

California's Response to the Opioid Epidemic

- Thank you to California Health Care Foundation for their partnership!
- Presentations (50 minutes)
 - Overview of the MAT Expansion Project - Marlies Perez, Division Chief, Department of Health Care Services
 - California's Tribal MAT Project - Tyler Sadwith, Senior Associate, Technical Assistance Collaborative; Arlene Brown, Recovery Support Navigator, Northern Inyo Hospital
 - MAT in Jails and County Criminal Justice - Donna Strugar-Fritsch, Principal, Health Management Associates
- Questions and Answers (10 minutes)
 - Please type questions into the question box in the lower right hand of your screen
- Slides for this webinar series are available at www.CaliforniaMAT.org



Medication Assisted Treatment Expansion in California

Marlies Perez

Division Chief, Community Services Division

Department of Health Care Services



Opioid Epidemic in California

In 2018, California had ...

2,428

opioid overdose
deaths

786

fentanyl overdose
deaths

8,832

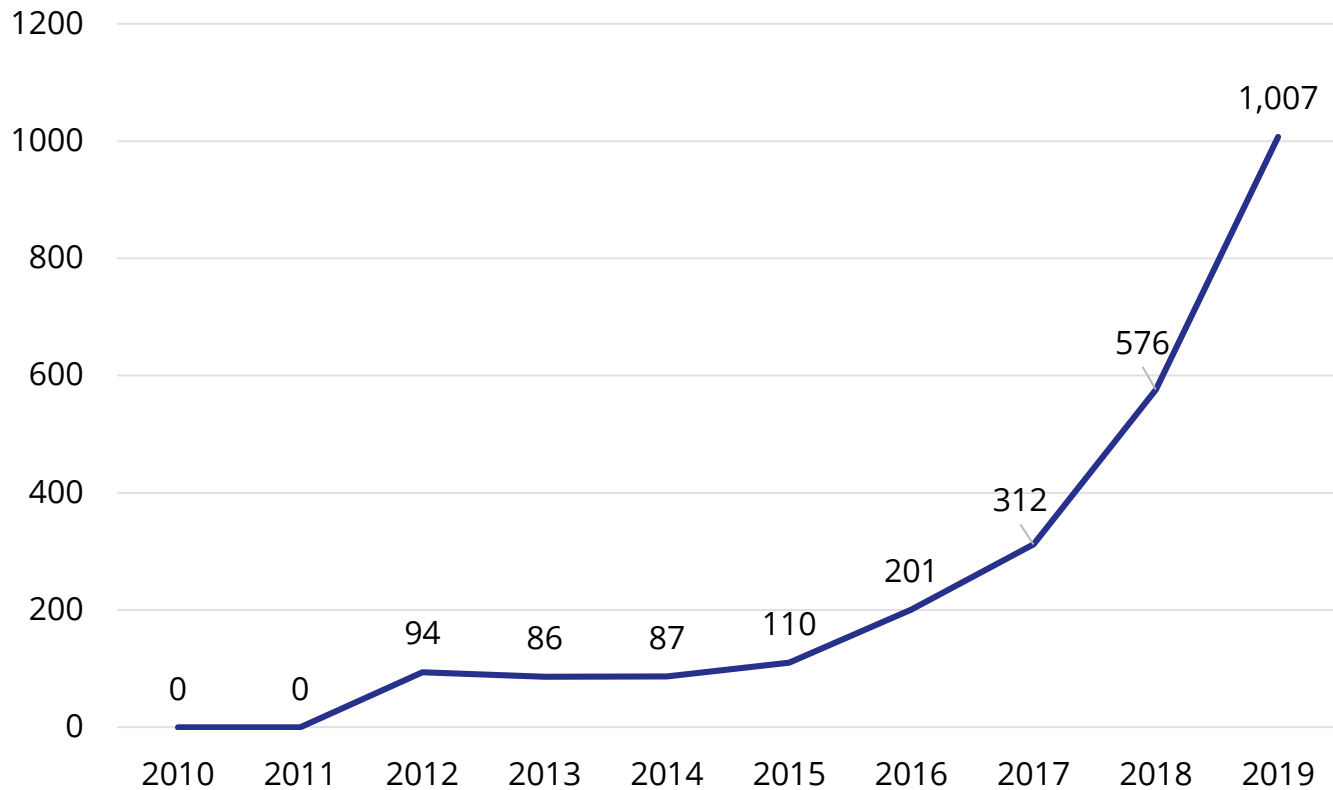
opioid overdose ED
visits

19,808,224

opioid prescriptions



Overdose Deaths from Fentanyl



Source: California Opioid Overdose Surveillance Dashboard
<https://discovery.cdph.ca.gov/CDIC/ODdash/>



Methamphetamine Prevalence

In California in 2018,
there were

2,427

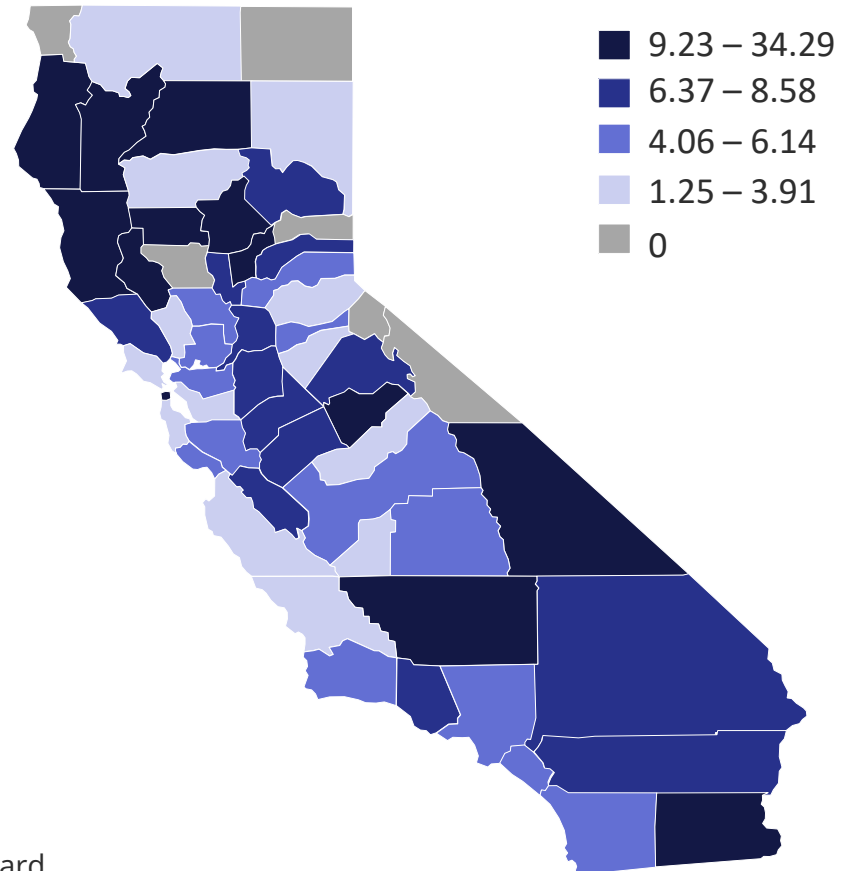
Methamphetamine
overdose deaths

compared to

2,428

Opioid overdose deaths

Methamphetamine Overdoses
per 100,000 Residents, 2018





Funding Sources

- \$265 million in grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- These grants were awarded to states by SAMHSA with the goal of increasing MAT capacity nationwide
- Funding first became available in 2017



\$265 million

In grant funding
from SAMHSA



Future Funding

- In 2019 Congress approved an additional \$1.5 billion to fund state opioid response efforts.
- SAMHSA has announced that states will be receiving additional funding this year.
- Recently SAMHSA has announced new flexibility that will allow states to use the funding for treatment for stimulant use disorders.



