



Toolkit for Community-Based Approach to Addressing Opioid Addictions in New Mexico

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ABOUT THE PROGRAM

Clinical Scholars is a national leadership program of the Robert Wood Johnson Foundation led by the University of North Carolina at Chapel Hill. Learn more about RWJF’s Leadership for Better Health programs by visiting: rwjf.org/leadershipforbetterhealth

ABOUT THE TOOLKIT

This toolkit is designed to provide lessons and insights on how to build a responsive treatment program for opioid addictions and recovery.

The hope is it is helpful to others in building their own local, creative, integrative and caring approach to opioid treatment and healing. For more information, contact: info@casadesaludnm.org

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Strong Roots/Raíces Fuertes is an opioid addiction treatment and recovery program located in the South Valley of Albuquerque, New Mexico. For over two decades, New Mexico has suffered some of the highest rates of overdose deaths from opioids in the U.S. In Bernalillo County, where Albuquerque is located, the overdose death rates from heroin and opioid pain pill addictions are almost double the national rates.

From this place of necessity, New Mexico has pioneered innovative harm reduction and treatment work. The state was the first to train EMS responders on Narcan administration, the first to pass a Good Samaritan 911 law, and has done groundbreaking work on harm reduction. The organizations Casa de Salud and Centro Sávilá partnered to develop Strong Roots in response to the need for accessible, culturally safe, and trauma-informed addictions care.

Building strong roots, healing, and connection

Strong Roots is a transdisciplinary, team-based approach to recovery that incorporates rapid access to medication treatment for opioid addictions (buprenorphine, or Suboxone), as well as the best of Eastern, Western, and traditional healing practices. It is grounded in an understanding of the community and of the history of colonization, racism, and intergenerational trauma – as well as a deep understanding of harm reduction principles in working with addictions.

The program's emphasis is on healing the whole person (Body, Mind, and Spirit) and honoring the wisdom of ancestors by reclaiming, reconnecting, and recognizing the traditional and natural ways in which people participate in their own healing.

Team members have included physicians, nurse practitioners, physician assistants, a doctor of oriental medicine (acupuncturist), reiki master, a traditional healer, counselors, social workers, case managers, a peer coach, massage therapists, and health apprentices.

Casa de Salud and Centro Sávilá are two independent, nonprofit organizations that were built in response to critical community health needs. The organizations share values of accessible care, cultural humility, anti-racism, and harm reduction.



Casa de Salud was established in 2004 by healthcare professionals, and traditional healers. The organization and clinic were created as a space for affordable, integrative healthcare, as well as a home for harm reduction, workforce development, advocacy work and systems change on health and healing.



Centro Sávilá opened in 2011 as a behavioral health clinic. The mission is to improve the mental health of the community by ensuring access to quality linguistically and culturally relevant mental health and prevention services.

Planning

Since its inception Casa de Salud has offered a recovery program. Originally it consisted of medication treatment with buprenorphine (Suboxone) and primary care. It developed to include an orientation and four mandatory healing circles.

In 2016, with the assistance of Clinical Scholars, a grant funding and leadership program of the Robert Wood Johnson Foundation (RWJF), the Strong Roots team was formed and began the process of reimagining and expanding the program. We continue to support a self-governed approach to recovery and healing. We believe that each patient must face their addiction and work their recovery in their own way, on their own time. Patients receive a menu of services in western and eastern healing approaches and work with clinic staff to formulate a treatment plan that best suits their needs.

The new approach expands the Western and Eastern healing modalities and builds in more human capital. Additional healers and staff members were brought on at both organizations. Harm reduction continues to be the core of every aspect of the program. Outreach through education is helping change community consciousness of addiction.

