

WELCOME



UNM HEALTH PRESENTATION TO LEGISLATIVE HEALTH
AND HUMAN SERVICES COMMITTEE
JULY 11, 2022

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Department of Psychiatry & Behavioral Services for UNM SOM
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UNM HEALTH BEHAVIORAL HEALTH AND THE NEW
MEXICO BEHAVIORAL HEALTH

Agenda

- 1.** Introduction
- 2.** Behavioral Care Needs of our State
- 3.** Facilities & Resources
- 4.** UNMH Behavioral Care Services
- 5.** Collaborations
- 6.** Gaps & Challenges
- 7.** Focus on Pediatric Behavioral Health
- 8.** UNM Role
- 9.** Highlights & Hotspots
- 10.** System Recommendations
- 11.** Closing

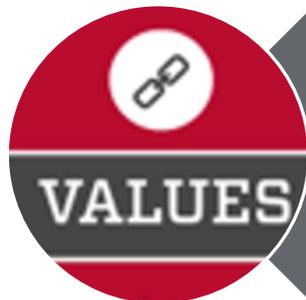
Addressing Behavioral Health/Substance Use Disorder Central to Meeting our Vision and Mission



The University of New Mexico Health Sciences Center will work with community partners to help New Mexico make more progress on Health and Health equity than any other state.



- * Provide an opportunity for New Mexicans to obtain an Excellent Education in Health Sciences.
- * Advance health discovery and innovations in the most important areas of Human Health.
- * Ensure that ALL populations in New Mexico have access to the Highest Quality of health care.



- * Excellence in Education, Patient Care, and Research
- * Commitment to Service, Quality and Safety.
- * Integrity and Accountability
- * Teamwork and Collaboration
- * Respect and Compassion for all people
- * Providing Hope for those we serve

UNMHSC Strategic Focus Areas

Child
Well-Being

Behavioral
Health /
Substance Use
Disorders

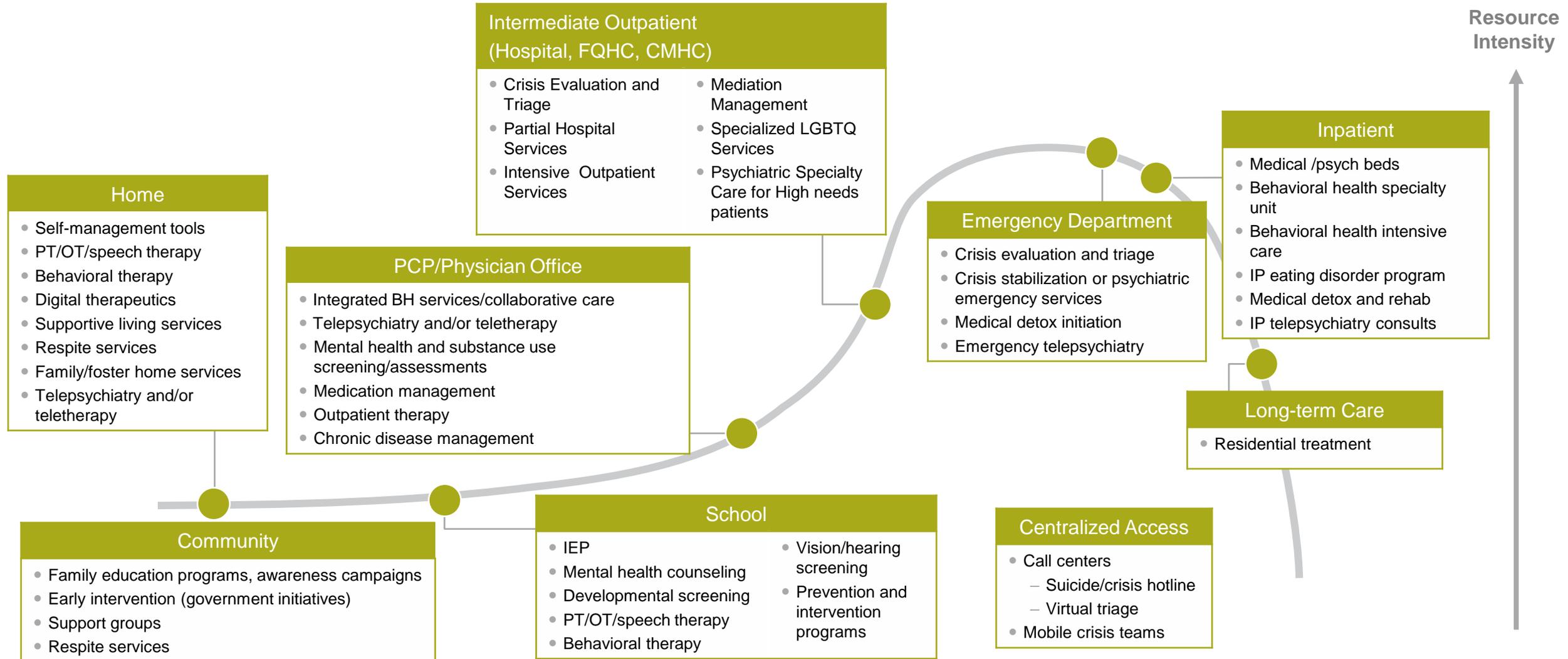
Healthy Aging

Workforce
Development

Behavioral Care Needs of our State

Behavioral Care Needs of our State

Behavioral Health System of CARE (Sg2 Analytics)



Facilities & Resources

UNM Department of Psychiatry and Behavioral Sciences

UNMH Behavioral Care Services

Facilities & Resources

Missions

Provide Outstanding Clinical Care

- Focus on patients we should treat
- Train behavioral care givers to treat NM population with addictions/mental illness
- Research - Primarily benefit NM
- Increase Community Engagement
- Optimize resources

UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Department of Psychiatry & Behavioral Sciences

SUMMARY OF OPERATIONS

Personnel

- 89 faculty
- 77 staff
- 81 residents/fellows/trainees

Residency, Internship & Fellowships

General Residency: ACGME Accredited through 4/1/2026

- Clinical Psychology Internship: APA Accredited through 2030
- Fellowships: ACGME Accredited through 4/1/2026
 - Addiction Psychiatry
 - Consult Liaison Psychiatry
 - Child and Adolescent Psychiatry
 - Geriatric Psychiatry
- Non-ACGME
 - Reproductive Psychiatry & Infant Mental Health

