



BACKGROUND REPORT



2022 STATEWIDE TOWN HALL **Transforming Behavioral Health in New Mexico:**

A pathway towards hope and healing

Date: June 15-16, 2022

Location: Isleta Resort & Casino



NEW MEXICO FIRST
People. Ideas. Progress.

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New Mexico First builds consensus on critical issues facing our state and communities and leads positive policy change through deliberative town halls, forums, task forces, research, and cross-partisan work on education, economic and community development, health, natural resources, and good governance.

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Executive Summary

This report provides information regarding behavioral health in New Mexico. It was written to provide a common background of information for participants of the New Mexico First Town Hall “Transforming Behavioral Health in New Mexico: A Pathway Toward Hope and Healing” in June 2022. New Mexico First strives to create informed deliberations and uses the town hall background report to share information to each participant.

While the 2022 Town Hall is focused on behavioral health, it must also address root causes that lead to and continue to affect the crisis of behavioral health that has existed in the state for many years. Without addressing the “why” of increased behavioral health needs, it is difficult to address problems associated with access to services, increase the number of service providers and the amount of available service, or increase funding. Root causes of behavioral health needs are identifiable and referred to as social determinants of health. These issues are addressed in context throughout the report to provide a picture of how they impact behavioral health conditions. Other factors that contribute to behavioral health challenges are Adverse Childhood Experiences, behavioral health stigma, institutional and structural racism, and language and cultural barriers.

Statewide issues and trends are outlined in the areas of suicide, substance use, mental health, and children’s services, providing specific data on the prevalence of these issues and how New Mexico compares to other states.

Attention is paid to the behavioral health workforce. New Mexico experiences severe shortages in the number of professionals available to provide treatment and services. Shortages are significantly more prevalent in rural and frontier counties, but even the larger cities in the state do not have enough workers and facilities to meet the need. Information about efforts being made by state and county governments to increase the workforce is demonstrated. Information regarding potential workers/new partners is also included.

Community awareness of services and how to access services is addressed. New Mexico would benefit from having an entire and expansive continuum of care. Such a continuum would provide services from prevention through acute inpatient care and recovery. While it can be noted that all services on the continuum exist somewhere in the state, no one has easy access to everything. The shortages in the workforce correlate with shortages in available services. In many places where services do exist, waiting lists are long.

The report highlights some specific topics related to service and treatment. These include the expansion of services through telehealth, particularly notable during the Covid-19 pandemic; the dramatic need for more crisis triage services statewide and the consequences of the lack of those services; the availability of substance use disorder services and the need for expansion; racial disparities; and how poverty, homelessness, and the lack of sufficient affordable housing and infrastructure affect behavioral health needs.

Funding for behavioral health services and treatment in New Mexico comes primarily from federal grants, Medicaid, and state general funds. Providers also rely on private fundraising to deliver their programs and Centennial Care 2.0 Managed Care Organizations have funds available for special projects

related to behavioral health. Data is offered that shares how much funding is being spent in New Mexico, what services are frequently sought, and those that are the most difficult to find.

As the report informs the Town Hall, it offers participants a common look at the behavioral health picture in New Mexico and enables them to collaborate and partner with New Mexico First to offer suggestions and solutions to address the system – underlying factors, workforce, funding, services and treatment – seeking to improve the lives of all residents. It will benefit everyone in New Mexico to look at how it can better resource this work, hear and act on all necessary voices, streamline requirements, and engage the general public in the understanding that behavioral health is a universal issue that requires attention.

Access. Coalitions. The service/treatment continuum. Workforce challenges. Removing unnecessary duplication. Insufficient funding. All must be addressed – simultaneously – to affect the behavioral health crisis in New Mexico. And all of this must be done within the context of the root causes of these issues – poverty, lack of primary care, poor housing, language and cultural barriers, unemployment, stigma, Adverse Childhood Experiences (ACEs), and education disruptions. To stay “siloed” as a behavioral health system that reacts rather than works to prevent will not see an end to this crisis.

Introduction

In preparation for the June 2022 Behavioral Health Town Hall, New Mexico First commissioned this report to provide participants background context to inform town hall conversations and recommendations. This type of major deliberation is held every two years, on a topic of critical importance to the state. The event will produce a platform of consensus recommendations. New Mexico First and other organizations will advance those recommendations in the coming years, with particular emphasis for the next 18 months, ensuring that the participants' ideas receive attention statewide.

We believe that the best deliberations are *informed* deliberations. Therefore, all our town halls are preceded by a nonpartisan backgrounder that sets the context.

Definitions

While the terms “mental health” and “behavioral health” are often used interchangeably, behavioral health is a broader blanket term that encompasses mental health. *Behavioral health relates to the connection between behavior and the health of one’s mind, body, and spirit.* It is the way habits affect mental and physical health and wellness. *Mental health relates to a person’s emotional, social, and psychological wellness.* Behavioral health conditions and the behavioral health field have historically been financed, authorized, structured, researched, and regulated differently than other health conditions.

While this Town Hall is focused on behavioral health it must also address root causes that lead to and continue to affect the crisis of behavioral health that has existed in the state for many years. Without addressing the “why” of increased behavioral health needs, it is difficult to address problems associated with access to services, increase the number of service providers and the amount of available service, or increase funding.

Root causes of behavioral health needs are easily identifiable and are often referred to as the social determinants of health. *Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.* They are grouped in five domains:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

In addition to SDOH, other factors that contribute to behavioral health challenges are Adverse Childhood Experiences (ACEs), behavioral health stigma, institutional and structural racism, and language and cultural barriers.

About New Mexico First

New Mexico First is a nonpartisan nonprofit organization that engages citizens in public policy. Co-founded in 1986 by U.S. Senators Pete Domenici and Jeff Bingaman, the mission of New Mexico First is to be a nonpartisan catalyst for positive change by conducting independent research, engaging New Mexicans in policy, and enabling action. NM First town halls use a unique consensus-building process that enables participants to learn about a topic in depth, develop concrete policy recommendations addressing that topic, and then work with other New Mexicans to help implement those recommendations with policymakers. New Mexico First is entirely funded through donations, membership fees, town hall registrations, and contracts.

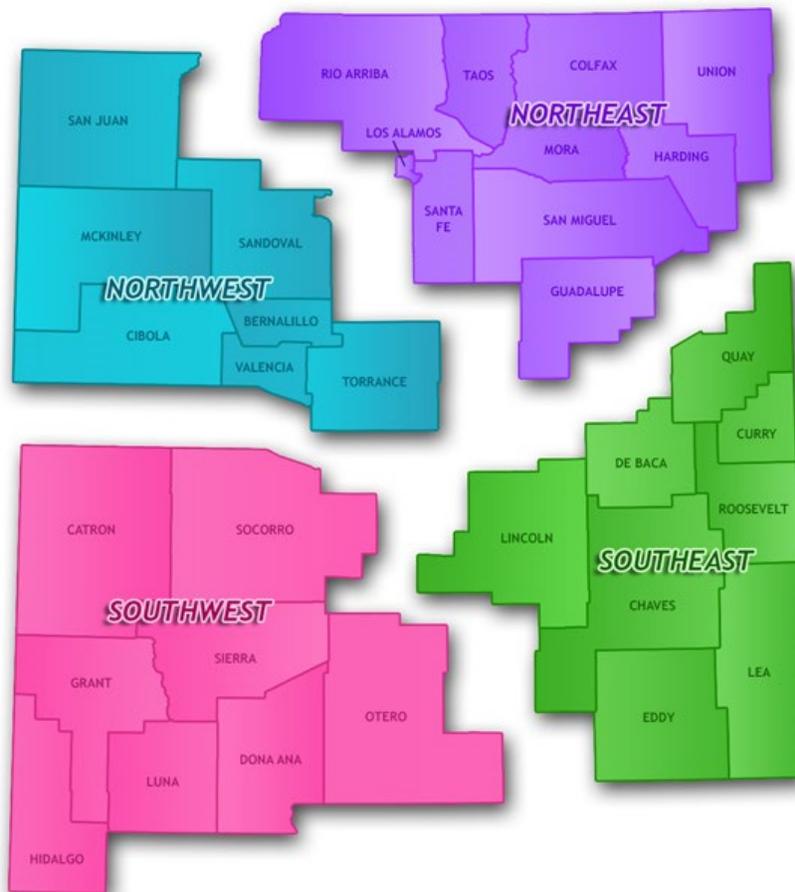
Statewide Trends and Issues

When discussing behavioral health needs of New Mexicans, there are four areas that have been and are of increasing concern across the state. These concerns aren't new, and professionals and policy makers have been aware of and addressing them for many years, though with little overall success. The pandemic that began in 2020 has only exacerbated the concerns. The trend data reported below is the most current available. It is anticipated that these concerns have only increased in the last 18 months.

