Service Design Site Visit Report

New Mexico Human Services Department

Santa Fe, New Mexico

Date of Site Visit: May 20–22, 2014

◆ SBIRT ◆

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Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

Table of Contents

New Mexico Human Services Department

Grantee Name	New Mexico Human Services Department
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Executive Summary

The New Mexico Human Services Department's Behavioral Health Services Division (BHSD) is one of five State entities recently awarded a 5-year cooperative agreement for screening, brief intervention, and referral to treatment (SBIRT) by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of this grant program is to implement SBIRT services in primary and community health care settings for adults at risk for or diagnosed with substance use disorders (SUDs). The program is designed to expand and enhance the State and tribal continuum of care for substance misuse services, reduce alcohol and drug consumption and its negative health impact, increase abstinence, reduce costly health care utilization, and promote sustainability of SBIRT services through the use of health information technology.

BHSD's SBIRT program, NM SBIRT, aims to expand and enhance the State's continuum of care to include universal adult SBIRT services in primary care and community health settings, and to support clinically appropriate services for adults aged 18 and older at risk for, or diagnosed with, an SUD. The project also seeks to identify and sustain systems and policy changes to increase access to treatment in generalist and specialist settings, including greatly increasing the number of individuals accessing services through technological expansion. The grant is administered by the New Mexico Human Services Department in collaboration with Sangre de Cristo Community Health Partnership and the Center for Rural and Community Behavioral Health at the University of New Mexico. The project hopes to serve more than 60,000 individuals throughout the life of the award.

Since the inception of the grant in August 2013, SBIRT has been integrated into primary and behavioral health care services at two locations: a federally qualified health center located in Albuquerque, First Nations Community Healthsource, and the Jemez Comprehensive Health Center, a community health clinic that serves residents of the Pueblo of Jemez. SBIRT services are being administered at both sites by a behavioral health counselor and a peer support worker. As of May 6, 2014, the NM SBIRT project had served 792 individuals. Starting in the second year of the grant, the project hopes to recruit additional implementation sites, including hospitals, tribal communities, and other primary care entities.

The grantee's current performance is below the targeted number of persons served. NM SBIRT is strongly encouraged to develop an explicit plan to engage a sufficient number of organizations to achieve its targets. This plan might include working through organizations that represent multiple clinical agencies such as New Mexico's Primary Care Association or well-organized tribal collaboratives.

The SBIRT implementation model at the two sites mentioned relies on a grant-funded behavioral health counselor and a peer support worker, neither of whom will likely be supported once this funding ends. The grantee may wish to augment the model with training of permanent staff at the practice sites, including administrators, clinicians, support staff, and

physicians, on the SBIRT intervention and associated skills. The emphasis of this project seems to be shifted from the far more prevalent mild-to-moderate at-risk population, where the efficacy of SBIRT is strongest, to higher risk patients. The grantee may wish to revisit this approach and balance efforts toward the larger population of individuals at risk for SUDs throughout the State.

Grantee Overview and Environmental Context

The New Mexico Behavioral Health Services Division (BHSD) is the single State authority (SSA) for alcohol and other drug abuse programming in the State. The division is within the New Mexico Department of Human Services and reports directly to the secretary of that agency.

New Mexico SBIRT practice sites are located throughout the State, including a location within a tribal health service.

BHSD is the designated administrator for the SAMHSA SBIRT cooperative agreement and works with external contractors to provide evaluation services, data collection and reporting, training, and funding of SBIRT practice sites. BHSD also works in collaboration with the State health information exchange (HIE) and the Behavioral Health Collaborative, the State's network of treatment providers. BHDS plans, funds, and coordinates a system of behavioral health prevention, intervention, and treatment services. SBIRT has been identified as one of its strategic initiatives that supports behavioral health and primary care integration and improves access to treatment services.

