

New Mexico Department of Health



LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE
HEARING

SEPTEMBER 22, 2016

Gabrielle Sanchez-Sandoval, Deputy Cabinet Secretary



Agenda

- Turquoise Lodge Hospital

Shauna Hartley, LCSW

Administrator

- Sequoyah Adolescent Treatment Center

Carmela Sandoval

Administrator

- Division of Health Improvement

Judith Parks

Deputy Director

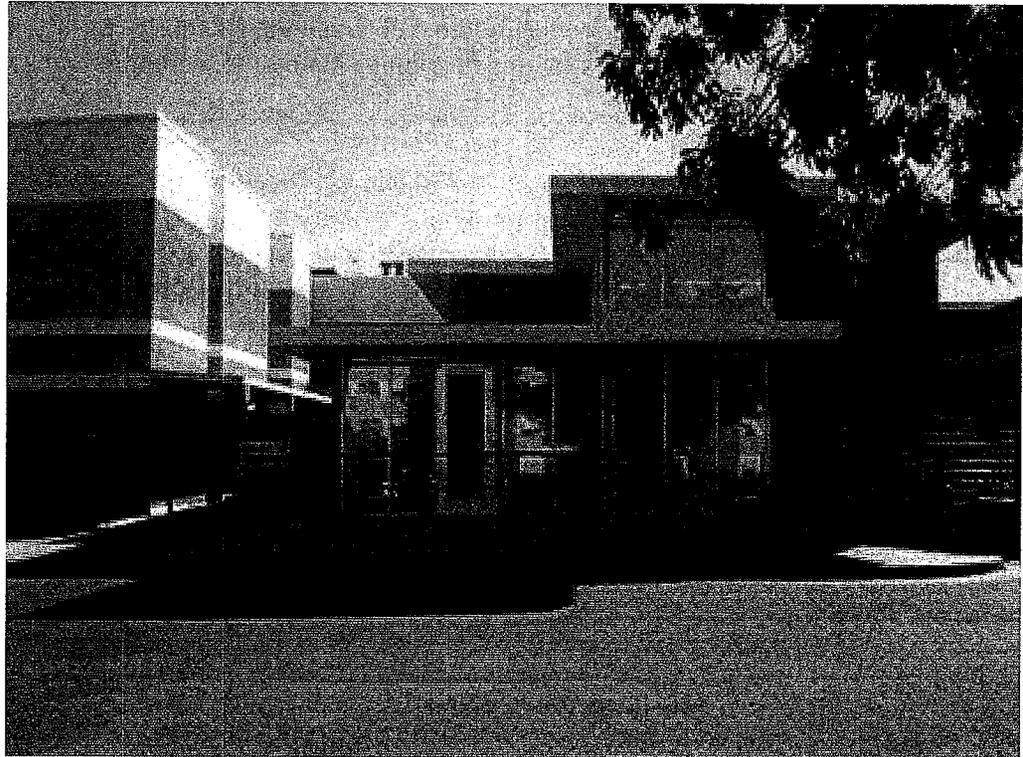


Turquoise Lodge Hospital

1952 – TURQUOISE LODGE HOSPITAL OPENED ITS DOORS TO ADULTS IN NEED OF SUBSTANCE ABUSE TREATMENT BOTH MEDICAL DETOX AND SOCIAL REHABILITATION

2007 – TURQUOISE LODGE HOSPITAL MOVED TO CURRENT LOCATION AT **5901 ZUNI SE ABQ NM 87108**

2013 – ADOLESCENT PROGRAM OPENED JUNE 13, 2013



PROGRAM OUTREACH & COMMUNITY COLLABORATIONS

Program was designed by community stakeholders from various organizations, including CYFD, JJS, CSA (Core Service Agencies), Bernalillo County, and other concerned community partners. ***Ongoing outreach efforts included:***

APS/SCHOOLS	Team members met with Crossroads counselors to orient them to hospital services & referral processes; team members periodically attended evening high school events to educate family members and school staff to services and resources; met with school representatives to identify potential referral streams & barriers to accessing treatment.
DRUG COURT	Team members regularly met with drug court representatives RE: hospital bed availability; team members attended drug court sessions and provided face to face assessments for drug court clients.
JUVENILE DETENTION CENTER (JDC)	<i>Largest single source of referrals to TLH:</i> Team members conducted face to face assessments with youth at detention center; TLH participated in a work group with JDC leadership to discuss the potential for newly incarcerated youth who were actively detoxing from drugs and/or alcohol to be triaged to our medical detox unit for services.
UNM PEDIATRIC DEPARTMENT	TLH participated in a collaborative with UNM Pediatric Department where resident physicians observed 3-5 hours of programming monthly and facilitated educational groups.
BEHAVIORAL HEALTH PROVIDERS	Team members met with various behavioral health organizations to orient them to hospital services & referral processes; TLH hosted monthly presentations for behavioral health organizations; interfacing with step-down levels of care on an on-going basis
OTHER OPPORTUNITIES	Regular presentations at YDI gang intervention, community centers, health fairs in various communities, health clinics, referral information emails were sent to various stakeholders on a monthly basis