MAT Expansion Project Outcomes

22,000

New patients treated with MAT

10,000+

Overdoses reversed with naloxone

2,000

Stakeholders trained in MAT

650

New access points for treatment

30

Projects



All MAT Expansion Projects

- Addiction Treatment Starts Here: Primary Care, Behavioral Health, & Community Partnerships
- California Bridge Program
- California Department of Public Health Projects
- California Hub & Spoke System
- California Poison Control System
- California Substance Use Line
- California Youth Opioid Response
- Continuity Consulting Projects
- 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
- Mother&Baby Substance Exposure Initiative
- Naloxone Distribution Project
- NTP Treatment Capacity
- 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.



CaliforniaMAT.org

- [CaliforniaMAT.org](https://www.californiamat.org) includes information on each of the MAT Expansion Projects, latest project updates, and MAT-related resources.

**CALIFORNIA
MAT EXPANSION
PROJECT**

[Projects](#) [Resources](#) [Latest Updates](#) [I'm Seeking Help](#)

Latest News

YOR California
Oct 21, 2019

MAT Access Points
Sep 17, 2019

Mother&Baby Substance Exposure Initiative
Aug 19, 2019

[Read more >](#)

About

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 California MAT Expansion Project aims to increase access to MAT, reduce unmet treatment need, and reduce opioid overdose related deaths through the provision of prevention, treatment, and recovery activities. The California MAT Expansion Project focuses on populations with limited MAT access, including rural areas and American Indian & Alaska Native tribal communities. The California MAT Expansion Project is funded by grants from the Substance Abuse and Mental Health Services Administration (SAMHSA). The California MAT Expansion Project is composed of nearly 30 projects.

[Read more >](#)

[Tribal MAT]

A unified response to
the opioid crisis in
California Indian Country

California Tribal MAT Project: Innovations in Implementing MAT in Indian Country

March 25, 2020

Tyler Sadwith, Technical Assistance Collaborative

Arlene Brown, Northern Inyo Healthcare District

Agenda

- Overview
- Tribal MAT Story
- Tribal MAT Partners and Projects
- Community Spotlight: Inyo County

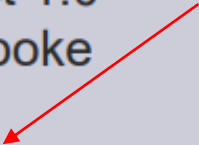
California Opioid Response Efforts

Department of Public Health	Department of Health Care Services	Department of Justice	Public-Private Partnership
<p>Opioid Dashboard Tracks overdose deaths, emergency department (ED) visits, prescribing; Instant reports; State, county, zip code level data</p> <p>Statewide Opioid Safety Workgroup + 12 state agencies participating</p>	<p>Drug Medi-Cal Organized Delivery System Access to full spectrum of addiction treatment; 24 counties have been approved by CMS & DHCS to implement Organized Delivery System (ODS) services – 16 other counties in process.</p> <p>MAT Expansion Project CA Hub & Spoke System; Tribal MAT Program</p>	<p>CURES Database Contains a record of every controlled substance dispensed at any pharmacy in California</p>	<p>Smart Care CA Works with health plans covering 40% of CA lives to fight the opioid epidemic</p> <p>California Health Care Foundation</p> <p>CA Opioid Safety Network 35 counties representing 90% of Californians</p>



California MAT Expansion Project

State Targeted Response (STR) to the Opioid Crisis	State Opioid Response (SOR) Grant
<ul style="list-style-type: none">• \$90 million over a period of 2 years• May 2017 to April 2019• MAT Expansion Project 1.0<ul style="list-style-type: none">– California Hub & Spoke System (H&SS)– Tribal MAT Project– Prevention & Treatment Activities	<ul style="list-style-type: none">• \$140 million over a period of 2 years• September 2018 to September 2020• MAT Expansion Project 2.0<ul style="list-style-type: none">– Increase access to MAT– Reducing unmet treatment need– Reduce opioid overdose related deaths through prevention, treatment, and recovery services



Indian Country: Federal Policy Landscape



Overview of Federal Indian Policy. Jarratt-Snider, Karen.

http://itepsrv1.itep.nau.edu/itep_course_downloads/TLF/TLF_2011_Presentations/330_Tue_Lands_Snider.pdf

Tribal Governance

- State and Tribal governments are both federally recognized political jurisdictions, similar in scope and authority, with governmental authority over its communities and citizens.
- A State is sovereign to the extent that its powers are defined and limited by the Constitution as interpreted by the Congress and the Supreme Court.
- The same is true for Tribes.
- Both governments are on equal footing and have a government-to-government relationship with the Federal government.

Partnering with Tribal Governments to Meet the Mental Health Needs of American Indian/Alaska Native Consumers. NASMHPD, 2015.;
Separation of Powers: State-Tribal Relations and Interstate Compacts. NCSL: <http://www.ncsl.org/research/about-state-legislatures/separation-of-powers-tribal-interstate-relations.aspx> .

Tribal Membership

- American Indian and Alaska Native (AI/AN) individuals who are enrolled in a Federally-recognized tribe are entitled to a trust relationship with the U.S.
- The Federal trust responsibility between Tribes and Federal Government obligates the U.S. to protect Tribal self-governance, assets, resources, lands, and treaty rights.
- Includes treaty rights to health care services through the U.S. Department of Health and Human Services.
- 567 Federally-recognized Tribes plus 66 State-recognized Tribes in the U.S.

Tribal Nations and the United States: An Introduction. National Congress of American Indians:
http://www.ncai.org/resources/ncai_publications/tribal-nations-and-the-united-states-an-introduction

California Indian Country Snapshot

- Largest AI/AN state population.
 - 12% of national Native American population per U.S. Census.
 - 88% live in urban areas; 3% on reservations.
- 109 federally-recognized Tribes
 - 78 Tribes petitioning recognition.
 - 44 Tribes lost federal recognition through federal and state termination policy.
- Population before missions, fur trade, and gold rush: ~200,000.
- Between 1840 and 1870, population declined to 12,000 due to disease, removal, and violence.

California Tribal Communities. California Courts. <https://www.courts.ca.gov/3066.htm>; *Health Care for American Indians Living in Urban Communities in California*, CCUIH: http://staging.ccuih.org/wp-content/uploads/2019/04/FINAL_FactSheet_ST.pdf.

