

# Update on Substance Abuse Treatment Centers in New Mexico

Presentation to
The Legislative Health and Human Services Committee

Wayne W. Lindstrom, Ph.D. Director, Behavioral Health Services Division CEO, Behavioral Health Collaborative



### Over Dose Deaths

- Have become an enormous concern
- Consequences of drug use continue to burden NM
- NM has the 2<sup>nd</sup> highest drug OD death rate in the nation
- NM had made significant gains with OD deaths dropping by 16% from 2011 to 2013
- Total number of drug overdose deaths increased by 19% from 2013 to 2014
- Unintentional OD deaths increased by 24%



### Substance Use Disorders (SUD)

- Are associated with other societal problems including:
  - Crime
  - Violence, including domestic violence
  - Homelessness
  - Poverty
  - Loss of productivity, and
  - Spread of blood-borne disease
    - HIV
    - Hepatitis



# Unintentional Drug OD

- Largest subset of total OD death, accounts for 80-85% of NM
   OD deaths
- Balance of OD death is suicide, or intentional self-poisoning, accounts for 10-15% of NM OD deaths
- Poisoning has been the leading NM cause of unintentional injury since 2007, surpassing motor vehicle crash deaths



### OD Death Rates

- OD deaths & unintentional OD deaths among men are 1.6 times that of women
- However, in NM from 2000-2014, OD death rate among women increased by 238% (men – 52%)
- OD deaths from prescription drugs was more common than from illicit drugs across all age ranges
- Illicit drugs are the predominant drug type causing death among males across age ranges, & rates are highest among males ages 25-54
- The highest OD death rate is among Hispanic males, followed by White males



# Drugs Associated with Unintentional OD Deaths:

- Prescription opioids (i.e., methadone, oxycodone, morphine) 49%
- Heroin 29%
- Tranquilizers/muscle relaxants 28%
- Antidepressants 21%
- Cocaine 19%, and
- Methamphetamine 9%
- Most OD deaths involve multiple drugs, including alcohol –
   57% estimated in 2014



### NM Counties' OD Death Rate

- Rio Arriba County has the highest OD death rate in the state
- Bernalillo County continues to bear the highest burden of OD death in terms of total numbers of deaths
- Almost half of all NM counties have total OD death rates more than twice the U.S. rate
- Santa Fe County has experienced the opposite trend:
  - All OD deaths dropped by 8% from 2013 to 2014 while the NM rate increased by 16%
  - Unintentional OD deaths decreased by 16% while NM rate increased by 24%



#### Alcohol-Related Death Rate

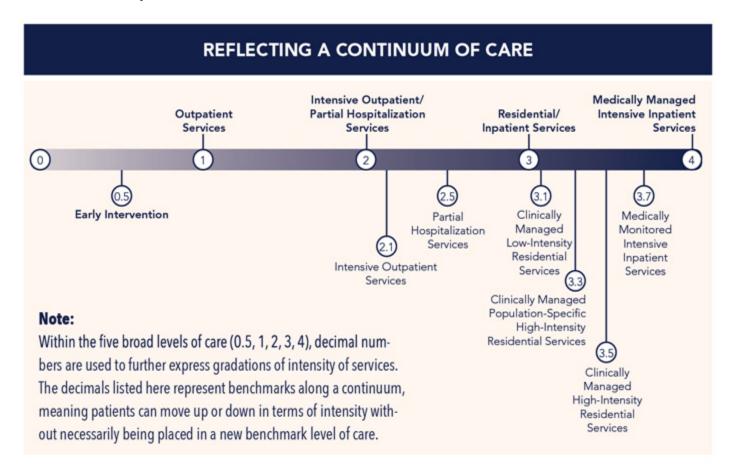
- NM's rate is more than twice the national rate
- NM has ranked 1st, 2nd, or 3rd in the U.S. since 1981; and 1st for the period 1997 through 2010
- The negative consequences of excessive alcohol use are not limited to death, but also include:
  - Domestic violence
  - Crime
  - Poverty
  - Unemployment
  - Chronic liver disease
  - Motor vehicle crashes and other injuries, and
  - A variety of other medical problems.
- Nationally, 1 in 10 deaths among working age adults (age 20-64) is attributable to alcohol. In NM this ratio is of 1 in 6 deaths



### NM Counties' Alcohol-related Deaths

- Rio Arriba & McKinley counties have highest rates of alcoholrelated death, with rates more than twice the state rate & almost 4 times the national rate
- Several other counties (Cibola, San Miguel, San Juan, & Taos)
  have a substantial burden (20 or more alcohol-related deaths
  per year) & rates more than twice the U.S. rate.
- High rates among Native American males & females drive the rates in McKinley, Cibola, & San Juan counties;
- Rio Arriba has highest rates among both Hispanic & Native American males and females
- Deaths among Hispanic males drive the high rates in San Miguel and Taos counties





### AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential  Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications  Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications  Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment  Exploring an individual's recovery or living situation, and the surrounding people, places, and things



### > Early Intervention - ASAM Level .05

- For Adults and Adolescents, this Level of Care (LOC) constitutes a service for individuals who, for a known reason, are at risk of developing substance-related problems, or
- A service for those for whom there is not yet sufficient information to document a diagnosable substance use disorder
- Screening, assessment, and referral, such as SBIRT, is such a service
- Appropriate in primary care & other health settings, online, BH-related courts, etc.



