

ACTION PLAN

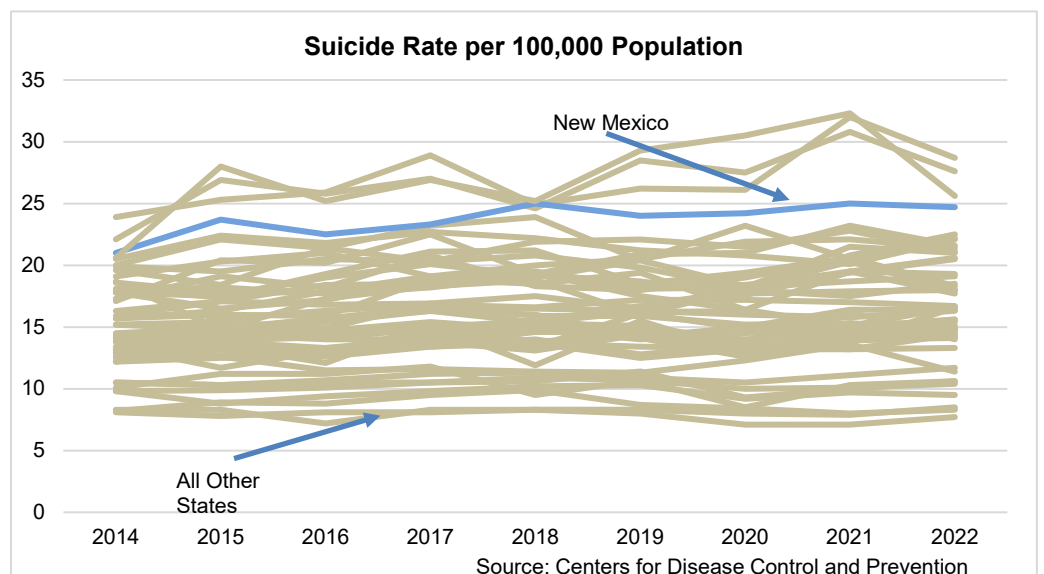
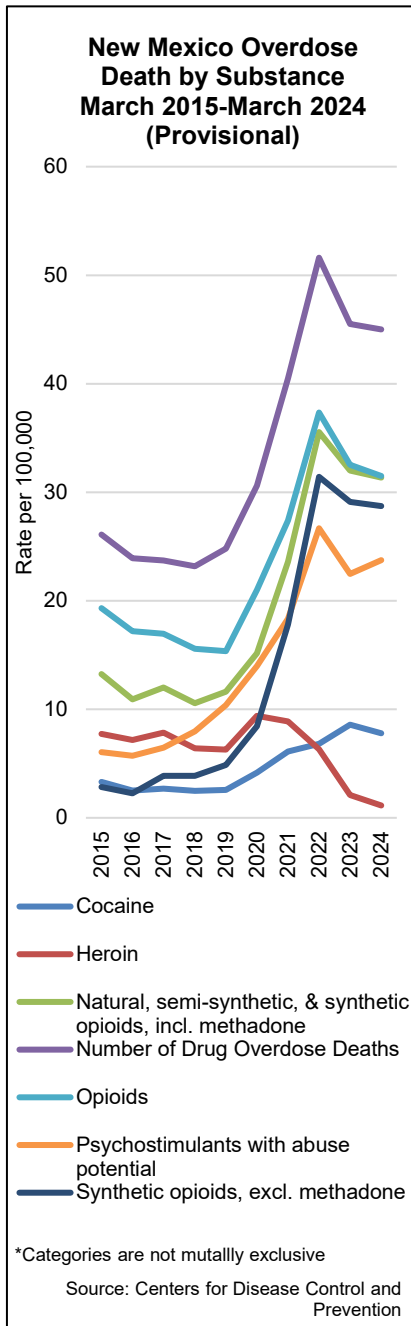
Submitted by agency?	Yes
Timeline assigned?	Yes
Responsibility assigned?	Yes

