

Implementation Profile: San Benito County Public Health Department



Case Study Snapshot

The [San Benito County Public Health Department](#) (SBCHD) leads San Benito County Opioid Taskforce in their rural Central Coast California community. In 2017, the urgent need to better prepare for and respond to the then burgeoning overdose crisis was emphasized following a rapid increase of fatal and non-fatal overdoses, drug-related law enforcement activity, and utilization of healthcare services and other community resources. Recognizing this need, SBCHD, with support from the County Board of Supervisors, gathered and convened a broad and dedicated coalition to coordinate information, planning, and resources. Today, the coalition is the driving force for overdose prevention and response in the county and includes EMS, law enforcement, medical and behavioral health providers, schools, and community-based organizations. The taskforce's core goal has been to reduce overdose fatalities by investing in overdose education and naloxone distribution (OEND) and building diverse partnerships to ensure the availability of harm reduction resources and education. Through their efforts, SBCHD distributed nearly 2,500 nasal naloxone kits (each kit contains two separate doses of naloxone), over 2,300 fentanyl test-strips, and experienced a 30% decrease in overdose deaths in 2024. Key overdose prevention strategies include:

- Street and mobile outreach
- Naloxboxes and AED naloxone placement
- EMS harm reduction leave-behind kits
- Monthly taskforce case reviews
- School and other youth-facing training
- Bilingual social media and educational materials

San Benito County, California¹

Overdose Fatalities (2023): 11

Population (2023): 68,175

Square Mileage: 1,388.7

Program Description

Recognizing the sparsely populated nature of the county, particularly outside of Hollister, the county seat, SBCHD and the taskforce focused on reducing barriers and maximizing the number and type of locations at which residents could access naloxone, fentanyl test-strips, and other harm reduction resources and services. Education

and resource distribution is accomplished through a combination of street outreach, community events, EMS leave-behind kits, self-operated kiosks (“naloxboxes”), and strategic partnerships with schools and local businesses and organizations. SBCHD also co-located naloxone alongside the mandated automated external defibrillators (AEDs) found across the county to ensure emergency access.

In addition to maximizing access locations, SBCHD also prioritizes their efforts to specific populations to reach those most likely to experience or witness an overdose. Mobile and street outreach are focused on areas identified through OD Map data and insights from monthly case reviews. Tailored training and education are provided to local businesses, libraries, and other organizations, as well to younger audiences through partnerships with local schools, colleges, and other youth-focused organizations. The educational and informational materials used are bilingual and modified to fit each audience, and training is often conducted with partners from organizations that have connections to and an understanding of the participants. SBCHD also holds a visible community presence by maintaining an active social media presence and participating in local community events.

First Responder Partnerships

Partnerships with first responders have been central to SBCHD’s overdose response strategy. EMS and law enforcement were founding members of the taskforce and continue to contribute to planning, data sharing, and OEND efforts.

EMS collaboration is key to ensuring that resources and outreach are responsive to community needs. EMS provides near real-time 911 data to SBCHD via

OD Map, allowing them to track overdose hotspots and direct their efforts. EMS also contributes to a monthly case review team. Together with SBCHD, behavioral health, and hospital staff, this team meets to review and share information and data to identify service gaps or other needs.

EMS personnel are also trained to leave behind overdose response kits at the scene of an overdose. The kits include naloxone, fentanyl test strips, and a local resource and referral guide. County EMS also maintains the list of AEDs, which allows SBCHD to ensure that naloxone and educational materials are available alongside other emergency response equipment.

While law enforcement was initially hesitant, all officers now complete naloxone training and carry it while on duty. The Sheriff’s Office leadership has been a key coalition partner and has helped normalize naloxone use among officers. Probation officers have also begun distributing the same leave-behind kits used by EMS to individuals reintegrating into the wider community post-incarceration.

Data

San Benito County uses a robust mix of data sources to guide its OEND efforts:

- Fatal and non-fatal overdose data through OD Map, ED data, and coroners reports for near real-time mapping
- Naloxbox and partner distribution tracking
- Medi-Cal (Medicaid) data to monitor rates of naloxone prescription and pick-up
- Monthly case reviews to gather and review contextual data from EMS and other key partners



Data review and program evaluation has led to expanded outreach to unhoused individuals and improved the ability to accurately target mobile services, street outreach, and naloxoboxes.

Costs and Staffing

Primary expenses include staffing, outreach supplies, and one-time infrastructure costs such as \$30,000 for the mobile outreach unit or \$15,000 for the six community naloxoboxes. Naloxone and fentanyl test strips are provided free of charge from the state, which allows for greater flexibility with local funding. Other costs associated with this work rely on a combination of funds, though are primarily supported by several overlapping grants. Grants currently supporting the work are through the Cal-

ifornia Department of Public Health and non-profit organizations such as the Public Health Institute. Given the smaller population of their county, SBCHD has also partnered with neighboring counties to jointly apply for and administer grant funded projects. Finally, in recent years, opioid settlement funding has also helped augment grant funds.

Barriers

Stigma: Like in many communities, stigma and misconceptions about drug use, naloxone, and harm reduction are barriers to comprehensive overdose prevention. SBCHD has reviewed Medi-Cal data and ascertained that almost half of patients who received a dual opioid and naloxone prescription declined to fill their naloxone prescrip-

tion, indicating a lack of knowledge of the importance of the dual-prescription or stigmatized views of the medication. Law enforcement was initially hesitant to carry naloxone, though this was overcome through education and engagement with leadership. In response to these challenges, SBCHD continues to provide strategic community-wide education to provide accurate, evidence-based information related to overdose prevention and response.

Insufficient Community-Based Harm Reduction Infrastructure: While SBCHD and their partners on the taskforce provide harm reduction resources and education, there are no dedicated harm-reduction organizations operating in the county. Many services, such as syringe service programs, are only available in neighboring counties. Given common rural transportation barriers and the limited local access to MAT/MOUD services, this presents a significant barrier to access to many individuals in need of the services offered. SBCHD is working to expand their own network of services, while also deepening partnerships with neighboring counties to improve their ability to meet the needs of their community.

Facilitators

First Responder Support: Partnership with local EMS has played a key role in securing access to data, expanding the provision of naloxone and other harm reduction resources to individuals who have experienced an overdose and family/friends/witnesses at the scene. Support from law enforcement leadership has also helped dispel misconceptions about drug use and harm reduction among the rank and file and provided an inroad to conduct OEND training with this key constituency.

Partnerships and Tailored Outreach: Partnerships with a wide range of local businesses and organizations have allowed for a massive increase in access points for naloxone and other harm reduction resources within the county. As SBCHD develops population specific outreach and training materials, these partnerships also serve as critical sources of input and provide access and legitimacy to the communities they represent and work with.

Sustainability

Strong community buy-in and political support from the Board of Supervisors have underpinned program sustainability. SBCHD proactively pursues grant opportunities and collaborates with neighboring counties to share resources and strengthen proposals. More recently, SBCHD has been able to diversify program funding by using opioid settlement dollars to support staff and other expenses related to the OEND program. Crucially, state funding for naloxone and other harm reduction resources allows for robust local support for outreach, education, and other related services.

References

¹ Overdose Fatalities: self-reported, Statistics | San Benito County Opioid Task Force
Population: Census, Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2023 (CO-EST2023-POP)
Square Mileage: Census, Annual Geographic Table

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