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 the Development of a

Psychiatric Residency Program in Doña Ana County, New Mexico

Appendix B: Application Abstract

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

Date of Application	
Applicant Organization	Memorial Medical Center
Type of Organization	Teaching Hospital
Primary Contact and Title	Steve Winegeart, CFO
Mailing Address	2450 S. Telshor Blvd
City, State, Zip	Las Cruces, NM 88011
Contact Phone	575-521-2258
Contact Email	Steve.winegeart@lpnt.net
Title of Project	Dona Ana County Psychiatric Residency Program Planning
Total Amount Requested ($):	$373,230

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

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	Applicant
Mesilla Valley Hospital	Behavioral Health Acute Care Center	Participating Institution
MountainView Regional Medical Center	Teaching Hospital	Participating Institution
La Clinica de Familia	FQHC	Participating Institution
Hidalgo Medical Services	FQHC	Participating Institution (Rural)
Gerald Champion Med Center	Teaching Hospital	Participating Institution (Rural)
Univ of New Mexico	Academic Medical Center	Participating Institution (Specialty)
Texas Tech	Teaching Hospital	Participating Institution (Specialty)
Burrell College of Osteopathic Medicine	Medical School	Supporting Organization
Dona Ana County	County Gov	Supporting Organization
City of Las Cruces	City Gov	Supporting Organization
Center for Health Innovation	AHEC	Technical Assistance

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/Capacity assessments	Yes	1 year
2. Facility needs or adequacy assessment	Yes	2 years
3. Organizational Structure and Program Design	Yes	1 year
4. ACGME Curriculum and Application Planning	Yes	1 year (year #2)
5. Budgeting and Financial Projections – Staffing Costs	Yes	1 year
6. Pre-Start Up Cost support after Program Application Submitted or Approved		
7. Resident and Faculty Recruitment Expenses		
8. Faculty Training and Development		
9. Other Development Costs	Yes	2 years

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

In order to develop a new psychiatric residency program in southern New Mexico, assistance is requested for the following items:

1. 20% salary support plus fringe for Program Director to lead multi-organizational planning, curriculum development, program design, and financial sustainability with the PRCSC.
2. 50% salary support and fringe for Program coordinator to support the Program Director and PRCSC in planning and program management and activities and monitor status of projects, act as liaison with partner organization, and provide administrative support.
3. Financial modeling consultant for pro forma development
4. In-state travel to facilitate clinical partnerships with UNM and others
5. Fees and travel for professional development and accreditation of Program Director and Program Coordinator
6. Laptop and software for Program Coordinator
7. Preparation of ACGME new program application
8. 5% salary support + fringe for Designated Institutional Official (individual to be determined based on identification of Sponsoring Institution)
9. Indirect expenses including rent, utilities, administrative and financial management

Narrative Response

Memorial Medical Center (MMC) is applying for Stage 1: Planning for a Residency Program

Purpose and Goals: MMC seeks funding from the New Mexico Human Services Department (NMHSD) to plan for the establishment of a psychiatric residency program to address the critical need for psychiatric medical services in Doña Ana County and southern New Mexico. MMC is applying for funding from HSD to assess its capacity to act as the Sponsoring Institution and host organization for a psychiatric residency program in Doña Ana County, pursue program design, and prepare a Proforma budget for the program.

The goal of program planning is to establish a psychiatric residency program in southern New Mexico by 7/01/2022 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 Doña Ana County, 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

MMC will partner with La Clinica de Familia Health Center, Mesilla Valley Hospital, MountainView Regional Medical Center, and regional psychiatric and neurology partners. Potential rural rotation partners include Hidalgo Medical Services (HMS) and Gerald Champion Regional Medical Center. If necessary for specialty rotations such as neurology and geriatrics, clinical rotation partners will include the University of New Mexico and Texas Tech psychiatric residency programs. Supporting organizations include the Doña Ana County Health and Human Services Department, City of Las Cruces, and the Center for Health Innovation (CHI).

Background: On July 24, 2018, the Doña Ana County Commission passed Resolution No. 2018-64, which supports the development of the psychiatric workforce in the county. The resolution calls for the community to adopt three critical strategies: 1) support regulatory changes in the Medicaid payment model for graduate medical education, 2) develop new primary care and psychiatric residency programs, and 3) appoint a local steering committee to work with the county's Health and Human Services Department (DAC HHSD) to guide these efforts.

In response, the DAC HHSD appointed a steering committee to serve as the consortium dedicated to development of a psychiatric residency program. The Psychiatric Residency Consortium Steering Committee (PRCSC) has been meeting since March 2018 to map out the path toward a psychiatric residency program in Doña Ana County. The committee includes representatives from undergraduate and graduate medical education, acute, primary, and behavioral health care organizations, and public health agencies.

