

Topic Area: Strengthening and Expanding Behavioral Health Services

The state of New Mexico ranks low nationally on the prevalence of mental illness and substance use disorders, while it does better on measures of access to services. However, behavioral health access and outcomes are also dependent on where people live, with more services provided along the Rio Grande corridor. Poor behavioral health outcomes have direct societal implications including increased health care costs, productivity loss, income loss, and slower economic growth. Given the consequences, to improve behavioral health outcomes the state invested about \$930 million for FY23 through Medicaid and the Behavioral Health Collaborative to improve outcomes. The Collaborative’s goals are to develop community-based mental health services for kids and families, strengthen and expand behavioral health services, effectively address substance use disorder, and address behavioral health needs of justice-involved individuals. This LegisSTAT focuses on the first two goals.

Key Data

2022 State of Mental Health in America Rankings

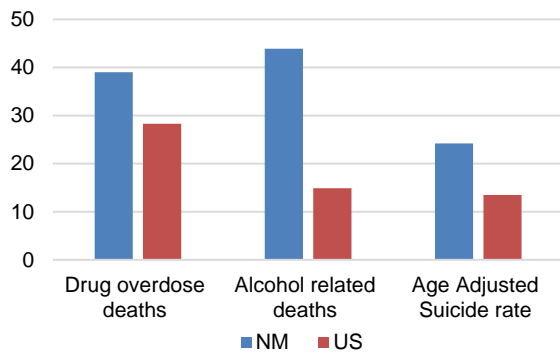
	Access	NM Rank	Outcomes	NM Rank
↓ Lower Number Means the State is Performing Better	Overall Mental Health Workforce Availability	10	Mental Illness Prevalence (adult and youth)	43
	Access to Care	20		
	Youth with MDE* not Receiving Services	23	Youth Mental Illness Prevalence	50
	Youth with MDE Receiving Consistent Treatment	38	Youth SUD	45
	Adult Access to Care	28	Adult Mental Illness Prevalence	32
	Adult Unmet Mental Illness Need	12	Adult Substance Use Disorder (SUD)	22
	Uninsured Adults with Mental Illness	18	Adults with Serious Suicide Thoughts	27

Source: State of Mental Health in America 2022

*Major Depressive Episode (MDE)

- While New Mexico ranks in the middle or high on mental healthcare access, the state averages 36th in mental health outcomes overall.
- Youth mental illness outcomes are near the bottom of all states while adult outcomes are better.
- The disparity between access and outcomes suggests that the state should examine whether evidence-based programs and services are widespread, whether the quality of the training mental health professionals receive is meeting the state’s needs, and whether there are ways for the state to use its workforce more effectively.

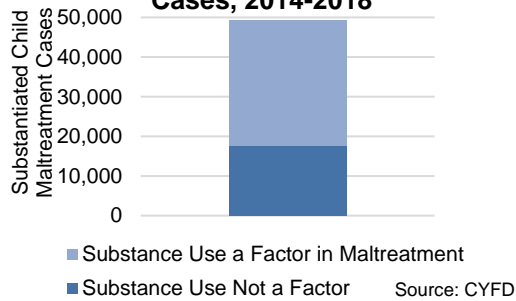
Select Behavioral Health Outcomes (Rates per 100 thousand individuals)



Source: DHHS and CDC

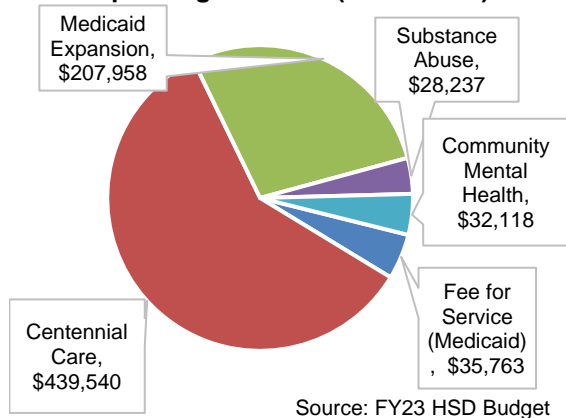
- The federal government estimates 19.6 percent (300,000) of New Mexicans 18 or older have a mental illness and 4.7 percent have a serious mental illness (72,000).
- Eight of the ten leading causes of death in New Mexico are at least partially caused by substance use disorder.
- New Mexico’s alcohol-related death and drug overdose death rates are the highest and second highest in the country respectively.

