DCMHI envisions a community based, integrated mental health system that is person and family centered, promotes health and prevention, and meets the continuum of mental health needs of Douglas County residents. DCMHI is committed to a system of care that offers a broad network of providers, is adaptable and innovative in meeting individual needs, can be sustained and is data driven and grounded in continuous performance improvement. DCMHI values collaboration and engagement with community partners.

The DCMHI is building a county-based continuum of care that can support education and resources to the general population, improve the health of individuals with mild to moderate mental health issues as well as connect and convene intensive and wrap around services for those with significant and complex conditions.



Examples of Common Agendas

The Road Map Project's goal is to double the number of students in South King County and South Seattle who are on track to graduate from college or earn a career credential by 2020. We are committed to nothing less than closing the unacceptable achievement gaps for low-income students and children of color and increasing achievement for all students from cradle to college and career.



Role of Shared Measurement

- Creates agreement on the ways success will be measured and reported with a short list of key indicators across all participating organizations
- Produces a functional approach & system to collect, store, analyze & report valid and reliable data
- Results in an output/results shared measurement system that creates actionable data (timely, meaningful, relevant, sensitive to change, targeted to goal, etc.)



Approach to Shared Measurement



VS.



Example: Community Report Card

- A community report card is a tool for reporting progress towards a community goal.
- Common elements include:
 - Statement of purpose, possibly with a call to action
 - The report card
 - Explanations of chosen indicators and benchmarks
 - Objective measuring system that can show progress towards the goal

2016 - 2017 Report Card for Alexander Local School District

DISTRICT GRADE

Coming in
2018



Achievement

The Achievement component represents the number of students who passed the state tests and how well they performed on them.

COMPONENT GRADE

D

Performance Index

74.3%..... C

Indicators Met

12.5%..... F



Gap Closing

The Gap Closing component shows how well schools are meeting the performance expectations for our most vulnerable populations of students in English language arts, math and graduation.

COMPONENT GRADE

C

Annual Measurable Objectives

73.6%..... C



K-3 Literacy

The K-3 Literacy component looks at how successful the school is at getting struggling readers on track to proficiency in third grade and beyond.

COMPONENT GRADE

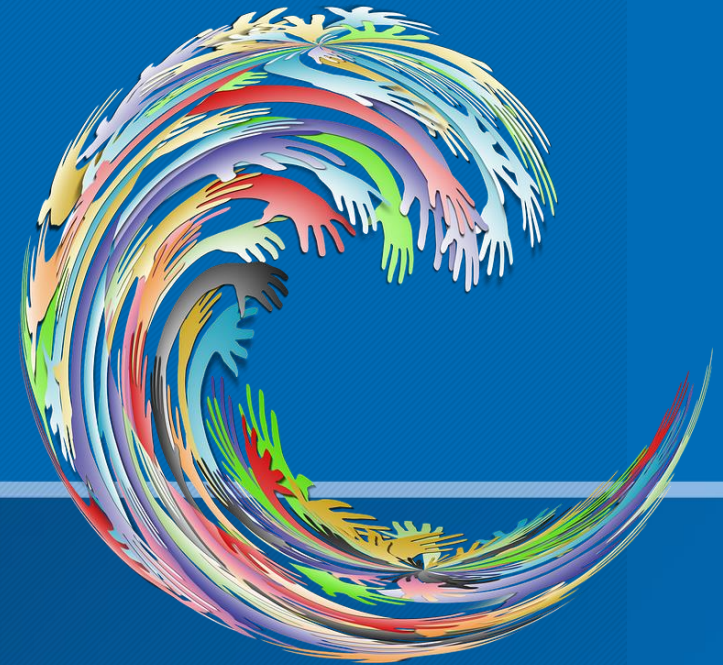
C

K-3 Literacy Improvement

34.4%..... C

Mutually Reinforcing Activities

- To align existing resources and effort in the system towards achieving the common agenda
- Put into a **collective action plan** specifying strategies & actions different partners commit to implementing
- Partners **implement strategies to advance shared action plan**
- Working groups/collaborative structures
- Partners hold each other **accountable**



Mutually Reinforcing Activities

This is where the actions happen, where resources are deployed, and where sharing and trust are required

Organizations can experience both savings and enhanced results when they team up and leverage each of their organization's strengths

