

Diana McWilliams, Director, BHPC  
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## **ISSUES FOR HEARING**

### **NM Behavioral Health Purchasing Collaborative, Administrative Office of the Courts, NM Department of Finance and Administration**

- Substance abuse is one of the state's most serious problems.
  - New Mexico has the highest rate of drug overdose deaths in the U.S. and is twice the national average.
  - In 2009 dependence on, or abuse of, alcohol or illicit drugs among persons aged 12 or older was 8.9 percent nationwide; New Mexico's rate was 10.34 percent, in the bottom five of all states.
  - In 2009 New Mexico ranked in the bottom quartile of states for access to treatment for drug use.
- New Mexico spends several hundred million annually on behavioral health services, but there is little outcome data to inform decision-makers how effectively the resources are being used.
- Expansion of Medicaid for over 149 thousand low-income adults under the Affordable Care Act could provide a major boost to the availability of substance abuse treatment.
- The NM Behavioral Health Purchasing Collaborative was created in 2004, yet there is still limited coordination between the multiple executive agencies, judicial branch, and counties that allocate money to disparate programs and services.
- The AOC and state district courts administer drug court programs that target offenders with substance abuse problems and provide an alternative to incarceration. National studies indicate drug courts reduce recidivism and create cost savings. The AOC is overhauling its performance measures to better reflect the national trends in drug court evaluation.
- In FY12, county local DWI grant programs spent \$17 million of liquor excise tax revenue on services to reduce DWI and substance abuse in New Mexico. Historically, counties have done little strategic program planning or performance evaluation; however, the DFA and DOH have been working to improve reporting and accountability in each of the program components.

## LFC HEARING BRIEF

**AGENCY:** Behavioral Health Purchasing Collaborative (BHPC), Administrative Office of the Courts (AOC), Department of Finance and Administration

**DATE:** October 26, 2012

**PURPOSE OF HEARING:** Informational review of substance abuse trends, funding, and treatment efforts in New Mexico.

**WITNESS:** Diana McWilliams, Director BHPC; Peter Bochert, Statewide Drug Court Coordinator, AOC; Liza Luboff, Local DWI Bureau Chief, DFA-LGD

**PREPARED BY:** Christine Boerner, Ruby Ann Esquibel, Greg Geisler, and Connor Jorgensen

**EXPECTED OUTCOME:** To better understand the state's strategy and action plan to address New Mexico's substance abuse crisis.

New Mexico faces serious problems with substance abuse. As just one example, drug-overdose death rates in the state are nearly twice the U.S. average, and are the highest of any other state, at over 22 deaths per 100,000. While the state spends several hundred million annually on behavioral health, it is unclear how much is directed to substance abuse treatment and if that amount of funding is adequate. Multiple executive agencies, the judicial branch, and individual counties each allocate money to often disparate programs and services. Further, there is little outcome information to inform decision-makers how effectively the resources are being used. While there are some recent efforts toward a more uniform approach, there is much more the state must do to combat the serious effects of substance abuse on New Mexicans.

### New Mexico's Substance Abuse Crisis—State Demographics.

Abuse of alcohol and other drugs is one of New Mexico's most serious problems. It impacts personal health, family, work, education, and puts a strain on our legal and correctional systems. Substance abuse can harm people directly through overdoses or cirrhosis of the liver, or it can contribute to blood-borne disease spread by shared needles.

In August 2012, the NM Department of Health reported troubling demographic statistical data to the Legislative Health and Human Services Committee regarding the status of substance abuse in New Mexico:

- Drug overdose death rate is the highest in the nation;
- Prescription drug overdose deaths are now more common than illicit drug overdose deaths;
- High substance abuse rates are now more widely distributed throughout the state; and
- Prescription opioid sales are now greater than in the U.S.

### SUBSTANCE ABUSE PROGRAMS

New Mexico Behavioral Health Purchasing Collaborative. The New Mexico Behavioral Health Purchasing Collaborative (BHPC) was created by statute in 2004 and allows state agencies involved in behavioral health prevention, treatment, and recovery to work together to improve mental health and substance abuse services in New Mexico.

The BHPC provides the majority of state-funded substance abuse and mental health services. However, coordination of a comprehensive, statewide behavioral health system is hampered, in part, because funding is distributed among executive branch agencies, the judiciary, and individual counties. Also, the state strategy of contracting behavioral health services to managed care contractors OptumHealth (previously ValueOptions), has shown mixed results—gains in service efficiencies and standardization of care have been offset by problems with provider payments and billings.

Despite seven years of collaboration, significant gaps in service availability remain. And despite good results on BHPC performance measures, New Mexico ranks near the bottom for per-capita overdose rates, alcohol addiction, and suicides. The BHPC has minimal data on outcome-oriented measures, such as the rate of patient relapse.

Drug Overdose Deaths Per 100,000 Persons (2009)	
NM	22.4
OK	20.9
NV	20.6
UT	18.7
AK	18.1
US	12.0

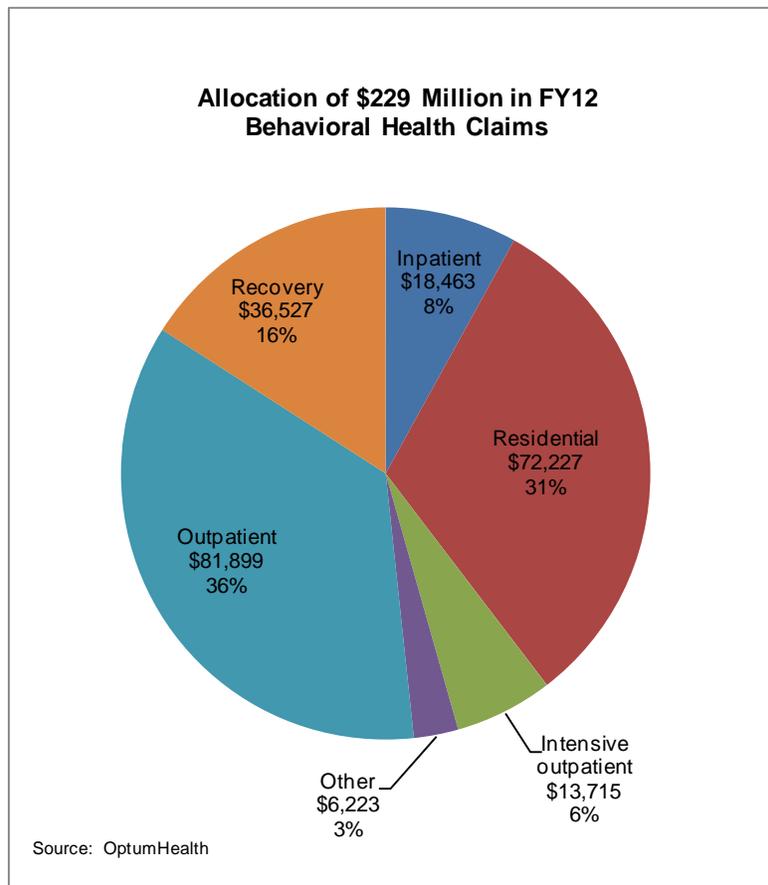
Source: CDC Vital Signs

Heroin and cocaine are by far the most common drugs causing unintentional drug overdose death, followed by Oxycodone.

Rio Arriba County has the highest drug overdose rate in the state; well over twice the state average at nearly 60 deaths per 100,000 persons.

Prescription opioid drug sales have increased steadily in New Mexico, from just over 400,000 in 2001 to 1.2 million in 2011.

**Funding for Substance Abuse Services.** Isolating substance abuse funding from the total amount spent on behavioral health is a complicated task. Many substance abuse patients have underlying mental health issues, and providers often categorize patient services as behavioral health related, even if there is a substance abuse component. The BHPC reports 88,430 individuals were served in FY12, with over 83 percent of the services categorized as behavioral health. In the same year, total BHPC spending was reported at \$394 million—over half of which flowed through the OptumHealth contract. The \$229 million in FY12 behavioral health expenditures under the OptumHealth contract for behavioral health claims are shown in the chart below; spending for children and adults is broken out in sidebar tables on the next page. Note that 69 percent of the spending is on children young adults under the age of 21.



It should be noted that Medicaid covers comprehensive behavioral and substance abuse treatment for children and youth, but the majority of BHPC-funded adult substance abuse treatment is paid for by state general fund revenues and other federal grants (see sidebar). A few observations:

- Over 28 percent of total expenditures, or \$65 million, was spent on 24-hour residential treatment for children with behavioral health and substance abuse issues. Collaborative staff doubts this level of treatment is warranted; in many cases equivalent outcomes may be achieved with intensive outpatient treatment closer to children’s homes.

**FY12 Collaborative Spending by Category Children & Young Adults**  
(in thousands)

Residential	\$65,629	43%
Outpatient	\$43,700	28%
Recovery	\$19,758	13%
Intensive Outpatient	\$10,997	7%
Inpatient	\$9,349	6%
Other	\$3,171	4%
<b>TOTAL</b>	<b>\$152,604</b>	

Source: OptumHealth

**FY12 Collaborative Spending by Category Adults Only**  
(in thousands)

Outpatient	\$38,198	50%
Recovery	\$16,780	22%
Inpatient	\$9,114	12%
Residential	\$6,598	9%
Other	\$3,052	4%
Intensive Outpatient	\$2,719	3%
<b>TOTAL</b>	<b>\$76,462</b>	

Source: OptumHealth

**FY13 Non-Medicaid Collaborative Funding Sources Adult Substance Abuse Treatment**  
(in thousands)

General Fund	\$14,931
Federal SAPT	\$5,542
Federal ATR	\$2,112
<b>Total</b>	<b>\$20,684</b>

Source: NM Human Services Department

- The differences between outpatient, intensive outpatient, and recovery services are subtle. Substance abuse treatment occurs in each of these service areas, but the level of support services and intensity of treatment is higher in the recovery and intensive outpatient areas than in the outpatient category.
- There is limited funding available for non-Medicaid adult substance abuse treatment through the BHPC—it reports about \$20 million in general fund revenues and other federal funds for adult substance abuse treatment.

**Strategic Plan for Substance Abuse.** In October 2012, the New Mexico Human Services Department (HSD) released a draft 2013 BHPC substance abuse strategy following completion of a statewide inventory of service providers. Generally, the HSD concludes there is a lack of service providers for intensive (as opposed to social) substance abuse services. Travel distance and lack of public transportation are barriers to effective out-patient services for rural areas, and the state lacks facilities to provide intensive outpatient services, particularly in the eastern and central regions of the state.

HSD recommendations to improve substance abuse treatment:

- Increase the number of intensive out-patient providers by 22.
- Train behavioral health agencies and community workers to ensure standardized support services for substance abuse patients.
- Increase the use of the evidence-based SBIRT model (Screening, Brief Intervention and Referral to Treatment) in the primary care environment.
- Implement a statewide, 24/7 emergency behavioral health line to link individuals to services in their communities.

**Near-Term Outlook for BHPC Substance Abuse Funding.** As part of the HSD’s Centennial Care Medicaid proposal, it plans to consolidate behavioral health into the contracts for managed care for physical health starting on January 1, 2014. This reflects the view that, 1) integration of physical health services with behavioral health services will lead to better outcomes and, 2) additional behavioral health services are needed at the primary care level.

With the expectation of flat budgets, the HSD is seeking ways to increase the amount of intensive outpatient services with documented clinical outcomes and rely less on expensive residential stays.

**Possible Impact of Medicaid Expansion on Substance Abuse Treatment.** There is no decision yet from the governor about expanding eligibility of Medicaid to low-income adults earning under 138 percent of poverty starting in 2014. However, expansion of Medicaid coverage would likely have a major positive impact on the availability of substance abuse treatment for low-income adults.

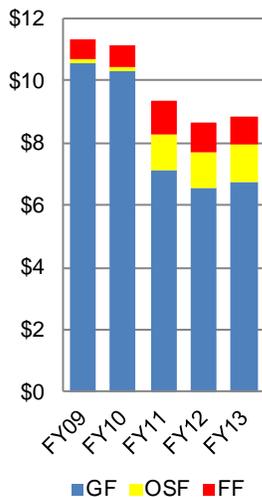
The federal government reported dependence on or abuse of alcohol or illicit drugs among persons aged 12 or older was 8.9 percent nationwide in 2009; New Mexico’s rate was 10.3 percent, in the bottom five of all states. New Mexico also ranked in the bottom quartile of states for access to treatment for drug use. Applying the addiction percentage to

**Drug Court Impacts:**

(National Institute of Justice's Multisite Adult Drug Court Evaluation)

- Participants reported less criminal activity (40 percent vs. 53 percent) and had fewer re-arrests (52 percent vs. 62 percent) than comparable offenders.
- Participants reported less drug use (56 percent vs. 76 percent) and were less likely to test positive (29 percent vs. 46 percent) than comparable offenders.
- Treatment investment costs were higher for participants, but experienced less recidivism. Drug courts saved an average of \$5,680 per offender.

**Drug Court Funding FY09-FY13**  
(in millions)



Source: LFC files

the HSD's enrollment estimate of 149 thousand newly Medicaid-eligible adults, an estimated 15 thousand individuals could be in need of substance abuse treatment and could benefit from Medicaid expansion. In addition to helping those with addictions, a 2009 federal study noted that each dollar invested in substance abuse treatment generated \$12 savings in medical and criminal justice system costs.

**Substance Abuse Initiative for Temporary Assistance for Needy Families (TANF) Clients.** The HSD identified substance abuse as one of the major barriers to getting TANF participants into the workforce and maintaining employment. At one time there was \$800 thousand in the TANF budget for substance abuse, but it has not been in funding again since FY10. The HSD is proposing \$2 million for FY14, hoping to improve client outcomes by facilitating substance abuse prevention and treatment thru the New Mexico Works contractor SL Start.

**DRUG COURT PROGRAMS**

**Drug Court Programs and Services.** The Administrative Office of the Courts (AOC), in conjunction with state district courts, administers drug court programs statewide (independent from BHPC substance abuse efforts). Drug courts are specialized programs targeting criminal defendants and offenders who have alcohol and other drug dependency problems. The goal of these programs is to provide an alternative to incarceration, while offering intervention and treatment for substance-dependent individuals.

The drug court model has been shown in national studies to significantly reduce recidivism and create cost savings in the correctional system by decreasing the re-arrest of participants. The four types of drug court programs in New Mexico are adult drug court, juvenile drug court, family dependence drug court, and DWI/drug court. Although drug courts vary in target population and resources, programs are generally managed by a multidisciplinary team including judges, prosecutors, defense attorneys, community corrections, social workers, and treatment service professionals.

**Drug Court Funding.** In recent years New Mexico drug court programs have experienced funding reductions of 22 percent, from a total of \$11.3 million in FY09 to \$8.8 million in FY13. In FY09, transfers from the general fund accounted for 93 percent of all drug court funding; by FY13, that figure was reduced to 76 percent. In FY12, the Legislature appropriated \$800 thousand from liquor excise tax revenues (from the local DWI fund within the Department of Finance and Administration, Local Government Division) to the AOC for drug courts; in FY13, liquor excise tax revenue was reduced to \$500 thousand while the general fund appropriation was increased by \$600 thousand.

Drug court funding is provided to the Bernalillo County Metropolitan Court and individual district courts in their base budgets. Funding for all magistrate drug court is provided for in the Magistrate Court Program in the budget of the AOC. The liquor excise tax fund revenue

**Selected FY12 NM Drug Court Outcomes:**

A total of 639 participants graduated from a NM drug court program in FY12. By the end of June 2012, 964 offenders were participating in drug court programs statewide.

