Response to the New Mexico Human Services Department

Graduate Medical Education Expansion Grant Program

Request for Applications

from

Memorial Medical Center, Las Cruces, New Mexico

for

Planning of the Planning and Implementation of a

Psychiatric Residency Program in Doña Ana County, New Mexico

Appendix A: Application Abstract

NM GME Expansion Program Request for Applications

Form must be complete.

Date of Application	October 31, 2021
Applicant Organization	Memorial Medical Center
Type of Organization	Teaching Hospital
Primary Contact and Title	Dr. Sanjoy Banik, Program Director
Mailing Address	2450 S. Telshor Blvd
City, State, Zip	Las Cruces, NM 88011
Contact Phone	281-512-7120
Contact Email	banikmd@gmail.com
Title of Project	Doña Ana County Psychiatric Residency Program Planning
Total Amount Requested ($):	$188,200

What Specialty(s) is(are) under development or being considered for development?

1. Specialty & Number of residents per year: Psychiatry with complement increase of 3 residents per year for a total of 12 new residency positions.

Please list Partners: (add more rows if necessary)

Name of Partnering Organization	Provider Type	Role(s) in Program
Memorial Medical Center	Teaching Hospital	Applicants
La Clinica de Familia	FQHC	Participating Institution
PEAK	Mental Health Hospital	Participating Institution
Doña Ana County Detention Center	County Facility	Participating Institution
Hidalgo Medical Services	FQHC	Participating Institution (Rural)
Univ. of New Mexico	Academic Medical Center	Participating Institution (Specialty rotations and teaching support)
Burrell College of Osteopathic Medicine	Medical School	Supporting Organization
Doña Ana County	County Gov.	Supporting Organization
City of Las Cruces	City Gov.	Supporting Organization
Center for Health Innovation	AHEC	Supporting Organization

This Application Requests Support for in the Following Developmental Areas: (Check all that apply)

GME Program Development Area	Funding Requested *(Yes/No)*	One-year or Multi-year *(if multi-year indicate number of years)*
1. Early Development such as Assets and Capacity assessments	NO	
2. Facility needs or adequacy assessment	NO	
3. Organizational Structure and Program Design	NO	
4. ACGME Curriculum and Application Planning	NO	
5. Budgeting and Financial Projections – Staffing Costs	NO	
6. Pre-Start Up Cost support after Program Application Submitted or Approved	Yes	1 year

7. Resident and Faculty Recruitment Expenses	Yes	1 year
8. Faculty Training and Development	Yes	1 year
9. Other Development Costs	Yes	1 year

In 300 words or less, describe the type of assistance requested based on boxes checked above. Total Abstract in 2 Pages

1. In order to develop a new psychiatric residency program in southern New Mexico, assistance is requested for the following items: 20% Contract support for Program Director to lead resident recruitment, faculty development, further didactic development, program implementation, and financial sustainability with the Sponsoring Institution.
2. 10% salary support and fringe for Ass. Program Director to support the Program Director and PRDC in development and program management activities and monitor status of projects, and act as liaison with partner organizations.
3. 20% for Admin support/program manager to help with grant reporting and financial
4. Fees for professional development and accreditation training for Program Director and Staff for conferences and faculty development
5. 5% salary support + fringe for Designated Institutional Official

Narrative Response

Introduction

Memorial Medical Center (MMC) will be developing a Psychiatric Residency Program in Doña Ana County, New Mexico along with multiple community partners.

Population to be served: Doña Ana County (DAC) is home to a culturally diverse and significantly underserved population. It is located in the Paso del Norte region of southwestern New Mexico and spans 65 miles of the U.S.-Mexico border. The county encompasses nearly 4,000 square miles and has the second largest population of any county in New Mexico, with an estimated 218,195 residents in 2019. About half of county residents live in the county seat and urban center of Las Cruces, while the other half live in various semi-urban, rural, and frontier communities. The county includes 37 federally designated Colonias – unincorporated communities on the U.S. side of the international border with Mexico - that lack critical infrastructure such as paved roads, domestic water supply, sewer systems, flood protection, and public facilities. The population of DAC is growing rapidly and has increased by 4% since 2010. One out of four persons in DAC is a child aged 18 or younger; 15.8% of the population is older than 65 years. Nearly two-thirds of county residents are of Hispanic/Latinx background, including many first- generation immigrants from Mexico. The county is also home to a large homeless population.

Potential Partner and Affiliated Organizations: Both Doña Ana County and the City of Las Cruces recognize the critical need for development of the psychiatric and primary care health-care workforce in the region. Both entities are committed to providing ongoing programmatic and policy support for Medicare and Medicaid financing for residency training. The director of the DAC Health and Human Services Department, Jamie Michael, serves on the

GME expansion committee with Psychiatric Residency Development Committee (PRDC) members Dr. John Andazola (MMC's Family Medicine Program Director) and Dr. Oliver Hayes (Program's Designated Institutional Officer). DAC has contracted with the New Mexico Primary Care Training Consortium (NMPCTC) to provide technical assistance to the PRDC for the development of the program and this proposal, including planning for long-term sustainability. A full list of regular PRDC members can be found in Table 1:

Regular Members	
Name	Position and Organization
John Andazola, MD. Chair	Southern NM Family Medicine Residency Program
Jamie Michael, Project Manager	Director Doña Ana County Health and Human Services Dept
Tenika Sosa-Gonzalez, RN	Clinical Manager of Behavioral Health Memorial Medical Center
Anna Laliotis, LCSW	Chief Executive Officer/Managing Director Mesilla Valley Hospital
Virgil Medina	Chief Executive Officer La Clinica de Familia
Jose Valdiviezo	Clinical Director of Behavioral Health La Clinica de Familia
Rita Pacheco, MD	La Clinica de Familia
Oliver Hayes, DO	Senior Associate Dean for GME: Burrell College of Osteopathic Medicine/ Memorial Medical Center/ Mountain View Regional Medical Center
Darrick Nelson, MD	Program Director, Hidalgo Medical Services Family Medicine Residency Program/CMO
Lynn Gallagher	Quality of Life Director, City of Las Cruces
Mandy Guss	Economic Development Director, City of Las Cruces
Ad Hoc Members	
Jose A Canaca Calderon, MD	Program Director, Rural Psychiatry Program, UNM
Elizabeth Romero	Director, Psychiatry Residency Training Program, UNM
Mauricio Tohen	Chair, Psychiatry and Behavioral Health Services, UNM
Sara Martin, MD	Director, Psychiatry Residency Training Program Chief, Division of Child and Adolescent Psychiatry, Texas Tech University, El Paso, TX
Moataz Ragheb, MD	Program Director, Psychiatry Department Texas Tech University program at Transmountain Hospital
Nicole Mandall	GME Program Specialist, NM Primary Care Training Consortium
Charlie Alfero	Executive Advisor, Center for Health Innovation/ NM Primary Care Training Consortium

Holley Hudgins	Executive Director, NM Primary Care Training Consortium/ Director of Workforce Development, Center for Health Innovation

PRDC members and NMPCTC have developed partnerships and formed community wide coordination for this program. They have been meeting regularly for the last 2 ½ years and remain committed to support faculty and other clinical development. With assistance from NMPCTC, PRDC members have built a strong multi-organization consortium in the community, reaching out to larger teaching centers when necessary. Relationships have been built with UNM, which has all specialty needs of psychiatric residents in-house plus didactic and faculty development expertise; Texas Tech, which also has specialty needs to draw from. The partners have built a solid local system to assure that all Accreditation Council for Graduate Medical Education (ACGME) experiential requirements are met to ensure that the residency application is submitted in the current fiscal year, working with UNM, Texas Tech, and others. Program Letters of Agreement have already been signed by La Clinica de Familia (LCDF), PEAK, Hidalgo Medical Services (HMS), Doña Ana County Detention Center, and UNM.

Purpose and Goals: MMC seeks funding from the New Mexico Human Services Department (NMHSD) for stage three costs associated with the implementation of a psychiatric residency program which will address the critical need for psychiatric medical services in Doña Ana County and southern New Mexico. MMC is applying for funding from HSD to support pre-operation costs in the period between program application submission and residents starting. These costs include program staff salaries and fringe, continued faculty development, planning of didactics in years 2 and after, resident recruitment, finalization of SI structures/committees. The goal of program planning is to establish a psychiatric residency program in southern New Mexico by 7/01/2024 to meet the unique needs of New Mexico's U.S.-Mexico border region.

The residency program would offer three (3) positions per year for an aggregate increase of twelve (12) positions. UNM is currently the only host of a psychiatric program in the state, leaving a gap in workforce training capacity for southern New Mexico. This program will help meet the needs of residents of DAC, southern New Mexico, and surrounding areas for psychiatric medical services in support of a comprehensive behavioral health services plan. The long-term goals of the proposed residency training program are to:

- Respond to the demand for behavioral health access articulated in county, city, and state plans by increasing the number of psychiatric medical care providers practicing in Doña Ana County, southern New Mexico, and surrounding areas.
- Improve health outcomes for all residents, especially Medicaid, low-income, Hispanic, immigrant, and migrant farmworker populations
- Train residents in best practices for clinical service delivery
- Collaborate with primary care programs and specialists to support improved health outcomes for patients and families through a continuum of care including psychiatric care

Commitment to serve Medicaid beneficiaries: Nearly half (49%) of DAC residents are enrolled in Medicaid, a percentage reflected in the patient populations of clinical partner sites for this application. MMC, the Sponsoring Institution for the residency program is one of two hospitals in LAS Cruces. Its patient population is 59% Medicaid, 16% Medicare; 22% Blue Cross/Blue Shield, and 3% self-pay. Other clinical partners for this project include two Federally Qualified Health Centers (FQHCs), La Clinica de Familia (LCDF) and Hidalgo Medical Services (HMS). In addition, the Doña Ana Detention Center will be a rotation site with a commitment to enroll individuals in Medicaid at discharge. LCDF serves Las Cruces and Southern Doña Ana

County; HMS serves the neighboring rural counties of Hidalgo and Grant. A large proportion of the patient populations at both FQHCs is low income, enrolled in Medicaid (including dually eligible for Medicaid and Medicare), or uninsured. UDS data from 2018 show the following:

2018 UDS Data	LCDF	HMS
Percentage of patients at or below 200% of poverty	94.69%	67.03%
Percentage of patients at or below 100% of poverty	75.69%	40.68%
Percentage of Medicaid/CHIP Patients	50.67%	37.02%
Number of Medicaid/CHIP Patients	16,765	6,066
Percentage of dually eligible (Medicare and Medicaid)	7.63%	4.38%
Percentage of uninsured patients	15.41%	6.54%

PRDC leaders Dr. John Andazola, Dr. Oliver Hayes, and Jamie Michael serve on the state Medicaid GME Expansion Board and are working diligently to assure adequate direct and indirect GME payments from Medicaid. At the national level, these leaders are working to broaden Medicare support for residency programs.