Facilities & Resources

Divisions

Addiction Psychiatry

Adult General Psychiatry

Child & Adolescent Psychiatry

Geriatric Psychiatry

Primary Care Consultation & Integration

Psychological Sciences

Psychiatric Neuromodulation

Community Behavioral Health

Facilities & Resources

Community Behavioral Care

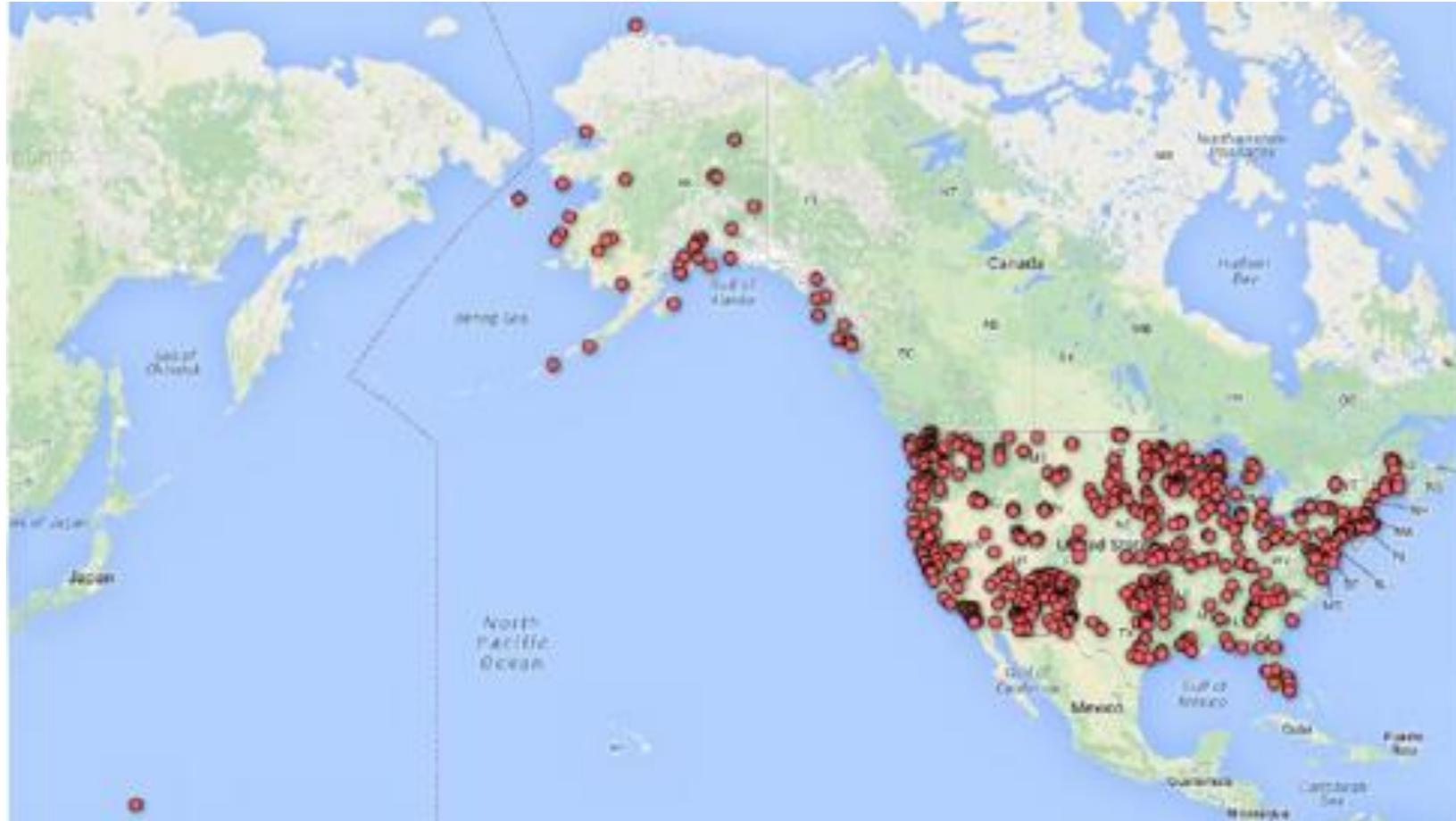
57 faculty, staff, and students

- Many research assistants
- Many community members live & work in their communities in rural New Mexico



Facilities & Resources

Telehealth Indian Health Services – USA



Facilities & Resources

Education Missions

Train providers to take care of behavioral health needs in New Mexico

- Goal: 50%+ grads to stay in NM
- meet major behavioral health needs of NM with innovative clinical care and service delivery with the latest therapeutics (TMS, tDCS, ECT)

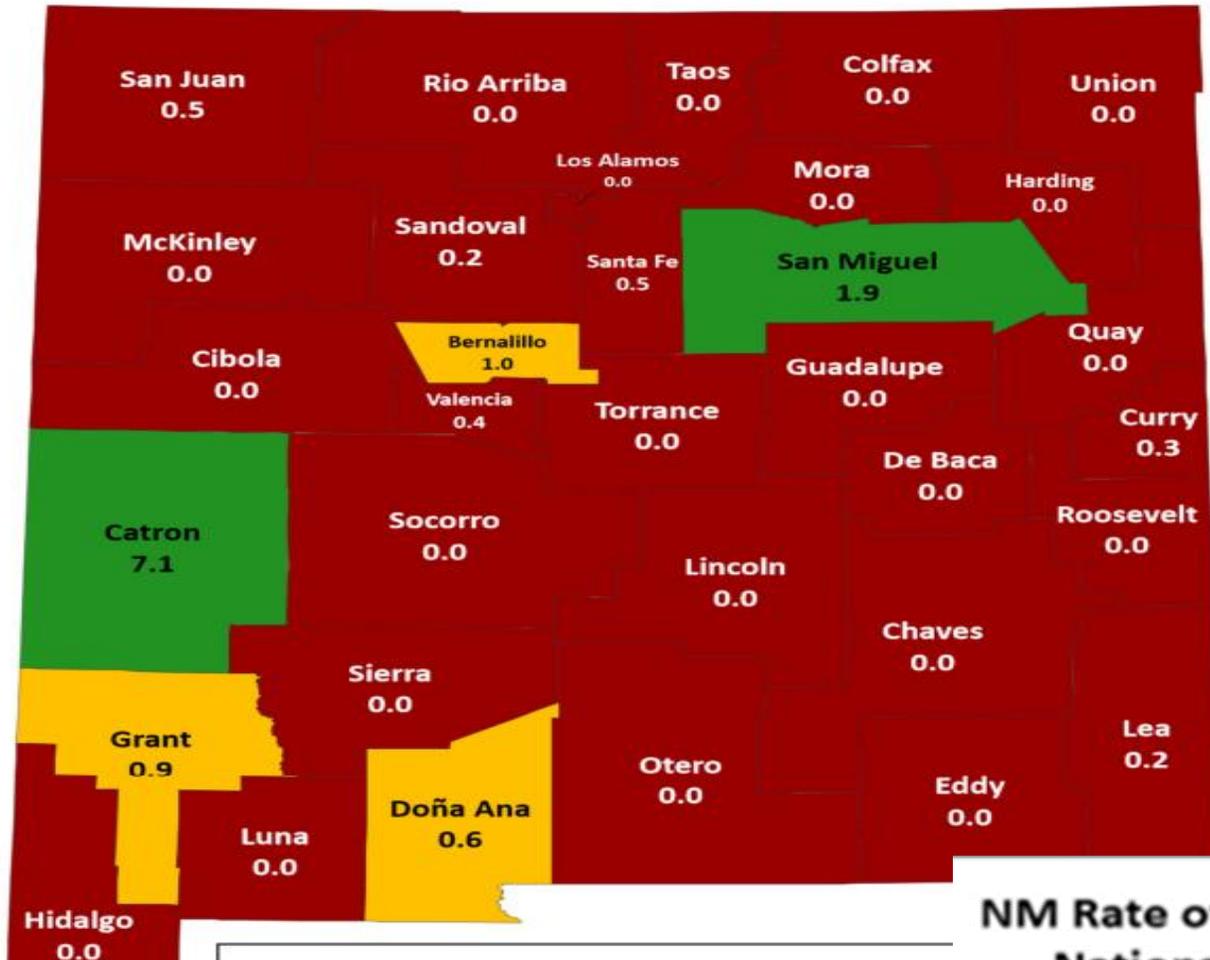
Rich and diverse training environment: medical students, psychology interns & postdocs, psychiatry fellowships, residents, collaboration in multidisciplinary teams: tracks in research and rural psychiatry.

