SAN JOAQUIN COUNTY
Behavioral Health Services

Behavioral Health Services
A Division of Health Care Services Agency

Fay G. Vieira, LMFT, Director
Tamara Weber, LMFT, Clinical Assistant Director

Date:	Wednesday, July 15, 2026	
Time:	5:00 PM	
Location	1212 N California Street Conference rooms B&C Stockton, CA 95202	
Members:	Chair- Destiny Easter Vice Chair- Katrina Bambula Paul Akinjo Cristopher Bunnel Supervisor Paul Canepa Toni Delgado	Sabrina Flores-Eng Jeffrey Giampetro Anastassios "Tasso" Kandris Gertrud "Gertie" Kandris Dr. Chaun Powell
Vacancies	(1) Family Representative Seat (1) Consumer Representative	(1) General Interest Seat (1) Transitional Age Youth Seat
Minute Taker:	Board Secretary	

Behavioral Health Advisory Board Agenda

Watch the meeting live via Zoom passcode: 878217

Note: Livestreaming is for listening and monitoring only.

Full link available by accessing the agenda at SJC Behavioral Health Advisory Board Website

1. Call to Order

a. Moment of silence
b. Pledge of allegiance
c. Roll Call
d. Housekeeping

2. Public Comment

The public is welcome to address the Advisory Board during this time on matters within the Board's jurisdiction. Members of the public are encouraged to complete a Public Comment form, which can be found near the entry of the Board Room. Speakers are limited to three minutes and are expected to be civil and courteous. Public comment on items listed on the agenda may be heard at this time, or when the item is called, at the discretion of the Chair.

Except as otherwise permitted by the Ralph M. Brown Act (California Government Code Section 54950 et seq.), no deliberation, discussion or action may be taken by the Board on items not listed on the agenda. Members of the Board may but are not required to: (1) briefly respond to statements made or questions posed by persons addressing the Board; (2) ask a brief question for clarification; or (3) refer the matter to staff for further information.

3. Approval of Minutes

a. Approval of June 2026 minutes — Vote

4. Guest Presentations

a. Lethal Means Safety- Katrina Bambula

5. BHAB Chair's Report

6. Director's Update

a. Introducing BHS Clinical Assistant Director-Tami Weber
b. Contract report out -*standing item*
c. HEDIS Measures

7. Liaison Reports

a. QAPI (Tasso Kandris)
b. Suicide Prevention Committee (Destiny Easter)
c. Legislature (Gertie Kandris)
d. SJC Youth Wellness Alliance (Toni Delgado, Cristopher Bunnel)
e. Lethal Means (Katrina Bambula Santos)
f. Continuum of Care COC (Jeffrey Giampetro)
g. Substance Use Network (Sabrina Flores)

8. Sub-committee Reports

Reports must be submitted to the Board Secretary one day prior to the Executive Meeting, occurring the first Tuesday of every month

Goal 1: BHAB will develop a resource guide for families of BHS members (advance directive, planning for ongoing support)-***initial meeting held 4/22***
Members: Jeff Giampetro, Katrina Bambula Santos

Goal 2: BHAB will do outreach at a minimum of 3 local government/special district meetings with the intention of recruiting more diverse membership from different areas of the county. ***-initial meeting held 4/30/26***
Members: Cristopher Bunnel

9. Action Items

10. Reminders

Next Advisory Board Meeting: 8/19/26
Behavioral Health Services Conference rooms B & C
1212 N. California Street
Stockton, CA 95202

11. Local Events/Announcements

Please see the NAMI July 2026 and August 2026 calendars (attached to agenda packet)

12. Board Comments

13. Adjournment

Date:	Wednesday, June 17, 2026	
Time:	5:00 PM	
Location	Tracy Transit Center, Room 103 50 E. Sixth Street Tracy, CA 95376	
Members:	Chair- Destiny Easter Vice Chair- Katrina Bambula Paul Akinjo Cristopher Bunnel Supervisor Paul Canepa Toni Delgado	Sabrina Flores-Eng Jeffrey Giampetro Anastassios "Tasso" Kandris Gertrud "Gertie" Kandris Dr. Chaun Powell
Vacancies	(1) Family Representative Seat (1) Consumer Representative	(1) General Interest Seat (1) Transitional Age Youth Seat
Minute Taker:	Board Secretary	

