



DATE: November 13, 2023

Behavioral Health Information Notice No: 23-064

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Naloxone use, funding sources, and best practices

PURPOSE: To provide guidance to Counties and providers about the availability and use of naloxone across California, funding sources, and best practices.

REFERENCE: [BHIN 23-054](#), [BHIN 23-001](#), [BHIN 22-025](#)

BACKGROUND:

In California over 10,000 people died from all-drug overdoses from October 2021 to September 2022. Fentanyl accounted for 58% of those overdose deaths, an increase of 80% from the annual rate in September 2020. Psychostimulant deaths increased by 40% and cocaine deaths by 9%.¹ For each overdose that results in a death, there are many more that are non-fatal, but still come with significant effects to individuals, families, and communities.

California provides funding to fight the opioid crisis by providing resources to California communities in need and increasing education and awareness to prevent harm in the first place. The Department of Health Care Services (DHCS) has established statewide coordinated efforts to combat the opioid epidemic, reduce unmet treatment needs for

¹ California Department of Public Health, California Overdose Surveillance Dashboard

opioid use disorder (OUD), expand access to medications for OUD and reduce opioid (including fentanyl) related deaths. These efforts include the [Behavioral Health Response and Rescue Project](#), the [Drug Medi-Cal Organized Delivery System \(DMC-ODS\)](#), new requirements² for licensed and/or certified substance use disorder (SUD) treatment providers to offer medications for addiction treatment services directly or have effective referral processes, and [California Opioid Response](#) initiatives including the [Naloxone Distribution Project](#), the [MAT Access Points Project](#), the [California Hub and Spoke System](#), the [MAT in Jails and Drug Courts Project](#), the [CA Bridge Program](#), [Youth Opioid Response California](#), [Tribal MAT Projects](#), the [MAT Media Campaign Project](#), and the [Youth Peer Mentor Program](#). DHCS provides oversight and technical assistance to counties and cities regarding Opioid Settlement Funding. DHCS also collaborates with the California Department of Public Health (CDPH) to enhance the [California Overdose Surveillance Dashboard](#) that tracks various overdose data, including opioid and fentanyl overdose deaths and fentanyl-related emergency department visits.

Naloxone is a critical tool in responding to the opioid crisis. Naloxone is a life-saving medication used to reverse an opioid overdose, including heroin, fentanyl, and prescription opioid medication overdoses. Naloxone works by blocking the opioid receptor sites, reversing the toxic effects of the overdose. Naloxone is administered when a patient is showing signs of opioid overdose and can be quickly administered by intranasal spray, intramuscularly, subcutaneously, or by intravenous injection. Naloxone is safe and easy to use, works almost immediately, and has no abuse potential.

POLICY:

Funding Sources:

Naloxone is available to all Medi-Cal beneficiaries with a prescription, and many other sources of health coverage also cover naloxone when prescribed or dispensed in a health care setting. Naloxone may also be furnished by community pharmacists to individuals without a prescription, provided requirements are met.³ In addition, earlier this year the U.S. Food and Drug Administration (FDA) approved Narcan, 4 milligram (mg) naloxone hydrochloride nasal spray for over the counter, nonprescription use. This is the first naloxone product approved for use without a prescription and became available for over-the-counter purchase in September 2023.

² See [BHIN 23-054](#)

³ 16 CCR § 1746.3

Medi-Cal Rx

Medi-Cal Rx is the outpatient pharmacy benefit for all Medi-Cal beneficiaries. Medi-Cal Rx covers prescription and over-the-counter outpatient drugs, including naloxone. When a pharmacist prescribes naloxone, such a prescription fulfills the prescription requirement for Medi-Cal coverage.

DMC-ODS Program⁴

Medications to treat addiction include all drugs and biological products that are FDA-approved to treat OUD and alcohol use disorder. Additionally, DMC-ODS counties are required to ensure that all DMC-ODS providers, of all levels of care, demonstrate that they can either directly offer or have an effective referral mechanism/process to offer medication-based treatment to Medi-Cal members with substance use disorder (SUD) diagnoses. Furthermore, DMC-ODS counties may cover drug product costs for treatment when the medications are purchased and administered or dispensed in a non-clinical setting (e.g., criminal justice settings or street-based outreach).

