

SUMMARY

Overdose deaths significantly increased in 2020, likely due to the compounding effects of COVID-19 and the widespread availability of fentanyl. To address rising overdose rates, California will augment current treatment expansion efforts and support new investments in behavioral health infrastructure, low-barrier access, harm reduction, crisis services, and in making naloxone widely available.¹

2020 OVERDOSE SPIKES

Isolation and Disruption. Numerous reports indicate that increased isolation has resulted in many people using substances alone, putting them at risk of unobserved overdose, particularly when purchasing from new dealers. Previously, people would use in groups and have someone available to respond to an overdose with naloxone.

“ONE OF THE PRIMARY REASONS WHY PEOPLE ARE DYING FROM OVERDOSES IS THAT THEY’RE USING ALONE... THEY DON’T HAVE PEOPLE TO CALL FOR HELP, TO REVERSE THE OVERDOSE.”
- DARREN WILLETT, HOMELESS HEALTHCARE LOS ANGELES

National data reflects double the number of overdose-related cardiac arrests, as compared to 2019 and 2018, during the initial months of the COVID-19 pandemic when increased number of individuals social distanced and quarantined. Disruption of daily activities has also played a major role in the overdose spikes resulting from COVID-19. Job loss, school closings, clinic closures, reduced clinic hours, inexperience with telehealth, and other changes caused by the pandemic have affected the stability of hundreds of thousands in treatment and recovery.²

Fentanyl. Fentanyl, a highly potent opioid, accounted for more than a third of overdose deaths in California from July 2019 to July 2020. Since 2018, fentanyl overdose deaths nearly quadrupled. Fentanyl has severely impacted homeless populations. Los Angeles County's report on homeless mortality found that drug overdoses were responsible for approximately 30% of homeless deaths in 2020. Heroin, methamphetamines, and cocaine are often laced with fentanyl, appearing in 41% of homeless overdose death cases in Los Angeles in 2020 -- double 2019 figures.³

Psychostimulants and Cocaine. Psychostimulants with abuse potential excluding cocaine (methamphetamines, MDMA, dextroamphetamine, levoamphetamine, or Ritalin) and cocaine-related deaths increased in California by 21% and 49%, respectively, from July 2019 to July 2020. Methamphetamines were involved in two-thirds of drug overdose deaths of Los Angeles' homeless population.⁴

[1] California Department of Public Health. (n.d.). California Opioid Overdose Surveillance Dashboard. California Dashboard. Retrieved April 1, 2021, from <https://skylab.cdph.ca.gov/ODdash/>

[2] Data. National Center for Health Statistics. Predicted Reporting Data. Retrieved April 1, 2021, from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



2020 DATA

JULY 2019 - JULY 2020

Nationally, all drug overdose deaths are predicted to increase by **24%**, leading to **86,000** predicted deaths for the 12 months ending in July 2020.

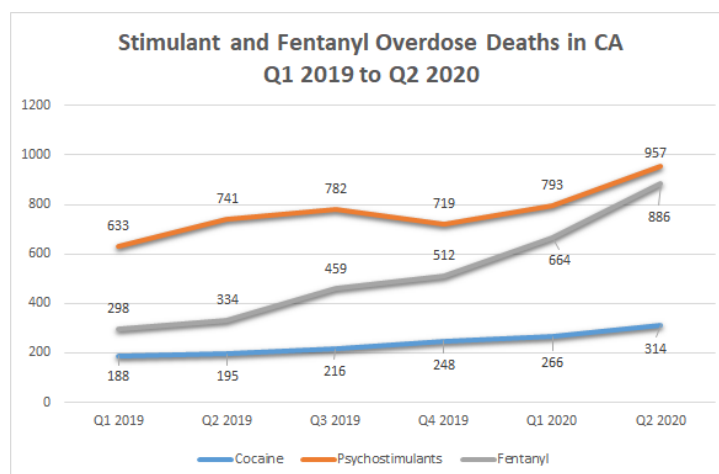
National cocaine deaths increased by **30%** and psychostimulant deaths excluding cocaine increased by **42%**.⁵

In California, all-drug related deaths increased by **20%** to **6,954** over **12** months. Fentanyl accounted for **36%** of these overdose deaths, an increase of **89%** from the prior year. Psychostimulants deaths increased by **21%** and cocaine by **49%**.⁶

