Department of Health Care Services
Substance Abuse and Mental Health Services Administration (SAMHSA)
Opioid Grant

April 5, 2017
SAMHSA Grant

The program aims to address the opioid crisis by:

• increasing access to treatment;
• reducing unmet treatment need;
• and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin).
SAMHSA Grant

• Only the Single State Agency can apply
• One-time funding
• Length of project is 2 years; with possible extensions
• Cannot supplant current funding
• CA’s proposal is draft until approved by SAMHSA
SAMHSA Grant

• DHCS created the CA MAT Expansion Project
• Grant was submitted on February 17, 2017
• SAMHSA will review proposals through the end of April
• The grant period will begin on May 1, 2017 or after SAMHSA approval
• CA’s allocation is $44.7M for two years
California Deaths - 2014

All Opioid Overdose: Age-Adjusted Rate per 100,000 Residents

[Bar chart showing the rate of opioid overdose deaths in California counties in 2014. Each county is represented by a bar, with the height of the bar indicating the rate per 100,000 residents. The counties are listed in descending order of their rates, with the highest rate in Mariposa County and the lowest rate in Alpine County.]
Collaborative Effort

• Coordinated with the other statewide collaborative opioid efforts
  – DMC Organized Delivery System
  – Strategic Prevention Framework Partnerships for Success (PFS) Grant Award
  – CA Health Care Foundation
  – California Prescription Opioid Misuse and Overdose Prevention Workgroup
# Comparison of Medicaid Beneficiary Characteristics with Buprenorphine and Methadone Treatment-- 2015

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total Number of Eligible Beneficiaries</th>
<th>Number of Beneficiaries Receiving Buprenorphine</th>
<th>Number of Beneficiaries Receiving Methadone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 12-64 (years old)*</td>
<td>9,429,580</td>
<td>8,542</td>
<td>37,468</td>
</tr>
<tr>
<td><strong>Geographic Location</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southern</td>
<td>5,974,654</td>
<td>3,254</td>
<td>18,089</td>
</tr>
<tr>
<td>Central</td>
<td>1,648,734</td>
<td>1,474</td>
<td>10,201</td>
</tr>
<tr>
<td>Bay Area</td>
<td>1,522,381</td>
<td>2,170</td>
<td>8,426</td>
</tr>
<tr>
<td>Northern</td>
<td>283,811</td>
<td>1,644</td>
<td>752</td>
</tr>
</tbody>
</table>

*Total Medicaid population certified eligible. Excludes dual eligible

Data Source: Department of Health Care Services
Focus Population

California will strategically focus on three populations to improve MAT services:
1. Counties without a NTP in the geographic area
2. Increase the availability and utilization of buprenorphine statewide
3. Improve MAT access for CA’s American Indian and Native Alaskan tribal communities.
MAT Expansion Project

- CA will strategically focus on the following in the MAT Expansion Project:
  - Implement the CA Hub and Spoke System
  - Create and implement the Indian Health Program MAT Project
  - Provide California Society of Addiction Medicine conference scholarships
  - Provide statewide training on OUD for providers, projects and stakeholders
MAT Expansion Project Goals

• Implement the Hub and Spoke model in various areas throughout California
• Increase the availability and utilization of buprenorphine statewide

• Improve MAT access for tribal communities
  – Increase the total number of waivered prescribers serving Indian Health Services SUD treatment clients.
  – Provide expanded MAT services that include tribal values, culture and SUD treatment.
Indian Health Services Program (IHSP) MAT Project
IHSP MAT Project

• $3.17M annually; project total of $6.34M
• DHCS will contract with a consultant to assist with the design and implementation of the project
• UCLA will create the data reporting structure and collect IHSP-MAT data elements
• UCLA will conduct an IHSP-MAT evaluation
IHSP MAT Project

• DHCS intentionally did not submit a design of this project to SAMHSA

• Emphasized to SAMHSA the need to collaborate with Indian Health Services Program partners

• The project will include traditional practices and philosophies for the AI/NA population
• Will utilize the Tribal Behavioral Health Agenda (TBHA) released by US Department of Health and Human Services in December 2016 as a guide
• The TBHA includes four tenants:
  1. Provides a clear national statement about the extent and impact of behavioral health and related problems on the well-being of tribal communities.
Tribal Behavioral Health Agenda

2. Recognizes and supports tribal efforts to incorporate their respective cultural wisdom and traditional practices in programs and services that contribute to improved well-being.

3. Establishes five foundational elements that should be considered and integrated into existing and future program and policy efforts.

4. Elevates priorities and strategies to reduce persistent behavioral health problems for Native youth, families, and communities.
Indian Health Services Program MAT Project

• Possible focuses of the project:
  • Supplementing efforts for the tribal phase of DMC-ODS such as initial funding for the ODS Administrative Entity
  • NUKA training (based on an Alaskan model)
  • Project ECHO
  • MAT physician and medication costs (buprenorphine, injectable and/or oral naltrexone)
Indian Health Services Program MAT Project

• Possible focuses of the project:
  • Culturally appropriate prevention activities (opioid use disorder and suicide prevention)
  • Culturally appropriate peer and recovery services
  • Naloxone training and distribution
  • Opioid innovation projects
Other Grant Opportunities

• UCLA’s Pacific Southwest Addiction Technology Transfer Center (PSATTC) will design culturally specific training for the IHSP-MAT

• PSATTC will provide quarterly statewide MAT trainings for the public, stakeholders, SUD providers

• Connect with other MAT resources provided by the California Health Care Foundation

• Utilize the Substance Use Warmline which provides physicians free education and decision support
Other Grant Opportunities

• Participate in CSAM’s free MAT webinars based on a needs assessment of California’s MAT Expansion Project

• Apply for the California Society of Addiction Medicine (CSAM) Mentoring Project which will provide 100 physician scholarships for the CSAM conference and follow-up mentoring
Projected Timeline

- Receive grant approval from SAMHSA - April/May 2017
- Begin CA MAT Expansion Project - May 2017
- Complete design of IHSP MAT Project - July 2017
- Create contracts for IHSP MAT Project activities - Fall 2017
Department of Health Care Services

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For More Information:
http://www.dhcs.ca.gov/provgovpart/Pages/SUDS-Compliance.aspx