Current PRCSC membership is listed in Table 1:

Regular Members

Name	*Position and Organization*
John Andazola, MD. Chair	Southern NM Family Medicine Residency Program
Jamie Michael, Project Manager	Director Dona 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	
Name	*Position and Organization*
Josa A Canaca Calderon, MD	Program Director, Rural Psychiatry Program, UNM
Pam Arenella, MD	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
Moataz Ragheb, MD	Program Director, Transmountain for Psychiatry
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

The PRCSC has been meeting since March 2018 to determine structural and other aspects of the program and to identify specific needs and resources in different parts of the county. Members have reviewed and approved an initial draft of a rotation schedule for discussion purposes. The final rotation schedule will be determined and agreed upon during the

development process. The PRCSC has reviewed a proposal from the University of New Mexico and engaged in extensive discussions with Texas Tech about sponsoring the residency. After much deliberation, the group agreed that it would be best to keep the program local. The PRCSC has asked Memorial Medical Center (MMC), an existing Sponsoring Institution, to consider being the Sponsoring Institution and host for the residency. In order to ascertain appropriateness of this request, MMC is applying for funding from HSD to assess its capacity to act as the Sponsoring Institution, pursue program design, and develop a budget and prepare a Proforma.

While there is no commitment on the part of MMC to be the Sponsoring Institution at this time, MMC has agreed to be the applicant entity for this planning stage of psychiatric residency program development. MMC has successfully operated the Southern New Mexico Family Medicine Residency Program since its inception in 1996. MMC has been a member of the PRCSC since its inception and has shared its expertise in residency development and operations. MMC commits to coordinate the planning process, hire or contract with key staff including a residency program director and program coordinator, and contract with a qualified firm to perform a feasibility study and financial analysis/pro forma in coordination with partners.

Project Overview: The requested resources will be used for essential aspects of program development planning the development of a psychiatric residency program in Doña Ana County. The PRCSC is now ready to finalize relationships for program development, hire a program director, confirm an ACGME-accredited Sponsoring Institution for the ACGME process, and prepare an ACGME application. A proposed organizational chart is attached.
The following process will be used to address ACGME program requirements and achieve submission of ACGME application by June 30, 2021. Six objectives have been articulated by the PRCSC.

- Objective 1: Assets and Capacity Exploration.
- Objective 2: Program Design
- Objective 3: Financial Structure Exploration
- Objective 4: Development
- Objective 5: Operating Structure Exploration and Approvals
- Objective 6: Application Development

Objective 1: Assets and Capacity Exploration.

Goal 1: Finalize community asset and capacity inventory: Immediately upon receipt of funding, the PRCSC, led by Dr. John Andazola (Chair) and Jamie Michael (Project Manager), will review work done to date by the PRCSC regarding assessing community, regional, and statewide assets and resources, including capacity for training. CHI will continue to provide technical assistance, funded by Doña Ana County, until key staff are hired and accredited. A written plan for development will be created collaboratively by PRCSC members and will include assessment of current community capacity of local Program Director candidates, faculty, subspecialists, and inpatient rotations or blocks and specialty mix needed. The host of the residency program will be identified through the planning and feasibility processes included in the proposed activities for this development grant.

Objective 2: Program Design

Goal 2: Hire/Contract with Program Director or Program Director in Development: Upon receipt of funds, MMC will hire or contract with a Program Director at 20% time to assist in program development. The Program Director will act as a Champion for further development of the program. The program director will attend annual meetings of the ACGME or relevant Program Director association. Two highly qualified candidates have indicated interest in the

position. Both are employees of partner organization Mesilla Valley Hospital; the best employment model (employment, contractual) will be determined through the feasibility and design process.

Goal 3: Complete Initial Program Design: The Program Director, with guidance from the PRCSC and in consultation with peers, will lead the development of initial program design to align with ACGME requirements. Critical steps to be taken include the determination of the clinical schedule and financial home, with support from the Psychiatric Programs at UNM and Texas Tech. Curriculum will be drafted based on current community and local partner resources. Potential sites for in-patient rotations are MMC and Mesilla Valley Hospital. MountainView Regional Medical Center will participate via consulting and liaison services. Community-based outpatient rotations will occur at LCDF and the Doña Ana County Detention Center. Rural Training Tracks will be provided through partnership with Hidalgo Medical Services (HMS) in Silver City and the Gerald Champion Regional Medical Center in Alamogordo. If options are not locally available for rotations for neurology, geriatrics, and other subspecialties, they will be provided through partnerships with academic teaching hospitals at the UNM and Texas Tech.

Goal 4: Refine program design to include final curriculum outline and clinical site mapping: The curriculum will be finalized. Timelines will be developed for accreditation and program start up, and commitments from core partners will be developed. Other potential partners will be identified and discussions initiated. Potential additional clinical partners include Amador Health Center, an FQHC that primarily serves the homeless population in Las Cruces; Border Area Mental Health for telepsychiatry rotations; and detention centers in neighboring counties.