Recruiting New Mexican Residents and retention efforts for local workforces:

MMC is represented on the Board NMPCTC, as is BCOM, UNM and HMS, one of their operations is to organize recruitment efforts on behalf of all family medicine residencies in the state. With this application, Psychiatry will be added to NMPCTC recruitment efforts. It is our goal, with NMPCTC's help, to recruit and retain providers who are committed to our area and from our area. In 2020, NMPCTC held a virtual recruitment training session with all family medicine residencies in New Mexico to ensure recruitment efforts were not curtailed due to the COVID-19 pandemic.

It has been well documented that about half of physicians choose to stay in the area where they trained during their residency years. Historically, the Southern New Mexico Family Medicine Residency Program's (SNMFMRP) retention rate has been 67% (Andazola), higher

than the state average for all residency programs of 49.7%.[1] Of those who remain in New Mexico, 65% have stayed in Doña Ana County, while the remaining 35% are working in rural underserved areas, often at FQHCs. SNFMRP graduates are now working in Grants, Hobbs, Truth or Consequences, Alamogordo, and other rural New Mexico communities. The first-time board pass rate for family physicians trained at MMC is greater than ninety percent, attesting to the rigor and quality of the training provided and the dedication of faculty and staff. Psychiatric residency program retention rates are higher across states: Of 6,573 physicians who completed psychiatric residency programs in the United States between 2004 and 2018, 4,238, or 64.5%, remained in the state where they trained.[2] Those who trained in addiction psychiatry (65.4%) and child/adolescent psychiatry (65.1%) were most likely to remain in the state; these are two critical needs in Doña Ana County and in the state of New Mexico.

Description of Needs

Population Demographics: Doña Ana County's location in the U.S.-Mexico border is linked to geopolitical characteristics that create barriers to access to psychiatric care. More than 66% of the population is Hispanic, including immigrants and long-time residents. Many families are transnational – i.e., have family members on both sides of the political border line – and must contend with feelings of loss and separation from loved ones. The county's complex rural and urban components create uneven access to psychiatric care; many resources available in the City of Las Cruces are not available in outlying areas.

Demographics, high poverty rates, and lack of access to behavioral health care contribute to high rates of mental distress in the region. Doña Ana County is designated as a Persistent

[1] https://www.aamc.org/data-reports/students-residents/interactive-data/report-residents/2019/table-c4- physician-retention-state-residency-training-last-completed-gme
[2] https://www.aamc.org/data-reports/students-residents/interactive-data/report-residents/2019/table- c4-physician-retention-state-residency-training-last-completed-gme

Poverty County, meaning that at least 24% of the population has lived in poverty for at least three decades. The high poverty rate correlates with a high Medicaid enrollment rate. Data from NMHSD[3] show that as of October 2019, nearly half (48.6%) of the county's population was enrolled in Medicaid or CHIP and more than one out of four (27.6) county residents was enrolled in the Supplemental Nutrition Assistance Program (SNAP).

Data compiled by the Paso del Norte Health Foundation show that approximately 13% of adults in Doña Ana County report severe mental distress. In addition, the county's proximity to the U.S.-Mexico border creates tensions regarding immigration, violence, and family stability, contributing to mental distress in the region. Currently, widespread disruption and fear associated with the emergence of COVID-19 is impacting mental health of almost all county residents, including health-care workers.

Young adults ages 18-29 make up a disproportionate part of the county population. New Mexico State University (NMSU), with an enrollment of 18,000, and several nearby military bases, with a population of 5,000, draw many young people at a crucial time of transition in their lives. Nearly three-quarters of all cases of chronic mental illness are diagnosed in this age group.[4] In turn, people with mental health disorders are at higher risk of co-occurring substance abuse disorders. Doña Ana County, like New Mexico and the rest of the nation, is experiencing an epidemic of opioid addiction. While the opioid prescribing rate decreased by 0.07 percent nationally between 2013 and 2014, it increased in New Mexico by 0.02, contrary to the national

[3] New Mexico Human Services Department. (2019). Data Book. Section 2B: HSD Program Enrollment. Retrieved 4/14/2020 from https://www.hsd.state.nm.us/uploads/files/Public%20Information/Data%20Book%20Section%202B%20Program%20Enrollment%201-20-20.pdf

[4] McGorry, PD, Purcell R, Goldstone S, Amminger GP. (2011). Age of onset and timing of treatment for mental and substance use disorders: implications for preventive intervention strategies and models of care. Current Opinion in Psychiatry (24:4) 301-306. doi: 10.1097/YCO.0b013e3283477a09

trend. The number of opioid prescriptions in the state also increased, 6.53%, nearly three-quarters of a percentage point above the national average of 5.74%, according to data from the Centers for Medicaid and Medicare Services. In 2015, the opioid death rate in New Mexico, at 25.3 per 100,000 people, was the eighth highest in the nation. The rate in Doña Ana County from 2011-2015 was 18.4, more than two points above the national rate (16.3).

People with mental illness and/or substance abuse disorders are more likely to be imprisoned than the general population. According to estimates from the Bureau of Justice Statistic, more than half of jail and prison inmates are living with mental illness and/or have substance abuse disorders.[5] In comparison, the rate in the general population is 9%. Approximately 67% of people in the county detention center are living with mental illness, substance use disorders, or both. Likewise, co-occurring disorders are disproportionately represented in the criminal justice system.

Determinants of Health and Barriers to Health Care: Barriers to care include lack of transportation, inability to take time off work, language, and stigma. The county has an unknown but significant percentage of undocumented immigrants, many of whom and have multiple psychiatric health needs after fleeing from trauma in their home countries, contending with the stress of acculturation, and living in fear of deportation.

The preponderance of agricultural industries in the area, combined with the county's location in the U.S.-Mexico border, attracts a significant population of migrant farmworkers. LCDF has seen a 52% increase in migrant health care patients since 2016, based on UDS data. Nationally, 69% of all migrant farmworkers were born in Mexico.[6] Poverty, social isolation,

[5] James, DJ & Glaze, LE. (2006, September) Mental health problems of prison and jail inmates. Bureau of Justice Statistics Special Report NCJ 213600. Retrieved 4/14/2020 from https://www.bjs.gov/content/pub/pdf/mhppji.pdf
[6] National Center for Farmworker Health. (2018). Agricultural worker demographics. Fact Sheet. Retrieved 4/10/2020 from http://www.ncfh.org/uploads/3/8/6/8/38685499/fs_demographics_2018.pdf

limited English proficiency, low food security, risk of occupational injury, legal and logistical issues, and poor work conditions contribute to poor mental health status in this population. Nearly four out of ten migrant/seasonal farmworkers are uninsured, and 71.6% live in poverty. County residents are also impacted by substandard housing and homelessness. Nearly one out of five (19%) houses have at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Doña Ana County ranks second in the number of homeless people in the state, after Albuquerque. Clinical partner organizations also serve homeless patients who experience additional challenges to accessing healthcare.

Cancers, heart disease, and unintentional injuries (including overdose deaths) are the three leading causes of death in Doña Ana County. The link between chronic illness such as cancer and heart disease and depression, anxiety, and other mental health challenges is well established. Suicide is the fourth leading cause of death in the county, followed by chronic liver disease and cirrhosis, which is strongly associated with alcohol use disorders. Culturally appropriate, affordable psychiatric health services can reduce barriers and minimize health disparities. Yet physicians who have trained in large academic medical centers in urban areas may have difficulty providing patient-centric, culturally sensitive care to the multiple populations in southern New Mexico, especially in rural areas and the border region. The proposed psychiatric residency program will provide a cadre of new, locally trained psychiatrists from the community to provide better service for local residents. They will be trained in the clinical environment, with rotations in the hospital, inpatient behavioral health center, FQHCs, and rural and subspecialty rotations, thus increasing their knowledge of available resources to support patients' mental health and other needs and developing the relationships necessary for more efficient and effective integration of psychiatric and primary care.

Developing a psychiatric residency program complements other efforts to address health improvement and workforce in Doña Ana County. In addition to the long-established Southern New Mexico Family Medicine Residency program described here, MMC is working to increase its capacity to train primary care residents in both inpatient and community settings. La Clinica de Familia is in the process of establishing a community family medicine continuity clinic in coordination with MMC. However, efforts to increase the behavioral health workforce have focused primarily on psychologists, nursing, clinical social workers, and other therapists, leaving a shortage of psychiatrists to provide supervision for this workforce and direct psychiatric care, including in- patient, emergency, and chronic care.

Community need for psychiatric care access improvements: Statewide, New Mexico is contending with critical behavioral health-care workforce shortages. According to the New Mexico Health Care Workforce Committee 2019 Annual Report,[7] an additional 108 psychiatrists are needed to meet the national benchmark for the ratio of psychiatrists to population. Shortages limit access to prescribers with specialty training in child and geriatric health and addiction medicine, as well as those who can conduct intakes and assessments and provide supervision. Gaps in the psychiatric health-care workforce create a fragmented crisis system of care, curtail efforts to integrate behavioral health with primary care, and limit implementation of evidence-based practices.[8] These gaps coalesce in Doña Ana County, leading to a critical need to increase the psychiatric care workforce. Doña Ana County is a designated high-needs geographic mental health HPSA; in addition, three FQHCs serve the area and are designated as facilities HPSAs.