Consistently highest-rated medical student clerkship in SOM

Training other disciplines e.g. nurse practitioners, physicians assistants

Crisis Intervention Training to law enforcement via ECHO

NM Does Not Have Enough Psychiatrists



Psychiatrists by county



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

Facilities & Resources

Residents

- 12** graduates this year
- 4** taking faculty positions at UNM
- 2** UNM fellowships
(1 Child & 1 Reproductive Psychiatry)
- 3** going on to fellowships at other U
UCSD, UCLA, and Montefiore
- 3** moving to other states.
- 16** New Residents this year –
10 UNM medical students



Facilities & Resources

Child Psychiatry Fellows

2 graduates

Both becoming faculty at UNM

4 New Child Fellows

2 UNM general Residency

2 external



RESEARCH FUNDING & FOCUS

**Total FY22
Funding
=
\$14,055,942**

NIMH: Bipolar, schizophrenia and other psychoses (adult & child),

NIMHECT, TMS for meth use disorder

NM DOH: Youth suicide prevention

- SAMHSA: First-episode psychosis, opiate use & other substance disorders
- Service delivery & access in NM and within NM tribal communities, trauma informed care for youth,
- Emergency COVID response, and services evaluation
- HRSA: Workforce training (other disciplines, addictions, general BH)
- PCORI: Trauma-informed care comparing certified peer support workers with BH providers
- US DOD: Neuromodulation for treatment of cognitive symptoms in TBI

UNMH Behavioral Care Services

UNMH Behavioral Care Services Overview

UNM Health System - largest behavioral health provider in New Mexico

Over 500 FTEs including:

- Psychiatrists
- Psychologists
- Psychiatric Nurse Clinicians
- Counselors
- Social Workers
- Mental Health Technicians
- Peer Support experts
- Community Support Workers

UNMH Behavioral Care Services

Key Relationships

UNM SOM

- Family Medicine
- Internal Medicine
- Pediatrics
- Emergency Medicine
- Neurosciences

EXTERNAL

- New Mexico DOH, Behavioral Health Services Division, Children Youth and Families Department
- Indian Health Service, Individual tribal communities
- Bernalillo County BH Services, (CARE campus – addictions services, step-down for SMI patients)
- Law Enforcement (CIT ECHO)

UNMH Behavioral Care Services

Existing UNM Service Continuum Inpatient

UNM Psychiatric Center

- 32 Adult Beds
- 15 Geriatric Beds
- Behavioral Health Intensive Care

UNM Children's Psychiatric Center

- 35 Inpatient Beds
- Behavioral Health Intensive Care



UNMH Behavioral Care Services

Existing UNM Continuum Crisis Services

Psychiatric Emergency Services

Psychiatric Urgent Care



UNMH Behavioral Care Services

Existing Continuum Outpatient

- General Outpatient Clinics for Adult and Pediatric Patients
- Addictions and Substance Abuse Program (ASAP)
- Milagro Program for Pregnant Women with Substance Use
- Psychosocial Rehabilitation Program
- Community Based Services
- Care Link Health Home
- Peer Services
- Specialty Clinics and Programs for High Needs Patients

UNMH Behavioral Care Services

Existing Psychiatric Specialized Procedures

Neuro-modulation through Transcranial Magnetic Stimulation (TMS)

- An outpatient procedure performed using specialized magnetic equipment to stimulate certain areas of the brain.

Electroconvulsive Treatment (ECT)

- Can be performed on an inpatient or outpatient basis. Uses electrical stimulation on certain areas of the brain under anesthesia.

Esketamine Treatment

- Outpatient treatment for depression that is performed by administering medication through a nasal spray by a physician.

UNMH Behavioral Health Operation Volume

	FY2020	FY21	FY22	FY23 Budget
Days for all Behavioral Operations	23,526	22,968	22,094	22,158
Visits for all Behavioral Operations	192,677	198,029	204,628	207,232
Methadone & Buprenorphine Doses	146,783	171,026	153,153	167,403

Collaborations

Collaborations

New UNM Service Development Planning in coordination with Bernalillo County

- Adult Crisis Triage Center
- Expansion of Psychiatric Emergency Services with increased access for all populations
- Expanded Observation Capacity
- Transition Age Clinics
- Pediatric Urgent Care
- Partial Hospital Program for Adolescents and Adults
- Intensive Outpatient Treatment for Adults and Adolescents
- Peer Living Room model with expanded Peer Services
- Telehealth Expansion

Collaborations

UNM Hospital Bernalillo County Crisis Center



Collaborations

Crisis Center Program Components

Crisis Triage Center

- 16 Patient Rooms, private facility, care for up to 14 days in a dignified setting with flexibility to adjust bed volumes by gender.
- Observation room that accommodates 10 patients.

Peer Living Room

- Low-acuity walk-in and/or referral service in a residential environment

Psychiatric Emergency Services

- 10 Exam rooms with flexibility to adjust rooms volumes by age.
- Seclusion Suite with two rooms.