Substance Use Factored Into 64 Percent of Child Maltreatment Cases, 2014-2018



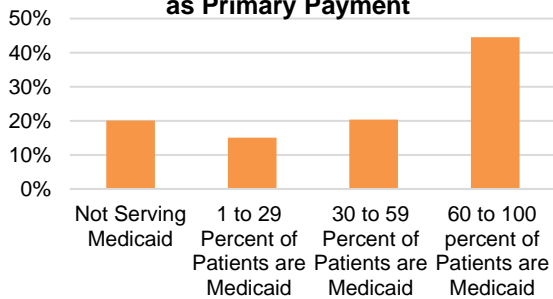
- Substance use disorder and untreated behavioral health has impacts across society. Between 2014 and 2018, substance use was a factor in nearly 32 thousand cases of child maltreatment in the state.
- Abuse, neglect and substance use in the home all qualify as “adverse childhood experiences” (ACEs), a categorization of sources of stress and trauma that impact a child’s health and wellbeing for years to come. Childhood experiences play a crucial role in brain development and traumatic life events can have profound negative impacts. ACEs are preventable and successful prevention could make a big difference.

FY21 HSD Behavioral Health Spending Breakout (Thousands)



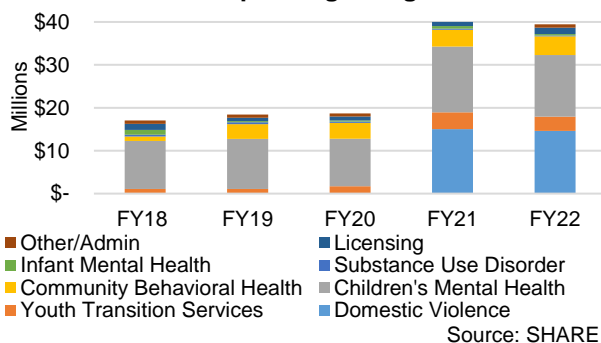
- The Behavioral Health Purchasing Collaborative, consisting of 16 agencies, was originally established to develop and coordinate a single statewide behavioral healthcare system.
- The participating agencies were meant to continue housing behavioral health programs but the actual services would all be contracted through a single entity.
- While about \$132 million in services were contracted out in 2022 for agencies such as the Department of Health and the Children, Youth and Families Department, another \$600 million went through the Human Services Department’s Medicaid program where the vast majority of patients are served.

Percent of Behavioral Health Providers' Patients Using Medicaid as Primary Payment



- Twenty-percent of behavioral health providers do not serve Medicaid patients even though patients with mental health and substance use disorder are overrepresented in the Medicaid population.
- New Mexico could do more to leverage its existing behavioral health care workforce by working to develop more providers who serve Medicaid patients.

Children, Youth and Families Behavioral Health Spending Categories



- Children, Youth and Families Department (CYFD) Behavioral Health Division spending decreased by nearly \$2 million between FY21 and FY22 despite receiving a \$4.6 million budget increase during the same period.
- Spending on transition services for youth aging out of foster care decreased by \$601 thousand and spending on children’s mental health and infant mental health decreased by a combined \$1.2 million.

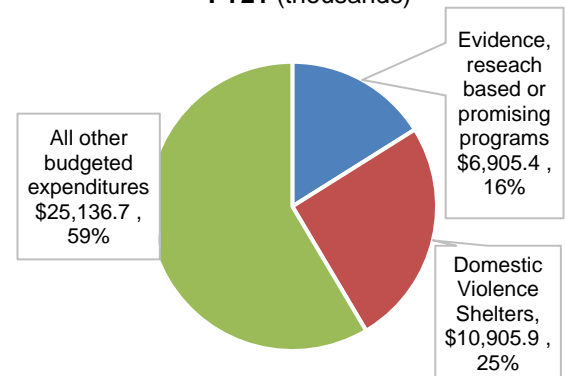
Performance Challenge: Develop Community-Based Mental Health Services for Kids and Families

New Mexico ranks 23rd among states on whether youth with a major depressive episode (MDE) received services. However, the state ranks 38th for youth with MDE receiving consistent treatment and 50th and 45th for mental illness prevalence and substance use disorder, respectively. Taken together, these measures are an indicator that the state should focus efforts on ensuring consistent care for youth and ensuring that this care is high quality and evidence-based, while still expanding access. A 2021 program inventory conducted by LFC staff and the Behavioral Health Program (BHP) of CYFD indicated that about \$7 million of BHP's spending was evidence-based, research-based, or a promising program, \$11 million was for domestic violence shelter services, and about \$25 million was not evidence-based or included overhead and other expenditures. Within the program, 3.6 thousand clients were served by evidence-based programs while 14 thousand clients received non-evidence-based services (however, 11 thousand of these clients were served by domestic violence shelter services).

