

BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

December 13, 2022

VIRTUAL MEETING GUIDELINES

- Meeting is being recorded
- American Sign Language interpretation in pinned video
- Live captioning link provided in chat

BHTF MEMBERS

- Mute/Unmute Functionality for members and policy partners.
- Stay ON MUTE when not speaking and utilize the “raise hand feature” if you have a question or comment.
- Please turn on your camera as you are comfortable
- Use chat for additional conversation

MEMBERS OF THE PUBLIC will be invited to participate during public comments period at the end of the meeting

WELCOME & INTRODUCTIONS

MARK GHALY, SECRETARY, CalHHS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

MEMBER INTRODUCTIONS

Introduce yourselves in the chat – name and organization

TASK FORCE MEETING AGENDA

- 10:00** Welcome and Introductions
- 10:15** Fetal Alcohol Spectrum Disorder – Panel Conversation
- 10:45** Substance Use Disorder Efforts – Introduction of Panels
- 10:55** Cannabis-Related Efforts – Panel & Discussion
- 12:00** Lunch Break
- 12:30** Fentanyl-Related Efforts – Panel & Discussion
- 1:30** Short Break
- 1:35** Innovative SUD Services, Treatment, and Support – Panel & Discussion
- 2:10** Public Comment
- 2:25** Year-End Reflection & BHTF Members Open Discussion
- 2:55** Closing Thoughts
- 3:00** Adjourn

FETAL ALCOHOL SPECTRUM DISORDER – PANEL CONVERSATION

Vitka Eisen, HealthRIGHT 360

Sid Gardner, Children & Family Futures

Brandi Madison, FASD Advocate

Christina Chambers, UC San Diego

Annette Kunzman, FASD Network of Southern California



December 13, 2022
via: Zoom

CHHS BEHAVIORAL HEALTH TASK FORCE

Fetal Alcohol Spectrum Disorders Panel



FASD NorCal



Introduction to FASD & Panel



Vitka Eisen, MPH, Ed.D.

CHHS Behavioral Health Task Force

Fetal Alcohol Spectrum Disorders (FASD) Panel

CHHS Behavioral Task Force:

Fetal Alcohol Spectrum Disorders
(FASD) Panel

Panelists

Vitka Eisen, MSW, Ed.D, President & CEO, HealthRIGHT 360
veisen@healthRIGHT360.org

Christina Chambers, MPH, Ph.D., Professor, and Chief, Division of Environmental
Science and Health, Department of Pediatrics at UCSD School of Medicine
chchambers@ucsd.edu

Annette Kunzman, MBA, President, FASD Network of Southern California
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Brandi Madison, FASD Advocate, Student at UCI
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Sid Gardner, MA, MPA, President, Children and Family Futures
sgardner@cffutures.org



The Role of Research in Prevention and Intervention for FASD

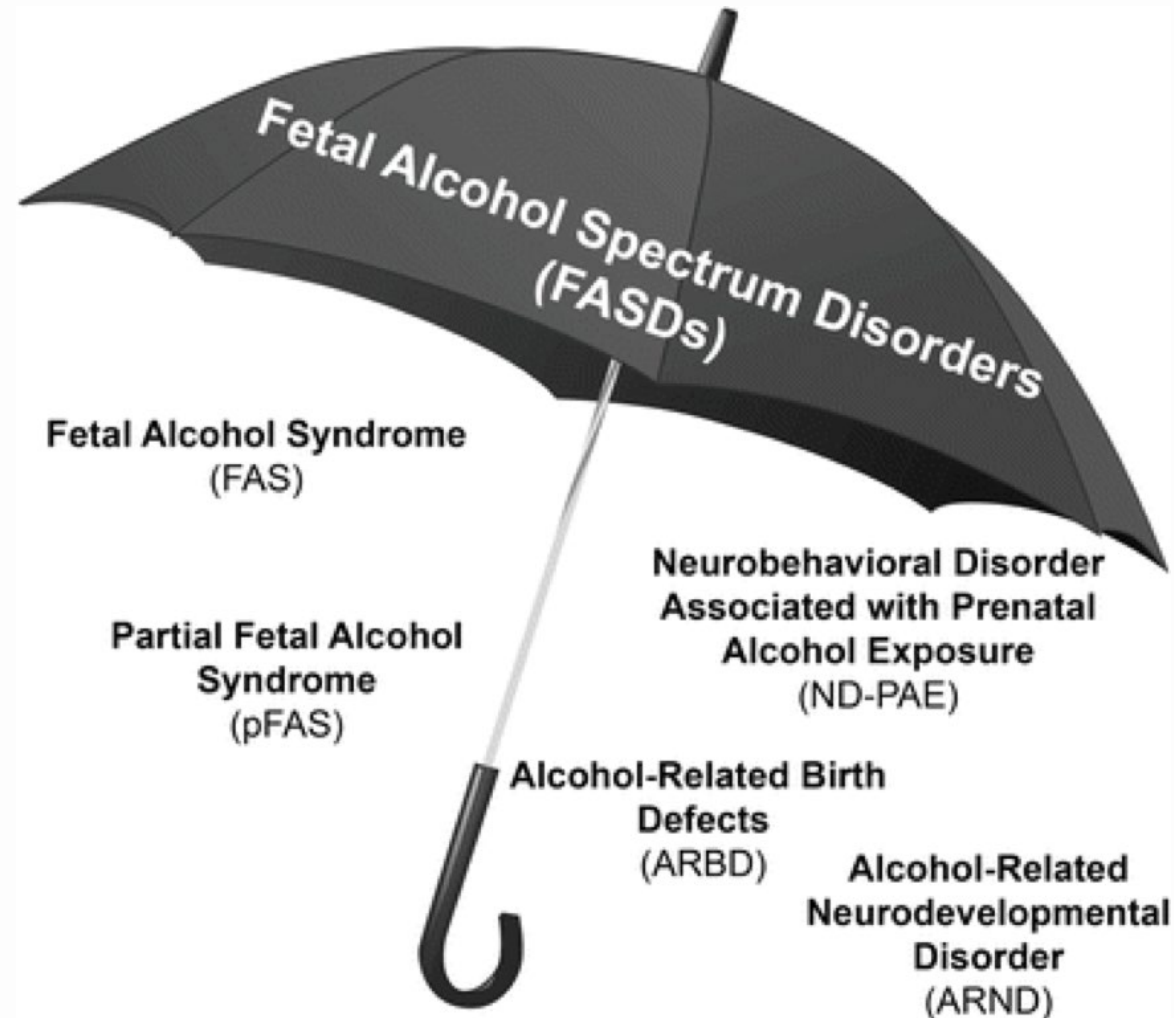


Christina Chambers, MPH, Ph.D.

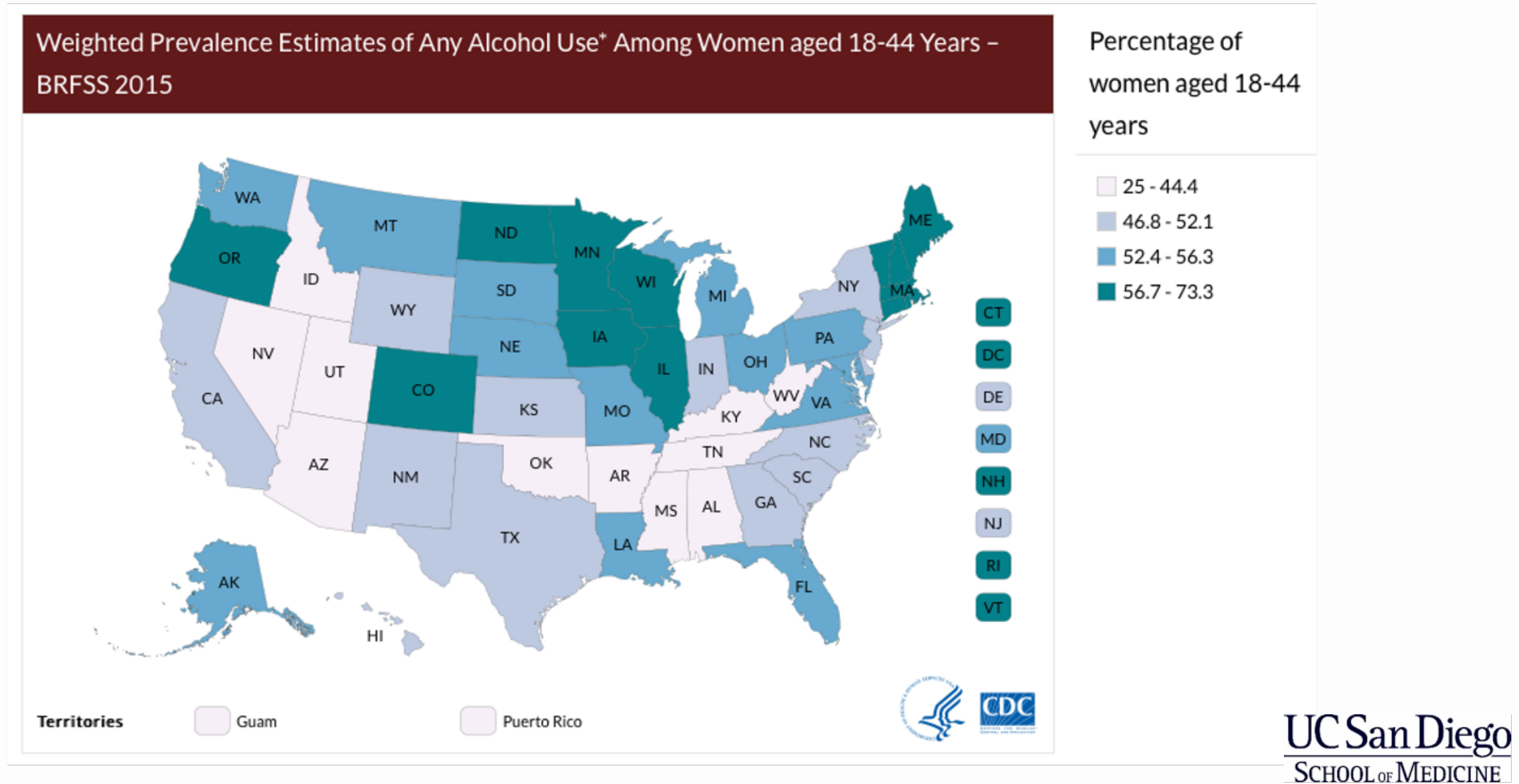
CHHS Behavioral Health Task Force

Fetal Alcohol Spectrum Disorders (FASD) Panel

What is FASD?



Prevalence of Alcohol Consumption in Women



Prevalence in the U.S.

- To address lack of data, Collaboration on Fetal Alcohol Spectrum Disorders Prevalence (CoFASP) was initiated in 2010 and completed in 2016
- Goal of CoFASP was to establish regionally-based prevalence estimates of FASD in four regions of the U.S.
- Funded by NIH-NIAAA

Summary

- Estimated prevalence of FASD in this regional U.S.-based general population study are at least 1.1-5.0% using the most conservative estimates; likely higher
- In context, these estimates are at least as high or higher than current prevalence estimates for autism spectrum disorders
- <1% of 222 children identified in the two years combined across 4 sites had a previous FASD diagnosis
- These data support the premise that FASD is a major public health issue in the U.S. and is currently under-recognized

FASD In California



Annette Kunzman, MBA

CHHS Behavioral Health Task Force

Fetal Alcohol Spectrum Disorders (FASD) Panel

CA FASD Factsheet

More than a dozen CA state agencies have roles that could prevent and respond to FASD but have never been convened or coordinated for those purposes.

The conservative estimated cost of FASD for California is:

\$28,469,400,000



According to the CDC, FASD impacts as many as **1 in 20** in the US – 2.5x more than autism

Of the 446,000 babies born annually in California, **22,300** are estimated to have an FASD - **very few will receive an accurate diagnosis**

Access to an FASD diagnostic clinic is limited to 2 counties in Southern California - **diagnosis by age 6 is critical for better outcomes**

Raising a child with FASD costs **30X more** than the cost of successful prevention efforts

Of the 6 million children in California schools, as many as **300,000 may have an FASD**

Of the estimated number of adolescents with an FASD **29% are expelled & 25% will drop out** - no school district in CA has an FASD-informed program

Up to one-third of children in foster care and adoption have an FASD - CA Child Welfare does not screen for FASD

An estimated **1.97 Million** of the 39,512,223 people living in California could be impacted by FASD

Most individuals with FASD do not qualify for Regional Center Services despite FASD being the **leading developmental disability in the United States**

Over **90%** of the people living with an FASD will develop **co-morbid mental health conditions**

Without early diagnosis & intervention, **80% of adults** with an FASD and typical range IQ **will not live independently and will struggle with employment**

It has been estimated that approximately **one-third of the homeless population** has an FASD

Individuals with FASD, with or without a diagnosis, **face high rates of incarceration and recidivism**

Consequences of Late FASD Diagnosis



Brandi Madison, FASD Advocate
& UCI Student

CHHS Behavioral Health Task Force

Fetal Alcohol Spectrum Disorders (FASD) Panel

Policy Responses in CA



Sid Gardner, MA, MPH

CHHS Behavioral Health Task Force

Fetal Alcohol Spectrum Disorders (FASD) Panel

NO SINGLE AGENCY, NO SINGLE SERVICE

- FASD's potential lifelong effects mean no single agency can respond effectively to prevent and treat the effects of FASD
- Maternal and child health matters
- Education matters
- Mental health and substance use disorder treatment matter
- Child welfare services to children and parents matter
- Developmental disabilities-related screening and services matter
- Corrections, criminal justice, and the courts matter
- Managed care matters
- University training and curricula matter
- Adult rehabilitation services matter
- Support for parents and caretakers matters

ASSESSMENT OF CALIFORNIA STATE AGENCIES

A review of California state agencies that currently or potentially have responsibilities for FASD issues found that

- There is no interagency review of progress or problems in responding to FASD across state agencies; the relevant agencies have never been convened to address FASD issues.
- Current data collection efforts among agencies do not address the under-identification of FASD.
- The enactment of SB 1016 in special education offers a new opportunity to spotlight the impact of FASD in the K-12 system

Thanks for having us!

For support and collaboration, please contact
the team at FASD Now!

fasdnow@gmail.com
www.fasdnow.org



SUBSTANCE USE DISORDER EFFORTS – INTRODUCTION OF PANELS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

CANNABIS-RELATED EFFORTS – PANEL & DISCUSSION

Jim Keddy, Youth Forward

Adwoa Akyianu, Youth Forward

Tona Miranda, Youth Forward

Denise Galvez, Department of Health Care Services

Robin Christensen, California Department of Public Health



Youth

Forward

Presentation by: Jim Keddy, Adwoa Akyianu & Tona Miranda

State advocacy

- Since 2018, Youth Forward has engaged state agencies in developing Prop 64 grant programs.
- We've built a statewide network of CBO's and have regularly engaged local groups in developing policy recommendations for state agencies.
- We have advocated for Prop 64 grant funds to be prioritized for prevention and youth development and for investments in communities most impacted by the War on Drugs.

Learning from Young People

Through listening sessions with partner organizations and through our work with local youth, we have learned that substance abuse prevention efforts work best when young people:

- Belong to a community that is safe and affirming
- Feel that their culture and background is respected and affirmed
- Get support from young adults and peers who share their life experience
- Learn leadership skills and agency
- Have open conversations about feelings and have spaces in which they can learn wellness practices from one another and from trusted adults

The Cannabis Industry

- We have also learned that young people generally view cannabis as harmless and many use cannabis as a way to cope with mental health issues. Young people have easy access to legal cannabis products, including high THC edibles.
- The cannabis industry is targeting youth consumers through advertising strategies that feature imagery and products appealing to children and youth.
- In the 2021-2022 legislative session, we co-sponsored legislation that would have required a stronger warning label on cannabis products and warnings on cannabis advertising. This legislation was defeated by the cannabis industry.

Support for local organizing

- Youth Forward actively supports local organizing efforts to redirect cannabis tax revenue toward prevention and youth services at the local level.
- We led a successful ballot measure campaign in the City of Sacramento that will require the city to invest 40% of its local cannabis tax revenue in child and youth services.
- In Jan/Feb of 2023, in partnership with Catalyst California, we will release a new report that analyzes how 9 local governments in LA County are spending local cannabis tax revenue and provides recommendations for public officials and local activists.

Campaign to protect Prop 64 funding streams

- Earlier this year, we organized a statewide coalition of childcare advocates and youth organizations to raise concerns about the cannabis industry campaign to have their state taxes reduced or eliminated.
- Up until our effort, the media did not cover the impact on kids funding of the proposed tax cuts and most legislators had little awareness of these funding streams.
- In response to our organizing, the Governor and Legislature agreed to an approach that is revenue neutral and that protects funding streams for childcare and for youth prevention.

Work with Tribal Nations

- Early on in our state advocacy, Youth Forward engaged tribal communities in our efforts to influence the roll out of the Prop 64 grant programs.
- To date, the Prop 64 grant programs have invested millions in youth prevention in tribal communities.
- We are currently working with the Dept of Fish and Wildlife to secure Prop 64 funding for environmental repair of illegal cannabis grows on tribal lands.

