California Department of Health Care Services

Increasing Access to Addiction Treatment
Services in California
December 18, 2019

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Opioid Epidemic in California

In 2018, California had …

2,311 opioid overdose deaths	**743** fentanyl overdose deaths
8,832 opioid overdose ED visits	**19,808,224** opioid prescriptions

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Methamphetamine (meth)

Methamphetamine (meth) is a powerful, highly addictive drug that speeds up the body's systems to dangerous, and sometimes lethal levels, increasing heart rate, blood pressure, body temperature, and respiratory rate.

The number of fatal overdoses involving meth has more than tripled between 2011 and 2016, according to the CDC.

In 2018, more than **106,000** adults aged 26 or older used meth—a 43 percent increase over the previous year.

In 2018, California had **2,316** amphetamine-related deaths

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Increasing SUD Treatment Access Timeline

➢ **2013:** CA merged the MH and SUD single state authorities for Medicaid, SAMHSA and licensing into the Department of Health Care Services.

➢ **2015:** CMS approved CA's SUD 1115 waiver the Drug MediCal Organized Delivery System

➢ **2017:** Implemented CA Hub and Spoke System and Tribal MAT Project

➢ **2018:** Multiple statewide opioid efforts launched

➢ **2019:** Youth prevention and treatment projects

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DHCS California Advancing and Innovating Medi-Cal (CalAIM)

Multi-year DHCS initiative to implement overarching policy changes across all Medi-Cal delivery systems, with the objectives of:

- Reducing variation and complexity across the delivery systems;
- Identifying and managing member risk and need through population health management strategies; and,
- Improving quality outcomes and driving delivery system transformation through value-based initiatives, modernization of systems, and payment reform.

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DHCS California Advancing and Innovating Medi-Cal (CalAIM)

DHCS is exploring the following proposals to improve the way Mental Health (MH) and Substance Use Disorder (SUD) services are delivered to beneficiaries:

- MH and SUD Payment Reform;
- Revisions to Medical Necessity Criteria for Specialty Mental Health Services;
- County-Level MH and SUD Integration; and
- MH Institutions for Mental Disease (IMD) 1115 Waiver Opportunity.

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DMC-ODS
&
State Plan DMC
July 1, 2019

- 40 Approved plans
- 30 Counties are live

Regional Model
State Plan DMC
Waiver - Live
Waiver - In Process

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DMC-ODS Successes

➢ Tremendous redesign of county SUD delivery systems.
➢ Increase in SUD access statewide.
➢ Expanded service capacity and the range of services for Drug Medi-Cal beneficiaries.
➢ Innovations developed by the counties in addition to the required SUD services.
➢ Improved DMC certification process.
➢ Communication has improved with managed care plans and health care referrals to treatment increased.
➢ Initial Treatment Perception Survey resulted in overall positive feedback from clients regarding services provided.
➢ California has become a leader with other States that are implementing 1115 demonstration waivers for SUD system changes.

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MAT Expansion Project Objectives

Develop additional MAT locations

Provide MAT services to special or underserved populations

Transform entry points and create effective referrals into treatment

Develop processes to better manage high-risk transitions of care (e.g., jails or hospital re-entry)

Engage prescribers to increase provision of MAT

Prevent opioid misuse and OUD deaths

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In California, Treatment Starts Here

