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Our purpose is you.

Models for Remote Delivery of Behavioral Health Services

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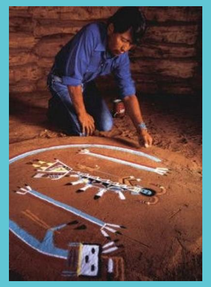
PMS Pyramid



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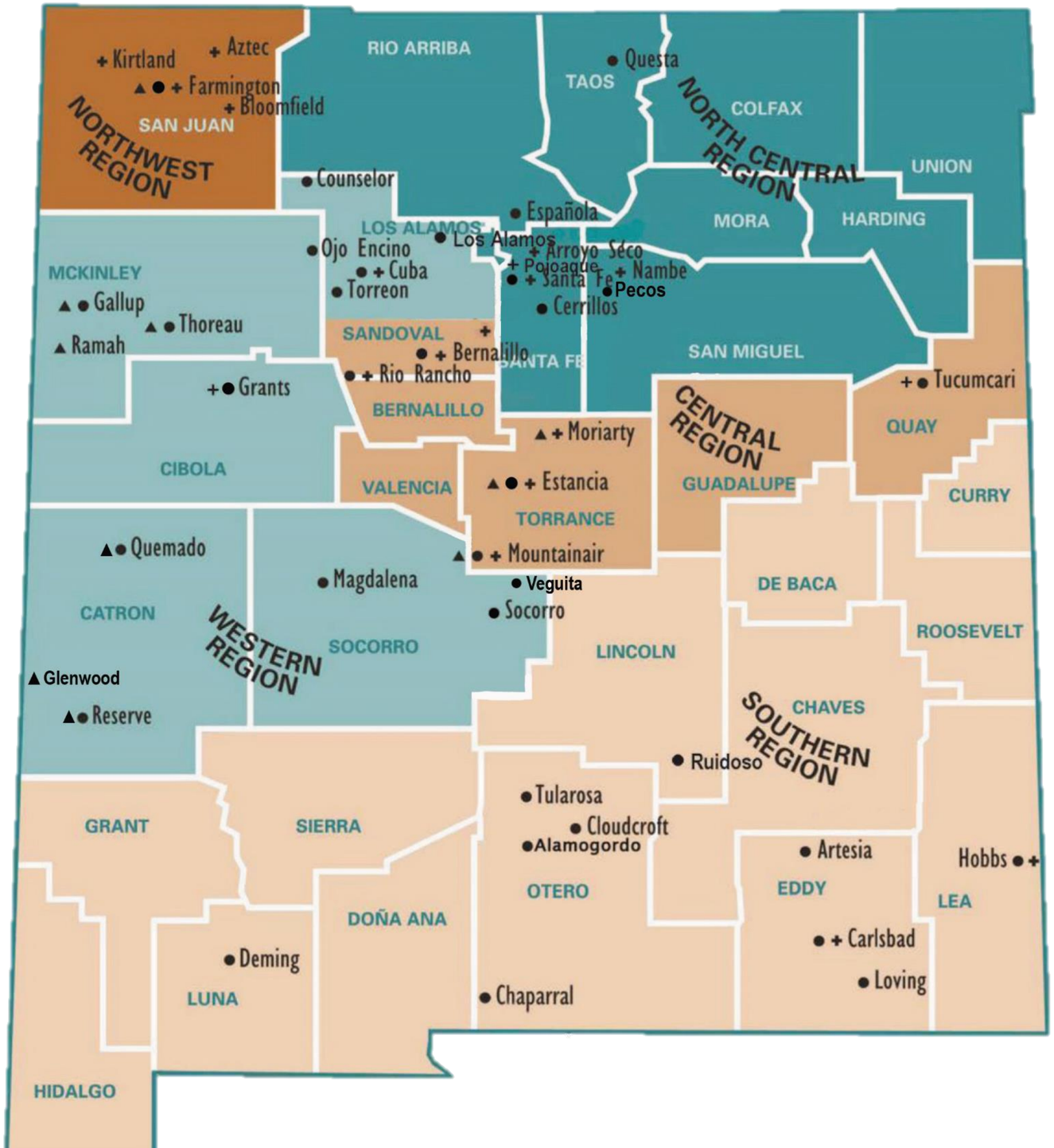
PMS: Shift to New Models of Service Delivery

- Pre-Pandemic Service Delivery was in-person, face to face in office or community
- Mid-Pandemic shift to virtual service delivery
- Post-Pandemic implemented mid pandemic shifts to become our service delivery model

PMS Delivery Model
Pre-Pandemic

- All behavioral health services were primarily conducted in person:
  - Individual/group therapy
  - MAT
  - CCSS
  - PSR
  - BMS
  - Respite
  - ACT
  - MST
  - SBIRT
- Behavioral health sites provided limited virtual visits
- Centralized telehealth model provides assessments and medication management to 12 locations
- Quality Initiatives provided in-person



