

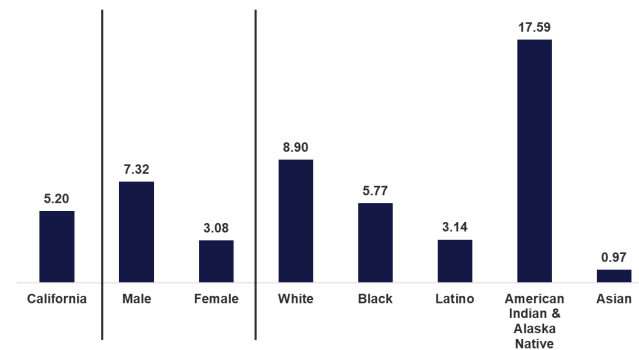
Snapshot of the Opioid Epidemic in California¹

In 2017, there were more than 2,000 opioid overdose deaths in California or 5.2 deaths per 100,000 residents, a 9 percent increase since 2015.

These rates vary by county with particularly high rates in counties in the northern part of the state including Modoc (23.6), Humboldt (21.0), Mendocino (19.3), Lake (17.0), Shasta (14.1), Lassen (13.9), Yuba (13.2), and Del Norte (12.6).

Opioid overdose death rates also vary by sex, with males having higher rates than females, and by ethnicity, with much higher rates among American Indian & Alaska Native populations (see Figure 1).

Figure 1: Age-Adjusted Opioid Overdose Death Rate per 100k CA Residents, 2017



Source: California Department of Public Health, "California Opioid Overdose Surveillance Dashboard", accessed March 2019; available at: <https://discovery.cdph.ca.gov/CDIC/ODdash/>.

DHCS efforts to address the Opioid Epidemic

The California MAT Expansion Project

In an effort to address the opioid epidemic throughout the state, the California Department of Health Care Services (DHCS) is implementing the California Medication Assisted Treatment (MAT) Expansion Project. The project is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response (STR) grant and State Opioid Response (SOR) grant. These grants were awarded to states by SAMHSA with the goal of increasing MAT capacity nationwide.

The California MAT Expansion Project aims to increase access to MAT, reduce unmet treatment need, and reduce opioid overdose deaths through prevention, treatment, and recovery activities. The project has a special focus on populations with limited MAT access, including youth, rural areas and American Indian & Alaska Native tribal communities.

The MAT Expansion Project consists of six main objectives:

- Develop additional MAT locations with a focus on rural locations;
- Provide MAT access to specialized and underserved communities;

- Transform entry points for individuals with opioid use disorders (OUDs) and create effective referrals into treatment;
- Develop coordinated referral processes to manage high-risk transitions;
- Engage current and potential MAT prescribers; and
- Enact overdose prevention activities to prevent opioid misuse and overdose deaths.

DHCS is implementing a variety of projects that span a range of settings where individuals with opioid OUD may seek help, including:

- Clinical settings such as emergency departments, hospitals, tribal health centers, and primary care clinics;
- County and state criminal justice systems, including jails, prisons, and juvenile justice;
- Communities, through media campaigns, opioid safety coalitions, naloxone distribution, drug take-back, and supportive housing; and
- Substance use disorder (SUD) treatment programs, including community outpatient programs, narcotic treatment programs, and residential facilities.

¹ California Department of Public Health, "California Opioid Overdose Surveillance Dashboard", accessed March 2019.

Figure 2: What is Medication Assisted Treatment (MAT)?



MAT combines FDA-approved medications with counseling and behavioral therapies to deliver a “whole-patient” approach to the treatment of OUD (i.e. addiction to heroin, illicit fentanyl, or prescription pain medications).

The use of MAT significantly reduces relapse rates compared to abstinence-based treatment programs. For OUD, the use of methadone or buprenorphine reduces overdose rates by more than 50 percent and reduces the rate of HIV and hepatitis C transmission.