Average recidivism rate for drug court graduates was 7.8 percent. Juvenile participants averaged 11 percent; adults averaged 9 percent; and magistrate participants averaged 3.8 percent.

Average cost per client per day was \$19.40. Adult participants averaged \$16.40; juvenile programs averaged \$33.44; and magistrate participants averaged \$13.26.

NM drug court program graduation rates average 65 percent. Individual graduation rates varied from a low of 12 percent in the Espanola Adult Drug Court Program to 100 percent in the Lordsburg Adult Drug Court Program.

Nearly 89 percent of adult drug court graduates reported being employed, while 96 percent of juvenile drug court participants reported enrollment in academic programs.

provided to the AOC has been distributed to individual courts by the Drug Court Advisory Committee (DCAC). The DCAC membership includes representatives from district as well as Metropolitan Court.

**Drug Court Outcomes and Issues.** New Mexico has adult, juvenile, and family-dependency drug court programs at the district court level, and seven DWI courts operated out of limited jurisdiction, Magistrate and Metropolitan Courts. Although program performance is tracked on an annual basis, some results are difficult to compare nationally. For example, New Mexico calculates recidivism rates for program graduates only, while nationally, recidivism is calculated for all participants. Recidivism is the most crucial measure since the majority of cost savings is directly related to the recidivism rate. The AOC is overhauling its performance measures to better reflect the national trends in drug court evaluation. Additionally, New Mexico drug court programs are not performing diagnostic intake tests to target high-need individuals; instead, they rely on treatment providers to conduct interviews and determine client eligibility for drug court programs. The AOC tracks performance data for individual drug court programs by judicial district and program type, but does not track outcomes for individual treatment providers.

**ASSOCIATION OF COUNTIES DWI PROGRAMS**

In FY12, local DWI grant (LDWI) programs spent about \$17 million of liquor excise tax revenue on a variety services intended to reduce the incidence of DWI and substance abuse in New Mexico. Yet in past years, counties have been required to do little strategic program planning or performance evaluation. However, the Department of Finance and Administration, Local Government Division (DFA-LGD), in conjunction with the Department of Health's Epidemiology and Response Division, has been working to improve county reporting and accountability in each of the program components.

The BHPC has 18 regional collaboratives, and county LDWI programs are required to state on their LDWI grant funding applications the extent to which the county works with its local BHPC to coordinate services. The LGD reports that 22 of the state's 33 counties report working with their local BHPC to some extent, however, the effectiveness such coordination efforts is mixed.

**County DWI Grant Funding.** The LDWI grant program supports county services with liquor excise tax revenue. Of the \$45.2 million projected for liquor excise tax revenue in FY13, about 41.5 percent, or \$18.8 million, will be distributed to the LDWI fund. (The remaining \$26.2 million is distributed to the general fund.) Local DWI funds are distributed to the DFA Local Government Division (LGD) for program administration costs, the DFA ignition interlock fund, and to LDWI county programs as distributions (by formula per statute) and as grants (through a competitive application process).

Local DWI Statewide FY12 Program Expenditures	
Alternative sentencing	\$1,545,076
Prevention	\$2,999,697
Enforcement	\$750,148
Screening	\$289,324
Domestic violence	\$99,340
Treatment	\$6,857,360
Compliance monitoring & tracking	\$2,476,942
Coordination, planning & evaluation	\$2,209,857
<b>Total</b>	<b>\$17,227,744</b>

Source: NM DWI Grant Council

The Local DWI programs have not reported performance outcomes, costs per client, or recidivism rates.

Local DWI Grant Fund Projected Allocations for FY13 (in thousands)	
Ignition interlock indigent fund to cover costs of installing/ removing ignition interlock devices for indigent people required to install the devices in their vehicles.	\$300.0
DFA local DWI program administration.	\$600.0
Competitive grant fund. Awarded to counties through an application process.	\$1,900.0
Detox grant fund. Awarded to counties through an application process (based on population--currently six counties).	\$2,800.0
Distribution fund. Allocated to all 33 counties, set by formula.	\$13,200.0
<b>Total</b>	<b>\$18,800.0</b>

Source: NM DWI Coordinators Affiliate

The New Mexico DWI Grant Council approves funding, regulations, and guidelines for the LDWI programs. Each county is required to have a LDWI planning council and an LDWI coordinator responsible for budgeting, planning, developing funding requests, and complying with reporting requirements.

Funding is approved and distributed based on each county's LDWI plan, which should include an assessment of each county's individual service gaps and needs, and how LDWI funding will meet those needs. By statute, county DWI plans are required to be approved by the Human Services Department; however, the HSD hired a contractor to assist the LGD with review and approval of plans.

**County DWI Programs and Services.** In FY11, LDWI programs spent about \$18 million on screening (for substance abuse and needed treatment), treatment, enforcement, prevention, compliance monitoring and tracking, alternative sentencing (such as community service), coordination, planning and evaluation, and alcohol-related domestic violence. Most LDWI-funded services have at least an indirect impact on substance abuse; however, prevention, screening, and treatment services may have the most direct impact and are described below.

**Screening.** Every county must have a screening program for use by New Mexico courts (district, magistrate, metro, and municipal). Upon any DWI conviction pursuant to Section 66-8-102K NMSA 1978, an offender is required to participate in and complete an alcohol or drug abuse screening program approved by the DFA and, if necessary, a treatment program approved by the court. If the screen indicates a need for treatment, the LDWI program may refer the offender to a list of available treatment providers in the county.

**Treatment.** By statute (Section 11-6A-3G NMSA 1978), 65 percent of grant funds awarded (not distribution funds) must be allocated for treatment. In FY11, nearly 77 percent of grant funds were awarded for treatment. While about one-third of counties spend no LDWI funding

on treatment, most counties refer offenders to treatment whether the treatment is funded by LDWI or other funding sources. In FY11, nearly 6,000 offenders were referred to treatment at a total cost of \$7.2 million (distribution, competitive grant funds, and alcohol detoxification grant funds).

*Prevention.* In April 2012, the LDWI guidelines were significantly revised to promote greater accountability for LDWI funding spent on prevention activities. Prevention activities can vary dramatically, from flyers distributed at a public event to classroom activities or employee assistance programs. Major changes in the guidelines for counties include the requirement of evidenced-based programs, needs assessment and planning, program evaluation, and a certified prevention specialist on staff.

**LDWI Performance and Accountability.** In the past, counties have been required to do little in the way of strategic program planning, performance goal development, or data collection and evaluation. However, the LGD, in conjunction with the Department of Health's Epidemiology and Response Division, has been working to improve county reporting and accountability in each of the program components.

*County Program Audits.* The LGD audits about one-third of county LDWI programs each year. Although the audits contain some analysis regarding county programming and county LDWI plans, the focus is on adequacy of financial accounting and whether basic reporting requirements are met. Nevertheless, the LGD has denied county applications for grant funding and redistribution of reverted funds based on audit findings.

**Attachment A, DOH, Prescription Drug Overdoses in New Mexico**

**Attachment B, Drug Court Program Performance Report Card**

**Attachment C, Behavioral Health Purchasing Collaborative**

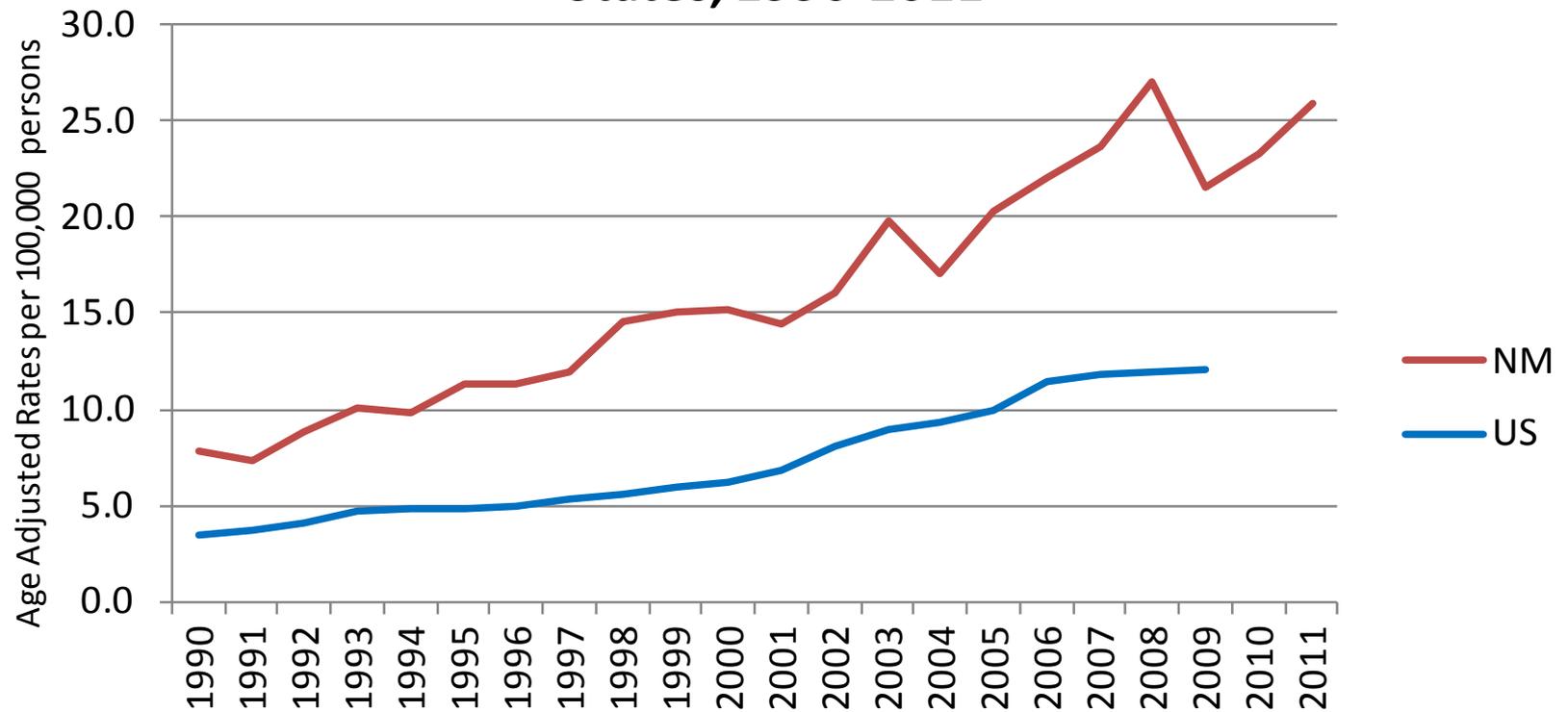
**Performance Report Card**

# Prescription Drug Overdose Deaths in New Mexico

Michael Landen, MD, MPH  
State Epidemiologist  
New Mexico Department of Health



## Drug Overdose Death Rates, New Mexico and United States, 1990-2011



Source: 1990-2008: CDC Wonder; 2009 US: NCHS; 2009-2011 NM: BVRHS.

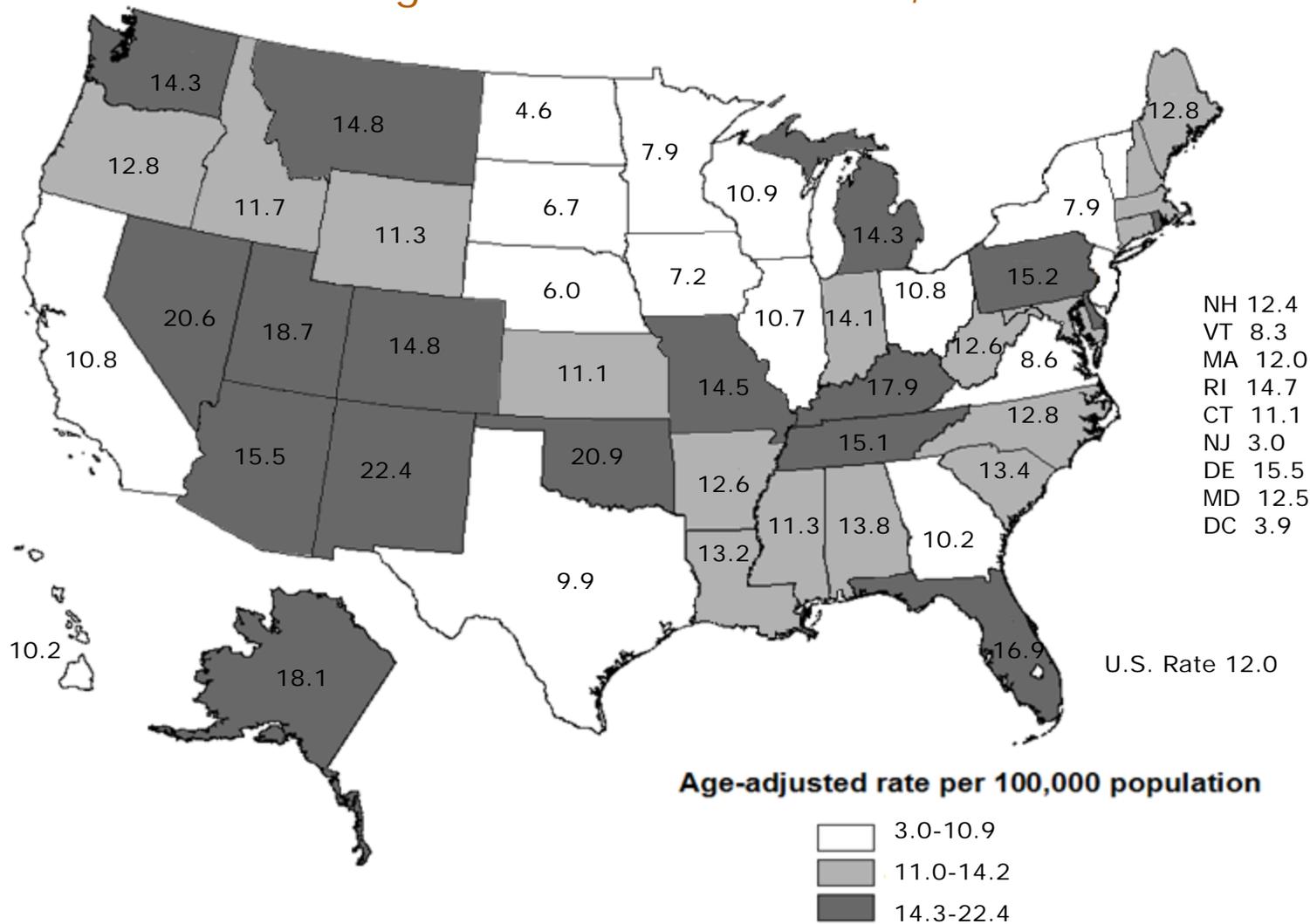
# Drug Overdose Death Rates Leading States, U.S., 2009

<b>Rank</b>	<b>State</b>	<b>Deaths per 100,000</b>
1	New Mexico	22.4
2	Oklahoma	20.9
3	Nevada	20.6
4	Utah	18.7
5	Alaska	18.1
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	US	12.0