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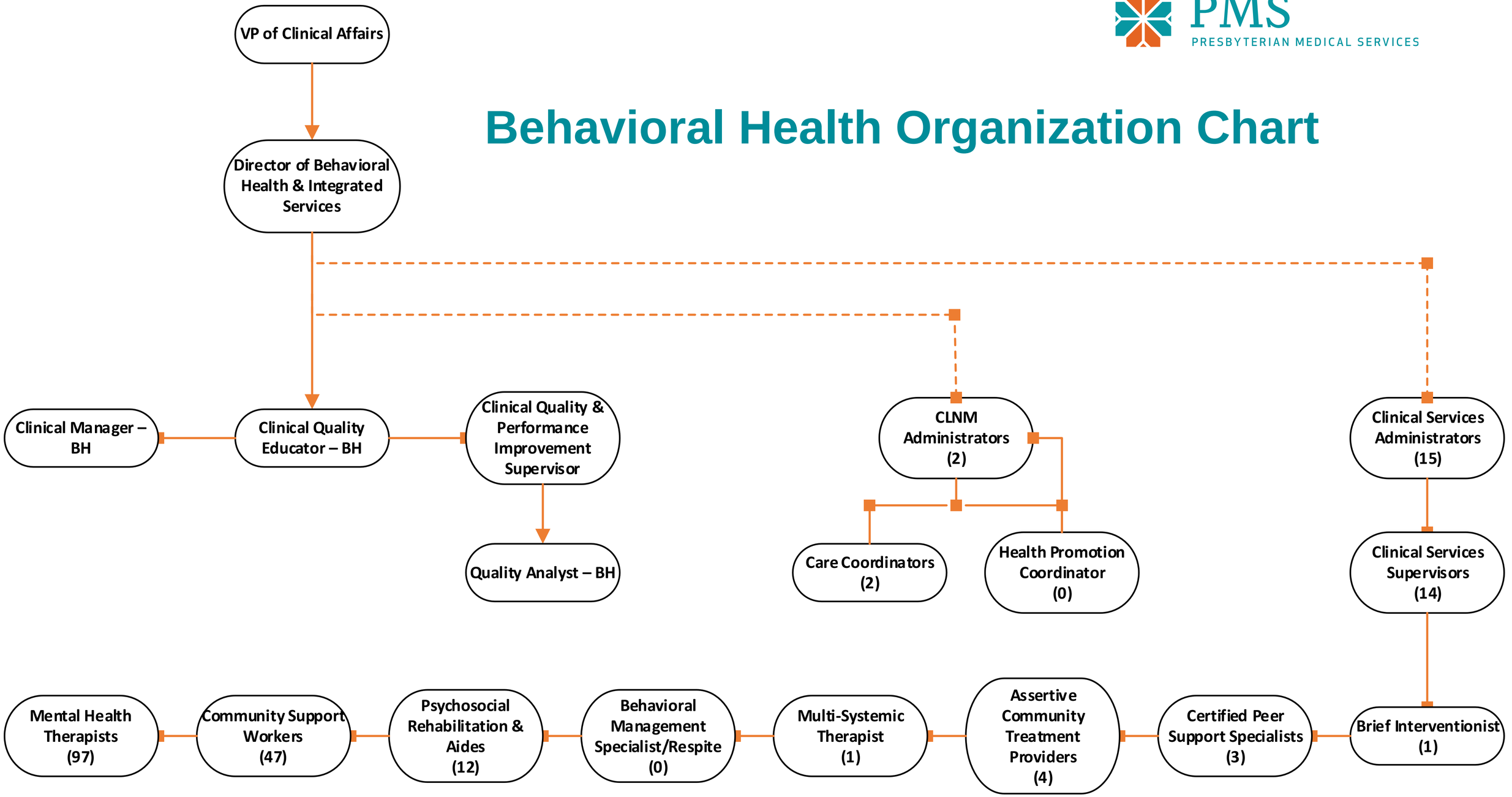
Behavioral Health Organization Chart