**Scheduled Completion
January 2024**

Gaps, Challenges and Opportunities

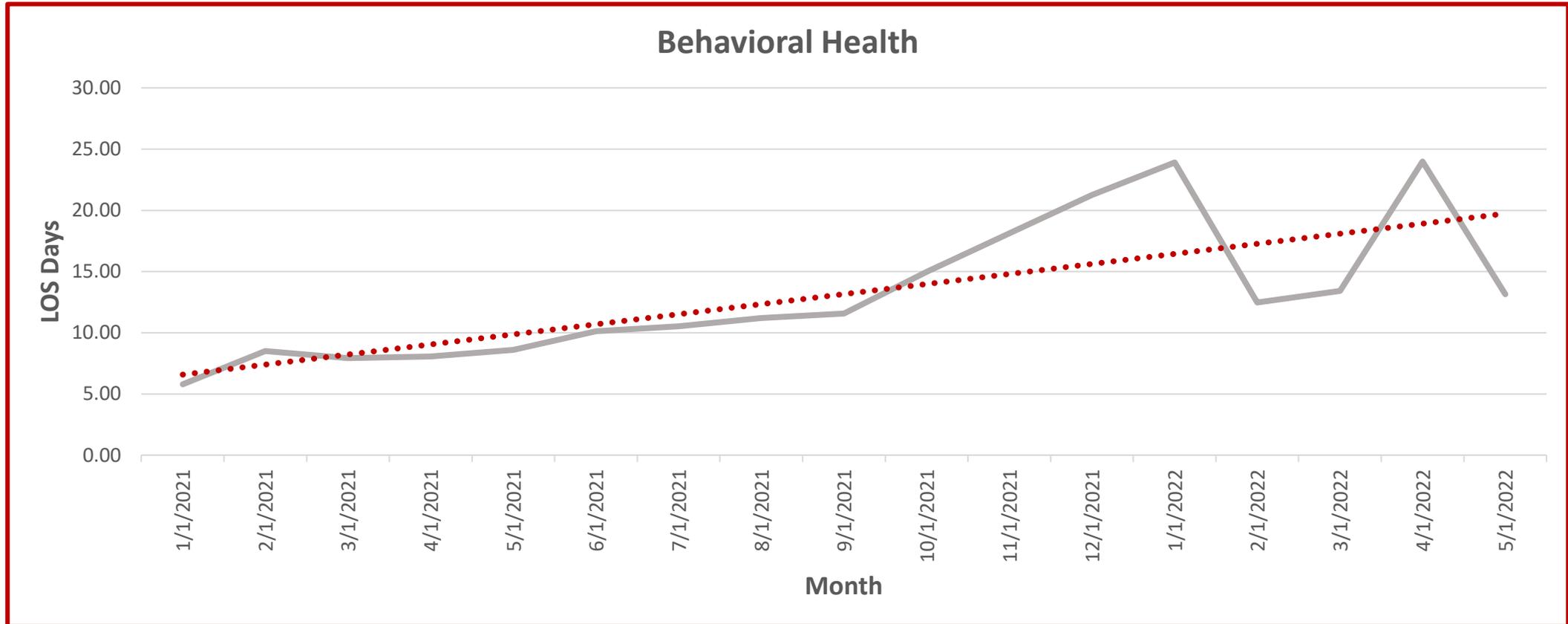
Lack of Continuum of Care System Impacts

- Public safety concerns
- Increased utilization of Forensic Services
- Increased utilization of General Emergency, Psychiatric Emergency, and Urgent Care Services
- Increased lengths of stay at emergency services based on challenges with finding appropriate and safe discharges
- Results in Constrained Access for patients needing Higher Levels of care
- Patients failing to connect to needed resources = reoccurring utilization in higher levels of care.



Gaps, Challenges & Opportunities

Average Length of Inpatient Stays at UNMH



Gaps, Challenges & Opportunities

Program Gaps

- Residential Treatment for adolescents especially for DD and ASD populations
- Partial Hospitalization for Adults, Child and Adolescent
- Intensive Outpatient Treatment for Adult and Adolescent
- Consistent Community-Based Services Statewide including statewide expansion of high fidelity wrap around services for youth
- Forensic Services
- Reimbursement mechanisms that support development of needed levels of care
- Crisis Services for Adults, Children, and Adolescents
- Access to housing and transitional services for adolescents

Opportunities

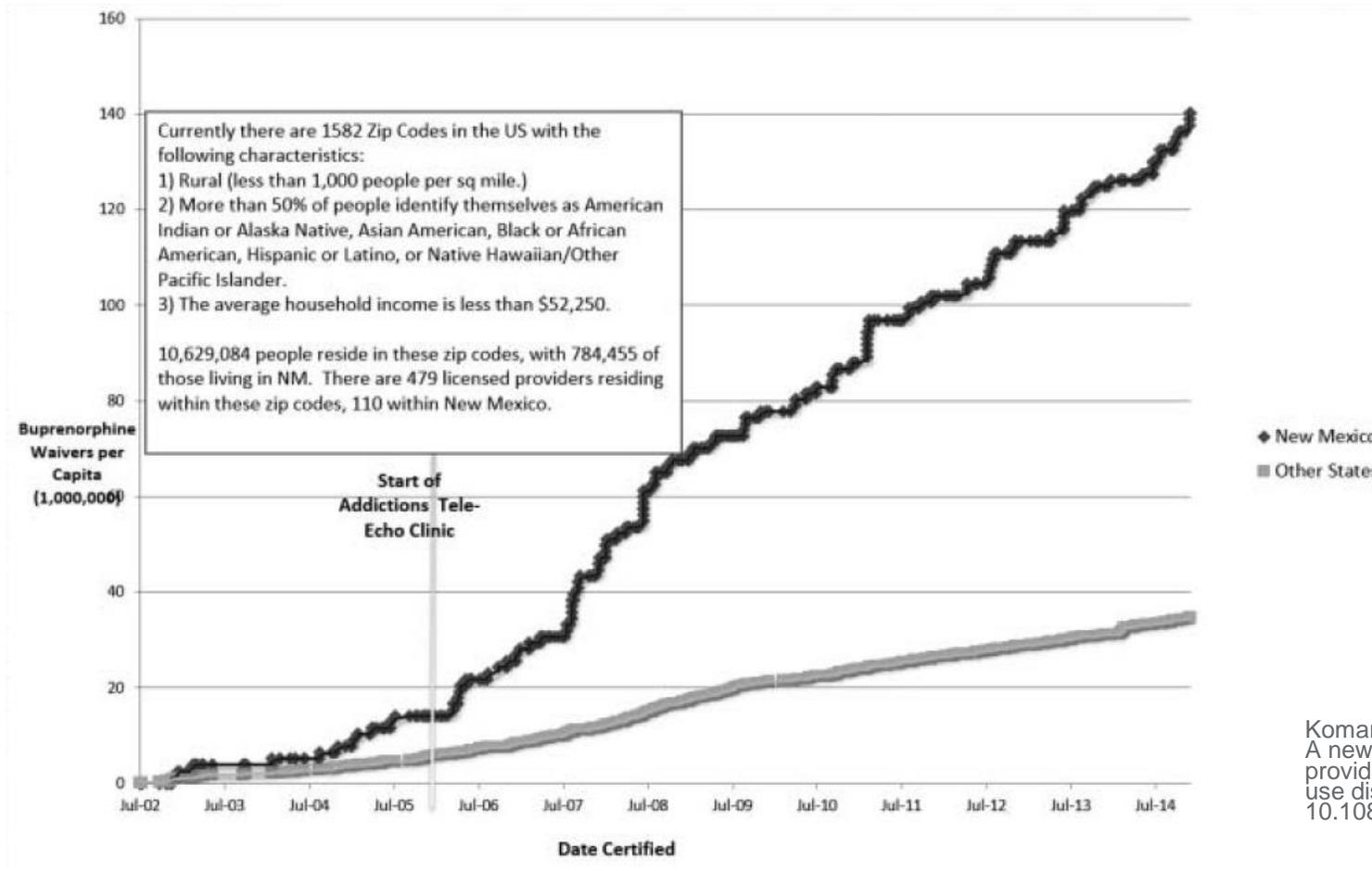
Project ECHO: Supporting the Overall Vision for Behavioral Health Care in NM