Suicide

2020 data from the New Mexico Department of Health reported that 520 New Mexicans died by suicide¹. That is an age adjusted rate of 24.8 deaths/100,000 residents. New Mexico has the second highest suicide rate in the US. Suicide was the eighth (8th) leading cause of death among New Mexicans. Among those 15-17 years, suicide was the leading cause of death, tied with unintentional injuries. Among those 5-14 and 18-34 years, suicide was the second leading cause of death by age group, and among those 35-44 years, it was the third leading cause.

The state is divided into four (4) public health regions as depicted below:²



The southeast region of NM had an increase in the crude suicide rate from 21.8 deaths per 100,000 residents during 2019 to 28.9 deaths per 100,000 residents during 2020. The southwest health region

had a decrease in suicides from 23.7 deaths per 100,000 residents during 2019 to 19.8 deaths per 100,000 residents during 2020. New Mexico counties with the highest crude suicide death rates in 2020 were San Juan, McKinley, and Bernalillo.

The Department of Health *New Mexico Substance Use Epidemiology Profile, 2021* reports that while girls are more likely than boys to attempt suicide, boys are more likely than girls to die of suicide.³ Nearly four times as many males as females died by suicide. A previous suicide attempt is among the strongest risk factors for completed suicide. In NM in 2019, the prevalence of suicide attempts in the past year was significantly higher for girls (12.6%) compared to boys (8.4%). In 2019, the counties with the highest prevalence of suicide attempts were:

- San Miguel (13.8%)
- McKinley (13.6%)
- Sierra (13.2%)
- Cibola (12.5%), and
- San Juan (12.2%).

The counties with the lowest prevalence of suicide attempts were:

- Mora (2.8%)
- Roosevelt (5.0%)
- De Baca (5.2%)
- Grant (5.6%), and
- Quay (5.6%).

More than half of NM counties were above the national prevalence rate of 8.9%.

Substance Use

The NM Department of Health, *New Mexico Substance Use Epidemiology Profile, 2021*⁴ indicates that NM has had the highest alcohol-related death rate in the US since 1997. Prior to that time and dating back to 1981, New Mexico had ranked first, second, or third in the nation. Negative consequences of using excessive alcohol go far beyond the death rate. It also affects domestic violence incidents, crime, poverty, unemployment, and exacerbates mental illness, all of which are social determinants of health.

The epidemiology profile combines data from a five year period in most instances. This report covers 2015 – 2019. It states that one in five deaths among working age adults (20-64) in NM is attributable to alcohol. The national average is one in 10, making New Mexico's rate twice as high. This includes such things as alcohol poisoning, chronic liver disease, motor vehicle crash and other injuries, and a variety of other medical problems. Male rates are substantially higher than female rates and American Indians had higher alcohol-related death rates (more than twice the state rate for both males and females) than other races/ethnicities. McKinley and Rio Arriba counties had extremely high alcohol-related death rates, driven by high rates in the American Indian and Hispanic male populations. The counties with the largest number of deaths for the five-year period 2015-2019 were Bernalillo, San Juan, McKinley, Santa Fe, and Doña Ana.

In 2019, New Mexico had the 12th highest overdose death rate in the nation – in a state that ranks 36th in the country for population size.⁵ Drug overdose deaths remained higher for males than females in 2015-2019. The highest drug overdose rate was Hispanic males. Rio Arriba County had the highest drug overdose death rate in the state. Dependent on the data report that is accessed, the overdose rate is three or four times higher than that of Bernalillo County, the most populous county in NM. In *New Mexico Substance Use Epidemiology Profile, 2021*,⁶ Rio Arriba County had a total drug overdose death

rate of 83.6 deaths per 100,000 and an unintentional drug overdose death rate of 80.2 deaths per 100,000. The problem, however, does not belong to Rio Arriba County alone. Close to one-third of New Mexico counties had a drug overdose rate 1.5 times higher than the US rate. Bernalillo County (the state's most populous) continues to record the highest number of drug overdose deaths in terms of total number of deaths.

Unintentional drug overdoses account for almost 88% of drug overdose deaths. The most common drugs causing unintentional overdose death from 2015-2019 were prescription opioids, e.g. methadone, oxycodone, morphine (46%), heroin (36%), methamphetamine (37%), benzodiazepines (22%), and cocaine (13%). These percentages are not mutually exclusive. Nationally and in New Mexico, concern has grown exponentially regarding the number of overdose death from opioids. In recent years, overdose death from methamphetamines has become increasingly common. And from 2018 to 2019 in New Mexico the number of overdose deaths by Fentanyl increased 93%.

Mental Health

It is widely accepted (and researched) in the professional community that depression is one of the most prevalent and treatable mental disorders in the US. Major depression is generally associated with comorbid mental disorders. These include anxiety and substance use disorders. Depression impairs a person's ability to function in work, home, relationships, and social roles. Depression is also a significant risk factor for suicide and attempted suicide. In addition, depressive disorders increase the prevalence of chronic medical conditions, such as heart disease, stroke, asthma, arthritis, cancer, diabetes, and obesity.

A recent study out of Boston University indicates that rates of depression tripled at the outset of the pandemic and that now they are even worse.⁷ Depression among adults in the United States tripled in the early 2020 months of the global coronavirus pandemic – jumping from 8.5 percent before the pandemic to a staggering 27.8 percent. New research reveals that the elevated rate of depression persisted into 2021, and even worsened, climbing to 32.8 percent and affecting one (1) in every three (3) American adults. Responses to the survey conducted suggest that the burden of depression intensified over the course of the pandemic and disproportionately impacted adults with lower incomes. Although a study has not been conducted with youth, there is reason to believe that children and youth are experiencing the same elevated levels of depression through disruptions in school and social activities.

In the New Mexico Department of Health, *New Mexico Substance Use Epidemiology Profile, 2021*,⁸ the following data was shared for the state:

- The prevalence of current depression was highest among the youngest age-group 18-24 years (15.1%)
- Depression is much higher among Black (22.9%) than Hispanic (9.6%) and White adults (9.3%)
- Depression was more common among Hispanic females (11.5%) and White females (9.6%) than American Indian females (6.8%)
- Among males, American Indians (17.7%) had the highest prevalence followed by Whites (8.9%).

For many years, national efforts have been made to capture information about persistent feelings of sadness and hopelessness through the Behavioral Risk Factor Surveillance System (BRFSS). Persistent feelings of sadness and hopelessness are criteria for, and predictors of, clinical depression for youth. Youth who experience depression are at a higher risk for being depressed as adults. Persistent sadness in youth is also linked with suicidal behavior and drug and alcohol use. Because youth generally live in

family units, feelings of sadness or loneliness not only affect them but those around them. This can and does cause problems in relationships with peers and family members.

The prevalence of persistent feelings of sadness or hopelessness among NM high school students increased by 25% from 2015 to 2019.⁹ In 2019, there was a statistically significant difference between the US rate (36.7%) and the NM rate (40.4%). In 2019 in NM, girls (50.7%) were nearly twice as likely to report feelings of sadness or hopelessness than boys (30.3%), reflective of a continuing disparity. There were no statistically significant variations by grade level or by race/ethnicity. In 2019, the counties with the highest prevalence of persistent feelings of sadness or hopelessness by youth reported in the BRFSS were:

- Union (51.2%)
- Otero (48.8%)
- Grants (44.5%)
- Chaves (43.3%), and
- Sierra (43.0%).

The counties with the lowest prevalence were Mora (29.9%), Quay (29.2%), and De Baca (15.4%).

