



# QUARTERLY REPORT December, 2024

**Bernalillo County Commissioner Trend Report**

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# A. ACCOUNTABILITY

## Balance Sheet

Statements of Net Position

(In Thousands)

	<b>December 2024</b>	<b>Audited June 2024</b>
<b>Assets</b>		
Cash and marketable securities	\$ 434,461	\$ 365,258
Cash restricted for donor specified expenses	23,450	22,338
Patient receivables, net	185,031	189,107
Other receivables and current assets	268,282	224,646
Capital assets, net	1,011,095	966,276
Restricted for mortgage reserve, bonds	40,306	35,976
Other noncurrent assets	34,447	35,110
Total assets	<u>1,997,072</u>	<u>1,838,711</u>
<b>Liabilities</b>		
Accounts payable	74,087	82,681
Payable to related parties (UNM)	135,432	55,512
Interest payable bonds	59	59
Other accrued current liabilities	408,377	357,342
Bonds payable, non current	54,795	54,795
Mortgage Payable - NHT	317,923	276,877
Other long term liabilities	34,284	38,203
Total liabilities	<u>1,024,957</u>	<u>865,469</u>
<b>Net Position</b>		
Restricted for expendable grants, bequests, and contributions	23,450	22,338
Restricted for trust indenture and debt agreement	40,491	35,963
Assets invested in capital	523,319	511,901
Unrestricted from operations	384,855	403,040
Total net assets	<u>\$ 972,115</u>	<u>\$ 973,242</u>
<b>Current Ratio</b>	<b>1.47</b>	<b>1.62</b>
<b>Days Cash on Hand**</b>	<b>88.40</b>	<b>77.92</b>

\*\*Days cash on hand is calculated on unrestricted cash

## Income Statement

### UNM HOSPITALS

Statements of Revenues, Expenses, and Changes in Net Assets  
For the six (6) months ended December 31, 2024

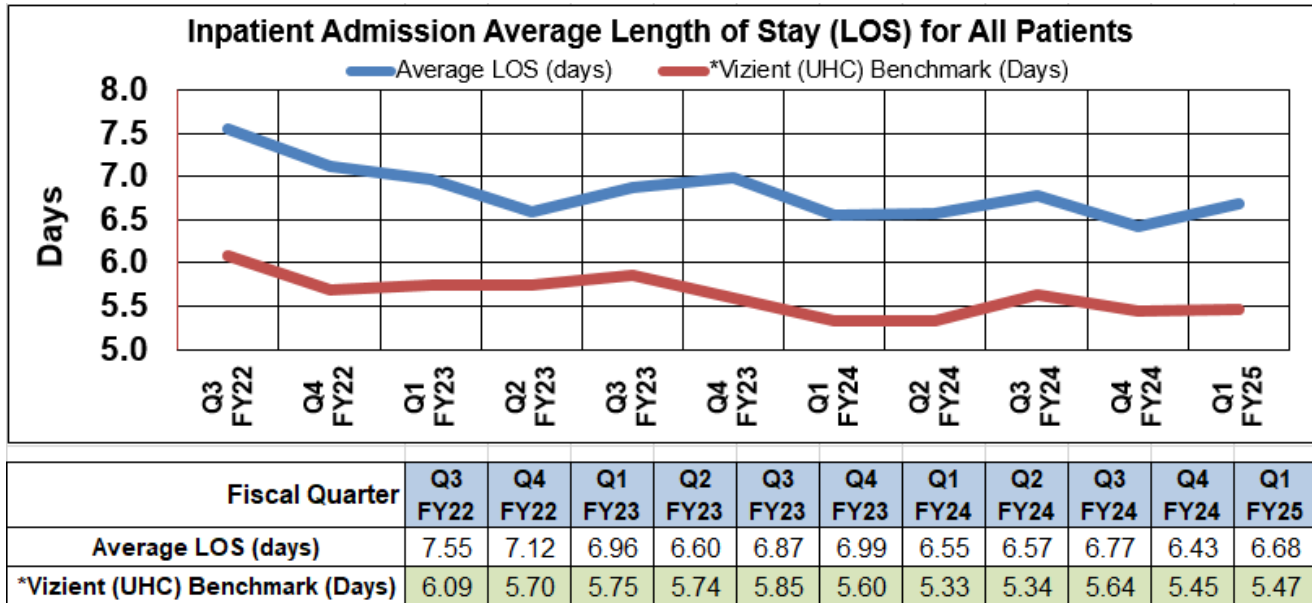
<i>(In Thousands)</i>	<u>December</u>
Operating revenues:	
Net Patient Service	\$ 802,765
Other	32,965
Total Operating Revenues	<u>835,730</u>
Operating expenses:	
Employee Compensation and Benefits	431,598
UNM School of Medicine Medical Services	118,172
Medical Services Oncology	19,029
Medical Services non-SOM	27,296
Medical Supplies	130,169
Oncology Drugs	35,003
Occupancy/Equipment	46,776
Depreciation	22,772
Purchased Services	51,529
Gross Receipts Tax	17,038
Other	20,370
Total Operating Expenses	<u>919,752</u>
Operating loss	<u>(84,021)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	63,779
Sandoval County Mill Levy	4,382
State Appropriation	10,686
Capital Appropriation	5,045
Interest Expense	(1,071)
Other Revenue and (Expense)	74
Net Nonoperating Revenues	<u>82,895</u>
Total Increase in Net Assets	<u><u>(1,126)</u></u>

## Mill Levy Distribution Detail by Department FY2024

Total Bernalillo County Mill Levy \$ 127,578,314.00  
 Note: 15% of the Mill Levy is allocated to Behavioral Health (see pg. 43)

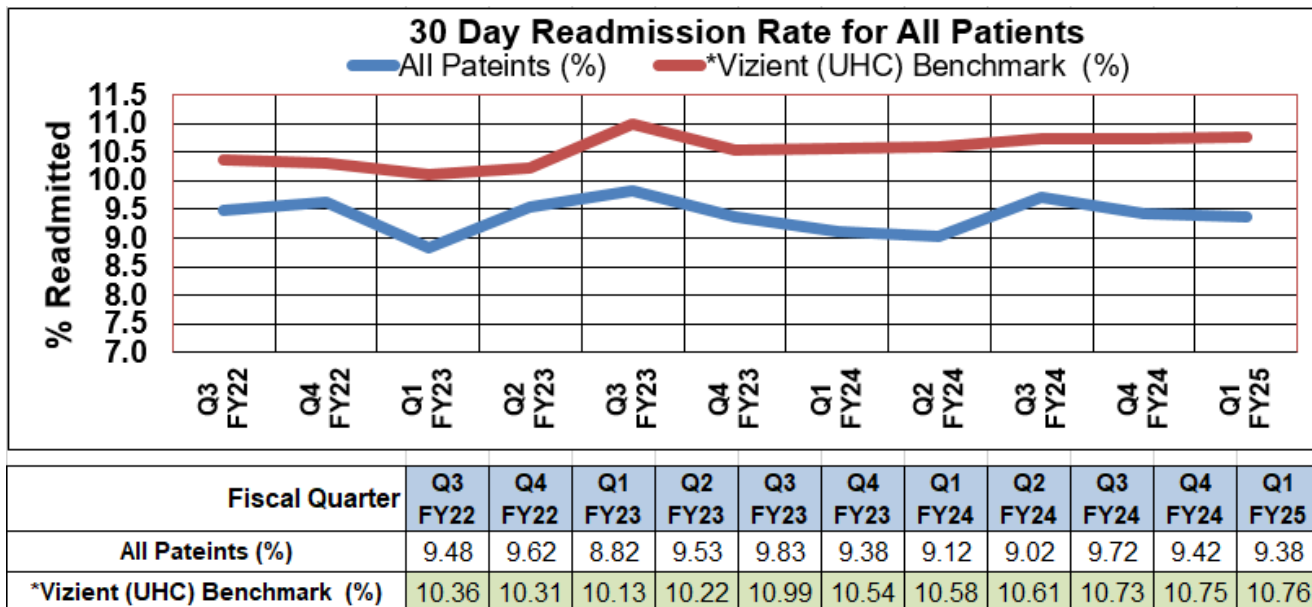
UNMH - 85%	
Mill Levy	\$ 108,441,567
Expenses	Total Spending
<i>Facilities</i>	
Facilities Maintenance	\$ 24,784,823
Environmental Services	14,729,715
Insurance	5,967,749
Plant Operations & Maintenance	7,711,778
Utilities	5,280,953
Clinical Engineering	3,301,224
Parking Structure and Support	669,700
Security	6,513,164
Off Site/Ambulatory Maintenance	5,447,227
Life Safety/Fire Protection	2,665,211
Facilities Planning	2,801,410
Facilities Other	1,172,826
Total Facilities	81,045,780
Finance	9,676,083
HR	20,187,891
<i>Information Technology</i>	
IT - Open Clinic/Mgt	6,185,471
IT - Patient Financial Services	4,210,406
Communications	6,060,875
IT Cerner Millennium RHO	5,472,422
Clinical Applications	3,706,129
Customer Service	3,794,578
Network & Infrastructure	3,223,734
Systems Support	4,109,699
System Develop and Applications	2,521,724
Network & Cyber Security	3,930,086
IT Non Capital Equipment	1,659,161
Computer Learning Technologies	1,518,683
Medical Records	2,204,875
IT - EVOLVE3	772,685
IT Admin, Oversight and Support	926,626
IT Other	5,879,285
Total Information Technology	56,176,439
<i>Revenue Cycle</i>	
Patient Financial Services	13,188,741
Coding	11,628,809
Revenue Cycle Initiatives	3,271,835
Medical Records Support Svcs	2,806,042
HIM Clinical Documentation	2,816,164
Collection Agencies	1,306,832
Revenue Other	777,719
Total Revenue Cycle	35,796,142
Food & Nutrition	11,037,669
<i>Other</i>	
Administration	11,944,125
FHA Bonds	4,963,458
Admin Support for Facilities/Planning	3,117,869
Admin Other	9,853,254
Total Other	29,878,706
<b>Total Mill Levy Expenditures</b>	<b>\$ 243,798,710</b>

## Average Length of Stay (LOS) for Inpatient Admissions



(There is a three-month delay in Vizient data.)

## 30 Day Readmission for All Patients

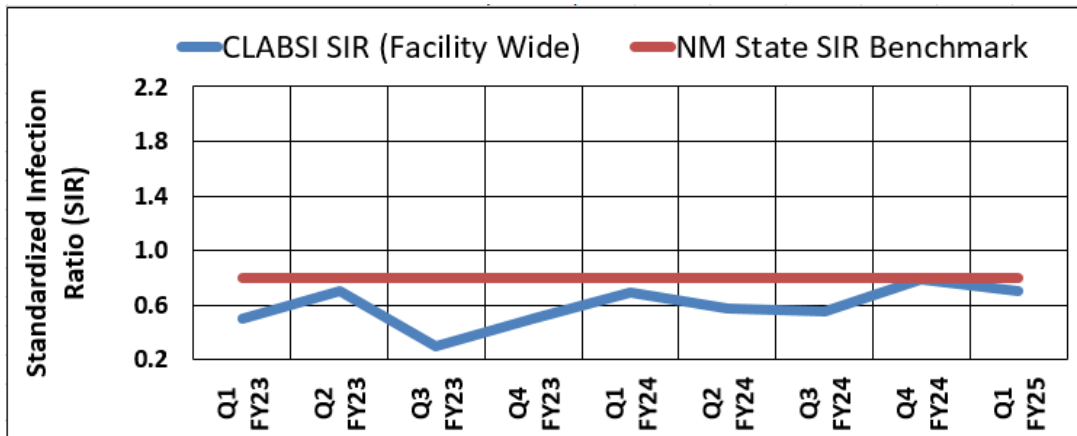


(There is a three-month delay in Vizient data.)

\*Vizient, Inc. (formerly, "UHC") is an alliance of the nation's leading academic medical centers ("AMCs") and associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.



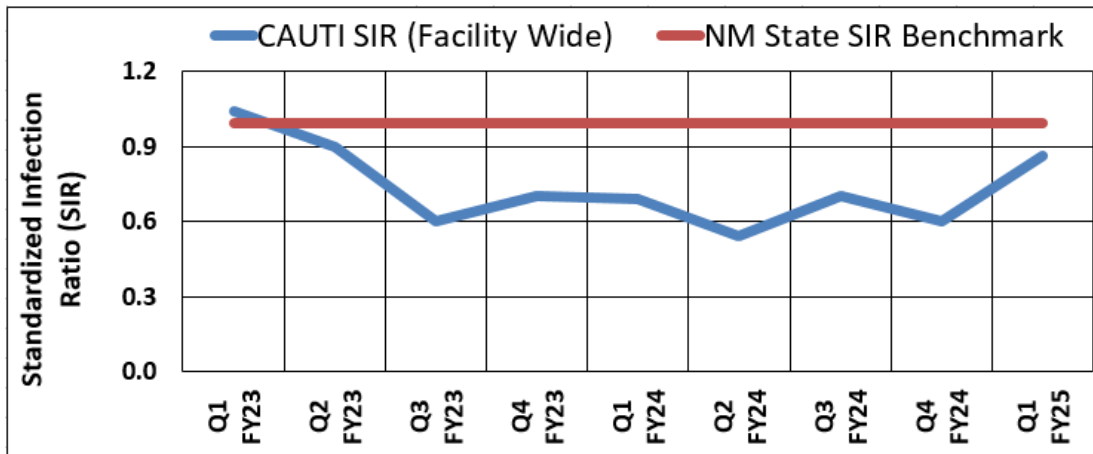
## Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25
CLABSI SIR (Facility Wide)	0.50	0.70	0.30	0.50	0.69	0.58	0.56	0.79	0.70
NM State SIR Benchmark	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
CLABSI Count	4	8	3	5	7	6	6	8	7
*NHSN Expected	8.1	11.1	10.1	10.2	10.2	10.4	10.8	10.0	10.0

Catheter data is delayed by one quarter.

## Catheter Associated Urinary Tract Infection



Catheter-Associated Urinary Tract Infection (CAUTI)	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25
CAUTI SIR (Facility Wide)	1.04	0.90	0.60	0.70	0.69	0.54	0.70	0.60	0.86
NM State SIR Benchmark	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99
CAUTI Count	11	11	7	8	9	7	9	7	10
*NHSN Expected	10.5	12.5	12.1	12.2	13.0	12.9	13.2	11.5	11.7

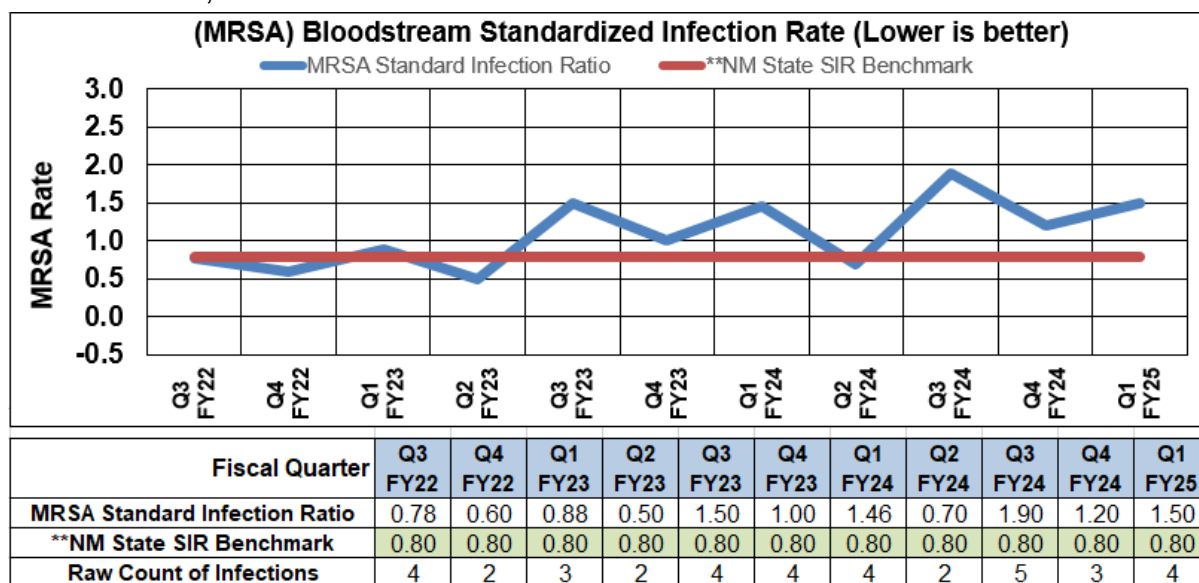
Catheter data is delayed by one quarter.

\*NHSN = National Healthcare Safety Network.

NHSN provides the figure for Expected. The SIR ratio is calculated by dividing UNMH **Observed** by the NHSN **Expected**, where observed is the count.

## MRSA Bloodstream Standardized Infection Rate

For Methicillin-resistant Staphylococcus Aureus (MRSA) Bloodstream Standardized Infection Rate, lower is better.



MRSA data is delayed by one quarter.

\*\*NM State Standardized Infection Ratio (SIR) Benchmark based off of 2022 Healthcare Associated Infection (HAIs) Data

## Total Number of Inpatient Days

FY23 Actual YTD based on the twelve (12) months ended June 30, 2023

FY24 Actual YTD is based on the twelve (12) months ended June 30, 2024

FY25 Projected is based on the previous (12) months ended December 31, 2024

Inpatient Days	FY23 Actual	FY24 Actual	FY25 Projected
Adult	133,431	136,985	134,942
Pediatric	38,961	37,020	34,400
Newborn	5,057	5,192	5,122
<b>Total Inpatient Days</b>	<b>177,449</b>	<b>179,197</b>	<b>174,464</b>

## Nursing Hours of Care

	FY23 June, 2023	FY24 June, 2024	FY25 Dec, 2024
<b>UNMH Nursing Hours of Care Per Patient*</b>	15.38	16.02	16.55

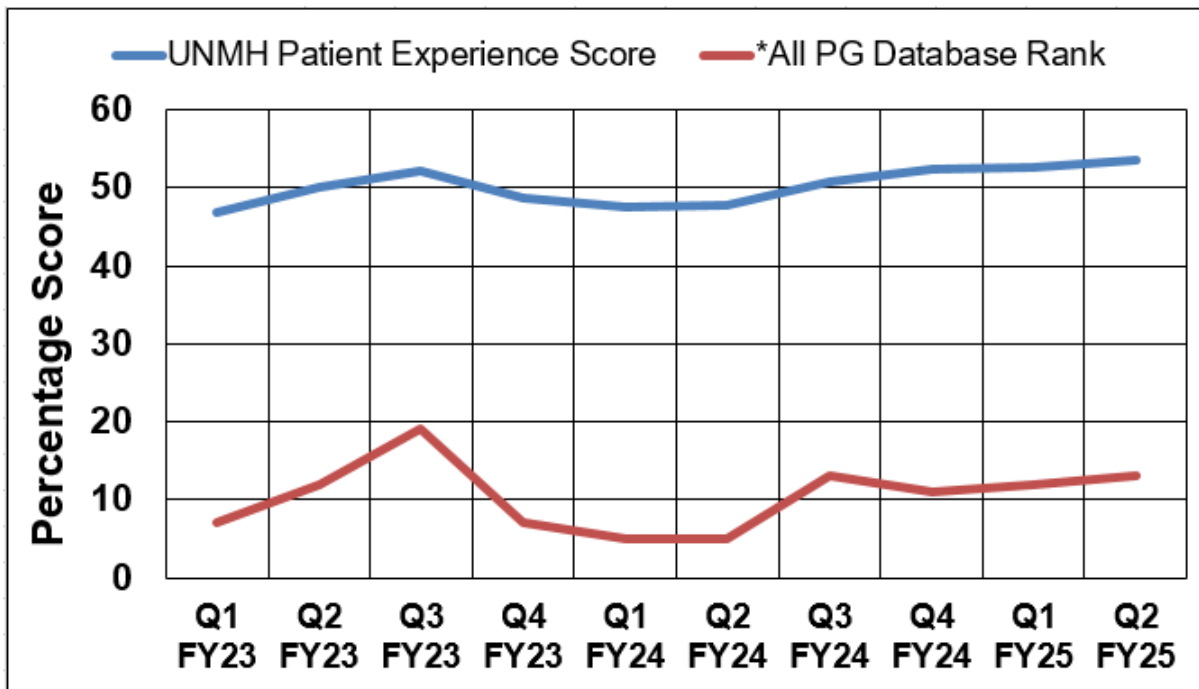
\*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

## Number of RN FTE's and Retention Rate

Category	Number of FTEs as of June 2024	Number of FTEs as of December 2024	FY2025 Hires (Headcount)	FY2025 Terms (Headcount)	Rolling Retention Rate
RN's	2,131	2,037	138	229	78.1%
*National Retention Rate Benchmark					81.3%

\* Per the 2024 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2023 national RN turnover rate is 18.7%.

