



CONTRA COSTA HEALTH

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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 15, 2026

Date: May 11, 2026

SECTION I – CONTRA COSTA COUNTY & OPIOID SETTLEMENT FUNDS (OSF)

In response to the Opioid Crisis, Contra Costa has joined California’s broader efforts to leverage resources secured through national settlement agreements to deter and reduce opioid related harm and overdoses in high-risk areas. 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.

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

² [California Code, GOV 12534.](#)

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.

- 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.

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

⁴ https://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

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 each City some opted to keep the funding to address their own needs. Though some Cities elected to keep their OSF, BH continues to be inclusive in its countywide approach to the Opioid epidemic and forge strong relationships with all cities to implement strategies that create a unified response especially, in areas and/or populations where the increasing utilization of Naloxone to reverse or prevent overdoses demonstrate the need to collaborate. 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.

As most counties have decided, 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. Since 2022, BH has been providing administrative & programmatic oversight of OSF efforts to ensure compliance and adherence to the goals and expectations of the OSF Agreement. Behavioral Health (BH) is committed to work in partnership with county agencies and community-based organizations to address the local impact of the opioid crisis and will continue to monitor compliance according to California Department of Health Care Services (DHCS) and the OSF Agreement Guidelines.

This long-term investment provides Contra Costa County with the opportunity to 1) Expand and sustain opioid response infrastructure, 2) Coordinate countywide interdivisional and Community-Based Organizations (CBOs) strategies, and 3) Implement community and data driven efforts to reduce the impact of opioid-related harm across jurisdictions.

A. Expenditures & Funds Received IN FY25-26

To date, Contra Costa County has received \$28,519,991.51 abatement funds and as of April 30th, 2026 we have spent \$1,960,315.01, with a remaining balance of \$25,270,274.49

Opioid Settlement Fund (Cost Center 5935)						
Settlement Source	Abatement Funds	Subdivision Funds	NOAT ii	ENDO	MCKINSEY	TOTAL
ABATEMENT FUNDS	22,228,461.64					
SUBDIVISION FUNDS		4,966,436.14				
CA MALLINCKRODT ALLOCATION (NOAT II)			464,041.82			
ENDO PUBLIC OPIOID TRUST				419,145.65		
MCKINSEY SUBDIVISION SETTLEMENT					441,906.26	
Amount Received to date	22,228,461.64	4,966,436.14	464,041.82	419,145.65	441,906.26	28,519,991.51
Amount Spent to date	2,785,675.21	-	464,041.82	-	-	3,249,717.02
Remaining Balance	19,442,786.43	4,966,436.14	0.01	419,145.65	441,906.26	25,270,274.49
Amount Spent to date Breakdown	2,785,675.21	-	464,041.82	-	-	3,249,717.02
FY23/24			175,426.65			175,426.65
FY24/25	825,360.19		288,615.17			1,113,975.36
FY25/26 Projection	1,960,315.01					1,960,315.01
						-

In accordance with new DHCS requirements and the Behavioral Health Services Act (BHSA), Behavioral Health has reported all funding revenues, including OSF funding in the Integrated Behavioral Health Plan. Moreover, the BH Integrated Plan reflects projected utilization of OSF for the implementation of newly required initiatives and evidence-based practices such as: Assertive Field Based Medication Assisted Treatment (MAT) for OUD, Open Access MAT Clinics, CalAIM Justice Involved, Proposition 36 and treatment of Co-occurring Disorders. In different order, those newly required initiatives are expected to be rolled out gradually within the next two years.

Additionally, by July 1, 2027 Behavioral Health is expected to comply with all of the changes related to the American Society of Addiction Medicine (ASAM) 4th Edition, which will require strengthening the County’s Substance Use Disorders (SUD) treatment system infrastructure and making substantial upgrades to include Incidental Medical Services (IMS) as well as the implementation other Behavioral Health Capital Infrastructure Projects (BHCIP) such as the Sobering Center, Care on Demand Detox and Youth MAT facilities in East County.

B. Opioid Remediation Activities in Contra Costa County

As stated earlier, due to the urgency to respond to the number of overdoses, the lack of awareness and the impact of the opioid crisis, BH was tasked by the CAO to develop a preliminary list of priorities. In 2024, BH started to implement several Opioid Remediation High Impact Abatement Activities (HIAA). Some of the immediate actions included an expansion of countywide Naloxone

distribution, training and education to reverse overdoses. This report provides an update on those preliminary approved activities, as well as other progress made to date.

2024 Board of Supervisors Preliminary Approved Activities

Phase 1

- 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

Phase 2

- 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)

BH's phased- approach to the Opioid Crisis has successfully achieved close to 70% of these preliminary proposed remediation activities, others are just initiated or are in progress. To effectively address the harm associated with the opioid crisis, it is expected that interventions continue for a period of time to ensure a long-lasting effect. In subsequent years, BH is committed to develop measurable goals to strategically evaluate the effectiveness of the interventions.

Phase 1 recognized the heightened risk of the following populations of focus: justice-involved and unhoused residents, individuals with Co-Occurring Disorders (COD) which were also supported by county-level data from the California Public Health Opioid Dashboard and local reports. Similarly, Phase 2 was intended to reinforce phase 1 interventions such as strengthening community-based support, giving the community a voice through intentional engagement and launching public health awareness campaigns to broadly educate about overdoses and available resources.

