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Ventura County
Grand Jury

**Response to Grand Jury Report
(FY2017-18)**

Report Title: The Opioid Crisis in Ventura County

Report Date: June 1, 2018

Response by: Johnson Gill **Title:** Director, Health Care Agency
Sevet Johnson, PsyD **Title:** Director, Behavioral Health Department

FINDINGS / CONCLUSIONS

- I (we) agree with the findings numbered: FA-01, FA-02, FA-03, FA-04, C-01,
- I (we) disagree wholly or partially with the findings numbered: FA-05, FA-06, FA-07, FA-08, C-02, C-03, C-04, C-05
(Attach a statement specifying any portions of the findings that are disputed; include an explanation of the reasons therefore.)

RECOMMENDATIONS

- Recommendations numbered R-02, R-04, R-05 have been implemented.
(Attach a summary describing the implemented actions.)
- Recommendations numbered N/A have not yet been implemented, but will be implemented in the future.
(Attach a timeframe for the implementation.)
- Recommendations numbered N/A require further analysis.
(Attach an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.)
- Recommendations numbered R-01, R-03, will not be implemented because they are not warranted or are not reasonable.
(Attach an explanation.)

Date: July 25, 2018

Johnson Gill
Health Care Agency Director

Signed: 

Date: July 25, 2018

Sevet Johnson, PsyD
Behavioral Health Department Director

Signed: 

Number of pages attached: 6

**The Opioid Crisis in Ventura County
Ventura County 2017 – 2018 Grand Jury Final Report
Responses from Ventura County Behavioral Health**

Summary:

Points of Clarification:

- **Division Name:** Regarding the acronym, VCBH ADP, "ADP" stands for "Alcohol and Drug Programs." The word "Prevention" is not part of the Division name.
- VCBH ADP was not "tasked" by any entity to address the opioid crisis, rather the Department took on the responsibility to come forward to lead the charge and coordinate efforts as the crisis began to impact the County in 2012. To that end, VCBH ADP has advocated an all hands-on deck approach with partners and stakeholders.

Facts (Findings):

- FA-01: Agree
- FA-02: Agree
- FA-03: Agree
- FA-04: Agree
- FA-05: Partially disagree
 - Although the Narcotics Treatment Programs have no assigned County staff on-site and services are delivered entirely by contractors the VCBH Division Chief, an ADP Program Administrator, VCBH Contract Administration and VCBH Utilization Review staff provide daily contractual and clinical oversight activities and communicate regularly with these providers to ensure contractual and clinical compliance occur.
- FA-06: Partially disagree
 - VCBH collects and submits data to only one State-level organization, the California Department of Health Care Services (DHCS), through two different systems. Billing claims for Drug Medi-Cal services are submitted to the DHCS Information Technology Web Services (ITWS) system. Client-level treatment admission and discharge information is submitted to DHCS through the California Outcomes Measurement System Treatment (CalOMS Tx) system. CalOMS Tx is a statewide client-level data collection and outcomes measurement system. All publicly or privately funded drug treatment programs licensed by the State are required to submit CalOMS data to DHCS
- FA-07: Partially disagree
 - Although the VCBH has an internal data collection system through the Avatar electronic medical records product, ADP does not collect information on "*days in hospital and/or*

jaif or "levels of impairment at the time of intake compared to levels at the time of release." VCBH ADP does, however, collect information on "types and times of service" through Avatar.

- FA-08: Partially disagree
 - Different terms and definitions are used depending on the audience and the context of use. The term "oploid" has come to be recognized as encompassing all natural and synthetic drugs in this category, including morphine, prescription opioids and heroin. For example, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) refers to Opioid Use Disorder to include any of the drugs in this class. To be consistent with recent federal publications, VCBH has taken steps to more clearly state that use of the term "opioids" generally includes prescription painkillers, fentanyl and heroin.

Conclusions:

- C-01: Agree
- C-02: Partially disagree
 - The conclusion that "a disproportionate amount of budget resources" is allocated to treatment programs is not substantiated and appears to be inaccurate. VCBH ADP is obligated to meet local needs using categorical funding. Drug Medi-Cal funds cannot be used for Prevention, and they are paid to the County based on claims for treatment services; whereas Substance Abuse Prevention and Treatment Block Grant (SABG) funds can and are used as the "payor of last resort" for treatment services. While DHCS requires that Counties allocate a minimum of 20% of SABG funds to Prevention, VCBH ADP typically allocates double the minimum requirements to adequately meet community needs as indicated on annual cost reports.
 - VCBH strongly disagrees with the assertion that "Prevention program efforts primarily focus on marijuana and alcohol abuse, with minimal attention to oploid abuse." Among the first documents provided to the Grand Jury was the Strategic Prevention Plan, 2017-2022 (<http://venturacountylimits.org/en/resources/article/A8CB69/strategic-prevention-plan>), which outlines the needs and priorities based on local data. Since 2009, addressing Prescription (Rx) Abuse and Heroin problems has been a top priority for the Department. In fact, over the last four years VCBH has been involved in more events, conferences and training sessions related to the oploid crisis than alcohol or marijuana (see list, attachments). Recent events include co-sponsorship of the Gold Coast Opioid Policy Summit with a local Assemblymember in May of 2017 and the VCBH Opioid Solutions Summit with a U.S. Representative in August 2017. These events are just two of the public awareness and professional development opportunities for local medical professionals, law enforcement and others the Department has produced. Moreover, VCBH has organized and hosted dozens of local training and education events over the last several years, such as Conejo Community Forums on the oploid crisis, and parent

education events in Simi Valley and Camarillo (in collaboration with the Ventura County Sheriff's Office and the Ventura County Office of Education (see examples of event flyers, events).

- C-03: Partially disagree
 - The Department of Health Care Services is responsible for carrying out applicable statutory and regulatory requirements for licensure and compliance monitoring of all public and private Narcotic Treatment Programs (NTPs) in the State of California. The Department of Health Care Services is also responsible for setting the rates in which NTPs are reimbursed for these services, not the County. As such, the statement that "for-profit entities generally have fewer cost-control incentives" while true, is not applicable in this case because NTP entities are paid the same for contracted Medi-Cal services regardless of their for-profit or non-profit status. A Request for Information (RFI) may be indicated in the new fiscal year as the County aim to expand treatment services, however, the County reserves the right to contract with the most qualified provider(s) – non-profit or other.

- C-04: Partially disagree
 - VCBH collects and submits client-level treatment admission and discharge information through the DHCS CalOMS Tx system and billing information through the DHCS Information Technology Web Services system. While reports generated through these systems are used to facilitate the improvement of service delivery, these systems are administrative databases, which alone, do not adequately capture the information needed to establish benchmarks for clinical or program-level success. In addition to using the reports generated by these systems, VCBH uses information captured through the Avatar system to regularly monitor and evaluate client and program-level activities using clinical service data, quality improvement/quality assurances measures and utilization review/utilization management measures. These activities will continue to be done in consort as new multi-level benchmarks are developed to better ascertain client and program-level success/areas for improvement.

- C-05: Partially disagree
 - Per the National Institute on Drug Abuse, opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers such as oxycodone, hydrocodone, codeine and morphine. To be consistent with recent federal publications, VCBH has taken steps to more clearly state that use of the term "opioids" generally includes prescription painkillers, fentanyl and heroin. Although medical professionals including the Medical Examiner's office may use more precise pharmacologic or medical terms to refer to drugs implicated in a death, these distinctions do not alter the commonly used term opioid.

Recommendations

- R-01: "The recommendation will not be implemented because it is not warranted or is not reasonable."
 - VCBH ADP is obligated to meet local needs using categorical funding. Drug Medi-Cal funds cannot be used for Prevention activities, and are paid to the County based on claims for treatment services. While DHCS requires that Counties allocate a minimum of 20% of SABG funds to Prevention, VCBH ADP typically allocates double the minimum requirements to adequately meet community needs as indicated on annual cost reports. As with all government run health entities, the primary function of the Health Care Agency is to serve the County's safety net population through its various divisions and departments. The core function of VCBH ADP is to provide high-quality substance use treatment services to Medi-Cal and other low-income and disabled Ventura County residents. As the ADP Division implements the Drug Medi-Cal Organized Delivery System portion of the 1115 Medicaid Waiver beginning in December 2018, and as the entire VCBH Department transitions to a managed care structure by 2020, ADP will be responsible for expanding treatment services through a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services. This new system "provides more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced based practices in substance abuse treatment, and coordinates with other systems of care" including ambulatory care providers who can bill Medi-Cal for early intervention services¹. Early intervention services are a component of the Substance Abuse and Mental Health Administration's Strategic Prevention Framework which is used by various health care entities and is not limited to behavioral health programs. To that end, VCBH has increased the focus and expenditure of funds on opioid-related prevention efforts. Program and contracted services have significantly increased in the last three years. When additional resources are made available through Federal, State and local funding, they will be strategically applied to continue leveraging the opioid-related prevention efforts that are already underway.

- R-02: "The recommendation has been implemented."
 - The quantity and quality of opioid abuse messaging and prevention efforts has been strong, and has grown more robust over time as evidenced by the VCBH venturacountylimits.org website, which has featured prescription drug efforts since 2011.