Indian Health Care Providers

I/T/U providers are operated by:

- Indian Health Service (IHS)
- Tribe or Tribal Organization (contract or compact with IHS)
- Urban Indian health organization

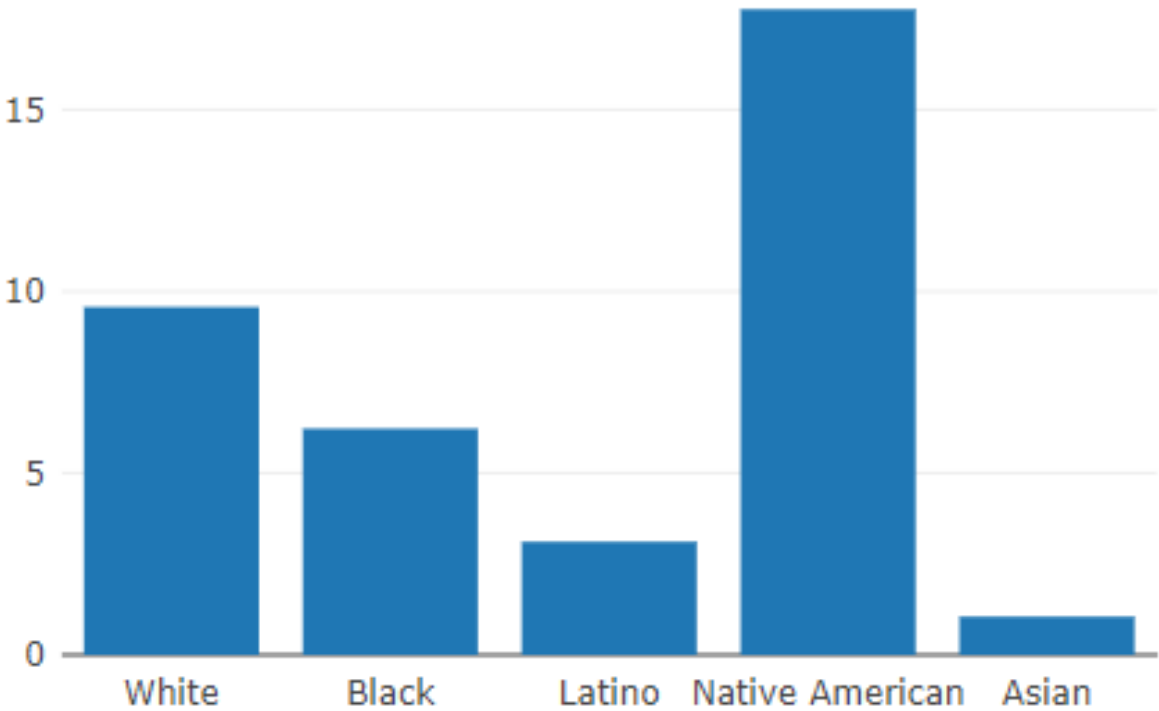
Trending towards self-governance (I → T)

Nearly 100 Indian Health Care Providers in California

- 83 IHS and Tribal providers (1 IHS facility)
- 10 Urban Indian health programs (30% of all Urban Indian nationally)

Sizing the Opioid Crisis in California Indian Country

Any Opioid-Related Overdose Deaths by Race/Ethnicity , 2017
Crude Rate per 100,000 Residents



Note: underrepresentation due to death certificate data racial misclassification

Tribal MAT Project

- In 2015, DHCS engaged Tribal communities and stakeholders per Phase V of the Drug Medi-Cal Organized Delivery System (1115 SUD waiver).
- Relationships from DMC-ODS Phase V planning provided a foundation for the Tribal MAT Project.
- Collaborative and stakeholder-driven “bottom-up” process for designing ways to address Tribal and Urban Indian community needs regarding the opioid crisis.

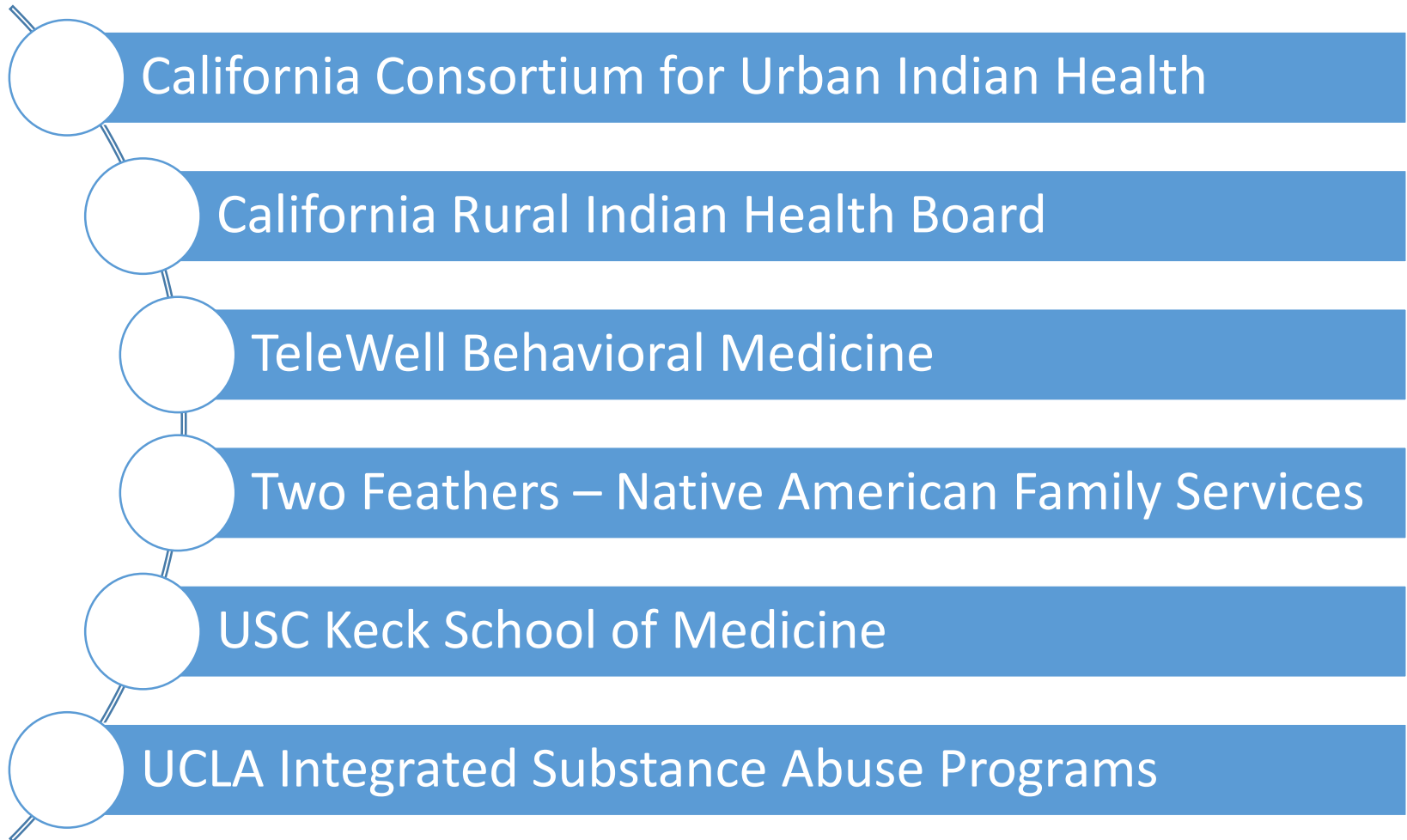
Tribal MAT Project

Designed to meet the OUD prevention, treatment, and recovery needs of California's Tribal and Urban Indian communities with special consideration for Tribal and Urban Indian values, culture, and treatments.