Behavioral Health Advisory Board Minutes

Livestreaming is not available for this month's meeting

1. Call to Order 5:12pm

a. Moment of silence
b. Pledge of allegiance led by Tasso Kandris
c. Roll Call
d. Housekeeping

2. Public Comment

Anthony Grandon

The public is welcome to address the Advisory Board during this time on matters within the Board's jurisdiction. Members of the public are encouraged to complete a Public Comment form, which can be found near the entry of the Board Room. Speakers are limited to three minutes and are expected to be civil and courteous. Public comment on items listed on the agenda may be heard at this time, or when the item is called, at the discretion of the Chair.

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3. Approval of Minutes 5:17pm

a. Approval of May 2026 minutes — Vote

Board voted unanimously (8-0) to approve Minutes of the May 2026 Board meeting

4. Guest Presentations

5. BHAB Chair's Report

a. New Board Member introduction- Chaunise Powell
b. Update on Board member current composition and vacancies- currently four vacancies
c. BHAB Bylaw review (Destiny Easter) will create Ad hoc during the next meeting for Bylaw review.

6. Director's Update

a. Contract report out- standing item. Fay reviewed recently approved contracts from the Board of Supervisors Meeting.
b. Network Adequacy Capacity Timeliness CAP results -SJCBHS will not face a sanction. We are exceeding timeliness. The timeliness standard will be 90% beginning in January, we are on target with our current numbers. 44 counties will be sanctioned.

7. Liaison Reports

Reports must be submitted to the Board Secretary one day prior to the Executive Meeting, occurring the first Tuesday of every month

a. QAPI (Tasso Kandris) some grievances can't be resolved due to incorrect contact information provided on grievance form.
b. Suicide Prevention Committee (Destiny Easter) on hiatus
c. Legislature (Gertie Kandris) shared recently released state statistics on mental health
d. SJC Youth Wellness Alliance (Toni Delgado, Cristopher Bunnel) dismantled
e. Lethal Means (Katrina Bambula Santos) no updates, they will present during the July 2026 meeting.
f. Continuum of Care COC (Jeffrey Giampetro) has been referring members to Sasha Jackson, Deputy Director of H4H.
g. Substance Use Network (Sabrina Flores) focused on the new Electronic Health Record (EHR).

8. Sub-committee Reports

Reports must be submitted to the Board Secretary one day prior to the Executive Meeting, occurring the first Tuesday of every month

Goal 1: BHAB will develop a resource guide for families of BHS members (advance directive, planning for ongoing support)-***initial meeting held 4/22***
Members: Jeff Giampetro, Katrina Bambula Santos
No updates yet. Katrina will share updates in July.

Goal 2: BHAB will do outreach at a minimum of 3 local government/special district meetings with the intention of recruiting more diverse membership from different areas of the county. ***-initial meeting held 4/30/26***
Members: Cristopher Bunnel
Have outlines going by City demographics. Working on a main presentation and then will send to Destiny and Jasmine. Dr. Chaun is interested in assisting with this goal.

9. Action Items

10. Reminders

Next Advisory Board Meeting: 7/15/26
1212 N. California Street
Behavioral Health Services Conference rooms B & C
Stockton, CA 95202

