

SENATE MEMORIAL 56

Adolescent Opioid Addiction Treatment Study

New Mexico Behavioral Health Collaborative
Opioid Dependence Core Group



October 2011

Senate Memorial 56

Adolescent Opioid Addiction Treatment Study

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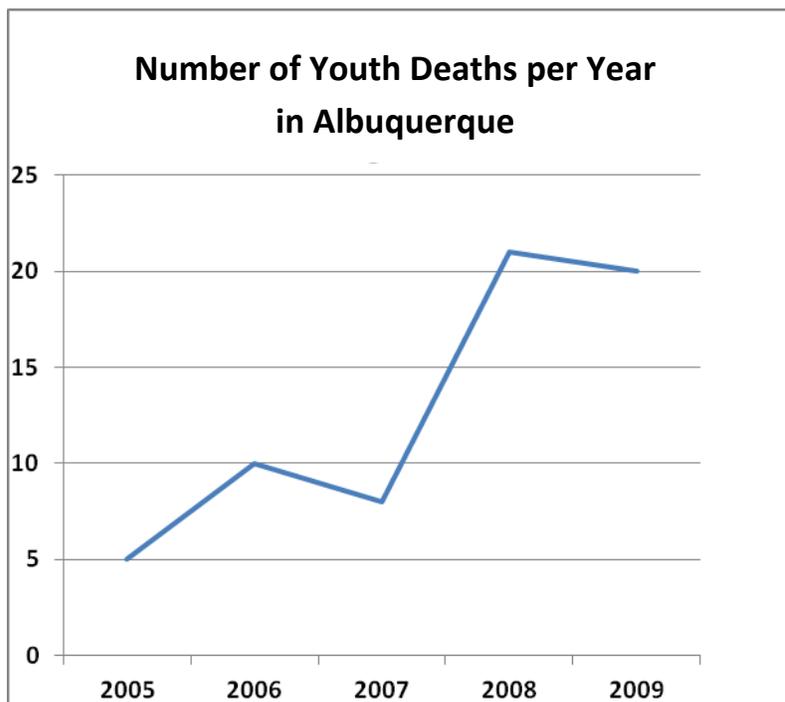
Recovery from alcohol and substance problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.

- Substance Abuse and Mental Health
Services Administration

Senate Memorial 56-Vision

Senate Memorial 56 *Adolescent Opioid Addiction Treatment* is requesting the Interagency Behavioral Health Purchasing Collaborative to develop a comprehensive statewide plan for treatment of opioid addiction among adolescents, including steps for implementation of the plan. The service system design within this report has a focus on opioid addiction but it has been built to be applicable to all substance addictions. The Collaborative's intent within this Memorial is to design a system of care that provides a platform upon which persons with addictions can use to build their sustained recovery. The service system shall be inclusive of evidenced-based, scientific practices tempered by the experiences of persons contending with addictions and their families, and tailored to cultural and geographic diversity in order to create a New Mexico best practice for the treatment of addiction disorders. Critical to the endeavor is collecting and analyzing performance outcomes according to resource allocation to determine best value in practice. As best value practices are identified the behavioral health workforce shall receive the training and mentoring needed to increase service efficacy and statewide access and capacity.

Problem Statement



New Mexico has the highest rate of fatal unintentional drug overdoses in the country. New Mexico adolescents are using drugs at younger ages than other youth in the United States (age 12), and are more likely to have tried heroin than their national counterparts (Youth Risk and Resiliency Survey, 2011). An increasing number of high school students report using painkillers to get high: in 2007, 11.7% of students

reported this usage, and the percentage increased to 14.3% in 2009 (YRRS, 2011). In a study conducted in 2009 by the Center for Disease Control, 4.7% of New Mexico high school students reported lifetime heroin use, compared to 2.5% of students in the United States. Confirmed unintentional fatal drug overdoses in Albuquerque alone have increased from 5 in 2005 to 20 in 2009 with the number is still increasing (Shah, 2011).

Illicit drugs, including black tar heroin, are widely available throughout New Mexico. Our shared border with Mexico, high levels of drug trafficking activity, expanses of uninhabited desert, and the state's two interstate corridors contribute to readily accessible illegal drugs. Prescription drug abuse is the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic. Data shows that nearly one-third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically (ONCDP, 20011). A survey of New Mexico adult Core Service Agencies in 2011 on behalf of the Behavioral Health Services Division found that 61% reported an increase in the number of persons seeking treatment for either heroin or prescription drug abuse/dependency.

