

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.

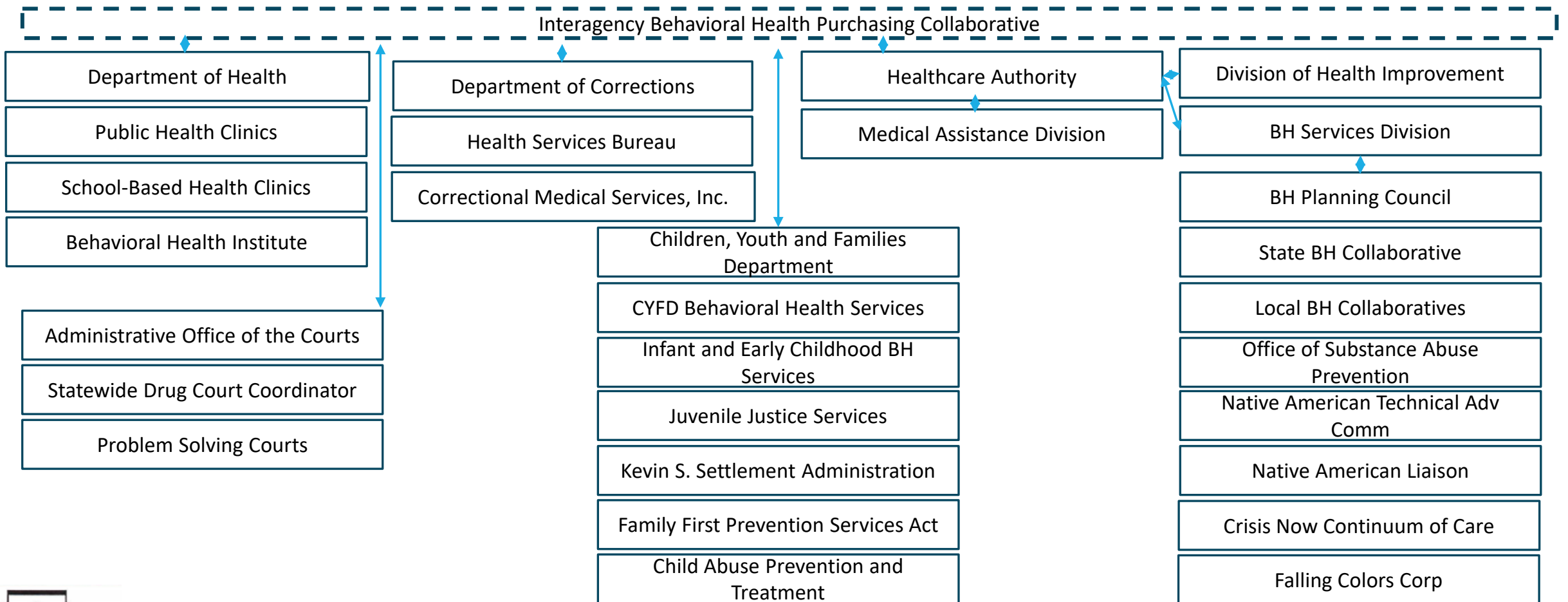


Behavioral Health Purchasing Collaborative

- 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.

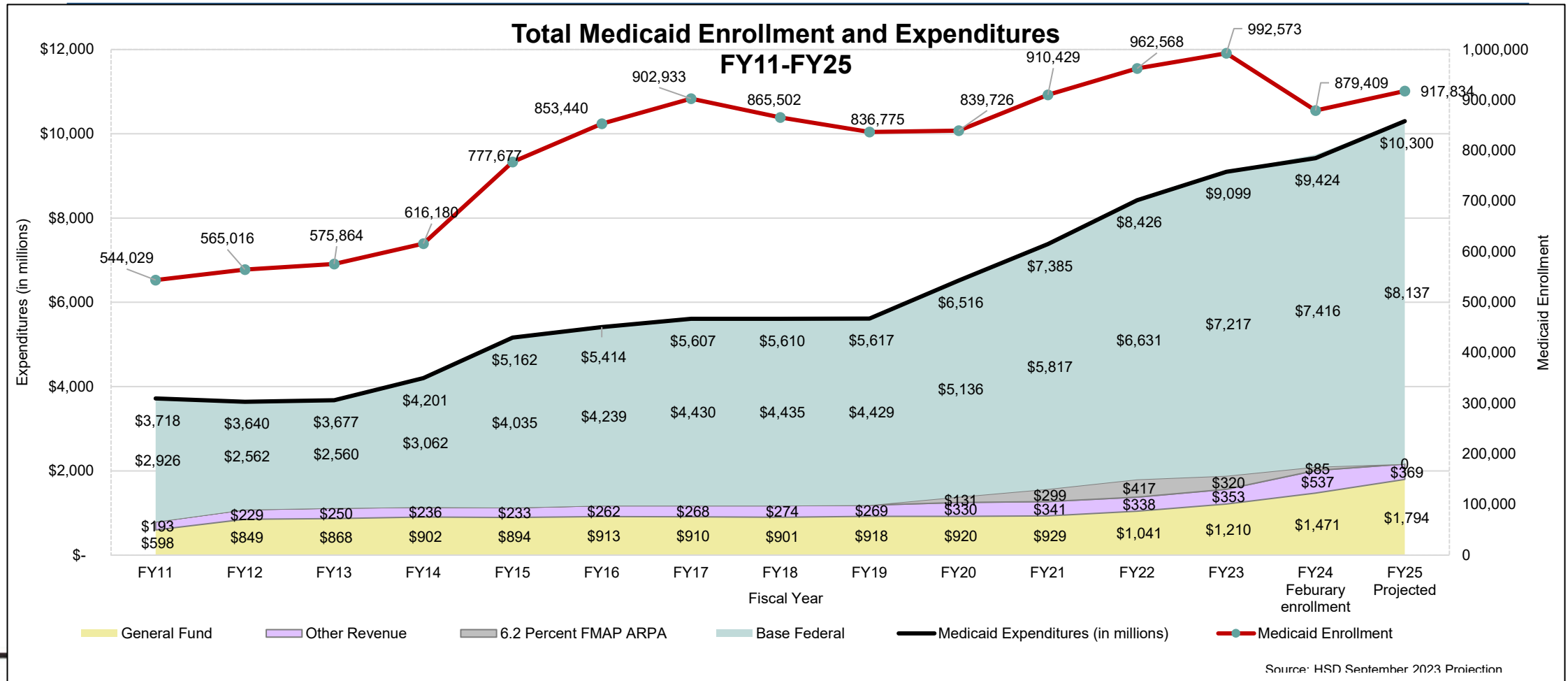
2024 New Mexico Behavioral Health Rankings
(Lower Rank is Better)