- Promote opioid safety
- Improve the availability of MAT
- Facilitate access to naloxone

Tribal MAT Project: Partners

<http://www.californiamat.org/matproject/tribal-mat-program/>



Tribal MAT Project: CCUIH and CRIHB

Community opioid campaign

Naloxone distribution

MAT Champions

Opioid Safety Coalitions

Tribal MAT Project: CCUIH Materials

OPIOIDS MAY INCLUDE

- PRESCRIPTION MEDICATIONS
- MORPHINE
- FENTANYL
- NORCO
- PERCO CET
- OXYCOTIN
- VICODIN
- HEROIN*

*NON-PRESCRIPTION BUT COMMONLY ABUSED SUBSTANCE

BE SAFE.

EDUCATION IS PREVENTION — TALK TO YOUR HEALTHCARE PROVIDER ABOUT YOUR SAFEST OPTIONS FOR PAIN MANAGEMENT.

FOR INFORMATION ABOUT CARRYING NALOXONE OR ABOUT OPIOID USE DISORDER TREATMENT OPTIONS, TALK TO YOUR PRIMARY CARE PROVIDER OR CONTACT:

California Consortium for Urban Indian Health (CCUIH)
Tribal MAT: A unified response to the opioid crisis in California Indian Country
CRIHB

Tribal MAT Project: CCUIH Materials

MEDICATION ASSISTED TREATMENT (MAT) IS A SAFE TOOL

TO HELP YOU STOP USING OPIOIDS LIKE PRESCRIPTION PAIN MEDICATIONS AND HEROIN.

AMERICAN INDIANS AND ALASKA NATIVES CAN USE MAT IN COMBINATION WITH CULTURAL ACTIVITIES AND COUNSELING

TO HEAL FROM OPIOID USE DISORDER. TALK TO YOUR HEALTH PROFESSIONAL TODAY.

TREATMENT IS AVAILABLE AND RECOVERY IS POSSIBLE.

FOR INFORMATION ABOUT CARRYING NALOXONE OR ABOUT OPIOID USE DISORDER TREATMENT OPTIONS, TALK TO YOUR PRIMARY CARE PROVIDER OR CONTACT:

California Consortium for Urban Indian Health

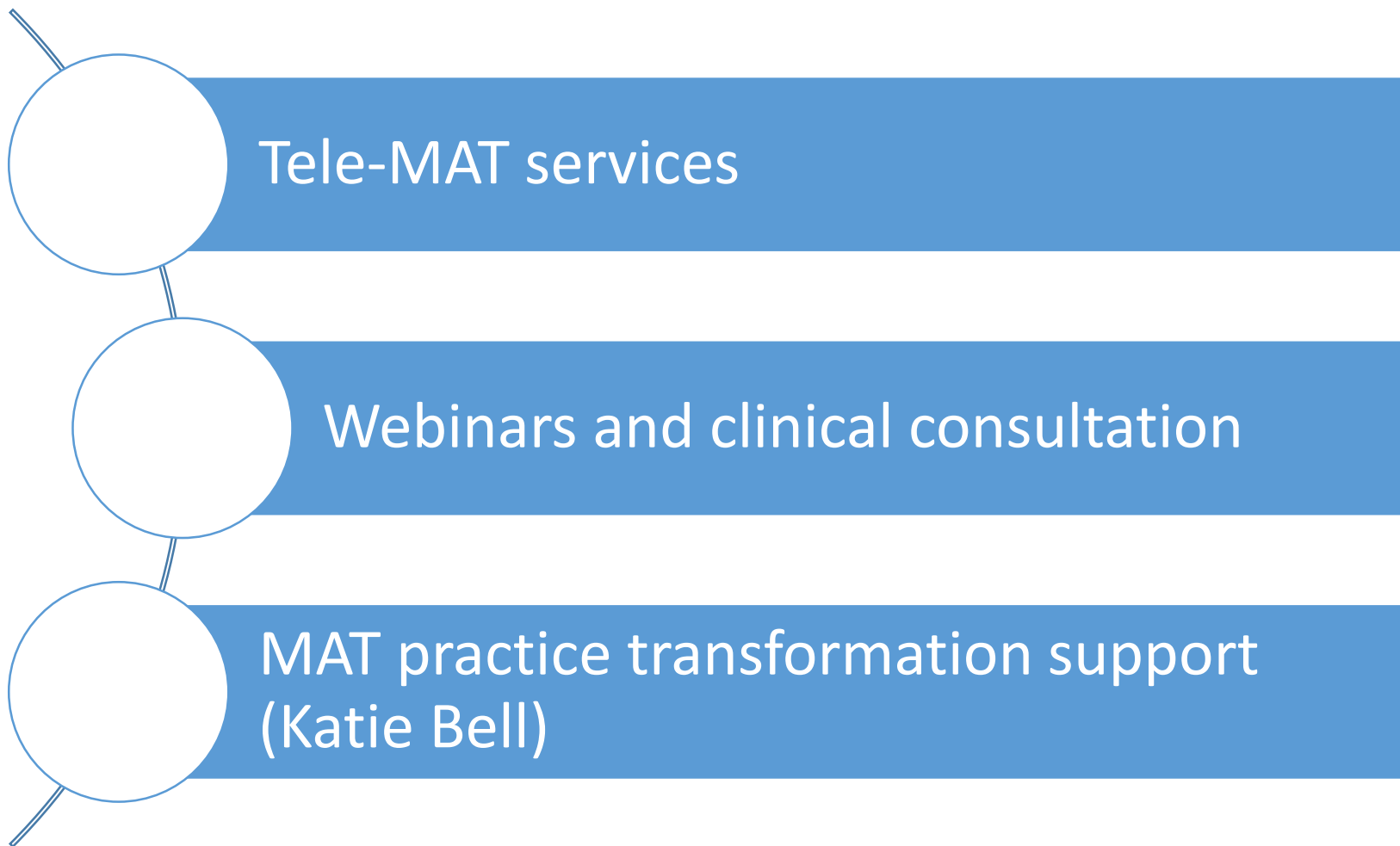
Tribal MAT A united response to the opioid crisis in California Indian Country

CRIHB

Tribal MAT Project: CCUIH Materials



Tribal MAT Project: TeleWell Behavioral Medicine



Tribal MAT Project: Additional Partners

Two Feathers – Native American Family Services

- Tribal Youth and Family Services Consortium
- Evaluating culturally–appropriate service modalities

UCLA Integrated Substance Abuse Programs

- Tribal MAT Echo Project

USC Keck School of Medicine

- Tribal needs assessment
- Evaluating Tribal MAT Project

Tribal MAT Project: Needs Assessment Recommendations

1. Prevention
2. Stigma
3. MAT
4. Culturally centered recovery programs
5. Residential, withdrawal management, and sober living
6. Integrated and collaborative systems of care
7. Policy recommendations
8. Home insecurity
9. Harm reduction

Tribal MAT Project: Observations

- Stigma is a problem – similar to mainstream MAT adoption
 - Providers’ fear of SUD patients in waiting rooms.
 - Providers’ fear of “hanging a shingle”.
 - Counselors opposed to agonist-based medications.
 - Board and council members can be a barrier – or catalyst.
- Pockets of experience with integrating traditional healing methods and cultural practices with MAT.
 - Co-locating traditional healers prescribing traditional medicine and herbs.
 - The Red Road to Wellbriety (White Bison).

Tribal MAT Project: Observations

A positive shift:

“When I first meet with a provider they will say, we don’t have a problem with opioids, our doors are closed to MAT. Then all of a sudden they ask, how soon can you get here?”

