

Department of Health Care Services Tribal Leaders Fentanyl Roundtable

December 4, 2023

Welcome and Webinar Logistics

Dos & Don'ts of WebEx

- » Participants who are joining by computer and phone
- » Everyone will be automatically muted upon entry
- » Use the Q&A or Chat box to submit comments or questions
- » Please use the Chat box for any technical issues related to the webinar



Feedback Guidance for Hybrid Participants

- » **Q&A or Chat Box.** Please feel free to utilize either option to submit feedback or questions during the meeting.
- » **Spoken.**
 - Participants may “raise their hand” for Webex facilitator to unmute the participant to share feedback
 - Alternatively, participants who have raised their hand may unmute their own lines, but DHCS asks that you wait for a facilitator to recognize your request to speak
 - DHCS will take comments or questions first from tribal leaders and then all others in the room and on the webinar
- » **If you logged on via phone-only.** Press “*6” on your phone to “raise your hand”

Opening Prayer/Land Acknowledgment



*Raquel Williams, Vice-Chairwoman
Wilton Rancheria*

Welcome, Introduction of Tribal Leaders, Special Guests, and Review of Agenda

Michelle Baass, Director

Opening Remarks on Behalf of Assemblymember Ramos



*Linda Sacks, Native American Consultant
Jacob Rivera, Senior Legislative Aide*

Opening Remarks on Behalf of the California Rural Indian Health Board, Inc. (CRIHB)



Dr. Mark LeBeau
CRIHB



Opioids, Data, and California Indian Country

Virginia Hedrick

California Consortium for Urban Indian Health





The California Consortium for Urban Indian Health (CCUIH) is an alliance of ten (10) Urban Indian Health Organizations (UIHO) that supports health promotion and access for American Indians living in cities throughout California.



CCUIH's mission is to facilitate shared development resources for our members and to raise public awareness in order to support a health and wellness network that meets the needs of American Indians living in urban communities.



TRIBAL MAT PROJECT

CALIFORNIA INDIAN OPIOID SAFETY COALITION (CIOSC)

CCUIH CO-HOSTS THE CIOSC QUARTERLY CONVERGENCES, BRINGING PARTNERS, STAKEHOLDERS, AND PROGRAMS FROM ACROSS CALIFORNIA TRIBAL AND URBAN COMMUNITIES, SERVING AS A LEARNING COMMUNITY AND PROFESSIONAL NETWORKING RESOURCE.

CALIFORNIA INDIAN HARM REDUCTION WORK GROUP (CAIHR)

CCUIH IS CO-HOSTING A HARM REDUCTION WORKGROUP TO BRING TOGETHER OUR NATIVE COMMUNITY MEMBERS ACROSS CALIFORNIA TO LEARN ABOUT AND DISCUSS HARM REDUCTION FROM A CULTURAL LENS, NETWORK TOGETHER, BUILD PROGRAMS, AND DEVELOP SHARED PRINCIPLES.

TRIBAL MAT SUBCONTRACTORS

CCUIH ALSO FUNDS SEVERAL OF OUR PARTNERS THROUGH A SERIES OF SUBCONTRACTED GRANTS, INCLUDING OUR LOCAL OPIOID COALITION (LOC) FUNDING, OUR TRIBAL & URBAN INDIAN COMMUNITY-DEFINED BEST PRACTICES GRANT, AND OUR LEARNING COMMUNITY GRANT.

INTRO TO DRUGS

TYPES OF DRUGS



Depressants

OPIOIDS

Heroin
Fentanyl
Morphine
Methadone
Percocet
Codeine

BENZODIAZAPINES

Valium Xanax

SEDATIVE

Ativan Clonazepam

HYPNOTICS

Ambien GHB

ALCOHOL

Beer Wine Spirits

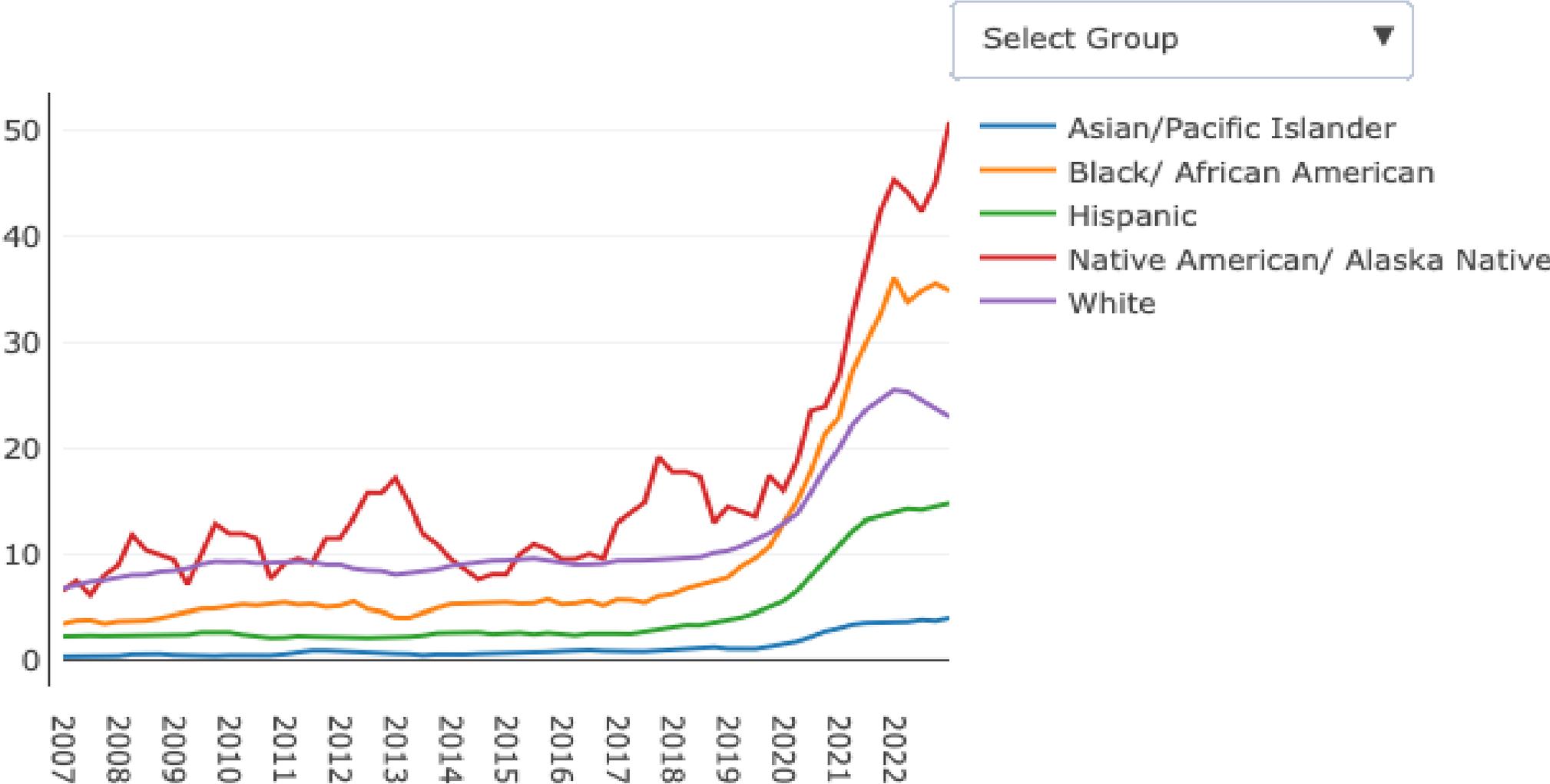
Cocaine
(Crack/Powder)
Methamphetamines
Adderall
Ritalin
Caffeine

