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New Mexico Legislative Finance Committee
Program Evaluation No. 25-03

Medication-Assisted Treatment in Public Health Offices

July 23, 2025

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Director

Charles Sallee

Deputy Director for Program Evaluation

Rachel Mercer Garcia, Ed.D.

Program Evaluation Team

Guillermo Caraveo, J.D., MBA
Josh Chaffin, MAIA
Sarah M. Dinces, Ph.D.
Elizabeth Dodson, MA
Matthew Goodlaw, MS
Stephanie Joyce
Margaret Klug
Clayton Lobaugh, MPA
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State of New Mexico
LEGISLATIVE FINANCE COMMITTEE

325 Don Gaspar, Suite 101 • Santa Fe, NM 87501
Phone (505) 986-4550 • Fax: (505) 986-4545

Charles Sallee
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July 18, 2025

Gina DeBlassie, Cabinet Secretary
Department of Health
Harold Runnels Building
1190 S St Francis Dr.
Santa Fe, New Mexico 87505

Secretary DeBlassie:

The Legislative Finance Committee (LFC) is pleased to transmit the evaluation *Medication-Assisted Treatment in Public Health Offices.* The program evaluation examined the implementation, operation, and effectiveness of Medication-Assisted Treatment (MAT) in public health offices. An exit conference was held with you and your staff on July 14, 2025, to discuss the report's contents.

The report will be presented to the LFC on July 23, 2025. LFC would like plans to address the recommendations within this report from the Department of Health within 30 days of the hearing.

I believe this report addresses issues the LFC asked us to review, and hope the department will benefit from our efforts. We very much appreciate the cooperation and assistance we received from you and your staff.

Sincerely,

Charles Sallee, Director

Cc: Representative Nathan Small, Chair, Legislative Finance Committee
Senator George K. Muñoz, Vice Chair, Legislative Finance Committee
Daniel Schlegel, Chief of Staff, Office of the Governor
Wayne Propst, Cabinet Secretary, Department of Finance and Administration
Joseph M. Maestas, State Auditor

Contents

Summary 1

Background 4

New Mexico's rates of opioid use disorder and alcohol use disorder exceed the national average. 4

Medication-assisted treatment combines cognitive-behavioral therapy and prescription medications to treat opioid use disorder and alcohol use disorder. 6

In addition to public health offices, the state provides MAT through certified community behavioral health clinics and correctional facilities. 10

While HCA estimates 9,130 individuals need MAT, DOH has treated just over 324 individuals in public health offices. 13

HCA estimates 9,130 New Mexicans may need MAT but are not currently in treatment. 13

The MAT in public health offices program has treated only 324 unique individuals, with most of the treatment paid for by Medicaid. 14

Most public health offices lack staff dedicated to MAT provision, and most offices rely on telehealth to connect patients with clinicians. 16

A lack of outcome data prevents meaningful evaluation of the efficacy of MAT provision in public health offices 18

The provision of MAT in public health offices lacks dedicated, coordinated outreach efforts and leadership 21

DOH's marketing of MAT in public health offices and Pathways website are not currently maximizing outreach to communities in need. 21

Local coordination of organizations and resources is a low-cost method of reaching more patients who can benefit from MAT. 22

DOH recently purchased five mobile health units, not currently used to deliver MAT. 24

Screening can identify individuals needing MAT, but is currently underutilized. 26

Agency Response 28

Appendix A. Evaluation Scope and Methodology 32

Appendix B. Major New Mexico Substance Use Disorder Policy Milestones 33

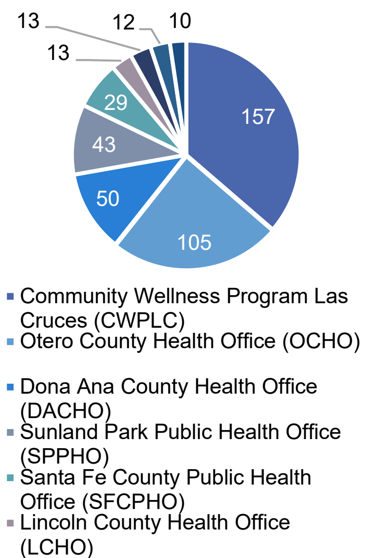
Appendix C. DOH MOUD Organizational Chart 34

Summary

Though medication-assisted treatment is evidence-based and effective, it has not yet been fully implemented in New Mexico's public health offices.

