

*Expanding Access to Medications for Addiction
Treatment (MAT)
for
Treatment of Opioid Use Disorder
in
Los Angeles County's Criminal Justice System*

PRESENTED TO
LOS ANGELES COUNTY
COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE

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Introduction

The three medications that are FDA approved for the treatment of Opioid Use Disorder (OUD) are highly effective and save lives. Methadone is up to 85% effective in keeping a person with advanced OUD in remission for one year, and buprenorphine's success ranges from 60 to 75%. Injectable naltrexone is effective to treat OUD in motivated patients. These medications are collectively referred to as Medications for Addiction Treatment (MAT) or Medications for Opioid Use Disorder (MOUD). The terms are interchangeable, and MAT will be used in this document.

In November 2020, the Countywide Criminal Justice Coordination Committee (CCJCC) passed a motion to engage with consultants from Health Management Associates (HMA) and California Health Policy Strategies (CalHPS) on how to improve access to MAT and other substance use disorder (SUD) treatments for persons in Los Angeles (LA) County's criminal justice system. The twelve-month project was crafted as a follow up to training provided to more than 600 LA County justice system stakeholders and funded by California's State Opioid Response (SOR) resources.

Throughout 2021, the consulting team conducted extensive fact finding and brainstorming with numerous agencies and individuals in the County's health care, mental health, public health, and justice systems. The team also provided direct substance use disorder (SUD) and OUD training to several agencies that serve the justice involved and advised many agencies about free, accessible online training on the neuroscience of OUD, MAT as an effective treatment, co-occurring SUD and serious mental illness (SMI), and more. Substance Abuse Prevention and Control (SAPC), Probation, and the Amity Foundation have formally adopted these training materials.

*Focus: It is clear that all County stakeholders are working hard individually and together to build a safety net for persons with OUD in the justice system. This document aims to provide a high-level, integrated analysis of points across the County where the **system** can and must be strengthened.*

This memorandum presents our findings and recommendations. They are explicit to MAT and OUD as that was our charge. However, much of the content also applies to the larger SUD arena, including treatment of alcohol and methamphetamine use disorders.

The following supplemental materials are appended to this memorandum as additional detail:

- Issue Brief: Los Angeles County Overdose Data
- List of contacts, presentations, and trainings carried out by the consulting team

Executive Summary of Findings and Recommendations

The consulting team synthesized its findings and recommendations into five main categories. In combination, these findings call for a rapid, comprehensive, coordinated response from County leadership.

1. Drug overdose deaths in LA County have increased by 144% since 2017. Deaths from the synthetic opioid fentanyl increased 1,114% over this same period.

- Recommendation: LA County should intensify its commitment to and investment in rapid access to MAT for OUD under evidence-based care across the County, focusing especially on persons in the justice system.
2. The numbers of persons returning to LA County from jail and prison on MAT is expected to *grow from the current number – estimated at 50 per month – to potentially 600 per month over the next 18 to 24 months*. Such an increase would overwhelm the current capacity of MAT providers and pharmacies that fill prescriptions for buprenorphine. Data on the number of people reentering the County on MAT from custody settings is essential to adequately plan expansion of MAT capacity to meet growing demand.
 - Recommendation: LA County should collect and disseminate recent, current, and prospective data on persons on MAT reentering LA County and being diverted from jail, by month and stratified by MAT medications.
 3. Individuals return to the community from custody settings in a variety of ways. For example, some individuals released from state prison are placed on parole while others are placed on Post-Release Community Supervision. For those released from county jail, some are placed on probation while others are unsupervised. Several pathways to divert people from jail operate in the County as well. Regardless of the reentry/diversion pathway, resources are needed to find services, verify identity, ensure Medi-Cal eligibility, and identify sources of care so that MAT can be continued. Leveraging and adapting successful strategies across the entire reentry and diversion populations can help the County keep pace with the increased demand for post-release MAT services.
 - Recommendation: LA County should develop a process through which agencies can jointly resolve common problems and share best practices and successful strategies for supporting individuals returning to the community on MAT. This effort would not conduct or oversee reentry operations. Rather, it would support the current various reentry and diversion pathways with streamlined, uniform processes; best practices; problem solving for identity verification, Medi-Cal eligibility, referral, and record sharing; and resources for evidence-based treatment.
 4. The County does not have enough MAT providers, nor does it facilitate connection with the few existing MAT providers who support medication-first, low-barrier MAT and are versed in the needs of persons in the justice system, which include co-occurring SUD and mental illness. In addition, barriers to buprenorphine access exist across many retail pharmacies. As it continues to grow its SUD system of care, LA County should:
 - Monitor the capacity of the provider community to ensure:
 - Expanded availability of and access to medication-first, low-barrier MAT
 - Effective, integrated care for persons with co-occurring SMI and SUD
 - Effective services for persons in the justice system
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- Invite leadership from the LA County Substance Abuse Prevention and Control (SAPC), County Department of Mental Health (DMH), Department of Health Services (DHS), DHS-operated and contracted community health centers, other Federally Qualified Health Centers (FQHCs) and community health centers, and other stakeholder partners to recommend supports that would help them increase their capacity for evidence-based care to persons with OUD, co-occurring SMI and SUD, and justice system involvement
 - Support a solid network of justice-capable, co-occurring-capable MAT services across all geographic county settings
 - Increase access to buprenorphine and injectable naltrexone at retail pharmacies to ensure even geographic access
5. The state’s new reform of the Medi-Cal program, called CalAIM, includes requirements related to persons in the justice system. The planning process is commencing in 2022 with implementation scheduled to begin in January 2023. This new program will introduce the County’s Medi-Cal managed care health plans into this complex scenario *and* provide new resources for reentry and justice-involved individuals. It is imperative that the County optimizes the CalAIM opportunity to address the issues above.
- Recommendation: CalAIM’s requirements and new resources for the justice-involved and reentry population should be leveraged to support access to MAT among the reentry population. CalAIM can provide a process to engage the health plans with the key justice system stakeholders, including SUD providers, around system problems and opportunities. It will also streamline the application of CalAIM resources and leverage the impact across the whole system. This is vital to the rapid increase in MAT and co-occurring disorder capacity necessary to address the increase in demand for MAT by persons reentering the County from incarceration or being diverted from the jail.