Contact Us:

Jim Keddy

Executive Director

jim@youth-forward.org

Adwoa Akyianu

Policy Advocate, Social Media
Manager

adwoa@youth-forward.org

Tona Miranda

Policy Advocate, Tribal Liaison

tona@youth-forward.org



Proposition 64 Youth Education, Prevention, Early Intervention and Treatment (YEPEITA)

**Denise Galvez, Branch Chief,
Prevention and Youth Branch, Community Services Division
Department of Health Care Services**

Proposition 64 Quick Facts

- In November 2016, voters passed Proposition 64 (Prop 64) allowing adults age 21 and older to possess, transport, purchase, consume and share up to an ounce of nonmedical cannabis and eight grams of nonmedical concentrates.
- The Youth Education, Prevention, Early Intervention and Treatment Account (YEPEITA) is a subaccount contained within Prop 64 that provides funding for youth education programs focusing on accurate information, prevention, early intervention, school retention and timely treatment services. Funding for this purpose is directed to the Department of Health Care Services.

Prop 64 YEPEITA – A Stakeholder-informed Initiative

- The Prop 64 Advisory Group was established in 2017 (RTC) 34019(f)(1)(O) to promote a stakeholder informed process for administration of the YEPEITA.
- The Prop 64 Advisory Group participated in a strategic planning process where the group identified that YEPEITA-funded programs would prioritize communities disproportionately affected by the war on drugs.

What is the war on drugs?

The “war on drugs” is a phrase used to refer to a government-led initiative that aims to stop illegal drug use, distribution and trade by dramatically increasing prison sentences for both drug dealers and users.

What is the impact of the war on drugs?

The war on drugs exacerbates many factors that negatively impact health and wellbeing. It also disproportionately affects low-income communities and communities of color already experiencing structural challenges such as discrimination, disinvestment, disenfranchisement and historical trauma.

Solutions to Combat the Impact of the War on Drugs that Build Youth Resiliency

- » Youth-led social justice initiatives
- » Mentoring and peer support for youth living in communities affected by the war on drugs
- » Child care programs addressing inequities and disproportionalities.
- » Youth Community Access Grants
- » Public Education and Awareness



Elevate Youth CA Rounds 1 through 4

246 Grant Awards
53 Counties
\$189,224 Million





Elevate Youth CA
FY 2019-21
Round 1 and Round 2
Program Outcomes



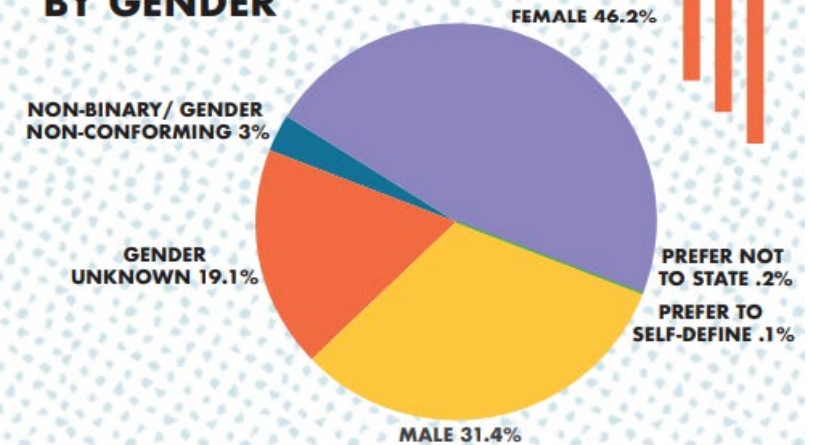
THE CENTER
at Sierra Health Foundation

11,388
YOUTH ENGAGED

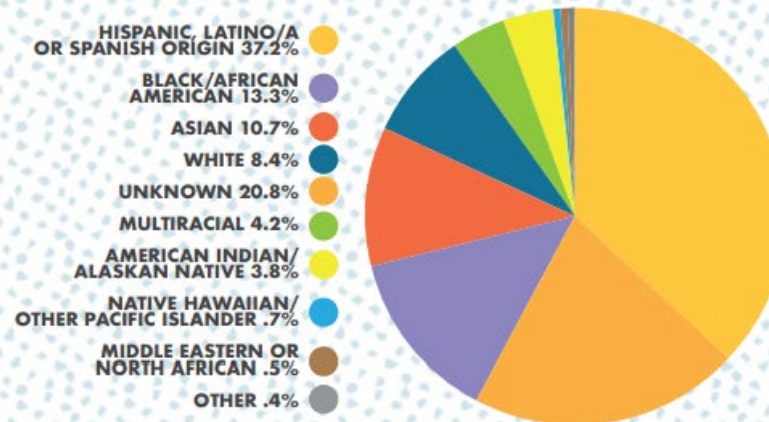
1,190 (10.4%)
LGBTQ2S+ YOUTH ENGAGED

*Total number of unduplicated youth that engaged in programming.

**% OF YOUTH ENGAGED
BY GENDER**

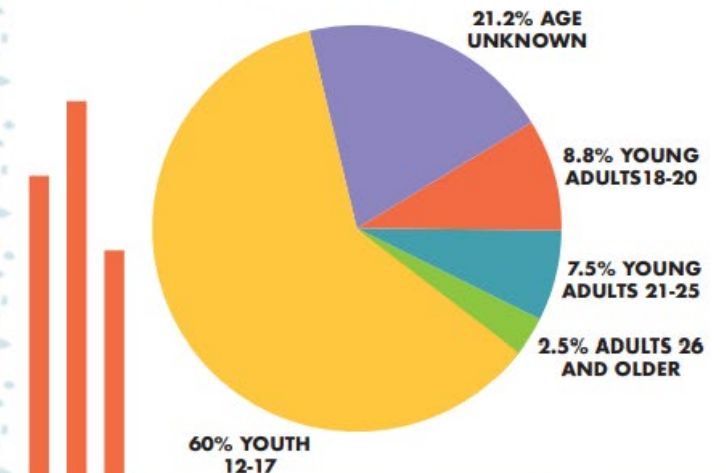


**% OF YOUTH ENGAGED BY
RACE OR ETHNIC GROUP (N=11,514**)**



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

**% OF YOUTH ENGAGED
BY AGE GROUP**



Prop 64 Child Care Voucher Program

DHCS provides funding to the California Department of Social Services to promote early access to quality child care, which directly impacts future school retention and education and may lead the prevention of substance abuse.

FY 2021-22 Funding total: \$274,093,000

- » General Child Care (CCTR): \$96,508,000
- » Alternative Payment Program (CAPP): \$173,835,000
- » Emergency Child Care Bridge Program (ECCB): \$3,750,000

FY 2022-23 Funding total: \$292,325,000

- » General Child Care (CCTR):\$114,740,000
- » Alternative Payment Program (CAPP): \$173,835,000
- » Emergency Child Care Bridge Program (ECCB): \$3,750,000



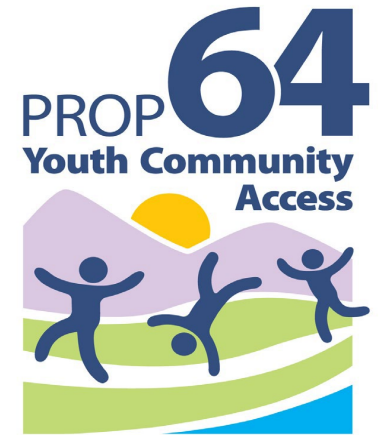
Prop 64 YEPEITA

Youth Community Access Grants

The Youth Community Access Grant program is a competitive grant program funded through Interagency Agreement with the California Natural Resources Agency to support projects that serve youth and directly support access to either natural or cultural resources AND meet the criteria for both low-income and underserved communities.

As of June 2022:

- 65 projects awarded in February 2022
- 100 percent of awarded projects are located within and provide benefits to underserved and low-income communities



Prop 64 YEPEITA

Public Education and Awareness

DHCS provides \$12 million annually to the California Department of Public Health to administer the California Youth Prevention Initiative which includes the:

- » California Cannabis Surveillance System
- » Cannabis Education and Youth Prevention Program

Prop 64 YEPEITA Resources

Department of Health Care Services Elevate Youth California

<https://elevateyouthca.org/>

Department of Social Services Child Care & Development Division:

<https://cdss.ca.gov/inforesources/child-care-and-development>

California Natural Resources Agency Youth Community Access Grants

<https://resources.ca.gov/grants/youth>

California Department of Public Health Youth Prevention Initiative

<https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/default.aspx>

Contact: DHCSProp64@dhcs.ca.gov



Youth Cannabis Prevention Initiative (YCPI)

Substance and Addiction Prevention Branch

Center for Healthy Communities

California Department of Public Health

December 12, 2022

What is the Substance and Addiction Prevention Branch?

**Established
July 2020**

We aim to reduce individual, social, and environmental harm from addiction and substance use through research-driven prevention, education, and treatment

Primary, secondary, and tertiary prevention

Alignment with the social-ecological model

Equity, justice, and addressing the social determinants of health

Healing and harm reduction

Stigma-free, trauma-informed, and adverse childhood experiences (ACEs)-aware strategies

What is the Youth Cannabis Prevention Initiative?

CDPH SAPB's Youth Cannabis Prevention Initiative (YCPI) is built around:

Surveillance, research, and evaluation

Health education and policy, systems, and environmental approaches

Media and social marketing campaigns

Community interventions

As mandated in Proposition 64, approved by voters in 2016, the California Department of Public Health shall create and administer a youth prevention and surveillance program from taxes deposited into the Youth Education, Prevention and Early Intervention and Treatment Account (YEPEITA).



SUBSTANCE AND ADDICTION PREVENTION BRANCH



Cannabis Home

Cannabis Basics

CDPH in the Community

Cannabis Data

SAPB Home

Youth Cannabis Prevention Initiative

The Youth Cannabis Prevention Initiative includes the California Cannabis Surveillance System (CCSS) and the Cannabis Education and Youth Prevention Program (CEYPP). The CCSS is a public health data collection and analysis system for youth and adult cannabis use, legal, social, and environmental impacts, and health outcomes. The CEYPP provides health education and prevention to reduce the negative impacts and consequences of cannabis use through state and local partnerships and public awareness campaigns.

To learn how the Youth Cannabis Prevention Initiative is funded, read the [Legislative Mandate Infographic \(PDF\)](#).

To learn about California law as it pertains to cannabis use, please visit the [Department of Cannabis Control website](#).

For questions, please contact us at cannabis@cdph.ca.gov.

Cannabis Basics

- Cannabis Terms and Definitions
- What are THC and CBD?
- How Cannabis Is Used

CDPH in the Community

- Public Awareness and Communications

Cannabis Data

- California Cannabis Surveillance System

New Webpage!
Visit us on the web

<https://go.cdph.ca.gov/cannabis>



YOUTH CANNABIS PREVENTION INITIATIVE



Cannabis Home

Cannabis Basics

CDPH in the Community

Cannabis Data

SAPB Home

California Cannabis Surveillance System (CCSS)

The CCSS is a public health data collection and analysis system that tracks youth and adult cannabis use; legal, social, and environmental impacts; and health outcomes. CCSS shares data via dashboards, data briefs, reports, presentations, and fact sheets. The links below are the most recent data products.

For questions, please contact us at cannabis@cdph.ca.gov

Dashboards

- CA Overdose Surveillance Dashboard

Data Briefs and Reports

- Cannabis Use & Consequences in California: 2016 Baseline Data Brief (PDF)

Fact Sheets and Infographics

- Cannabis-Related Calls to Poison Control From 2018-2021 (PDF)
- Marijuana and California Youth: Trends and Impacts (PDF)
- Marijuana Use Among California Adults (PDF)

Formative Research and Evaluation Products

- Youth Cannabis Education and Prevention Media and Social Marketing Campaign Formative Research Executive Summary (PDF)

New Webpage!
Visit us on the web

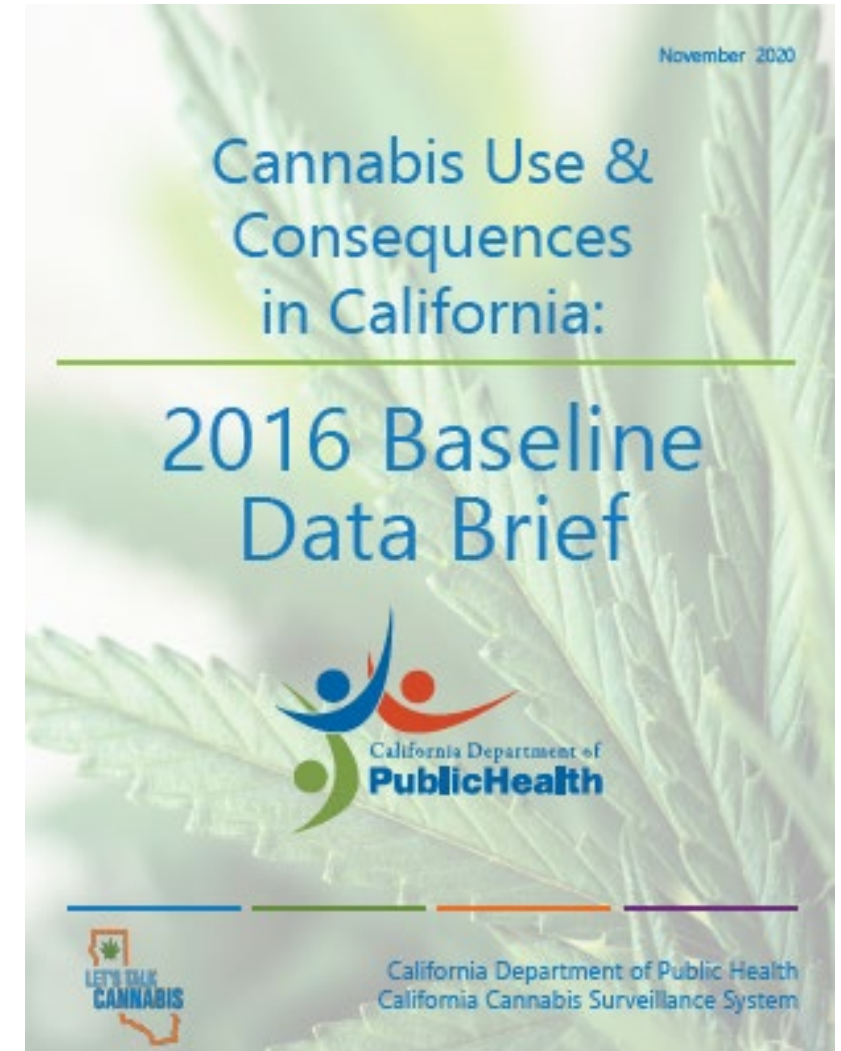


Data Briefs and Reports

CDPH has released a [2016 Baseline Data Brief](#) and is currently working on newer editions of the Data Brief.

Data Briefs include information on:

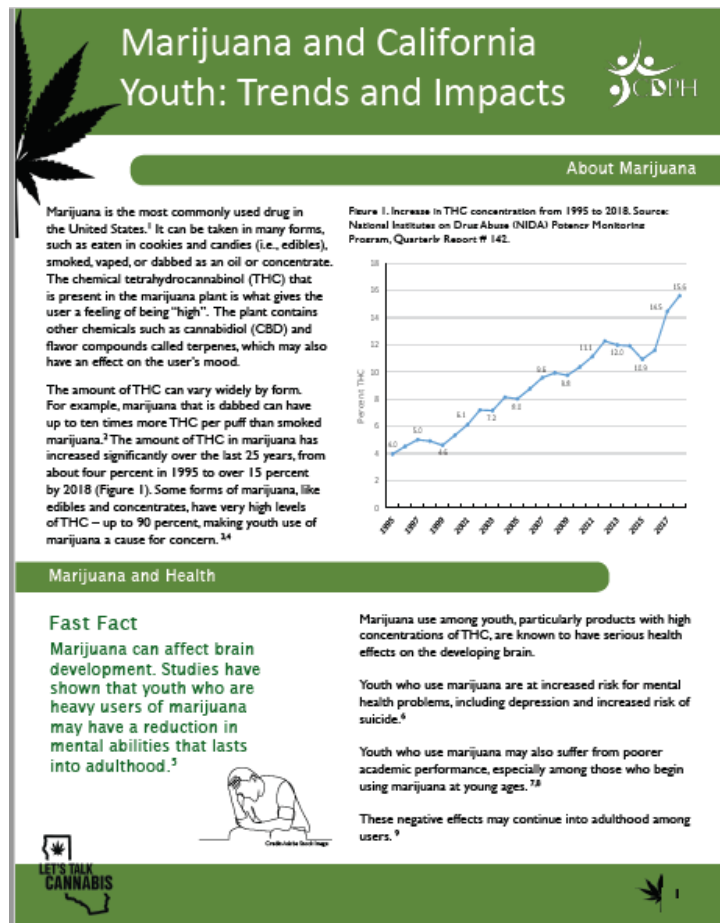
- Youth and Adult Cannabis Use
- Cannabis Use among Pregnant Women
- Motor Vehicle Crashes Involving Cannabis
- Cannabis Seizures
- Cannabis-related Arrests
- Secondhand Cannabis Smoke Exposure
- Cannabis-related Poison Control Center Calls
- Cannabis-related Emergency Department Visits and Hospitalizations
- Cannabis Abuse or Dependence



Fact Sheets and Infographics

CDPH released fact sheets (data up to 2018) on:

- [Cannabis Use and Impacts Among Youth](#)
- [Cannabis Use and Impacts Among Adults](#)



CDPH released an infographic on [cannabis-related Poison Control Center calls](#) among children and youth from 2018 to 2021.





