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To: The Contra Costa County Board of Supervisors

From: Suzanne Tavano, PhD Behavioral Health Division Director
Fatima Matal Sol, Alcohol and Other Drugs Services (AODS) Program Chief
Elissa Kim, MPH Opioid Response County Coordinator

Re: Opioid Settlement Activities and County Response to Opioid Crisis Report
to Family and Human Services May 12, 2025.

Date: May 12, 2025

I. OPIOID SETTLEMENT FUNDS BACKGROUND

In response to the nationwide opioid crisis, Contra Costa County has joined California's broader effort to leverage resources secured through national settlement agreements. These settlements, finalized in 2022 and 2023¹, resolve litigation against major opioid manufacturers, distributors, and retail pharmacies for their role in exacerbating the epidemic.

Through these agreements — which include companies such as Janssen Pharmaceuticals (Johnson & Johnson subsidiary), McKesson, Cardinal Health, AmerisourceBergen, Teva, Allergan, Walgreens, Walmart, and CVS — California is expected to receive more than \$2 billion in settlement funds over the coming years. These funds are designated to support activities that prevent, treat, and remediate opioid use disorders (OUD).

Contra Costa County participates in the California Opioid Settlement Funds (OSF), through direct access to funding from the California Abatement Accounts Fund. The California Department of Health Care Services (DHCS) oversees these funds statewide,² providing guidance and ensuring that allocations align with state law and the settlement terms. BrownGreer PLC, the national administrator, manages payment distribution.

According to the terms of the OSF, the funds must be used for opioid remediation activities outlined in Exhibit E³ of the National Settlement Agreement. Local priorities are expected to focus on Opioid-related prevention, treatment expansion, harm reduction services, and recovery support. Specific examples of eligible activities include:

¹ [BHIN 24-002 CA Participating Subdivision Use of OSF Allocated from the CA Abatement Accounts Fund](#)

² [California Code, GOV 12534.](#)

³ [Exhibit E Final Settlement Agreement 8-2021](#)

- Naloxone distribution and overdose prevention initiatives
- Medication-assisted treatment (MAT) program expansion
- Public health education and awareness campaigns
- Services addressing co-occurring mental health and substance use conditions

Fund Type	Recipient(s)	Allowable Uses
CA Abatement Accounts Fund (70%)	CA Participating Subdivisions	Funds must be used for future opioid remediation in one or more of the areas described in Exhibit E of the National Opioid Settlement Agreements; AND No less than 50% of the funds received in each calendar year will be used for one or more High Impact Abatement Activities.
CA Subdivision (15%)	CA Plaintiff Subdivisions	Funds must be used towards future opioid remediation and to reimburse past opioid related expenses, which may include litigation fees and expenses.
CA State Fund (15%)	The State of California	Funds must be used for future opioid remediation.

Administrative costs are capped at no more than 5% of a jurisdiction's total funding allocation, ensuring that most dollars are directed toward direct service delivery and community impact.⁴

Settlement payments are structured over multiple years, with funding disbursed annually and extending for up to 18 years, depending on the terms of each agreement. This long-term investment provides Contra Costa County with an opportunity to expand a sustainable opioid response infrastructure, strengthen partnerships with community-based organizations, and drive measurable reductions in opioid-related harm across diverse communities.

II. FUNDS RECEIVED

⁴https://www.nationalopioidabatementtrust.com/Home/DownloadDoc?docpath=https://pstoragenationalopioid.blob.core.windows.net/prod/NOAT2/738/738_1213.pdf&docname=8444%20Notice%20of%20Filing%20on%20Behavior%20of%20California%20%28CA%29%20-%20SAA%20%28C1241631x9DB18%29

SETTLEMENT SOURCE	AMOUNT RECEIVED TO DATE
ABATEMENT FUNDS	17,397,375.95
SUBDIVISION FUNDS	3,877,714.43
CA MALLINGCKRODT ALLOCATION (NOAT II)	464,041.82
ENDO PUBLIC OPIOID TRUST	419,145.65
MCKINSEY SUBDIVISION SETTLEMENT	441,906.26
Amount Received to Date	\$22,600,184.11
AMOUNT SPENT TO DATE	1,014,996.37
FY23/24	175,426.65
FY24/25	839,569.72
<p>ROLLING OVER/ENCUMBERING FUNDS</p> <ul style="list-style-type: none"> Participating Subdivisions may roll over funds from the previous year and/or encumber funds for future eligible purchases. Funds must be expended or encumbered within five (5) years of receipt, or seven (7) years for capital outlays projects For example, funds received during 2022 must be spend or encumbered by 2027 (five (5) years) for non-capital outlay projects or 2029 (seven (7) years) for capital outlay projects. Funds not expended or encumbered within these timeframes must be returned to the state. 	

III. COLLABORATION WITH CITIES

Consistent with the Final Settlement Opioid Agreements and direction from the Department of Health Care Services (DHCS), like most counties Behavioral Health received preliminary information from the County Administration Office (CAO) about Opioid Settlement Funds (OSF) at the end of 2021. At the time, the County was also made aware of several requirements: 1) Development of a regional plan of OSF conforming programs that would focus on substance abuse prevention and treatment services with eligible activities and expenditures consistent with two settlement agreements and the High Impact Activities listed in the two state-subdivision agreements. 2) Pursuant to CA Subdivision Agreements, unless Cities elected to receive settlement funds directly Cities' funding would go to County so that services/programs could be spent on regional programs. Accordingly, Cities had to elect to keep the funding at least 60 days prior to the deadline as established by DHCS. The election of receiving direct funds would make recipients required to comply with annual data and fiscal reporting requirements as determined by DHCS. 3) Funding allocations were expected to begin July 1, 2022. The first-year allocation was expected to be smaller due to 15% that was earmarked towards litigating entities for in-house attorney fees.

On November 18, 2021, Contra Costa Health (CCH) and the CAO began working with the Cities and local police departments to develop a collaborative response to the Opioid Crisis and

establish mutual cooperative agreements. While the amount of funding per settlement per City were relatively low, depending on the City some opted to keep the funding to address their own needs. As most counties have done, the CAO designated Behavioral Health (BH) as the leading expert responsible for the administration of the OSF and the implementation of activities designed to address Opioid Overdoses. In anticipation to the meeting with the Cities, in 2021 the CAO asked CCH to prioritize a list of County OSF strategies.

At the November 18, 2021 Public Managers Association (PMA) meeting, CCH presented the most current County available data depicting the impact of Opioids along with the preliminary list of County priorities and unmet needs. On July 13, 2023 Dr. Suzanne Tavano gave a presentation to all the City Managers outlining the County's preliminary Opioid Response Strategy. At that point Cities still had the opportunity to elect to directly receive the funding or defer their funding to the County. As such, several Cities elected to defer the funding to the County for various reasons that included: recognition that the County's capacity to produce the necessary reports, expertise in understanding opioid addiction and resources. Likewise, Cities also were facing staff shortages due to COVID and had other critical competing priorities. After the July 13, 2023 meeting, CCH continued to work in collaboration with participating subdivisions that were eligible for OSF, at the same time that an increase in overdoses being experienced at BART stations, motels/hotels, schools, etc.

