New Mexico’s
Screening, Brief Intervention and Referral to Treatment
Program
(NM-SBIRT)
Integration of Behavioral Health Services into Rural Medical
Care Settings

Presentation to:
NM Behavioral Health Collaborative
Adult and Substance Abuse Sub-Committees

October 20, 2009
Highlights for Today’s Discussion

- Overview of the New Mexico SBIRT Program and how it was implemented.
- Presentation of New Mexico SBIRT Program Outcomes
- Continuing need for SBIRT in New Mexico
- Future Program and Policy Opportunities
Part 1: New Mexico SBIRT Program

Overview and How It Was Implemented
About SBIRT

An Early Intervention Approach
The SBIRT Initiative represents a paradigm shift in the provision of treatment for substance use and abuse. The services are different from, but designed to work in concert with, specialized or traditional treatment.

New Target Population
The primary focus of specialized treatment has been persons with more severe substance use or those who have met the criteria for a Substance Use Disorder. The SBIRT Initiative targets those with nondependent substance use and provides effective strategies for intervention prior to the need for more extensive or specialized treatment.

System for Assessment, Intervention, and Treatment
The Initiative involves implementation of a system within community and/or medical settings—including physician offices, hospitals, educational institutions, and mental health centers—that screens for and identifies individuals with or at-risk for substance use-related problems. Screening determines the severity of substance use and identifies the appropriate level of intervention. The system provides for brief intervention or brief treatment within the community setting or motivates and refers those identified as needing more extensive services than provided in the community setting to a specialist setting for assessment, diagnosis, and appropriate treatment.

Approach is Successful
As of August 2007, SBIRT grantees nationwide funded by SAMHSA have screened over 536,000 individuals. (NM screened 10% of that total). Through grantees efforts, researchers are learning how to integrate SBIRT into primary care. Preliminary data suggest the approach is successful in modifying the consumption/use patterns of those who consume five or more alcoholic beverages in one sitting and those who use illegal substances. These grantees have implemented SBIRT in trauma centers/emergency rooms, community clinics, federally qualified health centers, and school clinics.
Screening, Brief Intervention, and Referral to Treatment

What is SBIRT?

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- **Brief Intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- **Brief Treatment** clients who elect treatment receive 4-12 sessions of evidenced based cognitive behavioral therapy focused on alcohol and substance use and co-occurring depression and anxiety.
- **Referral to Treatment** provides those identified as needing more extensive treatment with access to specialty care.

A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in medical and social service settings.
New Mexico Marched to a Different Tune

- New Mexico elected to contract with an independent non-profit organization (Sangre de Cristo Community Health Partnership) to implement and administer SBIRT
  - Allowed for speedy implementation of the program up and running in 4 months as opposed to other SBIRT program which took a year or more to implement and sometimes were not successful.
  - Allowed for flexibility and creativity in implementation of program at different sites simultaneously. Also allowed for expansion into the adolescent area and new sites in the Southern NM and Albuquerque.
  - Allowed for flexibility and innovation in use of program resources i.e. Telehealth network development and implementation, psychiatric consultation services through the University of New Mexico Office of Rural Psychiatry, development of a program documentary and bringing in of outside consultants as needed.

- Integrated SBIRT into rural primary care medical settings (FQHCs). Public Health Offices and school based health centers creating a significant impact in service delivery.
  - For the Consumer:
    - Provide a care continuum that allow care to happen at the community level seamlessly and without stigma to the patient
    - On site care avoids disconnect for the patient.
  - For the Provider:
    - Extends the range of expertise of what a counselor and medical provider can accomplish individually.
    - The team on site engagement is enhanced because of the collegiality of the model.
    - The model bridges the gap between diagnosis and therapeutics on site providing for the right level of patient care.
    - Creates confidence between the provider and the behavioral health councilor knowing that the supervisory and psychiatric consultation support is there.
    - Sangre model and structure cannot be duplicated anywhere in the state.
  - For the State:
    - Projected savings to the health care delivery system of $97,356 per month or $2.9 million annually.