LSD
Mushrooms
PCP
Marijuana
MDMA*

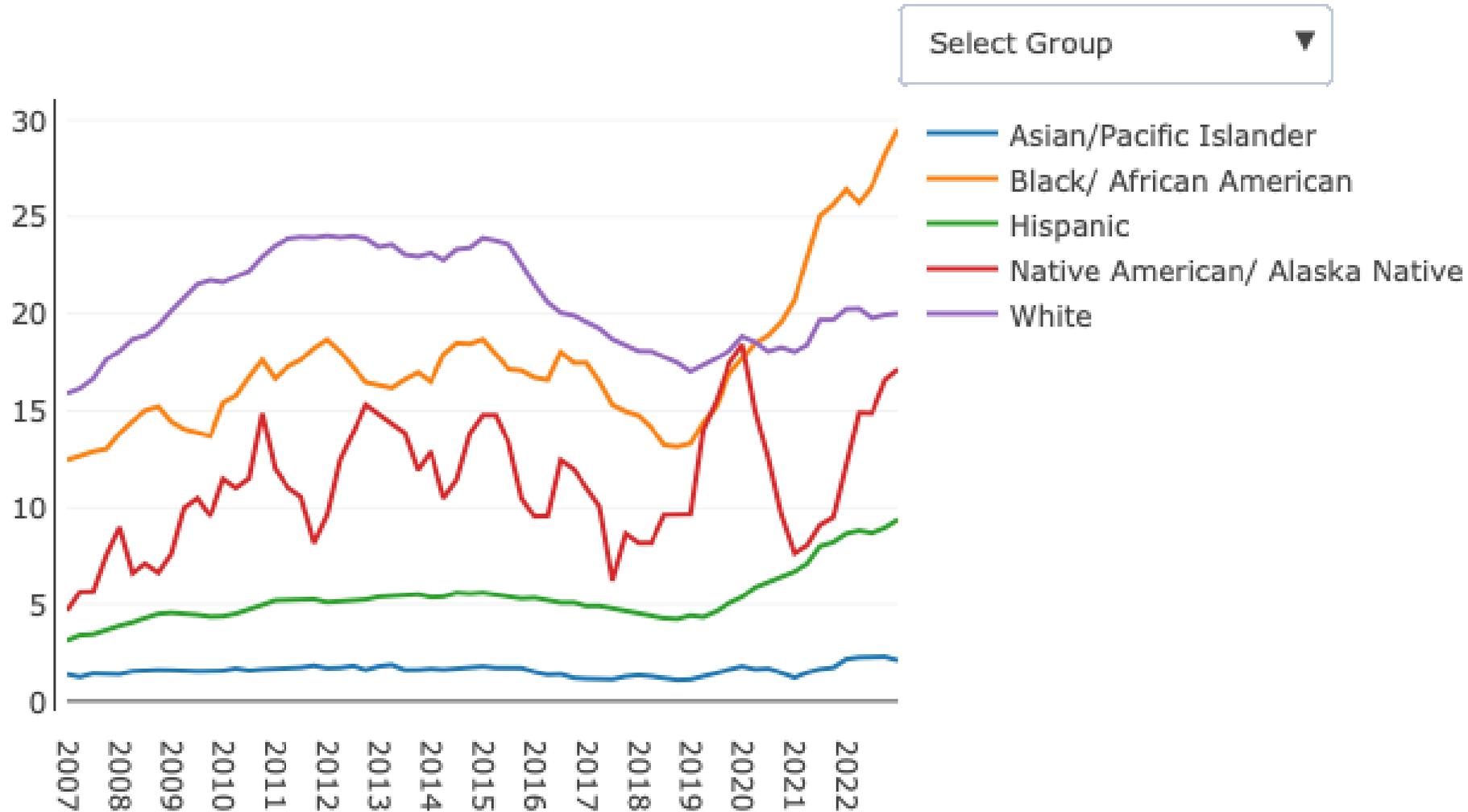
Hallucinogens

Stimulants

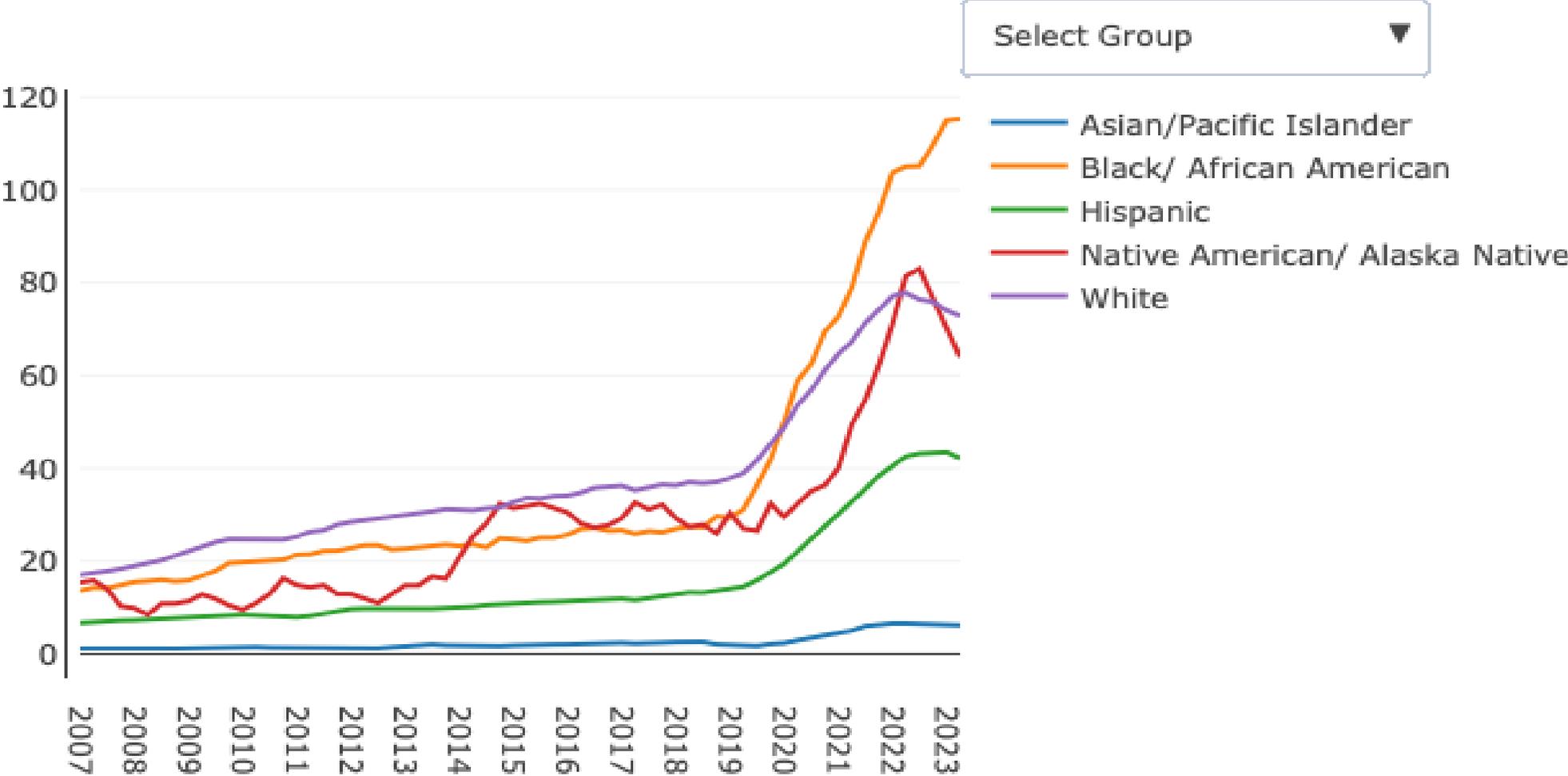
California Opioid Dashboard - Deaths



California Opioid Dashboard - Hospitalization



California Opioid Dashboard - Emergency Room Visits



WHAT ELSE IS THE DATA TELLING US...

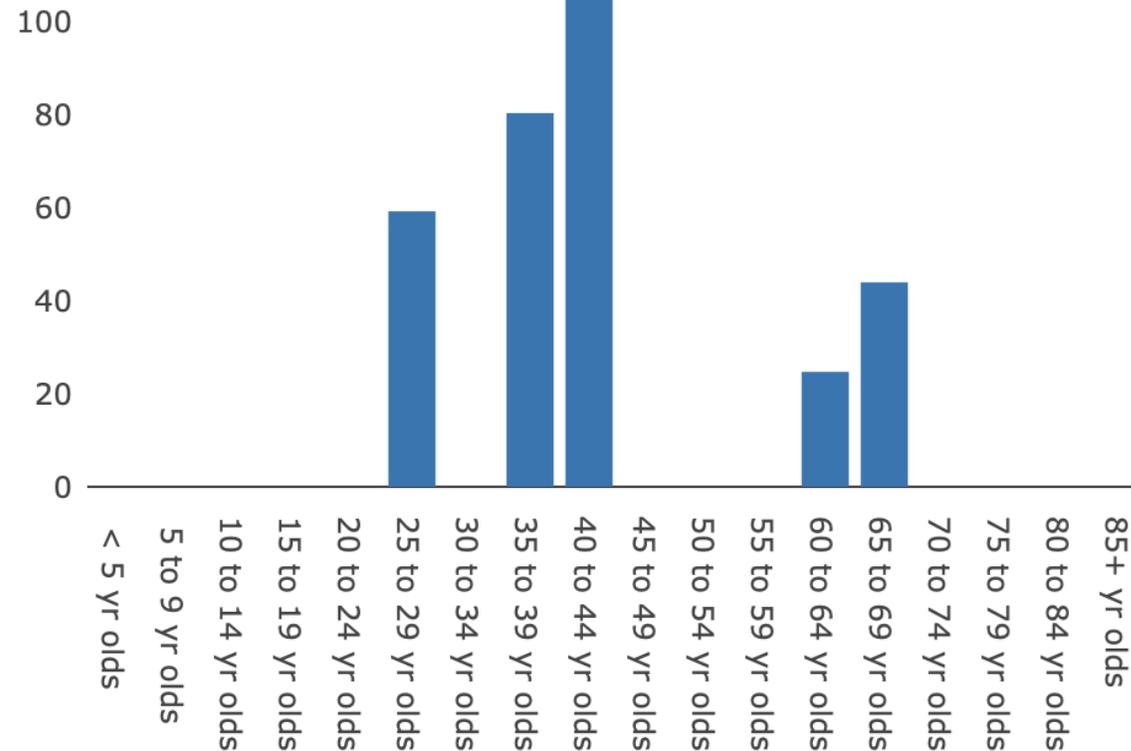
- Who is overdosing?
- How old are they?
- Are there common risk factors?
- What are they saying they need?

California Opioid Dashboard - Deaths by Age

Tuolumne County

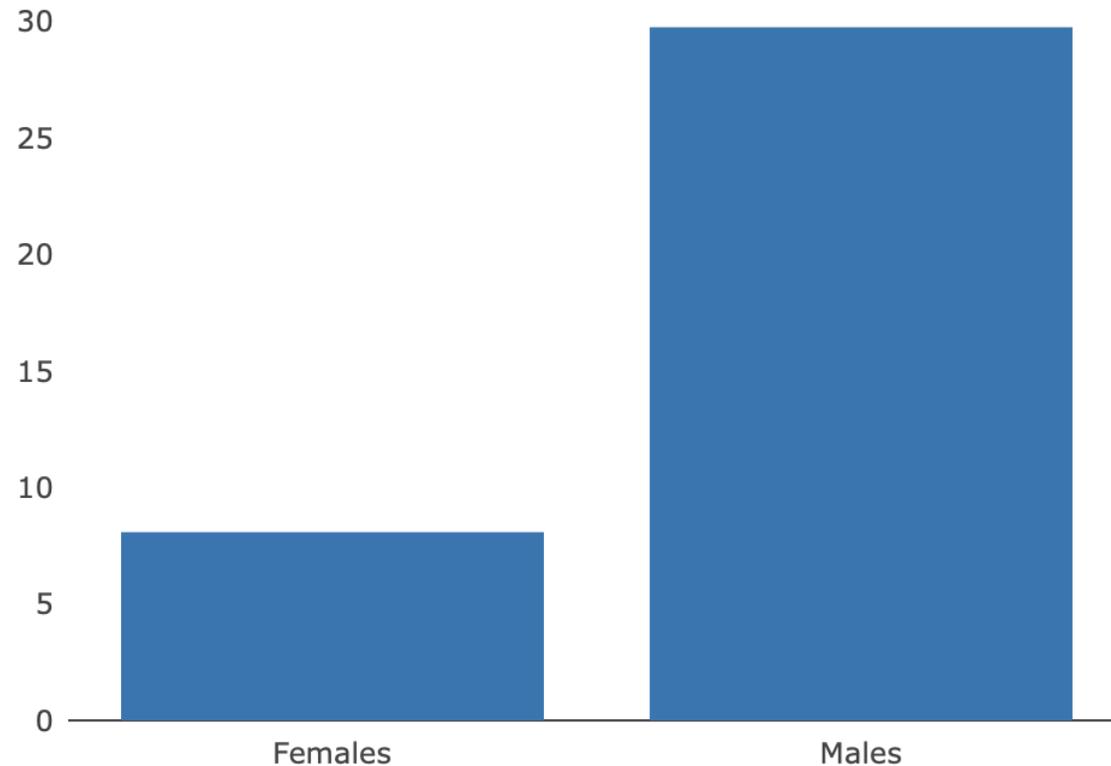
Any Opioid-Related Overdose Deaths by Age Groups, Prelim. 2022

