Needs Assessment
Mendonoma Opioid Response Planning Program
Gualala, CA
December 2019

Grantee Organization	Mendonoma Health Alliance	
Grant Number	G25RH32973	
Address	38958 Cypress Way, Gualala, CA 95445	
Service Area	Northern coastal region of Sonoma County and southern coastal region of Mendocino County. More specifically, 60+ miles of isolated, rugged coastline beginning in Irish Beach down through Timber Cove and parts of Cazadero. South coast of Mendocino County, CA By town and zip code: Irish Beach/Manchester – 95459, Point Arena – 95468, Gualala – 95445, The Sea Ranch – 95497, Stewarts Point – 95480, Timber Cove /Cazadero– 95450	
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Consortium Members and Stakeholders	Coast Life Support District	
	Mendocino County Public Health	
	Bright Heart Health	
	Mendocino County AIDS Viral Hepatitis Network	
Contributing Stakeholders	Redwood Coast Medical Services	
	Point Arena High School	
	Arena Elementary School	
	South Coast Continuation School	

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Introduction

Mendonoma Health Alliance is a non-profit community-based organization that provides direct prevention and wellness services through our Care Transitions Program, care coordination, health screenings, health education sessions and courses, and health resources, such as pill boxes, educational materials, blood pressure cuffs and prescription lock bags, to the community at-large. MHA also acts as the overarching convener for the MHA Rural Health Network.

Nestled along a rugged coastline with breathtaking views of the Pacific Ocean, MHA's unique service area encompasses a diverse group of small communities strung across 60+ miles of the rugged, winding Highway 1 corridor, along the southern coastal region of Mendocino County and northern coastal region of Sonoma County. Roads in and out of this treasured but secluded area are dangerous and sometimes impassable due to weather conditions and downed trees. Our service area is federally designated as "Frontier Area" due to its extreme isolation. From expectant mothers traveling over four hours round-trip for prenatal appointments to aging residents forced to leave their homes to be closer to specialty healthcare resources, no person goes untouched by the challenges of maintaining their health and well-being here. By population, MHA serves about 1,901 residents in Sonoma County between Timber Cove to the south and Sea Ranch to the north, and approximately 3,855 in Mendocino County from Gualala to the south through Manchester/Irish Beach to the north; a total of roughly 5,756 residents. This number fluctuates drastically during peak tourism seasons due to the high volume of part-time residents. It is estimated that part-time residents increase the Mendonoma service area population to more than 10,000.

MHA was created in the 2015/2016 Fiscal Year through the work of a Joint Operating Group (JOG), which was launched by our founding partner organizations – Santa Rosa Memorial Hospital (SRMH), Coast Life Support District (CLSD) and Redwood Coast Medical Services (RCMS), with participation by community representatives from different parts of the CLSD/RCMS service area. The JOG engaged in multiple strategic meetings in which community health priorities and partner needs were identified, resulting in four areas of focus, referred to as the MHA Key Initiatives, as seen below:

The JOG recognized that each Key Initiative requires support from a variety of resources, such as technology, community buy-in, funding, etc., to be successful. To back the intent and forward movement of the Key Initiatives, the following Supporting Initiatives were developed and adopted:

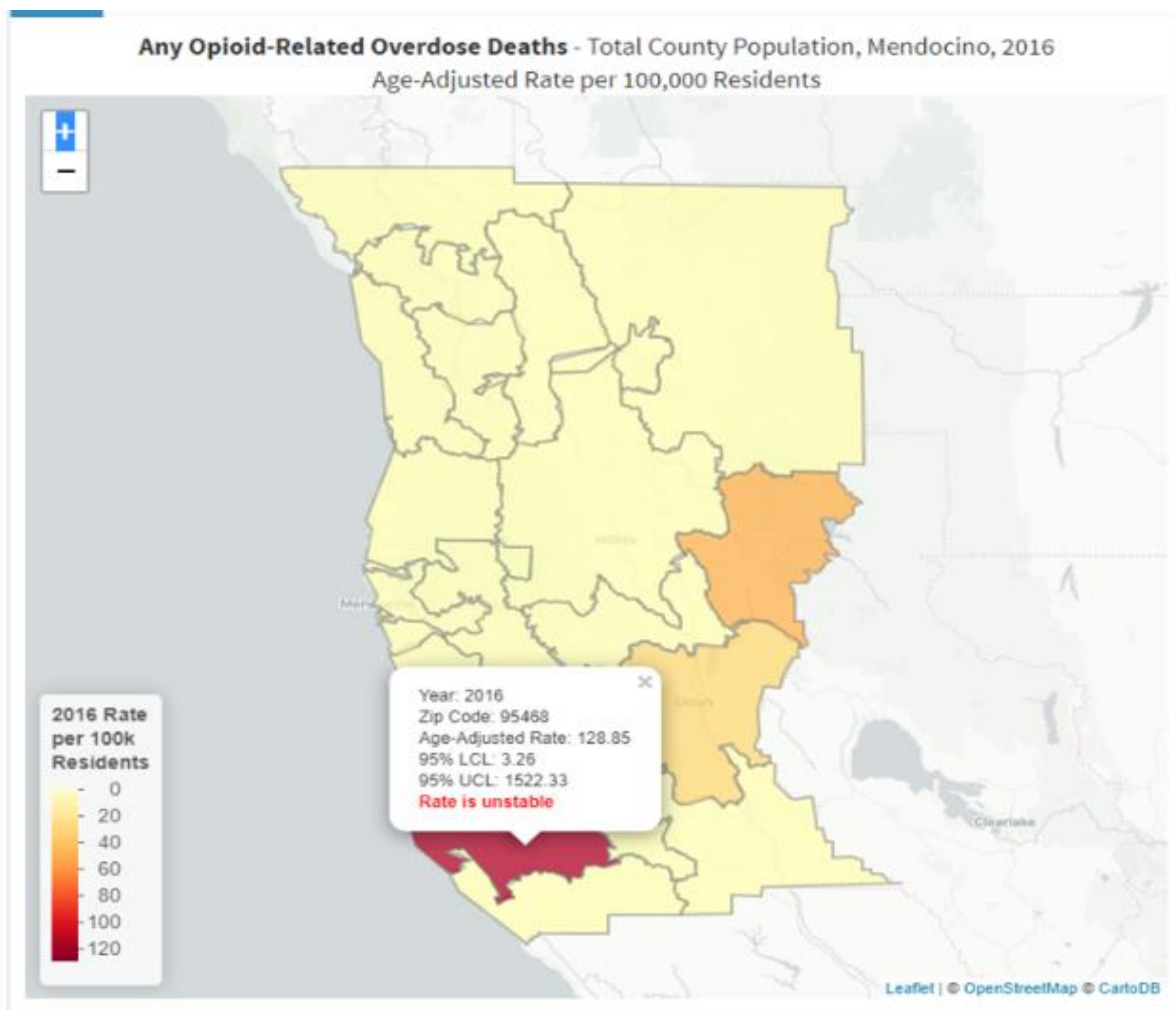
In an effort to formalize partnerships within the JOG, grant funds were secured through the Health Resources and Services Administration (HRSA), a department of the Federal Office of Rural Health Policy, for a one-year planning phase to continue developing MHA. Following the one-year planning grant, MHA successfully secured a three-year grant from HRSA in the Rural Health Network Development Program for the 2017-2020 grant period. To ensure sustainability, MHA has expanded partnerships to include both traditional and non-traditional entities and continues to pursue more diverse funding through federal, state, local and foundation opportunities. Other sources of income include contributions from partner organizations and the community.

Background Information

In early 2018, MHA was approached by Gary Pace, M.D., Public Health Officer for the Mendocino County Public Health Administration, to request support and partnership in helping address the national opioid epidemic on a local level. At the time, Public Health had little presence in the south coast region of the county due to long-time funding shortages. A series of meetings ensued that involved additional county-wide organizations, including the Safe Rx Coalition (a program of Public Health), Mendocino County Aids Viral Hepatitis Network (MCAVHN), and Bright Heart Health. Simultaneously, MHA received a grant from AEGIS Treatments Centers through the Department of Health Care Services to begin working on the development of a local coalition to address opioid and substance use in our community. Motivating MHA and all of the mentioned organizations to take action were baffling statistics showing that Mendocino County had ranked the third-highest in California for opioid overdose

deaths in 2017, with 19.3 deaths per 100,000, compared to its neighboring county to the east – Lake County – as the fourth-highest ranking at 17.02 deaths per 100,000.[1] Sonoma County, directly to the south, ranked much lower with 5.99 deaths per 100,000, compared to the state average of 5.22 per 100,000.

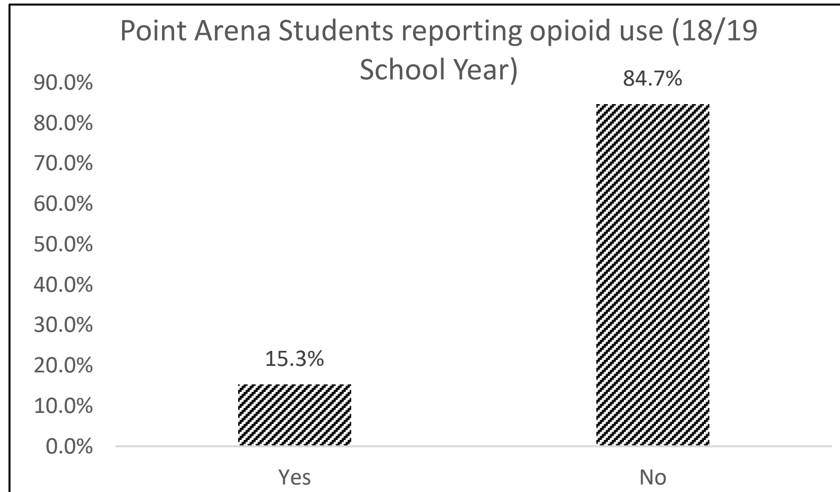
A year prior, one of the smallest communities within the MHA service area, Point Arena, ranked number one in the County for the highest opioid overdose deaths per 100,000, causing MHA to take pause and begin working toward collaborative partnerships that would provide better access to more prevention-based resources, along with analyzing the ability to expand available services. The Mendocino County map below shows Point Arena highlighted in red, representing the highest rate of opioid overdose deaths in the County in 2016.



To learn more about opioid misuse in Mendonoma, MHA surveyed 85 students between the ages of 13 to 17 from Point Arena High School. Survey respondents represented 70% of the total student population. Results from the survey were astounding. Respondents reported engaging in opioid misuse – both prescription pills and street opiates, like heroin – at more than four times

[1] California Department of Public Health, California Opioid Surveillance Dashboard, https://discovery.cdph.ca.gov/CDIC/ODdash/

higher than the national average. The graph below demonstrates local responses compared to 2016 national data provided by the U.S. Department of Health & Human Services.



According to the U.S. Department of Health & Human Services, in 2016, 3.6% of adolescents ages 12-17 years old reported misusing opioids. Comparatively, Point Arena High School students reported opioid misuse at more than 4 times the national average (15.3%).

Recognition of deeper issues began surfacing as MHA received seven referrals between December 2018 and January 2019 to assist clients in seeking treatment for addictions ranging from opioids and alcohol to methamphetamines. Referrals came from primary care providers and the Urgent Care Department at RCMS and community members.

In January 2019, MHA pressed forward with CLSD, Mendocino County Public Health, MCAVHN, and Bright Heart Health to form a consortium committed to working together to complete a deeper assessment of needs and a gap analysis of the workforce available to address Opioid Use Disorder (OUD) and Substance Use Disorder (SUD) in Mendonoma. With MHA as the lead applicant, the Mendonoma Opioid Response Consortium was awarded planning funds from HRSA for the 2019/2020 Rural Communities Opioid Response Planning (RCORP) grant. The purpose of the funding is to use data and information gathered through an in-depth needs assessment to develop a strategic plan for increased services aimed at reducing the morbidity and mortality rates of opioid and substance misuse in MHA's service area.

Our consortium's three focus areas for the RCORP grant are prevention, treatment and recovery. Goals of the program are:

1. Identify gaps in OUD/SUD *prevention*, *treatment,* and *recovery* and create an infrastructure for *prevention*, *treatment,* and *recovery* programs.
2. Develop a long-term, fiscally responsible plan for Opioid/Substance Response Programs aimed at increasing awareness of misuse, providing treatment and recovery options, and expanding resources for the Mendonoma community.

Consortium Partners

In addition to MHA, the Mendonoma Opioid Response Consortium is made up of the following partner organizations:

Coast Life Support District

CLSD was formed in 1986 following enabling state legislation and an election. The primary purpose of the District is to ensure the availability of emergency ambulance services to a sixty-mile coastal section of Mendocino and Sonoma Counties. The District is also authorized by legislation to provide a broad range of other health care services, and in 1997 began an After-Hours Urgent Care program to complement locally provided primary medical care.

The role of CLSD in the consortium is to provide First Responder (four different fire departments) training and oversight to execute the Expanded Scope protocols allowing Emergency Medical Technicians (EMTs) to administer Narcan or use of a glucometer when a patient presents with an altered level of consciousness. CLSD also provides medical oversight and Quality Assurance and Quality Improvement to help define a shared vision throughout the planning process, including help in assessing community needs and the development of a strategic plan.

Bright Heart Health

Bright Heart Health provides a variety of addiction treatment options nation-wide, including Medicated Assisted Treatment, coupled with behavioral health services, through telemedicine. Bright Heart Health uses evidence-based practices as the foundation of treatment, established with care metrics to monitor and manage patient care and evaluate program effectiveness. For individuals who shy away from treatment in a public space due to stigma, shame, or fear, Bright Heart is the most private option possible. Individuals can join from the safety of their own home using a tablet, smart phone, computer, laptop or iPad without the worry of someone knowing they are in treatment. With 24-hour intake specialists, services are available to clients anywhere and anytime. Group and individual sessions occur from morning to night, removing the hassles of inconvenient appointments. The patient portal and forums are also available anytime.

The role of Bright Heart in the consortium is to provide information for telemedicine addiction treatment options and how they can be utilized in the MHA service area. In addition, Bright Heart is committed to sharing expertise and experience in reducing morbidity and mortality associated with OUD and SUD by strengthening capacity for collaboration and by creating partnerships and linkages that contribute to the overall success of the project.

Mendocino County Public Health

MCPH is a government agency that partners with communities to safeguard and promote the health and wellness of people in Mendocino County. The role of MCPH in this project will be to provide access to educational materials and evidence-based programs that will help bring resources into a portion of the county that is severely underserved with addiction services. MCPH oversees an opioid prevention coalition in Mendocino County called Safe Rx. MCPH will work with MHA to coordinate meetings and activities with Safe Rx to increase collaborative efforts and to help deliver public health messages in unison with the broader County. MCPH will play a key role in the assessment of local resources and the development of a strategic plan, comprehensive workforce plan and implementation plan to broaden services on the coast.

Mendocino County Aids Viral Hepatitis Network

MCAVHN is a grass-roots non-profit organization established in 1987 and its mission is to stop the transmission of HIV and Hepatitis C, and care for those affected; to assist in the reduction of harmful practices; and to address the co-occurring disorders of mental illness and substance use disorders, within an integrated model of care and wellness-focused services. MCAVHN provides

care coordination, client advocacy, help with housing, food, transportation, offers one-on-one counseling and support groups, syringe exchange services and Narcan distribution. MCAVHN also provides training on overdose and overdose prevention among injection drug users to reduce the volume of overdose deaths in the County.

The role of MCAVHN in this project is to provide various training and educational material that will enrich the knowledge of MHA's Community Health Workers. Trainings provided by MCAVHN will address proper engagement of, and care coordination for, active users.

Grant Deliverables

Memorandum of Understanding

- Agreements between consortium partners to work together.
- Purpose of work together.
- Roles and responsibilities of each partner.

Needs Assessment

- Where do gaps in services exist?
- What percentage of the community is experiencing addiction?
- What prevention, treatment and recovery services can be added?

Strategic Plan

- What evidence-based services are available?
- What can be implemented to fill gaps in services?
- What resources are needed to implement?
- Who are the key partners?
- Timeframe of completion?

Workforce Development Plan

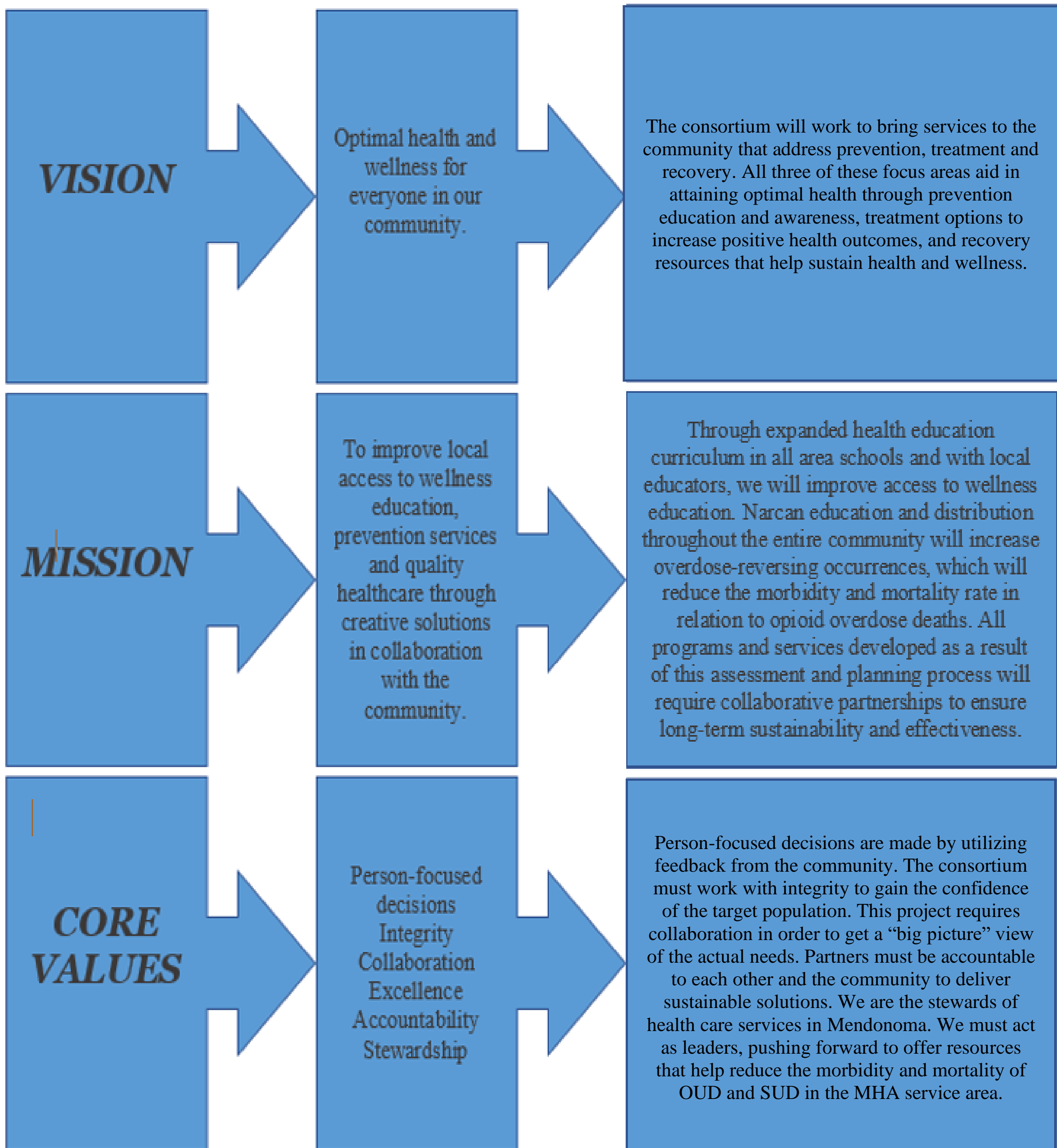
- Identify and establish relationships with new partners.
- What is needed to fix the gap in the workforce?
- How do we recruit and retain new professionals?
- What existing resources can be leveraged to serve those experiencing OUD/SUD?

