





# How might shift law enforcement mindset to that of community officers?





### The Plan

### **Intended Audience**

First Responders beginning with Hollister Police Department and San Benito Sheriff's Office

Community Members suspected to have OUD/SUD

### **Intended Impact**

First responders have the unique position to interact with community members who may have SUD/OUD, with the decriminalization of drug offenses citations or warnings are given, during this moment or if interacting with someone who has been given on in the past, they can accompany it with a business card of the local SUN. By giving a direct contact for treatment services instead of an agency or organization we can hopefully increase the amount of individuals locally receiving treatment for SUD/OUD



# Measuring for Learning

• What can we measure now and in the future to see if the concepts work?

Outcomes	Number of warm handoffs to treatment after contact
Process	Number of cards handed out, number of phone calls to Ashlee(SUN)
Balancing	Survey first responders for effectiveness, ease of incorporation, and suggestions for change





### **Building Your Prototype**

• First Responder Cards:

"...handing out these cards aren't the hard part, what will be is shifting the mindset of law enforcement officers of why treatment is effective and not simply replacing one substance for another.."

- Captain Eric Taylor

(San Benito Sheriff's

Office)

# **Insights from Co-Design**

### Observations

• Our group is highly supportive but this is not applicable to the first responders and the community members, we need

### Feedback

 Need to prepare for explaining MAT and how is differs from preconceived notions and stigma surrounding methadone

### New Ideas that Emerge

Potentially utilize roll call for introducing this idea and rolling out slowly



# **Questions Moving Forward**

- Any suggestions?
- Has anyone worked on a project like this?







How might we develop the infrastructure for peer-support services geared towards individuals receiving treatment for substance use disorders?





### The Plan

### **Intended Audience**

- Audience for program buy in:
  - Treatment program key leaders and decision makers
  - PDATF Executive Committee
  - County Leaders
- Audience for peer-support recruitment:
  - Individuals w/ live experience (selfidentified)
  - Persons interested in careers in SUD counselors & recovery support

### **Intended Impact**

- Program Perspective:
  - Shared understanding among treatment program key leaders and decision makers of the value of integrating peer-support
- Impact of individuals trained in peer-support:
  - <u>Short Term:</u> Program implementation trainers can confidently train cohorts of peers to integrate into treatment programs
  - Long-term goal: Increase feelings of support and connection to additional services for individuals in treatment by peer-support workers.



# Measuring for Learning

• What can we measure now and in the future to see if the concepts work?

Outcomes	Increase retention in recovery  Passing rate for peer-support exam (when/if developed in state of CA)  Increase self-efficacy regarding accessing services
Process	Buy in from treatment program key leaders/decision makers, PDATF Exec. Team & County Leaders  Number of programs that accept program materials  Number of programs that begin implementing peer-support trainings
Balancing	If successful there might be a higher demand for peer-support workers in facilities than what is available.  Hesitation from key leaders and stakeholders

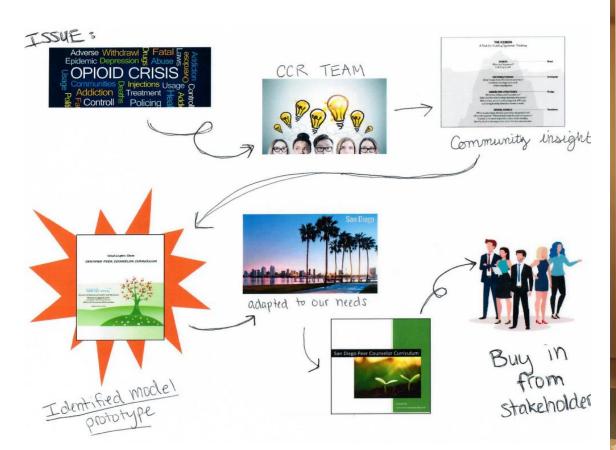


# **Building Your Prototype**

### **Concept Name:**

Peer-Support Curriculum & Toolkit

- 1. Individuals w/ Lived Experience Co-Design Session
- 2. Program Leader Co-Design Session



# **Insights from Co-Design**

- Observations
  - ✓ Truly values the voice of the intended users of the finished products
  - ✓ Incorporates iterative feedback throughout the process
  - ✓ Allows for open-discussion and idea sharing
  - ✓ Unveils overlooked items in the prototype
  - ✓ Generates community excitement and buy in from stakeholders by involving them in design process
- Feedback
  - ✓ Break prototype into very small, digestible sections when asking for community feedback
- New Ideas that Emerged
  - ✓ Make sure that materials are easily accessible and relevant for the intended population and end-user

# **Questions Moving Forward**

- What questions do you have for your colleagues?
  - How can we further engage community members during the design process of the peer-support curriculum and toolkit?
  - Does anyone know of programs in their area that have integrated peer-support into their treatment programs?





