

# Opioid Settlement Advisory Council

March 6<sup>th</sup>, 2024

## Presenters

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- **Dr. Karyn L. Tribble, PsyD, LCSW, ACBH Director**
- **Dr. Kathleen Clanon, HCSA Medical Director**
- **James Wagner, ACBH Deputy Director**
- **Dr. Aaron Chapman, ACBH Chief Medical Officer**
- **Cecilia Serrano, ACBH Finance Director**

# Expert Why are you here?

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The Advisory Council are **subject matter experts** within the County of Alameda who hold specialized knowledge on **substance use disorders and/or county processes and/or fiscal expertise and/or deep understanding of the opioid crisis as a public health emergency**. The Council will **meet 2 to 3 times a year** to provide ongoing feedback to Alameda County Behavioral Health (ACBH) on the planning, spending, and long-term strategies regarding Opioid Settlement dollars. The Council will not be a decision-making body but will provide expert content, advice and guidance to ACBH to guide the department in the various needs of the settlement dollars.

# Introductions

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- State your name
- Title and County dept where you work
- Your understanding of the opioid crisis. What is it? What is driving it? Why is it happening?

# Opening remarks and welcome

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**Dr. Karyn Tribble, PsyD., LCSW,**  
Director of ACBH

# What is the opioid crisis?

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An overview of opioids and their impact and data from Alameda County

