Meeting Challenges: Finding Opportunities

Bernalillo County Behavioral Health Services Assessment

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Primary Authors:

Mauricio Tohen, MD, Dr.PH, MBA
Professor and Chair
University of New Mexico
Department of Psychiatry and Behavioral Sciences

Rodney McNease, MA
Executive Director (Behavioral Health Finance)
University of New Mexico Hospitals

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Introduction

Bernalillo County faces well-documented challenges in meeting the growing mental health and substance abuse issues of its residents. Much of the burden of dealing with these problems falls on the University of New Mexico Health Sciences Center (UNM HSC) and its component hospitals, clinics and community programs. As New Mexico’s only academic health center, UNM HSC has an obligation to offer an objective analysis of a serious health problem that affects a significant portion of the community, as well as provide a clear picture of the available resources and potential solutions.

Here, we provide our perspective on Bernalillo County’s behavioral health system, discuss UNM’s role (see Page 23) and make general recommendations regarding ways to better meet these needs in our community. Interviews and discussions were conducted with UNM HSC faculty and staff, community agencies and other providers to identify existing resources, determine gaps in the system of care and identify barriers to the development of needed services.

This report is intended to help ensure that the system of care in Bernalillo County meets the needs of behavioral health consumers, their families and the community at large. These recommendations are based in part on epidemiological data on the prevalence of mental health and addiction conditions, where care is currently provided. This report also estimates the unmet need for behavioral clinical services based on newer models of care and on the county’s population. It is meant to provide a context for community discussion, not an exhaustive analysis of mental health issues.

We hope that UNM HSC, Bernalillo County, the City of Albuquerque and State of New Mexico, as well as diverse providers, behavioral health consumers and families, can work together to create a framework to more effectively address these mental health and addiction needs.

Overview of Behavioral Health System History and Challenges

Many of the challenges facing the New Mexico public behavioral health system reflect troubling national patterns. Behavioral health services are fragmented, despite efforts to improve coordination and communication. Communication between providers of health care, housing, transportation, vocational rehabilitation, family services, law enforcement, corrections, the court system and crisis care is often uncoordinated and ineffective.

Nationally, mental health funding through state budgets was reduced by more than $4 billion between FY 2009 and FY 2012. This, the largest reduction in mental health spending in the last 40 years, was not accompanied by declining demand for behavioral health services, however. There has meanwhile been a national movement to provide public behavioral health services through Medicaid managed-care arrangements in an attempt to control costs and monitor quality.

New Mexico has longstanding challenges in addressing behavioral health needs. In 2002, the state commissioned “The Behavioral Health Needs and Gaps in New Mexico,” a comprehensive needs assessment. This study found that the system was fragmented, plagued by behavioral health disparities (particularly for Native American and Hispanic populations) and provided uneven quality of services across the state, especially in rural and frontier communities. The system also had a shortage of credentialed behavioral health professionals, lacked evidence-based practices, did not emphasize the principles of recovery and resiliency and lacked sufficient participation by consumers and family members in planning and implementation.

The analysis concluded that the state’s behavioral health system needed a major transformation to create a comprehensive approach to programming, planning, treatment and prevention.

The state behavioral health system has undertaken several major transitions of its oversight, delivery and funding mechanisms to address these challenges. To improve coordination of services, the state in 2005 created the New Mexico Behavioral Health Purchasing Collaborative, comprised of 17 state agencies with oversight of public funding for mental health and substance treatment. It also contracted
with a single managed care company to function as a statewide entity to administer behavioral health services. This unified structure was intended to reduce the administrative burden for behavioral health providers and consumers.

Unfortunately, this effort has resulted in unforeseen challenges, due to the complexity of accomplishing braided funding by statewide entities and lack of IT infrastructure to meet the complexities of multiple billing rules. Now that funding for behavioral services has been reintegrated into the physical health care system, new opportunities exist for coordination and integration. However, it will be critical to avoid imposing multiple sets of rules for each of the managed care companies as they relate to behavioral health.

A cornerstone of this centralized system was the development of the Core Service Agency network across New Mexico in order to provide clear expectations and outline responsibilities for public behavioral health providers. Funding constraints and increased levels of administrative responsibility pose challenges to meeting these expectations, however.

Most people with behavioral health needs are seen in the primary care system. This system is overburdened and inadequately equipped to screen and treat behavioral health problems. Co-location with behavioral health providers has been a successful, evidence-based model of care used to overcome stigma, improve treatment adherence, facilitate “warm handoffs” between providers, sharply increase access and reduce cost.

The effectiveness of integrating primary care and behavioral health is enhanced by the deployment of community health workers and certified peer specialists who can, in community settings, address adverse social determinants of health, such as inadequate housing, lack of transportation and the need for food assistance.

