



Evaluation: MAT in Public Health Offices Implementation of Recommendations Update

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Legislative Health and Human Services Committee
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Evaluation: Medication-Assisted Treatment in Public Health Offices

Evaluation presented to LFC in July 2025

Objectives:

- Implementation of MAT program in public health offices
- Operation of MAT program in public health offices
- Effectiveness of MAT program in public health offices

Two major findings drove the recommendations:

- While HCA estimated 9,130 individuals needed MAT, DOH had treated just over 324 individuals in public health offices
- The provision of MAT in public health offices lacked dedicated, coordinated outreach efforts and leadership



Recommendations

Finding	Recommendations	Complete	Progressing
"While HCA estimates 9,130 individuals need MAT, DOH has treated just over 324 individuals in public health offices."	5	2	3
"The provision of MAT in public health offices lacks dedicated, coordinated outreach efforts."	8	2	6
Total	13	4	9



What's working: Completed recommendations

- DOH should gather and report data, including a public-facing dashboard, on the usage and outcomes of MAT patients by individual public health office.
 - COMPLETED: 12-month rolling data on new patients, patient visits, visits for MOUD, and retention rate, by county
- DOH should work with HCA to develop provider lists for SUD therapists to whom public health offices may refer MAT patients.
 - COMPLETED: Updated database in use by DOH
- DOH should simplify the memoranda of understanding process for Health Promotion teams to more efficiently facilitate community partnerships and referral networks.
 - COMPLETED: Clarified in July 2025
- DOH should work with HCA to leverage existing GRO funding received by HCA in 2024 to target certain providers to increase SBIRT utilization to identify SUDs and potential MAT patients.
 - COMPLETED



Outreach and Referrals (1/5)

- DOH should develop and submit to the LFC an implementation plan that includes performance targets and plans for marketing, outreach, and program leadership, including filling a state coordinator position with vacancy savings, as part of DOH's FY27 budget submission

PROGRESSING

- Developed new logic model focused on data, billing/revenue, coordinated clinical protocols, outreach, and referral.
- Training: Statewide training for clinical staff, health promotion teams, and corrections-specific training
- Clinical: Updated clinical protocols and forms, updated electronic health record processes, began work on Patient Portal
- Referral from Corrections: NMCD is referring newly released individuals to PHOs and working with the statewide coordinator to track referrals
- Data: Public-facing Portal is live and has improved internal data collection techniques.



Outreach and Referrals (2/5)

DOH should use the HCA's data on travel times for MAT patients to target outreach and promotion efforts for local public health offices

PROGRESSING

- Leveraging Nurse Helpline for telehealth and linkages to care
- Expanded no-cost medications for un/underinsured
- Expanded outreach to incarcerated populations
- Nurse Helpline and epidemiologists collaborating to ensure newly released individuals who require MOUD are seen by a provider within 72 hours of release



Outreach and Referrals (3/5)

DOH should expand outreach and marketing efforts of the provision of MAT in PHOs, targeting New Mexicans with SUDs with direct marketing and advertising to vulnerable populations

PROGRESSING

- Closer collaboration between DOH and NMCD
- MOUD training for corrections and parole officers
- English/Spanish marketing materials distributed to PHOs, targeted households, contracted partners, etc.
- Looking forward: more social media presence, hire providers, peer educators, coordinate NM Pathways with DOH responses to need



Outreach and Referrals (4/5)

DOH should centralize the management of outreach and marketing efforts of the provision of MAT in public health offices to help focus the department's efforts and clearly define the relationships with and roles of regional staff;

PROGRESSING

- MOUD Coordinator actively works in coordination with incarcerated population epidemiologists and PHO staff on referrals and MOUD training for corrections and parole officers
- MOUD Coordinator works with the Office of Training and Development to train staff across the state by creating MOUD-specific training.
- Collaborating with Health Promotion and clinical teams.