KEY PLANNING QUESTIONS

Planning for this project started with several retreats which included staff from both organizations. During these retreats we formulated and debated some key questions:

- Access to care – how do we reduce the time between a patient’s first contact with either clinic and their first appointment to get medication treatment?
- Language – how does language impact how a patient sees themselves and their recovery. What do we need to do to make sure patients feel heard?
- What kind of team do we need to build to give the care that we envision?
- How do we introduce patients to all the modalities of care that we offer in the clinic, including body and energy work to indigenous-based healing circles?
- How do we measure success – how do patients measure success. What measures can we use for both a western and eastern care perspective? Qualitative vs quantitative.
- Sustainability – how do we sustain this work, financially and otherwise?

We viewed all of these questions and the building of our program through a historic perspective, through an understanding that the medical establishment needs to move away from shame and blame and move toward the harm reduction principles of autonomy and really meeting people where they are. We looked at how mass incarceration affects communities and understand that there is work to do with policy and laws. We looked at how aspects of the program such as healing circles and civic engagement can create leaders of our patients.



TEAM COMPOSITION

- Anjali Taneja* – Family Physician and Project Leader
- Lorraine Cordova* – Nurse Practitioner and Traditional Healer
- Katherine Porterfield* – Physician Assistant
- Dominic Villanueva* – Doctor of Oriental Medicine
- William Wagner* – Social Worker
- Paula Terrero – Reiki Master and Ear Acudetox Specialist
- Carlos Flores – Social Worker
- Other Team Roles – Intensive Case Managers, Health Coaches, Counselors, Massage Therapists, Patient Leaders, Data/Evaluation Team, and Intake Team

* *Clinical Scholars Fellows*

Project work

YEAR 1

- Members of Casa de Salud and Centro Sávila participated in four retreats to plan out new approaches and flow for the treatment program.
- Originally patients were asked to attend an orientation and meet with an intake staff member before being given a medical appointment for a Suboxone prescription. This would be streamlined over the next years.
- Both organizations dedicated staff members and clinicians – who worked on this in addition to their other responsibilities -- to this project. We worked to build out our team with additional counselors, a project coordinator, additional prescribing clinicians, and case managers.
- Health Apprentices and clinic staff are integral in-patient flow and helping the patients understand everything available in the program. We produced scripts for answering Strong Roots questions on the phone or in person. We presented updates at the Apprentice monthly meetings.
- We reworked forms – for first contact, for intake, for biopsychosocial health. We updated our patient agreement. And we performed in-depth and repeated looks at the flow of a patient through the clinic.
- We analyzed our business model to explore what we could offer our patients. All patients would be able to access primary care, treatment with suboxone, case management/coaching, as well as appointments for massage, healing circles, acupuncture, and reiki.
- We officially launched the Strong Roots/Raices Fuertes treatment and recovery program in May 2017.
- We started the process of gathering data through electronic medical records, prescription records, attendance in various healing modalities and contact with the program coordinator and later health coach.

YEAR 2

- During weekly meetings with staff from both clinics, we incorporated a framework in which to discuss patient care. In doing so we strengthened relationships among our clinicians, incorporated feedback from a variety of providers as well as case managers, and improved our patient care.
- Two new clinicians started prescribing buprenorphine at Casa de Salud.
- We developed and strengthened community partnerships.
- Recurring topics of discussion during our second year involved barriers to care, improving access to treatment, flow of a patients from first touch to medication treatment, formatting of the orientation and reevaluating where orientation fits in a patient's flow through the program.
- We worked with a consultant to help understand state funding systems and opportunities to adequately bill Medicaid for our billable services.
- Dr Anjali Taneja was appointed to the county's Addiction Treatment Advisory Board, giving Casa de Salud a greater voice at the county level.
- A certified peer support worker (CPSW) was hired to provide intake and coaching support to patients in the program.
- Patients were invited to speak at various events, including at the International Overdose Awareness Day hosted by the county.

YEAR 3

- After analyzing patient flow and access to Suboxone treatment the Strong Roots program redesigned the flow so that patients could receive intake assessment and a medical visit for Suboxone induction as soon as possible. They were

then asked to attend an orientation within the next month and they were introduced to all the modalities of care offered at the two clinics.