In 2014, in response to the Affordable Care Act, behavioral health care was carved back into the main managed care structure to better integrate it with physical health care through New Mexico’s Centennial Care plan. This model has great potential to improve the integration of care and develop funding mechanisms to support needed services. It may also be a step toward creating true parity with other health care services by reducing administrative burden and creating billing consistency.

**Background**

New Mexico generally sees higher rates of patients with mental health and addiction issues than national averages due to a combination of risk factors, including poverty, lack of social services infrastructure and historically lower levels of health care coverage. New Mexico also has an ethnically diverse population that tends to access treatment less frequently and enter treatment later in the course of a disorder.

The 2013 Census estimates Bernalillo County’s population as 674,221, including 514,960 adults over the age of 18. Based on data from the National Institute for Mental Health (NIMH) and the Center for Behavioral Health Statistics and Quality (a branch of the Substance Abuse and Mental Health Services Administration – SAMHSA), the following table shows the scope of Bernalillo County’s behavioral health needs. These numbers are likely on the low end of a range based on the population characteristics outlined above:

<table>
<thead>
<tr>
<th>Mental Health or Addictions Diagnosis</th>
<th>Population Percentage with Expected Diagnosis</th>
<th>Estimated Individuals over 18 in Bernalillo County with Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bipolar Disorder</td>
<td>2.6%</td>
<td>13,388</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1.1%</td>
<td>5,665</td>
</tr>
<tr>
<td>All Serious Mental Illness</td>
<td>4.72%</td>
<td>22,658</td>
</tr>
<tr>
<td>Any Mental Illness</td>
<td>19.6%</td>
<td>97,842</td>
</tr>
</tbody>
</table>
In response to recent community events, there has been a growing call for additional inpatient psychiatric services in Bernalillo County. Based on NIMH data, the expected admission rate for adult/geriatric psychiatric services is 995 per 100,000 population, a little less than 1 percent of the total population in any given year.

Nationally, the psychiatric hospitalization length of stay for adults is 7.2 days, on average. This suggests the following acute inpatient capacity need in Bernalillo County:

<table>
<thead>
<tr>
<th>Bernalillo County Projected Adult Population 2013</th>
<th>Anticipated Adult/Geriatric Psychiatric Admission</th>
<th>Total Needed Adult/Geriatric Psychiatric Hospital Bed Days</th>
<th>Total Estimated Adult/Geriatric Acute Care Psychiatric Beds Needed in Bernalillo County at 100% Efficiency</th>
<th>Total Estimated Adult Acute/Geriatric Care Psychiatric Beds Needed in Bernalillo County at 85% Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>514,690</td>
<td>5,121</td>
<td>36,871</td>
<td>101</td>
<td>119</td>
</tr>
</tbody>
</table>

Based on national prevalence and admission data, Bernalillo County could expect to need 101 psychiatric acute care beds to meet the requirements of the community on any given day. Assuming ongoing 100 percent occupancy for a hospital 365 days a year is not feasible at an operational level. A realistic target is 85 percent (an adjusted bed capacity of 119). Length of stays in New Mexico and Bernalillo County likely fall consistently above national hospitalization averages due to lack of community resources, reduced capacity in intermediate levels of care and adverse social determinants that affect large numbers of our population.

The judicial system also influences access to all levels of behavioral health services and hospitalization. Critical factors include competency hearings, which determine the efficiency with which cases move through the system, and the availability and access to legal guardians for patients.

Based on data from the New Mexico Hospital Association for adult and geriatric capacity, inpatient bed capacity in Bernalillo County is currently 133 beds, distributed as follows:

- UNM Psychiatric Center 32 General Adult Beds
- UNM Psychiatric Center 15 Geriatric Beds
- Presbyterian Kaseman 24 General Adult Beds
- New Mexico VA Healthcare 26 General Adult Beds
- Lovelace Downtown 24 Geriatric Beds

Given the inpatient bed assumptions we have outlined, the community would be close to needed bed capacity for inpatient services— if a comprehensive system of care existed for other needed services. The community would achieve better access and mental health outcomes by developing intermediate- and community-based levels of care, rather than building additional inpatient acute care capacity.

Documented Need for Outpatient and Intermediate-Level Care Services

Based on 2012 SAMHSA data, 43.7 million U.S. adults experienced some form of mental illness during the previous year. Out of this population, 19.2 percent also met clinical criteria for a substance abuse disorder. But only 17.9 million, or 41 percent, received treatment services, with women more likely than men to receive treatment.

Among those who did not receive treatment for mental health services, the most common reason cited was lack of affordability (45 percent). Another 28 percent felt they could handle their issues without treatment. Twenty-three percent did not know how to access care.

With Medicaid expansion, implementation of the Affordable Care Act and mental health parity legislation at the federal level, there are significant opportunities to address the affordability issue.

