

Department: Out Patient Services

Service Name: NMS Outpatient Services

Type of Service: Mental Health Out Patient Services

Location of Service: 707 Broadway NE # 500, Albuquerque NM 87102

Description of Program/Service:

NMS's specialized staff offers a variety of services for children, adolescents, adults and their family members/life partners. Staff composition is multi-disciplinary, including Psychologists, Social Workers, Psychiatrists, and Nurses under the direction of a Medical Director. A Point of Entry service for new or returning clients is used for assessing an individual's needs and scheduling an initial appointment with the professional best qualified to meet those needs. Individuals may also be assessed and referred to a local hospital, or to other more intensive services, when available and clinically appropriate. Emergency services are available at all clinic locations during normal business hours. The crisis and Information Line will assess the need for emergency care during hours offices are closed.

Philosophy of Program:

The guiding philosophy of NMS Out Patient Services is to provide the highest quality behavioral healthcare and comprehensive clinical services for individuals and families with a mental health or substance abuse problem.

Program/Service Goals/Objectives:

The primary goals of NMS Out Patient Services is the diagnosis and treatment of mental and behavioral health issues in order to alleviate the distress/cause and to improve or maintain the individuals capacity to function in society in his/her community.

Description of service modalities to be provided to achieve program objectives:

Services offered include 24/7 Crisis and Information Line, psychosocial/psychiatric assessments, psychiatric medication management, early childhood evaluations, individual/family/group therapy, emergency evaluations, referral/coordination services, behavioral intervention, post-hospital follow up/stabilization, consultations, community education, parenting classes.

Behavioral programming includes anger management, anxiety/depression, attention deficit disorders, autism, abuse victims, bipolar disorder, personality disorders, brain injury, crisis management, parenting, eating disorders, grief, marital/family conflict, obsessive compulsive disorder, panic attacks, post traumatic stress, schizophrenia and stress management.

Identification/description of special populations and mechanisms to address their needs:

Best practices are utilized and attention is given to special populations including: children and adolescents, SED aging and elderly, substance abusing pregnant women, substance abusing women with dependent children, developmental disabilities, HIV/AIDS, hearing /sight impaired, English as a second language, brain injury, IV drug users, DUI offenders, and sexual offenders.

Efforts are made to ensure that all clients are assigned to the appropriate or best staff/program to meet their needs. Children, adolescents, elderly and aging are assigned to clinicians who specialize in treating them and are offered within school settings in some cases. Arrangements for adaptive equipment, interpreters, and any other accommodations deemed necessary to ensure quality of care are made. HIV/AIDS clients are given information about their condition and appropriate referrals are made as needed.

Assurance that adequate resources and mechanisms to address their needs:

Fees are charges for services. Payor sources include many medical insurances, Medicaid, City of Albuquerque Vouchers and self pay. Self pay rates are determined by a sliding scale fee, although fee minimums have been established. Payment of self pay fees is expected at the time of service unless a payment plan has been arranged prior to the services.

Admission criteria:

Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Discharge criteria:

Clients will be routinely discharged from mental health outpatient services after their treatment has reached the degree that the client has achieved their goals as stated on their treatment plan or when the client decides to discontinue services. This will be a collaborative decision between the client, the therapist and other persons directly involved in the client's treatment.

Discharge from out patient services after formal admission may also occur if the client has failed to make and keep at least one appointment with the therapist within a year from the date of the latest treatment plan and/or psychosocial assessment.

Transition Criteria:

Upon admission, a client may be scheduled for involvement in any and all appropriate services, to be coordinated by the assigned therapist or case manager. Subsequent transition/linking coordination and/or transfer may be accomplished at any point in the service delivery. A transition occurs when there is a reassignment of the client to another level of care or to another program within the agency. Transitions are developed with the input and participation of the person served or their guardian and others as deemed as appropriate. Requests may be initiated by the assigned therapist or case manager or at the request of the client.

