Expanding MAT in County Criminal Justice Settings: A Learning Collaborative

COHORT 2

Learning Collaborative Session #2

September 19, 2019

DHCS
California Department of HealthCareServices

HMA
Health Management Associates

Learning Objectives

- Develop a common understanding within the County Teams about:
  - MAT medications
  - Options for accessing methadone in jails
  - Options for obtaining and safely using Narcan
- Learn about implementation grant opportunity and begin to frame plan
- Establish current state and ideal state for six domains of MAT in criminal justice, in context of elements of a comprehensive program
- Establish action plan for County Team

Logistics

- We have 7 Cohort 2 counties here, and also for Riverside and Mono Counties (cohort One):
- Lunch is outdoors
- Breakout room assignments are described on agenda packet
- Breakout sessions are unstructured to allow for open dialogue.
- Posters from Cohort One – take a look!

Project Updates

- Packet materials:
  - Project Website Updates: data and literature
  - “Overcoming Objectives”
  - Responding to Fentanyl Exposure
  - Patient-Facing
- County Touchpoints Project
- $25,000 grant payments
- ED Bridge Program – all your counties except Mariposa
- Taper guidelines
- NTP “REACH” RFA Infrastructure Funds
  http://www.uclaisap.org/ntpreach/docs/FINAL_NTP_RFA_9-4-2019.pdf

California
Substance Use Line

(844) 326-2626

Operated by UCSF

Free, expert, confidential, 24/7 tele-consultation for substance use evaluation and management, including guidance on medications for opioid use disorder.

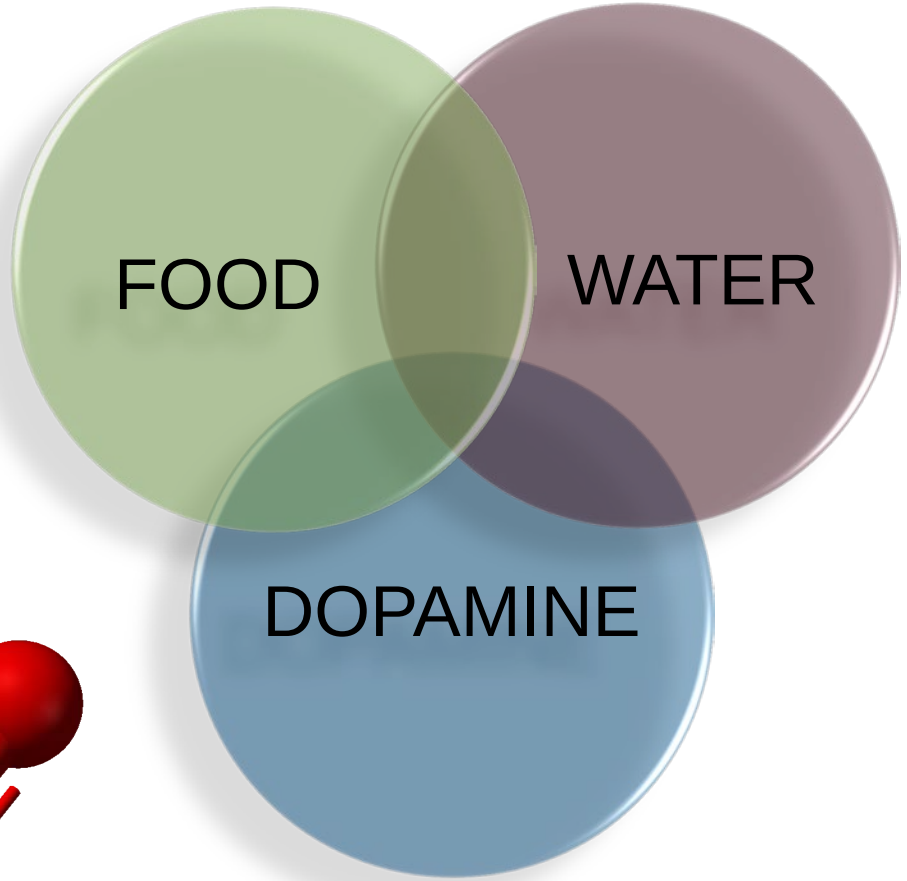
Available to any health care provider in California.

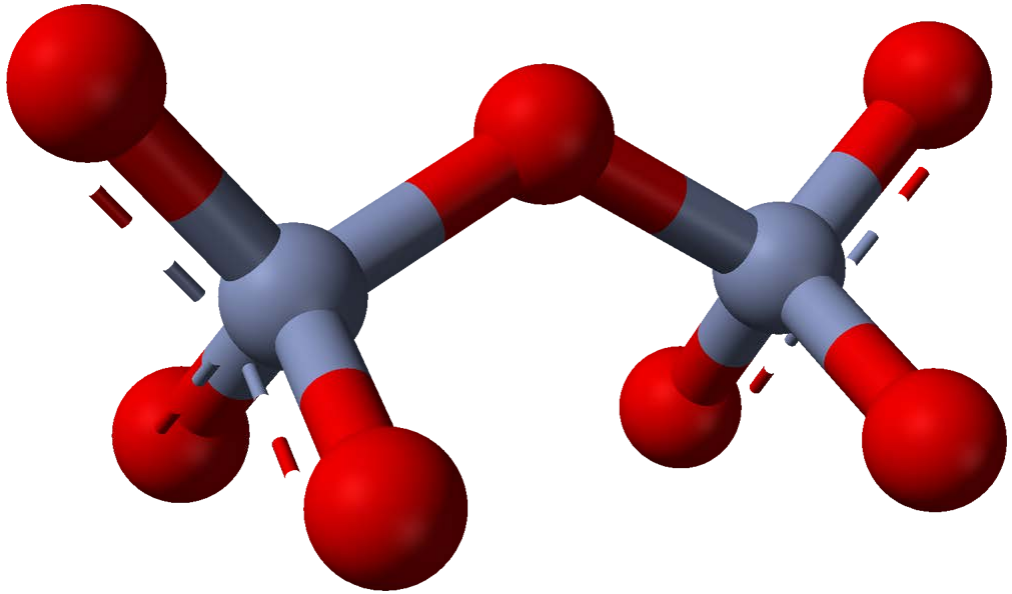
COUNTY TOUCHPOINTS
MAT Medications in Criminal Justice Settings

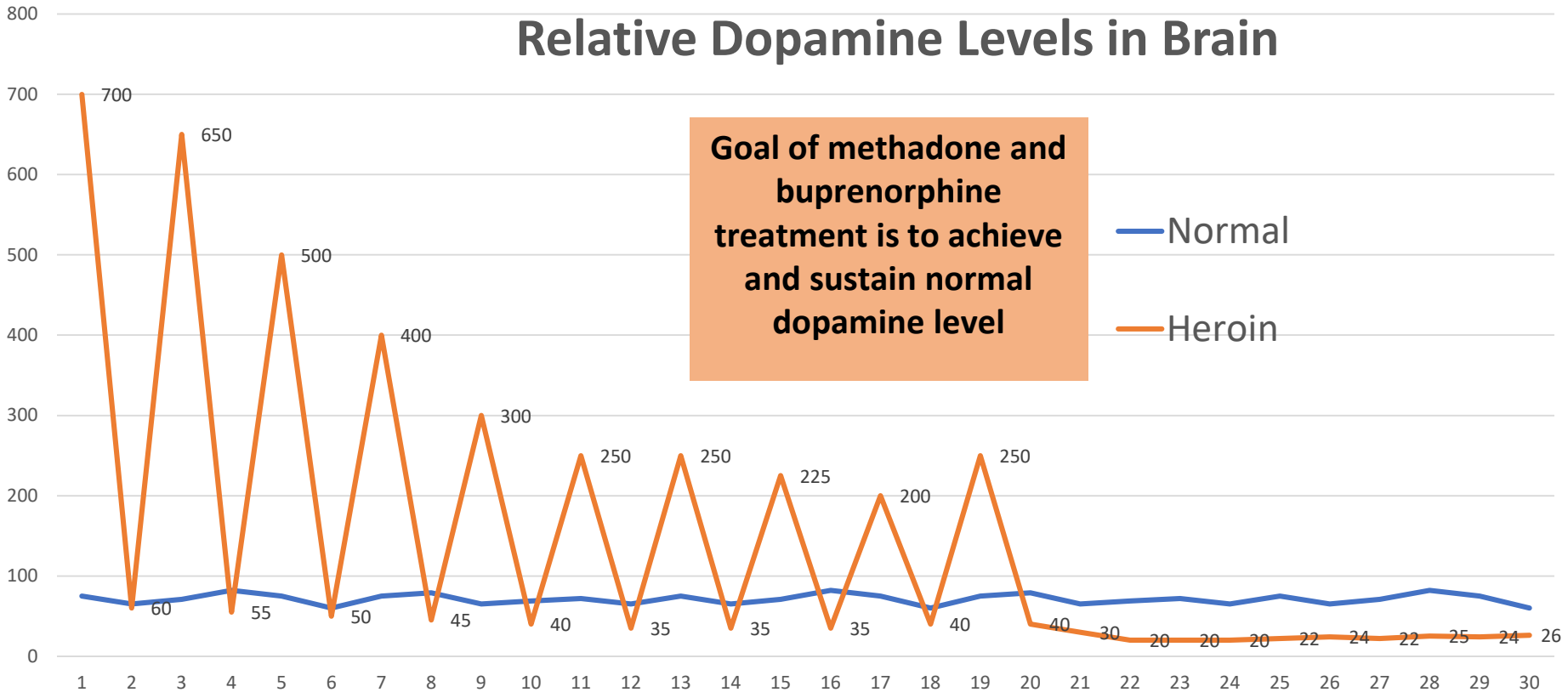
Shannon Robinson, MD
Donna Strugar-Fritsch, BSN, MPA, CCHP

HEALTH MANAGEMENT ASSOCIATES

SURVIVAL



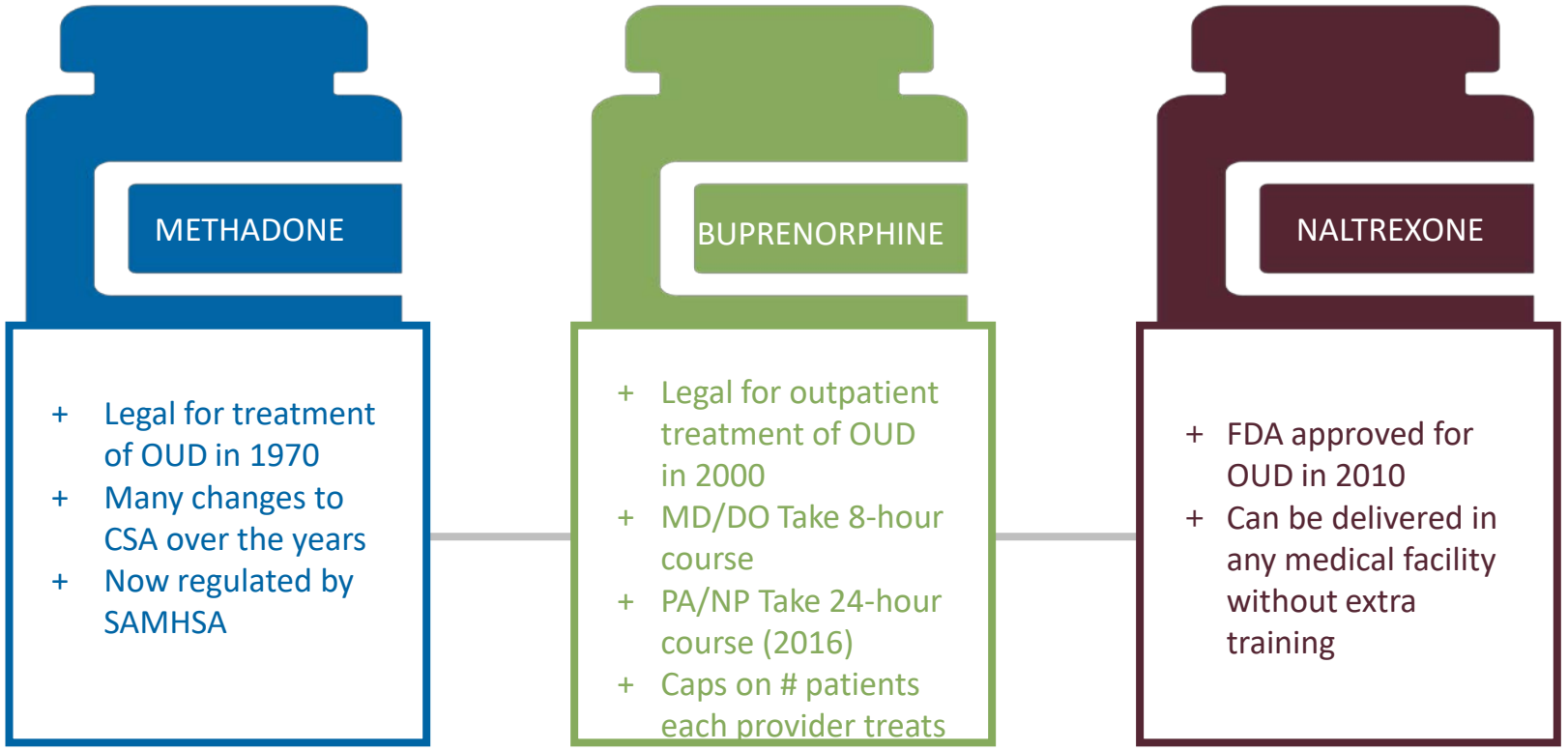



Relative Dopamine Levels in Brain
Goal of methadone and buprenorphine treatment is to achieve and sustain normal dopamine level
Normal
Heroin
800
700
600
500
400
300
200
100
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
700 650 500 400 300 250 250 225 200 250 40 30 20 20 20 22 24 22 25 24 26
60 55 50 45 40 35 35 35 40