Progress Update on Preliminary Approved Activities

BOS Approved Activity	Status	Notes
Phase 1		
1. Medi-Cal match towards operating cost for existing SUD providers to bolster services and capacity	Accomplished	To strengthen existing SUD provider network capacity and meet requirements of CalAIM Payment Reform, SUD provider contracts include OSF funding. New MAT/SUD providers were added to the DMC-ODS network
2. Focus on Justice Involved populations	Accomplished	SUD treatment in jail has been bolstered with the addition of substance abuse counselors. Treatment is integrated with Detention Health in collaboration with Office of Education and the Sheriff Office. OSF funds Sublocade an injectable prescription not funded by Medi-Cal. Currently, there is minimum support post-release.
3. Add 1.0 FTE Addiction Medicine Psychiatrist	Accomplished	Position filled with an MD with Addiction Medicine Specialty
4. Develop Adolescent SUD treatment Infrastructure	In Progress	2 RFP postings were issued for Outpatient and Residential Services. There were no bidders. RFPs were reframed and reposted. Currently working with 1 provider for residential services and 2 prospective bidders for outpatient services in West and Central County. Contracted with MuirWood residential program located in Marin county, MuirWood is privately operated, non-Medi-Cal.
5. Leadership and Coordination (1FTE)	Accomplished	Position filled
Phase 2		
1. Continue to fund MEDS Coalition and staff as needed	Accomplished	An additional MEDS coalition has been funded to support the greater Central/East County areas. The first MEDS coalition will support Central/West County. NCAPDT will support Lamorinda/South
2. Fund Risk Reduction strategies including needle exchange sites	Accomplished	Added funding to HEPAC's contract through Public Health to establish Public Health Vending Machines (Naloxone) at various locations, and harm reduction training. AOD partners with Syringe Services Program to outreach/engage clients with SUD
3. Increase SUD street outreach capacity in Recovery Residence, homeless shelters, libraries, encampments, BART stations, etc.	Accomplished	Created a team of counselors placed at touchpoint locations to reach populations of focus: women/ED, veterans/unhoused, MOUD/post-release, recovery residences.
4. Comprehensive care management: pregnant/postpartum individuals with OUD	In Progress	In collaboration with Hospitals/Clinics add 1FTE Substance Abuse Counselor to focus on women with an OUD, support MAT program
5. Social Media Campaign to increase public awareness (Billboard, bus banner, web page, design/operations)	In Progress	Development of an OD-Free Contra Costa campaign/webpage that offers training materials, harm reduction tools, Naloxone sites/request, etc. A countywide campaign to reduce stigma and amplify opioid response efforts to launch by Summer.

C. A Call to Action: A Contra Costa Response to Opioid Crisis

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. BH conducted a series of regional *Listening Sessions* to gather community input about their recommendations for the use of the funds based on the impact of the opioid crisis. The highlights of the Listening Sessions were presented to the former Alcohol and Other Drugs Advisory Board and shared with SUD treatment and prevention providers at the end of 2024. 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.

Additionally, further input about the opioid crisis was collected during the most recent ***Community Conversations*** hosted by BH in preparation for the BH Integrated Plan. BH is

committed to continue engaging the community to ensure that opioid remediation strategies are aligned with community recommendations, public health priorities and OSF requirements.

The County's current approach focuses 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. CCBH main goal is to ensure equitable access to prevention, harm reduction, treatment, and recovery services for the County's most vulnerable residents.

SECTION 2: OPIOID USE & OVERDOSE IN CONTRA COSTA

Like most of California and the U.S., fentanyl has continued to be a major contributor of overdose deaths in Contra Costa County as many recent fatalities have involved fentanyl use rather than other prescription opioid drugs and heroin use. New data suggests there has been a shift in geographical patterns with more opioid related deaths & harms shifting towards East and Central County compared West County which reported higher rates in 2023. Currently, the top five cities impacted by opioids in Contra Costa are Antioch, Concord, Walnut Creek, Richmond and Martinez, respectively.

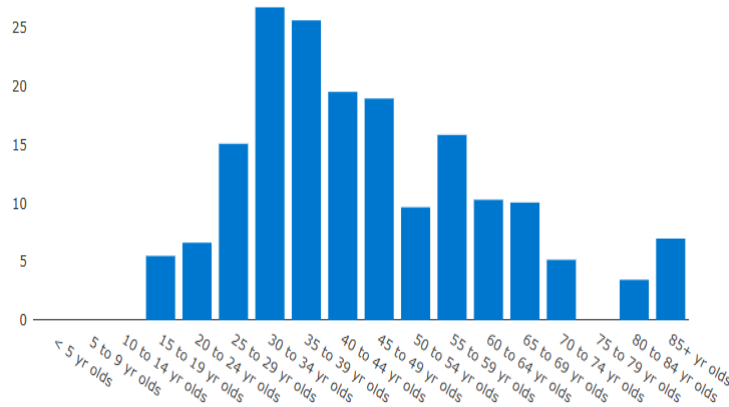
Most importantly, SUD treatment admission data and information provided by clients, substance abuse counselors working in the field, and substance use treatment providers mirror national and State data about changes in drug use patterns. While opioid is no longer reported as the primary drug of choice, polysubstance use is reported by clients to increase potency. Although opioids may not be reported as the primary drug of choice, drug testing conducted at SUD treatment facilities largely reflects the opposite through the presence of abundant fentanyl in test results for individuals whose last drug of use was methamphetamine. This supports reports of fentanyl laced with methamphetamine. The most recent treatment admission data suggest that methamphetamine use is on the rise but has not replaced opioids. Lastly, due to the strong effects of fentanyl and substance poly-use, research shows that one dose often does not fully reverse respiratory depression from potent synthetic opioids, even if the person briefly wakes up. Currently, multiple doses are frequently required to reverse overdoses. As drug use patterns evolve, AOD continues to monitor data to inform prevention, harm reduction, intervention, treatment and recovery efforts as we address the opioid crisis.