| 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% |

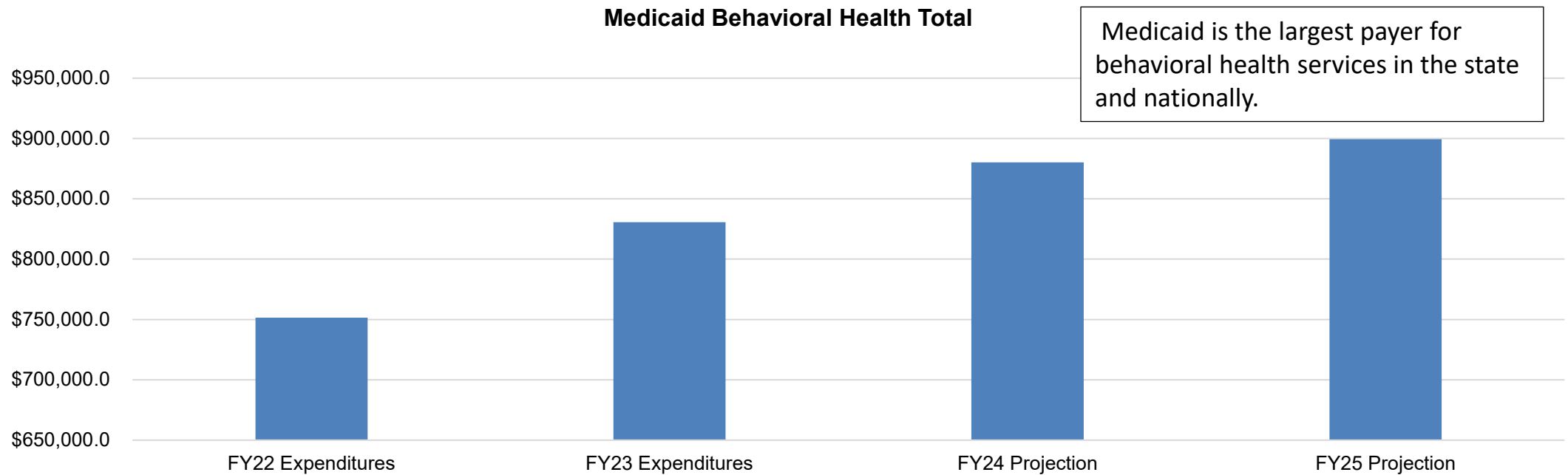
Sources: State of Mental Health in America 2024 and America's Health Rankings



