Grantee Name: State of New Mexico, Human Services Department, Behavioral Health Services Division
SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT
STATE PROGRAM

Grant Number: 1U79TI025087-01

FINAL REPORT

Time Period: August 1, 2013-July 31, 2018

Reporting Period: August 1, 2013 – July 31, 2018 **Date Submitted: 10/16/18**
Completed By: Maureen Rule, MA, LPCC, Sindy Bolanos-Sacoman, MPH, and Carol Luna Anderson, PhD, LPCC.

I. IDENTIFICATION INFORMATION

Grantee Federal Identification Number: 85-6000570
CSAT Project Officer's Name: Robert Day
Project Name: State of New Mexico, Human Services Department, Behavioral Health Services Division

Grantee Organization: State of New Mexico Human Services Department			
Project Directors Names: Maureen Rule (.90); Carol Luna-Anderson (.10) Address 2: 2325 Cerrillos Rd. City, State, Zip: Santa Fe NM 87505 Phone Number: 505-438-0010 Fax Number: 505-505-438-6011 Email Address: mrule@thelifelink.org	FTE % 100		
Project Coordinator's Name: Carol Luna-Anderson Title: Executive Director Division/Department, etc.: The Life Link Address 1: 2325 Cerrillos Road Address 2: City, State, Zip: Santa Fe NM 87505 Phone Number: 505-438-0010 Fax Number: Email Address: carol@thelifelink.org	FTE % 15		

Project Evaluator's Name: Deb Altschul (.05); Ann Waldorf (.20) Title: Evaluation Director Division/Department, etc.: University of New Mexico, Center for Rural and Community Behavioral Health (CRCBH) Address 1: 1 University of New Mexico Address 2: City, State, Zip: Albuquerque, NM 87131-0001 Phone Number: (505) 272-4167 Fax Number: Email Address: daltschul@salud.unm.edu; vwaldorf@salud.unm.edu	FTE% 25		

II. CHANGES IN AND DEVELOPMENT OF KEY PERSONNEL DURING REPORTING PERIOD

A. New Staff Information (changes in Project Director, Evaluator, and Key Clinical or Outreach staff require prior Grants Management/CSAT approval). The following information is needed on new key staff. If working on more than one SAMHSA SBIRT grant indicate % on each. If none, please indicate "no changes in key personnel."

Initially, this grant was managed for the NM DOH/BHSD by Sangre de Cristo Community Health Partnership (SDCCHP). Following SAMHSA instruction and corrective action, the New Mexico Behavioral Health Division contracted with The Life Link to undertake oversight of the management and operation of this grant in April, 2015. In February of 2015, The Lead Evaluator changed. At the time Shelly Moeller was the Evaluator and Sindy Sacoman assumed responsibility of the project Evaluation. In December of 2016, Dr. Debra Altschul was the Principal Investigator on the grant and Dr. Ann Waldorf took on this responsibility. In September, 2017, there was an executive leadership change. At that time, the NM SBIRT Project Director, Lisa Howley, transitioned to a different state department and The Life Link's Executive Director Carol Luna-Anderson; Operations Manager Raymond Anderson; and Maureen Rule, Clinical Supervisor who also assumed leadership and oversight responsibility for the NM SBIRT project.

B. GRANT OVERVIEW

In August 2013, SAMHSA awarded BHSD with a five-year, $10 million grant to implement SBIRT. SBIRT services integrate behavioral health within primary care and community medical health care settings. Each medical partner site universally

screens adult patients 18 years old or over, at a minimum, on an annual basis, but preferably, every three months, to identify those at-risk of or those who have a substance use disorder.

Although usually, SBIRT models are typically specific to addressing substance use/misuse only, NM SBIRT 's HLQ was purposefully formulated to include mental health (MH) questions to better serve our population's needs. The NM SBIRT Healthy Lifestyle Questionnaire (HLQ) pre-screen score identifies when a patient scored positive for NM SBIRT, at risk of having or has substance misuse and/or a co-occurring disorder or MH only. The (HLQ), includes 14 questions from evidence-based screening tools, such as the AUDIT 10 (screens for alcohol), DAST (screens for drug). The HLQ also devised to include questions that identified if has symptoms of depression, anxiety, and/or trauma. These additional mental health questions were formulated utilizing the GAD-7 (screens for Anxiety); PCL-C (screens for PTSD); and PHQ-9 (screens for depression). These instruments were utilized in entirety for some therapy patients, as appropriate and indicated.

Teams comprised of a Certified Peer Support Workers (CPSWs) and a Behavioral Health Counselors (licensed counselors or therapists or social workers) were co-located at each partnering medical facility. Utilizing teams in this fashion made it possible for real-time warm hand-offs from providers to NM SBIRT teams. Because of that, CPSWs typically were able to provide immediate brief interventions and limited case management or referral to treatment. Patients, NM SBIRT staff were unable to speak to following the appointment/screening, due to patient or provider time constraints, were given follow-up calls and appointments, if the patient chose to return. Brief interventions were conducted with patients that screened positive, screen scores were reviewed, and motivational interviewing was utilized. Therapy was usually available within a week, taking advantage of the "window of opportunity" to engage patients in need. Considering the reality of dearth of treatment options throughout the state accompanied by long, often 3-6 month waiting lists, having immediate access to therapy proved fruitful and was extremely beneficial to patients who may have otherwise lost interest and impetus to pursue help.

We found that utilizing CPSWs was very instrumental in enhancing patient engagement. Patients learning that they were speaking with persons with lived experience were more prone to open up and further disclose, more often, compared to with medical providers. Some were re-screened during BIs because of the level of comfort disclosing more during discussions with peers. Therapists often re-screened as well when patients became more comfortable and aware of their issues with AOD (alcohol and other drugs) use and/or MH. There is little doubt that this contributed to further demonstrating what we already knew about high rates of AOD use/misuse and MH facing NM patients.

Patients scoring at moderate to high risk for AOD were eligible for 12 free on-site therapy sessions provided by NM SBIRT Behavioral Health Counselors. Following those sessions if patients determined they wanted to continue on, therapists facilitated referrals to other treatment resources. In addition, in some medical settings, the waitlist for internal therapists were 3-6 months, thus SBIRT services served to close the gap; patients would complete SBIRT therapy and move right into the in-house therapy. Patients scoring positive for depression, anxiety, and PTSD

were eligible for 3 on-site brief intervention sessions using motivational interviewing and were referred for additional treatment once the three sessions were completed, if they chose to do so. Providing therapy on-site was not only more practical and more easily accessible to patients but was also a welcomed addition to medical sites having no behavioral health services on-site prior to SBIRT and the medical- behavioral health integration for whole person care.

Under direction of The Life Link, the following NM SBIRT medical partner sites and locations were involved in NM SBIRT services: Walsh Counseling, Albuquerque, discontinued SBIRT services January 16, 2016; Junctions- Ghaffari Medical Clinic, Roswell, discontinued services July 2016,, Southwest Cares, Albuquerque, discontinued SBIRT services in March, 2016, White Sands Family Medical Practice, Alamogordo; Aspen Medical Center, Santa Fe; Aspen Urgent Care, Espanola discontinued SBIRT services in August 2016; Christus St. Vincent- Entrada Contenta, Santa Fe; Christus St. Vincent- Family Medicine Center, Santa Fe; First Nations Community Health Source Zuni Clinic, Albuquerque; Santa Fe Indian Hospital, Santa Fe/Santa Clara (Santa Clara was discontinued in June 2017); UNM Hospital, Trauma Surgical Units and the Emergency Department, Albuquerque. (See additional info data sections).

Post grant, the following the five NM SBIRT medical partner sites and locations that remain operational with the State's gap funding are: White Sands Family Medical Practice, Alamogordo; Aspen Medical Center, Santa Fe; Christus St. Vincent- Entrada Contenta, Santa Fe; First Nations Community Health Source Zuni Clinic, Albuquerque; and Santa Fe Indian Hospital, Santa Fe. UNM Hospital, Albuquerque, though not currently participating with as a Life Link site, has hired two permanent part-time SBIRT employees specifically to meet the federal requirements for SBIRT services for Trauma Surgical patients at all Level One Trauma Centers, nationally. The Life Link is assisting with the training for these new UNMH designated SBIRT employees.

NM SBIRT has made significant progress since the project's inception. NM BHSD discontinued their contract with SDCCHP and later turned management responsibility of this grant to The Life Link (TLL) in April 2015. When TLL took over, there were a total of 6,931 screens logged into the Falling Colors BHSDStar database. SAMHSA approved reducing the grant's initial target of 60,000 to 48,000 in October, 2015, which was then not only met, but exceeded. By grant's end, on July 31, 2018, a total of 49,662 screens were conducted with 44,226 individuals screened. The SBIRT project screened 27,900 negative screens and 21,761 positive screens. The positive screens were categorized as needing Brief Interventions (BI), Brief Treatment (BT), or Referral to Treatment (RT) based on the screen scores. Of those screened, 40% (8,301) screened for as BI, 52% (10,724) screened BT, and 7% (1,513) screened RT. During year three of the project, NM SBIRT decided to track services provided. During the time data was collected, the project conducted 8,584 SBIRT Positive BIs; 4,203 Mental Health BIs; served 8,465 individuals with therapy, and referred 263 individuals to treatment services and 1,089 clients to various services, such as case management or family support services.

Prior to the grant ending, the Behavioral Health Services Division pursued and obtained funding to continue SBIRT services through December 31, 2018. The funding obtained will cover the gap between the end of the grant and the beginning

of the 1115 Medicaid waiver which will make SBIRT services billable. To date, an additional 3,476 screens have been conducted.

NM SBIRT services were included in the Section 1115 Waiver application, which will allow for SBIRT Medicaid billing codes upon approval by CMS and are slated to become active in January 2019. Services rendered by the existing NM SBIRT sites served as the model of SBIRT to define Medicaid codes. All primary care clinics, hospitals and emergency departments throughout New Mexico will be eligible for site certification and SBIRT certification for their site staff in accordance with the SBIRT Medicaid 1115 Waiver guidelines.

Administrative staff at Christus St. Vincent, a current site, expressed a desire to have SBIRT in all of their locations once the Medicaid Waiver takes effect in January 2019. The Life Link is also in communications with administrators from Albuquerque Presbyterian Hospital Services who wish to have SBIRT services in their hospital Emergency Department. Additionally, Indian Health Services in Gallup has also reached out to The Life Link expressing their interest in SBIRT training for SBIRT services at their location.

C. Training or professional development activities grant staff has participated in:

The following NMSBIRT grant required primary evidenced-based trainings which were provided to all Peer Support Workers and Behavioral Health Counselors on a regular basis throughout the entirety of The Life Link's oversight of the grant: Motivational Interviewing, Community Reinforcement Approach (CRA), Seeking Safety, and IMPACT Behavioral Activation and Problem Solving. All SBIRT staff also received orientation to basic SBIRT screening instruments and approach to administration and delivery and MI based brief intervention. All SBIRT staff also underwent training for the utilization and instruction on the Falling Colors BHSDStar database. Formal supervision was provided monthly to all SBIRT staff by Avron Kriechman, M.D. and was also provided prn by Dr. Kriechman, Raymond Anderson, Ph.D/LPCC, Maureen Rule, MA, LPCC; and Rachel Villalobos-Madewell, LISW.