A. Contra Costa County Overdose Data

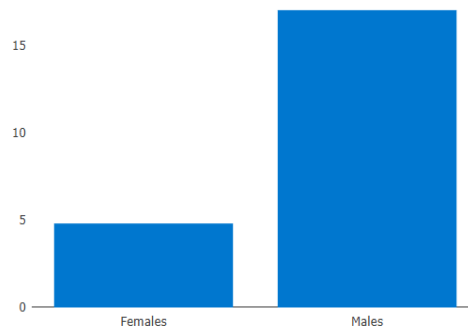
California's Opioid Overdose Surveillance Dashboard provides a foundation for understanding Contra Costa's opioid response efforts. Besides tracking data trends and street drug patterns, CCBH also monitors changes in the risk and vulnerability of communities to effectively adjust interventions as needed. BH will closely follow the impact of HR1 and the substantial changes to Medi-Cal eligibility which are expected to reduce access to healthcare and likely broaden the gap of unmet SUD prevention, treatment and recovery needs in Contra Costa.

Opioid-related deaths in Contra Costa peaked at **17.0 per 100, 000 residents** in Q3 2023, mirroring statewide and national “fentanyl-era” patterns. However, most recent data in Q2 2025, demonstrates a decline to 10.6 per 100,000 residents, which is a **38% decline from its peak**, and the lowest county rate seen since 2020. Unfortunately, the populations most impacted are working-age adults from 15-54 years old, with men experience nearly 4x times the death rates of females at 17.6 to 4.8 per 100,000 residents respectively in Contra Costa County.

Any Opioid-Related Overdose Deaths - Contra Costa County by Age Groups, 2024
Crude Rate per 100,000 Residents

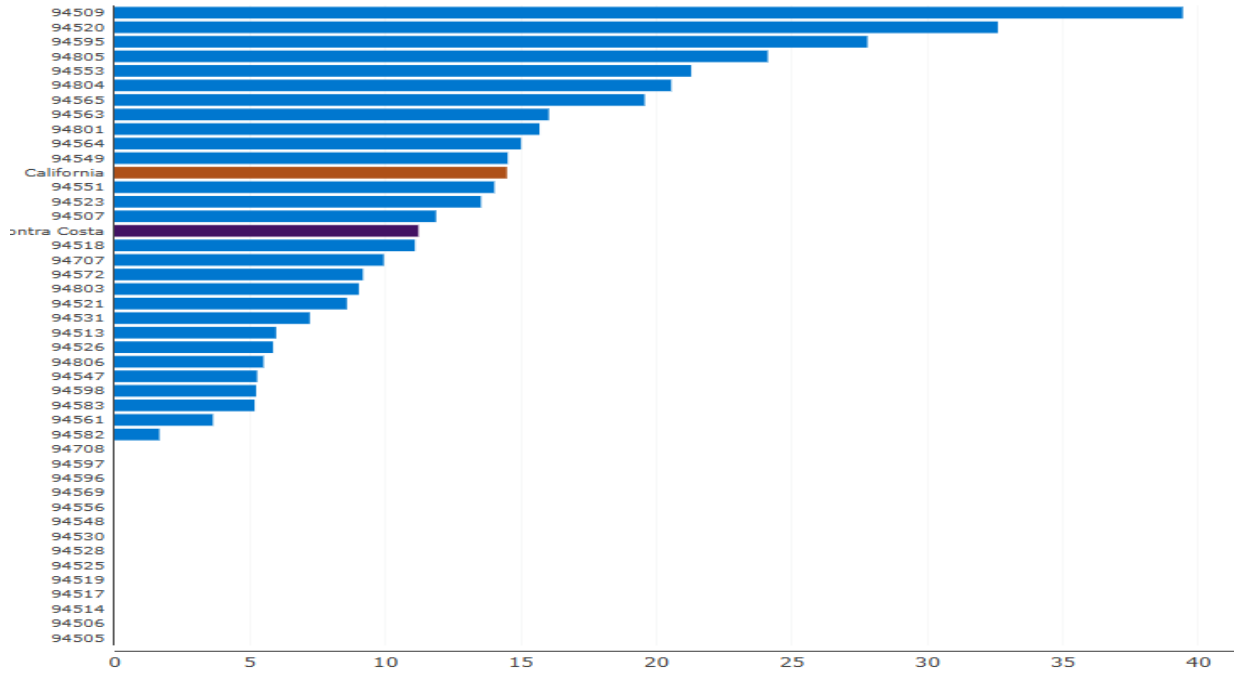


Any Opioid-Related Overdose Deaths - Contra Costa County by Sex, 2024
Crude Rate per 100,000 Residents