By intentionally identifying ways that different organization can play a supporting role to a larger strategy, vast amounts of resources that have not previously been involved with advancing a particular issue can become important contributors to success

Look for how the efforts and aspirations of existing organizations can be aligned and harnessed to use their unique and differentiated strengths to work as part of a larger collective effort

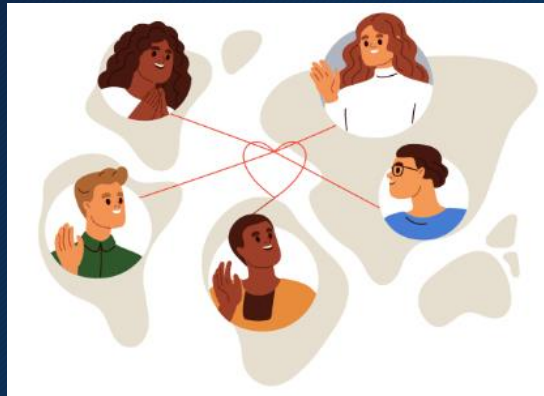


Department of
Behavioral Health

Continuous Communication

Internal

- Puts structures & processes in place to inform, engage and seek feedback from *internal* partners to support effective functioning of initiative work



External

- Structures & processes in place to inform and engage the public/community about the initiative, facilitate knowledge & understanding, increase buy-in, and provide opportunities for feedback & input



Backbone Organization

- Guides vision and strategy
- Supports aligned activities
- Establishes shared measurement practices
- Builds public will
- Advances policy
- Mobilizes funding



What makes a strong backbone organization?

- One or more organizations with committed staff designated to perform backbone functions
- Well-functioning leadership structure established, responsible for governance & decision-making
- Backbone infrastructure coordinates & supports core initiative activities
- Backbone staff have appropriate skills & credibility to perform backbone functions



Setting the Common Agenda: Activity



Common Agenda Activity: 1-2-4-8 All

1

Think about what you've heard and what you are trying to do. Come up with a common agenda-words or a statement.

2

Get in pairs and share. Identify common themes in your words/statements. Create a shared statement for a common agenda.

4

Get in a foursome and share. Identify common themes in your words/statements. Create a shared statement for a common agenda.

8

Get in a group of 8. Identify common themes in your words/statements. Create a shared statement for a common agenda. Write on the flip chart paper provided.

All

Groups of 8 report out to the room. Participants will vote using the dots provided. One dot-one vote for their favorite common agenda.



Common Agenda

- Is your north star
- Lays a foundation
- Guides vision and strategy
- Creates a common understanding of the problem
- Articulates strategies
- Engages partners
- Advances policy



Setting the Common Agenda: Report Out



[illegible]

Possibility Exploration

What is one idea you have for addressing
the opioid crisis in Fresno County?



Department of
Behavioral Health

Dance Card Activity

- If you didn't feel constrained by anything-not stigma, not funding, not your own experience-what ideas do you have for addressing the opioid crisis in Fresno County or SUD overall?
- Write ONE idea down on the index cards provided at your tables.
- Put NO OTHER identifying information on your card.



Dance Card Activity



- Walk around and simply pass cards around until the music stops.
- Once the music stops, read the idea on your card and rank that idea from 1 to 5 with 5 being a high score for the best idea you have ever heard and 1 being an idea that is not your favorite.
- When the music starts again repeat the card exchange and repeat the scoring process until the facilitator closes the activity (after 5 rounds).



Dance Card Ideas

1. 24/7 Walk in Substance Use center with SUD counselors, medical staff, resource/referral planners, overnight sobering center with free transportation offered
2. 24/7 accessibility for OUD/SUD services treatment, MAT regardless of ability to pay, location, or language
3. Extend services to already established treatment facilities.
 1. Teaming up with clinic organizations in rural areas to implement MAT services
4. Availability for treatment no matter the socio-economic status. Treatment without insurance
5. Access to full continuum from prevention and harm reduction to medical detox, and intensive inpatient and everything in between
6. Youth prevention and EI in every school
7. Mobile mat treatment specific to the rural areas
8. Early education, interventions - make sure kids “at their most vulnerable state” know the “real” life consequences and facts about substance use. Before the rabbit hole of addiction takes over
9. Mobile MAT treatment unit specific to the rural areas
10. Unlimited access to SUD treatment, anytime, anyplace, anywhere. Perhaps a community clinic and resource center
11. Webpage located on the DBH website, place to house all resources within the community that address substance use (TX prevention, etc) with links to each resource. Bill boards and signs with websites and promotion and a QR code to access. Also small posters to place in clinics, schools, etc... all over the community



Department of
Behavioral Health

Strategic Planning

What priorities and/or strategies come to mind in these five areas for addressing the opioid crisis and/or other SUD issues that the needs assessment brought forward?