“EVERYTHING FELL APART ALL AT ONE TIME. THERE IS THE FINANCIAL STRESS, THE MENTAL STRESS ... THE SOCIAL CONNECTIONS THAT ARE LOST. AND THERE’S FENTANYL EVERYWHERE.”
-TRACEY HELTON, HARM REDUCTION SPECIALIST

A Worsening Epidemic

The chart below indicates the progressive increase of stimulant and fentanyl-related overdose deaths from Q1 2019 to Q2 2020. The trend will likely continue worsening from August through December 2020.⁷



*Psychostimulant data excludes cocaine but includes methamphetamines, 3,4-methylenedioxymethamphetamine (MDMA), dextroamphetamine, levoamphetamine, and Ritalin. Cocaine is tracked separately by the Centers for Disease Control and Prevention and the California Department of Public Health.

DHCS RESPONSE

MAT Expansion Project

To stop overdose deaths across the state, the California Department of Health Care Services (DHCS) launched the Medication-Assisted Treatment (MAT) Expansion Project in May 2017. \$476 million has been awarded in discretionary grants to California by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The California MAT Expansion Project aims to increase access to MAT, reduce unmet treatment need, and reduce opioid overdose deaths through prevention, treatment, harm reduction, 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.

DHCS supports projects wherever individuals with substance use disorder (SUD) seek help, including health care settings, county and state criminal justice systems, and treatment programs. The project also includes media campaigns, engagement of opioid safety coalitions, naloxone distribution, and supportive housing.

MAT in Criminal Justice Settings

Historically, individuals with SUDs have not been able to access MAT during periods of incarceration, despite an estimated 65% of individuals in the criminal justice system meeting the criteria for an SUD. Individuals leaving prisons and jails are 40 times more likely to die of an overdose in the first two weeks compared to California's general population. This is due to decreased tolerance to the drug 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 through drug courts in 32 of California's 58 counties. Counties have participated in learning collaboratives and received monthly coaching calls and technical assistance to develop or expand county MAT programs in jails and drug courts. All participating counties have made progress in expanding MAT access within their jail.

California Bridge

People with SUD routinely present to the emergency department. This program provides training and technical assistance to support evidence-based treatment for SUD within emergency departments and hospitals throughout California. These facilities become primary access points for SUD treatment by way of motivation, resources, and encouragement.

Participating sites address SUD as a treatable chronic illness by starting treatment immediately (such as buprenorphine for patients with opioid use disorder (OUD)), as well as using harm reduction techniques, such as naloxone distribution, to minimize the risks associated with SUD. To date, over 200 hospitals are participating in this program, spanning 35 counties throughout the state.

CALIFORNIA MAT EXPANSION BY THE NUMBERS:

30+
projects

55,000+
new patients
have received MAT

650+
access points for MAT

31,000+
opioid overdoses have
been reversed with
naloxone

\$476m
in funding from SAMHSA

Harm Reduction: Syringe Services Programs

DHCS is funding The Center at Sierra Health Foundation and the California Department of Public Health to grant up to \$350,000 to 19 organizations to implement low-barrier access to treatment in Syringe Services Programs (SSP) for OUD and SUD. The project aims to:

- Integrate opioid treatment and other harm reduction services into SSPs to increase the number of participants engaged in treatment;

[3] Smith, D. (2021, January 8). Fentanyl is behind rising deaths in the homeless population. Los Angeles Times. <https://www.latimes.com/california/story/2021-01-07/the-powerful-synthetic-opioid-fentanyl-is-behind-rising-deaths-in-the-homeless-population>

[4] California Department of Public Health. (n.d.). California Opioid Overdose Surveillance Dashboard. California Dashboard. Retrieved April 1, 2021, from <https://skylab.cdph.ca.gov/ODdash/>

- Reduce the risk of fatal and nonfatal opioid overdose;
- Support people who wish to reduce, modify, or eliminate their injection drug use or their illicit drug use in general; and
- Integrate harm reduction concepts and strategies with opioid treatment programs or providers in order to increase trust and treatment retention, including for people who have experienced stigma and discrimination in health care settings.