Current Opportunities

During the 2022 session the Legislature appropriated \$20 million to the Human Services Department and CYFD to expand behavioral health and child welfare services. The idea behind the appropriation is that these services could then bill Medicaid or CYFD could seek reimbursement for these services through Title IV-E. The \$20 million can be used to cover training costs for providers to be certified to deliver evidence-based services, pay the salaries of those being trained, and pay any fees for implementation and monitoring. Some of these evidence-based programs include multi-systemic therapy, family functional therapy, the good behavior game, wraparound services, and clinical training in certain cognitive behavioral therapies.

CYFD BHD Spending on Evidence, Research, or Promising Programs, FY21 (thousands)



Source CYFD and LFC Files

Suggested Questions

- What is the plan for using the \$20 million appropriated to the Human Services and Children, Youth and Families Departments to develop evidence-based services that could then be eligible for Medicaid or Federal Title IV-E reimbursement?
 - What is the timeline of the plan?
 - What are the goals and how is the state going to measure success?
 - Does the plan include using \$20 million for providers' startup costs?
 - Have criteria been developed for grants to prospective providers?
 - Has the state begun marketing the \$20 million to prospective evidence based providers?
- Which evidence-based programs do you plan to build out and where?
 - Which Providers are good candidates?
 - How do they fit within the Collaborative?
 - Has there been a needs or gaps analysis?
- How many people do we expect to eventually serve?

Performance Challenge: Expanding Evidence-Based Behavioral Health and Substance Use Disorder Services for Adults

Similar issues exist for adult behavioral health and substance use disorder treatment services. While the state ranks in the middle in terms of adult behavioral health access overall, behavioral health outcomes are not as good in New Mexico as other states. Additionally, even though the state ranks in the middle for access, the Department of Health reports there are still 134 thousand New Mexicans living with a substance use disorder (SUD) and not receiving treatment despite 178 thousand adults receiving behavioral health services through Medicaid.

Between 2014 and 2020, the state tripled spending on substance use treatment and increased service delivery by 85 percent. However, during the same period the alcohol-related death rate increased 49 percent, drug overdose deaths increased 43 percent, and violent crime rose 30 percent.

The disparity between the growth in access and continued poor outcomes indicates a need to continue focusing on expanding access but also ensuring that current behavioral health service capacity transitions towards more evidence-based services while any additionally added capacity is evidence-based. Numerous evidence-based programs have been proven to be effective including mobile crises response, drug courts (which are at half capacity), intensive outpatient treatment, medication assisted treatment for opioid use disorder, and screening, brief intervention, and referral to treatment (SBIRT). There are also several service gaps that present opportunities. In FY21 only about one in three hospitals offered medication assisted treatment, in FY20 only 1 percent of Medicaid recipients received SBIRT, and several Department of Health treatment facilities operate below half their capacity.

Previous LFC program evaluations found significant treatment gaps in the criminal justice system. Reducing incarceration and recidivism linked to substance use requires effective diversion, access to evidence-based programming in prison, and re-entry services that facilitate access to treatment upon release. While such programs and services do exist in New Mexico, they are not necessarily widely available or used efficiently. Opportunities exist to improve participation or expand existing programs including drug courts (currently operating at about 50 percent capacity), Law Enforcement Assisted Diversion, and medication-assisted treatment (MAT) among others. Previous LFC program evaluations have also found a consistent need for improvement in implementing programs for supervised or incarcerated individuals in the Corrections Department. The legislature has attempted to provide guardrails through the budget process for the Corrections Department and others to implement a certain portion of agency budgets on evidence-based programming. However in the General Appropriations Act of 2022, Governor Lujan Grisham vetoed 12 occurrences of those “evidence-based” guardrails for criminal justice programs and other government sectors claiming “The vetoed language would prevent the Corrections Department from utilizing the many programming initiatives that are categorized as research-based but provide value to and are impactful for inmate populations, thereby infringing upon the executive managerial function.”

Suggested Questions

- Does Medicaid or the Collaborative measure the number or percent of clients served through evidence-based practices, prevention services, or high-fidelity wraparound?
- Does Medicaid or the Collaborative use billing codes that would allow them to track whether services provided are evidence-based?
- Does Medicaid and the Collaborative have a measurable strategic plan, to implement expanded evidence-based services and high-fidelity wraparound?
- What are the timelines, goals, and how will the state measure success?
- Because the Behavioral Health Collaborative and Medicaid still purchase behavioral health through separate systems, there is not an effective way to track outcomes of state programs at a consolidated overarching level. Does the state plan to consolidate reporting between the Collaborative and Medicaid so that performance can more easily be tracked and reported?
- How does the Behavioral Health Collaborative and Medicaid plan to reallocate resources to the most effective programs to ensure improved behavioral health outcomes?