- A new Intensive Case Manager position, specifically to serve patients with co-occurring addiction and mental health issues, was created at Casa de Salud with funding from the City of Albuquerque.
- Working with an existing community partner, the Ele Valle Collaboration, funding from the WK Kellogg Foundation, and patient and community input the Strong Roots program supported the developed of a popular education curriculum. The education program around opioid addictions in a historic context was developed by patients working with Casa de Salud staff. It has been delivered by patients to community members at a variety of events.
- A Strong Roots intake team was formed at Casa de Salud.
- Utilizing consulting funds from RWJF, an evaluator was brought in to analyze preliminary data from our electronic medical records (EMR) and to track mechanisms outside the EMR regarding patient touches from intake to treatment. An internal Strong Roots data/evaluation team was formed.
- The NM Department of Health's Harm Reduction program identified Casa de Salud as one of four programs to receive increased funding – specifically for identifying innovative ways to support clients in syringe exchange and rapid access to Suboxone treatment. Casa de Salud health apprentices, who help clients with the syringe exchange, were trained to more effectively engage clients around Suboxone treatment options at Casa de Salud, and the intake team worked to support more rapid intake processes for clients interested in treatment.
- The county's Addiction Treatment Advisory Board worked with the county to plan a timeline for Suboxone medication to be available at the county detox center and at the county jail. We expect this implementation to happen by early 2020.
- Centro Sávilá received a contract from Bernalillo County, to develop infrastructure for and hire peer support workers for several locations.
- Casa de Salud joined the 2019-2020 cohort of the Serious Illness Collaborative, a national program of Ariadne Labs, to improve the way healthcare systems communicate with patients with serious illness.

KEY PARTNERSHIPS

At its core, this project entailed developing a formal partnership between two organizations, Casa de Salud and Centro Sávilá. This partnership allowed our organizations to provide complementary, comprehensive services to our community.

Casa de Salud was founded in 2004, as a response to a need for safe, accessible, affordable, and culturally humble primary care, acute care, and addictions care, at a time when over 25% of New Mexico residents were uninsured. At the time the clinic partnered with the Kalpulli Izkalli, a women-ran traditional healing collective.

- Patients are offered appointments and same-day walk in visits for primary care, acute care, harm reduction/syringe exchange services and addictions treatments, as well as acupuncture, massage, reiki, ear acudetox, and traditional healing.
- Today, Casa de Salud primarily serves individuals accessing Medicaid and uninsured community members. Self-pay patient fees are affordable and transparent.
- In 2005, the clinic was a pioneer of home inductions with buprenorphine, or Suboxone – medication treatment for heroin and opiate pain pill addiction. This allows patients to detox and begin their maintenance medications in the familiar comfort of their own home.
- Casa de Salud developed a Health Apprentice program in which students from the local community's work in the clinic for 8 hours a week for a year or more. They are trained to perform as medical assistants, run the syringe exchange and serve patients with dignity in English and Spanish. While working at Casa they learn all aspects of the clinic and develop leadership skills, many have gone on to work in the medical field in a large variety of careers and now serve their local communities.

Centro Sávila opened its doors in 2011, to provide affordable, culturally and linguistically competent behavioral health services in a safe and nurturing space for healing. Its comprehensive model of care works to decrease health disparities in Bernalillo County by providing outpatient mental health services, case management, health insurance enrollment assistance for Medicaid and the NM Health Insurance Exchange, school based restorative justice programs, food security support, drug and alcohol counseling and recovery support, and supervision, training and research opportunities for students and health professionals.

- Its treatment approach is based on the key principles of public health prevention, community building, and collaboration
- The staff and network of volunteers provide culturally competent care that enhances the natural resiliency of its clients.
- Its goal is to improve the mental health of the community through prevention and by ensuring access to linguistically and culturally appropriate, quality mental health services. Services are offered in English and Spanish and accessible to community members regardless of their ability to pay.