TWO PHYSIOLOGIC FACTORS IN DISCONTINUING OPIOIDS

- We are addressing both **opioid withdrawal** and **dopamine depleted brain**
- **Opioid withdrawal**
  - Muscle pain, dilated pupils, nausea, diarrhea, abdominal cramping, piloerection
  - Lasts 3-7 days
- **Dopamine depletion**
  - Reward/motivation pathway
  - Persists for months after people stop using

MEDICATION-ASSISTED TREATMENT (MAT) INTRODUCTION



MAT FOR OPIOID USE DISORDER

METHADONE
full agonist
activates opioid receptors which eliminates craving for other opioids

BUPRENORPHINE
partial agonist
activates opioid receptors in the brain, but to a much lesser degree, which reduces craving for other opioids

NALTREXONE
antagonist
blocks opioid receptor without activating it which eliminates opioid effect if opioids are taken

If the "high" from heroin is compared to a car accelerator…

Full Agonist = Full acceleration is possible. Dose prescribed keeps patient at or under the "speed limit" (normal dopamine level)

Partial Agonist = Acceleration is only possible up the speed limit. Cannot go faster.

Antagonist = Box build around accelerator; it cannot be used.


METHADONE
FULL AGONIST
HEALTH MANAGEMENT ASSOCIATES

METHADONE WHO IS APPROPRIATE?

- Patients with greater than one year of OUD
- Patients with history of injecting opioids
- Patients with more severe OUD
- Patients who have failed other MAT for OUD (buprenorphine or naltrexone)
- Patients who can manage daily visit to methadone clinic

METHADONE Regulations

- Delivered via observed dosing through licensed OTP/NTP
  - Jails can be licensed OTPs (ex. Alameda County)
- DEA requires daily dosing at OTP, after stable for 6 weeks gradual increasing of take home doses occurs
- Very high level of federal and state regulations Required counseling and full treatment planning
- Regular and random drug screening required
- Any provider authorized to prescribe controlled substances can prescribe methadone for treatment of pain

METHADONE OUTCOMES

The most studied of the three medications

Effectiveness (retention in treatment without relapse) ranges between 60 and 80%

Possibly due to combination of high intensity treatment and medication

Still standard of care for patients with Severe Opioid Use Disorder

RETENTION IN METHADONE TREATMENT IS ASSOCIATED WITH:

- ☑ Reduction in the use of illicit drugs
- ☑ Reduction in criminal activity
- ☑ Reduction in needle sharing
- ☑ Reduction in HIV infection rates and transmission
- ☑ Cost-effectiveness
- ☑ Reduction in commercial sex work
- ☑ Reduction in the number of reports of multiple sex partners
- ☑ Improvements in social health and productivity
- ☑ Improvements in health conditions
- ☑ Retention in addiction treatment
- ☑ Reduction in suicide
- ☑ Reduction in lethal overdose

METHADONE Other Issues

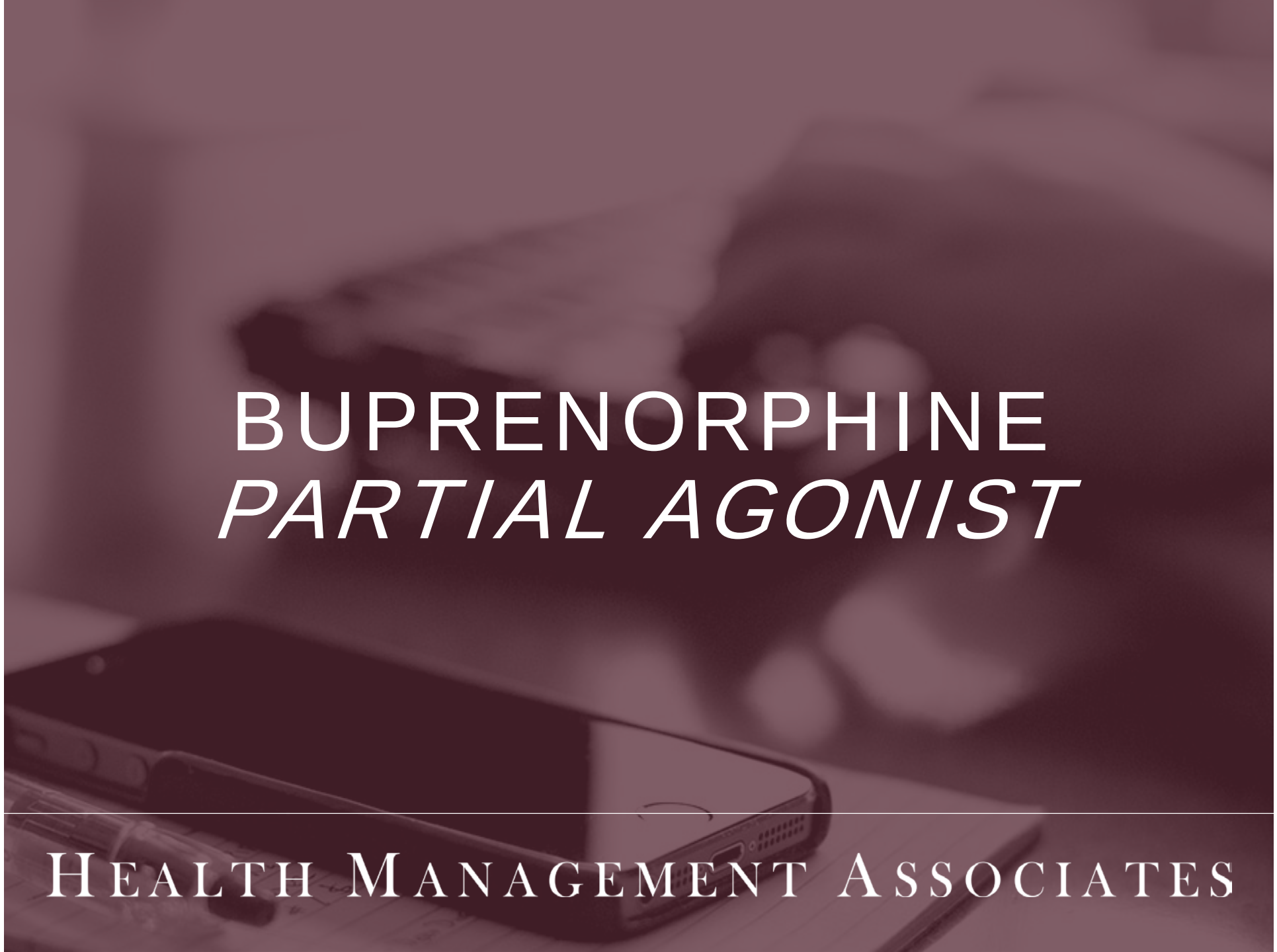
- OTPs must use liquid formulation, 40 mg wafer or 5 mg tablets. May not use10 mg tablets.
- Nearly all methadone sold illegally is the 10 mg tablet form → Most diverted methadone comes from prescriptions for pain.
- Methadone has considerable stigma in many communities. Often from prior history with a “bad” clinic.
  - Visit your clinic(s)
  - Explore options for safe access to methadone in jails
  - Talk to your peers on this project
- Options for OTPs to provide methadone to a jail.
  - Driving detainees to a clinic every day
  - Driving detainees to clinic & getting take home doses
  - NTP bring meds to jail
  - Internal NTP (staffed by contracted NTP staff or internal staff)

METHADONE

- Typical effective dose range 80-120 mg
  - Not therapeutic until at least 60 mg per day
  - Lapse in dose of > 24 hours will create withdrawal
- Jails that forcibly withdraw people from methadone are being sued and losing (ADA violations)

METHADONE

- Patients can transitioned from methadone to buprenorphine, but this is complex & requires expertise.
- Pregnant women receiving MAT MUST be Maintained in order to prevent risk to the fetus & pregnancy.
- Pregnant women can be transitioned from one agent to another, but there is no data to support this.


BUPRENORPHINE
PARTIAL AGONIST
HEALTH MANAGEMENT ASSOCIATES

BUPRENORPHINE BASICS

- Partial agonist: increasing dose does not result in “getting high”, only nausea/vomiting.
- Much harder to overdose on it.
- Relief from cravings: that’s why it is so desirable and so diverted.
- Almost all diverted buprenorphine is being used to prevent withdrawal.
- Only “opioid naïve” people get a high from it.
- Can be used for withdrawal management, but terminating its use after withdrawal is NOT evidence-based; increases risk of relapse & death.
- Most common side effects: headache, nausea, insomnia.

BUPRENORPHINE FORMULATIONS

Comes in multiple forms

- Some forms have naloxone added to prevent high if injected. The naloxone is not absorbed if medication is used under tongue
- Oral (Sublingual/under the tongue, **not effective if swallowed or regurgitated**)
  - Sublingual tablet (*Subutex, Suboxone*): Slow dissolving, but can be crushed to speed up dissolving
  - Sublingual film *(Suboxone, Zubsolv)*
  - Buccal film *(Bunavail*)
- Implantable rod
- Injection (*Sublocade*)
  - Need to start on sublingual
  - Lasts 28 days
  - Very limited diversion potential
  - Gradual withdrawal if discontinued

BUPRENORPHINE PROPERTIES

- Has ceiling on its effect
  - Doses above ~32 mg do not cause more euphoria
  - Doses above 24-32 mg are no more effective for treatment of OUD
- Typical dose 8-24 mg.
  - Dosing <8 mg is NOT evidence based & rarely effective. Does not provide sufficient relief from cravings or withdrawal sxs.
- Other opioids are not as effective when buprenorphine is present. Buprenorphine binds strongly to receptors & can't be "kicked off." Buprenorphine is a deterrent to other opioid use, more so than methadone.

