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November 29, 2011

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL TO EXECUTE THREE SOLE SOURCE AGREEMENTS FOR THE PROVISION OF
MEDICATION ASSISTED TREATMENT SERVICES EFFECTIVE DATE OF BOARD APPROVAL
THROUGH JUNE 30, 2013, WITH ONE 12 MONTH EXTENSION (ALL SUPERVISORIAL
DISTRICTS) (3 VOTES)**

SUBJECT

Request approval to execute three sole source agreements with Behavioral Health Services, Inc.; Prototypes, Centers for Innovation in Health, Mental Health and Social Services; and Tarzana Treatment Centers, Inc. to provide Medication Assisted Treatment services to eligible Los Angeles County residents.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of the Department of Public Health (DPH), or his designee, to execute three sole source service agreements to provide Medication Assisted Treatment Services (MAT), effective date of Board approval through June 30, 2013, with one 12 month extension, with:
1) Behavioral Health Services, Inc. (BHS), at a County maximum obligation of \$847,953; 2) Prototypes, Centers for Innovation in Health, Mental Health and Social Services (Prototypes), at a County maximum obligation of \$847,953; and 3) Tarzana Treatment Centers, Inc. (TTC), at a County maximum obligation of \$1,695,907; 100 percent offset by federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.
2. Delegate authority to the Director of DPH, or his designee, to execute amendments to the agreements that allow for the rollover of unspent funds; adjust the term of the agreements through September 30, 2014; and/or provide an internal reallocation of funds between budgets, an increase, or a decrease in funding up to 25 percent above or below each term's annual base maximum

obligation, effective upon amendment execution or at the beginning of the applicable agreement term, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of Recommendation 1 will allow DPH to execute agreements with BHS, Prototypes, and TTC on a sole source basis to continue to provide MAT services to eligible Los Angeles County residents and make this evidence-based practice part of the continuum of services available through contract with the DPH Substance Abuse Prevention and Control (SAPC). MAT is a form of pharmacotherapy and refers to treatment for a substance use disorder that includes a pharmacologic intervention as part of a comprehensive substance abuse treatment plan with the ultimate goal of patient recovery with full social function. MAT includes the provision of the medication Vivitrol, used to treat addiction to alcohol and narcotic drugs.

Since April 2010, MAT has been offered as a part of SAPC's full continuum of services and has been funded through amendments to existing agreements with BHS, Prototypes, and TTC. In order to clearly define programmatic requirements for MAT such as eligibility criteria and treatment protocols, SAPC is requesting Board approval of new sole source agreements.

In April 2010, SAPC funded a pilot project to offer MAT through three contractors: BHS, Prototypes, and TTC. The goals of the pilot project were to determine if the use of MAT (specifically, Vivitrol, an injectible form of naltrexone) would significantly reduce cravings and alcohol use days and improve outcomes (increased length of stay, employment, and engagement in social support activities, and reduced homelessness and days of physical health problems). The three agencies were chosen as the medication hubs because they had the infrastructure in place to administer medications and because of their unique knowledge and experience in medication coordination, medical and counselor follow-up, and case management necessary to ensure the MAT protocol is strictly followed.

The agencies coordinated with other alcohol and other drug treatment programs to provide MAT to those interested in the new therapy. Programs that work with one of the medication hubs continued to provide counseling and other treatment-related services and coordinated with the hub to provide transportation to the hub and support services. In this way the clients of the referring program could also take part in the Vivitrol pilot project. SAPC established the following criteria to ensure that only participants who met these criteria were offered MAT: (a) primary or secondary drug of choice was alcohol; (b) a score of at least 10 on the "Urge to Drink Scale"; (c) voluntary agreement to receive MAT services; (d) received orientation and education about MAT services; and (e) completed and passed the required medical tests. All clients were required to be examined by a physician or other medical professional (e.g., physical assistant) as part of the screening process.