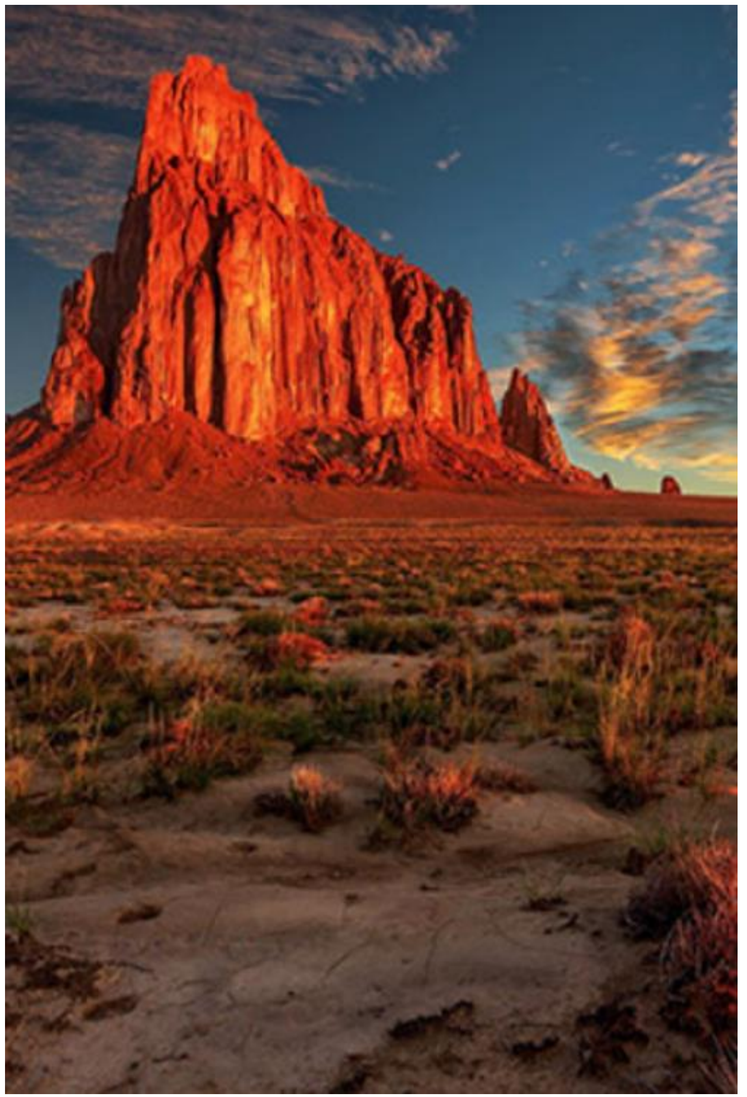


2020

PMS Delivery Model
Onset of Pandemic

What did we do?

- Revised behavioral health clinical workflows, provided training to all team members
- Created guidance manual and FAQs for all team members
- All disciplines shifted to telephonic and/or telehealth for delivery of services
- Established weekly virtual meetings to answer implementation questions and provide support
- Established a designated telehealth office at locations for patients to utilize



PMS Delivery Model Onset of Pandemic

- Virtual Training for behavioral health staff – Series on providing telehealth services
  - Providing telehealth services
  - Obtaining informed consent in a therapeutic space
  - Establishing rapport
  - Engaging patients, to include kids and their families
  - Working with clients experiencing SI/HI
  - Supervision – providing quality support and addressing compassion fatigue

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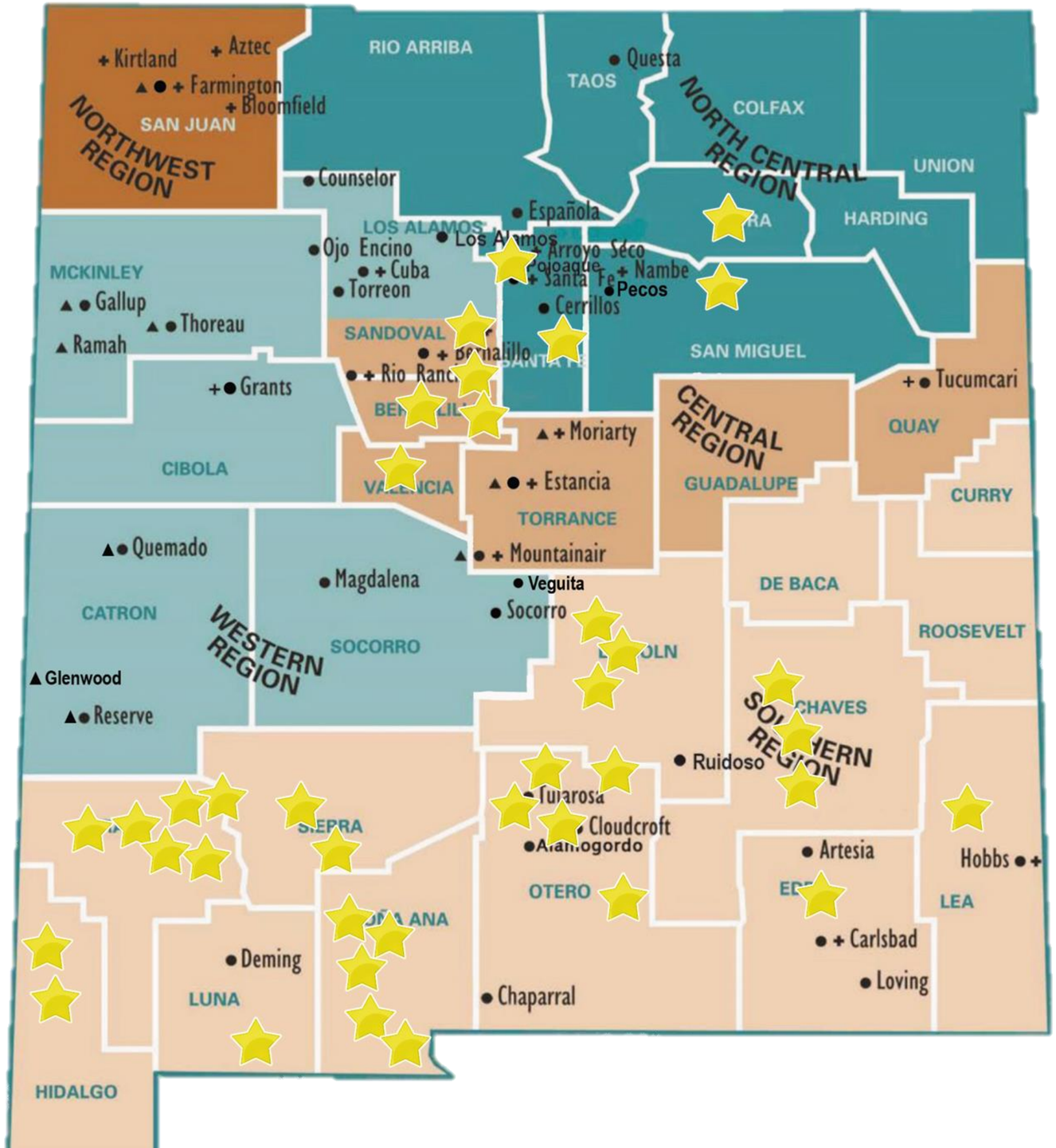
PMS Delivery Model
Mid-Pandemic