### AMPHETAMINE USE IN SANTA CRUZ COUNTY

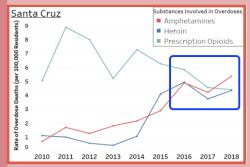


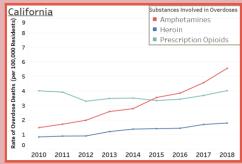


In recent years, news about the opioid epidemic has flooded the majority of our media outlets. With deaths numbering in the hundreds of thousands, it is of little surprise that the crisis has been receiving such a grand spotlight. The United States Council of Economic Advisors estimates that the opioid crisis has cost the nation upwards of \$690 billion dollars in 2018 alone.† While our healthcare delivery systems have been scrambling to control the misuse and prescription quantity of opioids, there has been a disturbing increase in amphetamine-related overdoses. In some states, the number of amphetamine-related overdoses has actually eclipsed that of opioid-related deaths. The US is experiencing an addiction epidemic and it is important to invest in strategies that address the entire array of substance use disorders.

### **Comparison of Amphetamine-related and Opioid-related Overdose**

Deaths in Santa Cruz County & California Data Shown as rate: (# of Overdose Deaths per 100,000





Within the two year time period between 2016 and 2018, the rate of amphetamine-related overdoses in Santa Cruz County surpassed both that of heroin-related overdoses and prescription opioid-related overdoses. This can be seen in the blue box that is highlighted in the graph above. Preliminary data from 2019 is no different and we could in fact see over a %150 increase in amphetamine-related overdoses during that year. A further cause for concern is the insufficiency within treatment options for individuals that live with an addiction to amphetamines. While we have a variety of FDA approved drugs to treat opioid use disorder we have none to treat amphetamine addictions. This results in higher rates of negative health outcomes (shown

on the next page) and increased pressure on not only our local healthcare system, but law enforcement agencies, social services, and court systems as well. An evidence-based approach to addressing addiction in our county would require yielding to this data and shifting our focus to include polysubstance use.

This issue is not unique to Santa Cruz. As you can see in the second graph, California as a whole is experiencing the same concerning increase in amphetamine-related overdoses. The issue of amphetamine misuse is reaching unprecedented levels and is effecting much of the western United States.

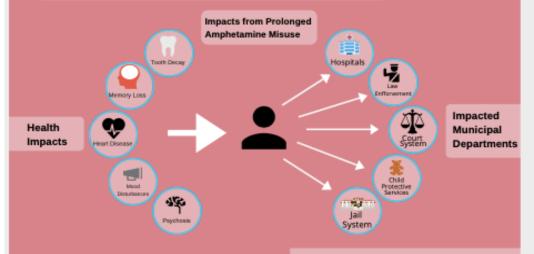
#### What are Amphetamines?

Amphetamines are a class of mood-altering stimulants. They are used licitly and illicitly. Amphetamines have been legally prescribed for the treatment of narcolepsy, ADHD, and obesity under brand names like Adderall, Vyvanse, and Evekeo. Historically, methamphetamine is cited as the most popular and destructive among illegal amphetamines (sometimes referred to as speed, crank, and crystal). It is worth noting that the rising incidence of non-medical use of prescribed amphetamines is contributing to amphetamine use disorder trends nationwide.

While amphetamines are some of the most regularly misused drugs, we are also still seeing high rates of misuse with cocaine, MDMA (ecstasy), and ritalin, three potent nonamphetamine stimulants.







#### What can you do?

SafeRx Santa Cruz is creating a methamphetamine work group. This work group will consist of community members and local public health experts committed to responding to the high rates of methamphetamine misuse in our county. We encourage you to join our coalition and share these informative materials,

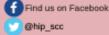
Please email rita@hipscc.org for more information.















Developed from reports released by the CDC, SAMHSA, and the CDPH Opicid Dashbaard





# How might we...launch a Polysubstance workgroup?

How might we...address polysubstance use in Santa Cruz County?





