

SUMMARY

Overdose death rates [rose significantly](#) in 2020 and 2021, likely due to the compounding effects of COVID-19 and the growing prevalence of fentanyl.¹ Fentanyl is increasingly added to other drugs, but people who use drugs are often unaware they are taking fentanyl. California is investing heavily in efforts to lower barriers to treatment, build new behavioral health facilities and treatment sites, support harm reduction programs, expand crisis services, and continue to make naloxone widely available statewide.

RISING OD RATES

Isolation and Disruption. Overdose-related cardiac arrests rose across the country by about 42% in 2020, particularly among Latinx and Black individuals.² Numerous reports indicate that increased isolation has resulted in many people using substances alone, putting them at risk of unobserved overdose, particularly when purchasing from new dealers. Previously, people would use in groups and have someone available to respond to an overdose with naloxone.

“One of the primary reasons why people are dying from overdoses is that they’re using alone...they don’t have people to call for help, to reverse the overdose.”

- Darren Willett, Homeless Healthcare Los Angeles

Disruption of daily activities has also played a major role in the overdose spike resulting from COVID-19. Job loss, school closings, clinic closures, reduced clinic hours, inexperience with telehealth, and other changes caused by the pandemic have affected the stability of hundreds of thousands of individuals in treatment and recovery.

DATA SPOTLIGHT

Nationally, in 2021 over **106,000** people died from all-drug overdoses. This was a **51% increase** in overdose deaths from 2019.

National cocaine deaths increased by **54%** and psychostimulant deaths excluding cocaine increased by **101%** from 2019 to 2021.

In California, over **10,800** people died from all-drug overdoses in 2021. This was a **75% increase** from 2019. Fentanyl accounted for **55%** of these overdose deaths in 2021 and fentanyl overdose deaths increased by **272%** from 2019. Psychostimulant deaths increased by **100%** and cocaine deaths by **62%**.

“Everything fell apart all at one time. There is the financial stress, the mental stress...the social connections that are lost. And there’s fentanyl everywhere.”

- Tracey Helton, Harm Reduction Specialist



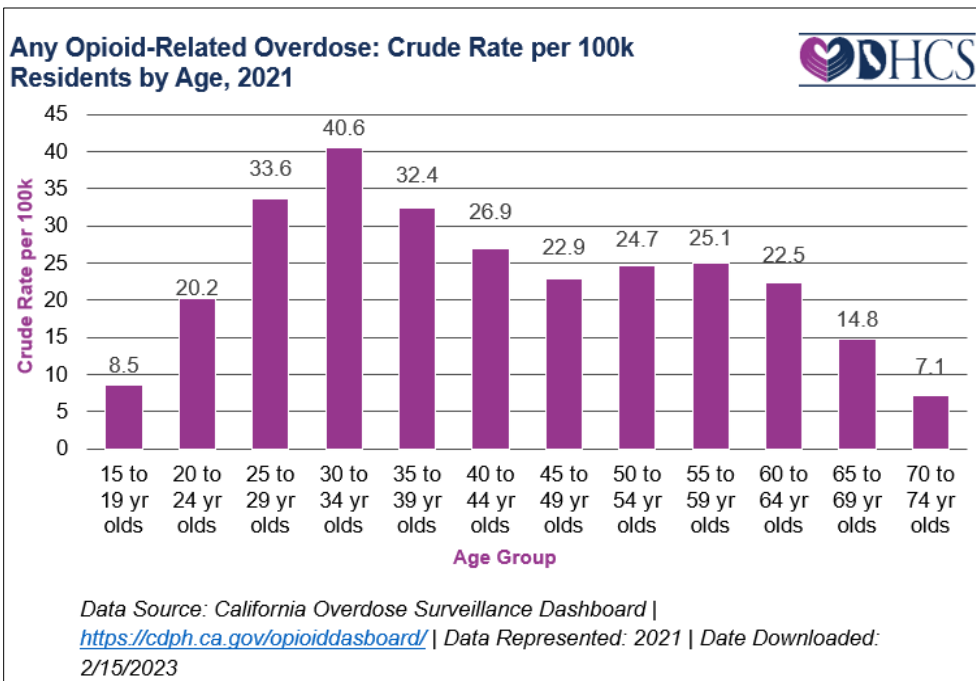
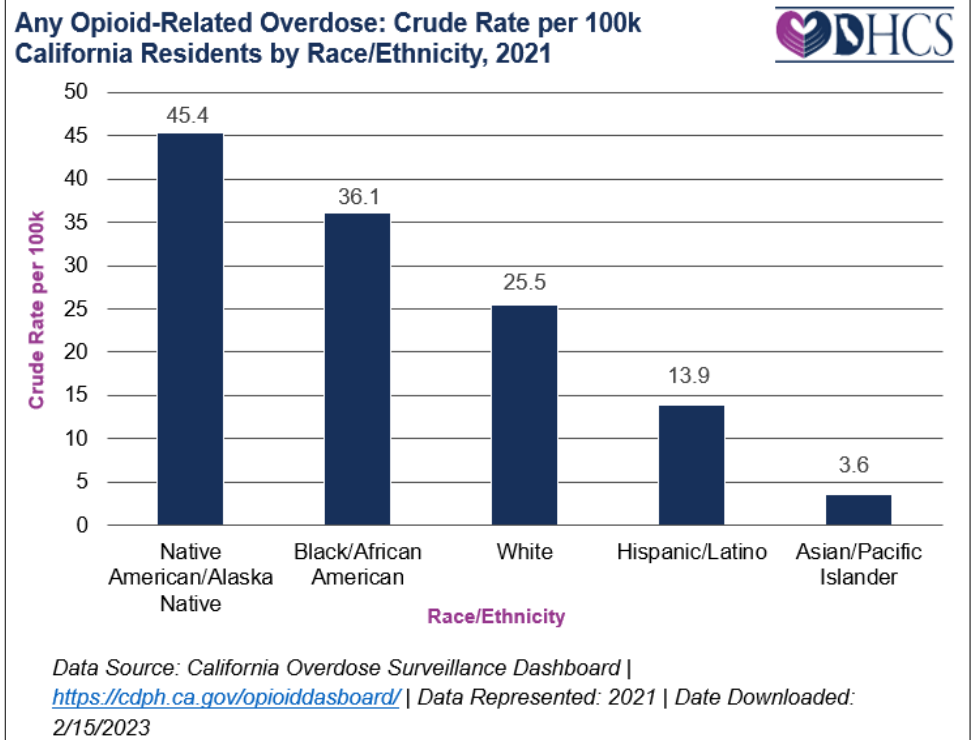
¹ Cartus AR, Li Y, Macmadu A, et al. Forecasted and Observed Drug Overdose Deaths in the US During the COVID-19 Pandemic in 2020. *JAMA Netw Open*. 2022;5(3):e223418.