Because of the significant impact staff attitudes can have on client participation in a new form of therapy, one of the goals of the pilot project was to determine if training, education, and technical assistance changed counselor attitudes toward the use of medication in addiction treatment settings.

Prior to training, program staff received an online survey to measure their knowledge and attitudes regarding MAT. The survey queried staff knowledge of psychotropic medications, attitudes and knowledge of medications used to treat withdrawal and other addiction related disorders, as well as attitudes and knowledge of the use of any form of medication to treat addiction. Four months after completing the initial survey, the survey was re-administered with additional questions concerning

the changes agencies had made to their programs in response to the addition of MAT to their treatment system. Results from the staff survey indicated an increase in knowledge of MAT; increase in knowledge of Vivitrol; improvement in positive attitudes toward Vivitrol and MAT in general.

Under Recommendation 2, DPH is requesting delegated authority to execute amendments to internally reallocate funds between budgets and/or increase or decrease funding up to 25 percent above or below the annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable agreement term. This delegated authority will enable DPH to amend agreements to allow for the provision of additional units of funded services that are above the service level identified in the current agreement and/or the inclusion of unreimbursed eligible costs, based on the availability of grant funds and grant funder approval. While the County is under no obligation to pay a contractor beyond what is identified in the original executed agreement, the County may determine that the contractor has provided evidence of eligible costs for qualifying contracted services and that it is in the County's best interest to increase the maximum obligation as a result of the receipt of additional grant funds or a determination that funds should be reallocated. This recommendation has no impact on net County cost.

Implementation of Strategic Plan Goals

The recommended actions support Goal 2, Children, Family and Adult Well-Being, and Goal 4, Health and Mental Health, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total maximum obligation for the three recommended sole source agreements to provide MAT services for the period of December 1, 2011 through June 30, 2014 is \$3,391,813; 100 percent offset by federal SAPT Block Grant funds.

Under the recommended agreements with BHS and Prototypes, the total maximum obligation of each agreement is \$847,953 which consists of \$191,473, for seven months in fiscal year (FY) 2011-12, \$328,240 for FY 2012-13, and \$328,240 for FY 2013-14.

Under the recommended agreement with TTC, the total maximum obligation is \$1,695,907 which consists of \$382,947 for seven months in FY 2011-12, \$656,480 for FY 2012-13, and \$656,480 for FY 2013-14. The maximum obligation for TTC is higher than BHS and Prototypes because the agreement with TTC will include funds for MAT services to DPH's Antelope Valley Rehabilitation Center (AVRC) clients.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a holistic approach to treating substance use disorders. It is provided to persons who are 18 years or older who voluntarily agree to participate as a critical component of their treatment for substance use disorder. MAT may also be provided to patients between the ages of 16 and 18 with the consent of parents or guardians. In order to be eligible, patients must, at the time of enrollment, be enrolled in, or within 30 days of discharge from, an outpatient or other nonresidential, detoxification or residential program funded by SAPC. Currently, those eligible must be either alcohol or opioid dependent patients.

In April 2010, SAPC began a pilot project with BHS, Prototypes, and TTC to examine the efficacy of MAT using Vivitrol with eligible clients. Vivitrol has been used for several years in the private sector and by those with sufficient insurance coverage. However, due to the high cost of the medication (currently \$847 per dose), Vivitrol previously has not been available to most of the clients served by SAPC-contracted treatment agencies.

On April 8 and June 2, 2010, DPH notified your Board that it would process funding adjustments to County alcohol and drug services contracts with TTC (Contract Number PH-0001349), BHS (Contract Number PH-001348), and Prototypes (Contract Number H-801597) to implement MAT and the provision of Vivitrol. Subsequently, on December 10, 2010, DPH notified your Board that it would increase the funding for these contracts for the continued provision of MAT. Most recently, on June 30, 2011, DPH notified your Board that it was increasing funding for the agreement with TTC to provide additional MAT services.

