

Southern New Mexico Psychiatric Bed Needs

Behavioral Health Subcommittee
October 18, 2012

Dona Ana Crisis Collaboration

- Formed in January 2011
- Originally sponsored by Local Behavioral Health Collaborative #3 to better coordinate law enforcement and community mental health safe responses to mental health crises
- Members include law enforcement, emergency medical response, social service and mental health providers, advocates, consumers.
- Coordinating with DAC Crisis Triage Project

Current mental health commitment practice

- Volume of Dona Ana County mental health commitment requests: As of 10/12, 2012, 1,019 petitions have been filed with the District Attorney. Requests include out of county patient hospitalized in local facility.
- See “The System” attachment
- Hearings are conducted on Friday; order of transport to Las Vegas Behavioral Health Institute (BHI) carried out by DAC Sheriff's Department generally 5-8 days after commitment hearing.
- No reimbursement to local hospital for extra days post commitment hearing
- Cost per transport: approximately \$700 to \$5,000 for ambulance transport: County expense for all patients including non-county residents

Additional Impact of Current System

- Inconsistent with principles of mental health parity: current system is an acute hospital to acute hospital transfer: this is not done in med/surg unless receiving hospital can do something different, e.g., specialty.
- No difference in clinical services available to patients in local psychiatric hospitals and unit clinical service available at BHI.
- Grossly inefficient and unkind treatment protocol: by the time patient is transferred to BHI , s/he may have improved enough to be discharged after 1-3 days
- No public funds available to pay locals hospitals for delay in commitment. State pays only if patient is transported to BHI.
- Limitation of coordinating follow-up treatment and support with long distance hospital; hardship created for patient family and support systems.

Extensive “study” efforts

- Original Southern New Mexico Inpatient fund of \$400K was created to offset cost of unfunded adult mental health patients to 4 Southern New Mexico Psychiatric hospitals. “Trimmed” back to \$311K. Funds are fully expended by end of first quarter annually.
- Multiple “memorials” and studies dating back into the 1990’s acknowledging the grave disparity and recommending a Southern New Mexico “Las Vegas” hospital.
- Most recent, 2008 SJM 43 recommendation: in lieu of building a Southern “State Hospital”, increase allocation to Southern New Mexico Inpatient fund from approximately \$311K to \$1.7 million. Coalition from DAC, SWCC, MVH for \$896K to support SJM recommendation. No action
- DAC construction of Crisis Triage Center will decrease the number of mentally ill in jail, but will increase the need for inpatient beds. *Estimate needed from DAC*

2008 New Mexico Hospital Association Psych Bed Survey

- Survey to all NMHA Member Hospitals, acute and psych; 19 responses
- 89% hospitals surveyed believed there are not enough mental health beds in New Mexico
- In response to where hospitals can find psych beds when they are needed; 7 indicated finding beds at Las Vegas when needed; 3 indicated finding beds in Albuquerque or Santa Fe, one looked for beds outside the state, 3 indicated finding beds wherever they could including Southern New Mexico hospitals and 4 specifically relied on Southern New Mexico Hospitals
- It is clear that the Southern New Mexico psychiatric hospitals are responding to a large portion of statewide demand for inpatient treatment.....with no publicly funded support.

- This issue has been identified, studied, and help requested for too long. It's time to act

Recommendation: Provide 18 publicly funded adult mental health beds in Southern New Mexico

- Change NMAC 43-1-25: Cost of Care
- Appropriate \$3.7 million to Department of Health to contract for beds with existing psychiatric hospitals and units

NMAC 43-I-25

- Current Language: “Clients who are indigent may receive care and treatment at state-operated facilities without charge. The governing authorities of such facilities may require payment for the cost of care and treatment from all other pursuant to established fee schedules based on ability to pay”
- Proposed Language: “Clients who are unable to pay may receive care and treatment at facilities licensed by the department of health. State funded reimbursement to licensed facilities will not exceed the cost of care at a state run facility.”

FY 2014 Appropriation Request

- State funded facility (Las Vegas BHI) cost per patient bed
- FY10 - \$530.54 per day
FY11 - \$494.74 per day
- Increased appropriation will help leverage Medicaid funds in 2014

Funding Options

- Increase Southern New Mexico Inpatient Fund by \$3.7 million
- Redirect current appropriation for publicly funded adult mental health beds to Southern New Mexico Facilities
- Approve a sub-contract between Southern NM psychiatric facilities and DOH BHI for commitment and funding for Southern New Mexico consumers
- Construct a state run facility in Southern New Mexico via a public/private partnership to offset capital costs

Follow-up Planning

- Recommendation: Interim Behavioral Health Sub-Committee to request follow-up analysis and reporting on these recommendations by December 1, 2012 from a multi-agency team including representatives from:
 - DAC Crisis Collaboration
 - NM Association of Counties
 - BH Purchasing Collaborative; Medicaid
 - Department of Health
 - Psych hospital representation from NMHA
 - NAMI