



Modernizing Assertive Field-based Initiation of Substance use disorder Treatment and Service Outreach Through Integrated, Public Health- Driven Data

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The Assertive Field-Based Substance Use Disorder/Opioid Use Disorder Services Training and Technical Assistance is funded by California Department of Health Care Services (DHCS). This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, DHCS.



[Slide Image Description: This cover slide introduces the title of this webinar. It contains the logos for Health Management Associates.]

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- Luke Bergmann, PhD, MSW: Mr. Bergmann discloses that he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
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- Jeanene Smith, MD, MPH: Dr. Smith discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.

Presenters



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[Slide Image Description: This slide includes images of the presenters of this webinar on a light blue background.]

Luke Bergmann has more than 15 years of executive experience providing strategic leadership to municipal and county behavioral health offices. His expertise spans programmatic and operational leadership, including substance use treatment and crisis services, to strategic and transformational innovation. Before joining Health Management Associates, Luke was director of behavioral health with the County of San Diego's Health and Human Services Agency. Leading the county's largest department, he oversaw operations for the county's psychiatric hospital, a skilled nursing facility and multiple community clinics. He also led the County Behavioral Health Plan, overseeing care for those with Serious Mental Illness (SMI) and Substance Use Disorder (SUD) who were enrolled in Medi-Cal. As director, Luke provided strategic direction for all departmental business, including community contracted services, across a diverse regional network. He established California's first Behavioral Health Population Health Office, enabling data-driven improvement, and built an innovative crisis continuum of services, standing up seven crisis

stabilization units and 44 mobile crisis response teams distributed regionally across the county.

Robyn Odendahl brings 10 years of experience in the public and nonprofit sectors, including public health departments and healthcare agencies, conducting stakeholder engagement, needs assessments, and social science research and evaluation. Her experience includes both quantitative and qualitative methods and data analyses, including scanning of existing best practices and resources and designing, implementing, and analyzing focus group, interview, survey, and program data to evaluate health and human service policies and programs. She has worked to bring together cross-sector stakeholders to design and implement collective impact evaluations and has facilitated collaborative discussions among stakeholders regarding shared goals and measurement, including the identification, collection and synthesis of relevant data to support collective impact objectives. She has provided technical assistance and training to community-based organizations working to define their impact on individual health outcomes to participate in value-based payment models and initiatives.

Agenda

- » Describe Effective Outreach and the Role of Data
- » Inventory Existing Data Sources
- » Considerations for Outreach Strategy and How to Implement Data-driven Outreach within the Local Environment
- » Consider Innovative Strategies Bringing Different Types of Data Together
- » Q&A

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[Slide Image Description: This slide shows the major sections of this webinar on a light blue background.]

Agenda:

- Describe Effective Outreach and the Role of Data
- Inventory Existing Data Sources
- Considerations for Outreach Strategy and How to Implement Data-driven Outreach within the Local Environment
- Consider Innovative Strategies Bringing Different Types of Data Together
- Q&A

Learning Objectives

At the end of the session, participants will be able to:

- » Describe the role of data in effective outreach to communities at risk of overdose.
- » Create a process for identifying, assessing and applying data to outreach services.
- » List at least three data sources that can inform their outreach strategy.
- » Identify an immediate next step for one innovative approach to data sources, interoperability, or quality improvement.

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- Identify an immediate next step for one innovative approach to data sources, interoperability, or quality improvement.

Describe Effective Outreach and the Role of Data



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[Slide Image Description: This is a section divider slide to indicate a major section of this webinar.]

This first section will describe effective outreach and the role of data.

Why This Matters

- » Pursuant to the Behavioral Health Services Act (BHSA) and in accordance with Welfare & Institutions Code section 5887(a)(3), counties are required to deploy assertive field-based initiation programs that **proactively engage individuals living with substance use disorder (SUD) and offer low barrier access to Medications for Addiction Treatment (MAT)**.
- » Counties are encouraged **to identify these populations**, including those who are unhoused/housing insecure, justice-involved, and/or those with co-occurring mental health needs.
- » Assertive field-based initiation requires counties to conduct ongoing, **targeted outreach** to engage and initiate individuals living with SUD into MAT in any community based and low barrier setting.



SOURCE(S): State of California Department of Health Care Services, n.d.



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[Slide Image Description: This slide shows the information about the Behavioral Health Services Act, with an image of the California state capitol building.]

Why this matters:

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- Counties are encouraged to identify these populations, including those who are unhoused/housing insecure, justice-involved, and/or those with co-occurring mental health needs.
- Assertive field-based initiation requires counties to conduct ongoing, targeted outreach to engage and initiate individuals living with SUD into MAT in any community based and low barrier setting.

SOURCE(S): State of California Department of Health Care Services, n.d.

Why This Matters (Continued)

- » Counties are required to provide rapid access to all Food and Drug Administration (FDA) approved MAT by strengthening existing and/or standing-up at least one initiative in each of the following three areas that comprise their assertive field-based programs:

- **Data-informed, targeted outreach on an ongoing basis to BHSA-eligible individuals with SUD needs to engage them in SUD services, including MAT, if needed.**

- Mobile field-based programs.
- Open-access clinics.

SOURCE(S): State of California Department of Health Care Services, n.d.



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[Slide Image Description: This slide shows the information about the Behavioral Health Services Act, with a blue box around the data-informed, targeted outreach initiative.]

Why this matters:

- Counties are required to provide rapid access to all Food and Drug Administration (FDA) approved MAT by strengthening existing and/or standing-up at least one initiative in each of the following three areas that comprise their assertive field-based programs:
 - Data-informed, targeted outreach on an ongoing basis to BHSA-eligible individuals with SUD needs to engage them in SUD services, including MAT, if needed.
 - Mobile field-based programs.
 - Open-access clinics.

This webinar is intended to help support you in ensuring Data-informed, targeted outreach—or effective outreach.

SOURCE(S): State of California Department of Health Care Services, n.d.

What is effective outreach?

- » Effective outreach is showing up consistently, without judgment, offering practical tools to stay alive today, and building trust so people can access help when they are ready.
- » There are eight components to effective outreach:
 1. Meeting people where they are
 2. Applying a harm reduction framework
 3. Trust-based, nonjudgmental relationships
 4. Peer-led and community-driven approaches
 5. Provision of overdose prevention tools and education
 6. Low-barrier linkage to care and supports
 7. Cultural responsiveness and equity
 8. Safety and sustainability for outreach workers

SOURCE(S): Centers for Disease Control and Prevention (CDC), 2024; Substance Abuse and Mental Health Services Administration (SAMHSA), 2023; National Harm Reduction Coalition, 2023.



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[Slide Image Description: This slide defines effective outreach, listing eight components.]

What is effective outreach?

