2nd Bernalillo County Opioid Abuse Accountability Summit

County Initiatives, Accomplishments and Proposed Ideas

Prevention Implementation Team

Develop and Implement a Prevention Framework

1. Draft inventory of prevention developed
2. NM Office of Substance Abuse Prevention (OSAP) funding for the county
    a. $250,000 funding for first year of 3 for assessment and planning activities
    b. Prevention programs that focus on prescription opioid abuse, binge drinking and underage drinking
3. County Prevention Services Using Alcohol Excise Tax Funds
    a. Fiscal Year 2015 - $773,000 in funding for prevention in Bernalillo County
    b. Activities include a media campaign (e.g., "Above the Influence"), school prevention presentations, and "Tavern Taxi" free ride home for the intoxicated from restaurants, clubs and bars

Support

Early Childhood / Home Visiting Programs

1. *Preventing adverse childhood experiences* that ultimately prevent negative outcomes including substance abuse for older children and adults
2. Bernalillo County Home Visiting Working Group comprised of 8 organizations with different funding sources – federal, state and foundation
3. Developing a centralized intake for referral to the organizations
4. Creating a social marketing program to increase participation

Prescription Monitoring Program (PMP) and Prescribing Guidelines

1. Repository of data at Board of Pharmacy on all controlled substances prescribed including opioids, getting second influx of funding in two years for upgrades
2. All providers with controlled substance licensure required to be enrolled – 87% are currently enrolled; one fourth are using regularly
3. Board of Pharmacy is sending out alerts for high risk patients
4. System will be expanding to include VA and IHS data
5. Board of Pharmacy will be sending reports on prescribing practices to practitioners

Alternatives to Opioids

1. Exploring ways to make evidence-based alternatives to opioids, such as chiropractic medicine, more readily available and covered adequately by Medicaid
2. Exploring potential for copays for physical medicine to be similar to primary care instead of specialty care

School-based Prevention: Crossroads Program

1. There are currently 7 Crossroads (substance abuse) counselors trying to serve 13 comprehensive APS high schools. Out of necessity, Crossroads program services have to be focused on intervention, mediation and referral once a problem already exists rather than on prevention strategies.
2. Most immediate goal: move funding from "soft monies" to operational budget and employ 13 Crossroads counselors to serve 13 high schools. Later expand with more counselors to middle schools.

2nd Bernalillo County Opioid Abuse Accountability Summit

County Initiatives, Accomplishments and Proposed Ideas

Treatment Implementation Team

Medication Assisted Treatment (MAT)

Types: Methadone – opiate agonist distributed at federally licensed clinics
Buprenorphine (Suboxone or Subutex) – prescribed by physicians with a special DEA waiver; an opiate receptor agonist and antagonist
Vivitrol – 30-day supply of naltrexone injected under the skin – an opiate antagonist that blocks the effect of other opioids

1. Need to increase the number of buprenorphine providers – significant waiting lists are the rule throughout the county.
2. Need all insurers to cover all of these medications without onerous preauthorization processes – *Medicaid disposed of pre-auth for buprenorphine and started coverage for methadone, Vivitrol and Narcan*
    a. Veterans Administration (VA) needs to cover MAT
    b. Commercial insurers need to cover all forms of MAT
    c. All MCOs need to cover Vivitrol
3. See law enforcement /criminal justice page for MDC, parole/probation and other criminal justice MAT issues.

Increase Access and Resources for all Levels of Treatment

1. Need enforcement of Mental Health Parity and Addiction Equity Act to eliminate discrimination by insurers in provision of mental health and substance use disorders compared with medical/surgical disorders – proper use of assessment tools required
2. Ensure all eligible for Medicaid are enrolled, including incarcerated
3. Medicaid to re-institute residential treatment for adults, not just adolescents
4. Allow more than core service agencies to do case management
5. With expansion of eligibility for treatment, incentives and recruitment of providers is necessary, and treatment centers need to be invested in with help from the state including recruitment and tax breaks
6. Wraparound services to be paid for and considered as part of the treatment
7. Assure adequate treatment length and intensity to allow for diagnosis of co-occurring mental disorders

Develop Comprehensive, Coordinated and Sustainable County Treatment System

1. *Behavioral health task force (city/county) recently convened to identify assets including inventory* – this needs to be maintained and updated
2. System for measuring outcomes needs development
3. Collaborations between providers are needed such as between UNM Health Sciences Center and the county Dept. of Substance Abuse and Prevention
4. Financial assets need to be re-aligned to take advantage of tremendous savings for treating people with SUDs – there is a $12 return for every dollar invested in treatment – untreated or inadequately treated SUDs are costing the city, county, insurers, employers and others in excess of $1 billion