Youth Cannabis Education and Prevention Campaign

Formative Research With California Youth and Parents/Guardians

23

Focus Groups

21

Interviews

104

Participants

**Northern
California**

**Greater
Sacramento
/ Bay Area**

**San Joaquin
Valley**

**Southern
California**

Teens: Reasons for Cannabis Use

To Have Fun & Bond

“Yeah, it's usually when I'm with my friends, but we usually stay in because I don't like going out when I'm high. ... Sometimes we watch a movie. Sometimes we watch those videos online, and we also just listen to a lot of music, too. And then we also talk a lot.”

- Male, EXP

“I typically only do it when a bunch of my friends just want to go down. It's usually before bed because then I'll just get really tired, so I'll go to sleep. So, we'll watch a movie or TV, and then I just knock out.”

- Female, EXP



To Cope & Escape

“Because it'll only help me within when I'm having anxiety attacks, but throughout the day, since I'm not constantly smoking, it doesn't help me throughout the entire day. Only in the moment that I do it.”

- Female, EXP

“Before I smoke, I would look forward to smoking and then when I am high, I will probably be very content with life and my stresses no longer stress me out, and I'm just vibing. It keeps me in a upward spiral in life.”

- Female, EXP

Creative Concept Testing Focus Group Summary

2

Audience Groups

17

Focus Groups

62

Participants



Creative concept focus groups took place over 11 days between May 5- 20, 2022

Campaigns to Educate, Influence, and Support Youth & Parents/Guardians

Primary Audience: Youth, ages 13 – 17

Secondary Audience: Parents and Guardians (*English and Spanish*)

01

Educate youth about the risks

02

Influence youth behaviors and norms

03

Support parents and guardians

04

Develop toolkits and resources

Campaign Goals

Primary Audience: Youth, ages 13 – 17

Educate California teens about the risks of underage cannabis use and empower youth to make the best decisions for their emotional, social and physical well-being.

Secondary Audience: Parents and Guardians (English and Spanish)

Equip parents of these teens to have open conversations about underage cannabis use by providing them the tools and resources they need, and reminding them of their influence.

Supporting and Educating California's Youth



Youth are in a season of self-discovery, seeking meaning, connections, independence, and learning how to regulate and manage their emotions. Youth are increasingly turning to cannabis in this developmental stage to bond with friends and to cope with their day-to-day stressors.

Underage cannabis use interferes with youth social and emotional well-being, two key pillars of mental health.

Social Well-being

SOCIALIZE: To have fun, have a good time, bond or connect with friends, and inspire creativity

OUR ACTION: Create messaging that speaks to how **cannabis use affects the brain's ability to form memories** and devalues important moments with friends.

Pillars of Mental Health

Youth Primary
Reasons for
Use

Intersecting
Youth Reasons
For Use

Emotional Well-being

COPE: To self-medicate, relax or calm nerves, cope with mental health challenges and/or trauma, get through the day

OUR ACTION: Create messaging that speaks to how **cannabis use affects the part of the brain responsible for emotional regulation** making stress and anxiety harder to manage.

Educate, Empower, & Equip Parents/Guardians



Parents/Guardians are unsure over their level of influence on their child's cannabis use behavior. Parents/Guardians, however, want to have important conversations around cannabis use with their children.

Underage cannabis use can be influenced by the parental influence in a youth's life

Educate, Empower, and Equip

GOAL: Educate parents/guardians on the risks of cannabis use and emphasize the parental influence to have conversations to prevent youth cannabis use.

OUR ACTION: Create messaging that **helps parents feel empowered to keep trying to have cannabis risk conversations** with their child by reminding them of the influence they have on their child's life. Give parents/guardians the practical guidance and tools they need to have cannabis use risk conversations with their teens.



Supporting Local Partners to Get Involved



Toolkit Materials to Come

CDPH will provide accurate and actionable materials, such as **conversation guides, fact sheets, and more!**



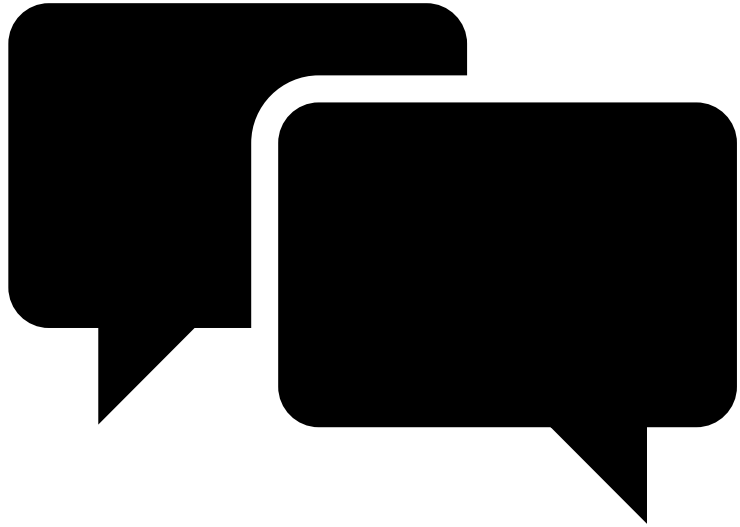
Regular Learning Webinars

CDPH will be hosting knowledge sharing opportunities to **utilize campaign learnings, materials, and other resources at the local level.**



Local Event Opportunities

CDPH will **engage and support local organizations and events by increasing knowledge of the risks of youth cannabis use** on the local level.



Q&A / DISCUSSION

Lunch Break

If you choose to leave the meeting during the break, please re-join using the same link as the morning session.

The afternoon session will begin at 12:30 pm

FENTANYL-RELATED EFFORTS – PANEL & DISCUSSION

Robin Christensen, California Department of Public Health

Dr. Sohil Sud, California Department of Public Health

Jake Wolf, Grieving parent

Waheeda Sabah, Department of Health Care Services

Overdose Prevention Initiative (OPI)

www.cdph.ca.gov/StopOverdose

**Substance and Addiction Prevention Branch
Center for Healthy Communities
California Department of Public Health**

December 12, 2022

OPI@cdph.ca.gov



Fentanyl

A Potent and Dangerous Synthetic Opioid

Continues to be a major contributor to drug overdoses in CA, including among youth.

Between 2018 to 2020, among those ages 10-19 years in CA:

- ED visits related to non-fatal opioid overdoses **more than tripled**.
- Opioid-related overdose deaths **increased by 407 percent**, largely driven by fentanyl.
- Fentanyl-related overdose deaths **increased 625 percent**.

Fentanyl can be found in different forms, including pills, powder, and liquid.



Any pill (regardless of its color, shape, or size) that does not come from a health care provider or pharmacist can contain fentanyl and can be deadly.

Signs of an Overdose: Save a Life

Signs of overdose

Recognizing the signs of opioid overdose can save a life. Here are some things to look for:

- Small, constricted “pinpoint pupils”
- Falling asleep or losing consciousness
- Slow, weak, or no breathing
- Choking or gurgling sounds
- Limp body
- Cold and/or clammy skin
- Discolored skin (especially in lips and nails)

Actions Steps to Take

If you think someone is overdosing,
follow these steps:

- 1 Call 911 and give naloxone
- 2 Keep the person awake and breathing
- 3 Lay the person on their side to prevent choking
- 4 Stay with the person until 911 responders arrive



Stop an Opioid Overdose with Live-Saving Naloxone

- A life-saving medication used to reverse an opioid overdose, including heroin, fentanyl, and prescription opioid medications.
- Is safe and easy to use, works almost immediately, and is not addictive.
- Can be quickly given through nasal spray ([Narcan](#)) or through an [auto-injector](#) into the outer thigh.
- Has very few negative effects, and has no effect if opioids are not in a person's system.



Naloxone nasal spray (Narcan)

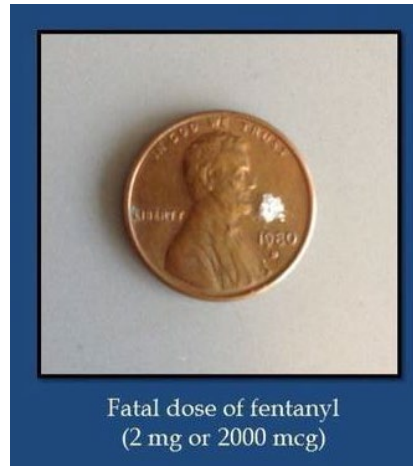


Naloxone auto-injector

Learn more about [naloxone](#)

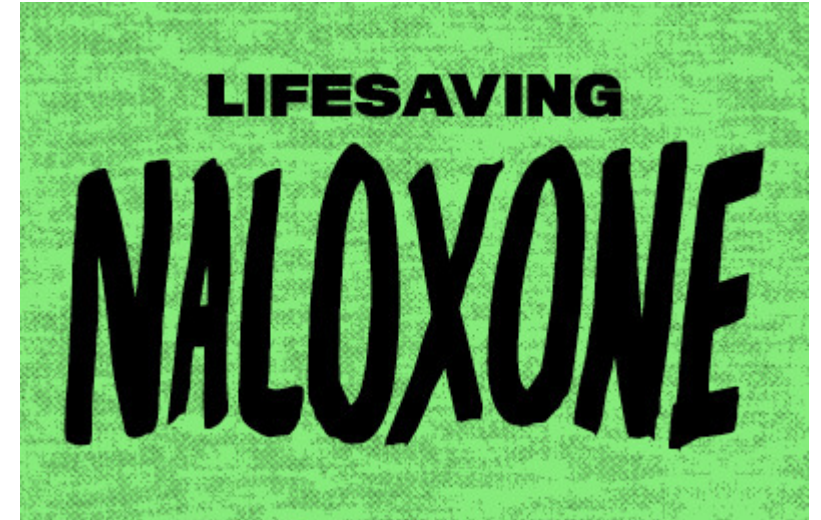
“Rainbow” Fentanyl

- Brightly colored using dyes
- Color \neq strength or potency
- Has been identified in California in powder and pill form
- 2mg may be fatal



CDPH: Statewide Standing Order for Naloxone

- CDPH provides a [statewide standing order](#) to help support equitable access to naloxone.
- Authorizes entities in California to distribute and/or administer naloxone to:
 - individuals at risk of opioid overdose,
 - family members and friends,
 - other persons in a position to assist
- Resources:
 - [Standing Order Frequently Asked Questions](#)
 - Training Video: [Administering Naloxone](#)
 - Email: naloxonestandingorder@cdph.ca.gov



Learn more about [naloxone](#)

The Power of Life-Saving Naloxone from CDPH Partners

A patient with active SUD was given naloxone. They had a friend staying with them who overdosed and the patient was able to reverse them.

Girlfriend of the unresponsive male said he had overdosed. Coalition member ran back into her apartment to get her Narcan kits. She successfully reversed the overdose after administering Narcan and performing CPR.

A teenager was reverse twice recently thanks to a family member who had been trained to use naloxone

OPI Program Overview

Addresses the overdose epidemic through prevention, surveillance, and research with both state and local partners:



Collects and shares emergency department, hospitalization, prescription, and death certificate data on overdoses.



Studies the circumstances surrounding overdose deaths.



Promotes the inclusion and use of California's prescription drug monitoring program (PDMP) - [*Controlled Substance Utilization Review and Evaluation System*](#)



Builds state and local partnerships

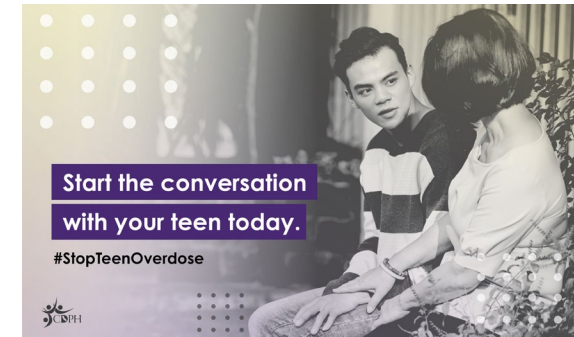


Establishes linkages to care



Expands the use of evidence-based prescribing and treatment guidelines for providers and health systems

Resources for Educators and Adult Role Models



- [CDPH Fentanyl and Overdose Prevention Toolkit](#) and social media messages (*English and Spanish*)
- Webpage that houses a collection of [opioid and substance use prevention resources](#) for adult role models working with youth, including educators.

Visit us on the web:
www.cdph.ca.gov/StopOverdose



OVERDOSE PREVENTION INITIATIVE (OPI)



Email us: OPI@cdph.ca.gov

Standing order questions: NaloxoneStandingOrder@cdph.ca.gov

Addressing the Fentanyl Crisis Among California's Youth

www.cdph.ca.gov/StopOverdose

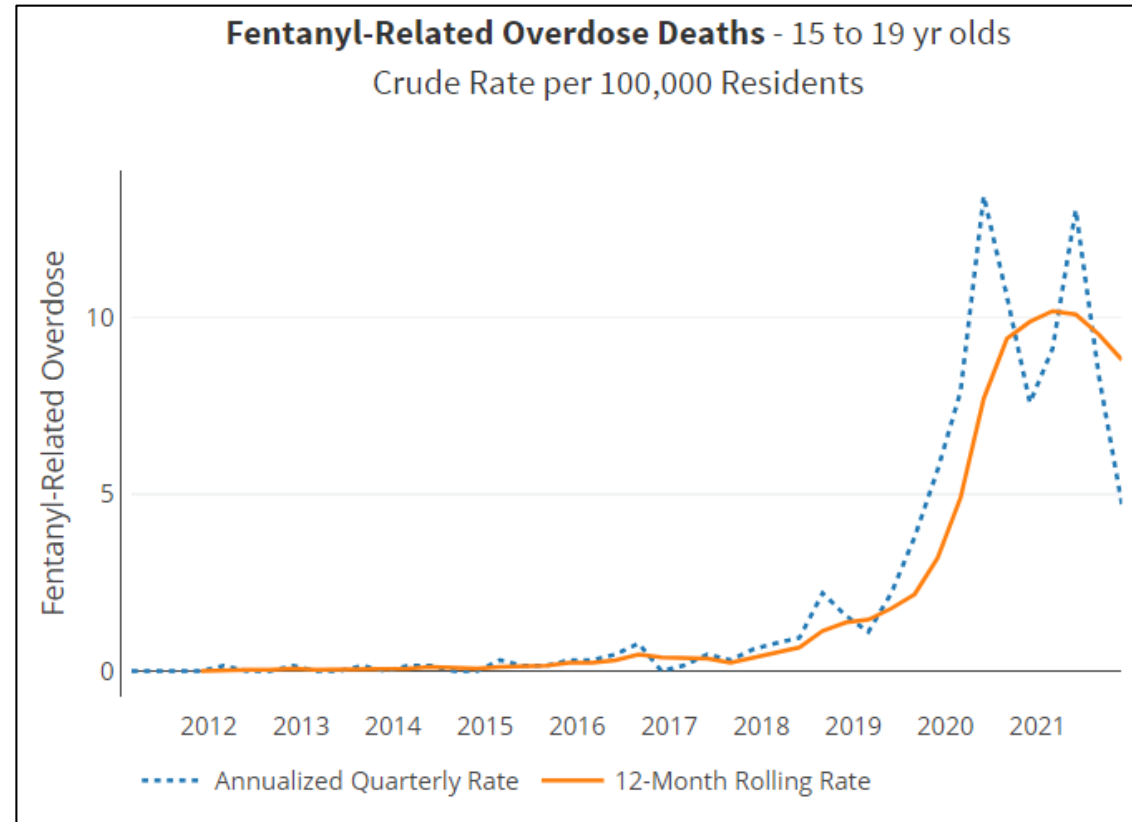
Sohil R. Sud, MD, MA
California Department of Public Health
December 2022

Jake Wolf, Parent & Advocate

OPI@cdph.ca.gov

Fentanyl

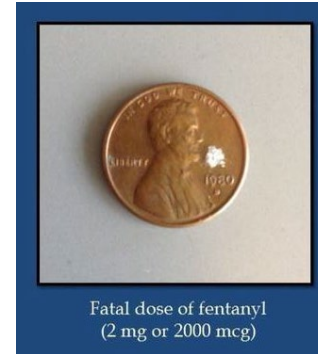
California Overdose Surveillance Dashboard



Source Links: <https://skylab.cdph.ca.gov/ODdash/>;

“Rainbow” Fentanyl

- Brightly colored using dyes
- Color ≠ strength or potency
- Has been identified in California in powder and pill form
- 2mg may be fatal



Any pill (regardless of its color, shape, or size) that does not come from a health care provider or pharmacist can contain fentanyl and can be deadly.

Fentanyl

California Overdose Surveillance Dashboard

Los Angeles Times

More teenagers dying from fentanyl. 'It has a hold on me, and I don't know why'

CALIFORNIA · Published October 11, 2022 9:49pm EDT

California teen girl dead of suspected fentanyl overdose: report

The teen's mom said she warned her daughter about the dangers of fentanyl

LOCAL NEWS

Teen fentanyl overdose deaths soaring in California

Source Links:

[More teenagers dying from fentanyl. 'It has a hold on me' - Los Angeles Times \(latimes.com\);](https://www.latimes.com/local/lanow/story/2022-10-11/california-teen-girl-dead-of-suspected-fentanyl-overdose-report)

[California teen girl dead of suspected fentanyl overdose: report | Fox News;](https://www.foxnews.com/health/california-teen-girl-dead-suspected-fentanyl-overdose-report)

[Teen fentanyl overdose deaths soaring in California \(ktla.com\)](https://www.ktla.com/news/local/teen-fentanyl-overdose-deaths-soaring-in-california/)



Stop an Opioid Overdose with Live-Saving Naloxone

- A life-saving medication used to reverse an opioid overdose, including heroin, fentanyl, and prescription opioid medications.
- Is safe and easy to use, works almost immediately, and is not addictive.
- Can be quickly given through nasal spray ([Narcan](#)) or through an [auto-injector](#) into the outer thigh.
- Has very few negative effects, and has no effect if opioids are not in a person's system.