Objective 3: Financial Structure Exploration

Goal 5: Complete detailed pro forma for all phases of residency program implementation with all sources of revenues from each partnering organization and related expenses: An experienced, qualified independent consultant will be contracted to provide financial modeling and development of a detailed pro forma. All possible sources of revenue will be identified and assessed, and the potential for GME funding for all partner organizations will be reviewed. Should MMC become the host organization, it is eligible for Medicaid GME reimbursement only for this expansion. MMC currently receives GME reimbursement for the Southern New Mexico Family Medicine Residency Program. MVRMC receives both Medicaid and Medicare GME reimbursement for existing residency training programs. The financial consultant will identify the most appropriate finance models and cost reporting and cost sharing methods for the program. Financing options will be assessed for a GME consortium, in which partners from the various health systems come together to share resident training resources and responsibilities, with the ACGME sponsoring institution overseeing GME activity at all sites. The consultant will assist the Program Director and the PRCSC to determine which approach will best align with all partnering organizations' objectives, map revenue distribution to collaborators as appropriate, and map financial models to identify which models will ensure long-term viability of the program. In addition, she/he will draft an initial start-up budget and business plan for review and approval by all partnering organizations both individually and collectively as the PRCSC.

Objective 4: Development

Goal 6: Hire key staff support. A Residency Coordinator will be hired or contracted by September 2020 to provide logistical support for the PRCSC and Program Evaluation Committee (PEC) and to assist the Program Director. He/she will handle, organize, and draft all ACGME correspondence, ACGME online communications, program updates, correspondence between

the program and GMEC/DIO, ACGME application management and development of policies and procedures in support of the Program Director. The Coordinator/Manager will keep all Program Letters of Affiliation (PLAs) and related documents current, as well as establishing resident schedules and providing day-to-day support for residents. The Coordinator/Manager will assist the Director in resident recruitment and perform all typical administrative support functions.

Goal 7: Complete program-specific planning. The Program Director and PRCSC will be responsible for program-specific planning that will lead to an ACGME-compliant GME infrastructure that meets all program requirements. A gap analysis will be performed of ACGME standards that currently can and cannot be met and creation of a written plan to meet those standards. Specific facilities for inpatient, outpatient, rural, and specialty rotations have been tentatively identified; these commitments will be clarified and formalized. A staffing and recruitment plan will be developed with the Sponsoring Institution, and a detailed written curriculum will be drafted inclusive of specific learning and performance goals and objectives. The Program Coordinator will support the Director and PRCSC in finalizing locations for residents and planning logistics for rotation schedules.

Objective 5: Operating Structure Exploration and Approvals

Goal 8: Engage potential financial stakeholders and identify a preliminary governance structure: The host of the residency program will be identified through planning and feasibility processes, including the proposed activities for this development grant. Potential Sponsoring Institutions for the program will be identified and their capacity to administer the program will be assessed. The PRCSC will identify and engage administrative and clinical champions from the planned sponsoring institution, other participating organizations, and the community. The

Sponsoring Institution will be identified based on results of financial modeling and with support and input from program champions and the PRCSC. As appropriate, the Program Director will participate in ongoing GMEC meetings of the Sponsoring Institution. As dictated by ACGME requirements, a Program Evaluation Committee (PEC) will be created and will report to GMEC via the Program Director.

Objective 6: Application Development

Goal 9: Submit ACGME Application by June 30, 2021: The preparation of the ACGME application will be based upon the information, analysis, relationships, and commitments developed in the described planning process. A letter about supporting the program will be obtained from the sponsoring institution. The sponsoring institution will open the program application for the psychiatric residency program and provide the program director, coordinator, and other pertinent personnel with access to the Accreditation Data Systems (ADS) and program application. Program Letters of Agreement (PLAs) for rotations will be executed for each participating site. The Program Director and coordinator will prepare the application, with support and input from the Designated Institutional Official and the PRCSC. The application will include the finalized curriculum structure and outline, program materials such as evaluation system and tools, policies and procedures, faculty roster, Program Information Forms, and other required materials. The completed ACGME program application will be submitted with final sign-off by the sponsoring institution's DIO by June 30, 2021.

Population to be served: Doña Ana County 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

217,522 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 is growing rapidly and has increased by 4% since 2010. One out of four persons in Doña Ana County 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.

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 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[1] 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

[1]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

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.[2] 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 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, almost 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.[3] In comparison, the rate in the general population is 9%. Approximately 67% of people in the county detention center are living with mental illness,

[2] 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

[3] 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

substance use disorders, or both. Likewise, co-occurring disorders are disproportionately represented in the criminal justice system.

Commitment to serve Medicaid beneficiaries. Nearly half (49%) of Doña Ana County residents are enrolled in Medicaid, a percentage reflected in the patient populations of clinical partner sites for this application. Memorial Medical Center is the region's Sole Community Provider Hospital. 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 an outpatient 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%

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,[4] 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.[5] 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. 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.

