

March 2020



New Mexico Behavioral Health Resource Mapping and Needs Assessment



*Department of Psychiatry and Behavioral Sciences
Division of Community Behavioral Health*

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Executive Summary

SNAPSHOT OF THE **New Mexico Behavioral Health Needs Assessment 2020**

AMONG NEW MEXICO MEDICAID CLIENTS

Behavioral Health Disorders

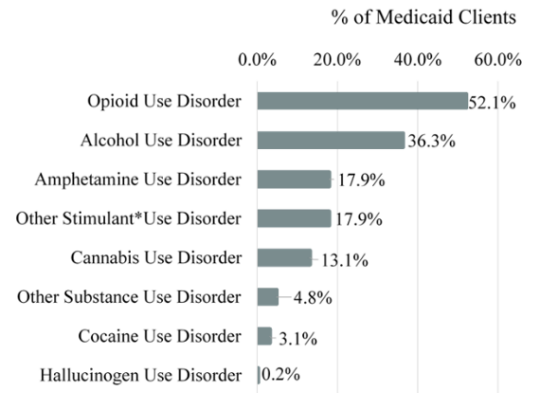
Most Common Disorders			
Substance Use		Mental Disorders	
Opioid Use Disorders	Alcohol Use Disorders	Depressive Disorders	Anxiety Disorders
		Trauma-Related Disorders	Stressor-Related Disorders

Behavioral Health Treatment Services



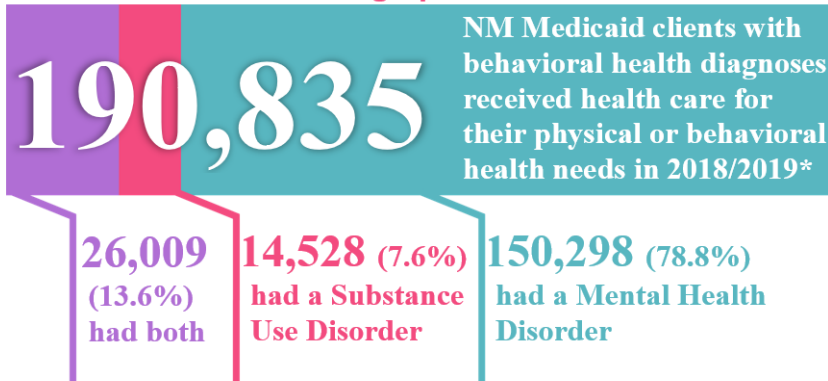
Substance Use Disorders (SUDS)

DIAGNOSES AMONG MEDICAID CLIENTS WITH SUDS, NM, 2018/2019



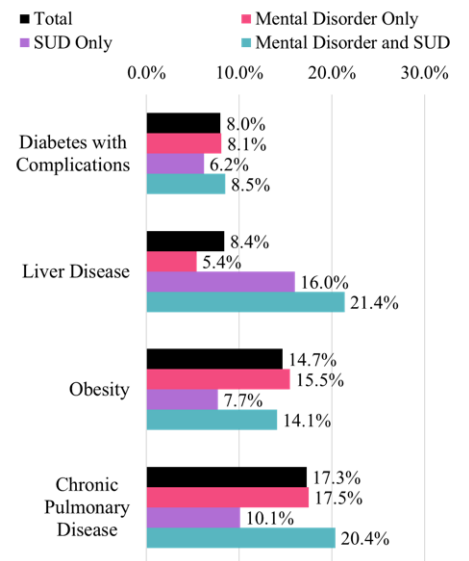
*besides Cocaine

Demographics



*Claims data represent April 1, 2018 to March 31, 2019

Chronic Physical Conditions
CHRONIC CONDITIONS AMONG CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES, NM, 2018/2019



POPULATION NEEDS

Behavioral Health Conditions

Since 1981 NM's suicide mortality rate has been **1.5 to 1.9 times higher than the national rate**

Behavioral Health Treatment

In 2018, consumers of public mental health services in NM reported **higher rates of improved functioning from treatment than the national average:**

74.1% vs. 76.1%
USA vs. NM
ADULTS

73% vs. 75.5%
USA vs. NM
CHILDREN

FUNDING HIGHLIGHTS

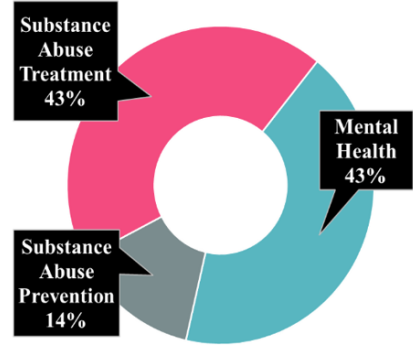
\$48+
million

allocated federal grant funding from the Substance Abuse & Mental Health Services Administration (SAMHSA) for Mental Health and Substance Abuse Prevention and Treatment

\$107+
million

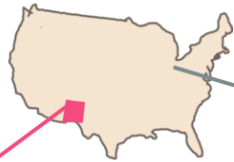
allocated federal grant funding from the Health Resources & Services Administration (HRSA) for programs that provide health care to people who are geographically isolated, economically or medically vulnerable

PERCENTAGE OF DISCRETIONARY GRANT DOLLARS BY TREATMENT TYPE, NM, 2018



In 2019, HRSA's Health Professional Shortage Area data, reported:

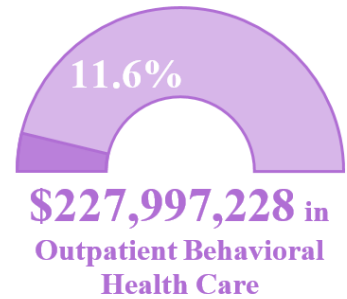
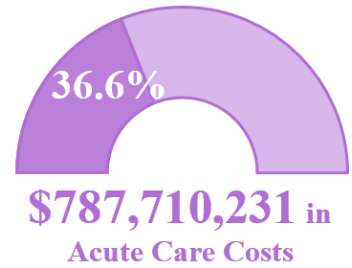
12% of the need for mental health care in NM has been met



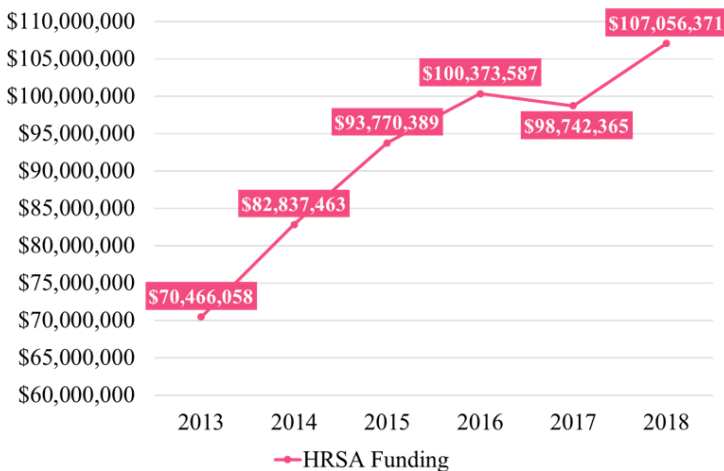
27.27% of the need for mental health care in the United States has been met

leaving 1,246,744 New Mexicans without adequate access to mental health care

Cost of Treatment in 2018/2019
Medicaid Claims by Category



HRSA FUNDING ALLOCATION IN NEW MEXICO BY YEAR, 2013-2018



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How to use this report

This report is a brief summary of the federal resources in New Mexico, and the demographic, behavioral health care needs, and cost of behavioral health care among New Mexico residents.

Population Needs. The “Population Needs” section includes publicly available information about the entire population of New Mexico, including demographics, the prevalence of behavioral health disorders, and mortality rates. Each table is accompanied by a reference to the source dataset, and the source report (if applicable). Due to rounding of population estimates, the number of people presented in the tables may not add up to the “Total” estimate.

Medicaid Clients with Behavioral Health Disorders. The “Medicaid Clients with Behavioral Health Disorders” section introduces newly analyzed data from the New Mexico Human Services Department’s Medical Assistance Division and the Department of Psychiatry and Behavioral Science Division of Community Behavioral Health. The dataset includes all Medicaid claims during April 1, 2018 to March 31, 2019 for clients identified to have a serious mental illness, substance use disorder, or both.

Figures & Maps. A Table of Figures is provided immediately after the Table of Contents, with the page number of each figure. In this report, maps display statistics by county. When graduated colors are used in the maps, the breaks between color gradients indicate quartiles of the statistic.

Appendix. The appendix contains tables of the detailed statistics provided in the body of the report. In some cases, county-level tables are provided. Each table is accompanied by a reference to the source dataset, and the source report (if applicable). Also included in the appendices are details about how disorders and claims were categorized.

Questions. Questions about the information in this report can be directed to Dr. Tyler Kincaid of the University of New Mexico’s Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health (twkincaid@salud.unm.edu).

Recommended Citation

Kincaid T, Reno J and Altschul D. New Mexico Behavioral Health Needs Assessment (2020). University of New Mexico.

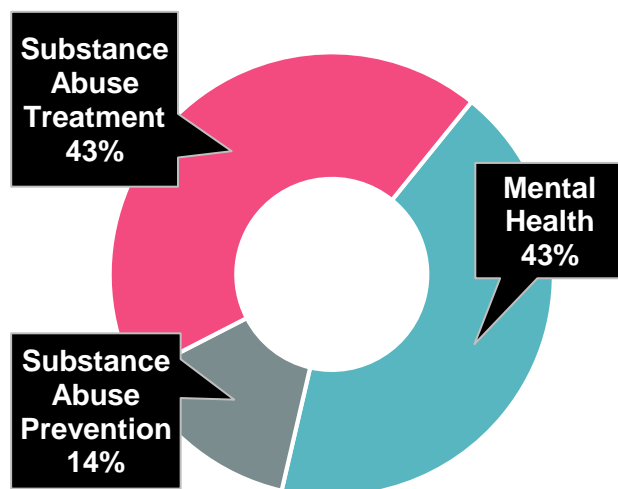
Mapping of Federal Behavioral Health Funding in New Mexico

During 2018, SAMHSA allocated over \$48 million dollars in grant funding in NM for behavioral health treatment and research.¹

Grant Allocation

FIGURE 1. PERCENTAGE OF SAMHSA DISCRETIONARY GRANT DOLLARS BY TREATMENT TYPE, NM, 2018

SAMHSA funding included \$33,169,777 in discretionary funds, and \$15,056,035 in non-discretionary funding during 2018. Figure 1 provides a breakdown of the percentage of discretionary spending for the year. The majority of the SAMHSA funds were allocated to substance abuse treatment or prevention (57%), and mental health received 43% of the allocations for the year. Figure 2 provides a five-year comparison of SAMHSA spending in New Mexico for mental health and substance use.



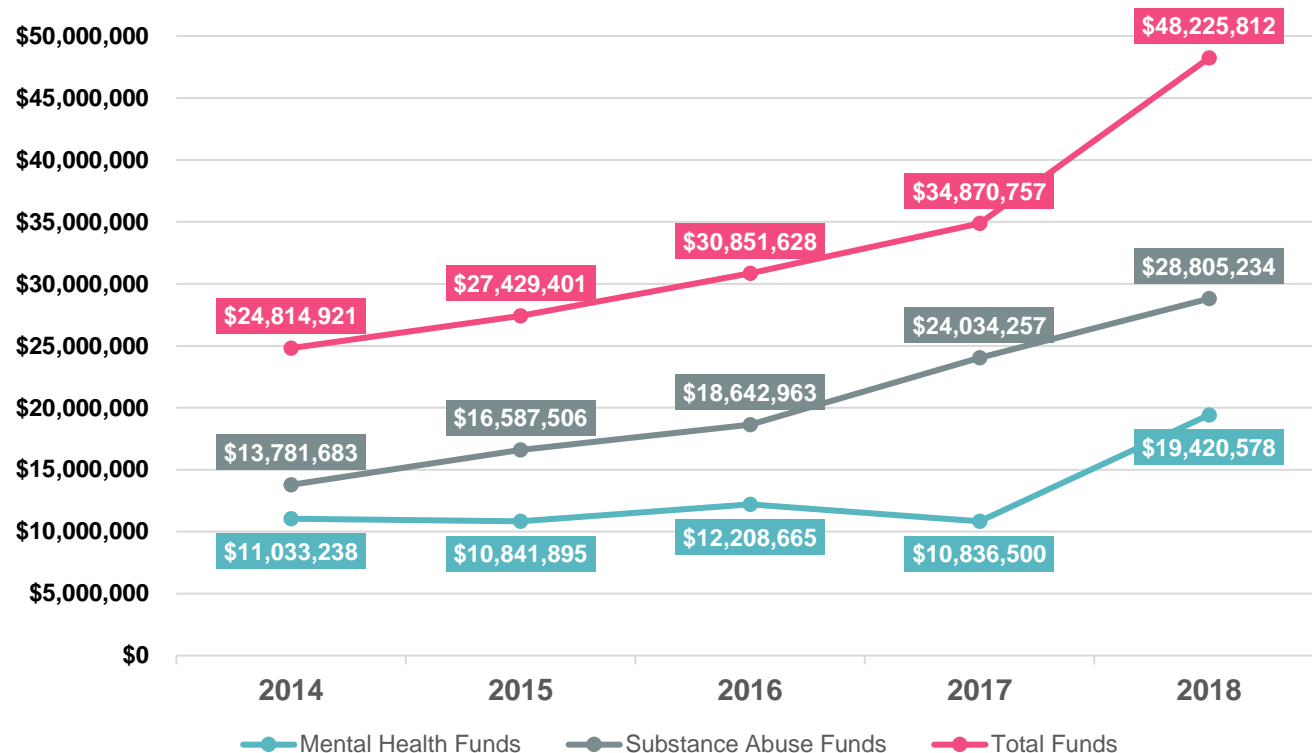
NON-DISCRETIONARY SPENDING BY SOURCE, NM, 2018

<i>Funding Source</i>	Us Dollars
<i>Substance Abuse Prevention and Treatment Block Grant</i>	\$9,831,121
<i>Community Mental Health Services Block Grant</i>	\$4,267,614
<i>Projects for Assistance in Transition from Homelessness (PATH)</i>	\$300,000
<i>Protection and Advocacy for Individuals with Mental Illness (PAIMI)</i>	\$657,300
Total	\$15,056,035

¹ Source: SAMHSA, *Grant Awards By State, New Mexico (2019)*. <https://www.samhsa.gov/grants-awards-by-state>
Dataset: SAMHSA Grant Awards by State, Fiscal Years 2014-2018.

New Mexico Behavioral Health Needs Assessment 2020

FIGURE 2. SAMHSA FUNDS FOR MENTAL HEALTH, SUBSTANCE ABUSE AND TOTAL IN NEW MEXICO BY YEAR, 2014-2018



SAMHSA grant funding in New Mexico has more than doubled in the five years from \$24,814,921 in 2014 to \$48,225,812 in 2018. The average proportion of funds allocated to mental health during the five year period was 39%, with the highest proportion in 2014 (44%) and the lowest in 2017 (31%). An itemized breakdown of SAMHSA grant funding by county centralization can be found in Appendix Figure 41 and 42.

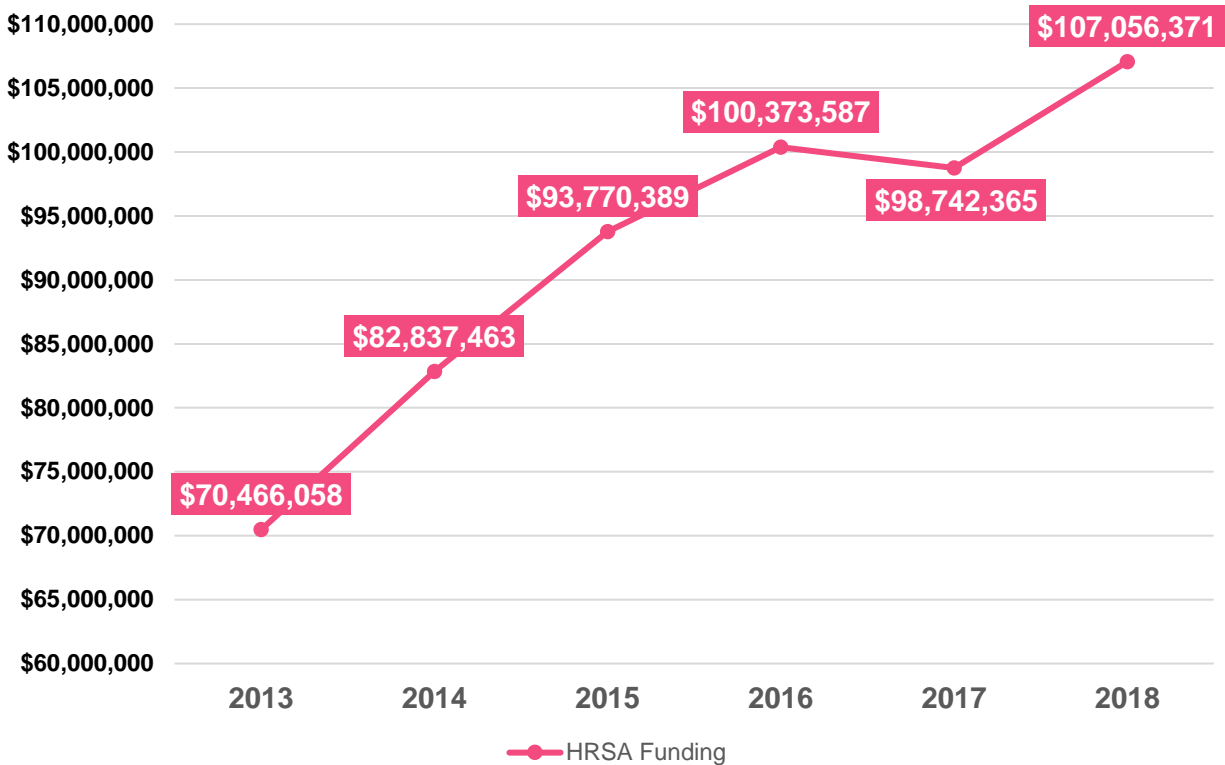
The Health Resources and Services Administration (HRSA) is another federal agency that provides a significant amount of grant funding in New Mexico every year. HRSA grants fund programs such as Health Workforce, Healthcare Systems, HIV/AIDS, Maternal & Child Health, Primary Health Care and Rural Health. In 2018 HRSA contributed \$107,056,371 in grants for health care spending to improve health care to people who are geographically isolated, economically or medically vulnerable in New Mexico².

² Source: HRSA, *Data by Geography, HRSA Grants, New Mexico (2019)*.
<https://data.hrsa.gov/hdw/Tools/DataByGeographyResults.aspx?geoTyp=State&geoCd=35>
 Dataset: HRSA Grants FY 2013-2018 Awarded Grants.

