Access to Behavioral Health Care Employing the ECHO Model

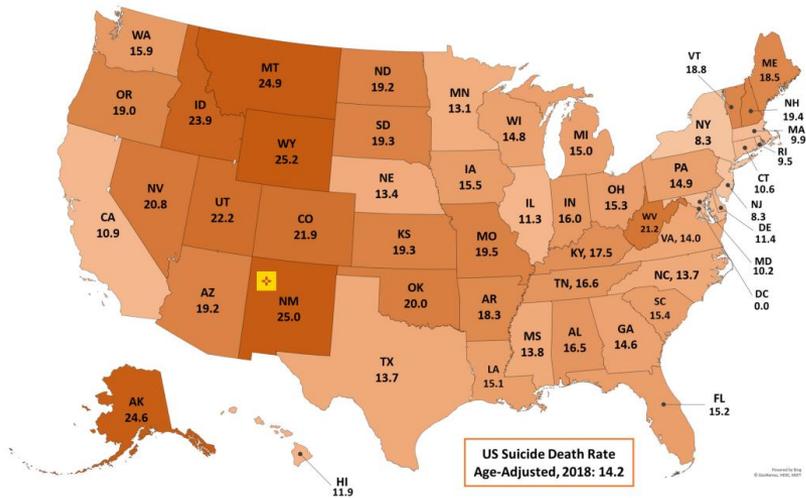DR. SANJEEV ARORA, FOUNDER AND DIRECTOR
PROJECT ECHO

Presentation Overview

1. What is the potential for Project ECHO to improve behavioral health services in New Mexico?

2. What is the evidence that ECHO can be used to implement behavioral health best practices to improve access to and quality of behavioral health care?

3. What are the current ECHO Programs for behavioral health in New Mexico?

4. What are ECHO's future plans and how will they integrate with the overall state behavioral health plan?
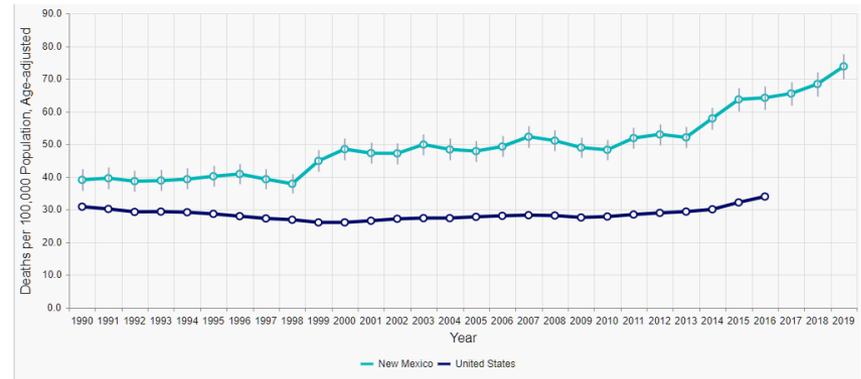
NM Has High Rates of Behavioral Health Issues

Suicide deaths

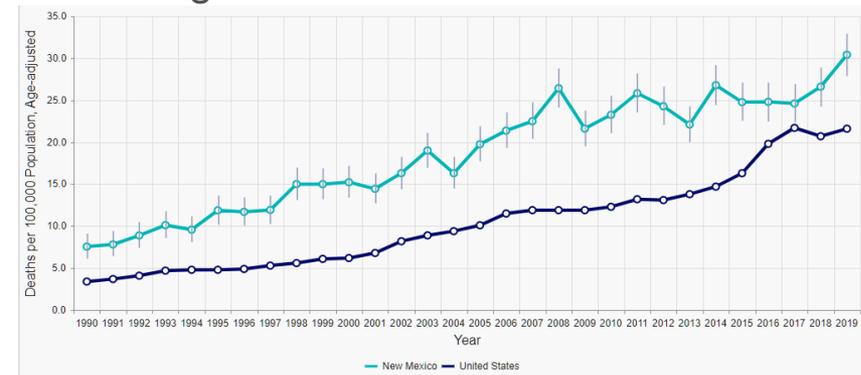**U.S. Suicide Death Rate by State Age-Adjusted per 100,000 Population as of 2018**

Deaths per 100,000 Age-adjusted: 0.0 — 25.2

US Suicide Death Rate Age-Adjusted, 2018: 14.2

Alcohol-related deaths: NM vs. US

Drug overdose deaths: NM vs. US

NM Does Not Have Enough Behavioral Health Specialists

Psychiatrists

Psychatrists FTE Count per 10,000 Population
- 5 or Less
- 1.0 - 0.6
- Above 1.0

NM Rate of Psychiatrists FTE, 2018: 0.6 per 10,000 population
National Benchmark, 2018: 1.54 per 10,000 population

Prescribing Psychologists

Prescribing Psychologists: 0 5 12

Total Count of Prescribing Psychologists in NM, 2018: 37

Behavioral Health System of CARE – will be presented by Dr. Mauricio Tohen Chair of Psychiatry UNMHSC later today

Resource Intensity

Intermediate Outpatient (Hospital, FQHC, CMHC)
- Crisis Evaluation and Triage
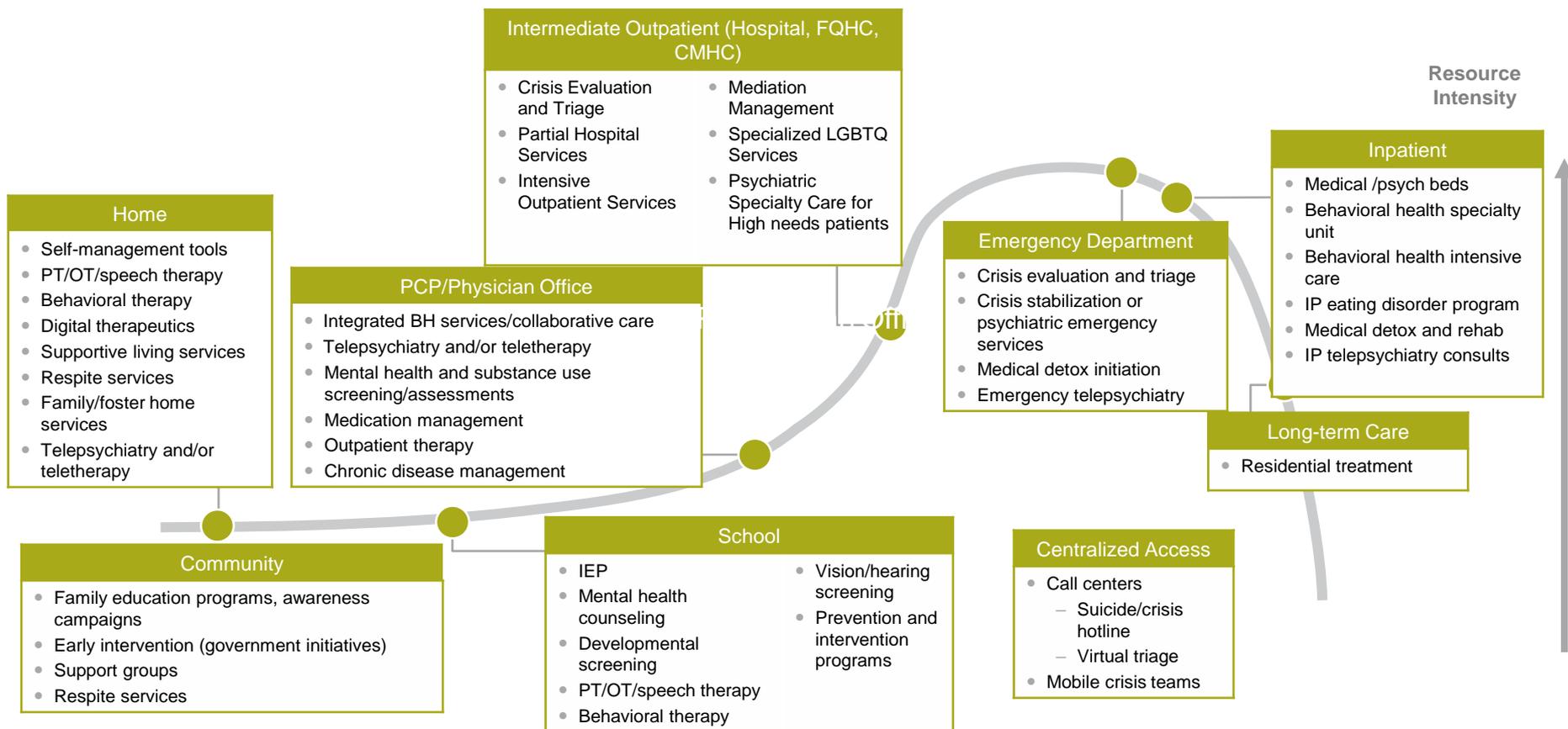- Partial Hospital Services
- Intensive Outpatient Services
- Mediation Management
- Specialized LGBTQ Services
- Psychiatric Specialty Care for High needs patients