Depression is not the only mental health issue faced by youth and adults in the US, it is simply the most widely researched. It also underlies many other disorders, including substance use. The New Mexico Behavioral Health Needs Assessment 2020¹⁰ reports on other areas of mental health. Part of the needs assessment includes results of the 2018 National Survey on Drug Use and Health. In this survey respondents answer questions about behavioral health symptoms they are experiencing. Results from the most recent assessment indicate that 4.5% of adults in NM experience a serious mental illness (approximately 94,500 adults) and 19.1% experience any mental illness (approximately 404,400 adults). The Substance Abuse and Mental Health Services Administration (SAMHSA) has compared these prevalence estimates over time and to national averages. New Mexico has comparable prevalence rates of mental health disorders compared to averages across the nation. It is further estimated by SAMHSA that less than half of people living with a mental illness receive treatment.



I am a special needs mother. Behavioral health therapy is super important - my kids have had it since they were 18 months. It allows us to have a good life.

-Luna County community member¹¹

Children’s Services

The NM Children, Youth, and Family Department¹² provides a variety of prevention, early intervention, and treatment of behavioral health issues for children and adolescents under its care. The department also offers information and tools for any resident to access. One of the greatest resources offered is an interactive mapping program offered by PullTogether.org.¹³ Maps from this site offer a visual representation of services available for children and youth across the state and county by county. While it provides a vast list of publicly funded resources for children and youth – including behavioral health and substance use – what it cannot provide is data on how “much” service is available, length of waiting lists, etc.

Using these maps, it is easy to note that differences are dramatic from one county to another. Take, for example, a search for “Behavior Management Services.” Except for a provider in Grants, there are no behavior management services offered on the entire western half of the state (west of Albuquerque)

and only four (in Ft. Sumner, Clovis, Portales, and Las Cruces) south of Belen. Another example is the availability of High Fidelity Wraparound Services – an evidence-based program that shows great success nationally. These wraparound services in NM are available in 10 locations, four (4) of them in the Albuquerque metro area.

The COVID-19 pandemic has increased the toll on children and youth. Closures of schools and the move to remote learning has caused many to be academically behind. Just as significant are the number of children and youth who have not been seen by the people who have been able in the past to monitor and assist their mental health, substance use, and other behavioral needs. The entire year of remote schooling, followed by on-again off-again patterns of in-person school during virus surges, limits the access of children and youth to school nurses, counselors, and social workers. All are critical players in the prevention, early intervention, and care for children and youth struggling with behavioral health issues.

Child Trends¹⁴ gathers data on Adverse Childhood Experiences (ACEs) across the country. ACEs are potentially traumatic experiences and events, ranging from abuse and neglect to living with an adult with a mental illness. They can have negative, lasting effects on health and well-being in childhood or later in life. However, more important than exposure to any specific event of this type is the accumulation of multiple adversities during childhood, which is associated with especially negative effects on development.

In New Mexico, it is reported that as many as one (1) in seven (7) children had experienced three or more ACEs. Child Trends indicates that 25% of children nationally (birth through age 17) are reported to have experienced one (1) ACE, 9% with two (2) ACEs, and 18% with three (3) ACEs. It should be noted that if there are three (3) there may also be many more. The percentage of New Mexico children experiencing three (3) ACEs is statistically significantly higher than the national average.

In October 2021, The American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP), and Children’s Hospital Association (CHA) issued a joint declaration declaring a National Emergency in Children’s Mental Health.¹⁵ They state that the soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic exacerbate the situation that existed prior to the pandemic. This is particularly true for children and youth of color. They note that the pandemic has struck at the safety and stability of families. More than 140,000 children in the United States lost a primary and/or secondary caregiver. Young people are experiencing soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, and their communities. In this declaration, the AAP, AACAP, and CHA offer several suggestions that the federal government and states could adopt to affect change. Primary among them that could be addressed by New Mexico include:

- Increasing implementation and sustainable funding of effective models of school-based mental health care, including clinical strategies and models for payment.
- Strengthening emerging efforts to reduce the risk of suicide in children and youth through prevention programs in schools, primary care, and community settings.
- Addressing the ongoing challenges of the acute care needs of children and adolescents by expanding access to step-down programs from inpatient units, short-stay stabilization units, and community-based response teams.
- Fully funding comprehensive, community-based systems of care that connect families in need of behavioral health services and supports with evidence-based interventions.

Behavioral Health Workforce

It has long been known that a shortage of behavioral health providers exists nationally and in the State of New Mexico. A brief issued by USA Facts in June 2021¹⁷ discussed findings from the Health Resources and Services Administration (HRSA) about the health professional shortage areas. Such areas can be geographic areas, population groups, or health care facilities designated as having a shortage of health providers. More than 122 million Americans, 37% of the population, lived in 5,833 mental health professional shortage areas as of March 31, 2021. In New Mexico, that translates to 64.86% of residents who live in a mental health professional shortage area. In the last two years, due in large part to the pandemic, shortages have become more pronounced. Waiting lists for treatment have increased and, as one county administrator noted, “we’re losing our children and youth because they can’t get care.”

In 2013, New Mexico’s behavioral health workforce took a significant hit. At the end of June of that year, 15 New Mexico behavioral health agencies had their Medicaid funding frozen by the state’s Human Services Department due to “credible allegations of fraud.” An audit paid for by the Human Services Department found that \$33.8 million in Medicaid overpayments were made to these 15 providers. Further payments to the agencies were frozen, affecting services to approximately 30,000 New Mexicans.¹⁸ Many of these agencies were forced to close and hundreds of people lost jobs. While out-of-state providers were brought in to address caseloads, that activity was not very successful, and most of those agencies left the state shortly thereafter. By 2016, all 15 of the provider agencies charged had been cleared by the NM Attorney General of criminal acts of fraud. Several of those agencies never reopened. A significant loss that must also be noted in addition to the lack of workforce providing direct services is the loss of infrastructure and billing capabilities that transpired during this period.¹⁹

In 2019, the US Department of Health and Human Services Office of Inspector General (OIG) issued a report on the shortage of providers serving Medicaid clients in New Mexico.²⁰ In this report the OIG indicated that concerns exist about the availability of behavioral health services and treatments for mental health and substance use disorders for enrollees in the state’s Medicaid managed care program.

At the time of the report, many counties in New Mexico had few licensed behavioral health providers serving Medicaid managed care enrollees. Most residents know the Medicaid managed care program in New Mexico by the name of Centennial Care. It notes that behavioral health providers are unevenly distributed across the State, with rural and frontier counties having disproportionately fewer providers and prescribers and that only 29 percent of the state’s licensed providers are in rural and frontier

I worked at a women's health clinic here. And one of the challenges was finding behavioral health services for postpartum and pregnant mothers. We struggled to find providers. There was only one in-house prescriber, who was scheduled out in three to four months. The only other provider was Presbyterian Medical Services. But patients there had to self-refer. And we had a lot of moms struggling with that.

-Gallup community member²¹

counties, despite nearly half of the state’s Medicaid managed care enrollees residing in those areas. The lack of a sufficient workforce creates problems across the behavioral health landscape. An insufficient number of providers means that people can’t access services when they are needed, that many providers must maintain waiting lists, and that

the risk for harmful outcomes to people with mental health and substance use disorders increases.

New Mexico state and county government has been working to rebuild the behavioral health system and increase the number of providers that offer services through Medicaid. In a presentation to the

Legislative Finance Committee in August 2021 by the Human Services Department, it reported a 77% increase in the number of providers serving Medicaid clients (see graph, next page). While this is good news for NM residents as providers return to enrollment in the Medicaid system, it remains apparent that the shortages are extreme in rural and frontier counties.

In addition to the information about Medicaid providers, the American Academy of Child and Adolescent Psychiatry²² reports that only 76 child and adolescent psychiatrists serve New Mexico. The counties with available child and adolescent psychiatrists (many of whom serve multiple counties) are:

- Bernalillo County – 51
- Colfax County – 1
- Dona Ana County – 4
- San Juan – 3
- San Miguel – 1
- Sandoval – 6
- Santa Fe – 9
- Socorro – 1

This leaves 25 New Mexico counties with no child and adolescent psychiatry services.