- ECHO will be a component of the NM behavioral health plan in development with local, county, state, and UNM leaders, to meet the state's needs
- ECHO will strengthen the BC workforce
- ECHO can upscale NM healthcare workforce, equipping health professionals (PCPs, nurses, counsellors, school teachers-----) to identify and treat patients with BC needs, or to appropriately triage them to specialists and subspecialists



Gaps, Challenges & Opportunities

ECHO in New Mexico for Opioid Use Disorder



Komaromy et al. (2016). Project ECHO: A new model for educating primary care providers about treatment of substance use disorders. *Substance Abuse*. doi: 10.1080/08897077.2015.1129388.

Improving Rural Mental Health in NM – Supporting Primary Care Providers

- **Goal:** ECHO Access Programs for rural PCPs to screen and treat BH conditions
 - Primary care teams at rural community health centers in NM -family nurse practitioners, physician assistants, and community health workers

Focus on Pediatric Behavioral Health

Focus on Pediatric Behavioral Health

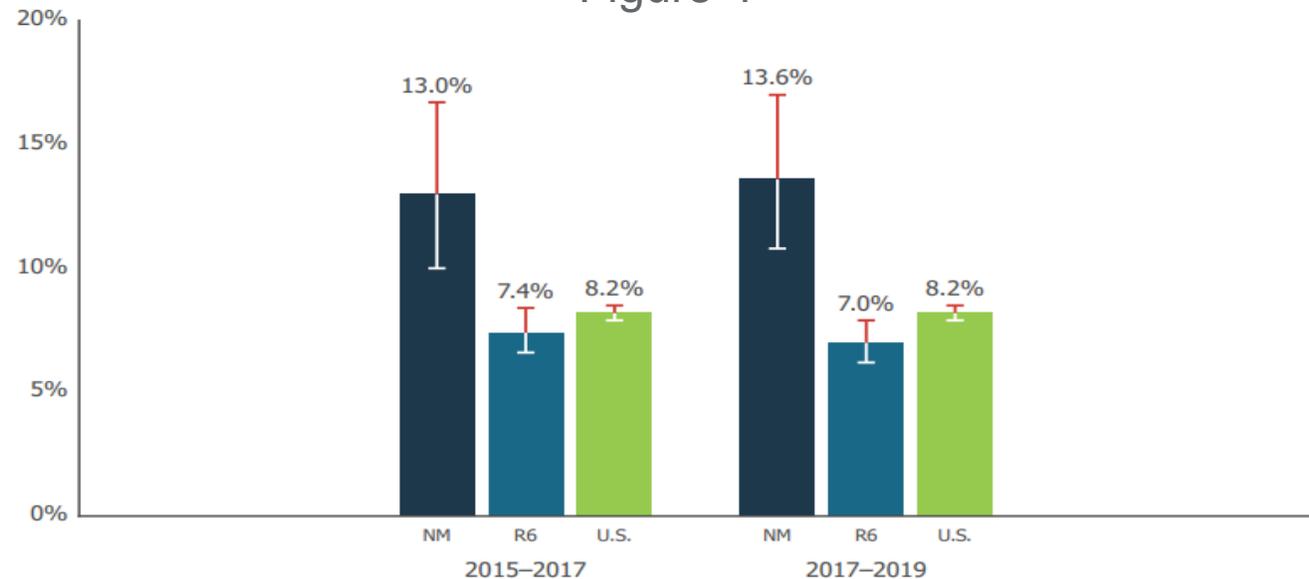
Illicit Drug use in NM Youth

Changes in Past-Month Illicit Drug Use among Youth Aged 12–17 in New Mexico, Region 6, and the US (Annual Averages, 2015–2017 and 2017–2019)



The average percentage of illicit drug did not significantly change. During 2017–2019, the annual average prevalence of past-month illicit drug use in New Mexico was **13.6% (or 23,000)**, higher than both the regional average (**7.0%**) and the national average (**8.2%**).

Figure 4



Error bars indicate 95% confidence interval of the estimate.
NM = New Mexico; R6 = Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas); U.S. = United States.

