



Priority Area 1: BEHAVIORAL HEALTH

"Promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities." – Substance Abuse and Mental Health Administration (SAMHSA)

2020 – 2022 Goals	Outcome Measures	Programs and Strategies	Performance Measures
<p>COMMUNITY</p> <p>Decrease drug overdose deaths in communities Presbyterian serves by 5% by 2022.</p>	<p>Current: 28.2 deaths per 100,000 population (2014-2018 5-year average) PHS Counties Goal: ✔</p> <p>OR</p> <p>Goal: 26.8 deaths per 100,000 population</p>	<p>Peer Opioid Program</p> <ul style="list-style-type: none"> a. Reduce relapse rates of patients and reduce patient visits to emergency rooms. b. Increase visits and interaction between parents and babies experiencing exposure. c. Provide quality support for providers, nurses and hospital staff. d. Provide patients with resources for health-related social needs. e. Increase the number of patients in recovery. f. Increase patient satisfaction. 	<p># ED patients engaged; % accepted additional help past initial engagement; # NICU family engagements</p>
<p>HEALTH SYSTEM</p> <p>Increase Initiation (Baseline 44.39% 2019) and Engagement (14.14% 2019) of Treatment for Alcohol and Other Drug Use Dependence (IET) for patients and members.</p>	<p>% who initiate treatment through an inpatient Alcohol and other drug dependence admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.</p> <p>% who initiated treatment and who had two or more additional Alcohol and other drug dependence services or medication treatment within 34 days of the initiation visit.</p>	<p>Mental Health First Aid Training</p> <ul style="list-style-type: none"> a. Increase the number of people in New Mexico trained in Mental Health First Aid. b. Increase the number of Mental Health First Aid trainers in New Mexico. <p>Positive Youth Development</p> <ul style="list-style-type: none"> a. Provide mentorship opportunities for youth. b. Invest in youth-oriented community-based programming. c. Increase early childhood and home visiting. <p>Health Council and Local Initiative Support</p> <ul style="list-style-type: none"> a. Partner with the county, tribal health councils and other local coalitions to impact specific behavioral health areas including youth and adult substance use, depression and suicide prioritized by each community. <p>Integrated SUD Initiative*</p> <p>Create novel clinical models to effectively identify, treat and manage patients with SUD to improve quality of life, reduce harm, lower recidivism, and reduce costs for Medicaid recipients and the community overall.</p> <ul style="list-style-type: none"> b. Enhance PCMH and system services to address SUD. c. Provide clinical education. d. Strengthen Community partnerships with treatment providers. e. Increase peer engage and support (Community Health). f. Implement an Integrated Addictions Medicine Consult Team for inpatient hospital settings. g. Increase initiation of buprenorphine treatment by patients with opioid use disorder in the emergency departments across PDS. <p>Opioid Stewardship*</p> <p>Ensure appropriate utilization of opiates across the PHS continuum.</p> <ul style="list-style-type: none"> a. Oversight of pain medication prescribing and management practices. b. Provide community medication disposal sites at all hospitals. 	<p># people trained</p> <p># of youth interns, students, volunteers; # youth participants in community-based programming (annual); # families participating in home visiting programming*</p> <p>total funding provided, # of priority initiatives, # of community members reached/participating</p> <p>MAT initiation & adherence, # providers/staff trained, # new suboxone prescribers; # peer engagements</p>
		<p>Identify and Intervene*</p> <p>Alcohol use disorder</p> <ul style="list-style-type: none"> a. Explore screening and brief intervention for alcohol use and other disorder in ambulatory care settings. 	<p># of patients given orders for naloxone at discharge; avg. daily MME per patient; % of acute pain patients receiving opioid prescriptions >7 days</p> <p># members meeting HSD measures for initiation and engagement of treatment for alcohol use; # patients/members screened; # given brief intervention</p>

*These programs and measures are implemented and reported through other Presbyterian departments