October 15, 2014

Landscape of Behavioral Health in Albuquerque

A collaboration between the UNM Department of Psychiatry and Behavioral Sciences,
UNM Center for Education Policy and Research, and RWJF Center for Health Policy at UNM

The City of Albuquerque commissioned this report in order to identify the volume, types, and levels of behavioral health services available to residents of the city and Bernalillo County. In this context, "behavioral health" refers to mental health and substance use conditions. This report highlights expected and unmet need, and suggests next steps for collaborative continued improvement. We hope to integrate these findings within the broader work of the Task Force on Behavioral Health which includes elected officials from the City of Albuquerque, Bernalillo County and the State of New Mexico and the voices of consumers, families, providers, first responders, and other important stakeholders.

Project Goals

- Provide an inventory of behavioral health services in Bernalillo County emphasizing treatment services available to those relying on public funds or with limited income.
- Characterize gaps in the current system and need for behavioral health services.

Complexities in Behavioral Health Planning

Many factors influence the gap between need and availability of behavioral health services in a community. Best practices indicate an array of interventions including inpatient treatment, crisis care, outpatient therapy and medical care, as well as a number of evidenced-based psychosocial supports, such as supported housing and supported employment. Use of these services within a community varies depending on accessibility, coordination across services and whether there is an adequate system for early detection, diagnosis and treatment planning. In a system with inadequate community based services, individuals and families with behavioral health conditions can go without care for far too long. This may result in crises which could have been averted with prevention.

Given the complexity of these factors and in order to aid behavioral health planning, data has been integrated from several resources: an in-depth survey of providers in the city and databases from county, state, federal, and health agencies.

The data shared here are aimed at helping the City, County and State, residents, and public servants collaborate to create a coordinated response to unmet behavioral health needs in our community.

Estimating Our Community Behavioral Health Rates

The table below lists national prevalence rates for mental health diagnoses for youth and adults. Using 2013 census data that indicates a total population of 674,213 in Bernalillo County, we project the expected rates of several behavioral health diagnoses and the corresponding estimated numbers of individuals in Bernalillo County who would have those diagnoses. Although we do not have household-level information of our community to give us a more precise count, these data suggest that an estimated 151,000* individuals in Bernalillo County would have mental illnesses and/or substance use disorders and could benefit from treatment.

Diagnoses/ Conditions	Expected Percentage Based on National Rates		Estimated Number of Individuals in Bernalillo County with Diagnosis		
Ages	Over 18	Under 18	Over 18	Under 18	Total
Bernalillo County Population (2013)			517,801	156,419	674,220
Schizophrenia [1]	1.10%	-	5,696	-	5,696
Bipolar Disorder [2]	2.60%	2.00%	13,463	3,128	16,591
Major Depression[2]	6.7%	2.70%	34,693	4,223	38,916
All Serious Mental Illness [3,4]	4.40%	5.70%	22,783	8,916	31,699
Any Mental Illness [4,5]	18.6%	14.5%	96,311	22,681	118,992
Substance Abuse or Dependence [4]	8.6%	5.30%	+44,531	+8,290	52,821
Subtotal: Any Mental Illness and Substance Abuse or Dependence			=140,842	=30,971	171,813
Co-occurring Mental Health and Substance Use [4]	3.6%	1.4%	-18,641	-2,190	-20,831
Total Estimated Individuals who Could Benefit from Treatment			**122,201 +**	**28,781 =**	**150,982***

* The total estimated number of individuals who could benefit from treatment is calculated based on the sum of estimated rates of youth and adults with *any mental illness* and those with *substance use or dependence*. The estimated rate of

[1] Regier DA, et al. (1993). The de facto mental and addictive disorders service system. Epidemiologic Catchment Area prospective 1-year prevalence rates of disorders and services. *Archives of General Psychiatry, 50*, 85–94.
[2] Kessler RC, et al. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry, 62,* 617-27.
[3] Li F., et al. (2010). Estimating prevalence of serious emotional disturbance in schools using a brief screening scale. International *Journal of Methods in Psychiatric Research,19*, 88-98.
[4] SAMHSA. (2013). Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-47, HHS Publication No. (SMA) 13 -4805. Rockville, MD: Substance Abuse and Mental Health Services Administration.
[5] Merikangas KR, et al. (2010). Prevalence and Treatment of Mental Disorders Among US Children in the 2001–2004 NHANES. *Pediatrics, 125*, 75-81.

The Landscape: Bernalillo County vs. The Nation

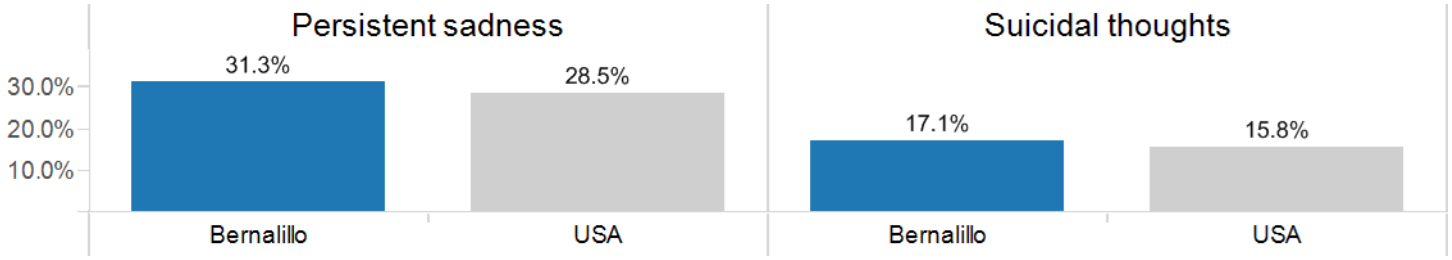
The tables on the following pages are designed to provide a general context for how our community fits into the national picture. Although Albuquerque-specific data are not available, the Bernalillo County information provides insight into current behavioral health successes and challenges.

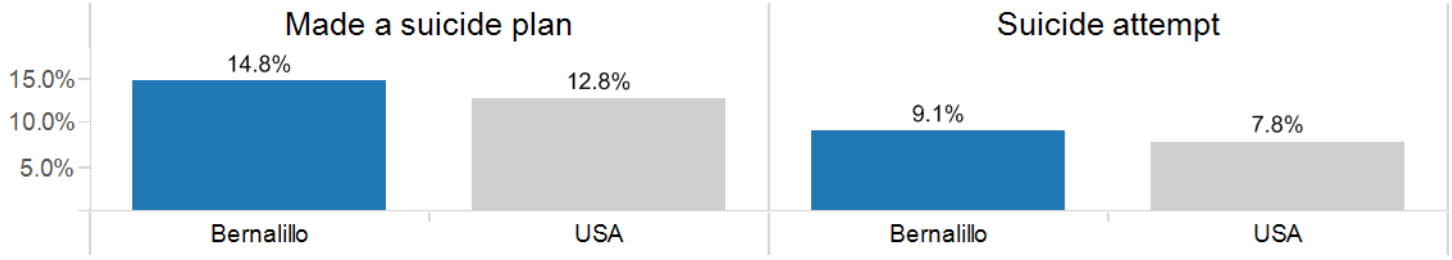
The **New Mexico Youth Risk and Resiliency Survey (YRRS)** is used to monitor health-risk behaviors associated with death and disability among New Mexico high school and middle school students. The survey includes risk behaviors related to alcohol and drug use, unintentional injury, violence, suicidal ideation and attempts, tobacco use, sexual activity, physical activity, and nutrition; resiliency (protective) factors such as relationships in the family, school, community, and with peers; and health status issues such as body weight and asthma.

The following is information regarding suicidal ideation among youth in New Mexico.

Suicidal Ideation

Data from the 2011 New Mexico Youth Risk and Resiliency Survey (YRRS) shows that young people in Bernalillo County faired worse in several key mental health indicators when compared to national averages.



