

**New Mexico Behavioral Health Provider Association  
2021 Workforce Survey  
Provider Comments to Legislators  
September 3, 2021**

Q: What would you like legislators to understand about the importance of supporting Medicaid and other state budgetary funding for behavioral health services?

1. The amount of money behavioral health services save the state in expenses such as, police, social services, incarceration, education, etc., is so much greater than the small amount of funding we receive. Simply put, behavioral health is an incredible return on investment for the state and our tax payers.
2. That without these programs the negative impact on our clients would be devastating.
3. The more complex we make our funding and regulatory system, the greater the amount of time providers must spend on these admin burdens, rather than treating their patients.
4. We need to be compensated for the incredible value we bring to families and the community.
5. Nonprofit providers who are not FQHC's are inadequately reimbursed, experiencing high rates of turnover, and cannot meet pay scale demands within the current fee for service Medicaid structure. Quality BH services, especially from a prevention standpoint with children/families, are critical to ensuring cost reductions in the overall system of care "upstream". The ROI has been researched to a \$20 savings for every dollar spent, a conservative estimate in many cases of successful treatment of multi-generational, complex trauma in a family system. PLEASE find solutions for us to recruit, retain, compensate, and train quality clinicians so that we can meaningfully impact the reversal of poor child and family wellbeing trends in our state!
6. Legislators should understand that we need to invest in programs that are BOTH evidenced based and culturally meaningful.
7. I think that they need to go and talk to the people that have boots on the ground.
8. We are required to build capacity from the ground up for every new patient who enrolls in care. Each patient must be paired with a behavior technician. In order to put this candidate to work, they must complete 40-hours of specialized training, attend skills clinics where they demonstrate newly acquired skills and then they must pass a national board examination. There is a lot of work required on the candidate's end before they are eligible for paid work. We offer an unpaid internship/free training for job candidates

to prepare to meet employment qualifications (Registered Behavior Technician credential). Additional funding for paid training/capacity building would help in attracting and retaining talent. Incentivizing rural providers by way of student loan forgiveness, tax credits, etc. would also help behavioral health agencies keep talent.

9. More access to service coverage (Medicare); reimbursement rates are low to cover cost of operation; help stand up and maintain new programming.
10. Supporting rebuilding NM BH systems and better support for higher level of care in rural areas such as detox and residential centers.
11. Unlike past years, there is a dramatic increase in common everyday individuals experiencing a mental illness for the first time. Increases in anxiety, depression, and substance use diagnoses are more common than ever before. Without the Medicaid funding and fee scale increases most Mental Health Agencies cannot keep up with the growing cost of business. Most of the time we are out-spending in wages, insurance, taxes, etc. over the ability to generate income from fee for service. Increasing the minimum wage has had a very negative impact - we have to pay higher wages, ever-increasing insurance costs, and cost of living increases.
12. I have found the current administration and the current legislators to be very supportive with regard to Medicaid rates and emotional support.
13. Medicaid needs to increase payment amounts for services so agencies do not go out of business and can serve the state's vulnerable population, and must continue paying for telehealth services for rural communities and at-risk populations who would likely not receive any much-needed services.
14. Many RTC's won't accept Medicaid because the reimbursement rate is much lower than private insurance. They often save 1-2 Medicaid beds and the rest are all private insurance. These beds are usually full with long wait lists. Medicaid needs to increase the reimbursement rate for RTC (adults and youth) and add reimbursement for Detox for both adults and youth.
15. Agencies that are highly reliant on Medicaid as a primary source of funding are at high risk of deficit spending. Medicaid rates should be increased. Also, increasingly local governments are pushing for providers to bill Medicaid first and utilized their funding as a last resort. I am finding local funders have no clear understanding of how Medicaid works; they believe Medicaid can be billed for everything. Local leaderships need education in this area.