² Friedman, J., Mann, N. C., Hansen, H., Bourgois, P., Braslow, J., Bui, A. A., & Schriger, D. L. (2021). Racial/Ethnic, Social, and Geographic Trends in Overdose-Associated Cardiac Arrests Observed by US Emergency Medical Services During the COVID-19 Pandemic. *JAMA Psychiatry*.

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Health Inequities. Opioid overdose deaths especially increased for certain racial and ethnic groups from 2019 to 2021: by 161% for Black/African American, 154% for Hispanic/Latino, and 109% for Asian/Pacific Islander Californians.

The graph to the right shows the rate of opioid-related overdoses per 100,000 residents by race and ethnicity for 2021. Black/African American and Native American/Alaska Native individuals had higher opioid overdose rates than their White, Hispanic/Latino, and Asian/Pacific Islander counterparts.



Opioid overdose deaths also increased substantially for young people in California: increasing 151% for 15 to 19 years old, 91% for 20 to 24 years old, and 128% for 25 to 29 years old.

The graph to the left shows rates of opioid overdoses across age groups for 2021.

Individuals for ages 25 through 39 had the highest opioid overdose rates of all age groups.

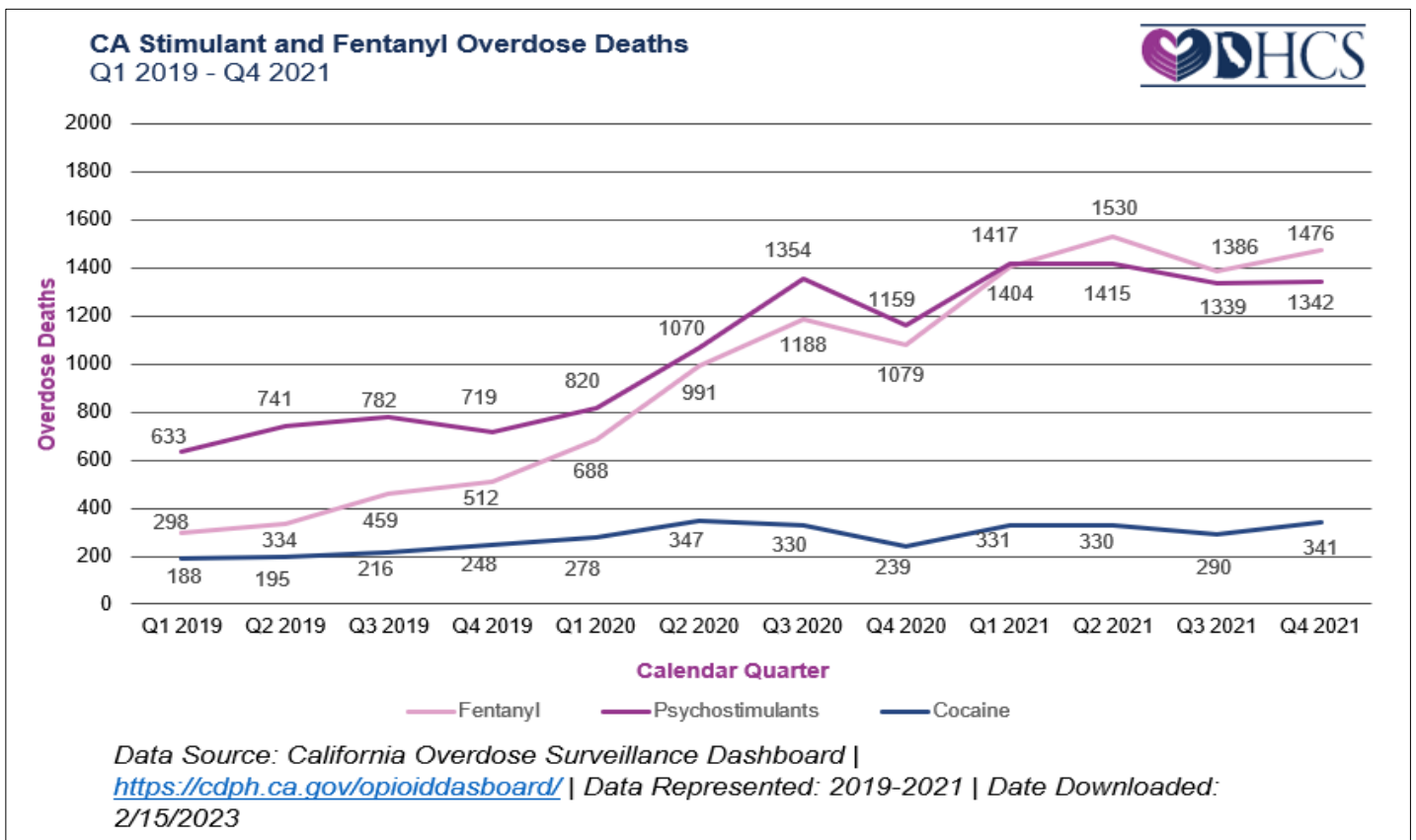
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Fentanyl. Fentanyl, a highly potent opioid, was related to 55% of all-drug overdose deaths in California in 2021, and 83% of opioid overdose deaths. From 2019 to 2021, fentanyl overdose deaths have increased by 272%. Fentanyl has also severely impacted homeless populations. Los Angeles County's report on homeless mortality found that drug overdoses were responsible for approximately 30% of homeless deaths in 2020, which accounted for a greater percentage than those directly attributed to COVID-19. Heroin, methamphetamines, and cocaine are often laced with fentanyl, which appeared in 41% of homeless overdose death cases in Los Angeles in 2020 – double 2019 figures.³

Psychostimulants and Cocaine.

Psychostimulants with abuse potential excluding cocaine (methamphetamines, 3,4-Methylenedioxymethamphetamine (MDMA), dextroamphetamine, levoamphetamine, or Ritalin) and cocaine-related deaths increased by 100% and 62% in California, respectively, from 2019 to 2021. Methamphetamines were involved or were a factor in two-thirds of drug overdose deaths among the Los Angeles' homeless population in 2020.