- PMS engaged by State Leadership to provide crisis support to displaced New Mexicans
- Shifted to virtual SBIRT with remote interventionist providing services to multiple locations
- Modified behavioral health Quality Initiatives to monitor the impact of COVID-19 for service delivery
- Reestablished Quality Service Reviews (QSR) virtually to enhance service delivery
- Expansion of virtual behavioral health services into additional rural/urban communities



PMS Delivery Model

Mid-Pandemic, Expansion

Hagerman, Roswell, Dexter, Lakewood, Las Cruces, Las Vegas, Mora, Pojoaque, Albuquerque, Algondones, Animas, Arenas Valley, Bayard, Columbus, Faywood, Hanover, Hatch, Hillsboro, Hurly, Lordsburg, Lovington, Ruidoso Downs, Santa Clara, Santa Teresa, Silver City, Sunland Park, Vado, Los Lunas, Corrales, Mescalero, Bernalillo, Tijeras, Timberon, Tularosa, Carrizozo, Capitan, Cloudcroft.

PMS Delivery Model
Post Pandemic

- Further expansion and continuation of virtual services:
  - Therapy and psychiatric services at all 40 + locations
  - Virtual therapy groups and health promotion classes
  - Pilot of virtual traditional healing services
  - Virtual clinical consultation for care coordination, medical and dental

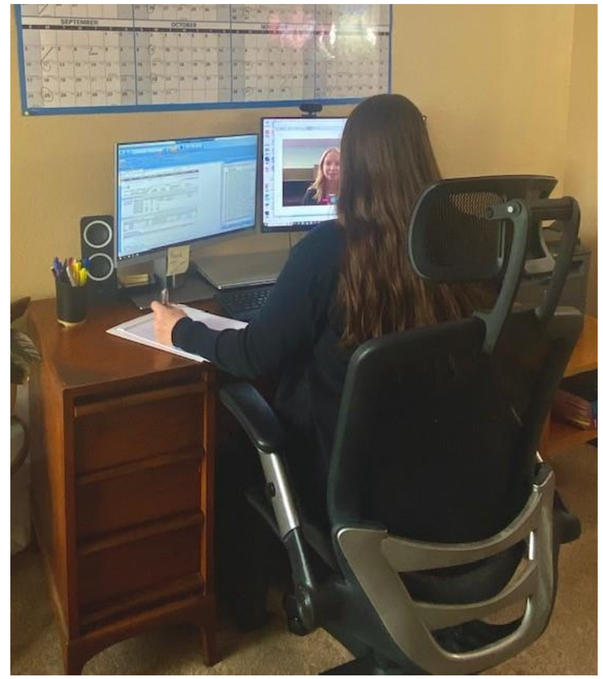
- Continuation of designated telehealth office at locations for patients to utilize to resolve issues with technology and connectivity

PMS Delivery Model
Post Pandemic

- Centralized behavioral health service model expansion –Goal is to provide on demand behavioral health services.
- Service Array-
- Crisis intervention services, follow-up after hospitalization/ED visits, behavioral health assessments, treat first, therapy, psychiatry and MAT

- Centralized Crisis Services- hired crisis counselor

- Potential pilot of PMS phone booth clinic



PMS Delivery Model
Post Pandemic

- Established Virtual Visit Guide with best practices
- Continuous Quality Improvement of telehealth services
- Utilization of online EMDR tools for resourcing and providing EMDR virtually in compliance with model
- Remote Monitoring & E-recovery (Connections) Applications - Used as Treatment Amplifiers
    - Provides Recovery Support
    - Digital CBT
    - Sobriety Tracking
    - Peer Support discussion groups

PMS Delivery Model
What lessons did we learn?

TOGETHER EVERYONE ACHIEVES MORE

- Importance of early engagement with clinical and IT staff to support telehealth services
- Need to develop telehealth orientation and checklist for providers
- Providers needed strategies to increase comfort with telehealth
- Orienting patients to virtual visits was an extensive process
- Need for continuous check ins and huddles to provide support and connections for providers
- Ensuring patient privacy at each visit
- Virtual/telephonic services is not a one size fits all model
- Great Resignation/reshuffle, competitive market created access issues
- Difficulty providing CCSS services virtually – more success working with the patient face to face in the community
- Barrier with access to technology and bandwidth/connectivity issues

Why remote delivery?

