CDPH STRATEGIC PLAN PLANNING PROCESS

CDPH Office of AIDS and
STD Control Branch,
in partnership with
Facente Consulting

Agenda

Welcome and Introduction
Statewide Strategic Plan: Approach, Process, Strategies, Timeline, & the Pathway Forward
CDPH Innovation and Advances
Statewide Structural Changes (Guest Speakers)
Closing
Community Engagement (Open Forum)

Presenters

FACENTE CONSULTING

Shelley Facente

Lazara Paz-Gonzalez

Katie Burk

Sara Duran

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Marisa Ramos, PhD
Chief, Office of AIDS

Kathleen Jacobson, MD
Chief, STD Control Branch

Rachel McLean
Chief, Policy and Viral
Hepatitis Prevention
Section

Jessica Frasure-Williams
Chief, Program
Development Section

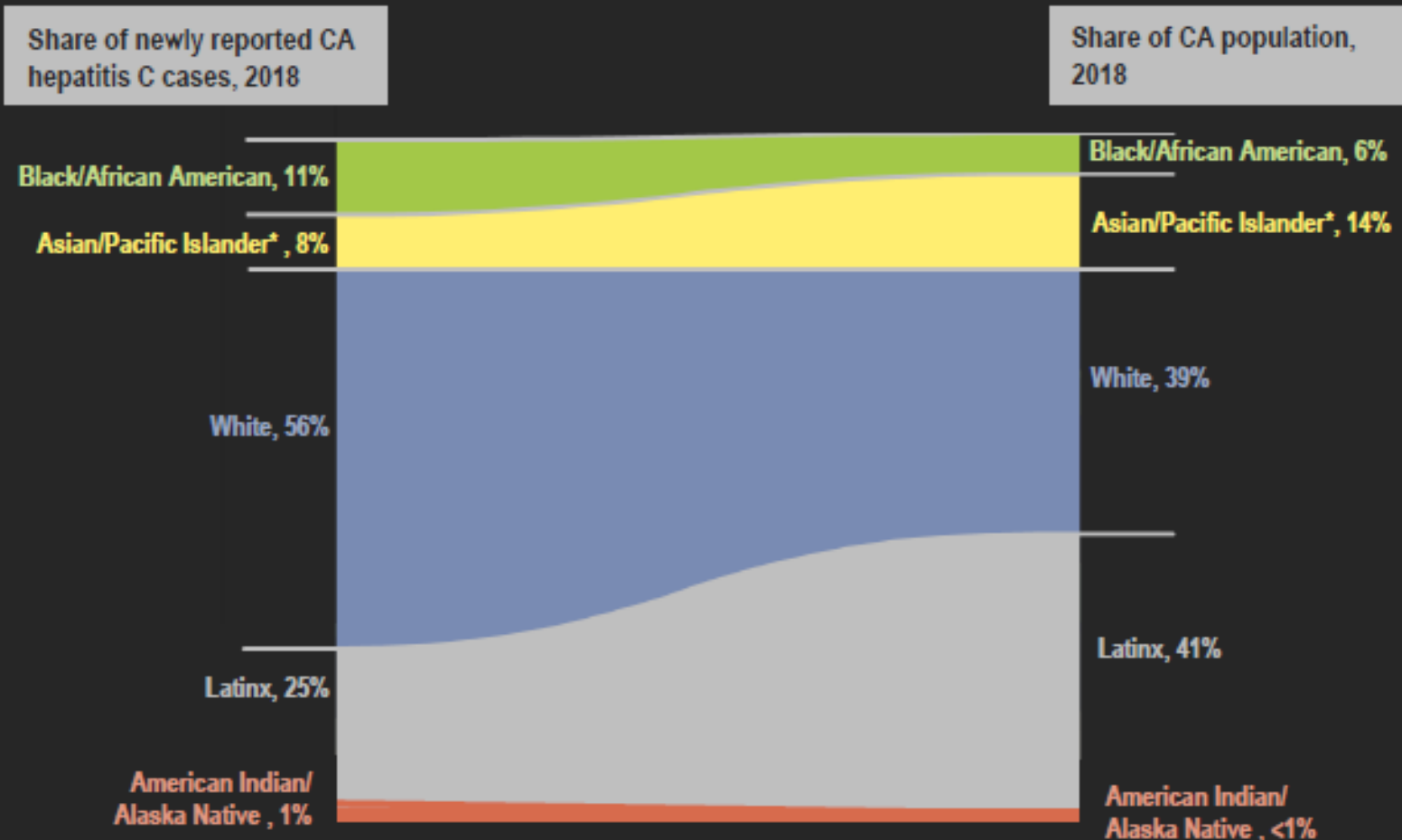Kevin Sitter
Ending the HIV Epidemic
Project Manager

LeRoy Blea
Ending the HIV Epidemic
Project Manager

Public Health Successes in HIV, HCV, STIs

- With highly effective treatments and proven prevention tools, California can get to Zero

  - HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)

  - Outreach and health education

  - Rapid testing in mobile vans, routine testing in healthcare settings, and home testing

  - Highly effective, well-tolerated HCV treatment, and low threshold HCV treatment models

  - Medication-assisted substance use treatment, syringe services, and harm reduction

  - Peer navigation and linkage-to-care

  - Case investigation and contact tracing

  - Stigma-reducing U=U (Undetectable = Untransmittable) campaign efforts

  - Data evaluation and epidemiology

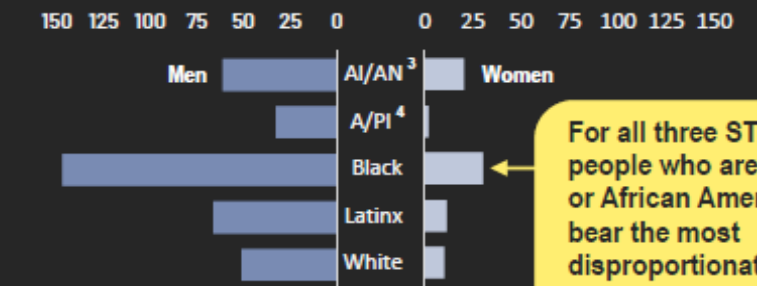# The benefits of these advances have not been experienced equitably

People who are Black/African American, White, and American Indian/Alaska Native, have disproportionate rates of hepatitis C in CA.

Share of newly reported CA hepatitis C cases, 2018

Share of CA population, 2018

Black/African American, 11%
Asian/Pacific Islander*, 8%
White, 56%
Latinx, 25%
American Indian/Alaska Native, 1%

Black/African American, 6%
Asian/Pacific Islander*, 14%
White, 39%
Latinx, 41%
American Indian/Alaska Native, <1%

* Note that until 2018, HCV data were not separately available for Asians and Native Hawaiians/Pacific Islanders. This will be different for future CDPH data reports.
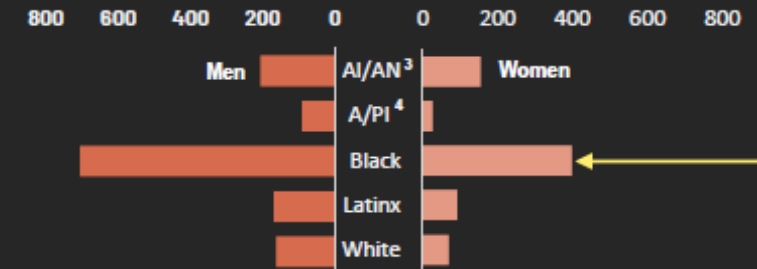
Syphilis and gonorrhea are more commonly diagnosed among men, while chlamydia is more commonly diagnosed among women.[1]

SYPHILIS: Number of early syphilis[2] cases per 100K people in CA, 2018

| 150 | 125 | 100 | 75 | 50 | 25 | 0 | 0 | 25 | 50 | 75 | 100 | 125 | 150 |

Men | | AI/AN[3] | | Women
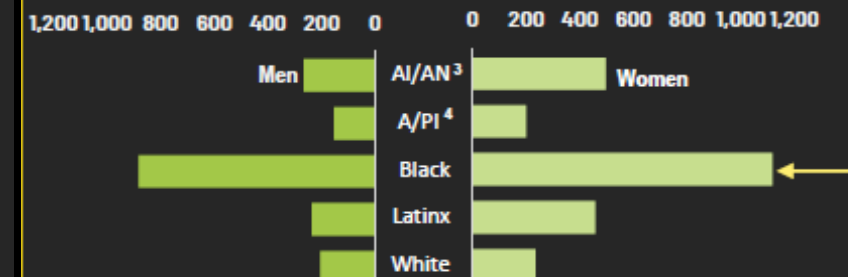| | A/PI[4] | |
	Black	
	Latinx	
	White	

For all three STIs, people who are Black or African American bear the most disproportionate burden of disease.

GONORRHEA: Number of gonorrhea cases per 100K people in CA, 2018

| 800 | 600 | 400 | 200 | 0 | 0 | 200 | 400 | 600 | 800 |

Men | | AI/AN[3] | | Women
	A/PI[4]	
	Black	
	Latinx	
	White	

CHLAMYDIA: Number of chlamydia cases per 100K people in CA, 2018

| 1,200 | 1,000 | 800 | 600 | 400 | 200 | 0 | 0 | 200 | 400 | 600 | 800 | 1,000 | 1,200 |

Men | | AI/AN[3] | | Women
	A/PI[4]	
	Black	
	Latinx	
	White	

What did we do to get here?

- The CDPH Office of AIDS and STD Control set out to develop a high-level, high-impact strategic plan for addressing HIV, HCV, and STIs over the next 5 years, in collaboration with Facente Consulting

- We convened a workgroup of 25 people who met weekly from July through October

California Integrated Statewide Strategic Plan Workgroup

California Department of Public Health

- Alessandra Ross – Injection Drug Use Specialist, Chief of Harm Reduction Unit, State Office of AIDS (OA)
- Artnecia Ramirez – Asst Division Chief (Equity Component), OA
- Ashley Dockter – Congenital Syphilis Program Coordinator, STD Control Branch (STD)
- Edwin Lopez – Chief, Disease Intervention Section, STD
- Eric Tang, MD – Chief, Medical and Scientific Affairs Section, STD
- Jessica Frasure-Williams – Chief, Program Development Section, STD
- Kathleen Jacobson, MD – Chief, STD
- Kevin Sitter – Ending the HIV Epidemic Project Manager, OA
- Marisa Ramos – Chief, OA
- Melissa Marston – Branch Chief Executive Assistant, STD
- Phil Peters, MD – Medical Officer, OA
- Rachel McLean – Chief, Policy and Viral Hepatitis Prevention Section, STD
- Tiffany Woods – Transgender Sexual Health and Community Engagement Specialist, High-Impact Unit, OA