REALLOCATED AMOUNTS BY CITY

CITIES/SUBDIVISIONS	SUM OF REALLOCATED AMOUNTS
Brentwood	198,940.49
Antioch	23,943.13
Clayton	16,684.63
Danville	75,991.55
El Cerrito	174,630.01
Hercules	14,600.09
Lafayette	42,525.16
Martinez	71,732.84
Oakley	75,424.28
Orinda	35,251.44
Pinole	20,687.77
Pleasant Hill	98,213.43
Richmond	224,103.59
San Ramon	163,021.18
Walnut Creek	195,977.59
Grand Total	\$1,431,727.18

Though some Cities elected to keep their OSF, CCH continues to be inclusive in its countywide approach to the Opioids epidemic and to continue to forge strategies that create unified response especially, in areas and/or populations where the utilization of Naloxone to reverse or prevent

overdoses demonstrate the need to collaborate with local cities and municipalities regardless of funding agreements. To date, there have been a number of joint initiatives and several underway to either: increase awareness, improve access to Naloxone, eliminate barriers to treatment, and reduce overdoses in our county.

IV. PRELIMINARY APPROVAL

As stated above and contingent upon local Cities' decision to defer their allocations to the County, given the urgency to respond to the number of overdoses, the lack of awareness and the impact of overdoses in specific populations, CCH was tasked with the development of a preliminary list of strategies to prioritize a response to the Opioid epidemic. All authorized by the OSF, the CAO and PMA, starting in 2024, several Opioid Remediation High Impact Abatement Activities (HIAA) were implemented. Some of the immediate actions included an expansion of countywide Naloxone distribution, training and education to reverse overdoses. Between the Fall of 2023 and 2024, CCH in collaboration with the MEDS Coalition, have diligently provided education to administer and distribute Naloxone both to the community at large, and to targeted populations and locations.

Phase 1	Phase 2
<ul style="list-style-type: none"> • Medi-Cal match towards operating cost for existing SUD providers to bolster services and capacity. • Focus on Justice Involved Populations: SUD treatment in the jails. Addition of counselors, medication • Add 1FTE Addiction Medicine Psychiatrist to assist with establishment of MAT expansion to include medical treatment for Alcohol disorders. • Develop Adolescent/Youth SUD Treatment Infrastructure (Residential and Outpatient) • Leadership and Coordination (1 FTE Coordinator) to support implementation of County's Opioid Prevention and Response Program ensure inclusiveness and diversity of community stakeholders, address needs of communities of color and disproportionately impacted 	<ul style="list-style-type: none"> • Continue to fund MEDS Coalition and add staff as needed. • Fund Harm Reduction strategies including working with Needle Exchange Sites • Increase SUD street outreach capacity in Recovery Residences, homeless shelters, libraries, encampments, BART stations, etc. • Provide comprehensive care management services to pregnant and postpartum individuals with OUD • Social Media Campaign to increase public awareness. (Billboard, bus banners, web page design/operation)

As indicated above and following the approval of preliminary activities, BH established a phased-approach to the Opioid Crisis that included: funding to support existing and expansion of substance use disorder (SUD) treatment programs, expansion of Medication Assisted Treatment (MAT) in jails through the purchase of extended-release injectable Medications for Opioid Use Disorders (MOUD), promoting and acquiring public health vending machines to increase access to Naloxone, harm reduction training for health professionals, and providing field-based SUD treatment to eliminate barriers to treatment.

Phase 1 recognizes the heightened risk faced by justice-involved and unhoused individuals,

people of color, residents with a Co-Occurring Disorder (COD), the California Public Health Opioid Dashboard County data, and health inequities. In this phase, funding to hire an Addiction Medicine Psychiatrist (1 FTE) specialist to strengthen the County's capacity to address OUD, and develop the County's adolescent SUD treatment infrastructure (residential and outpatient) was prioritized. Lastly, to comprehensively address data indicators, BH proposed to develop a concerted County response to the Opioid Crisis and ensure that the County complies with all OSF requirements, BH proposed to strengthen leadership and coordination.

Phase 2 builds upon Phase 1 foundational activities, expanding efforts to strengthen community-based support, uplifts community voices and launches a public health awareness campaign, to educate the community about opioid risks and available resources. These phased activities reflect a coordinated, equity-driven strategy to address the opioid crisis in Contra Costa County, ensuring settlement funds are leveraged to create an immediate but also long-lasting impactful change across geographical regions avoiding duplication while amplifying impact.

V. OSF AND COMMUNITY ENGAGEMENT

One of the requirements for the use of OSF is that a community engagement process be implemented so that residents and stakeholders participate in establishing community identified needs. To develop the County's Plan of Action, BH partnered with Indigo Project, a local consulting firm, to conduct a series of *Listening Sessions* to gather community input about their recommendations for the use of the funds based on the impact of the opioid crisis. The proposed approach for community input was presented to the Alcohol and Other Drugs Advisory Board (AODAB) on April 23, 2024, and announced during the Substance Use Disorders (SUD) System of Care meeting which includes SUD treatment and prevention providers. Flyers for the *Listening Sessions* were distributed online and in person at key locations to encourage widespread participation. The *Listening Sessions* were held by regions, both in person and virtually, to accommodate different needs. A survey was created in English and Spanish to capture further feedback from the public. SUD prevention providers also integrated opportunities within their existing programs to allow participants to share their opinions and needs regarding opioid prevention and treatment. All *Listening Sessions*, surveys, and focus groups were completed by June 2024. Members of the AODAB provided their final input at their monthly Board meeting on September 25, 2024. The *Listening Sessions* were promoted on social media platforms such as Facebook and Instagram by CCH's Office of Information and Communication. KRON 4 News covered one session held in Concord. Community recommendations resulting from the countywide community engagement process and data shared at each *Listening Sessions* are all captured in the document called: **"A Call to Action: A Contra Costa Response to Opioid Crisis."** This document is currently posted on the Alcohol and Other Drugs (AOD) webpage.

The document is a preliminary plan aimed at ensuring that until a strategic plan is developed all current opioid remediation strategies are aligned with community recommendations, public health priorities and OSF requirements.

The County's current approach and efforts focus on activities classified as High Impact Abatement Activities (HIAA), followed by initiatives categorized under Remediation Core Strategies, as

outlined in Exhibit E of the national settlement agreement. Contra Costa's Response to the Opioid Crisis, consisted of a robust community engagement to tailor services to the unique needs of vulnerable populations, communities of color, justice-involved individuals, pregnant and parenting women, people experiencing homelessness, and those with co-occurring mental health and SUD. Our overarching goal is to ensure equitable access to prevention, harm reduction, treatment, and recovery services for the County's most impacted communities.