Barriers to building an appropriate workforce are many. A significant one is wages. According to the US Bureau of Labor Statistics, the average mean wage for mental health and substance use social workers in New Mexico is \$51,420, with a range from \$32,470 - \$71,650.²³ The lower end of the range are those individuals just completing schooling and under supervision while they work (a required 3,000 hours), while the higher end are those with master's degrees, and who are fully licensed and have completed their supervised work.

The requirement for supervised hours (3,000 hours) also applies to individuals who are moving to the state from other locations in the US that may not require licensure or who have been "grandfathered in" to provide treatment due to their length of time providing professional treatment and services. This requirement is likely a barrier for clinicians with a long history of providing care elsewhere and then moving to New Mexico.

Included also in New Mexico's behavioral health workforce are Certified Peer Support Workers (CPSWs). Peer workers and peer recovery support services have become increasingly central to people's ability to live with or recover



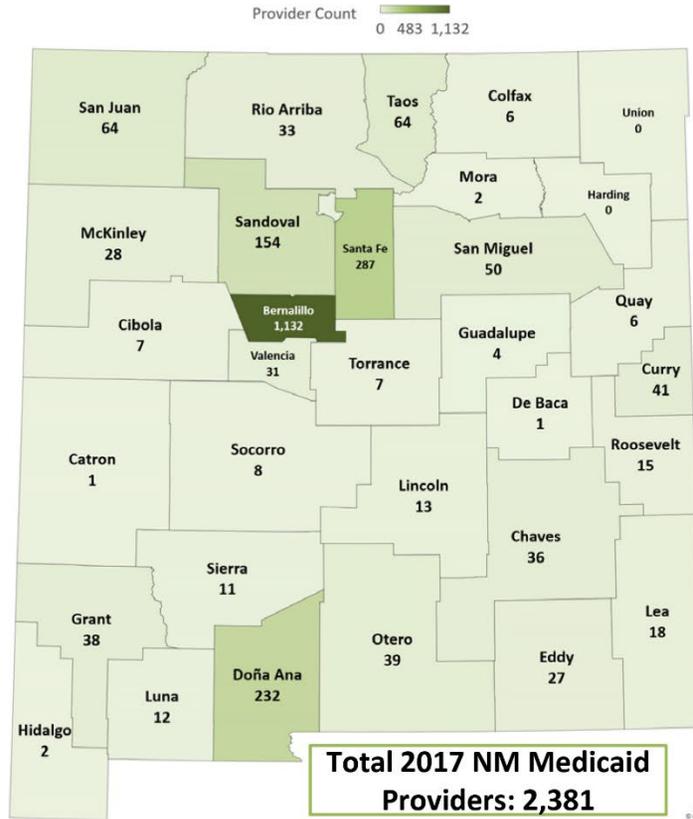
We have six homes, with four people in each home who we take care of. We had to cut down to five homes because we don't have the staffing. Taking care of these individuals is not an easy task. You need to be paid more than \$8.50 per hour.

-Hobbs Community Member²⁴

from mental and/or substance use disorders. Community-based organizations led by peer workers also play a growing role in helping people find recovery. The Office of Peer Recovery and Engagement (OPRE) is responsible for providing training for individuals who want to become CPSWs. After completing training individuals can then be certified by the New Mexico Credentialing Board for Behavioral Health Professionals, Inc. OPRE reports that there are currently 476 CPSWs in the state and approximately 275 are currently employed, leaving 200 qualified CPSWs that could help address workforce shortages across the state. CPSWs average \$20-23 per hour in wages.

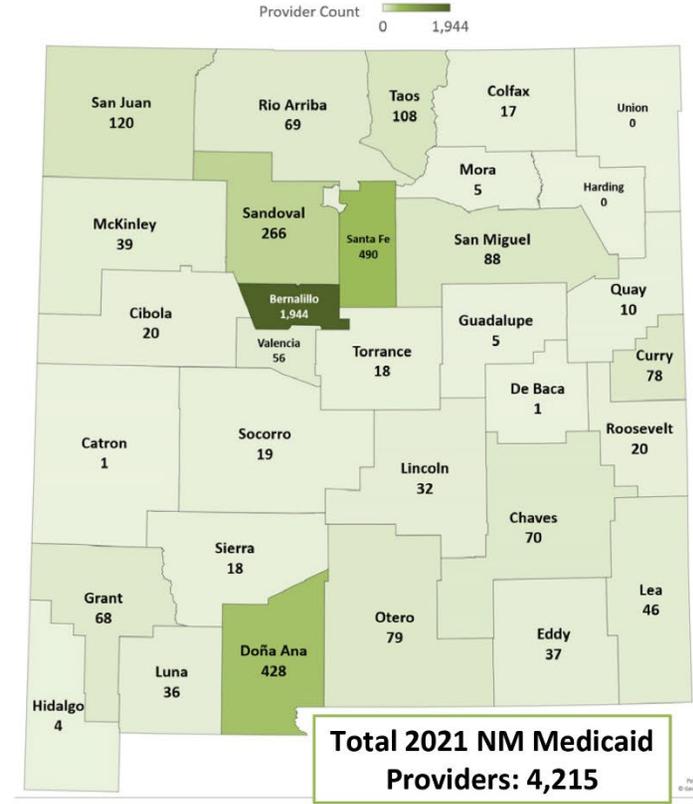
PROVIDER NETWORK GROWTH 2017 TO 2021

2017 Medicaid Core BH Providers
by County



→
Increase of
1,834
providers
(77% growth)

2021 Medicaid Core BH Providers
by County



Source: NM HSD, Behavioral Health Services Division based on provider enrollment in the Medicaid system. The totals do include providers who offer services in multiple counties throughout the state, however, have a Medicaid provider identification for each area serviced. Providers who are serving multiple counties may not be serving the county on a full-time basis. Core BH Providers" include Licensed Social Workers – independent and non-independent; Licensed Counselors - independent and non-independent; Psychologists; does not include alcohol and addiction counselors.

What isn't covered in the above discussion is the number of individuals who work in the behavioral health field who are not licensed and for whom salaries are much lower. These "behavioral health technicians" and "behavioral health workers" – essential components of programs caring for some of the most vulnerable residents – are usually paid on an hourly basis, approximately \$12 - \$15 an hour. A recent scan of positions available in Albuquerque by this author through a Google search reflects several positions of this nature open – with many of them being listed as available for more than 30 days.

The struggle in native communities is to understand the trauma we go through. Culturally it's like, you keep it to yourself. Last year, my brother tried to kill himself ... It was frustrating because the paramedics and police were just saying it was 'another drunk Native.'

-Cibola County community member²⁵

What appears to also be of greater need in the behavioral health workforce are clinicians who can provide trauma-informed care. Trauma-Informed care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. It has been suggested (though not specifically documented in research in the state) by lay persons

and professionals alike that this is particularly important in New Mexico. Native American populations have experienced generations of trauma through marginalization of their status as persons, loss of sacred lands, and the uprooting of children who then become adults that have lost many of their tribal traditions and language. Latino populations in New Mexico experience different struggles. New Mexico is a "minority majority" state, meaning that more residents are non-White and bringing with them generations of a different understanding of how to address behavioral health issues within their families. With the vast majority of human service providers in New Mexico being Caucasian, without specific training in different cultures the unintended effect of re-traumatization can occur.

The state could also benefit from an increase in health promoters (promotoras in Spanish) and making use of their knowledge and experience to assist New Mexicans. A promotora is a lay Latino community member who receives specialized training to provide basic health education in the community without being a professional health care worker. While most of their work entails educating target audiences about health issues affecting their community, they also provide guidance in accessing community resources associated with health care. Often promotoras are residents and identified leaders in their community who work for community-based health promotion projects. Thus, promotoras serve as liaisons between their community, health professionals, and human and social service organizations. As liaisons, they often play the roles of an advocate, educator, mentor, outreach worker, role model, and interpreter. New Mexico should consider capitalizing on the skills and relationships of these individuals in their communities and determine how to recruit, train, and pay more of them to provide these connections.