Medication-assisted treatment (MAT) is an evidence-based method of treating people with alcohol and opioid use disorders, and since May 2024, the treatment has been available at more than 30 of New Mexico Department of Health's (DOH) public health offices. This program comes in response to years of increasing overdose deaths attributed to opioids, as well as persistently high mortality attributed to alcohol consumption. Though MAT has been available from primary care physicians and other private providers who provide the majority of MAT services, delivering MAT through public health offices potentially brings treatment physically closer to almost every New Mexican. Notably, public health offices providing MAT, prescribe the medications, which then must be filled at a pharmacy. While this additional step is a barrier, potential patients can now find treatment in their own local communities and can walk in the door for treatment at any public health office without a worry about cost, insurance, or Medicaid status. Providing MAT in these offices adds a safety net for one of the most vulnerable populations in the state—a population that may be reticent to seek treatment in the other venues where MAT is offered.

Chart 1. MAT Individuals per Public Health Office May 2024 - April 2025



Note: 14 other PHO's offering MOUD treated fewer than 10 patients via telemedicine (average of 4.2); 12 did not treat any patients via telemedicine. Also individuals who visited more than one office may be captured more than once.
Source: DOH

The state began providing MAT in most public health offices in May 2024, though the Community Wellness Program in Las Cruces (Las Cruces Public Health Office) has offered MAT since 2007. Despite wider availability and the potential to address the state's substance use problems, only 321 unique individuals have been treated for opioid use disorder and only three for alcohol use disorder, a small proportion of the state's total need. Of public health office visits for MAT, Medicaid covered 60 percent, with the remainder paid for by private insurance, out-of-pocket, and the DOH's Medication for Opioid Use Disorder (MOUD) Uninsured Access Program. While the Uninsured Access Program helps ensure that anyone can access treatment, Medicaid coverage of MAT services at individual public health offices tops 80 percent in some offices (non-billing staff estimates), suggesting that DOH may not be maximizing Medicaid revenue to cover MAT across the state, given the prevalence of Medicaid eligibility in the state population.

Weak referral systems may also contribute to underutilization. While it is important to treat individuals who seek care at public health offices, declines in opioid and alcohol screening in other settings (according to Medicaid data) mean that fewer people are being identified and referred to MAT services offered at public health offices. Further, while state prisons

and county jails are a key source of referrals into MAT in public health offices, partnerships with the Corrections Department and county jails could be leveraged to ensure potential patients are referred to treatment.

DOH should set specific performance targets, and the state should monitor to evaluate whether the program is expanding access and complementing existing MAT providers. The current Accountability in Government measures of MAT provision are insufficient. Evidence-based measures should inform future evaluation of the program's effectiveness in both individual and community success but are lacking.

This evaluation finds that DOH is missing opportunities to reach additional patients through targeted outreach and marketing. Public health offices have struggled to attract MAT patients due to a stalled marketing campaign, in addition to missing other opportunities to educate potential patients. The marketing campaign stalled in part due to federal funding cuts and the measles outbreak. For instance, implementing the provision of MAT in public health offices led DOH to build a new website, New Mexico Pathways. Though the site links to helpful information, it is not clearly linked on DOH's website and has limited functionality. The state is also not using its new mobile health clinics to reach remote areas and patients to deliver MAT, an innovation that could bring MAT to rural areas. Other local practices, such as Golden Opportunity in Bernalillo County and Opioid +360 in Doña Ana County, have the potential to improve the state's MAT program but would need to be scaled from the county to the state level.

Key Findings

- Public health offices have treated just 324 individuals with MAT, and most local offices have served fewer than 10 patients
- A lack of outcome data prevents meaningful evaluation of the efficacy of MAT provision in New Mexico.
- Implementation of the provision of MAT in public health offices faces stalled marketing but could benefit from mobile provision of medications, as well as local partnership coordination
- The Department of Health recently purchased five mobile health units that are not currently being used to deliver MAT.

Key Recommendations

The Legislature should consider:

- Reevaluating the volume, efficacy, and impact of MAT provided in public health offices after the Department of Health, Legislative Finance Committee, and Department of Finance and Administration establish specific performance targets for FY27. If performance targets are not met, the Legislature should consider diverting funding to other effective MAT treatment options.

The Department of Health 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;
- Work with the Legislative Finance Committee and the Department of Finance and Administration to set specific performance targets for FY27 through the Accountability in Government Act to evaluate the volume, efficacy, and impact of MAT provided in public health offices;
- Develop and submit to the Legislative Finance Committee 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;
- Gather and report data, including a public-facing dashboard, following national best practices on the usage and outcomes of MAT patients by individual public health office;
- Expand outreach and marketing efforts of the provision of MAT in public health offices, targeting New Mexicans with SUDs with direct marketing and advertising to vulnerable populations; and
- Report the necessary resources to utilize the state's mobile health clinics for providing MAT directly to patients in need.

The Department of Corrections should:

- Include local public health department information in reentry paperwork for those released from state incarceration with substance use disorders and facilitate warm handoffs between Corrections and Public Health officials.