New Mexico is a geographically large and socially diverse State with a total land area of 121,412 square miles, including urban, rural, and wilderness areas. Among the 50 States, New Mexico has the highest percentage of Hispanic residents, including descendants of Spanish colonists and recent immigrants from Latin America. It also has the second highest percentage of Native Americans after Alaska, and the fourth highest number of Native Americans after California, Oklahoma, and Arizona. The tribes in the State consist mostly of Navajo, Pueblo, and Apache peoples. New Mexico is the most ethnically diverse State in the continental United States (43 percent White, 44 percent Hispanic, 10 percent Native American, and 3 percent other). Spanish is spoken by 28.7 percent of residents statewide, compared to 11 percent nationally, and several Native American languages (5.8 percent statewide) are spoken in many homes. There are 22 federally recognized tribes in New Mexico, including 19 Pueblos, 2 Apache reservations, and part of the Navajo Nation. Roughly half of the population are women (50.5 percent), and 75 percent are 18 and older.

New Mexico consistently ranks among the highest in the Nation for death from drugs and alcohol. The consequences caused by substance abuse is associated with domestic violence, crime, poverty, motor vehicle crashes, chronic liver disease, infectious diseases, mental illness, and other medical problems. Roughly 160,000 New Mexicans have a substance use or dependence problem.[1] The New Mexico Department of Health's Racial and Ethnic Disparities Report Card highlights these statistics for Hispanic and Native American populations, with Hispanics having the highest rates of drug-induced deaths (27 percent per 100,000), teen births,

[1] New Mexico Department of Health. (2011). *Substance Abuse Epidemiology Program*. Injury and Behavioral Epidemiology Bureau, Epidemiology and Response Division.

and chlamydia; and Native Americans having the highest percentage of alcohol-related deaths.[2] Approximately 25 percent of the State's population lives below the Federal Poverty Level. New Mexico also ranks the second lowest among States for uninsured residents, with 25 percent lacking health insurance compared to 15 percent of the Nation.

The continuum of care for persons at risk for, or diagnosed with, a substance use disorder (SUD, substance abuse or dependence) is composed of 64 regionally based core service agencies. Core service agencies are community behavioral health centers that provide a single point of entry and comprehensive care for children, adults, and families who have a diagnosis of a serious mental illness, severe emotional disturbance, or substance use dependence.

1. Site Visit Overview

On the first day of the site visit, the team met with the New Mexico SBIRT implementation staff and key stakeholders. The grantee provided the team with a project overview, including the service delivery model, training and supervision, project evaluation, and quality improvement plan.

On day 2, the site visit team traveled to and toured the First Nations Community Healthsource in Albuquerque and the Jemez Pueblo Health Center in Jemez. While at the sites, the team addressed practice site implementation of SBIRT services and associated strengths and challenges. The afternoon concluded with a discussion about activities related to health information technology (HIT).

On day 3, the site visit team met with members of the grantee's policy steering committee (PSC) to discuss sustainability efforts. The site visit ended with a site visit debriefing with the SAMHSA Government Project Officer.

2. Program Vision and Design

SBIRT is part of the State's vision of an integrated and coordinated system of care. NM SBIRT is an initiative intended to expand and enhance the State and tribal continuum of care for substance misuse services and reduce alcohol and drug consumption and its negative health impact; increase abstinence; reduce costly health care utilization; and promote sustainability of SBIRT services through the use of HIT. Goals of the project are to include universal adult SBIRT

[2] Stahre, M., Roeber, J., Kanny, D., Brewer, R. D., & Zhang, X. (2010). *Contribution of excessive alcohol consumption to deaths and years of potential life lost in the United States*. Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/pcd/issues/2014/13_0293.htm

services in primary care and community health settings and support clinically appropriate services for adults 18 or over at risk for, or diagnosed with, a substance use disorder. The project also seeks to identify and sustain systems and policy changes to increase access to treatment in generalist and specialist settings, including greatly increasing the number of individuals accessing services through technological expansion. NM SBIRT hopes to serve more than 60,000 individuals over the life of the award.

