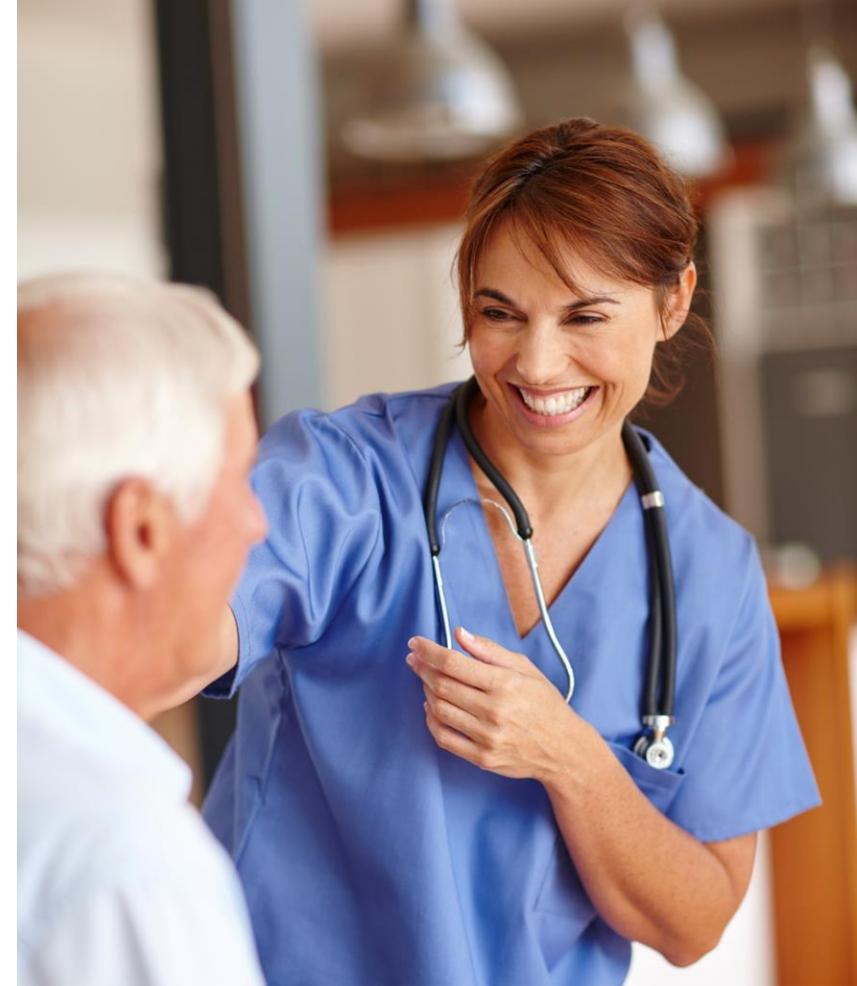




HEALTH CARE  
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## Behavioral Health Reform and Investment Act (SB3) BHSD STRATEGIC OVERSIGHT

KRISTIE BROOKS, DIRECTOR OF BEHAVIORAL HEALTH TRANSFORMATION AND INNOVATION

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# BEFORE WE START ...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the **Great State of New Mexico**.

Learn more: About Taos Pueblo at [Taospueblo.com](https://www.taospueblo.com)



*A cloudy morning looking over Taos Pueblo*

Photo provided by [elpueblolodge.com](https://elpueblolodge.com)



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## MISSION

*We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.*

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## VISION

*Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.*

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## GOALS



**IMPROVE** Leverage purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



**SUPPORT** Build the best team in state government by supporting employees' continuous growth and wellness.



**ADDRESS** Achieve health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



**PROVIDE** Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.



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A U T H O R I T Y

# Health Care Authority (HCA)

- MEDICAL ASSISTANCE DIVISION (MAD)
- BEHAVIORAL HEALTH SERVICE DIVISION (BHSD)

# RESPONSIBLE AGENCIES

- Behavioral Health Executive Committee—**New!**
- Health Care Authority (HCA)
  - **Behavioral Health Services Division (BHSD)** 
  - Medicaid Assistance Division (MAD)
- Administrative Office of the Courts (AOC)
- Legislative Finance Committee (LFC)
- Legislative Health and Human Services Committee (LHHSC)

# BEHAVIORAL HEALTH SERVICE DIVISION (BHSD)

## STRATEGIC PILLARS & GOALS

- ✓ Enhance the Behavioral Health System of Care that includes prevention, crisis, treatment and recovery.
- ✓ Strengthen and expand the Behavioral Health workforce.
- ✓ Reduce administrative obstacles to improve access to care.
- ✓ Improve divisional administrative process to improve staff workflows.

