

Testimony for Join Together National Panel – January 30, 2006
“Blueprint for the States: Policies to Improve the Way States Organize and Deliver Alcohol and Drug Prevention Treatment”

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Introduction

- I too, would like to welcome you, Governor Dukakis and members of the panel, to New Mexico.
- I want to focus my comments on specifics about some of the work Governor Richardson has mentioned and address four critical areas that highlight some of what we have learned and where we are going next in carrying out the Governor’s directives and responding to the challenge of substance abuse in our state. These areas are:
 - changing substance abuse culture;
 - structure and outcomes of prevention and treatment;
 - services and programs; and
 - workforce development.
- I will conclude with some key principles for effective alcohol and drug policy that highlight a governor and state’s role in making those principles a reality.

Changing Substance Abuse Culture

- As the young people in our Children’s Cabinet Youth Alliance tell us, we have to change more than the services we offer or the laws we use to punish or prevent substance abuse. We have to change the culture of drinking and drugging, and that begins with kids.
- We cannot allow young people to grow up thinking that drinking and taking drugs is “cool” or is the way to be a grown-up. We cannot allow young men to think it is macho to “hold your liquor” or race to see who can consume the most and still stagger – or worse yet, drive – home.
- We cannot allow an economy or an educational environment where it is easier to make a living selling drugs than it is to get an education, or where drug dealers make more than teachers and other professionals, and where kids can get cigarettes and booze, and even illegal drugs much easier than they can get a scholarship to college or a legitimate job.
- Youth tell us that teen pregnancy is as much a reflection of underage drinking that loosens inhibitions as it is a reflection of lack of knowledge or lack of access to condoms or birth control.
- Youth tell us that their first drink is often taken in grade school not out with their friends, but at home with their moms, dads, aunts, uncles and siblings.
- Youth tell us that they drink and take drugs when there is nothing else to do.
- Youth tell us that youth suicide is related to drugs and alcohol and the lack of a place to go for help with substance abuse, with depression or with family and relationship problems.
- Youth tell us that adults do not want to hear what their kids are doing with drugs, alcohol and each other. We have to change all that.
- Today’s youth can be a help to gauge what is working and what is not, especially if we reach them early enough. Teens and young adults want to be educated about the serious problems

drugs and alcohol can play in their lives. However, the “just say no” attitude of the 1980s is not going to get their attention. They need to know how a specific action (drinking that alcoholic drink at a party and getting busted) is going to result in a specific reaction (e.g., not being allowed to go to the prom or walk with their class on graduation day).

- Governor Richardson’s programs are helping change this culture. His efforts in making DWI (Drinking While Under the Influence) and substance abuse dealing laws tougher; creating public messages that drinking and substance abuse is not cool and has serious consequences; calling on parents to be engaged in their children’s lives; improving education and economic opportunities for youth; and expanding school-based health centers with substance abuse and mental health counseling and suicide prevention, are making a difference.
- We need a national approach to carry these efforts further. Just as the Surgeon General did with tobacco, we need to have a multiyear national goal of changing the use and abuse of alcohol and illegal substances with clear targets and expected outcomes nationwide – for our future.

Structure and Outcomes

- Governor Richardson mentioned our new, innovative Behavioral Health Purchasing Collaborative. He wisely understood at the beginning of his administration that there is no such thing as a “single state agency” for drug and alcohol prevention and treatment. There are many agencies involved in substance abuse prevention, treatment and interdiction, and there is no way to change that. However, there is only one state government for the people of a given state, and it should not be a collection of programs different people think are a good idea at the time. In New Mexico, we are striving to have a single state message and a single state policy about behavioral health directions and services, including alcohol and drug abuse prevention and treatment. Working together, we have created more possibilities than any one agency or any one program ever could have done alone.
- Supported overwhelmingly by the state legislature, Governor Richardson formed in statute a single policy board out of the multiple state agencies concerned about behavioral health in New Mexico. This Collaborative includes agencies that fund or oversee behavioral health services for children, adults, seniors, prisoners, juvenile offenders, persons with physical and cognitive disabilities, and persons who are Native American. It also includes agencies that are responsible for housing, employment and education, recognizing that these services can be the most critical in the recovery process.
- This Collaborative of 17 members representing 15 state agencies jointly contracts for the management of behavioral health services throughout our state with a single statewide entity. This entity – ValueOptions – utilizes Medicaid, federal block grants, federal housing monies, TANF and state general funds, and will soon be responsible for prevention and state facility services in addition to community-based services for all populations in all settings.
- The statute creating the Collaborative also created a single behavioral health advisory council out of multiple existing committees required by federal rules and state and federal grants. The Collaborative has begun work with the 13 judicial districts and Native American pueblos and tribes to create local collaboratives to be the voice of local needs and performance.
- For the first time in New Mexico, we have the opportunity to have a common list of available providers, a common unduplicated count of persons served, a common list of service definitions with common rational rates for each, common assessment tools, a common way to track service utilization by fund source, a common set of expected outcomes, and a