BUPRENORPHINE INDUCTION

- Starting buprenorphine when opioid receptors are saturated causes precipitated withdrawal
- Start buprenorphine when patient is in moderate withdrawal, then buprenorphine binds receptors & relieves withdrawal

BUPRENORPHINE WHO CAN PRESCRIBE FOR OUD

- MD/DO: 8 hour course to qualify for DATA 2000 X Waiver
- PA/NP/CNM: 24 hour course
- 30 patients at a time 1st year, then can apply to go to 100
- Physicians can be allowed up to 275 patients at a time under certain circumstances
- Any provider authorized to prescribe controlled substances can prescribe buprenorphine for pain

BUPRENORPHINE OUTCOMES

OUTCOMES AT 1 YEAR RANGE FROM 45% TO 65% EFFECTIVENESS USING THE SUBLINGUAL MEDICATION

HIGH DEGREE OF VARIABILITY IN THE DELIVERY MODELS AND PATIENT SEVERITY

BUPRENORPHINE IN JAILS AND PRISONS

- Potential for diversion is high in community
- Urine screens important to verify ingestion
  - Test for buprenorphine + norbuprenorphine
- Injectable form is expensive ($1500 per dose) but several advantages
  - Extremely low diversion potential
  - Client does not have to “choose” treatment every day

DURATION OF TREATMENT: METHADONE AND BUPRENORPHINE

- Depends on individual patient & psychosocial changes made
- Neuroscience indicates 2-3 year course is minimum
- BUT… many patients want to be off MAT or to only use it briefly
  - Discuss evidence that MAT is most effective treatment for OUD, but respect autonomy
- Some brains can recover the ability to produce dopamine, not all
- Slowly wean from MAT without stimulating withdrawal which creates craving and significantly increases risk of relapse
- OUD relapse after being on MAT can be deadly
- **Decisions about dosing and tapering of MAT are clinical and should not be dictated by the criminal justice system**


NALTREXONE
ANTAGONIST
HEALTH MANAGEMENT ASSOCIATES

WHO IS APPROPRIATE FOR NALTREXONE?

- Patients with a high degree of motivation (high dopamine)
- Patients with previous poor outcomes with buprenorphine and methadone
- Patients, especially in criminal justice system, with history of OUD and Alcohol Use Disorder

NALTREXONE

- Does not address underlying issue of dopamine but does decrease cravings over time
- No diversion potential
- More widespread acceptance in criminal justice community
- Can be very useful after discontinuation of methadone or buprenorphine, as a sort of “insurance policy”

NALTREXONE IN JAILS AND PRISONS

- Conduct drug screening before starting & confirm verbally with patient; starting with opioids in system creates withdrawal
- Check liver enzymes, can't start if severe liver ds
- Can convert from injectable to oral (oral is cheaper)
- Injectable at release
  - as compliance is not an issue with injectable
  - evidence for OUD is for injectable

NALTREXONE CAVEATS

- Starting naltrexone can be difficult
  - Naltrexone binds more tightly to receptors than opioids
  - Naltrexone displaces opioids from receptor
  - **MUST** do tox & confirm opioid free before starting → induced withdrawal
  - Need to be off all opioids for 7-10 days (really 5 half lives)
- Some stigma against methadone & buprenorphine can result in preference for naltrexone even when it is not the most appropriate treatment

NALTREXONE OUTCOMES

- Least studied medication for OUD, because newest
- Retention & efficacy better with injectable vs. oral
- Oral does not carry FDA indication for OUD, but jails have directly observed treatment
- Injectable much more expensive
- Need to weigh pros and cons of each form
- Mixed results in studies, due to difficulty starting naltrexone (need to be 7-10 day opioid-free to begin)
- Good data in Criminal Justice populations

Urine Tox Screens

- What does your tox screen detect?
  - Most do not detect
    - Methadone, buprenorphine or norbuprenorphine
  - Some tox screens do not have validity testing
    - Is it urine?
    - Is it the right person's urine?
- Tox Screens conducted to monitor chronic disease
- What does your doctor do when your diabetes lab work is not improving?

WHAT TO DO WHEN PATIENT ON MAT TEST POSTIVE FOR OTHER SUBSTANCES

- MAT is being used for OUD, not other substances
  - Patients frequently use multiple substances
  - Multiple studies show treatment of OUD with MAT reduces or eliminates other substance use over time
  - Greatest concern is use of benzodiazepines with MAT

    Recommendation: Do **NOT** stop MAT because of benzo use
- Relapse is expected in the chronic disease of addiction

WHAT TO DO WHEN PATIENT ON MAT TEST POSTIVE FOR OPIOIDS

- Consider inadequate dose of MAT
- May be diverting MAT and using other drugs
- May need to switch to different MAT drug
- May increase psychosocial treatments
- Relapse is expected in the chronic disease of addiction

REFERENCES

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- Clnical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide. HHS Publication No. (SMA) 14-4892R. Rockville, MD: SAMHSA, 2015.
- Ross M. Colquhoun, “Open Label Trial of Naltrexone Implants: Measuring Blood Serum Levels of Naltrexone” Addiction Treatment and Psychology Services, Ultimo, New South Wales.
- Buprenorphine/Naloxone and Methadone Maintenance Treatment Outcomes for Opioid Analgesic, Heroin, and Combined Users: Findings From Starting Treatment With Agonist Replacement Therapies (START)JENNIFER S. POTTER, PH.D., M.P.H.,a,* ELISE N. MARINO, B.A.,a MAUREEN P. HILLHOUSE, PH.D.,b SUZANNE NIELSEN, PH.D.,c KATHARINA WIEST, PH.D.,d CATHERINE P. CANAMAR, PH.D.,e JUDITH A. MARTIN, M.D.,f ALFONSO ANG, PH.D.,b RACHAEL BAKER, B.S.,d ANDREW J. SAXON, M.D.,g AND WALTER LING, M.D.b (J. Stud. Alcohol Drugs, 74, 605–613, 2013)
- Treatment Retention among Patients Randomized toBuprenorphine/Naloxone Compared to Methadone in A Multi-siteTrialYih-Ing Hser, Ph.D.1, Andrew J. Saxon, M.D.2, David Huang, Ph.D.1, Al Hasson, M.S.W.1,Christie Thomas, M.P.H.1, Maureen Hillhouse, Ph.D.1, Petra Jacobs, M.D.3, Cheryl Teruya,Ph.D.1, Paul McLaughlin, M.A.4, Katharina Wiest, Ph.D.5, Allan Cohen, M.A.6, and WalterLing, M.D.1 Addiction. 2014 January ; 109(1): 79–87. doi:10.1111/add.12333.
- Acceptability of Extended-Release Naltrexone by Heroin-Dependent Patients and Addiction Treatment Providers in the Netherlands, Eline R. Zaaijer, Anna E. Goudriaan, Maarten W. J. Koeter, Jan Booij & Wim van den Brink Substance use & Misuse Pages 1905-1911 | Published online: 09 Sep 2016

Expanding MAT in County Criminal Justice Settings Learning Collaborative: OTP Licensing & MAT Expansion Project

Michael Freeman, Section Chief

Department of Health Care Services

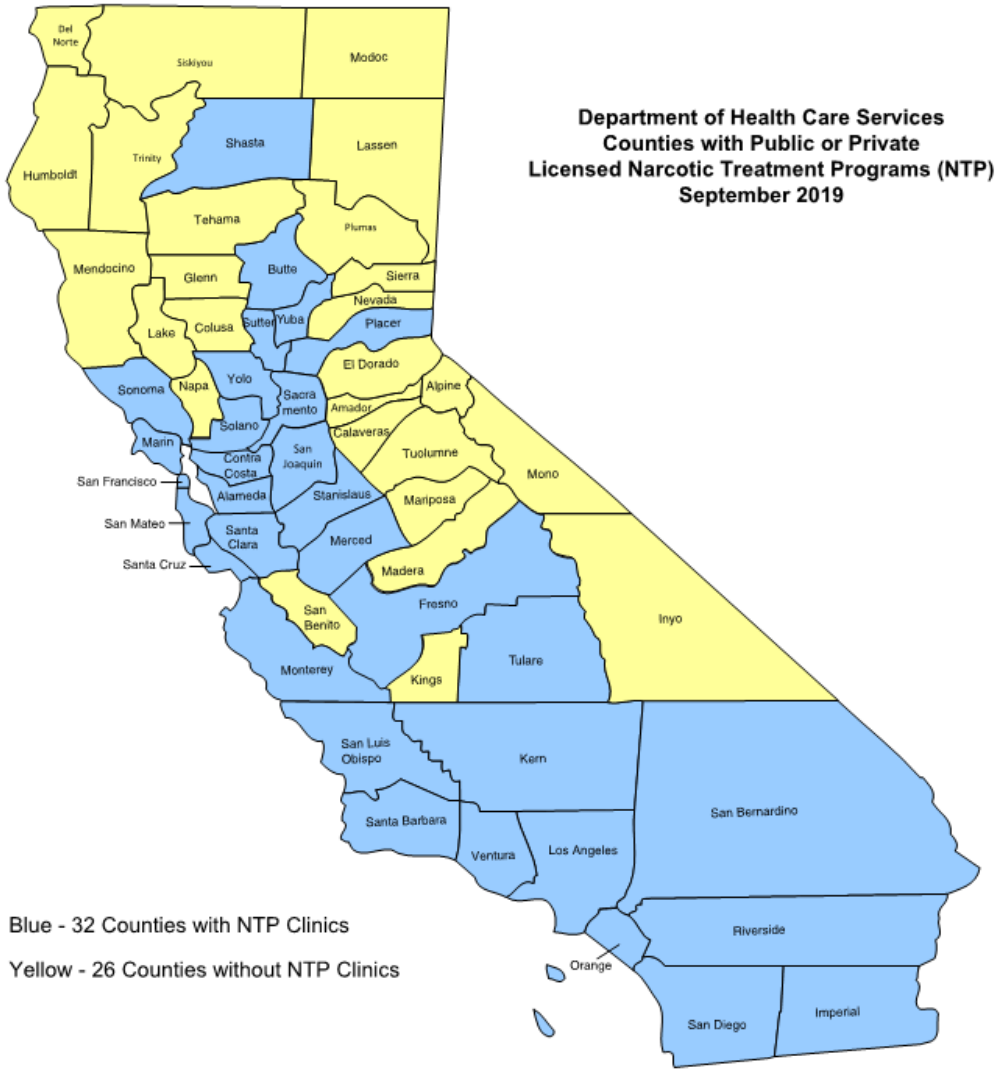
September 18, 2019

Overview

- Narcotic Treatment Program Licensing
  - Medication Unit Licensing
- Exceptions
- Medication Delivery
- Courtesy Dosing
- DEA Rules
- MAT Expansion Project
  - CA Hub & Spoke System
- Resources

NTP Licensing Overview

- 168 NTP Licenses
- Capacity for ~55,000 patients statewide
- Average capacity is 330
- Maximum Capacity Ranges 10-1200



DHCS NTP Licensing Authority

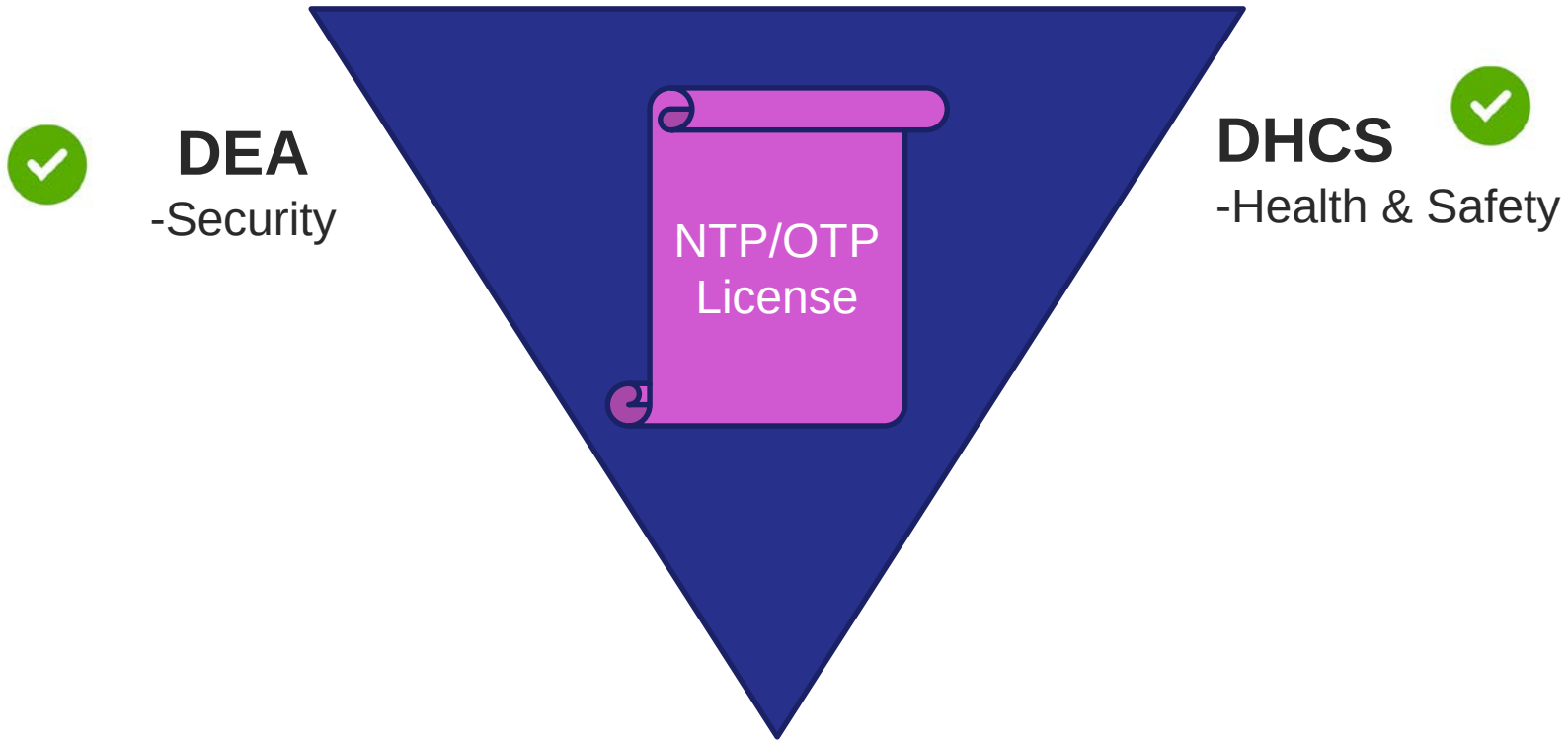
- NTP is the only entity in California that can dispense Methadone for the treatment of OUD.