Medical Homes and Primary Care

General practitioners and family doctors currently provide the majority of care for mental health conditions. This speaks to the importance of primary care and medical homes in creating safety net services for those with mental illness.
There is plenty of evidence that the majority of people with mental health needs can be treated in outpatient community-based settings, including primary care sites. Based on our community need, we must develop more access points that provide services in settings that are comfortable for consumers to use.

Unfortunately, behavioral health faces the same dilemma as the health care system in general, in that the most severely ill individuals consume a disproportionate percentage of the budget. Important basic and preventive needs are left badly underfunded.

Integrating behavioral health care into primary care sites is an extremely cost-effective model. Behavioral health providers can become active members of the primary care team and give care in concert with physical health providers. Increasing access in primary care settings also has the potential to reduce perceived stigma of receiving mental health services.

The behavioral health team may include an array of professionals, including psychiatrists, advanced practice psychiatric nurses, psychologists, counselors, social workers, psychiatric certified nurses, community support workers and peer support specialists. Primary care site needs and specific population issues should determine the best mix of behavioral health professionals to work alongside the primary care team.

Addictions and Substance Abuse

According to SAMHSA, approximately 4,000 adults in Albuquerque were actively engaged in substance abuse treatment in 2008. The main substance of abuse was alcohol, followed by marijuana and heroin – with heroin nearly as common as marijuana in 18-to-24-year-olds, making New Mexico the state with the highest use of heroin among adolescents in the country.

The City of Albuquerque’s June 2011 opioid needs assessment estimated that illicit drug abuse or dependence represented 6.56 percent of youth between the ages of 12 and 17. For adults ages 18 to 25, the number was 12.21 percent, and 2.16 percent for those older than 26. This study also found that only a small fraction of those needing treatment for opioid-related diagnoses actually received services. It is likely that some 15,000 adults in Bernalillo County have a diagnosable opioid condition and need treatment. But it is also likely that fewer than 25 percent of this group receive ongoing treatment services, based on the county’s treatment capacity.

Adult consumers with a mental health diagnosis are more than twice as likely to have a substance abuse issue as the general population, SAMHSA data show. Adults with severe mental illness are more likely to have diagnosable addictions than those with mild to moderate mental health issues. Meanwhile, people with mental illness were nine times more likely to abuse opiates than the general population.

The use of prescription opiates in our community has become alarmingly more common. Prescription opiates are a known starting point for escalating to the use of heroin. The population using heroin is becoming younger, because this drug has become a cheaper alternative to prescription medications.

Generally speaking, most addictions diagnoses can be treated in community-based outpatient settings. A more robust system, integrated with primary care sites, is a cost-effective way to maximize access and services.

For those requiring higher levels of care, access to intensive outpatient (and potentially, short-term acute care) is necessary for stabilization services.
People with substance use disorders have long suffered from increased stigma, which acts as a barrier to accessing services. Insurance coverage for addictions services is often sporadic and historically has been less well funded than mental health services. This dynamic has resulted in a reduction of services for those seeking care for substance abuse issues. Fee-for-service payment to most providers has, at best, remained flat or decreased over time. This has led to reduced availability of outpatient treatment services, especially as for youth. Funding mechanisms must be updated to allow for the development of these needed services. These alternative funding mechanisms could include enhanced case rates or per diem arrangements for non-reimbursable services that would allow for enhanced wrap-around models of care.

Additionally, addressing opioid issues in our community is essential. A key tool includes increasing the availability of buprenorphine (Suboxone) services. Historically, providers who provide Suboxone have faced a significant regulatory burden. New Mexico has recently moved to eliminate prior authorizations for Suboxone services, which is a significant step. There continue to be different regulatory expectations from each managed care organization, however. These impose constraints on creating a coordinated system of care for opioid dependence.

Unfortunately, while intermediate-level services were reduced, corresponding social services were not developed to fill the gaps. As a result, the system of care has deteriorated to the point where access to appropriate mental health resources and needed services is a constant challenge.

The New Mexico Children, Youth and Families Department is partnering with UNM HSC and other core service agencies to implement a system of care for youth and families that is family-driven, youth-guided, community-based and culturally and linguistically competent. A key feature of this system is the implementation of wraparound teams that can provide ongoing community-based support to young people with serious emotional disturbances and their families.

Feedback from Community Providers

As a part of the process to identify needs and gaps and to prioritize recommendations, structured interviews were conducted with several behavioral health providers in Bernalillo County. The questions and areas prioritized are outlined below:

- **What are the barriers to behavioral health services in our community?**
  - Inadequate funding/reimbursement for services
  - Shortage of licensed providers, including advanced practice providers
  - Lack of coordination of care
  - Limited funding for comprehensive community support services
  - Limited access to housing, transportation and other social services

- **What needs are going unmet?**
  - Substance abuse treatment and Suboxone services
  - Crisis response and intervention
  - Stabilization services (residential treatment, treatment guardians)
  - Housing services
  - Supportive employment
  - Integrated primary care and behavioral services

Child and Adolescent Services

While the current discussion is largely driven by events with adults, to establish a truly comprehensive system of care, the issues surrounding child and adolescent mental health must also be addressed.

