

Combined Councils Bi-Annual Meeting

Children, Youth and Families (CYF), Transition Age Youth (TAY), and Adult Councils

October 10, 2022 | 10 to 11:30 a.m.

Zoom meeting link for registration sent via Outlook meeting invitation:

<https://us06web.zoom.us/join/ztZlpcCgqz8jHNeL0sl8K35EcZvQ9vUAerD>

CYF Council Co-Chairs	TAY Council Co-Chairs	Adult Council Co-Chairs
Jaime Tate-Symons Stephanie Escobar	Mark Bartlett Laura Tancredi-Baese	Marisa Varond Jeffrey Najarian


Welcome and Introductions Piedad Garcia, Adult and Older Adult (AOA) Deputy Director Yael Koenig, Children Youth and Families (CYF) Deputy Director Poll Question – Celebrating Emotional Wellness Month Word Cloud SLIDO – “What do you do to maintain your own personal health and wellness?”	Piedad Garcia 5 minutes
Business Items <ul style="list-style-type: none"> Review of April 11, 2022, Combined Councils Meeting Summary - Handout - Pages 2-4 CYF, TAY, and Adult Councils Written Updates - Handouts - Pages 5-8 	Yael Koenig 5 minutes
<p style="text-align: center;">Hot Topic - Fentanyl Awareness</p> Poll Question Have you seen the It Is Up to Us Fentanyl Campaign? If not, it can be accessed at: https://up2sd.org/topics/substances#fentanyl Highlights of Current Efforts <u>Prescription Drug Abuse Task Force (PDATF) - Presentation - Pages 9-32</u> <ul style="list-style-type: none"> Annual Report Card https://www.sdpdatf.org/annual-report-cards Fentanyl Toolkit https://www.sdpdatf.org/community-parent-fentanyl-toolkit <u>Harm Reduction Coalition of San Diego - Presentation - Pages 33-76</u> Overview of Harm Reduction and Overdose Education Youth Media Campaign - Presentation - Pages 77-85 <ul style="list-style-type: none"> Campaign spotlight Meet Myles -- Youtube Input Form - Illicit Fentanyl Messaging for Youth (smartsheet.com) Youth Survey/Combined Council Responses 	Marisa Varond Facilitator Sarah Salven Marla Kingkade 20 minutes presentation and 10 minutes for Q&A Tara Stamos-Buesig Jenna Logan 20 minutes presentation and 10 minutes for Q&A Melanie Briones Evan Hodges 10 minutes presentation and 5 minutes for Q & A
Closing Remarks and Announcements <ul style="list-style-type: none"> <u>Poll Question</u> – Overall relevance of today’s meeting <u>Stakeholder Announcements</u> – unmute or add information to the chat <ul style="list-style-type: none"> County of San Diego Behavioral Health Program Coordinator Recruitment - Handout - Page 86 <u>November 2022 Councils Meetings</u> <ul style="list-style-type: none"> CYF: Monday, November 14, 2022 from 9 to 10:30 a.m. via Zoom Adult: Monday, November 14, 2022 from 11 a.m. to 12:30 p.m. via Zoom TAY: Wednesday, November 23, 2022 from 3 to 4:30 p.m. via Teams Next Combined Councils meeting is tentatively scheduled for April 10, 2023 	Yael Koenig Piedad Garcia 5 minutes

**Children, Youth and Families Behavioral Health System of Care,
Transition Age Youth (TAY) Behavioral Health Services, and
Adult Behavioral Health System of Care
Combined Councils Virtual Meeting**

April 11, 2022

10:00 to 11:30 A.M.

CYF Co-Chairs	TAY Co-Chairs	AOA Co-Chairs
Sten Walker Jaime Tate-Symons	Mark Bartlett Laura Tancredi-Baese	Marisa Varond Jeffrey Najarian

ITEM		SUMMARY
I.	Welcome and Introductions Piedad Garcia, Adult Older Adult (AOA) Deputy Director Yael Koenig, Children Youth and Families (CYF) Deputy Director	Welcome by Piedad Garcia and Yael Koenig
II.	Business Items <ul style="list-style-type: none"> Review of October 11, 2021, Combined Councils Meeting Summary CYF, AOA, and TAY Council Written Updates-Handout 	Summary and written handouts discussed by Yael Koenig
III.	Peer Support Services and Certification <ul style="list-style-type: none"> Overview Panel Discussion <div style="border: 1px solid black; padding: 10px; margin: 10px 0; text-align: center;"> Medi-Cal Peer Support Specialist Certification  </div>	PowerPoint presentation overview provided by Tabetha Lang regarding Peer Support Services and Certification. Panel discussion opened and facilitated by Piedad Garcia and Yael Koenig concluding to an open Council dialogue.
Peer Support Services and Certification Overview Tabetha Lang and Alfie Gonzaga		
Facilitated Panel Discussion - Piedad Garcia and Yael Koenig <ol style="list-style-type: none"> Describe your primary goal as a peer partner and what your day looks like. As a peer how do you see your role in relation to the other providers on the team (therapist, psychiatrist, case manager) and in relation to the client? <ol style="list-style-type: none"> What are some feedback that clients/staff have provided to you about peer support services? 		
Sten Walker NAMI San Diego/Children, Youth and Family Program Manager		Admin Perspective
Judi Holder RICA San Diego/Recovery Services Administrator		Admin Perspective
Amanda Scofield Vista Hill ParentCare-East/Peer Support Specialist		Substance Use Perspective
Yusra Hassan PCS Catalyst/Peer Support Specialist		TAY Perspective
Janet Madison Harmonium/Family Youth Partner		Family/Youth Perspective
Open Discussion		
IV.	Closing Remarks and Announcements <ul style="list-style-type: none"> May 2022 Councils Meetings <ul style="list-style-type: none"> CYF: Monday, May 9, 2022, from 9:00 to 10:30 AM via Zoom TAY: Wednesday, May 25, 2022, from 3:00 to 4:30 PM via Zoom AOA: Monday, May 9, 2022, from 11:00 AM to 12:30 PM via Zoom 	Closing remarks provided by Piedad Garcia
Next Combined Meeting: Date: October 10, 2022 Time: 10:00 to 11:30 A.M.		

Attendance:

Kacie Rodvill, RI International
Sten Walker, NAMI San Diego
Julie McPherson, CRF CYF
Antoinette Fallon, Catholic Charities
Cynthia Robles, BHS, AOA
Terra Jennings, Peer Liaison, RI International
Bill Stewart, BHAB
Claire Riley, BHS, AOA
Amanda Scofield, Peer Support Specialist, Vista Hill ParentCare Central
Daphyne Watson, Mental Health America of San Diego
Joseph Edwards, Pathways - Catalyst
Bobbi Smylie, Children's Mental Health Program Manager, SBCS
Sandy Muller, Rady Children's Hospital
Mary Ellen Baraceros, Pathways
Cynthia Casarrubias, Vista Hill, ParentCare Central
Judi Holder, RI International
Danica Barnicle, ACSW, TAY Lead Clinician with North Coastal Mental Health Center
Delrena Swaggerty, Vice President, Mental Health Systems
Velia Gitari, MA Program Manager UPAC EMASS Program
Mark Bartlett, Urban Street Angels, TAY Council
Laura Tracredi-Baese, Home Start, TAY Council
Lesley Johnson, Program Manager, SDUSD, Marcy DSS
Phuong Quach, BHS, AOA
Stephanie Smith, Vista Hill ParentCare
Melissa Lindo, UPAC TRC
Carmen Pat, UPAC Multicultural Community Counseling
Bill Stewart, BHAB
George Scolari, Healthy San Diego
Evan Hodges, Community Health Worker Liaison, County of San Diego HHSA
Carrie Baker, Optum
Susana Antonio, BHS, CYF
Taylor Valdivia, Program Manager, Fire Captain Ryan J. Mitchell's First Responders Behavioral Health Support Program
Jay Martinez, Mental Health Systems
Tom Coleman, Medical Director, Maternal, Child, and Family Health Services, County of San Diego HHSA
Bernie Miles, Corporation for Supportive Housing
Jackie Hurtado, BHS, AOA
Michael J. Garrett, Pathways Kickstart
Anne Lacy, Urban Street Angels
Stephanie Escobar, First 5 San Diego
Ursula Hardianto, TAY Representative, TAY Council
Babbi Winegarden, MHPE Child Welfare Services
Angela Solom, BHS

Carolina Reyna, UPAC Children's Mental Health
Irving Chavez, Youth Services Director, Just in Time for Foster Youth
Elyse James, Casa de Amparo
Christina Billings, TAY Lead Care Coordinator, NHA Project Enable, BPSR
Golby Rahimi Saylor, Rady Children's Hospital, The Chadwick Center for Children and Families
Betsy Knight, BHS, AOA
Jean McDonald, JFS Patient Advocacy
Wendy Maramba, BHS, CYF
Barbara Ryan, School Boards Association
Marissa Varond, McAlister Institute
Rafael Ortiz-Gomez, Mental Health Systems Inc.
Aisha Pope, SDCC and CYF Council ECMH Co-Chair
Darwin Espejo, CYF Team/CYF Council
Amanda Downing, Program Manager, MHS Employment Services
Laura Vleugels, BHS, CYF
Michael Miller, BHS, CYF
Maria Perez-Gonzalez, RIHS
Kathleen Lang, Healthy San Diego
Elizabeth Strout, BHS, AOA
Bridget Lambert, National Conflict Resolution Center
Seth Williams, BHS, CYF
Laura Beadles, Director of Services, San Diego Youth Services
Angela Rowe, Vista Hill
Donovan Ackley III, Responsive Integrated Health Solutions SDSU
Jennica Valdez, Program Manager, Storage Connect Center II, Mental Health Systems Inc.
Talia Vukovich, Site Supervisor, Storage Connect Center II, Mental Health Systems Inc.
Kameka Smith, BHPM JFS STAT
Patricia Cardenas-Wallenfelt, Juvenile Forensics Supervising Psychiatrist
Mareeh Claire Marquez, Cornerstone Program
Shawnda Numan, Responsive Integrated Health Solutions SDSU
Minola Clark Manson, RIHS, Academy for Professional Excellence
Eileen Quinn-O'Malley, BHS, CYF
Cassie Johnson-Taylor, BHS, CYF
Rose Woods, RIHS, Academy for Professional Excellence
Rosa Ana Lozada, Harmonium
Liz Winchell, Vice President, CYF for MHS
Ericka Vargas, Pathways Oasis Clubhouse
Bernard Carrasco, Project Enable BPSR
Jeffrey Najarian, Co-Chair for Adult Council, Wellness Coordinator, Wakeland Housing and Development
Evalyn Parada, UPAC Geriatric Specialist
Andrea Duron, BHS AOA

Fiscal Year 2021-22

Achievements Highlights

- Planned Council meetings, manage infrastructure to promote valuable information exchange, deliberation, and actions, including support to the Council sub-committees
 - Shared relevant information including Board of Supervisors Letters and BHS Director's monthly reports
 - Maintained CYF Council website updated and introduced PowerPoint meeting companion
- Considered current landscape & systems priorities, identified opportunities for synergy to advance system of care
 - November 8, 2021, meeting Hot Topic was Mobile Crisis Response Teams (MCRT).
The meeting was attended by 70 individuals
 - March 14, 2022, meeting Hot Topic was California Advancing and Innovating Medi-Cal (CalAIM).
The meeting was attended by 89 individuals
 - April 11, 2022, Combined Councils meeting (coordinated by the Adult System of Care) Hot Topic was Peer Support Services and Certification.
The meeting was attended by 144 individuals
 - May 9, 2022, meeting Hot Topic was Directing Change program and film contest.
The meeting was attended by 90 individuals
- Addressed shifting needs associated with the pandemic
 - September 13, 2021, meeting Hot Topic was Pandemic Impact Report and School Focus.
The meeting was attended by 98 individuals
- Considered Equity and Racial Justice
 - Shared information on relevant trainings and Board Letters
- Increased participation in the annual Children/Youth Mental Health Well Being Celebration
 - Members of the Live Well San Diego Youth Sector were active participants in the 8th Annual Youth Mental Health Well Being Gathering 2022: "Bloom Where You Are"
 - Youth leaders of the Union of Pan Asian Communities (UPAC) showcased the Neighborhood Enterprise Center program and other relevant programs for youth
- Promoted youth engagement and participation
 - Supporting the Live Well San Diego Youth Sector with the coordination of the virtual Town Hall Amplifying Voices: What You(th) want Mental Health Professionals to Know held on December 1, 2021.
The event had over 50 attendees, including Board of Supervisors Chair Nathan Fletcher and Behavioral Health Services Director, Dr. Luke Bergmann
- Supported the County Substance Use Harm Reduction Strategy
 - Hosted the October 11, 2021, Combined Councils meeting. The focus of the meeting was Harm Reduction. The meeting was attended by 123 individuals
- Coordinated the delivery of the annual CYF Council Orientation on June 12, 2022.
The event was attended by a total of 71 participants
- Supported the advancement of the CYF System of Care through trainings, including:
 - The We Can't Wait Early Childhood Conference (September 23-25, 2021)
 - The Birth of Brilliance conference (February 24, 2022)
 - Critical Issues in Child and Adolescent Mental Health (CICAMH) conference (March 11, 2022)
 - Annual CYF System of Care Training Academy Conference (May 26, 2022) focused on Peer Partners in CYF

Fiscal Year 2022-23 Areas of Focus/Goals

- Continue to plan Council meetings, manage infrastructure that promotes valuable information exchange, deliberation and actions that extends to supporting the Council committees
 - The Hot Topic for the July 11, 2022, meeting was “Conversation with the BHS Director” BHS priorities as they relate to children, youth, and families were discussed
 - The Fiscal Year 2022-23 Strategic Planning meeting was completed on August 8, 2022. A summary document with areas of focus and recommendations made by over 90 participants, was delivered to the BHS Director on August 29, 2022. Additionally, a new revision of the Council bylaws was presented for a vote and approved to include “Homeless Solutions and Equitable Communities” representation
 - The September 12, 2022, meeting Hot Topic was Continuum of Care -Youth Strategies
 - An additional Public Sector seat, Medical Care Services (MCS) was presented for a vote and approved on September 12, 2022
 - “The Importance of Touch” document, developed by Meg Olinger, Ashley Rambeau, and the CYF Council Early Childhood Committee was presented at the September 12, 2022 meeting. This document can be accessed at:
<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/Touch%20One%20Pager%20Updated%2002-22.pdf>
 - Host the October 10, 2022, Combined Councils meeting focused on Fentanyl Awareness
 - Maintain CYF Council website updated:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSCouncil.html
 - Ensure that the meeting format meets the Council needs (virtual or in-person)
 - Provided simultaneous interpreting from English to Spanish to meet the needs of a Spanish speaking parent at the July 11, 2022 meeting
- Consider current landscape and systems priorities to identify opportunities for synergy to advance system of care, with specific emphasis on the Continuum of Care – Youth Strategies focus (Board Letter set for 9.27.22)
 - Strategic Domain 1 – Family System Work and Supports
 - Strategic Domain 2 – School Engagement and Care Opportunities
 - Strategic Domain 3 – Health Integration
- Attend to shifting needs associated with the pandemic
- Address Equity and Racial Justice
- Increase participation in the annual Children/Youth Mental Health Well Being Celebration
- Promote youth engagement and participation
 - Began showcasing artwork from the Directing Change website at the July 11, 2022 meeting
- Support the California Advancing and Innovating Medi-Cal (CalAIM) implementation
- Coordinate the delivery of the annual CYF Council Orientation
- Support the advancement of the CYF System of Care through trainings, including the attending:
 - The 13th We Can’t Wait Early Childhood Conference (September 15-16, 2022)
 - The Birth of Brilliance conference (February 23, 2023)
 - Critical Issues in Child and Adolescent Mental Health (CICAMH) conference (Spring 2023)
 - Annual CYF System of Care Training Academy Conference (May 2023)

Transition Age Youth (TAY) Council Achievements and Goals update October 10, 2022

Fiscal Year 2021-22 Achievements Highlights

TAYBHSC has come through a period of growth and change for FY21-22. Low attendance at the general meetings and non-renewal of council member seat posts were some of the challenges the council faced throughout the first half of the year. The co-chairs, remaining council members, and the AOA and CYF support team rallied together and revamped the council. More attention was paid to retention efforts, increased visibility within the provider network, and current member engagement. These changes along with other actions proved to be effective in renewing excitement around TAYBHSC.