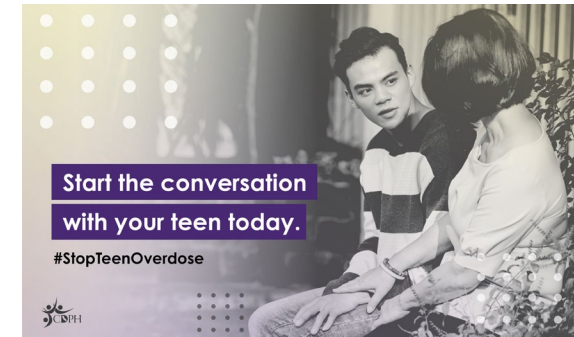
Naloxone nasal spray (Narcan)



Naloxone auto-injector

Learn more about [naloxone](#)

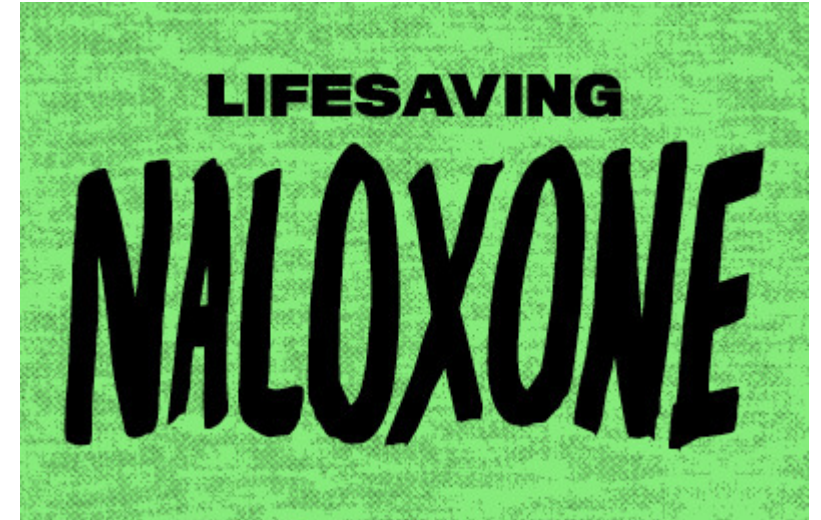
Resources for Educators and Adult Role Models



- [CDPH Fentanyl and Overdose Prevention Toolkit](#) and social media messages (*English and Spanish*)
- Webpage that houses a collection of [opioid and substance use prevention resources](#) for adult role models working with youth, including educators.

CDPH: Statewide Standing Order for Naloxone

- CDPH provides a [statewide standing order](#) to help support equitable access to naloxone.
- Authorizes entities in California to distribute and/or administer naloxone to:
 - individuals at risk of opioid overdose,
 - family members and friends,
 - other persons in a position to assist
- Resources:
 - [Standing Order Frequently Asked Questions](#)
 - Training Video: [Administering Naloxone](#)
 - Email: naloxonestandingorder@cdph.ca.gov

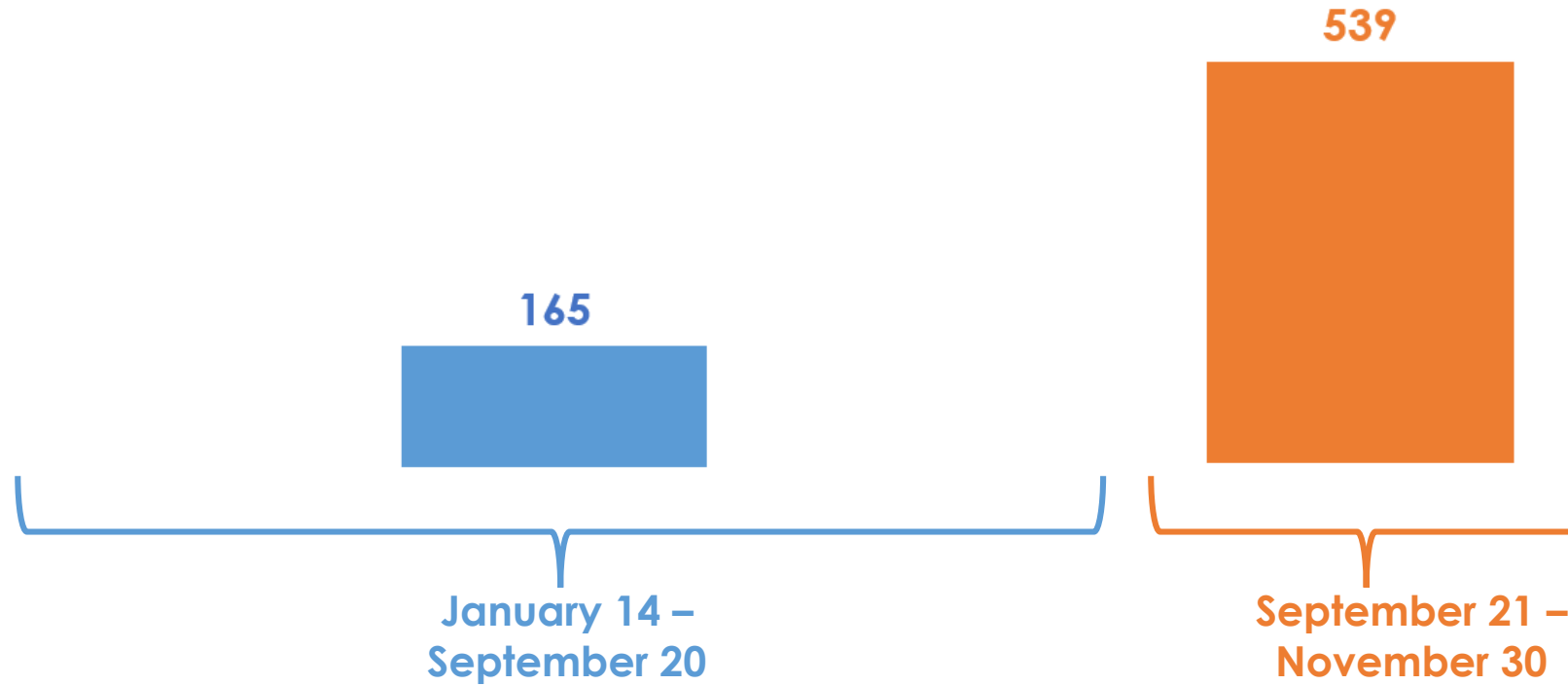


Learn more about [naloxone](#)