Detailed Findings and Recommendations

1. Overdose Deaths Increasing at Catastrophic Rate

In spite of many successful efforts to reduce drug overdoses across LA County, preventable drug overdose deaths have more than doubled since 2017. The raw number of fatal drug overdoses in LA County increased by 144% between 2017 Q1 and 2021 Q2. The vast majority of deaths are related to either the synthetic opioid fentanyl or methamphetamine.

Fentanyl-related deaths have increased 1,114%, and OUD – which is treatable – remains a significant challenge. The criminal justice system is increasingly taxed with drug-related offenses and ensuring access to MAT for persons in the justice system is more important than ever. For additional detail, see the appended issue brief: “Los Angeles County Overdose Data.”

Fatal drug overdoses are at an unprecedented level in LA County. Immediate, coordinated action is essential.

Recommendation: LA County leadership should intensify its commitment to and investment in rapid access to MAT for OUD under evidence-based care across the County, focusing especially on persons in the justice system.

2. Anticipated Growth in Reentry/Diversion Population on MAT

The California Department of Corrections and Rehabilitation (CDCR) began its Integrated Substance Use Disorder Treatment program (ISUDT) in 2019. According to the California Correctional Health Care Services dashboard, 13,925 individuals in state prison custody were actively on MAT through ISUDT in December 2021.¹

Similarly, in LA County, the Department of Health Services –Correctional Health Services (DHS-CHS) began a new program to provide MAT to county jail inmates in December 2020. Currently, about 200 people incarcerated in the jail are on buprenorphine. DHS-CHS estimates that up to 1,500 individuals per day in the jail may need and want OUD treatment. On-going AB 109 funding has been allocated to help support the increased access to MAT. DHS-CHS will need additional resources for nursing, pharmacy, administrative and other services needed to reach full MAT access, but the agency is currently planning expansion of MAT using the new resources and intends to request necessary additional staff resources to treat all detainees with OUD.

While the exact number of individuals who received MAT in state or county custody and are released to the community was not available for this memorandum, the volume will increase as in-custody programming continues to develop.

LA County should expect that CDCR and the jail can reach full MAT penetration *within 18 to 24 months*. The table below illustrates the estimated volume of persons that can be entering LA County from prison or jail on MAT when treatment systems are fully developed.²

CDCR numbers are based on Q4 2019 release data and LA County experience that of those, about half are released to Parole and half to Probation. LA County Jail numbers reflect average DHS-CHS data for July 2019 – June 2020. Both CDCR and DHS-CHS presume that 50% of persons

Estimated MAT Demand Based on Average Monthly Releases to LA County			
	CDCR	LA County Jail	TOTALS
Released to Parole	488		
Released to Probation	488		
Total Released	976	6,056	7,032
Number with SUD (70%)	683	4,239	4,922
Number with OUD (17%)	166	1,030	1,195
Estimate at Full Treatment Capacity	83	515	598

eligible for MAT will agree to its use. With more experience over time, these estimates can be refined.

In addition, as the County continues to grow alternative-to-custody and diversion programming, there will be an increase in the number of justice-involved persons who need MAT but who do not enter a

¹ <https://cchcs.ca.gov/isudt/dashboard/>

Note: the dashboard reflects the current CDCR population and changes accordingly

² CDCR data based on prison release numbers from [Offender Data Points December 2019](#) and ISUDT program estimates. LA County Jail data provided by DHS-CHS for the period July 2019 – June 2020.

custody setting. The diversion of individuals with SMI can be looked at for context. LA County historical and national estimates indicate that of those with SMI about 70% will also have a co-occurring SUD, and about one quarter of those people have an OUD. As such, for every 1,000 clients with SMI who are diverted, it is estimated that 175 will have an OUD and therefore should be clinically evaluated for MAT.

LA County’s health, mental health, SUD, and justice systems need regular, accurate estimates of people on MAT coming from prison, jail, and diversion programs to enable resource deployment that increases with the demand. This is essential to optimize the outcomes for this population that is prone to relapse, criminal activity, overdose and death. The following table identifies the most basic data minimum LA County needs to be able to plan for sufficient MAT capacity.

The rolling table would show:

- **Actual historic number** of people referred to county providers for MAT by the type of MAT the person was prescribed.
- **Prospective number** of people who are likely to be referred for continuing MAT treatment in the community by the type of MAT the person was prescribed.
 - For CDCR, prospective numbers for six months, based on those persons in CDCR’s current reentry planning processes
 - For jail, prospective numbers for two months based on the current caseloads with OUD.

Recommended County Data Collection to Support Planning for MAT Capacity									
		Actual number		Anticipated number referred for MAT in future months					
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
CDCR	Buprenorphine								
	Methadone								
	Naltrexone								
LA County Jail	Buprenorphine								
	Methadone								
	Naltrexone								
Diversion Programs (ODR, ATI, Probation, others)	Buprenorphine								
	Methadone								
	Naltrexone								

Recommendation: LA County should collect and disseminate recent historic, current, and prospective data on persons on MAT reentering LA County from, by month and stratified by MAT medications

3. Reentry/Diversion System Complexities

Every month, more than 7,000 people leave incarceration and return to LA County, and the number of people diverted from jail is increasing every day. Some individuals released from state prison are placed on parole, while others are placed on Post-Release Community Supervision. For those released from county jail, some are placed on probation, while others are unsupervised. Several pathways to divert people from jail operate in the County as well. Most pathways involve their own referral forms, releases of information, and referral networks for housing, medical care, mental health services, and SUD treatment including MAT. Each pathway also requires the staff to navigate the County’s complex networks of medical and behavioral health providers and Medi-Cal eligibility.

Challenges common to most pathways include verifying identity across numerous systems with no common identifier, activating or reactivating Medi-Cal, and validating COVID-19 vaccine or testing status.