TAYBHSC now has 16 dedicated and eager council seat members ready to serve!

We have shared valuable resources and information to our providers and member from the following organizations and agencies:

- Mobile Crisis Response Team (MCRT)
- Just In Time for Foster Care (JIT)
- San Diego Office of the Public Defender
- Mental Health Systems Employment Services
- Youth Assistance Coalition (YAC)
- San Diego Housing Commission Homeless Response Center
- Storage Connect Center, Mental Health Systems (MHS)

Fiscal Year 2022-23 Areas of Focus/Goals

-Resource Guide: Prizila Vidal, Laura Tancredi-Baese, Karen Lenyoun, Nicole McDonald, Liz Winchell & Victor Esquivel.

Development of an updated TAY Resource Guide with current resources in our County for Transitional Age Youth.

-Health Wellness & Healing: Jennica Valdez, Rafael Ortiz-Gomez, Simone Hidds Monroe, Jesse Emerson, Katie Blevitt & Paul Herrmann.

Bridging the Gap between Health and Healing

-Education/ Employment: Steven Wells, Irving Chavez.

Focus on the importance of promoting education and employment services for Transitional Age Youth, and how providers can assist and support them through the process.

We have identified meeting times to discuss priority areas for follow up through each focus group.

Exploring option of bringing general membership meetings back to in-person or hybrid meeting schedule.

Adult Council Achievements and Goals Update October 10, 2022

Fiscal Year 2021-22 Achievements Highlights

Healthcare and Racial Disparities

- Welcomed a presentation by the San Diego Harm Reduction Coalition for substance use, especially opioids. Resources were shared and discussed with membership.
- Received and reviewed the Community Experience Partnership and Dashboard Presentation.
- Deputy Director reported out on CCRT ongoing discussions on health care disparities and the upcoming BH Equity Index that UCSD is developing as a tool for the system of care for planning and design of program purposes.

Behavioral Health Workforce

- Co-chair participate in the workgroup to develop recommendations related to different “work streams”.
- Representatives from the council served on an ad hoc group, which helped to inform the Administrative Relief Issue Areas and Opportunities included as part of the [final workforce report](#).
- Discussed Peer Support Specialist role in the System of Care and how to build workforce in light of new certification guidelines.

Continuum of Care

- Deputy Director reported on the progress of several programs including:
 - > Mobile Outreach Response Team and their various stages of implementation, including ACL and law enforcement re their presentation to the Behavioral Health Advisory Board meeting that included:
 - ✓ Telecare and Exodus
 - ✓ Law Enforcement from dispatch
 - ✓ Carlsbad Police Department
 - > The design and development of the Oceanside CSU, which opened for business in May 2022.
 - > The joint effort between County of San Diego and San Diego Housing Commission in the development of the Rosecrans Sprung Shelter that became operational in September 2022.
 - > Ongoing design and development meetings are taking place for all levels of services.
 - > CHRT implementation for homeless clients in the City of San Diego.

Adult Council Workgroups and Report Out

- CCRT – CCRT member provides monthly updates
- Work Well - Employment Workgroup
- Consumer Workgroup
- MHSA - MHSA lead provides monthly updates

Fiscal Year 2022-23 Areas of Focus/Goals

- Reimagine and reinvigorate the Adult Council's Consumer Committee, utilizing the membership to identify how we move forward.
- Collaborate with CCRT to examine and address health care disparities and social determinants of health in communities of color, particularly around access to care and workforce goals.
- Better understand and make recommendations regarding recent increases in overdose deaths.

San Diego PDATE Fentanyl Data and Toolkit

Sarah Salven, Center for Community Research
Marla Kingkade, Center for Community Research

Combined Behavioral Health Services Councils Meeting
October 10, 2022

1

Overdose Deaths Among Individuals Under 25

104

(3 cases still pending)



**people under
the age of 25
died from an
overdose in
2021**

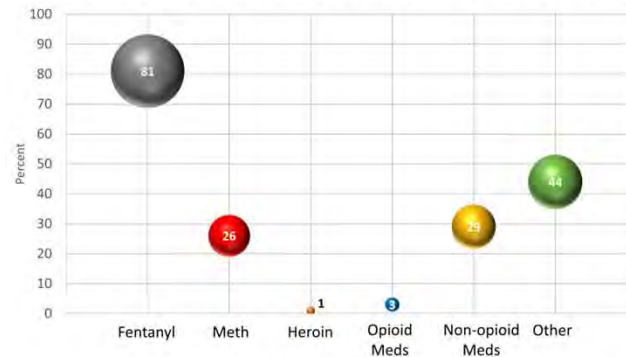
(3 cases still pending
as of 8/10/2022)



2

Overdose Deaths Among Individuals Under 25

Drugs Identified in Unintentional Overdose Deaths, Under 25-Years-Old*



*Percentages don't add up to 100% as individuals can be represented in multiple categories

3

FENTANYL

62%

of accidental overdose deaths in
2021 involved fentanyl
(768 deaths confirmed as of 8/10/2022)

40

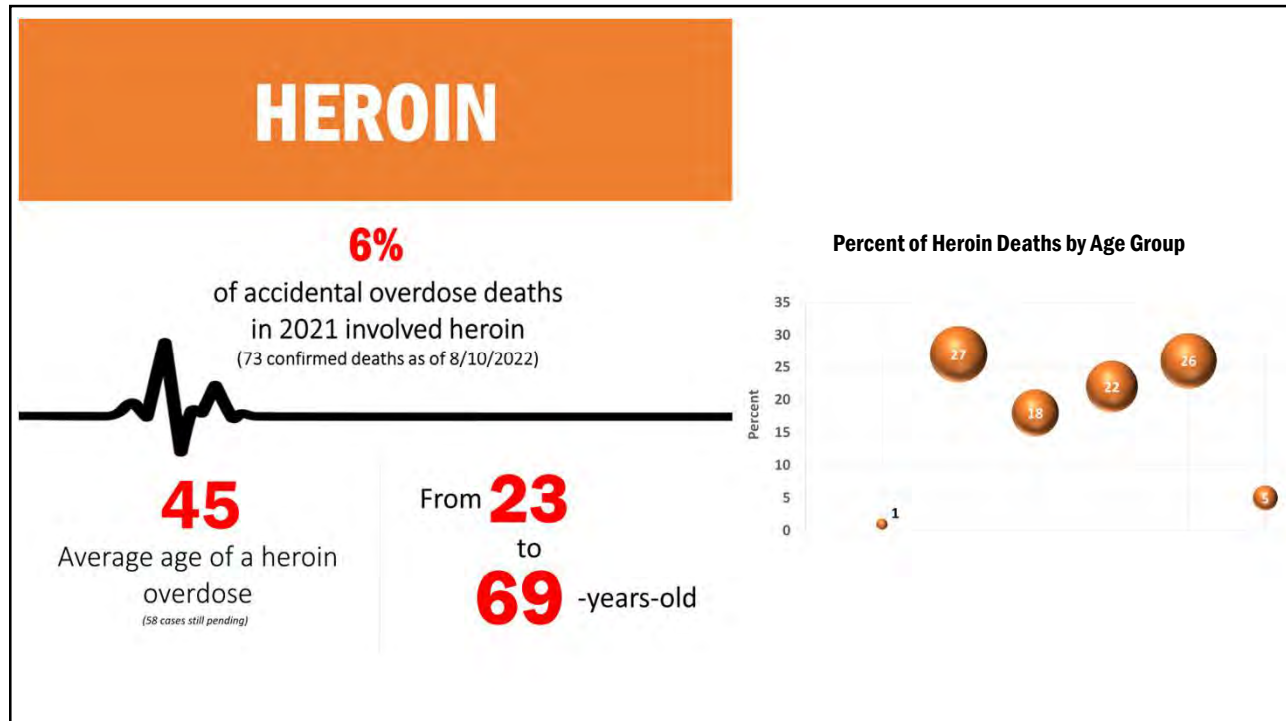
Average age of a
fentanyl overdose
(58 cases still pending)

From **0**
to
88-years-old

Percent of Fentanyl Deaths by Age Group



4



5




6



7



8



Additional Resources and Information

Interactive Map: Medication for Addiction Treatment (MAT) and Medication Disposal Locator

Links to Videos

- Fentanyl Overdose Emergency Response - Good Samaritan Law

What Parents Need to Know: Virtual Tour of Drug Hiding Places

Resource Cards/Fact Sheets - English

- **Fentanyl Information:**
 - Fentanyl Facts (by sector):
 - Schools
 - Young Adults
 - Older Adults
 - Medical Practitioners
 - Families
 - Behavioral Health
 - Fentanyl Warning Posters
 - Fentanyl: Don't be Faked Out
 - Fentanyl and Counterfeit Pills
 - DEA Counterfeit Pills
- **Social Media Information:**
 - Snapchat Dangers and Protecting Youth
 - Snapchat: Know What's Going On(line)
 - Social Media and Drugs
 - DEA Emoji
- **Good Samaritan Laws**
- **Resources for Families Facing Loss**
- **Medication for Addiction Treatment (MAT)**
- **Benzodiazepines**

Resource Cards/Fact Sheets - Spanish

- **Fentanyl Information:**
 - Fentanyl Warning Posters
 - Fentanyl: Don't be Faked Out

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Community and Parent Fentanyl Toolkit

10

The Rise of Fentanyl in San Diego

From Understanding to Action

El Aumento del Fentanilo en San Diego

Del entendimiento a la acción




11


Pre-Survey

- Please take 1-2 minutes to complete this brief survey before the start of the presentation, we appreciate your input!

Please scan QR code on phone to be directed to survey




<https://www.surveymonkey.com/r/RiseinFentanylPreSurvey>




12

Today, We Will Discuss ...



**What is
fentanyl?**



**How big is
the problem?**



**What can we
do?**

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SAN DIEGO COUNTY
Prescription Drug Abuse Task Force

Today, we will talk about three aspects of this issue -- **CLICK**

First, we'll **take a look** at what fentanyl is to provide you with a better understanding of what this substance is. **CLICK**

Next, we'll talk about how big this problem is and what's driving it. **CLICK**

Finally, what can we do? As family members and as members of a community.

There is important work we can do together to save lives and prevent use.

13

Command Street Names

Pills	Powder	Other
M-30	Fetty	China girl/ white/ Town
Blue	Fire	Great Bear
Perc	Fettywap	He-Man
Perc 30	Confetti	Poison
Mexican Oxy	Fet	Tango and Cash
Roxy	White	Murder 8
Beans	Pasta/ Fettuccini	Jackpot
Blueberries		Goodfellas
		Friend
		Dance Fever
		Apache

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**Don't be
FAKED OUT.**

KNOCK-OFF PILLS sold on the street
or online contain the **DEADLY**
substance

fentanyl

Be ready to help your friends
Encourage them not to use
"Oxycodone" or "Percocet" pills. Pills
not obtained from a pharmacy are
fake and contain fentanyl.

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15

Game Break: Can You Spot the Real Thing?

ONE PILL CAN KILL

1

2

FENTANYL-LACED PILLS

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16

Look for Popular Emoji Drug Codes

The infographic displays various emoji combinations used as drug codes. It is organized into sections for different substances:

- Oxycodone:** Fire, chick, phone, bomb, football, flag, money.
- Cocaine:** Snowflake, cloud, snowman, diamond, eye, key, smiley.
- Meth:** Purple heart, blue heart, diamond, thermometer.
- Heroin:** Heart, green swirl.
- Marijuana:** Cloud, flame, palm tree, Christmas tree, smiley, leaf.
- MDMA and Mollies:** Heart, arrow, bird, smiley, bird, smiley.
- Cough Syrup:** Fruit, smiley, fruit, smiley.
- Xanax:** Pill, smiley.
- Percocet:** Box, snowflake, zzz, 100, gas pump.

Legend:

- Box + Parachute = Package Arrived
- Gas pump + Car + Phone = Mobile / Delivery
- 100pk = 100pk = 100 pills

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Learn How to Spot Signs of Drug Addiction

The infographic provides a guide to spotting signs of drug addiction in a bedroom. It includes a list of areas to check and a photograph of a bedroom.

Red flags may be hidden in plain sight all throughout the bedroom.

Click to explore the following areas and learn about items that could indicate substance misuse.