Community Stakeholders

- Anne Donnelly – California Hepatitis Alliance (CalHEP)
- Craig Pulsipher – Ending the Epidemics consortium
- Demisha Burns – Ending the Epidemics consortium
- Kim Hernandez – CA Communicable Disease Controllers Association
- Laura Guzman – National Harm Reduction Coalition
- Natalie Sanchez – CA HIV Community Planning Group
- Robyn Learned – CA HIV Community Planning Group
- Sergio Morales – Essential Access Health
- Sonali Kulkarni – California STD/HIV Controllers Association
- Virginia Hedrick – Consortium for Urban Indian Health
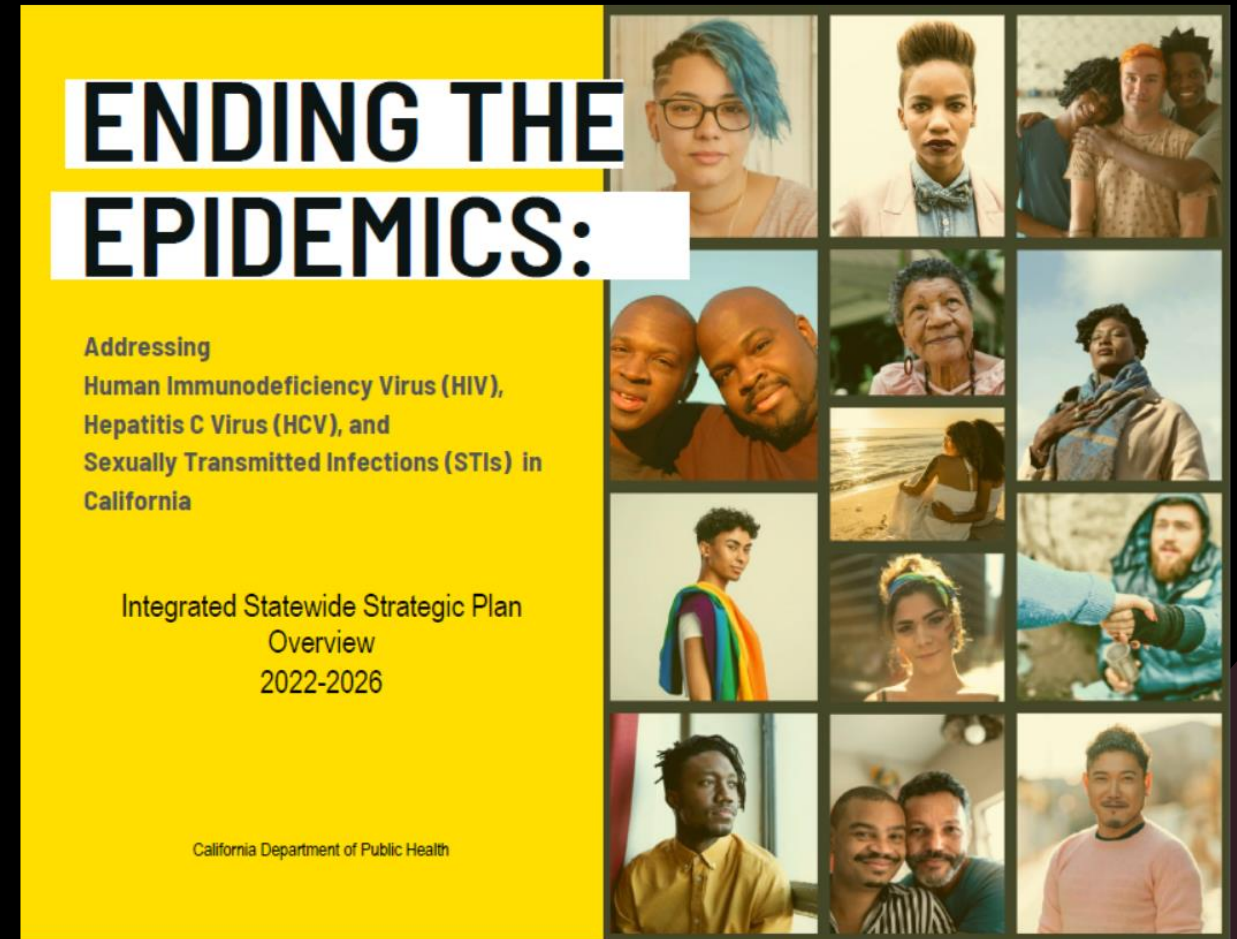
Facente Consulting

- Shelley Facente , Principal
- Lazara Paz-Gonzalez, Senior Consultant

What did we do to get here?

- The CDPH Office of AIDS and STD Control set out to develop a high-level, high-impact strategic plan for addressing HIV, HCV, and STIs over the next 5 years, in collaboration with Facente Consulting

- We convened a workgroup of 25 people who met weekly from July through October

- We knew we wanted to treat HIV, HCV, and STIs as a syndemic

- We wanted to organize our strategies using social determinants of health

- We invited more than two dozen speakers to our meetings to talk to us about the relevant work they were already doing, and collaborate with us to develop the 30 high-level strategies

- We released an open survey that was taken by more than 640 people throughout California

- We had multiple rounds of revisions, to land on a plan we felt could be actionable, and visionary

The Strategic Plan

- Acknowledges root causes of HIV, HCV, and STI syndemic, and works to address them

- Approaches the work from a social determinants of health lens

- Supports reframing the work already being done to transform the system and meet the needs of the people most neglected to date

- Highlights and enhances existing public health efforts and activities that have contributed to successful outcomes

ENDING THE EPIDEMICS:

Addressing
Human Immunodeficiency Virus (HIV),
Hepatitis C Virus (HCV), and
Sexually Transmitted Infections (STIs) in
California

Integrated Statewide Strategic Plan
Overview
2022-2026

California Department of Public Health

- **Vision**: We envision a California free of systemic racism and new HIV, HCV, and STIs, where all people with these conditions easily obtain the services and resources needed to live healthy, dignity-filled lives free of stigma.

- **Mission**: To center equity and racial justice in our work and eliminate health inequities among those most affected by HIV, HCV, and STIs in California.

- **Purpose**: To define key strategies to end the syndemic of HIV, HCV, and STIs in California, using a social determinants of health framework.

Core Values

Human Dignity

Racial and Social Justice

Collaboration

Harm Reduction

Person-Centered Solutions

Courageous Leadership

Racial Equity

Black, Indigenous, and other People of Color (BIPOC) are disproportionately impacted by HIV, HCV, and STIs. This is not simply a matter of individual behaviors, education, or attitudes; research maintains that racism weakens the quality of services and contributes to poor health outcomes.

1. Leadership and workforce development
2. Racial/Ethnic data collection and stratification
3. Equitable distribution of funding and resources
4. Community engagement
5. Racial and social justice training

Housing First

People who are unhoused or marginally housed are at higher risk for HIV, HCV, and STIs, due in part to survival strategies used to secure a place to sleep inside or stay alert while sleeping on the street.

1. Data collection and use
2. Infrastructure changes
3. New models of housing access
4. Street medicine strategies
5. Low-barrier housing options

Health Access for All

Ending the HIV, HCV, and STI syndemic will require increasing access to quality health care and removing barriers to care for all Californians, with a focus on serving people least likely to seek care in clinical settings.

1. Redesigned Care Delivery
2. Trauma-Informed and Responsive Services
3. Fewer Hurdles to Healthcare Coverage
4. Culturally and Linguistically Relevant Services
5. Collaboration and Streamlining

Mental Health and Substance Use

For the estimated eight percent of Californians with a SUD, it is estimated that only 10 percent receive treatment; and, that 1 out of 6 Californians has a mental health concern with 1 out of 24 having a mental disorder so serious it causes some life impairment.

1. *Overdose prevention in correctional setting*
2. *Mental health and substance use disorder treatment access through telehealth*
3. *Build harm reduction infrastructure*
4. *Expand low-threshold SUD treatment options*
5. *Cross-sector collaboration*

Economic Justice

California has one of the top ten income gaps between the rich and poor of any state. Hundreds of studies have demonstrated that poverty does not just increase people's risk of becoming infected with HIV, HCV, or STIs, but also becomes a barrier to engaging in care that could lead to life-saving treatment or cure.

1. Workforce development
2. Employment for people with lived experience
3. Equitable hiring practices and fair pay
4. Leadership development
5. Universal hiring and housing policies

Stigma Free

Ending the HIV, HCV, and STI syndemic will require breaking down negative beliefs to make it safer for people to share their status with others and seek the preventive services and health care they need and deserve, knowing that they can expect to be treated with dignity and respect.

1. *Nothing about us without us*
2. *Reframe policies and messaging*
3. *Positive, accurate information*
4. *Acknowledge medical mistrust*
5. *Ongoing partnerships*

Our Commitment

- Collaborative community engagement process

- Ensure alignment and synergy in strategic priority areas throughout the state

- Sharing data and information as appropriate

- Ongoing communication throughout the development of the plans

What's Next?

- Continued community engagement throughout the state
  - *Virtual statewide townhall (today)*
  - *Electronic survey assessment (April/May)*
  - *In person community engagement (May – June)*
- Determine the logistics and resources necessary to successfully implement prioritized strategies
- Draft a comprehensive statewide blueprint to guide our activities at the state, regional, and local levels; + community review and input
- Final review and dissemination; submission to HRSA/CDC

Implications for Local HDs and CBOs

These are CDPH's priorities moving forward

There will be multiple opportunities to give implementation feedback

Your participation in the process will benefit you and your community

What We Ask of Local HDs and CBOs

Embrace the paradigm shift

- Consider local applications
- Brainstorm with colleagues re: strategies

Participate in the process

- Give us preliminary feedback today
- Join an in-person meeting
- Help ensure involvement of relevant local groups

On the Road

Tentative Regional In-Person Weekly Schedule

- May 9-13 Southern Region
  - *SLO, Barstow, Palm Springs, and San Diego*
- May 23-27 Northern Region
  - *Mendocino, Eureka, and Redding*
- May 31-June 3 Greater Sacramento Region
  - *Sacramento, South Lake Tahoe, and Quincy*
- June 27-July 1 Central/San Joaquin Valley
  - *Modesto, Fresno, Bakersfield, and Mammoth Lakes*
- June 27-July 1 Bay Area Region
  - *Oakland, San Francisco, and Santa Cruz*

CDPH-OA Innovations and Advances: Examples of Syndemic Work

- **Street Medicine**

  - *Addressing social determinants of health*

  - *Effectively delivers mobile primary care and other supportive services to unhoused communities*
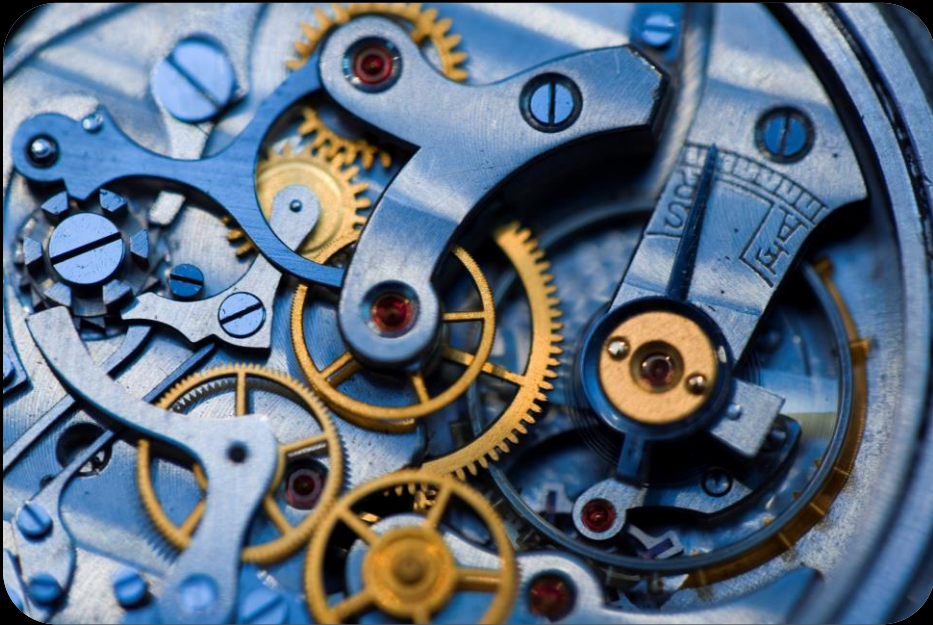
- **Take Me Home**

  - *Person-centered self-testing*

  - *Puts integrated screening into the hands of clients*

  - *Plan to expand this service to all California counties*

OA
OFFICE OF AIDS
California Department of Public Health

CDPH-STD Innovations and Advances

- Collaborative work on perinatal HIV and congenital syphilis

- Expanded HIV and syphilis screening, treatment, and PrEP access in pregnancy

- HCV- centered project

GUEST SPEAKERS

- California Department of Public Health: Office of Health Equity, Health in all Policies Lead
- California Department of Health Care Services: MediCal &Cal AIM
- California Department of Health Care Services: Community Services Division

Meredith Lee,
Health in all Policies Lead,
CDPH-OHE

Karen Mark, MD, PhD,
Medical Director, DHCS

Denise Galvez,
Branch Chief, DHCS-CSD

What is CalAIM?