Background

The Public Health Division of the Department of Health (DOH) oversees public health services statewide, including operating public health offices, conducting infectious disease prevention and control, providing substance use prevention and harm reduction services, promoting healthy behaviors, collecting and publishing epidemiological data, and preparing for public health emergencies. Public health offices are in almost every county in the state, excluding Catron and Harding, and serve as a convenient interface between the agency and the public for broad health interventions, as well as a safety net to deliver health services to the most vulnerable among the population. The state began offering medication-assisted treatment (MAT) through more than 30 public health offices in May 2024 to increase access for the population most likely to benefit. Offering MAT is consistent with the department's practice of reducing harm from substance use, promoting healthy behaviors, and supporting justice-involved individuals.

Substance use disorder (SUD) occurs when the recurrent use of drugs or alcohol or both causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

- **Opioid use disorder (OUD)** is the chronic use of opioids that causes clinically significant distress or impairment
- **Alcohol use disorder (AUD)** is an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences

Source: SAMHSA and NIAAA

New Mexico's rates of opioid use disorder and alcohol use disorder exceed the national average.

While the entire country has seen increasing rates of substance use disorder (SUD), New Mexico has been especially affected, with both drug and alcohol use exceeding national averages. Within the state, some areas have higher rates of SUDs than others, with the data showing wide geographic variability.

New Mexico's rate of SUD exceeded the national average in 2022, and New Mexicans received treatment for SUDs at a slightly higher rate than the United States. New Mexicans suffered from SUDs at a higher rate than other Americans, according to the most recent full dataset available from the 2022 National Survey on Drug Use (the results of the 2023 survey are scheduled for publication in 2025). SUDs occur when the recurrent use of alcohol or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. Drug use as defined by the survey may include the use of marijuana (including vaping), cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine in the past year or any use (i.e., not necessarily misuse) of prescription pain relievers, tranquilizers, stimulants, or sedatives in the past year. Per the American Society of Addiction Medicine, MAT is effective at treating opiate use disorders and alcohol use disorders, the two categories of SUD considered in this evaluation. Nearly 24 percent of New Mexicans have SUDs, and over half of those are opiate or alcohol use disorders that can be treated with MAT. New Mexico treats SUD at a rate higher than the national average, leading to over 98 thousand receiving treatment in 2022, and yet the

Table 1. US vs. New Mexico Adult SUD

	US Rate	New Mexico Rate
Substance Use Disorder	17.8%	23.6%
Opiate Use Disorder	2.2%	2.5%
Alcohol Use Disorder	11.3%	12.2%
Received SUD Treatment in Past Year	4.7%	6.0%

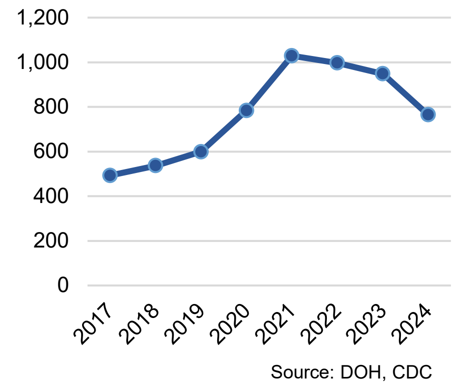
Source: 2022 National Survey on Drug Use

Healthcare Authority (HCA) estimates more than 9,000 New Mexicans need MAT but are not receiving services.

The United States is experiencing an opioid crisis, with New Mexico suffering the fifth-highest overdose rate in the nation in 2022. Since 2019, over 1 million Americans have died from opioids. Synthetic opioids, including fentanyl, caused the preponderance of those deaths. Fentanyl became the deadliest of all drugs or drug categories in the United States as of 2016, surpassing prescription opioids. In recent years, deaths due to methamphetamine and cocaine have surged, but even combined, they are responsible for fewer deaths than those caused by fentanyl. New Mexico's death rate from drug overdose has outpaced the national rate consistently since at least 1999. However, the gap between New Mexico and national rates has widened from 2019 to 2022, according to the most recent available data. In 2022, the death rate per 100,000 persons for New Mexico was 49, more than 50 percent higher than the national rate of 32.4. In terms of raw numbers, New Mexico saw a significant increase in overdose deaths from 2017 through 2021, followed by modest decreases in 2022, 2023, and 2024. These recent improvements could be the result of more aggressive policy aimed at New Mexicans with SUD, especially the wider availability of naloxone, an opioid overdose reversal medication, and awareness of its effectiveness.