In addition, many reentry pathways have their own provider sources for addressing the medical, mental health, and SUD treatment needs of clients. Referral information received through the pathway, including MAT dose and SUD treatment history, is inconsistent.

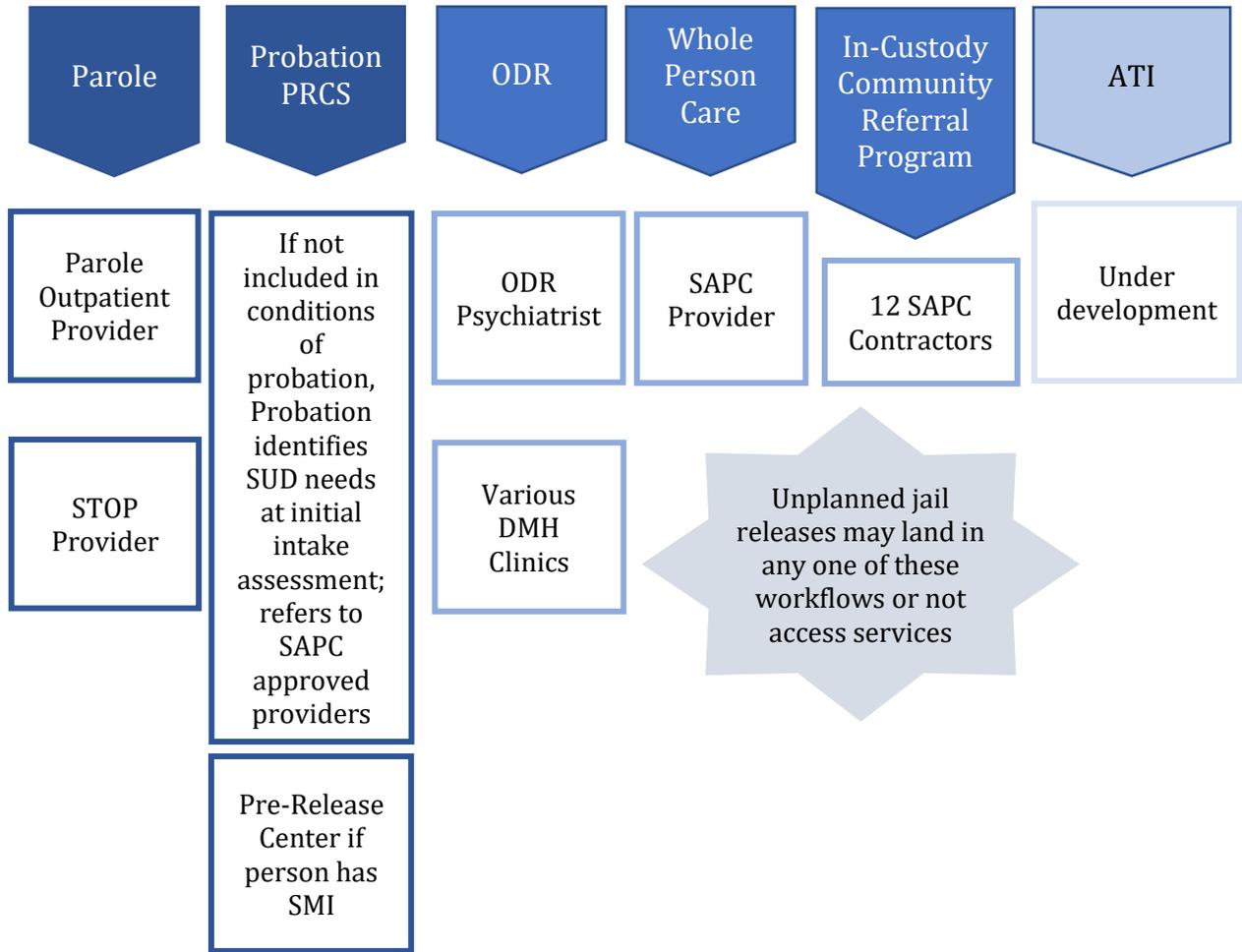
For persons on MAT for OUD, reentry pathways are further charged with finding both a provider to prescribe the MAT and a pharmacy willing to fill the prescription. Both are moving targets across the County:

- SAPC-contracted providers are required either to offer MAT directly or via referral, and SAPC provides contracted providers technical assistance to this end. Still, there are few SAPC providers that offer low-barrier, medication-first MOUD clinical protocols to their justice-involved patients.
- Many providers that report that they accept patients on MAT only support injectable naltrexone and do not prescribe buprenorphine or support methadone or buprenorphine.
- Some providers that “accept” patients on buprenorphine often urge clients to taper off it, consistent with a social model of treatment that excludes MAT.
- Many local pharmacies do not stock buprenorphine. Ordering it can create several days of delay.
- Many local pharmacies will stop filling buprenorphine prescriptions when total monthly prescriptions reach a limit.

The figure below illustrates at a high level some of the many agencies and providers involved in these complex processes. These complexities create inefficiencies for reentry/diversion planning in LA County, and many cases can require unique handling. *As the County plans for the anticipated increased volume of persons who will be reentering the County on MAT, the system fragmentation and labor-intensive nature of work in the current system raises concerns about how programs can scale up to meet the demand and remain sustainable.*

Release/Diversion of Persons with Substance Use or Co-Occurring SUD and SMI

This figure illustrates the reentry and diversion processes in LA County. Each **REENTRY OR DIVERSION PROCESS (Blue)** has separate workflows, release of information, Medi-Cal connections, and providers to whom they refer clients. Dark blue represents CDCR releases, medium blue represents LA County Jail releases, and light blue represents Alternatives to Incarcerations. Each **PROVIDER (boxes)** has different MAT practices, and they vary widely, especially regarding access to buprenorphine.



The complexities could be readily mitigated through the commitment to shared learning, problem-solving, and leveraging of solutions to provide MAT access across all justice populations.