Target Population

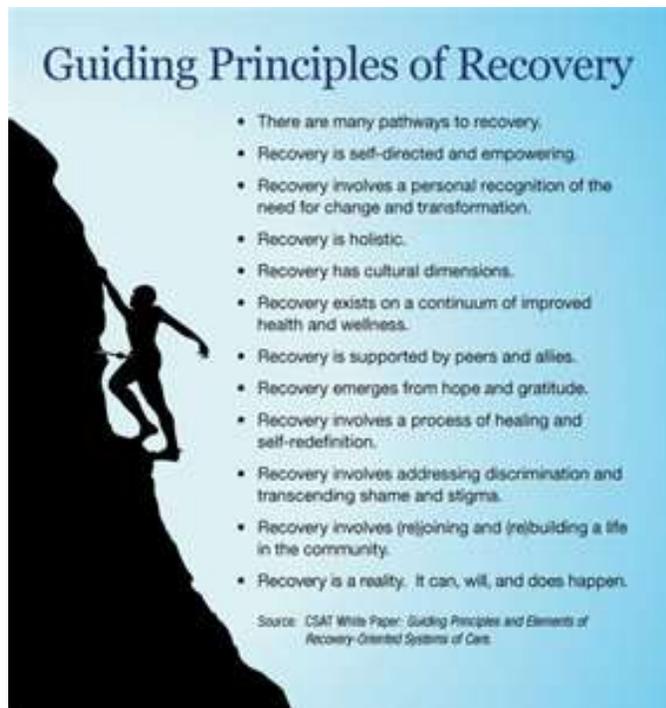
New Mexico youth report using opioids (typically, misusing prescription drugs) as early as age 12. Between ages 12 and 17 this misuse may expand to include cheaper and more readily available black tar heroin. Often, opioid abuse is not detected for a year or more, at which point a 17 or 18 year old may be addicted. A sustained recovery typically takes eight years to achieve, if the individual survives. It is common for the initial active addiction process to extend from age 12 to 26, and above. Therefore, the Core Team designated the age range for adolescent or youth to be ages 14 to 24, to range from a typical point in onset of use to the age when the recovery process is likely to be engaged.

Guiding Principles

- **Culturally Competent** – Services shall be delivered with consideration and adaptation for cultural, racial, ethnic, age and language preferences and will include natural and informal supports, practice-based and community-defined supports.
- **Trauma Informed** – Behavioral health providers shall be aware of the pervasive, adverse impact of trauma commonly found with persons who are addicted, and the entire system shall be designed to be trauma informed to create a healing environment and evidenced based practices shall be delivered to address trauma in the treatment process.
- **Recovery Oriented** – Services shall be anchored in the person centered approaches that focus on the strengths and resiliency of individuals, families and communities to take responsibility for attaining long-term, sustainable recovery as developed at the 2005 SAMHSA *National Summit on Recovery Conference*.
- **Clinical Home & System of Care** – Addictions are chronic, complex and relapse prone conditions that impact most areas of an individual's life. Sustained recovery typically requires an ever changing array of harm reduction, integrated treatment, recovery and natural supports over time. Services are embedded within a system of integrated care

managed over an extended period of time through the stages of change and phases of recovery by a clinical home type entity or Core Service Agency.

- **Peer Recovery Community** – Peer to peer support through varied avenues may include peer coaching, navigating and peer driven support groups such as Narcotic Anonymous. Recovery communities are recognized as a critical element that sustains recovery throughout people’s lives. There should be a prominent, supportive linkage between the clinical home type entity or Core Service Agency and the recovery community.
- **Best Value** – Treatment and recovery services paid with public funds should be provided in the most efficient manner, at the appropriate level of intensity for the duration of time required to sustain stable recovery so as to increase accessibility and capacity.