common way to measure the results we want for our youth, for New Mexicans with co-occurring substance abuse and mental illness, for women coming out of prison and being reunited with their children, for seniors dependent on and abusing prescription drugs, and for our multigenerational drug users and alcoholics.

- Governor Richardson sometimes accuses me of “bureaucrateze” when I talk about the Collaborative. But he more than anyone knows the importance of having a clear direction with clear expectations and of staying on message with a single consistent substance abuse prevention and treatment policy so that we do not spend precious limited dollars in ineffective ways and so that we can show real results as we move New Mexico forward in this area.
- A good example of this is the Governor’s Performance and Accountability Contracts in which the primary health and human services agencies are charged collectively with critical outcomes such as increased immunizations, decreased uninsured rates, and decreased hunger and food insecurity. In the area of behavioral health, the Collaborative as a whole is a partner to this contract and reports regularly to the Governor and his Cabinet in areas such as improved access to services, reduced criminal justice involvement, reduced DWIs, improved housing and employment, increased school success, reduced youth suicides, and improved functioning and quality of life for people in recovery from drug and alcohol abuse.
- Without the Collaborative, our outcomes would not be as good and our efficiency would be significantly impaired.

Services and Programs

- In order for alcohol and drug prevention treatment to be effective and produce real results, they have to change. They have to be supported by better data and research to assure we are paying for programs and services we know work and achieve better results than the services of the past.
- We would not dream of building a new highway or bridge with decades-old technology or with engineering techniques that are unproven. Yet, we seem content to pay hard-earned taxpayer money for substance abuse prevention programs that are at best unproven and at worst are not even able to define what they are trying to prevent. We also seem willing to pay for treatment programs that are either decades old and have been proven not to show lasting results (a good example is a 28-day residential treatment program with little community follow-up) or are new but have no proof to suggest they make a positive difference. In some cases, these programs actually have been shown to cause harm (an example here is the boot camp or “second chance” models that claim to use “social remodeling” in an isolated setting).
- We, as all states, struggle against the urge to do more of the unproven or the old technologies. We do not have adequate infrastructure to assure that we are using the best approaches we can to build the bridges and highways to more productive and satisfying lives for persons who are or are at risk of abusing alcohol and other drugs.
- We cannot expect programs and service delivery models to change if our payment structures support or encourage old ways of delivering services. For example, if we continue to fund residential programs, it will be hard for communities to create the infrastructure for non-residential, non-facility based intensive community services that are needed to help addicts sustain the recovery process. If we pay more for outdated services than for newer approaches, we can only expect outdated results.