# Outpatient Services – ASAM Level 1

- For adolescents & adults, this level of care typically consists of less than 9 hours of service/week for adults, or less than 6 hours a week for adolescents
- For recovery or motivational enhancement therapies & strategies
- Encompasses a set of organized services that may be delivered in a wide variety of settings
- Services may include individual, family, & group therapies, as well as, Medication Assisted Treatment (MAT)
- Services may be delivered in private practices, CMHCs, FQHCs,
   & other health care related settings



## ➤ Intensive Outpatient Services – ASAM Level 2.1

- For adolescents & adults, this level of care typically consists of 9 or more hours of service a week or 6 or more hours for adults and adolescents respectively to treat multidimensional instability
- It encompasses services that are capable of meeting the complex needs of people with addiction & co-occurring conditions
- It is an organized outpatient service that delivers treatment services during the day, before or after work or school, in the evening, &/or on weekends
- In NM, IOP requires HSD certification to be Medicaid reimbursable



# Partial Hospitalization Services – ASAM Level 2.5

- For adolescents & adults, this level of care typically provides
   20 or more hours of service a week for multidimensional instability that does not require 24-hour care
- It encompasses services that are capable of meeting the complex needs of people with addiction & co-occurring conditions
- It is an organized outpatient service that delivers treatment services usually during the day as day treatment or partial hospitalization services
- This is not a covered NM Medicaid benefit



# Clinically Managed Low-Intensity Residential Services ASAM Level 3.1

- This adolescent & adult level of care typically provides a 24 hour living support & structure with available trained personnel, & offers at least 5 hours of clinical service a week
- It encompasses residential services that are described as cooccurring capable, co-occurring enhanced, and complexity capable services
- Staffed by designated addiction treatment, mental health, & general medical personnel who provide a range of services in a 24-hour living support setting.



# Clinically Managed Population-Specific High-Intensity Residential Services – ASAM Level 3.3

- This adult only LOC typically offers 24-hour care with trained counselors to stabilize multidimensional imminent danger along with less intense milieu & group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
- It encompasses residential services that are described as cooccurring capable, co-occurring enhanced, & complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting



# Clinically Managed Medium-Intensity Residential Services ASAM Level 3.5

- For adolescents & Clinically Managed High-Intensity Residential Services for adults, this level of care provides 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment.
- Patients in this level are able to tolerate & use full active milieu or therapeutic communities.
- It encompasses residential services that are described as cooccurring capable, co-occurring enhanced, & complexity capable services
- Staffed by designated addiction treatment, mental health, & general medical personnel who provide a range of services in a 24-hour treatment setting



- Medically Monitored Intensive Inpatient Services ASAM Level 3.7
  - This LOC appears to be limited to specialized Opioid Treatment Programs



# Medically Managed Intensive Inpatient – ASAM Level 4

- Services for adolescents & adults, this LOC offers 24-hour nursing care & daily physician care for severe, unstable problems in ASAM Dimensions:
  - 1- Acute Intoxication &/or Withdrawal Symptoms
  - 2- Biomedical Conditions & Complications or
  - 3- Emotional, Behavioral, or Cognitive Conditions
- Counseling is available to engage patients in treatment



### Detox Programs

- Social detox 4
- Medical detox- 8
- Acupuncture detox-3
- Methadone-7
- Hospital/Medical Centers-33
- Residential -10 (including 8 identified as medical)



### Detox Services Locations

- Social detox –4 (Albuquerque-1, Santa Fe-2, Farmington-1, Gallup-1)
- Medical detox- 8 (Albuquerque-4, Santa fe-1, Las Cruces-2, Gallup-1
- Acupuncture detox- 3 (Albuquerque-1, Las Cruces -2)
- Methadone-7
- Hospital/Medical centers-33
- Residential -10 (including 8 identified as medical)
   (Albuquerque-4, Santa Fe-1, Taos-2, Las Cruces-2, Gallup-1)



# Inpatient Treatment Center Locations

- Albuquerque-2,
- Taos-2,
- Santa Fe -1,
- Espanola -1,
- Gallup -1,
- Carlsbad -1,
- Farmington- 1(Adolescent Only),
- Las Cruces- 1,
- Roswell -1,
- Santa Clara -1,
- Ohkay Owingeh -1