The system of care for children and adolescents suffers from many of the same overarching problems as the adult system. However, in many respects the impact is more pronounced. Lack of intermediate levels of care for youth continues to place pressure on inpatient services and causes stress for families when youth are placed out of state for services unavailable locally.

Part of the past rationale for curtailing intermediate levels of care was that these services were overused. Though likely true, this overuse of the behavioral health system occurred in the context of the lack of a broader safety net system to address the social-services needs of New Mexico’s young people.
What are the financial barriers/obstacles to your agency filling the gaps or meeting these needs?
- Not enough resources to meet referral needs for higher levels of care
- Care management/navigator services
- Housing assistance
- Reimbursement rates through Medicaid and other state funding do not cover the costs of services.
- Delayed payments from managed care companies for Medicaid

If resources were available, what would they be and how would you deploy them?
- Additional advanced practice providers and psychiatrists
- Integration with primary care and behavioral health services
- Increased access to comprehensive community support services
- Preventive services
- Reduced administrative burden for providers
- Evidenced-based treatment training

What can your organization do to help with this issue?
- Expand current services
- Streamline the navigation process
- Education on use of behavioral system
- Work with other agencies to leverage resources
- Provide integrated primary care and behavioral health treatment

How can all organizations work together or collaborate to meet the community needs?
- Create a comprehensive assessment center
- Create an inventory of all current services available in the county
- Collaborate at a community and system level to allow for payment of integrated services

Services and Access
There has been much debate in our community around access to, and development of, services for people with mental illness. There is no question that the mental health system in New Mexico and Bernalillo County has been underfunded and under-resourced for years. Many national studies point to the lack of behavioral health spending and infrastructure in New Mexico compared to other states. These deficiencies are unsurprising in a geographically large state, with a limited population and limited financial resources. However, as the line between behavioral and physical health care dissolves, a larger set of stakeholders should become advocates for adequate funding and a more integrated approach to care.

While the community discussion evolves on the topic of mental health, this document may help frame some of the gaps and most significant needs from a service perspective. There is no question that increased funding for a system starved for resources is part of the longer-term solution. Additional funding alone will not solve these issues, however. It makes sense to organize resources in a thoughtful, deliberate way that builds on existing infrastructure, is grounded in evidence-based practice and meets demonstrated need.

If we are to move to a behavioral health system that truly meets our community’s needs, we must also make significant changes in the overall reimbursement structure for services and the way care is managed, simplifying administrative requirements and using standard coding conventions. Providers currently face an extraordinarily complex reimbursement environment for services and multiple sets of rules, depending on funding sources. These variations are demonstrated in the way care is managed through the various managed care organizations and the requirements related to service authorization.
Integrating behavioral health into the general health care system offers an opportunity to achieve a less complex administrative framework and a more holistic approach to treatment. For this to occur, there must be consistency between managed care companies related to information, policies and procedures vis-a-vis the delivery of behavioral health services.

UNM Existing Infrastructure

In order to identify the gaps and needs in behavioral health in Bernalillo County, it is useful to understand the array of services currently available within the UNM system and through other community providers. A wide range of providers must be involved in a collaborative community approach to make a real impact in service delivery.

The UNM system currently spends more than $50 million each year to provide an extensive array of mental health and addictions services. As the safety net provider for Bernalillo County, UNM HSC delivers services to individuals and families who do not have health care access through any other sources. Some of UNM’s service lines include:

- Inpatient psychiatric services (47 adult and 35 child beds)
- **Inpatient psychiatric services** in Sandoval County (12 beds)
- Development of **outpatient behavioral health services** at UNM Sandoval Regional Medical Center
- Psychiatric emergency services
- **Psychiatric urgent care**
- Outpatient counseling services
- Assertive Community Treatment
- Addictions treatment, including methadone and Suboxone services
- Psychosocial rehabilitation services
- Forensic case management services (jail diversion)
- Comprehensive community support services
- **Behavioral integration** into primary care sites
- **Primary care integration** into addictions and mental health programs
- Outpatient services for adults and children
- Specialized outpatient psychiatric services
- Specialized clinic for adults with severe mental illness diagnosis
- Multi-systemic therapy for children
- Residential services for pregnant women in the Milagro Program
- Psychiatric consultation
- **Fast Track** program for inmates released from the Bernalillo County Metropolitan Detention Center

(Boldfaced programs have been established over the last five years)

In addition to UNM, Bernalillo County has a range of behavioral health providers that offer significant resources and services. These include core service agencies serving youth and adults, community mental health centers, federally qualified health centers, and residential treatment. There is no single, up-to-date resource that maintains information about all of these services, however. It is essential to identify all participants in behavioral health delivery and to improve communication between them in order to develop a robust system of care.