» California Advancing and Innovating Medi-Cal (CalAIM)

» Long-term commitment to transform and strengthen Medi-Cal

» A multi-year DHCS initiative to improve the quality of life and health outcomes of Medi-Cal beneficiaries

» A more equitable, coordinated, and person-centered approach to maximizing health and life trajectory

Goals of CalAIM

» Identify and manage comprehensive needs through whole person care approaches and social drivers of health

» Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform

» Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility

CalAIM

» Moves Medi-Cal towards a population health approach that prioritizes prevention and whole person care

» Extends supports and services beyond hospitals and health care settings directly into California communities

» Addresses social drivers of health

» Addresses physical, behavioral, developmental, dental, and long-term care needs, from birth to a dignified end of life

CalAIM & Population Health: The Future of Medi-Cal

Patient-centered chronic disease management

Foundation of preventive care

Whole-person care for high risk populations*

» **Data driven improvements that address the whole person**

» **Eliminating racial disparities through community-centered collaboratives**

» **Transparency and accountability**

*Addressing social determinants of health and leveraging enhanced care management (ECM) and in lieu of services (ILOS)

Population Health Management

» A cohesive plan of action for addressing needs for all enrollees

» A whole-system, person-centered strategy that focuses on wellness and prevention, includes assessments of health risks and health-related social needs, and provides care management and care transitions across delivery systems and settings

» Pop Health Management Service integrates DHCS/other data streams to:
  » Perform analytics (including risk stratification)
  » Provide health plans and provider networks integrated information about their assigned lives
  » Provides beneficiaries a service to access data and health education/community-based services

Enhanced Care Management (ECM)

» New, statewide benefit effective January 1, 2022

» Whole-person approach to care that addresses clinical and non-clinical needs of high-need Medi-Cal beneficiaries

» A collaborative and interdisciplinary approach to providing intensive and comprehensive care management services to individuals.

» Builds on Health Homes and Whole Person Care pilots to transition these into a new statewide benefit

ECM Target Populations

» High utilizers with frequent hospital or ED visits/admissions

» Individuals at risk for institutionalization with Serious Mental Illness, children with Serious Emotional Disturbance or Substance Use Disorder with co-occurring chronic health conditions

» Individuals at risk for institutionalization, eligible for long-term care

» Nursing facility residents who want to transition to the community

» Children or youth with complex physical, behavioral, developmental and oral health needs (CCS, foster care, first episode of psychosis, etc.)

» Individuals transitioning from incarceration

» Individuals experiencing or at risk of becoming homeless

Community Supports (In Lieu of Services)

» Managed care plans will integrate Community Supports into their population health strategy, often in combination with the new enhanced care management benefit

» Community Supports focused on addressing combined medical and social determinants of health needs and avoiding higher levels of care

» Provided as a substitute for, or to avoid, hospital or nursing facility admissions, discharge delays, and ED use

Community Supports

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs

- Nursing Facility Transition to Assisted Living or Home
- Personal Care (beyond In-Home Supportive Services) and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Medically Tailored Meals
- Sobering Centers
- Asthma Remediation

Examples

Questions?
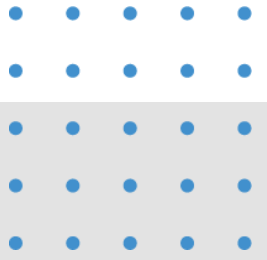
Building Equity Infrastructure

Meredith Lee, MPH

Advancing Community Equity Branch Chief

Meredith.lee@cdph.ca.gov

Our North Star

We envision a *Healthy California for All* where every individual belongs to a strong and thriving community.

Where all our children can play and learn, and where we are confident that we have done all we can to pass to them a state they can lead into the future.

Where older and disabled Californians can live with purpose and dignity, and where they are supported and valued.

Where equity is not just a word or concept but the core value.

Where we constantly pursue social and racial justice by not only lifting all boats but especially those boats that need to be lifted more.

Where health care is affordable, accessible, equitable and high-quality so it drives toward improved health.

Where we prioritize prevention and the upstream factors that impact an individual's health and well-being.

Where we are committed to tackling the economic inequalities that force many Californians to live on the street.

Where necessities like housing and childcare are complimented by access to physical and behavioral health services.

Where we see the whole person and where programs and services address the social, cultural and linguistic needs of the individuals they serve.

Where climate threats collide with forward leaning health practices and policies that visibly turn the tide toward community resilience.

And where we see our diversity as a strength, and where we embrace a joint responsibility to take care of one another.

CalHHS
California Health & Human Services Agency

CalHHS
California Health & Human Services Agency

https://www.chhs.ca.gov/wp-content/uploads/2021/10/CalHHS-Guiding-Principles-North-Star-Strategic-Priorities.pdf

Justice Equity Diversity and Inclusion (JEDI)

Incoming Agency Chief Equity Officer

Language Access

Equity Dashboard

Equity Training
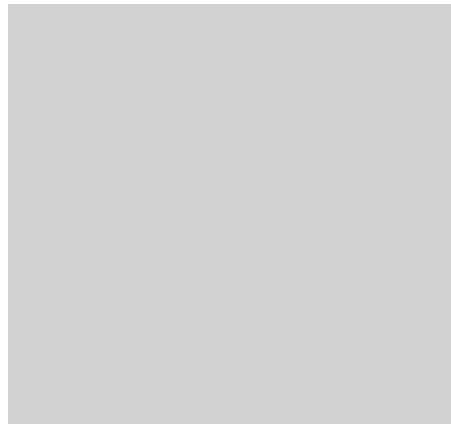
CDPH transformation: "Becoming the Best at Getting Better"

1. Becoming a learning organization
   - Lean managment system ("lean")
   - Results-Based Accountability (RBA)

2. Becoming a healing organization
   - Equity and anti-racism
   - Trauma informed and responsive

3. Developing our people
   - Professional development
   - Core public health competencies

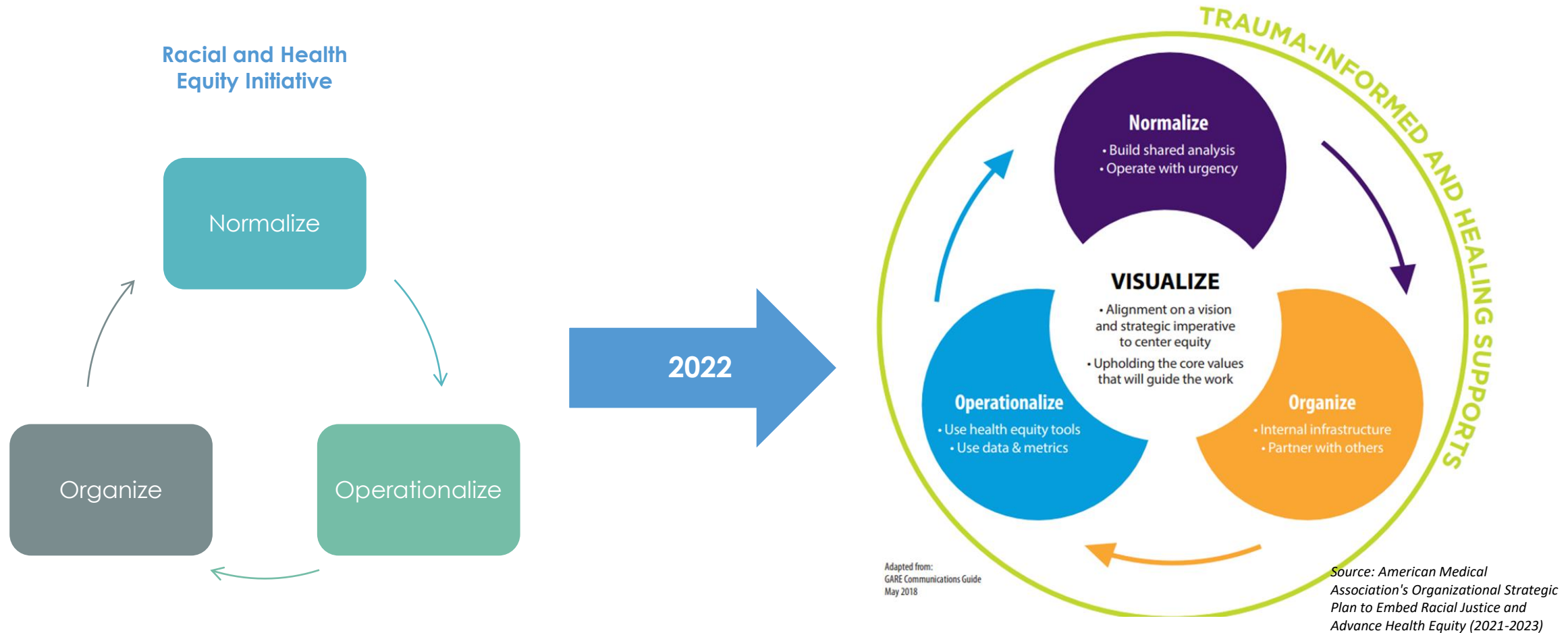# Racial and Health Equity Initiative
Vision and Strategy

The California Department of Public Health (CDPH) has a vision of a California in which race is no longer a predictor of one's health outcomes and where *all* Californians can achieve their highest level of health and well-being.

| Normalize | ⟷ | Organize | ⟷ | Operationalize |

Strategic Transition for Organizational Transformation

Racial and Health Equity Initiative

- Normalize
- Operationalize
- Organize

2022

TRAUMA-INFORMED AND HEALING SUPPORTS

Normalize
- Build shared analysis
- Operate with urgency

VISUALIZE
- Alignment on a vision and strategic imperative to center equity
- Upholding the core values that will guide the work

Operationalize
- Use health equity tools
- Use data & metrics

Organize
- Internal infrastructure
- Partner with others

Adapted from:
GARE Communications Guide
May 2018

Source: American Medical Association's Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity (2021-2023)

In order to address underlying drivers of COVID-19 and other health inequities we must support the transformation of CDPH into a Healing, Equitable, Anti-Racist Organization…

…by embedding health & racial equity and trauma-informed and healing supports into policies, programs, procedures, and workplace culture.

Health Equity Liaisons in CDPH Centers/Offices

9 Health Equity Liaisons in CDPH Centers/ Offices

- Center leadership
- 40% Department-wide
  - E.g., Training, Equity tools
- 60% center level
  - E.g., Stakeholder engagement

1. Environmental Health: Kemi Shamonda
2. Family Health: JaRita Pichon
3. Healthy Communities: Ramona Mosley
4. Health Care Quality: TBD
5. Infectious Diseases: Sharon Eghigian
6. Emergency Preparedness: Emily Estus
7. Human Resources: Gia Lewis
8. Fusion Center: Linda Baggio
9. Legislative & Gov't Affairs: TBD

California Equitable Recovery Initiative (CERI)

Local Health Jurisdictions Allocations

1. LHJs will receive a base level allocation to support equity infrastructure and core activities, including:
   a. Establish a dedicated Equity Lead and/or other equity-focused organizational capacity building activities
   b. Conduct an organizational equity assessment
   c. Contribute to State Health Equity Plan

2. Remaining and/or supplement: build equity infrastructure that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses.
   a. **Infrastructure and organizational capacity building** – embed equity into internal policies and practices, such as workforce equity; budgeting and contracting equity; data policy; communications and engagement practices, etc.
   b. Address **structural and/or social determinants of health** (housing and homelessness, wraparound services, economic security, schools and childcare, transportation, climate change, isolation support, community safety, etc.)