Recommendation: LA County should undertake efforts to strengthen coordination on reentry processes to support individuals with SUD/ODU in order to make MAT accessible. This would support the current numerous reentry and diversion pathways with streamlined, uniform processes, best practices, problem solving, and reporting. It should:

- *Require participation in planning and problem-solving by leadership and operations staff from all key County justice, health, mental health, SUD, and primary care agencies*
- *Build on current effective and successful efforts for*
 - *Identity verification*
 - *Medi-Cal eligibility*
 - *Expand to all providers agencies SAPC’s policy for contractors to provide lifesaving Medi-Cal eligible services immediately, while Medi-Cal eligibility is confirmed*
 - *Referral processes and forms*
 - *Record and sharing through secure electronic exchange*
 - *Release of information forms and policies*
 - *Confirmation of COVID-19 vaccine and testing status*
 - *Problem solving*
- *Support uniform use of all successful tools, processes, policies across all stakeholders*
- *Compile and update resources for evidence-based treatment:*
 - *Providers of MAT by medication and space for new patients*
 - *Proficiency in treating co-occurring SUD and mental illness*
 - *Proficiency in treating persons in the justice system*
- *Operate stakeholder workgroup(s) for high level and operational level problem-solving and strategizing*
- *Track the MAT demand per the table of data recommended above; identify emerging trends and bring them to the workgroup(s) and to county executive leadership and governance*
- *Facilitate, support, and incentivize training on OUD and MAT for all clinical, programmatic, and justice-related stakeholders across the County*
- *Develop and produce reports on access to MAT, client engagement in treatment, related recidivism, and other key data points*

4. Los Angeles County SUD/ODU Treatment System

Clinical Providers of MAT

The clinical providers who treat persons with SUD in the justice system exist in multiple systems of care.

SAPC provides SUD treatment through a network of 358 contracted SUD providers, including 40 opioid treatment programs (which are the exclusive providers of methadone to non-hospitalized individuals with OUD) and 132 providers who offer outpatient services. In keeping with California’s Drug Medi-Cal Organized Delivery System requirements, all *SAPC* providers must either directly prescribe MAT or refer

to a provider that can prescribe MAT. SAPC has engaged in many activities to increase the use of MAT by its providers. The table³ shows that 43% of the current outpatient providers can provide MAT directly to clients. One third of outpatient providers can serve clients with co-occurring mental health disorders, though many treat persons with “mild to moderate” mental health conditions as opposed

SAPC Provider Capacity Per SBAT		
		% of Outpatient Providers
All Contracted Providers	358	
Outpatient Providers	132	
Offer MAT Directly to Clients	57	43%
Have Co-Occurring Disorder Capacity	44	33%
Experienced with Criminal Justice System	53	40%
MAT, COD and Justice System Capacity	13	10%

to those with serious psychiatric disorders seen in the specialty mental health and justice systems. Forty percent report experience with the justice system. Just 13 providers (10%) report they can treat clients who are on MAT, also have a co-occurring mental illness, and are involved with the justice system.

Community Health Centers are a critical avenue for people in LA County with OUD to receive buprenorphine prescriptions and injections of naltrexone. In fact, these primary care settings are the most likely sites to provide MAT in LA County – a fact that is not widely recognized. The justice-involved population may receive medical care via FQHCs and other types of community health centers that include DHS-operated clinics and/or primary care providers contracted with LA Care or Health Net. Many primary care providers do not provide MAT, though, and finding sites with prescribing providers is a significant challenge for reentry workers. LA County Department of Health Services just launched <http://LosAngelesMAT.org> to assist with navigating MAT access within the network of community health centers in LA County.

Department of Mental Health contracted providers and its directly operated clinics can provide MAT prescriptions, but a current, accurate list of those that do is not readily available. There is strong interest within DMH to advance the MAT capacities of its providers, and DMH is working with the RAND Corporation and UCLA to identify the demand of MAT services and create a toolkit to support DMH providers to use MAT, but significant barriers to progress exist.

Variations at the Provider Level

The term “access to MAT” has many meanings across the County. Any given provider setting described above and reporting “access to MAT” may mean:

- Some prescribers at the location will administer injections of naltrexone
 - New prescription
 - Continuation of existing prescription from prison or jail
- Some will prescribe buprenorphine
 - New prescription
 - Only continuing treatment for patients who were dosed within prison or jail

³ Table prepared in consultation with SAPC with data from SAPC’s online Service and Bed Availability Tool (SBAT), which is its public resource for finding providers. This illustrates capacity as of January 2022.

- Indefinitely
- Only for a period in which the client is expected/encouraged to taper off the medication
- Only if the client participates in counselling
- Regardless of client participation in counselling

Any provider who will prescribe either medication may or may not be accepting new patients. Also, the provider setting may or may not have experience with the justice population. Providers with x-waivers for prescribing buprenorphine may also not be prescribing it, even though allowed. A reentry worker trying to find a location that will seamlessly continue buprenorphine, in particular, may need to search extensively.

Co-Occurring Substance Use Disorders (SUD) and Serious Mental Illness (SMI)

There is profound cross-over of SMI and SUD, especially in the justice involved. *At least 70% of all prisoners have a co-occurring SMI and SUD*, and this population is at the highest risk for recidivism. Treatment of just one disorder does not create the best outcomes for either disorder. The gold standard is *integrated* treatment in which both conditions are treated together under single treatment plan with integrated goals. However, the historic practice across the country has been “sequential” care, in which one provider treats one condition and then refers the client for treatment of the other.

DMH, SAPC, and DHS all strive to build capacity to treat co-occurring disorders. For example, DMH and DHS have added SUD counselors to their clinical teams. However, state and federal systems of care for mental health, medical, and substance use treatment create payment, documentation, record sharing, and reporting barriers that complicate the delivery of integrated care. As the state is currently working to improve coordination across these systems, LA County will benefit from any improvements and will further strengthen integrated care to improve outcomes for this highly demanding population.