Home
- Self-management tools
- PT/OT/speech therapy
- Behavioral therapy
- Digital therapeutics
- Supportive living services
- Respite services
- Family/foster home services
- Telepsychiatry and/or teletherapy

PCP/Physician Office
- Integrated BH services/collaborative care
- Telepsychiatry and/or teletherapy
- Mental health and substance use screening/assessments
- Medication management
- Outpatient therapy
- Chronic disease management

Emergency Department
- Crisis evaluation and triage
- Crisis stabilization or psychiatric emergency services
- Medical detox initiation
- Emergency telepsychiatry

Inpatient
- Medical /psych beds
- Behavioral health specialty unit
- Behavioral health intensive care
- IP eating disorder program
- Medical detox and rehab
- IP telepsychiatry consults

Long-term Care
- Residential treatment

Community
- Family education programs, awareness campaigns
- Early intervention (government initiatives)
- Support groups
- Respite services

School
- IEP
- Mental health counseling
- Developmental screening
- PT/OT/speech therapy
- Behavioral therapy
- Vision/hearing screening
- Prevention and intervention programs

Centralized Access
- Call centers
  - Suicide/crisis hotline
  - Virtual triage
- Mobile crisis teams

NM HEALTH

Project ECHO: Supporting the Overall Vision for Behavioral Health Care in NM

- A comprehensive behavioral health system for New Mexico ECHO will require significant investment in infrastructure (hospitals and clinics), strengthening the behavioral health workforce(recruitment and retention)

- A behavioral health plan for New Mexico is in development with local, county, state representatives (DOH and HHS) and UNM leaders. Full implementation can take several years

- We envision ECHO working in coordination with local, county, state, and UNM leadership as a part of the plan to upskill the existing NM healthcare workforce, equipping health professionals (PCPs, nurses, counsellors, school teachers-----) to identify and treat patients with behavioral health needs, and to appropriately triage them to experts if necessary.

Project ECHO Overview

At ECHO, our mission is to democratize the implementation of best practices for health care and education to underserved people all over the world.

The Problem?

Advances in health and education are not reaching people equally

Billions of people lack access to high quality health care at the right place at the right time—including right here at home in New Mexico

Project ECHO Founding Goals

Develop capacity to safely and effectively treat Hepatitis-C (HCV) in all areas of New Mexico and to monitor outcomes.

Develop a model to treat complex diseases in rural locations and developing countries.

The ECHO Model

Use technology to leverage scarce resources

Share best practices to reduce disparities

Apply case-based learning to master complexity

Evaluate and monitor outcomes

ECHO is Telementoring

TELEMEDICINE

E-CONSULTS

E-MONITORING

TELEMENTORING

The ECHO Model Builds Capacity-Force Multiplication

ECHO is All Teach, All Learn

ECHO Session

Arora S., Thornton K., Murata G., et al. *N Eng J Med*. 2011;364(23):2199–207.

Benefits of the ECHO Model

Quality and safety

Rapid learning and best-practice dissemination

Reduce variations in care

Access for rural and underserved patients, reduced disparities

Workforce training and force multiplier

Improving professional satisfaction/retention

Supporting the medical home model

Cost-effective care: avoid excessive testing and travel

Prevent cost of untreated disease (e.g., liver transplant or dialysis)

Integration of public health into treatment paradigm

ECHO Model in Cancer Works Across the Continuum, Providing a Model for Behavioral Health

Prevention

Smoking cessation

HPV vaccination

Hepatitis B vaccination

Sun safety & skin cancer prevention

Community cancer intervention & prevention

Screening

Dermatology

Breast cancer

Cervical & colorectal cancer

Oral & lung cancer

Pathology best practices

Training peer and community health advocates

Treatment

Pain & toxicity management

Cancer care navigation

Precision medicine & cancer genomics

Palliative care

Survivorship

Clinical trial enrollment

Benefits to Rural Clinicians

No-cost CMEs and Nursing CEUs.

Professional interaction with colleagues with similar interests means less isolation with improved recruitment and retention.

A mix of work and learning.

Access to specialty consultation such as with GI, psychiatry, infectious diseases, addiction specialist, pharmacist, patient educator.
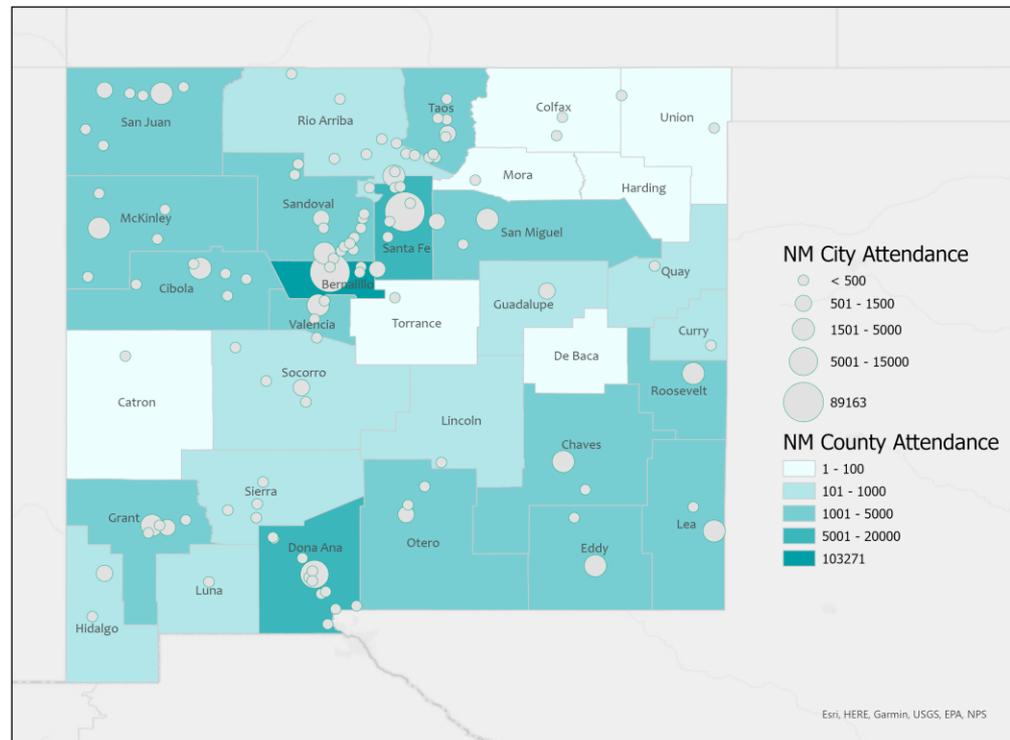
ECHO Adoption Areas

1. Adult Oncology
2. Advanced HIV Disease
3. Advanced HIV Disease
4. AMR (Advanced Microbial Resistance)
5. Antimicrobial Stewardship
6. Autism
7. Behavioral Health
8. Bone Health
9. Cancer (All Kinds)
10. Cardiology
11. Chronic Lung Disease
12. Chronic Pain
13. Clinical Hepatology
14. Community Medical Response
15. COVID-19
16. Crisis Intervention
17. Critical Care
18. Diabetes
19. Dialysis
20. Drug Resistant HIV
21. Emergency Medical Services
22. Emergency Operations
23. Endocrinology
24. FETP (Field Epidemiology Training)
25. Frontline Medicine
26. Gastroenterology
27. Geriatrics
28. Health and Wellness
29. Health Emergencies
30. Health Engineering
31. Heart Disease
32. Hepatitis
33. High-Risk Pregnancy
34. HIV/AIDS
36. Hypertension

36. IDSR (Infectious disease Surveillance & Response)
37. Infection Prevention and Control
38. Infectious Disease
39. Integrated Addictions & Psychiatry
40. Internal Medicine
41. Laboratory Medicine
42. Leadership Development
43. LGBT Health
44. Maternal Health
45. Mental Health
46. Midwifery
47. Multiple Myeloma
48. Neonatal
49. Neurology
50. Nursing
51. One Health AMR (Advanced Microbial Resistance)
52. Opioid Use Disorder
53. Oral and Maxillofacial Surgery
54. Oxygen Therapy
55. Palliative Care
56. Patient Safety
57. Pediatric Oncology
58. Pediatric, Adolescent and Young Adult HIV/AIDS
59. Pediatrics
60. Prison Peer Education
61. Quality Improvement (All Areas)
62. Reproductive Health
63. Respirators
64. Rheumatology
65. Safe Surgery
66. Sexually Transmitted Diseases
67. Trauma-Informed Care
68. Tuberculosis and DRTB
69. Vaccination
70. Viral Hepatitis

Project ECHO Learners in NM

- **18,726** unique New Mexico attendees all-time

- ~**165,000** all-time New Mexico attendances

Project ECHO UNM Hub Programs

Alcohol Use Disorder & Mental Health (Summer 2022)	Bone Health	Cancer Survivorship	Child Abuse & Neglect	Chronic Pain	Climate Change & Human Health
COVID-19 Response	Community Health & Peer Support Workers	Dermatology	Education	Endocrinology	Geriatrics & Aging (Fall 2022)
Hepatitis C Community	HIV & HIV Prevention	Indian Country Programs (TB and HIV)	IHS Community Health	Medicaid QI and Hospitalization Avoidance (MQIHA)	Medication Assisted Treatment
Mental Health & Resilience	Miner's Wellness	Palliative Care (Summer 2022)	Perinatal Health	Reproductive Health	Rheumatology
		Supporting First Responders	Vaccine Confidence	Youth Pain & Opioid Abuse	

What is the evidence that ECHO can be used to implement behavioral health best practices to improve access to and quality of behavioral health care?