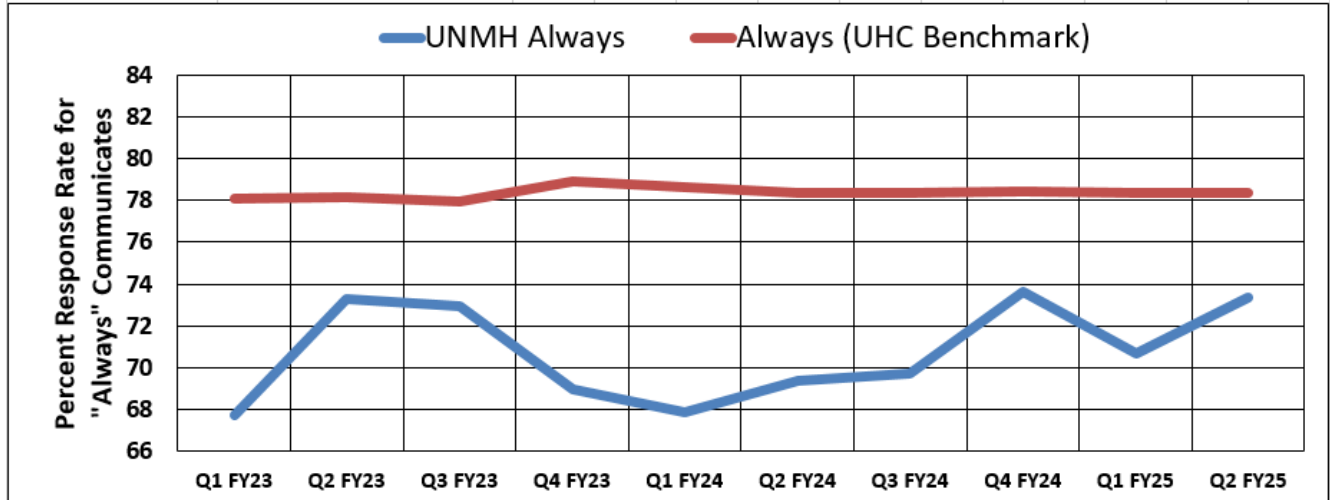
## Press Ganey Inpatient Experience Score



Quarter	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25
UNMH Patient Experience Score	46.9	50.0	52.1	48.8	47.6	47.9	50.9	52.5	52.6	53.6
*All PG Database Rank	7.0	12.0	19.0	7.0	5.0	5.0	13.0	11.0	12.0	13.0

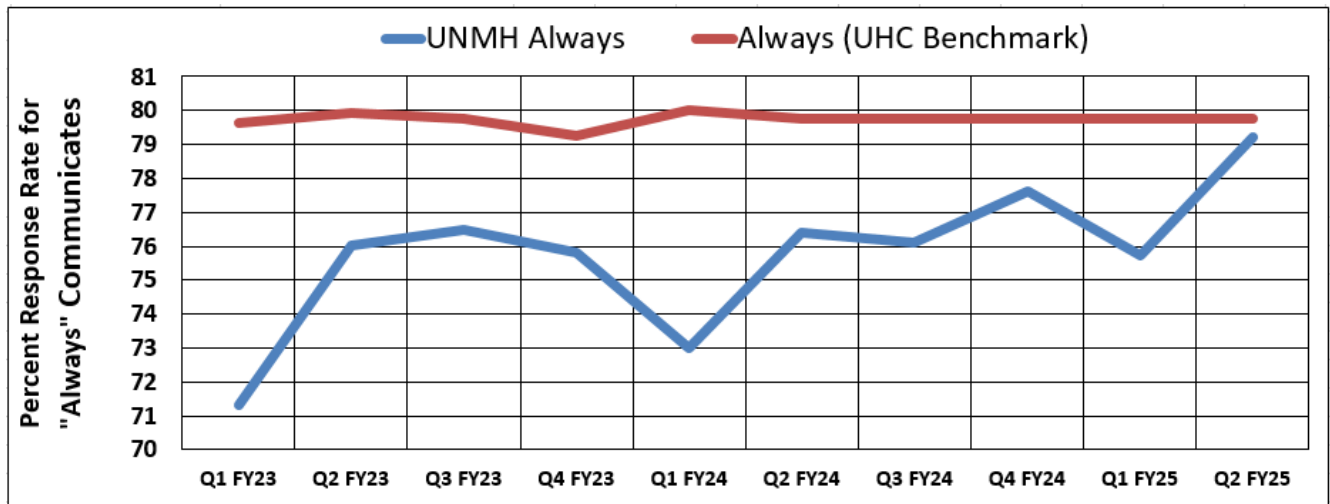
\*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

### HCAHPS Satisfaction – Communications with Nurses



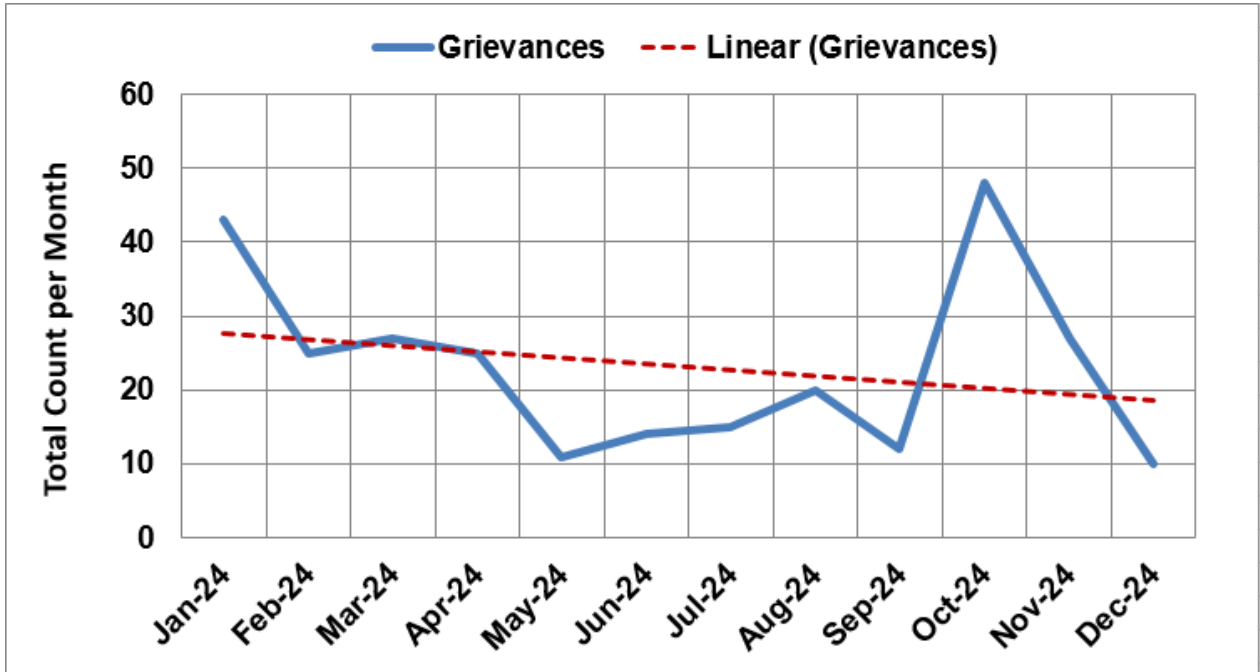
Communication with Nurses	Response	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25
H-COMP-1-A-P	UNMH Always	67.8	73.3	72.9	69.0	67.9	69.4	69.7	73.7	70.7	73.4
H-COMP-1-U-P	UNMH Usually	22.3	17.3	20.3	22.6	22.5	20.6	22.2	18.7	21.1	20.3
H-COMP-1-SN-P	UNMH Sometimes/Never	9.9	9.4	6.8	8.5	9.7	10.0	8.1	7.7	8.2	6.3
<b>UHC Benchmark</b>	<b>Always (UHC Benchmark)</b>	<b>78.1</b>	<b>78.1</b>	<b>77.9</b>	<b>78.9</b>	<b>78.6</b>	<b>78.4</b>	<b>78.4</b>	<b>78.4</b>	<b>78.3</b>	<b>78.3</b>

### HCAHPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25
H-COMP-2-A-P	UNMH Always	71.3	76.0	76.5	75.8	73.0	76.4	76.1	77.6	75.7	79.2
H-COMP-2-U-P	UNMH Usually	18.2	15.0	16.5	16.3	19.2	16.7	17.6	15.8	17.6	15.6
H-COMP-2-SN-P	UNMH Sometimes/Never	10.4	9.0	7.0	7.8	7.8	6.9	6.3	6.6	6.7	5.2
<b>UHC Benchmark</b>	<b>Always (UHC Benchmark)</b>	<b>79.6</b>	<b>79.9</b>	<b>79.8</b>	<b>79.3</b>	<b>80.0</b>	<b>79.8</b>	<b>79.8</b>	<b>79.8</b>	<b>79.7</b>	<b>79.7</b>

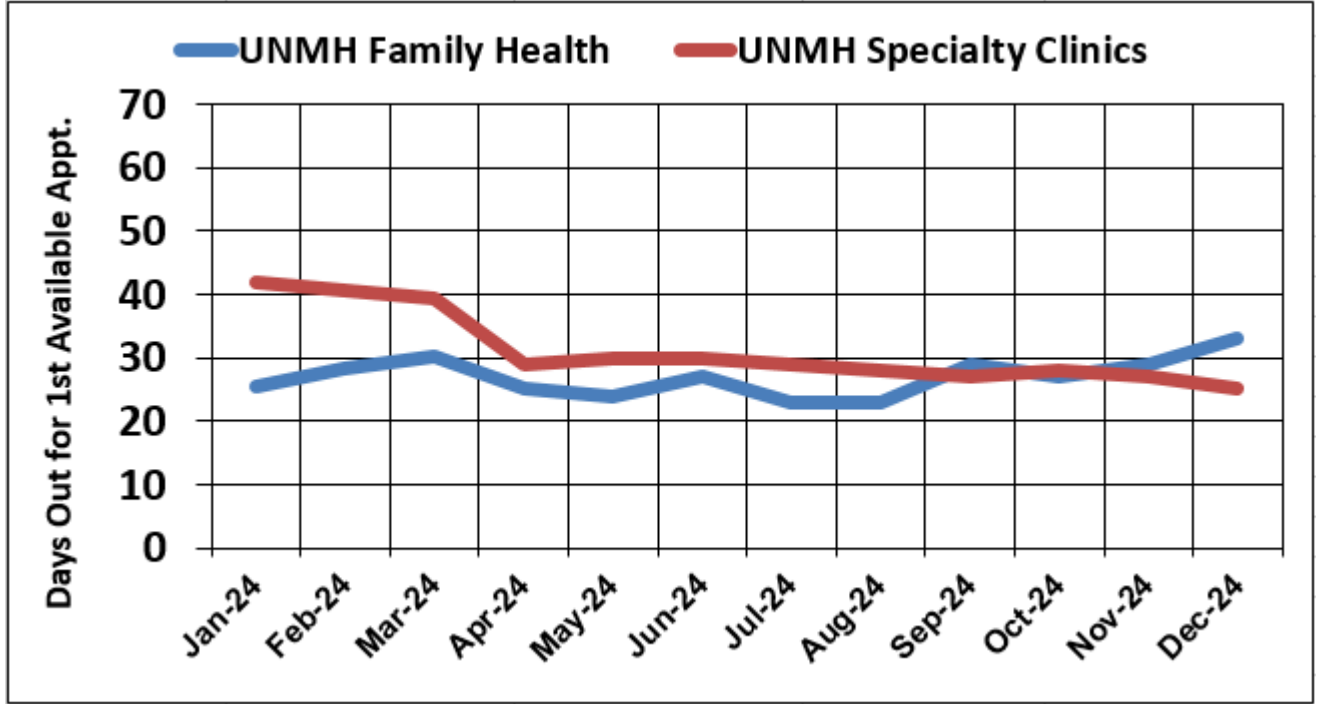
## Grievances



Month-Year	Grievances
Jan-24	43
Feb-24	25
Mar-24	27
Apr-24	25
May-24	11
Jun-24	14
Jul-24	15
Aug-24	20
Sep-24	12
Oct-24	48
Nov-24	27
Dec-24	10

## Average time for a New Patient Appointment for Primary and Specialty Care

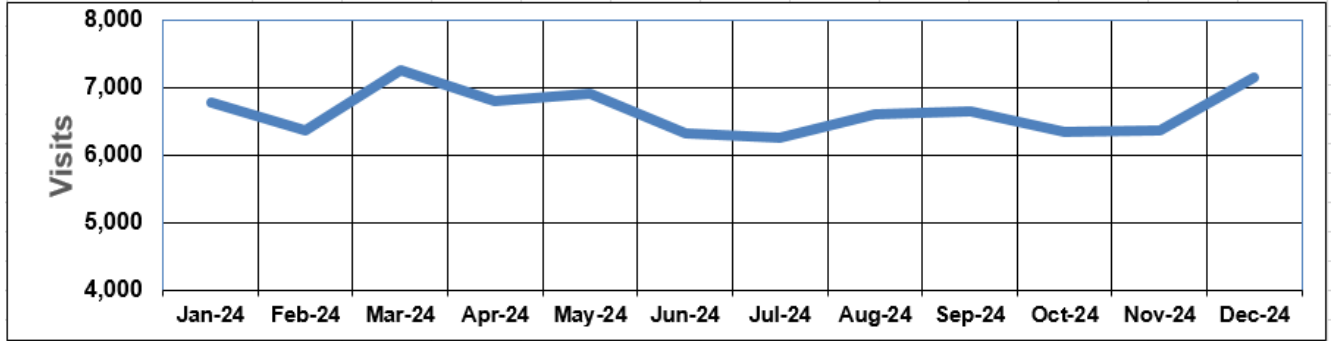
Average 1<sup>st</sup> Available\* Day out for Appointments.



Month	UNMH Family Health	UNMH Specialty Clinics
Jan-24	25	42
Feb-24	28	40
Mar-24	30	39
Apr-24	25	29
May-24	24	30
Jun-24	27	30
Jul-24	23	29
Aug-24	23	28
Sep-24	29	27
Oct-24	27	28
Nov-24	29	27
Dec-24	33	25

## Number of Emergency Department (ED) Visits

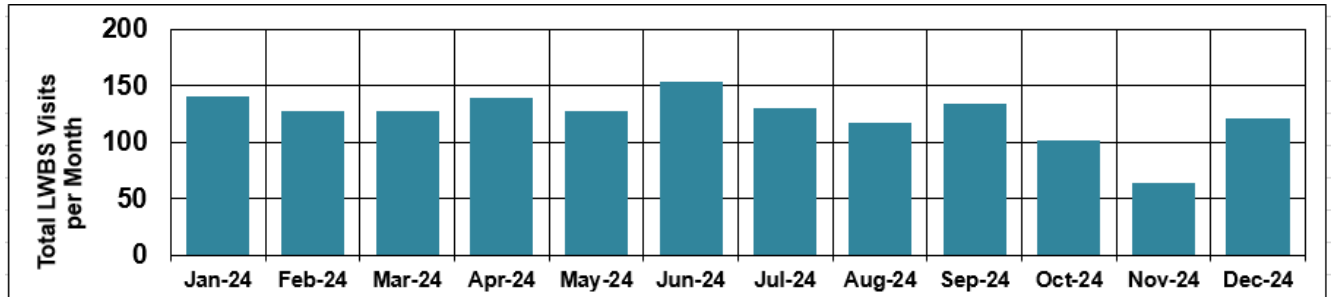
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Visits	6,793	6,380	7,255	6,804	6,910	6,331	6,268	6,612	6,650	6,352	6,377	7,152

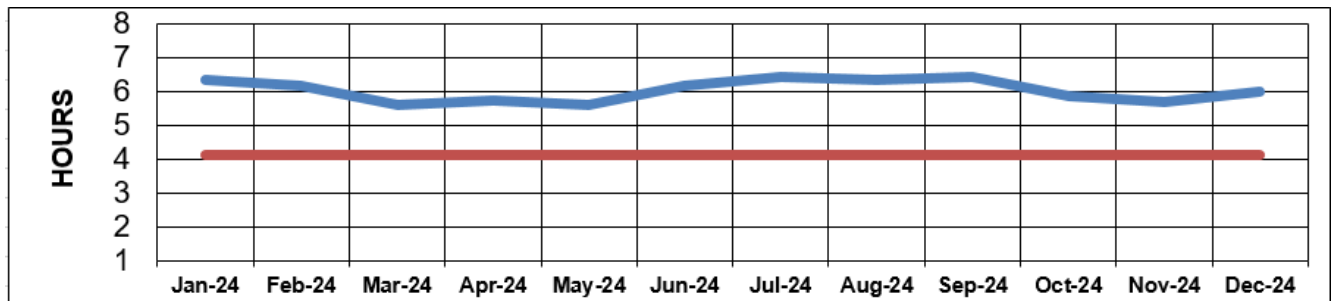
## Total ED Patients Left without Being Seen

Patients who “Left Without Being Seen” (LWBS), including all Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
UH LWBS	141	128	128	139	127	154	130	117	134	102	64	121

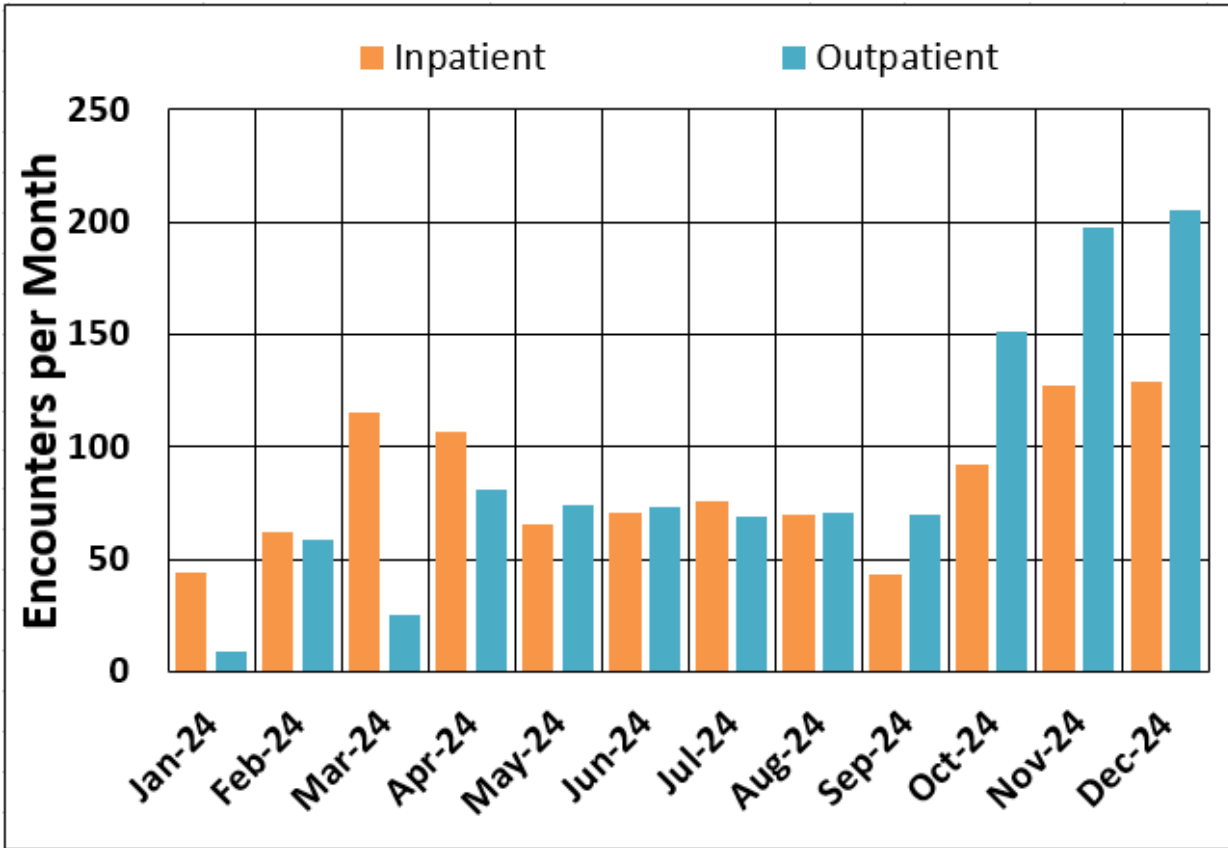
## ED Average Hours from Arrival to Disposition



Month	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Arrival to Disposition	6.37	6.17	5.60	5.75	5.63	6.17	6.43	6.37	6.43	5.87	5.68	6.02
*National Average	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11

\* Press Ganey, ED Pulse Report, 2010 - Average LOS in ED: 4 hours, 7 minutes.