Approximately 42% of NM Population is Covered by Medicaid



Medicaid Behavioral Health Spending Growth

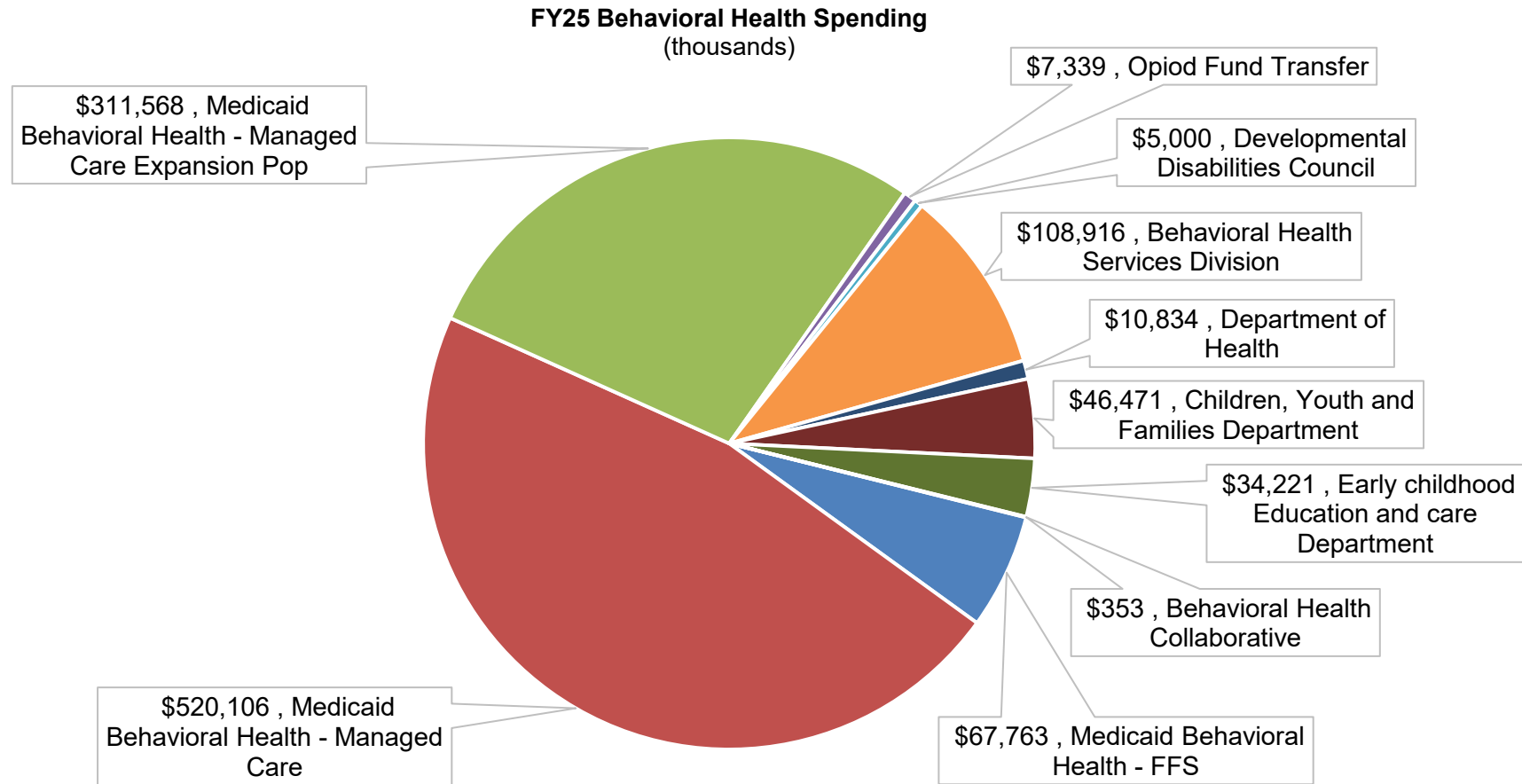


Source: Medicaid Projections

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

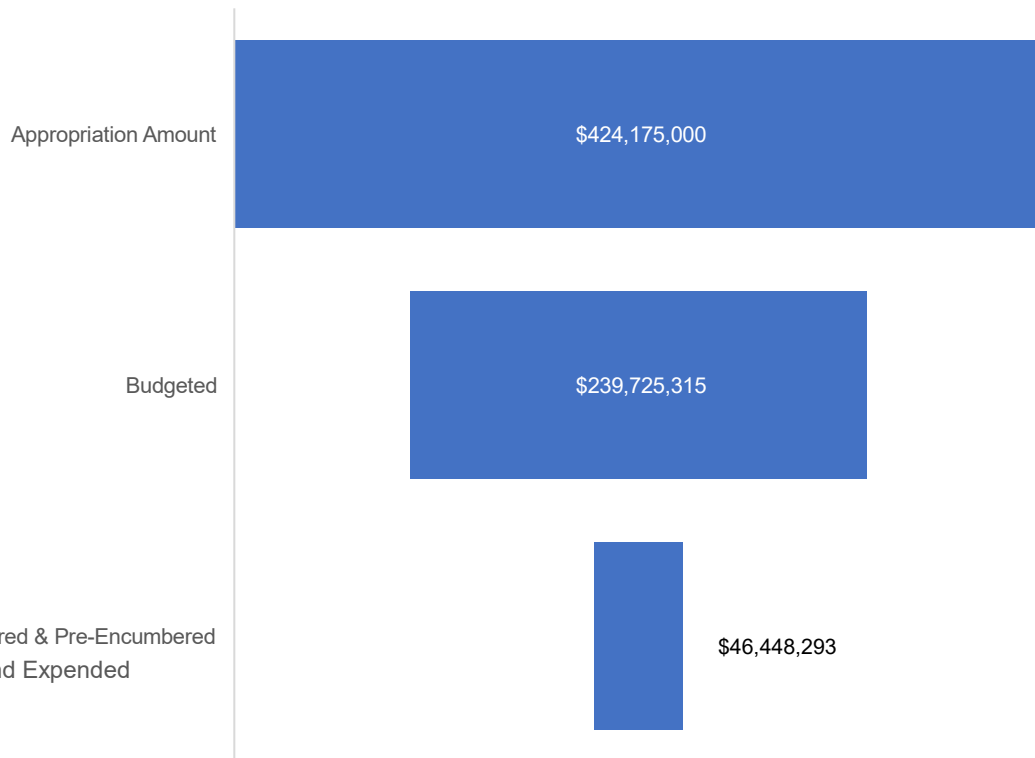


Source: Medicaid Budget and Falling Colors



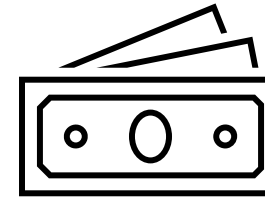
Behavioral Health Special Appropriations Provided Additional Funding for 2020 Through 2025