- IN AND AROUND THE BED
- BEDSIDE TABLE
- ON TOP OF THE DRESSER
- BEHIND THE PICTURES

Learn to spot the **red flags** that your teen might be hiding in his/her bedroom

<https://www.raliusa.org/>

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CCR
Center for
Community
Research

Words Matter

You can reduce stigma, and help save lives, just by changing your language. By using what's called person-centered language, you're not defining a person on any medical disorder they may have. It's nonjudgmental, it's neutral, and the diagnosis is purely clinical.

AVOID THESE WORDS	USE THESE WORDS
Addict	Person with a substance use disorder
Drug Problem/Drug Habit	Substance use disorder
Drug Abuse	Drug misuse, harmful use
Clean	Abstinent, not actively using
Dirty	Actively using
Former addict	Person in recovery

STOP JUDGING START HEALING

STIGMA

Stigma is a set of negative beliefs that a group or society holds about a topic or group of people. Stigma has the potential to negatively affect a person's self-esteem, damage relationships with loved ones, and prevent those suffering from substance use disorder from accessing treatment. When a person experiences stigma, they are seen as less than because of their health status.

The consequences of stigma negatively impact:

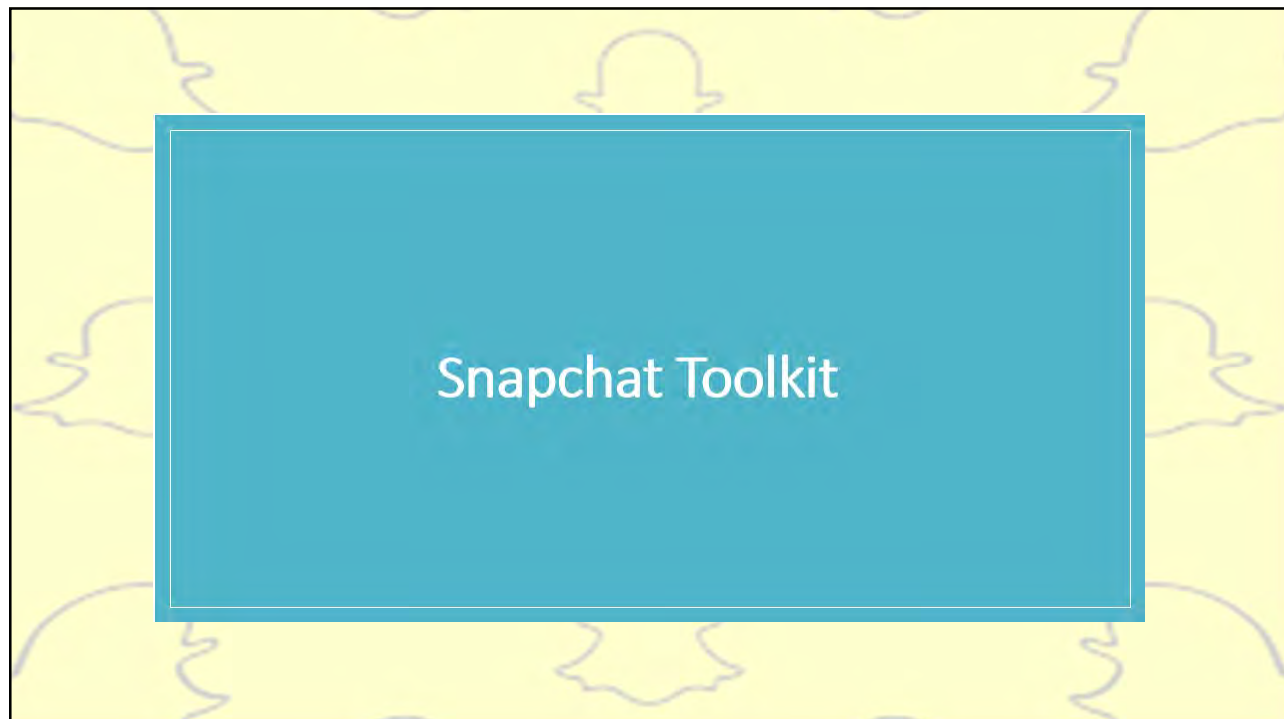
- Willingness to attend treatment.
- Willingness to access to healthcare.
- Harm reduction.
- Self-esteem and mental health.

Resources
Access and Crisis Line: 888-724-7240
2-1-1 SD or (858) 300-1211

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CCR.org

19



20

Drug Dealing Trends

The use of snapchat



21

A Parent's Worst Nightmare

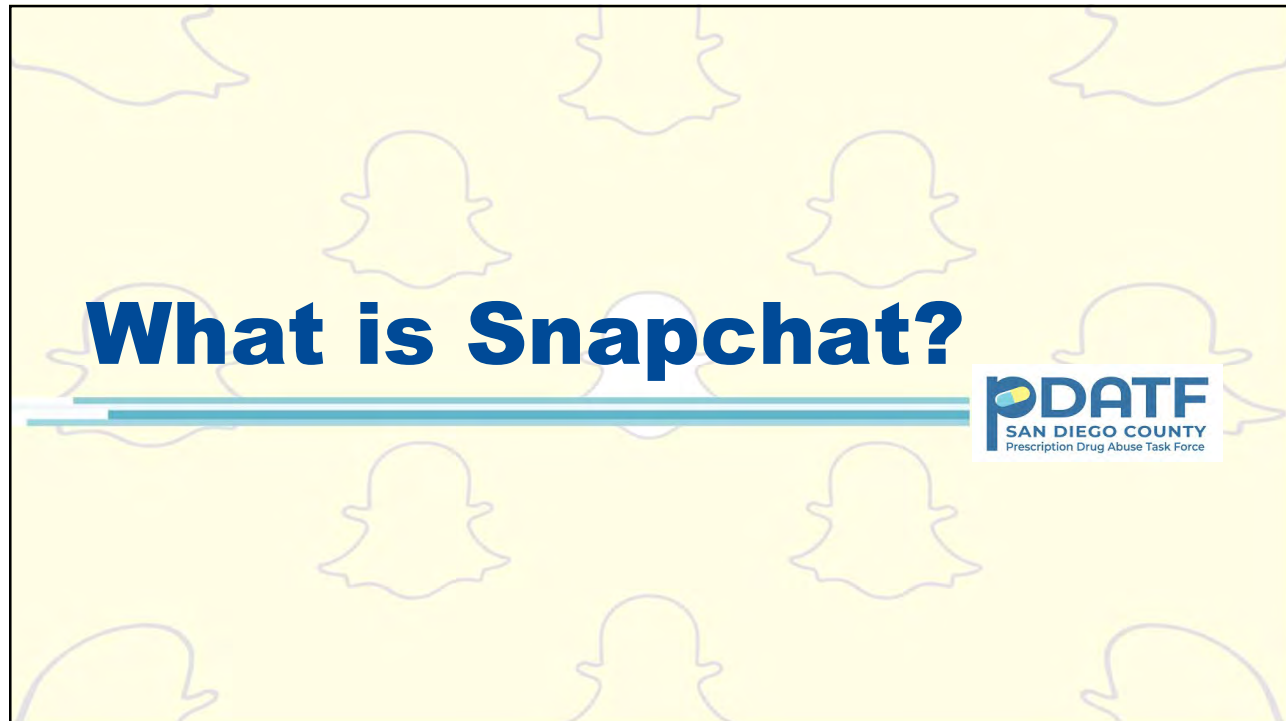


On February 7th 2021, only an hour after making her son lunch, Dr. Laura Berman discovered her 16-year-old son had overdosed.

Through investigation, a friend of the teen came forward to police showing a screenshot sent by Sammy of the drug dealer's menu on **Snapchat**.




22



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Snapchat Basics

 *Snapchat was created by a group of 3rd year Stanford University students in 2011.*

Snapchat is a *mobile application* that allows users to send and receive **messages**, **photos**, and **videos** to family members, friends, and acquaintances.

Messages, photos, and videos produced on the application are called **'snaps.'**

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Snapchat's Most Used Features

Snap Filters



Snap Score

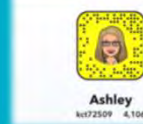
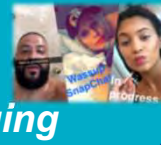
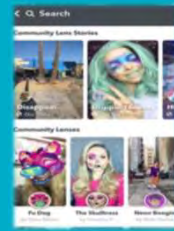


Photo & Text Messaging



'Happening Now'



Snap Audio & Video Calls



Snap Map

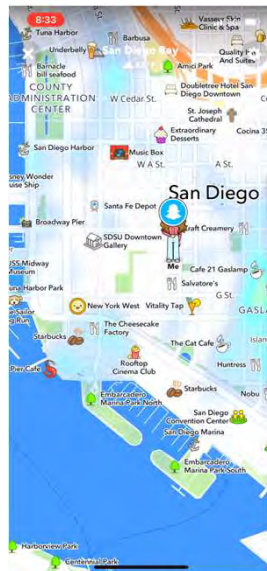


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Snap Map & Location Tracking

*Let's scroll through some
Snap Map Content...*

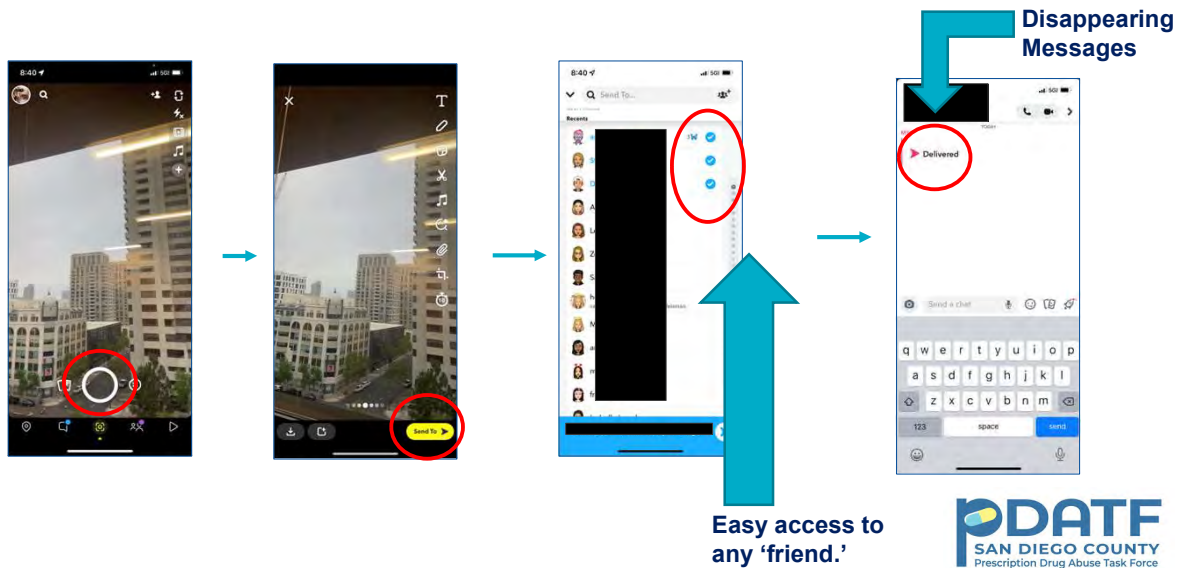


- Easily connect with people *you would have never met*
- Search near vicinity for *questionable activity*

PDATF
SAN DIEGO COUNTY
Prescription Drug Abuse Task Force

26

Ease of Access & False Security



27

Florida Snap
Another te

NEWS
Sheriff: Tyler Carr sales
Logan Ryan Carr, 19, was arrested after selling drugs over a popular social media app in Tyler, Texas. Several people in the Polk County Sheriff's Office are involved in the case.

WATCH LIVE NEWS ELECTIONS VIDEO WEATHER SPORTS COMMUNITY

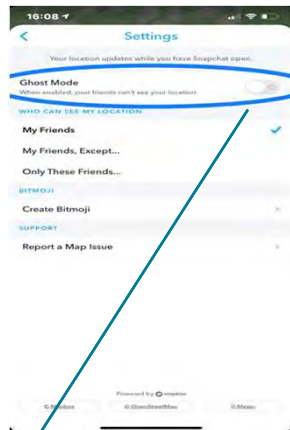
2KUTV

SNAPCHAT
Snapchat Makes It Harder for Kids to Buy Drugs as Overdoses in US Rise
Snapchat's parent company said it changed its friend recommendation feature, making it tougher for drug dealers to connect with children.
Published January 18, 2022

PDATE
SAN DIEGO COUNTY
Prescription Drug Abuse Task Force

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Talk Internet Safety



**Go GHOST
Mode**



**Report
suspicious/illegal
activity**



29


Naloxone Toolkit



30

San Diego County Community Naloxone and Overdose Training



**REVERSE OPIOID OVERDOSE
WITH NALOXONE** 

31

Signs of an Overdose

- Deep snoring/gurgling
- Hard to Wake Up
- Unconsciousness or inability to awaken
- Vomiting
- Slow/shallow to no breathing, gurgling or choking sounds
- Pale, blue, or gray lips, fingernails or clammy sweaty skin
- Slow heartbeat



32

32

Stimulate the Person

- Check responsiveness
- Ask if they are okay
- Shake their shoulder
- Perform a sternum rub
- Check to see if they are breathing
- Look, Listen and Feel
- Call 911 if they are not responsive or not breathing



33

Naloxone Use

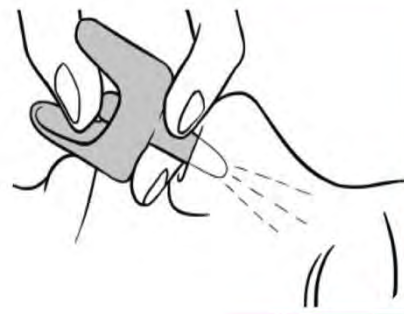


1. Remove Naloxone Nasal Spray from the box
2. Peel back the tab with the circle to open the packaging
3. Hold the Naloxone Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle

34

Naloxone Use

4. Gently insert the tip of the nozzle in either nostril
5. Press the plunger firmly to give the dose
6. Remove the plunger from the nostril
7. If there is no reaction in 2-3 minutes or if the person stops breathing again, give the second dose of naloxone into the OTHER nostril using a new spray device



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SAN DIEGO COUNTY
Prescription Drug Abuse Task Force

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35

Suspect an
Overdose?
Stay & call 911

California's Good Samaritan Law can protect you from simple drug possession charges

