

State of New Mexico

Michelle Lujan Grisham
Governor

October 30, 2019

The Honorable Frank Pallone, Jr.
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Anna G. Eshoo
Chairwoman
Subcommittee on Health
Committee on Energy and Commerce

The Honorable Michael C. Burgess, M.D.
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce

The Honorable Diana DeGette
Chair
Subcommittee on Oversight
and Investigations
Committee on Energy and Commerce

The Honorable Brett Guthrie
Ranking Member
Subcommittee on Oversight
and Investigations
Committee on Energy and Commerce

Re: Federal Funding to States for Opioid Use Disorder Prevention, Treatment and Recovery

Dear Honorable Members of the House Energy and Commerce Committee:

Thank you for your letter of September 18, 2019, requesting information on how New Mexico is addressing the opioid crisis and, specifically, how the state has used federal funding for opioid use disorder treatment, recovery and prevention efforts. As many of you know, I strongly supported these efforts to address the opioid crisis as a member of Congress. As governor, I have seen firsthand the importance and impact of federal funding in the fight against opioid use disorder. New Mexico has seen significant increases in the number of patients receiving medication assisted treatment and significant reductions in high-dose opioid prescriptions and dangerous co-prescriptions of opioids.

I have attached a detailed letter from the leaders of New Mexico's Behavioral Health Collaborative – including three of my Cabinet secretaries – responding to each of your questions. I would like to

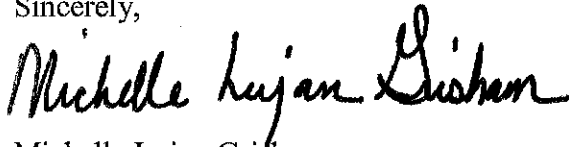
highlight some specific recommendations contained in that letter for your consideration as you continue to discuss federal policy changes and additional resources that could expand upon states' ongoing efforts.

First, New Mexico, along with many other states, is seeing increased incidence of polysubstance use, not just opioid use. We are also seeing an alarming increase in overdose deaths involving methamphetamine and understand this is a growing challenge nationally. Unlike opioid use disorder, which can be treated effectively with medication assisted treatment, there are no known evidence-based treatments for methamphetamine use at present. I urge you to consider expanding the scope of existing federal programs and to provide additional resources for research, prevention and treatment of methamphetamine and polysubstance abuse.

Second, as governor of a state with many rural and frontier communities that lack the infrastructure to adequately address opioid and other substance use disorders, I urge you to support funding to enable states to build and sustain the behavioral health workforce needed in underserved communities. As explained in the accompanying letter, New Mexico communities that already had the basic infrastructure to provide services and manage state funding benefitted most from federal investments because funding was provided in large sums on a relatively short-term basis. Sustained funding is needed, however, to build and maintain the workforce needed in some of our most vulnerable communities, including tribal communities.

Thank you again for your leadership in this area. I look forward to continuing to work with you to decrease preventable deaths and ensure that every New Mexican who needs treatment can get it. If you have any questions about the attached response or use of federal funds in New Mexico, please contact Courtney Kerster at Courtney.Kerster@state.nm.us.

Sincerely,

A handwritten signature in black ink that reads "Michelle Lujan Grisham". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Michelle Lujan Grisham
Governor of the State of New Mexico

New Mexico Behavioral Health Collaborative



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Re: Federal Funding to States for Opioid Use Disorder Prevention, Treatment and Recovery

Dear Honorable Members of the House Energy and Commerce Committee:

We are writing in response to your letter of September 18, 2019, seeking information on how New Mexico is addressing the opioid crisis and, specifically, how the state has used federal funding for opioid use disorder (OUD) treatment, recovery, and prevention efforts. We are the leaders of New Mexico's Behavioral Health Collaborative, an entity created by the New Mexico Legislature to share information, develop strategies, and coordinate and align the state's behavioral health initiatives. Leadership of numerous state agencies participate in the collaborative. The three executive departments which form the core leadership of New Mexico's Behavioral Health Collaborative are the New Mexico Human Services Department and its Behavioral Health Services Division (HSD/BHSD), the New Mexico Department of Health (DOH), and the New Mexico Children, Youth and Families Department (CYFD).

New Mexico has a culturally diverse population living in urban, rural, and frontier areas. There are 23 Native American Tribes and Nations in New Mexico, each with unique needs and

priorities. New Mexico struggles with behavioral health workforce shortages and large geographic distances between communities and available providers.

New Mexico has experienced devastating consequences from the opioid crisis. Between 2008-2012, almost every county in New Mexico had a higher drug overdose death rate than the national rate. In some New Mexico counties, the overdose death rates were more than five times the national rate. The federal funding and policy changes enacted in the 21st Century CURES ACT, the Comprehensive Addiction and Recovery Act (CARA) and the SUPPORT Act have provided essential support to enable New Mexico to meaningfully address the opioid use crisis. Since the enactment of these pieces of key legislation, New Mexico's mortality rate from opioid overdose has held steady but our national ranking has dropped from 8th to 17th in the United States.

The following are our responses to your specific questions:

1. Since 2016 how much federal funding for opioid use disorder prevention, treatment, and recovery has New Mexico received?

New Mexico has received over \$57 million, as outlined in Table 1 below.

Table 1. Federal Funding Received by New Mexico Agencies to Address the Opioid Epidemic

Grant Name	Awarding Body	Grant Recipient	Amount Awarded
STR and SOR	SAMHSA	HSD/BHSD	\$22,970,045.00
PDO	SAMHSA	HSD/BHSD	\$1,000,000.00
New Mexico Communities	SAMHSA	HSD/BHSD	\$1,648,188.00
SPF RX	SAMHSA	HSD/BHSD	\$371,676.00
Prescription Drug Overdose Prevention for States (Supplement and Expansion)	CDC	DOH	\$7,654,574.00
Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality	CDC	DOH	\$1,062,223.00
Crisis Cooperative Agreement	CDC	DOH	\$4,002,927.00
Department of Justice funded Comprehensive Opioid Abuse Site-Based Program.	DOJ/OJP	DOH	\$580,247.00
Overdose Data to Action	CDC	DOH	\$4,764,005.00

CMS SUD Workforce Capacity Development Grant	CMS	HSD/Medical Assistance Division (Medicaid)	\$2,451,656.00
ECHO-F model to Expand MAT in Rural Primary Care	AHRQ	University of New Mexico	\$1,943,272.00
PCSS Student Training Grant	SAMHSA	University of New Mexico	\$450,000.00
Statewide Youth Treatment – Planning Grant (SYT-P)	SAMHSA CSAT	CYFD	\$500,000.00
Treatment Drug Court (TDC)	SAMHSA CSAT	CYFD	\$969,689.00
Adolescent Substance Use Reduction Effort – Treatment Implementation (ASURE-TI)	SAMHSA CSAT	CYFD	\$3,065,000.00
Now Is The Time – Healthy Transitions (NITT-HT) <i>Healthy Transitions – New Mexico (HT-NM)</i>	SAMHSA CMHS	CYFD	\$4,000,000.00
Total			\$57,433,462.00

1a. What challenges, if any, exist in deploying federal funds to local communities in an expedited manner?

New Mexico has experienced several challenges deploying funds to local communities in an expedited manner:

Administrative Challenges. It is administratively challenging for states to apply for, receive, and distribute large amounts of federal funding to local communities in a short period of time, particularly through short-term awards. We cannot execute contracts or disburse awards until our state receives official Notice of Grant Awards (NOGAs) from the federal awarding agency. This process frequently delays implementation during the first year because we usually receive these notices at the start date or shortly thereafter. State agencies then need to follow state budget and procurement requirements to disburse the funds, which also takes time.

Challenges Deploying Funds to Communities with Limited or No Behavioral Health

Infrastructure. Twenty-nine of 33 New Mexico counties are classified as rural or frontier, which presents significant access and transportation difficulties. Many of the counties have limited infrastructure and providers, with few agencies available to conduct local treatment and prevention activities or the capacity to receive and administer state grants or contracts. They also lack adequate transportation systems to bring people to providers in other communities.

Sustainability Challenges. Because many of the federal opioid grants were limited duration – and were authorized sequentially and future funding opportunities were not known initially – it was challenging to spend the money on what is desperately needed in many of our small

communities: resources to build behavioral health capacity, including recruiting, training, adequately paying and maintaining the workforce needed to treat people with opioid use disorder and support them through recovery. Because the state could not assure local communities that new agencies or programs would be financially sustainable, there were limits on how we were able to use the funds. In particular, large amounts of one-time funding to hire staff raise significant challenges for agencies that need to build sustainable long-term programs.

Challenges Created by Specific Federal Requirements Relating to Prescription Drug Monitoring Programs. Some federal programs have offered states funding for prescription drug monitoring programs (PDMPs) to improve provider prescribing practices and protect patients who are at risk of opioid abuse. However, significant and unnecessary barriers have disincentivized states from applying for and utilizing those funds for their stated purpose. For example, funding offered through the Bureau of Justice Assistance (BJA) Comprehensive Opioid Abuse Site-Based Program has been conditioned upon states connecting to a separate PDMP data sharing hub, RxCheck, requiring data disclosures that would introduce substantial risks to the system and could have adverse impacts on patient health. As a result of these concerns, New Mexico's Board of Pharmacy declined the BJA funding. Congressional action to ensure that these funds are offered without conditions that do not help, and in this case could harm patient care, could help states continue to improve PDMPs and more fully realize their potential. As reflected in Appendix E, New Mexico has achieved significant declines in prescription of opioids through coordinated efforts, including an effective PDMP for prescribing clinicians to use and for the state to monitor.

1b. To date, how much of this federal funding has your state used or allocated? Please provide a list of each funding recipient, the purpose for allocating money to them (e.g. prevention, treatment, etc.) and the amount that has been allocated to them.

HSD/BHSD: All funding received to date through the 21st Century CURES Act has been allocated. Please see Appendix A for a list of contracts across all NM Opioid State Targeted Response (STR) and State Opioid Response (SOR) grants. Plans are underway to allocate the funding received on September 30, 2019 through the SUPPORT Act.

DOH has spent essentially all the Prescription Drug Overdose Prevention for States (PDOPfS) and Enhanced Surveillance Opioid Overdose Surveillance (ESOOS) grants. DOH is working to spend the entirety of the Crisis and Comprehensive Opioid Abuse Program (COAP) grants. The Overdose Data to Action (OD2A) initiative just started on September 1st and contracts are currently being developed. Please see Appendix B for a list of DOH contracts.

CYFD has allocated all federal funds to date and in accordance with grant parameters and timing. Please see Appendix C for a complete list of CYFD contracts.

1c. If your state has not used the entirety of federally allocated funding, please explain why.

New Mexico has successfully allocated all federal funding received prior to September 2019. We just received two additional federal grants in September 2019 (SUPPORT Act funding to enhance SUD workforce and OD2A). These grants are on track to expend funds within the projected timeline.

2. ***Please describe how your state determines which local government entities (i.e. counties, cities, and towns) receive federal grant funding to address the opioid crisis. Specifically, please identify localities impacted most by the opioid epidemic in your state, and include the total amount allocated to each locality, as well as the factors your state considers in distributing these funds.***

New Mexico has a centralized state-based system. The Behavioral Health Collaborative's Administrative Services Organization contracts directly with provider agencies around the state rather than through county-based behavioral health authorities. Because of the infrastructure challenges discussed above, unlike more populous states, NM does not routinely use counties as a mechanism to distribute funds to smaller entities. However, several counties in NM directly operate treatment services through county-based health and human services programs. These county programs were eligible to apply for funding through STR and SOR. We have included the ranking of each NM County by drug overdose death rate (Appendix D). However, because many of these counties are rural and frontier and do not have the capacity to distribute funds or directly deliver treatment, this ranking was not the sole criterion for the distribution of funds to local government entities.

HSD/BHSD 21st Century CURES Act Funding. When New Mexico first received the State Targeted Response grant, we solicited requests for proposals across the state. This solicitation was open to governmental entities; individual providers; universities; and prevention, treatment and recovery organizations. The announcement for solicitation of proposals was distributed widely through email list serves, at regular state meetings and via the state website Network of Care. HSD/BHSD, CYFD, and DOH leadership reviewed all of the proposals and used a systematic approach to allocate funds through STR and SOR. The review criteria included local need, fit with the overall STR/SOR goals, local rate of opioid overdose mortality, willingness to implement evidence-based practices, and existence of other services and grant funding to avoid duplication of effort.

Table 2 describes the funding allocated to governmental entities through the STR and SOR initiatives.

Table 2. Federal funding allocated to local governmental entities by HSD/BHSD

Governmental Entity	County	Allocation	Epidemiology
Dona Ana Department of Health	Dona Ana County	\$57,500	#25 in overdose deaths; 142 deaths between 2013-2017
San Miguel Detention Center	San Miguel County	\$397,400	#5 in overdose deaths; 42 deaths between 2013-2017
Rio Arriba Health and Human Services	Rio Arriba County	\$165,000	#1 in overdose deaths; 151 deaths between 2013-2017

Santa Fe Fire Department	Santa Fe County	\$249,800	#10 in overdose deaths; 183 deaths between 2013-2017
NM Association of Counties	Statewide	\$16,000	

DOH: DOH analyzes data from the Bureau of Vital Records and Health Statistics as well as population estimates from the University of New Mexico to determine drug overdose death rates and counts. This data then establishes the localities most impacted by the opioid epidemic. Appendix D illustrates the severity of the epidemic per county. The DOH Drug Overdose Prevention Program uses this data and considers whether counties are receiving funding from other sources in order to avoid duplication of effort. Please see Appendix B for the list of contracts DOH has allocated to various entities, including counties, to enhance prevention activities.

CYFD: CYFD did not allocate funds to local government entities under these federal grants. CYFD uses multiple resources to determine which communities should receive federal grant funding, a process it used for the federal opioid-related grants it received. CYFD BHS collaborates with all CYFD divisions to identify specific county needs for children, youth, and their families based upon information gathered from their respective data units. Additionally, it reviews data from the state's three Medicaid Managed Care Organizations (MCOs), the Medicaid program, Department of Health, Public Education Department, HSD/BHSD, and other key stakeholders. CYFD BHS collaborates with the University of New Mexico (UNM) which evaluates census data to determine the counties whose youth have the highest needs. Finally, CYFD BHS obtains feedback on local need from the children's behavioral health provider network, Statewide Family Organization, and youth and family members engaged with services.

CYFD prioritizes communities with lack of services as well as juvenile justice and child welfare system-involved youth. CYFD BHS also partners with the Behavioral Health Collaborative's Administrative Services Organization (Falling Colors) to gather data using the Child and Adolescent Needs and Strengths (CANS) tool and Adverse Childhood Experiences (ACEs) to determine areas of high need. Additionally, through the federal funding provided under the ASURE-TI grant, CYFD was able to create a socio-economic indicator map that compiles regional data on child abuse reports, juvenile justice referrals, adolescent births, and drug overdose deaths to identify early childhood investment zones. These zones are given a risk assessment rating from very high to very low. Presently, the highest rated risk zones, according to this scale, are in Bernalillo County (which includes the City of Albuquerque) and the City of Hobbs in Lea County. Both regions are receiving targeted services through CYFD.

3. Please describe how your state determines which non-governmental organizations (i.e. non-profits, treatment centers, or other entities) receive federal grant funding to address the opioid crisis. Specifically, please identify the non-governmental organizations that have received funds in your state, and include the total amount allocated to each entity, as well as the factors your state considers in distributing these funds.

See answer to question 2 for the processes used to distribute funds. Both governmental and non-governmental recipients are identified in Appendices A, B, and C. Our departments work closely

with local government entities and direct service providers and use multiple criteria to target funding. Most of the federal funding to NM has been distributed directly to treatment, prevention and recovery providers through non-governmental organizations. Depending on the federal funding mechanism, NM has used several processes to distribute this funding as described above.

On an ongoing basis, led by the Director of HSD/BHSD and partnering with DOH, the Board of Pharmacy, Medical and other professional Boards, the Probation and Parole Division of the New Mexico Corrections Department, Medicaid Managed Care Organizations, treatment providers, advocates and local overdose prevention coalition leaders, the state works with New Mexico's Prevention Policy Consortium (PPC). The PPC, representing many state agencies involved in prevention and promotion of behavioral health, works to leverage, direct, and coordinate Federal and State substance abuse prevention funds and programs.

In addition, for the ASURE-TI grant, CYFD BHS requested Letters of Interest from community behavioral health providers. CYFD BHS considered the experience, expertise, model, demonstrated ability to partner with community and state entities, and alignment with core values when identifying its provider partners. ASURE-TI federal funding was awarded to agencies within New Mexico identified as having the capacity to work with youth suffering from substance use disorder and serious emotional disturbance (SED), specifically those agencies who serve the priority populations identified during the application process. This process of determining organizations was approved by the SAMHSA Government Project Officer prior to ASURE-TI being awarded. Please see list of contracted entities in Appendix C.

4. Do federally appropriated funds to address the opioid crisis provide your state with the flexibility to focus on the hardest hit regions or localities? Please describe how, if at all, this flexibility has helped New Mexico in using funds to target vulnerable populations or at-risk areas. If no, please explain what additional flexibility should be considered in helping your state address the hardest hit regions or localities.

The flexibility of federal funding programs has allowed us to focus on the hardest hit regions and localities. New Mexico is the fifth largest state in geographic area with one of the smallest populations (2.1 million people) making service delivery in urban, rural, and frontier areas with cultural and linguistic competency a deeply challenging endeavor. The SOR/STR grant funds provided New Mexico with the flexibility to focus on the hardest hit regions and localities, while still being able to provide some resources to all NM counties, either through community, regional or statewide entities. As a result of these grants, statewide activities have been initiated for: Recovery and Peer Supports, training, educational and service-related resources, and marketing campaigns for prevention and treatment interventions.

Outreach activities included a statewide media campaign and ongoing collaboration with multiple organizations to participate in local summits, meetings and local conferences focused on OUD in New Mexico. The flexibility of the STR/SOR funding helped ensure that the most appropriate party, governmental or non-governmental, received the needed funding to respond to the unique needs of their communities. Flexible funding from the Centers for Disease Control (CDC) has also allowed us to focus our Emergency Department Intervention Project in Rio Arriba County, the NM county with the highest incidence of OUD and opioid overdose death, as well as Santa Fe County which also has a high rate of OUD and overdose deaths

In the second year of STR funding, the federal requirement that only 20% of funding could be spent on prevention activities was eliminated. This change provided important flexibility that allowed New Mexico to expand our OUD prevention activities.

Additionally, through the federal funding provided under the ASURE-TI grant, CYFD was able to create a socio-economic indicator map that compiles regional data on child abuse reports, juvenile justice referrals, adolescent births, and drug overdose deaths to identify early childhood investment zones. These zones are given a risk assessment rating from very high to very low. Presently, the highest rated risk zones, according to this scale, are in Bernalillo County (which includes the City of Albuquerque) and the City of Hobbs in Lea County. Both regions are receiving targeted services through CYFD.

One limitation identified by many providers in our state is the strict requirement that funds can only be used to address OUD. Many individuals with OUD also have co-occurring substance use disorders (SUD) and co-occurring psychiatric disorders. Unfortunately, New Mexico has the highest rate in the nation per capita for alcohol related deaths. Also, 36% of overdose deaths in NM involved methamphetamine in 2018, a dramatic increase from 12% in 2012. These data are concerning as they suggest a new substance use disorder crisis developing in the U.S. Additional flexibility to address comprehensive substance use disorder treatment with co-occurring mental health treatment would allow us to address substance use disorder more broadly including the social determinants that impact opioid use. Other activities might include provision of vocational/employment support, supportive housing, and activities for youth.

The long-term sustainability of treatment and recovery programs that are currently being funded under intensive federal investment remain our ongoing challenge. Federal funding has been distributed in large amounts and with short timelines. Therefore, it has been most feasible for states to invest in areas, agencies and programs that have existing infrastructure. This has limited our capacity to develop new initiatives in extremely underserved areas, particularly in rural, frontier, and disenfranchised urban areas. Many services remain inaccessible to our hardest hit communities. Serving these localities requires the development of new behavioral health agencies with highly trained behavioral health professionals. Investments in capacity-building are challenging if sustainability is not addressed through continuous funding. Ongoing public health programs like Medicaid need to be a key part of this discussion.

This lack of sustainable funding has made it especially challenging to meet the needs of some of the most vulnerable communities in New Mexico. There is a significant need for a more culturally sensitive workforce. This is particularly true for Native Americans living in rural and frontier areas, where tremendous underfunding of services is a major barrier to treatment, resulting in poorer access to quality health care (Agency for Healthcare Research and Quality, 2007). The challenge of recruiting behavioral health providers is compounded when the community needs culturally and linguistically competent providers – a small subset of an already limited behavioral health provider network.

One specific challenge in this area is that federal grants require the use of evidence-based practices (EBPs), but those programs and practices often have not been evaluated for their effectiveness in diverse communities. Tribal communities, for example, need culturally

competent care. Greater flexibility in federal requirements for certain communities whose populations have not been the subject of program evaluations would help meet the needs of our diverse communities. Federal funding has provided CYFD the capacity to implement programs across New Mexico with the flexibility to create interventions that respond to the unique needs, strengths, and cultures of its clients. Through ongoing discussions with SAMHSA Government Project Officers and Technical Assistance entities, CYFD BHS as worked to identify EBPs, promising, and practice-based modalities that align with New Mexico's culture and unique populations. But not all agencies have been able to adapt EBPs to New Mexico's communities.

5. In what ways, specifically, have federal funds extended to New Mexico helped change your state's treatment system and/or lead to a reduction in opioid overdoses?

Federal funds have been critical in helping to change the treatment system in NM and in reducing opioid related mortality. Since 2016, New Mexico has seen a decrease in overdose deaths related to opioids. Since 2017, NM has increased the number of DATA 2000 waivers by 26%. NM also shows a decrease by 7% in the number of dangerous co-prescriptions of opioids with other substances such as benzodiazepines, and a 14.7% decrease in high dose opioids prescribed.

Increase in MAT treatment and recovery services: Under STR and SOR efforts, NM has increased the number of persons receiving MAT by 1,586 people. STR and SOR provided 5,694 individuals with recovery services using federal funding. STR and SOR have also trained 262 peers as Certified Peer Support Workers to address the need for peer recovery in treatment of OUD and substance use broadly. STR funded a peer recovery agency to work with HSD/ BHSD's Office of Peer Recovery and Engagement to develop peer recovery training modules specific to OUD and MAT treatment.

Counselor/Therapy training: STR and SOR have focused on expanding capacity of the NM workforce to address OUD through full MAT services, which include medication as well as psychosocial supports and links to community resources. In this effort, STR and SOR have trained 3,336 individuals in therapeutic approaches to OUD treatment including Motivational Interviewing, Community Reinforcement Approach, and American Society of Addiction Medicine (ASAM) placement criteria.

Expansion of MAT in rural primary care. New Mexico received one of only five national grants from the Agency for Healthcare Research and Quality (AHRQ) to expand access to MAT in rural primary care. Led by the STR/SOR Project Director, Dr. Julie Salvador, this initiative collaborates with Extensions for Community Healthcare Outcomes (ProjectECHO®) and uses the ECHO model and any needed technical assistance to expand MAT among rural primary care providers in New Mexico. Currently this TeleConsultation initiative has reached providers across 26 rural clinics to expand MAT, and current data collected show the majority have started MAT treatment. The coordination between STR/SOR and ECHO ensures providers are also connected to other training and ongoing support resources provided through the STR and SOR grant.

Provider Clinical Support Services (PCSS) Student Training Grant. New Mexico also received a PCSS student training grant that embeds the DATA waiver eligibility training for prescribing buprenorphine in graduate professional training. Led by the UNM Department of Psychiatry and

Behavioral Sciences, this grant also ensures direct practical experience with MAT treatment through local shadowing opportunities. Students are also linked to join the MAT ECHO described above. In the first year of the grant, 45 Medical Students and 18 Physician Assistant students have been trained to prescribe MAT and future trainings are planned for nurse practitioner students and further cohorts of medical students and physician assistant students.

Increase in Naloxone Distribution: Naloxone training and distribution is offered statewide. In the first quarter of 2014, there were 1,186 doses of naloxone distributed by the DOH harm reduction programs. In the second quarter of 2019, there were 15,608 doses distributed by multiple programs, several supported by federal grants. In that same period, the number of Medicaid claims for naloxone from pharmacies went from 17 (from 10 pharmacies) to 3,737 (from 288 pharmacies). Additionally, STR and SOR have distributed over 12,975 kits of naloxone across New Mexico, including providing naloxone education to 6,373 individuals including providers, first responders and community members.

Increase in Providers: The number of practitioners providing buprenorphine/naloxone therapy to at least 10 patients rose from 78 in the first quarter of 2017 to 196 in the second quarter of 2019. The number of patients receiving at least 10 days of buprenorphine/naloxone treatment rose from 3,191 to 6,480 over that same period. Between October 2017 and September 2019, the number of qualified practitioners for buprenorphine MAT in New Mexico has risen from 503 to 785. Under STR and SOR efforts, NM has enhanced the workforce to address OUD by training 4,054 people to date in all aspects of OUD prevention, treatment, recovery and harm reduction.

Prescription Drug Monitoring Program: In 2016, the New Mexico Legislature passed Senate Bill 263, mandating Prescription Monitoring Program (PMP) utilization by clinicians. Supported by CDC Prevention for States (PFS) funding, DOH staff facilitated meetings with the medical provider licensing boards to adopt common language for their respective regulations and advance new PMP licensing board rules collectively. DOH continues to provide assistance to the licensing boards during rules implementation and compliance discussions. In addition, DOH supports the Board of Pharmacy's efforts to make necessary PMP database improvements and provide PMP consultation for prescribers. Evaluation of the mandate, including a 2018 statewide survey of prescribers, pharmacists, and regulatory users of NM's PMP, suggests that education and compliance efforts have contributed to improved prescribing behaviors and outcomes. Deaths due to prescription opioids have declined in NM since the new rules took effect.