New Mexico Behavioral Health Needs Assessment 2020

HRSA funding in New Mexico has increased by over \$36 million dollars from 2013 to 2018. Figure 3 shows the year-to-year comparison of HRSA disbursements in New Mexico. An itemized breakdown of HRSA grant funding by county centralization can be found in Appendix Figure 43.

FIGURE 3. HRSA FUNDING ALLOCATION IN NEW MEXICO BY YEAR, 2013-2018



Population Needs

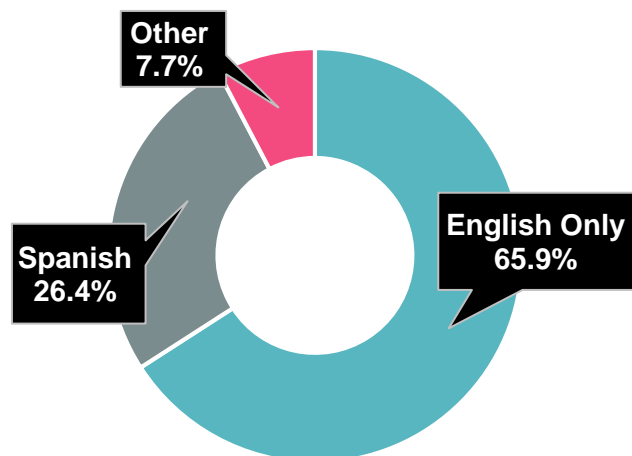
In 2018, the total population of New Mexico (NM) was estimated to be 2,101,730. The median household income was \$47,169 and the poverty rate was 19.5%.

Demographics³

FIGURE 4. LANGUAGE SPOKEN IN HOME, NM, 2018

In 2018, almost half of New Mexicans identified as Hispanic (1,032,195; 49.1%), while 37.9% identified as White, 9.1% as American Indian, 2.2% as Black, and 1.8% as Asian. Thirty four percent of New Mexicans reported speaking a language other than English in the home, which is twelve percent higher than the national average of 21.9%.

Approximately half of the population in New Mexico is male (1,040,560; 49.5%) and half is female (1,061,170; 50.5%). Sixty percent fell between the ages of 18 and 65 years.



RACE AND AGE OF POPULATION, NM, 2018

Race	Population (%)	Age (years)	Population (%)
Total	2,101,730 (100.0%)	Total	2,101,730 (100%)
Hispanic	1,032,195 (49.1%)	<18	483,694 (23%)
Non-Hispanic White	795,851 (37.9%)	18-65	1,250,808 (59.5%)
American Indian	190,545 (9.1%)	>65	367,229 (17.5%)
Black	46,339 (2.2%)		
Asian	36,800 (1.8%)		

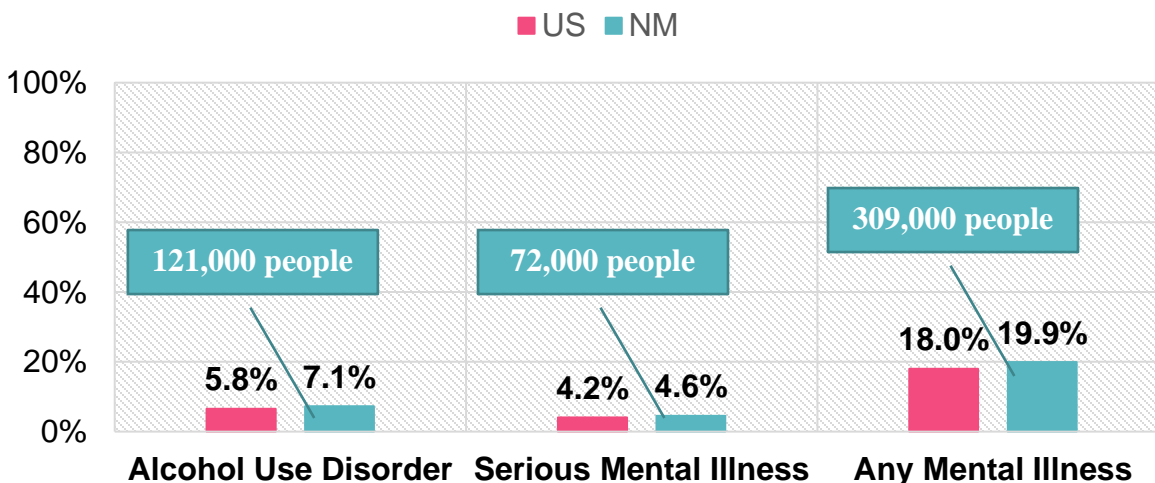
³ Source: New Mexico Department of Health. (2019). Query Results for New Mexico Estimated Population Counts by County. Retrieved March 1, 2020, from <https://ibis.health.state.nm.us/>. Dataset: 2018 Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, http://bber.unm.edu/bber_research_demPop.html.

Behavioral Health Conditions

The Substance Abuse and Mental Health Services Administration (SAMHSA) conducts the National Survey on Drug Use and Health (NSDUH). Respondents answer questions about behavioral health symptoms they are experiencing, and SAMHSA estimates the prevalence of disorders based on the results.

Based on the results of the 2018 NSDUH survey, 5.6% of NM adults experience an alcohol use disorder each year (approximately 117,500 adults), 4.5% experience a serious mental illness (approximately 94,500 adults), and 19.1% experience any mental illness (approximately 404,400 adults)⁴. SAMHSA has compared these prevalence estimates over time and to the national averages, and New Mexico has comparable prevalence rates of mental health disorders and slightly higher rates of substance use disorder (among youth or adults) compared to averages across the nation. Prevalence rates has stayed relatively consistent annually both nationally and in NM.

FIGURE 5. ANNUAL PREVALENCE OF BEHAVIORAL HEALTH DIAGNOSES AMONG ADULTS, NM AND THE UNITED STATES, 2016-2017



The NM Behavior Risk Factor Surveillance System (BRFSS) is an annual survey administered by phone to a random sample of adults in NM⁵. In 2018, the NM BRFSS reported that 17.2% of New Mexican adults had a history of depression, representing approximately 361,000 people. Females reported higher levels of depression than males, with 20.5% vs. 13.3% respectively. The NM BRFSS also reported that 7% of New Mexico adults thought about committing suicide in the last year, accounting for approximately 168,000 people.

⁴ Source: SAMHSA, Center for Behavioral Health Statistics and Quality (2020).

Dataset: National Survey on Drug Use and Health, 2018.

⁵ Source: New Mexico Department of Health. New Mexico Substance Abuse Epidemiology Profile (2018).

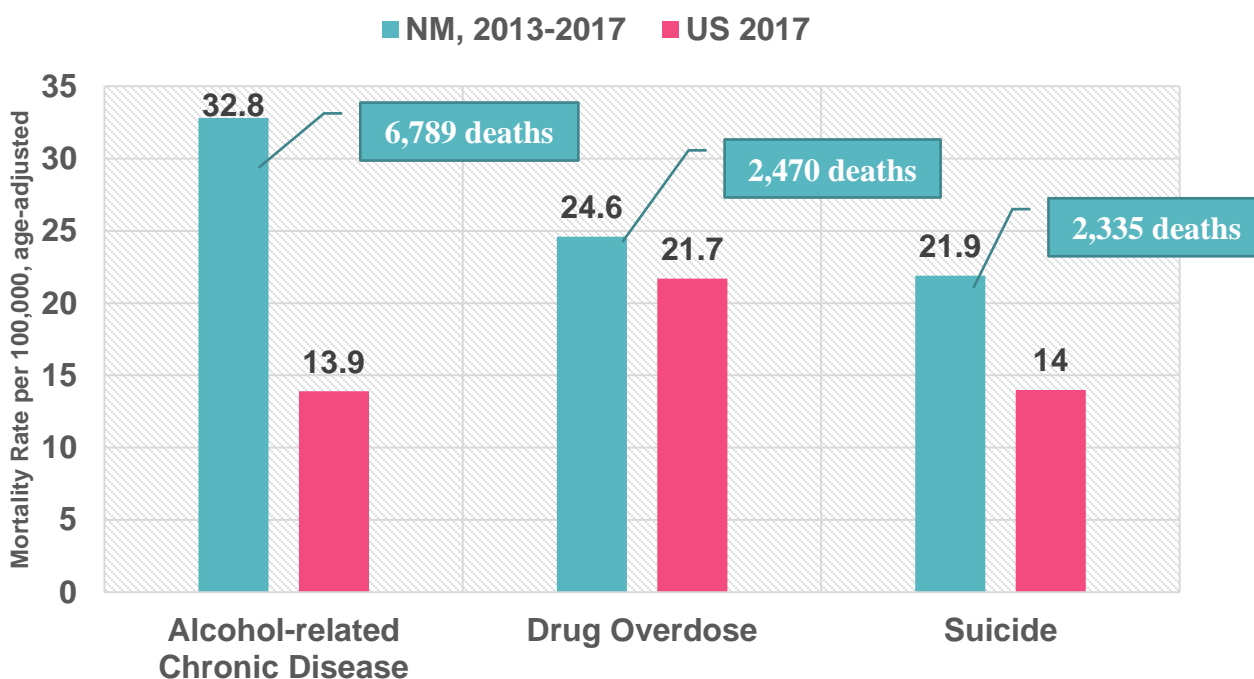
Dataset: New Mexico Behavior Risk Factor Surveillance System, 2017.

New Mexico Behavioral Health Needs Assessment 2020

The NM Department of Health's (NMDOH) Substance Abuse and Epidemiology Profile describes the burden and epidemiology of various behavioral health issues in the state⁶. Deaths related to alcohol, drugs, and suicide are identified using vital records data. Between 2013 and 2017, 6,789 New Mexicans died from alcohol-related chronic disease, 2,470 died from drug overdose, and 2,335 died from suicide.

NM's alcohol-related chronic disease mortality rate has been first, second or third in the nation for the past 15 years, and is 1.5 to 2 times the national rate. It has also been increasing since 1990. The leading causes of alcohol-related chronic disease mortality include chronic liver disease, alcohol dependence, alcohol abuse and liver cancer, hypertension, and stroke. NM had the seventeenth highest drug overdose mortality rate in the United States in 2017 (which decreased from second in 2016). These deaths include intentional drug overdose, but 88% are caused by unintentional drug overdoses. The recent increase in unintentional drug overdose deaths is largely attributed to the rise in prescription drug use, which account for 57% (which is a decrease from 48% in 2016) of drug overdose deaths in NM. NM's suicide mortality rate has been 1.5 to 1.9 times higher than the national rate since 1981.

FIGURE 6. AGE-ADJUSTED MORTALITY RATES BY CAUSE OF DEATH, NM AND THE UNITED STATES



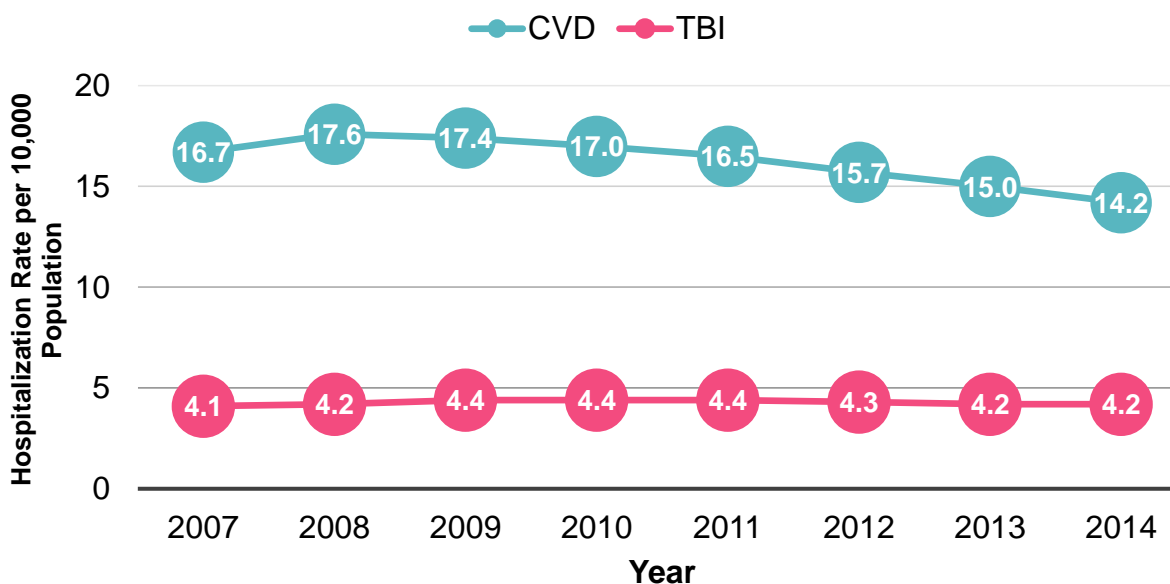
⁶ Source: New Mexico Department of Health. *New Mexico Substance Abuse Epidemiology Profile* (2018).

Dataset: New Mexico Department of Health Bureau of Vital Records and Health Statistics death files and University of New Mexico Geospatial and Population Studies population files, 2013-2017.

New Mexico Behavioral Health Needs Assessment 2020

The NMDOH manages the NM Hospital Inpatient Discharge Dataset under the NM Health Policy Commission. This dataset includes inpatient discharges from non-federal hospitals in the state. Each record includes the International Classification of Diseases (ICD) code that is associated with the hospital admission. This dataset was used to estimate the occurrence of cerebrovascular disease (CVD) and traumatic brain injury (TBI) from 2007 to 2014 among NM residents (Appendix Figure 21. Brain Injury Diagnoses by Category). During this time period, CVD hospitalization rates decreased from 16.7 to 14.2 hospitalizations per 10,000 population, while TBI hospitalization rates remained consistent (4.2 hospitalizations per 10,000 population in 2014)⁷. In the US in 2009, the rate of hospitalization for stroke was 31.8 per 10,000⁸.

FIGURE 7. AGE-ADJUSTED HOSPITALIZATION RATE OF CVD AND TBI BY YEAR, NM, 2007-2014



Diagnosis	Measure	2007	2008	2009	2010	2011	2012	2013	2014
Cerebrovascular Disease	Hospitalizations	3,393	3,667	3,705	3,703	3,703	3,596	3,532	3,427
	Rate	16.7	17.6	17.4	17	16.5	15.7	15	14.2
Traumatic Brain Injury	Hospitalizations	812	846	905	912	942	917	909	924
	Rate	4.1	4.2	4.4	4.4	4.4	4.3	4.2	4.2

⁷ Source: New Mexico Department of Health, Indicator-Based Information System for Public Health Web site: <http://ibis.health.state.nm.us>.

Dataset: New Mexico Hospital Inpatient Discharge Data, New Mexico Health Policy Commission, 2007-2014.

⁸ Hall MJ, Levant S, DeFrances CJ. Hospitalization for stroke in U.S. hospitals, 1989–2009. NCHS data brief, no 95. Hyattsville, MD: National Center for Health Statistics. 2012.

Behavioral Health Treatment

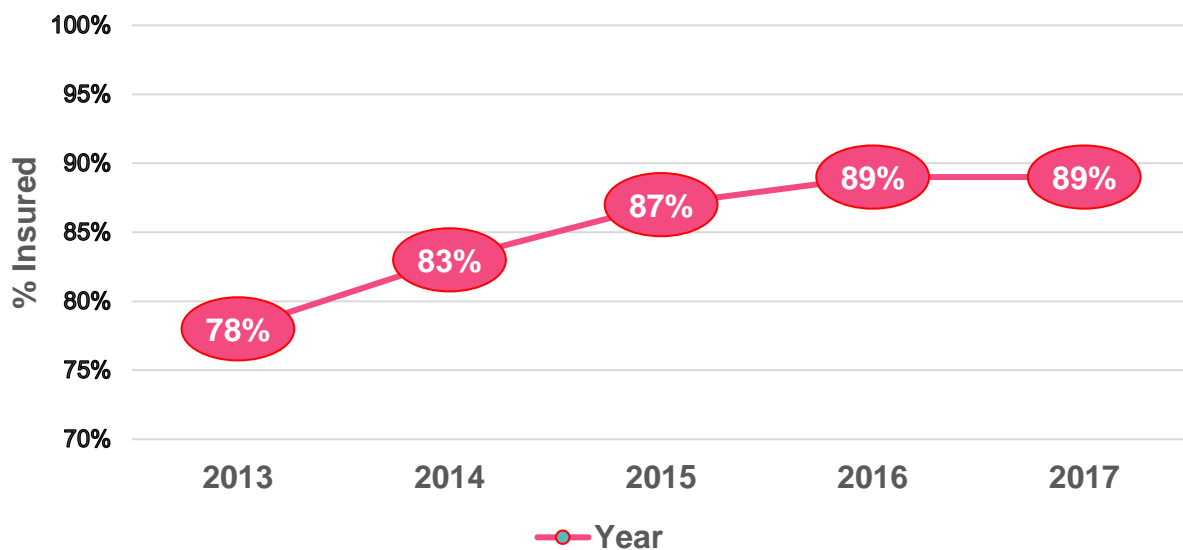
Based on SAMHSA’s Uniform Reporting System 2018, public mental health system consumers in NM reported higher rates of improved functioning from treatment than the national average, among both children (75.5% vs. 73%), and adults (74.1% vs. 76.1%).

According to recent NSDUH results, only 44.3% of NM adults 18 years or older with a mental illness received mental health treatment each year from 2013 to 2017.

On a single day in 2017, 18,808 people were enrolled in substance use treatment in NM; 41.2% of these individuals were being treated for a substance use issue only, 18.4% for an alcohol use only, and 40.4% for both an alcohol and a drug use issues. Treatment rates for substance abuse is far lower than for mental illness. Only 7.1% of NM individuals 12 years or older with alcohol dependence or abuse received treatment each year from 2014 to 2017, and only 9.1% of those with drug dependence or abuse received treatment.

In 2013, 78% of NM’s population had health insurance⁹. However, this number has increased to 89% in 2017. In 2017, 230,230 NM residents under the age of 65 did not have health insurance.