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 |



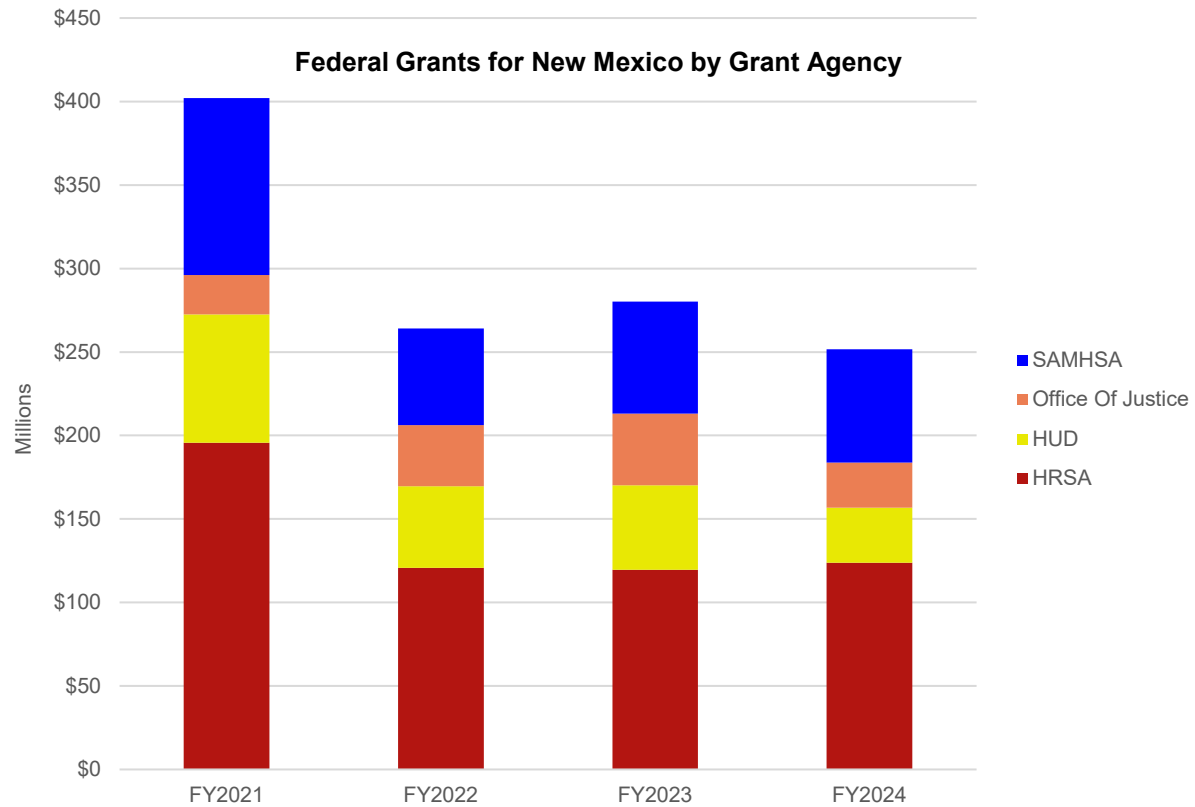
Status of Funds

- \$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

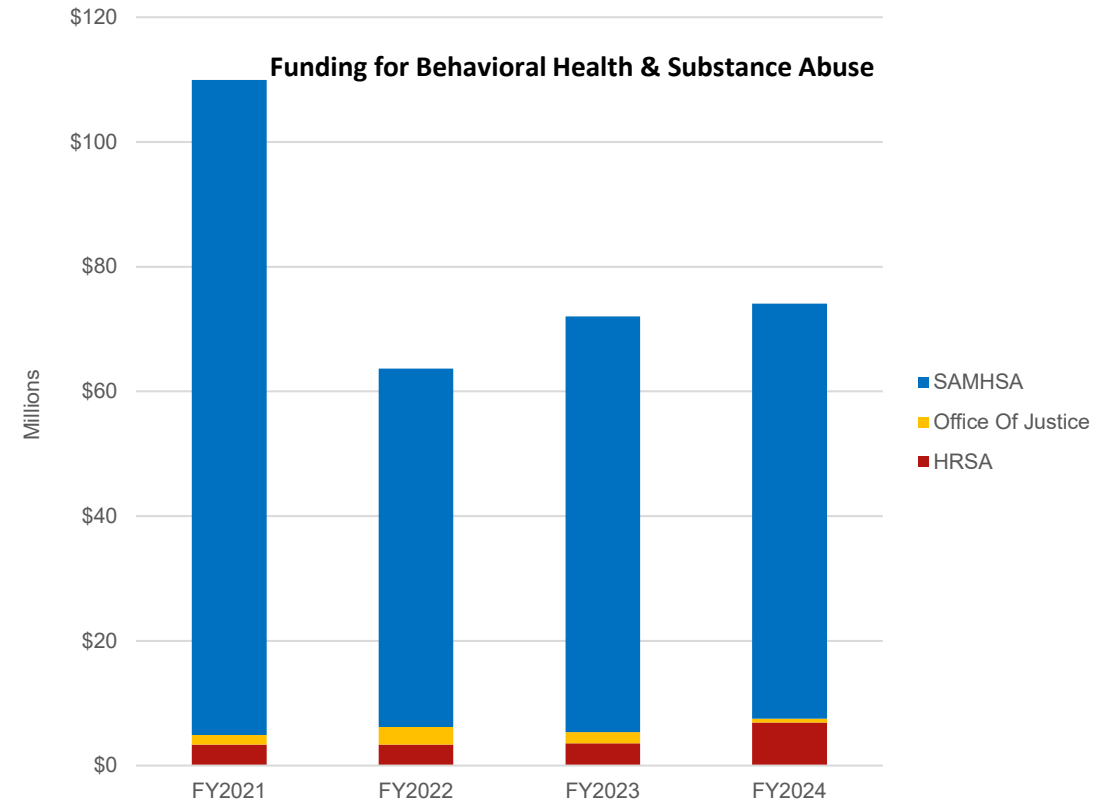
Source: LFC Analysis Of Recent Expenditures