Focus on Pediatric Behavioral Health

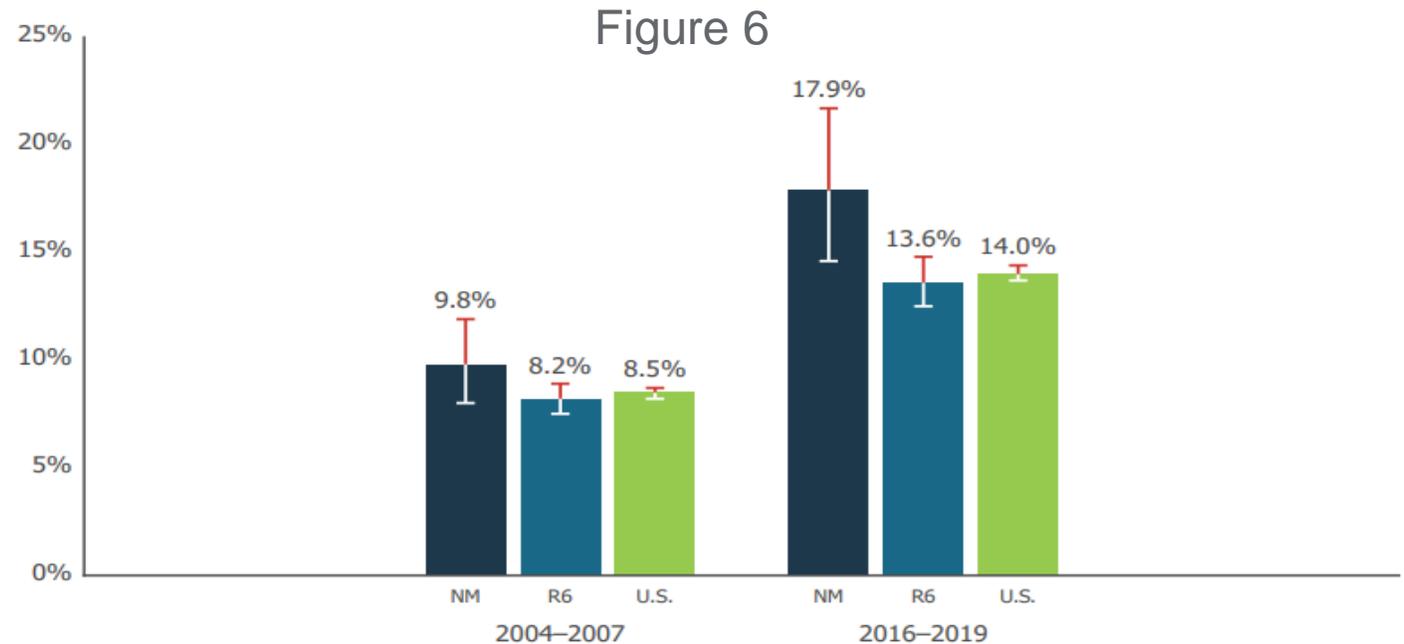
Depression in NM Youth

Changes in Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in New Mexico, Region 6, and the US (Annual Averages, 2004–2007 and 2016–2019)



The average percentage with an MDE increased.

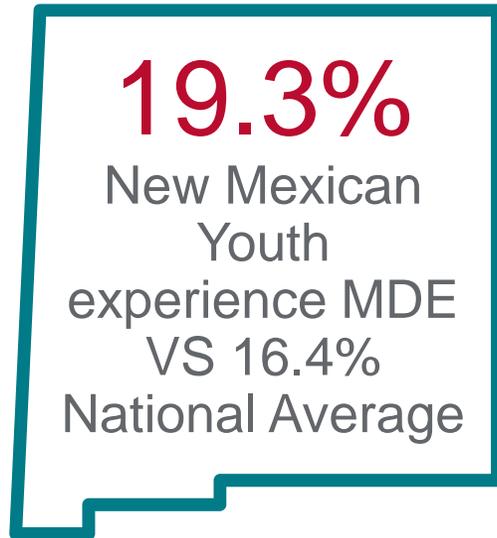
During 2016–2019, the annual average prevalence of past-year MDE in New Mexico was **17.9% (or 29,000)**, higher than both the regional average (**13.6%**) and the national average (**14.0%**).



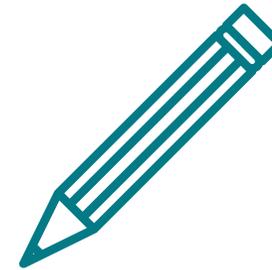
Error bars indicate 95% confidence interval of the estimate.
NM = New Mexico; R6 = Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas); U.S. = United States.

Focus on Pediatric Behavioral Health

New Mexico Statistics



New Mexico is the **2nd highest** rate of past-year MDE

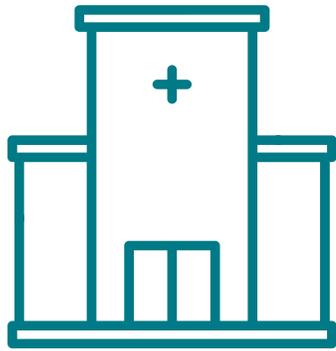


40.4%

High School Students
had a period of at least
two weeks during which
they felt sad or hopeless

Focus on Pediatric Behavioral Health

New Mexico Self Harm Youth Statistics



Children
Hospitalized
at the rate of
61.7 per every 10,000
for self harm / suicide

Suicide tied with unintentional injury as the **leading cause of death**

NM (14.9 per 100,000) VS national rate (6.3 per 100,000).

NM suicide attempt rate of **10.5%** VS national average 8.9%

Notably higher rates of suicide attempts were recorded among **minorities** and children whose parents did not finish high school

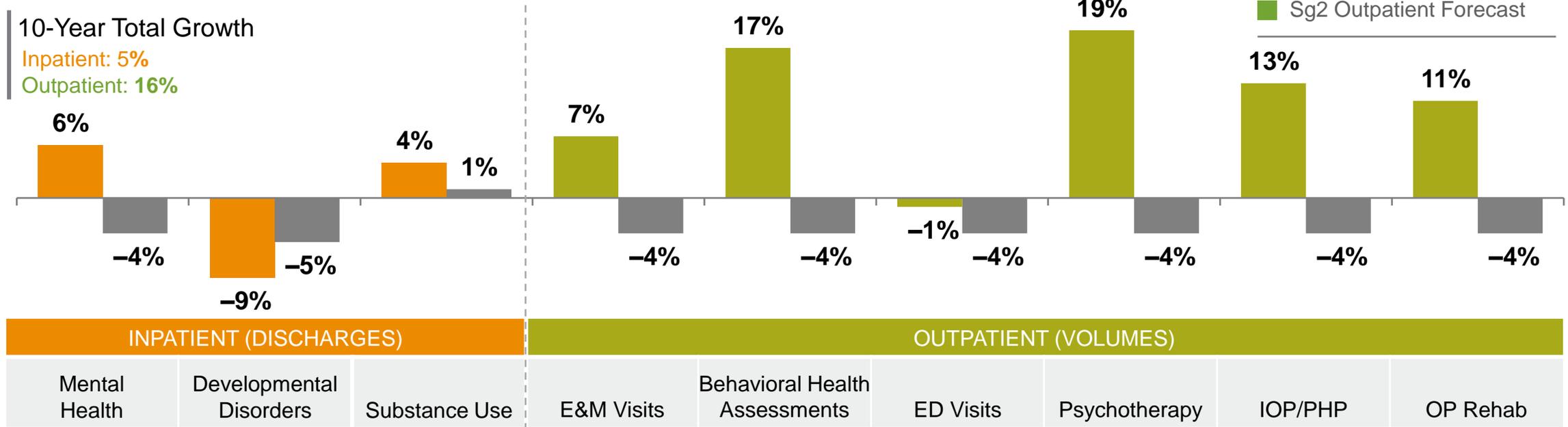
16.5% planned and **18.8%** of high school students seriously **considering suicide** in the last year