Baseline Organizational Assessment for Equity Infrastructure

- Provide a streamlined tool whereby Local Health Jurisdictions (LHJs) can collect baseline data on their current equity infrastructure & use it to inform their future planning for equity

- Results will be used as part of a statewide process to understand local public health equity capacity, identify priorities for technical assistance, & inform the State Health Equity Plan

Early		Established		Strong	
1	2	3	4	5	6
Not yet, or learning stage	Planned but not started or in initial/pilot stages of implementation	Working towards this but not fully achieved	Fully achieved	In place with evidence of its use (e.g., policies, procedures, robust evaluation plan)	Practices are sustainable and ongoing and may be shared with others as "best practices"

Baseline Organizational Assessment for Equity Infrastructure

Domain 1: Workforce and Capacity

a. Competency: Diversity & Inclusion

b. Competency: Dedicated Equity Staff

c. Competency: Training, Development, & Support

Domain 2: Collaborative Partnerships

a. Competency: Structures to Build Collaboration

b. Competency: Community Based Organizations & Resident Engagement

c. Competency: Partner Across Sectors

Domain 3: Equity in Organizational Policies and Practices

a. Competency: Organizational Commitment

b. Competency: Funding & Resource Allocation

c. Competency: Embed Equity Principles

Domain 4: Planning and Shared Decision-making

a. Competency: Data Collection & Usage

b. Competency: Shared Analysis

c. Competency: Inclusive Decision-making

State Health Equity Plan

Purpose

- **Equity Strategy**: Elevates equity as a strategic priority
- **Shared Direction**: Aligns existing health equity efforts
- **Framework**: Provides clear guidance, establish priorities, and set goals/targets for health equity state-wide
- **Deliverable**: The plan is a deliverable of the California Equitable Recovery Initiative (CERI)
- **Sustainability**: Builds the evidence base for long-term equity infrastructure investments (local and state)

What

- Living plan*
- Utilize Results Based Accountability (RBA)
  - Intentionally ties strategies and actions to targeted results:
    - How much did we do?
    - How well did we do?
    - Is anyone better off?

State Health Equity Plan: Tentative Timeline

PHASE I:Initial Development

Review inputs and conduct partner engagement

Create preliminary Framework

Identify and prioritize strategies

Develop Results Based Accountability Scorecard

PHASE II: Flesh Out the Plan

Continue partner engagement

Build out broader components of the 'Equity Plan' (including key leg requirements)

Integrate the 'Equity Plan' as a component of Let's Get Healthy California – the state health improvement plan

July 2023-July 2025

Now-July 2022

July 2023-July 2024

Early Implementation:

Implement CERI-funded strategies and activities

Report on key metric progress

Engage partners to update framework based on gaps and lessons learned

PHASE III: Sustainability

Continue Implementation

Assess next steps and determine plan sustainability.

What is the [Interagency Council on Homelessness](...) (ICH)?

California
Interagency Council on Homelessness
CAL ICH

- Housed in the CA Business, Consumer Services and Housing Agency

- Formerly Homeless Coordinating and Financing Council (HCFC)

- Renamed & restructured w/ AB 1220 in 2021

- Representatives from 20 State agencies plus 2 CBOs

- CDPH added in January 2022

ICH Action Plan for Preventing and Ending Homelessness in CA
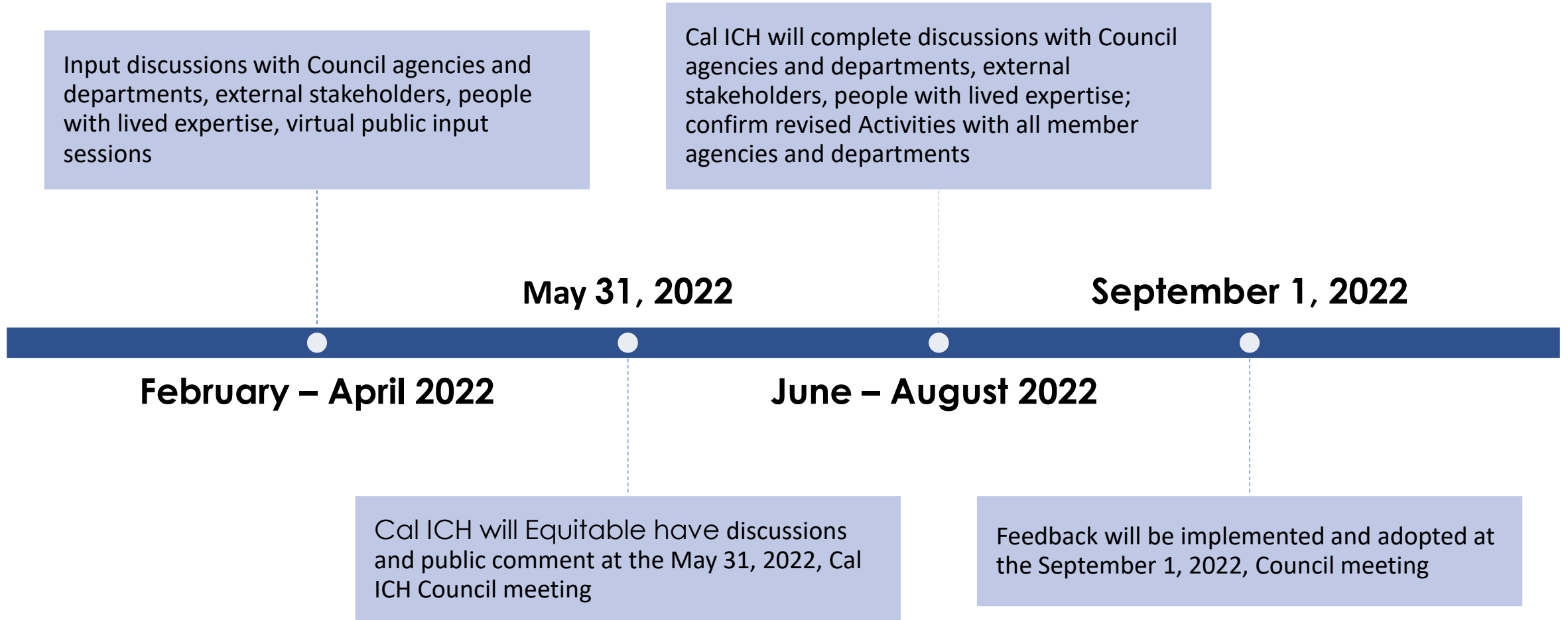
Five key action areas:

1. Strengthening Systems

2. Equitably Addressing Health, Safety and Services needs of Californians Experiencing Unsheltered Homelessness

3. Expanding Communities Capacity to Provide Safe & Effective Shelter and Interim Housing

4. Expanding and Ensuring Equitable Access to Affordable Housing

5. Preventing Californians from Experiencing the Crisis of Homelessness

Key Points CDPH plans to bring to the Action Plan include:

1. Housing first

2. Infectious disease prevention

3. Harm reduction
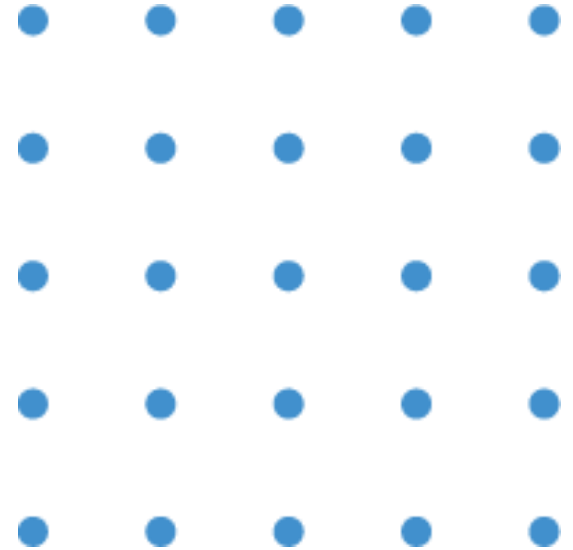
4. Equity: Racial Equity and Centering Lived Experience

ACTION PLAN
for Preventing and Ending
Homelessness in California

Cal ICH Action Plan: Opportunity for Stakeholder Feedback

Input discussions with Council agencies and departments, external stakeholders, people with lived expertise, virtual public input sessions

Cal ICH will complete discussions with Council agencies and departments, external stakeholders, people with lived expertise; confirm revised Activities with all member agencies and departments

May 31, 2022

September 1, 2022

February – April 2022

June – August 2022

Cal ICH will Equitable have discussions and public comment at the May 31, 2022, Cal ICH Council meeting

Feedback will be implemented and adopted at the September 1, 2022, Council meeting

Cal ICH Council Meetings are open to the public and can be accessed here.

THANK YOU!

Meredith.lee@cdph.ca.gov

Community Services Division Statewide Projects
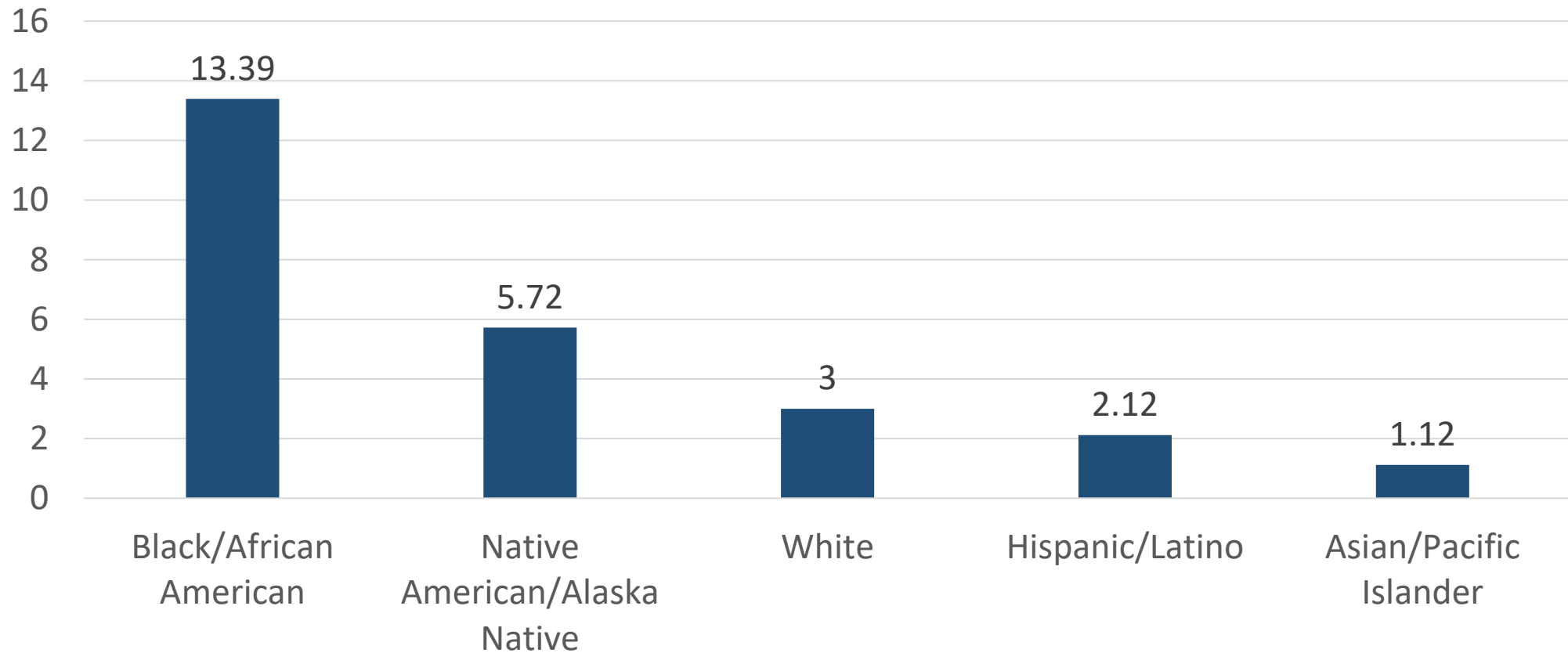
DHCS