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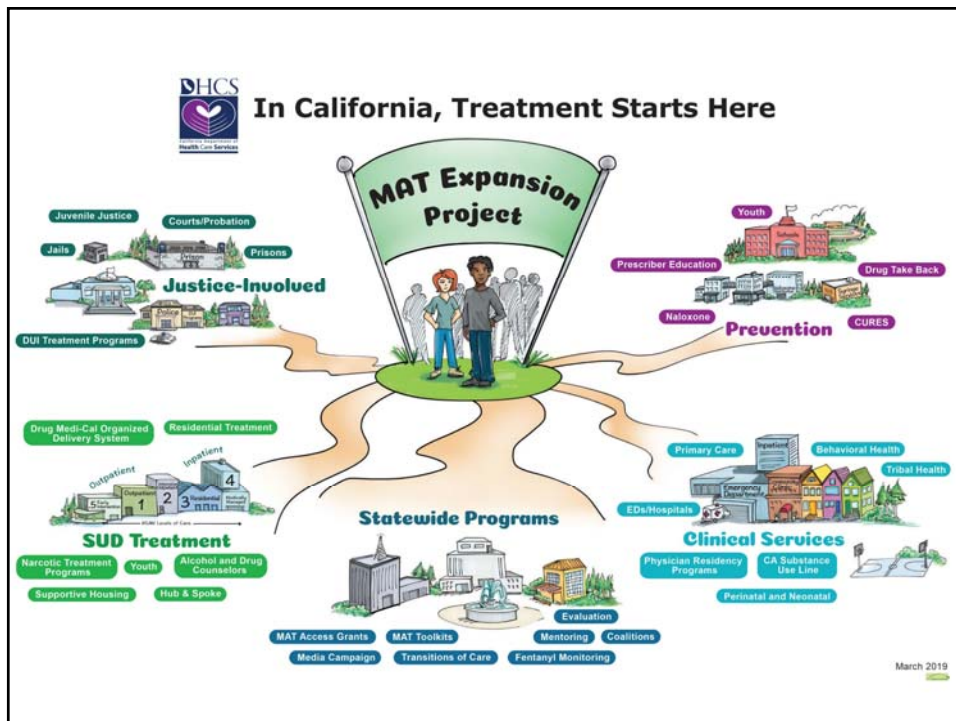
All MAT Expansion Projects

- Academic Detailing + Fentanyl Reporting & Surveillance
- Addiction Treatment Starts Here: Primary Care, Behavioral Health, & Community Partnerships
- California Bridge Program
- California Conservation Corps
- California Hub & Spoke System
- California Poison Control System
- California Substance Use Line
- California Youth Opioid Response
- Counselors in Rural Emergency Departments
- County Touchpoints
- CURES Optimization
- Drug Take-Back
- DUI MAT Integration

- Expanding MAT in County Criminal Justice Settings
- MAT Access Points
- MAT Toolkits
- Media Campaign
- Mentored Learning
- Naloxone Distribution Project
- NTP Treatment Capacity
- Perinatal MAT
- Primary Care Residency
- SUD Workforce: Recovery & MAT Summit
- Supportive Housing
- Transitions of Care
- Tribal MAT Program
- Waivered Prescriber Support
- Young People in Recovery

To learn more about the MAT Expansion Projects, visit CaliforniaMAT.org.

