



Behavioral Health and Substance Use Treatment Gap Analysis

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Overview



NM Health Care
Legislation



Medicaid and
Behavioral Health
Overview



Behavioral Health
Funding – State and
Federal



Trends in State
Workforce



Collaborative Area
Highlights



Needs and Gaps



Summary

- New Mexico has invested substantially in behavioral health and expanded programs and access, putting total funding near the top among states.
- However, 17 state agencies and local communities all have behavioral health responsibilities.
- While many communities have comprehensive plans, the state lacks an “all-of-government” approach.
- Fragmentation makes it hard to target investments to greatest need, resulting in program and geographic gaps.
- The state's continued high rates of behavioral health disorders increase the urgency to address these issues.

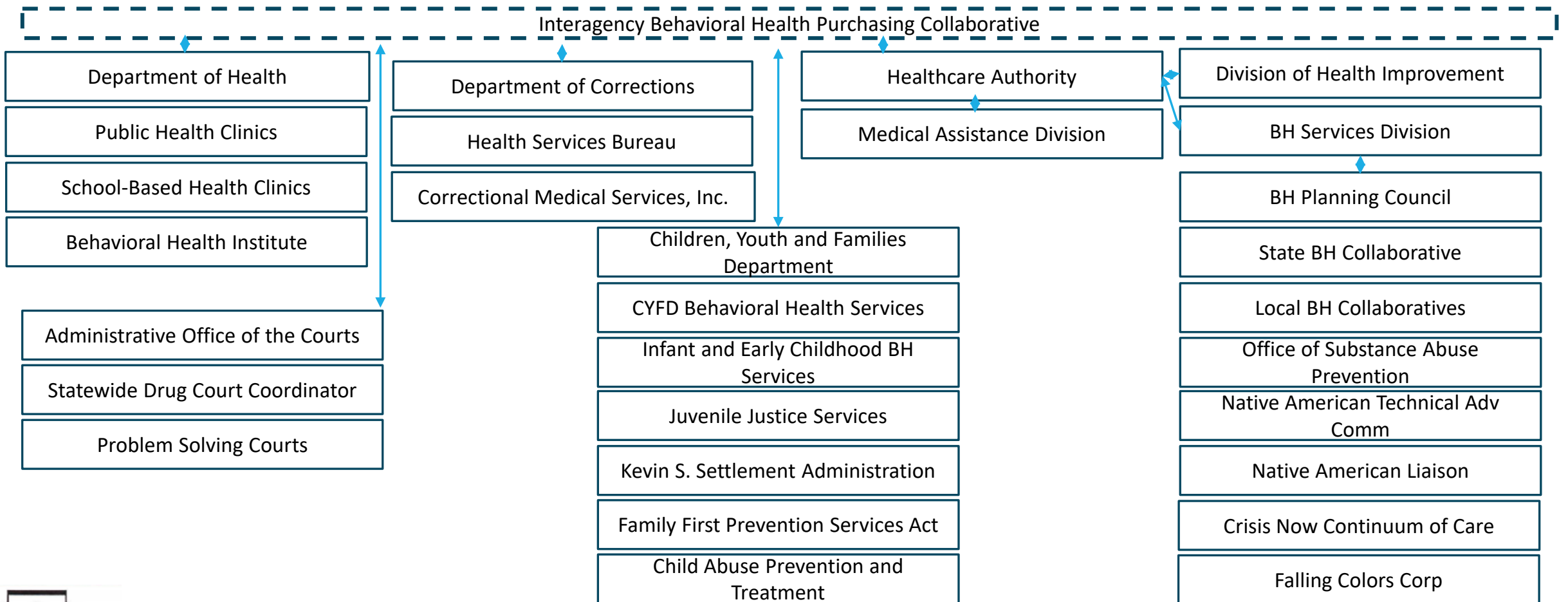


Behavioral Health Purchasing Collaborative

- The Interagency Behavioral Health Purchasing Collaborative was created in 2004 to develop and coordinate a single statewide behavioral health system, managed by a CEO (currently vacant).
- The collaborative agencies house programs with services contracted through a single entity with \$206 million contracted out in FY25. However, most of the funding for behavioral health services, about \$900 million, is in Medicaid.
- Collaborative key responsibilities include:
 - Needs and gaps analysis
 - Contract for delivery of services
 - Development of a master plan
- The state also has a BH Planning Council and Substance Abuse Prevention Council required by federal regulation for disbursement of SAMHSA grant funds.



Key Agencies with Behavioral Health Responsibilities



What Are the Needs?

- New Mexico ranks poorly on key behavioral health metrics.
- The number of behavioral providers is growing.
- A focus on providing more high-quality evidence-based services is needed.
- Improved data and analysis will show where to focus efforts.

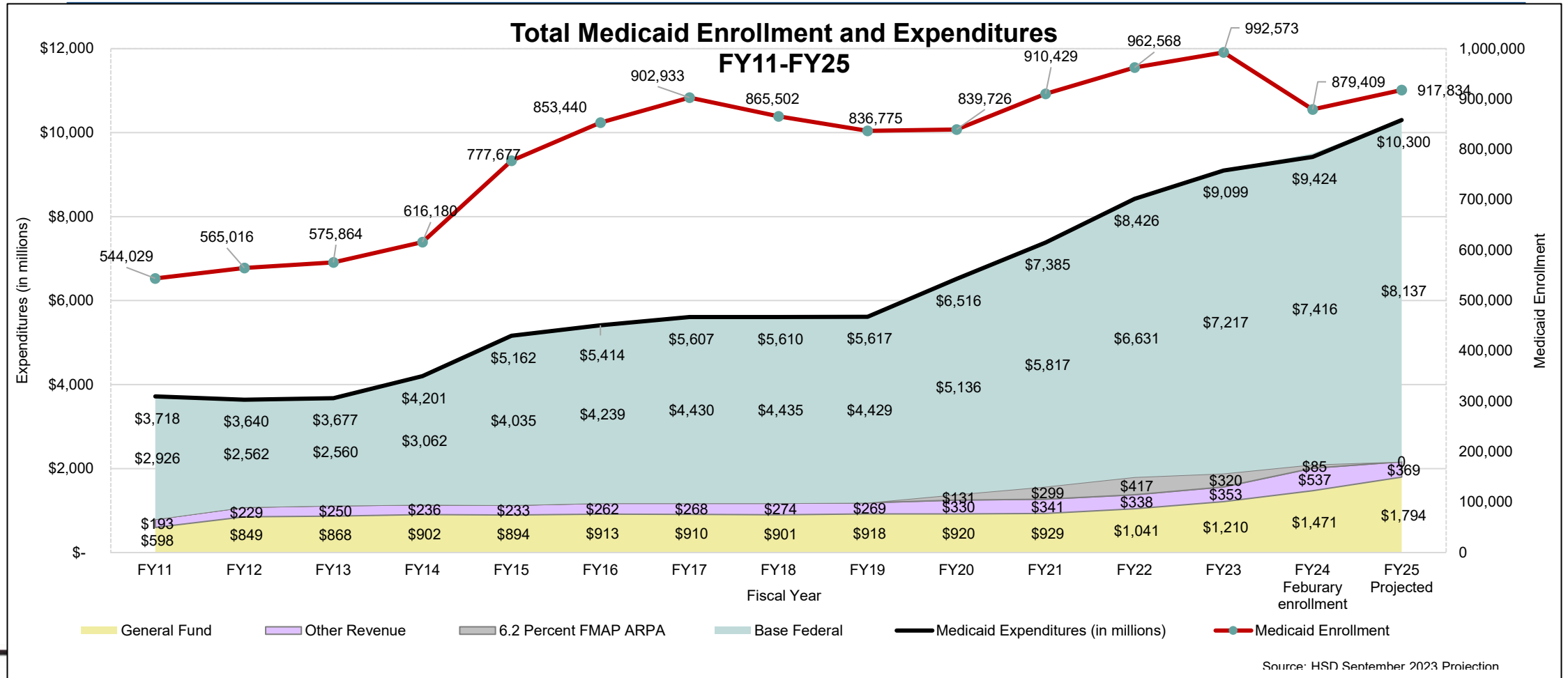
2024 New Mexico Behavioral Health Rankings
(Lower Rank is Better)

Behavioral Health		
	Rank	Rate
Overall Mental Illness Prevalence, Adults and Children	44	
Adult Substance Use Disorder	49	23%
Youth with Major Depressive Episode	46	23%
Youth Substance Use Disorder	51	16%