Tribal MAT Accomplishments

California Consortium of Urban Indian Health



881 naloxone units distributed



18,000 booklets ready for distribution



29 staff and community trainings

California Rural Indian Health Board



14 Tribal Local Opioid Coalitions



50 tribes trained on naloxone



950 posters distributed



TeleWell Behavioral Medicine



12 training webinars



11 Tribal MAT programs supported



25 tele-MAT patients treated

Tribal MAT Accomplishments (continued)

Two Feathers Native American Family Services



Developed Tribal Youth & Family Services Consortium



Utilize Native American Mental Health Theory of Change



Provide OUD prevention & intensive case management



TWO FEATHERS
NATIVE AMERICAN FAMILY SERVICES

University of California, Los Angeles



250 Tribal MAT ECHO participants

"Tribal ECHO has provided an opportunity to be a part of the caring community of MAT teams in Indian Country."

Tribal ECHO participant

University of Southern California



279 AI/AN people surveyed



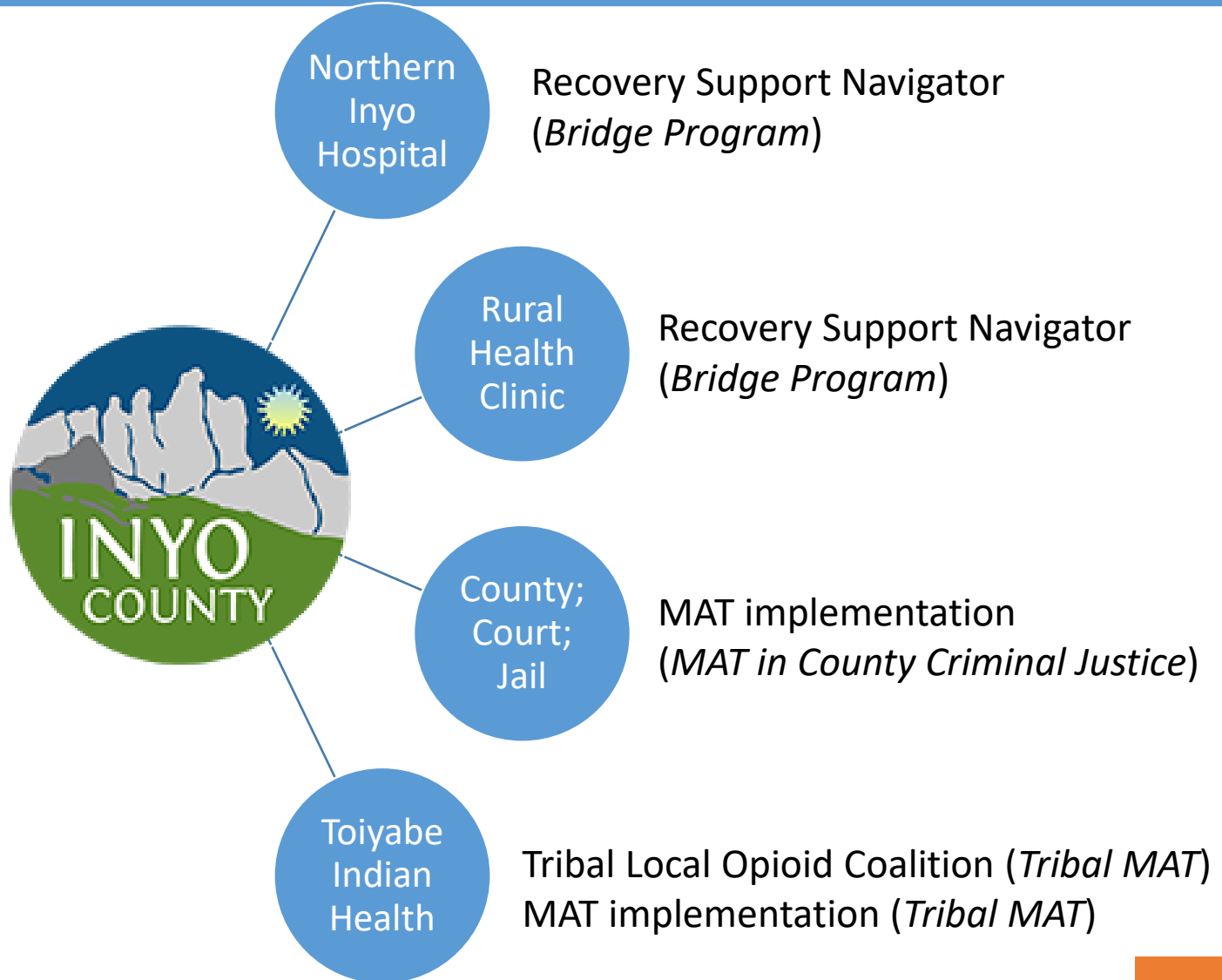
36 focus groups (21 adult & 15 youth)



10 counties represented



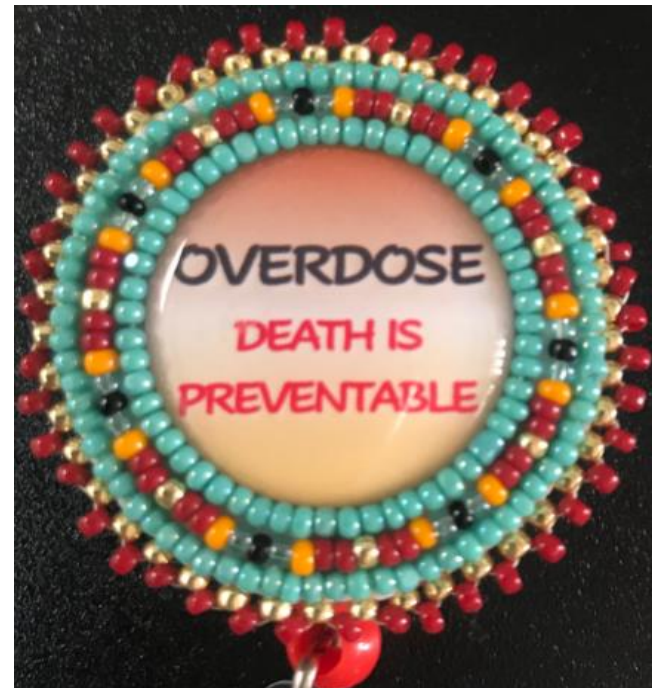
Community Spotlight: CA MAT Expansion Project Impact



Tribal MAT Project

Arlene Brown – Recovery Support Navigator, Northern Inyo Healthcare District Arlene.brown@nih.org

Tyler Sadwith – Senior Associate, Technical Assistance Collaborative tsadwith@tacinc.org



HEALTH MANAGEMENT ASSOCIATES

Implementing a Statewide MAT Program for Justice Involved Populations in California

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W W W . H E A L T H M A N A G E M E N T . C O M

Agenda

- Historic approaches to treating addictions in jails and prisons
- Scale of OUD in jails today
- California's Project "Expanding Access to MAT in County Criminal Justice Settings"
- Addiction Treatment in California's Prison System
- California's Project "County Touchpoints in Access to MAT for Justice Involved Populations"

■ ABOUT HMA

- + 35-year history of national consulting focused on publicly-sponsored health care
 - + Focus on low income, uninsured, vulnerable populations
 - + 23 offices in 19 states, including 3 in CA
 - + Extensive work with behavioral health, Medicaid, health care safety net
- + 17-year history of consulting in correctional health – prison systems and jails across the US
 - + Philosophy that jail is a community safety net clinic and care in the jail should mirror community care
- + Expert in all aspects of correction health design, operation, financing, and oversight; nationally recognized
- + Extensive work in opioid addiction

■ HISTORIC TREATMENT OF SUD IN PRISONS AND JAILS

Begins in preparation for release +

Often after months or
years of no treatment

Operated by custody as an inmate + service, not by health care

Addresses criminogenic issues in + addition to SUD

Assessment is criminogenic,
not diagnostic

+ Usually manualized but not
necessarily evidence-based

+ Abstinence-based

+ May be “residential” (cohort) or not

+ Co-occurring mental illness often
excludes participation

■ TRANSITION IN JAILS BEGINS...