- By number, go to a part of the room with corresponding piece of flip chart paper identifying a part of the SUD/ODD Services Ecosystem.
- Brainstorm priorities and/or potential strategies by part of the ecosystem (prevention, harm reduction, treatment (early intervention and treatment), recovery).
- After brainstorming for approximately 15 minutes, the group will move to another part of the ecosystem to add to the brainstorm of the group that was there before them.



Example Priority and Strategy

Priority: A priority is something that is given attention before other things. Prioritization is important because it allows you to focus on the most important and urgent things first.

Strategy: A strategy is a plan or method for achieving a goal. It is the roadmap for how to do a thing. Strategy is important because resources are limited.

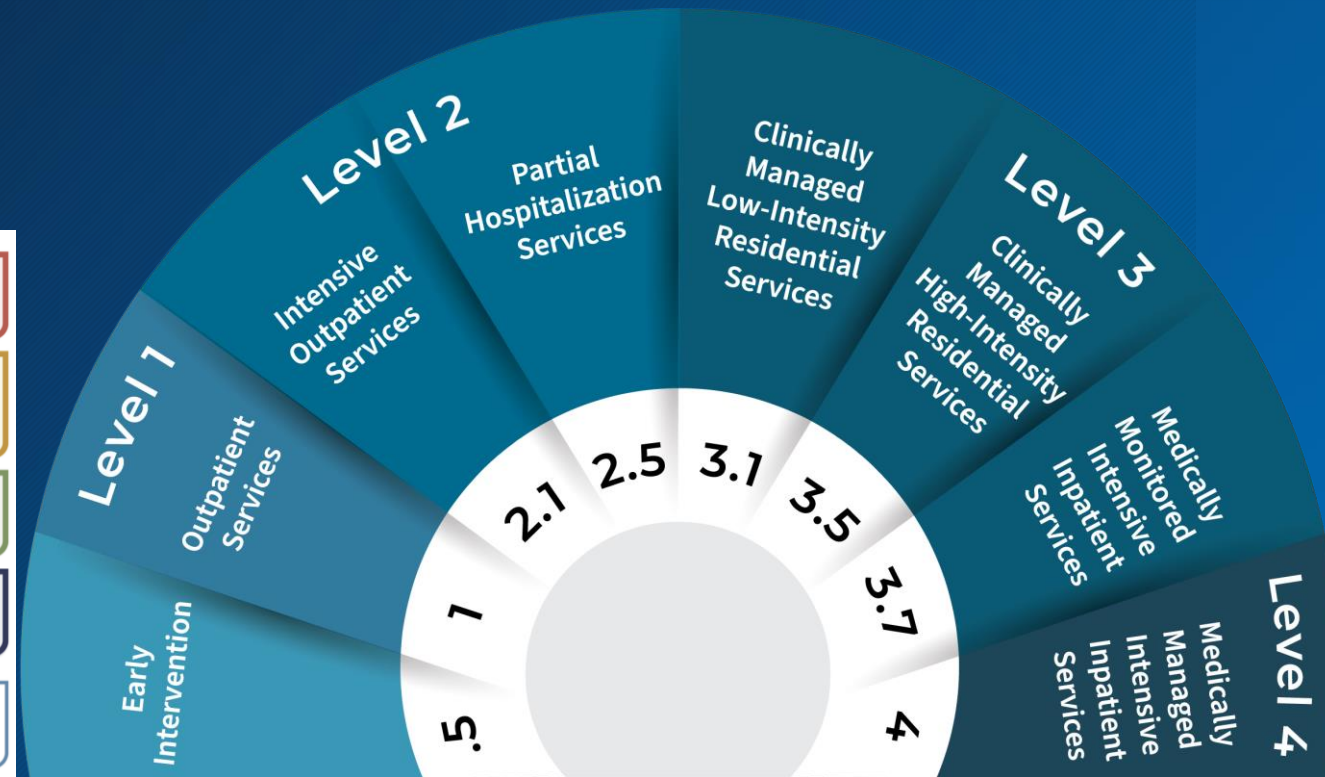


SUD Services Ecosystem

| Group # | Strategy Area | Definitions (SAMHSA and ASAM) | Examples |
|---------|---------------------------|--|--|
| 1 | <u>Prevention</u> | Work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of SUD | Campaigns |
| 2 | <u>Harm Reduction</u> | Approach that empowers people who use drugs to prevent overdose, infectious disease transmission; improve physical, mental, and social wellbeing; and offer low barrier options for accessing services and treatment | Fentanyl test strips |
| 3 | <u>Early Intervention</u> | Assessment, screening, and education for people at risk of developing a SUD | Screening and Assessment |
| 4 | <u>Treatment</u> | The goal of most treatments is to change thoughts and behaviors, and, if needed, manage physical dependence on drugs. | Outpatient, Intensive Outpatient, Inpatient, Residential |
| 5 | <u>Recovery</u> | Overcoming and managing one's disease/symptoms, stable and safe place to live, meaningful daily activities, and relationships and social networks that provide support | Recovery Residences, Recovery Supports |

ASAM Criteria Continuum of Care for Adult Addiction Treatment

| | | | | | | | |
|-------------------------|-----|--------------------------------|--|-----|---|-----|--|
| Level 4: Inpatient | | | | 4 | Medically Managed Inpatient | | |
| Level 3: Residential | | 3.1 | Clinically Managed Low-Intensity Residential | 3.5 | Clinically Managed High-Intensity Residential | 3.7 | Medically Managed Residential |