Readmission Criteria:

Clients returning to services will follow the same admission criteria as a new client. Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Exclusionary or ineligibility criteria:

Persons who are found to be ineligible for services are given the reasons and directed to alternative or more appropriate services. The referral source is provided with information about the ineligibility with the consent of the person. In some situations, the referral source is providing the information for the screening and will be informed as to reasons for ineligibility without specific consent.

Persons may be ineligible for admission to outpatient mental health services if:

- a. Another level of care is indicated
- b. There have been any documented threats or actions made against agency or agency personnel or if there is reason to believe the threats are still current.
- c. There is a history of aggression or violence that is determined to be a present risk to personnel or other clients.
- d. Psychiatric/behavioral problem is the direct result of a medical condition or illness. Referral to another level of care may be indicated.
- e. NMS does not provide the appropriate services for the presenting issue.

Contact information:

Point of Entry (initial appointments) – 1-505-268-0701 ext 2221

Fax

1-505-232-9055

Department: Substance Abuse Services
Service Name: NMS Substance Abuse Services
Type of Service: Substance Abuse Out Patient Services
Location of Service: 707 Broadway NE # 500, Albuquerque NM 87102

Description of Program/Service:

RVBH's specialized staff offers a variety of services for children, adolescents, adults and their family members/life partners. Staff composition is multi-disciplinary, including Psychologists, Social Workers, Psychiatrists, and Nurses under the direction of a Medical Director. A Point of Entry service for new or returning clients is used for assessing an individual's needs and scheduling an initial appointment with the professional best qualified to meet those needs. Individuals may also be assessed and referred to a local hospital, a Crisis Stabilization Unit, a State Hospital, Schoolbased services or a Home based service when available. Emergency services are available at all clinic locations during normal business hours. The crisis and Information Line will assess the need for emergency care during hours offices are closed.

Philosophy of Program:

The guiding philosophy of NMS Substance Abuse Services is to provide the highest quality behavioral healthcare and comprehensive clinical services for individuals and families with substance abuse problem.

Program/Service Goals/Objectives:

The primary goals of NMS Chemical Dependency Program are to provide structured interventions to prevent the need for a more restrictive level of care; provide an individualized treatment plan, which includes consideration of all applicable and appropriate treatment modalities; and return patients to the highest level of functioning. NMS Substance Abuse services often coordinates with external entities, such probation/parole, attorneys, employers, to monitor a client's progress in treatment. This coordination only occurs with a client's written permission.

Description of service modalities to be provided to achieve program objectives:

NMS specializes in the ability to treat those with dual diagnosis, i.e. an addictive disorder concomitant with a psychiatric disorder. Each client is evaluated and treated appropriately, affording the patient the best possible chance at recovery. NMS offers a wide range of addictive recovery services. All treatment, except that of complicated and/or high-risk medical detoxification is offered in a non-residential setting. This offers the advantage to clients of learning how to live clean and sober in the environment in which they have been using. When the clients actively engage in treatment and

experiences triggers and stressors that usually precipitate a drinking or using episode, the treatment group provides the forum in which to process the occurrences of those environmental cues, as well as responses to them. In this way, avoidance strategies and stress coping can be learned and practiced while the patient is in treatment.

Clients are placed in substance abuse services depending upon a range of factors, including their level of need, ability to engage in and benefit from different services, insurance requirements, and the availability of services. NMS Substance abuse services include: Transitions Group Therapy, Intensive Outpatient Psychotherapy; Individual Therapies; Psychiatric assessment and medication management; Family Treatment; Post-Treatment Individual/Family Therapy: Aftercare Group; Community Support Groups.

Intensive Outpatient Psychotherapy (IOP) is an intensive group program that meets three times a week for three hours a day, to address severe substance abuse problems. The program includes educational and process therapy components. There are IOP meetings both evenings and during the daytime.

NMS also offers a special program (COD) for the treatment of Adults with Co-Occurring Mental Health and Substance Abuse problems.

Identification/description of special populations and mechanisms to address their needs:

Best practices are utilized and attention is given to special populations including: substance abuse pregnant women, substance abuse women with dependent children, developmental disabilities, HIV/AIDS, hearing /sight impaired, English as a second language, brain injury, IV drug users, DUI offenders, and sexual offenders.

