



# BOARD OF REGENTS

**August 07, 2023  
Committee of the Whole  
Agenda Book**

**1:30 PM Open Session  
Scholes Hall, Roberts Room**



**UNIVERSITY OF NEW MEXICO  
BOARD OF REGENTS**

**COMMITTEE OF THE WHOLE**

**Agenda**

**Wednesday, August 07, 2024, 2:00 PM**

**Scholes Hall, Roberts Room**

- I. Call to Order and Confirmation of a Quorum, Regent Chair Kim Rael
- II. Comments
- III. Adoption of the Agenda
- IV. Presentation and Discussion:
  - A. Healthcare Workforce  
*Michael Richards, Senior Vice President for Clinical Affairs*
  - B. Comprehensive Substance Use and Addiction Solutions  
*Snehal Bhatt, Kimberly Page, and Katie Witkiewitz*
- V. Closing Comments
- VI. Adjournment



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COMMITTEE OF THE WHOLE | AUGUST 7, 2024

# UNM Health Care Workforce Updates

- PWC Workforce Report – Distributed
- Brief Updates by College/Program
- NM Higher Education Summer Capital Hearing
- School of Medicine – Fitz Hall Update



Current and forecasted nursing shortages are significant, in line with national trends. The College of Nursing is exploring opportunities to both expand training programs and optimize current workforce

**Facts and Figures**

<b>791<sup>1</sup></b>	<b>150<sup>1</sup></b>	<b>71</b>	<b>26</b>	<b>~50%</b>	<b>\$4M<sup>2</sup></b>
Undergraduate BSN (AY23)	Graduate Students (AY23)	Faculty	Vacancies	Retirement Eligible	Research grants & workforce Funding (FY25)
<b>485</b>	<b>5,952</b>	<b>10,520</b>			
Graduates (AY22)	Practitioners Needed for NM by 2024	Practitioners Needed for NM by 2035			



**Capacity Plans & Strategy**

**Capacity Plans:**

- Goal is to increase recruitment number of undergraduate students by ~153, and graduate students by ~107<sup>3</sup> by AY24/25

**Strategy Plans:**

- Strategic Enrollment Management Plan has been developed to provide direction for strategies, events, and data analysis for recruitment and retention

**Current Expansion Plans:**

- Faculty hiring is currently underway, with a new Dean for the College onboarding this summer
- Transition to the newly built Nursing and Population Health Excellence building is underway
- Student body growth cannot be increased any further due to faculty constraints

**Challenges & Opportunities**

**Challenges:**

- Faculty shortage is the main bottleneck for expansion of College of Nursing
- Compensation in academia is significantly lower than clinician salaries
- Lack of clinical site infrastructure or qualified providers statewide for nursing practices (i.e., primary care pediatrics; 17% preceptor reduction)

**Opportunities:**

- Expand night shift and weekend rotation shifts for increased exposure
- Explore partnerships with clinical sites in rural locations (faculty supervision needed)
- Explore opportunities to evolve care models and optimize current staff through use of technology to unburden current nursing staff

# Pharmacists in New Mexico have a unique opportunity to increase access to care and reduce healthcare gaps; the College of Pharmacy is poised to expand its training and research programs

## Facts and Figures

<b>212<sup>1</sup></b> PharmD Students across 4 cohorts (AY23)	<b>100*</b> Applications (AY24)	<b>64</b> Faculty	<b>\$22.5M<sup>2</sup></b> Research Funding	<b>81%</b> Practicing NM pharmacists are COP alumni
<b>64<sup>4</sup></b> Graduates (AY23)	<b>482<sup>3</sup></b> Practitioners Needed for NM by 2024	<b>700</b> Practitioners Needed for NM by 2035		



## Capacity Plans & Strategy

### Capacity Plans:

- Phase 2 renovations of central pharmacy building to unite the college's personnel to strengthen collaboration

### Strategy Plans:

- Eliminate out-of-state tuition and have one tuition for all PharmDs
- Expand Early Assurance Programs

### Current Expansion Plans:

- Pharmacy building phase one renovations are complete, with a phase 2 renovation planned
- Class size and faculty expansion will be undertaken after 70-80 students are consistently enrolled (current: 44 students for class of 2027, 58 students incoming for class of 2028)

## Challenges & Opportunities

### Challenges:

- Declining enrollment and limited resources
- Challenges in research support and faculty retention
- Declining applicant and recruitment challenges
- Resistance to billing for clinical services
- Succession planning

### Opportunities:

- Unique research opportunities and potential partnerships (clinical trials)
- Increased utilization of advanced practice pharmacists to address gaps in care
- Facility expansion
- Hiring lecturers to free capacity for faculty to conduct research

# College of Population Health provides public health workforce to respond to health crisis, especially in rural communities

## Facts and Figures

<b>130<sup>1</sup></b> Undergraduate Students (AY23)	<b>59<sup>1</sup></b> Graduate Students (AY23)	<b>40</b> Permanent Faculty	<b>26</b> Faculty Vacancies	<b>\$4M<sup>2</sup></b> Research Funding
<b>59<sup>3</sup></b> Graduates (AY23)	<b>100<sup>4</sup></b> Practitioners Needed for NM by 2024	<b>10,560 nationally<sup>5</sup></b> Practitioners Needed by 2035		



## Capacity Plans & Strategy

### Capacity Plans:

- Dedicated facility as the College of Population Health expands in faculty and students
- Ensure and maintain at least 21 faculty for accreditation purposes
- New joint Public Health and Nursing building is more modern, but 3,000 sq. ft shy of previous building space allocation (12,000 vs. 15,000 sq. ft)

### Strategy Plans:

- Transition plans to an accredited school of public health and refining the new social work program

### Current Expansion Plans:

- Transition to the newly built Nursing and Population Health Excellence building is underway, with 12,000 sq. ft allocated to the College of Population Health
- Short-term faculty hiring plans will be dependent on recurring budget (e.g., grants, salaries)

## Challenges & Opportunities

### Challenges:

- Limited opportunities to recruit trained public health professionals into core public health workforce impacts the capacity of the state to respond to health crises, especially in rural communities

### Opportunities:

- Increase number of diverse students and faculty
- Increase non-state research dollars
- Create a public health education network statewide
- Expand statewide community health assessments
- Lead public health intervention initiatives

The School of Medicine is a key focal point **for expansion of New Mexico's overall clinical delivery network** but the education building has reached end-of-usable life and class size expansion is needed

**Facts and Figures**

<b>93<sup>1</sup></b>	<b>7<sup>1</sup></b>	<b>722</b>	<b>1279</b>	<b>\$134M</b>
Enrolled Medical Students (avg. AY 20-23)	Out-of-state acceptances (avg. AY 20-23)	Residents and Fellows	Faculty	Research Funding (FY23)
<b>98</b>	<b>1,531</b>	<b>4,230</b>		
Graduates (avg. AY19-22)	Practitioners Needed for NM by 2024	Practitioners Needed for NM by 2035		



**Capacity Plans & Strategy**

**Capacity Plans:**

- Research-focused faculty retention and recruitment through grants, increased satisfaction, and post-doctoral pipeline

**Strategy Plans:**

- Submitted a proposal to the legislative committee to incorporate AI training into the medical curriculum

**Current Expansion Plans:**

- Proposal has been submitted to the legislative committee for curriculum expansion to encompass AI training
- GME has expanded approximately 25% over the last 5 years in alignment with the state's directive towards clinical growth
- **Fitz Hall is approaching end-of-usable life as the forefront research and education building for the School of Medicine**

**Challenges & Opportunities**

**Challenges:**

- Need for additional faculty to support training requirements, space to support the clinical learning environment, community partners for continuity clinic sites or other specialty specific experiences
- Increasing student / faculty diversity and recruiting and retention from out-of-state will need a compelling retention and incentive strategy
- General expansion budget, including renovations of existing facilities (Fitz Hall)
- Improving MD graduation numbers (~82% graduated within last AY)

**Opportunities:**

- Grow educational program offerings for students (increased rotations in rural, underserved, UNM West, and VA)
- Recruit more prospective medical students from out-of-state (3% acceptance rate)
- Build facilities to support AI, simulation labs, and other modalities of a modern curriculum
- Review faculty effort allocation and compensation to aid recruitment and retention of physician faculty within the system



# School of Medicine Facility Planning

Coming Soon!



## Fitz Hall Snapshot

Built in 1967

179,527 Gross SF

163,208 Net Usable SF

101,426 Net Assignable SF

56% Building Efficiency Ratio



# School of Medicine Future

Enhancing the UNM School of Medicine on Campus

**Fitz Hall** currently serves as the hub for the **School of Medicine**. While it has played a crucial role in supporting the School of Medicine, but the program and campus **needs a new facility to meet the demands of a modern academic medical program**.

Including:

- **Outdated & Aging Facilities / Infrastructure:** Lacking advanced technological capabilities and modern amenities essential for contemporary medical education and research.
- **Inefficient Floor Plans & Inadequate Space:** Inefficient floor plans feature oversized mechanical spaces that consume valuable space.
- **Need for Modernization and Flexibility:** To support evolving needs, a flexible building designed for future technologies is essential for health care learners and researchers.

# School of Medicine Key Drivers



## Clinical Growth

- Healthcare delivery expansion underway
- Enhance statewide healthcare work force



## Educational Growth and Need

- Increase MD graduation numbers
- Support educational program expansion



## Research and Innovation

- Support, modern curriculum, simulation labs, and AI
- Meet high standards of medical education`



## Shortages in New Mexico by Profession

Health Profession	Practitioners needed (2024)	Practitioners needed (2035) <sup>1</sup>
Physicians	522	1,680
Nurses	5,952	10,520
Dental Hygienists	88	350
Physician Assistant	281	-
Physical Therapists	526	1,590
Occupational Therapists	114	610
Pharmacists & related roles*	482 <sup>2</sup>	700
Public Health Professionals	100 <sup>3</sup>	See footnote <sup>4</sup>
<b>Total</b>	<b>8,065</b>	<b>26,010</b>

# UNM School of Medicine

Programs Essential to the Health of New Mexico

\$743M Annual Budget

\$189M Research and Awards

974 Faculty

1477 Staff

745 Residents and Fellows

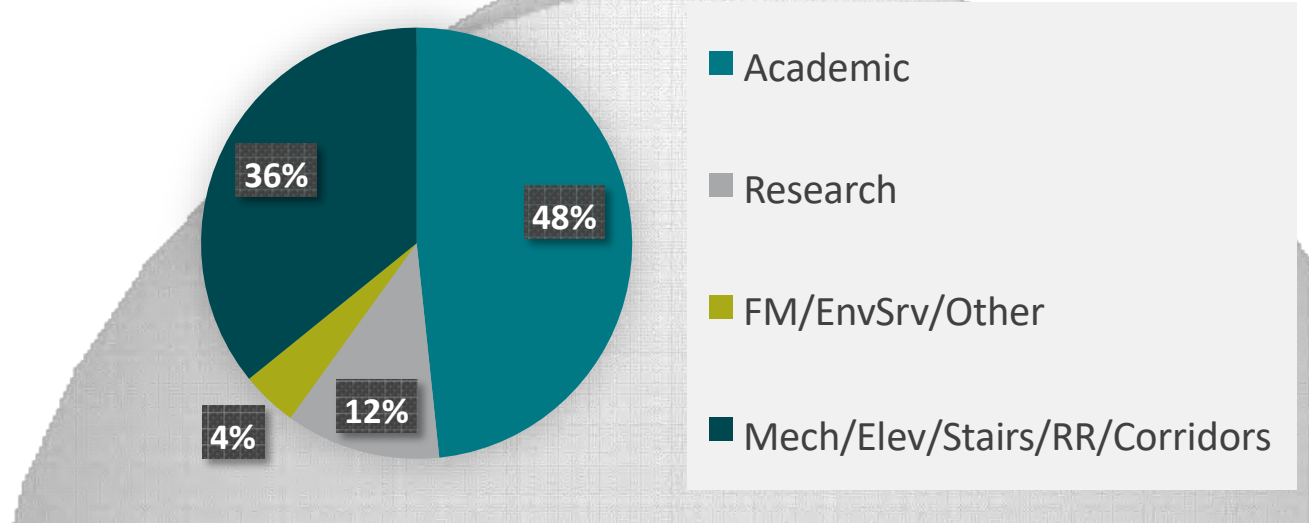
403 Medical Students

97 Doctoral Students

275 Graduate Students

192 Undergraduate Students

## Fitz Hall Space Breakdown



## Key Educational Programs at UNM School of Medicine

- Anesthesiology Assistant
- Bio Medical Sciences - MS/PhD
- Dental Hygienist
- Emergency Medical Services
- GME - Residents and Fellows
- UME -Medical Students
- Occupational Therapy
- Medical Laboratory Sciences
- Physical Therapy
- Simulation
- Physician Assistant
- Radiologic Sciences