Effective outreach when engaging people at risk of drug overdose refers to intentional, evidence-based, and person-centered ways of connecting with people who use drugs to reduce harm, prevent overdose, and increase access to care—without judgment, coercion, or unrealistic expectations of abstinence. In plain terms, effective outreach is showing up consistently, without judgment, offering practical tools to stay alive today, and building trust so people can access help when they are ready.

There are eight components to effective outreach:

1. Meeting people where they are means going to the environments where people already are, rather than expecting them to come to services. Examples include street-based, mobile, and community outreach in parks, shelters, encampments, libraries, transit areas, and meal sites; offering flexible hours, including evenings and weekends; and opportunities for

low-threshold engagement (no ID, insurance, or sobriety requirements). This approach reduces barriers related to transportation, stigma, and distrust of institutions.

2. Applying a harm reduction framework; effective outreach is grounded in harm reduction, which prioritizes safety and survival over abstinence. It recognizes that drug use exists on a spectrum; respects individual autonomy and self-determination; and focuses on reducing negative consequences (e.g., overdose, infection, isolation).

3. Outreach works when people feel respected and safe—and leverages and creates trust-based, nonjudgmental relationships. Effective outreach workers use person-first, non-stigmatizing language; avoid lecturing, threatening, or shaming; and allow relationships to develop over time.

4. Outreach is more effective when it is led or co-led by people with lived experience of drug use, leveraging peers and community-driven approaches.

5. A core function of effective outreach is direct overdose risk reduction through the provision of overdose prevention tools and education, including Naloxone distribution and training; Fentanyl and xylazine drug-checking tools or safer-use supplies (e.g., sterile syringes).

6. Effective outreach does not stop at prevention—it creates pathways to additional support when and if the person wants it, including warm handoffs to substance use treatment, access to medications for opioid use disorder, or connections to housing, food, healthcare.

7. Effective outreach is tailored to the community being served. This means accounting for race, ethnicity, language, gender identity, and disability; addressing historical trauma and systemic inequities; and/or partnering with trusted local organizations and leaders.

8. And lastly, effective outreach ensures safety and sustainability for outreach workers through using clear safety protocols; providing training and supervision, and supporting burnout prevention and trauma-informed practice.

SOURCE(S): Centers for Disease Control and Prevention (CDC), 2024; Substance Abuse and Mental Health Services Administration (SAMHSA), 2023; National Harm Reduction Coalition, 2023.

What is the role of data in effective outreach?



UNDERSTANDING THE SCALE
AND SCOPE OF THE PROBLEM



GUIDING EFFECTIVE
OUTREACH EFFORTS

SOURCE(S): CDC, 2024; SAMHSA, 2023; National Harm Reduction Coalition, 2023.



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[Slide Image Description: This slide defines the role of data in effective outreach, with icons of an iceberg and a compass.]

Broadly, there are two roles for data in effective outreach:

- Understanding the scale and scope of the problem. Data helps us clearly see how big the problem is and who is most affected—not just overall numbers, but trends by neighborhood, population, and time.
 - Understanding the scale and scope helps decision-makers prioritize resources, align partners, and set realistic goals for outreach.
- Guiding effective outreach efforts. Data guides where, when, and how outreach happens—helping teams deploy services in the right locations, at the right times, to the right populations.

SOURCE(S): CDC, 2024; SAMHSA, 2023; National Harm Reduction Coalition, 2023.

What is the role of data in effective outreach? (Continued)

Identifying Who is at Highest Risk

- Focus on people and places with the greatest risk.
- Prioritize populations and neighborhoods where outreach can have the greatest impact.

Monitoring Engagement and Access Barriers

- Outreach data helps programs understand who is being reached and who is not.

Targeting Where and When Outreach Happens

- Identify “hot spots.”
- Determine peak overdose times.
- Decide where mobile or street outreach teams should be deployed.

Evaluating What Works (and What Doesn't)

- Effective outreach relies on continuous learning.
- Data supports evaluation by tracking relevant trends.

Informing What Outreach Delivers

- Data shapes what tools and messages are prioritized during outreach.

Accountability, Funding, and Sustainability

- Data is essential for grant reporting and compliance, demonstrating impact, and justifying expansion or replication of programs.

SOURCE(S): CDC, 2024; SAMHSA, 2023; National Harm Reduction Coalition, 2023.



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[Slide Image Description: This slide describes the role of data in effective outreach, with six colorful boxes.]

Data plays a central, practical role in making outreach to people at risk of drug overdose effective, targeted, equitable, and accountable. In evidence-based outreach models, data is not about surveillance or enforcement—it is about saving lives, improving access, and using limited resources wisely.

1. Identifying Who Is at Highest Risk

Data helps outreach efforts focus on people and places with the greatest overdose risk, rather than relying on assumptions or anecdote. Using these data allows programs to prioritize populations and neighborhoods where outreach can have the greatest impact.

2. Targeting Where and When Outreach Happens

Data is used to:

- Identify overdose “hot spots.”
- Determine peak overdose times (e.g., after benefit disbursement,

weekends, post-release).

- Decide where mobile or street outreach teams should be deployed.

3. Informing What Outreach Delivers

Data shapes what tools and messages are prioritized during outreach.

Surveillance-informed outreach ensures services stay aligned with current drug supply realities, not outdated risk profiles.

For example,

- Rising fentanyl prevalence → increased naloxone distribution and overdose education.
- Detection of xylazine → wound-care supplies and tailored education.
- Polysubstance trends → updated overdose response guidance.

4. Monitoring Engagement and Access Barriers

Outreach data helps programs understand who is being reached and who is not.

Outreach programs can track, for example:

- Demographics (e.g., race, age, gender, housing status)
- Repeat contacts and follow-up
- Declined services and stated barriers

This allows outreach teams to identify inequities, such as under-engagement of communities of color or people recently released from incarceration and adjust strategies accordingly.

5. Evaluating What Works (and What Doesn't)

Effective outreach relies on continuous learning, and data can support evaluations and learning by tracking:

- Naloxone distribution and use
- Overdose reversals
- Engagement trends over time
- Geographic or population-level changes in overdose rates

6. Accountability, Funding, and Sustainability

Data is essential for:

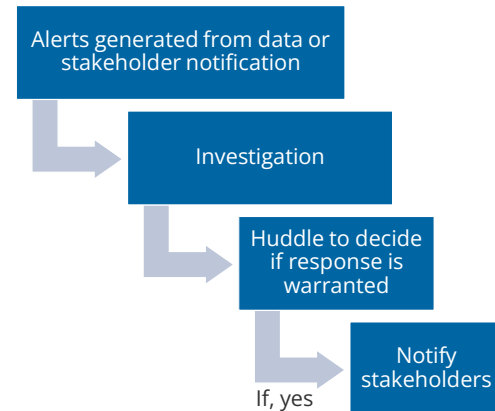
- Grant reporting and compliance
- Demonstrating impact to policymakers and funders
- Justifying expansion or replication of programs

SOURCE(S): CDC, 2024; SAMHSA, 2023; National Harm Reduction Coalition, 2023.