- CCR Title 9 Section 10010:
  - *All narcotic treatment programs operating in the State of California shall be licensed by the Department of Health Care Services in accordance with the provisions of this article.*

NTP Licensing Laws

- State Statutes and Regulations
  - HSC 11839 *et seq*
  - Title 9 CCR Chapter 4 (NTP)
  - Title 9 CCR Chapter 8 (Counselor Cert)
- Federal Regulations
  - 21 CFR Part 1300 (DEA)
  - 42 CFR Part 2 (Confidentiality)
  - 42 CFR Part 8 (SAMHSA - CSAT)
    - Accreditation
      - National Commission on Correctional Health Care

NTP/OTP Licensing



DHCS NTP Licensing

- Initial Licensure
- Annual Onsite Compliance Inspections
- Annual Renewal
- Slot Increase/Decrease
- Relocation
- Change of Ownership, etc.
- Program Complaints
- Technical Assistance

NTP License Application

- Protocol
  - Forms (DHCS 5014, 5017, 5020, 5025, 5026, 5027, 5028, 5030, 5031)
  - Program Administration
  - Personnel Policies & Staffing
  - Patient Files
  - Multiple Registration & Diversion Prevention
  - Handling & Security of Medication
  - Patient Treatment
  - Take-Home Privileges
  - Treatment Plans
  - Body Specimen Collection & Storage
  - Dosage Levels
  - Treatment Termination Procedures
- Application & Licensing Fees
- LiveScan- HSC 11839.8 all partners, officers, directors, and 10 percent or greater shareholders, or persons proposed to be employed by the applicant under the authority of subdivision (c) of Section 2401, BPC.

NTP License Application

- DHCS has 45 days to determine if the application is complete or not.
- Deficiencies identified and applicant has 45 days to respond.
- Once the application is deemed complete, DHCS schedules site visit.
  - Attempt coordination with DEA
- Final Paperwork & Processing
- **Total of 3-6 months**

Annual Inspection

- Annual onsite inspections of NTP's
  - Administration of the Program
  - Medication Handling & Security
  - Staff & Patient File Review
  - Medical Oversight & Evaluation
  - Laboratories & Urinalyses
  - Take-Home Medications & Exceptions
- Site Visits are generally unannounced
- Duration: 2-3 days

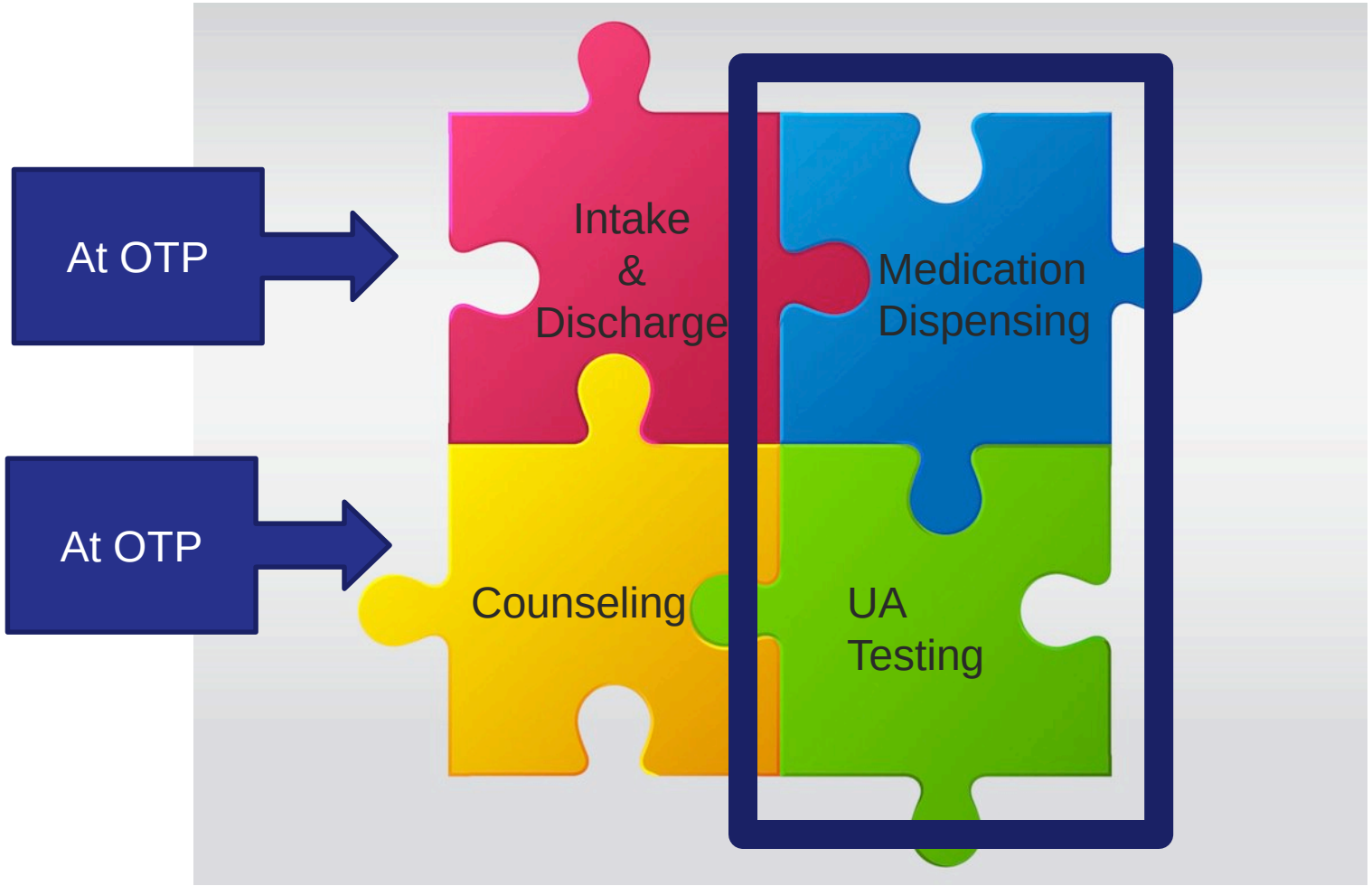
OTP Basics


Intake
&
Discharge
Medication
Dispensing
Counseling
UA
Testing

Medication Unit

Medication unit means a facility established as part of, but geographically separate from, an opioid treatment program from which licensed private practitioners or community pharmacists dispense or administer an opioid agonist treatment medication or collect samples for drug testing or analysis.

Medication Unit Basics



Medication Unit Overview

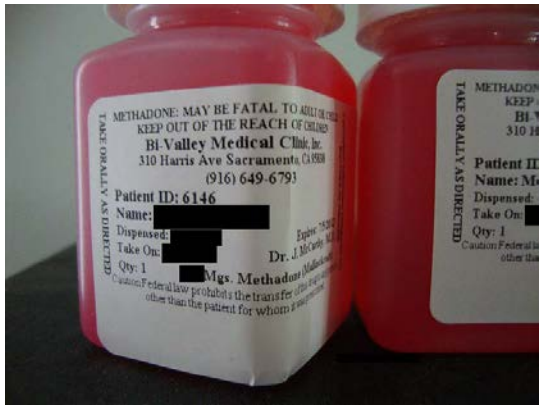
- MU is limited to:
  1. Administering and dispensing of medications, and
  2. Collection of patient body specimens for testing or analysis of samples for illicit drug use.
- Sponsored by an operating NTP
- MU is geographically separate and does not need to be in the same County as the NTP.
- One in California
  - Shasta (Recently became full NTP)
  - Grass Valley
- MHSUDS Information Notice 17-015

Medication Unit Application

- Protocol
  - Program Operations; Program Administration; Personnel Policies and Staffing; Patient Files; Handling and Security of Medication; Patient Treatment; Take-Home Privileges; Body Specimen Collection and Storage, and Dosage Levels.
  - Forms
    1. DHCS 5014 – NTP Initial Application
    2. DHCS 5025 – Facility Requirements
    3. DHCS 5026 – Staff Hours
    4. DHCS 5028 – Letters of Cooperation
    5. DHCS 5030 – Geographical Area
    6. DHCS 5031 – Organizational Responsibility
- Describe how every patient assigned to the MU will participate in the regular treatment provided by the sponsoring NTP.
- DHCS application processing timelines similar to NTP Application.

Medication Unit

- Can Stock Medication
- Can Dispense Take-Homes
- Can Deliver Medications



Considerations for MU in Jail

- Yes, a MU can be approved in a jail!
- Intake cannot be done at a MU
  - Jail could bring patient to NTP for intake; or
  - Patient is already enrolled in the associated NTP, no additional intake is needed; or
  - Patient is enrolled at a different NTP, courtesy dosing available.
- Counseling cannot be done at a MU
  - **Temporary** Exception opportunity