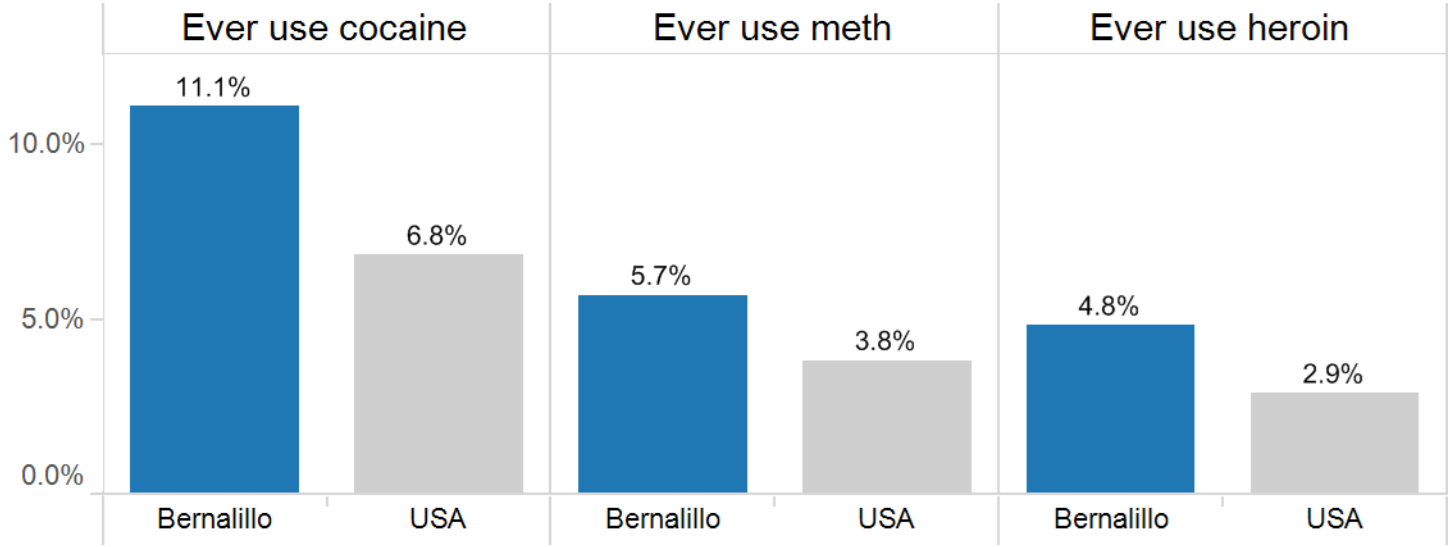


The Landscape: Bernalillo County vs. The Nation

The following is information regarding drug and alcohol use among youth in New Mexico from the **New Mexico Youth Risk and Resiliency Survey (YRRS)**

Drug and Alcohol Use

The YRRS also found that Bernalillo County youth were more likely to have tried controlled substances including cocaine, meth and heroin compared to young people nationally. Interestingly, New Mexican youth were less likely to describe themselves as a "current drinker," reporting 35.9% current drinker compared to the national average of 38.7%, meaning they drank at least one drink in the 30 days prior to the survey.



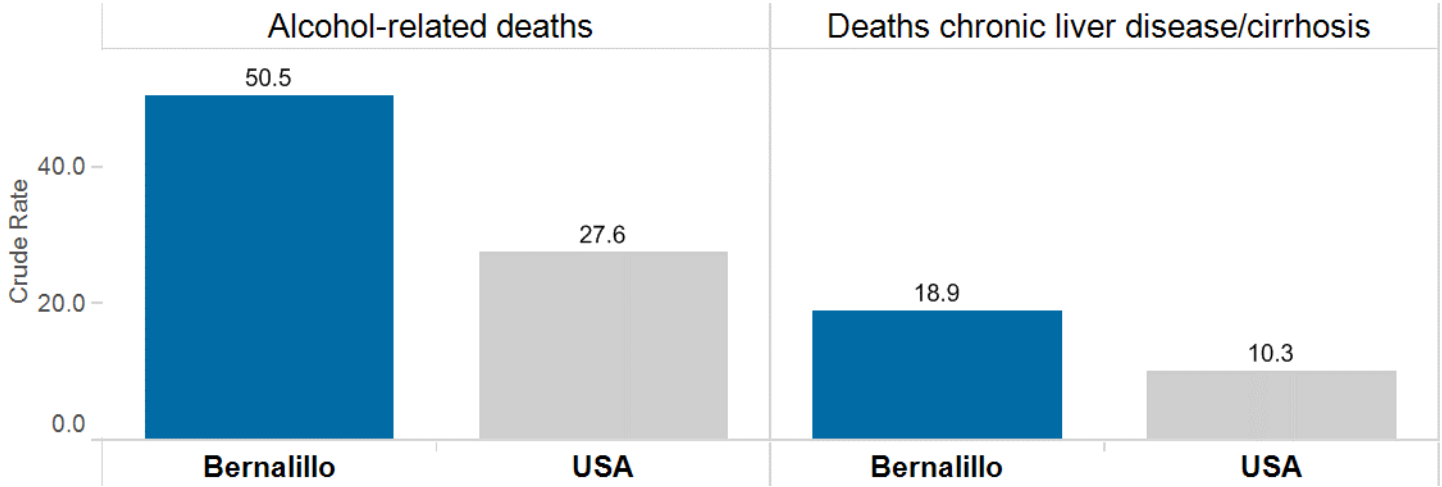
New Mexico has consistently led the nation in youth substance abuse. The findings of the lower than average rate of current drinking (within the past 30 days) is hopeful. However, YRRS data also suggests Bernalillo County youth initiate drinking at a younger age than youth nationally, which is considered a factor for drug abuse later in life. While fewer youth identified as a current drinker, 21.3% of Bernalillo County youth did report binge drinking near the national average 21.9%.

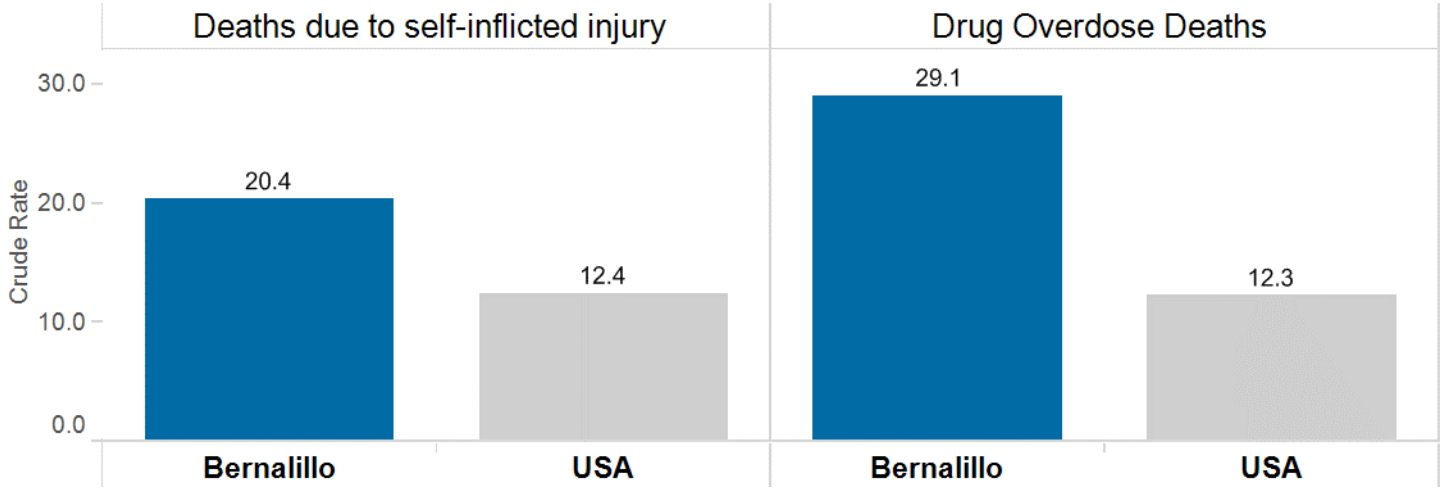
The Landscape: Bernalillo County vs. The Nation

The **New Mexico's Indicator-Based Information System (NM-IBIS)** collects vital records and monitors behavioral risks among adults associated with premature morbidity and mortality. These outcome measures are used to inform policy decisions, priorities and long-range strategic planning for the state's health care system.