SINCE OCTOBER 2018, THE NALOXONE DISTRIBUTION PROJECT HAS DISTRIBUTED:

600,000+ units of naloxone
to **800+** organizations
in **57** of **58** counties, resulting in
31,000+ overdose reversals

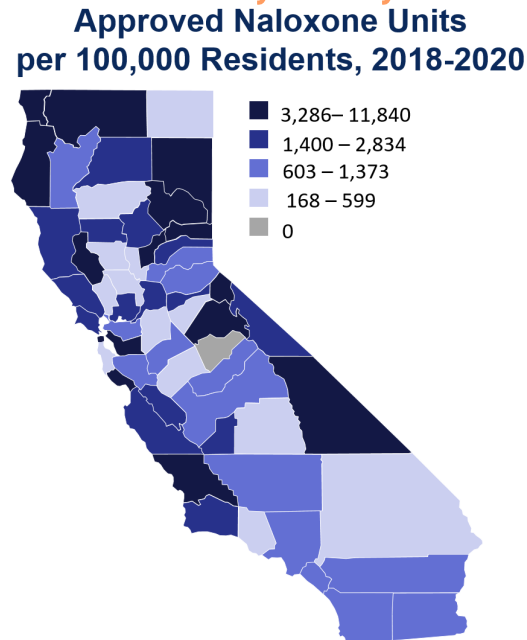
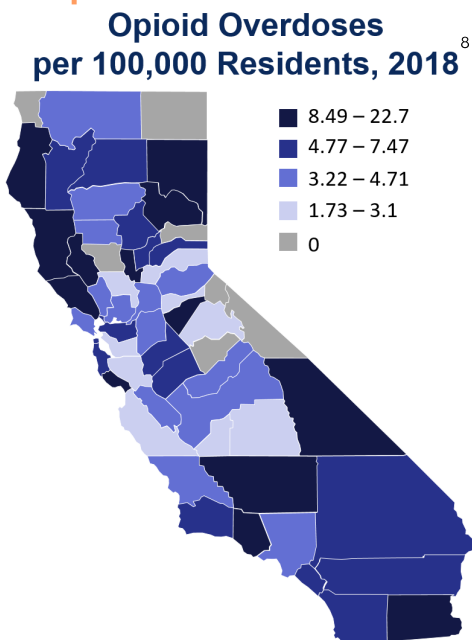
Naloxone Distribution Project

The Naloxone Distribution Project (NDP) aims to reduce opioid overdose deaths through the provision of free naloxone, an opioid antidote, in the form of a spray that can be used by laypeople. Entities apply to DHCS to have naloxone shipped directly to their address.

The program started October 2018, receiving over 2,000 applications. 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.

Through March 2021, the NDP has distributed more than 600,000 units of naloxone to 57 of the 58 counties in the state with the highest rates of naloxone distributed to counties and regions with the highest rates of opioid deaths. More than 31,000 opioid overdose reversals have been reported to DHCS.

Opioid Overdoses and Naloxone Distributed by County



[5] Data. National Center for Health Statistics. Retrieved April 1, 2021, from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

[6] California Department of Public Health. (n.d.). California Opioid Overdose Surveillance Dashboard. California Dashboard. Retrieved April 1, 2021, from <https://skylab.cdph.ca.gov/ODdash/>

[7] Ibid.

[8] Ibid.

MAT EXPANSION PROJECTS	
PROJECT / FOCUS AREA	DESCRIPTION
Clinical Services	
Substance use consultation line	24/7 telephone support by addiction experts for health care providers learning how to treat SUD and provide MAT
EDs and hospitals	Support emergency departments and hospitals in integrating MAT services, including hiring addiction counselors in select rural sites
Primary care and behavioral 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 through video mentorship; 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 substance-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 into primary care residency programs
Supportive housing	Provide recovery housing and peer support for individuals experiencing homelessness with an OUD
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 Driving Under the Influence treatment programs and the California Highway Patrol
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 youth
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 more than 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 coverage of the continuum of SUD treatment and recovery at all levels of care, available in 37 counties covering more than 95% of California's population
Narcotic treatment programs	Technical assistance for narcotic (opioid) treatment programs to add buprenorphine and other medications to the treatment programs, in addition to methadone
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

OTHER DHCS EFFORTS TO ADDRESS SUD AND MENTAL HEALTH



CalHOPE is the California crisis counseling program funded by the Federal Emergency Management Agency and SAMHSA. Crisis counseling trains peers to provide support and guidance to people feeling stressed and anxious from the public health emergency and other societal challenges. Services include:

- Individual and Group Crisis Counseling and Support
- Individual and Public Education
- Community Networking and Support Connection to Resources
- Media and Public Service Announcements

Each effort is designed to normalize the experience of stress and promote coping skills. CalHOPE aims to prevent mental illness, substance use, suicide, and overdose through promoting tools for mental wellness and addressing the stress of the public health emergency, fires, politics, and social injustices. The total investment in the program is approximately \$70 million.