Increased Collaboration Across Multiple Agencies, Providers and other Stakeholders: The influx of federal funding has helped support more in-depth coordination and collaboration in New Mexico. In addition to the work of the Behavioral Health Collaborative, several groups meet regularly to coordinate statewide efforts:

- State Agency Quarterly Meetings: State agencies working on overdose prevention, including DOH, CYFD, HSD/BHSD's Office of Substance Abuse Prevention (OSAP), Department of Public Safety, licensing boards, and others, meet quarterly to coordinate overdose prevention response activities throughout the state.
- STR/SOR Advisory Council Meeting: This group meets monthly to review all opioid related efforts in the state including prevention, treatment and harm reduction.

HSD/BHSD, DOH, CYFD, community partners and state contractors attend this meeting to coordinate treatment, recovery and prevention efforts and to share resources.

- Statewide Epidemiological and Outcomes Workgroup: OSAP uses SAMHSA's Strategic Prevention Framework to foster collaboration and coordinates state-local partnerships to support community-based overdose prevention strategies through its overdose workgroups, including the Statewide Epidemiological and Outcomes Workgroup (SEOW), which brings together OSAP and DOH staff, expert contractors, and local partners. The comprehensive New Mexico Substance Use Epidemiology profile provides essential data for needs assessment and substance use prevention planning at state and local levels, with rates, counts, and maps for 32 key indicators by county and by race/ethnicity (December 2018 version <https://nmhealth.org/data/view/substance/2201/>). Initially developed to support work by the SEOW, it is prepared by the DOH Substance Use Epidemiology Section and supported by OSAP and HSD/BHSD.
- Overdose Prevention and Pain Management Advisory Council: This Council coordinates leaders in substance use treatment, overdose prevention, and pain management to address overdose prevention. State agencies, professional licensing boards, and pain management and addiction specialists at the University of New Mexico (UNM) have contributed expertise, as have harm reduction and advocacy groups, law enforcement, and members of affected communities. Bimonthly meetings include overviews of federal funding received by state agencies, surveillance data, evaluation and research updates, and proposed policy changes and prospective legislation. Attendees at advisory council meetings (which are open to the public and not restricted to voting members of the council appointed by the governor) regularly collaborate on grant applications, legislative planning, and support in-state activities funded by federal dollars.

Expansion of Efforts in Indigenous communities: STR and SOR funds have supported indigenous communities in NM as they develop and expand capacity to address OUD. Funds were used to support training for tribal providers for treatment, prevention, recovery and harm reduction related to OUD. Tribal providers are encouraged to participate in the Hub and Spoke system we developed to help expand MAT treatment and recovery services. We also held tribal summits and tribal learning collaborative events hosted by tribal organizations in the southern and northern reaches of our state (Mescalero, Farmington, Santa Clara, Espanola). Since tribal communities in NM are at varying levels of readiness to address issues relating to OUD, we used the Community Readiness Model developed by the Tri-Ethnic Center at Colorado State University to guide these conversations.

We also used the Gathering of Native Americans (GONA) approach developed by SAMHSA to provide a venue for tribal leadership and community members to learn about the opioid crisis and to identify important next steps. The purpose of these events was to provide information around substance use disorder generally, and opioid use disorder specifically, in a way that was community and culturally respectful. These events were planned and implemented with local communities, the Indian Health Service, DEA 360, the Tribal Training and Technical Assistance Center, and tribal leads from the UNM Division of Community Behavioral Health working on other aspects of indigenous wellbeing. These were also done in partnership with the tribal trainers within STR/SOR focused on harm reduction and education related to naloxone and had

170 participants across 16 tribal communities. The purpose of our efforts is to ensure tribal communities have access to STR/SOR resources, both funding and expertise around OUD, to begin/support local efforts to address OUD in ways that are culturally and community appropriate.

Our tribal-focused PAX Good Behavior Game (Appendix F) has been implemented using federal funds with 976 students in tribal schools, through a successful partnership with the Bureau of Indian Education and local tribal schools. Schools that are participating in the Indigenous PAX Good Behavior Game initiative include: Aztec, Bloomfield, San Juan County Central Consolidated School District, Farmington, Las Cruces, San Felipe, Ch'ooshgai, Jemez, Naschitti, McKinley, San Felipe Head Start, Nava, Tesuque, Ch'ooshgai Community School, Native American Community Academy Elementary, Jemez Pueblo, Walatowa Head Start, and Naschitti Elementary.

Youth: CYFD BHS developed Youth Support Services (YSS) to assist youth and young adults (ages 12-26) with or at risk of having substance use problems or co-occurring mental health disorders. YSS improve wellbeing, increase successful socialization, develop and support the attainment of life goals, and aid the effectiveness of behavioral health services by promoting behavioral change designed to address a balance of knowledge, attitudes and skills. These efforts keep youth connected to a life skills coach who provides positive support and mentorship through the difficult transition into adulthood. STR funding was used to complete the (YSS) Life Skills Coaching (LSC) curriculum. This curriculum supports the professionalization of this workforce development track for youth and young adults. Ultimately, we plan to develop a certification process for YSS coaches. To date over 60 individuals have been trained as YSS Life Skills Coaches.

Additionally, CYFD BHS utilized funding from the Now Is The Time – Healthy Transitions (NITT-HT) Healthy Transitions – New Mexico (HT-NM) grant for YSS implementation. This grant focused on improving access to treatment and support services for youth and young adults, ages 16 to 27 years old, who either have, or are at risk of developing, a serious mental health and/or substance use condition. This initiative provided outreach to and engagement with these youth and supported regular participation in treatment and recovery services to enhance their wellbeing. Many of these youth and young adults are disconnected from social and other community supports, may not be working, in school, or in vocational or higher-education programs; many more face homelessness/housing instability, contact with juvenile justice/adult correctional facilities, and admission to mental health facilities or long-term treatment centers.

Juvenile Justice: CYFD's Treatment Drug Court (TDC) grant provided implementation funds and oversight for youth who were referred to drug court by the juvenile justice system. TDC created an overarching system of care and support, including YSS, for youth with the constellation of issues that lead them to involvement with the justice system due to drug usage. YSS is currently being implemented via federal funds in seven sites statewide, located in Farmington, Taos, Albuquerque, and Hobbs. These include children's shelters, Native American programs, and community-based programs.

Criminal Justice Expansion: We continue to work to expand access to OUD treatment through our criminal justice system. We invited the Rhode Island Corrections Warden and Deputy

Warden to present at the NM Association of Counties statewide meeting for all county detention leadership. This presentation focused on Rhode Island's successful experience implementing Medication Assisted Treatment in detention settings. We have used STR funds to pilot a project to implement MAT in a detention facility in San Miguel County and are commencing discussions to begin MAT at the detention facility in Chavez County. Our largest county jail in Bernalillo County is certified as an opioid treatment program and provides methadone maintenance treatment to individuals with OUD.

6. What performance measures is New Mexico using to monitor the impact of federal funds for opioid use disorder and other substance use disorder treatment?

New Mexico uses a range of performance measures to track the impact of federal funds for opioid use disorder. The performance measures used depend on the goals and objectives of each specific grant. We collect required National Outcome Measures (NOMS) and GPRA measures for each federal funding initiative. For all grants, New Mexico uses a continuous quality improvement (CQI) approach to review performance measures quarterly to ensure we are making progress and to adapt or modify approaches as needed. At this time, our state has not merged performance measures across grants to conduct a statewide tracking system. However, some of the grant-specific performance measures are useful as overall metrics for the state in monitoring the impact of federal funds for opioid use disorder and substance use disorder treatment.

Performance measures that cross multiple grants and are tracked by HSD/BHSD, DOH and the New Mexico Board of Pharmacy include:

1. County and state rates of opioid use disorder
2. County and state rates of substance use disorder
3. County and state rates of opioid overdose mortality
4. County and state rates of drug overdose mortality
5. County and state rates of alcohol related mortality
6. Number of naloxone kits distributed
7. Number of providers who have received the DATA waiver to prescribe buprenorphine
8. Number of providers with DATA waiver who are actively prescribing buprenorphine to more than 10 individuals

For all Medicaid recipients, the state Medical Assistance Division consistently tracks the following metrics:

1. Number of opioid prescriptions greater than 90 Morphine Milligram Equivalents (MME)
2. Percentage of opioid prescriptions that are presented for early refill
3. Percentage of opioids that are co-prescribed with benzodiazepines
4. Percentage of new opioid prescriptions that are prescribed for more than 7 days

In addition to these performance measures, some of our grant-specific performance measures in are described below:

SOR/STR performance measures:

1. Increase in the number of people in workforce trained in prevention, treatment, recovery and harm reduction;
2. Increase in the number of DATA waived prescribers;
3. Increase in the number of persons receiving MAT services;
4. Increase in the number of persons receiving recovery services;
5. Decrease in the rates of OUD;
6. Decrease in the rate of opioid overdose deaths;
7. Expand access to evidence-based OUD prevention services (including harm reduction/OUD overdose prevention via naloxone),
8. Expand access to evidence-based treatment services,
9. Expand access to evidence-based recovery services; and harm reduction services.

ASURE-TI performance measures:

1. The development of an interagency workgroup to improve the statewide infrastructure for adolescent and/or transitional age youth substance use treatment and recovery.
2. The development of a financial map to identify how current Federal and State funds are expended to finance treatment and recovery supports for adolescent and/or transitional age youth with substance use and/or co-occurring mental health disorders.
3. The development of a statewide, multi-year workforce training implementation plan for the adolescent and/or transitional age youth treatment/recovery sector, and other agencies serving the grant target population.
4. The development of an EBP assessment and treatment practice.
5. The development of a tool that describes the recovery services and supports that are available to adolescents both statewide and at the pilot site level and identifies the funding sources that support these services.
6. The development of standards for licensure, certification, and/or accreditation of programs, which provide substance use and co-occurring mental disorder services for the target population.
7. Continue existing family/youth support organizations to strengthen services for youth with or at risk of substance use disorders and or/or co-occurring problems.
8. Create new family/youth support organizations to strengthen services for youth with or at risk of substance use disorders and/or co-occurring problems.

Now is the Time (NITT) and Healthy Transitions-NM (HT-NM) Performance Measures:

1. Raising awareness of mental health and substance use disorder risk factors and resources in the community to address them.
2. Increasing outreach to youth and young adults who may be at risk.
3. Increasing engagement of disconnected or higher risk Youth in behavioral health services and community supports.
4. Increasing access to the most appropriate services for each young person.
5. Implementing effective, culturally appropriate behavioral health care services and supports.

7. According to the Substance Abuse and Mental Health Services Administration, State Targeted Response to the Opioid Crisis (STR) Grants provide funding to states to: (1) conduct

needs assessments and strategic plans; (2) identify gaps and resources to build on existing substance use disorder prevention and treatment activities; (3) implement and expand access to clinically appropriate, evidence-based practices for treatment – particularly for the use of medication-assisted treatment (MAT) and recovery support services; and (4) advance coordination with other federal efforts for substance misuse prevention.

7a. Has your state conducted a needs assessment and strategic plan? If yes, please describe that plan.

Yes, we have.

HSD/BHSD: New Mexico has conducted a statewide needs assessment (Appendix G) and developed a statewide strategic plan (Appendix H). The needs assessment presents data from our PDMP and state epidemiologic profiles to identify locations of highest opioid related needs (including overdose death) and gaps in services, particularly MAT, recovery, prevention and harm reduction. The needs assessment describes efforts to expand existing activities using STR funds in OUD treatment, MAT expansion, prescription drug overdose awareness, training and distribution of naloxone, and expansion of prevention activities. Our needs assessment describes the existing activities and partners in our state working to addressing OUD.

The STR strategic plan addresses the gaps identified in the STR needs assessment. Specific goals include:

1. Increasing the number of Opioid Treatment Providers (OTPs) and Office-Based Opioid Treatment (OBOTs)
2. Increasing the availability of qualified staff and programs to address the needs of persons with OUD
3. Improving access to services for individuals with OUD. Strategies to address these goals include (i) expanding access to MAT for OUD in OTPs and OBOTS; (ii) expanding recovery services including peer support services; (iii) working to ensure federal, state, and local policies align with needs to address gaps in OUD and MAT expansion; (iv) building public awareness of OUD as a complex public health issue and chronic condition; (v) focusing on highest risk areas and rural areas; (vi) expanding capacity for prevention and treatment in indigenous communities.

Another important element of the STR strategic plan is the focus on vulnerable populations including persons released from incarceration and pregnant women, their children and families. The strategic plan also addresses training and technical assistance needs statewide in all areas of prevention, treatment, harm reduction and recovery.

CYFD: Federal funds also have enabled CYFD BHS to engage in strategic planning related to expanding access and increasing competency for substance use treatment providers as well as training, coaching, and support in evidence-based practices specific to substance use disorders and trauma in adolescents and transition aged youth across the state of New Mexico for youth service providers. Federal funds also supported workforce mapping to assess the current status of New Mexico's behavioral health workforce. Financial Mapping was completed in the ASURE-TI grant to identify how current federal and state funds are expended to finance

treatment and recovery supports for adolescent and/or transitional age youth with substance use and/or co-occurring mental health disorders. Through the ASURE-TI grant, CYFD BHS completed resource mapping, piloting a Geographic Information System (GIS) resource map for children's behavioral health and substance use services and supports. CYFD Public Maps (<https://pulltogether.org/resources-by-county/statewide-resource-map>). Through the Healthy Transitions – New Mexico (HT-NM) grant, CYFD BHS completed a *Youth-Friendly Behavioral Health Services Assessment Pilot Test*. This activity sought to identify what makes behavioral health services youth friendly and to develop and pilot-test tools to assess the youth friendliness of New Mexico's behavioral health services. Finally, under the CYFD BHS ASURE-TI grant, Youth MOVE National collaborated with Youth MOVE NM to launch the *Youth Voice at the Agency Level (Y-Val)* assessment to YSS providers. The survey results are aggregated anonymously and help identify the agency's strengths and needs of integrating youth voice at the agency level.

7b. Has your state identified gaps and resources to build on existing substance use disorder prevention and treatment activities? If yes, please describe those findings.

Yes, we have. Current gaps include (1) Expansion of MAT treatment into Emergency Departments (ED's). DOH has been working to pilot MAT provision into ED's, including peer support. There is a need to expand this work statewide. (2) Expansion of MAT in detention settings including jail and prisons. (3) MAT for adolescents in both outpatient and facility settings.

STR/SOR efforts have helped us to focus on the unique challenges of addressing OUD and other SUDs in the criminal justice context, particularly in detention facilities, and prioritizing this issue in the work of the Behavioral Health Collaborative. In STR Year 1, the NM Association of Counties was funded to facilitate a dialogue with all county detention facilities around OUD, naloxone distribution and MAT treatment in detention settings. This conversation identified important gaps in these settings including access to naloxone and access to OUD treatment, particularly MAT. Access to MAT for all individuals involved in the criminal justice system continues to be an identified gap and an important priority for our state. Medicaid remains the largest payer of services for non-justice-involved New Mexicans at risk, but we face significant funding challenges serving people who are incarcerated.

7c. Has your state implemented and expanded access to clinically appropriate evidence-based practices for treatment—particularly for the use of MAT and recovery support services? If yes, please describe how you have done so.

Yes.

HSD/BHSD: STR/SOR initiatives have used a modified hub and spoke model to expand MAT. Modifications include use of the ProjectECHO® model and development of a comprehensive website (NMOpioidhub.com). These efforts are aimed at expanding providers' capacity to provide MAT without the need for patient transfers from spoke sites to hub centralized services.

STR/SOR have provided extensive in-person and interactive Zoom® based education (online) to support providers to obtain their DATA waivers and simultaneously provide them consultation support from local New Mexico MAT experts in prescribing, therapy and recovery supports.

Broader efforts include *A Dose of Reality* evidence-based media campaign to provide communities with information on current treatment providers. It also provides detailed resources/materials and information for providers to start MAT.

STR/SOR hosted a medical leadership summit including the Cabinet level leadership, local MAT experts, and leadership from primary care, hospital, behavioral health and recovery agencies statewide to impart essential information about best practices in OUD and MAT treatment and facilitate discussion and addressing of concerns or barriers as identified by participants.

STR/SOR have provided training and ongoing technical assistance in prescribing, therapy, and recovery supports (including peer recovery) statewide. This includes MAT training including key approaches such as Motivational Interviewing, Community Reinforcement Approach, and American Society of Addiction Medicine (ASAM) placement criteria.

STR/SOR collaborates with the MAT ECHO (funded by the Agency for Healthcare Research and Quality/AHRQ) that is using the ProjectECHO® model, plus added facilitation support and technical assistance to expand MAT in NM among rural primary care providers.

STR/SOR collaborates with the NM Department of Health CDC-funded efforts to expand MAT including within Emergency Departments.

CYFD: Through its various federal grants, CYFD BHS has sponsored trainings in the following programs and practices: American Society of Addiction Medicine (ASAM) assessment and placement; Seeking Safety; The Seven Challenges; the Matrix Model; Mental Health First Aid; Multi-Systemic Therapy; Youth Support Services Life Skills Coaching; Contingency Management; High-Fidelity Wraparound; Motivational Interviewing; and Community Reinforcement and Family Training (CRAFT). The CYFD BHS ASURE-TI grant is particularly invested in the training and dissemination of EBPs for treatment, specifically in Functional Family Therapy (FFT) training for New Mexico providers.

7d. Has your state advanced coordination with other federal efforts for substance use disorder prevention? If yes, please describe how.

Yes. Federal efforts for substance use disorders are coordinated via the Behavioral Health Collaborative and the other advisory and working groups described above. In 2019, the Collaborative announced its four statewide priorities: 1) Expansion of the behavioral health workforce; 2) Expansion of community-based mental health services for children; 3) Expansion of substance use disorder prevention, treatment and recovery services; and 4) Expansion of behavioral health services for people involved in the juvenile justice and criminal justice systems.

Through the Behavioral Health Collaborative and the other statewide advisory and working groups described earlier, NM ensures that all prevention and treatment initiatives funded by the SAPT block grant, the STR/SOR, SPF RX, SAMHSA and CDC-funded PDO grants are coordinated and aligned.

8. What additional resources would be most helpful to provide to communities struggling with opioid and other substance use disorders, including prevention and/or treatment options?

New Mexico is in crisis regarding our behavioral health workforce. In 2013, the prior Administration suspended Medicaid payments to 15 behavioral health organizations that provided approximately 85% of behavioral health services to Medicaid enrollees. The suspensions were based on allegations of fraud that were later found to be meritless. But in the meantime, the decision decimated the behavioral health system in New Mexico, and we are still struggling to recover. A workforce survey, conducted under the SYT-P effort in 2016, indicated that over 30% percent of behavioral health professionals planned to leave the state or retire in the next five years. A statewide survey of the behavioral health workforce released by the U.S. Department of Health and Human Services Office of Inspector General in September 2019 indicated that 70% of behavioral health clinicians do not participate in Medicaid managed care plans. Some New Mexico counties do not have a single behavioral health prescriber. As the anticipated attrition unfolds, services are further and further out of reach for populations who are in dire need of them, including adolescents and transition aged youth. Providers with training and interest in working in the public system are needed.

New Mexico needs ongoing funding to enable our smaller communities to recruit and retain the behavioral workforce needed to serve their communities and address the challenge of opioid and other substance use disorders.

Restoring hope to our communities also requires planning to address foundational needs for housing, safety, food, and access to medical care. Working together as a cross-agency Behavioral Health Collaborative, we are making strides. As of June 2019, 824,888 unduplicated New Mexicans - 41 percent of our population - received a Medicaid funded service. Over 446,200 people received SNAP benefits for their household, reducing the hunger disparity and meeting a fundamental need. Schools and Community Centers remain places where, in most parts of the state, children can be fed twice a day. While Medicaid does not pay for housing, we are able to fund the supports it takes to keep many people housed. Once these basic needs are met, adults and families are able to respond to treatment.

Given New Mexico's geographical distances and workforce shortages, mobile MAT, with parameters, could be a solution. Currently, there is no process for the DEA to approve mobile methadone clinics. A few pilot mobile methadone vans had been approved in other states before 2007, but there have not been further approvals since that time and there is no current process in place for seeking approval. Mobile naloxone distribution has been an important strategy in NM in addressing overdoses in frontier communities and mobile MAT clinics would be an important element in providing MAT to individuals in frontier communities with severe OUD.

Additional flexible funding for New Mexico would allow for expanded prevention and intervention in the lives of New Mexicans impacted by "diseases of despair" including OUD and opioid overdose deaths. If funds could be used to more broadly to address the co-occurring crises of suicide, alcohol use disorder and disease and deaths, methamphetamine use disorder and deaths, mental health conditions, and social determinants of health, New Mexico could expand the modalities for healing, wellness, and belonging.

Additionally, as we track our progress towards addressing opioid use disorder and substance use disorders, we are using multiple metrics and data collection systems to respond to federal

mandates. If performance measures were standardized across federal funding agencies and grants, we would be better able to harmonize and standardize our own data systems and evaluation efforts to measure the effects of these funds.

Conclusion

We thank you for this opportunity to summarize the work we have been able to do because of federal support, the strides we have made, and the challenges we still face in addressing opioid and other substance use disorders in New Mexico.

Respectfully,




Dr. David Scrase, Cabinet Secretary
New Mexico Human Services Department



Kathyleen Kunkel, Cabinet Secretary
New Mexico Department of Health



Brian Blalock, Cabinet Secretary
New Mexico Children Youth and Families
Department



Bryce Pittenger, CEO
New Mexico Behavioral Health
Collaborative

Table i. Counties receiving STR/SOR funding			
County(s)	Program Type	Regional Hub	Total Award
Bernalillo County: Drug Overdose: 902 Deaths, Rank #15			
Bernalillo	Prevention	Boys & Girls Clubs of Central New Mexico: Positive Action Program*	-
Bernalillo	Treatment	Centro Savila: MAT Hub	\$17,500.00
Bernalillo	Treatment	Drug Policy Alliance: Law Enforcement Arrest Diversion (LEAD) Program*	-
Bernalillo	Treatment	Duke City Recovery: MAT Hub	\$254,820.00
Bernalillo	Treatment	Janus, LLC: Workforce Trainings*	-
Bernalillo	Prevention	Native American Community Academy (NACA): Indigenous PAX GBG Site*	-
Bernalillo	Prevention & Treatment	Serenity Mesa Youth Recovery Services: Workforce & Community Trainings*	-
Bernalillo	Treatment	Turning Point Recovery: MAT Hub	\$192,596.00
Bernalillo	Treatment	UNM Addictions & Substance Abuse Program: MAT Hub	\$163,136.00
Bernalillo County			\$628,052.00
Chaves County: Drug Overdose: 69 Deaths, Rank #17			
Chaves	Prevention	Boys & Girls Clubs of Sierra Blanca: Positive Action Program*	-
Chaves	Treatment	Drug Policy Alliance: Law Enforcement Arrest Diversion (LEAD) Program*	-
Chaves	Treatment	Janus, LLC: Workforce Trainings*	-
Chaves	Treatment	La Casa Community Health: MAT Hub	\$42,500.00
Chaves County			\$42,500.00
Colfax County: Drug Overdose: 22 Deaths, Rank #7			
Colfax	Treatment	Inside Out: Recovery Support Services*	-
Colfax County			-
Curry County: Drug Overdose: 36 Deaths, Rank #28			
Curry	Treatment	Mental Health Resources: MAT Hub	\$17,500.00
Curry County			\$17,500.00
Dona Ana County: Drug Overdose: 164 Deaths, Rank #25			
Dona Ana	Prevention	Boys & Girls Clubs of Las Cruces: Positive Action Program*	-
Dona Ana	Treatment	Dona Ana County HHS: MAT Hub	\$35,000.00
Dona Ana	Treatment	Drug Policy Alliance: Law Enforcement Arrest Diversion (LEAD) Program*	-
Dona Ana	Treatment	Janus, LLC: Workforce Trainings*	-
Dona Ana	Prevention	Las Cruces School District: PAX GBG Site*	-
Dona Ana	Treatment	NM Department of Health - Las Cruces: MAT Hub	\$57,500.00
Dona Ana County			\$92,500.00
Eddy County: Drug Overdose: 62 Deaths, Rank #16			
Eddy	Prevention	Boys & Girls Clubs of Carlsbad: Positive Action Program*	-
Eddy County			-
Grant County: Drug Overdose: 48 Deaths, Rank #5			
Grant	Prevention	Cobre School District: PAX GBG Site*	-
Grant	Treatment	Hidalgo Medical Services: MAT Hub	\$37,500.00
Grant County			\$37,500.00
Guadalupe County: Drug Overdose: 10 Deaths, Rank #3			
Guadalupe	Treatment	Life Link: Mora, San Miguel, Guadalupe Counties - Local Collaborative 4: MAT Hub & Workforce Trainings*	-
Guadalupe County			-
Lea County: Drug Overdose: 61 Deaths, Rank #24			
Lea	Prevention	Boys & Girls Clubs of Hobbs: Positive Action Program*	-
Lea	Treatment	Guidance Center of Lea County: MAT Hub	\$34,000.00
Lea County			\$34,000.00
Lincoln County: Drug Overdose: 35 Deaths, Rank #4			
Lincoln	Prevention	Boys & Girls Clubs of Sierra Blanca: Positive Action Program*	-
Lincoln County			-
Los Alamos County: Drug Overdose: 16 Deaths, Rank #19			
Los Alamos	Treatment	Inside Out: Recovery Support Services*	-
Los Alamos County			-
Luna County: Drug Overdose: 19 Deaths, Rank #23			
Luna	Prevention	Deming School District: PAX GBG Site*	-
Luna County			-
McKinley County: Drug Overdose: 40 Deaths, Rank #30			
McKinley	Prevention	Boys & Girls Clubs of Gallup: Positive Action Program*	-
McKinley	Prevention	Ch'oshgai Community School: Indigenous PAX GBG Site*	-
McKinley	Treatment	Hozho Recovery Center: Workforce Trainings	\$22,000.00
McKinley County			\$22,000.00
Mora County: Drug Overdose: 2 Deaths, Rank #29			
Mora	Treatment	Inside Out: Recovery Support Services*	-
Mora	Treatment	Life Link: Mora, San Miguel, Guadalupe Counties - Local Collaborative 4: MAT Hub & Workforce Training*	-
Mora County			-
Otero County: Drug Overdose: 64 Deaths, Rank #20			
Otero	Prevention	Boys & Girls Clubs of Otero County: Positive Action Program*	-
Otero	Prevention	Mescalero Apache Boys & Girls Clubs: Positive Action Program*	-
Otero County			-
Quay County: Drug Overdose: 9 Deaths, Rank #18			
Quay	Prevention	Tucumcari School District: PAX GBG Site*	-
Quay County			-
Rio Arriba County: Drug Overdose: 158 Deaths, Rank #1			
Rio Arriba	Prevention	Boys & Girls Clubs of Ohkay Owingeh: Positive Action Program*	-
Rio Arriba	Prevention	Chama School District: PAX GBG Site*	-
Rio Arriba	Treatment	Drug Policy Alliance: Law Enforcement Arrest Diversion (LEAD) Program*	-
Rio Arriba	Treatment	El Centro Family Health: MAT Hub	\$17,500.00
Rio Arriba	Prevention	Espanola School District: PAX GBG Site*	-
Rio Arriba	Treatment	Inside Out: Recovery Support Services*	-
Rio Arriba	Treatment	Janus, LLC: Workforce Trainings*	-