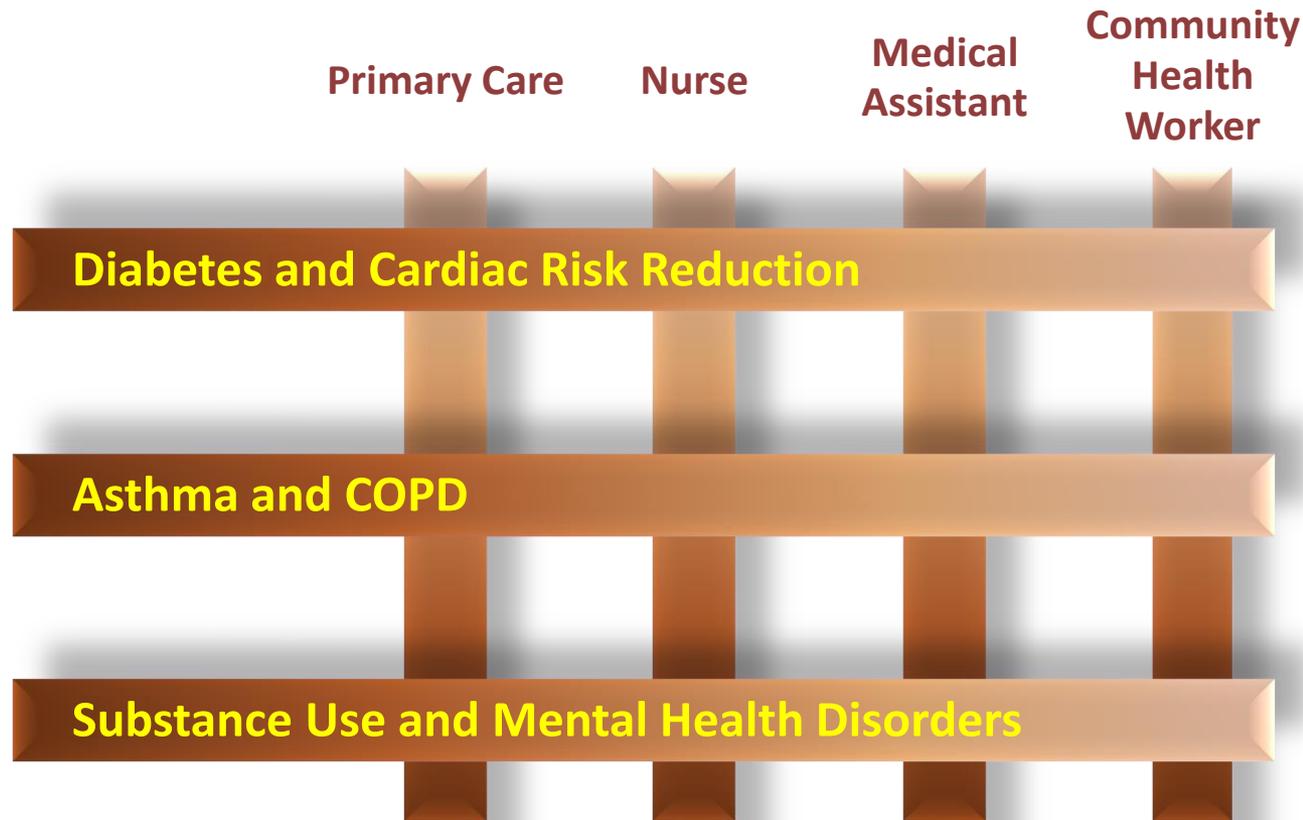# A New Mexican Patient's Challenge with Accessing Care

- 48 y/o male
- Happily married with two children, well-respected in his community, and owned his own construction company before he developed OUD
- 16 years ago, he seriously injured his knee, and required surgery; treated with **opioids post-surgery**
- Because he was unable to work consistently due to **lingering pain**, it led to him losing his construction contracts, ultimately leading to a closure of his business.
- After this, he experienced **worsening depression**, along with more generalized pain throughout his body as his mood deteriorated. He continued to receive **opioid pain medications** through his primary care provider.
- While he was interested in **alternative modalities of treatment**, such as physical therapy and acupuncture, they **were not available to him locally**.

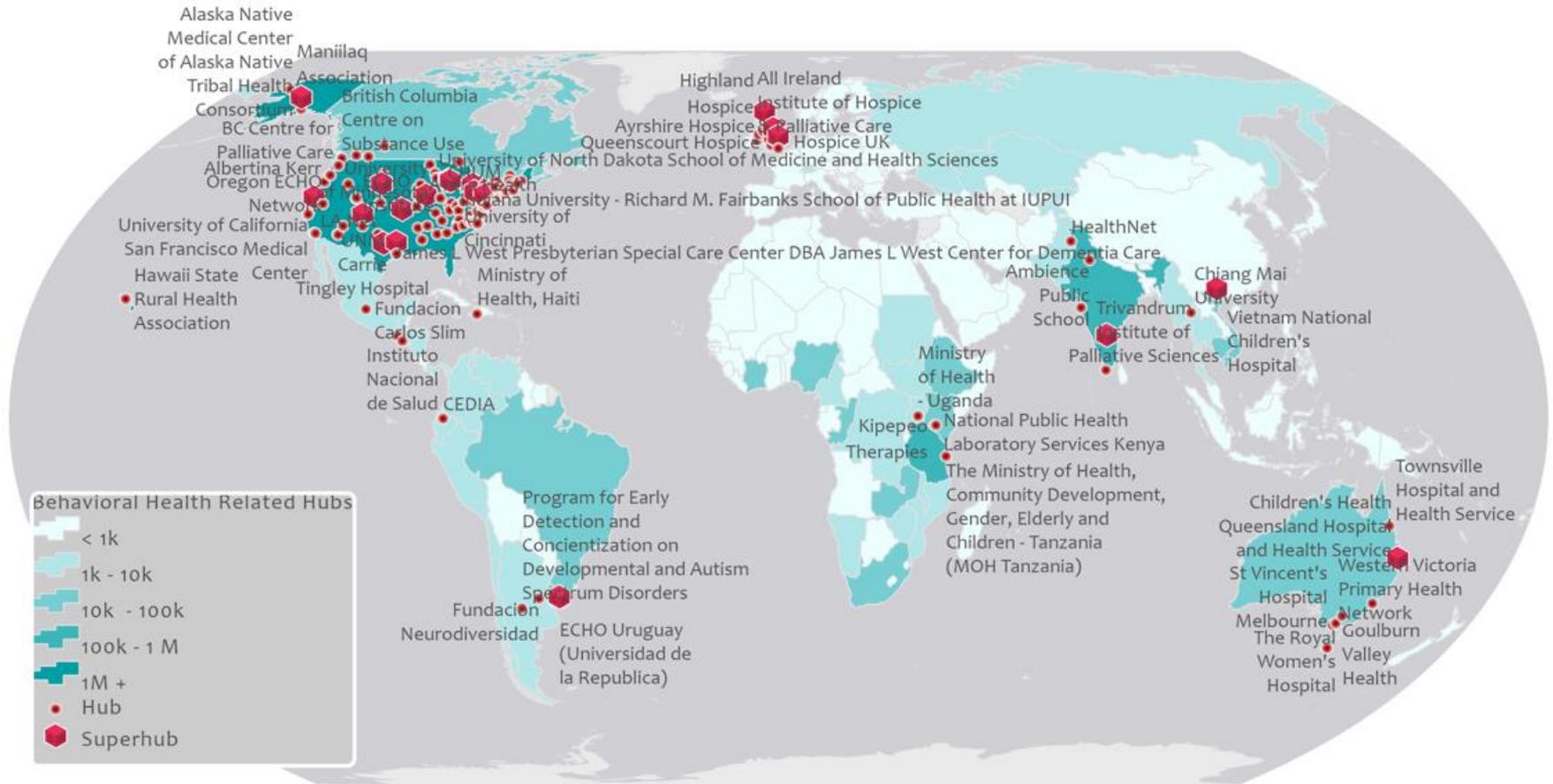# A New Mexican Patient's Challenge with Accessing Care

- Within one year of the surgery, required **escalating doses of opioid** medications to control his withdrawal symptoms. At that point, he began to see multiple providers in a larger city, from whom he **received several different prescriptions** of opioid pain medications.
- Running out too soon, subsequently experiencing debilitating withdrawal symptoms, and then purchasing illicit opioids "off the street."
- **"Addicted" to his pain medications**, struggling financially, felt unable to work due to repeated cycles of opioid withdrawals, experiencing more pain that even before, and was concerned that he was no longer active in his community, which diminished his respect as an elder. He also felt shame at having to turn to multiple physicians for his medications.