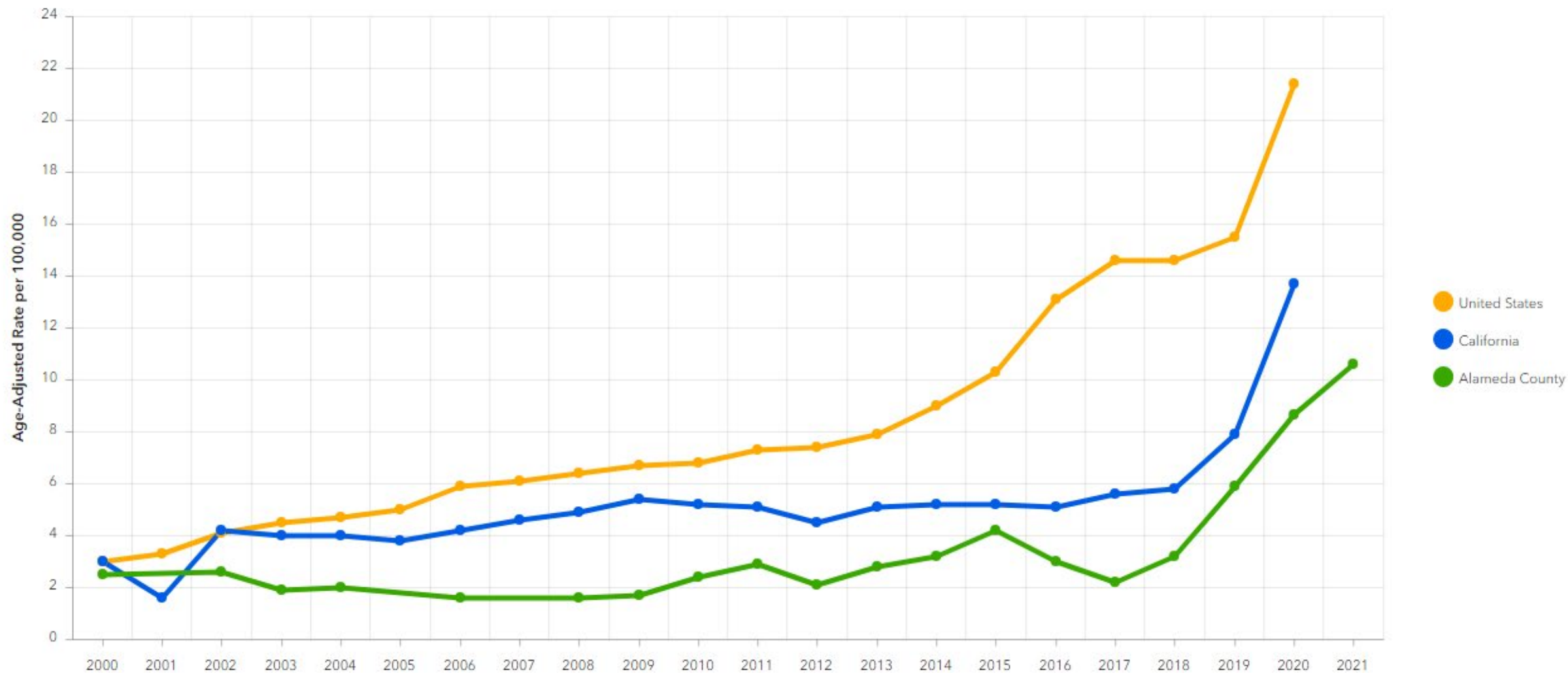
**Dr. Kathleen Clanon, MD**

Alameda County Health Care Services Agency  
Medical Director

# Current Data

# Opioid Mortality Rate

Alameda County, California, and the United States

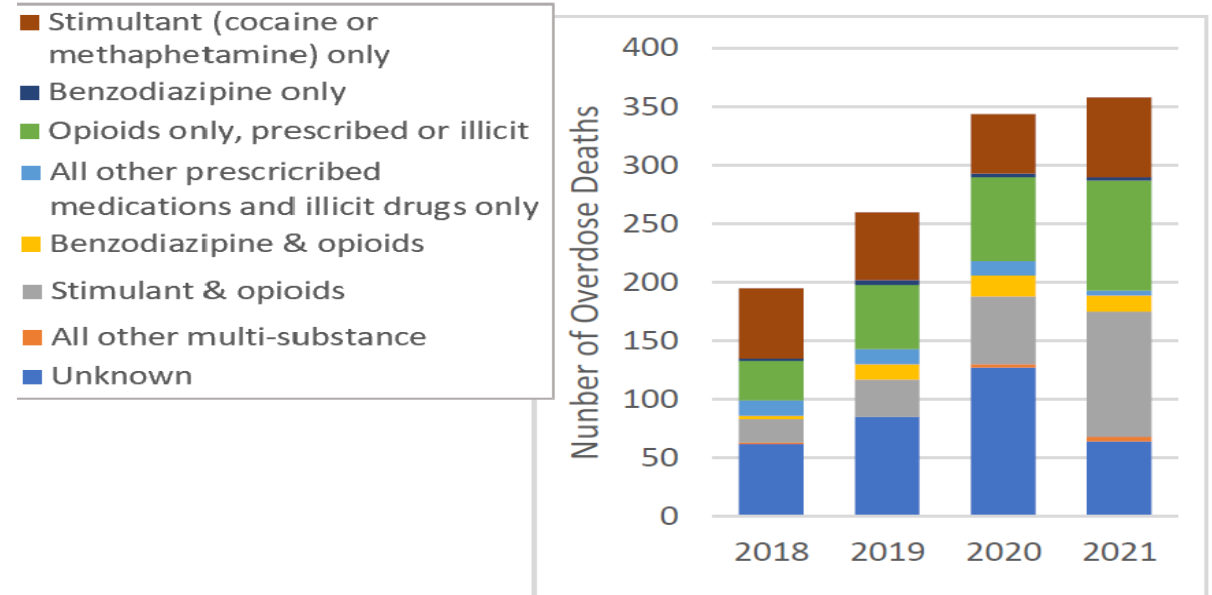


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# All overdose deaths are increasing – but opioids are the main culprit