Benefits of MAT:

- Reduce or eliminate withdrawal symptoms
- Reduce or eliminate cravings
- Block the euphoric effects of opioids
- Normalize brain chemistry that drives motivation & bonding with others

Commonly used FDA-approved MAT medications include:

- **Buprenorphine:** Inhibits the action of other opioids, prevents cravings and withdrawal symptoms, and lowers the risk of overdose. Can be prescribed by a DATA 2000 waived physician, nurse practitioner, or physician assistant in a primary care office or other setting as well as an opioid treatment program
- **Methadone:** Prevents cravings and withdrawal symptoms and reduces risk of overdose when administered in an opioid treatment program.
- **Naltrexone:** Blocks the effects of opioids and reduces cravings. Can be prescribed or administered in any health care or SUD setting.

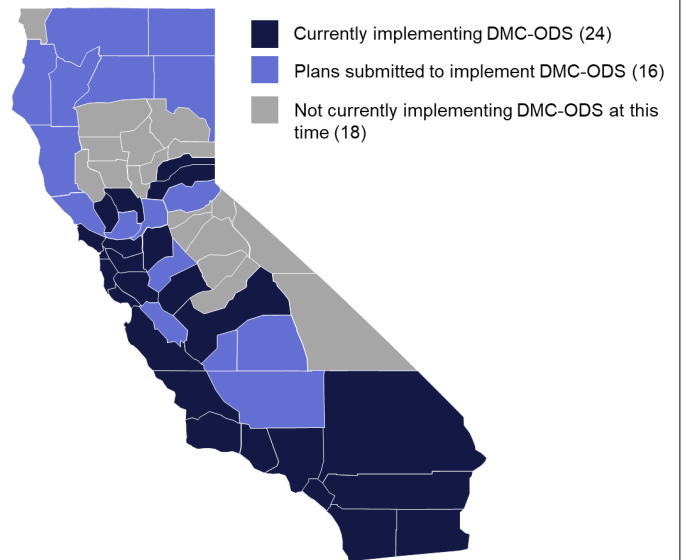
Drug Medi-Cal Organized Delivery System (DMC-ODS) —Expanded Coverage for Medi-Cal Enrollees

DHCS has also implemented the DMC-ODS pilot program, which seeks to expand access to SUD services. The program was established through a Medicaid Section 1115 waiver and aims to demonstrate that providing access to a full continuum of SUD services (see Figure 4) to people with Medi-Cal improves health outcomes while reducing overall health care costs.

County participation in the program is voluntary and, as of March 2019, 40 counties have submitted implementation plans to participate in the program, and 24 of these counties have begun implementation (see Figure 3).

The 24 counties currently implementing DMC-ODS represent more than 80 percent of the state’s Medi-Cal population. Once the remaining 16 begin implementation, 97 percent of Medi-Cal enrollees will have access to expanded coverage through DMC-ODS.²

Figure 3: Counties Implementing DMC-ODS



Source: Department of Health Care Services, “County Plans & Contracts”, accessed March 2019; available at: <https://www.dhcs.ca.gov/provgovpart/Pages/County-Implementation-Plans.aspx>.

Figure 4: Services Provided through DMC and DMC-ODS

DMC Standard Program

- Outpatient drug-free treatment
- Intensive outpatient treatment
- Residential SUD services for perinatal women only (limited to facilities with 16 beds or fewer)
- Naltrexone treatment
- Narcotic treatment (methadone only)
- Detoxification in a hospital



DMC-ODS Pilot Program

- Multiple levels of residential SUD treatment (not limited to perinatal women or to facilities with 16 beds or fewer)
- Narcotic treatment programs expanded to include buprenorphine, disulfiram, and naloxone
- Withdrawal management (at least one ASAM level)
- Recovery services
- Case management
- Physician consultation
- Partial hospitalization (optional)
- Additional MAT (optional)

² DHCS, “Medi-Cal Certified Eligibles - Recent Trends”, August 2018; accessed March 6, 2019.