Appendix A: New Mexico State Targeted Response (STR) and State Opioid Response (SOR) Contracts By County

Rio Arriba	Prevention	Ohkay Owinge Community: Indigenous PAX GBG Site*	-
Rio Arriba	Treatment	Rio Arriba County HHS: MAT Hub & Workforce Training	\$165,000.00
Rio Arriba	Prevention	Santa Fe Boys & Girls Clubs: Positive Action Program*	-
Rio Arriba	Treatment	Valle del Sol of New Mexico: MAT Hub	\$17,500.00
Rio Arriba County			\$200,000.00
San Juan County: Drug Overdose: 103 Deaths, Rank #27			
San Juan	Prevention	Aztec Boys & Girls Clubs: Positive Action Program*	-
San Juan	Prevention	Aztec School District: PAX GBG Site*	-
San Juan	Prevention	Bloomfield School District: PAX GBG Site*	-
San Juan	Prevention	Boys & Girls Clubs of Farmington: Positive Action Program*	-
San Juan	Prevention	Central Consolidated Schools: Indigenous PAX GBG Site*	-
San Juan	Treatment	Drug Policy Alliance: Law Enforcement Arrest Diversion (LEAD) Program*	-
San Juan	Prevention	Farmington School District: PAX GBG Site*	-
San Juan	Treatment	Janus, LLC: Workforce Trainings*	-
San Juan	Treatment	Presbyterian Medical Services: MAT Hub & Workforce Training*	-
San Juan	Prevention	Toadlena/Nenahnezad Community: Indigenous PAX GBG Site*	-
San Juan County			-
San Miguel County: Drug Overdose: 53 Deaths, Rank #2			
San Miguel	Treatment	Drug Policy Alliance: Law Enforcement Arrest Diversion (LEAD) Program*	-
San Miguel	Treatment	Life Link: Mora, San Miguel, Guadalupe Counties - Local Collaborative 4: MAT Hub & Workforce Training*	-
San Miguel	Treatment	San Miguel County Adult Detention Center: MAT Hub	\$397,400.00
San Miguel County			\$397,400.00
Sandoval County: Drug Overdose: 129 Deaths, Rank #22			
Sandoval	Prevention	Boys & Girls Clubs of Central New Mexico: Positive Action Program*	-
Sandoval	Prevention	Five Sandoval Head-Start: Indigenous PAX GBG Site*	-
Sandoval	Treatment	Janus, LLC: Workforce Trainings*	-
Sandoval	Prevention	Jemez Pueblo Schools: Indigenous PAX GBG Site*	-
Sandoval	Treatment	Presbyterian Medical Services: MAT Hub & Workforce Training*	-
Sandoval	Prevention	San Felipe Head-Start: Indigenous PAX GBG Site*	-
Sandoval	Prevention & Treatment	Serenity Mesa Youth Recovery Services: Workforce & Community Training*	-
Sandoval County			-
Santa Fe County: Drug Overdose: 219 Deaths, Rank #9			
Santa Fe	Treatment	Inside Out: Recovery Support Services*	-
Santa Fe	Treatment	Janus, LLC: Workforce Trainings*	-
Santa Fe	Prevention	Pojoaque Valley Schools: PAX GBG Site*	-
Santa Fe	Prevention	Santa Fe Boys & Girls Clubs: Positive Action Program*	-
Santa Fe	Prevention	Santa Fe County Fire Department: Workforce Trainings	\$249,800.00
Santa Fe	Prevention	Santa Fe Indian School: Indigenous PAX GBG Site*	-
Santa Fe	Prevention & Treatment	Santa Fe Mountain Center: MAT Hub, Workforce & Community Trainings	\$65,494.00
Santa Fe	Treatment	Santa Fe Prevention Alliance: Workforce & Community Trainings	\$46,500.00
Santa Fe	Treatment	Santa Fe Recovery Center: MAT Hub	\$1,089,663.00
Santa Fe	Prevention	Santa Fe School District: PAX GBG Site*	-
Santa Fe	Prevention	Tesuque Day School: Indigenous PAX GBG Site*	-
Santa Fe County			\$1,451,457.00
Siera County: Drug Overdose: 17 Deaths, Rank #12			
Sierra	Treatment	Sierra Vista Hospital: MAT Hub	\$51,000.00
Sierra County			\$51,000.00
Socorro County: Drug Overdose: 15 Deaths, Rank #21			
Socorro	Prevention	Socorro School District: PAX GBG Site*	-
Socorro County			-
Taos County: Drug Overdose: 42 Deaths, Rank #13			
Taos	Treatment	Drug Policy Alliance: Law Enforcement Arrest Diversion (LEAD) Program*	-
Taos	Treatment	Holy Cross Hospital: MAT Hub	\$36,836.00
Taos	Treatment	Inside Out: Recovery Support Services*	-
Taos	Prevention	Taos Municipal Schools: Indigenous PAX GBG Site*	-
Taos	Treatment	Tri County Health Services: MAT Hub	\$69,172.00
Taos County			\$106,008.00
Valencia County: Drug Overdose: 101 Deaths, Rank #14			
Valencia	Treatment	Janus, LLC: Workforce Trainings*	-
Valencia	Prevention & Treatment	Serenity Mesa Youth Recovery Services: Workforce & Community Trainings*	-
Valencia County			-
County Programs Award Subtotal			\$3,079,917.00

Drug overdose death and rank data from 2013-2017, source NM Substance Use Epidemiology Profile, NM Department of Health, December 2018.

*The identified county-based entity received funding through a program serving multiple counties.

Table ii. Multiple County Programs Receiving STR/SOR Funding			
County(s)	Program Type	Regional Hub	Total Award
Dona Ana, Rio Arriba, Bernalillo, San Juan, San Miguel, Taos, Chavez	Treatment	Drug Policy Alliance: Law Enforcement Arrest Diversion (LEAD) Program	\$234,600.00
Rio Arriba, Mora, Taos, Colfax, Santa Fe, Los Alamos	Treatment	Inside Out: Recovery Support Services	\$289,475.00
Bernalillo, Chavez, Dona Ana, Rio Arriba, Sandoval, San Juan, Santa Fe, Valencia	Treatment	Janus, LLC: Workforce Trainings	\$69,930.00
Mora, San Miguel, Guadalupe	Treatment	Life Link: Mora, San Miguel, Guadalupe Counties - Local Collaborative 4: MAT Hub, Workforce & Community Trainings	\$71,226.00
Bernalillo, Chavez, Dona Ana, Eddy, Lea, McKinley, Lincoln, Otero, Rio Arriba, Sandoval, San Juan, Santa Fe	Prevention	NM Alliance of Boys & Girls Clubs: Positive Action Program	\$150,000.00
San Juan, Sandoval	Treatment	Presbyterian Medical Services: MAT Hub & Workforce Trainings	\$65,000.00
Bernalillo, Valencia, Sandoval	Prevention & Treatment	Serenity Mesa Youth Recovery Services: Workforce & Community Trainings	\$100,000.00
2 Tribal Communities TBD	Treatment	Shelly Moeller: LEAD Program Implementation TA	\$49,988.00
Multiple County Programs Award Subtotal			\$1,030,219.00

Table iii. Statewide Programs Receiving STR/SOR Funding			
County(s)	Program Type	Regional Hub	Total Award
Statewide	Prevention	Allen Lovato: PAX Good Behavior Game (GBG) Tribal Liaison	\$75,000.00
Statewide	Prevention	Coop Consulting: PAX Good Behavior Game (GBG)	\$2,085,337.00
Statewide	Prevention	Eric Manolito: PAX Good Behavior Game (GBG) Tribal Liaison	\$93,750.00
Statewide	Prevention	Esparza Advertising: A Dose of Reality (ADOR) Media Campaign	\$207,662.00
Statewide	Treatment	Kesselman-Jones Inc: Workforce Trainings	\$1,536,231.00
Statewide	Prevention	Law Enforcement Training Institute: Workforce Trainings	\$362,994.00
Statewide	Prevention	Lieving Group, LLC: Workforce & Community Trainings	\$1,161,017.00
Statewide	Treatment	Life Link: Office of Peer Recovery and Engagement: Recovery Support Services, Workforce & Community Trainings	\$471,577.00
Statewide	Treatment	Life Link: Recovery Communities of NM: Peer Recovery Support Services	\$75,600.00
Statewide	Prevention & Treatment	Life Link: Workforce & Community Trainings	\$3,195,569.00
Statewide	Treatment	New Mexico Association of Counties: Community Trainings & TA	\$16,000.00
Statewide	Treatment	NM Behavioral Health Providers Association: Workforce Trainings	\$164,912.00
Statewide	Treatment	NM Children, Youth and Families Department: Workforce Trainings	\$695,695.00
Statewide	Treatment	NM Crisis Access Line: Recovery Support Services	\$185,000.00
Statewide	Treatment	NM Rural Hospital Network: Workforce Trainings	\$30,000.00
Statewide	Treatment	Oxford House: Recovery Support Trainings	\$4,000.00
Statewide	Prevention	PAXIS Institute: PAX Good Behavior Game (GBG)	\$1,451,879.00
Statewide	Prevention & Treatment	PK Public Relations: A Dose of Reality (ADOR) Media Campaign	\$812,882.00
Statewide	Treatment	Recovery Services of NM: MAT Hub	\$401,434.00
Statewide	Prevention	Southwest CARE Center: Workforce & Community Trainings	\$77,418.00
Statewide	Administration, Data Collection & Treatment	UNM Community Behavioral Health: Grant Management & Data Collection, Workforce Trainings	\$4,109,795.00
Statewide Programs Award Subtotal			\$17,213,752.00

CONTRACT AWARDS TOTAL \$21,323,888.00

Appendix B

New Mexico Department of Health Overdose Prevention Contracts

Governmental Recipients

Funding Recipient	Purpose	Total Funding
State Agency		
Fourth Judicial District Court – Adult Drug Court	Prevention & Treatment	\$939
New Mexico Board of Pharmacy (Regulation and Licensing Department)	Prevention	\$65,305
New Mexico Department of Corrections	Prevention & Treatment	\$19,327
Third Judicial District Court – Adult Drug Court	Prevention & Treatment	\$60,000
County Government		
Rio Arriba		
Rio Arriba County (Rio Arriba County Community Health Council)	Prevention	\$49,000
Rio Arriba County Adult Detention Facility	Prevention & Treatment	\$25,000
San Juan		
San Juan County Adult Detention Facility	Prevention & Treatment	\$25,000
San Juan County Alternative Sentencing	Prevention & Treatment	\$25,000
San Juan County Juvenile Services Facility	Prevention & Treatment	\$25,000
San Miguel		
San Miguel County Detention Center	Prevention & Treatment	\$25,000
Santa Fe		
Santa Fe County Adult Detention Facility	Prevention & Treatment	\$25,000
Socorro		
Socorro County Community Alternatives Program	Prevention & Treatment	\$25,000
Total		\$369,571

Appendix B

Non-Governmental Recipients

Funding Recipient	Purpose	Total Funding
Albuquerque Healthcare for the Homeless	Prevention & Treatment	\$200,000
Alianza of New Mexico	Prevention & Treatment	\$30,000
Apex Evaluation	Prevention	\$111,949
Appriss	Prevention	\$450,000
Artesia General Hospital	Prevention & Treatment	\$60,000
Bernalillo County (Bernalillo County Community Health Council)	Prevention	\$90,000
Central New Mexico Community College	Prevention & Treatment	\$92,000
Chaves County (La Casa de Buena Salud, Inc.)	Prevention	\$17,000
Christus St. Vincent Hospital	Prevention & Treatment	\$200,000
Comagine	Prevention	\$27,609
Cory Cline	Prevention	\$25,731
Creative Communications	Prevention & Treatment	\$81,165
Dan C. Trigg Memorial Hospital	Prevention & Treatment	\$81,000
Dona Ana County (Southwest Center for Health Innovation)	Prevention	\$55,000
DOPE Services	Prevention & Treatment	\$85,000
Families and Youth, Inc.	Prevention & Treatment	\$31,500
First Nations Community Healthsource	Prevention & Treatment	\$10,000
Gallup Health Cooperative	Prevention & Treatment	\$2,050
Inside Out	Prevention & Treatment	\$6,950
Justice, Access and Support Solutions for Health (JAZZ)	Prevention & Treatment	\$240,000
Kindred Hospital	Prevention & Treatment	\$60,000
La Familia	Prevention & Treatment	\$216,000
Law Enforcement Training International	Prevention	\$343,044
Lea County (Community Drug Coalition of Lea County)	Prevention	\$15,000
Life Link	Prevention & Treatment	\$150,000
Lincoln County Medical Center	Prevention &	\$81,000

Appendix B

Funding Recipient	Purpose	Total Funding
	Treatment	
Lovelace Clinic Foundation (New Mexico Health Information Collaborative)	Prevention & Treatment	\$356,000
Memorial Medical Center	Prevention & Treatment	\$81,000
New Mexico Broadcasters Association	Prevention	\$30,000
New Mexico Counties (formerly the Association of Counties)	Prevention & Treatment	\$113,860
New Mexico Dental Association	Prevention	\$53,300
NMEDSS Project Management and System Upgrade	Prevention & Treatment	\$230,000
New Mexico Highlands University	Prevention	\$12,000
New Mexico Hospital Association	Prevention & Treatment	\$72,579
New Mexico Nurses Association	Prevention	\$2,303
New Mexico Osteopathic Medical Association	Prevention	\$50,000
Nor-Lea Hospital (for New Mexico Rural Hospital Network)	Prevention	\$90,000
Otero County (The Counseling Center)	Prevention	\$48,200
Pecos Valley Medical Center	Prevention & Treatment	\$4,700
Plains Regional Medical Center	Prevention & Treatment	\$81,000
Presbyterian Healthcare System	Prevention & Treatment	\$293,000
Rajani Rai	Prevention	\$25,731
Rehoboth McKinley Hospital	Prevention & Treatment	\$81,000
Research and Polling, Inc.	Prevention	\$222,224
Roosevelt General Hospital	Prevention & Treatment	\$60,000
San Juan County (San Juan County Partnership, Inc.)	Prevention	\$15,000
St. Luke's Health Care Clinic	Prevention & Treatment	\$2,600
Santa Fe Community Services	Prevention & Treatment	\$37,000
Santa Fe Indian Center (NM Community Foundation)	Prevention	\$10,000
Santa Fe Mountain Center	Prevention & Treatment	\$151,700
Santa Fe Public Schools	Prevention	\$60,000
Sierra County (Appletree Education Center)	Prevention	\$33,000
Sierra Vista Hospital	Prevention & Treatment	\$60,000
Socorro General Hospital	Prevention & Treatment	\$81,000
Software Technology Group	Prevention	\$100,000

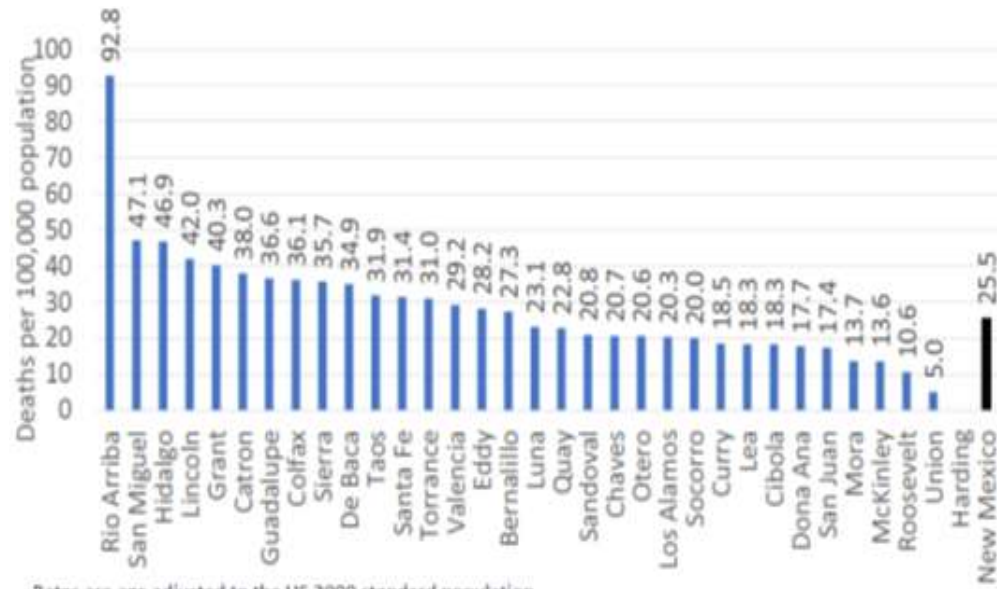
Appendix B

Funding Recipient	Purpose	Total Funding
Southwest CARE Center	Prevention & Treatment	\$11,771
Southwest Center for Health Innovation	Prevention	\$56,695
Southwest Planning, Inc.	Prevention	\$22,902
Taos County (Taos Health Systems)	Prevention	\$41,000
Taos Holy Cross Hospital	Prevention & Treatment	\$60,000
The Waite Company	Prevention	\$525,789
Torrance County (Perpetual Tears Memorial, Inc.)	Prevention	\$23,000
Transgender Resource Center	Prevention & Treatment	\$67,500
University of New Mexico College of Pharmacy	Prevention	\$122,380
University of New Mexico Department of Family and Community Medicine	Prevention	\$257,077
University of New Mexico Department of Psychiatry and Behavioral Sciences, Health Sciences Center	Prevention	\$140,000
University of New Mexico, Office of the Medical Investigator	Toxicology	\$211,868
University of New Mexico Project ECHO	Prevention	\$115,000
Total		\$6,874,177

APPENDIX C										
NM CHILDREN, YOUTH AND FAMILIES DEPARTMENT - BEHAVIORAL HEALTH SERVICES										
Federal Grants - Substance Use										
Federal Grant	Purpose	Program Type	Provider	County	SFY 16 Expenditures	SFY 17 Expenditures	SFY 18 Expenditures	SFY 19 Expenditures	2020 Allocation	Contract
ASURE-TI (9/20/2017 – 9/29/2019)	Improve infrastructure and direct treatment service delivery by establishing comprehensive and sustainable services; developing New Mexico's workforce capabilities; serving adolescents, young adults and families impacted by substance use and serious emotional disturbance; and expanding access to community services.	Prevention	Cottonwood Clinical Services Inc.	San Juan County	N/A	N/A	N/A	\$ 71,497	\$ 90,000	Falling Colors
			ENIPC Inc. -Butterfly Healing	Rio Arriba County	N/A	N/A	N/A	\$ 51,919	\$ 90,000	Falling Colors
			GCLC Inc. Main Office	Lea County	N/A	N/A	N/A	\$ 59,442	\$ 90,000	Falling Colors
			Youth Development Inc. (Main Office)	Bernalillo County	N/A	N/A	N/A	\$ 96,541	\$ 125,000	Falling Colors
			A New Day	Bernalillo County	N/A	N/A	N/A	N/A	\$ 17,500.0	Falling Colors
			Serenity Mesa	Bernalillo County	N/A	N/A	N/A	N/A	\$ 17,500.0	Falling Colors
Treatment Drug Court (09/30/14-09/29/17)	The TDC grant provided implementation funds for youth referred to drug court by the juvenile justice system. TDC created a system of care and support for youth to address issues that led them to involvement with the justice system due to substance use.	Treatment	Youth Development Inc. (Main Office)	Valencia County	N/A	N/A	\$ 34,503	\$ 8,827	N/A	via NMSU Direct Contract
			Valle del Sol	Valencia County	\$ 19,515	\$ 66,151	\$ 179	N/A	N/A	via NMSU Direct Contract
Healthy Transitions (09/30/14-09/29/19)	The purpose of HTNM is to improve access to treatment and support services for Youth and Young Adults ages 16-26, who either have, or are at risk of developing a serious mental health condition.	Treatment	Santa Fe Mountain Center	Santa Fe County	\$ 143,420	\$ 142,433	\$ 111,946	\$ 158,471	\$ 34,851	via NMSU Direct Contract (Actual)
			Santa Fe Mountain Center	Rio Arriba County	\$ 159,639	\$ 154,001	\$ 128,832	\$ 159,752	\$ 19,053	via NMSU Direct Contract (Actual)
			Southwest Family Guidance Center	Valencia County	\$ 139,101	\$ 268,494	\$ 178,717	\$ 235,375	\$ 17,181	via NMSU Direct Contract (Actual)
SYTP (09/30/2015 – 09/29/2017)	Planning grant to improve treatment for youth with substance use disorders and/or co-occurring mental or emotional health disorders and issues by advancing the integration and efficiency of New Mexico's youth treatment and recovery support system.	Planning	New Mexico State University	Statewide	\$ 104,732	\$ 239,622	\$ 61,400	N/A	N/A	Direct Contract
CAPTA Grant and SGF	To meet data collection and reporting requirements for Plans of Care in the Child Abuse Reporting Act (CARA)	Data Build	Falling Colors, Inc.	Statewide	N/A	N/A	N/A	\$ 60,000	\$ 60,000	Data Build within Falling Colors, Inc. via BH Collaborative Contract
TOTAL					\$ 566,407	\$ 870,701	\$ 515,577	\$ 901,824	\$ 561,085	\$ 3,415,594

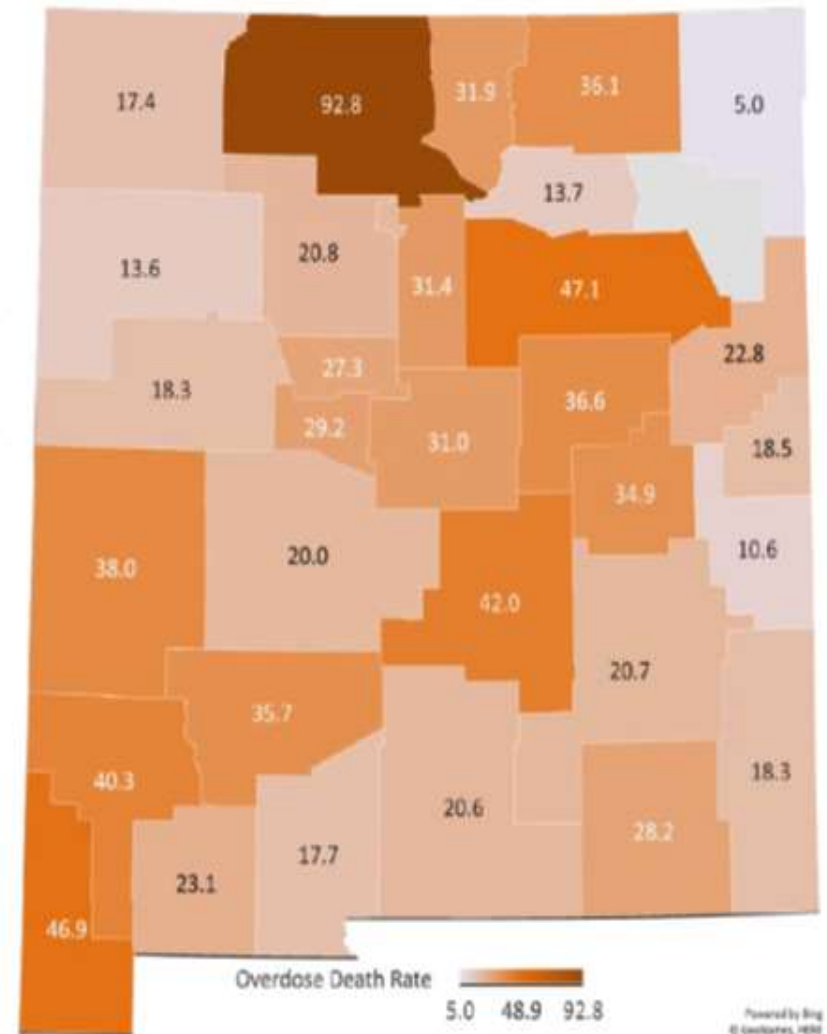
Appendix D

Drug Overdose Death Rate by County, NM, 2014-2018



Rates are age adjusted to the US 2000 standard population

Source: NM DOH Bureau of Vital Records and Health Statistics death data; UNM/GPS population estimates





NM DRUG OVERDOSE PREVENTION QUARTERLY MEASURES REPORT SECOND QUARTER OF 2019 (2019Q2)

Substance Abuse Epidemiology Section Prescription Drug Overdose Prevention Program Injury and Behavioral Epidemiology Bureau Epidemiology and Response Division

This report is produced quarterly to track indicators related to drug overdose prevention. The indicators reported here allow for the tracking of three key interventions for prescription drug overdose: improving prescribing of controlled substances, increasing the availability of treatment for opioid dependence, and the increasing availability of naloxone in the community.