[7] New Mexico Health Workforce Committee. (2019, Oct 1). 2019 Annual Report. Retrieved 4/14/2020 from https://www.nmhanet.org/files/NMHCWF_2019Report_FINAL.pdf
[8] Bonham, C. (2015). New Mexico's Behavioral Health Workforce. https://newmexico.networkofcare.org/content/client/1446/6.%20New%20Mexicos%20Behavioral%20Health%20Workforce%20updated.pdf

Doña Ana County also serves as a referral hub for surrounding rural counties of Grant, Luna, Hidalgo, Catron, Otero, and southern Sierra. Mesilla Valley Hospital, the only acute-care behavioral health in-patient facility in the region, accepts patients from both DAC and surrounding rural counties. Strengthening its behavioral health workforce has been a consistent priority for Doña Ana County articulated in multiple planning documents, including the 2007 Health and Human Services Alliance Action Plan, the 2012 update of that plan, and, most recently, in the Doña Ana County State of Health Report (2019). The City of Las Cruces identified development of the psychiatric care workforce as a critical need in its comprehensive plan. Key gaps addiction medicine, pediatric mental health care, and trauma-related care.

In response to this clearly identified need for improved access to psychiatric care for Doña Ana County, MMC was identified as the appropriate applicant organization for this Program, in part because establishment of a psychiatric residency program will align with the mission of the MMC Family Medicine Residency Program (FMRP). That mission is to *teach, collaborate, lead and inspire to transform the education and health of our whole community. We strive to transform healthcare education and delivery to be socially responsive and eliminate health disparities in New Mexico and the border region*. By addressing the need for psychiatric medical care, the proposed residency program will fill a key gap in health-care services that leads to health disparities.

Organizational Capacity: MMC currently has the FMRP. Program Director, John Andazola, and Associate Director, Mary Alice Scott, have been assisting develop this program and increase the capacity of program members. Sanjoy Banik is the Psychiatric department head, sole Psychiatrist and Program Director for this program and has been serving in this capacity for the last year, since first year HSD GME development contract was finalized. He was an active

member of the PRDC prior to that. The FMRP team, NMPCTC and community members have been working with Dr. Banik to increase his personal capacity as a new Program Director. Partnerships with LCDF, HMS, PEAK, DAC Detention Center, local physicians and UNM will provide the additional faculty, faculty development opportunities, and rotational experiences necessary to meet ACGME requirements for program accreditation. PLA's between MMC and partnering organizations are in Appendix F.

After receiving the official Program Proforma for Germane Solutions consulting firm, MMC's Graduate Medical Education Committee and DIO have approved this program and opened access to the ACGME's WEBads to begin uploading and finalizing the program application. The Proforma can be found in Appendix G.

Approach

We are currently in Stage 2 of development and will transition to Stage 3 by mid-2022. All components needed for the ACGME application have been assembled and nearly all entered into the official system and ready for internal and external review of all parties involved. After the application is submitted Program Director, Program Coordinator, faculty and affiliated organizations will need training on the site visit protocol. During this period of this grant, faculty will continue working with UNM, Texas Tech or others on capacity development. Additionally, UNM has verbally agreed to provide a faculty capacity assessment and faculty development training. By mid 2022, Program attention will shift to resident recruitment strategies, formalizing program committee members and start looking at didactic curriculum for year 2 residents and above. At the end of this funding cycle, the DAC Psych program will have an accredited program to host residents, faculty who have received capacity development training, and a set membership to required committees. Resident recruitment will prioritize members of the

community. We aim to recruit from the community and New Mexico medical school graduates and to improve capacity of local faculty.

Project Workplan

Objective: Administrative			
1. Goal- Meet contract reporting requirements	PD	6/23	
1.2. Task- Meet with HSD at contract start, 6 months, and year end	PD		
1.3. Task- Provide HSD feedback on RFA process and document	PD		
1.4. Task- Submit monthly programmatic and financial report to HSD	PD/Financial Contact/NM		
Objective: SI Structure			
1. Goal- Work with established SI to finalize committees and program responsibilities		3/23	
1.1 Task- Identify members for all necessary committees (PEC/ CCC/ GMEC)			
1.2 Task- Develop contract between SI and partners for program oversight			
Objective: Development			
1. GOAL- Facilitate the training and development of key staff support	NMPCTC/CHI	1/23	
1.1. Task- Make sure Program Coordinator and Program Manager are up to date on all policies and procedures of the program, ACGME requirements, job duties and other as identified	NMPCTC, JA, PD		
1.2. Task- Make sure staff is notified and signed up for development conferences	PD, NMPCTC		
2. Goal- Faculty Capacity Development	NMPCTC/CHI	6/23	
2.1. Task- Finish review of faculty capacity assessment with faculty	NMPCTC, UNM, PD	10/22	
2.2. Task- Meet with all faculty on whether they would like to be teaching faculty			
2.3. Task- Continue implementation of faculty development sessions	NMPCTC, UNM, PD	1/23	
2.3.1. Coordinate with partners to hold sessions as deemed necessary with key faculty to create capacity in local faculty	NMPCTC, UNM, PD		
2.3.2. Distribute faculty development resources as they become available to facilitate ongoing education	NMPCTC, UNM, PD		
2.4. Task- Distribute schedule of virtual curriculum to all necessary staff	PD, PRDC	12/22	

2.5.	PD, PRDC		
2.5.1. Task- Start working on didactics for years two and above. Create schedule of didactics with program faculty.	PD, PRDC	6/23	
Objective: Implementation			
2.6. Task- Create recruitment strategy for the 2024 residents		6/23	
2.6.1. Conduct instate recruitment for the Program from NM Medical Schools		6/23	
2.6.2. Begin development of coordinated national recruitment strategy with NMPCTC partners			

Application Budget

Budget Detail	Amounts
Personnel	
Ass. Program Director (@10%)	$10,000.00
DIO-FM Program Director (@5%)	$12,500.00
Admin Support FMRP (@20%)	$12,500.00
Total Salaries	$35,000.00
Fringe Benefits (@12%)	$4,200.00
Total Salary and Fringe	$39,200.00
Travel	
In State	$0.00
Out of State	$0.00
Total Travel	$0.00
Sub-Contracts	
Program Director	$72,000.00
NMPCTC Contract	$55,000.00
Total Sub-Contracts	$127,000.00
Other Expenses	
Conference Fees	$5,000.00
Resident Recruitment Fees	$5,000.00
Faculty Development	$12,000.00
Total Other Expenses	$22,000.00
Total Expenses	**$188,200.00**

APPENDIX E: LETTER OF TRANSMITTAL

NM GME Expansion Grant Program Request for Applications
Form must be complete.

1. Applicant		
Applicant Name: **Memorial Medical Center**		
Mailing address: **2450 S. Telshor Blvd.**		
City: **Las Cruces**	**State: NM**	**Zip Code 88001**

2. Person authorized by the organization to contractually obligate on behalf of this grant award:
Name: **Sean Gallagher**
Title: CFO, MMC
E-Mail Address: **Sean.gallagher@lpnt.net**
Telephone Number: (575) 521-5295

3. Person authorized by the organization to negotiate the grant award:
Name: **Sean Gallagher**
Title: **CFO, MMC**
E-Mail Address: **Sean.gallagher@lpnt.net**
Telephone Number: (575) 521-5295

4. Person authorized by the organization to clarify, and respond to queries on behalf of this grant award:
Name: **Sean Gallagher**
Title: **CFO, MMC**
E-Mail Address: sean.gallagher@lpnt.net
Telephone Number: (575) 521-5295

5. Use of Contractors/Subcontractors (select one) *	
	No contractors/subcontractors will be used
	The following contractors/subcontractors will be used (describe purpose of each entity):

1. **PD- Dr. Baniks salary will be contracted due to payment processes at MMC**
2. **NMPCTC will be contracted to help PRDC in the development of the DAC Psych Program**
3. **Possible contract with one or more qualified parties to provide support in faculty development**

6. Please describe any relationship with other community, government, or business sectors- other than contractors/subcontractors listed in (4) above- that will support the Applicant's efforts.

Relationships Include:

1. Dona Ana County Resolution No. 2018-64 created the Psychiatric Residency Consortium Steering Committee (PRDC) to work with the DAC Health and Human Services Department
2. Memorial Medical Center (MMC) has a long-term agreement with the city of Las Cruces and DAC to provide care to those who qualify for the county's medically indigent healthcare assistance program.
3. MMC and Mountain View Hospital have long-term agreements for resident education
4. The Southern New Mexico Family Medicine Residency Program at MMC has a longstanding history of resident clinical rotations at rural sites including La Clinica de Familia, Hidalgo Medical Services, and Gerald Champion Medical Center.
5. The PRDC is working with UNM and others for faculty development and curriculum support.

5. On behalf of the submitting organization named in item #1, above, I accept the Terms and Conditions stated in Section V of this RFA. I agree to comply with all requirements as described in this RFA, including all appendices, attachments, written clarifications, and amendments provided.

If the Applicant is unwilling to comply with any terms, conditions, or other requirements of this RFA the Applicant shall clearly describe any deviations and include a complete explanation of why such deviations are proposed.

Signature: 

Date: 10-29-2021

Memorial Medical Center

To: University of New Mexico School of Medicine

From: Sanjoy Banik, MD, Psychiatry Residency Program Director

Subject: Required Resident Assignments

Date: April 5, 2021

This document serves as an Agreement between the Memorial Medical Center Psychiatry Residency Program and University of New Mexico School of Medicine involved in resident education.

This Letter of Agreement is effective from July 1, 2021 and will remain in effect for ten years or until updated, changed or terminated by the Psychiatry Residency Program or University of New Mexico School of Medicine.

The following person(s) are responsible for education and supervision:

UNMSOM faculty must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

The content of educational experiences has been developed according to ACGME Residency Program Requirements, and are specified in the Psychiatry Residency Program curriculum (see attachments).
In cooperation with Sanjoy Banik, M.D., UNMSOM faculty are responsible for the day-to-day activities of the Residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at UNMSOM .