DMC-ODS providers have the flexibility to provide or arrange for naloxone to be prescribed and provided to each DMC-ODS beneficiary by leveraging Medi-Cal Rx. For example, DMC-ODS providers, authorized to prescribe medication, can prescribe naloxone to each member who is under their care and arrange for staff to routinely fill these naloxone prescriptions at a pharmacy on behalf of the members. Additionally, DMC-ODS providers can coordinate delivery of the naloxone from a pharmacy to the member's location.

Medical Directors and prescribing clinicians of DMC-ODS providers are also able to establish a Standardized Protocol that authorizes designated staff working in a DMC-ODS provider agency (using a standardized procedure and standing order specific to prescribing naloxone) to issue prescriptions on behalf of the Medical Directors or prescribing clinicians to a local pharmacy for naloxone.

The pharmacy bills these naloxone prescriptions through Medi-Cal Rx. The staff may bring the dispensed naloxone back to the DMC-ODS provider site, or the pharmacy may arrange delivery to furnish naloxone directly to patients. This method enables DMC-ODS providers to better facilitate onsite access to naloxone reimbursed through Medi-Cal Rx. DMC-ODS providers may also refer patients to pharmacies that will dispense naloxone directly to the patient.

⁴ See [BHIN 23-001](#)

The Naloxone Distribution Project (NDP)

In 2018, DHCS established the NDP to combat the opioid epidemic by reducing opioid-related overdose deaths through the provision of free naloxone, directly shipped to eligible entities. The NDP supports eligible entities, including, but not limited to, law enforcement, schools, tribal entities, county public health and behavioral health departments, and community organizations. However, the NDP is not the primary source for naloxone in California and other available funding sources should be used to obtain naloxone prior to utilizing the NDP.

The NDP distributes nasal Narcan (2 doses of 4 mg naloxone) and intramuscular naloxone (generic .04 mg/mL vial) for use by the general public. Although nasal Narcan no longer requires a prescription or a statewide standing order from CDPH, a prescription or statewide standing order is still required to order intramuscular naloxone. Eligible entities may complete and submit the NDP application and if applicable, either a prescription for naloxone or CDPH's approved [statewide standing order for naloxone](#).

The NDP application, prescription or standing order, if applicable, and the applicant's naloxone distribution plan (for orders over 196 units), must be submitted to the DHCS NDP for approval. Once approved, the naloxone is shipped directly to the entity. The NDP does not provide nor distribute naloxone directly to individuals.

Other Funding Sources

In addition to the funding sources described above, counties may use their federal Substance Abuse and Mental Health Services Administration grant funding or funds received from [opioid settlements](#) to purchase naloxone and fund naloxone distribution to local communities, as well as 2011 Realignment funds. Medicare may also cover naloxone for individuals with Medicare prescription coverage.

Behavioral Health Licensing and Certification:

The DHCS Licensing and Certification Division oversees licensing and certification functions, monitoring, and complaints for specified behavioral health programs and facilities, including Narcotic Treatment Programs, and outpatient and residential SUD providers, among others.

DHCS requires licensed SUD recovery or treatment facilities to⁵:

- Maintain, at all times, at least two unexpired doses of naloxone, or any other opioid antagonist medication that is approved by the FDA for the treatment of an opioid overdose, on the premises of the licensed SUD recovery or treatment facility.

Have at least one staff member, at all times, on the premises who knows the specific location of the naloxone, or other FDA-approved opioid antagonist medication, and who has been trained in its administration. Training includes review of online resources and the [National Harm Reduction Coalition's](#) website to respond effectively to an opioid-associated overdose emergency. Staff are required to certify that they have reviewed and undergone training in opioid overdose prevention and treatment.

- Document proof of completion of the training in the staff member's individual personnel file.