988 Crisis Line

Since 2008, suicide has ranked as the tenth leading cause of death in the United States. Suicide claimed the lives of more than 48,000 Americans in 2018, resulting in about one death every 11 minutes.

988 will launch as a national crisis line in July 2022, aiming to replace 911 as the number to call for people in crisis seeking help with suicide prevention and mental health issues.

California's 988 planning project funded by Vibrant Health, is an 8-month project to develop a plan for the implementation of 988 in the state. A state-level leadership team, comprised of DHCS, the California Department of Public Health, the Mental Health Services Oversight and Accountability Commission, and the Steinberg Institute are providing policy support to Didi Hirsch, serving as the fiscal agent and implementer of the planning project. All 13 Lifeline centers are participating in the project.

SUD Medi-Cal Services

DHCS has expanded Medi-Cal coverage for SUD treatment and recovery, and services are now available in 37 counties and cover more than 95% of the state's population.

DHCS is continuing to augment its support of expanding SUD services, including having Medi-Cal providers give MAT on-site or having an effective referral system in place to MAT providers, removing episode limits in residential care, making it easier to access recovery services, and helping small rural counties expand their services.

Opioid Settlement

DHCS anticipates that California communities will soon receive opioid settlement money from lawsuits with manufacturers and distributors of opioids.

DHCS will work with cities and counties to ensure the funds are deployed to address the impact of the opioid epidemic and increase access to treatment.

DID YOU KNOW?

Contingency Management combines motivational incentives with counseling and is currently the only effective treatment for stimulant use disorder. DHCS is proposing to include this treatment as a new Medi-Cal benefit, and to make it available with other federal funding (block grants).



FORTHCOMING EFFORTS TO ADDRESS OVERDOSE INCREASES IN 2021 AND BEYOND

Coronavirus Response and Relief Supplemental Appropriations Act

On March 11, 2021, DHCS received a \$238 million supplement for the Substance Abuse Prevention and Treatment Block Grant (SABG) and \$108 million for the Community Mental Health Services Block Grant (MHBG). Both supplemental grants are to be expended from March 15, 2021 through March 14, 2023. DHCS proposes to do the following:

Invest in Telehealth Infrastructure

DHCS will support purchase of client telehealth equipment in health care facilities, such as: laptops, desktops, monitors, software licenses, internet subscriptions, webcams, cellular telephones, hotspots, as well as provider equipment.

Invest in the SUD and Mental Health Workforce

DHCS will support funding for SUD and mental health clinicians, peer support specialists, counselors, care coordinators, and case managers.

BH Mobile Crisis and Non-Crisis Services

DHCS is planning to launch a new Crisis Care Mobile Units program to support counties and regions to respond to urgent crises with trained teams of providers and peers, aiming to prevent unnecessary emergency department visits and police involvement.

Continued Naloxone Distribution and Expansion

DHCS plans to continue to supply free naloxone to communities, once federal opioid funds expire in September 2022.

Prevention Services

DHCS will fund counties to support a variety of prevention activities, such as Friday Night Live programs, school-based SUD education programs, and awareness and education campaigns. Additionally, DHCS will create a Statewide Prevention Plan, working with counties, to evaluate emerging best practices in prevention that can be focused on underserved and communities of color.

Justice-Involved Intervention

DHCS will support behavioral health crisis intervention training and programs for law enforcement and other first responders. Funding will support social workers, counselors, case managers, and peer support specialists to be embedded with local law enforcement.

Perinatal Treatment and Recovery

DHCS will fund counties to support perinatal treatment and recovery services, including screening and assessment, treatment planning, referrals, interim services, case management, and strengthening the relationships between patients and their OB/GYN's.

Youth and Adolescent Treatment

DHCS will fund counties to support the needs of youth, aged 12 through 20, and their families. Eligible activities include screening and assessment, diagnosis, placement, treatment, planning, youth development approaches to treatment, family interventions and support systems, structured recovery related activities, and alcohol and drug testing.