[4] 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

[5] Bonham, C. (2015). New Mexico's Behavioral Health Workforce. https://newmexico.networkofcare.org/content/client/1446/6.%20New%20Mexicos%20Behavioral%20Health%20Workforce%20updated.pdf

In response to this clearly identified need for improved access to psychiatric care for Doña Ana County, the Center for Health Innovation has been working with the PRCSC on a consultant basis since 2018 to develop relationships, identify existing resources, and establish priorities for creation of the proposed psychiatric residency program. Through that process, MMC was identified as the appropriate applicant organization for this proposal, 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.

Populations to be served and local conditions impacting healthcare access. 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. 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, 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

[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

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.

Development of 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 residency program. 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.

Resident retention efforts for local workforces and to improve health in the community. 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%.[7] 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

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

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.[8] 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.

Sustainability. 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 Doña Ana County Health and Human Services Department, Jamie Michael, serves on the GME expansion committee with PRCSC members Dr. John Andazola and Dr. Oliver Hayes. Dona Ana County has contracted with the Center for Health Innovation (CHI) to provide technical assistance to the PRCSC for the development of the program and this proposal, including planning for long-term sustainability.

Clinical Sustainability. Clinically, PRCSC members are working to develop sustainable partnerships and community wide coordination of this program. They have been meeting regularly for the last 18 months and remain committed to support faculty and other clinical development. With assistance from CHI, PRCSC members have been building 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

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

residents in-house. The PRCSC will continue to build a solid local system to assure that all ACGME experiential requirements are met, working with UNM, Texas Tech, and others. MMC is a member of the New Mexico Primary Care Training Consortium (NMPCTC), which organizes recruitment efforts on behalf of all family medicine residencies in the state. It is our goal to recruit and retain providers who are committed to our area.

Financial Sustainability. The PRCSC is dedicated to recognizing all possible revenue sources. This includes understanding all payment options, patient revenue sources, and the role of local government in building a strong support system. PRCSC 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.