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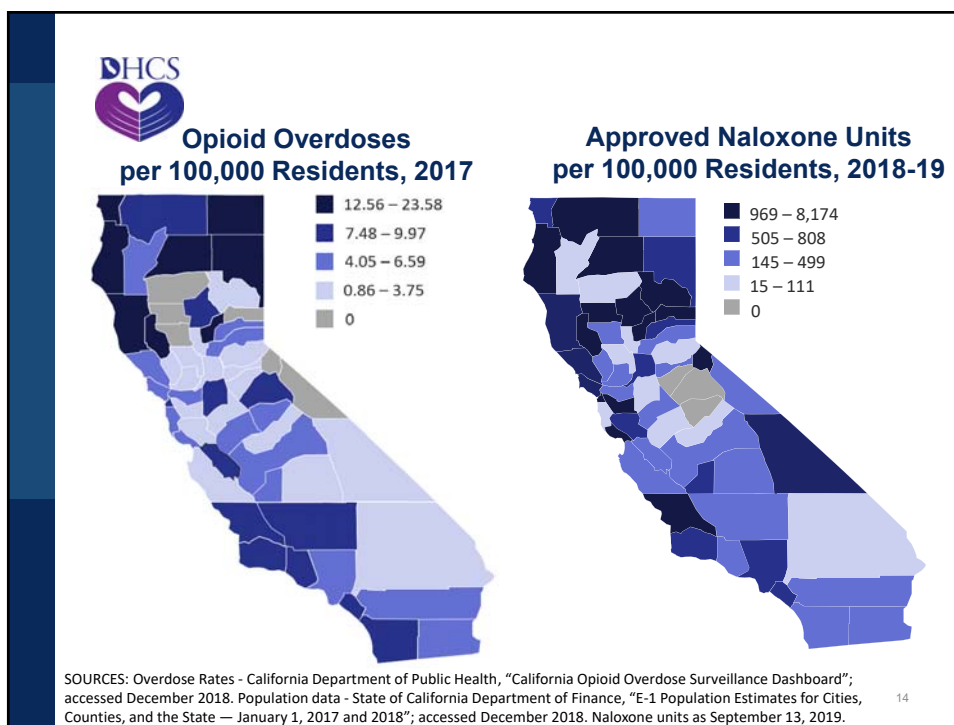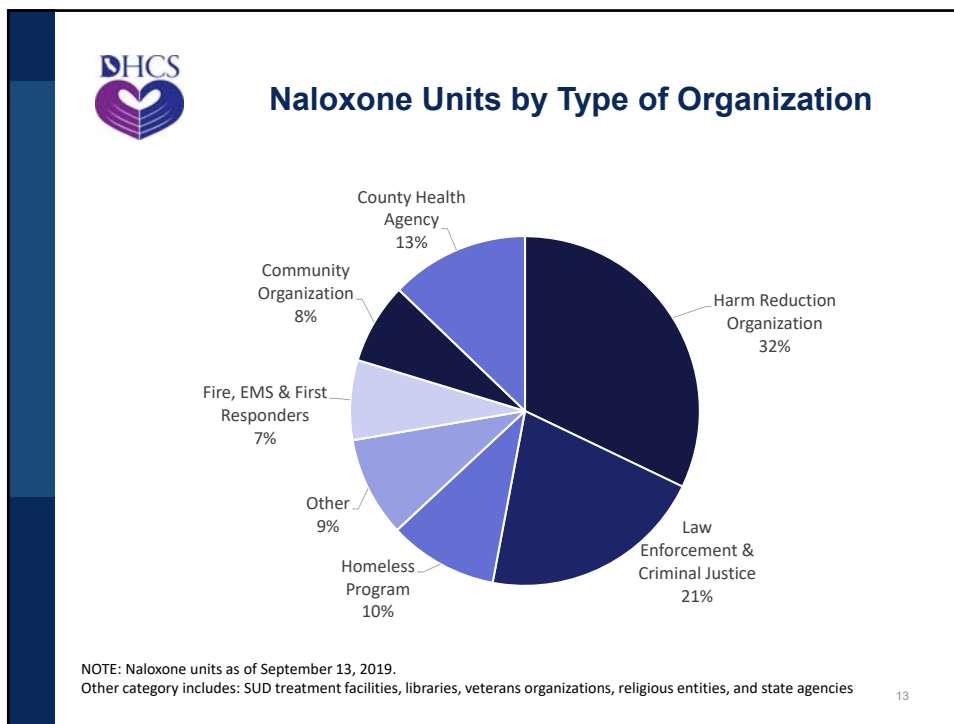**DHCS**

WS - The Naloxone Distribution Project (NDP)

➢ DHCS is working to reduce opioid overdose-related deaths through provision of **FREE** Naloxone to qualified entities.

➢ The NDP has distributed **240,000 units** of Naloxone since October 2018.

➢ **3,021** reported reversals

➢ To download the application and for more information, visit the DHCS website: https://bit.ly/2w2Vx9f.

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Naloxone Units by Type of Organization

County Health Agency 13%

Community Organization 8%

Fire, EMS & First Responders 7%

Other 9%

Homeless Program 10%

Harm Reduction Organization 32%

Law Enforcement & Criminal Justice 21%

NOTE: Naloxone units as of September 13, 2019.
Other category includes: SUD treatment facilities, libraries, veterans organizations, religious entities, and state agencies

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Opioid Overdoses per 100,000 Residents, 2017

- 12.56 – 23.58
- 7.48 – 9.97
- 4.05 – 6.59
- 0.86 – 3.75
- 0

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

- 969 – 8,174
- 505 – 808
- 145 – 499
- 15 – 111
- 0

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 September 13, 2019.