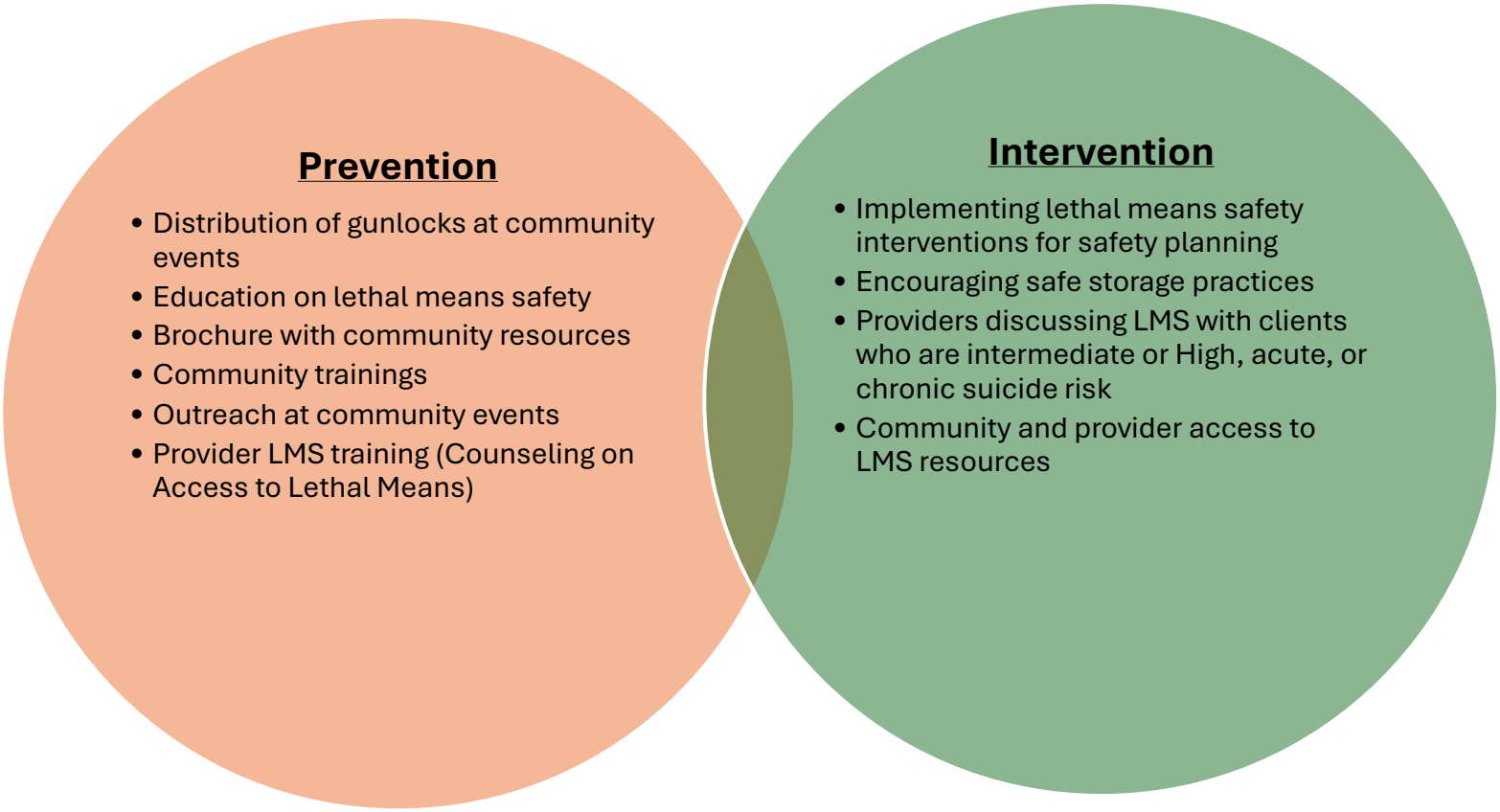
11. Local Events/Announcements

Unity in the Community Fest
7/3/26 2pm-10pm at the Stockton Ports

12. Board Comments

13. Adjournment 6:47pm

Lethal Means Safety (LMS) is an Evidence-Based Practice and used in prevention and intervention strategies



San Joaquin Lethal Means Safety Coalition

Mission:
Our mission is to prevent suicide by firearm through awareness, education and early intervention. Our organization is composed of representatives of government agencies and non-profit organizations as well as interested citizens who are committed to reducing suicides in San Joaquin County. We include members of behavioral health, public health, violence reduction, medical and law enforcement agencies, as well as people who offer support to impacted families.

