Alcohol and Other Drug Workgroup Final Report to BHAB

Overview:

The Alcohol and Other Drug (AOD) Workgroup is submitting this final report, summarizing the topics covered, items discussed, and issues of particular concern to the Behavioral Health Advisory Board (BHAB) in the areas of drug, alcohol, and overdose prevention in San Diego County (County). This final report continues to acknowledge the vital help provided by interested non-board members to the work of this committee, including previous members of BHAB, County staff clinical specialty experts, as well as community prevention and recovery program professionals.

This report covers: 1) the current population of substance users in the County; 2) the treatment community in the County; 3) prevention efforts in the County; and 4) recommendations to reduce substance use and its effects.

There remain two key issues the Workgroup feels have a significant, over-arching impact on the prevention and treatment of drug and alcohol abuse in the County: the shortage of a qualified, experienced, and readily available clinical workforce to meet the staffing needs of the County; and the valuable, supportive actions that the County Board of Supervisors has taken over the last 18 months in furtherance of improving the quality of care that is being received by County residents in the treatment of mental health and substance use disorders.

Target Population:

Over 250,000 San Diegans have a substance use disorder (SUD). Approximately 73% struggle with alcohol, 13% with stimulants, and 10% with opioids. Medi-Cal enrolled and eligible (i.e., low-income) San Diegans can receive treatment for SUD through the Drug Medi-Cal program, which is administered by the County. Counties can act as primary service providers (i.e., run their own facilities) and contract out services (as San Diego does).

Current Treatment Landscape:

The County is responsible for treating low-income patients (i.e., Medicaid eligible) with SUD through the Drug Medi-Cal program (a state program funding substance use care through county governments). The County participates in the Drug Medi-Cal Organized Delivery System (DMC-ODS). DMC-ODS was intended to provide a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services, enable more local control and accountability, provide greater administrative oversight, create utilization controls to improve care and efficient use of resources, implement evidence-based practices in substance abuse treatment, and coordinate with other systems of care.

The County spends $171M on substance use treatment and prevention per year, all of which is provided by contracted Drug Medi-Cal providers. Patients with mild to moderate SUD can also

nominally access care through their insurers, but in practice many are referred to the County for services.

The gold standard for SUD treatment is medication-assisted treatment (MAT). Medications for substance use reduce use and cravings by regulating brain chemistry. Specifically, MAT binds to reward centers in the brain, stopping the positive feedback loop of addiction and making it easier to reduce or discontinue substance use. MAT can reduce overdose deaths by 80% and increase retention in treatment by 75-80%. Clinical studies have shown MAT to be 10 times as effective at improving outcomes as traditional treatment methods alone (e.g., 12-step programs). There are currently MAT treatment options for Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD), with early research for medications for Methamphetamine Use Disorder (MUD).

Despite its efficacy, a study from 2020 found that fewer than 18% of patients at residential treatment facilities – the highest level of care – in the United States were receiving MAT services. For publicly-funded treatment centers, MAT is under-utilized and often there is no doctor on staff. The literature describes barriers to patients accessing MAT including lack of transportation and time away from work, school, and family, as well as practical barriers to adoption of MAT for government payers such as regulatory barriers, lack of treatment supply for patients due to lower reimbursement rates, historical reliance on peer-based support models, and a lack of training for physicians.

Prevention:

A vital area in the prevention of drug and alcohol experimentation, and subsequent abuse, is the concentrated effort to reach children with effective prevention tools and strategies at the very young age that our society appears to tempt children. The County programs that coordinate the various San Diego School District drug and alcohol prevention efforts are key. The School District-based programs provide a linchpin in the County's efforts in provide a drug and alcohol free alternative to growing children.

Recommendations:

The Workgroup believes that the alcohol, drug, and associated impacts facing the County, and thus the BHAB, warrant continued attention of the Board. The complexity and import of the underlying issues of these concerns should properly make them an ongoing priority for BHAB into the current and subsequent fiscal years.