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California Bridge Program

➢ The California Bridge Program is developing hospitals and emergency rooms into primary access points for the treatment of acute symptoms of SUDs – enhancing and increasing access to 24/7 treatment in every community in the state.

➢ Participating sites address substance use disorders as a treatable chronic illness and utilize harm reduction techniques, such as naloxone distribution, to minimize the risks associated with substance use disorders.

➢ The program has been profiled in the New York Times and Vox.

➢ Technical assistance materials are available to any clinician at www.bridgetotreatment.org.

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Participating Hospital EDs

➢ 52 hospitals in 34 counties
  • **24/7** emergency treatment and referral for patients with substance use disorders

CA BRIDGE
TREATMENT STARTS HERE

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MAT access points project

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➢ Supports MAT start-up activities and/or MAT enhancement efforts in at least 200 MAT Access Points throughout California, with the goal of increasing the number of patients treated with medications, counseling and other recovery services.

➢ More than 100 organizations funded, with a new RFA being released late fall 2019 for Prevention and Education grants
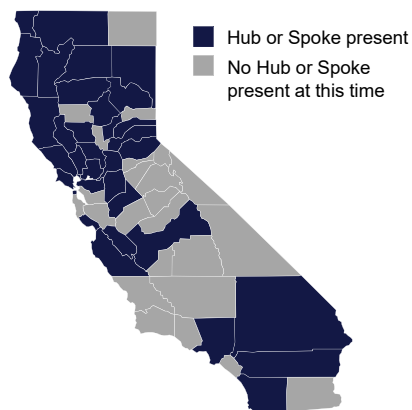
➢ For more information, visit https://mataccesspoints.org/
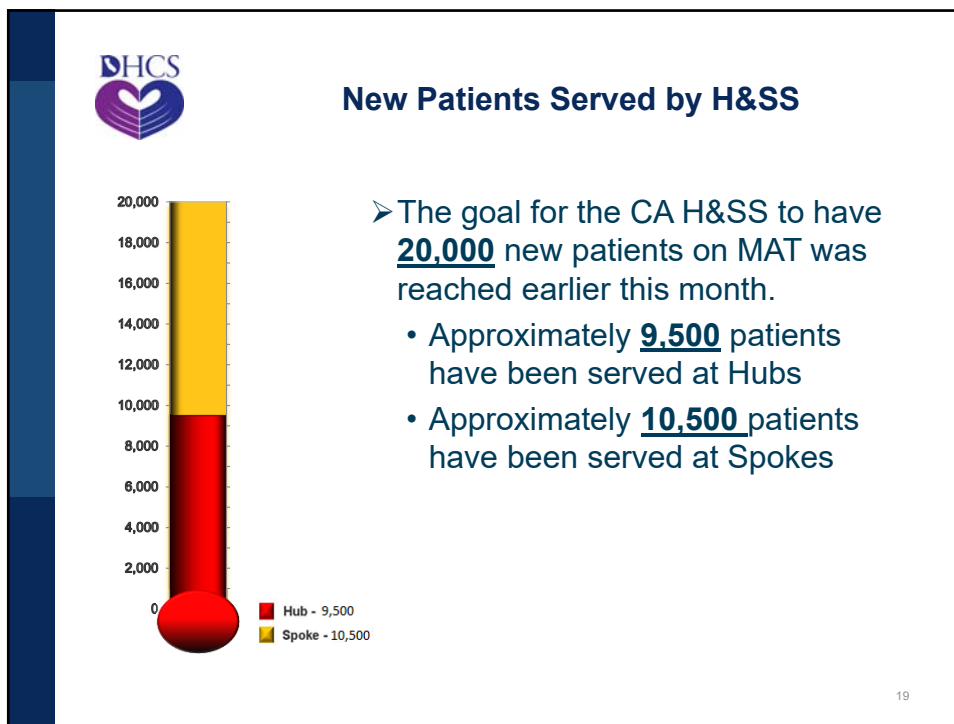
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California Hub and Spoke System (H&SS)

➢ Consists of narcotic treatment program (Hubs) and office-based treatment settings (Spokes) for ongoing care and treatment.

