

The September 2025 LFC *Medicaid Accountability Report* found that outcomes remain the same or have worsened since the last *Medicaid Accountability Report*, despite the large influx of both state and general funds appropriated to Medicaid. Around \$90 million in rate increases were approved in the last three years. LFC staff completed analysis of the 20 most used behavioral health codes by Medicaid patients in the state and compared New Mexico’s rates to Medicare’s rates, as well as to Medicaid rates in Arizona, Colorado, Oklahoma, and Utah. Except for three cases, New Mexico consistently had higher rates than any of the other states—sometimes by significant margins. For example, New Mexico reimburses for outpatient family psychotherapy at 50 percent higher than Medicare and up to 363 percent higher than the rates in neighboring states.

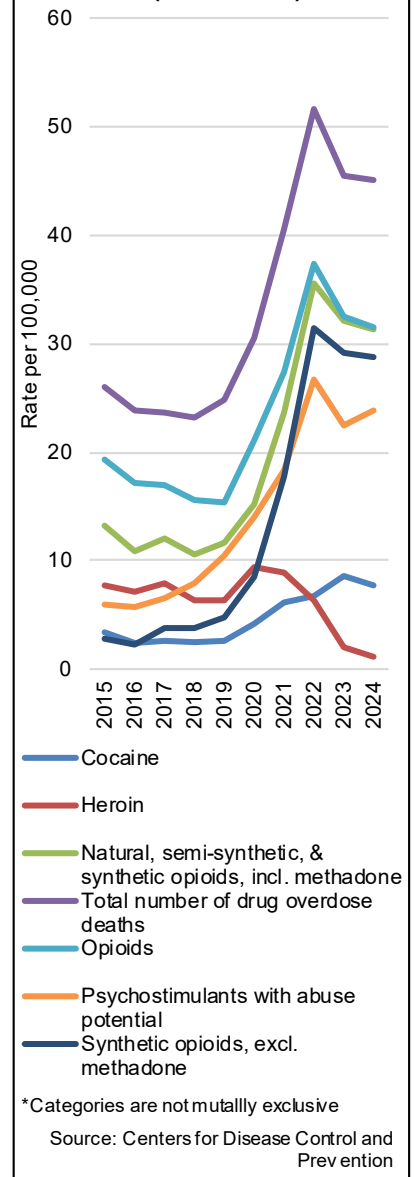
The Legislature in 2025 eliminated the Behavioral Health Collaborative and replaced it with a new Behavioral Health Executive Committee charged with approving new behavioral health regions, reviewing and approving regional plans, establishing funding strategies and structures based on regional plans, monitoring and tracking deliverables and expenditures, and establishing management strategies led by a project manager at the Health Care Authority (HCA). The law also requires the Administrative Office of the Courts to complete sequential intercept mapping, to improve regional understanding of needs and gaps at the nexus of behavioral health and crime. LFC—in coordination with HCA—developed an initial set of evaluation guidelines for behavioral health services for adoption and implementation of regional plans. The General Appropriation Act of 2025 includes significant amounts to carry out the provisions of the law—with over \$565 million appropriated for behavioral health in nonrecurring funding.

Additionally, agencies serving behavioral health needs are budgeted to spend \$1.1 billion in FY25, with \$987 million of that in the Health Care Authority. These agencies received about \$407 million in nonrecurring funding from the 2023 through 2025 sessions. Despite the investments, trends in most substance-related deaths or suicides remain high.