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



Source: SAMHSA, HRSA, HUD, Office of Justice



Source: SAMHSA, HRSA, HUD, Office of Justice



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

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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

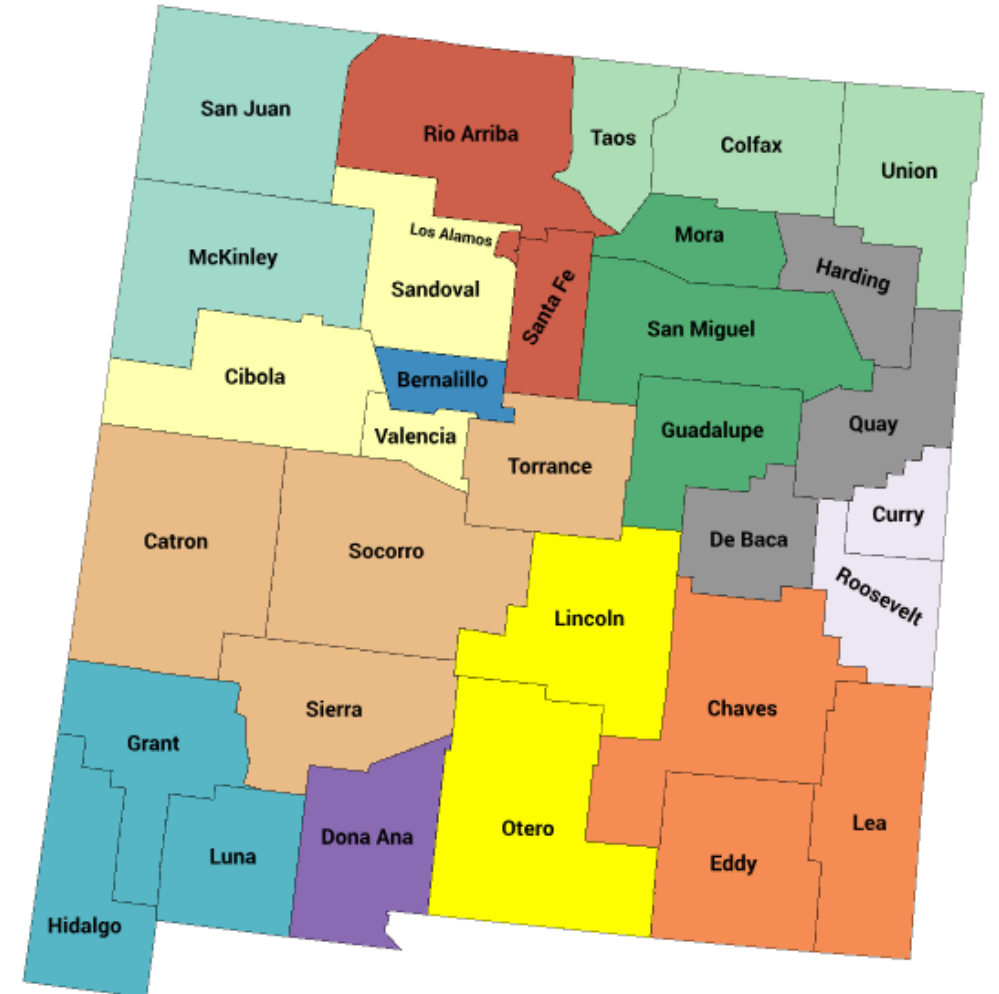
LC 13: Cibola, Sandoval, and Valencia Counties

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

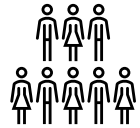
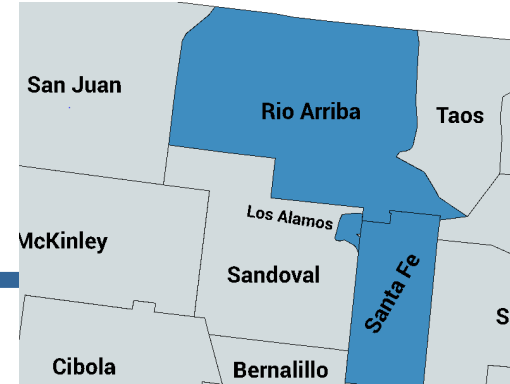
The National NPI Files contain data for all providers across the US. These statistics include primary address in the state of NM. Both facilities and individuals are counted and reflected in the data. Each NPI is only counted once. It is not possible to know which providers are actively practicing in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