One of the biggest assets we have are the promotoras. What they do in the community is not only reduce stigma. They do screening, referrals, and work with children on life skills and mental health care.

-Doña Ana County Community Member²⁶

Community Awareness/Access and Referrals for Services

Counties and cities across the state have worked to increase available mental health and substance use services – some at greater speed than others. What hasn't kept pace for the public is the awareness of what services are available and how to access them. Even professionals in the field describe difficulty in understanding what services exist, who delivers them, and if referrals are being accepted. There is little information about waiting lists or costs for treatment on provider websites. A general search from a browser using plain language (e.g. mental health treatment Albuquerque) will bring the user a list of providers, but the individual seeking help has to go website by website to find what they are looking for and contact information.

It has been suggested that individuals who seek treatment and services can use the New Mexico Network of Care to find services and agencies near them.²⁷ While an online only service, there are four significant issues with this resource – (1) the average resident is unaware that it exists, (2) the database is not up to date, (3) one has to know what services they are seeking, and (4) then they still must make an outreach call to a provider and trust that they will get a timely response and there isn't a waiting list for assistance.

Another online resource, SHARE New Mexico, is a more up-to-date resource directory. ShareNM was created to help organizations, non-profits, and individuals working to improve the quality of life in New Mexico and includes (among many other things) searchable information regarding behavioral health services.

While more current and comprehensive, ShareNM shares some of the same problems as the New Mexico Network of Care: (1) the average resident doesn't know that it exists, (2) they must still know what services they are seeking, and (3) they must still do the work of contacting numerous providers regarding availability, costs, etc.



We don't have a behavioral health facility in Gallup. People who need help get sent to other parts of the state. But we never deal with the environment. We send people out, and they come back and don't have the tools they need to continue getting better.

-Gallup Community Member³¹

There are efforts by many cities and counties to assure that websites and Facebook, Twitter, and Instagram accounts are up to date with regularly revised content. While some cities and counties have a good deal of information about services on their websites, it is not presented in a format that provides the seeker with enough information to make choices about treatment. This is especially true for individuals experiencing a crisis. When immediate assistance is needed, information available through the internet is not where people think to go or are able to turn.

Across most of the state there appears to be a great deal of reliance on using electronic communication platforms to share information about what treatment and services exist. With a population that relies heavily on Medicaid for health services (43% statewide), many of whom are homeless or dealing with multiple social determinants of health, this outreach is not sufficient to assure that residents have the information they need. In many areas of the state, access to high-speed internet is simply unavailable. Additionally, 20.6% of New Mexicans reported income below the poverty line, one of the significant social determinants of health. New Mexico ranks next to last across the country for people living in poverty, a rate dramatically higher than the national average of 14.6%.²⁸ The expectation that these

individuals can find and secure services through electronic communication platforms may not be reasonable.

It doesn't matter how many services are available if people do not know what exists or cannot access services that are in place. Peers and family members indicate repeatedly that this is a primary reason why there is so much law enforcement involvement with individuals needing assistance; without additional information many feel that their only recourse is to call 911. This often devolves into individuals encountering law enforcement when a crime has not been committed, not getting access to care they need based on the responding officer's ability to successfully intervene, and not having a place to which to transport an individual for further assistance. And at times the situation has even escalated.

The New Mexico Crisis and Access Line (NMCAL) has the potential to be a significant resource across the state, but awareness of it is limited. A single number can be accessed 24 hours a day, seven (7) days a week, for anyone experiencing any kind of emotional crisis, mental health, or substance use concern. Those who answer calls are available to support those in need, offer information and resources, and work to assist those that do not know how to help themselves. During the pandemic the state released a new app called NMConnect that provides free 24-hour crisis and non-crisis support and access to behavioral health professionals who can text or talk via phone with individuals needing a listening ear or referrals to longer-term support. The app links users back to NMCAL. It includes a "one touch" button for connection to a mental health professional without having to dial a number. Greater awareness of this resource through billboards, radio and television advertisements, and sharing of flyers about this assistance would benefit the residents of New Mexico.

The state is planning for implementation of the new federally established "988" hotline for suicide prevention. It is to be active in July 2022. This may provide assistance if it is widely publicized and if that new number can directly – and fairly immediately – connect to *local* human beings and resources and not go through myriad steps to be able to connect people with someone "next door."

An option for residents who are unaware of system resources is to present at an Emergency Room (ER) to seek help for a psychiatric or substance use crisis. Unfortunately, ERs are not equipped to help the number of people who show up in these settings, particularly those who are not actively suicidal or experiencing a psychotic episode placing themselves or others at risk for whom inpatient care is inappropriate. There is exceptional frustration on the part of ER staff, family members, individuals, and first responders in not having other alternatives (or knowing about them) available.

San Juan County has sought to improve access for residents and not rely solely on electronic information. The county created a Mental Wellness Resource Center.²⁹ This Mental Wellness Resource Center is a result of the County Commissioners' desire to follow suggestions from a study they commissioned to better understand the needs of residents. In that report was the suggestion that a central location be created to assist people in accessing the services they need in a simpler and more collaborative manner. Goals of the center are:

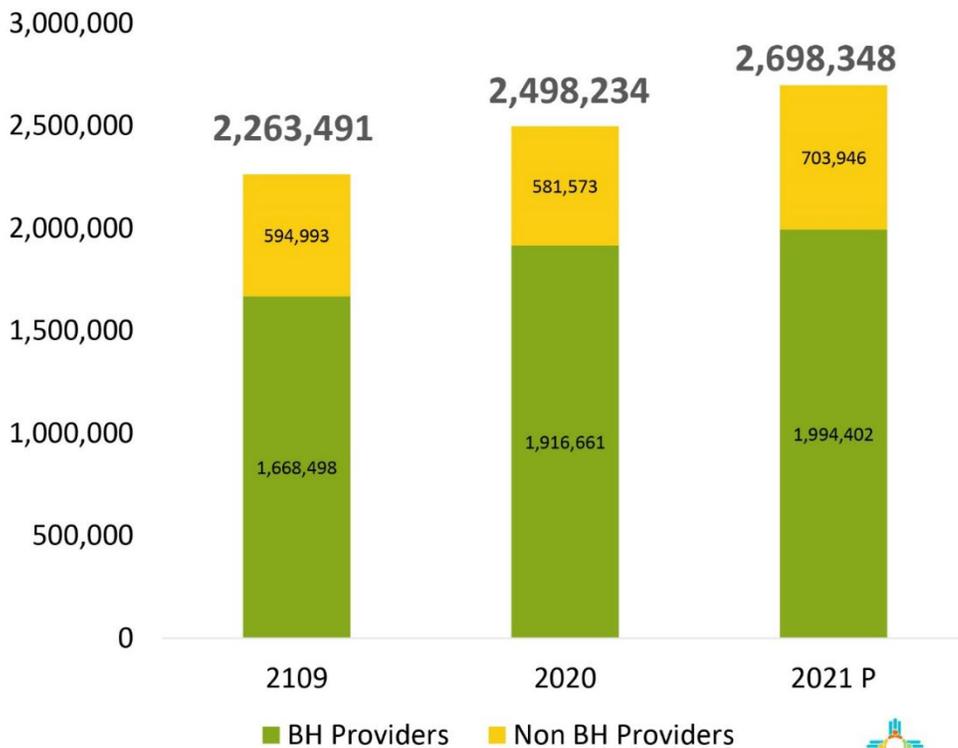
- Up-to-date and adequate information on resource availability
- Improved awareness and de-stigmatization of behavioral health needs
- Improved awareness of mental health and substance abuse services and treatment availability
- Increased suicide awareness and prevention efforts, and
- Enhanced community awareness about behavioral health.

Peer Mentors, who understand the systems and are knowledgeable in local services, are available by phone or in-person to assist with accessing desirable services. San Juan County also located the center across from the regional medical center so it could be easily found.