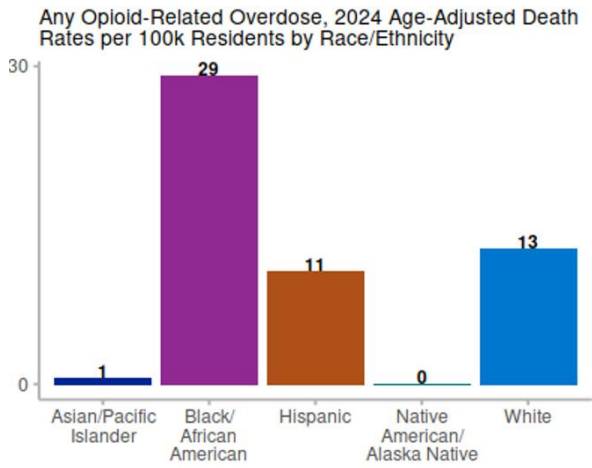


The California Opioid Overdose Surveillance Dashboard, which is a reliable data tracking platform for opioid-related deaths at the state and county level reported 123 opioid-related overdose deaths in 2024. The annual age-adjusted mortality rate for 2024 was 11.2 per 100k residents, significant decrease of 32.33% from 2023. The chart below displays the annual age-adjusted rates for any opioid-related overdose deaths by zip code.

California Opioid Overdose Surveillance Dashboard
Any Opioid-Related Overdose Deaths - Contra Costa County, 2024
 Age-Adjusted Rate per 100,000 Residents



According to the chart above, Contra Costa County has a lower age-adjusted opioid-related death rates at 11.2 per 100,000 County residents compared to California rates at 14.48 per 100,000. However, there are several cities/zip codes where rates in Contra Costa County are significantly higher than the state average. For instance, Antioch has the highest age-adjusted opioid related death rate at 39.42 per 100,000 residents following Concord at 32.6, Walnut Creek at 27.78, Richmond at 24.11 and Martinez at 21.28 per 100,000 residents respectively. Furthermore, data shows that African Americans are the most at-risk for any opioid-related overdoses followed by white and Hispanic populations.



The chart above indicates that age-adjusted rates for overdose death are more than twice as high compared to White & and Hispanic populations.

Emergency Department (ED) Visit Data by Race

In 2024, Contra Costa County reported 332 emergency visits and 99 hospitalizations due to Opioid related misuse and overdoses. Although rates in Contra Costa are lower than California’s averages for Opioid related overdoses across every demographic; significant inequities and gaps in access to prevention and interventions services remain. For example, the data show that African American residents experience the highest opioid-related ED visits in Contra Costa County (**100.5** per 100,000, age-adjusted), more than **2.5 times** of any other reliably measured group. Although overall ED visits declined 18% in one year from 2023-2024, the disparity is present as rates fell for White and Hispanic residents but were unchanged for Black/African American.

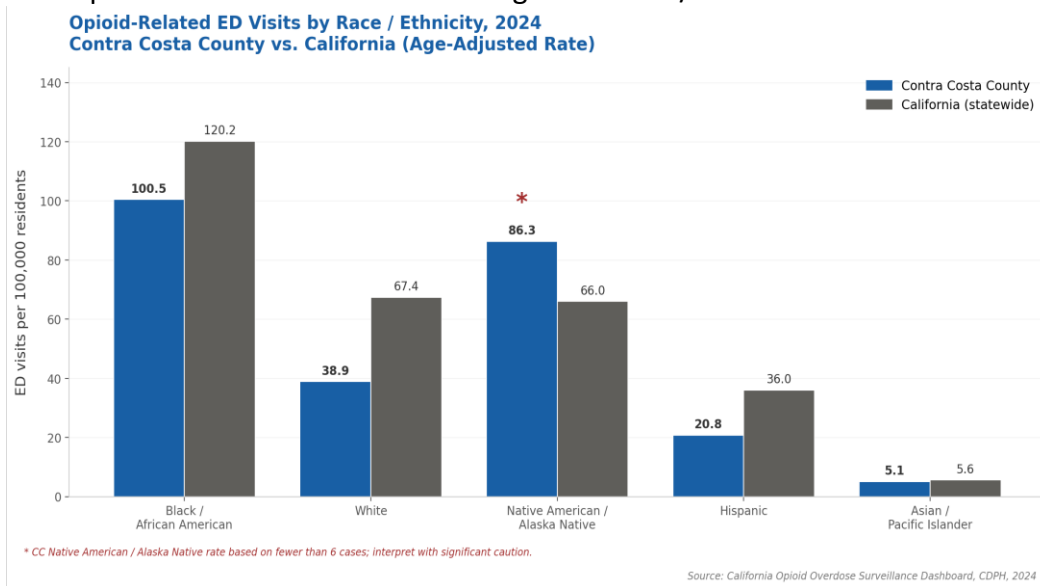


Figure 1. Source: California Department of Health Care Access and Information, Emergency Department Data

B. 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 should 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 and allow for early initiation to MAT to the populations most impacted by OUD are considered best practices and the most effective 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). Contra Costa no longer has access to EQRO DMC claims data due to recent changes in how EQROs are conducted. For the purposes of this report, AODS is using FY23-24 EQRO data, and eventually will replace with fiscal year SUD Treatment Admission data

- 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 2. 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.