### The Plan

### **Intended Audience**

- 1. Health care providers
- 2. Key stakeholders affected/involved with people who use multiple substances
- 3. People using multiple substances
- 4. Community members

### **Intended Impact**

- 1. Policies and procedures
- 2. Collaboration to address and create solutions for people using multiple substances informed by people with lived/living experience and data
- 3. Improved quality and standardize care
- 4. Education



# Measuring for Learning

• What can we measure now and in the future to see if the concepts work?

Outcomes	<ul> <li>Improved care for people who use multiple substances</li> <li>Policies and procedures for clinicians</li> <li>Improve the health of people who use substances</li> </ul>
Process	<ul><li>Quarterly meetings</li><li>Quarterly check-ins with providers</li></ul>
Balancing	<ul> <li>Ad hoc meetings engaging those with lived/living experience to cross germinate the short term steps of the workgroup</li> </ul>





SafeRx Santa Cruz County Polysubstance Workgroup Launch March 10, 2020 1:00 PM to 2:00 PM

Agenda

#### 1:00 Welcome, introductions · Who is at the table? 1:10 All Group Discussion · Are the right people in the room? Past Santa Cruz methamphetamine workgroup All 1:20 Develop a Mission Statement · Review Draft Mission Statement (See Below) Evidence-based 1:30 Methamphetamine Infographic How can we use this? 1:40 **Next Steps** Actionable items Who to reach out to?

#### Draft Mission Statement:

"The Santa Cruz County Polysubstance Workgroup serves to convene local partners involved in addressing harmful drug use in the community with the purpose of creating a data-informed response to substance use trends."

#### Comments/Revisions/Additions:

When will we next meet? How often will we meet?