Sustainability Plan

- How do we operationalize new products and services?
- How much will new or expanded products or services cost? Are they affordable and financially sustainable?
- Identify evaluation metrics, including desired outcomes, timelines, and mode of data collection.
- Communication plan to disseminate findings.

Vision/Mission/Core Values

MHA has a mission, vision and a set of core values that guide all strategic decisions. All work performed by MHA or within a consortium of the MHA Rural Health Network must fall within the parameters of the mission, vision and core values, and be agreed upon by the MHA Board of Directors before work commences.



Demographic Summary for Target Geographical Area

Residents of the Mendonoma area face a combination of factors that create disparities in health outcomes. These include economic factors, age distribution, cultural and social differences, educational shortcomings, and the isolation of living in a remote rural area. The 2010 census reports a total of 1,095 children age 0-19 with 269 under the age of 5 and 826 children age 6-19. School population demographics show the region's high school student body (9th -12th grade) is comprised of 8% Native American (Pomo), 39% Hispanic/Latino, 49% White, 2% African American, 1% Asian and 2% claiming two or more races.

The population as a whole is overwhelmingly geriatric with some pockets of the service area, like Sea Ranch, experiencing as high as 80% of residents over the age of 60 and a median age of 68.8.[2] There are three small Native American Rancherias – one to the south and two to the north. There is also a large Latino/Hispanic population, many of whom only speak Spanish. Additionally, there are two low-income housing developments, one of which is located in the middle of the wealthiest community in our area. Education levels of adults range from grade-school completion to doctoral degrees.

Increasing the degree of disparity between our setting and urban-America is our broadband infrastructure, which is decades behind urban communities. Furthermore, cell phone and landline services are fragile and are sometimes down for extended periods during harsh weather.

Unmet Health Needs

The 2010 Census Data yields an estimated population of 5,756 residents but the local Chamber of Commerce estimates that part-time and vacation residents increase the population to over 10,000. The median age of the region is approximately 60 years. As detailed in Table 1, the communities served by MHA straddle two California counties – the southern coastal region of Mendocino County and the northern coastal region of Sonoma County. Every town within the service area is designated as rural; many residents live in areas that are remote, including hilly highly forested terrain reached by dirt and/or unmaintained roads.

Table 1: Towns and Communities of the MHA Service Area

Zip Code	County	Population	Designation
95459 (Irish Beach/Manchester)	Mendocino	504[3]	Rural
95468 (Point Arena)	Mendocino	1,258[4]	Rural
95445 (Gualala)	Mendocino	2,093[5]	Rural
95497 (The Sea Ranch)	Sonoma	1,305[6]	Rural
95480* (Stewarts Point)	Sonoma	78[7]	Rural
95450 (Timber Cove CDP)	Sonoma	164[8]	Rural
95421 (Cazadero CDP)	Sonoma	354[9]	Rural
*Stewarts Point is the home of the Kashia Band of Pomo Indians of the Stewarts Point Rancheria. Point Arena is home to the Point Arena/Manchester Band of Pomo Indians and the Point Arena Reservation.			

The combined communities of Gualala (95445) and The Sea Ranch (95497) serve as the central service area of the region. The two towns are adjacent, located immediately beside one another on coastal Highway 1. They are separated by the Gualala River and the county line that divides Mendocino and Sonoma counties. Our federally-designated "Frontier Area" is also designated as a Health Professional Shortage Area and a Medically Underserved Community and experiences long-term shortages in primary care, behavioral health and addiction treatment.

[2] American Fact Finder, Search 95497 for Age and Sex, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

Following, is a description of the unique characteristics of the MHA service area and target population.

Geographical/Transportation Barriers
The entire MHA service area is in a region that is remote and mountainous. In heavy rains or during the winter months rescue helicopter access is frequently impossible due to challenging weather conditions. The nearest major towns and full-service hospitals are a two-hour drive in any direction – even in ideal weather. Transportation services in and out of the area are scarce. Two small buses that are provided by Mendocino County Transit Authority travel out of town each day, leaving at 7 a.m. and returning at 6 p.m. There is also one volunteer driver program that offers prescheduled rides out of the area on Wednesdays. A small nonprofit organization, Coastal Seniors, offers prescheduled rides out of town on Thursdays and Fridays for residents over 60 years old and individuals with disabilities. Neither of the local options allow for same-day requests unless perfect circumstances fit into the schedule.

Age and Payor Mix
Of the 4,527 patients served by RCMS (one of MHA's founding partner organizations and the only medical service for two hours in any direction) last year, 32% were over the age of 65 and 16% were under the age of 18. In terms of payor types, 30% of those served had no insurance and 27% had private insurance, with the remaining 43% a mix of Medicare and MediCal. Comparatively, only 7% of California residents were uninsured in 2018.[3] In 2017, the percent of uninsured citizens in Mendocino County was 11.2%.[4] For the same time period, the percent of uninsured citizens in Sonoma County was 5.32%.[5]

Socio-Cultural Determinants of Health and Health Disparities
In 2014-2016, Mendocino County experienced 70 drug-related overdose deaths, with a mortality rate of 27 per 100,000. Sonoma County experienced 214 drug-related overdose deaths during the same period, with a mortality rate of 14 per 100,000. For the same time period, California had a total of 11.2 overdose deaths per 100,000.[6]

Causes of Death: Per the California Department of Public Health Status Profile report for 2016 (for the period 2012-2014), the following causes of death are considerably higher in Mendocino County as compared to California, and even the Sonoma County rate. Age adjusted Death Rate per 100,000 Population comparisons are shown below.

Table 2: Causes of Death Comparison

	2007-2009		2012-2014		
Cause of Death	**CA**	**Mendocino**	**CA**	**Mendocino**	**Sonoma**
Unintentional Injuries	29.2	50.0	28.0	54.2^	28.4
Suicide	10.5	23.6	10.2	23.9^	12.2
Motor Vehicle Injuries	8.1	17.2	7.9	17.1	5.8
Coronary Heart Disease	100.9	138.7	96.6	99.7	80.3
Respiratory Disease	34.2	65.2	33.7	47.1	34.9
Stroke			34.4	37.9	34.2
All Cancer			146.5	160.2	154.4

Source: California Department of Public Health 2016 County Health Status Profile

[3] Public Policy Institute of California, https://www.ppic.org/wp-content/uploads/r-118smr.pdf
[4] Data USA, https://datausa.io/profile/geo/mendocino-county-ca#health
[5] Data USA, https://datausa.io/profile/geo/mendocino-county-ca?compare=sonoma-county-ca#health
[6] Centers for Disease Control, https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2016.html

Unemployment, Income Level, Educational Attainment

The many logging, fishing and ranching jobs that have provided stability for the region for generations have mostly disappeared, leaving young adults with the decision to leave the area or to rely on lower paying service sector jobs (primarily related to tourism and domestic help). Construction projects in the area have been reduced dramatically, with employment in the construction industry falling to almost half of what it was ten years ago. It is estimated that approximately 54% of the population is at or below 200% of the poverty level and 20% are living below the federal poverty level. As detailed in Table 3, in 2017 nearly 75% of all public-school students in the Point Arena area (which also serves Gualala) qualified for Free or Reduced-Price Meals, an indicator of poverty or near poverty. At the same time, the Cost of Living Index in the MHA service area is 128.4, which exceeds the average for either of the two Counties and for California.

Table 3: Point Arena Schools Enrollment Data – 2017-18[7]

District	Total Enrolled	Hispanic		White		English Learners		Free/Reduced Price Meals	
Arena Union Elementary School District	310	147	47.4%	110	35.5%	64	20.6%	248	80.0%
Point Arena Joint Union High School District	142	77	54.2%	51	35.9%	13	9.2%	88	62.0%
TOTAL	**452**	**224**	**49.6%**	**161**	**35.6%**	**77**	**17.0%**	**336**	**74.3%**

Local Underground Economy

As drastic changes to the traditional coastal economy began in the early-1960s, a new lucrative type of labor began flourishing – the marijuana industry. For decades, cannabis has been a major part of the norm in all of the communities within the MHA service area. This clandestine trade created hundreds of "under the table" jobs for locals, while attracting transient residents who would travel to the area for seasonal work. Mendocino County is a part of what is known globally as the "Emerald Triangle." This region, which includes Humboldt and Trinity Counties, is the largest cannabis-producing region in the country. The industry almost single-handedly stabilized the local Mendonoma economy well into the early-2010s, until California voters approved Proposition 64 in November 2016, which made adult recreational use of cannabis legal for the entire state. Shortly thereafter, the price of the product fell sharply, forcing hundreds of local cannabis farmers and even more trimmers[8] back into mainstream, lower-paying service sector and construction jobs. However, the over-exposure to drug culture has left a lasting impression on a majority of youth who grew up with it as a fixture in their homes.

Language Barriers in the Delivery of Healthcare Services

A large and growing proportion of residents in our service area are families who speak Spanish at home. Some of these families are bilingual Spanish/English speakers and some are monolingual Spanish speakers. For many of these households, the ability to read, speak and write English and navigate healthcare and social services in English poses an ongoing barrier. As detailed in Table 3, in 2017-18, 17% of public-school students in the Point Arena area were designated as English Language Learners. It is important to note that since public school English Learners are continuously learning English and being re-classified to Fluent English Proficient, the proportion of adults who are non-English speakers is always significantly higher than the proportion of students designated as such. While it is difficult to prove a direct correlation, an RCMS report in

[7] California Department of Education: https://dq.cde.ca.gov/dataquest/
[8] Trimmers are employees of marijuana farmers who trim the leaves off of the cannabis plant to prepare it for sale.

2018 indicates that 30% of their patients were uninsured. It is very likely that language barriers continue to be a major contributor to this unusually high level of uninsured.

OUD and SUD among the target population

The impact of opioid misuse in Mendocino County is startling. Data reported by the Mendocino County Health and Human Services Agency in September 2014, revealed that Mendocino County greatly exceeded California averages in drug abuse indicators. For example, opioid overdose hospitalizations were reported at 45 per 100,000 in Mendocino County as compared to 20 per 100,000 for all of California. Even more startling is that Point Arena – the same city in our service area that ranked number one for opioid-related overdose deaths in 2016 – experienced 111 per 100,000 opioid overdose hospitalizations in 2014; the highest percentage of overdose hospitalizations in the County that year.

Mendocino County experienced more Emergency Department visits per 100,000 for drug-related overdoses in 2018 than the state, with Mendocino County data reporting 15.1 compared to the 11.3 average for all of California.[9] Healthy Mendocino's Community Dashboard[10] cites the Death rate due to Drug Poisoning in Mendocino County as 18.3 deaths per 100,000 which places the County in the lower third ranking for this indicator.

As shown below, California's Prescription Drug Monitoring Program database (CURES) demonstrates the prevalence of opioid misuse in Mendocino and Sonoma Counties and provides insight regarding how our region arrived at the current substance use dilemma.

CURES Measure	**State Avg (2014)**	**Mendocino County**		**Sonoma County**	
		2014	**2015**	**2014**	**2015**
# Opioid Rx per 1000 residents per year	619	1300	1239	911	891
Mg MED Equivalents per resident per year	581	1630	1477	1142	1021
Residents per 1000 on > 100 MED (for > 30 days)	6	18	18	12	11
Residents per 1000 on > 40 mg Methadone daily (for ≥ 30 days)	1	7	6	4	3
Residents per 1000 on Opioid/Benzos (for ≥ 30 days)	9	20	18	12	11
Buprenorphine Rx per 1000 residents	10	30	29	27	24

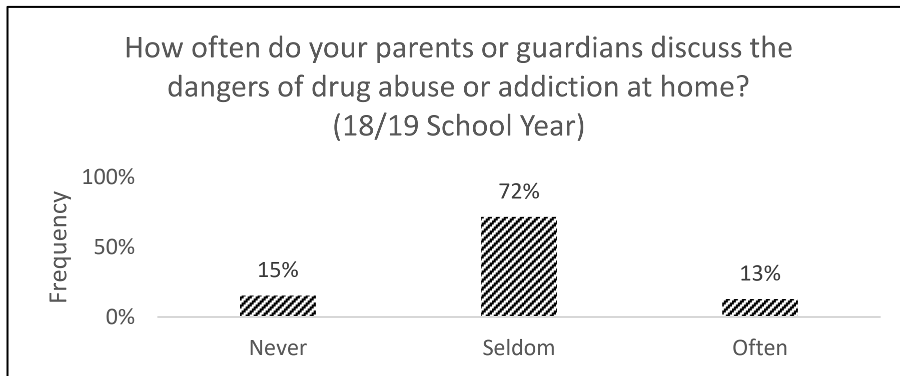
The large geriatric population is a contributing factor in the volume of prescription pain medication in the community due to fall-related injuries and joint-replacement surgeries. According to CLSD – the only emergency ambulance service available for 60 miles – emergency crews respond to an average of 110 falls annually out of about 750 patient contacts and 550 medical emergencies requiring transport. That's roughly 15% of all contacts. Supporting this theory is data collected through MHA's Care Transitions program. The CT program is designed to follow patients from hospital to home, upon discharge, in order to help reduce readmission rates per client for hospital partners and to increase positive health outcomes by teaching self-efficacy skills. Between September 2017 (when the program began) and September 2019, 10.6% of MHA's 142 CT clients were admitted to Santa Rosa Memorial Hospital due to fall-related injuries and/or joint replacement surgeries for hips, shoulders and knees.

[9] Healthy Mendocino Community Dashboard, http://www.healthymendocino.org/indicators/index/view?indicatorId=7883&localeId=260&comparisonId=6635
[10] Healthy Mendocino Community Dashboard, http://www.healthymendocino.org/indicators/index/dashboard?alias=Opiods

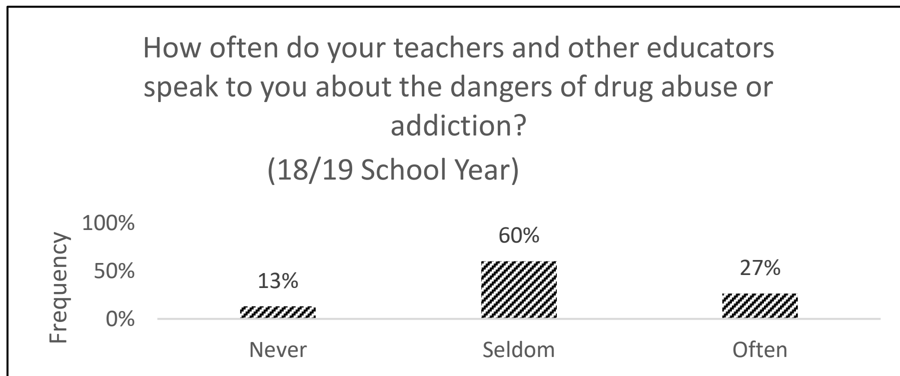
Youth and Consumption

Mendocino and Sonoma County residents, agencies, and authorities have long recognized the over-consumption of substances among area youth. Surveys and needs assessments have consistently pointed to substance abuse, with the associated problems of domestic violence, high-risk sexual behavior, teen pregnancy and child abuse—along with the known negative impact on youth development—as the County's most urgent challenge. As mentioned previously, Point Arena students aged 13 to 17 reported prescription opioid and street opioid misuse at more than four times higher than the national average reported by the U.S. Department of Health & Human Services in 2016.

In a recent survey conducted by MHA, the same student population overwhelmingly reported that their parents "Never" or "Seldom" discuss the dangers of drug abuse or addiction at home.



Additionally, 73% of the students also reported that their teachers and other educators "Never" or "Seldom" speak to them about drug abuse and addiction.



Needs Assessment Methodologies

Planning for the Mendonoma Opioid Response Needs Assessment began in August 2019 with an all-staff meeting facilitated by Executive Director, Micheline White. The goal of the half-day meeting was to identify the following:

1. Approaches to Data Collection
2. Target Population
3. Participant Recruitment
4. Type of Information to be Collected/ What do we want to know?
5. Responsibilities & Timeline for Implementation

We enlisted the help of Marketing Consultant, Carolyn André, who has more than 30 years of experience in research studies. André's experience includes overseeing field research projects for entities like UC San Diego Medical School and conducting research on the National Health Insurance Study while with the Rand Corporation. In addition, André had worked for BBDO New York, one of the largest advertising agencies in the world, and became Senior VP in charge of research, planning and marketing strategies at BBDO West in San Francisco, Los Angeles and Vancouver headquarters. Before retiring, André opened her own strategy and marketing consulting business in Berkeley, CA, where she worked with high-profile healthcare clients, such as San Francisco General Hospital and it's 27 clinics, CIGNA Corporation, Johnson & Johnson and Philips Consumer Health.