Current System of Care

The publically funded behavioral health service system in New Mexico has great variability in terms of capacity, access, availability and quality statewide. 87% of the state’s geography is rural or frontier where populations are sparse and services may be a hundred miles away and the professional workforce is very limited, if even present. Urban and suburban systems have received reduced or stagnant funding over the last several years so that their capacity does not meet the ever increasing need. Services and agencies tend to be siloed. The integration of behavioral health, physical health and peer recovery communities is not typical. Addiction treatment services for adolescents under the age of 18 are extremely limited throughout the

state with many critical service components such as residential detoxification and treatment almost completely absent. Harm reduction approaches such as prescribing Narcan to prevent lethal overdoses are being reduced.

On the other hand the New Mexico service system does have brilliant and dedicated service providers, legislators, educators, consumers, family members and advocates who are working hard to expand service access and capacity for addicted youth. In many areas of addiction treatment, New Mexico is a national leader. Grassroots family groups have emerged to bring forth the impact of heroin addiction within their communities and are galvanizing political will to address these issues. Stakeholders are coming together to find solutions for this crisis in healthcare.

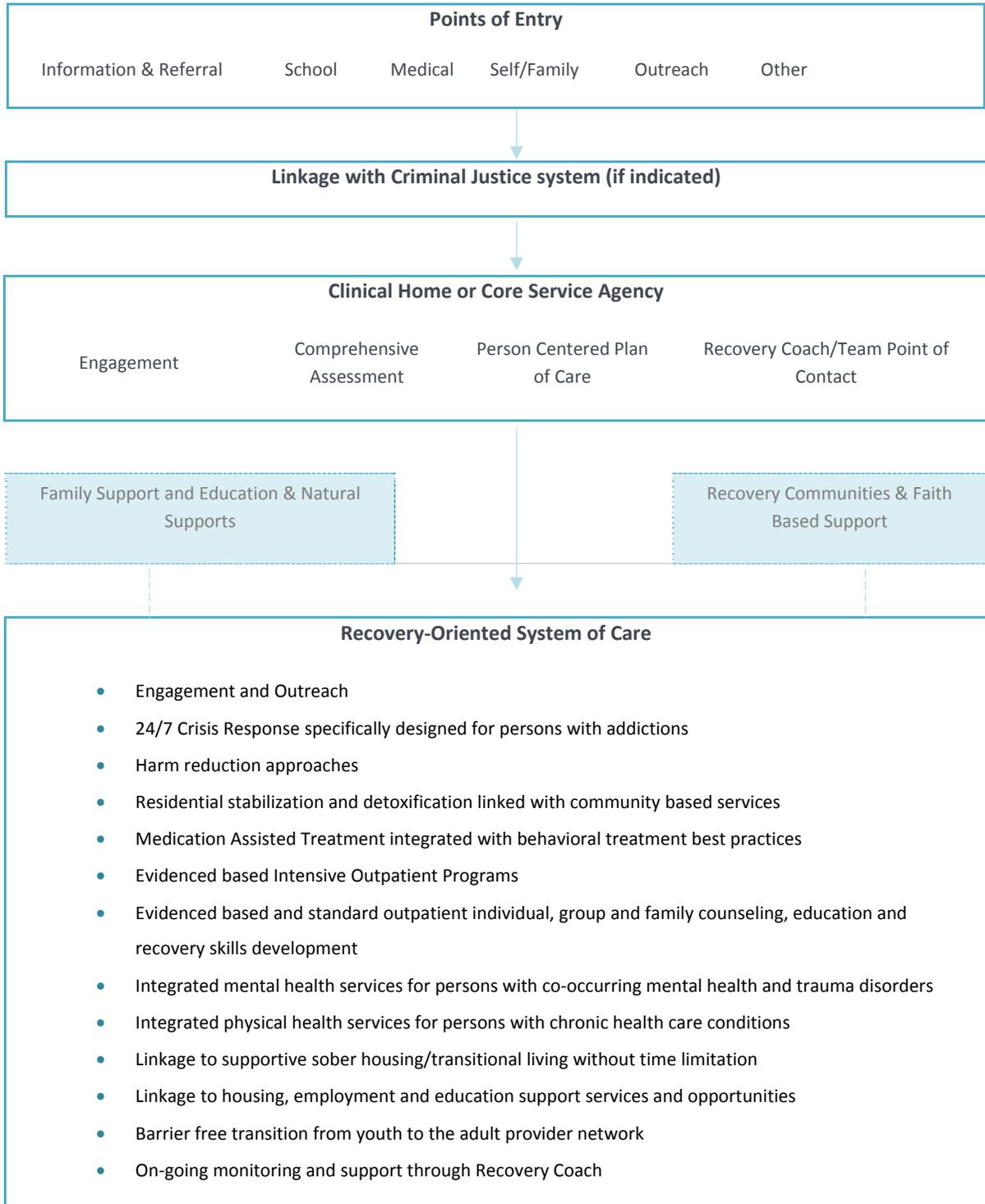
Comprehensive Statewide Plan for Treatment of Opioid Addiction Recovery Oriented System of Care

The Opioid Dependence Core Group identified the following activities to be essential elements of a comprehensive statewide plan for treatment of opioid addiction.