# **Building Your Prototype**

 Concept Name: Polysubstance workgroup

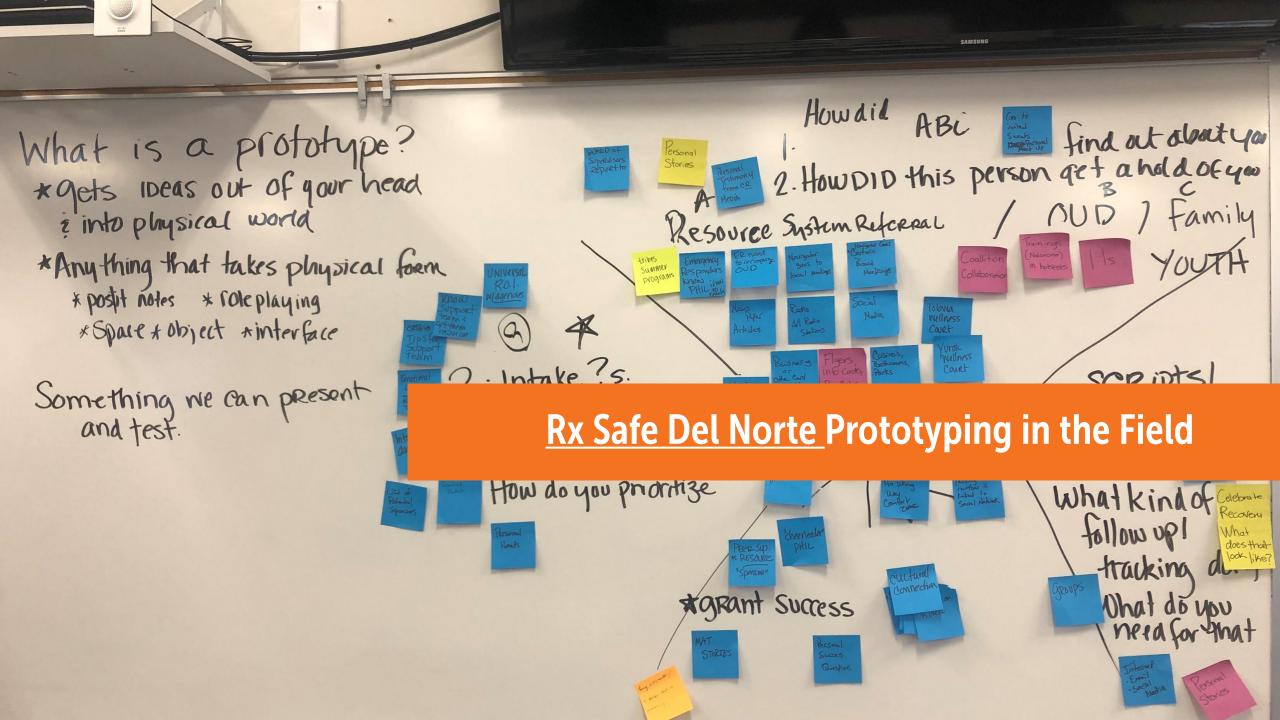
# **Insights from Co-Design**

- Observations:
  - Different stakeholders have different interests
  - Strong desire to participate in the workgroup
  - Collaboration
  - Enthusiasm
- Feedback
  - Positive feedback on Mission statement
  - Include more SDOH in infographic
  - Those w/ lived experience have different goals of harm reduction not lifetime use
- New Ideas that Emerged
  - What are our goals for the workgroup?
  - Who is missing at the table?

# **Questions Moving Forward**

- How do we engage those with lived/living experience in a respectful/meaningful way?
- What tangible outcomes can this group have?
- What data points do we have available to us to continue to inform this work?







# How might a Resource Navigator help get people onto the Road to Recovery





### The Plan

### **Intended Audience**

- First Responders Ambulance, Sherriff, Police, CHP, Mental Health, **DV** Response.
- Other "system people" DHHS, Case Mangers, Medical Providers, Tribal and Local Government, etc.
- Individuals with SUD / OUD
- Families of those with SUD / OUD
- Support System for people with SUD OUD

### **Intended Impact**

- Awareness of resources
- Access to resources
- Someone to call who can "sort. through" what people qualify for
- Referrals in real time with a warm handoff
- Increased Support and Stabilization services
- Successful MAT referrals and starts



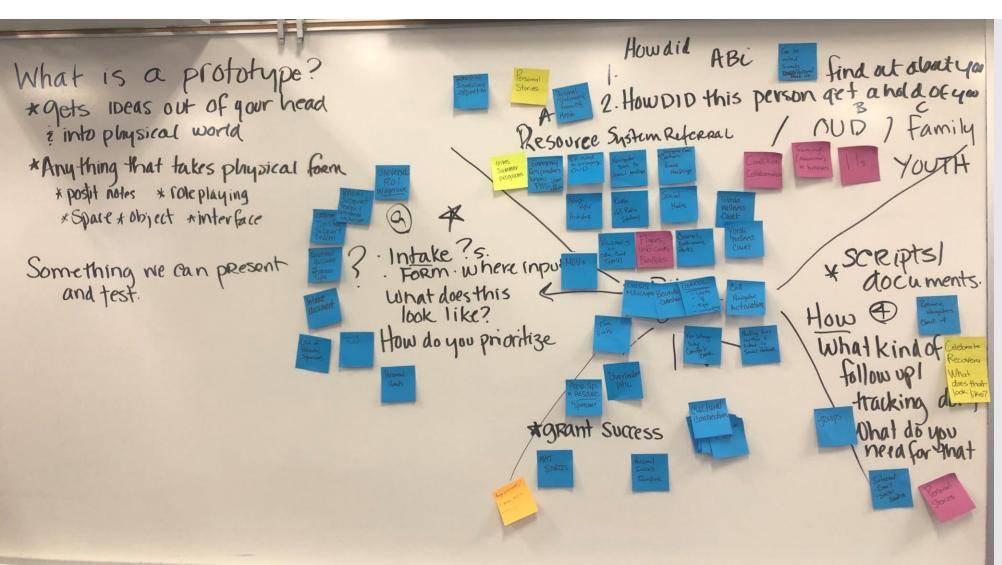
# Measuring for Learning

• What can we measure now and in the future to see if the concepts work?

Outcomes	<ul> <li>Would you use the Navigator (Awareness)</li> <li>Understanding of role</li> <li>Intake Form and ROI are useable to all key organizations and clients.</li> <li>Confidence in Navigator</li> <li>FUTURE:</li> <li>Successful MAT referrals.</li> <li>% of those who use Navigator or a Case Manager that works with navigator will be successful in referral and start of MAT programs</li> <li># of times the Navigator line is used</li> <li># of warm handoffs</li> </ul>
Process	
Balancing	



