

## **Alameda County Behavioral Health Care Services (ACBH) Opioid Settlement Listening Sessions - SUMMARY**

**Report Date:** November 1, 2023

**Context:** The following information represents a summary of the process and content of the Opioid Settlement process administered through Alameda County Behavioral Health Care Services, a Department of the Health Care Services Agency. For more information regarding this work, please contact: Mr. James Wagner, Deputy Director of Clinical Operations ([James.Wagner@acgov.org](mailto:James.Wagner@acgov.org)).

### **A. Background**

In 2021, the nationwide settlements were reached to resolve all opioid litigation brought by more than 3,000 state and local governments against the three largest pharmaceutical distributors (McKesson, Amerisource-Bergen, and Cardinal Health) and a manufacturer (Johnson and Johnson) for their role in fueling the opioid epidemic. In 2022, agreements were announced with three pharmacy chains (CVS, Walgreens, and Walmart) and two additional manufacturers (Allergan and Teva) and bankruptcy funds (Mallinckrodt). More settlements are anticipated. Alameda County was one of the signed plaintiffs in lawsuits.

Alameda County Behavioral Health Care Services (ACBH) is expected to receive approximately **\$40-46M** to address opioid and substance use disorders in the county over a period of 6 to 18 years.

### **B. Purpose**

ACBH organized four **Opioid Settlement – Listening Sessions** in September 2023 for stakeholders and community members. The primary goal was to receive recommendations and feedback from stakeholders and community members on usage of the opioid settlement funds.

In the sessions, Dr. Kathleen Clanon (Medical Director, Alameda County Health Care Services Agency) and Ms. Stephanie Montgomery (Health Equity Division Director/Health Equity Officer) reviewed current opioid data, opportunities for intervention, settlement funding updates, and ACBH's program planning and process to expend the settlement dollars.

Below is the information on sessions' dates/times, facilitators, and participants.





Listening Sessions	Presenters/Facilitators	Participants
<p>Virtual listening sessions were conducted on following dates/times for the community members and stakeholders:</p> <ul style="list-style-type: none"> <li>September 05, 2023 (10am—11:30am)</li> <li>September 15, 2023 (11am—12:30pm)</li> <li>September 26, 2023 (10am—11:30am)</li> </ul> <p>In-person listening session for Mental Health Advisory Board (MHAB) members was on:</p> <ul style="list-style-type: none"> <li>September 18, 2023 (3pm—5pm)</li> </ul>	<p><b>Dr. Kathleen Clanon</b> (Medical Director, Alameda County Health Care Services Agency)</p> <p><b>Ms. Stephanie Montgomery</b> (Health Equity Division Director/Health Equity Officer)</p>	<ul style="list-style-type: none"> <li>ACBH Leadership</li> <li>ACBH Employees</li> <li>Community members</li> <li>Community Organizations</li> <li>County Providers</li> <li>Community Stakeholders</li> </ul> <p># Of participants in 4 sessions: <b>350</b></p>

Below is an elaboration of topics covered and feedback / recommendations received at the sessions.

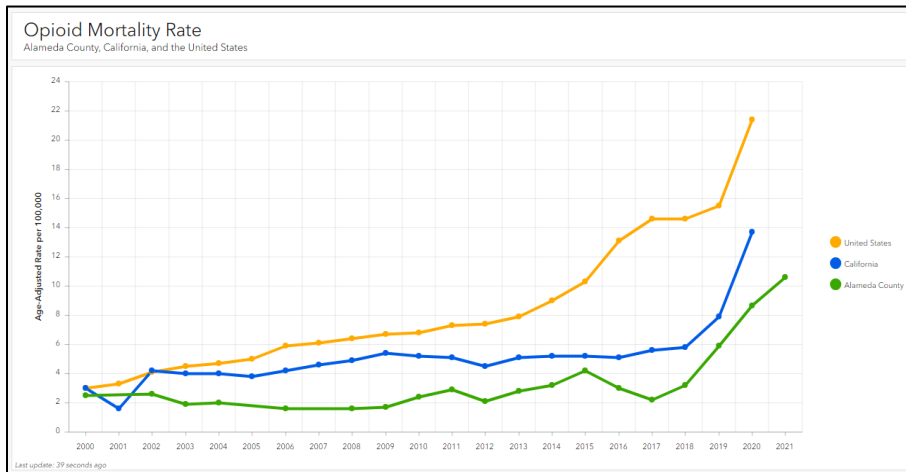
### C. Introduction and Overview

At the beginning of each session, Dr. Kathleen Clanon defined opioid, its mechanism of action in human body, and familiarized participants with various names it is available under.