Efforts are made to ensure that all clients are assigned to the appropriate or best staff/program to meet their needs. Arrangements for adaptive equipment, interpreters, and any other accommodations deemed necessary to ensure quality of care are made. HIV/AIDS clients are given information about their condition and appropriate referrals are made as needed. Staff works with substance abuse issues and with mental health problems, to address co-occurring disorders.

Assurance that adequate resources and mechanisms to address their needs:

Fees are charges for services. Payor sources include many medical insurances, Medicaid, City of Albuquerque Vouchers and self pay. Self pay rates are determined by a sliding scale fee, although fee minimums have been established. Payment of self pay fees is expected at the time of service unless a payment plan has been arranged prior to the services.

Program Hours:

1. Morning IOP = Monday, Wednesday, & Friday; 8:30-11:30 am

2. Evening IOP = Monday, Wednesday, & Thursday, 6:00-9:00 pm
3. Staff is available Monday thru Friday, 8:00am to 5:00pm and evenings by appointment.

Admission criteria:

Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Discharge criteria:

Clients will be routinely discharged from substance abuse services after their treatment has reached the degree that the client has achieved their goals as stated on their treatment plan or when the client decides to discontinue services. This will be a collaborative decision between the client, the therapist and other persons directly involved in the client's treatment. Some programs, such as Aftercare or COD may offer extended services as long as a client needs/desires supports.

Discharge from substance abuse services after formal admission may also occur if the client has failed to make and keep at least one appointment with the therapist within a year from the date of the latest treatment plan and/or psychosocial assessment.

Transition Criteria:

Upon admission, a client may be scheduled for involvement in any and all appropriate services, to be coordinated by the assigned therapist or case manager. Subsequent transition/linking coordination and/or transfer may be accomplished at any point in the service delivery. A transition occurs when there is a reassignment of the client to another level of care or to another program within the agency. Transitions are developed with the input and participation of the person served or their guardian and others as deemed as appropriate. Requests may be initiated by the assigned therapist or case manager or at the request of the client.

Readmission Criteria:

Clients returning to services will follow the same admission criteria as a new client. Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Exclusionary or ineligibility criteria:

Persons who are found to be ineligible for services are given the reasons and directed to alternative or more appropriate services. The referral source is provided with information about the ineligibility with the consent of the person. In some situations, the referral

source is providing the information for the screening and will be informed as to reasons for ineligibility without specific consent.

Persons may be ineligible for admission to outpatient mental health services if:

- a. Another level of care is indicated
- b. There have been any documented threats or actions made against agency or agency personnel or if there is reason to believe the threats are still current.
- c. There is a history of aggression or violence that is determined to be a present risk to personnel or other clients.
- d. Psychiatric/behavioral problem is the direct result of a medical condition or illness. Referral to another level of care may be indicated.
- e. NMS does not provide the appropriate services for the presenting issue.

Contact information:

Point of Entry (initial appointments) – 1-505-268-0701 ext 2221

Fax 1-505-232-9055

Department: Treatment Foster Care
Service Name: NMS Treatment Foster Care Program
Type of Service: Treatment Foster Care
Location of Service: 707 Broadway NE # 500, Albuquerque NM 87102

Description of Program/Service:

New Mexico Solutions' treatment foster care program consists of a network of highly trained foster families who provide services to children within its catchment area. The children served have emotional disabilities which are severe, complex, and persistent. These needs may occur in combination with mental retardation; or they may be in crisis but able to be stabilized safely in a therapeutic family setting. Treatment foster care is family-based care in which the foster family is viewed as the primary treatment agent. Foster parents are trained and supported to implement key elements of treatment in the context of family and community life while supporting the goals of permanency planning for children in their care. While the role of foster parents is central to the services delivery approach, treatment planning is a team function carried out under the clinical direction of qualified program staff. Treatment typically focuses on teaching the adaptive, prosocial skills and responses which equip young persons and their families with the means to deal effectively with the unique conditions or individual circumstances which have created the need for treatment.