Other key partnerships include:

- New Mexico Department of Health – Harm Reduction Program. This partnership with Casa de Salud supports the work of Casa’s harm reduction options including syringe exchange and Narcan distribution from within our clinical setting. Each month over 100,000 syringes are exchanged, and over 100 units of Narcan are dispensed to community members.
- Bernalillo County’s Addiction Treatment Advisory Board – County commissioners put together a board of expert clinicians to help advise the county’s next steps on treatment for addictions. The board recommended medication assisted treatment in the county jail, created best practices for prescribing medication treatment in the community, and supported providing rapid access to medication treatment at county detox centers. Informal and formal conversations went on with health systems to influence reducing barriers to starting medication for those struggling with opioid addictions. Also, Dr. Anjali Taneja was appointed to the board and later named VP of the board.
- Bernalillo County Department of Behavioral Health Services – Supports Casa de Salud with funding for medication treatment for opioid addictions; Supports Centro Sávil with the Peer Supports Specialists program funding. These were the result of relationship building and applications for contracts with the county addressing needs for safety net care and addictions treatment in the South Valley and the larger community.
- EleValle South Valley Healthy Communities Collaborative – both Casa de Salud and Centro Sávil have been lead members of this collaborative.
- The Reach Physical Therapy Lab – a formal partnership was formed between this Pro Bono student run clinic and Casa de Salud to address some of the chronic pain issues faced by the patients. For two years the clinic was run out of Casa de Salud and in 2017 was able to move into their own classroom clinic.
- Through La Cosecha, a Community Supported Agriculture (CSA) program, patients at Casa de Salud and Centro Sávil had access to low cost, locally grown farm fresh produce and nutrition information.
- Through partnerships locally and nationally, patient leaders, clinicians, apprentices and clinic staff have made a number of presentations over the last two years.
- Casa de Salud was chosen as a member of the 2019-2020 cohort of the national Serious Illness Collaborative, an 18-month long program with health systems around the country, led in part by Ariadne Labs, to learn together and improve the ways in which we communicate with patients with serious illness. The collaborative especially interested in how we work with and communicate with Strong Roots patients and clients of our harm reduction program.

Evaluation, dissemination, and sustainability

Measuring outcomes in a dynamic iterative model is challenging. Our program has at its core numerous features and options from which patients can choose. We are also improving processes on a regular basis. These variables make it more challenging to study the effects of individual offering or of “success”.

- Building “practice-based evidence” – With support from the RWJF Clinical Scholars, we had flexibility to build the beginning of what we call practice-based evidence -- areas that we know in practice work, but that we have time to gather qualitative data on and explore quantitative measurement options for.
- EMR data inputs/outputs improvements – Our EMRs required backend access to build templates and to pull data reports from. Utilizing an open source EMR allowed for more internal flexibility on this, and working with an evaluator who was well versed in qualitative and quantitative coding with EMR data was very valuable.
- Curriculum development around roots of addiction – We utilized survey feedback to understand what community members gained from participating in our popular education workshops on addiction.

Over the past three years, we have shared information and preliminary results from our program, at various meetings and conferences including:

- New Mexico Public Health Association conference
- South Valley Early Childhood Group meeting (over 80 Home Visitors)
- New Mexico Frontline Health Workers Conference.
- Medicaid/Medicare press conference with Congresswoman Deb Haaland (NM)

Locally, our model has influenced county conversations about more rapid access to Suboxone, as well as around providing access to Suboxone medication at sites of harm reduction/syringe exchange. We have also been able to leverage support from the project in:

- County contract support for our program and city contract support for an intensive case manager for patients with addictions and mental health issues;
- Local foundation support for training health apprentices in behavioral health and addictions; and
- State DOH contract support for improving access to treatment for syringe exchange participants.

We are currently exploring other funding opportunities for further evaluation of our program and for support for our integrative healing modalities.

“The Strong Roots program has been helpful in my recovery because of the people involved. Being able to open up and have an open ear, not only to hear me but having the chance to help others who are going through similar situations helps me to feel not so alone.”

– Josh M., Patient

“It’s one of the best experiences in my life. It’s very warm and accepting. You feel comfortable and safe when attending group. It’s the exact thing I need in my life right now.”