3. Grantee Leadership

NM SBIRT operates under the administrative direction of Coy Maienza, principal investigator, and Lisa Rivera, project director. Most implementation tasks are being provided by the Sangre de Cristo Community Health Partnership (SDCCHP) and the Center for Rural and Community Behavioral Health (CRCBH) teams. Ms. Rivera is new in her role, and the team assumes she will play an increasingly important role in the project. The site visit team suggested she might engage with experienced SBIRT State project directors for information sharing and support in this complex role.

NM SBIRT's PSC is responsible for monitoring progress performance and review; interfacing with policymaking bodies; social marketing and dissemination; developing, executing and reporting semiannually on sustainability plans and achievements; ensuring the feasibility and successful implementation of the State/tribal HIT plan; reviewing, indicating action on, and approving the required semiannual report; and ensuring SBIRT training is disseminated to nongrant service systems. The PSC is composed of governmental and community behavioral health experts. Primary care is currently underrepresented on the PSC, and the grantee was encouraged to engage New Mexico's Primary Care Association.

The PSC is meeting monthly throughout the first year of the grant and will meet quarterly thereafter. During the first 6 months of the grant, the PSC developed the service implementation plan and will update the plan annually in response to evaluation data. A care coordination and technology workgroup is being established to include representatives from the primary care sites, behavioral health providers, the PSC, the State or regional health HIE, relevant HIT vendors (i.e., NM Telehealth Alliance, Lovelace), the project coordinator, and a legal representative with knowledge of Federal and State privacy and confidentiality regulations. The SAMHSA coordination and technology team oversees technological expansion of services and will oversee the care coordination and technology workgroup.

4. Implementation Plan

The implementation of NM SBIRT is guided by a phased implementation plan. Phase 1 focuses on the following:

- Infrastructure development
- Staff recruitment and training
- Institutional review board approval
- Completion of a quality improvement plan
- Capacity building that supports a full array of SBIRT services
- Development of the Lovelace Web-based data management system that addresses Government Performance and Results Act (GPRA) reporting requirements

Behavioral health counselors and peer support workers were also hired and trained in SBIRT skills, motivational interviewing, grant reporting, and evaluation. The SDCCHP clinical supervisors provide ongoing supervision of direct service positions through in-person observations and telehealth.

Phase 2 of startup included the following:

- Convening the PSC
- Identifying target populations and communities to be served
- Completing subcontract agreements and implementation at practice sites
- Conducting training and technical assistance to practice sites

The project has established mechanisms for monitoring performance against targets for the following:

1. Reducing alcohol and other drug use by individuals receiving SBIRT grant services
2. Increasing the number of individuals with asymptomatic, risky use, or SUDs who receive treatment in primary care and community health settings
3. Increasing the number of primary care and community health settings where SBIRT services are provided
4. Providing treatment services

First Nations Community Healthsource

Implementation of SBIRT services has started at two sites, which the site visit team toured: the First Nations Community Healthsource in Albuquerque and the Pueblo of Jemez Comprehensive Health Center. The team identified issues concerning program integration, workflow, and the current implementation model. The team observed strong buy-in from staff. Integration of SBIRT into the clinic flow was a work in progress, not uncommon for the early stages of implementation. The implementation model at the two sites relies on the behavioral health counselor and the peer support worker, neither of whom are likely to be funded or supported when grant funding ends. The team suggested augmenting this model with training on SBIRT and associated skills for permanent staff, including administrators, permanent clinicians, support staff, and physicians.

Pueblo of Jemez Comprehensive Health Center

The emphasis of this project seems to have shifted from the far more prevalent clinically preventive approach addressing mild-to-moderate at-risk populations, where the efficacy of SBIRT is strongest, to higher risk patients. In support of behavioral health and primary care integration, the grantee has initiated a robust and more time-intensive screening process addressing substance use, depression, anxiety, and trauma.