Crude Rate per 100,000 Residents



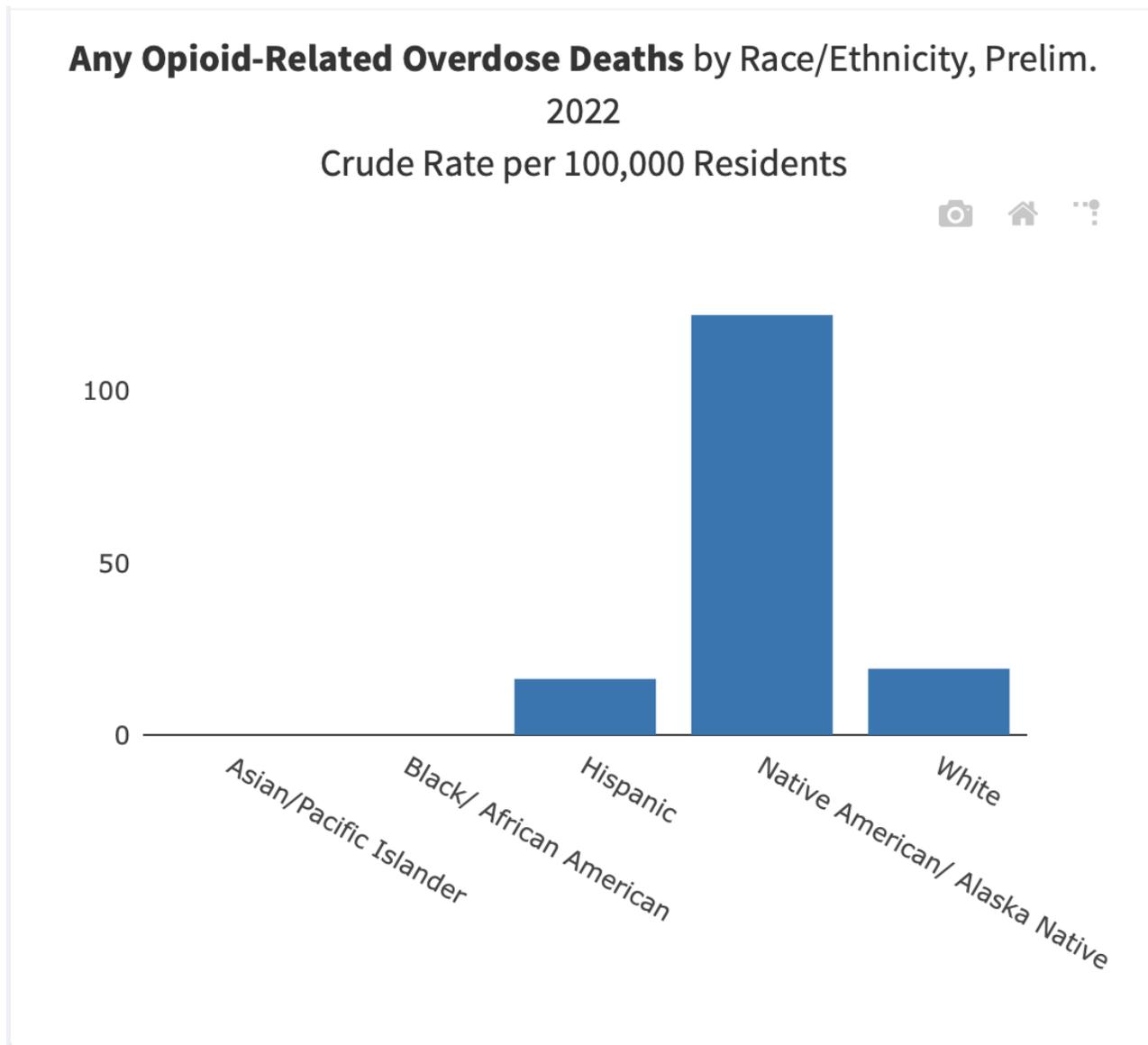
California Opioid Dashboard - Deaths by Sex Tuolumne County

Any Opioid-Related Overdose Deaths by Sex, Prelim. 2022
Crude Rate per 100,000 Residents



California Opioid Dashboard - Deaths by Race

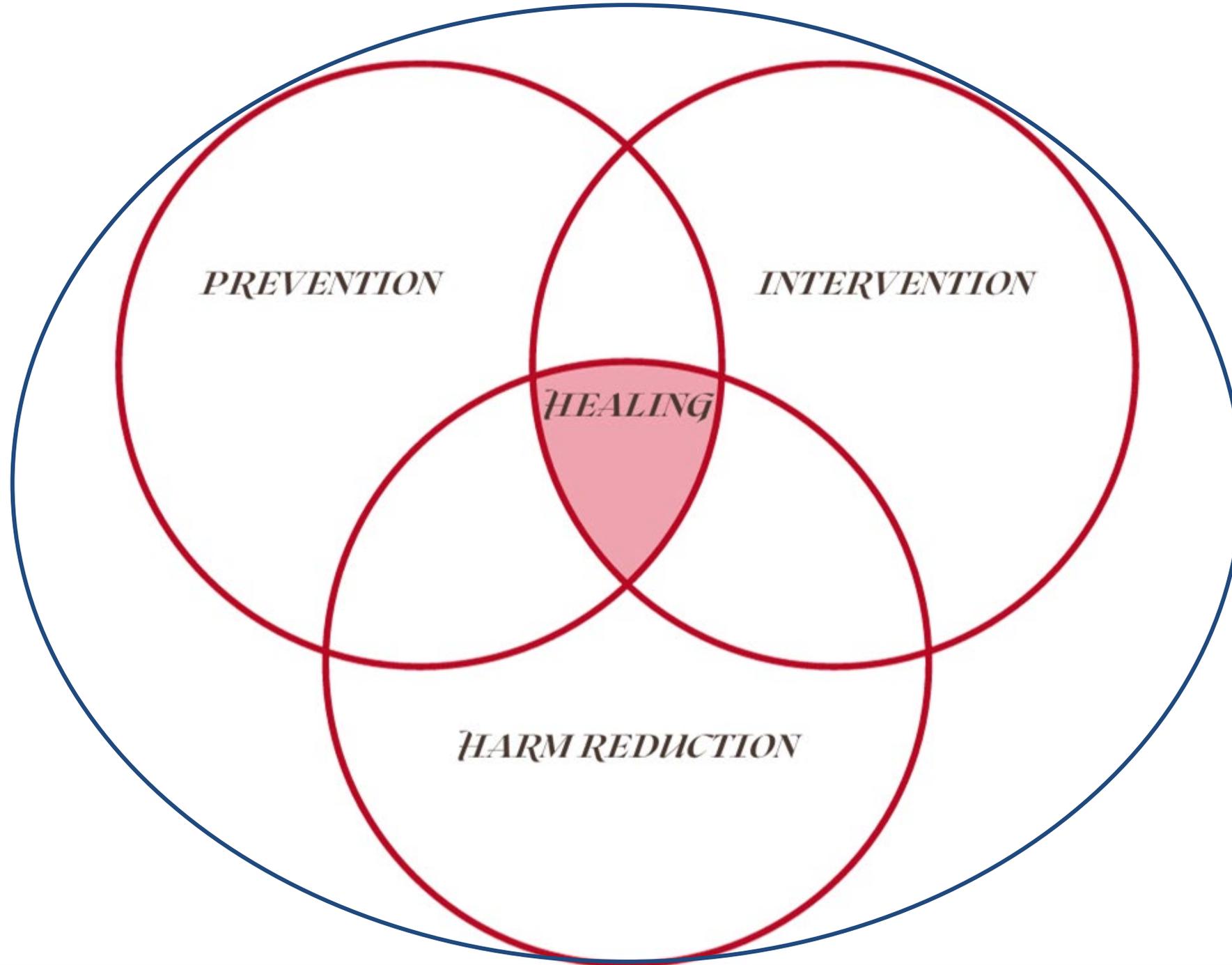
Tuolumne County



CAN WE DO IT ALL?

- PREVENTION
- INTERVENTION
- TREATMENT
- RECOVERY
- HARM REDUCTION
- HEALING

YES.



CULTURALLY ADAPTED OPIOID CAMPAIGN

Developing, collecting, and disseminating culturally tailored materials addressing:

- OOD prevention and reversal training
- OUD prevention, treatment, and recovery
- Medication assisted treatment and access
- Safe opioid prescribing and disposal
- Suicide prevention

All materials created in a way to reduce stigma around opioid use disorder and medication assisted recovery.

Find our Materials



Thank you!