VI. COUNTY OVERDOSE DATA

Understanding demographic trends as well as data from The California Opioid Overdose Surveillance Dashboard is important in framing Contra Costa's opioid response efforts. Communities experiencing socioeconomic hardship, limited healthcare access, language barriers, and systemic inequities are disproportionately vulnerable to SUD and overdose risk. However, OUD and opioid overdoses have impacted residents across socio-economic, demographic, cultural and religious backgrounds. Sadly, nowadays almost anyone has experienced the loss of a friend or a loved one to the Opioid Crisis.

Opioid-Related Mortality Trends

On August 13, 2024, Interim Health Services Director Dr. Ori Tzvieli, presented mortality data from the County's ATLAS dashboard, covering 2020 to 2022 (see Figure 2). The findings underscore the continuing and serious toll of the opioid crisis on the local community:

- Drug overdose emerged as the leading cause of death among residents aged 25 to 54.
- Among residents aged 15 to 24, drug overdose ranked as the second leading cause of death, reflecting the growing vulnerability of youth to substance-related harms.

These patterns highlight the need for sustained, targeted interventions to address opioid misuse and prevent overdose fatalities across all age groups, with a particular focus on young and middle-aged populations.

Leading Causes of Death in Contra Costa County (2020 – 2022)

■ Communicable ■ Cancer ■ Cardiovascular ■ Other Chronic ■ Injury ■ Perinatal

Ranking	0 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+
1	Neonatal conditions 58	*	Road injury 66	Drug overdose 162	Drug overdose 148	Drug overdose 145	Ischemic heart disease 307	Ischemic heart disease 476	Alzheimer's disease 703	Alzheimer's disease 2,234
2	Congenital anomalies 28	*	Drug overdose 60	Road injury 81	Alcohol-related 60	Alcohol-related 102	COVID-19 213	COVID-19 276	Ischemic heart disease 618	Stroke 1,002
3	*	*	Homicide 50	Homicide 66	Homicide 52	COVID-19 101	Drug overdose 168	Lung Cancer 273	Stroke 499	Ischemic heart disease 835
4	*	*	Suicide 39	Suicide 61	Road injury 50	Ischemic heart disease 94	Alcohol-related 147	Stroke 265	COVID-19 362	COVID-19 469
5	*	*	*	Alcohol-related 36	Suicide 48	Breast cancer 33	Breast cancer 75	Breast cancer 125	Lung Cancer 327	Hypertensive heart disease 467

*numbers less than 11 not reported for patient privacy

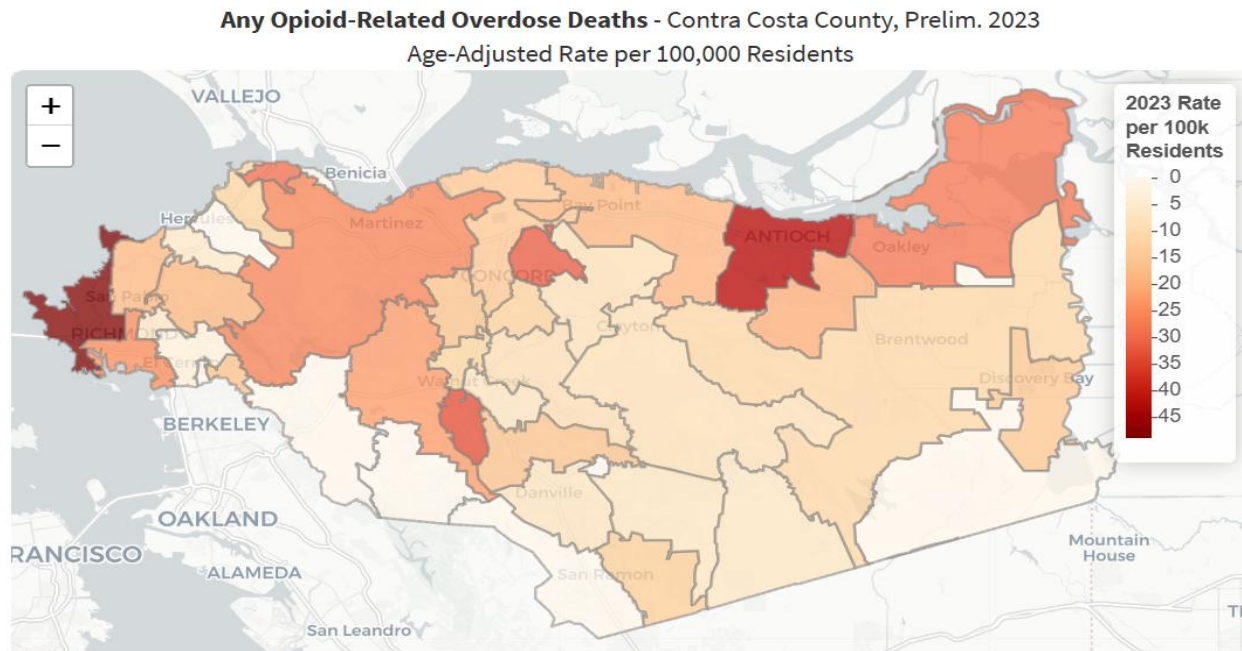
Source for Life Expectancy and Age-Adjusted Mortality Rate by Sex: California Department of Public Health Community Burden of Disease Version P3.0, 3/1/2024
Source for Infant Mortality: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Infant Mortality Dashboard, Last Modified June 2023

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Figure 1. Leading Causes of Death in Contra Costa County.

Geographic Patterns in Overdose Rates

The California Opioid Overdose Surveillance Dashboard provides a data source for tracking opioid-related deaths at the state and local levels. Figure 3 presents preliminary age-adjusted opioid overdose death rates for Contra Costa County in 2023, displayed by ZIP code. An age-adjusted rate accounts for differences in age distribution across geographic regions. Because certain age groups are at higher risk of opioid overdose—particularly individuals between ages 25 and 54—age adjustment ensures that areas with older or younger populations do not skew comparisons between ZIP codes. This method allows for a more accurate assessment of where overdose risk is elevated, independent of demographic age differences. In 2023, there were a total of 178 opioid related overdoses.



[California Opioid Overdose Surveillance Dashboard](#)

According to the California Opioid Overdose Surveillance Dashboard, the Opioid Overdose Risk Across Contra Costa is as follows;

- Age-adjusted death rates shown by ZIP code for 2023
- Age adjustment accounts for population differences across regions
- Enables accurate comparison of overdose risks across communities

Key Findings

- Richmond (rate: 48.6, per 100,000) and Antioch (rate: 42.3 per 100,000) report highest overdose death rates
- Elevated rates also observed in Pittsburg, Oakley, Bay Point, and parts of Concord and South County

Emergency Department (ED) Visit Data by Race/Ethnicity

Emergency Department (ED) visit data from 2023 related to opioid overdoses in Contra Costa County reported 407 ED visits and reveal significant racial and ethnic disparities (Figure 4):

- Black/African American residents experience the highest ED visit rate at 116.3 per 100,000, more than twice the rate of White residents (52.5 per 100,000).
- Native American/Alaska Native residents report an elevated ED visit rate of 58.8 per 100,000. However, this estimate should be interpreted cautiously due to a wide confidence interval (35.1 to 329.8) associated with a small number of cases.
- Hispanic/Latino residents report an ED visit rate of 25.5 per 100,000.
- Asian/Pacific Islander residents show the lowest ED visit rate at 3.6 per 100,000. This estimate should also be interpreted with caution due to a wide confidence interval and a low number of reported cases.

