January 22, 2019

TO: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Janice Hahn
Supervisor Kathryn Barger

FROM: Fred Leaf
Interim Director, Health Agency
Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director, Department of Public Health

Christina R. Ghaly, M.D.
Director, Department of Health Services
Jonathan Sherin, M.D., Ph.D.
Director, Department of Mental Health

SUBJECT: EXPANDING TIMELY ACCESS TO COMPREHENSIVE SUBSTANCE USE DISORDER TREATMENT FOR OPIOID USERS IN LOS ANGELES COUNTY

This is in response to the Boards August 14, 2018 motion instructing the Director of the Health Agency, in partnership with the Directors of Public Health (DPH), Health Services (DHS), Mental Health (DMH), and other relevant stakeholders, to implement strategies to expand Medications for Addiction Treatment (MAT) across Los Angeles County (LAC) and report back to the Board in 120 days on the following:

I. Expansion of current DHS Emergency Department (ED)-based MAT capacity with a focus on buprenorphine, long-acting naltrexone, and naloxone;

II. Facilitation of ED patient linkage to DHS and community-based SUD and mental health centers to continue MAT treatment;

III. Expansion of ED-based MAT to private hospitals across the County;

IV. Expansion of access to MAT and other Substance Use Disorder (SUD) treatment for inmate patients inside the jails and upon release to ensure continuity of care;

"The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities."
V. Expansion of the availability of MAT across all Health Agency sites;

VI. Increase the number of X-waivered buprenorphine prescribers working in EDs and health centers across the County; and

VII. Facilitation of additional MAT “spokes” as a part of California’s Hub and Spoke System (H&SS) Grant, inclusive of Federally Qualified Health Centers.

As background, a report was submitted on October 30, 2018 by DPH that detailed a multi-pronged, interagency approach to addressing the opioid crisis. This report included information on: consolidation of opioid-related strategies among County departments and stakeholder partners under the umbrella Help for Addiction Recovery and Treatment (HEART) Collaborative; opportunities for MAT education, outreach, and training at provider- and community-level settings to enhance familiarity and utilization of this evidence-based intervention; efforts to enhance opioid treatment services for in-custody populations and facilitation of accessible and timely services upon re-entry into the community; and funding for the Los Angeles Sheriff Department’s (LASD) naloxone program and enhanced community access to this opioid overdose reversal medication. This follow-up report focuses specifically on strategies to enhance MAT throughout the County, as directed by your motion.

I. Expansion of Current DHS ED-based MAT Capacity with a Focus on Buprenorphine, Long-acting Naltrexone, and Naloxone

DHS has expanded its formulary to include all Food and Drug Administration (FDA) approved medications for opioid use disorder treatment. There is an automated push notification to the DHS medical home within the electronic health record to notify the primary physician that their patient has been seen in the ED. Methadone, buprenorphine, and naltrexone long acting injections are on formulary at all DHS facilities, and can be used within DHS facilities, including the ED, for opioid withdrawal management or to continue opioid maintenance treatment for patients with opioid use disorder (OUD) admitted to a DHS ED or hospital. Long-acting injectable naltrexone is available for patients with OUD who have withdrawn from opioids and who are appropriate for this opioid blocking medication.

There are existing DHS programs that offer buprenorphine, and naltrexone long-acting injection services at Martin Luther King Jr. (MLK) Outpatient Center, Harbor-UCLA Medical Center (MC), LAC+USC MC, Olive View-UCLA MC, and Hubert Humphrey Comprehensive Health Center (CHC). Additional DHS sites will be prepared to offer these services, with the expectation of expansion to one or more DHS programs per Los Angeles County Service Planning Area (SPA) by the end of 2019.