FIGURE 8. HEALTH INSURANCE COVERAGE AMONG RESIDENTS UNDER 65 YEARS BY YEAR, NM, 2013-2017

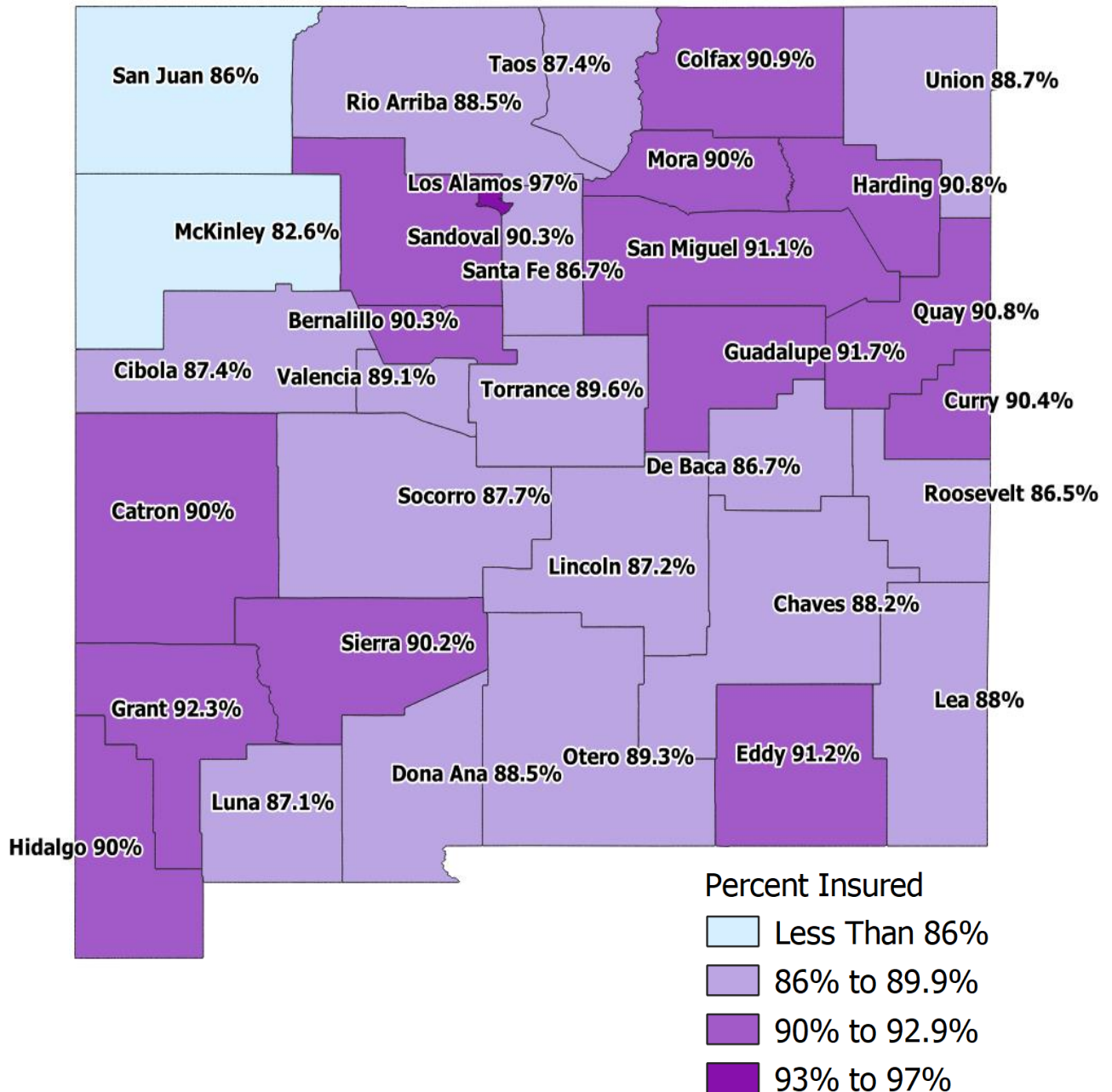


⁹ Source: U.S. Census Bureau. (2019). Query Results for Insured, New Mexico, Years 2013 to 2017. Retrieved August 6, 2019, from www.census.gov. Dataset: Small Area Health Insurance Estimates, 2010-2017.

New Mexico Behavioral Health Needs Assessment 2020

The percentage of NM residents with health insurance coverage varied from 82.6% in McKinley County to 97% in Los Alamos County in 2017. Counties with the lowest coverage rates are rural, and located in the south-central or northwest part of the state.

FIGURE 9 MAP. HEALTH INSURANCE COVERAGE AMONG RESIDENTS UNDER 65 YEARS BY COUNTY, NM, 2017

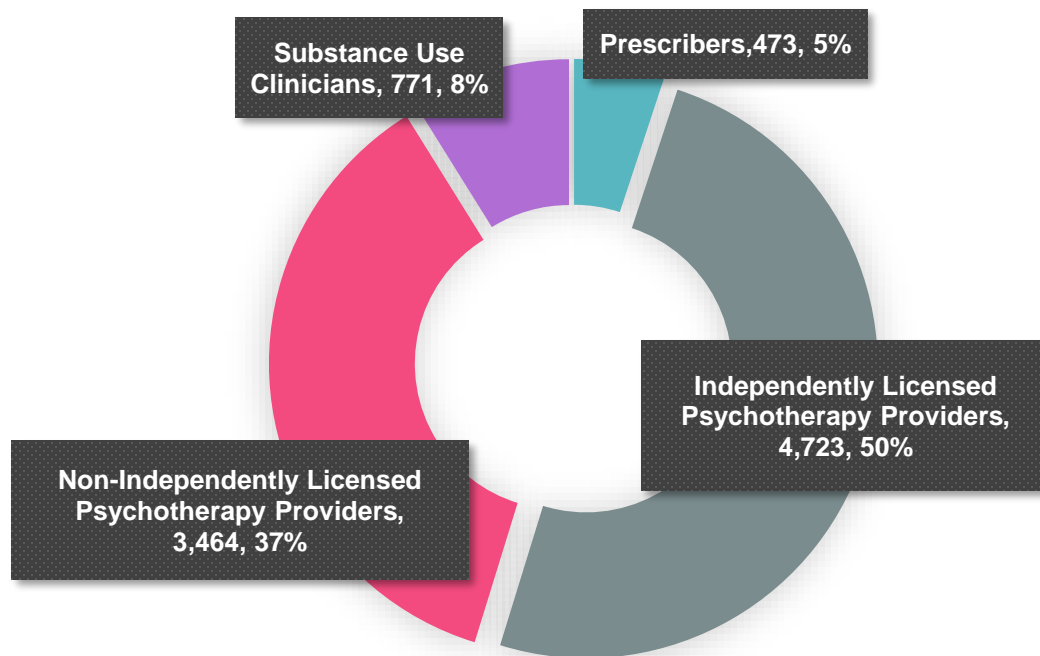


New Mexico Behavioral Health Needs Assessment 2020

Based on the June 2019 Health Resources and Services Administration's Health Professional Shortage Area data, 27.27% of the need for mental health care in the United States has been met, but only 12% of the NM population's need has been met, leaving 1,246,744 New Mexicans without adequate mental health care access.

The NM Health Care Workforce (NMHCW) Committee analyzes licensing data and re-licensing survey responses among licensed clinicians in NM. According to the 2019 NMHCW Committee Report, the number of primary care providers in NM increased by 205 since 2013, and the number of psychiatrists decreased by 4¹⁰.

FIGURE 10. BEHAVIORAL HEALTH CARE PROVIDERS BY LICENSE TYPE, NM, 2018



¹⁰ Source: Farnbach Pearson AW, Reno JR, New Mexico Health Care Workforce Committee. 2019 Annual Report. Albuquerque NM: University of New Mexico Health Sciences Center (2019).

Dataset: New Mexico Health Care Workforce Dataset, 2018.

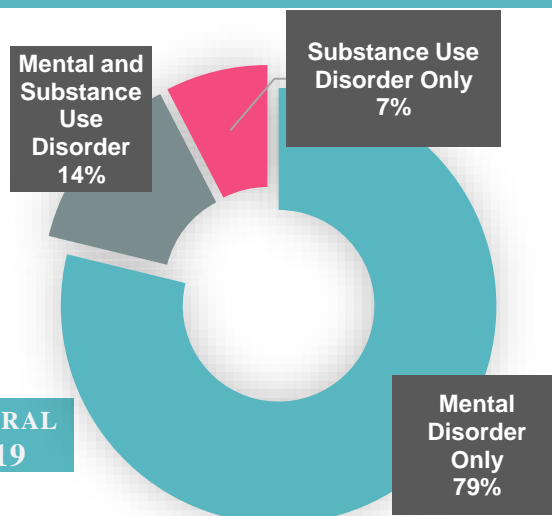
Medicaid Clients with Behavioral Health Disorders

The following graphs and tables describe NM Medicaid clients who have active behavioral health diagnoses, including all individuals with a submitted Medicaid claim from April 1, 2018 to March 31, 2019.

Demographics¹¹

FIGURE 11. BEHAVIORAL HEALTH DIAGNOSES AMONG MEDICAID CLIENTS, NM, APRIL 2018 TO MARCH 2019

190,835 NM Medicaid clients with behavioral health diagnoses received health care for their physical or behavioral health needs. Of those, 150,298 (78.8%) had a mental health disorder only, 14,528 (7.6%) had a substance use disorder only, and 26,009 (13.6%) had both. The disorders, demographics, and treatment services provided to these clients are described in the following sections of this report.



RACE OF MEDICAID CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES, NM, APRIL 2018 TO MARCH 2019

Race	Clients (%)
Total	190,835 (100.0%)
Caucasian	106,525 (55.8%)
Multiracial	49,908 (26.1%)
American Indian	26,843 (14%)
Black	3,182 (1.6%)
Asian	1,182 (0.6%)
Other	745 (0.4%)

Most of the Medicaid clients were Caucasian in race. However, it should be noted that ethnicity is not recorded in the source dataset, and it is assumed that the Caucasian category includes a high percent of Hispanic clients.

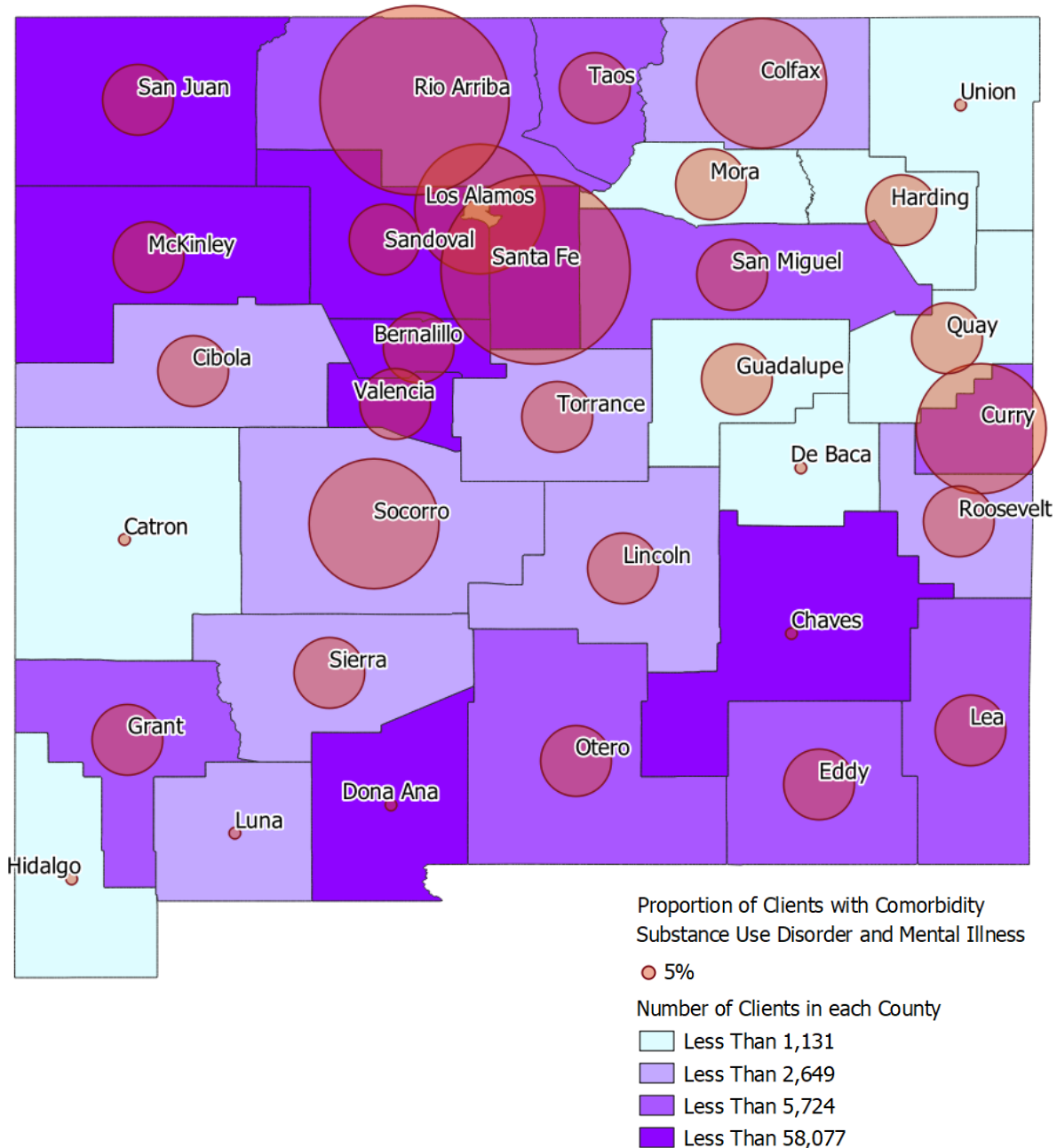
Most of the clients were between the ages of 18 and 64 years old (128,568; 67.4%), 27.7% were under the age of 18 (52,869), and 4.9% were over the age of 65 (9,397). More than half were female (108,906; 57.1%) and 81,926 (42.1%) were male.

¹¹ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

New Mexico Behavioral Health Needs Assessment 2020

Bernalillo County, Doña Ana County, and Santa Fe County had the highest numbers of Medicaid clients with behavioral health disorders because of the large populations concentrated in these counties. Therefore, the clients included in this report are more representative of the metropolitan areas of NM than the rural parts of the state. However, the proportion of clients with co-morbid mental health disorders and SUDs varies from 5.8% in Union County to 23.7% in Rio Arriba.

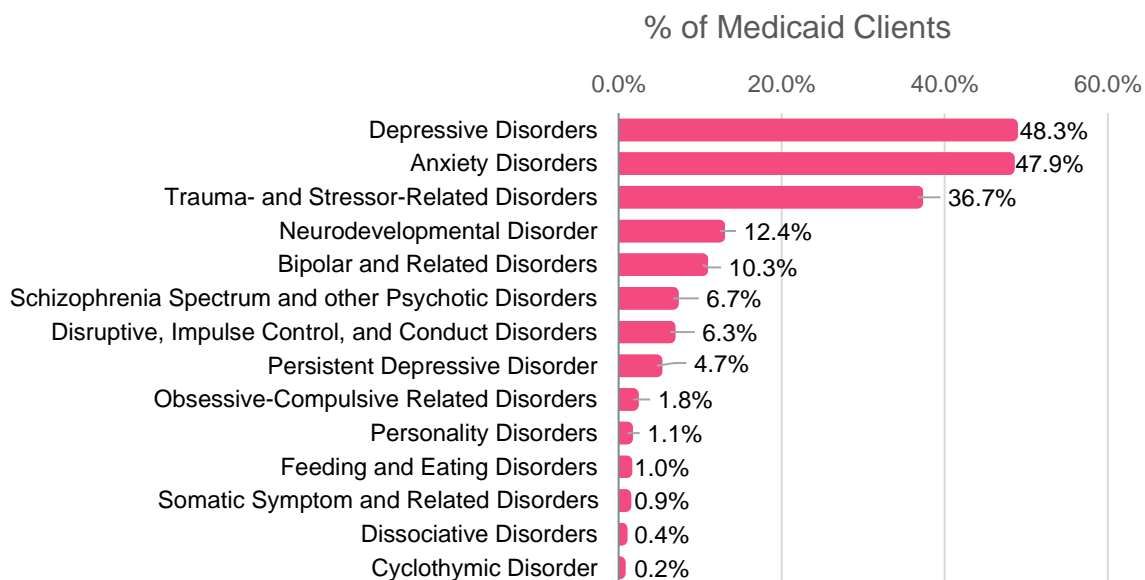
FIGURE 12. MAP OF NUMBER OF MEDICAID CLIENTS WITH BEHAVIORAL HEALTH DIAGNOSES AND PROPORTION WITH CO-MORBID MENTAL HEALTH DISORDERS AND SUBSTANCE USE DISORDERS BY COUNTY, NM, APRIL 2018 TO MARCH 2019



Diagnoses¹²

Mental Health Disorders

FIGURE 13. DIAGNOSES AMONG MEDICAID CLIENTS WITH MENTAL HEALTH DISORDERS, NM, APRIL 2018 TO MARCH 2019



Behavioral health diagnoses found in clients’ claims data were categorized using the serious mental illness (SMI), severe emotional disturbance (SED), and substance use disorder (SUD) criteria approved by the NM Behavioral Health Collaborative and based on the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (Appendix Figure 24. Behavioral Health Diagnoses by Category). All Medicaid clients included in this report were diagnosed with at least one SMI, SED, or SUD from April 2018 to March 2019.

Figure 13 displays the percentage of the 176,307 Medicaid clients with SMI or SED who were diagnosed with each type of SMI or SED. Most clients had only one mental health disorder (52.7%), but 27% had at least two disorders, and a few had as many as 10 (out of a possible 14). The most common type of mental health disorder was depressive disorders (48.3%), followed by anxiety disorders (47.9%) and trauma- and stressor-related disorders (36.7%). Of course, most clients with neurodevelopmental disorders or disruptive, impulsive control, and conduct disorders were under the age of 18 years, but it is notable that 36% of the clients with trauma- and stressor-related disorders were also under the age of 18 years.