*Sources: CDC Vital Signs*

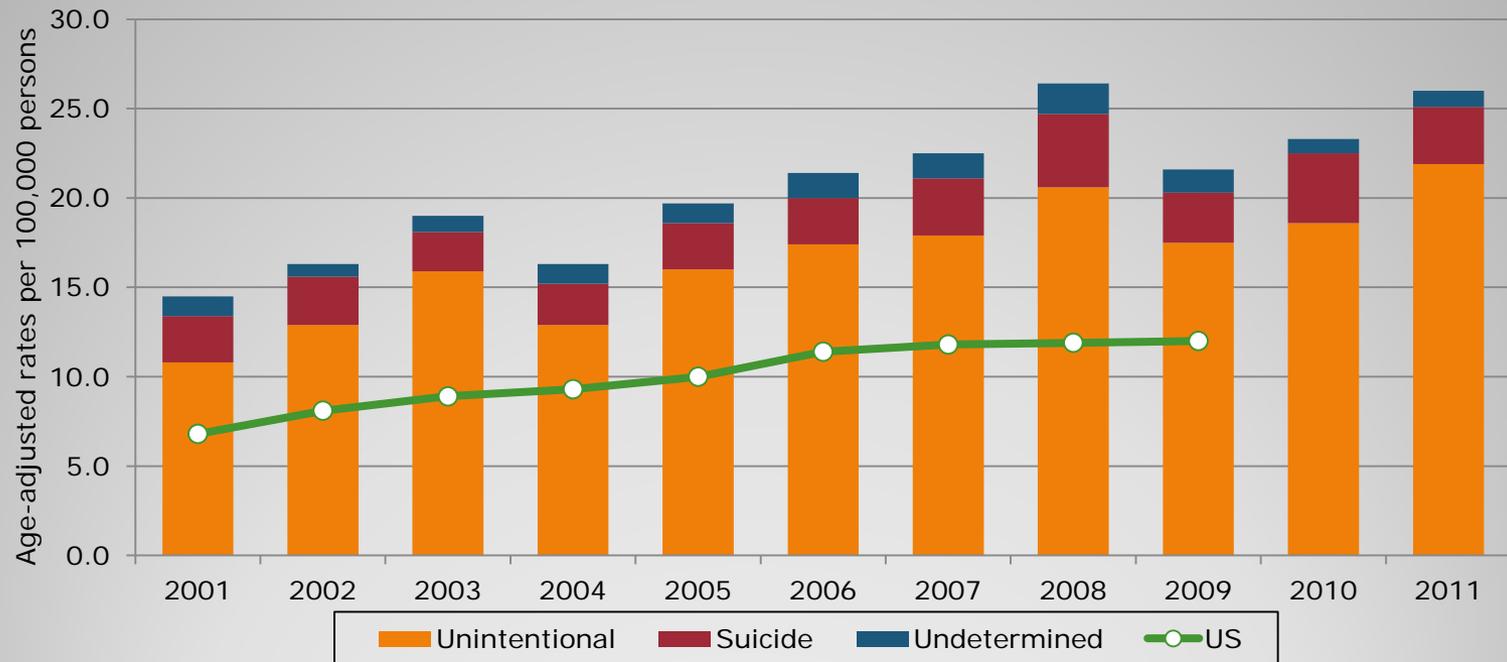
*Rates are age-adjusted to the 2000 US Standard Population.*

# Drug Overdose Death Rates, 2009



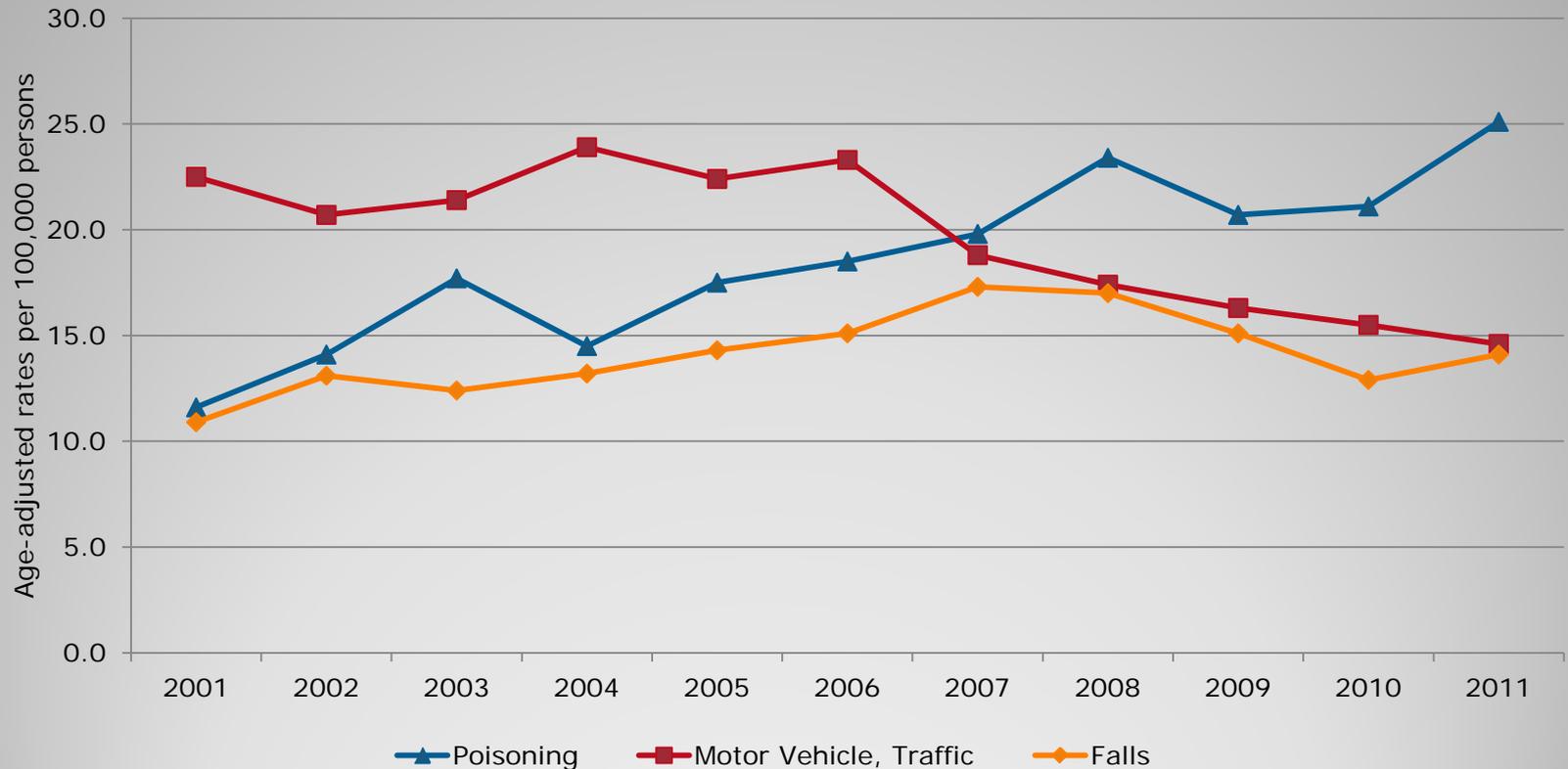
SOURCE: CDC Wonder.

## Drug Overdose Death Rates by Manner New Mexico and U.S., 2001-2011



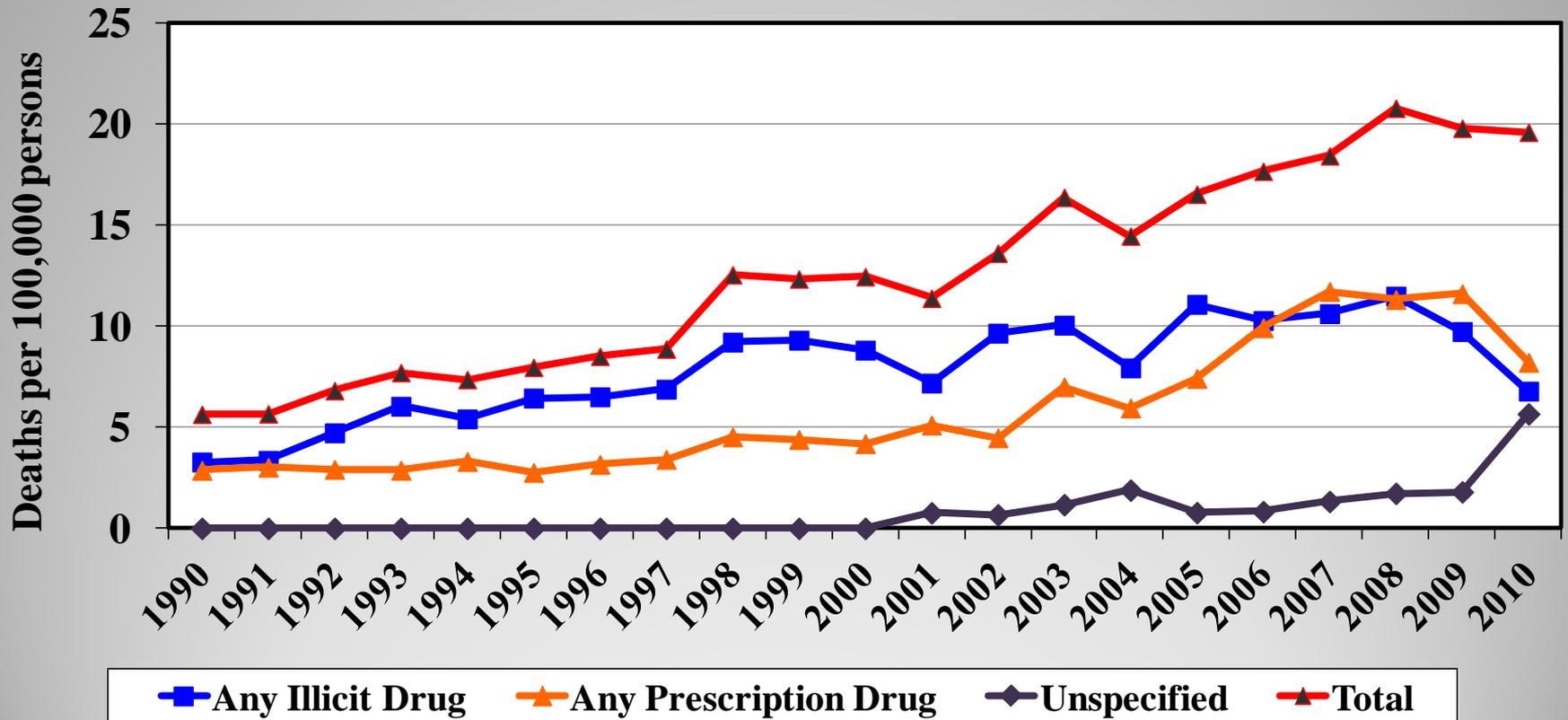
Source: New Mexico Vital Records and Health Statistics; CDC Wonder.

## Leading Causes of Unintentional Injury Death, New Mexico, 2001-2011



Source: New Mexico Vital Records and Health Statistics.

# Unintentional Overdose Death Rates by Type of Drug, New Mexico, 1990-2010



*Note: Groups are not mutually exclusive*

*Data Source: The New Mexico Office of the Medical Investigator*

*Rates are age-adjusted to the 2000 US Standard Population.*

## Most Common Drugs Causing Unintentional Drug Overdose Death, New Mexico, 2008-2010

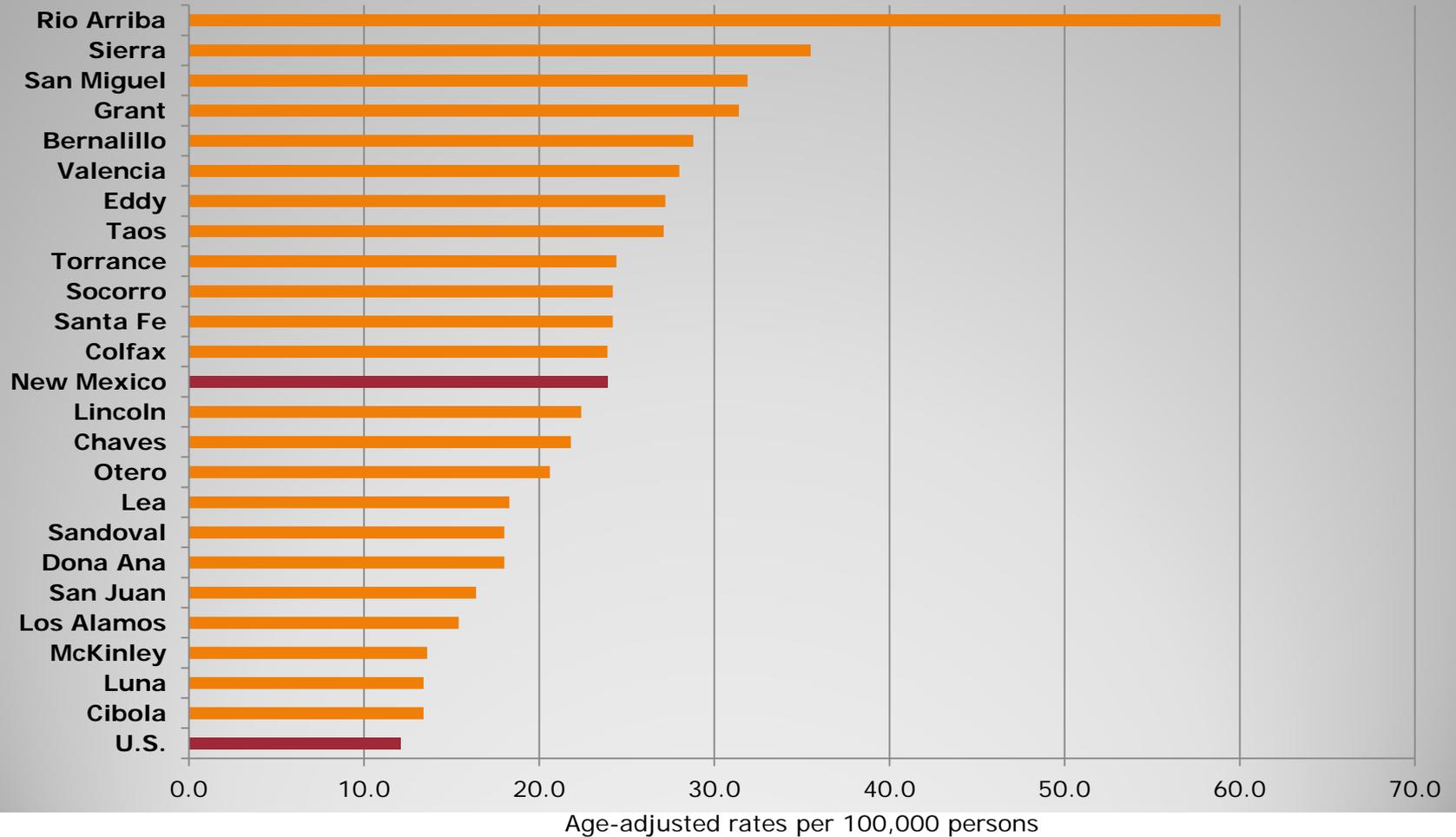
2008	AA Rate	2009	AA Rate	2010*	AA Rate
Heroin	7.8	Heroin	6.1	Unspecified	5.7
Cocaine	5.3	Cocaine	4.6	Heroin	3.8
Oxycodone	3.1	Oxycodone	3.9	Cocaine	2.8
Methadone	2.8	Alprazolam	2.9	Oxycodone	2.7
Alprazolam	2.2	Diazepam	2.3	Morphine	1.6
Diazepam	2.2	Morphine	2.1	Methadone	1.5
Hydrocodone	2.2	MA	1.8	Alprazolam	1.5
Unspecified	1.7	Unspecified	1.8	MA	1.5

\* 2010 rate declines by drug type are partly a function of decreases in specificity of drug type coding

