USE OF THE TOTAL COMMUNITY APPROACH TO REDUCE SUBSTANCE ABUSE IN NEW MEXICO

History
Updates
Recommendations
Future Plans
Total Community Approach --partnership between the New Mexico Behavioral Health Collaborative (Collaborative) and local communities most affected by substance abuse to address problems caused by use of these substances.

Total Community Approach --teaming with local municipalities and targeting resources, from prevention to treatment, to the areas where they are most needed to deal with substance abuse and behavioral health challenges.

3 million dollars (initially) for this initiative.
• Community ranking -- prevalence of substance abuse* and co-occurring disorders (substances abuse/mental health).
• Number and % of individuals at or below 150% of poverty
• Number and % of substance use related arrests; related convictions
• Number and % of drug/alcohol fatal overdoses
• Number and % of substance use related deaths; related crashes
• Number and % of individuals in the community under probation/parole supervision with substance abuse needs
• Number and % of children in CYFD protective services due to parental substance abuse issues
• Number and % of individuals who are unemployed
HISTORY– Selected Proposal Contents

- Least restrictive level of care
- Use of evidenced based practices
- Role of law enforcement, courts (especially drug courts) and schools
- Stakeholder involvement:
  - Collaborative, providers, and consumers/families collaborated** in the development of the plan
  - Letters of commitment --local law enforcement; drug courts, where available, treatment and prevention providers, Local Collaborative chairs, and Directors of community resources to be utilized in this initiative

**coming together /working jointly with all stakeholders: Local Collaborative members, providers, and consumers/families having an equal voice.
New Mexico Behavioral Health Collaborative

Consortium for Behavioral Health Training and Research (CBHTR = “see better”)

Statewide TCA Evaluation Coordination Committee

Local Evaluators at each of the 6 TCA sites
CBHTR

TCA Statewide Evaluation Coordination Team

- **Steven Adelsheim, M.D., Principal Investigator**
  - Behavioral Health Consultant, New Mexico Behavioral Health Collaborative and Professor of Psychiatry, University of New Mexico

- **Richard L. Hough, Ph.D., TCA Evaluation Senior Advisor**
  - Research Professor of Psychiatry, University of New Mexico

- **Julie G. Salvador, Ph.D., Statewide TCA Evaluation Coordinator**
  - Associate Research Scientist, Department of Psychiatry, University of New Mexico

- **Andrew Homer, Ph.D., TCA Technical Consultant,**
  - Missouri Institute of Mental Health and Research

- **Douglas Fraser**
  - Consumer Specialist, Department of Psychiatry, University of New Mexico
CBHTR Local Evaluation Team

- **LC 4 - Rey C. Martinez, Ph.D.**
  - Associate Professor of Social Work, New Mexico Highlands University

- **LC 5 - Bob Phillips, LMSW, LADAC**
  - Coordinator, Human Services-Addiction Studies, Eastern New Mexico University, Roswell

- **LC 6 - Elizabeth Lilliott, Ph.D.**
  - Behavioral Health Research Center of the Southwest

- **LC 15 (Din’e) - Marla Pardilla, M.S.W., M.P.H.**
  - Contractor (formerly w/UNM, Johns Hopkins)

- **LC8 – Marah Moore, MCRP (community and regional planning)**
  - Director, I 2 I Institute, Taos NM

- **LC 1 ArlieTagayuna, Ph.D.**
  - Assistant Professor of Sociology, New Mexico Highlands University
TCA Sites: Collaborative and City where TCA programs centered

LC8 Raton, LC4 Las Vegas  LC 1 Espanola,  Dine LC15 Crownpoint, LC6 Lordsburg, LC5 Hobbs
Evaluators started and funding received approximately March 2008.

Report reflects approximately 1 year of TCA activity among the 6 sites
Central intake/referral program Las Vegas and catchment; Target-- adults

7/08 to 2/091 --central Intake --126 assessments and referrals into the MSG provider network.

TCA stakeholder involvement --MSG has worked (primarily through provider lunch meetings and TCA meetings) to enhance awareness, communication, networking among local providers.

- 7 consumer focused meetings
- monthly provider meetings, ; TCA project meetings,
The EBP --Dare to be You completed with 135 participants.

Noches de Familia program has served 444 people, representing 215 families (art therapy, family education)

Warm line --222 calls; 330 outgoing to outreach and follow up.

102 referrals for acudetox; clients report decreased cravings, lower withdrawal systems, less anxiety and depression.

Responsible retailing program --48 visits to retailers from Sept. 08 to Jan 09, the establishments sold to the pseudo 20% of the time. (9 of the 48 visits).
UPDATES: LC 5

- Target: Youth 13 to 18 years of age with a special focus on those in the Hobbs alternative schools.

  LC5 uses 3 EBP --
  - Project Success–Hobbs Alternative Schools.
  - Matrix program Alternative High School setting; adding one more site in FY10.
  - MST sessions– Lea County Guidance Center

- Environmental campaign – survey of 5,000 youth in the Hobbs area. The results will be basis for design of the environmental strategy based on social norms called “Most of Us.”