NTP Services Off-Site

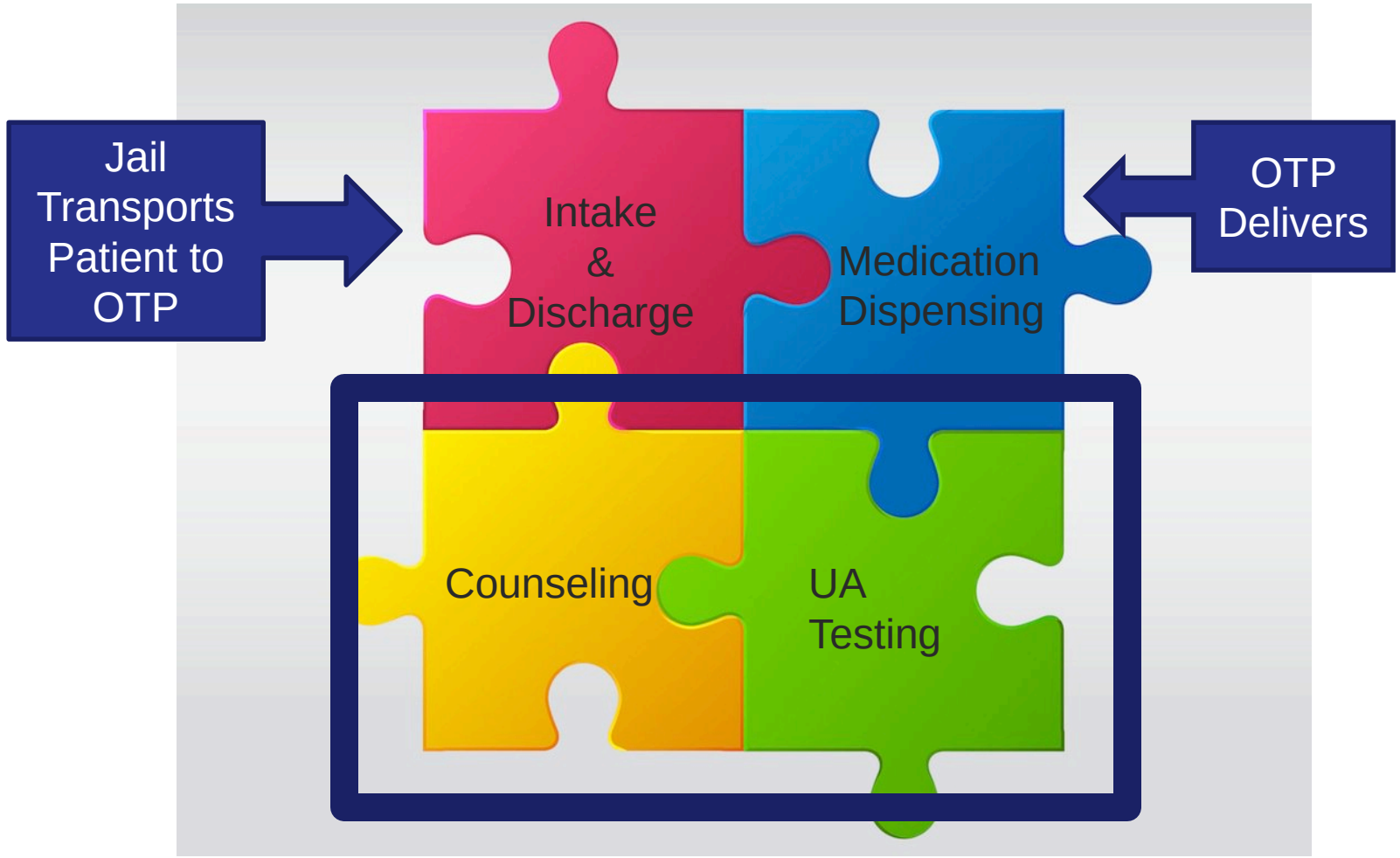
- CFR 8.12(f) allows NTP services to be conducted off-site.

- Formal documented agreement must be in place.

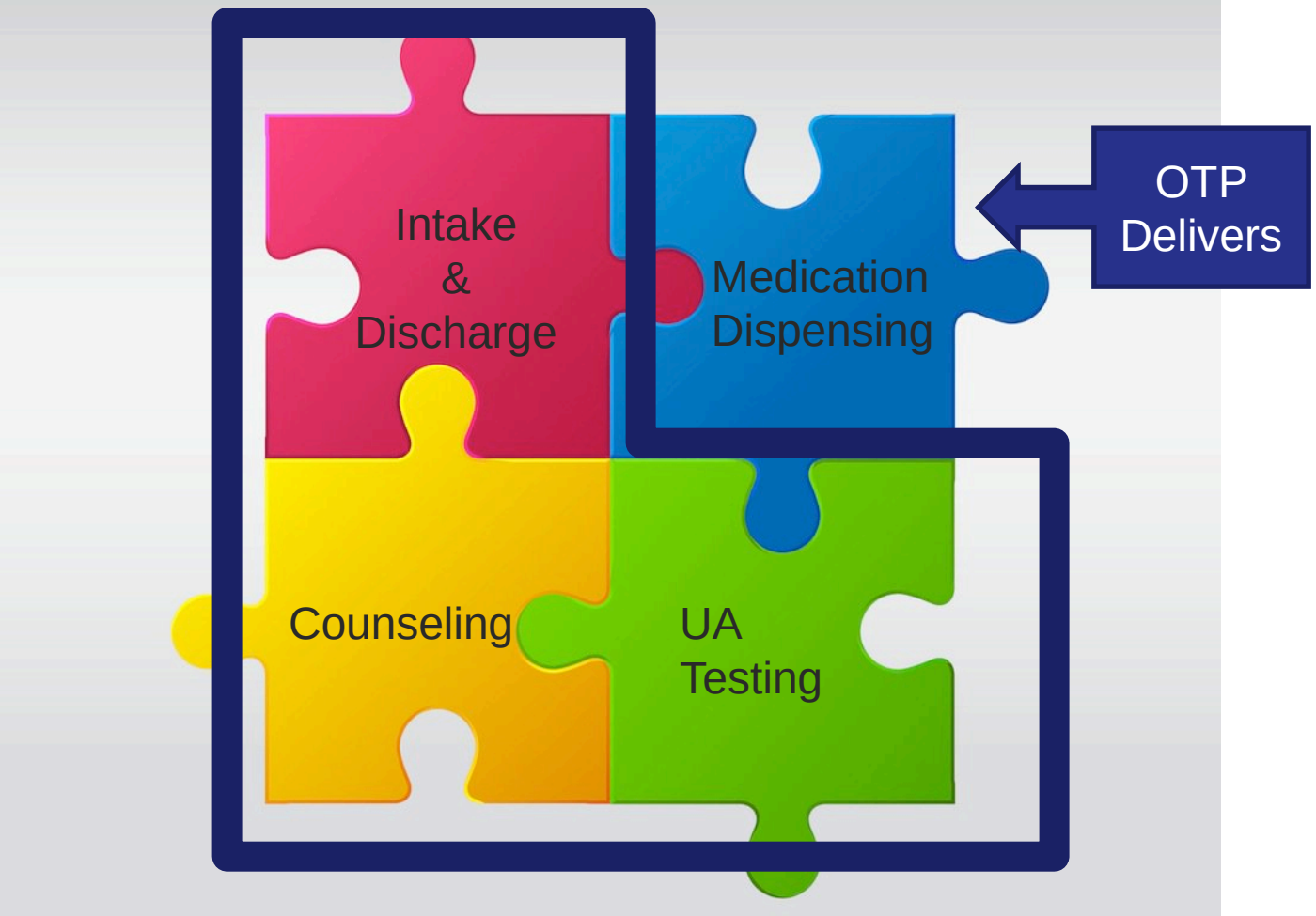
CFR 8.12(f) *Required services.*(1) *General.*

"OTPs shall provide adequate medical, counseling, vocational, educational, and other assessment and treatment services. These services must be available at the primary facility, except where the program sponsor has entered into a formal, documented agreement with a private or public agency, organization, practitioner, or institution to provide these services to patients enrolled in the OTP. The program sponsor, in any event, must be able to document that these services are fully and reasonably available to patients."

Off-Site Services: CFR 8.12(f)



Off-Site Services: CFR 8.12(f)



Exceptions

- DHCS may grant temporary exceptions to regulations if it determines that such action is justified and would improve treatment services or afford greater protections to the health, safety or welfare of patients, the community, or the general public. (HSC §11839.3(a)(7))

- Exceptions must be submitted, by a NTP, on a case-by-case basis by completing the SAMHSA, Exception Request and Record of Justification (SMA 168 form), through the CSAT extranet:
  - https://otp-extranet.samhsa.gov/REQUEST.

Medication Delivery to Jail

- NTP or MU in the community could deliver medication to the jail for a patient enrolled at that NTP.
  - Considered Take-Home Medication
  - More than one day of medication may be delivered at a time
- Delivery must be done by a NTP/MU staff member licensed to dispense the medication as authorized by Section 11215 of the Health and Safety Code.
  - Physician
  - Registered Nurse
  - Physician Assistant
  - Psychiatric Technician
  - Vocational Nurse
  - Pharmacist
- Chain of Custody Documentation

FEDERAL GUIDELINES FOR OPIOID TREATMENT PROGRAMS

EXAMPLE OF MEDICATION CHAIN-OF-CUSTODY RECORD

Date: _____

Name of Treatment Program: _____

Name of Treatment Program Dispensing Nurse: _____

Medication To Be Delivered (Methadone/Buprenorphine/Buprenorphine +Naloxone):

_____

Number of Doses To Be Delivered: _____

Medication Provided From _____ to _____
(Date) (Date)

Name of Person Transporting Medication: _____

License Number of Person Transporting Medication: _____

Date Medication Received: _____ Number of Doses Received_____

Medication Received Covering_____ to _____
(Date) (Date)

COMMENTS: _____

_____ _____
Signature of person receiving medication Signature of person transporting medication

Date of Administration and Initials of Patient Receiving Medication

DATE	Pt. Initials	DATE	Pt. Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Courtesy Dosing

- **T9 §10295**: A patient shall report to the same program to which he or she was admitted unless prior approval is obtained from the patient's medical director or program physician to receive services on a temporary basis from another NTP. Must be documented in the patient file:
  - Signed & dated consent form
  - Medication change order by the referring medical director or program physician not to exceed 30 days
  - Evidence the receiving program has accepted temporary responsibility for the patient
- T9 §10205: Programs may provide replacement narcotic therapy to short term (less than 30 days) visiting patients approved to receive services on a temporary basis.
- **Exception:** for the 30 day limitation

NTP Patient Incarceration

- **§10190. Procedures in the Event of a Patient's Incarceration.**

  (a) If the program is aware that a patient has been incarcerated, the program physician shall attempt to cooperate with the jail's medical officer in order to ensure the necessary treatment for opiate withdrawal symptoms, whenever it is possible to do so.

  (b) The patient's record shall contain documentation of:
  - (1) The program physician's coordination efforts with the jail; and
  - (2) The date(s) of incarceration, reason(s), and circumstances involved.

- **Exception:** for counseling and urinalysis

DEA – 72 Hour Rule

- An exception to the NTP registration requirement, known as the "three day rule" (21 CFR Part 1306.07(b)), allows a practitioner who is not separately registered as a narcotic treatment program, to administer (but not prescribe) narcotic drugs to a patient for the purpose of relieving acute withdrawal symptoms while arranging for the patient's referral for treatment, under the following conditions:
  - Not more than one day's medication may be administered or given to a patient at one time;
  - This treatment may not be carried out for more than 72 hours; and
  - This 72-hour period cannot be renewed or extended.
- The intent of 21 CFR 1306.07(b) is to provide practitioner flexibility in emergency situations where they may be confronted with a patient undergoing withdrawal.