DHS is in the process of training selected clinicians to prescribe MAT, including trainings that permit DHS physicians, nurse practitioners, and physician assistants embedded within medical homes to obtain the federal Drug Enforcement Agency (DEA) X-waiver to prescribe buprenorphine for OUD. Trainings are being conducted on a
monthly basis, prioritized for primary care, psychiatry, emergency department, and urgent care center providers. Additionally, the DHS SUD Workgroup is publishing a series of expected practices in March 2019 to promote the use of MAT, including medications such as buprenorphine and naltrexone for OUD, as well as the co-prescribing of naloxone for patients at high-risk for opioid overdose.

II. Facilitation of ED Patient Linkage to DHS and Community-Based SUD and Mental Health Centers to Continue MAT Treatment

DHS operated EDs (LAC+USC MC, Olive View-UCLA MC, and Harbor-UCLA MC) are participants in the statewide ED Bridge Program, which launches additional programming in March 2019. The ED Bridge Program facilitates the identification of individuals in opioid withdrawal, provides rapid treatment of these individuals using OUD medications, and connects patients with OUD to ongoing MAT services at community based programs that are appropriate to the individual’s clinical circumstances. DHS EDs will specifically use buprenorphine, which does not require an X-waiver if dispensed in the emergency department. DHS ED providers have been prioritized to participate in monthly DHS X-waiver trainings, to facilitate the presence of ED providers with the capacity to discharge patients with a prescription for buprenorphine that can bridge the patient for the time between when they leave the ED and when they establish outpatient buprenorphine services.

DHS EDs also have on-site social workers and substance use counselors to link people to ongoing community care for SUD services. Naloxone (Narcan) spray is available at DHS pharmacies and DHS is working on automatic dispensing of naloxone, per pharmacy protocols, for high-risk patients. In addition to addressing emergencies, the goal of EDs is to link patients to appropriate medical homes. DHS relies on the broad network of resources from its new primary care Addiction Medicine Clinics, Whole Person Care – Los Angeles (WPC-LA), DPH-Substance Abuse Prevention and Control (DPH-SAPC), and the Hub and Spoke System Grant partners to make these connections.

III. Expansion of ED-based MAT to Private Hospitals Across County

DPH-SAPC has initiated conversations with representatives from the Hospital Association of Southern California (HASC) to explore interest in MAT expansion and potential partnership with private hospitals across Los Angeles County (LAC). Cursory discussions have centered on private hospital EDs as a starting point and how to operationalize MAT into a community setting in a timely manner. DPH-SAPC and HASC are exploring referral opportunities through the Hub and Spoke System and other contracted network providers, with an aim to build engagement in establishing ED-based MAT in private hospitals across the County.
IV. Expansion of Access to MAT and Other Substance Use Disorder (SUD) Treatment for Inmate Patients Inside the Jails and Upon Release to Ensure Continuity of Care

a. Convening of SUD and Criminal Justice-Focused Stakeholder Workgroup
DPH-SAPC will convene a SUD and criminal justice-focused stakeholder workgroup with relevant partners such as LASD, Chief Executive Office (CEO), DHS Correctional Health Services (DHS-CHS), Probation Department, and the Office of Diversion and Reentry (ODR) in Spring 2019. The goal is to increase collaboration on development of streamlined processes for referrals and access to care for shared clients. This workgroup will allow for greater collaboration on efforts to reduce the incidence of fentanyl exposures in the County jail system, such as naloxone training for staff, staff education on fentanyl and opioids, and increasing comprehensive health services for inmates in the county jail system.

b. Facilitating Successful Community Re-entry for In-Custody Populations
DPH, DHS-CHS, WPC-LA, and criminal justice providers are partnering to streamline and standardize the pre-intake process to simplify and expedite community re-entry for individuals being released from jail into SUD treatment. Standardizing and clarifying referral procedures from the in-custody setting to the community will improve the client experience and increase the likelihood of engagement and adherence to community-based treatment.

c. Increasing Access to MAT and SUD Treatment for LAC Inmate Patients
DHS-CHS and LASD have collaboratively proposed a five-strategy approach to implement over a three-year period commencing Fiscal Year (FY) 2019/2020 with support from your Board. Though MAT and SUD treatment services are currently provided at the LAC jails, the need for MAT and SUD treatment in the County jail system is still significant. DHS-CHS estimates that at least 800 inmates on any given day require MAT for an OUD. Furthermore, approximately 60 to 70 percent of LAC inmates meet clinical diagnosis for SUD.