Adjunct trainings for staff included, but is not limited to:

HIPAA 42 CFR, Part II
NM State Certified Peer Support Worker Training
"Opioid Use and Other Important Topics in Adolescents".
"The Impact of the New Mexico Medical Cannabis Program among People with Chronic Debilitating Health Conditions".
"The Impact of Alcohol on Women's Health"
"Counseling Adolescent and Minority Clients w/Substance Use Disorder"
National Council for Behavioral Health "A Prescription for Better Health"
HIPAA Compliance Webinar
National Council for Behavioral Health "Addiction Recovery Services: Supporting Youth and Young Adults"
SAMHSA-HRSA "Integrating HIV and Substance Use Disorder Treatment to Optimize Care for Vulnerable Patients"
ASAM Education "Pathways to the Addiction Medicine Subspecialty"
Question Persuade Refer (QPR) for Suicide Prevention
CPI - Nonviolent Crisis Intervention
"Enhanced Motivational Interviewing for Brief Interventions"
"Overdose Prevention, Recognition and Response (utilization/administration of Narcan)"

Utilization and Understanding of Suboxone Training
Mental Health First Aid
"How Oregon Dramatically Increased SBIRT in Primary Care" webinar
"SBIRT Challenge: Exploration of Implementation Barriers, Facilitators, & Sustainability" webinar
"What's Your Take on EHRs and SBIRT"; webinar
"Big SBIRT Initiative/Integrating Adolescent SBIRT throughout Social Work and Nursing Education" webinar
"The Big SBIRT Initiative/Strategies for Incorporating Universal Education about Healthy Relationships to Reduce Substance Use and Intimate Partner Violence" webinar
Case Management Skills
"PSW Skill Enhancement Training - Engagement Skills/Willing to Participate"
Peer Support Whole Health Recovery Workshop (Case Management Skills)
Cultural Competency
National Council for Behavioral Health "Addiction Recovery Services: Supporting Youth and Young Adults"
"Integrating HIV and Substance Use Disorder Treatment to Optimize Care for Vulnerable Patients"
ASAM Education "Pathways to the Addiction Medicine Subspecialty"
"Designer Drugs and Chemical Structures".

D. Please list any licensing/certification obtained for new services. If none, please indicate "no new licensing/certifications."

Individual Peer Support Workers (PSWs) were required to be certified according to the grant. PSWs participated in week-long Peer Support Worker Certification trainings offered and conducted by the Office of Peer Recovery and Engagement, which is a component of the Department of Health, Behavioral Health Services Division. These trainings were offered at different times and in a variety of locations throughout the entirety of the grant. Behavioral Health Counselors (Licensed counselors and Social Workers) all maintained current licensure status.

III. PROJECT INFORMATION

A. Coordination and Collaboration
List all organizations to which clients were referred by the Grantee for additional treatment or ancillary (i.e., wraparound) services during the past six months. (If none, please indicate "no referral").

Referrals have been made to the behavioral health services within the respective medical partner sites.

Not included: variety of case management referrals – including food resources, legal aid, refugee services, homeless services, etc.

Organization Name: A New Awakening, Albuquerque, NM
Organization Type: Outpatient Therapy

Organization Name: Albuquerque Behavioral Health, Albuquerque, NM
Organization Type: Outpatient Therapy, Group Therapy

Organization Name: Albuquerque Psychiatry & Psychology, Albuquerque, NM
Organization Type: Psychiatry; Outpatient Counseling

Organization Name: Alcoholics Anonymous, respective locations
Organization Type: 12-Step Support Group

Organization Name: All Faiths, Albuquerque, NM
Organization Type: Child Centered Counseling & Outreach Services

Organization Name: Attachment Healing Center, Santa Fe, NM
Organization Type: Outpatient Counseling

Organization Name: Awake and Aware, Albuquerque, NM
Organization Type: Outpatient Mental Health Counseling

Organization Name: Better Balance Counseling, Alamogordo, NM
Organization Type: Outpatient Services

Organization Name: Bosque Mental Health Associates, Albuquerque, NM
Organization Type: Outpatient Counseling

Organization Name: Carol Parker, PhD, Santa Fe, NM
Organization Type: Psychotherapy

Organization Name: Caroline Williams, PhD, Santa Fe, NM
Organization Type: Outpatient Therapy/Prescribing Psychologist

Organization Name: Casa Milagro, Albuquerque, NM
Organization Type: Outpatient Counseling/Women

Organization Name: CASAA/ASAP (UNM), Albuquerque, NM
Organization Type: Outpatient Counseling

Organization Name: Central New Mexico Counseling, Albuquerque, NM
Organization Type: Outpatient Counseling

Organization Name: Circle of Life, Espanola, NM
Organization Type: Inpatient Rehab

Organization Name: COPE, Alamogordo, NM
Organization Type: Women's Domestic Shelter

Organization Name: Dana Moore, LPCC, CADS, Santa Fe, NM
Organization Type: Psychotherapist

Organization Name: Dawn Perry, PhD, LPCC/Sage Counseling, Santa Fe, NM
Organization Type: Outpatient Therapy

Organization Name: Deborah Thompson, MA, LPCC, LPAT, ATR-BC, SF
Organization Type: Outpatient Counseling

Organization Name: Department of Health, Alamogordo, NM
Organization Type: Health Services

Organization Name: Desert Rose Counseling, Alamogordo, NM
Organization Type: Outpatient Counseling

Organization Name: Devotions, Alamogordo, NM
Organization Type: Women's Halfway House

Organization Name: Endorphin Power Company, Albuquerque, NM
Organization Type: Recovery Housing

Organization Name: Engender, Albuquerque, NM
Organization Type: Outpatient Therapy & Acupuncture

Organization Name: Esperanza, Las Cruces, NM
Organization Type: Outpatient Counseling

Organization Name: Esperanza, Santa Fe, NM
Organization Type: Domestic Violence Residential

Organization Name: First Nations Substance Abuse Program, Truman Health Clinic, Albuquerque, NM
Organization Type: Outpatient Counseling Organization

Organization Name: Footprints Ministry, Albuquerque, NM
Organization Type: Pastoral Guidance & Housing Assistance

Organization Name: Four Winds Behavioral Health, Rio Rancho, NM
Organization Type: Residential Substance Abuse Treatment Center

Organization Name: Four Winds Recovery Center, Farmington, NM
Organization Type: Residential Substance Abuse Treatment Center

Organization Name: Gerald Champion Medical, Alamogordo, NM
Organization Type: Medical

Organization Name: Gerard's House, Santa Fe, NM
Organization Type: Outpatient Grief Counseling

Organization Name: Grace United Methodist Church, Alamogordo, NM
Organization Type: Food, rent assistance, budget counseling

Organization Name: Healthy Families, Albuquerque, NM
Organization Type: Outpatient Counseling

Organization Name: House of Hope, Alamogordo, NM
Organization Type: Men's Halfway House

Organization Name: Housing Authority, Otero, Alamogordo, NM
Organization Type: Supportive Housing

Organization Name: Hoy Recovery Program, Espanola, NM
Organization Type: Residential, Outpatient, Intensive Outpatient Services

Organization Name: Income Support Division, Alamogordo, NM
Organization Type: Food Stamps/Medicaid

Organization Name: Indian Health Services/Behavioral Health, Santa Fe, NM
Organization Type: Outpatient Counseling

Organization Name: Joan Brumage, LISW, Alamogordo, NM
Organization Type: Outpatient Counseling

Organization Name: Kevin Hennelly, MA, JD, LPCC, Santa Fe, NM
Organization Type: Psychotherapy

Organization Name: Kimmie Jordan, Alamogordo, NM
Organization Type: Outpatient Services

Organization Name: LaRocque Counseling Associates, Alamogordo, NM
Organization Type: Outpatient Counseling

Organization Name: Las Cumbres Community Services, Espanola, NM
Organization Type: Outpatient Behavioral Health

Organization Name: The Life Link, Santa Fe, NM
Organization Name: Outpatient Counseling

Organization Name: Life Transitions, Alamogordo, NM
Organization Type: Detoxification Center

Organization Name: Love Inc., Alamogordo, NM
Organization Type: Food Bank

Organization Name: MATS Detox Center, Albuquerque, NM
Organization Type: Detoxification Center

Organization Name: Mesa Vista Wellness, Santa Fe, NM
Organization Type: Outpatient Counseling

Organization Name: Mesilla Valley Hospital, Las Cruces, NM
Organization Type: Detoxification Center

Organization Name: NAMI, Santa Fe, NM
Organization Type: Support Groups

Organization Name: Narcotics Anonymous (NA), respective locations
Organization Type: 12-Step Support Group

Organization Name: New Mexico Rehab Center, Roswell, NM
Organization Type: Detox/In-patient 28-day Rehab

Organization Name: New Mexico Solutions, Albuquerque, NM
Organization Type: Outpatient Counseling

Organization Type: Noah Freedman, M.D., Christus St. Vincent, Santa Fe
Organization Type: Psychiatrist

Organization Name: PMS Family Guidance Center, Santa Fe, NM
Organization Type: Outpatient Counseling

Organization Name: Peace Keepers, Espanola, NM
Organization Type: Domestic Violence Counseling

Organization Name: The Peak Behavioral Health, Santa Teresa, NM
Organization Type: Detoxification Center

Organization Name: Presbyterian CSA, Alamogordo, NM
Organization Type: Outpatient Counseling; Psychiatric Services

Organization Name: Matt Tandy, MA, CCMH, CADAC
Organization Type: Outpatient Therapy

Organization Name: Rebecca Lehnen, MA, LPCC, LADAC Santa Fe, NM
Organization Type: Outpatient Therapy

Organization Name: Rio Grande Counseling, Albuquerque, NM
Organization Type: Intensive Outpatient

Organization Name: Rio Grande Food Pantry, Albuquerque, NM
Organization Type: Food Bank Referral

Organization Name: Samaritan Counseling Center, Albuquerque, NM
Organization Type: Outpatient Counseling

Organization Name: Sangre De Cristo House, Pena Blanca, NM
Organization Type: Women's Transitional Living

Organization Name: Santa Clara Behavioral Health, Santa Clara NM
Organization Type: Outpatient Counseling

Organization Name: Santa Fe Recovery Center, Santa Fe, NM
Organization Type: Residential Substance Abuse Treatment Center

Organization Name: Serna Solutions, Brian Serna, LPCC, LADAC, Santa Fe
Organization Type: Psychotherapy, CRAFT group with LSAA

Organization Name: Shadow Mountain Recovery, Albuquerque, NM
Organization Type: Detox, Residential, Outpatient Services

Organization Name: Shelly Noe, M.D., Las Cruces, NM
Organization Type: Psychiatric/Addiction Services

Organization Name: Sky Center Counseling, Santa Fe, NM
Organization Type: Outpatient Family Counseling

Organization Name: SMART Recovery for Family & Friends, Santa Fe, NM
Organization Type: Support Group/families/friends of those in recovery

Organization Name: Sobering Center, Santa Fe, NM
Organization Type: Detoxification Center

Organization Name: Socorro Mental Health, Socorro, NM
Organization Type: Intensive Outpatient Counseling

Organization Name: Solace Crisis Treatment Center, Santa Fe, NM
Organization Type: Outpatient Counseling

Organization Name: Solutions Treatment Center, Santa Fe, NM
Organization Type: Outpatient Counseling

Organization Name: Southwest Family Guidance Center, Santa Fe, NM
Organization Type: Outpatient Counseling, Home Based Therapy

Organization Name: Southwestern Counseling Center, Santa Fe, NM
Organization Type: Outpatient Counseling

Organization Name: Step House, Alamogordo, NM
Organization Type: Men's/Women's Halfway House

Organization Name: Tri-County Detox Center, Taos, NM
Organization Type: Detoxification Center

Organization Name: Trisha Veech, LISW, Santa Fe, NM
Organization Type: Psychotherapy

Organization Name: Turning Point Detox Center, Alamogordo, NM
Organization Type: Detoxification Center

Organization Name: Turning Point, Albuquerque, NM
Organization Type: Intensive Outpatient

Organization Name: Turquoise Lodge Hospital, Albuquerque, NM
Organization Type: Inpatient Detox/Substance Abuse Treatment Center