➢ Aims to increase the number of providers prescribing buprenorphine for opioid use disorder.

➢ Composed of 18 Hubs and over 215 Spokes in 36 counties.

➢ For more information, visit http://www.californiamat.org/matproject/california-hub-spoke-system/

Counties with a Hub or Spoke

■ Hub or Spoke present
■ No Hub or Spoke present at this time

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New Patients Served by H&SS

> The goal for the CA H&SS to have **20,000** new patients on MAT was reached earlier this month.
> - Approximately **9,500** patients have been served at Hubs
> - Approximately **10,500** patients have been served at Spokes

Hub - 9,500
Spoke - 10,500

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Expanding MAT in County Criminal Justice Settings

> Expands access to at least two forms of MAT to persons in jails and drug courts.

> 29 participating counties form teams consisting of leaders from jail health care services, jail custody operation, county manager's office, probation, drug courts, county AOD programs, and others.

> Teams participate in in-person learning collaboratives to expand knowledge of addiction treatment, share best practices, and develop or expand county-specific MAT programs in jails and drug courts. Topics include:
> - Special population with OUD in criminal justice settings (pregnant women, youth, tribal members, and persons with co-occurring disorders)
> - Outcomes data about treating OUD in justice settings
> - Safe medication administration in jails
> - Telemedicine options for MAT in jails

> Project coaches conduct monthly coaching calls with each team.

Expanding MAT in County Criminal Justice Settings

**Outcomes and Project Success**

- Project has increased the numbers of persons with OUD in justice settings around the state who are able to continue MAT if jailed, are inducted onto MAT through courts and jails, are being assessed with evidence-based tools, are receiving appropriate counseling in jails and through courts, and are connected to timely MAT and counselling upon release from jail.

- Jails and CDCR are working closely to assure that inmates who transfer between the systems receive their MAT without delay

- Counties are exploring how to serve special populations with OUD in their justice systems, and how to measure and report outcomes. This will continue to develop

- Counties have made significant progress in ensuring persons in drug courts and jails have access to MAT. All jails are moving towards continuing community-initiated MAT during incarceration and some are already doing so for some or all MAT medications. Many of the jails intend to induct detainees on MAT in the future.

- For more information, visit: https://marincountycj.healthmanagement.com/

Youth & Perinatal Projects

- California Youth Opioid Response aims to increase access through expansion of current and new services for MAT and OUD prevention for youth and families.

- The Mother & Baby Substance Exposure Initiative aims to decrease neonatal abstinence syndrome severity and length of stay in the hospital, and increase the number of mothers in long-term recovery through MAT.

YOR CALIFORNIA
California Youth Opioid Response
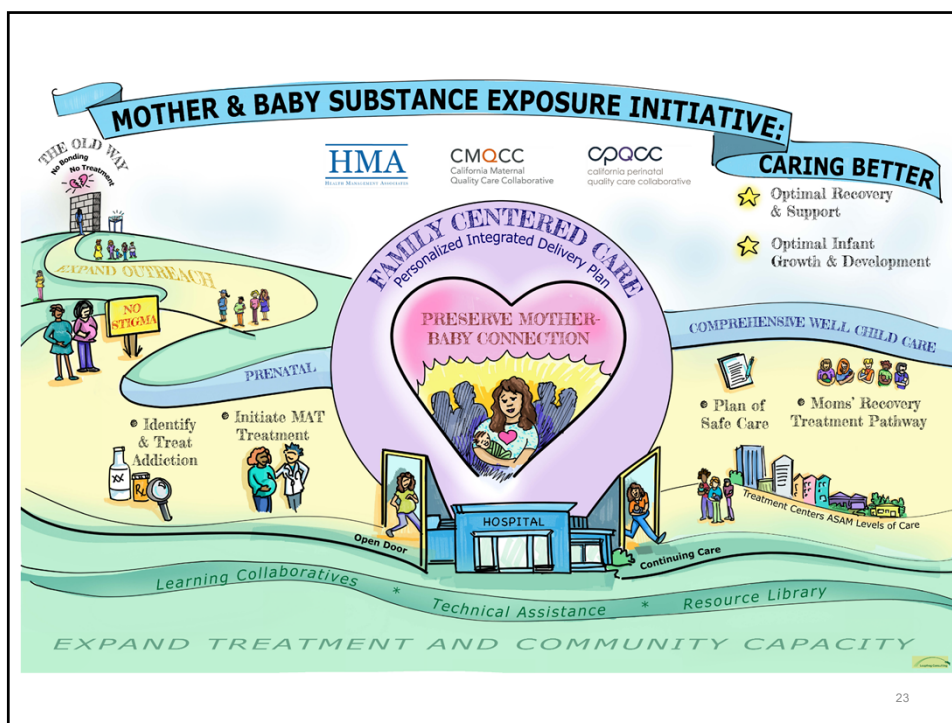
Toolkits