MAT Expansion Project Highlights

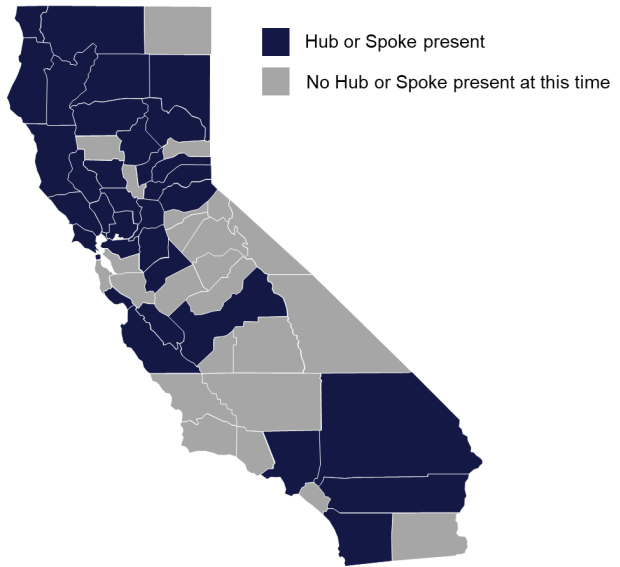
The California Hub and Spoke System

The California Hub and Spoke System (H&SS) aims to increase access to MAT services throughout the state, particularly in counties with the highest overdose rates. This program was modeled after the Vermont Hub and Spoke system, which successfully increased access to MAT in a rural state with little treatment infrastructure.

The H&SS consists of narcotic treatment programs which are referred to as “Hubs” and serve as experts in treating OUD as well as office-based treatment settings which are referred to as “Spokes” and provide ongoing care and maintenance treatment. The CA H&SS is composed of 18 Hub and Spoke networks and over 200 Spoke locations (see Figure 5).

The H&SS has increased the availability of MAT for patients with OUD by increasing the total number of physicians, physician assistants and nurse practitioners prescribing buprenorphine (see Figure 6).

Figure 5: Counties with a Hub or Spoke



Source: Department of Health Care Services, “CA Hub & Spoke System”, accessed March 2019; available at: <https://www.dhcs.ca.gov/individuals/Pages/CA-Hub-and-Spoke-System.aspx>.

Figure 6: H&SS results as of December 2018³

39% of Spokes are federally qualified health centers

(FQHCs), meaning that they provide care in underserved areas

28% of Spokes serve rural communities

with some of the highest rates of opioid overdose

319 waived prescribers

in Spokes, an 82% increase since the first month of the program

12,506 new patients

starting methadone, buprenorphine, or extended-release naltrexone

The California Bridge Program—MAT in Emergency Departments and Hospitals

SUD patients routinely present to emergency departments in need of treatment. This program provides training and technical assistance to support and enhance evidence-based treatment for SUD within acute care settings throughout California. This program develops hospitals and emergency rooms into primary access points for the treatment of acute symptoms of SUD by way of motivation, resources, and encouragement for patients to enter and remain in treatment.

Participating sites address SUD as a treatable chronic illness by beginning MAT with buprenorphine immediately, as well as using harm reduction techniques, such as naloxone distribution, to minimize the risks associated with SUD. To date, 31 health care facilities are participating in this program, spanning 27 counties throughout the state.

Expanding MAT in County Criminal Justice Settings

Historically, individuals with SUDs have not been able to access MAT during periods of incarceration, despite an estimated 65 percent of individuals in the criminal justice system meeting the criteria for an SUD.⁴ Individuals leaving California Department of Corrections and Rehabilitation are 40 times more likely to die of an overdose in the first two weeks compared to CA’s general population.⁵ This is due to decreased tolerance and lack of treatment during incarceration.

Through the MAT expansion project, DHCS is funding a technical assistance program for counties interested in developing or expanding MAT to individuals in county jails and drug courts. The first cohort, selected in August 2018, consists of 22 counties throughout the state. The second cohort will begin in April 2019. Over the course of 18-months, each cohort will participate in learning collaboratives, receive monthly coaching calls, and technical assistance to develop or expand county-specific MAT programs in jails and drug courts.

