

SUMMARY

Overdose death rates spiked in 2020 and remained high in 2021, likely due to the compounding effects of COVID-19 and the widespread availability of fentanyl. California is investing heavily in efforts to lower barriers to treatment, build new behavioral health facilities and treatment sites, support harm reduction programs, expand crisis services, and continue to make naloxone widely available statewide.

RISING OD RATES

Isolation and Disruption. Overdose-related cardiac arrests rose by about 42% in 2020, particularly among racial and ethnic minorities. 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

Disruption of daily activities has also played a major role in the overdose spike resulting from COVID-19.¹ 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 of individuals in treatment and recovery.

¹ Friedman, J., Mann, N. C., Hansen, H., Bourgois, P., Braslow, J., Bui, A. A., & Schriger, D. L. (2021). Racial/Ethnic, Social, and Geographic Trends in Overdose-Associated Cardiac Arrests Observed by US Emergency Medical Services During the COVID-19 Pandemic. *JAMA Psychiatry*.

DATA SPOTLIGHT

Nationally, from October 2020 through September 2021, over **99,500** people died from all-drug overdoses. This was a **45% increase** in overdose deaths from September 2019.

National cocaine deaths increased by **44%** and psychostimulant deaths excluding cocaine increased by **93%** from September 2019 to September 2021.

In California, over 10,000 people died from all-drug overdoses from October 2020 to September 2021. This was a **70% increase** from the annual rate in September 2019. Fentanyl accounted for **53%** of these overdose deaths, an increase of **316%** from the annual rate in September 2019. Psychostimulant deaths increased by **92%** and cocaine deaths by **59%**.

“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.”

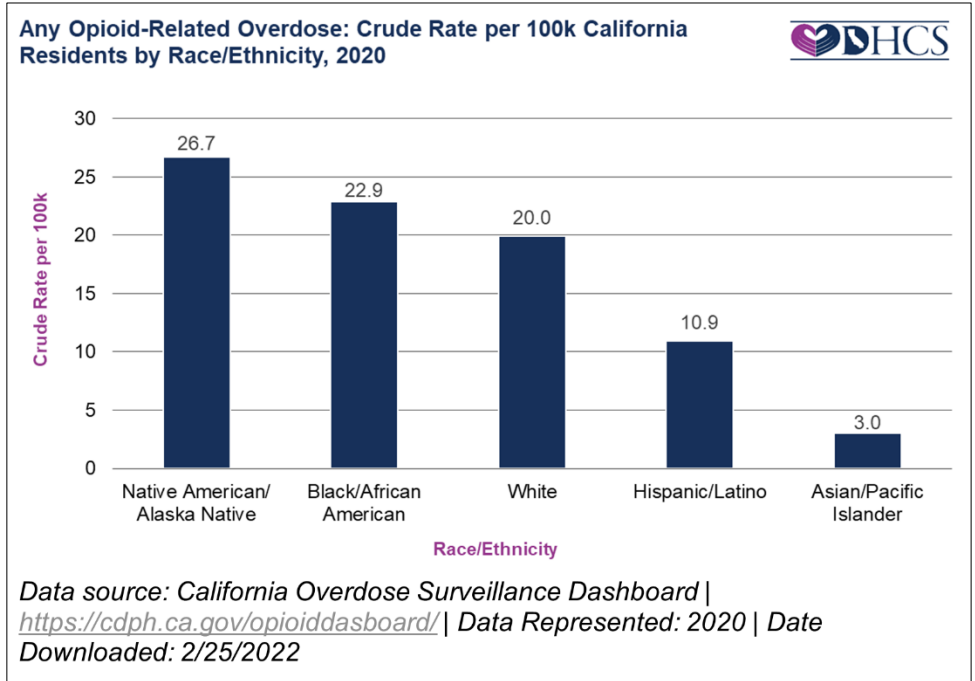
- Tracey Helton, Harm Reduction Specialist