Co-Occurring Case Examples

- *A person with Post Traumatic Stress Disorder (PTSD) and SUD receives treatment for drug use, with moderate success. But the underlying trigger of substance use – the PTSD – is not addressed. So the next time the person’s PTSD is triggered, he relapses in his drug use.*
- *A person with OUD and Bipolar Disorder is treated with psychotropic medication and the Bipolar Disorder is stabilized. However, cravings for opioids are not addressed, and criminal activity to obtain opioids persists. The person is re-arrested.*

In both these cases, stabilizing both conditions would have greatly reduced the risk of relapse and re-offense.

Justice System Experience

Many LA County agencies recognize the need for specialized expertise with the justice system. Some reentry processes have cultivated this expertise. For example:

- The Probation Pre-Release Center (serving persons released on PRCS from prison) refers to a customized list of DMH psychiatrists waived to prescribe buprenorphine and who are contracted to serve this population.
- ODR contracts with a customized list of psychiatrists who are contracted to serve this population, some of whom are waived to prescribe buprenorphine.

- SAPC credentials 40 agencies with 100 sites to be justice system-capable and directly provide MAT and referrals to opioid treatment programs if they are not themselves an opioid treatment program.
- The jail's In-Custody Referral Program contracts with 12 SAPC providers specialized in working with the justice involved. To note though, of the 15 locations, just five offer buprenorphine.
- Transition Clinics serve persons reentering from CDCR or the jail under a special model using community health workers with lived experience in the justice system.
- DHS clinics recognize the need for justice system capacity and would like at least one capable clinic in each health center group. However, no resources or priorities are currently tied to this need.

Clients who have achieved sobriety and stability are more likely to relapse if on-going treatment is not easily accessible. This is also true for clients with co-occurring disorders who require coordinated treatment to address both SUD and mental health issues. The consequences of inaction are likely to contribute to additional criminal activity, overdose and death.

The County must increase community treatment capacity for justice-experienced, evidence-based care of persons with OUD and co-occurring OUD and SMI. This does not automatically call for hiring more providers. Rather, the effort must increase the capacity of existing providers, especially under the new, more liberal X-waiver rules, and greater integration of MAT into the more traditional social treatment now in use among many SAPC providers. New capacity must be distributed geographically around the County, across mental health, SAPC, and primary care settings. Efforts should build on and expand on existing successful LA County models. This would help reentry workers, community providers, probation, courts, and clients.

Pharmacy Access to MAT

Many retail pharmacies in LA County do not stock buprenorphine or injectable naltrexone and cannot consistently fill prescriptions for either. So once the reentry planning hurdles of finding a prescriber of MAT and client hurdles of getting a MAT prescription are met, there can remain the challenge of filling the prescription. The California Pharmacists Association, in cooperation with the HMA/CalHPS team, is currently conducting a survey of retail pharmacies in LA County to better understand buprenorphine access. The results will be provided to CCJCC.

Recommendations: LA County should:

1. Monitor the capacity of the provider community to ensure:
 - Access to medication-first, low-barrier MAT
 - Effective, integrated care for persons with co-occurring SMI and SUD
 - Effective services for persons in the justice system
2. Invite leadership from SAPC, DMH, DHS, DHS-operated and contracted community health centers, other FQHCs and community health centers, ED Bridge providers, and other stakeholder partners to recommend supports that would help them increase their capacity for evidence-based care and especially MAT to persons with OUD, co-occurring SMI and SUD, and justice system involvement
3. Support strategies to ensure a solid network of justice-capable, co-occurring-capable MAT services across all geographic county settings
4. Increase access to MAT at retail pharmacies to ensure even geographic access

5. CalAIM Opportunities

CalAIM’s requirements related to persons in the justice system – set to develop in 2022 and begin in January 2023 – will introduce the County’s Medi-Cal health plans into this complex scenario *and* introduce new resources to the County. It is imperative that the County optimize the CalAIM opportunity to address the issues above.

Recommendation: *CalAIM’s requirements and new resources for the justice-involved and reentry population should be leveraged to support access to MAT for reentry and diversion populations. CalAIM can provide a process to engage the health plans with the key justice system stakeholders, including SUD providers around system problems and opportunities. It will also streamline the application of CalAIM resources and leverage the impact across the whole system. This is vital to the rapid increase in MAT and co-occurring disorder capacity necessary to address the increase in demand for MAT by persons reentering the County from incarceration or being diverted from the jail.*

Issue Brief: Los Angeles County Overdose Data

Summary

In LA County, the number of preventable fatal drug-related overdoses per calendar quarter (i.e., 3-month period) rose from 287 deaths in 2017 Q1 to 700 deaths in 2021 Q2 – an increase of 144%.

Fentanyl (a synthetic opioid) and methamphetamine (a psychostimulant) are the drugs most frequently involved in the increasing number of accidental overdoses deaths in LA County. Approximately 90% of all fatal overdoses now involve fentanyl or methamphetamine, or both.

- Deaths from fentanyl increased by about 1,114% between 2017 Q1 and 2021 Q2.
- Deaths from methamphetamine increased by about 237% between 2017 Q1 and 2021 Q2.
- Of fentanyl deaths in LA County in 2020, 65% were in persons under age 40, and 35% were in persons aged 40 and over.

LA County Overdose Deaths Total accidental drug overdose deaths in given calendar quarter, 2017-2021		
2017	Q1	287
	Q2	284
	Q3	303
	Q4	260
2018	Q1	256
	Q2	271
	Q3	327
	Q4	333
2019	Q1	383
	Q2	364
	Q3	421
	Q4	415
2020	Q1	509
	Q2	589
	Q3	707
	Q4	575
2021	Q1	662
	Q2	700

Data Sources

Accidental drug overdose death data for LA County were extracted by the Los

Angeles County Medical Examiner-Coroner’s Office and prepared by the Health Outcomes and Data Analytics (HODA) Unit within the Los Angeles County Department of Public Health’s Division of Substance Abuse Prevention and Control (SAPC). SAPC notes that drugs involved in accidental overdose deaths are not exclusive as each overdose death often involves more than one drug. Summation of drug types will result in more than the total number of accidental overdose deaths. In SAPC’s data, “Rx opioids” refers to deaths that include prescription opioids but do not mention fentanyl or methadone as one of the causes; when a death involves both prescription opioids and fentanyl, the death is included in the fentanyl counts.