San Diego Overdose Surveillance and Response (OSAR) Program

- » **Surveillance:** Focuses on monitoring overdose data across a county, analyzing it to detect crisis events, identifying geographic hotspots, and tracking trends in substance use.
- » **Investigation and Response:** Efforts are initiated when geographic clusters and data spikes are identified, involving street-level outreach in affected areas to distribute harm reduction and to provide health and community-based referrals.
- » **Community Engagement:** Involves raising awareness of the risks associated with substance use, promoting harm reduction strategies, and connecting individuals to local resources.

OSAR: Investigation and Response



SOURCE(S): San Diego Overdose Surveillance and Response (OSAR) Program, n.d.

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[Slide Image Description: This slide describes the San Diego Overdose Surveillance and Response (OSAR) Program efforts, with a recreation of the program's process for investigation and response.]

San Diego Overdose Surveillance and Response (OSAR) Program Case Study:

- **Surveillance:** Focuses on monitoring overdose data across a county, analyzing it to detect crisis events, identifying geographic hotspots, and tracking trends in substance use.
- **Investigation and Response:** Efforts are initiated when geographic clusters and data spikes are identified, involving street-level outreach in affected areas to distribute harm reduction supplies—such as naloxone (an opioid overdose reversal medication) and fentanyl test strips—and to provide health and community-based referrals.
- **Community Engagement:** Involves raising awareness of the risks of associated with substance use, promoting harm reduction strategies, and connecting individuals to local resources.

Thinking back to the eight components to effective outreach, what made this program effective? Consider the following:

- Partnership with local harm reduction organizations
- Rapid communication, often by text or phone call
- Response is tailored to size and scope of cluster
- Ability to quickly gather additional information

SOURCE(S): San Diego Overdose Surveillance and Response (OSAR) Program, n.d.

Ideas in Action

» How is data currently used in your outreach work? Consider the following:



To identify high-need geographic areas

To understand populations at highest risk

To evaluate and improve outreach efforts

We collect data, but it's not used to guide outreach

We do not currently use data in outreach



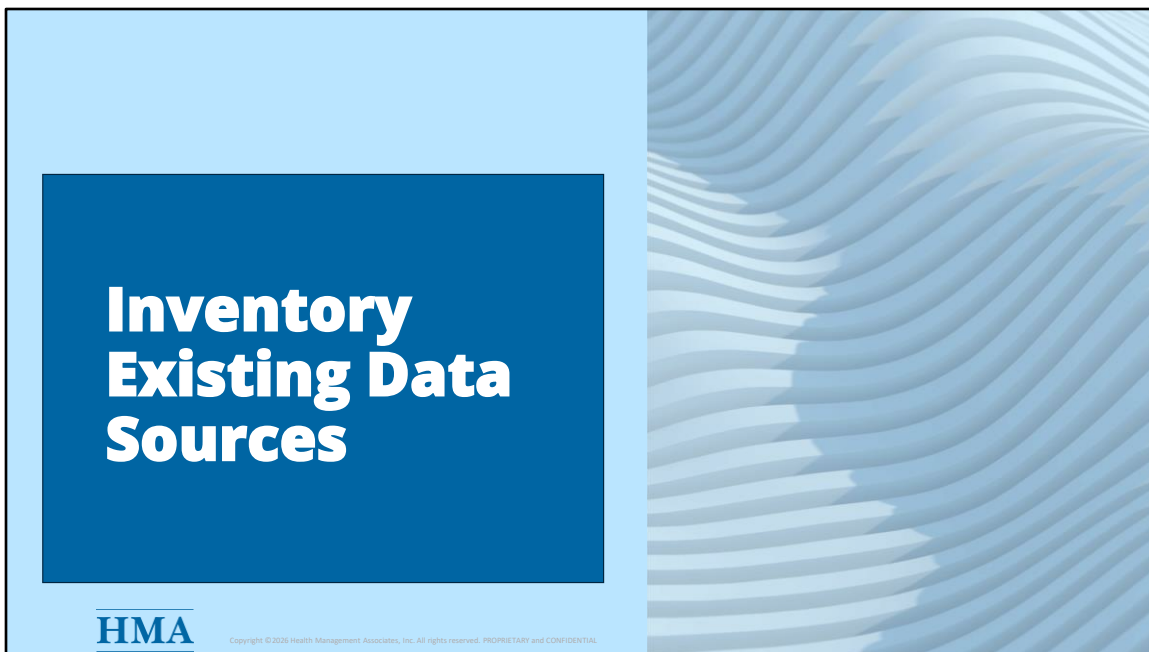
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[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

How is data currently used in your outreach work? Consider the following:

- To identify high-need geographic areas
- To understand populations at highest risk
- To evaluate and improve outreach efforts
- We collect data, but it's not used to guide outreach
- We do not currently use data in outreach



[Slide Image Description: This is a section divider slide to indicate a major section of this webinar.]

This second section overviews processes to inventory existing data sources.

No Single Data Source Tells the Full Story

Programs combine health data, public safety data, and social vulnerability data to understand not just where overdoses occur, but why and who is most at risk.

Overdose death and non-fatal overdose surveillance

Where overdose risk is highest and where prevention efforts are urgently needed.

Toxicology trends (e.g., fentanyl, xylazine presence)

What tools, education, and harm-reduction strategies to prioritize.

Jail release data Homelessness counts

Which populations need proactive, timely contact and follow-up.

Emergency department and medical service (ED/EMS) data

Where overdoses are happening right now and when outreach presence is most critical.

People with Lived Experience

How risk is lived, real-time, what builds trust, and what outreach needs to look like to actually work.



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[Slide Image Description: This slide describes data sources, with five blue boxes.]

No single data source tells the full story.

Programs combine health data, public safety data, and social vulnerability data to understand not just where overdoses occur, but why and who is most at risk.

- Overdose death and non-fatal overdose surveillance: Where overdose risk is highest and where prevention efforts are urgently needed.
- Toxicology trends (e.g., fentanyl, xylazine presence): What tools, education, and harm-reduction strategies to prioritize.
- Jail release data, Homelessness counts: Which populations need proactive, timely contact and follow-up.
- Emergency department and medical service (ED/EMS) data: Where overdoses are happening right now and when outreach presence is most critical.
- People with Lived Experience: Answers the questions numbers cannot—

how risk is lived, real-time, what builds trust, and what outreach needs to look like to actually work.

