

**ACTION PLAN**

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

Since 2017, behavioral health providers have increased in the state by over 50 percent. Yet about one in three hospitals do not offer medication-assisted therapy (FY21), just over 1 percent of Medicaid recipients received screening, brief intervention and referral to treatment (SBIRT), and Department of Health facilities offer evidence-based programs but operate below capacity. Behavioral health performance outcomes remain poor in New Mexico and the state continues to have some of the worst behavioral health outcomes in the country. In recent years, state and federal funding for behavioral health have notably increased in both the Medicaid Program and the Behavioral Health Services Division. Several initiatives have been implemented; however, these efforts may not yet be fully reflected in the behavioral health performance outcomes.

The Behavioral Health Collaborative (BHC) needs to enhance its role coordinating overarching behavioral health services across state agencies, including Medicaid. Performance data across agencies would provide a comprehensive overview of the systemic outcomes. BHC is in the process of procuring an administrative services organization (ASO), with the current ASO being Falling Colors. Comprehensive data shared by the ASO would be helpful in tracking performance across departments.

**Existing Problem**

New Mexico had 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 2020, New Mexico had the second highest suicide rate in the nation, a rate of 24.8 per 100 thousand people. 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.

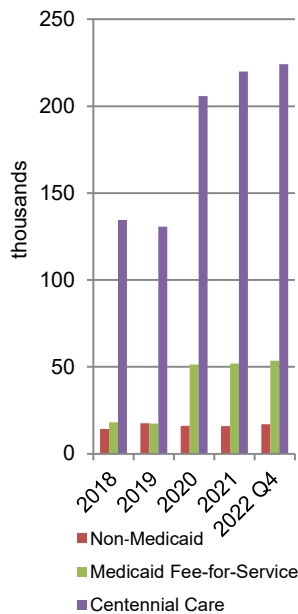
The U.S. Centers for Disease Control and Prevention reports in 2020 New Mexico had the 11<sup>th</sup> highest drug overdose death rate in the United States. New Mexico’s drug overdose death rate was 39 per 100 thousand. New Mexico’s alcohol-related death rate, 86.6 per 100 thousand people, was over twice the U.S. rate of 41.5. About two out of three drug overdose deaths in New Mexico in 2020 involved an opioid, and the methamphetamine death rate grew 2.8 times higher than in 2015. The fentanyl-involved death rate in 2020 was seven times greater than in 2016.

**Behavioral Health System of Care**

**Access to Behavioral Health Services.** In 2021, BHSD reported there were 6,295 prescribing and 4,057 nonprescribing Medicaid behavioral health providers in New Mexico. Total behavioral health practitioners increased from approximately 500 providers. Behavioral health organizations grew from 368 in 2020 to 388 in 2021. The total number of behavioral health encounters provided by a behavioral health professional or nonbehavioral professional increased from 2,498,234 in 2020 to 2,985,516 encounters in 2021.

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.

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



Source: HSD

Notable behavioral health interventions include San Juan County’s Mental Wellness Center, a service and access hub, and Santa Fe County’s Connect program, a “no wrong door approach” to assisting persons with behavioral health needs and addressing other social determinants of health.

**Alcohol Abuse, Opioids, and Overdoses**

The Department of Health's *New Mexico Substance Use Epidemiology Profile, 2021* indicates New Mexico had the highest alcohol-related death rate in the United States since 1997. New Mexicans die of alcohol-related causes at nearly three times the national average, higher than any other state. Alcohol is involved in more deaths than fentanyl, heroin, and methamphetamine combined. Negative consequences of using excessive alcohol also affect domestic violence, crime, poverty, unemployment, and exacerbates mental illness, all of which are social determinants of health.

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.

**Provision of Behavioral Health Services.** During the pandemic, New Mexico Medicaid managed care organizations (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 FY23 the use of telehealth and telephone services to provide behavioral health services is holding steady. In the first quarter, 38,089 unduplicated persons were served in rural and frontier areas through telemedicine as compared with 38,096 persons served last year. The decline is attributed to the lag in claims reporting and decreased utilization as the pandemic declines and people return to office visits. The 2023 Legislature appropriated \$1 million in opioid settlement funding to support telehealth services where behavioral health providers may not be available, particularly in rural areas.

Health providers who do not solely specialize in behavioral health are providing an increasing number of behavioral health services. HSD's Primary Care Council is intent on incorporating behavioral health into primary care to bolster support for a behavioral health workforce that is not large enough to meet the needs of state residents.

**BHC Budget: \$924,292.1 FTE: 53**

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	Rating
Adult Medicaid members diagnosed with major depression who received continuous treatment with an antidepressant medication	38.3%	40%	39.3%	42.7%	42.8%	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	53.7%	50.8%	51%	53.5%	53.5%	G
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	53.7%	31.8%	51%	32.8%	32.7%	R
Increase in the number of persons served through telehealth in rural and frontier counties*	68.8%	-8%	N/A	-0.1%	-7.2%	Y
Readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	10.8%	8.1%	5%	5.7%	6.1%	R
Individuals served annually in substance use or mental health programs administered by the Behavioral Health Collaborative and Medicaid	200,932	212,486	200,000	256,241	294,958	G
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	13.3% 7 day; 19.7% 30 day	12.6% 7 day; 19.6% 30 day	25%	13% 7 day; 20.2% 30 day	12.4% 7 day; 19.8% 30 day	R
Persons receiving telephone behavioral health services in Medicaid and non-Medicaid programs	NEW	62,439	60,000	25,919	34,748	G
<b>Program Rating</b>	<b>R</b>	<b>R</b>				<b>Y</b>

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