



Health Care Agency Mental Health and Recovery Services Policies and Procedures	Section Name:	Care and Treatment
	Sub Section:	Miscellaneous
	Section Number:	01.07.06
	Policy Status:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised

SIGNATURE	DATE APPROVED
Director of Operations Mental Health and Recovery Services <u>Signature on File</u>	 <u>12/28/2023</u>

SUBJECT: Medications for Addiction Treatment (MAT) Services Requirements for County Substance Use Disorder (SUD) Recovery or Treatment Facilities

PURPOSE:

To describe the County operated licensed and/ or certified Substance Use Disorder (SUD) recovery or treatment facilities’ process for offering Medications for Addiction Treatment (MAT) services directly to clients and maintaining an effective referral process in order to ensure timely access to all forms of MAT.

POLICY:

Orange County Health Care Agency (OCHCA) County operated licensed and/or certified SUD recovery or treatment facilities will comply with the provisions of Senate Bill (SB) 184 and the Health and Safety Code (HSC) Sections 1832.9 and 11834.28 as follows:

- Offer MAT services directly to clients or have an effective referral process in place with Narcotic Treatment Programs (NTP), community health centers, or other MAT providers such that patients have access to all FDA-approved medications for SUDs.
- An effective referral process shall include an established relationship with a MAT provider(s) and transportation to appointments for MAT. Providing contact information for a MAT provider does not meet the requirement of an effective referral.
- SUD recovery or treatment facilities shall implement and adhere to this County MAT policy, which includes all of the following:
 - (1) Explain how a client receives information about the benefits and risks of MAT.
 - (2) Describe the availability of MAT at the program, if applicable, or the referral process for MAT.
 - (3) Identify an evidence-based assessment for determining a client’s MAT needs.
 - (4) Address administration, storage, and disposal of MAT, if applicable.
 - (5) Outline training for staff about the benefits and risks of MAT.
 - (6) Outline training for staff on the MAT policy.

SCOPE:

The provisions of this policy are applicable to all County operated licensed and/or certified SUD recovery or treatment facilities.

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REFERENCES:

[Behavioral Health Information Notice No. 23-054 – Medications for Addiction Treatment \(MAT\) Services Requirements for Licensed and/or Certified Substance Use Disorder \(SUD\) Recovery or Treatment Facilities](#)

Senate Bill 184 Health and Safety Code §§ 11832.9 and 11834.28

[07.03.04 MHRS Policies and Procedures: Outpatient Clinic Medication Rooms – Receipt, Storage, Administration, Disposal and Accountability of Medication](#)

FORMS:

(Forms are available from the SUD Clinic Service Chief or the SUD Health Services Manager)

Initial Buprenorphine Referral Checklist

Buprenorphine, Buprenorphine/Naloxone Consent for Treatment

Psychiatric/General Medication Consent

Buprenorphine Treatment Agreement

PROCEDURE:

- I. All clients shall receive information about the benefits and risks of MAT as outlined on HSC Section 11832.9(c)(1); HSC Section 11834.28(c)(1).
 - A. The risks, benefits and alternatives of MAT shall be discussed by the prescribing provider at the first medication services appointment. This information shall be presented both by verbal discussion and on a Medication Consent Form that is reviewed and signed by the provider and the client. Details shall include common side effects, risks of combining the medication with other substances and documentation of alternative options for treatment. Information shall be specific to each type of medication prescribed for treatment of a SUD.
 - B. For those clients who initially decline MAT services, licensed counselors and clinicians shall revisit the availability of MAT services throughout the duration of care for a client enrolled in services at MHRS-SUD. A client can be referred or re-referred to the MAT prescribing provider at any time during care for assessment for MAT.
 - C. All clinical staff, including Licensed Practitioners of the Healing Arts (LPHAs), Alcohol and Other Drug (AOD) Counselors, and Registered Nurses (RNs), shall be enabled to discuss the availability of MAT with clients whose substance use (opioids and alcohol) may be appropriate for MAT. A summary of MAT program parameters (including standard frequency of visits and urine testing) is listed on the Initial Buprenorphine Referral Checklist and shall be reviewed with all clients

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who may be interested in MAT for Opioid Use Disorder (OUD). However, details on the clinical mechanism of action, side effects and the risks, benefits and alternatives for use of MAT are reserved for direct discussion between the prescribing provider and the client.