March 2022

Learning Objectives

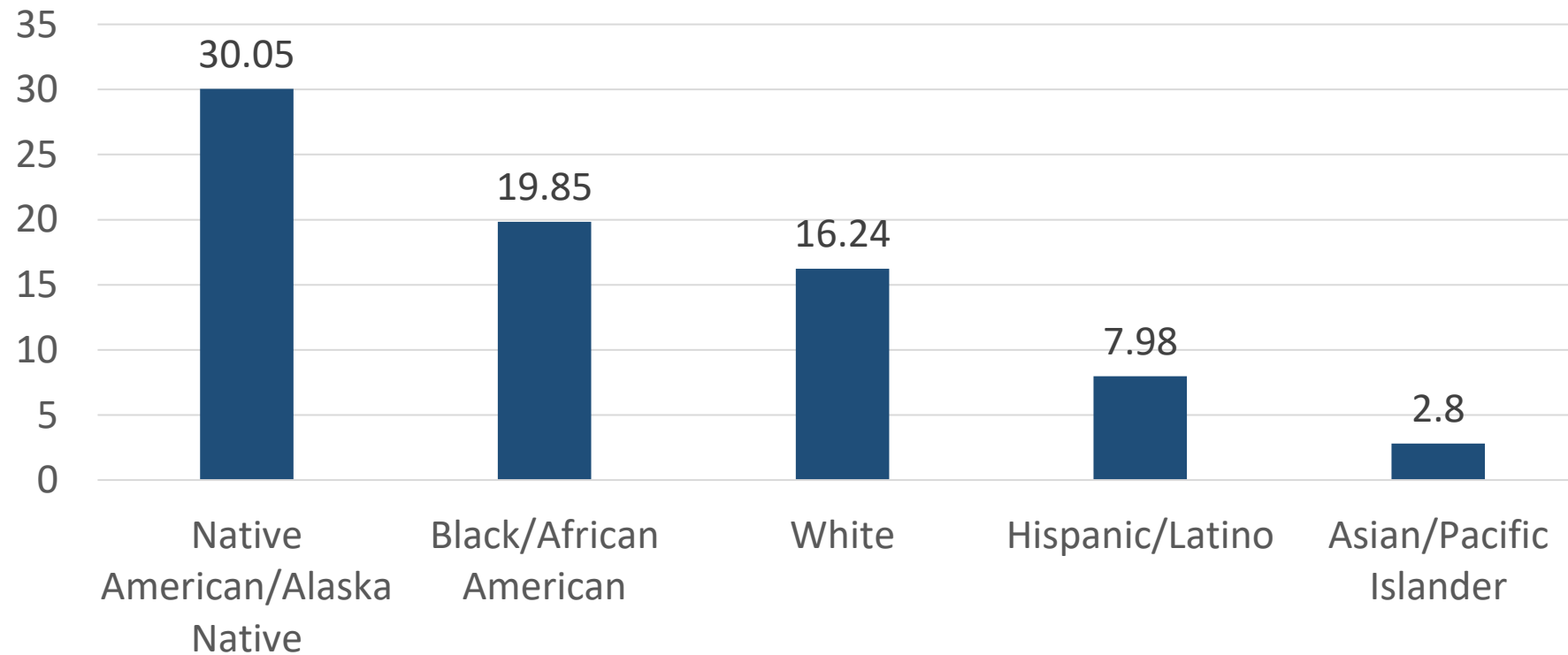» Increase knowledge of key DHCS Community Services Division Statewide Projects

Opioid-Related Overdose Rate per 100,000 Population by Race/Ethnicity, 2020

Source: California Opioid Overdose Surveillance Dashboard
https://discovery.cdph.ca.gov/CDIC/ODdash/
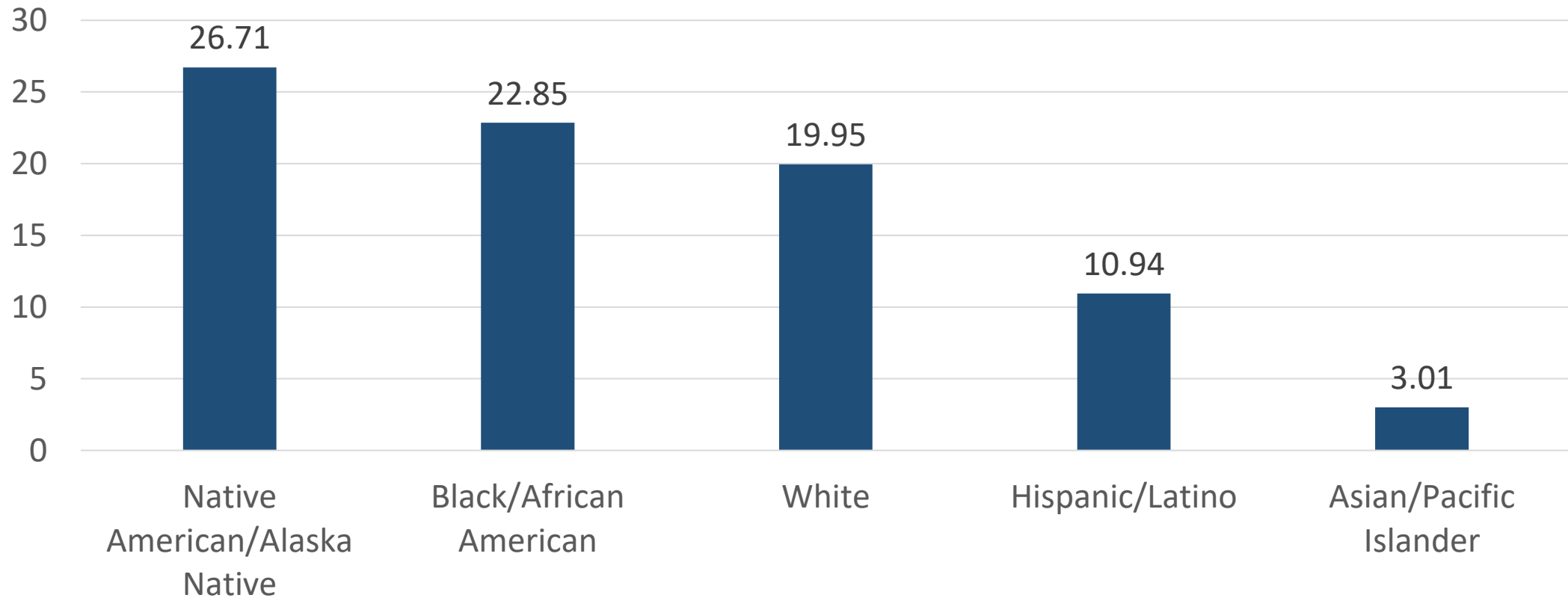
Cocaine-Related Overdose Rate per 100,000 Population by Race/Ethnicity, 2020

Source: California Opioid Overdose Surveillance Dashboard
https://discovery.cdph.ca.gov/CDIC/ODdash/

Psychostimulant-Related Overdose Rate per 100,000 Population by Race/Ethnicity, 2020

Overview of Key MAT Expansion Projects
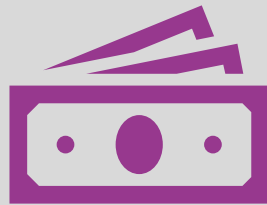
Addressing Overdoses in California

The California MAT Expansion Project aims to increase access to MAT, reduce unmet treatment need and reduce opioid overdose deaths. To address rising overdose rates, CA will augment current treatment expansion efforts and support new investments in:

» Behavioral health infrastructure

» Low-barrier access

» Harm reduction

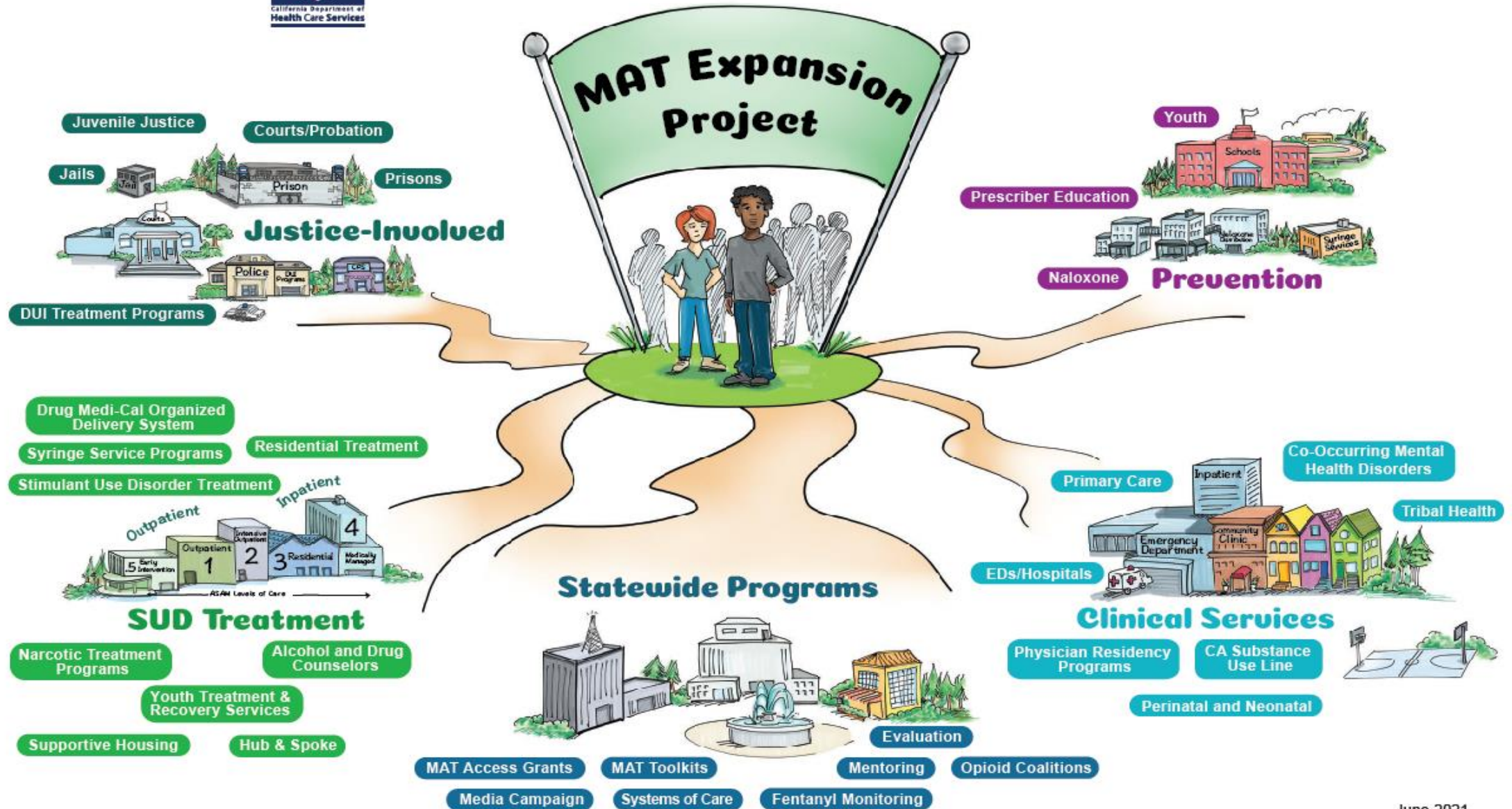» Crisis services

» Accessibility to naloxone
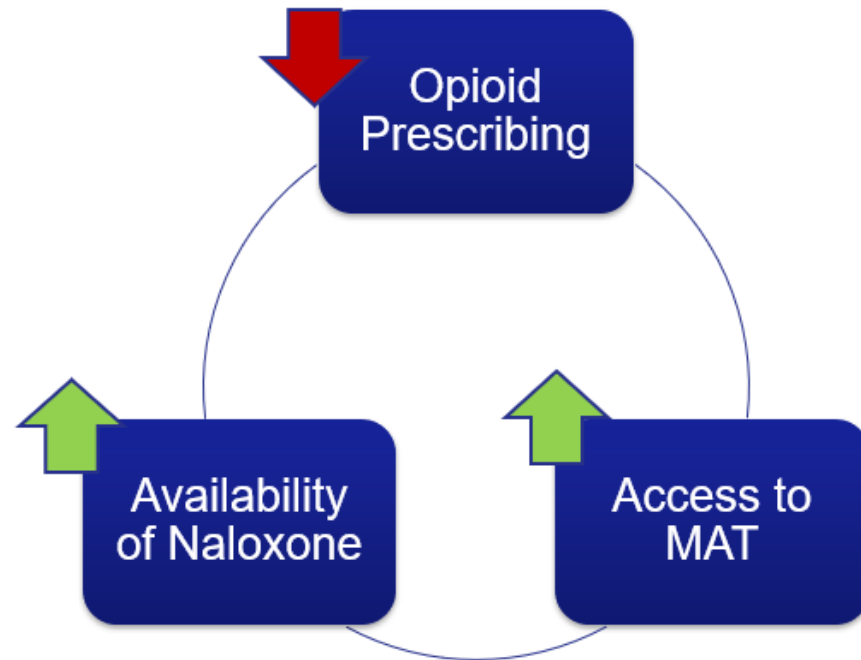
Funding Sources