First Episode Psychosis

DHCS will fund counties to support appropriate evidence-based programs for individuals experiencing first episode psychosis.

Crisis Stabilization

DHCS will fund counties to support existing crisis stabilization facilities to provide short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment, as well as expand crisis stabilization facilities and outreach.

Early Intervention Services

DHCS will fund counties to support mental health early intervention, including screening and assessment, diagnosis, referral services, cognitive behavioral therapy, relaxation, social skills, and training.

Recovery Housing Support

DHCS will fund counties to support recovery housing services. Funded organizations will provide recovery residence, transitional housing, and residential treatment in order to facilitate continued engagement in SUD treatment and related recovery support services.

Biden-Harris Administration American Rescue Plan Act

The Biden-Harris administration has proposed a wide-ranging plan to end the opioid crisis. The plan seeks to:

Hold accountable big pharmaceutical companies, executives, and others responsible for their role in triggering the opioid crisis. The administration plans to:

- Direct the U.S. Justice Department to make actions that spurred this crisis a top investigative and, where appropriate, civil and criminal enforcement priority. Direct the Drug Enforcement Administration to step up its efforts to identify suspicious shipments and protect communities.
- Ban drug manufacturers from providing payments or incentives to physicians and other prescribers.
- Terminate pharmaceutical corporations' tax break for advertisement spending.

Make effective prevention, treatment, and recovery services available to all, including through a \$125 billion federal investment. The administration plans to:

- Make \$125 billion in federal funds available over the next 10 years, with \$75 billion in flexible grants to states and localities for prevention, treatment, and recovery services.
- The American Rescue Plan currently appropriates to states and localities a total of \$1.5 billion for SABG and another \$1.5 billion for MHBG and would allow funding to be spent until September 30, 2025.

Stop overprescribing while improving access to effective and needed pain management. The administration plans to:

- Support development of less addictive pain medications and alternative pain treatments, and improve standards of quality for treatment.
- Expand coverage for alternative pain treatments.
- Crack down on misleading advertising regarding SUD treatment facilities with no basis in evidence.
- Provide training to medical personnel in pain management and SUD treatment.
- Expand the effectiveness of monitoring programs designed to prevent overprescribing of opioids.

THE BIDEN PLAN TO END THE OPIOID CRISIS

THE BIDEN PLAN TO END THE OPIOID CRISIS AND ENSURE ACCESS TO EFFECTIVE TREATMENT AND RECOVERY FOR SUBSTANCE USE DISORDERS

Millions of families are impacted by the opioid crisis. It's ravaging communities coast to coast, from New Hampshire to California. The challenge of substance use disorders is not limited to opioids. Millions of individuals are affected by misuse of other substances such as alcohol or methamphetamine. Latest estimates indicate that, in 2018, almost 68,000 Americans died from a drug overdose – almost 47,000 of which involved an opioid. And, the impacts of this crisis reverberate in our classrooms and neighborhoods, in small towns and big cities.

Biden will tackle this crisis by making sure people have access to high quality health care – including substance use disorder treatment and mental health services. That's what Obamacare did by [designating substance use disorder treatment and mental health services as essential benefits that insurers must cover](#), and by [expanding Medicaid](#), the nation's largest payer for mental health services which also plays an increasingly growing role as a payer for substance use disorder services.

- Ensure regular updating of the Centers for Disease Control and Prevention prescriber guideline based on the best available evidence.

Reform the criminal justice system so that no one is incarcerated for drug use alone. The administration plans to:

- End all incarceration for drug use alone and instead divert individuals to drug courts and treatment.
- Get people who should be supported with social services – instead of in our prisons – connected to the help they need.

Stem the flow of illicit drugs, like fentanyl and heroin, into the United States – especially from China and Mexico. The administration plans to:

- Make fentanyl a top priority in the U.S. dealings with the People's Republic of China.
- Enhance cooperation with Mexican authorities to disrupt the movement of heroin and fentanyl across the U.S.-Mexico border.
- Enforce sanctions on international actors engaged in the trafficking of illicit drugs like heroin and fentanyl
- Increase cooperation among global law enforcement agencies.
- Ensure federal agencies have the tools and resources they need to stop the flow of fentanyl from abroad.