¹² Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

Substance Use Disorders

FIGURE 14. DIAGNOSES AMONG MEDICAID CLIENTS WITH SUDs, NM, APRIL 2018 TO MARCH 2019

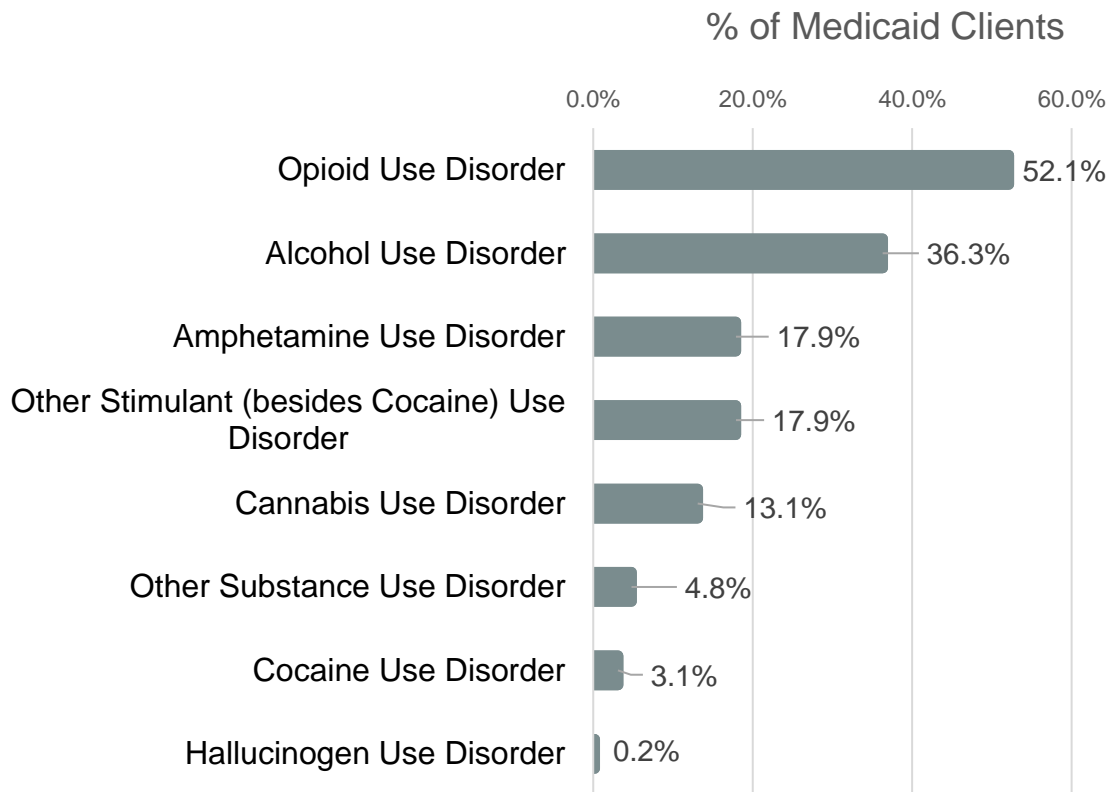


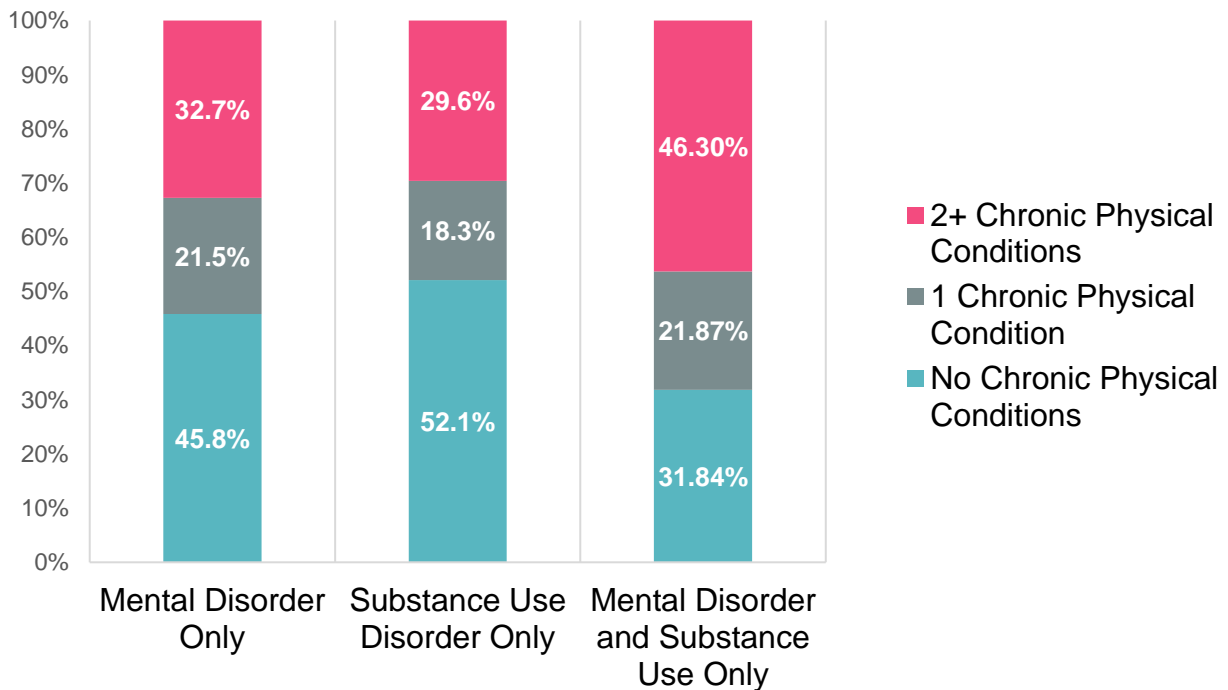
Figure 14 displays the percentage of the 40,537 Medicaid clients with SUDs who were diagnosed with each type of SUD. Most clients had only one type of SUD, but 26.5% had at least two disorders, and a few had as many as 7 (out of a possible 8). Importantly, the most common type of SUD was opioid use disorder (52.1%), followed by alcohol use disorder (36.3%). More than 91.2% of clients with SUD were between the ages of 18 and 65 years, with the exception of clients with cannabis use disorder and clients with hallucinogen use disorder (26.4% and 54.8% were under the age of 18 years, respectively).

Chronic Physical Conditions

A modified version of the Elixhauser Index was used to determine whether Medicaid clients had any chronic conditions. The Elixhauser Index identifies any of thirty-one different chronic conditions (Appendix Figure 31. Diagnoses Included in the Modified Elixhauser Index) using International Classification of Diseases, Ninth and Tenth Revision, Clinical Modification (ICD-9-CM, ICD-10-CM) codes in claims submitted during from April 2018 to March 2019. The modified index used for this report ranges from 0 to 27, a sum of the possible 27 physical chronic conditions excluding mental health disorders and SUDs.

Most Medicaid clients with behavioral health disorders also had at least one chronic physical condition (106,138; 55.6%). On average, clients had 1.6 chronic physical conditions, with the number of co-morbid conditions ranging from 0 to 19. The prevalence of chronic physical conditions varied by behavioral health diagnosis. Clients with co-occurring mental health disorder and SUD were the most likely to have a co-morbid chronic physical health condition (68%), and 43.3% of those clients had at least two chronic physical health conditions. Clients with a SUD diagnosis only were the least likely to have a co-morbid chronic physical health condition (48%), and 29.6% had two or more chronic physical conditions.

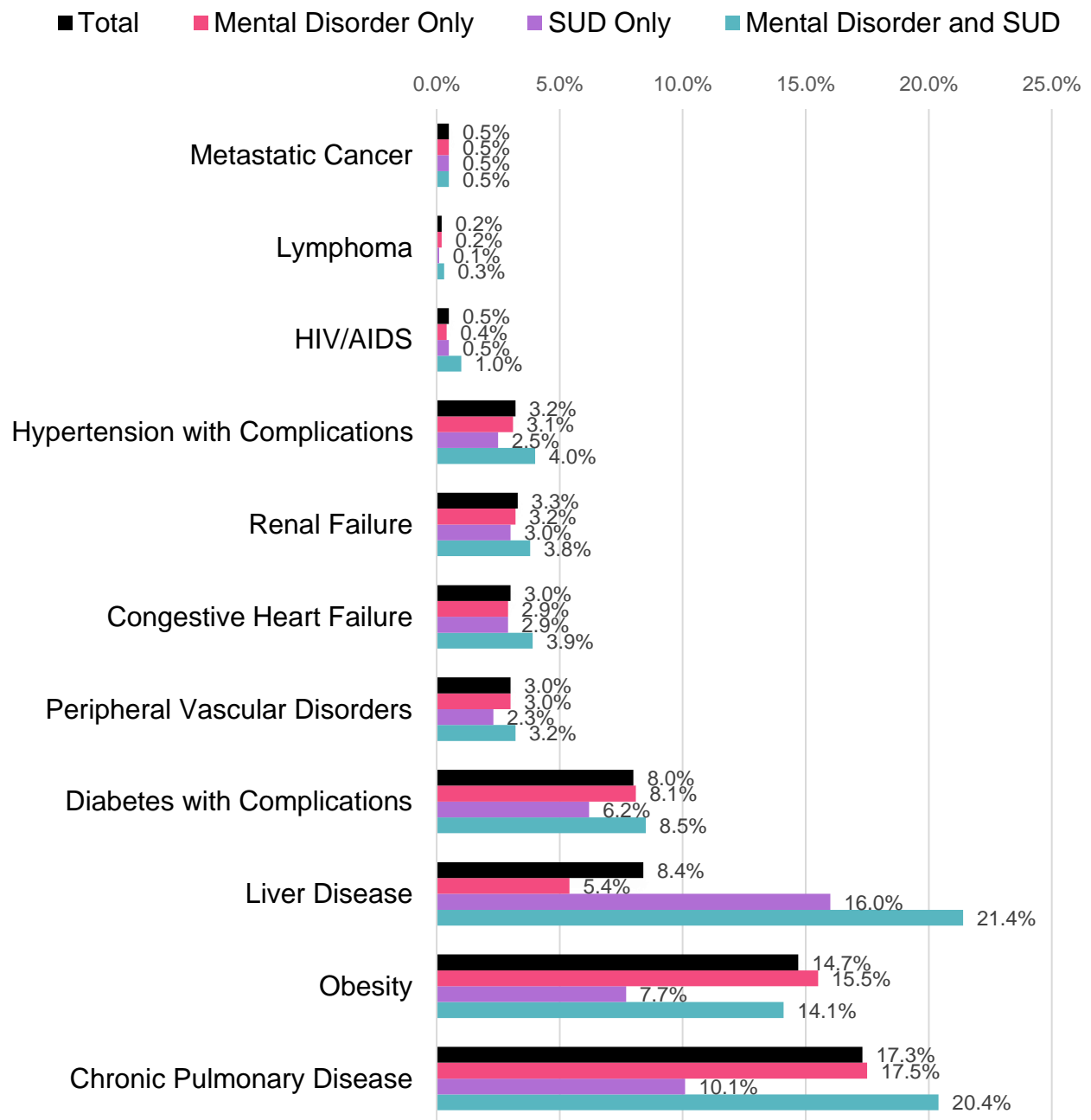
FIGURE 15. PROPORTION OF MEDICAID CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES WHO WERE ALSO DIAGNOSED WITH CHRONIC PHYSICAL CONDITIONS, NM, APRIL 2018 TO MARCH 2019



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Chronic pulmonary disease is the most common chronic health physical condition diagnosed among Medicaid clients with behavioral health diagnoses (17.3%), followed by obesity (14.7%), liver disease (8.4%), and diabetes with complications (8%). Unlike other chronic physical conditions, clients with SUD diagnoses were much more likely to have liver disease than those with mental health diagnoses (16% vs. 5.4%).

FIGURE 16. CHRONIC CONDITIONS AMONG MEDICAID CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES, NM, APRIL 2018 TO MARCH 2019



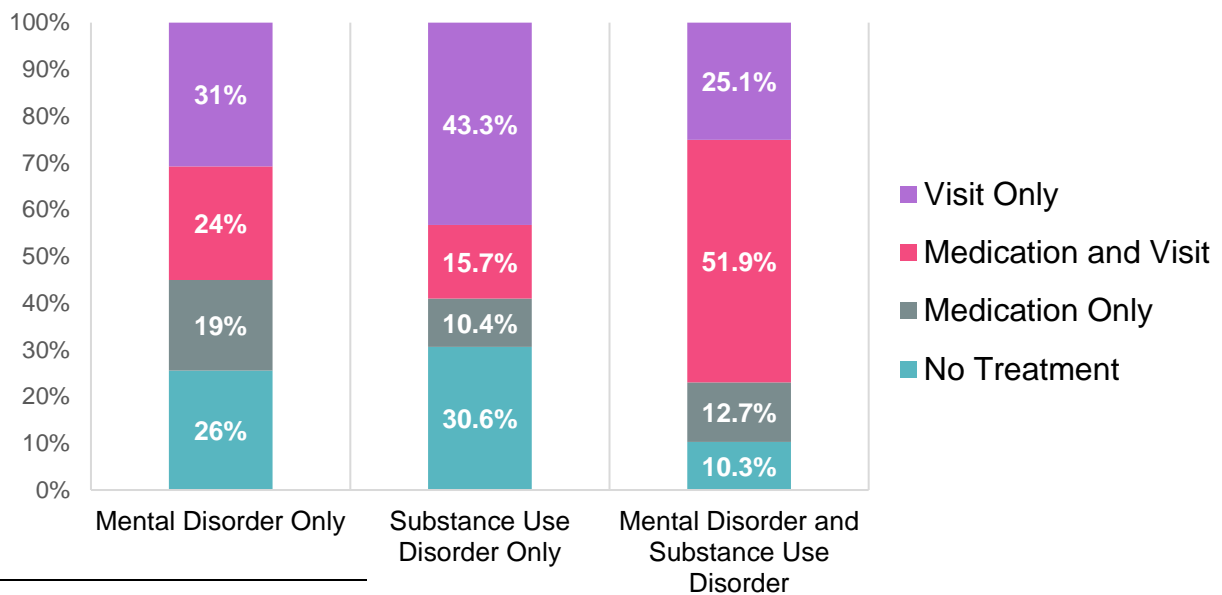
Treatment¹³

Each Medicaid claim for clients with active behavioral health diagnoses from April 2018 to March 2019 was categorized into a type of treatment (Appendix Figure 32). Clients in the database may have received an outpatient or inpatient behavioral health visit, a prescription for a medication related to a behavioral health disorder, both a visit and a prescription, or no treatment related to behavioral health care. Patients with no treatment related to behavioral health care were in the claims dataset due to treatment for physical health care only.

Among the 190,835 NM Medicaid clients with active behavioral health disorders and at least one claim from April 2018 to March 2019, 59,062 (30.9%) had a behavioral health visit only, 33,953 (17.7%) had a behavioral health medication only, 52,283 (27.3%) had both a medication and a visit, and 45,537 (23.8%) had no behavioral health treatment at all. Treatment rates varied dramatically by type of behavioral health disorder: Clients with both a mental health disorder and SUD were the most likely to receive both a medication and a visit (51.9%), while clients with only SUD were the least likely (15.7%), and the most likely to receive no behavioral health treatment (30.6%) at all.

Behavioral health medications were categorized into nine categories based on therapeutic class. The most common medication was anti-anxiety medications and antidepressants (37%), followed by mood stabilizing anticonvulsants (17%) and minor tranquilizers (7%). The remaining drug categories were prescribed to fewer than 5% of clients. However, medications for ADHD were commonly prescribed to clients under the age of 18 years (Appendix Figure 36).

FIGURE 17. MEDICAID CLIENTS WHO RECEIVED BEHAVIORAL HEALTH TREATMENT, BY ACTIVE BEHAVIORAL HEALTH DIAGNOSES, NM, APRIL 2018 TO MARCH 2019

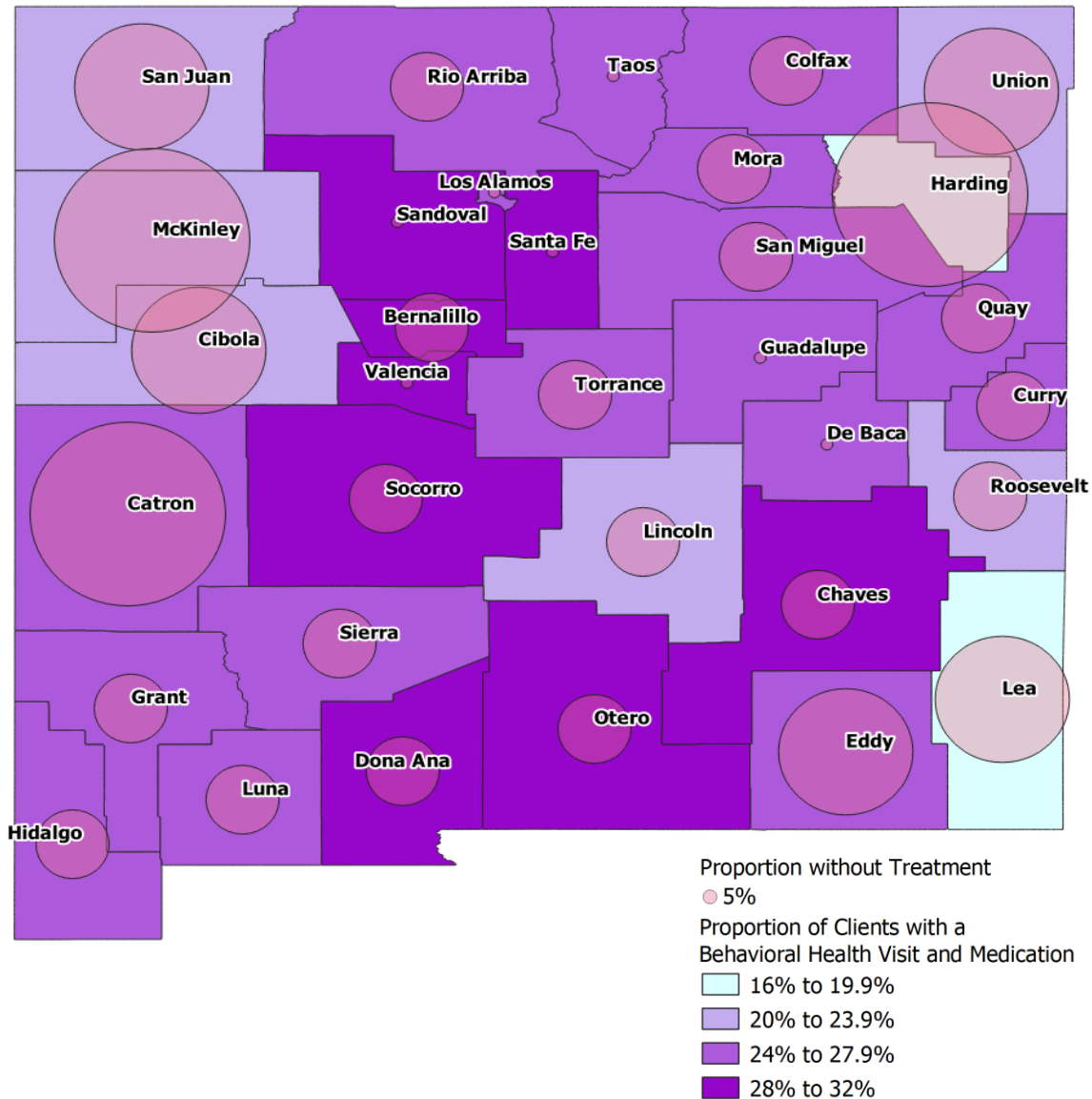


¹³ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

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The metropolitan counties of Bernalillo and Sandoval had some of the smallest proportions of behavioral health clients who did not receive any treatment (22% and 21% respectively). Consequently, Bernalillo and Sandoval counties had two of the largest proportions of clients who received both outpatient and prescription treatment for behavioral health diagnoses (28.7% and 28%, respectively). Rural counties had the highest proportions of clients receiving no treatment, with the highest being McKinley (36.5%), Catron (36%), and Harding (36%) counties. The counties with the lowest proportion of clients receiving both outpatient and prescription treatment for behavioral health diagnoses were also rural and largely located in the southeast corner of the state: Harding (16%) and Lea (17.6%) had the lowest proportions.