The duration(s) of the assignment(s) to UNMSOM (are):

2 - months - PGY2 Child & Adolescent Psychiatry
Longitudinal Didactic/Conferences

Residents will be under general direction of the Memorial Medical Center's Graduate Medical Education Committee and the Policy and Procedure Manual at the office at UNMSOM. .

Sponsoring Institution

Program Director Signature Date

Participating Site

Elizabeth Romero (Jun 10, 2021 17:09 MDT)

Site Director Signature Date

MMC
2450 S. Telshor Boulevard Las Cruces, New Mexico 88011-5076 Phone: (575) 521-5370 Fax: (575) 521-5376

Memorial Medical Center

Psychiatry Residency Program

ROTATIONAL GOALS AND OBJECTIVES		
Location: University of New Mexico Hospitals	Rotation – Duration: Child & Adolescent Psychiatry – 2 months	Post-Graduate Level: PGY-2

ACGME COMPETENCY: PATIENT CARE	
Goal:	Psychiatry residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
Objectives:	a. Develop competency to perform a physical examination, formulate a differential diagnosis, and develop a treatment plan for psychiatric child and adolescent patients in an efficient and effective manner. b. Demonstrate the ability to conduct both comprehensive and targeted medical evaluations of psychiatric child and adolescent patients integrating medical knowledge with clinical data. c. Demonstrate the ability to, with indirect supervision only, judiciously select appropriate treatment modalities and create individualized care plans for psychiatric child and adolescent patients including: i. Group and individual therapy ii. Psychoeducation iii. Psychosocial interventions iv. Acute stabilization v. PT and OT therapy vi. Discharge planning d. Under direct physician supervision, demonstrate competency in ongoing assessment of a child and adolescent patient's danger to themselves and others. e. Develops the ability to effectively engage in a therapeutic relationship with child and adolescent patients using communication strategies appropriate for their developmental level. f. Develop the ability to integrate DSM criteria in child and adolescent patient care, screen for risks, and integrate risk assessments into the patient evaluation. g. Demonstrate the ability to document the full medical history, diagnosis, and treatment plan efficiently and accurately in the EMR. h. Demonstrates competency to apply understanding of child and adolescent psychiatric, neurologic, and medical comorbidities in the management of child and adolescent patient care.

	i. Demonstrates the ability to monitor the effect of somatic therapies to child and adolescent patient's physical and mental state. j. Demonstrate the ability to respectfully request and receive a consultation, support the consulting physician/team in identifying unrecognized clinical care issues and provide relevant recommendations while checking for understanding, and apply the consultant's recommendations judiciously to patient care. k. Locate, appraise, and coordinate care with child and adolescent community resources and incorporate support into basic treatment planning under direct supervision of a senior resident or supervising physician.
ACGME COMPETENCY: MEDICAL KNOWLEDGE	
Goal:	Psychiatry residents must demonstrate knowledge of established and evolving biomedical, clinical epidemiology and social-behavioral sciences, as well as the application of this knowledge to patient care.
Objectives:	a. Demonstrate understanding for appropriate dosing strategies for commonly used medications treating child and adolescent psychiatric patients. b. Demonstrate an understanding for normal psychiatric child and adolescent growth and development. c. Demonstrate an ability to apply evidence-based psychiatric child and adolescent medical practices in the inpatient and outpatient setting. d. Demonstrate an awareness for when further evaluation of psychiatric child and adolescent patients is appropriate including: i. Neuroimaging ii. Laboratory testing iii. Physiological testing iv. Specialized consultation v. Neurophysiologic testing e. Demonstrates an understanding of child and adolescent patient and family interviewing techniques. f. Demonstrates the ability to describe how biological, psychological, sociocultural, and sexual factors influence atypical personality development and psychopathology. g. Demonstrates an understanding for the significance in findings from neurodiagnostic and neuropsychological testing. h. Demonstrates an ability to describe the evidence base for combining psychotherapy and pharmacotherapy in the treatment of psychiatric child and adolescent patients.
ACGME COMPETENCY: PRACTICE-BASED LEARNING AND IMPROVEMENT	
Goal:	Psychiatry residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Objectives:	a. Examine and identify personal strengths as well as deficiencies in specific knowledge and expertise and formulate an action plan to grow both fund of knowledge and skills towards the advancement of the practice of psychiatry. b. Consistently set and monitor learning and improvement goals. c. Facilitate teaching of medical students and other healthcare professionals. d. Receive and provide constructive feedback when appropriate to promote a consistent learning environment. e. Understand the use of patient care logs in the efforts to improve the utilization of caseload and practice experiences. f. Understand how to utilize a variety of educational resources in self-directed learning.
ACGME COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS	
Goal:	Psychiatry residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
Objectives:	a. Demonstrate interviewing skills with patients, families, and peers being able to establish rapport, attend to cues, make transitions smoothly, display empathy, and elicit important information. b. Practice appropriate and thoughtful verbal and non-verbal communication with patients and their families, considering a range of cultural and socioeconomic backgrounds. c. Engage and inform patients and their families in the patient care plan and utilize medical terms that are understandable for all. d. Develop a therapeutic alliance with patients and maintain appropriate professional boundaries. e. Work as a productive and helpful health care provider and member of professional group.
ACGME COMPETENCY: PROFESSIONALISM	
Goal:	Psychiatry residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
Objectives:	a. Always show respect, compassion, and regard for patient needs. b. Be a reliable and punctual resource for patients and fellow healthcare professionals. c. Uphold high standards of ethical behavior and respect for patient privacy and autonomy. d. Understand appropriate boundaries in patient, and other professional, interactions. e. Maintain sensitivity to a diverse patient population in terms of age, gender, ethnicity, religion, and socioeconomic background.
ACGME COMPETENCY: SYSTEMS-BASED PRACTICE	

Goal:	Psychiatry residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
Objectives:	a. Demonstrate the ability to work effectively (as a member and leader of an interdisciplinary team) in a variety of inpatient and outpatient settings. b. Demonstrate a desire, and ability, to assist patients in navigating the complexities of the healthcare system. c. Demonstrate the ability to recognize when patients may benefit from the involvement of other healthcare providers and invoke their assistance when appropriate. d. Prioritize high-quality care while also practicing cost-effective health care and mindful resource allocation. e. Maintain accurate and comprehensive patient records readily available for supervisory and educational purposes.

Evaluations:

Residents will be assessed on their abilities to obtain these competencies via the following methods:

- Direct Observation, Immediate Feedback
- Chart Review by Attending Physician
- Clinical Skills Examination
- End-of-Rotation Evaluation by Faculty
- End-of-Rotation Evaluation by Members of the Patient Care Team
- Patient Evaluation of Resident Form

Reading List:

The following are recommended chapters, articles, and textbooks which are helpful resources for continuing to advance your skills during this rotation. Please also check with your supervising physician for any additional readings s/he may require while assigned to this rotation:

- The American Psychiatry Association Publishing textbook of Psychiatry, 7th edition
- Diagnostic and Statistical Manual of Mental Disorders, 5th edition
- Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications
- Essentials of Clinical Psychopharmacology, Schatzberg, et al.
- Textbook of Psychotherapeutic Treatments in Psychiatry, Gabbard
- The First Interview, Morrison
- A Residents Guide to Surviving Psychiatric Training, Tonya Foreman, et al.
- The Mental Status Examination in Neurology, Strub and Black
- Fish's Clinical Psychopathology, Patricia Casey, et al.
- Kaplan and Sadock's Synopsis of Psychiatry, Sadock, et al.
- DSM 5: Diagnostic and Statistical Manual of Mental Disorders AP

Memorial Medical Center

To: Peak Hospital (Peak)

From: Sanjoy Banik, MD, Psychiatry Residency Program Director

Subject: Required Resident Assignments

Date:

This document serves as an Agreement between the Memorial Medical Center Psychiatry Residency Program and Peak involved in resident education.

This Letter of Agreement is effective from July 1, 2021 and will remain in effect for ten years or until updated, changed or terminated by the Psychiatry Residency Program or Peak .

The following person(s) are responsible for education and supervision:

Peak faculty must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

The content of educational experiences has been developed according to ACGME Residency Program Requirements, and are specified in the Psychiatry Residency Program curriculum (see attachments).

In cooperation with Sanjoy Banik, M.D., Peak faculty is responsible for the day-to-day activities of the Residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at Peak .

The duration(s) of the assignment(s) to Peak (are):

- 1 Month Geriatric Psychiatry
- 1 Month Inpatient Psychiatry
- 2 Months Child & Adolescent Psychiatry

Residents will be under general direction of the Memorial Medical Center's Graduate Medical Education Committee and the Policy and Procedure Manual at the office at Peak .

Sponsoring Institution

Program Director Signature Date

Participating Site

Sandra Samuel 10/15/21

Site Director Signature Date

Memorial Medical Center

To: DAC Detention Center (DAC-DC)

From: Sanjoy Banik, MD, Psychiatry Residency Program Director

Subject: Required Resident Assignments

Date: December 28, 2020

This document serves as an Agreement between the Memorial Medical Center Psychiatry Residency Program and DAC-DC involved in resident education.

This Letter of Agreement is effective from July 1, 2021 and will remain in effect for ten years or until updated, changed or terminated by the Psychiatry Residency Program or DAC-DC

The following person(s) are responsible for education and supervision: Sergio H. Castillo, MD

DAC-DC faculty must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

The content of educational experiences has been developed according to ACGME Residency Program Requirements, and are specified in the Psychiatry Residency Program curriculum (see attachments).

In cooperation with Sanjoy Banik, M.D., DAC-DC faculty is responsible for the day-to-day activities of the Residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at DAC-DC.