In order to collect enough data to do a proper gap analysis and to understand the perceptions and attitudes of the community, we used the following qualitative and quantitative approaches:

<u>Quantitative</u>

- Research existing local, county, state and national data (See Demographic Summary for Target Geographical Area, beginning of Page 10 of this report)
- Develop and distribute community survey by mail and online (150 respondents)

<u>Qualitative</u>

- Focus Groups with the following target populations:
  - Youth (two separate groups, 13 high school student participants)
  - Educators (one group, six participants)
  - People who are experiencing addiction (one group, two participants)
  - People in recovery (one group, two participants)
  - Loved ones of people experiencing addiction or in recovery (one group, four participants)
- Interviews with:
  - Consortium partners (one meeting, three consortium partners)
  - Health care providers (two interviews, three providers)
  - Law enforcement (two interviews, one sheriff's deputy, one park ranger)
  - Recovered from Prescription Opioid Dependency (one interview, one community member)

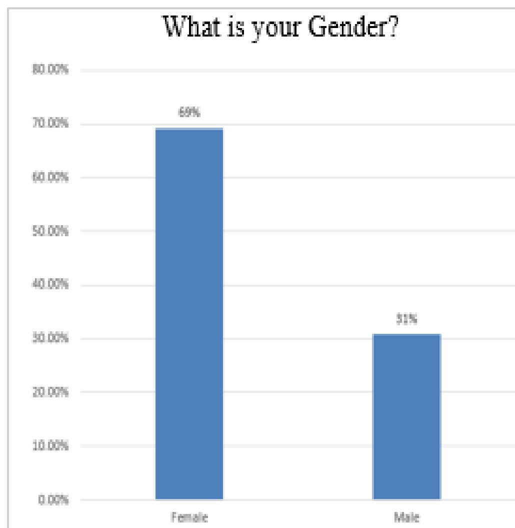
Overview of Results & Findings

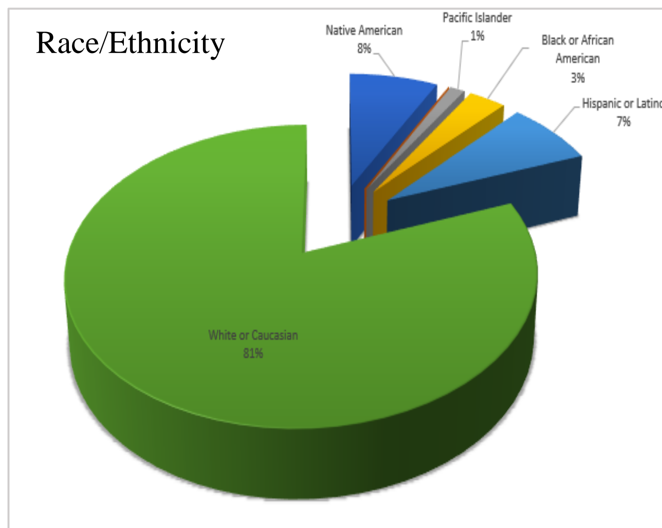
Quantitative Data: Survey Results

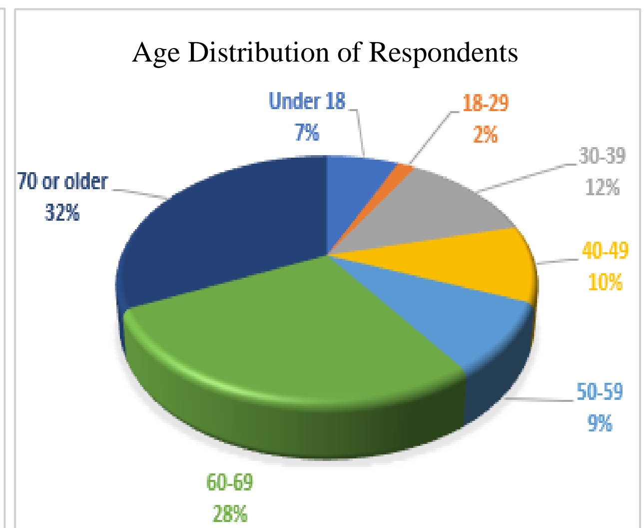
In order to collect responses from community members, MHA staff distributed surveys on foot at local bars, restaurants, grocery stores and small businesses. In addition, the survey was made available online through our website and social media. Historically, it has been very difficult to gather data and feedback from communities outside of Gualala. In order to get more diverse data we targeted the communities of Manchester/Irish Beach, Point Arena, Sea Ranch, Stewarts Point, and Timber Cove/Cazadero by mailing paper surveys to every post office box and rural mailbox within those towns. We also offered a $5 gift card incentive to people who completed the survey.

Before analyzing the data, we must first consider the basic demographic information provided to understand the circumstances of our respondents. Of the 150 surveys submitted, 69% were completed by females and 31% by males. A majority of respondents identified as White/Caucasian, while 7% identified as Hispanic/Latino. Three-percent of respondents identified as Black/African American and 8% as Native American – though those are small numbers, the data is comparable to the actual population distribution of the Mendonoma community.

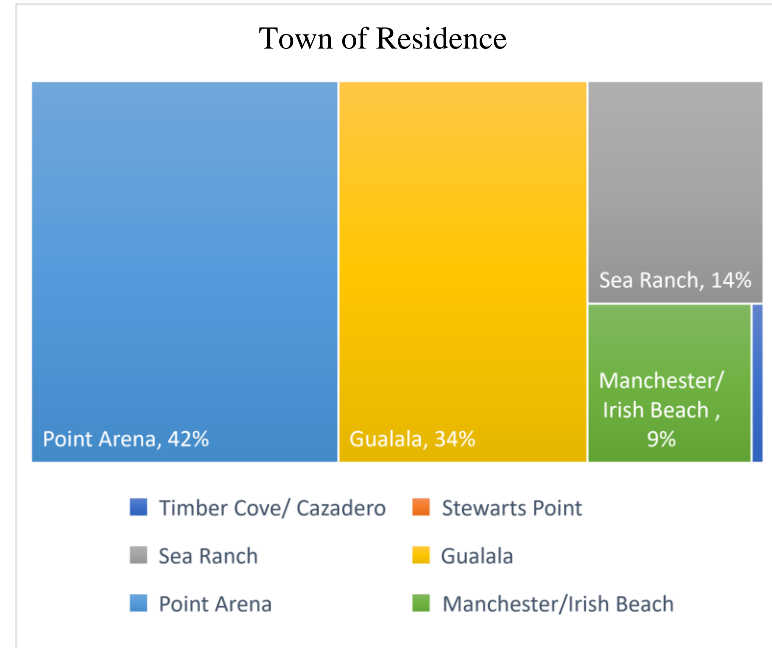
A total of 60% of respondents were over the age of 60, with 7% under 18 and the remaining 33% between the ages of 18-59. The pie chart showing age distribution provides more detail of age groups by decade. These results are also very similar to the entire area's actual age distribution break-down.



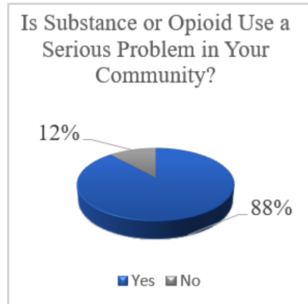




A majority of responses came from the center of the service area – 42% in Point Arena and 34% in Gualala. Although we did most of our outreach in the outer-lying pockets of the service area, we gained minimal feedback from the sparsely populated communities, like Timber Cove and Manchester.

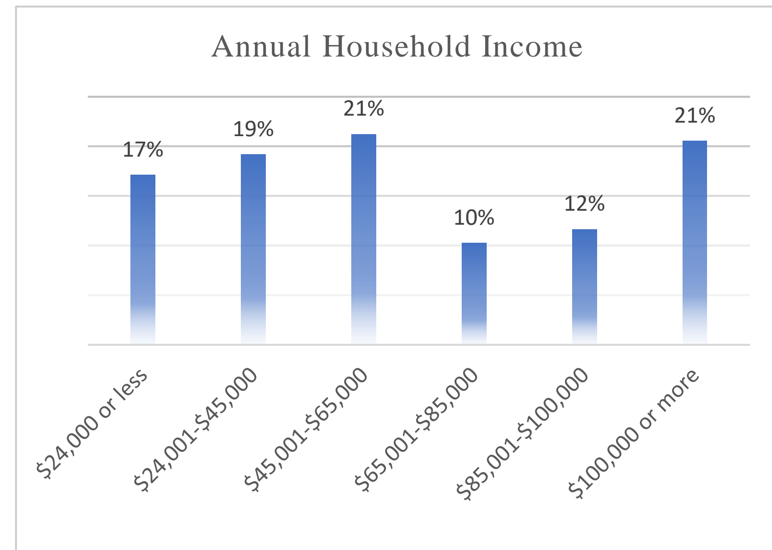


The income distribution of respondents was very diverse. As shown in the graph in the lower right corner, 57% of the survey population has an annual household income of $65,000 or less, with 17% reporting wages that fall near or below the federal poverty line. The other 43% of respondents reported earnings of $65,001 or more, with the highest income of $100,000+ representing 21% of the survey population.



Overall, respondents were predominately White/Caucasian females over the age of 60, living in mostly Point Arena or Gualala, with annual income levels almost evenly distributed among low-income and high-income thresholds, with some variances.

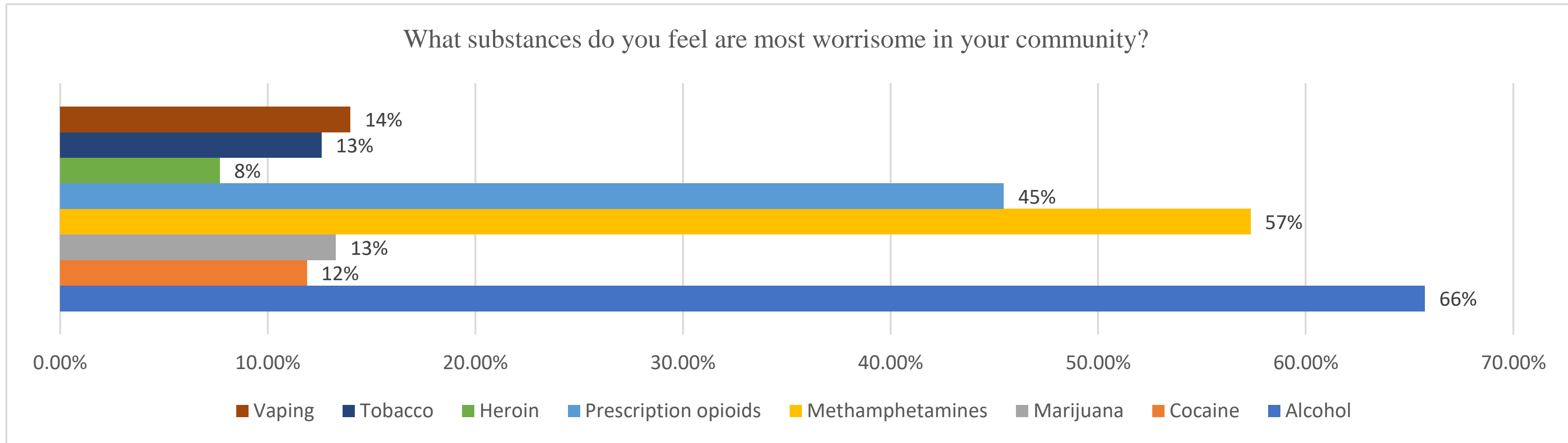
Results from a survey question that asked respondents if they feel opioid or substance use is a serious problem in our community overwhelmingly supports the historical reputation of this community being staunch with substance misuse and drug dependencies. In all, 88% of respondents said "yes" and only 12% said "no" when asked if substance or opioid use is a serious problem in the community.



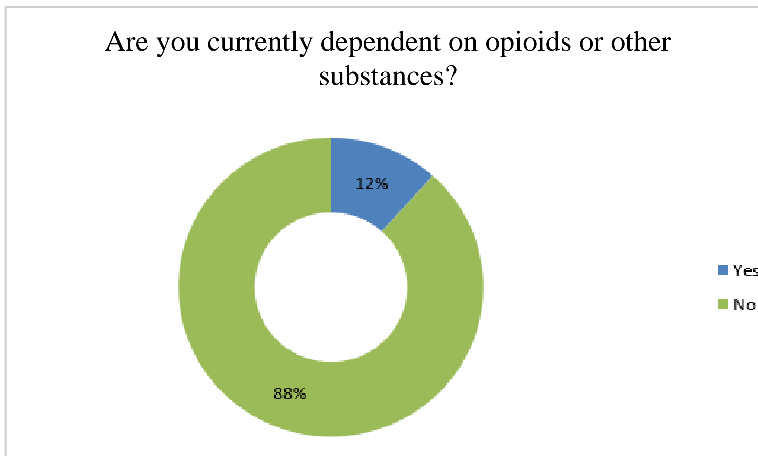
Data revealed that the top three substances that the community is most concerned about are:

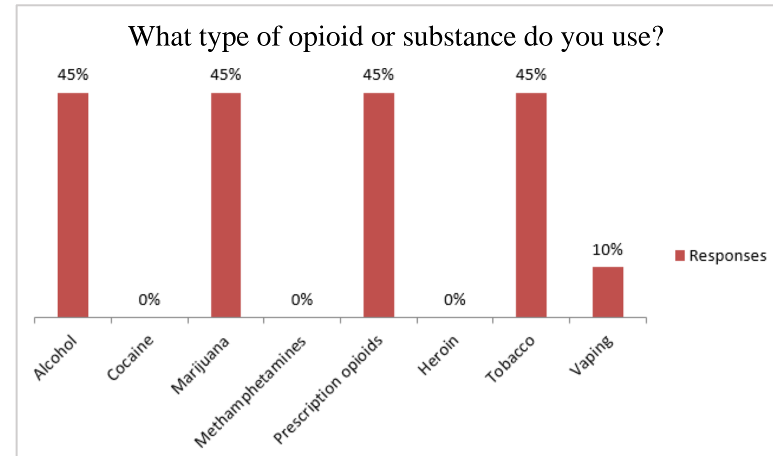
1. Alcohol
2. Methamphetamines
3. Prescription Opioids

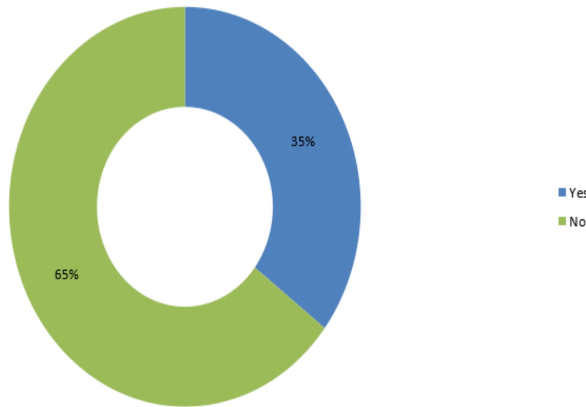
While there was some indication of worry for other substances, like marijuana, tobacco and heroin, the top three concerns outweighed concerns for other substances by anywhere from five to eight times more.

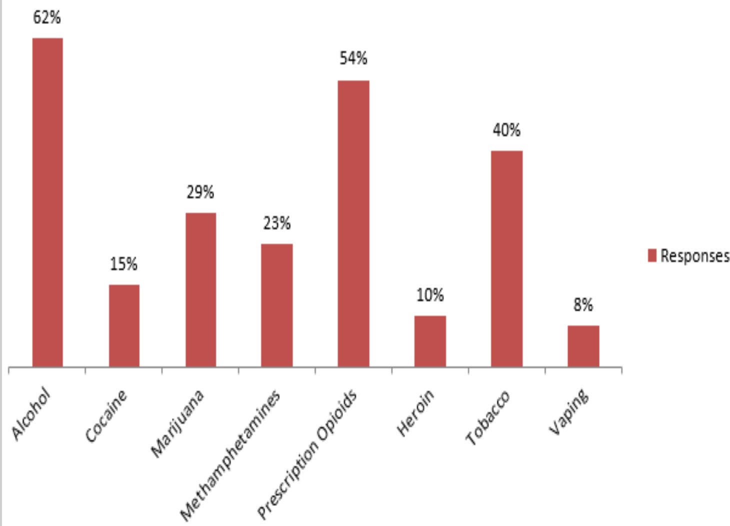


According to survey data, 12% of the Mendonoma population is dependent on a drug. Respondents who reported dependency indicated active use of alcohol and prescription opioids. This finding supports community feedback regarding the top three most worrisome substances in the community. Active users also report dependency on marijuana, tobacco and vaping. This data supports information provided by participants throughout the focus groups, which are summarized later in this report beginning on Page 24.









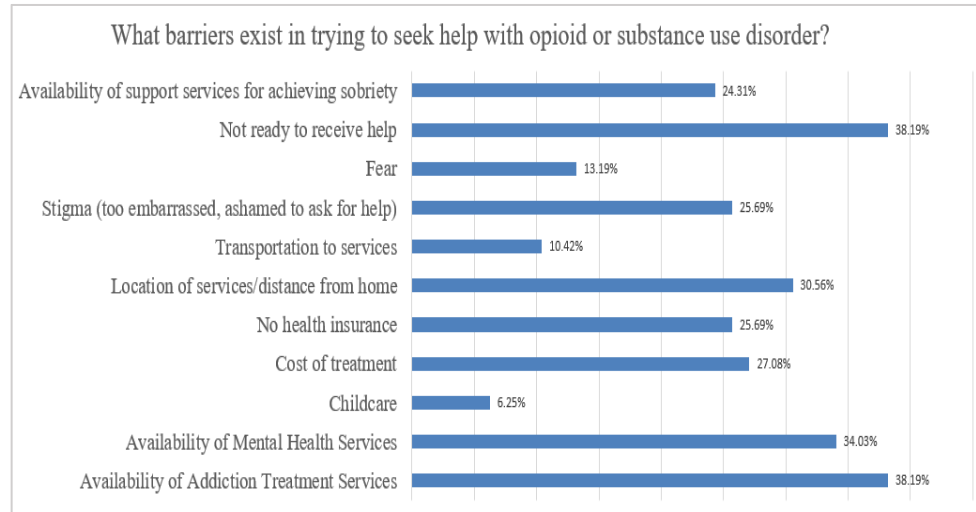
More than a third of the survey population reported knowing a friend or loved one who is currently dependent on an opioid or substance. According to those same respondents, their friends or loved ones are experiencing dependency with alcohol and prescription opioids at two to three times the rate of cocaine, marijuana and methamphetamines. Tobacco came in as the third highest ranking substance at 40% and marijuana in fourth with 29%.