FIGURE 18. MAP OF PROPORTION OF MEDICAID CLIENTS WITH BEHAVIORAL HEALTH DIAGNOSES WHO RECEIVED BOTH BEHAVIORAL HEALTH AND MEDICATION TREATMENT OR WENT WITHOUT TREATMENT BY COUNTY, NM, APRIL 2018 TO MARCH 2019

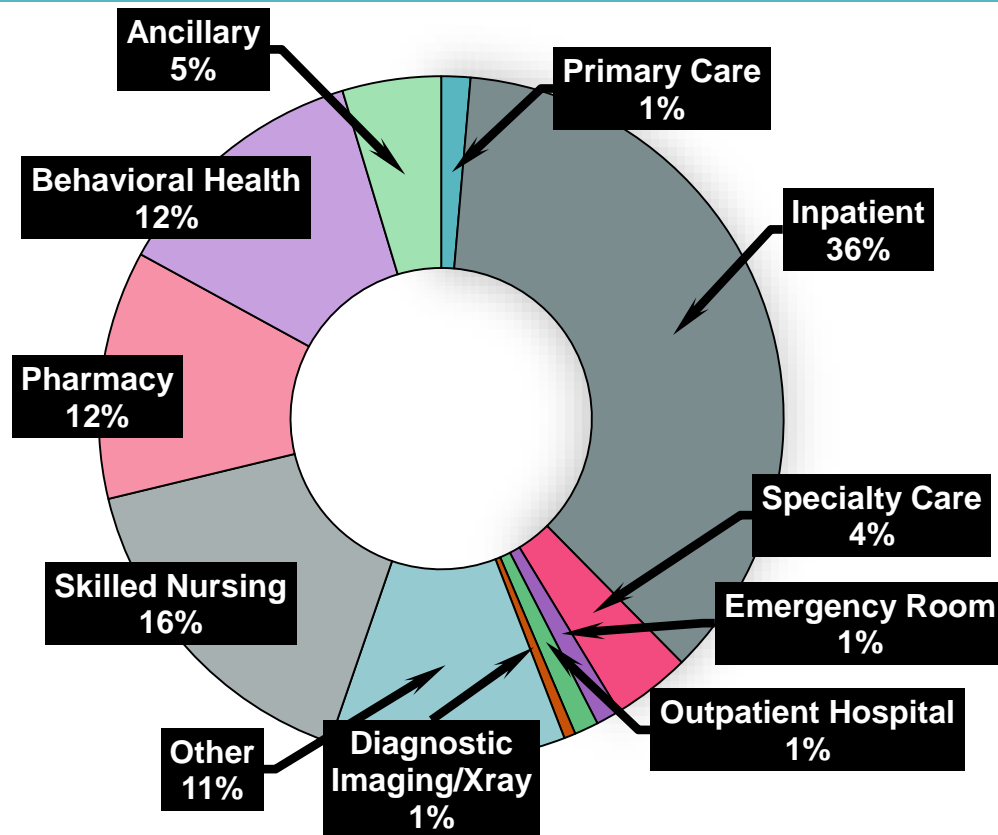


Cost of Treatment¹⁴

From April 2018 to March 2019 a total of \$2,153,003,489 was spent on behavioral and physical health care for Medicaid clients with behavioral health diagnoses. These costs were categorized into acute care costs and preventive care costs. Acute care costs include claims for inpatient hospitalizations, specialty care visits, emergency room visits, outpatient hospital visits, and diagnostic imaging and x-rays. Preventive care costs include skilled nursing care, pharmacy costs, outpatient behavioral health care, ancillary medical costs, primary care, and other miscellaneous costs. Appendix Figure 37 and Appendix Figure 38 document how claims were categorized. From April 2018 to March 2019, 36.6% of costs (\$787,710,231) were categorized as acute care costs, and 11.6% (\$227,997,228) were categorized as outpatient behavioral health care.

An average of \$1,012 was spent per month of health care for Medicaid clients with behavioral health diagnoses from April 2018 to March 2019, including \$393 for acute care costs, and \$102 for behavioral health care.

FIGURE 19. TYPES OF COSTS OF ALL MEDICAID CLAIMS FOR CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES, NM, APRIL 2018 TO MARCH 2019

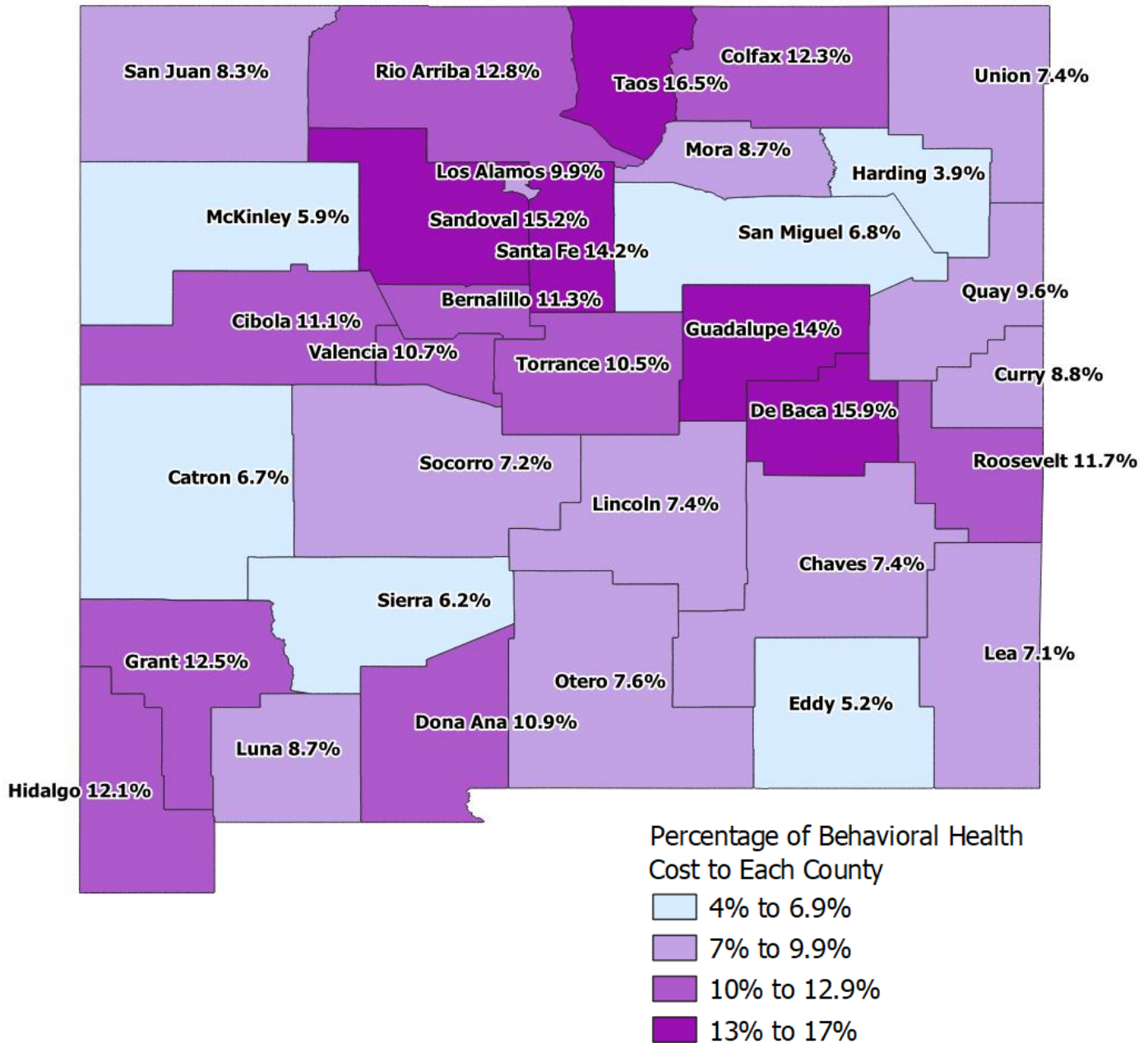


¹⁴ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

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The proportion of Medicaid costs spent on behavioral health care varied by county, from 3.9% in Harding County to 16.5% in Taos County. In general, the northeast quadrant of the state tended to spend a higher proportion of health care expenditures on behavioral health care, while the southeast quadrant tended to spend the least.

FIGURE 20. MAP OF PROPORTION OF MEDICAID EXPENDITURES TOWARDS BEHAVIORAL HEALTH CARE FOR CLIENTS WITH BEHAVIORAL HEALTH DIAGNOSES BY COUNTY, NM, APRIL 2018 TO MARCH 2019



Appendices

APPENDIX FIGURE 21. BRAIN INJURY DIAGNOSES BY CATEGORY¹⁵

Cerebrovascular Disease	Traumatic Brain Injury
Non-traumatic subarachnoid hemorrhage	Fracture of the vault or base of the skull
Non-traumatic intracerebral hemorrhage	Other and unqualified or multiple fractures of the skull
Other and unspecified non-traumatic intracranial hemorrhage	Concussion
Cerebral infarction	Intracranial injury, including contusion, laceration, and hemorrhage
Occlusion and stenosis of pre-cerebral arteries, not resulting in cerebral infarction	Injury to the optic chiasm, optic pathways, or visual cortex
Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction	Head injury, unspecified
Other cerebrovascular diseases	Shaken infant syndrome
Cerebrovascular disorders in diseases classified elsewhere	
Sequelae of cerebrovascular disease	

¹⁵ ICD-9-CM Official Guidelines for Coding and Reporting Effective October 1, 2011.

Thomas KE, Johnson RL. State injury indicators report: Instructions for Preparing 2014 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2016.

APPENDIX FIGURE 22. RATE OF HOSPITALIZATION FOR CEREBROVASCULAR DISEASE AND TRAUMATIC BRAIN INJURY BY COUNTY, NM, 2014¹⁶

County	Cerebrovascular Disease		Traumatic Brain Injury	
	Hospitalizations	Rate (per 10,000, age-adjusted)	Hospitalizations	Rate (per 10,000, age-adjusted)
New Mexico	3,427	14.2	924	4.2
Bernalillo	1,189	16.0	377	5.3
Catron	0	0.0	*	*
Chaves	111	15.0	11	1.6
Cibola	49	15.9	19	7.0
Colfax	14	5.8	7	5.4
Curry	30	6.2	1	0.2
De Baca	*	*	0	0.0
Dona Ana	317	13.8	23	1.0
Eddy	81	12.6	5	0.8
Grant	39	7.8	2	0.4
Guadalupe	5	7.8	*	*
Harding	0	0.0	*	*
Hidalgo	4	6.4	0	0.0
Lea	69	11.8	0	0.0
Lincoln	59	17.2	5	2.1
Los Alamos	31	13.8	8	4.0
Luna	59	16.9	2	0.7
McKinley	63	10.0	62	9.1
Mora	15	20.3	6	9.5
Otero	93	11.8	4	0.6
Quay	8	5.8	1	1.6
Rio Arriba	63	13.2	24	5.3
Roosevelt	11	5.7	2	1.0
Sandoval	260	17.0	66	4.6
San Juan	204	15.4	112	8.8
San Miguel	54	14.8	21	6.7
Santa Fe	281	14.0	74	4.4
Sierra	33	11.8	5	4.5
Socorro	37	17.6	11	6.7
Taos	58	12.1	30	7.8
Torrance	35	17.3	2	1.3
Union	9	14.9	*	*
Valencia	143	16.9	37	4.2

*Estimates not available due to small numbers.

¹⁶ Source: New Mexico Department of Health, Indicator-Based Information System for Public Health Web site: <http://ibis.health.state.nm.us>.

Dataset: New Mexico Hospital Inpatient Discharge Data, New Mexico Health Policy Commission, 2007-2014.

APPENDIX FIGURE 23. HEALTH INSURANCE COVERAGE AMONG THOSE UNDER 65 YEARS BY COUNTY, NM, 2017¹⁷

County	Insured (%)	Population Insured
New Mexico	89.0%	1,510,853
Bernalillo	90.3%	506,702
Catron	90.0%	1,916
Chaves	88.2%	46,778
Cibola	87.4%	17,631
Colfax	90.9%	7,895
Curry	90.4%	38,116
De Baca	86.7%	1,144
Dona Ana	88.5%	156,536
Eddy	91.2%	44,162
Grant	92.3%	18,312
Guadalupe	91.7%	2,746
Harding	90.8%	415
Hidalgo	90.0%	2,972
Lea	88.0%	52,091
Lincoln	87.2%	12,005
Los Alamos	97.0%	15,066
Luna	87.1%	15,975
McKinley	82.6%	52,157
Mora	90.0%	2,948
Otero	89.3%	46,892
Quay	90.8%	5,572
Rio Arriba	88.5%	27,855
Roosevelt	86.5%	13,076
Sandoval	90.3%	106,546
San Juan	86.0%	92,660
San Miguel	91.1%	18,954
Santa Fe	86.7%	97,255
Sierra	90.2%	6,339
Socorro	87.7%	11,489
Taos	87.4%	21,227
Torrance	89.6%	10,480
Union	88.7%	2,399
Valencia	89.1%	54,542

¹⁷ Source: U.S. Census Bureau. (2019). Query Results for Small Area Health Insurance Estimates 2017. Retrieved September 19, 2019, from www.census.gov. Dataset: Small Area Health Insurance Estimates, 2017.

APPENDIX FIGURE 24. BEHAVIORAL HEALTH DIAGNOSES BY CATEGORY¹⁸

Serious Mental Illness / Severe Emotional Disturbance	Substance Use Disorder
Neurodevelopmental Disorders	Unspecified Cannabis Abuse Disorder
Schizophrenia Spectrum and other Psychotic Disorders	Alcohol Use Disorder – Moderate, Severe
Bipolar and Related Disorders	Opioid-Related Disorders – Moderate, Severe
Anxiety Disorders	Stimulant-Related Disorder - Cocaine
Obsessive-Compulsive Related Disorders	Cannabis- Related Disorder - Moderate, Severe
Trauma-and Stressor Related Disorders	Stimulant-Related Disorder – Other or unspecified stimulant
Dissociative Disorders	Stimulant-Related Disorder – Amphetamine-type substance
Somatic Symptom and Related Disorders	Hallucinogen-Related Disorder- Other Hallucinogen Use Disorder - Moderate , Severe
Feeding and Eating Disorders	Hallucinogen-Related Disorder – Phencyclidine Use Disorder – Moderate, Severe
Disruptive, Impulse Control and Conduct Disorders	Other (or Unknown) Substance-Related and Addictive Disorders - Moderate, Severe
Cyclothymic Disorder	
Persistent Depressive Disorder	
Personality Disorders [For which there is an evidence based clinical intervention available] for SMI	

¹⁸ SMI Criteria 8_19_2015 approved by the Collaborative document, SED criteria 8_19_2015 approved by the Collaborative Document, and Desk Reference to the Diagnostic Criteria from DSM-5.

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APPENDIX FIGURE 25. BEHAVIORAL HEALTH DIAGNOSES AMONG MEDICAID CLIENTS BY COUNTY, NM, APRIL 2018 TO MARCH 2019¹⁹

County	Clients	Mental Disorder Only	Substance Use Disorder Only	Mental and Substance Use Disorder
New Mexico	190,835	150,298 (78.8%)	14,528 (7.6%)	26,009 (13.6%)
Bernalillo	58,077	44,756 (77.1%)	5,082 (8.8%)	8,239 (14.2%)
Catron	125	104 (83.2%)	10 (8%)	11 (8.8%)
Chaves	6,649	5,835 (87.8%)	211 (3.2%)	603 (9.1%)
Cibola	2,310	1,792 (77.6%)	220 (9.5%)	298 (12.9%)
Colfax	1,357	1,049 (77.3%)	80 (5.9%)	228 (16.8%)
Curry	4,085	3,306 (80.9%)	116 (2.8%)	663 (16.2%)
De Baca	254	232 (91.3%)	3 (1.2%)	19 (7.5%)
Dona Ana	23,166	20,101 (86.8%)	920 (4%)	2,145 (9.3%)
Eddy	4,270	3,554 (83.2%)	242 (5.7%)	474 (11.1%)
Grant	2,750	2,287 (83.2%)	162 (5.9%)	301 (10.9%)
Guadalupe	542	463 (85.4%)	18 (3.3%)	61 (11.3%)
Harding	25	22 (88%)	0 (0%)	3 (12%)
Hidalgo	409	342 (83.6%)	26 (6.4%)	41 (10%)
Lea	4,970	4,247 (85.5%)	161 (3.2%)	562 (11.3%)
Lincoln	1,607	1,336 (83.1%)	87 (5.4%)	184 (11.4%)
Los Alamos	248	195 (78.6%)	10 (4%)	43 (17.3%)
Luna	2,649	2,268 (85.6%)	106 (4%)	275 (10.4%)
McKinley	5,894	4,376 (74.2%)	723 (12.3%)	795 (13.5%)
Mora	423	333 (78.7%)	30 (7.1%)	60 (14.2%)
Otero	5,171	4,199 (81.2%)	265 (5.1%)	707 (13.7%)
Quay	1,131	964 (85.2%)	24 (2.1%)	143 (12.6%)
Rio Arriba	5,724	3,557 (62.1%)	813 (14.2%)	1,354 (23.7%)
Roosevelt	1,377	1,173 (85.2%)	36 (2.6%)	168 (12.2%)
Sandoval	9,838	7,939 (80.7%)	747 (7.6%)	1,152 (11.7%)
San Juan	10,864	8,504 (78.3%)	1,011 (9.3%)	1,349 (12.4%)
San Miguel	3,707	2,939 (79.3%)	236 (6.4%)	532 (14.4%)
Santa Fe	15,474	10,478 (67.7%)	1,815 (11.7%)	3,181 (20.6%)
Sierra	1,709	1,425 (83.4%)	81 (4.7%)	203 (11.9%)
Socorro	1,970	1,425 (72.3%)	185 (9.4%)	360 (18.3%)
Taos	3,879	2,996 (77.2%)	302 (7.8%)	581 (15%)
Torrance	2,301	1,830 (79.5%)	161 (7%)	310 (13.5%)
Union	156	141 (90.4%)	6 (3.8%)	9 (5.8%)
Unknown	296	240 (81.1%)	23 (7.8%)	33 (11.1%)
Valencia	7,428	5,890 (79.3%)	616 (8.3%)	922 (12.4%)

¹⁹ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

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APPENDIX FIGURE 26. RACE OF MEDICAID CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES BY COUNTY, NM, APRIL 2018 TO MARCH 2019²⁰