Naloxone Distribution Program

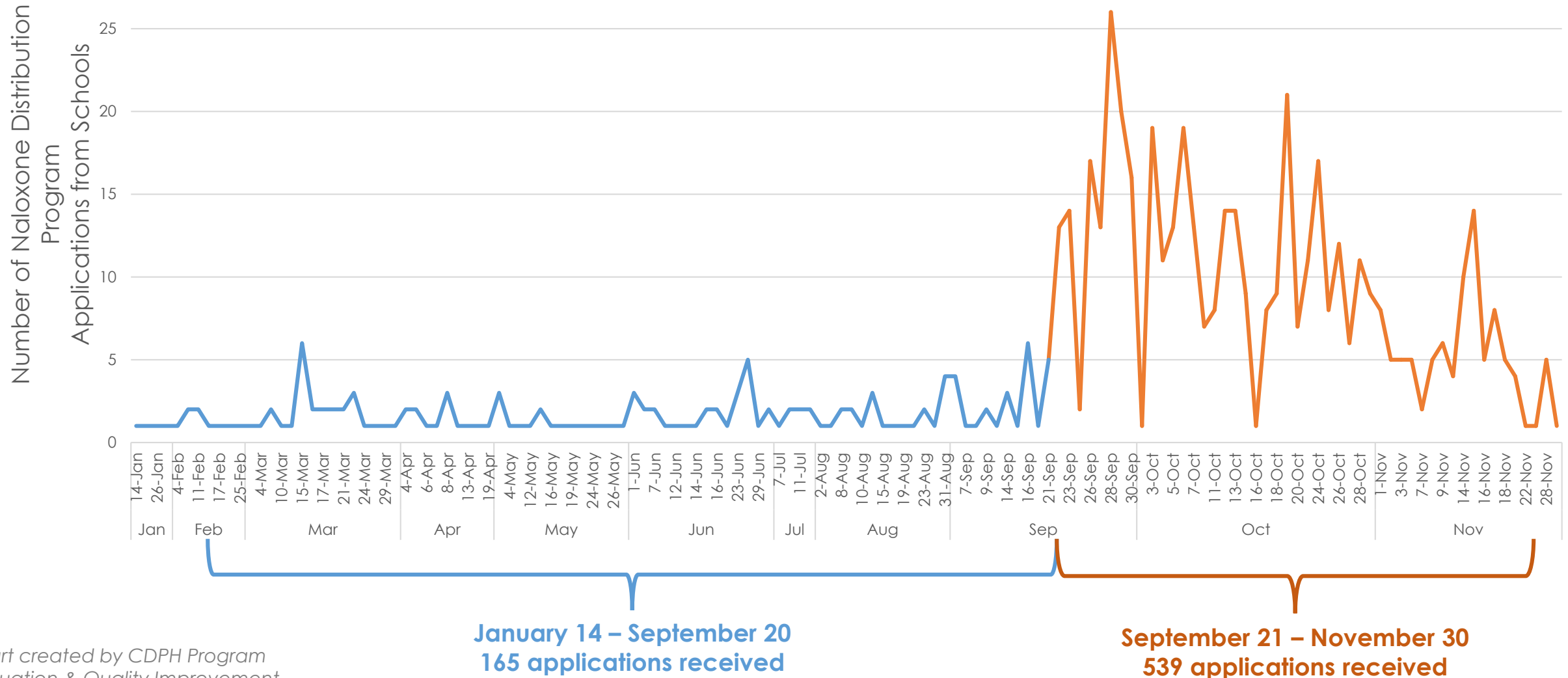
Naloxone Distribution Program

Applications Received from K-12 Schools Before/After CDPH Fentanyl Alert

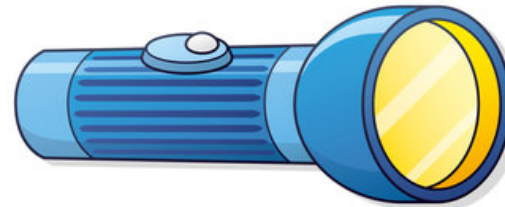


Naloxone Distribution Program

Applications Received from K-12 Schools, January 14, 2022 to November 30, 2022

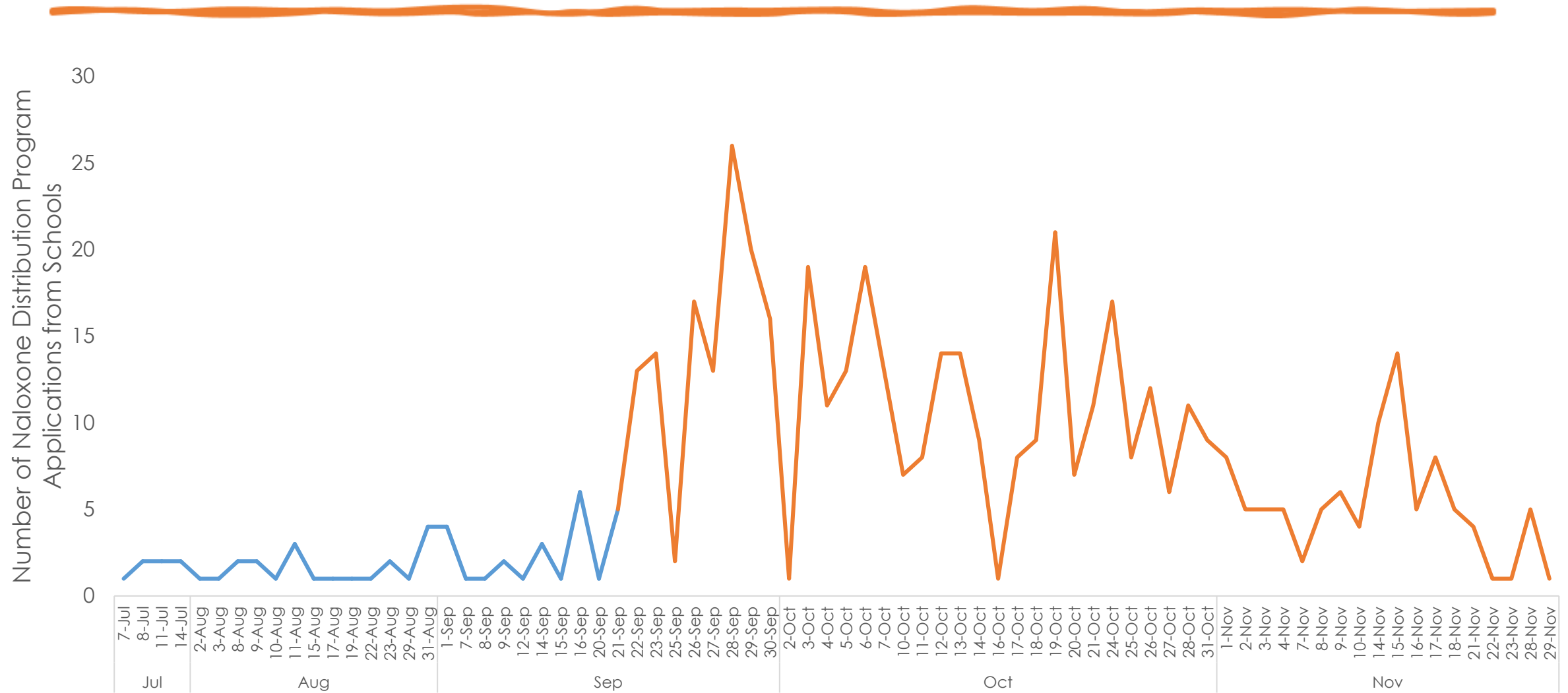


Stocking Naloxone in Schools



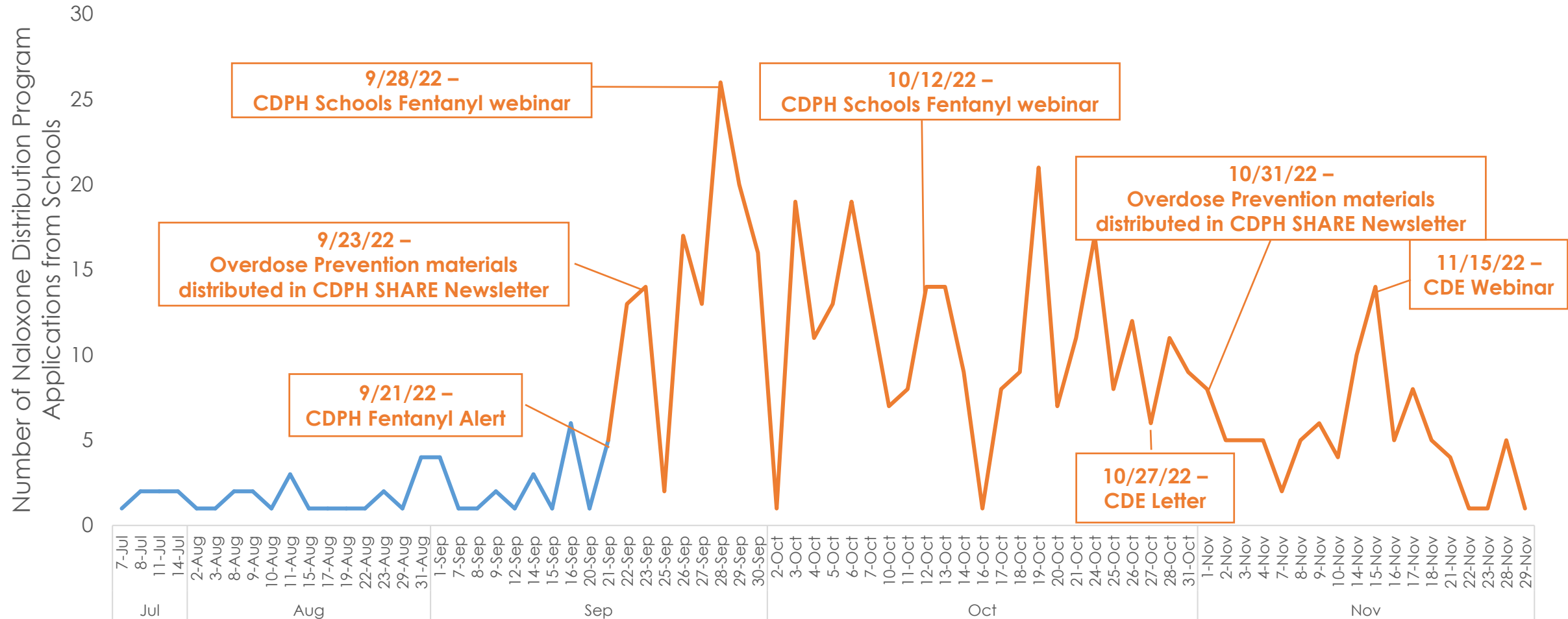
Naloxone Distribution Program

Applications Received from K-12 Schools, July 7, 2022 to November 30, 2022



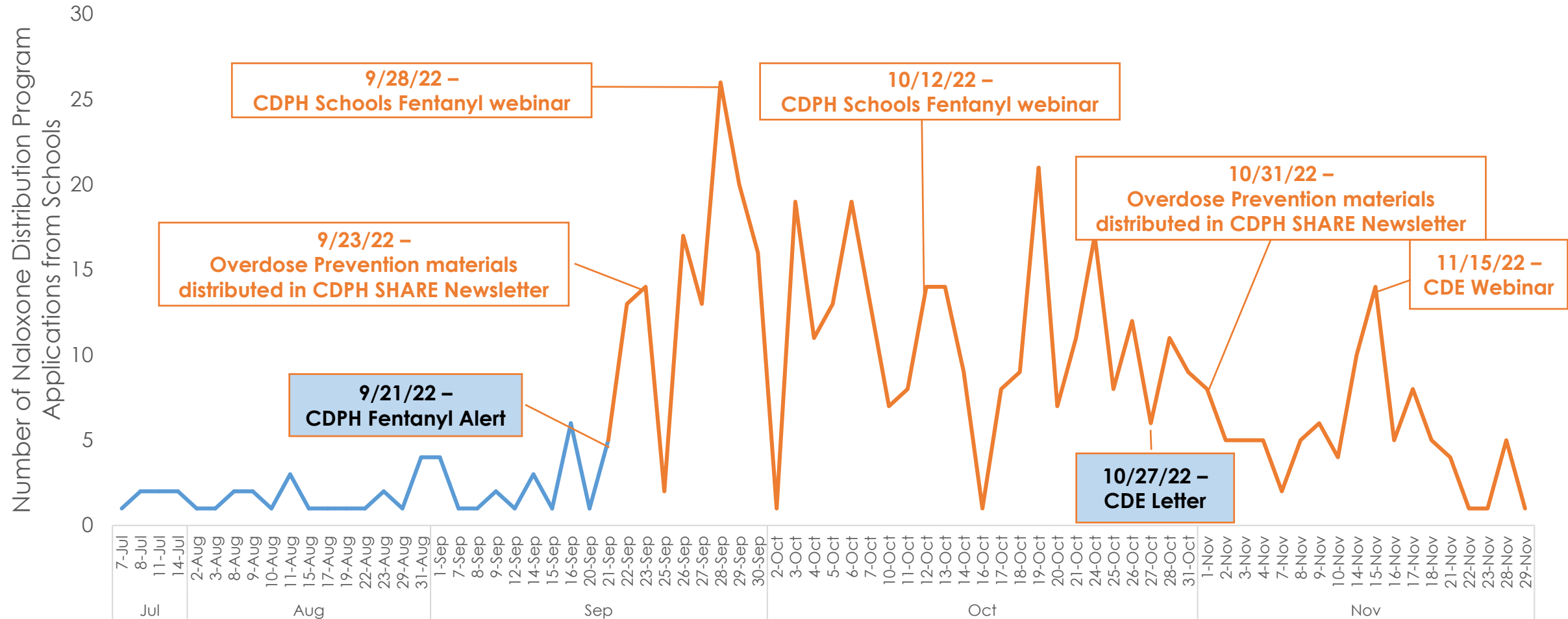
Naloxone Distribution Program

Applications Received from K-12 Schools, July 7, 2022 to November 30, 2022



Naloxone Distribution Program

Applications Received from K-12 Schools, July 7, 2022 to November 30, 2022



Rainbow Fentanyl Alert



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency California Department of Public Health



GAVIN NEWSOM
Governor

September 21, 2022

TO: California County and District Superintendents and Charter School Administrators

SUBJECT: Rainbow Fentanyl Alert

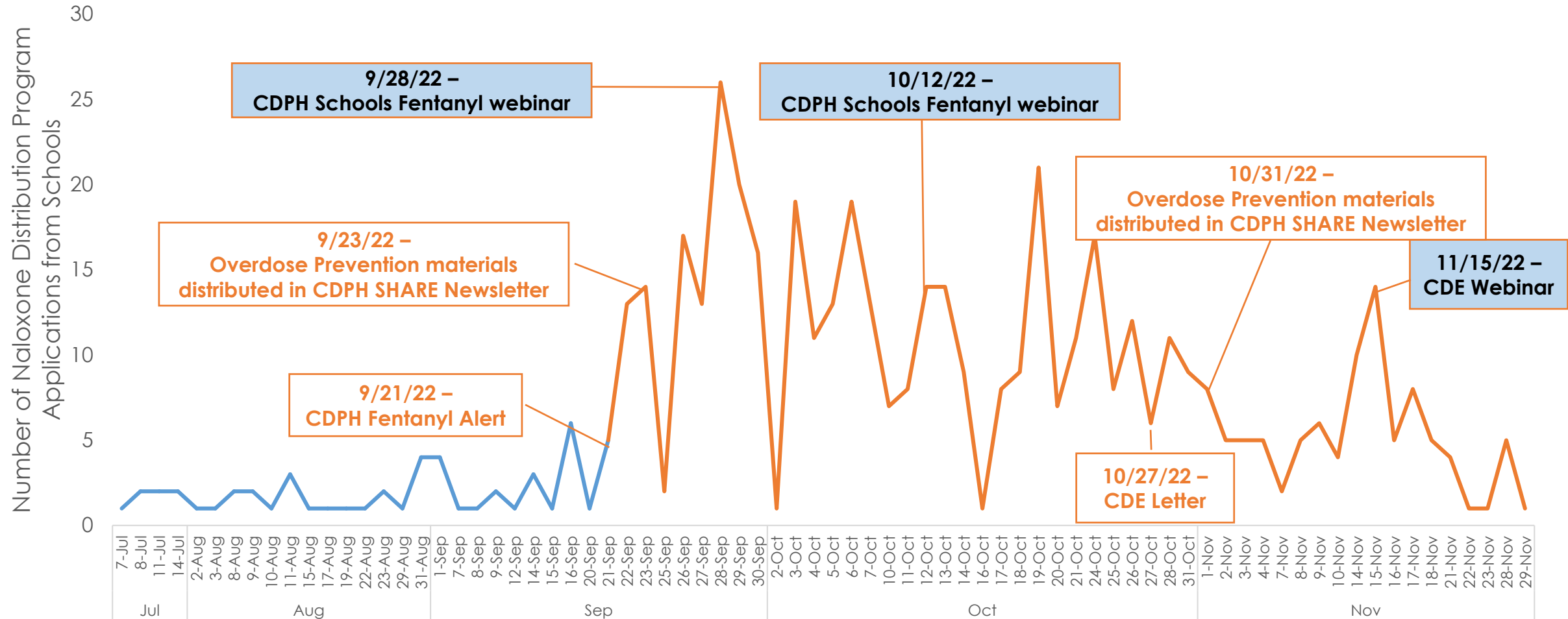
Fentanyl (an extremely potent and dangerous synthetic opioid) continues to be a major contributor to drug overdoses in California, including among youth [1]. According to the California Department of Public Health (CDPH) [California Overdose Surveillance Dashboard](#) [2]:

- Emergency department visits related to non-fatal opioid overdoses in California's youth ages 10-19 years more than tripled from 2018 (379 total) to 2020 (1,222 total).
- Opioid-related overdose deaths in California's youth ages 10-19 years increased from 2018 (54 total) to 2020 (274 total), marking a 407 percent increase over two years, largely driven by fentanyl.
- Fentanyl-related overdose deaths in California's youth ages 10-19 years increased from 2018 (36 total) to 2020 (261 total), a 625 percent increase.

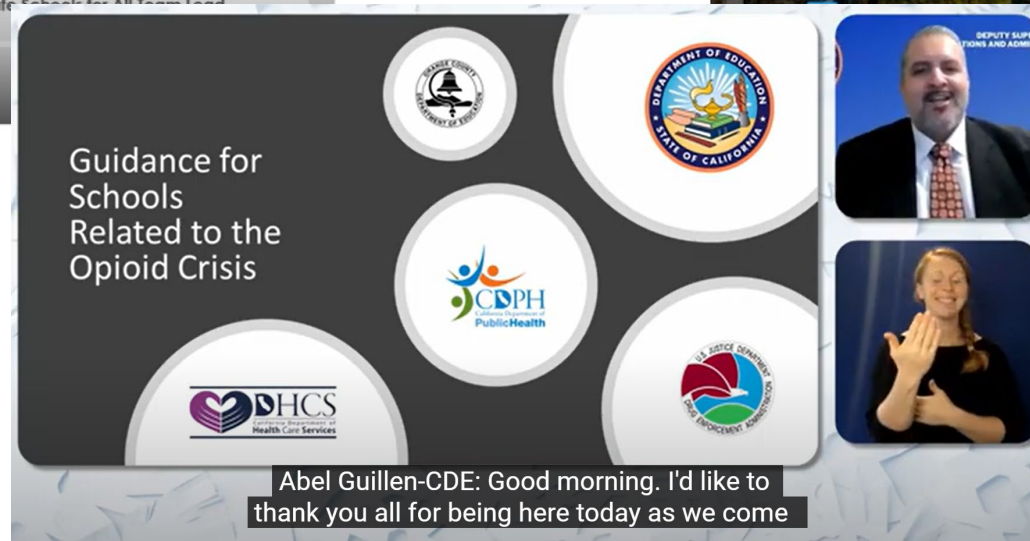
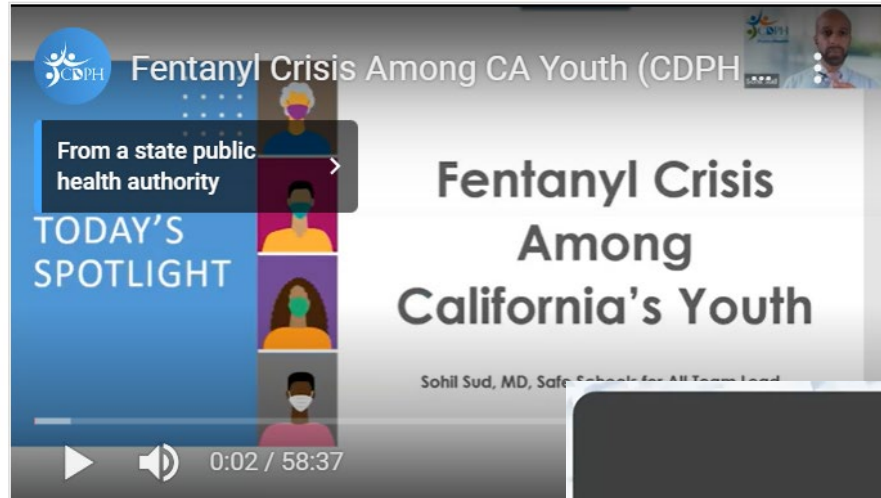
Today I am writing to inform you that, in addition to these concerning trends, brightly-colored fentanyl (referred to as rainbow fentanyl) has been identified as a new trend according to the United States (U.S.) Drug Enforcement Agency (DEA) [3]. Rainbow fentanyl can be found in many forms, including pills, powder, and blocks that can resemble sidewalk chalk or candy. Any pill (regardless of its color, shape, or size) that does not come

Naloxone Distribution Program

Applications Received from K-12 Schools, July 7, 2022 to November 30, 2022

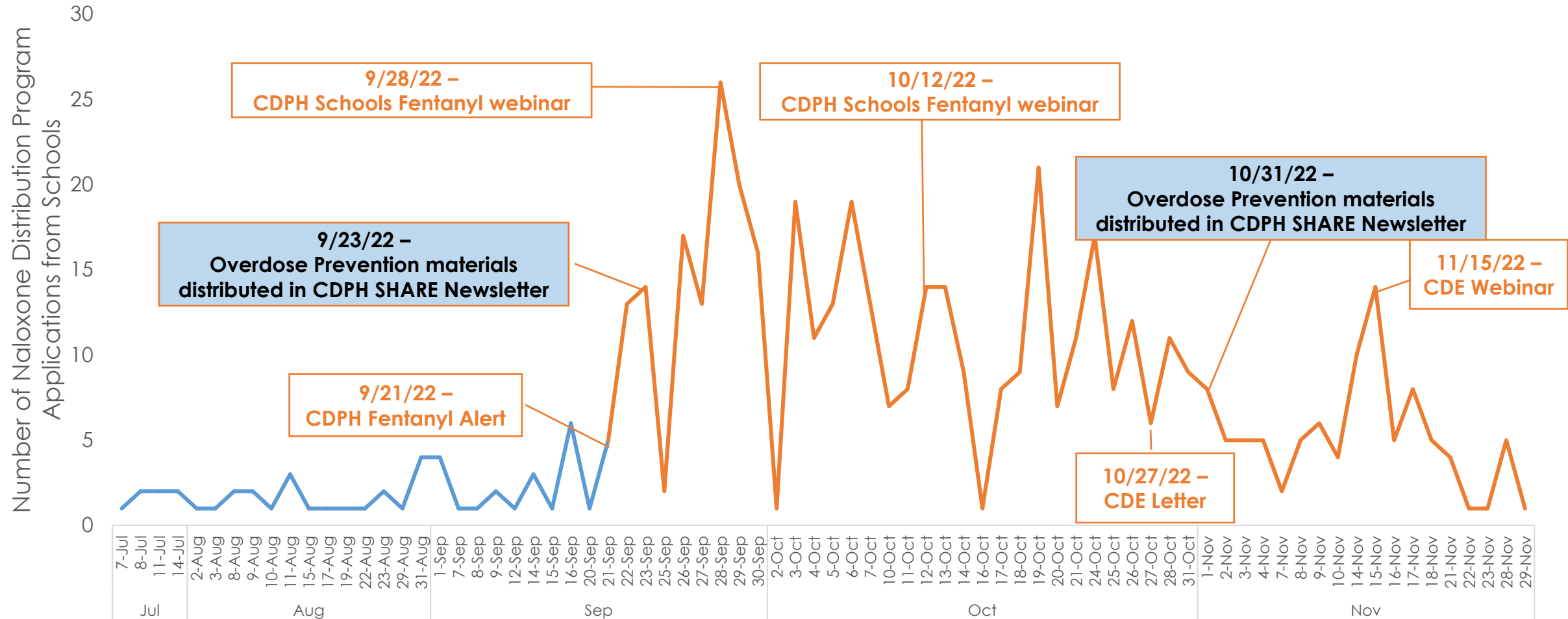


Webinars - Youth Fentanyl Crisis



Naloxone Distribution Program

Applications Received from K-12 Schools, July 7, 2022 to November 30, 2022



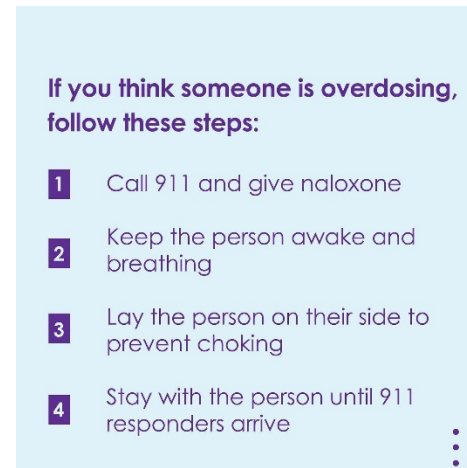
CDPH: School Health Repository (SHARE)



<https://schools.covid19.ca.gov>

Contributor	Community Question	Practice Description	Additional Resources
Shasta County Office of Education		Shasta County Distribution Project	Prescription Drugs and
Fresno County Office of Education		Fentanyl Public Service Announcements In partnership with the County of Fresno and the Fresno County District Attorney's Office, Fresno County Superintendent of Schools developed several public service announcements to raise awareness of the fentanyl epidemic and educate kids on the dangers of fentanyl. Clips are available in English, Spanish, and Hmong. The County of Fresno hosts several other resources on their "Fentanyl Danger in Fresno County" site, including law enforcement resources, public service announcements, and National Fentanyl Awareness Day videos.	Fentanyl Danger in Fresno County PSA VIDEOS: FCSS 1 Bad Night V1 (ENG) FCSS 1 Bad Night V2 (ENG) FCSS Life Lost (ENG) (HMONG) (SPANISH) Fentanyl – Funeral PSA (ENG) (SPANISH) Fentanyl Before Its Too Late (ENG 15) (SPANISH 15) (ENG 30) (SPANISH 30)
Lake County Office of Education		Local School Naloxone Policy and Overdose Prevention Lake County Office of Education and SafeRX Lake County recently developed and implemented a local school naloxone policy, which allows for the superintendent, designee, or any trained district staff member to administer naloxone during an opioid overdose.	Lake County Naloxone Policy
San Joaquin County Public Health	<i>How can schools and communities address the Fentanyl crisis?</i>	Fentanyl Town Hall Meeting and Letter to Parents San Joaquin County Public Health Services is organizing an educational event to educate families on the dangers of fentanyl and how to protect children and students from the lethal drug. Parents and educators will be provided with prevention resources and local attendees can receive a free Narcan kit. The event will be hosted at the San Joaquin County Office of Education on October 3 rd , from 5:30 – 8:00 pm. Registration information can be found on the flyer, and all are welcome to attend.	Fentanyl Town Hall Flyer Know the Dangers of Fentanyl (ENGLISH) (SPANISH) Press Release on Upcoming Dangers of Fentanyl Town Hall
School Nurse Credential Program, California State University, Sacramento College of Continuing Education			

CDPH: Social Media Messaging



CDPH: Schools Hub

Fentanyl Crisis Among California Youth

On 10/27/22, the CA Department of Education published a [Combating Fentanyl with Actions and Resources](#) document encouraging education and health agencies to take additional steps to protect students from overdoses.