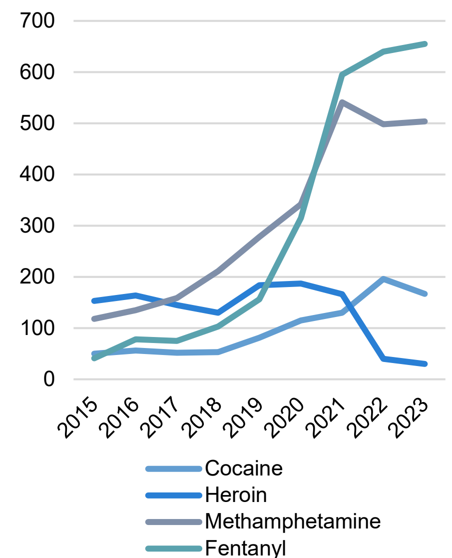
Provisional data from the federal Centers for Disease Control and Prevention (CDC) indicate that drug overdose deaths have decreased in New Mexico since peaking in 2021, consistent with a nationwide trend. Published data showed steep increases in overdose deaths in the United States and New Mexico from 2014 to 2022. However, provisional CDC data released in February 2025 show an evident decline in overdose deaths across the country, in most states, and in New Mexico. CDC's provisional data shows, for the 12 months ending in September 2024, only Alaska, Montana, Nevada, South Dakota, and Utah saw overdose numbers increase, while New Mexico and every other state saw decreases. For New Mexico, the increases over the last 10 years have been driven primarily by the rise in fentanyl overdoses, and secondarily by those from methamphetamine. Similarly, the improvements in the previous two years have been driven by fewer deaths due to fentanyl and methamphetamine. CDC data show that for the 12 months ending in September 2023, New Mexico reported 672 overdose deaths due to fentanyl. In September 2024, that number was 462, representing a 31 percent reduction from the previous year. The latest data show 800 total overdose deaths in New Mexico, which would be a 23 percent reduction from the peak year of 2021. While the precise causes of these improvements merit further study, a National Public Radio investigation indicated the likely reason is the broader availability of harm reduction tools, such as naloxone (Narcan). While fewer deaths are laudable, this heightens the need for recovery services for those who have survived but require treatment.

Chart 2. Overdose Deaths in New Mexico by Year



Source: DOH, CDC

Chart 3. New Mexico Overdose Deaths by Drug



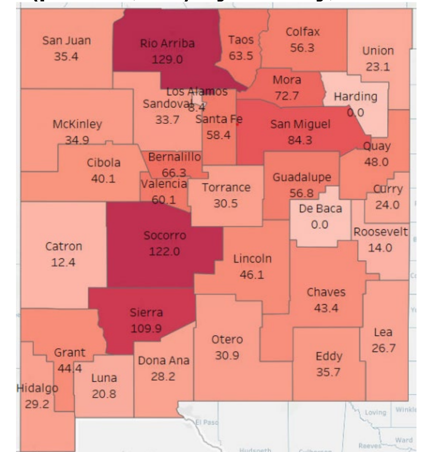
Note, 2023 data is the most recent available.

Source: CDC

High fentanyl use, decreasing overdoses
Although overdose deaths have decreased year over year since peaking in 2021, there is no evidence that use of fentanyl or other opioids has also decreased. Instead, clinicians argue the decreased deaths are due to harm reduction efforts, including the wide availability of Narcan. While harm reduction has been successful in reducing the worst harm, this means more people with OUD will need treatment, underscoring the need for more MAT across the state.

Overdose death rates in New Mexico vary widely by region, with the highest rates in rural counties. The Department of Health operates 54 public health offices across the state, with at least one office in every county, except for Harding and Catron (total population of 4,236). Specifically, Rio Arriba, Socorro, Sierra, and San Miguel counties recorded the highest rates of overdose deaths in the state in 2021—the most recent year for which the department published county-level overdose rates. While the data is a few years old, the distribution of overdose deaths around the state underscores the need for services for those with SUDs in New Mexico's rural counties.

Figure 1. Overdose Death Rate (per 100,000) by County, 2021

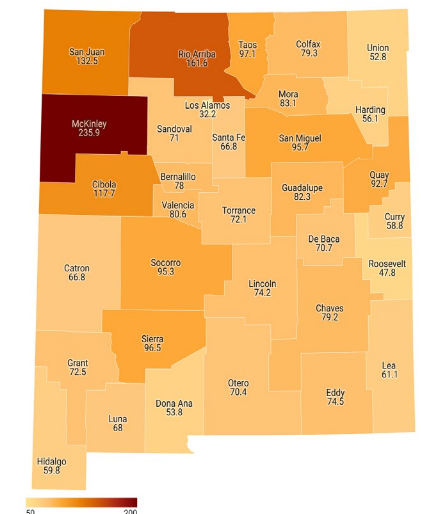


Note: 2021 is the most recent county-level death rate data available.