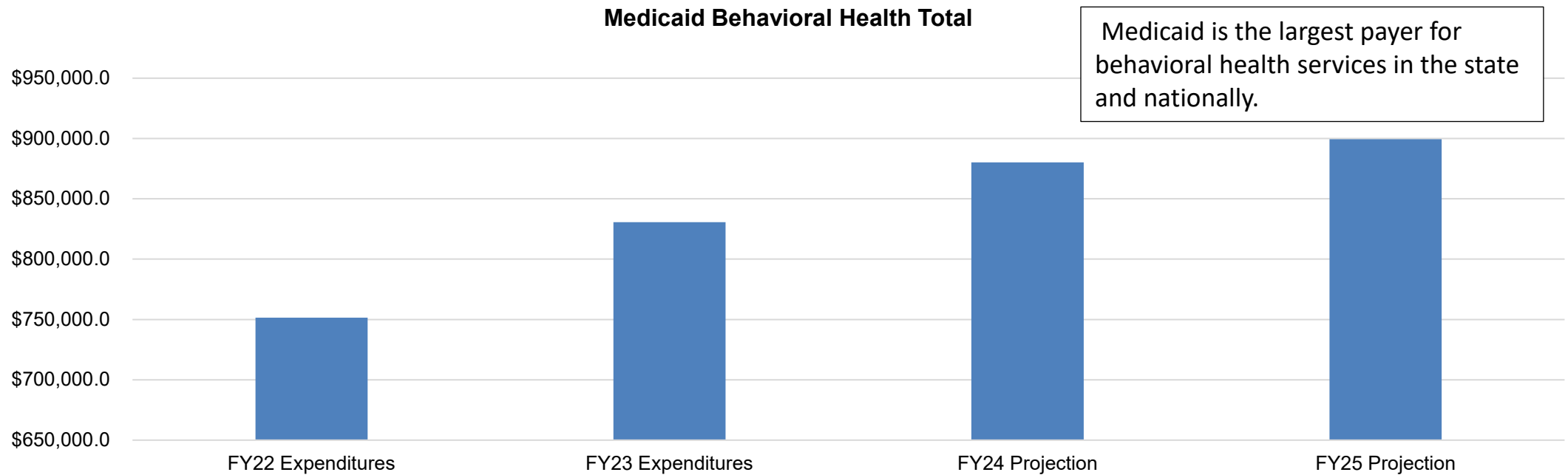
Sources: State of Mental Health in America 2024 and America's Health Rankings



Approximately 42% of NM Population is Covered by Medicaid



Medicaid Behavioral Health Spending Growth

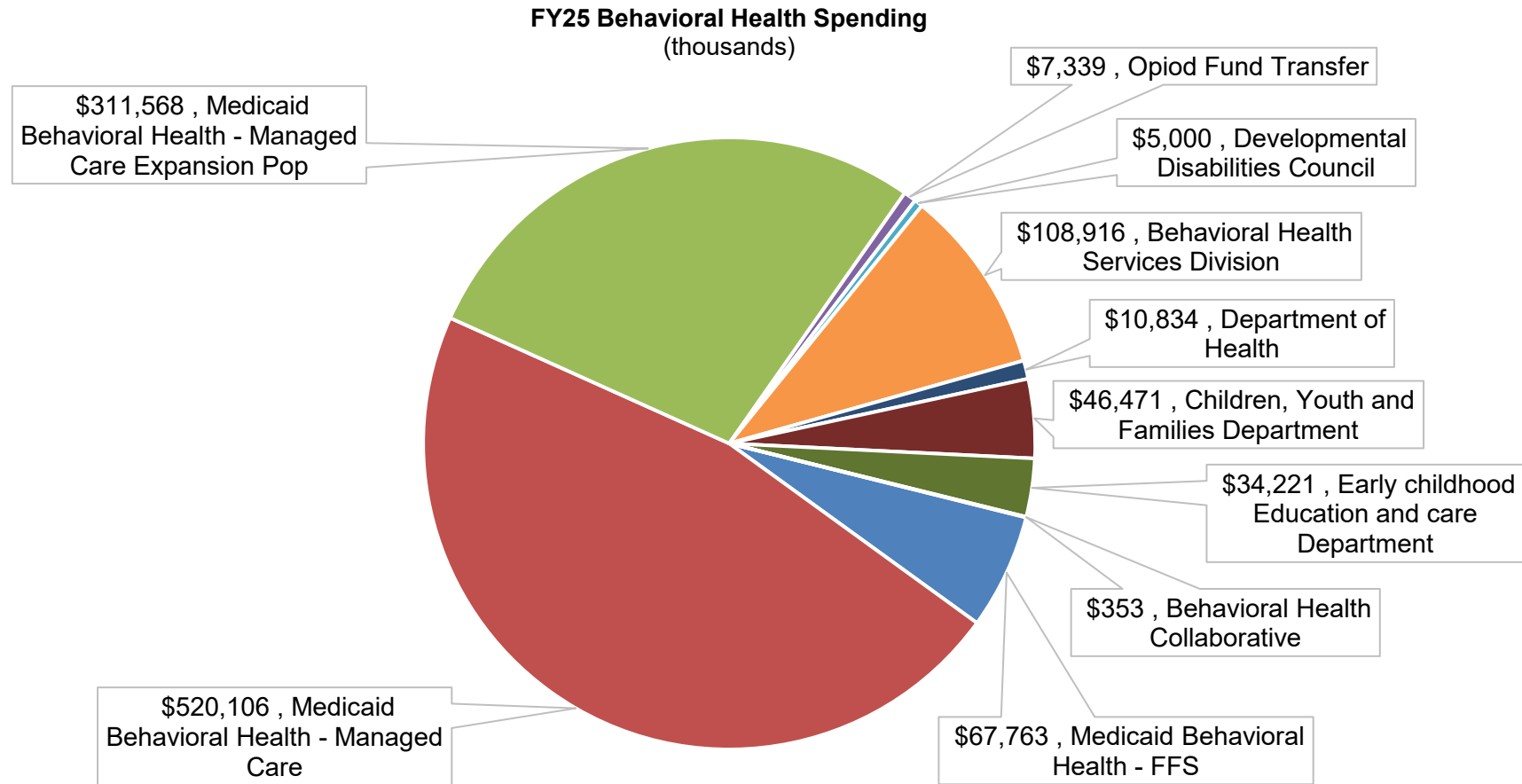


Source: Medicaid Projections

Between FY22 and FY25, projected spending for the behavioral health program will grow by 25%: increases in recent years are mostly related to increased provider rates.



Collaborative Agencies are Budgeted to Spend Nearly \$1.1 Billion in FY25, a 25 Percent Increase Since FY22

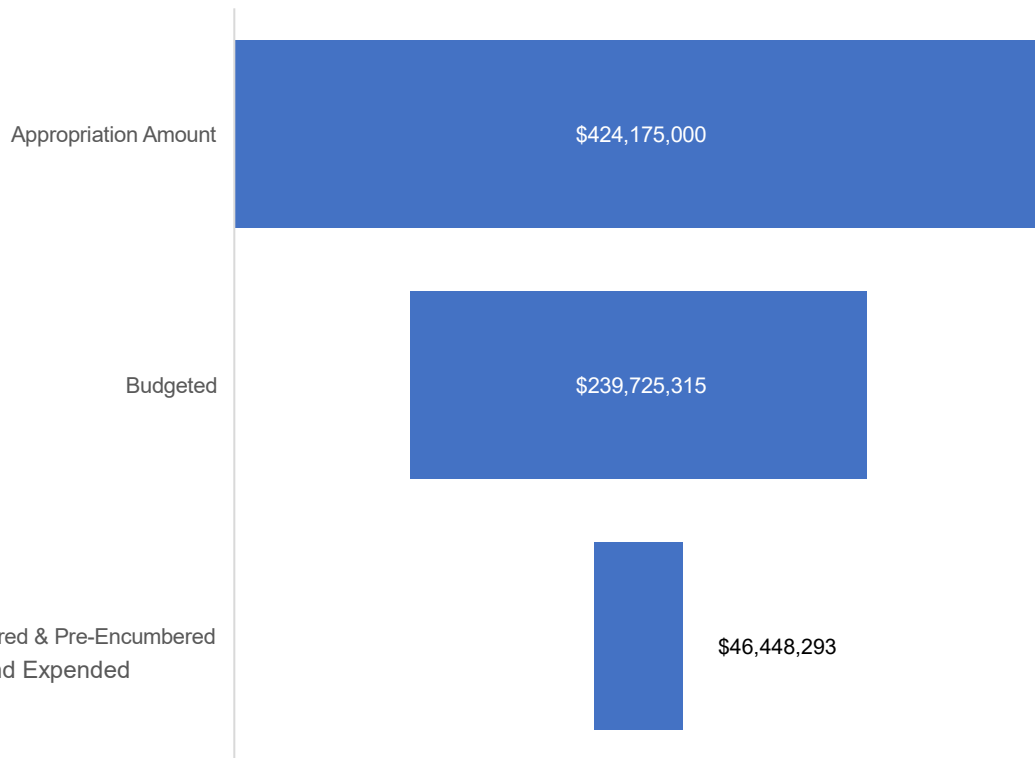


Source: Medicaid Budget and Falling Colors



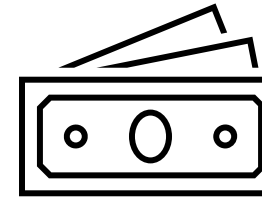
Behavioral Health Special Appropriations Provided Additional Funding for 2020 Through 2025

Behavioral Health Non Recurring Appropriations from FY20-FY25



FY20-FY25 Nonrecurring Includes

Rural Health Care Grants	\$126,000
Tribal Health and Behavioral Health Service Expansion	\$25,000
Behavioral Health Provider Startup Costs	\$20,000
GRO -- SBIRT and CCBHCs	\$15,000



