



BOARD OF SUPERVISORS
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Department Name: Behavioral Wellness
Department No.: 043
For Agenda Of: 06/07/2016
Placement: Departmental
Estimated Time: 30 minutes
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors

FROM: Department Alice A. Gleghorn, PhD, Director
Director(s) Department of Behavioral Wellness, 681-5220
Contact Info: John Doyel, Alcohol and Drug Program Manager, 681-5220

SUBJECT: Methadone Treatment Presentation

County Counsel Concurrence

As to form: Yes

Other Concurrence: N/A

As to form: No

Auditor-Controller Concurrence

As to form: N/A

Recommended Actions:

That the Board of Supervisors:

- A. Receive and file a presentation on the benefits of methadone and medication-assisted treatment for individuals receiving narcotic replacement therapy and outpatient methadone detoxification services in Santa Barbara County.
- B. Determine that the above action is exempt from the California Environmental Quality Act (CEQA) pursuant to section 15378(b)(5) of the CEQA guidelines, as organizational or administrative activities of governments that will result in direct or indirect physical changes in the environment.

Summary Text:

Opioid addiction is a chronic disease that cannot be cured, but can be managed. Most people cannot easily walk away from substance dependencies and therefore need help to change addictive behavior into nonaddictive, healthy patterns. They can get this help with treatments such as medication-assisted treatment (MAT) that combine behavioral therapy and medications to treat substance use disorders. Medication Assisted Treatment using methadone is a proven public health model to treat opioid addiction and has been widely used to treat opioid dependency since 1970 (White, 1998). Santa Barbara (SB) County has provided methadone treatment for nearly forty years. Opiate use has increased locally

and nationally, and overdose deaths are now the number one cause of accidental deaths in the United States. More than forty years of research has continually demonstrated that methadone maintenance is an effective treatment for heroin and prescription narcotic addiction when measured by:

1. Reductions in
 - a. The use of illicit drugs
 - b. Lethal overdose
 - c. Needle sharing
 - d. HIV infection rates and transmissions
 - e. Criminal activity
 - f. Commercial sex work
 - g. Number of multiple sex partners
 - h. Suicide
2. Cost effectiveness
3. Retention in addiction treatment
4. Improvements in
 - a. Social health and productivity
 - b. Health Conditions

Methadone treatment “typically leads to reduction or cessation of illicit drug use and its adverse consequences” and has been shown to lead to “improved overall adjustment, including reductions in psychiatric symptoms, unemployment, and family or social problems” (SAMHSA, 2010). Santa Barbara currently contracts with Aegis Treatment Centers (Aegis), a narcotic treatment facility, with offices in Santa Barbara and Santa Maria to provide such treatment. Aegis services approximately seven hundred (700) clients at any given time, and data indicates that the program is successful by the standards above.

This letter and the accompanying PowerPoint is intended to explain the County of Santa Barbara’s methadone treatment system as requested by Board of Supervisors’ Chair, Peter Adam at the April 19, 2016 Board of Supervisor’s meeting. Since then, his staff has posed specific questions that will be answered directly to form the bulk of this presentation.

Background:

As a result of a Request for Proposal, SB County has contracted with Aegis for over the past seventeen (17) years. Aegis is classified as a Narcotic Treatment Program or NTP and is a licensed medical clinic by the State of California. All NTPs are registered/licensed by Federal treatment (Centers for Substance Abuse Treatment, CSAT), drug control (Drug Enforcement Agency, DEA), and State licensing (Department Health Care Services) agencies. As such, they come under very strict State and Federal controls and regulations, with annual State monitoring inspections, as well as being accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Behavioral Wellness conducts monitoring to ensure compliance, clinical quality, and overall customer service and satisfaction on a bi-annual basis. Client improvement and public safety is paramount.

Methadone is a covered benefit of federal Medicaid and CA State Drug Medi-Cal (DMC). Methadone may not be denied to Medi-Cal (MC) / DMC eligible clients who meet the criteria for methadone treatment services. These criteria, defined as “medically necessary” include an active opioid addiction, at least two (2) prior unsuccessful treatment attempts, and clear indications that methadone treatment interventions will benefit the client. All funding to Aegis from the County’s Department of Behavioral Wellness is through Drug Medi-Cal and fully covered by the state and federal Medicaid and DMC system. Funding is based on an established State rate of dosage per client per day; clients take medication daily. The current contract (FY16-17) for Aegis is \$3.56 million dollars.

As mentioned above, Aegis maintains a daily county-wide census of approximately seven hundred (700) clients. In April 2016, Aegis had six hundred and eighty six (686) active clients, three hundred and sixteen (316) in Santa Barbara and three hundred and sixty (360) in Santa Maria. Most clients, 80%, attend the clinic every day to take their dose, while 20% who have needed a stable level of care progress in their treatment planning, are allowed take-home doses ranging between one (1) and six (6) per week. Though the length of stay in treatment is always individualized and depends on many variables such as opioid use history (dosage and years addicted), adequate support systems, realistic motivation and other factors, Aegis clients remain in treatment for an average of forty (40) months. Short term methadone detox, defined in federal regulations as a “21 day detox,” has been proven ineffective for the vast majority of opioid addicted individuals receiving methadone. Methadone maintenance is most effective, but clients usually do not stay on methadone their entire lives. It is estimated that only about ten percent (10%) of methadone clients require this continued level of treatment. Those who remain in treatment for on-going maintenance usually have the longest opioid addiction histories, are medically compromised, have little social support, a history of high relapse rates and poor self-efficacy.