| Level 2: IOP/HIOP | | 2.1 | Intensive Outpatient (IOP) | 2.5 | High-Intensity Outpatient (HIOP) | 2.7 | Medically Managed Intensive Outpatient |
| Level 1: Outpatient | 1.0 | Long-Term Remission Monitoring | | 1.5 | Outpatient Therapy | 1.7 | Medically Managed Outpatient |
| Recovery Residence | RR | Recovery Residence* | | | | | |



Strategic Planning

Example Priority: Mobile MAT Units

Example Strategy:
Purchase 5 mobile homes and equip
them for treatment





BREAK TIME



Department of
Behavioral Health

Strategic Planning

Gallery Walk



Day One Wrap Up and Overview of Day 2



Department of
Behavioral Health

Day One Attendees and Perspectives

Fresno County Department of Behavioral Health
Fresno County CAO
Fresno County Probation
CalViva Health
Prodigy Healthcare
Sanger Police Department
Superior Court of California
District Attorney's Office
American Ambulance

MedMark
OEND Westcare
Exodus Recovery
Prodigy
CA Health Collaborative
Fresno EOC
Fresno Madera Medical Society
Central Valley Opioid Safety Coalition
Fresno County Department of Public Health
Fresno County Superintendent of Schools
Free Med Clinic and Needle Exchange



Department of
Behavioral Health

Please sit at a different
table this morning with
different people!





Department of
Behavioral Health

FRESNO COUNTY OPIOID ABATEMENT PARTNER PLANNING MEETING

OCTOBER 2nd
9 - 12 PM



Welcome and Introductions



Department of
Behavioral Health



Department of
Behavioral Health

Day Two Agenda Details

Welcome And Introductions

Strategic Planning Review

Strategic Planning-Mutually Reinforcing Activities

Next Steps

Wrap Up And Commitments



Housekeeping

- Bathrooms
- Silence cell phones
- Feel free to stand and stretch as needed
- Help yourself to snacks and drinks



Agreements

- Stay present as much as possible
- Listen for the future to emerge
- For every challenge identify a possibility
- Okay to disagree, not to be disagreeable
- Listen actively and seek to understand
- Participate actively
- Look for opportunities to contribute/
Look for opportunities to let others contribute
- Share even if its unpolished



Ice Breaker



Share your name and organization and one thing you are enjoying and would recommend (podcast, app, book, show, etc.)



Strategic Planning Review



Department of
Behavioral Health

• Needs Assessment Table Top Discussion: What do you think are the most urgent issues to address?