Philosophy of Program:

The treatment philosophy of New Mexico Solutions treatment Foster Care Program is to provide high quality behavioral health services on the behalf of our children in foster care. In order to accomplish this, services begin with an accurate and comprehensive assessment. This includes an understanding of the child's functioning, strengths, needs, history, challenges and resources. Therapeutic intervention is focused on a family systems modality. Relationships in the family – both in the biological (if involved) and in the foster family are facilitated and ideally provide a corrective emotional experience for the child. Intervention is also focused on enhancing the child's coping skills and recognizes a developmental approach, noting the fact that previous abuse, neglect, trauma and multiple losses have contributed, in most cases, to delays on many levels.

Program/Service Goals/Objectives:

To provide seriously emotionally and behaviorally disabled children with stable, nurturing, treatment-oriented families who teach and reinforce adaptive prosocial skills, strengthen connections with birth families, and work toward a goal of a permanent living situation.

Description of service modalities to be provided to achieve program objectives:

The program uses a family system treatment approach in addition to behavior management techniques consistent with Learning Theory to help children increase prosocial, adaptive behaviors. Depending upon the presenting clinical situation, staff may draw upon other relevant widely accepted theoretical frameworks (such as Solution-Focused, Cognitive-Behavioral) which offer specific strategies or techniques for teaching prosocial, adaptive attitudes and behaviors. Medications may be used in the treatment of a particular condition, when prescribed by a qualified physician, and in conjunction with other interventions which may also contribute to remediation of the problem.

A behavior intervention plan is developed, when appropriate, which focuses on teaching prosocial, adaptive behaviors and responses. This plan includes a positive reinforcement program to strengthen and/or increase the frequency of desired behaviors. If restrictive interventions are utilized, they are consistent with the agency's policy of using the least restrictive measure necessary. The Behavior Intervention Committee may be utilized for consultation and technical assistance in the development of effective behavior intervention plans.

Identification/description of special populations and mechanisms to address their needs:

Best practices are utilized and attention is given to special populations including children and adolescents. The children served have emotional disabilities which are severe, complex, and persistent. These needs may occur in combination with mental retardation; or they may be in crisis but able to be stabilized safely in a therapeutic family setting. Treatment foster care is family-based care in which the foster family is viewed as the primary treatment agent. Foster parents are trained and supported to implement key elements of treatment in the context of family and community life while supporting the goals of permanency planning for children in their care. While the role of foster parents is central to the services delivery approach, treatment planning is a team function carried out under the clinical direction of qualified program staff. Treatment typically focuses on teaching the adaptive, prosocial skills and responses which equip young persons and their families with the means to deal effectively with the unique conditions or individual circumstances which have created the need for treatment.

Assurance that adequate resources and mechanisms to address their needs:

Fees are charges for services. The primary payer source for Treatment Foster Care is Medicaid. Under New Mexico Medicaid, managed care organizations manage benefits statewide for behavioral health services.

Admission criteria:

Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Discharge criteria:

Clients will be routinely discharged from Treatment Foster Care services after their treatment has reached the degree that the client has achieved their goals as stated on their treatment plan or when the client/guardian decides to discontinue services. This will be a collaborative decision between the client, the therapist and other persons directly involved in the client's treatment.

Discharge from TFC services after formal admission may also occur if the client is no longer eligible for this service, based upon insurance requirements.

Transition Criteria:

Upon admission, a client may be scheduled for involvement in any and all appropriate services, to be coordinated by the assigned therapist or case manager. Subsequent transition/linking coordination and/or transfer may be accomplished at any point in the service delivery. A transition occurs when there is a reassignment of the client to another level of care or to another program within the agency. Transitions are developed with the input and participation of the person served or their guardian and others as deemed appropriate. Requests may be initiated by the assigned therapist or case manager or at the request of the client.

Readmission Criteria:

Clients returning to services will follow the same admission criteria as a new client. Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Exclusionary or ineligibility criteria:

Persons who are found to be ineligible for services are given the reasons and directed to alternative or more appropriate services. The referral source is provided with information about the ineligibility with the consent of the person. In some situations, the referral source is providing the information for the screening and will be informed as to reasons for ineligibility without specific consent.

