LHHS Interim Committee
Opioid Crisis Response Summit - November 2nd, 2017
Roundtable Recommendations

Summit Co-Hosted by Santa Fe County, City of Santa Fe, Drug Policy Alliance, Southwest CARE Center, & Santa Fe Prevention Alliance

Following panel presentations by experts in epidemiology, opioid use disorder (OUD) treatment, and overdose prevention and response, approximately 160 healthcare providers, law enforcement agents, community members with lived experience, elected officials, and others engaged in facilitated roundtable dialog. The following recommendations emerged in the areas of improving and developing policies related to Prevention, Treatment, Access to Care, and Capacity Building.

I. PREVENTION

1. Education & Support for Youth & Families

a. Allocate funds toward policies, programs, and practices that:
   - Enhance protective factors such as, support for guardians, secure housing, healthy coping, life skills, and social engagement;
   - Heal trauma and promote resilience through access to diverse forms of therapeutic support and education; and
   - Increase health equity through access to culturally appropriate behavioral health services, including trauma-informed advocacy for wraparound health and social services.

   Ensure that funding decisions are authentically informed by community voice, directly impacted populations and public health surveillance, and that communities are aware of resource allocations.

b. Institutionalize overdose (OD) prevention and response education and naloxone distribution within K-12 schools, higher education, community based organizations, and government agencies (e.g. DOH, CYFD, and PED).

c. Root policies in the understanding that prevention education and access to culturally and trauma informed health services are needed to effectively address the New Mexico opioid epidemic.

2. Prescriber Education
    a. Enhance prescriber accountability through increased education, support, and oversight to ensure all relevant healthcare providers are appropriately engaged.
    b. Provide ongoing technical support and education to ensure the Prescription Drug Monitoring Program (PMP) is being used with fidelity.
    c. Equip pharmacists and pharmacy workers with the tools to provide best practice OUD and OD prevention education to all patients.
    d. Teach and implement protocols whereby doctors consult weekly with patients to whom they have prescribed opioids, or monthly with a partner healthcare worker who is monitoring the patient's use in conjunction with engagement in behavioral health services.
    e. Educate prescribers about patient stigma, unconscious bias, and the mental health factors related to substance use disorder onset and treatment.

3. Legal Actions
    a. Strengthen the Good Samaritan Law (§ 30-31-27.1 - 2007) to increase immunity for those who seek or obtain medical assistance for an accidental or suicidal overdose.
    b. Prohibit the prescription of short-acting opioids to no longer than four days.
    c. Decriminalize substance use disorders through pre-arrest diversion.
    d. Decriminalize drugs for personal use in order to reduce incarceration rates and overdose death rates.

II. TREATMENT

1. Allocation of Funds
    a. Invest in the development of the behavioral health workforce.
    b. Fund health education, behavioral health, and substance use treatment programs and evaluation.
    c. Fund medication assisted treatment (MAT) and evaluation in diverse healthcare settings, such as prison, jail, residential treatment, and detox facilities.
    d. Fund wraparound support programs for those with OUD and their families, including client advocacy, safe housing, MAT and other physical healthcare, healthy food, transportation, life skills and job training, mental health counseling, social/peer support, and professional development opportunities.
    e. Ensure funding and oversight are available to Emergency Medical Services (EMS) and emergency departments to respond adequately to overdose survivors through services including:
        - Harm reduction and overdose response education to all overdose survivors;

- Timely and sustainable administration of Buprenorphine/Methadone;
- Appropriate referrals to health and human services and follow-up to ensure continuity of care; and
- Distribution of naloxone to all overdose survivors and the lay people who accompany them to the ER.

2. Incarceration / Corrections Systems
    a. Mandate the provision of MAT in incarceration facilities.
    b. Require continuum of care upon release through community partnerships and trauma-informed re-entry advocacy.
    c. Develop a model whereby funding follows the patient when they leave detention and seek community based treatment.
    d. Mandate Medicaid enrollment prior to discharge from incarceration.
    e. Enable people with pending parole/probation charges to seek treatment wherever it is available, including out of state.

3. Accountability for Managed Care Organizations (MCOs) and Pharmaceuticals
    a. Hold MCOs to performance measures for best practice standards of care, such as met need for MAT or MAT upon demand.
    b. Regulate pharmaceutical companies to ensure medication can be negotiated and purchased at reasonable rates.

III. ACCESS TO CARE

a. Increase availability of peer-operated support wellness centers in rural areas, such as 24/7 mobile recovery services. Equip centers with harm reduction capacity, including needle exchange.
b. Establish community-based medically managed detox centers with diverse treatment options.
c. Expand prescribing privileges to a greater range of health clinics.
d. Expand reimbursement for inpatient and detox services in a variety of settings.
e. Enable behavioral health facilities to bill Medicaid for MAT prescribed by nurse practitioners and physician assistants.
f. Expand Medicaid to include coverage of supervision and detox in non-hospital settings, including home-based support.
g. Restructure Medicaid for longitudinal care.
h. Expand the affordable availability of naloxone statewide.
i. Increase availability of non-Opioid pain management resources including, physical therapy, acupuncture, yoga, pain support groups, medical cannabis, etc.

j. Increase the availability of emergency and transitional housing that accommodates people who are actively using substances but seeking treatment for OUD.

IV. CAPACITY BUILDING

a. Prioritize multisector collaborative approaches to prevention, treatment, and access to care.
b. Improve the usability of the PMP. Provide ongoing education and support to ensure its effective use.
c. Make available a functioning surveillance system whereby data is accessible to institutions, researchers, and the public in real time.
d. Establish an Opioid Task Force to study barriers to and gaps in care, and to develop a coordinated statewide OUD and OD prevention and response plan.
e. Apply a health equity lens to examine and respond to the social determinants of opioid deaths.