When overdose surveillance, EMS activity, toxicology trends, and social vulnerability data all point to the same areas, outreach teams gain clear, actionable direction. This combined approach helps ensure outreach is:

- Targeted, not random
- Responsive, not reactive
- Equitable, not one-size-fits-all

Process for Identifying and Using Data for Outreach

- 1. Clarify the problem or goal.**
 - Without a clear goal, data collection can become unfocused and overwhelming.
 - Defining the problem ensures data is being used to support action, not just analysis.
- 2. Identify the data that meets this goal.**
 - Overdose death and non-fatal overdose surveillance to identify high-risk areas.
 - EMS and emergency department data to spot real-time overdose activity.
 - Toxicology trends to understand drug-supply risks.
 - Jail release and homelessness data to identify high-risk transition periods.
- 3. Learn who owns the needed data and how to access.**
 - Who collects and owns the data.
 - How often it is updated.
 - What permissions or agreements are required for access.
- 4. Interpret data with community and lived-experience insight.**
 - Why certain areas show elevated risk.
 - How people experience and navigate those environments.
 - What outreach approaches are most likely to be trusted and used.



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[Slide Image Description: This slide describes four steps to identify and use data for outreach.]

Consider the following process for identifying and using data for outreach:

1. Clarify the problem or goal. The first step is clearly defining what you are trying to solve or improve, not just what data is available. A strong problem statement focuses on who is at risk, where, and when, and what outcome the outreach is aiming to change.

Examples of clear goals:

- Reduce fatal overdoses in a specific neighborhood
- Increase naloxone access among people at highest risk
- Improve outreach to people recently released from jail
- Respond to emerging fentanyl or xylazine trends

Without a clear goal, data collection can become unfocused and overwhelming. Defining the problem ensures data is being used to support action, not just analysis.

2. Identify the data that meets this goal. Once the goal is clear, the next step is identifying which data sources can answer the right questions. As mentioned previously, no single data source is sufficient—effective outreach often combines multiple types of data to capture both risk and context. There are infinite number of questions to guide data selection—you all each likely have your own questions you are grappling with right now.

Such as:

- Where are overdoses happening most often?
- Are overdoses increasing or changing over time?
- Which populations are facing elevated risk?
- What substances are driving current overdose patterns?
- Where are key transition points that increase vulnerability?

Examples of data aligned to outreach goals:

- Overdose death and non-fatal overdose surveillance to identify high-risk areas.
- EMS and emergency department data to spot real-time overdose activity.
- Toxicology trends to understand drug-supply risks.
- Jail release and homelessness data to identify high-risk transition periods.

Matching the right data to the right goal ensures outreach is targeted, timely, and responsive to real community conditions.

3. Learn who owns the needed data and how to access it.

After identifying the data needed, the next step is understanding:

- Who collects and owns the data.
- How often it is updated.
- What permissions or agreements are required for access.

Understanding ownership and access early prevents delays and ensures outreach teams can rely on data that is usable, ethical, and trustworthy.

4. Combine and interpret the data collaboratively. Data is most powerful when interpreted alongside lived experience and community knowledge. Outreach staff, peers, and people with lived experience can help explain patterns that numbers alone cannot.

Combining quantitative data with qualitative insights helps outreach teams understand:

- Why certain areas show elevated risk.
- How people experience and navigate those environments.
- What outreach approaches are most likely to be trusted and used.

Active Data Collection (Real-Time/Dynamic)

Data that is intentionally and continuously collected to reflect current conditions.

	Key Characteristics	Ongoing or near real-time Often requires staff, systems, or processes to collect Highly responsive to change
	Strengths	Detects emerging risks early Supports rapid decision-making Allows outreach teams to adjust quickly (e.g., routes, hours, messaging)
	Limitations	Can require more resources Access may be restricted Data can be messy or incomplete



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[Slide Image Description: This slide describes active data collection, with three blue boxes and various icons.]

Active Data Collection is real-time, dynamic data that is intentionally and continuously collected to reflect current conditions.

- Key characteristics:
 - Ongoing or near real-time
 - Often requires staff, systems, or processes to collect
 - Highly responsive to change
- Strengths
 - Detects emerging risks early
 - Supports rapid decision-making
 - Allows outreach teams to adjust quickly (routes, hours, messaging)
- Limitations
 - Can require more resources
 - Access may be restricted
 - Data can be messy or incomplete

Active data collection and sources are best used for guiding when and where outreach happens right now.

Passive Data Collection (Static / Point-in-Time)

Data that already exists and is collected periodically, often for reporting or administrative purposes.

	Key Characteristics	Fixed time periods (e.g., monthly, quarterly, annual) Not designed for immediate action Often more complete and validated
	Strengths	Reliable, standardized, and comparable Useful for understanding overall trends and burden Easier to access in aggregated form
	Limitations	Lag time limits responsiveness May miss emerging risks Less effective for day-to-day outreach planning



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[Slide Image Description: This slide describes passive data collection, with three blue boxes and various icons.]

Passive data collection is static or point-in-time data that already exists and is collected periodically, often for reporting or administrative purposes.

- Key characteristics
 - Fixed time periods (monthly, quarterly, annual)
 - Not designed for immediate action
 - Often more complete and validated
- Strengths
 - Reliable, standardized, and comparable
 - Useful for understanding overall trends and burden
 - Easier to access in aggregated form
- Limitations
 - Lag time limits responsiveness
 - May miss emerging risks
 - Less effective for day-to-day outreach planning

Passive data collection is best used for understanding the scale, scope, and long-term patterns of the problem.

Example Data Sources

Active Data Collection (Real-Time/Dynamic)

- » Hotline calls or rapid community survey
- » Peer outreach notes and field reports
- » EMS overdose response data
- » Drug-checking or toxicology alerts

Passive Data Collection (Static/Point-in-Time)

- » Overdose death records
- » Annual homelessness counts
- » Jail release totals
- » Hospital discharge data
- » Census or population data



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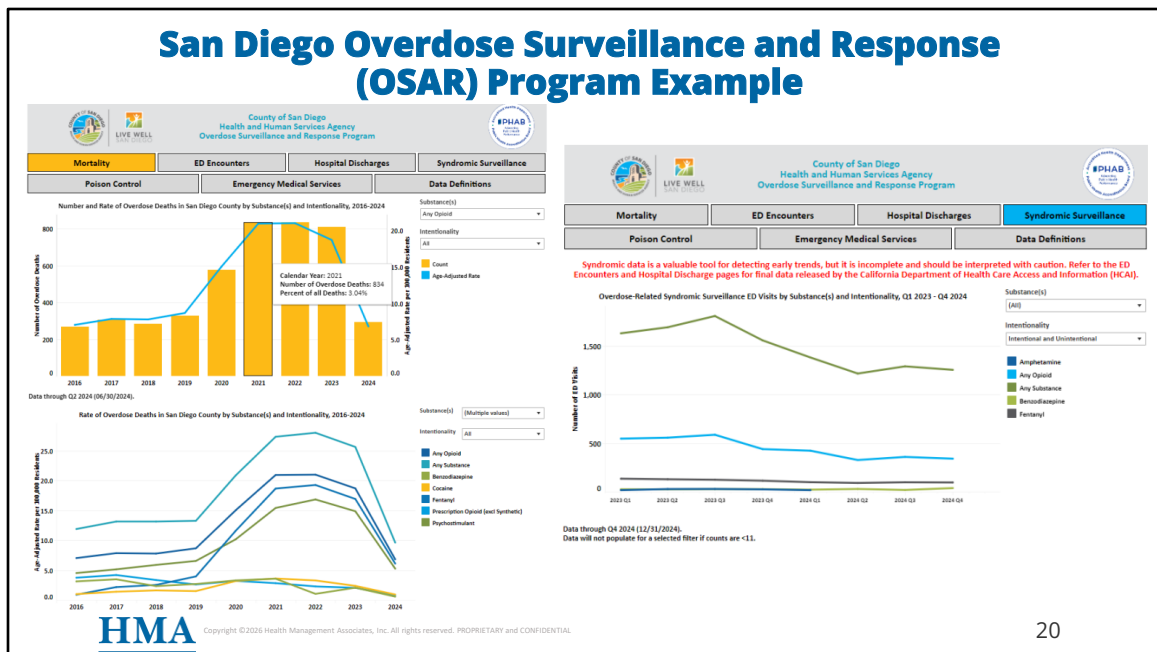
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[Slide Image Description: This slide lists example data sources.]

