



In 2006, New Mexico's mental health care system received a C. Three years later, its grade has not changed.

In 2005, New Mexico embarked on a five-year effort to restructure its mental health system. Seventeen state agencies involved in financing mental health and substance abuse services were combined into a Behavioral Health Purchasing Collaborative, which then contracted with ValueOptions to provide them. The goals of this sweeping reorganization were to simplify and streamline services, reduce bureaucracy, and facilitate oversight and accountability, while at the same time promoting recovery.

The Collaborative has the potential to become a national model, but so far, it is potential only.

Some progress has been made. For example, 22 programs in the state have provided integrated dual diagnosis treatment for people with co-occurring disorders, and the state is working to promote co-occurring competency with a variety of providers. These efforts extend to the state's drug courts, which historically have not been sympathetic to people with co-occurring disorders. A federal grant has financed expansion of these services, but the grant will soon end. State funding will be necessary to sustain these gains.

Efforts are also underway to expand evidence-based practices such as Assertive Community Treatment (ACT), supported employment, and illness management and recovery.

New Mexico has approximately 30 consumer-run programs, an impressive number for a relatively sparsely populated state. It also is commended for efforts to provide an array of mental health services and supports for veterans of the wars in Iraq and Afghanistan, and their families.

Still, major problems and gaps in services exist. In many parts of the state, particularly rural regions, services are not available at all. Consumer- and family-friendly, comprehensive mental health services and supports exist more in principle than reality.

Good data collection and outcomes measurement are essential for states to identify service gaps and meet consumer needs. Unfortunately, New Mexico lacks that kind of information. The state was unable to provide any information about the number and types of inpatient psychiatric beds in response to the survey for this report. Additionally, New Mexico has no Olmstead plan, stating that "all was done to meet Olmstead requirements." Given statewide gaps in services, the lack of a written Olmstead plan, with measured outcomes, suggests that New Mexico has not done all it can to meet the spirit, if not the actual

Innovations

- Services for co-occurring disorders
- Funding mental health services for returning veterans and their families
- Consumer-run services and peer supports

Urgent Needs

- Close gaps in services, particularly in rural regions
- Culturally competent services and providers
- Develop good data and outcomes measurement
- Provide unrestricted access to psychiatric medications

Consumer and Family Comments

- *"The worst thing about the public mental health system is the lack of funding for community-based services."*
- *"Even though it may not be a perfect outcome, the state is trying to transform our mental health system. They are doing something instead of doing nothing and letting the status quo remain the same."*
- *"There simply are not enough qualified caring providers to treat patients that only have Medicare/Medicaid or no insurance at all."*

requirements, of the U.S. Supreme Court's 1999 Olmstead decision.

New Mexico has stated that services for individuals with mental illnesses who reenter communities after incarceration are a priority but has not modified policies to suspend, rather than terminate, Medicaid benefits while incarcerated. As a result, individuals must reapply for Medicaid benefits upon release, which can lead to long delays in getting needed treatment and services. In addition, the state also restricts access to antipsychotic medications through a preferred drug list under the Medicaid program.

Last, but certainly not least, in a state with such a culturally diverse population, New Mexico is progressing slower on developing culturally competent services than many other states.

Overall, New Mexico is trying to move in the right direction. The Collaborative's leaders are working hard to engage as many consumers and families as possible throughout the state to design a mental health care system that works. But the current system has many holes in it. Lack of funding, major shortages in services, and difficulties in serving people in isolated, rural regions are significant problems. Today, three years into the Collaborative experiment, the jury is still out whether it will lead to real improvements and expansion of services oriented toward recovery.