2 Puzzles That Must Fit Together

Jail Setting

Intake & Discharge

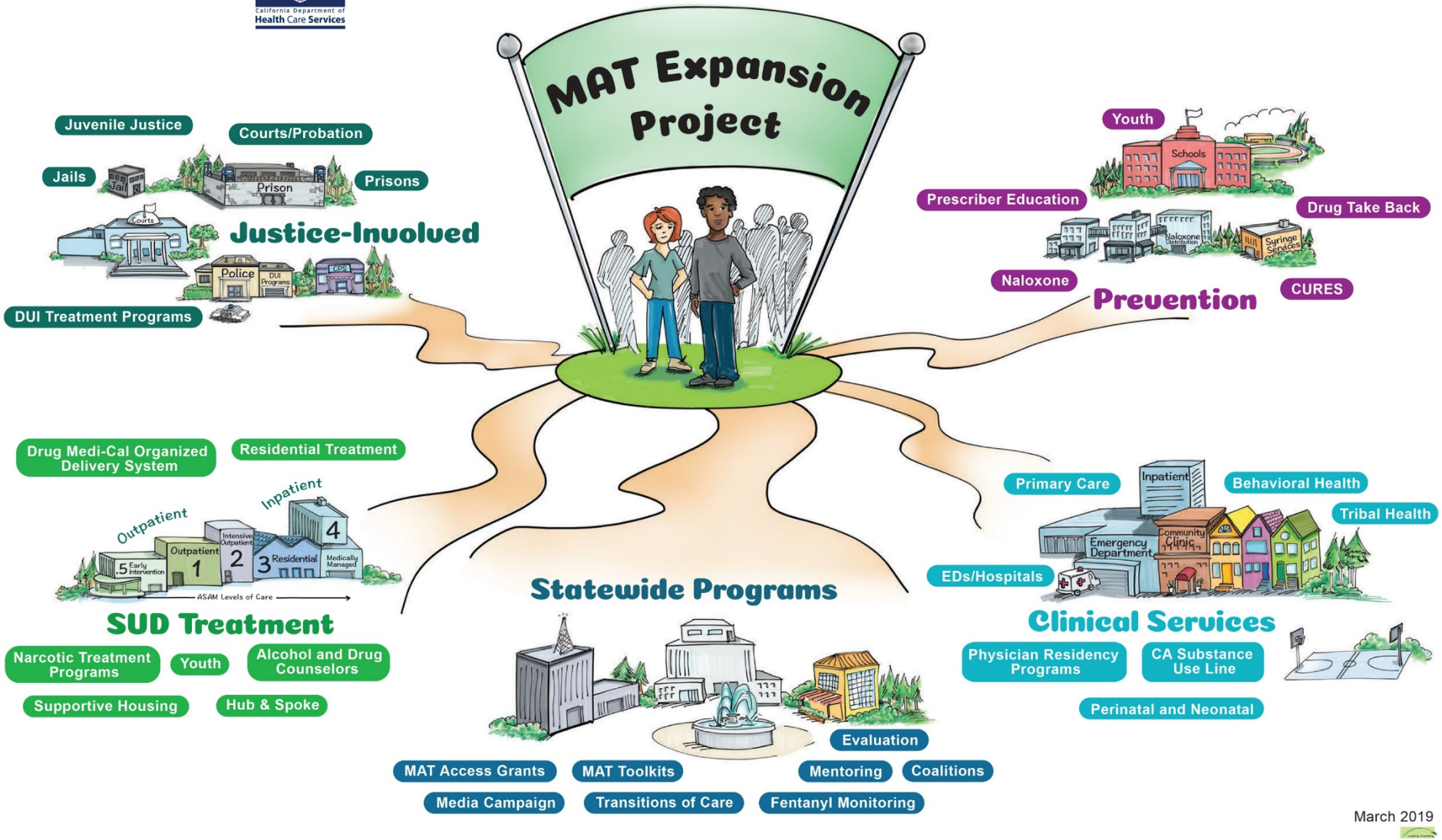
Counseling

OTP Setting

UA Testing

Medication Dispensing

In California, Treatment Starts Here



March 2019

All MAT Expansion Projects

- Academic Detailing + Fentanyl Reporting & Surveillance
- Addiction Treatment Starts Here: Primary Care, Behavioral Health, & Community Partnerships
- California Bridge Program
- California Conservation Corps
- California Hub & Spoke System
- California Poison Control System
- California Substance Use Line
- California Youth Opioid Response
- Counselors in Rural Emergency Departments
- County Touchpoints
- CURES Optimization
- Drug Take-Back
- DUI MAT Integration
- **Expanding MAT in County Criminal Justice Settings**
- MAT Access Points
- MAT Toolkits
- Media Campaign
- Mentored Learning
- Naloxone Distribution Project
- NTP Treatment Capacity
- Perinatal MAT
- Primary Care Residency
- SUD Workforce: Recovery & MAT Summit
- Supportive Housing
- Transitions of Care
- Tribal MAT Program
- Waivered Prescriber Support
- Young People in Recovery

To learn more about the MAT Expansion Projects, visit CaliforniaMAT.org.

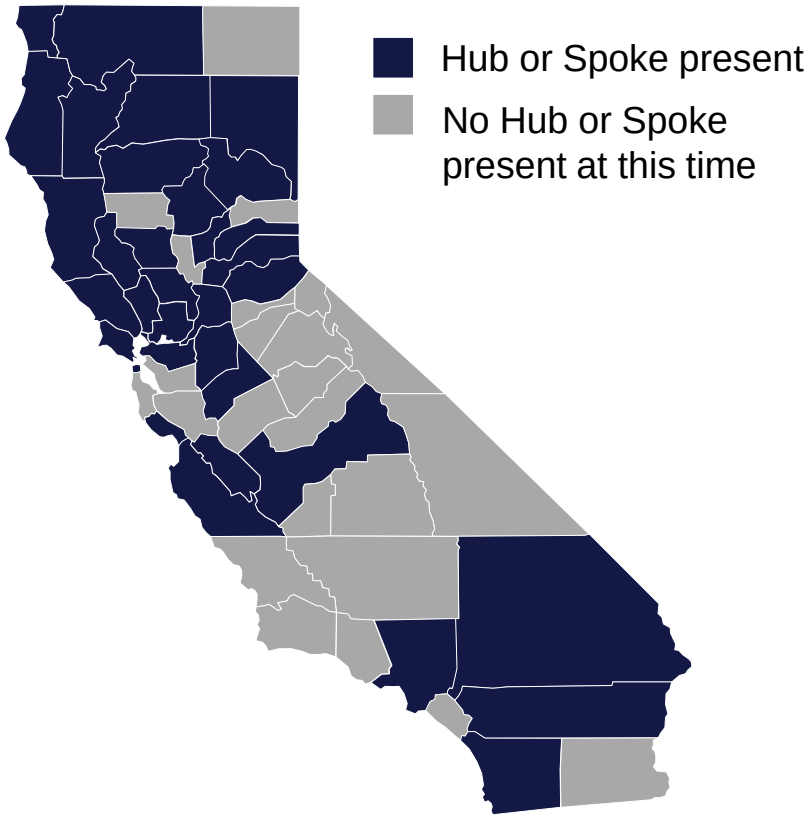
MAT Expansion Project Objectives

- Develop additional MAT locations
- Provide MAT services to special or underserved populations
- Transform entry points and create effective referrals into treatment
- Develop processes to better manage high-risk transitions of care (e.g., jails or hospital re-entry)
- Engage prescribers to increase provision of MAT
- Prevent opioid misuse and OUD deaths

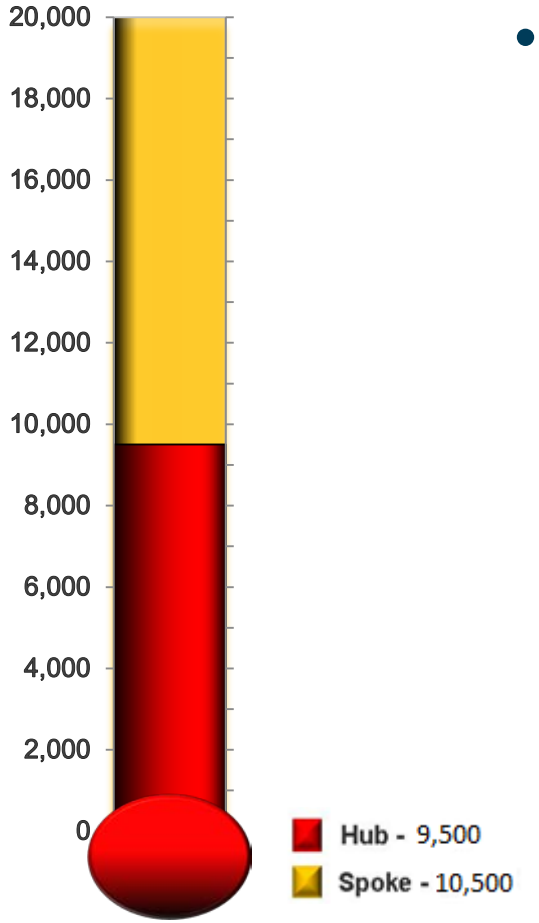
California Hub and Spoke System (H&SS)

- Consists of narcotic treatment program (Hubs) and office-based treatment settings (Spokes) for ongoing care and treatment.
- Aims to increase the number of providers prescribing buprenorphine for opioid use disorder.
- Composed of 18 Hubs and over 215 Spokes in 36 counties.
- For more information, visit http://www.californiamat.org/matproject/california-hub-spoke-system/

Counties with a Hub or Spoke



New Patients Served by H&SS



- The goal for the CA H&SS to have **20,000** new patients on MAT was reached earlier this month.
  - Approximately **9,500** patients have been served at Hubs
  - Approximately **10,500** patients have been served at Spokes

Hubs

- NTPs act as “Hubs,” and serve as the regional consultants and subject matter experts on opioid dependence and treatment
- Hubs:
  - Provide care to clinically complex buprenorphine patients
  - Manage buprenorphine inductions
  - Support Spokes that need clinical or programmatic advice

Spokes

- Spokes may be (1) a federally waivered prescriber, or (2) one or more federally waivered prescribers and a MAT team.
- Spokes:
  - Provide ongoing care for patients with milder addiction (managing induction and maintenance) and for stable patients on transfer from a Hub
  - Monitor adherence to treatment
  - Coordinate access to recovery supports
  - Provide counseling

Hub Required Services

- Professional medical, social work, & mental health services, onsite or by referral
- Access to FDA approved MAT for an OUD
- Access to subject matter expertise on opioid dependence and treatment for Spokes
- HIV and HCV testing and referral to services
- Case management
- Counseling
- Naloxone and training
- Local access to maternal addiction treatment
- Recovery and/or peer support services
- Use of the OBOT Stability Index and the Treatment Need Questionnaire tool

MAT Team

Educator/Panel Manager
(typically a nurse)

Responsible for:

- Prescription Management
- Call back procedure, counting films, calling pharmacies
- Management of drug testing
- Coordination of medical services with buprenorphine prescriber
- Help the physician manage the panel of patients and educate

Case Manager
(typically a licensed clinical social worker)

Responsible for:

- Brief counseling or referral to more intensive services
- Group counseling
- Some clinical case management
- Intake of stable patients from Hub to Spoke
- Referrals to Hub for unstable patients
- Coaching to prescribers in managing patients' clinical stability

Required Spoke Services – Jail Setting

- We want to make this work!
- Proposals will be reviewed.
- Each jail is different, each proposal has been different.
  - Staffing
  - Counseling
  - Naloxone upon release

Training Opportunities

- Hub & Expert Facilitator Dyads
  - Activities: Coaching, training, consultation, inspiring, reassuring, connecting with peers

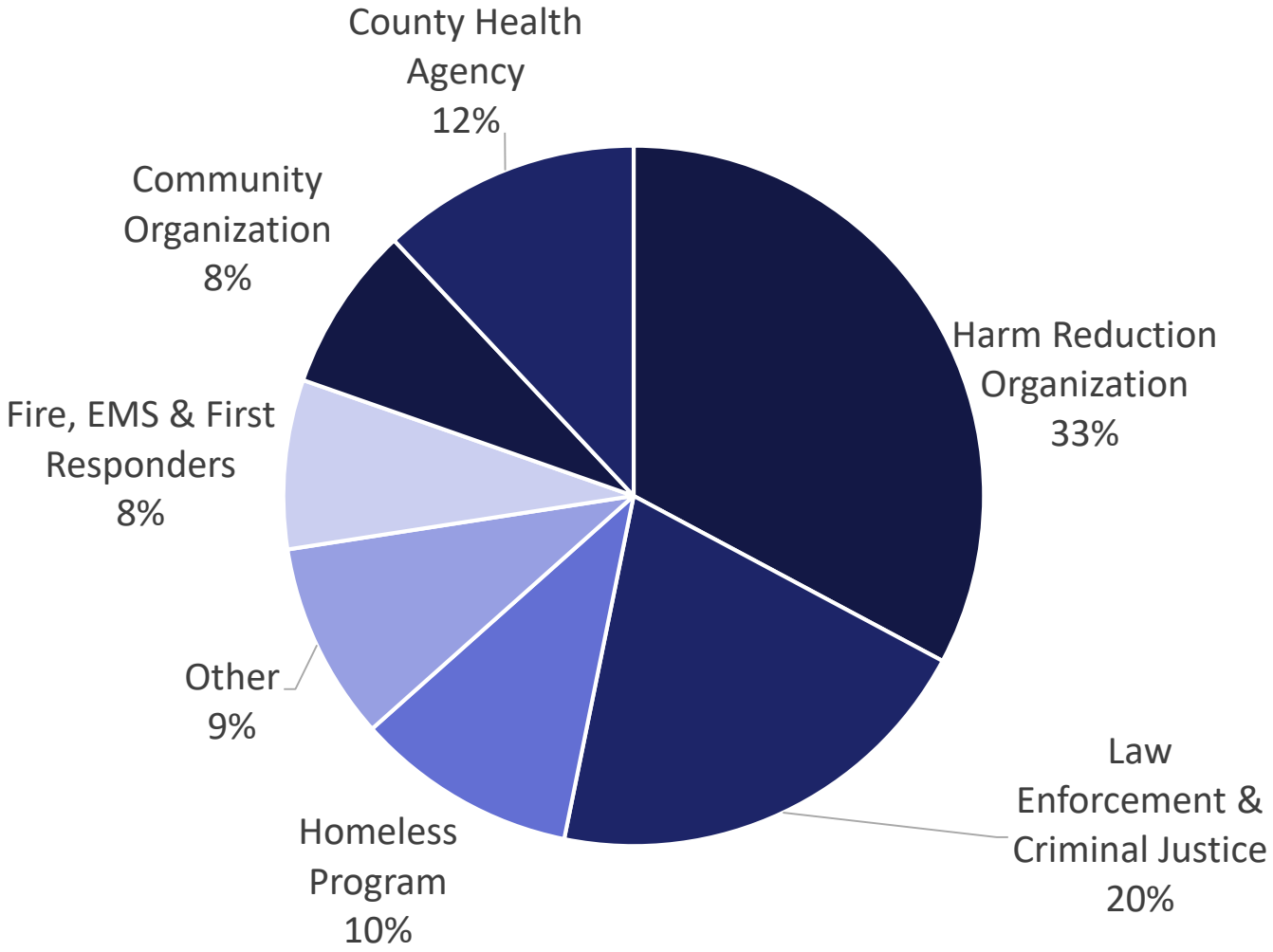
- Regional Learning Collaborative
- X-Waiver Trainings – Half and Half in-person trainings
- Pregnancy/OUD/MAT Training Events
- Pain/OUD/MAT Training Events – half day in-person trainings
- Project ECHO Monthly MAT Clinics
- MERF MATES Scholarship (CSAM)
- Quarterly MAT Webinars
  - OUD & Stimulants
  - MAT & Stigma