The duration(s) of the assignment(s) to DAC-DC (are):

- 1 Month Addiction Medicine
- 5 Months Forensic Psychiatry

Residents will be under general direction of the Memorial Medical Center's Graduate Medical Education Committee and the Policy and Procedure Manual at the office at DAC-DC

Sponsoring Institution

1-18-21

Program Director Signature Date

Participating Site

01/14/2021

Site Director Signature Date

Sergio H Castillo, MD
Psychiatrist

Memorial Medical Center

Psychiatry Residency Program

ROTATIONAL GOALS AND OBJECTIVES		
Location: DAC Detention Center	Rotation – Duration: Addiction Psychiatry – 1 month	Post-Graduate Level: PGY-2

ACGME COMPETENCY: PATIENT CARE	
Goal:	Psychiatry residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
Objectives:	a. Develop competency to perform a physical examination, formulate a differential diagnosis, and develop a treatment plan for patients with substance-related disorders in an efficient and effective manner. b. Demonstrate the ability to conduct both comprehensive and targeted medical evaluations of patients with substance-related disorders integrating medical knowledge with clinical data. c. Demonstrate the ability to, with indirect supervision only, judiciously select appropriate treatment modalities and create individualized care plans for patients with substance-related disorders including: i. Group and individual therapy ii. Psychoeducation iii. Psychosocial interventions iv. Relapse prevention v. Cognitive-behavioral therapy (CBT) vi. Acute stabilization vii. Medication viii. Discharge planning d. Demonstrate competency in ongoing assessment of a patient's danger to themselves and others under indirect supervision. e. Develop the ability to integrate DSM criteria in patient care, screen for risks, and integrate risk assessments into the evaluation of addiction psychiatry patients. f. Demonstrate ability to document the full medical history, diagnosis, and treatment plan efficiently and accurately in the EMR. g. Demonstrates competency to apply understanding of psychiatric, neurologic, and medical comorbidities in the management of addiction psychiatry patients.

	h. Demonstrates the ability to monitor the effect of somatic therapies to patient's physical and mental state. i. Develop a basic ability to diagnose, develop appropriate treatment plans, and manage patient case for a wide range of addictive behaviors and substance-related disorders. j. Locate, appraise, and coordinate care with community resources and incorporate support into basic treatment planning of addictive behaviors and substance-related disorders under direct supervision of a senior resident or supervising physician.
ACGME COMPETENCY: MEDICAL KNOWLEDGE	
Goal:	Psychiatry residents must demonstrate knowledge of established and evolving biomedical, clinical epidemiology and social-behavioral sciences, as well as the application of this knowledge to patient care.
Objectives:	a. Develop a basic understanding of addiction and substance-related disorders, along with their indications, contraindications, and comorbidities such as depression or anxiety disorders. b. Demonstrate an understanding for appropriate medication dosing strategies commonly used to treat addiction psychiatry patients. c. Demonstrate an ability to apply evidence-based medical practices in the treatment of addiction psychiatry patients. d. Demonstrate an understanding for detoxification strategies and their application to an addiction psychiatry patient's treatment plan: i. Polydrug and alcohol combinations ii. Acute psychosis and drug abuse iii. Overdose emergency management e. Demonstrates an understanding of patient and family interviewing techniques. f. Demonstrates an understanding for common causes of addiction. g. Demonstrates an ability to describe the evidence base for combining psychotherapy and pharmacotherapy in the treatment of addiction psychiatry patients.
ACGME COMPETENCY: PRACTICE-BASED LEARNING AND IMPROVEMENT	
Goal:	Psychiatry residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
Objectives:	a. Examine and identify personal strengths as well as deficiencies in specific knowledge and expertise and formulate an action plan to grow both fund of knowledge and skills towards the advancement of the practice of psychiatry. b. Consistently set and monitor learning and improvement goals. c. Facilitate teaching of medical students and other healthcare professionals.

	d. Receive and provide constructive feedback when appropriate to promote a consistent learning environment. e. Understand the use of patient care logs in the efforts to improve the utilization of caseload and practice experiences. f. Understand how to utilize a variety of educational resources in self-directed learning.
ACGME COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS	
Goal:	Psychiatry residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
Objectives:	a. Demonstrate interviewing skills with patients, families, and peers being able to establish rapport, attend to cues, make transitions smoothly, display empathy, and elicit important information. b. Practice appropriate and thoughtful verbal and non-verbal communication with patients and their families, considering a range of cultural and socioeconomic backgrounds. c. Engage and inform patients and their families in the patient care plan and utilize medical terms that are understandable for all. d. Develop a therapeutic alliance with patients and maintain appropriate professional boundaries. e. Work as a productive and helpful health care provider and member of professional group.
ACGME COMPETENCY: PROFESSIONALISM	
Goal:	Psychiatry residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
Objectives:	a. Always show respect, compassion, and regard for patient needs. b. Be a reliable and punctual resource for patients and fellow healthcare professionals. c. Uphold high standards of ethical behavior and respect for patient privacy and autonomy. d. Understand appropriate boundaries in patient, and other professional, interactions. e. Maintain sensitivity to a diverse patient population in terms of age, gender, ethnicity, religion, and socioeconomic background.
ACGME COMPETENCY: SYSTEMS-BASED PRACTICE	
Goal:	Psychiatry residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
Objectives:	a. Demonstrate the ability to work effectively (as a member and leader of an interdisciplinary team) in a variety of clinical care settings.

	b. Demonstrate a desire, and ability, to assist patients in navigating the complexities of the healthcare system. c. Demonstrate the ability to recognize when patients may benefit from the involvement of other healthcare providers and invoke their assistance when appropriate. d. Prioritize high-quality care while also practicing cost-effective health care and mindful resource allocation. e. Maintain accurate and comprehensive patient records readily available for supervisory and educational purposes.

Evaluations:

Residents will be assessed on their abilities to obtain these competencies via the following methods:

- Direct Observation, Immediate Feedback
- Chart Review by Attending Physician
- Clinical Skills Examination
- End-of-Rotation Evaluation by Faculty
- End-of-Rotation Evaluation by Members of the Patient Care Team
- Patient Evaluation of Resident Form

Reading List:

The following are recommended chapters, articles, and textbooks which are helpful resources for continuing to advance your skills during this rotation. Please also check with your supervising physician for any additional readings s/he may require while assigned to this rotation:

- The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder - Reus VI, Fochtmann LJ, Bukstein O, et al.
- The role of behavioral interventions in buprenorphine maintenance treatment: A review – Carroll KM, Weiss RD
- Neuroscience of Addiction: Relevance to Prevention and Treatment – Volkow ND, Boyle M
- The American Psychiatry Association Publishing textbook of Psychiatry, 7th edition
- Diagnostic and Statistical Manual of Mental Disorders, 5th edition
- Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications
- Essentials of Clinical Psychopharmacology, Schatzberg, et al.
- Textbook of Psychotherapeutic Treatments in Psychiatry, Gabbard
- The First Interview, Morrison
- A Residents Guide to Surviving Psychiatric Training, Tonya Foreman, et al.
- The Mental Status Examination in Neurology, Strub and Black
- Fish's Clinical Psychopathology, Patricia Casey, et al.
- Kaplan and Sadock's Synopsis of Psychiatry, Sadock, et al.
- DSM 5: Diagnostic and Statistical Manual of Mental Disorders AP

Memorial Medical Center

Psychiatry Residency Program

ROTATIONAL GOALS AND OBJECTIVES		
Location: DAC Detention Center	Rotation – Duration: Forensic Psychiatry – 5 months	Post-Graduate Level: PGY-4

ACGME COMPETENCY: PATIENT CARE	
Goal:	Psychiatry residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
Objectives:	a. Demonstrate skills in working with a chronically psychiatrically ill population involved in the legal system under direct supervision. b. Demonstrate the ability to evaluate psychiatrically ill individuals for issues of decisional capacity under direct supervision. c. Collaborate with the attending forensic psychiatrist to perform comprehensive evaluations of defendants, including assessment of competency to stand trial, sanity, diminished capacity/mens rea, and classification of danger to self and/or others. d. Diagnose and provide treatment for substance use disorders relevant to the case, under direct supervision, including but not limited to: i. Alcohol ii. Cocaine iii. Opiates iv. Stimulants e. Demonstrate the ability to prepare relevant legal documents for purposes of involuntary admission and treatment under direct supervision. f. Demonstrate the ability to develop short-term treatment plans with distinct objectives for psychiatrically ill individuals involved in the legal system under direct supervision. g. Demonstrate basic clinical skills in the treatment of patients in forensic settings, including an understanding of the indications for and basic principles of pharmacologic, psychoeducational, group, and/or individual therapy approaches. h. Observe team and individual competency to stand trial evaluations (CST) i. Write up a report from one observed CST case and receive editing and supervision on the document j. Sit in on faculty evaluations and use the opportunity to identify appropriate behaviors to incorporate through this exposure to role modeling k. View videotaped interviews of CST, criminal responsibility interviews l. Present the CST and CR cases to faculty for discussion m. Research forensic issues within available cases using peer-reviewed databases
ACGME COMPETENCY: MEDICAL KNOWLEDGE	