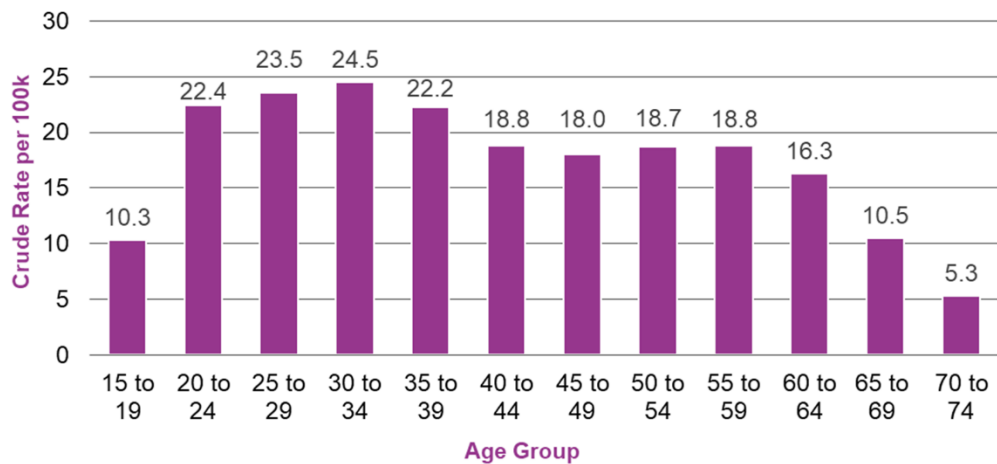
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Health Inequities. Opioid overdose deaths especially increased for certain racial and ethnic groups from 2019 to 2020: by 77% for Black/African American, 98% for Hispanic/Latino, and 110% for Asian/Pacific Islander.

The graph to the right shows the rate of opioid-related overdoses per 100,000 residents by race and ethnicity for 2020. Black/African American and Native American/Alaska Native individuals had higher opioid overdose rates than their White, Hispanic/Latino, and Asian/Pacific Islander counterparts.



Any Opioid-Related Overdose: Crude Rate per 100k Residents by Age, 2020



Data source: California Overdose Surveillance Dashboard | <https://cdph.ca.gov/opioiddasboard/> | Data Represented: 2020 | Date Downloaded: 2/25/2022

Opioid overdose deaths also increased substantially for young people: increasing 179% for 15 to 19 years old, 91% for 20 to 24 years old, and 84% for 25 to 29 years old. The graph to the left shows rates of opioid overdoses across age groups for 2020. Individuals for ages 20 through 39 had the highest opioid overdose rates of all age groups.