» $491 million in grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) since 2017

» These grants were awarded to states by SAMHSA with the goal of increasing MAT capacity nationwide

$491 million
In grant funding
from SAMHSA

In California, Treatment Starts Here

DHCS — California Department of Health Care Services

MAT Expansion Project

Justice-Involved
- Juvenile Justice
- Courts/Probation
- Jails
- Prisons
- DUI Treatment Programs

Prevention
- Youth
- Prescriber Education
- Naloxone

SUD Treatment
- Drug Medi-Cal Organized Delivery System
- Syringe Service Programs
- Residential Treatment
- Stimulant Use Disorder Treatment
- Narcotic Treatment Programs
- Alcohol and Drug Counselors
- Youth Treatment & Recovery Services
- Supportive Housing
- Hub & Spoke

Statewide Programs
- MAT Access Grants
- MAT Toolkits
- Evaluation
- Mentoring
- Opioid Coalitions
- Media Campaign
- Systems of Care
- Fentanyl Monitoring

Clinical Services
- Primary Care
- Co-Occurring Mental Health Disorders
- Tribal Health
- EDs/Hospitals
- Physician Residency Programs
- CA Substance Use Line
- Perinatal and Neonatal

June 2021

MAT Expansion Project Objectives

Develop additional MAT locations

Provide MAT services to special or underserved populations

Transform entry points and create effective referrals into treatment

Develop processes to better manage high-risk transitions of care (e.g., jails or hospital re-entry)

Engage prescribers to increase provision of MAT

Prevent opioid misuse and OUD deaths

MAT Expansion Project: Treatment Starts Here

30+

projects

650+

Access points for MAT

1,100,000

Naloxone units distributed

100,000+

New patients receiving MAT

61,000+

Overdose reversals

11,000+

Patients receiving stimulant treatment

MAT Expansion Project by the Numbers

270 community access points

11,000+ patients receiving stimulant treatment

206 hospitals/emergency departments

40 primary care sites

31 county jail systems

22 youth specific treatment sites

12 Indian health programs

10 mental health & SUD clinics

The Naloxone Distribution Project (NDP)

» DHCS is working to reduce opioid overdose-related deaths through provision of **FREE** Naloxone to qualified entities.

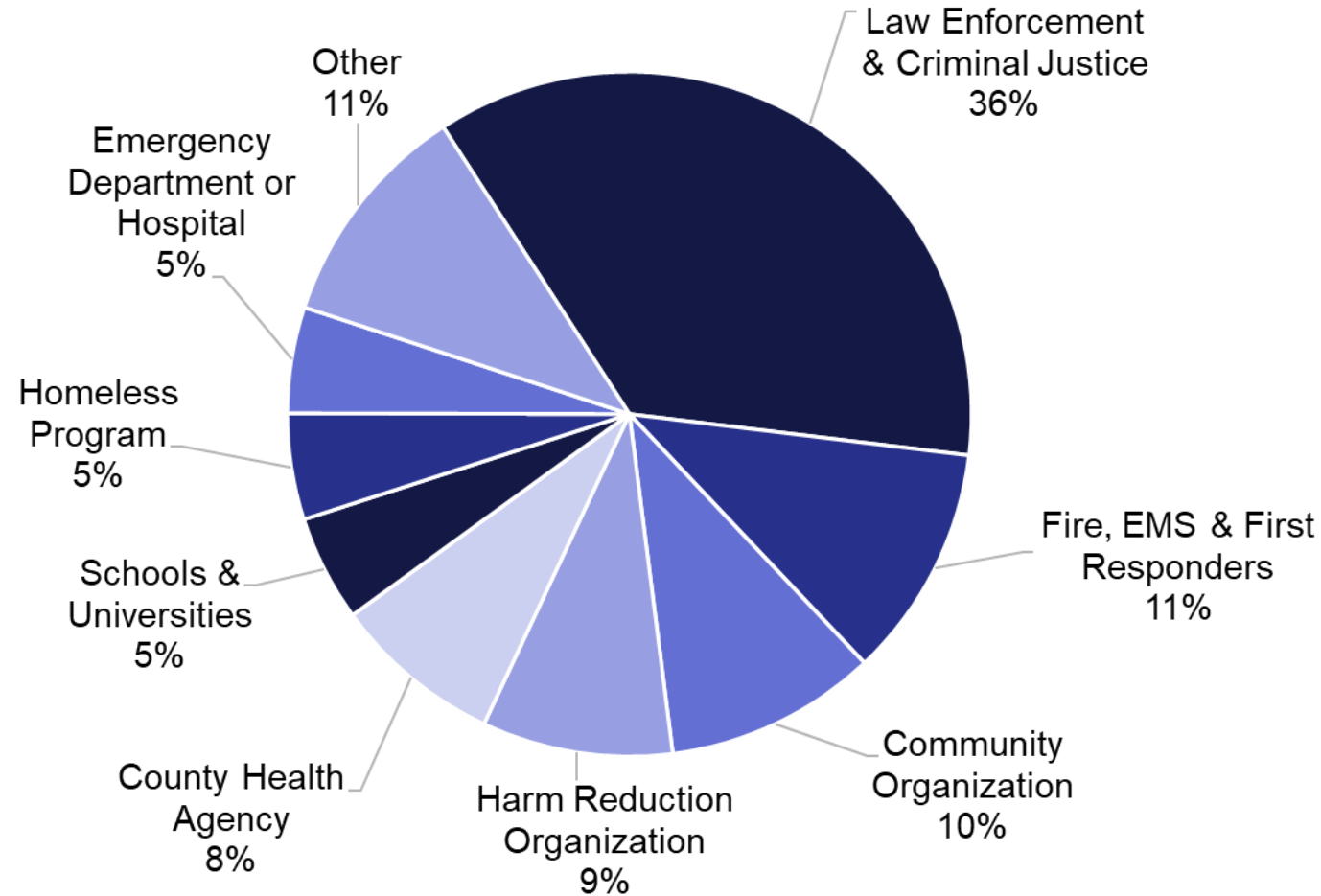» Since October 2018, the NDP has:
- Approved over **3,900** applications for naloxone
- Distributed over **1,100,000** naloxone units
- Reversed over **61,000** opioid overdoses

» To download the application and for more information, visit the DHCS website: https://bit.ly/2w2Vx9f.

NDP Applications by Type of Organization

Law Enforcement
& Criminal Justice
36%

Other
11%

Emergency
Department or
Hospital
5%

Homeless
Program
5%

Schools &
Universities
5%

County Health
Agency
8%

Harm Reduction
Organization
9%

Community
Organization
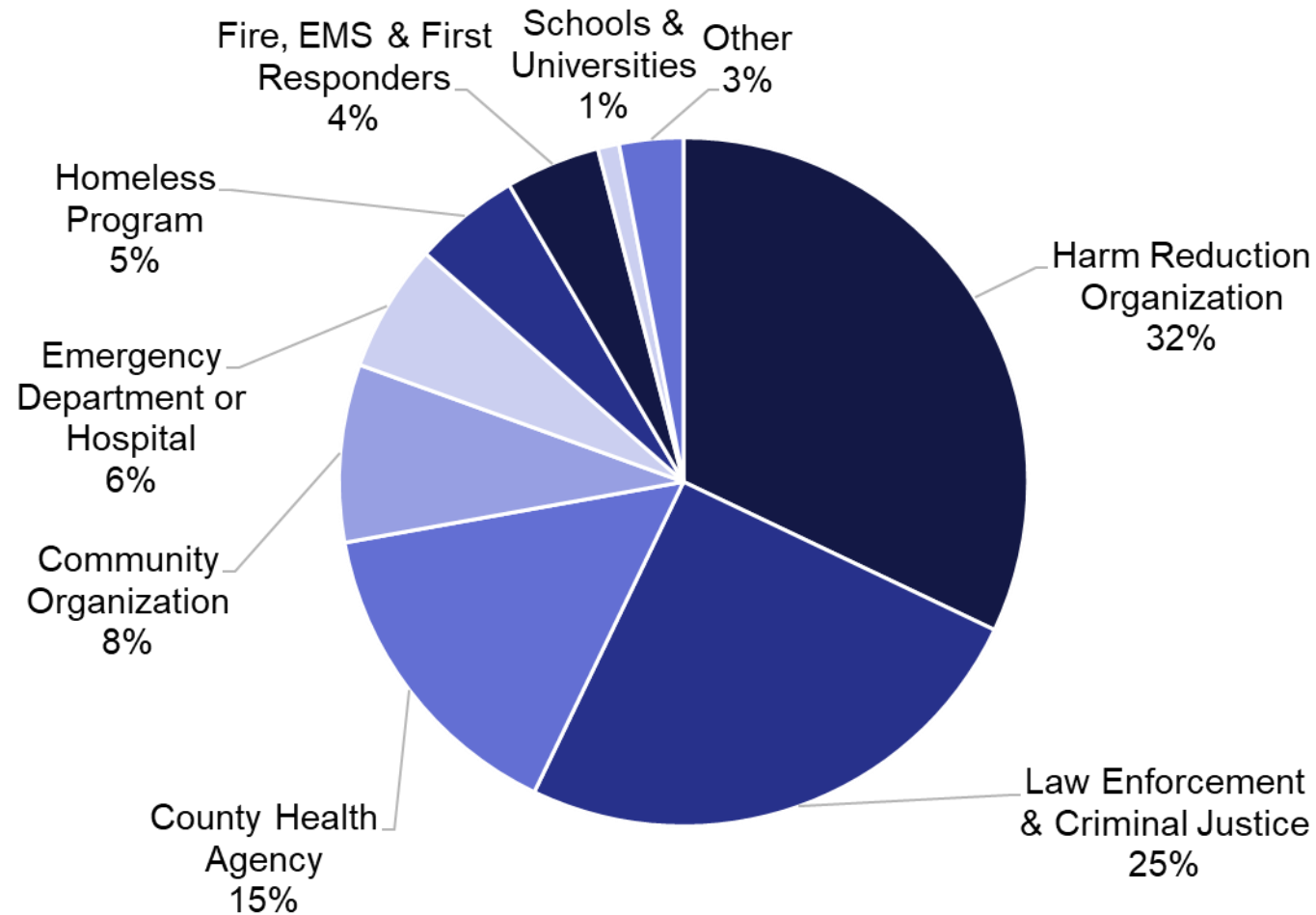10%

Fire, EMS & First
Responders
11%

Approved Applications: 3,914

NOTE: Approved applications as of February 28, 2022.
Other category includes: Tribal entities, SUD treatment facilities, libraries, veterans organizations, religious entities, and state agencies.

Naloxone Units by Type of Organization

Fire, EMS & First Responders 4%

Schools & Universities 1%

Other 3%

Homeless Program 5%

Emergency Department or Hospital 6%

Community Organization 8%

Harm Reduction Organization 32%

County Health Agency 15%

Law Enforcement & Criminal Justice 25%

Units Approved: 1,101,068

NOTE: Naloxone units as of February 28, 2022.
Other category includes: SUD treatment facilities, libraries, veterans organizations, religious entities, and state agencies.

California Bridge Program

- Under California Bridge, hospitals and emergency rooms serve as primary access points for the treatment of acute SUD symptoms.

- Participating sites address substance use as a treatable chronic illness by beginning MAT in the hospital, providing harm reduction services, and connecting individuals to ongoing care in the community.

- As of February 2022, **206** hospitals are participating in the program.