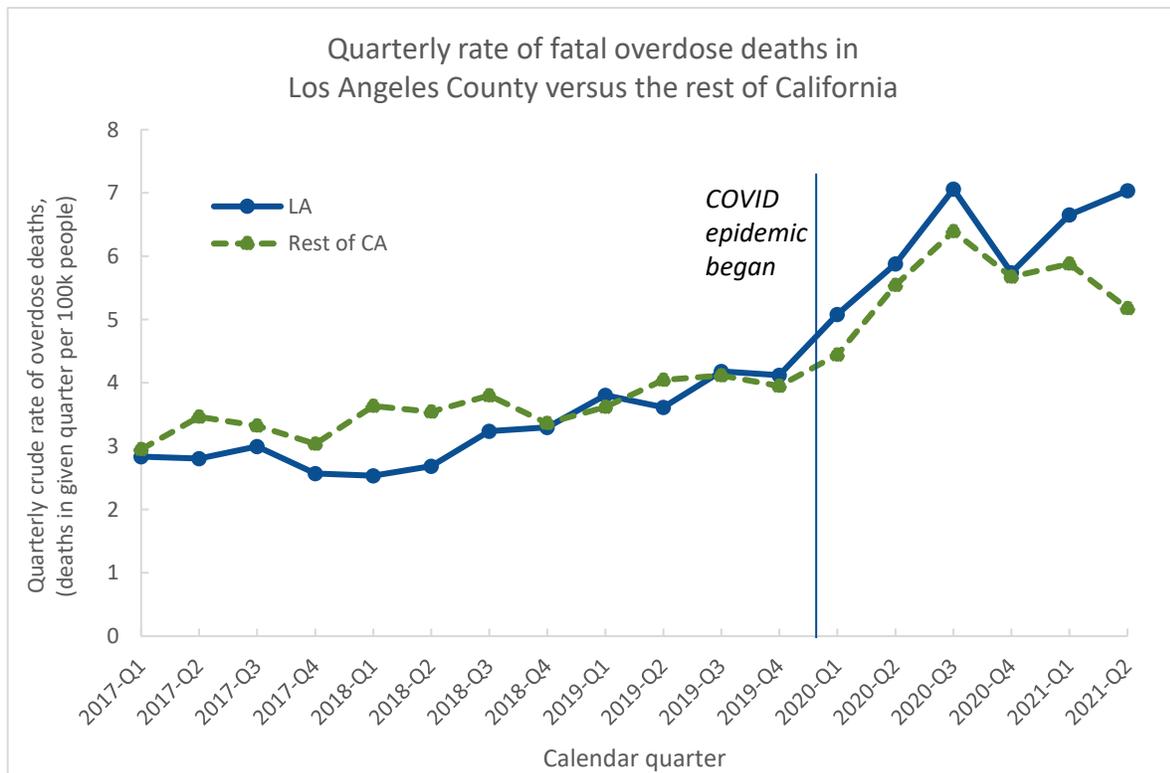
Data on overdose deaths in the rest of California were provided by the California Department of Public Health (CDPH) via the public [California Overdose Surveillance Dashboard](#), which offers statewide and county level data on a wide variety of drug overdose indicators.

Records for 2021 (Q1 and Q2) from both sources are still considered preliminary; therefore, counts and rates may change when all cases are included, and pending cases are resolved. Not all 2021 (Q1 and Q2) deaths may be recorded at this time, which may result in an undercount until all cases are included and pending cases are resolved.

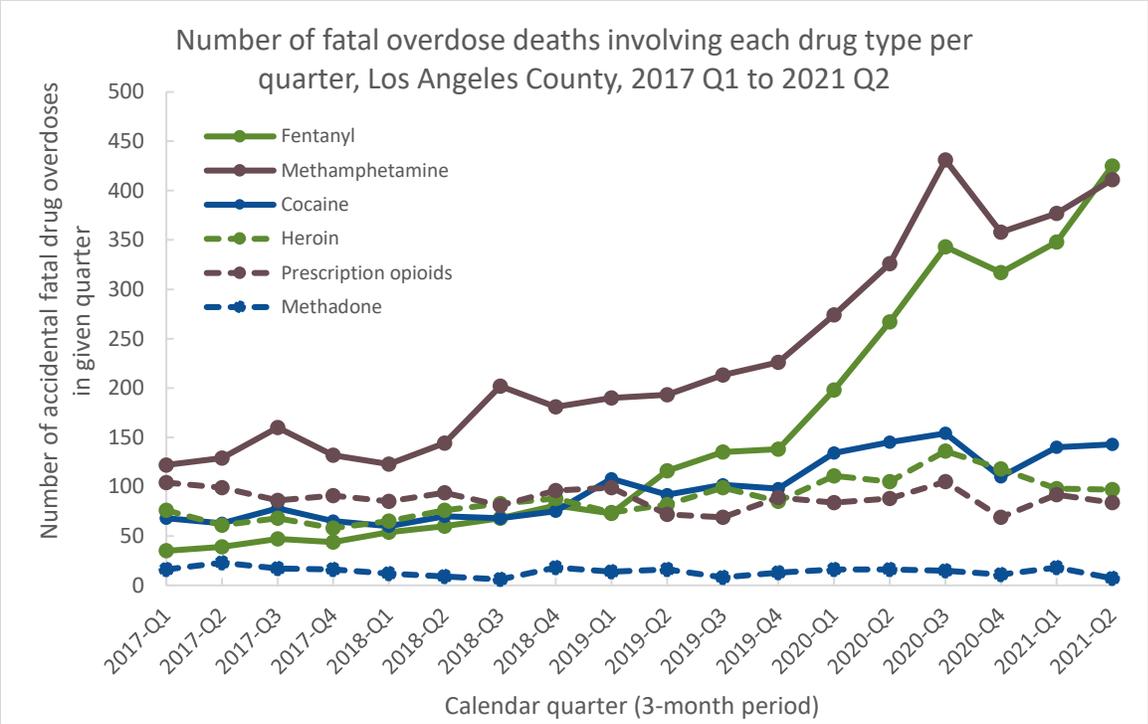
SAPC conducted and published (in July 2021) a more detailed analysis of recent drug overdose deaths in LA County; the report is available [here](#). California Health Policy Strategies (CalHPS) conducted and published (in January 2022) a detailed analysis of general statewide trends; the report is available [here](#).