- D. The risks, benefits, and alternatives for the use of MAT shall be discussed in detail on the Medication Consent Form and for clients on buprenorphine, on the Buprenorphine Treatment Agreement
- E. Documentation of MAT services shall include:
 - 1. Medication Consent, signed by both the prescribing provider and the client.
 - 2. Buprenorphine Treatment Agreement signed by both the prescribing provider and the client (for clients prescribed buprenorphine).
 - 3. Initial Biopsychosocial Assessment completed by the prescribing provider.
 - 4. Medication Services MD/NP Progress Notes completed by the prescribing provider.
 - 5. Medication Services RN Progress Notes completed by an SUD/MAT Registered Nurse.
 - 6. Drug Testing Result Forms performed by an LPHA, AOD Counselor or Community Worker.
 - 7. Assessment based on American Society of Addiction Medicine (ASAM) criteria completed by LPHA or AOD Counselor.
 - 8. Progress notes, documented by LPHA or AOD Counselor.
- II. Access to MAT services shall be available at all MHRS-SUD treatment programs during normal business hours—either directly onsite or via telehealth.
 - A. For those clients presenting during normal business hours:
 - 1. Eligibility requirements shall include: Individuals with an Opioid Use Disorder (OUD) or Alcohol Use Disorder (AUD), including Medi-Cal beneficiaries, individuals enrolled in a specialized Court (Drug/DUI Court) or Social Service associated (Perinatal) program and unfunded individuals without access to a Health Plan.
 - 2. All FDA-approved medications shall be available, except for methadone which is available through contracted Narcotic Treatment Programs (NTP) and is discussed in section II B of this document. Long acting injectable forms of buprenorphine and naltrexone are administered by MHRS medical

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staff at MAT clinics. All other forms of oral medications (buprenorphine, naltrexone, acamprosate, disulfiram) are sent via secure electronic prescription to a pharmacy and are obtained directly by the client at that receiving pharmacy. Emergency use naloxone nasal spray kits are available for either direct distribution on-site at each clinic location or through electronic prescription as outlined above for other MAT medications.

3. Initial assessment appointments for MAT shall be offered within 48 hours of the client presenting for services, either through an MHRS-SUD program or through an appropriate referral to another MAT program available in the community. Existing clients shall be scheduled for MAT follow-up appointments with the prescribing provider on a timeline that is clinically appropriate for their course of treatment. These timelines shall be client specific and determined by the prescribing provider and are typically every 1-2 weeks for clients who are early in treatment and averaging 4 weeks or longer as appropriate for stable clients who are well-established in care.

B. For those clients needing MAT services outside of normal business hours:

1. If a client cannot be seen for MAT services within 48 hours at an MHRS-SUD program, the client shall receive a referral and warm handoff to one of the County contracted Narcotic Treatment Programs (NTP). If for any reason, the client is not able to be seen by one of the NTPs, a referral shall be given to the client for one of the hospitals that participates in the California ED Bridge Program for MAT medication.

- a) The County has five NTP locations in Orange County across different regions. The locations are: Costa Mesa, Fullerton, Mission Viejo, Santa Ana and Stanton. MHRS has an established relationship with all of the NTP locations and maintains a referral resource list with all of the location's addresses, phone numbers and business hours. MHRS staff shall utilize this referral resource in making a warm handoff directly to these NTP programs.

C. Clients who enter into treatment and are receiving MAT services outside of HCA will be asked to sign an Authorization to Disclose Protected Health Information (PHI) for the purpose of coordination of care. Clients will be able to access SUD treatment at a county SUD program while remaining on their MAT medication prescribed from an outside HCA provider.

D. Transportation assistance shall be made available for clients who need help in getting to and from their MAT appointments.

III. The following evidence-based assessments shall be used to determine a client's referral to MAT.

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- A. The following evidence-based assessments for severity, withdrawal and cravings were selected by the MHRS SUD Medical Director and MHRS Program Administrators based on recommendations from DHCS and appropriateness for the treatment programs.
1. The Drug Abuse Screening Test (DAST) consists of 10 “Yes/No” questions related to how much and how often an individual uses substances. This instrument shall be used with all substances, other than alcohol. (Severity)
 2. The Alcohol Use Disorders Identification Test (AUDIT-C) is a screening tool that detects high risk and harmful drinking patterns for alcohol. (Severity)
 3. The Prediction of Alcohol Withdrawal Severity Scale (PAWSS) consists of three parts: (a) The threshold criteria, whether the patient consumed alcohol during the 30 days prior to admission and/or had a positive blood alcohol level on admission, followed by a series of 10 “Yes/No” questions (b) patient interview and (c) clinical evidence, assessing known risk factors for withdrawal. (Alcohol Withdrawal)
 4. The Subjective Opiate Withdrawal Scale (SOWS) is a self-administered scale for rating opioid withdrawal symptoms. (Opioid Withdrawal)
 5. Brief Substance Craving Scale is a self-report instrument that assesses cravings for substances over a 24-hour period. (Cravings for Alcohol and Opioids)
- B. The process for conducting the assessment shall include, at minimum:
1. The evidence-based assessment shall be performed by an LPHA or AOD counselor within twenty-four (24) hours of admission. All clients shall receive the DAST or AUDIT-C to assess for symptom severity which will then indicate if the assessments for cravings and withdrawal also need to be administered.
 2. If the evidence-based assessments indicate that MAT could be beneficial for the client, the client shall be scheduled with the prescribing provider within 48 hours of admission. The prescribing provider shall determine if MAT medications are appropriate and prescribe the medications as clinically indicated and in accordance with any relevant program policies and procedures or guidelines.
- IV. Staff at County SUD treatment facilities shall refer to and follow procedures for administration, storage, and disposal of MAT medications stored onsite at MHRS-SUD programs. See 07.03.04 Outpatient Clinic Medication Rooms – Receipt, Storage, Administration, Disposal and Accountability of Medication Policy & Procedures.