- Implemented access to a fully connected and operational statewide Telehealth network as a conduit for clinical supervision, training and patient case consultations
All NM SBIRT Behavioral Health Consultants have received Masters Degrees in Social Work or Counseling and training in the following evidenced based modalities:

--Motivational Interviewing (MI)
- Community Reinforcement Approach (CRA)
- Community Reinforcement Approach and Family Training (CRAFT)
- IMPACT Model for depression treatment

Plus training in:
- Trauma First Aid (TFA)
- Supervision
- Tele-Psychiatric Consultation
Federal SAMHSA-CSAT Funds were approved and used to eventually create a statewide system for substance abuse and mental health prevention, intervention and treatment to as many groups as possible.

SDCCHP has implemented 20 clinical partner sites statewide. Additionally, 21 School Based Health Centers have been implemented and operational through a contract with the NM Department of Health Office of School and Adolescent Health.

SDCCHP has supported and participated in the NM Telehealth Alliance and the Governor’s Telehealth and IT Commission.
Part 2: New Mexico SBIRT Program

New Mexico SBIRT Program Outcomes
**NM SBIRT**  
*Individuals Served*  
*10/01/2003 – 10/01/2008*

<table>
<thead>
<tr>
<th>Modality</th>
<th>NM SBIRT Client Target</th>
<th>NM SBIRT Intake Received</th>
<th>NM SBIRT Intake Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Intervention</td>
<td>9,100</td>
<td>8,313</td>
<td>91.4%</td>
</tr>
<tr>
<td>Brief Treatment</td>
<td>1,950</td>
<td>2,258</td>
<td>115.8%</td>
</tr>
<tr>
<td>Referral to Treatment</td>
<td>1,300</td>
<td>566</td>
<td>43.5%</td>
</tr>
<tr>
<td>Screening</td>
<td>52,650</td>
<td>54,038</td>
<td>102.6%</td>
</tr>
<tr>
<td>Total</td>
<td>65,000</td>
<td>65,175</td>
<td>100.3%</td>
</tr>
</tbody>
</table>
### Individuals Served By Race/Ethnic Group
**10/01/2003 – 10/01/2008**

<table>
<thead>
<tr>
<th>Race/ Ethnic</th>
<th>Adults</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>74.2%</td>
<td>82.8%</td>
</tr>
<tr>
<td>Native American</td>
<td>15.0%</td>
<td>5.9%</td>
</tr>
<tr>
<td>White (non-Hispanic)</td>
<td>23.2%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

### Individuals Served By Sex and Age
**10/01/2003-10/01/2008**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Adults</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>42.7%</td>
<td>43.4%</td>
</tr>
<tr>
<td>Females</td>
<td>57.3%</td>
<td>56.5%</td>
</tr>
<tr>
<td>Adolescent (13-17)</td>
<td>n/a</td>
<td>18.8%</td>
</tr>
<tr>
<td>Middle (18 - 64)</td>
<td>70.6%</td>
<td>n/a</td>
</tr>
<tr>
<td>Senior (65+)</td>
<td>10.6%</td>
<td>n/a</td>
</tr>
</tbody>
</table>
Follow-up Change Data  
Rate of Change for Individuals Receiving Services  
10/01/2003 – 10/01/2008

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

- **Results** comparing self-reported patient status at intake and at six-month follow-up also indicate the following outcomes
  - 76% reduction in use of the Emergency Room in the past 30 days
  - 50% reduction in average days of depression
  - 31% reduction in criminal justice involvement
  - 42% increase in average wages

- **Economic Benefits of NM SBIRT.** Analysis performed by an independent health care economist on the data collected from the NM SBIRT Treatment population demonstrate saving of:
  - $97,356.67 per month
  - $2,920,700 dollars projected annual savings.

- These savings impact state and tax supported programs in the New Mexico health care, legal, law enforcement and justice systems.
NM SBIRT Workforce Development

- 18 Licensed Master’s Level Behavioral Health Consultants extensively trained in evidenced based protocols.
- 3 Regional Clinical Supervisors who provide specialized supervision, coaching and feedback to maintain fidelity to the protocols and quality assurance
- Psychiatric consultation by UNM Office of Rural Psychiatry by licensed adult and adolescent psychiatrists and a licensed addictions psychiatrist via the SBIRT televideo network.
- Trained and supervised licensed master level behavioral health consultants throughout New Mexico towards independent licensure.
- Provided SBI, CRA, and MI trainings for UNM Hospital Trauma Center providers; and Department of ALTSD social workers
- Installed and Trained on utilization of Telehealth technology inclusive of protocol manuals.