### A new SOM Facility is needed

- UNM Clinical growth
- State workforce initiative
- LCME Accreditation 2026 self study fall of
- Existing facilities limit program growth



### Fitz Remediation vs Replacement

- Fitz approaching end of useful Life
- Not amenable to remodel/expansion
- No ideal swing space alternative
- Outdated/inefficient
- Continuity of operations



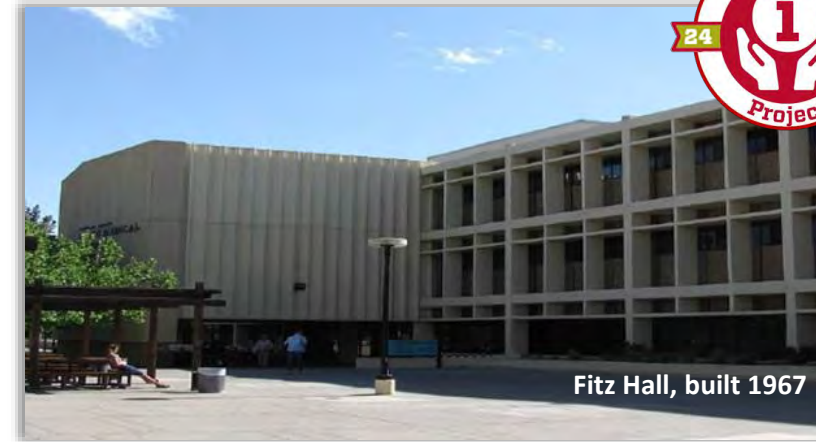
### Previous Considerations

- 2019 assessment recommended demolition
- COVID-19 pandemic
- Leadership transitions
- Project Scale/Costs



### Recommendation

- Replacement of Fitz Hall
- Demolition of existing Fitz Hall



Fitz Hall, built 1967

## Key Next Steps: Aug – Dec 2024

### Business Plan

- LCME
- Clinical Growth
- Workforce Needs
- Program Growth
- Fiscal Analysis and Funding
- Economic Impact

### Facility Programming

- Align Facility Need to Program Growth
- Site Selection
- Refine Cost Estimate

# Project Comparisons

## Peer Institutions



### University of Utah

Spencer Fox Eccles School of Medicine

- **Use:** Medical Education
- **Size:** 185,000 sf
- **Construction Cost:** \$185 million (\$1,000/sf)
- **Key Features:** Flexible learning studios, hybrid instruction technologies, state-of-the-art simulation center, modern gross anatomy lab.

**Completion in 2025**



### University of Texas MD Anderson Cancer Center

South Campus Research Building 5

- **Use:** Research
- **Size:** 600,000 sf
- **Construction Cost:** \$668 million (\$1,200/sf)
- **Key Features:** State-of-the-art research facilities, groundbreaking in September 2023.

**Completion in 2026**



### University of California, Riverside

School of Medical Education Building II

- **Use:** Medical Education
- **Size:** 95,478 sf
- **Construction Cost:** \$100 million (\$1,100/sf)
- **Key Features:** Innovative learning spaces, advanced audiovisual technologies, multiple lecture halls, small group rooms.

**Opened September 2023**

UNM SOM Replacement Facility: Currently estimated at 250,000 SF  
(dependent on Programming)

**Comparable Project  
Construction Costs within  
3% of NM**

# How it all fits together



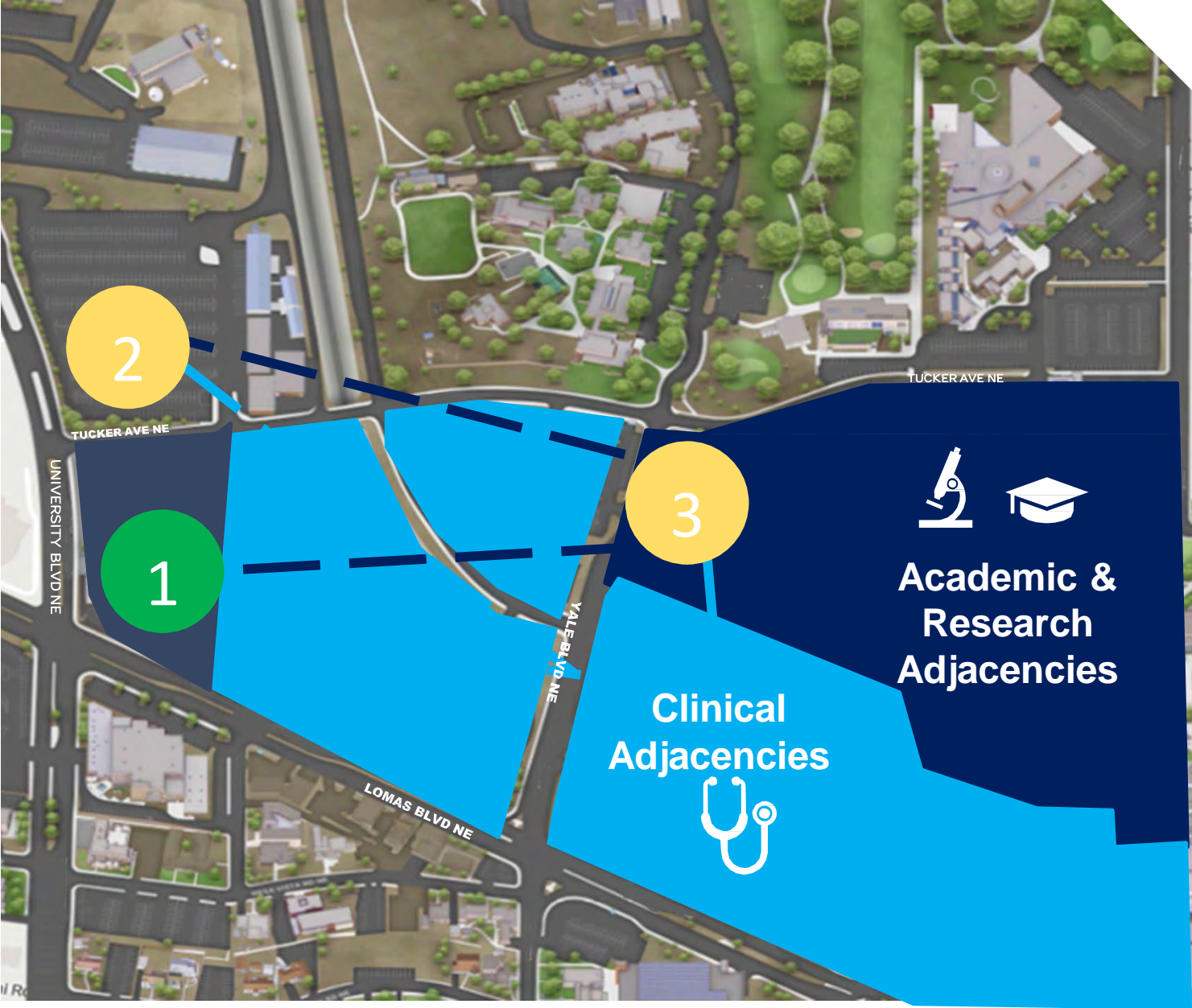
**Proximity:** strategically located with adjacencies to key facilities (clinical, research, and academic resources).



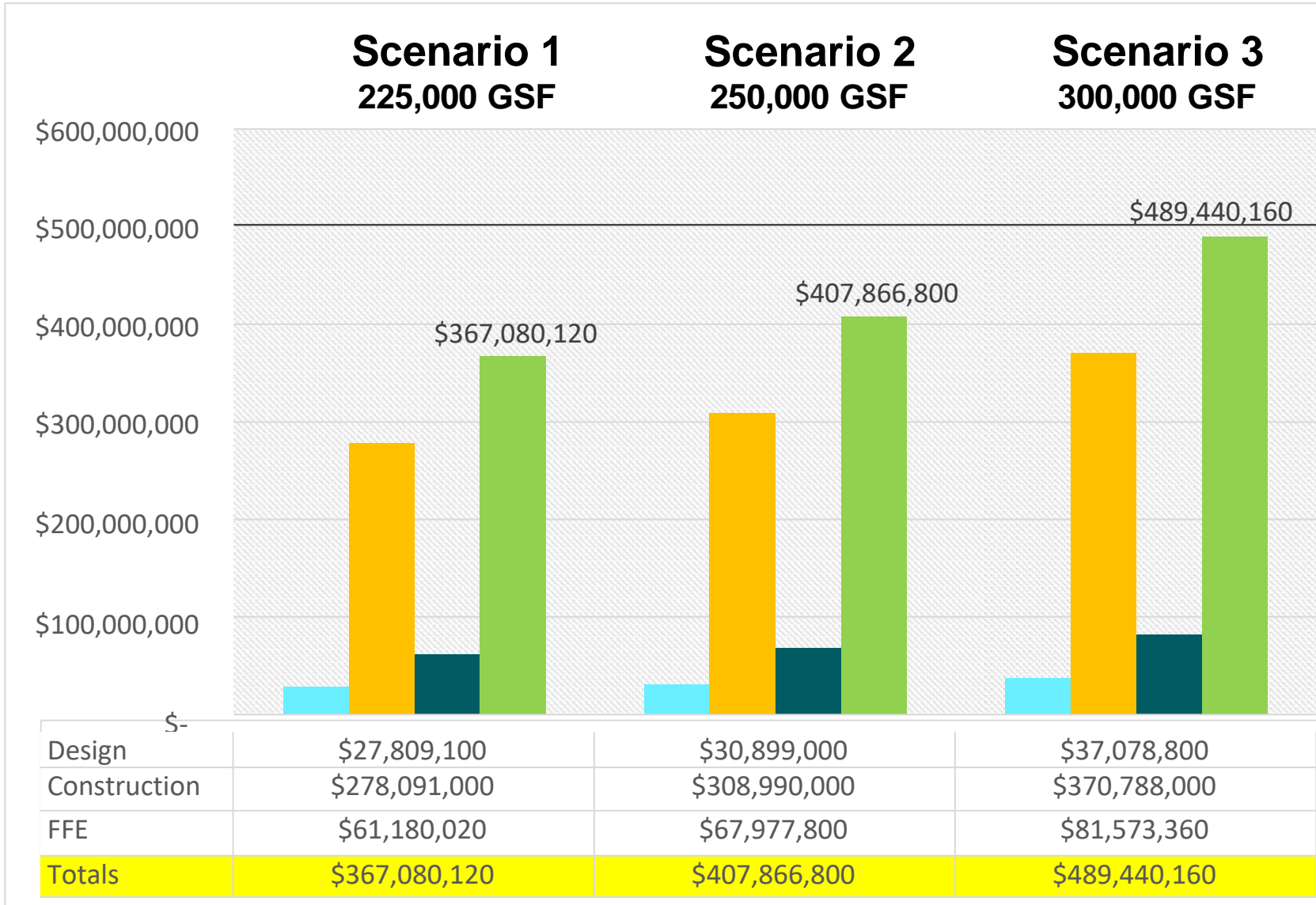
**Flow:** Streamline campus movement, wayfinding, and improving access between the new and existing facilities.