- Stakeholder involvement – less than other sites. Best fit for LC5?
**UPDATE: LC 6**

- **HEROES (Health, Education, Recovery, Observe, Encourage and Support)**

- Focus on strategic planning and building capacity in the area of prevention—Prevention providers attending Prevention Generalist training and use of EBP’s

- DWI radio ads with between 100 and 200 ads each month since Nov. 09.
- The BYA and Wellness coalitions positive activities for youth
- Hidalgo Medical Services Youth Power Program and the Lordsburg schools use school based EBP’s with hundreds of youth.
- HMS—parenting classes (Love and Logic)
- El Refugio continues to provide domestic violence, advocacy and prevention services in Lordsburg and coordinates efforts with the Fatherhood Initiative Program
The ADC program/Kokopelli Matrix program continues to be one of the most popular programs.

ADC program and Kokopelli had 19 participants with 5 graduates. The HCSD and LPD work cooperatively with referrals to ADC on a regular basis.

Received support/funds from legislature to continue program.

Continuum of care for LC6/Lordsburg.
- Funding large number of local providers (10 funded)
- Programs include “in kind” support and collaborations with other local agencies.
TARGET (ages 13-24) in the Eastern Navajo Agency area.

Efforts focus capacity building, awareness, and outreach in the communities of LC15.
- Diné Underage Planning Council (DUPC)
- Coalition for Healthy and Resilient Youth (CHRY)

Project Northland (EBP) implemented in 4 Crownpoint area schools 08/09 school year. Pre and post tests have been collected by PNL and data entry underway.

Teen Court program is being implemented monthly in Crownpoint, using youth volunteer and past participants as the teen jury. Over 25 youth have participated in the Teen Court program. Survey planned for FY10 youth.
The Youth Treatment Care Coordination (YTCC) of the Dept of Behavioral Health Services, Crownpoint, central place for referrals for assessments and in-house treatment.

Problems between YTTC program/DBHS and the LC regarding, in part, authority of the LC over any fiscal actions of YTCC; reporting requirements. Problems are not currently resolved as of FY10.

- YTCC will continue as a TCA funded program providing treatment for adults and youth (13-24 years) but has little relationship to the Local Collaborative in LC 15 or the other TCA programs.

Involvement of law enforcement challenging-

- Interagency rules and regulations, payment of TCA funds to NN police, etc. difficult.
- The program has not yet involved the police substantially, although law enforcement officers are invited to TCA meetings and events and often attend.
Assessment and referral program– RA HHS. Goal in FY09 of 166 assessments and referrals met.

funds for CIT trainings but barriers to implementing this in terms of finding time for officers to attend.

Working on a prevention campaign focused on merchant education with four local providers.

Impressive use of the “TCA” model

-- law enforcement, local jail and detention, DWI, schools, treatment and prevention providers, consumers and families, and local policy makers to increase stakeholder involvement and service provider awareness and networking
Conduct mobile assessments, referrals, and case management services.

70 mobile assessments and 150 hours of case management services

Conducted 19 assessments and placed 10 participants into the Youth Matrix program.

40 law enforcement personnel were engaged in a day long training to improve mediation skills and tactics regarding a wide range of possible scenarios.

Working with law enforcement to develop a Citation Program -- officers write citation to youth for their at-risk behavior -- results in a referral to TCA program initiatives including Learning Lab to determine the level of concern, degree of intervention needed, involvement in treatment.
RECOMMENDATIONS TO SUPPORT TCA

- SUMMARY OF NIMH PRESENTATION MADE JULY 2009 IN WASHINGTON DC--CONFERENCE TOPIC - COST EFFICIENCY

- RECOMMENDATIONS FOR TCA:

  1. Continued support for TCA model, Collaborative structure designed to optimize efficiency and enhance implementation of EBP’s. Right fit for NM-collaborative framework
2. Needs continued/enhanced support for:

- **Communication**
  - Support communication for the TCA project – the involvement of Local Collaboratives, range of stakeholders (consumers, families, law enforcement, schools, providers, etc.) requires a high level of communication to support TCA’s effective functioning.
Recommendations for TCA program

- **Planning** – collaborative and stakeholder involvement, takes time and planning to get on same page, agree on strategies, programs, etc.
  - Key for Program and Evaluation components

- **Flexibility** – in response to what local collaboratives say “works” locally, but also dialogue between LC and BHSD about limits to flexibility and working as partners to find good solutions.
1st year+ (3/08-3/09) -- coordination, planning, evaluation focused on process (#’s) information

(FY10)
- Collection of ASI for all adult treatment providers in TCA model projects
- Collection of ADAD substance abuse measure for youth treatment in 3 sites – LC15, 5, and 8
- Emphasis for Local Evaluators and sites to have a measure for their prevention programs to assess short term outcomes (changes in knowledge, attitudes, skills).