The graph below indicates the increase of stimulant and fentanyl-related overdose deaths in California from Q1 2019 to Q4 2021.



³ Smith, D. (2021, January 8). Fentanyl is behind rising deaths in the homeless population. Los Angeles Times. <https://www.latimes.com/california/story/2021-01-07/the-powerful-synthetic-opioid-fentanyl-is-behind-rising-deaths-in-the-homeless-population>



DHCS RESPONSE

MAT Expansion Project

To prevent and reduce overdose deaths across the state, the California Department of Health Care Services (DHCS) launched the [Medication-Assisted Treatment \(MAT\) Expansion Project](#) in May 2017.

The California MAT Expansion Project aims to increase access to MAT, reduce unmet treatment need, and reduce opioid overdose deaths through prevention, treatment, harm reduction, and recovery activities. The project has a special focus on populations with limited MAT access, including black, Tribal and Urban Indian, Hispanic and Latinx, and LGBTQ+ communities, people experiencing homelessness, people in criminal justice settings, and youth.

DHCS supports projects wherever individuals with substance use disorder (SUD) seek help, including health care settings, county and state criminal justice systems, and treatment programs. The project also includes media campaigns, engagement of opioid safety coalitions, naloxone distribution, and supportive housing.

MAT in Criminal Justice Settings

Historically, individuals with SUDs have not been able to access MAT during periods of incarceration, despite an estimated 65% of individuals in the criminal justice system meeting the criteria for an SUD. Individuals leaving prisons and jails are 40 times more likely to die of an overdose in the first two weeks compared to California's general population. This is due to decreased tolerance to the drug and lack of treatment during incarceration.

Through the MAT Expansion Project, DHCS is funding a technical assistance program for counties interested in developing or expanding MAT to individuals in county jails and through drug courts in 37 of California's 58 counties. Counties have participated in learning collaboratives and received monthly coaching calls and technical assistance to develop or expand county MAT programs in jails and drug courts. All participating counties have made progress in expanding MAT access within their jails or drug courts.