# BEHAVIORAL HEALTH VS. JUSTICE INVOLVED

- According to a 2023 analysis, people with mental illness are more likely to be a victim of violent crime than the perpetrator.<sup>1.</sup>
- The most important and independent risk factor for criminality and violence among individuals with mental illness is a long-term substance use disorder.<sup>2.</sup>
- In patients with a major psychiatric illness, co-morbid substance use disorder, there is a four-fold increase in the risk of committing a crime or violence.<sup>3.</sup>

1. [Psychiatric Illness and Criminality - StatPearls - NCBI Bookshelf](#)

2. Köşger F, Eşsizoğlu A, Sönmez İ, Güleç G, Genek M, Akarsu Ö. [The Relationship between Violence and Clinical Features, Insight and Cognitive Functions in Patients with Schizophrenia]. Turk Psikiyatri Derg. 2016 Summer;27(2):0

3. Kelly TM, Daley DC, Douaihy AB. Treatment of substance abusing patients with comorbid psychiatric disorders. Addict Behav. 2012 Jan;37(1):11-24.

# NEW MEXICO BEHAVIORAL HEALTH

- The Health Care Authority (HCA) is the largest payor of behavioral health care in New Mexico.
- HCA Medicaid is the payor of behavioral health services for the Medicaid eligible population, and HCA BHSD is the payor of behavioral health services for the uninsured individuals and those ineligible for Medicaid.
  - Together, these two HCA Divisions finance more than 90% of behavioral health care expenses in New Mexico.

# Summary of Findings

## Estimated Priority Areas

Priority areas are identified based on facilities and services with the highest projected number of individuals in need who are not currently receiving care. These projections are not definitive answers, but tools to guide planning and prioritization. They help us look beyond those already in care and consider those at risk or underserved.

### Medication Assisted Treatment (MAT)



22,442 individuals received MAT services per Claims data



9,130 is the estimated number of individuals who may need MAT services who are not receiving services (gap)



31,572 is the total number of individuals who may need MAT services and should be the statewide target to ensure adequate services for the community



This represents an estimated 41% growth in individuals who may need and receive MAT services

### Community Mental Health Centers (CMHC)



13,532 individuals received CMHC services per Claims data



12,182 is the estimated number of individuals who may need CMHC services who are not receiving services (gap)



25,714 is the total number of individuals who may need CMHC services and should be the statewide target to ensure adequate services for the community



This represents an estimated 90% growth in individuals who may need and receive CMHC services

### Psychosocial Rehabilitation Services (PSR)



1,867 individuals received PSR services per Claims data



9,417 is the estimated number of individuals who may need PSR services who are not receiving services (gap)



11,284 is the total number of individuals who may need PSR services and should be the statewide target to ensure adequate services for the community.



This represents an estimated 504% growth in individuals who may need and receive PSR services

### Partial Hospitalization – Adult (PH)



904 individuals received PH services per Claims data



7,780 is the estimated number of individuals who may need PH services who are not receiving services (gap)



8,684 is the total number of individuals who may need PH services and should be the statewide target to ensure adequate services for the community.



This represents an estimated 861% growth in individuals who may need and receive PH services



