

UNM Milagro, FOCUS, & ADOBE: Medications for Opioid Use Disorder- Programs for Families and Youth

October 21, 2026

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What is MOUD (Medications for Opioid Use Disorder)?



- Evidence-based treatment for substance use disorders combining:
 - FDA-approved medications (buprenorphine, methadone)
 - Behavioral health services
 - Case management and recovery supports
- Reduces overdose, withdrawal symptoms, relapse, and complications of substance use disorder.
- Delivered through a coordinated family-centered model across pregnancy, infancy, childhood, and young adulthood

A Brief Overview of the Programs



Program	Established Role
Milagro	New Mexico's largest perinatal substance use treatment clinic serving pregnant and postpartum individuals with SUD.
FOCUS	More than 30 years of experience providing integrated early intervention, behavioral health, and primary care for children and families affected by substance use and trauma.
ADOBE	Multidisciplinary integrated behavioral health and primary care program for justice-involved and high-risk youth and families.

Together: A lifespan continuum.

The populations we serve



Program	Populations Served
Milagro	• Pregnant and postpartum people with current or prior substance use disorders • People with complex social situations or incarceration • Majority covered by Medicaid • Patients from throughout New Mexico, primarily Bernalillo County
FOCUS	• Families with children ages 0-3 at risk for developmental delay • Infants with prenatal substance exposure • Families involved with CYFD or reunification efforts • Served 822 patients in the past two years (318 adults, 504 children)
ADOBE	• Justice-involved and high-risk youth through age 24 and their families • Primary care & psychiatric care to both primary and secondary patients • Community navigation, therapy, and education services • Legal services (civic only)

Scope of services

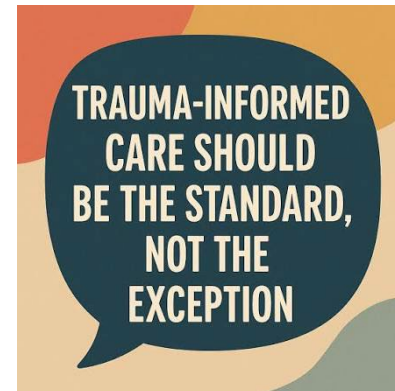
ALL Programs

- Substance use disorder treatment
- Trauma-Informed care
- Primary care
- Psychiatry and behavioral health treatment
- Care coordination and social work

Unique Program Services

- Prenatal and postpartum care (Milagro)
- Developmental assessment and early intervention (FOCUS)
- Justice-system navigation and re-entry services (ADOBE)

Program	Annual Service Volume
Milagro	• 854 clinic visits annually • ~110 births annually
FOCUS	• 1,650 visits annually • 350 pediatric and 150 adult patients annually
ADOBE	• ~1,100 therapy encounters annually • 88 psychiatry encounters annually • 93 education clients annually



Funding Sources and Challenges

Current support comes from:

- Medicaid reimbursement
- UNM Health clinical revenues
- Federal and state grants
- University support
- Specialized behavioral health funding streams



Access and Referral Pathways

Self-Referral	Provider Referrals	Referral Network
• Direct patient call lines • Walk-in access through UNM Hospital OB Triage • Community outreach referrals	• Community physicians • Hospitals and emergency departments • CYFD • Behavioral health providers • Obstetric services • PALS transfer line	Milagro ↔ FOCUS ↔ ADOBE Community partners: • CYFD • Department of Health • CARA navigators • Mariposa • ASAP • Maternal-Fetal Medicine • Justice system partners

Recent Trends and Emerging Needs



Workforce and Capacity Challenges

- Limited reimbursement for integrated behavioral health, social work, and care coordination
- Shortage of co-located psychiatry and therapy services
- Rural shortages of MOUD, prenatal care, early intervention, and recovery services

Service Population Trends

- Increasing complexity of social needs
- Housing instability
- Transportation barriers
- Justice involvement
- Need for family-centered treatment models

Payment/Reimbursement Challenges

- Inadequate reimbursement for integrated care models
- Lack of Medicaid financing for contingency management services
- Resource burden associated with Plans of Safe Care requirements

Why This Matters to New Mexico



A Lifespan Continuum of Care

- Pregnancy → Milagro
- Early Childhood → FOCUS
- Adolescence/Young Adulthood → ADOBE

Expected impact:

- Improved maternal and infant outcomes
- Reduced child welfare involvement
- Improved developmental outcomes
- Reduced justice involvement
- Expanded behavioral health workforce capacity
- Reduced long-term system costs

Unmet Need: Statewide Trends Outpacing Current Capacity

External trends that define the population Milagro, FOCUS, and ADOBE serve



PREGNANCY → MILAGRO

2×

NM newborn drug-withdrawal rate compared with the U.S. (2023, latest)



EARLY CHILDHOOD → FOCUS

19%

of NM children have 2+ adverse childhood experiences (U.S. 14%)