**Integration:** Connects and creates physical links to centralize clinical, educational, and research activities for the following programs\*:



# Estimated Cost Scenarios



Project Component	Estimated Range
Design	Estimated 8-10% of Total Project Costs (\$28M to \$37M)
Construction	\$278M to \$371M
Furniture, Fixtures, & Equipment	Estimated at 22% of Total Project Costs (\$62M to \$82M)
<b>Total Project Costs</b>	<b>\$367M to \$490M</b>

# PROJECT DETAILS

School of Medicine Future Facility Planning



**Planning & Programming**  
6 Months

**2024**

- July: Business Plan (\$1.5M UNM)
- August: Planning & Programming (\$6M UNM)

**Design**  
14 Months

**2025**

- \$37M Legislative Request for Design

**Construction**  
30 Months

**2026**

- Legislative Request for Construction
- Construction Begins (30 Months)

## FINANCIALS

Project Component	Estimated Range
Design	Estimated 8-10% of Total Project Costs (\$28M to \$37M)
Construction	\$278M to \$371M
Furniture, Fixtures, & Equipment	Estimated at 22% of Total Project Costs (\$62M to \$82M)
<b>Total Project Costs</b>	<b>\$367M to \$490M</b>

2025 Funding Request	
UNM Matching	\$7,500,000
<b>Legislative Request</b>	<b>\$37,000,000</b>









# Comprehensive Substance Use and Addiction Solutions

Snehal Bhatt, Kimberly Page, and Katie Witkiewitz



UNM HEALTH SCIENCES | UNM HEALTH



# MISSION

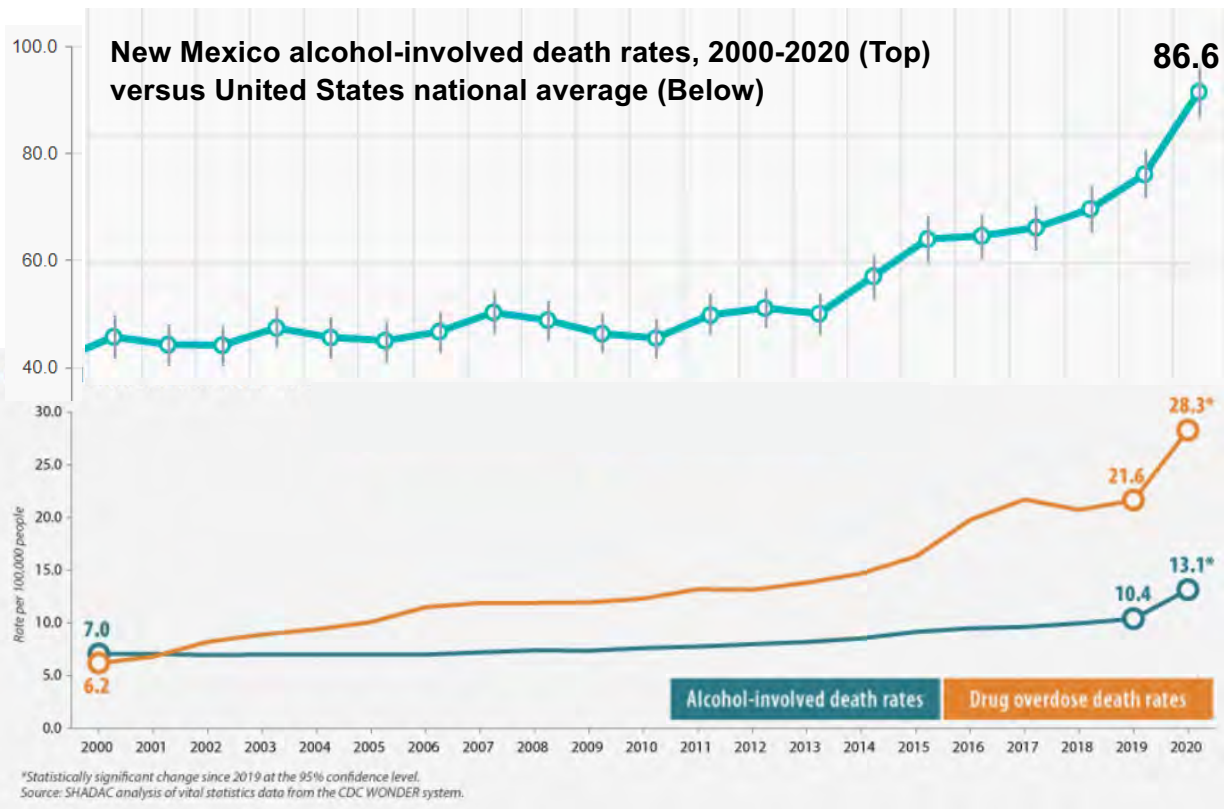


To foster and ignite interdisciplinary coordination to improve substance use and addiction prevention, treatment, and policy in New Mexico, with the ultimate goal to reduce substance- and addiction-related morbidity and mortality and improve quality of life for all New Mexicans.

# New Mexico is Leading the Nation...

1. NM has one of the highest rates of substance related morbidities and mortalities in the nation
  - 1<sup>st</sup> in the nation for alcohol mortality
  - 8<sup>th</sup> in the nation in drug overdose deaths in 2022
2. High rates of the correlates of substance use:
  - Liver disease, hepatitis, cardiovascular diseases
  - Domestic violence, motor vehicle accidents, injuries, suicide
  - Crime, incarceration, unemployment, children living in poverty

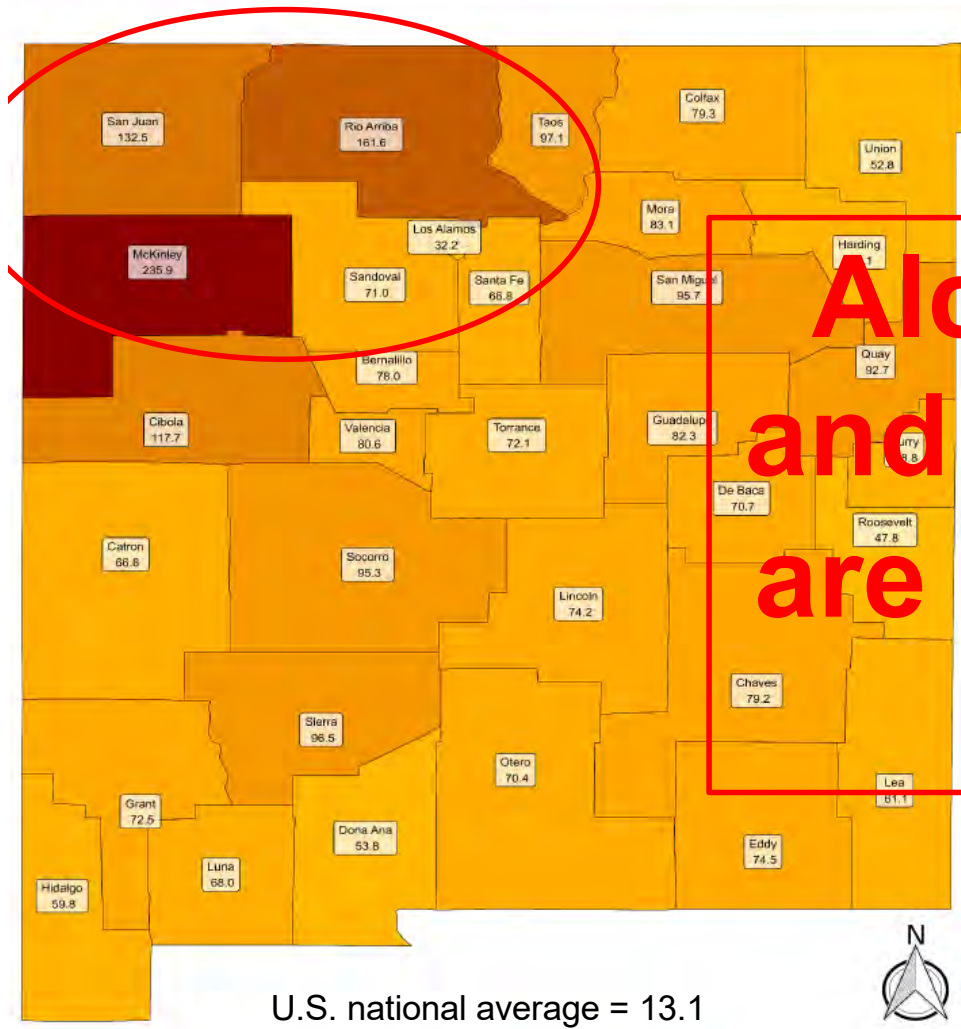
# New Mexico is Leading the Nation...



1 in 3 deaths among adults (age 20-49) in New Mexico are attributable to alcohol

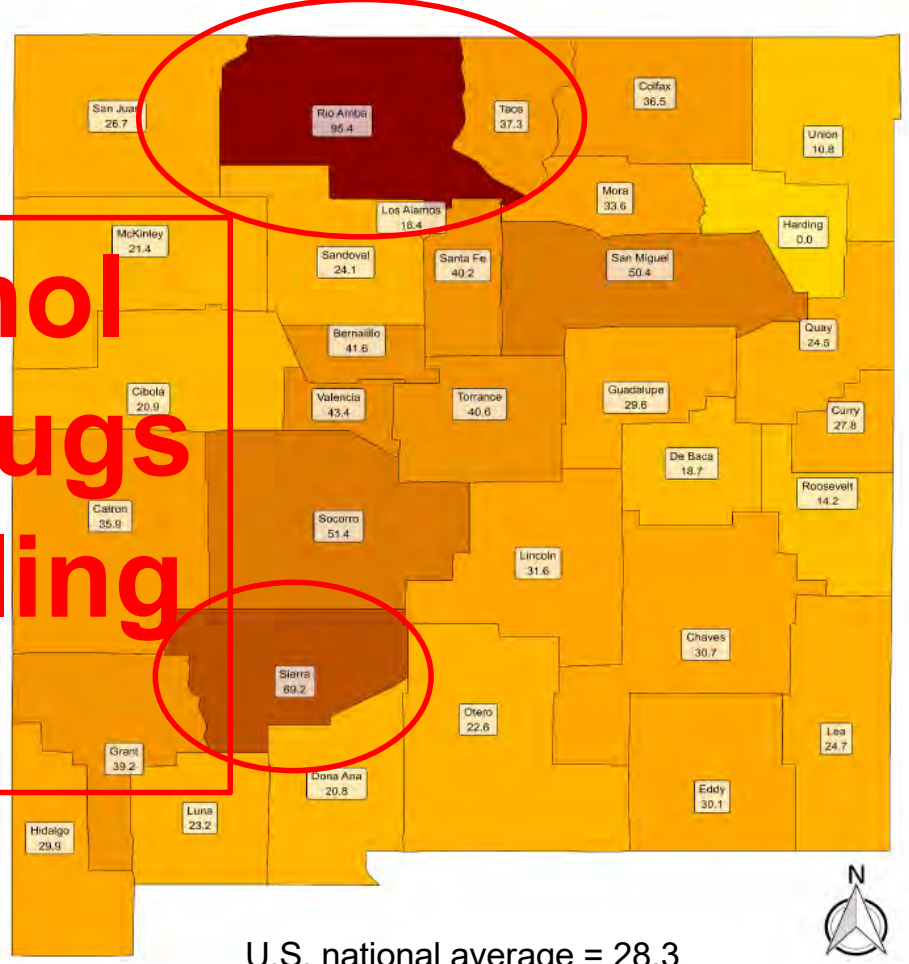
Chronic alcohol-related deaths increased by 12.5% between 2000 and 2013 and then **112.6% between 2013 and 2021**