**Together we can
#StopOverdoses**

PDATF
SAN DIEGO COUNTY
Prescription Drug Abuse Task Force

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Good Samaritan Law Video



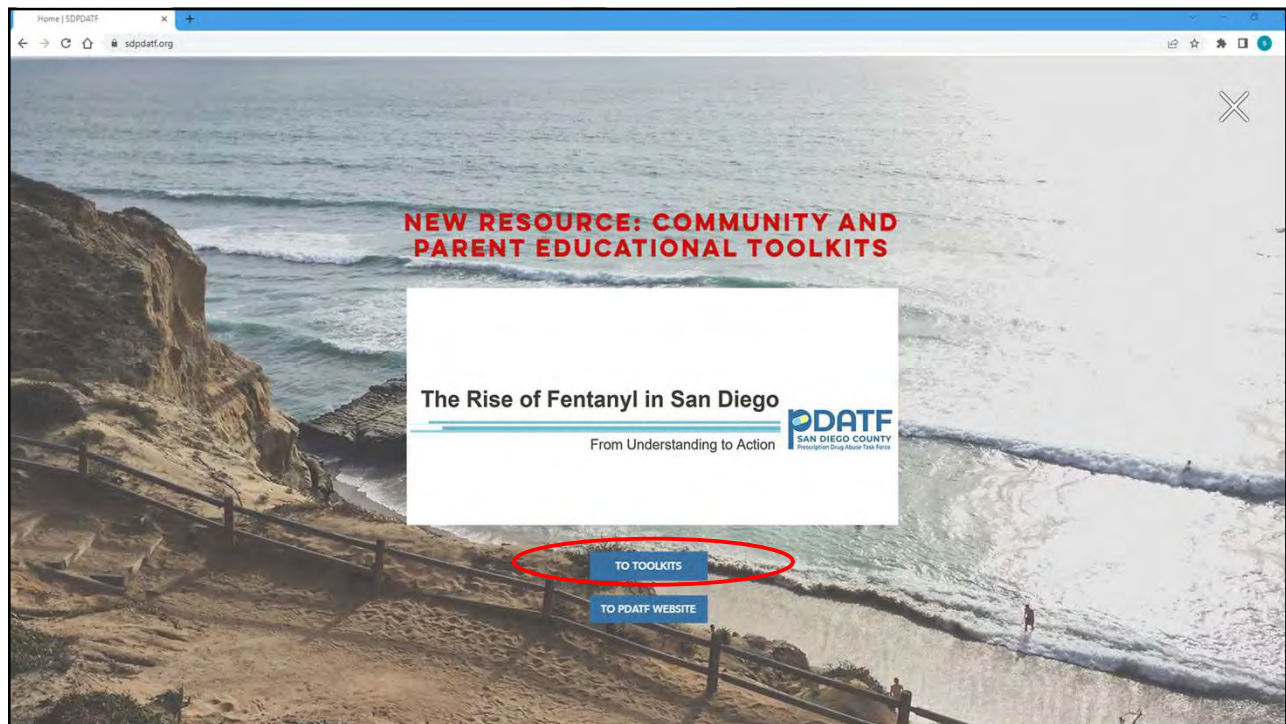
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37

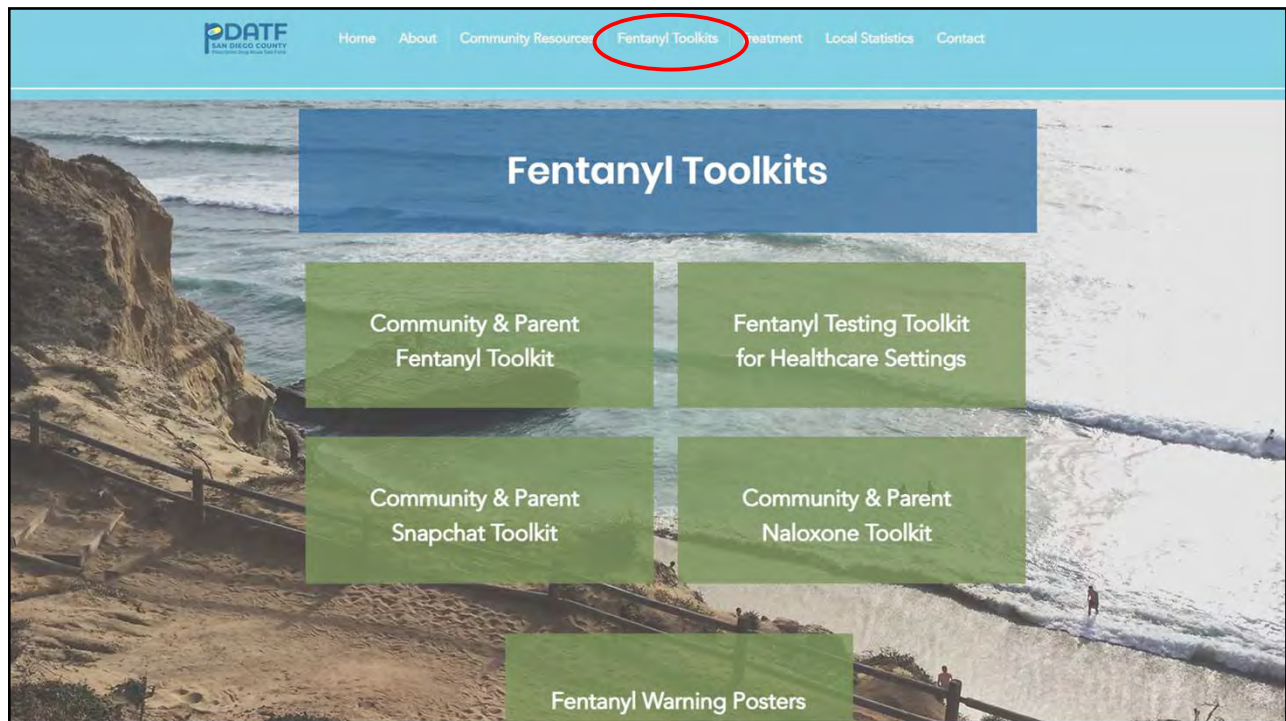
Where are the Toolkits located?

SDPDATF.ORG

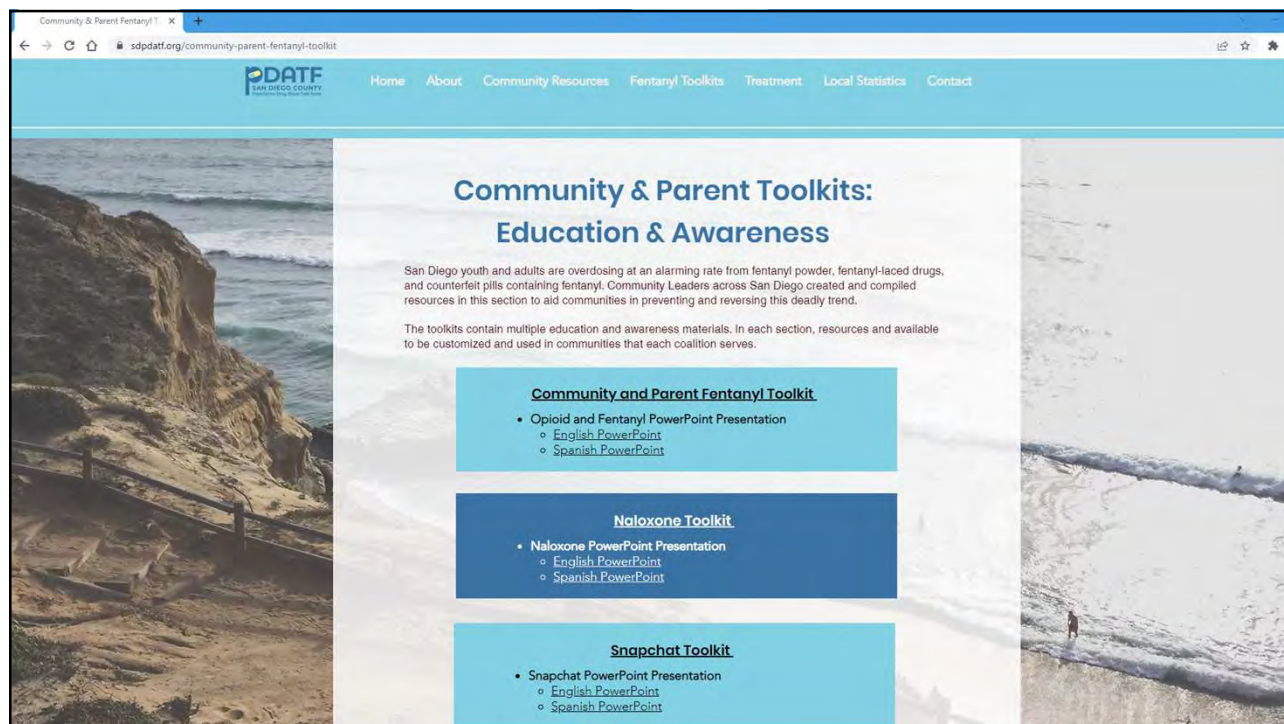
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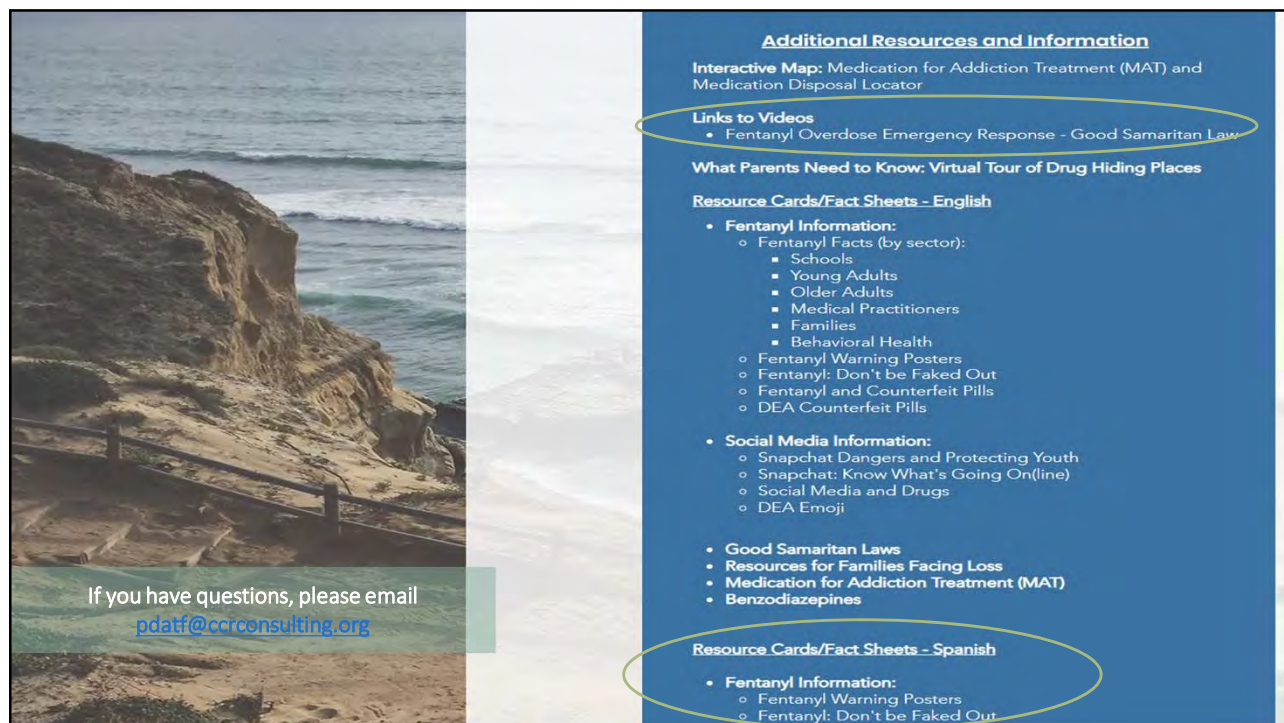
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41



42



Treatment Starts HERE



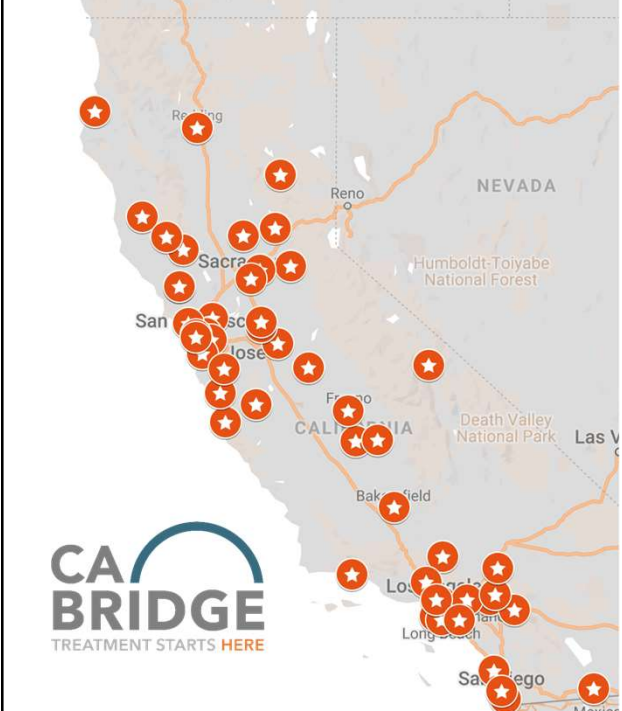
43

A Patient-Centered, Rapid Access Approach to Substance Use Disorders

- Patients seeking treatment for substance use disorders (SUDs) within the standard addiction treatment system routinely encounter barriers such as long wait times and prolonged intake processes, increasing the risk of continued illicit substance use and premature death.
- A patient-centered, rapid access approach prioritizes timely access to medication, reduces unnecessary use of resources, and improves the effectiveness of care. This approach expands on “low-threshold” model. It focuses on meeting patients ‘where they are’.



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CALIFORNIA BRIDGE PROGRAM

150+ hospitals are access
point for patients with
substance use disorders.

**CA
BRIDGE**
TREATMENT STARTS **HERE**

45

Opioid use disorder is a high-risk chronic illness.

FOR MORE INFORMATION
Medications for Addiction
Treatment (MAT) Counselor:

Scripps Mercy Hospital, San Diego Tanya P. (619) 260-4661	Scripps Memorial Hospital – Encinitas Talia G. (858) 737-8867
Scripps Mercy Hospital, Chula Vista Robert T. (619) 272-1998	UC San Diego Health Dennis W. (619) 471-9115

**CA
BRIDGE**
TREATMENT STARTS **HERE**

Stop being dependent on
opioids such as:

- Street opioids (heroin)
- Prescription opioids (fentanyl, oxycodone, hydrocodone, codeine, morphine, etc.)