➢**This could have been prevented if the right knowledge was available at the right place at the right time.**

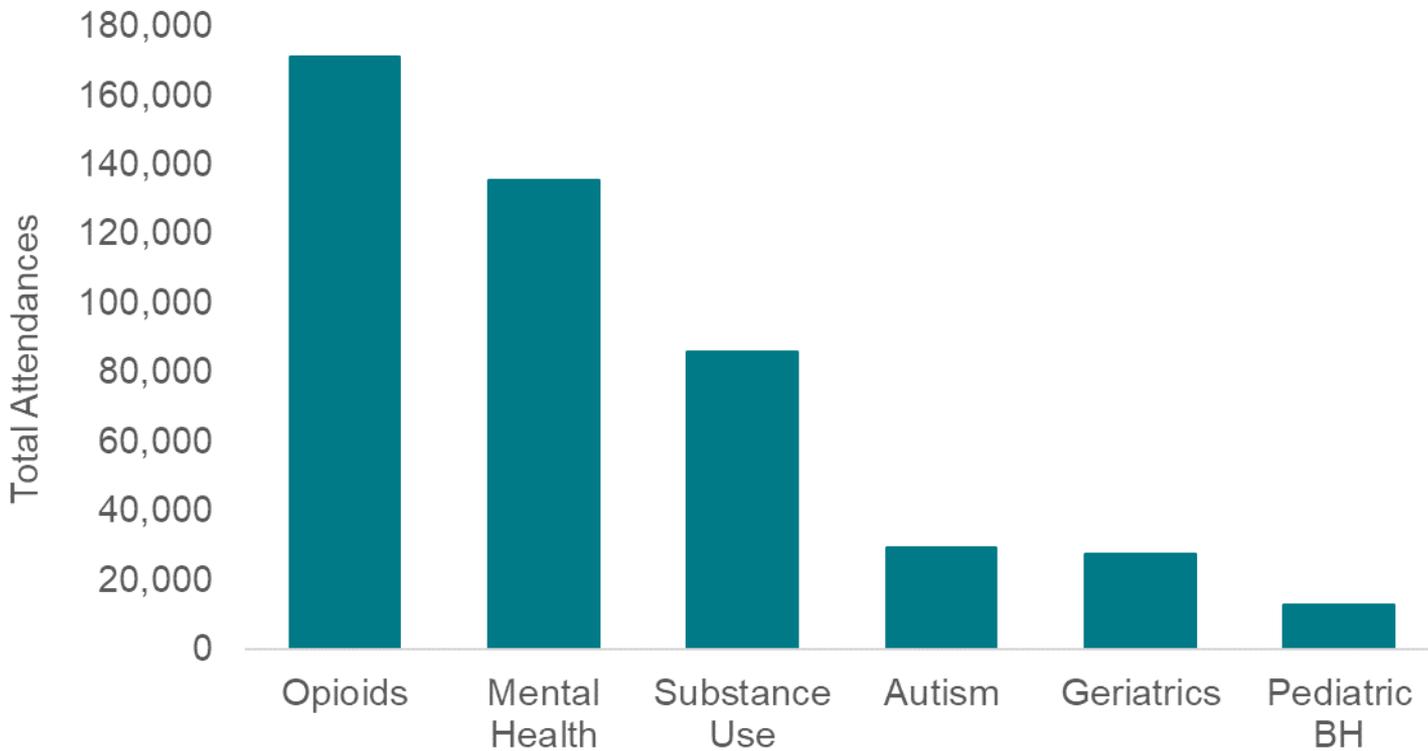# Project ECHO: Force Multiplier for NM

Chronic Disease Management is a Team Sport

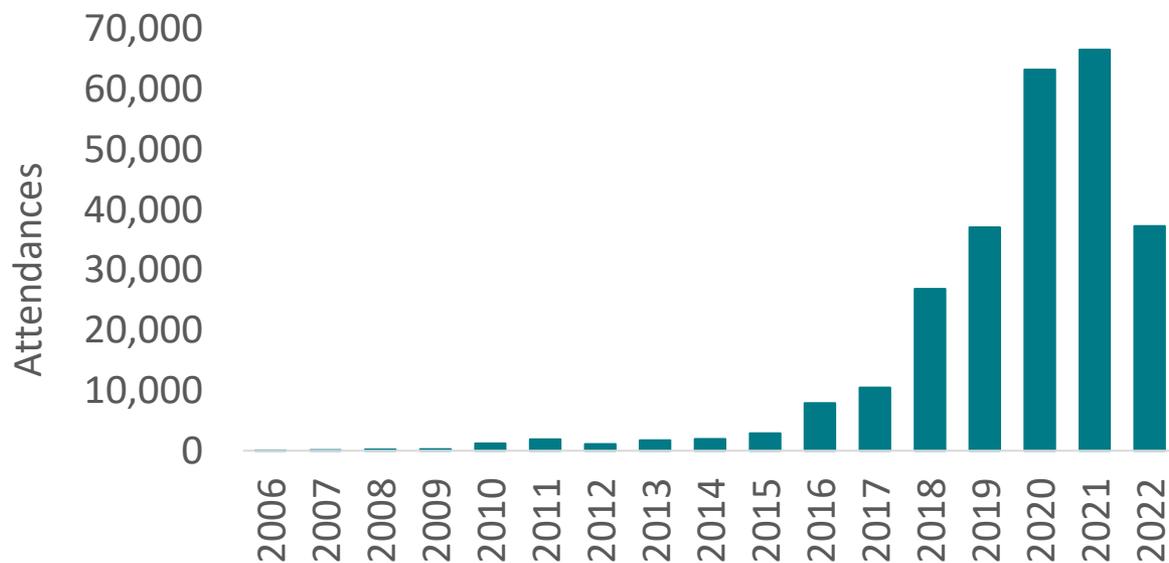# There are 1,000 ECHO Behavioral Health Programs and 240 Hubs Around the World

Behavioral health ECHOs cover a wide range of topics

Highlight: U.S. Growth

Attendances at US ECHO Programs Focused on Mental Health and/or Substance Use

- 400+ ECHO programs

- 10,000+ ECHO sessions

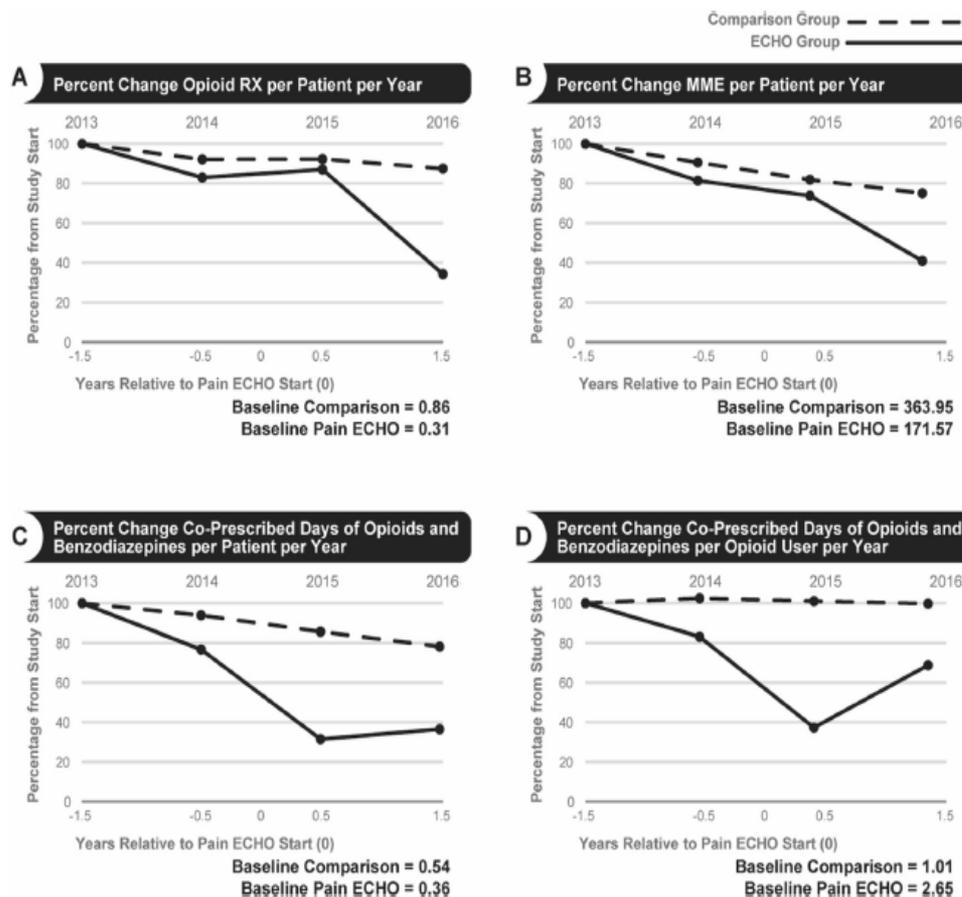- Attendances in 2022 on track to exceed past years