ADOLESCENCE → ADOBE

+119%

rise in youth delinquency referrals since the COVID low (FY21 to FY24)



Across the lifespan: reliance on Medicaid

53.6%

of NM births paid by Medicaid (U.S. 39.8%)

825,287

New Mexicans on Medicaid (July 2026)

~89,000

projected to lose coverage starting 2027

Pregnancy: Substance-Exposed Births at Twice the National Rate



PREGNANCY → MILAGRO

2x

NM newborns diagnosed with drug withdrawal (NAS): 11.0 per 1,000 birth hospitalizations vs. 5.1 nationally (2023, latest available)

What the data show

- As of August 2025, 1,019 NM infants were enrolled in CARA plans of safe care for prenatal substance exposure; 97.8% are on Medicaid.
- NAS counts only infants with withdrawal symptoms. House Memorial 3, which asked DOH to form a task force on prenatal substance exposure, states nearly 1 in 10 NM births is substance-exposed (H.M. 3, 2024).
- Since the Governor's Order in July 2025, there has been an increase in CYFD involvement with infants with prenatal drug exposure, and as of May 2026, 127 infants had been placed in state custody.

Why it matters

Treatment that starts during pregnancy is the earliest chance to keep mother and baby safely together and avoid a foster placement.

Sources: America's Health Rankings (2023 data); DOH/HCA/CYFD/ECECD presentation to LHHS (Aug 2025); NM House Memorial 3 (2024); Prokop (2026), Source NM.

Early Childhood: High Adversity, Long Waits for Help



EARLY CHILDHOOD →
FOCUS

19%

of NM children have 2 or more adverse childhood experiences (U.S. 14.1%; 2023–2024)

What the data show

- About 1 in 5 NM children has lived through 2+ of nine adversities, such as a parent's incarceration, household substance use, or witnessing violence. Nationally it is 1 in 7.
- Adversity repeats: 15.6% of NM child maltreatment victims were maltreated again within 12 months (FY26 Q2), nearly twice the 9% national benchmark (LFC, 2026).
- 2,100+ NM children were in state custody in FY26 Q2, and families wait 6+ months for children's behavioral health treatment (LFC, 2025, 2026).

Why it matters

34% of youth formally charged in juvenile court had earlier child protective services involvement. The justice pipeline often starts in early childhood.

Sources: America's Health Rankings (NSCH 2023–2024); LFC FY26 Q2 Report Cards (Apr 2026); LFC Policy Spotlight: Juvenile Justice (Nov 2025).

Adolescence: Referrals Rising and Youth Cycling Back



ADOLESCENCE → ADOBE

+119%

increase in referrals of youth to CYFD juvenile justice for an offense, 2,737 (FY21) to 5,986 (FY24)

What the data show

- Referrals of youth to CYFD's juvenile justice system, nearly all made by police, fell from about 8,770 (FY19) to 2,737 (FY21), then more than doubled to 5,986 (FY24) (LFC, 2025, pp. 8–14).
- 55% of FY25 referrals were youth referred before. Low-level cases go to community services, not court, but services are scarce, so many youth end up back in the juvenile justice system (LFC, 2025, pp. 17–20).
- Youth in CYFD secure facilities rose from 80 (FY23) to 120 (FY26). Confinement costs about \$345,000 per youth per year vs. \$836 for state-funded delinquency prevention (FY24; LFC, 2025, p. 12).

Why it matters: New Mexico funds confinement over treatment

In 2024, the state spent \$33.1 million on juvenile secure facilities but only \$5.3 million on multisystemic therapy, a proven family-based treatment for youth that returns about \$3 per \$1 spent (LFC, 2025, p. 18).

Sources: LFC Policy Spotlight: Juvenile Justice (Nov 2025); LFC FY26 Q2 Report Cards (Apr 2026).

Across the Lifespan: Medicaid Coverage Is Narrowing

53.6%

of NM births paid by Medicaid in 2024 (U.S. 39.8%)

825,287

New Mexicans enrolled in Medicaid (July 2026)

~89,000

projected to lose coverage under work rules from January 2027

What the data show

- From January 2027, ~230,000 adults ages 19–64 must meet work rules and renew every six months.
- ADOBE participants ages 19–24 and parents in Milagro and FOCUS fall in this age group; exemptions may apply.

Why it matters: families depend on Medicaid, coverage is narrowing, and care is already hard to reach.

Dependence: Medicaid pays for 53.6% of NM births and covers 97.8% of CARA infants (KFF, n.d.; DOH et al., 2025).

Exposure: ~89,000 projected coverage losses; ~101,760 at risk of 2+ month gaps (NM Health Care Authority, 2026).

Strained access: in 2025, only 6% of calls to Medicaid behavioral health providers got an appointment (LFC, 2025, p. 17).

Questions?



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