The Naloxone Distribution Project (NDP)

- DHCS is working to reduce opioid overdose-related deaths through provision of **FREE** Naloxone to qualified entities.
- The NDP has distributed over **237,000 units** of Naloxone since October 2018.
- **1,621** reported reversals

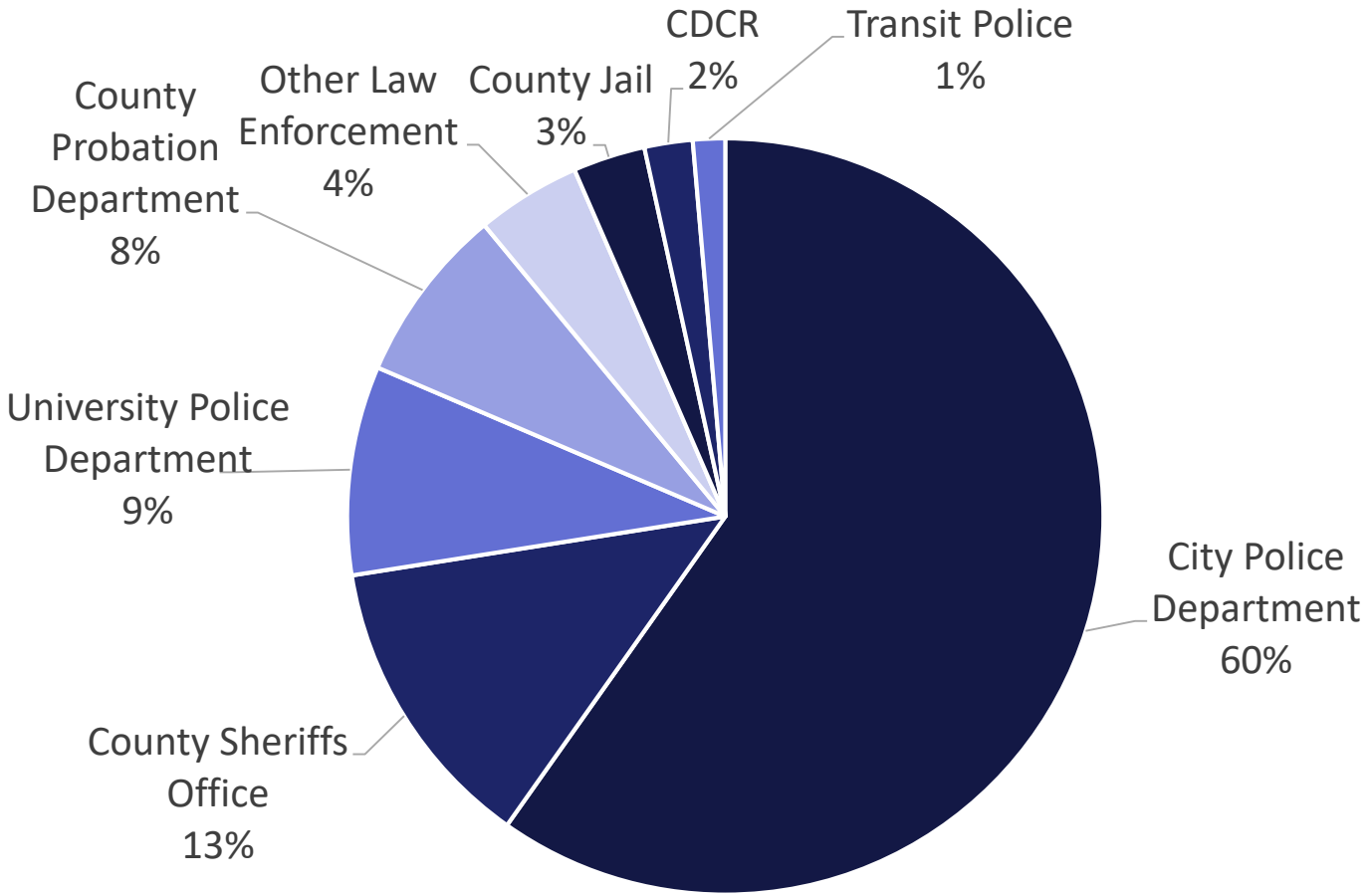
- To download the application and for more information, visit the DHCS website: https://bit.ly/2w2Vx9f.

Naloxone Units by Type of Organization



NOTE: Naloxone units as of August 16, 2019.
Other category includes: SUD treatment facilities, libraries, veterans organizations, religious entities, and state agencies

Law Enforcement Applications



NOTE: Applications as of August 16, 2019.
Other Law Enforcement includes: district attorneys offices, park rangers, drug task forces


CA
BRIDGE
TREATMENT STARTS HERE

Participating Hospital EDs

https://www.bridgetotreatment.org/

- 52 hospitals in 34 counties
  - **24/7** emergency treatment and referral for patients with substance use disorders

    - Substance Use Navigator (SUN)

CA BRIDGE
TREATMENT STARTS HERE

Summary of Actions

- First Steps: Make connections!
  - Contact local Hub from the CA H&SS
    - Funding Opportunity
    - Coordination Opportunity
  - Contact local NTP if no CA H&SS in area
  - Contact local ED Bridge Location
- Next: Assemble your puzzle
  - Delivery from a community based NTP/MU
  - Jail brings patient to NTP/MU
  - Medication Unit Licensure in Coordination with existing NTP
  - Add off-site NTP services at the Jail
  - NTP Licensure in the Jail

Other States

- Rikers Island Jail, New York
  - OTP License
  - https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/05/23/at-rikers-island-a-legacy-of-medication-assisted-opioid-treatment
- Rhode Island Dept. of Corrections
  - CODAC Provides Services
  - https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2671411?redirect=true
- Connecticut Dept. of Corrections
  - Community OTP Delivery

Resources

- DHCS NTP Officer of the Day
  - DHCSNTP@dhcs.ca.gov
  - (916) 322-6682
- DHCS MAT Expansion Project
  - CaliforniaMAT.org
- DHCS NTP Website
  - https://www.dhcs.ca.gov/individuals/Pages/NTP.aspx
- DEA Diversion Field Office Locator Website
  - https://apps.deadiversion.usdoj.gov/contactDea/spring/fullSearch?execution=e7s1
- SAMHSA OTP Website
  - https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/apply

Humboldt County

HUB – Aegis Treatment Centers

Contact:
Sarah Khawaja
Grant Manager
skhawaja@aegistreatmentcenters.com

Spokes in Humboldt:	
	Humboldt State University - Arcata
	K'ima:w Medical Center-Hoopa
	Open Door Community Health Centers-Arcata 10th
	Open Door Community Health Centers-Arcata 18th
	Open Door Community Health Centers-Eureka Buhne
	Open Door Community Health Centers-Eureka Tydd
	Open Door Community Health Centers-Fortuna
	Open Door Community Health Centers-Willow Creek
	Redwoods Rural Health Center
	Southern Trinity Health Services-Scotia
	Waterfront Recovery Services

Inyo County

HUB: Acadia Riverside

1021 West La Cadena Drive, Riverside, CA 92501

Contact:

Karla Rodriguez

Hub Coordinator

Karla.Rodriguez@ctcprograms.com

Spoke in Inyo: Northern Inyo Hospital

Mariposa County

HUB: Medmark Fresno

1310 M Street, Fresno, CA 93721

Contact:

Dolores Mirelez

HSS Coordinator

DMirelez@medmark.com

Spokes in Mariposa:	
	Fremont Family Physicians
	Fremont Specialty Clinics
	John C Fremont Health Care District
	Mariposa County - Human Services
	Northside Clinic

San Bernardino County

HUB: Acadia Riverside

1021 West La Cadena Drive, Riverside, CA 92501

Contact:

Karla Rodriguez

Hub Coordinator

Karla.Rodriguez@ctcprograms.com

Spokes in San Bernardino:	Colton Clinical Services
	Riverside-San Bernardino County Indian Health, Inc.

San Diego County

HUB: Acadia San Diego

7545 Metropolitan Drive, San Diego, CA 92108
Contact:
Deborah Hamilton
HSS Coordinator
deborah.hamilton@ctcprograms.com

Spokes in San Diego:	Capalina Comprehensive Treatment Center
	El Cajon Comprehensive Treatment Center
	Family Health Centers of San Diego
	La Maestra Community Health Center
	Neighborhood Healthcare - Escondido
	St. Vincent de Paul - Village Family Health Center
	Third Ave Comprehensive Treatment Center (Chula Vista)
	Vista Community Clinic

Yolo County

HUB: CommuniCare

215 West Beamer Street, Woodland, CA 95695

Contact:

Meline, Helen

Coordinator

HelenM@communicarehc.org

Spokes in Yolo:	CommuniCare - Davis Community Clinic
	Winters Healthcare

Narcan Nasal Spra

9/19/2019

Jason Griffin
Director, Community Health Solutions

EBS LISTED NYSE

Our mission is to protect and enhance life.

We develop, manufacture, and deliver a portfolio of medical countermeasures for biological and chemical threats, existing and emerging infectious diseases as well as opioid overdose.

BIOLOGICAL THREATS

BioThrax®
(Anthrax Vaccine Adsorbed)
ACAM2000®
[Smallpox (Vaccinia) Vaccine, Live]

CHEMICAL THREATS

RSDL®
(Reactive Skin Decontamination Lotion Kit)

INFECTIOUS DISEASES

Vivotif®
(Typhoid Vaccine Live Oral Ty21a)
Vaxchora®
(Cholera Vaccine, Live, Oral)

OPIOID OVERDOSE EMERGENCY

QUICK START GUIDE

Opioid Overdose Response Instructions

NARCAN® (naloxone HCl) NASAL SPRAY

Use NARCAN® (naloxone hydrochloride) Nasal Spray for known or suspected opioid overdose in adults and children.

Important: For use in the nose only.

Do not remove or test the NARCAN Nasal Spray until ready to use.

1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.

Shake shoulders and firmly rub the middle of their chest.

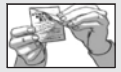
Check for signs of an opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

Lay the person on their back to receive a dose of NARCAN Nasal Spray.

2 Give NARCAN Nasal Spray

REMOVE NARCAN Nasal Spray from the box.
Peel back the tab with the circle to open the NARCAN Nasal Spray.



Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.