Goal:	Psychiatry residents must demonstrate knowledge of established and evolving biomedical, clinical epidemiology and social-behavioral sciences, as well as the application of this knowledge to patient care.
Objectives:	a. Demonstrate an understanding of the issues involved to stand trial and treatment through a mental health court. b. Develop an understanding of and discuss how to provide testimony in court settings. c. Recognize, address, and discuss common problems seen in forensic settings such as malingering and/or violent behavior. d. Develop knowledge and understanding of personality disorders and mental illness presented in the hospital, prison, juvenile, family, and mental health court systems. e. Demonstrate basic knowledge and understanding of how to relate clinical information (e.g., medical records, psychological testing, clinical interview) to specific questions in legal context (e.g., competency to stand trial, suitability for conditional release following a successful insanity plea, psychological damages in civil cases, etc.) f. Demonstrate ability to discuss the differences in purpose and organization between a clinical and a medicolegal evaluation, including the different ethical responsibilities entailed. g. Participate in seminars h. Sit in on landmark cases and critically appraise relevant readings
ACGME COMPETENCY: PRACTICE-BASED LEARNING AND IMPROVEMENT	
Goal:	Psychiatry residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
Objectives:	a. Examine and identify personal strengths and deficiencies in specific knowledge and expertise. b. Consistently set and monitor learning and improvement goals. c. Facilitate teaching of junior residents, medical students, and other healthcare professionals. d. Receive and provide constructive feedback when appropriate to promote a consistent learning environment. e. Understand the use of patient care logs in the efforts to improve the utilization of caseload and practice experiences. f. Understand how to utilize a variety of educational resources in self-directed learning.
ACGME COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS	
Goal:	Psychiatry residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Objectives:	a. Demonstrate excellent interviewing skills with patients, families, and peers being able to establish rapport, attend to cues, make transitions smoothly, display empathy, and elicit important information. b. Practice appropriate and thoughtful verbal and non-verbal communication with patients and their families, considering a range of cultural and socioeconomic backgrounds. c. Engage and inform patients and their families in the patient care plan and utilize medical terms that are understandable for all. d. Develop a therapeutic alliance with patients and maintain appropriate professional boundaries. e. Work as a productive and helpful health care provider and member of professional group.
ACGME COMPETENCY: PROFESSIONALISM	
Goal:	Psychiatry residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
Objectives:	a. Always show respect, compassion and regard for patient needs. b. Be a reliable and punctual resource for patients and fellow healthcare professionals. c. Uphold high standards of ethical behavior, respecting patient privacy and autonomy. d. Understand appropriate boundaries in patient, and other professional, interactions. e. Maintain sensitivity to a diverse patient population in terms of age, gender, ethnicity, religion, and socioeconomic background.
ACGME COMPETENCY: SYSTEMS-BASED PRACTICE	
Goal:	Psychiatry residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
Objectives:	a. Demonstrate the ability to work effectively (as a member and leader of an interdisciplinary team) in a variety of inpatient and outpatient settings. b. Demonstrate the ability and desire to assist patients in navigating the complexities of the healthcare system. c. Demonstrate the ability to recognize when patients may benefit from the involvement of other healthcare providers and invoke their assistance when appropriate. d. Prioritize high-quality care while also practicing cost-effective health care and mindful resource allocation. e. Maintain accurate and comprehensive patient records readily available for supervisory and educational purposes.

Evaluations:

Residents will be assessed on their abilities to obtain these competencies via the following methods:

- Direct Observation, Immediate Feedback
- Chart Review by Attending Physician
- Clinical Skills Examination
- End-of-Rotation Evaluation by Faculty
- End-of-Rotation Evaluation by Members of the Patient Care Team
- Patient Evaluation of Resident Form

Reading List:

The following are recommended chapters, articles, and textbooks which are helpful resources for continuing to advance your skills during this rotation. Please also check with your supervising physician for any additional readings s/he may require while assigned to this rotation:

- The American Psychiatry Association Publishing textbook of Psychiatry, 7th edition
- Diagnostic and Statistical Manual of Mental Disorders, 5th edition
- Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications
- Essentials of Clinical Psychopharmacology, Schatzberg, et al.
- Textbook of Psychotherapeutic Treatments in Psychiatry, Gabbard
- The First Interview, Morrison
- A Residents Guide to Surviving Psychiatric Training, Tonya Foreman, et al.
- The Mental Status Examination in Neurology, Strub and Black
- Fish's Clinical Psychopathology, Patricia Casey, et al.
- Kaplan and Sadock's Synopsis of Psychiatry, Sadock, et al.
- DSM 5: Diagnostic and Statistical Manual of Mental Disorders APA

Memorial Medical Center

To: La Clinica De Familia (LCDF)

From: Sanjoy Banik, MD, Psychiatry Residency Program Director

Subject: Required Resident Assignments

Date: December 28, 2020

This document serves as an Agreement between the Memorial Medical Center Psychiatry Residency Program and LCDF involved in resident education.

This Letter of Agreement is effective from July 1, 2021 and will remain in effect for ten years or until updated, changed or terminated by the Psychiatry Residency Program or LCDF . Either party can modify this agreement with thirty (30) day notice.

The following person(s) are responsible for education and supervision: Malathi Pilla, MD

LCDF faculty must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

The content of educational experiences has been developed according to ACGME Residency Program Requirements, and are specified in the Psychiatry Residency Program curriculum (see attachments).

In cooperation with Sanjoy Banik, M.D., LCDF faculty is responsible for the day-to-day activities of the Residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at LCDF .

The duration(s) of the assignment(s) to LCDF (are):

- PGY3 Outpatient Psychiatry, nine half-days weekly / 12 mo

Residents will be under general direction of the Memorial Medical Center's Graduate Medical Education Committee and the Policy and Procedure Manual at the office at LCDF .

Sponsoring Institution

1-18-21

Program Director Signature Date

Participating Site

1/7/2020

Site Director Signature Date

Memorial Medical Center

Psychiatry Residency Program

ROTATIONAL GOALS AND OBJECTIVES		
Location: La Clinica De Familia Federally Qualified Health Center	Rotation – Duration: Outpatient Psychiatry – 12 months	Post-Graduate Level: PGY-3

ACGME COMPETENCY: PATIENT CARE	
Goal:	Psychiatry residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
Objectives:	a. Develop a mastery of skills and abilities in the application of psychiatric assessments, formulating differential diagnoses, and performing treatment techniques used in the outpatient setting. b. Accurately and efficiently conduct comprehensive patient evaluations collecting all relevant information to develop a differential diagnosis and treatment plan. i. Current medical and psychiatric illnesses and treatments. ii. History of medical and psychiatric diagnoses and treatments. iii. Relevant family history. iv. Evaluation of social determinates of health. c. Demonstrate the ability to lead and teach multiple interdisciplinary behavioral health care treatment teams. d. Develop a proficient ability to conduct brief solution-focused psychiatric assessments and deliver interventions using motivational interviewing and cognitive-behavioral strategies. e. Demonstrate the ability to recognize, and appropriately respond to, an unstable patient with potentially life-threating symptoms in the outpatient setting. f. Demonstrate an ability to develop a therapeutic relationship with patients and their family members that promotes mutual respect, a positive rapport, and professional trust. g. Demonstrates proficiency in interpreting and applying collateral information, subtle and unusual findings, and diagnostic test results. h. Demonstrates mastery in the use of both psychotherapy and somatic therapies in complex cases presenting in the outpatient setting.
ACGME COMPETENCY: MEDICAL KNOWLEDGE	
Goal:	Psychiatry residents must demonstrate knowledge of established and evolving biomedical, clinical epidemiology and social-behavioral sciences, as well as the application of this knowledge to patient care.

Objectives:	a. Develop a comprehensive understanding for research evidence on how to triage, diagnose, and treat psychiatric illnesses that present in the outpatient setting. b. Demonstrate the ability to teach members of the care team about symptoms seen in patients presenting in the outpatient setting. c. Develop a strong understanding for the theoretical concepts/constructs and areas of desired improvement in the outpatient psychotherapy setting. d. Develop a knowledge of the ethical issues faced in the outpatient psychiatric setting. e. Demonstrate an understanding for the social determinates of health effecting patient treatment compliance, access to medication and care, transportation, and other relevant factors contributing to the patient's illness(es). f. Develop an understanding for evidence-based best practices on comprehensive biopsychosocial formulation. g. Develop a comprehensive understand of the positive and negative implications of psychiatric and psychopharmacological treatment options administered and/or prescribed in the psychiatric outpatient setting. h. Demonstrate the ability to teach others evidence-based individual psychotherapy treatment methods. i. Demonstrate a comprehensive understanding for typical and atypical human development.
ACGME COMPETENCY: PRACTICE-BASED LEARNING AND IMPROVEMENT	
Goal:	Psychiatry residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
Objectives:	a. Examine and identify personal strengths as well as deficiencies in specific knowledge and expertise. b. Consistently set and monitor learning and improvement goals. c. Facilitate teaching of junior residents, medical students, and other healthcare professionals. d. Receive and provide constructive feedback when appropriate to promote a consistent learning environment. e. Understand the use of patient care logs in the efforts to improve the utilization of caseload and practice experiences. f. Understand how to utilize a variety of educational resources in self-directed learning.
ACGME COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS	
Goal:	Psychiatry residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Objectives:	a. Demonstrate interviewing skills with patients, families, and peers being able to establish rapport, attend to cues, make transitions smoothly, display empathy, and elicit important information. b. Practice appropriate and thoughtful verbal and non-verbal communication with patients and their families, considering a range of cultural and socioeconomic backgrounds. c. Engage and inform patients and their families in the patient care plan and utilize medical terms that are understandable for all. d. Develop a therapeutic alliance with patients and maintain appropriate professional boundaries. e. Work as a productive and helpful health care provider and member of professional group.
ACGME COMPETENCY: PROFESSIONALISM	
Goal:	Psychiatry residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
Objectives:	a. Always show respect, compassion, and regard for patient needs. b. Be a reliable and punctual resource for patients and fellow healthcare professionals. c. Uphold high standards of ethical behavior and respect for patient privacy and autonomy. d. Understand appropriate boundaries in patient, and other professional, interactions. e. Maintain sensitivity to a diverse patient population in terms of age, gender, ethnicity, religion, and socioeconomic background.
ACGME COMPETENCY: SYSTEMS-BASED PRACTICE	
Goal:	Psychiatry residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
Objectives:	a. Demonstrate the ability to work effectively (as a member and leader of an interdisciplinary team) in a variety of inpatient and outpatient settings. b. Demonstrate a desire, and ability, to assist patients in navigating the complexities of the healthcare system. c. Demonstrate the ability to recognize when patients may benefit from the involvement of other healthcare providers and invoke their assistance when appropriate. d. Prioritize high-quality care while also practicing cost-effective health care and mindful resource allocation. e. Maintain accurate and comprehensive patient records readily available for supervisory and educational purposes.