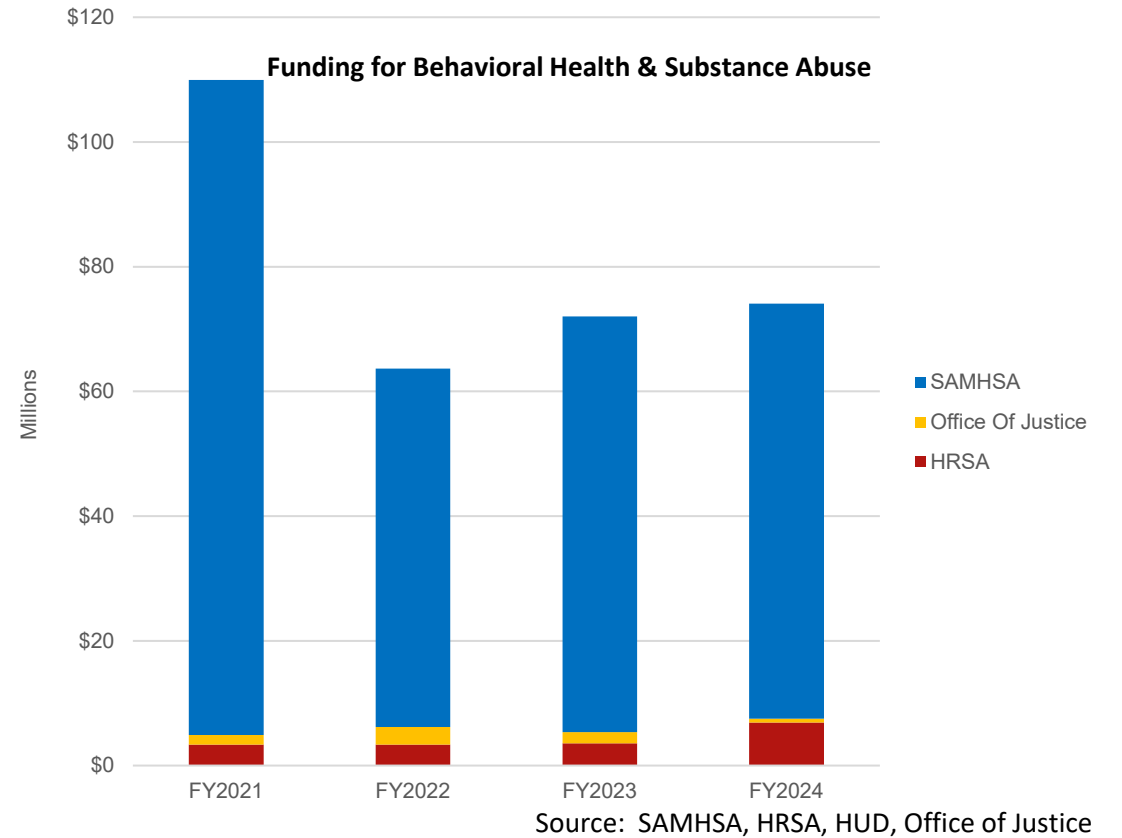
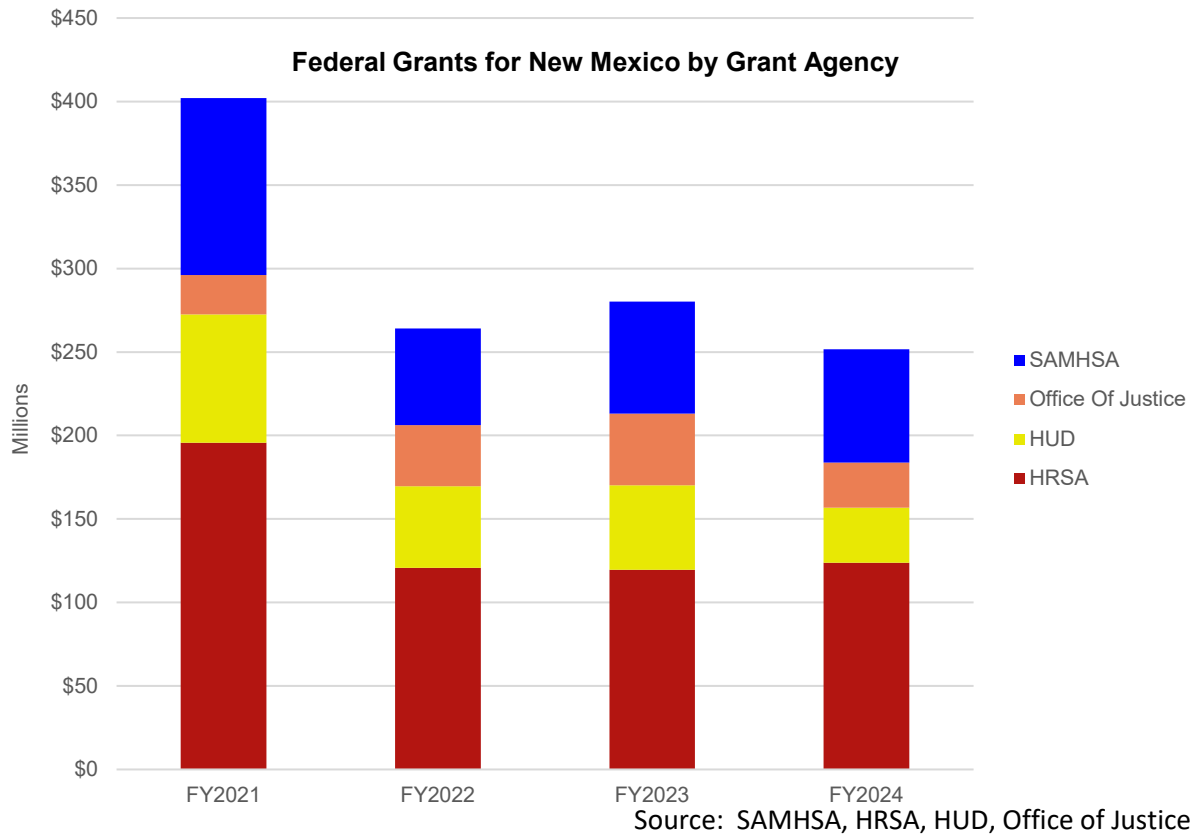
Status of Funds

- \$424M in appropriations for behavioral health
 - ✓ 57% of Appropriations have been budgeted
 - ✓ 73% of Appropriations have not been spent
 - ✓ 37% of budgeted dollars remains
 - ✓ Some amounts may have been awarded and are not reflected in Share

Source: LFC Analysis Of Recent Expenditures



Federal Grant Data Shows Significant Resources for Healthcare and Behavioral Health and Substance Abuse Programs from FY2021 to FY2024



More Than Half of Federal Grant Dollars Over the Past 10 Years Went Directly to Behavioral Health Provider Entities

Agency	Direct to Provider Entities	New Mexico State Agencies	Grand Total	Percent Directly to Behavioral Health Provider Entities
HRSA	\$1,081,849,005	\$130,368,699	\$1,212,217,704	89%
HUD	\$256,913,619	\$275,276,879	\$532,190,497	48%
Office Of Justice	\$110,622,101	\$19,508,293	\$130,130,394	85%
SAMHSA	\$201,028,388	\$352,907,815	\$553,936,203	36%
Grand Total	\$1,650,413,113	\$778,061,686	\$2,428,474,798	68%

Source: SAMHSA, HRSA, HUD, Office of Justice

Grants provided by the state Legislature would be included in nonrecurring behavioral health funding

Grant Dollars by State Agency

State Agency	Sum of Award Amount
New Mexico State Department Of Human Services	\$319,753,871
New Mexico (HUD – Housing)	\$275,276,879
Department Of Health New Mexico	\$103,198,100
Children, Youth And Families, New Mexico Department Of	\$50,539,746
Public Safety, New Mexico Department Of	\$17,680,597
New Mexico Public Education Department	\$7,135,636
State Of New Mexico Finance And Administration	\$4,476,857
Grand Total	\$778,061,686

Source: SAMHSA, HRSA, HUD, Office of Justice

Entities include counties, tribes, provider organizations, nonprofit organizations, behavioral health provider entities, and universities.



Federal Grant Funding Flows to Many Different Areas of Need (Includes Grants to the State and Local Governments)

Grant Focus Area	FY2021	FY2022	FY2023	FY2024	Grand Total
Primary Health Care	\$159,452,604	\$77,823,821	\$81,969,640	\$78,562,879	\$397,808,944
Housing	\$76,711,441	\$49,702,120	\$51,553,785	\$32,907,395	\$210,874,741
Substance Abuse	\$42,201,301	\$33,666,864	\$29,418,068	\$32,634,215	\$137,920,448
Access to Behavioral Health Services	\$32,204,690	\$8,124,008	\$14,143,991	\$24,359,331	\$78,832,020
Behavioral Health	\$14,035,575	\$13,052,631	\$11,309,361	\$9,484,507	\$47,882,074
Maternal and Child Health	\$8,869,510	\$11,210,901	\$12,496,228	\$13,572,283	\$46,148,922
Justice	\$6,135,235	\$11,450,802	\$13,315,537	\$11,102,523	\$42,004,097
HIV/AIDS	\$9,984,777	\$10,248,604	\$10,494,153	\$10,831,330	\$41,558,864
Victim Assistance	\$7,850,001	\$10,379,796	\$9,976,274	\$6,419,098	\$34,625,169
Behavioral Health & Substance Abuse	\$14,452,079	\$1,813,074	\$9,519,326	\$2,342,618	\$28,127,097
Health Workforce	\$5,165,841	\$6,896,891	\$7,268,326	\$5,993,554	\$25,324,612
Substance Abuse Prevention	\$5,124,848	\$5,127,120	\$5,548,050	\$4,261,428	\$20,061,446
Tribal Assistance	\$2,267,547	\$4,072,238	\$5,661,318	\$4,506,189	\$16,507,292
Rural Health	\$6,909,685	\$2,993,909	\$2,640,375	\$2,349,892	\$14,893,861
Healthcare Systems	\$1,080,030	\$7,240,943	\$153,546	\$4,883,546	\$13,358,065
Tribal Victims	\$2,840,988	\$3,333,140	\$1,930,600	\$1,711,350	\$9,816,078
Suicide Prevention	\$1,927,166	\$1,871,617	\$2,106,671	\$985,000	\$6,890,454
Youth Support		\$1,050,000	\$3,000,000		\$4,050,000
Violent Crime Reduction	\$1,066,899	\$399,346	\$1,639,255	\$838,368	\$3,943,868
Human Trafficking		\$1,425,000	\$1,730,511		\$3,155,511
Support Services	\$1,000,000	\$410,000	\$300,000	\$1,409,846	\$3,119,846
Office for the Advancement of Telehealth	\$775,000	\$775,000	\$775,000	\$475,000	\$2,800,000
Crisis Response	\$282,419			\$1,633,050	\$1,915,469
Forensic Science	\$1,150,531	\$293,954	\$312,708		\$1,757,193
Tribal Support			\$1,000,000		\$1,000,000
Crime Prevention		\$379,997	\$415,590		\$795,587
Health Professions	\$172,060	\$172,060	\$218,986	\$219,408	\$782,514
Reentry Programs			\$750,000		\$750,000
Safe Neighborhoods	\$179,077	\$175,450	\$179,260	\$167,378	\$701,165
Justice Statistics	\$233,998		\$282,791		\$516,789
Grand Total	\$402,073,302	\$264,089,286	\$280,109,350	\$251,650,188	\$1,197,922,126

