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**State Opioid Response Grant Performance Progress Report  
September 30, 2018 – September 29, 2019**

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## Summary

In April 2017, the California Department of Health Care Services (CDHCS) received the State Targeted Response to the Opioid Crisis (Opioid STR) Grant. With Opioid STR funding, CDHCS implemented the Medication Assisted Treatment (MAT) Expansion Project. The MAT Expansion Project consists of three primary components:

1. The California Hub and Spoke System (CA H&SS);
2. Increase the availability and utilization of buprenorphine statewide, and
3. The Tribal MAT Project.

In September 2018, CDHCS received the State Opioid Response (SOR) Grant. With SOR funding, CDHCS implemented the MAT Expansion Project 2.0. The MAT Expansion Project focuses on the following objectives:

1. Increase access to MAT;
2. Reduce unmet treatment needs; and
3. Reduce opioid overdose related deaths through prevention, treatment, and recovery services.

Through the MAT Expansion Project 2.0, CDHCS is working towards the following goals and objectives:

1. Develop additional MAT locations through strategic access points;
2. Provide MAT services to specialized or underserved populations;
3. Transform entry points to individuals with an opioid use disorder (OUD) and create effective referrals into treatment and develop coordinated referral processes to better manage high-risk transitions of care;
4. Engage prospective and current prescribers to increase provision of MAT; and
5. Enact overdose prevention activities to prevent opioid misuse and overdose deaths.

Funding from the SOR Supplemental grant has complimented and intersected with the MAT Expansion Project activities initiated with the STR and SOR grant programs. The SOR Supplemental grant funds California's MAT Expansion Project 2.0, which has a focus on increasing referrals into OUD services and prevention activities. The

populations of focus are American Indian and Alaskan natives, perinatal, service members/veterans, and youth.

CDHCS' aim is to impact individuals by the grants through efforts to prevent opioid misuse and overdose (OD) deaths; with a focus on regions with the highest OD rates, Project activities have concentrated in areas where individuals with an OUD may encounter services including primary care, hospitals, substance use disorder (SUD) providers, county touch points and criminal justice settings.

The additional SOR Supplemental funding has allowed CDHCS to allocate more funding towards current MAT Expansion programs.

This SOR Grant Performance Progress Report (PPR) details the activities, accomplishments, and barriers CDHCS has engaged in or encountered during the period of September 30, 2018 through September 29, 2019.

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## Major Activities and Accomplishments

For the period of September 30, 2018 through September 29, 2019:

- 1. Number of clients who have received treatment services (many of these individuals, through projects like the California Bridge, are through referral): 7,381**
  - a. Of those, # receiving methadone: 1,806**
  - b. # receiving buprenorphine: 5,144**
  - c. # receiving injectable naltrexone: 431**
- 2. Number of clients receiving recovery support services (many of these individuals, through projects like the California Bridge, are through referral): 7,875**
- 3. Number of naloxone kits distributed: 244,428 (from October 1, 2018 to September 29, 2019)**
- 4. Number of overdose reversals: 7,458**
- 5. Description of major activities/accomplishments:**

Major accomplishments: Over the course of two years, the MAT Expansion Project has:

- Provided treatment to approximately 22,000 new patients;
- Saved approximately 7,500 lives with opioid overdose reversal medication naloxone;
- Created 650 new access point locations where patients can receive treatment for OUD;

- Trained 395 new providers to prescribe buprenorphine;
- Established 52 hospitals and emergency rooms as centers for stabilization and referral to treatment for OUD, while initiating and referring into treatment 2,340 individuals on buprenorphine; and
- Expanded access to treatment in jails and drug courts in 29 counties, which have provided MAT services to 1,646 clients as a result of educational and technical assistance programming and infrastructure funding through the MAT Expansion Project.

Highlights for individual projects:

- **Hub & Spoke System:** The California Hub and Spoke System aims to increase access to MAT services throughout the state, particularly in counties with the highest overdose rates. The Hub & Spoke System has led to:
  - 395 new practitioners trained to prescribe MAT in Spokes, doubling the number of prescribers since the first month of the program.
  - 22,000+ new patients starting methadone, buprenorphine, or extended-release naltrexone, the three FDA-approved medications for treating opioid use disorder.
- **California Bridge:** This program develops hospitals and emergency departments into primary access points for the treatment of acute symptoms of SUD. Participating sites address substance use as a treatable chronic illness by beginning MAT with buprenorphine immediately, as well as using harm reduction techniques, such as naloxone distribution, to minimize the risks associated with SUD. To date, 52 health care facilities across 35 counties have initiated MAT and referred into treatment a total of 2,060 individuals and provided recovery services through referrals to 4,302 clients.
- **MAT in Criminal Justice:** Historically, individuals with SUDs have not always been able to access MAT during periods of incarceration, despite an estimated 65 percent of individuals in the criminal justice system meeting the criteria for a SUD. Through the MAT Expansion Project, DHCS is funding a technical assistance program for 29 counties that are developing or expanding MAT to individuals in county jails and through drug courts.
- **Naloxone Distribution Project:** The Naloxone Distribution Project aims to reduce opioid overdose deaths through the provision of free naloxone. Qualified entities that apply to DHCS can have naloxone shipped directly to their address. Through the project, more than 240,000 units of naloxone have been distributed to over 800 organizations, in 55 of California's 58 counties. Approximately 7,500 opioid overdose reversals have been reported through the project.
- **Tribal MAT Project:** The Tribal MAT Project addresses the culturally unique needs of American Indian/Alaska Native populations, a population disproportionately impacted by the opioid crisis. The Tribal MAT Project aims to promote opioid safety, improve the availability and provision of MAT, and

facilitate wider access to naloxone with special consideration for Tribal and Urban Indian values, culture, and treatments. Through the project, providers have been trained in treating opioid use disorder, risk reduction/overdose prevention, safe usage of opioids, managing pain, treating pregnant women with opioid use disorder, and traditional healing practices and cultural humility.

