

Karyn Tribble, PsyD, LCSW
Director

Alameda County Behavioral Health Department (ACBHD)

Opioid Settlement Listening Sessions September 2025

Frequently Asked Questions (FAQs)

1. Do we have data for our county related to suicides attributed to opioids or other drugs?

Among drug poisoning deaths in years 2020-2024, about 4% have been deemed suicide, based on their death investigations. Just under half of these (<10 each year) involved opioids. A vast majority of drug overdose deaths are deemed unintentional poisoning, and just a handful are unknown intent.

2. Do you have data on LGBTQIA+ folks? I hope that's coming up. Rates of SUD are twice as high in LGBTQIA+ individuals. The income disparities and the lack of access to care are both true here too. I'm curious about poisoning and overdose rates for LGBTQIA+ individuals.

ACBHD currently lacks data on poisoning and overdose specific to LGBTQIA+ individuals.

3. Do we have data related to overdose deaths related to our immigrant community members and our veterans?

- Death certificate data include whether a person was born outside of the country. Foreign born people make up a meaningful proportion of our drug poisoning deaths. From 2020-2024, about 14% of our drug poisoning deaths were among people who were born outside of the United States. For additional context, however, foreign-born people made up about 36% of all Alameda County deaths during this time, meaning they are about half as likely as the general population to die from a drug poisoning death.
- Death certificate data include a variable that indicates whether a person was enlisted. From 2020-2024, about 5% of all drug poisoning deaths were endorsed as having been enlisted in the Armed Forces. Veterans made up about 15% of *all*

Alameda County deaths during this time, meaning they were about one-third as likely as the general population to die from a drug poisoning death.

4. In my research and outreach with CBOs, I keep reading / hearing about the evolving “poly-substance” crisis — that goes beyond fentanyl and includes nitazenes, carfentanil and xylazine (which I don’t think is an opioid) that are exacerbating the crisis and likelihood of poisoning, overdosing, and fatalities. Is fentanyl the most prevalent synthetic substance causing concern in Alameda County and posing the major risk locally? Is naloxone effective against all of these?

Right now, **Fentanyl** remains by far the most prevalent synthetic opioid in Alameda County and is the major driver of overdose deaths.

- **Nitazenes** are a newer class of highly potent synthetic opioids, even stronger than fentanyl in some cases. They are much less common locally than fentanyl but pose a significant risk where they appear.
- **Carfentanil** is another extremely potent synthetic opioid (used medically as an animal tranquilizer). Fortunately, we have not seen it in widespread circulation here.
- **Xylazine** is different—it is not an opioid, but a veterinary sedative that has been increasingly mixed with fentanyl in some parts of the country. It deepens sedation and makes overdoses more dangerous. In Alameda County, xylazine has not yet shown up in large numbers, but it does increase the risk of poisoning deaths when combined with fentanyl.

Naloxone works only on the opioid component of an overdose. So, while it won’t reverse xylazine itself, it is still lifesaving when fentanyl (or other opioids) is involved. Since almost all xylazine-related overdoses also include fentanyl, naloxone remains a critical intervention. Few people overdose on xylazine alone.

5. How does ACBHD help with expediting injectable MAT access in clinical and non-clinical settings and how the agencies here can help?

ACBHD has increased access to all MAT including injectable MAT at Santa Rita Jail. We have collaborated with Wellpath (primary care at Santa Rita) to increase MAT in the jail and provide referrals for every MAT client in the community. We are working with community pharmacy partners to provide more MAT access in the community, both education and locations to receive services. In addition, ACBHD, in partnership with Davis & Associates Communications, Inc., is developing educational / social marketing

campaign to address opioid crisis in the County. The public media campaign will use targeted channels (prints, digital, out-of-home placements, and website) to reach county residents most impacted by opioid crisis, providing education on prevention strategies and harm reduction, while also raising awareness of available treatment and recovery options. ACBHD will share the website information once it goes live.

6. Any estimate of individuals in Alameda County with overdose issues and has needs assessment been done?

- While we do not have an estimate of the percentage of Alameda County residents with a substance use disorder or how many have experienced a non-fatal overdose, we do have an estimate of deaths due to overdose. In 2024, 361 Alameda County residents died due to a drug poisoning, 259 of these poisonings involved opioids.
- A formal needs assessment was done in 2022 as part of a CDC grant (Overdose Data 2 Action grant), and we are continually monitoring population-level trends to help inform Alameda County Health programming.

7. During our Santa Rita Jail tour, we learned that some inmates who aren't struggling with addiction are seeking certain medications to get high, purchasing them from others and diverting supplies.

Yes, this has been an issue, however, we have addressed it by introducing long-acting injectable medications. Providers offer inmates the choice of enrolling in either oral medications or injectables, and this approach has reduced diversion. We continue to have ongoing discussions to monitor and improve the process.