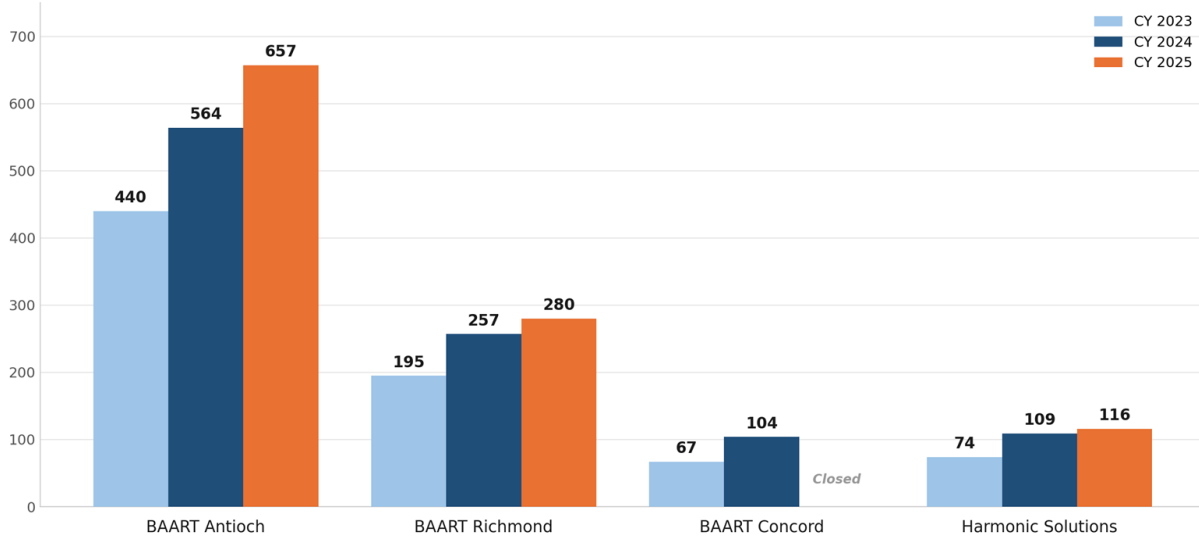
Racial/Ethnic Groups	# Members Eligible	# Members Served	County PR	Same Size Counties PR	Statewide PR
African American	31,665	457	1.44%	1.29%	1.19%
Asian/Pacific Islander	28,883	60	0.21%	0.15%	0.15%
Hispanic/Latino	76,183	396	0.52%	0.74%	0.69%
Native American	628	16	2.55%	2.34%	2.01%
Other	68,336	872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

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

**MEDICATION ASSISTED TREATMENT (MAT) DRUG MEDICAL ORGANIZED DELIVERY SYSTEM
Treatment Admission Data Per Calendar Year Provider**