Throughout our data collection process, it became abundantly clear that the Mendonoma community struggles with addiction in general, but more specifically, addiction in relation to alcohol and prescription opioids. If we use the percentages identified through this needs assessment as a precursor for the volume of addiction prevalent in the MHA service area, the figures are staggering. If 12% of respondents reported dependency on a substance, that finding can be used as a population estimate for the number of people in the entire service area who are experiencing addiction. With an estimated population of 5,756, that computes to roughly 691 people struggling with an addiction. If we use the same assumption and apply it to the percentage of people who have a friend or loved one who is currently experiencing dependency (35%), that translates to as many as 2,015 people touched by addiction.

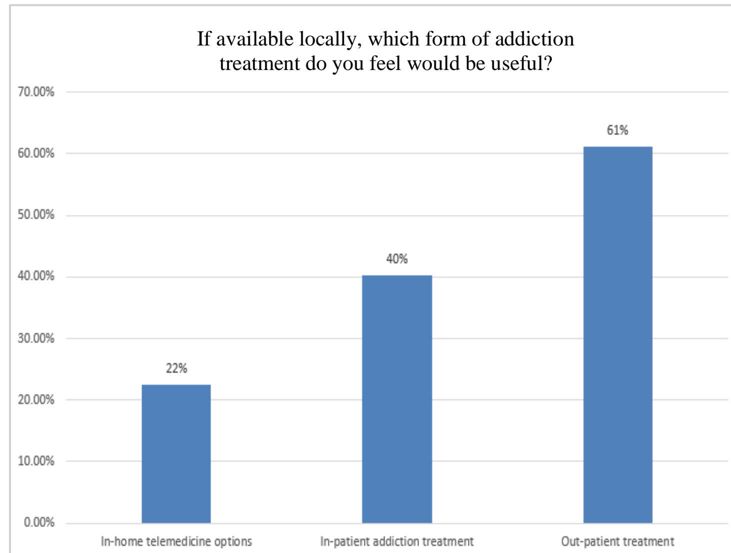
There are a variety of reasons a person could be discouraged from seeking and actively participating in prevention, treatment and recovering programs for OUD and/or SUD. Prior to engaging in a needs assessment, our team hypothesized that barriers included knowledge of existing opportunities, transportation, cost of treatment, stigma, availability and location of services, and access to mental/behavioral health and support services. To understand barriers, from the community perspective, we asked, "What barriers exist in trying to seek help with opioid or substance use disorder?" The top three responses were:

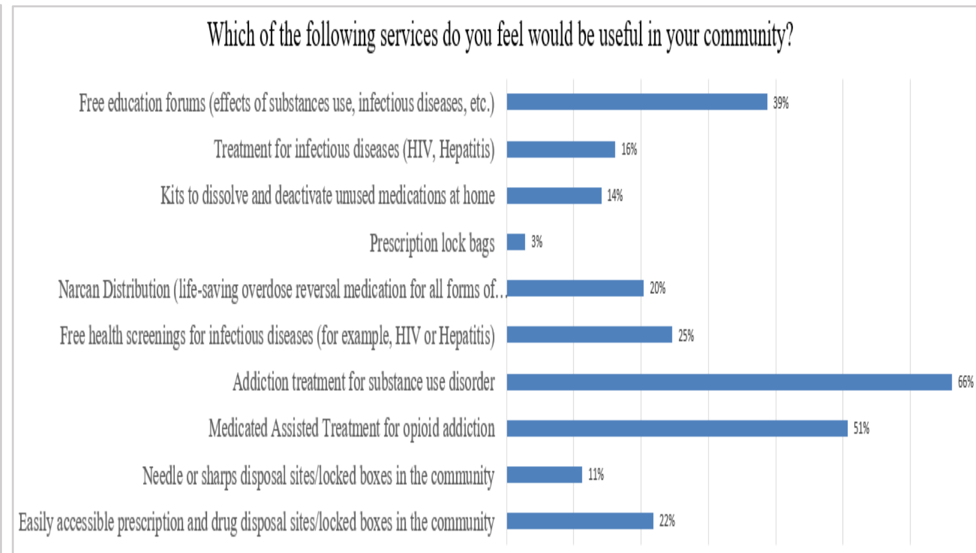
1. Availability of Addiction Treatment Services
2. Not Ready to Receive Help
3. Availability of Mental Health Service

Ranking closely behind the top three barriers were the location of services and distance from facilities, cost of treatment, stigma and not having health insurance.



To gauge interest in the types of services that the MHA Opioid Consortium believes would be beneficial in helping to increase education and prevention services, and decrease and prevent opioid overdose deaths, we asked respondents to select the types of services that they felt would be useful in the community. Results indicate that the community feels addiction treatment for SUD and OUD would be the most useful service. The next highest rated resource selected was free education forums. Interestingly, the services that qualify as harm-reduction services, such as prescription lock bags and safe disposal sites for syringes and prescriptions, ranked the lowest in regards to usefulness. These results can be an indication that the community is not educated enough on harm reduction and the associated impacts and benefits that could come as a result of these resources. In regards to the delivery of addiction treatment, respondents indicated that out-patient treatment is the most desired option.





The final three questions on the community survey asked respondents to provide open-ended answers about personal experiences, effective tools for drug prevention and top concerns regarding opioid and substance use in the community. Answers that provide insight and a variety of perspectives, along with statements that reflect themes throughout the data set are summarized below.

Open-ended Question #1:
What personal experiences do you feel have impacted the way you perceive opioid/substance abuse in the community?

"The death of a family member."

"Stigmatizing people in chronic pain only makes matters worse."

"I was an addict and I have seen what addiction can do."

"Have seen several folks in community with alcohol addiction and some with other substance addictions."

"My father in law had an addiction due to pain and coming off of oxy killed him. Although they tried to do it slowly, he could not handle the pain."

"A person known to me resorted to home burglary to get Oxycontin."

"Prescription drugs are easily accessed on the street."

"Several friends and loved ones have addictions to opioids."

"The many slow deaths of friends and family as a result of alcohol/prescription cocktailing and addiction."

"I have past experience with opioid addiction. I realize how important this topic is because it affects everyone."

"You must leave this area to get services and when you return there is no follow up."

"Three people in the last five months have passed due to their inability to stop using. We need services and to talk about these things in the open without shame."

"A few years ago, a young man on a stimulant interacted with law enforcement and died while being restrained. Downtown Point Arena."

"I attended AA meetings for years. The stories of others' lives before recovery were profoundly moving. Before AA I had no idea how much suffering there is in our community."

"A friend's mother had an opioid problem and was treated by RCMS. They had to hold her medication and distribute it to her daily. They would drop it by her house every day so that it would not run out. This was the only thing that worked to keep her from taking more than prescribed."

"Had a family member addicted to opioid pain medication from her doctor for decades. Her addiction behavior negatively affected entire family dynamic."

"When I was prescribed Vicodin after some major dental work years ago, after just a few weeks I wanted more. Realized then how dangerous it was and can see how even stronger drugs like Oxycontin, and such, would be highly addictive for most people."

Open-ended Question #2:
What do you think would be an effective tool for drug prevention?

"Better access to confidential help. We live in a small community and no one wants to admit to someone they know, that they may have an issue with abuse."

"Our community needs a cultural shift towards adult leisure activities that are productive (e.g. quality time with family and children, volunteering, working) rather than alone (watching TV, using drugs at home alone, not working because of lack of skill/transportation)."

"Increased undercover law enforcement for those selling drugs in our area--unmarked police cars."

"Drug education for children so that they can possibly guide parents or loved ones to get help."

"Heck of a lot of support- re-learning a better way of life."

"In-patient treatment facilities needed in Point Arena and Gualala and regular free meetings for all."

"Substance abuse programs that are easy to get to for clients along with medical and treatment programs."

"Better mental health care. There are many people who abuse drugs- they need counseling so they won't O.D. or go into heroin when they can no longer get pain pills. I also think that adults who fool around with drugs- like on weekends with their friends- all thinking

it's cool. If they just knew how those illegal drugs get here to this county, how sleazy, how so many people are getting hurt or killed on and on until that cocaine or whatever, get to their "respectable" dealer here in this community."

Open-ended Question #3:
List your top three concerns regarding opioid and substance abuse/dependency in your community.

"Increase in crime associated with substance abuse (petty theft, etc.)."

"Kids are influenced to do it. Kids' parents neglect or mistreat them. Addiction to one thing leads to addiction to harder/more dangerous substance."

"Easy to get, not enough control, anyone can get it."

"1. Kids come into contact with the substances in the home. 2. Kids become accustomed to the adults in their lives being high and grow up thinking it's acceptable/norm. 3. Lowered intellect/productivity as a community."

"People becoming homeless because of addiction/dependency. Lack of mental health/addiction resources. Increased crime and domestic abuse."

"Family counseling and group therapy. Awareness in the schools. Staff awareness and education."

"Societal change. Mental Health Support. Support for families of the addicts."

"Lack of treatment services. Shame/normalizing addictive behaviors. Over availability of drugs and lack of other activities."

"Access to drugs lack of education stigma."

Qualitative Data: Focus Groups – Results & Findings

The Youth, Group # 1

Location & Date

South Coast Continuation School,
Point Arena Schools District
Point Arena, CA
October 18, 2019

Challenges

No activities in the community for youth (outside of school sports programs)

Boredom

Peer Pressure

Almost no mental health options to help students manage depression or anxiety

Demographics

of participants: 6
Age Range: 15-18
Mean Age: 16.5

Grade:
- 1 Sophomore
- 3 Juniors
- 2 Seniors

Annual Household Income:
- 3 with $24,000 or less
- 1 with $45,001-$65,000
- 1 with $100,000+
- 1 unknown

Gender:
- 4 male
- 2 female

Town of Residence:
- 4 Point Arena
- 2 Gualala

Family Size:
- 2 from family of 2-3
- 4 from family of 4-6

Race/Ethnicity:
- 1 Native American
- 3 Hispanic/Latino
- 1 White/Caucasian
- 1 Mixed Race – identifying as Native American, Black & Hispanic

What does addiction mean to you?

"Something that people can't live without."
"A chemical craving."

Based on your knowledge of drugs, how informed are you about the effects of different substances on your body?

"I know what it does. Not everything but I know enough from watching family members go through it."
"It ruins your physical appearance and relationships."
"I know about all of it. How to take it. What types of drugs there are to use and how it affects you."

What are some of the various ways you can consume drugs?

- Students responded with the following answers: Inject it, snort it, mix it in drinks, chew it, put it under your tongue, inhaling, smoking it.

What type of drugs can you smoke?

- Responses: Crack, crystal, meth, cocaine

"Anything really. You can even chop pills up and smoke them."

What might cause a person not to get help?

"Fear of getting locked up. Paranoid about having drugs on them and going to jail."
"Drugs. If people can't function without the drug, they are afraid to get help."
"Maybe the person is just not ready to get help."

Where is drug use happening?

"Everywhere."
"Anywhere a party can happen."
"Not anywhere where there would be a lot of people in public. Like someone's house. The [Gualala] River."
"[At the river] people snort stuff and drink."

- The students spoke briefly about needles being found in the Point Arena Park and how it's likely that they can be found at Bower Park in Gualala as well.

What drugs are being used most frequently by youth?

- Without hesitation the students stated, *"Cocaine, weed and Xanax."*

Where do youth get drugs?

"Out of town."

Infectious diseases – what do you know about them?
"Passing things around by sharing needles."

What causes the spread of infectious diseases with drug use?

- Responses: Sharing needles, saliva, blood.

Do you think family history contributes to a person's likelihood of engaging in drug use?

- Responses: Drugs through DNA – pass addiction on to your kids. Birth defects for babies of pregnant women. Household environment – dirty, people using around you.

"You've been around it so much that you think it's normal."
"Raising yourself and being neglected."
"Addiction doesn't always look the same."
"Family history doesn't always contribute. You have a choice to do something. You make the choice."
"You can control yourself and choose what you believe unless you are one of those kids who get peer pressured."

Let's talk about peer pressure. What does that mean to you?
"You want people to think 'he's cool' [for giving into peer pressure] or 'I want to fit in.'"
"It starts off with offering them something you are doing. The pressure is on the person who doesn't want to say no. The person says, 'Do you want to do this?' not 'You have to do this.'"

Harm reduction – what does that mean to you?

- None of the students knew what the term meant
- The term was explained to the group. The group responded: *"So, it's the importance of teaching people about not sharing drugs."*

"Education is good because if you're going to do something, at least learn how to be smart about it."

When you hear the word stigma, what does it mean to you?
"An epidemic."

- The students didn't completely understand stigma. A definition was provided.
- Response: Tweekers, disgrace, avoid people who use drugs, people who are unsafe.

"It's a normalized thing because people might call someone a tweeker but they don't care that much because they will still party with that person."
"In this community everyone is numb. We are all so use to seeing it. If someone sees you doing drugs at a party, they

"Bums. You can pay people to buy you alcohol and cigarettes."
"The Arena Pharmacy."

How have you learned about opioid or substance misuse?
"Family members who have been through it. Life in general."

- Students discussed how educators are reactive instead of proactive: *"Students are only talked to about drugs when someone is busted for it at school."*

"They can pretty much try to prevent it but they're not going to."

Do you feel you know enough? Would you like to know more?
"Education encourages people to use because they learn how to use and it makes them want to know more about using."

Why do youth use drugs for the first time?

- Responses: Curiosity, to cope.

"To see what all the hype is about."
"To go with the fad."

Why do youth continue using drugs regularly after the first use?
"The feeling. They like it."
"To concentrate."
"To have an ego and be prideful."
"They get addicted."
"They think they're cool."

What services could be provided to youth to prevent addiction? Is there anything you can think of that would be useful?
"From what I've seen in this community, no. Other than some parent saying 'Don't do that.' Some people just don't care about their kids."
"I feel like, once you get to a certain age, you can't help the person anymore. There aren't really any services to stop someone from using."

- Participants discussed how they feel many parents in the community are not supportive.

"There might not be parental support because they [parents] don't know what's going on. If you are doing something you aren't supposed to do, you're going to hide it. And if your parents don't pay attention, they won't know you're using."
"Parents assume a kid knows better after being told once."

are probably use to seeing you use so it's not a big deal. You might know someone who uses drugs but you still hang out with them because it's just normal for them to use."

How does stigma effect someone who is suffering from addiction?
"As long as they get their shit done, they're cool. If you don't affect society negatively, then do what you want to do."

Do you think people want to be addicted?
"People get addicted not knowing and then it becomes a part of their routine."

"If my parents talked more about drugs and addiction, I would talk to them when I need them."

If drop boxes for used syringes and old or unused prescriptions were available in the community, where would they be most useful?
"Drop boxes would be good in Point Arena because there are more people using drugs in Point Arena."
"The bums are always right next to the public bathrooms [in Point Arena] so that would be a good place for drop boxes since they [bums] are already there."

The Youth, Group # 2

Location & Date	Demographics		
Point Arena High School, Point Arena Schools District Point Arena, CA October 18, 2019	# of participants: 7 Age Range: 14-18 Mean Age: 15.9	Grade: • 2 Freshman • 1 Sophomore • 2 Juniors • 2 Seniors	Annual Household Income: • 3 with $24,000 or less • 1 with $24,001-$45,000 • 1 with $45,001-$65,000 • 1 with $65,001-$85,000 • 1 unknown
Challenges No activities in the community for youth (outside of school) Boredom Peer Pressure Almost no mental health options to help students manage depression or anxiety	Gender: • 4 male • 2 female • 1 Other – non-binary Race/Ethnicity: • 1 Native American • 3 Hispanic/Latino • 3 White/Caucasian	Town of Residence: • 3 Sea Ranch • 3 Gualala • 1 Manchester	• Family Size: • 2 from family of 2-3 • 5 from family of 4-6

What does addiction mean to you?

"An unhealthy habit that you have trouble stopping."
"The downtown hobos in Point Arena."
"A habitual thing that is not healthy."
"Something that will change your life in a bad way."
"You can realize it is bad for you but there is something psychological that makes you not be able to stop."
"One of the reasons you're able to continue on with addiction is because you can rationalize it if you're doing some healthy thing."

Based on your knowledge of drugs, how informed are you about the effects of different substances on your body?

"Not that much honestly because there are new drugs being created everyday and it takes a while to learn about it."
"The teachers around here do a good job about telling us what they know about it."
"[Outreach] events like the health fair teach us about it."
"A lot of people here know about it first hand because it can be an issue in small communities so a lot of people are more aware than they think about the repercussions of what come with it."

What are some of the various ways you can consume drugs?

"Put it in your headband and let the sweat from it drip down in your eyes. Your eyes are the easiest way to get high."
Vodka eye drops.
"There are so many different ways to do drugs. There are several ways to consume alcohol. I can't think of one drug

When you hear the word stigma, what does it mean to you?

"Nothing. People who use drugs, I talk to them like they are their own person."
"Maybe the person [using drugs] is lost or confused."
"Abusers."

How does stigma effect someone who is suffering from addiction?

"You might be afraid of getting a negative reaction, like punishment, or you might be looked down on, it might change someone's perspective of that said person."
"Everything that I can think of relates back to fear."
"Being disappointed in yourself and turning to suicide."
"Maybe they don't think they need help and then they get angry."

Where is drug use happening?

"Everywhere."
"Everywhere where they think they won't be seen."
"Abandoned houses."
"Parks."
"Some parents are allowing it to happen in their homes. Some parents are totally cool with it."
"There is a lot more authority on campus than there use to be. The principal is actually here. He walks around and checks on us."

What drugs are being used most frequently by youth?

- Students responded very quickly with the following:

where there was only one way to use it. Everyday objects can be used to do drugs."

- Students felt they have a lot of knowledge around how to use drugs in different ways.

Infectious diseases – what do you know about them?
"It's really easy to pass along [AIDS]."

- All youth said they feel informed about HIV, how to contract it and what it is.
- None of the seven youth knew about Hepatitis. They only knew the word but not how if affects the body or how you can get it and spread it.

