alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

2000 Embarcadero Cove, Suite 400
Oakland, Ca 94606
510-567-8100 / TTY 510-533-5018
Karyn L. Tribble, PsyD, LCSW

Alameda County Behavioral Health (ACBH)
Opioid Settlement- Listening Sessions (FAQs)

1. **What is the recommended length a client can be on MAT?**
   There is no limit for length of therapy. Duration of therapy is usually a discussion between the patient and their prescriber.

2. **Are the opioid related deaths based on the whole population or based on i.e. 350 per 100,000?**
   The overdose deaths are based on the whole Alameda County population.

3. **Why do you think overdose poisoning/deaths of African Americans are the highest?**
   This could likely be another example of the health consequences of structural racism.

4. **Do we know where MAT is implemented? Can you provide a list of MAT locations in Alameda County.**
   MAT services are provided through ACBH provider network. SUD Department will put together network provider list and share with the participants. Contact for MAT services at ACBH is Dr. Clyde Lewis, SUD Continuum of Care Director (Clyde.Lewis@acgov.org). ACBH MAT policy is outlined here: 150-2-1 DMC ODS Requirements for Period 2022-2026 P&P.pdf (acbhcs.org)

   - Bridge Clinic MAT at JJC.
   - MAT services at Santa Rita Jail
   - MAT services are provided in emergency rooms in hospitals in Alameda County
   - MAT services at the juvenile justice center
   - Life Long MAT program
   - Axis Community Health Clinic MAT services

5. **Are you able to focus on employment for men or other programs (trade, AI training, Warehouse, Certifications) to offset their usage and fill their time in with positives for the long terms in addition to counseling to include family involvement and re-education for basic reading and writing to boost their confidence. I am interested to know how employment can impact usage.**
   Data suggest that individuals who are employed are less likely to use substances. ACBH has vocational services that help many get connected to jobs and other opportunities

including linkage to care. Such services are important in the county and if there are other avenues like ACBH's vocational program, we should work collaboratively.

6. **Have you considered initiating methadone in Emergency Departments in addition to buprenorphine and then transfer to one of the many OTPs in the county?**
   Yes. This is already being done in some emergency departments in the County.

7. **How much money is the County receiving from the Settlement and which are the companies that were sued?**
   ACBH is anticipated to receive approximately **$40 - $46M** from the settlement money over 18 years. As of October 2023, ACBH has received **$8,462,347**.

   The list of companies that were sued are:
   a. Distributors include McKesson, Cardinal Health, and Amerisource-Bergen
   b. Janssen Pharmaceuticals (parent company Johnson & Johnson)
   c. Mallinckrodt
   d. Teva
   e. Allergan
   f. CVS
   g. Walmart
   h. Walgreens
   i. McKinsey
   j. Purdue
   k. Endo
   l. Kroger

8. **How is County coordinating and collaborating with other cities that are also receiving opioid settlement funding?**
   ACBH will take an integrated approach and work collaboratively with trusted community organizations to address opioid crisis in Alameda County. However, at this point ACBH is not fully aware of the cities that have opted in or opted out. The cities that have opted in can directly reach out to Mr. James Wagner, Deputy Director of Clinical Operations at ACBH (James.wagner@acgov.org) to plan on collaborative work around opioid crisis and to minimize duplication of efforts.

9. **Can any of the opioid money be used to address the addition of Xylazine (tranq) along with fentanyl to street drugs?**
   The opioid dollars cannot be used to address xylazine as a standalone problem, but potential dangers of xylazine could be included in settlement-funded education for the wider community and for people who use drugs.

10. **How will opioid settlement funding be distributed per city, in Alameda County. Of the African Americans (AA) who are dying at the Emergency Departments (ED), which ED's have the highest number of AA's dying?**
    Cities have to opt in to Opioid Settlement funding and there is a formula that ensures how much funding they will receive. The formula might account for various data including number of Medi-Cal beneficiaries served, opioid deaths in that city or jurisdiction, etc. Cities need to opt in to receive the settlement funding. If the cities do not opt in, the funding will go to the county to distribute the funding.

