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SAPC INFORMATION NOTICE 24-03

July 1, 2024

TO: Substance Use Disorder
Contracted Treatment Provider Agencies

FROM: Gary Tsai, M.D., Bureau Director #7
Substance Abuse Prevention and Control Bureau

SUBJECT: **Withdrawal Management Standards in the SAPC Treatment Network**

Background

The County of Los Angeles Department of Public Health, Bureau of Substance Abuse Prevention and Control (DPH-SAPC) is issuing Information Notice 24-03 to clarify treatment standards for Withdrawal Management (WM) services within the specialty substance use disorder (SUD) treatment network. This applies to the following California Department of Health Care Services (DHCS) designated levels of care as defined by the American Society of Addiction Medicine (ASAM) Criteria 3rd Edition: 1-WM, 2-WM, 3.2-WM, 3.7-WM, and 4-WM.

Medication services are a core component of withdrawal management, whether initiated as maintenance treatment or for the time-limited management of acute withdrawal or intoxication syndromes. DPH-SAPC requires that patients have access to medication services at every level of care, in accordance with State requirements and the most current version of the Provider Manual, DPH-SAPC Information Notice 24-01, and all applicable subsequently issued DPH-SAPC Information Notices describing medication service standards.

Purpose

Withdrawal Management is an integral part of DPH-SAPC's specialty SUD treatment network and aims to minimize the health risks associated with withdrawal and intoxication while also serving as an important gateway to treatment at other levels of care. DPH-SAPC's Withdrawal Management providers must: (1) ensure patients have access to appropriate medications for the management of opioid, alcohol, and sedative withdrawal when receiving treatment in SAPC withdrawal management levels of care; (2) follow appropriate clinical criteria to guide admission decisions and ensure appropriate utilization of residential and inpatient withdrawal management beds for patients who require medications to manage opioid, alcohol and/or sedative withdrawal syndrome(s); and (3) follow appropriate clinical standards for withdrawal management including the provision of medication services, as clinically indicated.

Clinical Standards for Withdrawal Management Require Providing Medication Services

Provider agencies are required to maintain updated policies and procedures that ensure their clients have access to clinically indicated medications to effectively manage opioid, alcohol, AND sedative withdrawal syndromes at withdrawal management levels of care. WM levels of care shall not be focused on only a single withdrawal syndrome and must be capable of offering withdrawal management services for all applicable substances that may be contributing to withdrawal.

Each patient admitted to withdrawal management levels of care shall have a documented plan of care that involves assessment for which clinically effective medication(s) were considered for the patient, offered to the patient, and the monitoring plan for the medications received by the patient in accordance with all existing DPH-SAPC policies governing medication services.

Patients Diagnosed with Opioid Use Disorder

Patients diagnosed with opioid use disorder admitted to withdrawal management levels of care shall be offered maintenance with medications for opioid use disorder in alignment with the latest version of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.¹ The clinical rationale for the maintenance medication(s) offered to the patient shall be documented in the clinical record. If patients are not provided with maintenance medications, the clinical rationale for this decision shall be documented in the clinical record. Plans of care involving buprenorphine treatment for opioid withdrawal involving fentanyl and/or other high potency synthetic opioids shall be in alignment with the latest version of

Applicable Clinical Guidance documents are posted online at <http://www.asam.org/quality-care/clinical-guidelines>

¹ As of the publication of this information notice, the latest version of this guidance is referenced here: *The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. J Addict Med. 2020 Mar/Apr;14(2S Suppl 1):1-91. doi: 10.1097/ADM.0000000000000633. Erratum in: J Addict Med. 2020 May/Jun;14(3):267. doi: 10.1097/ADM.0000000000000683. PMID: 32511106.*

the ASAM clinical considerations guidance addressing *Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-Potency Synthetic Opioids*.²

Patients Diagnosed with Alcohol Withdrawal Syndrome

Patients being treated for alcohol withdrawal syndrome admitted to withdrawal management levels of care shall be treated with clinically effective medications in alignment with the latest version of the ASAM Clinical Practice Guideline on Alcohol Withdrawal Management.³ Initiation of treatment with medications for alcohol use disorder shall occur during the patient's admission in a withdrawal management LOC when clinically appropriate, and clinical rationale for the medication(s) offered to the patient shall be documented in the clinical record.

Patients Diagnosed with Sedative Withdrawal Syndrome

Patients being treated for sedative withdrawal syndrome admitted to withdrawal management levels of care shall be treated with clinically effective medications for sedative withdrawal; these medications include benzodiazepines, barbiturates, and/or anticonvulsants. The clinical rationale for the medication(s) offered to the patient shall be documented in the clinical record.

Patients with Stimulant Intoxication or Withdrawal Syndrome

Patients admitted to withdrawal management levels of care with stimulant intoxication or withdrawal syndromes shall be treated in alignment with the latest version of the ASAM and American Academy of Addiction Psychiatry (AAAP) Clinical Practice Guideline on the Management of Stimulant Use Disorder.⁴ For patients with stimulant intoxication, the clinical rationale for the medication(s) offered to the patient for stimulant intoxication syndrome shall be documented in the clinical record.

Applicable Clinical Guidance documents are posted online at <http://www.asam.org/quality-care/clinical-guidelines>

² As of the publication of this information notice, the latest version of this guidance is referenced here: *ASAM Clinical Considerations: Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-potency Synthetic Opioids*. *J Addict Med*. 2023 Nov-Dec 01;17(6):632-639. doi: 10.1097/ADM.0000000000001202. Epub 2023 Jul 28. PMID: 37934520.

³ As of the publication of this information notice, the latest version of this guidance is referenced here: *The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management*. *J Addict Med*. 2020 May/Jun;14(3S Suppl 1):1-72. doi: 10.1097/ADM.0000000000000668. Erratum in: *J Addict Med*. 2020 Sep/Oct;14(5):e280. doi: 10.1097/ADM.0000000000000731. PMID: 32511109.

⁴ As of the publication of this information notice, the latest version of this guidance is referenced here: *The ASAM/AAAP Clinical Practice Guideline on the Management of Stimulant Use Disorder*. *J Addict Med*. 2024 May-Jun 01;18(1S Suppl 1):1-56. doi: 10.1097/ADM.0000000000001299. PMID: 38669101; PMCID: PMC11105801.

Patients with stimulant withdrawal syndrome may require clinical observation and support. However, given the absence of the necessity for medications in the treatment of stimulant withdrawal, these patients would not warrant admission to a withdrawal management level of care unless medical observation with medication management to treat their clinical symptoms was necessary.

When plans of care including medication treatment(s) depart from the standards outlined within the clinical guidance documents referenced above, the clinical decision making supporting why alternative medication treatments were provided shall be documented in the clinical record. Medication services are a required component of all admissions to a withdrawal management level of care.

Effective Period

This guidance is effective beginning July 1, 2024.

Monitoring/Compliance

DPH-SAPC will monitor contracted treatment provider agency clinical records on a regular basis and follow up with agencies to ensure compliance.

If you have any questions or need additional information, please contact the Contracts and Compliance Division by telephone at (626) 299-4532, or by email at sapcmonitoring@ph.lacounty.gov.

GT:bh