New Mexico leads the nation in drug and alcohol related deaths. In Bernalillo County the rate of alcohol-related deaths is nearly twice the national average, 50.5 per 100,000 vs. 27.6 per 100,000, respectively.

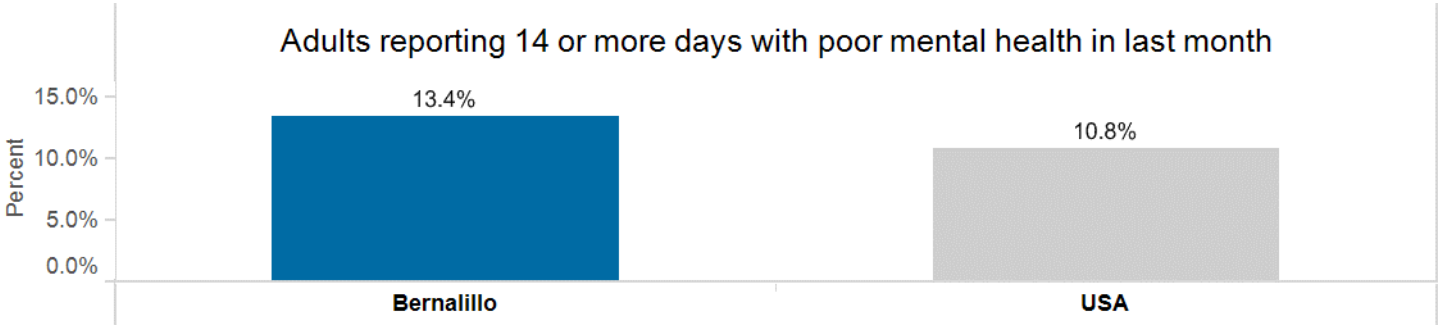
Bernalillo County has slightly higher prevalence of binge drinking than New Mexico and a slightly lower prevalence than the US. Despite these numbers, New Mexico suffers severe consequences for risky alcohol consumption. Bernalillo county residents are significantly more likely to die of chronic liver disease and cirrhosis, which are both primarily associated with excessive alcohol use.



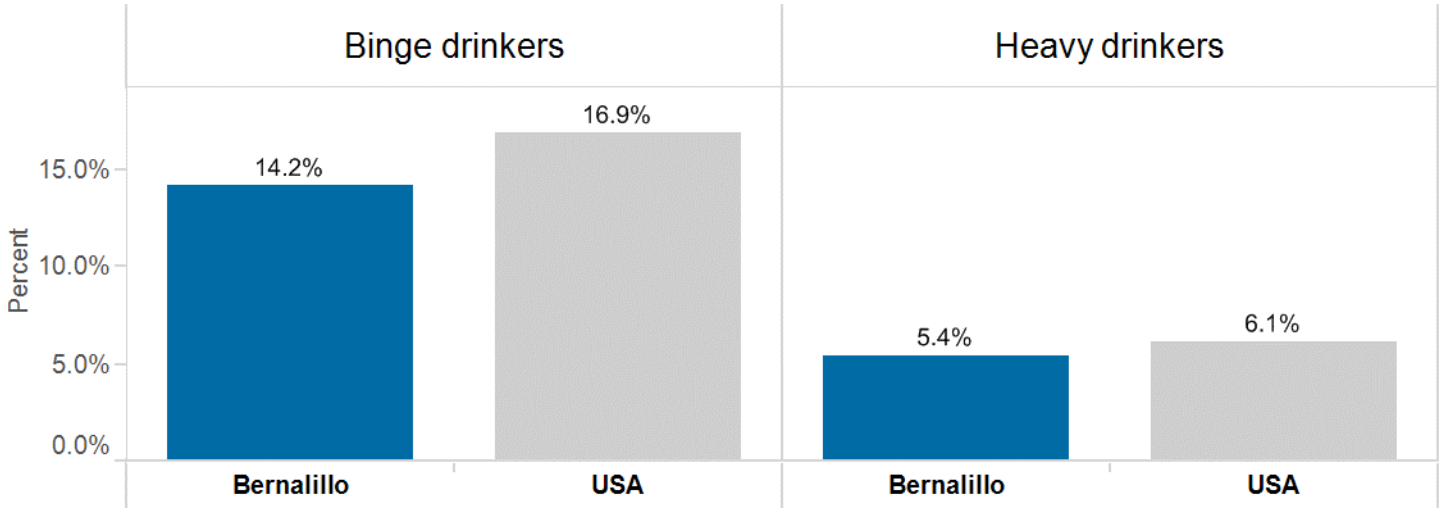


The Landscape: Bernalillo County vs. The Nation

The **Behavioral Risk Factor Surveillance system (BRFSS)** is a national telephone survey that collects state level data on health-related risk behaviors, chronic health conditions, and the use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. Approximately 400,000 adult interviews are conducted each year, making it the largest continuously conducted health survey system in the world.



The BRFSS data shows that Bernalillo County residents are more likely to report poor mental health (14 or more days during the previous month) when compared to the national average. Of note, the NM-IBIS data show fewer hospitalizations for mental disorders per 100,000 in the county than the nation. Despite having the highest alcohol-related deaths in the nation the BRFSS shows the number of Bernalillo County adults who identify as binge drinkers and heavy drinkers is lower than the national average. These findings are similar to the findings for Bernalillo County youth, who also appear to drink less on average.



Survey Data: Our Approach

For the purposes of this project, we wanted to understand where vulnerable individuals and families could access direct behavioral health services. Of the 202 agencies in Albuquerque with whom we spoke, we identified 102 agencies that provided treatment meeting this criterion. We asked in-depth questions about the following categories of service: Inpatient/ Residential, Outpatient, Case Management, Intensive Outpatient, Crisis Care, Recovery Oriented, and Housing (see chart below for category descriptions). For all other respondents, we verified their contact information for inclusion in a master resource list of organizations that provide important support to behavioral health consumers and their families.

Outpatient	Assessments, outpatient detox, medication assisted treatment of addictions, pharmacotherapy, screening, treatment planning, group therapy, family therapy, individual therapy, neuropsychological evaluation
Case management	Case managers, community health workers, promotoras, health navigators, CCSS, Pathways
Recovery Oriented Services	Psychosocial rehabilitation (PSR), supported employment, peer support, vocational rehabilitation
Crisis Care	urgent care, mobile crisis team, crisis line
Inpatient/ Residential	Acute psychiatric inpatient, residential substance abuse, residential mental health, treatment foster care, inpatient detox
Intensive Outpatient	Assertive Community Treatment (ACT) teams, partial hospitalization, intensive day treatment, Intensive Outpatient (IOP), Multi Systemic Therapy (MST)
Housing	Halfway housing, shelter, transitional housing, supported housing with behavioral health services onsite