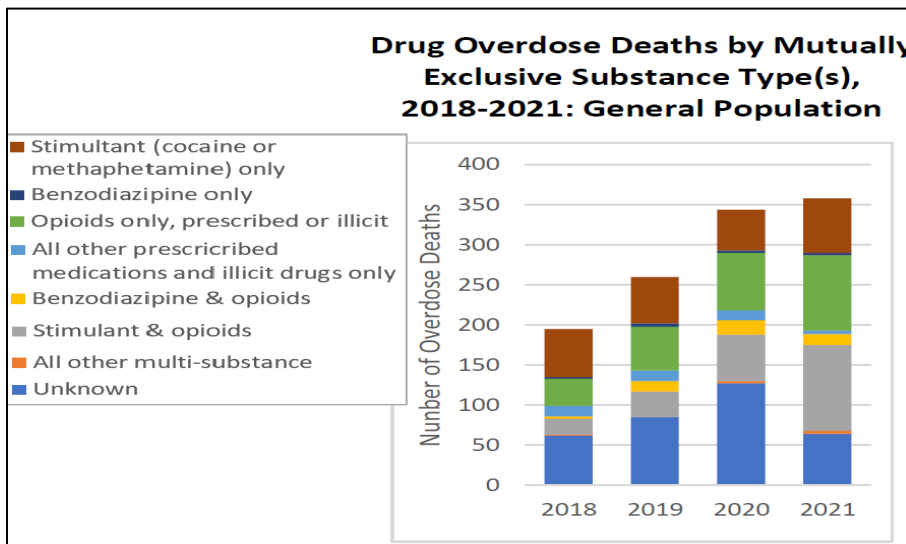
The participants were informed that the current treatment of choice for opioid addiction under Medication Assisted Treatment (MAT) are methadone and buprenorphine (aka suboxone) which are used in conjunction with counseling and behavioral treatments to decrease withdrawal symptoms and cravings, chances of relapse and has shown to lower rates of fatal overdose.

### D. Current Available Opioid Data for Alameda County

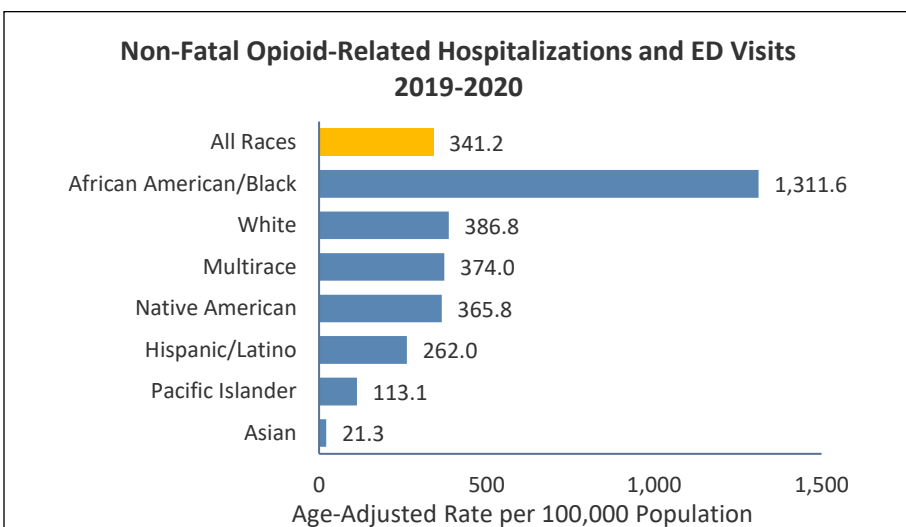
The following data were reviewed at the listening sessions:



- Though **opioid mortality rate** for Alameda County is lower than the rates for the USA and California, the graph suggests that the number of deaths due to opioid continues to rise in Alameda County.
- Urgent evidence-based interventions are required to decrease opioid poisoning and deaths.



- Overdose deaths are increasing each year.
- Opioid deaths are increasing as a proportion of overall overdoses.
- Polydrug overdoses that include opioids and stimulants are the fastest growing segment.