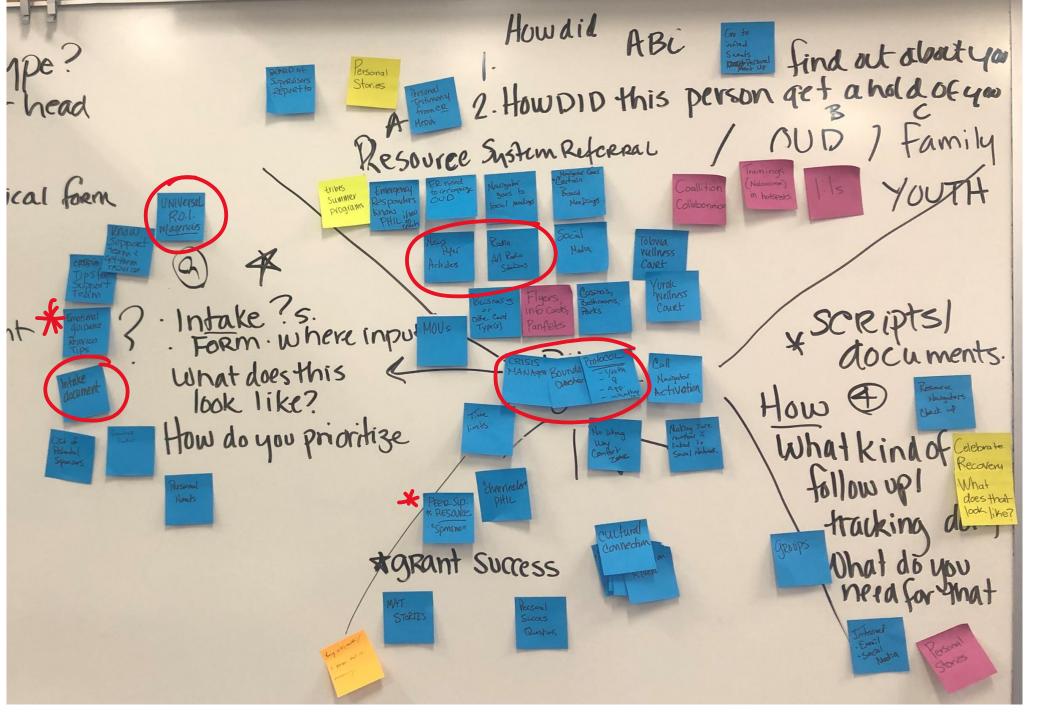
### Building Your Prototype: Resource Navigator



First we broke down aspects of the role of the Resource Navigator.

What would the following look like:

- How would people find out / get referred
- "Activation"
- Resource referral
- Continued support / follow up
- Success



Each of our staff took an aspect of our overall brainstorm session to create prototypes to be tested with our stakeholders.

# **Introducing Our Navigator**

```
/ navigator/exsare
/- position
announcement.
outlines - introduction ~
               - talk about the
Position - how
Showing
                   it's gonna work
                  questions for the
helps relate questions for the to listeners (are you
                  experiencing this; ect.)
to help people acknowledge
  reader
                   Contact, how to contact
-native focused
-traings/events_
                  resources available/
- Um ai Stuff
               - affirmations, celebro
Story-group
```

### • Resource Navigator Announcement:

This outline is for the purpose of building an announcement for the new Resource Navigator for local media to reach listeners/readers who may be directly affected or know someone affected by Opioid Use Disorder (OUD). This offers some accessible resources to contact our navigator who will help navigate them on the ideal pathway to recovery.

These local platforms include radio, newspapers, newsletters, social media.

In the event of an announcement we would have a limited amount of time to introduce key information to the listeners. This may include, but not limited to:

- Formal introduction of navigator and their roles
- **Description** of the navigator's as well as a description of RxSafe Del Norte and what they do.
- Contact information/ how to contact
- Some **key resources or tools** in the local community (Monthly coalition meetings, events happening in the community, trainings, drop locations, etc.)

#### Position Announcement (Navigator/Coalition)

# **Introducing Our Navigator**

#### **Outline**

Starting with **questions or scenarios** to pull listeners/reader's interest in. This can help relate to the audience and offer acknowledgement/ even a safe space for them where someone is listening and can offer them what they need if they or someone they know are suffering from Opioid Use Disorder (OUD)

**Introduction** for the position/the coalition. Who are we? How did we come to be? What are our personal experiences or our personal goals through this program?

Offering a more in-depth **description of the position/program**. What do we want to do? What are we currently doing? How do we want to make this happen, etc. We want to show that we are reliable and build our trust with the community.

Listing our **contact/ how to contact** and get involved. Meeting announcement, phone number, email, etc.