These disparities underscore the need for culturally responsive prevention, harm reduction, and treatment strategies, particularly in communities facing disproportionate impacts from the opioid crisis.

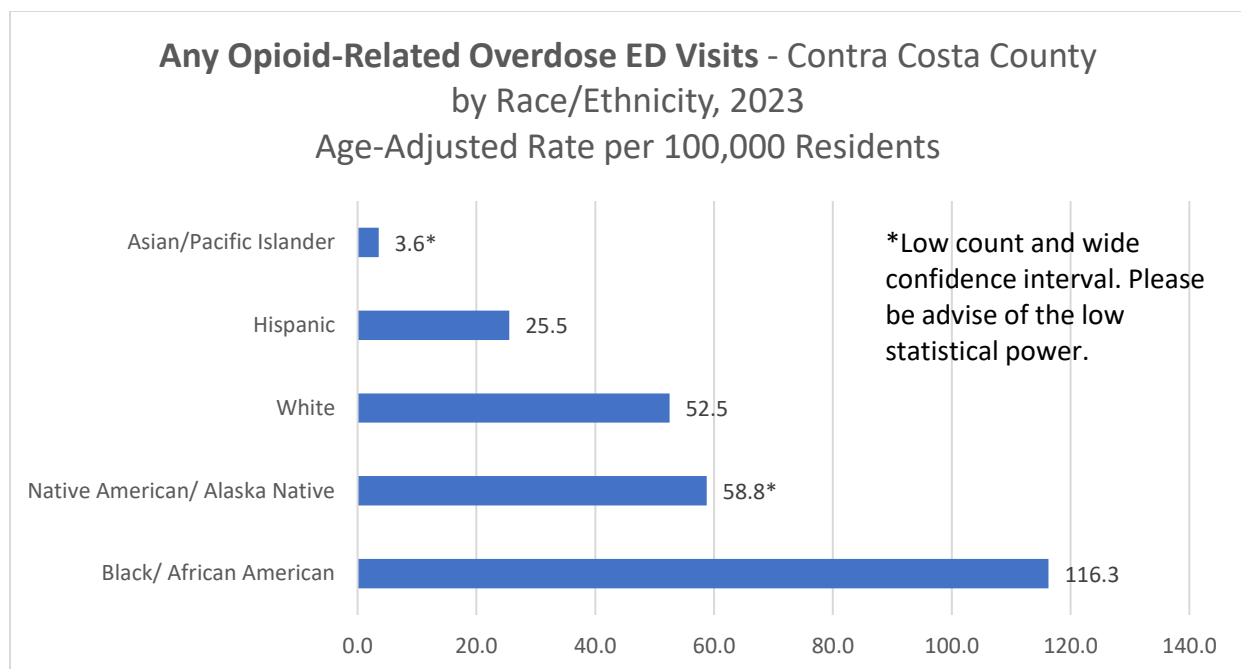


Figure 2. Source: California Department of Health Care Access and Information, Emergency Department Data

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates

BH administers the County's Drug Medi-Cal Organized Delivery System (DMC-ODS) as a Prepaid Inpatient Health Plan (PIHP). This system provides a comprehensive continuum of SUD services, including treatment for OUD. While DMC-ODS primarily funds treatment services, BHS also offers limited prevention services not covered under Drug Medi-Cal (DMC), ensuring a seamless continuum of care across the system.

The County's health network supports Medication-Assisted Treatment (MAT) services through the DMC-ODS network providers and its Federally Qualified Health Centers (FQHCs) and public health clinics via the Choosing Change program. Choosing Change is a critical initiative that expands access to MAT, through buprenorphine an FDA-approved medications. The County also makes MAT services available at all three county jails through CCH's Detention Health program. MAT programs combine FDA approved medications with counseling and behavioral therapies to treat individuals with OUD and other SUDs. MAT services shall include both medication and counseling. Increasing access to MAT is an effective way to respond to the Opioid Crisis. Implementing strategies that are low barrier, increase early initiation to MAT to the populations most impacted by OUD are considered best practices and the best standard of care.

Service reach is measured by the penetration rate (PR), which reflects the percentage of Medi-Cal-eligible individuals who received SUD services through the DMC-ODS. A higher penetration

rate suggests greater access to care within the eligible population, whereas a lower penetration rate may indicate service delivery gaps or barriers to treatment engagement.

The table below depicts the DMC-ODS Penetration Rate Data (PRD) for Medi-Cal beneficiaries using DMC approved claims for CY 2022 as presented at the FY23-24 External Quality Review Organization (EQRO).

- Table 4 presents Contra Costa County's DMC-ODS Medi-Cal eligible population, the number of members served, and corresponding penetration rates by age group for Calendar Year 2022.

Age Groups	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
Ages 12-17	35,236	122	0.35%	0.29%	0.25%
Ages 18-64	177,604	2,315	1.30%	1.29%	1.19%
Ages 65+	34,052	214	0.63%	0.56%	0.49%
Total	246,892	2,651	1.07%	1.04%	0.95%

Figure 3. Contra Costa DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age CY 2022

- Table 5 presents the DMC-ODS Medi-Cal eligible population, members served, and penetration rates by race and ethnicity for the same period.

Racial/Ethnic Groups	# Members Eligible	# Members Served	County PR	Same Size Counties PR	Statewide PR
African American	31,665	457	1.44%	1.29%	1.19%
Asian/Pacific Islander	28,883	60	0.21%	0.15%	0.15%
Hispanic/Latino	76,183	396	0.52%	0.74%	0.69%
Native American	628	16	2.55%	2.34%	2.01%
Other	68,336	872	1.28%	1.34%	1.26%
White	41,200	850	2.06%	1.89%	1.67%

Figure 4. Contra Costa DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Race/Ethnicity CY 2022

Ongoing efforts are focused on improving penetration rates, particularly among historically underserved populations, including Latino/Hispanic and Asian/Pacific Islander communities and justice-involved individuals. Enhancing service access for these groups remains a priority to ensure equitable health outcomes across the County.

VII. TARGET POPULATIONS

Contra Costa County's Opioid Response strategy prioritizes the populations most disproportionately impacted by the overdose crisis. Guided by the California Opioid Overdose Surveillance Dashboard, community input, and the national opioid settlement's guidance, the County has identified the following groups as priority populations for targeted investments and

tailored interventions. Contra Costa's response include interdivisional and interdepartmental coordination.