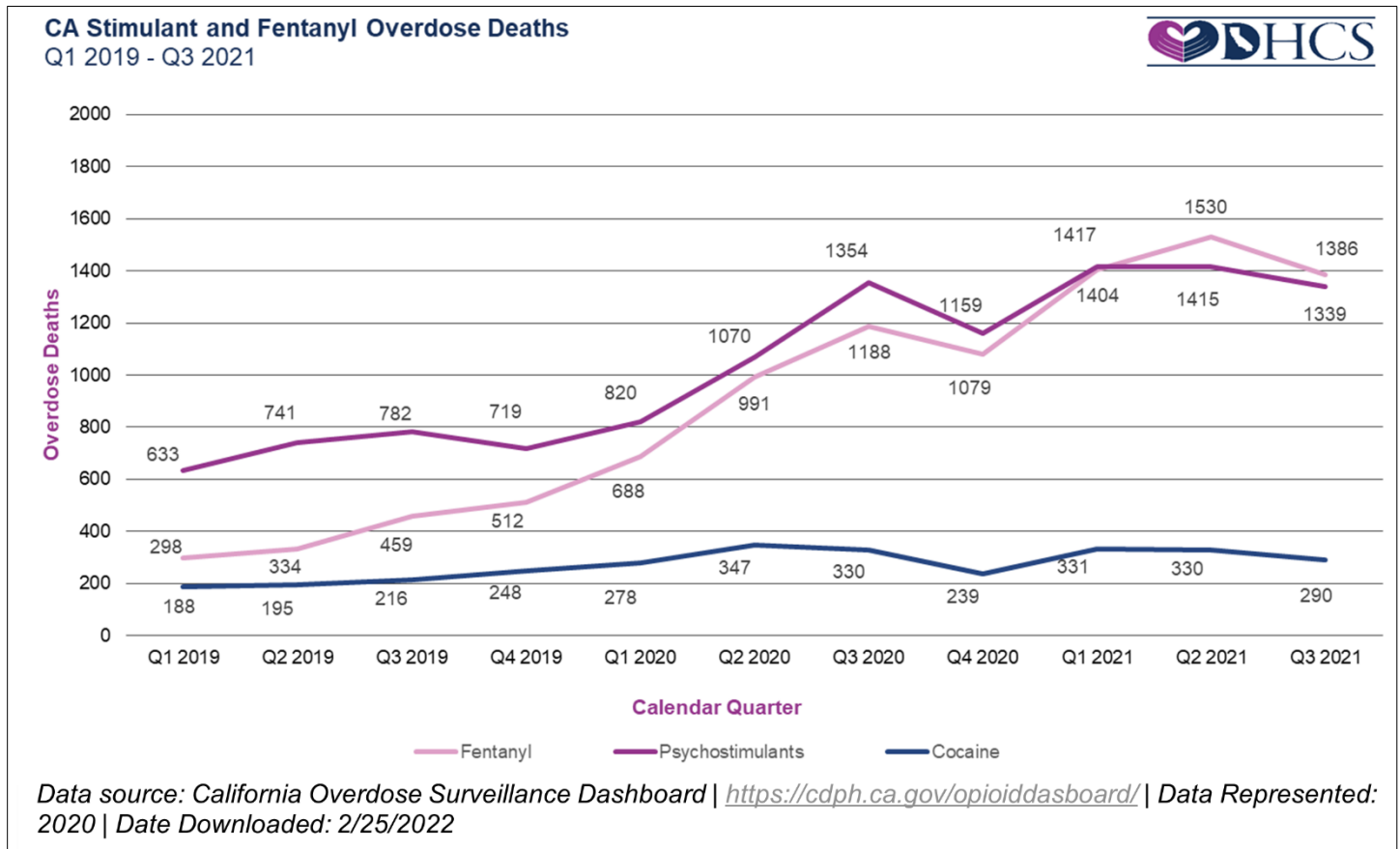
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Fentanyl. Fentanyl, a highly potent opioid, accounted for 44% of all drug overdose deaths in California in 2020, and 71% of opioid overdose deaths. From Q1 2019 to Q3 2021, fentanyl overdose deaths have increased by 365%. Fentanyl has also severely 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, which accounted for a greater percentage than those directly attributed to COVID-19. Heroin, methamphetamines, and cocaine are often laced with fentanyl, which appeared 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, 3,4-Methylenedioxymethamphetamine (MDMA), dextroamphetamine, levoamphetamine, or Ritalin) and cocaine-related deaths increased by 53% and 41% in California, respectively, in 2020. Methamphetamines were involved or were a factor in two-thirds of drug overdose deaths among Los Angeles' homeless population.

The graph below indicates the increase of stimulant and fentanyl-related overdose deaths in California from Q1 2019 to Q3 2021.



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>



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. More than \$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, people in rural areas, and American Indian and 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 37 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 jails or drug courts.

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, more than 200 hospitals are participating in this program throughout the state.

Harm Reduction: Syringe Services Program

DHCS is funding The Center at Sierra Health Foundation and the California Department of Public Health with a 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

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increase the number of participants engaged in treatment.

- 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.
- 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.