- Improved patient experience, alleviated fears/concerns while continuing to provide access
- Staff can assess the home environment, provide more detail to the clinical picture
- Increased convenience, removes traditional barriers such as geographic, psychological, care giver, childcare responsibilities
- Enhanced team care with the increased ability to engage other providers virtually
- Ability to address treatment gaps, serve New Mexicans with unmet behavioral health needs
- Reduction in stigma associated with accessing behavioral health services

WHAT EFFECT DID VIRTUAL SERVICES HAVE ON QUALITY?

Virtual Services: Quality

Shifted how we looked at quality of care, in-person vs virtual

Assessment of what data needed to be pulled and how we analyzed the data

Redefine performance measures

Quality initiatives driven in a virtual world- engagement, process and outcomes

Use of Quality Audit tool and QSR to determine overall effect of pandemic on treatment and service delivery

DATA 2019-2022

Data: BH Services

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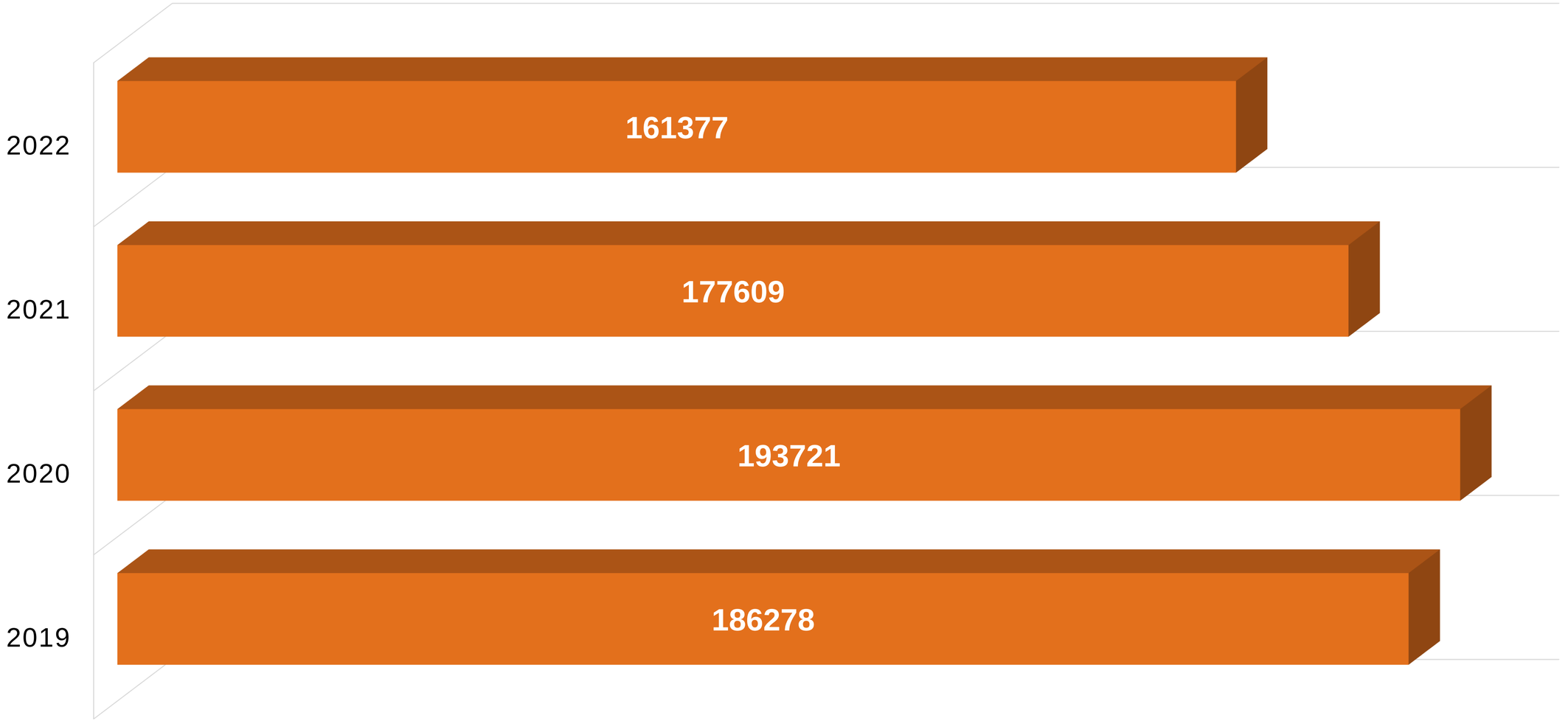