UNMH collaborates with a variety of community partners to provide access to needed services and care coordination. Community relationships include First Choice Community Health, First Nations Community Health, the Indian Health Service, Albuquerque Healthcare for the Homeless and many others.

The City of Albuquerque and Bernalillo County have led several attempts to understand the scope and gaps in services in our community. These initiatives have identified many of the themes that are
still relevant today, and have led to the development of individual services. Programs such as Assertive Community Treatment have emerged from past discussions. We hope this process can again occur with community consensus to develop services that complement and fill gaps in the existing delivery system.

Community Partnerships

We must consider a comprehensive model of care that is grounded in evidence-based practice if we are to successfully address the needs of our neighbors with mental health and addictions issues. This includes implementing community-based and intermediate levels of care, along with other social services, such as supportive housing and supportive employment.

There are several current initiatives to expand innovative evidence-based practices. We welcome the opportunity to continue to partner with community stakeholders to expand these further. New Mexico recently introduced a 24-hour crisis and access telephone triage line, which provides emergency assessment and linkage to resources. There needs to be expanded education on the availability of this resource and better awareness through increased advertising. It will be important to link new services into this infrastructure as we create a comprehensive system of care.

The State of New Mexico is meanwhile partnering with UNM and others to provide Mental Health First Aid training to first responders. There is interest in expanding this training to include correctional officers and adults who work with youth. Albuquerque Public Schools has also expressed interest in implementing this training for staff and school safety resource officers. This should also be pursued as needed training through large employer groups to increase awareness about how to appropriately respond to people in a mental health crisis.

UNM recently introduced evidence-based services for people who develop initial symptoms of psychosis or first-episode psychosis. Services will be expanded to include intensive case management, family psycho-education, supported employment and supported education based on newly achieved grant support.

There is a pressing need for a more unified crisis system of care. House Joint Memorial 17 and other documents call for a more robust crisis system that would have various layers of resources, including:

1. A 24-hour telephone crisis service to perform assessment and referrals
2. Walk-in crisis services and crisis stabilization units with the capacity for immediate evidence-based clinical intervention, triage and stabilization
3. Mobile crisis units linked to the walk-in and crisis-respite services
4. Residential and respite crisis services that include a range of short-term crisis residential services, including, but not limited to community living arrangements
5. Expansion of peer support services, and
6. A public information campaign.

It is also important to revisit models of comprehensive community support services (CCSS) within Centennial Care. This is a key component in the continuum of mental health services and support for individuals and families living with mental illness. In our system, case management is provided to those with serious mental illness diagnoses through CCSS and through the intensive case management delivered through Assertive Community Treatment teams. Any limitations on the use of CCSS should be removed.

Renewed attention to care coordination has been a major feature of Centennial Care. The managed care companies are completing health risk assessments on the Centennial Care population to determine patient needs and the level of case management services. This framework is an important evolution of the managed care system. However, these services also must be available at the agency level by providers with ongoing relationships to consumers and their families. These functions must be coordinated to assure that providers and managed care companies do not work at cross-purposes.

Services provided to family members, such as psycho-education, are not currently reimbursed, although they can be of enormous value to family members and consumers in teaching how to live with a mental illness. They have been shown to reduce inpatient hospitalizations and to increase treatment adherence. These types of supportive
services are examples of programing enhancements that could occur under a more flexible funding structure.

There should also be a continued move toward evidence-based outcomes that promote a more comprehensive system of care for consumers. This system includes expansion and availability of peer services, crisis services, case management, intermediate levels of care, and family services. These, while not fitting neatly into the current framework of service definitions, have the potential to add significant value to the overall system of behavioral health care.

General education and prevention strategies that have been found to be successful in other communities also need to be considered. These include:

- Coordinating the UNM Nurse Advice Line with the New Mexico Crisis and Access Line (Pro-to-Call) and others working with crisis services, including law enforcement, to ensure widely available access to information and referral sources
- The concept of “no wrong door,” ensuring that people receive appropriate care and referral no matter where they enter the system seeking services
- Expanded community education around mental health and addictions

**Telebehavioral Health**

Telemedicine presents enormous opportunities as it relates to the delivery of behavioral health services. New Mexico is well suited to expand the use of telebehavioral medicine due to its geography and the lack of providers in many areas of the state.

UNM is partnering with the Indian Health Service Telebehavioral Health Center of Excellence and the New Mexico Office of School and Adolescent Health to provide more than 150 hours of continuing education via webinar on behavioral health topics. UNM also provides extensive psychiatric services through Project ECHO.