ECHO Improves Care for Opioid Use Disorder

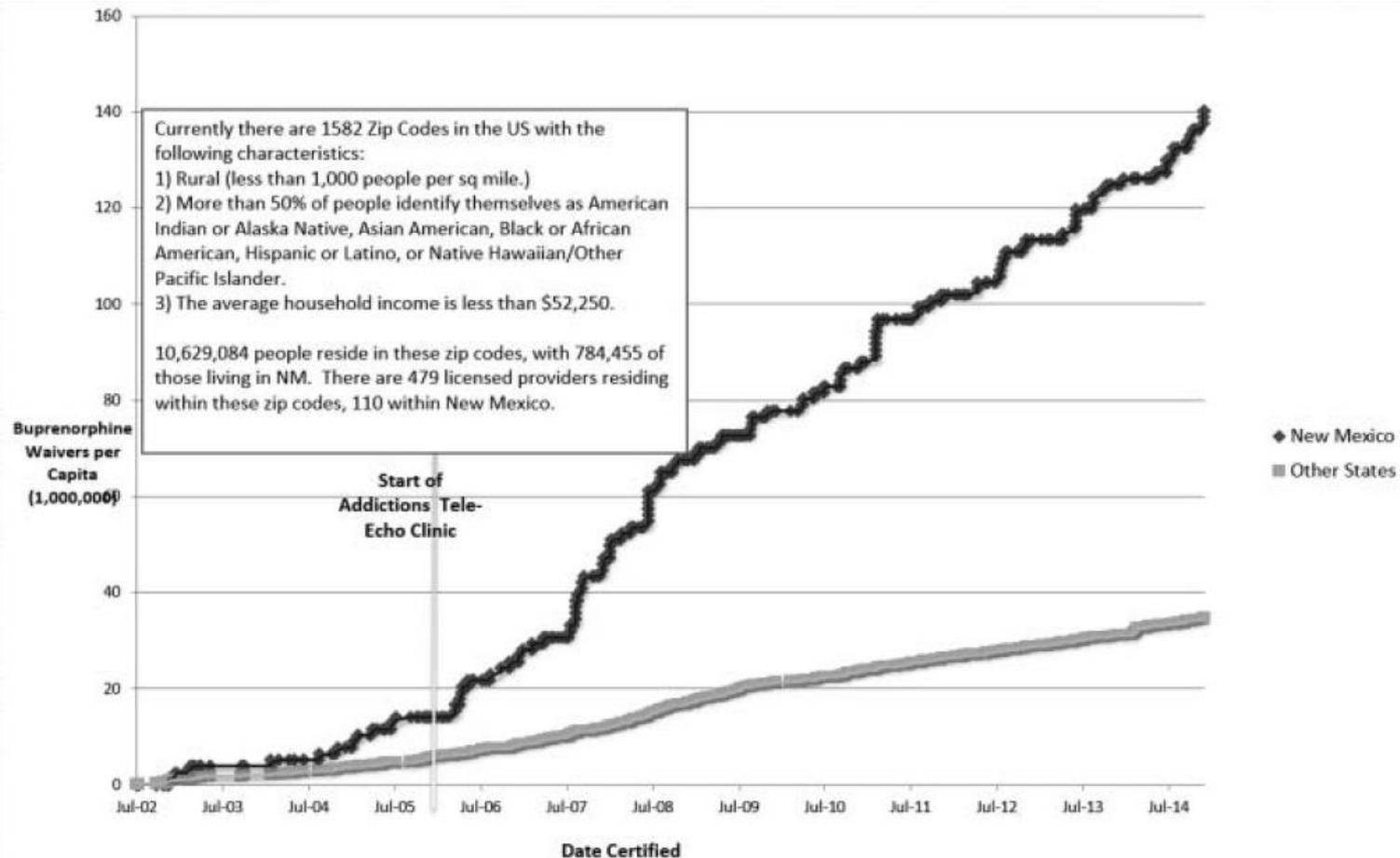100+ hubs and 300+ programs

Safe opioid prescribing, non-opioid pain management, DATA waiver, medication for opioid use disorder (MOUD), pregnancy, community health workers, care coordination

171,000+ attendances

Outcomes: Decreased opioid users, prescriptions, average MME, and co-prescribed opioid + benzodiazepine; increased buprenorphine prescriptions (Katzman et al., 2018; Komaromy et al., 2016)

ECHO in New Mexico for Opioid Use Disorder

Highlight: Opioids

- •For every 100 OUD patients that providers saw per month in Minnesota, ECHO providers prescribed buprenorphine for 6.5 more patients than comparison providers

- •Those attending 6+ ECHO sessions had greatest improvement

ECHO improves care for children with Autism

University of Missouri ECHO Autism Communities Superhub

35+ hubs and 80+ programs

Early intervention, behavioral intervention, behavior solutions in schools, transition to adulthood, caregiver skills training, family advocates, adult healthcare, crisis care

Global participation in ECHO Autism Collaborative

29,000+ attendances

Outcomes: Improved knowledge and self-efficacy (Giachetto et al., 2019; Mazurek et al., 2020); adherence to screening guidelines and use of autism resources (Mazurek et al., 2017); improved general and autism-specific developmental screening rates among PCPs (Bellesheim et al., 2020)

BRINGING THE BEST AUTISM CARE TO LOCAL COMMUNITIES

ECHO to improve behavioral health of children

14+ hubs and 30+ programs

Eating disorders, pain management, integrated behavioral health, adolescent behavioral health, psychiatry, substance use, anxiety and depression, gender health care, telehealth

13,000+ attendances

Outcomes: Improved knowledge and confidence, and practice management changes towards managing patients in the Medical Home as opposed to immediately referring to specialists (Harrison et al., 2021); high satisfaction, improved knowledge and skills and reduced use of psychotropic polypharmacy (Hostutler et al., 2020)

Example program:

Infant Mental Health ECHO

OSU
CENTER FOR HEALTH SCIENCES

Project ECHO

For Community Providers, Supervisors and Administrators
Get expert knowledge in a virtual learning network with Infant Mental Health Experts. The curriculum is designed to expand expertise in areas of infant mental health in the areas of clinical, supervision and administrative.

ECHO for geriatric mental health

36+ hubs and 60+ programs

Nursing home and long-term care, dementia, COVID-19, palliative care, cognitive impairment, quality improvement, substance use

27,600+ attendances

Outcomes: Decreased rates of restraining and use of antipsychotic medication in long-term care facility residents (Gordon et al., 2016); decreased emergency room visits and costs for geriatric patients with mental health condition (Fisher et al., 2017)

Large scale adoption of ECHO for behavioral health in Canada

14 hubs, including Centre for Addiction and Mental Health Superhub

90+ programs (addiction, alcohol use, opioid prescribing, OUD, emergency BH, COVID mental health, psychosis in youth/young adults, Indigenous well-being, trans/gender diverse healthcare; psychosocial interventions, adult intellectual and developmental disabilities, geriatrics)

Hub teams include people with lived experience

60,000+ attendances

Outcomes: High satisfaction, improved knowledge and self-efficacy (Sockalingam et al., 2018); ECHO was $728,000 less than the cost of in-person mental health professional development conference for 400 participants (Serhal et al., 2022)

ECHO·ONMH
Project ECHO® Ontario Mental Health
at CAMH & The University of Toronto

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Who Are We?

ECHO Ontario Mental Health is a virtual training and capacity building model that supports healthcare providers in delivering high quality, evidence-based mental health and addictions care in their local communities.

Through multipoint videoconferencing, ECHO Ontario Mental Health links expert inter-disciplinary teams with front line care providers in order to share best practices, jointly discuss practical recommendations for complex client care, and build sustainable communities of practice.