Access to this treatment
is available for all patients
regardless of income, insurance,
race, creed, homelessness, or
sexual preference.

This hospital is a safe
space to talk about
your substance use.

CRISIS LINE
(888) 724-7240
7 Days a Week 24 Hours a Day

**COME TO THE EMERGENCY
DEPARTMENT:**

Scripps Mercy Hospital, San Diego
4077 Fifth Avenue, San Diego, CA 92103

Scripps Mercy Hospital, Chula Vista
435 H Street, Chula Vista, CA 91910

Scripps Memorial Hospital, Encinitas
354 Santa Fe Drive, Encinitas, CA 92024

UC San Diego Health
200 W. Arbor Drive, San Diego, CA 92103

LOCAL CLINICS WE WORK WITH:

**FAMILY HEALTH CENTERS
OF SAN DIEGO**

**LA MAESTRA
COMMUNITY HEALTH CENTERS**
City Heights • El Cajon • National City • Lemon Grove

Fashion Valley
Comprehensive Treatment Center
Opioid Use Disorder Program

**SAN YSIDRO
HEALTH**

EMERGENCY
Basic Emergency Medical Services
Physician on Duty 24 hours

**NEED HELP WITH HEROIN?
OXY? OTHER PAIN PILLS?**

**MEDICATION CAN HELP
YOU STAY ALIVE**

**YOU DON'T HAVE TO
FEEL SICK ANYMORE**

We Can Help.

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CONTACT US



Dennis Whitmyer, MA, CADC II
UCSD Emergency Medicine
619-471-9115
Dwhitmyer@health.ucsd.edu

HARM REDUCTION 101

HARM REDUCTION COALITION OF SAN DIEGO



SD OEND

SAN DIEGO OVERDOSE
EDUCATION AND NALOXONE
DISTRIBUTION PROJECT

1

THIS TRAINING IS
BROUGHT TO
YOU BY A
COLLABORATIVE
PARTNERSHIP:

**San Diego Overdose
Education + Naloxone
Distribution**

SD OEND



SD OEND is a collaborative partnership between the County of San Diego, HRCSD, A New PATH, SAY San Diego, and UCSD.



HRCSD provides harm reduction services to all of San Diego County.

2

TRAINING GOAL

Apply a harm reduction approach when providing services to people who use drugs (PWUD).

3

TRAINING OBJECTIVES

By the end of this training, you'll be able to:

Discuss

- Discuss the principles of harm reduction



Understand

- How and why harm reduction is an important tool



Share

- Share ideas with clients to reduce harm related to drug use

4

I. OVERVIEW

5

WHAT IS HARM REDUCTION?

- Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

-National Harm Reduction Coalition

- Harm reduction can be applied to any behaviors that have an impact on individual and community risk.

6

WHY IS THERE A NEED FOR HARM REDUCTION?

- A realistic, effective response to disease and disproportionate death of marginalized communities
- Challenge to stigma that can alienate people and cause unnecessary death
- Educate people on how to respond to overdose
- Empower people to help their communities
- Provide the tools and resources to save the lives of our friends and families

7

CHOOSING BETTER WORDS: HOW LANGUAGE AFFECTS HEALTH

8

LANGUAGE AFFECTS CARE

- Language affects clinical care and provider perception of patients. Language change is encouraged by large medical associations.

- In 2017, when the American Psychological Association (APA) instructed change of language surrounding substance use disorders, they stated:

"these changes aren't merely semantics or political correctness. Widespread media misunderstanding of the fundamental nature of addiction has led to some deadly misconceptions about how it should be managed."



9

LANGUAGE AFFECTS SELF-WORTH

- Language can perpetuate stigma
- The lives of people with disease and disability are worsened by stigma, thus leading to public prejudice, loss of self-worth, and negative implications for health and well-being.

(<https://www.stigmaandempowerment.org/ajpr>)



10

WHAT IS STIGMA?

Merriam-Webster:

a mark of shame or discredit : STAIN

Cambridge:

a strong feeling of disapproval that most people in a society have about something, especially when this is unfair

Oxford:

a mark of disgrace associated with a particular circumstance, quality, or person

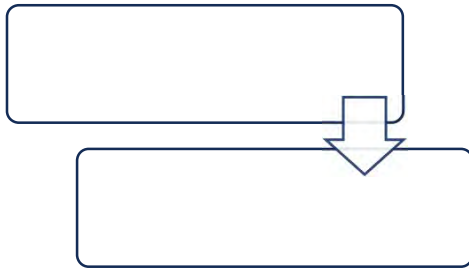


11

LET'S CHOOSE BETTER
WORDS.
HERE'S HOW:

12

PRACTICE PERSON-FIRST LANGUAGE



13

THROW AWAY OVER-SIMPLIFYING AND STEREOTYPING TERMS

These kinds of words have no place in a professional setting.

They are harmful and should be retired.



14

Changing the Language of Addiction

ASAM
American Society of
Addiction Medicine

Terms that stigmatize addiction can affect the perspective and behavior of patients, clients, scientists, and clinicians. Clinicians especially need to be aware of person-first language and avoid more stigmatizing terms.

Terms Not to Use

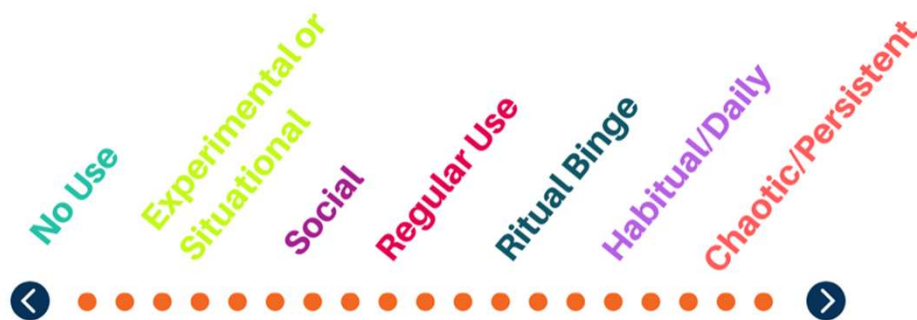
- addict, abuser, user, junkie, druggie
- alcoholic, drunk
- oxy-addict, meth-head
- ex-addict, former alcoholic
- clean/dirty (drug test)
- addictions, addictive disorders

Terms to Use

- person with a substance use disorder
- person with an alcohol use disorder
- person with an opioid use disorder
- person in recovery
- negative/positive result(s)
- addiction, substance use disorder

15

KNOW HOW TO DIFFERENTIATE LEVELS OF USE
WITHOUT NEGATIVE CONNOTATION.



16

SEX WORK IS WORK

- Do not assume the circumstance which brought a person to engage in sex work
- Avoid derogatory, stigmatizing terms. If unsure, use the term “sex worker.”
- Sex workers sometimes go without medical care out of fear of arrest or poor treatment by medical staff (source: ACLU)



1) **Don't Assume.** Don't assume you know why a person is in the sex industry. We're not all trafficked or victims of abuse. Some people make a choice to enter this industry because they enjoy it, others may be struggling for money and have less of a choice.

2) **Be Discreet and Respect Personal Boundaries.** If you know a sex worker, it's OK to engage in conversation in dialogue with them in private, but respect their privacy surrounding their work in public settings. Don't ask personal questions such as "does your family know what you do?" If a sex worker is not out to their friends, family, or co-workers, it's not your place to tell everyone what they do.

3) **Don't Judge.** Know your own prejudices and realize that not everyone shares the same opinions as you. Whether you think sex work is a dangerous and exploitative profession or not is irrelevant compared to the actual experiences of the person who works in the industry. It's not your place to pass judgment on how another person earns the money they need to survive.

4) **Watch Your Language.** Cracking jokes or using derogatory terms such as "hooker", "whore", "slut", or "ho" is not acceptable. While some sex workers have "taken back" these words and use them among themselves, they are usually used to demean sex workers when spoken by outsiders.

5) **Address Your Prejudices.** If you have a deep bias or underlying fear that all sex workers are bad people and/or full of diseases, then perhaps these are issues within yourself that you need to address. In fact, the majority of sex workers practice safer sex than their peers and get tested regularly.

6) **Don't Play Rescuer.** Not all sex workers are trying to get out of the industry or in need of help. Ask them what they need, but not everyone is looking for "Captain Save-A-Ho" or the "Pretty Woman" ending.

7) **If you are a client or patron of sex workers, be respectful of boundaries.** You're buying a service, not a person. Don't ask for real names, call at all hours of the day/night, or think that your favorite sex worker is going to enter into a relationship with you off the clock.

8) **Do Your Own Research.** Most mainstream media is biased against sex workers and the statistics you read in the news about the sex industry are usually inaccurate. Be critical of what you read or hear and educate yourself on who exactly is transmitting diseases or being trafficked.

9) **Respect that Sex Work is Real Work.** There's a set of professional skills involved and it's not necessarily an industry that everyone can enter into. Don't tell someone to get a "real job" when they already have one that suits them just fine.

10) **Just because someone is a sex worker doesn't mean they will have sex with you.** No matter what area of the sex industry that someone works in, don't assume that they are promiscuous and willing to have sex with anyone at any time.

11) **Be Supportive and Share Resources.** If you know of someone who is new to the industry or in an abusive situation with an employer, by all means offer advice and support without being condescending. Some people do enter into the sex industry without educating themselves about what they are getting into and may need help. Despite the situation, calling the police is usually never a good option. Try to find other organizations that are sensitive to the needs of sex workers by contacting the organizations listed below.

12) **As you learn the above things, stand up for sex workers when conversations happen.** Share your personal stories if you so choose. Don't let the stigma, bigotry and shame around sex work continue. Remember it's important that sex workers be allowed to speak for themselves and for allies to not speak for sex workers but to speak with sex workers.

13) **Realize that sex work transcends visible notions of race, gender, class, sexuality, education, and identity;** sex workers are your sisters, brothers, mothers, fathers, lovers, and friends. Respect them! Get Active! Contact your local SWOP Chapter to find out what you can do or form your own in the city you live in.

The Sex Workers Outreach Project | www.swopusa.org | @swopusa

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GENDER

- Ask people what their pronouns are (she, he, they, etc), and use their preferred pronoun
- Do not joke about sex or gender; joking is harassment
- Each episode of LGBT victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average.

(IMPACT. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. American Journal of Public Health. 100(12), 2426-32.)



Graphic by Shaun Slifer

18

II. HARM REDUCTION

19

BRIEF HISTORY OF THE MOVEMENT IN THE USA

- Harm Reduction Working Group founded 1993
- Edith Springer – Harm Reduction
- Dave Purchase - Needle Exchange
- Dan Bigg - Naloxone



Photo source: Comer Family Foundation

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LOS ANGELES COMMUNITY HEALTH PROJECT

- Founded in 1992
- Supports and Advocates for our most marginalized LA community members
- Provides syringe, MAT, and referral services
- Trains community members, providers, and law enforcement in OD response and harm reduction



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THE CENTER OF OUR
MOVEMENT AND
PRACTICE

PRINCIPLES OF HARM REDUCTION

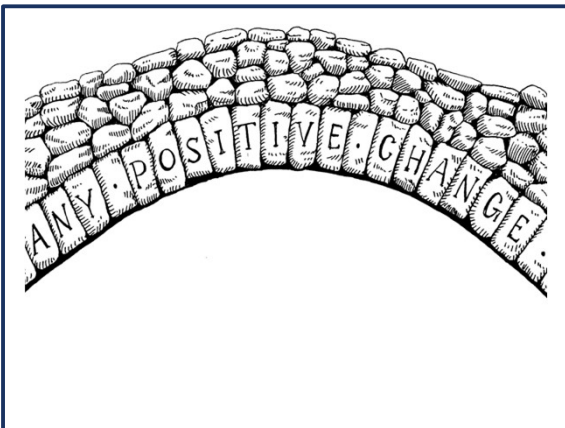
22

CORE PRINCIPLES

- WHOLE-PERSON CARE
- ACCESSIBILITY
- PARTICIPANT SELF-DETERMINATION
- PARTICIPANT INVOLVEMENT
- COMMITMENT TO EVIDENCE
- SOCIAL JUSTICE
- PRACTICAL AND REALISTIC

23

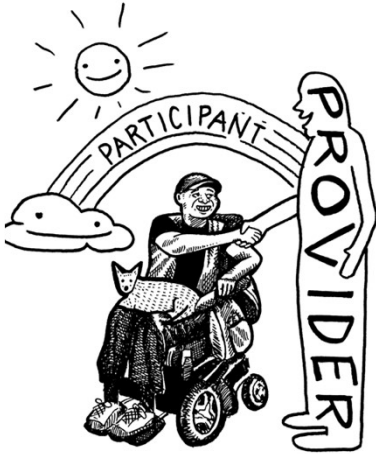
WHOLE-PERSON CARE



- Meeting people where they're at
- Considering the whole person's needs, beyond their substance use and behavior
- Non-judgemental care
- Practicing respect for all people

24

ACCESSIBILITY



- Eliminate the barriers to services and delivering those services based on peoples' circumstances
- Provide low-threshold programming to ensure no person gets left behind
- Advocate for accessibility to life-saving interventions (naloxone, MAT)

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PARTICIPANT SELF-DETERMINATION



- Everyone is the expert in their own lives
- An individual's choices are informed by a lifetime of experience that we cannot control, then or now.
- Stay ready and able to support when asked
- People will change when they are ready, when circumstances allow

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PARTICIPANT INVOLVEMENT

- Providers ensure the people you are serving have a real voice in the creation of programs and policies designed to serve them
- Understanding of the fact that people we serve know best what they need from their providers
- Empower participants to make a difference in the well-being of their community



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COMMITMENT TO EVIDENCE

- Using research and data to make informed decisions for best practices
- Creating innovative programming by collecting information from the experts: the people who use our services
- Pushing policy towards evidence-based models



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SOCIAL JUSTICE



Recognize inequalities and injustices that cause communities and individuals harm and provide less resources to cope.