County	Caucasian	American Indian	Unknown	Black	Asian	Other	Multiracial
New Mexico	106,525 (55.8%)	26,843 (14.1%)	2,441 (1.3%)	3,182 (1.7%)	1,182 (.6%)	754 (.4%)	49,908 (26.2%)
Bernalillo	35,600 (61.3%)	5,942 (10.2%)	869 (1.5%)	1,521 (2.6%)	623 (1.1%)	290 (.5%)	13,232 (22.8%)
Catron	27 (21.6%)	20 (16%)	0 (0%)	0 (0%)	0 (0%)	1 (.8%)	77 (61.6%)
Chaves	4,837 (72.7%)	366 (5.5%)	51 (.8%)	111 (1.7%)	28 (.4%)	19 (.3%)	1,237 (18.6%)
Cibola	929 (40.2%)	1,075 (46.5%)	10 (.4%)	22 (1%)	4 (.2%)	5 (.2%)	265 (11.5%)
Colfax	374 (27.6%)	100 (7.4%)	14 (1%)	5 (.4%)	4 (.3%)	2 (.1%)	858 (63.2%)
Curry	2,609 (63.9%)	207 (5.1%)	88 (2.2%)	239 (5.9%)	123 (3%)	10 (.2%)	809 (19.8%)
De Baca	47 (18.5%)	16 (6.3%)	4 (1.6%)	0 (0%)	0 (0%)	0 (0%)	187 (73.6%)
Dona Ana	5,731 (24.7%)	1,013 (4.4%)	128 (.6%)	101 (.4%)	30 (.1%)	34 (.1%)	16,129 (69.6%)
Eddy	3,234 (75.7%)	293 (6.9%)	41 (1%)	47 (1.1%)	10 (.2%)	15 (.4%)	630 (14.8%)
Grant	2,095 (76.2%)	131 (4.8%)	24 (.9%)	18 (.7%)	8 (.3%)	3 (.1%)	471 (17.1%)
Guadalupe	164 (30.3%)	38 (7%)	3 (.6%)	2 (.4%)	1 (.2%)	1 (.2%)	333 (61.4%)
Harding	7 (28%)	2 (8%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	16 (64%)
Hidalgo	96 (23.5%)	14 (3.4%)	1 (.2%)	1 (.2%)	0 (0%)	0 (0%)	297 (72.6%)
Lea	3,652 (73.5%)	209 (4.2%)	85 (1.7%)	237 (4.8%)	15 (.3%)	27 (.5%)	745 (15%)
Lincoln	440 (27.4%)	138 (8.6%)	8 (.5%)	1 (.1%)	0 (0%)	1 (.1%)	1,019 (63.4%)
Los Alamos	89 (35.9%)	24 (9.7%)	1 (.4%)	0 (0%)	1 (.4%)	3 (1.2%)	130 (52.4%)
Luna	1,951 (73.7%)	135 (5.1%)	33 (1.2%)	32 (1.2%)	8 (.3%)	6 (.2%)	484 (18.3%)
McKinley	740 (12.6%)	4,770 (80.9%)	25 (.4%)	24 (.4%)	18 (.3%)	16 (.3%)	301 (5.1%)
Mora	139 (32.9%)	29 (6.9%)	3 (.7%)	0 (0%)	2 (.5%)	0 (0%)	250 (59.1%)
Otero	3,368 (65.1%)	715 (13.8%)	59 (1.1%)	168 (3.2%)	27 (.5%)	14 (.3%)	820 (15.9%)
Quay	260 (23%)	78 (6.9%)	5 (.4%)	14 (1.2%)	4 (.4%)	0 (0%)	770 (68.1%)
Rio Arriba	3,781 (66.1%)	861 (15%)	87 (1.5%)	17 (.3%)	11 (.2%)	70 (1.2%)	897 (15.7%)
Roosevelt	379 (27.5%)	92 (6.7%)	16 (1.2%)	6 (.4%)	4 (.3%)	0 (0%)	880 (63.9%)
Sandoval	5,585 (56.8%)	2,043 (20.8%)	178 (1.8%)	127 (1.3%)	63 (.6%)	34 (.3%)	1,808 (18.4%)
San Juan	4,741 (43.6%)	4,895 (45.1%)	83 (.8%)	80 (.7%)	25 (.2%)	23 (.2%)	1,017 (9.4%)
San Miguel	2,663 (71.8%)	230 (6.2%)	85 (2.3%)	30 (.8%)	11 (.3%)	21 (.6%)	667 (18%)
Santa Fe	10,742 (69.4%)	1,700 (11%)	309 (2%)	254 (1.6%)	76 (.5%)	90 (.6%)	2,303 (14.9%)
Sierra	1,272 (74.4%)	94 (5.5%)	13 (.8%)	9 (.5%)	2 (.1%)	6 (.4%)	313 (18.3%)
Socorro	1,225 (62.2%)	369 (18.7%)	20 (1%)	14 (.7%)	5 (.3%)	11 (.6%)	326 (16.5%)
Taos	2,676 (69%)	489 (12.6%)	66 (1.7%)	11 (.3%)	13 (.3%)	21 (.5%)	603 (15.5%)
Torrance	1,596 (69.4%)	167 (7.3%)	27 (1.2%)	20 (.9%)	8 (.3%)	6 (.3%)	477 (20.7%)
Union	50 (32.1%)	15 (9.6%)	1 (.6%)	0 (%)	0 (%)	0 (%)	90 (57.7%)
Unknown	159 (53.7%)	46 (15.5%)	5 (1.7%)	13 (4.4%)	1 (.3%)	1 (.3%)	71 (24%)
Valencia	5,267 (70.9%)	527 (7.1%)	99 (1.3%)	58 (.8%)	57 (.8%)	24 (.3%)	1,396 (18.8%)

²⁰ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

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APPENDIX FIGURE 27. AGE OF MEDICAID CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES BY COUNTY, NM, APRIL 2018 TO MARCH 2019²¹

County	Clients	<18 years	18-65 years	>65 years
New Mexico	190,835	52,869 (27.7%)	128,568 (67.4%)	9,397 (4.9%)
Bernalillo	58,077	15,644 (26.9%)	39,760 (68.5%)	2,673 (4.6%)
Catron	125	20 (16%)	93 (74.4%)	12 (9.6%)
Chaves	6,649	1,826 (27.5%)	4,380 (65.9%)	443 (6.7%)
Cibola	2,310	623 (27%)	1,570 (68%)	117 (5.1%)
Colfax	1,357	328 (24.2%)	935 (68.9%)	94 (6.9%)
Curry	4,085	1,165 (28.5%)	2,673 (65.4%)	247 (6%)
De Baca	254	130 (51.2%)	113 (44.5%)	11 (4.3%)
Dona Ana	23,166	7,823 (33.8%)	14,286 (61.7%)	1,057 (4.6%)
Eddy	4,270	1,118 (26.2%)	2,882 (67.5%)	270 (6.3%)
Grant	2,750	763 (27.7%)	1,824 (66.3%)	163 (5.9%)
Guadalupe	542	136 (25.1%)	364 (67.2%)	42 (7.7%)
Harding	25	4 (16%)	17 (68%)	4 (16%)
Hidalgo	409	113 (27.6%)	270 (66%)	26 (6.4%)
Lea	4,970	1,527 (30.7%)	3,135 (63.1%)	308 (6.2%)
Lincoln	1,607	426 (26.5%)	1,099 (68.4%)	82 (5.1%)
Los Alamos	248	56 (22.6%)	171 (69%)	21 (8.5%)
Luna	2,649	819 (30.9%)	1,632 (61.6%)	198 (7.5%)
McKinley	5,894	1,607 (27.3%)	3,928 (66.6%)	359 (6.1%)
Mora	423	91 (21.5%)	298 (70.4%)	34 (8%)
Otero	5,171	1,531 (29.6%)	3,429 (66.3%)	211 (4.1%)
Quay	1,131	292 (25.8%)	782 (69.1%)	57 (5%)
Rio Arriba	5,724	1,279 (22.3%)	4,174 (72.9%)	271 (4.7%)
Roosevelt	1,377	414 (30.1%)	870 (63.2%)	93 (6.8%)
Sandoval	9,838	3,217 (32.7%)	6,289 (63.9%)	332 (3.4%)
San Juan	10,864	3,119 (28.7%)	7,187 (66.2%)	558 (5.1%)
San Miguel	3,707	793 (21.4%)	2,634 (71.1%)	280 (7.6%)
Santa Fe	15,474	3,418 (22.1%)	11,508 (74.4%)	548 (3.5%)
Sierra	1,709	465 (27.2%)	1,121 (65.6%)	123 (7.2%)
Socorro	1,970	383 (19.4%)	1,450 (73.6%)	137 (7%)
Taos	3,879	1,009 (26%)	2,630 (67.8%)	240 (6.2%)
Torrance	2,301	567 (24.6%)	1,651 (71.8%)	83 (3.6%)
Union	156	69 (44.2%)	69 (44.2%)	18 (11.5%)
Unknown	296	84 (28.5%)	197 (66.8%)	14 (4.7%)
Valencia	7,428	2,010 (27.1%)	5,147 (69.3%)	271 (3.6%)

²¹ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

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APPENDIX FIGURE 28. SEX OF MEDICAID CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES BY COUNTY, NM, APRIL 2018 TO MARCH 2019²²

County	Clients	Female	Male
New Mexico	190,835	108,906 (57.1%)	81,926 (42.9%)
Bernalillo	58,077	33,349 (57.4%)	24,727 (42.6%)
Catron	125	66 (52.8%)	59 (47.2%)
Chaves	6,649	3,983 (59.9%)	2,666 (40.1%)
Cibola	2,310	1,305 (56.5%)	1,005 (43.5%)
Colfax	1,357	779 (57.4%)	578 (42.6%)
Curry	4,085	2,455 (60.1%)	1,630 (39.9%)
De Baca	254	138 (54.3%)	116 (45.7%)
Dona Ana	23,166	13,389 (57.8%)	9,777 (42.2%)
Eddy	4,270	2,649 (62%)	1,621 (38%)
Grant	2,750	1,591 (57.9%)	1,159 (42.1%)
Guadalupe	542	315 (58.1%)	227 (41.9%)
Harding	25	15 (60%)	10 (40%)
Hidalgo	409	236 (57.7%)	173 (42.3%)
Lea	4,970	3,096 (62.3%)	1,874 (37.7%)
Lincoln	1,607	936 (58.2%)	671 (41.8%)
Los Alamos	248	137 (55.2%)	111 (44.8%)
Luna	2,649	1,593 (60.1%)	1,056 (39.9%)
McKinley	5,894	3,148 (53.4%)	2,746 (46.6%)
Mora	423	226 (53.4%)	197 (46.6%)
Otero	5,171	2,988 (57.8%)	2,183 (42.2%)
Quay	1,131	664 (58.7%)	467 (41.3%)
Rio Arriba	5,724	3,053 (53.3%)	2,671 (46.7%)
Roosevelt	1,377	826 (60%)	551 (40%)
Sandoval	9,838	5,717 (58.1%)	4,120 (41.9%)
San Juan	10,864	6,209 (57.2%)	4,655 (42.8%)
San Miguel	3,707	2,003 (54%)	1,704 (46%)
Santa Fe	15,474	7,782 (50.3%)	7,692 (49.7%)
Sierra	1,709	998 (58.4%)	711 (41.6%)
Socorro	1,970	1,103 (56%)	867 (44%)
Taos	3,879	2,176 (56.1%)	1,703 (43.9%)
Torrance	2,301	1,384 (60.1%)	917 (39.9%)
Union	156	90 (57.7%)	66 (42.3%)
Unknown	296	138 (46.8%)	157 (53.2%)
Valencia	7,428	4,369 (58.8%)	3,059 (41.2%)

²² Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

APPENDIX FIGURE 29. DIAGNOSES AMONG MEDICAID CLIENTS WITH MENTAL HEALTH DISORDERS BY AGE, NM, APRIL 2018 TO MARCH 2019²³

Diagnosis	All Clients (%)	<18 years (%)	18-65 years (%)	>65 years (%)
Total	176,307 (100%)	52,005 (100%)	115,268 (100%)	9,034 (100%)
Depressive Disorders	85,105 (48.3%)	15,866 (30.5%)	63,165 (54.8%)	6,074 (67.2%)
Anxiety Disorders	84,520 (47.9%)	16,411 (31.6%)	63,980 (55.5%)	4,129 (45.7%)
Trauma- and Stressor-Related Disorders	64,653 (36.7%)	23,301 (44.8%)	40,269 (34.9%)	1,082 (12%)
Neurodevelopmental Disorder	21,809 (12.4%)	15,853 (30.5%)	5,832 (5.1%)	124 (1.4%)
Bipolar and Related Disorders	18,172 (10.3%)	2,051 (3.9%)	15,586 (13.5%)	535 (5.9%)
Schizophrenia Spectrum and other Psychotic Disorders	11,766 (6.7%)	1,309 (2.5%)	9,578 (8.3%)	879 (9.7%)
Disruptive, Impulse Control, and Conduct Disorders	11,088 (6.3%)	8,067 (15.5%)	2,806 (2.4%)	215 (2.4%)
Persistent Depressive Disorder	8,311 (4.7%)	1,846 (3.5%)	5,968 (5.2%)	497 (5.5%)
Obsessive-Compulsive Related Disorders	3,233 (1.8%)	675 (1.3%)	2,326 (2%)	232 (2.6%)
Personality Disorders	1,987 (1.1%)	246 (.5%)	1,701 (1.5%)	40 (.4%)
Feeding and Eating Disorders	1,693 (1%)	670 (1.3%)	999 (.9%)	24 (.3%)
Somatic Symptom and Related Disorders	1,564 (.9%)	323 (.6%)	1,165 (1%)	76 (.8%)
Dissociative Disorders	628 (.4%)	123 (.2%)	461 (.4%)	44 (.5%)
Cyclothymic Disorder	335 (.2%)	106 (.2%)	224 (.2%)	5 (.1%)

²³ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

APPENDIX FIGURE 30. DIAGNOSES AMONG MEDICAID CLIENTS WITH SUBSTANCE USE DISORDERS BY AGE, NM, APRIL 2018 TO MARCH 2019²⁴

Diagnosis	All Clients (%)	<18 years (%)	18-65 years (%)	>65 years (%)
Total	40,537 (100%)	2,757 (100%)	36,986 (100%)	794 (100%)
Opioid Use Disorder	21,101 (52.1%)	957 (34.7%)	19,605 (53%)	539 (67.9%)
Alcohol Use Disorder	14,718 (36.3%)	578 (21%)	13,914 (37.6%)	226 (28.5%)
Amphetamine Use Disorder	7,241 (17.9%)	320 (11.6%)	6,910 (18.7%)	11 (1.4%)
Other Stimulant (besides Cocaine) Use Disorder	7,241 (17.9%)	320 (11.6%)	6,910 (18.7%)	11 (1.4%)
Cannabis Use Disorder	5,308 (13.1%)	1,400 (50.8%)	3,884 (10.5%)	24 (3%)
Other Substance Use Disorder	1,951 (4.8%)	149 (5.4%)	1,777 (4.8%)	25 (3.1%)
Cocaine Use Disorder	1,262 (3.1%)	101 (3.7%)	1,155 (3.1%)	6 (.8%)
Hallucinogen Use Disorder	73 (.2%)	40 (1.5%)	33 (.1%)	0 (0%)

²⁴ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

APPENDIX FIGURE 31. DIAGNOSES INCLUDED IN THE MODIFIED ELIXHAUSER INDEX²⁵

Diagnoses Included in the Modified Elixhauser Index
Congestive Heart Failure
Cardiac Arrhythmia
Vascular Disease
Pulmonary Circulation Disorders
Peripheral Vascular Disorders
Hypertension without Complications
Hypertension with Complications
Paralysis
Other Neurological Disorders
Chronic Pulmonary Disease
Diabetes without Complications
Diabetes with Complications
Hypothyroidism
Renal Failure
Liver Disease
Peptic Ulcer Disease excluding Bleeding
HIV/AIDS
Lymphoma
Metastatic Cancer
Solid Tumor without Metastasis
Rheumatoid Arthritis/Collagen
Coagulopathy
Obesity
Weight Loss
Fluid and Electrolyte Disorders
Blood Loss Anemia
Deficiency Anemia

²⁵ Elixhauser A, Steiner C, Harris DR, Coffey RM. Comorbidity measures for use with administrative data. *Med Care* 1998;36:8-27. Manitoba Centre for Health Policy. Concept: Elixhauser Comorbidity Index - Measuring Prevalence. <http://mchp-appserv.cpe.umanitoba.ca/viewConcept.php?conceptID=1305>. Last Updated: 2017-03-07. Accessed September 19, 2019.

