Introduction

By 2020, as a major cause of disability, behavioral health disorders will surpass all physical diseases worldwide.1

Why Integrate Behavioral Health and Primary Care?

• 24% of all patients seen within a primary care setting have a behavioral health disorder.2
• 50% of all mental health care is provided in primary care.3
• 66% of older adults seek care for depression in primary care settings.4
• Almost one quarter (24%) of pediatric primary care visits are for mental health issues.5

How to address the problem:
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Model

The goal of SBIRT is to provide access to treatment for persons with substance use and co-occurring behavioral health disorders and reduce substance use by patients by their receiving brief intervention and/or brief treatment in primary care, school health clinics, public health office settings and rural hospitals.

A Vision for 2020-

1. Integration of mental health services in primary care offices
2. Parity of reimbursement for behavioral health services with medical care services
3. Implementation of reimbursement for screening and brief intervention through NM Medicaid
4. Inclusion of motivational interviewing and screening-brief intervention training within medical school curriculum
5. Sustainability and expansion of NM SBIRT and other evidence-based practices

Economic benefits

• Cost-benefit ratios for early treatment and prevention for addictions and mental illness programs range from 1.2-1.10: meaning $1.00 in investment yields $2.00-$10.00 savings in health costs, criminal and juvenile justice costs, educational costs, lost productivity, etc.6

• For the NM SBIRT Program: Analysis performed by an independent health care economist on the data collected from the NM SBIRT Treatment population demonstrate saving of:7
  - $97,356.67 per month
  - $2,920,700 projected annual savings

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

Sangre de Cristo Community Health Partnership

The New Mexico SBIRT

• New Mexico elected to contract with an independent non-profit organization (Sangre de Cristo Community Health Partnership) to implement and administer SBIRT
• At clinical partner sites, Sangre de Cristo Community Health implemented SBIRT including screening tools, evidence-based treatment services, trained on-site behavioral health counselors, and access to a fully connected and operational statewide Telehealth network as a conduit for clinical supervision, training and patient case consultations

Outcomes of the NM SBIRT Program

Follow up Change Data
Rate of Change for Individuals Receiving Services

<table>
<thead>
<tr>
<th>GPRA Measures</th>
<th>Baseline Rate</th>
<th>Percent of Patients</th>
<th>Rate of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>18.4%</td>
<td>60.2%</td>
<td>41.8%</td>
</tr>
<tr>
<td>Crime and Criminal Justice had no part 36.8% 12.2% 24.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Adverse Events: ever currently employed or attending school</td>
<td>87.2%</td>
<td>66.8%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Major Adverse Events: experienced alcohol or illegal drug related legal, behavioral, social consequences</td>
<td>87.6%</td>
<td>65.5%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Total Adverse Events</td>
<td>97.5%</td>
<td>66.8%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Stability in Housing: Had a permanent place to live in the community</td>
<td>65.4%</td>
<td>65.3%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Source: CSAT Database 09/30/2008

Above table demonstrates total and patient rate of change information based on reviewing the 2010 follow-up data for individuals receiving SBIRT services.

Results comparing self-reported patient status at intake and at six-month follow-up also indicate the following outcome:8

• 76% reduction in use of the Emergency Room in past 30 days
• 50% reduction in average days of depression
• 31% reduction in criminal justice involvement
• 42% increase in average wages

Our Next Steps

Disseminating screening tools and local behavioral health resources to primary care physicians

Bibliography