What causes the spread of infectious diseases with drug use?

- Responses: sex and sharing paraphernalia

Do you think family history contributes to a person's likelihood of engaging in drug use?
"I think it really depends. There are instances where there is a completely drug-free family and the kid wants to rebel. Then there are some families where everyone is on drugs and the person wants to make a better life for themselves."
"My uncle passed away from drinking and taking his dogs pills. He did it because he couldn't see his daughters so he just drank and took pills all the time."

Let's talk about peer pressure. What does that mean to you?

- 5 of the 7 participants felt that they had been peer-pressured
- All of the students said that they have an adult family member, friend or parent that they could go to if they needed help with addiction.

Harm reduction – what does that mean to you?

- The students were not familiar with the term so it was defined and explained.
- Some students felt some forms of harm reduction would encourage more use of needles, while two in particular felt that it could be beneficial to offer harm reduction services so that *"if they're going to do it, you do it safely."*

Trauma

- Youth began to discuss trauma and recognized that it can play a role in why someone begins using drugs in order to *"bandage wounds."*
- The youth felt that support services, like counseling, could help a person and intervene with potential drug use.

  - Xanax
  - Oxytocin
  - Molly
  - Whip-its
  - Hallucinogenic
- The top three substances being used by youth:
  - Pills
  - Alcohol
  - Marijuana
- Youth discussed how when drugs are offered at parties, people don't really question what is in them and if it is laced with other drugs.

How have you learned about opioid or substance misuse?
"Family members. A lot of my family members have gone through the drug thing and I have lost a lot of family members from it so they always tell me not to do it. Like even my grandma. She used to be a real druggy. She even ran over my mother because she couldn't have drugs..."
"First-hand experience, from seeing it happen."
"The families who know that drugs will screw you over [because they have been through it] so they tell you not to do it."

- Youth discussed how they find information about drugs, and addiction on the internet to learn more. They also learn from friends who have first-hand experiences.

Do you feel you know enough? Would you like to know more?
"Yes, from people who have first hand experience because they can tell you the real effects. Like when you have taken it for so long."
"It would be useful to learn more about drugs from a chemistry or science teacher because they could tell you how it would affect your body."
"Speaker's panels are a really affective way to learn because it's people from different backgrounds."

Why do youth use drugs for the first time?

- Youth responses:
  - Curiosity
  - To cope – outlet for your emotions
  - Peer pressure

"People want to know because their family members did it and they wanted to know why they were addicted."

Why do youth continue using drugs regularly after the first use?

- Youth responses:
  - You end up liking it so you keep doing it.
  - Your brain likes it.

- The youth acknowledged the following as additional barriers to receiving help:
    - Transportation
    - Cost of treatment (can't afford it)
    - Health insurance that covers the service

"I've reached out to get therapy and there was only one dude available. It was an elderly man. He couldn't get ahold of me so he just threw me out and wouldn't see me. There aren't that many resources, you have to drive to Santa Rosa. It would be cool if there was more access to resources here."
"There are not a bunch of people who could help you here. You have to go to Ukiah or Santa Rosa to get serious help for serious issues. If you want help with depression, a gender therapist, anybody to diagnose anything to help you – they are not here."

- To relieve stress and emotional trauma.

'If you're in pain. My uncle got addicted to heroin because it helped him not hurt."

What services could be provided to youth to prevent addiction? Is there anything you can think of that would be useful?

"Education from people with lived experience."

- Youth discussed that boredom causes substance use and addiction.

"We use drugs because we are bored."

The Educators

Location & Date	Demographics		
Arena Union Elementary School, Part of the Point Arena Schools District Point Arena, CA October 18, 2019	# of participants: 6 Age Range: 31-51 Mean Age: 41	Town of Residence: • 1 Sea Ranch • 2 Gualala • 2 Point Arena • 1 Manchester	Annual Household Income: • 2 with $45,001-$65,000 • 1 with $85,000-$100,000 3 with $100,000+
Challenges Not enough educational resources to teach students. Not enough knowledge regarding the types of drugs youth are using and how they can be ingested/used. Not enough parental support for at-risk students. Not enough counseling and support services for students experiencing mental health issues or personal hardships	Gender: • 3 male • 3 female Race/Ethnicity: • 6 White/Caucasian	Level of Education: • 3 with Bachelor's Degree • 3 with Master's Degree	• Family Size: • 1 from family of 1 • 2 from family of 2-3 • 3 from family of 4-6

What does addiction mean to you?

- Words used to describe addiction:
  - Darkness
  - Control

"Willing to do something so much that you give up your quality of life."
"Something that you can't give up."
"Like having an anchor tied to you."
"I think of the word weakness. I know it's not politically correct but that's what I think of."

Based on your knowledge of drugs, how informed are you about substances and how to use them?

"As of today, I don't feel very informed. We had an incident today at the middle school with vaping. I don't know what to look for. It could be in the classroom and I wouldn't know it."
"I feel uniformed about what it looks like – what the signs are if someone is under the influence."

- Participants began discussing that they need to know more about the signs and all of the different ways the students can consume drugs.
- Further discussion about how vaping pens can be used to smoke more than tobacco.

"I think being in a small town, where we have these families who have a history, people are prejudged. 'Oh, you're from that family so you must use.'"
"In order for a student to get over the stigma and seek help, they are going to need to go to someone they trust, which is where we come in and they need to know its confidential."
"Confidentially is really hard around here. It's called narcotics anonymous for a reason and in our community, you're not anonymous here."
"Why would it [seeking help] need to be anonymous. This is where I think the system doesn't work. I mean, we don't teach driver's ed anonymously. We don't teach sex ed anonymously. Why would we teach this anonymously? I mean, it is a part of our lives. Anyone who thinks otherwise with alcohol, drugs and particularly opioids, especially opioids…I mean, It's a billion-dollar industry. Shining light on something, like we do with sex ed, can remove that stigma. If we can't be anonymous in a small community, what we can do is be a tight-knit community and talk about it."

Where is drug use happening?

- The park, downtown [Point Arena], the [Gualala]

"Where I feel like I'm lacking in education when it comes to substances is resources. When a student comes to me with an issue of substance abuse, I don't know where to find information or who to send people to."
"When you get a bunch of people from different parts of the country together – I mean, we're a pretty eclectic, educated group of people [referring to the teachers in the focus group] – and when you get us together and we're all saying that we don't know what it [substance use] looks like, that's a problem. We need to have someone come in and show all of the faculty what to look for."
"We're mandated reporters, we are required to have CPR training ongoing – why can't education like this be something required on-going."

What are some of the various ways you can consume drugs?

- Participants rated themselves regarding how knowledgeable they are about the different ways to consume drugs – the average score from 1-10 was 5.2.

"A student just told me that people are soaking tampons in alcohol… it's called booping."

Infectious diseases – do you think students are well-informed about them?

"I think students are completely uniformed and disconnected. I had a student arguing with me recently about whether they received an HPV shot or an HIV shot. Obviously, it was an HPV shot but the student doesn't know that."
"Right now, we are lacking specific drug classes and sex ed classes. The classes we use to have structure for we no longer have the resources for. The only time students are hearing about infectious diseases is if it comes up in science class."

What causes the spread of infectious diseases with drug use?

"When you're an addict, there is a higher chance of spreading diseases through sharing drugs and sexual behavior."

Do you think family history contributes to a person's likelihood of engaging in drug use?

"I've lived here my whole life and I've seen the cycle. The students using drugs are the ones with parents who also use drugs."
"There have been instances where students are caught selling drugs at school for their family members."
"I have a student who said that her dad offered her cocaine for the first time. She had been drinking with him for years

River, the res [Point Arena Reservation], in their bedrooms.

"We need to pay attention to the fact that substances use is everywhere."

- Discussion about substance use among teachers. There was an incident in 2018 where a high school teacher was arrested on campus for possession of heroin and drug paraphernalia in her desk and had been using drugs on campus.

"We don't want the kids to think 'Oh, well Mr. So-and-so does heroin and he's doing just fine.' We don't want it to be something where the kids think it [drug use] is socially acceptable. The kids knew the staff member was doing heroin. There was even some indication that the staff member was sharing it with some students."

What drugs are being used most frequently by youth?

"It's easier for the kids to get pills than it is for them to get alcohol. You have to go to the store to get a beer. You don't have to go to the store to buy a pill. You can have it in your pocket. No one is going to smell that or see that. And kids know that you can get $15 per pill if you sell it."
"Kids get pills [opioids] from adults. We have a serious problem in this community."

Do you feel you know enough? Would you like to know more?

- Participants conversed about the urgency in needing to know more – not only about what drugs are available and how youth could use them but also about what resources are available for referral and support services like counseling.

"If I had more structure and information to pull from to share with my students, I would be a better teacher."
"There seems to be a sense of urgency behind it too. If you have a student who is talking to you personally as a teacher, to me, that's someone who wants help and if I don't jump on that now, the window of opportunity may close by the next week or the student may not even be there anymore."

Why do youth use drugs for the first time?

- Participants discussed the idea of peer pressure and wanting to fit in.

"It's this middle school age that I see these kids being curious and interested in doing these things."

Why do youth continue using drugs regularly after the first use?

- Addiction

but offered her cocaine for the first time. She's 17 and all of a sudden there's a paradigm shift and her parents are accepting of this behavior."
"I have a student who just told me that he smoked meth with his mom for the first time when he was ten and his mom went to school here."

Let's talk about peer pressure. What does that mean to you?
"[Students] bring it [drugs] up a lot. Wanting to constantly seem cool so they bring it up. Talking about Norco and stuff."

Harm reduction – what does that mean to you?
"Harm reduction education would be very beneficial to our students."

- Participants discussed the concept of students using drugs safely: *"We can't stop it. If they're going to do it, they should at least know how to do it safely."*

Trauma

- Participants discussed Adverse Childhood Experiences – students who experience adverse conditions will most likely suffer from trauma, which leads to addiction in some cases.

"I would say at least 80% of our students suffer from trauma – maybe more. It's really interesting. You look at kids and think they are doing alright but some of them really are not."

When you hear the word stigma, what does it mean to you?

- Participants discussed the different degree of stigma associated with different types of drug use.

"To me, opiate addiction is more taboo. It's not a party scene either. It's a serious problem. People aren't doing heroin at a party."
Another participant responded: *"No, but the kids are [using opioids]. There are pills."*

How does stigma effect someone who is suffering from addiction?
"Worse stigmas exist with drugs like meth and opiates. There is a very different feeling toward someone who is addicted to alcohol vs. someone who is addicted to heroin."
"Talking to someone about the fact that they use – all of it makes them feel guilty and shameful and judged."

What services could be provided to youth to prevent addiction? Is there anything you can think of that would be useful?

- Participants all agree that there isn't enough support for youth in the community or the schools: *"I don't even know who to refer people to."*

"We have some counselors but not every counselor is going to connect to every student and there aren't many options."
"The best resources we have as public schools is the teachers. If our teachers are informed, that's the best-case scenario."
"Having a group or person that could offer consistency in delivering education and services to the teachers and youth."

- The participants discussed the need to complete the ACES survey with students annually to help teachers identify students who are living with trauma to catch them early and offer more support.

"We need to know – how does a student's trauma relate to the type of culture that we are trying to create here."
"Students may not even recognize when they are experiencing trauma and may not understand that if they have trauma, they should learn skills to manage it early so that it doesn't come out in a negative way later in life."
"We need programs where kids are helping kids."
"All parents should have access to, and know about, prescription drop boxes."
"I had a student tell me that he doesn't want to use anymore but it is everywhere. A drop box could be good for people in that situation."
"Abstinence only education does not work. We need to teach our kids information that will help them make informed decisions whether they are bad decision or not."

- Other resources that the participants cited as useful:
  - ➢ Guest speakers who are younger that can connect to the students.
  - ➢ Repeated exposure.
  - ➢ Separating the substances and teaching about then separately.
  - ➢ Drop boxes would be good at the Point Arena bathrooms. Somewhere conspicuous where you wouldn't be seen.

Those in Recovery

Location & Date

MHA Conference Room,
Gualala, CA
November 4, 2019

Demographics

of participants: 2
Age Range: 58-61
Mean Age: 59.5

Town of Residence:
- 2 Gualala

Annual Household Income:
- 1 with $24,001-$45,000
- 1 unknown

Gender:
- 2 female

Level of Education:
- 3 with some college

Family Size:
- 2 from family of 2-3

Race/Ethnicity:
- 2 White/Caucasian

Challenges

Anonymity in a small town when struggling with addiction or trying to get sober

Lack of faith in local healthcare providers

Feelings of isolation

Very few support groups

What distinguishes opioids from other drugs?

- Discussion of downers [opioids/heroin] vs. uppers [cocaine, methamphetamines]

What was your drug of choice prior to sobriety?

- One participant said cocaine
- One participant said methamphetamines
- Both participants said alcohol
- Both participants discussed that they would use alcohol to "come down" from being high.

"It's kind of an oxymoron if you think. I mean, I didn't like to be up, but when I was way up and needed to come down, I would drink. I mean, we are talking about 4 or 5 days of being awake."
"I got to the point where I would have a bunch of dope and it just stopped working and the body just can't go anymore and sleep wouldn't come unless you drank yourself into a stupor. But then I became dependent on alcohol."
"I have such an addictive personality and cigarettes was the hardest thing for me to quit."

When you say you were addicted to alcohol, was that worse or just as bad [quitting]?

"Well, the withdrawals were way worse. I mean, I've never been addicted to heroin but coming down off of alcohol is a close second to heroin. You know, your body gets so dependent on it that when you don't have it… I would shake and sometimes my kids would have to sit on my legs because I was trembling so bad."
"No, the only reason I stopped was because I had to. I went

What caused you to stick to sobriety?

"It's the first step [in the AA program]."
"Admitting that you are powerless over alcohol."
"The program [AA] taught me lessons. Like how to turn it over to God or a higher power. It taught me lessons I didn't learn as a child. One of the things I teach sponsees when I work with them is that there is intuition and it's in your gut and don't ever lose that because when you are using, you lose that."
Other participant agrees that you lose your sense of intuition.

What effects did using have on your life?

"I didn't really have a lot of negative effect… that I saw. Other people would probably say, 'Yes, you did.' But I didn't lose my house, my job or go to jail. I was a functioning addict."
"There would be days where you start on a Friday night, and go for days, and then try to pull it together for work on Monday."

Did your drug use and alcohol use change over time?

"Yes, I wanted more and I wanted it to feel like the first time I did it. I wanted the first six months or year. You're always looking for that high and you never get it. You'll never get it back. It's gone. I tell sponsees that if they go back to getting high, they won't ever feel it again. They will be sitting there jonesing. When you stop, you're going to go right back to the same spot."
"It's called, 'Chasing the dragon.' You chase it and chase it and chase it."

to prison. I got sentenced to four years because… If you would have told me then that that was the thing that would have saved my life, I would have said, 'You're crazy.' The events that happened after that changed my whole life. I went to a regular prison and then I was transferred to a California Rehabilitation Center, which helped get to the root of a lot of the issues. I had 3.5 years to do it. When I left prison, I had to spend 6 months in a treatment program. I stayed sober for 16 years and last year I relapsed and drank. It was really tough."

What caused your relapse?

"When I got out of prison, I had absolutely nothing. No car, no place to live and my mom had my kids. I started going to AA and met someone who introduced me to these appraisers and I started working in the office and became part owner and then my business partner turned his back on me. So, I was going to try to get my license on my own. I ran the business; I built the business with him. I studied for a year and I couldn't pass the test. I failed it once, I failed it twice and then failed it again. I was in Sacramento and I started drinking. I was scared but I was conscious enough to text my daughters and tell them that I had been drinking and they came and got me. It's been a year since then. Now I am going to really need support in the program."

What local resources exist for people who are attempting sobriety?

"I go to a local [AA] group in Gualala."

- Anonymity – one participant said that the meetings are kept really confidential. The other participant said that she will never go to another meeting locally.

"I would never share anything at a meeting here if I didn't want it around town. I had something that I shared at a meeting come up in one of my work evaluations. And now I don't go to meetings here. But I have 30 years of sobriety. If I were to give advice to anyone who wanted to get sober, I would say don't share anything personal that you are worried about someone else repeating. I would say talk directly to your sponsor and not to the group. I was in tears. I could not believe that someone would break anonymity. It was the total worse thing that could ever happen to anyone who is trying to achieve sobriety"

- Discussion regarding lack of confidentiality due to "open" meetings that allow anyone to attend, even those who have been court-ordered to attend.

"There's only one NA meeting locally. It's in Point Arena once a week. AA meetings outside of the area don't want to hear about other addictions. AA is strictly for alcohol. Here, the meetings are really open. You can attend for anything."

"If I knew it wouldn't harm me, I would love to start again."

How does someone make themselves want to get sober?

"It's the feeling that you get. It's the one that you're chasing. It's like, 'Okay, it's not there, I feel miserable.' You think, 'What am I doing?' It's that impending doom. I know I couldn't get back there to that high that I was chasing."
"You just become sick and tired of being sick and tired."
"When I first started doing cocaine I was at the Hotel [local restaurant and bar]. Everyone was doing it and everyone was in and out of the bathrooms and dancing and having fun and when I quite coke, I was at home. I was alone, pulling the shades, watching the sun come up and I was freaking out because the sun was coming up and I had been up all night. I had no desire to have anyone touch me or be around me. There was no party, there was no fun. It was nothing like that. It was a totally alone thing. It was horrible. And at one point I said, 'I don't want to do this anymore.'"

Harm reduction in association with drug use. Does that mean anything to you?

- Neither participant understood the meaning of the term harm reduction. It was explained.

"Because I get opioid prescriptions, I have Narcan. My doctor made me get it. There have been a couple times when I had a few really bad accidents. I was left on my own to take my own pills [for the pain]. Well, when you're alone and you're in charge of your own pills and you're kind of out of it, you don't know what you're doing. I think I was close to death. Had I had Narcan in the house, that would have been a reason to use it. I didn't have it then and I didn't know about it. Now I do. Everyone with pain medications should have access to Narcan."

Does family history play a role in addiction?

"I was an addict and alcoholic and both of my two sons became alcoholics."
"When you drink and use, you miss important things in life, in other people's lives, and you don't even know it."
"It's hard to know that I put alcohol and drugs in front of my children. I can't change the past, all I can do is improve the future."

