INTEGRATING BEHAVIORAL HEALTH SERVICES INTO MEDICAL CARE SETTINGS

ORIENTATION TO THE NEW MEXICO SBIRT PROGRAM

NM Legislative Health and Human Services Committee
October 20, 2014

10/24/2014

NM SBIRT 2013-2018 Collaboration

NM
Behavioral Health
Services Division

University of New
Mexico's Department
of Psychiatry and
Behavioral Sciences

Sangre de Cristo
Community Health
Partnership (SDCCHP)

Data
Acquisition and
Evaluation

Program
Implementation and
Training

NM-SBIRT Goals and Objectives

Goal	Objectives
Reduce substance use and increase quality of life statewide	• Reduce alcohol and drug consumption and its negative health impact
	• Reduce quantity or frequency of alcohol and drug consumption
	• Support universal screening of clients who present for primary care at participating sites and provide BHC services for those who screen positive and consent to treatment.
	• Enhance protective factors and functionality
Ensure sustainability of SBIRT	• Advocate for the identification and approval of SBIRT related Medicaid billing codes into Centennial Care
	• Advocate for the SBIRT Model to be incorporated into the State BH Care Plan
	• Reduce costly health care utilization for individuals with SU and/or MH disorder
	• Develop and support a Policy Steering Committee (PSC)

NM SBIRT Goals and Objectives

Goal	Objectives
Expand Behavioral Health workforce development	• Train practitioners and provide in-depth supervision in innovative EBPs
	• Develop a cadre of peer support workers who serve on recovery teams
	• Orient primary care providers and medical care staff in MI and screening for BH treatment in the primary care setting
Enhance the continuum of care statewide	• Expand SBIRT to new types of locations and practices
	• Implement new evidence based services
Enhance Health Information Technology	• Increase access to secure and easily implemented video conferencing
	• Test the EHR interface and implement newly developed computerized screening and brief intervention software

NM SBIRT 2013-2018

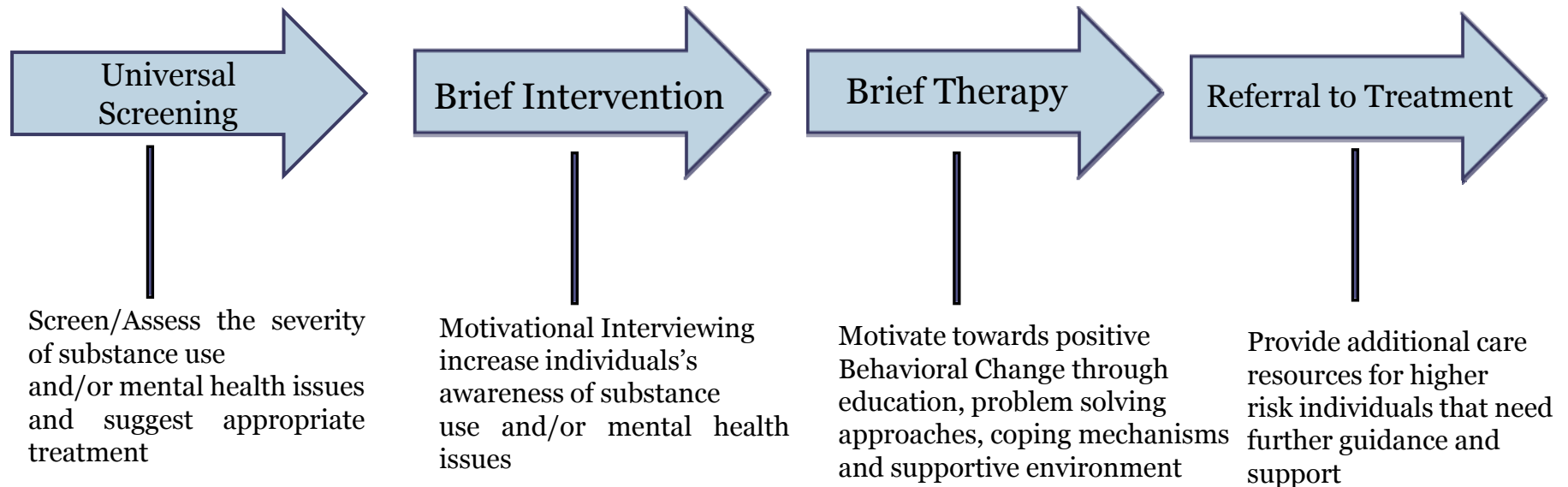| Players	More of a Collaboration between NM Human Services Department BHSD, UNM Department of Psychiatry and Behavioral Sciences and Sangre de Cristo Community Health Partnership Policy Implementation Committee established to represent a broad range of stakeholders involved in behavioral health, health information exchange; managed care organizations, tribal representation as well as behavioral health consumer-peer representation. Role: to advise on SBIRT implementation and future sustainability.
Sites	7 sites proposed Hospital Emergency and Outpatient Departments now included More Native American sites have implemented SBIRT services and more sites want SBIRT training on the model.
Staffing	Peer Support Specialist along with Behavioral Health Counselor now included in the model
Model	Expanded to include screening and Brief Intervention, Brief Treatment and Referral to Treatment for depression, anxiety and PTSD/Trauma
Health Information Technology	Expansion beyond Telehealth to include behavioral health integration into EMRs at the SBIRT sites
Sustainability	Much earlier focus on future sustainabililty • Creation of Policy Implementation Committee • Focus on Medicaid Implementation of the SBI codes for reimbursement