- New Mexico’s prevention programs are a source of pride for us. They focus on reducing or eliminating underage drinking, on reducing the risk factors that indicate risk for abuse or addiction, on parental engagement, and on changing the culture of use and abuse in order to change the future of our state.
- Other areas of potential and pride in New Mexico include our work using integrated treatment for persons with co-occurring mental health and substance abuse disorders, our emerging practices in telehealth, our experimental voucher program in partnership with faith-based providers, our work improving access to services through brief treatment services in primary care settings, and our newly emerging work on early childhood mental health. Many of these efforts were started or are supported by federal grants and special appropriations. The need for on-going support is critical.
- We have also made real strides in community reintegration for our prison population through new policies requiring pre-discharge planning for smoother transitions to community-based treatment and supports. The Collaborative is overseeing this interagency effort.
- Soon after taking office, the Governor asked that his Behavioral Health and Drug Czars jointly chair a cross agency task force to help oversee specific criminal justice and treatment partnerships in highly affected areas of the state, using special funds made available for demonstrations of evidence-based practices and partnerships. From these efforts it is clear that targeted prevention and treatment investment strategies can work even in high impact areas if we require cross system partnerships, the use of evidence-based practices, and accountability for real results. The message for these communities has been one of hope and support but also of high expectations – programs that do not show results will not continue to get funding support from the state Purchasing Collaborative.
- Acting on these demonstrated successes and using the new Collaborative structure, Governor Richardson has proposed several new programs for next fiscal year, including:
 - a targeted program for probationers with drug and alcohol related crimes, using enhanced drug testing and graduated sanctions to ensure they remain “clean”;
 - \$3 million for specialized probation and treatment partnerships,
 - development of a single point of contact for substance abuse related referral and connection to appropriate service capacity;
 - resources to ensure our new comprehensive state behavioral planning process provides the needed focus on substance abuse;
 - funding for a range of treatment responses to the increase in meth labs and meth use here in New Mexico;
- We will be tracking the results of these programs, with identified outcomes and expectations to assure the dollars we spend are effective in reducing use and in reducing harm to individuals, families and communities.

Workforce Development

- We have had to take a hard look at workforce issues – we currently cannot get enough of the right people with the right skills/interests into the areas where services are needed; when we do, we often can not retain them or do not support their continuing skill building needs.
- Last year, Governor Richardson issued an Executive Order directing the four major health and human services agencies, along with the agency responsible for staffing the key behavioral health licensing boards to listen to practitioners, service recipients and families

and make recommendations about how to improve the number and quality of behavioral health practitioners in our state.

- As a result we are investing heavily, primarily using federal and foundation grants, in long term improvements in our work force. For example, we are working on a Consortium for Behavioral Health Training and Research (CBHTR) that will bring multiple institutions of higher learning together with the Behavioral Health Collaborative to create research activities and evaluate promising service approaches and to train our existing workforce in newly emerging prevention and treatment technologies. Part of this effort includes a dedicated staff person in each of our new education departments (Public Education Department and Higher Education Department) to focus on behavioral health initiatives; especially substance abuse prevention and services for children and youth, and workforce development at the college, graduate and continuing adult education levels.
- We are also investing in distance learning, a critical component of assuring a high quality workforce in rural and frontier areas of our state.
- Out of the Executive Order recommendations, Governor Richardson has also proposed three pieces of legislation to change our licensing laws for psychologists, social workers and counselors/therapists (including specialists in alcohol and drug addiction counseling) to make it easier for New Mexico to attract new as well as experienced practitioners to our state.
- A concern for us and for other states as well is how do we develop the next generation of system leaders, at the practitioner, state, and provider system levels? And how do we help them keep up with the growing demands for continuous learning throughout their careers to assure the most recent advances are available to the people of our state.
- How do we develop or attract the practitioners we need who speak Spanish or Navajo or any of the other languages of our diverse state, and who are willing to work in the often rural or frontier areas where these languages are spoken? How do we credential and fund the services of traditional healers among native populations. These are challenges we are just now tackling. We need help from other states facing similar problems to grow this specialized workforce for our nation.

Leadership Principles

- From our efforts here in New Mexico, we have learned many principles about a governor and state's role that may help others.

Principle One: Collaboration is complex, messy, time-consuming and yet essential to success with complex social and health problems such as alcohol and drug prevention and treatment. A governor and state must encourage and support this collaboration at agency, programmatic and geographical levels. No one agency can do it alone.

- Problems stem from multiple factors and impact multiple areas of our family, individual and community lives so complex and multi dimensional responses are needed. Real recovery from drugs and alcohol abuse and addiction, or the prevention of future problems, requires that people have safe places to live, meaningful roles in the community, a sense of social support, good economic opportunities, the basics of good health, and a sense of hope and direction for their lives. Specialized approaches (even so called evidence-based practices) that operate in silos cannot produce those broad real world results we want – reduced abuse and addiction, reduced harm from use (e.g., deaths from DWIs and substance abuse related crime), and increased users in recovery.