### MDC Inmates Receiving Hospital Services



Month	Inpatient	Outpatient
Jan-24	44	9
Feb-24	62	59
Mar-24	115	25
Apr-24	107	81
May-24	66	74
Jun-24	71	73
Jul-24	76	69
Aug-24	70	71
Sep-24	43	70
Oct-24	92	151
Nov-24	127	198
Dec-24	129	205

Bernalillo County Metropolitan Detention Center (MDC) inmates receiving care at UNM Hospitals and registered as Metro BCDC (MDC ABQ Metro).

Beginning October 2024 OP appointments are being counted by the total number of inmates. In the past these were counted as number of sign-in's, not counting the number of inmates with each sign in.

Typically, patients use their own insurance when possible.



## Bernalillo County Encounters by Funding Source

All Bernalillo County encounters for the six (6) months ended December 31, 2024, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	13,896
EMSA	197
IHS	2,202
Medicaid	136,805
Medicare	146,134
Uninsured	19,895
HMO's & Insurance	137,945
All Other *	27,485
<b>Total Encounters</b>	<b>484,559</b>
<b>Native American Encounters **</b>	<b>61,030</b>

### Encounters:

Bernalillo County consist of Inpatients and Outpatients who provided a Bernalillo County zip code during their registration. Categories are based on Primary Payer Code. Includes Acute and Behavioral Health.

\***All Other** includes: Champus, Veteran Affairs, Tricare and Out of State Medicaid

\*\***Native American Encounters** are based on race as provided during registration, are not restricted to only Bernalillo County zip codes and could be duplicate of the Bernalillo encounters by payer above.

## Financial Assistance to Patients by County

Total financial assistance for the six (6) months ended December 31, 2024, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 26,855,949	\$ 12,390,562	\$ 39,246,511
Catron	10,570	634	11,204
Chaves	456,999	111,451	568,450
Cibola	381,210	202,663	583,872
Colfax	252,704	38,942	291,646
Curry	5,818	9,046	14,864
De Baca	1,543	5,427	6,970
Dona Ana	194,060	82,366	276,426
Eddy	13,401	54,133	67,534
Grant	5,222	47,900	53,122
Guadalupe	48,246	3,277	51,523
Harding	84	-	84
Hidalgo	1,749	5,288	7,037
Lea	45,773	27,485	73,258
Lincoln	22,932	64,624	87,556
Los Alamos	10,147	6,351	16,497
Luna	21,281	13,321	34,602
Mc Kinley	399,609	175,071	574,681
Mora	2,995	21,805	24,800
Otero	114,331	11,946	126,277
Quay	5,299	16,508	21,807
Rio Arriba	195,437	69,496	264,933
Roosevelt	14,149	5,758	19,907
San Juan	281,288	136,877	418,166
San Miguel	25,785	8,511	34,297
Sandoval	3,493,424	1,436,410	4,929,834
Santa Fe	1,291,994	683,772	1,975,766
Sierra	8,944	4,239	13,184
Socorro	208,210	93,899	302,108
Taos	175,266	134,822	310,087
Torrance	1,018,561	187,502	1,206,063
Union	10	123	133
Valencia	3,355,024	1,238,597	4,593,621
Out Of State	-	1,341,740	1,341,740
<b>Grand Total</b>	<b>\$ 38,918,013</b>	<b>\$ 18,630,546</b>	<b>\$ 57,548,559</b>

Total Uncompensated Care Cost: Cost of care for UNM Hospitals is the actual cost of providing care – e.g. salary, benefits, supplies, drugs, blood, organs, utilities, depreciation, contracts, services.

## Financial Assistance to Bernalillo County Patients by Zip Code

Totals for the six (6) months ended December 31, 2024

Bernalillo County Zip	Inpatient Encounter Count	Inpatient Charity Care and Uninsured Cost	Outpatient Encounter Count	Outpatient Charity Care and Uninsured Cost	Total Encounter Count	Total Patient Charity Care and Uninsured Cost
87008	2	\$ 699	59	\$ 12,125	61	\$ 12,824
87022	3	\$ 5,497	46	\$ 5,846	49	\$ 11,343
87047	6	\$ 18,056	143	\$ 43,481	149	\$ 61,538
87059	10	\$ 39,675	248	\$ 66,685	258	\$ 106,360
87100	-	\$ -	-	\$ -	-	\$ -
87101	1	\$ 4,435	23	\$ 8,909	24	\$ 13,345
87102	99	\$ 674,934	2,337	\$ 1,088,128	2,436	\$ 1,763,062
87103	2	\$ 32,664	18	\$ 6,669	20	\$ 39,333
87104	26	\$ 416,190	733	\$ 298,359	759	\$ 714,549
87105	205	\$ 2,298,416	6,400	\$ 4,056,232	6,605	\$ 6,354,648
87106	59	\$ 807,216	1,856	\$ 943,857	1,915	\$ 1,751,073
87107	62	\$ 386,169	2,224	\$ 1,220,624	2,286	\$ 1,606,793
87108	181	\$ 1,083,994	4,887	\$ 2,594,100	5,068	\$ 3,678,095
87109	76	\$ 673,406	1,778	\$ 944,677	1,854	\$ 1,618,083
87110	59	\$ 931,718	2,333	\$ 968,944	2,392	\$ 1,900,662
87111	47	\$ 183,261	1,333	\$ 351,014	1,380	\$ 534,276
87112	82	\$ 561,928	2,430	\$ 792,616	2,512	\$ 1,354,544
87113	19	\$ 343,267	659	\$ 335,128	678	\$ 678,394
87114	49	\$ 213,495	2,062	\$ 994,219	2,111	\$ 1,207,714
87115	-	\$ -	-	\$ -	-	\$ -
87116	1	\$ 148	30	\$ 10,868	31	\$ 11,016
87117	-	\$ -	2	\$ 36	2	\$ 36
87119	-	\$ -	16	\$ 2,997	16	\$ 2,997
87120	75	\$ 682,628	2,124	\$ 768,084	2,199	\$ 1,450,712
87121	312	\$ 3,886,249	9,688	\$ 6,734,727	10,000	\$ 10,620,976
87122	5	\$ 97,220	294	\$ 91,457	299	\$ 188,676
87123	120	\$ 957,661	3,893	\$ 2,034,248	4,013	\$ 2,991,909
87125	2	\$ 1,522	-	\$ -	2	\$ 1,522
87128	-	\$ -	-	\$ -	-	\$ -
87130	-	\$ -	1	\$ 80	1	\$ 80
87131	-	\$ -	13	\$ 1,382	13	\$ 1,382
87140	-	\$ -	-	\$ -	-	\$ -
87151	28	\$ 286,177	170	\$ 131,074	198	\$ 417,251
87153	-	\$ -	8	\$ 678	8	\$ 678
87154	1	\$ 4,662	47	\$ 8,979	48	\$ 13,641
87158	-	\$ -	-	\$ -	-	\$ -
87176	-	\$ -	86	\$ 10,307	86	\$ 10,307
87181	-	\$ -	20	\$ 1,899	20	\$ 1,899
87184	1	\$ 92	47	\$ 21,339	48	\$ 21,431
87185	-	\$ -	4	\$ 391	4	\$ 391
87187	-	\$ -	5	\$ 409	5	\$ 409
87190	1	\$ 2,565	11	\$ 2,045	12	\$ 4,609
87191	1	\$ 972	13	\$ 6,787	14	\$ 7,758
87192	2	\$ 2,153	17	\$ 12,458	19	\$ 14,611
87193	2	\$ 12,547	22	\$ 3,549	24	\$ 16,096
87194	-	\$ -	49	\$ 6,114	49	\$ 6,114
87195	4	\$ 16,268	72	\$ 18,509	76	\$ 34,777
87196	-	\$ -	23	\$ 2,963	23	\$ 2,963
87197	-	\$ -	33	\$ 5,138	33	\$ 5,138
87198	1	\$ 101	50	\$ 7,110	51	\$ 7,211
87199	2	\$ 3,518	35	\$ 1,770	37	\$ 5,288
<b>Grand Total</b>	<b>1,546</b>	<b>\$ 14,629,502</b>	<b>46,342</b>	<b>\$ 24,617,008</b>	<b>47,888</b>	<b>\$ 39,246,511</b>

## Financial Assistance to Bernalillo County Patients by Service Type

Totals for the six (6) months ended December 31, 2024.

Bernalillo County Zip	Medicine Count	Surgery Count	Cancer Count	Ortho-pedics Count	Womens Health Count	Cardio-vascular/ Respiratory/ Cardiac Care Count	Neuro-sciences/ Neuro-logical Count	Spine Count	Other Count	Neo-natology/ Normal Newborn/ Childrens Count	Behavioral Health Count	Total Count
87008	21	12	8	5	3	1	1	4	-	-	6	61
87022	20	6	3	4	6	2	2	-	-	-	6	49
87047	40	26	18	24	8	6	5	1	2	-	19	149
87059	81	26	31	40	5	26	12	7	5	-	25	258
87100	-	-	-	-	-	-	-	-	-	-	-	-
87101	6	4	-	2	2	1	-	3	-	-	6	24
87102	901	316	143	232	122	137	115	67	20	3	380	2,436
87103	7	2	-	1	2	2	-	-	-	1	5	20
87104	242	85	81	88	52	46	44	27	14	-	80	759
87105	2,138	960	560	724	798	361	303	175	75	14	497	6,605
87106	624	262	90	190	170	85	115	47	42	2	288	1,915
87107	786	290	226	229	169	136	130	58	36	-	226	2,286
87108	1,678	559	269	381	711	263	236	125	75	12	759	5,068
87109	670	228	152	175	124	89	116	60	31	6	203	1,854
87110	843	290	151	201	92	142	192	88	29	1	363	2,392
87111	472	172	75	139	107	94	116	29	14	4	158	1,380
87112	824	290	184	294	118	130	130	84	43	3	412	2,512
87113	195	85	135	57	66	32	21	13	13	1	60	678
87114	795	248	183	219	156	120	122	59	33	4	172	2,111
87115	-	-	-	-	-	-	-	-	-	-	-	-
87116	11	2	1	2	3	1	2	-	-	-	9	31
87117	-	1	-	-	-	-	-	-	-	-	1	2
87119	5	7	-	1	-	2	-	-	-	-	1	16
87120	725	274	170	236	184	96	134	68	27	5	280	2,199
87121	3,444	1,296	813	1,024	1,343	572	457	279	146	25	601	10,000
87122	93	31	77	30	10	19	12	5	2	-	20	299
87123	1,435	471	414	374	360	236	207	114	63	11	328	4,013
87125	-	-	-	-	1	-	-	-	1	-	-	2
87128	-	-	-	-	-	-	-	-	-	-	-	-
87130	1	-	-	-	-	-	-	-	-	-	-	1
87131	5	-	-	-	-	-	-	-	8	-	-	13
87140	-	-	-	-	-	-	-	-	-	-	-	-
87151	54	39	2	42	5	11	12	4	2	-	27	198
87153	-	-	-	3	-	-	-	-	-	-	5	8
87154	27	1	7	2	-	1	2	1	1	-	6	48
87158	-	-	-	-	-	-	-	-	-	-	-	-
87176	23	12	28	6	-	6	6	1	-	-	4	86
87181	10	-	2	1	-	5	-	-	-	-	2	20
87184	16	18	-	1	7	2	2	2	-	-	-	48
87185	2	-	-	-	-	-	-	-	-	1	1	4
87187	4	1	-	-	-	-	-	-	-	-	-	5
87190	3	3	1	-	-	1	1	-	-	-	3	12
87191	3	3	-	2	-	4	1	1	-	-	-	14
87192	7	-	2	-	-	2	-	-	-	-	8	19
87193	8	4	1	2	3	1	-	2	1	-	2	24
87194	19	10	-	9	1	2	3	2	-	-	3	49
87195	19	21	2	7	1	2	7	1	2	-	14	76
87196	15	-	1	1	-	-	2	-	1	-	3	23
87197	7	2	4	9	2	3	-	-	1	-	5	33
87198	18	4	1	7	2	6	6	2	2	-	3	51
87199	17	2	-	4	-	7	3	1	1	-	2	37
<b>Grand Total</b>	<b>16,314</b>	<b>6,063</b>	<b>3,835</b>	<b>4,768</b>	<b>4,633</b>	<b>2,652</b>	<b>2,517</b>	<b>1,330</b>	<b>690</b>	<b>93</b>	<b>4,993</b>	<b>47,888</b>

\*\*Trauma patient stats are included in service line related to the acute condition.

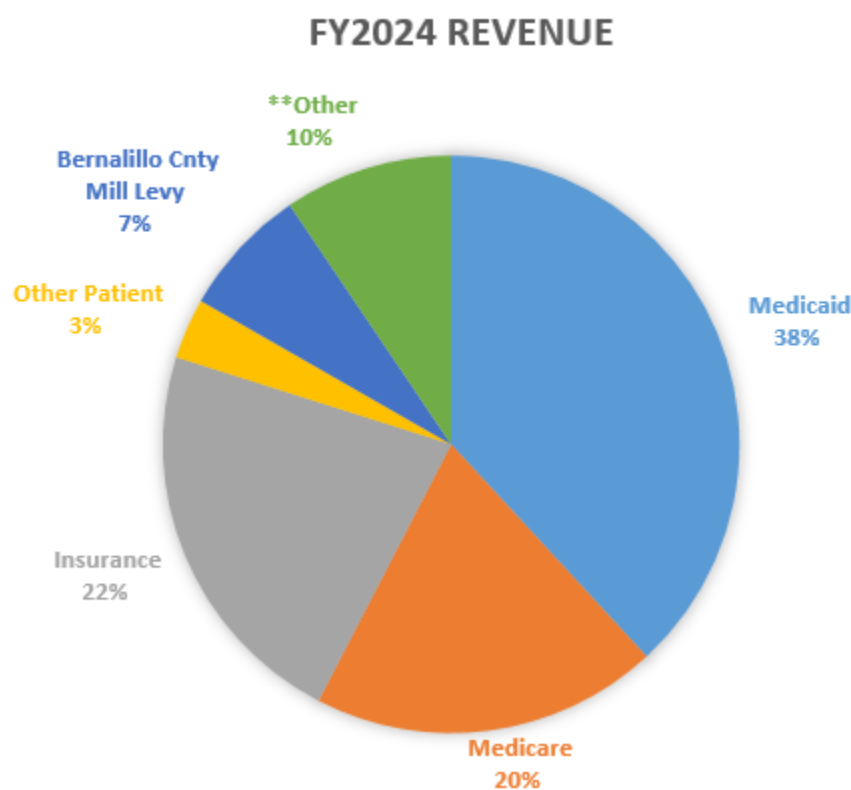
## Primary Reason for Bernalillo County Indigent Resident Visits

Totals are for each of the eight (8) quarters ended December 31, 2024.

Description	2024Q4	2024Q3	2024Q2	2024Q1	2023Q4	2023Q3	2023Q2	2023Q1
External causes of morbidity and mortality	4,083	5,358	5,576	5,385	3,941	3,925	4,217	5,989
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	3,560	3,699	3,517	3,301	2,370	2,403	2,277	3,170
Certain infectious and parasitic diseases	1,859	2,330	2,442	2,413	1,710	1,800	1,864	2,603
Diseases of the digestive system	1,815	2,337	2,425	2,268	1,674	1,754	1,885	2,547
Diseases of the musculoskeletal system and connective tissue	1,117	1,460	1,468	1,440	1,014	1,074	1,110	1,533
Diseases of the circulatory system	1,009	1,303	1,329	1,267	937	914	1,012	1,464
Congenital malformations, deformations and chromosomal abnormalities	999	1,358	1,312	1,200	918	1,022	1,066	1,328
Endocrine, nutritional and metabolic diseases	913	1,203	1,196	1,200	865	858	900	1,215
Injury, poisoning and certain other consequences of external causes	837	1,098	1,166	1,191	848	889	953	1,333
undefined	807	1,034	1,020	998	676	680	723	1,021
Diseases of the skin and subcutaneous tissue	742	1,018	991	978	689	722	738	1,016
Diseases of the nervous system	719	717	884	1,106	739	505	645	1,102
Mental and behavioural disorders	654	833	846	833	602	620	659	929
Pregnancy, childbirth and the puerperium	494	633	648	604	471	453	484	616
Diseases of the genitourinary system	477	632	662	691	513	533	568	772
Diseases of the respiratory system	349	550	560	517	329	355	382	534
Neoplasms	283	355	443	409	271	230	268	419
Factors influencing health status and contact with health services	211	256	294	330	237	206	264	368
Diseases of the ear and mastoid process	132	176	178	185	123	126	148	200
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	127	159	174	176	119	123	128	176
Codes for special purposes	58	95	44	68	106	51	59	102
Diseases of the eye and adnexa	14	23	26	22	13	15	17	25
Certain conditions originating in the perinatal period	1	1	2	1	1	1	1	0
	<b>21,260</b>	<b>26,628</b>	<b>27,203</b>	<b>26,583</b>	<b>19,166</b>	<b>19,259</b>	<b>20,368</b>	<b>28,462</b>

The visit count consists of indigent patients who provided a Bernalillo County zip code during their registration. Categories are based on CMS diagnosis codes.

## Revenues by Payor Source



**\*Other Patient:** Champus, Veteran Affairs, Tricare and Out of State Medicaid

**\*\*Other:** All other revenues that are not patient related. Such as State and Local Contracts, Other Operating Revenue, State Appropriations, Capital Appropriations, and Investment Income.