# Recommendations Based on Claims Data

## Areas for Service Prioritization

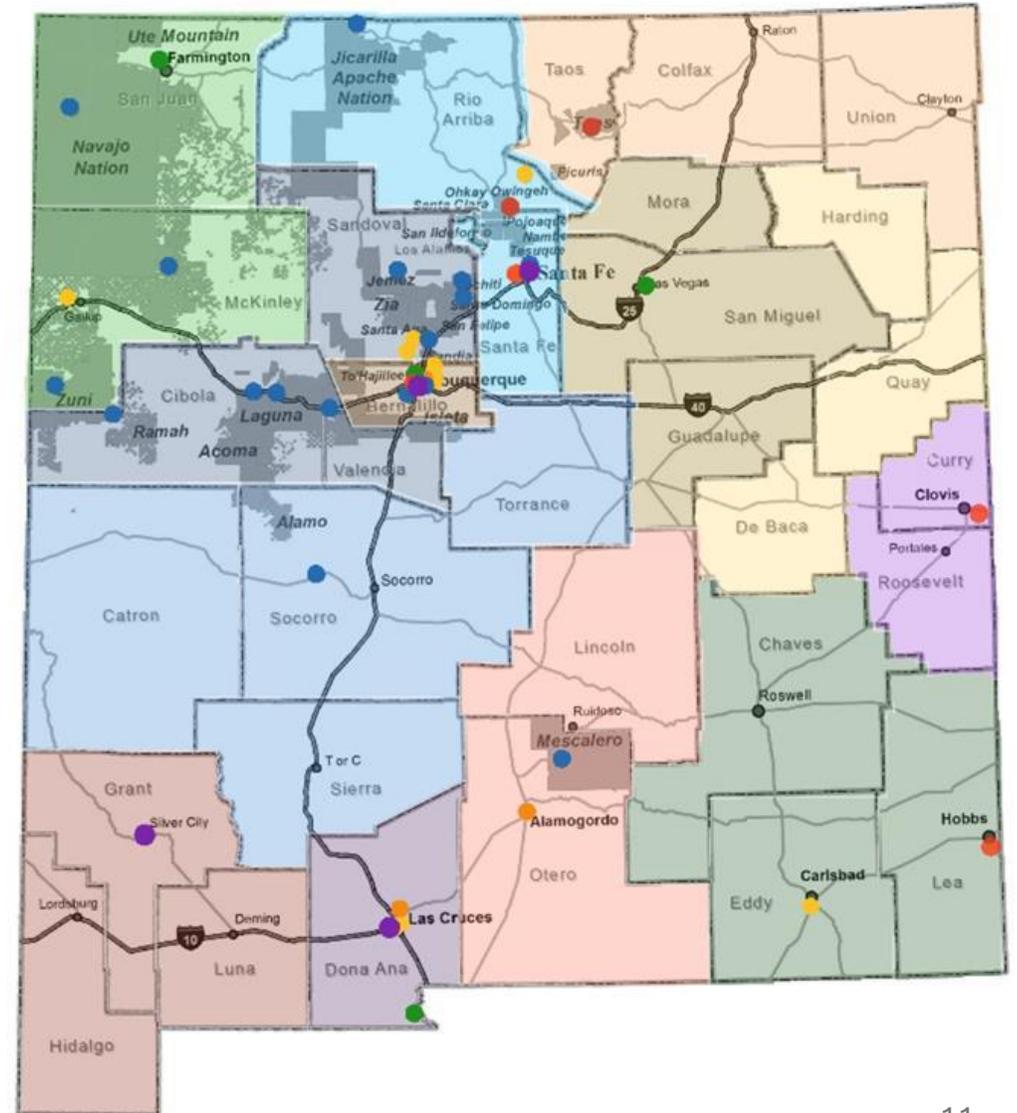
PCG recommends prioritizing service availability and access—particularly for MAT (specifically OTP), CMHC services, PSR, and Partial Hospitalization—which rank among the top five in service gaps, indicating aligned statewide needs. The table below highlights the counties where services should be prioritized and further evaluated. ([Reference Appendix 5](#))

MAT (OTP & Buprenorphine Treatment)	Community Mental Health Centers (CMHC)	Psychosocial Rehabilitation Services (PRS)	Partial Hospitalization – Adult (PH)
<ul style="list-style-type: none"><li>• Bernalillo</li><li>• Santa Fe</li><li>• Rio Arriba</li><li>• Valencia</li><li>• Dona Ana</li></ul>	<ul style="list-style-type: none"><li>• Lea</li><li>• Curry</li><li>• Santa Fe</li><li>• Grant</li><li>• Roosevelt</li></ul>	<ul style="list-style-type: none"><li>• Bernalillo</li><li>• Santa Fe</li><li>• Eddy</li><li>• San Juan</li><li>• Dona Ana</li></ul>	<ul style="list-style-type: none"><li>• Dona Ana</li><li>• Santa Fe</li><li>• Bernalillo</li><li>• Otero</li><li>• Sierra</li></ul>

These recommendations are based on both Medicaid and Non-Medicaid claims data. PCG advises conducting additional county-level analysis to validate and refine identified facility and service needs.