Source: The New Mexico Office of the Medical Investigator

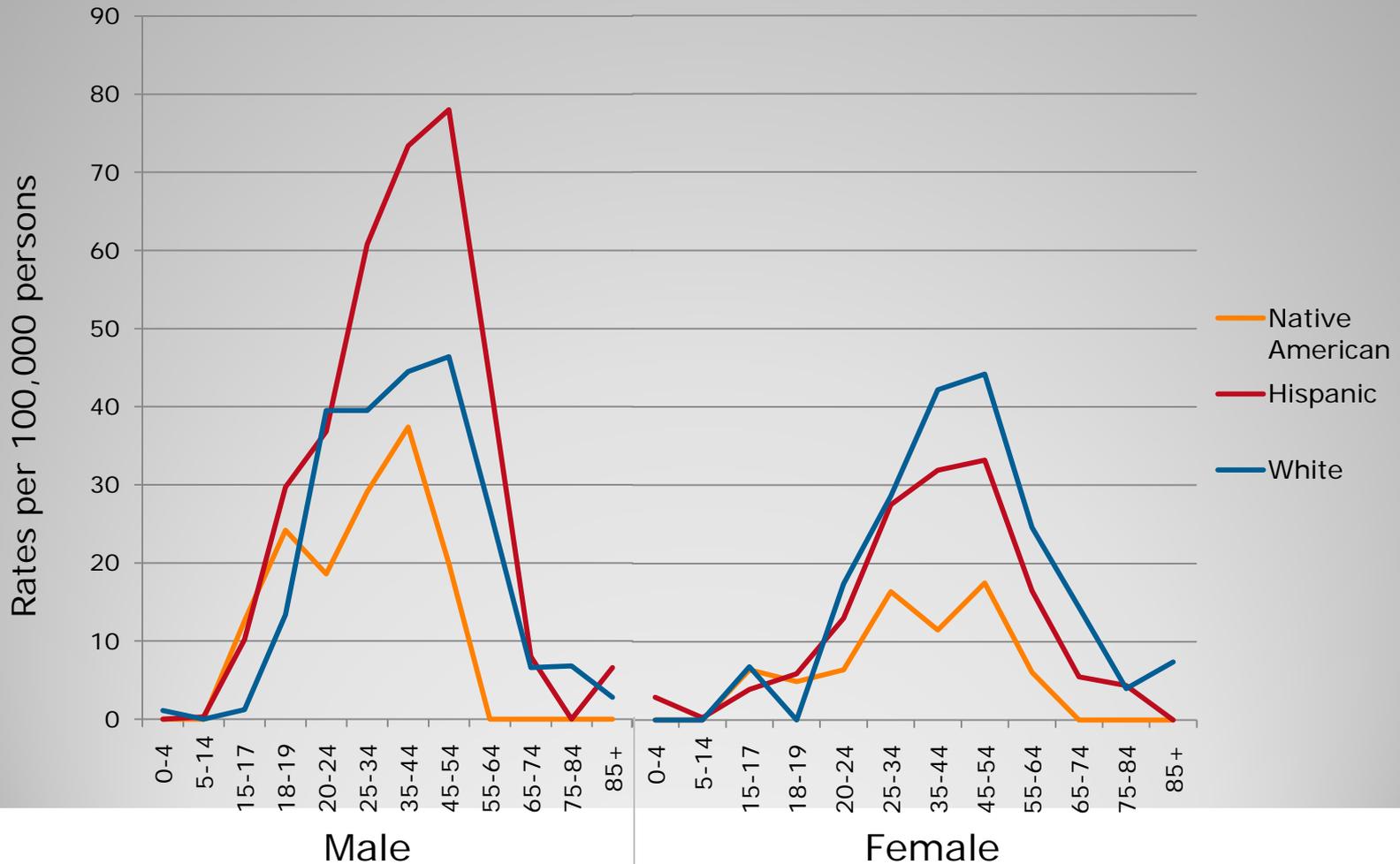
Notes: Rates are not mutually exclusive. Rates are age-adjusted to the 2000 US Standard Population.

## Drug Overdose Death Rates by County, New Mexico, 2007-2011 and U.S., 2009



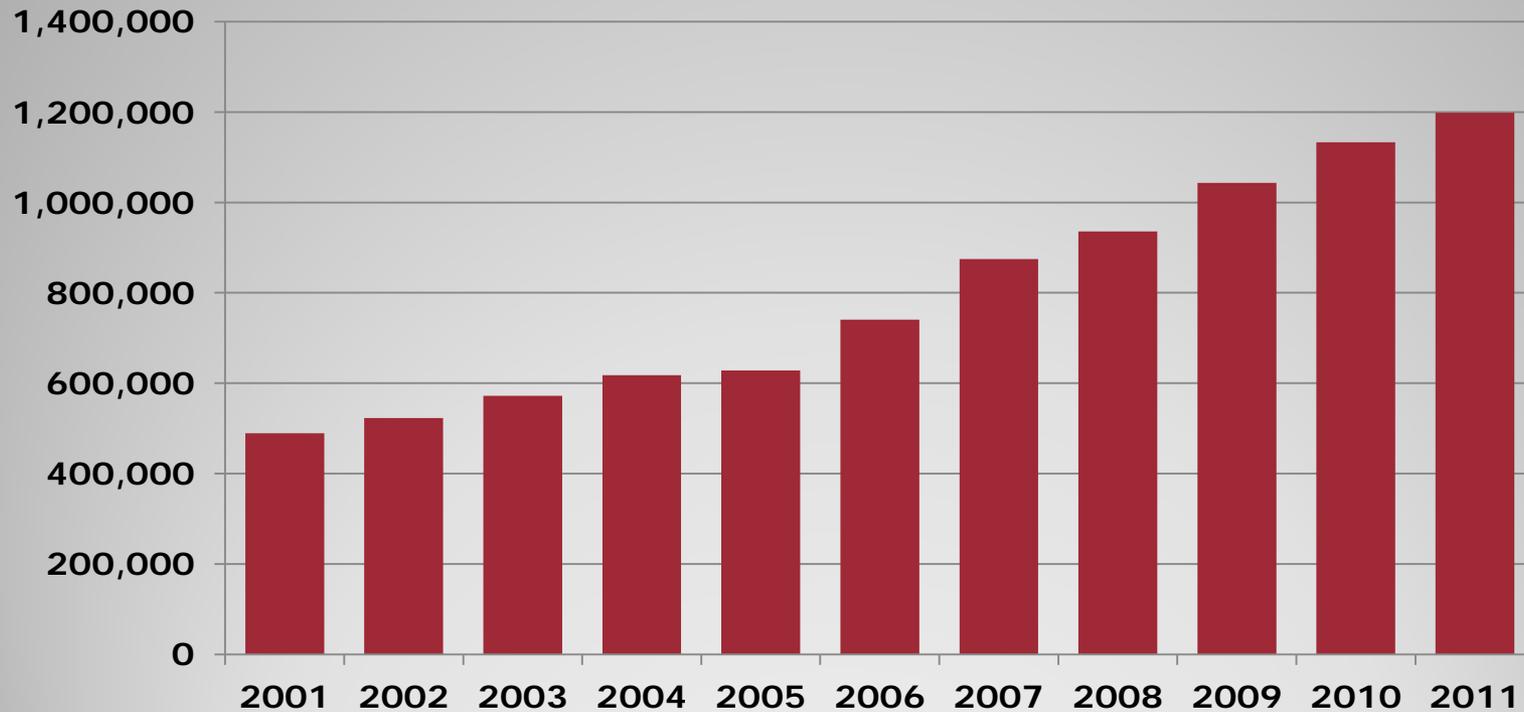
Source: BVRHS; CDC Wonder.

# Drug Overdose Death Rates by Age, Sex, and Race, New Mexico, 2007-2011



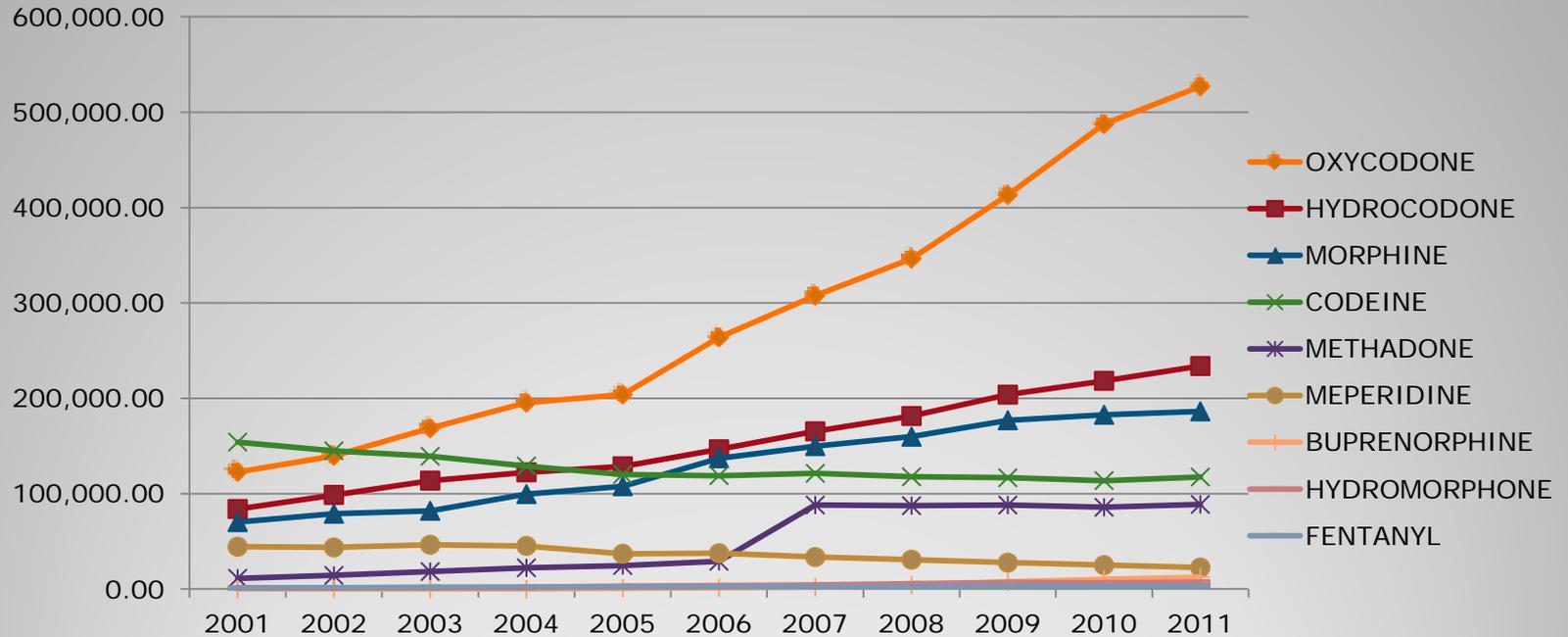
Source: BVRHS.

## Prescription Opioid Drug Sales by Weight (Grams) in the DEA\* Database, New Mexico, 2002-2011



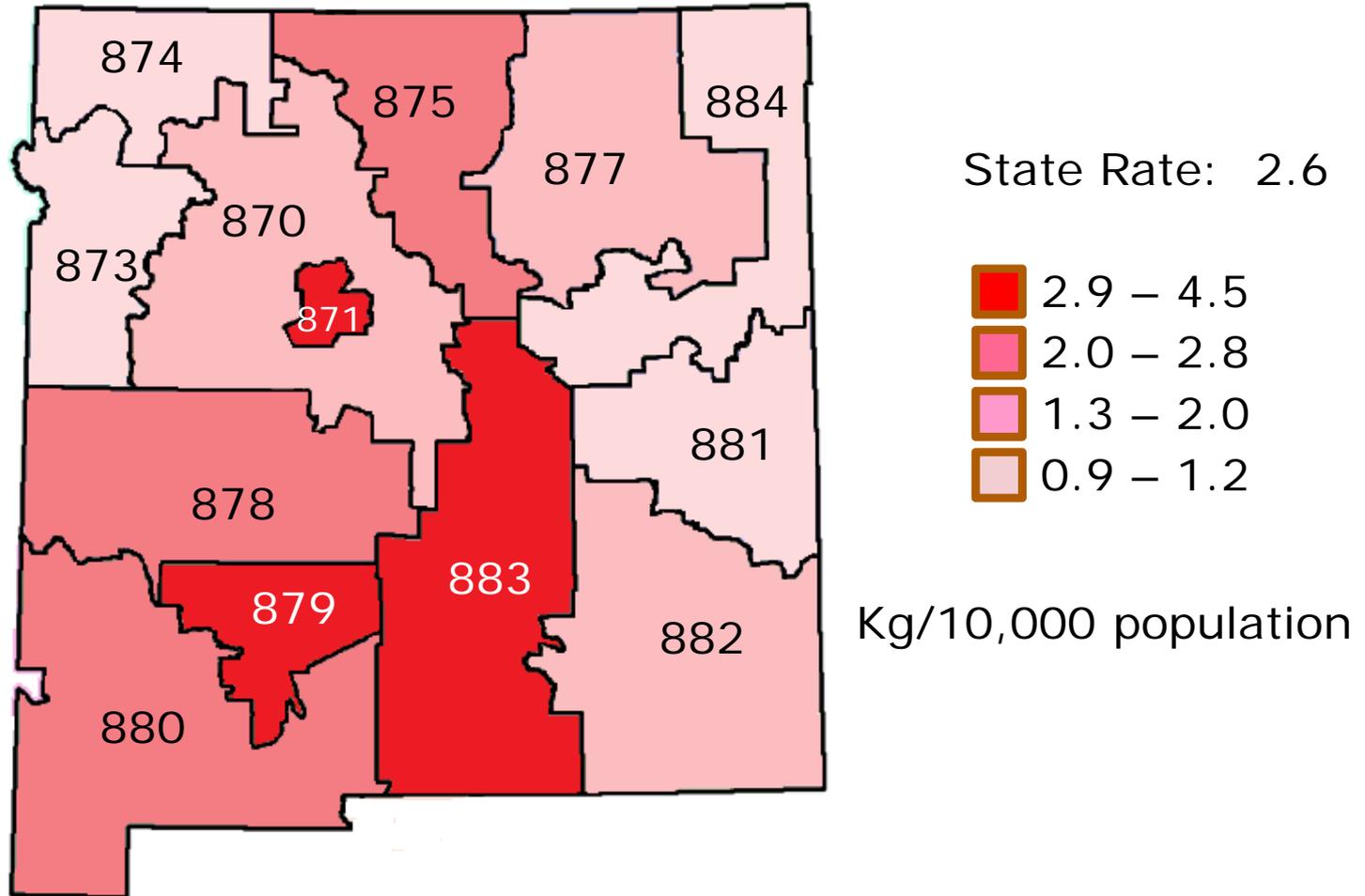
\* Drug Enforcement Administration, U.S. Dept. of Justice.