California Bridge

People with SUD routinely present to the emergency department. This program provides training and technical assistance to support evidence-based treatment for SUD within emergency departments and hospitals throughout California. These facilities become primary access points for SUD treatment by way of motivation, resources, and encouragement.

Participating sites address SUD as a treatable chronic illness by starting treatment immediately (such as buprenorphine for patients with opioid use disorder (OUD)), as well as using harm-reduction techniques, such as naloxone distribution, to minimize the risks associated with SUD. To date, 282 hospitals are participating in this program throughout the state.

Low-Barrier Opioid Treatment at Syringe Services Programs

DHCS is funding 30 organizations to implement projects offering low-barrier access to treatment in Syringe Services Programs (SSP) for OUD and SUD, as well as related supportive services, such as case management and peer support.

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Naloxone Distribution Project (NDP)

The NDP aims to reduce opioid overdose deaths through the provision of free naloxone, an opioid antidote, in the form of a nasal spray that can be used by laypeople.

Entities apply to DHCS to have naloxone shipped directly to their address. The program started in October 2018 and has received more than 7,900 applications. Eligible entities include law enforcement, such as police departments, county jails, and probation, fire, EMS and first responders, schools and universities, county public health and behavioral health departments, and community organizations, such as harm reduction organizations or community opioid coalitions.

As of February 2023, the NDP has distributed more than 2,000,000 kits of naloxone to all 58 counties in the state, with the highest rates of naloxone distributed to counties and regions with the highest rates of opioid deaths. More than 130,000 opioid overdose reversals have been reported to DHCS through the NDP.

From October 2018 to February 2023, the NDP has distributed:

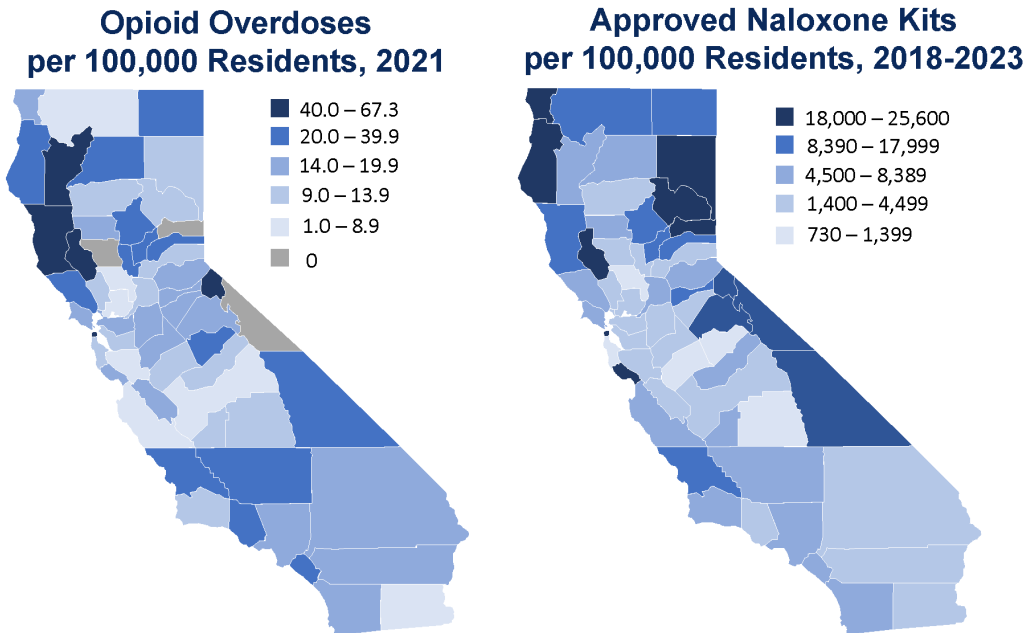
2,000,000+ kits of naloxone to

3,300+ organizations

in **58** counties, resulting in

130,000+ overdose reversals.

Opioid Overdoses and Naloxone Distributed by Count





MAT EXPANSION PROJECT

The California MAT Expansion Project aims to increase access to MAT, reduce unmet treatment need, and reduce opioid overdose related deaths through the provision of prevention, treatment, and recovery activities. The California MAT Expansion Project focuses on populations with limited MAT access, including rural areas and American Indian & Alaska Native tribal communities. Listed below are few of the MAT Expansion Projects.