NM-SBIRT Current Partner Sites

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First Nations Community Health Source, Albuquerque, NM	1 FTE BHC-LMHC 1 FTE BH Community Support Worker	Operational February 2014
Jemez Pueblo Medical Center Jemez, NM	1 FTE BHC-LMHC 1 FTE BH Community Support Worker	Operational March 2014
Acoma-Canoncito-Laguna Pueblo Acoma, New Mexico	1 FTE BHC-LMHC 1 FTE BH Community Support Worker	Operational September 2014
Taos Indian Health Service Medical Center, Taos, New Mexico	1 FTE BHC-LMHC 1 FTE BH Community Support Worker	Operational September 2014
Santa Fe IHS Service Unit IHS Hospital , Santa Fe, NM IHS Clinic Santa Clara IHS Clinic Cochiti	2 FTE BHC-LMHC 1 FTE BH Community Support Worker	Operational August 2014
UNM Health Sciences Trauma Services Albuquerque, New Mexico	1 FTE BHC 1 FTE BH Community Support Worker	MOU Pending

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What Is Screening, Brief Intervention and Referral to Treatment/Why Use It?

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services Defined

Components of the NM SBIRT Model

| Universal Screening →	Brief Intervention →	Brief Therapy →	Referral to Treatment →
Screen/Assess the severity of substance use and/or mental health issues and suggest appropriate treatment	Motivational Interviewing increase individuals's awareness of substance use and/or mental health issues	Motivate towards positive Behavioral Change through education, problem solving approaches, coping mechanisms and supportive environment	Provide additional care resources for higher risk individuals that need further guidance and support

Why Is SBIRT Important?

- Unhealthy and unsafe alcohol and drug use are major preventable public health problems resulting in more than 100,000 deaths each year.
- **SBIRT Reduces Health Care Costs**
- The costs to society are more than $600 billion annually.
- Late-stage interventions for substance abuse and mental health treatment are expensive, because the patient has often developed comorbid health conditions.

- Effects of unhealthy and unsafe alcohol and drug use have far-reaching implications for the individual, family, workplace, community, and the health care system.

- By intervening early, SBIRT saves lives and money and is consistent with overall support for patient wellness.

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Why NM-SBIRT Integration into Medical Settings is Important

- Medical care settings are some of the most convenient points of contact for substance and mental health issues. Many patients are more likely to discuss these subjects with their physician than a relative, therapist, or rehab specialist.