## Prescription Opioid Drug Sales by Weight (Grams) in the DEA\* Database, New Mexico, 2002-2011



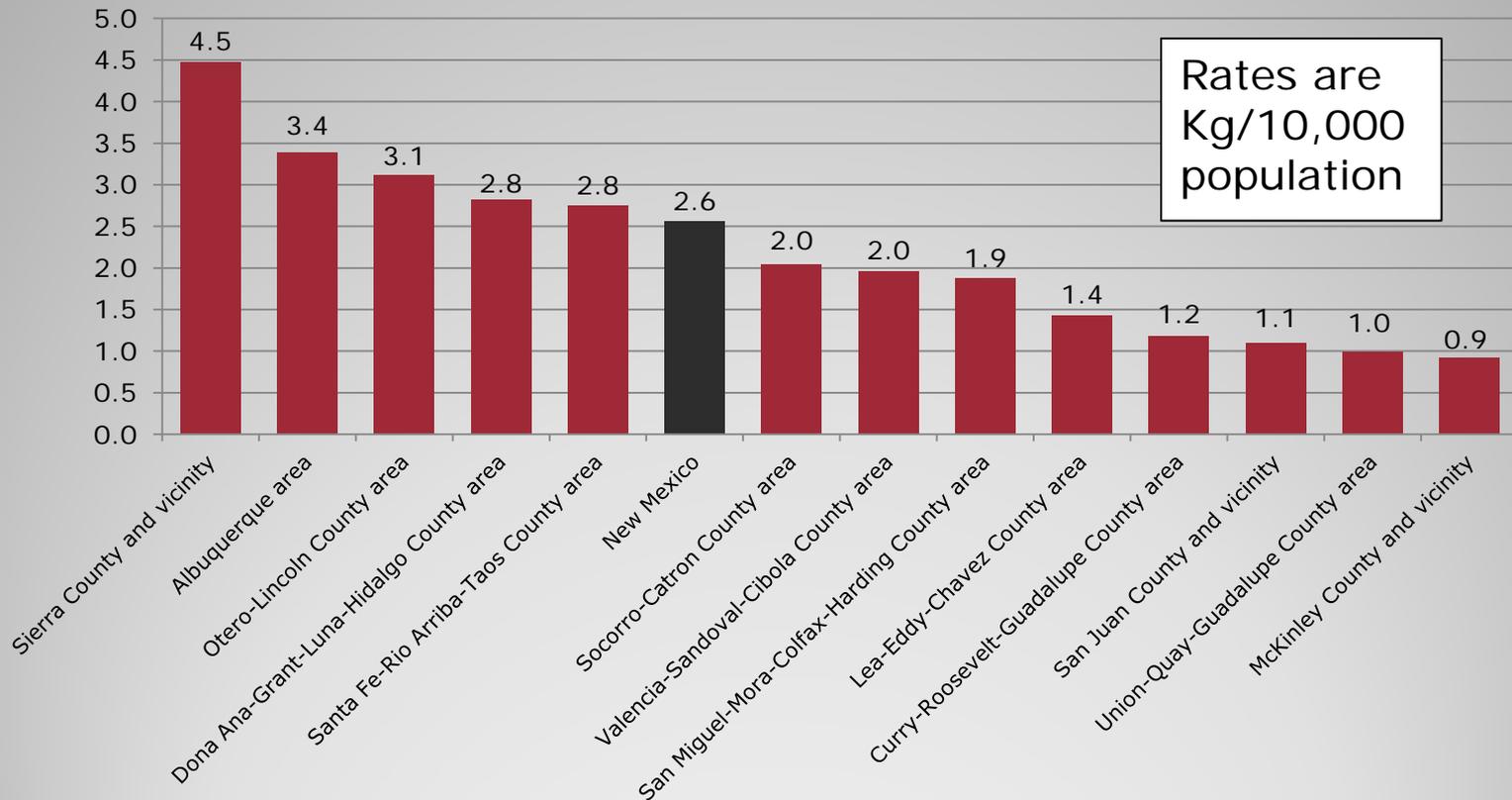
\* Drug Enforcement Administration, U.S. Dept. of Justice.

# Oxycodone Sales Rate by 3-Digit Zip Codes New Mexico, 2011



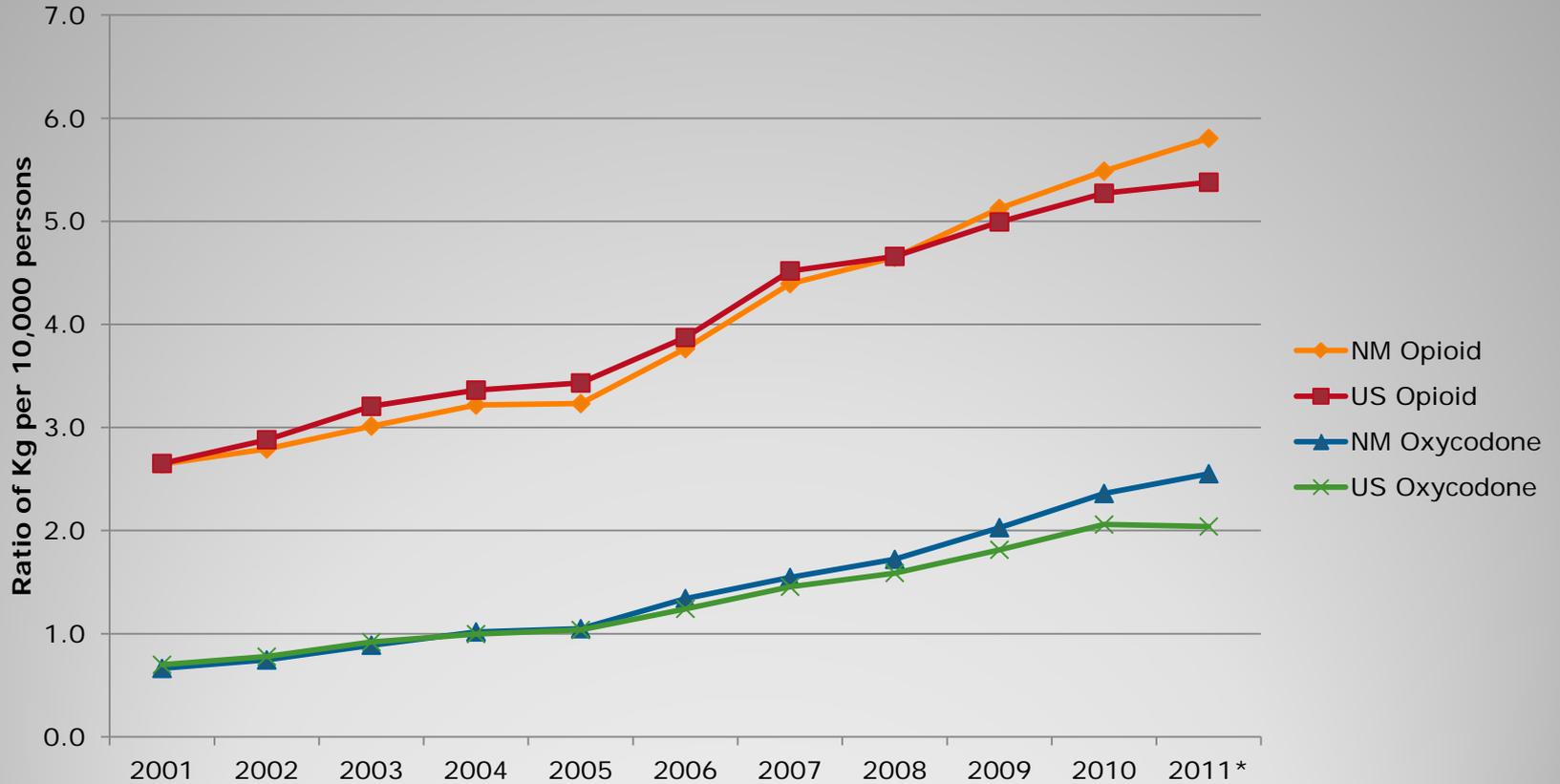
Source: Data-Drug Enforcement Administration, U.S. Dept. of Justice. Pop-U.S. Census Bureau.

## Oxycodone Sales Rate by 3-Digit Zip Codes New Mexico, 2011



Source: DEA, U.S. Dept. of Justice; U.S. Census Bureau.

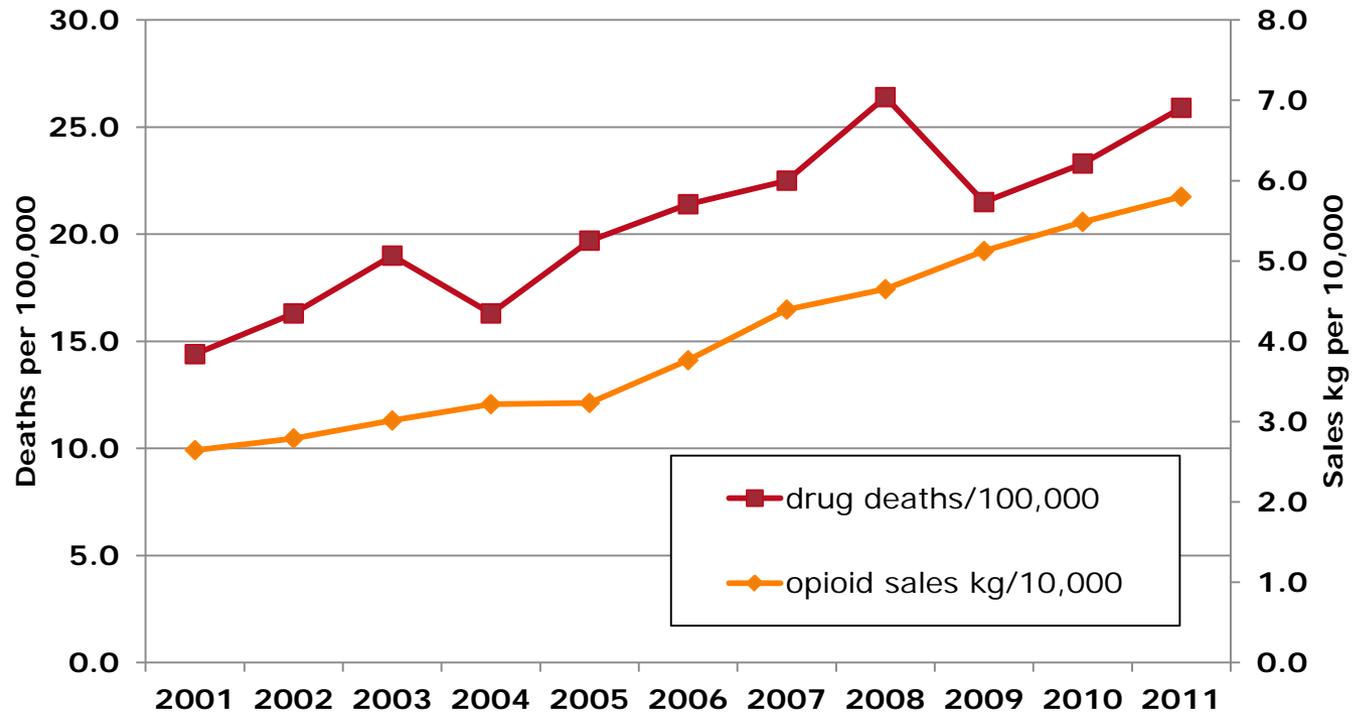
## Prescription Total Opioid and Oxycodone Sales Ratios United States and New Mexico, 2001-2011



\* 2011 NM ratio based on 2010 population estimate.

SOURCE: Sales data: DEA, U.S. Dept. of Justice; Pop estimates from BBER, UNM and U.S. Census Bureau.

## Drug Overdose Death Rate and OPR Sales Rate New Mexico, 2001-2011



Source: BVRHS, NMDOH; ARCOS, DEA.

# Drug Overdose Death with Numbers of Prescribers and Pharmacies

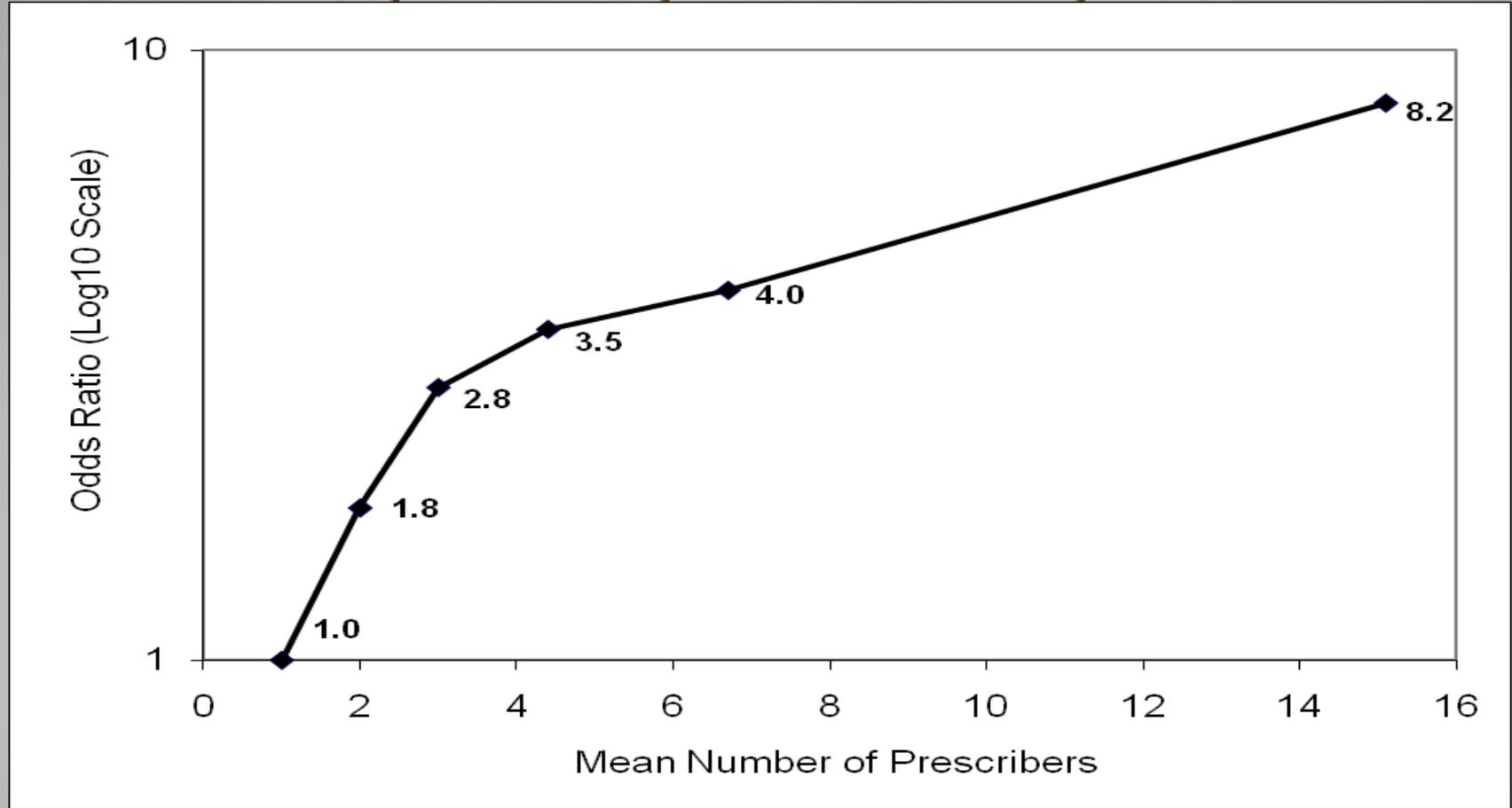
Number of	Case Mean	Control Mean	Odds Ratio for increase of one	95% CL
Prescribers	3.0	1.4	1.7	1.6-1.9
Pharmacies	2.4	1.2	2.3	2.0-2.5

Paulozzi LJ, Kilbourne EM, Shah NG, Nolte KB, Desai HA, Landen MG, Harvey W, Loring LD.

A history of being prescribed controlled substances and risk of drug overdose death.

*Pain Med.* 2012 Jan; **13(1)**:87-95.

