



Join Together
National Panel: "Blueprint for the States: Policies to Improve the Way
States Organize and Deliver Alcohol and Drug Prevention and
Treatment

Testimony January 30, 2006

Dr. Arturo Gonzales
Executive Director
Sangre de Cristo Community Health Partnership
Substance Abuse Screening Brief Intervention, Brief Treatment and
Referral Program (SBIRT)

Good Afternoon Ladies and Gentlemen. My name is Dr. Arturo Gonzales. I am the Executive Director of the Sangre de Cristo Community Health Partnership Substance Abuse Screening Brief Intervention, Brief Treatment and Referral Program (SBIRT). We are the sub-administrative community organization that has been contracted by the New Mexico Department of Health to implement the SBIRT Program in New Mexico.

Thank you for providing me the opportunity to present to this distinguished national panel some recommendations concerning substance abuse treatment and multi-agency coordination from the lessons we have learned during the implementation of New Mexico's innovative and exciting state-wide SBIRT program.

SBIRT (Screening, Brief Intervention, Brief Treatment, and Referral) services for substance abuse were introduced into the rural areas in New Mexico in April, 2004 through a 5 year federal SAMHSA-Center for Substance Abuse Treatment Collaborative Agreement with the Office of the Governor. We placed the first wave of Behavioral Health Consultants at eight rural primary health care clinics. At the end of 2005 our behavioral health staff totaled 22, and we were working to integrate SBIRT services at 34 locations, including 6 high schools, 3 public health offices, 3 Indian Health Service facilities, and 22 primary care clinics across New Mexico. It's been an amazing trip, working with the clinics, schools, the behavioral health consultants, the Department of Health, and the Center for Substance Abuse Treatment.

We started with a basic model of training in motivational interviewing and the community reinforcement approach with our behavioral health consultants. We also developed a basic training module for the clinic providers on how we planned to place the behavioral health consultants at their sites in an attempt to integrate SBIRT services with primary care services.

Additionally, we emphasized a model of early population screening and intervention at community level rural sites such as community based primary care clinics as well as other rural locations trusted by the community and where individuals would feel confident and

comfortable in taking a look at their substance use patterns as well as whether or not their patterns could possibly be putting them at risk.

Through a clinically validated and accepted series of questions, our screens have focused on patients and adolescents who are yet to be experiencing serious problems related to their use of alcohol or drugs, but who may be heading in that direction. We know these individuals are out there and NM SBIRT has provided an opportunity to intervene early and timely.

Data from the last 20 months indicates that integration of SBIRT services is really happening. So far 19,343 New Mexicans have been screened. 1,817 patients reported risky levels of substance use and received brief intervention and brief treatment services on site from SBIRT counselors. Considering the distribution of screen scores, 1,148 patients served scored at “*moderate risk*” for alcohol and drug related problems; 576 were patients who scored at “*high*” risk for problems; and 93 were patients who scored at “*very high*” risk for problems.

The Brief Intervention that they have received consists of Behavioral health consultants involved in the screening process, an automatic ‘hand off’ from the provider on every patient who scores positive (even those who only smoke pot) so that the consultant can provide immediate feedback to the patient about his or her score and then engage the patient in a conversation about their health.

The Brief Treatment has consisted of helping the individual in 6-10 sessions with the cognitive behavioral evidenced based Community Reinforcement Approach. Those who have been screened as being at very high risk have been referred by the behavioral health consultant for further intensive treatment to specialized community agencies with whom NM SBIRT has contracted for services.

Furthermore, NM SBIRT has implemented a statewide Telehealth Initiative that is providing the latest tele-video/teleconferencing communication equipment and connectivity to 20 rural partner sites. The implementation of this infrastructure will allow for the supervision, training and consultant support of the SBIRT behavioral health consultants over the immense NM geographic distances.

The implementation of this Telehealth initiative will also place the infrastructure needed to eventually develop and implement a state-wide system for early intervention and brief treatment for Substance Abuse in the rural regions of our State.

The NM SBIRT model's unique focus within the primary care clinic, the school based health clinics and public health offices from focusing on those who have obvious dependency and addiction problems to those who are simply drinking or using too much too often is not easily achieved. It takes a lot of provider and systems education in order to begin to change the treatment paradigm. As an early intervention initiative, however, the large group of adults and teens at moderate risk for alcohol and drug related problems is the SBIRT Project's target population and a population programs should want to reach out to in order to have an impact.

So what have we learned during these last 20 months?

1. We've learned that as a society in the last 50 years we have provided more and more treatment opportunities for abuse and dependency than any other nation and we still have the same problem. We know that we can treat everyone that we get into programs for dependency but unfortunately we have not been able to reduce the dependency. In other words, to start making some head-way we must intervene often and early. We must early on reduce the number of individuals who become dependent. State Systems and/or Policies that evolve or are developed in the 21st Century need to realize the importance of this early intervention within communities and their population groups. This is what SBIRT is all about.
2. Early interventions must be tied to assertive outreach efforts into systems and locations that people use and where people are likely to feel comfortable such as primary care medical systems, the educational system and community public health offices.

3. These systems need to be accountable and measure utilization and impact such as the following:
 - a. The number of people who come to the facility
 - b. The number of individuals who are screened
 - c. The number of individuals who screen positive
 - d. The number of people who get the appropriate response from the system
 - e. The detail of what they receive from the system in terms of services.
4. Early community interventions should include early universal screening, for risk and early brief interventions and brief treatment with population groups in their community settings. Like the medical models of early intervention with pre-natal care and diabetes, early interventions with individuals who may not yet be experiencing serious problems related to their use of alcohol or drugs, but who are heading in that direction, can save community dollars in the long term.
5. State systems can foster flexibility and creativity while at the same time maintaining accountability by not trying to do everything themselves but by considering contracting with community organizations that can hire counselors and implement resources in a timely manner without too much bureaucratic red tap. These community organizations if they are run well can do a lot.
6. State coordinating structures should foster greater integration of substance abuse, mental health and traditional medical services to communities. We need not look at these as 3 worlds that never intersect.
7. Unfortunately the silo mentality of program funding coming from Washington, D.C. is often forcing program and treatment silos at the State level. Limited resources in rural America; however, specifically call for integration and collaboration of resources in those areas. SBIRT has developed an early integrated intervention model in rural NM that we believe can be the template and prototype for substance abuse-behavioral health

care delivery for other major rural areas of our country. Perhaps the feds can learn from the states.

During the next 24 months SBIRT behavioral health consultants will be working with primary care providers, clinic staff, and school personnel to increase screening referrals--or 'warm hand-offs-of adults and adolescents. SBIRT management will be working on strategies for the sustainability of this excellent program once the funding has stopped.

In closing there are valid human story reasons to believe we can make a difference and that SBIRT brief intervention and brief treatment works!

Thank you for considering my testimony and recommendations. I stand ready for any questions that the panel may have.