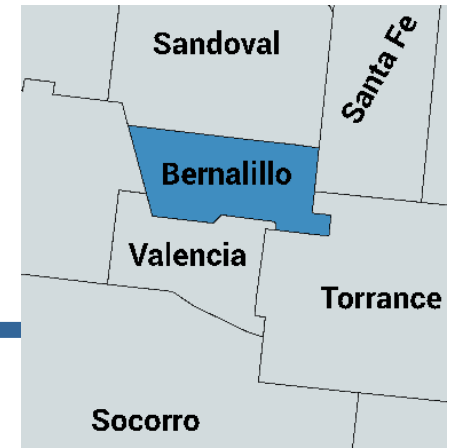
| Unique NPI numbers by Local Collaborative Area | 2024 | 2022 | 2020 | % Change 2020-2022 | % Change 2022-2024 |
|--|---------------------|---------------------|---------------------|--------------------|--------------------|
| | Number of Providers | Number of Providers | Number of Providers | | |
| 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



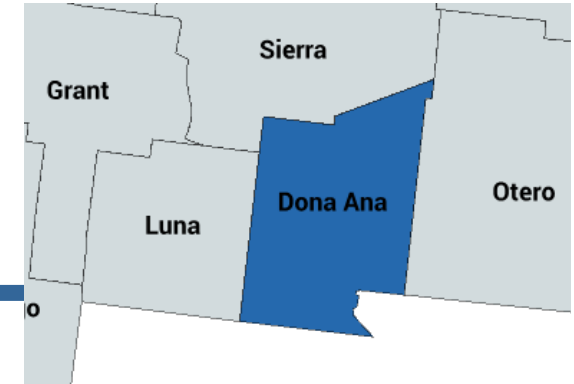
| Unique NPI numbers by Local Collaborative Area | 2024 | 2022 | 2020 | | |
|--|---------------------|---------------------|---------------------|--------------------|--------------------|
| | Number of Providers | Number of Providers | Number of Providers | % Change 2020-2022 | % Change 2022-2024 |
| 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% |

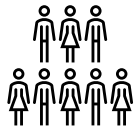
Source: Analysis of National Provider File

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



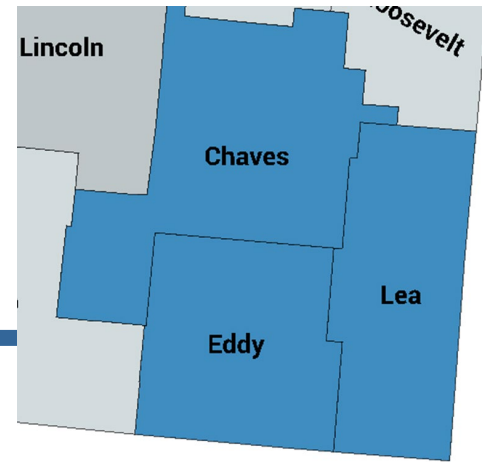
| Unique NPI numbers by Local Collaborative Area | 2024 | 2022 | 2020 | | |
|--|---------------------|---------------------|---------------------|--------------------|--------------------|
| | Number of Providers | Number of Providers | Number of Providers | % Change 2020-2022 | % Change 2022-2024 |
| 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



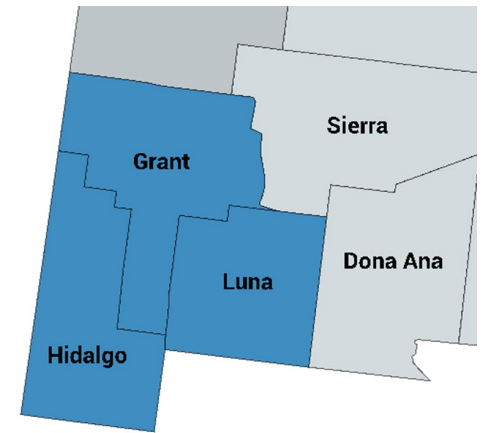
| Unique NPI numbers by Local Collaborative Area | 2024 | 2022 | 2020 | | |
|--|---------------------|---------------------|---------------------|--------------------|--------------------|
| Provider Type | Number of Providers | Number of Providers | Number of Providers | % Change 2020-2022 | % Change 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



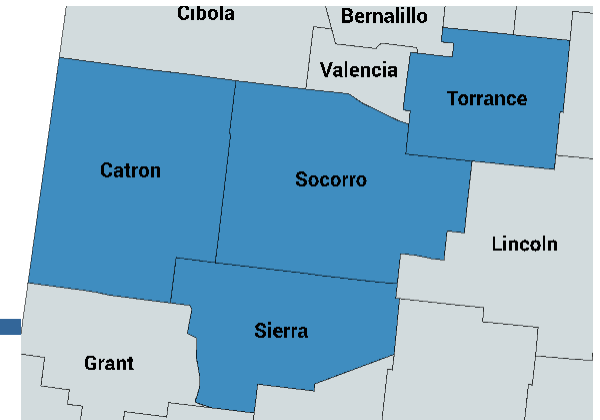
| Unique NPI numbers by Local Collaborative Area | 2024 | 2022 | 2020 | | |
|--|---------------------|---------------------|---------------------|--------------------|--------------------|
| Provider Type | Number of Providers | Number of Providers | Number of Providers | % Change 2020-2022 | % Change 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