³ UCLA analysis of results from the H&SS, March 2019.

⁴ Center on Addiction, “New CASA Report Finds: 65% of all U.S. inmates meet medical criteria for substance abuse addiction, only 11% receive treatment”, February 26, 2010.

⁵ California Department of Corrections and Rehabilitation, State opioid safety work group presentation, February 2019.

The Naloxone Distribution Program

The Naloxone Distribution Project (NDP) aims to reduce opioid overdose deaths through the provision of free naloxone, in its nasal spray formulation. Entities apply to DHCS to have naloxone shipped directly to their address.

The program started October 1, 2018, and hundreds of applications have been received. Eligible entities include law enforcement such as police departments, county jails and probation; fire, EMS and first responders; schools and universities; county public health and behavioral health departments; and community organizations such as harm reduction organizations or community opioid coalitions.

Naloxone Saves Lives

In January of 2019, a mass overdose incident occurred in Chico, CA, in which a group of individuals overdosed on heroin laced with fentanyl, an opioid 50 to 100 times stronger than heroin. Chico police and fire authorities responded to the scene, and were able to save 12 of the 13 individuals using naloxone acquired through the program. This is one of several instances in which first responders have saved lives using free naloxone from the NDP.⁶

As of March 4, 2019, the NDP has distributed more than 146,000 units of naloxone to 54 of the 58 counties in the state with the highest rates of naloxone distributed to counties with the highest rates of opioid deaths (see Figures 7-8).

Figure 7: Latest results from the NDP



146,710 units of naloxone distributed



54 counties have received naloxone

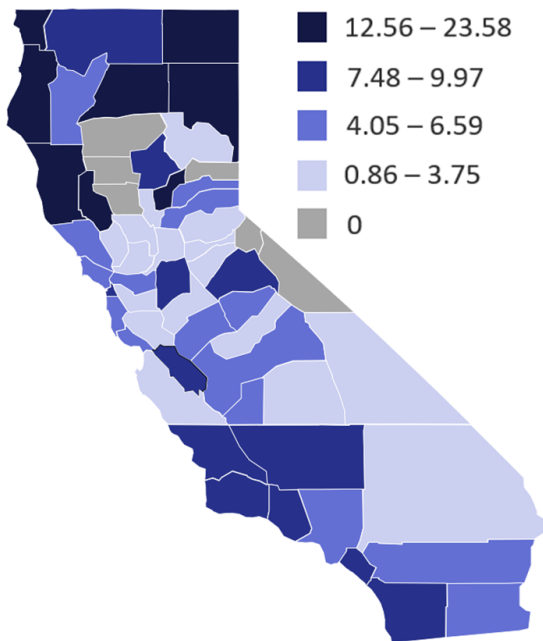


410 applications approved

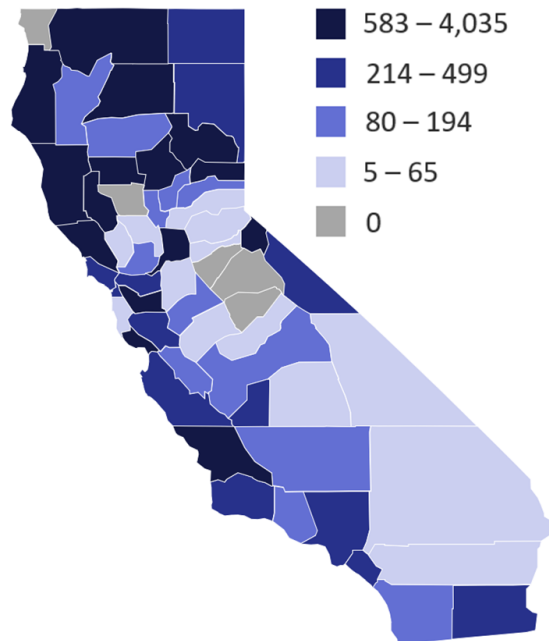


172 applications for naloxone approved for law enforcement and criminal justice organizations