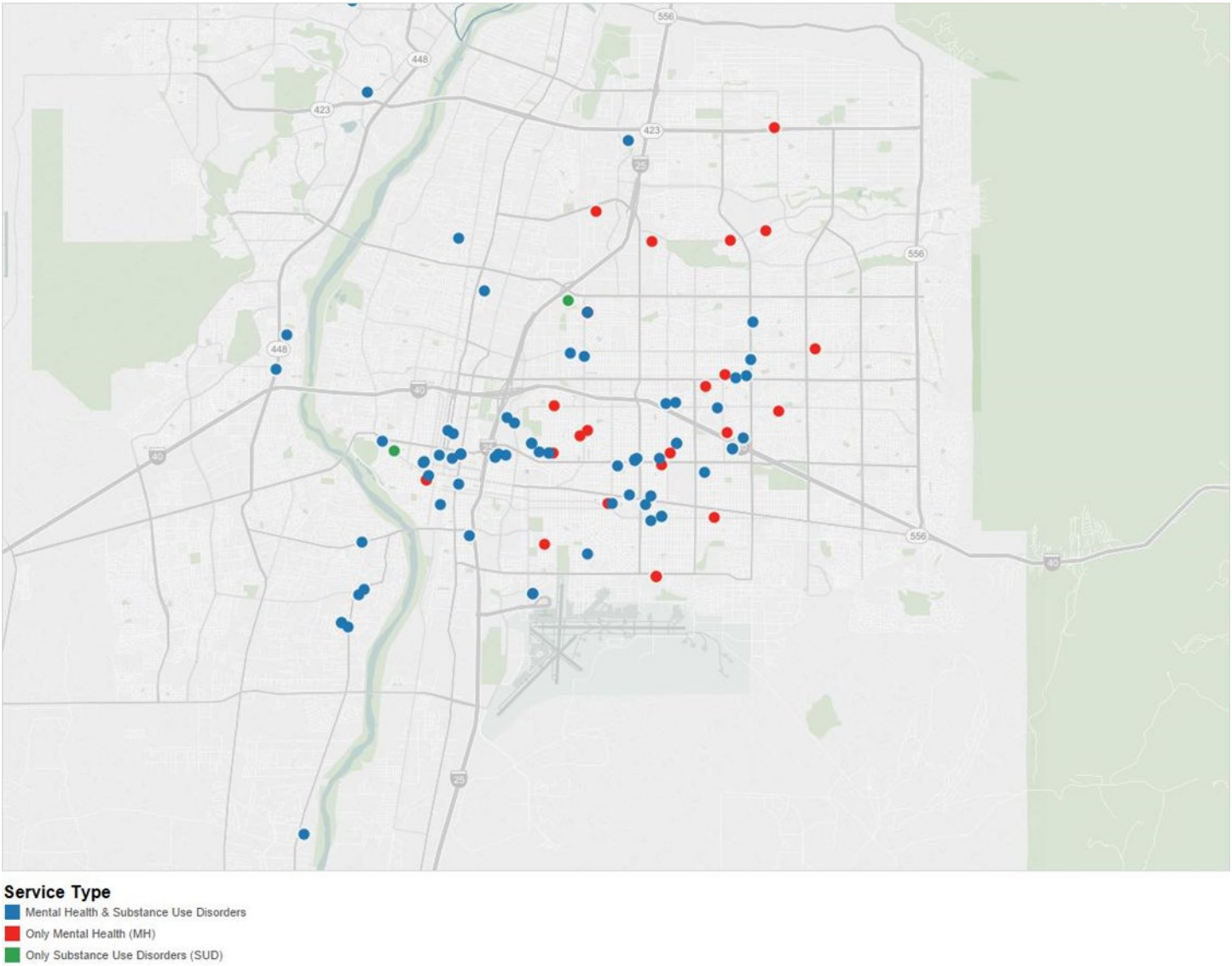
We also asked agencies providing direct services the following:

- Hours of operation
- Accepted forms of payments
- Breakdown of services for youth and services for adults
- If focus is on mental health, substance use, or both
- Funding sources
- Estimated number of clients served in 2013
- Perceptions of unmet need and priorities in Albuquerque

Survey Data: Service Availability

The majority of agencies provide direct services for both mental health and substance use conditions and are generally able to serve both youth and adults. There are fewer agencies on the south and west sides of the city. The map below shows a snapshot of services available during a one-month period (September 15 to October 15, 2014) and this availability may fluctuate over time.

Location of mental health services, substance use services, and providers of both.



Information regarding location, services, ages served, opening hours, and accepted forms of payment may be accessed using an online interactive tool created during the course of this project. This tool may be accessed here:
http://cepr.unm.edu/tools/ABQ-Providers.html

Survey Data: Levels of Care

Services Provided by Geographical Quadrant of Albuquerque

The majority of agencies provide outpatient care with some case management and recovery oriented services. There are a few agencies providing more intensive levels of treatment and these agencies are more likely to be situated in the Northeast quadrant of Albuquerque. The programs and services within each category will be discussed further in the following pages.

Ideally, a behavioral health system with a greater emphasis on prevention would include more options for recovery, rehabilitation, and stable housing. Additionally, a greater array of crisis services and intensive outpatient services could help to provide needed support to those who are especially vulnerable.

Crisis care, recovery services, supported housing, and intensive outpatient programs are all components of targeted and practical prevention in behavioral health.

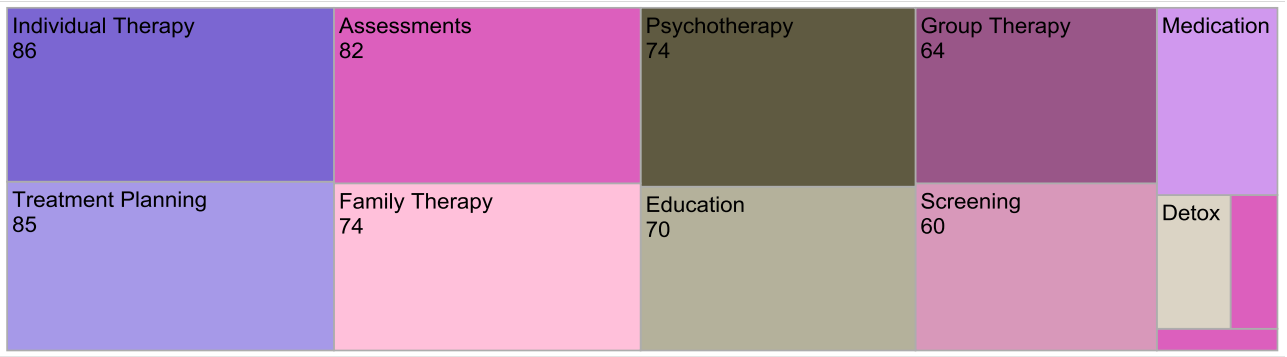
Note that most agencies provide multiple levels of service, therefore the numbers in the table above reflect *all* services provided in Albuquerque at multiple agencies and to multiple clients.

Survey Data: Levels of Care

A comprehensive behavioral health plan would ideally include multiple levels of care, including medical, psychological, and social interventions. The charts below illustrate the number of agencies providing the different services available within selected service categories.

Most agencies are providing **outpatient** assessments, treatment planning, and therapy for individuals, groups and families. A smaller number have the capacity to provide medication management, outpatient detoxification, medication assisted treatment of addictions, and neuropsychological testing.

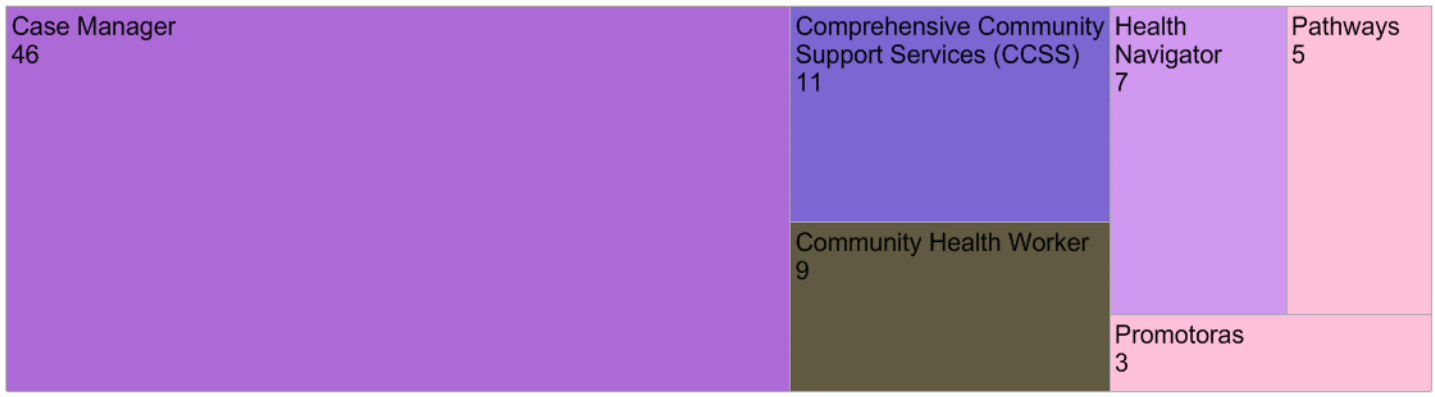
Outpatient Services



Case management is utilized broadly across agencies and providers. Staff members may identify themselves as community health workers, health navigators, promotoras or case managers. Some positions are specifically funded, while other providers offer case management services in addition to existing roles and responsibilities.