- Black/African American, Native American, and Asian communities experience disproportionately high rates of opioid-related outcomes and low service utilization, signaling longstanding structural barriers to prevention, treatment, and culturally responsive care.
- Youth and transitional age youth are particularly vulnerable. Drug overdose is the second leading cause of death among residents aged 15–24 in Contra Costa County, underscoring the need for age-specific prevention and early intervention services.
- People experiencing homelessness face persistent housing instability, which remains one of the greatest barriers to sustained treatment engagement, recovery, and follow-up care.
- Pregnant and postpartum individuals with OUD require specialized, coordinated care that addresses maternal health, child safety, and recovery supports in tandem.
- Justice-involved individuals particularly those reentering the community from incarceration—are at heightened risk of overdose and death, especially within the first week's post-release due to reduced tolerance and service disconnection.

From the *Listening Sessions*, participants included many stakeholders: parents, youth, justice-involved individuals, those in treatment or recovery, school-based staff, faith-based organizations, and providers. Emerging key themes from the sessions included the urgent need for youth treatment, culturally responsive care, housing for people in recovery (especially for those using MAT), and more targeted outreach in underserved communities.

This feedback contributed to continue to shape the preliminary response plan and priorities for prevention, harm reduction, treatment and recovery strategies under the OSF. Community members expressed support for programs that:

- Expand residential treatment for youth and MAT-friendly sober living environments
- Support justice-involved and unhoused individuals with care navigation and care management
- Provide overdose education and increase access to Naloxone everywhere: colleges, jails, BH settings, street medicine teams, schools, libraries, homeless engagement teams/encampments, BART stations, SUD providers, shelters, etc.
- Launch culturally tailored public education campaigns to reduce stigma and increase awareness of treatment services
- Increase education and awareness about OUD and for overdose prevention to parents, families and communities, focus on communities of color.
- Outreach teams at sensitive locations, include encampments, syringe services sites, recovery residences, methadone programs, etc.
- Earmark funds for prevention programs
- Implement a detox program in East County, support needs of pregnant women with OUD
- Expand and build capacity for SUD treatment programs including MAT

- Increase recovery residence (Sober Living Environments- SLE) funding, housing was recognized as a primary need for people who complete residential treatment



The flyer is for Contra Costa Health's Opioid Community Listening sessions. It features the Contra Costa Health logo at the top, which includes a stylized flower icon. The title "OPIOID COMMUNITY LISTENING" is prominently displayed in large, bold, black letters. Below the title, a blue text block states: "We want to hear from you about the services needed in Contra Costa County to address the opiate epidemic in our communities. Please let your voice be heard!". The flyer lists four listening sessions in a two-column format. The first column lists the East County session on May 8th (4:30-6:30) at 340 Marina Blvd in Pittsburg and the South County session on May 15th (5:30-7:00) with a Zoom link and password. The second column lists the Central County session on May 9th (9:30-11:30) at 2380 Bisco Lane in Concord and the West County session on May 16th (11:30-1:30) at 2200 Macdonald Ave in Richmond. Below the sessions, it provides a survey link: <https://survey.alchemer.com/s3/7820053/CCBHS-Opioid-Settlement-Funds-Community-Feedback>. A QR code is shown on the left, and a megaphone icon is on the right. Text next to the QR code says: "If you would like to request interpretation or other accommodations, please email Jessica.Recinos@cchealth.org". At the bottom, it notes: "*Overdose prevention supplies will also be available at these events." and includes the Indigo Project logo.

CONTRA COSTA HEALTH

OPIOID COMMUNITY LISTENING

We want to hear from you about the services needed in Contra Costa County to address the opiate epidemic in our communities.

Please let your voice be heard!

EAST COUNTY LISTENING SESSION MAY 8TH, 4:30- 6:30 340 MARINA BLVD IN PITTSBURG	CENTRAL COUNTY LISTENING SESSION MAY 9TH, 9:30- 11:30 2380 BISSO LANE IN CONCORD
SOUTH COUNTY LISTENING SESSION MAY 15TH, 5:30- 7:00 HTTPS://US02WEB.ZOOM.US/J/86471048719? PWD=BF01ETRJTlVQQU95ST06YjN4MMZVQT09	WEST COUNTY LISTENING SESSION MAY 16TH, 11:30- 1:30 2200 MACDONALD AVE IN RICHMOND

You can also share your feedback online at:
<https://survey.alchemer.com/s3/7820053/CCBHS-Opioid-Settlement-Funds-Community-Feedback>

If you would like to request interpretation or other accommodations, please email Jessica.Recinos@cchealth.org

*Overdose prevention supplies will also be available at these events.

Indigo Project

Figure 5. Opioid Community Listening Flyer.

ACCOMPLISHMENTS TO DATE

BH, in collaboration with its partners, has made notable progress in implementing a coordinated, equity-driven opioid response plan. The following accomplishments reflect new programs, outreach strategies, and tools developed to address prevention, harm reduction, and recovery.

Opioid Crisis

A CONTRA COSTA RESPONSE



A Call to Action

BEHAVIORAL HEALTH DIVISION

Opioid Settlement Funds

MARCH 2025



Funding Deployment to Address Overdoses

Behavioral Health recognizes that addressing the impact of Opioid Overdoses takes a collective approach. In accordance to the County's procurement policy and consistent with OSF requirements as well as community recommendations to address the Opioid Crisis, Behavioral

Health has preliminarily issued two separate Request for Proposals (RFPs). The first RFP focuses on prevention, soliciting innovative and community defined practices aimed at focusing on populations most impacted by overdoses. The second RFP seeks a Foundation that could fund smaller grants focusing on harm reduction, treatment and recovery. Depending on success, BH is prepared to add funds in each area.

Continued Efforts to Build Community Engagement and Collaboration: Opioid Awareness Community Forums

Subsequently to the development of ***A Call to Action: Contra Costa's Response to the Opioid Crisis***, Behavioral Health has continued to build the partnership with local municipalities and Police Departments by hosting multiple community forums to raise awareness about the impact of opioid, increase understanding about overdose prevention, facilitate distribution of Naloxone, understand the local impact of Opioid Overdoses and disseminate available resources. The synergy created by each Forum in separate cities have created a cascade effect thereby motivating participants to plan similar forums in other cities.

Events were held in the:

- City of Oakley (December 18, 2024) with participation from Supervisor Burgis, Oakley's Mayor and Chief of Police
- City of Antioch (March 26, 2025 and April 29, 2025)
- City of Pittsburg (April 16, 2025) with participation Pittsburg Mayor and Chief of Police
- City of Antioch: (April Tuesday 29th, 2025) Screening of the Film Fentanyl High to parents and youth

Each forum included keynote speakers, training on use of Naloxone, resource tables, and data sharing. Surveys were distributed to participants—including youth, parents, and individuals with lived experience—to gather feedback on perceived service gaps, barriers to care, and areas of community need. The community continues to respond with eagerness to learn about the impact of Opioids and a genuine interest to come together to collectively reduce overdoses.