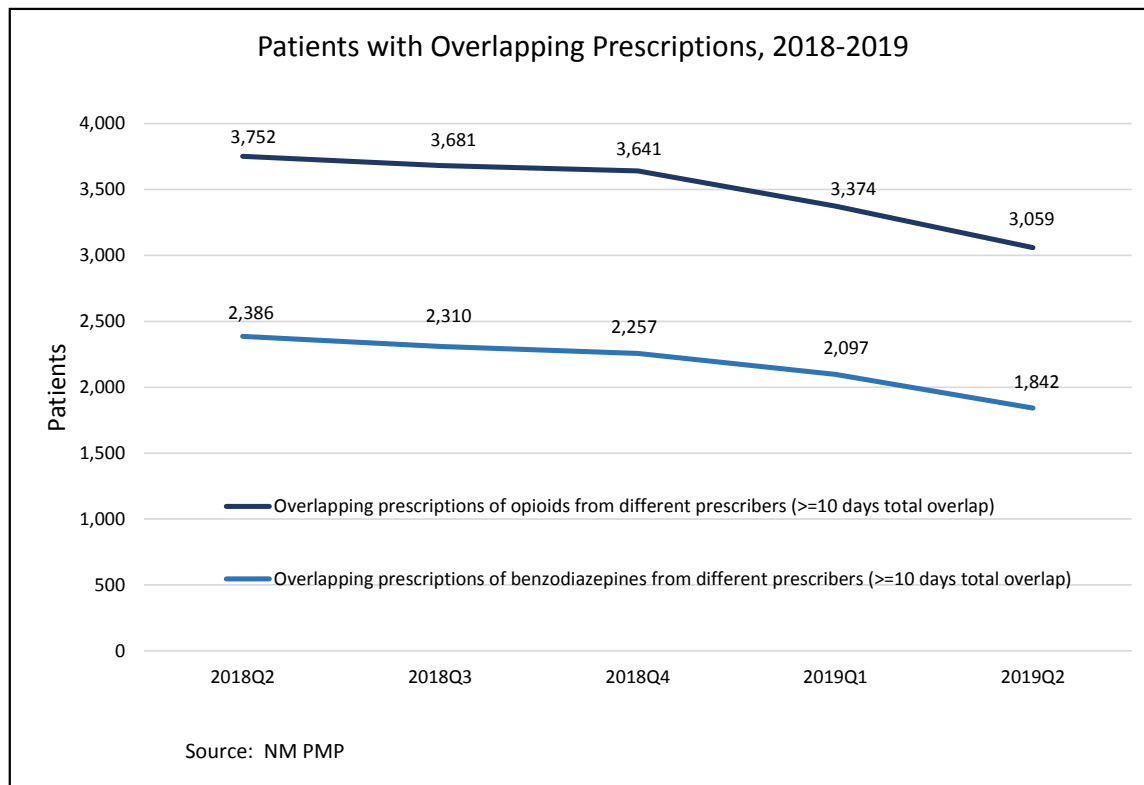
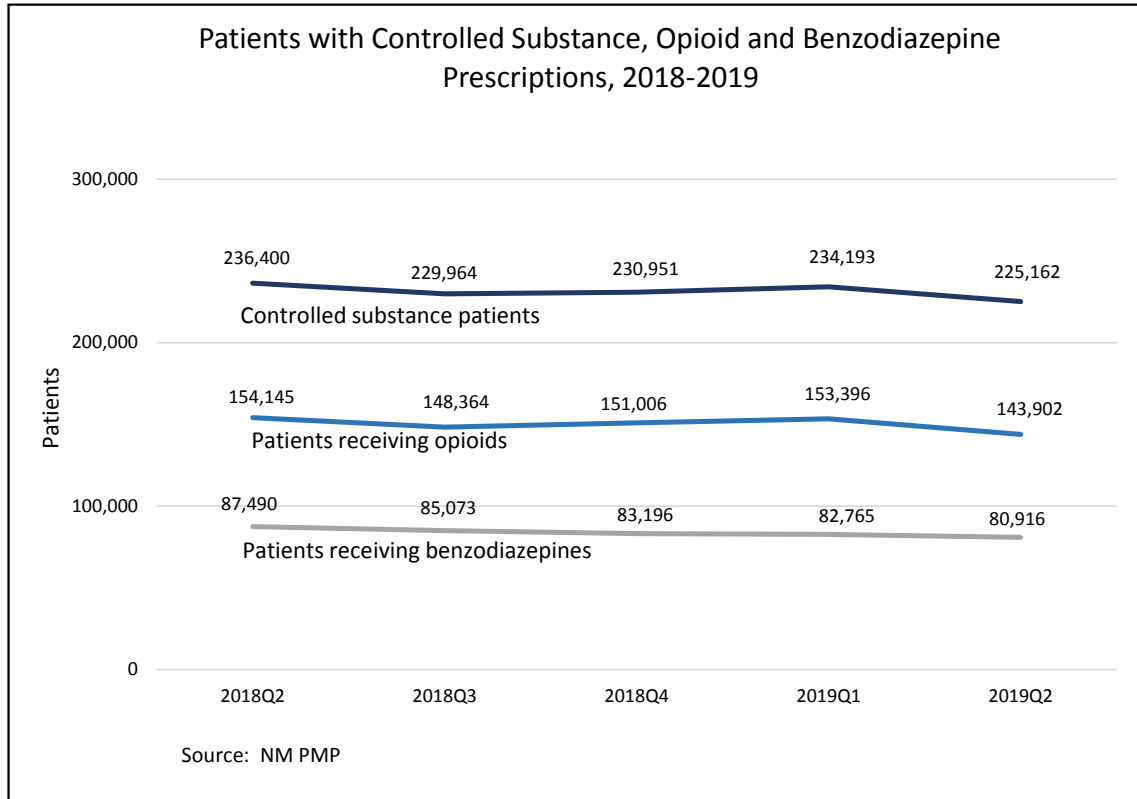
This report is based on calendar quarters: Q1 is January-March of the calendar year.

Data for this report were drawn from several sources:

1. The Prescription Monitoring Program (PMP) operated by the NM Board of Pharmacy, which collects data on every controlled substance prescription filled in New Mexico.
2. New Mexico Medicaid in the Human Services Department, for data on methadone treatment paid by Medicaid, and for data on claims paid for naloxone prescriptions at pharmacies.
3. The State Opioid Treatment Authority in the Human Services Department for data on methadone treatment programs operating in New Mexico.
4. The NM Department of Health Syringe Services Program for data on naloxone distributed via syringe exchange sites
5. The Behavioral Health Services Division in the Human Services Department for data on naloxone distributed through Office of Substance Abuse Prevention programs.

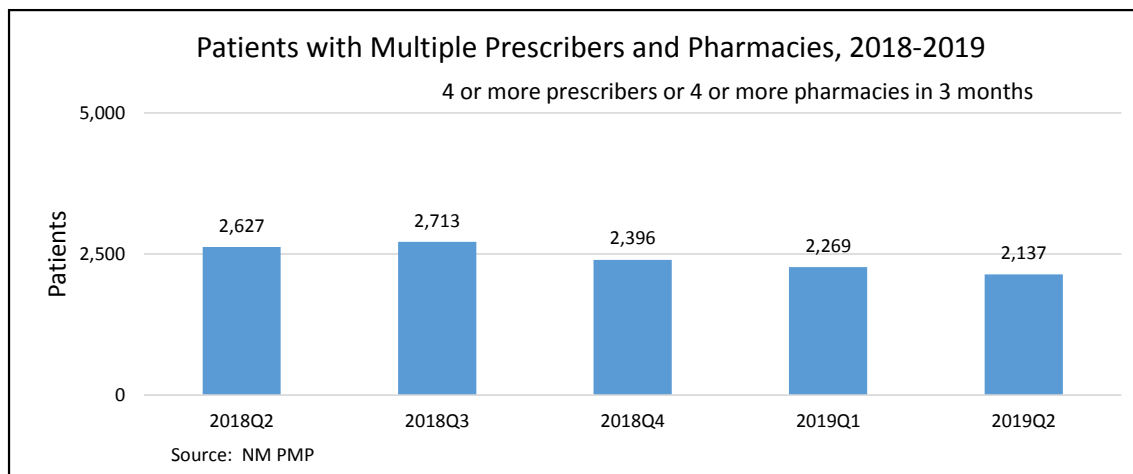
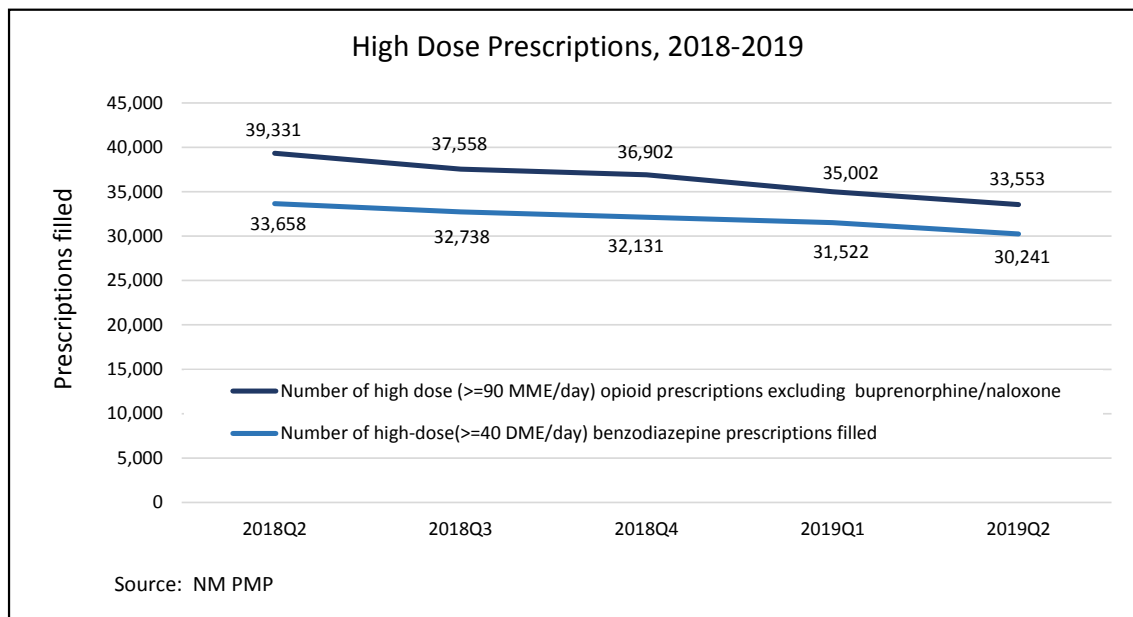
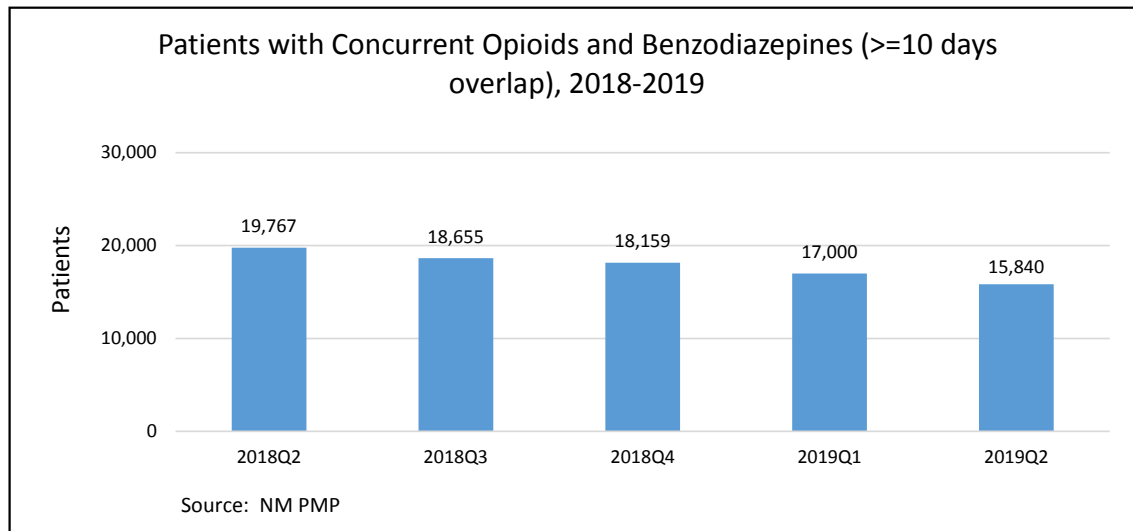
Appendix E

I. New Mexico Prescription Monitoring Program (PMP) Measures



Appendix E

I. New Mexico Prescription Monitoring Program (PMP) Measures



Appendix E

I. New Mexico Prescription Monitoring Program (PMP) Measures

Totals

Year and Quarter	2018Q2	2019Q1	2019Q2	Quarterly % Change 2019Q1 vs 2019Q2	Quarterly % Change 2018Q2 vs 2019Q2
Total number of controlled substance patients	236,400	234,193	225,162	-3.9%	-4.8%
Number of patients receiving opioids	154,145	153,396	143,902	-6.2%	-6.6%
Number of opioid prescriptions filled (excluding buprenorphine/naloxone)	330,051	323,222	306,808	-5.1%	-7.0%
Number of buprenorphine/naloxone prescriptions filled	22,824	23,628	24,504	3.7%	7.4%
Number of high dose (≥ 90 MME/day) opioid prescriptions excluding buprenorphine/naloxone	39,331	35,002	33,553	-4.1%	-14.7%
Total MME of opioids filled - excluding buprenorphine/naloxone	296,877,603	274,456,795	266,371,805	-2.9%	-10.3%
Total MME/prescription-day	56	55	55	0.1%	-1.7%
Number of patients receiving benzodiazepines	87,490	82,765	80,916	-2.2%	-7.5%
Number of benzodiazepine prescriptions filled	192,903	182,677	177,703	-2.7%	-7.9%
Number of high-dose (≥ 40 DME/day) benzodiazepine prescriptions filled	33,658	31,522	30,241	-4.1%	-10.2%
Total DME of benzodiazepines filled	103,503,807	94,408,678	91,292,304	-3.3%	-11.8%
Total DME/patient	1,183	1,141	1,128	-1.1%	-4.6%

SOURCE OF DATA: NM Prescription Monitoring Program (PMP), NM Prescribers with at least 20 controlled substance patients

MME = Morphine Milligram Equivalent; reference at http://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

DME = Diazepam Milligram Equivalent; reference at <http://archinte.jamanetwork.com/article.aspx?articleid=217249>, 2004

Appendix E

I. New Mexico Prescription Monitoring Program (PMP) Measures

Number of Patients with:

Year and Quarter	2018Q2	2019Q1	2019Q2	Quarterly % Change 2019Q1 vs 2019Q2	Quarterly % Change 2018Q2 vs 2019Q2
High dose opioids (>=90 MME/day)	14,065	12,319	11,762	-4.5%	-16.4%
High dose benzodiazepines (>=40 DME/day)	14,870	13,824	13,332	-3.6%	-10.3%
Opioids >=90 days and <90% of days in past 6 months	20,460	18,479	17,699	-4.2%	-13.5%
Opioids >=90% of days in past 6 months	31,031	30,080	29,519	-1.9%	-4.9%
Benzodiazepines >=90 days and <90% of days in past 6 months	23,123	21,262	20,563	-3.3%	-11.1%
Benzodiazepines >=90% of days in past 6 months	24,984	23,619	23,142	-2.0%	-7.4%
Overlapping prescriptions of opioids from different prescribers (>=10 days total overlap)	3,752	3,374	3,059	-9.3%	-18.5%
Overlapping prescriptions of benzodiazepines from different prescribers (>=10 days total overlap)	2,386	2,097	1,842	-12.2%	-22.8%
Concurrent opioid and benzodiazepines (>=10 days overlap)	19,767	17,000	15,840	-6.8%	-19.9%
High dose opioids (>=90 MME/day) plus benzodiazepines	3,643	3,135	2,873	-8.4%	-21.1%
Multiple prescribers and pharmacies: 4 or more prescribers or 4 or more pharmacies in 3 months	2,627	2,269	2,137	-5.8%	-18.7%
New Opioid Patients with at least 30 days of coverage in the past 3 months	3,403	2,803	2,563	-8.6%	-24.7%
New Benzodiazepine Patients with at least 30 days of coverage in the past 3 months	4,421	4,151	3,874	-6.7%	-12.4%

SOURCE OF DATA: NM Prescription Monitoring Program (PMP), NM Prescribers with at least 20 controlled substance patients

Appendix E

I. New Mexico Prescription Monitoring Program (PMP) Measures

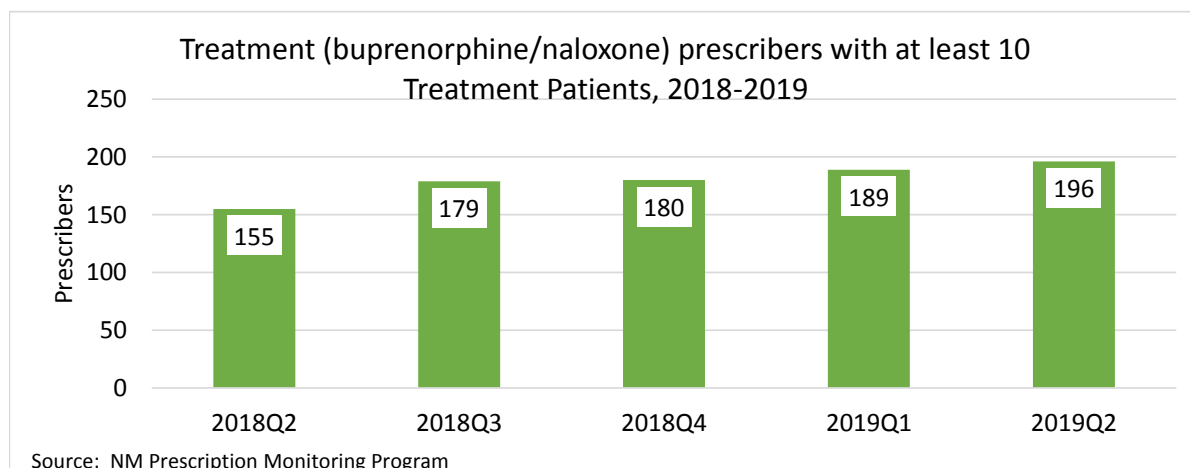
New Mexico Prescribers with at least 20 controlled substance patients:

Year and Quarter	2018Q2	2019Q1	2019Q2	Quarterly % Change 2019Q1 vs 2019Q2	Quarterly % Change 2018Q2 vs 2019Q2
Total active controlled substance prescribers	3,076	3,213	3,156	-1.8%	2.6%
Prescribers with at least 50% high dose of opioid prescriptions, excluding treatment prescribers	62	60	57	-5.0%	-8.1%
Prescribers with at least 50% high dose of benzodiazepine prescriptions	144	137	134	-2.2%	-6.9%
Prescribers with at least 25% of patients having concurrent opioids and benzodiazepines	24	9	7	-22.2%	-70.8%
Some PMP Use: Requested reports on at least 25% of patients estimated to require them	1,164	1,463	1,628	11.3%	39.9%
Zero PMP Use: Requested no PMP reports on patients filling Controlled Substances	551	469	344	-26.7%	-37.6%
Number of Patients with PMP reports requested by practitioners	126,099	169,107	227,340	34.4%	80.3%
% of Chronic opioid users with a PMP request in the past 3 months*	66.3%	74.7%	79.1%	5.9%	19.4%
% of Chronic benzodiazepine users with a PMP request in the past 3 months*	43.0%	51.6%	55.9%	8.5%	30.0%
% of New Opioid Patients with a PMP request in the past 3 months**	19.3%	24.9%	32.5%	30.3%	68.5%
% of New Benzodiazepine Patients with a PMP request in the past 3 months**	23.0%	29.9%	35.6%	19.1%	54.3%

*Chronic users are those with at least 90 days of coverage in six months.

**New patients are those with more than 4 days of coverage in the quarter and none in the prior quarter.

SOURCE OF DATA: NM Prescription Monitoring Program (PMP), NM Prescribers with at least 20 controlled substance patients



Appendix E

II. Medication Assisted Treatment (Buprenorphine/naloxone and methadone) Measures

Year and Quarter	2018Q2	2019Q1	2019Q2	Quarterly % Change 2019Q1 vs 2019Q2	Quarterly % Change 2018Q2 vs 2019Q2
Treatment (buprenorphine/naloxone) prescribers with at least 10 treatment patients	155	189	196	3.7%	26.5%
Buprenorphine/naloxone patients (>=10 days)	5,895	6,282	6,480	3.2%	9.9%
Buprenorphine/naloxone prescriptions filled	22,824	23,628	24,504	3.7%	7.4%
Total Practitioners with DATA Waiver	580	698	726	4.0%	25.2%
Nurse Practitioners and PA's with DATA Waiver	114	174	191	9.8%	67.5%
Medicaid Methadone Treatment					
Number of distinct individuals with methadone claims paid by NM Medicaid	5,152	5,541	5,183	-6.5%	0.6%
Number of distinct NM Medicaid providers of methadone	11	12	11	-8.3%	0.0%

Methadone Treatment Programs by Survey Date	1/2018	3/2018	8/2018	12/2018	3/2019
Number of Methadone Treatment Programs	15	16	16	16	17
Number of Methadone Treatment Patients in those Programs	5,275	5,562	6,259	6,641	6,696

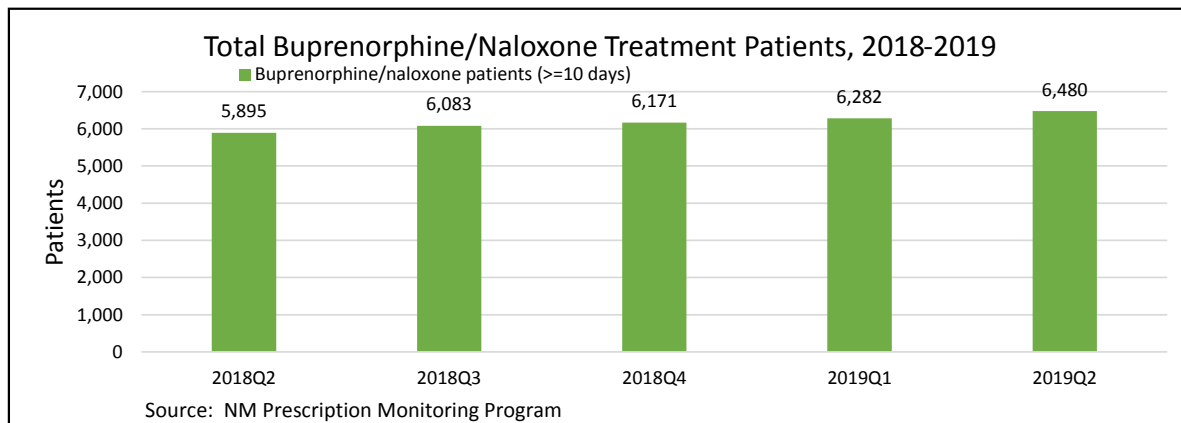
DATA Waivered provider data are as of the last month of the quarter

Sources:

Buprenorphine/naloxone data: NM Prescription Monitoring Program

Methadone data: NM Human Services Department, State Opioid Treatment Authority; NM Medicaid

DATA Waivered providers: US DEA Diversion Control Division



Appendix E

III. Naloxone Distribution and Usage Measures

Year and Quarter	2018Q2	2018Q4	2019Q1	Quarterly % Change 2018Q4 vs 2019Q1	Quarterly % Change 2018Q2 vs 2019Q1
New Enrollments in NM State Government Naloxone Programs	1,447	1,644	2,367	44.0%	63.6%
Total Number of NM Naloxone Doses distributed	8,456	10,768	15,608	44.9%	84.6%
Total Number of NM Reported Reversals	504	1,017	1,170	15.0%	132.1%

Year and Quarter	2018Q2	2018Q4	2019Q1	Quarterly % Change 2018Q4 vs 2019Q1	Quarterly % Change 2018Q2 vs 2019Q1
Pharmacies Presenting Medicaid Naloxone Claims	210	234	288	23.1%	37.1%
Number of Medicaid Naloxone Claims Processed	1,697	1,712	3,737	118.3%	120.2%

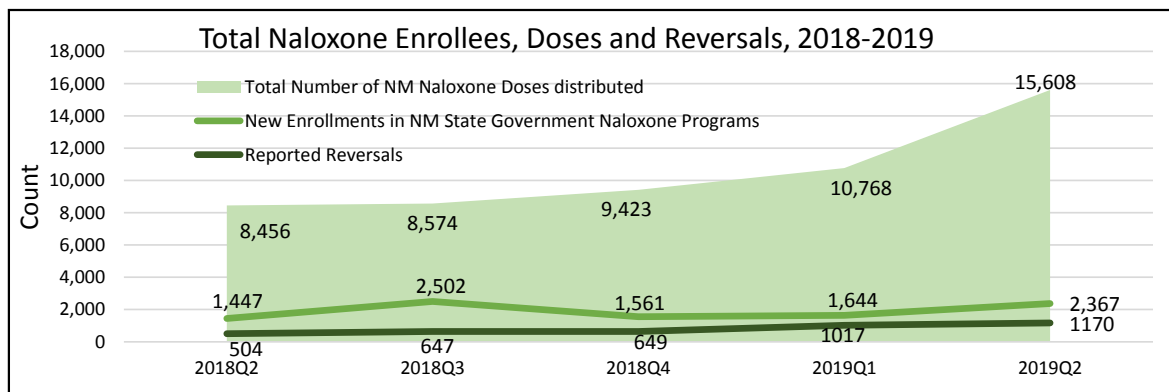
Some naloxone doses were given to organizations and may not have been distributed in that quarter.

Reported Reversals are not necessarily individual level data, as one person could have overdosed and been reversed more than once. Data on reversals are combined across several agencies and programs, and the definition of a reversal may vary.

An outpatient pharmacy could present claims in more than one quarter. The total number was obtained by counting each pharmacy once. There were 369 outpatient Pharmacies with a NM address in 2017 according to the Board of Pharmacy.

All law enforcement agencies have been contacted about naloxone training and use. The data reported reflect the number of agencies where at least some officers are carrying naloxone.

Sources: NM DOH Programs; NM HSD/BHSD Programs; NM Medicaid



Appendix F – PAX Good Behavior Game

The Pax Good Behavior Game (PAX GBG) is a classroom-based primary prevention program that is evidence-based. It is aligned with SAMHSA's six key principles for trauma informed approaches, and the benefit to cost ratio of \$66.29 as analyzed by the Washington State Institute for Public Policy.