PROJECT / FOCUS AREA	DESCRIPTION
Clinical Services	
<u>California Substance Use Line</u>	24/7 telephone support by addiction experts for health care providers learning how to treat SUD and provide MAT.
<u>California Bridge: EDs and hospitals</u>	Support emergency departments and hospitals in integrating MAT services, including hiring addiction counselors.
<u>Addiction Treatment Starts Here: Primary care and behavioral health clinics</u>	Learning collaboratives for primary care clinics and behavioral health clinics on MAT integration; support for cross-sector collaboration.
<u>Tribal MAT Project</u>	Funding and technical assistance for rural and urban tribes to integrate MAT into tribal health services; native-specific Project ECHO through video mentorship; supporting the local integration of cultural and traditional healing and recovery practices into tribal health programs for SUD services.
<u>Youth Opioid Response/Young People in Recovery</u>	Prevention and treatment services for youth ages 14 to 26; establish youth-based recovery services in multiple locations.
<u>Primary Care Residency</u>	Integrating MAT training into primary care residency programs.
<u>Recovery Housing</u>	Provide recovery housing and peer support for individuals experiencing homelessness with an OUD.
County and State Correctional Health	
<u>MAT in County Criminal Justice</u>	Integrate MAT in county jails and ensure ongoing treatment at release; education and training for staff across the county correctional justice and social services systems; MAT training for Driving Under the Influence treatment programs and the California Highway Patrol.
<u>Youth Peer Mentor Program for Juvenile Justice</u>	Establish an OUD peer support program for justice-impacted youth.



MAT EXPANSION PROJECT: CONTINUED

PROJECT / FOCUS AREA	DESCRIPTION
Statewide Systems and Programs	
<u>California Overdose Prevention Network</u>	Statewide learning network for coalitions, organizations and individuals working at the forefront of the overdose epidemic.
<u>Choose Change California</u>	Statewide media campaign to decrease stigma around MAT treatment.
<u>Community Campaign and MAT Champions</u>	Regional media campaign focused on prevention and opioid safety for tribes.
<u>MAT Access Points</u>	Support new or expanding MAT services at more than 200 sites in California.
<u>Public Health & First Responder Collaborations</u>	Partner with public health departments, emergency medical services (EMS) agencies, and 911-transport providers that engage in opioid overdose prevention and treatment during EMS calls.
<u>Provider Support Initiative</u>	Virtual training and technical assistance for MAT providers focused on improving treatment services.
<u>Evaluation</u>	Evaluate impact of various projects in the MAT Expansion Project.
SUD Treatment Programs	
<u>CA Hub and Spoke System</u>	Funding to support expanded MAT services and care coordination between narcotic treatment programs (hubs) and affiliated sites (spokes: clinics, telehealth, and other services).



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CalHOPE

[CalHOPE](#) is the California crisis counseling program that provides support and guidance to people feeling stressed and anxious from the public health emergency and other societal challenges. Services include:

- Individual and Group Crisis Counseling and Support: phone, chat, and text
- Individual and Public Education
- Community Networking and Support Connection to Resources
- Media and Public Service Announcements, aiming to normalize the experience of stress and the need to seek help

HOPE LIVES HERE

Each effort is designed to normalize the experience of stress and promote coping skills. CalHOPE aims to prevent mental illness, substance use, suicide, and overdose through promoting tools for mental wellness and addressing the stress of the public health emergency, fires, politics, and social injustices. CalHOPE Student Support is engaging every County Office of Education in California in enhancing their work to create positive social and emotional learning environments for students.

The total investment in the CalHOPE program as of December 2022 is approximately \$134 million.

988 Crisis Line

Since 2008, suicide has ranked as the tenth leading cause of death in the United States. Suicide claimed the lives of more than 48,000 Americans in 2018, resulting in about one death every 11 minutes.

988 launched as a national crisis line in July 2022, aiming to replace 911 for people in crisis

seeking help with suicide prevention and behavioral health issues.

California completed an eight-month planning process funded by Vibrant Health in 2021, and DHCS invested \$20 million in start-up costs to support the statewide crisis call center network with infrastructure, staff training, and capacity-building to support the launch of the 988 line in July 2022. In addition, to support 988 workforce and service performance, an additional \$8 million from state general fund was awarded for fiscal year 2022-2023, and \$14.48 million grant was awarded from SAMHSA to California for April 2022 through April 2024. DHCS continues to provide annual funding of about \$4 million per year to California 988 crisis centers through the Mental Health Services Act (MHSA) funds; this contract is for 3 years as of fiscal year 2022-23.

DHCS continues to support the implementation of the 988 Suicide & Crisis Lifeline system in California, by executing and overseeing contracts with Didi Hirsch Mental Health Services, which represents all the 988 Suicide & Crisis Lifeline centers in California. DHCS also collaborates with California Health & Human Services Agency and California Office of Emergency Services, as well as with stakeholders, on the 911-988 interface and connection to the behavioral health crisis care continuum.

Opioid Settlements

The State of California has received funds from opioid settlements, including \$59 million from McKinsey & Company, and most recently the Janssen & Distributors (J&D) settlements, from which California is expected to receive about \$2.2 billion.

The monies received from these settlements will fund projects related to opioid abatement, remediation, treatment, and recovery services in California. California's state share of



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settlement funds will be deposited into the Opioid Settlements Fund (OSF) which is overseen and administered by DHCS. DHCS, the California Department of Public Health, and the Department of Rehabilitation were allocated a total of \$127.8M from OSF in the fiscal year (FY) 2022-2023 Budget.