1. ***Centralized statewide information and referral (Statewide I & R) center.*** The Statewide I & R should provide comprehensive information on substance abuse; the full array of harm reduction, treatment, recovery and support opportunities available statewide; and, how to access these services, supports and opportunities. Multiple modes of communication should be used including the telephone, face-to-face interaction and electronic social networking (website and FaceBook). The Statewide I & R should include a “Warm Line” component of trained volunteers to assist consumers and families through dissemination of information and active listening to make informed decisions around treatment and sustained recovery.
2. ***Recovery-Oriented System of Care.*** The Recovery-Oriented System of Care should be managed through a clinical home type entity or Core Service Agency to coordinate and integrate an array of treatment and recovery services to support individuals in recovery through the stages of changed and phases of treatment. One agency point of contact should be identified, typically a Recovery Coach or Community Support Worker, and services are then managed by a team approach (e.g. Comprehensive Community Support Service team). Services may include:
 - Outreach, engagement, comprehensive assessment and person centered planning.
 - Peer Coach/Navigator.
 - Family education and linkage to family-to-family support groups.
 - Integration of harm reduction principles.
 - 24/7 Crisis Response specifically designed for persons with addictions.
 - Residential stabilization and detoxification linked with community based services.
 - Medication Assisted Treatment integrated with behavioral treatment best practices.

- Evidenced based Intensive outpatient programs.
 - Other evidenced based and standard outpatient individual, group and family counseling, education and recovery skills development.
 - Integrated services for persons with mental health and trauma spectrum disorders.
 - Integrated physical health services for persons with chronic healthcare conditions.
 - Linkage to supportive sober housing/transitional living without time limitations.
 - Linkage to housing, employment and educational support services and opportunities.
 - Barrier free transition from youth to the adult provider network.
3. **Linkage to Recovery Communities:** Recovery Communities are peer-operated and driven recovery and support services, based upon social contracts of mutual support throughout the extended recovery process. They are an essential component of the recovery oriented system of care that is typically distinct from but linked to the Core Service Agencies or clinical home type entity.
 4. **Linkage to natural support:** Family, friends and faith-based elements are often foundation supports people use to enhance resiliency and maintain on-going recovery. Again, they are separate from the Core Service Agencies or clinical home type entity but they should be recognized, supported and valued.
 5. **Funding/Data Management:** The recovery oriented system of care should be outcome oriented and performance data driven with innovative funding to promote and incentivize cost effective service **system** outcomes for best value.
 6. **Workforce Development/Training:** Training/mentoring on evidenced based and promising treatment and recovery practices with adolescents is necessary to expand service access and capacity to meet the service demand statewide across urban, rural and frontier geography. Agencies should also develop skill sets and infrastructure to provide the recovery management process.
 7. **Prevention-Healthcare Promotions:** Promote personal, physical, and social wellbeing of individuals, families, and communities to reinforce positive behaviors and health lifestyles.
 8. **Recovery System of Care Intersections with other systems:** The recovery oriented system of care should intersect with the schools and the Juvenile Justice System and Adult Criminal Justice System to promote clear communication, quick access to the appropriate services and coordination of activities.
 9. **Continuous Quality Improvement (CQI):** CQI process based on the best value premise of cost benefit outcome analysis should be embedded throughout the Core Service Agency or other clinical home type entity to improve performance and enhance outcomes.