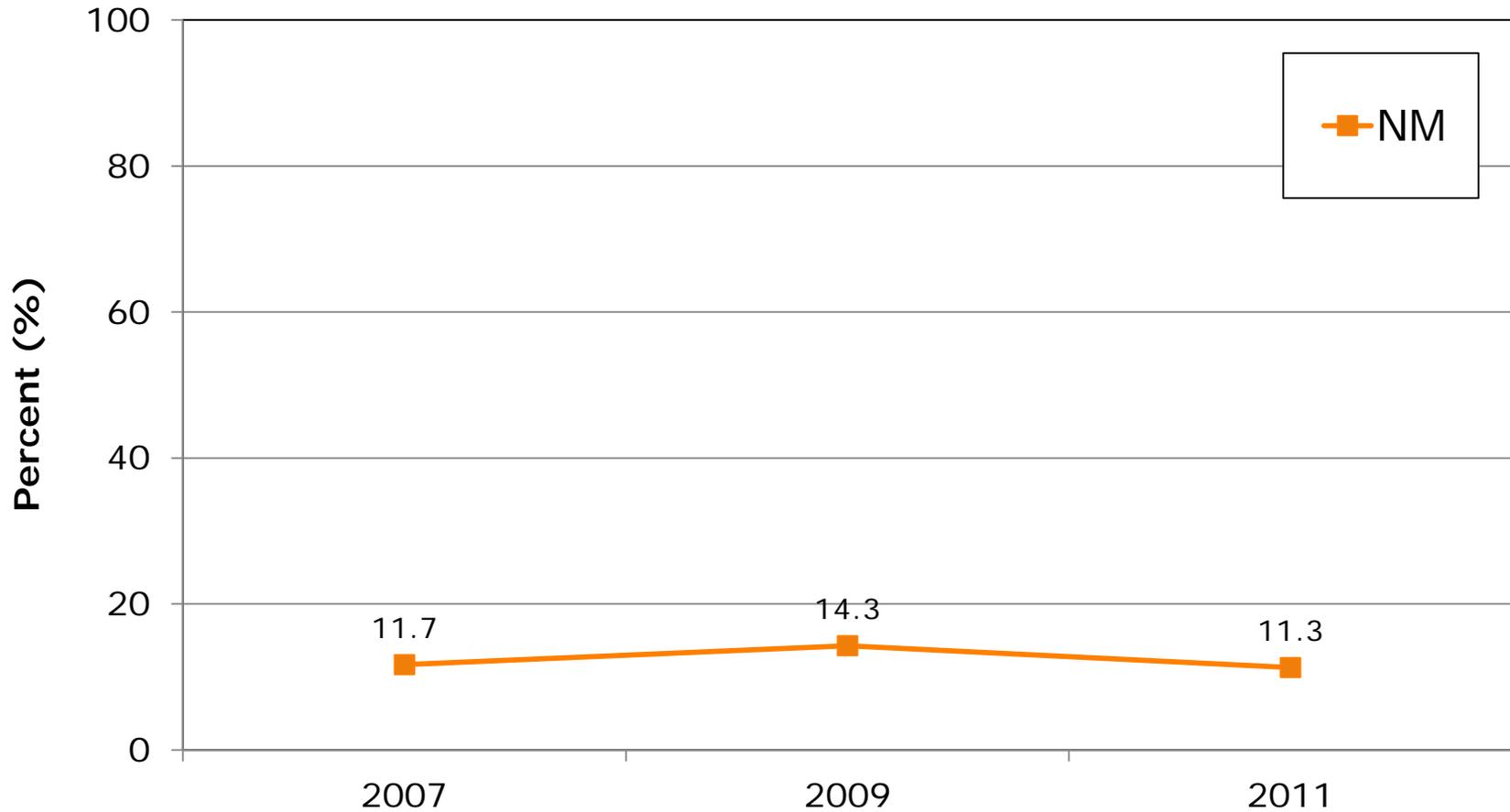
# Number of Prescribers per Patient with Risk of Unintentional Drug Overdose Death New Mexico, October, 2006—March, 2008



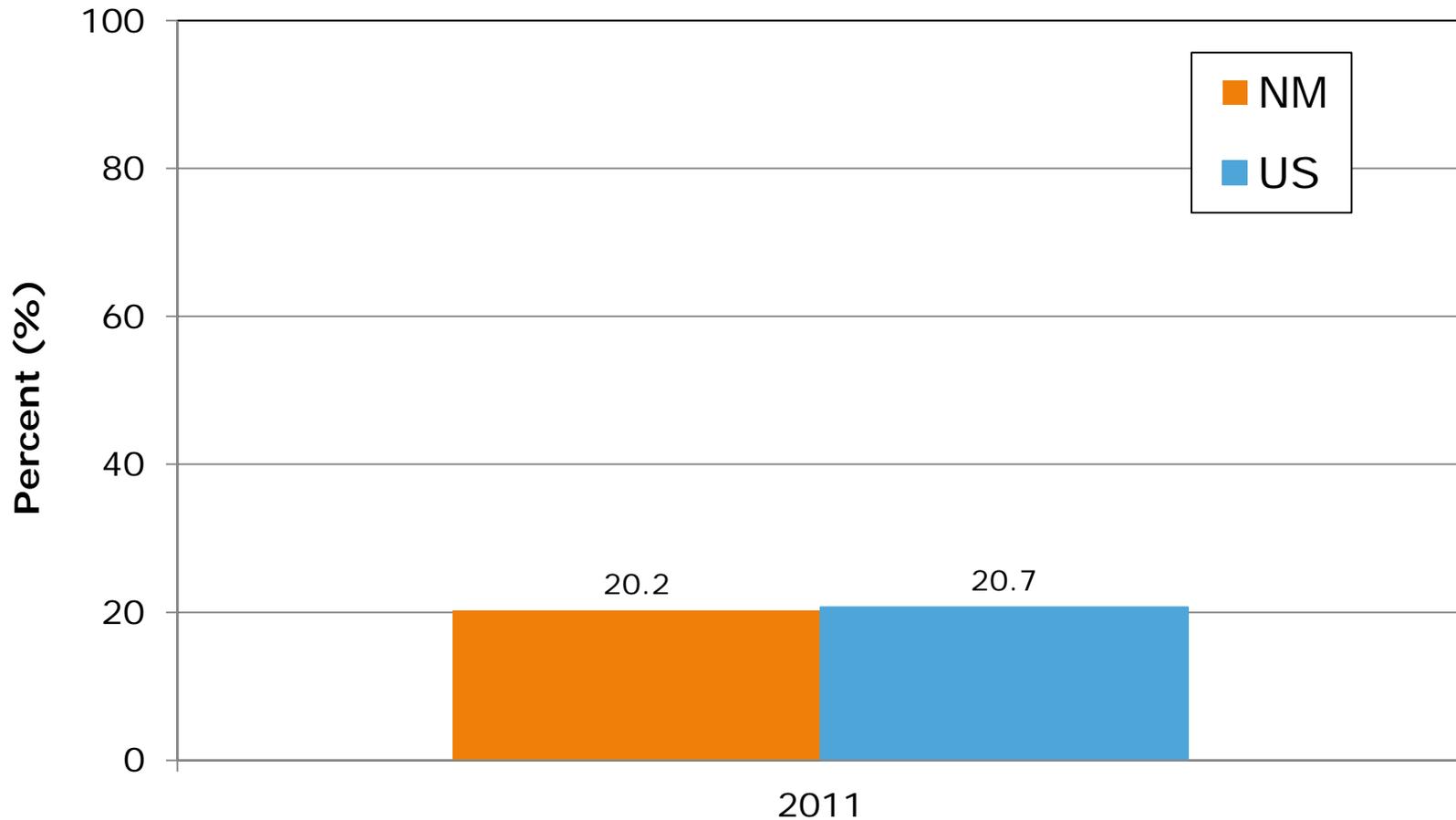
Paulozzi LJ, Kilbourne EM, Shah NG, Nolte KB, Desai HA, Landen MG, Harvey W, Loring LD.

A history of being prescribed controlled substances and risk of drug

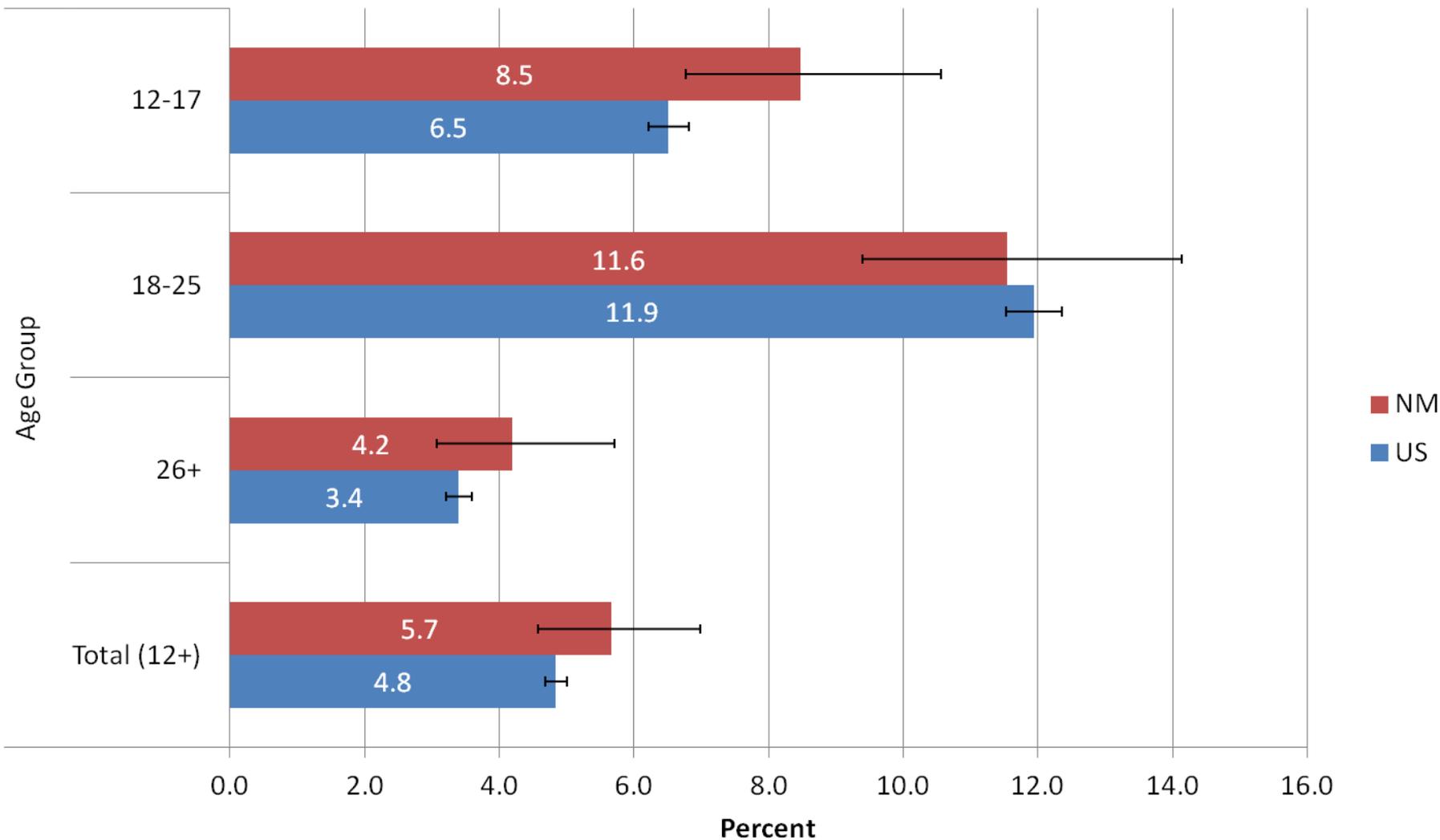
# Past 30-day Painkiller Use to Get High Grades 9-12, NM, 2007-2011



# Ever Used a Prescription Drug without a Doctor's Prescription Grades 9-12, NM and US, 2011



# Nonmedical Use of Pain Relievers in Past Year by Age, NM and US, 2008-2009



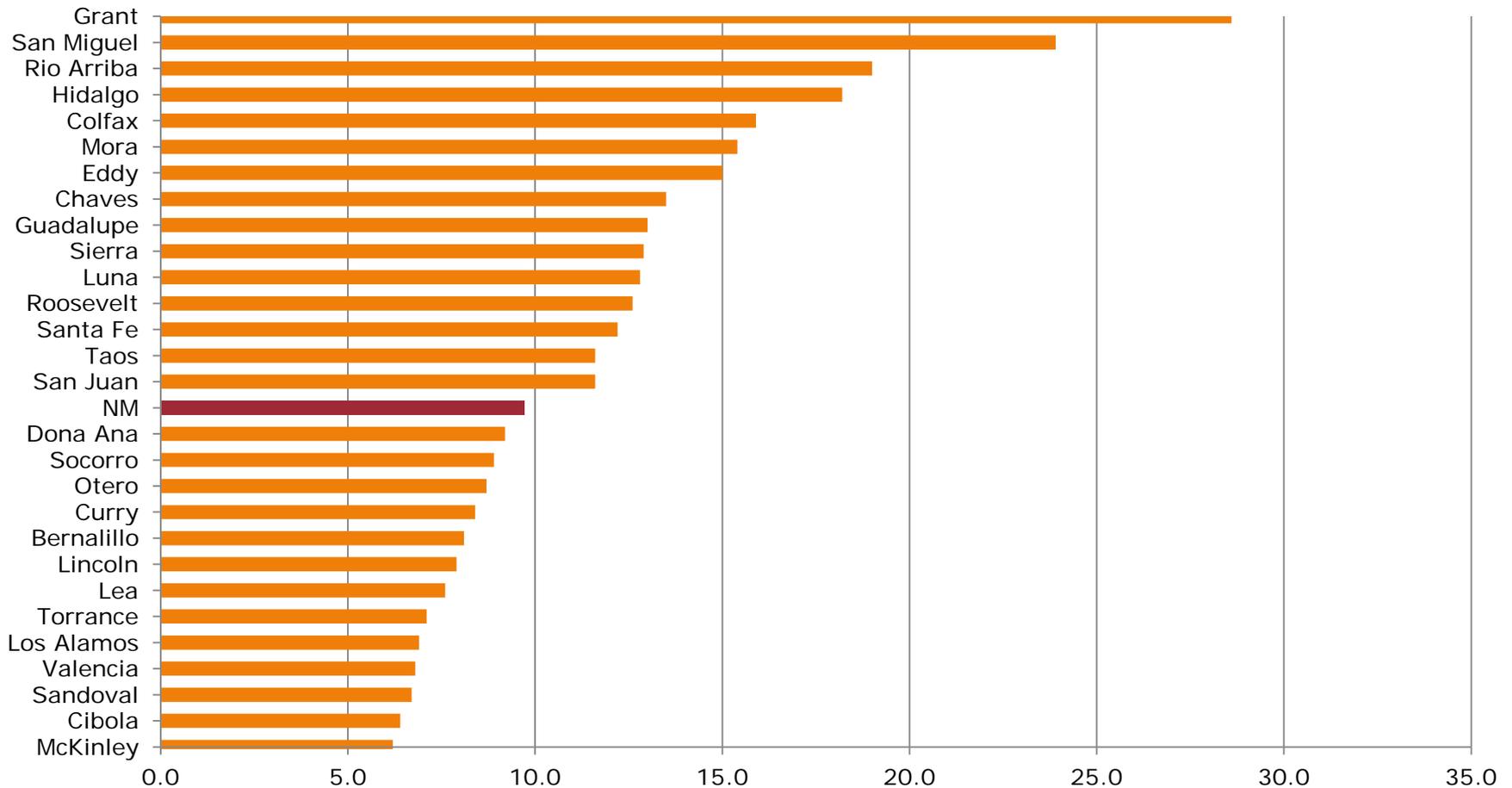
## Drug Overdose Hospital Inpatient Discharge Rates by Sex, New Mexico, 2001-2010



NOTE: Drug overdose deaths based of the following external ICD-9 codes: E850-E858; E950.0-E950.5; E962.0; E980.0-E980.5. Data include hospital discharges from in-state, non-federal hospitals (IHS not included).