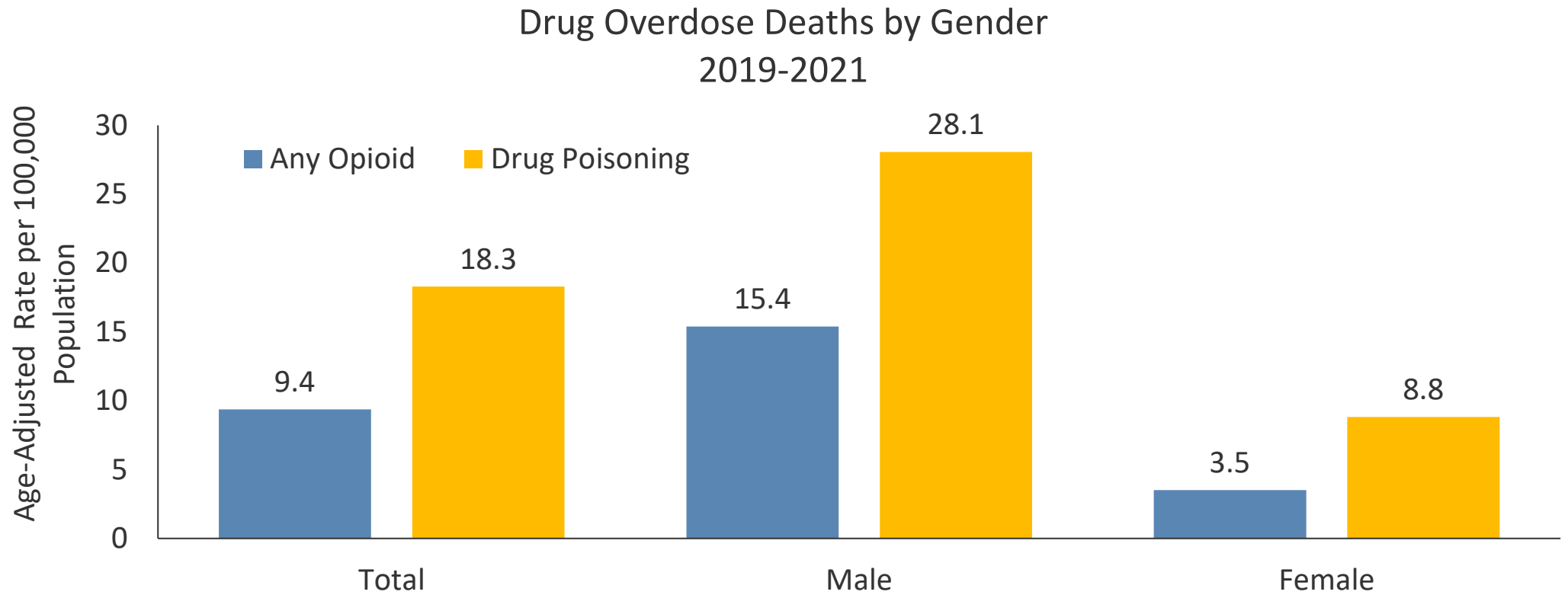
- ☐ Overdose deaths are increasing each year.
- ☐ Opioid deaths are increasing as a proportion of overall overdoses.
- ☐ Polydrug overdoses that include opioids and stimulants are the fastest growing segment.