These factors may include:

- Racism
- Poverty
- Prejudice
- Gender and sex-based discrimination
- Isolation and alienation
- Trauma

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PRACTICAL AND REALISTIC



- Accepting that substance use and risky behavior are a part of our society's human experience
- Working towards achieving **any positive change**
- Following scientific evidence as guidelines for developing programming, and adapting to change as data suggests

30

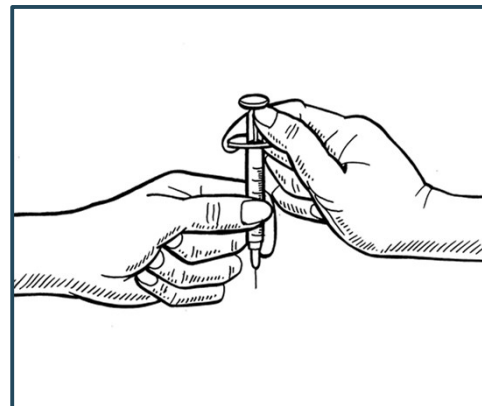
HARM REDUCTION IN ACTION

- Syringe Services Programs
- Low-Barrier Medication-Assisted Treatment
- Supervised Consumption Services
- Hep C Testing and Treatment
- Safer Sex Supplies
- Advocacy for PWUD

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SYRINGE SERVICES PROGRAMS (SSP)

- Provide access to sterile needles and other sterile injection supplies
- Proven intervention to reduce HIV & HCV transmission by 50%
- Reduce risk of other injection injury such as abscess, infection
- Provide education, referrals
- Naloxone distribution
- People who use SSPs are more likely to enter treatment than PWUD who do not use SSPs
- Cost effective – less people hospitalized or in treatment for HIV



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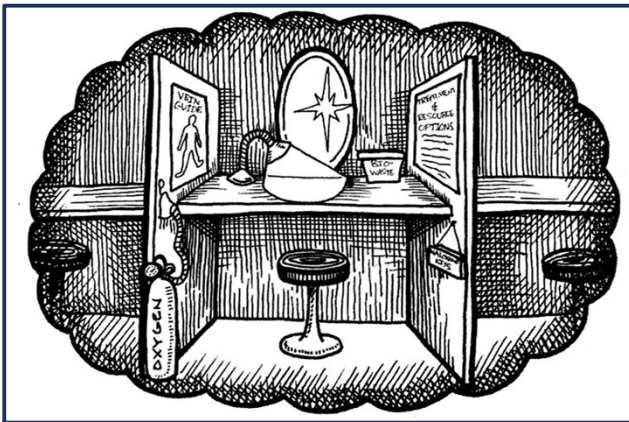


LOW-BARRIER MAT (MEDICATION ASSISTED TREATMENT)

- Whole-person approach to Substance Use Disorders (SUDs)
- Primarily for treatment of opioid addiction, also alcohol
- Helps accessibility and sustainability of recovery
- Medications include Buprenorphine (Suboxone, Subutex), Methadone, Naltrexone (Vivitrol)

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SUPERVISED CONSUMPTION SERVICES (SCS)



- Over 120 operating in 10 countries world-wide
- Facilitates safer use
- Not one overdose death on-site at any facility
- Improves quality of life and access to options for people who inject drugs

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HEPATITIS C TESTING AND TREATMENT

- Hepatitis C is the highest risk bloodborne disease transmission among PWID, living up to 6 weeks outside the body in ideal conditions
- Many SSPs offer Hepatitis C testing on site
- Without testing, people do not know their status and risk of transmission is greater
- SSPs can link participants to Hep C treatment



Orlando Chavez

35

SAFER SEX SUPPLIES



- Sex increases risk of disease transmission
- Supplies such as condoms, lube, dental dams, gloves, reduce risk of infection
- Simultaneous intravenous drug use and sexual activity compound risk

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ADVOCACY FOR PEOPLE WHO USE DRUGS



Holly Bradford, San Francisco City Hall 2016

- Drug policy in the United States is behind the rest of the developed world
- Advocate for evidence-based interventions
- Increase options for health
- Reduce stigma
- Educate the public about overdose prevention and response

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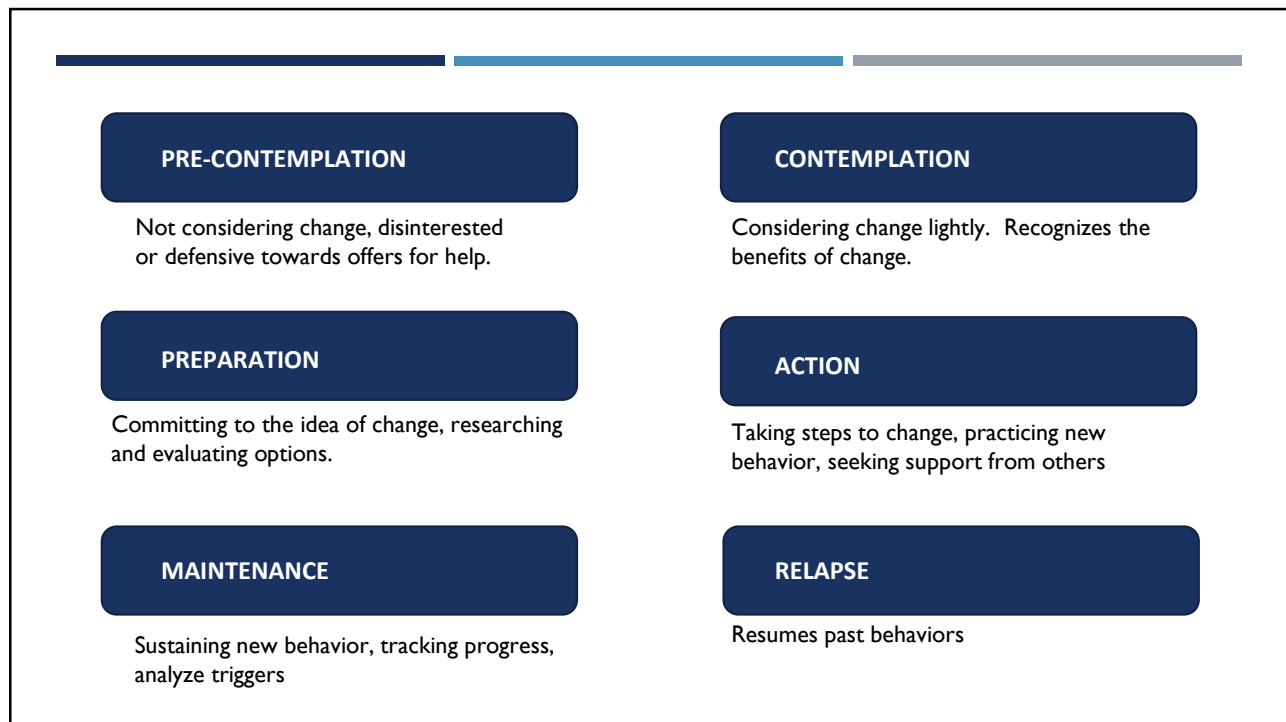


THE TRANSTHEORETICAL
MODEL:

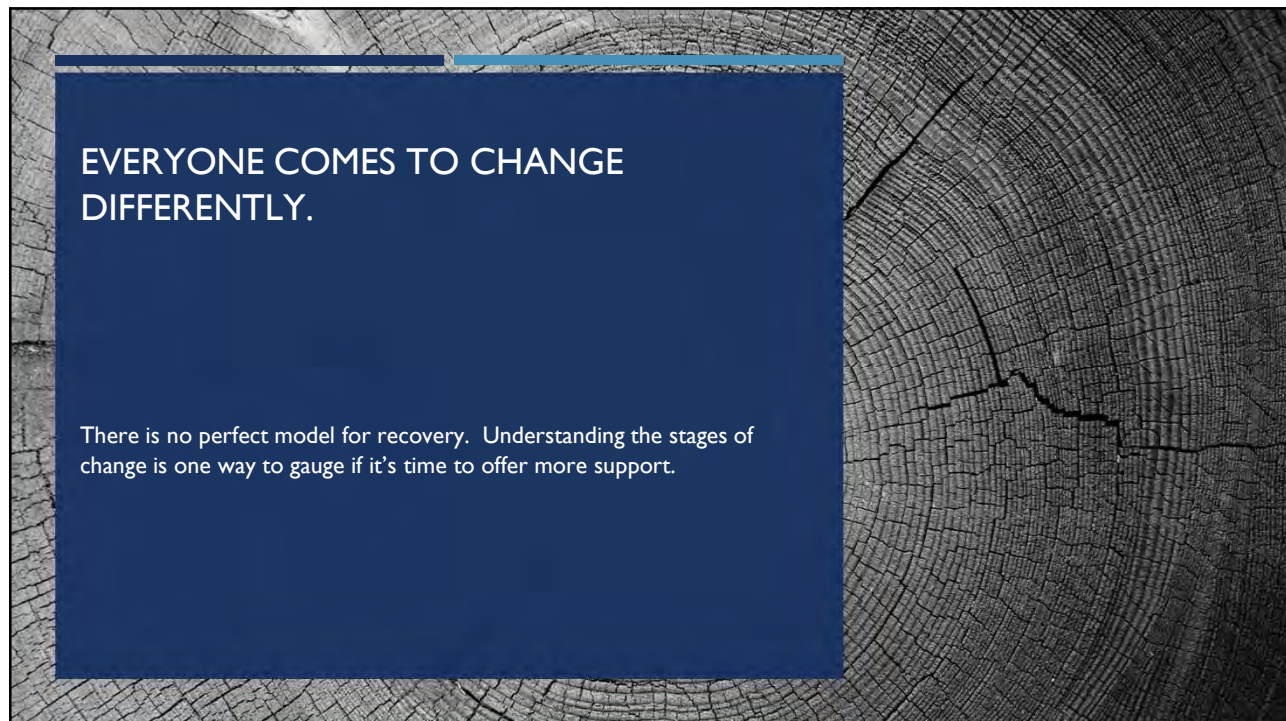
STAGES OF CHANGE

A model for gauging motivation and
readiness for change/recovery

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III. OVERDOSE

41

SAN DIEGO OVERDOSE EDUCATION & NALOXONE DISTRIBUTION (SD OEND)

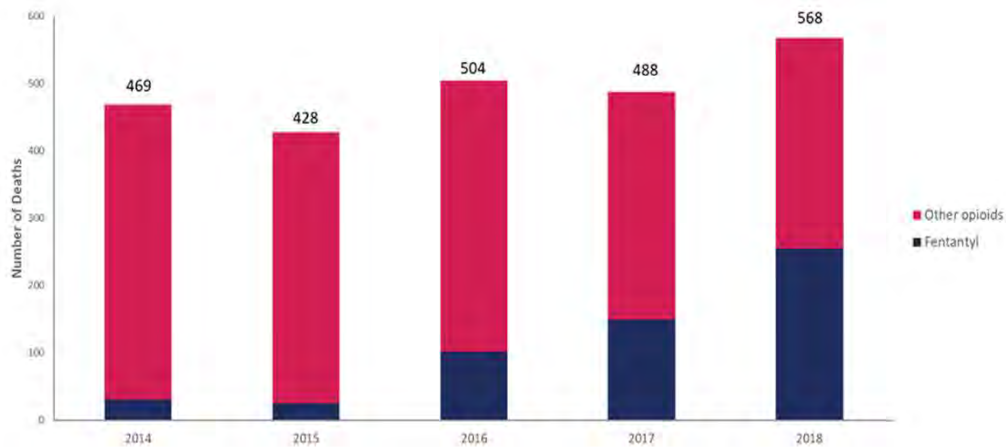


No-cost naloxone vending machine at Los Angeles County Jail Release Center. December 2019.

- **We aim to decrease rates of death due to overdose in San Diego County**
- Opioid overdose most common first 2 weeks following release from jail or prison.^{1, 2}
- PWUD perform the majority (82.8%) of reported overdose reversals in the U.S.³
- There is value in every life.

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UNINTENTIONAL OPIOID DEATHS: LOS ANGELES COUNTY 2014-2018



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WHAT IS A DRUG OVERDOSE?

A drug overdose occurs when a person consumes too much of one substance or mix of substances.

An overdose can result from consuming:

- One drug
- More than one drug
- This can happen with substances that are prescription, over-the-counter, legal, or illegal.

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CALIFORNIA LAWS

Good Samaritan Law AB 472

- Provides limited protection from arrest, charge and prosecution for people who seek emergency medical assistance at the scene of a suspected drug overdose.

Overdose and Treatment Liability Act AB 635

- Allows individuals to possess and administer naloxone in an emergency.
- A standing order allows properly trained individuals to carry and distribute Naloxone, which is a prescription drug.