Example data sources can include the following:

- Active Data Collection (Real-Time/Dynamic)
 - Hotline calls or rapid community survey
 - EMS overdose response data
 - Drug-checking or toxicology alerts
 - Peer outreach notes and field reports
- Passive Data Collection (Static/Point-in-Time)
 - Overdose death records
 - Annual homelessness counts
 - Jail release totals
 - Hospital discharge data
 - Census or population data

San Diego Overdose Surveillance and Response (OSAR) Program Example



[Slide Image Description: This slide shows a screenshot of the San Diego OSAR program dashboard.]

Let's go back to our case study. This County of San Diego dashboard gives us a powerful, high-level view of what's happening across their county. We can see trends, counts, and outcomes—and that information matters.

But this view is also passive. It shows us what has already happened, not why it's happening or how people are experiencing it. What's missing here is the voice of people who use drugs (PWUD) and/or those people who directly interact with people who use drugs.

When we talk directly with PWUD, we gain insight that no dashboard can provide—barriers to services, gaps in harm reduction, and opportunities to intervene earlier. Data should start the conversation, not replace it.

Counties that pair dashboards with real engagement are better positioned to design responses that actually work.

Ideas in Action

» What type of data have you mostly relied upon/used to inform outreach efforts?



Mostly Active Data Collection (Real-Time/Dynamic)

Mostly Passive Data Collection (Static / Point-in-Time)

Both active and passive data, equally

We use data, but it's not used to guide outreach

We do not currently use data in outreach

[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

What type of data have you mostly relied upon/used to inform outreach efforts?

- Mostly Active Data Collection (Real-Time/Dynamic)
- Mostly Passive Data Collection (Static / Point-in-Time)
- Both active and passive data, equally
- We use data, but it's not used to guide outreach
- We do not currently use data in outreach



[Slide Image Description: This is a section divider slide to indicate a major section of this webinar.]

This third section highlights considerations for outreach strategy, including how to implement data-driven outreach within the local environment.

Keep in Mind

- » Integrated Plans are required to be developed by counties and must describe Assertive Field-based Initiation of SUD Treatment and Service (AFBSS), including ensuring rapid access to medications for addiction treatment (MAT), conducting targeted outreach, and supporting mobile field-based and open-access programs (*Reference: Section B.6.3 Integrated Plan*).
- » Data-driven approaches support this requirement and enable post-overdose follow-up and engagement consistent with promising best practices.
 - Best practices include establishing coordinated surveillance and overdose identification systems with local emergency medical services, emergency departments, and public health authorities for rapid (e.g., daily or weekly) referrals to post-overdose follow-up teams.

SOURCE(S): State of California Department of Health Care Services, n.d.



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[Slide Image Description: This slide lists considerations for BHSA plans.]

Keep in mind the following:

- Integrated Plans must describe how counties will deliver Assertive Field-based Initiation of SUD Treatment and Service (AFBSS), including ensuring rapid access to medications for addiction treatment (MAT), conducting targeted outreach, and supporting mobile field-based and open-access programs (Reference: Section B.6.3 Integrated Plan).
- Data-driven approaches support this requirement and enable post-overdose follow-up and engagement consistent with promising best practices.
 - Best practices include establishing coordinated surveillance and overdose identification systems with local emergency medical services, emergency departments, and public health authorities for rapid (e.g., daily or weekly) referrals to post-overdose follow-up teams.

SOURCE(S): State of California Department of Health Care Services, n.d.

Considerations for Outreach Strategy

Effective data-driven outreach happens when:



[Slide Image Description: This slide lists considerations for outreach strategy, with blue boxes, various icons, and a blue arrow.]

Effective data-driven outreach happens when:

- Data is interpreted through local knowledge. Data points us in a direction, but local knowledge gives it meaning. Outreach staff, peers, and community partners help explain what the numbers reflect on the ground—such as movement patterns, seasonal changes, or emerging risks that aren't visible in datasets. Interpreting data with local context prevents misalignment, such as deploying outreach to areas that look high-need on paper but are no longer active.
- Social dynamics guide how outreach is delivered. Outreach effectiveness depends not just on where teams go, but how they show up. Social dynamics—trust, relationships, informal networks, and safety concerns—shape whether people engage or disengage. Data may identify a hotspot, but social dynamics determine timing, staffing, messaging, and whether a peer-led approach is needed.
- Counties support coordination without over-control. Counties play a key role in data sharing, funding, and coordination, but effective outreach

requires flexibility at the community level. Over-prescriptive approaches can slow response and reduce responsiveness to changing conditions. Data-driven outreach works best when counties enable collaboration and alignment while allowing outreach teams to adapt based on real-time conditions.

- Law enforcement involvement does not compromise trust. Clear boundaries are essential when law enforcement is involved in any aspect of outreach. While public safety data can inform risk patterns, outreach must remain separate from enforcement activities. If participants fear surveillance or consequences, engagement drops—and outreach effectiveness suffers. Protecting trust means prioritizing public health goals and clear communication about data use.
- Data quality is continually assessed and supplemented with lived experience. No dataset is complete or neutral, and data quality varies across sources. Regularly reviewing data for gaps, lags, or biases helps prevent inequitable or ineffective outreach decisions. Data is strongest when it is continuously complemented with lived-experience insight, peer feedback, and frontline observations. This combined approach allows outreach strategies to evolve as risks and community needs change.

Overall, effective data-driven outreach isn't about data alone—it's about using data thoughtfully, locally, and ethically to guide action without losing trust.