– Okinyi O., Patient

Challenges, successes, and lessons learned

CHALLENGES

Time: Evaluate realistically whether your team has the time and space to take on a large long-term project. Give the team the time it needs to plan before implementation. Casa de Salud and Centro Sávila started from a place of shared values and the organizations provide complementary healthcare services. We still required time to develop a shared language and work through a structure and process that could apply to both clinics.

Shared Goals: Determine your Why. It is extremely important to figure out the shared goals of the group from the beginning. This can take some time and might shift over the course of the project. Make sure that your goals are realistic based on the resources available.

Communication: Language and the meaning of words is important to understand from the beginning. Be open to discussions about words and interpretations of their meaning. To help with communication between the two clinics and among the busy team members we learned that we needed to have a set weekly meeting. Both team members working in different organizations and adjacent rooms needed this designated time and space to calibrate language and processes.

Staffing: In the course of this process we have had a number of people come and go from the staff of both clinics and from the program staff. This is worth mentioning here as this has influenced what healing modalities are available, how patients access the program and how they access prescriptions for Suboxone. It influenced how many people are available to carry on the work of the clinics, which at times forced us to reevaluate processes, which has led to innovation and positive change.

SHIFTS IN THINKING

While working on this project we had to be fluid in our approach to the formation, the structure and the flow of the program. What works today might have to change next week. New staff bring new insights and innovation, while the shift from outgoing staff changes the structure.

We learned that orientation as a first step is a barrier to care and have altered our clinical practice to become more patient-centered. The issues surrounding access to care are constant in clinical work. We have had to reevaluate and rework our patient workflow to be more responsive to the patient experience. One of our goals has been to narrow the time between first contact of a patient and their first visit with a prescribing provider.

SUCCESSSES

Our primary success is in the patients, through their success stories in recovery. This can be the story of the patient who comes in and over time we see a remarkable steady, transformation to healing. It can also be the story of the patient who picks up their drug again, who leaves the program and then returns. These patients are welcomed back with encouragement and understanding. They trust that we are here

Our team was able to utilize support from Clinical Scholars, a program of the Robert Wood Johnson Foundation, to build human capital and expand our team of clinicians and program staff.

We were grateful Clinical Scholars valued a dynamically changing process, and the ability to learn from challenges along the way.

This is relatively unique in terms of funding from granting agencies that have traditionally expected or planned for a project to be carried out in one way from day one.

for them. Another success is how we were able to envision, produce, and implement a recovery program through a partnership between two community clinics.

Recommendations

GETTING STARTED

If you are tackling this issue in your community, we recommend you:

- Know your why
- Start thinking of sustainability from the beginning
- Know how you will collect data and evaluate the program early on
- Be clear on each person's role
- Make sure to plan how you will communicate in the team, what the expectations are of each member and how you will keep each other accountable.

BEST PRACTICES

Others should approach this work as an iterative process where you are constantly evaluating where you are and how to improve. If looked at as an iterative approach, you are less likely to get stuck in analysis paralysis. Our other advice would be to:

- Be patient, collaborative, open to criticism, and learn from the experience;
- Be open to differences;
- Keep coming back to shared values;
- Keep communication lines open and respectful; and
- Hold on and keep trying, it takes time.

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ADDITIONAL RESOURCES

- [Casa de Salud Website](#)
- [Casa de Salud Facebook Page](#)
- [Casa de Salud Twitter](#)
- [Centro Sávila Website](#)



Appendix

APPENDIX A: PROJECT WEBINAR POWERPOINT SLIDES

APPENDIX B: FLOW CHART OF REDUCING BARRIERS TO CARE

APPENDIX C: POPULAR EDUCATION-BASED WORKSHOP CURRICULA AND ARTWORK

APPENDIX D: LOGIC MODEL

APPENDIX E: CASE DISCUSSION FORM INCLUDING INTEGRATIVE HEALING MODALITIES/LANGUAGE

APPENDIX F: SAMPLE PROGRAM CALENDAR

APPENDIX G: PATIENT INTEREST FORM