Virginia Hedrick
virginia@ccuih.org



Tribal Leaders Roundtable Discussion



California's Naloxone Distribution Project

Jennifer Davis
Community Support Branch
Community Services Division

Agenda

- » What is Naloxone?
- » Naloxone Distribution Project (NDP) Overview
- » How to Receive Naloxone Through the NDP
 - Receiving Naloxone through the California Rural Indian Health Board and the California Consortium for Urban Indian Health
- » NDP Outcomes

What is Naloxone?

- » Naloxone is a life-saving medication that reverses an opioid overdose.
- » Naloxone works by blocking the opioid receptor sites and reversing the toxic effects of the overdose.
- » Fentanyl is a synthetic opioid, so naloxone can be used to reverse a fentanyl overdose.

The Naloxone Distribution Project (NDP)

- » DHCS created the NDP to combat opioid overdose-related deaths throughout California.
- » The NDP aims to address the opioid crisis by reducing opioid overdose deaths through the provision of free naloxone.
- » The NDP distributes naloxone directly to organizations across California.
 - 4mg nasal Narcan spray (2 doses per kit)
 - 0.4mg/mL intramuscular naloxone (1 dose per kit)

Eligible Organizations

- **Tribal Organizations**
- First responders, fire, emergency medical services
- Law enforcement, courts, criminal justice partners
- Community organizations and clinics
- Harm reduction organizations
- Veteran organizations
- Faith-based organizations
- Local agencies
- Schools and universities
- Libraries
- County public health or behavioral health agencies
- Organizations that serve unhoused populations
- Substance use recovery facilities
- Hospitals and emergency departments

Tribal Entities and the NDP

» Since 2018:

» The NDP has received 133 applications from Tribal Organizations and 99% of applications were approved.

- Average approval rate is 97%.

» The NDP has approved 113 applications from Tribal Organizations.

- 1% of all approved applications.

» The NDP has provided 32,580 naloxone kits to Tribal Entities.

- 1% of all distributed units.

How to Apply for Naloxone

- » To apply for naloxone through the NDP:
 - Gather the [required supplemental materials](#).
 - Complete the [NDP online application form](#).
 - Submit the application and supplemental materials via the [NDP online application form](#).
- » Manufacturer ships naloxone directly to applicants.

Choosing a Naloxone Formulation for your NDP Application

- » **INTRANASAL NALOXONE (Narcan):** Narcan is a nasal spray formulation of naloxone. Narcan is best suited for community distribution because it is easy to use by members of the general public.
- » **INTRAMUSCULAR NALOXONE (generic):** Intramuscular naloxone is an injectable formulation of naloxone. Intramuscular naloxone is best suited for harm reduction organizations or those comfortable with using needles.

Fill out the NDP Application

- » Enter contact information and delivery address.
- » Select the naloxone formulation and number of kits.
- » Upload supplemental documents.
- » Agree to the terms and conditions.
- » Submit the request.

Tip: Check the delivery address for accuracy before continuing.

Supplemental Documents

» A valid and active business license OR a tax-exempt letter OR a FEIN (tax ID found on a W-9 for your organization).

Tip: Applicants can either upload a document or type in their 9-digit FEIN.

» If ordering more than 204 units:

- Storage of naloxone received through the NDP,
- Inventory and tracking of naloxone received through the NDP,
- Distribution plan for naloxone received through the NDP, and
- Justification for the request.

Tip: Include in the justification the estimated number of staff, clients, or community members that will receive naloxone through the NDP order.

Supplemental Documents (continued)

- » If your organization is a health care site or SUD facility:
 - Storage of naloxone received through the NDP,
 - Inventory and tracking of naloxone received through the NDP,
 - Distribution plan for naloxone received through the NDP, and
 - DHCS SUD facility license (if applicable).
- » If your organization is requesting intramuscular naloxone:
 - A [standing order](#) or valid prescription for naloxone.

Tip: A standing order can be obtained from the [California Department of Public Health](#).

After Application Submission

- » NDP staff will review the application and provide a response in 1-2 weeks.
- » If there are any corrections needed, NDP staff will reach out via email to the contact provided on the form.
 - Respond in the email thread with the requested information so DHCS can continue to process the application.

Tip: Your browser will notify you that the application was successfully submitted – you will not receive a separate email confirmation from NDP staff.

After Application Approval

- » If your application is approved, you will receive an approval letter 1-2 weeks after application submission.
- » You will receive an order confirmation and shipment tracking information from the manufacturer.
- » Orders will be delivered 1-2 weeks after receiving your approval letter.

Tip: Contact the manufacturer directly with shipment questions or concerns. You can find their contact information in the [NDP FAQs](#).

Requesting More Naloxone

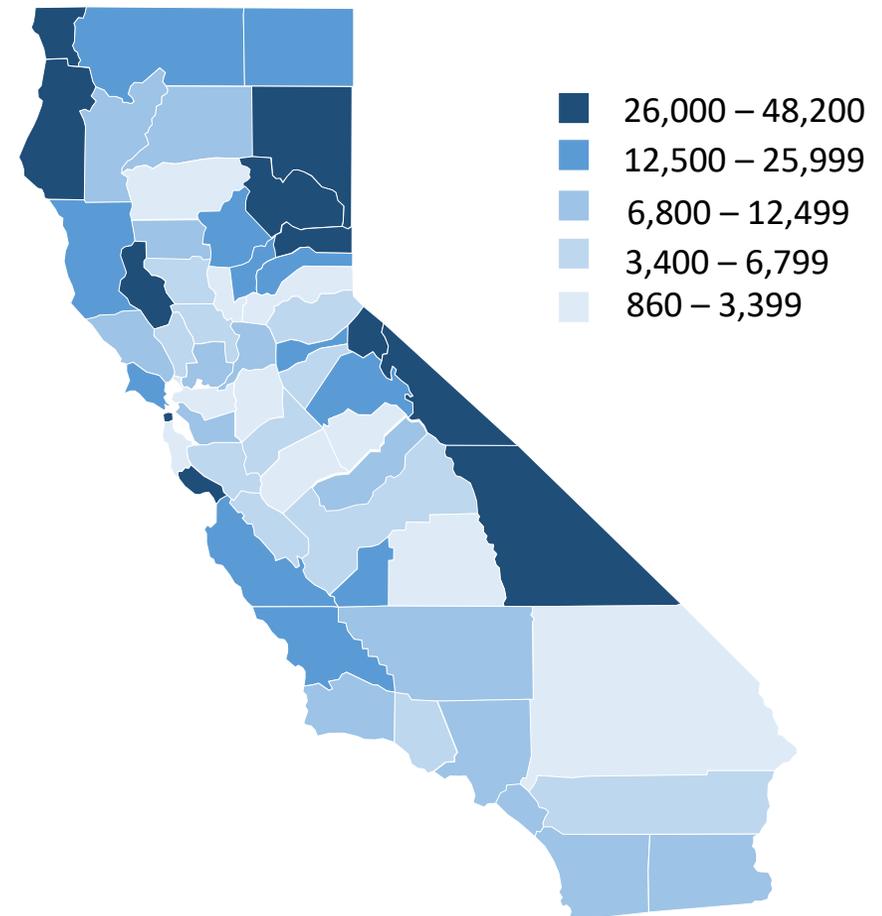
- » Request more naloxone by submitting another NDP application form with supplemental documents.
- » Report the following information in the NDP application form:
 - When did you last request naloxone from the NDP?
 - How many kits of naloxone **from your previous order** have been distributed?
 - How many reversals (lives saved) **from your previous order** were reported?

NDP Outcomes

Since 2018:

- » Distributed more than **3,200,000 naloxone kits** to
- » More than **4,000 unique organizations**
- » In all **58 California counties** resulting in
- » Over **211,000 reported opioid overdose reversals**

Approved Naloxone Kits per
100,000 Residents, 2018-2023



Questions on ordering naloxone?

Email naloxone@dhcs.ca.gov



California Tribal Medication Assisted Treatment (MAT) Project

*Jessica Nasello
Federal Grants Branch
Community Services Division*

MEDICATION ASSISTED TREATMENT (MAT) IS A SAFE TOOL



TO HELP YOU STOP USING OPIOIDS LIKE PRESCRIPTION PAIN MEDICATIONS AND HEROIN.

AMERICAN INDIANS AND ALASKA NATIVES CAN USE MAT IN COMBINATION WITH CULTURAL ACTIVITIES AND COUNSELING



TO HEAL FROM OPIOID USE DISORDER. TALK TO YOUR HEALTH PROFESSIONAL TODAY.

TREATMENT IS AVAILABLE AND RECOVERY IS POSSIBLE.