The Importance of Feedback Loops, Connection, Coordination, and Reporting in Outreach

- » Feedback loops turn outreach from a static plan into a living, responsive strategy. In practice:
 - Outreach teams report what they are seeing on the ground.
 - Data and leadership teams use that input to refine strategy.
 - Changes are communicated back to outreach teams, closing the loop.
- » Connecting With Existing Outreach Teams. In practice:
 - Engage existing outreach providers early in planning.
 - Invite them to interpret data and help shape deployment decisions.
 - Recognize and integrate peer-led and community-based knowledge.



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[Slide Image Description: This slide lists the importance of feedback loops, connection, coordination, and reporting in outreach.]

Effective outreach is not a one-time activity—it is an ongoing, adaptive process. Feedback loops, strong connections with existing outreach teams, and coordinated reporting ensure outreach remains responsive, trusted, and impactful.

Feedback loops are regular mechanisms for sharing information from the field back to planners, leadership, and partners. This can include outreach debriefs, peer observations, client feedback, and data reviews. Feedback loops allow programs to learn what is working and what is not in real time. Feedback loops turn outreach from a static plan into a living, responsive strategy. In practice, feedback loops might look like:

- Outreach teams report what they are seeing on the ground.
- Data and leadership teams use that input to refine strategy.
- Changes are communicated back to outreach teams, closing the loop.

Effective outreach expands capacity by strengthening existing relationships—not bypassing them. Existing teams often have established relationships, trust, and local credibility, and it is important to connect with them. In practice, connection looks like:

- Engage existing outreach providers early in planning
- Invite them to interpret data and help shape deployment decisions
- Recognize and integrate peer-led and community-based knowledge

The Importance of Feedback Loops, Connection, Coordination, and Reporting in Outreach (Continued)

- » Ensuring Coordination of Outreach Activities. In practice:
 - Use shared planning meetings or data dashboards
 - Establish clear communication channels between teams
 - Coordinate outreach schedules and focus areas where possible
- » Reporting is most valuable when it supports learning and coordination—not bureaucracy. In practice:
 - Reporting drives community discussion, including discussion of patterns and trends, root cause, implications for practice, and what actions and adjustments might be needed
 - Key questions to drive discussion: What stands out? What questions does this raise? What might be contributing to this pattern? If and how should we be doing anything different?

[Slide Image Description: This slide lists the importance of feedback loops, connection, coordination, and reporting in outreach.]

Coordination ensures outreach efforts reinforce each other rather than compete or conflict. Coordination means that there is alignment of outreach goals, geographic coverage, timing, and roles across partners. In practice, coordination might look like:

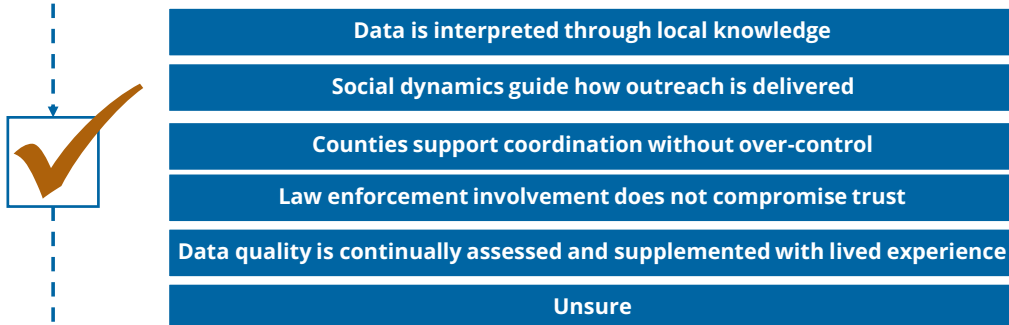
- Use shared planning meetings or data dashboards
- Establish clear communication channels between teams
- Coordinate outreach schedules and focus areas where possible

Reporting is most valuable when it supports learning and coordination—not bureaucracy. Coordinated reporting also helps to create a shared picture of community need and response. Reporting can support accountability to funders, counties, and the community. In practice, reporting drives community discussion, including discussion of patterns and trends, root cause, implications for practice, and what actions and adjustments might be needed. Questions that a set of interest holders may use are:

- What stands out?
- What questions does this raise?
- What might be contributing to this pattern?
- If and how should we be doing anything different?

Ideas in Action

- » Select a strength in your county for effective outreach strategy.
Consider the following:



Data is interpreted through local knowledge
Social dynamics guide how outreach is delivered
Counties support coordination without over-control
Law enforcement involvement does not compromise trust
Data quality is continually assessed and supplemented with lived experience
Unsure

[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Select a strength in your county for effective outreach strategy. Consider the following:

- Å Data is interpreted through local knowledge
- Å Social dynamics guide how outreach is delivered
- Å Counties support coordination without over-control
- Å Law enforcement involvement does not compromise trust
- Å Data quality is continually assessed and supplemented with lived experience
- Å Unsure



[Slide Image Description: This is a section divider slide to indicate a major section of this webinar.]

This third section provides innovative strategies bringing different types of data together.

Counties often already hold—or can access—powerful data across public health, emergency response, justice, housing, and community systems. The opportunity is not collecting more data or about new systems, but rather smarter connections, clearer purpose, and using existing data more effectively to drive timely, trusted outreach.

Strategies Bringing Different Types of Data Together: *Layer Data Rather Than Merge It*

- » Full data integration is often limited by privacy, systems, or timelines.
- » Layering data allows insights without requiring complex data-sharing agreements.
- » Innovative strategies:
 - Å Overlay overdose surveillance, EMS calls, jail releases, and homelessness data at the neighborhood or ZIP-code level.
 - Å Use simple visual tools (e.g., maps, trend lines) to identify overlapping risk signals.
 - Å Keep datasets separated but analyzed side-by-side.

[Slide Image Description: This slide lists strategies to bring different types of data together.]

One way to bring different types of data together is by layering data rather than merging data. Full data integration is often limited by privacy, systems, or timelines. Layering data allows insights without requiring complex data-sharing agreements.

For example:

- Å Overlay overdose surveillance, EMS calls, jail releases, and homelessness data at the neighborhood or ZIP-code level.
- Å Use simple visual tools (e.g., maps, trend lines) to identify overlapping risk signals.
- Å Keep datasets separated but analyzed side-by-side.

Counties can gain clearer insight while minimizing legal and technical barriers.

Strategies Bringing Different Types of Data Together: *Pair Quantitative Data With Qualitative Intelligence*

- » Numbers show patterns, but lived experience explains context.
- » Counties often under-leverage qualitative insight that already exists.
- » Innovative strategies:
 - ⌚ Formalize peer notes, outreach debriefs, and community feedback as data inputs.
 - ⌚ Use qualitative data to validate or challenge quantitative findings.
 - ⌚ Incorporate community interpretation sessions when reviewing data trends.

[Slide Image Description: This slide lists strategies to bring different types of data together.]