Organization Name: UNM Hospital, Albuquerque, NM
Organization Type: Medical Detox

Organization Name: UNMH Psychiatric Services; Emergency Psychiatric Service,
Organization Type: Mental Health, Intensive Outpatient, Addiction

Organization Name: Valle del Sol, Albuquerque, NM
Organization Type: Outpatient Services

Organization Name: Villa De Esperanza, Carlsbad, NM
Organization Type: Residential Substance Abuse Treatment Center

Organization Name: Victory Outreach, Santa Fe, NM
Organization Type: Residential Substance Abuse/Mental Health Treatment

Organization Name: Women's Recovery Center, Albuquerque
Organization Type: 6-month In-patient Rehab

B. Progress Indicator Information

1. **Annual goals:**
   a. How many total clients did the grantee plan to serve by this date (as indicated in the RFA)? #48,000
   b. How many total clients have actually been served to date? #49,662
   c. How many clients did the Grantee plan to serve during this past grant year? #12,000
   d. Total # of clients to be seen over life of grant? #60,000

If this number is not the same as the amount indicated in grant application, please indicate the CSAT approved and revised number in 1a (below):

   d. *Revised* annual goal approved by CSAT grants management: How many clients does grantee plan to serve this year? #9,600
   e. *Revised* total target number for life of grant? #48,000

NM SBIRT received approval from SAMHSA to reduce their annual target from 12,000 to 9,600 and their total target over the life of the grant from 60,000 to 48,000. The NM SBIRT medical partner sites that have been operational since May 2015 have surpassed the annual target for the current grant year. NM SBIRT's projection was to reach 9,800 clients during the final fiscal year and 48,000 for the life of the grant, NM SBIRT surpassed the annual target by 3,649 and the project life goal by 1,062. NM SBIRT set target projections on a quarterly basis to account for the unmet goals for year 1 and 2 of the grant and have met the life of the grant goal. NM SBIRT Implementation Team has consistently maintained focus on the efforts to ensure that established sites remain staffed, well-trained, and effectively functional to reach projection goals.

2. **During the <u>past</u> Quarterly reporting period:**
   a. How many new clients did the grantee plan to serve? #3,000
   b. How many new clients were actually served? #3,585
   c. How many intake/admissions were completed? #3,948
   d. How many clients completed the intake/admissions GPRA assessment but did not receive treatment from project staff? #35
   e. How many clients were discharged from the program before completion (i.e., clients who left the program for any reasons without completing their treatment plan)? NA #196

**(the new DCI does not ask this question)

f. How many clients graduated from the program (i.e., clients who successfully completed the program)? NA

**(the new DCI does not ask this question)

**When SAMHSA transitioned to CDP to include utilization of the DCI, NM SBIRT responded by updating the BHSDStar system to reflect DCI criteria. Due to the need for specific data that was included in the GPRA tool rather than the DCI for reporting purposes, the NM SBIRT Implementation Team determined that removal of DCI options pertaining to discharge and replacement of GPRA tool criteria options in the system was necessary. Modifications to BHSDStar were completed in October 2016.

**The GPRA included the above information regarding successful completion, and the DCI does not. BHSDStar also does not include criteria of the GPRA tool about clients who graduated/successfully completed the program. NM SBIRT requested support as to resolve this issue, and the solution has been pending a response. BHSDStar does not currently include data about the amount of client graduates due to DCI criteria; there have not been modifications in BHSDStar to identify this data.

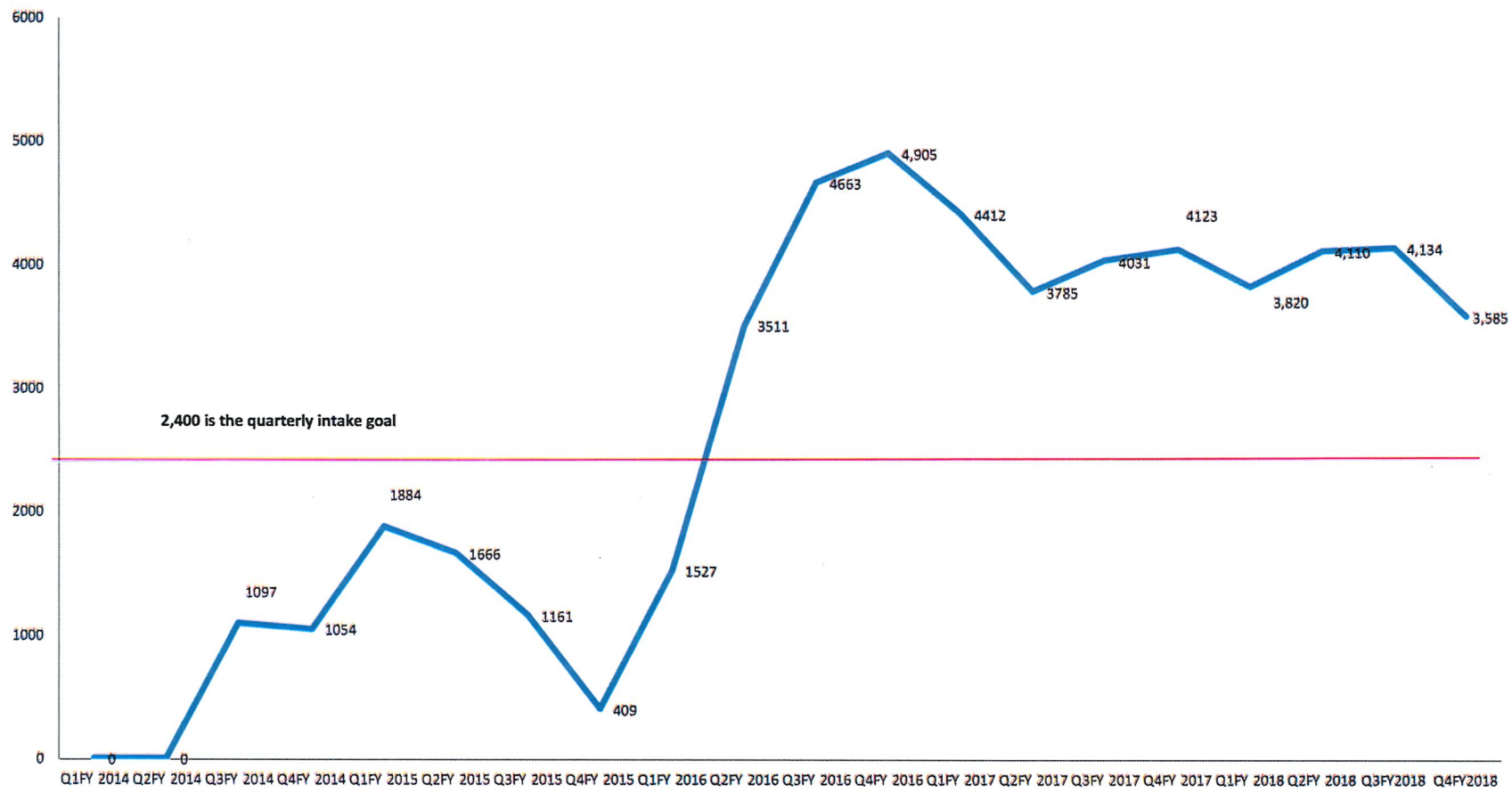
3. **During the <u>next</u> reporting period:**
   This is the final report, thus there will be no future reporting period.

   Below is a table that shows the actual number of intakes by site.

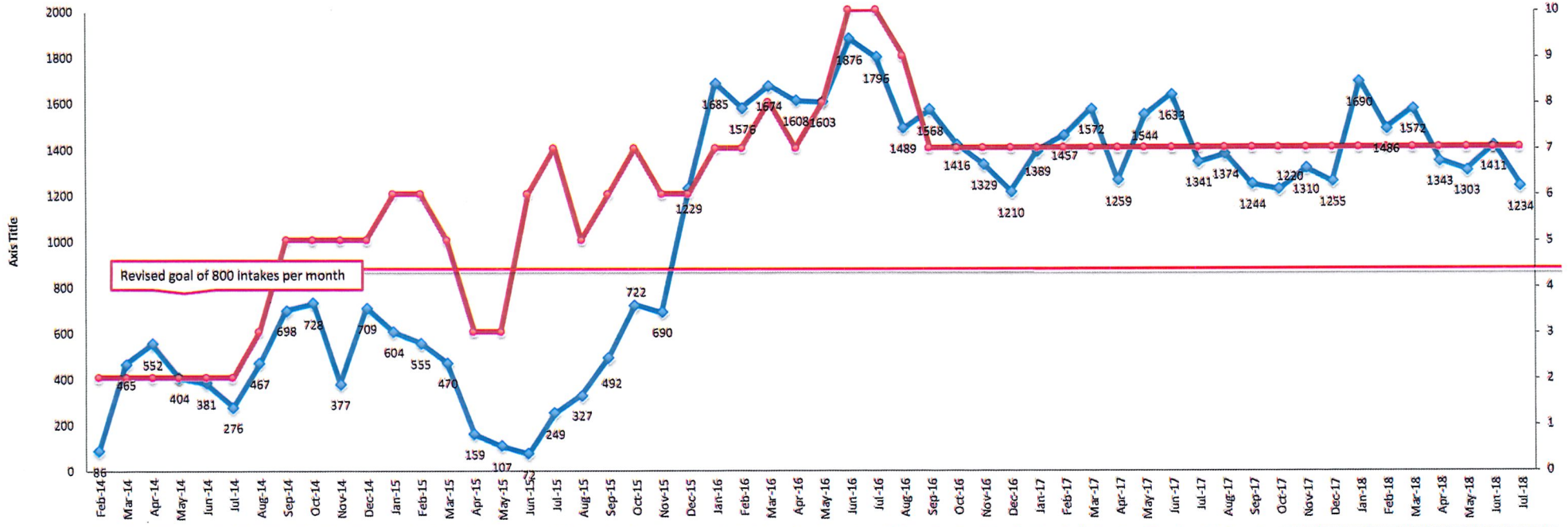
SBIRT Site	Totals for reporting period per site	Date of Transition	Number of Months Operating as SBIRT site
Esperanza Guidance Services	317	June 2015	38
*The Life Link-Christus St. Vincent Entrada Contenta	218	New in August 2016	24
*The Life Link-Christus St. Vincent Family Med Center	268	New in August 2016	24
The Life Link-Santa Fe Indian Health Center	330	May 2015	39 months under Life Link
The Life Link-UNM Hospital	955	May 2015	36
Life Link-First Nations	881	July 2015	39 months under Life Link
Life Link Aspen Medical Center	616	December 2015	32

*These sites were established in August 2016

NM SBIRT Intake Numbers by Quarter
Unduplicated Numbers: Feb 2014 to July 2018



NM SBIRT Intake Numbers by Month
Actual Numbers: May, 2014 to JJuly, 2018



	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
# Intakes	86	465	552	404	381	276	467	698	728	377	709	604	555	470	159	107	72	249	327	492	722	690	1229	1685	1576	1674	1608	1603	1876	1796	1489	1568	1416	1329	1210	1389	1457	1572	1259	1544	1633	1341	1374	1244	1220	1310	1255	1690	1486	1572	1343	1303	1411	1234
# Sites	2	2	2	2	2	2	3	5	5	5	5	6	6	5	3	3	6	7	5	6	7	6	6	7	7	8	7	8	10	10	9	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7

4. **Health Information Technology (HIT) development, improvement and integration (30% of grant expenditure).**

a. How many provider sites are using an electronic health records systems (EHR)? For each site using an EHR, is it certified by an ONC- Authorized Certification Body (http://www.healthit.gov//policy-researchers-implementers/onc-hit-certification-program)? What specific EHR systems are in use?

