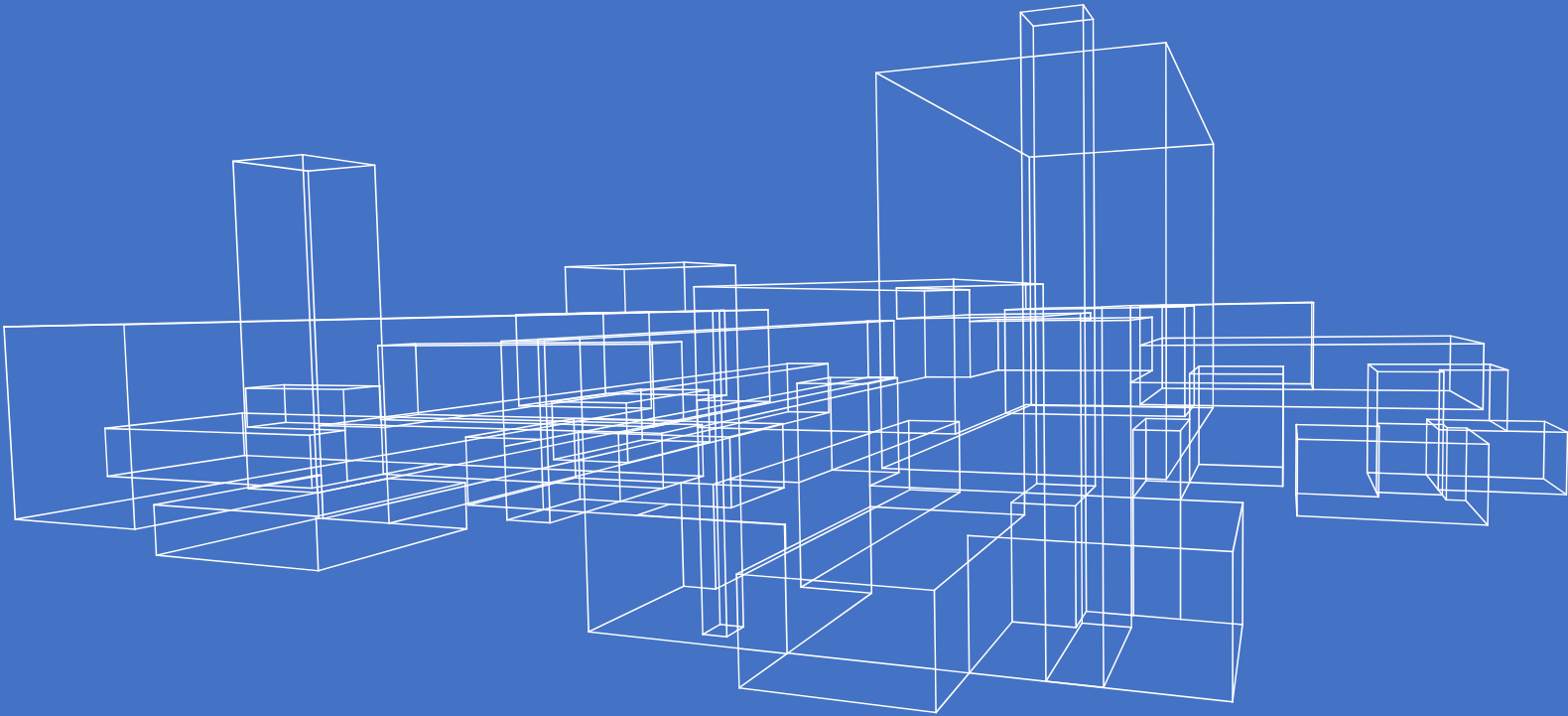




Eastern New Mexico Regional Behavioral Health Facility Feasibility Study



Initium is a public benefit corporation specializing in community-engaged solutions for behavioral health.



Executive Summary

Background

In 2021, the Cities of Clovis and Portales; the Village of Fort Sumner; Curry County, De Baca County, Quay County, and Roosevelt County joined together to address the mental health and substance use disorder concerns of their residents. Local government leaders combined their resources in a first-of-its-kind collaborative effort and issued a request for proposal for a feasibility study for a regional behavioral health facility. Union County joined this agreement in support of a regional facility in the fall of 2022 and we are hopeful that other localities will join our collaborative as well.

Approach

Initium Health, a Denver-based consulting firm, conducted the feasibility study on behalf of these entities from January – June 2022. The study included:

- Needs assessment to determine the impact of behavioral health conditions – including both mental health and substance use disorders – on residents in the four-county region
- Gap analysis to identify needed services not currently available
- Solution design to meet the identified service gaps
- Financial analysis to determine financial feasibility and funding sources
- Benefit analysis to assess the projected benefits to the communities

We engaged with community members throughout the study, including regular meetings with city and county representatives; 70+ interviews with community stakeholders, providers, and individuals with lived experience and family members with behavioral health conditions; and a community listening session which attracted 50 attendees from across the region. Throughout the process, we learned about residents' behavioral health concerns and priorities, service gaps and their impact on people's lives, and what an ideal regional facility would look like according to these stakeholders.

