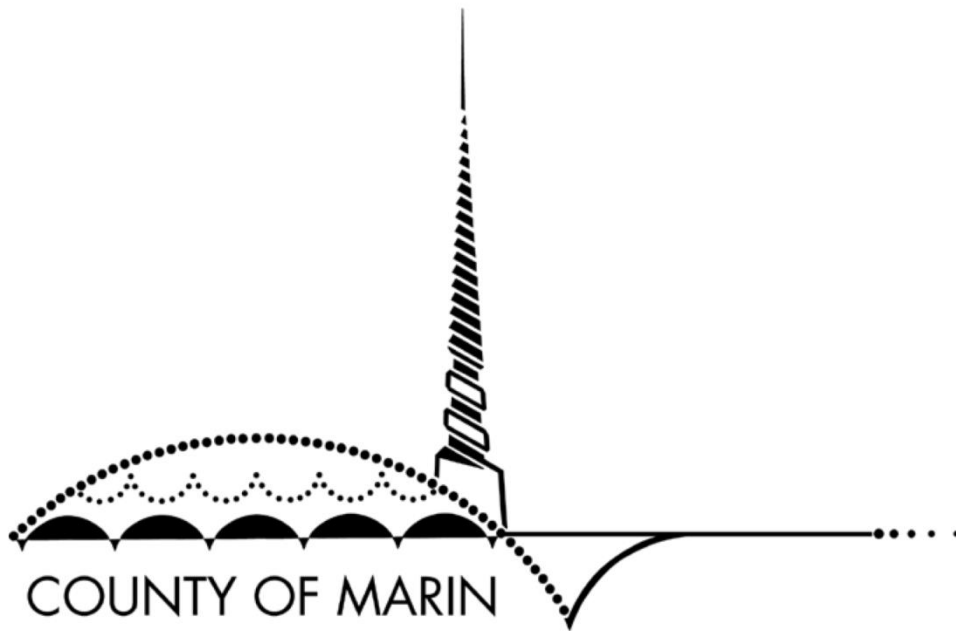


2019–2020 MARIN COUNTY CIVIL GRAND JURY

Opioid Misuse: Strengthening Marin County's Response

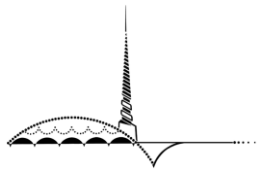
December 14, 2020



A Note about the Coronavirus Pandemic

The 2019–2020 Marin County Civil Grand Jury is issuing its reports during the unprecedented conditions of the COVID-19 pandemic. We are well aware that Marin County is in crisis and that critical public health concerns, operational difficulties, and financial challenges throughout the county have a greater claim to government attention right now than the important issues raised by this Grand Jury.

We are confident that, in due course, Marin will come through this crisis as strong as ever.



Opioid Misuse: Strengthening Marin County's Response

SUMMARY

In the late 1990s, the widespread use of prescription opioid pain relievers resulted in one of the most lethal drug-related crises to impact the United States. Marin County has not been spared. From 2006 through 2019, a reported 451 Marin residents died from drug overdoses—the leading cause of accidental death in Marin—and opioids contributed to almost half of those deaths. Currently, an estimated 4,400 county residents suffer from opioid use disorder.

Marin County has responded by creating robust prevention and treatment programs, primarily through its Department of Health and Human Services. The county has taken important steps to prevent opioid misuse, including participating in a statewide system for monitoring the opioid prescribing patterns of healthcare providers. The county also led the formation of RxSafe Marin, a countywide organization dedicated to reducing opioid use and preventing addiction. For comprehensive treatment of patients with opioid and other substance addictions, the county adopted the Drug Medi-Cal Organized Delivery System, which operates as a managed care plan for treating Medi-Cal-eligible patients.

Despite these laudable programs, the misuse of opioids in Marin County continues. Emergency department visits from opioid overdoses are trending upward. In 2019, the number of opioid-related overdose deaths in Marin was higher than it was in any of the preceding eight years. More needs to be done.

The Grand Jury recommends that the Marin County Department of Health and Human Services:

- Make naloxone, a drug that can reverse the deadly effect of an opioid overdose, more widely available throughout the county
- Conduct a cost-benefit analysis to determine if additional recovery coaches, who guide opioid use disorder patients through long-term treatment and recovery, are warranted
- Increase efforts to expand access to medical personnel authorized to prescribe the necessary drugs for medication-assisted treatment of opioid use disorder
- Pursue funding and opportunities to increase the number of beds in recovery residences for patients who need continued support for long-term recovery and the restoration of life skills

In addition, the Grand Jury recommends that the Marin Healthcare District request that MarinHealth conduct a cost-benefit analysis to determine if more substance use navigators are warranted in the emergency department to direct opioid use disorder patients into treatment.

BACKGROUND

Starting in the late 1990s, the widespread introduction and use of prescription opioid pain relievers became a national health epidemic. From 1999 to 2018, almost 450,000 people in the United States died from a drug overdose involving prescription or illicit opioids.¹ In October 2017, the federal government declared the opioid crisis a public health emergency.²

In addition to legally prescribed pain relievers—such as oxycodone and hydrocodone, as well as morphine and fentanyl—opioids also include the illegal street drugs heroin and nonprescription fentanyl. All these drugs can lead to opioid use disorder, which is a complex, chronic neurochemical brain disease characterized by clinically significant impairment or distress. Addiction is the most severe form of the disorder. More than 2.1 million people in the United States suffer from opioid use disorder.³ No one is immune to the problem—not even newborn babies, who can become addicted in utero and may require treatment after birth.

Epidemiological experts have described three waves of opioid overdose deaths:⁴

- **Wave 1.** The first wave, from 1999 to 2010, was characterized by increasing overdose deaths involving the misuse of prescription opioids.
- **Wave 2.** The second wave began in 2010 and was defined by the increase in overdose deaths involving heroin. From 2010 to 2018, heroin-related deaths in the United States almost quintupled.⁵
- **Wave 3.** The third wave started in 2013 with large increases in overdose deaths from illicitly manufactured fentanyl, a synthetic opioid that is 80–100 times stronger than morphine.⁶ In 2015, fentanyl surpassed prescription opioids as the nation's most lethal overdose substance.⁷

Drug overdoses are the leading cause of accidental death in Marin County,⁸ and, as shown in Figure 1, opioid-related deaths in the county have been in line with the shifting national pattern. From 2006 through 2019, about 450 Marin residents died from drug overdoses, and opioids contributed to almost half of those deaths. During the first five years of that period, prescription

¹ Centers for Disease Control and Prevention, “Understanding the Epidemic,” accessed September 19, 2020, <https://www.cdc.gov/drugoverdose/epidemic/index.html>.

² U.S. Department of Health and Human Services, “Determination That a Public Health Emergency Exists,” October 26, 2017, <https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioids.aspx>.

³ Alexander M. Dydyk, Nitesh K. Jain, and Mohit Gupta, “Opioid Use Disorder” (StatPearls Publishing, June 22, 2020), <https://www.ncbi.nlm.nih.gov/books/NBK553166/#:~:text=Opioid%20use%20disorder%20consists%20of,severe%20form%20of%20the%20disorder>.

⁴ Centers for Disease Control and Prevention, “Understanding the Epidemic,” accessed October 20, 2020, <https://www.cdc.gov/drugoverdose/epidemic/index.html>.

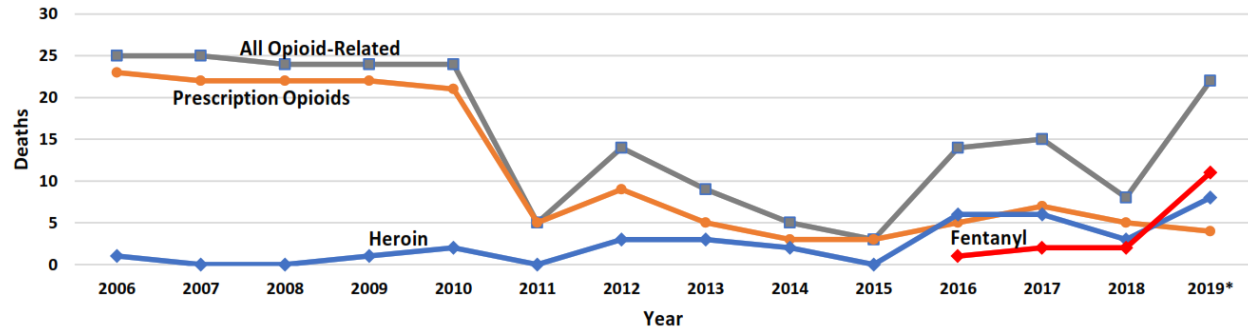
⁵ Centers for Disease Control and Prevention, “Heroin,” accessed September 19, 2020, <https://www.cdc.gov/drugoverdose/opioids/heroin.html>.

⁶ Drug Enforcement Administration, “Drug Facts,” accessed September 19, 2020, <https://www.dea.gov/factsheets>.

⁷ Ken Alltucker, “Prescription Opioid Overdoses Drop, as Fentanyl Deaths Skyrocket,” *USA Today*, July 19, 2019, <https://www.usatoday.com/story/news/health/2019/07/19/fentanyl-cocaine-meth-overdoses-opioid-prescription-epidemic/1769490001/>.

⁸ Marin County, “Preventing the Next Opioid Overdose,” accessed October 20, 2020, <https://insight.livestories.com/s/v2/preventing-the-next-opioid-overdose/aa67c27f-1b19-42ca-8bd3-178f26afc91f>.

Figure 1. Opioid-Related Deaths of Marin County Residents, 2006–2019, by Year and Type of Opioid



Note: In this graphic, prescription opioids include pain relievers such as hydrocodone, oxycodone, and morphine, but exclude synthetic prescription opioids such as fentanyl. If a death certificate lists more than one type of drug as the cause of death, each of those drugs is counted as a contributor to the death; therefore, the total number of drug-overdose deaths in a given year may be less than the sum of the deaths caused by each of the different drugs. All overdose deaths are included regardless of intent (accidental, suicide, or undetermined).

* 2019 data are preliminary.

Source: Based on data from California Department of Public Health, *California Opioid Overdose Surveillance Dashboard*, accessed September 11, 2020, <https://skylab.cdph.ca.gov/ODdash/>.

opioid pain relievers, such as hydrocodone and oxycodone, accounted for almost two-thirds of total overdose deaths. Opioid-related deaths fell during the following five years, but have trended upward since then, with heroin and fentanyl being the prime contributors.⁹ The annual number of emergency department visits due to heroin overdoses more than doubled in Marin from 2013 to 2018, while the number of visits due to non-heroin opioid overdoses remained relatively stable.¹⁰

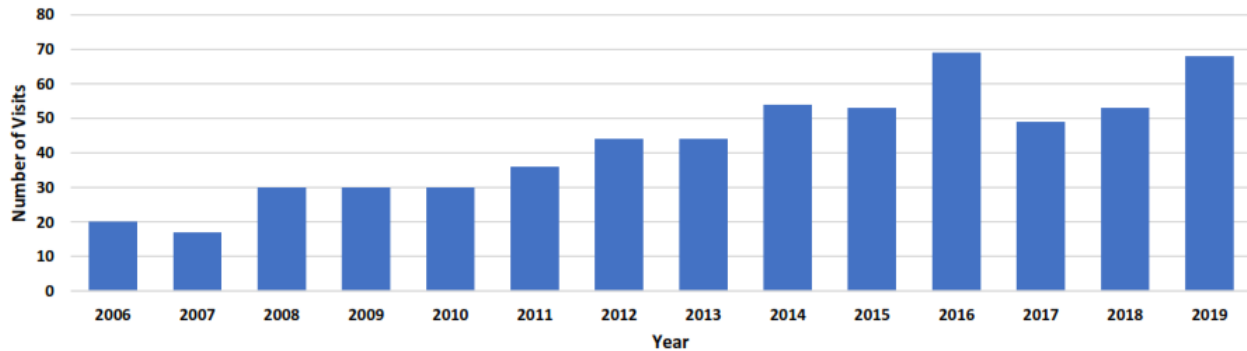
In 2019, the number of drug overdose deaths in Marin was higher than it was in any of the preceding 13 years. Slightly more than half of those deaths were opioid related. The opioid problem has evolved to include deadly combinations such as methamphetamines adulterated with fentanyl. Of the 43 drug overdose deaths in 2019, prescription opioids contributed to 4 of them, heroin to 8, and fentanyl to 11. Non-opioids such as cocaine and methamphetamines contributed to 24 of the deaths. In most cases in recent years, more than one drug was found in the body of the deceased, and the cause of death could not be attributed to just one type of drug acting alone.¹¹

⁹ California Department of Public Health, *California Opioid Overdose Surveillance Dashboard*, accessed September 11, 2020, <https://skylab.cdph.ca.gov/ODdash/>.

¹⁰ RxSafe Marin, *Opioid Safety Data Report Card*, accessed September 25, 2020, <https://insight.livestories.com/s/v2/rx-safe-marin-opioid-safety-report-card/9a3df7e1-623b-4323-9392-23071bce4300>.

¹¹ California Department of Public Health, *California Opioid Overdose Surveillance Dashboard*, accessed October 31, 2020.

Figure 2. Emergency Department Visits in Marin County Due to Opioid Overdoses, by Year, 2006–2019



Source: Based on data from California Department of Public Health, *California Opioid Overdose Surveillance Dashboard*, accessed October 31, 2020, <https://skylab.cdph.ca.gov/ODdash/>.

Deaths are not the only metric for assessing the extent of the opioid problem in Marin and whether the problem is getting better or worse. As Figure 2 shows, since 2006, emergency department visits resulting from opioid overdoses have trended upward, more than tripling from 2006 to 2019.

APPROACH

The Grand Jury carried out this investigation to determine the nature and extent of the opioid problem in Marin County, as well as the response by the county's agencies. It interviewed county health, law enforcement, and school officials, as well as managers of community organizations providing treatment programs and individuals involved directly in offering opioid prevention and treatment services. While opioid use often involves other addictive substances, this report focuses specifically on Marin's response to opioid use disorder, especially the public services for treating Marin's Medi-Cal-eligible residents suffering from this disorder.

DISCUSSION

Marin County has created many programs to address the misuse of opioids. These programs follow federal and state standards of care and best practices regarding the prevention and treatment of opioid use disorder, but more needs to be done in the area of treatment.

Prevention

Marin was among the first California counties to focus on prevention of opioid use disorder. In 2014, the Marin County Department of Health and Human Services helped develop standards for prescribing opioid medications in emergency departments.¹² In 2015, it announced similar

¹² County of Marin, Department of Health and Human Services, "New Community-wide Standards for Prescribing Opioid Pain Medications," public health advisory, July 10, 2014, https://www.marinhhs.org/sites/default/files/files/public-health-updates/phadvisorydrugoverdoses_10jul14_0_combined.pdf.

guidelines for clinicians in the county.¹³ Several other county programs have been implemented that focus on prevention.

Controlled Substance Utilization Review and Evaluation System

The standards that Marin's Department of Health and Human Services issued in 2014 and 2015 called for emergency departments and clinicians to consult the state's Controlled Substance Utilization Review and Evaluation System (CURES) when evaluating a patient's substance use history. The CURES database tracks the prescribing and dispensing of certain controlled substances, including opioids, throughout the state.

The California Department of Justice launched the searchable web-based version of the database in 2009, and pharmacists are now required to electronically submit dispensing information for inclusion in the database. However, it was not until October 2018 that the state mandated prescribers to consult the CURES database. Since then, with a few exceptions, a clinician must query the database and run a patient activity report before prescribing, ordering, or administering the controlled substance, and must periodically continue querying the database if the patient remains under treatment. By providing information on the patient's prescription history, a patient activity report generated from the system can help a doctor or pharmacist spot patients who may be "shopping" doctors for drugs. The system also automatically alerts a clinician when a patient's aggregate prescription levels exceed certain thresholds.¹⁴

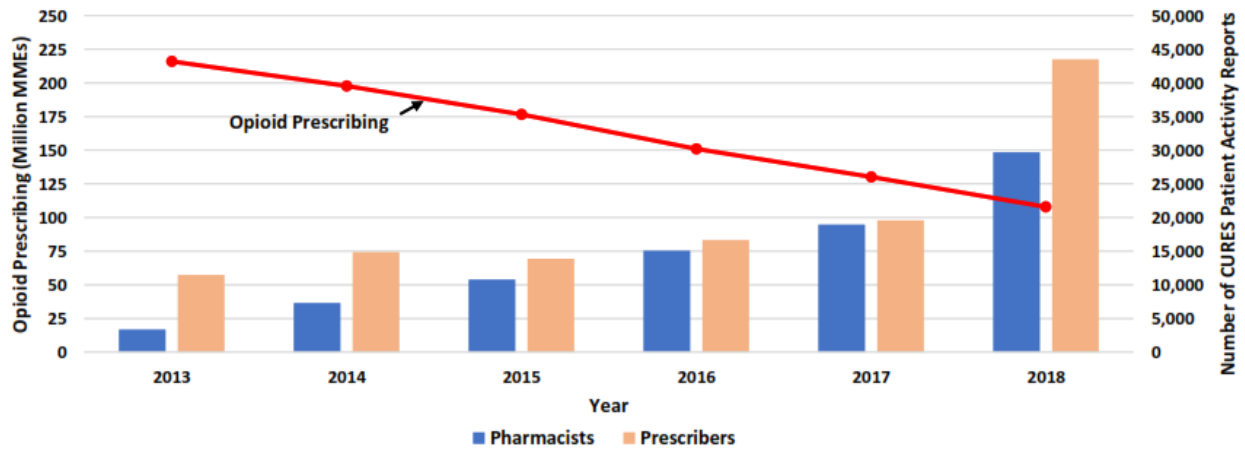
CURES also enables health officials to gather timely information on opioid prescribing patterns and identify and discipline health providers who may be overprescribing opioids. In Marin, use of this system contributed to a 50-percent reduction in annual opioid prescribing (measured by the number of pills prescribed times the potency of each one) from 2013 to 2018. In 2013, per-resident opioid prescribing in Marin was 30 percent higher than the state average, but in 2018, it was just 6 percent higher.¹⁵ Although use of CURES was just one factor behind the decline, Figure 3 shows the relationship between the number of database queries and opioid prescribing during that period.

¹³ County of Marin, Department of Health and Human Services, "New Guidelines for Marin County Prescribers Treating Chronic Pain," public health advisory, October 19, 2015, https://www.marinhhs.org/sites/default/files/files/public-health-updates/phadvisory-rxdrugabuse2-19oct15_0.pdf.

¹⁴ Medical Board of California, "CURES Mandatory Use," accessed October 3, 2020, https://www.mbc.ca.gov/Licensees/Prescribing/CURES/Mandatory_Use.aspx; Tina Kim, Mike Small, Catherine Hwang, and Shantel Muldrew, "Controlled Substance Utilization Review and Evaluation System: A Tool for Judicious Prescribing," *Rx for Prevention*, Vol. 5, No. 4, April 2014, pp. 2 and 3, <http://ph.lacounty.gov/sapc/MDU/SpecialReport/rxApril2014Pub.pdf>; California State Board of Pharmacy, "Controlled Substance Utilization, Review and Evaluation System (CURES) and Controlled Substance Prescriptions," accessed October 3, 2020, <https://www.pharmacy.ca.gov/licensees/ures.shtml>.

¹⁵ California Department of Public Health, *California Opioid Overdose Surveillance Dashboard*, accessed September 25, 2020.

Figure 3. Opioid Prescribing in Marin Compared with CURES Patient Activity Reports Generated by Marin Providers, 2013-2018



Note: MME = morphine milligram equivalent, a standard unit of measurement that enables the potency of different prescription opioids to be compared. The descending line in this graph shows, for example, that all the different opioids prescribed in Marin County during 2018 added up to the equivalent of about 108 million milligrams of morphine.

Sources: CURES data is from RxSafe Marin, *Opioid Safety Data Report Card*, accessed September 25, 2020, <https://insight.livestories.com/s/v2/rx-safe-marin-opioid-safety-report-card/9a3df7e1-623b-4323-9392-23071bce4300>; prescription data is from *California Opioid Overdose Surveillance Dashboard*, accessed September 25, 2020, <https://skylab.cdph.ca.gov/ODdash/>.

RxSafe Marin

RxSafe Marin has played an important role in reducing opioid prescribing in Marin. It was established in 2014 as an outcome of the county's participation in the statewide Prescription Drug Misuse and Abuse Initiative, and Marin was the second county in California to introduce the program. RxSafe Marin is a community coalition that includes the Department of Health and Human Services, the district attorney's office, and the county office of education. These agencies provide staff to work alongside families, youth, pharmacists, and health providers to prevent opioid use and addiction. This countywide organization was initially dedicated to saving lives by reducing harm from prescription drug use.

Recently, RxSafe Marin has shifted its focus toward meeting the needs of people struggling with addiction. The program has expanded to include community-based prevention; data collection and monitoring; and intervention, treatment, and recovery; as well as education of law enforcement personnel on opioid and illicit drug use.

Prevention Efforts in Marin Schools

The Marin County Office of Education, in partnership with RxSafe Marin, has implemented the Safe Schools and Prevention Program to reduce drug use among school-age children. The program provides substance abuse education to students, parents, and guardians. Estimates from

county officials indicate approximately 5,000 parents and students have received substance use education by county health staff through community forums and town halls.

The Department of Health and Human Services' *Substance Use Services Strategic Prevention Plan 2020–2025*, released June 1, 2020, states that its first priority is to “create a culture in Marin County where substance misuse and abuse across all ages is no longer the norm.” The plan also calls for greater focus on youth and young adult prescription drug misuse.¹⁶

Emergency Treatment with Naloxone

Despite prevention efforts, the opioid problem in Marin has not gone away. As described earlier, opioid-related deaths of county residents in 2019 approached the high levels not seen since the end of the last decade. Furthermore, emergency department visits caused by opioid overdoses have increased more than three-fold since 2006.

The death counts in recent years undoubtedly would have been even higher had it not been for the administration of naloxone, a drug that can reverse the lethal symptoms of an opioid overdose in minutes by restoring adequate breathing. Qualified ambulance crews in Marin have long administered naloxone, also known as Narcan. They respond to three to five opioid-related overdose calls per week¹⁷ and administer naloxone about 200 times each year.¹⁸

Through the efforts of RxSafe Marin, the county more recently has made the drug available for administration by nonmedical personnel. This includes police officers, firefighters, and family members of known substance abusers. The drug has also been made available without prescription in pharmacies, libraries, and schools. Because of its immediate life-saving properties, and given that there are no adverse medical effects when it is administered to individuals who do not use opioids, even wider availability of naloxone could help reduce the opioid death toll.

Marin County public health officials see value in the widespread availability of naloxone to save the life of overdose patients. This is consistent with the American Medical Association's (AMA) policy to “support the legal access to and use of naloxone in all public spaces regardless of whether the individual holds a prescription.” The association is backing the placement of naloxone boxes in public places. These are bystander-friendly kits containing two doses of naloxone and instructions for its use. The president of the association has stated that “the AMA will support widespread implementation of naloxone rescue stations where this opioid-overdose treatment can be easily accessed to prevent a fatality.”¹⁹

¹⁶ Marin County Health and Human Services, *Substance Use Services Strategic Prevention Plan 2020-2025*, June 1, 2020, pp. 6, 33, https://www.marinhhs.org/sites/default/files/files/servicepages/2020_07/marin_hhs_-_sus_prevention_strategic_plan_-_final.pdf.

¹⁷ County of Marin, “County Urges Pharmacies to Sell Overdose Antidote,” news release, January 23, 2019, <https://www.marincounty.org/main/county-press-releases/press-releases/2019/hhs-naloxonepharmacies-012319>.

¹⁸ Catherine Ho, “Marin Health Officials Test New Way to Track Opioid Overdoses,” *San Francisco Chronicle*, April 22, 2018, <https://sfchronicle.com/business/amp/Marin-health-officials-test-new-way-to-track-12854237.php>.

¹⁹ Sara Berg, “Lifesaving Naloxone Should Be Available Almost Everywhere,” American Medical Association, June 11, 2019, <https://www.ama-assn.org/delivering-care/opioids/lifesaving-naloxone-should-be-available-almost-everywhere>.

Marin County has recognized the importance of making medical equipment, such as automatic external defibrillators, available to the public, and has placed ten in the Civic Center. A similar approach could be applied to the placement of naloxone rescue stations in public locations. The Marin Health and Human Services Department should explore this.

In October 2020, RxSafe Marin announced that it has been awarded a naloxone distribution grant from the California Department of Health Care Services. The grant will provide free kits of naloxone and the ability to create digital training on how to administer the drug.²⁰ If allowable under the terms of the grant, the Grand Jury urges the county through RxSafe Marin to place these kits in more public places.

Comprehensive Treatment

Naloxone can prevent death from an opioid overdose, but it is not a treatment for opioid use disorder. Indeed, studies have shown that the majority of users—perhaps as many as 90 percent—continue to use opioids after an overdose event.²¹

An estimated 4,400 Marin residents suffer from opioid use disorder.²² Although precise numbers are not publicly available, statewide statistics suggest that roughly half of those residents, or 2,200 individuals, are covered by Medi-Cal (California's Medicaid program).²³ Since April 2017, Marin County has offered treatment to these Medi-Cal-eligible residents through its Drug Medi-Cal Organized Delivery System (DMC-ODS). Residents not covered by Medi-Cal must rely on their own resources for treatment.

The DMC-ODS is a federal pilot program to determine whether managed care for Medicaid-eligible individuals with substance use disorder, including opioid use disorder, improves treatment outcomes while reducing costs. California was the first state authorized by the federal government to implement the program, and Marin was the third county in the state to launch a DMC-ODS.²⁴

To meet federal requirements, the county must provide access to a full continuum of care modeled after criteria established by the American Society of Addiction Medicine. Figure 4 depicts access points and the different levels of care in Marin's DMC-ODS. Case managers

²⁰ RxSafe Marin, "Digital Community Naloxone Trainings Coming Soon to Marin County!," *RxSafe Marin Newsletter*, vol. 12. no. 8 (October 2020), <https://us9.campaign-archive.com/?u=5083056f18b2782a7579024cd&id=7b738f971b>.

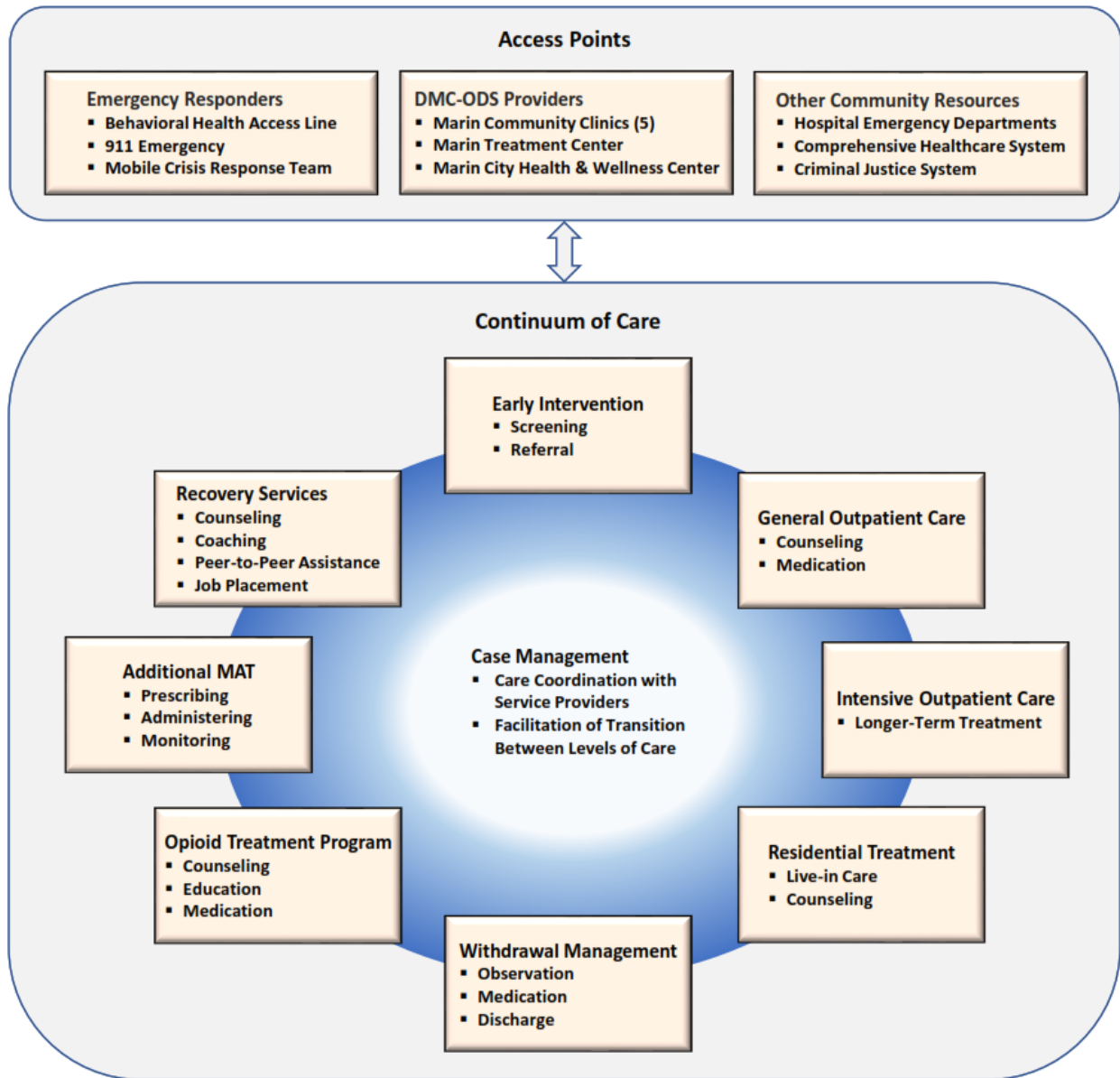
²¹ California Health Care Foundation, "Buprenorphine: Everything You Need to Know," October 2016, p. 2, <https://www.chcf.org/wp-content/uploads/2017/12/PDF-BuprenorphineFAQ.pdf>; Hayley Hudson, "COVID-19 Is Causing People to Relapse," *Addiction Center*, April 30, 2020, <https://www.addictioncenter.com/news/2020/04/covid-19-is-causing-people-to-relapse/>.

²² Urban Institute, *California Opioid Use Disorder and Treatment Needs, Marin County, 2019 Fact Sheet*, October 2019, <https://www.urban.org/sites/default/files/2019/11/05/marin.pdf>.

²³ Héctor Hernández-Delgado, "Substance Use Disorders in Medi-Cal: An Overview," *National Health Law Program*, January 24, 2019, <https://healthlaw.org/resource/substance-use-disorders-in-medi-cal-an-overview/>.

²⁴ California Health Care Foundation, "Drug Medi-Cal Organized Delivery System: California's Pilot to Overhaul Substance Use Disorder Treatment in Medi-Cal," July 11, 2018, <https://www.chcf.org/project/drug-medi-cal-organized-delivery-system/>; Behavioral Health Concepts, Inc., *Marin DMC-ODS Report, 2019-2020*, p. 5, <https://www.calegro.com/data/DMC/County%20&%20Annual%20DMC%20Reports/FY%202019-2020%20Reports/County%20Reports/Marin%20DMC-ODS%20Final%20EQRO%20FY%2019-20%206.1.20.pdf>.

Figure 4. Access to and Client Flow through Marin County's Drug Medi-Cal Organized Delivery System for Opioid Use Disorder



Source: Based on Marin County Department of Health and Human Services, Division of Mental Health and Substance Use Services, *Drug/Medi-Cal Organized Delivery System (DMC-ODS) Waiver: Implementation Plan*, February 2016 (approved August 1, 2016), p. 11, https://www.marinhhs.org/sites/default/files/files/servicepages/2016_08/marin_county_dmc-ods_ip_for_website.pdf.

coordinate treatment across the continuum, addressing Medi-Cal patients' mental health, housing, and social needs. The county sets its own rates for each covered service and contracts with providers to deliver care.²⁵

In August 2017, significant financial support for Marin's DMC-ODS was provided by a two-year, \$3.5 million grant from the California Department of Health Care Services. Based on preliminary data, Marin's DMC-ODS served 820 Medi-Cal clients during 2018-2019—a 63 percent increase over the number of Medi-Cal patients served in the county for substance use disorder during 2016-2017. The majority of these patients were being treated for alcohol and non-opioid drug use. The Grand Jury calculated that the number of patients served for opioid use in the DMC-ODS during 2018-2019 was slightly more than 300—a substantial number, but just 7 percent of the estimated 4,400 county residents with opioid use disorder, or 14 percent of those who are eligible for treatment in the DMC-ODS.²⁶

The Grand Jury learned that there can be many reasons why a person addicted to opioids does not receive treatment. There may be a lack of facilities or qualified medical personnel. Also, a person may not be motivated to seek help, or may not seek treatment for fear of judgment. Public stigma is a fundamental hindrance to the opioid overdose response, and is driven by stereotypes about people with opioid use disorder, such as their perceived danger or perceived moral failings.²⁷ To address this obstacle, RxSafe Marin has conducted a campaign to reduce stigma by changing the language and culture relating to substance use disorder.

Avenues to Care

Access to care and services is essential for successful treatment. In Marin, there are a variety of avenues leading to programs that address addiction. These include emergency responders as well as DMC-ODS and other community providers.

Emergency Responders. In emergency situations, an individual suffering from opioid use disorder has several ways to enter the healthcare system:

- **Behavioral Health 24/7 Access Line.** The Marin Division of Behavioral Health and Recovery Services created the Behavioral Health Access Line. It is a 24/7 centralized call center, offering prompt telephone response to urgent substance use and mental health conditions and access to treatment. It receives about 500 calls per month.²⁸

²⁵ California Health Care Foundation, "Drug Medi-Cal Organized Delivery System: California's Pilot to Overhaul Substance Use Disorder Treatment in Medi-Cal."

²⁶ Behavioral Health Concepts, Inc., *Marin DMC-ODS Report, 2019-2020*, p. 41 and Table 18; Behavioral Health Concepts, Inc., *Marin DMC-ODS Report, FY 2018-2019 Drug Medi-Cal Delivery System External Quality Review*, prepared for California Department of Health Care Services, p. 9,

<https://www.calegro.com/data/DMC/County%20&%20Annual%20DMC%20Reports/FY%202018-2019%20Reports/County%20Reports/Marin%20DMC-ODS%20Final%20EQRO%20FY18-19%20061219.pdf>.

²⁷ Alexander C. Tsai, Matthew V. Klang, Michael L. Barnett, et al., "Stigma as a Fundamental Hindrance to the United States Opioid Overdose Crisis Response," *PLOS Medicine*, November 26, 2019, <https://doi.org/10.1371/journal.pmed.1002969>.

²⁸ Behavioral Health Concepts, Inc., *Marin DMC-ODS Report, FY 2018-2019*, p. 85, <https://www.calegro.com/data/DMC/County%20&%20Annual%20DMC%20Reports/FY%202018-2019%20Reports/County%20Reports/Marin%20DMC-ODS%20Final%20EQRO%20FY18-19%20061219.pdf>.

- **Emergency 911 Calls.** Emergency 911 dispatchers receive calls related to overdoses and deploy the appropriate emergency medical services response team. Medical intervention is provided on scene and, if necessary, the patient is transported to an emergency room. In 2019, there were 230 opioid suspected overdose calls received by emergency medical services.²⁹
- **Mobile Crisis Response Team.** The Behavior Health and Recovery Services mobile crisis response team provides rapid response for mental health and substance abuse crises, working collaboratively with mental health agencies and law enforcement. Its response often avoids requesting assistance from 911 or calling the police. This unit provides a variety of services including face-to-face counseling, assessment of mental health and substance abuse medication needs, and evaluation of whether a 72-hour psychiatric hold at MarinHealth Medical Center is required.

DMC-ODS Providers. Marin County has contracted with several facilities that are licensed to receive Medi-Cal funding for the treatment of substance use disorder:

- **Marin Community Clinics.** Marin Community Clinics is a multi-clinic (five locations) network with comprehensive substance use assessment and referral services to specialty mental health and substance abuse providers. The network provides service to more than 38,000 patients annually.³⁰
- **Marin Treatment Center.** Marin Treatment Center is a licensed and certified opioid treatment program. It provides intensive outpatient treatment, including medication-assisted treatment, and it coordinates treatments with Helen Vine Recovery Center, Marin County hospitals, community clinics, and RxSafe Marin.
- **Marin City Health and Wellness Center.** Marin City Health and Wellness Center is a federally qualified health center providing primary and behavioral health care, including medication-assisted treatment, to residents of public housing and those who are homeless in Marin.

Other Community Access Points. Although they are not DMC-ODS providers, other Marin organizations also offer access to care:

- **Hospital Emergency Departments.** Ambulance crews transport overdose patients to hospital emergency departments at MarinHealth Medical Center, Kaiser Permanente Medical Center, and Novato Community Hospital. In July 2018, the Marin Department of Health and Human Services implemented an opioid overdose tracking system that uses Marin County Emergency Services ambulance records to identify survivors of an opioid overdose in order to connect them with substance abuse treatment services. Emergency departments can begin treatment with medications that decrease patient distress during withdrawal while increasing the chances of long-term

²⁹ RxSafe Marin, *Opioid Safety Data Report Card*, accessed September 25, 2020.

³⁰ Marin Community Clinics, *Update*, winter 2020, <https://www.marinclinic.org/2020/02/12/mcc-update-winter-2020/>.

recovery. Treatment with buprenorphine increases a patient's likelihood of 30-day retention in treatment to 78 percent—a near-doubling relative to patients receiving only brief counseling and referral.³¹

- **Comprehensive Healthcare System.** Marin County has a comprehensive network of healthcare resources available to residents. In addition to its three general acute hospitals, there is a broad array of physicians in general practice and certified specialty areas, healthcare clinics, and diagnostic laboratories. When a patient seeks treatment for other reasons, a doctor may detect opioid use disorder and refer the patient to appropriate treatment programs.
- **Criminal Justice System.** Marin County provides access to substance use treatment for adults in the county jail or for adults and juvenile offenders through its collaborative justice courts. The adult and juvenile drug court programs offer the opportunity and resources for users to become drug and alcohol free, often in lieu of detention. Marin's Support and Treatment After Release (STAR) court offers substance users support and treatment after release from jail.

Case Management

Case management is the central component of the continuum of care model and is crucial to the successful recovery of opioid-addicted users. Skilled professionals support substance use disorder patients through all phases of recovery by connecting them with the services needed to regain their health. Case managers provide patients a single point of contact with needed health and social services.

Through its DMC-ODS, Marin provides county-operated case management services to prospective and existing Medi-Cal-eligible clients. These care coordinators assist clients to access appropriate care and services. This program has been identified as a strength in an external review of Marin's DMC-ODS program,³² and county health officials have affirmed this view.

Within the county's strong case management programs, there are two roles that the Grand Jury believes to be critical to the treatment and long-term recovery of opioid use disorder patients: the substance use navigator and the recovery coach.

Substance Use Navigator. The substance use navigator is a healthcare professional who meets with an overdose patient while still in the emergency department, encourages the patient to initiate medication-assisted treatment, and directs the patient to community treatment and recovery programs. When asked about the importance of case management in the treatment of opioid use disorder patients, a high-ranking Marin County public health official and a local emergency physician immediately focused on the substance use navigator. They stated that it is extremely important to engage overdose patients while still in the emergency department.

³¹ Imamu Tomlinson, "Addressing Opioid Addiction in the ED, One Patient at a Time," Vituity, accessed July 20, 2020, www.vituity.com/blog/addressing-opioid-addiction-in-the-ed-one-patient-at-a-time.

³² Behavioral Health Concepts, Inc., *Marin DMC-ODS Report, FY 2018-2019*, p. 86.

MarinHealth now staffs its emergency department with one navigator who covers one shift, five days a week. This position is funded by a year-to-year grant that was renewed for a second year in early 2020. However, there is no guarantee of future grants, in which case the hospital would have to fund the position to maintain the service.

The current staffing level at MarinHealth leaves long periods of time without the services of a navigator, and patients who arrive during those periods may miss this critical connection. Several public health officials and emergency department personnel expressed the need for broader coverage with more navigators. The Grand Jury believes that the Marin Healthcare District, through MarinHealth, is in the best position to conduct a detailed cost-benefit analysis to determine if additional navigators are justified.

Recovery Coach. The recovery coach is a person with lived experience in substance use who is certified by one of several recognized accrediting organizations. The coach is knowledgeable of the various community programs available and can connect patients to programs that meet their specific needs. The coach supports the patient through ongoing treatment and recovery, providing a wide range of services from encouraging the patient to continue treatment to transporting the patient to appointments. The Marin County Department of Health and Human Services currently contracts with five recovery coaches to assist Medi-Cal patients.

Multiple public health officials and practitioners noted how important it is to keep the patient engaged in treatment, and recovery coaches provide the best way to do so. They told the Grand Jury that more recovery coaches are needed to treat Marin's population of opioid use disorder patients. As one health official put it, "if I could have 50 recovery coaches, it probably would not satisfy me."

The Grand Jury agrees that recovery coaching is an integral and critical aspect of the treatment and long-term recovery of opioid use disorder patients. The county should conduct a detailed cost-benefit analysis of providing additional recovery coaches and retain as many more as are indicated.

Medication-Assisted Treatment

Most medical authorities agree that the most effective clinical tool for addressing opioid use disorder is medication-assisted treatment (MAT). Medication-assisted treatment is a "whole-patient" approach that combines the use of medications with counseling and behavioral therapies. The two primary MAT medications are methadone and buprenorphine. They reduce the cravings for opioids as well as the symptoms of withdrawal.³³

Methadone can only be dispensed in an accredited and certified opioid treatment program.³⁴ Buprenorphine (either by itself or combined with another medication) can be administered by any healthcare provider who has received authorization—a so-called "X-waiver"—from the

³³ National Safety Council, "Prescription Nation 2018: Facing America's Opioid Epidemic," April 2018, pp. 8, 26, <https://www.nsc.org/Portals/0/Documents/RxDrugOverdoseDocuments/RxNation-2018-web.pdf>; Substance Abuse and Mental Health Services Administration, "MAT Medications, Counseling, and Related Conditions," accessed August 29, 2020, <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions>.

³⁴ Substance Abuse and Mental Health Services Administration, "Methadone," accessed August 29, 2020, <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/methadone>.

federal government. A physician can apply for an X-waiver after completing an 8-hour online educational course.³⁵ Physician assistants and advanced practice nurses are also eligible to apply for an X-waiver. They must complete 24 hours of training and practice in a qualified setting under the supervision of a waived physician.

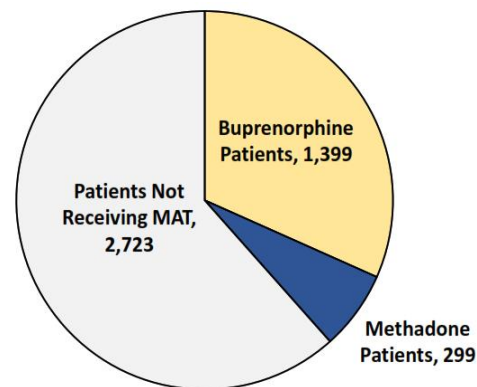
Administering buprenorphine is relatively simple. For example, Suboxone, which is a combination of buprenorphine and naloxone, is available as a film that dissolves under the tongue. It is taken on a daily basis, beginning with administration by an X-waivered provider in a healthcare facility and eventually followed by self-administration.

Despite the proven effectiveness of medication-assisted treatment, an Urban Institute study estimated that only about 40 percent of Marin residents with opioid use disorder in 2019 were receiving methadone or buprenorphine (Figure 5). According to the study's estimates, more than 2,700 Marin residents who would have benefited from MAT were not receiving it.³⁶ Assuming that roughly 2,200 Medi-Cal-eligible residents were suffering from opioid use disorder and that only 300 of them were being treated in the DMC-ODS system, then approximately 1,900 Medi-Cal-eligible residents (and some 800 residents outside the Medi-Cal system) were not receiving MAT.

The Grand Jury could not determine how many of these individuals did not seek treatment because of stigma or other reasons and how many had difficulty obtaining it. Nevertheless, county health officials are convinced that there is a treatment gap and that this gap is caused by two main factors: there is a shortage of X-waivered providers in Marin, and the providers who are X-waivered are not treating the maximum number of patients they are authorized to treat.

The Urban Institute study found that in 2019 slightly more than 2,000 healthcare providers in Marin were licensed to prescribe medications, but just 97 of them were X-waivered. Of those 97 providers, 77 were authorized to treat up to 30 patients each, 16 had a 100-patient limit, and 4 could treat as many as 275 patients each.³⁷ In total, these X-waiver prescribers could treat about

Figure 5. Estimate of Marin County Residents with Opioid Use Disorder Receiving Medication-Assisted Treatment



Note: Figure includes all Marin residents with opioid use disorder, whether or not they are Medi-Cal-eligible.

Source: Based on graphic in Urban Institute, *California Opioid Use Disorder and Treatment Needs, Marin County, 2019 Fact Sheet*, October 2019, <https://www.urban.org/sites/default/files/2019/11/05/marin.pdf>.

³⁵ American Society of Addiction Medicine, "Buprenorphine Waiver Management," accessed August 19, 2020, <https://www.asam.org/advocacy/practice-resources/buprenorphine-waiver-management>.

³⁶ Urban Institute, *California Opioid Use Disorder and Treatment Needs, Marin County, 2019 Fact Sheet*.

³⁷ Urban Institute, *California Opioid Use Disorder and Treatment Needs, Marin County, 2019 Fact Sheet*.

5,000 patients at any one time; however, as Figure 5 shows, estimated medication-assisted treatment in Marin falls far short of this number.

Recognizing the important role of medication-assisted treatment in addressing local opioid addiction, the Marin County Department of Health and Human Services has actively developed and expanded the utilization of X-waivered healthcare providers in the county. In 2019, RxSafe Marin was awarded a grant by the California Department of Public Health to expand the availability of medication-assisted treatment. The county hired an addiction psychiatrist who is active in promoting, developing, and overseeing the quality of medication-assisted treatment provided by the X-waivered prescribers in Marin. In addition, the use of telemedicine was implemented to connect patients with X-waivered providers.

Nevertheless, the ongoing MAT treatment gap shows that more needs to be done. The county needs to expand the number of X-waivered providers and encourage the current X-waivered providers to treat more patients. The Grand Jury believes that the Marin County Department of Health and Human Services could help by doing the following:

- Publicize on its website and in its newsletter the treatment gap and stress the responsibility of the medical community to provide care
- Appeal directly to Marin's healthcare providers to obtain X-waivers and expand their treatment of opioid use disorder patients
- Urge the San Francisco-Marín Medical Society to emphasize to its more than 2,000 members, including the next generation of healthcare providers, the importance of addressing this unmet need
- Apply for new and renewable grants for MAT expansion into community services and hospital emergency departments
- Support federal legislative actions to streamline the X-waiver application process and requirements so as to not discourage participation

Medication-Assisted Treatment in the Marin County Jail

Substance users often end up in jail, and incarceration can provide a sufficient length of time to begin successful recovery from addiction with medication-assisted treatment. A goal of the California MAT Expansion Project is to increase access to medication-assisted treatment in jails. Marin County health officials believe that this opportunity should not be missed. The Grand Jury agrees.

The Marin County Jail has a mechanism to provide medication-assisted treatment for opioid addiction if the inmate is already receiving Suboxone or methadone at the time of incarceration. In early 2020, the Behavioral Health and Recovery Services staff and the Jail Mental Health Team began to initiate medication-assisted treatment for addicted inmates not on medication prior to incarceration. Qualified jail medical personnel received MAT training and obtained X-waivers for this purpose. New inmates who would like to start Suboxone can request treatment through the jail physician, who will coordinate treatment with the county addiction specialist. Officials say there are usually anywhere from two to six inmates receiving medication-assisted treatment. The Grand Jury believes the Marin County Sheriff should continue to initiate MAT for new inmates not already receiving this treatment.

Post-Acute Treatment and Recovery

After their immediate medical emergency has passed, some patients may need to transition from hospital emergency departments to residential in-patient treatment programs and later to recovery residences. Inpatient facilities enable patients to continue recovery with individualized treatment for up to 30 days. After completing an inpatient treatment program, some patients may enter a recovery residence to support long-term rehabilitation. These residences aim to help patients establish healthy habits, learn life skills, acquire employment skills, and attain financial stability. Experts told the Grand Jury that patients can benefit by living in a recovery residence for up to a year.

The latest external quality review of Marin's DMC-ODS reports that demand exceeds the supply of available beds for Medi-Cal-eligible patients in the longer-term recovery residences.³⁸ According to a recovery coach who places patients with substance use disorder, recovery residences in Marin are often operating "at full capacity" and there is a waiting list of one to three patients at any given time for admission.

The external quality review also noted that there are no residential treatment facilities for adolescents in the county. Adolescents are sent to a facility in Santa Clara County.

Opioid Litigation: Potential Program Funds

Marin County, along with nearly every local government in the United States, is a plaintiff in lawsuits against the makers and distributors of opioids in an effort to recoup some of the costs of fighting the opioid epidemic. These suits allege that the drug makers falsely advertised opioids by promoting the pain relief effectiveness and downplaying the addictive quality. Drug distributors are alleged to have distributed large amounts of opioids and failed to monitor, investigate, and report suspicious opioid orders. As these suits are settled or litigated, Marin County could potentially receive financial awards, which could be used by the county to fund existing and new opioid use disorder programs. In October 2020, the federal government reached a settlement with Purdue Pharma; however, at the time of the release of this report, the benefit to Marin, if any, is not known.³⁹

³⁸ Behavioral Health Concepts, Inc., *Marin DMC-ODS Report, 2019-2020*, pp. 9, 23, 56, 73.

³⁹ U.S. Department of Justice, "Justice Department Announces Global Resolution of Criminal and Civil Investigations with Opioid Manufacturer Purdue Pharma and Civil Settlement with Members of the Sackler Family," news release, October 21, 2020, <https://www.justice.gov/opa/pr/justice-department-announces-global-resolution-criminal-and-civil-investigations-opioid>.

FINDINGS

- F1. The Marin County Department of Health and Human Services, through RxSafe Marin and the Drug Medi-Cal Organized Delivery System, has initiated robust prevention and treatment programs to address the opioid epidemic.
- F2. Expanded distribution and availability of naloxone throughout Marin County could help provide additional life-saving opportunities to reverse opioid overdoses.
- F3. Additional substance use navigators, who play a critical role in the hospital setting by guiding substance use disorder patients toward appropriate treatment, would enable more patients to obtain the follow-up support required for their recovery.
- F4. Additional recovery coaches, who play a critical role by connecting substance users to appropriate treatment, would enable more patients to obtain the support network required for their recovery.
- F5. Marin County is unable to help some of its opioid use disorder patients who need medication-assisted treatment because of a shortage of X-waivered providers and because current X-waivered providers are serving fewer than the number of patients they are authorized to treat.
- F6. Marin County lacks a sufficient number of beds in long-term recovery residences to offer needed support and aftercare for substance use disorder patients.

RECOMMENDATIONS

- R1. The Marin County Department of Health and Human Services should in fiscal year 2021–2022 expand naloxone availability throughout the county in accordance with the American Medical Association guidelines.
- R2. The Marin County Department of Health and Human Services should conduct a detailed cost-benefit analysis in fiscal year 2021–2022 to determine if additional recovery coaches are warranted and, if so, retain them.
- R3. The Marin County Department of Health and Human Services should expand its efforts in fiscal year 2021–2022 to increase the number of X-waivered prescribers and to provide incentives for currently X-waivered prescribers to treat more patients up to their authorized limits.
- R4. The Marin County Department of Health and Human Services should pursue funding and opportunities in fiscal year 2021–2022 to increase the number of beds available in long-term recovery residences.
- R5. Marin Healthcare District, through MarinHealth, should conduct a detailed cost-benefit analysis in fiscal year 2021–2022 to determine if additional substance use navigators are warranted and, if so, retain them.

REQUEST FOR RESPONSES

According to the California Penal Code, agencies required to respond to Grand Jury reports generally have no more than 90 days to issue a response. It is not within the Grand Jury's power to waive or extend these deadlines, and to the Grand Jury's knowledge, the Judicial Council of California has not done so. But we recognize that the deadlines may be burdensome given current conditions caused by the COVID-19 pandemic.

Whether the deadlines are extended or not, it is our expectation that Marin's public agencies will eventually be able to return to normal operations and will respond to this report. In the meantime, however, public health and safety issues are of paramount importance and other matters might need to wait.

Pursuant to Penal Code Section 933.05, the grand jury requests responses as follows:

From the following governing bodies:

- County of Marin Board of Supervisors (F1, F2, F4, F5, F6, R1–R4)
- Marin Healthcare District Board of Directors (F3, R5)

The governing bodies indicated above should be aware that the comment or response of the governing body must be conducted in accordance with Penal Code Section 933(c) and subject to the notice, agenda and open meeting requirements of the Brown Act.

Note: At the time this report was prepared information was available at the websites listed.

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury. The California State Legislature has stated that it intends the provisions of Penal Code Section 929 prohibiting disclosure of witness identities to encourage full candor in testimony in Grand Jury investigations by protecting the privacy and confidentiality of those who participate in any Civil Grand Jury investigation.