Vision of Coalition:
- Provide Lethal Means training to the community
- Provide Lethal Means Safety Counseling training to service providers
- Implement the Gun Shop Project by developing outreach materials with gun shop input and performing outreach to gun shops, firing ranges, and instructors
- Educate the community on GVRO
- Distribute gun locks along with mental health resources

Priorities:
- Provide at least two Lethal Means trainings to the community
- Provide at least one Lethal Means Safety Counseling training
- Distribute at least 100 brochures
- Conduct outreach to a minimum of five gun shops in SJC
- Provide a minimum of two GVRO trainings in SJC

Coalition Accomplishments Since 2023

Gunlock Distributions:

- More than 2,000 gunlocks distributed in SJC

Training

- Coalition of Health Workers Sept 2024 (44 trained)
- Mental Health Awareness Community Event May 2024 (in English and Spanish) (30 trained)
- Sons in Retirement November 2023 (55 trained)

Action Items Completed:

- Created an educational brochure in English & Spanish with community resources
- Incorporated LMS into SJCBH Strategic Plan
- Outreach to community

Outreach Events:

- Gunlock distribution at church, tattoo removal events, Earth Day, Friends Outside Second Chances Reentry, and other community events
- Safe storage and gunlock distribution at Pixie Woods Children & Youth Day
- Collaboration with police department at gun buyback events

HELP is available

Notice those in your sphere of influence

- Recently lost a loved one
- Recently lost a companion animal
- No longer as friendly as usual
- Papers and mail piling up

Everyone matters!

For information on obtaining a GVRO (Gun Violence Restraining Order) to remove the firearm until the crisis is over please contact:

SJC Superior Court
(209-992-5693)

PREVAIL
(209-941-2611)

Local police/sheriff can perform a wellness check.

Funded By: SAN JOAQUIN COUNTY Behavioral Health Services Through the Mental Health Services Act

October, 2024

If you or someone you know needs help now, CALL or TEXT:

988 SUICIDE & CRISIS LIFELINE

24 / 7 CALL, TEXT, CHAT

SJ County Behavioral Health Services Crisis Line:	209-468-8686
24/7 Mobile Crisis Unit:	209-468-2222
24/7 Crisis Warm Line:	209-468-3585

You can help save lives

In San Joaquin County

- Firearms are the leading method of suicide.
- Every 12 days someone dies of suicide by firearm.
- 36% of gun deaths in the last 10 years have been suicides. (SJ Co. Dept. of Public Health)

Learn the Risk Factors and Warning Signs for Suicide

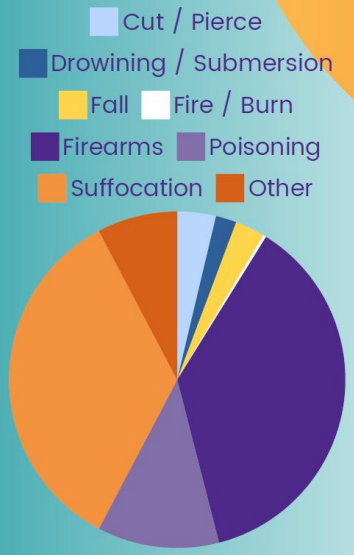
- Emotional crisis due to job loss, legal trouble, loss of a loved one or newly diagnosed illness
- Major change in behavior: depression, violence, anger/aggression, alcohol or drug use
- Increased impulsiveness, risk taking, reckless behavior
- Expressing a desire to die or end his or her own life
- Putting affairs in order, giving away prized possessions, impulse purchase of a firearm
- Withdrawing from activities they used to enjoy

The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

If you suspect someone is having suicidal thoughts start the conversation.

By asking the question you are not putting the idea into their head.

Pain isn't always obvious. Sometimes "warning signs" don't exist—or are only noticeable in sad hindsight. This list is not intended to imply that signs can always be seen, but only to remind us to be as alert as possible.



Suicide by Method in SJC 2018 - 2022

Suicide can be an impulsive act. Safe storage of firearms and medication can dramatically decrease suicide and increase help seeking behavior. Many people get the help they need after a first attempt and never try again to end their own life. Call 988 for additional support.

Always keep guns securely stored. This is especially important if someone with suicidal thoughts may have access to them.

- If someone in your home is suicidal, it may be a good idea to temporarily store guns outside the home with trusted family or friends.
- Even simply storing the key to your gun safe with another person can provide a layer of safety.
- Gun clubs and stores may also provide storage for a fee.