The PAX game teaches children to focus on classroom work for increasingly longer periods of time, followed by brief periods of release and reward, teaching children self-regulation. Self-regulation lead to reductions in off-task behaviors, increased attentiveness, decreased aggressive and disruptive behavior, and decreased shy and withdrawn behavior.

Immediate outcomes in research include 1-2 hours a day of more high-quality teaching and learning, and reductions in teacher stress levels.

In the longer term, PAX GBG has been shown in numerous studies to increase school completion, reduce adolescent substance initiation, abuse and addiction, reduce violence as victim or perpetrator; and reduce suicidality. Results¹ are shown below:

Decreased Outcome	Student Groups	Control Classrooms	PAX GBG Classrooms	Relative Benefit
Any special education services	All girls	26.2%	19.5%	-25.5%
	All boys	43.2%	24.6%	-56.9%
Regular smoking	All boys	19%	6%	-68.4%
	Aggressive boys	83%	29%	-65.0%
Alcohol abuse	All boys and girls	20%	13%	-35%
Heroin, crack cocaine use	All boys and girls	7.3%	2.6%	-64%
Any drug abuse disorder	All boys	38%	19%	-50%
Anti-social personality disorder	High-aggressive boys	100%	40%	-60%
Violent and criminal behavior and ASPD	High-aggressive boys	50%	34%	-32%

<u>Any</u> services for behavioral, emotional, drug or alcohol problems	All boys	42%	25%	-40.4%
Suicidal thoughts	Boys and Girls	12%	7.1%	-51.3%

Increased Outcomes	Student Groups	Control Classrooms	PAX GBG Classrooms	Relative Benefit
High school graduation	All girls	58.6%	73.6%	+25.5%
	All boys	44.8%	53.3%	+18.9%
College Attendance	All girls	26.4%	40.3%	+52.6%
	All boys	12.8%	26.6%	+107.8%

1. Kellam SG, Wang W, Mackenzie ACL, et al. The impact of the good behavior game, a universal classroom-based preventive intervention in first and second grades, on high-risk sexual behaviors and drug abuse and dependence disorders into young adulthood. *Prevention Science* 2014;15:S6-S18.

<https://link.springer.com/article/10.1007%2Fs11121-012-0296-z>

NEW MEXICO STATE TARGETED RESPONSE TO THE OPIOID CRISIS NEEDS ASSESSMENT

July 31, 2017

This needs assessment identifies and addresses the opioid disorder crisis in the state of New Mexico. The assessment identifies

1. The areas where opioid misuse and related harms are most prevalent.
2. All existing activities and funding sources in the state that address opioid use prevention, and treatment and recovery activities.
3. Gaps within the existing state system that will be addressed by the New Mexico Opioid STR grant strategic plan.

1) Summary of the most recent annual data obtained from the state's Prescription Drug Monitoring Program (PDMP):

- The number of opioid prescriptions per 100 persons by state in 2016 was 80 (1,680,752) and the county totals are listed in the table below. The highest prescription opioid painkiller prescriptions per population were from Harding (159.9 per 100 population); Rio Arriba (137.6 per 100 population); Eddy (108.1 per 100 population); and Sierra (107.7 per 100 population). The number of benzodiazepine prescriptions per 100 persons by state in 2016 was 42.7 (895,749) and the county totals are listed in the table below. The highest prescription benzodiazepine prescriptions per population were from Harding (92.8 per 100 population); Lincoln (67.6 per 100 population); Sierra (64.4 per 100 population); Los Alamos (63.0 per 100 population); San Miguel (58.9 per 100 population); and Rio Arriba (58.1 per 100 population). Notable overlap between prescription opioids and benzodiazepines were found in Harding county; Eddy county; Colfax county; Lincoln county; Los Alamos county; Rio Arriba county; San Miguel county; Santa Fe county; and Sierra county.
- Rio Arriba, San Miguel, Sierra, Santa Fe and Lincoln are counties with high overdose death rates. This indicates that these counties should be targeted by the STR for possible prevention strategies and prescriber education to decrease overprescribing or potential for misuse and/or diversion into the community.
- Ongoing use of PDMP data has been implemented by the state to further efforts to reduce overprescribing practices. Furthermore, all OTPs that dispense methadone are required to run monthly PDMP reports all clients to increase monitoring and decrease risk of overdose death from opioid and/or benzodiazepine use. Continued refinement and reporting of aggregate data is an opportunity to generate a cross referenced report of opioid prescriptions with benzodiazepine prescriptions. This use of PDMP data would further the state's ability to determine high risk communities and/or prescribers who may be combining these medications in potentially dangerous combinations.

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Opioid and Benzodiazepine Prescriptions Filled and Rates per 100 Population, NM, 2016						
County Code	County Name	Population	Prescriptions	Opioids	Benzodiazepines	
				Prescriptions per 100 population	Prescriptions	Prescriptions per 100 population
1	Bernalillo	679,807	529,877	77.9	283,081	41.6
3	Catron	3,603	1,539	42.7	490	13.6
5	Chaves	66,168	59,605	90.1	32,308	48.8
6	Cibola	27,588	20,163	73.1	7,142	25.9
7	Colfax	12,916	11,585	89.7	8,348	64.6
9	Curry	50,561	32,958	65.2	16,334	32.3
11	De Baca	1,903	1,634	85.9	1,133	59.5
13	Dona Ana	216,579	108,164	49.9	75,560	34.9
15	Eddy	57,372	61,997	108.1	28,634	49.9
17	Grant	29,290	22,293	76.1	14,169	48.4
19	Guadalupe	4,470	4,197	93.9	1,755	39.3
21	Harding	691	1,105	159.9	641	92.8
23	Hidalgo	4,581	3,746	81.8	1,718	37.5
25	Lea	70,881	58,181	82.1	29,864	42.1
27	Lincoln	19,954	19,343	96.9	13,486	67.6
28	Los Alamos	17,906	11,687	65.3	11,284	63.0
29	Luna	24,808	18,459	74.4	11,620	46.8
31	McKinley	75,398	43,354	57.5	11,846	15.7
33	Mora	4,714	4,001	84.9	1,810	38.4
35	Otero	64,656	41,885	64.8	24,695	38.2
37	Quay	8,581	7,619	88.8	3,659	42.6
39	Rio Arriba	39,749	54,700	137.6	23,085	58.1
41	Roosevelt	19,638	11,524	58.7	4,508	23.0
43	Sandoval	138,927	110,055	79.2	55,460	39.9
45	San Juan	123,977	105,535	85.1	40,300	32.5
47	San Miguel	28,264	27,152	96.1	16,640	58.9
49	Santa Fe	148,238	118,785	80.1	82,681	55.8
51	Sierra	11,466	12,346	107.7	7,389	64.4
53	Socorro	17,465	17,501	100.2	7,463	42.7
55	Taos	33,287	32,347	97.2	17,787	53.4
57	Torrance	15,730	16,192	102.9	6,446	41.0
59	Union	4,369	2,352	53.8	1,260	28.8
61	Valencia	76,312	71,595	93.8	34,611	45.4
35000	New Mexico	2,099,855	1,680,752	80.0	895,749	42.7

2) Summary of the most recent annual data available for Opioid-involved Overdose Deaths:

- The New Mexico Department of Health Bureau of Vital Records and Health Statistics annual estimates from 2012 to 2015 indicate that 1,358 New Mexico residents died from an overdose related to opioids

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(17.0 deaths per 100,000). The highest mortality rate during the data capture time period (2012-2015) occurred during the year 2014, with 393 opioid related overdose deaths (19.7 deaths per 100,000).

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Table 2a. Overdose death from opioids by calendar year New Mexico, 2012-2015		
Year	Deaths	Rate*
2012	311	15.6
2013	314	15.6
2014	393	19.7
2015	340	17.2
2012-2015 Total	1358	17.0
*Rate per 100,000 and age-adjusted to the 2000 US standard population.		
Data Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics; UNM/GPS population estimates		
UNM/GPS description: University of New Mexico Geospatial and Population Studies. Annual Estimates of the Population of New Mexico by County, Age, Sex, Race, and Hispanic Origin, 2000 to 2015 (10/21/2016 update).		

- The state of New Mexico includes 33 counties with varying populations and resources. The range across all 33 counties was between 0 and 77.2 deaths per 100,000 with the highest death rates evidenced in the more rural counties located in the Northeast and Southwest quadrants of the state. These counties include geographic areas that are hallmarked by large areas of uninhabited land where resources and access to health care and treatment institutions may be limited or located significant distances from where residents live. These counties included: Catron (32.5), Sierra (29.0), San Miguel (28.7), and Quay (27.3). The highest mortality rate was shown in Rio Arriba County, a predominately rural area in the northernmost part of the state. Rio Arriba county borders Colorado and has an average population of only 39,465 (2015) but covers a total area of 5,896 square miles making it the fifth largest county in the state by land mass. Rio Arriba had an overdose death count of 107 between the year 2012 and 2015 (77.2 deaths per 100,000). This mortality rate is more than four times the statewide average for death rates by population. In comparison, the largest county in the state by population, Bernalillo county, is located in the center of the state and has a large urban population with an average of 676,685 (2015) population but only 1,167 square miles of land (the third smallest county in the state by land mass). Bernalillo had 507 deaths between 2012 and 2015, a rate of only 18.5 per 100,000. This indicates that the highest mortality rates, and therefore primary focus areas for the state strategic plan, are the rural communities that boarder the Northeast and Southwest quadrants.

Table 2b. Overdose death from opioids by county of residence, New Mexico, 2012-2015		
County	Deaths	Rate*
Bernalillo	507	18.5
Catron	2	32.5
Chaves	27	11.7
Cibola	11	9.1
Colfax	8	18.8
Curry	16	8.2
De Baca	1	22.4
Dona Ana	96	12.5
Eddy	30	14.9

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Grant	21	20.7
Guadalupe	2	10.1
Harding	0	0.0
Hidalgo	4	24.2
Lea	23	9.3
Lincoln	18	25.0
Los Alamos	9	14.2
Luna	6	6.1
McKinley	14	6.0
Mora	4	25.8
Otero	36	14.2
Quay	8	27.3
Rio Arriba	107	77.2
Roosevelt	6	7.7
Sandoval	66	12.9
San Juan	50	9.9
San Miguel	30	28.7
Santa Fe	145	27.2
Sierra	13	29.0
Socorro	10	16.5
Taos	32	26.0
Torrance	11	16.6
Union	1	5.5
Valencia	44	14.4
Total	1,358	17.0
*Rate per 100,000 and age-adjusted to the 2000 US standard population.		
Data Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics; UNM/GPS population estimates		
UNM/GPS description: University of New Mexico Geospatial and Population Studies. Annual Estimates of the Population of New Mexico by County, Age, Sex, Race, and Hispanic Origin, 2000 to 2015 (10/21/2016 update).		

- By demographics, the US census data between 2010 and 2016 estimates a population breakdown by race for the state of New Mexico to be: 82.6% White; 48.5% Hispanic; 10.6% Native/American Indian; 2.5% Black or African American; 1.7% Asian; 50.5% Female; 49.5% male; 23.6% >18yrs; 16.5% >65 years. The highest mortality rate by opioid overdose between 2012 and 2015 was among male residents between the ages of 25-64 regardless of race/ethnicity. Despite being nearly half the population of the largest ethnicity in the state (Whites), Hispanic adult males were the highest risk group for opioid related deaths with 45.7 deaths per 100,000. This was followed by White male residents (26.7 deaths per 100,000) and Black male residents (22.4 deaths per 100,000). This indicates that within the same age group of 25-64, Hispanic males had an overdose death rate that was 52% higher than White males; 68% higher than Black males; 97% higher than Native American males; and 156% higher than Asian/Pacific Islander males. For female residents, the highest risk age range was also between ages 25 and 64, however the ethnicity breakdown was converse to the male population with White females having the highest overdose death rates between 2012 and 2015 (25.3 per 100,000). The percentage difference between ethnicities for the female population was 19.4 for Hispanic females; 10.8 for Native American;

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10.6 for Black; and 2.2 for Asian/Pacific Islander. This indicates that White females within the age group of 25-64 were 26% higher than Hispanic females; 80% higher than Native American females; 81% higher than Black females; 168% higher than Asian/Pacific Islander females to have an opioid overdose related death.

Table 2c. Overdose death from opioids and rates by age, sex, and race/ethnicity, New Mexico, 2012-2015

Sex	Race/Ethnicity	Deaths				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages
Male	American Indian	3	28	0	31	2.0	15.8	0.0	9.4
	Asian/Pacific Islander	1	2	0	3	4.6	5.6	0.0	4.7
	Black	2	12	0	14	5.1	22.4	0.0	13.2
	Hispanic	59	437	9	505	7.0	45.7	5.0	27.3
	White	22	238	14	274	5.3	26.7	4.0	17.2
	Total	87	729	26	842	5.9	34.5	4.5	21.4
Female	American Indian	1	21	0	22	0.7	10.8	0.0	5.8
	Asian/Pacific Islander	0	1	0	1	0.0	2.2	0.0	1.1
	Black	2	4	0	6	6.0	10.6	0.0	7.5
	Hispanic	24	188	2	214	2.9	19.4	0.9	11.6
	White	7	228	31	266	1.9	25.3	7.6	15.1
	Total	34	448	34	516	2.4	20.9	5.0	12.6
Total	American Indian	4	49	0	53	1.3	13.2	0.0	7.6
	Asian/Pacific Islander	1	3	0	4	2.4	3.7	0.0	2.7
	Black	4	16	0	20	5.5	17.5	0.0	10.8
	Hispanic	83	625	11	719	5.0	32.5	2.7	19.4
	White	29	466	45	540	3.7	26.0	5.9	16.2
	Total	121	1177	60	1358	4.2	27.6	4.8	17.0

*Age-specific rates per 100,000; all-age rates per 100,000 and age-adjusted to the 2000 US standard population

22 deaths with unknown race/ethnicity are included in the totals

Data Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics; UNM/GPS population estimates

UNM/GPS description: University of New Mexico Geospatial and Population Studies. Annual Estimates of the Population of New Mexico by County, Age, Sex, Race, and Hispanic Origin, 2000 to 2015 (10/21/2016 update).

- In summary, the Department of Health Bureau of Vital Records data on opioid related death rates indicates that the populations of highest need within the state of New Mexico is Hispanic males and White females between the ages of 25-64, and those who reside in predominately rural communities. Therefore, the focus areas for the STR will be the rural counties with limited existing resources, and the Hispanic male and White female populations.

3) Summary of the current availability of medication-assisted treatment:

- Currently there are a total of 16 Opioid Treatment Programs (OTPs) within the state that provide MAT services (including methadone and psychosocial interventions). Only eight of the thirty-three New Mexico counties have an OTP, and the majority of these treatment facilities are located in the metropolitan county of Bernalillo (9 out of the 16). This means that 25 counties within the state do not have an OTP, including the highest risk counties of Catron (32.5 deaths per 100,000), Sierra (29.0 deaths per 100,000), San Miguel (28.7 deaths per 100,000), and Quay (27.3 deaths per 100,000). The highest mortality rate county, Rio Arriba county has one OTP for a population of 39,465 (2015).

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- In regards to the number of Office-based Opioid Treatment (OBOT) certified providers (including MDs, DOs, PAs, and NPs), within the state there are a total of 108 active providers with a ratio of 5 prescribers per 100,000 people. At this time, it is unknown what arrangements the 108 OBOT providers make to provide psychosocial interventions to their clients. Currently, 18 out the 33 counties in New Mexico have no active prescribers of buprenorphine, indicating that approximately 361,194 residents have no available OBOT treatment access.

Table 3b. Number of Active Prescribers of Buprenorphine by County, New Mexico, July-September

County	Prescribers*	Ratio Prescribers:100,000 Population	Population 2016
Bernalillo	60	8.80	682,011
Catron	0	0.00	3,654
Chaves	0	0.00	66,222
Cibola	0	0.00	27,764
Colfax	0	0.00	12,782
Curry	0	0.00	50,649
De Baca	0	0.00	1,861
Dona Ana	5	2.30	217,287
Eddy	2	3.47	57,568
Grant	1	3.45	29,004
Guadalupe	0	0.00	4,480
Harding	0	0.00	676
Hidalgo	1	22.39	4,467
Lea	1	1.43	69,801
Lincoln	0	0.00	19,966
Los Alamos	0	0.00	18,367
Luna	0	0.00	24,856
McKinley	3	4.08	73,575
Mora	0	0.00	4,640
Otero	0	0.00	65,656
Quay	0	0.00	8,496
Rio Arriba	8	19.99	40,023
Roosevelt	0	0.00	19,708
Sandoval	2	1.41	141,830
San Juan	1	0.82	122,123
San Miguel	3	10.65	28,175
Santa Fe	17	11.39	149,227
Sierra	0	0.00	11,370
Socorro	1	5.75	17,395
Taos	2	5.97	33,478
Torrance	0	0.00	15,694
Union	0	0.00	4,353
Valencia	1	1.31	76,425
Total	108	5.13	2,103,586

*Practitioners who prescribed buprenorphine/naloxone to at least 10 patients in the six months prior to the end of the quarter. Medical residents not included in these counts. One additional provider to NM residents is in Durango, CO

4) Current programmatic capacity:

- The Center for Behavioral Health Statistics and Quality and the Treatment Episode Data Set that collects information from treatment facilities who receive funding to treat substance abuse within the state estimate that between the years of 2001 and 2011 there were 8,884 treatment admissions for opiate abuse. Approximately 6,333 of the 8,884 admissions were for heroin use and 2,551 admissions were for non-heroin opiates and opiate synthetics. The average rate of admission for heroin use over the ten year data capture was 35.8 per 100,000 (range of 20-49) and 14.1 per 100,000 for non-heroin opiate admissions (range of 8 to 25). The rate of heroin admissions showed a decrease from 38 per 100,000 in 2009 to 21 per 100,000 in 2011, while the rate of non-heroin opiate admissions showed an increase from 20 per 100,000 in 2009 to 25 per 100,000. This indicates that heroin use is the highest admission rate throughout the state, however there appears to be an overall trend of decreasing heroin use admissions while the rate of non-heroin opiate admissions is showing a steady increase. This suggests that heroin use disorder populations should remain a target for the STR but prevention and intervention strategies should also focus on the prescription drug and non-heroin opiate population as this group appears to be steadily rising and may at some point become the higher admission population within the state.
- In breaking down admissions by demographic criteria, the rates of admission for treatment mirror closely the opioid overdose death rate data for the state. Male residents had an admission percentage of 67.8% versus female residents with 32.2%. Heroin versus non-heroin opiate admission was nearly equal across both genders, indicating no significant effect of opioid type by gender. The highest admission rates by age were similar to the overdose death rates in that adults ages 20-34 years had the highest rates, and 25-29 age bracket was the highest at 18.4% (22.7% heroin; 18.0 non-heroin opiate). When broken down by race, Hispanic residents had the highest admission rates with 45.6% (70.1% heroin; 60.2% non-heroin opiate), followed by 30.5% for White residents (24.5% heroin; 33.1% non-heroin opiate). This indicates that the Hispanic population was admitted to treatment more often than other ethnicities, and more often for heroin than non-heroin opiates (versus higher rates of non-heroin opiate admissions for White residents).
- Number of persons with OUD currently served in MAT in OTPs by county who are publically funded (including federal grants, Medicaid, state and local funds, etc.) & Number of persons with OUD currently served in MAT in OTPs by county who are privately funded (including self-pay, private insurance, etc.). We are currently working to gather and summarize this data from our SOTA.
- Describe the current prevention system to address the opioid crisis in your state. Identify any strengths or gaps in services

Strategic Prevention Framework for Prescription Drugs (SPF Rx) (SAMHSA):

The New Mexico Behavioral Health Services Division, Office of Substance Abuse Prevention (OSAP), also currently implements the Strategic Prevention Framework for Prescription Drugs (SPF Rx) project by enhancing the utilization of the Prescription Drug Monitoring Program through the efforts of the Prescription Drug Monitoring Program workgroup; and with the goal of increasing awareness of the dangers of sharing prescription opioids and of overprescribing opioids in Bernalillo County. This project implements a range of prevention strategies in Bernalillo County (the largest county in NM) through the Bernalillo County Community Health Council to focus on medical providers and pharmacists, schools, families and other segments of the community. These strategies seek to significantly increase awareness of the dangers of sharing prescription opioids and demonstrate how readily available they are in communities. Through this grant, members of the Bernalillo County coalition are developing approaches to

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educate prescribers about what can be learned from the Prescription Drug Monitoring Program data about safe and high risk prescribing practices. The project aims to reduce the high volume of high-risk prescriptions dispensed in NM, and work with a broad range of partners to develop recommendations about how to address the roughly 30,000 individuals in New Mexico who have a prescription for opioids for six months or more, putting themselves at high risk of addiction and increased risk of overdose. The strategic plan for the NM STR Opioid Initiative will build on the existing SPF Rx strategic plan. In the proposed NM STR Opioid Initiative, the SAMHSA Opioid Overdose Prevention Toolkit and the recent CDC Guidelines for Prescribing Opioids for Chronic Pain will be utilized as part of all awareness, education and outreach programming. Activities in the NM STR Opioid Initiative will ensure that there are no duplication of efforts.

Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) The NM Human Services Department, Behavioral Health Services Division, Office of Substance Abuse Prevention (OSAP) receives funding from SAMHSA for the Prescription Overdose Prevention Grant to implement the PDO project in high need communities in NM. The project aims to prevent overdose death through the: 1) purchase and distribution of naloxone for overdose reversal, and; 2) training to a wide variety of first responders to administer naloxone. In this initiative, training of first responders includes law enforcement, EMT officials, family members, friends and social networks, and organizations that work with people with addiction and who may be a first responder in the event of an overdose, such as treatment providers, shelters, food banks, grass roots community organizers, outreach workers, and social workers. This initiative integrates overdose prevention and naloxone as a harm reduction strategy into state and local treatment program strategies and settings, including the State's Medicaid managed care programs. This project includes a focus on four partner communities with historically high need and burden: Bernalillo County, Santa Fe County, Rio Arriba County, and Dona Ana County. The OSAP PDO project also provides funding to the NM's Department of Health for an initiative within the Metropolitan Detention Center located in Bernalillo County to offer Naloxone training and distribution to inmates upon release. The OSAP convenes a PDO Advisory Council to provide ongoing advice and guidance to the project as well as disseminating information regarding progress and deliverables. Currently, contracts have been signed which will allow the distribution of naloxone with associated local training initiatives. Led by the Director of BHSD (Wayne Lindstrom, PhD) and partnering with the Department of Health, the Board of Pharmacy, Medical and other professional Boards, the Probation and Parole Division, managed care and treatment providers, advocates and local overdose prevention coalition leaders, this Council, through the SPF Rx leadership team, works with the NM's Prevention Policy Consortium (PPC). The PPC, representing many state agencies involved in prevention and promotion of behavioral health, works to leverage, direct, and coordinate Federal and State substance abuse prevention funds and programs. All prevention activities conducted through the NM STR Opioid Initiative will be aligned with the PDO Advisory Council's strategic plan and will be overseen by OSAP through the Central Hub to ensure coordination of statewide activities. A PDO media subcommittee has created a media campaign utilizing advertising strategies, media strategies, social media, and a user-friendly website providing information to the public about overdose prevention and naloxone use which can be utilized by family members, friends, users, and the general public. Current target areas of the media campaign are opioid overdose hotspots, PDO county sub-grantees, and detention centers.

Filling of Gaps: The NM STR Initiative will amplify and expand existing activities around prescription drug overdose awareness, and training and distribution of naloxone. The NM STR Opioid Initiative will expand beyond prescription drugs, expand current efforts in areas of highest need, and begin to provide these services to additional high need, rural areas across NM.

The NM STR Opioid Initiative will further implement two prevention activities statewide: These are (1) A Dose of Reality (ADOR) an effective opioid prevention multi-media campaign, and (2) the PAX Good Behavior Game which

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is implemented as a primary prevention strategy in grades K-3 and which has demonstrated efficacy in putting children on a trajectory that builds resiliency and thereby reduces SUDs. The PAX Good Behavior Game will include implementation across 300 classrooms and a specific implementation plan to focus on tribal communities. Prevention activities will utilize the SAMSHA opioid overdose tool kit and the Strategic Prevention Framework. Details on the prevention activities and strategies to accomplish the goals of the NM STR Opioid Initiative are presented below.

A Dose of Reality (ADOR) Continuum of Care Media Plan. NM will, through its contractors PK Public Relations and Esparza Advertising, Inc., further implement an integrated public relations, social marketing, and advertising approach to educate and raise awareness about NM's opioid misuse and overdose problem, build awareness of the state's prevention, treatment, and recovery support services, and create messages for the public that support and enhance the goals of those services. ADOR will expand beyond primary prevention to raise awareness that will: (1) support access to healthcare services, including services provided by Federally certified opioid treatment programs or other appropriate healthcare providers to treat substance use disorders; (2) address barriers to receiving treatment by reducing the cost of treatment, developing systems of care to expand access to treatment, engaging and retaining patients in treatment, and addressing discrimination associated with accessing treatment, including discrimination that limits access to MAT; and (3) support innovative telehealth in rural and underserved areas to increase capacity of communities to support OUD prevention and treatment. The integrated strategic communication approach proposed in this initiative will adapt and expand the existing "A Dose of Reality" (ADOR) campaign to promote a mix of public relations, marketing and advertising tactics (earned, owned and paid) around prescribed and illicit opioid prevention, treatment and recovery activities for opioid use disorders (OUD). The existing campaign that will be expanded is comprised of advertising, earned media, and a resource website. The expansion of the ADOR campaign efforts will be coordinated to supplement and build upon the existing integrated marketing activities for SAMHSA PDO and SPF RX prevention activities. Efforts will expand outreach statewide to supplement the four high-risk counties currently targeted by the PDO grant and educate and bring awareness to residents. The target audience for the expansion are people who encounter persons at risk for overdose, specifically first responders (e.g., law enforcement, EMTs, family members, friends, social networks and substance use treatment agencies). Local community coalitions can use the materials to customize their own messages against misuse. Messages will focus on opioid abuse prevention (prescription and/or illicit drugs); elimination of stigma associated with opioid use, access to treatment, and naloxone; where and how to find treatment for OUD, including telemedicine; what recovery options are available; and the concept that "we are all first responders in an overdose event". Since the campaign materials can be customized locally, the efforts are sustainable at this level through grass roots campaigns and the materials that can be used for many years. Social media campaign approaches will be taught to community coalition representatives, and their implementation built into provider scopes of work for work in FY 18, FY19, and FY20.