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APPENDIX FIGURE 32. CHRONIC PHYSICAL CONDITIONS AMONG MEDICAID CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES BY COUNTY, NM, APRIL 2018 TO MARCH 2019²⁶

County	Clients	No Chronic Physical Conditions (%)	One Chronic Physical Condition (%)	2+ Chronic Physical Conditions (%)
New Mexico	190,835	84,697 (44.4%)	40,604 (21.3%)	65,534 (34.3%)
Bernalillo	58,077	26,509 (45.6%)	12,407 (21.4%)	19,161 (33%)
Catron	125	51 (40.8%)	25 (20%)	49 (39.2%)
Chaves	6,649	2,558 (38.5%)	1,331 (20%)	2,760 (41.5%)
Cibola	2,310	968 (41.9%)	506 (21.9%)	836 (36.2%)
Colfax	1,357	532 (39.2%)	284 (20.9%)	541 (39.9%)
Curry	4,085	1,435 (35.1%)	862 (21.1%)	1,788 (43.8%)
De Baca	254	129 (50.8%)	56 (22%)	69 (27.2%)
Dona Ana	23,166	10,228 (44.2%)	4,828 (20.8%)	8,110 (35%)
Eddy	4,270	1,705 (39.9%)	929 (21.8%)	1,636 (38.3%)
Grant	2,750	1,189 (43.2%)	652 (23.7%)	909 (33.1%)
Guadalupe	542	241 (44.5%)	119 (22%)	182 (33.6%)
Harding	25	4 (16%)	8 (32%)	13 (52%)
Hidalgo	409	169 (41.3%)	82 (20%)	158 (38.6%)
Lea	4,970	2,103 (42.3%)	1,060 (21.3%)	1,807 (36.4%)
Lincoln	1,607	734 (45.7%)	340 (21.2%)	533 (33.2%)
Los Alamos	248	103 (41.5%)	57 (23%)	88 (35.5%)
Luna	2,649	1,081 (40.8%)	522 (19.7%)	1,046 (39.5%)
McKinley	5,894	2,366 (40.1%)	1,229 (20.9%)	2,299 (39%)
Mora	423	182 (43%)	100 (23.6%)	141 (33.3%)
Otero	5,171	2,368 (45.8%)	1,024 (19.8%)	1,779 (34.4%)
Quay	1,131	474 (41.9%)	243 (21.5%)	414 (36.6%)
Rio Arriba	5,724	2,360 (41.2%)	1,326 (23.2%)	2,038 (35.6%)
Roosevelt	1,377	554 (40.2%)	271 (19.7%)	552 (40.1%)
Sandoval	9,838	4,866 (49.5%)	2,080 (21.1%)	2,892 (29.4%)
San Juan	10,864	4,965 (45.7%)	2,254 (20.7%)	3,645 (33.6%)
San Miguel	3,707	1,432 (38.6%)	805 (21.7%)	1,470 (39.7%)
Santa Fe	15,474	7,510 (48.5%)	3,375 (21.8%)	4,589 (29.7%)
Sierra	1,709	724 (42.4%)	384 (22.5%)	601 (35.2%)
Socorro	1,970	751 (38.1%)	434 (22%)	785 (39.8%)
Taos	3,879	1,903 (49.1%)	823 (21.2%)	1,153 (29.7%)
Torrance	2,301	999 (43.4%)	500 (21.7%)	802 (34.9%)
Union	156	79 (50.6%)	25 (16%)	52 (33.3%)
Unknown	296	182 (61.5%)	62 (20.9%)	52 (17.6%)
Valencia	7,428	3,243 (43.7%)	1,601 (21.6%)	2,584 (34.8%)

²⁶ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

APPENDIX FIGURE 33. CHRONIC PHYSICAL CONDITIONS AMONG MEDICAID CLIENTS BY BEHAVIORAL HEALTH DIAGNOSES, NM, APRIL 2018 TO MARCH 2019²⁷

Condition	All Clients (%)	Mental Disorder Clients (%)	Substance Use Disorder Clients (%)	Co-Morbid Clients (%)
Total	190,835 (100%)	150,298 (100%)	14,528 (100%)	26,009 (100%)
Chronic Pulmonary Disease	33,001 (17.3%)	26,231 (17.5%)	1,462 (10.1%)	5,308 (20.4%)
Obesity	28,113 (14.7%)	23,342 (15.5%)	1,114 (7.7%)	3,657 (14.1%)
Liver Disease	16,039 (8.4%)	8,149 (5.4%)	2,330 (16%)	5,560 (21.4%)
Diabetes with Complications	15,232 (8%)	12,129 (8.1%)	896 (6.2%)	2,207 (8.5%)
Peripheral Vascular Disorders	5,723 (3%)	4,555 (3%)	336 (2.3%)	832 (3.2%)
Congestive Heart Failure	5,781 (3%)	4,347 (2.9%)	417 (2.9%)	1,017 (3.9%)
Renal Failure	6,243 (3.3%)	4,812 (3.2%)	440 (3%)	991 (3.8%)
Hypertension with Complications	6,036 (3.2%)	4,637 (3.1%)	362 (2.5%)	1,037 (4%)
HIV/AIDS	920 (.5%)	596 (.4%)	74 (.5%)	250 (1%)
Lymphoma	465 (.2%)	355 (.2%)	19 (.1%)	91 (.3%)
Metastatic Cancer	945 (.5%)	727 (.5%)	75 (.5%)	143 (.5%)

²⁷ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

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APPENDIX FIGURE 34. MEDICAID CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES BY TYPE OF BEHAVIORAL HEALTH TREATMENT RECEIVED AND COUNTY, NM, APRIL 2018 TO MARCH 2019²⁸

County	Clients	No Treatment	Medication Only	Medication and Visit	Visit Only
New Mexico	190,835	45,537 (23.9%)	33,953 (17.8%)	52,283 (27.4%)	59,062 (30.9%)
Bernalillo	58,077	13,047 (22.5%)	9,522 (16.4%)	16,693 (28.7%)	18,815 (32.4%)
Catron	125	45 (36%)	13 (10.4%)	32 (25.6%)	35 (28%)
Chaves	6,649	1,545 (23.2%)	1,383 (20.8%)	2,113 (31.8%)	1,608 (24.2%)
Cibola	2,310	661 (28.6%)	473 (20.5%)	534 (23.1%)	642 (27.8%)
Colfax	1,357	346 (25.5%)	240 (17.7%)	348 (25.6%)	423 (31.2%)
Curry	4,085	1,070 (26.2%)	758 (18.6%)	1,047 (25.6%)	1,210 (29.6%)
De Baca	254	44 (17.3%)	29 (11.4%)	67 (26.4%)	114 (44.9%)
Dona Ana	23,166	5,132 (22.2%)	3,138 (13.5%)	7,017 (30.3%)	7,879 (34%)
Eddy	4,270	1,186 (27.8%)	1,135 (26.6%)	1,136 (26.6%)	813 (19%)
Grant	2,750	679 (24.7%)	457 (16.6%)	659 (24%)	955 (34.7%)
Guadalupe	542	115 (21.2%)	64 (11.8%)	138 (25.5%)	225 (41.5%)
Harding	25	9 (36%)	4 (16%)	4 (16%)	8 (32%)
Hidalgo	409	97 (23.7%)	64 (15.6%)	110 (26.9%)	138 (33.7%)
Lea	4,970	1,429 (28.8%)	1,847 (37.2%)	875 (17.6%)	819 (16.5%)
Lincoln	1,607	429 (26.7%)	421 (26.2%)	341 (21.2%)	416 (25.9%)
Los Alamos	248	54 (21.8%)	64 (25.8%)	67 (27%)	63 (25.4%)
Luna	2,649	670 (25.3%)	558 (21.1%)	706 (26.7%)	715 (27%)
McKinley	5,894	2,151 (36.5%)	1,042 (17.7%)	1,301 (22.1%)	1,400 (23.8%)
Mora	423	112 (26.5%)	56 (13.2%)	103 (24.3%)	152 (35.9%)
Otero	5,171	1,184 (22.9%)	1,146 (22.2%)	1,513 (29.3%)	1,328 (25.7%)
Quay	1,131	271 (24%)	175 (15.5%)	304 (26.9%)	381 (33.7%)
Rio Arriba	5,724	1,394 (24.4%)	964 (16.8%)	1,532 (26.8%)	1,834 (32%)
Roosevelt	1,377	361 (26.2%)	270 (19.6%)	320 (23.2%)	426 (30.9%)
Sandoval	9,838	2,113 (21.5%)	1,619 (16.5%)	2,750 (28%)	3,356 (34.1%)
San Juan	10,864	3,310 (30.5%)	2,454 (22.6%)	2,287 (21.1%)	2,813 (25.9%)
San Miguel	3,707	898 (24.2%)	561 (15.1%)	998 (26.9%)	1,250 (33.7%)
Santa Fe	15,474	3,097 (20%)	2,232 (14.4%)	4,403 (28.5%)	5,742 (37.1%)
Sierra	1,709	444 (26%)	290 (17%)	465 (27.2%)	510 (29.8%)
Socorro	1,970	497 (25.2%)	363 (18.4%)	606 (30.8%)	504 (25.6%)
Taos	3,879	840 (21.7%)	496 (12.8%)	1,030 (26.6%)	1,513 (39%)
Torrance	2,301	555 (24.1%)	517 (22.5%)	597 (25.9%)	632 (27.5%)
Union	156	43 (27.6%)	24 (15.4%)	36 (23.1%)	53 (34%)
Unknown	296	84 (28.4%)	48 (16.2%)	37 (12.5%)	127 (42.9%)
Valencia	7,428	1,625 (21.9%)	1,526 (20.5%)	2,114 (28.5%)	2,163 (29.1%)

²⁸ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

APPENDIX FIGURE 35. BEHAVIORAL HEALTH MEDICATIONS BY CATEGORY

Anti-anxiety Medications and Antidepressants
Mood Stabilizing Anticonvulsants
Minor Tranquilizers
Adrenergics, Aromatic, Non-Catecholamine, Stimulants, and other Meds for ADHD/ADD
Anti-narcolepsy/Anti-hyperkinesia agents, Stimulants, and other Meds for ADHD/ADD
Narcotic/Alcohol Antagonists
Anti-Mania Medications
Major Tranquilizers and Antipsychotics
Monoamine Oxidase Inhibitors

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APPENDIX FIGURE 36. MEDICATIONS AMONG MEDICAID CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES, NM, APRIL 2018 TO MARCH 2019²⁹

Diagnosis	All Clients (%)	<18 years (%)	18-65 years (%)	>65 years (%)
Total	190,835 (100%)	52,869 (100%)	128,568 (100%)	9,397 (100%)
Anti-anxiety Medications and Antidepressants	71,099 (37.3%)	11,574 (21.9%)	59,391 (46.2%)	134 (1.4%)
Mood Stabilizing Anticonvulsants	32,973 (17.3%)	3,180 (6%)	29,729 (23.1%)	64 (.7%)
Minor Tranquilizers	13,525 (7.1%)	783 (1.5%)	12,728 (9.9%)	14 (.1%)
Adrenergics, Aromatic, Non-Catecholamine, Stimulants, and other Meds for ADHD/ADD	7,327 (3.8%)	4,669 (8.8%)	2,657 (2.1%)	1 (.001%)
Anti-narcolepsy/Anti-hyperkinesia agents, Stimulants, and other Meds for ADHD/ADD	5,833 (3.1%)	5,028 (9.5%)	804 (.6%)	1 (.001%)
Narcotic/Alcohol Antagonists	7,716 (4%)	197 (.4%)	7,515 (5.8%)	4 (.01%)
Anti-Mania Medications	2,149 (1.1%)	339 (.6%)	1,809 (1.4%)	1 (.001%)
Major Tranquilizers and Antipsychotics	382 (.2%)	93 (.2%)	288 (.2%)	1 (.001%)
Monoamine Oxidase Inhibitors	11 (.001%)	0 (0%)	11 (.001%)	0 (0%)

²⁹ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

APPENDIX FIGURE 37. CATEGORIZATION OF MEDICAID CLAIMS, ACUTE CARE

Provider Type	Claim Type Code	Place of Service	Provider Specialty	
Specialty Care				
Prosthetist & Orthotist Speech Therapist Podiatrist Audiologist Chiropractor	Hospice	Birthing Center Hospice ESRD Treatment Facility	General Other Specialized Surgery Allergy Anesthesiology Cardiology Dermatology Gastroenterology Hematology or Oncology Neurology Neurological Surgery OB-GYN Eye, Ear, Nose, Throat Ophthalmology Neonatology Orthopedic Surgery Pathology Peripheral Vascular Disease Plastic Surgery Physical Medicine Rehab Pain Management Proctology Pulmonary Disease Urology Nuclear Medicine Geriatrics Nephrology Hand Surgery Cardiology, Pediatric Public Health Rheumatology Sleep Medicine	
Inpatient Hospital				
General Acute Hospital, Rehabilitation Hospital, Psychiatric	Inpatient	Inpatient Hospital Inpatient Psychiatric Facility		
Outpatient Hospital				
Outpatient Hospital, General Acute Outpatient Hospital, Rehabilitation Outpatient Hospital, Psychiatric Nursing Facility, Private Nursing Facility, State		On Campus Outpatient Hospital Ambulatory Surgical Center		
Emergency Care				
		Urgent Care Facility Emergency Room - Hospital	Emergency Medicine	
Diagnostic Imaging/Xray				
			Radiology	

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APPENDIX FIGURE 38. CATEGORIZATION OF MEDICAID CLAIMS, PREVENTIVE CARE

Provider Type	Claim Type Code	Place of Service	Provider Specialty
Primary Care			
Physician Assistant Clinical Nurse Specialist Optometrist		Homeless Shelter IHS Provider-based Facility Public Health Clinic Rural Health Clinic	General Practice Family Practice Pediatrics Internal Medicine Pediatrics Nurse Practitioner
Behavioral Health			
Methadone Clinic Psychologist Behavioral Health Agency Clinic, MH Center (DOH) LPCC, LMFT, LMSW Psychologist Associate Licensed Alcohol & Drug Abuse Counselor Psychosocial Rehab & Development Nurse Psychiatric Social Worker Counselors & Therapists Core Service Agency		Mobile Unit Psychiatric Facility - Partial Hospitalization Community Mental Health Center Non-residential Substance Abuse Treatment Facility	Psychiatry Psychiatry, Child/Adolescent Autism Evaluation Provider
Skilled Nursing			
	Long Term Care	Group Home Skilled Nursing Facility Residential Substance Abuse Treatment Facility Psychiatric Residential Treatment Center Inpt Rehab Facility	Residential Behavioral Health Services
Ancillary Services			
Lodging, Meals Handivan Medical Supplies	Medical Supply Transportation	Temporary Lodging	
Other			
Renal Dialysis Facility Pharmacist Clinical Nursing, Private Duty Lab, Clinical Home Health Agency Ambulatory Surgery Ambulance Occupational Therapist Rehabilitation Center, Comprehensive Outpatient Physical Therapist	Dental Home Health	Ambulance Immunization Center Comprehensive Outpatient Rehabilitation Facility Independent Laboratory	
Pharmacy			
	Pharmacy	Pharmacy	

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APPENDIX FIGURE 39. PROPORTION OF MEDICAID-REIMBURSED HEALTHCARE SERVICES FOR CLIENTS WITH ACTIVE BEHAVIORAL DIAGNOSES BY TYPE OF CARE, NM, APRIL 2018 TO MARCH 2019³⁰

County	Total Cost	Acute Care Costs (%)	Preventive Care Costs (%)
New Mexico	\$2,069,393,209.65	\$787,710,231.05	\$1,365,293,257.65
Bernalillo	\$690,419,049.10	\$237,954,704.30	\$452,464,344.90
Catron	\$1,337,859.02	\$748,461.58	\$589,397.44
Chaves	\$78,510,250.66	\$30,047,067.30	\$48,463,183.36
Cibola	\$25,354,066.60	\$8,707,010.41	\$16,647,056.19
Colfax	\$12,278,577.82	\$4,320,510.72	\$7,958,067.10
Curry	\$54,191,465.39	\$19,980,123.87	\$34,211,341.52
De Baca	\$2,790,248.26	\$578,452.72	\$2,211,795.54
Dona Ana	\$249,738,744.80	\$96,074,932.85	\$153,663,812.00
Eddy	\$47,121,356.73	\$18,015,636.09	\$29,105,720.64
Grant	\$28,897,740.87	\$8,527,727.25	\$20,370,013.62
Guadalupe	\$4,288,549.72	\$1,238,081.99	\$3,050,467.73
Harding	\$266,936.38	\$138,149.52	\$128,786.86
Hidalgo	\$5,468,073.13	\$1,911,186.20	\$3,556,886.93
Lea	\$47,477,760.41	\$21,886,964.82	\$25,590,795.59
Lincoln	\$15,034,164.94	\$6,999,937.40	\$8,034,227.54
Los Alamos	\$3,162,002.93	\$748,465.62	\$2,413,537.31
Luna	\$26,815,309.81	\$11,265,105.08	\$15,550,204.73
McKinley	\$81,978,634.49	\$31,274,468.11	\$50,704,166.38
Mora	\$4,824,525.30	\$1,227,806.03	\$3,596,719.27
Otero	\$55,234,458.34	\$21,069,443.45	\$34,165,014.89
Quay	\$9,856,351.82	\$3,395,358.51	\$6,460,993.31
Rio Arriba	\$66,608,211.67	\$24,235,685.94	\$42,372,525.73
Roosevelt	\$15,661,950.83	\$5,835,153.60	\$9,826,797.23
Sandoval	\$96,441,546.40	\$33,082,524.27	\$63,359,022.13
San Juan	\$120,623,342.90	\$50,240,102.98	\$70,383,239.95
San Miguel	\$49,974,312.63	\$12,198,953.22	\$37,775,359.41
Santa Fe	\$168,851,703.60	\$69,908,178.61	\$98,943,525.02
Sierra	\$21,278,746.71	\$10,053,421.86	\$11,225,324.85
Socorro	\$28,270,822.60	\$8,442,277.24	\$19,828,545.36
Taos	\$33,558,492.87	\$12,450,533.89	\$21,107,958.98
Torrance	\$19,690,935.39	\$7,022,239.84	\$12,668,695.55
Union	\$1,834,441.85	\$537,556.66	\$1,296,885.19
Unknown	\$1,552,575.68	\$509,874.64	\$1,042,701.04
Valencia	\$83,610,278.84	\$27,084,134.48	\$56,526,144.36

³⁰ Dataset: Medical Assistance Division, New Mexico Human Services Department. 2019 Medicaid Claims Dataset. Analyzed by University of New Mexico Health Sciences Center, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health.