- We have benefited from the diversity of cultures and thinking represented by the different agencies and perspectives, even when the process has been tough and created the initial challenges of any cross cultural endeavor

Principle Two: Money matters. Desired change that is not reflected in what we do with our financing approaches will not be effective. A governor and state must have the courage to stop funding things that do not work and start funding things that move services and systems toward desired outcomes. Federal funding policies must assist this process.

- Creating a Collaborative as a policy and planning group would not be enough to create the transformation we are seeking – we share the management of a contract that actually puts our dollars to work together; making joint investment decisions and overseeing those investments jointly takes us into new areas both of challenge and pay off.
- We also have had to look at the tough questions about how we spend our dollars in diverging or conflicting ways and we have had to make tough decisions about how to change the way we use our dollars, even when that means sacred providers get a different amount or a different type of money with different outcome expectations.
- We cannot maximize our investments when we do not look at individuals and their substance abuse as embedded in systems of support and needs that require more systemic approaches. For example, why pay for costly care for kids if we do not also reduce family risks and strengthen parents’ abilities to manage their responsibilities as caregivers? Why provide costly specialized treatment such as inpatient or residential treatment or medications management if we do not assure the basics of continuing care and a safe and supportive place to live and recover?
- When we ask providers to change behavior we need to look at the supports and incentives we provide for those changes. We must recognize the needs of providers for help with converting their capacity (programmatic and human resource) to newer service delivery approaches.

Principle Three: Our shared policy making and financing processes as a Collaborative are high risk/high gain; they need to be supported by a stronger culture of data and research based decision making for us to be good stewards of limited resources. A governor and state must be willing to identify desired outcomes and be driven by data about those outcomes, rather than by the whim of the moment or old service approaches. Federal and foundation resources must assist this process.

- We have seen need to develop better shared data systems and infrastructure, as well as helping develop staff, consumer/family and provider capacity to use these data effectively.
- We know the value of clear outcome expectations, and we cannot be distracted from those outcome goals.
- We have also seen the need for more investments in research and evaluation capacity and a shared expectation that our decisions will be guided by these results. We have had to seek specialized funding for these efforts since typical operational funding for services do not include such funding.
- We will know these changes are paying off when any decision/action we take is preceded by questions about the data and research to guide what we are doing.

Principle Four: Structure and financing reforms without concurrent practice and service delivery changes will not result in real substance abuse recovery or real harm reduction. A governor and state must be willing to invest in more services and services specifically targeted to achieve the desired outcomes.

- We have now created the foundation on which we can construct the new practices and service capacity that actually take our transformation into the real lives of the people affected by drugs and alcohol. Until the interactions change at the service recipient level, we are not likely to see pay off in improved outcomes.
- This means attention to what is closest to the consumer – the community support programs, the crisis teams, the direct staff and case managers and peer specialists who touch real people have to “deliver the goods” for our new systems. Attention at this level of detail is essential and requires us to work hard to build capacity and strengthen service delivery practices.
- Services cannot be started as pilots only to die for lack of critical on-going funding if they prove successful.

Principle Five: Our most important resources are our people. A governor and state must be willing to invest in workforce development and in creating the specialized workforce of the future. National efforts are needed to develop a workforce with specialized skills to meet the diverse needs of today and tomorrow.

- We have to attract, retain and invest in the human resources – the workforce – we need to deliver services in new and increasingly complex ways.
- We have to invest in retraining the current workforce, and in developing ways to engage the emerging workforce in a continual learning environment.
- A state’s university and community colleges must be partners in this endeavor.

Principle Six: Today’s solutions can become tomorrow’s problems if we are not willing to re-examine what we are doing and change as needed. A governor and state must be bold, pushing the limits and always asking if current efforts are working or need to be changed. Federal programs must ask the same and make the same commitment to change.

- Even as we celebrate the changes we have been able to make and see the short term plans we have begin to take shape, we must ask ourselves what next? What is or is not working as we intended?
- Dealing with constant change is the current number one job requirement for those in this field, along with a tremendous capacity for dealing with ambiguity and a large dose of humor!

In New Mexico, we are proud of our accomplishments in alcohol and drug prevention and treatment and we owe our success to the leadership and commitment of Governor Richardson. His bold vision and demand for excellence has truly moved New Mexico forward in this major public health arena.

Thank you for allowing me to testify before the Join Together National Panel.