Need for improved access, availability, and quality of substance use disorder services, particularly in rural areas

- Short insurance coverage periods (e.g., 90 days) may not be adequate for full recovery
- Limited awareness of the range of available services, both within and outside the DBH system
- Stigma
- Denial of the risk of substance use and a need for treatment
- Need for more specialized treatment programs
- Improving navigation of the complex healthcare system
- Integrating substance use treatment into primary care settings to reduce stigma and improve access
- Expanding availability of residential treatment facilities with 24/7 intake services
- Addressing co-occurring mental health and substance use disorders
- Increasing the availability of outpatient services, particularly in rural areas



Possibility Exploration (Dance Card Activity)

Accessibility and Availability

1. 24/7 Walk in substance use center with SUD counselors, medical staff, resource/referral planners, overnight sobering center with free transportation offered
2. 24/7 accessibility for OUD/SUD services treatment, MAT regardless of ability to pay, location, or language
3. Availability of treatment no matter the socio-economic / insurance status
4. Mobilizing MAT
5. Unlimited access to SUD treatment, anytime, anyplace, anywhere (i.e., a community clinic and resource center)



Possibility Exploration (Dance Card Activity)

Offering a Full Continuum of Care

6. Access to full continuum from prevention and harm reduction to medical detox, long term care options, and intensive inpatient and everything in between

Community Outreach and Awareness

7. Youth prevention and early intervention in every school
8. Early education and interventions
9. Establish a central location for community resources related to substance use disorder service continuum
10. Billboards and signs with websites and promotion and a QR code to access. Also small posters to place in clinics, schools, etc... all over the community.



Priorities and Strategies: Prevention

1. Primary Prevention
 - Provide skill-based education on effective coping to children and youth
2. Education
 - Provide education on substance use including opioids to physicians, parents children and youth, and Law enforcement
3. Implement social norms and marketing campaigns



Priorities and Strategies: Harm Reduction

1. Access and availability of harm reduction services

- Increase availability of Narcan (distribution, education)
- Provide opportunities for safe drug use to keep people safe and alive until they are ready for treatment
- Increase access to low barrier services and resources



Priorities and Strategies: Early Intervention

1. Increase screening and assessment
 - Provide SUD screening in all primary care
 - Provide SUD screening in rural setting like FQHCs
2. Increase capacity for identifying people in need and linking them to care
 - Provide SUD training for mental health workers
 - Cover costs for non-claimable interventions not severe enough for treatment (SBIRT)
3. Increase early intervention activities among children, youth and families
 - Provide intervention and supports for children and youth in homes with SUD
 - Provide ACES screening
4. Education for at risk populations
 - Provide education about substance use to college aged kids



Priorities and Strategies: Treatment

1. Ensure jail based services and transitions out of jail
 - Provide immediate linkage to care
 - Provide MAT in jail
 - Provide TCM
2. Ensure access to treatment for rural and hard to reach populations
 - Promote the use of telehealth
 - Provide mobile treatment services
 - Provide transportation services



Priorities and Strategies: Treatment

3. Increase access to affordable care

- Explore changes to MediCal reimbursement

4. Increase residential treatment options

- Provide residential treatment for youth that includes detox
- Provide residential treatment for birthing and parenting people



Priorities and Strategies: Recovery

1. Increase transition support
 - Provide job supports for people in recovery
 - Increase care coordination and peer supports for people in recovery
2. Increase ongoing treatment and support offerings
 - Develop social support networks
 - Expand residential treatment to include recovery residences



Strategic Planning

Mutually Reinforcing Activities:

- Where the action happens
- Where resources are deployed
- Where sharing and trust are required
- Identifying ways that different organization can play a supporting role to a larger strategy



Strategic Planning-Mutually Reinforcing Activities



What mutually reinforcing activities come to mind for the priorities and strategies you identified yesterday?



- At your tables you will find a list of priorities and strategies. Begin to brainstorm activities for these. Using sticky notes capture activities for each priority and/or strategy.
- Capture one activity per sticky note and place them on the corresponding piece of flip chart paper.
- After brainstorming for approximately 15 minutes, groups will move to another table to add to the brainstormed activities of the group that was there before them.



Prioritize the Priorities

What are your top
three priorities
among the 13
discussed today?



Next Steps

- Brainstorm key next steps for advancing these priorities, strategies and activities.
- Capture your brainstorm on provided flipchart paper.
- Write on the “special” sticky notes one thing you or your agency will commit to in the coming months for these next steps.



Day 2 Wrap Up & Commitments

Put your commitments up on the wall as you leave, please!



Department of
Behavioral Health



Please take
our post
meeting
survey!

104

THANK YOU