3: Alcohol-Related Death Rates\* by County, New Mexico, 2017-2021



Alcohol-Related Deaths  
(Rate per 100,000 population)

Chart 3: Drug Overdose Death Rates\* by County, New Mexico, 2017-2021

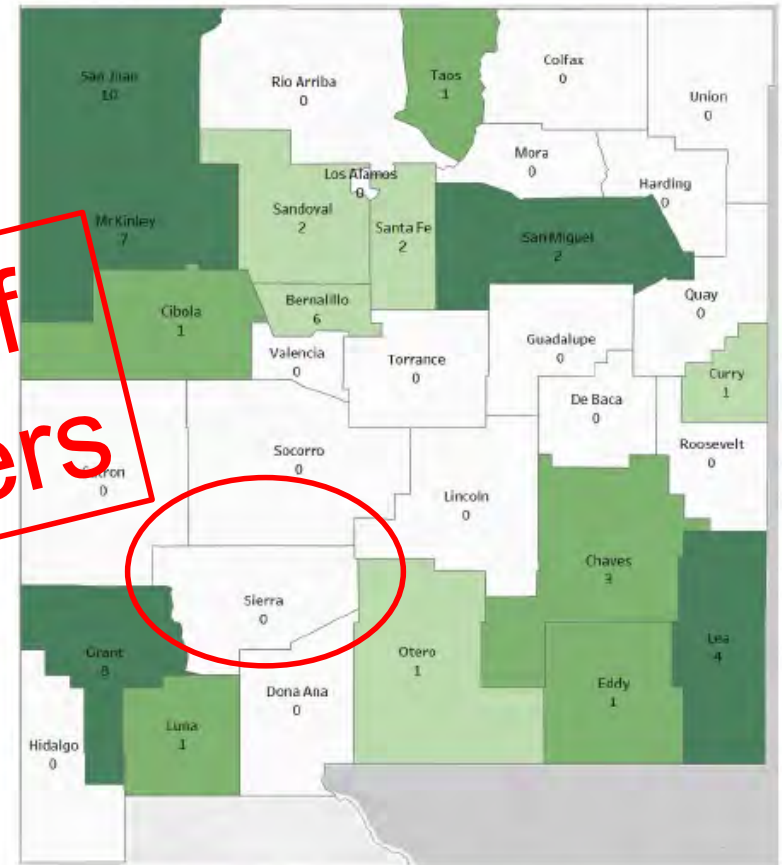
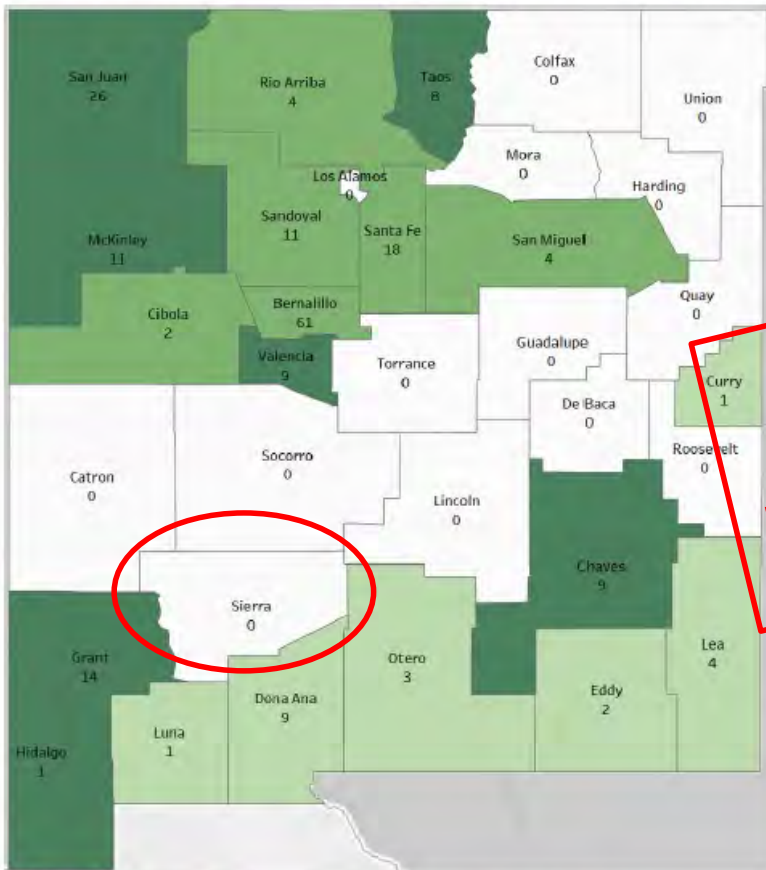


Drug Overdose Deaths  
(Rate per 100,000 population)  
State Rate = 34.4

**Alcohol  
and drugs  
are killing  
us**

**Map 5a. Outpatient dedicated substance use practitioners who delivered services to Medicaid clients with SUD (Adults and Youth)**

**Map 5b. Outpatient dedicated substance use practitioners who delivered services to Medicaid youth under 17 with SUD**



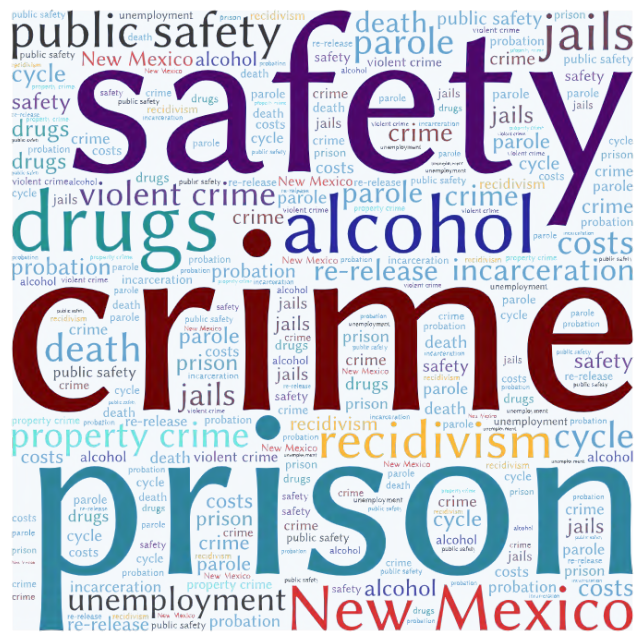
**Lack of Providers**

**Dark Green** = highest access relative to Medicaid population  
**Middle Green** = median access relative to Medicaid population  
**Light Green** = lowest access relative to Medicaid population

**Dark Green** = highest access relative to Medicaid population  
**Middle Green** = median access relative to Medicaid population  
**Light Green** = lowest access relative to Medicaid population



# Substance use is also associated with major public safety consequences



- New Mexico has the highest violent crime rate nationally and a high rate of property crime
- The majority of individuals under New Mexico state supervision (59%) report problems related to substance use
- Nearly half of prison re-admissions in New Mexico are due to drug use

We cannot ignore social determinants of health and intergenerational cycles of trauma and addiction



# The costs of substance use are staggering

- Economic cost of opioid use disorder and drug overdose mortality in New Mexico was nearly \$6.5 billion in 2017, approximately **\$8.3 billion in 2024 dollars**
- Estimated price tag for excessive drinking in New Mexico was \$2.2 billion in 2010, approximately **\$3.2 billion in 2024 dollars**
- A 2009 report found nearly all of New Mexico state spending related to substance use (98.7%) was spent on burdens to public programs (public safety, healthcare, justice system), and **only 1.3% was spent on prevention, treatment, and research, ranking near the bottom of all states** for the percent of our state budget (0.26%) spent on substance use prevention, treatment, and research

[https://drugfree.org/wp-content/uploads/drupal/Shoveling-up-II-the-impact-of-substance-abuse-on-federal-state-and-local-budgets\\_0.pdf](https://drugfree.org/wp-content/uploads/drupal/Shoveling-up-II-the-impact-of-substance-abuse-on-federal-state-and-local-budgets_0.pdf)

# Why investment in early intervention, treatment, and research matters

Funding for substance use disorder early intervention, treatment, and research saves lives and money

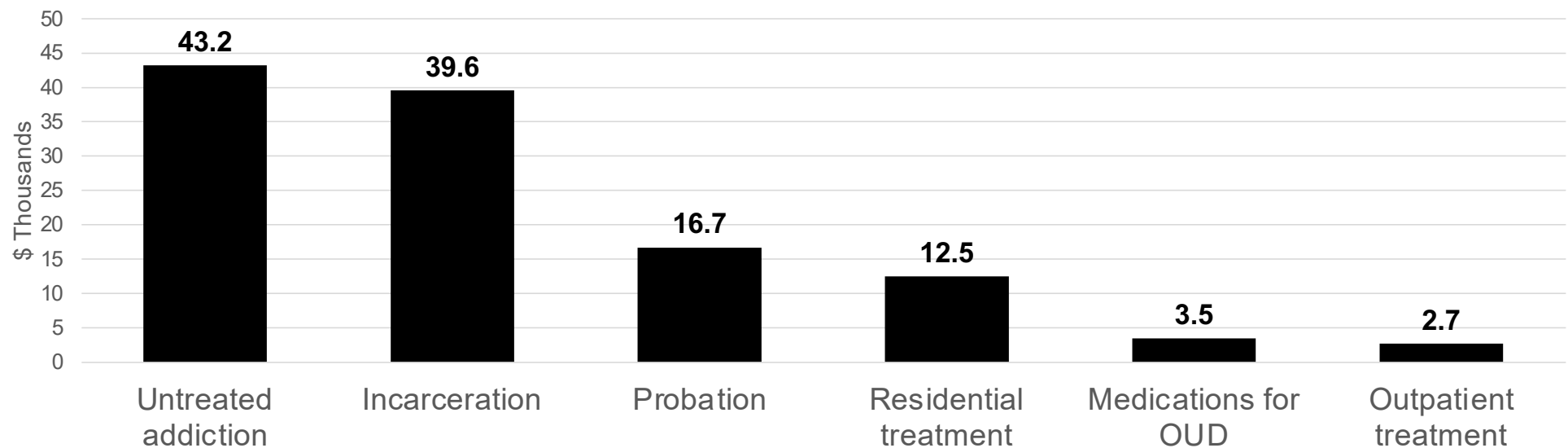
\$1 invested = \$7 reduction in costs of crime

\$1 invested = \$5 reduction in healthcare costs

NIDA (2018). Principles of Drug Addiction Treatment

# Why investment in early intervention, treatment, and research matters

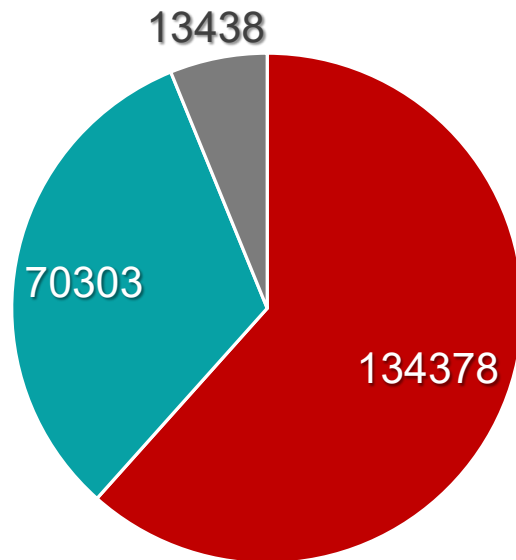
Average annual costs per person in thousands (in 2001)



<https://hpi.georgetown.edu/abuse/>

# New Mexico is Falling Behind...

NM DOH 2018 Analysis of Treatment Gap  
204,681 New Mexicans with Substance Use Disorder



■ # untreated   ■ # treated   ■ # needing/wanting treatment

In 2022, NM Medicaid and HSD provided SUD treatment to 86,656 New Mexicans, a 23% increase in need since 2018, assuming a similar increase in need from the 2018 treatment gap analysis...