Focus Group: BAART Clinic

On March 28, 2025, CCBHS facilitated a client-centered focus group at the BAART Clinic in Antioch to engage clients receiving methadone treatment and to understand their specific needs. Clients receiving Methadone constitute the largest number of clients served by AOD, a large portion of methadone clients are also considered highly vulnerable and high utilizers of the system. Participants represented a range of age groups and cultural backgrounds. There were several individuals experiencing homelessness and one pregnant client. Key insights included:

- Barriers to treatment: transportation limitations, unclear clinic policies, and inconsistent counselor access.
- Unanimous support for low-barrier/recovery residences, pet-friendly, particularly for vulnerable groups such as pregnant clients.
- Limited access to naloxone, inadequate harm reduction outreach, and technology challenges impeding communication (e.g., lack of phones, limited awareness of county services).

Participants valued the opportunity to share their perspectives and expressed strong interest in continuing regular input sessions. Recommendations from the session included:

- Installation of naloxone access points (e.g., vending machines or stand boxes)
- Greater counselor visibility and presence
- Improved access to Enhanced Care Management (ECM), and other County-provided services.
- Implementation of programs in East County that support a hub-model that allows for socialization while providing health, social, recovery support, care management, employment and housing resources.

These engagements underscore CCBHS's commitment to building an opioid response system informed by those most affected—ensuring responsiveness, trust, and shared ownership in the County's efforts to address the opioid crisis. Please see Appendix B to see the report.

Presentation and Training by the MEDS Coalition

The MEDS Coalition is a vital partner in CCBHS opioid prevention and education efforts. In coordination with Behavioral Health, the MEDS Coalition facilitates opioid-related training and presentations across Contra Costa. These activities include public education on safe medication practices, overdose prevention, and naloxone awareness.

The MEDS Coalition provides these services to a range of audiences—including schools, community-based organizations, healthcare providers, and local government agencies—ensuring that accurate, up-to-date information reaches residents throughout the County. Through this partnership, the MEDS Coalition plays a key role in advancing prevention strategies and expanding the County's community outreach capacity under the OSF initiative. To date and since 2023 Contra Costa Behavioral Health has provided 118 presentations/trainings.

OPIOID RESPONSE TEAM (ORT)

The Contra Costa County Opioid Response Team (ORT) was developed as a frontline initiative through direct engagement and immediate support. ORT is comprised of field-based substance use counselors dedicated to reaching individuals with OUD at critical "touchpoints" throughout the community (Figure 7). These include homeless encampments, recovery residences, motels, jails, probation settings, public defender referrals, shelters, syringe services, hospitals, BART stations, and other areas where populations most impacted by overdoses are present.



Figure 6. Touchpoint's location where ORT team interacts

ORT's mission is rooted in harm reduction and person-centered care. The team meets clients where they are—geographically, emotionally, and in their recovery journey—with compassion, respect, and a commitment to treatment on demand. Through strong partnerships with treatment providers, justice system actors, public health agencies, and harm reduction coalitions, ORT bridges gaps across the continuum of care and ensures timely connections to services.

Key Services and Activities:

- Distributing life-saving harm reduction tools, including Naloxone (Narcan) and fentanyl test strips.
- Conducting outreach and education at schools, shelters, churches, and encampments.
- Providing support and referrals for individuals recently released from incarceration or justice-involved settings.
- Supporting housing navigation and case management for clients without stable shelter.
- Offering follow-up support for clients completing treatment to promote long-term recovery.
- Accepting referrals and assisting with a dedicated contact email AODOpioidResponse@cchealth.org
- Providing early engagement and follow up to treatment as well as linkages to SUD treatment in real time

ORT's responsive structure ensures that individuals impacted by the opioid crisis are not only reached but empowered with resources and support throughout their recovery journey. With a compassionate, bilingual team and an unwavering commitment to equity and access, ORT is an important part of the County's coordinated response to the opioid epidemic.

Clinical Case Reviews

Also a direct collaboration between Public Health and BH, a joint team between clinical staff from each Division comes together on regular basis to review either overdose cases or individuals who have survived multiple overdoses. Clinical case review follow the clinical and medical history of the client to understand missed opportunities in our system whereby an opportunity may have been missed. The angle and benefit of this approach is to look at our health system, learn and design interventions where current clients/patients can be better supported to prevent overdoses.

HARM REDUCTION

Syringe Services Program (SSP)

Contra Costa County's harm reduction strategy involves both Public Health and BH staff. It is anchored by Public Health's Syringe Services Program (SSP), a key pillar of its opioid response efforts. In collaboration with regional partners, including the HIV Education and Prevention Project of Alameda County (HEPPAC) and the County's Public Health HIV/STI Program, the SSP delivers services to individuals who use drugs—particularly those at risk of overdose, infection, or treatment disengagement. SSP efforts are centered around mobile outreach, which has significantly expanded across East and West County. Mobile units provide services directly within communities, meeting individuals where they are and reducing barriers to access to resources. These efforts prioritize high-need zones such as Bay Point, Richmond and others. Key program activities include:

- Distribution of sterile supplies, including syringes, alcohol wipes, wound care kits, and sharps containers to prevent infections and reduce disease transmission.
- Naloxone (Narcan) distribution and education: Staff provide overdose prevention training and kits at all outreach locations, empowering individuals to reverse overdoses in their communities.
- Fentanyl test strip access: Clients receive education on fentanyl risks and are provided with test strips to reduce accidental overdose.
- Wound care and referrals: Staff identify individuals with visible injection-related wounds and offer triage support, first-aid supplies, and connections to medical care.
- HIV/Hepatitis C testing and linkage to care: Staff screen individuals and connect them with follow-up treatment, which is especially important for unhoused populations.
- Service navigation: Individuals are provided information about MAT, shelter, mental health care, and social services, with on-the-spot referrals to County or partner agencies.

Public Health Vending Machines

As part of its strategy to increase low-barrier, 24/7 access to lifesaving health supplies, Contra Costa is launching a pilot initiative to install public health Harm Reduction Vending Machines (HRVMs) across the County's regions. Funded through the OSF, the HRVMs will dispense essential health protection tools free of charge, including naloxone (Narcan), fentanyl test strips, hygiene kits, wound care materials, condoms, menstrual supplies, and sharps containers.



Marin County Jail Vending Machine

This effort is part of a three-year contract awarded through RFP #2406-808. It includes:

- Procurement and placement of two new HRVMs and relocating three existing vending machines to Contra Costa. Although Public Health is the holder of the contract, the contract includes OSF and partially funds 3 vending machines and Harm Reduction training through HEPPAC
- Maintenance, restocking, and usage monitoring of all five machines.

Integration with broader harm reduction efforts, targeting areas where clients may not otherwise access traditional services. HEPPAC and the County's HIV/STI Program will jointly oversee this pilot, with vending machines strategically placed in high-need ZIP codes, including areas with documented overdose spikes and limited outreach infrastructure.