The five strategies to expand MAT and SUD treatment for County jail inmates are as follows:

Strategy 1: Provide methadone maintenance to jail inmates.

Currently, methadone maintenance is not available within the County jail system, which poses a risk for health-related concerns related to opioid withdrawal. To address the lack of methadone maintenance, DHS-CHS and LASD propose the following:

1) In year one of implementation (FY 2019/20), DHS-CHS will phase in methadone maintenance for the general population at Men’s Central Jail (MCJ) and the co-occurring disorders (COD) population at Twin Towers Correctional Facility (TTCF).
2) In year two of implementation (FY 2020/21), DHS-CHS will phase in methadone maintenance for the female population at Century Regional Detention Facility
(CRDF) and the male population at Pitchess Detention Center (PDC) – North County Correctional Facility (NCCF).

DHS-CHS is in discussions with a community-based Opioid Treatment Provider (OTP) to provide methadone maintenance through a no-cost Memorandum of Understanding with DHS-CHS. The proposed OTP provider is a grantee of the California Department of Health Care Services’ Substance Abuse and Mental Health Services Administration Hub and Spoke grant. During the first year of implementation, the proposed OTP provider will be used as a bridge to provide methadone maintenance while DHS-CHS goes through the application and approval process to become a state-licensed OTP provider or a medication unit partnered with a community-based OTP provider.

**Strategy 2: Expand MAT treatment services to jail inmates with OUD.**

Currently, MAT in County Jail is limited to naltrexone and buprenorphine. Naltrexone is provided to inmates within the jail in a pill form and an injectable form (Vivitrol) to inmates prior to release. Buprenorphine is only available for pregnant inmates with OUD. To expand MAT services and accessibility, DHS and LASD propose the following:

1) In year two of implementation (FY 2020/21), DHS-CHS will expand the use of buprenorphine for withdrawal management in sub-acute (detoxification) and ambulatory outpatient settings within designated jail settings.

2) In year two of implementation (FY 2020/21), DHS-CHS will begin offering buprenorphine maintenance and induction prior to release from custody settings and ensure linkages to community-based services for continued treatment.

3) Throughout all three years of implementation (FY 2019/20 to FY 2021/22), DHS-CHS will increase the number of X-waivered buprenorphine prescribers.

4) Alongside DHS-CHS’s MAT initiatives, DHS-ODR and WPC-LA will implement a corrections-based Overdose Education and Naloxone Distribution Program (OEND) aimed at reducing opioid overdose deaths on community reentry for people leaving incarceration settings. The OEND, launched in CRDF in FY 2018/2019, will be introduced to other adult facilities by FY 2019/2020. The program will provide in-custody education on overdose prevention, recognition and response with naloxone, and rescue breathing; naloxone will be provided to people on release.

**Strategy 3: Implement MAT clinics in County jails.**

Currently, the DHS-CHS patient-centered care model does not include MAT as a service to address inmates with OUD. To address this unmet need, DHS-CHS and LASD propose the following:

1) Throughout all three years of implementation (FY 2019/20 to FY 2021/22), DHS-CHS will create specialty care addiction medicine teams/clinics with focus on
MAT services to be added to the patient-centered care model at each jail facility via clinic service or mobile units.

2) Throughout all three years of implementation (FY 2019/20 to FY 2021/22), DHS-CHS will offer federally-approved medications for the treatment of addiction.

Strategy 4: Expand access to Substance Treatment and Reentry Transition (START) SUD treatment services in County jails.

Currently, there are 500 START treatment slots located at four County jails on any given day: PDC – South Facility serving the general male population; MCJ serving the gay and transgender population; CRDF serving the general female population; and TTCF serving the male population with COD. Based on START contract service utilization during FY 2017/18, DHS-CHS will need to expand START by 500 slots to meet the SUD treatment needs of County jail inmates with OUD.