Aegis and all NTPs provide evidence based counseling services in addition to medication. Federal mandate requires fifty (50) minutes of counseling per month, however Aegis regularly provides up to two hundred (200) minutes per month to clients where indicated. Aegis provides weekly individual counseling sessions and group counseling to its participants as long as they remain enrolled in the program. Participants are randomly drug tested a minimum of one time per month, and more frequently if they are suspected of being under the influence of alcohol or other drugs. The MAT specific 12 Step program, called “Keys for Recovery” is provided in both clinics.

Upon admission, the patient is asked to complete a discharge plan and begin preparation for an illicit drug free life. Aegis clients—show an eighty percent (80%) success rate after the first ninety days of treatment (with success defined as being illicit opiate free). Once the client and physician have found a level of medication that prevents withdrawal symptoms and cravings, and the client has started to learn the recovery skills necessary for a drug free life, they are encouraged to start lowering their amount of medication.

Between December 2, 2012 and December 31, 2015, six hundred and forty seven clients were discharged from methadone treatment at Aegis. Twenty five percent (25%) successfully completed treatment and graduated the program, another twenty five percent (25%) completed their treatment plans or made successful progress and were referred out to another treatment facility. Forty percent (40%) of the clients were discharged for additional reasons including incarceration, hospitalization, transportation difficulties, and moving out of the area. Some of these discharged patients have likely maintained their abstinence from illicit substances and or entered treatment elsewhere.

Santa Barbara patients receiving methadone treatment have also demonstrated progress and success in the areas of employment and family/social status as well as a reduction in arrests and criminal behavior. Forty percent (40%) of patients who have been in treatment for at least one year have reported an increase in the number of days of paid work, with thirty seven percent (37%) report working full time, and seventeen percent (17%) report working part time. Additionally, forty percent (40%) of patients also report an improvement in their familial and social engagements after one year in treatment, and twenty percent (20%) of patients report a reduction in stress caused by their psychiatric concerns.

Between July 1, 2014 and March 31, 2016, one hundred and fifteen clients (115) were discharged from methadone treatment at Aegis. Of those, fifty one (51) or forty four point four percent (44.4%) did so satisfactorily. They completed treatment successfully and were referred to other levels of support (32 or 27.8%), or left treatment with satisfactory progress (19 or 16.6%). During this time, fifteen point seven percent (15.7%) moved out of the area, five (5) or four point three percent (4.3%) died, and three (3) or two point six percent (2.6%) were incarcerated. Overall life functioning of those who discharged successfully was positive.

At any given time, over seventy five percent (75%) of clients receiving methadone treatment at Aegis test negative for illicit substances including non-methadone opioids after the first ninety days in treatment. This statistic is perhaps the most valuable outcome or performance measure associated with NTPs. The relapse rate for methadone clients at Aegis is twenty five percent (25%). Simply put, in the vast majority of cases, people on methadone for at least ninety (90) days quit using all illicit drugs.

It must be emphasized that addiction is a chronic brain disease. A former director of NIDA once explained, drugs “hijack” the brain and severely alter neuro pathways.* (NIDA, 1999). Depending on the level of addiction (years addicted and dosage consumed) it may take years for a brain to regain balance and function properly. As mentioned earlier, for some, the brain never regains the balance and medication is required for life. In addition, opioids are not the only substances abused by Aegis clients. Most Aegis clients are “polysubstance” dependent. Opioids may be their drug of choice (DOC); however, opioid addicts often use opioids in combination with other substances such as cocaine, methamphetamine and benzodiazepines. Methadone eliminates the use and abuse of these substances in three (3) out of four (4) cases.

For clients receiving methadone treatment, the incidence of death is very low. Thus far in 2016 there have been no patient deaths reported in either of the Santa Barbara clinics. Since 2014 there have been fifteen (15) reported deaths.

Finally, and in addition to the aforementioned facts, clients receiving methadone at Aegis receive assistance with additional needs such as housing, general medical care, job placement, education and mental health treatment.

References:

(1999). Principles of drug addiction: a research-based guide, 3rd Edition. National Institute on Drug Abuse (NIDA). Bethesda, MD.

(2005). Medication-Assisted treatment for opioid addiction in opioid treatment programs: treatment improvement protocol (TIP) #43. Substance Abuse and Mental Health Services Administration (SAMHSA). Rockville MD.

(2012). National Institute on Drug Abuse (NIDA) Methadone Research Guide. NIDA. Bethesda, MD.

(2014). Drug facts: Heroin. NIDA: Bethesda, MD.

(2015). Prescription opioids and heroin. NIDA: Bethesda, MD.

Gruber, Valerie, et. Al. (2008) A randomized trial of six month methadone maintenance with standard or minimal counseling vs. 21-day methadone detoxification. Health and Human Services, US Department of Health and Human Services, SAMHSA. Rockvill, MD.

Kreek, Mary Jeanne, et. Al. (2010) Pharmacotherapy in the treatment of addiction: methadone. SAMHSA.

White, William. (1998). Slaying the dragon: the history of addiction treatment and recovery in America. Chestnut Health Systems: Bloomington, IN.

Special Instructions:

Please send one (1) minute order to admhscontractsstaff@co.santa-barbara.ca.us

Attachments:

Attachment A: Methadone Treatment PowerPoint Presentation

Authored by:

John Doyel