The grantee seeks to embed evidence-based practices within the sites, including Community Reinforcement Approach (CRA), Improving Mood—Promoting Access to Collaborative Treatment (IMPACT), and Seeking Safety. This is an innovative and ambitious approach that has great potential to inform the search for efficacious treatment for co-occurring issues in primary care, but it also presents unique clinical, grant-specific, and operational challenges. The identification of and interventions for co-occurring or primary mental health issues have the potential to confuse and compromise SBIRT service implementation. While the efficacy of SBIRT, CRA, IMPACT, and Seeking Safety have been separately established, integrated interventions for substance misuse and co-occurring mental health issues, particularly in a primary care setting, have not been established. Implementing evidence-based programs successfully requires more extensive interventions than education or training alone. Usually some degree of systems accommodation, coupled with capacity for clinician monitoring, supervision, and coaching is necessary for implementation fidelity. Change occurs over time, often taking up to a year of dedicated effort for successful implementation.

For such reasons, it is common practice with other SBIRT grantees to limit focus in the first year to successfully implementing the SBIRT intervention and build from there. NM SBIRT might

consider narrowing the focus in the next year on the core SBIRT services. From a solid implementation foundation, consideration could be given to prototyping the more expansive integrated approaches.

As a public health approach, SBIRT is most effective as a high-volume intervention. In that context, NM SBIRT might also consider strategies to deploy SBIRT efficiently on a large scale. These strategies might include working through organizations that represent multiple clinical agencies such as the State's primary care association, selected "early adopters," or well-organized tribal collaboratives. This has been a common and successful implementation strategy used by many State grantees.

The site visit team also suggested the grantee consider a more "public health" approach in its presentation. The peer support worker title is more readily recognized within specialty treatment and recovery-oriented systems of care. Other sites have titled these positions as health educators or health coaches, more consistent with the culture and language of primary care. The grantee has sought to employ only persons in recovery in these positions. While this is commendable, it is not necessary. A worker who is sincere, motivated to learn, and familiar with the population and community can serve in this role.

As of May 6, 2014, the NM SBIRT project had served 792 individuals, far below its target of 12,000 persons forecast for screening in the first year. Starting in the second year of the grant, the project hopes to recruit additional implementation sites, including hospitals, tribal communities, and other primary care entities. NM SBIRT is strongly encouraged to develop an explicit plan to engage a sufficient number of organizations to achieve the targets.

SDCCHP provides staff training and evaluation. Extensive training is offered in motivational interviewing and several evidence-based clinical interventions to address substance use, trauma, anxiety, and depressive disorders. The grantee also described an internally created model for brief intervention. The grantee intends to have this menu of interventions integrated within the practices. The site visit team recommended simplifying activities at this time to focus principally on patients with substance use risks and on the delivery of the SBIRT intervention with fidelity. The grantee might consider using the brief negotiated interview developed by Bernstein, D'Onofrio, et al., which is publicly available and intended for staff training purposes and is a concise model with a readily available curriculum and validated fidelity and adherence monitoring tools.

Health Information Technology

The site visit team met with the PSC and representatives from the State's HIE program. The New Mexico HIE has been delayed in implementation as a result of a change in vendor, but it is expected to be operational in the coming year to facilitate sharing patient information across providers and systems. The initial focus of the State's HIE has been on hospital integration with ambulatory care, with behavioral health integration to follow. The NM SBIRT sites are at varying

stages of readiness to participate in HIE when it becomes available. Most primary care sites have electronic health records; however, behavioral health providers are often still using paper systems.

Several questions confront the State related to SBIRT integration:

- How will SBIRT data elements be integrated into primary care electronic health records?
- What specific SBIRT data elements will be uploaded into the HIE?
- How will clinical information regarding patients with SUDs be shared and protected in the HIE in conformance with 42 Code of Federal Regulations Part 2 requirements?
- How will the State's substance abuse providers currently using paper records transition to electronic health records?
- What SBIRT data will be useful for the SSA in planning future efforts?
- How will the Lovelace data system that currently manages information for the SSA interface with the HIE?