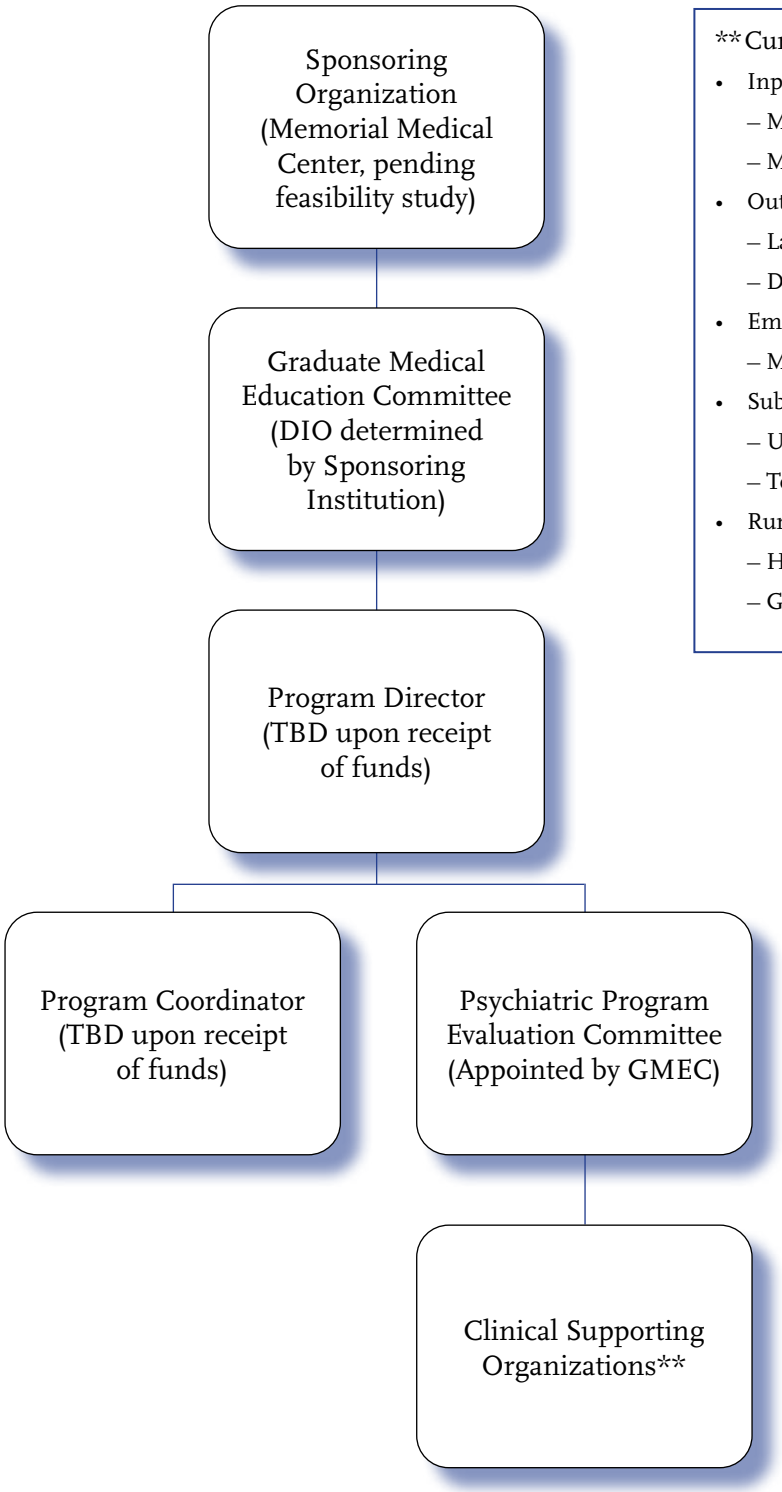
Biographical Sketches

Clinical Champion John Andazola, M.D., FAAFP serves the Southern New Mexico Family Medicine Residency Program in Las Cruces, NM and was born/raised in Las Cruces. Dr. Andazola received his MD from the University of New Mexico School of Medicine. He completed a Family Medicine residency at the Southern New Mexico Family Medicine Residency Program, a fellowship in Advanced Hospital training for Family Physicians in Phoenix, AZ, and a Faculty Development Fellowship at the University of Arizona. Dr. Andazola has been involved in academic medicine his entire career and has presented at numerous local, state and national conferences. He has authored several textbook chapters and peer reviewed articles. Dr. Andazola is a founder and current President of the Doña Ana Wellness Institute (DAWI), a consortium of healthcare stakeholders. His major interests include medical education, inter-professional education, and addressing social/structural determinants of health.

Dr. Andazola was Designated Institutional Official (DIO) at Memorial Medical Center (MMC) from 2016-2018 and currently serves as Residency Program Director for the Southern New Mexico Family Medicine Residency Program. He was Interim Department Chair at the Department of Family & Community Medicine, Maricopa Integrated Health System (MIHS), Phoenix, AZ from 6/2008 to 11/2008. He was Fellowship Program Director for the MIHS Advanced Hospital Training Fellowship for Family Physicians Fellowship from 2/2006 to 11/2008, after serving as faculty for the Fellowship starting in 2003.

Project Manager Jamie Michael is Director of the Doña Ana County Health and Human Services Department. She is responsible for the Healthcare Assistance Program, Local DWI Program, community resources center operations, and multiple health promotion efforts. She is responsible for a budget of over $14 million, which includes federal, state, and private grant funds, as well as county generated revenue. Ms. Michael earned a Bachelor's of Science Degree in Education, with a major in Community Health, from the University of New Mexico and has worked in health for more than 20 years. She is a certified collaborative action team facilitator, child passenger safety and mental health first aid instructor. In 2017, she was selected to participate in the National Council for Behavioral Health's CDC-funded Behavioral Health Training & Technical Assistance program for local health officials, and serves as the project director for the county's SAMHSA-funded assisted outpatient treatment program. A native New Mexican, Jamie spent her childhood on one of the largest Spanish land-grants in the State. She participated in Doña Ana County's colonias initiative, which improved infrastructure in rural border communities, built leadership capacity with community groups, and solicited resources for quality of life projects.

Sample Organizational Chart Should MMC Determine to Pursue a Psychiatric Residency Program*



** Current Clinical Supporting Organizations:

- Inpatient Rotations:
  - Memorial Medical Center
  - Mesilla Valley Hospital
- Outpatient Rotations
  - La Clinica de Familia
  - Dona Ana County Detention Center
- Emergency Department/Other Consultations
  - Mountain View Regional Medical Center
- Subspecialty Rotations
  - University of New Mexico
  - Texas Tech
- Rural Rotations
  - Hidalgo Medical Center (Outpatient)
  - Gerald Champion Medical Center (Inpatient)

* Note: The roles and responsibilities of the members of the PRCSC are indicated in the attached Workplan

Project Work Plan

DAC Psychiatric Residency Program Development	
Owner/Applicant: **Memorial Medical Center**	**Core Team:** **Jamie Michael (JM)** **John Andazola, MD- Chairman (JA)** **Psychiatric Residency Consortium Steering Committee (PRCSC), Program Director (PD)** **Designated Institutional Officer (DIO)** **Ad Hoc: Texas Tech, UNM**
Champion: **Fernando Macias, County Manager-Doña Ana County**	
Project Manager: **Jamie Michael, Health and Human Services Director-Doña Ana County**	

Objective: Assets and Capacity Exploration	**Responsible Person**	**Due Date**	**Completed**
1. Goal – Complete community asset and capacity inventory		8/2	
1.1. **Task**– Assess community and statewide assets and resources, as well as capacity for health professions education and training	JM, JA, PRCSC		
1.2. Task- Outline community needs and desired outcomes that could be met by program	JM, JA, PRCSC		
1.3. Task- Create written plan for development through collaborations of PRCSC- using analysis of the following. Plan reported to PRCSC and Key Stakeholders.	JM, JA, PRCSC		
1.3.1. Community capacity of local Program Director candidates			
1.3.2. Community capacity of Faculty			
1.3.3. Community capacity of any needed sub-specialists and services			
1.3.4. Community capacity/access to inpt rotations or blocks and specialty mix needed			
Objective: Program Design			
2. Goal - Program Director (PD), or Program Director in Development		7/20	
2.1. Task- Assess employment model options and determine	JM, JA,		