Source: DOH, UNM/GPS

Alcohol-related deaths in New Mexico have increased in recent years and were more than double the national average in 2023 and the highest among all states. The New Mexico Substance Use Epidemiology Profile from 2024 finds that one in five deaths of working-age adults (ages 20-64) in New Mexico is attributable to alcohol. This is twice the national rate. From 2017 to 2021, the alcohol-related death rate in New Mexico was 83.2 per 100 thousand. Nationally, in 2021, the rate was 47.9 per 100 thousand. This rate includes deaths due to chronic diseases from chronic heavy drinking and alcohol-related injuries. McKinley and Rio Arriba had the highest rates of 235.9 per 100 thousand and 161.6 per 100 thousand, respectively, more than twice the state rate. McKinley County has one public health office in Gallup that offers medication for opioid use disorder (MOUD) and Rio Arriba has two public health offices, with the office in Española offering MOUD. Public health offices offer MAT for AUD but have only treated three people. MAT, and its availability in public health offices, could be an important tool for the state in bringing alcohol-related deaths down, but it is not currently utilized at a level that would make a difference.

Figure 2. Alcohol-Related Death Rates (per 100,00) by County 2017-2021



Note: 2021 is the most recent year for which DOH published county-level alcohol-related death rates.

Source: DOH, UNM-GPS

Medication-assisted treatment combines cognitive-behavioral therapy and prescription medications to treat opioid use disorder and alcohol use disorder.

Scientific research, summarized by the University of New Mexico (UNM) Health Sciences for the LFC, has determined that a neurobiological framework is the most effective approach to treating addiction. The neurobiological framework considers three stages of substance use in which changes in the brain called neuroadaptations predispose individuals to substance use even when they would prefer to quit. In the first stage, "binge and intoxication," individuals consume the intoxicating substance, experiencing pleasure and reward. However, overstimulation with repeated exposure reduces the user's ability to feel pleasure from anything besides the drug. In the second stage, "withdrawal and negative affect," the reward and pleasure diminish, and the substance is consumed to prevent the onset of withdrawal symptoms. Finally, in "preoccupation and anticipation," users experience diminished impulse control, executive planning, and

emotional regulation. In the third stage, users may struggle to decide to quit or take the necessary steps to reduce or stop their usage. Understanding these stages, as well as the real neuroadaptations that take place in the brains of users, makes it possible to develop medications for opioid use disorder (MOUD).

Table 2. Three Stages of Substance Use

Stage	Experience	Consequence
First	Binge and intoxication	Pleasure/reward
Second	Withdrawal and negative affect	Diminished pleasure, withdrawal avoidance
Third	Preoccupation and anticipation	Diminished: impulse control, executive planning, emotional regulation

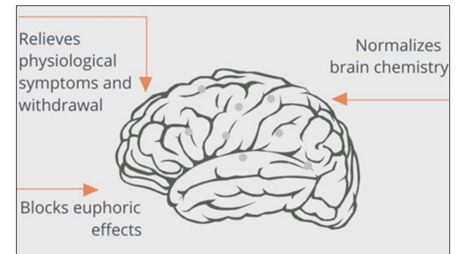
Source: LFC Files

While the mechanisms of the medications vary, MOUDs work on opioid receptors to relieve physical symptoms and withdrawal, normalize brain chemistry, and block the euphoric effects of illicit opioids. UNM Health Sciences research shows patients treated with MOUD are less likely to overdose, die, continue to use opioids, contract hepatitis C or HIV, suffer infections or complications, or have contact with the criminal justice system. In a clinical setting, medications are likely administered alongside psychosocial treatments, such as cognitive-behavioral therapy. The combination of MOUD and psychosocial treatment is referred to as medication-assisted treatment or MAT. Given these research-backed outcomes, MOUD are an important tool in addressing the rise of opioid deaths and consequences in the United States and especially in New Mexico.

MAT vs. MOUD

Many national organizations and practitioners have begun using the phrase "medications for opioid use disorder" (MOUD) instead of MAT to highlight the centrality of medications to treatment, rather than as an ancillary component of a person's treatment. In practice, these terms refer to the same sets of treatments, with states still largely referring to MAT and some national organizations, like the National Institute of Health, using the term MOUD. The benefit of using the term MAT is that it alludes to the therapy component of treatment, beneficial for the outcomes of those in treatment, and also includes treatment of alcohol use disorder (AUD). However, as a vulnerable population with inconsistent access to therapy, which may be expensive, time-consuming, and labor-intensive, those with opioid use disorder (OUD) may still benefit from medications, even if counseling is unavailable. The use of the term "MOUD" centers on medications that have accumulated volumes of evidence of their effectiveness, without the suggestion that those treated with only medication are receiving ineffective or incomplete treatment. This report uses "MAT" as an umbrella term that covers treatment for both OUD and AUD, with or without therapy or counseling.