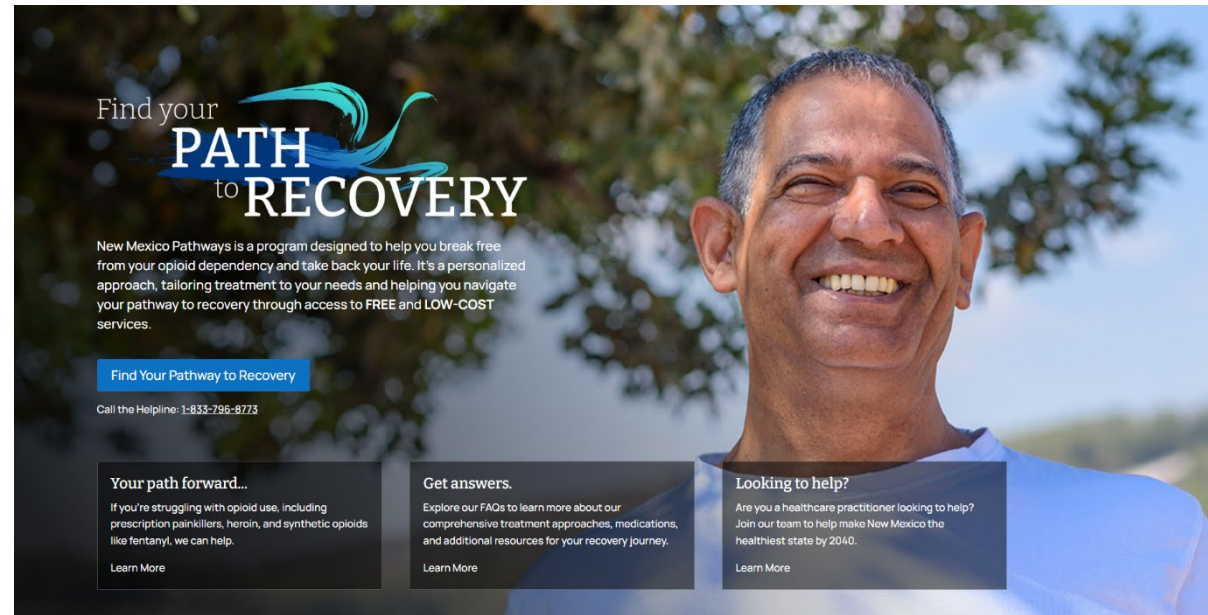


Outreach and Referrals (5/5)

DOH should improve the usability of the Pathways website with more visible links from the main Department of Health website

PROGRESSING

- In the process of redesign and update, and a move from externally hosted to DOH's main page
- Expected completion by end of 2026



In-Office Pharmacy

DOH should expand MAT with in-office pharmacy capabilities in public health offices, building on the experience of the current pilot project

PROGRESSING

- Building and security modifications required by NMBOP and DEA took longer than anticipated
- Applied for NMBOP Class E permits for Las Cruces and Española (approved)
 - DEA followed up with approval for Las Cruces but NOT initially Española (approval came later)
- Outstanding tasks:
 - Make an account with a vendor to order and return medications
 - Ensure staff do not have felony convictions for controlled substances or issues with a current or prior DEA registration



Mobile Clinics

DOH should report the necessary resources to utilize the state's mobile health clinics for providing MAT directly to patients in need

PROGRESSING

- Late 2022: Congress passed Mainstreaming Addiction Treatment Act (MAT Act) which removed the requirement to obtain narcotic treatment program (NTP) registration in order to dispense Schedule III, IV, or V narcotic drugs for MAT.
 - DEA rules weren't updated until July 2026 – the delay resulted in denial of registration for the Española PHO
 - DOH negotiated with the El Paso regional office of DEA to resolve the conflict with a Class B permit
 - Class B permits “do not contemplate the use of mobile units”
 - New rules do not clarify whether mobile units can be used with the permit
- DOH is still evaluating the legal and regulatory landscape to determine the feasibility of using mobile units for MAT.



Local Collaboratives

DOH should explore scaling Golden Opportunity and Opioid +360 to communities where coordination of resources is a challenge

PROGRESSING

- Evaluated Opioid +360 and Golden Opportunity structures and strengths
- Conducted statewide landscape assessment of substance use collaboratives
- The department is in the process of finalizing a toolkit for potential replication of Opioid +360 or other similar programs. This will be available to health councils and other communities interested in establishing a similar collaborative approach.





For More Information

- <http://www.nmlegis.gov/lcs/lfc/lfcdefault.aspx>
 - Session Publications – Budgets
 - Performance Report Cards
 - Program Evaluations

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