**Drug Overdose Deaths by Mutually Exclusive Substance Type(s), 2018-2021: General Population**



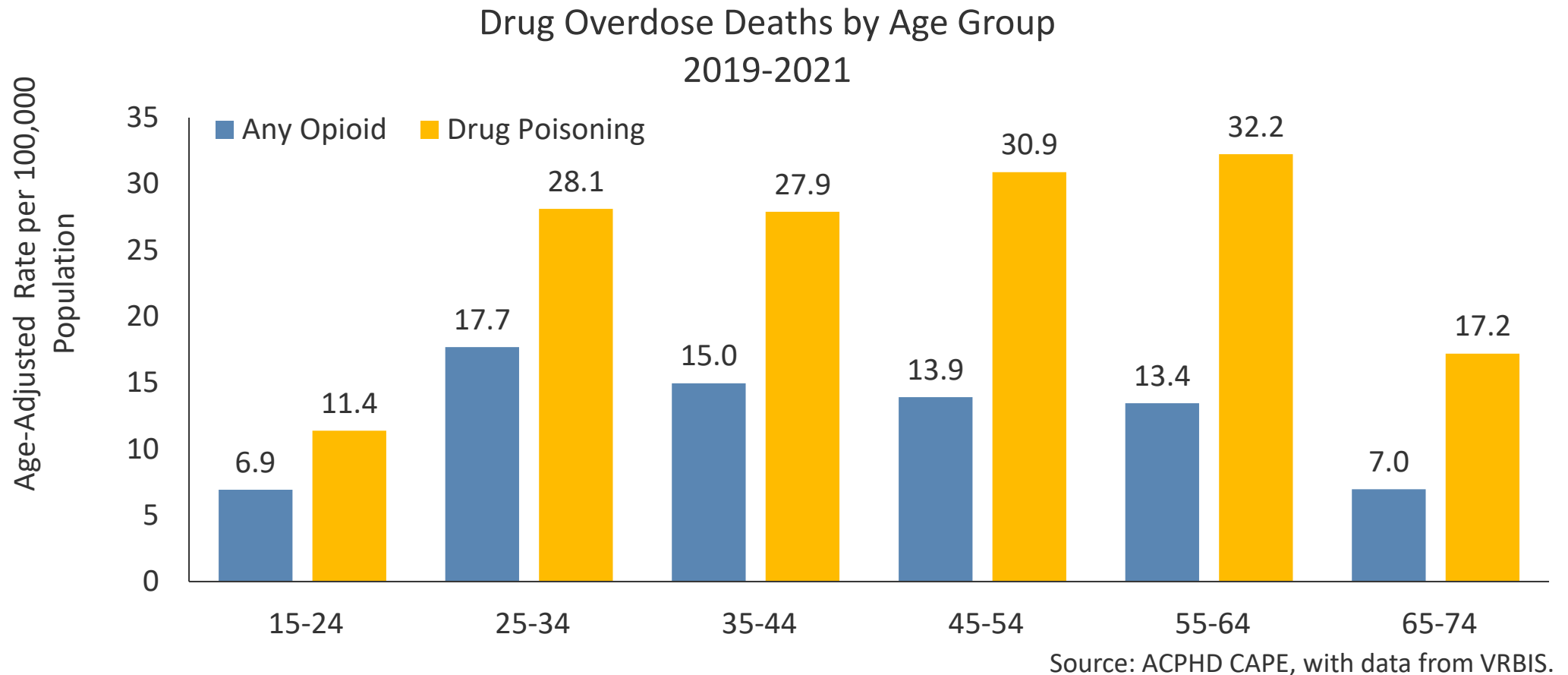


# Opioid Poisoning deaths higher among Men

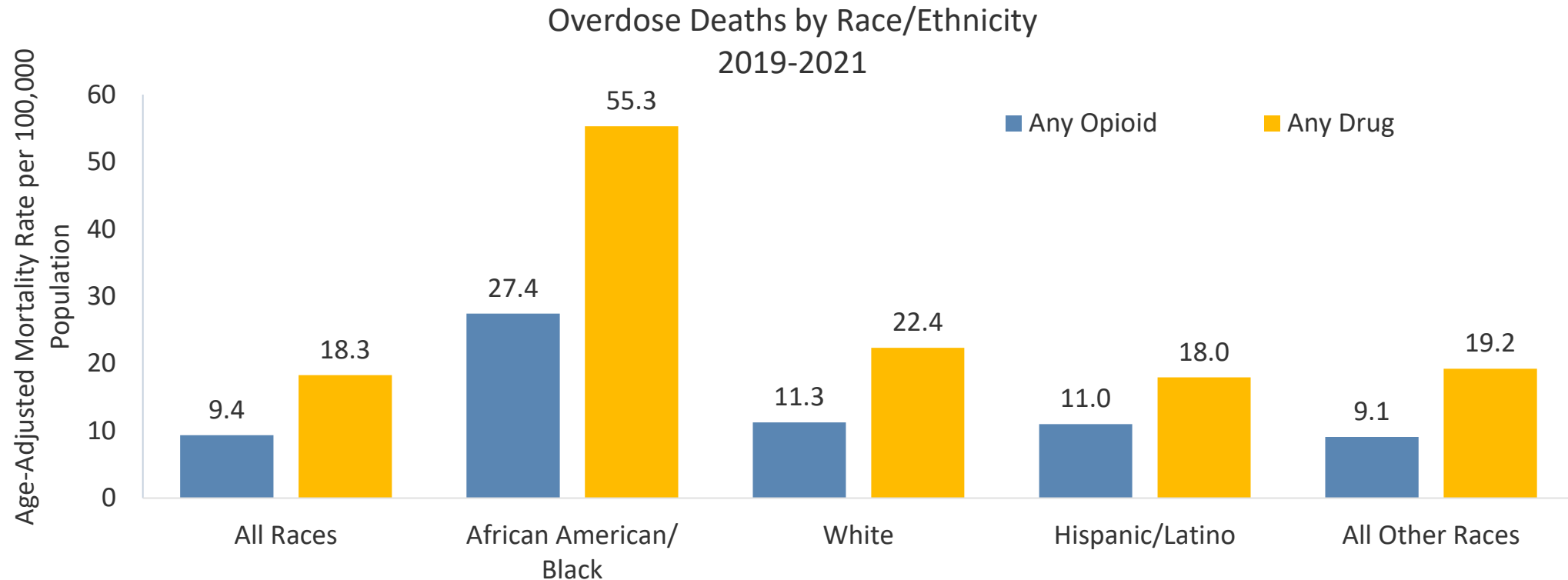


Source: ACPHD CAPE, with data from VRBIS.