Number of sites with any EHR:

7 - Each medical partner site has an EHR system that is certified. The following are the medical partner sites that established a MOU with Life Link and the EHR system utilized by each site:

- First Nations Community Health Source — EHR-E-Clinical Works
- Santa Fe Indian Hospital — EHR-RPMS
- UNM Hospital — EHR-Cerner Power Chart
- Aspen Medical Center (Santa Fe) — EHR – Practice Fusion
- Christus St. Vincent EHR – Entrada Contenta — E Clinical Works
- Christus St. Vincent EHR – Family Medicine Center — E Clinical Works

The following is the medical partner site that established a MOU with Esperanza and the EHR system utilized by the medical partner site:

White Sands Family Practice - EHR-Cerner

i. Number of sites with a certified EHR: #7
ii. Number of sites without EHRs: None
iii. Number of sites planning to adopt an EHR in the next year: NA

iv. For each site using an EHR:

1. How many collect client level SBIRT data in the EHR?

Every operational medical partner site (7) collected either some, or all client level NM SBIRT data in their EHR systems.

2. How many include clinical decision support for SBIRT delivery in the EHR?

NM SBIRT utilized the (HLQ) as the universal pre-screen to identify individuals who are positive for NM SBIRT. The HLQ score identifies if an individual is at risk or has a substance use disorder and/or co-occurring disorder. The HLQ score and/or screen have been integrated into the EHR systems of current sites, and the score supports a clinical decision. The sites vary with how and what information is included in their EHR system, as some sites scan the HLQ, enter the score and associated indication

of score, and/or enter progress notes into their EHR system, as deemed necessary for a continuum of care.

3. For what percentage of clients served is data collected in the EHR?

   100% of clients served by NM SBIRT have their clinical data collected within the medical partner sites' EHR system.

b. Health information exchange
   i. Number of sites integrated with their state Health Information Exchange organization (HIE): Not integrated at this time.
   ii. Number of sites not integrated with an HIE: - All sites.
   iii. Number of sites planning to integrate with an HIE in the next year: None at this time.
   iv. Number of records **electronically** exchanged for clients served through this grant: None at this time.
   v. Number of records exchanged **via the state HIE** for clients served through this grant: None at this time.

c. Telehealth
   i. Number of provider sites provide Telehealth services:

   Every NM SBIRT medical partner site has the capability to provide Telehealth services; therefore, there are seven medical partner sites with such capacity. However, each NM SBIRT provider determines utilization as necessary.

   Operational sites overseen by The Life Link, First Nations Community Health Source; Santa Fe Indian Hospital; UNM Hospital; Aspen Medical Center; Christus St. Vincent Entrada Contenta; and Christus St. Vincent Family Medicine Center, did not demonstrated a need to utilize Telehealth for provision of NM SBIRT services. Life Link continued to utilize the videoconferencing software for NM SBIRT Implementation Team Meetings, Clinical Supervision meetings, and The Life Link Team Meetings. Telehealth services are also used as a supportive means of communication for any additional clinical supervision and trainings with other broader community entities. Telehealth utilization for client services remains an available option.

   Esperanza oversees the White Sands Family Practice medical partner site. Esperanza continues utilization of Telehealth/ videoconferencing equipment for participation in NM SBIRT Implementation Team Meetings, clinical supervision, trainings, and provision of NM SBIRT services. NM SBIRT clients receive therapy, Brief Treatment, via Telehealth, as well as a Psychiatric Nurse Practitioner, employee of Esperanza, continues to utilize Telehealth/videoconferencing to serve NM SBIRT clients and address psychiatric medication needs. (Esperanza provides services beyond SBIRT.)

   ii. Number of patients served through Telehealth for SBIRT related services:
   Cumulative: Clients 52 Total hours: 109.5

   iii. What SBIRT services are being provided via Telehealth at each site?
   NM SBIRT provider, Esperanza, reported that NM SBIRT clients of the White Sands Family Practice partner site received Brief Treatment (5) and psychiatric evaluations/follow up (35) services through utilization of Telehealth.

d. Web portals
   i. Number of sites that provide patients with access to a web-portal that includes information or tools related to SBIRT. **N/A**
   ii. Number of patients provided access to the web-portal. **N/A**
   iii. Number of patients accessing the web-portal at least once. **N/A**
   iv. Describe the SBIRT related content that is included in the web-portal. **N/A**
   v. Does the web-portal support two way communications (e.g. can the patient send an email or chat with clinical staff directly)? **N/A**

e. Describe any additional HIT tools that are currently in use or are being implemented

NM SBIRT providers continue to utilize the BHSDStar system with the NM SBIRT portal. Registration, screening, assessment, DCI/GPRA, and service data relative to NM SBIRT screened patients is entered into the NM SBIRT portal. All NM SBIRT direct service site staff utilizes the BHSDStar/NM SBIRT application, as well as the NM SBIRT administrators continue to access data and reports to review status of the project. Both direct service site staff and administrators are able to receive technical support via e-mail communication with the Falling Colors Web Team via a Helpdesk process that includes issuance of tickets for each reported issue.

The NM SBIRT Implementation Team identified a barrier with the follow up sample group that was disallowing a true representation of follow up completion efforts and an accurate follow up rate. The BHSDStar system identifies a client eligible for follow up. The criterion for identification has been a client who screens positive and is willing to participate in services. It was found that this method has been capturing more than a 10% representation of clients who screen positive within each classification, which then results in an excess of required follow ups.

The issue has been addressed, and the resolution is pending application of a weighted sample to which revision of the previous method of identification of the follow up sample identification will be applied in the BHSDStar system to more accurately capture the 10% sample and reflect the staff's efforts of follow up completions.

C. Project Narrative

Provide a narrative section of no more than three to five pages, including the following:

1. Describe project successes since the last reporting period.

See Narrrative Reporting/Sustainability Sections

SBIRT Supervision

- The NM SBIRT BHCs and NM SBIRT CPSWs from each site continue regular, ongoing clinical and programmatic supervision from their respective clinical supervisor.
- Each provider, Life Link and Esperanza, has an identified Clinical Supervisor fully trained in the NM SBIRT model.

- UNM psychiatrist, Dr. Avron Kriechman, continues to have regularly scheduled psychiatric consultation with the NM SBIRT staff of both providers.
- Each NM SBIRT provider continues oversight of NM SBIRT services by conducting medical partner site visits and maintaining ongoing communication with the NM SBIRT site staff and medical partner staff.
- Quality improvement and data management continues to be provided by Sindy Sacoman, Evaluator
- Falling Colors continues to provide technical support for the BHSDStar via e-mail.

SBIRT Meetings

- The NM SBIRT Implementation Team participated in bi-monthly scheduled meetings on the second and fourth Monday of every month, with occasional interfering scheduling exceptions.
- NM SBIRT Implementation Team participants included the administrative staff of NM SBIRT service delivery providers the Life Link (Carol Anderson-Luna, Raymond Anderson, Maureen Rule) and Esperanza (Rachel Madewell); BHSD (Jacqueline Nielson); and UNM CRCBH (Sindy Sacoman, Ann Waldorf, Dr. Avron Kriechman).
- The NM SBIRT Implementation Team meetings maintained a strong focus on sustainability measures, which, have been very successful.
- The most recent quarterly All Staff meeting was held on April 20, 2018.
- The UNM Evaluation Team and BHSD held weekly conference calls to discuss more in depth matters pertaining to Follow Up and Sustainability.
- NM SBIRT participated in conference calls with GPO, RTI, State Grantee Bi-Monthly calls, as required.

Telehealth and HIE

- Life Link and Esperanza utilized Telehealth/videoconferencing for trainings, clinical and programmatic supervision, team meetings, and provision of NM SBIRT services.
- Utilization of telehealth for patient care was specific to the NM SBIRT provider, Esperanza.
- Life Link and Esperanza maintained communication with their medical partner sites about IT functionality and EHR updates, as necessary.
- Falling Colors Technology maintained the BHSDStar system/NM SBIRT application.

2. If grantee received approval from CSAT to change your target numbers, identify the approved change and when they were approved.

NM SBIRT was required to screen 9,600 individuals per year and 48,000 individuals through the life of the grant rather than 12,000 and 60,000, per an approved reduction by SAMHSA in October, 2015.

3. Explain any differences between the numbers of planned and actual clients seen and any apparent grantee/GPRA discrepancies.

NM SBIRT's total for actual clients seen to date and by the end of the most recent quarter was over 35,700; the total for planned clients seen was 38,400, which includes SAMHSA's reduction approval. NM SBIRT data demonstrated a diminished discrepancy between the numbers of planned and actual individuals from previous quarters.

Execution of NM SBIRT services remained stable, and the volume of actual clients continues to consistently exceeded the revised 2400 screens per quarter as well as the NM SBIRT quarterly targeted goal of 3000 per quarter. The continued discrepancy between planned and actual clients seen remains from the deficit of screens from the first and second grant years.

There are no apparent Grantee/GPRA discrepancies for the most recent quarter

4. If there are differences in item #3, explain how the project will catch up to the annual goal for the number of clients seen during the year?

NM SBIRT data reflected that screen production exceeded the monthly targets for the final grant years, which favorably served the objective to achieve the overall target projection. The revised status of productivity warranted the prospect of target attainment to compensate somewhat for the prior grant years' deficient numbers. The NM SBIRT Implementation Team continuesdto have oversight of each medical partner site to ensure consistent and optimal production. The NM SBIRT Implementation Team also continued to assess the existing medical partner sites' operations to ensure that SBIRT services are functioning at an optimal performance level.

5. Describe the successes and challenges associated with conducting follow-up. Explain any differences between the number of follow-ups conducted and those that are due at 6 months. If grantee is below the 80% SAMHSA acceptable level how will grantee catch up with follow ups?

NM SBIRT had a follow-up rate of 52% at the end of the grant. The NM SBIRT Implementation team was aware of the discrepancy between the goal of 80% and the project rate throughout the life of the grant and was proactive throughout the grant There were many lessons learned throughout the life of the grant. Team members attended SAMHSA's follow up trainings and implemented several of the strategies suggested. The first challenge was having too small of a follow up sample by randomly selecting clients whose last 4 of their social security number fell in the 55-84 range. The random selection resulted in a 2.2% sample instead of the desired 10%.

As a solution, the implementation team expanded the follow up pool in April 2016 to include all NM SBIRT clients who screened positive and were willing to participate. The result was a decreased follow up rate due to an increased follow up pool of 25%. There was an overwhelming amount of clients to follow up on. A follow up team was established, trained, and procedures were created, but the follow up rate decreased. NM SBIRT thoroughly reviewed options to resolve the issue. This included discussions with RTI, SAMHSA GPO, and SPARS. NM SBIRT learned that SPARS does not have the capacity to identify a 10% sampling pool associated with each classification based upon the intake status, as configuration of a sampling pool and method is the responsibility of the grantee. NM SBIRT informed RTI of the concern and RTI assisted with offering possible suggestions, but none were viable resolutions. NM SBIRT's Evaluators determined that there was a need for a weighted sample to correct for the oversampling. Once the weighted sample was determined, the team met with Falling Colors, the intermediate database developers and determined the need to change the system/database to incorporate the weighted sample.

NMSBIRT applied a weighted sample pool in order to reach the required 10%. This approach, enabled the follow-up team to focus on a smaller follow-up pool with much more intensity. NM SBIRT prepared the follow up team and the staff at clinic sites to assist in conducting reassessments in hopes of increasing the follow up rate. The new follow up sampling took effect in early November and the impact was seen in April. Unfortunately, the program was preparing to close out, no major change was seen in the follow up rate. In addition, the program coordinated with homeless shelters in order to located SBIRT clients in need of reassessments.