PAX Good Behavior Game. Many malleable risks of opiate and others addictions arise early in life, and the prevention of opiate and other addictions also can happen in these important years. Early childhood predictors of opiate use and abuse include having parents who use opiates, along with some specific early psychiatric symptoms and behavioral constellations (e.g., conduct or oppositional defiance, depression, anxiety or other emotional problems). Verbal and cognitive deficits also place such children at risk. These predictors of opiate use are consistent with general prediction of early initiation and substance abuse in adolescence and young adulthood. Largely funded by the National Institutes on Drug Addictions (NIDA), the body of PAX Good Behavior Game longitudinal research is well documented to reduce and reverse these early behavioral and psychiatric predictors of substance abuse, as well as, having large positive impacts on academic outcomes over a child's lifetime. The PAX Good Behavior Game, provided to children in the primary grades has been found to prevent opiate addictions. Specifically, only 2.6% of young people who participated in the PAX Good Behavior Game in first grade started using cocaine, crack, or heroin, compared to 7.3% of the children who were not randomly assigned to receive PAX Good Behavior Game in first grade. The difference is a 67% lower use rate of opiates (Furr-Holden et al., 2004).

NM's OSAP supported a PAX Good Behavior Game implementation during Spring 2016 as a pilot to determine the potential of the program to impact student behaviors and success in New Mexico schools, and to study and solve the practical issues involved in the implementation of this innovative classroom model. The pilot trained 172 teachers and 27 administrators from 33 schools spread across three districts: Bloomfield Public Schools, Espanola Public Schools, and Santa Fe Public Schools. A brief recruitment period in February 2016 led to trainings in each of the three districts during March. The implementation period ranged from six to eight weeks during the remainder of the semester. The New Mexico Spring 2016 PAX Good Behavior Game implementation showed an average reduction of 60% in undesirable classroom behaviors. A FY17 implementation is expected to see similar reductions in problematic classroom behaviors, and increases in individual and group self-regulation. Reductions in problematic classroom behaviors predict increased academic and economic success of students. They also protect against lifetime addictions, crime and psychiatric disorders including suicide, and decreased opiate use disorders throughout the lifetime. During spring 2017, NM sustained efforts from the 2016 implementation while adding 118 additional K-3 classrooms from high-risk Early Childhood Investment Zone communities around the state. That implementation, increased the original number of teachers trained (172) and the number of students previously reached (3,329) by the 2016 pilot by at least an additional 118 elementary school teachers/classrooms and 3197 students. *New funding from the STR grant will expand this campaign to create "whole school" programming to support the cohort of more than 300 elementary classrooms and support sustainability of the programming statewide.* This whole school programming approach will strengthen the capacity already created to impact student success and behavioral health outcomes by creating a PAX Good Behavior Game "environment" throughout the school site, not only in a few classrooms. In addition to training new teachers within these school sites, the project will provide booster and demonstration sessions for third-year PAX Good Behavior Game teachers, coaching to teachers and school staff both in person and electronically, PAX Good Behavior Game Partner Training and supports, and offer Principal Trainings to each district. The infrastructure created during this period will allow school districts to maintain their PAX Good Behavior Game capacity without assistance in the future, needing only to budget for training new teachers. Summer training programs will be implemented in these districts during year one; and new infrastructure will be developed during year two regarding support functions to help schools become independent PAX Good Behavior Game sites.

PAX Good Behavior Game for tribal communities. New funding will also be used to develop and build a "whole school" programming approach specifically focused on Bureau of Indian Affairs (BIA) school classrooms across the state. The NM Indian Affairs Department, Secretary Kelly Zunie partnered in the expansion of PAX Good Behavior Game for tribal schools by identifying and recruiting participating schools, and supporting access to these school populations. This whole school programming approach will be used in these primarily rural, isolated small school settings to impact student success and behavioral health outcomes within a PAX Good Behavior Game "environment" throughout the school site. In addition to training new teachers within these school sites, the project will provide booster and demonstration sessions, coaching to teachers and school staff both in person and electronically, PAX Good Behavior Game Partner Training and supports, and Principal Trainings. The infrastructure created during this period will be designed to encourage school districts to maintain their PAX Good Behavior Game capacity without assistance in the future, needing only to budget for training new teachers. Summer training programs will be implemented in BIA schools during year one; new teacher training and numerous booster sessions and technical assistance will be provided and new infrastructure will be developed to help schools become independent PAX Good Behavior Game sites during year two. Six to 8 implementation school sites are planned, with all K-3 teachers participating. An important component of this tribal focused effort will be participation in Indigenous PAX Good Behavior Game, an international gathering held every six months to support Indigenous and Native American PAX implementation sites. This provides additional means to customize PAX Good Behavior Game to meet cultural and tribal needs and develop approaches that are welcomed in the community and by tribal parents.

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Marketing and Outreach. MAT expansion will include marketing and outreach statewide to help build an environment that will be the most supportive for MAT implementation. This will include social marketing efforts focused on need for treatment, availability of providers' statewide, benefits of the comprehensive approach of the MAT model (medications, psychosocial and community supports/services), and issues of stigma including toward persons with OUDs and use of medications to treat OUDs. Outreach and education efforts will also include provider agencies to address issues of stigma and concerns with providing treatment in non-OTP contexts as well as concerns with billing, staffing, workforce and similar practical concerns that may present barriers to adoption and implementation of MAT. The proposed "A Dose of Reality" campaign will be expanded, for example, to include other materials and messaging to support OUD prevention, treatment and recovery. This will include promotion of everyone as a "first responder" encouraging wide-spread awareness of the value, acceptance and use of naloxone in communities and families. In addition, it will include development and distribution of stickers to be placed in the windows of community businesses statewide to advertise that they have naloxone on site and trained in its use.

Filling of Gaps: These prevention activities, marketing, and outreach will be expanded in the NM Opioid STR initiative to reach more communities in our large rural state, including additional prevention services tailored to tribal communities.

Table 4b. New Mexico percent of admissions aged 12 and older, by gender, age at admission, and race/ethnicity, 2001-2011.

Characteristic	Total admissions	Heroin admissions	Non-heroin opiates
Total	8,927	365	434
Gender			
Male	67.8%	58.2%	58.1%
Female	32.2%	41.8%	41.9%
Total	100.0%	100.0%	100.0%
Number of admissions	7,061	364	434
Age at admission			
12-19 years	3.6%	3.8%	3.5%
20-24 years	15.3%	21.1%	22.4%
25-29 years	18.4%	22.7%	18.0%
30-34 years	15.9%	20.8%	15.4%
35-39 years	12.2%	8.8%	11.1%
40-44 years	10.7%	5.8%	9.7%
45-49 years	10.8%	5.2%	7.6%
50-54 years	6.9%	4.4%	7.4%
55-59 years	3.9%	4.7%	3.9%
60+ years	2.3%	2.7%	1.2%
Total	100.0%	100.0%	100.0%
Number of admissions	8,927	365	434
Race/ethnicity			
White (non-Hispanic)	30.5%	24.5%	33.1%
Black (non-Hispanic)	1.4%	1.6%	0.0%
Hispanic	45.6%	70.1%	60.2%
American Indian/Alaska Native	16.4%	2.7%	2.9%
Asian/Pacific Islander	0.3%	0.0%	0.0%
Other	5.8%	1.1%	3.8%
Total	100.0%	100.0%	100.0%
Number of admissions	6,946	364	420

*These drugs include codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphinelike effects. Non-prescription use of methadone is not included.

Data Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.15.12.

Data Description: NM facilities that reported to TEDS through 2011 were those that receive substance abuse funding. Eligible clients were state substance abuse agency funded clients with substance abuse or co-occurring substance abuse and mental health disorders. Retrieved from https://www.samhsa.gov/data/sites/default/files/TEDS2011St_Web/TEDS2011St_W

5) Locations of existing prevention and recovery initiatives:

- Summary of the current Naloxone distribution system:

The New Mexico Department of Health (NMDOH) began providing overdose prevention education and naloxone to injection drug users in 2001. Distribution of naloxone since that time has primarily occurred at syringe exchange sites in local public health offices or in community-based organizations contracted with NMDOH to provide the education and medicine. Due to the narrow scope and focus of the program, gaps in layperson naloxone access remain and New Mexico's overdose death rates continue to be among the highest in the United States.

In 2016, naloxone access was moderately expanded via the use of standing orders. The New Mexico State Legislature passed a law that allowed pharmacists to dispense naloxone without a prescription, law enforcement officers to carry naloxone to respond to an opioid overdose, and individuals and organizations to purchase, store and distribute naloxone under a physician standing order. After the passage of the law, the New Mexico Human Services Department funded a project called Dose of Reality, which focused on publicizing pharmacy access to naloxone, the training of pharmacists statewide, and providing no-cost naloxone to uninsured patients. One local overdose prevention education and naloxone distribution project in Santa Fe County was also implemented after the passage of the standing order law.

NM has a current grant to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO). In this initiative, naloxone is purchased and distributed to four of 32 counties with the highest burden of deaths (Bernalillo, Dona Ana, Rio Arriba, and Santa Fe). The four counties have created naloxone distribution networks with local entities ranging from law enforcement, county agencies, fire and EMS, non-profit agencies, and members of key social networks (e.g. overdose survivors, family members of overdose victims, drug users, recovering drug users, individuals engaging in high risk behaviors or interacting in high risk environments). However, 29 other counties suffer from the consequences of overdose and have little or no options available to reduce overdose deaths in their communities. Naloxone trainings are based on SAMHSA's Opioid Overdose Prevention Toolkit and include a module on opioid prescribing practices and the CDC's prescribing guidelines. NM's training guidelines are based on the content of the SAMHSA Opioid Overdose Prevention Toolkit and contain SAMHSA's Five Essential Steps for First Responders.

- Currently in the state of New Mexico, there are 77 retail pharmacies that provide naloxone to Medicaid clients. 17 out of the 33 counties in the state have a naloxone distributing pharmacy but 16 counties do not. Of the 77 retail pharmacies that distribute naloxone, the vast majority is concentrated within the metropolitan county of Bernalillo (39 pharmacies) and Santa Fe (9 pharmacies). This indicates that the majority of high risk counties throughout the state may have significantly limited or no access to naloxone via a retail pharmacy. This is a significant gap in the system and suggests that the areas of greatest need for overdose prevention and naloxone distribution are the same areas of focus for MAT service expansion.
- In 2016 New Mexico initiated a Harm Reduction Program that provided doses of naloxone to communities. Approximately 5,086 doses of naloxone were distributed to 2,175 enrollees during the course of the program, and 28 out of 33 counties received doses. Similarly to the distribution of retail pharmacies across the state, the majority of doses were dispersed within the metropolitan areas of Bernalillo (1,464 doses) and Santa Fe County (1,226 doses). Rio Arriba County, the county with the

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highest mortality rates for opioid related overdose deaths received 1,090 doses for 247 enrollees; however, 5 counties received zero doses (including the high risk county of Catron) and several other rural counties received minimal doses (Sierra County, 41 doses; San Miguel, 48 doses; and Quay, 2 doses). This indicates that the State Harm Reduction program was able to disperse doses to several high risk areas, such as Rio Arriba, but the program was unable to reach other rural at-risk communities. When the overall number of doses dispensed is compared to the number of individuals admitted to treatment (8,884 admissions for opiate abuse) there is a significant gap in overdose prevention medication access throughout the state.

- Summarize the number and type of entities/individuals trained in overdose education and Naloxone administration.

On the state level, the Overdose Prevention Education Coordinator (OPEC) conducts train-the-trainer sessions for each of the PDO sub-grantees (Bernalillo, Santa Fe/Rio Arriba, and Dona Ana counties). Bernalillo County has two staff trained in which one has been approved to conduct trainings. Dona Ana County has five staff trained in which two have been approved to conduct trainings. Santa Fe/Rio Arriba Counties has five staff trained and is currently awaiting an approval from the OPEC. Other trainings include the creation of an overview of harm reduction for PDO grantees and their community partners; to date, three of these trainings have been provided to 30 Dona Ana County Health and Human Services staff, 40 participants at the annual Santa Fe Prevention Alliance retreat, and 20 participants attending a PDO and Opioid-STR grant recipients meeting. A presentation on the train-the-trainer curriculum was also presented to 90 participants at the semi-annual OSAP grant recipient conference and 40 staff from the Human Services Department SBIRT Team. Lastly, the Overdose Prevention Education Coordinator (OPEC) has conducted multiple PDO presentations to state and community partners to explain the grant and its purpose.

Santa Fe/Rio Arriba Counties (SF/RA) sub-grantee has completed 15 trainings. Agencies present during the 15 trainings were a county agency, non-profit agencies, a state agency, treatment programs, a District Court, a Judicial Court, a detention facility, and community and family members. 91 representatives were trained and 5 Train the Trainers were conducted. The SF/RA has identified 22 agencies and community laypersons as targets to expand distribution to high-risk groups and their families and friends. 234 naloxone kits distributed as of June 2017.

Bernalillo County (BC) sub-grantee has completed 8 trainings. Agencies present during the 8 trainings were NM Probation and Parole, a non-profit agency, a hospital emergency room, ABQ police department. Some sites have received multiple trainings. 34 representatives were trained and 1 Train the Trainers was conducted. BC has identified 5 agencies and community laypersons as targets to expand distribution to high-risk groups and their families and friends. 226 naloxone kits have been distributed as of June 2017.

Dona Ana County (DA) sub-grantee has completed 3 trainings. Agencies present during the 3 trainings were non-profit agencies and a detention facility. 18 representatives were trained and 2 Train the Trainers were conducted. DA has identified 17 agencies and community laypersons as targets to expand distribution to high-risk groups and their families and friends. 292 naloxone kits have been distributed as of June 2017

- Local entities provided and trained in naloxone:

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New Mexico currently provides naloxone overdose and training in limited capacity to the following: Primary care providers, behavioral health providers, pharmacy staff and first responders including law enforcement, EMT, communities (e.g., schools, local businesses) and family members.

6) Policy/legislation proposed or enacted within your state/jurisdiction related to the opioid overdose crisis including the overall socio-political environment that is supportive of MAT:

- Within the state of New Mexico, several policy and legislation activities have focused on the opioid epidemic, and increasing access to MAT services and/or decreasing overdose death rates. These include but are not limited to:
 - i) Good Samaritan law passed in 2007 that allows emergency intervention for overdose and intoxication without criminal charges;
 - ii) Mandatory participation in PDMP by all prescribing providers who dispense opioid and other controlled substances to allow for decreased risk of duplicate prescriptions and unethical prescribing practices;
 - iii) Open prescription for Naloxone with pharmacist prescriptive authority passed in 2014 that allow residents to request naloxone directly from the pharmacist, thereby reducing barriers to naloxone access;
 - iv) Recently allocated state funding that is dedicated for MAT services (methadone, buprenorphine and naltrexone);
 - v) Board of Pharmacy and New Mexico Medical Board introduced legislation to increase availability of naloxone. Bills SB 262 and HB 277 passed in January 2016 and signed into effect March 4th 2016;
 - vi) State Medicaid reimbursement for naloxone, passed in 2013
 - vii) NMDOH-Harm Reduction Program (established in 2016) with dedicated state funding for naloxone purchase and distribution;
 - viii) State bill 370 requiring all MAT / OTP programs to guarantee that every client receiving services is given 2 doses of naloxone with 1 prescription for naloxone upon entering treatment, with a standing order for naloxone;
 - ix) State and county task forces, advisory councils, and non-profit work groups specifically focused on addressing the opioid crisis within the state of New Mexico;
 - x) Public regulatory agency developments and practices that:
 - (1) Seek to limit barriers for residents with opiate use disorder seeking treatment,
 - (2) Regulate provider practices (i.e. limitations on the types of medications utilized, dosage of medications, duration of treatment, etc.)

7) Description of the current evidence-based, evidence-informed and promising practices in place for prevention efforts:

Detail on prevention is provided above in #3, and are summarized again below.

Strategic Prevention Framework for Prescription Drugs (SPF Rx) (SAMHSA):

The New Mexico Behavioral Health Services Division, Office of Substance Abuse Prevention (OSAP), also currently implements the Strategic Prevention Framework for Prescription Drugs (SPF Rx) project by enhancing the utilization of the Prescription Drug Monitoring Program through the efforts of the Prescription Drug Monitoring Program workgroup; and with the goal of increasing awareness of the dangers of sharing prescription opioids and of overprescribing opioids in Bernalillo County. This project implements a range of prevention strategies in Bernalillo County (the largest county in NM) through the Bernalillo County Community Health Council to focus on medical providers and pharmacists, schools, families and other segments of the community. Currently, the program has

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completed their Needs Assessment Training and report, with their Strategic Planning training scheduled for August 2nd, 2017 and report due September 8th, 2017. Prevention strategies are planned to begin implementation in October.

Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) The NM Human Services Department, Behavioral Health Services Division, Office of Substance Abuse Prevention (OSAP) receives funding from SAMHSA for the Prescription Overdose Prevention Grant to implement the PDO project in high need communities in NM. The project aims to prevent overdose death through the: 1) purchase and distribution of naloxone for overdose reversal, and; 2) training to a wide variety of first responders to administer naloxone. In this initiative, training of first responders includes law enforcement, EMT officials, family members, friends and social networks, and organizations that work with people with addiction and who may be a first responder in the event of an overdose, such as treatment providers, shelters, food banks, grass roots community organizers, outreach workers, and social workers. This initiative integrates overdose prevention and naloxone as a harm reduction strategy into state and local treatment program strategies and settings, including the State's Medicaid managed care programs. This project includes a focus on four partner communities with historically high need and burden: Bernalillo County, Santa Fe County, Rio Arriba County, and Dona Ana County. The OSAP PDO project also provides funding to the NM's Department of Health for an initiative within the Metropolitan Detention Center located in Bernalillo County to offer Naloxone training and distribution to inmates upon release. The OSAP convenes a PDO Advisory Council to provide ongoing advice and guidance to the project as well as disseminating information regarding progress and deliverables.

Evidence-based prevention:

(1) A Dose of Reality (ADOR) an effective opioid prevention multi-media campaign.

A Dose of Reality (ADOR) Continuum of Care Media Plan. NM will, through its contractors PK Public Relations and Esparza Advertising, Inc., further implement an integrated public relations, social marketing, and advertising approach to educate and raise awareness about NM's opioid misuse and overdose problem, build awareness of the state's prevention, treatment, and recovery support services, and create messages for the public that support and enhance the goals of those services.

(2) The PAX Good Behavior Game which is implemented as a primary prevention strategy in grades K-3 and has demonstrated efficacy in putting children on a trajectory that builds resiliency and thereby reduces SUDs. The PAX Good Behavior Game will include implementation across 300 classrooms and a specific implementation plan to focus on tribal communities. Largely funded by the National Institutes on Drug Addictions (NIDA), the body of PAX Good Behavior Game longitudinal research is well documented to reduce and reverse these early behavioral and psychiatric predictors of substance abuse, as well as, having large positive impacts on academic outcomes over a child's lifetime. The PAX Good Behavior Game, provided to children in the primary grades has been found to prevent opiate addictions.

PAX Good Behavior Game for tribal communities. New funding will also be used to develop and build a "whole school" programming approach specifically focused on Bureau of Indian Affairs (BIA) school classrooms across the state.

8) Summary of existing recovery support initiatives including a description of their current involvement and capacity for addressing the opioid crisis:

- Recovery community organizations.
The organizations listed below are some of New Mexico's strongest leaders in peer recovery, including leadership specific to the opioid crisis. Their leadership and expertise will be enhanced and leveraged to

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support the NM Opioid STR Initiative goals particularly around peer recovery services and naloxone outreach and distribution.

Office of Peer Recovery and Engagement (OPRE). The NM Behavioral Health Services Division's **Office of Peer Recovery and Engagement (OPRE)** leads efforts around peer training to build the New Mexico peer workforce. OPRE works to advance peer, consumer and family driven services through training and education that support and empower individuals in the recovery process. OPRE works statewide with local grassroots and community organizations and with the unique cultures and communities in New Mexico to ensure that consumer and peer voices are included in the development of behavioral health planning and policy development. OPRE collaborates with local communities in training, program development, advocacy, and information dissemination and ensures these efforts are respectful of local norms, customs and languages. OPRE currently oversees all training for Certified Peer Support Workers in the state. OPRE is partnering with Inside Out (listed below) and project experts in peer recovery services to develop trainings and deliver these to peers focused on OUD and MAT.

Inside Out is one of New Mexico's strongest peer run recovery agencies. In their role as regional hub, Inside Out will provide distribution and training in naloxone use throughout Rio Arriba County. As a peer run organization, peers will participate in coordinated naloxone training and take the lead in distributing naloxone and training first responders, law enforcement, community organizations, and family members in use of naloxone to save lives. Inside Out will have a dedicated peer support staff member trained as a MSSS to provide support to local agencies and providers that are implementing MAT for OUD as part of this initiative. Training of the MSSS will be conducted by the state's Office of Peer Recovery and Engagement.

Serenity Mesa Youth Recovery Center. Located in Albuquerque, the state's largest urban area, Serenity Mesa Youth Recovery Center is a sober living facility with a focus on adolescents and young adults ages 14-21 who are struggling with addiction. Services include housing, individual, group and family therapy, life skills, education (high school and college), job placement and job training, education on living a healthy lifestyle, community engagement and direct services. Goals of Serenity Mesa are to connect youth to a sense of purpose, support sobriety and help young people re-enter communities as strong, independent members. Serenity Mesa will serve the NM STR Opioid Initiative to provide distribution and training in naloxone use to expand efforts currently in place in the city with a focus on youth and young adults.

Santa Fe Recovery Center. The Santa Fe Recovery Center provides drug and alcohol treatment to men and women 18 and over, who are seeking a high quality, effective recovery program. Treatment programs include detox/assessment, 30 day residential treatment and outpatient services. The Santa Fe Recovery Center works with individuals to sustain lifelong recovery from alcoholism, addictions and related mental health issues by providing culturally relevant, evidence-based treatment and education in partnership with other community organizations. The program blends the traditional 12-step philosophy with current state of the art, empirically based treatment practices.

- Community outreach to assist in re-integration of persons released from incarceration
There is a recognized gap in community outreach to assist in re-integration of persons released from incarceration. The STR initiative in NM working with the New Mexico Association of Counties and project consultants experienced with the criminal justice system to identify barriers and develop clear implementation plans to address this gap that includes community groups, organizations and outreach.

9) Provide a summary of persons served with public and private funds in DATA 2000 Buprenorphine Waiver Provider Practices (including FQHCs) by state and county (from most recent annual data available):

- At this time, the state of New Mexico is unable to report the total number of persons served with public funds (federal grants, Medicaid, state and local funds, etc.) or the total number of persons served with private funds (self-pay, private insurance, etc.) via the DATA 2000 Buprenorphine Waiver Provider Practices.

10) Estimated current treatment need – based upon data collected via the National Survey on Drug Use and Health (NSDUH); CDC reports; N-SSATS; TEDS admission and discharge data; other sources

- Data from the National Survey on Drug Use and Health (NSDUH), the New Mexico Department of Health Emergency Department Discharge Files; and the Substance Abuse Epidemiology Section (SAES) between 2008 and 2015 indicate the following treatment needs for the state.
 - Between 2013 and 2014, 152,000 New Mexicans 12 years or older reported taking pain relievers for a nonmedical reason (NSDUH).
 - The rate of infants born with neonatal abstinence syndrome (NAS) increased from 3.3 per 1,000 live births in 2008 to 10.3 per 1,000 live births in 2015 – a total of 1,435 infants born with neonatal abstinence syndrome (SAES). The highest rate of NAS occurred among residents of Rio Arriba County (48.0 per 1,000 live births), one of the highest risk counties for opioid overdose related deaths (SAES).
 - From 2011 to 2015, there were 6,245 visits to emergency departments related to opioid overdose by New Mexico residents (60.3 visits per 100,000 population). The rate of emergency department visits was more than twice the statewide average among residents of Rio Arriba County (178.3 visits per 100,000 population) and San Miguel County (120.9 visits per 100,000 population) (NMDHEDD).

11) Other existing activities and their funding sources in the state that address opioid use prevention, treatment and recovery activities:

- There are 221 recovery oriented service providers and/or organizations in the state of New Mexico listed with the Substance Abuse and Mental Health Services Administration. At this time, the state is unable to report the total number of existing activities focused on opioid use prevention, treatment and recovery, or their funding sources.

12) Utilizing the data collected above, identified gaps in treatment related to location (rural, frontier, tribal entities); access issues (lack of transportation, distance to site, etc.); availability of MAT and BH services; community connections; integration with physical health care; family treatment; employment assistance; education assistance; on-going recovery supports; policy/program changes; etc.:

- There is a severe shortage of buprenorphine-prescribing physicians in NM. According to SAMHSA's buprenorphine treatment physician locator, there are 247 providers that are authorized to treat opioid dependency with buprenorphine (SAMHSA, 2017). According to the 2016 NM Department of Health data, there were only 108 prescribers of buprenorphine with at least 10 patients (NM DOH, 2016). Thus, NM has very few providers with licenses to treat the largely rural population, and even fewer that are prescribing to at least 10 clients. Thus, the vast majority of the State does not have access to Medication Assisted Treatment (MAT) for opioid treatment. Furthermore, across the state, only 34% of the those requiring primary care

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have been able to access it, (compared to 57% nationally), and only 23% of the need for mental health care has been met, (compared to 44% nationally), suggesting there are significant gaps with the access and integration of physical health care and substance abuse treatment within the state (HRSA, 2017).