A second way to bring different types of data together is which we have discussed already is to pair quantitative data with qualitative intelligence. Numbers show patterns, but lived experience explains context. Counties often under-leverage qualitative insight that already exists.

For example:

- ⌚ Formalize peer notes, outreach debriefs, and community feedback as data inputs.
- ⌚ Use qualitative data to validate or challenge quantitative findings.
- ⌚ Incorporate community interpretation sessions when reviewing data trends.

Combining these data types leads to outreach that is more trusted, safer, and effective.

Strategies Bringing Different Types of Data Together: *Use Near-Real-Time Signals to Supplement Lagging Data*

- » Mortality and administrative datasets often lag by months.
- » Outreach decisions require timeliness.
- » Innovative strategies
 - Å Supplement death/mortality data with:
 - EMS overdose responses
 - Emergency department syndromic surveillance
 - Drug-checking alerts
 - Outreach field observations
 - Å Treat real-time data as early warning signals, not definitive counts.

[Slide Image Description: This slide lists strategies to bring different types of data together.]

The third option for bringing different types of data together is using near-real-time signals to supplement lagging data. Mortality and administrative datasets often lag by months. Outreach decisions require timeliness.

For example:

- Å Supplement death data with:
 - Å EMS overdose responses
 - Å Emergency department syndromic surveillance
 - Å Drug-checking alerts
 - Å Outreach field observations
- Å This method treats real-time data as early warning signals, not definitive counts.

Counties can respond to emerging risks sooner & not after harm escalates.

Strategies Bringing Different Types of Data Together: *Create Cross-System Data Touchpoints*

- » Data often lives in silos across county departments and partners.
- » Small, intentional points of connection can unlock value.
- » Innovative strategies
 - Establish recurring cross-department data briefings.
 - Designate data liaisons rather than full integration teams.
 - Use shared definitions for key concepts (e.g., “post-overdose follow-up”).



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[Slide Image Description: This slide lists strategies to bring different types of data together.]

Lastly, the creation of cross-system data touchpoints can bring different types of data together. Data often lives in silos across county departments and partners.

Small, intentional points of connection can unlock value.

For example:

- Establish recurring cross-department data briefings.
- Designate data liaisons rather than full integration teams.
- Use shared definitions for key concepts (e.g., “post-overdose follow-up”).

These touchpoints improve coordination without requiring new systems or platforms.

Why shift toward a public health perspective of data for effective outreach?

Syndromic data shows us risk as it's emerging—not after harm is complete—making it essential for timely, effective outreach.

Syndromic Data	Traditional Outcome Data
• Early, provisional, near real-time • Action-oriented • Used to prevent harm	• Finalized, accurate, but delayed • Used to measure impact

[Slide Image Description: This slide provides details around shifting toward a public health perspective of data for effective outreach, with a table detailing syndromic data and traditional outcome data.]

Why shift toward a public health perspective of data for effective outreach?

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Syndromic Data

- Early, provisional, near real-time
- Action-oriented
- Used to prevent harm

Traditional Outcome Data

- Finalized, accurate, but delayed
- Used to measure impact

Shifting Toward a Public Health Perspective of Data for Effective Outreach: Syndromic Data

Example syndromic data:

Syndromic Data	Indicator	Use Case
Emergency Department (ED) Chief Complaint Data	• Patient-reported symptoms or reasons for visit	• Detects overdose spikes earlier than finalized hospital records • Identifies emerging patterns by location and time of day
EMS / 911 Call Data	• Calls for suspected overdoses • Response locations and timing	• Near real-time indicator of overdose activity • Helps identify geographic hot spots and optimal outreach timing
Non-Fatal Overdose Reports	• Preliminary reports from hospitals, EMS, or public health systems • Often available weeks or months before death data	• Non-fatal overdose is one of the strongest predictors of future fatal overdose • Supports post-overdose follow-up and engagement services



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[Slide Image Description: This slide provides details around shifting toward a public health perspective of data for effective outreach, with a table of example syndromic data.]

Examples of syndromic data:

- Emergency Department (ED) Chief Complaint Data

- Indicator: Patient-reported symptoms or reasons for visit

- Use Case:

- Detects overdose spikes earlier than finalized hospital records

- Identifies emerging patterns by location and time of day

- EMS / 911 Call Data

- Indicators:

- Calls for suspected overdoses

- Response locations and timing

- Use Case:

- Near real-time indicator of overdose activity

- Helps identify geographic hot spots and optimal outreach timing

Å Non-Fatal Overdose Reports

Å Indicator:

- Å Detects Preliminary reports from hospitals, EMS, or public health systems

- Å Often available weeks or months before death data

Å Use Case:

- Å Non-fatal overdose is one of the strongest predictors of future fatal overdose

- Å Supports post-overdose follow-up and engagement services

Shifting Toward a Public Health Perspective of Data for Effective Outreach: Syndromic Data (Continued)

Example syndromic data:

Syndromic Data	Indicator	Use Case
Poison Control Center Calls	- Calls reporting suspected drug exposures or overdoses - Often include substance type and symptoms	- Early signal of new or unusually potent substances - Can identify regional trends before they appear elsewhere
Naloxone Administration Data (Preliminary)	- EMS or community reports of naloxone use - Counts of reversals without confirmed outcomes	- Indicates overdose risk even when no hospital visit occurs - Helps prioritize naloxone redistribution and training
Drug-Checking and Early Toxicology Alerts	- Preliminary results showing fentanyl, xylazine, or other substances - Often aggregated and shared as alerts rather than case-level data	- Informs what supplies and education outreach teams should bring - Allows rapid response to changes in the drug supply



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[Slide Image Description: This slide provides details around shifting toward a public health perspective of data for effective outreach, with a table of example syndromic data.]

Examples of syndromic data:

Å Poison Control Center Calls

Å Indicators:

- Å Calls reporting suspected drug exposures or overdoses
- Å Often include substance type and symptoms

Å Use Case:

- Å Early signal of new or unusually potent substances
- Å Can identify regional trends before they appear elsewhere

Å Naloxone Administration Data (Preliminary)

Å Indicators:

- Å EMS or community reports of naloxone use
- Å Counts of reversals without confirmed outcomes

Å Use Case:

- Å Indicates overdose risk even when no hospital visit occurs
- Å Helps prioritize naloxone redistribution and training

- Drug-Checking and Early Toxicology Alerts
 - Indicators:
 - Preliminary results showing fentanyl, xylazine, or other substances
 - Often aggregated and shared as alerts rather than case-level data
 - Use Case:
 - Informs what supplies and education outreach teams should bring
 - Allows rapid response to changes in the drug supply

Shifting Toward a Public Health Perspective of Data for Effective Outreach: Syndromic Data (Continued)

Example syndromic data:

Syndromic Data	Indicator	Use Case
Shelter, Outreach, or Crisis Service Encounters	- Increases in overdose-related incidents at shelters or encampments - Reports of people experiencing symptoms consistent with overdose risk	- Captures risk among people who may not access hospitals - Provides content missing from formal healthcare data
Jail Intake Health Encounters	Reports of withdrawal, overdose risk, or substance related medical issues at intake	- Identifies high-risk transition points - Supports pre-release and post release outreach planning

[Slide Image Description: This slide provides details around shifting toward a public health perspective of data for effective outreach, with a table of example syndromic data.]