Santa Fe County CONNECT is also working to increase access. CONNECT is a network of navigators at clinics, community organizations, and city and county programs. Navigators are community health workers, volunteers, or social workers who link people to services and resources in the community, including behavioral health. Agencies in the network are connected through a shared technology platform enabling navigators to send and receive secure electronic referrals, address residents' social needs, and improve individual and community health. CONNECT can address non-medical needs such as secure housing, utilities, reliable transportation, nutritious food, and safe physical and social environments that are key to health and well-being. CONNECT works with partners by breaking down communication and funding silos and fostering relationships between health and social service providers as well as those between residents seeking assistance and the navigators who guide them through the system.

Santa Fe CONNECT uses what is called a “no wrong door approach.” An individual can present a need in a myriad of places and through the linking ability of navigators with providers and services, can gain assistance for many things through one contact³⁰

NM Total Behavioral Health Encounters, 2019-2021



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Services & Treatment

Continuum of Care

There is no county in the state that provides a full continuum of behavioral health care from promotion and prevention through inpatient care. Gaps exist and gaps differ from county to county. That doesn't mean, however, that services are not being provided. In a presentation to the Legislative Health and Human Services Committee in August 2021, the NM Human Services Department (HSD) shared the above encounter data. Encounter data for 2021 is projected from numbers for the first half of the year. Behavioral health encounters have risen steadily across several years. It is interesting to note the increase in services being delivered by non-behavioral health providers in 2021, particularly as that number had been falling. This would indicate that more people are starting to reach out to primary care providers regarding behavioral health concerns for easier access. The new Primary Care Council in the NM Department of Human Services is intent on incorporating behavioral health into primary care as noted in its strategic plan, which may provide significant support to a behavioral health workforce that is not large enough to meet the needs of residents.³²

In the same presentation, HSD indicated the breakdown of services by age:

- 0 – 17, 19.02%
- 18 – 25, 12.84%
- 26 – 45, 42.47%
- 46 – 65, 21.59%
- 65+, 4.65%

The Virginia Department of Behavioral Health and Developmental Services, in a behavioral health redesign initiative launched in 2019, provides an easily understandable visual of what a comprehensive continuum of care looks like. *(see next page)*

Continuum of Behavioral Health Services Across the Life Span

Promotion & Prevention	Recovery Services	Outpatient & Integrated Care	Intensive Community Based Support	Intensive Clinic-Facility Based Support	Comprehensive Crisis Services	Group Home & Residential Services	Inpatient Hospitalization
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Behavioral Therapy Supports >>>> <<<< Case Management* >>>> <<<< Recovery & Rehabilitation Support Services*

Home visitation • Comprehensive family programs • Early childhood education
Screening & assessment* • Early intervention Part C

Permanent supportive housing • Supported employment • Psychosocial rehabilitation*
Peer and family support services* • Independent living and recovery/resiliency services

Outpatient psychotherapy* • Tiered school-based behavioral health services
Integrated physical & behavioral health* • Psychiatric medical services*

Intermediate/ancillary home-based services • Multisystemic therapy • Functional family therapy
High fidelity wraparound • Intensive community treatment • Assertive community treatment

Intensive outpatient programs • Partial hospitalization programs

Mobile crisis* • Crisis intervention*
Crisis stabilization* • Peer crisis support*

Therapeutic group homes
Psychiatric residential treatment

Psychiatric inpatient hospitalization

INTEGRATED PRINCIPLES/MODALITIES

-  Trauma informed care
-  Universal prevention / early intervention
-  Seamless care transitions
-  Telemental health

*Key STEP-VA service alignment

It can be argued that all these services exist in New Mexico. Somewhere. And they do. The problem lies in the fact that they don't all exist in every county or region and, for those that do exist, there simply are not enough of them. In some places, key informants have indicated that the quality of services being provided is not optimal, though data is lacking on outcomes of service provision statewide, e.g. do people get better? Much of the data collected is about the number of people being seen in programs, those on waiting lists, etc. and does not focus on whether the care delivered is quality care and people are improving.

Telehealth

Over the course of the pandemic many treatment sessions were offered through telehealth options, allowing care to continue when it couldn't be delivered in person. The top four behavioral health services provided to adults through telehealth options in the first year of the pandemic were psychotherapy, comprehensive community support services (CCSS), case management, and psychosocial rehabilitation. For children, the top four behavioral health services provided via telehealth were comprehensive community support services (CCSS), psychotherapy, family psychotherapy, and medication monitoring. There are those with lived experience indicating it was more difficult for them to participate in this manner and others who found it more appealing. There are also regulations that surround the use of telehealth that have been altered during the pandemic that may revert to stricter limitations in the future. The Centers for Medicare and Medicaid Services is considering the extension of telehealth services that became allowable, hence billable, during the COVID-19 pandemic, but it remains unclear what those may be moving forward.

It is not possible to address service and treatment gaps as a "one-size-solution-fits-all" on a statewide level, particularly in a state such as New Mexico that has large rural and frontier areas. Solutions will need to be specific in different areas. There are ways to address service gaps at the county and regional level. For example, in 2021 Bernalillo County and the City of Albuquerque commissioned a system gap analysis to be completed. From it, they learned of treatment and services needed to better help residents. It allowed them to see what services were missing from the continuum of care so they could begin planning to help close those gaps.

Crisis Services

One thing that stands out as a treatment gap virtually everywhere in New Mexico is crisis triage services. It was difficult to access assistance in person in 2021 when experiencing a crisis and it remains difficult now. There has been some progress. Dona Aña County has long worked to reestablish crisis services in the southwest. In 2021 the county opened a Crisis Triage Center that assisted more than 100 people in four months. In Santa Fe County the need for crisis services and a residential detoxification program were noted and acted on with the opening of La Sala in 2021, a joint project with the county and two providers to deliver these services. In Bernalillo County, plans are underway in conjunction with the University of New Mexico to build a crisis triage center to open in 2023. Those efforts are to be commended. But for most residents, behavioral health crisis support is only available via text or telephone or, on rare occasions, through presenting at a hospital emergency room.



We need more collaboration. Things have fallen apart. We used to have judges who would work with us and say, 'I don't want to put them in jail.' But it's not like that anymore. It's frustrating because we see them over and over, and we can't do anything. A huge problem is having no intensive outpatient and no long-term care centers in the county.

-Cibola County community member³³

Many individuals experiencing a crisis wind up encountering law enforcement because of the lack of crisis triage available. Efforts have been made around the state to address these individuals in a variety of ways. Several communities have Law Enforcement Assisted Diversion (LEAD) programs, which are designed as a public safety program in which police officers exercise discretionary authority to divert individuals to community-based health services instead of arrest, jail, and prosecution. The persons eligible for diversion are ones suspected of low level, non-violent crime driven by unmet behavioral health needs. Key informants vary on what they believe is the success of those programs. LEAD



"I can't call the police because they'll be arrested."

- Hobbs Community Member³⁴

programs that exist in New Mexico are designed to assist clients referred to access, among other things, case management, substance use services, psychiatric assistance, and psychosocial rehabilitation. While

these programs show promise, the author has spoken with LEAD officers who indicate that the program is not as successful as desired because of the lack of available services.

Other communities (e.g. Albuquerque, Santa Fe, Alamogordo) also operate Mobile Crisis Response Teams (MCRTs). MCRTs are specialized behavioral health teams designed to provide psychiatric emergency care – including crisis assessment, crisis intervention and stabilization, temporary shelter, and appropriate referral services – in naturalistic, non-clinical environments to individuals experiencing acute behavioral health crises. MCRTs are usually comprised of a law enforcement officer and a licensed clinician who are dispatched to crisis sites in response to 911 or crisis hotline calls. MCRTs, theoretically, can be one of the most effective crisis services. In New Mexico, however, there are too few responders, and it remains difficult even for these professionals who have more knowledge of systems to help residents access ongoing care.

Substance Use Disorder Services

As noted in the report by HSD to the NM Legislative Finance Committee as noted above, while there are many providers who offer substance use disorder services (alcohol related and/or opioid addiction services) there are not enough to go around. There has been an increase in the use of Medication Assisted Treatment (MAT) in NM, but more is necessary. MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient’s needs. There are currently 21 providers in eight (8) counties that offer opioid abuse treatment:

- Bernalillo (12)
- Chavez
- Doña Ana
- Rio Arriba (2)
- Sandoval
- San Juan
- Santa Fe (2), and
- Valencia.