- In terms of general disparities across the state, 21.3% live below the poverty level (US Census Bureau, 2014), and New Mexico has experienced severe consequences of substance abuse, including consistently being ranked among the worst in the nation for drug related overdose deaths. The negative consequences of opioid use in NM are not limited to death, but also include domestic violence, crime, poverty, and unemployment, as well as chronic liver disease associated with Hepatitis C infection due to IV opioid use, motor vehicle crash and other injuries, mental illness, and a variety of other medical problems.
- Although a detailed assessment of the state need was unable to be completed at this time, a city needs assessment for the city of Albuquerque was completed in 2014 and identified a number of treatment needs: 1) treatment for young people and women, 2) availability of counseling and medications, 3) availability of opioid replacement therapy, in particular, buprenorphine, 4) case management and other services provided within a wraparound approach, 5) medical care specifically, treatment for infectious diseases, to people with addictive illnesses. (Greenfield, 2014). Albuquerque is the largest metropolitan areas within the state, with the highest number of buprenorphine providers and integrated behavioral health treatment facilities. If a gaps analysis for the largest city with the highest resource concentration in the state indicated a significant need for MAT and psychosocial services, it is likely that the access to recovery services necessary for treating and preventing opioid use disorder are significantly limited in rural communities.
- Other studies looking at the state have illuminated a number of additional concerns, which include stigma, lack of interagency collaboration, lack of funding, and a lack of knowledge of substance use disorders among medical providers. For example, a very large percentage of individuals in NM state prisons have underlying substance use disorders that contribute to their incarceration. Similarly, trauma informed care and access to education on trauma informed care is limited for many agencies throughout the state. The 2008 NM victimization Survey found that the lifetime prevalence of domestic violence for women was 1 in 3, and 14% of NM homicides resulted from domestic violence (NM DOH, 2009). Most providers do not have the expertise and certification to fulfill demand for professionals skilled in evidence-based trauma-informed service. Furthermore, limited access to behavioral health services is another challenge in the state of New Mexico, particularly for minority families. In 2014, the state's Legislative Finance Committee issued a report, which stated that NM has been plagued with a number of problems regarding its behavioral health system, including availability of services. Behavioral health outcomes in NM continue to rank among the worst in the nation. This includes a suicide rate has been consistently ranked among the highest in the nation. SAMHSA estimates that 19.6% of NM residents have a mental illness, compared to a national average of 18.2%. SAMHSA also reports that 4.72% of adult NM residents have a serious mental illness, higher than the national average of 3.97%, and among the highest in the nation. A University of New Mexico study (2014) looking at the behavioral health landscape of Albuquerque and Bernalillo County (where Albuquerque is located) found that youths of Bernalillo county fared worse than their national counterparts on several key measures of mental health, including persistent sadness, suicidal thought, suicidal plan, and suicide attempt. More Bernalillo county adults reported 14 or more days of poor mental health in the past month compared to national average. The study found that in the nonprofit sector, agencies are working at or close to capacity, and long waiting lists are common. It noted that clients requiring the most intensive services, including bilingual clients and those requiring culturally appropriate services, are the ones whose needs are least likely to be met adequately. The biggest identified needs were: housing, inpatient/residential services, coordination of care, workforce, intensive treatment, case management, and crisis intervention. The study also found that 98,000 individuals received services during the study period, compared to estimated 151,000 who could have benefitted, with a gap of 53,000 individuals.

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- In summary, the data above indicate that the state of New Mexico has a significantly high risk population for numerous negative health and behavioral health outcomes due to lack of multiple psychosocial resources and high levels of opioid abuse. In general, the populations of highest need within the state appear to be Hispanic males and White females between the ages of 25-64, and those who reside in predominately rural communities; however, there is high need across demographics and throughout highly populated regions as well. This indicates significant gaps in access to OTP treatment facilities, MAT/buprenorphine service providers, pharmacies that dispense Naloxone, and psychosocial recovery resources exist across geographic areas – thus emphasizing the need for a coordinated, state-wide treatment and prevention effort, like the one proposed in the New Mexico STR.

State Targeted Response to the Opioid Crisis Strategic Plan

Introduction Appendix H

Expansion of current programmatic capacity

In considering the current capacity within the state of New Mexico, the Opioid STR funding intends to do the following activities:

- Increase the number of Opioid Treatment Providers (OTPs) and Office-Based Opioid Treatment (OBOTs)
- Increase the availability of qualified staff and programs to address the needs of persons with Opioid Use Disorder (OUD)
- Improve access to services for individuals with OUD

OTPs and OBOTs

The STR project will increase the number of OTPs/OBOTs by creating a centralized hub/regionalized hub model that will utilize the expertise of regional institutions and community agencies already providing services and integrate them with new trained providers and a centralized training hub that is able to coordinate and disseminate trainings and best practice efforts across the state. Additionally, we will collaborate with state initiatives focused on primary care integration and home health models to increase the number of medical centers offering Medication Assisted Treatment (MAT) services, such as the Agency for Healthcare Research and Quality (AHRQ) Infrastructure for Maintaining Primary Care Transformation (IMPACT) project.

Qualified staff and programs

To increase the number of qualified staff and programs to address the needs of persons with OUD requires several activities. We will first utilize the centralized hub to coordinate trainings and increase the number of CSAT waiver trained providers throughout the state by at least 10 additional providers per regional hub site. Our second aim is to collaborate with Primary Health Home programs to increase the number of providers, nurses and ancillary staff able to assess, treat, and/or refer for opioid treatment services. Finally, we will work with the state legislature to mandate evidence-based substance use treatment education for behavioral health and primary care professionals to increase their scope of practice and ability to provide sound substance use disorder treatment.

Improve access

Our strategies for improving access to services for individuals with OUD will begin with creating a mobile unit for community outreach, education, and naloxone distribution. We will also coordinate outreach services with Inside Out, a peer support program for training and

integrating peers into high need communities to provide additional social and resource support so individuals with opioid use disorder can access and maintain engagement with MAT services in their community.

Our second area of coordination efforts will be with primary care health homes and other managed care organizations to increase efficiency and efficacy in referrals to specialized treatment, and the sustainability of OBOT provision within primary care. Additionally, we will collaborate with managed care organizations and existing care coordination services to provide linkages and increased utilization of transportation and other ancillary support services, such as Safe ride, a transportation service provided to Medicaid enrolled consumers.

Finally, we will develop and maintain all necessary and supplementary training materials, as well as referral and resource acquisition links on the Network of Care website so all providers, support staff, and consumers/individuals can access information for enrollment and maintenance in treatment across the continuum of care. This will also create the capacity for utilizing and sharing the existing telehealth and internet based training, professional consultation, and service provision to consumers and providers located in remote and rural areas of the state.

Initiation and/or expansion of recovery support services

To initiate and expand recovery support services, the state Office of Peer Recovery and Engagement (OPRE) will develop and deliver trainings with a special focus on OUD for certified peer support specialists who can work in regional hubs to provide recovery services and supports. Inside Out Recovery, one of New Mexico's strongest peer-run recovery agencies, will have a dedicated peer support staff member trained to provide support to local agencies and providers implementing MAT for OUD. Furthermore, the state website, Network of Care (NOC), will provide links to these peer resources and any supplementary psychosocial services that peer support staff may need to deliver OUD specialized support services. Further details of the states peer support service also include the following:

- Peer Recovery Coaches
- Links to community services and recovery community programs
- Provide assistance with access to treatment

Peer Recovery Coaches

First, the STR project will work with each regional hub and the agencies listed above to increase the number of peer support specialists and peer training across the state so that regional hubs can work toward having designated peer specialists onsite at all times. Second, the New Mexico Crisis and Access Line (NMCAL), a state run call-in service that offers emergency mental health and crisis counseling will train their staff to provide referrals to peer agencies as needed to increase the number of individuals in crisis associated with OUD accessing peer supports in their communities. The STR project is also working to develop a process and

training protocols so NMCAL staff can conduct a brief phone screen with individual with OUD and triage those individuals to appropriate agencies based on ASAM level of care. The STR central hub is currently in the process of developing a screening tool to make appropriate referrals and get consumers into recommended treatment quickly.

Finally, a long-term goal of this project is to utilize the agencies above, along with the central hub, to develop a process for increasing peer support in Emergency Departments throughout the state. This program would aim to provide in-the-moment support to consumers and their families presenting for OUD related emergencies, such as overdose, as well as linkage to outpatient or ASAM recommended treatment.

Links to community services and recovery community programs

Multiple partner agencies will provide links to community and recovery services and all regional hubs will receive MAT training and subsequently provide those services. As part of the MAT comprehensive approach, peer recovery coaches and support specialists will help link consumers to recovery communities in their areas. In addition, the Network of Care will provide a list of all OBOT and OTP providers. The STR project aims to develop a web-based interface search that will use an algorithm that peers, providers, and consumers can use to link to community based and other recovery services.

Assist with access to treatment

Peer support specialist will receive training to utilize and help consumers navigate the Network of Care to identify the following resources within their communities: transportation; financial assistance (Medicaid, Medicare, insurance); employment/vocational/education assistance; housing assistance; childcare; community recovery/peer groups; behavioral health and primary care services; and dental care.

Proposed activities based upon the most recent state data of persons served with public and private funds and DATA 2000 Buprenorphine Waiver Provider practices (including FQHC's):

The central hub will have a number of financial intervention systems to enroll persons in private or public funding options to be able to secure services. As a Medicaid expansion state, New Mexico has proven its capacity to lower the uninsured rate. Since 2014, the rate of uninsured dropped to 13.5% of the population down from an uninsured rate of 26.7% in 2007. Consequently, we plan to continue using our Medicaid expansion capacity to continue our efforts of decreasing the rates of uninsured persons. We will use STR funding to ensure coordination between the central hub and regional hubs to create or maintain systems of Medicaid enrollment.

Finally, the state will continue collaboration with state and county corrections agencies to make sure that individuals entering into a correctional system will only have their Medicaid

suspended with rapid re-start of coverage following release. This will ensure that consumers do not lose coverage should they enter a correctional system.

Consider current staff limitations

We will use a number of processes, services, and interventions to increase the capacity of existing staff and programs dedicated to addressing Opioid Use Disorder. Our first focus is hiring and training new staff by leveraging the current resources we have in the state, as well as building much needed support systems for existing providers and workforce who may have already been trained in MAT but have been unable to expand service provision due to lack of system support. The STR project plans to entice existing workforce within behavioral health and general health agencies to complete the offered trainings for OUD treatment by using a portion of funds to create stipends for NPs and PAs upon completion of training.

The second focus of the STR project is integrating programs and personnel through collaboration with other qualified professionals and systems (i.e. regional hubs) and the central hub. The overarching model of the STR is one of collaboration and coordination so that treating providers, ancillary staff, primary care agencies, health homes, peer support workers, and consumers can access and utilize the Network of Care and move effectively across systems within the state. This will allow consumers entering the system of care to access services appropriate to their need level and transfer accordingly.

Considering the other existing activities and their funding sources in the state that address opioid use prevention, treatment and recovery activities

The process systems, interventions and collaborations of the STR project will utilize and support a holistic approach to addressing the opioid epidemic through the following:

- Collaboration with HRSA funded programs across the state
- Integration with primary health care providers via co-location of behavioral health staff
- Referral/business agreements with other provider networks
- Coordination with public health clinics

HRSA Funding

We will work with the following HRSA funded programs: UNM ECHO and UNM ASAP, as well as other primary care clinics within the larger UNM System; AHRQ project that is focused on expanding rural primary care and MAT services throughout the state; and Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO). The PDO program is a project through the NM Human Services Department, Behavioral Health Services Division, Office of Substance Abuse Prevention (OSAP) that purchases and distributes naloxone for overdose reversal, and trains responders to administer naloxone.

The Office of Substance Abuse Prevention (OSAP) successfully applied for and received SAMHSA's competitive Grant to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO), winning this \$1 million annual award for five years along with ten other states beginning September 1, 2016. The purpose of the grant is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders. The grant program subgrants with three county based geographical areas to address the prevention of prescription drug/opioid overdose-related deaths and implementation of secondary prevention strategies (Santa Fe/Rio Arriba Counties, Bernalillo County, and Dona Ana County). The tasks of subgrantees are creating locally based networks responsible for training agencies and entities on overdose prevention and naloxone administration as well as the dissemination of naloxone to local partners for distribution and administration. Examples of entities represented in these networks are UNM Emergency Department (located in Bernalillo County), City of Albuquerque Police Dept., Youth Development Inc. (a non-profit agency), Pojoaque Police Department, NM 1st Judicial Court, NM Probation and Parole, and Santa Fe Fire Department Overdose Follow up Project. Ultimately, this initiative will provide for a locally comprehensive focus on addressing prescription drug/opioid overdose-related deaths while reinforcing the need for collaboration and coordination.

In addition to PDO funds, OSAP has successfully applied for and managed grants with prescription opioid misuse and abuse prevention being a key component in prevention in communities throughout the state. Prescription opioid prevention is a targeted effort of the SAPT grant, the SPF Rx (Bernalillo County) and the PFS 15 (Curry County, Cibola County, Roosevelt County, Chaves County and the New Mexico Higher Education Prevention Consortium consisting of: University of New Mexico, New Mexico Tech, New Mexico State University, San Juan College) grant communities. Each community with funding under those grants must form a community coalition with vested partners from the community and must chose a number of prescription opioid prevention evidence-based strategies to implement in the communities to bring about a decrease in social access and social norms surrounding the misuse of prescription opioids.

In addition to networks available for collaboration through the additional SAMHSA grant recipient communities, current identified collaborative partners in high-needs communities in New Mexico include:

- Southwest CARE Center, a healthcare organization in Santa Fe County specializing in HIV and HCV services, contracted to provide naloxone education to pharmacists across the state.
- The emergency department at Holy Cross Hospital in Taos in Taos County, to be a distribution site of Narcan.
- Serenity Mesa in Albuquerque to distribute Narcan and to do opioid overdose prevention education and outreach in Bernalillo, Sandoval and Valencia counties. Serenity Mesa is a sober living facility for young adults 14 – 21 years of age who are struggling with addiction. It is a non-profit recovery center and offers behavioral health services

including individual, group and family therapy as well as 12-step and SMART Recovery classes.

- Inside Out Recovery Center, an independent group of peers using SAMHSA's Eight Dimensions of Wellness to support individuals and families in working toward recovery. Services in Taos, Taos County and in Espanola, Rio Arriba County are available in English and in Spanish. Overdose prevention education, outreach and Narcan distribution efforts under the STR will be focused in Taos, Mora, and northern Rio Arriba counties.

Furthermore, the project will focus on increasing local capacity in the following ways:

- Providing train-the-trainer opportunities;
- Expansion of standing orders; and
- Ongoing technical assistance for first responders, public health and social service agencies, non-profit organizations, laypersons, schools, senior centers, churches, federally qualified health centers (FQHCs), pain clinics, emergency departments (to provide overdose prevention education and Narcan to overdose survivors and their families), and drug and alcohol treatment programs by Bernie Lieving, the Overdose Prevention Education Coordinator and Trainer (OPEC-T) for the Opioid STR grant

Any agency distributing STR-funded Narcan will be required to sign a memorandum of agreement to ensure training fidelity, proper Narcan storage, timely data reporting, and the creation of an agency sustainability plan to purchase Narcan before the end of the grant cycle.

To prevent duplication of effort and enhance community distribution of Narcan, OSAP and its proxies will collaborate with the New Mexico Department of Health (NMDOH), Public Health Division to ensure that regional and local public health offices (PHOs) are aware of STR activities in local communities, and to assist in filling Narcan distribution gaps not met by the PHOs.

NMDOH is also a recipient of the CDC PDOPS grant. The PDOPS and STR grants have opportunity for collaboration in PMP development and data use as well as prescriber education on safe opioid prescribing practices. At the state level, OSAP is collaborating with NMDOH to create meaningful data and use of the PMP for strategic planning. At the community level, OSAP and NMDOH are collaborating in the implementation of HERO Trails, a prescriber education workshop on safe opioid prescribing practices. For example, under the SPF Rx grant, the Bernalillo Community Health Council will be piloting a prevention strategy involving in-depth HERO Trails prescriber training to volunteer providers in Bernalillo County. The pilot will test the strategy for potential implementation in additional prevention grant providers throughout New Mexico. The BCCHC is working with NMDOH to glean more information about the processes needed for implementation as well as how to identify providers to receive training.

Integration with primary care clinics

Currently, three of the STR hub sites are primary care providers (HMS, PMS Rio Rancho, and PMS Farmington) that incorporate co-located behavioral health staff members. Investments into these agencies will strengthen their system of care.

Referral/business agreements

The New Mexico Behavioral Health State Department houses a statewide resource for all behavioral health services through the Network of Care. This website is searchable by town, zip code, or desired service. We will use the Network of Care to connect provider networks to establish their agreements for referral/business agreement purposes.

Coordination with public health clinics

New Mexico has thirteen statewide FQHCs and Emergency Departments that will act as regional hubs in the STR. These agencies will not only provide service expansion for the STR but they will host trainings in their region and invite all partners

A detailed plan for addressing populations of focus and other priority populations

Service provider collaboration and communication

The STR project seeks to expand collaboration and communication of all opioid treatment service providers via the Network of Care website, the training of providers on evaluation, assessment, medication induction, and specialized services for the treatment of women, native populations, and post-incarceration populations. Supplementary psychosocial trainings offered through the STR and regional sites will include components of necessary modifications and considerations for working with these specialized populations. In addition, the STR will collaborate with the Bernalillo County's transitional programming and transition centers that will offer specialized assessment resource allocation for individuals exiting corrections. Finally, the NMCAL will establish a single point of entry for consumers seeking services and allow peers to receive training for phone triage assessment so that these specialized populations will receive a referral to appropriate services in their communities.

High-risk communities

There are 33 counties in New Mexico and, to date, the federal funding to combat the opioid overdose epidemic has been concentrated in only four counties. In the first six months of training expansion (June 1st through December 1st), other counties with high death burden will be targeted for project growth. This includes, but is not limited to Taos, Sierra, San Juan, Sandoval, San Miguel, and Valencia Counties. STR resources will also augment PDO efforts in urban centers with higher mortality rates. Simultaneously, to continue to expand local capacity, STR grant recipients may request trainings and Narcan kits from OSAP. We will conduct trainings with a team of content experts including the OPEC-T under contract with OSAP.

Rural and frontier communities

New Mexico is the fifth largest state and has many rural and frontier areas. Given long emergency medical services response times, other first responders (law enforcement officers and volunteer fire department staff) in these regions will receive the tools to respond to opioid overdose. The STR project has broadened the definition of first responders to include laypeople. In these same communities, people who use prescription opioids, their families and friends, and other lay members of the community will receive training to prevent, recognize, and respond to an overdose since they are often the first responder on the scene to an overdose event.

Persons released from incarceration

One of the activities under this grant will focus on addressing priority and high need populations through expanding the access and availability of naloxone to prevent prescription drug/opioid overdose-related deaths. Through a state level initiative, OSAP will collaborate with the New Mexico Correction Department (NMCD), the Probation and Parole Division (PPD), County Sheriff departments, substance treatment providers, and other state-level law enforcement agencies to supply naloxone to inmates upon their release and to friends and families from those communities. NMCD will utilize an assessment to select those inmates identified with abusing and misuse of opioids. In addition to providing naloxone, OSAP will provide training on overdose prevention, harm reduction, and naloxone administration. The OPEC-T will deliver a train the trainer for NMCD and PPD staff to help build training capacity on the state level.

As previously stated, OSAP is collaborating with law enforcement, county detention facilities, and the New Mexico Corrections Department (Prisons and Probation and Parole). OSAP is also collaborating on the STR grant with the U.S. Attorney's Office, the District Attorney in New Mexico's 1st Judicial District, Public Defenders, Drug Courts, and a law enforcement assisted jail diversion program in the City of Santa Fe.

STR will coordinate with Drug Courts and transition centers for improved access of services for those arrested and detained on OUD related crimes. Additional coordination and training on an opioid treatment line of care for juveniles will also be developed and rolled out as part of the STR, in collaboration with experts in the field of adolescent addiction treatment and the UNM ASAP Adolescent program.

The prevention branch of the STR in collaboration with the PDO project will train emergency personnel on the use and administration of naloxone, as well as provide training for law enforcement officials on OUD treatment and the Network of Care so officers and emergency personnel can refer OUD treatment services.

Indigenous people and their communities

New Mexican Pueblo communities will receive priority for overdose prevention education and Narcan distribution. Anecdotally, opioid overdose death rates on tribal lands are increasing. Tribal leaders, police, community members, and health and social service providers are all reporting an increase in heroin and prescription opioid use. OSAP is identifying indigenous champions and local ambassadors to build the necessary and complex relationships with tribal leaders to expand STR into those communities. OSAP is also utilizing its Native American employees to advise and consult on the project. The Eight Northern Pueblos (ENP) currently participate and recently Pojoaque Tribal Police received training to respond to an opioid overdose. The ENP are geographically located in Rio Arriba and Taos Counties – Rio Arriba County is consistently the county with the highest overdose death rate in the United States. From 2012 to 2016, the mortality rate in Rio Arriba County is almost 90 per 100,000. Recent discussions with tribal members reinforce the requirement that historical trauma will inform the development of overdose prevention projects with the Pueblos and be led by the community, not OSAP or its representatives.

Adaption of the PAX good behavioral game for tribal communities allows for the dissemination of this prevention strategy to all Native populations in the state. Furthermore, the STR will coordinate all intervention and prevention programs listed above with Indian Health Services (IHS). This collaboration is already in place with the central hub through the ECHO project. Therefore, incorporation of current trainings and consultation regarding OUD treatment, addiction and Chronic pain, etc. are present in the STR. Finally, the state behavioral health department currently holds a liaison position to ensure incorporation of tribal health agencies and “638s” and use of this liaison will occur to disseminate training materials from the STR

Primary care and public health collaboration

Integration of the STR Project into localized primary care settings is critical. Several FQHCs around the state have already embarked on the processes of authoring standing orders, creating training and distribution plans, and identifying key staff to implement overdose education and Narcan distribution (OEND). First Choice Community Healthcare in Edgewood, Ben Archer Healthcare and La Clinica de Familia in Las Cruces, and El Centro Family Medicine, with six clinics in Rio Arriba and Taos Counties, are all working on OEND pilot programs with STR funded Narcan and support resources.

Several of our regional hub sites are Federally Qualified Health Centers (FQHC’s) with onsite behavioral health services (HMS, PMS Rio Rancho, and PMS Farmington). Another hub site is a New Mexico Department of Health facility, which also provides preventative health services to their local community. We are also collaborating with two county-based agencies (Rio Arriba Health and Human Services and Dona Ana Health and Human Services) which both provide and support collaboration to local hospitals, primary care, and prevention programs. We have asked all behavioral health hub sites to reach out to prevention and primary care partners in their communities to invite them to trainings on safer opioid prescribing, naloxone trainings, and DATA waiver trainings.

Pregnant women and women with dependent children

UNM ASAP, the program that will serve as the central hub for treatment and intervention consultation for the STR has a block grant for the provision of specialized treatment of pregnant women with OUD. ASAP also works directly with Milagro, a program that offers prenatal care for women with OUD, and has the ability to offer housing to women outside of the Bernalillo county area who require the specialized service. This ensures that trainings and models of care offered through the centralized hub will not only include information on women-specific services and best practice approaches, but will also have the ability to coordinate with these existing programs.

At-risk children and families

The New Mexico CYFD is a partner in the central hub that will closely coordinate with all STR projects and will provide multiple evidence based intervention trainings, including Motivational Interviewing, Community Reinforcement Approach and Family Training, ASAM.

Identified gaps and areas of high need and the use of strategies to address them for the described populations of focus

Currently, we are developing strategies on increasing the utilization of the PMP to increase data collection efforts in areas of high needs. The New Mexico PMP is in the New Mexico Board of Pharmacy (BOP) in the Licensing and Regulations Department (RLD). The RLD has faced many challenges this year including loss of staff and ability to maintain contracts due to staff turnover. The BOP is currently searching for a new Director of the PMP. The PMP software upgrade this year led to challenges in data communication and conversion between the old system and the new. Despite the challenges, the PMP continues to be a valuable tool in the state and many state agencies continue to collaborate to improve use of the PMP and PMP data. A SPF Rx Advisory Council subcommittee, the PMP Work Group, a group comprised of OSAP staff, consultants, DOH epidemiologists and BOP/PMP staff met July 12 and August 17, 2017 with the next scheduled meeting to take place September 28, 2017. The goal of the PMP Work Group is to understand what data and data applications are accessible through the PMP to share with communities for PFS 2015, SPF Rx, PDO and STR prevention efforts. Once that has been determined, those data will target prevention strategies and measure efforts. Additionally, DOH has shared plans to hire a data analyst that can interpret PMP data into usable reports.

We will use a portion of the funds available through the STR grant to purchase a PMP Clinical Notification Alert module. The module will alert prescribers to events such as patients having multiple prescribers, opioid and benzodiazepine scripts, or if patients have exceeded morphine milligram equivalents (MMEs). The module will assist prescribers in monitoring potential “doctor shopping” as well as increase the information needed for safe prescribing.

OSAP has developed a statewide distribution plan in which we identify Tribal communities and Frontier lands to receive naloxone for distribution and administration as well as training on overdose prevention education, harm reduction, and naloxone administration.

Tribal communities will receive training by the OPEC-T. Trainings will range from Train the Trainers, overdose prevention, harm reduction, naloxone administration for law enforcement agencies, community partners, and members of key social networks (e.g. overdose survivors, family members of overdose victims, drug users, recovering drug users, individuals engaging in high risk behaviors or interacting in high risk environments). In addition, identified agencies from Tribal Communities will receive naloxone to distribute and administer to individuals from the respective community.

Frontier communities are those locations that are secluded from higher volume population centers. To address the need of this priority area, OSAP will provide trainings and naloxone to 29 of the 33 counties in the state. Trainings will go to the representative of the county who will then be responsible for creating a structured distribution network.

We will use STR funds to build local capacity to ensure service provisions to high-risk populations and the agencies that serve them. People who use heroin are among the most marginalized populations and experience the greatest health disparities. Basis of these disparities

come from socioeconomic status, under- and unemployment, lack of access to behavioral and primary healthcare, racial and ethnic minority status, engagement with the criminal justice system and discrimination due to their history of drug use.