A small number of agencies participate in the Pathways program, which provides care coordination through community health navigators and encourages clients to make progress toward identified goals. Only six agencies (core service agencies) are currently eligible to deliver Comprehensive Community Support Services (CCSS) at 11 sites. CCSS is a Medicaid reimbursable service that helps individuals and families obtain access to services and supports to assist them in their recovery.

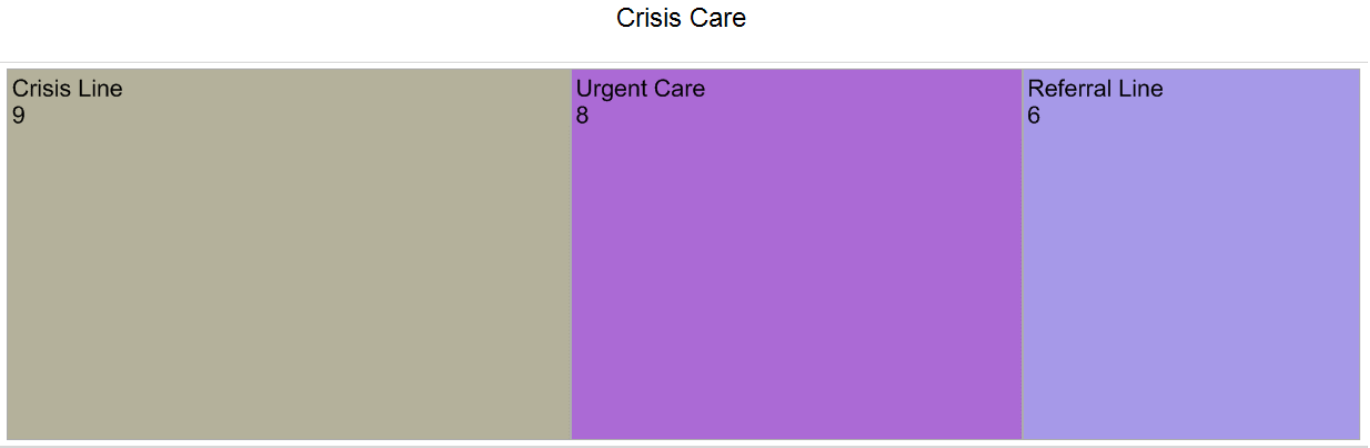
Care Coordination/Case Management



Survey Data: Levels of Care

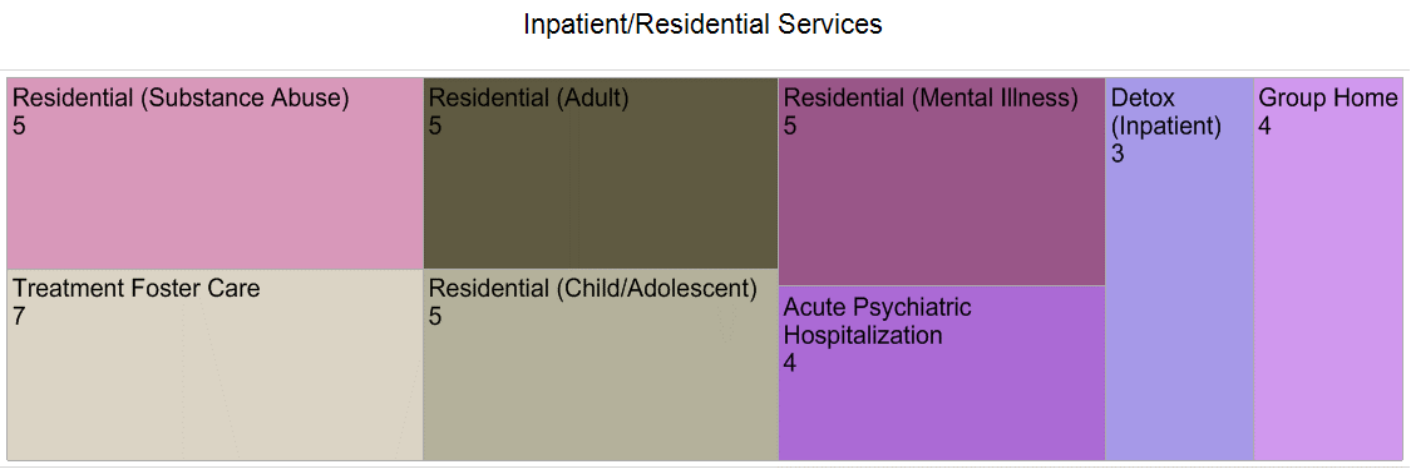
Recovery services were defined as programs emphasizing recovery and rehabilitation for mental health *and* substance use disorders. The majority of respondents providing these services offer peer support, which is delivered by individuals who have lived experience of their own behavioral health conditions. There are few formal recovery programs providing structured services such as vocational rehabilitation, supported employment, supported education, or psychosocial rehabilitation.

Only a minority of agencies have **crisis services** that were available to individuals or families who are not already enrolled or registered.

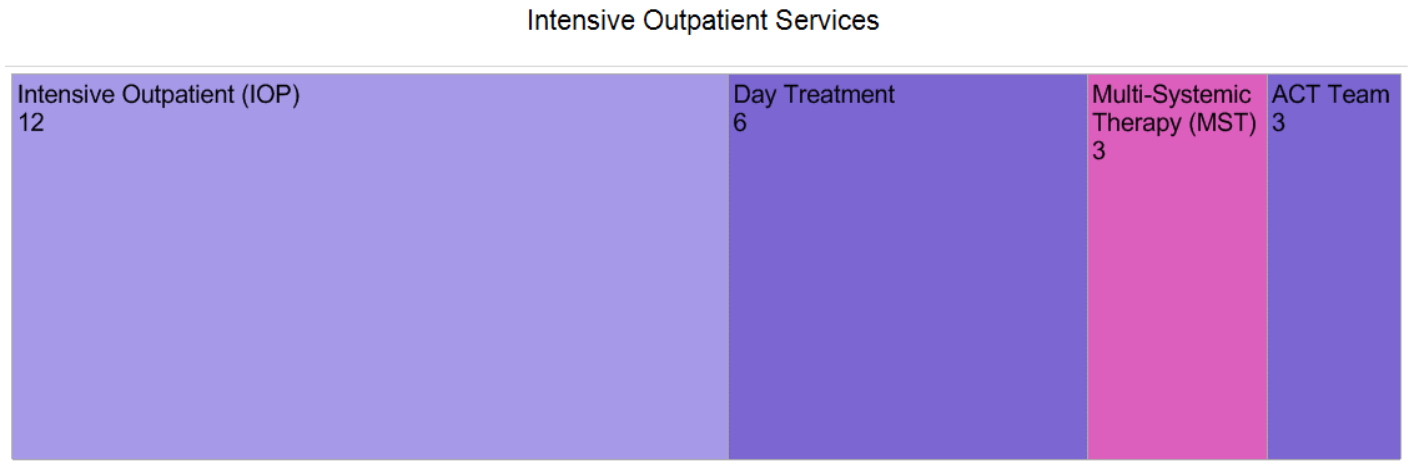


Survey Data: Levels of Care

Programs described a range of services offering **inpatient or residential care.** These included four acute psychiatric hospitals, residential facilities, treatment foster care programs, short term detoxification programs and a few group homes that were affiliated with agencies that also provided treatment and support.