The site visit team made two recommendations:

1. The State should consider conducting a readiness assessment with its behavioral health providers to determine baseline capacities.
2. The NM SBIRT team and the SSA should develop a plan to guide SBIRT HIT efforts and to align designated SBIRT funding for purposes related to SBIRT expansion, integration with health care provider organizations, technology and information management, and use of data to support clinical and policy decisionmaking.

5. Community Linkages, Partners, and Participation

Core partners of BHSD in this initiative include the following:

- SDCCHP, a 501c(3) nonprofit corporation, was formerly funded by the Health Resources and Services Administration as a Community Access Program grantee and by SAMHSA's Center for Substance Abuse Treatment as a grantee that seeks to improve the integration of behavioral health services and medical care for underserved populations of New Mexico. SDCCHP has developed a network of partner relationships throughout New Mexico.

- The Center for Rural and Community Behavioral Health (CRCBH) operates within the University of New Mexico, Department of Psychiatry. The Center conducts research and evaluation and provides training and workforce development. CRCBH leads the evaluation portion of the grant, provides clinical training and consultation, and psychiatric backup.

NMSBIRT plans to participate with additional partners over the 5-year grant period:

- University of New Mexico's Center on Alcoholism, Substance Abuse, and Addictions leaders in the field of substance abuse treatment and research: This entity will serve on the PSC and conduct analysis of the data focused on health economics
- The NM Telehealth Alliance, a tax-exempt 501(c)(3) nonprofit corporation dedicated to promoting telehealth solutions to deliver high-quality health care throughout New Mexico: The alliance is a network of members representing a broad spectrum of public and private health care organizations; provides technical and program support and enables sharing of resources; will be contracted to develop several HIT products

The site visit team strongly encouraged the State to engage with New Mexico's Primary Care Association as a partner for further expansion of SBIRT services.

6. Client Outreach, Recruitment, and Referral

Specialty treatment referrals will be made by the SBIRT behavioral health counselors in collaboration with the patients' primary care providers and the SBIRT clinical director. Concurrently, the peer support workers will track and follow up with individuals engaged in specialty treatment. Examples of organizations that would participate in SBIRT specialty referral contractual arrangements include residential treatment programs that participated with the prior SBIRT program including—

- Hoy Recovery Program, Inc.
- New Mexico Turquoise Lodge
- New Mexico Department of Health Recovery Program
- Taos Colfax Community Services
- New Moon Lodge
- Peaceful Spirit
- Native American Connections

In addition to residential programs, several intensive outpatient programs will be contracted for those in need of greater structure and support than is available in a primary care setting but are not in need of a 24-hour inpatient structure.

The protocol for the referral of SBIRT patients for further care will include use of screening and assessment data and assessing level of care using the American Society of Addiction Medicine Patient Placement Criteria. Case management will be provided by the NM SBIRT peer support worker, who will ensure followup occurs after specialty treatment is concluded, supporting cross-agency collaboration and GPRA data collection. Information sharing will occur through a data management system developed by Lovelace, designated through the New Mexico Department of Health. All agencies that are members of the Lovelace New Mexico HIT have access to data across participating providers. Potential challenges to this strategy were noted as a number of community providers, particularly rural sites, do not have electronic health records. Delays in the activation of the State HIE were described by members of the PSC. Until these systems are operational, the grantee will likely rely on existing means of care coordination.

7. Affordable Care Act Readiness

Within Centennial Care, the State behavioral health plan and Medicaid transformation program, the Human Services Department has identified SBIRT as one of the core evidenced-based practices it plans to implement through the Affordable Care Act (ACA) via its contracted managed care organizations. As New Mexico's newly designed Medicaid plan, Centennial Care is creating a comprehensive service delivery system funded and managed through four managed care organizations.

Managed care organizations were selected beginning January 1, 2014. The newly eligible population under Medicaid expansion will be enrolled under Centennial Care and eventually have access to SBIRT through various entities statewide. The goal is to ensure SBIRT is financially supported through this revised Medicaid plan, including the development of billing codes that cover SBIRT services and expansion of SBIRT to a significantly larger patient population. NM SBIRT will assist by helping to negotiate billing processes and expanding services to hospital settings, primary care practices, and tribal communities.