- **Mother & Baby Substance Exposure Initiative:** The goal of this initiative is to increase access to MAT for pregnant and parenting women with OUD, reducing unmet treatment need and opioid overdose related deaths. The aim is to decrease neonatal abstinence syndrome (NAS) severity and length of stay in the hospital, and to increase the number of mothers in long-term recovery. In an effort to achieve these outcomes, the project is working to increase screening of pregnant woman for opioid use disorder; developing protocols and guidelines for treatment; distributing patient education materials; and providing technical assistance to stakeholders.
- **Choose MAT/Choose Change:** Choose Change is a statewide media campaign that was developed to educate the public about the availability of treatment for opioid use disorder. The campaign includes TV, radio, and billboard ads that encourage people to visit ChooseMAT.org to learn more about MAT and locate treatment. Through TV, radio and billboards, the campaign logged over 1.2 billion impressions. Within 5 months, the website had more than 286,000 visitors and approximately 31,500 people accessed the treatment locator.
- **MAT Access Points:** MAT Access Points Project funds start-up activities, MAT enhancement, and capacity building to 118 organizations across 264 sites Statewide.

A major focus of this project is also prevention and education for communities of color and vulnerable populations that are disproportionately impacted by OUD and criminalization of SUD, and that often have less access to treatment and information about OUD and SUD supports. A total of \$10 million was allocated to 55 community-based organizations throughout California to fund training for substance use navigators, cultural brokers, or other community health worker models to incorporate OUD into their workflow; implemented a stigma-reduction campaign that is culturally responsive and linguistically appropriate; and development and circulation of materials (e.g. printed educational materials, duplication, and distribution).

**6. Description of barriers and how you have addressed them, and any barriers still left to address:**

Many of the barriers and challenges CDHCS has encountered are not new or exclusive to SOR grant activities. Many of the projects funded by STR and SOR were designed with the intention of overcoming the barriers that individuals experience when accessing treatment (i.e., proximity, awareness, supportive

linkages, etc.). The barriers listed below speak more to the systemic or institutional challenges that CDHCS has recognized and continues to navigate.

- Stigma
  - Provider knowledge and attitudes about MAT and patients with opioid use disorders improved slightly between the first and second years of Hub and Spoke implementation,” however, “stigma remained a problem and is a critical issue.”
  - Over one-quarter (28.8%) of prescribers indicated that they found patient compliance to be a considerable or extreme barrier to prescribing MAT. In addition, 11.6% of MAT team members still felt that methadone was just substituting one addiction for another, and 10.0% felt that patients demonstrating ongoing opioid use should be reprimanded or discharged from treatment. Patient interviews revealed that nearly one-quarter (23.0%) of participants reported they were sometimes, frequently or always discriminated against by health care professionals because of their substance use disorder.”
  - UCLA and other grantees continue to work with providers on addressing stigma, combatting misconceptions, and addressing other barriers to high quality, person-centered care.
- Homelessness/housing
  - As a state with a very high cost of living, California’s approach to the opioid crisis is complicated by a lack of affordable housing. This has been noted by many service providers and programs and continues to be an issue. According to UCLA’s report, less than half (43.9%) of spokes felt they had adequate referral resources for housing supports to provide to patients experiencing homelessness. Two of the projects under the MAT Expansion grant focus specifically on housing: Health Right 360 Supportive Housing and Riverside County Supportive Housing projects.
- State Contracting Process
  - In an effort to expedite the state contracting process, California instituted Welfare and Institutions Code 14124.3, which allows CDHCS to enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis to administer or implement services as part of the SOR grant. This has allowed the state to shorten the typical time necessary to execute contracts with entities.
- Fentanyl
  - Fentanyl has become a much larger concern in California over the course of 2018 and 2019. Fentanyl overdoses in the state spiked over the last two years, from a total of 431 fentanyl related overdoses in 2017 to a total of 743 in 2018. Anecdotally, treatment providers, harm reduction organizations and first responders have shared concerns about heroin

and methamphetamine laced with fentanyl. Through the naloxone program (NDP), applicants have stated the need for multiple doses of naloxone to reverse an overdose, due to the strength of the drug. California continues to prioritize naloxone distribution as a primary method of preventing overdose deaths, while expanding access to treatment through the California Bridge program in emergency departments and Hub and Spoke program in clinical settings.

More information regarding CDHCS' efforts can be found on the MAT Expansion Project website at [www.CaliforniaMAT.org/](http://www.CaliforniaMAT.org/)