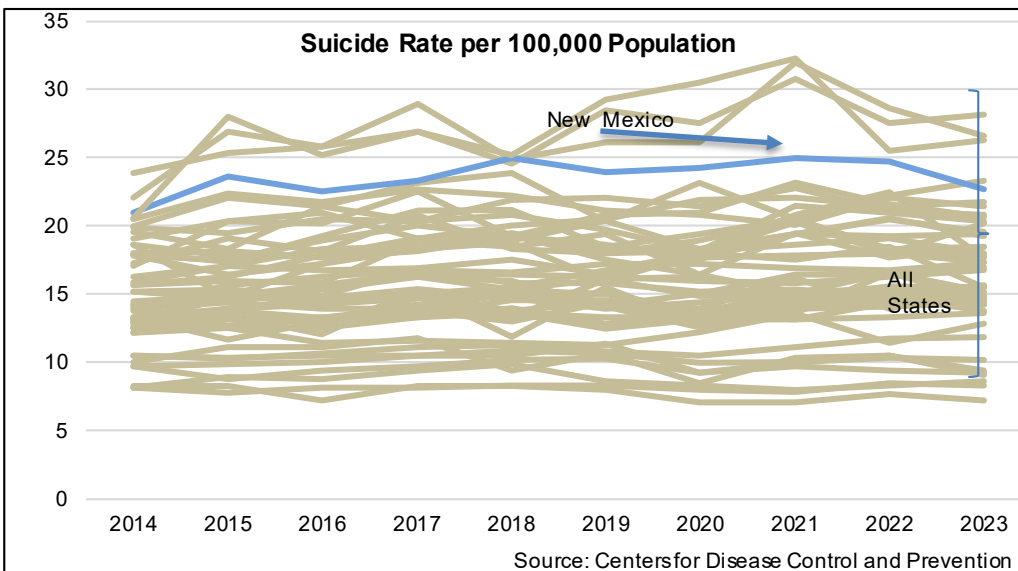
**ACTION PLAN**

Submitted by agency?	Yes
Timeline assigned?	Yes
Responsibility assigned?	Yes

**New Mexico Overdose Death by Substance  
March 2015-March 2024  
(Provisional)**



**Suicide Rate per 100,000 Population**



### Existing Problem

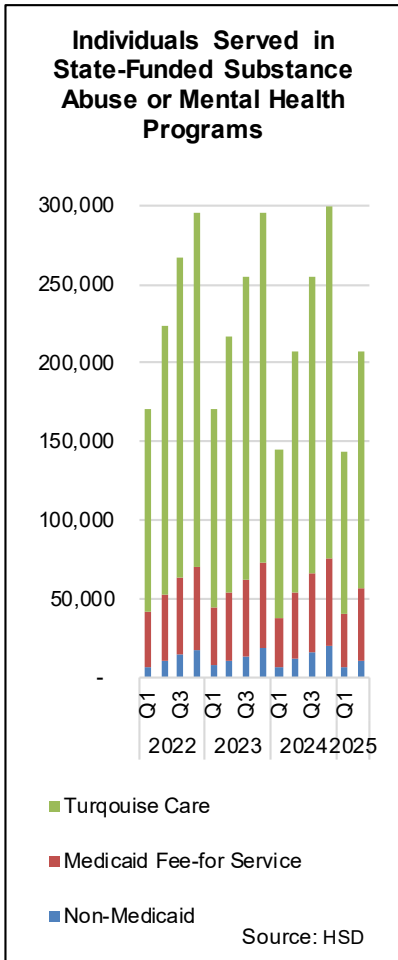
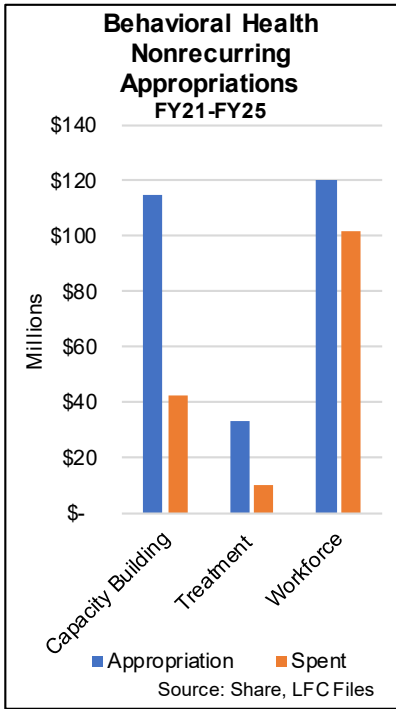
Drug overdose deaths decreased in the state from an all-time high of 1,040 in 2021 to 800 in 2024—potentially due in part to the state expanding the use of overdose drug availability. In 2023, according to Kaiser Family Foundation data, about 36 percent of adults in New Mexico reported anxiety or a depressive disorder. Concurrently, as of 2023, New Mexico had the fifth highest suicide rate in the nation, a rate of 22.8 per 100 thousand people. Kaiser also reported 31 percent of New Mexicans with anxiety or a depressive disorder in 2022 had an unmet need for counseling or therapy, while the federal government reported the percentage of New Mexicans with their need for mental health professionals met was 18.2 percent compared with the 28 percent nationally.

### Behavioral Health System

In 2024, HCA reported New Mexico had 6,672 prescribing and 4,722 nonprescribing Medicaid behavioral health providers—down from 7,754 and 5,149, respectively—which HCA asserts is due to the end of the public health emergency. The total number of behavioral health encounters increased from about 2.5 million in 2020 to slightly over 3.3 million encounters in 2024. Approximately 75 percent of all people served were Medicaid managed care members, 19 percent were Medicaid fee-for-service members, and 6 percent were non-Medicaid beneficiaries. The top behavioral health provider types was psychiatrists and other physicians; nurse/certified nurse practitioners (CNPs), which includes psychiatric certified CNPs; federally qualified health centers; licensed clinical social workers; and licensed professional clinical counselors.

For FY25 the percentage of Medicaid inpatient psychiatric hospitalization stays receiving a follow-up with community-based services at seven days fell significantly compared to the previous year and was below the target of 51 percent. The division reports community follow-up with the adult population is a larger challenge than with the youth population.

Budget: \$938,947	FTE: 5	FY23 Actual	FY24 Actual	FY25 Target	FY25 Actual	Rating
Adult Medicaid members diagnosed with major depression who received continuous treatment with an antidepressant medication		43%	45%	42%	47%	G
Medicaid members discharged from inpatient psychiatric hospitalization stays of four or more days who receive follow-up community-based services at seven days		35%	42%	51%	34%	R
Persons served through telehealth in urban, rural, and frontier counties for behavioral health		48,718	73,054	35,062	73,823	G
Readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care		10%	11.9%	5%	6%	Y
Individuals served annually in substance use or mental health programs administered by the Behavioral Health Collaborative and Medicaid		217,126	207,259	210,000	207,020	Y
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 30 days		34%	32%	54%	34%	R
<b>Program Rating</b>		<b>R</b>	<b>Y</b>			<b>Y</b>



Budget: \$938,947

FTE: 5

FY23  
Actual

FY24  
Actual

FY25  
Target

FY25  
Actual

Rating

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

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