- + Decisions about whether and how to treat addiction have been largely the domain of sheriffs and often change when the sheriff changes
- + As the recent opioid crisis grew and medications became more prominent in treatment; sheriffs were called upon to consider medications
- + Antagonist therapy was heavily promoted as preferable to bringing narcotics into the jails
- + Recognition of OUD as a treatable chronic brain disease is changing the playing field
- + Lawsuits mandating treatment of OUD during incarceration under the Americans with Disabilities Act and Eighth Amendment to the U.S. Constitution are changing the power dynamics

■ SCALE OF THE PROBLEM TODAY

Two-thirds of people in jail meet the criteria for drug dependence or abuse

Of these, at least 25% have an OUD

Bureau of Justice Statistics 2014

So at least 16-17% jail detainees have OUD

Many more have alcohol, methamphetamine addictions

Persons with addictions in jail have longer and more advanced disease

Risk of overdose increases 129 times over the general population for those who leave jail

Bingswanger, I. A., et al. 2007

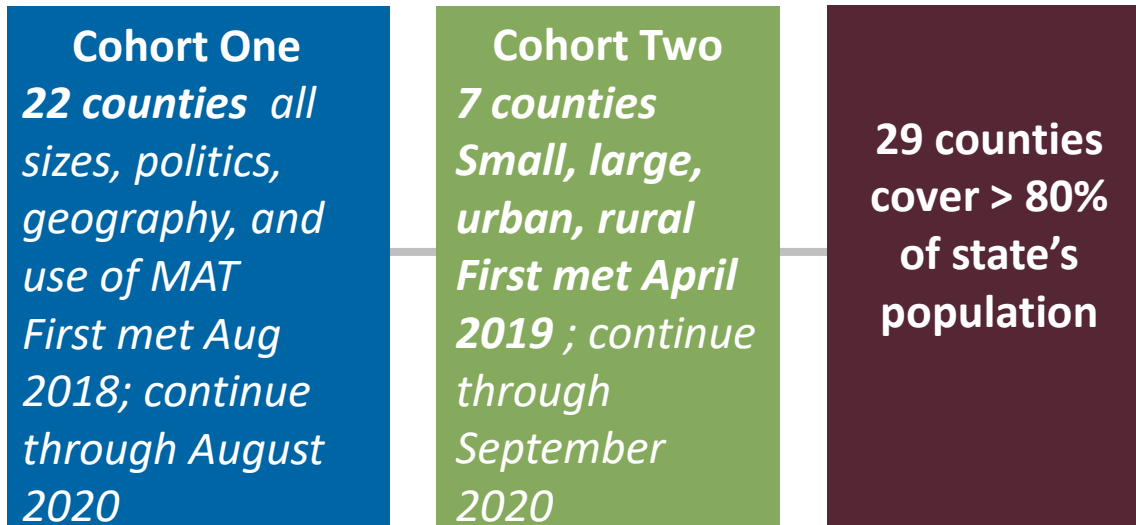
■ PROJECT: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTINGS

- + State Opioid Response funding
- + HMA selected to administer based on extensive consulting in correctional health and work in opioid treatment, both in custody and in community
- + Invited *teams* from counties to apply to be part of Learning Collaborative
 - + Team: jail health care, jail custody, probation, drug courts, county AOD program, county administrator
 - + Mandatory Team Commitment:
 - + Move toward use of **at least two forms of MAT in jails and drug courts**
 - + Participate in four **in-person learning sessions** and **monthly coaching calls**

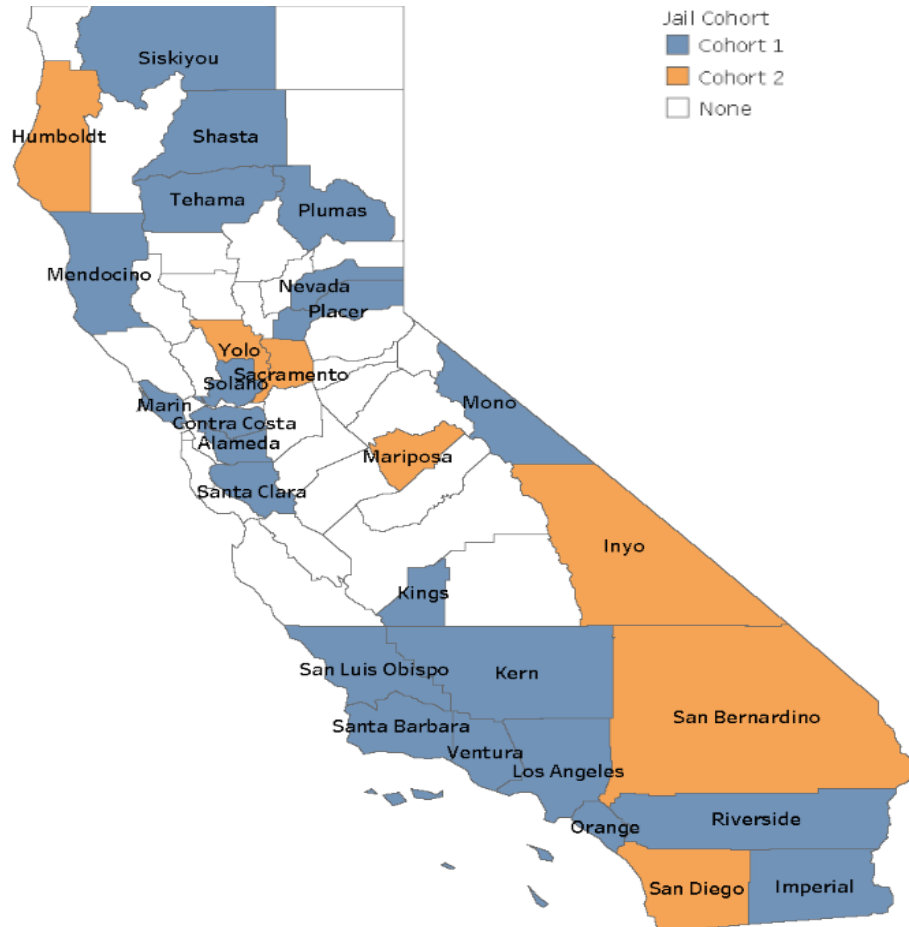
■ EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTINGS

- + Team benefits:
 - + \$25,000 to cover travel costs
 - + Implementation grants (\$90,000 – \$300,000) to start activities before sustainable funding is found
 - + Access to Advisory Board for barrier busting – NTPs, prison system, sheriff's association, association of counties
 - + Website, webinars, podcast resources