8. Can some of the opioid settlement money be diverted to buprenorphine and medications (MAT) to be administered to individuals who are put on hold because of the SB-43 laws?

SB-43 expands the existing framework for involuntary holds and conservatorships to include individuals with severe substance use disorders, but it does not mandate prescribing medication. Clients will still make their own decision about whether to take prescribed medication.

9. Do people need to be involved in some kind of services, or can they be directly connected to medication such as methadone or buprenorphine?

People can receive Medication Assisted Treatment (MAT) services without being engaged in other ACBHD services.

10. Who is Public Defender Holistic Mitigation Specialist?

Public Defender Holistic Mitigation Specialist is a social worker working in an office set up and supports reentry, case management, planning and connecting clients to services.

11. How can we apply for Naloxone stand Boxes (NSBs)?

ACBHD will be sending out applications for NSBs in the next few weeks. Please watch for upcoming communications with details and next steps.

For questions on accessing Naloxone through the state program or the NSB application process, you may also contact **Renee Yun, Overdose and Poisoning Prevention Program Manager** at: Renee.Yun@acgov.org.

12. Will there be refills for Naloxone Stand Boxes (NSBs)?

Department of Health Care Services (DHCS) will send Naloxone boxes to those who apply and request. You can apply for naloxone boxes here: [Naloxone Distribution Project \(NDP\) Application](#).

For further questions regarding the state Naloxone program, please reach out to **Renee Yun, Overdose and Poisoning Prevention Program Manager** at: Renee.Yun@acgov.org.

13. Can you confirm that a Naloxone Rescue provider does not require certification, clinical licensure or legal consent from recipient?

Yes. There is no requirement for certification, clinical license or consent to administer Naloxone to save lives.

14. SAMSHA strategies priorities criminalize community members in terms of harm reduction and safe usage. How is County responding to this?

Federally funded services must ensure funds are used in ways that comply with federal laws and policies. If a funding agreement ever included terms that conflicted with the law, recipients have the right to challenge those terms so that people are not unfairly penalized or put at risk.

15. Do you have any programs targeted for Southeast Asian Ethnic minorities in the Bay Area? We see many former combatants (these were participants who were involved in US-sponsored dirty/proxy wars in the region) abusing opioids and dying. These deaths are happening under the radar, as most families do not disclose or report these deaths.

ACBHD is currently contracted with the City of Fremont to provide outpatient services, prioritizing members of Asian American and Pacific Islander (AAPI) community. Services are offered in languages that best serve this community's needs. We recognize the importance of serving AAPI community members and encourage individuals to contact City of Fremont at [510-574-2100](tel:510-574-2100). Hours of operation are **Monday through Friday, 9:00AM – 6:00 PM, and Saturday, 9:00AM -1:00PM (by appointment only)**.

16. When will more mini grants be made available? When will next mini-grants RFP be released?

ACBHD has awarded **5.5 million** in mini-grants to community-based organizations. The first and second grant rounds began in December 2024 and August 2025, respectively, with each round running for a two-year period. Based on outcomes and impact of these programs, ACBHD will determine whether to offer additional mini-grant funding through a future competitive RFP process.

17. Everything that you are creating feels very positive. I'm curious how patients feel. I recently came across a platform called MORE-Mindfulness Oriented Recovery Enhancement. Are there any thoughts regarding creating user positive narratives in the county? Media?

ACBHD is already doing media work in partnership with Davis & Associates Communications, Inc. (D&A)—creating five- year educational media campaign. The goal is to educate public on prevention strategies and harm reduction, while also raising awareness of available treatment and recovery options. The public will be able to view the campaign messages through multiple media channels and outlets by the end of 2025.

18. Are there any naloxone stands on Bart or bus? Many of the people are limited in transportation and many of this population travel by bus or Bart.

The County has an agreement with BART to pilot one Naloxone Stand Box (NSB) at Fruitvale station. Regarding the bus, we need a partner who can take responsibility for adopting an NSB —handling its upkeep, refills and overall care. If we can arrange that for a bus hub, it could work perfectly.

19. How can we have Naloxone in hand of people who need it? Also, how can we support people get to the treatment and care?

For any questions related to how to access Naloxone including how to apply, please reach out to **Renee Yun, Overdose and Poisoning Prevention Program Manager** at: Renee.Yun@acgov.org.

Below are the phone numbers to call to connect individuals to medication and treatment services in the County:

- **Bridge Clinic: 510-545-2765**
- **Alameda County Behavioral Health Department ACCESS Line: 1-800-491-9099**

20. Any funds for potential expansion of medication services in places like Bridge clinic as there is limitation of what clients can get?

ACBHD has already provided additional Opioid Settlement funding to the Bridge Clinic to increase medication services for the impacted population.