BERNALILLO COUNTY OPIOID ACCOUNTABILITY INITIATIVE
RECOMMENDATIONS as of DECEMBER 2014

PREVENTION IMPLEMENTATION TEAM

What works or would work to "turn the curve" on this problem? **RECOMMENDATIONS FOR ACTION**
• Develop and implement prevention framework for the county using SAMHSA SA Prevention Framework, NMPED "Building State Capacity" plan, with tools for community coalitions, schools, faith-based institutions and workplaces *Lead: Jerry Montoya*
• Expand access to drug counseling services for high school and middle school students including referrals *Lead: Susan McKee*
• Support policies to expand evidence-based early childhoodsupport programs, including home visiting , focusing first on low-income families *Lead: Tracy McDaniel*
• For pain control, promote evidence-based alternatives for Rx opioids *Lead: Michael Pridham*
• Reduce supply of Rx opioid painmedication by increasing access to and usage of Prescription Monitoring Program database AND prescribing guidelines to limit over- prescription of opioids *Lead: Theresa Cruz*

NARCAN IMPLEMENTATION TEAM

What would work to "turn the curve" on this problem? **RECOMMENDATIONS FOR ACTION**
1. Make availability of naloxone normal and universal
• Distribute naloxone to persons being released from MDC and their families ○ Build on existing programs ○ Learn from existing models/pilots ○ Provide training for inmates, families, MDC staff and P&P officers
• Restructure P&P policies to allow for parolees to have naloxone rescue kits while on parole*
• Assure all *police officers* are carrying naloxone and trained in its use
• Support implementation of authorization allowing pharmacists to prescribe naloxone ○ Support development of MCO reimbursement mechanisms for kits and education/consultation ○ Assure naloxone rescue kits are stocked at all pharmacies
• Advocate for all providers to co-prescribe naloxone with opioid pain meds for chronic pain management
• Make naloxone and training available to agencies with outreach programs for injection drug users, treatment centers and methadone clinics
• Make naloxone available at <u>*all*</u> public health offices as walk-in sites ○ Normalize naloxone as service ○ Assure services are user-friendly

TREATMENT IMPLEMENTATION TEAM

What works or would work to "turn the curve" on this problem?
RECOMMENDATIONS FOR ACTION

1. Expand access to MAT

- Increase providers who can prescribe MAT
  - Find incentives for providers
  - Address issues of stigma
  - License mid-level practitioners to prescribe buprenorphine (federal regulation)

- Criminal justice/public safety issues:
  - Continue MAT for MDC inmates already in treatment when incarcerated
  - Offer pre-release MAT to MDC inmates not yet in treatment
- Address issue of drug courts excluding people on MAT

- Expand buprenorphine beyond detox to ongoing maintenance treatment when appropriate (Turquoise Lodge and MATS)
- Assure availability of MAT provider at Turquoise Lodge

- Methadone issues:
  - Address VA lack of provision and payment for methadone
- Address private insurance payment for methadone

- Assure access for uninsured populations, including those not eligible for coverage

- Address BHSD guidelines allowing only psychiatrists to prescribe buprenorphine and no payment for methadone

2. Expand full array of treatment services aligned with ASAM guidelines

- Expand number and capacity of residential and inpatient programs
  - Assure access for uninsured populations, including those not eligible for coverage

- Include wrap-around support services as integral part of treatment services, including assistance finding housing and jobs

- Assure identification and treatment of co-occurring disorders

3. Maximize coverage opportunities for treatment through Medicaid, Centennial Care MCOs and private insurance

- COVERAGE: Work with Medicaid, Centennial Care MCOs and private insurance to provide coverage/ reimbursement for all levels of care, including wrap-around services

- COVERAGE: Duration of coverage for specific levels of intervention should be flexible and tailored to patient needs

- COVERAGE: Eliminate need for diagnosed co-occurring condition as a requirement for Medicaid funding of treatment of alcohol/drug dependency

- ACCESS: Identify and offer enrollment to all persons who are drug users or at risk for opioid use and are eligible for Medicaid, especially persons being released from incarceration and MATS

- ACCESS: Increase number of providers who can/will bill for Medicaid

4. Develop comprehensive, coordinated and sustainable treatment system in Bernalillo County

- Develop a comprehensive inventory and mapping of current treatment services to determine gaps in capacity and levels of care as basis for an effective, coordinated system

- Develop current, consistently updated database of services accessible to providers and community (including eligibility criteria and program capacity)

- Identify opportunities for enhanced linkages among different components of the system

- Propose realignment of resources in the county to support prioritized services in alignment with agreed-upon principles

- Develop shared measurement criteria to allow for evaluation of system linkages and accurate cost reports

- Explore feasibility and appropriately plan for expansion of County DSAP as part of a much-expanded integrated treatment system

- Assure integration of MDC into treatment system linked to community providers/resources

LAW ENFORCEMENT/CRIMINAL JUSTICE IMPLEMENTATION TEAM

What would work to "turn the curve" on this problem? **RECOMMENDATIONS FOR ACTION**
1. Reduce the number of people with substance use disorders who are incarcerated
• Increase programs offering alternatives to incarceration
• Increase capacity of court system to expedite proceedings and reduce time waiting for verdicts and sentencing
• Assemble stakeholders to assess feasibility of LEAD pilot by either APD or County Sheriff's Department
2. Provide effective treatment services for those who are incarcerated and upon release
• For persons already under medication-assisted treatment (MAT) at the time of incarceration, continue methadone and Suboxone during incarceration
• Conduct a pilot for pre-release induction of MAT
• Prior to or upon release, arrange for Medicaid enrollment for those eligible ○ Have suspension category ○ Allow for application prior to discharge ○ Medicaid to pay for court-ordered treatment ○ Have presumptive eligibility available
• Set up linkages between treatment providers and inmates
• Arrange for post-release social services and medical follow-up including MAT, and distribute Narcan
• Make indicated prevention programs available for incarcerated individuals with low-level substance abuse
• Increase amount of discharge prescriptions from 3 days to 30 days