BH Quality Measures

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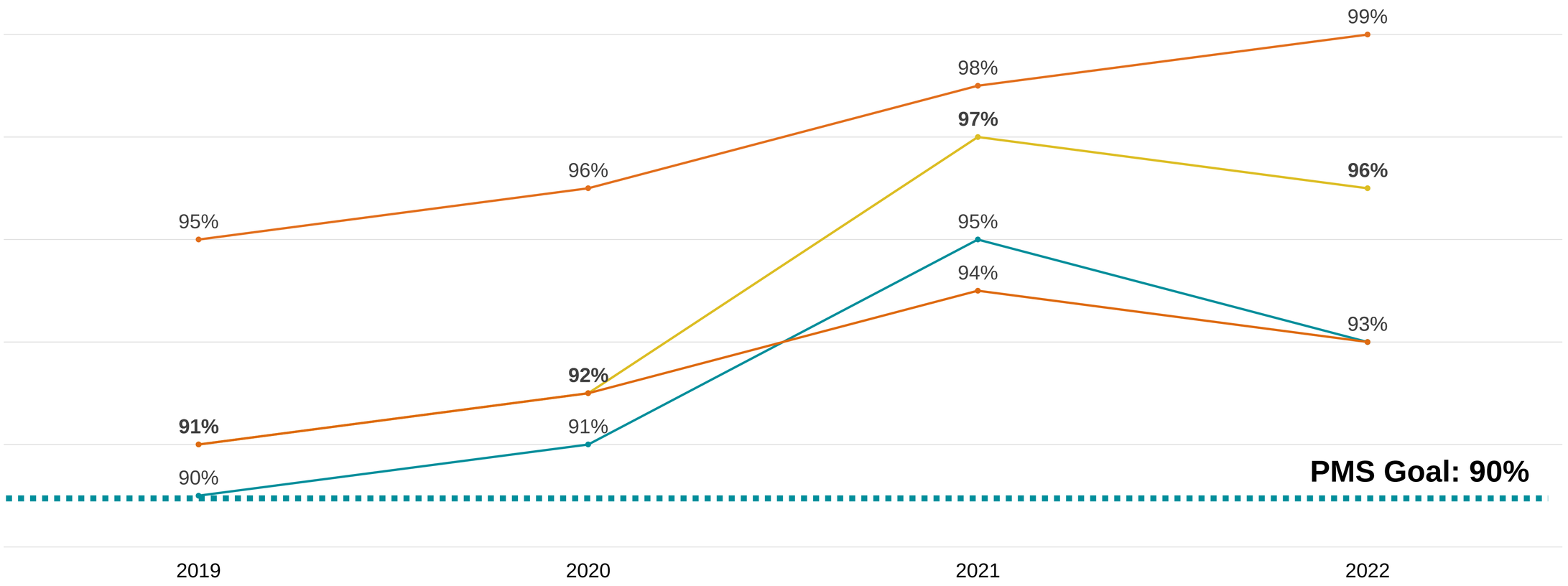

- Screening for Clinical Depression
- Patients Aged 12 Yrs. and Older with evidence of an initial assessment that includes an appraisal for risk of suicide.
- Patients Aged 12 Yrs. and older who were screened at least once within the last 12 months for unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use.
- Patients with depression or bipolar disorder with evidence of an initial assessment that includes appraisal for alcohol or chemical substance use.

Behavioral Health Quality Audit Tool (BHQAT)

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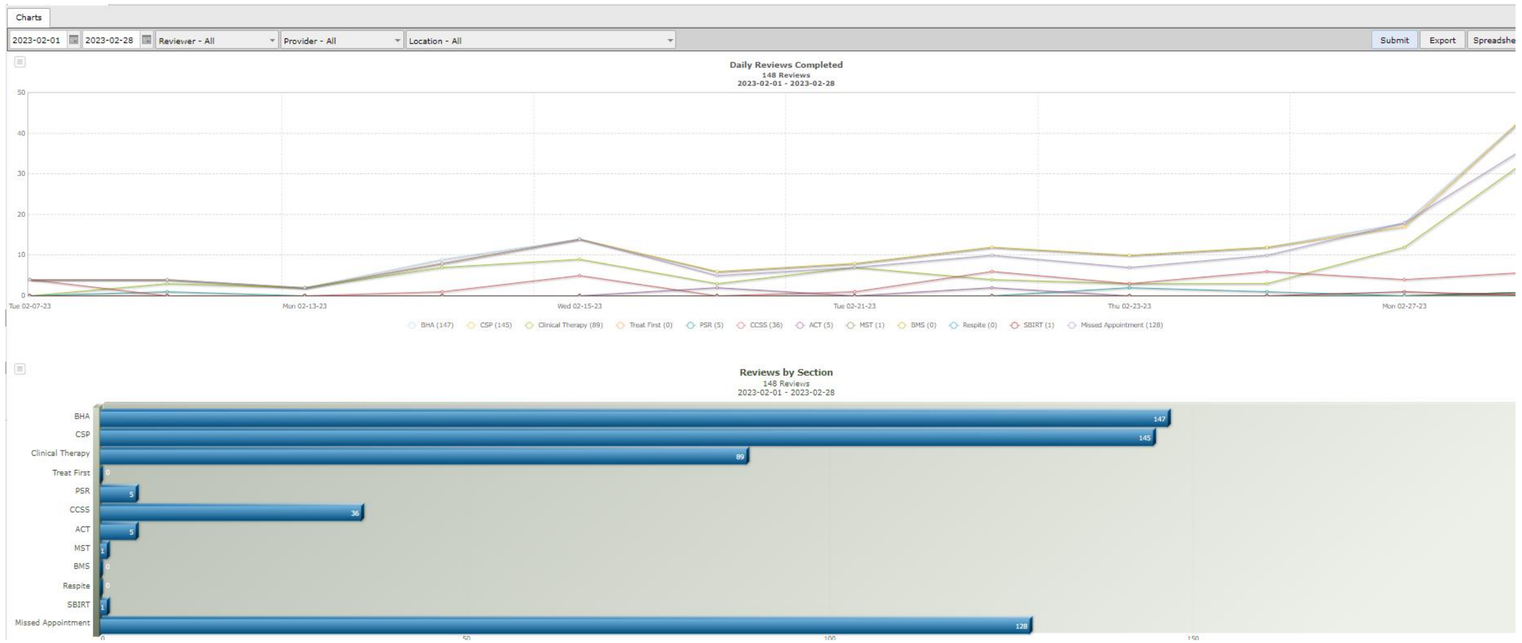