In Bernalillo County, the use of telehealth services could leverage existing resources and bring expertise to local providers. Telemedicine also could play an important role in the evolution of a countywide crisis system with the opportunity for assessment and evaluation of patients presenting through multiple access points, including general emergency centers.

**Forensic Services and Jail Diversion**

A large portion of Bernalillo County’s mental health services are provided at the Metropolitan Detention Center. This is due, in part, to the lack of community-based care options. There are significant alternatives to incarceration for most people with mental illness, including the development of forensic case management and crisis services.

Patients also need greater access into such initiatives as the UNMH Fast Track program, which is designed to reduce recidivism for inmates with high mental health needs. Fast Track connects these consumers with mental health treatment, physical health medical homes and social services, such as housing, Medicaid and food assistance.

More robust referral pathways from Fast Track, jail diversion and other forensic programs into needed services would be helpful. This concept has already taken hold within the UNM system via linkages to community providers and holds the potential to better meet the needs of individuals in the criminal justice system. This model would also facilitate linkages between community support workers and clinic-based services.
The expansion of community-based alternatives could offer significant benefits through the corresponding reduction in the number of mental health consumers incarcerated for minor offenses. The court system would need to be part of the overall discussion of how a true diversion system might work and what legal parameters would govern consumers’ access to options other than incarceration.

**Suicide Prevention**

New Mexico’s suicide rate is nearly twice the national rate. In order to meaningfully address this disparity, we as a community should continue to:

- Provide ongoing education to all clinicians, especially those in primary care and school settings, on risk assessment and development of safety protocols when addressing suicide
- Develop a comprehensive crisis system of care, so that people and families have access to help in times of emergency
- Develop and maintain a service provider directory, so that community members and providers are aware of available services
- Expand access to behavioral health treatment
- Disseminate best practices to treat co-occurring chronic pain and substance use, which are key risk factors for suicide
- Develop a system to coordinate postvention efforts to minimize episodes of suicide contagion – especially among young people in school settings

**Workforce Development**

Bernalillo County needs a workforce capable of implementing and operating essential programs to enact the service recommendations outlined here. Although the Albuquerque metropolitan area is more fortunate than much of the state in having a larger pool of behavioral health professionals, recruitment and retention of skilled clinical staff and providers remains a challenge.

Based on the 2014 New Mexico Health Workforce Committee Annual Report, 321 licensed psychiatrists are practicing in New Mexico, approximately 30 percent of whom are in private practice. Of psychiatrists statewide, 174 practice in Bernalillo County. Using a benchmark of one practitioner per 6,500 population, this indicates that Bernalillo County appears to have an adequate number of providers. Considering the variance in practice patterns of individual providers, it unclear whether this numerical assumption is actually correct, however. It is likely some providers do not practice full time, for example. The report confirms that overall psychiatric provider availability in New Mexico is a source of considerable concern, especially given the significant shortage of psychiatrists in rural parts of the state.

At the federal level, the number of slots in medical residency programs has been capped for many years, making training program expansion more difficult without strong state government support. Fortunately, in New Mexico both the executive and legislative branches have provided support for expanded residency slots including the recent addition of two new additional psychiatry positions and a pending request for two more.
As part of workforce development, licensing boards of the respective psychiatric disciplines must be involved to streamline credentialing, application and licensure processes for providers, while helping to ensure quality of care standards are maintained.

There are no good data related to advanced practice psychiatric providers, but there are clear and significant issues regarding recruitment and retention of nurse practitioners, physician assistants and certified nurse specialists who have psychiatric training. These providers will play an increasingly important role in service delivery in coming years. Strategies to develop and retain them must be addressed. Some key recommendations from the 2013 Workforce Committee Annual Report are:

- Recruit and train new psychiatrists, especially for rural areas
- Increase the number of residency slots related to psychiatric services
- Include a more multidisciplinary look at availability in future workforce assessments and include counselors, social workers and mental health nurse clinicians, and clinical psychologists
- Focus on training and recruitment of Native American and Hispanic providers

Other behavioral health professionals must be leveraged if the system of care is to meet the needs of people who use mental health and substance abuse services. This may be partly accomplished by expanding use of community support workers and peer services that give consumers greater access to resources to help manage their treatment goals. The use of community support workers and peers is highly effective in terms of treatment and allocation of financial resources.

It is also important to focus on recruiting ethnically diverse providers to meet the needs of the incredibly diverse population in the Albuquerque metropolitan area. It is also important to consider cultural competency in programming and support for basic services such as language interpretation for providers to ensure that consumers receive essential services.

The UNM Department of Psychiatry and Behavioral Sciences is collaborating with the State of New Mexico to launch a workforce development initiative. This year, the initial focus will be on MSWs who are providing services to support their ongoing education and to assist them to transition to fully independent LISWs. We hope that this initiative will improve the quality of behavioral health care in New Mexico.