Comprehensive Statewide Plan for Treatment of Opioid Addiction



Workforce Training & Mentoring

Continuous Quality Improvement

Innovative funding through blending fee for service, managed care & pay for performance

OUTCOME –Enhanced Resiliency & Sustained Recovery

Steps for Implementation

Creating a comprehensive statewide plan for treatment of opioid addiction among adolescents, including steps for implementation of the plan is a very challenging task. There is no generally accepted existing best practice. Opioid addiction is a chronic, complex, relapse prone disorder that quickly controls most areas of a youth's life. Sustained recovery typically takes years of tenacious effort by the addicted individuals and their families who are supported by treatment and recovery services within the recovery oriented system of care. The simple fact is that many do not survive. Realistically it will take five to ten years to fully develop a comprehensive treatment system for opioid addiction. What follows are two levels of implementation recommendations. One identifies the immediate tasks that are in varying stages of accomplishment to enhance and expand the system of care within the next year or so. The other describes the extended effort to refine, plan and fund the further development of a recovery orient system of care that provides best value in promoting sustained recovery.

Short Term Implementation

1. Centralized Information and Referral Center:

Recommendation: It is recommended that representatives of the Opioid Dependence Core Group (Core Group) including the statewide entity (OptumHealth New Mexico), Collaborative Executive Committee agencies (Human Services Department, Children, Youth and Families Department and the Department of Health), the Behavioral Health Planning Council and other stakeholders as identified create a workgroup to design a centralized information and referral center (I & R Center) inclusive of operational implementation and sustainable funding. The system would be the repository of current information on the manifestations and consequences of substance abuse, and the available array of treatment services and recovery options in New Mexico. Information should be presented in such a way as to promote the consumer's and family's ability to make informed decisions around treatment and recovery. Communication mediums should include telephone and texting/e-mail coverage and webpage with FaceBook and other electronic social network linkage. A statewide **Warm Line** would be developed in partnership with the Office of Consumer Affairs to assist callers who are exploring service options with supportive communication and active listening by trained volunteers.

Timeline: Design Completion-3/1/12. Implementation Onset: 7/1/12.

2. Enhance Components of the System of Care

Recommendation: It is recommended that representatives of the Opioid Dependence Core Group (Core Group) including the statewide entity, Collaborative Executive Committee agencies, the Behavioral Health Planning Council and other stakeholders as identified create a workgroup to monitor, facilitate, coordinate and enhance the components within Recovery Oriented System of Care as identified below. Many of these initiatives are already in varying phases of development from early design to initial implementation.

Timeline: The Core Group would be tasked to facilitate completing the following activities in FY12:

- **Health Promotion:** Health Promotions are programs designed to inform the public about health risks of opioid addiction and methods to prevent or reduce them; the programs are often targeted at specific populations.
 - The Collaborative is working with Chris Schueler of Christopher Productions (<http://www.christopherproductions.org>) in the production of a series of healthcare promotions around opioid addiction. He is in the process of developing a *youth-to-youth* video on the consequences of opioid use by youth who are addicted and in varying phases of recovery. In addition he has developed a companion piece on *parents-to-parents* on the signs of addiction and where help can be found. These videos will be widely distributed across the state in numerous venues to increase awareness in the youth and their parents around the severe addictive qualities of opioid, the challenges of recovery once addicted and fatal aspects of opioid use.
 - It has become apparent that many of the youth across the country become addicted through misusing opioid medication prescribed by the family physician. The medical community is currently prescribing massive amounts of narcotics for almost any condition that may have some pain associated with it. There is usually an initial legitimate need but the amount of medication prescribed (often with multiple refills) far exceeds the amount necessary to control the pain. Subsequently partially used containers sit in medicine cabinets. The youth like the “buzz”. They take the medication from the cabinet and use it recreationally with the friends. They assume that since this is “medicine” it will be safe and do not find out differently until they or their friends are fully addicted. It appears that not enough physicians, pharmacists, parents or the youth understand that these prescriptions can be as lethal as a loaded gun and should be treated accordingly: used only when absolutely necessary and no safer alternative is viable; immediately dispose any remaining used medication; and no refills without close physician supervision and medical monitoring. The Collaborative will be working with physicians, pharmacists, pharmaceutical companies and other stakeholders to develop healthcare promotions around how to safely and appropriately use these medications.

- **Recovery Oriented System of Care Infrastructure Development-Recovery Coach.** The Recovery Coach is a newly developed position for individuals employed by a Core Service Agency or other clinical home type entity who will provide a constellation of services anchored in the elements of Recovery Management. A Recovery Coach may be charged to provide to youth in recovery personal validation, encouragement, provision of information, clarification of goals, skill development, linkage to recovery communities, navigation of the service systems and other supports to develop and actualize sustained and stable recovery. Recovery Coaches are ideally people who have achieved extended

recovery themselves, and developed an understanding of the broad principles and approaches of recovery through education and personal experience.