Were there things that, when you were quitting, would have helped you to quit more readily?

"I was only in my 20s. You don't see a lot of people in their 20s trying to get sober. I was 16 when I moved out and got married. At that time, there wasn't a lot out there telling people about getting sober."

What does stigma mean to you?

"A reputation."

"I had a hard time dealing with that being a business owner. Some people, both of my bosses, were both in the program. But I met a lot of snooty people in this town through my work. And it was a complex that I had…'Oh my god, they know about me!' And I don't know how or why but I just stopped caring."

Do you think stigma exists or do you think it's something that was just in your head?

"Oh no, it exists. Even in my head toward other people. And I don't like to admit it but it does. If I see someone nasty or dirty with pick marks on their face. That's just how I feel."

Did stigma have anything to do with you not getting help?

- Both participants said no.

Does stigma have an effect on you in life and in the community?

"My sponsor said to me, stop letting your past define who you are today. I was offended by it at first but then I thought… you know, I kind of shock people sometimes when I tell people my story so I refer to it, being locked up, as college."

- One participant spoke about a local doctor placing stigma on her for choosing her sobriety over choosing to go back to an ex to help him after he had overdosed on alcohol and prescription drugs.

How has it been for you, staying sober?

"It's been 30 years since I took cocaine or drank alcohol. I take pain medication because I need it. I am very open about it. Pain meds are not my drug of choice. They have never made me feel like cocaine and alcohol would. Sometimes my doctor wants to adjust my medications and I will tell him 'no' because they give me a reaction."

- Discussion about the benefits of AA. Big book sessions. Out of town meetings

"You know, I learned from AA that my body doesn't metabolize alcohol the way other peoples' bodies do. Usually, when you've had a few drinks, you get that signal that you're feeling buzzed. I never got that. Understanding that has really helped me stay sober."

"Even in the program. Somebody's bottom could be that they got drunk, trip on a curb and fall in front of a bunch of people and then they're done drinking – they came to AA. Other people had to go to jails, institutions or death. I've been to jail; I've been to an institution; and now I'm done."

Participants began discussing the benefits of education with children/youth and how local events have shaped the youth's experience:

"Starting education at the school with school-aged kids. When my kids were in high school all of the kids were going down to the river or to the beach and drinking and doing drugs and some parents were okay with it… their minds are just developing. I think we have to get to them early."

"Well, we had a teacher at school when my daughter was in high school who was doing heroin and my daughter had her as a teacher since she was in elementary school and she loved this person and respected her. It was really hard on the kids. She was doing it at school!"

When it comes to seeking help here, do you feel there are different stigmas placed on people who are using heroin, methamphetamines and opioids versus alcohol?

- Both participants said yes and agreed that because alcohol is so normalized, it is more socially acceptable to seek help for that addiction than others.

Does trauma play a role in becoming dependent on substances?

"Yes, it does. To hide the feelings. I stayed drunk and high for many years. Part of recovery was getting in touch with your inner child and it was pretty freaking deep."

Why did you use for the first time?

- Both participants mentioned curiosity.

"Because I was partying with friends. It was fun. I remember the first time. It was amazing, we were all laughing."

Did you think at your first time that it would lead you to where you got?

- Both participants said no.

Do you remember when you first realized that you were addicted?

"Yeah, I started cutting people out of my life."

What treatment options would be useful in the community?

"I wouldn't trust local providers. Totally. Never. I would never go to the local clinic for treatment. There's too much stuff out there. There are no secrets here. And I wouldn't go to the local pharmacy for the same reason. But I would use the telemedicine option."

"Several years ago, I had oral surgery at the dental clinic in Point Arena and I got Vicodin for the pain and two or

What do you mean by reaction? *"Like they make you feel high and I don't want to feel that because it triggers my mind into thinking, 'Oh, I like that' and I don't want to feel that way."*	*three days later, the person that was working the front desk at the dental clinic knocked on my door and asked if I still had any Vicodin left."* • The second participant responded: *"Yeah, I've been called by her too. She wanted the drugs that I hadn't used."* *"In my opinion, some kind of a resource center. I don't know if this community is equipped to do a treatment center."*

Family Members or Loved Ones of Those Experiencing Addiction and/or Those in Recovery

Location & Date

MHA Conference Room,
Gualala, CA
November 8, 2019

Demographics

of participants: 4
Age Range: 35-76
Mean Age: 52.5

Town of Residence:
- 2 Gualala
- 1 Point Arena
- 1 Manchester

Annual Household Income:
- 1 with $24,000 or less
- 1 with $24,001-$45,000
- 1 with $85,001-$100,000
- 1 with $100,000+

Gender:
- 4 female

Level of Education:
- 1 with some college
- 2 Master's Degree
- 1 Doctorate Degree

Family Size:
- 1 from family of 2-3
- 3 with family of 4-6

Race/Ethnicity:
- 3 White/Caucasian
- 1 Hispanic/Latino

Challenges

Cost of health care

Cost of behavioral/mental health services

Stigma associated with getting well

Lack of support services for people in recovery

Providers not taking time to clearly explain new prescription guidelines when making changes to pain management patients

What addictions are your loved ones facing?

- Educator who is taking Norcos – 90 per month and runs out each month and can't wait to get the next prescription filled.
- Educator who had a major injury and was addicted to prescription opioids who has relapsed due to another injury.
- Educator who had a knee surgery and was put on prescription opioids while she was healing.
- A friend who is addicted to "Zorbs" [tobacco and marijuana mix] and alcohol.
- Family member who was prescribed Oxycodone about thirty years ago.
- Family member who struggled with substance abuse – started with alcohol then moved to prescription opioids after a family member had surgery and was prescribed pain meds.
- Family member who was addicted to heroin.

"I come from a family where my father died from alcohol at 45 from alcohol withdrawal. My father died right when we thought he was going to get better."
"I noticed, two years ago, some weird stuff started happening. I kinda looked past it because I'm the mother…because it's your kid. And I don't know if everyone

"It kept progressively getting worse and worse and a lot of things happened in the midst of this. When she was cut off from our family, there was no understanding on behalf of our family that this was an actual disease and as a result she had a lot of shame. I was 19 when everything was at the peak. I took it upon myself to 'fix it.' I kind of drove myself crazy for a while and it took a toll on me. It took me 10 years to realize that I cannot control this problem. It's the responsibility of the person who is addicted. I have resigned myself to the reality that I will take whatever small piece of my mom that I can have. I don't think she will ever get better in her lifetime. I think this will probably be the situation until she passes. So, to me, I'm kinda like, 'I don't care if you use drugs, I just want to see you sometimes….' Seeing what it has done to the rest of my family – the anger from my dad and my sister, I knew that I needed for myself to move forward and understand."

Has that had an effect on your relationships with the rest of your family?

"Not really but it has come up. For the most part, it's not talked about. It's this huge elephant in the room. If I tell my dad, 'Hey, I'm gonna try to find mom today," he gets moody because it brings all that pain for him to the forefront again."

does it [looks past the problem], but I did. I really didn't catch it until about six months before the shit literally hit the fan. My daughter started acting odd. She always was a partier in high school – you know, the drinking parties – but never really new that anything was going on outside of 'normality.' Or whatever that it is. I was noticing she was going to the bathroom with her purse. Well I'm an ex-addict and that was always my jam – you take your purse with you because you have cocaine in it. I notice that kind of stuff. She went to Santa Rosa…on her way home a guy drove into her lane and drove over the top of her car and missed her head by inches. What happened as a result was that she ended up in the ER and then she ended up 'coming down' and telling her dad about all the stuff that she had been doing. And when I heard that my daughter was doing heroin, it was the most horrible thing in the world to hear for me. She came home from the hospital and came clean and then I found out she was doing it with this school teacher at the high school.

- Participant talked about detoxing a family member at home: "It was awful!"
- Participant spoke about having to send family member out of state to receive help because it was the only option that was affordable.

How did the addiction start?

"Prescription pills and then the laws changed and she couldn't get it anymore so she went to heroin."

- All four participant's discussed family members who had specific addictions to prescription opioids.

Family history and trauma. Do you think they play a role in a person's addiction?

"I was worried about my kid. My baby. The odds were stacked against her. I'm an addict, her dads an addict."
"It can start with pills because you've experienced something painful and then goes from there."
"I think everybody has different ways and reasons for why they use. We are all trying to cover something up. Or it's a physical addiction. I really believe that its really broad."
"Trauma impacts different people different ways based on a predisposition or inherent temperament. Two people can suffer the exact same trauma and respond in very different ways. My family member suffered from depression early on when she was 5 years old."

- Participants explained various family experiences that were traumatic and could have contributed to their loved ones' addiction.

"As you get older you just start to self-medicate."

How would you compare opioids to other drugs?

- Participants described opioids as a depressant.

Let's talk about stigma – what does that mean to you?

- Words used to describe stigma:
  - Judgement
  - Assumptions
  - Bias
  - Societal stereotypes

Does stigma effect a person from getting help?

"I think admitting any addiction here is difficult. It doesn't matter what addiction it is."

- Other participants agreed.
- Participants described the community as self-reliant and how asking for help for anything is difficult. That, coupled with few resources, creates hardships for sobriety.

What causes people in this community to use drugs?

"I think that can contribute to it, but I think that there's nothing to do here. There's very little social stimulation, especially for youth, for like adolescents and teenagers who, you know, their brains are not fully developed and they think they know everything and they, there's very little else for them to do…"
"I think there's a lack of mental health services here um, you know, for people who are struggling with depression or anxiety or whatever, if they don't know where to go to get help with those things, it can lead to the reaching for something else to self-medicate."

Mental health and other local services, along with anonymity was discussed:

"I still have such a stigma about having depression. I'm still on medication, and it's helped me considerably but the depression, it's real and it's hard still to talk about. It makes you feel like a loser, it really does… That's how I feel in my head… And I agree we need more resources in this area, more support groups, besides the AA thing, because that's not for everybody. I don't mind it, but I don't go a lot because I just feel like I can't… I love them all but I feel like, I don't always feel like it's anonymous… there's been experiences, so I'm not just shooting that off the hip."

- Participants exchanged worry and experiences about confidentiality with local health care as a barrier to receiving help locally.

What services would help? What do we need to help with addiction in our community?

- All participants agreed that mental health services, with a variety of options with the idea that one therapist doesn't work for every person.
- More support groups.

Do you think we have a problem in this area with opioids?
"We have a problem. Alcohol too."
"Zip codes around here have the highest overdose rates in the state. It tells you something. I wonder, is it because of our medical providers? Or is it our rural nature and lack of things to do? Or lack of resources for people who have an addictive nature already?"
"My children will not go to the high school here largely in part due to the drug culture, which has existed for decades."

Is it opioids that we have the highest rates of abuse with?
"Yes, I heard from my daughter [who is an addiction treatment specialist] that we have the highest rates of prescription opioids being given out in the area [referring to Mendocino County]."
"We have a neighbor who I have never met who knocked on my door and asked me if I have any pain pills in my house. I'm not even sure I know the person's name. He told me that he even went to Fort Bragg and his doctors won't give him a prescription anymore. I was honest with him and told him he needed to seek help."

How would you compare that to people who are drinking too much or smoking or are coke users? Are opioids much worse?
"Addiction is addiction. One of the worst of all is alcohol. Its available, its socially acceptable. I think Alcohol is the gateway drug."
"You can mask it [alcohol] as a social thing. I think there is a level of desperation for people on opioids that you can't hide, like you can with alcohol, and so people remove themselves from social settings [if they are addicted to opioids] so it [addiction]is not so obvious."

- Participants discussed the difference in being addicted to drugs like tobacco, where you are only harming yourself and you can still have 10 of them and drive safely but you can't have 10 alcohol beverages and drive.

Let's talk about what you said, "Alcohol is a gateway drug?" Was that the case for the rest of you with your loved ones?

- Three participants agreed.
- One participant disagreed: *"My family member never drank and never smoked weed. She was against it. Her doctor prescribed it [opioids] to her so she felt like it was okay to use."*

How did your loved one's addiction make you feel?
"At first, I had no idea it was addiction. I didn't understand what was happening. But then I had to start taking over her

- Addiction treatment through telemedicine for convenience and privacy. However, not understanding the region, geographically, could be a barrier to the most effective help.

"What we need, um, free options. We need things where people don't have to pay, because that pay wall is going to back people off. I think it's the paywall and I think it's the stigma and not having enough options… People have all kinds of problems and multiple problems that they didn't even realize were there so they have to have people with different skill sets."

Discussion ensued about free health screenings. Statements made reveal that stigma exists regarding the capacity of active users and their interest and ability to use safely and keep others who are using with them safe. Participants stated:
"I think it looks good on paper [health screenings]…but the kind of people who would benefit the most from it – who might be at risk for spreading something or catching something – are not the type of people who are going to take [health screenings]…My assumption is that people in that state are not thinking about their health or anyone else's health. I think if people who are using needles are so desperate; you're only looking out for your chemical health at that moment. You're living moment to moment; you're not thinking about that [about not spreading infectious diseases]."
"If you have the forethought to go get a free health screening then you would have the forethought to not share needles and people who are doing that are not the people who are [sharing needles]."

- Free health screenings as a service was compared to the same type of access that Planned Parenthood gives to the community: *"It could be a different vibe than just the local clinic where people go for screenings and not feel judged."*

Harm Reduction – Narcan. Do you know what it is?

- Some participants did not know about Narcan so it was explained and a sample was provided for viewing.

"It would be good to have that more available. I would like to have that on hand. I don't think it could hurt anything."

- Discussions revealed that some stigma exists regarding the use and availability of Narcan. Additionally, there was concern that making Narcan too available would remove the community's urge and responsibility of handling contributing factors to addiction.

"I kinda disagree only because I watch documentaries and listen to podcasts and read articles and it's just a crutch.

medical care and realized her health problems were exacerbated by her addiction. I was frustrated, not with her but her medical provider. She had a medical provider here who just kept prescribing it to her. A provider should be an advocate for your health. So, she switched providers and the new provider decided to take her completely off of it [opioids]… now she is off of them completely." *"When someone is on something for so long, it just makes me nervous. I was always concerned about what would happen if there was a disaster or an earthquake especially, and our pharmacy couldn't get refills and we were cut off from resources. I was nervous about her having to go through major withdrawals if that happened. I mean, you can't just ask for a few extra Oxys to stock up on, you know…"*	*You listen to these people who have had it administered to them 15 times and it is not a deterrent [to drug use]. Community-wise, it's a crutch for the community to not deal with the actual problem. Community-wise, we are not dealing with people's trauma and the actual cause of the addiction."* *"I'm going back to the life-saving part of this. People who, even though they don't care about themselves at the moment, they are someone's kid. I mean with addiction; I didn't want to hurt myself but I did. If I had the choice to save someone's life right now I would."*

Those who are Actively Dependent on Substances

Location & Date

MHA Conference Room,
Gualala, CA
November 21, 2019

Demographics

# of participants: 2
Age Range: 50-63
Mean Age: 56.5

Town of Residence:
- 2 Gualala

Annual Household Income:
- 2 with $24,000 or less

Gender:
- 1 female
- 1 male

Level of Education:
- 2 with high school diploma/GED

Family Size:
- 2 from family of 1

Race/Ethnicity:
- 2 White/Caucasian

Challenges

Housing/Homelessness

Food insecurity

Hygiene

Access to healthcare

Transportation

Access to treatment options

Financial stability

What drugs are you actively using?

"I'm in the quitting phase. Cocaine is my favorite drug."
"I don't do opioids. I'm more about the uppers. I won't lie to you – there's no need for that. And I don't lie to my doctor either. He knows that speed is what has made my heart condition and all that – he already knows it's from meth use. And I had to admit that to myself and it was tough. So now, I take my meds daily and I'm healthier feeling when I take my meds but I still do dabble with speed."

How did your addiction start?

"Alcohol was always a part of my life from the time I was 15 or 16. My friends had methamphetamines. I was around it a lot. My friend always had it a lot. Everybody that I hung out with… I did marijuana before I did cocaine. My parents and my sister smoked marijuana around me for years. I was always against it. I was adamant about not doing drugs. And then one time I said, 'I want to try it.' I just remember pretty much instantly feeling this overwhelming feeling and I just felt awesome. And being socially awkward and shy, it was different for me. They [friends] use to call me 'Dead or Alive' because when I was not on drugs it was like I was nonexistent. I was really shy. When I was high, I was the life of the party. Talking to everyone. Marijuana would turn me into a statue. I prefer not to smoke it."
"With my brothers. And with marijuana – its was that gateway drug, as they say. And I heard that my brothers

Participant discussed walking to and from town because he could not afford the cost of gas:

"It's amazing how many alcohol bottles, and those little bottles of vodka, are all over the ground. They are just everywhere. Every twenty-five feet it seems like."

If I had a magic wand and could make you quit right now, would you want it?

- Both participants said yes.

"I can't put my responsibilities in life in front of doing a mind-altering substance. I have been bouncing off the bottom for so long."
"We try not to glorify it [drug use] when we are talking to each other and trying to stay sober."

When do you feel stigma?

"Definitely. When I'm in the doctor's office. When I go to church. Not so much anymore because I feel more accepted and it has brought me out of caring if my hair is combed. I'm kind of on strike right now because I can't take a shower. I'm lucky enough to get clean clothes once in a while. And I'm at the point where I let them [health care professionals] fly me out because I know when I'm at the hospital, at least I will get a shower."

Are you intimating that you don't care what happens to you?

were sniffing stuff up their nose. I was nine when I started smoking pot because I was following my brothers around. They were about five years older than me. The brother that I thought was straight and I looked up to the most wasn't straight. I found out later that he was growing pot and using speed."
"Five years after I tried cocaine for the first time, I met this guy on the coast. I wasn't impressed with cocaine but I liked marijuana. At all the parties people would surround the cocaine hors d'oeuvres plate but I never liked it. I tried speed and I liked it. It made me feel good. I got stuff done. With cocaine, I only made lists of things I needed to get done."

Did you ever get into doing cocaine a lot or frequently even though you didn't like it?
"Yes."

Why the change?
"Because it was around and free to me. The man I was with was a cocaine dealer so I always had it. I would sell it for him and I would do it with you to show you it was good but I never liked it."

How did it [cocaine] make you feel?
"I hated it."