Source: SAMHSA, HRSA, HUD, Office of Justice



Key Behavioral Health Services

■ Behavioral Health

- Counseling
- Crisis Intervention
- Homeless Outreach
- Supportive Housing
- Certified Community Behavioral Health Clinics

■ Children's Behavioral Health

- Multisystemic Therapy
- Functional Family Therapy
- Wraparound Services

■ Substance Use Disorder

- Medication-Assisted Treatment
- Screening Brief Intervention and Referral to Treatment
- Intensive Out-Patient Services
- Supportive Housing
- Certified Community Behavioral Health Clinics
- Crisis Teams
- Homeless Outreach
- Inpatient Treatment (should be rare and used for stabilization)
- MAT in carceral settings 90 days prior to release



Certified Community Behavioral Health Clinics

- The Legislature appropriated \$15 million in GRO funding for CCHBCs. Seven clinics are expected to be operational in January
- **CCBHCs Provide:**
 - **Integrated Services:** Providing a comprehensive range of mental health, substance use, and physical health services.
 - **Community-Focused Care:** Focuses on serving individuals in their community, particularly those with serious behavioral health needs, regardless of their ability to pay.
 - **Care Coordination:** Emphasizes coordinating care across different health providers, ensuring holistic treatment for patients.
 - **Crisis Services:** Offer 24/7 access to crisis services, including immediate care for those experiencing mental health emergencies.
 - **Outcome-Driven:** Operate with a focus on improving patient outcomes, quality of care, and access to services through evidence-based practices.



Limited Access to Care in High-Need Communities

Issues: Successful treatment of substance use disorder often requires screening assessment, detoxification, outpatient and inpatient treatment, medication-assisted treatment, counseling, recovery support and other services.

Pharmacies often limit the types of medication-assisted treatment drugs available in areas with high rates of opioid use disorder.

Currently providers must become credentialed for providers through each managed care organization (MCO) separately before seeking reimbursement from that MCO.

• Recommendations:

- Require Medicaid-funded certified community behavioral health clinics in high-need communities to ensure access to the full array of services. (\$15m in startup GRO funding + SAMHSA grants are already in the budget.)
- Authorize the pharmacy board and Department of Health to require pharmacies in high-need locations to make available medication-assisted treatment (MAT). Work to get more MAT adopted and prescribed in primary care settings.
- Require Medicaid to implement single credentialing to reduce the need to work with multiple MCOs to become reimbursable within their networks.
- Work to expand the availability of more services such as Intensive Out-Patient Services, Functional Family Therapy, and Transitional Housing.



Medicaid MCO Provider Counts Increased from 2022-2024, Led by Increases in Nurse Practitioners



SECTION I	Q2 CY22	Q3 CY22	Q4 CY22	Q1 CY23	Q2 CY23	Q3 CY23	Q4 CY23	Q1 CY24	Q2 CY22	Q3 CY22	Q4 CY22	Q1 CY23	Q2 CY23	Q3 CY23	Q4 CY23	Q1 CY24
Provider Type	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)
BH PRACTITIONERS																
Certified Nurse Practitioner (CNP providing services in BH agency, facility or independently with Psychiatric Specialty)	175	174	186	199	206	209	216	231	269	270	273	287	308	318	324	340
Clinical Nurse Specialist (Psychiatric Certification) (CNS)	21	18	17	15	16	16	15	15	19	20	17	17	17	18	18	18
Licensed and Certified Alcohol & Drug Abuse Counselor (LADAC) & Drug Abuse Counselor (CADAC)	69	63	63	59	57	62	64	69	112	111	104	110	114	118	118	132
Licensed Clinical Social Worker (LCSW) (LISW)	875	906	929	954	983	1,003	1,013	1,045	976	993	1,013	1,048	1,086	1,110	1,130	1,157
Licensed Marriage & Family Therapist (LMFT)	172	179	192	204	214	216	220	225	185	194	193	196	199	205	206	199
Licensed Professional Art Therapist (LPAT)	8	8	7	7	8	7	8	9	12	15	15	16	16	25	26	30
Licensed Professional Clinical Counselor (LPCC)	1,040	1,055	1,085	1,091	1,140	1,152	1,162	1,180	1,202	1,211	1,221	1,232	1,244	1,270	1,276	1,285
Psychiatrist	230	228	229	226	232	237	242	246	278	281	286	289	290	300	300	313
Psychologist (include prescribing psychologists)	306	298	301	305	302	308	304	306	361	360	363	367	363	371	374	367
Suboxone-Certified Psychiatrist/MD/CNP	236	234	232	217	214	211	208	200	4	4	2	2	2	1	1	1

Source: MCO Report #3 – Network Adequacy

Source: MCO Report #3 – Network Adequacy

Western Skies data was not included due to the change in contracts for Turquoise Care effective 7/1/2025.

In this same time-period, Western Sky Community Care increased their BH provider network more than 2 times the other MCOs



Medicaid MCO Facilities Counts Show Modest Increases and Some Declines from 2022-2024



SECTION I	Q2 CY22	Q3 CY22	Q4 CY22	Q1 CY23	Q2 CY23	Q3 CY23	Q4 CY23	Q1 CY24
Provider Type	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)
BH FACILITIES								
Accredited Residential Facility (ARTC) - Juvenile, BH	8	8	8	9	9	9	9	9
Accredited Residential Facility (ARTC) - Adult, SUD	6	7	7	8	8	8	8	10
Behavioral Health Agency*	249	252	254	251	258	258	257	255
Community Mental Health Center*	21	21	21	22	32	32	32	33
Core Service Agency (CSA)*	25	25	25	25	27	27	27	28
FQHC/RHC providing BH Services	56	58	56	52	58	59	60	60
Hospital, Psychiatric	12	12	12	14	15	19	19	18
Hospital, Psychiatric Unit in General Hospital	14	14	14	13	13	15	15	15
IHS or 638 Tribal Facility providing BH Services	55	56	56	55	60	60	60	60
OTC/Methadone Clinic	13	13	13	12	14	14	14	14
Residential Treatment Center, JCAHO Certified	2	2	2	2	2	2	2	2
Residential Treatment Center, Non-JACHO Certified	2	2	2	2	2	2	2	2
Treatment Foster Care I (TFC I)	7	7	7	7	7	7	7	7
Treatment Foster Care II (TFC II)	-	-	-	-	-	-	-	-

Source: MCO Report #3 – Network Adequacy

SECTION I	Q2 CY22	Q3 CY22	Q4 CY22	Q1 CY23	Q2 CY23	Q3 CY23	Q4 CY23	Q1 CY24
Provider Type	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)	Number of Providers (Quarter End)
BH FACILITIES								
Accredited Residential Facility (ARTC) - Juvenile, BH	6	6	6	6	6	6	6	5
Accredited Residential Facility (ARTC) - Adult, SUD	7	7	8	8	8	8	8	8
Behavioral Health Agency*	179	183	182	185	194	192	195	197
Community Mental Health Center*	4	4	4	4	4	5	5	5
Core Service Agency (CSA)*	55	55	55	55	55	54	54	53
FQHC/RHC providing BH Services	91	91	91	90	91	91	91	90
Hospital, Psychiatric	8	8	8	8	8	8	8	8
Hospital, Psychiatric Unit in General Hospital	12	12	12	12	12	12	12	12
IHS or 638 Tribal Facility providing BH Services	62	62	62	62	62	62	62	62
OTC/Methadone Clinic	13	13	13	13	13	13	13	14
Residential Treatment Center, JCAHO Certified	-	-	-	-	-	-	-	-
Residential Treatment Center, Non-JACHO Certified	3	3	3	3	3	3	3	3
Treatment Foster Care I (TFC I)	10	9	9	9	9	9	9	8
Treatment Foster Care II (TFC II)	10	9	9	9	9	9	9	8