In August 2016, the Follow Up process was transferred to the University of New Mexico (UNM),

Center for Rural Community Behavioral Health (CRCBH), to allow site staff to focus their efforts on screening and treatment services. The transitional period took place at the same time as the follow-up sample pool was expanded to include all clients screened and this resulted in a decreased follow up rate, but UNM CRCBH worked on methods to increase the follow up rate and was able to increase the rate over the months.

UNM CRCBH Evaluation provided training, created follow-up scripts and follow-up protocols. In addition, follow-up staff focused on a set of follow-up clients per staff to increase relationship building. Clients received a call within the first month after intake, at 3-months they received a reminder letter, and at 5-months the follow-up call. Hard to reach clients received a mailer indicating that UNM CRCBH has been trying to get a hold of them. Three staff conducted follow-up calls; this included one Spanish speaking interviewer. First Nations Community Health Source and Santa Fe Indian Hospital began conducting their own follow-ups in February 2017, due to their unique populations and cultural considerations. Beginning April 2018, Christus St. Vincent Family Medical Center and Christus St. Vincent Entrada Content clinic sites, and Aspen Medical Center, under the oversight of Life Link, all joined in to conduct their own follow-up interviews to enhance follow-up rates due to the site's familiarity with established patients. The University of New Mexico Hospital site (Emergency and Trauma Departments) had barriers to conducting follow ups. The space they shared was not conducive to conducting follow-up interviews due to the fact that their work stations are in an area they share with nursing staff and UNMH finds it to be disruptive when NM SBIRT staff are making calls. The medical partner site under the oversight of Esperanza has always conducted their own follow up interviews and continued to do so.

Furthermore, follow-up staff hours included limited evening hours in order to reach working clients. Locator forms were in place at all our sites since the start of the project. The difficulties that NM SBIRT staff experienced include transient and out-of-state patients who frequent Emergency Departments and Urgent Care center sites, disconnected phones, the amount of times it takes to reach each client, no or incorrect contact information, hours clients are available for follow up, lack of familiarity with the UNM staff, transportation issues, and direct refusals

6. Note any changes in project goals and objectives or corrective action plans and progress toward achieving them. Identify who approved these changes and when they were approved.

N/A

7. Note any changes in your project service delivery method since the last reporting period. Identify who approved these changes and when they were approved.

N/A

8. Describe any efforts to expand the project's capacity to serve the target population.

N/A

9. Describe the efforts taken and progress related to training non-grant entities. Please include a list of the partners.

- Training remained accessible to any interested entity upon their request. On April 26, 2018, Maureen Rule, Bryan Stuppy and V. Ann Waldorf presented on NM SBIRT to UNMH Psychiatry Residents at their monthly Mortality and Morbidity luncheon.
- The Life Link Clinical Supervisor/Project Director, Maureen Rule, continues to meet, post grant, with representatives from the Bernalillo County Community Health Council (BCCHC) monthly, the New Mexico Poison Control Center at UNMH, and the City of Albuquerque, at their request, to give brief SBIRT education, updates and help facilitate mutual efforts to assist persons with SUDs. She continues to assist in identifying additional community sites where distribution of Narcan will be of benefit to the community at large. Ms. Rule

facilitated, in coordination with Sharz Weeks, of BCCHC, Narcan distribution for the main clinic site of First Nations Community Health Source. Through partnering with BCCHC, Ms. Rule arranged for an additional Narcan "Train the Trainer" presentation which was given by Sharz Weeks of BCCHC, for additional main clinic FNCH site staff and at least two other FNCH sites on May 30, 2018.

10. Please indicate the number of special community settings and populations served under the disparities statement, if any; or other populations of note (i.e. National Guard, Employee Assistance Programs, Schools, etc.).

- NM SBIRT services remain operational at Santa Fe Indian Hospital, and the patients served are predominantly Native American.
- First Nations Community Health Source serves predominantly Native American, Hispanic, Asian, and a variety of other underserved, persons experiencing homelessness and other impoverished immigrants of a variety of nationalities that are pocketed in the SE area of the city, where FNCH/Zuni is situated.
- Esperanza Guidance Services' identified medical partner site in Alamogordo, White Sands Family Practice, has a significant German population.
- NM SBIRT medical partner sites also serve the Hispanic population.
- Veterans, LBGTQ clients, clients involved with the criminal justice system, disabled clients to include clients from the School for the Blind also have been identified as served clients of NM SBIRT.
- New Mexico has many rural locations, and NM SBIRT services are active within rural areas.

11. Note any changes in or concerns about grantee's financial status that may affect the implementation or operation of the grant. Include changes in other sources of funds supporting the project, budgets during the reporting period that required PO approval, or project changes in budgeting during the reporting period that will require PO approval. N/A

13. Provide information disseminated to others about project (i.e., via newspaper article, TV or radio coverage, public presentations, presentations at local/state/national conferences, and publications).

Santa Fe Reporter did a newspaper article summary on the overall NM SBIRT program.
New Mexico Behavioral Health Collaborative.
Behavioral Health Provider's Association.
HSD Medicaid Advisory Committee

14. Describe any project challenges the grantee encountered and strategies implemented for overcoming them.

- Meeting the needs of rural communities that often have existing limited services has been a challenge. NM SBIRT utilized video conferencing/Telehealth, as necessary and applicable.
- NM SBIRT focused on improving the follow up rate. The follow up the sampling group exceeds the required 10% of positive clients overall and for each classification, as explained in detail above. NM SBIRT determined that a weighted sample application in the BHSDStar system, designed to eliminate the excess 10% of the sampling group, decrease the volume of required follow ups, and more

accurately reflect the efforts of site staff with completed follow ups. In April 2018, NM SBIRT staff began assisting UNM in completing follow-up assessments.

15. Please note any use (or planned use) of automated approaches to providing services and any progress/barriers to automated implementation. N/A

16. Note any technical assistance needs the project may have. N/A

17. If the grantee conducts HIV outreach activities, identify the number of outreach events planned, number of outreach events actually completed, number of HIV tests planned, number of HIV tests actually completed, and the number of new clients that grantee plans to serve in the next six months. N/A

18. Note additional information that the grantee would like GPO to know about project.
See Narrative section at the end of this report.

POLICY STEERING COMMITTEE

I. Describe the activities taken by the program to develop and promote electronic health record and health information exchange integration of SBIRT?

NM SBIRT providers communicated with the IT staff of each medical partner site regarding NM SBIRT HIE/EHR, as necessary. As indicated earlier, all of the current NM SBIRT sites under each provider have integrated NM SBIRT behavioral health documentation into their EHR.

Health Information Exchange remains an immense undertaking. Each medical partner site has an EHR system, but EHR systems vary statewide. The various EHR systems are not compatible to each other.

II. Please indicate the Policy Steering Committee's role and/or plans to correct any program related issues identified in this report.

The NM SBIRT Implementation Team assumed responsibility for the objectives that were attached to the purpose of the NM SBIRT Policy Implementation Committee (PIC), as the objectives of the PIC are integrated in the role of the NM SBIRT Implementation Team. The identified role of the NM SBIRT PIC includes the following: identify the most efficient approaches to achieve sustainability, workforce development, implementation of HIT, training to non-grant systems, social marketing and dissemination, interfacing with policy making bodies, and performance review. The NM SBIRT Implementation Team continually strived to achieve consistent objectives with decisions made to develop and sustain the SBIRT project.

With regard to workforce development, NM SBIRT continued acceptance of CADACs as an eligible status to fulfill the BHC role. NM SBIRT oriented primary care providers to the service, as was made available to train any aspect of the model including but not limited to therapy modalities included, upon request. NM SBIRT remained open to training non-grantee entities upon request and had interest from various organizations during the grant, however, post-grant there have been several (see sustainability section).

III. Describe the sustainability planning efforts the Policy Steering Committee has engaged in during the recent reporting period. Specifically, provide detail on the following items:

a. Describe (or attach) the program's annual plan for sustainability, including efforts to promote the adoption and use of SBIRT Medicaid/Medicare billing codes.

b. Note changes in local conditions that may affect continued project success (i.e., changes in economic situations, funding for services, political changes, and emergence of new drug trends).

NM SBIRT had the full support and backing of the NM Behavioral Health Services Division (BHSD) which resulted in two significant changes to support NM SBIRT sustainability as well as expansion. BHSD procurews "gap" funding in order to sustain NM SBIRT services during the interim period from when the grant ends on July 31, 2018 and the Medicaid Waiver 1115 begins on January 1, 2019. This new state funding allowed The Life Link to continue to manage our currently operating sites and continue to pay current NM SBIRT site staff in order to assure no interruption of NM SBIRT services. Effective January 1, 2019, passage of the Medicaid 1115 waiver will allow any NM SBIRT trained and certified primary care clinic or hospital with NM SBIRT certified staff throughout the state to bill for screens and brief interventions. For the first time peer support workers will be able to bill for service.

UNMH made the decision to hire its own SBIRT in-house personnel in order to fulfill their Level I Trauma Center status. TLL did not pursue gap funding for Christus St. Vincent Family Medical Center due to the need to choose the more productive of their two operational sites in order to give more consistent care from the staff that is currently splitting their time at Christus St. Vincent's (CSV) two sites. CVS-FMC will be able to apply for NM SBIRT certification and the accompanying training for the new funding which becomes available January 1, 2019. At that point, all sites wishing to retain NM SBIRT services will hire existing NM SBIRT staff or utilize other SBIRT certified staffing.

NM SBIRT Administrative personnel and New Mexico Medicaid of BHSD have been co-writing rules and policies and procedures to effect this change. For the first time, Certified Peer Support Worker services for NM SBIRT will be reimbursable using the H0049 for Screens and H0050 for Brief Interventions. BHCs, if hired by current sites, will be able to bill both Medicaid and private insurances at the standard determined rates.

The draft Medicaid Rule to sustain and expand NM SBIRT is as follows:

8.321.2.33 SCREENING, BRIEF INTERVENTION & REFFERRAL TO TREATMENT (SBIRT)

SBIRT is a community-based practice designed to identify, reduce and prevent problematic substance use or misuse and co-occurring mental health disorders as an early intervention. Through early identification in a medical setting, SBIRT services expand and enhance the continuum of care and reduces costly health care utilization. The primary objective is the integration of behavioral health with medical care. SBIRT is delivered through a process consisting of universal screening, scoring the screening tool, and a warm hand-off to a SBIRT trained professional who conducts a face to face brief intervention for positive screening results. If the need is identified for additional treatment, the staff member will refer to behavioral health services.

A. Eligible providers and practitioners

(1) Providers:

(1) primary care offices including FQHCs, IHS and 638 tribal facilities
(2) patient centered medical homes
(3) urgent care centers
(4) hospital outpatient facilities
(5) emergency departments
(6) rural health clinics
(7) specialty physical health clinics
(8) school-based health centers

(2) Practitioners may include:

(a) Licensed nurse trained in SBIRT
(b) Licensed nurse practitioners or Licensed nurse clinicians trained in SBIRT
(c) Behavioral health practitioner trained in SBIRT
(d) Certified peer support worker trained in SBIRT
(e) Certified community health workers trained in SBIRT
(f) Licensed physician assistant trained in SBIRT
(g) Physicians trained in SBIRT

(h) Medical assistants trained in SBIRT
(i) Community health representative in tribal clinics trained in SBIRT

B. Coverage criteria

(1) screening shall be universal for recipients being seen in a medical setting
(2) referral relationships with mental health agencies and practices are in place
(3) utilization of approved screening tool specific to age described in the Behavioral Health Policy and Billing Manual
(4) all participating providers and practitioners are trained in SBIRT through state approved SBIRT training entities. See details in the Behavioral Health Policy and Billing Manual.