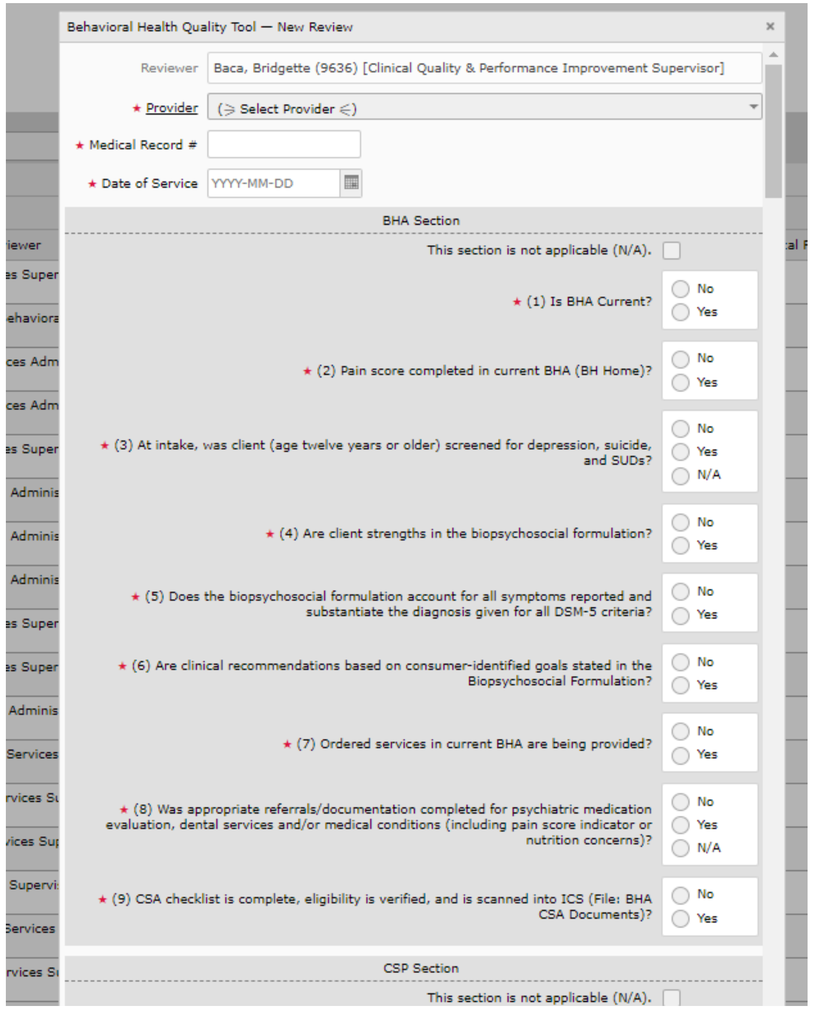

Behavioral Health Quality Audit Tool (BHQAT)