Specific, select concerns that the Workgroup offers to the BHAB for its ongoing attention and concern are:

- Increase BHAB's understanding of the areas of County Supervisors' interest in drug and alcohol prevention and treatment programs. This understanding will help BHAB to align appropriate areas of Board focus in order to have increasing impact on the drug, alcohol, and attendant lethality issues in the County. During the course of its tenure, this workgroup has started to invite individual Supervisors to share their concerns and perspectives regarding drug and alcohol issues with BHAB.

- Provide strident advocacy for youth and teens, including prevention, treatment, and ongoing support – both medical and social. It's easy for these age groups to get lost in the shuffle of addressing the equally important concerns of the adult population.

- Increased recognition of the importance of strengthening prevention efforts versus primarily focusing on treatment priorities.

- Recognize and support the need for an evidence-based assessment of our network of care, with a focus on non-DMC-ODS enhancements.

- Support additional investments to be made in access to care. An example are the critical referrals made to programs that may not have openings. This reflects a need for increased outreach to bring SUD-specific services into the community rather than waiting for clients to initiate contact or reach out for services themselves

- In a like manner identify gaps in the Systems of Care/Continuum of Care. There are ongoing examples of recording initial contacts (such as a phone call to schedule an appointment) versus the actual service provision (meeting with a therapist). This shows that current statistics may not accurately reflect the workforce challenges faced in the region or barriers to constituents in their actual receipt of needed services. Anecdotal client reports reflect that there are, at times, significant differences in perception of the receipt of delivered services.
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- Support the County as it addresses the workforce challenges that limits contractors' capacity to expand or enhance services that are provided and limits the County's ability to initiate new programs, such as the desired regional service Hubs. County direct service staff open positions may also be significantly impacted by these workforce challenges as well.

- Provide better client access to expungement of past active addiction actions and legal records. The use of guides or ombudsman to provide guidance through the maze of records and the processes needed to get back to a "pre-system" contact status.

- Recognize the need for an outreach program to go out into the community to where the needs and the people are, such as homeless encampments. Support the development and successful implementation of such a program. Through such a program, encourage the increased provision of basic necessities of life that support treatment and recovery (i.e., Nicorette, reading glasses, MTS cards or tokens), and provide a mechanism to appropriately locate and reconnect with clients.

Ongoing discussion topics for BHAB:

- The effective support of harm reduction, justice reform, a decrease in homelessness and the re-procurement of SUD services. There is a need for a data informed approach to addressing needs in the SUD system of care, with a focus on access times and back-end challenges, as well as looking at community needs and network adequacy.

- Access portals and response times have been problems across the spectrum of services. Recognition that there is a different perspective for users of services versus the collectors of data. BHAB should continue to investigate what was left out (best practices) when ASAM standards of care were adopted. The following gaps have been identified: withdrawal management; a move in DMC-ODS toward standardize services; and a clinical approach model which leaves the missing piece of a true social model (i.e., peer led, focused on the community) resulting in clients being left behind.

  Recognize that social/spiritual models are an additional approach to the traditional authoritarian/clinical approaches and provide the client population with options that are rooted in both perspectives.

- Many clients appreciate the anonymity of group settings as they don't always want to share their experiences that identify them in a general public arena. Clients also appreciate peer driven support groups such as NA/AA where there is no formal fee or charge.

- Criminal Justice Reform, with increased alternatives to jail sentences, appears to be a vital and desirable approach to current practices.

- More capital investment is needed in both residential and withdrawal management programs.

- The significant impact and delay that recent changes in Medi-Cal providers have had on the renewal of medication prescriptions across the client base.

- Internally, for BHAB, should members appoint a new sub-committee or workgroup to continue the efforts of this sun-setting workgroup, ensure that the commitment and ongoing participation of at least six BHAB members are available to ensure a robust future participation. The Chair of this Workgroup suggests that without this level of commitment, further effort should be delayed until such level of BHAB member interest is present.

In summary, the AOD Workgroup has been active and involved; its members hope that this Final Report provides sufficient information to inform the BHAB and guide its future decisions related to continually improving the lives of impacted County residents.

Sincerely,

Phillip R. Deming

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Chair