Tell us about the transition from cocaine to speed.
"I don't remember the first time I tried speed because it was a mixed bag kind of thing but I remember it burned. And I remember I got stuff done. So, I started putting it in my orange juice in the morning. I never shot drugs. I just remember not ever really liking cocaine."

Did you always feel like you got a lot done on speed?
"Yes – an accomplishment feeling. When I wasn't on it, I was grouchy, bitchy and you didn't feel like doing nothin' because your body aches for it."

Participants discussed the feeling of coming down from their high:
- Tore up from the floor up
- Rode hard and put away wet
- Drug through a knot hole backwards
- Hung over
- Ragged
- Beaten, cranky and sore

Discussion on sobriety:
"You can't tell if someone is high or not. Your tolerance goes up so high."

When you're not using, do you want to be using?
"Sometimes. I'm not walking out in the middle of the street but I get pretty depressed about the way I look. But I have just enough of a handful of friends who can care less what I look like or smell like and they don't judge me. If it weren't for those friends, I would have probably taken my life by now. It's hard to say but that's just how a homeless person, who doesn't see the other side, who is using, feels sometimes. The drugs help us get out of self and distract us from feeling that way."

Participant discussed how being in crowds was extremely stressful and contributes to his drug use.

Participants discussed stigma in further depth:
"Anyone who doesn't drink or do drugs, it's a big no, no. Alcohol is more socially acceptable but for me, it's the worst."
"People in town. I hear their comments and I see their looks. I can get a little loud but I want them to hear me. I want them to know what I'm going through and what that's like."

- Participant discussed going to the doctor and getting a blood test and the high cost of healthcare

"When I came back in for the appointment when the lab was done, he [the provider] seemed disappointed that I was okay. So that is my take on being judged. He was disappointed that my blood work came back good. He wasn't smiling that my lab work was positive."

- Participant said that he perceives that the doctor would have preferred that his lab came back with negative results because he is a drug user.
- The other participant discussed positive experiences at the local clinic and expressed happiness in her healthcare and the providers.

What are the most impactful ways to hear messages about addiction and treatment?
- Both participants agreed that the radio is the best way to hear information.

What would help you to quit right now?
"At this point in my life, I have been bouncing off the bottom for so long. At this point I need to do it off of my own cognoscente. I am going to be 51 in February. I need to be clean and sober to have a good job. I lost work because of substance abuse and alcohol. In the past, I would have accepted help."
"AA was never really effective for me because of the group setting and I am socially awkward and shy."
"I am moving my friendships around to better friends. Better friends are people who go to church."

"Yes, but none of my friends will sell to me right now because of my heart condition and it makes me angry because I just want to get high. Every now and again a friend – well, not really a friend – will give me a few hits off of a pipe... So, I'm not buying a sack because I can't afford it right now and my friends won't give it to me because they're afraid it will kill me. And it will."

"Alcohol is the one that is ruining my life. I can do the drugs and get away with it because I like to do them at night. Other than, I work all night and I don't get anything accomplished. I wake up the next day and say, 'You were up all night. What were you doing – you got nothing accomplished. You were up for six hours last night and you didn't get anything accomplished.' But I always felt like I was getting a lot done while I was high."

"If I drink alcohol, I have a craving for drugs. Your addictions go hand in hand. The alcohol makes me weak and I do it. A year ago, I quite the alcohol but I didn't quit the substance and it didn't work. I always think I have to have a crutch."

"But that's the way all of us homeless people think. We all think, 'I gotta have a crutch.' We're living the low, low, low life and people are looking down their nose at us and it [drug use] helps us get out of self."

- Both participants discussed church as feeling like a safe place and a thing to look forward to.
- Participants stated that things like clean clothing, a shower, shelter and regular food would help them get sober: *"It makes you feel better about yourself."*

What type of addiction treatment would work best for you?

"I use to hate the idea of in-patient back when I needed it but now, I would welcome it because I know I'd get a shower, food and a bed. Outpatient didn't work for me. I had it down to a science. I knew how long I had to quit using down to the minute for drugs to be out of my system before a pee test."

In discussing more resources in the community for harm reduction:

- One participant said that drop boxes for prescriptions would be a bad idea because she thinks someone would wrap a chain around it and rip it out using a truck.
- One participant thought a drop box was a great idea.

"If it's out of sight, it's out of mind for me. I could drop something off in there and not think about it again. It would help me."

Qualitative Data: Interviews – Results & Findings

Consortium Partners

Location & Date	Participants	Types of Services Provided
Fort Bragg Police Department, Fort Bragg, CA September 5, 2019	Coast Life Support District Safe Rx Coalition Mendocino County Aids Hepatitis Viral Network	CLSD: Emergency responders & ambulance service Safe Rx: Outreach, education and public awareness MCAVHN: Case management, syringe exchange, HIV/Hep C health screenings, support groups, Narcan distribution, linkages to infectious disease treatments
Challenges Public perception of prescribing guidelines Stigmas associated with addiction in health care Messaging that penetrates all pockets of the community Awareness of existing services		

How are people in the community or clients/patients experiencing stigma?

"With emergency services, we have to see through stigma. We can't allow it to interfere with the way patients are treated or the type of care they need."

- In the healthcare setting a person who is experiencing an overdose or medical emergency as a result of drug use, the person can feel stigma because they do not want people to judge them based on their drug use.

"When someone else calls [911] for a person who is experiencing an altered level of consciousness, that patient could feel the pressure of stigma."

- Consortium partners explained that people sometimes feel reluctant to go to the emergency department for the type of care that is needed for fear that "no one cares" or fear that the police will be called.
- MCAVHN spends a lot of time convincing clients to get care because the client is afraid how the doctor will perceive them.

"We tell them [the client], 'There is no consequence for telling the truth.' Often times, clients are treated better when a MCAVHN staff member goes to appointments with clients."

- There is a stigma with some parts of the community that the work we are doing is "*taking opioids away from people*" who need them for pain management.
- Better messaging around what harm reduction is and why it is so important.
- Increase messaging for addiction treatment and alternative pain management options.
- Work on eliminating the stigmas around mental health. Develop messages that normalize the need to ask for help when needed.
- Find ways to increase addiction treatment options and support services on the south coast of Mendocino County.

What are we currently doing in the community to address opioid and substance use and addiction?

- MCAVHN does case management and uses Motivational Interviewing to help with behavioral changes and shifts in client's self-efficacy.
- MHA provides prevention education in all local schools
- All partners are working together to assess needs and develop a strategic plan forward.
- MCAVHN provides linkages to Hepatitis C and HIV treatments.
- CLSD is working to make sure all first responders are trained and equipped to administer Narcan when needed.
- Public Health heads up the county-wide Safe Rx Coalition, which increases awareness of prevention, treatment and recovery options.

- We need to reduce the stigma that harm reduction is fueling the problem.
- Residents in the MHA service area experience intensified stigma due to the nature of our small community.

What more can we do that we are not already doing? What could we do more of?

- Act as better referral sources
- Provide brief, succinct educational materials
- Change the social norm of stigma through education
- Increase access to harm reduction resources like Narcan, lock bags and prescription drop boxes
- Continue to evaluate partnerships and buy-in. Ask, "Are we addressing all sectors?"

- Safe Rx and MHA act as convening organizations to bring more partners together.

Who are we missing?

- Coastal Seniors – education to Meals on Wheels clients who are isolated with a high population of seniors on pain meds due to procedures, surgeries, falls and pain management.
- In-home Health Services – caregivers of people
- Sonoma County Indian Health Project
- Fire Departments – they are often the first people on the scene of emergencies in our area.
- Sonoma County Public Health

Health Care Providers

Location & Date	Participants	Types of Services Provided
MHA Conference Room, Gualala, CA November 1, 2019 November 21, 2019	1 Doctor of Osteopathic Medicine 2 Physician Assistants	Primary Care Urgent Care

Challenges

Behavioral Health provider shortage

Limited resources

Well-functioning Electronic Medical Records

Dissemination of program information among medical staff

What does addiction mean to you?

"Just a patient who is dependent on any substance, including caffeine or sugar, to gain a certain effect or to mitigate certain adverse experiences."
"That it's a part of your life, and really a part of your being, that you can't function without help. It's a controlling entity that doesn't allow you to function as yourself."

Based on your knowledge of drugs, how informed are you about substances and how to use them?

I feel pretty well informed. I think some of the details on what reacts with suboxone– I don't have an X license – some of those details I don't feel as strong about but in terms of motivational interviewing, empathy with patients, behavior modification, I think I do pretty well. I think a lot of it is just a dance between the provider and patient and I think sometimes the medicine can get in the way. Its not just knowing the medicine makes you an incredible addiction doctor."
"I think that all of us get along. I worked with a rehabilitation center for years in Sacramento. Yes, I understand."

How knowledgeable are you in regards to how people can take/administer drugs?

"I think I'm a 10 [out of 10] as far as how drugs can be used. I think it's pretty straight forward. But I didn't know about the eye drops. When you think about the various ways you can use it, you either inject it, or put it across the skin

Harm reduction – what does that mean to you?

"I think about it this way – how do we minimize the adverse effects of the substance on the patient. Or, what does a family member or friend do in case there is an overdose. And asking, what is the root cause."
"And how do we support the children who are being affected by this. Maybe we can work with the schools to identify the child. I think it needs to be an interdisciplinary approach."

- One provider had not heard the term before so it was defined.

"We [RCMS] collect medications from people in the community. Our local pharmacy will not deal with disposing of unused or old medications. The problem with controlled substances is that there is a very tedious reporting chain. The reporting burden is very unfortunate but we do it."

- Providers discussed locations where prescription drop boxes would be useful:
  - Downtown Gualala
  - Somewhere in Point Arena

Trauma

"The definition of trauma is so broad. It's very rare that, in this population, that a patient uses substances regularly because someone offered it to them. Usually it relates to some sort of trauma. I think there is definitely a link there."

but I always thought the eyes were something people wouldn't want to get into."

How do you talk to patients about infectious diseases?
"I tell them that, right now, sexually transmitted diseases are on the rise in the community. Most of them [STDs] have very straight-forward simple treatments. I come in and I try to neutralize the stigma around STDs and STIs and give them a sense of meaning and hope so that they [the patient] want to come back… When I asked the questions, I ask them in a way that allows them the opportunity to provide an honest, comfortable answer."

What does on-going education and training look like for providers?
"As a physician you have to do continued medical education and often times if there is a state-wide issue, if there is something very prominent in the state happening, then that becomes a part of the break-down for the education that you have to complete. Part of it is the type of license. Are they renewing it? Are they part of a society? Like, the American Academy of Physicians. And if they don't have a society, what are they interested in, in terms of primary care?"

As far as the patient population, what are you seeing most of?
"Hep C. I don't think we are a particularly high syphilis area… I've seen a handful of Hep C and two Hep B and one patient with HIV. The numbers are really low but as we see surrounding communities' numbers rising, like in Mendocino County… there is a chance that it could easily spread to our area."

Do you think family history contributes to a person's likelihood of engaging in drug use?
"I think that when we think about children growing up, you're going to have variations in how they're raised and what they're exposed to but in terms of inequity – meaning how they are starting out compared to another child – how much time did they have with their parents or a caregiver who truly cared about them. How do we make up for that inequity through those type of children? Do I believe that every child who comes from a family where substance abuse was prevalent is going to become a substance abuser – I do not think that is necessarily the case. But if they don't get to see life through a different way or someone who believes in them… whatever it may be, but I don't think that every child who comes from an abuse home of any kind will be an abuser."

- Provider mentions the importance of resiliency to interrupt the cycle.

How does stigma effect someone who is suffering from addiction?
"I think it's already a really hard, nebulous thing. I think patients sometimes feel stigmatized even when nothing is really happening. But when someone needs to leave a urine sample, they feel like they are being stigmatized, when in actuality it is just a medical process."
"When you perceive something and that becomes your reality, then you are going to react to the situation like it is reality."
"I would say that sometimes abusers come in and they are super aggressive and hostile and unfortunately they gain a certain reputation and that's where any stigma might come from... But for the most part, we have a super compassionate crew."

What about stigma in other healthcare settings?
"Absolutely, there is a stigma [in emergency rooms]. I had this elderly lady come in the other day who was 80 years old and had a kidney stones and she was like, 'Oh my God, I promise I am not a drug user.' And I think, people have been poorly treated, especially since we started locking down on opiates for chronic pain – these poor people feel shame, even though there shouldn't be any shame at all and chronic pain patients feel the stigma – particularly in emergency rooms."

What might cause someone to not seek help for their addiction?
"Afraid of being stigmatized is definitely one. Access, in terms of transportation and affordability and so much more… beliefs about the healthcare system. I think patients who have a lot of trauma have a harder time…"

Why do people use drugs for the first time?
- Curiosity, pressure, self-treatment and coping, accidental

Why do youth continue using drugs regularly after the first use?
- Coping, enjoyment of the high, stress, changes in the brain

Do you think people in the community have enough access to local treatment options?
"It depends on the type of substance. If it's something like alcohol, then no, we don't. If it's something like opioids, then yes, we do have people who are providing that. When it comes to other addictions, like eating disorders, definitely not. We desperately need behavioral health therapists, cognitive therapists because we need people who can do trauma informed care. It would be really nice,

Providers discussed the barriers in availability of options for addiction treatment:
"One of the problems we have with follow up is, where do we send you? We don't have a psychologist; we don't have a psychiatrist. We have our primary care people, who are burdened with their schedules. And it feels like a hole. If someone wants treatment, where do I refer them? That's the hopeless hole that I find myself in."
"Besides family practice, no, there is nowhere to send people for addiction treatment."

- Providers discussed better collaboration with MHA to address increased treatment options for people in the community, among other care coordination possibilities.

and this is where I can see MHA playing a huge role, if we had a case manager who can get people resources so they can get their lives stable."

- All providers expressed support and interest in making patients aware of addiction treatment options via telelmedicine.

Providers expressed interest in getting a supply of Narcan to provider to all patients who have prescription opioids.

- We need to be working with you to get this.
- 100% - it is absolutely necessary in our community.

"We have worked really hard to bring the number of prescription meds down but people are going to access them illegally no matter what. We need to be able to give one of those [dose of Narcan] for every person with a pain med prescription."

Law Enforcement

Location & Date	Participants	Types of Services Provided
Phone Interviews October 25, 2019 November 22, 2019	Sonoma County Parks Ranger Mendocino County Sheriff's Deputy	Public Safety, law enforcement Public Safety, law enforcement
Challenges No local addiction treatment services to refer people into Shame associated with addiction		

Do you feel informed enough to address substance use and prevention?
"I will say I can always learn more. The most prevention education there is in our community is mainly from you guys. I can always learn more and I'm open to learning more."
"My department does have a fair amount of training in regards to drug use in the public and the signs to notice, I'm sure not as much as the Sheriff's office. Once a year we have classes that talk about and describe different drugs that peoples use and the effects that it causes. I would probably say I'm a 6 [out of 10]. It's pretty obvious to see if somebody's so on something if it's alcohol, it's pretty noticeable. When it comes to other types of drugs like meth, there's pretty clear signs of how's that's affecting them whether it's their face or their teeth, stuff like that."

Do you think family history contributes to the likelihood of a person beginning to use drugs? How?
"Absolutely, dysfunctional families, almost always, the kids are always effected, it almost always leads to some kind of drug use, it seems like, especially if the parents are doing something, and they're are around it. Any dysfunctional family not knowing how to raise a kid, I just feel like it weakens their overall approach to life. If they're not counseled on any of their depression issues they may have, then a quick hit of something might be the only thing that they know that can help them, and then even if they do find something, some counseling down the road they're usually too addicted to stop. It seems like with these hardcore chemical type drugs, you know. One hit you can be addicted for life. It's so sad."

Tell me how you feel about harm reduction.
"I haven't been able to assist any people in the public with harm reduction, with handing out clean needles or anything

Do you feel you know enough? Would you like to know more?
"I know about it in a way that is a lot but it's not the mainstream way of thinking about it. My thinking of the whole drug use thing with people is that everybody wants to feel contentment and peace within and so when someone drinks a beer, it's slows their mind down, and when you slow your mind down, your heart, your soul, God, Jesus – whatever you call it – emerges and you can feel it for a little while…The easiest buttons we have in our society for a moment of tranquility is by doing substances and beer, obviously, is the most common it seems like, and wine and marijuana."
"If I ever come across anybody and have a frank conversation with them and offer them some services that are available up here, which I'm not even sure where to direct them besides you, I think you (MHA) would be the main contact I would call."

Where is substance use occurring in the community and when?
"Marijuana the most. It's being done on the campground a lot more now and they're a little bit less secretive about it, because of the legalization but we don't, as far as that goes, we don't allow smoking in the parks in general."
"We are seeing marijuana; it has not changed in volume or possession levels despite it being legal. Seeing counterfeit morphine pills and fentanyl is being seen. Not in any alarming level, but it is around. Also, with the news of carfentanyl, our operating procedures are different now because there is a drug that can kill us if we walk into a room with it. There are opioids and even methamphetamine laced with fentanyl."
"The most common thing is alcohol from late night gatherings at the restaurants and the people cut out, they

like that. The most that our department has done is with homeless people, offering them the services, that seems to be where we have the biggest problem."
"I can say I'm neutral about it. It's best to keep people safe, but I'm not sure I completely agree with some of the practices used that involve handing people tools for drug use."

How does stigma effect someone who is suffering from addiction?
"There is definitely stigma to those using drugs. There is shame, the person knows the demon they are dealing with and they experience shame if wanting to seek help."
"When things happen in the community, the finger is definitely pointed to those with addiction first with the mentality of 'Of course it was them." Compared to the neighbor three doors down with a full-time day job and who owns a house."
"I would say there is not [stigma on behalf of law enforcement] because we have training and it's really right up front to be careful about profiling and it's the same thing with the Sheriff's department. Of course, you're gonna be observing, you're going to look for signs, you know, but to also be aware that profiling is not a good thing to do. You just have to filter more. You just have to be a better discerner of 'Who is this person and what are they actually doing.'"
"Shame would keep them and also the embarrassment would keep them from getting help."
"I had an Agency Assist call that I did with a female who lived in the Ocean Cove area and she hadn't taken her medication and basically I had just kept her occupied while the Sheriff questioned some of the locals. You can just get the sense that all the locals knew her and 'Ah, she's back again, she did it again' and I think it's natural for the community to do that when they see that happen over and over again, they just kind of label them [people suffering from addiction]. But it doesn't mean that they don't care. They probably were the ones that called it in, they were like, 'Oh she probably needs some help," but they were certainly cracking jokes about her. It's a combination of things, not quite black and white."