FOR INFORMATION ABOUT CARRYING NALOXONE OR ABOUT OPIOID USE DISORDER TREATMENT OPTIONS, TALK TO YOUR PRIMARY CARE PROVIDER OR CONTACT:

California Consortium for Urban Indian Health

Tribal MAT

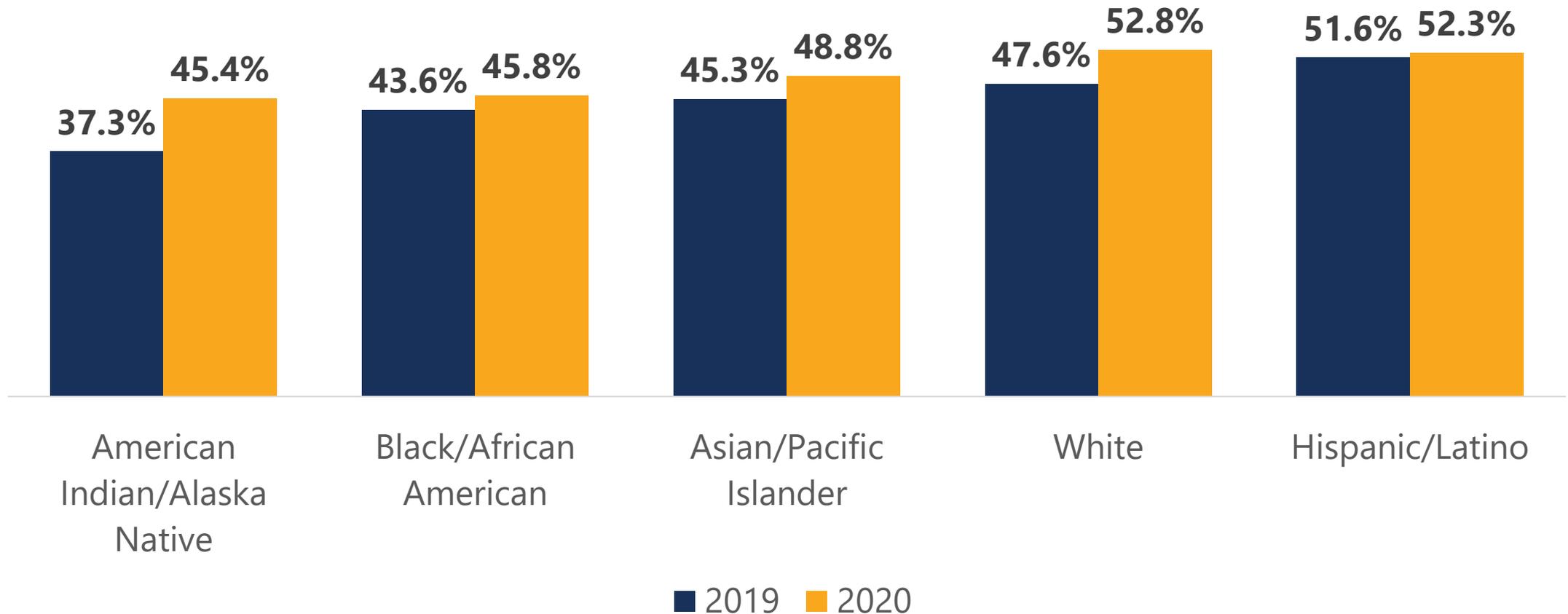
A united response to the opioid crisis in California Indian Country



What is MAT?

- » Medication-assisted treatment (MAT) is the use of FDA-approved medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.
- » Approved medications include:
 - Methadone
 - Buprenorphine
 - Naltrexone

Medicaid MAT Prescribing for Opioid Use Disorder by Race/Ethnicity, 2020



Tribal SUD Statewide Needs Assessment



279 AIAN individuals (33 adult key informants, 163 adults, and 83 youth) participated in key informant interviews or focus groups



Found high prevalence and accessibility of substances in AIAN communities; youth have greater access to substances than in past; family substance use pervasive.



Community and individual stressors are risk factors to opioid use, while historical and intergenerational trauma remain significant drivers of both mental health issues and substance use among AIAN populations.



Barriers to treatment include individual stigma and shame in seeking services, and structural factors including cost, lack of or insufficient insurance coverage, unstable housing, fragmented service delivery, and a lack of residential treatment facilities for substance use disorders.

CA Tribal MAT Project

- » The California Tribal Medication Assisted Treatment (TMAT) Project is designed by California's Tribal and Urban Indian communities 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.
- » TMAT shares knowledge among Tribal and Urban Indian communities, Tribal and Urban Indian health programs, and community-based partners on best practices for prevention, treatment and recovery from opioid use disorder (OUD), stimulant use disorders, and other co-occurring substance use disorders (SUDs) across California's 109 federally recognized Tribes.
- » Since 2017, DHCS has allocated over \$35 million in State Opioid Response (SOR) grant funding through the Substance Abuse and Mental Health Services Administration (SAMHSA) to the TMAT Project.

Tribal MAT Project Objectives



Promote opioid safety



Improve the availability and provision of MAT



Facilitate wider access to naloxone with special consideration for Tribal and Urban Indian values, culture, and treatments

Tribal MAT Projects



Tribal MAT Partners

California Rural Indian Health Board (CRIHB)



California Consortium for Urban Indian Health (CCUIH)



**California Consortium
for Urban Indian Health**

Kauffman & Associates, Inc. (KAI)



USC Keck School of Medicine

Keck School of
Medicine of USC

UCLA Integrated Substance Abuse Programs (ISAP)



California Indian Harm Reduction Workgroup

- » The California Indian Harm Reduction Workgroup convenes Tribal and Urban Indian community members from across the state to develop and articulate approaches and principles for Native harm reduction that represent Tribal and Urban Indian communities' values and needs.
 - The workgroup identifies and disseminates best practices for harm reduction strategies within California's American Indian and Alaska Native (AIAN) communities.
 - It may also provide funding and technical assistance opportunities for local AIAN harm reduction efforts.
 - Supported by [CCUIH](#), [CRIHB](#), and [KAI](#)

California Indian Opioid Safety Coalition

- » The California Indian Opioid Safety Coalition (CIOSC) is a statewide coalition of AIAN and AIAN-serving organizations collaborating in an organized response to the opioid epidemic in California Indian Country.
 - CIOSC shares successful and emerging examples of Tribal and Urban Indian community health approaches to promote opioid safety, integrate MAT services into health care, and address stimulant misuse during tri-annual CIOSC meetings.
 - Supported by [CCUIH](#), [CRIHB](#), and [KAI](#)



Tribal and Urban Indian Local Opioid Coalitions

- » Tribal Local Opioid Coalitions, established by Tribal health programs, are multisector, interagency partnerships of community members, stakeholders, and service providers who work together to reduce and eliminate opioid- and stimulant-related deaths and other impacts of opioid and stimulant use in Tribal communities.
 - Coalition activities include a community readiness assessment, Tribal action plans, program evaluation, and implementing plans to combat opioid and stimulant misuse.
 - Urban Indian health organizations participate in CIOSC and Local Opioid Safety Coalitions, all part of the California Opioid Safety Network.
 - Supported by [CCUIH](#), [CRIHB](#), and [KAI](#)

Community Campaign and MAT Champions

- » Develop and disseminate culturally adapted prevention, treatment, and recovery materials that are specific to Tribal and Urban Indian communities, patients, providers, and stakeholders.
- » MAT Champions:
 - Support the development of Tribal and Urban Indian stakeholders' prevention, treatment, and recovery services
 - Coordinate relevant MAT-related resources and technical assistance services available to Tribal and Urban Indian providers.
 - Distribute naloxone and provide trainings for Tribal and Urban Indian communities and health programs on addiction, MAT, harm reduction, opioid safety, and naloxone.
- » Supported by [CCUIH](#), [CRIHB](#), and [KAI](#)

Spotlight: CCUIH Materials

OPIOIDS MAY INCLUDE

PRESCRIPTION MEDICATIONS

- MORPHINE
- FENTANYL
- PERCOCET
- HEROIN*
- OXYCONTIN
- NORCO
- VICODIN

*NON-PRESCRIPTION BUT COMMONLY ABUSED SUBSTANCE

BE SAFE.

EDUCATION IS PREVENTION

TALK TO YOUR HEALTHCARE PROVIDER ABOUT YOUR SAFEST OPTIONS FOR PAIN MANAGEMENT.

FOR INFORMATION ABOUT CARRYING NALOXONE OR ABOUT OPIOID USE DISORDER TREATMENT OPTIONS, TALK TO YOUR PRIMARY CARE PROVIDER OR CONTACT:

California Consortium for Urban Indian Health

Tribal MAT

CRIHB

12/8/2023

M

MEDICATION ASSISTED TREATMENT (MAT) IS A SAFE TOOL TO HELP YOU STOP USING OPIOIDS LIKE PRESCRIPTION PAIN MEDICATIONS AND HEROIN.

A

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TREATMENT IS AVAILABLE AND RECOVERY IS POSSIBLE. FOR INFORMATION ABOUT CARRYING NALOXONE OR ABOUT OPIOID USE DISORDER TREATMENT OPTIONS, TALK TO YOUR PRIMARY CARE PROVIDER OR CONTACT:

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Tribal MAT

CRIHB

DISPELLING MYTHS

ABOUT MEDICATION ASSISTED TREATMENT FOR OPIOID USE DISORDER

...AND FINALLY ASKED FOR HELP!

“I’VE BEEN SOBER SINCE THAT DAY FIVE YEARS AGO WHEN I WALKED INTO MY DOCTOR’S OFFICE...”

-MAT PARTICIPANT

53

Tribal-Specific Funding Opportunities Under TMAT

- » Tribal and Urban Indian MAT and Stimulant Use Disorder Learning Community (NMAT)
 - NMAT is a funding and technical assistance opportunity for Tribal and Urban Indian organizations to develop, enhance, and sustain MAT and/or stimulant use disorder services in ways that leverage the local Tribal cultural context and facilitate peer-to-peer learning.
 - Supported by [The Center at Sierra Health Foundation](#), [CCUIH](#), [CRIHB](#), and [KAI](#)

- » Tribal and Urban Indian Community Defined Best Practices (TUICDBP)
 - » The TUICDBP program is a grant funding and technical assistance opportunity for Tribal and Urban Indian health programs.
 - TUICDBP supports the implementation and integration of culturally-validated traditional healing and recovery practices for SUD into clinical services serving Tribes and Urban Indian populations. Grantees support:
 - A partnership between [The Center at Sierra Health Foundation](#), [CCUIH](#), [CRIHB](#), [KAI](#), and [USC](#)

SUD Policy Advocacy Training Program

- » Policy advocacy training course for members of and/or individuals working with Tribal and Urban AIAN communities in California.
 - The goal of the online training is to teach effective approaches to engage local, state, federal, and Tribal policymakers about SUD-related community needs, with a focus on using data-informed approaches to enhance advocacy messaging, leverage stakeholder opportunities, and tailor concrete policy proposals for targeted audiences.
 - Led by the [University of Southern California \(USC\) Keck School of Medicine](#)

State/Local-Tribal Collaboration Project

- » Supports improvements in state/local-Tribal collaboration around health topics related to OUD/SUD.
- » Trainings in topics such as cultural competency and trauma-informed care are becoming more widely acknowledged as important for health equity.
- » Led by the [University of Southern California \(USC\) Keck School of Medicine](#)

UCLA Opioid and Stimulant Implementation Support- Training and Technical Assistance (OASIS-TTA)

» Provider Training

- Regional training opportunities for Tribal, Urban Indian, and community-based behavioral health providers to learn more about culturally driven treatment modalities and practices for AIAN individuals with substance use disorder.
- Training curriculum and events focus on implementing evidence-based and culturally-informed strategies that providers and clinicians can use to improve their treatment programming and services in ways that incorporate the Tribal beliefs, cultures, traditions, and values of their patients.