Under a current contract with SAPC, The Regents of the University of California, Los Angeles (UCLA) has been evaluating the effectiveness of MAT. The preliminary findings of this evaluation are positive and demonstrate that engagement in treatment (length of stay of at least 30 days) is higher for clients who took at least one dose of Vivitrol when compared to other clients admitted for primary alcohol use; clients reported significant decreases in alcohol use – reducing their prior month use from 17 days to less than two days; over the course of eight weeks, cravings for alcohol were reduced from a mean score of 15.7 on the Urge to Drink scale to a mean of 7.3; and that less than 10 percent of the clients reported any side effects and few left the pilot project or treatment because of the side effects. These preliminary findings indicate that the use of Vivitrol is helpful in maintaining clients in treatment and appears to also assist clients in significantly reducing alcohol use.

While MAT as an intervention may appear costly, it has been shown that the use of medications is effective at keeping clients in treatment, which has been shown to decrease healthcare costs which benefits both clients and the healthcare system.

As required under Board Policy 5.120: Authority To Approve Increases To Board Approved Contract Amounts, on September 6, 2011, your Board was notified of DPH's request to increase or decrease funding up to 25 percent above or below the annual base maximum obligation.

The recommended sole source agreements will be reviewed and approved by County Counsel prior to execution.

CONTRACTING PROCESS

BHS, Prototypes, and TTC have the capability to act as "medication hubs" and provide counseling, medication management, primary care services (as required to dispense medication), and infrastructure and equipment necessary to purchase and maintain the medicine inventory. The three agencies have entered into Memoranda of Understanding with other interested SAPC-contracted agencies to provide MAT to their clients, and TTC provides MAT services to AVRC clients under the current pilot project.

Based on these contractors' experience and ability to provide the full range of required services associated with MAT, BHS, Prototypes, and TTC are uniquely qualified to provide this enhancement to SAPC's continuum of care for Los Angeles County residents.

The recommended agreements are through June 30, 2013 with one 12 month extension. During this period, DPH will explore other alternatives to provide MAT. Approval of these agreements will allow MAT to be maintained and modestly expanded.

Attachment A, B, and C are the signed Sole Source Checklists for the agreements with BHS, Prototypes, and TTC, respectively.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow DPH to execute new contracts with BHS, Prototypes, and TTC to provide MAT services and make this evidence-based practice part of the continuum of services available in the County.

Respectfully submitted,




JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

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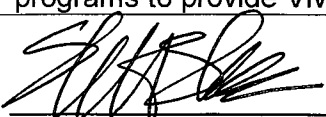
Enclosures

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

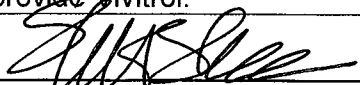
SOLE SOURCE CHECKLIST
for
BEHAVIORAL HEALTH SERVICES, INC. (BHS)

Check (√)	JUSTIFICATION FOR SOLE SOURCE PROCUREMENT OF SERVICES
√	<p><i>Identify applicable justification and provide documentation for each checked item.</i></p> <ul style="list-style-type: none"> ➤ Only one bona fide source for the service exists; performance and price competition are not available.
	<ul style="list-style-type: none"> ➤ Quick action is required (emergency situation)
	<ul style="list-style-type: none"> ➤ Proposals have been solicited but no satisfactory proposals were received.
	<ul style="list-style-type: none"> ➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	<ul style="list-style-type: none"> ➤ Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.
	<ul style="list-style-type: none"> ➤ It is most cost-effective to obtain services by exercising an option under an existing contract.
	<ul style="list-style-type: none"> ➤ It is the best interest of the County (e.g., administrative cost savings, too long a learning curve for a new service provider, etc.).
√	<p>Other reason. Please explain: In March 2010, the Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) began a pilot project that included BHS to examine the use of Medication-Assisted Treatment (MAT) (specifically the medication Vivitrol, used to treat addiction to alcohol and narcotic drugs) with a population of clients presenting for treatment at SAPC-contracted programs for substance use disorder (SUD). BHS was selected at that time to provide services under this pilot project because they had the infrastructure in place and equipment necessary to purchase and maintain the medicine inventory necessary to administer medications and because of its unique knowledge and experience in medication coordination and injection, medical and counselor follow up, and case management necessary to ensure the MAT protocol is strictly followed.</p> <p>BHS has the capability to act as a "medication hub" and provide counseling, medication management, and primary care services (as required to dispense medication) under MAT and also to coordinate with other SUD programs to provide Vivitrol.</p>
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  <hr style="width: 100%;"/> <p>Sheila Shima Deputy Chief Executive Officer, CEO</p> </div> <div style="text-align: center;"> <p>11/10/11</p> <hr style="width: 100%;"/> <p>Date</p> </div> </div>