SDCCHP-SBIRT has developed and expanded New Mexico’s Behavioral Health workforce
Part 3: New Mexico SBIRT Program

Continuing need for SBIRT in New Mexico
Alcohol-related Prevention in NM

- Has been successful in reducing alcohol-related motor vehicle crash deaths.
- ..but other types of alcohol-related deaths have remained stable or increased over time
- Are we focusing enough attention on preventing excessive drinking—the root cause of DWI and other alcohol-related problems?
Non-MVA alcohol related deaths have increased in NM despite a national decline, suggesting a continuing need to increase our capacity for early identification and treatment of individuals with alcohol and co occurring problems.
Why SBIRT?

- SBIRT is an evidence-based strategy for reducing the burden of alcohol misuse recommended by SAMHSA/CSAT, the WHO, the NIAAA, and the Institute of Medicine.

- Substance use and abuse have significant medical, social, and financial consequences for individuals, families, and society.

- At risk levels of drinking and drug use often go undiagnosed by medical professionals and remain untreated, often leading to a more chronic, severe usage and consequences.

- Effective treatments exist but fewer than half of those who could benefit from treatment for substance use conditions manage to access appropriate treatment.

- SBIRT moves Evidence Based Treatments from Research to practice in Medical Care Settings
  - Primary Care Clinics
  - Adolescent Clinics – School Based
  - Hospital Emergency Departments and Inpatient Units
  - Dental Clinics
  - Specialty Care Clinics
New Mexicans in need of treatment often don’t perceive the need for treatment. SBIRT is specifically designed to identify these individuals, enhance their awareness of the risks of their drinking, and motivate them to either reduce their consumption or seek treatment.

Past Year Perceived Need for Treatment and Effort Made to Receive Treatment among Persons Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use
Persons Aged 12 or Older, United States, 2007

- Did Not Feel They Needed Treatment: 93.6%
- Fell They Needed Treatment and Did Not Make an Effort: 4.6%
- Fell They Needed Treatment and Did Make an Effort: 1.8%

The vast majority of persons who need treatment for illicit drug or alcohol use do not perceive their need for treatment; and do not seek it. This suggests the importance of primary and secondary prevention strategies for reducing the burden of excessive alcohol use in New Mexico.
While Motor vehicle deaths have decreased, NM remains a national leader in alcohol related chronic disease and injury deaths. SBIRT integrated into primary care and trauma/ED settings is ideally positioned to identify and work with patients before they end up as a statistic.

**Alcohol-related chronic disease is largely caused by chronic heavy drinking**

*Chronic heavy drinking is, for men, more than two drinks per day; for women, more than one drink per day (NIAAA)*

**Alcohol-related injury is largely caused by binge drinking**

**Binge drinking is, for men, five or more drinks on a single occasion; for women, four or more drinks on a single occasion (NIAAA)**

Source: NMDOH BVRHS death files; CDC ARDI; OMI (NM-specific injury AAFa); NMDOH SAEU

Rates are 3-year rolling averages, per 100,000 population, age-adjusted to the US 2000 population.
SBIRT also screens for co-occurring depression (suicide) and other drug use (poisoning). Suicide and poisoning combined are related to more deaths than MVAs.

Alcohol-related deaths comprise 54 different causes of death... here are the ten leading causes.

Source: NMDOH BVRHS death file; CDC ARDI; NMDOH SAEU

* Differs from FARS-based Annual DWI Report: uses BAC=>.10 vs. BAC >.00 threshold
The contribution of alcohol to the following alcohol related death causes adds additional support to the need for SBIRT in Primary care, Trauma/ED, and other settings.

![Bar chart showing Alcohol-Attributable Fractions for top 10 causes of alcohol-related death in New Mexico.]