**16,563 New Mexicans are needing and wanting treatment**

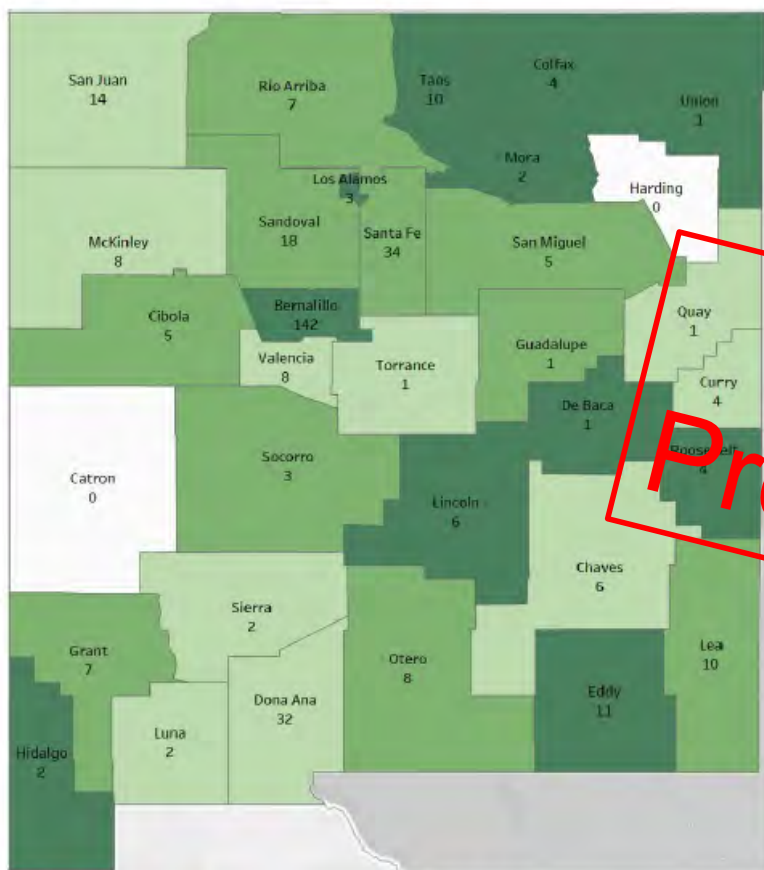
# New Mexico is Falling Behind...

Health Resources and Services Administration  
Analysis of New Mexico Treatment Gap  
# of **NEW providers** needed to meet need in NM



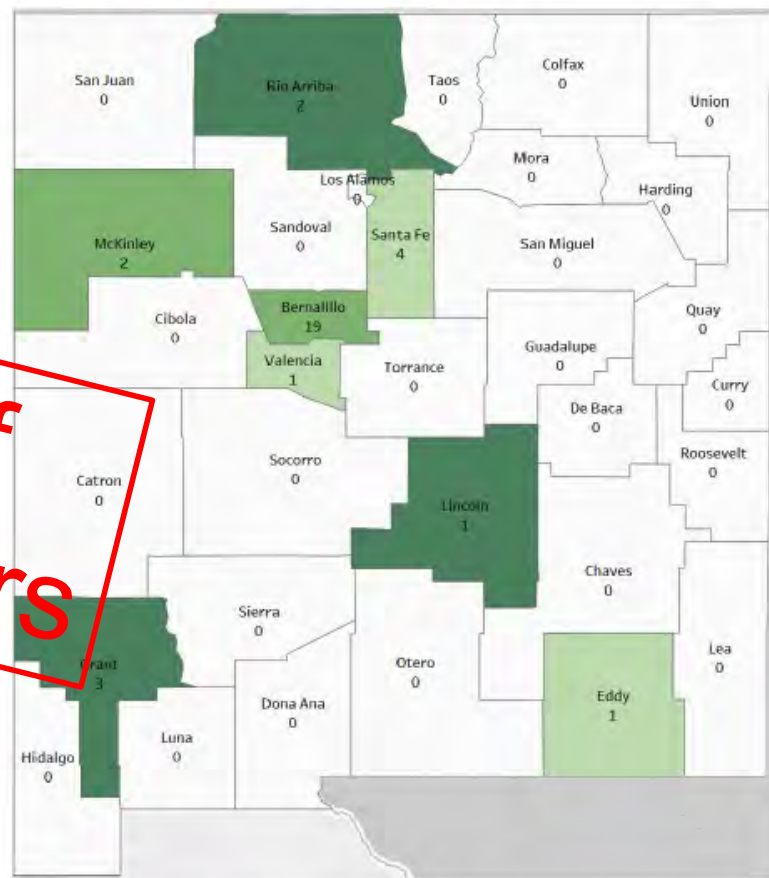
New Mexico is a behavioral health shortage area according to the U.S. Health and Human Services Department **only 18% of the state's behavioral health needs are met**, and there are several counties in New Mexico with 0 substance use disorder treatment providers

**Map 8a. Buprenorphine prescribers who treat individuals with OUD through NM Medicaid (Adults and Youth)**



**Dark Green** = highest access relative to Medicaid population  
**Middle Green** = median access relative to Medicaid population  
**Light Green** = lowest access relative to Medicaid population

**Map 8b. Buprenorphine prescribers who treat youth under 17 with OUD through NM Medicaid (Adults and Youth)**

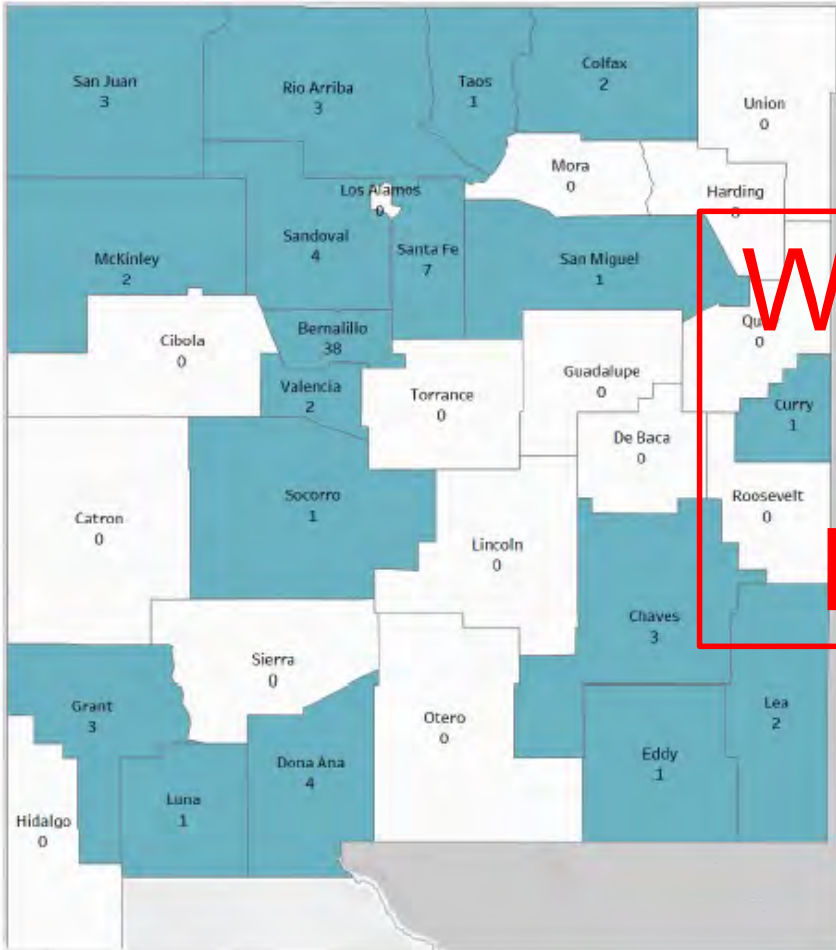


**Dark Green** = highest access relative to Medicaid population  
**Middle Green** = median access relative to Medicaid population  
**Light Green** = lowest access relative to Medicaid population

**Lack of Prescribers**



Map 9a. Intensive Outpatient Program (IOP) Providers in New Mexico by County



Map 9b. Adult Accredited Residential Treatment Center (ARTC) Providers in New Mexico by County



We have  
to do  
better

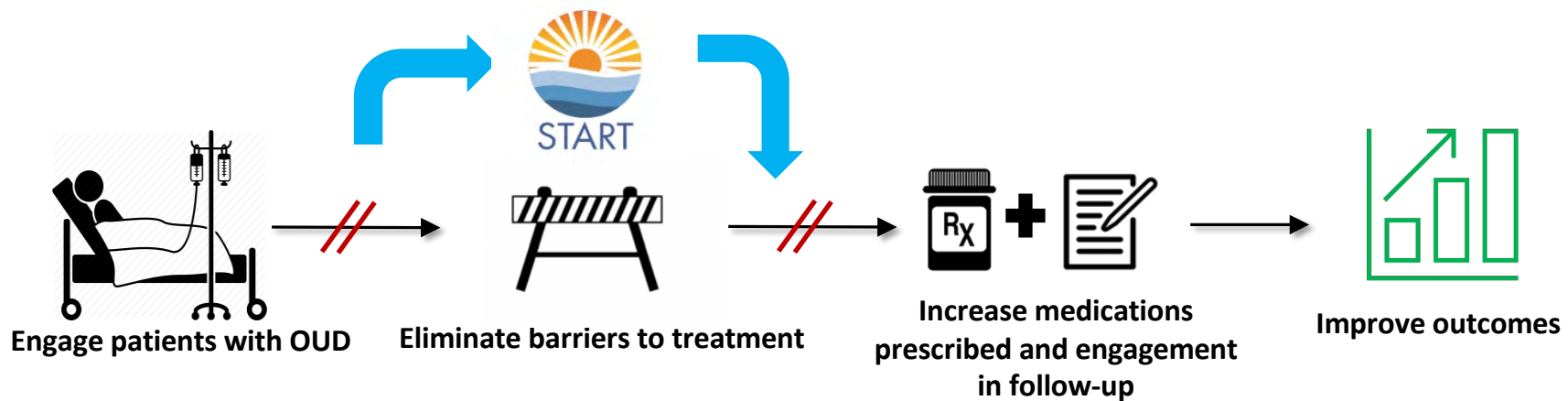
# Power of Partnerships

- To successfully meet the needs of the state, partnerships, collaboration, and leveraging of resources is **essential**
- Hub and spoke model to deliver care innovation across the state
- With state support, UNM will hire and train approximately 165 more providers in the State of New Mexico **to begin to meet the urgent critical need** and reduce harm for the 16,563 New Mexicans who are needing and wanting treatment for substance use disorder
- With state support, UNM will continue to expand its tele-education and consultation program, workforce training, and research programs

