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
In 2018, California had ...

- **2,428** opioid overdose deaths
- **786** fentanyl overdose deaths
- **8,832** opioid overdose ED visits
- **19,808,224** opioid prescriptions

Source: California Opioid Overdose Surveillance Dashboard
https://discovery.cdph.ca.gov/CDIC/ODdash/
Overdose Deaths from Fentanyl

Source: California Opioid Overdose Surveillance Dashboard
https://discovery.cdph.ca.gov/CDIC/ODdash/
In California in 2018, there were

2,427
Methamphetamine overdose deaths

compared to

2,428
Opioid overdose deaths

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

- New patients treated with MAT: 22,000
- Overdoses reversed with naloxone: 10,000+
- Stakeholders trained in MAT: 2,000
- New access points for treatment: 650
- Projects: 30
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** includes information on each of the MAT Expansion Projects, latest project updates, and MAT-related resources.

![CaliforniaMAT.org](image)

### CALIFORNIA MAT EXPANSION PROJECT

<table>
<thead>
<tr>
<th>Projects</th>
<th>Resources</th>
<th>Latest Updates</th>
<th>I’m Seeking Help</th>
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</thead>
</table>

#### 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

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

<table>
<thead>
<tr>
<th>State Targeted Response (STR) to the Opioid Crisis</th>
<th>State Opioid Response (SOR) Grant</th>
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<tbody>
<tr>
<td>• $90 million over a period of 2 years</td>
<td>• $140 million over a period of 2 years</td>
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<tr>
<td>• May 2017 to April 2019</td>
<td>• September 2018 to September 2020</td>
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<tr>
<td>• MAT Expansion Project 1.0</td>
<td>• MAT Expansion Project 2.0</td>
</tr>
<tr>
<td>– California Hub &amp; Spoke System (H&amp;SS)</td>
<td>– Increase access to MAT</td>
</tr>
<tr>
<td>– Tribal MAT Project</td>
<td>– Reducing unmet treatment need</td>
</tr>
<tr>
<td>– Prevention &amp; Treatment Activities</td>
<td>– Reduce opioid overdose related deaths through prevention, treatment, and recovery services</td>
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</tbody>
</table>
## Indian Country: Federal Policy Landscape

<table>
<thead>
<tr>
<th>Era</th>
<th>Policies/Events</th>
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<tbody>
<tr>
<td>1500s</td>
<td>• “Doctrine of Discovery”</td>
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<tr>
<td>1500s-1871</td>
<td>• Treaty Making Era</td>
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<tr>
<td>1830-1886</td>
<td>• Removal and Reservation Eras (Trail of Tears)</td>
</tr>
<tr>
<td>1887-1933</td>
<td>• Allotment and Assimilation Era (residential boarding schools)</td>
</tr>
<tr>
<td>1934</td>
<td>• Indian Reorganization Act</td>
</tr>
<tr>
<td>1945-1961</td>
<td>• Termination and Relocation Eras (Urban Indian population)</td>
</tr>
<tr>
<td>1960s-present</td>
<td>• American Indian Self-Determination</td>
</tr>
</tbody>
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*Overview of Federal Indian Policy. Jarratt-Snider, Karen.*

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.

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.

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.

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

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

California Consortium for Urban Indian Health

California Rural Indian Health Board

TeleWell Behavioral Medicine

Two Feathers – Native American Family Services

USC Keck School of Medicine

UCLA Integrated Substance Abuse Programs
Tribal MAT Project: CCUIH and CRIHB

- Community opioid campaign
- Naloxone distribution
- MAT Champions
- Opioid Safety Coalitions
Tribal MAT Project: CCUIH Materials
Tribal MAT Project: CCUIH Materials
Tribal MAT Project: CCUIH Materials

Dispelling Myths About Medication Assisted Treatment for Opioid Use Disorder

“I’ve been sober since that day five years ago when I walked into my doctor’s office...”

...and finally asked for help.

-MAT Participant
Tribal MAT Project: TeleWell Behavioral Medicine

- Tele-MAT services
- Webinars and clinical consultation
- MAT practice transformation support (Katie Bell)
<table>
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<tr>
<th>Two Feathers – Native American Family Services</th>
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<tbody>
<tr>
<td>• Tribal Youth and Family Services Consortium</td>
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<td>• Evaluating culturally–appropriate service modalities</td>
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<tr>
<th>UCLA Integrated Substance Abuse Programs</th>
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<td>• Tribal MAT Echo Project</td>
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<th>USC Keck School of Medicine</th>
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<tr>
<td>• Tribal needs assessment</td>
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<tr>
<td>• Evaluating Tribal MAT Project</td>
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</table>
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).
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

University of California, Los Angeles

- Project ECHO
- 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

Northern Inyo Hospital
- Recovery Support Navigator (Bridge Program)

Rural Health Clinic
- Recovery Support Navigator (Bridge Program)

County; Court; Jail
- MAT implementation (MAT in County Criminal Justice)

Toiyabe Indian Health
- Tribal Local Opioid Coalition (Tribal MAT)
- MAT implementation (Tribal MAT)
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
Implementing a Statewide MAT Program for Justice Involved Populations in California

Donna Strugar-Fritsch, BSN, MPA, CCHP
Principal, Health Management Associates
dstrugarfritsch@healthmanagement.com
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” (cohorteds) or not
- Co-occurring mental illness often excludes participation
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

Cohort One
22 counties all sizes, politics, geography, and use of MAT
First met Aug 2018; continue through August 2020

Cohort Two
7 counties Small, large, urban, rural
First met April 2019; continue through September 2020

29 counties cover > 80% of state’s population
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

Health Care Providers: PATIENT
Courts and Legal System: DEFENDANT
Jail Custody Officers: PRISONER

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

Courts, Probation, and Legal System

PRISON SYSTEM

JAIL

Community SUD Treatment Providers

Community MAT Providers: methadone buprenorphine naltrexone
As of September 2019 (1 year), 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 continue buprenorphine, many continuing methadone.

Many are inducting 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 vise 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

Health Management Associates
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

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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.
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