C. Identified population:

(1) MAD recipient adolescents 11 – 13 years of age with parental consent
(2) MAD recipient adolescents 14 - 18 years of age
(3) MAD recipient adults 19 years and older

D. Covered services:

(1) SBIRT screening with negative results eligible for only screening component
(2) SBIRT screening with positive results for alcohol, or other drugs, and co-occurring with depression, or anxiety, or trauma are eligible for:
a) screening;
b) brief intervention and referral to behavioral health treatment if needed.

E. Reimbursement: See Behavioral Health Policy and Billing Manual for coding and billing instruction

NM SBIRT Administrators/Evaluator assisted in writing the details in the Behavioral Health Policy and Billing Manual. Any medical settings who wish to participate in NM SBIRT will need to be certified through BHSD and all eligible staff must be trained in the NM SBIRT model and certified in order to bill for NM SBIRT services. Along with certification and building a standard curriculum which will include, but is not limited to Mental Health First Aid, Motivational Interviewing, QPR, HIPAA/42 CFR Part II, training will also include additional modality training for licensed behavioral health counselors. Steps are also taking place in order to assure on-going fidelity to the NM SBIRT model at all medical sites who become certified.

With respect to current/emerging drug trends, NM SBIRT is coordinating with statewide efforts to make Narcan available at SBIRT sites given the current fatal overdose epidemic rates nationwide. New Mexico currently ranks 15th nationwide, for drug overdose death rate with a rate of 25.2%. New Mexico entities, county and state, have received a total of approximately $12 million dollars for the purpose of getting free Narcan kits and rescue breathing masks out to as many users, as well as their friends and families, as possible. Raymond Anderson and Maureen Rule attended a Narcan Train the Trainer workshop and they have conducted trainings for NM SBIRT and medical site staff. Ms. Rule is also coordinating with the county and state who are furnishing Narcan kits and masks. Aspen Medical Clinic in Santa Fe and First Nations Community Health Source SBIRT and regular staff have been trained in rescue breathing and usage of Narcan. These two NM SBIRT sites are providing training and distributing Narcan kits to patients. As aforementioned, Ms. Rule facilitated the expansion of Narcan training at FNCH ancillary sites. UNMH's Legal Department recently authorized Narcan distribution at the hospital and following UNMH's legal dept. approval, were able to implement Narcan distribution in the Emergency Department recently. Esperanza at White Sands Medical are trained and distributing Narcan to patients along with appropriate education on its use. Sites we have spoken to are fully on board with this and grateful to NM SBIRT for facilitating this adjunct benefit for their patients. Post grant, Raymond Anderson and Maureen Rule conducted Narcan training at HopeWorks, one of the largest homeless services organizations in Albuquerque, and provided them with TLL purchased Narcan. Ms. Rule further facilitated HopeWorks connection to Bernalillo County Community Health Council for a Train the Trainer workshop for HopeWorks and arranged for on-going supplies of Narcan through BCCHC.

c. What specific actions has the Policy Steering Committee taken during the reporting period to implement the program's sustainability plan?

See Section III. Expansion of NM SBIRT service delivery providers located in various locations within the state aligns with sustainability efforts in that NM SBIRT services are not isolated to a specific area.

d. **Describe the achievements and/or challenges related to implementing the program's sustainability plan.** Sindy Sacoman, Carol Luna-Anderson and Maureen Rule from the NM SBIRT program met with the State and with Medicaid staff to develop a Medicaid policy and reimbursement plan. They developed Medicaid definitions, SBIRT program guidelines and requirements for reimbursement and training needs. Partner clinics and hospitals/Emergency Departments, received site visits by SBIRT program team members Raymond Anderson and Maureen Rule. Partner sites were informed of the training requirements by Medicaid for reimbursement purposes for 2019, and notified of the five-month period post grant extended gap funding being covered by the State Office of Substance Abuse Prevention during the transition post grant from July 31, 2018 through December 31, 2018 to Medicaid billing commencing on Jan. 1, 2019. (Refer also to Section III)

During site visits to operational sites, Raymond Anderson, Sindy Sacoman and Maureen Rule discussed with partner sites intentions to continue with SBIRT. Esperanza/White Sands Family Medical has committed to continuing and we strongly believe that Santa Fe Indian Hospital and First Nations will continue as well. Aspen is reviewing service provision and monitoring the number of Medicaid patients to see if hiring dedicated SBIRT personnel is feasible for their clinic. During the course of the site visits Christus St. Vincent's administrators expressed their intention to implement SBIRT at all of their numerous locations going forward.

What are the Policy Steering Committee's next steps for supporting sustainability during the next reporting period?
(Section III).

Project Outcomes:

Demographics:

The NM SBIRT project screened 46.5% males and 53.4% females, approximately equal rate due to the implementation of a universal screen. The project had a minimum age of 18 and people of all ages. We had a slightly higher number of 25 to 34-year old. The table below provides the age breakdown for the entirety of the project.

Age Group	Frequency	Valid Rate
18-24	4,966	12%
25-34	8,814	21%
35-44	7,753	18%
45-54	7,781	18%
55-64	7,463	17%
65+	6,141	14%
Total	42,918	

Drug Use:

The drug of choice in New Mexico continues to be alcohol, followed by marijuana, methamphetamines, heroin, and crack cocaine. The table below provides frequencies and rates based on a sample of 20,539 intakes.

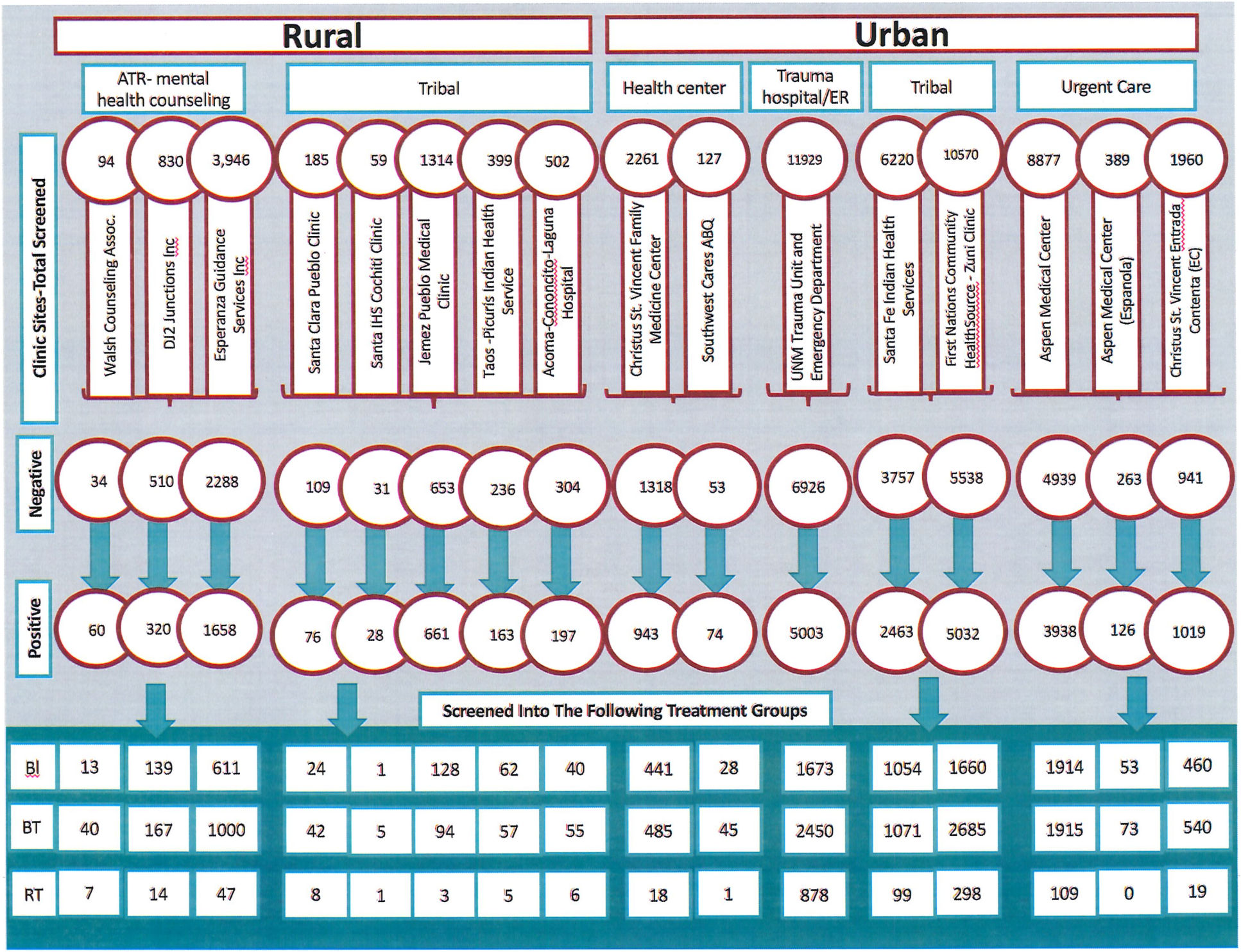
Drug of Choice	Frequency	% Used
Any Alcohol	3,581	17.4%
Marijuana	1,818	8.9%
Methamphetamines	516	2.5%
Heroin	342	1.7%
Crack Cocaine	182	.9%
Other Illegal Drugs	53	.3%
Inhalants	5	0.0%

Project Sites and Site Data:

The SBIRT project was integrated into 16 various medical sites since it started in 2014 (please see diagram below). On average, there were 7 sites implementing SBIRT at any given time. Site locations varied from rural to urban and included tribal healthcare settings, health centers, urgent care centers, as well as trauma and emergency room departments. Many of the medical sites saw benefits to having SBIRT and although no longer part of the project, have hired some of the trained SBIRT staff and continue to offer SBIRT services and/or plan to in the near future.

Behavior Change:

The NM SBIRT project saw positive behavior change outcomes in several categories (please see diagram below). The most significant change was with substance and illegal drug use.