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 November 2021, the NDP has distributed more than 900,000 units of naloxone to all 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 50,000 opioid overdose reversals have been reported to DHCS through the NDP.

Naloxone Distribution Project (NDP)

The 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 in October 2018 and has received more than 3,800 applications. Eligible entities include

From October 2018 to November 2021, the NDP has distributed:

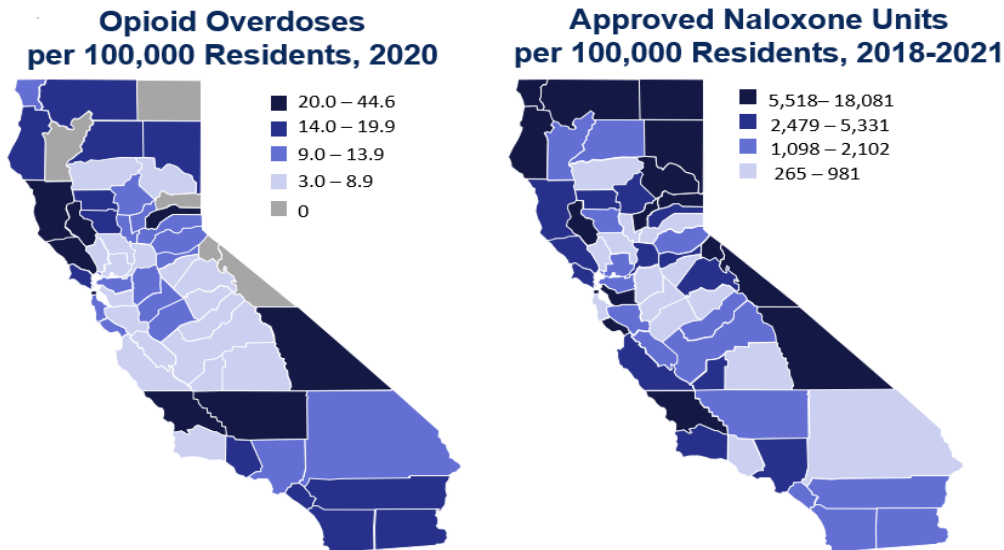
900,000+ units of naloxone

to **2,000+** organizations

in **58** counties, resulting in

50,000+ overdose reversals.

Opioid Overdoses and Naloxone Distributed by Count





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.

PROJECT / FOCUS AREA	DESCRIPTION
Clinical Services	
California Substance Use Line	24/7 telephone support by addiction experts for health care providers learning how to treat SUD and provide MAT.
California Bridge: EDs and hospitals	Support emergency departments and hospitals in integrating MAT services, including hiring addiction counselors.
Addiction Treatment Starts Here: 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 MAT Project	Funding and technical assistance for rural and urban tribes to integrate MAT into tribal health services; native-specific Project ECHO through video mentorship; supporting the local integration of cultural and traditional healing and recovery practices into tribal health programs for SUD services, including treatment for stimulant use disorder.
Mom & Baby Substance Exposure Initiative	Technical assistance to support prevention, screening, and treatment for pregnant and postpartum women, and family-centered care for substance-exposed infants.
Youth Opioid Response/Young People in Recovery	Prevention and treatment services for youth ages 14 to 26; establish youth-based recovery services in multiple locations.
Primary Care Residency	Integrating MAT training into primary care residency programs.
Recovery Housing	Provide recovery housing and peer support for individuals experiencing homelessness with an OUD.
County and State Correctional Health	
MAT in County Criminal Justice	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.
Youth Peer Mentor Program for Juvenile Justice	Establish an OUD peer support program for justice-involved youth.