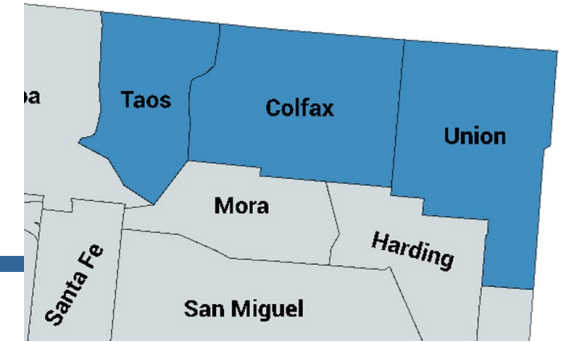
| Unique NPI numbers by Local Collaborative Area | 2024 | 2022 | 2020 | | |
|--|---------------------|---------------------|---------------------|--------------------|--------------------|
| | Number of Providers | Number of Providers | Number of Providers | % Change 2020-2022 | % Change 2022-2024 |
| 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



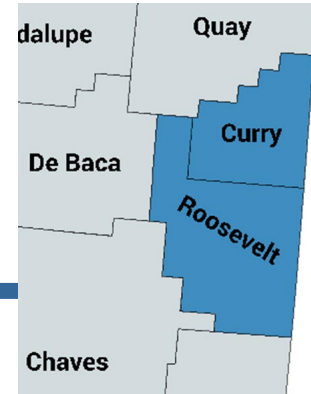
| Unique NPI numbers by Local Collaborative Area | 2024 | 2022 | 2020 | % Change 2020-2022 | % Change 2022-2024 |
|--|---------------------|---------------------|---------------------|--------------------|--------------------|
| Provider Type | Number of Providers | Number of Providers | Number of Providers | | |
| 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



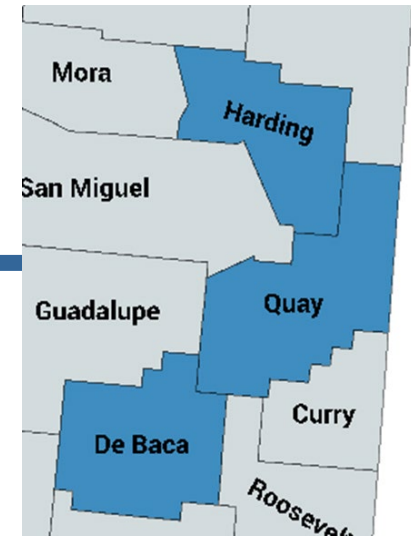
| Unique NPI numbers by Local Collaborative Area | 2024 | 2022 | 2020 | % Change 2020-2022 | % Change 2022-2024 |
|--|---------------------|---------------------|---------------------|--------------------|--------------------|
| Provider Type | Number of Providers | Number of Providers | Number of Providers | | |
| 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



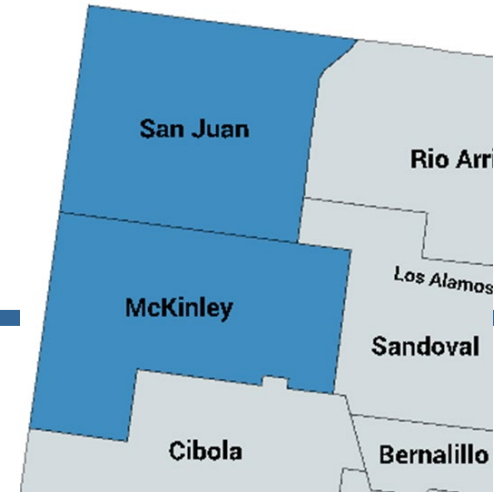
| Unique NPI numbers by Local Collaborative Area | 2024 | 2022 | 2020 | | |
|--|---------------------|---------------------|---------------------|--------------------|--------------------|
| Provider Type | Number of Providers | Number of Providers | Number of Providers | % Change 2020-2022 | % Change 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



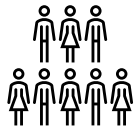
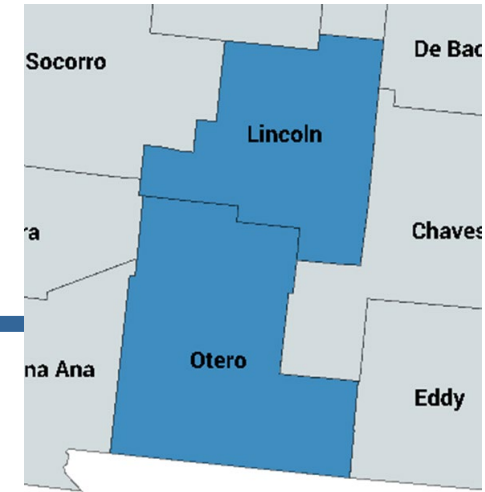
| Unique NPI numbers by Local Collaborative Area | 2024 | 2022 | 2020 | % Change | % Change |
|--|---------------------|---------------------|---------------------|-----------|-----------|
| Provider Type | Number of Providers | Number of Providers | Number of Providers | 2020-2022 | 2022-2024 |
| Counselor | 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% |

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 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?