The state has also increased funding for substance use services through increased federal block grants and increased state spending. Additionally, the state has gone to great efforts to make naloxone

available to anyone using opioids or anyone in a position to help someone by requesting this medication through registered pharmacists.³⁵ Additionally, trained law enforcement officers in NM are also able to administer naloxone.³⁶

Homelessness and Housing

The availability of safe, supported housing contributes to the success of addressing behavioral health needs in New Mexico. Without a place to call home and food to eat, it is difficult to focus on one's behavioral health needs and they are continuously exacerbated. According to The Homeless Hub,³⁷ in general, 30-35% of those experiencing homelessness, and up to 75% of women experiencing homelessness, have mental illnesses. 20-25% of people experiencing homelessness suffer from concurrent disorders (severe mental illness and addiction).

The New Mexico Coalition to End Homelessness³⁸ indicated in its 2021 Point In Time Report that in January 2021, New Mexico had an estimated 2,747 persons, unsheltered and sheltered, experiencing homelessness on any given day. Further data from the same report reflects the following:

- 156 households with at least one child were in Emergency Shelters, 57 households were in Transitional Housing, and 15 households were Unsheltered.
- 1,028 households with no children were in Emergency Shelters, 122 households were in Transitional Housing, and 644 households were Unsheltered.
- 25 households with only children were in Emergency Shelters and 10 households were in Transitional Housing.

Public school data reported to the US Department of Education during the 2018/19 school year shows that in New Mexico an estimated 11,574 public school students experienced homelessness over the course of the year. Of that total 1,244 students were unsheltered, 1,150 were in shelters, 604 were in hotels/motels, and 8,555 were doubled up.³⁹

In May of 2020 the Urban Institute published the *Albuquerque Affordable Housing and Homelessness Needs Assessment*⁴⁰.

In this report, the institute noted that "An estimated 2,200 Albuquerque households need permanent supportive housing. We produced this estimate using the number of individuals who were experiencing chronic homelessness from the 2019 point-in-time count, coordinated entry assessment data, and local estimates of individuals not previously known to the homeless system." An assumption can be made that the same need for permanent supportive housing can be made statewide. Across Albuquerque, the number of affordable rental units with renters who have extremely low incomes has declined. Additionally, the report predicts that more than 4,700 assisted units could lose their subsidies by 2030 and, although there has been new permanent supported housing constructed in the last two years, the number of units comes nowhere close to the predicted need.



We are opening a space that will address low-income housing in southeastern corner of the state, in the community. It will be called "Your Safe Space."

-Hobbs Community Member⁴¹

While more current information is not available, it is estimated that these numbers have only increased during the two years of the pandemic with loss of employment and increased reliance on strained safety net services in addition to the loss of housing and support related to the number of lives that have been

lost to COVID-19. Efforts are being made in several places across the state to address homelessness and housing issues, but considerably more work needs to be done. Most of the efforts have been in the state's metropolitan areas. For example, the City of Albuquerque has established a Community Safety Department. Staff in this department spend time doing street outreach and responding to referrals to help individuals experiencing homelessness by getting them shelter if they are interested and trying to connect them to services. Additionally, the city, in conjunction with Bernalillo County, are offering scattered and single site supported housing but the need far outweighs available resources. Santa Fe County offers units of permanent supported housing and shelter services as does Dona Aña County. Likewise, Los Alamos County Presbyterian Medical Services manages permanent supported housing in Farmington, Gallup, Deming, and Socorro.

Many counties across the state are working at efforts to offer shelter services and affordable housing, but there is a difference for individuals with significant behavioral health needs. Shelters often do not feel like safe spaces for persons experiencing mental illness or substance use disorders, and in many places, persons actively using substances cannot access services. Shelters also do not provide frequent connections to other services that can assist people in moving toward safety and recovery, particularly for those who have experienced trauma. And if you're living on the streets, it's inevitable that you have experienced traumas. "Affordable housing," while addressing the needs of low-income individuals and families, is not available to homeless people. If New Mexico would invest more funds in permanent supported housing – as well as all other treatment and care services – it could better assist the entire state in protecting individuals, reduce the reliance on law enforcement and incarceration for people with behavioral health needs, and improve the well-being of the entire community.

Funding

Funding for behavioral health services and treatment in New Mexico comes primarily from federal grants, Medicaid, and state general funds. Providers also rely on private fundraising to deliver their programs and Centennial Care 2.0 Managed Care Organizations have funds available for special projects related to behavioral health. Since 2015 in Bernalillo County, a 1/8th of one percent gross receipts tax was initiated for behavioral health with revenues from that funding stream at approximately \$22 million annually.

Federal Funding

Federal funding comes through block grant programs. Block grants are federal funds earmarked for specific state or local programs. A block grant is supported by federal funds but administered by state or local governments, the thought being local authorities are better suited to handle local issues. In response to the pandemic, the United States dramatically increased funding in every state to better address the increased crisis in behavioral health across the nation⁴². While this is one-time funding, the chart below demonstrates how these dollars bring an increase of almost 50% in available resources to address mental health and substance use needs. New Mexico has a prime opportunity to invest these funds and the state has reported that projects in the supplemental planning category are in the planning stages. This chart and those that follow in this section are from the presentation to the NM Legislative Finance Committee shared in August 2021.

10

FEDERAL FUNDING FOR BEHAVIORAL HEALTH IN NM

Federal Funding Source	Amount	One/Multi-year	Year(s)	Estimated New Mexicans Served
Community Mental Health Block Grant (MHBG)	\$4,070,758	2 Year Renewal Annual amount	Recurring	TBD*
Substance Abuse Block Grant (SABG)	\$9,565,630	2 Year Renewal Annual amount	Recurring	TBD*
Supplemental Block Grant Funding Block Grant Covid Relief American Rescue Plan Act (ARPA)	\$30,417,874	One Time Funding	3/15/2021 – 3/14/2023; 8/1/2021 – 9/30/2025	TBD*
Federal Discretionary Grants	\$20,519,555	Multi-Year	Varies by Grant	Varies by Grant
TOTAL FUNDING	\$64,573,817			

*The Block Grant billing mechanism tracks expenditures and number of claims. BHSD is developing a new mechanism that includes the number of people served. Projects in the supplemental funds category are in the planning stages and the number of people served will be determined based on project type.



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Medicaid

The projected increase in Medicaid spending in NM for behavioral health in 2021 is staggering. Some of this can be accounted for by the increase in providers enrolled in the Medicaid program, but some of it also should be attributed to the increase in needs presented by residents during the pandemic if they are able to locate services. The projected payments for Medicaid behavioral health services in 2021 is \$707 million, an increase from \$534 million in 2020.

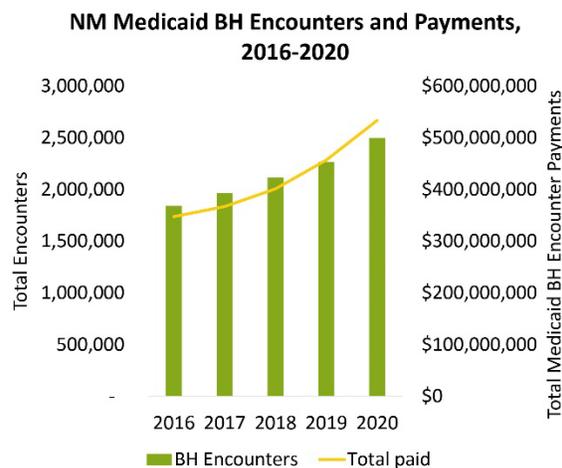
BH ENCOUNTERS RISING AS PAYMENTS RISE

- Medicaid payments for all BH services rising:

- 2016: \$347.5M
- 2020: \$534M
- 2021 YTD: \$282.8M
 - 2021 Projected: \$707M**

- Encounters also rising:

- 2016: 1,843,863
- 2020: 2,498,234
- 2021 YTD: 1,349,174
 - 2021 Projected: 3,372,935**