Focus on Pediatric Behavioral Health

Overall, Inpatient and Outpatient Behavioral Health Volumes Increasing by 5% and 16%

Pediatric Behavioral Health Forecast, UNMCH Total Market, 2019–2029 (v21)



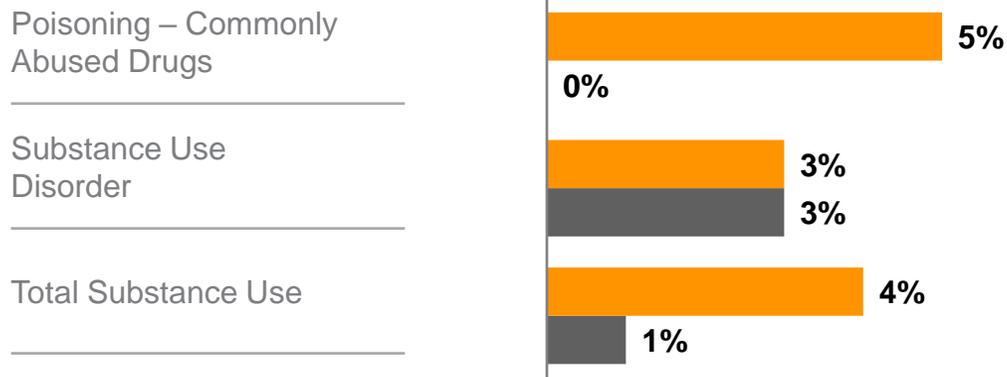
Note: Analysis includes 0–17 age group only. Mental health includes Adjustment Disorders, Anxiety and Personality Disorders, Bipolar Disorders, Eating Disorders, Mood Disorders Episodic Mood Disorders Persistent, Psychosis, and Trauma-Related Disorders CARE Families. Developmental disorders include ADHD, Learning Disorders and Autism CARE Families. Substance Use includes Poisonings – Commonly Abused Drugs and Substance Use Disorders CARE families. OP forecast and total growth include all CARE Families within the behavioral health service line. ADHD = attention deficit hyperactivity disorder. E&M = evaluation and management. IOP = intensive outpatient program. PHP = partial hospitalization program. ED = Emergency Department. UNMCH Total Market includes primary, secondary and tertiary markets. **Sources:** Impact of Change®, 2021; New Mexico State Data (CY2019); Proprietary Sg2 All-Payer Claims Data Set, 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2021; Sg2 Analysis, 2021.



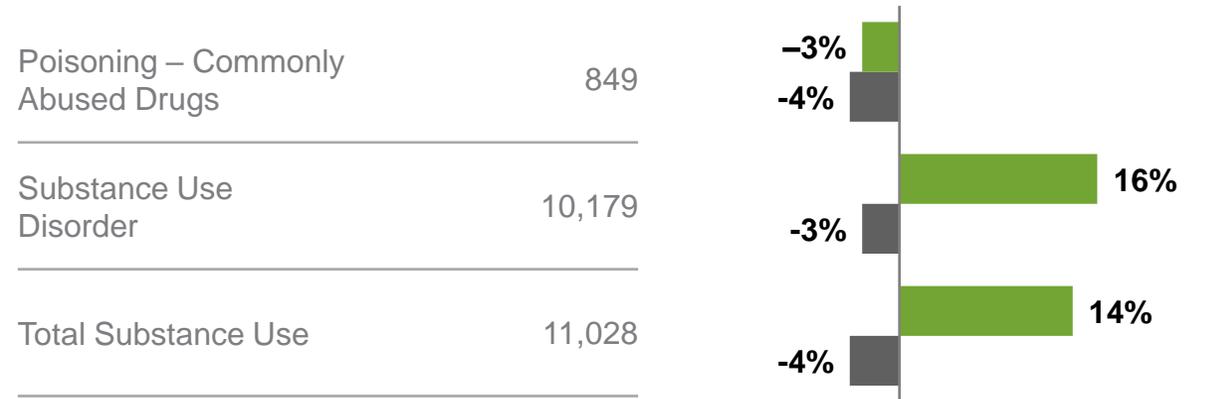
Focus on Pediatric Behavioral Health

Substance Use Increases in Both Inpatient at 4% and Outpatient at 14%

Pediatric Inpatient Substance Use Forecast, UNMCH Total Market, 2019–2029 (v21)



Pediatric Outpatient Substance Use Forecast, UNMCH Total Market, 2019–2029 (v21)



■ Sg2 Inpatient Forecast
 ■ Population-Based Forecast
 ■ Sg2 Outpatient Forecast

Note: Analysis includes 0–17 age group only. Substance Use includes Poisoning – Commonly Abused Drugs and Substance Use Disorder CARE Families. UNMCH Total Market includes primary, secondary and tertiary markets. Sources: Impact of Change®, 2021; New Mexico State Data (CY2019); Proprietary Sg2 All-Payer Claims Data Set, 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2021; Sg2 Analysis, 2021.

Focus on Pediatric Behavioral Health

Acute Care Pediatric and Emergency Services Impacts

- After covid pandemic significant increases in numbers of pediatric patients presenting to Psychiatric Emergency Services and other Emergency Departments
- Closed beds at Children's Psychiatric Center related to significant increases in numbers and acuity of DD and ASD patients inpatient at the facility since the closure of Bernalillo Academy in December.
- Result is constrained access to pediatric Behavioral Health beds for patients with acute psychiatric care needs.
- Pediatric Patients boarding in Pediatric Acute Care Hospital Beds at UNMH and Presbyterian based on lack of Pediatric Behavioral Health Acute Care access.
- UNMH has averaged between 5-8 pediatric behavioral health patients boarding at UNM Children's Hospital based on lack of bed capacity at Children's Psychiatric Center

Focus on Pediatric Behavioral Health

Child and Adolescent Services Needs

- Access to Child and Adolescent Services have become increasingly difficult especially in rural and frontier parts of the State
- Resources for specialized Behavioral Health populations have been reduced or eliminated especially Residential Treatment options for higher needs children and adolescent many of whom have DD and ASD diagnosis in addition to underlying psychiatric diagnosis
- Need expansion of high fidelity wrap around services in all parts of the State
- Crisis services including adolescent crisis triage and expanded access to housing services.
- Funding and Prior Authorization support for needed service development
- Expansion of Family Peer Support Services
- Increased access to addiction services
- Behavior Management Services
- Therapeutic Foster Care Access
- Day Treatment Programs

UNM Role

UNM Role

Expanding Care

- Create comprehensive continuum of care - as it relates to specialty, sub-specialty, and intermediate levels of care.
- Training and Education of all levels of BH providers
- Expertise Statewide through ECHO, Telehealth & Consultation.
- Collaborate with other governmental entities - CYFD, BHSD, HSD and community partners in system development planning.
- Create expanded access to existing service lines
- Research activities focused on NM needs