<b>FY2024</b>	
Medicaid	\$ 669,227,766
Medicare	341,515,984
Insurance	390,694,143
*Other Patient	59,525,223
Bernalillo Cnty Mill Levy	127,578,314
**Other	165,903,178
<b>Total Revenues</b>	<b>\$ 1,754,444,607</b>

# B. GOOD PRIMARY CARE SYSTEM

## Total Number of Outpatient Clinic Visits

FY23 is based on the twelve (12) months ended June 30, 2023

FY24 is based on the twelve (12) months ended June 30, 2024

FY25 is based on six (6) months ended December 31, 2024

539,709	<b>FY23 Actual (12 Months) **Removed COVID Clinic Visits</b>
540,655	<b>FY24 Actual (12 Months)</b>
267,383	<b>FY25 Actual (6 Months)</b>

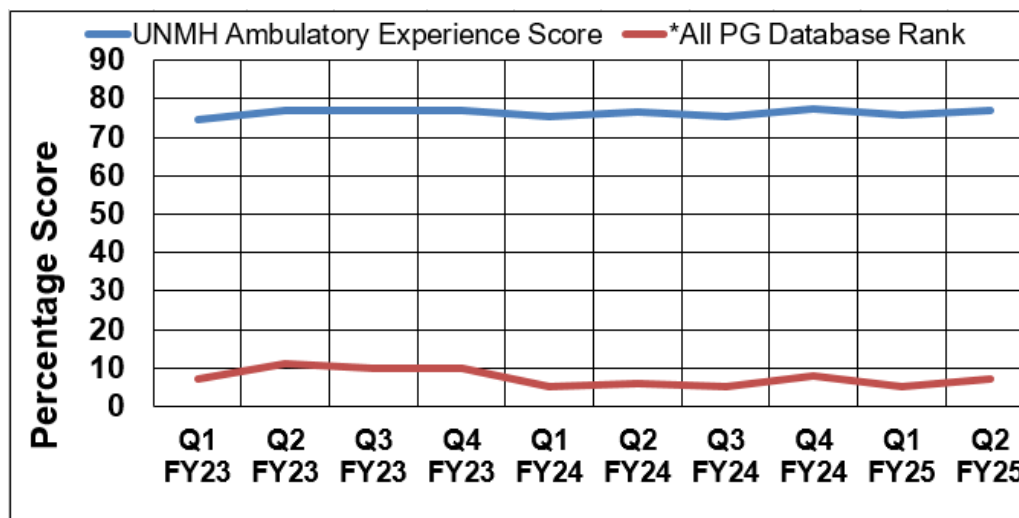
Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.

\*\*COVID Clinic Visits totaled 10,123 in FY23

## Number of Evening and Weekend Clinics (To deflect ED visits)

Clinic:	Location:	Hours:
Adult Urgent Care	Main Hospital - 1st Floor, 2211 Lomas Blvd NE	Monday - Sunday: 7am-6pm
Peds Urgent Care	Main Hospital - 3rd Floor, 2211 Lomas Blvd NE	Mon-Fri: 8am-7pm, Sat 9am-2pm
Young Children's Health Center	306 San Pablo ST SE, Suite A	Mon-Thur: 8am-7pm, Fri 8am-5pm, Sat 9am-2pm

## Press Ganey Ambulatory Experience Score

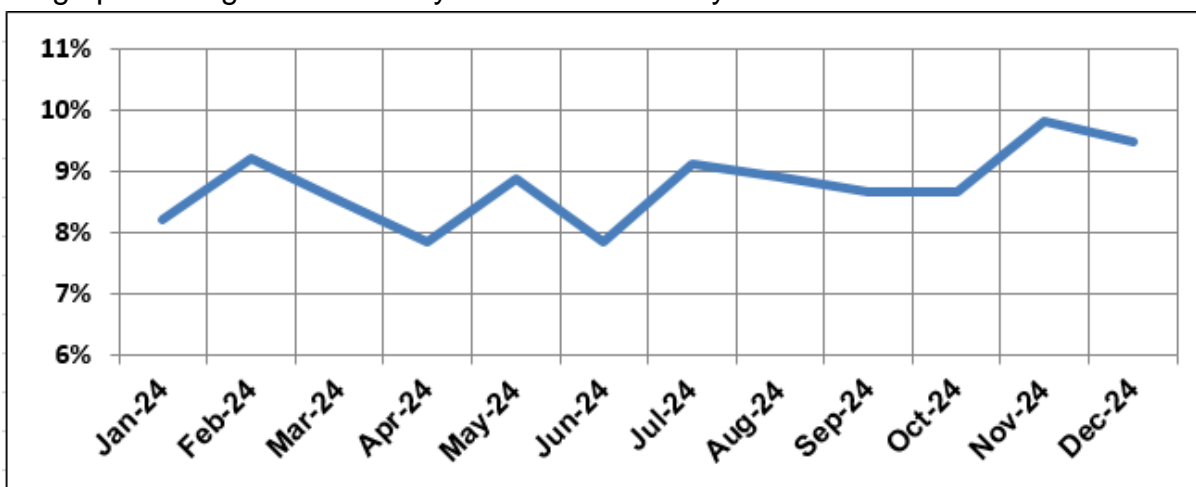


Quarter	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25
UNMH Ambulatory Experience	74.5	76.8	77.0	77.0	75.4	76.6	75.4	77.4	75.7	76.9
*All PG Database	7.0	11.0	10.0	10.0	5.0	6.0	5.0	8.0	5.0	7.0

\*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

## Percentage of Primary Care Patients with Same Day Clinic Appointments

Average percentage of Same Day Access for Primary Care Clinics.



Month	Same Day	Total Arrived	Same Day Rate
Jan-24	1,343	16,337	8.2%
Feb-24	1,504	16,366	9.2%
Mar-24	1,347	15,863	8.5%
Apr-24	1,268	16,171	7.8%
May-24	1,440	16,214	8.9%
Jun-24	1,112	14,155	7.9%
Jul-24	1,355	14,848	9.1%
Aug-24	1,417	15,889	8.9%
Sep-24	1,230	14,184	8.7%
Oct-24	1,486	17,180	8.6%
Nov-24	1,370	13,979	9.8%
Dec-24	1,240	13,071	9.5%

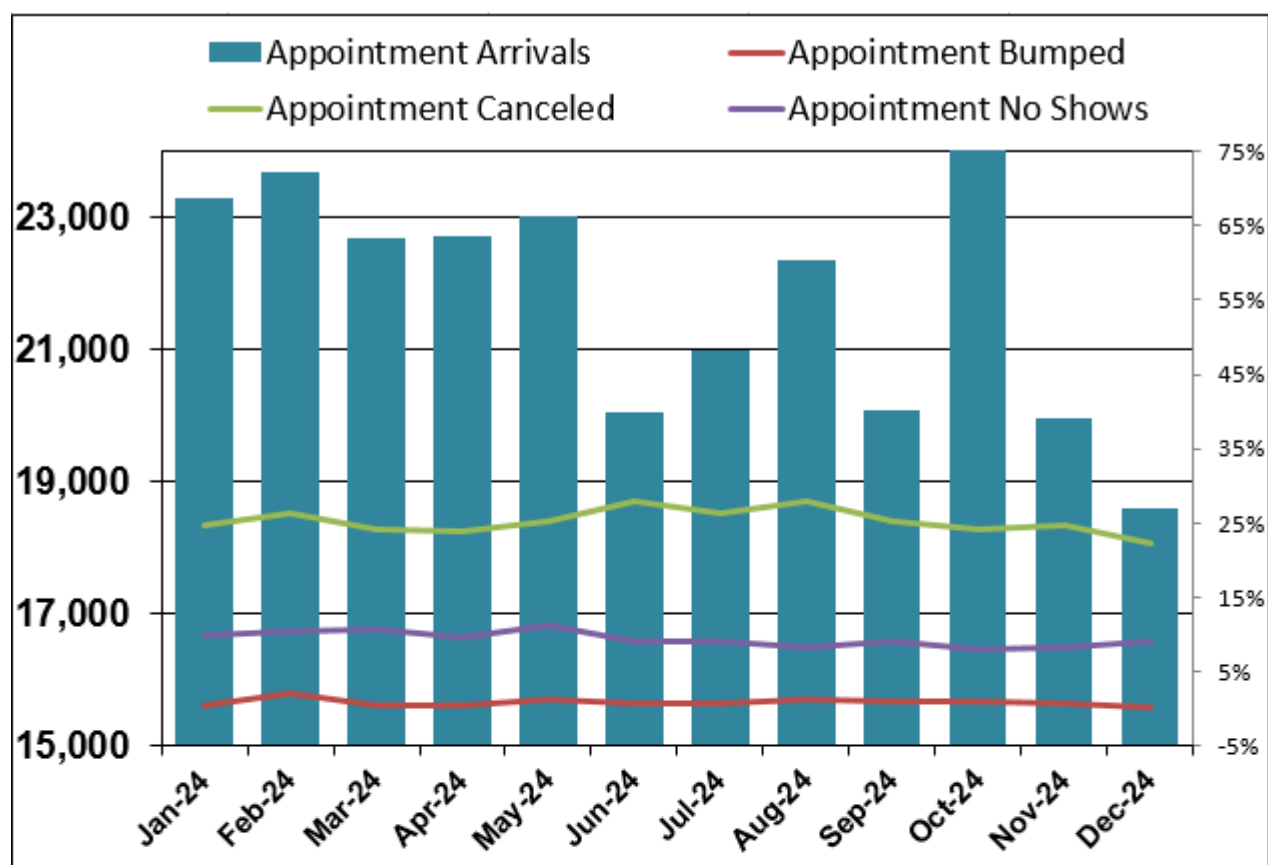
Most recent three (3) month average for Same Day Access by Primary Care Clinic.

Average	Primary Care Clinics
7.4%	1209 Clinic
8.6%	Alamo Primary Care Clinic
4.9%	Family Practice Clinic
2.9%	General Pediatric Clinic
7.6%	Northeast Heights Clinic
8.8%	Senior Health Center
3.9%	Southeast Heights Clinic
9.8%	Southwest Mesa Clinic
3.8%	SRMC FP Clinic
6.9%	UH 4th Street NV Clinic
15.2%	UH Atrisco Heritage
50.3%	UNM Lobocare Clinic
6.8%	UNMMG Family Health Grande
6.9%	Westside Clinic
7.4%	Young Childrens Health Center



## Primary Care Outpatient Appointment Dispositions

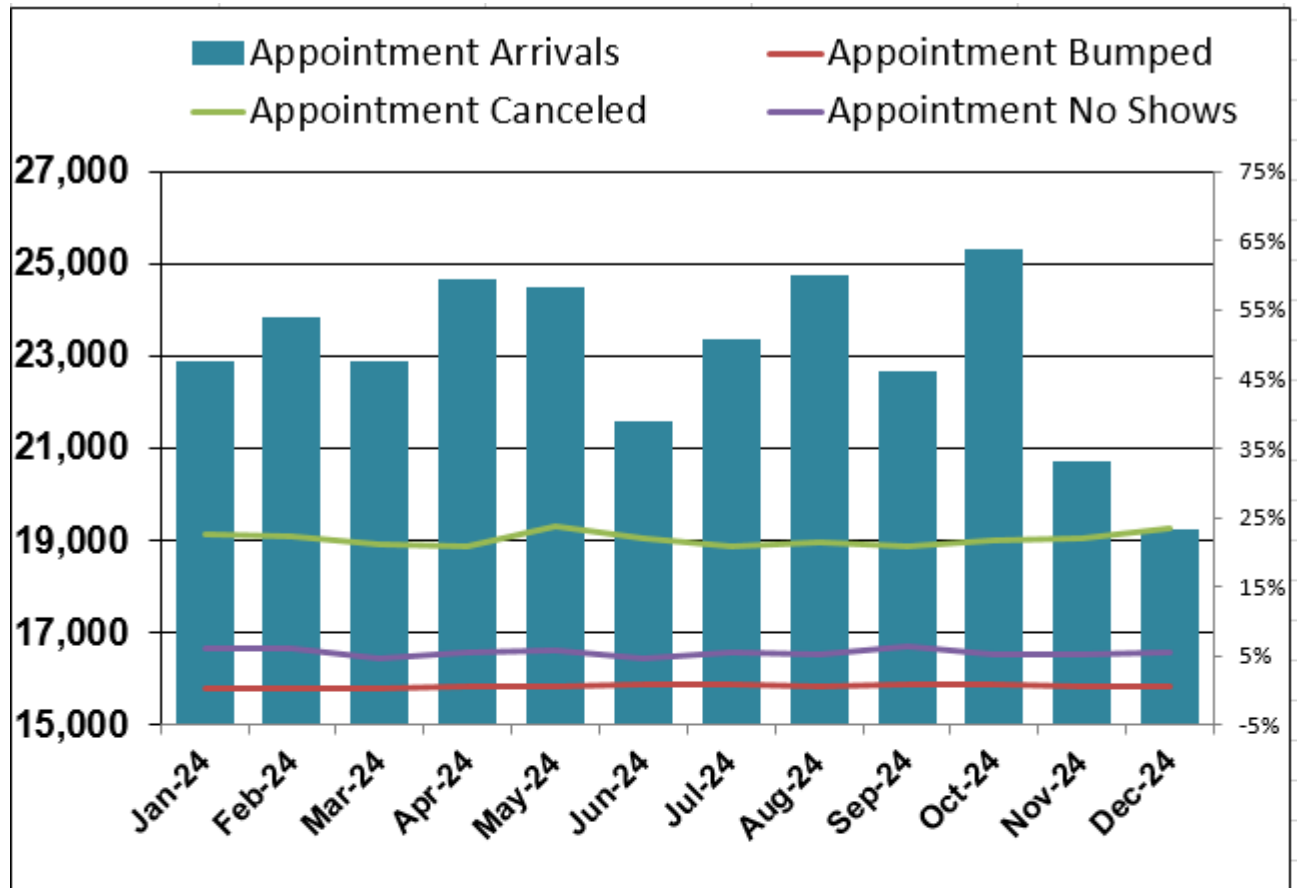
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-24	23,283	1%	25%	10%
Feb-24	23,689	2%	26%	10%
Mar-24	22,690	0%	24%	11%
Apr-24	22,721	1%	24%	10%
May-24	23,003	1%	25%	11%
Jun-24	20,062	1%	28%	9%
Jul-24	20,994	1%	26%	9%
Aug-24	22,341	1%	28%	8%
Sep-24	20,089	1%	25%	9%
Oct-24	24,281	1%	24%	8%
Nov-24	19,971	1%	25%	8%
Dec-24	18,611	0%	22%	9%

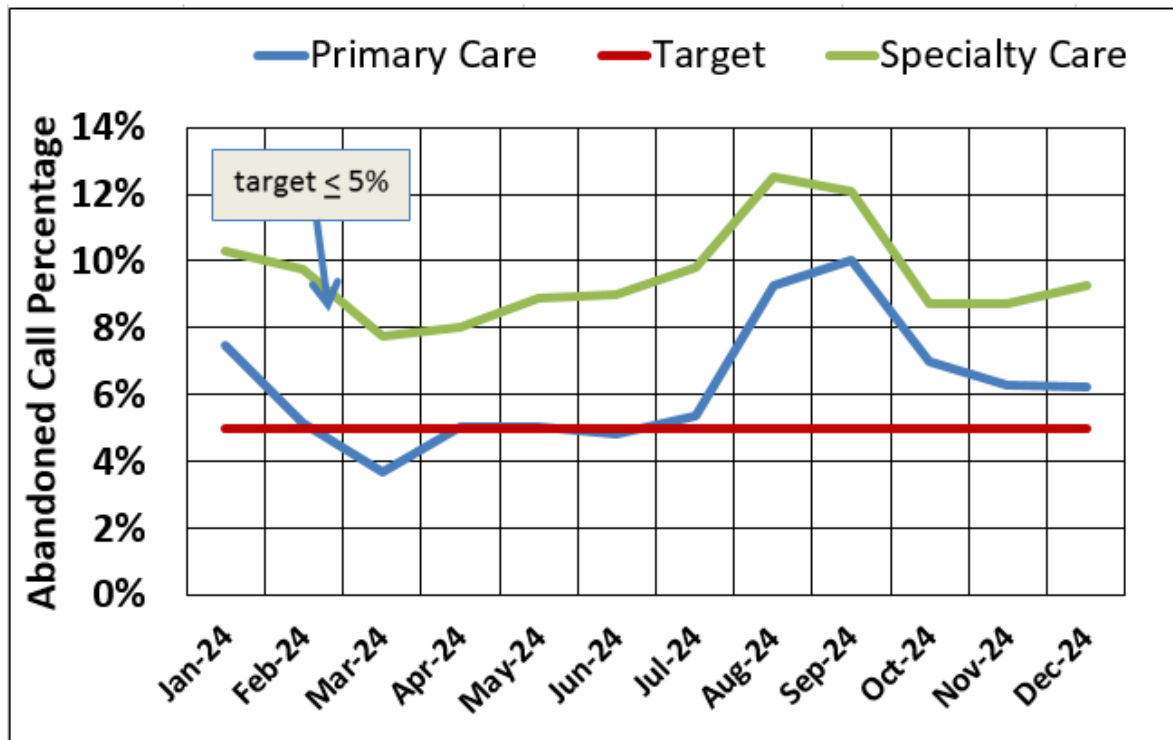
## Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-24	22,892	0%	23%	6%
Feb-24	23,845	0%	22%	6%
Mar-24	22,870	0%	21%	5%
Apr-24	24,649	0%	21%	5%
May-24	24,492	1%	24%	6%
Jun-24	21,583	1%	22%	5%
Jul-24	23,370	1%	21%	5%
Aug-24	24,773	1%	21%	5%
Sep-24	22,656	1%	21%	6%
Oct-24	25,334	1%	22%	5%
Nov-24	20,732	1%	22%	5%
Dec-24	19,237	1%	23%	5%

## Percentage Abandoned Phone Calls for Primary and Specialty Care

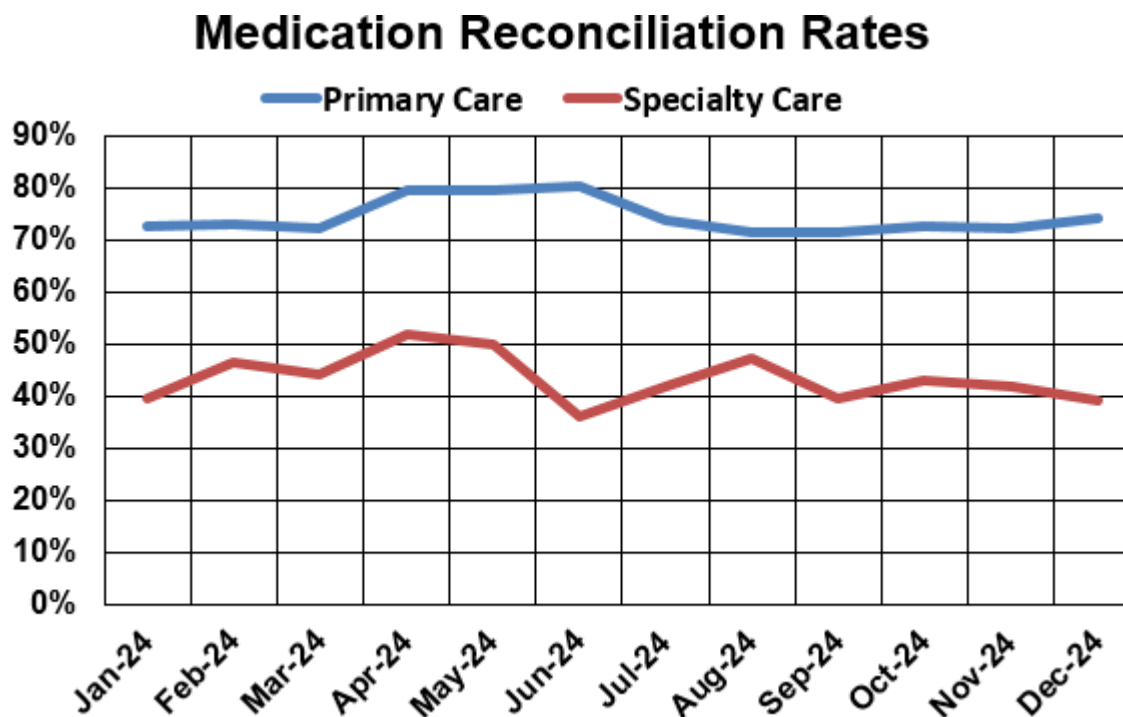


Area:	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Jan-24	7.46%	10.27%	5%
Feb-24	5.17%	9.77%	5%
Mar-24	3.67%	7.76%	5%
Apr-24	5.02%	8.02%	5%
May-24	5.03%	8.88%	5%
Jun-24	4.83%	9.01%	5%
Jul-24	5.36%	9.81%	5%
Aug-24	9.29%	12.52%	5%
Sep-24	10.02%	12.10%	5%
Oct-24	6.98%	8.71%	5%
Nov-24	6.30%	8.75%	5%
Dec-24	6.24%	9.27%	5%

## Medication Reconciliation Goals Primary and Specialty Care

National Patient Safety Goal :

UNH Medication Reconciliation Rates for Primary Care and Specialty Care.