ECHO is an effective force multiplier to expand capacity for behavioral healthcare in India

National Institute for Mental Health and Neurosciences (NIMHANS) Superhub

30+ programs and 3,000+ attendances

Topic	Outcomes
Alcohol use	2,695 patients screened; 30% had alcohol use disorder (AUD) 49.1% had 1+ follow up visits - Only 3% referred to specialists (Mahadevan et al., 2020)
Mental health	20,909 mental health patients served in 12 months, and increased over time (Malathesh et al., 2021) 4,743 patients received clinical services for mental health and substance use (Mehrotra et al., 2018)
Substance use	3,195 patients with substance use disorder were treated by remote counselors (Kaur et al., 2020)
Perinatal health	More than 1,500 perinatal women were treated or referred to psychiatric services, and increased over time (Shiva et al., 2021)

Highlight: Uruguay

Universidad de la Republica Superhub
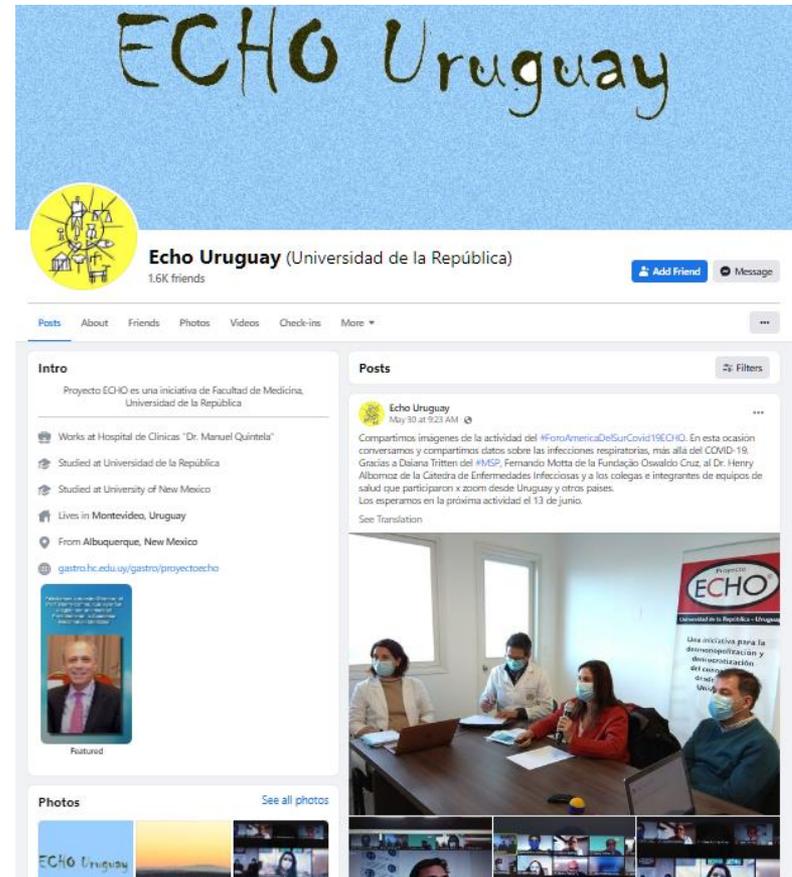
Launched in 2014

23+ programs including mental health

Autism, pediatric and adult palliative care, mental health, care coordination
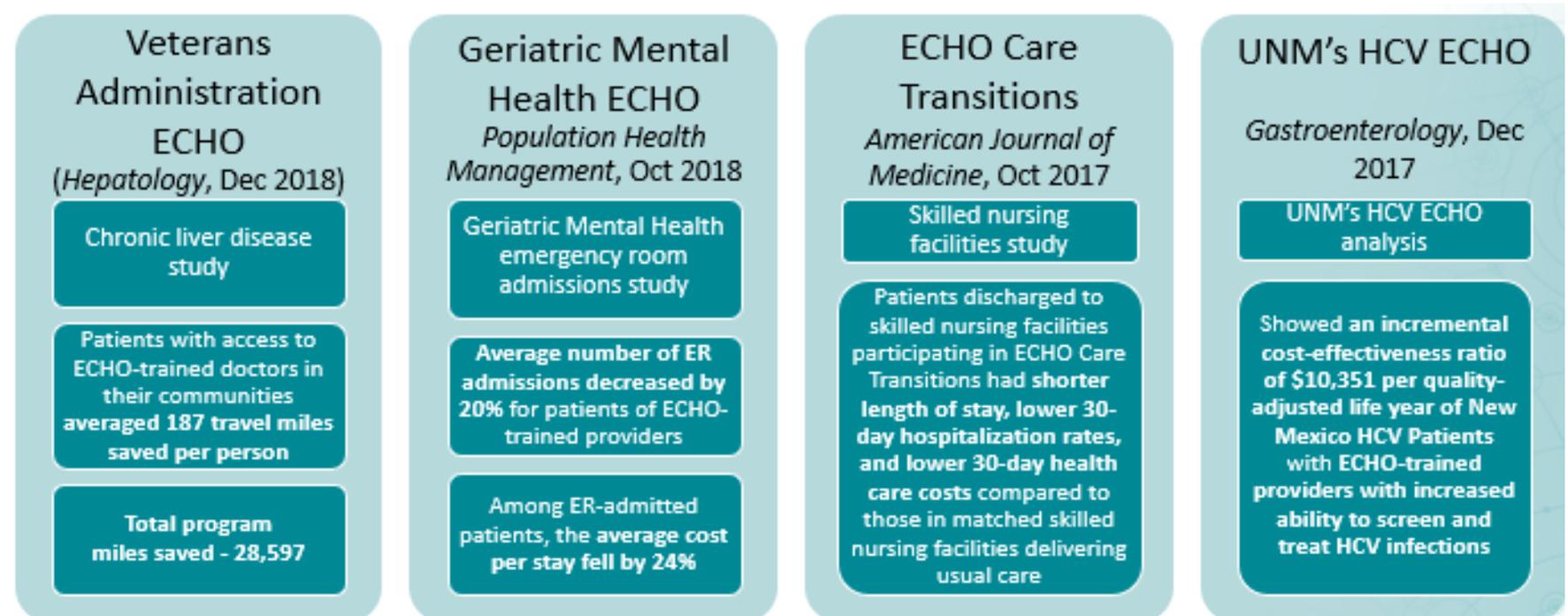
400+ sessions (all topics)

9,600+ attendances (all topics)

1,300+ behavioral health attendances

ECHO reduces healthcare costs

Studies have demonstrated that **ECHO programs can reduce healthcare costs** for patients and insurers **including in geriatric mental health**

Veterans Administration ECHO
(*Hepatology*, Dec 2018)

- Chronic liver disease study
- Patients with access to ECHO-trained doctors in their communities averaged 187 travel miles saved per person
- Total program miles saved - 28,597

Geriatric Mental Health ECHO
Population Health Management, Oct 2018

- Geriatric Mental Health emergency room admissions study
- Average number of ER admissions decreased by 20% for patients of ECHO-trained providers
- Among ER-admitted patients, the average cost per stay fell by 24%

ECHO Care Transitions
American Journal of Medicine, Oct 2017

- Skilled nursing facilities study
- Patients discharged to skilled nursing facilities participating in ECHO Care Transitions had **shorter length of stay, lower 30-day hospitalization rates, and lower 30-day health care costs** compared to those in matched skilled nursing facilities delivering usual care

UNM's HCV ECHO
Gastroenterology, Dec 2017

- UNM's HCV ECHO analysis
- Showed an incremental cost-effectiveness ratio of $10,351 per quality-adjusted life year of New Mexico HCV Patients with ECHO-trained providers with increased ability to screen and treat HCV infections