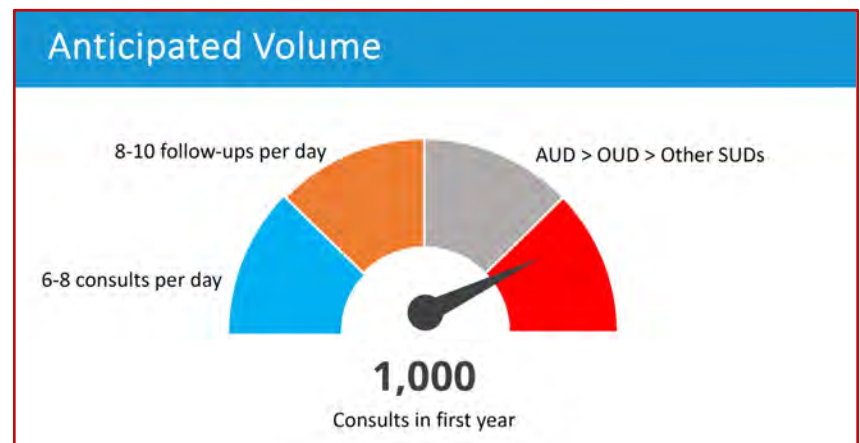
# UNM is Uniquely Qualified to Lead in Coordinating by Partnering and Building on Existing Strengths

- Only R1 University and Academic Health Center in the state
- Nationally and internationally renowned clinicians, researchers, and educators who are leading national programs
- **UNM health care workforce trainees stay and practice in NM**
  - 50% of physicians, 70% of nurses, 80% of pharmacists
  - 95% of Bachelors-level psychologists
- We do work across the state on a variety of different programs, and in supporting non-UNM providers across the state of NM
- We have succeeded in turning research and practice into clinical innovations with real impact throughout the state of NM

# Successes Across the State - CAMINOS



Coordinating  
Addiction  
Medicine with  
Inpatient and  
Outpatient  
Services  
 C.A.M.I.N.O.S. Addiction Consult Service Proposal



# Successes Across the State-ED Bridge Project

- Help NM hospitals establish MOUD programs through their emergency departments
  - Help establish linkages to outpatient care
  - 24/7 call support to any NM provider- Funding is a challenge
  - Ongoing educational offerings
- Holy Cross Medical Center, Taos
  - Gallup Indian Medical Center
  - Socorro General Hospital
  - Memorial Medical Center, Las Cruces
  - Sierra Vista Hospital, TorC
  - San Juan Regional Hospital, Farmington
  - Christus St. Vincent Hospital, Santa Fe
  - UNM Hospital
  - Lovelace Women's Hospital
  - Zuni Comprehensive Health Center
  - Plains Regional Medical Center, Clovis
  - Northern Navajo Medical Center, Shiprock
  - Los Alamos Medical Center
  - Gerald Champion Regional Medical Center, Alamogordo

# Successes at UNM – A Patient’s Story



48 y/o male

Knee surgery due to injury; treated with opioids post surgery

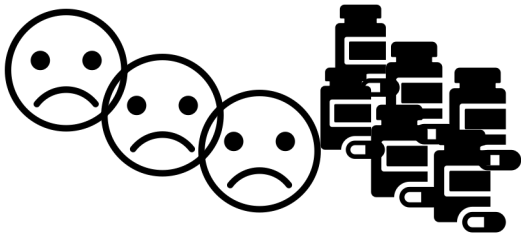
Unable to work consistently due to lingering pain



Worsening depression, pain

Physical therapy and acupuncture were not available to him locally

Within 1 year of the surgery, escalated doses and started to see several providers for opioid pain medications and sought illicit street opioids



Struggling financially, unable to work due to repeated cycles of opioid withdrawal and more pain

No longer active in community, **diminished respect as elder**

Felt **shame** for having to turn to so many providers and taking street opioids

# Successes at UNM – A Patient's Story



Seen by a UNM physician in a consultative capacity **through a research grant**  
Experimental home initiation onto buprenorphine  
Other opioid pain medications discontinued



Remains engaged in office-based treatment with buprenorphine  
Treated with Acceptance and Commitment therapy for his chronic pain  
Participates in traditional healing ceremonies through a local clinic

He reports that involvement in these modalities has allowed him to view his illness within a larger cultural context; **deriving strength and motivation for his well-being through connecting with his culture and community.**



Depression treatment by psychiatrist and in remission  
Attending his primary care appointments  
**Partnering with providers** who talk to each other  
Improvements in his blood glucose control, weight, and blood pressure  
**Active and respected elder in his community, and has strengthened his relationship with his family**

# Proposed Framework for Addressing these Challenges Statewide


## Coordination Plan

Bring together disconnected groups within UNM and UNM to the community

## Expansion Plan

 Clinical Services - expansion of rural, frontier, and tribal services across the entire state of New Mexico, and building an innovative hub for exceptional care

 Education and Workforce Development - increase workforce capacity to meet need, and expand/enhance all existing educational programs

 Research Innovation to Translation - develop and expand our research capabilities into practical applications that benefit the entire state of New Mexico





# Coordination Plan

What

**Request:**     **\$6 million capital** request for space to support programs  
                  **\$2 million recurring** to support faculty, staff, trainees

How we  
do it...

- We will bring together the phenomenal existing units across UNM to expand the reach and effectiveness of clinical care, research, and education in directly addressing the challenge of substance use and addictive behaviors in New Mexico
- Use Hub and Spoke model to expand reach to rural, frontier, and Indigenous communities in the state
- Provide training and technical assistance to support clinical service units, researchers, educators, and trainees across UNM

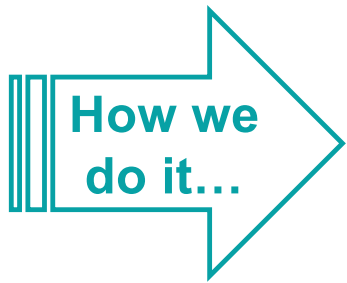
## ⊕ Expansion and New Clinical Services

What

***Request:*** Clinical expansion of existing services and new programs in partnership with communities across the state

- **\$150 million capital** to build new facilities
- **\$13.1 million recurring** for clinical services

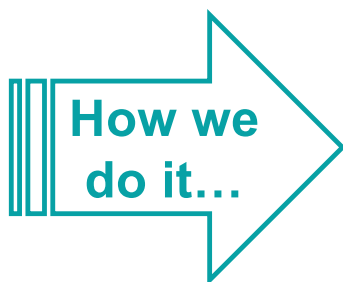
## ⊕ Expansion of Clinical Services



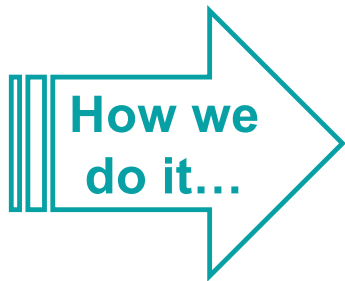
- Hub and spoke model to support statewide trauma-informed, and culturally congruent care
- Integrated treatment of substance use disorders and co-occurring illnesses in all health care settings
- Low barrier access to life saving medications
- Clinical and community partnerships
- Expand and increase capacity of outpatient and intensive outpatient services for adults, families, youth/adolescents, and special populations (pregnant persons, corrections)

## \*NEW\* Clinical Services

- Inpatient Services
  - A specialized unit for patients with substance use disorders
  - First in state ability to provide state of the art treatments and interventions
- Virtual Consultation and Education
  - Statewide addiction teleconsultation model
  - Paired with education
  - Leverage existing infrastructure [eg. ECHO] telementoring - expanding
- New programs to interface with rural providers and patients
  - A tele-buprenorphine initiation and “bridge” clinic
  - A virtual methamphetamine use disorder clinic
  - Telehealth alcohol and tobacco services
  - Pharmacist training and capacity building



# \*NEW\* Partner with Rural and Tribal Communities



- Tailored culturally-centered programs for rural and tribal communities that include community-led traditional approaches to healing
  - Western medicine is not the only solution
  - Disseminate for rural providers via tele-mentoring
- Development of teleconsultation services in real time to rural primary care providers
- Tailored programs for Urban Native American families and children and youth



# Education and Workforce Development

What

***Request:*** Education and workforce development in partnership with education institutions across the state and 165 new hires in the workforce to address **urgent current need**

- **\$21 million** recurring for program development and new hires



# Education and Workforce Development



- \*NEW\* implement substance use and addiction training into ALL health professional training programs at UNM and NM institutions
- \*NEW\* Workforce development at all levels, including expanded hiring of a workforce and training opportunities
  - Create a new UNM Office of Substance Use Workforce Development to coordinate hiring and credentialing, and education across colleges/CCs
  - Hire counselors, psychiatrists, psychologists, peer support specialists and recovery coaches, integrated care teams ~ **165 new positions**
  - Training community health workers with behavioral health expertise
  - Embed addiction training in new Master's of Social Work program



# Education and Workforce Development



How we  
do it...

- Expand capacity of training programs for MDs, Advanced Practice Professionals, Clinical Pharmacists, Psychologists
- Expand bridges with other NM Higher Ed training programs
- **\*NEW\*** Online Bachelors and Masters in Psychology programs for those living in and intending to remain in practice in rural areas





# Education and Workforce Development



- Expand recruitment of more Addiction Psychiatry and Addiction Medicine fellows, with a focus on recruiting individuals who will be likely to remain in NM and serve NM citizens.
- \*NEW\* Develop pathways for high school students to learn about careers in addiction
- \*NEW\* Virtual training modalities can reach providers in rural and frontier areas of the state with continuing education and supervision programs



## Research Innovation to Translation

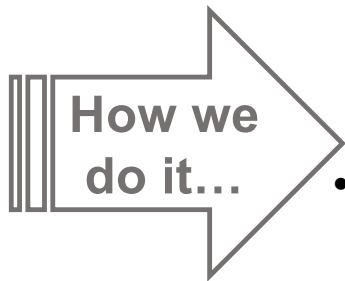
What

***Request:*** *Research development and expansion to serve communities across the state*

- **\$6 million** capital to hire new faculty
- **\$3.64 million** recurring to support and expand research and training programs



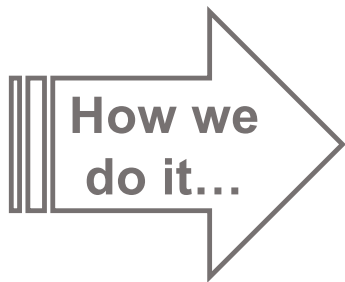
# Research Innovation to Translation



- Expand and advance **practice-based research and embedded research** in fellowships and clinical programs to build clinical research skills, foster innovation, improve patient outcomes, enhance clinical skills and to foster innovation
- \*NEW\* Advance **innovative community-engaged research** including participatory action research, crowd-sourcing, and citizen science to expand and enrich insights and reduce health disparities in NM
- Opportunities for **major return on investment** by leveraging federal dollars:
  - SUD Grand Challenge: Initial investment \$140,000
  - Federal dollars received by SUD Grand Challenge Investigators: \$54,092,546