How might stigma effect someone's ability to seek help for their addiction?
"Well, if they're placing that stigma on themselves when they realize they have an addiction, that probably causes a lot of guilt, and they're probably scared to come forward with it. I might be a little off track with that... because they do, they are conscious of the fact that they're messed up and I think that there are probably some people who are pretty embarrassed about it and yet they are addicted so they have some sort of a label they've placed on themselves in sense that keeps them from seeking help."

drive home. I mean most of my experience is within the camp ground because that's where I patrol, in the Day Use."
"People are not engaging in drug use in places where they will get caught. Where we find people using drugs is in their homes and in their vehicles."

Do you feel you have access to enough resources for the community you serve?
"I know that the closest place I could send a person for addiction treatment is Sebastopol or Ukiah. Other than that, I wouldn't know what else is available."
"Yes, I do. I can call my supervisors and I also have some contact numbers at the office and also of course, you [MHA] in Gualala."

Why do youth use drugs for the first time?
"High stress and because of peer pressure."

Why do youth continue using drugs regularly after the first use?
"Physical dependency."
"We [law enforcement] can tell people until we're blue in the face to not use drugs and there will still be people who do it, because of stress points, etc. The best thing to do is to help give education, especially to young people and families."
"Direct access point, like the local clinic or actually, it would be best if it was you guys [MHA]. A place that everyone knows about where if someone is wanting to get help, someone contact this one place to know what to do and where to go and where to send the person who wants help."

Do you carry Narcan while on duty?
- Mendocino County Deputy: "Yes, we all do."
- Sonoma County Park Ranger: *"They actually trained us on this during EMT although we're not allowed to administer it yet. As EMTs on the Coastal Valley Policy, which is the branch we are under, we are not allowed to administer Narcan."*

Are there services that you think would be useful to help prevent addiction?
"Something that is out of the norm – if you'll like getting people to listen to people that have enlightened souls – gurus you know, people that can show them something, it's just not the normal way of doing things. Just digging in a little deeper realizing that it's a very difficult thing to get away from…not totally sure, obviously I don't have a lot of experience with this… with like the services around here…"

Recovered from Opioid Dependency

Location & Date	**Demographics:**	
MHA Conference Room, Gualala, CA November 26, 2019	Age Range: 70+	Town of Residence: • Sea Ranch
Challenges No education provided with opioid prescriptions	Gender: • Female Race/Ethnicity: • White/Caucasian Annual Household Income • Unknown	Level of Education: • Master Degree Family Size: • Family of 2-3

Talk about your experience in taking prescription opioids. Your experience at the time and why you taking them.
"This was over 10 years ago, I had a surgery. The pills were given to me in the hospital and when I left. It was at the time when medical facilities were feeling like they hadn't been good with pain management. So instead of looking at them [pills] the way they are being looked at now, it was 'You can have as many meds as you need to get through this.' What I went through was really bad. I needed the pain meds. I was on them for well over a year; closer to two. I don't remember when I knew I was hooked. In other words, how far into the process it was. But I remember lying in my bed, looking at my watch, saying 'Oh God, I have another hour-and-a-half to go' and realizing that the hair on my arms was standing straight up. And I literally said to myself, 'Yep… but just keep taking them until you don't need them anymore and then I will take care of this."

How long after did it take for you to take care of that?
"A good year. Probably more."

When you were prescribed the medications, was there any kind of consultation in the doctor's office or pharmacy to let you know about the risk of addiction associated with prescription?
"No, not that I remember."

When you realized you were having withdrawal symptoms, did you contact your doctor?
"No, I did absolutely nothing. I didn't even tell my husband because I knew it was going to be a problem because I just wasn't willing to deal with it then. Also, my husband might have told the doctor and, no."

How did you get sober?

Let's go back to cocaine. What caused you to use it for the first time?
"Well, I had actually tried it several times but I never liked it but I had always smoked dope [marijuana] while using it at the same time so I could never really feel the cocaine. But I had a neighbor who was after me about trying it and I did eventually. And it was fun. And so after that, I did more coke with friends in that building and that's when I realized, 'Okay, I can't keep doing this' because I liked it too much. And I knew enough about it to know that you could get hooked, which is why I just stopped and I always said I would never buy it."

What characteristics can help identify if someone is dependent on opioids?
"With my friends, it was this thing where they were fine for a while and a couple hours later, they weren't fine. And I know that slope. And checking the time. I could see my friend doing this [motions for checking the time]. And then she goes to the bathroom. You know, it all just looked familiar to me. And I think there is just sort of, not a stupor, but not engaging. Kind of disassociated. And I think that's a pretty good sign."

Do the friends you are referring to live in the community?
"Yes."

Do you feel there are adequate resources to help them if they wanted it?
"I don't. And I feel that way right now particularly because of the lack of behavioral health. And I know that's not the only way to go. I know there are other was to do addiction treatment but I think that is something that can carry you through."

"I figured out I could cut back slowly to see how bad it really was. On whatever day I decided that, I added time in between doses for a while and I did that in a pretty systematic way over time. And then one day I stopped. However, when I stopped, I had a lot of pills left. And in the same way that I stopped, I didn't get rid of them because I would have panicked. I needed to have them even though I wasn't taking them."

How long did it take you to titrate off of the opioid?
"About six months."

And during that time, did you talk to your doctor?
"No, I think part of it was shame. But it's also not my M.O. Truthfully, it doesn't matter what the doctor says to me. I have to determine that I am the one who needs to stop this."
"I was scared. And I thought, maybe I'm doing this in part because I am depressed."

Do you have friends that have gone through this? If so, how have they handled it?
"Yes, I have friends who are, in my estimation, addicted. We talk about it but they aren't that interested. They are kind of in trouble. They both talk to me about it and asked me what I did but what I did is clearly not right for them. They ask me how I did it. I don't even know how I did it. People get addicted to a lot of things. People get addicted to coffee. And when a friend told me that one day, I decided to stop drinking coffee because I had decided that I had enough habits. So, I just did it and truth is, I had no problem quitting it. I can quit alcohol just as easily and the pills are the same. Tobacco, on the other hand, is not the same."

When you're in that state of "I need the pills to function" what does that look like from the outside?
"Scary. I'm not sure how much was the pills and how much was the surgery. The surgery went well, but it went well given the problems they had [to deal with]. Comparatively, it was a good outcome but to me…I mean, I was out of work for two years and I am a real worker. For me to be gone that long, that was hard. I remember being afraid about the pills. Knowing I was hooked on it. But there were too many things going on."
"In retrospect, I'm glad I dealt with it that way. I needed the pills for pain but I think I needed them to…cope."

"I wish she [a friend] had someone to talk to say, 'I think you're depressed or I think you're that…' and maybe there is a trade where she could take something else. And I don't know, maybe that would be trading one addiction for another. I'm not sure but I wish she had someone to talk to."

Can you talk about substance use in a community that is higher income, higher education and identifies as more affluent?
"You know, I don't know but I do know two people there among my friends. So, I am sure there are people. And actually, from a Coastal Seniors view, people come here to retire and a spouse dies, and they're old and lonely, and have outlived their money, and are too ashamed to receive Meals on Wheels because its perceived as a service for poor people…when in actuality, they are poor. So, I think of it like that. While people look good from the outside, they may not actually be okay."

What helped you feel comfortable in sharing your struggle with addiction?
"There are two reasons: 1. I'm not doing that anymore so it makes it easier to talk about. And I may end up needing to do it again because I may need to have another surgery. 2. I don't have visible contributors to opioids."

- Participants gave an example of smoking or being overweight, where those things are noticeable.

Trauma

- Participant discussed how physical trauma led to her addiction.

Have you been dependent on any other substances?
"Tobacco. Other than that, I have done cocaine. But that was different than opioids. I didn't like opioids. Other than to help for pain, I didn't like them. I like cocaine but I never bought it. I purposefully made myself promise to never buy it?"

What resources would be useful in our community in increasing access to care, education and reducing the morbidity and mortality rate?

All participants in the focus groups and the interviews were asked if they felt the resources listed in Table 4 would be beneficial to the communities in the MHA service area. Results were calculated using responses from 39 respondents.

Table 4.

Type of Service	Yes	No	Unsure
Stationary Rx Drop Boxes	34	3	2
Stationary Syringe Drop Boxes	32	5	2
Health Screenings for HIV/Hepatitis C	33	3	3
Narcan Training & Distribution	35	4	0
Prescription Lock Bags	36	3	0
Expanded Education Curriculum in Schools	39	0	0

Existing Services

Current resources that exist within the MHA service area that address prevention, treatment and recovery are summarized below.

Local Prevention Services

1. Education curriculum – Using evidence-based curriculum adapted from the National Institute of Health, Department of Drug Enforcement Agency, and Brain Power! developed by the National Institute on Drug Abuse, MHA offers in-class education on opioid and substance use to all local schools within the service area.
2. Syringe exchange – As a harm-reduction strategy to reduce the spread of infectious diseases through the consumption of drugs, Mendocino County AIDS Viral Hepatitis Network travels throughout Mendocino County to provide a syringe exchange program for active intravenous users.
3. Drug take-backs – MHA, in collaboration with Mendocino County Public Health' Safe Rx Coalition, Sonoma County Sheriff's Department and Mendocino County Sheriff's Department, hosts drug take-back events at least twice annually in the service area. This service allows people to safely dispose of any expired or unused medications, minimizing the potential risk of accidental ingestion by children and animals and potential theft.
4. Lock bags – MHA provides prescription lock bags to all partner entities within the service area for distribution to anyone who is the recipient of prescription drugs. MHA supplies lock bags to Redwood Coast Medical Services (Point Arena and Gualala locations), the Arena Pharmacy, Coastal Seniors, and the community at-large.
5. Narcan availability – MHA currently provides access to free Narcan for local residents who have opioid prescriptions and cannot afford the high cost of Narcan through insurance or private pay.

Local Treatment Services

1. Out-patient Medicated Assisted Treatment – Redwood Coast Medical Services, the only health clinic for two hours in any direction from Gualala, has one provider who is X-waivered and provides MAT for patients who are dependent on opioids. However, this service is not coupled with behavioral health services due to the extreme provider shortage. All providers at the clinic have the ability to provide primary care that meets the needs of patients experiencing addiction but they do not have the capacity to provide addiction treatment.
2. In-patient Treatment – This option does not exist within the MHA service area.
3. Telemedicine Addiction Treatment – Bright Heart Health provides full-service addiction treatment options via telemedicine. The service offers a 24-hour intake specialist to meet the needs of those seeking sobriety regardless of the time of day or night. Bright Heart Health is accessible via iPhone, iPad, tablet, lap top or desktop computer. While this is an option, it is a new concept for our region and many residents are not yet aware that it is available (MHA is the only entity in our service area currently referring to this service). In addition, some residents seeking sobriety are homeless or low income and do not have access to internet or devices to receive help. Bright Heart Health provides addiction treatment for all substances, Medicated Assisted Treatment, treatment for eating disorders and also provides behavioral health services and virtual support groups.
4. Alternative Medicine for Pain Management– Our community has a variety of alternative medicine options, from physical therapy, acupuncture and acupressure, to massage and healing arts like Tai Chi. While there are a variety of massage and acupressure options, there are only three physical therapists serving the entries service area; all three offices are located in Gualala.
5. Behavioral Health – This service is currently not accessible in our community.

Local Resources for recovery

1. Alcoholics Anonymous – This support group serves the Mendonoma community and holds meetings six days per week in Gualala, two days per week in Point Arena and two days per week in Manchester. There is also a meeting held weekly in Annapolis, which falls less than a mile outside of the HRSA rural designated service area. This service is open to anyone seeking support in sobriety for alcohol.
2. Narcotics Anonymous – This support group meets once weekly in Point Arena and is open to anyone seeking support in maintaining sobriety from substance use.

County-wide Treatment Options

Outside of the minimal local treatment services mentioned above, the nearest health centers offering in-patient and out-patient options are located 50 miles away (two-hour drive one way). The table below provides the names, locations and type of county-wide services available.

	In-patient	Out-patient
Mendocino County	**Ford Street Project Recovery Center**, Ukiah Payments: private pay, government funding	**Redwood Community Services**, Ukiah Payments: Medicaid, Medicare, government funding, TriCare **Consolidated Tribal Health Project**, Redwood Valley. Payments: Indian Health, Medi-Cal
Sonoma County	**Azure Acres**, Sebastopol Payments: private insurance, cash or self-pay **Sonoma Recovery Services Olympia House**, Petaluma. Payments: private insurance, cash or self-pay **Women's Recovery Services A Unique Place**, Santa Rosa. Payments: federal, government funding HIS/Tribal/Urban, Medicare, cash or self-pay	**Azure Acres Recovery Center Outpatient Treatment,** Santa Rosa. Payments: private insurance, cash or self-pay **Sonoma County Indian Health Project**, Santa Rosa Payments: government funding, IH/Tribal/Urban, Medicare, Medicaid, private, TriCare **California Human Development Corp**, Santa Rosa Payments: federal, government funding, Medicaid, or self-pay **Drug Abuse Alternatives Center Perinatal Treatment**, Santa Rosa. Payments: federal, government funding, Medicaid, cash or self-pay **Drug Abuse Alternatives Center**, Santa Rosa Payments: federal, government funding, Medicaid, private insurance **Santa Rosa Treatment Programs**, Santa Rosa Payments: Medicaid, private insurance, self-pay

Workforce

Available Workforce

The available workforce includes one X-waivered provider at RCMS. The MHA service area is located in a federally-designated Health Professional Shortage Area and is a Medically Underserved Community; the available workforce is small and is currently working at its capacity to serve the community. As a result, we must rely on creative solutions to help solve the workforce shortage. Currently, the individuals and positions that are available and ready to engage in work to help reduce and prevent morbidity and mortality are MHA's

Community Health Workers. MHA has three CHWs who are highly-trained in care coordination, motivational interviewing, health coaching and teaching community-based chronic care management skills to clients. To prepare for increased services, our CHWs are undergoing further training through partner organizations and the California Department of Public Health so that they are equipped to provide quality care coordination for those experiencing OUD and/or SUD and infectious diseases.

Areas of Workforce Shortage

Our community faces hefty shortages in behavioral health providers. The once robust Behavioral Health Program at RCMS experienced losses over a year ago that left the clinic with no available psychiatric or therapy services. Additionally, the clinic struggles to recruit enough medical staff to provide primary care. Unfortunately, the clinic does not have the capacity to expand its services at this time to help increase access to addiction treatment.

Necessary Competencies to Provide OUD Treatment Services

Fortunately, we do have options that are less traditional that will help to increase access to addiction treatment and behavioral health services for residents in our community, and will help address the workforce shortage. By partnering with Bright Heart Health, MHA will be able to act as an access point for outpatient addiction treatment by way of telemedicine. In order to prepare for this service, we must first retro-fit the MHA conference room with sound-proofing materials and telemedicine monitors. MHA is currently working with California Telehealth Resource Center to identify appropriate alterations to the space. MHA staff will need to complete training and competency testing before offering the service to the community.

Estimated Service Demand

To estimate the number of people in the community who are experiencing OUD/SUD, we will use the needs assessment data and compare it to population estimates for our service area. According to our data, 12% of respondents reported dependency on a substance. With an estimated population of 5,756, that computes to roughly 691 people struggling with an addiction. It's not realistic to suggest that all of those 691 people would engage with MHA to secure Bright Heart Health services. We estimate that 10% of the potential client population will use the service annually, once available.

Priority Setting for Strategic Plan

The MHA Opioid Consortium's strategic plan will provide a roadmap for the programs, services and work flows that will be developed and implemented in order to increase prevention, treatment and recovery services with the overall objective to reduce and prevent morbidity and mortality associated with overdose deaths in our community.

In order to select the appropriate programs and services that fill gaps in the workforce within the MHA service area, and fit within our consortium's capacity to implement and sustain, we will ask the following questions:

- Can evidence-based practices be used to implement strategies?
- Can consortium partners or other community partners collaborate on these services?
- What impact will these services have on our target population?
- What is the cost of implementation?
- What funding is available to support the product or service?
- How long will it take to implement and when will we begin to see an impact?
- What blocks and levers exist in implementing each service?

Discussion/Conclusion

It's no secret that the Mendonoma community has a long history rooted in drug culture. Interviews and survey results indicate that the perceived addiction dependencies are a reality. Those who suffer from addiction experience stigma at a heightened level due to geographic isolation and an inability to access treatment options. Social Determinants of Health and demographic dispositions make achieving sobriety difficult. A lack of confidentiality in local support groups and trust in local health care was a theme throughout all of our interviews and focus groups with community members. These circumstances gave light to why seeking help for OUD/SUD in this community can be stifled by stigma and shame.

The most evident themes that emerged in our research were:

- Our qualitative and quantitative research showed that alcohol and prescription opioids are the biggest concern in the community and also the drugs of choice for the majority of those who are experiencing addiction.
- Youth need to be exposed to more prevention education, more frequently.
- The community as a whole, needs to be exposed to stigma prevention education.
- Educators want better access to educational resources for identifying symptoms of drug dependency and the ways in which substances can be consumed.
- Harm-reduction strategies (Narcan distribution and training and prescription/syringe drop boxes), while they remain controversial for some, proved to be desired by the majority.
- Stigmas toward drug use and dependency exist regardless of the levels of education, income, or degree of exposure to drug use.
- Currently, our community is not equipped to handle the volume of substance use.
- Better access to behavioral health services is desired by all.

MHA is committed to approaching opioid and substance use through prevention-based strategies with our community. We plan to address the identified gaps in services by pursuing the following strategies:

- Implementation of new prevention curriculum for educators and support staff.
- Implementation of expanded curriculum for all area students to include stigma reduction, harm reduction, infectious diseases, and information on trauma.
- Facilitation of annual Speakers Panels for all area schools.
- Narcan distribution and coordination of training.
- Installation and servicing of prescription/drug disposal and needle disposal drop boxes.
- Expansion of free health screenings to include HIV and Hepatitis C.
- Operation of an "Access Point" for locals without internet and/or tech devices to access Bright Heart Health addiction treatment services via telemedicine.
- Outreach activities with students.
- Print materials and supplies for broader awareness.