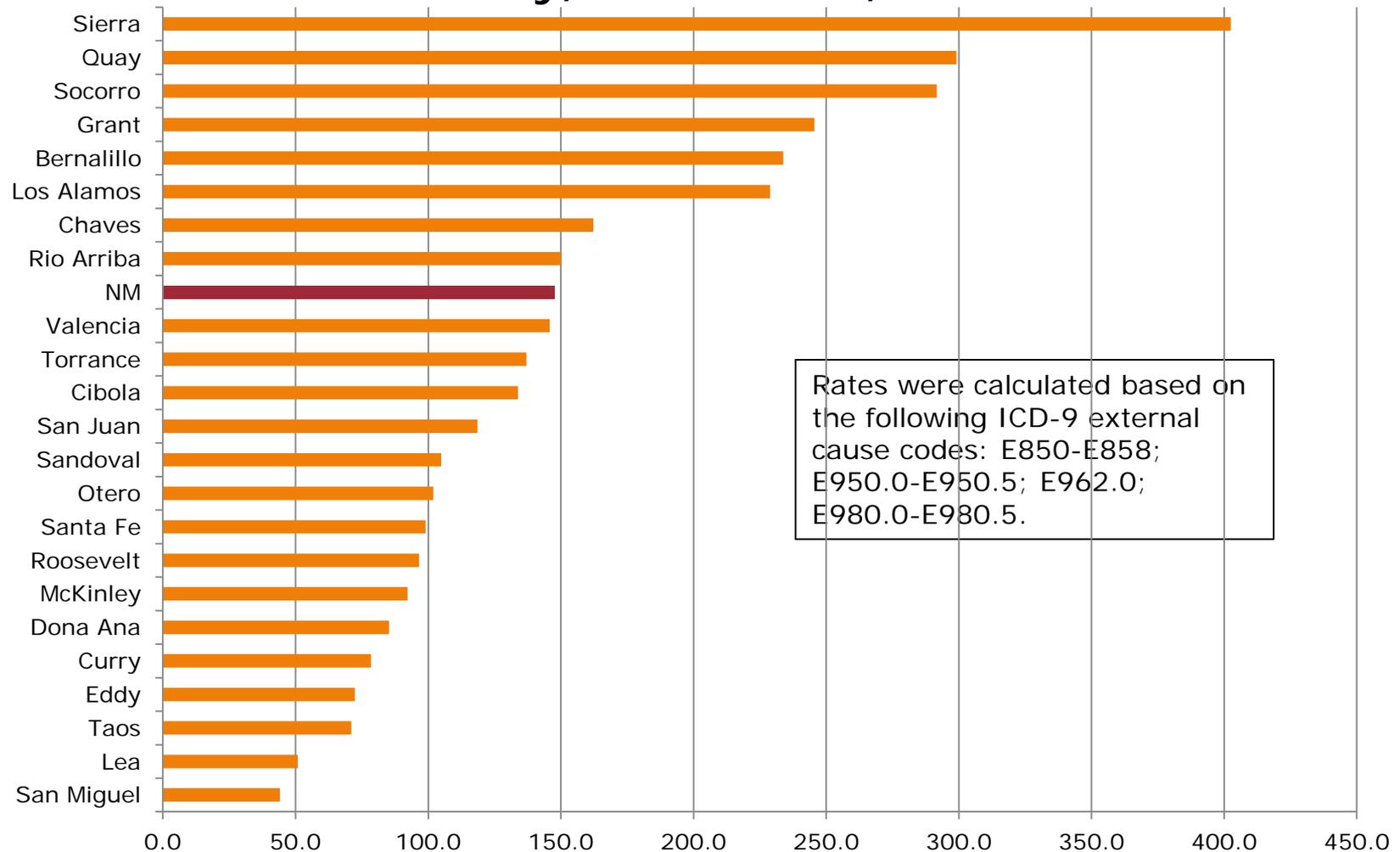
SOURCE: New Mexico Department of Health, Hospital Inpatient Discharge Data.

## Drug Overdose Hospital Inpatient Discharge Rates by County, New Mexico, 2008-2010 Average



NOTE: Rates are age-adjusted based of the following external ICD-9 codes: E850-E858; E950.0-E950.5; E962.0; E980.0-E980.5.  
 Data include hospital discharges from in-state, non-federal hospitals (IHS not included).  
 SOURCE: New Mexico Department of Health, Hospital Inpatient Discharge Data.

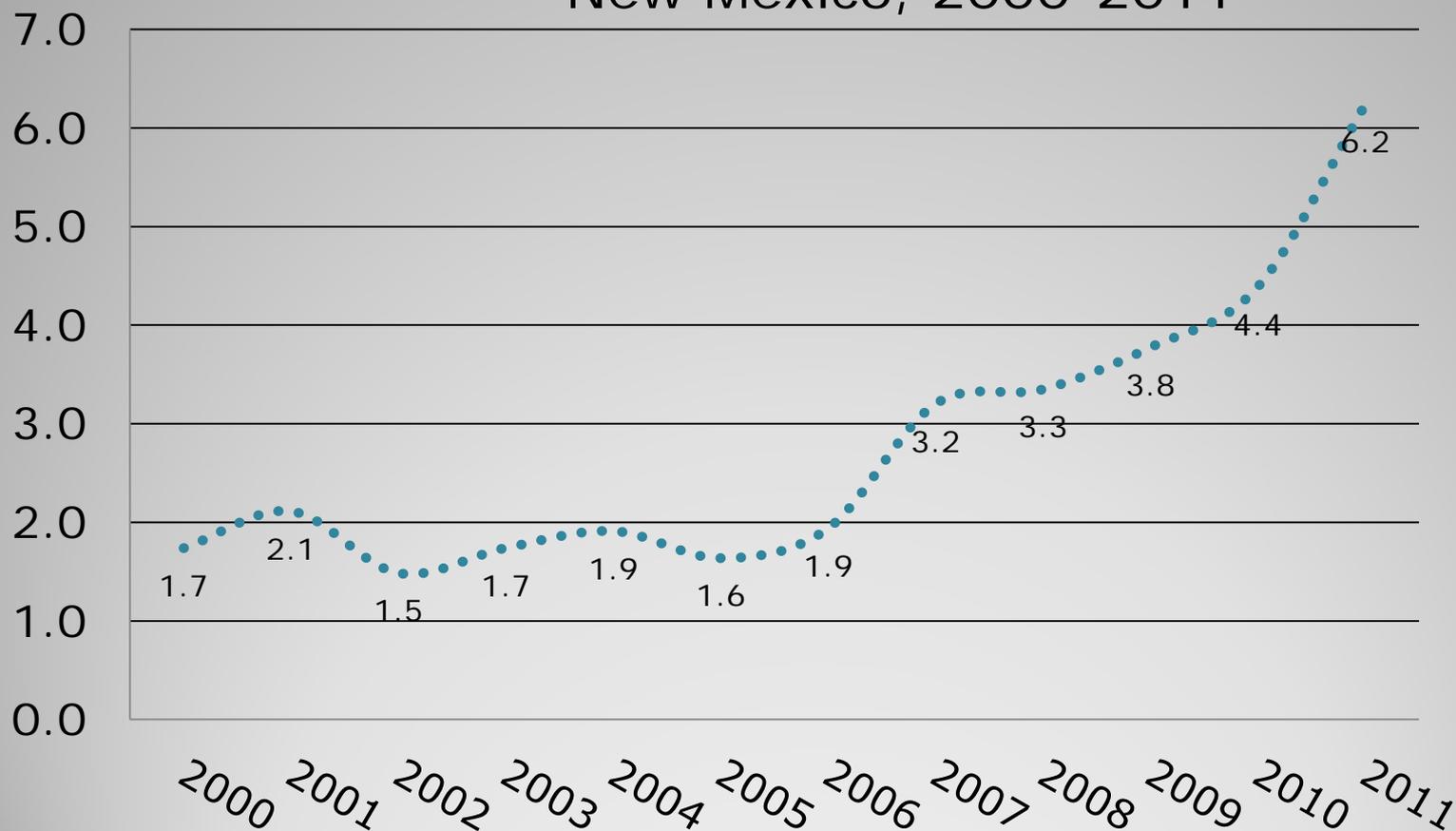
# Drug Overdose Emergency Department Rates by County, New Mexico, 2010



NOTES: Data are submitted by individual hospital emergency departments which have varied databases, capacities to extract data and file formats that are produced. Coding within the dataset may not be uniform. Currently limited quality control or assurance efforts are in place. Data submitted have been examined for internal consistency and to determine whether they have conformed to the NMDOH request guidelines.

# Drug Withdrawal Syndrome in Newborns New Mexico, 2000-2011

Per 1,000 Live Births



NOTE: Data include hospital discharges from in-state, non-federal hospitals (IHS not included) for both primary and secondary diagnoses.

SOURCE: New Mexico Department of Health, Hospital Inpatient Discharge Data.

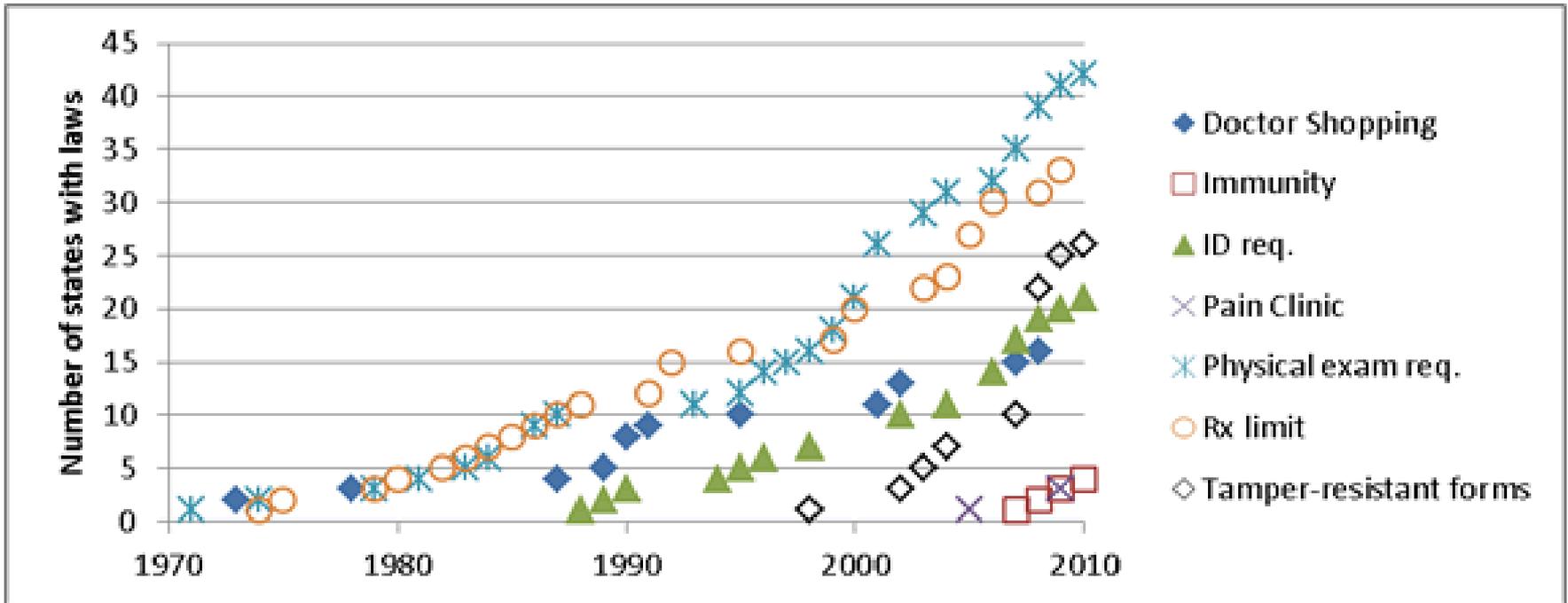
# NM DOH Activities

- Advisory Council
- Surveillance
- Community Overdose Prevention
- Buprenorphine
- Inpatient Treatment

# Advisory Council

- Established by SB 215
- Chaired by Secretary of Health
- Appointed by Governor
- Includes licensing board, professional association, pain management, and consumer representatives
- Focusing on recommendations to reduce prescription drug overdose and improve pain management

# Cumulative Number of States Authorizing Prescription Drug Abuse-related Laws by Type of Law, United States, 1970-2010



Source: CDC.

# Surveillance

- Deaths
- Hospitalizations
- Emergency Department Visits
- Neonatal Drug Withdrawal
- Opioid Sales
- Prescriptions
- Special studies
  - Falls
  - Diversion

# PROJECT LAZARUS

One evidence-based approach DOH is working with communities to establish modified pilots across the state.

**Pain Medicine**



*Pain Medicine* 2011; 12: S77-S85  
Wiley Periodicals, Inc.

## Project Lazarus: Community-Based Overdose Prevention in Rural North Carolina

Su Albert, MD, MPH,<sup>\*††</sup> Fred W. Brason II, Chaplain,<sup>\*‡§</sup> Catherine K. Sanford, MSPH,<sup>\*</sup> Nabarun Dasgupta, MPH,<sup>¶</sup> Jim Graham,<sup>‡</sup> and Beth Lovette, MPH<sup>††</sup>

<sup>\*</sup>Project Lazarus, Moravian Falls, North Carolina;

**Results.** Preliminary unadjusted data for Wilkes County revealed that the overdose death rate dropped from 46.6 per 100,000 in 2009 to 29.0 per 100,000 in 2010. There was a decrease in the number of victims who received prescriptions for the substance implicated in their fatal overdose from a

# Community Overdose Prevention

DOH is working with groups in these communities to implement Project Lazarus style interventions:

- Albuquerque
- Taos
- Truth or Consequences
- Santa Fe
- Gallup
- Roswell
- Alamogordo

# Buprenorphine

- DOH provides \$240,000 to support 3 projects
- Albuquerque – 111 patients
- Santa Fe – 25 patients
- Las Cruces – 293 patients
- Most patients do not complete the 6-month program

# Inpatient Treatment

- Turquoise Lodge in Albuquerque
  - Currently 34 adult beds – medically managed withdrawal and 30 days intensive inpatient rehabilitation – 635 patients
  - Planned 20 adolescent beds – tentative start February 2013
- Other
  - Roswell Rehabilitation – 28 beds, 298 patients
  - Fort Bayard (Yucca Lodge) – 18 beds, 110 pts

# Conclusions

- NM drug overdose death rate highest in nation
- Prescription drug overdose deaths are now more common than illicit drug overdose deaths
- High rates are now more distributed throughout NM
- Prescription opioid sales in NM now greater than in U.S.