NM SBIRT holds great potential for policy and systems change as a result of integration with primary care and expansion to hospital settings and tribal communities. The result could be systems change through significantly increased identification of substance abuse and increased access to related services. Policies must be developed to further support SBIRT expansion.

HIT integration, behavioral health/primary care integration, and the readiness of behavioral health providers (especially community-based substance abuse treatment) must be addressed to successfully operate within new and emerging payment systems such as managed fee-for-service and value-based purchasing.

8. Sustainability Planning

The New Mexico PSC will play a central role in sustainability planning. At this time, the grantee is understandably focused on grant implementation and capacity building. The State SSA is actively encouraged to be involved in planning efforts and policy development of Centennial Care and the contracted managed care organizations to ensure payment policies and procedures can support viable and sustainable practices in the community.

9. Grantee Evaluation

The CRCBH evaluation team is responsible for collecting and reporting required data, including GPRA and other performance measures. Lovelace is responsible for data management and uploading GPRA into SAMHSA's Services Accountability Improvement System. The grantee is encouraged to monitor the work of the site staff in completing GPRA followup consent and client locator information. The grantee describes its intention to use a plan-do-check-act cycle to support ongoing process improvement. At this startup stage, the grantee is encouraged to collect front-end performance data to support implementation and for meeting performance targets. By example, other grantees have set monitoring systems in place where practice sites are expected to prescreen 100 percent of all patients served, with at least 80 percent of those prescreening positive completing a full screen and at least 80 percent of patients who screen positive for substance use risk receive a brief intervention. Practice sites where numbers fall below this measure receive feedback, technical assistance, and perhaps further training. Other grantees have incentivized practice sites for meeting their targets.

The grantee describes intentions to conduct more sophisticated evaluation activities. At this early time in implementation, the evaluation team is encouraged to work closely with the senior management team to support and monitor implementation and meet required performance targets.

Strengths and Considerations for Action

Program Vision and Design

Strengths

- New Mexico strongly endorses an integrated approach to substance use and views SBIRT as an essential set of services within primary care.
- The State endorses and supports behavioral health and primary care integration.
- The State is committed to reducing health disparities and prioritizes services to underserved populations.

Challenges

- The model for behavioral health and primary care integration is evolving.
- The State is at an important time of systems change for the payment systems of behavioral health care.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	• None noted.			

Grantee Leadership

Strengths

- The SBIRT initiative receives high-level leadership support within the State and within payer systems.
- The project team members offer depth of expertise and experience in training and supervision, evaluation, and implementation. They have full understanding of the clinical, systemic, and cultural issues related to SBIRT and demonstrate much enthusiasm.
- The PSC is composed of leaders who are well positioned to support SBIRT deployment and sustainability.
- Team members are sensitive to the complex cultural, geographic, and economic challenges in New Mexico.

Challenges

- The SBIRT project director is new to her role, managing a complex initiative that includes both service delivery and systems change.
- Grant management is shared among the SSA, the University of New Mexico, and SDCCHP.

Grantee Leadership

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Now that a permanent project director has been hired, it is important to clarify within the team her roles and communication and decisionmaking processes.	X		
2	The project director is encouraged to engage with experienced peer State project directors for information and support.			X

Implementation Plan

STRENGTHS

- NM SBIRT has been implemented in two sites serving Native Americans and Hispanics adults.
- Practice site staff demonstrate strong buy-in for SBIRT services.
- The implementation approach demonstrates a high level of sensitivity to context and culture of the populations served.
- The grantee is using telehealth for supervision and coaching to support implementation.
- The project team is highly sensitive to comorbidities commonly associated with substance misuse and is implementing screening processes and evidence-based interventions. This presents both opportunities for more comprehensive care and some challenges discussed below.

