

New Mexico suffered from among the poorest substance use and behavioral health outcomes in the country even before the Covid-19 pandemic further exacerbated anxiety, depression, insomnia, psychological distress, and substance use. The Human Services Department’s Behavioral Health Services Division and Behavioral Health Collaborative have taken measures to ensure and improve behavioral health access during the Covid-19 pandemic.

**Existing Problem**

In New Mexico, 19 percent of adults experience mental illness, and as of 2018, New Mexico had the highest suicide rate in the nation, a rate of 25 per 100,000 people. The Behavioral Health Services Division (BHSD) of the Human Services Department (HSD) reports over 60 percent of adults with moderate mental illness and over 30 percent of adults with serious mental illness in the past year did not receive treatment.

The Department of Health reports New Mexico had the 12<sup>th</sup> highest drug overdose death rate in the U.S. in 2019. New Mexico’s drug overdose death rate, 30.4 per 100 thousand population, was about 41 percent higher than the U.S. rate. Alcohol-related injury deaths were 33.2 per 100 thousand population. 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. In 2019 there were 605 drug overdose deaths in New Mexico.

**Higher Risk for Covid-19.** A retrospective case-controlled national study of electronic health records found patients with a substance use disorder (SUD) were at significantly increased risk for Covid-19, an effect strongest for individuals with opioid use disorder, followed by individuals with tobacco use disorder. Patients with SUD had a significantly higher prevalence of chronic kidney, liver, and lung diseases, cardiovascular diseases, type 2 diabetes, obesity, and cancer. Black Americans with SUD had a significantly higher risk of Covid-19 than white Americans, and also had worse death and hospitalization rates.

**Pandemic Efforts and Federal Funds**

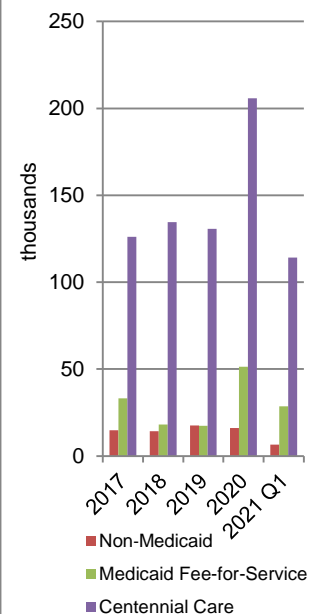
To improve behavioral health access during the pandemic, New Mexico Medicaid managed care organization (MCOs) and non-Medicaid programs allowed behavioral health providers to bill for telephonic visits using the same rates for in-person visits. For the 12-month period, July 1, 2019 through June 30, 2020, 22,575 unduplicated members were served through telehealth services. In the third quarter, the unduplicated count of persons served through telehealth in rural and frontier counties was 19,435 persons, 6.3 percent lower than members served during the prior quarter, 20,744 persons. Medicaid saw a 46 percent increase in telehealth, from 22.5 thousand clients to 33 thousand clients.

HSD also implemented strategies to increase the behavioral health providers network including (1) expanded the SUD waiver to add Medicaid funding for screening, brief intervention, and referral to treatment (SBIRT), CareLink health

**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, a LFC progress report recommended:

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

**Status of FY21 Behavioral Health Performance Measures**

Beginning in FY21, three behavioral health performance measures were discontinued:

- Individuals discharged from inpatient facilities who receive follow-up services at seven days;
- Individuals discharged from inpatient facilities who receive follow-up services at 30 days; and
- Suicides among 15 to 19 year olds served by the behavioral health collaborative and Medicaid.

The General Appropriation Act of 2020 mandated reporting on the following measures not reported on by HSD:

- Percent of adults with mental illness or substance use disorders receiving Medicaid behavioral health services who have housing needs who receive assistance with their housing needs;
- Percent of individuals discharged from inpatient facilities who receive follow-up services at 30 days;
- Percent of people with a diagnosis of alcohol or drug dependency who initiated treatment and receive two or more additional services within 30 days of the initial visit; and
- Percent reduction in number of incidents from the first to last day of the school year in classrooms participating in the pax good behavioral games, as measured by the spleem instrument.

Most of the FY21 performance measures are below the targeted levels. The pandemic appears to have impaired service delivery despite increases in telehealth.

BHSD's Office of Peer Recovery and Engagement trains and identifies peers to provide daily engagement and support for displaced individuals, to monitor health and overall well-being, encourage participation in behavioral health services, and assist with any additional needs (e.g. food, clothing, medications, cell phone service, laundry and cleaning supplies) related to the social determinants of health.

homes, adult substance use residential treatment, medication assisted treatment, and use of peer supports; (2) implementing \$78 million in FY20 Medicaid provider rate increases in October 2019 including behavioral health providers; (3) implementing a graduate medical expansion (GME) program for primary care, behavioral health physicians, and psychiatry; (4) reaching settlement agreements in December 2019 with the remaining five behavioral health organizations that filed lawsuits against HSD when their Medicaid payments were frozen in 2013 due to largely unsubstantiated allegations of fraud; and (5) receiving a \$2.4 million federal planning grant in September 2019 to increase the treatment capacity of Medicaid providers to deliver SUD treatment and recovery services. Finally, the 2020 Medicaid MCO contracts include delivery system improvement performance measures to increase the number of unduplicated Medicaid members receiving behavioral health services from a behavioral health provider.

In the last two federal stimulus packages, BHSD received over \$20 million in federal funds to support treatment services for individuals with mental health and substance use disorders. Priorities are to train and provide ongoing coaching to providers on evidence-based practices that can rapidly be delivered via telehealth, enhance the New Mexico Crisis and Access Line (NMCAL), implement peer recovery supports, and support the network of crisis response, including telepsychiatry, crisis triage, and mobile outreach. NMCAL created a dedicated crisis line open 24/7 for healthcare workers and first responders to provide professional counseling and support for those on the front lines of the state's pandemic response, and launched NMConnect, an app that connects New Mexicans to crisis counseling.

	FY19 Actual	FY20 Actual	FY21 Target	FY21 Actual	Rating
<b>Budget:</b> \$73,387.7 <b>FTE:</b> 55					
Adult Medicaid members diagnosed with major depression who received continuous treatment with an antidepressant medication	39.3%	40.6%	35%	38.3%	<span style="background-color: green; color: white; border-radius: 50%; padding: 2px;">G</span>
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	69.3%	66.5%	51%	53.7%	<span style="background-color: green; color: white; border-radius: 50%; padding: 2px;">G</span>
Percent increase in the number of persons served through telehealth in rural and frontier counties*	5.2%	308%	N/A	6.9%	<span style="background-color: yellow; border-radius: 50%; padding: 2px;">Y</span>
Readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	8.6%	8.9%	5%	10.5%	<span style="background-color: red; color: white; border-radius: 50%; padding: 2px;">R</span>
Individuals served annually in substance use or mental health programs administered by the Behavioral Health Collaborative and Medicaid	165,641	273,198	172,000	200,932	<span style="background-color: green; color: white; border-radius: 50%; padding: 2px;">G</span>
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; 19.6% 30 day	14.3% 7 day; 21.8% 30 day	25%	13.3% 7 day; 19.7% 30 day	<span style="background-color: red; color: white; border-radius: 50%; padding: 2px;">R</span>
<b>Program Rating</b>	<span style="background-color: red; color: white; border-radius: 50%; padding: 2px;">R</span>	<span style="background-color: red; color: white; border-radius: 50%; padding: 2px;">R</span>			<span style="background-color: yellow; border-radius: 50%; padding: 2px;">Y</span>