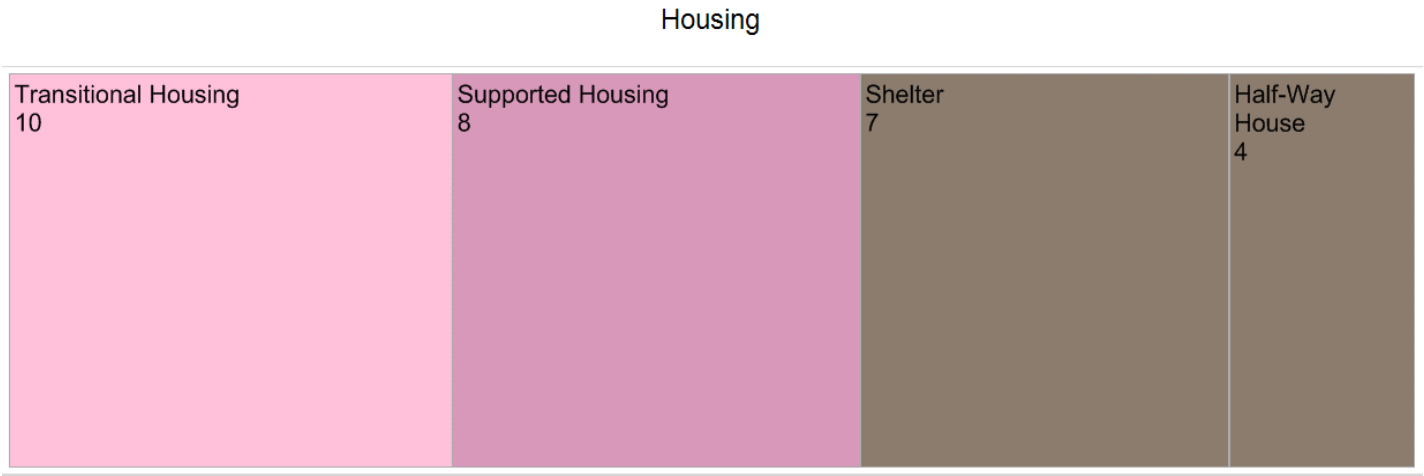


Similarly, there are a range of services that offer **intensive outpatient services**. The majority of these are formal Intensive Outpatient Programs (IOP) for adults and focus on substance abuse. At least one program mentioned that access to these services is not uniformly available to everyone regardless of the ability to pay. These programs are expensive to run and local providers report that they are difficult to sustain on public funding streams.



Survey Data: Levels of Care

Programs with **housing** have evolved to serve some targeted populations such as youth in transition. The eight programs that categorized themselves as supportive housing do offer some on-site services, including case management or therapy groups. However, in the words of one administrator, these services are generally "modified" supported housing programs with only a limited array of support services.



Survey Data: Capacity

In interviews, for-profit providers generally reported short or no waiting lists, and in larger agencies staff can be hired as needed. However, these providers note that there is little motivation to continue serving as a "safety net" for Albuquerque's most vulnerable populations.

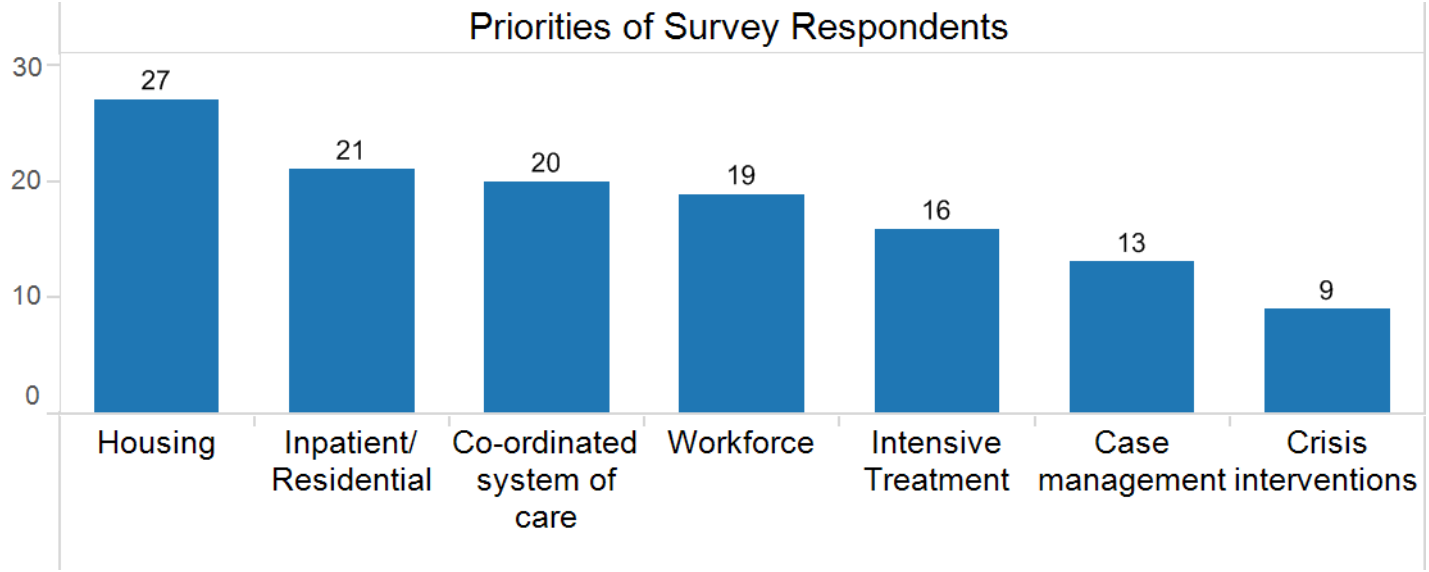
In the nonprofit sector, waiting lists are common. The general feeling is that agencies are working at close to or at maximum capacity. Providers often express frustration because they know more could be done, but the perception is that there isn't the money or time to do it. For example, providers serving children routinely do case management even though they are not reimbursed for these more comprehensive efforts. As a result, they are unable to serve as many children as need services. The same is true for clients with addictions and/or criminal records. Providers note that clients requiring the most extensive, specialized services—including case management, bilingual and culturally-appropriate assistance—are the ones whose needs are the least likely to be adequately met.

Survey Data: Providers' Perceived Needs

Albuquerque providers have active referral relationships —both contractual and informal—with other organizations throughout the city. Most routinely refer to a few others directly related to their clients' specialized needs. However, providers shared two common concerns:

- There is a lack of knowledge about the current, up-to-date landscape of available services and providers in the city.
- There are challenges to finding time to collaborate and co-ordinate with other agencies due to longstanding concerns about generally low reimbursements rates for behavioral health.

Providers were asked to provide their own perceptions of what is needed in the city and which of those needs should be prioritized. The bar graph below shows these needs, ranked by priority. The next few pages include more in-depth information about behavioral health providers' perceptions of unmet needs in Albuquerque.



Survey Data: Providers' Perceived Needs

All providers agree there are many unmet needs in the city. Descriptions of the seven most common follow.

Other services were also suggested by some providers: medication management; bilingual providers, transportation; eating disorders; treatment foster care; legal/advocacy; sex offender treatment; multi-pronged services for people with traumatic brain injury and/or developmental disabilities coupled with mental illness; homeless teens; and family-oriented care to address behavioral health challenges within intergenerational cycles.

