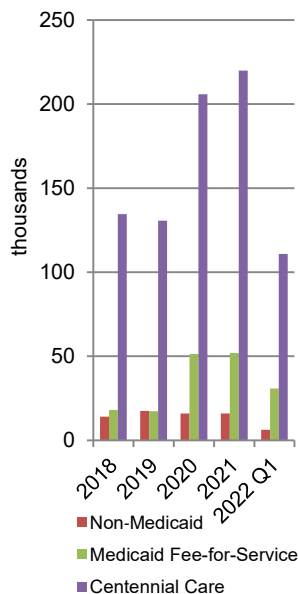


## ACTION PLAN

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

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



Source: HSD

### LFC Progress Report: Addressing Substance Use Disorders

In August 2021, an LFC progress report recommended the state

- Improve prevention and early intervention programs to address the underlying causes of substance abuse, including poverty and childhood trauma; and
- Improve the quality of behavioral healthcare, boost access, increase financial incentives, and build a workforce that better represents the state's cultural and racial demographics.

The Behavioral Health Collaborative (BHC) needs to enhance its role coordinating overarching behavioral health services across state agencies. Performance data across agencies would provide a comprehensive overview of the coordination of behavioral health services in the state system, access to services, and systemic outcomes. For example, the BHC report card does not include data on the Children, Youth and Families Department's \$20 million FY22 and FY23 special appropriation to expand the provider network for children's behavioral health and community child welfare services. Currently, the BHC report card primarily consists of data from the Behavioral Health Services Division (BHSD) of the Human Services Department representing only a portion of the state's behavioral health system and service dollars.

Several of the performance measures regarding behavioral health outcomes in the state show declines from the previous quarter. For example, performance measures performing less effectively are "Medicaid members 18 and older discharged from inpatient psychiatric hospitalization receiving community-based follow-up at seven days," "percent of emergency department visits for Medicaid members ages 13 and older with alcohol or drug dependence who receive follow-up at seven and 30 days," and "persons receiving behavioral health services via the telephone." The report card only includes performance measures with quarterly data although BHSD added additional performance measures that provide annual or biannual data. However, lacking quarterly data makes it difficult to determine if the state's behavioral health investment is effectively serving New Mexicans.

### Existing Problem

New Mexico has some of the poorest substance use and behavioral health outcomes in the country even before the Covid-19 pandemic further exacerbated anxiety, depression, and substance use. In New Mexico, 19 percent of adults experience mental illness, and as of 2019, New Mexico had the highest suicide rate in the nation, a rate of 24.1 per 100 thousand people compared with the national rate of 13.9. BHSD reports in the past year over 60 percent of adults with moderate mental illness and 30 percent of adults with serious mental illness did not receive treatment.

The U.S. Centers for Disease Control and Prevention reports in 2019 New Mexico had the 12<sup>th</sup> highest drug overdose death rate in the United States. New Mexico's drug overdose death rate, 30.4 per 100 thousand population, was 40 percent higher than the U.S. rate. New Mexico's alcohol-related death rate, 73.8 per 100 thousand population, was over 100 percent higher than the U.S. rate of 35.1. About two out of three drug overdose deaths in New Mexico in 2019 involved an opioid, and the methamphetamine death rate grew 2.4 times higher than in 2015. The fentanyl-involved death rate in 2019 was seven times greater than in 2015.

### Behavioral Health System of Care

In 2021, BHSD reported there were 6,295 prescribing and 4,057 non-prescribing Medicaid behavioral health providers in New Mexico. During the pandemic, New Mexico Medicaid managed care organization (MCOs) and non-Medicaid programs allowed behavioral health providers to bill for telephone visits using the same rates as in-person visits. In FY20, 22,575 unduplicated members were served through telehealth services; however, in FY22 use of telehealth services are declining.

## PERFORMANCE REPORT CARD

Behavioral Health Collaborative  
Third Quarter, Fiscal Year 2022

### Spanish Language Campaign to Combat Opioid Overdoses

The Human Services Department's Behavioral Health Services Division and Office of Substance Abuse Prevention launched a Spanish language campaign to combat opioid misuse in Hispanic communities. "¡El Opio Drama!" includes a six-part series of animated 30-second telenovela-style programming aimed at bridging multi-generational gaps within Spanish speaking households. The campaign included paid advertising on Spanish language television networks such as Telemundo and Univision, websites, social media and community-focused outlets. In addition to increasing public awareness about the dangers of opioid abuse and providing information in Spanish on the safe use, storage and disposal of opioids, the campaign aimed to reduce stigmas and myths associated with opioid addiction.

According to the federal Substance Abuse and Mental Health Services Administration, 75 percent of people addicted to opioids began taking the drugs with a prescription.

Unintentional drug overdoses accounted for almost 86 percent of drug overdose deaths from 2015 to 2019 in New Mexico, according to the Department of Health. Forty-five percent of those accidental overdoses were caused by prescription opioids, and 33 percent by heroin. Of those preventable deaths, nearly 40 percent were of Hispanic males and 18 percent were Hispanic females.

One of the most cited barriers to prevention, treatment and recovery from opioid abuse in Hispanic and Latino communities has been the lack of effective bilingual educational resources. "¡El Opio Drama!" emphasized opioid overdose prevention tactics presented in Spanish. Since the video series launched on YouTube, it received over 700 thousand views.

Two initiatives for BHSD that assisted with more persons receiving behavioral health services were federal emergency Covid-19 grants from the Federal Emergency Management Agency (FEMA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). The grants enhanced access to care for individuals with serious mental illness (SMI), serious emotional disturbance (SED), substance use disorder (SUD), those with co-occurring SMI/SED and SUD due to Covid-19.

A dedicated crisis line was also created for healthcare practitioners. Priorities are to train and provide ongoing coaching to providers on evidence-based practices that can be delivered via telehealth; enhance the statewide crisis and access line; screen, assess, and serve the health workforce; implement peer recovery supports; and support the network of crisis response, including telepsychiatry.

BHC Budget:	BHSD FTE:	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1	FY22 Q2	FY22 Q3	Rating
\$756,044.1	53							
Adult Medicaid members diagnosed with major depression who received continuous treatment with an antidepressant medication		40.6%	38.3%	35%	42%	43%	36%	G
Medicaid members ages 6 to 17 discharged from inpatient psychiatric hospitalization stays of four or more days who receive follow-up community-based services at seven days		43.2%	53.7%	51%	53%	56%	44.5%	R
Medicaid members ages 18 and older discharged from inpatient psychiatric hospitalization stays of four or more days who receive follow-up community-based services at seven days		43.2%	53.7%	51%	39%	33%	28.6%	R
Increase in the number of persons served through telehealth in rural and frontier counties*		308%	68.8%	N/A	-10%	-12%	-4%	Y
Readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care		8.9%	10.8%	5%	10.3%	8.3%	5.6%	Y
Individuals served annually in substance use or mental health programs administered by the Behavioral Health Collaborative and Medicaid		273,198	200,932	172,000	200,932	287,866	148,088	R
Emergency department visits for Medicaid members ages 13 and older with a principal diagnosis of alcohol or drug dependence who receive follow-up visit within seven days and 30 days		14.3% 7 day; 21.8% 30 day	13.3% 7 day; 19.7% 30 day	25%	13.6% 7 day; 20.7% 30 day	14% 7 day; 21% 30 day	11% 7 day; 16% 30 day	R
Persons receiving telephone behavioral health services in Medicaid and non-Medicaid programs		NEW	NEW	60,000	33,934	43,655	54,452	R
<b>Program Rating</b>		R	R					R

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