We analyzed data from local public agencies, hospitals, and behavioral health providers, along with census, public health, and other data sources to further assess the needs and gaps in services. We evaluated the financial feasibility of a regional facility to meet the service gaps identified, and examined several ownership models and funding options. Finally, we assessed the benefits of a regional facility to the communities in the region.

Findings

Inpatient Care

Individuals experiencing a behavioral health crisis have an urgent need for care. Community members experiencing a crisis should be evaluated by behavioral health professionals and routed to the appropriate level of care based on their individual needs. Inpatient care is provided when an individual is experiencing acute symptoms that require intensive care and 24/7 monitoring.

There is a significant gap in services available in the region for inpatient care for mental health and substance use disorder. Residents must travel 1.5 to 5+ hours for care outside of the region, and often across the state border to Texas. Long distances to inpatient mental health care create many challenges, including:

- Families are unable to visit their loved ones; children are separated from their families
- Individuals decline treatment because it is too far away, or because they lack transportation back home
- Burden on local EMS and law enforcement transportation resources (up to 10-12 hours' round trip for a single transfer)
- For active-duty military at Cannon Air Force Base, long distances make it very difficult for the unit to provide support to the service member while they are hospitalized
- Patients experience breakdown in continuing care after returning from an inpatient facility in another community

Lack of inpatient behavioral health care is not limited to this region, and the need far outpaces what facilities across New Mexico can provide. Local hospital emergency departments often call many different facilities searching for a bed to transfer a patient in crisis, and patients can wait hours and even days to be transferred. This crisis in access impacts the entire community, but particularly those with behavioral health conditions:

- Individuals in crisis with outstanding charges are arrested and brought to jail instead of to inpatient treatment, and can remain in jail for months, even on minimal charges
- Individuals do not seek inpatient care when needed because of the poor experience and difficulties accessing care
- Individuals who wait in the emergency department for a long time due to limited bed availability are discharged home from the local hospital, when they should have been hospitalized

“My nephew has needed an acute admission since mid-January. He is suicidal and homicidal- we have begged [the local hospital] to safely transport him to an acute facility. Every time he is discharged home. My family cannot safely transport him to Amarillo, Roswell, Las Cruces, Albuquerque... they can barely safely get him to the emergency room after coaxing him- to only be released.” - Resident, Clovis

Outpatient Care

Outpatient behavioral health care is available in the region, but current capacity does not meet the enormity of the need. Specifically, there is very little ability to see psychiatrists, and psychiatrists are only available via telehealth. Consequently, getting medications for mental health is limited and gaps in access persist especially during the time period following an inpatient hospitalization, where an individual may leave with 3-7 days of medication but not be able to receive outpatient care and a new prescription for 2-3 weeks or more. This situation often results in further crisis situations and inpatient hospitalizations.

Other significant gaps include medication assisted treatment for opioid use disorder, therapy for children and seniors, partial hospitalization (intense outpatient care provided during the day), and availability of Hispanic and Spanish speaking behavioral health providers.

Crisis Care

Crisis services in the four-county region are limited to a regional crisis hotline for phone-based support and office-based walk-in care during business hours. Lack of mobile crisis response teams and crisis stabilization facilities mean that individuals in crisis often access care only once their crisis has escalated, and typically call 911, seek care at one of the local hospital emergency departments, or end up in a county detention center. None of these options improve an individual’s health, and oftentimes they exacerbate the situation. However, without other alternatives, strained public safety and healthcare systems are providing the best services they can under very difficult circumstances.

Recommendations

Based on our findings and assessment, we recommend establishing a behavioral health facility that will serve as a hub for inpatient care for the region and will meet current and future needs for behavioral health services.

In order to establish a facility that is financially sound and will be sustainable into the future, the facility needs to be adequately sized to disperse overhead costs and generate sufficient patient revenues. We recommend providing a comprehensive range of services:

- Inpatient care for mental health and substance use disorder
- Intensive outpatient and partial hospitalization programs
- Outpatient care including medication assisted treatment
- Crisis triage center for walk-in and law-enforcement drop-off

Inpatient Care

The regional facility should provide inpatient care for mental health and substance use disorders. In the inpatient setting, short-term, intensive, highly structured treatment is offered in a 24/7 residential service. Care includes therapy, medication management, education, activities, and discharge planning, and is provided by a multidisciplinary team including psychiatrists, psychiatric nurses, social workers, and other clinical staff. Withdrawal management is provided for patients withdrawing from substance use. We recommend providing services and programs geared toward the specific needs of military members, considering the large military and veteran populations in the region.