HRVMs complement street-based outreach by expanding access to harm reduction resources after hours in underserved locations. They are essential for residents who face stigma, lack of transportation, or unstable housing, this applies to Jails, emergency rooms, shelters. The following sites are actively engaged in the installation of public health vending machines and are at various stages of implementation:

Confirmed Site Locations and Awaiting Installation

Oakley Recreation Center, Oakley
Brookside Shelter, Richmond
Delta Landing, Pittsburg

In Progress Discussions

Contra Costa Regional Medical Center, Martinez
Mental Health Connections, Antioch
Contra Costa Jail Facilities

Naloxone Stand Box (NSB)



Figure 7. "Barney" Naloxone Stand Box at Los Medanos College, Pittsburg

As part of Contra Costa County's comprehensive harm reduction and overdose prevention strategy, Behavioral Health in partnership with the MEDS Coalition—has launched a Naloxone Stand Box (NSB) initiative. This effort is funded and supported through the California DHCS and aligns with broader goals outlined in the OSF strategic framework.

The NSB initiative seeks to reduce opioid overdose fatalities by increasing free, 24/7 public access to naloxone in high-need and underserved areas. The initiative was modeled after successful pilots

in neighboring counties and follows evidence-based best practices for community-based naloxone distribution.

The NSBs are manufactured and supplied by the Illinois Supply Company⁵, a vendor selected for its experience in producing community-accessible naloxone dispensing units. This vendor is also used by Alameda County Behavioral Health, which has adopted the NSB model for countywide expansion.

⁵ [The Barney Naloxone Stand™ - Newspaper Stand Style Free Standing Naloxone Distribution Box](#)



Figure 8. Barney Naloxone Stand Box Opened at Los Medanos College, Pittsburg

These efforts are supported through partnerships with public agencies, educational institutions, and nonprofit organizations, formalized through signed Memoranda of Understanding (MOUs).

Each NSB hosting agreement is governed by an MOU between the County's implementation partner MEDS Coalition and the host site. The MOU outlines shared roles and responsibilities:

- The MEDS Coalition provides the NSB unit, application support for naloxone supply, promotional materials, and quarterly reporting templates.
- Host Sites agree to install, maintain, stock, and promote the NSB and submit quarterly updates on distribution activity.

These agreements are essential to ensuring proper placement, community engagement, and sustainability of the NSB initiative.

The following sites are actively engaged in the expansion of the NSB initiative and are at various stages of implementation:

- Contra Costa Regional Medical Center (CCRMC), Martinez Campus – 2 NSBs
- Homeless Shelter at Delta Landing, Pittsburg – 1 NSB

These installations are part the BH efforts to increase access to Naloxone and harm reduction approach in alignment with Core Abatement Strategies under the national settlement framework. Ongoing collaboration with local institutions ensures continued accessibility to naloxone in high traffic, trusted, and non-stigmatizing settings. Both access to Naloxone and expansion of available SUD/MAT treatment are the cornerstone of reducing overdoses.

Confirmed Locations (8 Stand Boxes)

HOST LOCATION	ADDRESS
Diablo Valley College	Pleasant Hill Campus 321 Golf Club Rd Pleasant Hill CA 94523
Diablo Valley College	San Ramon Campus 1690 Watermill Rd San Ramon CA 94582
Los Medanos College	Pittsburg 2700 E Leland Rd Pittsburg CA 94565
Los Medanos College	Brentwood 1351 Pioneer Square Brentwood CA 94513
Public Defender's Office	800 Ferry Street Martinez CA 94553
Pleasant Hill Library	2 Monticello Avenue Pleasant Hill CA 94523
San Pablo Library	13751 San Pablo Avenue San Pablo CA 94806
Antioch Library	501 W. 18th Street Antioch CA 94509

In progress but not in operation (7 Stand Boxes)

HOST LOCATION	ADDRESS
Trinity Center	1888 Trinity Ave, Walnut Creek, CA 94596
Mental Health Connections House	San Pablo and Concord
Delta Landing Shelter	2101 Vale Road San Pablo, CA 94806
Public Defender Office	Richmond
Contra Costa County Probation Dept. - John A. Davis Juvenile Hall	Richmond and Antioch

Medication Assisted Treatment (MAT) and SUD Treatment in the Jail

Purchase of Sublocade an injectable form of buprenorphine (MAT), this is used with clients who are more likely to respond to Sublocade better and who could divert other forms of buprenorphine inside the jails. In addition, substance abuse counselors work directly with detention health staff who refer clients identified with an OUD. Counselors are currently providing SUD treatment at West County and Martinez Detention facilities. There is a bilingual counselor serving Spanish speaking clients. Currently, the substance abuse counselors screen and implement SUD treatment groups including two groups at MDF for clients with OUD. The counselors also seamlessly place people in SUD treatment post-release with special focus on MAT clients.

Recovery Residences

Behavioral Health has added beds at ELDA House in Pittsburg and A Place to Call Home in Richmond, to support people in recovery of substance use and opioid use disorder, into recovery residences. These peer-run houses, allow individuals who complete residential treatment to live in alcohol and drug free environments. Recovery Residences are allowable use of OSF and they are MAT friendly.

SUD Treatment for Latinos

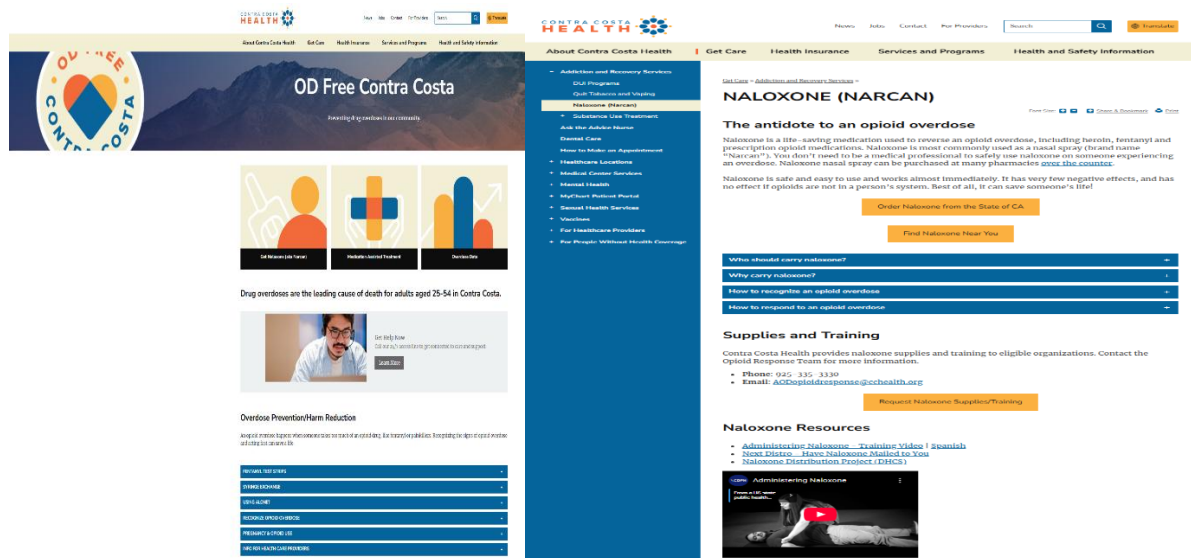
BH recognizes that there are very limited SUD treatment resources for Spanish speakers. Behavioral Health currently operates Nuevo Comienzo at two Family Justice Center locations in Concord and Richmond. The services provided in the jails, allow for Latinos to receive screening and seamless placement in treatment post release at either Pueblos del Sol (residential treatment for men), Nuevo Comienzo (outpatient) and at Wollam where 2 beds are dedicated for Spanish speaking women. In partnership with BiBett, one Recovery Residence is also dedicated to Spanish speaking individuals.