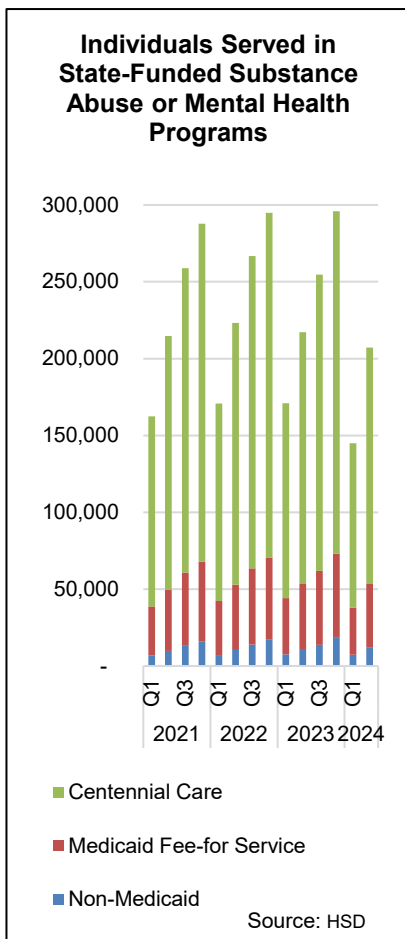
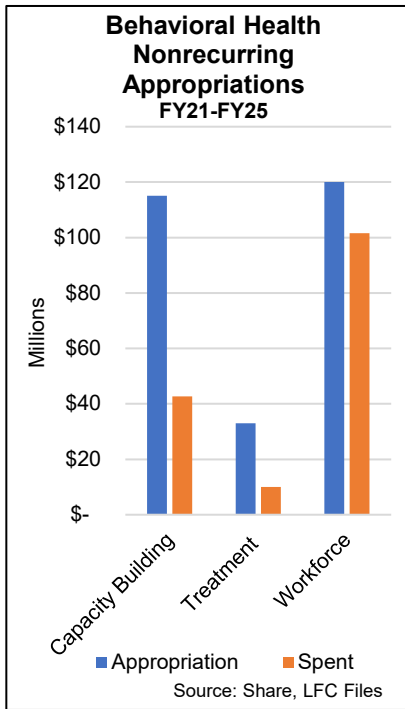
In February 2025, after little progress and no meetings in over one year, the state enacted Laws 2025 Chapter 3, which repealed the Behavioral Health Collaborative statutes and created a new Behavioral Health Executive Committee that would be charged with establishing new behavioral health regions, reviewing 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 and coordinate the development of regional plans. LFC with HCA is required to develop an initial set of evaluation guidelines for behavioral health services for adoption and implementation of regional plans. The General Appropriations Act includes significant amounts to carry out the provisions of the law.

The August 2023 LFC progress report *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 2024 and have not returned to pre-pandemic levels. Behavioral Health Collaborative agencies are budgeted to spend \$1.1 billion in FY25, with \$987 million of that in the Health Care Authority. Additionally, collaborative agencies received about \$407 million in nonrecurring funding from the 2023 through 2025 sessions. Despite these investments, New Mexico has not yet been able to reverse trends in most substance-related deaths or suicides.

Existing Problem

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 2022, New Mexico had the fourth highest suicide rate in the nation, a rate of 24.7 per 100 thousand people. However, in 2023 there was a 9 percent decrease in suicides. 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 percentage met in the United States of 28 percent. Youth report less depression and substance use with more supports in place.





Drug overdose deaths increased in the state from 26 per 100 thousand in 2011 to 52 per 100 thousand in 2021. During that time, drug overdose death rates increased from 13.2 to 32.4 per 100 thousand nationally.

Behavioral Health System

In 2024, BHSD reported New Mexico had 7,754 prescribing and 5,149 nonprescribing Medicaid behavioral health providers. Behavioral health providers grew from 4,955 in 2022 to 5,511 in 2023, an increase of 556 providers. The total number of behavioral health encounters increased from about 2.5 million in 2020 to slightly over 3 million encounters in 2022. 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 five behavioral health provider types were 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 stayed about the same as the prior year but was below the target of 51 percent. The division reports community follow-up with the adult population is a larger challenge than with the younger population. The division says the MCOs continue to develop interventions to maintain and improve performance on this measure.

Budget: \$938,947 FTE: 5	FY23 Actual	FY24 Actual	FY25 Target	FY25 Q1	FY25 Q2	FY25 Q3	Rating
Adult Medicaid members diagnosed with major depression who received continuous treatment with an antidepressant medication	43%	45%	42%	52%	53%		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%	41%	41%		R
Number of persons served through telehealth in urban, rural, and frontier counties for behavioral health	48,718	73,054	35,062	36,270	51,025		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%	6.6%	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	253,251	298,706		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	21% 7 day; 34% 30 day	32%	54%	32%	35%		R
Program Rating	R	R					Y

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