New Mexico is experiencing a drastic increase in grandparents raising their grandchildren (GRG). In large part, this is due to the opioid crisis and its relationship to incarceration and loss of parental custody of children due to drug and alcohol related issues. GRG have reported witnessing multiple overdoses to STR staff doing outreach in Rio Arriba County. This underserved population faces unique challenges and their own set of health disparities. The project will be working closely with health and social service agencies statewide that serve GRG such as Las Cumbres Community Services in the northern part of the state. Community partners will not only be trained to provide overdose prevention education, they will also be required to receive trainings on stigma reduction, motivational interviewing, the trans-theoretical model of change, and other topics that will enhance prevention services delivery and decrease the disparities in access and quality among the populations of focus.

The NMDOH Harm Reduction Program began providing overdose prevention education and naloxone to injection drug users in 2001. Distribution of naloxone since that time has primarily occurred at syringe exchange sites in local public health offices or in community-based organizations contracted with NMDOH to provide the education and medicine. Due to the narrow scope and focus of the program, gaps in layperson naloxone access remain and New Mexico's overdose death rates continue to be among the highest in the United States.

In 2016, expansion of naloxone access was moderate via the use of standing orders. The New Mexico State Legislature passed a law that allowed pharmacists to dispense naloxone without a prescription, law enforcement officers to carry naloxone to respond to an opioid overdose, and individuals and organizations to purchase, store and distribute naloxone under a physician standing order. After the passage of the law, the OSAP funded a project with Southwest CARE Pharmacy, which focused on publicizing pharmacy access to naloxone, the training of pharmacists statewide regarding the state's naloxone laws and standing orders, opioid overdose prevention education, naloxone administration training, anti-stigma education and providing no-cost naloxone to uninsured patients. Implementation of one local overdose prevention education and naloxone distribution project in Santa Fe County happened after the passage of the standing order law.

Despite the 2016 law, gaps in naloxone access remain – lack of funding to purchase naloxone, NMDOH budget cuts, un-reached layperson populations, access to appropriate training, and stigma-driven reticence to obtain the medication from a pharmacy, all represent ongoing barriers. As lack of funding continues to be a challenge, we will allocate one million dollars of STR funds annually to the purchase of naloxone for statewide distribution.

Currently, the State of New Mexico, through a coordinated effort under the PDO Grant, has established distribution networks in the counties of Santa Fe/Rio Arriba, Bernalillo Co, and Dona Ana County. These identified areas are the counties with high opioid use, risk rates, and absolute numbers of prescription opioid deaths. When considering morbidity and mortality data and burden from the NM Substance Abuse Epidemiological Profile, these four counties rose to the top. Bernalillo County had 918 total overdose deaths and 774 unintentional overdose deaths

from 2010 to 2014, 4½ times the number of deaths in the next highest county, Santa Fe, which had 208 total and 173 unintentional overdose deaths. Doña Ana and Rio Arriba counties were close behind with 138 and 129 unintentional overdose deaths respectively. As a result, the Opioid STR grant will focus on the areas not targeted under the PDO grant through an expansion of the naloxone distribution and trainings to state level agencies, additional counties, treatment agencies, law enforcement agencies, and hospitals throughout the state. These agencies will request naloxone using a process established and monitored by OSAP. Shipments of naloxone will be directly to the agencies address as identified through the request process. Agencies will only use grant funds to purchase the Food and Drug Administration approved intranasal Narcan from Adapt Pharma. Narcan will be stored based on pharmaceutical company guidelines, in locked offices, closets, or other storage areas. All standing orders will include storage instructions, and lot number and expiration date tracking.

The grant has allocated funds to purchase 13,300 kits for distribution by the OPEC-T and OSAP staff throughout the various populations based on priority, data gathered from agencies, and overdose rates related to the specific priority population. Priority populations have been determined to be treatment agencies throughout the state, New Mexico Corrections Department, Probation and Parole Division, 29 counties (excludes PDO grantees), County Sheriffs, Tribal Nations, and community level laypersons.

As mentioned, STR-funded Narcan distribution will occur in counties not receiving PDO funding and those that have high mortality rates and death burden from opioid overdose based on NMDOH Bureau of Vital Statistics data. This data includes death and rates from 2012 through 2015. We will work with the initial target counties to increase access to overdose prevention education and Narcan include Chaves, Eddy, Grant, Lincoln, Otero, Sandoval, San Juan, San Miguel, Sierra, Taos, and Valencia; however, all counties will receive some level of training. These counties, located in all geographic regions of the state, also have high rates of opioid and benzodiazepine prescriptions per 100 population (NMDOH, 2016). Between 2012 and 2015, Harding County did not have an overdose death.

The number and type of entities/individuals trained in overdose education and naloxone administration.

New Mexico's STR Project will be using the PDO-overdose prevention education curriculum that uses the SAMHSA Opioid Overdose Prevention Toolkit as a guide. In November 2016, SAMSHA approved New Mexico's overdose prevention/education curriculum. The project will also create tailored trainings to meet the needs of the training audience. All trainings contain some level of information related to preventing, recognizing, and responding to an opioid overdose. Training audiences include, but are not limited to the following groups:

- People who inject drugs and their families and friends,
- People with a prescription opioid and their families and friends
- Professional first responders (police, fire, emergency medical services)
- Healthcare providers
- Homeless shelter staff and clients
- Social workers

- Case managers
- Ministers
- Drug treatment counselors
- Teachers
- School nurses
- Pharmacists,
- Public defenders
- Drug court staff
- State and county correctional staff
- Dentists and dental hygienists, Drug dealers
- People released from jail or prison and their families
- Probation officers
- Any community layperson requesting to Narcan training.

Use of policy and legislation to strengthen prevention efforts across the state

New Mexico has a long history of harm reduction and overdose prevention legislation. NMDOH and its community-based contractors have been providing syringe exchange since 1999, overdose prevention education, and naloxone distribution since 2001. In 2007, the state legislature passed a Good Samaritan Law that exempts people who call 911 for a suspected overdose from criminal liability if there is evidence of illicit drug use and/or drug paraphernalia at the scene. Unfortunately, the law is very flawed and the exemption does not extend to individuals on probation, parole, or people who have arrest warrants. Additionally, the law does not cover an individual calling 911 if there is evidence of other criminal activity at the scene.

In 2016, the state legislature passed a law requiring that prescribers check the New Mexico Prescription Monitoring Program database for any controlled substance prescription for a period of more than four days. This does not apply to patients in nursing facilities or those in hospice care. The law also requires prescribers to review and document on any patient receiving opioids from multiple prescribers, those receiving concurrent opioids and benzodiazepines, patients receiving opioids for more than 12 consecutive weeks, receiving more than one controlled substance analgesic, patients receiving opioids totaling more than 90 morphine milligram equivalents per day, and any patient exhibiting potential for abuse or misuse of opioids or any other controlled substance.

In June of 2017, the New Mexico Human Services Department allotted \$500,000 in state general funds to purchase Narcan for county detention facilities and state prisons. These additional monies were set aside due to the passing of House Bill 370 during the 2017 New Mexico legislative session. The legislature passed an unfunded mandate that requires local jails, state prisons, and opioid treatment programs to provide overdose prevention education and naloxone to people leaving their facilities with an opioid use disorder. Basis for operationalization of this law is on naloxone availability and availability of funding to purchase the medication. Due to state budget shortages and other fiscal constraints, many state and local agencies are requesting STR-funded Narcan, to comply with the new law. To meet the demand, the New Mexico Human Services Department allocated the extra \$500,000 to purchase Narcan.

Distribution of Narcan will be a requirement to people released from incarceration and their families. The county detention facilities will distribute to anyone who may be able to respond to an opioid overdose. New Mexico Corrections Department will only distribute to prisoners leaving their facilities with a diagnosed opioid use disorder.

In March 2016, Governor Martinez signed a law designed to increase community-based access to naloxone via physician standing orders. After the passage of the law, the State Epidemiologist authored standing orders that cover law enforcement carrying naloxone to respond to a suspected opioid overdose, and pharmacists to dispense naloxone without a prescription. The law also allows for qualified community-based organizations and individuals to purchase, store, and distribute the medication under a physician standing order. One technical assistance and training component of the STR project is to ensure the expansion of decentralized and local standing orders in as many communities as possible. For resource-poor communities, the STR project will have one standing order to allow all community partners to purchase, store, and distribute the medicine.

New Mexico has multiple task forces working to address the opioid overdose death epidemic in the state. Many of the task forces are local or regional community coalitions, but there is also a statewide Governor's level Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council that meets quarterly to make multidisciplinary recommendations to address the crisis. With the implementation of PDO and STR grants in New Mexico, a PDO/STR Advisory Council formed, as has a PDO/STR Continuous Quality Improvement Advisory Committee. Both advisory bodies meet monthly and are comprised of content experts, researchers, physicians, law enforcement, individuals from community-based coalitions, epidemiologists, pharmacists, evaluators, and treatment providers. State organizations represented include NMDOH, NMHSD, and the University of New Mexico.

Increased community awareness of opioid overdose prevention

The Opioid STR will build on and expand the current media campaign called A Dose of Reality (ADOR), initially developed for the PFS 2015 grant to increase awareness of prescription drug misuse among teens and their caregivers. Expansion of the campaign includes opioid overdose prevention education and naloxone awareness for the PDO grant. ADOR is a multi-pronged approach in English and Spanish that is saturating communities statewide through radio and newspaper ads, billboards, social media, public areas such as bus stops, gas stations, restaurant restrooms, and other venues such as movie theaters and a revised informational resource website. The current tagline is "Naloxone Saves Lives: Have it. Use it. Save a Life." The intended audiences are people at risk for an opioid overdose, their families and friends, and the messages are intended to normalize and destigmatize naloxone while raising public awareness that anyone who is taking an opioid (whether licit or illicit) may be at risk for an overdose. Development of targeted educational materials is available for people leaving jails and/or prisons. In English and Spanish, these posters, brochures, and pocket-sized handouts have specific messaging that highlight the increased overdose risk for recently released people returning to their community. ADOR was designed by Esparza, a local advertising firm and PK Public Relations with guidance, expertise and vetting through the PDO Advisory Council media meeting, which is held regularly to discuss all media campaigns and materials.

Under the STR grant, the ADOR campaign will expand from a primary focus on prevention to include harm reduction, treatment and recovery to encompass the entire behavioral health continuum of care. While the ADOR campaign will continue to be used in community prevention efforts statewide, OSAP worked with the PDO/STR Advisory Council media group, Esparza and PK Public Relations to expand the current website to making it a hub of information and resources related to all aspects of the continuum of care for communities and residents alike. The website includes prescription drug/opioid information, signs of an overdose, parent resources, information on harm reduction principles, accessing treatment, how to enroll in a treatment program, how and where to receive naloxone, and how to administer naloxone. The website is currently available in English and will soon be available in Spanish as well.

To collaborate with current treatment resources, ADOR will incorporate and promote the New Mexico Crisis and Access Line (NMCAL) information into the ADOR website. NMCAL is a free, statewide, toll-free service that is available 24 hours a day, 7 days per week available to anyone in crisis, providing crisis response and behavioral health resources. Under the STR grant, OSAP will train NMCAL personnel on opioid overdose prevention, harm reduction, naloxone administration and use of ADOR website as a resource. These trainings will allow NMCAL to respond to opioid abuse disorder calls in an informed and comprehensive way. In turn, the NMCAL collaboration will promote and advertise the ADOR resource. The NMCAL is available in English and in Spanish.

Currently, work is underway to create a social media campaign modeled from the “Humans of New York” campaign for New Mexico. In the New Mexico campaign, short videos will be created showing real New Mexicans and their stories related to opioid abuse disorder and will highlight New Mexican’s stories related to working in prevention and harm reduction, treatment and recovery. The campaign will humanize the faces of addiction and act as an awareness and anti-stigma campaign. It will be available on the ADOR website and across social media platforms.

All communities receiving PDO, SPF Rx, PFS 2015 and STR funding have the option to pursue a media strategy using ADOR materials. A web site is available from which communities can download marketing materials created in collaboration with Esparza and PK Public Relations with the input and vetting of the PDO Advisory Council. The web site: <http://www.doseofrealitynm.com>.

In addition to the ADOR media campaign, the SPF Rx grant recipient community, Bernalillo County, will be piloting a new media prevention strategy to reach young people through social media platforms using ADOR materials, research and expertise from the field of prevention and a long-term social media strategy developed with guidance from PK Public Relations and OSAP contractor technical assistance.

In addition to media strategies, PFS 2015 communities and the SPF Rx community have medication drop box, use of lock boxes, and educating local pharmacies and medical providers on the potential harm of prescription opioids and the importance of proper storage and disposal of prescription opioids as environmental strategies.

The New Mexico PDO Pilot Project began in April with overdose prevention education and Narcan distribution in Santa Fe, Rio Arriba, Bernalillo, and Dona Ana Counties. Further, there are similar smaller ongoing projects that provide overdose prevention education and Narcan distribution funded by county governments, private funding, NMHSD Behavioral Health Investment Zone funds, or the NMDOH Harm Reduction Program. We have made every effort to prevent duplication and the separate projects are in continuous communication to coordinate and collaborate locally and statewide.

STR funds operate in conjunction with currently funded programs to avoid duplication of effort and ensure the needs of the underserved areas

Activities in this initiative are aligned with existing activities in NM. The Central Hub is leading the organization and implementation of all phases of this project and includes key organizations currently working in NM's substance abuse and addictions efforts. Among these are the NM Behavioral Health Services Division (BHSD), including its Office of Substance Abuse Prevention (OSAP) and Office of Peer Recovery and Engagement (OPRE), as well as, UNM's Consortium for Behavioral Health Training and Research (CBHTR). One of the core Central Hub leads, Dr. Larissa Maley, a licensed addictions psychologist, is working to develop our Network of Care site to ensure a virtual central hub location that will assist in the coordination of current OUD related activities and to expand the impact of existing activities and to avoid duplication of services with other organizations/providers and regions. The development of the STR proposal included many of the State's key agencies, organizations and champions in OUD prevention, treatment and recovery as regional hubs ("spokes"). Key existing grants and related activities in NM that will work synergistically (non-duplicative) with the NM Opioid STR include:

Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) The NM Human Services Department, Behavioral Health Services Division, Office of Substance Abuse Prevention (OSAP) receives funding from SAMHSA for the Prescription Overdose Prevention Grant to implement the PDO project in high need communities in NM. The project aims to prevent overdose death through the: 1) purchase and distribution of naloxone for overdose reversal, and; 2) training to a wide variety of first responders to administer naloxone. In this initiative, training of first responders includes law enforcement, EMT officials, family members, friends and social networks, and organizations that work with people with addiction and who may be a first responder in the event of an overdose, such as treatment providers, shelters, food banks, grass roots community organizers, outreach workers, and social workers. This initiative integrates overdose prevention and naloxone as a harm reduction strategy into state and local treatment program strategies and settings, including the State's Medicaid managed care programs. This project is conducted in partnership with NM's Department of Health, Public Health Division, Harm Reduction Program, and its Epidemiology and Response Division, and includes a focus on three partner communities with historically high need and burden: Bernalillo County, Santa Fe County, and Rio Arriba County. The OSAP convenes a PDO Advisory Council to create a strategic plan and oversee the project. The strategic plan is based on the input of providers, clinicians, family members, and individuals with OUD to maximize naloxone distribution and training to meet gaps in the state's current system. Currently, contracts have been signed which will allow the distribution of naloxone with associated local training initiatives. Led by the Director of BHSD (Wayne Lindstrom, PhD) and partnering with the Department of Health, the Board of Pharmacy, Medical and other professional Boards, the Probation and Parole Division, managed care and treatment providers, advocates and local overdose prevention coalition

leaders, this Council, through the SPF Rx leadership team, works with the NM's Prevention Policy Consortium (PPC). The PPC, representing many state agencies involved in prevention and promotion of behavioral health, works to leverage, direct, and coordinate Federal and State substance abuse prevention funds and programs. All prevention activities conducted through the NM STR Opioid Initiative are aligned with the PDO Advisory Council's strategic plan and will be overseen by OSAP through the Central Hub to ensure coordination of statewide activities. Dr. Salvador, the STR Project Director, is a regular presenter and participant in the PDO advisory council meetings each month where efforts around OUD are shared with all parties to ensure coordination. OSAP ensures proposed activities serve to amplify and expand, rather than duplicate, existing activities around prescription drug overdose awareness, and training and distribution of naloxone. The NM STR Opioid Initiative grant expands beyond prescription drugs, improve efforts in areas of highest need, and ensure provision of these services to additional high need, rural areas across NM.

Strategic Prevention Framework for Prescription Drugs (SPF Rx) (SAMHSA):

The New Mexico Behavioral Health Services Division, Office of Substance Abuse Prevention (OSAP), also implements the *Strategic Prevention Framework for Prescription Drugs (SPF Rx)* project in Bernalillo County with the goal of increasing awareness of the dangers of sharing prescription opioids and of overprescribing opioids; and enhancing the utilization of the Prescription Drug Monitoring Program. This project implements a range of prevention strategies in Bernalillo County (the largest county in NM) through the Bernalillo County Community Health Council to focus on medical providers and pharmacists, schools, families and other segments of the community. These strategies seek to significantly increase awareness of the dangers of sharing prescription opioids and demonstrate how readily available they are in communities. Through this grant, members of the Bernalillo County coalition are developing approaches to educate prescribers about what can be learned from the Prescription Drug Monitoring Program data about safe and high risk prescribing practices. The project aims to reduce the high volume of high-risk prescriptions dispensed in NM, and work with a broad range of partners to develop recommendations about how to address the roughly 30,000 individuals in New Mexico who have a prescription for opioids for six months or more, putting themselves at high risk of addiction and increased risk of overdose. Our STR Strategic Plan builds on the existing SPF Rx strategic plan. In the proposed NM STR Opioid Initiative, the *SAMHSA Opioid Overdose Prevention Toolkit* and the recent *CDC Guidelines for Prescribing Opioids for Chronic Pain* will be utilized as part of all awareness, education and outreach programming. Activities in the NM STR Opioid Initiative will ensure that there are no duplication of efforts.

Pharmacy Trainings in treatment of pain, opioids, & naloxone. The New Mexico Department of Health has a contract with the Southwest Center for Pain Management to conduct trainings with pharmacies on treatment of pain, use of opioids, and naloxone. The NM Board of Pharmacy regulations have established a protocol to allow pharmacists to prescribe, dispense and provide education on the use of naloxone rescue kits to persons at risk of opioid overdose and their families and friends. The Southwest Center for Pain Management currently provides training to pharmacists on the screening and evaluation of patients who are at risk of opioid use disorder, the use of naloxone, and the state protocol for consent and coordination with primary care. Currently, the Southwest Center for Pain Management is providing training to staff at 32 pharmacies. Through the NM STR Opioid Initiative, we will increase education efforts on naloxone to an additional 100 pharmacies using the same guidelines and educational curricula.

Coordination with Presbyterian Health System. Since our funding in May 2017, STR central hub has coordinated with one of our state's largest health systems and MAT providers: Presbyterian Health Systems (PHS). PHS is working alongside our STR efforts to expand MAT and in particular provide DATA 2000 Waiver trainings and safer opioid prescribing trainings. We are in the final stages of a joint MOU with this partner, Presbyterian Health Systems, to ensure that our efforts work synergistically and avoid duplication. In our recent meetings we have determined a strong fit between our efforts in that PHS is focused mainly in the urban Albuquerque area, whereas the STR funds have worked to contract with providers and expand MAT in many of our states rural areas. This partnership is helping to ensure wide target population for MAT expansion and ultimately OUD and overdose rate reduction.

Use of STR funds to engage schools and community education/outreach programs to raise awareness and promote educational opportunities about the risk of opioid misuse and opioid overdose and related adverse effects.

Under the SAPT and PFS 2015 grant programs, all sub-recipients are required to work with their community schools to educate administrators, school staff and parent groups on the importance of comprehensive and effective alcohol, tobacco, and other drug (ATOD) policies that apply effective measures for students in violation.

We will use STR funds to provide overdose prevention, recognition, and response trainings to middle and high schools, community colleges, universities, and other institutions of higher learning by the OPEC-T. The project has already conducted outreach and technical assistance to some schools regarding the Adapt Pharma program that allows each high school and college to receive one free Narcan kit. School nurses, students, teachers, and administrators will be engaged to receive tailored trainings and Narcan distribution. We will provide trainings in private one-on-one or small group settings, but also in larger groups depending on the focus of the training. For example, an overdose prevention training for a student who is using heroin or prescription opioids would differ from an overdose response training for a university police department. The OPEC for the STR Project has 18 months experience working in public schools and has provided trainings and Narcan to teachers, nurses, social workers, case managers, students, and other staff in school settings.

NM Opioid STR is implementing the PAX Good Behavior Game (PAX GBG) to elementary school students across New Mexico as a primary prevention strategy by OSAP contractors, PAXIS Institute and Coop Consulting. New Mexico selected PAX GBG as a universal prevention intervention program that will have the greatest possible positive impact on children and adolescents in New Mexico. The strategy will have two project implementations: the first will sustain schools who began in spring of FY16 and FY17, originally identified through an RFP as childhood investment zones by epidemiological data, and a second new project with tribal schools, referred to as Indigenous PAX.

PAX GBG is one of the most positively peer reviewed, classroom-based prevention programs in the research literature. Teachers use this strategy to build positive, supportive, and engaged classroom environments. These environments in turn support improved learning

conditions for students and result in more teaching time and greater teacher satisfaction. It is included in the Substance Abuse and Mental Health Services Administration, National Registry of Effective Prevention Programs, and recently described as “the next big thing in child and adolescent psychiatry” by the *Child and Adolescent Psychiatric Clinics of North America*.

PAX GBG teaches children to self-regulate, sustain attention, and cooperate with others in the classroom – resulting in increased attentiveness, reduced off-task behavior, and decreases in aggressive, disruptive, shy, and withdrawn behavior. PAX GBG-supported behavioral changes lead to improved academic success and mental health and substance use outcomes later in life. Research shows that PAX GBG confers significant reduction of early mental or behavioral disorder symptoms (ADHD, conduct problems, emotional problems, peer problems), alcohol, tobacco, and drug addiction, exposure to and commission of violent crimes, high-risk sexual behavior, and risk of suicide.

The article "Developmentally inspired drug prevention: middle school outcomes in a school-based randomized prevention trial" points to statistically significant reductions in illegal drug use among students who were involved in the PAX Good Behavior Game. PAX GBG participants were 66% less likely to abuse illegal drugs than students in the control group. Specifically, "those who had been assigned randomly to the [one-year] classroom-centered intervention classrooms at the time of entry to first grade were less likely to have started use of cocaine powder, crack, or heroin by the end of Grade 8".* Furr-Holden, C.D., et al., *Developmentally inspired drug prevention: middle school outcomes in a school-based randomized prevention trial*. Drug & Alcohol Dependence, 2004. **73**(2): p. 149-58.

PAX GBG trainings by the PAXIS Institute for sustaining schools are currently underway in 11 districts across New Mexico for approximately 38 schools, 492 teachers and 9794 students. A 12th school district has been identified and approved for PAX training and integrate the program into the current program. Coop Consulting will provide project management and technical assistance over the first year implementation to include initial teacher trainings, booster sessions, one-on-one coaching, developing a “PAX Partners” for each campus (PAX partners are coaches available as resources for all teachers at each campus), data collection training and on-site coaching.

Included in the strategic plan over the next year is the implementation of a comprehensive evaluation plan by Coop Consulting. The evaluation model includes:

- Pre and post testing
- Classroom observations or SPLEEM counts
- Individual student surveys that address social emotional competencies provided by implementing teachers
- Teacher stress surveys
- Fidelity measures to ensure PAX is implemented in the classroom consistently and with quality
- Qualitative interviews with implementing teachers and staff

We are developing an in-depth evaluation with one of the larger school district partners to study the New Mexico impact of PAX on student achievement, attendance, and behavioral referrals.

Antonette Silva Jose, OSAP Native American staff member, will lead a second project to expand the PAX GBG to indigenous populations in New Mexico. New Mexico Indigenous PAX GBG is geographically diverse with tribal communities spread across the state. In considering this diversity, particular effort to include the three main populations in the Indigenous PAX GBG implementation plan: Pueblo Nations, the Navajo Nation, and the Apache Tribes. OSAP collaborated with the Department of Indian Affairs Secretary and gained support for the project with tribal leaders. Since most Tribal communities are traditionally oral spoken communities, introductions and relationship building will be in person with the communities in respect to their way. New Mexico Indigenous PAX GBG incorporates families, community resources, and tribal government into the school to create a greater understanding and acceptance of PAX.

Tribal communities often face challenges such as limited to non-existent internet coverage. Therefore, online trainings, downloading vital documents and utilizing the PAX app will be part of the FY18 teacher training packet. Adjustments will be made to accommodate the digital divide by utilizing other multi-media methods such as video recordings on a DVD or audio recording on a CD.

Each Indigenous PAX GBG school will implement with kindergarten to third grade, serving approximately 96 classrooms and 1,632 students. From an implementation standpoint, there will be three separately designated initiatives (one Navajo, one Pueblo and one Apache) on different timelines that accommodate each local communities' community, cultural and tribal needs.

Identification by OSAP and tribal communities for implementation and coordination efforts are underway at the following schools:

- Mescalero Apache School, Mescalero, Otero County, Apache Indian Nation
- Ch'ooshgai Community School, Tohatchi, McKinley County, Navajo Nation
- Tohatchi Elementary School, Gallup-McKinley County School District, Tohatchi, McKinley County, Navajo Nation
- Wingate Elementary School, Eastern Navajo Education Line Office, Wingate, McKinley County, Navajo Nation
- Tohaali' Community School, Newcomb, San Juan County, Navajo Nation
- San Felipe Pueblo Elementary School, San Felipe, Sandoval County, San Felipe Pueblo
- San Ildefonso Day School, San Ildefonso, Santa Fe County, San Ildefonso Pueblo
- Te Tsu Geh Oweenge Day School, Tesuque Pueblo, Santa Fe County, Tesuque Pueblo
- Santo Domingo Elementary School, ??
- Laguna Elementary School, Laguna, Cibola County, Pueblo of Laguna
- Acoma Elementary School, Acoma, Cibola County, Pueblo of Acoma
- Cubero Elementary School, Grants-Cibola County School District, Cubero, Cibola County

New Mexico's aim is to reach 10, 621 students with STR funds by the summer of 2018.