The Statewide Entity, OptumHealth New Mexico, through Collaborative funding shall engage a grant/program developer type entity to seek foundation and/or governmental grants to fund a 3 year pilot study evaluated by the University of New Mexico-CBHTR to assess the effectiveness of Recovery Coaches in facilitating recovery in the youth population (ages 14-24). OHNM shall select the pilot sites by public RFP and shall be inclusive of both youth and adult CSA's or other clinical home type entities. The Recovery Coach would be the first phase of embedding Recovery Management into the service system.

- **Medication Assisted Treatment (MAT)** is treatment for opioid addiction that includes FDA approved medication (e.g. methadone, Buprenorphine, naltrexone) for opioid addiction detoxification or maintenance treatment. The medications block withdrawal and are used in combination with counseling and behavioral therapies to provide a whole-patient approach. Research indicates that a combination of medication and behavioral therapies is successful in treating substance-use disorders (CSAT, 2008). There is limited access and capacity for MAT for persons under the age of 18 and protocols do not currently exist to link medication services with behavioral health services.

The Collaborative members lead by Human Services Department-Medical Services Division and including the Behavioral Services Division (BHSD); Children Youth and Families Department (CYFD); OptumHealth New Mexico and the Medicaid physical health MCO's; University of New Mexico Department of Psychiatry; and other stake holders are in the process of developing a best practice in Medication Assisted Treatment that is recognized across behavioral and physical health for adults and youth for the provision of MAT with its integration with behavioral health substance abuse treatment and recovery services. Once the best practice is defined and vetted, UNM's Department of Psychiatry and Project ECHO shall hold a statewide conference and a series of telehealth training programs for providers in all the aspects of the best practice. It is recommended that the Collaborative update the Legislative HHS Committee on this process as requested.

- **Adolescent Residential Services** for stabilization, detoxification, induction of Buprenorphine acute care and linkage to a community based recovery-oriented system of care is currently absent in New Mexico for youth under the age of 18. This has resulted in youth completing detoxification and stabilization within unsafe environments and creates a barrier to youth beginning the recovery process. The Collaborative is currently

exploring avenues to systemically fund and/or pilot residential detoxification and stabilization for adolescents under the age of 18.

- **Adolescent Intensive Outpatient Programs (A-IOP)** is an evidenced based practice comprised of a series on integrated therapeutic activities including individual and group counseling and family and consumer education for adolescents with significant substance abuse issues. Typically there is 9 hours of services per week for 3 to 9 months. CYFD and HSD-Medical Assistance Division have been facilitating the implementation A-IOP statewide since 2009. The Collaborative is exploring avenues to significantly increase access and capacity to A-IOP in FY12 with goal of statewide access in FY13.
- **Harm Reduction:** Harm reduction is a strategy designed to reduce death and injury resulting from opioid use. Relapse is typical in opioid addiction and adolescents are at very high risk of overdose which is not infrequently fatal. The Statewide Entity, the Collaborative and other stakeholders shall evaluate the current status of systemic harm reduction strategy efficacy and shall develop a state wide plan based on this evaluation.

3. Workforce Development / Training

Recommendation: It is recommended that the Collaborative create a workforce development and training workgroup comprised of state agency representatives, Office of Consumer Affairs representatives, OHNM and representatives from its provider network in order to create a 3 year statewide training and mentoring plan to:

- Assist Core Service Agencies develop the skill set and infrastructure to design, implement, manage and fund a recovery oriented system of care.
- Strategically expand capacity and access to evidenced based and promising practices in the treatment of addictions in youth with a focus on opioid dependency within the recovery oriented systems of care.

Timeline: completion of the plan by 3/1/12 within implementation in 7/1/12.

