

# New Mexico Access to Behavioral Health for Children and Adolescents

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CENTER FOR  
DEVELOPMENT  
& DISABILITY

# Lend Competencies

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## Competency 2: Interdisciplinary practice

- Describe innovative and alternative methods of health care provision, and the effective use of technology and telehealth

## Competency 6: Research, quality improvement, and evidence-based practice

- Gain experience with framing a problem, researching, developing a product, disseminating to relevant stakeholders, and providing a professional presentation

## Competency 7: Public Policy and Health Equity

- Observe and describe public policy, formulation and implementation, legislation/policy making, financing, budgeting, program administration, consultation, and program planning and evaluation.
- Understand how systems interact with and influence each other to either decrease or increase risk or protective factors, particularly those living in rural and other underserved communities.

# Problem Statement

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# Why is children and adolescent mental health a problem in New Mexico?

- Mental health care professional shortage
  - Need an increase in 78 practitioners to alleviate
- Decrease in practicing psychiatrists since 2013
- NM has lost 21 psychiatrists since 2018

# Why is children and adolescent mental health a problem in New Mexico?

- Mental health care in NM is at a disadvantage compared to the rest of the country
- We rank 50<sup>th</sup> out of 51 jurisdictions for increased prevalence of behavioral health issues



# Behavioral Health in New Mexico

- More than 35% of adults in households with children reported feeling anxious 23% reported feeling depressed
  - New Mexico rates are 46% and 23%
- Negative impacts on the behavioral and mental health of the child
- In 2017 35.8% of youth in NM reported feeling sadness or hopelessness with debilitating side effects
  - Upward trend since 2011
  - Higher than national average (31.5%)

# Behavioral Health in New Mexico

- Students who identified as lesbian or gay 53.1% or bisexual 66.8% were significantly more likely to report feelings of sadness or hopelessness
  - Students who identified as straight 39.1%
- Children ages 3 through 17 who received treatment or counseling decreased from 59.4% in 2016 to 48.6% in 2017-2018.

# Proposed Solution

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# HRSA Funded Behavioral Project



Health Resources and Services Administration



Increase primary care provider knowledge, understanding, and resources



Multi year project with cohorts of medical practitioners to educate them on topics of their choosing

# Partners of the Project

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HRSA

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UNM CDD

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NM Title V program

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NM Pediatric Society

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Department of Psychiatry

## Partnering Clinics

- Zuni Comprehensive Health Center
- Gallup Indian Medical Center
- Shiprock-Northern Navajo Medical Center

# Methods



With Project Echo 5 different cohorts  
of 10-12 participating practitioners  
and behavioral health specialists

5-year project



Echo program will consist of 10  
monthly meetings

6 prechosen and 4 chosen by cohort

# Core Curriculum Topics

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Principles of behavioral health in primary care

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Assessment of trauma and trauma- informed care in PCP settings

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ADHD diagnosis and treatment

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Autism screening, diagnosis and management

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Adolescent substance abuse

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Anxiety and depression

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Cohort chosen topics (7-10)



# Where do I fall?

Created a list of popular clinical topics based on already instated HRSA behavioral projects around the country