Source: MCO Report #3 – Network Adequacy



Behavioral Health Collaborative – Local Collaboratives

LC 1: Santa Fe, Rio Arriba, and Los Alamos Counties

LC 2 : Bernalillo County

LC 3 : Dona Ana County

LC 4 : San Miguel, Mora, and Guadalupe Counties

LC 5: Chaves, Lea, and Eddy Counties

LC 6: Grant, Hidalgo, and Luna Counties

LC 7: Catron, Sierra, Socorro, and Torrance Counties

LC 8: Taos, Union, and Colfax Counties

LC 9: Roosevelt and Curry Counties

LC 10: Harding, De Baca, and Quay Counties

LC 11: McKinley and San Juan Counties

LC 12: Otero and Lincoln Counties

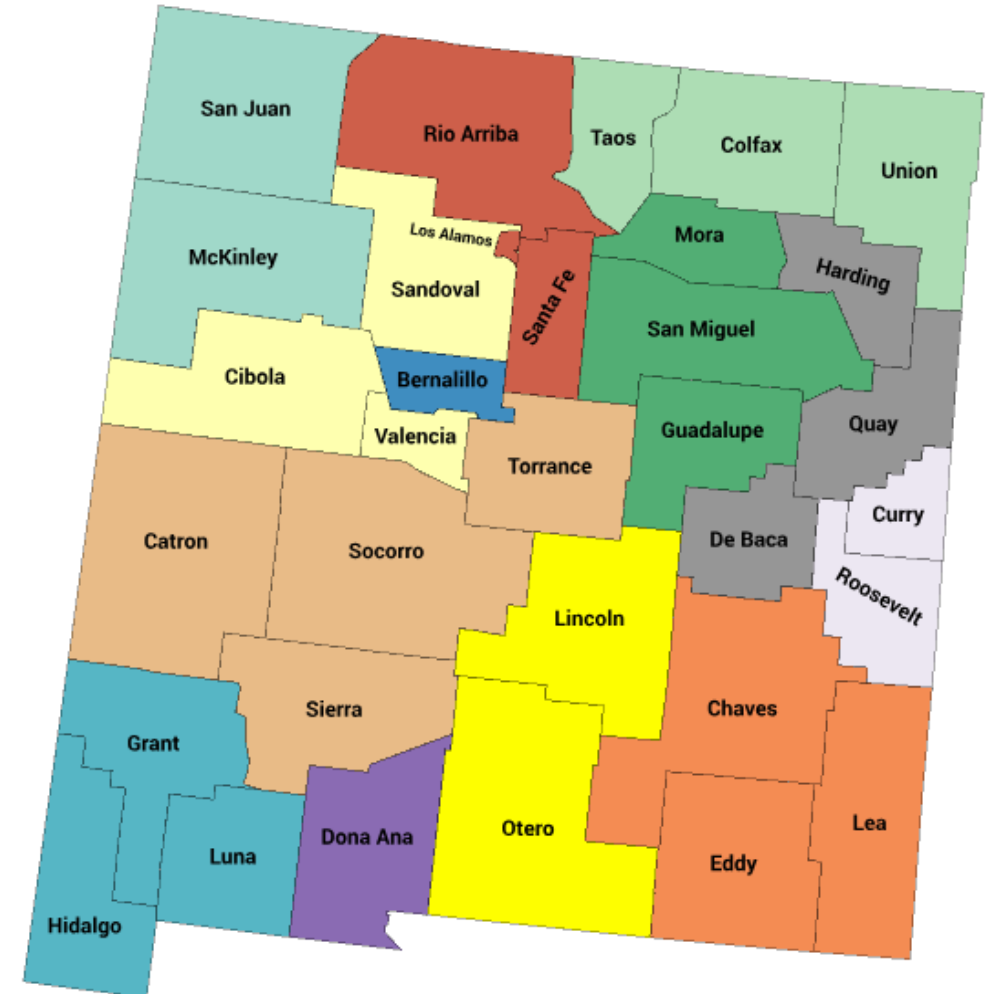
LC 13: Cibola, Sandoval, and Valencia Counties

Tribal Regions

LC 14: Mescalero, Jicarilla, Zuni, Laguna, Acoma, Isleta, and some Navajo Chapters.

LC 15: Navajo Nation

LC 16: Sandoval County Pueblos



Most Provider Types Increased in New Mexico from 2020 to 2024

Provider Classification	2024 Provider Count	% Change 2020-2024
Counselor	7,101	17%
Social Worker	4,296	32%
Behavior Technician	3,442	212%
Psychologist	1,069	12%
Behavior Analyst	929	19%
Community/Behavioral Health	588	16%
Marriage & Family Therapist	364	23%
Clinic/Center	316	65%
Nurse Practitioner	271	107%
Registered Nurse	214	13%
Clinical Neuropsychologist	77	33%
Substance Abuse Rehabilitation Facility	53	47%
Psychiatry & Neurology	21	17%
Residential Treatment Facility, Emotionally Disturbed Children	16	-6%
Community Based Residential Treatment Facility, Mental Illness	12	-14%
Psychiatric Residential Treatment Facility	3	-25%

Source: Analysis of National Provider File

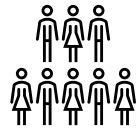
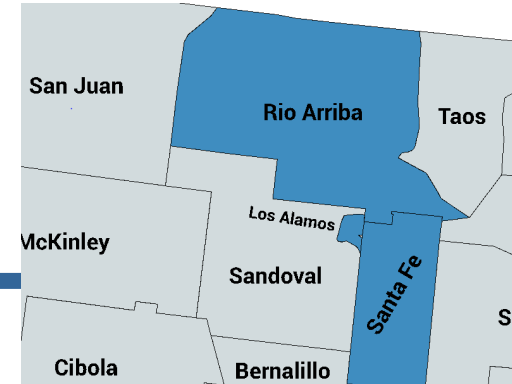
The National NPI Files contain data for all providers across the US. These statistics include primary address in the state of NM. Both facilities and individuals are counted and reflected in the data. Each NPI is only counted once. It is not possible to know which providers are actively practicing in the state and seeing patients.



Appendix



Local Collaborative Area 1: Santa Fe, Rio Arriba, and Los Alamos Counties



2023 Population: 215,276

Grant Highlights for FY 2021-2024



- \$76,956,304 for Presbyterian Medical Services – HRSA primary care and access to behavioral health services grants
- \$30,246,529 for El Centro Family Health - \$2,100,00 from SAMHSA for Medication Assisted Treatment and the remainder for primary, rural, and mental health services



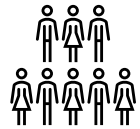
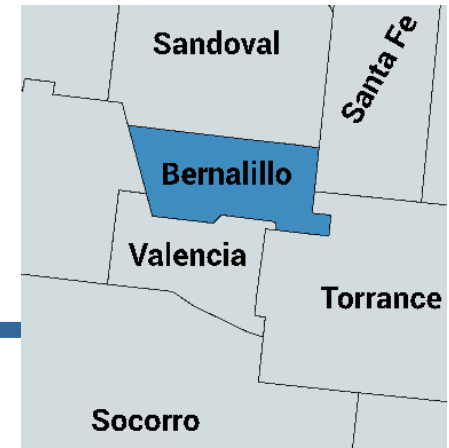
Unique NPI numbers by Local Collaborative Area	2024	2022	2020	% Change 2020-2022	% Change 2022-2024
	Number of Providers	Number of Providers	Number of Providers		
Counselor	1,195	1,064	1,017	5%	12%
Social Worker	518	442	415	7%	17%
Behavior Technician	294	216	171	26%	36%
Psychologist	126	117	114	3%	8%
Behavior Analyst	110	100	88	14%	10%
Community/Behavioral Health Clinic/Center	85	78	71	10%	9%
Marriage & Family Therapist	57	48	41	17%	19%
Nurse Practitioner	30	18	12	50%	67%
Registered Nurse	10	10	8	25%	0%
Clinical Neuropsychologist	5	3	2	50%	67%
Substance Abuse Rehabilitation Facility	4	4	3	33%	0%
Psychoanalyst	3	2	2	0%	50%
Clinical Nurse Specialist	2	2	2	0%	0%
Psychiatry & Neurology	2	2	2	0%	0%

- Out-performed statewide average % change over 4-year period
- Under-performed statewide average % change over 4-year period

Source: Analysis of National Provider File



Local Collaborative Area 2: Bernalillo County





2023 Population: 671,586

Grant Highlights for FY 2021-2024



- \$72,244,420 for University of New Mexico
 - \$19,853,352 from HRSA for workforce
 - \$17,750,000 from SAMHSA for behavioral health and substance abuse
- \$42,097,195 for First Choice Community Healthcare, Inc. - HRSA primary care grants
- \$34,625,169 for Crime Victims Reparation Commission
- \$54,721,694 to the City of Albuquerque and various organizations for housing grants from HUD

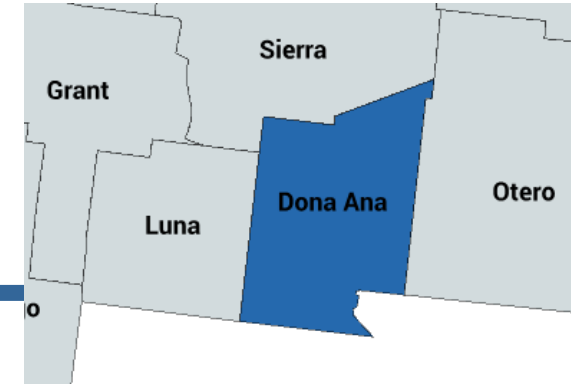
Unique NPI numbers by Local Collaborative Area	2024	2022	2020		
	Number of Providers	Number of Providers	Number of Providers	% Change 2020-2022	% Change 2022-2024
Provider Type					
Counselor	2,520	2,220	2,092	6%	14%
Social Worker	1,784	1,513	1,345	12%	18%
Behavior Technician	1,426	876	482	82%	63%
Behavior Analyst	580	538	495	9%	8%
Psychologist	480	452	424	7%	6%
Community/Behavioral Health	242	221	207	7%	10%
Registered Nurse	151	141	131	8%	7%
Marriage & Family Therapist	137	125	115	9%	10%
Clinic/Center	124	90	66	36%	38%
Nurse Practitioner	112	63	41	54%	78%
Clinical Neuropsychologist	63	52	48	8%	21%
Clinical Nurse Specialist	14	14	15	-7%	0%
Psychiatry & Neurology	12	10	9	11%	20%
Substance Abuse Rehabilitation Facility	11	10	10	0%	10%
Community Based Residential Treatment Facility, Intellectual and/or Developmental Disabilities	11	11	11	0%	0%