Extended Process

Recovery-Oriented System of Care

A Recovery-oriented system of care supports self-directed approaches that focus on the strengths and resiliency of individuals, families and communities to take responsibility for their sustained health and recovery. In 2005 the Center for Substance Abuse Treatment (CSAT) convened a National Summit on Recovery in which major stakeholders formulated key elements in a recovery-oriented system of care (CSAT 2005). These are as follows:

- Person-centered;
- Family and other ally involvement;
- Individualized and comprehensive services across the lifespan;
- Systems anchored in the community;
- Continuity of care;
- Partnership-consultant relationships;
- Strengths-based;

- Culturally responsive;
- Responsive to personal belief systems
- Commitment to peer recovery support services;
- System-wide education
- Inclusion of the voices and experiences of recovering individuals and their families;
- Integrated services;
- Ongoing monitoring and outreach;
- Outcome-driven;
- Research-based;
- Adequately and flexibly financed.

Recovery Oriented systems of care is managed or coordinated out a single organization that functions as the clinical home type entity or Core Service Agency. It integrates a combination of services to facilitate sustained recovery from severe addiction disorders. Some of the services are provided by the clinical home or Core Service Agency; and, some services are linked through service coordination, contract, MOU's or other formal or informal arrangements with the clinical home type entity or Core Service Agency. The Collaborative has several initiatives to explore and develop the agency clinical home within which the Recovery Oriented System of Care management can be embedded. These initiatives include the Core Service Agencies and Health Homes both of which will be impacted by the 1115 Medicaid Waiver and rollout of the Healthcare Reform Act.

Executive Summary

Senate Memorial 56 *Adolescent Opioid Addiction Treatment* is requesting the Interagency Behavioral Health Purchasing Collaborative to develop a comprehensive statewide plan for treatment of opioid addiction among adolescents, including steps for implementation of the plan. The service system design has a focus on opioid addiction but it has been built to be applicable to all substance addictions. The Collaborative's intent within this Memorial is to design a system of care that provides a platform that persons with addictions can use to build their sustained recovery. The service system shall be inclusive of evidenced-based, scientific practices tempered by the experiences of persons contending with addictions and their families, and tailored to cultural and geographic diversity in order to create a New Mexico best practice for the treatment of addiction disorders. Critical to the endeavor is collecting and analyzing performance outcomes according to resource allocation to determine best value in practice. As best value practices are identified the behavioral health workforce shall receive the training and mentoring needed to increase service efficacy and statewide access and capacity.

Issues and Recommendations:

- Opioid addiction has increased significantly over the last several years especially among youth. The consequences have been horrific with New Mexico leading the country in fatal overdoses.
- Opioid addiction is a very complex disorder that quickly controls most areas of the youths' lives and is very resistant to treatment and prone to relapse.

- Though there are many brilliant and dedicated providers, professionals and advocates the service system is siloed and funding is fragmented and inadequate resulting in services typically be provided in isolation with limited long term effectiveness.
- Addictions are chronic, complex and pervasive conditions that impact most areas of an individual's life and they are very vulnerable to relapse. It typically requires an ever changing array of integrated treatment, recovery and natural supports over time to lead to sustain, stable recovery. Services should be embedded within a system of integrated care managed over extended period of time through the stages of change and phases of recovery by a clinical home type entity or Core Service Agency.
- Services should be anchored in the person centered approaches that focus on the strengths and resiliency of individuals, families and communities to take responsibility for attaining long-term, sustainable recovery. Linkages to peer to peer and natural supports should be prominently promoted.
- New Mexico is in process of developing its recovery oriented system of care but it is a major undertaking that will require continued focus and political will to accomplish over the next five to ten years.
- In the interim immediate steps can be taken to greatly improve care and increase sustained recovery for many people in New Mexico through the following actions:
 1. Creation of a statewide Information & Referral Center with a warm line.
 2. Coordination of the multitude of efforts currently in process.
 3. Piloting of Recovery Coaches within Core Service Agencies or clinical home type entities.
 4. Development of standardized best practices across payers for Medication Assisted Treatment linked to substance abuse treatment and recovery services.
 5. Development of residential stabilization and detoxification for adolescents linked to the community substance abuse treatment and recovery services.
 6. Continued expansion of adult and adolescent IOP linked to Comprehensive Community Support Services.
 7. Development of workforce training/mentoring plan to expand service access and capacity for the services and supports in development.

Members of the Opioid Dependence Core Group

The Collaborative wishes to thank the following members of the Opioid Dependence Core Group for their participation and dedication to finding solutions for addiction health care crisis in New Mexico.

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Professional References

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