NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

PERFORMANCE REPORT CARD: Fourth Quarter, FY20

Behavioral Health Collaborative

New Mexico has among the poorest substance use and behavioral health outcomes in the country. The alcohol-related death rate in New Mexico, which increased 34 percent between 2010 and 2016, has been nearly twice the national average for two decades. New Mexico's suicide, drug overdose, and mental illness rates also rank among the worst nationally, with the worst outcomes concentrated in specific geographical regions. New Mexico continues to lead the country in adults and youth with substance abuse illness. Based on 2019 data from the U.S. Health Resources and Services Administration, only 33 percent of New Mexico youth with major depression received mental health treatment and 56 percent of adults with mental illness received treatment.

However, according to the *2019 State of Mental Health in America* which identifies a national common set of data indicators for mental health, New Mexico improved from 46th to 31st in the adult behavioral health rankings between 2017 through 2018 and is 37th in the youth behavioral health rankings. New Mexico's drug overdose death rate has improved from 50th to 32nd due to a drop in the state's overdose death rates, while other states overdose death rates rapidly increased.

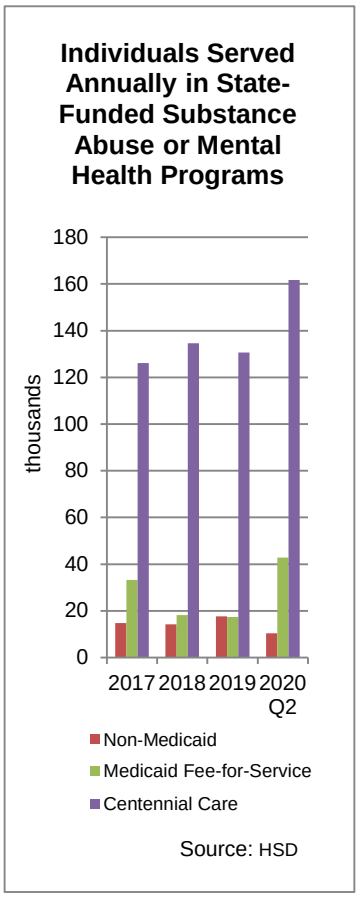
The Behavioral Health Services Division (BHSD) updated data for the number of individuals served in substance use or mental health programs. The methodology for this measure changed to capture behavioral health services delivered across the spectrum of health care providers including behavioral health specialty providers, general acute care hospitals, Indian Health Services hospitals, federally qualified health centers, and physicians. In the second quarter of CY20, 214,935 clients received behavioral health services—with 161,712 clients in Medicaid managed care, and 42,828 in Medicaid fee-for-service. The non-Medicaid population served through BHSD programs totaled 10,395 individuals.

The Human Services Department (HSD) implemented strategies to grow the behavioral health provider network including: (1) Expanded the substance use disorder (SUD) waiver to add Medicaid funding for Screening, Brief Intervention, and Referral to Treatment (SBIRT), CareLink health homes, adult substance use residential treatment, medication assisted treatment, and use of peer supports; (2) Implemented in October 2019 $78 million in FY20 Medicaid provider rate increases including behavioral health providers; (3) Began implementation of a graduate medical expansion (GME) program for primary care, behavioral health physicians, and psychiatry; (4) Reached 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) Received award of 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 CY2020 Medicaid MCO contracts include a delivery system improvement performance measure to increase the number of unduplicated Medicaid members receiving behavioral health services from a behavioral health provider.

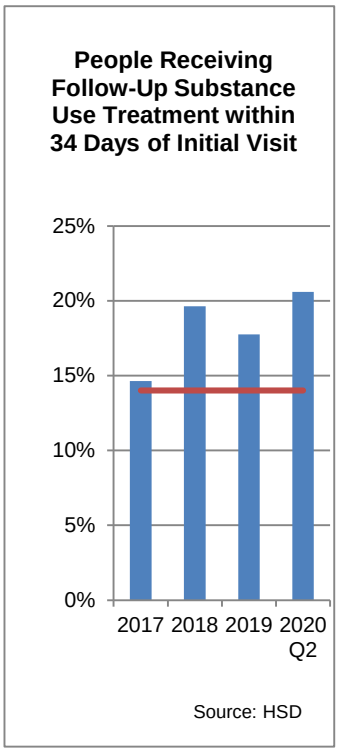
HSD has taken measures to ensure and improve behavioral health access during the Covid-19 pandemic. Medicaid MCOs have been directed to allow behavioral health providers to bill for telephonic visits using the same codes and rates that are currently

ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	No
Responsibility assigned?	No



A 2018 LFC *Health Notes* found that overall spending on behavioral health services for the expansion population has risen faster than the number of people using those services.



The measure above targets a cohort of individuals who initiated substance use treatment and were still engaged in care 34 days after initiation. Fourth quarter data reflects six months of 2020. For Medicaid, this measure is part of the National Healthcare Effectiveness Data and Information Set (HEDIS) reported annually by Medicaid MCOs, and is reported for non-Medicaid and Medicaid managed care members. For half of calendar year 2020, 20.6 percent of persons who initiated substance use treatment were still engaged in care 34 days later, which exceeds the Quality Compass 2018 National Average for Medicaid performance, and is an improvement over 2019 performance.

established for in-person visits. BHSD non-Medicaid providers are similarly allowed to bill using established codes for telephonic visits through the duration of the pandemic. For the twelve-month period, July 1, 2019 through June 30, 2020, 22,575 unduplicated members were served through telehealth services.

In April 2002, BHSD received a $2 million emergency Covid grant to support treatment services for individuals with mental health and substance use disorders requiring care as a result of Covid-19. 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) to screen, assess, and serve the health workforce and others impacted by Covid; 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, a downloadable app that connects New Mexicans to crisis counseling.

Additionally, as part of an effort by the Emergency Operations Center, HSD is partnering with the Department of Health and Tourism Department to provide temporary housing and peer supports for displaced individuals who are at risk for Covid-19, are awaiting Covid-19 testing, or have tested positive for Covid-19. BHSD's Office of Peer Recovery and Engagement trains and identifies peers to provide daily engagement and support for displaced individuals, to monitor for health and overall well-being, encourage participation in behavioral health services, and assist with any additional needs (i.e., food, clothing, medications, cell phone, laundry and cleaning supplies) related to the social determinants of health.

Budget: $63,130.5 **FTE**: 45

	FY18 Actual	FY19 Actual	FY20 Target	FY20 Actual	Rating
Adults diagnosed with major depression who received continuous treatment with an antidepressant medication	33.8%	37%	35%	36.4%	G
Individuals discharged from inpatient facilities who receive follow-up services at seven days	45.5%	37.3%	50%	38.4%	R
Individuals discharged from inpatient facilities who receive follow-up services at thirty days	63.3%	53.5%	70%	55%	R
Readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	12.4%	8.6%	5%	8.9%	R
Suicides among fifteen to nineteen year olds served by the behavioral health collaborative and Medicaid programs	7	6	N/A*	8	Y
Program Rating	R	R			R

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