Following the release of an [Alert on Rainbow Fentanyl](#), the California Department of Public Health hosted a webinar for health and education officials on the fentanyl crisis among California's youth. A video recording of the 10/12/22 webinar is posted below, and the [slides are available for download](#). If you are having difficulty accessing this content, please contact CDPH at SafeSchoolsTeam@cdph.ca.gov to request this information in an alternate format.



Key Fentanyl Resources

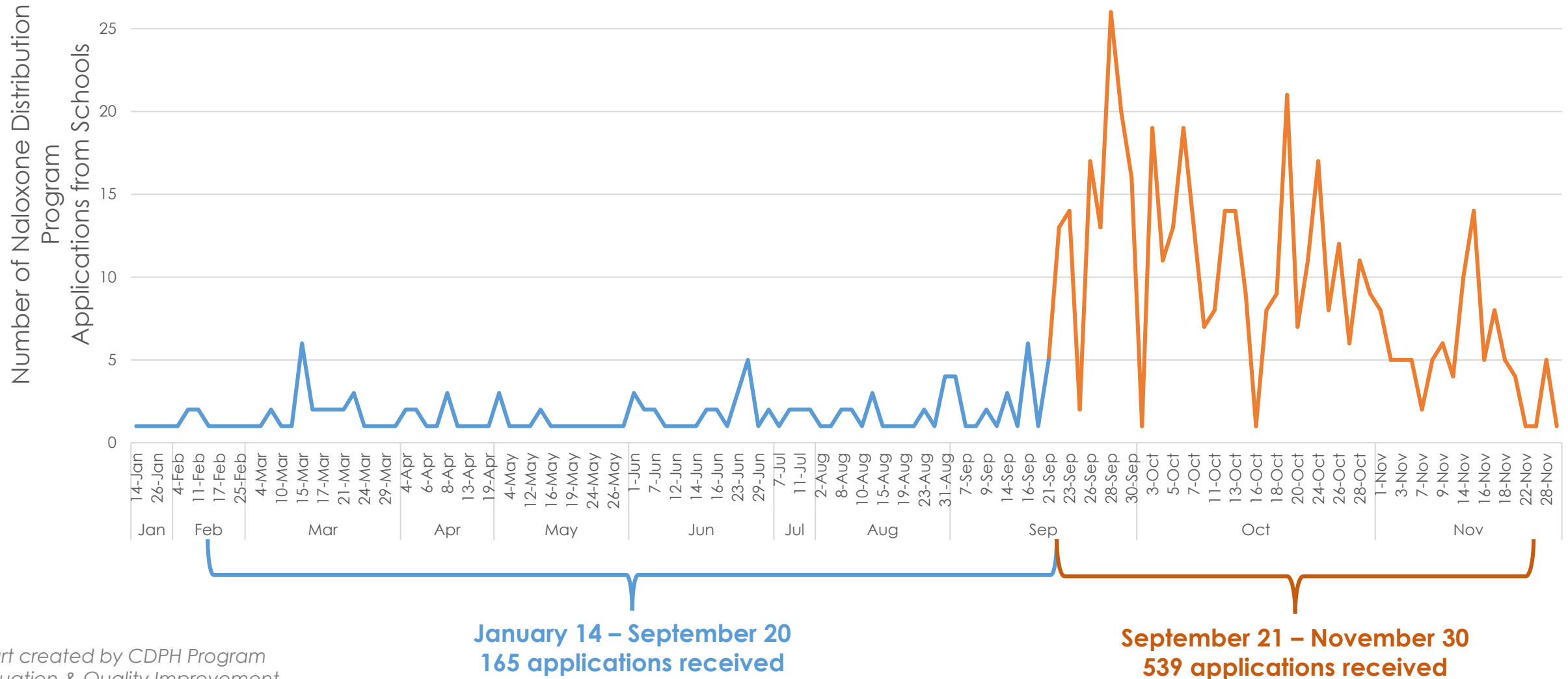
Learn more about [Fentanyl](#) and consider how [Naloxone](#), a life-saving medication used to reverse an opioid overdose, can be used by trained individuals in the school setting.

- Use the [Fentanyl & Overdose Prevention Communications Toolkit](#) to share information about the risks of fentanyl and how to prevent teen use and overdoses.
- Learn more about [Substance Abuse Prevention Resources for Schools](#).

Source Link: <https://schools.covid19.ca.gov>

Naloxone Distribution Program

Applications Received from K-12 Schools, January 14, 2022 to November 30, 2022



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OVERDOSE PREVENTION INITIATIVE (OPI)



Email us: OPI@cdph.ca.gov

Standing order questions: NaloxoneStandingOrder@cdph.ca.gov



MAT Expansion Project Media Campaign

Department of Health Care Services

Waheeda Sabah

December 2022



CHOOSE
CHANGE
CALIFORNIA

Medication Assisted Treatment (MAT) Expansion Project

- » State Opioid Response (SOR) III Amount: Approximately \$214 Million; allocated to statewide projects.
 - » Medication Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of Opioid Use Disorder (OUD). Research shows that a combination of medication and counseling can successfully treat OUD and help sustain recovery
- » The MAT Project Aims to increase access to MAT, reduce unmet treatment need, and reduce opioid overdose related deaths through the provision of prevention, harm reduction, treatment, and recovery activities. The project focuses on populations with limited MAT access, including rural areas and American Indian & Alaska Native tribal communities.

Media Campaign Project

- DHCS has launched a multi-media, multilingual advertising campaign for the MAT Expansion Project covering various cities within California, specifically targeting highly affected communities.
- The campaign includes television, radio, digital and print, in English, Spanish, Chinese, targeted at individuals with substance use disorder and their families, with an emphasis on making connections to treatment.
- You can visit **ChooseChangeCA.org** to learn more about the statewide “Choose Change” campaign, and to find MAT via the Treatment Locator.



Research

- » CA Overdose Surveillance Dashboard
- » Prime Lingo (Scarborough)
- » The Census & American Community Survey
- » Language Spoken at home
- » Google Analytics
- » iHeart Brand Study

California Opioid Related Overdose Deaths by County Year over Year

California Deaths - Total Population										
Any Opioid-Related Overdose: Age-Adjusted Rate per 100,000 Residents										
Indicator Description: Acute poisoning deaths involving opioids such as prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), heroin, and opium. Deaths related to chronic use of drugs are excluded from this indicator.										
Source: CDPH Vital Statistics Multiple Cause of Death and California Comprehensive Death Files										
Prepared by: California Department of Public Health - Injury and Violence Prevention Branch (formerly the Safe and Active Communities Branch).										
	2021 Rate*	2021 Count*	2020 Rate	2020 Count	2019 Rate	2019 Count	2018 Rate	2018 Count	2017 Rate	2017 Count
California	16.78	6,843	13.54	5,363	7.45	3,082	5.82	2,428	5.22	2,194
County	2021 Rate	2021 Count	2020 Rate	2020 Count	2019 Rate	2019 Count	2018 Rate	2018 Count	2017 Rate	2017 Count
Los Angeles	14.70	1,534	12.40	1,300	6.23	658	4.57	497	4.05	447
Orange	23.35	744	15.45	503	7.48	250	7.46	252	7.50	255
San Diego	19.53	686	15.14	528	8.60	303	7.39	268	7.81	284
Riverside	19.44	495	16.05	400	9.40	236	5.74	144	5.67	140
San Francisco	42.56	427	44.51	443	26.15	270	15.01	147	9.62	99
San Bernardino	15.44	349	12.95	288	4.10	90	4.77	106	2.65	57
Kern	30.42	270	24.32	222	12.16	111	10.46	92	8.45	75
Ventura	25.97	215	17.07	141	9.76	87	11.14	95	9.80	85
Alameda	10.34	191	8.09	144	5.53	100	3.10	56	2.03	37
Contra Costa	15.68	180	12.61	144	7.22	84	6.82	82	4.35	52
Sacramento	10.74	174	6.81	107	5.50	88	4.65	70	3.75	61
Santa Clara	7.69	154	7.10	143	3.98	85	2.83	60	3.19	67
San Joaquin	17.64	138	11.10	85	4.47	33	3.47	26	9.18	69
Sonoma	25.76	122	23.69	111	12.85	64	9.23	43	5.99	30
Stanislaus	19.50	108	13.50	74	8.38	45	5.96	35	3.39	18
Fresno	8.44	88	7.01	71	4.44	44	3.52	35	4.58	47
San Mateo	10.94	84	10.06	81	7.42	61	4.83	39	4.75	40
San Luis Obispo	26.77	71	20.56	57	8.12	21	4.29	13	7.77	21
Butte	28.64	62	11.54	26	5.14	11	6.55	17	7.57	17
Santa Barbara	12.94	58	3.54	16	5.35	25	7.09	33	7.48	32
Solano	11.48	54	8.71	39	6.65	31	4.02	19	2.46	10
Tulare	11.12	49	8.22	39	2.13	10	1.73	7	2.59	11
Placer	12.20	48	12.22	45	6.85	28	1.94	8	4.79	18
Mendocino	55.92	47	25.84	20	19.71	17	13.70	14	19.34	17
Shasta	29.33	47	16.25	27	9.81	16	5.43	10	14.06	24
Humboldt	35.15	44	18.34	24	18.16	23	11.17	16	21.03	28
Marin	16.87	42	14.06	33	9.27	22	3.46	8	6.59	15
Santa Cruz	14.78	38	9.65	26	10.47	29	8.49	23	6.59	18
Lake	49.34	31	26.11	17	32.46	23	22.70	21	17.02	13
El Dorado	16.69	30	11.72	22	3.79	6	4.14	7	2.38	5
Nevada	30.67	28	34.09	30	10.45	10	6.28	7	5.50	6
Monterey	5.65	27	5.85	25	3.48	16	1.73	8	1.65	7
Merced	9.22	24	9.98	29	7.36	19	7.30	20	4.67	13
Sutter	21.04	21	10.35	11	2.50	3	8.72	8	2.05	2
Madera	11.57	17	4.87	7	7.65	12	3.98	6	3.75	6
Yuba	20.81	16	10.64	9	10.82	8	5.36	4	13.15	9
Kings	9.20	15	7.36	10	1.06	2	2.76	4	4.52	6
Napa	10.61	14	5.20	8	2.29	3	3.97	7	3.15	4
Imperial	8.76	14	19.07	32	6.47	11	10.07	16	4.57	8
San Benito	14.84	10	6.33	4	7.98	5	3.22	2	9.47	6
Tuolumne	18.83	9	3.48	2	0.81	1	2.52	1	9.47	5
Calaveras	19.21	8	7.00	2	7.79	4	9.71	3	0.86	1
Tehama	12.31	8	3.38	2	0.00	0	3.52	2	0.00	0
Amador	17.58	7	13.07	4	7.81	5	2.90	1	2.71	2
Trinity	49.11	5	0.00	0	19.65	2	7.47	2	4.34	1
Inyo	36.49	5	22.03	3	14.47	2	17.77	3	3.19	1
Del Norte	15.34	5	9.01	3	4.67	1	0.00	0	12.56	4
Yolo	1.69	5	4.04	10	3.91	9	2.21	5	3.19	7
Glenn	14.29	4	14.87	3	3.31	1	4.71	1	0.00	0
Lassen	13.51	4	18.12	7	23.47	7	11.90	4	13.91	5
Siskiyou	7.41	4	19.37	7	5.98	2	3.62	2	9.97	4
Mariposa	20.05	3	3.87	1	23.40	4	0.00	0	5.51	1
Modoc	24.01	2	0.00	0	0.00	0	0.00	0	23.58	3
Plumas	9.31	2	6.28	1	11.77	2	18.11	2	2.00	1
Alpine	67.30	1	0.00	0	0.00	0	0.00	0	0.00	0
Colusa	0.00	0	14.72	3	15.66	3	0.00	0	0.00	0
Mono	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Sierra	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0

County	2017 Rates	2017 Counts	2018 Rates	2018 Counts	2019 Rate	2019 Counts	2020 Rate	2020 Counts	2021 Rate Preliminary	2021 Counts Preliminary
California	1.058	431	1.953	786	4.01	1,603	9.86	3,946	14.26	5,722
Unknown	NaN	0	NaN	41	NaN	2	NaN	71	NaN	4

County	2017 Rates	2017 Counts	2018 Rates	2018 Counts	2019 Rate	2019 Counts	2020 Rate	2020 Counts	2021 Rate Preliminary	2021 Counts Preliminary
Alameda	0.322	6	0.805	14	3.15	56	6.60	117	8.17	150
Alpine	0	0	0	0	0.00	0	0.00	0	67.30	1
Amador	0	0	2.898	1	3.94	2	6.72	2	6.50	3
Butte	0.612	1	0	0	1.11	2	2.52	6	20.39	42
Calaveras	0	0	0	0	0.00	0	3.12	1	15.90	6
Colusa	0	0	0	0	4.84	1	6.10	1	0.00	0
Contra Costa	1.325	14	2.24	25	4.46	49	9.77	108	14.11	158
Del Norte	0	0	0	0	0.00	0	9.01	3	17.35	6
El Dorado	0.665	1	1.14	2	1.32	2	5.35	10	11.70	19
Fresno	0.395	4	0.175	2	1.68	15	4.13	43	6.29	65
Glenn	0	0	0	0	0.00	0	4.89	1	8.07	2
Humboldt	0.852	1	0	0	6.52	8	7.88	10	29.29	36
Imperial	0	0	1.985	3	3.51	6	10.67	18	7.60	12
Inyo	0	0	7.225	1	6.93	1	22.03	3	27.37	4
Kern	1.413	12	3.292	28	5.77	54	15.13	139	24.75	219
Kings	0	0	0	0	0.00	0	3.37	5	5.75	10
Lake	6.122	4	3.615	3	5.41	4	7.17	5	43.22	26
Lassen	0	0	0	0	7.54	2	7.13	2	10.64	3
Los Angeles	1.083	117	1.905	201	3.91	406	9.39	970	13.13	1,361
Madera	0	0	0	0	1.82	3	1.98	3	9.57	14
Marin	0.975	2	0.668	2	5.25	11	10.44	22	14.44	34
Mariposa	0	0	0	0	0.00	0	0.00	0	13.10	2
Mendocino	2.87	2	1.433	1	11.15	9	19.02	14	50.22	40
Merced	0	0	2.947	8	1.50	4	6.39	18	6.48	17
Modoc	0	0	0	0	0.00	0	0.00	0	0.00	0
Mono	0	0	0	0	0.00	0	0.00	0	0.00	0
Monterey	0.212	1	0.422	2	2.03	9	5.36	23	3.71	17
Napa	0	0	0	0	1.79	2	3.45	5	9.86	13
Nevada	0.45	1	1.4	1	0.00	0	21.77	18	20.95	16
Orange	1.433	47	2.942	94	3.92	126	12.09	385	20.76	650
Placer	0.315	1	0	0	1.80	6	7.30	26	9.02	33
Plumas	0	0	18.11	2	3.17	1	0.00	0	5.43	1
Riverside	1.172	28	2.188	52	5.42	134	11.08	274	16.16	404
Sacramento	0.552	9	0.93	14	2.38	36	3.50	54	7.68	119
San Benito	3.257	2	1.558	1	5.16	3	3.27	2	11.90	8
San Bernardino	0.568	12	1.38	30	3.41	74	10.29	227	13.68	309
San Diego	2.038	75	2.31	82	4.13	142	11.70	406	17.30	603
San Francisco	1.638	19	7.06	69	19.07	196	38.10	380	38.39	382
San Joaquin	0.615	5	0.372	3	1.97	14	6.71	51	13.13	101
San Luis Obispo	0	0	0.445	1	3.08	8	12.50	33	21.88	56
San Mateo	1.195	9	1.69	13	4.75	36	7.41	58	9.50	72
Santa Barbara	2.107	9	1.955	9	3.11	15	2.33	10	7.22	31
Santa Clara	0.655	13	0.515	11	1.23	25	4.38	84	6.46	125
Santa Cruz	0.455	1	0.732	2	2.05	5	5.58	13	10.67	26
Shasta	0.632	1	0	0	3.95	6	4.51	7	25.64	41
Sierra	0	0	0	0	0.00	0	0.00	0	0.00	0
Siskiyou	3.533	1	0	0	3.29	1	4.84	2	4.55	2
Solano	0	0	1.268	5	4.04	18	6.19	26	8.09	36
Sonoma	0.855	4	4.34	21	8.52	41	21.85	102	22.87	105
Stanislaus	0.715	3	1.15	7	2.82	15	10.16	54	14.82	79
Sutter	0	0	1.327	1	1.71	2	3.83	4	20.24	20
Tehama	0	0	0	0	0.00	0	1.04	1	8.20	5
Trinity	0	0	3.005	1	0.00	0	0.00	0	35.36	4
Tulare	0	0	0	0	1.25	6	6.25	29	9.28	41
Tuolumne	0	0	0	0	0.78	1	2.64	1	12.00	5
Ventura	2.92	24	3.715	31	4.47	38	10.87	86	21.01	169
Yolo	0.68	1	0.215	1	0.80	2	2.96	8	1.14	3
Yuba	1.942	1	1.772	1	5.00	4	6.26	5	16.18	12

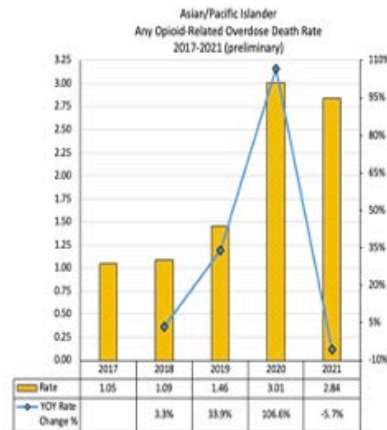
California Fentanyl Related Overdose Deaths by County Year over Year

California Opioid Related Overdose Deaths by Race Year over year

California Deaths - by Race/Ethnicity - 2017 - 2021 (Preliminary)
Any Opioid-Related Overdose : Crude Rate per 100k Residents

Asian/Pacific Islander

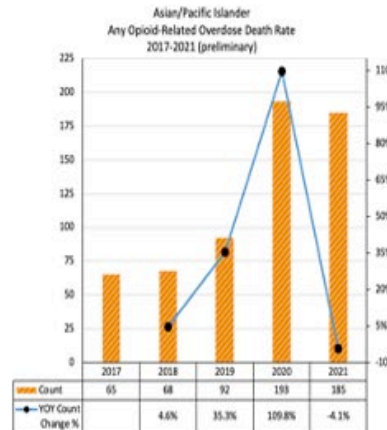
	2017	2018	2019	2020	2021
Rate	1.05	1.09	1.46	3.01	2.84
YOY Rate Change %		3.3%	33.9%	106.6%	-5.7%



Asian American
& Pacific Islander

Asian/Pacific Islander

	2017	2018	2019	2020	2021
Count	65	68	92	193	185
YOY Count Change %			4.6%	35.3%	109.8%

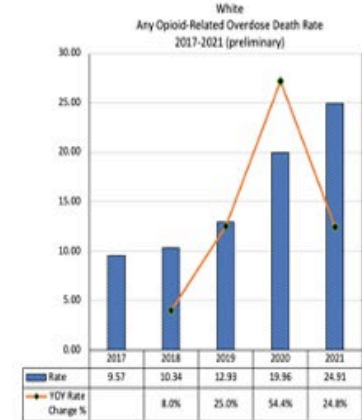


Source: CDPH Center for Health Statistics and Informatics Vital Statistics - Multiple Cause of Death and California Comprehensive Death Files
Prepared by: California Department of Public Health - Substance and Addiction Prevention Branch.

California Deaths - by Race/Ethnicity - 2017 - 2021 (Preliminary)
Any Opioid-Related Overdose : Crude Rate per 100k Residents

White

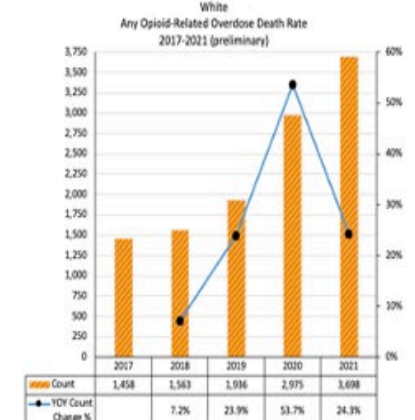
	2017	2018	2019	2020	2021
Rate	9.57	10.34	12.93	19.96	24.91
YOY Rate Change %		8.0%	25.0%	54.4%	24.8%



Caucasian

White

	2017	2018	2019	2020	2021
Count	1,458	1,563	1,936	2,975	3,698
YOY Count Change %			7.2%	23.9%	53.7%

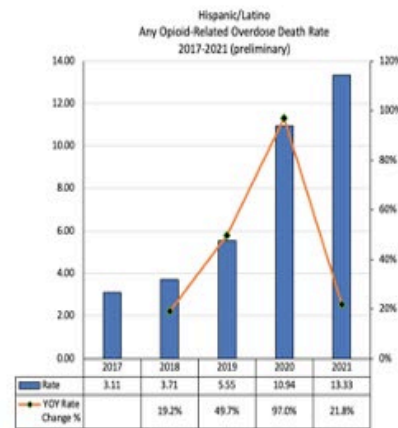


Source: CDPH Center for Health Statistics and Informatics Vital Statistics - Multiple Cause of Death and California Comprehensive Death Files
Prepared by: California Department of Public Health - Substance and Addiction Prevention Branch.

California Deaths - by Race/Ethnicity - 2017 - 2021 (Preliminary)
Any Opioid-Related Overdose : Crude Rate per 100k Residents

Hispanic/Latino

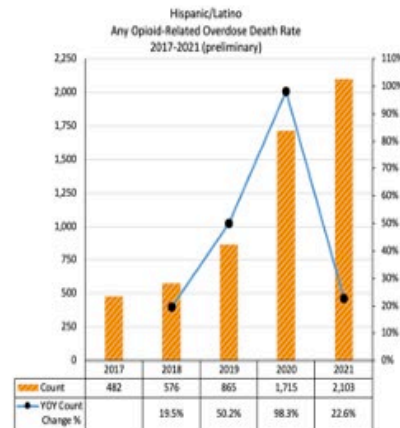
	2017	2018	2019	2020	2021
Rate	3.11	3.71	5.55	10.94	13.33
YOY Rate Change %		19.2%	49.7%	97.0%	21.8%



Hispanic & Latino

Hispanic/Latino

	2017	2018	2019	2020	2021
Count	482	576	865	1,715	2,103
YOY Count Change %			19.5%	50.2%	98.3%

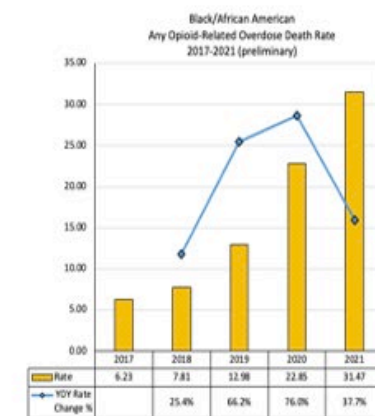


Source: CDPH Center for Health Statistics and Informatics Vital Statistics - Multiple Cause of Death and California Comprehensive Death Files
Prepared by: California Department of Public Health - Substance and Addiction Prevention Branch.

California Deaths - by Race/Ethnicity - 2017 - 2021 (Preliminary)
Any Opioid-Related Overdose : Crude Rate per 100k Residents

Black/ African American

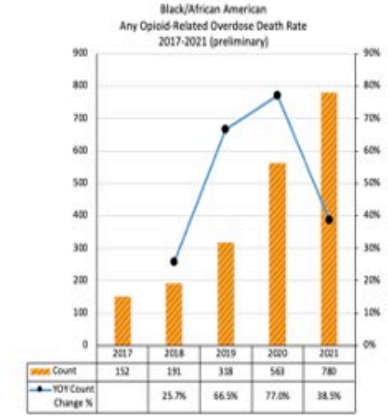
	2017	2018	2019	2020	2021
Rate	6.23	7.81	12.98	22.85	31.47
YOY Rate Change %		25.4%	66.2%	76.0%	37.7%



Black & African American

Black/ African American

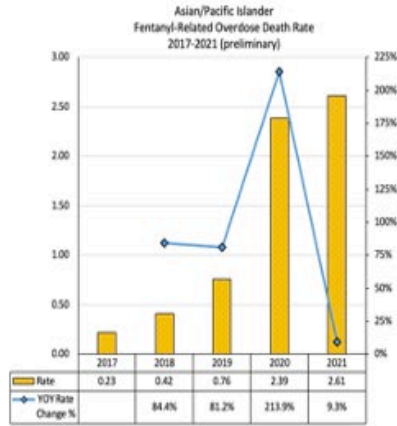
	2017	2018	2019	2020	2021
Count	152	191	318	563	780
YOY Count Change %			25.7%	66.5%	77.0%



Source: CDPH Center for Health Statistics and Informatics Vital Statistics - Multiple Cause of Death and California Comprehensive Death Files
Prepared by: California Department of Public Health - Substance and Addiction Prevention Branch.

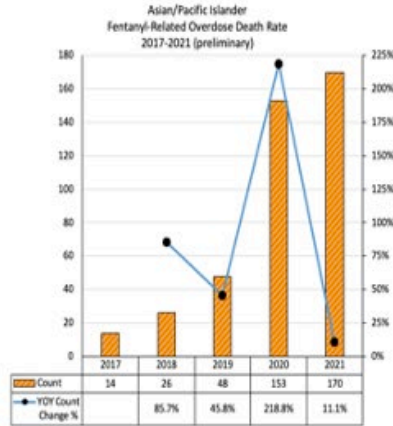
California Deaths - by Race/Ethnicity - 2017 - 2021 (Preliminary)
Fentanyl-Related Overdose : Crude Rate per 100k Residents

Asian/Pacific Islander	2017	2018	2019	2020	2021
Rate	0.23	0.42	0.76	2.39	2.61
YOY Rate Change %		84.4%	81.2%	213.9%	9.3%



Asian American & Pacific Islander

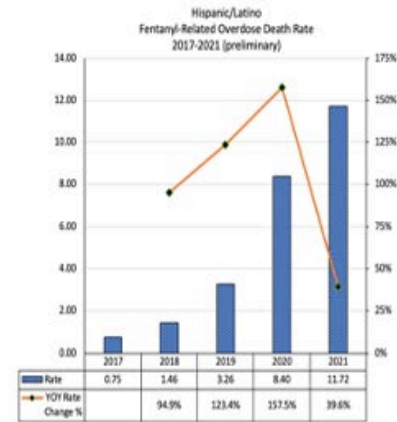
Asian/Pacific Islander	2017	2018	2019	2020	2021
Count	14	26	48	153	170
YOY Count Change %		85.7%	45.8%	218.8%	11.1%



Source: CDPH Center for Health Statistics and Informatics Vital Statistics - Multiple Cause of Death and California Comprehensive Death Files
Prepared by: California Department of Public Health - Substance and Addiction Prevention Branch.

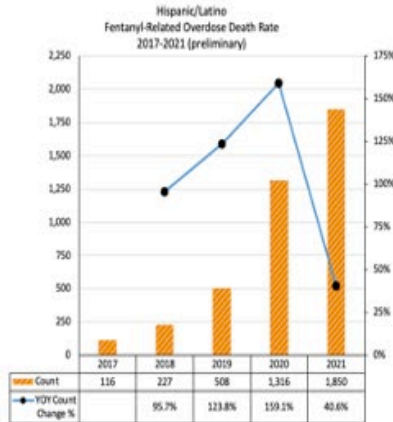
California Deaths - by Race/Ethnicity - 2017 - 2021 (Preliminary)
Fentanyl-Related Overdose : Crude Rate per 100k Residents

Hispanic/Latino	2017	2018	2019	2020	2021
Rate	0.75	1.46	3.26	8.40	11.72
YOY Rate Change %		94.9%	123.4%	157.5%	39.6%



Hispanic & Latino

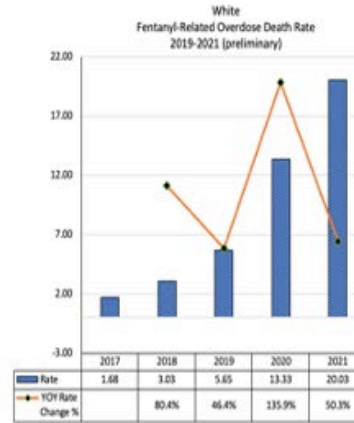
Hispanic/Latino	2017	2018	2019	2020	2021
Count	116	227	508	1,316	1,850
YOY Count Change %		95.7%	123.8%	159.1%	40.6%



Source: CDPH Center for Health Statistics and Informatics Vital Statistics - Multiple Cause of Death and California Comprehensive Death Files
Prepared by: California Department of Public Health - Substance and Addiction Prevention Branch.

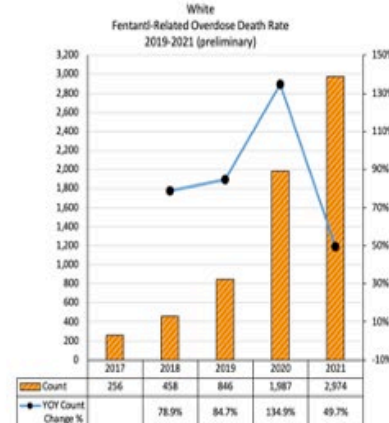
California Deaths - by Race/Ethnicity - 2017 - 2021 (Preliminary)
Fentanyl-Related Overdose : Crude Rate per 100k Residents

White	2017	2018	2019	2020	2021
Rate	1.68	3.03	5.65	13.33	20.03
YOY Rate Change %		80.4%	46.4%	135.9%	50.3%



Caucasian

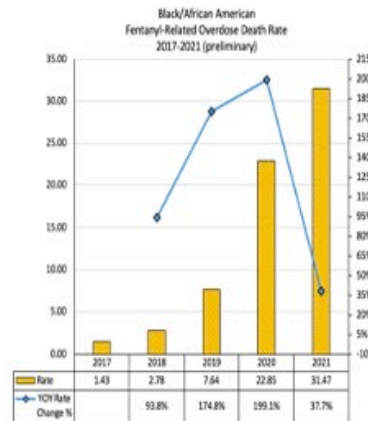
White	2017	2018	2019	2020	2021
Count	256	458	846	1,987	2,974
YOY Count Change %		78.9%	84.7%	134.9%	49.7%



Source: CDPH Center for Health Statistics and Informatics Vital Statistics - Multiple Cause of Death and California Comprehensive Death Files
Prepared by: California Department of Public Health - Substance and Addiction Prevention Branch.

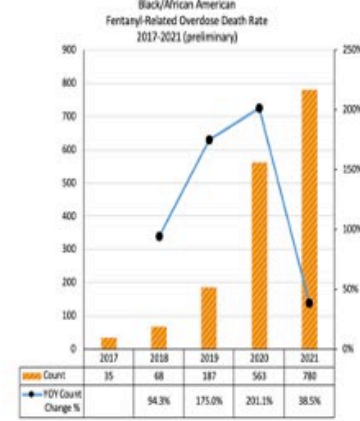
California Deaths - by Race/Ethnicity - 2017 - 2021 (Preliminary)
Fentanyl-Related Overdose : Crude Rate per 100k Residents

Black/African American	2017	2018	2019	2020	2021
Rate	1.43	2.78	7.64	22.85	31.47
YOY Rate Change %		93.8%	174.8%	199.1%	37.7%



Black & African American

Black/African American	2017	2018	2019	2020	2021
Count	35	68	187	563	780
YOY Count Change %		94.3%	175.0%	201.1%	38.5%



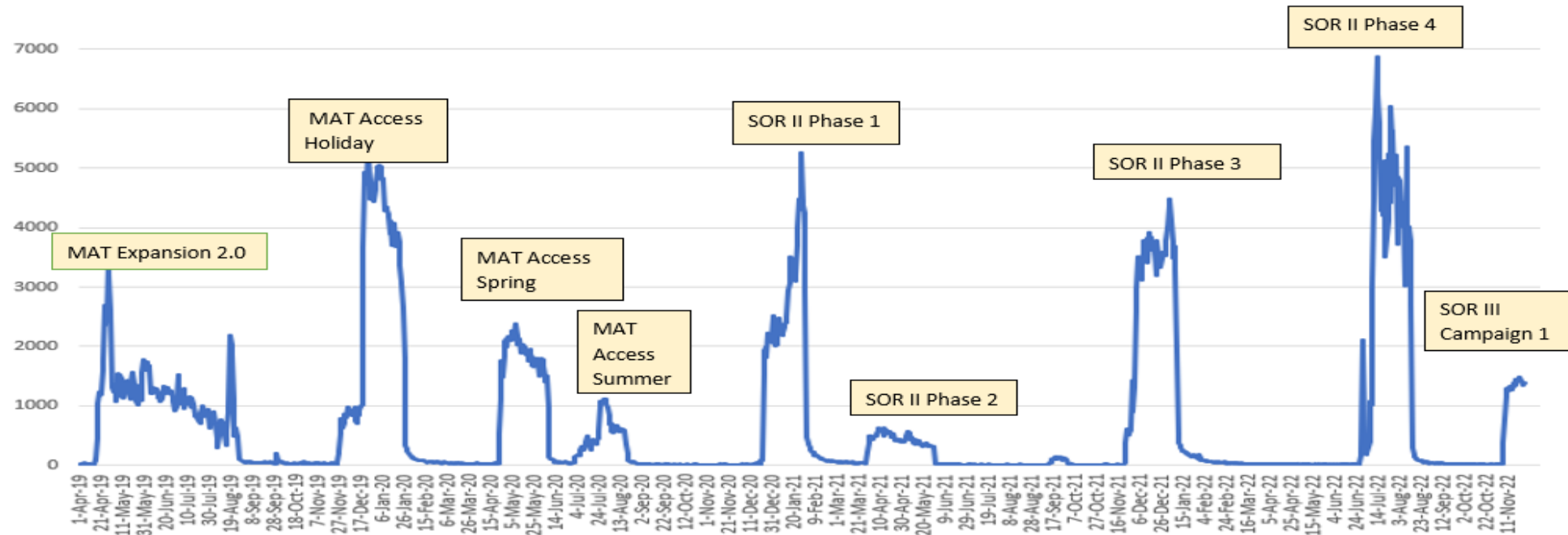
Source: CDPH Center for Health Statistics and Informatics Vital Statistics - Multiple Cause of Death and California Comprehensive Death Files
Prepared by: California Department of Public Health - Substance and Addiction Prevention Branch.

California Fentanyl Related Overdose Deaths by Race Year over year

Vendor Selection



Website Analytics



Daily users to website

April 1, 2019 – November 26, 2022

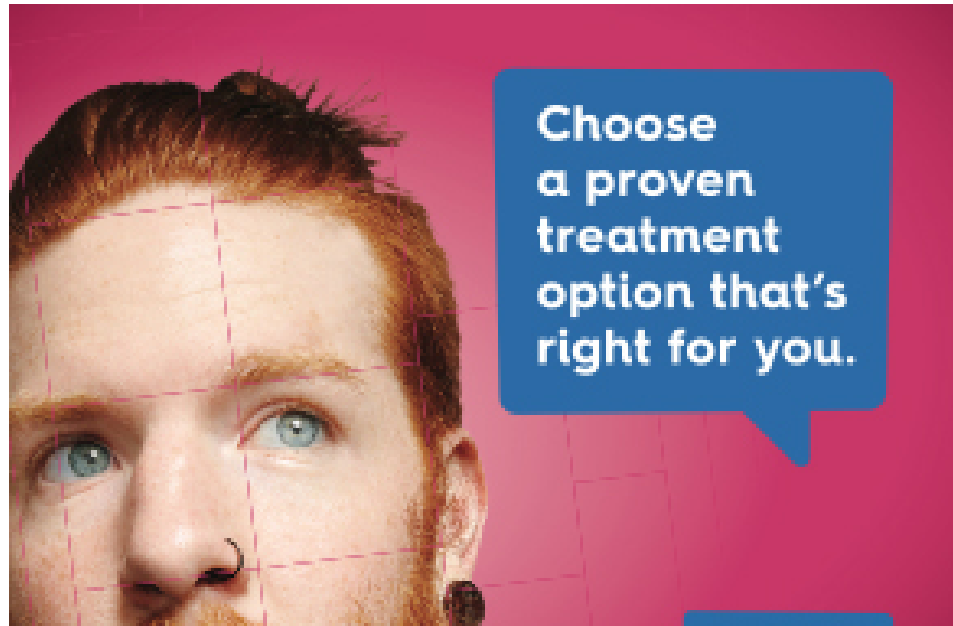
Evolution of the ChooseChangeCA.org website

First launched in April 2019, [ChooseMAT.org](https://www.ChooseMAT.org) was developed in conjunction with the Choose Change California advertising campaign. In order to create a seamless user experience from the ads to the website, the website's typography, color palette, and imagery mirror the visual style of the creative campaign. The home images dynamically populate according to the race and gender of the digital display ad clicked.

As initially launched, visitors could find information on Opioid Use Disorder (OUD) and Medication Assisted Treatment (MAT), as well as the site's primary feature, a treatment locator that assists site visitors in finding local MAT providers upon entry of their zip code. The treatment locator was developed and programmed as a bespoke database solution, using SAMHSA and Department of Health Care Services data. A Spanish version of the site, [EligeTAM.org](https://www.EligeTAM.org), also launched in April 2019.

Since then, slight content changes have been made to the site, in particular the addition of COVID-19 and Stimulant Use Disorder (SUD) information, to correspond with the evolving messaging of the campaign creative. In order to help separate out and track the different OUD and SUD creative and visitor engagement via Google Analytics, English and Spanish vanity URLs ([ChooseChangeCA.org](https://www.ChooseChangeCA.org) and [EligeCambiarCA.org](https://www.EligeCambiarCA.org)) were added in December 2020. In November 2022, the site also became available in Chinese in response to emerging OUD research and demographics.

Creative Samples



Choose
a proven
treatment
option that's
right for you.

Treatment for stimulant addiction starts here.

Don't let COVID-19 keep you from choosing the right treatment. During the Coronavirus pandemic, Stimulant Use Disorder treatment for addiction to drugs such as methylamphetamines and cocaine is available. Virtual care options can limit your exposure to COVID-19, while getting you started on the path to recovery.

Medi-Cal, Medicare and many private insurance plans cover treatment for Stimulant Use Disorder. You can access Stimulant Use Disorder treatment through a primary care doctor, licensed medical treatment programs, outpatient treatment programs, or licensed residential treatment facilities.

Find a proven treatment option that's right for you at [ChooseChangeCA.org](https://www.choosechange.org).

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CHOOSE
CHANGE
CALIFORNIA



Proven treatment for
opioid addiction starts
here. [ChooseMAT.org](https://www.choosemat.org)

CHOOSE
CHANGE
CALIFORNIA

Funding for this advertisement was made possible by SAMHSA. The views expressed in this advertisement do not necessarily reflect the official policies of the Department of Health and Human Services or imply endorsement by the U.S. Government.



[ChooseMAT.org](https://www.choosemat.org)

CHOOSE
CHANGE
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[ChooseMAT.org](https://www.choosemat.org)

CHOOSE
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CALIFORNIA

Media Strategy



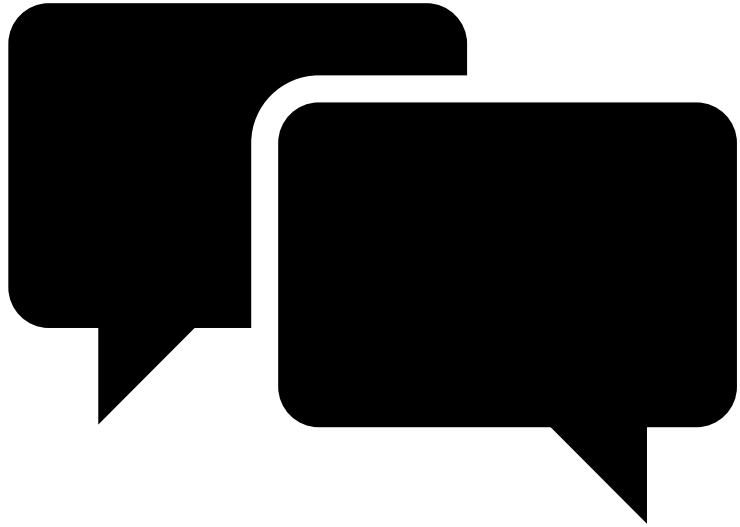
- » To promote access and prevention education with underserved communities (Latinx, African American, Asian American) about opioid misuse and provide links to wraparound care and treatment through a culturally competent media campaign
- » The campaign strove to:
 - Engage with and educate underserved communities
 - Test messaging with community media experts and their networks
 - Equip communities with resonant messaging and stories
 - Build a narrative thread of stigma reduction and empathetic understanding of opioid use disorder and MAT services

Online MAT Resources



Thank you!





Q&A / DISCUSSION



SHORT BREAK

(5 minutes)

CONTINGENCY MANAGEMENT – PRESENTATION & DISCUSSION

Corinne Kamerman, Department of Health Care Services



Recovery Incentives Program: California's Contingency Management Benefit

Corinne Kamerman

Contingency Management Coordinator

DHCS Goals for the Contingency Management Pilot Program

Mission: To expand access to evidence-based treatment for stimulant use disorders, DHCS intends to pilot Medi-Cal coverage of CM services as the Recovery Incentives program from Quarter 1 2023 through March 31, 2024. While Contingency Management (CM) has been tested using other sources of funding, California is the first state in the country to receive federal approval of CM services as a benefit in the Medicaid program through the CalAIM 1115 Demonstration.

Vision: DHCS intends to use the pilot as a basis for informing the design and implementation of a statewide CM services benefit through the Drug Medi-Cal Organized Delivery System (DMC-ODS), pending budgetary and statutory authority.

Pilot Program Overview

DHCS intends to pilot Medi-Cal coverage of CM services in DMC-ODS counties that elect and are selected to participate from Quarter 1 2023 through March 2024. Eligible Medi-Cal beneficiaries will:



Participate in a structured **24-week CM Program**--12 weeks with twice weekly testing/incentives and a 12-week continuation with once weekly testing/incentives



Receive incentives for testing **negative for stimulants only** even if they test positive for other drugs



Earn a **maximum of \$599** over the 24-week period in the form of gift cards



Generate incentives and track progress using **Incentive Manager** software

Recovery Incentives Program Counties

24 DMC-ODS counties plan to participate in the Recovery Incentives Program:

Alameda	San Diego
Contra Costa	San Francisco
Fresno	San Joaquin
Imperial	San Luis Obispo
Kern	San Mateo
Los Angeles	Santa Barbara
Marin	Santa Clara
Nevada	Santa Cruz
Orange	Shasta
Riverside	Tulare
Sacramento	Ventura
San Bernardino	Yolo

Role of the CM Coordinator

Providers will have a designated CM coordinator to lead the tracking and delivery of all CM services, including urine drug screen tests and incentive distribution.

- » The CM coordinator will be expected to:
 - » Enter beneficiary information in the electronic health record for reimbursement and reporting purposes
 - » Collect urine drug test (UDT) samples and recognize sample tampering efforts
 - » Enter UDT results into the Incentive Manager software program, understanding the incentive amount and being able to explain it to the beneficiary
 - » Provide praise for stimulant-negative UDT; provide encouragement in the case of stimulant-positive UDT
 - » Ensure delivery of the incentive to the beneficiary for a stimulant-negative UDT
- » The CM coordinator role can be filled by licensed professionals, paraprofessionals, and/or peer support workers.

Basic Treatment Approach

The CM treatment framework will be a 24-week outpatient treatment experience followed by a six month or longer period of aftercare and recovery support services.

Escalation/Reset/Recovery Period (Weeks 1-12)

- During the initial 12 weeks of the CM protocol, beneficiaries will be asked to visit the treatment setting in person for a minimum of two treatment visits per week.
- Sessions will be separated by at least 72 hours (e.g., Monday and Thursday, or Tuesday and Friday) to help ensure that drug metabolites from the same drug use episode will not be detected in more than one UDT.
- Beneficiaries will be able to earn incentives during each visit.
- A “reset” will occur when an individual submits a stimulant-positive sample or has an unexcused absence. The next time they submit a stimulant-negative sample, their incentive amount will return to the initial value (i.e., \$10).
- A “recovery” of the pre-reset value will occur after two consecutive stimulant-negative urine samples. At that time, the beneficiary will recover their previously earned incentive level without having to restart the process.

Basic Treatment Approach

The CM treatment framework will be a 24-week outpatient treatment experience followed by a six month or longer period of aftercare and recovery support services.

Stabilizing Period (Weeks 13 – 24)

- During weeks 13–24, beneficiaries will be asked to visit the treatment setting for testing once a week.
- During weeks 13–18, beneficiaries will be eligible to receive \$15 per stimulant-negative UDT.
- During weeks 19–23, beneficiaries will be eligible to earn \$10 per stimulant-negative UDT.
- The total possible earnings during weeks 1–24 for all stimulant-negative tests is \$599.
- Following the stabilizing period, beneficiaries may participate in an additional 6 month or longer period of aftercare and recovery support services.

Sample Incentive Delivery Schedule – Part 1

Week	Reward for Stimulant-Free Test
Week 1	$\$10 + \$10 = \$20$
Week 2	$\$11.50 + \$11.50 = \$23$
Week 3	$\$13 + \$13 = \$26$
Week 4	$\$14.50 + \$14.50 = \$29$
Week 5	$\$16 + \$16 = \$32$
Week 6	$\$17.50 + \$17.50 = \$35$
Week 7	$\$19 + \$19 = \$38$
Week 8	$\$20.50 + \$20.50 = \$41$
Week 9	$\$22 + \$22 = \$44$
Week 10	$\$23.50 + \$23.50 = \$47$

Sample Incentive Delivery Schedule – Part 2

Week	Reward for Stimulant-Free Test
Week 11	$\$25 + \$25 = \$50$
Week 12	$\$26.50 + \$26.50 = \$53$
Weeks 13-18	\$15 per week/test
Weeks 19-23	\$10 per week/test
Week 24	\$21 per week/test
Total	\$599

Incentive Delivery

DHCS will procure and work with an external vendor(s) to design, implement and support the distribution of incentives to beneficiaries participating in the Recovery Incentives program.

» Incentive Calculation

- » The CM coordinator will enter the results of the beneficiary's UDT into a secure Incentive Manager program that will calculate and report the amount of any incentive the beneficiary should receive during that visit.
- » The Incentive Manager program will notify the CM Coordinator when to distribute an incentive.

» Incentive Distribution

- » Upon entry of stimulant-negative UDT results, the incentive amount shall be delivered immediately to participating beneficiaries in a format approved by DHCS.

Incentive Delivery

DHCS will procure and work with an external vendor to design, implement and support the distribution of incentives to beneficiaries participating in the Recovery Incentives program.

» Incentive Types

- » Participating beneficiaries shall receive incentives in the format of an e-mail, hard copy, refillable gift card, or other mechanism as approved by DHCS, which the vendor will disburse upon entry of stimulant-negative UDT results.
- » Restrictions shall be placed on the incentives so they cannot be used to purchase cannabis, tobacco, alcohol or lottery tickets.

Other Program Elements

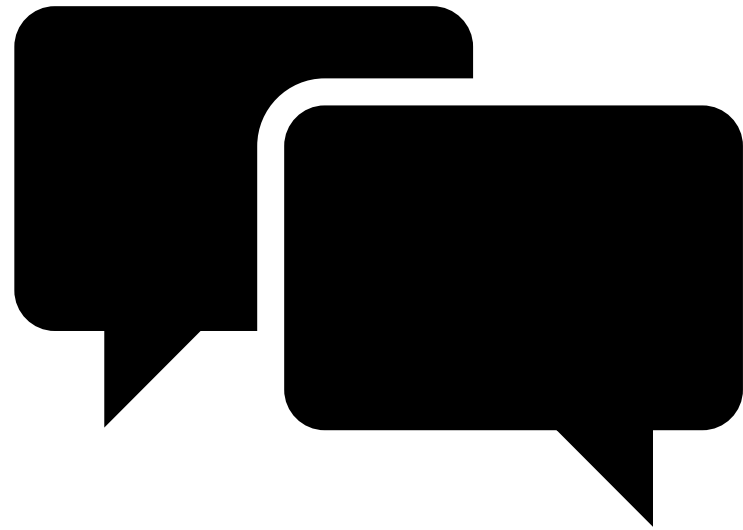
The Recovery Incentives program will be complemented with ongoing training and technical assistance and a robust evaluation process, while protecting against fraud, waste, and abuse.

Training	Evaluation	Oversight
<ul style="list-style-type: none">• Participating counties and SUD providers will be required to participate in start-up training and ongoing technical assistance.• Synchronous, live trainings will be offered beginning in January 2023.	<ul style="list-style-type: none">• The impact of the pilot program will be measured through a robust evaluation process.• DHCS will release an interim and a final evaluation report, along with quarterly reports to inform future budget decisions.	<ul style="list-style-type: none">• Each treatment program will have a policies and procedures manual.• All providers will be required to complete readiness reviews.• DHCS and counties will conduct robust monitoring and oversight of CM providers.

For additional details, please visit:

» <https://www.dhcs.ca.gov/Pages/DMC-ODS-Contingency-Management.aspx>

» E-mail: RecoveryIncentives@dhcs.ca.gov



Q&A / DISCUSSION

PUBLIC COMMENT

YEAR-END REFLECTION & BHTF MEMBERS OPEN DISCUSSION

A Year in Review - BHTF Engagement

Charter development (BHTF agency interviews and members survey)

Tied to CalHHS guiding principles and identified four key goals:

- Ground truth the State's behavioral health agenda
- Uplift constituency voices
- Promote learning to expand collective understanding of behavioral health issues facing the State
- Advance approaches that are creative, responsive, and coordinated

BHTF Quarterly meetings

- Focused on and grounded in lived expertise
- Provided informative presentations and opportunities for discussion and input on:
 - ***Child and Youth Behavioral Health Initiative***
 - ***Crisis Care Continuum and 988***
 - ***Substance use disorders***

Lunch and learn presentations

Provide additional information and context ahead of the BHTF Quarterly meetings. Topics covered:

- Update on the State's ***Crisis Care Continuum*** effort and current care services in California (CalHHS, SAMHSA, Cal OES)
- Department of Health Care Access and Information (HCAI) Behavioral Health ***Workforce Development Initiative***

Community Conversations

Listening sessions with community members on their experiences with ***Crisis Care services***

Your Feedback on the Process

Logistics: Continue to work on Zoom logistics to improve accessibility to support participation

Engagement: Breakouts encourage inclusive dialogue (for BHTF members and the public)

Content: These are complex issues and participants need more background information

- “The range of knowledge presented within the meeting was phenomenal”.
- “Allow opportunity for non-governmental task force members to present to each other and to the public members, exposing the larger group to different perspectives and frameworks”.



Thinking Ahead to Next Year's BHTF Engagement

Poll question: How do we best engage with each other?

- all meetings remote
- at least one in-person meeting
- all meetings in-person

Discussion:

- What are barriers to in-person meetings that we should address?
- General reflections on content and process

CLOSING THOUGHTS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

NEXT STEPS

2023 BHTF QUARTERLY MEETINGS

- March 14th
- June 13th
- September 12th
- December 12th

FOLLOW UP ON BHTF MEETING

- Meeting evaluation
- Meeting summary, recording, and materials