List some of our **key resources or tools**. This includes opportunities happening in our program and all over the community. Definitely highlighting that we are focused on the native community, diving into some of what our training specialist is doing.

Ending the announcement with some quick **affirmations**, maybe giving some **examples of recovery** and **celebrating that recovery** to build hope and motivation in the listeners/readers to hopefully inspire them to make that call.

### Position Announcement Prototype:

Position Announcement – Resource Navigator

I am [Name], your local resource navigator for the Del Norte community. I work with the Rx Safe Del Norte Coalition, which is a community coalition that is focused on the reduction of Opioid Use Disorder (OUD) in our local communities.

Our mission is "to engage the community in the prevention of Opioid Use Disorders (OUD), the reduction of stigma, and the promotion of treatment, recovery and wellness." We want to make sure we provide as many resources to our community of Del Norte including the local native communities who are heavily affected by opioid abuse.

My position as Resource Navigator means being accessible to our OUD affected community members who need assistance navigating local resources. This includes working with local organizations, service/medical providers to access treatment services for those affected by OUD.

Rx Safe Del Norte holds a monthly coalition meeting All are welcome, if you have been affected by opioids in your personal or professional life or would like to be a part of the solutions to end Opioid Use Disorder in Del Norte County, please attend. Our meetings are the third Monday of every month at the Crescent City community Health Center.

If you or someone you know is affected by OUD and you want to know more, you can contact us at: [xxx-xxx-xxxx]

[email]

And if you want to know more about Opioid Use Disorder (OUD) check out RxsafedeInorte.org Or find us on Facebook @ https://www.facebook.com/RxSafeDelNorte

Pain is real. Let's face the risk together.

# **Building Rapport**



Make sure the other individual is comfortable, build trust and expect the unexpected cause there is no wrong door to help a person; just find the door that fits their needs.

Hello, My name is Phil and I am a Resource Navigator. which is gaining the respect of the others and establishing a connection to provide information that will fit a that individual for their needs.

- Hello how is your day going?
- The role has to do with resources gathered and a team of information, and how the information is gathered from within each community to provide services for the people's needs. The Resource Navigator can help you find contacts you need for housing, food, transportation, MAT treatment, etc..
- I would like to explain that our conversations are confidential, unless you disclose you are going to hurt yourself or someone else, or a child is at risk, then I am obligated to file a report as a Mandated Reporter. Also but by signing a release of information I can talk to the people on this release about you and your situation, but I will only disclose what you feel comfortable with sharing...

### Questions



- Trust Icebreaker questions, or soft questions.
- Resource Navigator is always empathetic and cues in on needs.
- Through soft questions resources will present themselves.
- What brings you here/ how my I help you?
- Note quickly information on their needs.



Questions

**Answers** 

### INTAKE FORM Who Referred?

NAME: ADDRESS:	DOB:  PHONE:  SNC:  AHOLD OF YOU?
Hon Do I get	AHOLD OF YOU?
Sisters cal	FB on @ Fi
DEMOGRAPHICS: RO I Native America	ace/6thnicty:
D Native America	an Who gives
1) genaer	
D Age	Transportation.
I Support	sponsor > Staywith
	when you can I get a roll of
CHECKBOXES:	ne falle to  F/b 2 Barriores?  Arrest Barriores?
1) Disabled	W MECORA!
口 Kids 口 Domestic/Viol	Crisis Needs
7 Domestic/Viol	ence II Transportation Services
17 Veterens	IT Need Legal

### **Universal Intake and ROI**

### • QUESTIONS:

What are the screening questions that need to be in place in order to be able to provide the right referrals to the client?

What are the other "activation" points that open up a pathway of services e.g. Tolowa Dee-ni' Domestic Violence, Yurok Tribe TANF (housing, wrap around and stabilization services).

How are we able to follow up with people on their experiences, and if further help is needed.

How are we able to talk with family members or other agencies about this client.

What are the limitations of what our Resource Navigator is obligated to do

the follow people/agencies Moult Open Door

### **NEXT STEPS:**

Take these prototypes out to other agencies and case managers for feedback.

- What are we missing?
- Would this be used? Honored?
- Any feedback

Take the prototypes into the "field" to be tested with our first navigates.

• Test for comfort with answering questions and understanding how they are used.

# **Insights from Co-Design**

- Observations
- Feedback
- New Ideas that Emerged





# **Questions Moving Forward**

- How to make this work in the current COVID 19 protocols.
- Presenting prototypes electronically AND interactively without building too far.