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- V. Training shall be provided to staff about the benefits and risks of MAT. The training shall be specific to all types of MAT medication that are available in the County provider network. The training shall include the pharmacological properties and physiological effects of the opioid drug class, as well as the clinical evidence of the efficacy, safety profiles and treatment outcomes for MAT.
 - A. All new staff shall be required to take the MAT training within the first 90 days of starting their employment with MHRS-SUD.
 - B. MHRS-SUD programs shall receive MAT, overdose prevention education and naloxone training from qualified staff, including physicians, pharmacists and other LPHA, through contracts with the Hazelden Betty Ford Foundation or any other source deemed appropriate by the County to provide trainings on MAT.
 - C. All medical and clinical staff working at an MHRS-SUD program shall be required to take the MAT training. This includes: Physicians (MD/DO), Nurse Practitioners (NP), Registered Nurses (RN), Program Service Chiefs, Clinicians, AOD Counselors, Interns and Community Workers.
 - D. All training records shall be maintained in personnel files at the program location by supervisors and Service Chiefs.

- VI. Training shall also be provided to staff about the MHRS-SUD MAT program structure and referral process—including review of policies and guidelines related to MAT.
 - A. A review of all MHRS MAT program Policies and Procedures and Guidelines shall be performed by the Service Chief at each program with all new staff at the time of hire or transfer into an MHRS-SUD Program within the first 90 days of start date.
 - B. SUD Clinic Service Chiefs shall conduct these trainings.
 - C. The MAT policy shall be reviewed with all medical and clinical staff working at an MHRS-SUD program, including Physicians (MD/DO), Nurse Practitioners (NP), Registered Nurses (RN), Program Service Chiefs, Clinicians, AOD Counselors, Interns and Community Workers.
 - D. All training records shall be maintained in personnel files at the program location by supervisors and Service Chiefs.

- VII. Clients shall never be denied access to services at MHRS for participating in MAT services and shall be permitted to use their preferred MAT medication if the prescribing provider and the client determine the medication is clinically beneficial.
 - A. Client access to MHRS programs shall not be denied because of a client's use of MAT medications for the treatment of SUD.

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- B. Clients shall not be required to change MAT medications in order to receive treatment services.
 - C. Clients who wish to continue to receive their preferred MAT medications shall be supported, if the prescribing prescriber and the client determine the medication is clinically beneficial.
 - D. Clients shall not be compelled to taper, discontinue, decrease dosage, or abstain from medications provided as part of MAT or as a condition of entering or remaining in treatment in any MHRS program.
 - E. Clients shall not be denied access to MAT regardless of their choice to participate in all services offered by an MHRS program.
 - F. Clients shall not be denied access to MAT when clinically appropriate, based on their substance use or misuse.
- VIII. Procedures for clients to access Narcotic Treatment Program (NTP) medications for opioid use disorder (MOUD), including methadone.
- A. Methadone is provided by the County's contracted Narcotic Treatment Programs (NTPs).
 - B. If a client requests methadone for MAT, or the prescribing provider at an MHRS program deems methadone is the best course of treatment, the client shall be referred to one of the NTP providers in Orange County by receiving a warm handoff and ensuring any transportation needs are addressed. Once at the NTP provider, the client shall be assessed for methadone as an option for MAT. The client shall receive information on the effectiveness and associated risks and benefits regarding methadone.
 - C. Orange County MHRS-SUD offers NTP services at five service locations in Orange County.
 - 1. County operated SUD programs shall coordinate care with NTP providers and shall maintain procedures to ensure the following is met.
 - a) Protocol for timely access to methadone / MAT as described above.
 - b) A plan for transportation.
 - c) A plan for safe storage of MAT medications.
 - d) A plan for submitting requests for exceptions to take-home limits, if needed.
 - e) Protocols for continuation of MAT.

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- f) Process for confirming follow-up appointments scheduled prior to discharge from the SUD facility with transportation arranged and sufficient medication available to bridge the care transition until the scheduled follow-up appointment.

IX. Procedures for clients to access buprenorphine:

- A. Clients shall be scheduled with the prescribing provider for an in-person assessment face-to-face or via telehealth.
- B. The prescribing provider shall review and complete the SUD Biopsychosocial, the Buprenorphine Treatment Agreement, the Medication Consent and order baseline labs as appropriate.
- C. Access to naloxone and overdose prevention education shall be provided to the client.
- D. For long-acting injectable buprenorphine, medication shall be delivered to the clinic and administered by the RN.
- E. For oral forms of buprenorphine, the prescribing provider shall send the prescription electronically to a pharmacy for direct pick-up by the client. Inductions of buprenorphine may be performed in-office or with detailed home instructions provided by the prescriber.
- F. Follow-up appointments shall be scheduled with the client on timelines that are clinically appropriate.
- G. Transportation resources shall be provided for clients as needed.