» Tribal MAT Extension for Community Healthcare Outcomes (ECHO™)

- Monthly Clinics support health care providers in Indian Country to improve the delivery of culturally responsive, evidence-based treatment for opioid and stimulant use disorders.
- The ECHO™ model is a distance learning method that links specialists at academic medical centers with primary care clinicians in local communities.
 - Each clinic includes topical presentation related to delivery of opioid and/or stimulant use disorder treatment and case or clinical question discussion.

Tribal MAT Project Data Analytics

- » The Tribal MAT Project Data Analytics initiative supports strategic planning efforts to identify and reduce disparities for AI/AN individuals with substance use disorder.
 - Data analysis will show how the county-based behavioral health delivery system is meeting the needs of AIAN individuals with substance use disorder as compared to other racial and ethnic groups with respect to access to care, rates and duration of service utilization, quality of care, and health outcomes.
 - The initiative offers starting point resources for counties to foster engagement with local Tribal communities.
- » Project of the [UCLA Integrated Substance Abuse Programs \(ISAP\)](#)

Tribal MAT Accomplishments



23 new Local Opioid Safety Coalitions established
specific to Tribal populations



Harm reduction activities to Tribal and Urban Indian communities:

13,000+ units of naloxone distributed
27,000+ fentanyl test kits distributed
3,500 trained on overdose response
5,766 overdose reversals reported



Training, awareness campaigns, and housing support to Tribal and Urban Indian communities:

9,206 training participants
435 referred for housing support
17,989 media impressions

Resources

- [Tribal MAT 2.0 flyer](#)
- [Addressing the Opioid Crisis in American Indian & Alaska Native Communities in California: A Statewide Needs Assessment](#)
- [Tribal Response to the Opioid Epidemic in California: A Community Report](#)
- [CRIHB Opioid Response Webpage](#)
- [CRIHB TMAP One-Pager](#)
- [CCUIH Opioid Response Webpage](#)
- [CIOSC](#)
- [UCLA OASIS-TTA](#)
- [DHCS Opioid Response Project Webpage](#)
 - **Information on past and current projects, including TMAP**
 - **Upcoming events**
 - **Funding opportunities**
- [BHCIP Webpage](#)
- [Community Services Division Request for Application Page](#)

Questions?

- Email me: Jessica.Nasello@dhcs.ca.gov
- General questions related to the SOR grant: SOR@dhcs.ca.gov
- DHCS Opioid Response inquiries: OpioidResponse@dhcs.ca.gov



DHCS Tribal Grant Funding Opportunities

*Denise Galvez, DHCS Community Services Division
Ilana Rub, DHCS Community Services Division*

Agenda

- » Elevate Youth California
- » Behavioral Health Continuum Infrastructure Program
- » Behavioral Health Bridge Housing Program
- » Funding Opportunities

Elevate Youth California

Elevate Youth California

[Elevate Youth California](#) (EYC) is a statewide program addressing substance use disorder prevention by investing in youth leadership and activism for youth of color ages 12 to 26 living in communities disproportionately impacted by the war on drugs.

DHCS has distributed \$205.9M through 290 grant awards. EYC grantees have:

- » Engaged 5,774 new diverse stakeholders
- » Held 41,185 prevention program events
- » Convened 259 Youth Listening Sessions
- » Served 296,435 youth participating in multiple prevention events
- » Reached diverse communities with 93% of all EYC participants self-identifying as a race or ethnic group other than white/Caucasian/or having origins in Europe, the Middle East or North Africa*

Elevate Youth California Native and Tribal Community-Based Organization Awardees

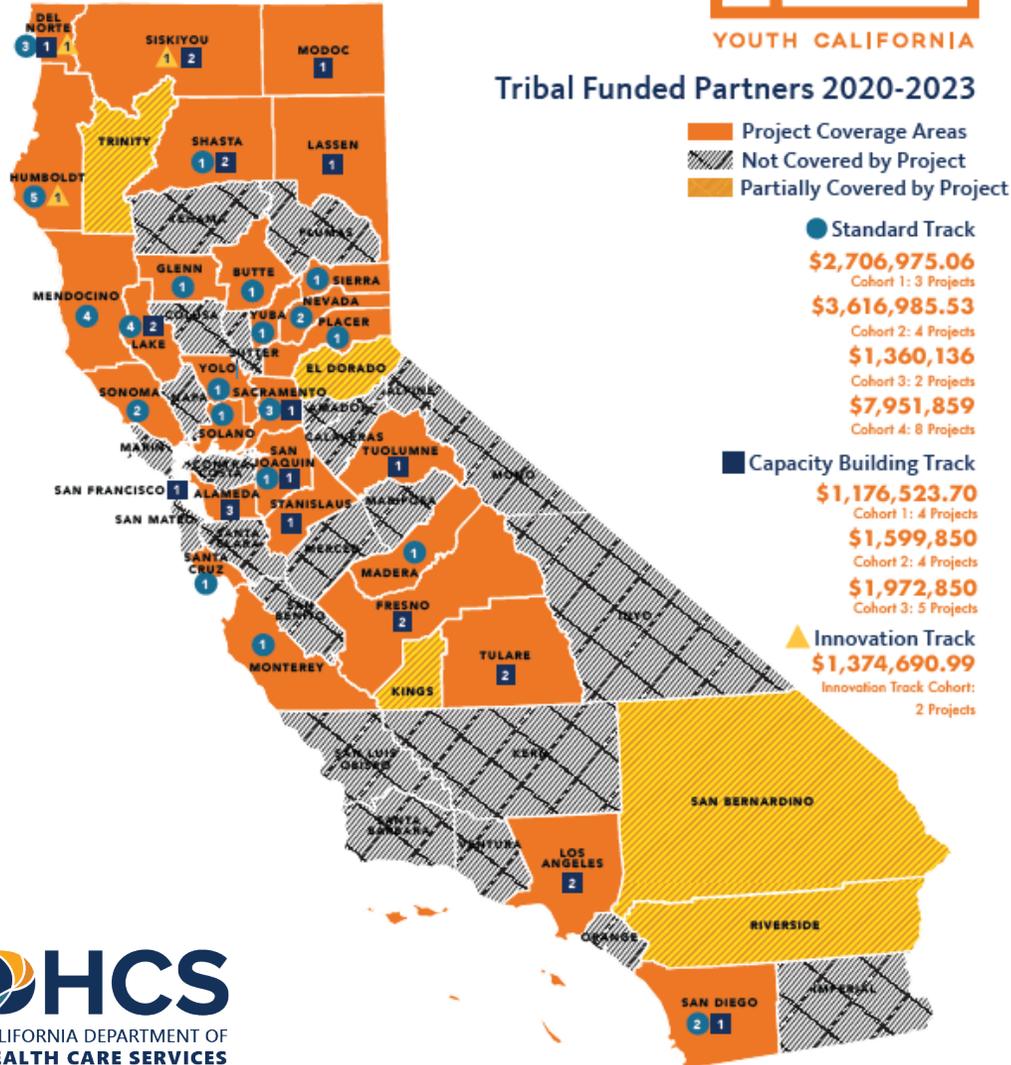
**American Indian Child Resource Center
Anav Tribal Health Clinic
'ataaxum Pomkwaan, For the People
Big Valley Rancheria Band of Pomo Indians
California Heritage: Indigenous Research Project
California Indian Manpower Consortium
Coyote Valley Band of Pomo Indians
Fernandeno Tataviam Band of Mission Indians
Humboldt State University Sponsored Programs
Foundation
Indigenous Justice
Kno-Qoti Native Wellness, Inc.
Local Indians for Education
NCIDC Da'luk Youth Program
Native Dads Network
Native Directions. Inc.**

**Native Star Foundation
Northern California Indian Development
Council, Inc
Pajaro Valley Prevention and Student Assistance
Pinoleville Pomo Nation
Rincon Indian Education Center
Round Valley Indian Health Center: Native WAY
Sacred Path Indigenous Wellness Center
Save California Salmon
Sacramento Native American Health Center
Sierra Native Alliance
Sacred Generations
True North Organizing Network
Two Feathers Native American Family Services
Wukchumni Tribe
Yurok Tribe**



YOUTH CALIFORNIA

Tribal Funded Partners 2020-2023



Tribal Funded Partners 2020-2023

Counties	Standard	Innovation	Capacity Building	Notes: Partials
Alameda			3	
Alpine				
Amador				
Butte	1			
Calaveras				
Colusa				
Contra Costa				
Del Norte	3	1	1	
El Dorado				x
Fresno			2	
Glenn	1			
Humboldt	5	1		
Imperial				
Inyo				
Kern				
Kings				x
Lake	4		2	
Lassen			1	
Los Angeles			2	
Madera	1			
Marin				
Mariposa				
Mendocino	4			
Merced				
Modoc			1	
Mono				
Monterey	1			
Napa				
Nevada	2			
Orange				
Placer	1			

Counties	Standard	Innovation	Capacity Building	Notes: Partials
Plumas				
Riverside				x
Sacramento	3		1	
San Benito				
San Bernardino				x
San Diego	2		1	
San Francisco			1	
San Joaquin	1		1	
San Luis Obispo				
San Mateo				
Santa Barbara				
Santa Clara				
Santa Cruz	1			
Shasta	1		2	
Sierra	1			
Siskiyou		1	2	
Solano	1			
Sonoma	2			
Stanislaus			1	
Sutter				
Tehama				
Trinity				x
Tulare			2	
Tuolumne			1	
Ventura				
Yolo	1			
Yuba	1			

Elevate Youth California FY 2023/24 Timeline

July – September 2023	Request for Application (RFA) for Round 5 Standard Track released.
August 2023	Proposition 64 Advisory Group meeting held.
November 2023	Proposition 64 Advisory Group meeting held.
December 2023 – January 2024	Anticipated announcement of Round 5 Standard Track awards.
January – March 2024	Anticipated announcement of Round 5 Capacity Track awards.
March 2024	Anticipated next meeting of the Proposition 64 Advisory Group meeting .
May – June 2024	Anticipated announcement of Round 5 Capacity Track awards.