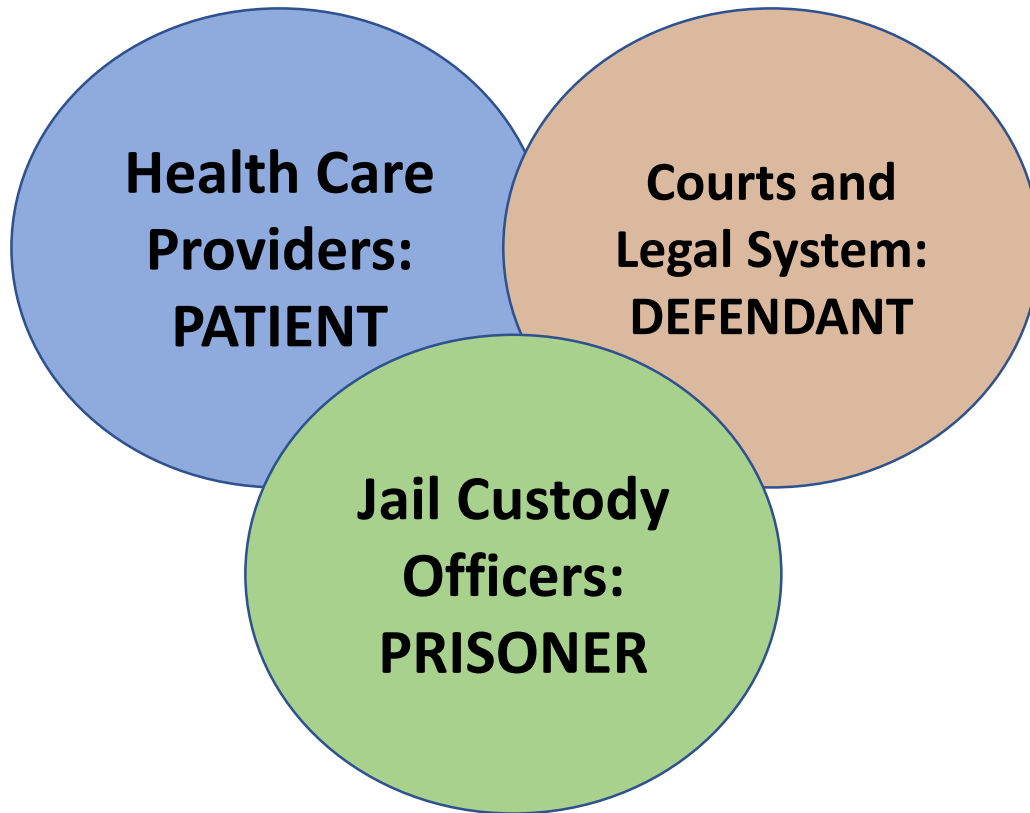
■ COUNTY TEAMS: INITIAL FUNDING FOR UP TO 20 COUNTY TEAMS



*Expanding
Access to MAT
in county
Criminal Justice
Settings covers
> 80%
California's
population, in
29 counties*