MAT Clients by Provider Location, Contra Costa County

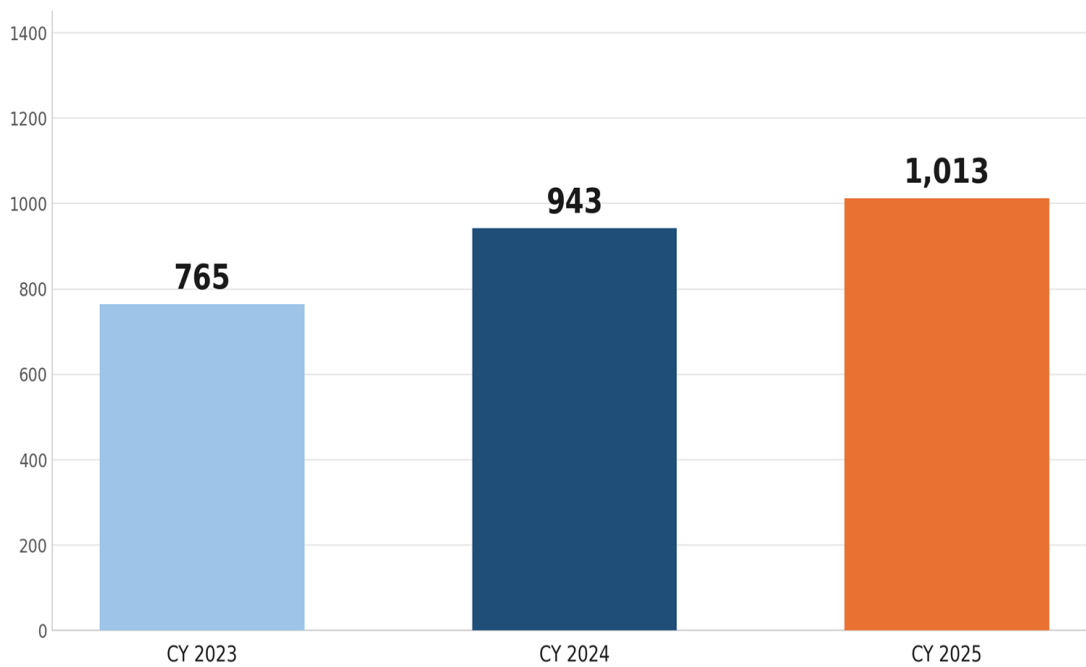
Calendar Year 2023 - 2025



MAT TREATMENT UTILIZATION DATA BY CALENDAR YEAR

MAT Treatment Utilization, Contra Costa County

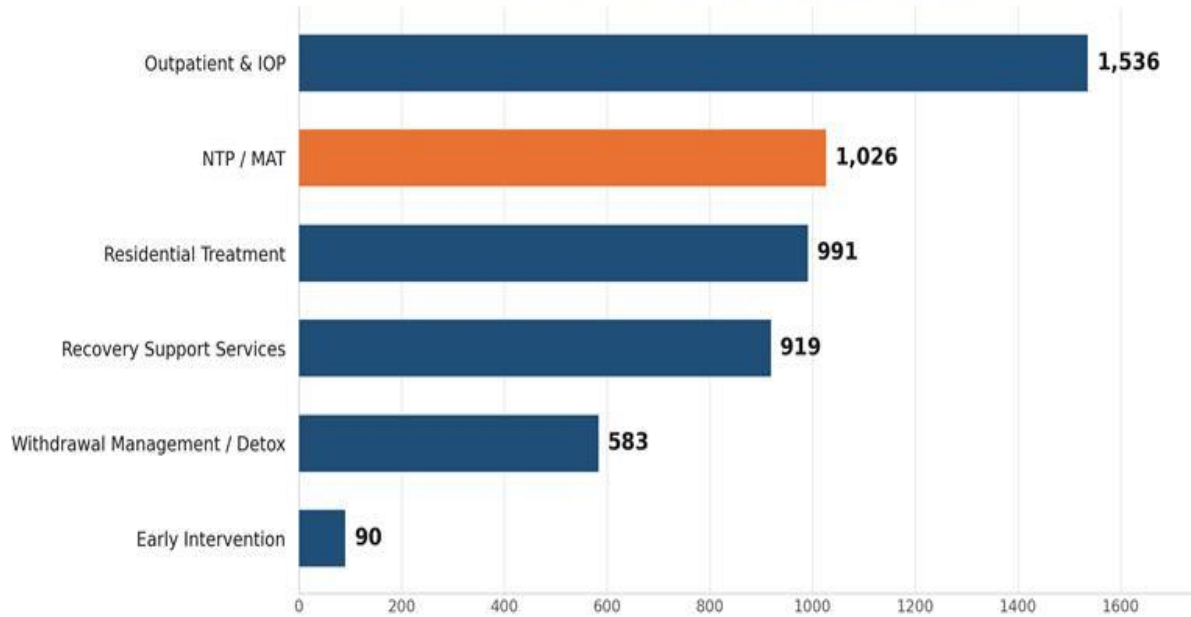
Calendar Year 2023 - 2025 (Unique Clients)



SUBSTANCE USE TREATMENT UTILIZATION

Substance Use Treatment Utilization by Level of Care

Contra Costa County, FY 2025-26 YTD (Unique Clients)



SECTION 3: ADDRESSING THE OPIOID CRISIS IN CONTRA COSTA

A. Request For Proposals and Funding Deployment

Understanding that the opioid crisis will take a collective approach and the expertise of the entire community, following the last presentation to the Family and Human Services Committee on May 14, 2025 Behavioral Health proceeded to release various requests for proposals guided by and aligned with the following:

- 1- OSF approved activities
- 2- Board of Supervisors Preliminary Approved Core Activities
- 3- A Call to Action – Community Identified Needs
- 4- Local and State Data

In addition to adding funding to existing SUD programs, BH has issued several RFPs for the expansion of outpatient treatment facilities, residential/outpatient treatment for youth and MAT services. The second largest RFP was for prevention and intervention/harm reduction services. Impacted by long processing delays, currently several community-based organizations have been allocated funding. As of March 2026, eleven (11) community-based organizations have been contracted to support Opioid High Impact Abatement Remediation activities. As of this report, not all programs have executed contracts.

PREVENTION PROGRAMS		
Organization & Program Name	Location & Target Population	Brief Description of Services
Bay Area Community Resources (BACR) Medication Education & Disposal Safety (MEDS) Coalitions (2) The Opioid Awareness Project Secure Today, Safe Tomorrow (STST) – Community Opioid Prevention & Lock-it-Up Campaigns	<p>West, Central & East Community at large, parents West County / Richmond</p> <p>Black, Indigenous & People of color (BIPOC), Transitional-age youth, families and immigrants Central County / Concord</p> <p>Youth & Community Residents (parents, caregivers, immigrants and communities of color)</p>	<p>MEDS coalition, community engagement, media advocacy, awareness and education, naloxone distribution. Stand boxes placement</p> <p>Youth-led transitional-age youth (TAY) opioid prevention to implement culturally responsive opioid awareness campaigns.</p> <p>Overdose prevention community-wide opioid prevention and risk-reduction campaigns in areas of Concord where overdose risk is disproportionately high.</p>
Contra Costa Youth Service Bureau (CCYSB) <i>See Us Dream Less SUDs</i>	West County / Richmond African American individuals, families & communities. Specifically, Faith-based Congregations	Leverage the significant role faith-based institutions have in African American communities, partners with faith-based leaders to educate and bring awareness about OUD
Reach Project <i>Family-Center Youth Opioid Prevention Project</i>	Pittsburg, Antioch, Oakley, Brentwood and unincorporated areas of Bay Point, Bethel Island, Discovery Bay and Byron School age youth (6-18 yrs. Old), Parents/Caregivers, youth ages 11-21 including group homes.	Multi-tiered, community-based prevention program provides education, and culturally relevant support to families and youth
Contra Costa Office of Education <i>Youth-led Opioid Awareness & Misuse Prevention (YOAMP)</i>	School-based sites in East, West & Central County Youth ages 12-18 (including justice-involved and at-risk youth)	Education, risk-reduction, school & community engagement through youth empowerment principles at Middle and High Schools & Alternative schools including Juvenile Hall
Faith In Action Community Education Services (F.A.C.E.S) <i>FACES Community-Based Substance Use Disorder Prevention Program</i>	East County school and community based Youth on probation, justice-involved adults and their families	Community/school-based education, social media, support system. Referral to treatment and resources
The National Coalition Against Prescription Drug Abuse (NCAPDA) <i>San Ramon Valley Overdose Prevention Project</i>	San Ramon Valley (SRV) regions, Alamo, Danville, Diablo and San Ramon) including Lamorinda Youth, Immigrants, LGBTQI+, and Community Members	Education, awareness, risk reduction and overdose prevention activities through schools & community-based programs focused on at-risk populations in San Ramon Valley. Stand boxes placement
Pathway Humanity <i>Juvenile Mentorship Program</i>	East and West County (Juvenile Hall and Richmond & Antioch Continuation schools) At-risk and justice-involved youth,	Addresses the critical needs of underserved youth in communities highly susceptible to substance use, incarceration, and recidivism