SUD Provider Workforce Training

DHCS is expanding California's behavioral health workforce, as well as all other behavioral health professions, to improve consumer access to and productive participation in behavioral health services throughout the state. As part of this project, DHCS is funding Round 2 of the Workforce Mentored Internship Program, where organizations can apply for funding to develop and implement an in-house mentored internship program that will create a sustainable SUD workforce.

ATLAS Website

DHCS has partnered with Shatterproof, a national nonprofit, to implement a treatment locator called ATLAS® (Addiction Treatment Locator, Analysis, and Standards platform) in California. ATLAS is a free, easy-to-use online directory of substance use disorder (SUD) treatment facilities. The not-for-profit website features evidence-based information to help individuals and families find the treatment they need.

UNSHAME California – Statewide Anti-Stigma Campaign

DHCS is also collaborating with Shatterproof to launch a Substance Use Disorder Stigma Reduction Campaign. Shatterproof will utilize public surveys to better understand stigma in California, and engage community partners to contribute to campaign strategy, refer individuals

who have lived experience to share their stories, and promote social media content.

Empowering Faith Leaders

DHCS will expand the Clinton Foundation's Opioid Response Network "Empowering Faith Leaders Program" to California, which is intended to equip diverse faith leaders with the knowledge, skills, resources and the confidence that they need to respond to the opioid overdose and addiction crisis in communities across California.

This project will select high-impact communities and engage religious leaders from diverse faith traditions and empower them to take on a leadership role in addressing substance use disorders within their communities.

Song for Charlie: Fentanyl Awareness and Education Project

DHCS is supporting this program to raise awareness, reduce stigma and provide resources to California youth, families and educators with education on fentanyl. This program is intended to equip California youth, families and educators with factual, current, actionable information and tools to help keep our youth safe from harm and to facilitate open conversations about the heightened risks associated with self-medication caused by the emergence of synthetic drugs like fentanyl in the street drug supply.

Elevate Youth

DHCS is providing \$189.2 million in Proposition 64 funding to 246 community grants in 53 counties to implement youth social justice, peer support and mentoring substance use disorder prevention programs in underserved, under resourced communities of color, tribal and LGBTQ+ communities.



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Increasing MAT Services Within DHCS-Licensed SUD Facilities

DHCS is supporting a new project to improve and expand access to MAT in non-profit DHCS-licensed residential SUD facilities. While funded separately from the MAT Expansion Project described above, the project has similar goals in expanding access to MAT.

Funding opportunities will include:

- Incorporating MAT into facilities that do not already provide MAT;
- Expanding MAT services in facilities that already provide MAT; and
- Creating “Centers of Excellence” that have expertise in MAT and will provide mentorship and technical assistance.

New Efforts

The Behavioral Health Response and Rescue Project (BHRRP)

In addition to the specific impacts of COVID-19 on overdose rates in California, the pandemic has intensified behavioral health needs across the state, creating new barriers for people with mental health challenges and SUDs and increasing the prevalence of these conditions. In response, DHCS implemented the [BHRRP](#) to increase access to mental health and SUD care for all Californians.

Through BHRRP, DHCS will help communities in need by expanding the behavioral health workforce, supporting mobile crisis services, funding recovery services, and implementing many other projects. With these funds, DHCS is implementing the following projects from July 2021 through June 30, 2025:

Telehealth Infrastructure

DHCS is supporting the purchase of provider telehealth equipment in health care facilities, such as laptops, desktops, monitors, software licenses, internet subscriptions, webcams, cellular telephones, and hotspots.

SUD and Mental Health Workforce

DHCS is supporting funding for SUD and mental health clinicians, peer support specialists, counselors, care coordinators, and case managers statewide through numerous projects, including the Peer Workforce Investment Project and the Expanding Peer Organization Capacity Project.

BH Mobile Crisis and Non-Crisis Services

DHCS has launched a new Crisis Care Mobile Units program to support counties and regions to respond to urgent crises with trained teams of providers and peers, aiming to prevent unnecessary emergency department visits and police involvement.

DHCS is implementing the Qualifying Community-Based Mobile Crisis Services on a rolling basis during calendar year 2023. Counties must implement this by December 31, 2023. DHCS is committed to making mobile crisis services available to all Medi-Cal beneficiaries, statewide, 24 hours a day, 7 days a week, in the least restrictive setting, to continue to build on California’s crisis and behavioral health systems of care. Adopting qualifying community-based mobile crisis intervention services as a new benefit is a necessary element for California to build a sustainable crisis system for people experiencing a behavioral health crisis and suicidality.

DHCS also envisions Mobile Crisis Services to be an integral part of California’s broad efforts to strengthen the continuum of community-based care for individuals who experience behavioral health crises, including 988.