Rural
Urban
ATR- mental health counseling
Tribal
Health center
Trauma hospital/ER
Tribal
Urgent Care
Clinic Sites-Total Screened
94
830
3,946
185
59
1314
399
502
2261
127
11929
6220
10570
8877
389
1960
Walsh Counseling Assoc.
DJ2 Junctions Inc
Esperanza Guidance Services Inc
Santa Clara Pueblo Clinic
Santa IHS Cochiti Clinic
Jemez Pueblo Medical Clinic
Taos -Picuris Indian Health Service
Acoma-Cononcito-Laguna Hospital
Christus St. Vincent Family Medicine Center
Southwest Cares ABQ
UNM Trauma Unit and Emergency Department
Santa Fe Indian Health Services
First Nations Community HealthSource - Zuni Clinic
Aspen Medical Center
Aspen Medical Center (Espanola)
Christus St. Vincent Entrada Contenta (EC)
Negative
34
510
2288
109
31
653
236
304
1318
53
6926
3757
5538
4939
263
941
Positive
60
320
1658
76
28
661
163
197
943
74
5003
2463
5032
3938
126
1019
Screened Into The Following Treatment Groups
BI
13
139
611
24
1
128
62
40
441
28
1673
1054
1660
1914
53
460
BT
40
167
1000
42
5
94
57
55
485
45
2450
1071
2685
1915
73
540
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7
14
47
8
1
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5
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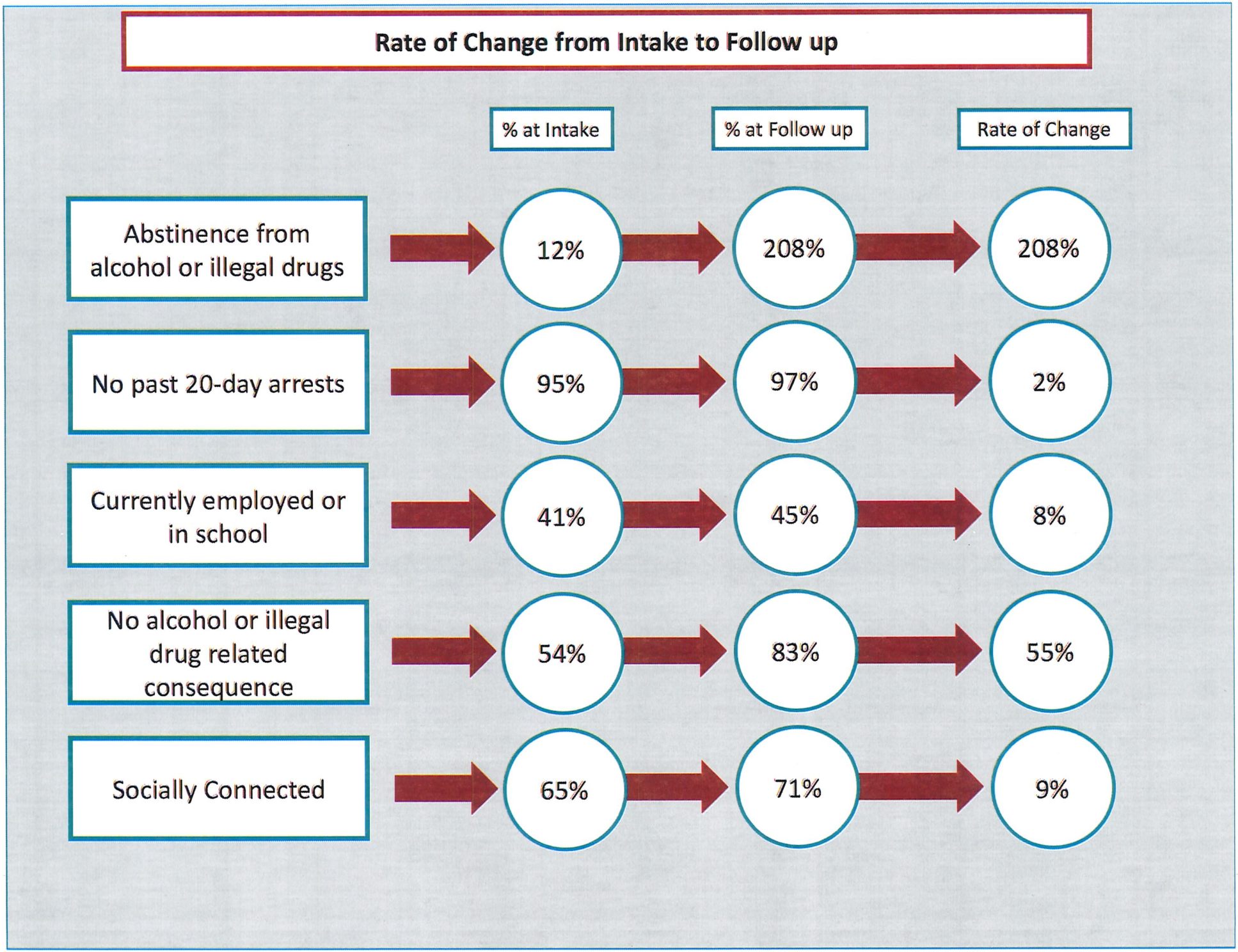
18
1
878
99
298
109
0
19


Rate of Change from Intake to Follow up
% at Intake
% at Follow up
Rate of Change
Abstinence from alcohol or illegal drugs
12%
208%
208%
No past 20-day arrests
95%
97%
2%
Currently employed or in school
41%
45%
8%
No alcohol or illegal drug related consequence
54%
83%
55%
Socially Connected
65%
71%
9%

Qualitative Narratives: *It is important to note that many of these and many more stories were shared during All Staff meetings and were reminders of the hard work they did, their dedication and commitment to the patients they worked with, and served as morale boosters to frontline staff.*

Client success stories collected throughout the grant from The Life Link NM SBIRT staff:

- I am currently working with a young male that was dealing with addiction issues, primarily with cocaine. Due to his cocaine use he had recently been hospitalized with heart complications. He began seeing me for therapy shortly after. Over our work together he has been able to remain sober from cocaine use for multiple months and has developed healthy lifestyle changes to support his recovery. He now spends the time that he used to spend using cocaine playing music and exercising. He has decided to return to college to pursue his passion for horticulture. He still faces challenges and temptations but he has come a long way and has been able to implement positive reinforces to sustain his desired healthy lifestyle.
- 3 months ago met with patient and administered the HLQ/DCI. The man is a UNM grad student from Africa. He screened moderate to high risk alcohol use. I showed him the results of the screen and asked him what he thought about his drinking patterns. He hesitated and admitted that he had been wondering if it was interfering with his goals. We set an appointment and in session he set an initial goal of limiting his drinking to 2-3 drinks each night on the weekend. We met again in two weeks. During that time, he had adjusted his goal to abstinence from alcohol and was successful in being abstinent for 7 days. In his most recent session he extended his goal to 30 days. He called me and said he was successfully met his goal of staying sober 30 days. He was very happy about his clarity of mind, his rising in the morning without a hangover and his improving relationship with his girlfriend. This was very positive result for engaging with the SBIRT screening process and 3 therapy sessions. Patient is to contact me if he feels the need.
- Georgia (not her real name) is a young woman in her early 20's, came to our clinic following her being raped. SBIRT therapist conducted a brief intervention and scheduled a counseling session with her. She was also dealing with the loss of her job and her boyfriend. All of these events/losses resulted depression and trauma symptoms. Georgia was coping through binge drinking to the point of black out and additionally was self-medicating through use of cocaine and cannabis. She reported that she had tried to seek help on several occasions in the past and felt like people did not care. Georgia attended 7 sessions with SBIRT therapist. Through an increase in identifying supports, focusing on self-care, utilizing motivational interviewing and understanding trauma symptoms, patient was able to decrease drug use and drinking to low risk drinking, no cocaine and minimal cannabis use. Due to her trauma and expressed feelings of abandonment this SBIRT therapist talked with her about transitioning to another therapist whom she could work longer term with. In the middle of the transition after two weeks of Georgia decreasing drinking pattern, she blacked out one night from drinking and shot herself in the arm with a .22 pistol. SBIRT therapist worked with referral therapist, hospital and patient to facilitate a warm handoff to new therapist. In addition to working to stabilize this young woman through behavioral changes, identifying values and support, this SBIRT therapist worked with her initially to obtain insurance, psychiatric services (as patient needed adjustment to her medication as part of coming into to our clinic site) and admittance to an IOP. Georgia was able to get Medicaid through a referral to The Life Link by this SBIRT Therapist. Once insurance was obtained this allowed patient to transition to a therapist with whom she could work more long term with, to meet with a psychiatrist she connected to and felt safe with and become enrolled in an IOP group. The patient reports she is grateful to the SBIRT program for helping her to navigate these systems that were very intimidating for her as well as help stabilize and support her as she was obtaining the help she needed. Georgia reports a good connection with her new therapist, psychiatrist and IOP

group. Patient reports she is not drinking or using drugs at all currently. She reports she still has ups and downs but feels that people care about her and she now how support she needs in her community.

- I recently interacted with a gentleman in his 60s. He is an armed forces veteran. He has had a long-standing diagnosis of PTSD and has engaged in a variety of treatment services throughout the years. He refuses to return to the VA after several disappointing experiences but has found some success with one private practitioner in particular. Though he found some success, he could no longer afford to go after 4 sessions. For about half a year before coming in to meet with me, his alcohol use had been increasing due to the concurrent increase in PTSD related symptoms. He reports that symptoms related to PTSD have tended to come and go in his life. He states that when they are at low level, they are still there and have never entirely gone away. When they are at a mid to high level, he usually begins to drink, which initiates a pattern that often leads to further issues within work and relationships, and perhaps further trauma. Upon our first meeting he was experiencing extreme intrusions, including flashbacks that often caused alarming physical reactions. He was sleeping poorly, generally awakening every morning at 3:00am due to nightmares. Unable to fall back asleep, he would go to the kitchen and drink. We have met 5 times in the span of 2 months. He has also connected with in-house psychiatry, via SBIRT, and has been utilizing Naltrexone in addition to regular therapy sessions. As of today he has been sober for 1 month, is re-engaged in activities he enjoys, which had fallen to the wayside over the years, is sleeping through the night, and has not experienced a single flashback in over a month. He reports feeling highly grateful and satisfied with SBIRT services and is eager to continue the work.
  One thing this gentleman shared that has stuck with me is that in the past he has been used to being asked questions by therapists as though they are writing a case study, or doing research. In his experience, it felt like they wanted to know the details of the trauma he experienced without sensitivity to how detailing the stories affected him. He reports that he would have been less disturbed by this had they then provided him with support and skills and tools to be used in the face of his distress, but he did not feel they did so beyond Rx. medication he does not feel benefitted him. He extended his appreciation that I have not asked him to talk to me about the traumatic incidents, but have rather focused on his current experience. This has offered him the opportunity to divulge information as it feels safe to do so. In conjunction, we have utilized CRA, Seeking Safety and Impact, as well as emotional processing approaches and supportive interventions to what appears to be an effective end. We will continue our work, hopefully honing the strengths he has been rediscovering while building in new skills and tools to aid in diminished activation and further physical ailment related to alcohol consumption.
- I recently had a clinic patient come in for 3 mental health sessions. She had been threatened by her boss, who refused to pay her, and then sent someone to throw rocks and eggs at her house. She was suffering from severe PTSD and could not leave the house without having panic attacks. During the first session we reviewed the chapter from "Seeking Safety" on grounding/safety. We had just finished practicing the in-session mental grounding when the fire alarm sounded and we had to evacuate the building. When we were outside I directed her to look at the tree as we did with the things in the office. When we returned to the office she indicated that she was feeling calm and when she was outside had started focusing on the rocks on the ground before I even suggested looking at the tree. During our next session, a week later, she indicated that she had begun leaving the house and doing things with her husband and children, and she was no longer experiencing panic attacks.
- I have been seeing a gentleman who came into our site on the day he was released from prison serving time for domestic violence, public intoxication, and resisting arrest. He detoxed in prison and was determined to do what it takes to maintain sobriety. Prior to being arrested he had been a victim of a home invasion and threatened with a gun by the burglar. He was suffering from PTSD and struggling with depression and anxiety. Because his drug of choice was alcohol, he has placed a tremendous importance on attending AA. Because of his drinking, and domestic violence, his wife left him with their son and moved out of state. Upon being released from jail he went to stay with his parents. One day he came into the session indicating that he had gotten into an argument with his dad and had stayed that night at a local

shelter. During the session we used CRA to work on communication and anger management. During the next session he reported that he had been able to talk with his dad and was again staying at his parent's house. He was also able to avoid getting into a physical altercation with an intoxicated individual at a bus stop. He is looking for an AA sponsor and has befriended a man who has been 30 years sober. This man asked my client to evaluate some of his reasons for drinking. During one of our first sessions we had completed a Functional Analysis of his drinking behavior (CRA) so we reviewed it which opened the door to completing a Functional Analysis on a Pro-Social behavior (CRA). He has a passion for building model cars, trains and planes. He indicated that he had packed in a box some unfinished models and has agreed to pull them out to work on them during the Holidays. Because he continues to startle easily and continues to have nightmares, he has also begun to attend a "Seeking Safety" men's group.