➢Informational toolkits are being developed for a variety of stakeholders and target audiences.

➢As each toolkit is finalized, an informational webinar will be hosted to summarize the content, and how the toolkit can be best utilized.

➢Toolkits for **residential treatment providers**, **counselors**, and **DUI programs**, and a **consumer flyer on MAT** are available at www.californiaMAT.org/matproject/mat-toolkits/

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Tribal MAT

➤ The Tribal MAT Program aims to improve MAT access for urban and tribal communities and is composed of the following projects:

Project ECHO   **Tele-MAT**   **MAT Champions**

Suicide Prevention   **Needs Assessment**

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Tribal Needs Assessment

➤ California has the largest AI/AN population in the US
  ➤ Over 720,000 AI/AN individuals representing approximately 2% of California's population.

➤ AI/ANs have the highest death rates involving opioid use

➤ Tribal Needs Assessment team included American Indian researchers, Urban Indian agency partners, Tribal entities, students and USC researchers

➤ Goals
  • Identifying the most common substances used in their community
  • Survey the availability and access of MAT and other OUD/SUD treatment and recovery services
  • Understand the impact of culturally centered services on OUD/SUD prevention, treatment, and recovery
  • Capture recommendations to improve OUD/SUD prevention, treatment, and recovery services.

➤ 279 AI/AN (33 key informants, 163 adults, and 83 youth) individuals participated in key informant interviews or focus groups.

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Tribal Needs Assessment Conclusions

➤ High prevalence and accessibility of substances in AI/AN communities
  ➤ Decrease in prescription drugs resulting from increased oversight led to progression of heroin use

➤ AI/AN youth are found to have greater access to a variety of substances than in the past, and family substance use is pervasive.

➤ Barriers to treatment
  • Stigma and shame in seeking services
  • Cost
  • Lack of or insufficient insurance coverage
  • Unstable housing
  • Fragmented service delivery
  • Lack of residential treatment facilities for substance use disorders
  • Lack of prevention and recovery services

➤ Culturally centered activities and treatments to prevent and/or treat OUD/SUD are critical and must address:
  • Cultural connectedness
  • Cultural services
  • Positive role models, and
 • Availability of supportive services and programs.

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County Touchpoints

➤ Implements a Targeted Information Campaign to increase awareness of treatment resources, provide information about accessing MAT services, and educate the target audience on overdose prevention and intervention tactics.

➤ Targets criminal justice audience including adult, family, and juvenile courts, judges, probation and parole departments, attorneys, and local law enforcement.

➤ Engage leaders in a training program and invite them to commit the participation of their key managers in training
  • Training sessions include didactic content and breakout sessions using discipline-specific workbooks with relevant case studies, resources, and discussion questions.

➤ Topic specific webinars that highlight case studies and circumstances unique to the criminal justice discipline.

➤ Educational sessions and webinars provide profession-specific continuing education credits.

