



SANDOVAL COUNTY BEHAVIORAL HEALTH COALITION SUMMIT

FINAL REPORT

- May 1, 2015
- Rio Rancho, NM

CONVENER

Sandoval County Behavioral Health Coalition

FUNDER

Sandoval County



 **UNM**
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Medical Center, Inc.

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INTRODUCTION

Purpose

The **Sandoval County Behavioral Health Coalition Summit** was convened on May 1, 2015 in Rio Rancho, New Mexico. The coalition consists of community groups, government agencies, and healthcare providers, and works to improve behavioral healthcare services in Sandoval County.

The purpose of the summit was to highlight the behavioral health resources currently available and establish ways community stakeholders can work together to provide the best behavioral health services to Sandoval County residents.

Process

A diverse group of more than 70 people from approximately 60 agencies attended the summit. During the event, participants benefited from presentations by city and county officials. Dr. Mauricio Tohen, Chair of the Department of Psychiatry at UNM's Health Sciences Center, gave a keynote address on the state of behavioral health in New Mexico to set the context for the summit. Dr. Brandi Fink, of the UNM Department of Psychiatry and Behavioral Sciences, outlined grant opportunities from the Patient Centered Outcomes Research Institute (PCORI). Community groups and service providers had the opportunity to summarize the services they provide and identify their needs, which include:

- Prevention
- Infrastructure
- Transportation
- Emergency room, inpatient transfers and outpatient referrals
- Detox beds and adult beds, in general
- Veterans services
- Care for incarcerated youth and adults, as well as pre-trial services
- Service to middle-risk people (i.e., those who aren't self-reporting as suicidal, but need immediate services)
- Quality outpatient care
- Integration with tribal services
- Integration of public safety and direct service providers
- Meaningful integration of the volunteer community
- Cultural competence for providers

Afterwards, participants engaged in table group discussions in which they identified challenges in providing care for New Mexicans who need behavioral or mental health services and discussed ideas for addressing some of those challenges. During the final segment of the summit, participants had the opportunity to review the priority solutions from all groups and weigh in on their level of support for each idea. This can help focus the coalition's work for future research, funding, and coordinated care efforts.

RECOMMENDATIONS

The priority solutions recommended by participants are grouped into categories according to their intended focus. Within each category, recommendations are listed in order of overall level of support. Similar recommendations have been combined and their levels of support averaged.

Information Access

Improved information-sharing is a must, according to summit participants. This need included secure provider-to-provider data as well as public resources for patients. It also included integrated case management systems and reliable broadband.

Theme	Priority Solution	Level of Support
1. Online resource¹	Create and maintain a county/regional online resource (i.e., website and mobile app) that is accessible to all providers to include behavioral health: <ul style="list-style-type: none"> • Locations • Available services • Available beds • Accepted insurance coverage • Access requirements 	98%
2. Website algorithm	Create an algorithm for the county website as a strategy to help people understand how to enter the behavioral health system. Algorithms can help identify resources and access, taking into account many variables such as insurance, community, etc. to	92%
3. One-stop shop resource	Create an online “one-stop shop” of behavioral health resources for community members, families, and patients. The online resource should also include stories to humanize and destigmatize mental health issues and needs.	86%
4. Continuum of care information	Create a system of community-based, case management workers who have access to patient information in order to ensure continuum of care. Because of HIPAA restrictions, not everyone can currently access patient information. Small, rural communities could identify one caseworker from the patient’s community for patient follow-up care.	76%
5. High-speed internet	Expand access to high-speed, high-bandwidth internet to enhance telehealth capacity.	67%

Physical Facilities

Participants emphasized the need for more in-patient psychiatric beds, as well as a physical location for a spectrum of outpatient services.

¹ Two similar recommendations have been combined and their levels of support averaged.

Theme	Priority	Level of Support
6. Adult inpatient facility	Create an adult inpatient facility to respond to the need for more psychiatric patient beds.	94%
7. Mental health crisis center hub	Create a mental health crisis center that includes psychiatric, telemedicine, prevention, and education services and could function as a referral hub for police, families, community members, etc.	94%
8. Social Work ER	Establish a 24-hour service center, staffed by a social worker, to provide a safe harbor, screenings, referrals, guidance, food/beverages, and beds. The expanded hours could reduce visits to hospital emergency rooms.	93%

Transportation

Sandoval County is large, and services are not necessarily conveniently located on transit lines. Further, some patients do not know how to use public transit, and thus may not seek the care they need. Summit participants offered two recommendations for improving patient transportation services.

Theme	Priority	Level of Support
9. Transportation study	Study the use of transportation funds and leverage them to provide better access for behavioral health patients.	96%
10. Consumer-operated transportation	Create a consumer-operated transportation entity to support the needs of the community.	86%

Resource Studies

Participants called for a wide range of research in order to improve inter-agency collaboration and quality of care.

Theme	Priority	Level of Support
11. Funding study	Identify sources of currently available funding, and work together to minimize duplication of effort and to better leverage existing resources.	90%
12. Regulatory study	Evaluate regulatory roadblocks that impact the ability to share funding and resources across administrative, jurisdictional (federal, state, county, tribal) and geographic boundaries.	82%
13. Infrastructure gap analysis	Identify existing facilities, services, and needs and outline gaps in the behavioral health infrastructure.	82%
14. County quality metrics	Establish countywide behavioral health metrics to define quality and measure how well we are meeting those standards. ²	53%

² There was considerable discussion regarding whether new metrics needed to be created or whether they already existed. Some attendees suggested selecting a few existing metrics and setting targets based on those. Some suggested that the first step would be an inventory of existing required data collection.

Leadership

Many ideas emerged regarding potential leadership structures. There was a clear desire to create some sort of coalition or coordinating entity, but as the range of ideas demonstrates, participants had not yet found consensus about what type of structure is needed.

Theme	Priority	Level of Support
15. Expand stakeholder group	Hold additional meetings to receive input from a wider range of stakeholders and providers.	93%
16. Governing board	Establish a governing board, coalition or other administrative body to drive and regulate implementation of the recommendations in this report.	87%
17. Multi-disciplinary team	Establish a community-based, multi-disciplinary team to determine resource structure and access. The goal of the team would be to facilitate an integrated countywide system of patient care.	80%
18. Consortium for continuum and integration of care	Form a consortium focusing on the continuum and integration of care, that would be led, but not owned, by two to three large entities (e.g., Presbyterian Health Services, University of New Mexico, Veterans Administration) and involve all entities with a vested interest. This approach could lead to a more efficient resolution of HIPAA and resource management issues. ³	34%

CONCLUSION

The Sandoval County Behavioral Health Coalition is committed to reviewing these recommendations to help focus the coalition’s work for future research, funding, and coordinated care efforts. The coalition will explore options for implementing a plan of action for moving these recommendations forward.

³ Some participants voiced concern about the proposed leadership structure for this recommendation. There were mixed opinions about the need for an entity to “take ownership” of the work versus an interest in a diverse consortium. There were also concerns about integration with the criminal justice system