Outpatient Care

The regional facility should offer outpatient care in collaboration with current service providers in the region, to include:

- Intensive outpatient programs for substance use disorder, mental health, and co-occurring disorders
- Partial hospitalization programs for substance use disorder, mental health, and co-occurring disorders
- Outpatient visits for medication management, counseling, and individual, group and family therapy with specific services for children, adolescents, and senior populations

Crisis Care

We recommend the facility include a crisis triage center for urgent behavioral health care needs. This center will provide short-term care for crisis needs not requiring hospitalization, with a goal of de-escalating crisis situations and connecting patients with outpatient treatment. It will be a resource for first responders and alternative to hospital emergency rooms and county detention centers in crisis situations. Peer support specialists will be a key component of the center. We recommend integration of the crisis triage center services with a robust crisis call center linked to 988, the new national emergency line for behavioral health. These services should be supplemented by mobile crisis teams that respond to behavioral health crises in community settings, either in-person or through a telehealth-supported model.

Financial Projections and Ownership Models

Capital expenditures for a regional facility providing services outlined above are estimated at \$39 million. We recommend establishing a facility that is jointly owned by the counties and municipalities involved in the study and operated by a management company. This will allow the governmental entities to have oversight of the facility, and for clinical services to be provided by organizations with the necessary expertise. Funding for capital expenditures should be sourced from federal and state funds that have recently become available. If necessary, lending should be sought from the New Mexico Finance Authority under the New Market Tax Credit program, which offers low-interest financing for public projects.

Facility Highlights

Size: **Total: 67,109 sq. ft.**

<i>Inpatient Care</i>	<i>Outpatient+ care</i>	<i>Staff Support</i>	<i>Logistics</i>
36,017	12,450	10,292	8,350

Patient rooms are 325 sq ft. each. The two-story facility will require >7 acres of land.

Inpatient Psychiatric Bed Count: **Total: 48**

<i>Inpatient Psychiatric Care</i>		
<i>Adult</i>	<i>Pediatric</i>	<i>Geriatric</i>

Annual Patients Encounters (at 90% capacity): **Total: 4,601**

<i>Inpatient</i>	<i>Withdrawal Management</i>	<i>Crisis Triage Center</i>	<i>Short-term Residential</i>
1,944	789	1,680	188

Unique patients served is expected to be lower due to patients accessing more than one service annually.

Staff Count: **Total: 215 FTEs**

<i>Nurses/LPNs*</i>	<i>Psychiatric Technicians</i>	<i>Psychiatrist / N.P.</i>	<i>Pharmacists / Pharmacy Technicians</i>	<i>Peer Support Workers</i>	<i>Social Workers</i>	<i>Administrative and Support</i>
82 FTE	54 FTE	3 / 6	2 / 4	16 FTE	24 FTE	24

**Includes shift nurses and charge nurses*

Time to 90% capacity (ramp up period): **3 - 6 months**

<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>
80%	90% (full)	90% (full)	90% (full)

Crisis Stabilization and Outpatient Services:

<i>Withdrawal Management</i>	<i>Short-term Residential Care</i>	<i>Crisis Triage Center</i>	<i>Intensive Outpatient Hospitalization</i>	<i>Partial Hospitalization</i>	<i>Medication Management</i>

Crisis Triage Center provides voluntary, short-term care when a patient is in crisis, with a typical stay up to 3 days. Short-term residential care for substance use disorder includes a stay of up to 21 days.

Facility Initial Capital Cost

Capital Expenditure:

Total:	\$39,098,625
Construction:	\$33,554,333 (\$500.00/sq. ft.)
FF&E:	\$4,194,292
Other:	\$1,350,000

Staffing Strategies

Nurses, social workers, and mental health technicians represent the greatest share of the workforce needed to staff the facility. Strategies deployed to prepare this workforce include:

- Expanding the number of local organizations hosting bachelor's level social work student interns, with Eastern New Mexico University (ENMU)
- ENMU is in the process of gaining approval for a Masters in Social Work Program to host on its campus
- Hosting clinical rotations for nursing programs at both ENMU and Clovis Community College
- Mental health technicians are required to have a high school diploma or GED, complete a certificate course (typically 1 year), and receive on the job training. Online programs are available, and we are exploring options for local programs as well.

Psychiatrist and psychiatric mental health nurse practitioners (PMHNPs) are the highest level of clinical providers needed for the facility. We have had preliminary discussions with West Texas A&M and Texas State University regarding partnership to bring students to the facility and are also exploring loan repayment program options.

Conclusion

The Cities of Clovis and Portales; the Village of Fort Sumner; Curry County, De Baca County, Quay County, Roosevelt County, and Union County face a unique and unprecedented opportunity to change the landscape of behavioral health care in the region by establishing much needed services to meet the growing behavioral health needs. Behavioral health care is both a national crisis and priority area, partly due to the COVID-19 pandemic having brought these concerns to the forefront of national consciousness. Reimbursement for behavioral health care is expected to increase, and the level of federal and state resources being directed to this area today exceeds any period in recent history.

National and regional behavioral health management companies are growing at a rapid pace, with construction and expansion of facilities underway in many communities. Settlement dollars from opioid litigation against companies charged with contributing to the national opioid crisis are on their way to states and counties, and hold promise of turning the tide when well invested. State, county and city representatives, community members, and providers have agreed: the time is now to bring to eastern New Mexico the behavioral healthcare that is desperately needed.