    The data presented showed dangerous overdose and poisoning that were non-fatal. Typically, could be 911 calls and transport to ED. The slide highlights that African American individuals in Alameda County are accessing ED and managed to receive care that resulted in non-fatal episodes.

11. **How can nonprofit organizations assist or be used?**
    One of the ways ACBH intends to expend the Opioid Settlement funding is through Innovative Mini-Grants. The Mini-Grants Request for Proposal (RFP) will be released sometime after new year in 2024. Innovative Mini-Grants Program will give priority to community agencies who layout innovative evidence-based strategies and programs that haven't been tried by ACBH before in reducing opioid crisis in Alameda County. We will duplicate similar activities as Mental Health Services Act Innovative Programs to reach various non-profit agencies including some harm reduction providers who are not contracted with us. ACBH may permanently fund some innovations if they show that they are decreasing opioid use/misuse and deaths.

12. **The data shows that the unhoused population are being severely impacted. Are there representatives from the County's Health Care for Homeless team on this call and what their strategies will be in terms of outreach, engagement and response?**
    Alameda County Health Care for the Homeless provides comprehensive services to people with Substance Use Disorder. The data referenced in the sessions is part of the **Homeless Mortality report** that Alameda County Homeless Mortality Review Team (HMRT) releases annually.

    Highlights of work Alameda County Health Care for the Homeless does to prevent overdose/poisoning include:

    - Providing monthly Narcan training (1,300+ people trained since 2020)
    - The 14 Street Health teams who serve unsheltered homeless across the county provide Narcan, MAT and linkage to SUD services.

- MAT services are co-located at a syringe exchange services.

- Shelter Health services (in Homeless shelters and drop-in centers) provide Narcan and linkage to SUD services

- New pilot program was launched in spring of 2023 to have Narcan dispensers in Homeless housing and service sites across the county to provide direct access.

- Pilot program in Oakland that started in fall of 2023 to provide harm reduction drop-in center, contingency management program, and MAT directly in large transitional housing program.

Street Health Outreach Team look forward to be able to prescribe MAT and add peer navigation services.

13. **Can County use Settlement funds as a match for BHCIP SUD infrastructure expansion?**
ACBH has to review opioid settlement expenditure guide and allowable expenses requirements. BHCIP state dollars are to build new capital mental health and co-occuring facilities. Alameda County has won five awards and administered those funding through community providers to move quickly. The match has put responsibility to CBOs to enhance infrastructure. The CBOs have used their properties to enhance infrastructure, which is allowable under BHCIP.

14. **How can we use this funding to build infastructure for safety net providers and CBOs to have long-term support for SUD programs that are not in competition for funding with our existing behavioral health supports?**
DHCS's allowable expenses guide outlines two High Impact Abatement Activities (HIAA) that include infrastructure funding:

    - HIAA 1: Provision of matching funds or operating costs for substance use disorder facilities with an approved project within the Behavioral Health Continuum Infrastructure Program [BHCIP-Home (ca.gov)]

    - HIAA 2: Creating new or expanded substance use disorder (SUD) treatment infrastructure

    Approved use (Schedule B) under Other Strategies are:

        - Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of

preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

- Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co- occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, 14 pharmacies, PDMPs, etc.)

Please refer to the allowable expenses guide here: JD OSF Allowable Expenses (ca.gov)

15. **One of the challenges is getting addicted individuals to be open to and receive treatment. There is also a lot of stigma around SUD. Will the County's Public Media Campaign target those who are dependent and is there any information about what kind of evidence based messaging is going to be used?**
    ACBH is in the procurement process and will release the Request for Proposal (RFP) to identify a Consultant. We will then work with the Consultant and probably hold similar community meeting, specific for media campaign to gather recommendation and suggestions from community around what we need to do and target in our community or how we can structure the education campaigns. More to come on this.