Persons may be ineligible for admission to outpatient mental health services if:

- a. Another level of care is indicated
- b. There have been any documented threats or actions made against agency or agency personnel or if there is reason to believe the threats are still current.

- c. There is a history of aggression or violence that is determined to be a present risk to personnel or other clients.
- d. Psychiatric/behavioral problem is the direct result of a medical condition or illness. Referral to another level of care may be indicated.
- e. NMS does not provide the appropriate services for the presenting issue.

Contact information:

Point of Entry (initial appointments) – 1-505-268-0701 ext 2221

Fax 1-505-232-9055

Department: Assertive Community Treatment Program
Service Name: NMS Assertive Community Treatment Program
Type of Service: Community-based Wraparound Program
Location of Service: 707 Broadway NE # 500, Albuquerque NM 87102

Description of Program/Service:

The NMS Assertive Community Treatment (ACT) program is an intensive, community-based program that provides a high-level of support, monitoring and therapies to adults with chronic mental illness. Services are provided on a long-term care basis with continuity of caregivers over time. The majority of services are provided directly by ACT team members, in the natural environment of the person served, with minimal referral to outside providers. Team members are on-call after business hours so persons can receive services (i.e. crisis services) 24 hours a day, 7 days a week. The program provides psychosocial services for adults with severe and persistent mental illness who often have co-occurring problems, such as substance abuse, homelessness or involvement with the judicial system. The ACT team provides assertive outreach and engagement to assist the persons served in their own environment; at least 75 percent of service contacts are in the community, outside of the clinical office setting; provides multiple contacts per week based on the clinical needs of the persons served; and increases service intensity to the persons served when their needs require additional contacts.

Philosophy of Program:

The guiding philosophy of New Mexico Solutions (NMS) Outpatient Services is to provide the highest quality behavioral health care and comprehensive clinical services for individuals and families with a mental health or substance abuse problem. The Assertive Community Treatment (ACT) Program is a multidisciplinary team approach that assumes responsibility for directly providing acute, active, and ongoing community-based psychiatric treatment, assertive outreach, rehabilitation, and support. ACT has been identified as an effective, evidence based model for providing community-based services for adults with severe and persistent mental illness, whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

Program/Service Goals/Objectives:

The primary goals of the ACT program are to provide assistance to individuals to minimize use of psychiatric inpatient services, emergency room visits related to acute mental illness symptomology, and legal systems, while improving the person's quality of life. This goal is achieved by:

- lessening or eliminating severe symptoms of the person's mental illness,
- proactively providing interventions to prevent recurrent acute episodes of the person's illness,

- helping the person meet their personal goals and basic needs,
- maximizing recovery by improving functioning in social and vocational/education roles, and,
- enhancing skills to increase independence so the person can live independently and successfully in the community.

Description of service modalities to be provided to achieve program objectives:

Service modalities and program objectives include the following: 24/7 comprehensive services that focus on crisis intervention, symptom assessment and management; individual supportive therapy; medication support and prescription administration and monitoring; rehabilitation services; structuring time; substance abuse services; activities of daily living; legal; vocational/employment; housing; hospitalization; collaboration with families and significant others; assistance to clients with children; and social and interpersonal relationships.

Identification/description of special populations and mechanisms to address their needs:

The program provides psychosocial services to adults with severe and persistent mental illness who often have co-occurring problems, such as substance abuse, or are homeless or involved with the judicial system. Assertive Community Treatment (ACT) is a multidisciplinary team approach that assumes responsibility for directly providing acute, active, and ongoing community –based psychiatric treatment, assertive outreach, rehabilitation, and support. The majority of the ACT team members are qualified behavioral health practitioners. The ACT team provides ongoing support and liaison services for persons who are hospitalized or in criminal justice or other restrictive settings.