Month	Primary Care	Specialty Care
Jan-24	72.8%	39.4%
Feb-24	72.9%	46.5%
Mar-24	72.2%	44.3%
Apr-24	79.4%	51.8%
May-24	79.6%	49.9%
Jun-24	80.4%	36.2%
Jul-24	73.7%	41.9%
Aug-24	71.5%	47.4%
Sep-24	71.4%	39.7%
Oct-24	72.8%	43.1%
Nov-24	72.1%	42.0%
Dec-24	74.0%	39.1%

## Percentage of Patients with Access to Electronic Medical Record

The statistics below are only for online access to medical records.

As of January 2, 2025

465,568	Invitations sent out to patients who provided an email address.
215,063	Patients who have claimed invitation to sign up.
6,785	Patients who have self enrolled directly without an invitation.
188,719	*Active Users who have accessed their medical records.
41%	Percentage of patients who can potentially access their medical records electronically .

\*The number of Active Users shown is the current number. It does not allow for deceased patients, nor children under age 13 covered under Children's Online Privacy Protection Act (COPPA).

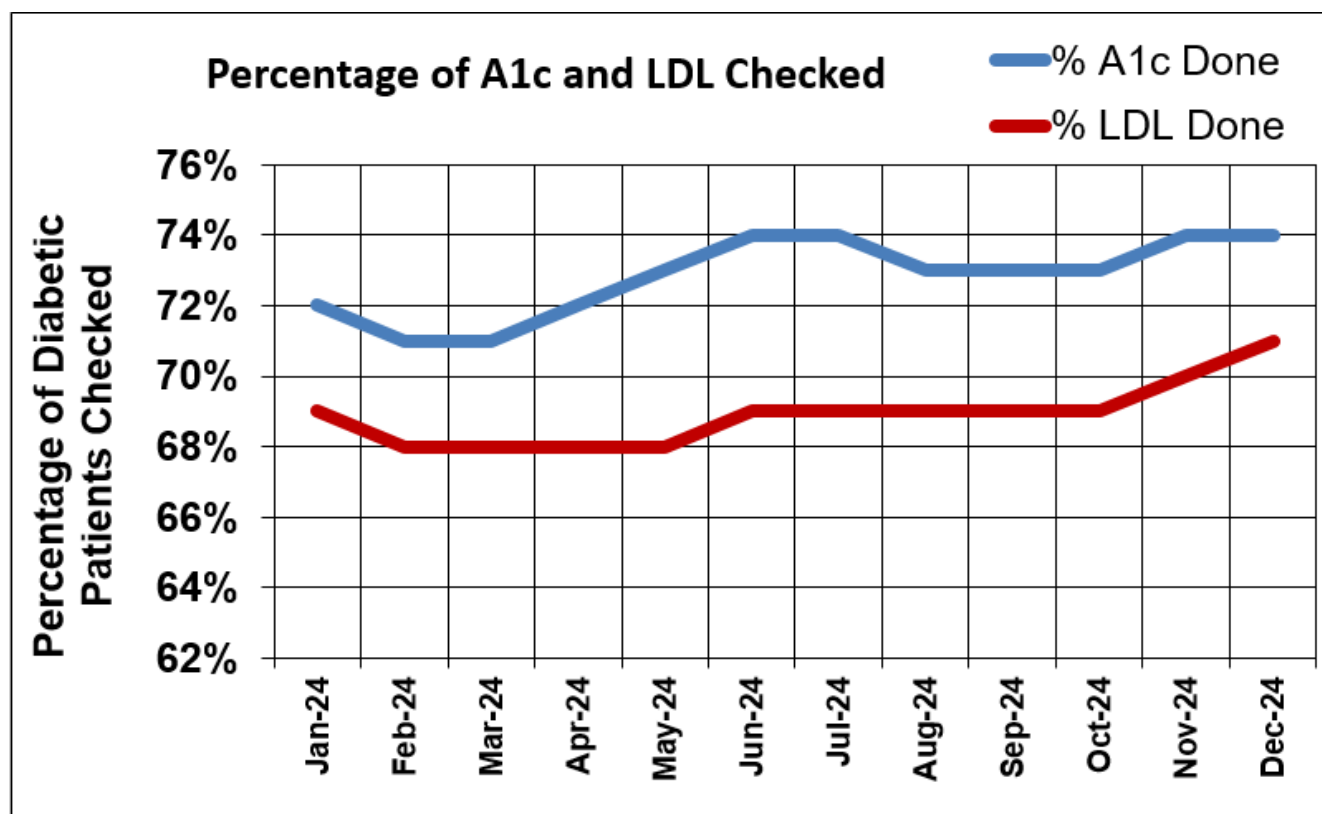
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

UNMH turned on the **MyHealth** on October 31, 2012 to provide patients on-line access to their medical records. **MyHealth** is UNM's patient portal where you can manage your health care outside of the traditional office visit.

What to expect from MyHealth at UNM:

- See appointment information anytime.
- See your lab results and data.
- HIPAA-compliant, secure way to communicate with your Doctors and Healthcare Providers.
- View, download, and share parts of your UNM health record.

## Diabetes Management Indicators for HgbA1C and LDL <100



Month	Total Patients	A1c Done	% A1c Done	LDL Done	% LDL Done
Jan-24	8,463	6,066	72%	5,828	69%
Feb-24	8,557	6,110	71%	5,825	68%
Mar-24	8,536	6,090	71%	5,798	68%
Apr-24	8,559	6,153	72%	5,797	68%
May-24	8,492	6,167	73%	5,796	68%
Jun-24	8,514	6,279	74%	5,859	69%
Jul-24	8,250	6,075	74%	5,687	69%
Aug-24	8,324	6,097	73%	5,755	69%
Sep-24	8,539	6,204	73%	5,863	69%
Oct-24	8,545	6,258	73%	5,899	69%
Nov-24	8,568	6,319	74%	5,999	70%
Dec-24	8,061	5,989	74%	5,759	71%

## C. FINANCIAL SERVICES

### UNM Care Enrollment and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Medicaid applications completed at UNMH
Jan-24	4,527	97
Feb-24	4,316	138
Mar-24	4,374	104
Apr-24	3,491	309
May-24	4,544	242
Jun-24	5,002	204
Jul-24	5,203	180
Aug-24	4,452	193
Sep-24	4,484	179
Oct-24	4,577	239
Nov-24	4,700	219
Dec-24	4,881	136

### Total Uncompensated Care – Charity Care and Uninsured

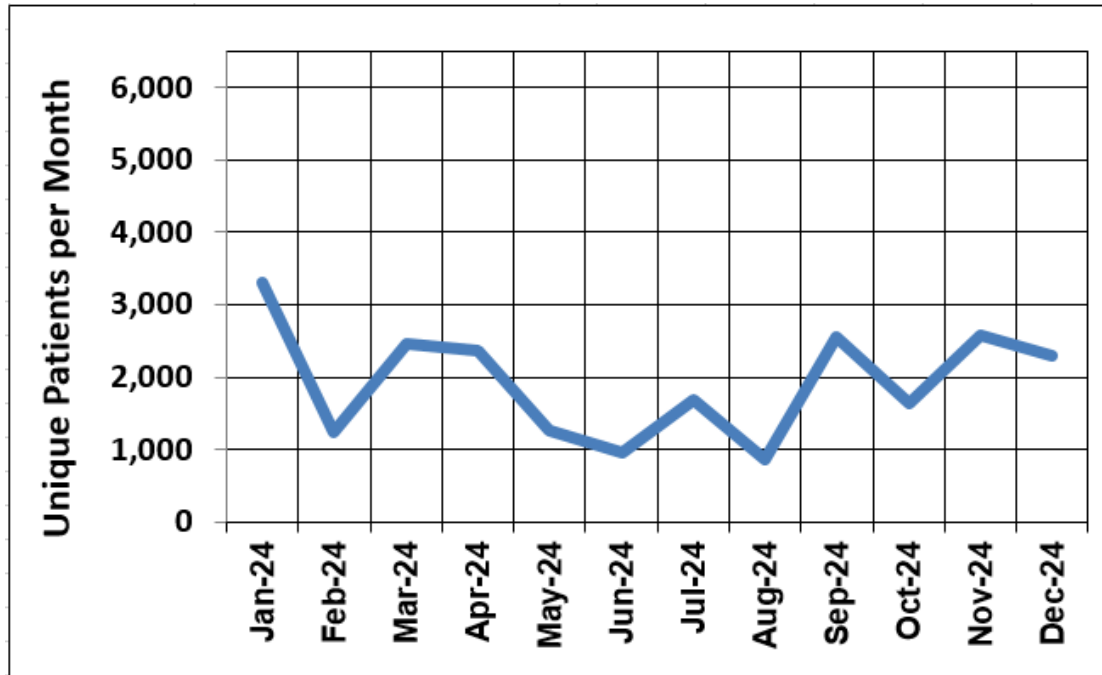
For the six (6) months ended December 31, 2024, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	14,052	6,058	20,110
Encounters	37,212	10,676	47,888
<b>Cost</b>	<b>\$ 26,855,949</b>	<b>\$ 12,390,562</b>	<b>\$ 39,246,511</b>

**Total Uncompensated Care Cost:** Cost of care for UNM Hospitals is the actual cost of providing care - salary, benefits, supplies, drugs, blood, organs, utilities, depreciation, contracts, services.

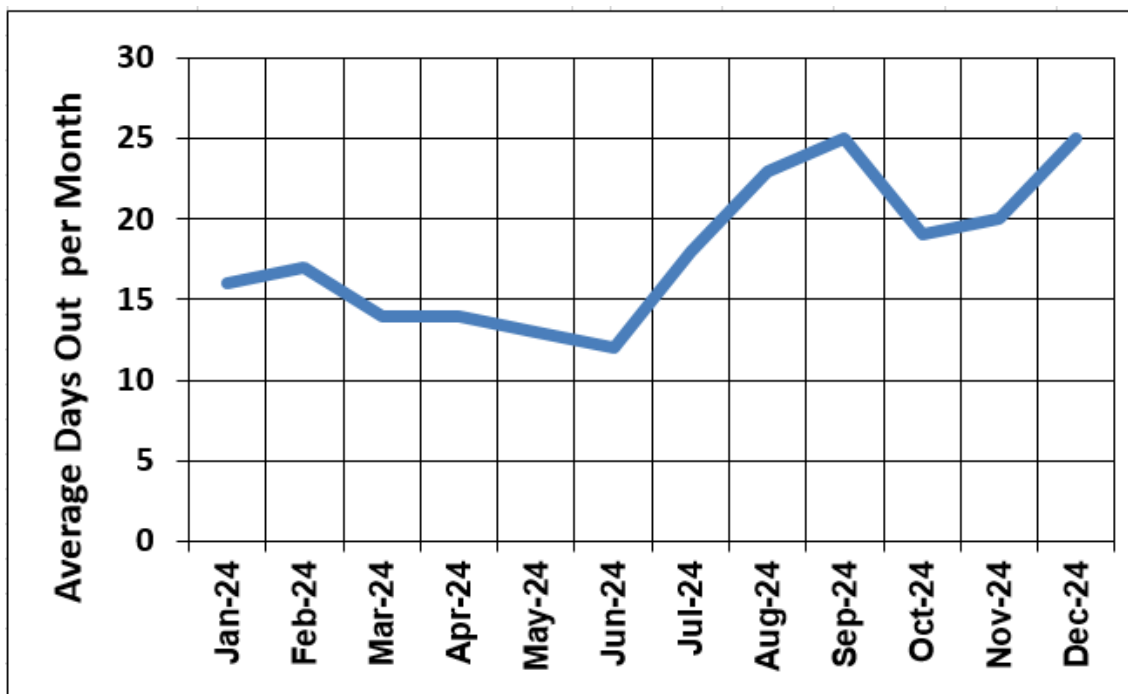
## Number of Unique Patients Sent to Collections

The following trend is the monthly number of unique patient accounts sent to the UNMH contracted collection agency and includes all counties.



## Days Out for Scheduling Financial Assistance Appointment

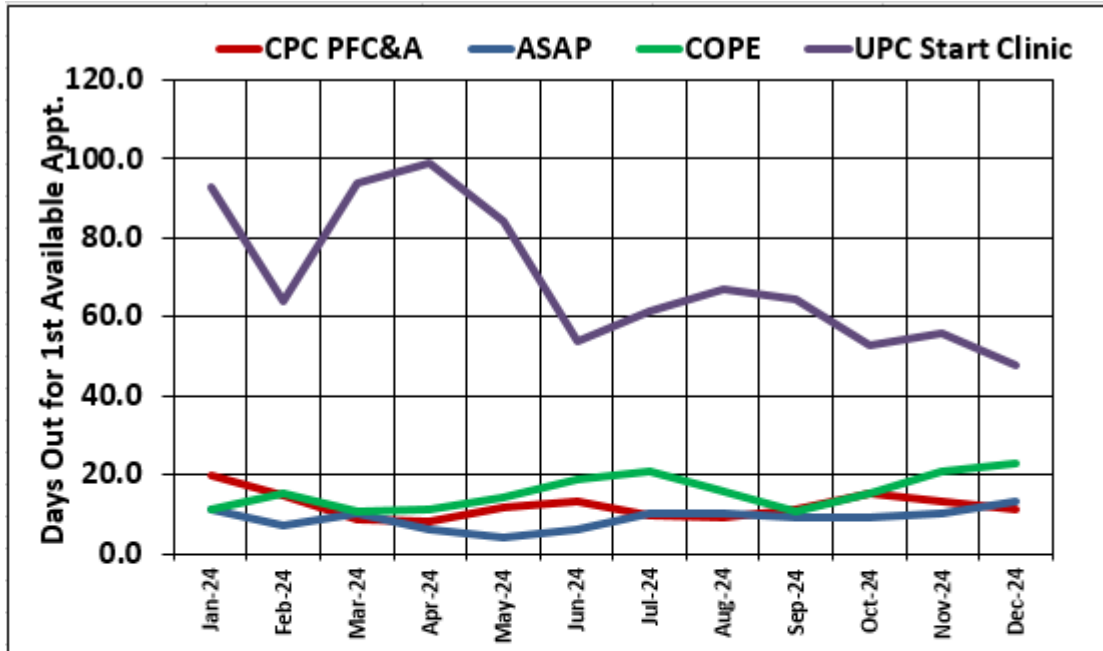
The statistics below are the average number of “days out” each month for scheduling a financial assistance appointment.





# D. BEHAVIORAL HEALTH

## Average Appointment Time for BH Outpatient Services



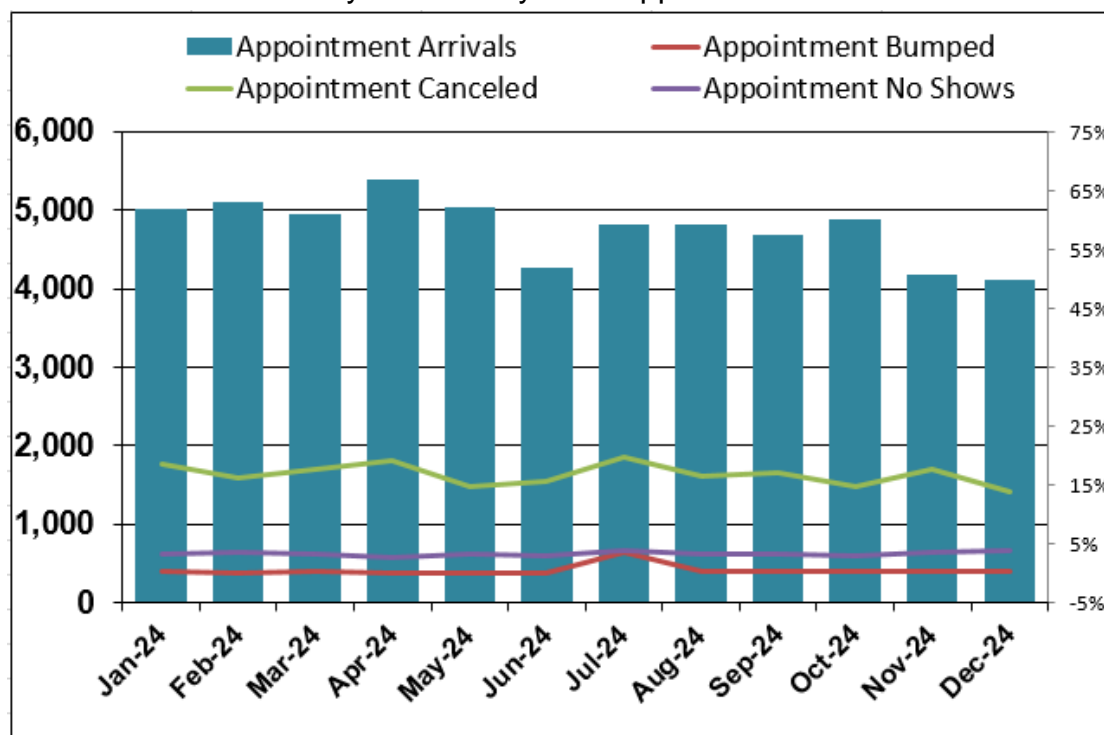
Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Jan-24	20.0	11.0	11.0	93.0
Feb-24	14.5	7.0	15.5	64.0
Mar-24	8.5	10.0	10.5	94.0
Apr-24	8.0	6.0	11.0	99.0
May-24	11.5	4.0	14.0	84.0
Jun-24	13.0	6.0	19.0	54.0
Jul-24	9.5	10.0	21.0	61.5
Aug-24	9.0	10.0	16.0	67.0
Sep-24	11.0	9.0	10.5	64.5
Oct-24	15.0	9.0	15.0	53.0
Nov-24	13.0	10.0	21.0	56.0
Dec-24	11.0	13.0	23.0	47.5

### Definitions For Above Acronyms

<b>CPC PFC&amp;A</b>	Children's Psychiatric Center Programs for Children and Adolescents
<b>ASAP</b>	Alcohol and Substance Abuse Program
<b>COPE</b>	Chronic Occurrences of Psychotic Episodes Clinic. The Center for Recovery and Resiliency consolidated into COPE
<b>UPC Start Clinic</b>	University Psychiatric - Start Clinic (General Clinic)

## BH Specialty Care Outpatient Appointment Disposition

The statistics below are for just Behavioral Health (BH) Specialty Care appointments and does not include any BH Primary Care appointments.



