

In the fourth quarter of FY23, 217,126 people received behavioral health services in Medicaid managed care, fee-for-service, and non-Medicaid programs, which remained relatively flat when compared to the same quarter in 2021 and 2022. An August 2023 LFC progress report on *Addressing Substance Use Disorders* stated that efforts to expand treatment have not kept pace with the increased magnitude of substance use needs. Overdose deaths nearly tripled between 2013 and 2021, with most of the increase occurring in the last few years. The state is investing roughly \$800 million annually in the Medicaid behavioral health program, which is the largest payer of substance use treatment in the state and provides behavioral health insurance coverage to nearly half of all New Mexicans. Despite these investments, New Mexico has not yet been able to reverse trends in substance-related deaths.

When the Behavioral Health Collaborative (BHC) was established in 2004 the vision was to create a single statewide behavioral health delivery system. However, the collaborative’s administrative services organization (ASO) only tracks general fund spending and performance data does not include Medicaid behavioral health, the largest purchaser of these services. The collaborative should 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.

Existing Problem

New Mexico had some of the poorest substance use and behavioral health outcomes in the country even before the Covid-19 pandemic compounded the issue. 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.

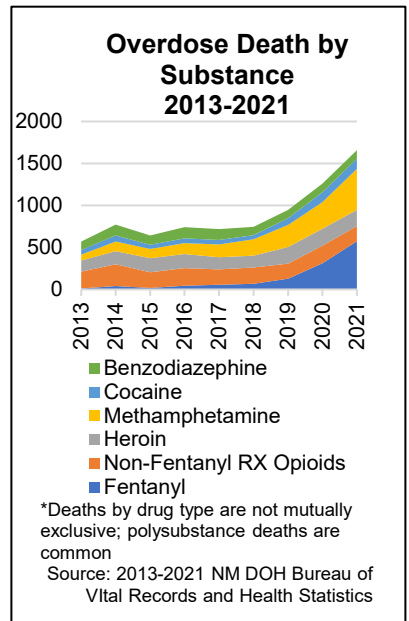
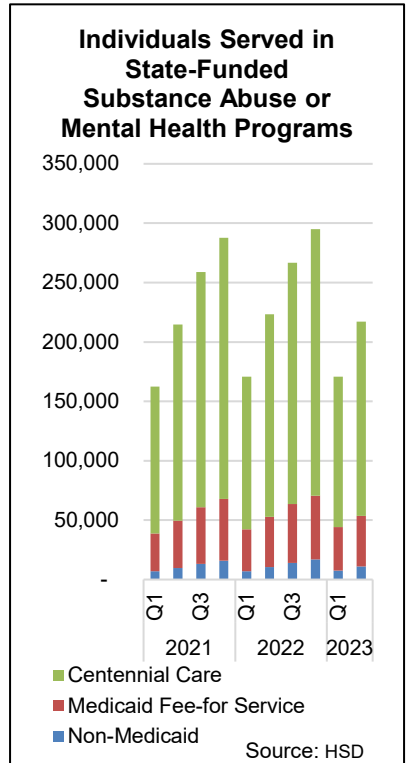
Since 2019, New Mexico has experienced increasing drug overdose deaths, leading to an all-time high in 2021, when more than 1,000 New Mexicans died from drug overdoses. Additionally, from 2019 to 2021, the rate of increase in New Mexico outpaced the national rate of drug overdose growth. Between 2019 and 2021, New Mexico’s drug overdose death rate grew from 30.2 deaths per 100 thousand people to 50.6 deaths per 100 thousand people (68 percent), while the national rate grew from 21.6 deaths per 100 thousand people to 32.4 deaths per 100 thousand people (50 percent). In 2021, DOH reported 1,029 drug overdose deaths in New Mexico, or about three people each day.

Behavioral Health System of Care

In 2023, BHSD reported there were 6,948 prescribing and 4,536 non-prescribing Medicaid behavioral health providers in New Mexico. 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

ACTION PLAN

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



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.

nonbehavioral professional increased from about 2.5 million in 2020 to nearly 3 million encounters in 2021. Approximately 75 percent of all people served were Medicaid managed care members, 20 percent were Medicaid fee-for-service members, and five percent were not Medicaid recipients. The top five behavioral health provider types were physicians including psychiatrists, nurse/certified nurse practitioners (CNPs), which includes psychiatric certified CNPs, federally qualified health centers, licensed clinical social workers, and licensed professional clinical counselors.

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. Since the end of the pandemic, behavioral health telehealth use decreased by nearly 20 percent in the fourth quarter of FY23 and telephone behavioral health dropped from 62.5 thousand in FY22 to 48.7 thousand people receiving services in FY23.

Budget: \$924,292.1 **FTE:** 51

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
Adult Medicaid members diagnosed with major depression who received continuous treatment with an antidepressant medication	43%	43%	35%	43%	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	54%	51%	51%	53%	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	54%	32%	51%	35%	R
Increase in the number of persons served through telehealth in rural and frontier counties*	75%	-9%	N/A	-20%	
Readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	11%	10%	5%	10%	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	217,126	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% 7day; 20% 30 day	12% 7 day; 20% 30 day	25%	21% 7 day; 34% 30 day	Y
Persons receiving telephone behavioral health services in Medicaid and non-Medicaid programs	75,140	62,439	60,000	48,718	R
	Program Rating				G
	Y	R			

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