➤ Participating organizations can request on-site technical assistance in overcoming local barriers to the use of MAT.
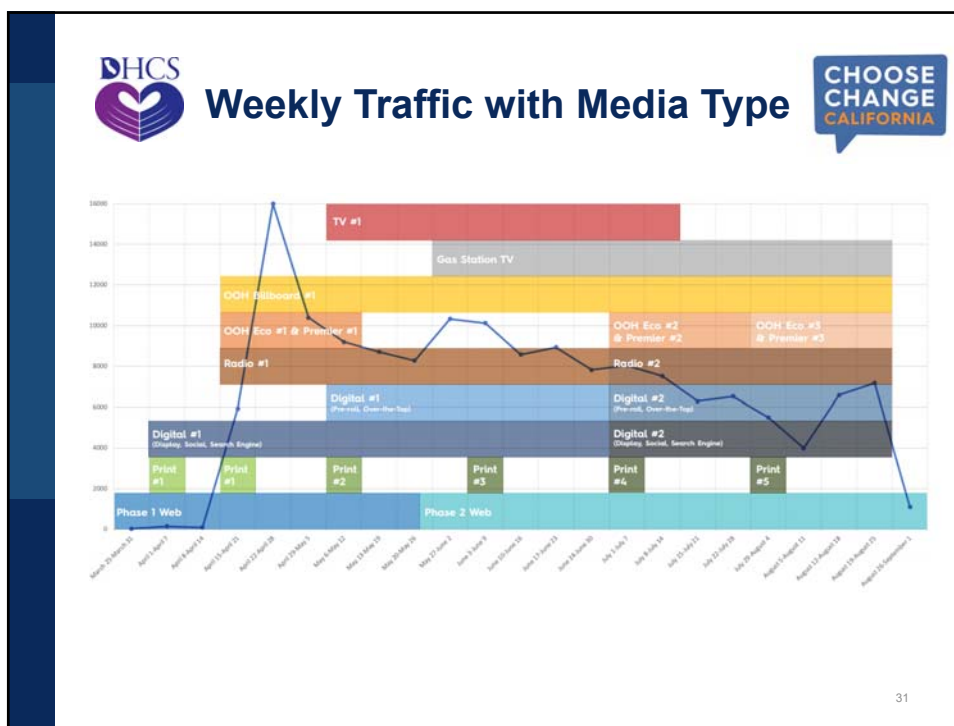
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Weekly Traffic with Media Type