SJC Firearm Suicides by Gender 2018 -2022

Resources

- afsp.org (American Foundation for Suicide Prevention)
- onethingtodo.org
- hsph.harvard.edu (Means Matter Campaign)
- speakforsafety.org
- endfamilyfire.org
- suicideispreventable.org
- eachmindmatters.org
- sjchsa.org (SJC Dept. of Aging)
- veteranscrisisline.net
- mentalhealthfirstaid.org
- Referrals to local resources in San Joaquin County: 211sj.org

San Joaquin County Suicide Prevention Plan

Lethal Means Training

Community Need:
According to the latest available statistics from the Centers for Disease Control and Prevention (CDC), more Americans died of gun-related injuries in 2021 than in any other year on record. Suicides accounted for more than half of U.S. Gun deaths in 2021. Suicide has long accounted for the majority of U.S. gun deaths. There are about 53 federally licensed firearm dealers and 14 guns shops in San Joaquin County.

Project Description:
SJC will facilitate and host Lethal Means Trainings as a way to educate the community on gun safety. In addition, SJC will collaborate with community-based organizations to educate the community and gun shops.

Project Goal:
To increase safety around firearms and other lethal means.

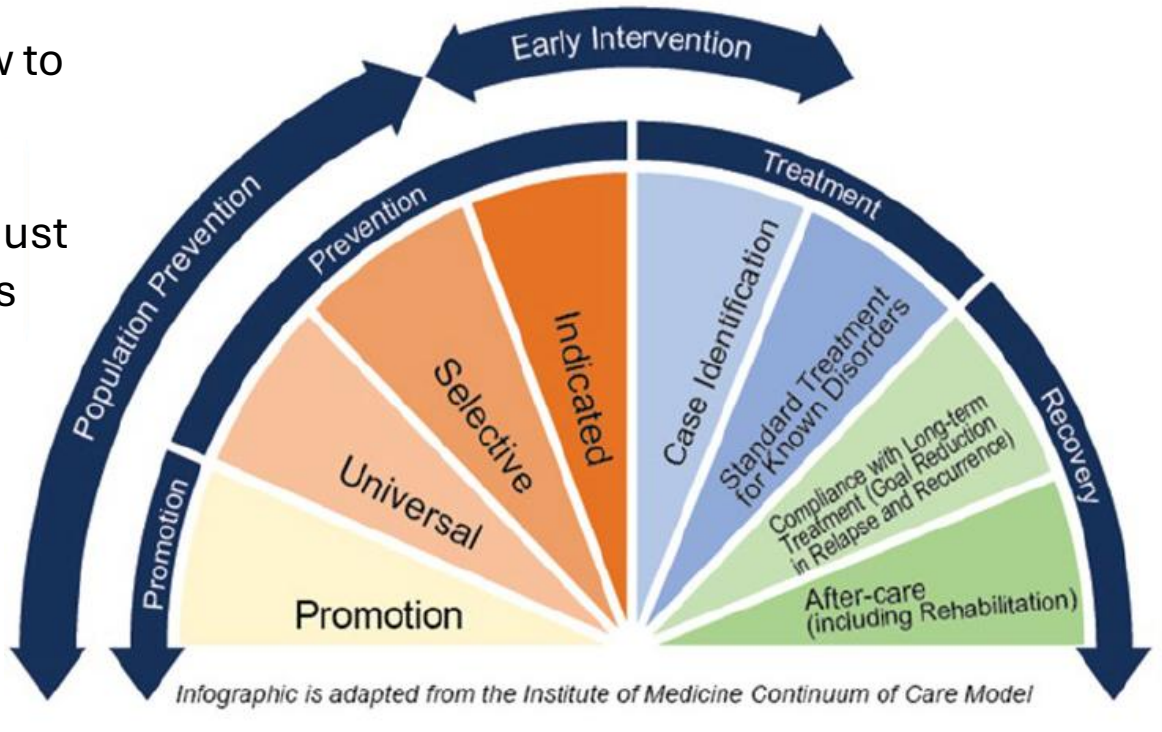
- Provide Lethal Means Training to the community.
- Provide Lethal Means Safety Counseling Training to service providers
- Implement the Gun Shop Project.
    - Develop outreach materials (with gun shop input)
    - Perform outreach to local gun shops, firing ranges and instructors.
- Educate the community regarding Gun Violence Restraining Orders (GVRO).
- Distribute gun locks along with information on Mental Health Resources.