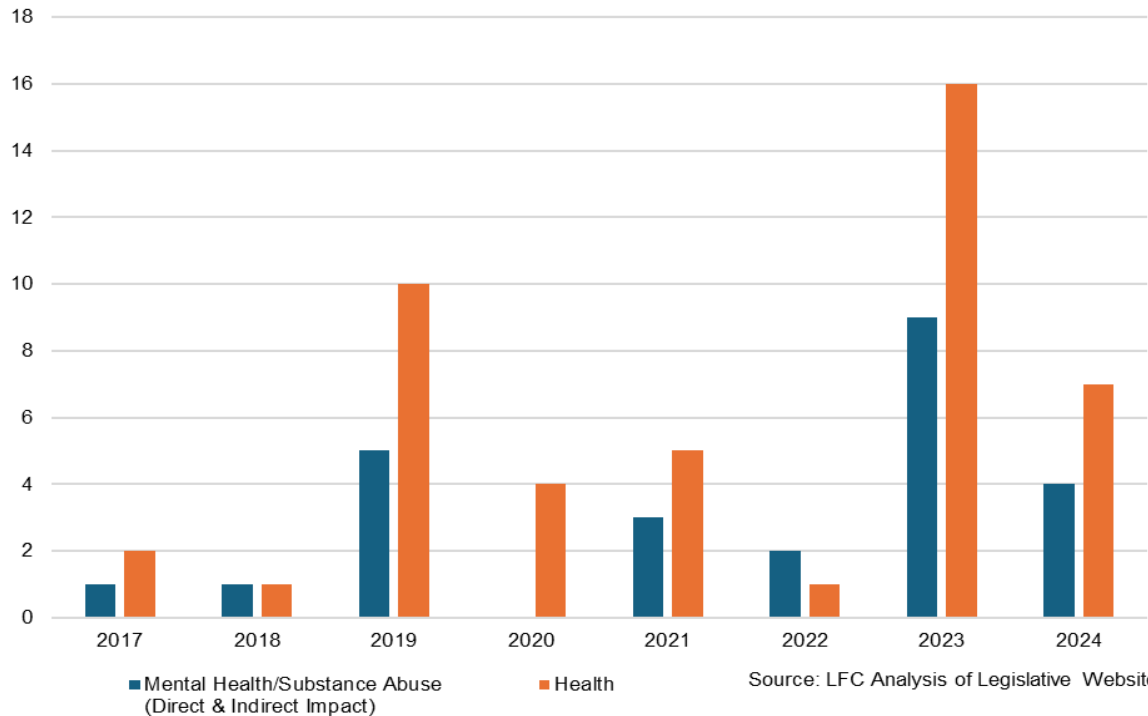
Data Challenges

- 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

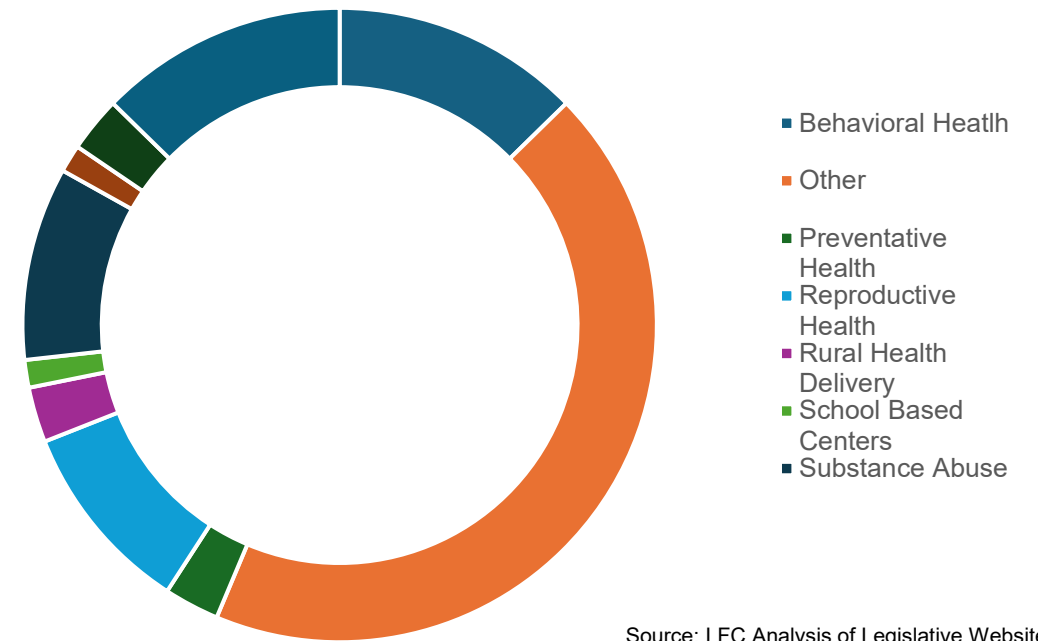


State Legislative Activity Prioritized Health Care Over the Last 6 Years

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)