# BEHAVIORAL HEALTH REGIONS OF CARE - MEDICAID

KEY	DESCRIPTION	POPULATION SERVED
	IHS = Indian Health Services Healthcare facility that provides comprehensive services to AI/AN.	Across Lifespan
	IMD = Institution for Mental Disease Hospital or nursing facility that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases.	Across Lifespan
	CTC = Crisis Triage Center Voluntary stabilization of behavioral health crises. Bridge between inpatient hospitalization and outpatient care.	Across Lifespan, depending on the specific CTC.
	ARTC = Adult Residential Treatment Center 24/7 support providing SU/MH services in a structured environment	Adults (18+)
	YRTC = Youth Residential Treatment Center 24/7 support providing SU/MH services to AI/AN youth in a structured environment	Youth (up to 17)
	CCBHC = Community Behavioral Health Clinic Healthcare facility that provides a comprehensive range of mental health and substance use services.	Across Lifespan



# Certified Community Behavioral Health Clinic (CCBHC)

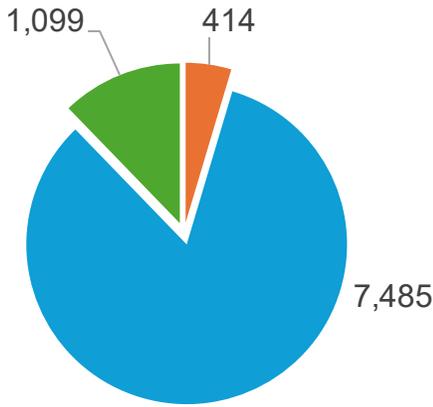
## Certified Community Behavioral Health Clinics (CCBHC)

- 5 certified CCBHCs began services on Jan 1, 2025.
- HCA is recruiting for a new cohort of CCBHC providers for Demonstration Year 2, which will start Jan 1, 2026.

## What are CCBHC's?

- Specialty clinics that provide a comprehensive range of outpatient mental health, substance use, and primary care screening services, serving youth and adults of all ages.

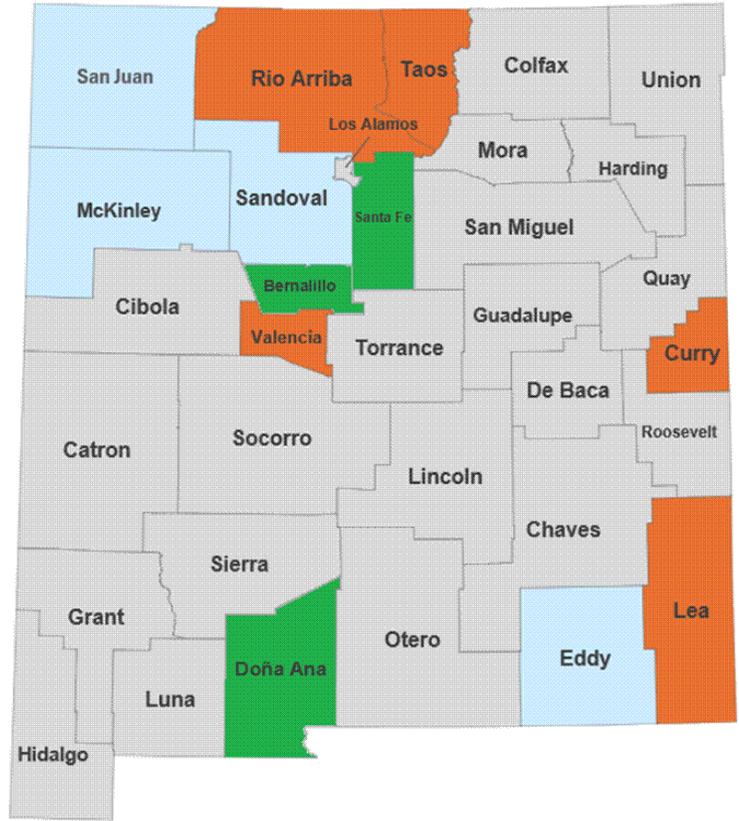
Total Persons Served:



■ Medicare ■ Medicaid ■ Other

[What is a CCBHC? - YouTube](#)