## Medication Assisted Treatment (MAT)

- Methadone Treatment
  - It lessens painful symptoms of opiate withdrawal & blocks euphoric effects of opiate drugs
  - Comes in pill, liquid, & wafer forms & is taken once a day
  - 13 clinics (3 additional approved for 2016)
  - Locations:
    - Albuquerque 8 (1pending)
    - Alcalde 0 (1 pending)
    - Belen 1
    - Farmington 1
    - Las Cruces 1
    - Roswell 1
    - Rio Rancho 0 (1 pending)
    - Santa Fe 1



### Medication Assisted Treatment

- Suboxone (Buprenorphine)
  - 1<sup>st</sup> medication for opioid treatment prescribed or dispensed in physician offices
  - Increases treatment access
  - Lowers the potential for misuse
  - Diminishes withdrawal symptoms & cravings
  - Prescribed as part of a treatment plan that includes counseling & social support
  - 128 certified prescribers
  - 30 to be verified

#### **Locations:**

- Abiquiu 1
- Albuquerque 58
- Bernalillo 1
- Carlsbad 2
- Crownpoint 1
- Dulce 1
- Espanola 3
- Farmington 2
- Gallup 1
- Las Cruces 5
- Las Vegas 3
- Pecos -2
- Questa 1
- Santa Fe 10
- Silver City 1
- Socorro 1
- Taos 1

MAT



# Naloxone (also known as Narcan®)

- An "opioid antagonist" used to counter the effects of opioid
   OD, for example morphine & heroin overdose
- Used in opioid ODs to counteract life-threatening depression of the central nervous system & respiratory system, allowing an OD victim to breathe normally
- Naloxone is a nonscheduled (i.e., non-addictive), prescription medication
- Naloxone only works if a person has opioids in their system; it has no effect if opioids are absent
- It can be administered by minimally trained laypeople
- Naloxone has no potential for abuse



# Naloxone Initiatives (2014)

- DOH has trained & enrolled 1700 into use of Naloxone kits
- DOH distributed 5,874 doses, a 55% increase
- Pharmacists are now prescribing
- 10% of pharmacies are dispensing kits
- 900 OD reversals, a 20% increase



# Intensive Out Patient Programs (IOP)

- 19 Medicaid-approved adult IOPs (4 pending)
- 23 Medicaid-approved adolescent IOPs (3 pending)
- Adult IOP locations:
  - Albuquerque 5
  - Carlsbad 1
  - Clovis 1
  - Espanola 2
  - Farmington 1
  - Las Vegas 1
  - Los Lunas 1
  - Roswell 1
  - Santa Fe 4
  - Taos 2



### Intensive Out-Patient (IOP)

- 23 Medicaid approved adolescent IOPs, 5 are
  - Albuquerque 5
  - Clayton 1
  - Deming 1
  - Farmington 1
  - Grants 1
  - Hobbs 3
  - Las Cruces 1
  - Los Lunas 2
  - Lovington 2
  - Raton 1
  - Rio Rancho -2
  - Santa Fe 3
  - Silver City 1



## SUD Treatment Challenges

- SUD treatment services are limited statewide
- SUD treatment not adequately integrated into other settings
- CMS has not adopted BH Parity Rules
- SUD continuum of care is fragmented in many communities
- EDs and medical centers have not adequately developed detox capacity
- Medical necessity review criteria may be applied too restrictively
- Adult RTCs are not regulated & services are not Medicaid reimbursable



# SUD Treatment Challenges

- Staff shortages
- Difficulty in navigating through the system resulting in prolonging access to services
- Closure of existing facilities or reduction in services provided
- Limited services addressing the unique needs of high risk specialized populations, i.e. woman and women with children



### Initiatives to better address need:

- Further strengthen the Prescription Drug Monitoring Program to change prescribing behavior to include prescribing fewer pills per dose & decreasing the number of refills available to the consumer
- Monitor enforcement action by the appropriate professional Licensing Boards following referrals for outlier prescribing
- Continue to increase public awareness about the risk of dependence & addiction of opioid pain relievers
- Ensure adequate drug disposal
- Expand access to Naloxone through co-prescribing with opioid pain relievers & generally making it more widely accessible
- Increase prevention & treatment service capacity throughout the state (particularly in rural areas)
- Continue to improve information & referral systems for access to available treatment services



# Initiatives to better address need

- Expand access to medication assisted treatment (MAT)
- Establish more treatment alternatives for the relief of pain
- Develop and implement mechanisms for the prevention, intervention, treatment sector to obtain accurate and upto-date supply side data from law enforcement
- Further evaluate the rise in drug abuse among women & the impact this has on children and families to facilitate effective treatment and support strategies
- Address comprehensively the regional & local differences in drug overdose deaths within NM



- ▶ Thank you -
  - wayne.lindstrom@state.nm.us
  - (505) 476–9295