RISK REDUCTION		
Options Recovery Service <i>Opioid Use Prevention Project</i>	Central & East County Homeless Encampments Unhoused individuals, people with co-occurring disorders, justice-involved individuals, and all other people affected living in encampments.	Street outreach to unhoused persons with OUD at risk of overdoses at homeless encampments, Naloxone distribution, hygiene & wellness kits, referrals to treatment and other resources.

TREATMENT PROGRAMS		
Bi-Bett <i>Intensive Outpatient Program (IOP) Expansion</i>	Central County (Martinez & Concord) Latinos/monolingual Spanish-speaking, Spanish-speaking women (Wollam-2 beds)	SUD treatment, increase MAT awareness, outreach and access to treatment.
WestCare <i>Intensive Outpatient Program (IOP) Expansion</i>	West County (Richmond-San Pablo) Co-Ed with SUD/OUD, Latinos	SUD/MAT outpatient treatment

COMMUNITY MINI GRANT MANAGEMENT		
Three Valleys Community Foundation (3VCF)	Small CBO/grassroot organizations. Evaluation Provider	Will manage and administer mini-grants opportunities for grassroots organization and community defined practices. Countywide Program Evaluation of County's OSF Program.

B. Continued Efforts to Build Engagement & Collaborations

In addition to the community engagement activities that provided the basis for the development of the “Call to Action: Contra Costa’s Response to the Opioid Crisis” released in March 2025, BH has continued to build partnerships with CBOs, local municipalities and public agencies to raise awareness about the impact of opioids, increase opportunities for opioid prevention, campaigning, and facilitating risk reduction distribution (Naloxone and Fentanyl test strips) through outreach and participation in community forums in all regions across the county.

Opioid Awareness & Community Events [FY 2025-2026]

- City of Richmond, Opioid Awareness Forum October 16 2025
- Recovery Month – Support4Recovery Recovery Event Martinez Marina, September 2025
- Bay Point’s Community Resource Fair Ambrose Center, Fall 2025
- Pittsburg Library, Community Partnership for Pop-Up Outreach Events (once per month) through March-May 2026
- Board of Supervisors, Prescription Drug Abuse (PDA) Awareness Month Proclamation March 31, 2026
- Walnut Creek City Council, PDA Awareness Month Proclamation March 17, 2026
- Contra Costa Clean Slate Day Event hosted by Public Defenders Office & Re-Entry Success Center, partnership for tabling outreach, April 17, 2026
- Danville Town Council, proclamation to MEDS Coalition and NCAPDA for International Overdose Awareness Day August 31, 2025
- Veterans Resource & Community Center (Los Medanos College), CCBHS ORT staff outreach January 2026
- MEDS Coalition & West Contra Costa Alcohol Policy Coalition, Park RX Day April 25, 2026

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.

C. Education and Naloxone Training

The two MEDS Coalitions is a vital partner in the implementation of opioid prevention and education efforts. In coordination with BH, the MEDS Coalitions facilitate opioid-related training and presentations across all regions in Contra Costa. These activities include education on safe medication practices, overdose prevention, and naloxone awareness to a range of audiences—including schools, community-based organizations, healthcare providers, and local government

agencies assuring that accurate, up-to-date information reaches residents in all regions throughout the County. Through this partnership, in FY 2025-2026 the MEDS Coalitions and AODS successfully conducted a total 202 presentations and distributed a total of 2,677 Fentanyl Test Strips, 2,028 Naloxone Kits.