 Out-performed statewide average % change over 4-year period
 Under-performed statewide average % change over 4-year period

Source: Analysis of National Provider File



Local Collaborative Area 3: Dona Ana County



2023 Population: 225,210



Grant Highlights for FY 2021-2024

- \$65,664,037 for Ben Archer Health Center- HRSA primary care and BH grants
 - \$2 million for access to behavioral health services
- \$34,060,295 for La Clinica De Familia - HRSA primary care and BH grants
 - \$600,000 for access for BH services
- \$8,041,103 from HUD for Las Cruces housing grants
- \$5,095,237 for New Mexico State University - HRSA primary care and BH grants
 - \$3,390,069 for access to behavioral health services



Unique NPI numbers by Local Collaborative Area	2024	2022	2020		
	Number of Providers	Number of Providers	Number of Providers	% Change 2020-2022	% Change 2022-2024
Social Worker	511	425	378	12%	20%
Counselor	495	434	394	10%	14%
Behavior Technician	484	179	100	79%	170%
Psychologist	152	138	130	6%	10%
Behavior Analyst	113	109	112	-3%	4%
Marriage & Family Therapist	82	65	56	16%	26%
Community/Behavioral Health	63	61	52	17%	3%
Nurse Practitioner	47	32	31	3%	47%
Clinic/Center	37	34	29	17%	9%
Registered Nurse	16	14	15	-7%	14%
Substance Abuse Rehabilitation Facility	9	4	1	300%	125%
Psychiatry & Neurology	5	6	6	0%	-17%

Source: Analysis of National Provider File

Source: Analysis of National Provider File

- Out-performed statewide average % change over 4-year period
- Under-performed statewide average % change over 4-year period



Local Collaborative Area 4: San Miguel, Mora, and Guadalupe Counties



2023 Population: 35,083

Grant Highlights for FY 2021-2024



- \$7,857,213 for Mora Valley Community Health Services, Inc - HRSA primary care grants
- \$1,500,000 for the County of San Miguel - HRSA healthcare systems grants
- \$900,000 for the County of Mora – HRSA healthcare systems grants



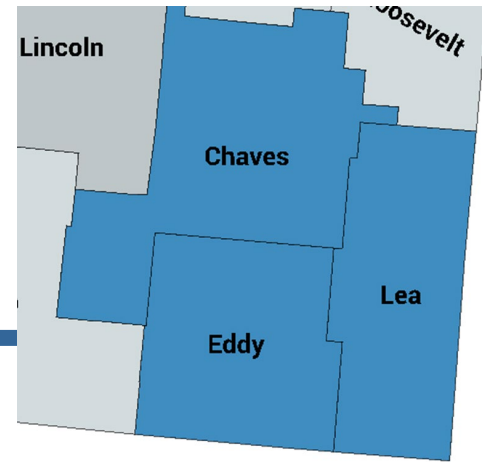
Unique NPI numbers by Local Collaborative Area	2024	2022	2020		
	Number of Providers	Number of Providers	Number of Providers	% Change 2020-2022	% Change 2022-2024
Counselor	310	287	283	1%	8%
Social Worker	137	130	114	14%	5%
Psychologist	25	28	26	8%	-11%
Community/Behavioral Health	16	18	15	20%	-11%
Behavior Technician	6	6	4	50%	0%
Clinic/Center	4	4	2	100%	0%
Nurse Practitioner	3	3	3	0%	0%
Clinical Neuropsychologist	3	3	3	0%	0%
Behavior Analyst	2	3	3	0%	-33%
Marriage & Family Therapist	2	2	2	0%	0%
Community Based Residential Treatment Facility, Intellectual and/or Developmental Disabilities	1	1	1	0%	0%

Source: Analysis of National Provider File

- Out-performed statewide average % change over 4-year period
- Under-performed statewide average % change over 4-year period



Local Collaborative Area 5: Chaves, Lea, and Eddy Counties



2023 Population: 195,937



Grant Highlights for FY 2021-2024

- \$1,368,509 for Carlsbad Community Anti-Drug/ Gang Coalition – SAMHSA grants for substance abuse treatment and substance abuse prevention
- \$1,000,000 for Carlsbad Lifehouse, Inc. – SAMHSA grants for access to behavioral health services
- \$963,000 for Chaves County Casa Program from the Office of Justice
- \$466,059 for City of Hobbs
 - \$400k for Healthcare Systems – HRSA grants
 - \$66k from the Office of Justice



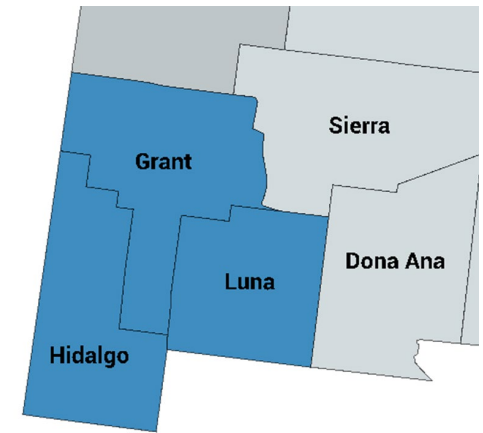
Unique NPI numbers by Local Collaborative Area	2024	2022	2020		
Provider Type	Number of Providers	Number of Providers	Number of Providers	% Change 2020-2022	% Change 2022-2024
Behavior Technician	164	125	71	76%	31%
Social Worker	233	200	182	10%	17%
Counselor	181	166	159	4%	9%
Behavior Analyst	11	10	6	67%	10%
Nurse Practitioner	22	19	15	27%	16%
Community/Behavioral Health	25	27	27	0%	-7%
Psychologist	24	22	22	0%	9%
Registered Nurse	14	15	16	-6%	-7%
Marriage & Family Therapist	7	6	6	0%	17%
Clinic/Center	6	4	4	0%	50%
Substance Abuse Rehabilitation Facility	4	5	2	150%	-20%

Source: Analysis of National Provider File

- Out-performed statewide average % change over 4-year period
- Under-performed statewide average % change over 4-year period



Local Collaborative Area 6: Grant, Hidalgo, and Luna Counties



2023 Population: 56,753



Grant Highlights for FY 2021-2024

- \$16,410,830 for Hidalgo Medical Services – HRSA grants for primary health care and health workforce
- \$3,929,039 for Hidalgo Medical Center – HRSA grants
 - \$500k for access to behavioral health services
 - \$3.4 million for primary health care
- \$1,016,000 for The Center of Health Innovation - HRSA grants
 - \$916k for access to behavioral health services



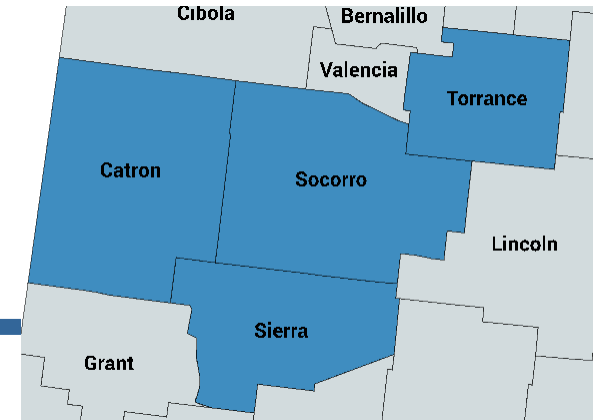
Unique NPI numbers by Local Collaborative Area	2024	2022	2020		
Provider Type	Number of Providers	Number of Providers	Number of Providers	% Change 2020-2022	% Change 2022-2024
Counselor	165	143	137	4%	15%
Social Worker	103	95	88	8%	8%
Behavior Technician	43	29	27	7%	48%
Psychologist	36	35	33	6%	3%
Community/Behavioral Health	8	8	8	0%	0%
Clinic/Center	8	7	7	0%	14%
Nurse Practitioner	6	3	2	50%	100%
Marriage & Family Therapist	6	7	6	17%	-14%
Registered Nurse	3	3	4	-25%	0%
Behavior Analyst	1	1	1	0%	0%
Substance Abuse Rehabilitation Facility	1	1	1	0%	0%

Source: Analysis of National Provider File

- Out-performed statewide average % change over 4-year period
- Under-performed statewide average % change over 4-year period



Local Collaborative 7: Catron, Sierra, Socorro, and Torrance Counties



2023 Population: 46,909



Grant Highlights for FY 2021-2024

- \$681,000 for Socorro County Options Prevention & Education – SAMHSA grants
 - 600k for substance abuse prevention
 - \$81k for behavioral health
- \$49,529 for Sierra Vista Hospital



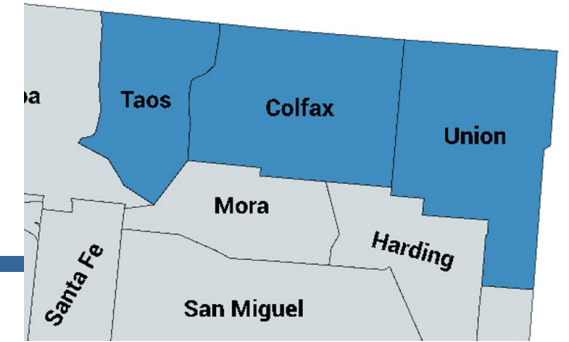
Unique NPI numbers by Local Collaborative Area	2024	2022	2020		
	Number of Providers	Number of Providers	Number of Providers	% Change 2020-2022	% Change 2022-2024
Counselor	77	63	62	2%	22%
Social Worker	62	55	47	17%	13%
Psychologist	14	15	14	7%	-7%
Behavior Technician	7	5	2	150%	40%
Clinic/Center	7	5	4	25%	40%
Community/Behavioral Health	7	7	6	17%	0%
Nurse Practitioner	5	2	2	0%	150%
Marriage & Family Therapist	3	2	2	0%	50%
Behavior Analyst	2	2	2	0%	0%
Registered Nurse	1	1	0	0%	0%
Substance Abuse Rehabilitation Facility	1	0	0	0%	100%