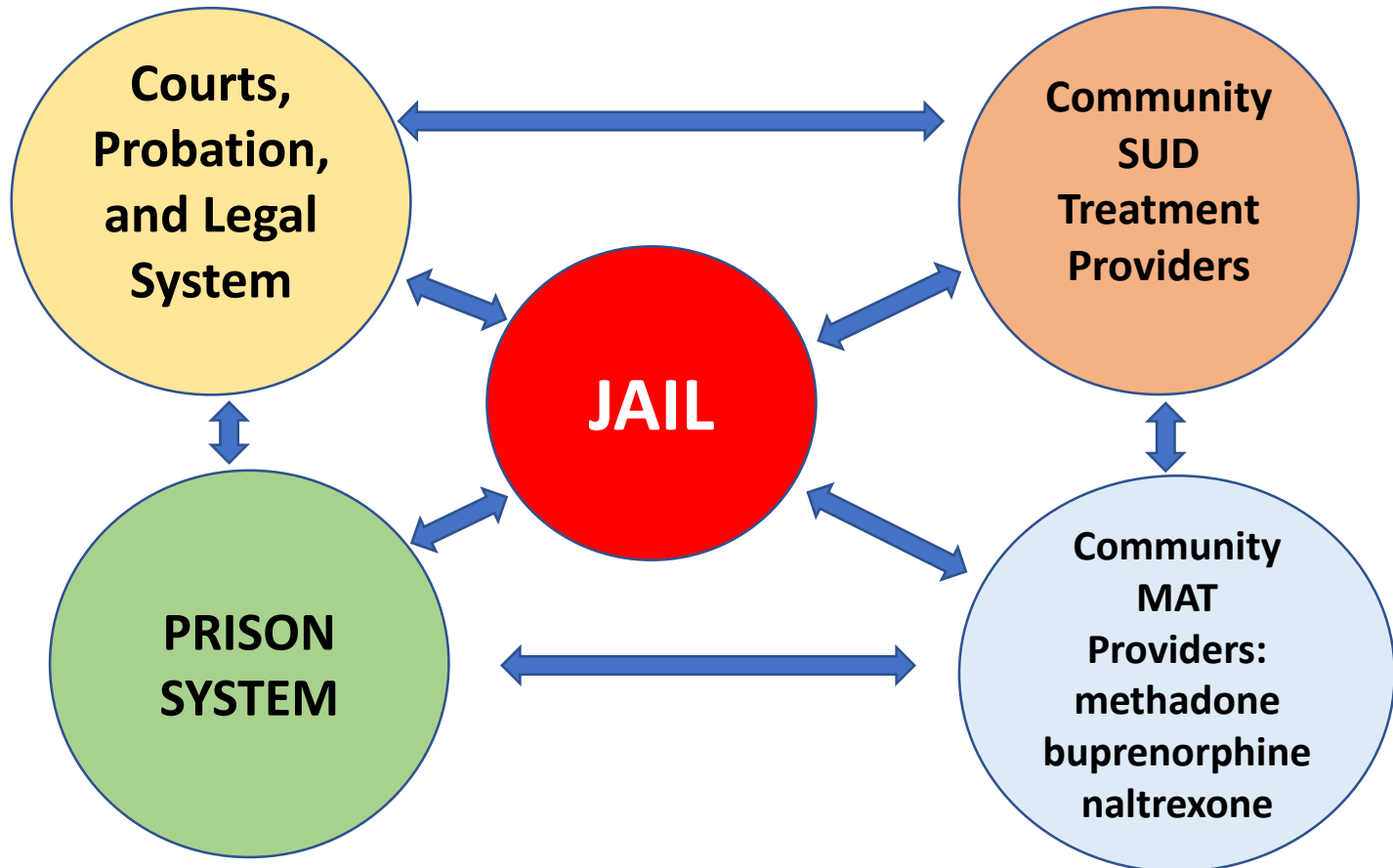


FUNDAMENTAL PREMISE: RESPECT MULTIPLE PERSPECTIVE ON PERSON WITH AN ADDICTION



This is a complex undertaking – move slowly, try small changes, then expand

■ FUNDAMENTAL CONNECTIONS



■ OUTCOMES COHORT ONE

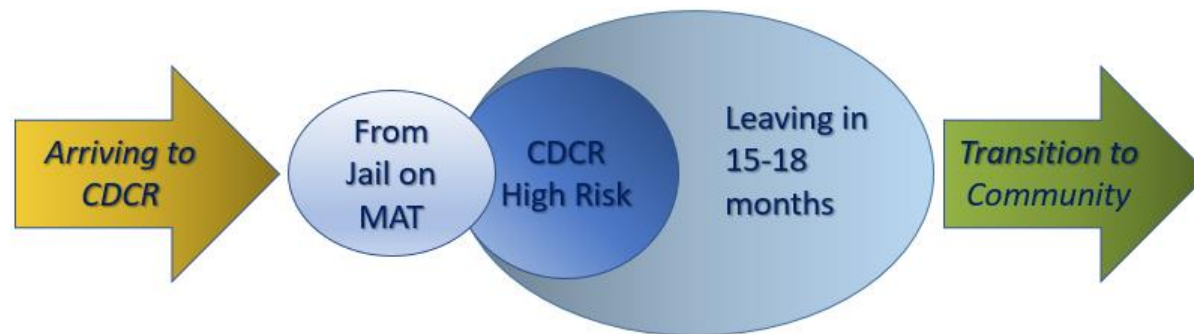
- + As of September 2019 (1year), 1,646 detainees in 19 jails had received MAT in custody, and 678 were in-custody inductions
 - + Numbers much larger now, several jails have hundreds at a time
- + Most jails continuing buprenorphine, many continuing methadone
- + Many are inducing patients on buprenorphine
- + Only one small jail still only using an antagonist
- + All have developed strong relationships with county treatment providers for SUD assessment, in-custody behavioral therapies, treatment, and “hot hand-offs” at release

■ OUTCOMES COHORT ONE

- + All have engaged drug courts and probation to consider positive toxicology screens in context of addiction as a brain disease
- + Lots of coordination with ED Bridge sites, especially as a safety net for buprenorphine access after precipitous release from jail
- + MAT continued when sending inmates from California jails to California prisons and vice versa
- + Large jails experiencing “scaling up” issues; programs are maturing

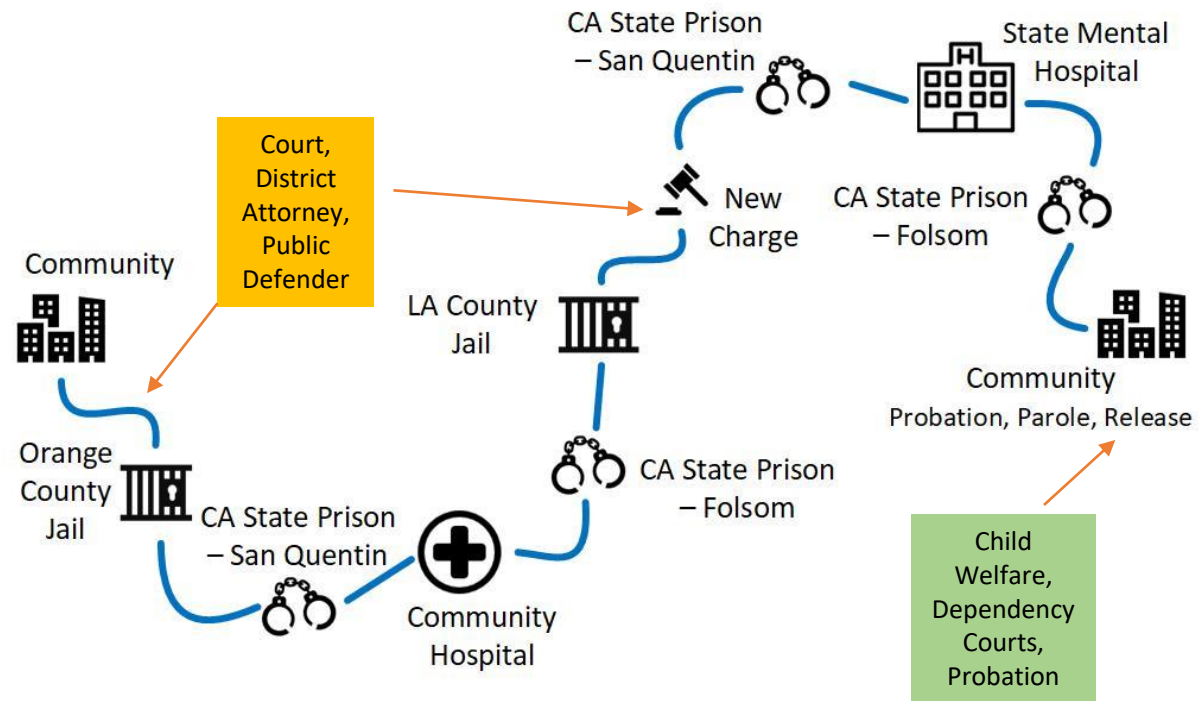
California Prison System Commits to Comprehensive Addiction Treatment November 2018

- Inmate population 124,000
CDCR & reentry programs
- 35 prisons
- 42 Adults Camps
- 9 Community reentry programs
- Additional 52,000 on parole



■ CRIMINAL JUSTICE BARRIERS

- + Judges, probation, parole, child welfare staff see MAT use as “you’re not clean” & urge people to discontinue
- + Drug court, jails, prisons, hospitals & community at different stages of implementation
- + Conflicts between correctional & clinical staff, especially “positive” toxicology testing & poly-drug use- harm reduction



■ COUNTY TOUCHPOINTS IN ACCESS TO MAT FOR JUSTICE-INVOLVED POPULATIONS

- + Outgrowth of the Jail MAT project
- + Many key criminal justice and human service personnel do not consider a person “clean” if the he/she is using MAT
- + Often, persons in recovery must decide between receiving drug court services or regaining custody of their children and staying on MAT
- + **Terminating MAT before it is clinically indicated increases the chance of overdose death by more than 40 times**
- + Project provides county-level training:
 - + Addiction neuroscience
 - + MAT Medications and implications in justice settings
 - + Case for treating OUD in justice settings
 - + County-level funding for OUD treatment

■ TOUCHPOINTS: STAKEHOLDERS & STRATEGIES

STAKEHOLDERS:

- + Probation
- + Public Defenders
- + Youth/Dependency Courts
- + District Attorneys
- + Child Welfare Workers
- + Adult Collaborative Courts

Recruited “Stakeholder Champion” for each discipline – well known, respected, recently retired expert

Converted content to web-based modules that agencies can use to train staff, with CEUs for several disciplines

Learning Collaboratives

Developed customized workbooks for each group

- + Position statement of professional association(s) on treating OUD and MAT
- + Case studies
- + Discussion questions
- + Resources and research

■ TAKE-AWAYS & SUCCESSES FROM TOUCHPOINTS

- + Without addressing these touchpoints providing access to MAT in custody is **UNDONE** and patients are placed at even more extreme risk for relapse, overdose, and death
- + Only project like it in the nation, kudos to DHCS for the foresight.
- + Evaluations are extremely positive
- + Action follows quickly – even during the sessions
- + “I had no idea....”
- + “Stable is good – I shouldn’t mess with stable”
- + Trained > 700 people so far and will reach 1,000

■ VIDEO: ADDICTION TREATMENT IN CALIFORNIA COUNTY JAILS



See the video at <https://youtu.be/z91nEOENnn0>

Questions and Discussion

Please type your questions into the “Questions” box located in the GoToWebinar control panel located on the right-hand side of your screen.



CaliforniaMAT.org

[CaliforniaMAT.org](https://www.californiamat.org) includes information on each of the MAT Expansion Projects, latest project updates, and MAT-related resources.