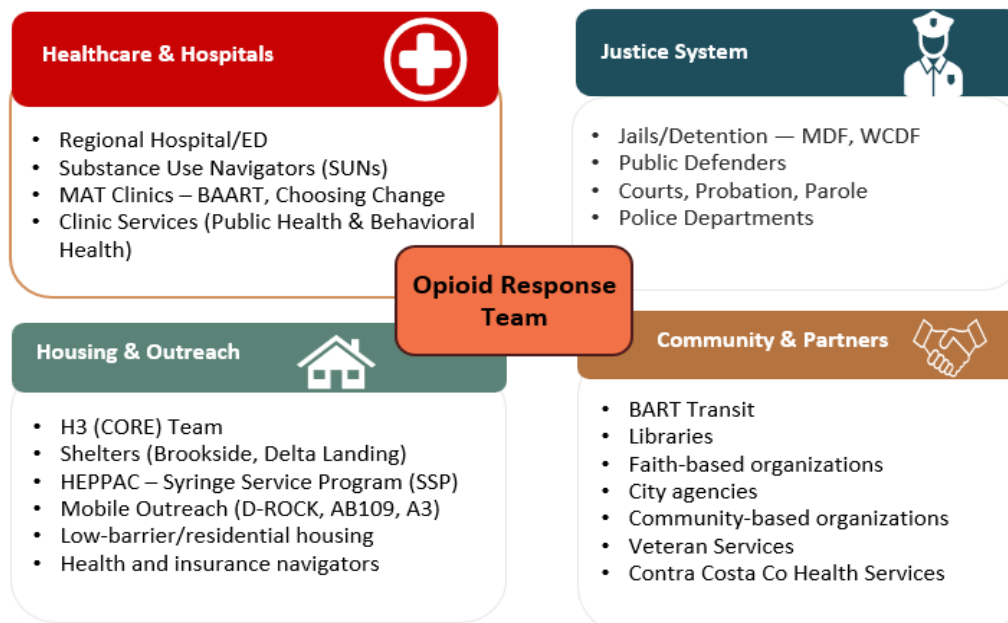


- The distribution of Fentanyl Test Strip has more than **doubled** in FY 25-26 YTD (2,677) compared to all of FY 24-25 (1,090), demonstrating the success with expanding outreach and the growing demand for risk reduction means in the community
- Naloxone distribution has already exceeded FY 24-25 totals (2,028 vs 1,346) with two months remaining in the fiscal year

D. Assertive Field Based Treatment (AFBT)

The Opioid Field Based treatment is an initiative for direct engagement and immediate support to individuals at a higher risk of overdoses. The team is comprised of field-based substance use counselors placed at critical “touchpoints.”

AFB’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, probation’s pretrial, healthcare for the homeless, CORE, ROCK, Veteran’s services, harm reduction coalitions, homeless providers/shelters, ORT bridges gaps across the SUD continuum of care to ensure timely connections to behavioral health 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.
- Care management and linkages to SUD and mental health treatment services.
- Offering follow-up support for clients completing SUD treatment to promote long-term recovery.
- 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.

Syringe Services Program (SSP)

Contra Costa County's risk reduction strategy in a collaborative effort between Public Health and Behavioral Health staff with regional partners, including the HIV Education and Prevention Project of Alameda County (HEPPAC) and the County's Public Health HIV/STI Program. SSP delivers services to individuals who use drugs—particularly those at risk of overdose, infection, or treatment disengagement. Substance Abuse Counselors provide field services meeting individuals where they are and reducing barriers to access to resources including low barrier treatment. These efforts prioritize areas in Bay Point and Richmond and partner with other local efforts but focus on individuals with OUD, services include distribution of Naloxone kits & Fentanyl test strips, linkages to SUD treatment in real time.

Recovery Residences

Through OSF funding, BH support people in recovery of substance use and opioid use disorder by providing recovery residences after stepping down from residential treatment, where clients continue outpatient treatment. 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. Recovery Residences prevent overdoses and support long term recovery. In addition to recovery coaching and monitoring, while living at a recovery residence, residents receive employment readiness support, financial literacy and access to employment resources with the goal of promoting further stabilization of their SUD and to ensure that they become productive members of society.

SUD treatment for Latinos

BH recognizes that there are very limited SUD treatment resources for Spanish speakers. AOD 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.

E. Naloxone Penetration Rates

Vending Machines

Increasing penetration rates of Naloxone is a key strategy to reduce overdoses in the community and one of the primary goals of Behavioral Health. Through OSF, BH adds funding to current efforts built by Public Health and HEPPAC (HIV Education and Prevention Project of Alameda County) to install six harm reduction vending machines (HRVM). This effort is part of a three-year contract (through RFP #2406-808) that included the procurement and placement of two new HRVMs and relocating three existing vending machines to locations in Contra Costa.

This work will continue to finalize the installation of six vending machines at locations highly impacted by overdoses. HRVM locations include: Delta Landing Adult Shelter in Pittsburg, the Oakley Community Center, Safe Organized Spaces HQ in Richmond and Mental Health Connections in Concord. Currently, there are two vending machines in full operation at Brookside Shelter in Richmond and Contra Costa Regional Medical Center in Martinez. These HRVMs provide low-barrier access to naloxone, fentanyl test strips, and hygiene supplies.

Naloxone Stand Boxes

In partnership with the MEDS Coalitions & NCAPDA and funded through DHCS & OSF, Contra Costa County has 19 operable Naloxone Stand Boxes located in all regions of the county with potentially 4 more being added through FY 26-27. From April – December 2025, 2,222 Naloxone kits have been distributed via Naloxone Stand Boxes.

SECTION 7. 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.

Workforce shortages in the industry and difficulties in hiring staff due to hiring freeze limited our ability to expedite our response rate. In addition, delays resulting from following policies to procurement and contract processing prevented implementation of programs in a timely manner.

Stigma, community resistance and Not in my Backyard issues continue to prevent support for people with behavioral health needs. Misconceptions about risk reduction approaches, such as syringe services and naloxone distribution can pose challenges to implementation and acceptance.

SECTION 8. RECOMMENDATIONS

ACCEPT this report on Contra Costa Opioid Response as part of the comprehensive strategy to support ongoing implementation of OSF programs, including prevention, treatment, risk 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, hiring freeze, procurement and contract 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 support projects funded through the Request for Proposals (RFP) process and monitor community impact.

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