Examples of syndromic data:

Å Shelter, Outreach, or Crisis Service Encounters

Å Indicators:

- Increases in overdose-related incidents at shelters or encampments
- Reports of people experiencing symptoms consistent with overdose risk

Å Use Case:

- Captures risk among people who may not access hospitals
- Provides content missing from formal healthcare data

Å Jail Intake Health Encounters

Å Indicator:

- Reports of withdrawal, overdose risk, or substance related medical issues at intake

Å Use Case:

- Identifies high-risk transition points
- Supports pre-release and post release outreach planning

Standardized Qualitative Data Collection Approach

- » Semi-structured qualitative data collection tools are important to ensure consistency while allowing for customization when deemed appropriate.
- » Standardized elements may include:
 - A core set of guiding questions aligned to outreach and engagement goals
 - Brief field note or interview templates
 - Consistent capture of date, general location, and informant category
 - Voluntary participation and non-identifying documentation
- » Qualitative data collection should be designed to be low-burden, trauma-informed, and non-punitive, and will not be used for enforcement or surveillance purposes.



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[Slide Image Description: This slide shares a standardized qualitative data collection approach.]

Informal conversations are valuable—but hard to analyze without structure.

Standardization strategies may include:

- A core set of guiding questions aligned to outreach and engagement goals
- Brief field note or interview templates
- Consistent capture of date, general location, and informant category
- Voluntary participation and non-identifying documentation

Asking the same core questions allows patterns to be identified across time and sources. Still allows flexibility for open-ended responses.

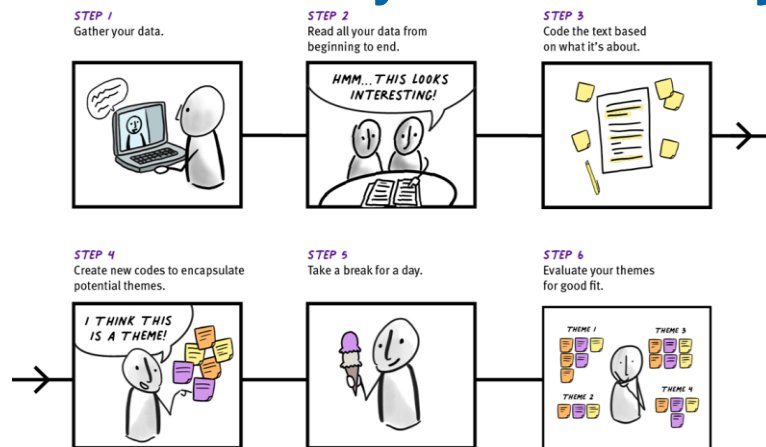
Example core question domains include:

- Changes in risk or substance use patterns
- Perceived drivers of recent overdoses
- Barriers to engagement or service use

- What outreach approaches are working or not
- Emerging needs or safety concerns

Qualitative data collection should be designed to be low-burden, trauma-informed, and non-punitive, and will not be used for enforcement or surveillance purposes.

Qualitative Data Analysis: Thematic Analysis



SOURCE(S): Rosala, 2022.

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[Slide Image Description: This slide highlights a thematic analysis of qualitative data, with a screenshot of a cartoon indicating the process.]

Innovative data analysis:

- Thematic analysis
- Cluster analysis
- Identifying patterns
- Consideration of new platforms for outreach teams i.e. GOLDIE

SOURCE(S): Rosala, 2022.

Ideas in Action

» Which of the following strategies would your county consider for bringing different types of data together:



Layering Data

Pairing Quantitative Data With Qualitative Intelligence

Using Near-Real-Time Signals to Supplement Lagging Data

Creating Cross-System Data Touchpoints



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[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Which of the following strategies would your county consider to bring different types of data together:

- Layering Data
- Pairing Quantitative Data With Qualitative Intelligence
- Using Near-Real-Time Signals to Supplement Lagging Data
- Creating Cross-System Data Touchpoints

Questions?

info@afbsstraining.org



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[Slide Image Description: This slide shows the AFBSS email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing AFBSS. Our email address is [**info@afbsstraining.org**](mailto:info@afbsstraining.org).

References

- » California Mental Health Services Authority. (n.d.). Data explainer webinar series. <https://www.calmhsa.org/data-explainer-series/>
- » Centers for Disease Control and Prevention. (2024). Evidence-based strategies for preventing opioid overdose: What's working in the United States. *U.S. Department of Health and Human Services*. <https://www.cdc.gov/overdose-prevention/media/pdfs/2024/03/Evidence-based-strategies-for-prevention-of-opioid-overdose.pdf>
- » National Harm Reduction Coalition. (2023). Principles of harm reduction. <https://harmreduction.org/about-us/principles-of-harm-reduction/>
- » Rosala, M. (2022). Thematic analysis. *Nielsen Norman Group*. <https://www.nngroup.com/articles/thematic-analysis/>
- » California Department of Health Care Services. (n.d.). *Behavioral Health Services Act: County policy manual: BHSA Components and Requirements*. (Version 1.3.2). <https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.3.2/7-bhsa-components-and-requirements>
- » Substance Abuse and Mental Health Services Administration. (2023). *Harm reduction framework*. U.S. Department of Health and Human Services. <https://www.samhsa.gov/harm-reduction>



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[Slide Image Description: This slide shows References.]

References:

- California Mental Health Services Authority. (n.d.). Data explainer webinar series. <https://www.calmhsa.org/data-explainer-series/>
- Centers for Disease Control and Prevention. (2024). Evidence-based strategies for preventing opioid overdose: What's working in the United States. *U.S. Department of Health and Human Services*. <https://www.cdc.gov/overdose-prevention/media/pdfs/2024/03/Evidence-based-strategies-for-prevention-of-opioid-overdose.pdf>
- National Harm Reduction Coalition. (2023). Principles of harm reduction. <https://harmreduction.org/about-us/principles-of-harm-reduction/>
- Rosala, M. (2022). Thematic analysis. *Nielsen Norman Group*. <https://www.nngroup.com/articles/thematic-analysis/>
- California Department of Health Care Services. (n.d.). *Behavioral Health Services Act: County policy manual: BHSA Components and Requirements*. (Version 1.3.2). <https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.3.2/7-bhsa-components-and-requirements>
- Substance Abuse and Mental Health Services Administration. (2023). *Harm reduction framework*. U.S. Department of Health and Human Services. <https://www.samhsa.gov/harm-reduction>