Source: Analysis of National Provider File

- Out-performed statewide average % change over 4-year period
- Under-performed statewide average % change over 4-year period



Local Collaborative Area 8: Taos, Union, and Colfax Counties



2023 Population: 50,624



Grant Highlights for FY 2021-2024

- \$3,972,849 for Miner’s Colfax Medical Center – HRSA grants for rural health
- \$1,759,815 for the Pueblo of Taos – Office of Justice grants for tribal assistance and tribal victims
- \$1,595,502 for Taos Health Systems – HRSA grants for maternal and child health
- \$875,000 for the Pueblo of Taos – SAMHSA grants for substance abuse programs



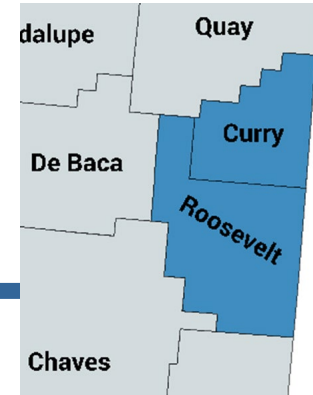
Unique NPI numbers by Local Collaborative Area	2024	2022	2020	% Change 2020-2022	% Change 2022-2024
Provider Type	Number of Providers	Number of Providers	Number of Providers		
Counselor	365	344	335	3%	6%
Social Worker	154	132	109	21%	17%
Psychologist	29	29	27	7%	0%
Community/Behavioral Health	20	18	13	38%	11%
Marriage & Family Therapist	17	14	16	-13%	21%
Clinic/Center	12	8	7	14%	50%
Substance Abuse Rehabilitation Facility	5	5	4	25%	0%
Registered Nurse	5	4	4	0%	25%
Behavior Analyst	1	1	1	0%	0%
Behavior Technician	1	0	0	0%	0%

Source: Analysis of National Provider File

- Out-performed statewide average % change over 4-year period
- Under-performed statewide average % change over 4-year period



Local Collaborative Area 9: Roosevelt and Curry Counties



2023 Population: 66,009



Grant Highlights for FY 2021-2024

- \$18,772,390 for La Casa de Buena Salud Inc. – HRSA and SAMHSA grants for primary health care and substance abuse prevention
 - \$17,497,390 for primary health care
 - \$1,275,000 for substance about prevention
- \$1,457,000 for the Eastern Plains Council of Governments – HRSA grants for substance abuse programs



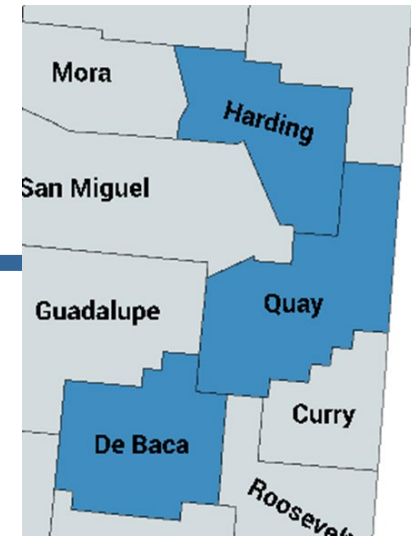
Unique NPI numbers by Local Collaborative Area	2024	2022	2020	% Change 2020-2022	% Change 2022-2024
Provider Type	Number of Providers	Number of Providers	Number of Providers		
Counselor	326	315	313	1%	3%
Social Worker	104	78	64	22%	33%
Behavior Technician	90	70	45	56%	29%
Psychologist	17	12	14	-14%	42%
Nurse Practitioner	10	2	2	0%	400%
Community/Behavioral Health	9	8	8	0%	13%
Assistant Behavior Analyst	3	2	2	0%	50%
Clinic/Center	3	2	1	100%	50%
Marriage & Family Therapist	2	2	3	-33%	0%
Behavior Analyst	1	2	2	0%	-50%
Registered Nurse	1	2	2	0%	-50%
Residential Treatment Facility, Emotionally Disturbed Children	1	1	1	0%	0%

Source: Analysis of National Provider File

- Out-performed statewide average % change over 4-year period
- Under-performed statewide average % change over 4-year period



Local Collaborative Area 10: Harding, De Baca, and Quay Counties



2023 Population: 10,791



Grant Highlights for FY 2021-2024

- \$7,101,196 for DeBaca Family Practice Clinic – HRSA grants for primary health care



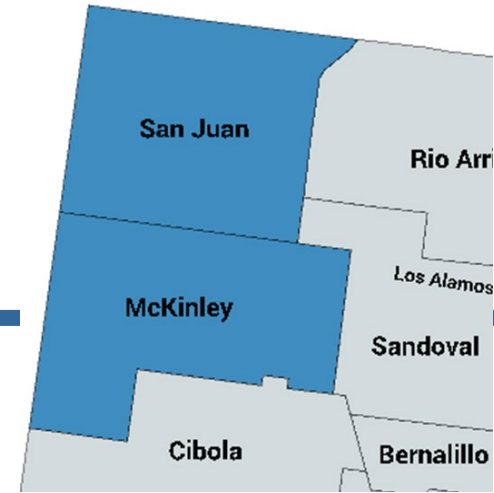
Unique NPI numbers by Local Collaborative Area	2024	2022	2020		
Provider Type	Number of Providers	Number of Providers	Number of Providers	% Change 2020-2022	% Change 2022-2024
Counselor	135	138	130	6%	-2%
Social Worker	15	12	12	0%	25%
Community/Behavioral Health	6	6	6	0%	0%
Clinic/Center	2	2	2	0%	0%
Substance Abuse Rehabilitation Facility	2	2	2	0%	0%
Behavior Analyst	1	0	0	0%	0%

Source: Analysis of National Provider File

- Out-performed statewide average % change over 4-year period
- Under-performed statewide average % change over 4-year period



Local Collaborative Area 11: McKinley and San Juan Counties



2023 Population: 189,472



Grant Highlights for FY 2021-2024

- \$3,033,251 for the Pueblo of Zuni - Office of Justice grants for tribal assistance and tribal victims
- \$1,266,000 for Gallup Community Health – HRSA grants for the healthcare systems and SAMSHA grants for access to behavioral health services
- \$1,000,000 for Thoreau Community Center (TCC) – SAMHSA grants
 - \$750k for behavioral health programs
 - \$250k for suicide prevention
- \$899,997 for Zuni Pueblo - SAMHSA grant for substance abuse prevention



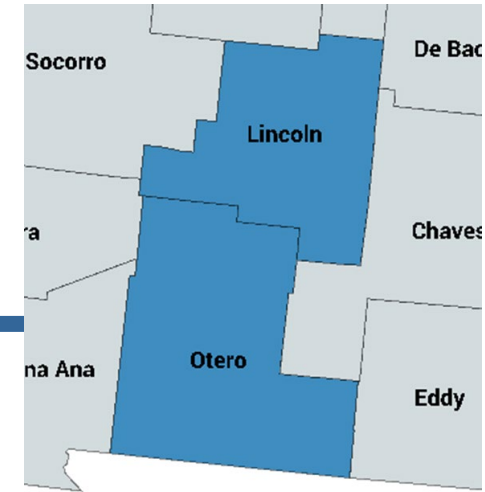
Unique NPI numbers by Local Collaborative Area	2024	2022	2020	% Change	% Change
Provider Type	Number of Providers	Number of Providers	Number of Providers	2020-2022	2022-2024
Counselor	87	76	75	1%	14%
Social Worker	44	40	39	3%	10%
Psychologist	21	20	19	5%	5%
Behavior Technician	16	7	0	0%	129%
Community/Behavioral Health	8	6	6	0%	33%
Behavior Analyst	7	7	7	0%	0%
Marriage & Family Therapist	3	3	3	0%	0%
Registered Nurse	2	2	1	100%	0%
Community Based Residential Treatment Facility, Intellectual and/or Developmental Disabilities	2	1	1	0%	100%
Clinic/Center	2	3	4	-25%	-33%
Substance Abuse Rehabilitation Facility	1	2	2	0%	-50%
Residential Treatment Facility, Emotionally Disturbed Children	1	1	1	0%	0%
Psychiatric Residential Treatment Facility	1	1	1	0%	0%

- Out-performed statewide average % change over 4-year period
- Under-performed statewide average % change over 4-year period

Source: Analysis of National Provider File



Local Collaborative Area 12: Otero and Lincoln Counties



2023 Population: 88,864



Grant Highlights for FY 2021-2024

- \$2,539,103 for the Mescalero Apache Tribe - Office of Justice grants for tribal assistance and tribal victims and violent crime reduction
- \$992,071 for Mescalero Apache Tribal Council – SAMHSA grants for the substance abuse prevention and suicide prevention