MAT EXPANSION PROJECT: CONTINUED	
PROJECT / FOCUS AREA	DESCRIPTION
Statewide Systems and Programs	
Choose Change California	Statewide media campaign to decrease stigma around MAT treatment.
Community Campaign and MAT Champions	Regional media campaign focused on prevention and opioid safety for tribes.
MAT Access Points	Support new or expanding MAT services at more than 200 sites in California.
Opioid Safety Coalitions	Fund, convene, and coach leaders of local coalitions addressing the impact of the opioid epidemic in their communities.
Mentored Learning	Mentoring services for new MAT prescribers.
Systems of Care	Technical assistance to coordinate transitions across treatment systems in 10 counties.
Naloxone Distribution Project	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.
CURES Optimization	Improve functionality of California’s prescription drug monitoring database, CURES.
Provider Support Initiative	Virtual training and technical assistance for MAT providers focused on improving treatment services.
Evaluation	Evaluate impact of various projects in the MAT Expansion Project.
SUD 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.
NTP REACH: Expanding Narcotic Treatment Programs Capacity	Technical assistance for narcotic (opioid) treatment programs to add buprenorphine and other medications to the treatment programs, in addition to methadone.
MAT Toolkits	Toolkits and training to support inclusion of MAT in residential programs, among counselors, primary care providers, DUI providers, criminal justice, and other settings where individuals may seek treatment.
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).
MAT Workforce Summits	Support MAT training programs for counselors and other addiction treatment providers.



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CalHOPE

[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: phone, chat, and text
- Individual and Public Education
- Community Networking and Support Connection to Resources
- Media and Public Service Announcements, aiming to normalize the experience of stress and the need to seek help

HOPE LIVES HERE

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. CalHOPE Student Support is engaging every County Office of Education in California in enhancing their work to create positive social and emotional learning environments for students.

The total investment in the CalHOPE program as of December 2021 is approximately \$106 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 for people in crisis seeking help with suicide prevention and behavioral health issues.

California’s completed an eight-month planning process funded by Vibrant Health, and DHCS invested \$20 million in start-up costs to support the statewide crisis call center network to support new technology infrastructure, staff training, and capacity-building to support the launch of the 988 line in July 2022.

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 will launch a pilot program in July 2022 financed with federal funding.



New Efforts

The Behavioral Health Response and Rescue Project (BHRRP)

In addition to the specific impacts of COVID-19 on overdose rates in California, the pandemic has intensified behavioral health needs across the state, creating new barriers for people with mental health challenges and SUDs and increasing the prevalence of these conditions. In response, DHCS is implementing the [BHRRP](#) to increase access to mental health and SUD care for all Californians.

Through BHRRP, DHCS will help communities in need by expanding the behavioral health workforce, supporting mobile crisis services, funding recovery services, and implementing many other projects. With these funds, DHCS is implementing the following projects from July 2021 through June 30, 2025:

Telehealth Infrastructure

DHCS is supporting the purchase of provider telehealth equipment in health care facilities, such as laptops, desktops, monitors, software licenses, internet subscriptions, webcams, cellular telephones, and hotspots.

SUD and Mental Health Workforce

DHCS is supporting funding for SUD and mental health clinicians, peer support specialists, counselors, care coordinators, and case managers statewide through numerous projects, including the Peer Workforce Investment Project and the Expanding Peer Organization Capacity Project.

BH Mobile Crisis and Non-Crisis Services

DHCS has launched 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.

Recovery Services

DHCS is supporting and expanding recovery services for mental health and SUD. DHCS is working with community stakeholders as part of a statewide needs assessment to appropriately define recovery services programs and determine the best use of grant funds for these services across the state.

Recovery Housing Support

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

Justice-Involved Interventions

DHCS is supporting 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.

Continuation of Naloxone Distribution Project and Expansion

DHCS plans to continue to supply free naloxone to communities through June 2025.

Prevention Services

DHCS is funding 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 work with counties to create a Statewide Prevention Plan and evaluate emerging best practices in prevention that can be focused on underserved and communities of color, and will implement an evidence-based prevention registry.

First Episode Psychosis

DHCS is funding counties to support appropriate evidence-based programs for individuals experiencing first episode psychosis. DHCS is also working with the University of California, Davis to host learning collaborative training sessions for counties to develop, implement, and operate an evidence-based program for first episode psychosis.