To reach this objective, DHS-CHS and LASD propose to add 166-167 slots per year, throughout the three-year implementation (FY 2019/20 to FY 2021/22), expanding the capacity beyond the existing 500 START slots to ultimately provide SUD treatment to 1,000 inmates on any given day. DHS-CHS will contract with one or more community-based SUD treatment providers to deliver expanded SUD treatment services. Community-based provider(s) will provide screening, brief intervention, education classes, assessment, counseling, case management, and care coordination with correctional health and mental health, reentry planning, and linkage to community-based services. START expansion includes adding treatment services for the female population with COD at CRDF, general male population at MCJ and PDC-NCCF, and male population with COD at PDC – North Facility.

Strategy 5: Develop a correctional health staffing plan (from DHS-CHS and LASD) to achieve and sustain a comprehensive strategy to address inmates with OUD/SUD.

In 2018, DHS-CHS toured several correctional facilities nationwide to learn about and observe best practices for implementing MAT and SUD treatment programs. The lessons learned were that a team approach of a sufficient amount of clinical and custody staff trained in addiction treatment, working together with a shared vision and goals, produced better outcomes in treatment compliance, led to better control of narcotic medications with the potential for diversion, and created safer correctional environments for inmates and staff.

DHS is working on a proposed DHS-CHS staffing plan that would necessitate CEO approval along with Board approval prior to implementation. The DHS-CHS staff required to operate the proposed MAT and SUD clinics/teams across jail facilities including the OUD withdrawal management unit over the three-year implementation (FY 2019/20 to FY 2021/22) are as follows:

- (1) Chief Physician
- (1) Staff Analyst, Health
- (3) Assistant Staff Analyst, Health
Each Supervisor  
January 22, 2019  
Page 7

- (1) Staff Assistant II  
- (4) Nurse Practitioners  
- (8) Registered Nurses I, Sheriff  
- (4) Clinical Pharmacists  
- (2) Clinical Social Work Supervisors I  
- (7) SUD Counselors  
- (7) Psychiatric Technicians II  
- (1) Secretary III

Successful implementation of the DHS-CHS MAT and SUD clinics/teams cannot occur without a corresponding increase in LASD custody staffing. LASD is working on a complimentary staffing plan and budget request that will be forthcoming.

With Board support, these five strategies proposed for MAT and SUD expansion will aid DHS-CHS and LASD in achieving these objectives and better serve the OUD/SUD treatment needs of the inmates from the LAC jail system.

V. Expansion of the Availability of MAT Across All Health Agency Sites

DPH-SAPC leadership has met with OTP providers to discuss expanding access to MAT options beyond methadone, including medications such as buprenorphine, naltrexone, naloxone, and disulfiram. In collaboration with the California Institute for Behavioral Health Solutions (CIBHS), DPH-SAPC will implement MAT trainings for its contracted provider network to support greater implementation of MAT. These trainings are in development and anticipated to launch in Spring 2019.

With stronger support at the State level, including the California Department of Health Care Services (DHCS) specifying that residential and outpatient providers cannot refuse to treat or deny care to a patient utilizing or needing MAT, DPH-SAPC continues to scale the utilization of MAT across the County. Namely, DPH-SAPC has implemented MAT trainings and MAT Learning Collaboratives, developed a web-based MAT Resource Library to provide essential information for providers considering MAT implementation, encouraged providers to participate in the DHCS Naloxone Distribution Project to access free naloxone for their patients, and coordinated with recipients of the Hub and Spoke System Grant in LAC to increase the number of community-based organizations that elect to serve as MAT spokes.