- Opioid related non-fatal hospitalizations and ED visits were highest among African American/Black individuals.
- Though the episodes were non-fatal, the number of hospitalizations and ED visits show the health issues and body damage in this group.



### Alameda County Opioid Data Conclusions

- Alameda County death rates due to opioid poisoning are rising and have sustained upward trajectory since 2017.
- Opioids alone and in combination are driving that increase.
- The trend in Alameda County is concerning especially because the data show that the county residents might have recently started purchasing and using fentanyl.
- Opioid poisoning deaths affect adults of all ages\*
- Overdose deaths disproportionately impact African Americans, men, and people experiencing homelessness.
- People experiencing homelessness account for about 30% of all overdose deaths.

\***Poisoning** is defined as a condition in which poison or toxin is accidentally or purposely consumed/inhaled/ injected causing life threatening consequences (e.g., consuming fentanyl without knowing it, mixed with other substances).

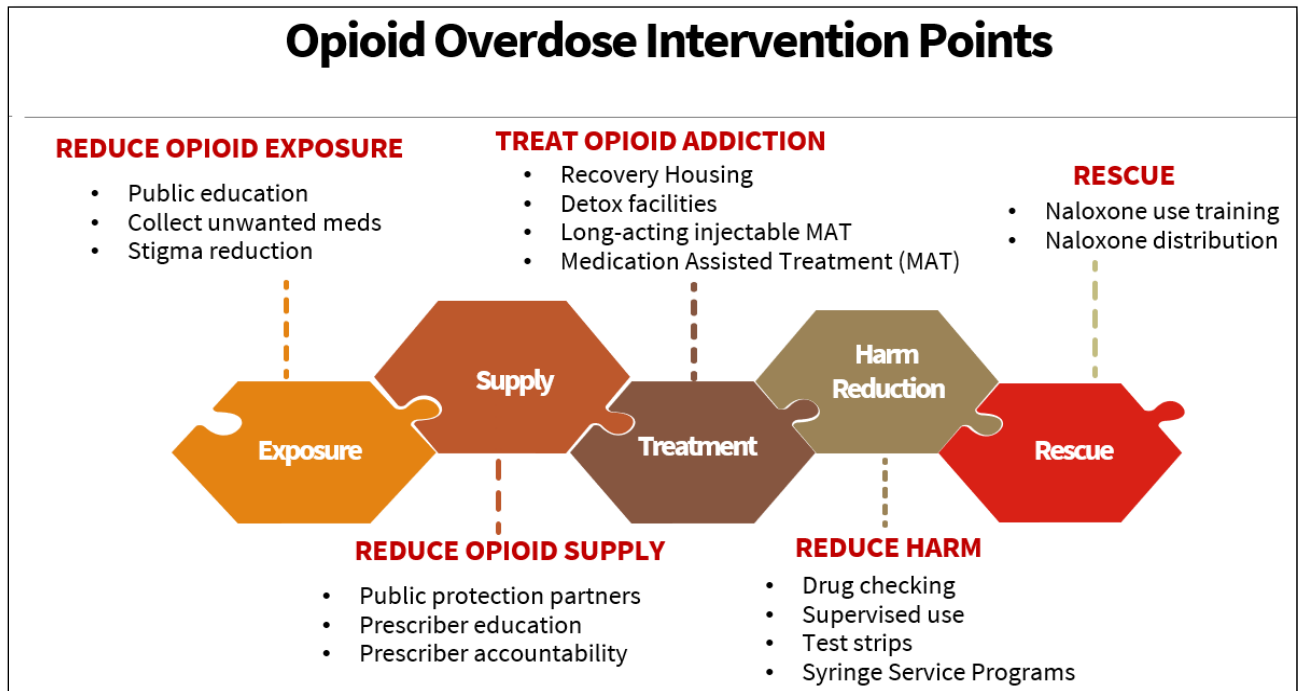
## E. Overview of approach

Participants were informed on the **evidence-based interventions and best practices** that are already being used in healthcare and have demonstrated to reduce the number of opioid overdose and poisoning deaths in Alameda County.