- Focused on states with similar demographics

Looked into details of previous implemented projects

- Help give us ideas on how we should structure ours

Continuation of the  
Project

Working on a pediatric behavioral  
Health Resource Center Hub

Online Resources

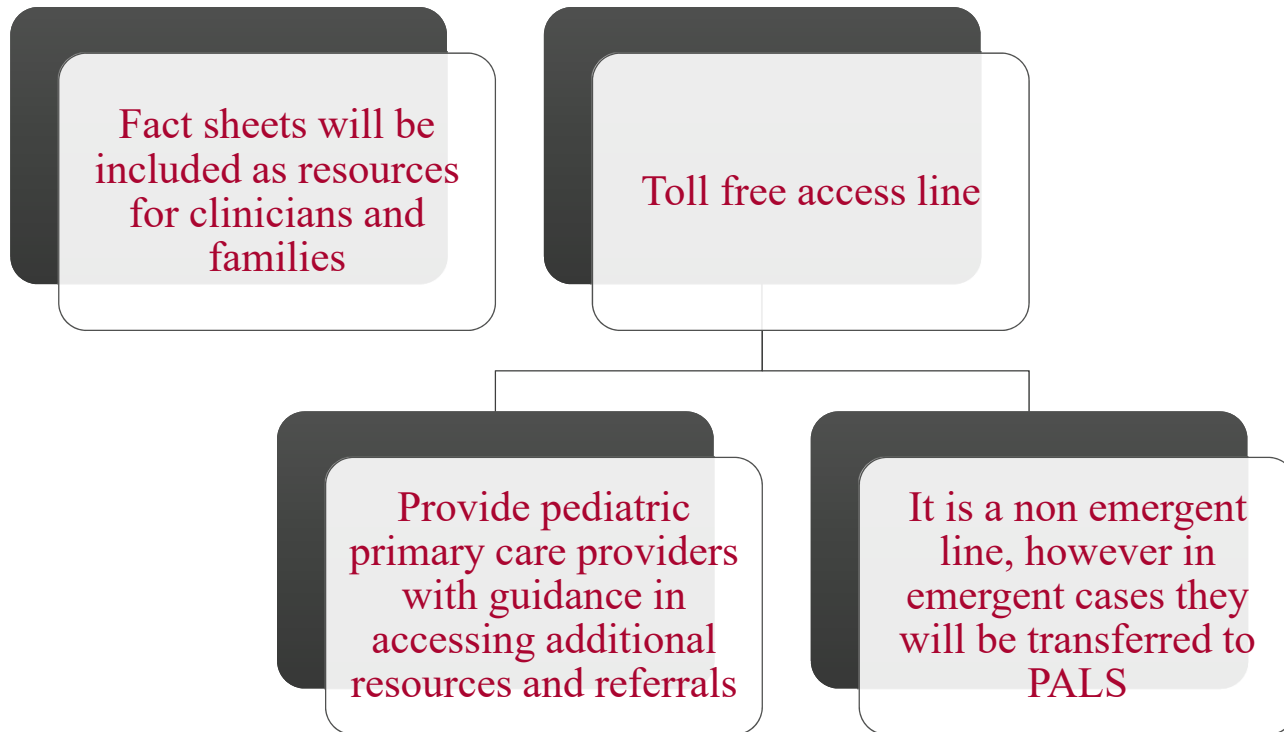
Resources for  
peds staff

Behavioral  
health providers

Family  
members

Caregivers

# Continuation of the Project



# Product Dissemination

- First cohort session June 7<sup>th</sup>

# Citations

Annie E. Casey Foundation. (2022, Mar 12). *New Mexico Kids Count Profile*. <https://www.nmvoices.org/wp-content/uploads/2022/01/KidsCount-DataBook2021-FINAL.pdf>

Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, [Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of September 30, 2020](https://data.hrsa.gov/topics/health-workforce/shortage-areas) available at <https://data.hrsa.gov/topics/health-workforce/shortage-areas>.

Health Equity in New Mexico, 13<sup>th</sup> Edition, New Mexico Department of Health, 2019.

New Mexico Health Care Workforce Committee. *2020 Annual Report*. Albuquerque New Mexico: University of New Mexico Health Sciences Center, 2020.

*New Mexico Maternal and Child Health Title V Block Grant FY2021 Application and FY 2019 Annual Report*

The indicators are: youth with at least one major depressive episode (MDE) in the past year; youth with substance use disorder in the past year; youth with severe MDE; youth with MDE who did not receive mental health services; youth with severe MDE who received some consistent treatment; children with private insurance that did not cover mental or emotional problems and students identified with emotional disturbance for an individualized education program. <https://mhanational.org/issues/2021/mental-health-america-youth-data>