Figure 3. Medication for Substance Use Disorders



Source: UNM Health Sciences Center.

Themes of Previous LFC Reports on SUDs in New Mexico

Increasing scale of SUD and AUD: Overdose and alcohol-related death statistics show the problem of substance use has increased faster than effective efforts aimed at addressing these issues.

Alcohol Use Disorder: There are many more New Mexicans with AUD than with OUD. Despite this, much of the policy attention and efforts to connect people in need with MAT have focused on opioids.

Increasing budgets for MAT: These reports all highlight the substantial and increasing investments in MAT made by the state using both state and federal funds. The efforts have not kept pace with the scale of the problem and have run into barriers that limit access.

Upstream intervention and prevention: Given the challenges with treating SUD, these reports suggest more efforts need to go toward preventing the initiation of substance use and intervening in vulnerable populations, especially youth, before they are afflicted with SUD.

Moral stigma: There is a widespread perception of SUDs as a moral failure. However, outcomes are better when SUDs are treated as chronic illness with appropriate medications.

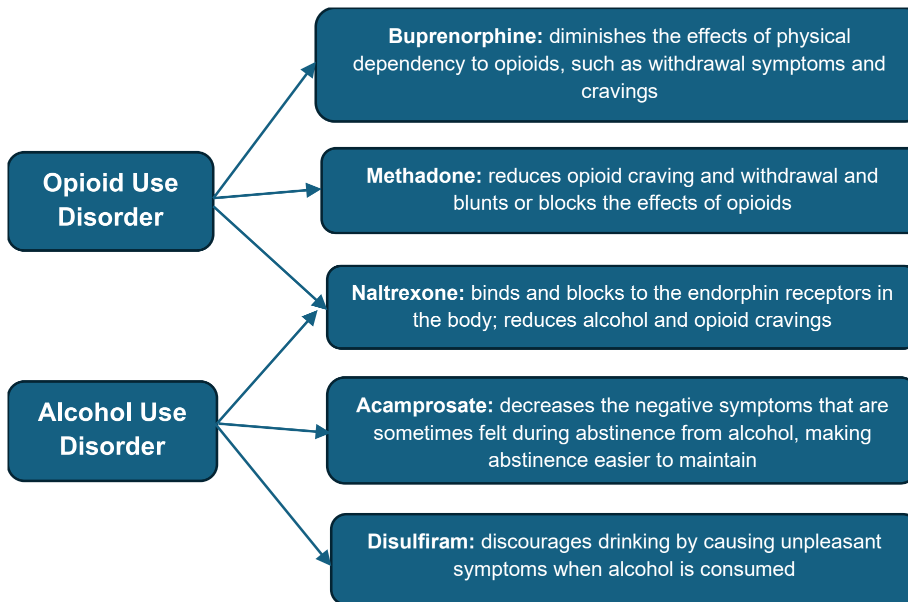
Source: LFC Files

In addition to treating patients with opioid use disorder, medication can be administered to help treat those with alcohol use disorder. The FDA has approved four medications to treat alcohol use disorders: acamprosate, disulfiram, oral naltrexone, and extended-release injectable naltrexone. Acamprosate helps maintain abstinence post-withdrawal and is most effective for those motivated to quit drinking completely. Disulfiram works by causing unpleasant reactions when combined with alcohol and is recommended only for highly motivated individuals under supervision. Naltrexone, available in both oral and injectable forms, blocks alcohol's reinforcing effects and has been shown to be effective at reducing heavy drinking days and cravings, particularly when combined with psychosocial support. The injectable form (Vivitrol) offers better compliance through monthly dosing rather than daily pills, though it is more expensive and requires the patient have completed detox before treatment.

New Mexico public health offices offer both naltrexone and buprenorphine for opioid use disorder. Treatment is offered both in-person and virtually. Public health offices are equipped to treat AUD but provide MAT for AUD much less often than for OUD.

Source: DOH FY25-27 Strategic Plan

Figure 4. Medications to Treat OUD and AUD



Source: SAMHSA and NIAAA

The state recently expanded the provision of MAT through public health offices, funded both from the general fund and with opioid settlement funds.