Within County-operated hospitals, primary care medical homes, and community mental health programs, buprenorphine, naltrexone, and naloxone are now available via relevant formularies. DHS is expanding the number of providers waivered to prescribe buprenorphine in its county-operated primary care clinics, providing decision support and technical assistance through eConsult to DHS providers to facilitate offering patients MAT, staffing these clinics with behavioral health clinicians to deliver psychosocial services that support patient participation in MAT services, and establishing MAT services in the ED and bridge clinics to ensure access to MAT as described in Section II above.
DHS anticipates a minimum of eight sites, one per SPA, will have two or more X-waivered providers engaged in offering buprenorphine by the end of 2019. An additional 40 providers across all DHS sites are expected to be trained by the end of 2019. Currently, there are behavioral health clinicians that offer psychosocial services to patients at five DHS primary care clinics (LAC+USC MC, Harbor-UCLA MC, MLK Outpatient Center, Hubert Humphrey CHC, and Edward R. Roybal CHC), and in two emergency rooms (LAC+USC MC and Olive View-UCLA MC), with a plan to expand this model to patients with OUD in primary care sites at all DHS facilities by 2020.

In addition to the DHS and DPH-SAPC efforts highlighted above, LAC DMH has also made toxicology testing available for its clients at all County-operated sites. Naloxone is available at all DMH county-operated clinical sites. DMH currently offers buprenorphine services at six (6) sites: West Central Family Mental Health Center, San Pedro Mental Health Center, West Valley Mental Health Center, San Fernando Mental Health Center, DMH at Harbor-UCLA MC, and DMH Olive View-UCLA Urgent Care Center. Naltrexone long-acting injection, which can also be used to treat alcohol use disorder, is available at nineteen (19) sites: Antelope Valley Mental Health Center, Palmdale Mental Health Center, Santa Clarita Valley Mental Health Center, Edmund D. Edelman Westside Mental Health Center, West Central Family Mental Health Center, Hollywood Mental Health Center, Northeast Mental Health Center, Arcadia Mental Health Center, Long Beach Mental Health Center, San Pedro Mental Health Center, Rio Hondo Mental Health Center, South Bay Mental Health Center, Compton Mental Health Center, San Fernando Mental Health Center, West Valley Mental Health Center, Harbor-UCLA Mental Health Center, Augustus F. Hawkins Mental Health Center, Coastal Asian Pacific Islander Mental Health Center, and DMH Olive View-UCLA Urgent Care Center.

VI. Increase the Number of X-waivered Buprenorphine Prescribers Working in EDs and Health Centers Across the County

DPH-SAPC and the countywide opioid coalition known as Safe Med LA regularly convene MAT Learning Collaborative meetings that engage various provider groups, including primary care, mental health, and addiction clinicians. A main goal of Safe Med LA is to increase the number of provider agencies and prescribers that can competently prescribe MAT, particularly the number of prescribers that have the X-waiver required to prescribe buprenorphine for OUD. Safe Med LA has trained over 240 new buprenorphine prescribers throughout the County since it was established two years ago.

VII. Facilitation of Additional MAT “spokes” as a Part of California’s Hub and Spoke System (H&SS) Grant, Inclusive of Federally Qualified Health Centers

DPH-SAPC has encouraged providers in its contracted provider network to consider becoming a “spoke” within the Hub and Spoke System. As a “spoke” provider, agencies receive dedicated support and assistance such as education and training on MAT for staff, buprenorphine waiver training for prescribers, and funding for treatment costs for uninsured or under-insured patients. Tarzana Treatment Centers, Inc. and CLARE|MATRIX are the recipients of this grant and serve as the two “hubs” in LAC+USC MC. DPH-SAPC is working with these two “hub” agencies to ensure strategic
coordination of MAT expansion through this H&SS Grant, including helping to recruit additional "spoke" agencies by engaging entities such as the Community Clinic Association of Los Angeles County (CCALAC). DPH-SAPC and the "hubs" have presented to the CCALAC Clinical Advisory Group and will continue to engage CCALAC as an important partner in expansion of "spoke" providers.

In conclusion, County departments and stakeholders will continue to partner on efforts to ensure access to MAT and timely treatment access for clients with OUDs. If you have questions or need additional information, please let us know.

FL:BF:CRG:JES

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors