

Better Health for All*County of Santa Clara Health System*

2325 Enborg Lane, Suite 320

San Jose, California 95128

Phone: (408) 885-6868

Fax: (408) 885-4051

DATE: June 21, 2021

TO: Honorable Members of the Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

FROM: René G. Santiago, Deputy County Executive/Director, SCVHHS ^{DS} KS
Sherri Terao, Director of Behavioral Health Services Department (BHSD) ^{DS} ST

SUBJECT: Medical Detoxification (Detox) Needs, Possible Service Gaps, Plans to Address Gaps, and Access of Emergency Psychiatric Services (EMS) Staff to Substance Use Treatment Services (SUTS)

During the Finance and Government Operations Committee (FGOC) on May 20, 2021 (Item No. 21), Supervisor Cindy Chavez requested that the BHSD provide an off-agenda report on the delineation between Detox and Medical Detox, the need for Medical Detox, possible service gaps related to the lack of Medical Detox, needs to address these gaps, and access of EPS staff to SUTS programs.

BHSD provides an array of SUTS programs that follows the Drug Medi-Cal Organized Delivery System (DMC-ODS) implemented in June 2017. DMC-ODS requires that each County has a full continuum of recovery services as detailed in the American Society of Addiction Medicine Level of Care (ASAM-LOC) manual. Detoxification (or "Detox") services are identified as Withdrawal Management (WM) services by ASAM and includes 5 levels:

- **WM-1:** Mild withdrawal symptoms with daily or less than daily outpatient supervision.
- **WM-2:** Moderate withdrawal with all day withdrawal management support, supervision 24/7 and a supportive family and/or a stable living situation.
- **WM-3.2 Detox:** Moderate withdrawal, but needs 24-hour support in a residential setting to complete withdrawal management and increase likelihood of continued engagement in treatment and recovery services. Individuals must be ambulatory and not at risk for adverse reactions withdrawing from the substance they are dependent on. Staff typically providing services are non-professionals certified as Addiction Counselors or Peer Recovery Specialists.
- **WM-3.7 Medical Detox:** Severe withdrawal requiring 24-hour nursing care and physician visits, as necessary. Individuals are unlikely to complete withdrawal without medical and nursing management.
- **WM-4.0 Medical Detox:** Severe unstable withdrawal requiring 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability.

The BHSD offer detox services (WM-3.2). The length of stay for detox is 3 to 7 days with discharge and placement into either residential or intensive outpatient services. However, on occasion, individuals may not be appropriate for detox because of the risk for adverse reactions from withdrawal without medical supervision. Examples include acute alcoholics that are at risk for seizures and delirium tremors; benzodiazepine withdrawal which often requires tapering from the drug over the course of several weeks; and individuals on stimulants such as methamphetamine. The benzodiazepine tapering requires intense monitoring and a tapering protocol prescribed by the attending physician to minimize adverse reactions to the withdrawal. When individuals are on stimulants (such as methamphetamine), they can display agitation, irritability, aggression and/or serious mental health conditions (including psychosis) when they experience withdrawal. In these instances, medication sedation or hospital settings with psychiatric care are necessary.

As described above, the BHSD offers WM 3.2 detox services for individuals who may experience adverse reactions as they withdraw from their primary alcohol or drugs of choice as required by ODS-DMC. In cases where the individual requires medical detox either at the WM-3.7 or WM-4.0 level, BHSD is unable to provide treatment because DHCS certification and licensing of detox services does not allow for this adjunct medical care to be provided in a non-hospital or medical setting due to the supervision and monitoring required. As a result, there is a gap in transition for individuals who require medical detox either at the WM-3.7 or WM-4.0 levels because these levels of care require access to hospital services.

As part of the DMC-ODS waiver, this level of care is funded through the Department of Health Care Services (DHCS) as a primary medical procedure that is reimbursed through the Treatment Authorization Request (TAR) process. There are individuals who present with a primary medical condition requiring hospitalization and upon further examination, present with serious addictions that require nursing and physician supervision concurrently addressed while treating the primary medical condition. These individuals are typically referred to BHSD for substance use treatment services upon discharge from the hospital and placed in either residential or intensive outpatient services. Since offering medical detox requires dependable access to a hospital setting, the BHSD will work in collaboration with EPS and Valley Medical Center (VMC) to develop a more defined process to refer individuals who would benefit from medical detox. BHSD will continue to work on improving the coordination of care for individuals referred into BHSD after medical detox from the hospital setting to WM-3.2 residential treatment or intensive outpatient services.

The BHSD has implemented new programs, increased coordination of care across BHSD's system of care to meet the needs for individuals needing substance use treatment services. In 2018, BHSD designated one detox bed to EPS which provides EPS direct access to transition individuals who could immediately benefit from this level of care. EPS also has access to the Sobering Center and the Behavioral Health Triage program to refer individuals discharging from EPS for follow-up substance use treatment services.



Currently, there are a significant number of individuals placed in EPS who, upon assessment, present with serious substance use dependence. As with hospital patients, EPS medical staff monitors and addresses withdrawal management and provides the additional medication or referral to the Emergency Department for adjunct care. These individuals, upon EPS discharge, could benefit from a direct placement into the BHSD's residential treatment facility to provide co-occurring treatment services. These individuals, as part of the EPS services, would need to have completed the withdrawal procedures and would be appropriate for placement in the Residential Level of Care (LOC) Designation.

The critical element is direct referral into residential treatment with assistance from a support staff. The immediate placement allows for further recovery engagement to address often initial ambivalence by the individual to continue the recovery process. The first 9 days of residential treatment are the most critical for engaging the individual and reducing the likelihood of leaving treatment prior to stabilization and placement in outpatient support services.

The initiation of direct referral from EPS to residential care will require additional dedicated treatment beds to address this gap. Currently, the residential treatment system does not have sufficient capacity to provide these dedicated beds. It is estimated that between 10-15 additional beds would need to be added to provide consistent capacity for EPS discharges. Furthermore, adding Peer Support Worker positions in EPS would assist with providing direct support and transportation of individuals to the residential placement.

cc: Miguel Marquez, Chief Operating Officer
James R. Williams, County Counsel
Megan Doyle, Clerk of the Board
Chief Board Aides
Debbie Dills-Thompson, OBA
Agenda Review Administrator