16. **The youth that I am seeing agree that illicit substances are being distributed within the school systems in order to reach every household. Could we have a school connected SUD program for the youth?**
    ACBH has integrated approach to care for our youth population. Wide range of SUD services are provided to beneficiaries from 0 - 21 and 21 and older age bracket in coordination with our Child and Young Adult system of care and Adult and Older Adult system of care services.

17. **Will there be an itemized document that shows how the funds received by the county are being spent on each overdose prevention goal? For example: 2 million for MAT expansion, 1 million for SSPs.**
    ACBH will inform on the opioid settlement funds received and expenditures through opioid settlement funding annual reports.

18. **What is the possibility of acquiring and compiling data on various efforts of the settlement? What is the evaluation plan for the settlement funds? Centralized and consolidated data from CBOs?**

DHCS requires participating sub-divisions to submit annual report on expenditures and description of programs via an online portal. DHCS will utilize the reports from sub-divisions for their monitoring and compliance purposes and to inform their annual report.

ACBH will hold periodic public updates overtime to inform community and county stakeholders on outcomes in the County, whether there has been reduction in opioid misuse, poisoning and deaths because of the new or additional programs. The department will gather ongoing public feedback / recommendations to make improvements and inform future expenditures.

19. **What contingency management (CM) programs are in place and how are they evaluated?**
Contingency management program at ACBH is a pilot program. There are currently three CBOs working towards providing Recovery Incentives treatment in Alameda County:

    a. **AARS HealthRIGHT360** at 33440 Alvarado Niles Road, Union City

    b. **Horizon Services Incorporated: Project Eden East County (Adult OP)** at 1020 Serpentine Lane, Suite 100 Pleasanton, CA 94566 and Project Eden (Youth OP) at 1866 B Stree, Suite 101 Hayward, CA 94541

    c. **La Familia** at 1315 Fruitvale Ave, CA 94601

Regarding evaluation of services, ACBH shall receive data from the Incentive Manager monthly that shall include reports by provider and details such as:

a. Utilization of CM services
b. UDTs outcomes (i.e., positive and negative UDT results)
c. Completion rates of CM
d. Total rewards

ACBH shall meet with Recovery Incentives Program (CBOs) on a quarterly basis to review data. Monitoring activities shall include onsite visits, video meetings, and/or desk reviews.

ACBH shall report to DHCS oversight activities in quarterly progress reports. Such reporting shall include all of the following:

a. Enrollment information to include the number of DMC-ODS beneficiaries served in the Recovery Incentives Program.

b. Summary of operational or policy development issues, complaints, grievances, and appeals related to the Recovery Incentives Program.
c. Enrollment information for new providers participating in the Recovery Incentives Program.

DHCS will provide an audit tool for counties to monitor providers that offer CM on an ongoing basis.

20. **How does some one access the current Contingency management program that are up and running in the county?**
Three organizations listed above are training and working on credentialing around contingency management. However, none of them are up and running yet. Contingent on Board approval, services are anticipated to start mid or late November 2023. To begin treatment, each participating provider must also be approved by UCLA's Readiness Assessment. As the program begins, ACBH and CBO providers will widely outreach to promote the program. Individuals under Medi-CAL wanting to enroll can be referred from ACBH portals or they can self-refer.

21. **Is Xylazine a concern in our county? Are there any special efforts to mitigate the spread of Xylazine in our county?**
The sheriff's office is testing for xylazine in people who are suspected to have died of drug poisoning/overdoses as well as looking for it in seized drugs. The Health Department sent a health advisory in April that went to health care providers asking them to be on alert to signs of xylazine impact. So far, we have seen only sporadic presence of this substance in Alameda County.

22. **What is the maximum amount that a CBO can receive from the mini grants?**
Depending on the programs and innovative ideas, CBOs can receive approximately **$50k to $300k**.