3 Call for emergency medical help, Evaluate, and Support

Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

For more information about NARCAN Nasal Spray, go to www.narcannasalspray.com, or call 1-844-4NARCAN (1-844-462-7226).
You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

ADAPT PHARMA

Two Possibilities to Expand Distribution

Require Co-Rx Naloxone

High Dose Prescription Opioids (CDC Guidelines)

Patients in Treatment (OUD/SUD)

Establish a Statewide Naloxone Distribution Program

Community Organizations/ HARM Reduction

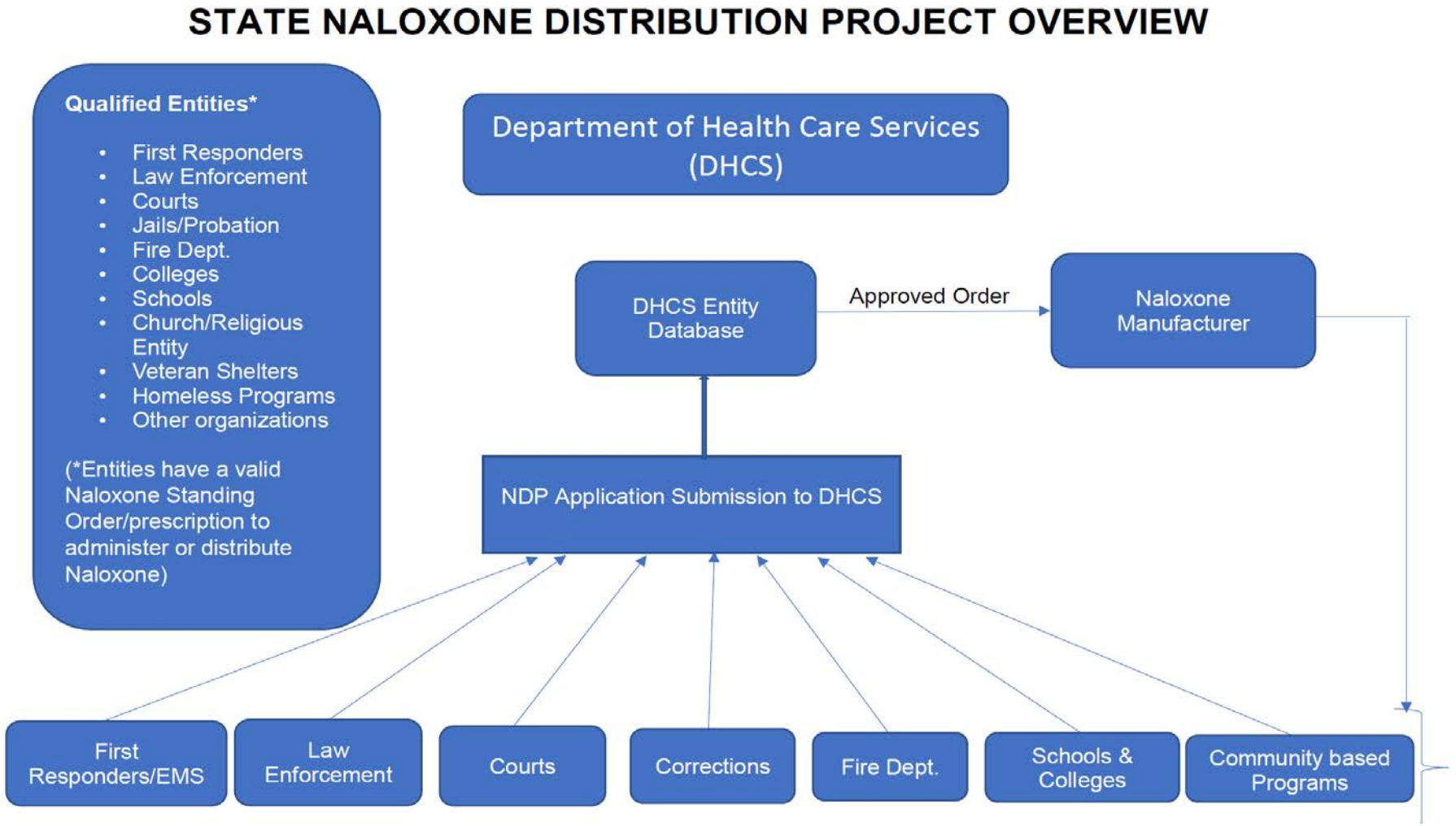
Incarcerated with Substance Use Disorder

First Responders/ Law Enforcement

Emergency Room Discharge

California– An Alternative Blueprint for Naloxone Distribution

https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx



Graph: downloaded from: https://www.dhcs.ca.gov/individuals/Documents/NDP_Overview.pdf

Additional Resources

FREE GOODS PROGRAM

https://www.narcan.com/community/education-awareness-and-training-resources

NARCAN RESOURCES

www.narcan.com

https://beawarebeprepared.com/resources/

emergent biosolutions®

Contact Information

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www.emergentbiosolutions.com

emergent biosolutions®

Components of Comprehensive Opioid Addiction Treatment Justice Settings

Context

- This information is the ideal state Your team will consider where your county is in each domain, and what your ideal state would be, but you will not be expected to develop every aspect of this model.

Domains

- Pre-Trial Services
- In-Jail MAT
- In-Jail SUD Assessment and Therapies
- Re-Entry Services
- Access to MAT and Treatment in Community
- Community Supervision /Probation/Court

Pre-Trial Services

- Staff knowledgeable about OUD and its treatment
- Access to clinician to assess addiction, readiness for treatment, level of care
- Access to comprehensive urine drug screening
- Knowledge of local SUD treatment options

Pre-trail services collect and analyze defendant info to determine risk, make recommendations to court, and supervise defendants released prior to trial

In-Jail: **Withdrawal Management**

- Establish effective, evidence-based withdrawal processes for all substances: alcohol, opioids, benzos, stimulants/other.
- Cohort detainees in withdrawal if possible; attach withdrawal management part to intake process (prior to housing assignment).
- Use buprenorphine to manage opioid withdrawal
- Train all staff to recognize signs of withdrawal.
- Conduct continuous improvement activities.
- Keep good data!

SUD **Screening**

- At intake if possible
- If negative, repeat at comprehensive health assessment
- Select evidence-based screening instrument appropriate for corrections: NIDA Quick Screen or any listed in SAMHSA's *"Screening and Assessment of Co-Occurring Disorders in the Justice System"*
- Detainees who admit to illicit drug use have already screened positive, move to assessment

SUD **Assessment to Inform Treatment Plan**

- Engage a qualified SUD counselor
  - County AOD staff and local providers can do this but cannot bill Medi-Cal
- Select evidence-based assessment instrument appropriate for corrections. See SAMHSA's *"Screening and Assessment of Co-Occurring Disorders in the Justice System"*
  - *Optimal if instrument is same as used in community (ASAM)*
- Figure out optimal time and place for assessment; may be different for detainees likely to have very short stays

SUD **Treatment**

- Maintain all prescribed Medication Assisted Treatment.
- Make all FDA approved addiction treatments available to detainees.
- Consider what levels of BH treatment you can provide in the jail and for whom. Very individualized to jail physical plant, ADP and available space, average length of stay, philosophy, history. Mix and match:

WHO	WHAT
Incarceration < 3 days	Education about SUD, OUD, MAT
	Individual counselling
Incarceration 4 -14 days	Groups
	Outpatient Level of Care
Incarceration up to 90 days	Intensive Outpatient Level of Care
	Residential Level of Care
Incarceration > 90 days	Release planning and referral

SUD **Treatment**

- Determine who provides treatment services and to whom they report
- Establish processes to expose client to MAT options and referral to provider for evaluation for MAT
- Provide evidence based, trauma informed, gender responsive interventions.
- Include random drug screening, which is part of the health care record and used only for treatment decisions.

Mitigating Drug Diversion

- Use interdisciplinary team to develop and implement robust policies.
- Training for custody and nursing staff on procedures.
- Periodically review and modify procedures.

Release Planning

- Optimize access to community treatment through Whole Person Care, Medi-Cal enrollment, Transitions Clinics.
- Develop procedures for warm hand-off with community organizations.
- Coordinate closely with drug courts and Probation on release planning.

Naloxone

- Provide naloxone to custody staff.
- Develop a naloxone training and distribution plan for detainees.
- Provide naloxone to all detainees who request it upon release, and for visitors.

Training

- Provide training on addiction neuroscience and OUD treatment to all health care, mental health, and custody staff.
- Combine some components of training so medical, mental health, and custody have open dialogue.
- Make effective SUD treatment, which includes MAT, part of the treatment culture.
- Cultivate “champions” who can effectively address objections and stigma

Data Collection: In Custody

- Withdrawal: what are detainees withdrawing from
- MAT maintenance numbers by medication
- Inductions by medication
- Detainee “infractions” before and after MAT used
- Screening findings
- Treatment numbers by program

Data Collection: After Release

- Engagement in treatment in community
- Overdose deaths for persons involved in justice system
- Recidivism

Probation and Drug Courts

- Staff knowledgeable about OUD and its treatment
- Access to clinician to assess addiction, readiness for treatment, level of care
- Access to comprehensive urine drug screening
- Client education materials on addiction, MAT, and treatment options
- Knowledge of local SUD treatment options

Overview of large grant funding

MAT in County Criminal Justice System

Funding overview

Each county was given a grant for $25,000 primarily to cover the cost of attending collaboratives.

The second, larger grant is based on the size of the county, number of jails, and drug courts.

The grant is intended to fill gaps and expedite treatment while sustainable funding is identified locally through CCPs, county budget, etc.

Funding amount by county

Funding (up to…)	Counties
$90,000	Humboldt, Mariposa, Yolo, Inyo
$200,000	San Diego, San Bernadino, Sacramento

Eligibility requirements

- Only one agency may apply from each team
- Any agency on the County Team is eligible to be the applicant for funds
- The Lead Agency is not required to be the applicant agency

Eligibility Requirements

- Each county must submit information from their county jail(s) for the period of September 2019 through September 2020.
- Information needed is on average daily population along with the following information, by month:
  - Number of intakes requiring withdrawal protocol
  - Number of patients withdrawn, continued or inducted on all three forms of MAT
  - Number of drug overdoses
  - Number of naloxone units provided at release

Project Timeframe

- Application submittal: Friday November 1, to your coach
- Notice of funding approval: Friday, November 15
- MOU issued to applicant: Wednesday, November 27
- Initial funds disbursed (50% of total): Upon receipt of signed MOU from County
- Interim report due: Friday, May 1
- Remaining funds disbursed: Upon receipt of approved Interim Report
- Counties are expected to spend funds by September 30, 2020.

Eligible use of funds

HMA will provide a complete list of eligible expenses.

Some examples of eligible expenses are:

- Sublocade and other subcutaneous or injectable MAT medication if under a pilot
- Salary and benefits for employees or payments to contractors that fulfill grant objectives
- Patient education materials.
- Training, including registration, and related travel expenses
- Hosting or conducting outreach, meetings, etc. to engage stakeholders
- Minor facility improvements to enable administration and safeguarding of MAT in jail or drug court

Ineligible use of funds

HMA will provide a list of ineligible funds. Some examples are:

- Supplant existing activities or staff assignments
- Supplementing medication already being used by the program
- Telehealth kiosks
- Facility improvements unrelated to those named in previous slides
- Non-FDA approved medication or devices for treating OUD

What if a county wants to use the funds for something not on the eligible list?

- In Cohort 1, many counties had unique challenges and asked permission for the use of funds for items not on the list
- Talk to your coach if you have such a request.
- We want you to use funds to increase access.
- You can be creative. Every county has different challenges.

Application description

Grant Proposal

Each county will be asked to describe:

- Grant activities
- Project oversight
- Project staffing
- Timeline and milestones
- Sustainability plan

Application description

Project Budget

- Each county will be asked to submit a project budget
- Budget will include total project costs, including personnel, contractor, indirect costs, etc.

In summary

In planning your grant application, consider the goals of your program.

- Where are the current gaps?
- What does your county need to fill in those gaps?
- How can this funding help you to achieve that goal?

Next Sessions

- Break
- Self-select breakout session see agenda. Informal.
- Team Assignment:
- Main Ballroom: Sacramento, San Bernardino, Mariposa
- Cedar Lake Room: San Diego, Inyo
- Rainbow lake Room: Humboldt, Yolo
- Spend one hour on TEAM PLANNING TOOL
  - Your team needs to work through ALL of this tool over next few months
- Spend 15 minutes on ACTION PLAN for next 4 – 6 weeks
- Provide Coach with both documents (photo, hand-wrote, scan and email)

This Action Plan will be the tool used in future Coaching Calls
Updated monthly through September 2020