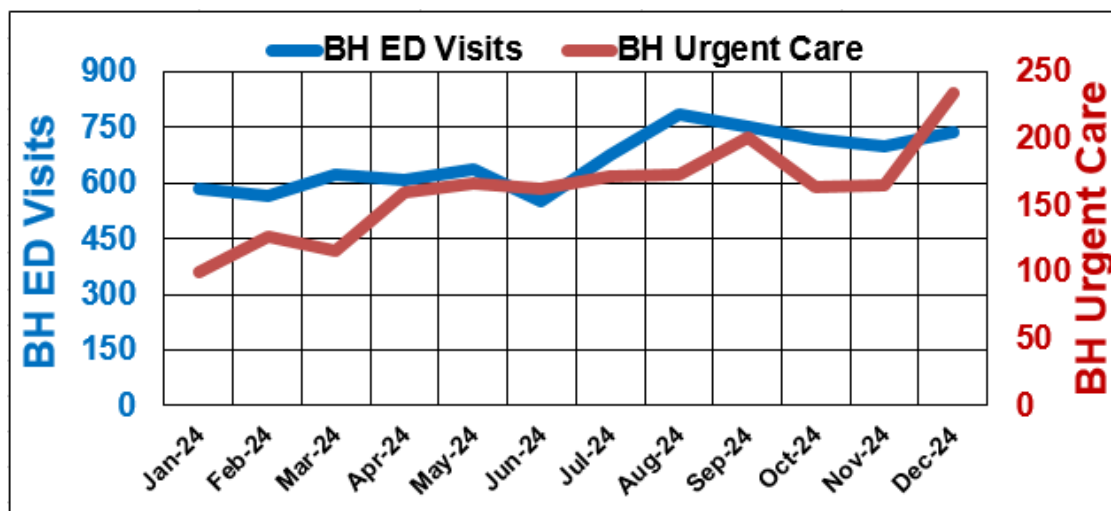
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-24	5,022	0%	19%	3%
Feb-24	5,100	0%	16%	4%
Mar-24	4,943	0%	18%	3%
Apr-24	5,393	0%	19%	3%
May-24	5,041	0%	15%	3%
Jun-24	4,279	0%	15%	3%
Jul-24	4,821	4%	20%	4%
Aug-24	4,818	0%	17%	3%
Sep-24	4,697	0%	17%	3%
Oct-24	4,882	0%	15%	3%
Nov-24	4,191	0%	18%	4%
Dec-24	4,119	0%	14%	4%

## Number of Unique Outpatients and Number of Encounters CY2024

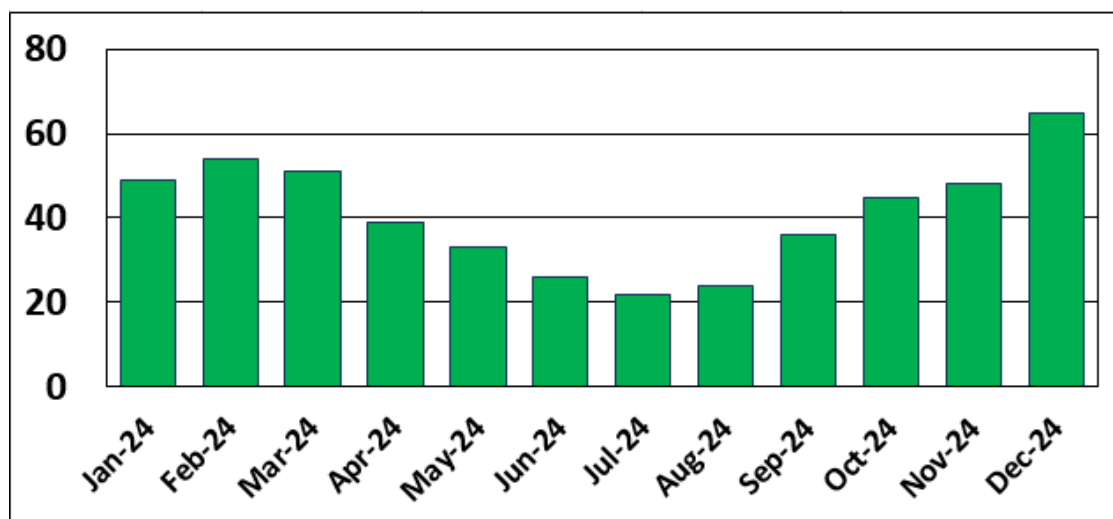
Calendar Year 2024 BH Outpatient		
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	11,243	69,287
BH CPC Outpatient	3,685	21,168

\* Excluding all Suboxone and Methadone Visits

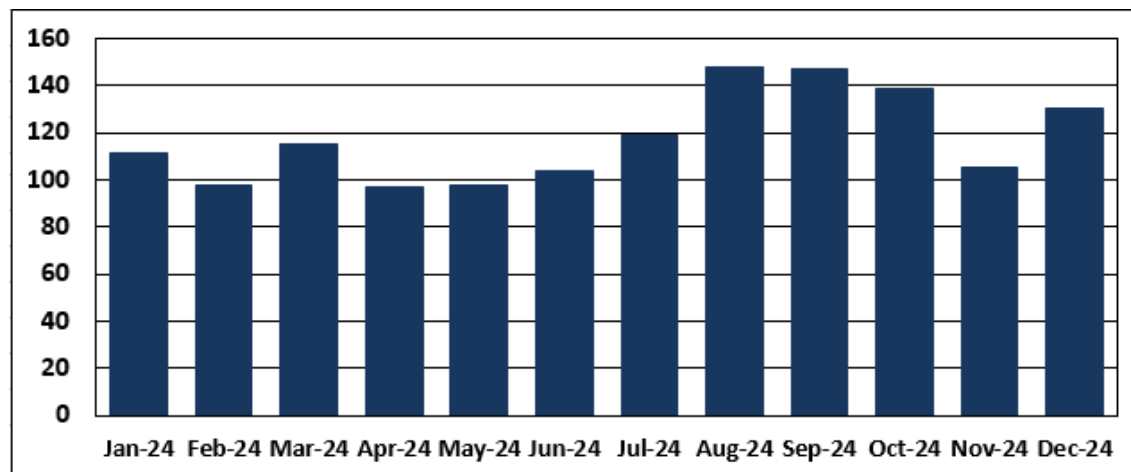
## Psychiatric Emergency Department and Urgent Care Encounters



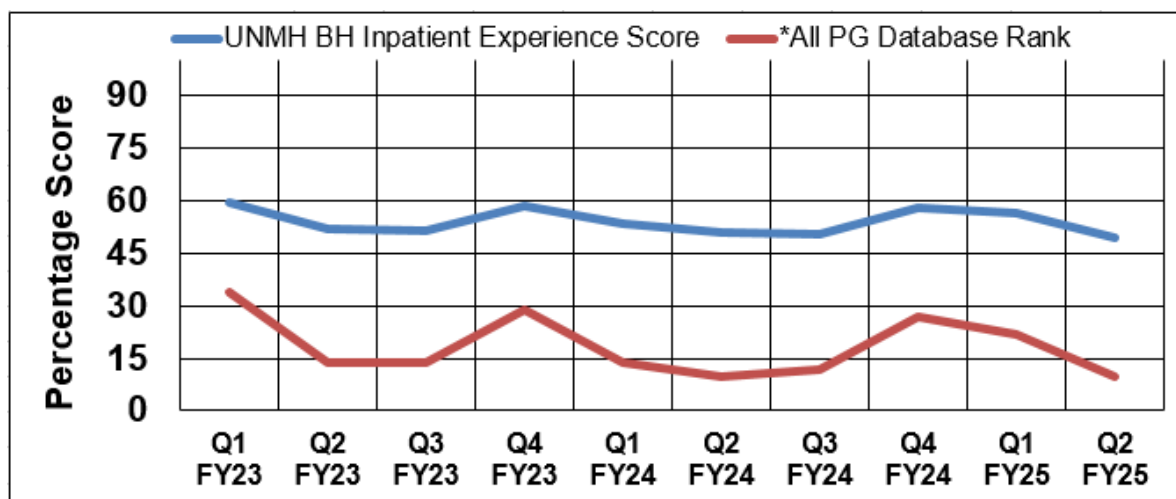
## Number of Fast Track Patients Seen



## Law Enforcement Drop offs at Psychiatric Emergency Services

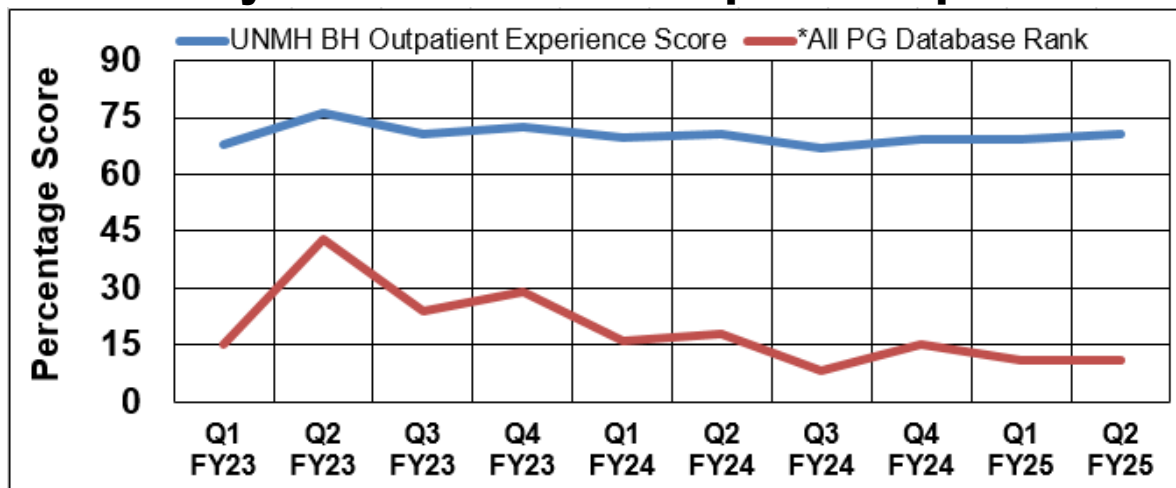


## Press Ganey Behavioral Health Inpatient Experience Score



Quarter	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25
UNMH BH Inpatient Experience Score	59.6	52.1	51.3	58.6	53.5	50.6	50.4	58.1	56.3	49.4
*All PG Database Rank	34.0	14.0	14.0	29.0	14.0	10.0	12.0	27.0	22.0	10.0

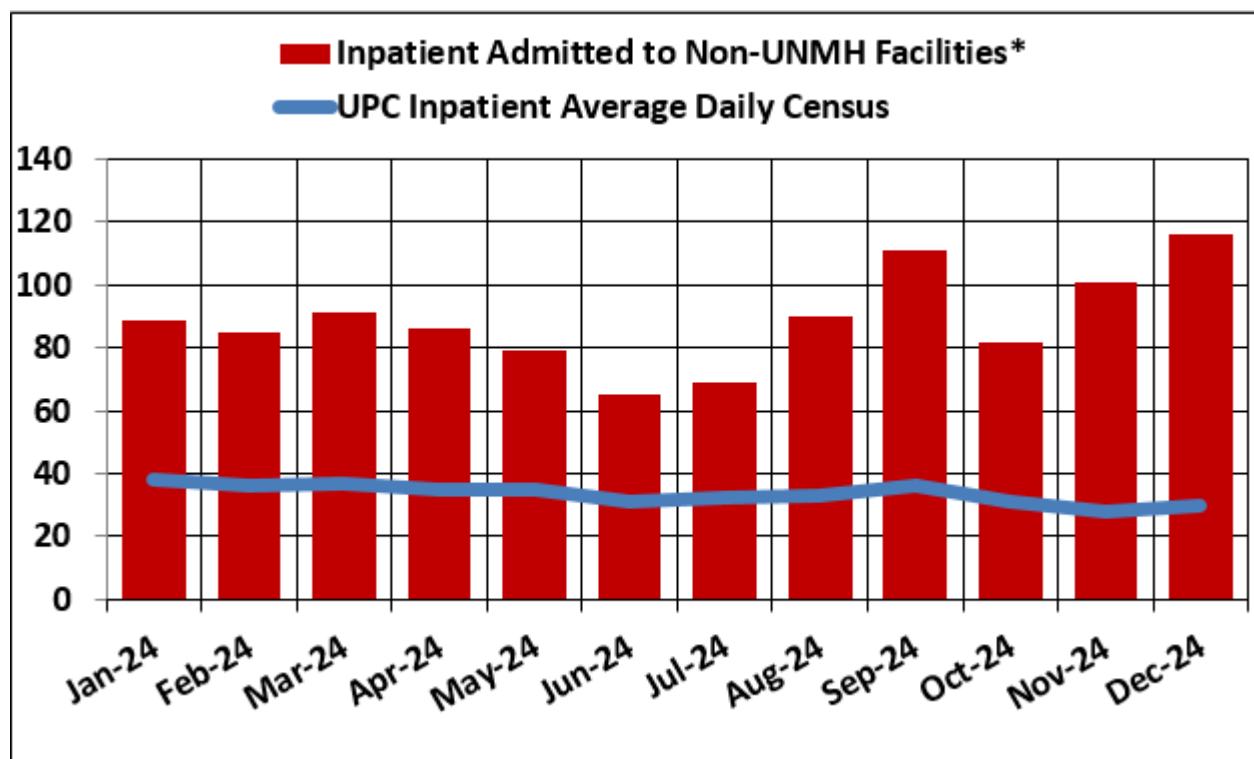
## Press Ganey Behavioral Health Outpatient Experience Score



Quarter	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25
UNMH BH Outpatient Experience Score	67.8	76.0	70.6	72.3	69.6	70.7	66.9	69.3	69.1	70.4
*All PG Database Rank	15.0	43.0	24.0	29.0	16.0	18.0	8.0	15.0	11.0	11.0

\*The University HealthSystem Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

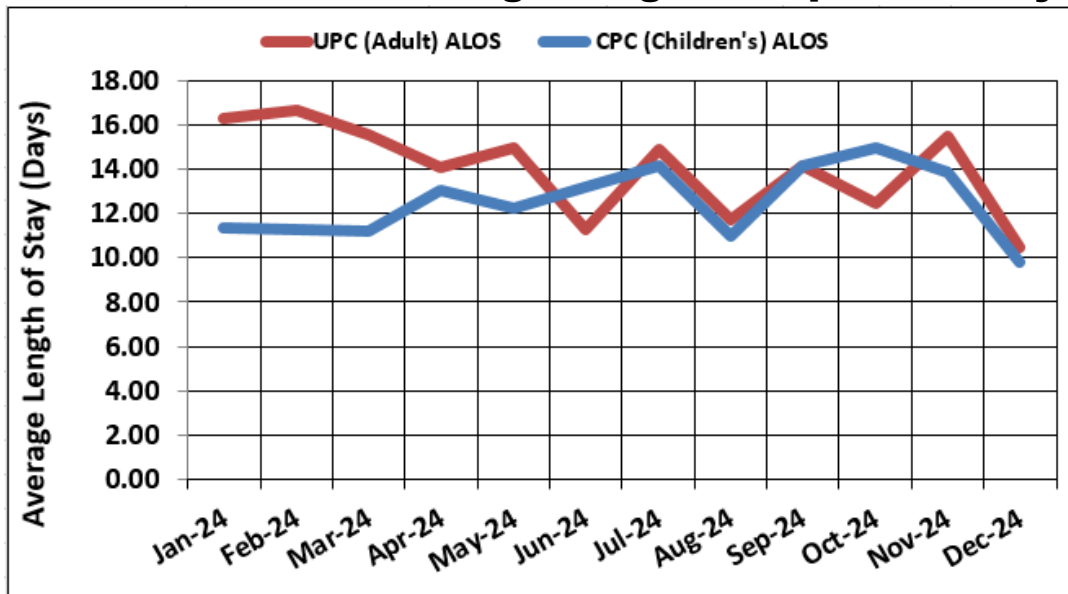
## Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jan-24	89	38
Feb-24	85	36
Mar-24	91	37
Apr-24	86	35
May-24	79	35
Jun-24	65	31
Jul-24	69	32
Aug-24	90	33
Sep-24	111	36
Oct-24	82	31
Nov-24	101	28
Dec-24	116	30

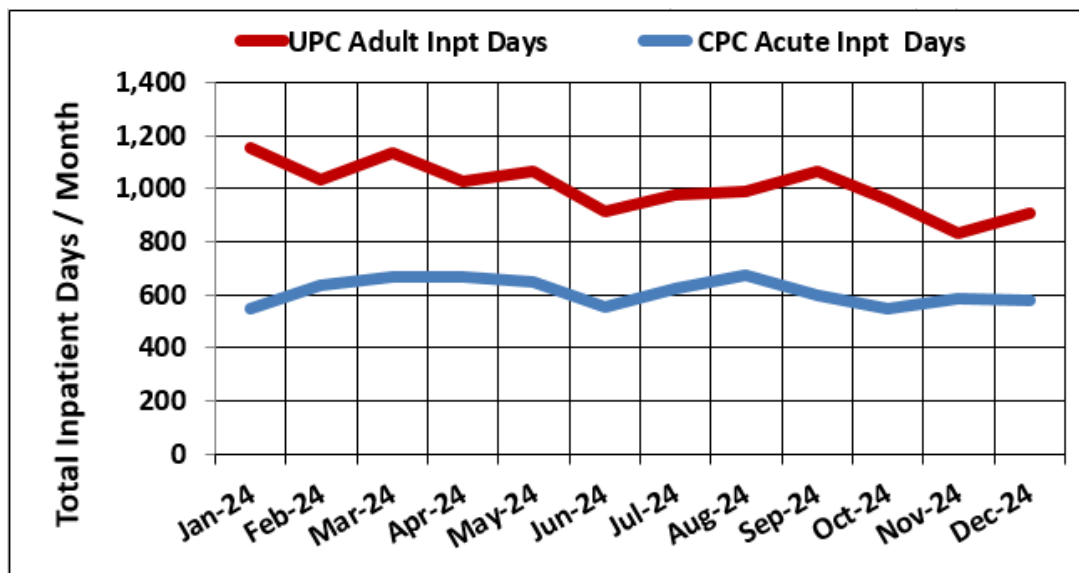
\*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

### Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC) Average Child National Benchmark: **10.48**  
 University Psychiatric Center (UPC) Average Adult National Benchmark: **7.42**

### Number of BH Adult and Child/Adolescent Inpatient Days



### Number of Unique Inpatients and Number of Encounters CY2024

Calendar Year 2024 BH Inpatient		
Patient Group	Patients Served	Total Encounters
BH UPC Inpatient*	701	1,187
BH CPC Inpatient	528	734

\* Excluding all Suboxone and Methadone Visits

## Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2022	11,755
FY2023	10,916
FY2024	9,559
FY2025*	9,424

\*Projected Count based upon the previous twelve (12) months

### Total Opioid Patients

Month	Census
Jan-24	459
Feb-24	406
Mar-24	403
Apr-24	406
May-24	410
Jun-24	418
Jul-24	419
Aug-24	423
Sep-24	426
Oct-24	430
Nov-24	433
Dec-24	459

### Total Methadone Encounters

Month	Count
Jan-24	2,572
Feb-24	2,363
Mar-24	2,404
Apr-24	2,386
May-24	2,482
Jun-24	2,336
Jul-24	2,537
Aug-24	2,631
Sep-24	2,421
Oct-24	2,611
Nov-24	2,148
Dec-24	2,048

### Number of Methadone and Suboxone Doses \*

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Jan-24	624	31,929	10,365
Feb-24	619	32,916	10,324
Mar-24	601	31,788	10,030
Apr-24	643	32,886	10,274
May-24	691	35,475	10,109
Jun-24	626	31,996	9,901
Jul-24	657	35,381	10,002
Aug-24	731	36,304	10,507
Sep-24	652	34,665	10,503
Oct-24	753	36,375	10,317
Nov-24	674	33,175	10,373
Dec-24	653	34,910	9,948

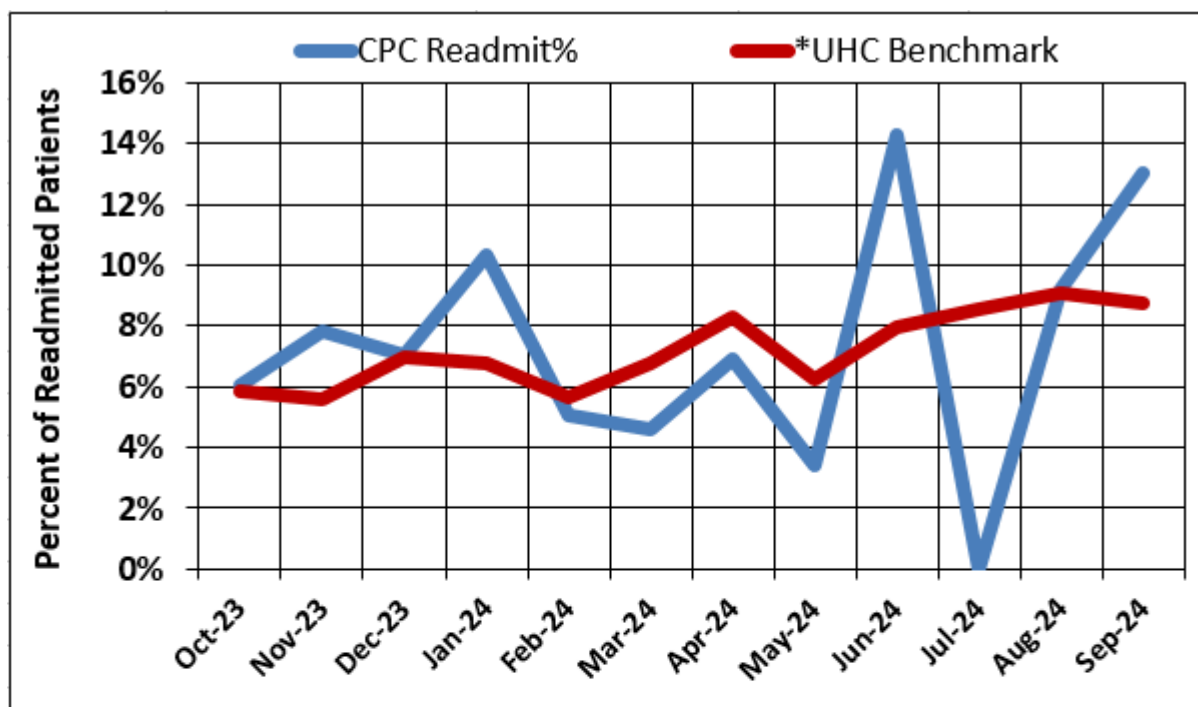
### Total Suboxone Encounters

Month	Count
Jan-24	24
Feb-24	18
Mar-24	14
Apr-24	26
May-24	33
Jun-24	41
Jul-24	46
Aug-24	17
Sep-24	33
Oct-24	18
Nov-24	13
Dec-24	18

\*The total number of Methadone and Suboxone doses per month includes all of the Methadone Liquid doses distributed at ASAP, Suboxone Dispensed at ASAP and all of the prescriptions from the UNM System for buprenorphine-naloxone (Suboxone) doses dispensed through the UNMH pharmacies.