Crisis Stabilization

DHCS is funding 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, and expand crisis stabilization facilities and outreach.

Early Intervention Services

DHCS is funding counties to support mental health early intervention, including screening and assessment, diagnosis, referral services, cognitive behavioral therapy, relaxation, social skills, and training. DHCS is also ensuring that counties provide early intervention services as a Medi-Cal benefit.

Youth and Adolescent Treatment

DHCS is funding 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.

Perinatal Treatment and Recovery

DHCS is funding 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 providers.



California Advancing and Innovating Medi-Cal (CalAIM)

California Advancing and Innovating Medi-Cal ([CalAIM](#)) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.

CalAIM Behavioral Health Delivery System Transformation

DHCS will strengthen the state’s behavioral health continuum of care for all Californians and promote better integration with physical health care. CalAIM will streamline policies to improve access to behavioral health services, simplify how these services are funded, and support administrative integration of mental illness and SUD treatment.

SUD Medi-Cal Services

DHCS was the first in the nation to expand Medi-Cal coverage for SUD treatment and recovery under a Section 1115 SUD demonstration, and expanded services are



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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 through the Drug Medi-Cal Organized Delivery System, including having Medi-Cal providers provide MAT onsite 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.

Services and Supports for Justice-Involved Adults and Youth

DHCS is seeking federal authority to offer a targeted set of Medi-Cal services in the 90 days before release to ensure people in jails, prisons, and youth correctional facilities receive behavioral health assessments, MAT, psychiatric medications, care coordination, and warm handoffs to community-based behavioral health providers to ensure connection to ongoing services. This is critically important, given that people leaving prison have 120 times the fatal overdose rate during the first two weeks following release, compared to the general population. Individuals with a history of incarceration may receive Enhanced Care Management services through managed care plans to help coordinate medical, behavioral, and social services. These initiatives help California address poor health outcomes and disproportionate risk of illness and accidental death, including overdose, among justice-involved Medi-Cal eligible adults and youth.

Peer Support Services Benefit

The new [Peer Support Services Medi-Cal benefit](#) will be implemented in July 2022, allowing people with lived experience to provide specialty mental health and SUD treatment services in counties that are able to fund this service expansion.

Children and Youth Behavioral Health Initiative (CYBHI)

[The Children and Youth Behavioral Health Initiative](#) (CYBHI) encompasses a broad set of initiatives to transform the behavioral health continuum of care for children and youth across all payers. CYBHI is investing more than \$4 billion in community and school-linked services and infrastructure, virtual care service platforms, expansion of evidence-based care delivery practices, workforce development and training, program coordination and evaluations, and public awareness and education campaigns. The initiative includes:

- Expanding equitable access with no wrong door for children, youth, and families.
- Building capacity for prevention, treatment, and recovery services.
- Raising awareness and engaging communities and families.
- Delivering behavioral health care services and supports that work.

Behavioral Health Continuum Infrastructure Program (BHCIP)

[The Behavioral Health Continuum Infrastructure Program \(BHCIP\)](#) provides funding to award competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. A portion of the funding is available for increased infrastructure targeted to children and youth 25 years of age and younger.

BHCIP will release Requests for Applications (RFA) through multiple rounds, as different rounds target specific gaps in California's behavioral health facility infrastructure. DHCS released the first RFA, the Crisis Care Mobile Units Program, in July 2021.



Community Care Expansion Program

The [California Department of Social Services Community Care Expansion Program](#) will fund the acquisition, construction, and rehabilitation of adult and senior care facilities that serve applicants and recipients of Supplemental Security Income (SSI), including individuals who are at risk of or experiencing homelessness and those who have behavioral health conditions. Counties, tribes, or jointly applying counties and tribes are eligible.