In May 2024, the Department of Health (DOH) expanded its offering of MAT for people suffering from SUDs to more than 30 of its 54 public health offices. This built on the department's existing outpatient treatment program for individuals with OUD through the NMHealth Southwest Pathways Program at the public health office in Las Cruces that has operated since 2007. The state currently operates 54 public offices across the state, with a location in every county except Harding and Catron. Of these offices, 38 offer medications for opioid use disorder (MOUD). This

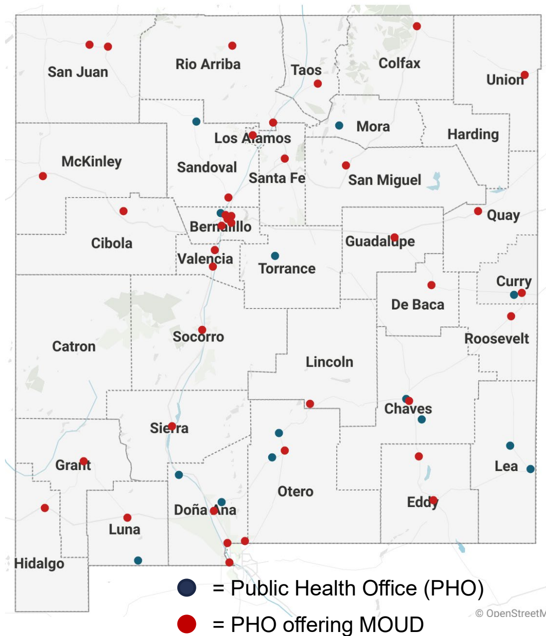
Services Offered by DOH Public Offices

- Family Planning
- Immunization
- Harm Reduction
- MAT
- STD testing and treatment
- Tuberculosis testing and treatment
- Women, Infants, Children (WIC) for supplemental nutrition
- Vital Records

Source: DOH FY25-FY27 Strategic Plan

expansion of treatment seeks to address the prevalence of SUD among New Mexicans, the rise in alcohol-related deaths, the changing nature of the opioid crisis, particularly the rise in overdose deaths due to fentanyl, as well as provide sufficient treatment referral options for individuals released from incarceration.

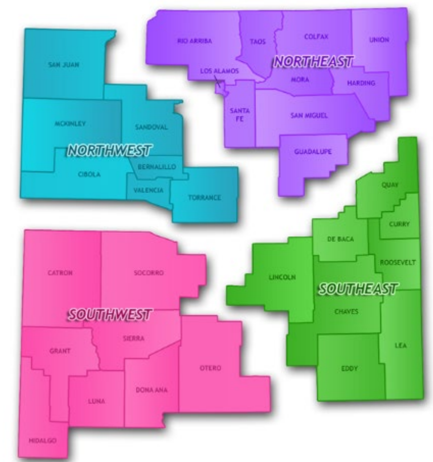
Figure 5. New Mexico Public Health Offices



DOH divides public health offices among four regions, each of which has its own health councils, health promotion teams, and partners. According to DOH's website, regional subdivisions help balance state administration and oversight with the need for tailored public health responses for the diverse communities across the state. A Public Health Department centralized at the state level is relatively unique among states nationwide as most states utilize a decentralized structure with counties coordinating services. Per DOH, New Mexico's centralized public health administration "creates a need for local bodies to identify community health needs, establish community priorities and plan and implement local solutions." This need for local public health offices to be responsive to local conditions is exemplified by the ongoing measles outbreak, which has primarily impacted the southeast region, with only a few cases reported in the northwest and northeast. The regional administrative structure of Public Health helps to manage the regional variation of the outbreak.

Since FY24, DOH has received $7.28 million each year to support the provision of MAT. In the 2023 General Appropriation Act (GAA), the Legislature increased DOH's Public Health program recurring operating budget by $1.78 million in general fund revenue specifically for

Figure 6. Public Health Regions



Source: DOH

Table 3. FY25 Public Health Budgets by Region

Region	Budget
Northeast	$4,179,140
Northwest	$8,719,740
Southeast	$4,888,140
Southwest	$5,042,440
Total	$22,829,460

Source: DOH

medication-assisted treatment (MAT) and by $2 million in general fund revenue for alcohol misuse. While DOH originally requested the alcohol misuse funding for prevention and epidemiology efforts around alcohol use disorder, the Legislature appropriated the funding to include the provision of treatment. DOH also received two nonrecurring appropriations in the 2023 GAA, totaling $3.5 million, funded with opioid settlement revenue for MAT related to opioid use disorder, with $1 million specifically for MAT in tribal communities. In the 2024 GAA, this funding became part of DOH's Public Health program operating budget, supporting DOH's partnerships with tribal communities, the purchase of naloxone, MAT-related staff, and marketing. This $3.5 million in opioid settlement revenue must be used to support the treatment of opioid use disorders and any co-occurring substance use disorder or mental health conditions through evidence-based or evidence-informed programs or strategies per statute (Section 6-4-29 NMSA 1978).