APPENDIX FIGURE 40. TYPES OF COSTS OF ALL MEDICAID-REIMBURSED HEALTHCARE SERVICES FOR CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES, NM, APRIL 2018 TO MARCH 2019

	Cost Type	Cost	Cost (% of Acute or Preventive Care)
Total	Total	\$2,153,003,488.64	100% of Total
Acute	Inpatient	\$667,410,979.79	84.7% of Acute
	Specialty Care	\$68,240,711.96	8.7% of Acute
	Emergency Room	\$21,108,896.89	2.7% of Acute
	Outpatient Hospital	\$20,975,190.66	2.7% of Acute
	Diagnostic Imaging/Xray	\$9,974,451.70	1.3% of Acute
	Total Reducible	\$787,710,231.00	100% of Acute
Preventive	Other	\$516,479,225.27	37.8% of Preventive
	Skilled Nursing	\$293,761,185.69	21.5% of Preventive
	Pharmacy	\$216,042,792.44	15.8% of Preventive
	Behavioral Health	\$227,997,228.38	16.7% of Preventive
	Ancillary	\$85,752,949.32	6.3% of Preventive
	Primary Care	\$25,259,876.54	1.9% of Preventive
	Total Non-reducible	\$1,365,293,257.64	100% of Preventive

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APPENDIX FIGURE 41. SAMHSA DISCRETIONARY FUNDING BY GRANT CENTRALIZATION AND PROGRAM, NM, 2018³¹

County	Grant	Grantee	\$
Bernalillo	SAMHSA Treatment Drug Courts	BERNALILLO COUNTY METROPOLITAN COURT	\$399,974
Bernalillo	A LOT	CITY OF ALBUQUERQUE	\$957,625
Bernalillo	Outreach for Young Adults at Clinical High Risk for Psychosis	COUNTY OF BERNALILLO	\$400,000
Bernalillo	Native Connections	FIRST NATIONS COMMUNITY HEALTHSOURCE, INC.	\$250,000
Bernalillo	Native Connections	FIVE SANDOVAL INDIAN PUEBLOS, INC.	\$250,000
Bernalillo	HIV CBI	ALBUQUERQUE AREA INDIAN HEALTH BOARD	\$282,354
Bernalillo	Strategic Prevention Framework - Partnerships for Success	ALBUQUERQUE AREA INDIAN HEALTH BOARD	\$500,000
Bernalillo	Providers Clinical Support System- Universities	UNIVERSITY OF NEW MEXICO HEALTH SCIS CTR	\$150,000
Bernalillo	COPE Primary Care Integration (ICOPE-PC)	UNIVERSITY OF NEW MEXICO HEALTH SCIS CTR	\$398,778
Bernalillo	Intergenerational Intertribal (I2) Positive Directions for Native Health	ALBUQUERQUE AREA INDIAN HEALTH BOARD	\$200,000
Bernalillo	Bernalillo County Metropolitan Drug Courts Enhancement Project	BERNALILLO COUNTY METROPOLITAN COURT	\$324,724
Bernalillo	New Mexico Second Judicial District Court Drug Court Enhancement Project	SECOND JUDICIAL DISTRICT COURT OF BERNALILLO COUNTY NEW MEXICO	\$325,000
Bernalillo	Families ASAP- SAMHSA Continuations	BRAIN INJURY ASSOCIATION OF NEW MEXICO, INC.	\$94,959
Bernalillo	Addressing Childhood Trauma through Intervention, Outreach, and Networking II	UNIVERSITY OF NEW MEXICO HEALTH SCIS CTR	\$399,999
Bernalillo	New Mexico Tribal Prevention Project	FIRST NATIONS COMMUNITY HEALTHSOURCE, INC.	\$834,543
Bernalillo	Statewide Family Network Program	FAMILIES ASAP	\$94,959
Bernalillo	Tribal Opioid Response Grants	FIVE SANDOVAL INDIAN PUEBLOS, INC.	\$772,946
Cibola	INDIGENOUS - PROJECT LAUNCH	PUEBLO OF ACOMA	\$366,775
Cibola	Native Connections	PUEBLO OF ACOMA	\$250,000
Dona Ana	Strategic Prevention Framework - Partnerships for Success	ST. LUKE'S HEALTH CARE CLINIC, INC.	\$400,000
Dona Ana	Mental Health Awareness Training	NEW MEXICO STATE UNIVERSITY LAS CRUCES	\$115,346
Dona Ana	AOT	COUNTY OF DONA ANA	\$690,832
Grant	Drug-Free Communities (DFC) Support Program	SOUTHWEST CENTER FOR HEALTH INNOVATION	\$125,000
Grant	Pyramid Coalition	NATIONAL CENTER FOR FRONTIER COMMUNITIES	\$125,000
McKinley	Native Connections	ZUNI YOUTH ENRICHMENT PROJECT, THE	\$249,994
McKinley	Navajo Nation Tribal Connections: Youth Substance Abuse and Suicide Prevention	NAVAJO TECHNICAL UNIVERSITY	\$97,383
Otero	Mescalero Native Connections	MESCALERO APACHE TRIBAL COUNCIL	\$185,452
Otero	Mescalero System of Care II	MESCALERO APACHE TRIBAL COUNCIL	\$1,000,000
Otero	Mescalero Apache Tribe Substance Abuse and Suicide Prevention Program	MESCALERO APACHE TRIBAL COUNCIL	\$166,146
Rio Arriba	Native Connections	OHKAY WINGEH	\$236,663

³¹ Source: SAMHSA, *Grant Awards By State, New Mexico (2019)*. <https://www.samhsa.gov/grants-awards-by-state>
Dataset: SAMHSA Grant Awards by State, Fiscal Years 2014-2018.

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Rio Arriba	Tribal Opioid Response Grants	OHKAY WINGEH	\$87,045
Rio Arriba	Circle of Life Circles of Care Grant Program	EIGHT NORTHERN INDIAN PUEBLOS COUNCIL, INC.	\$400,445
Rio Arriba	HEART- Healing Early Adversity through Resilience and Treatment	LAS CUMBRES COMMUNITY SERVICES, INC.	\$400,000
Sandoval	Targeted Capacity Expansion Hispanic/Latino Center of Excellence for Substance Use Disorder Treatment and Recovery Program	NATIONAL LATINO BEHAVIORAL HEALTH ASSOCIATION	\$400,000
Sandoval	Zero Suicide	PUEBLO OF SAN FELIPE	\$400,000
Sandoval	Project AWARE - State Education Agency	PUEBLO OF SAN FELIPE	\$1,351,881
Sandoval	Prevention Technology Transfer Centers Cooperative Agreements	NATIONAL LATINO BEHAVIORAL HEALTH ASSOCIATION	\$500,000
Sandoval	Santo Domingo Native Connections	SANTO DOMINGO TRIBE	\$198,977
Sandoval	Pueblo of San Felipe Youth Suicide Prevention Program	PUEBLO OF SAN FELIPE	\$599,024
San Juan	Assertive Community Treatment	CAPACITY BUILDERS, INC.	\$677,999
San Juan	Dine Ba Hozho Coalition in Shiprock, NM in Navajo Nation	SAN JUAN COUNTY PARTNERSHIP, INC.	\$125,000
San Juan	Revive Prevention Coalition - SAMHSA Continuations	HANDS ACROSS CULTURES CORPORATION	\$125,000
San Juan	MTAC Youth Coalition for Underage Drinking and Young Adult Problem Drinking Prevention	SAN JUAN COUNTY PARTNERSHIP, INC.	\$47,145
San Juan	Navajo Youth Builders Coalition STOP Act Project	CAPACITY BUILDERS, INC.	\$47,145
Santa Fe	PPW	SANTA FE RECOVERY CENTER, INC.	\$523,117
Santa Fe	PIPBHC - Bridges to Wellness	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$2,000,000
Santa Fe	Assertive Community Treatment	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$678,000
Santa Fe	State Opioid Response Grants	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$5,307,273
Santa Fe	SAMHSA Continuations	NEW MEXICO ST DEPT/CHILDREN/YOUTH/FAM	\$888,503
Santa Fe	Nambe Pueblo Healthy Family Services, Suicide and SAP Project	NAMBE PUEBLO GOVERNOR'S OFFICE	\$195,924
Santa Fe	Santa Fe Prevention Alliance - SAMHSA Continuations	SANTA FE MUNICIPAL SCHOOL DISTRICT C	\$125,000
Santa Fe	Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$1,000,000
Santa Fe	Adult Drug Court and Treatment Court	FIRST JUDICIAL DISTRICT COURT	\$63,565
Santa Fe	Adolescent Substance Use Reduction Effort Treatment Implementation (ASURE-TI)	NEW MEXICO ST DEPT/CHILDREN/YOUTH/FAM	\$760,000
Santa Fe	New Mexico Opioid STR	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$4,792,551
Santa Fe	State of New Mexico SPF Rx	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$371,616
Taos	CARA Local Drug Crises Grants	HOLY CROSS HOSPITAL	\$50,000
Taos	Tribal Opioid Response Grants	TAOS, PUEBLO OF	\$85,115
Taos	Taos ALIVE	HOLY CROSS HOSPITAL	\$125,000
Taos	Drug Free Communities	NONVIOLENCE WORKS, INC.	\$125,000
Taos	County Substance Abuse Reduction	HOLY CROSS HOSPITAL	\$75,000
Total			\$33,169,777

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APPENDIX FIGURE 42. SAMHSA NON-DISCRETIONARY FUNDING BY GRANT CENTRALIZATION AND PROGRAM, NM, 2018³²

County	Grant	Grantee	Dollars
Bernalillo	Protection & Advocacy for Individuals with Mental Illness (PAIMI)	DISABILITY RIGHTS NEW MEXICO	\$70,064
Bernalillo	Protection & Advocacy for Individuals with Mental Illness (PAIMI)	DISABILITY RIGHTS NEW MEXICO	\$277,044
Bernalillo	Protection & Advocacy for Individuals with Mental Illness (PAIMI)	DISABILITY RIGHTS NEW MEXICO	\$80,892
San Juan	Protection & Advocacy for Individuals with Mental Illness (PAIMI)	NATIVE AMERICAN DISABILITY LAW CENTER, INC.	\$37,537
San Juan	Protection & Advocacy for Individuals with Mental Illness (PAIMI)	NATIVE AMERICAN DISABILITY LAW CENTER, INC.	\$148,425
San Juan	Protection & Advocacy for Individuals with Mental Illness (PAIMI)	NATIVE AMERICAN DISABILITY LAW CENTER, INC.	\$43,338
Santa Fe	Community Mental Health Services Block Grant	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$931,569
Santa Fe	Community Mental Health Services Block Grant	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$1,552,650
Santa Fe	Community Mental Health Services Block Grant	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$1,031,653
Santa Fe	Community Mental Health Services Block Grant	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$141,000
Santa Fe	Substance Abuse Prevention and Treatment Block Grant	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$7,174,591
Santa Fe	Substance Abuse Prevention and Treatment Block Grant	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$2,391,530
Santa Fe	Substance Abuse Prevention and Treatment Block Grant	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$265,000
Santa Fe	Community Mental Health Services Block Grant	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$610,742
Santa Fe	Projects for Assistance in Transition from Homelessness	NEW MEXICO STATE DEPARTMENT OF HUMAN SERVICES	\$300,000
Total			\$15,056,035

³² Source: SAMHSA, *Grant Awards By State, New Mexico (2019)*.
<https://www.samhsa.gov/grants-awards-by-state>
 Dataset: SAMHSA Grant Awards by State, Fiscal Years 2014-2018.

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APPENDIX FIGURE 43. HRSA FUNDING BY GRANT CENTRALIZATION AND PROGRAM, NM, 2018³³

County	Grant	Grantee	Dollars
Bernalillo	Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene (D88)	UNIVERSITY OF NEW MEXICO	\$565,000
Bernalillo	NSL - Baccalaureate Nursing (E4C)	UNIVERSITY OF NEW MEXICO	\$182,311
Bernalillo	EMSC Demonstration Grants (H3A)	UNIVERSITY OF NEW MEXICO	\$188,404
Bernalillo	Health Center Controlled Networks (H2Q)	NEW MEXICO PRIMARY CARE ASSOCIATION	\$625,000
Bernalillo	Primary Care Training and Enhancement (T0B)	UNIVERSITY OF NEW MEXICO	\$249,998
Bernalillo	Advanced Nursing Education Workforce (T94)	UNIVERSITY OF NEW MEXICO	\$579,361
Bernalillo	Poison Control Stabilization and Enhancement Program (H4B)	UNIVERSITY OF NEW MEXICO	\$120,802
Bernalillo	Radiation Exposure Screening and Education Program (H1G)	UNIVERSITY OF NEW MEXICO	\$242,525
Bernalillo	Health Careers Opportunity Program (D18)	UNIVERSITY OF NEW MEXICO	\$639,840
Bernalillo	Rural Health Care Services Outreach Grant Program (D04)	HCP SYSTEMS, LLC	\$200,000
Bernalillo	Preventive Medicine Residencies (D33)	UNIVERSITY OF NEW MEXICO	\$399,988
Bernalillo	Community Based Dental Partnership Program (H65)	UNIVERSITY OF NEW MEXICO	\$285,682
Bernalillo	Children's Oral Healthcare Access Program (H47)	UNIVERSITY OF NEW MEXICO	\$249,918
Bernalillo	Telehealth Network Grant Program (H2A)	UNIVERSITY OF NEW MEXICO	\$299,999
Bernalillo	EMSC Partnership Grants (H33)	UNIVERSITY OF NEW MEXICO	\$204,289
Bernalillo	Ryan White Title IV Women, Infants, Children, Youth and Affected Family Members AIDS Healthcare (H12)	UNIVERSITY OF NEW MEXICO	\$628,185
Bernalillo	Area Health Education Centers (AHEC) Program (U77)	UNIVERSITY OF NEW MEXICO	\$383,407
Bernalillo	Reaching Practicing MCH Professionals in Underserved Areas Through Education and Training Program (T04)	UNIVERSITY OF NEW MEXICO	\$171,286
Bernalillo	Pediatric Pulmonary Centers (T72)	UNIVERSITY OF NEW MEXICO	\$340,000
Bernalillo	Leadership Education in Neurodevelopmental and Related Disorders Training Program (T73)	UNIVERSITY OF NEW MEXICO	\$633,162
Bernalillo	Ryan White Part C Outpatient EIS Program (H76)	UNIVERSITY OF NEW MEXICO	\$718,561
Bernalillo	Health Center Program (H80)	FIRST CHOICE COMMUNITY HEALTHCARE, INC.	\$7,738,382
Bernalillo	Nurse Faculty Loan Program (E01)	UNIVERSITY OF NEW MEXICO	\$95,536
Bernalillo	Family/Professional Partnership/ CSHCN (U40)	FAMILY VOICES INC.	\$600,000
Bernalillo	Scholarships for Disadvantaged Students (T08)	UNIVERSITY OF NEW MEXICO	\$650,000
Bernalillo	Health Center Program (H80)	ALBUQUERQUE HEALTH CARE FOR THE HOMELESS, INC.	\$3,221,092

³³ Source: HRSA, Data by Geography, HRSA Grants, New Mexico (2019). <https://data.hrsa.gov/hdw/Tools/DataByGeographyResults.aspx?geoTyp=State&geoCd=35>
Dataset: HRSA Grants FY 2013-2018 Awarded Grants.

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Bernalillo	State and Regional Primary Care Associations (U58)	NEW MEXICO PRIMARY CARE ASSOCIATION	\$1,060,809
Bernalillo	Health Center Program (H80)	FIRST NATIONS COMMUNITY HEALTH SOURCE INC	\$3,845,177
Bernalillo	Family Professional Partnership/CSHCN (H84)	PARENTS REACHING OUT TO HELP INCORPORATED	\$96,750
Bernalillo	Family Professional Partnership/CSHCN (H84)	PARENTS REACHING OUT TO HELP INCORPORATED	\$96,750
Colfax	Rural Health Care Services Outreach Grant Program (D04)	MINERS' COLFAX MEDICAL CENTER	\$199,888
Colfax	Black Lung/Coal Miner Clinics Program (H37)	MINERS' COLFAX MEDICAL CENTER	\$715,667
De Baca	Health Center Program (H80)	DEBACA FAMILY PRACTICE CLINIC	\$1,433,677
Dona Ana	Healthy Tomorrows Partnership for Children Program (H17)	CLINICA DE FAMILIA INC, LA	\$50,000
Dona Ana	Behavioral Health Workforce Education and Training Program (M01)	NEW MEXICO STATE UNIVERSITY	\$480,000
Dona Ana	Graduate Psychology Education Programs (D40)	NEW MEXICO STATE UNIVERSITY	\$297,254
Dona Ana	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities (H49)	CLINICA DE FAMILIA INC, LA	\$711,975
Dona Ana	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities (H49)	BEN ARCHER HEALTH CENTER, INC.	\$711,975
Dona Ana	Telehealth Network Grant Program (H2A)	BEN ARCHER HEALTH CENTER, INC.	\$300,000
Dona Ana	Health Center Program (H80)	CLINICA DE FAMILIA INC, LA	\$6,894,150
Dona Ana	Health Center Program (H80)	BEN ARCHER HEALTH CENTER, INC.	\$11,410,552
Dona Ana	Scholarships for Disadvantaged Students (T08)	NEW MEXICO STATE UNIVERSITY	\$309,525
Dona Ana	Health Center Program (H80)	ST. LUKE'S HEALTH CARE CLINIC, INC.	\$1,060,691
Grant	Rural Health Network Development Planning Grant Program (P10)	SOUTHWEST CENTER FOR HEALTH INNOVATION	\$99,344
Hidalgo	Affordable Care Act Teaching Health Center (THC) Graduate Medical Education (GME) Payment Program (T91)	HIDALGO MEDICAL SERVICES	\$984,883
Hidalgo	Health Center Program (H80)	HIDALGO MEDICAL SERVICES	\$3,513,820
McKinley	Rural Health Care Services Outreach Grant Program (D04)	REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES, INC.	\$200,000
Mora	Health Center Program (H80)	MORA VALLEY COMMUNITY HEALTH SERVICES, INC.	\$1,594,707
Rio Arriba	Rural Communities Opioid Response (Planning) (G25)	EL CENTRO FAMILY HEALTH	\$200,000
Rio Arriba	Rural Communities Opioid Response (Planning) (G25)	RIO ARRIBA, COUNTY OF	\$200,000
Rio Arriba	Rural Health Care Services Outreach Grant Program (D04)	EL CENTRO FAMILY HEALTH	\$200,000
Rio Arriba	Health Center Program (H80)	LA CLINICA DEL PUEBLO	\$1,688,808
Rio Arriba	Health Center Program (H80)	EL CENTRO FAMILY HEALTH	\$5,316,303
Rio Arriba	Health Center Program (H80)	LAS CLINICAS DEL NORTE, INCORPORATED	\$3,369,680
Roosevelt	Health Center Program (H80)	LA CASA DE BUENA SALUD INC.	\$3,363,042

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San Miguel	Health Center Program (H80)	PECOS VALLEY MEDICAL CENTER, INC.	\$2,621,358
Sandoval	Health Center Program (H80)	PUEBLO OF JEMEZ	\$1,387,501
Santa Fe	Health Center Controlled Networks (H2Q)	COMMUNITY HEALTH BEST PRACTICES LLC	\$500,000
Santa Fe	Maternal, Infant and Early Childhood Homevisiting Grant Program (X10)	CHILDREN, YOUTH AND FAMILIES, NEW MEXICO DEPARTMENT OF	\$3,742,370
Santa Fe	MCHB State Systems Development Initiative (H18)	HEALTH, NEW MEXICO DEPARTMENT OF	\$91,817
Santa Fe	Maternal and Child Health Services (B04)	HEALTH, NEW MEXICO DEPARTMENT OF	\$4,130,727
Santa Fe	Medicare Rural Hospital Flexibility (H54)	HEALTH, NEW MEXICO DEPARTMENT OF	\$370,314
Santa Fe	Grants to States for Loan Repayment (H56)	HIGHER EDUCATION, NEW MEXICO DEPARTMENT OF	\$300,000
Santa Fe	Universal Newborn Hearing Screening and Intervention (H61)	HEALTH, NEW MEXICO DEPARTMENT OF	\$197,290
Santa Fe	Small Rural Hospital Improvement Program (H3H)	HEALTH, NEW MEXICO DEPARTMENT OF	\$100,556
Santa Fe	State Primary Care Offices (U68)	HEALTH, NEW MEXICO DEPARTMENT OF	\$193,700
Santa Fe	Ryan White Part B HIV Care Grant Program (X07)	HEALTH, NEW MEXICO DEPARTMENT OF	\$4,276,592
Santa Fe	Ryan White Part C Outpatient EIS Program (H76)	SOUTHWEST C. A. R. E. CENTER	\$454,587
Santa Fe	Health Center Program (H80)	PRESBYTERIAN MEDICAL SERVICES, INC.	\$12,670,015
Santa Fe	Health Center Program (H80)	LA FAMILIA MEDICAL CENTER	\$5,230,862
Santa Fe	State Offices of Rural Health (H95)	HEALTH, NEW MEXICO DEPARTMENT OF	\$170,527
Total			\$107,056,371



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