Findings and Analysis

For the whole study period, the crude rate of overdoses per 100,000 people has been similar between LA County and the rest of California. Both LA County and the rest of the state saw dramatic increases in overdose death rates when COVID-19 began in 2020. These trends can be seen in the following figure.

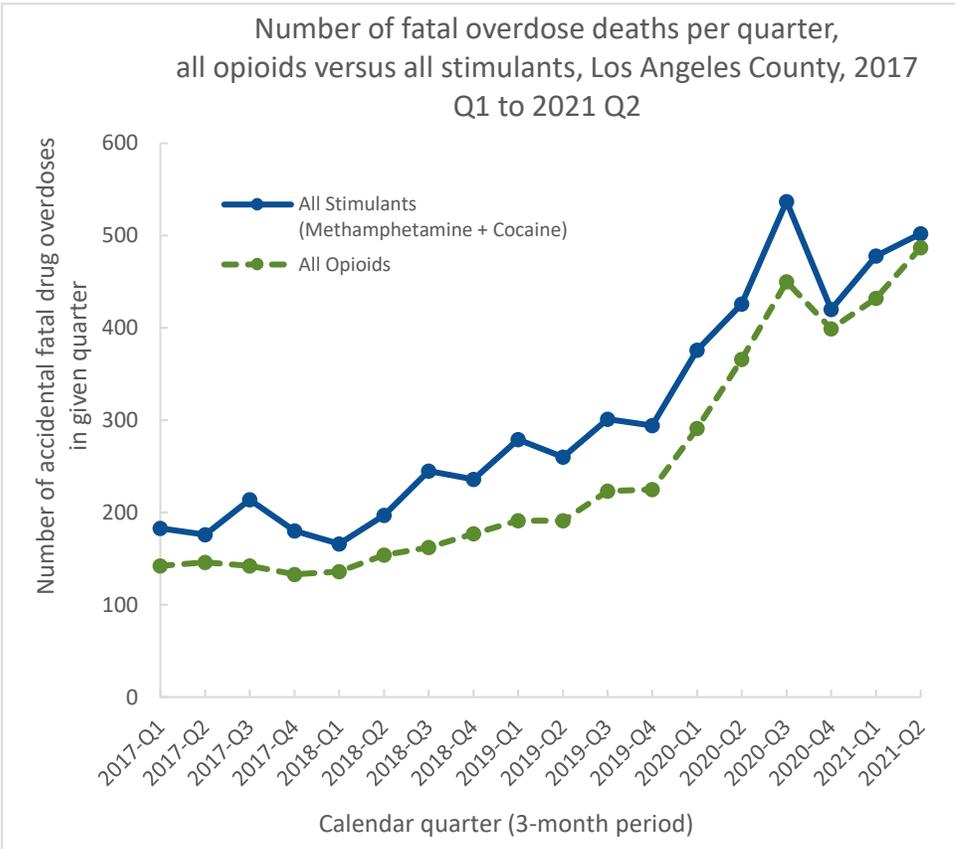


The next figure shows overdose deaths in LA County by specific drug or drug type. Overdose deaths from prescriptions opioids, heroin, and cocaine are mostly steady. However, overdose deaths from methamphetamine and fentanyl have risen sharply since 2019.



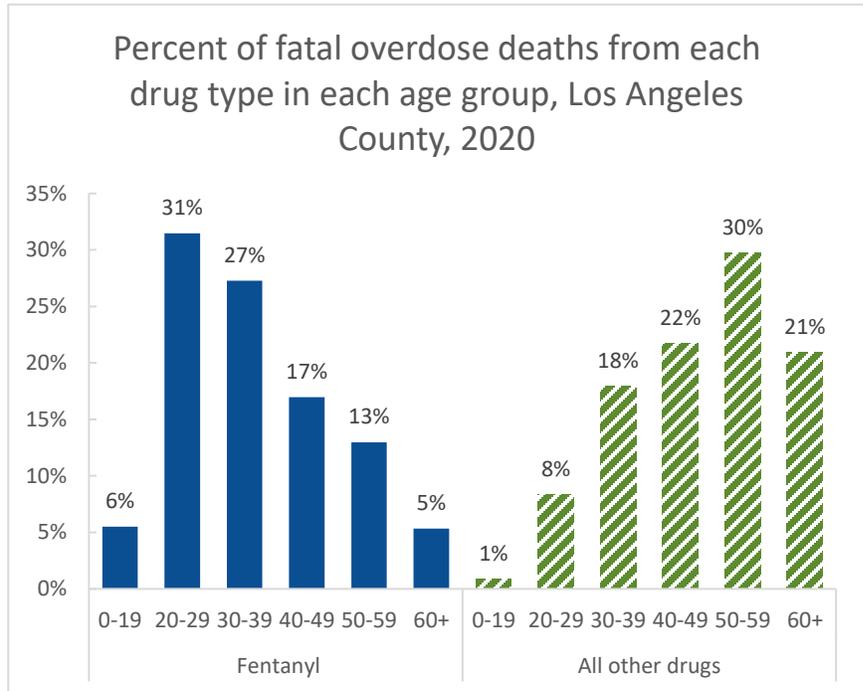
Note that drugs involved in accidental overdose deaths are not exclusive and each overdose death often involves more than one drug. Summation of deaths attributable to all individual drug types will result in more than the total number of accidental overdose deaths.

When drug types are collapsed into the two major categories of “all opioids” and “all stimulants,” drug overdoses in LA County are nearly evenly split, as seen in the figure to the right.