Assurance that adequate resources and mechanisms to address their needs:

All Albuquerque ACT Programs are primarily funded by the City of Albuquerque. Additional funding to cover the cost of the program is covered via Medicaid funding from participants that are Medicaid eligible. A person is not required to have Medicaid funding to participate in an ACT program due to the provided funding from the city. Some clients may have other payors, such as medical insurance or Medicare. These payors are useful for clients by way of funding their medication expenses, however, such payors do not fund ACT for their services directly.

Admission criteria:

Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Discharge criteria:

Upon admission, a client will be met in the community rather than in the office as much as possible. Admission criteria includes a diagnosis with a severe and persistent mental illness that seriously impairs their functioning in the community and follows the guidelines outlined in the admission criteria in program policies. The diagnosis will be pursuant to the Diagnostic and Statistical manual of Mental Disorders (DSM-IV-TR).

An admitted client can remain a client on an indeterminate basis. Discharge Criteria from the ACT program occurs when clients and program staff mutually agree to the termination of services as outlined in the policies and procedures manual. Proper documentation of discharge will include the reasons for discharge; client's biopsychosocial status at discharge; a written final evaluation summary of the client's progress toward the goals set forth in the treatment plan; a discharge and follow-up treatment plan; and appropriate signatures of the team and client. However, per policy, there are a few other criteria that can result in discharge of a client. They are as follows:

- the client continuously requests to terminate services (as the program is voluntary),
- the client moves out of the area in which the ACT program serves,
- the client commits or threatens to commit a violent act toward staff;
- the client is requiring an increased level of care where they can no longer live in the community unsupervised (i.e. group home, hospice, etc.).

Transition Criteria:

Upon admission, a client may be scheduled for involvement in any and all appropriate services, to be coordinated by the assigned therapist or case manager. Subsequent transition/linking coordination and/or transfer may be accomplished at any point in the service delivery. A transition occurs when there is a reassignment of the client to another level of care or to another program within the agency. Transitions are developed with the input and participation of the person served or their guardian and others as deemed as appropriate. Requests may be initiated by the assigned therapist or case manager or at the request of the client.

Depending on services available/needed, it is sometimes possible to transition an ACT client to a lower level of care. Sometimes the ACT team may simply decrease intensity and frequency of visits until/unless an increase in symptomology arises. This is called "Step Down", but the client is still considered an ACT team participant.

Readmission Criteria:

Clients returning to services will follow the same admission criteria as a new client. Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Exclusionary or ineligibility criteria:

Persons who are found to be ineligible for services are given the reasons and directed to alternative or more appropriate services. The referral source is provided with information about the ineligibility with the consent of the person. In some situations, the referral source is providing the information for the screening and will be informed as to reasons for ineligibility without specific consent.

Persons may be ineligible for admission to outpatient mental health services if:

- a. Another level of care is indicated
- b. There have been any documented threats or actions made against agency or agency personnel or if there is reason to believe the threats are still current.
- c. There is a history of aggression or violence that is determined to be a present risk to personnel or other clients.
- d. Psychiatric/behavioral problem is the direct result of a medical condition or illness. Referral to another level of care may be indicated.
- e. NMS does not provide the appropriate services for the presenting issue.

All referrals to ACT are submitted by mental health care agencies, such as hospitals, managed care organizations, or other treatment providers. Self-referrals or referrals by family members are not accepted.

Referrals are submitted in writing, using the program's referral packet, which includes admission/exclusion criteria, a release of information, and a brochure addressing the services provided and by whom. The referral will be reviewed for completeness and eligibility criteria; a legal search will be completed to look for any historical violence (possible exclusionary criteria); and the referral source is then contacted for more information. If medical records are accessible from the referral source, they will be requested for review, then a face to face interview with the referred client will be arranged. If more information is needed prior to rendering a decision (a decision determined by the whole interdisciplinary team), the interviewer will request additional releases of information from the interviewee. Accepted referrals are entered into the ACT Application electronic system and the referral, correspondence and intake forms/information are filed in the clinical record. Declined referrals are also tracked electronically, including the reason for the decline. The referral source and interviewee will then be contacted.

Contact information:

Point of Entry (initial appointments) – 1-505-268-0701 ext 2264

Fax

1-505-232-9055