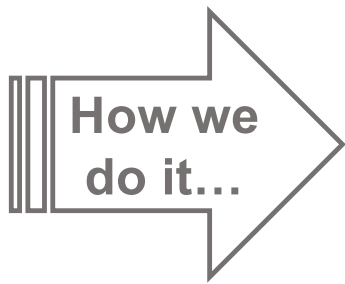
# Research Innovation to Translation



- Expand use of **health informatics and health economics** to to enhance decision-making processes, patient care, and public health strategies
- Expand research of **telehealth platforms** to inform impact in reaching underserved populations and promoting health
- **\*NEW\* predictive Analytics** research to uncover patterns, trends, and insights to minimize risk and optimize treatment strategies
- **\*NEW\* innovative research on rural access** and scalable treatment for people with SUDs. Eg., digital & wearable systems



# Research Innovation to Translation



- Expand **SUD vaccine research**, with infrastructure for pre-clinical, and Phase 1,2 and 3 trials
- Expand **implementation science research** to bridge research-to-practice gaps, promote interdisciplinary collaborations, and reduce health equity
- Expand **health policy and systems research** to advance upstream impacts on health promotion, systems, quality, and equity
- \*NEW\* research on **novel therapeutic approaches**, including psychedelics, transcranial stimulation, and new psychotherapies

# Summary and Major Goals



- UNM is positioned to partner with communities to create and implement a comprehensive, multi-pronged approach to address substance use disorders and their consequences throughout this diverse state
  - Work with federal, state, community, and tribal leaders in implementation



- Statewide expansion of services through telehealth, teleconsultation, telemonitoring
  - Collaborate with other partners in system development and strategic planning
  - Create expanded access in line with community need



- Workforce expansion and new training programs to increase capacity for care across NM
  - Collaborate with other educational institutions
  - Providers trained at UNM remain as practitioners in the state



- Research, program evaluation, and health care innovations focused on NM needs

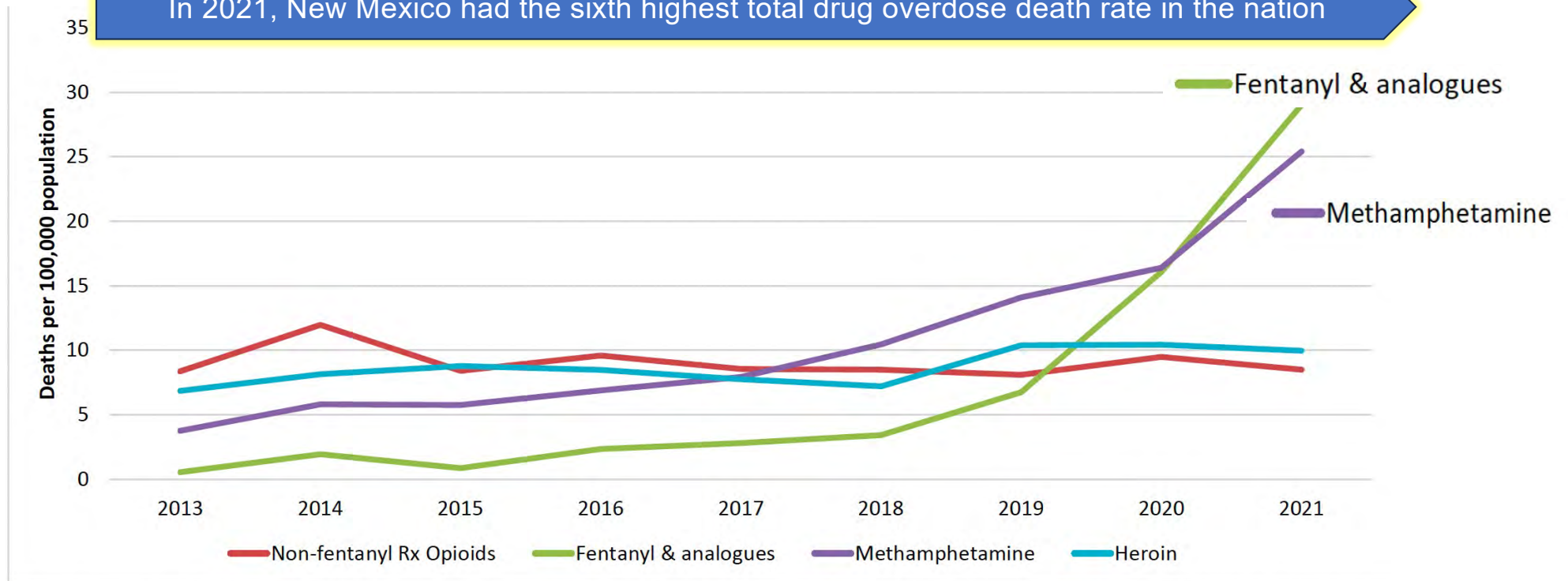


**EXTRA SLIDES FOLLOW**



## Drug Overdose Death Rates\* by Drug Class, New Mexico, 2013-2021

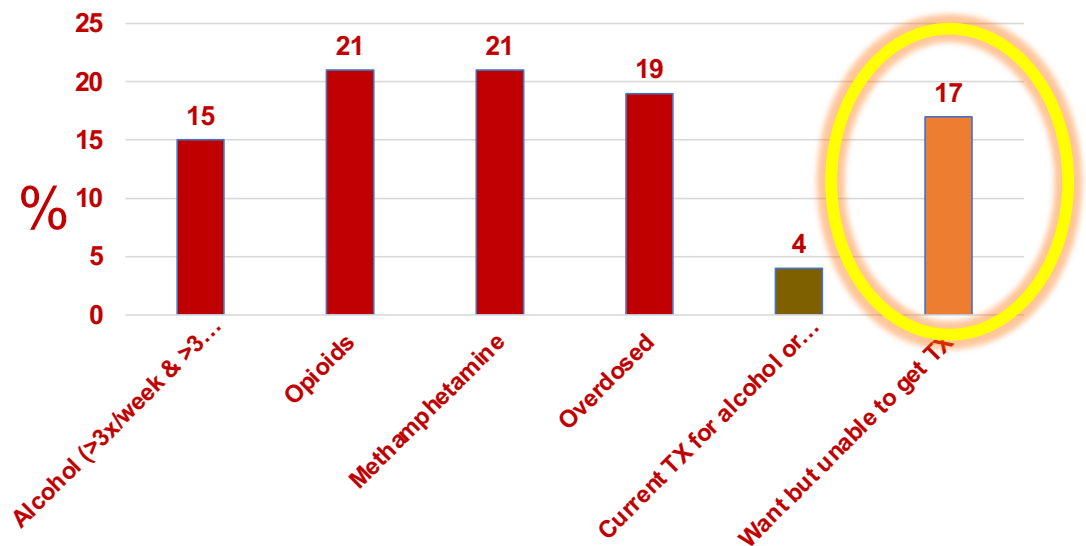
In 2021, New Mexico had the sixth highest total drug overdose death rate in the nation



Drug categories in this chart are not mutually exclusive - many deaths involve more than one class. Rates are age adjusted to the US 2000 standard population. Source: Bureau of Vital Records and Health Statistics; UNM-GPS population files; SUES

# People experiencing homelessness have significant unmet need for addiction and behavioral health services

- **532 people interviewed in 10 NM counties (Jan-Feb 2024)**
- Median age: 43 years (IQR 34,54)  
65% male, 33% Hispanic, 25% American Indian
- 73% have health insurance
- Median time without housing: 16 months (IQR 5, 44)
- Reasons for losing housing: financial (39%), health (28%), social (39%).



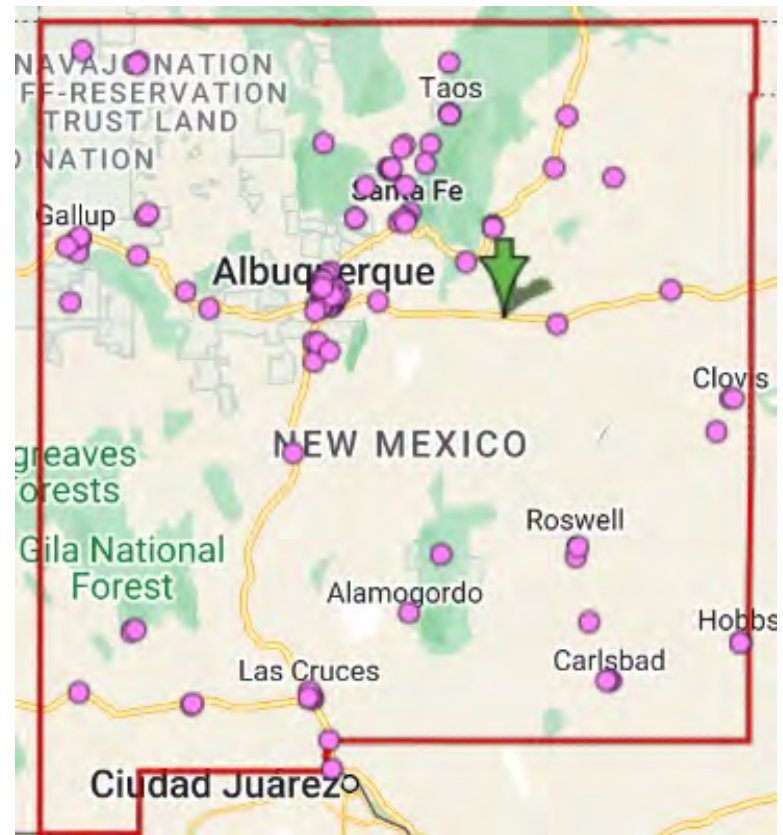
Prevalent mental health conditions: depression (62.9%), anxiety (62.7%), PTSD (38%)

# New Mexico is Falling Behind...

New Mexico is currently a behavioral health shortage area according to the U.S. Health and Human Services Department only 18% of the state's behavioral health needs are met, and there are some counties in New Mexico with 0 substance use disorder treatment providers

## Substance use treatment availability

- McKinley County: 9 facilities
- Rio Arriba County: 8 facilities
- San Juan County: 3 facilities
- Sierra County: 0 facilities



<https://www.findtreatment.gov/locator#mapView>

# Summary: UNM Expansion to Target Substance Use Disorder in New Mexico



**Coordination of plan** - Bring together disconnected groups within UNM and UNM to the community

\$6 Million Capital

\$2 Million Operations



**Clinical services** –expansion services across NM, innovative hub for exceptional care

\$150 Million Capital

\$13.1 Million Operations



**Education and Workforce** – increase workforce to meet need, expand training programs

\$21 Million Operations



**Research Innovation to Translation** – develop and expand research to benefit NM

\$6 Million Capital

\$3.64 Million Operations

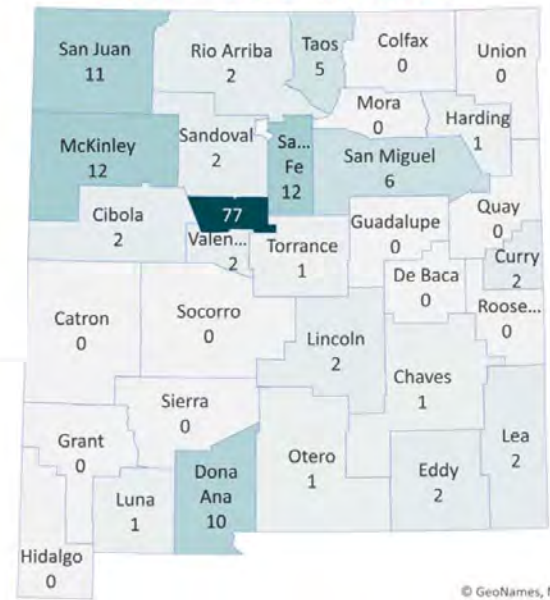
# UNM is Uniquely Qualified to Addressing these Challenges by Building on Existing strengths



Integrative Management of chronic Pain and Opioid use disorder for Whole Recovery



CENTER ON ALCOHOL, SUBSTANCE USE & ADDICTIONS



# UNM is Uniquely Qualified to Addressing Challenges by Building on Existing Strengths: Current Programs are Understaffed and Under-resourced



Psychiatry and Behavioral Sciences Divisions

<b>Behavioral Health &gt;</b>
Behavioral Health
Addiction & Recovery
<b>Milagro Program</b>
Jail Diversion Services
Comprehensive Community Support Services
Native American Programs



- Agora Crisis Center
- Alcohol Specialty Clinic
- Collegiate Recovery Center
- PCNC
- Psychology Clinic
- Study Participation
- UNM Youth Clinic

Specialty training in motivational interviewing!