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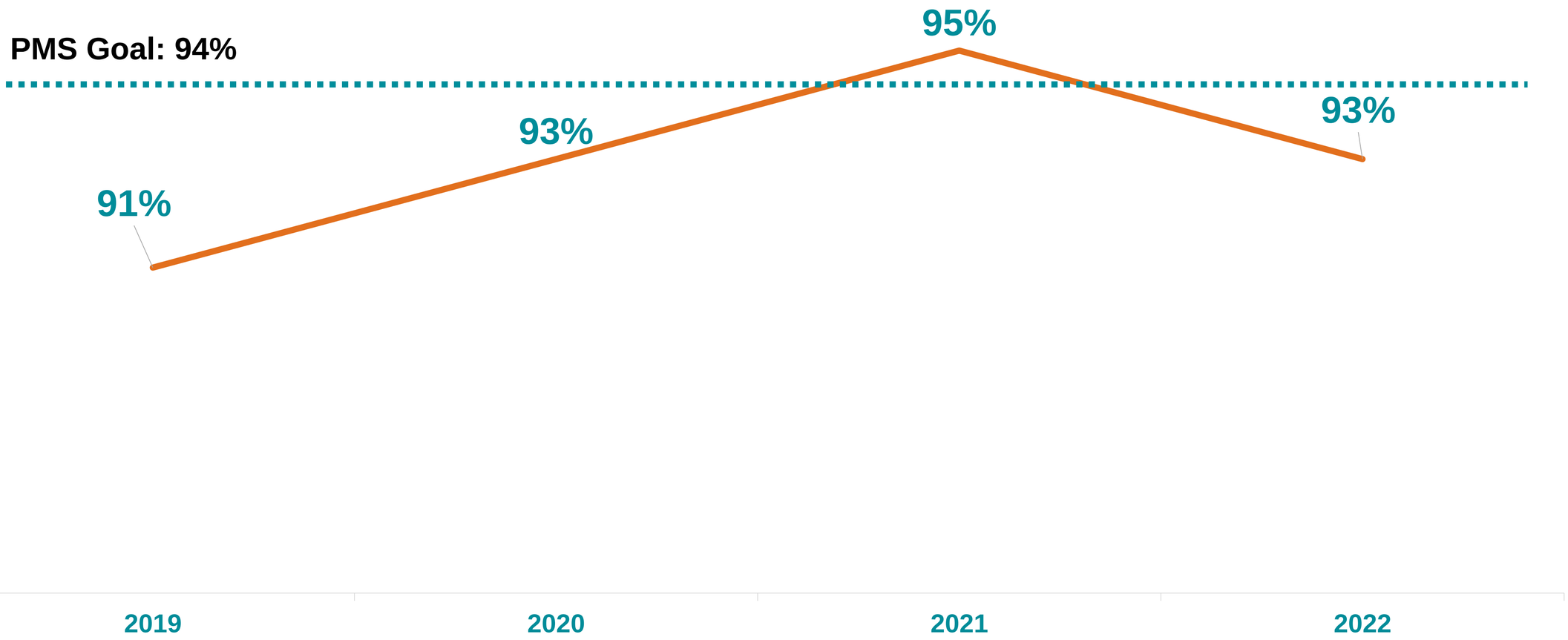
BHQAT Section	Q1	Q2	Q3	Q4	Q3 2022 - Q4 2022	2022 YTD	2022 PMS Goals
Behavioral Health Assessments	93%	93%	93%	96%	3%	94%	94%
Comprehensive Service Plans	90%	91%	89%	94%	4%	91%	92%
Clinical Therapy	95%	95%	96%	96%	0%	95%	94%
Treat First	N/A	N/A	N/A	N/A	N/A	N/A	89%
Psychosocial Rehabilitation	97%	98%	94%	97%	3%	96%	94%
Comprehensive Community Support Services	95%	94%	93%	94%	0%	94%	95%
Assertive Community Treatment	97%	96%	94%	98%	4%	96%	96%
Multisystemic Therapy	94%	100%	97%	100%	3%	97%	94%
Behavioral Management Services	N/A	N/A	100%	N/A	N/A	N/A	95%
Respite	100%	100%	100%	100%	0%	100%	94%
Screening, Brief Intervention, Referral to Treatment	87%	89%	88%	N/A	N/A	87%	94%
Missed Appointment	85%	83%	84%	80%	-4%	83%	90%
TOTAL	92%	93%	92%	95%	3%	93%	94%

BHQAT Quality Measure	Q1	Q2	Q3	Q4	Q3 2022 - Q4 2022	2022 YTD	2022 PMS Goals
BHA - (1) Is BHA Current?	96%	97%	96%	98%	2%	96%	100%
CSP - (4) Are the recovery goals complete for all services to date?	95%	93%	93%	95%	2%	94%	100%
Clinical Therapy - (2) Does the narrative of the note contain the problem, progress, specific intervention provided and client response?	79%	83%	84%	86%	2%	83%	100%
Treat First - (2) Session check in and check out questions completed for each visit?	N/A	N/A	N/A	N/A	N/A	N/A	100%
PSR - (2) Does the narrative of the note contain the class title, description of the activity and client response?	88%	98%	84%	97%	13%	93%	100%
CCSS - (1) Eligible for CCSS?	100%	100%	100%	100%	0%	100%	100%
ACT - (6) Do the Comprehensive Service Plan and Progress Note, demonstrate decreased rates in incarceration, hospitalization contacts, and use of alcohol or illegal drugs, or increased housing stability, employment, and relationships with family?	100%	100%	100%	100%	0%	100%	100%
MST - (1) Eligible for MST?	100%	100%	100%	100%	0%	100%	100%
BMS - (1) Eligible for BMS?	N/A	N/A	100%	N/A	N/A	100%	100%
Respite - (1) Eligible for Respite?	100%	100%	100%	100%	0%	100%	100%
SBIRT - (1) Healthy Lifestyle Questionnaire (HLQ) is completed?	100%	100%	100%	N/A	N/A	100%	100%

Overall Percentage for BHQAT



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