SOLE SOURCE CHECKLIST
for
PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND
SOCIAL SERVICES (PROTOTYPES)

	JUSTIFICATION FOR SOLE SOURCE PROCUREMENT OF SERVICES
Check (√)	Identify applicable justification and provide documentation for each checked item.
√	➤ Only one bona fide source for the service exists; performance and price competition are not available.
	➤ Quick action is required (emergency situation)
	➤ Proposals have been solicited but no satisfactory proposals were received.
	➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	➤ Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.
	➤ It is most cost-effective to obtain services by exercising an option under an existing contract.
	➤ It is the best interest of the County (e.g., administrative cost savings, too long a learning curve for a new service provider, etc.).
√	<p>Other reason. Please explain: In March 2010, the Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) began a pilot project that included Prototypes to examine the use of Medication-Assisted Treatment (MAT) (specifically the medication Vivitrol, used to treat addiction to alcohol and narcotic drugs) with a population of clients presenting for treatment at SAPC-contracted programs for substance use disorder (SUD). Prototypes was selected at that time to provide services under this pilot project because they had the infrastructure in place and equipment necessary to purchase and maintain the medicine inventory necessary to administer medications and because of its unique knowledge and experience in medication coordination and injection, medical and counselor follow up, and case management necessary to ensure the MAT protocol is strictly followed.</p> <p>Prototypes has the capability to act as a "medication hub" and provide counseling, medication management, and primary care services (as required to dispense medication) under MAT and also to coordinate with other SUD programs to provide Vivitrol.</p>
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  _____ Sheila Shima Deputy Chief Executive Officer, CEO </div> <div style="text-align: center;"> 11/10/11 _____ Date </div> </div>

SOLE SOURCE CHECKLIST
for
TARZANA TREATMENT CENTERS, INC. (TTC)

Check (√)	JUSTIFICATION FOR SOLE SOURCE PROCUREMENT OF SERVICES
√	<p>Identify applicable justification and provide documentation for each checked item.</p> <ul style="list-style-type: none"> ➤ Only one bona fide source for the service exists; performance and price competition are not available.
	<ul style="list-style-type: none"> ➤ Quick action is required (emergency situation)
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	<ul style="list-style-type: none"> ➤ It is the best interest of the County (e.g., administrative cost savings, too long a learning curve for a new service provider, etc.).
√	<p>Other reason. Please explain: In March 2010, the Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) began a pilot project that included TTC to examine the use of Medication-Assisted Treatment (MAT) (specifically the medication Vivitrol, used to treat addiction to alcohol and narcotic drugs) with a population of clients presenting for treatment at SAPC-contracted programs for substance use disorder (SUD). TTC was selected at that time to provide services under this pilot project because they had the infrastructure in place and equipment necessary to purchase and maintain the medicine inventory necessary to administer medications and because of its unique knowledge and experience in medication coordination and injection, medical and counselor follow up, and case management necessary to ensure the MAT protocol is strictly followed.</p> <p>TTC has the capability to act as a "medication hub" and provide counseling, medication management, and primary care services (as required to dispense medication) under MAT and also to coordinate with other SUD programs to provide Vivitrol.</p>
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  _____ Sheila Shima Deputy Chief Executive Officer, CEO </div> <div style="text-align: center;"> 11/10/11 _____ Date </div> </div>