appropriate employment/contracting structure for PD position	PRCSC		
2.2. Task-Identify /interview Program Director to participate in initial design	JM, JA, PRCSC		
2.3. Task-Obtain PD training and/or experience if needed to meet accreditation requirements, including at least attendance at annual meetings of the ACGME or relevant PD association, even membership in the PD association **– ACGME Conference 2021**	PD		
3. Goal – Complete initial program design		9/20	
3.1. Task- Consult with peers	PD, PRCSC		
3.2. Task- Determine clinical schedule and financial home	PD, PRCSC		
3.3. Task-Initiate planning using the Program Information Form (PIF) for eventual application in this stage as a guide	PD, PRCSC		
3.4. Task-Construct a curriculum based on community and local partnering assets	PD, PRCSC		
3.5. Task- Draft map of resident locations during the course of their training	PD, PRCSC		
4. Goal- Refine program design to include final curriculum outline and site mapping		12/20	
4.1. Task- Develop timelines for accreditation and program start-up	PD, PRCSC		
4.2. Task-Get commitments from Core Partners	PD, PRCSC		
4.3. Task-Continue or initiate discussions with other potential partners	PD, PRCSC		
Objective: Financial Structure Exploration			
5. Goal – Complete detailed pro forma for all phases of program development and sustainability with revenues and expenses. Findings reported to PRCSC and Key Stakeholders.		2/21	
5.1. Task- Assess all possible sources of revenue other than clinical revenue	PD, PRCSC		
5.2. Task- Review status of organizations involved for GME funding eligibility (Medicare, Medicaid)	PD, PRCSC		
5.3. Task- Assess finance models and cost reporting to ensure adequate revenue to support program	PD, PRCSC		
5.4. Task- Model / Map revenue distributions to all appropriate collaborators	PD, PRCSC		
5.5. Task- Map financial models to ensure long-term viability of the program	PD, PRCSC		

5.6. Task- Generate 'draft' start-up budget based upon initial program design and mapping	PD, PRCSC		
5.7. Task- Generate draft budget/business plan	PD, PRCSC		
5.8. Task- Confirm funding for "start-up"/ program development	PD, PRCSC		
5.9. Task-Obtain approval for the financial model from all organizations/partners supporting the program	PD,JM, JA		
Objective: Development			
6. GOAL- Hire key staff support		9/20	
6.1. Task- Identify potential key staff (residency coordinator and/or manager)	TBD		
6.2. Task- Develop employment/contracting model for employment			
7. Goal- Complete specific program planning. Final Plans reported to PRCSC and Key Stakeholders.		3/21	
7.1. Task- Identify ACGME standards that currently can and cannot be met (gap analysis)	PD, PRCSC		
7.2. Task- Create plan to address ACGME standards currently not able to meet	PD, PRCSC		
7.3. Task- Identify specific facility (as required for accreditation application) including specialty faculty	PD, PRCSC		
7.4. Task- Create core facility and staff recruitment plan	PD, PRCSC		
7.5. Task- Complete draft of detailed written curriculum, including goals & objectives	PD, PRCSC		
7.6. Task- Finalize locations for resident rotations needed to meet program requirements	PD, PRCSC		
7.7. Task- Finalize plans for the resident location and logistics according to rotation schedule	PD, PRCSC		
7.8. Task- Ensure ACGME GME infrastructure is compliant and represented to meet all program requirements			
Objective: Operating Structure Exploration and Approvals			
8. Goal - Engage potential financial stakeholders and identify a preliminary governance structure		4/21	
8.1. Task-Identify potential Sponsoring Institution (SI) for the program	PD, PRCSC		
8.2. Task-Identify other stakeholders and interested parties	PD, PRCSC		
8.3. Task-Engage support from local community and within planned SI and other participating organizations with both administrative and physician champions	PD, PRCSC		

8.4. Task- Determine (SI) for program	PRCSC, SI organizations		
8.5. Task- Participate in ongoing GMEC meetings of the SI, as appropriate	PD		
8.6. Task-Create Program Evaluation Committee (PEC), as per ACGME requirements, who will report to GMEC via Program Director	PRCSC		
Objective: Application Development			
9. Goal- Submit ACGME Application		6/21	
9.1. Task- Obtain letter from SI about supporting program: open program application for this specific program, providing program director and program administrator access to Accreditation Data Systems (ADS) and program application	PD, staff		
9.2. Task- Execute Program Letters of Agreement (PLAs) for rotations with every participating site	PD, staff		
9.3. Task-Start writing draft ACGME PIF including finalized curriculum structure/outline	PD, staff, DIO, PRCSC		
9.4. Task- Prepare ACGME application, including program materials such as evaluation system and tools, policies and procedures, faculty roster, Program Information Form, etc.	PD, staff, PRCSC		
9.5. Task- Complete ACGME Program Application, with final sign-off from the SI's DIO	PD, DIO		