# Opioid Poisoning deaths affect adults of all ages



# Overdose deaths disproportionately high among Black residents



Notes: (1) All other races includes Asian, Native American, Pacific Islander, and Multi-race.

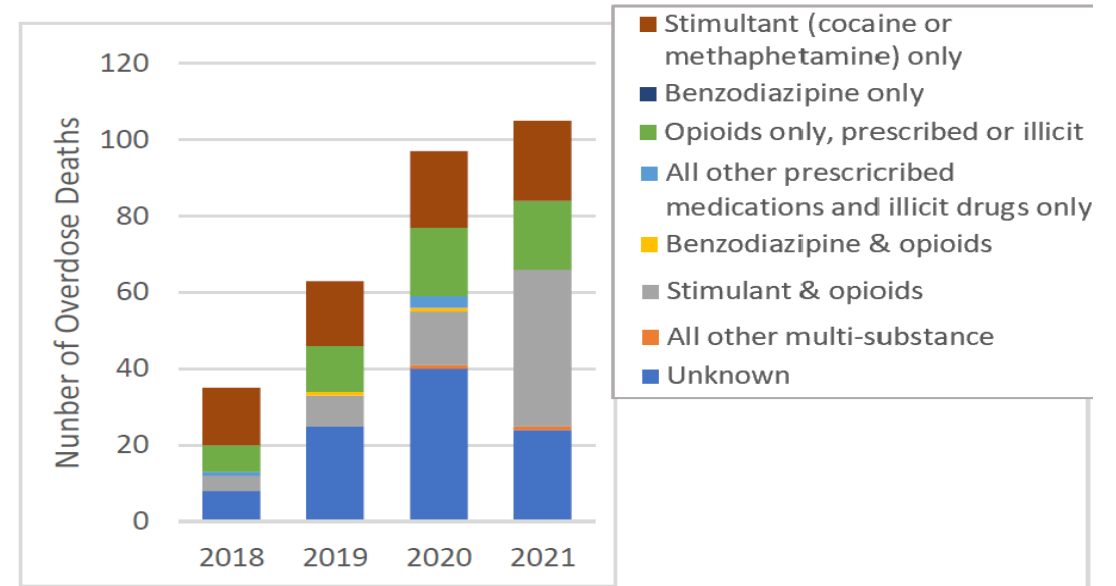
(2) Deaths of Alameda County residents, no matter where they occurred.