Figure 8: Opioid Overdoses per 100,000 Residents, 2017



Approved Naloxone Units per 100,000 Residents, 2018-19



SOURCES: Overdose Rates - California Department of Public Health, "California Opioid Overdose Surveillance Dashboard"; accessed December 2018. Population data - State of California Department of Finance, "E-1 Population Estimates for Cities, Counties, and the State — January 1, 2017 and 2018"; accessed December 2018. Naloxone units as of March 4, 2019.

⁶ Los Angeles Times, "The drug that saved the people who overdosed in Chico", January 20, 2019.

Table 1. MAT Expansion Projects

Project/focus area	Description
Clinical Services	
Substance use consultation line	24/7 telephone support for health care providers from addiction experts
EDs and hospitals	Support emergency departments and hospitals in integrating MAT services, including addiction counselors in select rural sites
Primary care and mental health clinics	Learning collaboratives for primary care clinics and behavioral health clinics on MAT integration; support for cross-sector collaboration
Tribal health	Funding and technical assistance for rural and urban tribes to integrate MAT into tribal health services; native specific Project Echo; needs assessment of native communities; suicide prevention and intensive case management for OUD treatment to increase access to and availability of MAT
Pregnant women and neonates	Technical assistance to support prevention, screening and treatment for pregnant and postpartum women, and family-centered care for opioid-exposed infants
Youth services	Prevention and treatment services for youth ages 14 – 26; establish youth-based recovery services in multiple locations
Physicians in training	Integrating MAT training for primary care residency programs
Supportive housing	Provide recovery housing and peer support for individuals experiencing homelessness with an OUD in Riverside and San Francisco Counties
County and State Correctional Health	
County correctional justice systems and related services	Integrate MAT in county jails and ensure ongoing treatment at release; education and training for staff across the county correctional justice and social services systems (e.g., drug courts, child welfare); MAT training for DUI treatment programs and CHP
Prisons	Provide technical assistance to integrate MAT in California's prison system as part of a broader SUD reform effort, including facilitating ongoing treatment at release
Juvenile justice	Establish an OUD peer support program for juveniles
Statewide Systems and Programs	
Media campaign	Statewide media campaign focused on decreasing stigma around MAT treatment; regional media campaign focused on prevention and opioid safety for tribes
MAT access grants	Support new or expanding MAT services at >200 sites in CA
Local opioid safety coalitions	Fund, convene, and coach leaders of local coalitions addressing the impact of the opioid epidemic in their communities
Mentoring and prescriber support	Mentoring services for new MAT prescribers
Transitions of care	Technical assistance to coordinate transitions across treatment systems in 10 counties
Naloxone distribution	Distributing naloxone in community and health care settings
Drug take-back	Setting up systems to allow safe disposal of unused controlled substances
Fentanyl monitoring	Setting up systems to allow real-time tracking of fentanyl overdose outbreaks
Prescription database	Improve functionality of CA's prescription drug monitoring database, CURES
Prescriber education	In-person educational sessions for outlier prescribers, with a focus on MAT and naloxone
Evaluation	Evaluate impact of various projects in the CA MAT Expansion Project
Substance Use Disorder Treatment Programs	
Drug Medi-Cal Organized Delivery System	Medi-Cal waiver program funding counties to provide coordinated SUD treatment across all American Society of Addiction Medicine levels of care, from outpatient to residential to inpatient
Narcotic treatment programs	Assist narcotic treatment programs with expansion of new medications to treat OUD
Residential treatment centers	Toolkits and training to support inclusion of MAT in residential programs; develop toolkits for other settings
CA Hub and Spoke System	Funding to support expanded MAT services and care coordination between narcotic treatment programs (hubs) and affiliated sites (spokes: clinics, telehealth, and other services)
Alcohol and drug counselors	Support training programs for counselors in MAT