When Screening, It's Useful To Clarify What One Drink Is!
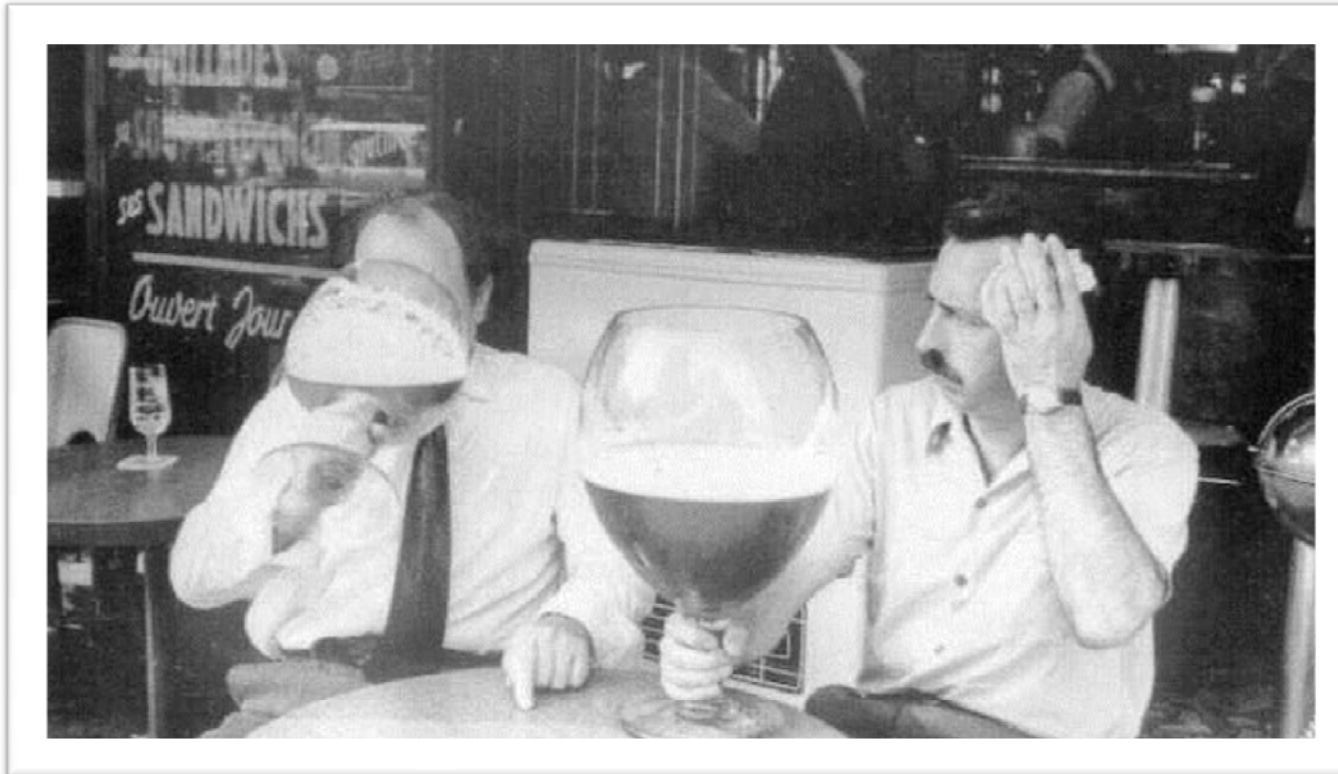
Making a Measurable Difference

- Since 2003, SAMHSA has supported SBIRT programs, with more than 1.5 million persons screened.
- Outcome data confirm a 40 percent reduction in harmful use of alcohol by those drinking at risky levels and a 55 percent reduction in negative social consequences.
- Outcome data also demonstrate positive benefits for reduced illicit substance use.

Based on review of SBIRT GPRA data (2003–2011)

SBIRT's IMPACT in New Mexico 2003 - 2008

Modality	NM SBIRT Intake Received	NM SBIRT Intake Coverage Rate	Average rate of all grantees
Brief Intervention	8,313	91.4%	90.8%
Brief Treatment	2,258	115.8%	105.6%
Referral to Treatment	566	43.5%	141.0%
Screening	54,038	102.6%	102.1%
Total	65,175	100.3%	101.1%

Race/Ethnic	Adults	Adolescents
Hispanic	74.2%	82.8%
Native American	15.0%	5.9%
White (non-Hispanic)	23.2%	8.7%