Source: ACPHD CAPE, with data from VRBIS, CA's Vital Records Business Information System.

# Opioids driving overdose deaths among people who are homeless.

- ❑ Overdose deaths are increasing each year with People Experiencing Homelessness (PEH) accounting for about 30% of all overdose deaths.
- ❑ Polydrug overdoses including opiates have sharply increased between 2020 and 2021.

**Drug Overdose Deaths by Mutually Exclusive Substance Type(s), 2018-2021: Homeless Population**



## Conclusions from the data

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- Opioid poisoning deaths in Alameda County are continuing to rise.
- Opioids alone and in combination are driving that increase.
- Overdose deaths disproportionately impact African Americans, men, and people experiencing homelessness.
- People experiencing homelessness account for about 30% of all overdose deaths.

# Overview of Approach

# Goals of Opioid overdose/poisoning prevention

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- Prevent exposure to opioids and development of addiction, where we can.
- Reduce deaths due to drug overdose/poisoning.
- Increase the number of our residents successfully in recovery.
- Reduce disparities in deaths based on race.
- Improve data to make sure we are reaching people and getting them what they need.

# Opioid Overdose Intervention Points

## REDUCE OPIOID EXPOSURE

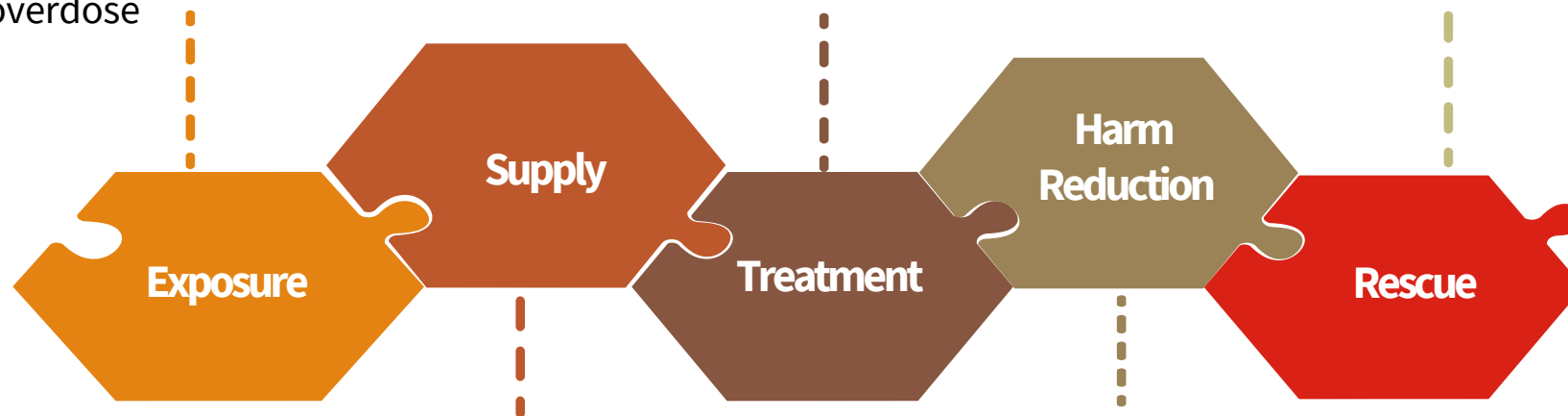
- Public education on dangers of medical opioids
- Drug user education on risks of overdose