**AVERAGE NUMBER OF DAYS FROM REQUEST FOR TREATMENT (RFT) TO
OFFER AND ADMISSION – FY16 REFERRALS
BY REFERRAL SOURCE**

REFERRAL SOURCE	% OF REFERRALS TO TLH	DAYS FROM RFT TO OFFER OF BED	DAYS FROM RFT TO ADMISSION
JJS	55%	6	11
CYFD/OTHER	6%	9	14
FAMILY/FRIEND	18%	3	5
SELF	11%	3	4
AGENCIES (BH)	5%	8	9
HOSPITALS	4%	3	7
SCHOOLS	1%	1	7
	100 %	5 DAYS (AVERAGE)	9 DAYS (AVERAGE)

- 20% of all referrals are not assessed due to inability to contact after 3 attempts, individual no longer seeking treatment, referral source has chosen another option
- 17% of all referrals assessed were not approved because they did not meet admission criteria for the treatment program, i.e. greater psychiatric needs, clinical recommendation for long term residential program, or had not been unsuccessful in a lower level of care.

PROGRAM DATA

The Turquoise Lodge Hospital Adolescent Program contained 20 beds and was designed as a voluntary treatment program for New Mexico Adolescents (14-18 years old).

Priority population include *adolescents*, pregnant women, injecting drug users, and women in the process of regaining custody of their children.

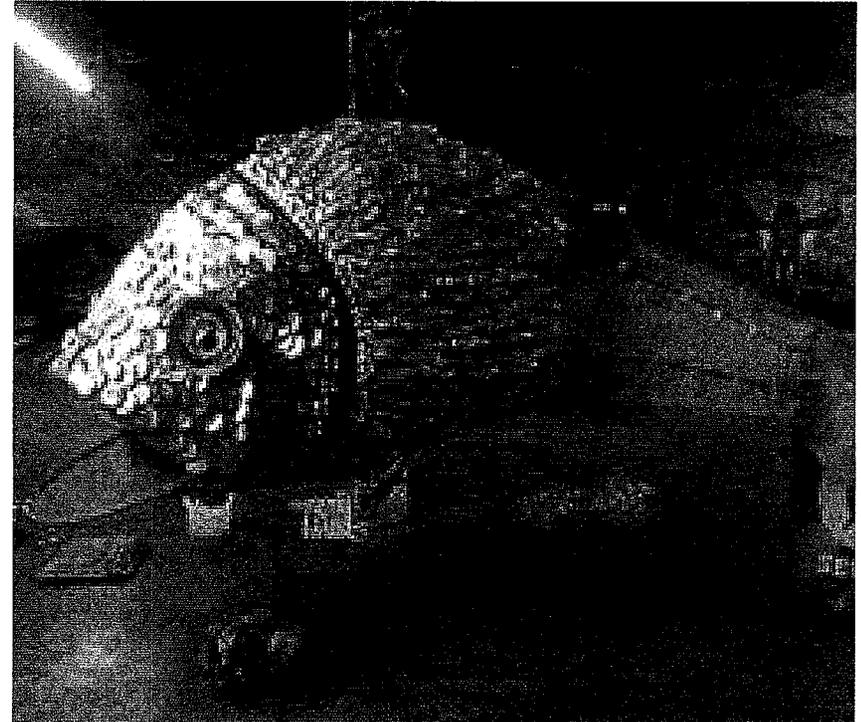
	FY13 06/13/13 - 06/30/13	FY14 07/01/13 - 06/30/14	FY15 07/01/14 - 06/30/15	FY16 07/01/15 - 06/30/16	FY17 07/01/16 - 08/01/16	TOTAL
ADMISSIONS	10	135	135	98	2	380
AVERAGE DAILY CENSUS	4.9	7.9	7.5	5	3.6	5.8

GENDER	%
MALE	65%
FEMALE	35%



FACTORS IMPACTING WAIT FOR TREATMENT

- No waiting list was ever established for the Adolescent Program due to underutilization of available beds.
- From January, 2016 – July, 2016, the Hospital underwent an HVAC renovation, which required closure of one wing of the unit. The boys' wing remained open due to greater utilization of services.
- Requests for treatment were received for the girls' unit beginning in late June, 2016, and girls were admitted beginning in July, 2016, as soon as the unit was re-opened.