Project Objectives:

- Provide at least two Lethal Means Trainings.
- Provide at least one Lethal Means Safety Counseling Training.
- Distribute at least 100 brochures.
- Provide outreach to a minimum of 5 gun shops in SJC
- Provide a minimum of 2 GVRO trainings in SJC.

Behavioral Health Services Act: Population Prevention, Early Intervention, & Treatment

- Reducing gun deaths from suicide and homicide in SJC requires a collaborative approach, once that includes stakeholders in the realms of Prevention, EI, and Treatment.
- Activities including stigma reduction and promoting help-seeking behaviors for mental health treatment involve all stakeholders.
- Prevention partners must understand how to refer individuals for treatment, while treatment partners must be aware of resources that help prevent gun violence.
- Provider training and postvention services strengthen key BHS services.



BHS Contracts Report

Contract	Project	Date BOS approved	Contracted amount	Contracted Term
Praxis Associates (continued)	Evaluation Services, Data Analysis, Performance Improvement Projects	4/14/2026	870,000	3 years
DHCS (continued)	County Performance Contract. Required to provide SMHS and DMC ODS	4/14/2026	N/A	3 years
Vista Pacifica (amendment)	Skilled Nursing Facility	4/14/2026	235,203	Through June
City of Stockton (new)	Prop 47. Staff SACII for referrals from court.	4/14/2026	368,811	3 years
Bay Medic Transportation (amendment)	Non Emergency Transport. Take patients from CSU to hospitals	4/14/2026	1,518,000	2 years
Andrade Inc (amendment)	Board and Care	4/28/2026	374,112	Though June
Valley Community Counseling	Outpatient Children services in South County	4/28/2026	4,345,000	6/30/2028
CalMHSA Joint Powers Authority	Peer certification, Inpatient concurrent review, 5150 training, Credentialing, PT Portal, HEDIS calculations, RCM, EHR	5/12/2026	1,723,881	1 year
Various Adult Residential Service Providers (SNF,	Davis Guest Homes, Golden Path, Andrade Inc, Vista Pacifica, Anberry, Maple, Pasadena Nursing Center. Placements for conserved patients	5/12/2026	10,443,043	1-2 years
SJCOE	Substance use disorder Primary Prevention. FNL	5/12/2026	1,684,260	2 years
Peer Recovery Services	The Wellness Center and PSSC groups	5/12/2026	3,598,800	3 years
Locum Psychiatrist	Psychiatric Services	5/12/2026	14,000,000	
Stanislaus County	Children's Crisis Continuum Pilot Program	5/12/2026	280,115	2 years
Mahogany and Oak	Bridge Housing program for tiny homes	5/12/2026	1,500,000	1 year
Mahogany and Oak	HHAP funded tiny homes on BeWell Campus. Will house 8	6/30/2026	750,000	2 years
Netsmart (Amendment)	Revenue Cycle Management (Billing help). Connection to Pharmacy System	6/30/2026	7,703,175	7 years
Seventh Avenue Center (continued)	Mental Health Rehab Center in Modesto	6/30/2026	500,000	1 year
Modesto Post Acute Center (continued)	Skilled Nursing Facility	6/30/2026	2,540,400	2 years
Crestwood Behavioral Health (continued)	MHRC, SNF, Adult Residential Facility, Psychiatric Health Facility	6/30/2026	8,831,000	2 years
Telecare - Jeremy House (continued)	Crisis Residential Facility. 30 day program for clients stepping out of PHF	6/30/2026	3,555,819	2 years
Psynergy (Amendment)	ARF, Enhanced Board and Care, Outpatient clinical services, RCFE	6/30/2026	8,679,693	2 years
Sacramento Behavioral Health (continued)	Inpatient Psychiatric Facility. Institute for Mental Disease (IMD)	6/30/2026	8,000,000	2 years
Fremont Hospital (Continued)	Inpatient Psychiatric Facility. Institute for Mental Disease (IMD)	6/30/2026	3,045,000	2 years
Aegis (continued)	Narcotic treatment program (NTP) Provides Methadone Treatment. Mandated	6/30/2026	22,597,850	2 years
MedMark (continued)	Narcotic treatment program (NTP) Provides Methadone Treatment. Mandated	6/30/2026	9,363,375	2 years
New Directions (continued)	Residential and Outpatient Substance Use Services	6/30/2026	9,030,000	2 years
Nirvana (continued)	Residential and Outpatient Substance Use Services	6/30/2026	810,000	2 years
Redwood (continued)	Residential Substance Use Services	6/30/2026	650,000	2 years
Towns (continued)	Outpatient Substance Use services	6/30/2026	10,278,000	2 years
Telecare - MCRT (Continued)	Mobile Crisis Response Team. 24/7 response within 1 hour. Mandated	6/30/2026	10,009,346	2 years
Recover Medical Group (continued)	Mandated Low Barrier Walk in Clinic for Medicated Assisted Treatment	6/30/2026	1,243,023	2 years