The Behavioral Health Integration Incentive Program

The Behavioral Health Integration (BHI) Incentive Program is designed to incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience. The goal of the BHI Incentive Program is to increase managed care plan network integration for providers at all levels of integration (those just starting behavioral health integration in their practices as well as those that want to take their integration to the next level), focus on new target populations or health disparities, and improve the level of integration or impact of behavioral and physical health. Managed care plans began implementing the program on January 1, 2021, and will continue through December 31, 2022.

Mental Health Services Oversight and Accountability Commission Student Mental Health Initiative

The [Mental Health Services Oversight and Accountability Commission Student Mental Health Initiative](#) provides grants for partnerships between county mental health agencies and local education agencies to deliver school-based mental health services to

young people and their families. These partnerships support outreach to identify early signs of unmet mental health needs, reduce stigma and discrimination, and prevent unmet mental health needs from becoming severe and disabling.

California Department of State Hospitals Diversion Program

The fiscal year 2018-19 state budget included \$100 million over three years and the Budget Act of 2021 allocated an additional \$47.6 million to support an expansion of the [California Department of State Hospitals \(DSH\) Diversion Program](#). The funds will be used by county pre-trial mental health diversion programs for individuals living with serious mental illness who are deemed incompetent to stand trial.

Forensic Assertive Community Treatment (FACT) Model of Care

DSH is implementing a 180-bed FACT model of care in DSH's Conditional Release Program (CONREP). This new level of care for CONREP will establish residential beds where services will be delivered onsite, allowing for placement of higher need individuals who may be ready to transition from the state hospitals or other institutions for mental disease (IMD) step-down programs, but continue to need supportive residential treatment environment. This model of care may also be used to treat individuals who are deemed incompetent to stand trial.

Community-Based Restoration

Community-Based Restoration program funds allocate resources to counties to establish competency restoration treatment programs in the community to serve individuals found incompetent to stand trial on a felony charge.



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IMD Subacute Funding Program

The IMD Subacute funding program supports the development of new IMD and subacute capacity across the state for the treatment of individuals found incompetent to stand trial on a felony charge. Additionally, funds may be used to increase community capacity to support step-down treatment options for other patient commitments ready to transition from the state hospitals.

Other Planned Initiatives

Medicaid 1115 Demonstration Waiver to Expand Mental Health Treatment

DHCS is submitting a Medicaid 1115 demonstration waiver to expand care for adults living with serious mental illness (SMI) and children and youth living with serious emotional disturbance (SED). If approved by the Centers for Medicare & Medicaid Services (CMS), it will allow California to secure federal Medicaid matching funds for additional mental health treatment options, including services in a broader array of residential and community settings.

Providing Access and Transforming Health (PATH)

Providing Access and Transforming Health (PATH) funds will support a multiyear effort to shift delivery systems and advance the coordination and delivery of services for individuals who are justice-involved (supporting pre-release and reentry proposals) and supporting a significant expansion of the system of care for homelessness.

Community-Based Residential Continuum Pilots

Community-Based Residential Continuum Pilots for Vulnerable, Aging, and Disabled Populations funding will provide medical and supportive services in the home, independent living settings, and community care settings, including for people living with behavioral health conditions.

Incentive Payments for Addressing Homelessness

As part of the state's overarching Home and Community-Based Services (HCBS) spending plan, managed care plans can earn incentive payments for investments and progress in addressing homelessness and keeping individuals housed. Managed care plans will earn funds by meeting specified metrics, and will also need to develop a homelessness response plan in partnership with local entities (e.g., public health, county behavioral health public hospitals, social services, etc.) on how incentive payments would be integrated into the homeless system.

Conclusion

Through a coordinated suite of initiatives, California is addressing head-on the growing acuity of behavioral health needs and overdose deaths emerging from the trauma of the pandemic. These initiatives are designed to build a robust continuum of care for all Californians, with specific efforts for those populations most heavily impacted, including children and youth, Black, Indigenous and People of Color, and the justice-involved.