- I had a patient this past week who scored SBIRT positive. During the BI, I asked the patient to call and make an appointment with an agency which could provide appropriate services. The patient called me later in the day and asked me if I could see her daughter. Within an hour of conducting the BI with mom, the daughter called and set up an appointment to meet me the very next morning. In meeting, the daughter explained that she had experienced multiple episodes of sexual abuse over her lifetime. The daughter further elaborated that she had revealed to her mom only a month ago the occurrences of these sexual assaults. The daughter said she is having nightmares and constant anxiety since revealing her experiences to her mom. During the BI I contacted an agency which can provide appropriate services and the daughter is now receiving treatment. I feel very fortunate to be working in a setting that allows me to help people find and receive mental health and substance use treatment.
- I received an in-house referral from site staff to assist a patient who wished to access specialized treatment for her alcohol addiction. I made contact with the patient, and she stated that she was needing assistance to get into an inpatient treatment program. I introduced myself, and told her about our SBIRT Program at the clinic. When the HLQ was administered, she fell into the referral to treatment category. She stated that she made contact with many inpatient treatment programs in Albuquerque but there would be a long waiting list. She stated that she contacted Turquoise Lodge and Four Winds Behavioral Health Services but had no luck, it seemed like a dead end road for her, in addition that she was told there were 200 applicants on the waitlist ahead of her. I had her sign a release of information, and decided to make contact myself with Four Winds Behavioral Health after conducting the Brief Intervention. The client stated that she needed to make a change in her life, and that if she did not, she would not live a long life. She stated that she wanted to make a change not only for herself but was motivated to do it for her granddaughters. She was also homeless but staying with her daughter in Albuquerque was not an option because of her addiction with alcohol. I called Four Winds and spoke to and spoke with the receptionist, I introduced myself and the purpose for my call. I told her my clients situation, and her desire to be admitted to their inpatient treatment program. She stated that there were 2 beds available and the possibility of those beds being reserved. I then spoke with the Intake Coordinator and told my clients story. Unfortunately, the 2 beds available were already reserved for 2 potential female applicants. I explained to the Intake Coordinator of the possibility of the client returning to Arizona and that I was concerned for her safety as well because the client would have to hitchhike back to the reservation. She had hitchhiked from Arizona to Albuquerque. The Intake Coordinator stated that if a bed became available, she would notify me. I contacted the client, who became very saddened, and I told her not to give up, that in the midst of adversity, there is always hope, and being a spiritual client, she stated that she would pray. The next day, I received a surprise call from Intake Coordinator, who stated that a bed became available and that she would give that bed to my client. I immediately called the client, she said her prayers were answered, and she was very grateful for my work and dedication to help her get into Four Winds BHS. Although, the doors were closed for the client, 2 days later those doors were re-opened because of my position as a Peer Support Worker. I thanked the staff at Four Winds for their consideration and their willingness to help

my client, even though there were 200 applicants on the waiting list. The client entered into treatment 2 days later, and the client called me 2 weeks ago, thanking me again over the phone for helping her.

- Last week I got a great call from a former SBIRT client. I met this patient in the emergency room one year ago in December 2015. He was in the emergency room because he had shot himself in the leg with a handgun he owned. He explained that he had a habit of handling the many weapons he owns. He was also in the habit of drinking a lot of alcohol daily. This combination resulted in this patient being intoxicated, passing out with the gun in his hand. The gun then went off when he was passed out and he shot himself in the leg. I completed the SBIRT screens and met with the patient for CRA therapy while he was in the hospital. This patient then continued to see me on an outpatient basis for his entire 12 sessions. He was enjoying our sessions and we arranged for him to be transferred to another therapist referred to him by his primary care provider. When he called me last week he boasted that he had not had a drink for over a year since I met with him in the UNMH emergency room. He also proudly told me he had also lost 90 pounds! I received a warm-hand off from one of the providers to meet with a 79 year-old female patient. I was given a briefing on her situation with alcohol addiction before entering the room. Reviewing the patient scores on the HLQ, she was at a 3 with alcohol and was negative for depression, anxiety, and trauma. She also scored negative for Marijuana and taking medications in a non-prescribed way. Before meeting with the patient, I gathered my Locator Form, business card, laptop and readiness ruler sheet with the NIAA Safer Drinking Guideline. The provider had mentioned that the patient was in denial, even though in the past year, she ended up in the Emergency Room for a sustained injury related to high alcohol consumption. She was placed in Mats or Turquoise Lodge for 2 days to detox. I entered the room and introduced myself and explained my purpose for meeting with her. I told her that the provider asked if I could come in to meet with her for a few minutes. I revised with the client each section of the HLQ, when we got to the alcohol section, I stated to the client that it was in the moderate range. The patient stated that she doesn't have a problem with alcohol and that she only drinks vodka. She stated that she drinks to relax but doesn't seem to have any issues with her alcohol consumption. The daughter who was in the room stated that the score should be higher, instead of the 2-3 drinks per week it should be 4 times per week or more. Instead of having 0 to 2 drinks it should be 7 to 9 drinks a week. The patient stated that she has 2 drinks each time she takes the bottle of vodka out, and did agree that it could be 4 or more drinks in one week. I showed her the readiness ruler sheet with the NIAAA Safer Drinking Guidelines and showed it to the client. I stated to the client that because she is over 65, if she has a drink 7 times or more in one week she was at high risk for an illness / or injury. I also stated that if she has 2+ drinks per day she is at high risk for an illness / or injury. I stressed to the patient that if she continued to drink heavily she will most likely end up in the emergency room again. This seemed to have caught her attention; I stated that sometimes people do not realize they have a problem, and that it may seem normal to drink. I stated that maybe there are deeply rooted issues she is avoiding or suppressing, and subconsciously she drinks, to help her cope, not realizing, that it could be potentially harmful. I talked about the SBIRT Program, and explained to her the purpose of SBIRT. She stated that she does not have depression, or anxiety, but her daughter stated the client has had depression for many years. Again the client seemed to be in denial, but she agreed to give counseling a chance. When I was conducting the DCI, she stated that she had a 35-year old son that is deceased. She also stated that she does worry about her other children, even though they are all adults, and have their professional careers. She stated that she continuously worries about her death, and how her children will cope and how will they take care of themselves when she is gone. I told her that our SBIRT Therapist could help her with her alcohol consumption and with the fears and or emotions she may be experiencing with death and dying. She nodded her head and agreed, and after completing her DCI, Consent and Locator Form, I scheduled her appointment for counseling. This was challenging because senior citizens rarely ever admit to having a problem with a substance disorder or having mental health issues or concerns. Using skills I learned in my trainings with Life Link and using the Readiness Ruler and NIAAA Drinking Guideline, I was able to help her realize that if she continued drinking it could potentially be hindering her health or well-being or livelihood. Her score on the alcohol section went from a 3 to a 7, the intervention was very successful. After scheduling her appointment, she and her daughter were grateful that I met with them.

Client success stories collected throughout the grant from Esperanza/White Sands Family Medical staff:

- JS- Came through the clinic with a significant opioid addiction. During his BI, he was reluctant to treatment and had some legal problems and CYFD involvement. Motivational interviewing was used to help him understand how his addiction was affecting his life and daily living and helped him to recognize the benefits of treatment. He initially struggled with engaging in his treatment but over a four-month period, he has maintained abstinence from substances with the help of MAT and is engaging well in treatment, making regular appointments. He has also been enrolled into a GED program. He and his wife also have a high probability of their infant child being returned to their home.
- AM-Came in through the clinic while pregnant and was struggling with opiate addiction. She was initially referred from SBIRT to inpatient treatment for her addiction. She stayed one day and left the program. When she came back, she felt that outpatient services would be more beneficial and engaged in outpatient services, with some hesitancy. She dropped out of treatment and had her child, who was taken away by CYFD, due to her opiate use. She reengaged in the clinic for MAT and reenrolled in outpatient treatment. She has maintained abstinence from substances for three months and attends substance abuse counseling and individual sessions. She has a stable home with her husband, maintains gainful employment, and has a high probability of her infant returning to the home.
- WM-Came through the clinic after being referred from a sober living house. During his BI, he was reluctant to engage in treatment and was in the opinion that therapy was not useful or helpful but agreed to outpatient services. He was slow to engage with his peers during substance abuse group as well as his individual sessions; however, he successfully completed his substance abuse groups without missing any appointments and has maintained abstinence from all illegal substances over the past year and a half, while still engaging in MAT and maintenance therapy sessions.
- KC-Came through the clinic for initial complaints of perceived heart troubles, but was informed his alcohol use was the cause for some of the symptoms he was experiencing. During his BI, a harm reduction approach was used as the individual was drinking a significant amount of alcohol at the time of his referral. By the time he engaged in outpatient services, he had already started on his harm reduction plan that was started during his BI. He continued to cut back on his alcohol use and reduced other harmful behaviors associated with his drinking, and stopped drinking and driving.

Partner site interviews with providers:

Process evaluation was an integral component of this project. Annually, the Evaluator would conduct process evaluation, summarize data and share it with the NM SBIRT Implementation team. During site visits, outcome data was shared with program sites. Interviews were conducted with clinicians to assess the flow and benefits of integrating behavioral health in medical settings.

Key Lessons Learned

1. Medical Providers have biases based on demographics, thus the importance of a universal screen.
   - "I didn't screen elderly Caucasian women because I didn't think they would have a substance abuse problem. Through SBIRT screening, I learned that I had several elderly female patients that drank too much because they were dealing with domestic violence. Now they can just tell their partners that they have a doctor's appointment when they come to get SBIRT counseling."
2. Certified Peer Support Workers are instrumental in establishing trust, being non-judgmental, and instilling hope in patients with substance abuse treatment and/or mental health needs.

- "The Counselor is great, but I want to tell you about the Peer Support Worker and how patients just open up to her. I do the warm hand off and patients get the behavioral health services they need. They get motivational interviewing sessions or therapy sessions without having to leave the clinic or having to wait 3 to 6 months for an appointment."

3. Clients in need of substance abuse treatment and/or behavioral health services, will opt for to receive them if offered in a health care setting.
   - "We were surprised that many patients were interested in SBIRT services. We were reluctant about the program because patients that come to urgent care are in a hurry, they come because they have an infection, or a sprain and we were supposed to talk to them about a potential substance use problem? What we noticed is that our staff was very willing to walk them over to the Peer Support Worker or the Counselor and then follow up with them during their next visit. Patients that scored high in the screen tended to be more likely to agree to SBIRT services, but we also had patients that were ambivalent about their level of substance use and took the opportunity to speak to the SBIRT staff about their use."
4. Medical Providers are not comfortable asking about substance use and/or behavioral health needs. Their training and their timing are limited.
   - "I try to address the patient's primary medical need, that is the reason for their visit. Many patients come with multiple medical problems and I have time to address 1-2 of them. My time with each patient is limited. If I were to ask about substance use or behavioral health concerns, I would need to have referrals available, have the time and the response for questions. Having SBIRT embedded in the clinic makes me feel comfortable that I can walk over my patient and they will be taken care of, I know my patient's issues will be addressed, and I will get a summary of what was discussed. I can follow up with my patient and ask them if they are keeping up with their therapy sessions and discuss how their substance use affect their...say diabetes." "We just don't have time to screen for substance use or mental health. Our screening would be dismal if SBIRT is not here. SBIRT staff have time to address the substance and emotional issues. SBIRT avoids having to send patients to the ER."
5. Health benefits and character changes seen in patients after they started SBIRT
   - "I have had not only the mom but her teenage son both improve. The son thanked me for helping his mom." "A patient that was aggressive with the front desk staff qualified for SBIRT services. They started taking their medications, their health improved, they started going to therapy, being less agitated, and treating the front desk staff with respect. It is now a pleasure to have that patient come into the clinic." "I had a patient with schizophrenia who quit drinking, he goes for months without drinking now."
6. The screen, itself is therapeutic.
   - "The screen has been step one of therapy for some patients. When we have someone addicted to a substance, we can intervene right away. There is only a small window of opportunity, if we wait, the second time around they might no longer be interested."