Through the lens of SMHS (Stanford Medicine Health Services) billing, Revenue Cycle Management (RCM) is the end-to-end process of ensuring that every patient encounter is accurately documented, coded, billed, reimbursed, and reconciled while remaining compliant with payer contracts and regulatory requirements.

A definition tailored to SMHS billing would be:

Revenue Cycle Management (RCM) at SMHS is the coordinated set of clinical, administrative, and financial processes that begins when a patient schedules or receives care and ends when all appropriate reimbursement has been collected and the account is fully resolved. It encompasses patient registration, insurance verification, charge capture, medical coding, claim submission, payment posting, denial management, accounts receivable follow-up, patient billing, and financial reporting to optimize reimbursement, ensure compliance, and support the financial health of the organization.

Within an SMHS billing environment, the revenue cycle typically includes:

1. Patient Access

* Patient registration
* Insurance verification
* Prior authorization
* Financial counseling and eligibility

2. Charge Capture

* Recording services provided
* Charge reconciliation
* Provider documentation review

3. Health Information Management & Coding

* ICD-10-CM diagnosis coding
* CPT/HCPCS procedure coding
* Documentation integrity and compliance

4. Claims Management

* Claim editing and validation
* Electronic claim submission
* Clearinghouse processing
* Payer adjudication

5. Payment Processing

* Electronic Remittance Advice (ERA) posting
* Payment reconciliation
* Contractual adjustments
* Patient responsibility calculation

6. Denials & Accounts Receivable Management

* Denial identification and root-cause analysis
* Appeals and claim corrections
* Follow-up on unpaid claims
* Aging and AR performance monitoring

7. Patient Financial Services

* Patient statements
* Payment plans
* Collections
* Customer service

8. Revenue Integrity & Compliance

* Charge audits
* Regulatory compliance
* Documentation improvement
* Revenue leakage prevention
* Performance analytics and key performance indicators (KPIs)

For SMHS specifically, the objective of Revenue Cycle Management extends beyond simply collecting payment. It focuses on ensuring that services are accurately documented, appropriately coded, timely billed, fully reimbursed according to payer contracts, compliant with federal and state regulations, and supported by a positive patient financial experience. This integrated approach helps maximize reimbursement, minimize denials, reduce accounts receivable days, and maintain the financial sustainability of SJCBHS

Mental Health Rehabilitation Center (MHRC)

An MHRC provides intensive psychiatric rehabilitation for individuals with serious mental illness who no longer require acute psychiatric hospitalization but continue to need a highly structured therapeutic environment. Services are available 24 hours a day and typically include psychiatric treatment, medication management, individual and group therapy, life skills training, and psychosocial rehabilitation. Lengths of stay are generally weeks to months, depending on the individual's treatment needs and progress. MHRCs focus on helping residents develop the skills necessary to transition to a less restrictive setting.

Crisis Residential Facility (CRF)

A Crisis Residential Facility provides short-term, 24-hour mental health treatment and support for individuals experiencing an acute psychiatric crisis who do not require inpatient hospitalization. The goal is to stabilize symptoms in a safe, home-like environment while avoiding hospitalization whenever possible. Services typically include crisis intervention, counseling, medication support, peer support, and discharge planning. Stays are usually brief, ranging from several days to a few weeks, with an emphasis on returning individuals safely to their community.