Demographics	Adults	Adolescents
Males	42.7%	43.4%
Females	57.3%	56.5%
Adolescent (13-17)	n/a	18.8%
Middle (18 - 64)	70.6%	n/a
Senior (65+)	10.6%	n/a

Rate of Change for Individuals Receiving Services
10/01/2003 – 10/01/2008

10/14/2014

GPRA Measures	Percent at Intake	Percent at 6-month follow-up	Rate of Change
Abstinence: did not use alcohol or illegal drugs	29.1%	46.0%	58.0%
Drinking: Mean Days of Alcohol use/month	8.2%	4.9%	40.4%
Binge Drinking—Alcohol to Intoxication	7.4%	2.9%	60.3%
Drug Use Mean days of Drug use/month	13.9%	6.4%	53.9%
Employment/Education: were currently employed or attending school	53.5%	56.9%	6.5%
Health/Behavioral/Social Consequences: experienced no alcohol or illegal drug related health, behavioral, social consequences	58.4%	82.5%	41.5%
Stability in Housing: Had a permanent place to live in the community	62.4%	63.9%	2.4%

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ADDITIONAL SBIRT OUTCOMES
for NEW MEXICO
2003-2008

Emergency Room Utilization	76% Reduction
Average days of Depression	50% Reduction
Criminal Justice Involvement	31% Reduction
Average Wages	42% Increase
Monthly Savings to System	$97, 356.00
Annual Savings to System	$2,920,700

NM SBIRT Intake Dashboard
Source: BHSDstar
As of September, 2014, NMSBIRT was at 22% of target intake.
Intake Coverage Report
Source: BHSDstar
NM SBIRT GPRA Interview Follow-up Summary as of September 1. 2014

Clinic	Number 6 month Follow-up	Number Open for Follow-up	Number Completed
FN_Zuni	20	8	8
Jemez Pueblo MC	13	3	1
SF IHS IH	4	0	0
SF IHS Cochiti	1	0	0
SF IHS SC	18	0	0
Total	56	11	9

NM SBIRT Modality	FN-Zuni	Jemez Pueblo MC	SF IHS Cochiti	SF IHS Santa Clara	SF IHS SFIH	Total	% of Total
	YTD	YTD	YTD	YTD	YTD	YTD	
Screening	1071	728	18	101	300	2218	71%
Brief Intervention	398	205	4	29	114	750	24%
Brief Treatment	114	19	0	2	3	138	4%
Referral Treatment	4	0	0	1	0	5	0%
Total	1587	952	22	133	417	3111	100%

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What are we asking of you?

- To realize that despite the current Behavioral Health crises, there are good and accessible evidenced based SBIRT services that are being provided in our NM communities.

- As a program we want to continue to keep you informed of our NM-SBIRT progress.

- Help us implement SBIRT statewide as a part of the NM Behavioral Health Plan.

- Ensure NM SBIRT sustainability by
  - Making sure that NM Medicaid codes fit with the NM SBIRT model
  - Activitate HCCPIC and Medicaid codes for Screening and Brief Intervention and Treatment

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Our Partners speak on NM-SBIRT

- Dr. Bret Smoker, Chief Medical Officer
  Indian Health Services Santa Fe Hospital and
  Clinics. (Confirmed)
- Mr. Keahi Kimo Souza, MS. LMSW
  - Program Manager-Behavioral health Program
  - Jemez Pueblo Medical Center

NM-SBIRT Implementation Team

- Ms. Lisa Rivera, NMHSD-Behavioral Health Services Division
- Mr. Leon Lopez, NMHSD-Behavioral Health Services Division
- Dr. Avi Kriechman, UNM Dept. of Psychiatry and Behavioral Services
- Dr. Deb Altschul, UNM Dept. of Psychiatry and Behavioral Services
- Ms. Shelly Moeller, UNM Dept. of Psychiatry and Behavioral Services
- Dr. Arturo Gonzales, Sangre de Cristo-CHP
- Ms. Niccole Toral, LPCC, Sangre de Cristo-CHP
- Dr. Thomas Peterson, Sangre de Cristo-CHP

10/24/2014

Thank You
Gracias
Kuunda