



**Legislative Finance Committee  
Hearing  
July 17, 2013**



**New Mexico Behavioral Health Institute  
Troy D. Jones, Psy.D.  
Executive Director/Hospital  
Administrator**

# NMBHI Services

NMBHI is made up of five clinical divisions, which are separately licensed and have their own unique admission criteria and specialized services:

- Adult Psychiatric Division (APD)
- Forensic Division (FD)
- Long Term Care Nursing Facility (LTC)
- Community Based Services (CBS)
- Adolescent Sex Offender Division (ASOD)

# NMBHI APD Admissions by County

NEW MEXICO COUNTIES	Total # Patients	Unduplicated Pts
San Miguel	201	142
Dona Ana	104	96
Bernalillo	83	73
Taos	39	34
Santa Fe	22	19
Mora	21	13
Chaves	21	16
San Juan	20	20
Quay	19	16
Colfax	17	17
McKinley	16	15
Guadalupe	15	15
Luna	14	12
Los Alamos	10	9
Valencia	9	7
Cibola	9	8
Curry	9	8
Sandoval	9	8
Sierra	7	5
Lea	7	7
Otero	5	5
Rio Arriba	5	4
Roosevelt	5	5
Grant	5	5
Socorro	4	4
Lincoln	4	4
Eddy	3	3
Union	3	2
Hidalgo	2	1
Torrance	2	2

# NMBHI APD Discharges by County

New Mexico County	Total # Patients	Unduplicated Pts
Bernalillo	85	76
Chaves	22	18
Cibola	10	9
Colfax	17	17
Curry	10	9
Dona Ana	103	94
Eddy	3	3
Grant	5	5
Guadalupe	14	10
Hidalgo	2	1
Lea	6	6
Lincoln	3	3
Los Alamos	9	8
Luna	13	11
McKinley	12	12
Mora	22	14
Otero	5	5
Quay	18	15
Rio Arriba	6	5
Roosevelt	5	5
San Juan	17	17
San Miguel	216	155
Sandoval	8	8
Santa Fe	22	19
Sierra	6	4
Socorro	4	4
Taos	35	33
Torrance	2	2
Union	3	2
Valencia	13	11

# Challenges/Barriers

- Inappropriate referrals that have no treatment options in New Mexico (e.g., traumatic or anoxic brain injury; brain injury resulting from substance abuse; personality disorders; etc.).
- Limited intermediate, transitional or step-down levels of care.
- Lack of affordable housing, assisted living or transitional housing.
- Communities and families not supporting patient reintegration plans.
- Lack of financial resources.
- Varying degrees of outpatient services/capacities throughout the state.

# Challenges/Barriers

- Severe shortage of health care professionals.
- Lack of transportation to follow-up appointments.
- Lack of access to effective medications.
- Co-occurring disorders (e.g., Developmental Disability & Mental Illness; Substance Abuse/Dependence and Mental Illness).
- Individuals between levels of care.
- Comprehensive Community Support Services (CCSS) replaced Case Management.