## 30 Day Readmission Rate – Children’s Psychiatric Center (CPC)

There is a three (3) month delay in Vizient data, so statistics are one quarter behind.



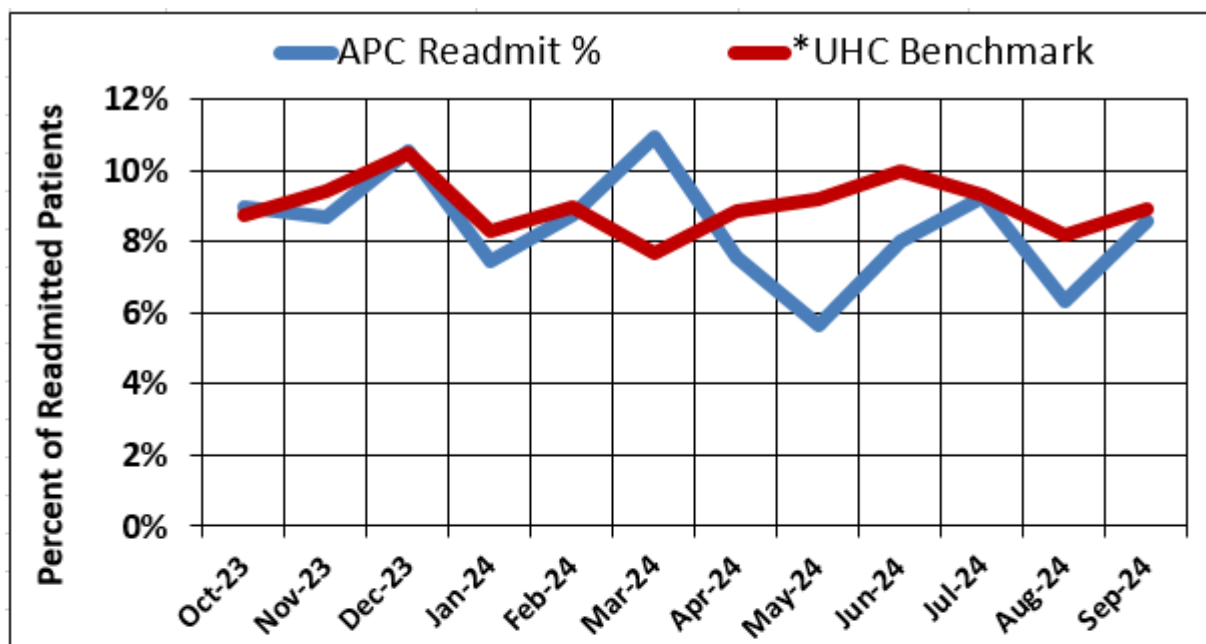
Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-23	66	4	6.1%	5.8%
Nov-23	51	4	7.8%	5.6%
Dec-23	57	4	7.0%	7.0%
Jan-24	58	6	10.3%	6.8%
Feb-24	59	3	5.1%	5.6%
Mar-24	65	3	4.6%	6.8%
Apr-24	58	4	6.9%	8.3%
May-24	59	2	3.4%	6.3%
Jun-24	42	6	14.3%	8.0%
Jul-24	47	0	0.0%	8.6%
Aug-24	65	6	9.2%	9.1%
Sep-24	46	6	13.0%	8.8%

\*The University Health System Consortium ("UHC") Benchmark data is based upon only those UHC/Vizient Hospitals with a psychiatric patient volume or greater than the UNM Hospitals facility. Patient population for compare group defined as an assigned MDC code of 19 ("Mental Disease & Disorders) and age of < 18 years old.



## 30 Day Readmission Rate – Adult Psychiatric Center

There is a three (3) month delay in Vizient data, so statistics are one quarter behind.

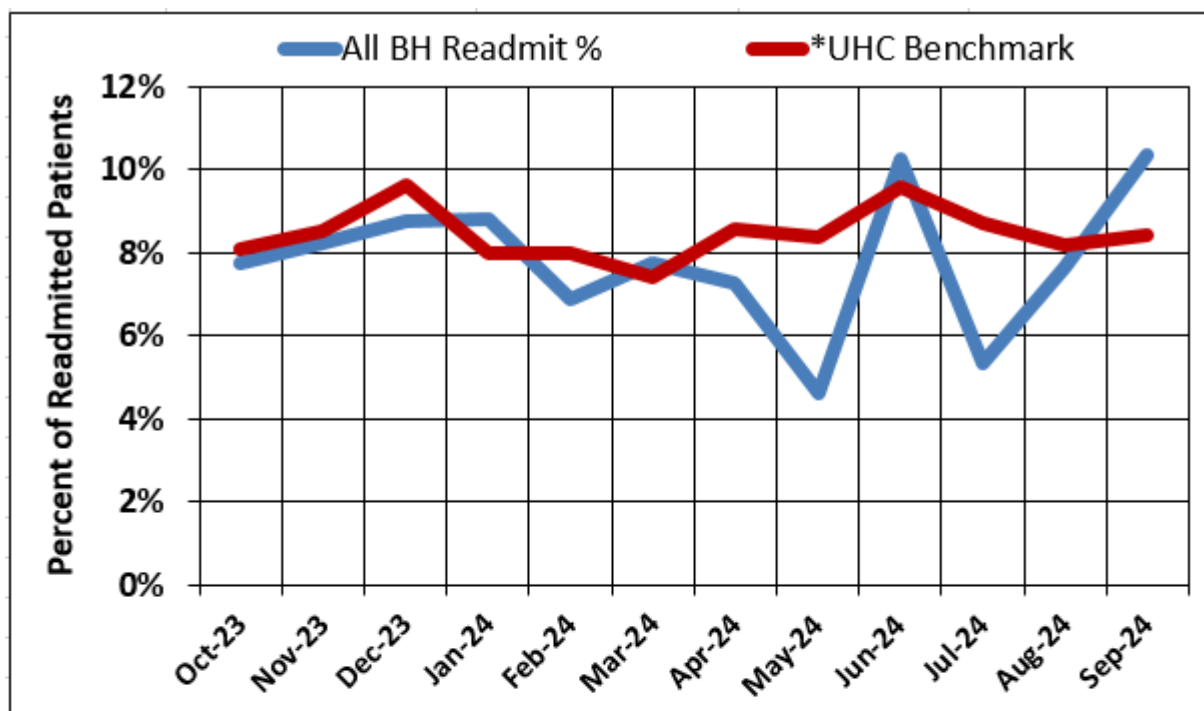


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-23	89	8	9.0%	8.7%
Nov-23	46	4	8.7%	9.4%
Dec-23	57	6	10.5%	10.5%
Jan-24	67	5	7.5%	8.3%
Feb-24	57	5	8.8%	9.0%
Mar-24	64	7	10.9%	7.7%
Apr-24	66	5	7.6%	8.8%
May-24	71	4	5.6%	9.2%
Jun-24	75	6	8.0%	10.0%
Jul-24	65	6	9.2%	9.3%
Aug-24	79	5	6.3%	8.2%
Sep-24	70	6	8.6%	8.9%

\*The University Health System Consortium ("UHC") Benchmark data is based upon only those UHC/Vizient Hospitals with a psychiatric patient volume or greater than the UNM Hospitals facility. Patient population for compare group defined as an assigned MDC code of 19 ("Mental Disease & Disorders) and age of > 18 years old.

## 30 Day Readmission Rate – Both Adult and CPC Psychiatric Center

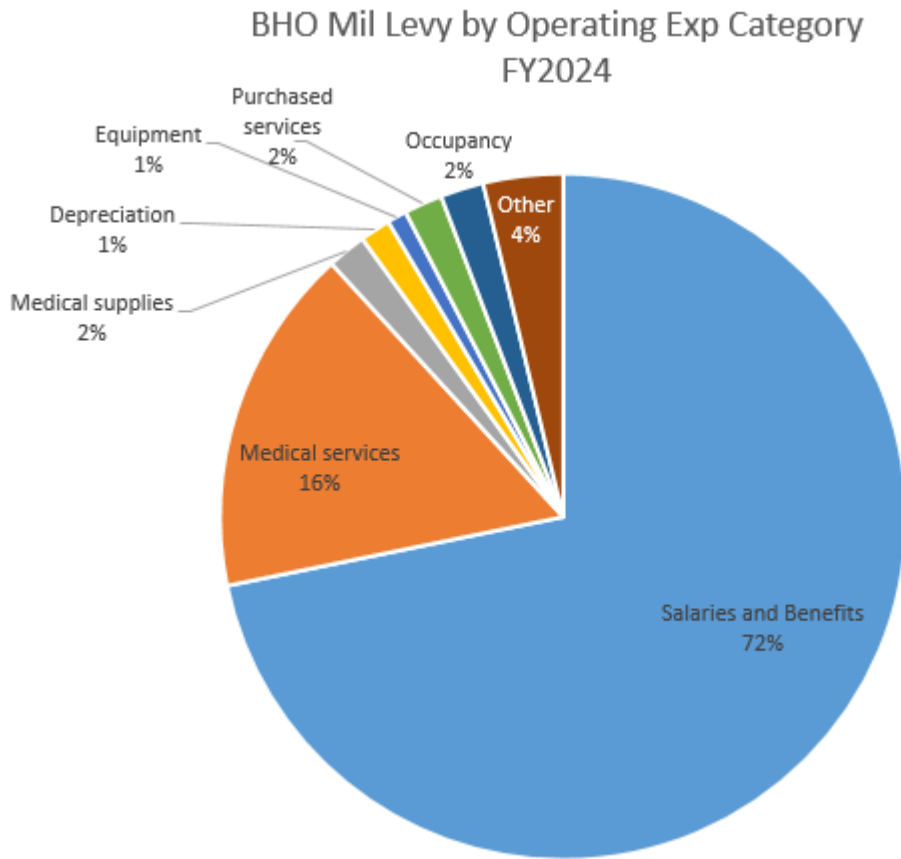
There is a three (3) month delay in Vizient data, so statistics are one quarter behind.



Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-23	155	12	7.7%	8.1%
Nov-23	97	8	8.2%	8.5%
Dec-23	114	10	8.8%	9.6%
Jan-24	125	11	8.8%	8.0%
Feb-24	116	8	6.9%	8.0%
Mar-24	129	10	7.8%	7.4%
Apr-24	124	9	7.3%	8.6%
May-24	130	6	4.6%	8.4%
Jun-24	117	12	10.3%	9.6%
Jul-24	112	6	5.4%	8.7%
Aug-24	144	11	7.6%	8.2%
Sep-24	116	12	10.3%	8.4%

\*The University Health System Consortium ("UHC") Benchmark data is based upon only those UHC/Vizient Hospitals with a psychiatric patient volume or greater than the UNM Hospitals facility. Patient population for compare group defined as an assigned MDC code of 19.

## Mill Levy Dollars Allocated to Behavioral Health

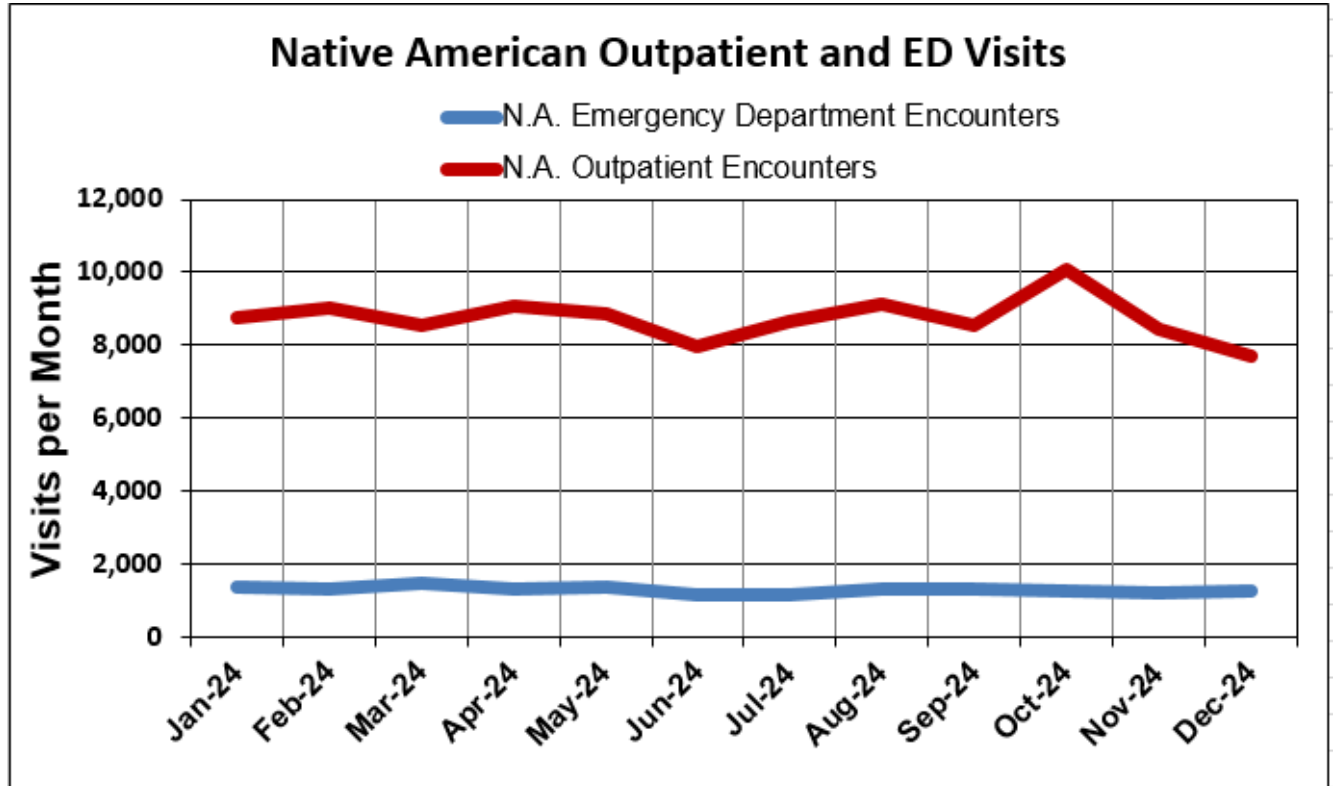


<b>FY2024</b>	
Salaries and Benefits	\$ 13,736,646
Medical services	3,142,802
Medical supplies	351,458
Depreciation	275,787
Equipment	176,119
Purchased services	345,167
Occupancy	389,953
Other	718,814
<b>Total Expense</b>	<b>\$ 19,136,747</b>

The Behavioral Health Mill Levy distribution is proportional to the Income Statement.