More Information



Website: [Proposition 64 Advisory Group](#)

Email: DHCSProp64@dhcs.ca.gov

Behavioral Health Continuum Infrastructure Program (BHCIP)

BHCIP Background

- » BHCIP was signed into law in July 2021 under Assembly Bill 133 (Chapter 143, Statutes of 2021), and will provide \$2.2 billion in funding, through DHCS, to construct, acquire and/or expand properties, and invest in mobile crisis infrastructure.
- » DHCS is releasing these funds through six BHCIP grant funding rounds.
- » BHCIP provides competitive grants to counties, cities, **tribal entities**, non-profit and/or for-profit entities.
- » Funding is only for new or expanding infrastructure (brick, mortar and mobile crisis) projects and not behavioral health (BH) services, nor preservation of existing BH infrastructure.

BHCIP Updates

To date, DHCS has awarded a **total of \$1.7 billion** through the five released rounds of BHCIP grant funding.

- » **Round 1 Crisis Care Mobile Units:** Crisis Care Mobile Units (CCMU) for Tribal organizations under the Behavioral Health Continuum Infrastructure Program(BHCIP).
 - Project runs until June 2025.
- » The purpose of this project is to expand access to crisis and non -crisis behavioral health care to Tribal entities through the provision of infrastructure funding for vehicles and related costs.
- » On June 1, 2023, over \$7.4 million was awarded to 24 organizations.
 - This project will allow easier access to behavioral health mobile crisis and non -crisis prevention, treatment, and recovery support services, including culturally relevant healing practices and services.

BHCIP Updates

- » **Round 2 - Planning Grants:** More than \$7 million awarded to 48 county and tribal entities to support activities associated with planning for the construction, acquisition, or rehabilitation of BH facilities. Awards announced: 2A in January 2022 and 2B in April 2022.
 - Under Round 2A, \$5.3 million in funding was awarded to 36 grantees, including 9 tribal entities.
 - Under Round 2B, \$1.9 million in funding was awarded to 14 grantees, including 9 tribal entities.
- » Information on Round 2 awards can be found [here](#).

BHCIP Updates

The following are updates for infrastructure specific rounds – the program dashboard can be found [here](#):

- » **Round 3 - Launch Ready:** \$518.5 million awarded 45 launch ready projects to build/expand 37 new inpatient and residential facility sites that offer 1,176 new BH treatment beds, and 44 outpatient facilities to offer more than 130,000 new annual BH treatment slots. Awards announced in June 2022.
 - Of the 45 awarded projects, 2 were tribal entities. Their details can be found on the program [dashboard](#).

BHCIP Updates

- » **Round 4 - Children and Youth:** \$480.5 million awarded 54 children and youth focused projects to support 29 new inpatient and residential facility sites to offer 498 new treatment beds, and 46 outpatient facilities to offer close to 74,000 new annual treatment slots. Awards announced in December 2022.
 - Of the 54 awarded projects, 4 were tribal entities. Their details can be found on the program [dashboard](#).

BHCIP Updates

- » **Round 5 - Crisis and BH Continuum:** \$430 million awarded to 33 crisis and/or BH focused projects to support the addition of 29 new inpatient/residential facility sites to offer 774 new treatment beds, and 41 outpatient facilities to offer more than 84,000 new annual treatment slots. Awards announced in June 2023.
 - Of the 33 awarded projects, 2 were tribal entities. Their details can be found on the program [dashboard](#).

BHCIP Updates

- » **Round 6 - Unmet Needs** (In development): This round of funding will be divided into two parts and totals \$480 million. Release of Request for Application for Round 6 Part I is anticipated in January 2024 and award announcements will follow in July 2024. Round 6 Part II is anticipated to follow the same timeframe in 2025.
- » Round 6 updates can be found [here](#).

Behavioral Health Bridge Housing (BHBH) Program

BHBH Program Background

- » Enacted in September 2022 under Assembly Bill 179 (Ting, Chapter 249, Statutes of 2022), providing a total of \$1.5B in funding to California counties and tribal entities through June 30, 2027.
- » Primary focus is to help people experiencing homelessness who have serious behavioral health conditions that prevent them from accessing help and moving out of homelessness.
- » The following priorities drive the implementation of the BHBH Program:
 - This is a critical need, and the focus is on immediate solutions.
 - Collaboration will complement ongoing state, county, and tribal efforts to address homelessness.
 - BHBH Program settings will provide supportive services and housing navigation to assist people who have serious behavioral health conditions and are experiencing homelessness.

Four Funding Opportunities

Round	Eligibility	Timeline
1	County behavioral health agencies	See awards
2	Tribal entities (planning track and implementation track) *Of the identified \$50 million for this round, approximately \$25 million was awarded. The remaining funds will be re-released to tribal entities.	See awards
3	Competitive RFA for county behavioral health agencies	Winter 2023-24 (information forthcoming fall 2023)
4	Competitive RFA for county behavioral health agencies and tribal entities	Fall 2024 (information forthcoming spring 2024)

BHBH Tribal Entities RFA Overview

- » **RFA Support:** [Advocates for Human Potential](#), [Native Americans for Restorative Stewardship](#)
- » **RFA Overview :** In this funding round, tribal entities applied for either:
 - » Track 1: Planning Grant:
 - Planning grants awarded for \$150,000 for planning activities.
 - » Track 2: Implementation Grant:
 - Implementation grant awards for any amount up to \$5 million. This option was for applicants ready to launch and operate a BHBH Program.

Planning Grant

» Planning activities:

- Relationship building
- Community engagement and/or community assessments
- Identifying potential housing sites
- Action planning to expand access to housing and behavioral health care for individuals and families
- Building partnerships with Tribally Designated Housing Entities (TDHEs) and others
- Subcontracting with consultants with expertise in areas related to bridge housing, homelessness, and/or behavioral health

Implementation Grant

- » Intended to support grantees to launch and operate a BHBH program to address the immediate housing needs of individuals in their communities' experiencing homelessness and serious behavioral health conditions including SMI and/or SUD.
- » Applicants must identify how they are in alignment with BHBH Program requirements, including the identified allowable uses, timelines, and services.
- » Activities that are allowable under the Planning Grant are also allowable under the Implementation Grant.
- » Applicants who are interested in both a Planning Grant and an Implementation Grant should only apply under Track 2: Implementation Grant.

BHBH Program Tribal Entities RFA Re-Release

- » Of the \$50 million identified for tribal entities under the BHBH Program, approximately \$25 million in funding was awarded under the first release.
- » The remaining funding will be re-released to tribal entities in the winter of 2023-24.
- » Feedback is welcome on this upcoming funding opportunity [here](#).

More Information



Behavioral Health Continuum Infrastructure Program

BHCIP@dhcs.ca.gov

<https://www.infrastructure.buildingcalhhs.com>

Behavioral Health Bridge Housing

BHBHInfo@ahpnet.com

<https://bridgehousing.buildingcalhhs.com/>

Upcoming Funding Opportunities



Upcoming Funding Opportunities

» Program: BHCIP

- Opportunity: Round 6 Part I: Unmet Needs
- Description: The focus of this round of BHCIP funding will be to address gaps and needs as identified in a statewide needs assessment.
- RFA Release: January 2024
- Funding Available: \$240 million
- Information will be posted [here](#) as it becomes available.

» Program: BHCIP

- Opportunity: Round 6 Part II: Unmet Needs
- Description: The focus of this round of BHCIP funding will be to address gaps and needs as identified in a statewide needs assessment.
- RFA Release: January 2025
- Funding Available: \$240 million
- Information will be posted [here](#) as it becomes available.

Upcoming Funding Opportunities

» Program: BHBH

- Opportunity: BHBH Tribal Entities Request for Applications Track 1 (Planning) & 2 (Implementation)
- Description: To help people experiencing homelessness who have serious behavioral health conditions that prevent them from accessing help and moving out of homelessness.
- RFA Release: Winter 2023-24
- Funding Available: Approximately \$25 million
- Information will be posted [here](#) as it become available

» Program: Mobile Narcotic Treatment Programs (MNTP) and Medication Units (MU)

- Opportunity: Expanding Availability of MNTP & MUs
- Description: The primary objective of this funding opportunity is to expand the availability of MUs and MNTPs, to increase MOUD access for rural areas, justice-involved populations, Indigenous and Native communities, patients without transportation, and areas that do not have a [Narcotic Treatment Program \(NTP\)](#) within close proximity to patients in need of NTP services.
- RFA Release: 2024
- Funding Available: Approximately \$35 million
- Information will be made available by The Center at the Sierra Health Foundation
- Priority will be given to applicants serving rural communities, correctional facilities, Medi-Cal beneficiaries, and Indigenous and Native communities

BHBH/BHCIP – Upcoming Funding Opportunities

» Program: Elevate Youth

- Opportunity: The Standard Track provides up to \$1,000,000 each, directly to community-based and tribal organizations.
- Description: To implement a youth-led, culturally-centered program where youth of color are empowered to be community leaders and change agents.
- RFA Release: 2024
- Funding Available: TBD
- [Interested parties can sign up for the mailing list](#)

» Program: Elevate Youth

- Opportunity: The Capacity Track awards up to \$400,000 each, directly to emerging, grass roots community-based and tribal organizations.
- Description: Focused on strengthening the operational, programmatic, financial and organization structure of the statewide youth serving organization network.
- RFA Release: 2024
- Funding Available: TBD
- [Interested parties can sign up for the mailing list](#)

BHBH/BHCIP – Upcoming Funding Opportunities

» Program: State Opioid Response (SOR) Round 4

- Description: SOR aims to address the opioid crisis by increasing access to medication-assisted treatment for the treatment of opioid use disorder and increasing the provision of prevention, treatment and recovery activities for opioid use disorder.
- RFA Release: Anticipated Fall-Winter 2024
- Funding Available: TBD
- Information will be posted [here](#) as it become available.