**2015 WORLD OCEAN DAY ART PROJECT
INSTALLED AT ALBUQUERQUE AQUARIUM**

WHERE'S THE NEED?

PROGRAM UTILIZATION DATA	ADOLESCENT PROGRAM – FY16	ADULT PROGRAM – FY16
REQUESTS FOR TREATMENT	198	2922
ADMISSIONS	98	1002



Sequoyah Adolescent Treatment Center

- SATC operates a male adolescent **36 bed facility** with the following admission criteria:
 - The adolescent must be violent or have a history of violence, have a mental disorder, and be amenable to treatment;
 - The adolescent has a mental disorder or diagnosis found in the DSM-V;
 - The adolescent must be between thirteen (13) and seventeen (17) years of age; at admission.
 - The adolescent must have the cognitive capacity to benefit from verbal therapies and milieu programming offered at SATC. Normally, this would mean intellectual functioning at least within the borderline range. SATC does not accept admission of adolescents with a diagnosis of a developmental disability (formerly referred to as "mental retardation."); and
 - The adolescent is likely to complete his treatment at SATC within three to nine months after admission and be ready to transfer to a less restrictive setting.

Improvements in the Model of Care

- ***Increased services to male adolescents of New Mexico***
- ***Board Certified Psychiatrist***
- ***SATC does not use mechanical restraints on residents***
- ***The total number of adolescent residents served for New Mexico were as follows:***
 - FY16 -98
 - FY15 -88
 - FY14 -58
- ***Reduction of physical hold*** (the number of residents restrained/secluded divided by the total number of residents served):
 - FY16 – 26%
 - FY15 – 33%
 - FY14 – 43%

Improvements in the Model of Care

- ***SATC has 5 certified teachers providing education in core subjects, to include a physical education and health component.***
 - SATC has shown improvements in post test scores by 85%
 - SATC has initiated a formal GED program, including an IMPACT class focusing on resume writing, completing job applications, interview skills and a SWEEP program which residents apply for and obtain jobs at SATC.
 - Report Cards are issued to families keeping them informed of school progress
 - Graduated high school students from the program
- Contacting families at 30-90-180 days post discharge to obtain outcomes data.
- A **“Clinical Learner’s Circle”** was developed with membership of local entities that provide psychiatric care to adolescents in a residential treatment setting. The goal is to include psychiatrists, psychologist, therapist and nursing personnel. Members are from SATC, UNM, Presbyterian, YDC, and Desert Hills behavioral health personnel.

Division of Health Improvement

Licensure

- NMDOH licenses health facilities
- Examples of such facilities are captured and defined in law
- To be licensed, facilities must offer health care
- NMDOH does not oversee landlord/ tenant relationships or license “homes” that provide custodial or instrumental care
- NMDOH, DHI does not contract with facilities to provide care; the relationship is regulatory not contractual
- NMDOH will refer non-jurisdictional complaints to appropriate oversight entities when known
- NMDOH can seek a cease and desist order if an entity is providing health care and operating without a license

Boarding Home Licensure

- Landlord-Tenant Relationship
- Licensed as an Assisted Living Facility When Health Care Provided

Assisted Living Facility NMAC 7.8.2.2

- Facility operated for the care of two or more adults who need or desire assistance with one or more activities of daily living.

Assisted Living Facilities Activities of Daily Living (ADLs) NMAC 7.8.2.7

Functional Activities Required for Continued Well-Being

- Eating
- Dressing
- Oral Hygiene
- Bathing
- (Medication Assistance Not Included)
- Grooming
- Mobility
- Toileting

Revision to ALF Rules in Future to Clarify Status of Boarding Home Licensure



Boarding Homes

Instrumental Activities of Daily Living (IADLs)

Activities Related to Independent Living, Not Health Care Services

- Preparing meals
 - Managing Money
 - Shopping
 - Housework
 - Phone Calls
- 

Assisted Living Facility Data

204 Licensed ALFs

6 Surveyors

- 1 position on hold – budget constraints

Surveys Completed (Calendar Year)

- 2014 – **80**
- 2015 – **129**
- 2016 (Jan-June) – **53**

1 Cease and Desist Order Issued (since 2011)



Assisted Living Facility Requested Data

Data Not Retrievable from Database

- # ALFs Closed by DOH
- Owner/Operator Name and Address
- Affiliation with a Corporation or Chain

Data Not Collected or Tracked Because Numbers Change Daily

- # People Residing in Each ALF (Licensed by Maximum # of Beds)
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