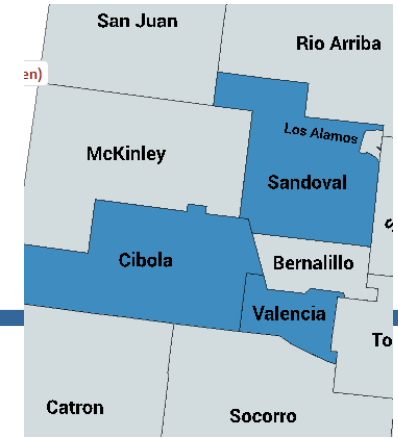
Unique NPI numbers by Local Collaborative Area	2024	2022	2020	% Change	% Change
Provider Type	Number of Providers	Number of Providers	Number of Providers	2020-2022	2022-2024
Behavior Technician	508	416	109	282%	22%
Counselor	264	256	248	3%	3%
Social Worker	97	83	74	12%	17%
Psychologist	30	31	30	3%	-3%
Behavior Analyst	22	18	6	200%	22%
Community/Behavioral Health	17	18	18	0%	-6%
Clinic/Center	14	13	9	44%	8%
Nurse Practitioner	8	7	4	75%	14%
Registered Nurse	5	5	5	0%	0%
Marriage & Family Therapist	5	4	5	-20%	25%
Substance Abuse Rehabilitation Facility	4	4	3	33%	0%
Residential Treatment Facility, Emotionally Disturbed Children	2	2	2	0%	0%

Source: Analysis of National Provider File

- Out-performed statewide average % change over 4-year period
- Under-performed statewide average % change over 4-year period



Local Collaborative Area 13: Cibola, Sandoval, and Valencia Counties



2023 Population: 261,857



Grant Highlights for FY 2021-2024

- \$7,098,339 for the Pueblo of Acoma
 - \$4,731,564 for tribal assistance, tribal victims and violent crime reduction
 - \$2,366,775 for behavioral health and substance abuse programs – SAMHSA grants
- \$9,371,641 for the Pueblo of Jemez
 - \$7M from HRSA for primary care
 - \$2.3 M from HRSA from the Office of Justice for tribal assistance and tribal victims
- \$11,137,551 for the Pueblo of San Felipe
 - \$10,907,578 from SAMHSA for access to behavioral health services, substance abuse, and suicide prevention
 - \$229,973 from the Office of Justice for tribal victims



Unique NPI numbers by Local Collaborative Area	2024	2022	2020	% Change 2020-2022	% Change 2022-2024
Provider Type	Number of Providers	Number of Providers	Number of Providers		
Counselor	978	882	826	7%	11%
Social Worker	531	435	387	12%	22%
Behavior Technician	403	184	91	102%	119%
Psychologist	115	108	105	3%	6%
Community/Behavioral Health	82	81	70	16%	1%
Behavior Analyst	78	62	56	11%	26%
Marriage & Family Therapist	43	39	41	-5%	10%
Clinic/Center	39	34	25	36%	15%
Nurse Practitioner	26	21	19	11%	24%
Substance Abuse Rehabilitation Facility	10	10	7	43%	0%
Community Based Residential Treatment Facility, Intellectual and/or Developmental Disabilities	5	1	1	0%	400%
Residential Treatment Facility, Emotionally Disturbed Children	4	4	5	-20%	0%
Clinical Neuropsychologist	3	3	3	0%	0%

Source: Analysis of National Provider File

- Out-performed statewide average % change over 4-year period
- Under-performed statewide average % change over 4-year period



Turquoise Care Vs. Centennial Care

- Turquoise Care is the name of the Medicaid Managed Care Program that replaced Centennial Care
- Going from three Managed Care Organizations (MCO) to four, with Molina and United Health Care added and Western Sky Community Care dropped
- Adding Benefits such as:
 - Supportive Housing
 - Continuous Eligibility for children under six years old
 - Expansion of Home Visiting
 - Evidence-Based Behavioral Health services treatment modalities
- Presbyterian will be the MCO for children in state custody



Opportunities and Questions

- Are there opportunities to streamline and rationalize oversight and administration of BH programs?
- Can the state better integrate local BH needs assessments and planning in state planning and priority setting?
- Can existing capacity be made more accessible through targeted expansion of programs such as non-emergent transportation, telehealth, “Treat First”, integrated care and others?
- Should the state consider development of an “all-of-government BH plan similar to other states and many NM communities?



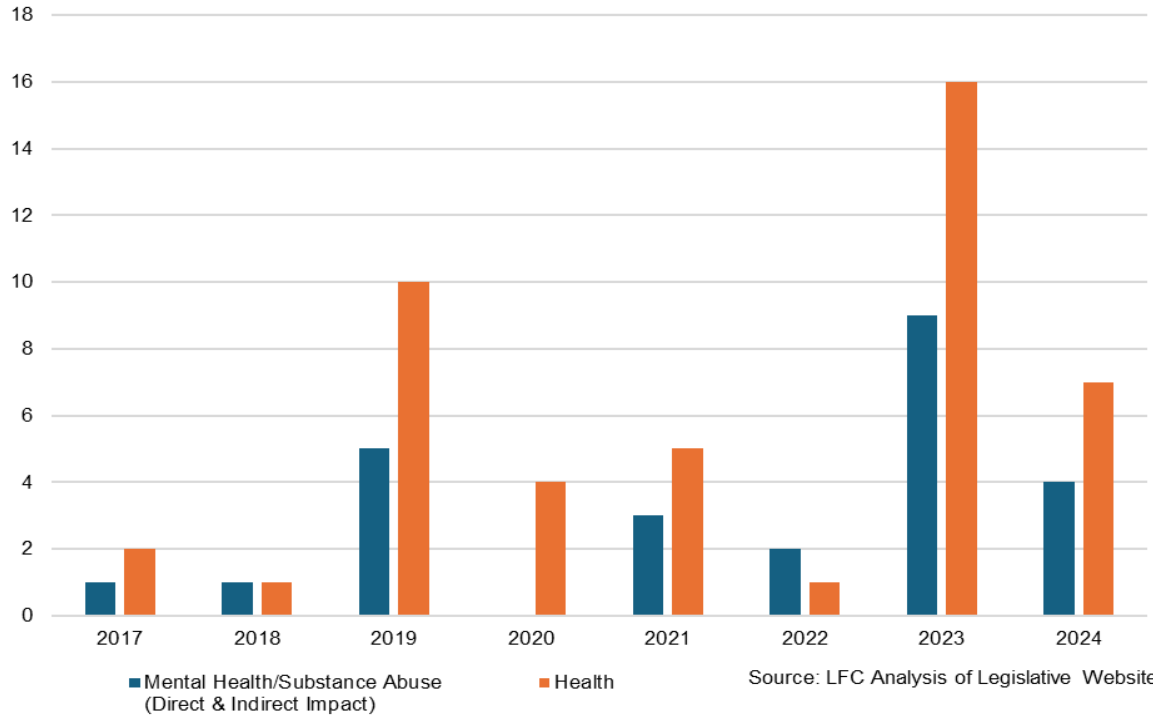
Data Challenges

- The state lacks a central reporting system for all health care claims data in the state which makes measuring the impact of behavioral health and substance abuse interventions and identifying gaps difficult. (The APCD may help with this, although it does not house data for all New Mexicans)
- There is no centralized and continually updated database of providers practicing in the state of New Mexico
- Outcomes data is spotty and has latency issues
- The state lacks clear metrics to measure strategic goals set by the state and the Behavioral Health Collaborative
- There is a lack of transparency of federal and state funding for various programs

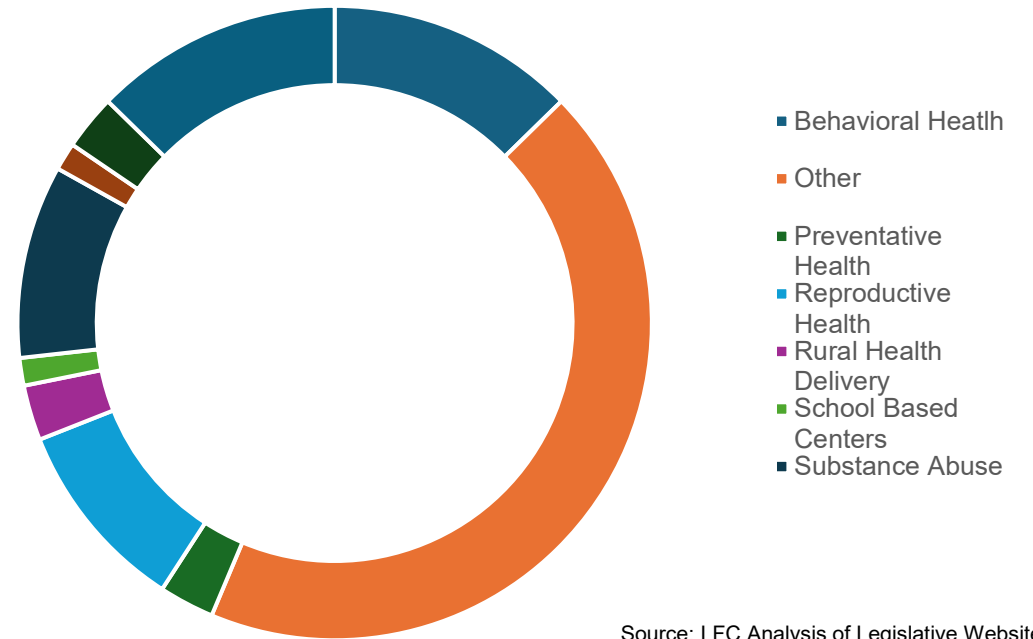


State Legislative Activity Prioritized Health Care Over the Last 6 Years

Bills Passed in the NM Legislature by Year



NM House and Senate Bills for Health Care Related Issues 2017-2024



Two key laws were SB317 – No Cost Sharing for Behavioral Health & Substance Abuse Services (passed in 2021) and SB273 – Mental Health Parity (passed in 2023)