Naloxone should be readily available and not stored in locked cabinets or offices. Providers should develop written policies and procedures for labeled naloxone, whether prescribed or received through community distribution, to be kept on person or at a bedside while in DHCS licensed treatment facilities, similar to how a person may keep an inhaler on their person to treat asthma.

Naloxone Best Practices:

The following information and best practices are provided to help counties and providers make every effort to educate their workforce, communities, and program participants on the effectiveness and availability of naloxone.

Children and Youth

The rise in fentanyl use is also impacting children and youth with overdose deaths among adolescents rising. Naloxone can be given safely to people of all ages, from infants to older adults, including a child or adolescent who may have unintentionally taken an opioid. Naloxone is safe for everyone and will not harm someone if administered and it turns out that they are not experiencing an opioid overdose.

⁵ See Health and Safety Code Section [11834.26\(f\)\(1\)](#) and BHIN [22-025](#)

Bystanders

Bystanders are often present when an overdose is occurring, and everyone can act to prevent overdose deaths. Anyone can carry naloxone and administer it to someone experiencing an overdose and potentially save that person's life. During an overdose, a person's breathing can dangerously slow down or stop, causing brain damage or death. It is important to recognize the signs and quickly administer naloxone, even before emergency workers arrive.

People struggling with OUD should be encouraged to not use opioids alone, carry naloxone, and let others around them know they have it in case they experience an overdose, since naloxone cannot be used on oneself during an overdose. In addition, most states, including California, have "Good Samaritan" laws in place to protect those who are overdosing and anyone assisting them in an emergency from arrest, charges, or a combination of these.

California's Good Samaritan law may be found at Health and Safety Code Section 1799.102. Additionally, Health and Safety Code Section 11376.5 provides limited protections from criminal arrest and prosecution for people who seek medical assistance at the scene of a suspected drug-related overdose. California's naloxone access laws may be found at Civil Code Section 1714.22, and Business and Professions Code Sections 4052.01 and 4119.9.

Extension of Naloxone Shelf-Life

The FDA approved an extended shelf-life for the nasal spray formulation of naloxone ([Narcan®](#)) from 24-months to 36-months. Naloxone that has been properly stored and may soon reach expiration may be donated. Please contact a local [syringe services program](#) about donating the naloxone. For large amounts (10+ doses), [contact NEXT Distro](#) about donating the naloxone.

Preventative Measures

Lastly, as noted above in this BHIN, as a best practice overdose prevention measure, DMC-ODS providers, who are authorized to prescribe medication, may and should prescribe naloxone or arrange for naloxone prescriptions through a local standardized protocol for each DMC-ODS beneficiary who is receiving treatment in their program and ensure that naloxone is readily available and not stored in locked cabinets or offices. The *DMC-ODS Program* section of this BHIN describes how DMC-ODS providers can facilitate onsite access to naloxone reimbursed through Medi-Cal Rx.

Additional Resources:

To access training on naloxone and related topics, please visit:

- [Naloxone Training for Health Care Providers](#): Centers for Disease Control and Prevention (CDC) offers several naloxone training modules for health care providers. Earn continuing education credits (CE) after completing the full module.
- [Administering Naloxone - Training Video \(You Tube\)](#)
- [Overdose Education and Naloxone Distribution \(webinar recording\)](#): Training for professionals who will be responsible for educating laypersons about opioid overdose and distributing naloxone in their community.
- [Implementing Naloxone Distribution Systems \(webinar recording\)](#): Training for program managers and others responsible for the implementation of naloxone distribution systems/OEND in their community.

There is extensive information available online about naloxone. Some of these resources include:

The Substance Abuse and Mental Health Services Administration:

<https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone>

The Centers for Disease Control: <https://www.cdc.gov/stopoverdose/naloxone/>

The National Institute on Drug Abuse: <https://nida.nih.gov/publications/drugfacts/naloxone>

The California Department of Public Health:

<https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Naloxone-landing-page.aspx>

Prescribe to Prevent: <https://prescribetoprevent.org/>

For questions regarding this BHIN, please contact countysupport@dhcs.ca.gov.

Sincerely,

Original signed by

Tyler Sadwith
Deputy Director
Behavioral Health