Discussion



Appendix

The image features the word "Appendix" in a bold, dark blue font, centered in the upper half of the page. Below the text, there are two thick, wavy lines that span the width of the page. The top line is a teal color, and the bottom line is a darker blue. Both lines have a slight undulating pattern, creating a decorative border at the bottom of the page.

Traditional Healers and Natural Helpers: Background

- » In 2017, DHCS requested authority from CMS to cover Traditional Healer and Natural Helper services under the Drug Medi-Cal Organized Delivery System (DMC-ODS)
- » In 2020, DHCS submitted a [second request](#) to CMS
 - CMS neither approved nor disapproved

Traditional Healers and Natural Helpers: Background

- » In 2021, DHCS submitted a [third request](#) to CMS
 - CMS neither approved nor disapproved
 - Request is still pending
- » DHCS remains committed to securing CMS approval
- » [Tribal MAT Project](#) *Tribal and Urban Indian Community Defined Best Practices* funding and technical assistance opportunity to support planning and implementation efforts

Traditional Healers and Natural Helpers: Description

- » *As part of CalAIM's focus on advancing health equity, DHCS is seeking expenditure authority to allow federal reimbursement for all DMC-ODS services that are provided by traditional healers and natural helpers.*
- » *The purpose of this request is to provide culturally appropriate options and improve access to SUD treatment for American Indians and Alaska Natives receiving SUD treatment services through Indian health care providers (IHCPs).*
- » *For American Indians and Alaska Natives, traditional healing practices are a fundamental element of Indian health care that helps patients achieve wellness and healing and restores emotional balance and one's relationship with the environment.*
- » *Medi-Cal recognizes that reimbursement for these services to address SUD in a manner that retains the sanctity of these ancient practices is critical.*

Traditional Healers and Natural Helpers: Request

- » Section 1115 expenditure authority for Traditional Healer and Natural Helper services
- » Provided by Indian Health Care Providers
- » To DMC-ODS beneficiaries
- » From January 1, 2022 through December 31, 2026

Traditional Healers and Natural Helpers: Key Considerations

- » DMC-ODS reimbursement
 - Pursuant to [DHCS Behavioral Health Information Notice 20-065](#)
- » Provider qualifications
- » Service descriptions
- » Implementation

Traditional Healers and Natural Helpers: Draft Provider Qualifications

- » A **Traditional Healer** would be a person currently recognized as a spiritual leader and in good standing with his/her Native American Tribe, Nation, Band or Rancheria, and with two years of experience as a recognized Native American spiritual leader practicing in a setting recognized by his/her Native American Tribe, Nation, Band or Rancheria who is contracted or employed by the IHCP. A Traditional Healer would be a person with knowledge, skills and practices based on the theories, beliefs, and experiences which are accepted by that Indian community as handed down through the generations and which can be established through the collective knowledge of the elders of that Indian community.
- » **Natural Helpers** would be health advisors contracted or employed by the IHCP who seek to deliver health, recovery, and social supports in the context of Tribal cultures. Natural Helpers could spiritual leaders, elected officials, paraprofessional and others who are trusted members of his/her Native American are trusted members of his/her Native American Tribe, Nation, Band or Rancheria.
- » IHCPs seeking reimbursement for Natural Helpers and/or Traditional Healers would develop and document credentialing (e.g., recognition and endorsement) policies consistent with the minimum requirements above.

Traditional Healers and Natural Helpers: Draft Service Descriptions

- » Traditional Healers may use an array of interventions including, music therapy (such as traditional music and songs, dancing, drumming), spirituality (such as ceremonies, rituals, herbal remedies) and other integrative approaches.
- » Natural Helpers may assist with navigational support, psychosocial skill building, self-management, and trauma support to individuals that restore the health of those DMC-ODS beneficiaries receiving care at IHCP.

Traditional Healers and Natural Helpers: Arizona Example

- » Arizona Section 1115 Traditional Healing [request](#)
- » Qualifying Entity
 - *Facility governing body or its tribal governing body responsible to define and endorse traditional healers and the services they perform.*
- » Qualified Traditional Healing Provider
 - *An individual endorsed by the Qualifying Entity to provide traditional healing services as reflected in an official signed and dated endorsement letter by the Qualifying Entity stating that the traditional healing provider meets all qualifications to provide traditional healing services. [Can be contractor or employee of the provider]*
- » Covered Traditional Healing Services
 - *The coverage of traditional healing services will be limited to the practices approved by the facility governing body to be performed and billed by the facility. As with many Medicaid covered services, traditional healing services should be part of a comprehensive plan of health care that includes specific individualized goals.*

Traditional Healers and Natural Helpers: Implementation

- » IHCP process for recognizing and endorsing Traditional Healers and Natural Helpers (contracted or employed by IHCP)
- » IHCP process for describing/defining Traditional Healing practices to be delivered and claimed
- » Integration into DMC-ODS program requirements (e.g., ASAM assessment, recommended by licensed practitioner of the healing arts, clinical documentation, DMC-certified IHCPs)

Fentanyl Overdose Resources Available to California Tribal Nations



Gretchen Franklin, MPH

*Substance Prevention Section-Substance and Addiction Prevention Branch
Center for Healthy Community-California Department of Public Health (CDPH)*

Getting Naloxone to People Who Need It

Who is eligible to use the standing order? *

- » Community organizations or entities in California that can provide naloxone to those at risk of opioid overdose or to individuals in a position to respond during an opioid overdose.
- » Examples include, but are not limited to
 - Public Health Departments
 - First responders
 - EMS
 - Law enforcement, courts, and criminal justice partners
 - Community organizations
 - Substance Use Disorder Recovery Facilities
 - Homeless programs
 - Harm reduction and syringe exchange/services programs

*A standing order is no longer required for Narcan naloxone nasal spray due to the over-the-counter status. All other formulations and dosages of naloxone will remain available by prescription only and require a standing order to distribute and administer.

Getting Naloxone to People Who Need It

Getting naloxone is a separate process from applying for the standing order.

Options for getting naloxone include:

- DHCS Naloxone Distribution Project for qualified organizations to distribute within communities
- PWUD without access to pharmacies for OTC naloxone or local harm reduction programs/syringe services programs might be able to access mail-based naloxone through California NEXT Distro

<https://nextdistro.org/california>

Getting Naloxone to People Who Need It

How can organizations apply for the CDPH standing order?

- » Application is online
<https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Naloxone-Application-Information.aspx>
- » Visit the CDPH statewide standing order for naloxone webpage for the application instructions
<https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Naloxone-Standing-Order.aspx>
- » Naloxone training video <https://www.youtube.com/watch?v=nurz9qPGKws>

Harm Reduction

Harm reduction uses evidence-based strategies for PWUD

- » National Harm Reduction Coalition website <https://harmreduction.org/>
- » At CDPH, the Harm Reduction Unit at the Office of AIDS offers the Syringe Services Authorization Program
 - Allows qualified entities to apply directly to CDPH/OA for authorization
 - Does not provide funding, but all authorized SSPs are eligible to participate in the California Harm Reduction Supply Clearinghouse, which provides a baseline level of supplies to authorized programs
 - Currently, Lassen Indian Health Center in Susanville is the only tribal authorized SSP
 - OA offers free TA.
 - Website https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx
 - Contact sspinfo@cdph.ca.gov

Harm Reduction

CDPH designates all materials in the clearinghouse as necessary for the prevention of disease, injury, or overdose

California Harm Reduction Clearinghouse supplies include, but are not limited to:

- Needles and syringes
- Containers for mixing injectable drugs
- Cotton pellet filters
- Alcohol wipes
- Sterile water and saline
- Sharps waste containers
- Condoms

Xylazine

- » Xylazine is still a new and emerging issue in California, and there is no evidence to suggest that xylazine is common in California's drug supply at this time.
- » However, the illicit drug supply is unstable and there is a lot of interest in xylazine test strips.
- » Xylazine is commonly found in combination with other drugs, especially fentanyl.
- » Important! In the event of a xylazine-related overdose, naloxone should still be administered. Naloxone reverses the effects of opioid overdose. Fentanyl is an opioid and xylazine is commonly mixed with fentanyl.

More Non-Governmental Resources

The California Overdose Prevention Network (COPN) has a wealth of resources <https://nopn.org/california>

COPN also developed a **new** overdose prevention in rural communities guide <https://nopn.org/guide/rural>

One Tribal Success Story with Narcan

- » In October 2022, CDPH polled overdose prevention coalitions (including two tribes) funded through the CDC Overdose Data to Action Grant
- » The question was about an example of the life saving power of Narcan in the local community
- » One outreach specialist, Lila Knot, from Yurok Tribe responded:

May and the first part of June had been pretty hard on me emotionally. We had had a horrific situation at Hoopa High. Two teenagers had overdosed. We were all so very relieved to hear that they both were not fatal. However, myself and my team did an emergency training for all of the high school staff. I left there thinking, "We are not getting there fast enough. Are we doing enough?"

Then on June 13th I received this first email of the day. It read...

Good morning, Lila, I believe you are doing the Narcan trainings, yes? Just thought I would express the importance of these trainings, my nieces' husband would have died last week had it not been for Narcan, she didn't exactly know how to use it. Although the nasal twice brought him back. It is important, and sometimes we need to hear that we are making a difference. So this is me saying great job.

I read this and cried. How could my heart not sing for this couple?

Life is so precious.

Updates from Funded Partners



California Rural Indian Health Board, Inc.

California Consortium for Urban Indian Health, Inc.

Kauffman and Associates

Action Items/Next Steps/Final Comments