 - On February 22, 2018, VCBH ADP went "live" with the new venturacountyresponds.org website which provides easy access to information that can be used by medical professionals, educators, parents, caregivers, volunteers and others, to educate others

¹"Drug Medi-Cal Organized Delivery System." dhcs.ca.gov. California Department of Health Care Services, 2018. Accessed May 9, 2018.

about risks. On April 17, 2018, in a presentation before the Board of Supervisors, the new website and resources were publicly launched, as part of a multi-agency presentation. These online efforts supplement the existing, ongoing prevention efforts which include direct mailing of safe prescriber and training information to local physicians, pharmacists, and other prescribers, safe and secure medication disposal messaging in collaborations with the Ventura County Sheriff's Office, and messaging and prevention efforts directed at youth and young adults through social media campaigns and direct efforts of contractors such as Project SAFER, Straight Up Ventura County, and VCOE's Friday Night Live Mentoring program and high school pilot programs.

- R-03: "The recommendation will not be implemented because it is not warranted or is not reasonable."
 - VCBH evaluates the cost effectiveness of all programs to determine whether service needs will be provided by County staff versus contracting for the service. Pro forma financial statements are prepared to evaluate programs as needed. VCBH complies with the County of Ventura procurement policy for vendor selection. If the prospective service exceeds \$35,001, a sealed bid or RFP is required for services. However, medical services are an exception to bidding requirements. Substance use disorder treatment services are considered medical services, so VCBH has the authority to select the appropriate provider. The contractor's for-profit or non-profit status is not applicable, as the rates paid to the treatment providers are set by DHCS. Providers are paid a DHCS-set rate for each Narcotic Treatment Program service delivered. Therefore, whether the entity is a non-profit or for-profit, they are paid a pre-determined rate.

- R-04: "The recommendation has been implemented."
 - It must be noted that aside from Narcotic Treatment Programs, agencies delivering substance use disorder treatment services are designated by level of care (e.g. outpatient or residential treatment) not by substance. Clients with an opioid use disorder receive treatment services and participate in clinical activities at agencies that serve individuals with all types of substance use disorders. Further, the standardized client-level treatment admission and discharge data and billing submitted to the State, are delineated by agency and level of care, not primary substance of abuse. The standardized reports generated by these systems are used to facilitate the improvement of substance use disorder treatment service delivery. In preparation for the launch of the Drug Medi-Cal Organized Delivery System on December 1, 2018, VCBH developed a Quality Improvement plan that describes how the information captured through the Avatar system is used internally to regularly monitor and evaluate client and program-level activities using clinical service data, quality improvement/quality assurance measures and utilization review/utilization management measures.

 - Within Prevention Services, there are several standardized reports, including the Overdose Prevention Program monthly report, which documents the number of high-risk persons engaged and trained in overdose response. This project began in 2014 under

the Rx Abuse & Heroin Workgroup as an effort to reduce the risk of fatal overdose by educating family members, friends and loved ones of opioid-involved persons and providing the overdose reversal drug Naloxone.

- VCBH ADP Prevention also submits data to DHCS, via the SUD Primary Prevention Data Collection and Reporting Service (PPSDS). This system, introduced by the State in 2017, replaces the system known as “CalOMS Prevention” for all counties and was designed around SAHMSA’s Strategic Prevention Framework structure, to help communities:
 - Identify local prevention needs;
 - Establish local priorities;
 - Identify ways to continuously improve services;
 - Increase provider, county and state collaboration; and
 - Report activity and outcome data for funded efforts.

The PPSDS system (formerly CalOMS Pv) is now used monthly to collect and report primary prevention program data about efforts funded by the federal Substance Abuse Prevention and Treatment Block Grant. The system links service/activity data to objectives, and tracks progress made toward meeting county-established goals and objectives, including opioid prevention efforts.

- Demonstrate cost effectiveness of services
 - Identify ways to continuously improve services
 - Identify effective practices
 - Increase provider, county and state collaboration
- R-05: “The recommendation has been implemented”
 - As previously stated, per the National Institute on Drug Abuse, opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers such as oxycodone, hydrocodone, codeine and morphine. The specific terms used often depend on the audience or context of use. Although medical professionals including the Medical Examiner’s office may use more precise pharmacologic or medical terms to refer to drugs implicated in a death, these distinctions do not alter the commonly used term opioid. On May 17, 2018, with the support of County partners, VCBH released new pamphlets for use by the Health Care Agency for countywide public messaging which clearly state that the use of the term “opioids” generally includes prescription painkillers, fentanyl and heroin.