- Chronic Liver Disease: 68% (Chronic disease)
- Motor-vehicle traffic crashes*: 33% (Injury)
- Alcohol dependence: 100% (Chronic disease)
- Suicide: 23% (Chronic disease)
- Fall injuries: 32% (Injury)
- Poisoning (not alcohol): 29% (Chronic disease)
- Homicide: 47% (Chronic disease)
- Alcohol abuse: 100% (Chronic disease)
- Drowning injuries: 28% (Chronic disease)
- Acute pancreatitis: 23% (Chronic disease)

Source: NMDOH BVRHS death file; CDC ARDI; NMDOH SAEU

* Differences from FARS-based Annual DWI Report: uses BAC ≥ 10 vs. BAC > 0.0 threshold.
The age distribution of alcohol-related injury and disease deaths is similar to the age distribution served by the SBIRT program.
Only 3.1% of persons in NM in need of treatment received it compared to 8.1% nationwide. SBIRT dramatically increases case finding and access to treatment.
Part 4: New Mexico SBIRT Program

Future Program and
and Policy Opportunities
Steps for the Future

1. **Continuing Sustainability of SBIRT** in primary care medical settings, high schools, and public health offices

2. **Expansion of SBIRT**
   - Trauma and emergency departments
   - DWI programs,
   - Suboxone programs
     - Screening/Case finding
     - MI for initial treatment engagement
     - Preliminary group psycho-educational sessions
     - Behavioral Health Counselor support during induction
     - CRA/CBT counseling during treatment
     - Follow-up care as needed
     - CRAFT available for concerned family members
   - Jail and correctional settings,
   - Additional high schools and public health offices

3. **Support and expand training and supervision of the evidenced based SBIRT modalities** into additional community settings
   - Universities
   - WIC and TANF programs
   - Trauma Centers
   - High School and Middle School Staff (Discussions and planning is already occurring on this with Santa Fe County and SF Public Schools)
4. Adoption of the SBI Codes by Medicaid and Billing for SBIRT

5. Finalize work on House Memorial 107 SBIRT with Behavioral Health Purchasing Collaborative and appropriate sub committees

6. Articles for Journal Publications (Initial article almost finalized and ready for submission)

7. Friends Research Institute Collaboration

8. New Mexico Highlands University Campus Suicide Education/Prevention Collaboration

9. Continue research and collaboration with communities, government agencies and organization in funding opportunities
Reimbursement for screening and brief intervention is available through commercial insurance CPT codes, Medicare G codes, and Medicaid HCPCS codes. Information regarding these codes can be found below.

<table>
<thead>
<tr>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
<th>Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Insurance</td>
<td>CPT 99408</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
<td>$33.41</td>
</tr>
<tr>
<td></td>
<td>CPT 99409</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
<td>$65.51</td>
</tr>
<tr>
<td></td>
<td>G0396</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
<td>$29.42</td>
</tr>
<tr>
<td>Medicare</td>
<td>G0397</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
<td>$57.69</td>
</tr>
<tr>
<td>Medicaid</td>
<td>H0049</td>
<td>Alcohol and/or drug screening</td>
<td>$24.00</td>
</tr>
<tr>
<td></td>
<td>H0050</td>
<td>Alcohol and/or drug service, brief intervention, per 15 minutes</td>
<td>$48.00</td>
</tr>
</tbody>
</table>
Let’s Summarize
SBIRT is Effective !!

SBIRT research has shown that large numbers of individuals at risk of developing serious alcohol or other drug problems may be identified through primary care screening. Interventions such as SBIRT have been found to:

- Decrease the frequency and severity of drug and alcohol use,
- Reduce the risk of trauma, and
- Increase the percentage of patients who enter specialized substance abuse treatment.

In addition to decreases in substance abuse, screening and brief interventions have also been associated with fewer hospital days and fewer emergency department visits. Cost-benefit analyses and cost-effectiveness analyses have demonstrated net-cost savings from these interventions.
SBIRT is Effective for New Mexico!!

- **New Mexico elected to contract with an independent non-profit organization (Sangre de Cristo Community Health Partnership, Inc.) to develop, implement and administer SBIRT**
  - Allowing for speedy implementation of the program up and running in 4 months as opposed to other SBIRT program which took a year or more to implement and sometimes were not successful.
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    - Creates confidence between the provider and the behavioral health counselor knowing that the supervisory and psychiatric consultation support is there.
    - Sangre model and structure cannon be duplicated anywhere in the state.
  - **For the State:**
    - Projected savings to the health care delivery system of $97,356 per month or $2.9 million annually.
    - Access to a fully connected and operational statewide Telehealth network as a conduit for clinical supervision, training and patient case consultations