## CCBHC Catchment Area by County & Demonstration Year



■ = Demonstration Year 1  
■ = Demonstration Year 2

# REGIONAL FUNDING RUBRIC

# RUBRIC SECTIONS

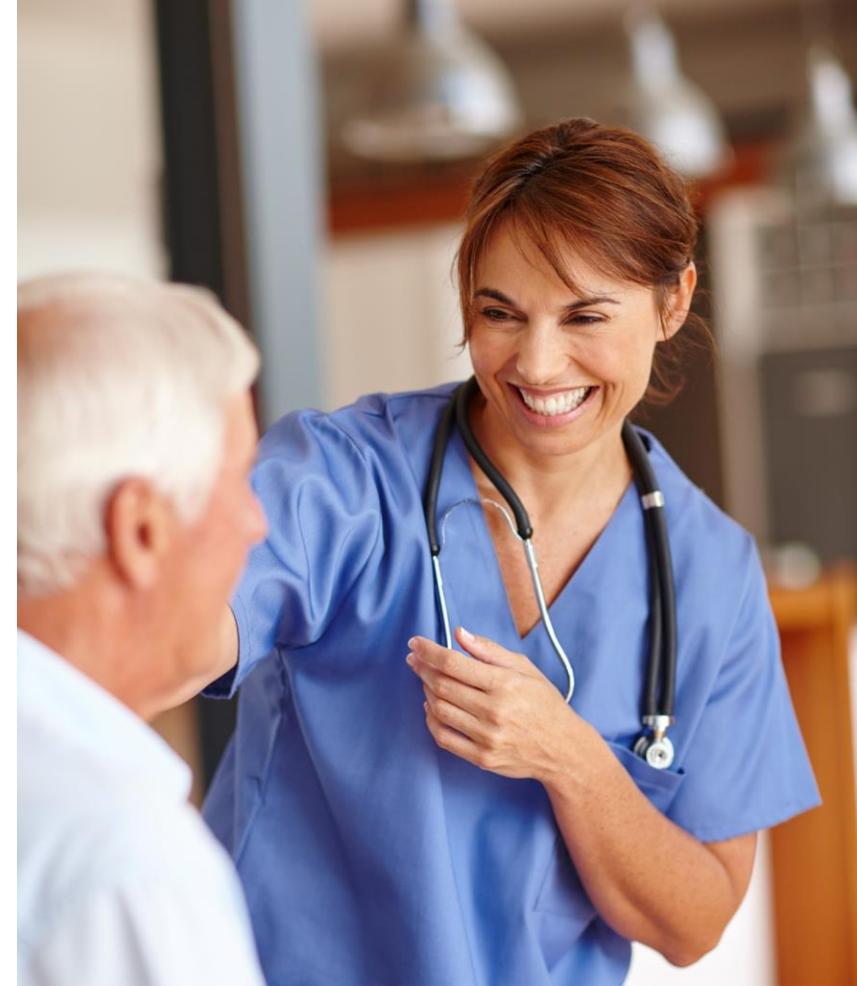
- ✓ Regional Proposal Overview
- ✓ Demonstration of Need
- ✓ How Need is Met
- ✓ Funding Stability
- ✓ Risk and Mitigation Strategy
- ✓ Measuring Success

## BEHAVIORAL HEALTH EXECUTIVE COMMITTEE – RUBRIC FOR REGIONAL PROPOSAL

	Poor /or Incomplete (1)	Meets Expectations (2)	Exceptional (3)
<b>PROGRAM OVERVIEW</b>			
<b>Purpose</b> Clearly articulate the overarching purpose or vision of the regional plan, including summarization of service and regional goals. Is this a new or expanded service? If expanded, does this plan build on what is currently being offered?	The purpose of the proposed priority is missing, irrelevant, or vision is unclear.	Vision is stated and generally aligns with community needs.	Vision is clear, focused, and aligns with community needs. Includes strategic goals and demonstrates innovation or leadership within the field.
<b>Description of Services</b> Provide a detailed description of the services that are to be offered. Including level(s) of care, and community-based or trauma-informed services, etc.	Unclear or missing description of services.	Describes promising practices that address regional priority goals.	Services are clearly described and represent evidence-based practices.



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THANK YOU AND QUESTIONS

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