New Mexico has among the poorest substance use and behavioral health outcomes in the country. The Covid-19 pandemic further resulted in increased anxiety, depression, insomnia, and psychological distress as well as increased prevalence and severity of substance use. Forty-five percent of adults in the United States reported their mental health was negatively impacted due to worry and stress over the Covid virus. Children also experienced high rates of anxiety, depression, and post-traumatic symptoms. Closure of in-person schooling exacerbated the problem.

In New Mexico, 19 percent of adults experience mental illness, and as of 2018, New Mexico had the highest suicide rate in the nation, a rate of 25 per 100,000 people. The Behavioral Health Services Division of the Human Services Department (HSD) reports over 60 percent of adults with moderate mental illness and over 30 percent of adults with serious mental illness in the past year did not receive treatment.

HSD reported on a retrospective case-controlled national study of electronic health records of 73 million unique patient encounters that 7,510,380 patients had a substance use disorder (SUD) diagnosis and 12,030 had a diagnosis of Covid-19. Patients with a diagnosis of SUD were at significantly increased risk for Covid-19, an effect strongest for individuals with opioid use disorder, followed by individuals with tobacco use disorder. Patients with SUD had a significantly higher prevalence of chronic kidney, liver, lung diseases, cardiovascular diseases, type 2 diabetes, obesity, and cancer. Black Americans with SUD had a significantly higher risk of Covid-19 than white Americans, and also had worse outcomes in terms of death and hospitalization rates.
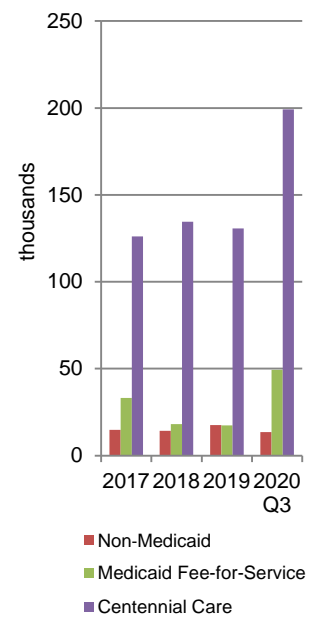
HSD has taken measures to ensure and improve behavioral health access during the Covid-19 pandemic. Medicaid managed care organization (MCOs) have been directed to allow behavioral health providers to bill for telephonic visits using the same codes and rates that are currently established for in-person visits. BHSD non-Medicaid providers are similarly allowed to bill using established codes for telephonic visits through the duration of the pandemic. For the 12-month period, July 1, 2019 through June 30, 2020, 22,575 unduplicated members were served through telehealth services.

HSD also implemented strategies to increase the behavioral health providers network including: (1) expanded the substance use disorder (SUD) waiver to add Medicaid funding for Screening, Brief Intervention, and Referral to Treatment (SBIRT), CareLink health homes, adult substance use residential treatment, medication assisted treatment, and use of peer supports; (2) implemented $78 million in FY20 Medicaid provider rate increases in October 2019 including behavioral health providers; (3) began implementation of a graduate medical expansion (GME) program for primary care, behavioral health physicians, and psychiatry; (4) reached settlement agreements in December 2019 with the remaining five behavioral health organizations that filed lawsuits against HSD when their Medicaid payments were frozen in 2013 due to largely unsubstantiated allegations of fraud; and (5) received a $2.4 million federal planning grant in September 2019

ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	No
Responsibility assigned?	No

Individuals Served Annually in State-Funded Substance Abuse or Mental Health Programs

Source: HSD

A 2018 LFC *Health Notes* found that overall spending on behavioral health services for the expansion population has risen faster than the number of people using those services.

Status of FY21 Behavioral Health Performance Measures

Beginning in FY21, three behavioral health performance measures were discontinued:

▪Individuals discharged from inpatient facilities who receive follow-up services at seven days;

▪Individuals discharged from inpatient facilities who receive follow-up services at 30 days; and

▪Suicides among fifteen to nineteen year olds served by the behavioral health collaborative and Medicaid programs.

The FY21 PB-2 form included an additional performance measure not reported on by HSD:

▪Percent of emergency department visits, for Medicaid managed care members 13 years of age and older, with a principal diagnosis of alcohol or other drug dependence (AOD), who had a follow-up visit for AOD within seven days and 30 days of emergency department visit.

The General Appropriation Act of 2020 mandated reporting on the following measures not reported on by HSD:

▪Percent of adults with mental illness or substance use disorders receiving Medicaid behavioral health services who have housing needs who receive assistance with their housing needs;

▪Percent of individuals discharged from inpatient facilities who receive follow-up services at 30 days;

▪Percent of people with a diagnosis of alcohol or drug dependency who initiated treatment and receive two or more additional services within 30 days of the initial visit; and

▪Percent reduction in number of incidents from the first to last day of the school year in classrooms participating in the pax good behavioral games, as measured by the spleem instrument

to increase the treatment capacity of Medicaid providers to deliver SUD treatment and recovery services. Finally, the CY2020 Medicaid MCO contracts include a delivery system improvement performance measure to increase the number of unduplicated Medicaid members receiving behavioral health services from a behavioral health provider.

In April 2020, BHSD received a $2 million emergency Covid-19 grant to support treatment services for individuals with mental health and substance use disorders requiring care as a result of Covid-19. Priorities are to train and provide ongoing coaching to providers on evidence-based practices that can rapidly be delivered via telehealth; enhance the New Mexico Crisis and Access Line (NMCAL) to screen, assess, and serve the health workforce and others impacted by Covid; implement peer recovery supports; and support the network of crisis response, including telepsychiatry, crisis triage, and mobile outreach. NMCAL created a dedicated crisis line open 24/7 for healthcare workers and first responders to provide professional counseling and support for those on the front lines of the state's pandemic response, and launched NMConnect, a downloadable app that connects New Mexicans to crisis counseling.

Additionally, as part of an effort by the Emergency Operations Center, HSD is partnering with the Department of Health and the Tourism Department to provide temporary housing and peer supports for displaced individuals who are at risk for Covid-19, are awaiting Covid-19 testing, or have tested positive for Covid-19. BHSD's Office of Peer Recovery and Engagement trains and identifies peers to provide daily engagement and support for displaced individuals, to monitor health and overall well-being, encourage participation in behavioral health services, and assist with any additional needs (e.g. food, clothing, medications, cell phone service, laundry and cleaning supplies) related to the social determinants of health.

Budget: $73,387.7 FTE: 55	FY19 Actual	FY20 Actual	FY21 Target	FY21 Q1	FY21 Q2	FY21 Q3	Rating
Adult Medicaid members diagnosed with major depression who received continuous treatment with an antidepressant medication	37%	40%	35%	31.1%			Y
Medicaid members discharged from inpatient psychiatric hospitalization stays of four or more days who receive follow-up community-based services at seven days	No Report	No Report	51%	68.5%			G
Percent increase in the number of persons served through telehealth in rural and frontier counties*	5.2%	308%	N/A	-7.3%			R
Readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	8.6%	8.9%	5%	5.2%			Y
Individuals served annually in substance use or mental health programs administered by the Behavioral Health Collaborative and Medicaid	165,641	261,983	165,000	No Report			R
Program Rating	R	R					Y

*Measure is classified as explanatory and does not have a target.