23. **Use TikTok to get messages out?**
SUD is already working with communications team on social media platforms. SUD will include suggestions from individuals with lived experience in implementing these platforms.

24. **How is what we are doing with Cal-AIM and what we are doing with Cal-AIM different?**
Cal-AIM is mostly administrative changes. Whereas, Opioid Settlement funds will be for supplementing existing programs and an integrated approach to decrease opioid crisis in the County. With settlement dollars, ACBH will focus on funding new and unique

programs (e.g. Innovation programs). A projected total of $3M Opioid Settlement funding from Janssen pharmaceuticals (parent company of Johnson & Johnson) is available for the Innovative Mini-grants program. Some others programs that will be funded by opioid settlement dollars are adding more residential beds, expanding MAT services, rolling out education media campaign that are fresh/evidence based ideas and align with the DHCS's expenditure guidelines.

25. **What are we doing to ensure support to the population of focus (African American men) around opioid overdose?**
    We are gathering ideas from the community about how best to reach Black men on this topic.

26. **Opioid Overdose Intervention points under harm reduction for drug checking, how does this work? What does the process look like to get drug checking?**
    There are other funding source for drug checking program (e.g. from District 5 through Measure A and CDC). The Drug Checking team will be working closely with the population of focus by outreaching and providing the services. The portable laboratory equipment will be carried by someone with a training during outreach or targeted interventions as planned. The days and time when outreach team will carry the equipment will be advertised initially so more people know about these services. We are making sure these equipments are placed in areas where there is a significant gap in services. The goal with Opioid Settlement is to fund more of the drug checking equipments so individuals who need services can be reached and provided treatments/linkage.

27. **How will we segment the target population and targeted efforts to this population with Public Media Campaign?**
    Alameda County data suggests that Opioid overdose deaths are impacting people of all ages between 15-74, with the highest overdose rates for those between 25-44 age group. The overdose deaths disproportionately impact African American residents (27.4%) with the second highest rates being for European American (11.3%), closely followed by Latino Americans (11.0%). Some of the most vulnerable users are people experiencing homelessness which accounts for approximately 30% of all overdose deaths. In addition, data shows that recently incarcerated or released individuals who have a history of OUD, often relapse within the first 24 to 72 hours of their release making them vulnerable to overdoses, poisoning and death.

    The Communication and Public Information consulting services will use target population-relevant communication channels to **deliver targeted prevention, education materials and resource information** to the most disproportionately impacted African American communities, homeless, people experiencing homelessness, and justice

involved/jail clients who are at highest risk of OUD and co-occurring SUD/MH conditions in Alameda County. Channels that are successful are multi-media outlet such as print (e.g., bus boards, posters, flyers, etc.), videography, and online media tools (e.g., press releases, webpages, social media ads, videos, etc.). ACBH will ensure media campaign services align their education and awareness services with the opioid settlement terms and conditions.

28. **On the mortality rate, why is the mortality rate lower than California and the USA? If the introduction to opioid is through pills and if African American population not having access to healthcare might have protected them for a while, then why does the data show that African American population especially men are at highest risk and greater users in Alameda County?**
    It is said that Alameda county people have many years history of only using heroin that probably protected them from using Fentanyl. Initially, there were some pharmaceutical companies that pushed opioid prescription. However, lack of healthcare to the African American target population might have actually protected them from over prescription. The use of fentanyl is however in rise as suggested by data.

    Of people who are coming into treatment for Opioid use disorder inform that their first experience or introduction to opioid is through a prescription pill. Opioid deaths are more often associated with lethal injection of the drug which will make individuals stop breathing. While with Amphetamines, deaths are due to irregular heart function. With opioid, Naloxone can reverse the poisoning, save lives and the overdose itself doesn't cause ongoing body damage.