- Targeted Naloxone distribution e.g., transitional housing, treatment centers, and in criminal justice settings
- Medication-Assisted Treatment (MAT)
- Healthcare provider education on screening for and diagnosing Substance Use Disorder and connecting people to treatment.
- Eliminating insurance barriers for medications for opioid use disorder
- Screening for fentanyl in routine lab tests
- 911 ‘Good Samaritan’ laws
- MAT in criminal justice settings and on release
- Starting suboxone/buprenorphine-based MAT in Emergency Departments
- Syringe services programs



In the sessions, overdose **intervention points** and possible evidence-based interventions under each category to address opioid crisis were also reviewed. Please refer to below picture.



## F. National Opioid Settlement overview & ACBH goals

The sessions provided an overview of National Opioid Settlement terms and informed that funds will be paid over a period of 6-18 years and of the received funds, at least 85% must be spent for opioid abatement activities. For County, almost all funds being received are restricted to expenditures on future abatement efforts (**abatement** means to the end, reduce, or lessen something).

ACBH program goals with the settlement funding mentioned were expenditures to address opioid crises in Alameda County, expansion and enhancement of Substance Use System of Care, periodic stakeholder processes to inform, educate and to receive feedback, and to expend on prevention efforts such as public media campaign to address opioid misuse.

## G. California Opioid Abatement Priority Areas

The sessions informed on the California abatement priorities areas [[JD OSF Allowable Expenses \(ca.gov\)](#)].

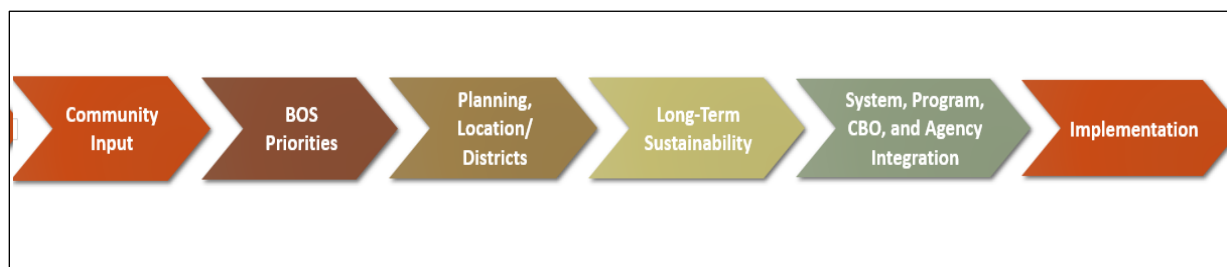


- Provision of matching funds or operating costs for substance use disorder facilities with an approved project within the Behavioral Health Continuum Infrastructure Program (BHCIP).
- Creating new or expanded substance use disorder (SUD) treatment infrastructure.
- Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD.
- Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction.
- Interventions to prevent drug addiction in vulnerable youth.

## H. Opioid Settlement Planning process

Participants were informed that opioid settlement planning process is an integrated approach and ACBH will be working with the communities most impacted in the County such as People Experiencing Homelessness, Chronic Substance-Dependent individuals, incarcerated and Black/African American, and will be conducting periodic public updates, coming back to the community for stakeholder engagement overtime.

Below is the representation of planning at ACBH:



Sessions made participants aware on **ACBH's current plans with opioid settlement dollars** which are to fund public media Campaign regarding opioid crisis, fund more Medication Assisted Treatment (MAT) services, fund and establish hospital based medical detoxification beds, and to roll out mini grants to community-based organizations to address opioid crisis.



## I. Social Determinants of Health (SDOH) and Health Equity

The sessions presented on Social Determinants of Health (SDOH) and informed how education, race, gender, social support, access to healthcare, neighborhood/built environment, and social/community context can affect health outcomes.

Sessions addressed that understanding of SDOH can inform strategies that can pave the way and ensure better outcomes for the most impacted in our community. In addition, it was informed how institutional and structural racism affect the care and support of individuals most affected by opioid use and stressed on the fact that as a community we must actively strive to break down barriers and develop a new, culturally sensitive approach to care that is inclusive and supportive for those who need it.