# Recommendations

- Use PMP data to track and reduce misuse and inappropriate prescribing
- Licensing boards should strengthen rules
- Increase community overdose prevention by providing naloxone with opioid prescriptions
- Have Council provide overdose prevention recommendations by end of year
- Assess and address treatment need

**Thanks to the following  
individuals working in Substance  
Abuse Epidemiology at DOH for  
their efforts:**

**Brad Whorton**

**Jim Davis**

**Melissa Heinz**

**Jim Roeber**

**NM Drug Courts Performance Measure Comparison**  
**Reporting Period: FY 12 Full Fiscal Year**  
**(July 1, 2011 - June 30, 2012)**  
**Sorted by Type of Drug Court**

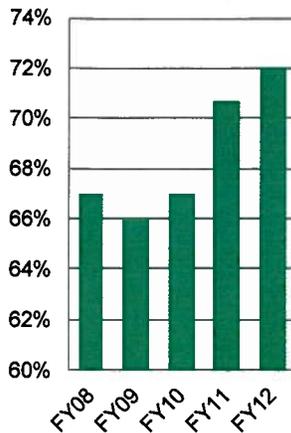
	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z		
1	Judicial District, Court Type, and Location		Recidivism <sup>1</sup>		Cost-per-Client-per-Day <sup>2</sup>		Number of Graduates		Graduation Rate <sup>3</sup>		Retention Rate		Employment of Drug Court Graduates (Adults Only)		Educational Attainment of Drug Court Graduates (Juvéniles Only)		Program Started		Program Capacity		Total Graduates Since Inception		Total Participants Since Inception		Currently Active Participants on 6/30/12		
2	2nd Adult Albuquerque		7.57%		6.79		72		72.00%		71.64%		100.00%				Sep-95		120		1,600		3,701		117		
3	1st Adult Santa Fe		19.35%		12.89		14		35.90%		65.38%		64.29%				Jan-97		32		196		590		23		
4	11th Adult Aztec		4.31%		9.75		34		59.65%		73.45%		76.47%				Oct-97		55		398		955		45		
5	3rd Adult Las Cruces		22.50%		28.20		20		71.43%		83.08%		90.00%				Oct-98		35		310		576		34		
6	8th Adult Taos		2.63%		27.59		8		36.36%		68.09%		87.50%				Sep-99		20		144		318		23		
7	1st Adult Espanola		15.38%		14.63		2		11.76%		54.55%		50.00%				Jan-00		13		112		405		9		
8	13th Adult Bernalillo		9.62%		18.55		18		72.00%		76.92%		72.22%				Jul-05		25		101		196		29		
9	7th Adult TorC		0.00%		25.23		4		40.00%		72.41%		75.00%				Jul-06		15		20		58		7		
10	9th Adult Clovis		2.86%		43.25		11		44.00%		63.83%		100.00%				Nov-06		30		54		143		18		
11	12th Adult Alamogordo		15.79%		21.00		10		45.45%		66.67%		80.00%				Nov-06		18		32		97		18		
12	4th Adult Las Vegas		17.65%		17.70		8		80.00%		87.50%		100.00%				Jul-07		7		20		62		8		
13	8th Adult Raton		0.00%		25.24		6		54.55%		73.91%		83.33%				Aug-07		15		25		61		11		
14	7th Adult Socorro		0.00%		17.25		4		36.36%		70.37%		75.00%				Jan-08		15		13		50		11		
15	7th Adult Estancia		21.05%		31.98		3		42.88%		87.10%		100.00%				Jan-08		15		23		50		10		
16	6th Adult Lordsburg		12.50%		10.10		14		100.00%		88.89%		88.89%				Feb-08		20		33		69		9		
17	13th Adult Los Lunas		0.00%		14.60		13		65.00%		79.41%		92.31%				Jul-08		14		42		83		15		
18	6th Adult Silver City		11.11%		12.48		16		64.00%		74.00%		100.00%				Jul-09		20		36		92		21		
19	<b>Adult Drug Court Averages</b>		<b>9.04%</b>		<b>16.40</b>		<b>257</b>		<b>58.01%</b>		<b>72.74%</b>		<b>88.49%</b>						<b>469</b>		<b>3,159</b>		<b>7,506</b>		<b>408</b>		
20																											
21	Dona Ana Magistrate DWI Drug Court		5.26%		30.11		9		100.00%		95.65%		88.89%				Oct-94		46		89		154		14		
22	Bernalillo Co. Metro DWI Drug Court		3.56%		10.50		184		83.26%		92.28%		79.89%				Jun-97		220		2,557		4,041		247		
23	Valencia Magistrate DWI Drug Court		5.26%		26.60		14		100.00%		100.00%		100.00%				Jan-07		30		42		59		10		
24	Torrance Magistrate DWI Drug Court		0.00%		13.10		4		57.14%		75.00%		75.00%				Jan-08		10		9		18		4		
25	Santa Fe Magistrate DWI Drug Court		5.00%		17.11		17		70.83%		74.29%		94.12%				Jan-09		30		40		74		14		
26	San Miguel Magistrate DWI Drug Court		0.00%		40.39		5		100.00%		86.67%		40.00%				Jul-11		20		5		15		8		
27	Eddy Magistrate DWI Drug Court		N/A*		68.21		0		N/A		100.00%		N/A				Oct-11		20		0		9		9		
28	<b>DWI Drug Court Averages</b>		<b>3.78%</b>		<b>13.26</b>		<b>233</b>		<b>83.21%</b>		<b>91.29%</b>		<b>81.55%</b>						<b>376</b>		<b>2,742</b>		<b>4,370</b>		<b>306</b>		
29																											
30	3rd Family Las Cruces		27.27%		29.45		4		44.44%		73.68%		100.00%				Sep-04		20		48		130		10		
31	13th Family Grants		0.00%		32.52		8		53.33%		69.23%		100.00%				Mar-06		20		27		72		10		
32	8th Family Taos		N/A		110.64		0		N/A		0.00%		N/A				Aug-09		4		13		38		0		
33	5th Family Dependency		N/A		41.71		0		N/A		44.44%		N/A				Jun-11		20		0		28		18		
34	<b>Family Dep. Drug Court Avgs.</b>		<b>13.64%</b>		<b>35.51</b>		<b>12</b>		<b>48.00%</b>		<b>62.50%</b>		<b>100.00%</b>						<b>64</b>		<b>88</b>		<b>268</b>		<b>38</b>		
35																											
36	3rd Juvenile Las Cruces		12.31%		42.76		16		61.54%		80.00%				81.25%		Dec-97		40		297		575		44		
37	2nd Juvenile Albuquerque		16.33%		46.47		12		46.15%		48.47%				91.67%		Aug-98		30		202		423		14		
38	13th Juvenile Bernalillo		10.34%		32.67		4		40.00%		84.21%				100.00%		Oct-99		30		76		174		23		
39	6th Juvenile Deming		5.88%		24.45		15		78.95%		76.47%				100.00%		Jul-00		15		88		169		11		
40	11th Juvenile Farmington		2.56%		21.31		9		90.00%		71.43%				100.00%		Sep-00		34		125		365		16		
41	1st Juvenile Santa Fe & Espanola		13.79%		28.93		5		45.45%		63.64%				100.00%		Jan-01		20		135		530		10		
42	8th Juvenile Taos		8.33%		33.22		10		66.67%		76.00%				90.00%		May-01		15		86		186		8		
43	13th Juvenile Los Lunas		14.29%		21.78		37		80.43%		79.78%				100.00%		Feb-02		30		200		368		31		
44	4th Juvenile Las Vegas		11.11%		20.60		6		60.00%		65.22%				100.00%		Jul-03		7		63		122		8		
45	12th Juvenile Ruidoso		14.29%		34.63		3		75.00%		86.67%				100.00%		Sep-03		12		19		62		10		
46	13th Juvenile Grants		11.11%		35.28		2		18.18%		67.86%				100.00%		Apr-04		20		44		128		17		
47	5th Juvenile Carlsbad		0.00%		60.32		1		33.33%		75.00%				100.00%		Jun-09		10		1		34		5		
48	5th Juvenile Roswell		66.67%		25.68		1		12.50%		47.62%				100.00%		Jul-09		10		5		45		5		
49	8th Juvenile Raton		0.00%		64.81		11		64.71%		70.00%				100.00%		Aug-09		10		16		50		3		
50	11th Juvenile Gallup		9.09%		39.83		5		38.46%		54.55%				100.00%		Jan-10		10		11		32		7		
51	<b>Juvenile Drug Court Averages</b>		<b>10.98%</b>		<b>33.44</b>		<b>137</b>		<b>60.55%</b>		<b>73.35%</b>				<b>95.59%</b>				<b>293</b>		<b>1,368</b>		<b>3,263</b>		<b>212</b>		
52																											
53	<b>NM Drug Court Avgs. &amp; Totals</b>		<b>7.78%</b>		<b>\$19.40</b>		<b>639</b>		<b>65.40%</b>		<b>77.98%</b>								<b>1,202</b>		<b>7,357</b>		<b>15,407</b>		<b>964</b>		
54			<i>Recidivism and Cost Averages</i>						<i>Graduation and Retention Avgs</i>																		
55																											
56	Notes:		1 Recidivism calculation includes all graduates for last three years, since July 1, 2009																								
57			- As a point of comparison, the three-year reincarceration rate of New Mexico Corrections Department is 46.7%																								
59			2 As a point of comparison, the average daily cost of incarceration across New Mexico, for both males and females, is \$113.03, and the average daily cost of detention is \$65.21.																								
60			3 National average for drug court graduation rate is 57%, according to a 2008 meta-study of drug court evaluations.																								
61			4 "N/A" indicates (1) that since the program had no graduates for the reporting period (see Col. H), the particular calculation based on graduates is Not Applicable, or (2) that the program is so new it has insufficient data for a meaningful calculation of the particular performance measure.																								

**NM Drug Courts Performance Measure Comparison**  
**Reporting Period: FY 12 Full Fiscal Year**  
**(July 1, 2011 - June 30, 2012)**  
**Sorted by Judicial District**

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1	Judicial District, Court Type, and Location	Recidivism <sup>1</sup>	Cost-per-Client-per-Day <sup>2</sup>	Number of Graduates	Graduation Rate <sup>3</sup>	Retention Rate	Employment of Drug Court Graduates (Adults Only)	Educational Attainment of Drug Court Graduates (Juviles Only)	Program Started	Program Capacity	Total Graduates Since Inception	Total Participants Since Inception	Currently Active Participants on 6/30/12												
2	1st Adult Espanola	15.38%	14.63	2	11.76%	54.55%	50.00%		Jan-00	13	112	405	9												
3	1st Adult Santa Fe	19.35%	12.69	14	35.90%	65.38%	64.29%		Jan-97	32	196	590	23												
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10	4th Adult Las Vegas	17.65%	17.70	8	80.00%	87.50%	100.00%		Jul-07	7	20	62	8												
11	4th Juvenile Las Vegas	11.11%	20.60	6	60.00%	65.22%		100.00%	Jul-03	7	63	122	8												
12	5th Juvenile Carlsbad	0.00%	60.32	1	33.33%	75.00%		100.00%	Jun-09	10	1	34	5												
13	5th Juvenile Roswell	66.67%	25.68	1	12.50%	47.62%		100.00%	Jul-09	10	5	45	5												
14	5th Family Dependency	N/A <sup>4</sup>	41.71	0	N/A	44.44%	N/A		Jun-11	20	0	28	18												
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22	8th Adult Raton	0.00%	25.24	6	54.55%	73.91%	83.33%		Aug-07	15	25	61	11												
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24	8th Juvenile Raton	0.00%	64.81	11	64.71%	70.00%		100.00%	Aug-09	10	16	50	3												
25	8th Family Taos	0.00%	110.64	0	N/A	0.00%	N/A		Aug-09	4	13	38	0												
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40	Eddy Magistrate DWI Drug Court	N/A	68.21	0	N/A	100.00%	N/A		Oct-11	20	0	9	9												
41	San Miguel Magistrate DWI Drug Court	0.00%	40.39	5	100.00%	86.67%	40.00%		Jul-11	20	5	15	8												
42	Santa Fe Magistrate DWI Drug Court	5.00%	17.11	17	70.83%	74.29%	94.12%		Jan-09	30	40	74	14												
43	Torrance Magistrate DWI Drug Court	0.00%	13.10	4	57.14%	75.00%	75.00%		Jan-08	10	9	18	4												
44	Valencia Magistrate DWI Drug Court	5.26%	26.60	14	100.00%	100.00%	100.00%		Jan-07	30	42	59	10												
45	<b>NM Drug Court Avgs. &amp; Totals</b>	<b>7.78%</b>	<b>\$19.40</b>	<b>639</b>	<b>65.40%</b>	<b>77.98%</b>				<b>1,202</b>	<b>7,357</b>	<b>15,407</b>	<b>964</b>												
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47																									
48	<b>Notes:</b>	1 Recidivism calculation includes all graduates for last three years, since July 1, 2009																							
49		- As a point of comparison, the three-year reincarceration rate of New Mexico Corrections Department is <b>46.7%</b>																							
51		2 As a point of comparison, the average daily cost of incarceration across New Mexico, for both males and females, is <b>\$113.03</b> , and the average daily cost of detention is <b>\$65.21</b> .																							
52		3 National average for drug court graduation rate is <b>57%</b> , according to a 2008 meta-study of drug court evaluations.																							
53		4 "N/A" indicates (1) that since the program had no graduates for the reporting period (see Col. H), the particular calculation based on graduates is Not Applicable, or (2) that the program is so new it has insufficient data for a meaningful calculation of the particular performance measure.																							

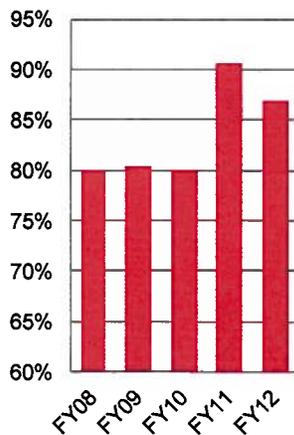
## PERFORMANCE: Behavioral Health Collaborative

**Clients Improving in Drug Substance Abuse Treatment**



Source: Behavioral Health Collaborative

**Clients Improving in Alcohol Substance Abuse Treatment**



Source: Behavioral Health Collaborative

The 17-member Behavioral Health Purchasing Collaborative oversight body is charged with coordinating a statewide behavioral health system. However, coordination of a comprehensive system is hampered due to funding residing in several different agencies. Despite good performance results on collaborative measures, New Mexico ranks near the bottom for per-capita overdose rates and the Collaborative has minimal data on outcome oriented measures such as the rate of patient relapse. The collaborative continues to struggle to meet targets for providing follow-up services at 7 days and 30 days, with only 36 percent of individuals receiving follow-up services at 7 days and 55 percent at 30 days. Performance in the percentage of people receiving alcohol or drug abuse treatment showing improvement is good. For FY13, a measure on the percentage increase in the number of pregnant females with substance abuse disorders receiving treatment from the collaborative is added.

Measure	FY10 Actual	FY11 Actual	FY12 Target	FY12 Actual	Rating
Percent of people receiving substance abuse treatment who demonstrate improvement in the <u>drug</u> domains on the addiction severity index (ASI)	67%	70.7%	75%	72%	Y
Percent of people receiving substance abuse treatment who demonstrate improvement in the <u>alcohol</u> domain on the addiction severity index (ASI)	80%	90.6%	80%	87%	G
Percent of youth on probation served by the statewide entity	62.6%	47.8%	45%	40%	Y
Percent of individuals discharged from inpatient facilities who receive follow-up services at 7 days	34.4%	34.8%	37%	36%	Y
Percent of individuals discharged from inpatient facilities who receive follow-up services at 30 days	51%	53.6%	56%	55%	Y
Individuals served annually in substance abuse and/or mental health programs administered through the collaborative statewide entity contract	81,579	83,605	77,000	84,559	G
<b>Program Rating</b>					Y