2nd Bernalillo County Opioid Abuse Accountability Summit

County Initiatives, Accomplishments and Proposed Ideas

Naloxone Implementation Team

Narcan Distribution in Bernalillo County

1. Through DOH Public Health Division (PHD) offices and contractors – mostly persons who inject drugs: one of the best programs in the country
   *NE and SE Heights offices in ABQ do not distribute Narcan
2. Law enforcement to carry – hugely successful in other states
   a. State Police – *agreement to carry in all squad cars in state*
   b. APD – *initial discussion with Chief Eden who agreed to a pilot*
   c. BCSO – pending because of new leadership 1/1/15
   d. UNM police - pending
   e. Other municipality police in Bernalillo County – pending
   f. Federal through DOJ – DEA, FBI, ATF, ICE, Fed. Marshalls – pending
3. MDC inmates upon discharge – in talks with leadership, and *Health Care for the Homeless Blue Project distributing to some inmates after discharge*
4. Metropolitan Assessment and Treatment Services (MATS) clients upon discharge – in talks with leadership
5. Co-prescribing with opioid pain medication by health care providers to patients at high risk for OD – primarily those on long-term high dose opioids for chronic pain: moving slowly
   **Successful pilot project at UNM Pain Clinic with UNM pharmacy*
   **NM Medical Board sent out email blast statewide encouraging this*

Pharmacist Involvement

1. *Five pharmacies in Bernalillo County are distributing Narcan kits* (2 vials of Narcan, syringe, nasal atomizer and instructions)
2. *Medicaid paying for Narcan* but having some difficulties getting payment to pharmacies by MCOs since price has recently doubled
3. *Pharmacists are now allowed to prescribe Narcan* (Pharmacist's Expanded Prescriptive Authority) – this needs to be increased and encouraged

Amendment to Good Samaritan Law

- Legislation by Drug Policy Alliance to increase the ability for parolees and probationers to administer Narcan without risk of arrest because can be violation for being in presence of drug user (are already allowed to carry Narcan)

Overcoming Obstacles for Distribution Outside PHD Clinics and Contractors

- Need to reduce administrative barriers for the purchase, storage and transfer of Narcan into the hands of frontline responders (e.g., law enforcement, MDC, MATS) – may need legislation, or new regulation promulgation based on models from others states
- Build consumer demand through public education and social marketing

2nd Bernalillo County Opioid Abuse Accountability Summit

County Initiatives, Accomplishments and Proposed Ideas

Law Enforcement / Criminal Justice Implementation Team

Metropolitan Detention Center (MDC)

6. Narcan distributed to opioid-dependent inmates upon discharge
7. *Maintain current methadone maintenance program*
8. Increase treatment opportunities
    a. *Currently have 30-day DWI alcoholism treatment program*
    b. Expand methadone program to opioid addicts on admission
    c. Consider medical detox instead of supervised "cold turkey" detox
    d. Use Vivitrol on discharge for selected opioid addicts (ref: UNM study)
    e. Consider buprenorphine upon admission or induction prior to discharge for selected opioid addicts (discussion of current obstacles)
9. Establish re-entry programs that combat risk factors for recidivism (e.g., lack of medical provider, insurance, income, employment, safe housing, food)
10. Increase opportunities for transition from MDC directly to substance use disorder and mental health treatment, and other providers
11. Eligible inmates signed up for Medicaid upon discharge through Presumptive Eligibility (PE) - 10 MDC personnel are trained to do PE; *program is initiated* but also legislation for signup during incarceration and suspension status
12. Continue to increase supportive housing options for inmates (50-bed program to open soon for homeless with severe mental disorders), including increasing halfway houses (e.g., Oxford Houses) and sober living facilities
13. Write discharge medication prescription for 30 days instead of 3 days supply

Expand and Improve Options for Diversion from Incarceration

4. Drug Courts – not meeting the demand due to lack of funds and judges, and participants mostly receiving "one size fits all" individual and group therapy
   Metro Drug Court – available only to offenders with second DWI for alcohol and no other drugs - 1 in 4 eligible participants actually enter program
   District Drug Court – available to offenders for various infractions addicted to any drug – one shortcoming is no MAT allowed
    a. Expand number of participants in both programs
    b. Expand Metro Court to allow other offenders and other drugs
    c. District Court should allow appropriate participants to be on MAT
    d. Allow appropriate participants to go to more intensive treatment
    e. Leverage Medicaid to pay for treatment of eligible participants
5. Create other opportunities to expand alternatives to incarceration
    a. Increase numbers in community custody program
    b. APD or BCSO consider pre-booking diversion program [similar to Law Enforcement Assisted Diversion (LEAD) program in Seattle & S. Fe]
    c. Other alternatives – such as pre-adjudication low level offenders directly admitted to substance use disorder treatment

Miscellaneous

1. Narcan to all law enforcement (collaborative with Narcan team)
2. Amendments to Good Samaritan Law (legislation)