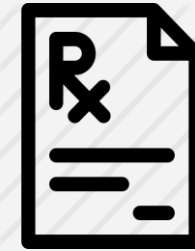# California Bridge Impact to Date

94,574

Substance Use
Navigator encounters

76,267

Patients identified
with OUD

32,204

Encounters where
MAT was prescribed
or administered

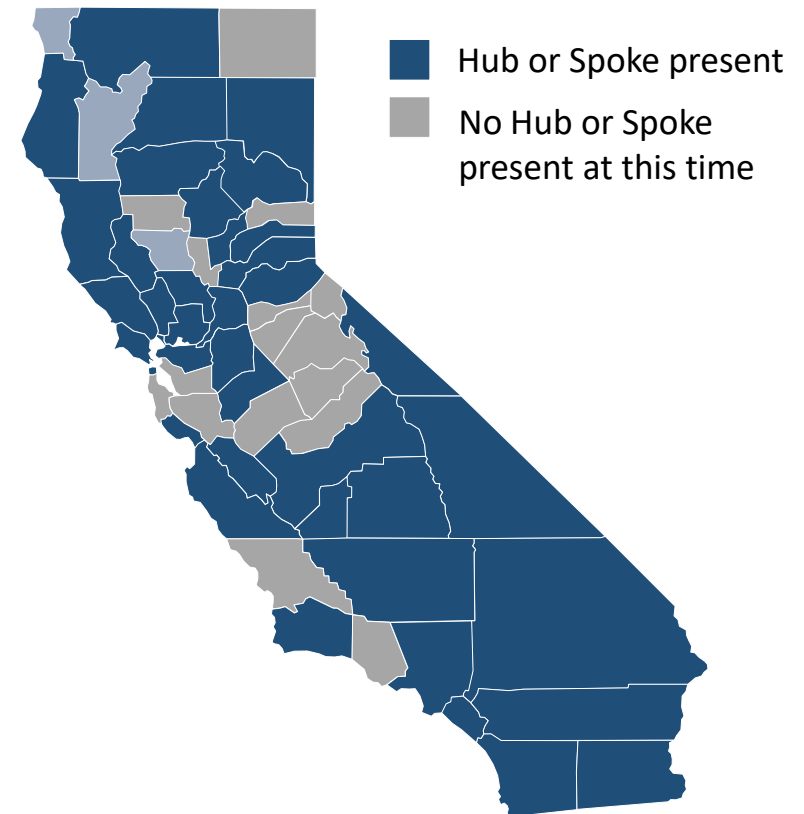Cumulative totals across all reporting CA Bridge sites (n = 86), April 2019-November 2021

Expanding MAT in County Jails & Prisons

» The project "Expanding Access to MAT in County Criminal Justice Settings" was created to help counties increase access to MAT during incarceration and throughout involvement in the justice system.

» The program offers technical assistance to **31** county-based teams that are developing or expanding MAT to individuals in county jails and through drug courts. The project is also offering technical assistance related to stimulant use disorder and co-occurring serious mental illness and SUD.

» As of February 2022, more than **17,643** jail detainees had received MAT during incarceration.

» DHCS has also been working with the California Department of Corrections and Rehabilitation to implement and expand MAT in State prisons and train providers for Addiction Medicine Certification

California Hub and Spoke System (H&SS)

» Consists of narcotic treatment program (Hubs) which serve as experts in treating opioid use disorder, as well as office-based treatment settings (Spokes) which provide ongoing care and maintenance treatment.

» Aims to increase the number of providers prescribing buprenorphine for opioid use disorder.

» For more information, visit http://www.californiamat.org/matproject/california-hub-spoke-system/

Counties with a Hub or Spoke

■ Hub or Spoke present

■ No Hub or Spoke present at this time

MAT Access Points

» Supports MAT start-up activities and/or MAT enhancement efforts in at over 200 MAT Access Points throughout California, with the goal of increasing the number of patients treated with medications, counseling and other recovery services.

» For more information, visit https://mataccesspoints.org/

MAT Expansion and Communities of Color

Training and resources to tribal communities through the Tribal MAT project

MAT Access Points funding for community-based organizations to conduct racially and culturally responsive prevention and treatment activities

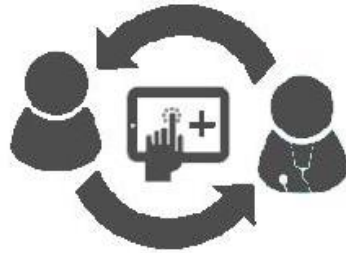New funding available for stimulant treatment & piloting best practices in treatment

Expanding access to MAT in primary care through provider training initiatives and Hub & Spoke System

Tribal MAT

» The Tribal MAT Program aims to improve MAT access for urban and tribal communities and is composed of the following projects:

Project ECHO

Tele-MAT

MAT Champions

Suicide Prevention

Needs Assessment

All Current and Previous MAT Expansions Projects

- Addiction Treatment Starts Here: Primary Care, Behavioral Health, & Community Partnerships
- California Bridge Program
- California Department of Public Health Projects
- California Hub & Spoke System
- California Poison Control System
- California Substance Use Line
- California Youth Opioid Response
- Continuity Consulting Projects
- County Touchpoints
- CURES Optimization
- Drug Take-Back
- DUI MAT Integration
- Expanding MAT in County Criminal Justice Settings
- MAT Access Points
- MAT Toolkits
- Media Campaign
- Mentored Learning
- Mother&Baby Substance Exposure Initiative
- Naloxone Distribution Project
- NTP Treatment Capacity
- Primary Care Residency
- SUD Workforce: Recovery & MAT Summit
- Supportive Housing
- Transitions of Care
- Tribal MAT Program
- Waivered Prescriber Support
- Young People in Recovery

To learn more about the MAT Expansion Projects, visit CaliforniaMAT.org.

Online MAT Resources

ChooseMAT.org

AddictionFreeCA.org

CaliforniaMAT.org

Resources

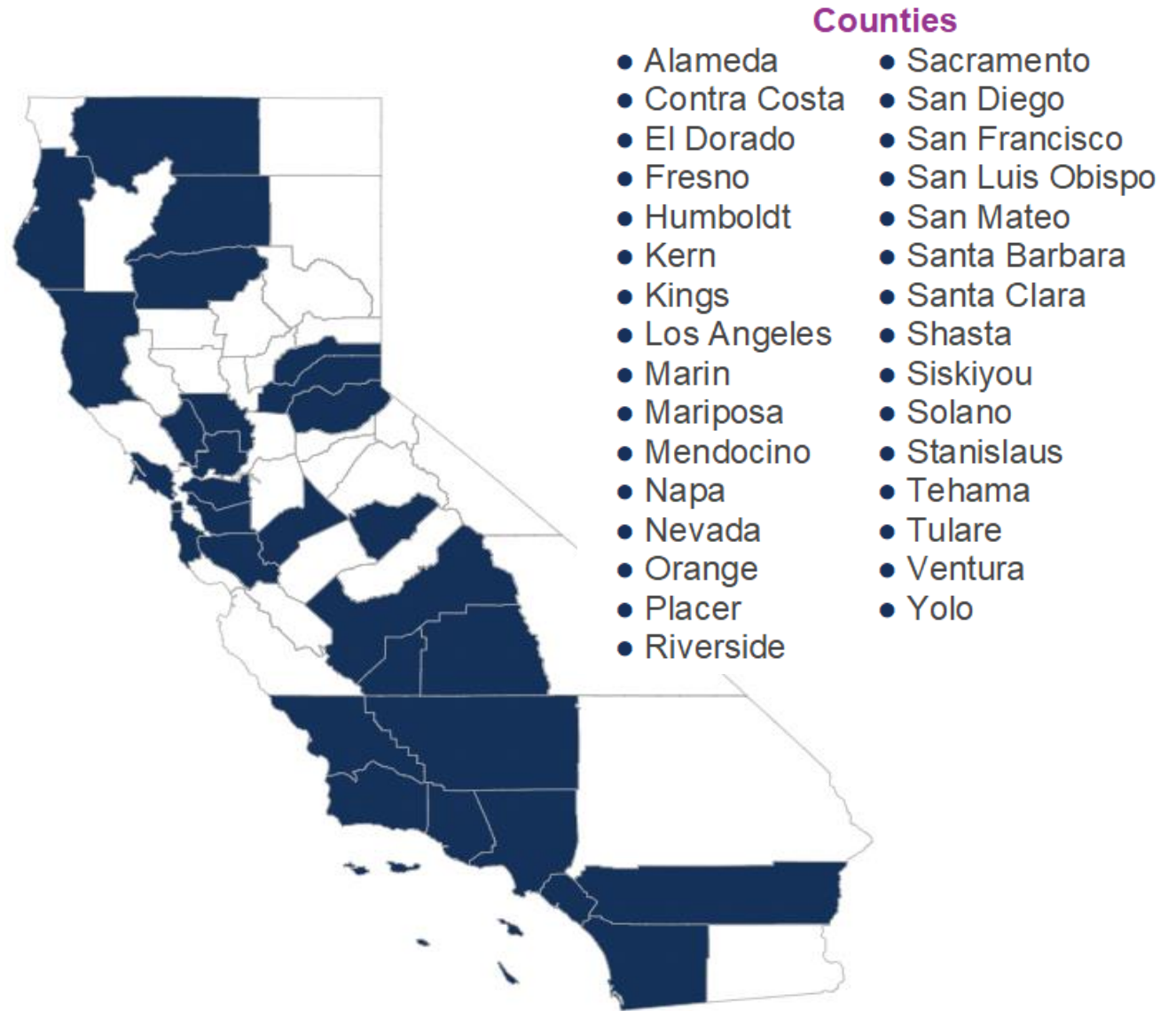For additional information, please visit CaliforniaMAT.org.

For questions regarding the MAT Expansion Project, please contact
DHCSMATExpansion@dhcs.ca.gov

Overview of Assisted Outpatient Treatment Program (Laura's Law)

DHCSAOT@dhcs.ca.gov

Assisted Outpatient Treatment (AOT) Program

- The Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, known as Laura's Law, provides for court-ordered community treatment for individuals with a history of hospitalization and contact with law enforcement.

- DHCS collects data outcomes from AOT implemented counties to produce an annual report on the programs' effectiveness.

Counties

- Alameda
- Contra Costa
- El Dorado
- Fresno
- Humboldt
- Kern
- Kings
- Los Angeles
- Marin
- Mariposa
- Mendocino
- Napa
- Nevada
- Orange
- Placer
- Riverside
- Sacramento
- San Diego
- San Francisco
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Shasta
- Siskiyou
- Solano
- Stanislaus
- Tehama
- Tulare
- Ventura
- Yolo

Assisted Outpatient Treatment (AOT) Program

Demographic Data:

Sex/Gender		
Female	67	31%
Male	151	69%
Transgender	0	0%
TOTAL	**218**	**100%**
Age Categories		
18-25	41	19%
26-49	135	62%
50+	42	19%
TOTAL	**218**	**100%**

Race/Ethnicity		
Caucasian/White	84	39%
Black/African American	27	12%
Hispanic/Latino	48	22%
Other, Multi-race, Unknown	59	27%
TOTAL	**218**	**100%**

Source: Laura's Law Legislative Report, July 1, 2018-June 30, 2019 SFY

Assisted Outpatient Treatment (AOT) Program
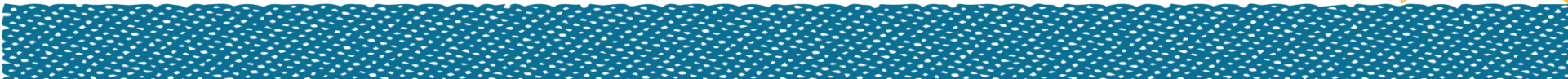
Key Highlights:

- ▼ Homelessness decreased by 35%.

- ▼ Hospitalization decreased by 39%.

- ▼ Contact with law enforcement decreased by 45%.

- + 29% of individuals were able to secure employment or participated in employment and/or educational services.

- ▼ Victimization decreased by 71%.

- ▼ Violent behavior decreased by 47%.

- ▼ Substance use was reduced by 8%.

- + Satisfaction surveys indicated both client and family member satisfaction with AOT services.

Source: Laura's Law Legislative Report, July 1, 2018-June 30, 2019 SFY

Overview of Elevate Youth California

DHCSProp64@dhcs.ca.gov

Elevate Youth California is a program funded by the Proposition 64 Youth Education, Prevention, Early Intervention and Treatment Account, serving youth ages 12 to 26 in communities disproportionally affected by the war on drugs.

elevate

YOUTH CALIFORNIA

- October 2020 to November 2021
- Round 1 and 2 Partners

73,593*
PARTICIPANTS ATTENDED
7,610
PREVENTION PROGRAM EVENTS
Includes all program activities, including recurring events.