Skilled Nursing Facility (SNF)

A Skilled Nursing Facility provides 24-hour medical and nursing care for individuals who require ongoing skilled medical services or rehabilitation following an illness, injury, or surgery, or who have complex chronic medical conditions. Services commonly include skilled nursing care, medication administration, wound care, intravenous therapies, physical therapy, occupational therapy, and speech therapy. While residents may have behavioral health conditions, SNFs are designed primarily to address medical and rehabilitative needs rather than provide intensive psychiatric treatment.

Adult Residential Facility (ARF)

An Adult Residential Facility is a non-medical residential setting that provides supervision, personal care, and assistance with activities of daily living for adults who are unable to live independently due to physical, developmental, or mental health disabilities. Services may include assistance with bathing, dressing, medication support, meal preparation,

housekeeping, and transportation. ARFs do not provide skilled nursing care or intensive psychiatric treatment, but they offer a supportive living environment for individuals who need ongoing supervision and assistance with daily functioning.

Summary of Key Differences

* **MHRCs** provide the highest level of long-term psychiatric rehabilitation outside of a hospital.

* **Crisis Residential Facilities** provide short-term stabilization during an acute mental health crisis.

* **Skilled Nursing Facilities** focus on complex medical and rehabilitative care, with psychiatric care limited to stable mental health conditions.

* **Adult Residential Facilities** provide non-medical supportive housing and assistance with daily living but do not offer skilled nursing or intensive mental health treatment.

Benefits of Buprenorphine

Buprenorphine is an evidence-based medication used to treat opioid use disorder (OUD). As a partial opioid agonist, it reduces opioid cravings and withdrawal symptoms without producing the same level of euphoria or respiratory depression as full opioid agonists. This pharmacologic profile makes it an effective and relatively safe treatment option.

Key benefits include:

* **Reduces opioid cravings and withdrawal symptoms**, allowing individuals to focus on recovery rather than managing physical dependence.

* **Decreases illicit opioid use**, helping reduce exposure to fentanyl and other high-risk substances.

* **Lowers the risk of overdose and death**, particularly when individuals remain engaged in treatment.

* **Improves treatment retention**, with people receiving medication for OUD more likely to stay in care than those receiving behavioral treatment alone.

* **Supports long-term recovery**, enabling individuals to maintain employment, rebuild relationships, and improve overall quality of life.

* **Can be prescribed in a variety of healthcare settings**, including primary care, emergency departments, behavioral health clinics, and increasingly through telehealth, improving access to treatment.

* **Has a favorable safety profile**, including a ceiling effect on respiratory depression that lowers overdose risk compared with full opioid agonists.

Why Buprenorphine Is Essential in a Substance Use Disorder (SUD) System of Care

A comprehensive SUD system of care should include buprenorphine because opioid use disorder is a chronic medical condition that responds best to evidence-based treatment. Medication for opioid use disorder (MOUD), including buprenorphine, is considered the standard of care by major medical and public health organizations.

Including buprenorphine in an SUD system of care is important because it:

* **Expands access to life-saving treatment** across multiple settings, including hospitals, outpatient clinics, correctional facilities, and community-based programs.

* **Reduces overdose deaths** by helping individuals stop or reduce illicit opioid use and remain engaged in treatment.

* **Improves continuity of care** by allowing seamless transitions between emergency care, inpatient treatment, outpatient services, and recovery supports.

* **Promotes recovery-oriented care** by combining medication with counseling, peer support, case management, and treatment for co-occurring mental and physical health conditions.

* **Reduces healthcare utilization and costs**, including emergency department visits, hospitalizations, and costs associated with untreated opioid use disorder.

* **Advances health equity** by increasing treatment options in underserved communities and reducing barriers to evidence-based care.

* **Supports person-centered treatment**, recognizing that recovery pathways differ and that medication should be available alongside behavioral and recovery support services.

Summary

Buprenorphine is one of the most effective treatments available for opioid use disorder. It saves lives by reducing cravings, preventing withdrawal, decreasing illicit opioid use, improving retention in treatment, and lowering overdose risk. Integrating buprenorphine into a comprehensive SUD system of care ensures that individuals have timely access to evidence-based treatment, supports long-term recovery, and strengthens the overall effectiveness of the healthcare system's response to the opioid crisis.