Application for Development Support for Doña Ana County Psychiatric Residency Program

Physician Teaching Salaries	
Program Director - MMC 20% FTE	72,000
Total	**72,000**
Program Support	
Designated Institutional Official @ 5%	12,500
Program Coordinator - .5 FTE	37,500
Program Administrative Assistant - add if necessary	
Total	122,000
All Staff Fringe @ .25 - estimated MMC rate - Option to Contract	**48,500**
Travel	
In-State / Local (UNM and Texas Tech Coordination)	3,000
Out of State - ACGME / Program Director Education Conferences	4,000
Total	**7,000**
Program License / Fees	
New Program Application Fee	6,800
Financial Modeling Consultant - Pro Forma Development	70,000
Professional Development Fees	7,000
Total Dues and Fee	**83,800**
EMR Maintenance and Hardware	
Software Licenses	2,000
Laptop	4,000
Total	**6,000**
Other	
Indirect Expanses (Rent, Utilities, Admin / Finance Dept. Support)	33,930
Total	**33,930**
Grand Total	**373,230**

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:** 88011

2. Person authorized by the organization to contractually obligate on behalf of this grant award:
Name: Steve Winegeart
Title: CFO, Memorial Medical Center
E-Mail Address: steve.winegeart@lpnt.net
Telephone Number: 575-521-2258

3. Person authorized by the organization to negotiate the grant award:
Name: Steve Winegeart
Title: CFO, Memorial Medical Center
E-Mail Address: steve.winegeart@lpnt.net
Telephone Number: 575-521-2258

4. Person authorized by the organization to clarify, and respond to queries on behalf of this grant award:
Name: Steve Winegeart
Title: CFO, Memorial Medical Center
E-Mail Address: steve.winegeart@lpnt.net
Telephone Number: 575-521-2258

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

Possible use of one or more qualified, experienced contractors may be identified to provide or support the PRSCS in developing the following:

1. Develop a detailed pro forma financial structure for all phases of program development and sustainability with revenues and expenses.

Note: As part of the planning activities described in this application, MMC and PRCSC members will explore the most appropriate employment model for the Program Director and Program Coordinator to support all collaborators.

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 (PRCSC) to work with the Dona Ana County Health and Human Services Department (DAC HHSD).
2. Memorial Medical Center (MMC) has a long-term agreement with the city of Las Cruces and Dona Ana County to provide care to those who qualify for the county's medically indigent healthcare assistance program.
3. MMC and MountainView Regional Medical Center (MVRMC) have established a long-term affiliation agreement 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 PRCSC has explored multiple avenues for faculty support in specialty areas such as neurology, geriatrics, and addiction medicine with the University of New Mexico and Texas Tech University.

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: 4-24-20

DOÑA ANA COUNTY
RESOLUTION NO. 2018-64

A RESOLUTION SUPPORTING HEALTHCARE WORKFORCE DEVELOPMENT EFFORTS.

WHEREAS, Doña Ana County government ("County") is responsible for the health and welfare of its residents and for administering the county's healthcare assistance program; and

WHEREAS, primary care and behavior health are critical to the wellness of individuals and communities in Doña Ana County; and

WHEREAS, by 2025, the Association of American Medical Colleges estimates a shortfall of between 14,900 and 35,600 primary care physicians; and

WHEREAS, according to a presentation to the Board in 2016 Doña Ana County needs 80 more primary care physicians and 16 more psychiatric physicians to serve the population; and

WHEREAS, New Mexico has the oldest physician workforce in the nation; and

WHEREAS, healthcare drives yearly job growth. Healthcare created more jobs than any other sector in 2016, helping to drive total annual job growth to 2.2 million, according to data from the Bureau of Labor Statistics; and

WHEREAS, according to the Association of American Medical Colleges 2/3 of physicians who completed both undergraduate and graduate medical education in the same state remained in the state to practice; and

WHEREAS, amended Medicaid graduate education payment regulations allows for the growth of primary care and psychiatric physician training.

NOW, THEREFORE BE IT RESOLVED, the County shall support workforce development efforts including regulation changes in the Medicaid payment model for graduate medical education, development of new primary care and psychiatric residency programs, and the appointment of a local steering committee to work with the county's Health and Human Services Department to guide these efforts.

RESOLVED this 24th day of July 2018.