The figure to the right shows that among all fentanyl deaths, most involved people age 15 to 40. Out of all fentanyl deaths, 65% were people under the age of 40, while 35% of the fentanyl deaths were people older than age 40.

Fentanyl deaths are disproportionately concentrated among those under 40 years old, while overdoses relating to stimulants are disproportionately concentrated among those over 40 years old.



Implications

The data in this brief have implications for the Los Angeles County’s drug treatment system and strategies.

1. Despite considerable sophisticated harm reduction strategies, overdose deaths in LA County are at a crisis level and continue to worsen.
2. The combined impacts of COVID-19, fentanyl, and methamphetamine on overdoses in LA County are catastrophic and continue to worsen.
3. A multi-pronged response to address the opioid epidemic, as referenced in a report by [CCJCC’s Ad Hoc Opioid Epidemic Working Group in March 2020](#), remains appropriate. Specific to this report on MAT, LA County should continue strategies to intensify its commitment to and investment in treatment of SUD and harm reduction. This may include:
 - Significantly expanded access to MAT, especially buprenorphine, in every health care venue. MAT is effective in treating fentanyl addiction.
 - Significantly expanded access *by users of all illicit drugs and their families* to naloxone which reverses opioid overdose.
 - Targeted efforts to address the risk of fentanyl overdose in persons under age 40.
 - Targeted efforts to address the risk of methamphetamine overdose in persons over age 40.
4. Most people with advanced substance use disorders (SUD) use numerous substances. Also, most street drugs – including stimulants like methamphetamine and cocaine – are laced with fentanyl. It is increasingly common in LA County and across the state for persons attempting to recover from methamphetamine use to discover they have unknowingly become addicted to opioids via a vis fentanyl contamination. Prevention and harm reduction strategies must consider this reality.

Addendum: Interviews, Presentations and Trainings

The CalHPS/HMA team reached out to multiple contacts at various points of this work provided training or training materials to agencies in Los Angeles County to augment MAT efforts and provided status updates to the CCJCC committee and stakeholder agencies.

Contacts Made

- Los Angeles County Entities
 - Department of Public Health
 - 1. Substance Abuse Prevention and Control
 - Adult Services
 - Justice-Related Services
 - Executive Leadership
 - In-Custody Community Referral Program Contractors
 - Department of Mental Health
 - 1. Clinicians
 - 2. Training
 - 3. AB 109 Pre-Release Center
 - Department of Health Services
 - 1. Office of Diversion and Reentry
 - 2. Ambulatory Care Network
 - 3. Correctional Health Services
 - Care Transitions staff
 - Probation
 - 1. AB109 Team
 - 2. General Population
 - 3. Special Population
 - 4. Drug Court Representatives
 - Sherriff's Department
 - 1. Special Populations in Custody
 - 2. MAT in Custody
 - 3. Inmate Reception
 - Public Defender
 - 1. Public Defenders Psychiatric Social Workers
 - Alternate Public Defender
 - Hospitals and Healthcare Delivery Commission
 - Alternatives to Incarceration
 - Jail Population Review Council
- Regarding Los Angeles County Naloxone Access: – Office of Diversion and Reentry, Department of Public Health Chief Strategist, DPH Substance Abuse Prevention and Control
- LA Community Based Organizations and Advocates

- Community Clinic Association of Los Angeles County
- “CDCR to Los Angeles County Care Coordination Committee”
- Amity Healthcare Foundation and it STOP Providers
- Venice Family Clinic (VFC)
- John Wesley Health Centers (JWHC)
- Tarzana Treatment Centers
- Los Angeles Regional Reentry Partnership (LARRP)
- California Pharmacists Association (CPHA)

Agencies Receiving Trainings and/or Training Materials

- Probation
 - Reviewed large number of on-line training materials on OUD and its treatment, stimulant use disorder and its treatment, justice system interface with treatment providers, serious mental illness, and more, to be used in group and individual settings. Much includes learning objectives, facilitators guide, supplemental materials. Probation received approval for the use of the materials with continuing education credits approved by the Board of State and Community Corrections.
- DPH-SAPC
 - Reviewed large number of on-line training materials on OUD and its treatment, stimulant use disorder and its treatment, co-occurring disorders, serious mental illness, and more, to be used in group and individual settings. Much includes learning objectives, facilitators guide, supplemental materials. SAPC approved materials for use by its contractors and has made materials available to contractors.
- Department of Mental Health
 - Made available materials regarding the neuroscience of OUD and methamphetamine use disorders and treatment of co-occurring disorders.
- Los Angeles Alternate Public Defender’s and Public Defender’s Office: Psychiatric Social Workers (PSW)
 - Reviewed large number of on-line training materials on OUD and its treatment, stimulant use disorder and its treatment, justice system interface with treatment providers, serious mental illness, and more, to be used in group and individual settings. Much includes learning objectives, facilitators guide, supplemental materials. The PSW team provided the materials to their training coordinator. Also, the CalHPS team connected PSW staff with in-custody jail MAT providers so that both parties could improve linkages to SUD care for their clients.
- Amity/STOP Providers
 - Provided two training to all STOP contractors; all participated:
 1. Neuroscience of OUD and it treatment, MAT meds, and stimulant use disorder and its treatment
 2. Co-occurring disorders, the three major categories of serious mental illness and how they interact with SUD, and the role of STOP contractors in keeping clients stable in recovery

Presentations

- Presentations to full CCJCC
 - April: Status Report
 - October: CalAIM
- Presentations to CCJCC Ad Hoc Committee on Expanding Access to MAT
 - February
 1. Overdose Trends in LA
 2. Discussion on MAT Education, Inter-Department Communication and Community Collaboration
 - March
 1. Inter-Department Communication Barriers about MAT Access
 2. Naloxone distribution: Medi-Cal Funding
 3. Presentation and Discussion on Opioid Overdoses in LA
 - April
 1. CalAIM Discussion for Justice Involved and MAT Recipients
 - June
 1. Discussion on Preliminary Findings