



HUMAN SERVICES
DEPARTMENT

Update on Substance Abuse Treatment Centers
in New Mexico

Presentation to: The Legislative Health and Human Services
Committee

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Update on Substance Abuse Treatment Centers

▶ **Over Dose Deaths**

- Consequences of drug use continue to burden NM
- NM has the 2nd 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%

Update on Substance Abuse Treatment Centers

▶ **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%

Update on Substance Abuse Treatment Centers

▶ **Alcohol-Related Death Rate**

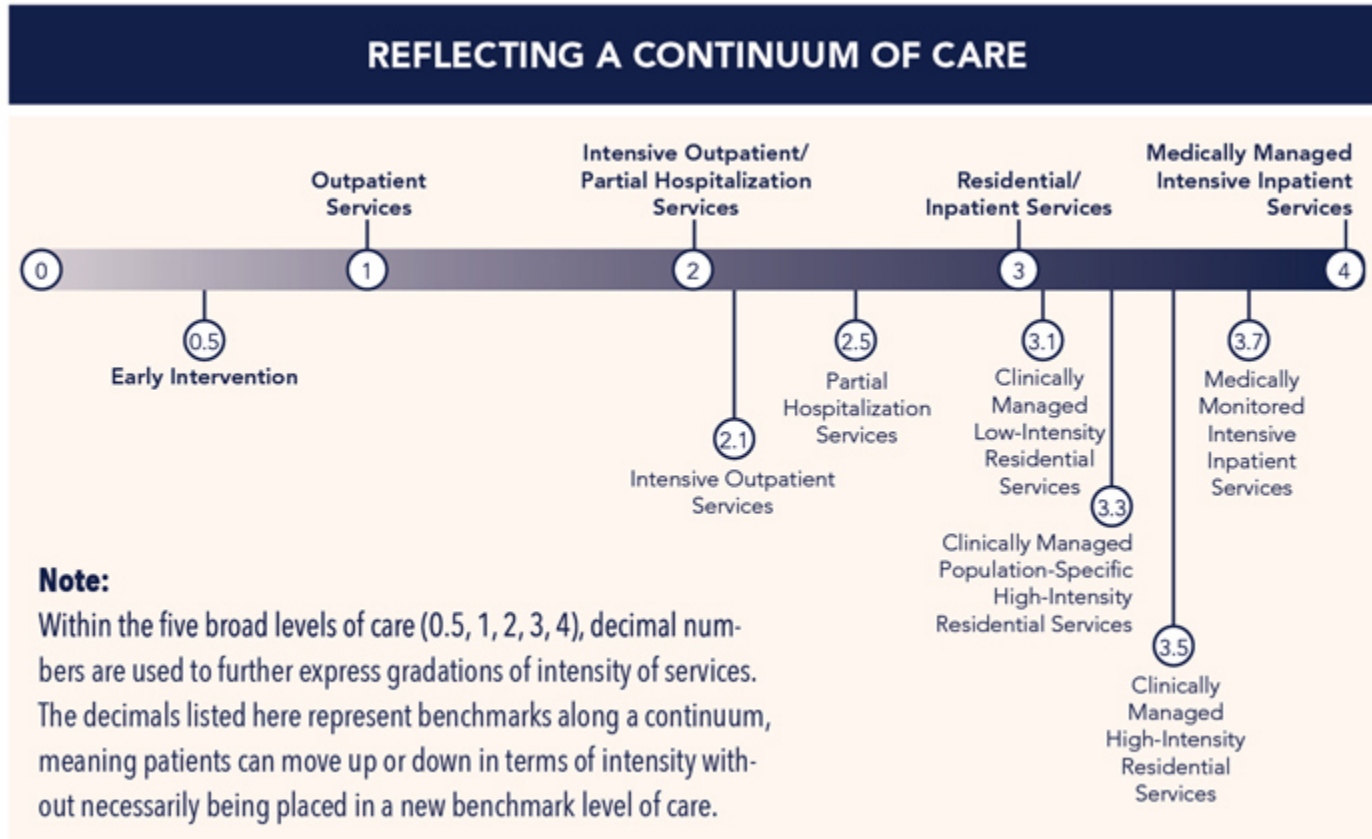
- NM's rate is more than twice the national rate
- NM has ranked 1st, 2nd, or 3rd in the U.S. since 1981; and 1st for the period 1997 through 2010
- Nationally, 1 in 10 deaths among working age adults is attributable to alcohol.
- In NM, this ratio is of 1 in 6 deaths

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▶ **NM Counties' Alcohol-related Deaths**

- Rio Arriba & McKinley counties have highest rates of alcohol-related 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

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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

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➤ **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.

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▶ **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

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➤ **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

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▶ **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

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- ▶ **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 co-occurring 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

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- ▶ **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 co-occurring 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

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▶ **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 co-occurring 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

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

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▶ **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

Update on Substance Abuse Treatment Centers

▶ **Detox Programs**

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

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▶ **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)

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▶ 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

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▶ **Adult Residential Treatment Centers (RTC)**

- Albuquerque – 2
- Carlsbad – 1
- Espanola – 1
- Gallup -1
- Las Cruces – 1
- Ohkay Owingeh – 1
- Roswell – 1
- Santa Clara – 1
- Santa Fe – 1
- Taos - 2

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▶ **Adolescent Residential Treatment Centers (RTC)**

20 of these do not identify specific SUD treatment

- Albuquerque – 7
- Clovis -2
- Farmington - 1
- Grants - 1
- Hobbs - 1
- Las Cruces – 1
- Las Vegas - 2
- Peralta - 1
- Roswell – 2
- San Cristobal - 1
- San Fidel - 1
- Santa Fe – 4
- Taos – 3
- Valmora - 1

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► 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 (1 pending)
 - Alcalde – 0 (1 pending)
 - Belen - 1
 - Farmington - 1
 - Las Cruces - 1
 - Roswell – 1
 - Rio Rancho – 0 (1 pending)
 - Santa Fe - 1

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▶ Medication Assisted Treatment

- Suboxone (Buprenorphine)
 - 1st 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

Update on Substance Abuse Treatment Centers

▶ **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

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▶ **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

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▶ 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 (1 pending)
 - Los Lunas – 1
 - Rio Rancho – 1 pending
 - Roswell – 1
 - Santa Clara – 1 pending
 - Santa Fe - 4 (1 pending)
 - Taos - 2

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- ▶ **Intensive Out-Patient (IOP)**
 - 23 Medicaid approved adolescent IOPs
 - Albuquerque – 5 (1 pending)
 - 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 (2 pending)
 - Silver City - 1

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▶ **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

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▶ **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

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▶ **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

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▶ **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 up-to-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



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- ▶ Thank you –
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