45

WHAT ARE OPIOIDS

- Opioids are a type of drug from opium poppy or are synthetically made
- Opioids slow down the central nervous system, including your breathing
- Can be consumed by smoking off tar substance, injecting drug solution, swallowing a pill

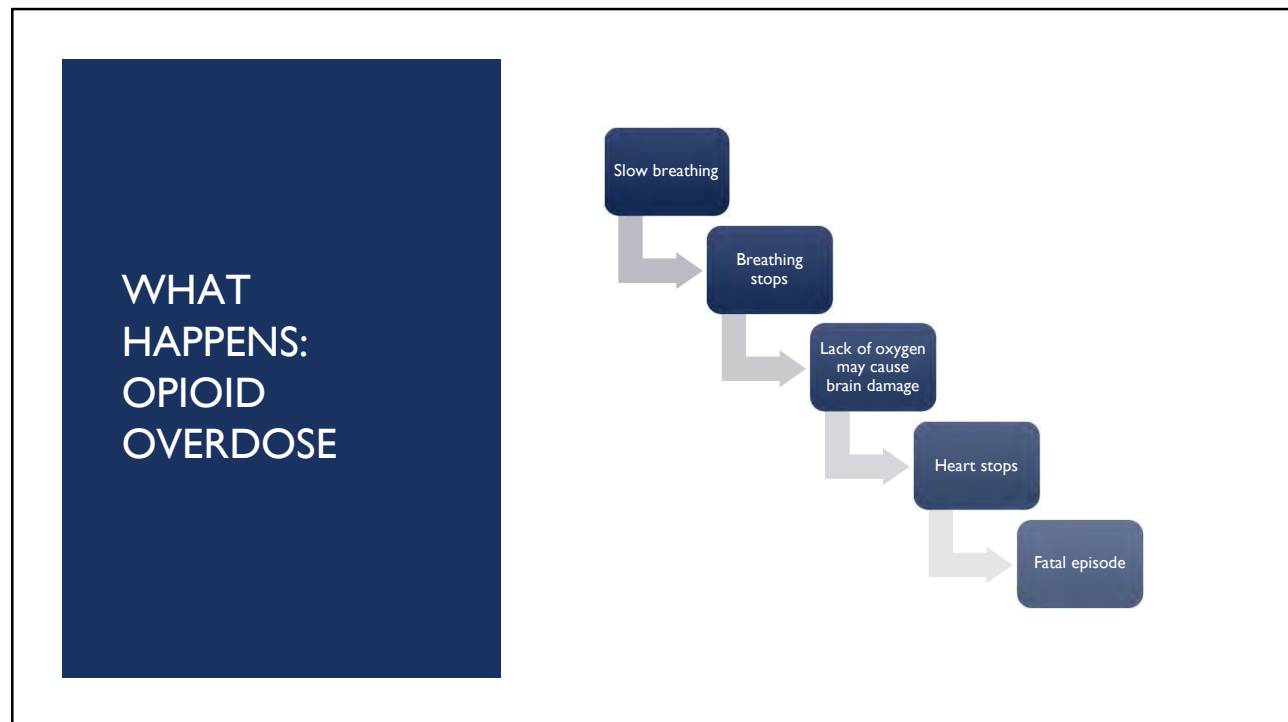


Handful of oxycodone, morphine, and hydrocodone pills

Examples of opioids

Heroin
Fentanyl
 Morphine
 Methadone
 Codeine
 Oxycodone (Percocet, Oxycontin, Roxicodone)
 Hydrocodone (Lortab, Vicodin)
 Hydromorphone (Dilaudid)

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SIGNS OF OPIOID OVERDOSE		
Breathing	Discoloration	Lack of Response
<ul style="list-style-type: none"> • Shallow • No breathing • Choking • Snoring gurgle sound 	<ul style="list-style-type: none"> • Blue • Purple • Ashen Grey • Silver Tint 	<ul style="list-style-type: none"> • They will not be responsive • Unconscious

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FENTANYL-RELATED OVERDOSE



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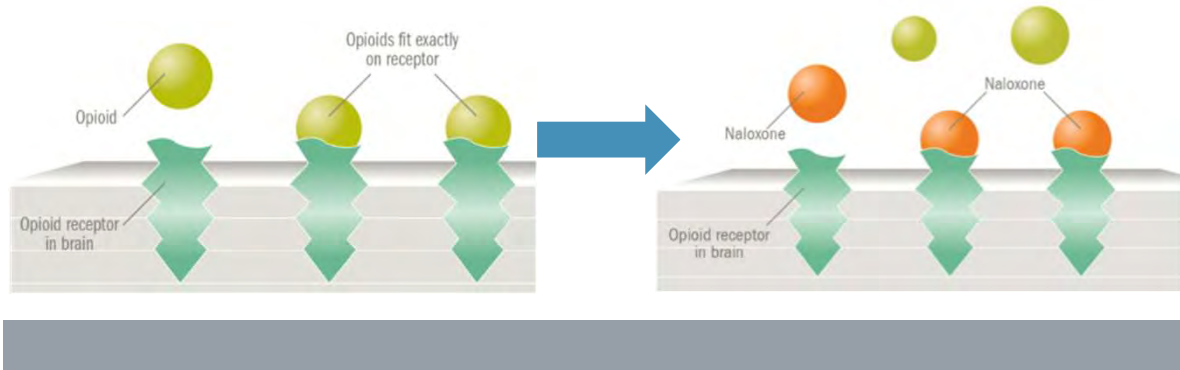
WHAT IS NALOXONE



- Narcan is Naloxone
- Narcan® is a brand name
- Naloxone is an opioid antagonist “blocker” which reverses opioid overdose
- Does not get a person “high”
- Can be used IN or IM
- Does not get you high, is not addictive
- Stays in the system 30-90 min
- Keep out of sunlight for storage

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HOW NALOXONE WORKS



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RISK FACTORS FOR OVERDOSE



Period of Abstinence

Mixing Drugs

Fentanyl in drug supply (unintentional use)

USING ALONE (risk factor for fatal episode)

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IDEAS FOR OVERDOSE PREVENTION:

Use a small amount
each time taking the
drug – like a taste test

Leave Narcan out --
somewhere obvious

If mixing drugs, keep
an eye on Benzos

If mixing drugs, use
opioid 1st

Let people know its
okay to 'Narcan' you if
you are blue or purple
and won't wake up

If you do use alone, ask
someone to knock on
your door in a few
minutes

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1 SPOT AN OVERDOSE

- Blue or grey nails & lips
- Slow breathing or difficulty breathing
- Rattling or loud snoring
- Unresponsive

2 TAKE ACTION

TRY TO WAKE THEM UP

- Shake the person and shout
- Rub knuckles hard over breastbone to try to wake them

CALL 911

ADMINISTER NARCAN

BEGIN RESCUE BREATHING

- Shake the person and shout

3 DON'T LEAVE

- If still unresponsive give 2nd dose of Narcan
- Continue rescue breathing until help arrives

LACOPREVENTION.ORG
OORPREVENTION@OHS.LACOUNTY.GOV

END
Preventing & Reducing Opioid Overdose

OVERDOSE RESPONSE

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COVID 19- SAFETY

How-to
Respond to an
Overdose:

Use the Narcan

Call 911

Rule of Thumb:

If Narcan
is in your
hand, use
it first.

If phone
is in your
hand, call
911 first

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CHECK FOR RESPONSE

Audible Stimulation:

Yell into their ear
"Hello!" or "I'm going
to Narcan you!"

Physical Stimulation:

Sternum rub, rake
knuckles across the
center-chest bones



Sternum Rub

IF NO RESPONSE, TAKE ACTION →

56

STEP 1: NALOXONE

Use the naloxone

- Take naloxone out of the package
- Hold the device with your thumb on bottom of plunger
- Insert nozzle up their nose
- Press plunger firmly
- Wait two (2) full minutes
- Give another dose if they don't wake up



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STEP 2: CALL 911

- Speak with emergency operator
- Dial 911
- Tell them you Found Someone Unconscious
- Give the address or cross streets
- It's okay to say "I don't know"
- If you are alone put operator on speaker



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STAY WITH THE PERSON UNTIL THEY REGAIN
CONSCIOUSNESS OR EMERGENCY MEDICAL
SERVICES ARRIVES

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COVID-19 SAFETY



Naloxone

- There must be **no delay** in using naloxone for suspected opioid overdose.
- This will entail a brief period of being less than 6 feet from another person.
- Wear disposable gloves.
- Avoid unnecessary contact.
- If there is no response in 2-3 minutes, give them a **second dose**

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COVID-19 SAFETY

Rescue Breathing

- **Rescue breathing carries risk** for COVID-19 transmission – even with a breathing mask
- There is **no mandate** that RB has to be carried out by trained responders
- RB techniques when correctly done can save lives, particularly if naloxone is not available.
- **The most critical interventions remain administration of naloxone and calling 911**

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COVID-19 SAFETY

Options for Rescue Breathing

If you are setting up an opioid overdose response program in your facility, consider the use of a bag valve mask or one-way valve mask.



Bag valve mask

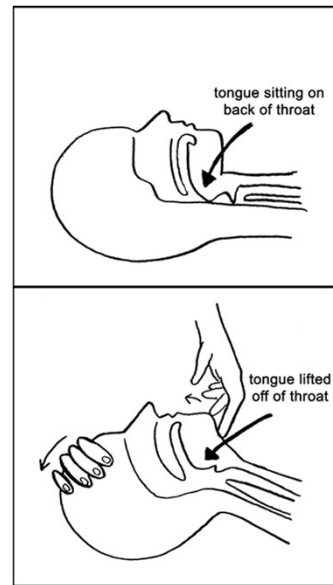


One-way valve mask

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RESCUE BREATHING (TRADITIONAL)

- Put the person on their back.
- Place palm on forehead and use other hand to lift chin to open the airway.
- Pinch the nose shut or follow face mask's instructions.
- Give a gentle breath to see if the chest rises. If not, check for objects/obstructions in the air way.
- If you don't have a protective barrier, seal your lips over the person's open mouth.
- Give 2 quick breaths to start.
- Give one breath every 5 seconds. Each breath should last for one second.



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COVID-19 SAFETY

When giving instructions at the scene, ask someone to:

Call 911

Get the Narcan

Get a face covering
and gloves

Call out after 2 full
minutes
(timekeeper)

Wait for the
ambulance outside

If there is an AMBU
bag or one-way
valve mask, ask
someone to get that

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POST-CARE

ONCE THE
PERSON REGAINS
CONSCIOUSNESS,
TELL THEM:

They were found unconscious

They were Narcanned (# of times)

911 was called

Ask if they're ok

Don't restrain them if they motion to leave

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KEEP THE SCENE CALM

What the person might be experiencing:

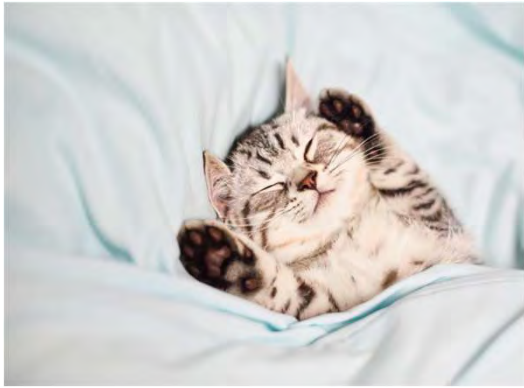
- Disoriented
- Embarrassed
- Confused
- Upset
- Withdrawal

How you can help:

- Keep the scene calm as possible
- Ask if they need anything
- Ask people to give space – the only bystanders on the scene should be lay responders
- Avoid yelling at them, "You could have died" or "What were you thinking?"
- Avoid telling them to get into drug treatment – this can be broached later

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YOUR CARE



After the response, focus on self-care to wind down from the event.

■ Examples for self-repair:

- Take a walk
- Speak with others who responded and 'process'
- Call a friend to say hi
- Be alone, Be with people

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IV. MEDICATION-ASSISTED TREATMENT (MAT)

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MEDICATION FOR SUBSTANCE TREATMENT

Effective medication can be another way to reduce drug use, fatal overdose, HIV and hepatitis.

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Medication-Assisted Treatment

There are three types of medication used to treat opioid addiction. They all help reduce cravings and can be used in conjunction with behavioral treatments to help people stop abusing prescription painkillers or heroin.



Methadone

Dolophine, Methadose

Methadone activates opioid receptors in the brain, fully replacing the effect of whichever opioid the person is addicted to.



Buprenorphine

Suboxone, Subutex, Probuphine

Buprenorphine activates opioid receptors in the brain, partially replacing the effect of whichever opioid the person is addicted to.



Naltrexone

Vivitrol

Naltrexone binds to opioid receptors in the brain, blocking the effects of opioids.

Source: National Institute on Drug Abuse, Pew Charitable Trusts

Credit: Rebecca Hersher and Alyson Hurt/NPR

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NEED FOR CHANGE

Between 1995 and 2009, a study of opioid-related death found an interconnection between the increasing availability of certain Medication Assisted Treatments and an approximately 50% decrease in fatal overdoses.

Schwartz RP, Gryczynski J, O'Grady KE, et al. Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009. Am J Public Health 2013;103:917-922

1995 - 2009

2021

Current research studies have found that MAT is substantially under-prescribed for people living with opioid use disorders.

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BARRIERS TO MEDICATION-ASSISTED TREATMENT

■ **Underdiagnosed** – Data suggests a high percentage of people living with Opioid Use Disorder (OUD) are undiagnosed

■ **Sigma** – judgement at all levels of MAT acquisition, from PCP to pharmacy

■ **Lack of Provider Advocacy**– Provider personal bias against MAT option, “trading one drug for another” limits expansion and access

■ **Lack of provider training**– Providers are not confident in offering MAT if undereducated on addiction and treatment

■ **Varying quality** –High quality MAT care can be hard to find. Provider adherence to evidence-based addiction treatment is essential.

■ **Limited access** - Wait Lists and cash-only options due to the complex process of MAT provision burdens participants and providers

Source: Why we need bolder action to combat the opioid epidemic, Charumilind, MD; Tom Latkovic; Razili Lewis; and Elena Mendez-Escobar, McKinsey & Company
Five Barriers to MAT Access, Axial Healthcare

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RESOURCES

San Diego Overdose Education and Naloxone Distribution (Overdose education, prevention, naloxone access points, vending machines, technical assistance, training, community events, onboarding of community partners, etc) 619-961-0527 hrcsd.org

Harm Reduction Coalition of San Diego ON POINT (syringe services, safe use supplies, syringe disposal, overdose prevention and education, community training, sex worker support, advocacy, drug user health, drug testing/checking, etc) CEO 619-961-0527 (providers) or 1-888-NARCAN-0. Check out HRCSD.org for more information

A New PATH (naloxone training and distribution, advocacy, overdose prevention, bail reform) <https://anewpath.org> 619-670-1184

Eldorado Community Clinic(low barrier MOUD/MAT treatment, case management, naloxone, harm reduction services) <https://fhcsd.org> 619-515-2300

Family Health Centers of San Diego (HIV/HCV/STI/COVID, one-for-one syringe service program Safe Point San Diego, healthcare for the homeless, MAT, SUD, primary care)

National Harm Reduction Coalition (online resources, trainings, newsletters, advocacy, and drug user education and support) <https://harmreduction.org>

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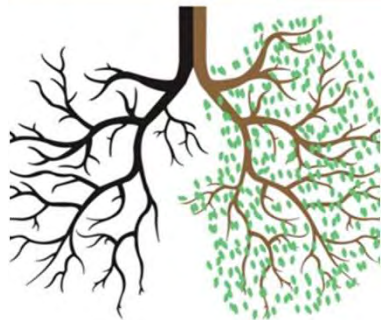
III. Q & A

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THANK YOU ❤️

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SD OEND

SAN DIEGO OVERDOSE EDUCATION +
NALOXONE DISTRIBUTION PROJECT

harmreduxsd@gmail.com

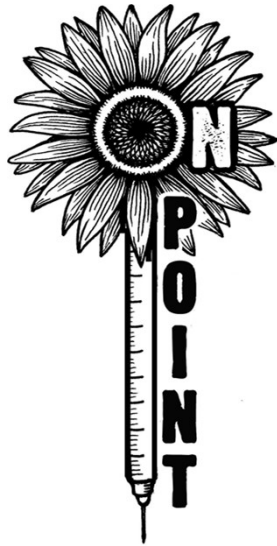
1-888-NARCAN-0

1-619-961-0527



THANK YOU

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THANK YOU



Presented by the Harm
Reduction Coalition of
San Diego ON POINT

Tara Stamos-Buesig,
Founder and Executive
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Harm Reduction Coalition of San Diego SD OEND


San Diego Overdose Education and Naloxone Distribution

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**THIS
PRESENTATION
IS BROUGHT TO
YOU BY A
COLLABORATIVE
PARTNERSHIP:**

**San Diego Overdose
Education + Naloxone
Distribution**

SD OEND



SD OEND is a collaborative partnership between the County of San Diego, HRCSD, A New PATH, SAY San Diego, and UCSD.