## J. Community Recommendations

Community Recommendations received at the sessions are listed below:

- Funding Peer Support and Navigation programs (recovery cafes, homeless and congregate settings, and emergency departments). “Peer-to-peer education programs targeting youths.”
- “Funding DUI programs in Alameda County to provide education, screening, and referral to services. Large number of individuals who need extensive education and support are seen in DUI programs (approximately 2,300 convictions in 2018).”
- “Funding local harm reduction organization and Drug Checking Programs.”
- “Expanding a network of low barrier / no barrier public health access points & distribution boxes with naloxone, fentanyl test strips, access to MAT (e.g.- free dispensers / vending machines; Naloxone kits particularly targeting public bathrooms, libraries, coffee shops, etc.).” “Funding to work directly with street suppliers to educate them on Naloxone use.”
- “Naloxone distribution and drug-checking services should be in shelters, food pantries, encampments, and/or other locations recommended by people experiencing homelessness. Establishment of these services must include training of leaders in unhoused communities.”



- “Substance use treatment and harm reduction services should be fully integrated into existing field-based services such as street medicine, EMS, MACRO, homeless outreach, shelters, etc.”
- “Existing treatment and harm reduction programs should add transportation services, ensure that drop-in clients are always served, and be equipped to handle clients with mental health needs.”
- “Settlement funds should be used to fund organizations within unsheltered communities to participate in the design and placement of new treatment and harm reduction services.”
- “The County should expand Contingency Management programs which are evidenced based and respond to the needs of people experiencing homelessness by putting tangible resources in their pockets to meet basic needs.”
- “If the County opens safe consumption/Overdose Prevention sites, these should be placed with the needs of unsheltered residents as a priority.”
- “Funding SUD treatment services such as MAT (county clinics and primary care settings), residential detox and treatment beds.”
- “Funding for targeted education and training to providers, and monitoring / surveilling on who / what gets prescribed.”
- Funding education media campaign and multimedia advertising (e.g., TikTok messaging, etc.). Expand opportunity to educate youths and young adults.
- “Expand and enhance SUD system of care: Develop strategies to ensure that individuals who are current opiate/substance users and homeless have access to pain management and palliative symptom management. Identify eligible patients, develop strategies and workflows within syringe exchange, detox beds, street health teams, respite programs and shelters to assess and connect eligible patients to existing care options by identifying third party Palliative Care and Hospice partners to enhance and integrate care. Establish if current competencies exist within teams to directly supply care.”
- Provision of matching funds or operating costs for substance use disorder facilities with an approved project within the Behavioral Health Continuum Infrastructure Program (BHCIP).





- “Supporting the frontline workers (therapy, resources, better pay, and stable employment). Hiring and paying WELL people who have lived and living experience is so crucial.”
- “Alameda County should make a commitment to hiring qualified individuals who are currently unsheltered to provide services to their community members.”
- “Additional funding to drug courts to enhance services and strengthen partnership with County for collaborative courts (court for people with co-occurring disorders).”
- “Funding to house people impacted by opioid use disorder. Mobile van providing methadone/buprenorphine to our unhoused communities would be helpful and a gateway to treatment and housing. It would be great to see Supervised Injection/Safe Use Center open in Oakland.”
- “Funding addition of healthcare providers for Incidental Medical Services (IMS) resources to improve the quality of Withdrawal Management and Residential SUD Treatment programs through ability to prescribe MAT on site.”
- “Funding for community Information and Referral Centers in the Alameda County.”
- “Coordinated "stakeholder" oversight committee made up of cities, consumers, and providers like the Mental Health Service Act Stakeholder Group.”
- “Funding for sober living long term communities such as Tiny House community that can be one-stop shop for accessing employment, SUD recovery and wraparound care with limited access to harmful drugs. Support harm Reduction short-term emergency housing for SUD community.”
- Funding to support prevention and early intervention programs (e.g., prenatal intervention, immediate contact, support, education, and linkage to services, if needed, for grieving family members, etc.).
- “Alignment with CalAIM priorities for homelessness prevention and Housing First practices, as well as medical legal partnerships to help patients to access treatment, housing, public benefits, and other civil legal services.”
- “Promote a system wide understanding of how grief impacts both staff and participants in the Alameda County Homeless System of care. Incorporate a trauma stewardship/vicarious trauma approach informed by an equity, inclusion, and justice lens. Build systemwide and agency specific resilience and recovery following



participant deaths, by the development of skills and resources that support staff and affected communities.”

- “Evaluation of existing programs and services to identify how well they are working. Part of this is a thorough needs assessments in the community to see what their substance use are needs, whether these programs are delivering what they promise and if the impact has been positive.”