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DHCS EXPANDING SERVICES TO FIGHT OPIOID CRISIS WITH NEW \$90M GRANT

SACRAMENTO – The state Department of Health Care Services (DHCS) is expanding efforts to curb opioid-related death and addiction in California, primarily in counties and tribal communities that have the highest rates of opioid-related overdose deaths.

One key initiative, funded through a two-year \$90 million federal grant, will target those areas with an innovative approach to increase access to medications used to treat opioid addiction.

“California’s overall opioid-related death rate is low compared to other states, but there are some areas in the state that have some of the worst prescribing rates and death rates in the country,” said DHCS Director Jennifer Kent. “This grant will help to significantly reduce the tragic effects of opioid overuse in California.”

DHCS will use a large portion of the grant from the federal Substance Abuse and Mental Health Services Administration to expand Californians’ access to medication-assisted treatment (MAT), particularly using buprenorphine. Unlike methadone, the most popular form of MAT, buprenorphine is available in primary care, mental health, and other outpatient settings. It may be dispensed by community pharmacies and has less abuse potential than methadone.

DHCS also will use the grant to fund additional approaches to reduce opioid misuse:

- Opioid misuse prevention efforts
- Wider distribution of naloxone, which can reverse the toxic effects of an opioid overdose
- Coordination of local coalitions to reduce opioid abuse
- Education and training to help reduce the stigma associated with addiction.

The Indian Health Services component of the grant will address MAT needs of California’s American Indian and Native Alaskan tribal communities. Nationally, the death rate from unintentional drug poisoning is almost twice as high in these demographic groups as in the overall population. These communities face challenges in accessing MAT, such as a lack of physicians to prescribe and oversee treatment.

Under the grant, California will set up at least 15 “hub-and-spoke” systems, modeled after a Vermont program that increased access to MAT and reduced overdose death rates. This model builds on the strengths of Narcotic Treatment Programs -- which are licensed to dispense methadone, and will serve as the “hubs” -- to provide specialized expertise in opioid treatment. The “spokes” are regional physicians working in primary care settings and approved to prescribe buprenorphine.

DHCS estimates that the overall project will serve 21,000 individuals over the two-year grant period and will create a foundation for sustainable treatment programs beyond the end of the grant. A copy of the grant [proposal](#) is available on the DHCS website.

The U.S. Department of Health and Human Services this month [announced the release of the first year of funding](#) under the grant.

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The toll of drug abuse in California

2013 Drug Overdose Deaths by CA County and Other States:

While California has a relatively low statewide rate of overdose deaths, some counties have rates higher than those for U.S. states hit hardest by the opioid crisis, such as West Virginia and Kentucky.

<i>Location</i>	<i>2013 drug overdose deaths per 100,000</i>
Lake County	46.3
Plumas County	41.1
Lassen County	31.5
West Virginia	30.7
Sierra County	30.6
Humboldt County	30
Trinity County	29
Del Norte County	28
Shasta County	28
Mariposa County	27.6
Nevada County	26.9
Kentucky	23.2
Rhode Island	22.9
Nevada	22
California	11.6

Impact on health care costs:

Appropriate MAT services can reduce opioid-related emergency room visits and other societal and financial burdens on the community. Emergency department (ED) visits for opioid poisoning are high in both rural and urban areas, but the majority of the counties with the highest number of visits are rural. Only two out of the top 12 counties for opioid-related ED visits (San Francisco and Santa Cruz) have methadone programs within the county. From 2011 to 2014, there was a 97 percent increase in ED visits related to heroin, and a 44 percent increase resulting from all opioids.

Emergency Department Visits for Opioid Poisoning – highest CA rates by county:

County	Number	Rate (per 100,000 population)
Plumas	61	61.7
Humboldt	316	46.3
Lake	137	42.2
Shasta	375	42.0
Trinity	27	39.1
Santa Cruz	459	34.2
Tehama	101	31.5
Del Norte	45	31.4
Mendocino	137	30.9
Tuolumne	85	30.9
Mariposa	28	30.8
San Francisco	1,238	30.0

Data Source: California Office of Statewide Health Planning and Development, Emergency Department Data

Effectiveness of the “Hub and Spoke” model:

The Hub and Spoke model, used by Vermont, has led to measureable improvements in several areas:

- Increased the total number of physicians who may prescribe buprenorphine.
- Increased the number of opioid users served by each buprenorphine-authorized physician.
- Led to a broader adoption of the disease model of treatment, providing a continuum of care from the ‘hub’ to the ‘spoke’ and back again, based on the needs of the patient.
- Provided more medical services in the ‘spokes,’ which has been enhanced by the additional staffing.
- Increased satisfaction by providers in primary care settings, with increased willingness to care for patients with opioid use disorder.
- Medicaid access to MAT has increased more than 150 percent since 2012, from 2,300 served to nearly 6,000 served.
- Savings to the Medicaid program estimated at \$3,100 per person/per year; estimated savings are higher when costs in child welfare and criminal justice programs are considered.