OD-Free Contra Costa Campaign and Branding

In March 2024, CCBHS launched the OD-Free Contra Costa campaign⁶—a countywide public health branding initiative designed to unify and amplify opioid response efforts under a clear, accessible webpage. The OD-Free Contra Costa name and logo now appear across public-facing resources, training materials, harm reduction tools, and outreach campaigns, helping residents recognize services tied to the County's opioid prevention strategy.

The branding strategy was modeled after successful initiatives in other jurisdictions and supports efforts to reduce stigma, increase public awareness, and streamline access to lifesaving services like naloxone distribution, treatment referrals, and overdose education. ORT and partner departments continue to coordinate under the OD-Free Contra Costa identity to present a cohesive and recognizable response to the opioid crisis.

⁶ <https://www.cchealth.org/health-and-safety-information/od-free-contra-costa>



Naloxone Training and County Supply Request Portal for the Public

To expand public access to harm reduction tools CCBHS launched a centralized training and supply request portal, accessible via the *OD Free Contra Costa* landing page.⁷ This portal streamlines the process for individuals, organizations, and community-based providers to request:

- Naloxone (Narcan)
- Fentanyl Test Strips
- Overdose prevention training and presentations

The portal also supports requests for onsite training and community engagement events, helping to reduce stigma, improve emergency preparedness, and build awareness across high-risk settings. By streamlining requests and centralizing fulfillment, CCBHS ensures an equitable and timely distribution of life-saving supplies to community members, service providers, partnered agencies, public institutions, and frontline workers. Although Naloxone is now available as an over the counter medication and is a Medi-Cal covered formulary, making it available free of cost is by far a more effective way of preventing overdoses across vulnerable populations.

Partnerships and Collaboration

Behavioral Health continues to strengthen interdepartmental and cross-sector collaborations including:

- Public Health and the HIV/STI Program
- BH Office of Peer and Family Empowerment

⁷ <https://www.cchealth.org/get-care/addiction-and-recovery-services/naloxone-narcan>

- HEPPAC (HIV Education and Prevention Project of Alameda County)
- MEDS Coalition
- Other AOD coalitions
- Local cities, police departments, community based organizations and our residents

These partnerships are essential in advancing outreach, public education, harm reduction, treatment and recovery service delivery across the county.

VIII. BY THE NUMBERS

Services provided below, have been a partnership between the MEDS Coalition, the Office of Peer and Family Empowerment and ORT.

Item	Period	
	FY23-24	FY24-25
Naloxone Kits	4,713	1,346
Vending machines/stands		
Fentanyl Strips	995	1,090
Trainings/Presentations/Forums	81	37

IX. CHALLENGES

While CCBHS has made significant strides in expanding its harm reduction and outreach efforts, several persistent challenges continue to limit program reach and impact.

1. Outreach Limitations and Workforce Shortages

On April 1, 2025, ORT staff and SSP partners conducted outreach at Central Park where they observed high engagement and a need for consistent presence. During one visit, 15 participants were engaged—primarily adults experiencing homelessness or unstable housing. Due to staffing constraints, SSP and harm reduction efforts face ongoing challenges such as:

- Limited staffing and hours of operation: Current resources constrain the frequency and geographic spread of harm reduction efforts, resulting in gaps across high-need regions such as East and South Contra Costa.
- Stigma and community resistance: Some communities continue to express concerns or misconceptions about harm reduction approaches, such as syringe services and naloxone distribution. These attitudes pose challenges to implementation and acceptance, especially in suburban or politically conservative areas. Lack of safe disposal infrastructure and naloxone access points.

Despite these challenges, harm reduction programming remains a vital entry point for individuals not yet connected to traditional health systems. The County’s ongoing investment in SSP and

related efforts reflects its commitment to dignity-centered care, overdose prevention, and the reduction of communicable disease transmission among high-risk populations.

2. Need for Addiction Medicine Physician

As the demand for MAT services grows, the County faces a critical shortage of specialized addiction medicine providers. Despite ongoing and consistent outreach recruitment efforts, Contra Costa has not been successful at identifying a dedicated Addiction Medicine Psychiatrist. This staffing gap creates challenges in ensuring:

- Clinical oversight and expansion of MAT services
- Access to timely evaluation for clients with co-occurring conditions
- Capacity to lead training for frontline and medical providers on addiction treatment best practices.
- Consultation services with other county physicians

Recruitment and onboarding of an Addiction Medicine Physician remains a priority to build internal expertise, reduce treatment bottlenecks, and enhance the continuum of care for individuals with SUD across the County.

3. Bilingual Substance Abuse Counselors

AOD has been successful at recruiting, hiring and retaining several Spanish speaking counselor; however, insufficient to meet the demand for expansion of services. AOD continues to work with local colleges, particularly Diablo Valley College Addiction Studies Program and participates in Job Fairs and speaking engagements, to recruit bilingual students. The number of Spanish speaking students who enter the SUD field is also minimum.

X. RECOMMENDATIONS

ACCEPT this report on Contra Costa Opioid Response as part of the comprehensive prevention program to support ongoing implementation of OSF programs, including prevention, treatment, harm reduction, and recovery services. Continued investment in these efforts will allow the County to maintain momentum, strengthen infrastructure, and respond effectively to evolving community needs.

ACKNOWLEDGE that the delays created in program implementation resulted from slow release of funding, workforce shortages, inability to hire in a timely manner and delays in implementing the required community engagement process.

DIRECT Contra Costa Behavioral Health to continue supporting and monitoring expansion of the County's Opioid Response to the Opioid Crisis

DIRECT Behavioral Health to continue efforts intended to raise community awareness and education in the community

DIRECT Behavioral Health to distribute funds through the Request for Proposals (RFP) process and support projects and activities with equity-driven programming, and measurable community impact.

ACCEPT the Division's recommendation to distribute available OSF as follows: 50% treatment and recovery, 20% harm reduction/intervention, 30% prevention, while maintaining spending requirements of no less than 50% in High Impact Abatement Initiatives.

ACCEPT recommendation to issue additional Request for Proposals to ensure that Exhibit E activities and Core Strategies are implemented in the community

DIRECT Behavioral Health staff to continue to track data to monitor the impact of opioids in the County and continue efforts to prevent overdoses

SUPPORT, efforts intended to promote the County's OD-Free Contra Costa campaign to increase awareness and education in the community

SUPPORT continued efforts to increase SUD and MAT treatment and support SUD treatment provider initiatives intended to remove barriers to treatment