BOARD OF COUNTY COMMISSIONERS OF DOÑA ANA COUNTY, NEW MEXICO

Benjamin L Rawson

Benjamin L. Rawson, Chair, District 3 **For**/Against

SEAL

Isabella Solis, Vice-Chair, District 4 For/Against

Billy G. Garrett, District 1 For/Against

Ramon S. Gonzalez, District 2 For/Against

Absent
Kim Hakes, District 5 For/Against

ATTEST:

Scott Krahling
County Clerk

COUNTY OF DONA ANA)
STATE OF NEW MEXICO) ss

RESOLUTION
PAGES: 2

I Hereby Certify That This Instrument Was Filed for Record On JUL 27, 2018 11:07:49 AM
And Was Duly Recorded as Instrument # G2018-0105
Of The Records Of Dona Ana County

Witness My Hand And Seal Of Office,
Scott Krahling, County Clerk, Dona Ana, NM

Deputy Gerardo Barrera

Doña Ana County
Health and Human Services Department
845 N. Motel Boulevard • Las Cruces, New Mexico 88007

April 13, 2020

David Scrase. M.D.
Human Services Department, Cabinet Secretary
P.O. Box 2348
Santa Fe, NM 87504

Re: Letter of Support

Dear Dr. Scrase:

The Doña Ana County Health and Human Services Department is pleased to support this proposal for the development of a new psychiatric residency program. The Doña Ana Board of County Commission unanimously passed a resolution supporting healthcare workforce development efforts. In doing so, the county established a residency program steering committee tasked with developing or expanding graduate medical educational opportunities in the county. The first project is the development of a local psychiatric residency program.

This proposal is a wonderful example of the collaboration among healthcare providers, academic institutions and local governments. As a growing border county, with high rates of mental illness, workforce shortages and access to psychiatric care are priorities for county government and our partners.

The county's HHS Department is committed to continuing our work to expand primary care and psychiatric residency programs in our community. With funding from the Human Services Department we can change the healthcare delivery system in our community by making psychiatric care more accessible.

Sincerely,

Jamie Michael
Director

MESILLA VALLEY HOSPITAL

To: New Mexico Dept. of Human Services

March 2nd,2020

From: Anna Laliotis, Mesilla Valley Hospital CEO

Re: Psychiatric Residency Program in Las Cruces, NM

Dear Sirs,

We, at Mesilla Valley Hospital, look forward to collaborating with Memorial Medical Center (MMC) and its partners to establish and ACGME-accredited Psychiatric Residency program based in Las Cruces, New Mexico. We commit to engaging MMC in the development of:

- Inpatient and/ or outpatient clinical rotations and other educational support systems through Program Letters of Affiliation to be developed prior to the submission of the ACGME program application;
- An application of accreditation for a four-year training program in our community by assisting MMC through service on the Psychiatric Program Evaluation Committee (PEC) and related quality committees, data gathering and an evaluation of efforts;
- Adequate space for residents including the ability to view and record resident patient interactions; and
- Provide qualified faculty, approved by the PEC and MMC Graduate Medical Education Committee.

We understand that if circumstances require our organization to receive Medicare and Medicaid Graduate Medical Education payments, a portion of those funds may be necessary to support the direct medical education and administrative support expenses of the program under contract with MMC.

Sincerely,

Anna Laliotis, CEO

Mesilla Valley Hospital

385 Calle de Alegra – Bldg A
Tel (575) 526-1105
Fax (575) 524-4266
Las Cruces, NM 88005

TO: Whom it may concern

From: Virgil Medina, CEO

Date: March 13, 2020

RE: Letter of Support

We, at La Clinica De Familia, inc, look forward to collaborating with Memorial Medical Center (MMC) and its partners to establish an ACGME-accredited Psychiatric Residency program based in Las Cruces, NM. We commit to engaging MMC in the development of:

- inpatient and / or outpatient clinical rotations and other educational support systems through Program Letters of Affiliation to be developed prior to the submission of the ACGME program application;
- an application for accreditation of a four-year training program in our community by assisting MMC through service on the Psychiatric Program Evaluation Committee (PEC) and related quality committees, data gathering and an evaluation efforts;
- Adequate space for residents including the ability to view and record resident patient interactions; and,
- Provide qualified faculty, approved by the PEC and MMC Graduate Medical Education Committee.

We understand that if circumstances require our organization to receive Medicare and Medicaid Graduate Medical Education payments, a portion of those funds may be necessary to support the direct medical education and administrative support expenses of the program under contract with MMC.

Respectfully submitted,

Virgil Medina, Chief Executive Officer

From: Jose A Canaca <JCanaca@salud.unm.edu>
Sent: Tuesday, April 28, 2020 3:38 PM
To: Charlie Alfero <calfero@swchi.org>
Subject: Re: Requesting Email supporting MMC application to help develop Psych residency

Dear Mr. Alfero,

As a member of the Dona Ana Residency Psychiatry Development Committee member, I want to reiterate my compromise of continuing supporting this important and needed project for our communities in the Dona Ana county area. Some of the ideas that UNM Department of Psychiatry has proposed are the development of a 2 + 2 program; meaning dividing the psychiatry residency training between Las Cruces and Albuquerque (UNM), or another option is to have an independent program - the complete training would take place in Dona Ana county. Any of these two options will bring us closer to our ultimate goal, which is to serve New Mexicans who are suffering from mental illnesses.

The UNM Department of Psychiatry will continue supporting the effort of Dona Ana County to develop a local psychiatry residency program.

Respectfully,

Jose Canaca, MD
Division of Community Behavioral Health
Department of Psychiatry
University of New Mexico