## TREAT OPIOID ADDICTION

- Medication Assisted Treatment (MAT)
- Recovery Housing
- Detox facilities

## RESCUE

- Naloxone use training
- Naloxone distribution



## REDUCE OPIOID SUPPLY

- Law enforcement priority
- Prescriber education to reduce prescriptions of opioids

## REDUCE HARM

- Drug checking
- Fentanyl test strips
- Syringe Service Programs



# Summary: Current HCSA Strategies

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- Educate the public and especially the drug-using public about the dangers of opioid ingestion
  - Including accidental ingestion
  - Including by smoking
- Reduce barriers, increase capacity for MAT and other substance use disorder treatment
  - Especially for those who are homeless
- Distribute naloxone and train people to use it
- Improve the completeness and timeliness of our data

# All HCSA departments currently do opioid work

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- Prevention and Education: OAD, Environmental Health
- Increase MAT accessibility: ACBH, AFBH, EMS, Health Care for the Homeless
- Naloxone distribution: ACBH, Public Health, Center for Healthy Schools and Communities, Health Care for the Homeless, EMS
- Data: CAPE, ACBH
- New cross-department team: Opioid Poisoning Prevention Project (OP3) based in OAD
  - Dr. Clanon and Joel Ravier are the leads
  - Includes representatives from ACBH, EMS, PH
  - Mostly working on fundraising, developing communication and collaboration
  - Understanding who is doing what

## **Dedicated New Funding Sources**

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### **Prop 47 – - Started July 2023**

- MAT expansion and transition from Santa Rita to the community
- Some admin support for OP3

### **CDC Overdose Data to Action – Started Sept 2023**

- Mostly administrative until early 2024
- Will fund mobile MAT, more peer navigators, drug checking
- Also a focus on data improvement, including at Coroner's office

### **East Bay Drug Checking – funded by Measure A from District 5, began Oct. 2023**

- Team building, training, piloting testing w/ labs, and procurement
- Will provide field-based testing of substances purchased in the community and counseling to the purchaser

### **Opioid Litigation Settlement Funding – began 2022**

- More to come later in the presentation!

# Examples of Specific Strategies

Goal: Increase awareness, availability, and use of **MAT**

- In jail
- In substance use programs
- In Emergency Departments
- In ambulances to treat opioid withdrawal
- Long-acting injectable forms

Goal: Increase awareness, availability, and use of **naloxone (AKA Narcan)**

- Leave-behind naloxone after 911 calls where drug use suspected
- Public access naloxone (“vending machines”)
- Staff distributed (in homeless shelters, drug treatment residences, etc.)



# Opioid Litigation Settlement Update

**Dr. Aaron Chapman**  
ACBH Chief Medical Officer

# Key National Settlement Terms

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- More than 3,000 state and local governments have targeted opioid makers and distributors in hopes of recouping billions in tax dollars spent dealing with the opioid epidemic [[Opioids - National Association of Attorneys General \(naag.org\)](#)]. In 2018, the County of Alameda and several cities also decided to join.
- In 2021 and late 2022 nationwide settlements were reached to resolve all opioid litigation against the three largest pharmaceutical distributors, a major producer, and three pharmacy chains.
- Funds will be paid overtime, from 6 to 18 years, depending on the settlement.
- At least 85% of the funds must be used for opioid abatement, for the County almost all funds being received are restricted to funding future abatement efforts.

# CA Opioid Abatement Priority Areas

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- 1) Creating new or expanded Substance Use Disorder (SUD) treatment infrastructure.
- 2) Matching existing funds for SUD within the Behavioral Health Continuum Infrastructure.
- 3) Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD.
- 4) Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction.
- 5) Interventions to prevent drug addiction in vulnerable youth.