HRCSD provides harm reduction services to all of San Diego County.

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Harm Reduction Coalition of San Diego

We are a grassroots non-profit organization aimed at providing high quality, low barrier services including naloxone distribution, overdose prevention and education, drug poisoning risk reduction through drug checking, syringe disposal, and syringe services, as well as community referrals and linkage to healthcare and SUD services.

HRCSD works to improve the existing system for community-wide distribution by partnering with community partners through innovative and evidence based strategies, in alignment with the County of San Diego 's Comprehensive Harm Reduction Strategy, approved by the Board of Supervisors in June of 2021.

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-
- Opiate overdoses are a national and local crisis. In San Diego alone, we have seen rising opioid related deaths for several consecutive years.
 - Naloxone is a life saving medication that can reverse an overdose when administered to people who are currently experiencing overdose.
 - Due to rising overdose rates in the region, enhanced distribution of naloxone into the hands of community members is vital in saving lives that might otherwise be lost to overdose death.
 - It has been shown that 1 life is saved for each 36 kits of naloxone distributed in high-risk populations and 1 life is saved for every 200 kits in the general population (Coffin& Sullivan, 2013).
-

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How do we address naloxone distribution to affect a difference?

The Harm Reduction Coalition of San Diego, through a contract awarded by the County of San Diego, will design and implement a naloxone distribution program (NDP) that integrates community engagement, organizational partnership, training/education, distribution of naloxone and other harm reduction resources, tracking, and reporting strategies resulting in naloxone saturation in the region. This contract is in alignment with the County of San Diego Board of Supervisors Comprehensive Harm Reduction Strategy.

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Comprehensive Harm Reduction Strategy

Approved by San Diego County Board of Supervisors on June 8, 2021, the CHRS envisions a community where the impacts related to substance use are seen as a crisis that influences overall health, well-being, and the quality of life of the individual, families, and community, where stigma does not impede access to services, and where we realize a community free of substance-related harms.

This strategy was created based on a mission to protect San Diegans from the individual, family, and community impact of drug use which prioritize human dignity, saving lives, providing appropriate levels of care for people who use drugs (PWUD), and best practices in addressing substance use and addiction.

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- Aims to reduce the impact of SUD by implementing OD prevention with PWUD, service providers, and other community members who may be at risk and those associated with people at risk.
- Serve the focus population including all County residents who are using drugs, with special emphasis on opioids and are at risk for overdose, as well as their family, social networks, and other associates, along with any other member of the public who is more likely to witness an overdose, along with service providers or CBOs that work with PWUD.

SD OEND GOALS & OBJECTIVES

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Innovative Strategies of SD OEND

- Driven by the voices of those most impacted
- Provide 550 naloxone and harm reduction trainings a year
- Onboard and train community partners, LE, probation, criminal justice partners, juvenile probation, non-traditional first responders, youth and TAY, educators and counselors, middle and high school students and their parents
- Emergency rooms, jails, outreach teams
- Comprehensive in depth Harm Reduction training and TA
- Naloxone Access Points (NAPs) throughout SD County 5 days a week
- 12 vending machines strategically placed throughout areas of greatest need
- 33,000 plus kits of naloxone and harm reduction supplies such as fentanyl test strips
- 1-888-NARCAN-0
- Centralized website
- Low barrier access
- Data collection and evaluation

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Collaborations and Partnerships are Key to San Diego Overdose Education + Naloxone Distribution

- Working closely with stakeholders, coalitions, task forces, treatment and homeless service providers, those with lived experience, medical providers, law enforcement and criminal justice partners, CBOs, and other key players helps to build a supportive and collaborative community in which we can accomplish the goals of SD OEND, which is to save lives.
- Education, shared ideas, and innovative strategies have been key in the development of local response to the overdose crisis we face today.
- As a result, we have been able to establish partnerships with HIDTA, OD Maps, researchers, SD County, and others, with the goal of saving lives and preventing overdose. So much of this is done by reducing the stigma and educating each other.

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Thinking Outside the Box

Ongoing engagement, listening sessions, and inclusion of people who use drugs in the planning and implementation of programs and policies.

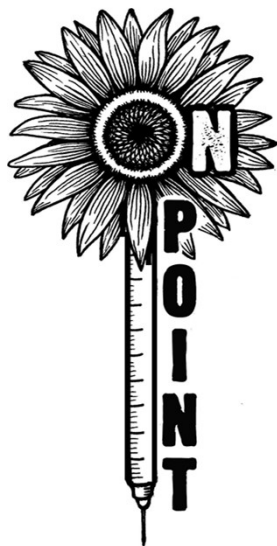
Non-traditional settings

Drug checking (CHECKSD), drop in centers, drug user health, secondary distribution, credible messengers, and overdose prevention (SCS) sites

Ongoing work to address the stigma surrounding drug use by looking at our own personal biases and working to change the narrative in all areas

Leaning into evidence based interventions utilized around the world

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THANK YOU



Presented by the Harm
Reduction Coalition of
San Diego ON POINT

Tara Stamos-Buesig,
Founder and Executive
Director

harmreduxsd@gmail.com
619-961-0527

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PRELIMINARY RESULTS: ILLICIT FENTANYL MESSAGING FOR YOUTH

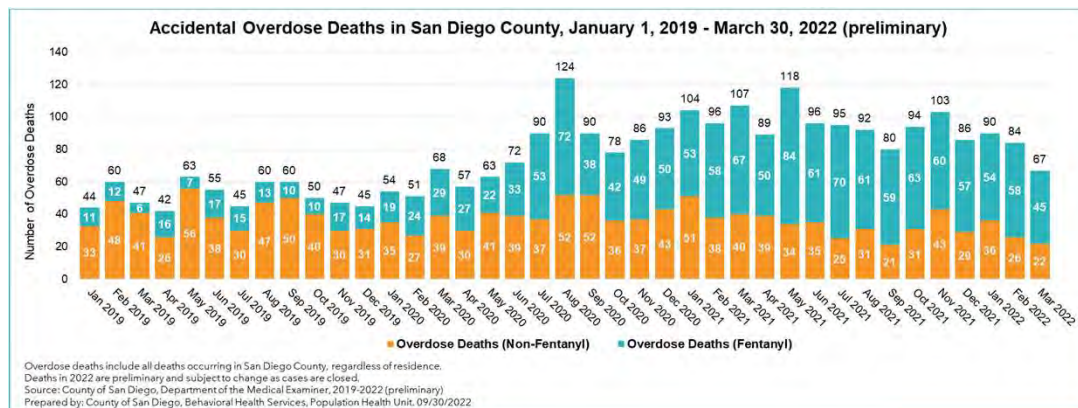
Presented by Melanie Briones and Evan Hodges

Combined System of Care Councils Meeting

Monday, October 10, 2022

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Background



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Background

- Culturally and age-appropriate substance use awareness campaign:
 - Youth and transition age youth-focused
 - Secondary audience parents/caregivers
 - Focus on illicit fentanyl based on overdose deaths
- Input gathered in these preliminary conversations will be used to guide content creation current and future behavioral health promotion efforts to come

3

Stakeholder Breakdown

Organization	Priority Population	Age Range	Topic	Date Occurred
Behavioral Health Services System of Care Councils	CYF, TAY, Adults	Varies	Fentanyl	9/20/22-9/27/22
Drug-Free Communities - Escondido	Youth	14-17	Fentanyl	8/29/22
Youth Leadership Team, CoSD	Youth	16-24	Fentanyl	9/15/22
The Center - Hillcrest	LGBTQ+ Youth	14-17	Fentanyl	9/21/22
Youth Leadership Team, CoSD	Youth	16-24	General behavioral health	9/22/22

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Questions Asked

- What comes to mind when you hear "fentanyl" or "fentanyl crisis"?
- How does your community talk about substance misuse or overdose?
- How could substance use prevention and/or treatment resources best be shared to different age groups in your community?
- Examined three short videos from other campaigns

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Common Themes

What comes to mind when you hear "fentanyl" or "fentanyl crisis"?

Drug crisis

**Affecting
people I
know**

**Deadly,
lethal,
dangerous**

**Increase in
unnecessary
deaths**

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Common Themes

How do people in your community talk about substance use disorder, or overdose prevention?

Not talked
about
enough

Often is
stigmatized

Scary

Typically
related to
mental health

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Common Themes

What is the best way to promote services/resources to your community?

Social Media
(Instagram &
Snapchat)

Educate early
on in school

Offer courses
on substance
use topics

Real Stories

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Highlighting Council Input

- "It's heartbreaking! I lost a cousin last year due to a fentanyl overdose. He was a family man who went to his brother's birthday party and never came back home that night." *TAY Council*

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Highlighting Council Input

- "The community of behavioral health providers sees substance misuse and overdoses as an issue - one that we recognize exists and want to talk about. Others that may not work in the same industry/field may think substance misuse or overdose is not a major issue or "does not happen in my neighborhood." *Adult Council*

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Highlighting Council Input

- "I am angered and outraged that people think they are taking a pill that in reality is not a pill but Fentanyl in the shape of a pill or laced with Fentanyl. They are overdosing and dying because they think they are taking one thing, when in reality it is something else. One mistake can cost a person their life." *TAY Council*

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Preliminary Recommendations

Based on input we received from youth, recommendations for messaging include:

- Include clear call-to-action
- Clear, concise messaging; not too wordy
- Include images and fact-based messaging
- Relate substance misuse to mental health
- Do not criminalize drug use or the drug user
- Use real stories of people who have been impacted
- More education on Naloxone
- Use Social Media channels (e.g., Instagram, Snapchat, TikTok)
- Utilize Youth as trusted messengers
- Don't try to be "trendy", comes off as "cringe and outdated" as social media trends come and go so quickly

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Meet Myles: Key Quotes

- "I think the message that the same person always supplied Myles and his friends with pills was important to hear. It is powerful when you hear him say that "it could have been either one of us...him or me" Just because you know and trust your dealer, does not mean that he hasn't been given pills laced with Fentanyl." – TAY Council
- "It was very short, I definitely wanted to learn more, hear more. The complicated thing about the "cut in" narrative is that it does somewhat imply blame on folks who may know they are consuming fentanyl. They also do not deserve to die and/or being blamed/shamed for their addiction." – Behavioral health/healthcare professional

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Next Steps

- Opportunity for "Creative Extensions"
 - What statistic, image, graphic, call to action, etc. could be used to reinforce the message of Meet Myles?
 - Laced Pills Are Everywhere
 - It Could Have Been Anyone
 - Eliminate Stigma
- Ongoing opportunities to provide input on Overdose Prevention, Mobile Crisis Response Team, and other Behavioral Health Promotion Efforts

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Thank You

If you didn't get the chance to provide input before, you can scan the QR code to do so.

We greatly appreciated your participation, please feel free to contact evan.hodges@sdcounty.ca.gov if you have additional questions or to learn more about upcoming opportunities to provide your input on behavioral health promotion efforts.



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Issaiah's Story: Key Quotes

- **"This video was extremely effective for me. It showed that a sophomore teenage boy who was athletic and didn't appear to routinely use drugs, made a mistake and took what he thought was a Percocet. One pill that was not Percocet gave him brain damage and ultimately killed him because he chose to take the pill. The video did a great job showing how mom felt. It was received as true feelings and thoughts. My heart hurt for that mom."** – BHS TAY Council
- **"Powerful message about calling for help. Perspective from the mother may help to connect the message with other parents/caregivers."** – BHS Adult Council
- **"It's super important to talk about the laws in place to keep people safe from getting into legal trouble in these situations."** – Youth Leadership Team, CoSD
- **"This message teaches that the pill you think you're taking may not be what you're really taking."** – DFC Escondido

[Issaiah's Story | The Rise of Fentanyl - YouTube](#)

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Ethan's Story: Key Quotes

- **"All 3 of these videos told the stories of teenage boys - could there also being some showing the stories of other genders? And races? Also, although it's so important for parents to be having those tough conversations with kids, it's also more systemic than that: parents need to be educated, and schools and public health officials should also be carrying the labor of education, not just pushing the work onto parents."** – Behavioral health/healthcare professional
- **"Message might not resonate with communities of color or diversity."** – BHS Adult Council
- **"None of these kids knew they were taking fentanyl."** – LGBTQ+ Youth
- **"Doesn't address if there were any warning signs of substance use disorder (SUD) prior to overdose."** – Licensed clinician

[The Rise of Fentanyl: Ethan's Story - YouTube](#)

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APPLY TODAY (JOB POSTING #22235509)

governmentjobs.com/careers/sdcounty



Behavioral Health Program Coordinator

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY BEHAVIORAL HEALTH SERVICES (BHS)

Are you looking for an exciting career in behavioral health services that involves having a key role in enhancing the quality of life for residents of all ages?

The County of San Diego Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) is currently recruiting for **Behavioral Health Program Coordinators**. Behavioral Health Program Coordinators are responsible for the development and monitoring of a continuum of substance use and mental health programs throughout San Diego County.

The position requires a high level of attention to detail and the ability to navigate seamlessly between behavioral health knowledge and expertise, fiscal and budget oversight, quality management, and contract actions such as procurements, site visits and program engagement. Additionally, this position provides BHS departmental support and collaborates within BHS and across County departments providing subject matter expertise and cross threading for optimal outcomes. Ideal candidates excel in dynamic work environments and work well both independently and within teams. The Behavioral Health Program Coordinator position requires a current clinical license in the behavioral field with the State of California, and to have at least five (5) years of professional experience with one (1) year in an administrative or management capacity. The position is primarily completed via telework, with regular in-person activities and meetings. Candidates also have the option to work onsite at BHS' Mission Valley office location, if desired.

For additional information about the Behavioral Health Program Coordinator position, benefits, and how to apply, [click here](#).