Evaluations:

Residents will be assessed on their abilities to obtain these competencies via the following methods:

- Direct Observation, Immediate Feedback
- Chart Review by Attending Physician
- Clinical Skills Examination
- End-of-Rotation Evaluation by Faculty
- End-of-Rotation Evaluation by Members of the Patient Care Team
- Patient Evaluation of Resident Form

Reading List:

The following are recommended chapters, articles, and textbooks which are helpful resources for continuing to advance your skills during this rotation. Please also check with your supervising physician for any additional readings s/he may require while assigned to this rotation:

- The American Psychiatry Association Publishing textbook of Psychiatry, 7th edition
- Diagnostic and Statistical Manual of Mental Disorders, 5th edition
- Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications
- Essentials of Clinical Psychopharmacology, Schatzberg, et al.
- Textbook of Psychotherapeutic Treatments in Psychiatry, Gabbard
- The First Interview, Morrison
- A Residents Guide to Surviving Psychiatric Training, Tonya Foreman, et al.
- The Mental Status Examination in Neurology, Strub and Black
- Fish's Clinical Psychopathology, Patricia Casey, et al.
- Kaplan and Sadock's Synopsis of Psychiatry, Sadock, et al.
- DSM 5: Diagnostic and Statistical Manual of Mental Disorders APA
- Manual of Clinical Psychopharmacology, Schatzber
- Cognitive Behavior Therapy, Judith Beck

Memorial Medical Center

To: Hildago Medical Services (HMS)

From: Sanjoy Banik, MD, Psychiatry Residency Program Director

Subject: Required Resident Assignments

Date: December 28, 2020

This document serves as an Agreement between the Memorial Medical Center Psychiatry Residency Program and HMS involved in resident education.

This Letter of Agreement is effective from July 1, 2021 and will remain in effect for ten years or until updated, changed or terminated by the Psychiatry Residency Program or HMS .

The following person(s) are responsible for education and supervision:

HMS faculty must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

The content of educational experiences has been developed according to ACGME Residency Program Requirements, and are specified in the Psychiatry Residency Program curriculum (see attachments).

In cooperation with Sanjoy Banik, M.D., HMS faculty is responsible for the day-to-day activities of the Residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at HMS .

The duration(s) of the assignment(s) to HMS (are):

- PGY1 Community Psychiatry, 1 Month
- PGY4 Community Psychiatry, 3 Months

Residents will be under general direction of the Memorial Medical Center's Graduate Medical Education Committee and the Policy and Procedure Manual at the office at HMS .

Sponsoring Institution

Program Director Signature 1-14-21 Date

Participating Site

Site Director Signature 12/30/2020 Date

Dona Ana County Psychiatry Program

Residency Program Financial Projections

Academic Year Pro Forma Overall	AY 21-22	AY 22-23	AY 23-24	AY 24-25	AY 25-26	AY 26-27	AY 27-28	AY 28-29	AY 29-30	10-Year Total
	Planning	Cap Development					Ongoing			
Number of Residents	**-**	**3.00**	**6.00**	**9.00**	**12.00**	**12.00**	**12.00**	**12.00**	**12.00**	**12.00**
Funded FTEs		-	-	-	-	-	-	-	-	
Medicare & Medicaid Weighted GME Reimbursement		$ 651,000	$ 1,219,374	$ 1,870,410	$ 2,521,451	$ 2,521,448	$ 2,521,448	$ 2,521,448	$ 2,521,448	
Direct Medical Education	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Indirect Medical Education	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
IME Capital Payment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Sub-Total	**$ -**	**$ 651,000**	**$ 1,219,374**	**$ 1,870,410**	**$ 2,521,451**	**$ 2,521,448**	**$ 2,521,448**	**$ 2,521,448**	**$ 2,521,448**	**$ 16,348,028**
1 - Direct Program Costs										
Program Director	$ 71,223	$ 142,447	$ 142,447	$ 142,447	$ 142,447	$ 142,447	$ 142,447	$ 142,447	$ 142,447	$ 1,210,797
Assoc. Program Director	$ 25,519	$ 51,037	$ 51,037	$ 51,037	$ 51,037	$ 51,037	$ 51,037	$ 51,037	$ 51,037	$ 433,815
Core Faculty	$ -	$ 169,108	$ 169,108	$ 169,108	$ 169,108	$ 169,108	$ 169,108	$ 169,108	$ 169,108	$ 1,352,861
Program Coordinator	$ 16,654	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 283,114
Fringe Benefits	$ 28,349	$ 98,975	$ 98,975	$ 98,975	$ 98,975	$ 98,975	$ 98,975	$ 98,975	$ 98,975	$ 820,147
Physician Recruiting Costs	$ 50,000	$ 25,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 75,000
Accreditation Costs	$ 6,800	$ 5,700	$ 5,700	$ 5,700	$ 5,700	$ 5,700	$ 5,700	$ 5,700	$ 5,700	$ 52,400
Sub-Total	**$ 198,545**	**$ 525,574**	**$ 500,574**	**$ 500,574**	**$ 500,574**	**$ 500,574**	**$ 500,574**	**$ 500,574**	**$ 500,574**	$ 4,228,134
2 - Clinical Training Costs										
Sub-Total	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**-**
3 - Direct Resident Costs										
Resident Stipend	$ -	$ 152,550	$ 312,270	$ 479,160	$ 659,160	$ 659,160	$ 659,160	$ 659,160	$ 659,160	$ 4,239,780
Fringe Benefits	$ -	$ 38,138	$ 78,068	$ 119,790	$ 164,790	$ 164,790	$ 164,790	$ 164,790	$ 164,790	$ 1,059,945
Malpractice Expense	$ -	$ 15,000	$ 30,000	$ 45,000	$ 60,000	$ 60,000	$ 60,000	$ 60,000	$ 60,000	$ 390,000
Recruiting Costs	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 33,750
Other Direct Costs	$ -	$ 10,980	$ 21,960	$ 32,940	$ 43,920	$ 43,920	$ 43,920	$ 43,920	$ 43,920	$ 285,480
Sub-Total	**$ 3,750**	**$ 220,418**	**$ 446,048**	**$ 680,640**	**$ 931,620**	**$ 931,620**	**$ 931,620**	**$ 931,620**	**$ 931,620**	**$ 6,008,955**
Total Program Costs	**$ 202,295**	**$ 745,991**	**$ 946,621**	**$ 1,181,214**	**$ 1,432,194**	**$ 1,432,194**	**$ 1,432,194**	**$ 1,432,194**	**$ 1,432,194**	**$ 10,237,089**
Contribution (Deficit)	**$ (202,295)**	**$ (94,991)**	**$ 272,753**	**$ 689,197**	**$ 1,089,257**	**$ 1,089,255**	**$ 1,089,255**	**$ 1,089,255**	**$ 1,089,255**	**$ 6,110,940**

Dona Ana County Psychiatry Program

Residency Program Financial Projections

Academic Year Pro Forma Per Resident	AY 21-22	AY 22-23	AY 23-24	AY 24-25	AY 25-26	AY 26-27	AY 27-28	AY 28-29	AY 29-30
	Planning	Cap Development					Ongoing		
Number of Residents	-	**3.00**	**6.00**	**9.00**	**12.00**	**12.00**	**12.00**	**12.00**	**12.00**
Medicare & Medicaid Weighted GME Reimbursement		$ 217,000	$ 203,229	$ 207,823	$ 210,121	$ 210,121	$ 210,121	$ 210,121	$ 210,121
Sub-Total	**$ -**	**$ 217,000**	**$ 204,614**	**$ 204,614**	**$ 204,614**	**$ 204,614**	**$ 204,614**	**$ 204,614**	**$ 204,614**
1 - Direct Program Costs									
Program Director	$ -	$ 47,482	$ 23,741	$ 15,827	$ 11,871	$ 11,871	$ 11,871	$ 11,871	$ 11,871
Assoc. Program Director	$ -	$ 17,012	$ 8,506	$ 5,671	$ 4,253	$ 4,253	$ 4,253	$ 4,253	$ 4,253
Core Faculty	$ -	$ 56,369	$ 28,185	$ 18,790	$ 14,092	$ 14,092	$ 14,092	$ 14,092	$ 14,092
Program Coordinator	$ -	$ 11,103	$ 5,551	$ 3,701	$ 2,776	$ 2,776	$ 2,776	$ 2,776	$ 2,776
Fringe Benefits	$ -	$ 32,992	$ 16,496	$ 10,997	$ 8,248	$ 8,248	$ 8,248	$ 8,248	$ 8,248
Physician Recruiting Costs	$ -	$ 8,333	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Accreditation Costs	$ -	$ 1,900	$ 950	$ 633	$ 475	$ 475	$ 475	$ 475	$ 475
Sub-Total	**$ -**	**$ 175,191**	**$ 83,429**	**$ 55,619**	**$ 41,714**	**$ 41,714**	**$ 41,714**	**$ 41,714**	**$ 41,714**
2 - Clinical Training Costs									
Sub-Total	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
3 - Direct Resident Costs									
Resident Stipend	$ -	$ 50,850	$ 52,045	$ 53,240	$ 54,930	$ 54,930	$ 54,930	$ 54,930	$ 54,930
Fringe Benefits	$ -	$ 12,713	$ 13,011	$ 13,310	$ 13,733	$ 13,733	$ 13,733	$ 13,733	$ 13,733
Malpractice Expense	$ -	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Recruiting Costs	$ -	$ 1,250	$ 625	$ 417	$ 313	$ 313	$ 313	$ 313	$ 313
Other Direct Resident Costs	$ -	$ 3,660	$ 3,660	$ 3,660	$ 3,660	$ 3,660	$ 3,660	$ 3,660	$ 3,660
Sub-Total	**$ -**	**$ 73,473**	**$ 74,341**	**$ 75,627**	**$ 77,635**	**$ 77,635**	**$ 77,635**	**$ 77,635**	**$ 77,635**
Total Program Costs	**$ -**	**$ 248,664**	**$ 157,770**	**$ 131,246**	**$ 119,349**	**$ 119,349**	**$ 119,349**	**$ 119,349**	**$ 119,349**
Contribution (Deficit)	**$ -**	**$ (31,664)**	**$ 46,844**	**$ 73,368**	**$ 85,265**	**$ 85,265**	**$ 85,265**	**$ 85,265**	**$ 85,265**