Expanded Services

UNM must work with other community providers to fill the gaps in Bernalillo County’s system of care while reducing barriers to access. The needs of UNM and other community providers must be addressed to successfully expand services, however. Longstanding funding and resource challenges demand creativity in identifying and allocating resources.

Discussion and Recommendations

The recommendations outlined below are organized into broader categories similar to the framework questions used for discussions with community stakeholders. These recommendations should be considered in the context of applying evidence-based practices and developing appropriate outcome measures to gauge their efficacy. Proposed action items are not listed in a particular order of impor-
tance, but all are viewed as valuable components of addressing the needs of people with mental health and addictions issues in Bernalillo County:

1. How do we lower barriers to accessing behavioral health services?

The desired outcome is to provide reasonable access when needed for all members of our community. This would require community-wide support for more a robust assessment system with multiple access points and more comprehensive crisis services. Over time, a higher percentage of county residents should become connected with needed services. To accomplish this:

• Behavioral health should remain carved in-with physical health care
• The development of mobile crisis teams partnering with Bernalillo County’s law enforcement agencies should be explored. These crisis teams, made up of mental health professionals and peers, can travel to an individual’s location and assess the situation. They help the individual through the crisis by providing stabilization services, intervention services, crisis prevention planning and referral to other professionals (including, in some areas, rapid access to psychiatrists) and follow-up services.
• Education and services available to family members of behavioral health consumers should be expanded.
• Expanded training for law enforcement and first responders.
• Access points for assessment and services to include primary care and other community sites should be increased.
• Expansion of co-location of behavioral health services into physical health sites, and vice versa.

2. How do we meet unmet behavioral health care needs?

The desired outcome is to assure that all needed services are available to consumers, with coordinated case management leveraging existing resources to assure consumers are receiving needed care. Success would be measured by an increase in available services and more treatment options for consumers. To accomplish this:

• Case management is necessary at the agency level as an allowable service definition under Medicaid in order to assist with transitions and coordination of care across systems and agencies.
• Develop a financial structure that allows behavioral health services to be financially viable for providers.
• Expand incentives of behavioral health services into the primary care system with the creation of health homes.
• Create behavioral health medical homes for higher-needs consumers, with physical health care integrated into behavioral health settings.
• Increased consultation capacity between medical and psychiatric providers.
• Increase availability and administrative simplification of Suboxone prescribing.
• Focus on workforce development by expanding the pool of advanced practice providers with psychiatric certification.

3. How do we reduce financial barriers for providers?

The desired outcome is to create a model of behavioral health services that is financially sustainable over time. This model would include alternative funding and regulatory simplification that encourages the development of needed services. To accomplish this:

• Increase reimbursement for efficacy-based outpatient behavioral health services to incentivize development and to create sustainability for these levels of care.
• Develop management practices and funding mechanisms to support appropriate use of intermediate levels of care.
• Develop alternative financial structures, such as case rates, population-based reimbursement and capitated arrangements, that allow for the development of needed infrastructure not currently supported in a fee-for-service model.

The UNM Health Sciences Center serves patients in Bernalillo County and throughout New Mexico.
• Open up the ability of providers to bill any Centers for Medicare and Medicaid-approved code for services.
• Eliminate excessive regulation and complexity in the service reimbursement system.

4. How do we increase service delivery and resources?

The desired outcome is to ensure sufficient service infrastructure and support services for a robust system of care in Bernalillo County. Success would be measured by expanded services over time related to intermediate and community-based levels care, as well as more consumers receiving supportive housing and other needed social services supports. To accomplish this:

• Develop a behavioral health crisis triage system for Bernalillo County.
• Expand the availability of intermediate levels of behavioral health care, including crisis stabilization services.
• Residential, partial-hospital and day treatment programs should include: relapse prevention, services for families, integrated education and coordination with community resources around discharge planning.
• Consider specialized residential treatment services for some populations, especially youth with complex neuropsychiatric and development issues.
• Expand supportive housing options for people with mental illness.
• Expand supportive employment programs for people with mental illness and training in evidence-based models of supportive employment, such as individual placement and support.
• Expand jail diversion and forensic case management services to offer alternatives to the court system.
• Expand the Fast Track concept for Metropolitan Detention Center inmates with mental health issues to ensure a warm handoff upon their release and connections to needed behavioral and physical health care and social services.
• Increase services for youth in transition.
• Expand re-entry programs for incarcerated populations.
• Increase availability to bill for traditional case management and CCSS services.
• Create integrated service models that include families and caregivers.