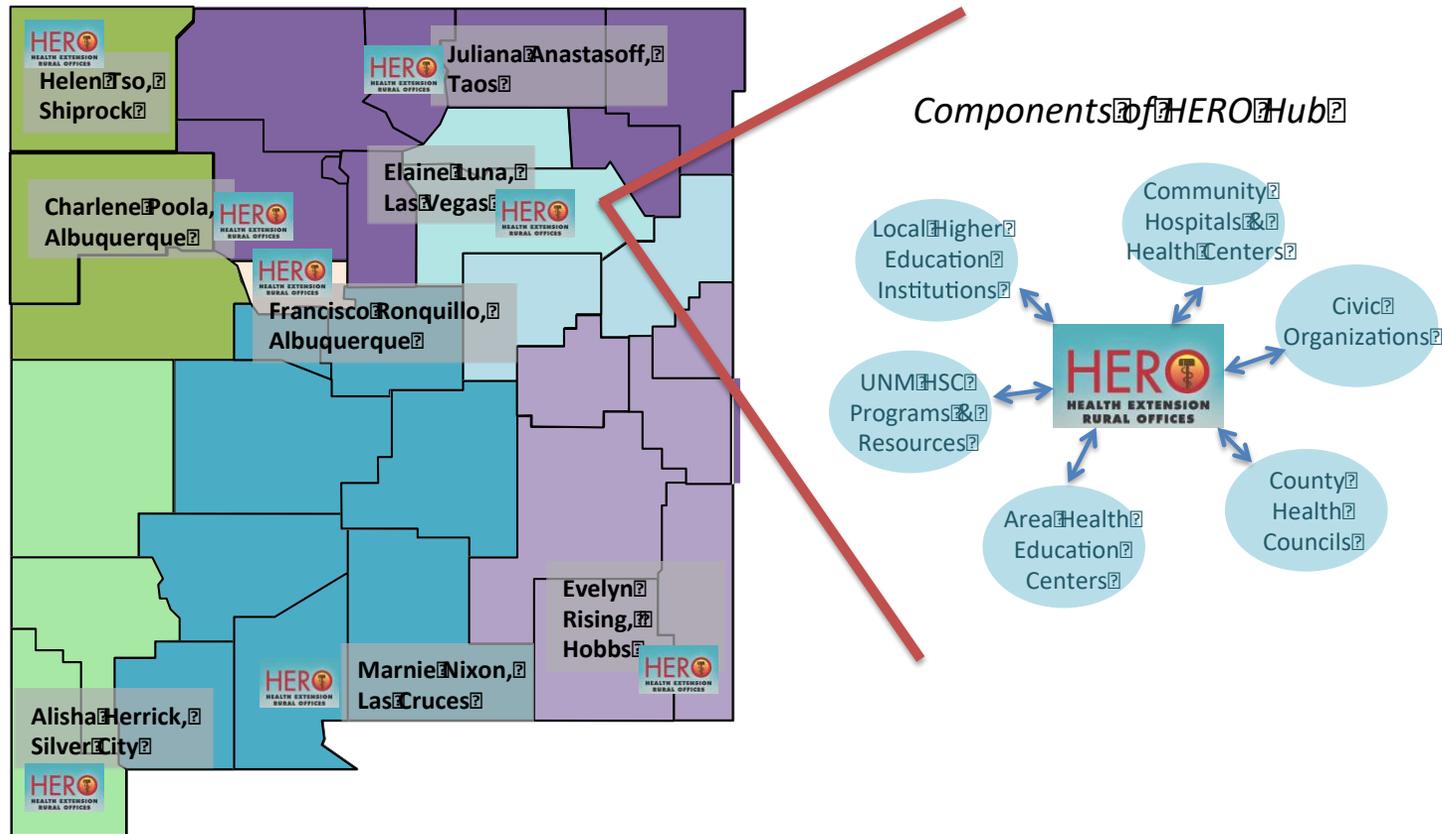
UNM Role

UNM Workforce Development

- Nationally recognized adult Psychiatry – Addictions & Rural
- Fellowships in Child, Addictions, Geriatrics, Consultation
- Additional Addictions Fellowship
- Reproductive Psychiatry Fellowship
- Psychology Internship Program
- Postdoctoral Psychology Programs
- Partnership with College of Nursing – PNPs
- Physician Assistant Residency in Psychiatry
- Developing Forensic Psychiatry Fellowship
- Opening UNM HS Rio Rancho BH Clinic – Diverse training

UNM Role

UNM Statewide Program Impacts Dr. Kaufman's HERO Program



Highlights & Hotspots

Highlights & Hotspots

Highlights FY22

Only Psychiatric Emergency Services in NM (operates 24/7, 365 with 2 MDs)

UNM Crisis Center – Anticipated completion = Fall 2024

\$40M approved by NM Legislature for new Child Psychiatric Hospital

Commitment to community & community engagement

- Collaboration with diverse stakeholders, multiple tribal communities
- Numerous grants were written with community stakeholders

Consultation with Navajo Nation re child and geriatric psychiatry

Leader/innovator in telemedicine within NM and in other areas nationally

Continued research emphasis on areas that benefit NM including addictions, culturally appropriate service delivery, latest therapeutics

Committed, mission-oriented faculty working in concert with SOM goals

Hotspots

- Facilities old and inadequate (inpatient adult & child; adult & child emergency services)
- Not enough providers to serve the state
- Train Behavioral Health Services researchers

System Recommendations

System Recommendations

Collaboration with Communities

Address Social Determinants of Health and focus on health equity

Work with Community BH providers, school-based health centers and FQHCs system of care with UNM technical & telehealth support

Expansion of High Fidelity Wrap outpatient services

Build on CYFD's outpatient trauma informed systems of care

Collaboration with communities - prevention & educational services

Expand access to school-based services

Collaboration with communities with prevention and educational services

System Recommendations

Healthcare

Development Partial Hospitals - Children & Adults

Increase Telehealth Support - Emergency Rooms

988 MH Crisis Line with Crisis Services Providers

Development of Regional Crisis Triage Centers

Specialized Residential for High Needs patients

High-end specialty care for high needs patients

System Recommendations

Additional Support System

Increase access to care for Forensic Patients

Expansion of Peer Support Initiatives -family and child peer resources

Creation of Peer Living Room Models statewide

Creation of a Medicaid Reimbursement and Utilization Framework that supports development of service gaps.

Continued work on Regulatory Simplification around the BH Delivery System

Workforce development increasing programs and simplifying licensure and credentialing process and expand training site access.

Creation of sustainable financial framework at all levels of care

Thank you for your ongoing support!!



Thank you for your attention! mtohen@salud.unm.edu