1. Housing

Providers stressed that homelessness, whether short-or long-term, is a major obstacle for those in our community with behavioral health challenges. As one provider notes, "Free and affordable housing is an important part of good health care."

In addition to the often-mentioned need for affordable and supportive housing for people with behavioral health challenges, a few groups were specifically identified as requiring special attention. These special groups include:

Criminal offenders

Providers cited that landlords frequently won't rent to convicted offenders. In addition, the day-to-day realities and requirements for those on probation often result in no- or low-paying jobs without leave or insurance benefits; this impacts their ability to pay for housing.

Teens

Providers expressed concerns about teens especially: "Once children/youth leave treatment facilities such as Desert Hills, often no families are available to take them in."

Women

"Women need a safe place to stay, no matter how they identify; several of the current places are not safe for women; they get groped or hassled."

> *We need housing for the homeless and people with no income. We receive five calls per week from women asking for a place to live.*

Survey Data: Providers' Perceived Needs

2. Inpatient/residential services

Another major concern is the lack of available inpatient and residential services. Among the most common needs expressed in this category are services for inpatient serious mental health, substance abuse for teens, and substance abuse for adults, "especially those who are not felons."

Others say there are "no medium services between group homes and inpatient psychiatric hospitals." Still others point to the short-term nature or rules prevent access for particularly challenging populations. One example is the refusal to provide services to those testing positive for drugs when entering substance use facilities. As one provider notes:

"Bridges get burned with chemical use. The system for funding is very hit or miss and it's built to be very reactive rather than following these clients and being proactive so that they don't go into crisis again in the first place."

3. Overall coordination of system

Numerous providers bemoan the fact that no one in Albuquerque – from individuals to major organizations – has a clear overview of what current services are available for clients. Many look to the City to develop a mechanism for behavioral health coordination and communication. One provider notes:

"We need a comprehensive community behavioral health plan. Otherwise, it is each man for himself, and each agency for itself, and clients get lost in the shuffle."

Providers recommended creating an informal provider communication network. Some suggest a more formal approach with the development of a quarterly task force to meet to inform others of services provided and to coordinate care. Most providers want this kind of coordination.

However, they note that meetings require time and that, currently, to do this, that time would be either be taken from direct client services or would be unpaid for providers.

4. Workforce

Many providers stressed the need for training and support for current behavioral workers, and finding ways to expand this crucial workforce to better meet need in the city. Recommendations in this area include more programs that train people in community-based behavioral health, more navigators and more bilingual therapists and other behavioral health workers.

Survey Data: Providers' Perceived Needs

5. Intensive Treatment

Providers specifically emphasized the need to increase intensive outpatient options for Albuquerque's most vulnerable clients to improve their behavioral health over the long term. One goal of this approach is to stave off crises. Another is to help individuals stay in their community, while participating in skills-acquisition programs, so that they can take those skills and incorporate them into daily life. Among the recommendations for creating a more robust intensive outpatient treatment framework in the city are: increasing the number of ACT teams, developing more IOP programs (5 days/week), creating more transitional and step-down services, and developing partial hospitalization opportunities. As one provider said:

> "We need to give them a meaningful experience, not just warehouse them."

6. Case Management

Another area of note is related to providers' ability to conduct effective case management – to help clients get the services they need across systems and agencies. The most frequently cited challenge is the lack of payment for what providers perceive as an absolutely critical, and often time-consuming service for many of their clients:

> "Case management services need to be paid-for rather than practitioners doing them for free."

The concern about lack of consistent, reimbursed case management crosses all areas of behavioral health and all client ages and genders. Providers routinely express frustration that those most in need fall through the cracks without someone watching out for them, and helping them find and secure essential services for their complex, and often long-term, needs.

7. Crisis Interventions

Finally, interviewees stressed the need for greater capacity in crisis intervention and management. The general consensus is that a coordinated crisis system involving first responders, behavioral health providers and agencies could improve Albuquerque's overall health. Among specific recommendations are: increasing the number of mobile crisis teams, crisis medication management and the development of a crisis stabilization facility.

Estimating Services Provided in Our Community

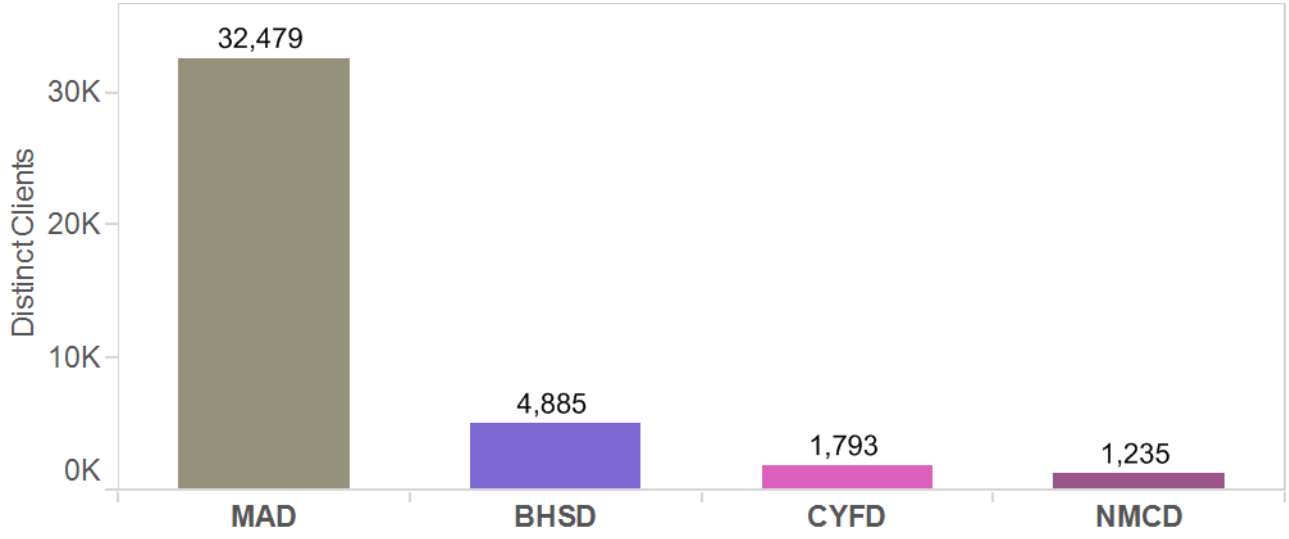
Results from In-Depth Interviews:

Some agencies had a harder time than others estimating the number of individual clients they have served. The total estimated number of individual clients served across all agencies in Albuquerque in 2013 was **98,000.** This total number is an overestimate of the total served since many individuals seek and receive treatment for their behavioral health conditions at multiple agencies each year.

Results from Behavioral Health Purchasing Collaborative:

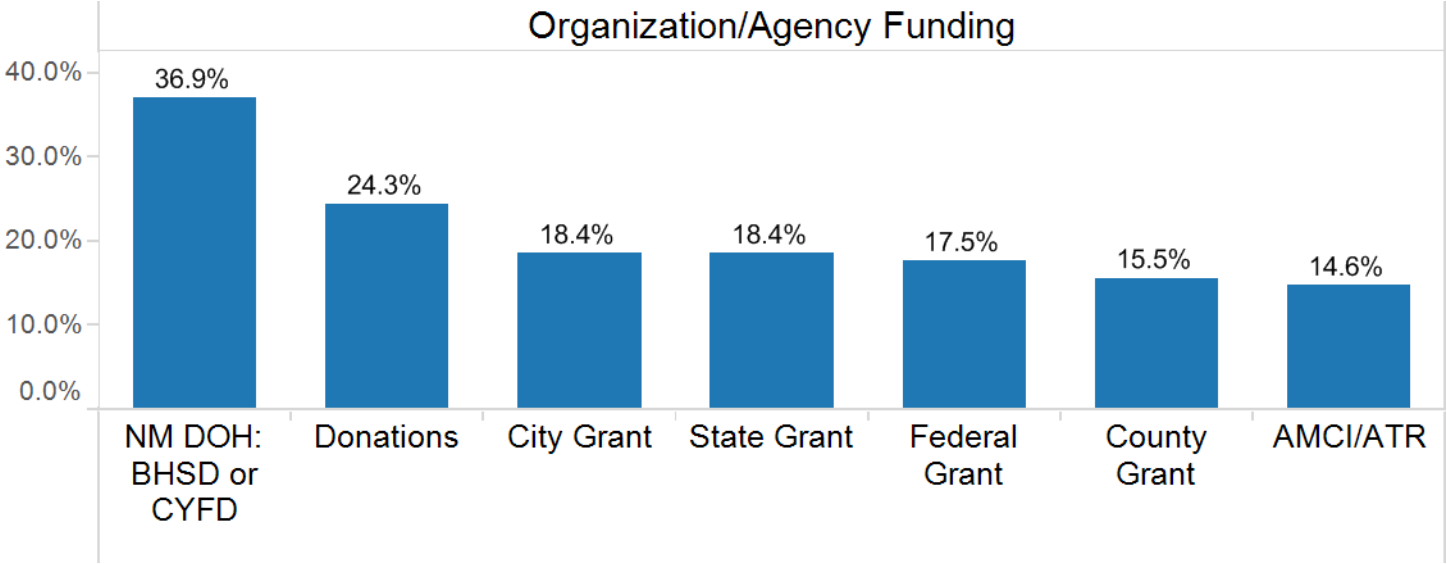
In contrast, records from the state Behavioral Health Services Division (BHSD) indicate that **35,670** individual clients in Bernalillo county received behavioral health services that were reimbursed by the Behavioral Health Purchasing Collaborative which includes the following funding sources: Medicaid Assistance Division (MAD), BHSD, Children Youth and Families (CYFD), and the Corrections Department (NMCD). It is to be expected that the total number reported by BHSD is less than the count reported by the agencies since they also provide behavioral health treatment to clients through other funding sources including: county funding, city funding, and federal grants such as the Access to Recovery (ATR) program, which provides vouchers for substance use treatment.

The chart below breaks down the **funding streams** for all Bernalillo clients receiving services reimbursed through the state public behavioral health system. By far, more clients receive behavioral health services covered by Medicaid than other state public funding sources. Some clients are eligible to receive services that are covered by more than one funding stream; therefore, the total number of clients in the figure below is slightly greater than the total number of 35,670.

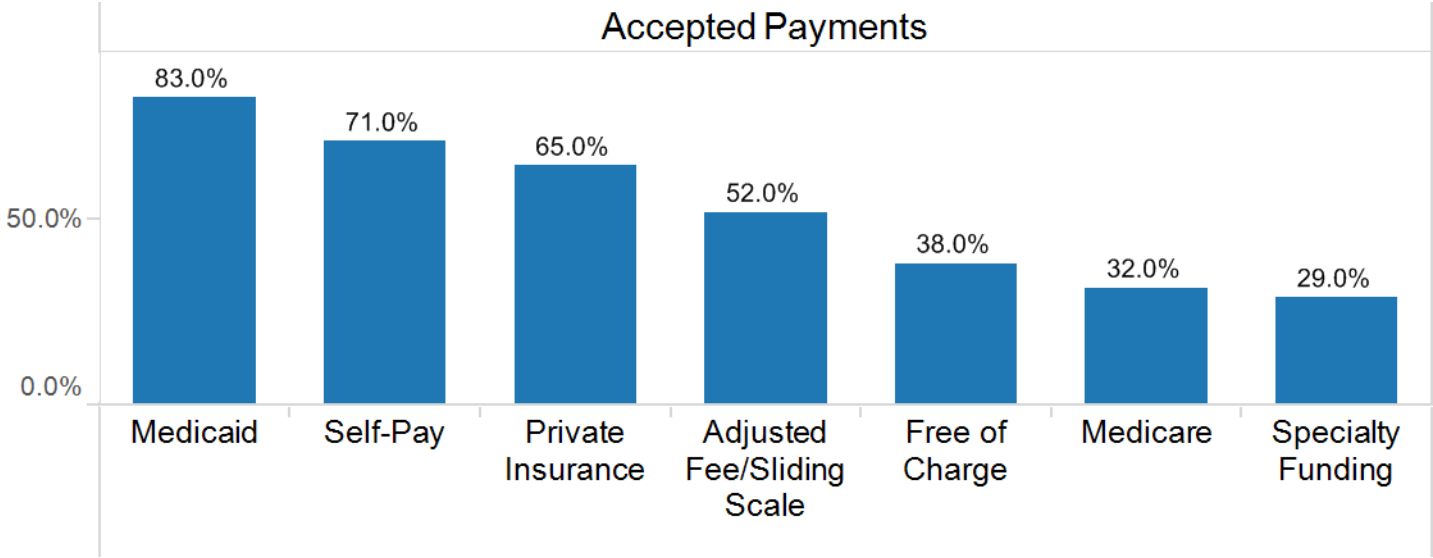


Funding Streams and Payment Sources

The chart below depicts the array of **funding sources** reported by agencies participating in the survey. The totals are greater than 100% since all agencies rely on more than one funding source.



In addition to programmatic funding from the sources above, agencies accept various forms of payments, insurance, and coverage from clients. The next chart depicts the range of **payment options accepted** by agencies in Albuquerque. Since most agencies accept multiple payment sources, the totals are greater than 100%. Within the public system that we surveyed, most agencies are equipped to provide Medicaid reimbursable services.



So Where Does Albuquerque Stand?

This report has provided information from various sources in an effort to characterize the behavioral health needs of the residents of the City of Albuquerque and Bernalillo County.

Estimated Need

151,000 individuals

in Albuquerque could have benefitted from behavioral health services in 2013

Estimated Gap

At least 53,000 individuals

98,000 individuals received services compared to the estimated 151,000 who could have benefited

Local Disparities

Compared to the US

Elevated suicide, drug overdose, alcohol related deaths, and illicit substance use among youth

Local Priorities

Housing is top priority

Local providers describe a need for housing options for vulnerable individuals and families

Local System of Care

Continued needs

Overall infrastructure to facilitate communication and co-coordination between agencies

Gaps in Services

Three major gaps in the behavioral health system

- Comprehensive Crisis System
- Options for intensive day treatment
- Recovery and rehabilitation programs

Limitations

This report integrates several sources of information, including interviews with local behavioral health providers, in order to better understand the landscape of behavioral health care in the city and county. However, there are some important limitations, including:

1. Household-level data is not available, therefore expected need is based on best-available data.
2. Due to the short-term nature of this first project, we focused on agencies that receive state, county and city funding. In the future, it will be important to better understand the role played by *federal* agencies, such as the Veterans Health Administration and the Indian Health Service, that also provide important behavioral health care to vulnerable populations.
3. We focused our efforts on providers who offer an array of services for vulnerable individuals and families. It will be important to solicit similar priorities and suggestions from other stakeholders including consumers, families, individual providers and first responders.

Suggested Next Steps

This report offers evidence that there is need for more behavioral health services in the City of Albuquerque. What follows are suggestions for meeting that need.

- Data on service utilization from agency databases and interview data from providers suggest the need for supportive housing in the city.
- Given the various levels of care that are critical to a comprehensive behavioral health system, the city might consider coordinating collaboration among agencies.
- Albuquerque would benefit from a central information service to maintain and constantly update a public, searchable behavioral health resource directory.
- The city, in concert with the county, could benefit from continued efforts to explore ways to increase the overall budget dedicated to direct behavioral health services.
- The city, in concert with the county, could benefit from continued efforts to increase behavioral health treatment at all levels of care. Specific gaps that may be addressed are:

    1. A cohesive **crisis** system of care
    2. More **intensive day treatment** providing community-based care as an alternative to hospitalization
    3. More formal **recovery and rehabilitation** programs to support success in employment and education