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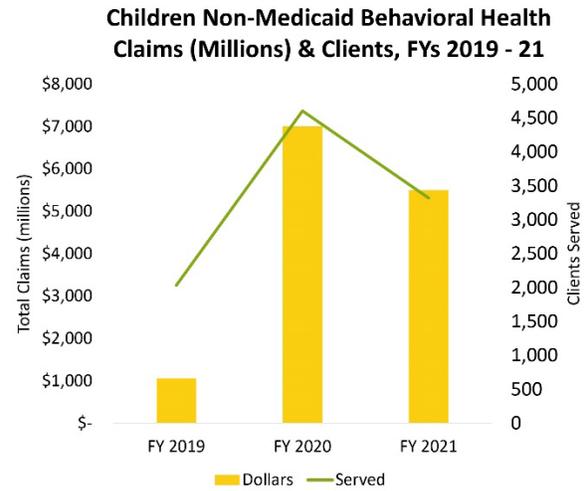
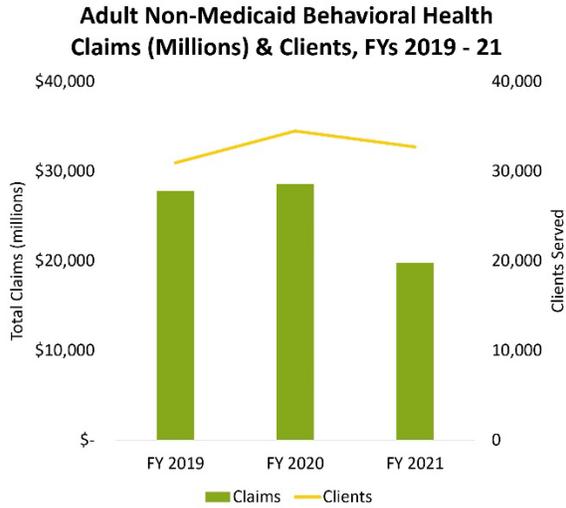
State Spending

State general funds also support behavioral health. In its budget request to the NM Legislature, The Human Services Department outlined four (4) program expansions they want to include.⁴³

- Implement evidence-based and trauma responsive behavioral healthcare by enhancing substance use disorder treatment and other evidence-based treatment modalities – to include expanding behavioral health training in partnership with the Higher Education Department to train 500 practitioners in the first year.
- Develop a Crisis Now System of Care to promote the use of 988, a nationwide mental health crisis and suicide prevention number, to redirect 35 percent of behavioral health calls from 911 in the first year.
- Establish a Behavioral Health Collaborative Office to expand the behavioral health network. Currently there are 317 providers that serve 31,473 clients. The Collaborative wants to make access easier and ensure fiscal responsibility.
- Increase rates for non-Medicaid behavioral health service providers by raising reimbursement rates from 70 percent of Medicaid to 85 percent, which will remedy the discrepancy between payments for services ineligible for Medicaid and/or other forms of insurance.

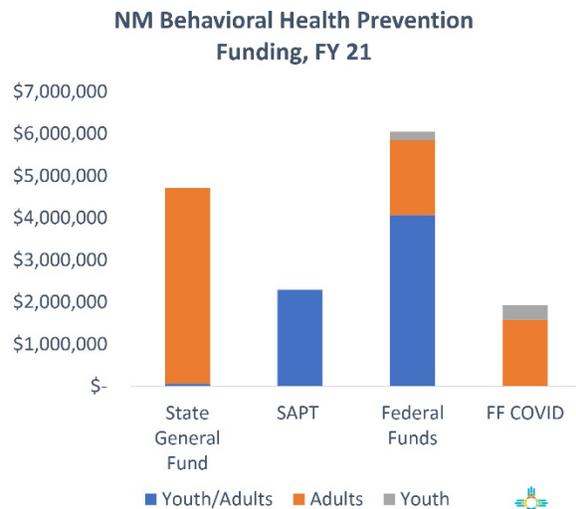
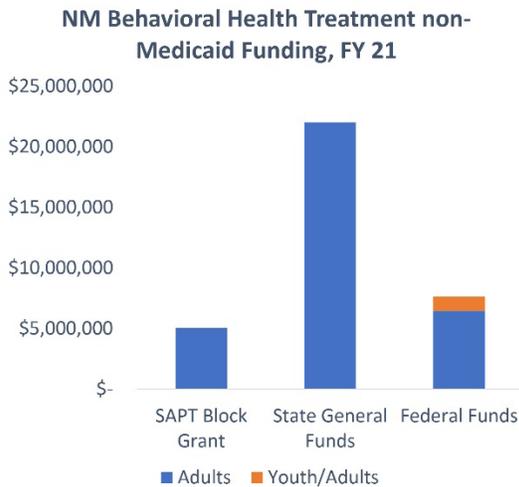
The two charts below show the non-Medicaid dollars spent and people served and the state and federal funding for substance use disorder funding.

NON-MEDICAID DOLLARS SPENT, PEOPLE SERVED: 3 YEARS



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GOAL #3: SUBSTANCE USE DISORDER FY21 FUNDING



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Conclusion

The state, counties, and communities must work together to establish coalitions and shared resources, streamline overlaps where they exist (e.g. particularly in case management), and determine how it is that people who are in need of care can receive it. Highlighted can be the efforts in San Juan County with its Mental Wellness Center (a service and access hub) and Santa Fe County's CONNECT program and "no wrong door approach" to assisting persons with behavioral health needs and addressing other social determinants of health. In Native communities – many of which offer services on their lands and to their people – there needs to be greater regional efforts so that the services and treatment options missing from their continuums, and unlikely to be created, can be developed to be culturally responsive and accessed by Tribal members.

Access. Coalitions. The service/treatment continuum. Workforce challenges. Removing unnecessary duplication. Insufficient funding. All must be addressed – simultaneously – to affect the behavioral health crisis in New Mexico. And all of this must be done within the context of the root causes of these issues – poverty, lack of primary care, poor housing, language and cultural barriers, unemployment, stigma, Adverse Childhood Experiences (ACEs), and education disruptions. To stay "siloed" as a behavioral health system that reacts rather than works to prevent will not see an end to this crisis.

It will take the efforts of hundreds of peers, families, professionals, city and county staff, and elected officials to make these changes. And issues must be addressed to include those that have no insurance, receive Medicaid or Medicare, have insurance yet can't find services, and the payors (state/federal/private/Medicaid/Medicare) who can help redesign a system to be more functional.

It may be up to the state, particularly the New Mexico Behavioral Health Collaborative, to convene all the players, but reliance on that entity to achieve the magnitude of scope required to effect change may be unrealistic. To fully braid funding and services as designed when the collaborative was created in 2004 requires more than state agencies. It requires more people involved, those delivering treatment and services, those receiving them, and those paying for them – the providers, other state departments, persons with lived experience, managed care organizations, county leaders, and policy makers – to be able to provide a truly comprehensive plan to aid New Mexicans in the context of social determinants. It would behoove everyone in New Mexico to look at how it can better resource this work, hear and act on all necessary voices, streamline requirements, and engage the general public in the understanding that behavioral health is a universal issue that requires attention. The further conversations and output of the NM First 2022 Behavioral Health Town Hall can have a direct impact on those conversations.

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38. *2021 Point in Time Count, Joint Albuquerque and Balance of State Report, January 2021.* <https://nmceh.org/pages/reports/2021%20Joint/PIT%20CoC%202021%20Report.pdf>
39. New Mexico Homelessness Statistics. <https://www.usich.gov/homelessness-statistics/nm/>
40. *Albuquerque Affordable Housing and Homelessness Needs Assessment.* <https://www.urban.org/research/publication/albuquerque-affordable-housing-and-homelessness-needs-assessment>
41. New Mexico First Community Conversation, May 16, 2022.
42. HHS Announces \$3 Billion in American Rescue Plan Funding for SAMHSA Block Grants to Address Addiction, Mental Health Crisis. <https://www.hhs.gov/about/news/2021/05/18/hhs-announces-3-billion-in-american-rescue-plan-funding-for-samhsa-block-grants.html>
43. Human Services state budget request is \$1.413 billion for fiscal year 2023 | Matched with federal funds will transform the lives of over 1 million New Mexicans. (<https://www.hsd.state.nm.us/2021/09/02/30833/>.)