Dona Ana County Psychiatry Program
Residency Program Financial Projections

1 ***Direct Program Costs***

	AY 21-22	AY 22-23	AY 23-24	AY 24-25	AY 25-26	AY 26-27	AY 27-28	AY 28-29	AY 29-30
Direct Program FTEs	**Planning**			**Cap Development**				**Ongoing**	
Program Director	0.25	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
Assoc. Program Director	0.10	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20
Core Faculty/Key Core Faculty	-	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
Sub-Total	0.35	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45
Support Staff									
Program Coordinator	0.25	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
Sub-Total	0.25	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
Direct Program Salary									
Program Director	$ 71,223	$ 142,447	$ 142,447	$ 142,447	$ 142,447	$ 142,447	$ 142,447	$ 142,447	$ 142,447
Assoc. Program Director	$ 25,519	$ 51,037	$ 51,037	$ 51,037	$ 51,037	$ 51,037	$ 51,037	$ 51,037	$ 51,037
Core Faculty	$ -	$ 169,108	$ 169,108	$ 169,108	$ 169,108	$ 169,108	$ 169,108	$ 169,108	$ 169,108
Sub-Total	$ 96,742	$ 362,591	$ 362,591	$ 362,591	$ 362,591	$ 362,591	$ 362,591	$ 362,591	$ 362,591
Support Staff Salary									
Program Coordinator	$ 16,654	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 33,308
Sub-Total	$ 16,654	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 33,308	$ 33,308
Fringe Benefits	$ 21,969	$ 86,215	$ 86,215	$ 86,215	$ 86,215	$ 86,215	$ 86,215	$ 86,215	$ 86,215
Other GME Costs									
Physician Recruiting Costs	$ 50,000	$ 25,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Accreditation Costs	$ 6,800	$ 5,700	$ 5,700	$ 5,700	$ 5,700	$ 5,700	$ 5,700	$ 5,700	$ 5,700
Total Other GME Costs	$ 56,800	$ 30,700	$ 5,700	$ 5,700	$ 5,700	$ 5,700	$ 5,700	$ 5,700	$ 5,700
Total Direct Program Cost	**$ 192,165**	**$ 512,814**	**$ 487,814**	**$ 487,814**	**$ 487,814**	**$ 487,814**	**$ 487,814**	**$ 487,814**	**$ 487,814**
Per Resident	**$ -**	**$ 170,938**	**$ 81,302**	**$ 54,202**	**$ 40,651**	**$ 40,651**	**$ 40,651**	**$ 40,651**	**$ 40,651**

Dona Ana County Psychiatry Program
Residency Program Financial Projections

2 ***Clinical Training Costs***

By Setting	AY 21-22 Planning	AY 22-23	AY 23-24	AY 24-25	AY 25-26	AY 26-27	AY 27-28	AY 28-29	AY 29-30
		Cap Development					Ongoing		
Total Inpatient Costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total O/P Cost	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subspecialty Rotations By PGY									
Total Subspecialty Cost	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Clinical Training Cost	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Per Resident	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Dona Ana County Psychiatry Program
Residency Program Financial Projections

3 ***Direct Resident Cost***

Resident Cost	AY 21-22 Planning	AY 22-23	AY 23-24	AY 24-25 Cap Development	AY 25-26	AY 26-27	AY 27-28	AY 28-29 Ongoing	AY 29-30
Resident Stipend	$ -	$ 152,550	$ 312,270	$ 479,160	$ 659,160	$ 659,160	$ 659,160	$ 659,160	$ 659,160
Fringe Benefits	$ -	$ 38,138	$ 78,068	$ 119,790	$ 164,790	$ 164,790	$ 164,790	$ 164,790	$ 164,790
Malpractice	$ -	$ 15,000	$ 30,000	$ 45,000	$ 60,000	$ 60,000	$ 60,000	$ 60,000	$ 60,000
Recruiting Costs	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750
Total Direct Resident Cost	**$ 3,750**	**$ 209,438**	**$ 424,088**	**$ 647,700**	**$ 887,700**	**$ 887,700**	**$ 887,700**	**$ 887,700**	**$ 887,700**

Other Direct Costs Per Resident	AY 21-22	AY 22-23	AY 23-24	AY 24-25	AY 25-26	AY 26-27	AY 27-28	AY 28-29	AY 29-30
American Psychiatric Association	$ 107	$ 107	$ 107	$ 107	$ 107	$ 107	$ 107	$ 107	$ 107
Performance Improvement Modules	$ 40	$ 40	$ 40	$ 40	$ 40	$ 40	$ 40	$ 40	$ 40
Phone/Laptop Cost	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000
Clinic/Beeper Cards	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25
EMR License	$ 500	$ 500	$ 500	$ 500	$ 500	$ 500	$ 500	$ 500	$ 500
ACLS Course	$ 150	$ 150	$ 150	$ 150	$ 150	$ 150	$ 150	$ 150	$ 150
In Training Exam	$ 110	$ 110	$ 110	$ 110	$ 110	$ 110	$ 110	$ 110	$ 110
New Mexico Medical Society	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25
Dona Ana County Medical Society	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50
Educational materials/conferences/travel	$ 800	$ 800	$ 800	$ 800	$ 800	$ 800	$ 800	$ 800	$ 800
Food	$ 400	$ 400	$ 400	$ 400	$ 400	$ 400	$ 400	$ 400	$ 400
Graduation	$ 70	$ 70	$ 70	$ 70	$ 70	$ 70	$ 70	$ 70	$ 70
Orientation	$ 75	$ 75	$ 75	$ 75	$ 75	$ 75	$ 75	$ 75	$ 75
Intern Survival Guide	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50
Board Review Course--required	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200
NMBE Exam	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50
Total Other Direct Cost	$ 3,652	$ 3,652	$ 3,652	$ 3,652	$ 3,652	$ 3,652	$ 3,652	$ 3,652	$ 3,652
Total Other Direct Cost	**$ -**	**$ 10,956**	**$ 21,912**	**$ 32,868**	**$ 43,824**	**$ 43,824**	**$ 43,824**	**$ 43,824**	**$ 43,824**

PGY-Level	AY 21-22	AY 22-23	AY 23-24	AY 24-25	AY 25-26	AY 26-27	AY 27-28	AY 28-29	AY 29-30
1	-	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
2	-	-	3.00	3.00	3.00	3.00	3.00	3.00	3.00
3	-	-	-	3.00	3.00	3.00	3.00	3.00	3.00
4	-	-	-	-	3.00	3.00	3.00	3.00	3.00
Total	-	3.00	6.00	9.00	12.00	12.00	12.00	12.00	12.00

PGY-Specific Salary & Benefits	AY 21-22	AY 22-23	AY 23-24	AY 24-25	AY 25-26	AY 26-27	AY 27-28	AY 28-29	AY 29-30
PGY-1	$ 50,850	$ 50,850	$ 50,850	$ 50,850	$ 50,850	$ 50,850	$ 50,850	$ 50,850	$ 50,850
PGY-2	$ 53,240	$ 53,240	$ 53,240	$ 53,240	$ 53,240	$ 53,240	$ 53,240	$ 53,240	$ 53,240
PGY-3	$ 55,630	$ 55,630	$ 55,630	$ 55,630	$ 55,630	$ 55,630	$ 55,630	$ 55,630	$ 55,630
PGY-4	$ 60,000	$ 60,000	$ 60,000	$ 60,000	$ 60,000	$ 60,000	$ 60,000	$ 60,000	$ 60,000

Total Direct Resident Cost	**$ 3,750**	**$ 220,394**	**$ 446,000**	**$ 680,568**	**$ 931,524**	**$ 931,524**	**$ 931,524**	**$ 931,524**	**$ 931,524**
Per Resident	**$ -**	**$ 73,465**	**$ 74,333**	**$ 75,619**	**$ 77,627**	**$ 77,627**	**$ 77,627**	**$ 77,627**	**$ 77,627**
Total Resident Cost	**$ 195,915**	**$ 733,208**	**$ 933,814**	**$ 1,168,382**	**$ 1,419,338**	**$ 1,419,338**	**$ 1,419,338**	**$ 1,419,338**	**$ 1,419,338**
Per Resident	**$ -**	**$ 244,403**	**$ 155,636**	**$ 129,820**	**$ 118,278**	**$ 118,278**	**$ 118,278**	**$ 118,278**	**$ 118,278**

First Year Didactics with UNM	
Topic	**Presenter**
July 7th	
MHC Tour	
MHC Tour- PES, Court, Inpatient	
EMR Training	Chief Resident
July 14th	
MOAB Zoom Didactic	
All class meeting-update on recruitment	
MOAB	
July 21st	
Communication in the Trenches	
July 28th	
Learning Central Modules	
Medical Clearance Lecture	Dr. Martinez
Risk Assessment	Rodriguez
Forensic Issues in Emergency Psych	Dunn
August 4th	
Common Medication Orders	Wesley Campbell (VA Pharmacist)
Management of SUD	Dr. Romo
August 11th	
Mental Health Liability	Youngreen & Farifax Columbo
Teaching Medical Students	Dr. Dellmore
August 18th	
PGY1 &PGY2s	
Rural Orientation	Dr. Shedd
Research Orientation	Dr. Crisanti
August 25th	
When to refer to a Neuropsychologist	Dr. Kristina Dumas
Suicide Assessment, safety planning and lethal means counseling	Dr. Kriechman
September 1st	
Learning Central	
Learning Central	
September 8th	
PRITE Review	
Intro Presentation: A Guide for the Residents critical appraisal	Dr. Crisanti
September 15th	
PRITE Review	
DEI Lecture	
September 22nd	

Intro to Balint	
PRITE Review	
September 29th	
Balint 1	
PRITE Review	
October 6th	
PRITE Exam	
October 13th	
Becoming a psychiatrist	Dr. Romero
Forensics 1.1	Fairfax & Younggreen
Intro to QI 1.1	
Journal Club: Topic- Psychosis	
October 20th	
Foundations of Neuroscience 1.1	Dr. Valles
Depression 1.1	Hager
Depression 1.2	Hager
Numeracy	
October 27th	
Balint 2	
Foundations of Neuroscience 1.2	Dr. Valles
Depression 1.3	Hager
Depression 1.4	Hager
November 3rd	
Diversity	Dr. Smart
Substance Use 1.1	
Substance Use 1.2	
November 17th	
Psychiatric Interview 1.2	Dr. Bonham
Becoming a Psychiatrist	Drs. Romero and Cacnaca
QI 1.2	
Forensics 1.2	Fairfax