# ACBH Opioid Settlement Program Planning



# Goals

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- ❑ Expenditure of Opioid Settlement funds to address opioid crises in Alameda County.
- ❑ Expand and enhance Substance Use System of Care with targeted investment from the opioid settlement.
- ❑ Periodic Stakeholder process to inform, educate and update on ACBH's settlement funding planning and to receive community feedback and input.
- ❑ Expend settlement funding on prevention efforts such as public media campaign to address opioid misuse and to educate on Substance Use Services in Alameda County.

# Opioid Settlement Planning

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# Listening Sessions

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- Public listening sessions were held for input into allocation of the opioid settlement funds in September 2023.
- Three were virtual and one in person, and the Mental Health Advisory Board meeting
- Over 300 people participated

# Feedback Results

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- Increase MAT availability for:
  - Homeless people
  - Teens
  - Incarcerated
- Increase detox beds
- Increase support for harm reduction
- Public information campaign
- Public access naloxone in locations reaching people at risk.
- Get input from people who use drugs on how to “market” prevention methods and services.
- Support living wage for people with lived experience working in overdose prevention programs.
- Support job and education programs for people who use drugs.
- Collaborate to place services in shelters, substance use treatment clinics, and other public places.

**.....and more**

# Already underway using settlement dollars

- An **Opioid Settlement Advisory Council** will be established to provide ongoing advisement on ACBH expenditures, programming, and process.
- Request for Proposal for **Public Media Campaign** has been released / posted online. Services to begin January 15, 2024.
- RFP is in development for contracting with a **fiscal agent to manage the mini-grants funding**. Tentative services start will be May 1, 2024.
- **Mini-grants RFP** will be tentatively released in July –August 2024.
- **MAT expansion** at Santa Rita Jail and community is underway.
- Currently, in conversation with Alameda Health System to create **medical detox unit** (ASAM 3.7).
- Negotiating with current substance use contractors to **expand residential treatment and recovery residence beds**.

# Opioid Settlement Funds

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**Cecilia Serrano**  
ACBH Finance Director

# Funding Overview

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- **Funding Distributions, Use, and Limitations:**

- Abatement Account Funds (85%) for Opioid Remediation strategies
- CA Subdivision Funds (15%) for past opioid-related expenses such as attorney fees and other opioid litigation expenses
- Funds will revert to the State if not expended or encumbered within 5 years of receipt, or 7 years for capital projects

- **County's Local Allocation:** Approximately \$46M for 18 years

- **Total Payments Received:** \$8.7M and **Total Expenditures:** \$6,500

- **Payment Terms:**

- Each settlement varies and payment terms range from 2 – 18 years
- Payments are more up front and will decrease significantly each year based on participating entities

- **Reporting and Auditing Requirements:**

- Funds must be tracked from each settlement separately of all deposits, payments, and expenditures
- Prepare and file separate written reports annually of expenditures to the Settlement Administrator and to the State (specific report and format pending)

# Funding Activities

Activities	Implementation Fiscal Year (FY)	Amount	Duration
Maxor - MAT at Santa Rita Jail (SRJ)	FY 23/24	\$5.30M	2 Years
Options - MAT at SRJ	FY 24/25	\$.250M	Per year for duration of funding
Alameda Health Systems - Bridge Clinic	FY 24/25	\$.236M	Per year for duration of funding
SUD Outreach Teams	FY 24/25	\$.670M	Per year for duration of funding
St. Regis - Capital Projects–SUD Beds	FY 24/25	\$3.0M	1 Year
Public Media Campaign	FY 24/25	\$2.5M	5 Years
Mini-grants to Community Organizations	FY 24/25	\$3.0M	2 Years
<b>TOTAL</b>		<b>\$14.96M</b>	





# Appendix: Details of Public Input on Opioid Settlement

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- 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.”

## Community Recommendations

- 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 needs are, whether these programs are delivering what they promise and if the impact has been positive.”