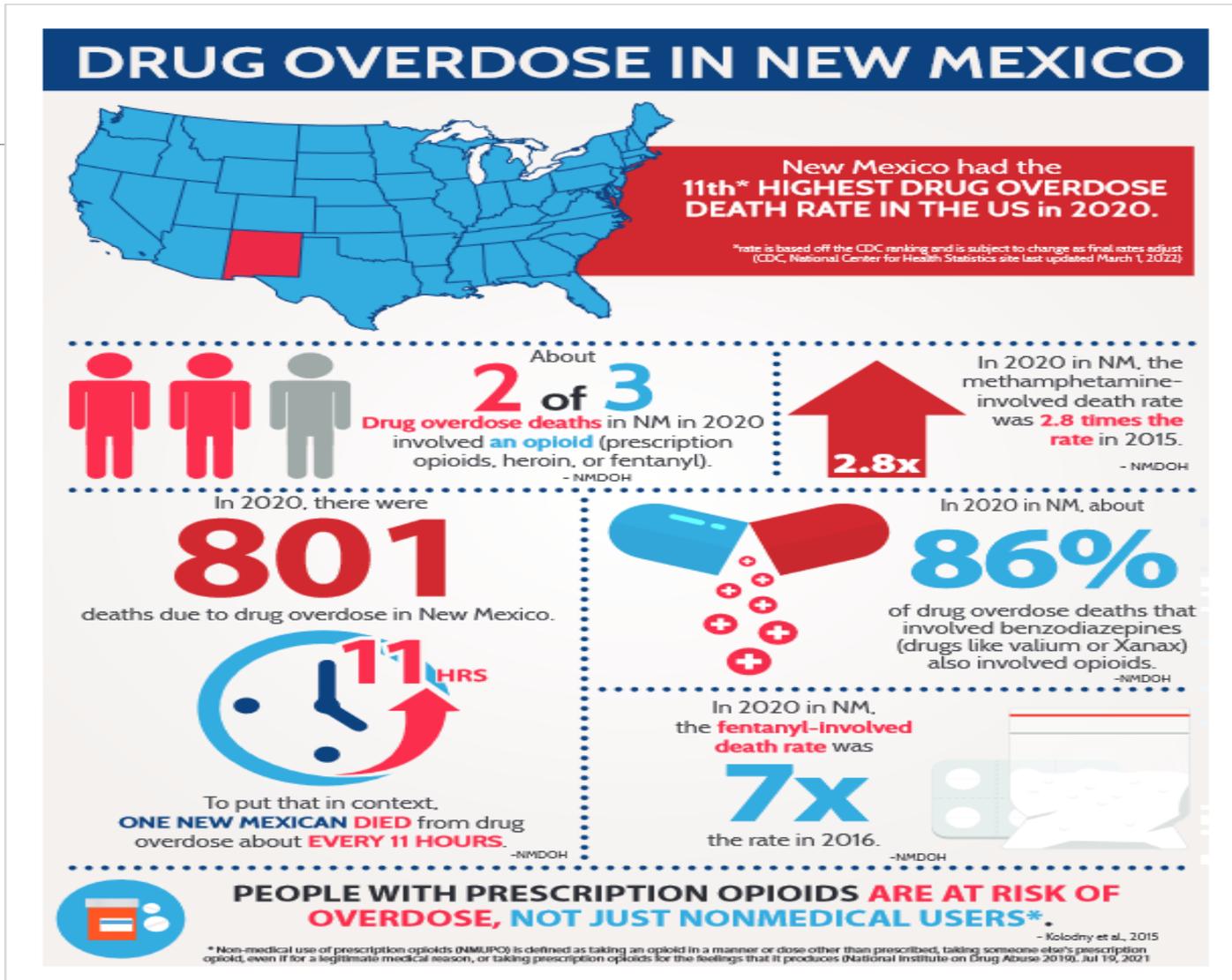# Project ECHO: Supporting the Overall Vision for Behavioral Health Care in NM

44% of New Mexicans with mental health diagnoses do not receive professional care

- Working in **strong partnership** with the UNM Department of Psychiatry, UNM hospitals, leadership and faculty, and in **alignment with the UNM HSC's commitment** to address New Mexico's behavioral health needs working with local, county, and state leaders….

- …Project ECHO is **optimally positioned** to reduce the impact of the extreme **shortage** of behavioral health professionals in NM and **address the magnitude of patient need** by sustaining, expanding, and launching ECHO programs to train primary care teams and other health professionals in rural and underserved areas in the **short-term and the long-term**

What are the current ECHO Programs for Behavioral Health in New Mexico?

All ECHO Behavioral Health Programs are done in collaboration with UNMHSC Department of Psychiatry. Dr. Mauricio Tohen will discuss further in his presentation

Medication for Opioid Use Disorder ECHO

Medication for Opioid Use Disorder ECHO

MOUD Program goal: To improve access to evidence based and patient-centered treatments for opioid use disorders and co-occurring conditions by building capacity and providing ongoing mentoring.

Learners and Participants: Rural providers throughout New Mexico; participation by not just prescribers but all clinic team members.

Hub team disciplines: General Psychiatry; Addiction Psychiatry; Family Medicine, Addiction Medicine; Psychology; Physician Assistant; Implementation Scientist

New Mexicans served to date: Actively worked with **51 clinics** throughout rural NM over the past four years; **more than 375 NM** physicians have participated in waiver training offered by Project ECHO; **statistically significant correlation between participating in ECHO** and beginning to prescribe buprenorphine

Medication for Opioid Use Disorder ECHO: Participant Quotations

- *"They've been great sessions and really opened my eyes to prescribing medications and how to treat the patient, so really changed my mind on preexisting fears I had on Suboxone."*

- *"I find them [sessions] to be very helpful. I think what I appreciate the most is the articles that support the presentations or even the power points…also, just hearing my peers."*

- *"Someone asks the questions, and that leads into a discussion on how to treat this patient, and I liked when everyone kind of gets involved with it."*

- *"I would say it was helpful because it gave me access. I might not have been able to participate if I had to drive to do it."*

Chronic Pain ECHO

- **20%** of US population [50 million individuals] had chronic pain
- **8%** [20 million] had high impact chronic pain (CDC, 2016)

• **Chronic pain is one of the most common reasons adults seek medical care**

• **Has been linked to**
- restrictions in mobility and daily activities
- dependence on opioids
- poor mental health
- suicide
- poor perceived health
- reduced quality of life
- financial costs [up to $635 billion annually] [Simon 2012]
- high rates of co-occurrence with depression, anxiety, and suicide
- all types of chronic pain independently linked to suicide behaviors and completed suicides

Chronic Pain ECHO

- **Program goal:** To promote best practices for opioid stewardship and treating chronic pain in an integrated manner, to address not just pain but also emotional wellness, substance use, and psychosocial stability

- **Target learners:** All clinicians who may interact with patients with chronic pain

- **Hub team disciplines:** Internal Medicine, Neurology, Psychology, Interventional Pain Physician, General Psychiatry; Addiction Psychiatry

Chronic Pain ECHO

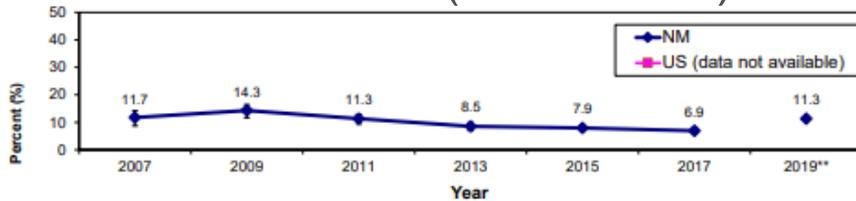**Indian Health Service Chronic Pain and Substance Use Disorders ECHO**
- Upstream prevention
- Multi-disciplinary management of chronic pain
- Balance between treatment of chronic pain and prevention of opioid use disorders
- Non-opioid medications
- Non-pharmacologic interventions
- Naloxone/medication storage/medication tapering
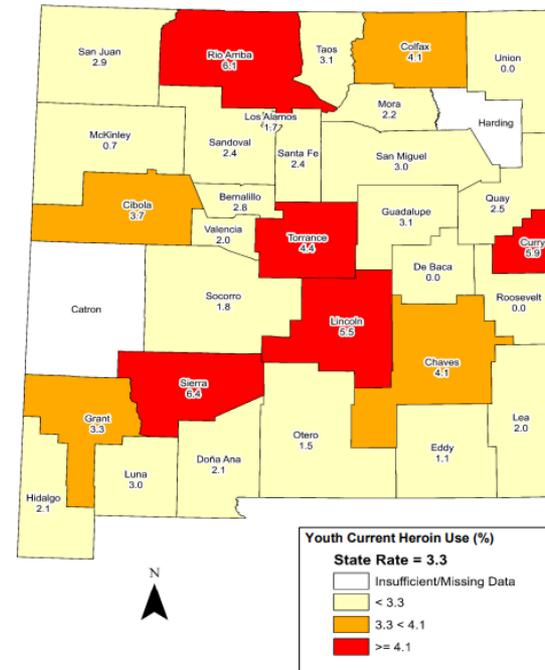
CDC Opioid Rapid Response Team
- Phase 1: Training US public health service officers around the country on chronic pain management, and opioid use disorders
- Phase 2 [ongoing]: Rapid response in case of pain or SUD clinic closures to ensure that patients continue to receive evidence-based care

Significant Need for Youth Opioid Abuse Prevention in New Mexico

Current Misuse of Rx Pain Medication, Grades 9-12: New Mexico (2007-2019)

In 2019, **11.3%** of 9-12th graders in New Mexico **misused prescription pain medication** in the past 30 days. And **3.3% used heroin**.