CAMPUS OFFICE OF SUBSTANCE AND ALCOHOL PREVENTION



Substance Use Research & Education Center



HEALTHy Brain and Child Development  
*Babies - Brains - Bright Futures*

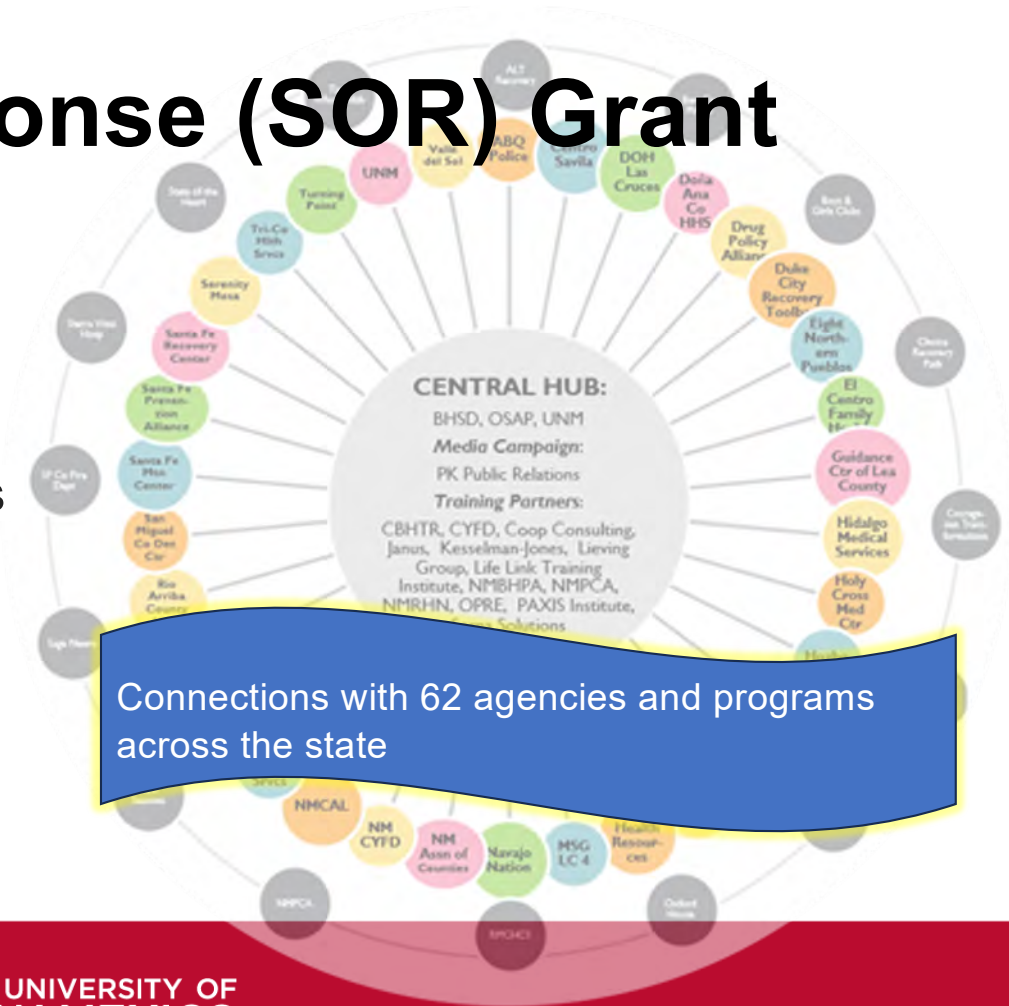


ACTing Now to Help Infants Across America



# NM State Opioid Response (SOR) Grant

- Funds implementation of evidence-based practices in prevention, treatment, recovery and harm reduction.
- SOR provides training and technical assistance to support agencies to address stimulant use disorder.
- SOR expands capacity to address OUD morbidity and mortality via the modified Hub and Spoke model to support the adoption and implementation of evidence-based practices statewide



# Current need within the UNMH system

- Need for better integration of SUD treatments throughout the healthcare system
  - Primary Care Settings
  - Behavioral Health Settings
  - Emergency/Urgent Care settings
- Will lead to:
  - Ready access to care
  - Continuity of care
  - More training opportunities



# Successes need sustained resources

## Low barrier programs work!

"They Make It Too Hard and Too Many Hoops to Jump"

Health is on the backburner

- Community partner: Mountain Center Syringe Service/Harm Reduction (Rio Arriba County)
- Low-barrier, integrated opioid use disorder (OUD) model
- What is "low barrier? people saw a doctor and received Rx for buprenorphine – **same day!**

She is compassionate!  
She doesn't judge me or nothing.... As long as you're honest with her, she's down and she's real."

### 137 people got medical and/or behavioral health care services

- 81% buprenorphine treatment for OUD
- 62% for PTSD
- 45% for anxiety
- 41% for depression
- **Retention in buprenorphine treatment was 31.2% at 6 months > 10% greater retention than most programs**

No longer in operation because funding ended

# Different interventions have varying levels of return on investment

**Table 1. Impact and Return on Investment of Select Substance Use Services, Pew Results First Initiative**

Program	Demonstrated Impact	Benefit-Cost Ratio
SBIRT in emergency department	Reduces problematic alcohol use, drinking and driving, drug use, ED visits, and injuries	\$4.72
Intensive outpatient program, matrix model	Reduces drug use disorders	\$7.37
Community reinforcement approach with vouchers	Reduces drug use disorders	\$9.61
Peer support for substance abuse	Reduces drug use disorders	\$13.55
Motivational interviewing	Reduces alcohol, opioid, and other drug use disorders	\$33.73

Note: Results based on data from Washington State and its ROI model. While cost and utilization information specific to New Mexico is available for some of these services, it was not used due to uncertainties about consistency with the underlying assumptions of the Washington model.

Source: Pew Results First model

# Expansion of Clinical Services

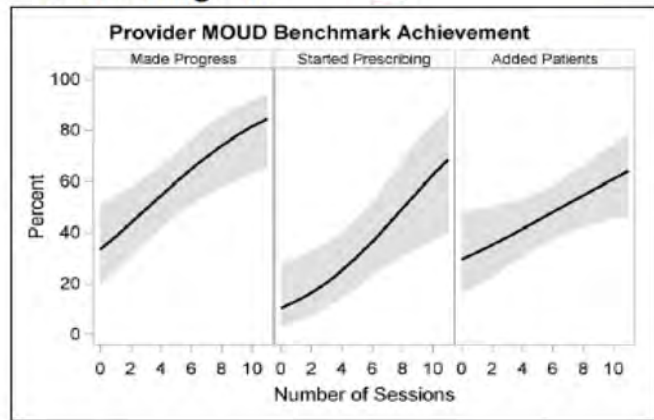
- Outpatient
  - Increasing treatment capacity for adults, youth, and transitional age populations, particularly intensive outpatient treatment
  - Increasing capacity of individual, group, and family therapies
  - Increasing capacity for medications including methadone, buprenorphine, and naltrexone
  - Increasing capacity for integrated treatment of patients with dual diagnoses
  - Expanded comprehensive community support services

# Expansion of Clinical Services

- Special populations
  - Increasing capacity for treatment of pregnant individuals with substance use disorders
  - Forensic bridge clinics and Correctional Behavioral Health Services
  - Significant expansion of treatment of youth and transitional age individuals
  - Increasing capacity at our dedicated psychology department clinic for low fee treatment services of individuals with alcohol use disorders
  - Expanding access for services at Center for Development and Disability

# Successes need sustained resources

Medication for Opioid Use Disorder  
ECHO Program



Training &  
Licensure



Prescribing



Adding  
patients

Significant increases in meeting 6  
month benchmarks associated with  
attendance.

This program is currently supported with grant funds.

## State Opioid Response (SOR)

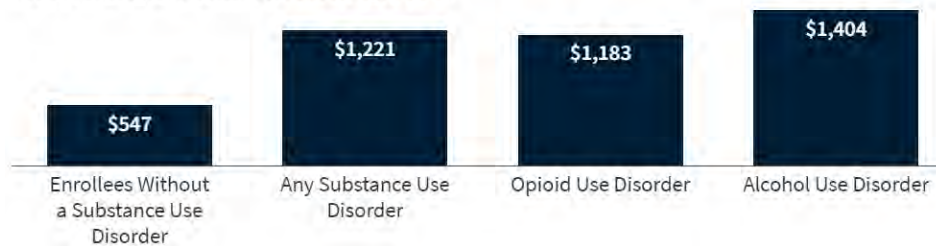
UNM has developed and contributed to many of the statewide implementation programs and technical support that support start-up and expansion of buprenorphine for OUD in various settings.

# Why investment in early intervention, treatment, and research matters

Substance use disorders are costly, and untreated addiction is even more costly

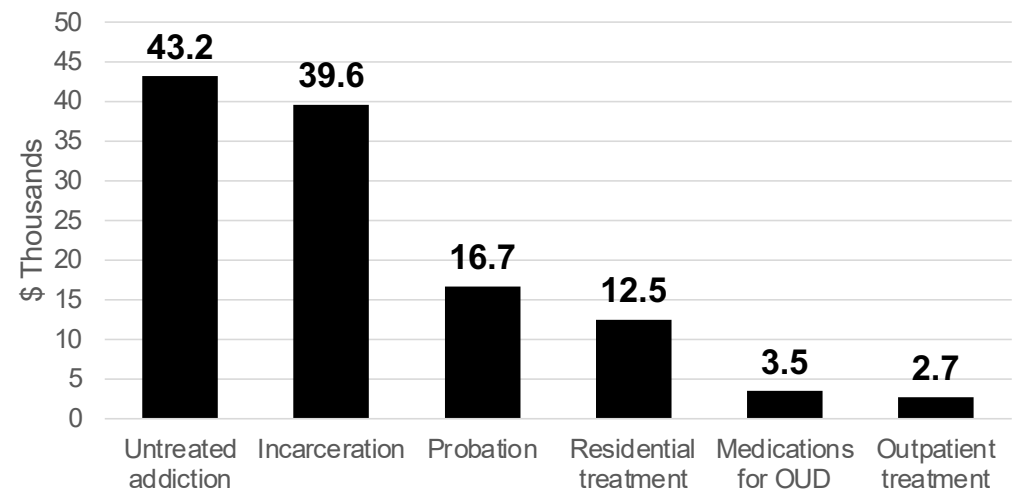
**Average Monthly Spending for Medicaid Enrollees with a Substance Use Disorder (SUD) is Twice That of Medicaid Enrollees Without a SUD**

Total spending for Medicaid enrollees, aged 12-64



<https://www.kff.org/mental-health/issue-brief/sud-treatment-in-medicaid-variation-by-service-type-demographics-states-and-spending/>

Average annual costs per person in thousands (in 2001)



<https://hpi.georgetown.edu/abuse/>