Integrating Behavioral Health and Primary Care

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Introduction

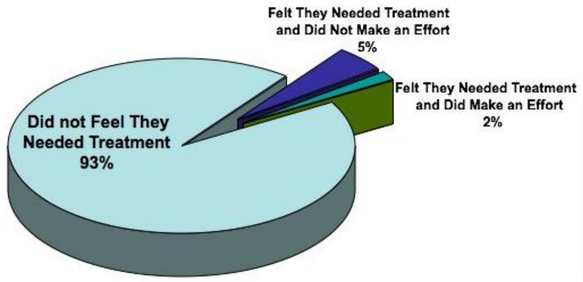
•By 2020, as a major cause of disability, behavioral health disorders will surpass all physical diseases world-wide[1]

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 office visits involve behavioral and mental health problems[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



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 12 or Older, United States, 2007)

Source: NSDUH, SAMHSA

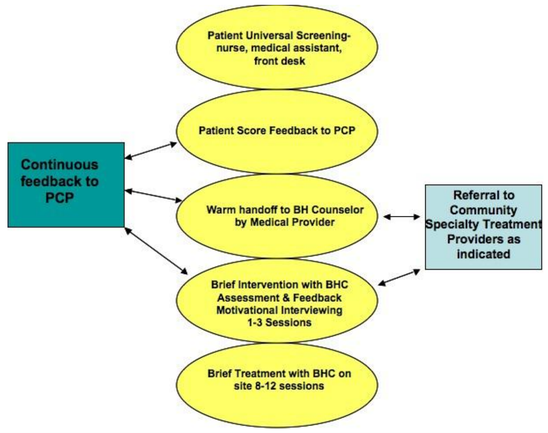
Sangre de Cristo Community Health Partnership

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

INTERVENTION MODEL



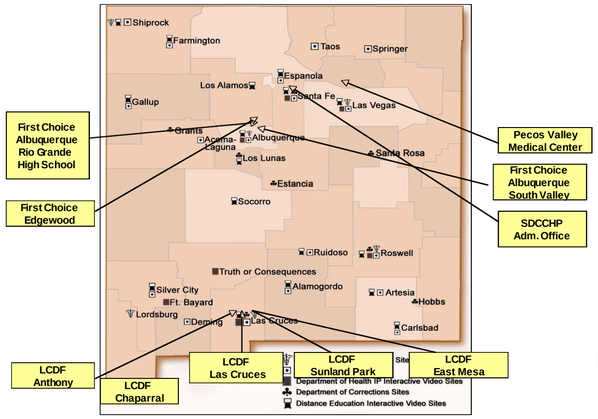
•**Screening**- Identification of substance related and depression problems

•**Brief Intervention-** Uses motivational Interviewing to raise awareness of risks and motivate client toward treatment engagement

•**Brief Treatment-** Cognitive behavioral treatment (CRA, IMPACT, CRAFT) with clients who elect further treatment or need follow-up care (Including co-occurring disorders)

•**Referral to Treatment-** Referral of those with more serious or emergent treatment needs

Sangre-CHP NM SBIRT Clinical Parter Sites



Outcomes of the NM SBIRT Program

Follow-up Change Data
Rate of Change for Individuals Receiving Services
10/01/2003 Ğ10/01/2008

GPRA Measures	Percent at Intake	Percent at 6-month follow-up	Rate of Change
Abstinence: did not use alcohol or illegal drugs	29.1%	46.0%	58.0%
Crime and Criminal Justice: had no past 30 day arrests	90.5%	95.3%	5.2%
Employment/Education: were currently employed or attending school	53.5%	56.9%	6.5%
Health/Behavioral/Social Consequences: experiencedno alcohol or illegal drug related health, behavioral, social consequences	58.4%	82.5%	41.5%
Social Connectedness:were socially connected	71.9%	66.2%	-8.0%
Stability in Housing: Had a permanent place to live in the community	62.4%	63.9%	2.4%

Source: CSAT Database 09/30/2008

Above Table: demonstratesadditional patient rate of change informationas a result of receiving services from the SBIRT Program.: As per SAMHSA-CSAT requirements, the rate of change is collected ona 30% randomlyselectedsized sample of patientswho received SBIRT services.

Results comparing self-reported patient status at intake and at six-month follow-up also indicate the following outcome[7]

•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

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 to 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

Our Next Steps

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

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