    There has been dramatic changes in the rules of prescribing opioids in Alameda County and rest of the country. Prescription is low, which is protective. The disproportionate impact among African Americans that data suggested is because we have improved the tracking system now where data can be tracked based on different characteristics of people opioid is being prescribed to (e.g. zipcode) and the prescription has been seen to be higher among African Americans. This data tracking is helpful to inform interventions.

29. **ACBH is final decision maker or is it Board of Supervisor? Who has the final say on expending opioid funding?**
    ACBH determines expenditures pending Board of Supervisor (BOS) approval.

30. **If the community in ACBH thinks it is a good idea (Needle exchange, Syringe services, etc.) and and Board of Supervisors think otherwise, what will happen?**
    Thank you for this question and we will take it under consideration.

31. **Is it possible or will there be a conflict if Opioid Settlment Funds are also used to address methamphetamine crisis when there is a natural overlap?**
    There will be no conflict.

32. **What research has come out on users in terms of age group and what kind of interventions can be done to target them?**
    Data supports the use of Methadone in adults ages 18 years and above. There is limited data for youth under the age of 18 years. Data supports the use of buprenorphine in individuals ages 16 years and above

33. **What is the available funding per organization? What are the funding constraints?**
    There is no funding limits or rules per organization. Please refer to the DHCS Allowable Expenditure Guide here: JD OSF Allowable Expenses (ca.gov)

34. **Wondering if there will be planning with community advisory boards, steering committees, or oversight that include communities specifically, active drug users, people that refuse mainstream treatments, people with lived experience and unhoused people?**
    Yes, our listening sessions was for this purpose. In addition, we will have regular stakeholder updates.

35. **Can you comment on the effectiveness of voluntary versus involuntary SUD tx?**
    At this time, we cannot comment as there is no involuntary SUD services that is currently provided.

36. **Is there any evidenced based research reflecting abundant favorable outcomes when utilizing safe-injection sites as a primary intervention. It is my observation that such intervention over-saturates the existence of needles in the environment whereby/resulting in the most vulnerable (children) having increased contact with used needles (left behind in parks, schools, and on the street) as a direct result of this particular intervention.**
    While the data is limited, there is some evidence to support the reversal of overdose related episodes within safe consumption sites. This would only be true for patients who are using safe consumption sites and only during the times when they choose to use them. There is little data regarding the impact of safe consumption or an overall reduction of opioid related overdose consequences.

37. **Re: supervised use/safe injection sites: is Alameda county planning on making efforts in this direction? If so, please explain.**
    This has been under discussion at ACBH. There hasn't been any decisions made regarding supervised use/safe injection sites.

38. **I'm seeing supervised use on this list. Wondering if anyone is lobbying legislators to move this forward after recent veto?**
    ACBH is unaware of lobbying efforts for this.

39. **Are there any funds being allocated to increasing SUD/AOD meetings (or meeting locations) in the community. Are there any funds being allocated to optimizing the AOD/SUD meetings such as use of advanced technology (large screens etc) and provision of "attractions" for participatings; Such as food, gift cards, direct service/ability to apply for services while at a meeting (such as MA applications, Calfresh applications, GA applications etc?)**
    There are no opioid settlement funds dedicated for this as of yet.

40. **Can any of this funding be used to help keep families together when a parent is working through substance abuse treatment? So many children are separated from their parents.**
    The DHCS allowable expenses guide [JD OSF Allowable Expenses (ca.gov)] supports providing comprehensive wrap-around services to pregnant and post-partum women and individuals in treatment and recovery services that includes housing, transportation, job placement/training, and childcare. Under approved uses (schedule B): **Address the needs of pregnant or parenting women and their families, including babies with neonatal abstinence syndrome, two strategies that are mentioned are:**

    a. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
    b. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

41. **Could either of you or anyone speak to the presence of law enforcement in this whole thing. It kind of seems like an elephant in the room for me because I personally see stigma and harm reduction not working well with criminalization. Does anyone have experience that can speak to this?**
    Thank you for the feedback. We will take this under consideration.