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Expanding Timely Access to Comprehensive Substance Use Disorder Treatment for Opioid Users in Los Angeles County

In Los Angeles County (LAC), an average of 400 deaths per year from 2006-2016 were associated with a positive test for prescription opioids. However, in 2017 alone, 488 died as a result of an opioid-related overdose. On average, individuals who die from drug overdoses die 31 years prematurely. Opioid overdoses also result in significant numbers of ED and hospitalizations. Prescription opioid overdose-related ED visits increased from 449 in 2006 to 705 in 2016 and hospitalizations from 601 in 2006 to 765 in 2016.

Substance use disorders (SUD) are complex, chronic health conditions. As such, treating them often requires varied strategies to facilitate recovery. It is imperative that health care providers have all available treatment options at their disposal to address these complex conditions. Medication for Addiction Treatment (MAT) is the use of prescription medications, in combination with counseling and other behavioral interventions, to comprehensively address SUDs, such as opioid use disorders (OUD) and alcohol use disorders (AUD). MAT includes methadone, buprenorphine, naltrexone, and naloxone. MAT for OUD and AUD has been shown to improve SUD treatment outcomes by as much as 20 to 30 percent. Utilizing MAT in conjunction with other interventions that address the psychological and social origins of SUDs can ensure that health care providers are maximizing their ability to help patients via a comprehensive, biopsychosocial approach.

It is especially important that LAC’s most vulnerable residents and underserved communities have expanded access to MAT. Individuals who are homeless and/or justice-involved are

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especially vulnerable to, and at an elevated risk for, developing SUDs, including OUD. Enabling broader access to MAT will improve health outcomes and enhance opportunities for sustained recovery. Further, it is critical that MAT is delivered with cultural humility and linguistic competency to ensure that our diverse populations within LAC, including Latinos and disproportionately impacted groups, have access to these lifesaving, and potentially life-prolonging, treatments.

There have been a number of recent cross-cutting opioid-related efforts to expand timely access to SUD services and MAT across LAC. These include collaboratives, such as Safe Med LA, the H.E.A.R.T. (Help for Addiction Recovery and Treatment) Collaborative, and the Los Angeles County Community Collaborative (LAC³). Safe Med LA (Prescription Drug Abuse Coalition) works to comprehensively address the drivers of the opioid epidemic by expanding access to MAT and naloxone, along with encouraging safe prescribing practices and community education. Safe Med LA aims to increase access to MAT across the County through MAT Learning Collaboratives and buprenorphine-waiver trainings targeted at provider agencies. The H.E.A.R.T. Collaborative is a multi-agency workgroup established by a Board motion last year that is focused on examining opioid-related overdoses and deaths; seeking grant opportunities and funding for LASD to support its naloxone program for patrol deputies; developing a mechanism (e.g., programs, services) to allow people with SUDs to receive timely services and help; creating a media campaign to prevent misuse and abuse of opioids; and analyzing geographical data to inform naloxone interventions. The Los Angeles County Community Collaborative (LAC³) is a joint effort led by the Department of Public Health (DPH) in partnership with the Department of Mental Health (DMH) and the non-profit Think. Lead. Innovate. (TLI) Foundation. LAC³ is under development and is envisioned as a prevention-focused initiative focused on establishing community collaboratives to address upstream drivers of the opioid crisis. The foundational principle underlying LAC³ is that diseases of despair, such as OUDs, can be addressed through enhanced social and community connection as a means to health and well-being.

In addition to critical collaborative efforts, DPH expanded its SUD benefit package and supplemental services for Medi-Cal beneficiaries through the implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver. DPH also provides an identical set of services to My Health LA participants. This includes coverage for methadone, buprenorphine, and naloxone, and associated psychosocial services, such as group and individual counseling. While the DMC-ODS greatly enhanced DPH's ability to provide SUD services, particularly for the Medi-Cal population, wrap-around services and community-focused projects are important to more comprehensively addressing individual and community needs. Efforts are underway to address this need, including planning for expansion of after-hours access to SUD services and the development of new Family Information and Recovery Centers to provide prevention and treatment information, naloxone training, service referrals, transportation vouchers, mutual aid

support, and peer-to-peer coaching for County residents.

The development of provider capacity for SUD and MAT services through multiple complementary initiatives within clinical settings is also a particular area of focus for the Health Agency. These initiatives include the Hub and Spoke System (H&SS) grant, which allows two agencies to serve as “hubs” for MAT services and provide specialized expertise to support “spoke” agencies that serve patients with OUDs, emergency department (ED)-based MAT and SUD-focused services in Department of Health Services facilities, and MAT education and distribution of naloxone to first responders. These Department of Health Services (DHS) efforts to bolster education and expand MAT capacity serve to lower patient ED utilization and the likelihood of opioid overdoses, while also achieving financial efficiencies.

Despite these advances, most individuals with OUD do not seek or receive MAT or SUD services. Efforts are needed to maximize access to safe and timely SUD services, including MAT.

WE THEREFORE MOVE THAT:

- 1) All opioid strategies across LAC be consolidated under the H.E.A.R.T. Collaborative, allowing for strategic, coordinated, and streamlined approaches to examine and respond to the opioid crisis across the County.
- 2) The Director of Public Health:
 - a) Develop an implementation plan in partnership with LAC³ to support community-driven strategies to meaningfully impact opioid misuse and abuse throughout the County;
 - b) Develop and implement a regional training plan, through augmentation of the California Institute for Behavioral Health Solutions (CIBHS) training and technical assistance contract as needed, to support SUD providers’ ability to consistently offer MAT as a service option to all patients with OUDs, including facilitating referrals between agencies and promoting dual enrollment in MAT and outpatient/residential treatment;
 - c) Report back to the Board in 45 days with a proposal to expand timely access to comprehensive SUD services for individuals with OUDs, including a staffing plan to achieve and sustain a comprehensive strategy to address opioid-related issues countywide.

- 3) The Director of the Health Agency, in partnership with the Directors of Public Health, Health Services, and Mental Health, implement strategies to expand MAT across LAC including: a) expand current DHS ED-based MAT capacity with a focus on buprenorphine, long-acting naltrexone, and naloxone; b) facilitate the linkage of ED patients to DHS and community-based SUD and mental health centers to continue MAT treatment; c) expand ED-based MAT to private hospitals across County; d) expand the availability of MAT across all Health Agency sites; e) increase the number of X-waivered buprenorphine prescribers working in EDs and health centers across the County; and f) facilitate the addition additional MAT “spokes” as a part of California’s H&SS Grant, inclusive of Federally Qualified Health Centers; and report back to the Board in 120 days on progress.

- 4) The Chief Executive Officer, in partnership with the Director of Public Health, develop and implement a budget plan to secure sustainable funding for naloxone for first responders and law enforcement.

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