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Recovery Services

DHCS is supporting and expanding recovery services for mental health and SUD. DHCS is working with community stakeholders as part of a statewide needs assessment to appropriately define recovery services programs and determine the best use of grant funds for these services across the state.

Recovery Housing Support

DHCS is funding counties to support recovery housing services. Funded organizations will provide recovery residence, transitional housing, and peer support in order to facilitate continued engagement in SUD treatment and related recovery support services.

Behavioral Health Justice Intervention Services

DHCS is [supporting behavioral health crisis intervention training and programs](#) for law enforcement and other first responders. Funding will support social workers, counselors, case managers, and peer support specialists to be embedded with local law enforcement.

Prevention Services

DHCS is funding counties to support a variety of prevention activities, such as Friday Night Live programs, school-based SUD education programs, and awareness and education campaigns. Additionally, DHCS will work with counties to create a Statewide Prevention Plan and evaluate emerging best practices in prevention that can be focused on underserved and communities of color, and will implement an evidence-based prevention registry.

First Episode Psychosis

DHCS is funding counties to support appropriate evidence-based programs for individuals experiencing first episode

psychosis. DHCS is also working with the University of California, Davis to host learning collaborative training sessions for counties to develop, implement, and operate an evidence-based program for first episode psychosis.

Crisis Stabilization

DHCS is funding counties to support existing crisis stabilization facilities to provide short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment, and expand crisis stabilization facilities and outreach.

Early Intervention Services

DHCS is funding counties to support mental health early intervention, including screening and assessment, diagnosis, referral services, cognitive behavioral therapy, relaxation, social skills, and training. DHCS is also ensuring that counties provide early intervention services as a Medi-Cal benefit.

Youth and Adolescent Treatment

DHCS is funding counties to support the needs of youth aged 12 through 20 and their families. Eligible activities include screening and assessment, diagnosis, placement, treatment, planning, youth development approaches to treatment, family interventions and support systems, structured recovery related activities, and alcohol and drug testing.

Perinatal Treatment and Recovery

DHCS is funding counties to support perinatal treatment and recovery services, including screening and assessment, treatment planning, referrals, interim services, case management, and strengthening the relationships between patients and their providers.



California Advancing and Innovating Medi-Cal (CalAIM)

California Advancing and Innovating Medi-Cal ([CalAIM](#)) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.

CalAIM Behavioral Health Delivery System Transformation

DHCS is strengthening the state's behavioral health continuum of care for all Californians and promote better integration with physical health care. CalAIM is streamlining policies to improve access to behavioral health services, simplify how these services are funded, and support administrative integration of mental illness and SUD treatment.

SUD Medi-Cal Services

DHCS was the first in the nation to expand Medi-Cal coverage for SUD treatment and recovery under a Section

1115 SUD demonstration, and expanded services are now available in 37 counties and cover more than 96% of the state's population.

DHCS is continuing to augment its support of expanding SUD services through the Drug Medi-Cal Organized Delivery System, including having Medi-Cal providers provide MAT onsite or having an effective referral system in place to MAT providers, removing episode limits in residential care, making it easier to access recovery services, and helping small rural counties expand their services.

Services and Supports for Justice-Impacted Adults and Youth

On January 26, 2023, California became the first state in the nation [approved](#) to offer a targeted set of Medicaid services to youth and adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release. This is critically important, given that people leaving prison have 120 times the fatal overdose rate during the first two weeks following release, compared to the general population. Individuals with a history of incarceration may receive Enhanced Care Management services through managed care plans to help coordinate medical, behavioral, and social services. The [CalAIM Justice-Involved Initiative](#) helps California address poor health outcomes and disproportionate risk of illness and accidental death, including overdose, among justice-involved Medi-Cal eligible adults and youth.

Peer Support Services Benefit

The new [Peer Support Services Medi-Cal benefit](#) was implemented in July 2022, allowing people with lived experience to provide specialty mental health and SUD treatment services in counties that are able to fund this service expansion.



Children and Youth Behavioral Health Initiative (CYBHI)

[The Children and Youth Behavioral Health Initiative](#) (CYBHI) encompasses a broad set of initiatives to transform the behavioral health continuum of care for children and youth across all payers. CYBHI is investing more than \$4 billion in community and school-linked services and infrastructure, virtual care service platforms, expansion of evidence-based care delivery practices, workforce development and training, program coordination and evaluations, and public awareness and education campaigns. The initiative includes:

- Expanding equitable access with no wrong door for children, youth, and families.
- Building capacity for prevention, treatment, and recovery services.
- Raising awareness and engaging communities and families.
- Delivering behavioral health care services and supports that work.

Behavioral Health Continuum Infrastructure Program (BHCIP)

[The Behavioral Health Continuum Infrastructure Program \(BHCIP\)](#) provides funding to award competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. A portion of the funding is available for increased infrastructure targeted to

children and youth 25 years of age and younger.

BHCIP is releasing Requests for Applications (RFA) through multiple rounds, targeting specific gaps in California’s behavioral health facility infrastructure. DHCS will award funding for the fifth RFA, the Crisis and Behavioral Health Continuum, in the spring of 2023.

Community Care Expansion Program

The [California Department of Social Services Community Care Expansion Program](#) will fund the acquisition, construction, and rehabilitation of adult and senior care facilities that serve applicants and recipients of Supplemental Security Income (SSI), including individuals who are at risk of or experiencing homelessness and those who have behavioral health conditions. Counties, tribes, or jointly applying counties and tribes are eligible.

The Behavioral Health Integration Incentive Program

The goal of the [Behavioral Health Integration \(BHI\) Incentive Program](#) is to increase managed health care plan (MCP) network integration for providers at all levels of integration (those just starting behavioral health integration in their practices as well as those that want to take their integration to the next level), focus on new target populations or health disparities, and improve the level of integration or impact of behavioral and physical health. Managed care plans began implementing the program on January 1, 2021, and continued through December 31, 2022.

DHCS is also implementing the [Student Behavioral Health Incentive Program \(SBHIP\)](#). \$389 million is designated over a three-year period (January 1, 2022 – December 31, 2024) to increase access to preventive, early



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intervention and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.

Mental Health Services Oversight and Accountability Commission Student Mental Health Initiative

The [Mental Health Services Oversight and Accountability Commission Student Mental Health Initiative](#) provides grants for partnerships between county mental health agencies and local education agencies to deliver school-based mental health services to young people and their families. These partnerships support outreach to identify early signs of unmet mental health needs, reduce stigma and discrimination, and prevent unmet mental health needs from becoming severe and disabling.

California Department of State Hospitals Diversion Program

The fiscal year 2018-19 state budget included \$100 million over three years and the Budget Act of 2021 allocated an additional \$47.6 million to support an expansion of the [California Department of State Hospitals \(DSH\) Diversion Program](#). The funds will be used by county pre-trial mental health diversion programs for individuals living with serious mental illness who are deemed incompetent to stand trial.

Forensic Assertive Community Treatment (FACT) Model of Care

DSH is implementing a 180-bed FACT model of care in DSH's Conditional Release Program (CONREP). This new level of care for CONREP will establish residential beds where services will be delivered onsite, allowing for placement of higher need individuals who may be ready to transition from the state hospitals or other institutions for mental disease (IMD) step-down programs, but continue to need supportive residential treatment environment. This model of care may also be used to treat individuals who are deemed incompetent to stand trial.

Community-Based Restoration

Community-Based Restoration program funds allocate resources to counties to establish competency restoration treatment programs in the community to serve individuals found incompetent to stand trial on a felony charge.

IMD Subacute Funding Program

The IMD Subacute funding program supports the development of new IMD and subacute capacity across the state for the treatment of individuals found incompetent to stand trial on a felony charge. Additionally, funds may be used to increase community capacity to support step-down treatment options for other patient commitments ready to transition from the state hospitals.

Other Planned Initiatives

Medicaid 1115 Demonstration Waiver to Expand Mental Health Treatment

In 2023, DHCS will apply for a new [Medicaid 1115 demonstration waiver](#) to increase access to and improve mental health services for Medi-Cal Members. The demonstration, known as the California Behavioral Health Community-Based Continuum Demonstration (CalBH-CBC), takes advantage of the Centers for Medicare & Medicaid Services' (CMS) guidance and associated federal funding aimed at improving care for people living with serious mental illness (SMI) and serious emotional disturbance (SED).

Providing Access and Transforming Health (PATH)

[Providing Access and Transforming Health \(PATH\)](#) is a five-year, \$1.85 billion initiative to build up the capacity and infrastructure of on-the-ground partners, such as community-based organizations (CBOs), public hospitals, county agencies, tribes, and others, to successfully participate in the Medi-Cal delivery system as California widely implements Enhanced Care Management and Community Supports and Justice Involved services under CalAIM.

Community-Based Residential Continuum Pilots

Community-Based Residential Continuum Pilots for Vulnerable, Aging, and Disabled Populations funding will provide medical and supportive services in the home, independent living settings, and community care settings, including for people living with behavioral health conditions.

Housing and Homeless Incentive Program

As part of the state's overarching Home and Community-Based Services (HCBS) spending plan, DHCS has implemented the [Housing and Homeless Incentive Plan](#), which rewards MCPs for developing the necessary capacity and partnerships to connect their Members to needed housing services, and incentivizes MCPs to take an active role in reducing and preventing homelessness. Through this program, MCPs can earn incentive payments based on a range of factors that demonstrate their efforts to address homelessness.

Conclusion

Through a coordinated suite of initiatives, California is addressing head-on the growing acuity of behavioral health needs and overdose deaths emerging from the trauma of the pandemic. These initiatives are designed to build a robust continuum of care for all Californians, with specific efforts for those populations most heavily impacted, including children and youth, Black, Indigenous and People of Color, and the justice-impacted.