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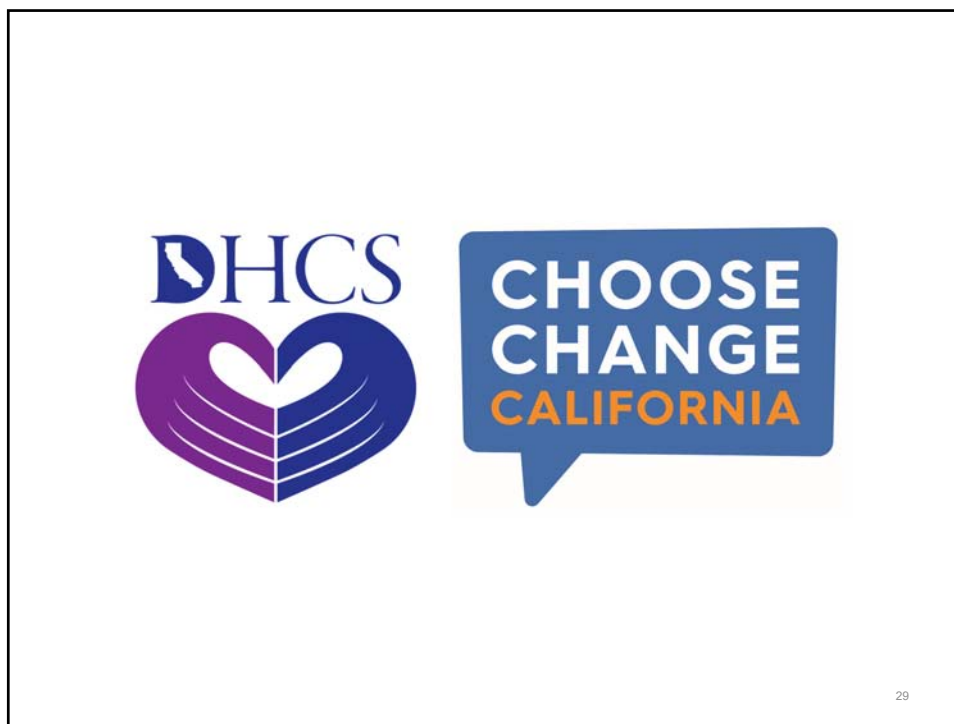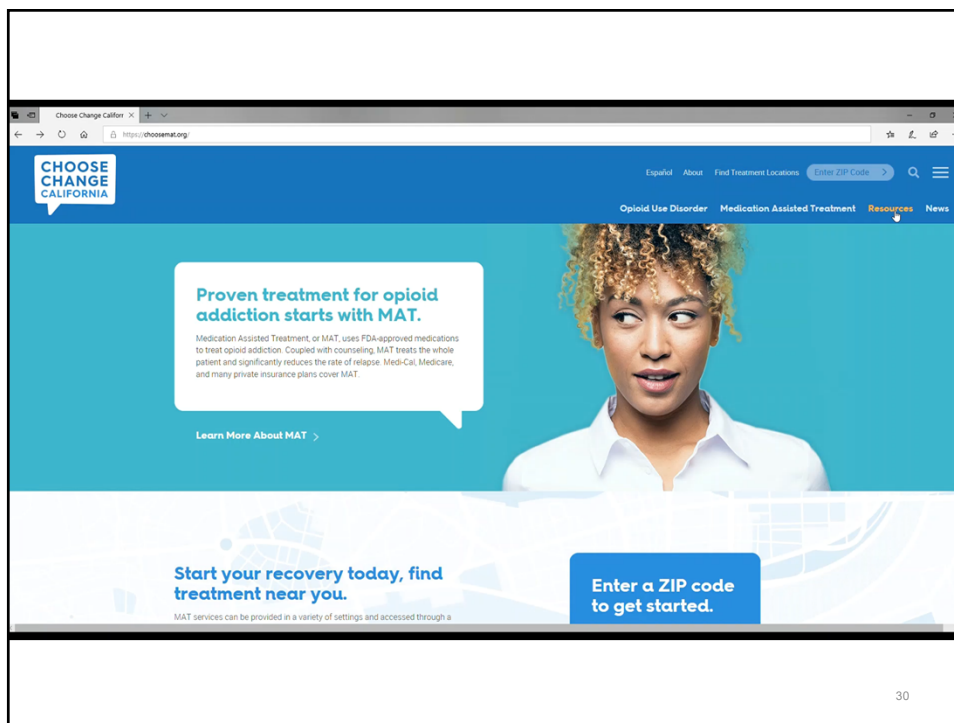
MAT Expansion Successes

➤ More than 20,000 **new** patients on MAT
➤ 620+ access points have been established
  - 200+ Spokes
  - 270 MAT Access Points
  - 52 Hospitals
  - 29 County Jails
  - 40 Primary Care sites
  - 12 Indian Health Programs
  - 22 Youth-oriented sites
➤ 240,000 units of naloxone distributed Statewide
➤ More than 30 provider trainings held for nearly 2,000 participants
➤ Nearly 300,000 page views on ChooseMAT.org

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Next Steps

➢ Apply for free Narcan for your Court: https://bit.ly/2w2Vx9f

➢ Engage in the County Touchpoints Project for training/education.

➢ Connect/participate with your local opioid coalition.

➢ Connect with your county Behavioral Health Department's 24/7 MediCal beneficiary access line for DMC-ODS referrals. https://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx

➢ Review SAMHSA funding opportunities: https://www.samhsa.gov/tloa/tap-development-resources/funding-opportunities

➢ Learn more about the science of addiction through 20-minute videos. https://www.dhcs.ca.gov/provgovpart/Pages/Training-and-Resources.aspx

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Resources

➢MAT Expansion Project: http://www.californiamat.org/

➢DMC-ODS website: http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx

➢Dr. Corey Waller's Addiction Trainings: https://www.dhcs.ca.gov/provgovpart/Pages/Training-and-Resources.aspx

➢CA Opioid Overdose Surveillance Dashboard https://discovery.cdph.ca.gov/CDIC/ODdash/

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