Current Heroin Use, Grades 9-12 New Mexico (2019)

NMDOH. (2021). *New Mexico Substance Use Epidemiology Profile*. Available at: https://www.nmhealth.org/data/view/substance/2457/

Launching a program to do school- and community-based opioid abuse prevention

Program Goal: To identify students at risk for adverse childhood experiences (ACES) in order to reduce substance use, mental health and chronic pain

Target Learners: Clinicians and Staff at New Mexico's School-Based Health Centers

Hub Team:

•Child Psychiatry

•Child Psychology

•Adolescent Pediatrics

•Pain Management/Opioid Use

•Psychiatry/Addiction

Start Date: September 2022

Supporting First Responders ECHO

Program goal: Support first responders through the stresses of their position, particularly amidst COVID and opioid crisis

Learners and participants: firefighters, emergency technicians and paramedics, medical transport personnel, law enforcement officers, dispatchers, and other non-traditional emergency medical system personnel and front-line workers

New Mexicans served to date:

- To date, over 3,800 cumulative attendees in NM

- To date, over 7,010 cumulative attendees from NM and around the world

Supporting First Responders ECHO

How is ECHO helping?

The program teaches self-care techniques, resiliency and capacity building and best practices while fostering a community of support from peers, physicians and behavioral health experts

Topics and training include:

- Peak Performance and Stress
- First Responder Impact of the Opioid Epidemic
- Youth Substance Use, Trauma, and Chronic Pain
- Peer Support Systems

Supporting First Responders ECHO

- **Goal**: Provide education for first responders on self-care techniques and resilience, and alleviate stress through community of practice

- 1,530 first responders and frontline clinicians

- Pre/post surveys showed significantly improved confidence using skills covered during sessions and positive coping mechanisms

Confidence in Using Skills	Mean Score (Before)	Mean Score (After)	p-Value
Using the elements of psychological first aid	2.64	3.17	<0.01
Practicing self-care	2.93	3.26	<0.01
Responding to and caring for patients who may be positive for or are suffering from SARS-CoV-2 (COVID-19) [3]	2.37	2.93	<0.01
Recognizing and managing emergencies related to severe mental illness (e.g., psychosis, depression, etc.) as a first responder	2.64	3.02	<0.01
Incorporating trauma-informed care into your response to emergencies as a first responder	2.40	2.86	<0.01
Recognizing and responding to a coworker struggling with mental health issues	2.77	3.14	<0.01
Recognizing and responding to a coworker struggling with substance use issues	2.56	2.98	<0.01
Recognizing and accessing rural-specific resources to address mental health and substance use in the community	2.57	3.02	<0.01

Supporting First Responders ECHO

Dear ECHO Team,

I am wondering if it is possible to get the evaluations for the presentations on Monday. I enjoyed Dr. Mehta's presentation on improv very much and as usual our mid-career provider group discussion was wonderfully stimulating and thought-provoking. I also enjoyed Linda Grabbe's presentation. Usually I fill out the evaluations right after the presentations when I get the link but this Monday I was picking up a friend from the hospital after her knee surgery and so I was zooming in from my phone while waiting for her discharge. I must not have seen the link on my much smaller for screen and for that reason never completed the evaluation. I didn't return to work until today and that's the reason for contacting you all now about the evaluations…..

…I am appreciating my involvement in these ECHO gatherings so much. I don't think I realized how much I needed something like this until I started participating with ECHO...

…Thank you so much.

Substance Use Disorder Key Aspect of Growing Perinatal Care Needs in NM

Challenges:

- Maternal severe morbidity and mortality continues to rise in NM and nationwide.

- Substance use disorder is a contributing or causative factor in a significant portion of maternal morbidity and mortality in New Mexico.

- The Improving Perinatal Health (IPH) ECHO works to support the adoption of safety bundles to improve the care of pregnant people with a current multi-year focus on improving care for pregnant with substance use disorder.

- Subject matter will transition to a focus on maternal mental health in coming years.

Perinatal Care ECHO Helps NM Providers Address Mental Health in Pregnancy

- **IPH Program goal:** Decrease maternal mortality and morbidity in New Mexico, Arizona, East Texas.

- **Target learners:** All members of the perinatal care team: physicians, midwives, nurses, doulas, community health workers, etc.

- **Hub team disciplines:** Midwifery, Nursing, Maternal-Fetal Medicine, Pharmacy, Family Medicine, Psychology, Addiction Medicine

- **New Mexicans served to date by IPH:** 507

Perinatal Care ECHO Helps NM Providers Address Mental Health in Pregnancy

- One nursing leader in a rural birthing unit has said "The **IPH ECHO is our only consistent source of support** and for discussion of the issues we face everyday."

- Another rural provider recently shared that it was content learned from the **IPH ECHO that helped her manage some serious mental and physical pregnancy complications** in a pregnant patient who had current substance use disorder.

Climate Change and Human Health ECHO - Mental Health Series

As part of the successful weekly Climate Change and Human Health ECHO, a mental health series was created in Fall 2021:

1. Climate Change and Mental Health
2. Eco-Anxiety
3. Mental Health and Youth
4. Climate Change, Mental Health and Vicarious Trauma

➢ Simulated cases were also developed to illustrate how to communicate to patients regarding the mental health consequences of climate change

ECHO improves law enforcement response to mental illness

- **Goal**: Use ECHO to build on Crisis Intervention Team (CIT) training and help law enforcement officers handle service calls from **individuals with mental illness**

- More than **600 people** have participated in City of Albuquerque CIT ECHO; 120 completed evaluation surveys

- Knowledge, self-efficacy, and attitudes towards people with mental illness involved in the criminal justice system **improved significantly** from pre- to post-program

Behavioral Health Care Integrated Holistically into Many ECHO Programs

What are ECHO's future plans and how will they integrate with the overall vision for behavioral health in the state?

New and Expanded Behavioral Health Programming To Meet State Priority Needs in FY2023

Alcohol Use and Mental Health ECHO (New)

- Leading cause of death in New Mexico
- Effective treatment exists
- New program will address alcohol-related harm and associated medical and psychiatric conditions

Geriatrics Care with Mental Health Component (New)

- The U.S. Census Bureau estimates that more than 30% of NM's population will be over the age 60 by the year 2030
- This program will support providers around the state and mentor them to be able to provide quality care to their aging patients, including behavioral health specialists in both experts and participants

New and Expanded Behavioral Health Programming To Meet State Priority Needs in FY2023

School- and Community-Based Opioid Use Prevention ECHOs (New)

- Leading cause of death in New Mexico
- Effective prevention programs exist
- Program allows healthcare providers serving vulnerable children to have enhanced capacity to prevent OUD, and children, youth, and families to have greater access to best-practice, evidence-based care in NM

Provider Resilience (Expanding)

- New Mexico's already limited healthcare workforce is under unprecedented mental health stress
- This program has proven effective in supporting providers around the state and enabling them to access the mental health support they need to remain healthy, and in the workforce

A New Mexican NP's Success Delivering Care with ECHO MOUD Model Support

- A NP working in **very rural NM with no MOUD care available** joined ECHO
- She was treating a 32 y/o male with a history of opioid, methamphetamine, and sedative-hypnotic use disorders. The patient was at the time smoking up to 10 "blue pills" containing illicit Fentanyl on a daily basis.
- He was also using methamphetamine- smoked and injection- **on a near daily basis** and using alprazolam. He had a history of unintentional overdoses, legal involvement, as well as unstable housing, financial difficulties- all as a result of substance use.
- The patient had begun substance abuse **counseling with no benefit**, and had also attended 12 step with no benefit, and until this time, **no medications were available to him locally.**
- Additionally, he reported **symptoms of worthlessness/guilt, trauma, hypervigilance, avoidance, and high levels of anxiety.**

HEALTH SCIENCES

Project ECHO

A New Mexican NP's Success Delivering Care with ECHO MOUD Model Support

- The **NP presented the case in the ECHO MOUD session** with the question: "How do I initiate this patient for MAT?"
- Through the ECHO process, **the provider was guided through the process of initiating buprenorphine successfully** on an outpatient basis and titrate it up to a therapeutic dose
- The **patient entered remission from opioid use** at follow up presentation in the MOUD
- We also **came up with a strategy** that allowed us to **treat his underlying PTSD**, while concurrently helping him **taper off** of his benzodiazepine use and re-focus his psychotherapy on PTSD as well as methamphetamine use.
- Importantly, the **provider now is a confident provider of SUD treatment within her community."**
- ➤ **This success story of delivering integrated behavioral health care in a rural underserved area epitomizes the power of the ECHO model to serve NM**

Project ECHO: Supporting the Overall Vision for Behavioral Health Care in NM

- At present, New Mexico faces a severe behavioral healthcare **provider shortage** at the same time as New Mexican patients' behavioral health **care needs are growing**
- The NM behavioral health plan in development will address the infrastructure gaps and human resource needs to deliver the care that patients require—but achieving this holistic plan will take time
- Project ECHO looks forward to being **a component of that holistic plan**
- In the meantime, Project ECHO can help meet New Mexicans' behavioral health **care needs today** by upscaling the existing workforce—physicians, nurses, pharmacists, community health workers, and others—**to diagnose and provide behavioral health care close to home** for patients, **or triage** them to behavioral health experts when needed.