PROGRAM ACTIVITIES INCLUDED:
- Leadership and advocacy opportunities to engage with policymakers and elected officials through participation in youth advisory boards
- Educational workshops or other events focused on mental health, mindfulness and stress relief

*Number is larger than total number of youth engaged because individuals participated in multiple events.

elevate
YOUTH CALIFORNIA

Youth Engagement

% OF YOUTH ENGAGED BY RACE OR ETHNIC GROUP (N=11,514**)

- HISPANIC, LATINO/A OR SPANISH ORIGIN
- BLACK/AFRICAN AMERICAN
- ASIAN
- WHITE
- UNKNOWN
- MULTIRACIAL
- AMERICAN INDIAN/ ALASKAN NATIVE
- NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER
- MIDDLE EASTERN OR NORTH AFRICAN
- OTHER

.7%   .5%   .4%
4.2%
3.8%
8.4%
10.7%
37.2%
13.3%
20.8%

**n is larger than total number of youth engaged since some youth were counted in each race/ethnic category they identified with.

October 2020 to November 2021

Round 1 and 2 Partners

Youth Engagement
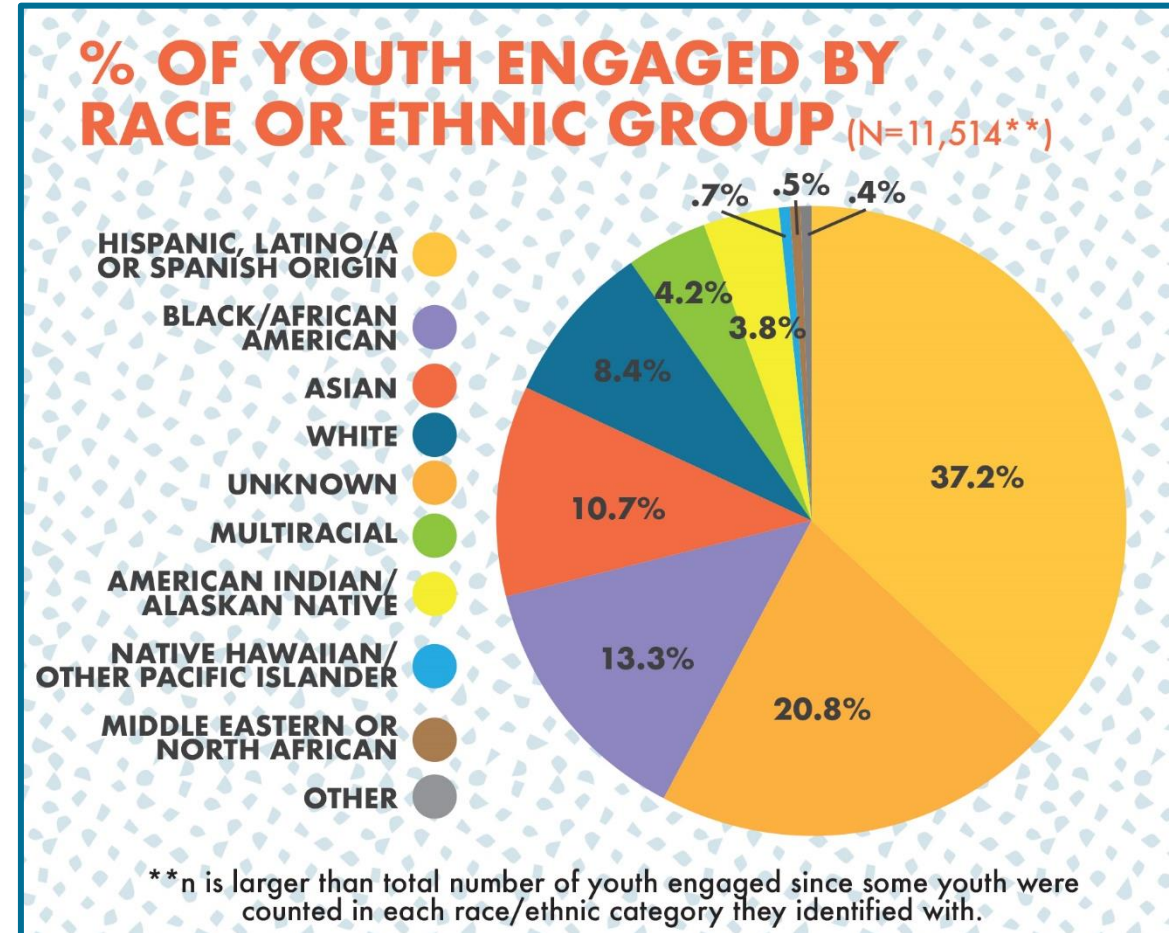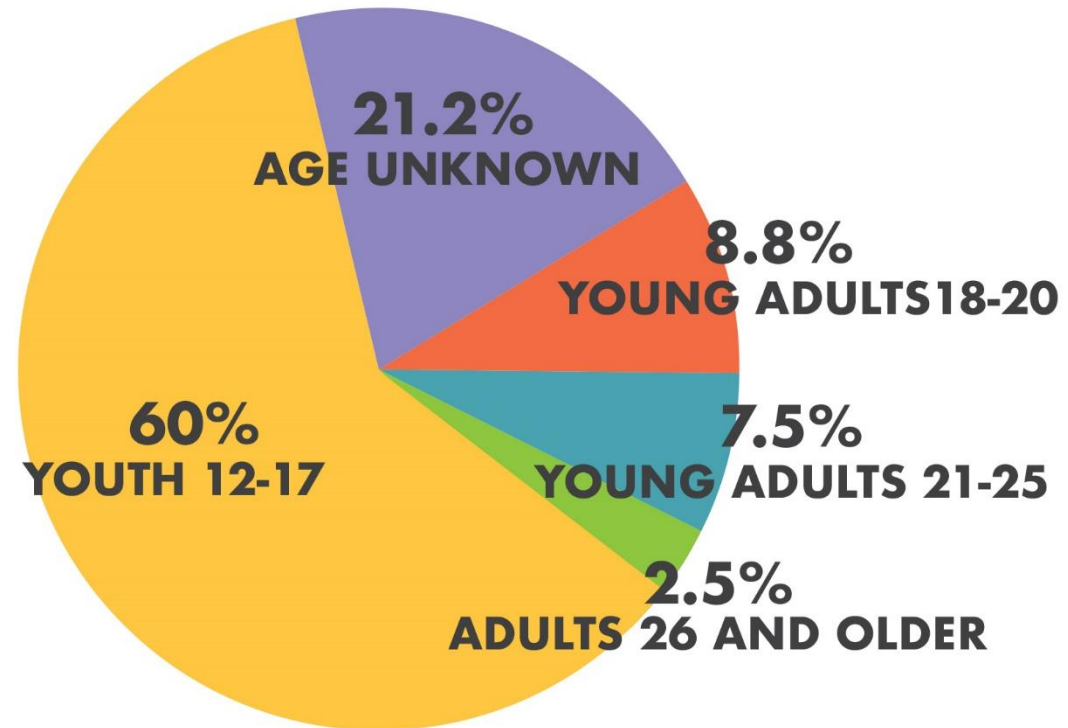
Questions?
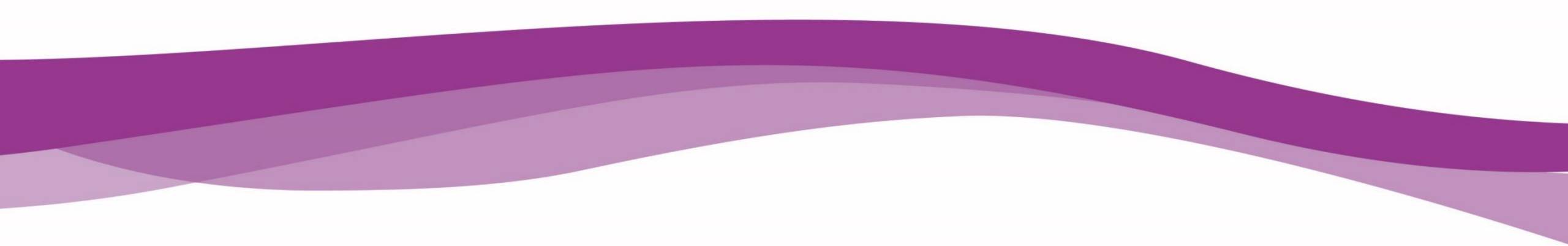
Engagement Opportunity

- **Breakout Rooms**

  - Room 1: Join Lazara to share thoughts on Racial Equity, Housing First, or Health Access for All

  - Room 2: Join Sara to share thoughts on Mental Health and Substance Use, Economic Justice, or Stigma Free

  - Room 3: Join Katie to share thoughts on next steps, implications for health departments, etc.

- **MURAL Brainstorm**

  - Link in chat

  - For any technical assistance with using MURAL, please unmute and ask your question in this main room.

- **Chat in the Main Room**

  - Utilize the chat function in Zoom to share any preliminary thoughts you may have.

Instructions on Joining a Breakout Room

- **Breakout Rooms**

  - **Room 1:** Racial Equity, Housing First, or Health Access for All

  - **Room 2:** Mental Health and Substance Use, Economic Justice, or Stigma Free

  - **Room 3:** Next steps, implications for health departments, etc.

- **To Join a Breakout Room**

  - Click ▦ **Breakout Rooms** in your meeting controls at the bottom of your screen. This will display the list of open rooms.

  - Hover your pointer over the number to the right of the room you wish to join, click **Join**, then confirm by clicking **Yes**.

  - Repeat as necessary to join other breakout rooms, or click **Leave Room in the bottom corner** to return to the main room again.
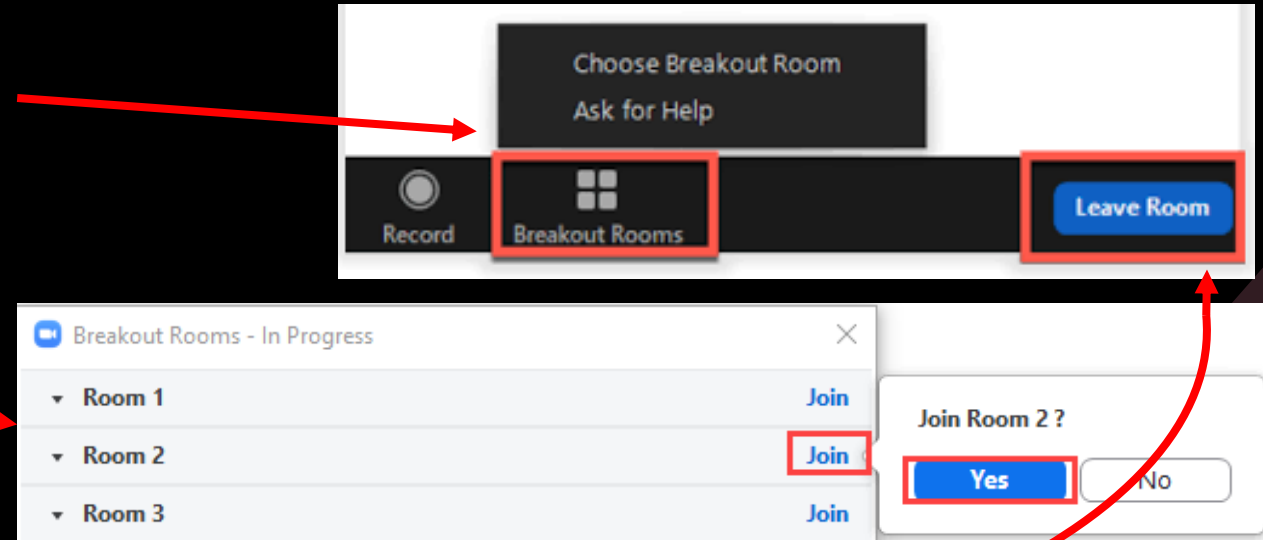
For access to the California CDPH Integrated Strategic Plan, please visit:
https://www.facenteconsulting.com/pdf/CDPH_StratPlan2021_FINAL.pdf