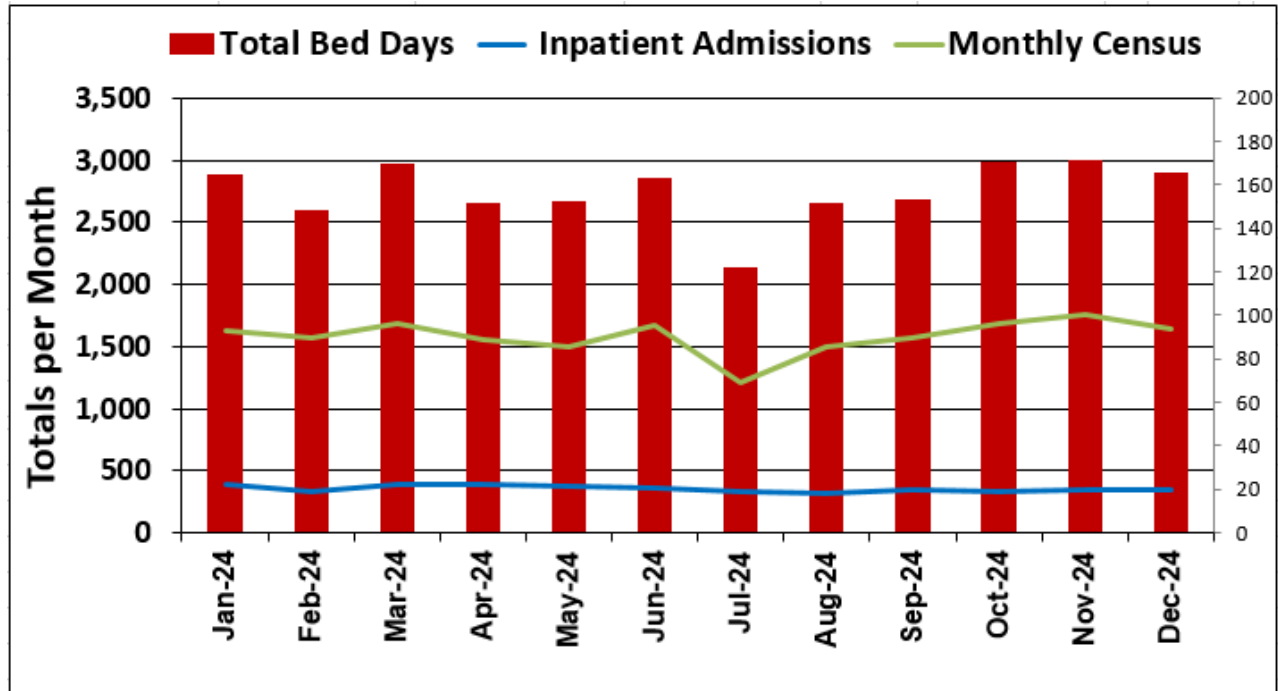
## E. NATIVE AMERICAN SERVICES

### Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Jan-24	33	1,394	8,783
Feb-24	39	1,320	9,007
Mar-24	29	1,472	8,551
Apr-24	34	1,326	9,097
May-24	33	1,380	8,842
Jun-24	37	1,177	7,969
Jul-24	36	1,169	8,653
Aug-24	34	1,325	9,134
Sep-24	17	1,318	8,524
Oct-24	31	1,265	10,103
Nov-24	32	1,199	8,434
Dec-24	27	1,277	7,696

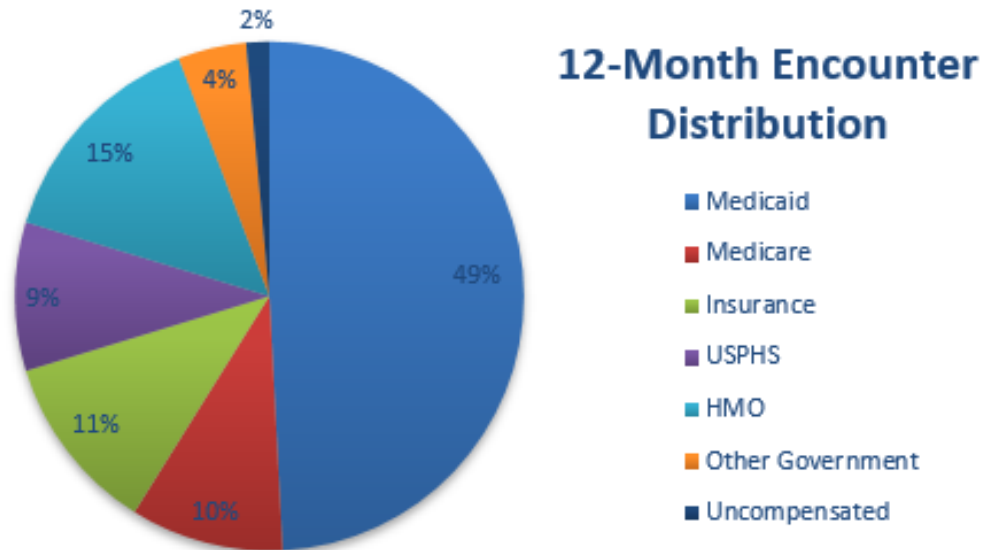
## Native American Bed Days and Monthly Inpatient Census



Month	Total Bed Days	Inpatient Admissions	Monthly Census
Jan-24	2,881	384	93
Feb-24	2,596	333	90
Mar-24	2,979	398	96
Apr-24	2,661	393	89
May-24	2,665	383	86
Jun-24	2,856	368	95
Jul-24	2,135	338	69
Aug-24	2,662	326	86
Sep-24	2,686	341	90
Oct-24	2,983	328	96
Nov-24	3,007	346	100
Dec-24	2,906	348	94

## Native American Encounter Distribution by Payor Group

The following summary of Native American encounters by payor group is based on the previous 12-month period.



<i>Month</i>	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Jan-24	5,347	977	1,215	935	1,524	480	189
Feb-24	5,498	1,015	1,197	990	1,481	470	181
Mar-24	5,187	1,012	1,161	1,003	1,456	489	181
Apr-24	5,431	1,152	1,267	957	1,539	487	129
May-24	5,440	1,095	1,202	895	1,556	441	127
Jun-24	4,580	966	1,123	943	1,391	446	133
Jul-24	5,108	981	1,243	986	1,465	445	101
Aug-24	5,572	1,016	1,243	970	1,586	482	148
Sep-24	5,199	1,013	1,160	1,071	1,400	444	130
Oct-24	5,643	1,130	1,347	1,161	1,919	498	174
Nov-24	4,812	1,000	1,160	1,034	1,569	399	166
Dec-24	4,392	928	1,071	981	1,452	412	189
<b>TOTAL</b>	<b>62,209</b>	<b>12,285</b>	<b>14,389</b>	<b>11,926</b>	<b>18,338</b>	<b>5,493</b>	<b>1,848</b>
	<b>49.2%</b>	<b>9.7%</b>	<b>11.4%</b>	<b>9.4%</b>	<b>14.5%</b>	<b>4.3%</b>	<b>1.5%</b>

# APPENDIX A

## MOU Exhibit A Progress Updates

UNM Hospital Memorandum of Understanding with Bernalillo County  
UNM/Bernalillo County MOU Deliverables Updated

- Covenants:
  - UNMH will allocate at least 15% of the Mill Levy transferred from Bernalillo County to Behavioral Health.
  - UNMH will fund one or more navigational services and a transition planning and case management service (Re-entry Center) at \$2,060,000 adjusted annually
  - UNMH will provide efforts in compliance with Exhibit A and B to the Lease MOU

### Exhibit A – Reporting

Action Item	Implementation Status	
UNMH will report on a quarterly basis to the County Commission on the items identified in Exhibit B along with national benchmarks	Information requested by Bernalillo County is collected and reported in the Bernalillo County Quarterly Report.	
UNMH will establish mechanisms for public input on Board Committees including representation from the County and IHS consistent with existing Bylaws	Native American Services Committee of UNMH Board.	
UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives	UNMH completed the 2023 Community Health Needs Assessment with extensive community listening session input. Regular meetings with IHS and Bernalillo County	
Enable the County and the IHS to have input to and comment on the goals for the upcoming year for each area outlined in Exhibit A	Bernalillo County, IHS and UNMH established Semi-Annual goals outlined in Exhibit C.	
UNMH will cooperate with the County's Behavioral Health Initiatives regarding evaluation of needed programs	UNMH is significantly involved in the planning for Behavioral Health Initiatives. Bernalillo County has been involved with the UNMH strategic planning process for behavioral health.	
UNMH will obtain meaningful input to the UNMH Budget from Bernalillo County and IHS prior to the UNMH budget being adopted by the Hospital Board.	UNMH Currently holds periodic budget meetings with County Commissioners and quarterly meetings with IHS.	

## Exhibit A - Accountability and Transparency

Action Item	Implementation Status	
UNMH will report on National Patient Safety Goals with Benchmark data.	This information is included in the Bernalillo County Quarterly Report.	
UNMH will provide reports on its financial audits to the County Manager and IHS, and shall participate in meetings as reasonably requested to discuss the information	Audits are provided to Bernalillo County and IHS. Quarterly Financial Information is part of the Quarterly Report.	
UNMH will provide financial information to the County Commission and IHS as to the expenditure of Mil Levy funding by UNMH department.	UNMH and Bernalillo County have developed a methodology for reporting Mil Levy funding by department. Reported as part of the Quarterly Report.	
UNMH will provide additional financial information as reasonably requested by the County Manager or IHS.	Ongoing per discussion topics and requests.	
UNMH will work with the County and IHS to update and change data reporting as requested on a frequency of not greater than semi-annually.	Data and program priorities reviewed and outlined in Exhibit C on a Semi-Annual Basis	
UNMH will publish the data reported to Bernalillo County on its public website unless prohibited by law.	Bernalillo County Report, Financial Information, and Financial Audits are available on the UNMH website. <a href="https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html">https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html</a>	
UNMH will collect all Grievances regarding the patient payment polices and financial assistance programs and will report that information to the County and IHS on a quarterly basis.	Grievance information has been added to the quarterly report.	



## Exhibit A – Primary Care

Action Item	Implementation Status	
UNMH will access its current primary care network with the intent to attempt to increase its number of primary care facilities by one per year over the next 4 years	UNMH has acquired land and has started design work for the new Primary Clinic to be located on the Southwest Mesa.	
UNMH will inform the County and IHS prior to any material change to coordinated care delivery programs with other community providers. UNMH will work to provide space to NM Department of Health Clinics at future UNMH Clinical sites.	UNMH continues to work to build community partnerships to increase access and to coordinate care. No new sites have been added to consider addition of DOH Clinics with Hospital sites.	
UNMH will encourage and assist Bernalillo County Residents and Native Americans to access healthcare coverage	Ongoing outreach through the office of Native American Services at UNMH.	
To reduce Emergency Room wait times UNMH will explore alternative care venues for care consistent with EMTALA	Active Transfer agreements allow UNM to move low acuity admits to SRMC and Lovelace; alleviates some ER congestion.	
UNMH will coordinate with the County to make available secure parking and a secure entry for patients from the Metropolitan Detention Center (MDC)	Law enforcement parking dedicated at Psychiatric Emergency and the new Crisis Triage Center. MDC has been part of planning for new UNMH Tower.	
UNMH will explore the use of Telemedicine Consultation between UNM HSC and the MDC	UNMH has taken over care at MDC with patients at MDC also receiving telemedicine services. Complex MDC patients transferred to UNMH.	
UNMH shall provide increased funding to recruit two physician specialists in areas most needed by Native Americans.	IHS continues to identify priority needs to UNMH at quarterly meetings.	
UNMH will consult with the County, Albuquerque Public Schools and any tribal schools in Bernalillo County on the provision of medical and behavioral health for school-based clinics. UNMH may collaborate with UNMMG or other providers as needed.	School based services will be reviewed as part of planning for pediatric behavioral health program expansion. This will include consultation with APS, tribal schools and Bernalillo County	

## Exhibit A – Financial Assistance

Action Item	Implementation Status	
UNMH will maintain the current Financial Assistance policy as it relates to Native Americans. Any proposed changes will be discussed with IHS prior to the change.	UNMH continues to offer financial assistance for Native Americans with no proposed changes.	
UNMH will adopt patient payment policies and financial assistance program policies that are designed to improve access to healthcare services	UNMH Financial Assistance policies developed and approved by Board in October 2021 including coverage for undocumented patients and elimination of copayments.	
UNMH’s financial assistance program will offer financial assistance to medically necessary care for low income patients at UNMH facilities	UNMH Financial Assistance and other programs continue in place. Financial programs were expanded to include undocumented patients.	
UNMH will endeavor to assure that any fees, down payments, or co-payments for medically necessary care will be reasonably related to income.	Financial Policy Revisions in October 2021 eliminated all required copayments for patients on financial assistance.	
UNMH will establish patient payment policies for low income patients who are not financial assistance-eligible that do not create a material barrier to such patients’ access to medically necessary care.	Financial Assistance program changes approved in October 2021 allowing for coverage of undocumented patients.	
Patients with income levels that do not meet the requirements for financial assistance or other programs will be given the opportunity to establish re-payment plans which are reasonably related to income.	Patients have the opportunity to create repayment plans with Patient Financial Services.	
UNMH will make reasonable efforts to notify patients with outstanding bills of their right to seek financial assistance or to establish payment plans	Patient bills have information incorporated in them on how to contact financial assistance. Patients also receive other notifications at the time of services.	

## Exhibit A – Financial Services

Action Item	Implementation Status	
UNMH will subject to CMS regulations assure that no indigent patient is sent to collections.	Implemented with 2015 policy change. UNMH monitors on ongoing basis.	Green
UNMH will work with other component entities of the UNMH Health System to look at producing one consolidated bill for services.	UNMH working on tools to have consolidated account information across entities.	Red
UNMH will coordinate and consult with community organizations and the County to maximize outreach to patients needing financial assistance or having difficulty accessing insurance or Medicaid including those released from incarceration.	UNMH currently works with various community navigator groups around financial assistance issues. Materials and Website recently updated.	Green
UNMH will assist the County in Coordinating Care for individuals released from incarceration.	UNMH continues to operate the Fast Track Program and provides discharge planning at MDC and the RRC. There has been a significant expansion of discharge resources at MDC.	Green

## Exhibit A – Native Americans

Action Item	Implementation Status	
UNMH shall develop a written methodology related to the 100 bed language in the Federal Contract.	UNMH Board has approved the Pueblo Preference Policy related to the Federal Contract language.	
UNMH will provide care to Native Americans consistent with the Federal Contract.	Access to some services remains challenging. UNMH continues to work on improving wait times.	
UNMH will evaluate and improve Native American access to specialty clinics.	Access to specialty care continues to be an issue. Progress made in some areas.	
UNMH will consult with IHS to review compliance with the Federal Contract and for the provision of needed additional services and Native American Service priorities.	Quarterly Federal Contract meetings with IHS.	
UNMH will complete an evaluation of how to sustain and improve Native American healthcare services in primary and specialty care clinics operated by UNMH. The evaluation will be presented to the County and IHS.	Reporting has been reviewed with APCG and IHS as part of quarterly meetings. Data updated quarterly.	
UNMH will establish written procedures for the identification of Native Americans and will ensure Native American patients receive any financial assistance for which they are eligible.	Ongoing through office of Native American Health Services and Financial Services.	

## Exhibit A - Behavioral Health

Action Item	Implementation Status	
UNMH will work with the SOM to provide medical staff for the MDC Triage Center and will provide case management services for the RRC.	UNMH is staffing the RRC in conjunction with the pathways program.	
UNMH will evaluate the expansion of Behavioral Health services within its own operation and with other community providers	UNMH has worked with the County on service expansion at the Care Campus. The UNMH Crisis Center opened in June 2024. This facility included a ten bed observation area, expanded psychiatric emergency department, and peer living room.	
UNMH shall engage with County and IHS on the programming and design of future space for UNMH Behavioral Health Services including Crisis Services.	UNMH and Bernalillo County are actively working on short and long-term planning on crisis services. The county is participating in the discussion to update the UNMH Strategic Plan for Behavioral Health.	
Any changes impacting integrated behavioral health and primary care integrated services or peer services will be discussed with the County and IHS prior to implementation	Ongoing discussions occur based on program needs.	
UNMH will evaluate the ability to provide identifiable patient information to first responders consistent with applicable laws.	MOU completed with City related to providing information to APD Crisis response from Psychiatric Emergency Services.	
Evaluate the viability of expanding behavioral health services in school-based clinics	TBD	
UNMH will evaluate the possible provision of expanding existing BH services or new programs in a wide range of service categories.	UNMH continues to evaluate service expansion within provider availability.	
UNMH will evaluate data sharing with the County for analyzing outcome data for behavioral health patients and to track utilization of behavioral health patients across programs consistent with State and Federal law.	Legal issues created by New Mexico Mental Health code limit providing identifiable information.	

# APPENDIX B

## UNM Hospital Semi-Annual Report on the Status of Deliverables

Period January 2024 - December 2024  
UNM Lease MOU with Bernalillo County - Exhibit C

The following semi-annual goals are prepared in response to Exhibit A, item A4 that enables Bernalillo County and the Indian Health Services to have input and to comment on the semi-annual goals for each section of Exhibit A. (Priorities from previous period are continued forward after all parties reviewed June 2024)

### Exhibit A Reporting Area - Reporting and Interaction

Semi- Annual Focus Areas January 2024-December 2024	Status Update as of December 2024
<p>A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.</p>	<p>The UNMH Community Health Needs Assessment was completed in the spring of 2024 and is available online at; <a href="https://hsc.unm.edu/health/about/community-health-needs-assessment.html">https://hsc.unm.edu/health/about/community-health-needs-assessment.html</a>.</p> <p>Public listening sessions held in 2023 with Bernalillo County related to the upcoming 2024 Mil Levy were utilized for input into the Community Health Needs Assessment.</p>
<p>A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.</p>	<p>IHS, UNMH and Bernalillo County have established a small working group with representatives from the three organizations to meet periodically around programmatic public and community health initiatives.</p>
<p>A.6 UNMH will establish procedures related to <u>it</u> budget development, which will allow meaningful input into the budget by the County and IHS.</p>	<p>UNMH established budget planning meetings with both the County and IHS for updates and input related to the Budget and Capital process.</p>

## Exhibit A Reporting Area - Accountability and Transparency

Semi- Annual Focus Areas	Status Update
<p>B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.</p>	<p>UNMH continues to produce the Bernalillo County Quarterly Report outlining patient safety, quality, operational and financial data with corresponding benchmark data where available. The report is provided to Bernalillo County, IHS and APCG. The report is publically available on the UNMH and Bernalillo County Websites.</p>
<p>B.4 UNMH will provide financial information to the County Commission and IHS as to the expenditure of mill levy funding by UNMH Departments.</p>	<p>UNMH currently published financial, quality and operational data on the UNMH intranet site that include mill levy funding by department as part of the Bernalillo County Quarterly Report. The format and information were agreed to by Bernalillo County.</p>
<p>B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.</p>	<p>Bernalillo County Quarterly Reports are available online at:  <a href="https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html">https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html</a></p>

## Exhibit A Reporting Area - Primary Care

Semi- Annual Focus Areas	Status Update
<p>C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.</p> <p>C.7 UNMH shall provide increased funding to either the UNM School of Medicine or UNM Medical Group to recruit and retain specialist for a minimum of two medical specialties most needed by Native Americans.</p>	<p>UNMH has opened a multi-specialty clinic in Gallup that is well positioned to serve areas with larger Native American patients. UNMH is in the process of developing a new primacy care site in Bernalillo County that will be located in the southwest mesa area.</p> <p>UNMH completed the new Behavioral Health Crisis Triage Center in June 2024. The new Center houses an expanded Psychiatric Emergency Department, sixteen bed Crisis Center, ten-bed observation unit, and a Peer Living Room. UNMH assumed responsibility for medical services at the Metropolitan (MDC) in July 2023. The UNMH Hospital Tower project is scheduled to open in the spring of 2025.</p> <p>UNMH offers financial assistance through the UNM Care and other programs to patients.</p> <p>UNMH continues to discuss need specialty access at ongoing quarterly lease compliance meetings with representation from IHS and the Tribes. Reporting is provided quarterly on access and services to Native Americans.</p>



## Exhibit A Reporting Area - Native American Care

Semi- Annual Focus Areas	Status Update
<p>E1. UNMH in collaboration with the IHS, the All Pueblo Council of Governors and the county shall develop a written methodology acceptable to the parties on the 100 bed Native American patients' provision in the Federal Contract.</p>	<p>UNMH in conjunction with the All Pueblo Council of Governors and with review by IHS has developed an operational guideline for addressing access issues for Native American patients under the requirements of the Federal Contract. UNMH has started reporting Inpatient Utilization by tribe at the request of IHS.</p>
<p>E.4 UNMH will consult with the IHS to review compliance with the Federal Contract and for the provision of additional services, the quality of care for Native Americans, and priorities for additional services.</p>	<p>UNMH has ongoing quarterly operational meetings with IHS to discuss compliance with the Federal Contract and operational issues affecting Native Americans. UNMH also participates in Semi-annual Consultations with IHS and the APGC.</p>
<p>E.5 UNMH will evaluate the opportunity to sustain and improve healthcare services available to Native Americans.</p>	<p>UNMH meets with the IHS quarterly to review utilization and access data for Native American patients and to discuss opportunities for improved performance. Reporting on access and utilization by tribe is provided as a part of these meetings.</p>

## Exhibit A Reporting Area - Behavioral Health Services

Semi- Annual Focus Areas	Status Update
<p>F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.</p> <p>F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.</p>	<p>UNMH continues to provide staffing for discharge planning activities at the MDC and assumed responsibility for medical services at MDC on July 26, 2023. UNMH discharge planning staff work with community organizations around discharge planning for MDC patients. UNMH is continuing to work with the Resource Reentry Center, and is working with the County and community partners on a closed loop referral system (Unite Us).</p> <p>UNMH is currently working on expanded Behavioral Health programming within the UNMH infrastructure in the form of, Crisis Triage Center opening, and development of a Comprehensive Community Behavioral Health Center (CCBHC).</p>