CHALLENGES

- The grantee is significantly behind on its performance targets.
- The NM SBIRT implementation model is based largely on training and deployment of grant-funded peer support workers and behavioral health counselors.
- SBIRT staff and services seem more colocated than integrated. Both sites have permanent behavioral health staff who appear to have limited involvement in delivery of SBIRT services.
- The NM SBIRT model calls for integrated treatment of comorbid mental health issues with evidence-based interventions including Seeking Safety, CRA, and IMPACT. This is an innovative and ambitious approach but also presents clinical, grant-specific, and operational challenges.

Implementation Plan

	Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	Develop a defined plan to expand service capacity to meet agreed-upon performance targets. Consider narrowing focus in next year to the core SBIRT service.	X	X	
2	Consider strategies to deploy SBIRT on a larger scale; for example, work through organizations that represent multiple clinical agencies such as the New Mexico's Primary Care Association or well-organized tribal collaboratives.	X		
3	Consider augmenting implementation model with training for regular clinical staff. Existing behavioral health providers could be trained to provide more intensive SBIRT services and improve access through strategies such as open-access scheduling and brief appointments compatible with primary care.	X	X	
4	Consider training medical staff to provide brief interventions for mild- to moderate-risk patients in a manner that fits with workflow.	X		

Community Linkages, Partners, and Participation

STRENGTHS

- The grantee has engaged with experienced and committed partners.

CHALLENGES

- Practice sites have thus far been recruited through individual outreach to organizations.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Engage provider organizations such as the State provider association in support of broader dissemination and champion recruitment.	X		

Client Outreach, Recruitment, and Referral

STRENGTHS

- The grantee partner organizations are associated with specialty substance abuse provider organizations.

CHALLENGES

- Wait lists for higher levels of care are a concern.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Practice sites might consider entering into Qualified Services Organization Agreements or Business Associate Agreements with specialty providers.	X		

Affordable Care Act Readiness

STRENGTHS

- Behavioral health and primary care integration is a State priority.
- The State has adopted innovative use of telehealth technology for clinical services including clinical supervision.

CHALLENGES

- Specialty substance abuse treatment provider capacity (including readiness to adopt new business and clinical practices and electronic health records) spans a wide range.

	Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	Conduct a readiness assessment of specialty substance abuse treatment providers.	X	X	

Sustainability Planning

Strengths

- SBIRT is identified as an integrated part of the State Medicaid menu of services.
- The PSC includes high-level stakeholders who appear motivated to support sustainability.

Challenges

- Although SBIRT is identified as being included in the State Medicaid plan and Medicaid expansion, codes, rates, and policies, including access and credentialing, have yet to be fully confirmed.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Have SSA actively involved in negotiations to ensure rollout of SBIRT within Medicaid can support a viable clinical and business practice.	X	X	

Grantee Evaluation

Strengths

- The State has engaged a highly experienced evaluation team with excellent knowledge of the culture and population served.

Challenges

- The evaluation team can play an important role in providing the SBIRT management team with actionable performance data to monitor and support implementation and meet performance targets.

	Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	The evaluation team should work closely with the management team in developing plans to meet performance targets.	X		
2	The evaluation team should adopt close monitoring strategies of the front end of the intervention for numbers of prescreens and full screens compared to number of patients served in the same time period. Some evaluation approaches have collected these data on a daily or weekly interval. Consider discussing performance evaluation with other State project directors and evaluation teams.	X	X	

Abbreviations and Acronyms

BHSD	Behavioral Health Services Division
CRA	Community Reinforcement Approach
CRCBH	Center for Rural and Community Behavioral Health
GPRA	Government Performance and Results Act
HIE	health information exchange
HIT	health information technology
IMPACT	Improving Mood—Promoting Access to Collaborative Treatment
PSC	policy steering committee
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	screening, brief intervention, and referral to treatment
SDCCHP	Sangre de Cristo Community Health Partnership
SSA	single State authority
SUD	substance use disorder