5. How do we increase community collaboration?

The desired outcome is to increase community collaboration and education around behavioral health issues, to identify needed services and to work together to create needed services. Success would be measured by conducting a community behavioral health services inventory and needs assessment, developing needed services and increasing community education related to mental health issues. To accomplish this:

• Develop an integrated care management infrastructure between managed care companies and providers to ensure consumers receive needed services.
• Develop an integrated behavioral health crisis management system, including mobile resources and warm handoffs to appropriate levels of care.
• Develop and maintain an inventory of available substance abuse and mental health services in Bernalillo County that is maintained through the crisis management system.
• Expand and standardize early intervention, including screening for substance use disorders and depression in primary care.
• Expand school-based services and increase coordination and communication among existing school-based services and other behavioral health providers.
• Develop a crisis triage center.
• Collaborate in developing community-based services.
• Work with law enforcement and first responders to determine gaps in the crisis system, available resources and needed training.
• Coordinate with the court system around issues of guardianship, competency and scheduling of cases.
• Community coordination around access and follow-up care for forensic patients with the Metropolitan Detention Center and the medical contractor at the Metropolitan Detention Center.
• Review infrastructure requirements for developing and delivering needed services. There is a large need for capital to update and expand facilities, given the funding constraints of behavioral health providers.
• Create an implementation plan to prioritize and follow through with recommendations.
• Create a single statewide point of telephone contact to provide 24/7 referral to behavioral health resources.
6. How do we achieve an expanded behavioral health workforce?

The desired outcome is to assure an adequate supply of behavioral health professionals in Bernalillo County. Over time this would be measured by an increase in the number of available providers in the community and expanded access to services. To accomplish this:

- Simplify and streamline licensure and credentialing processes for providers.
- Use all behavioral health professionals at the top of their licensed credentials.
- Expand availability of community support and peer services.
- Assure integrated training related to behavioral health for primary care providers.

The behavioral health system has been severely affected by the system issues at the state level, which has reduced access to services in Bernalillo County. With the renewed interest and energy around behavioral health service, we hope meaningful progress can be made to achieve many of these goals and create a true system of care for consumers and their families in Bernalillo County.

UNM’s Role

UNMH plays a specialized role in Bernalillo County’s system of care. It serves both as the tertiary treatment facility for behavioral health patients and as a community mental health center, while providing statewide consultation on behavioral health issues. UNM also provides specialized services that are not available elsewhere in the state, such as electroconvulsive therapy and neurostimulation, as well as specialized treatment clinics for high needs behavioral health consumers.

UNM will continue to work with community stakeholders to assure access to needed care and services, but this is not something UNM can do on its own. Addressing the recommendations identified in this document will require the resources and support of the entire community. UNM is, however, well positioned to assist with the development and implantation of a more robust system of care. UNM has as part of its core mission the obligation to provide specialized services to consumers with severe mental illness and to provide comprehensive care for this population. Given UNM’s infrastructure commitment, specialized services and training capacity, it makes sense to focus university resources on:

- Developing a framework for better community collaboration around behavioral health needs.
- Consulting on the development of a crisis system of care.
- Provide specialized behavioral health care services as part of the crisis system.
- Provide education and training to first responders and the larger community around behavioral health issues.
- Developing more robust case management services for behavioral health consumers.
- Focus on specialized outpatient and inpatient care models to meet the identified needs of higher needs behavioral health consumers.
- Focus on workforce development issues with behavioral health professionals.
- Provide consultation with Bernalillo County, the City of Albuquerque and other community providers to create a system of care for behavioral health consumers.
- Expand access and case management options for forensic patients.
- Maintain state-of-the-art inpatient facilities.
- Provide access to 24/7 behavioral health evaluation services through Psychiatric Emergency Services.
- Conduct health services research that will provide evidence-based treatment for New Mexico.

Conclusion

Bernalillo County faces serious challenges in meeting its residents behavioral health needs. These problems, which have developed over many years, have multiple causes, including social factors and policy decisions. Tackling these problems will require a sustained, multi-pronged response, with particular emphasis on closing the gap in community-based care.

There are grounds for optimism, however. The UNM Health Sciences Center, in partnership with local government, other providers, non-profit organizations and the community at large, is poised to take meaningful steps that will help improve the health and wellbeing of thousands of our citizens.
UNM Department of Psychiatry and Behavioral Sciences Mission Statement

We strive to provide the highest-quality patient care for New Mexicans suffering with severe and diverse mental illnesses.

We focus on training behavioral caregivers, including resident physicians, clinical psychologists and other professionals who will be practicing in the New Mexico. We pursue sophisticated multidisciplinary research to find solutions for our state’s prevalent behavioral health problems.

We are committed to fostering an academic environment that is characterized by respect, compassion and evidence-based approaches in education, clinical care and research.

Our patient care and academic missions are closely framed within community engagement, committing us to ongoing public education while collaborating with other caregivers and state agencies in New Mexico in the context of a dramatically changing health care system.