Table 4. DOH Funding for MAT
(in thousands)

Recurring Funding				
Funding Purpose	**Source of Funding**	**FY24 Appropriation**	**FY25 Appropriation**	**FY26 Appropriation**
MAT	General Fund	$1,783.0	$1,783.0	$1,783.0
Alcohol Misuse	General Fund	$2,000.0	$2,000.0	$2,000.0
MAT related to opioid use disorder	Opioid Settlement Revenue		$2,500.0	$2,500.0
MAT for tribal members related to opioid use disorder	Opioid Settlement Revenue		$1,000.0	$1,000.0
	Total	**$3,783.0**	**$7,283.0**	**$7,283.0**

Nonrecurring Funding				
Funding Purpose	**Source of Funding**	**FY24 Appropriation**	**FY25 Appropriation**	**FY26 Appropriation**
MAT related to opioid use disorder	Opioid Settlement Revenue	$2,500.0		
MAT for tribal members related to opioid use disorder	Opioid Settlement Revenue	$1,000.0		
	Total	**$3,500.0**		

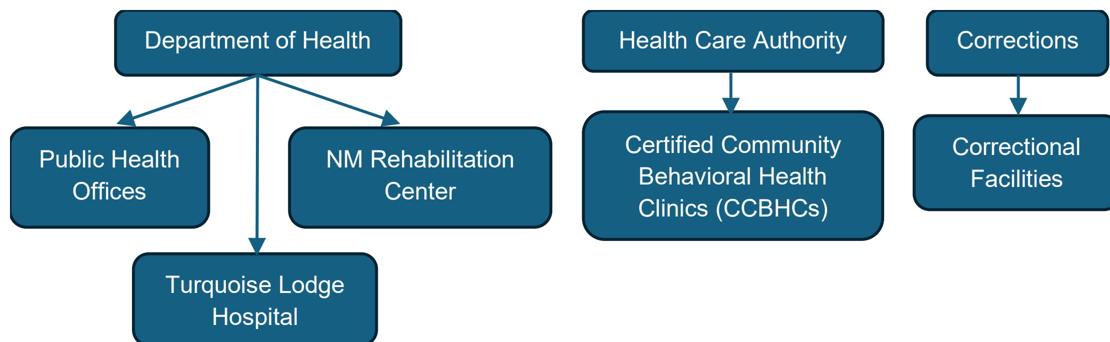
Source: 2023-25 GAAs, 2023-25 LFC Post Session Review

In addition to public health offices, the state provides MAT through certified community behavioral health clinics and correctional facilities.

While this evaluation focuses on the provision of MAT through public health offices, the state delivers MAT through several entities. DOH provides MAT at the New Mexico Rehabilitation Center and Turquoise Lodge Hospital; HCA provides MAT through Certified Community Behavioral Health Clinics; and the Corrections Department provides MAT through prisons. Public health offices have the potential to expand access to MAT by serving populations currently unserved by these other entities. Further, private providers deliver the majority of MAT services across the

state, even with the state's expanded MAT capacity. Medicaid managed care organization and fee-for-service data from 2024 show that approximately 10.5 thousand people in New Mexico received MAT, meaning that an estimated 2 to 3 percent of those on Medicaid who submit a claim for MAT are receiving this treatment through public health offices according to LFC analysis.

Figure 7. MAT Delivery Methods Provided by the State of New Mexico



Note: Private providers treat most MAT patients in the state of New Mexico. This chart shows the venues in which the state provides MAT.

Source: DOH, HCA, NMCD

New Mexico launched seven certified community behavioral health clinics (CCBHCs) in January 2025. The clinics will be aimed at expanding mental health and substance abuse treatment, including MAT, similar to public health offices. These CCBHCs, part of a four-year, federal Medicaid demonstration project, will provide integrated services, community-focused care, care coordination, crisis services, and outcome-driven practice. This entails 24/7 outpatient mental health, substance use disorder, and primary care for any person seeking them, regardless of age, insurance status, or diagnosis. The following agencies have been provisionally certified by the Heath Care Authority and Children, Youth, and Families Department to participate in the Medicaid demonstration:

- University of New Mexico Health System in Bernalillo and Sandoval Counties
- All Faiths Children's Advocacy Center in Bernalillo County
- Carlsbad Life House in Eddy County
- Families and Youth Innovations Plus in Doña Ana County
- Santa Fe Recovery Center in Santa Fe and McKinley Counties
- Mental Health Resources in Curry County
- Presbyterian Medical Services-Farmington in San Juan County (certification is under review)

During the demonstration, the CCBHCs will be reimbursed by managed care organizations according to a prospective payment system. The system pays a fixed, cost-based, clinic-specific daily rate once per day, per beneficiary, regardless of the number of qualifying services provided on that day. Qualifying services include a variety of treatment modalities under the category of "Outpatient Mental Health and Substance Use Services."

Congress passed the Mainstreaming Addiction Treatment Act in 2021, eliminating separate registration requirements for dispensing MAT drugs, with the aim of increasing the number of providers. The Mainstreaming Addiction Treatment Act eliminated the "X-waiver." Before this law, practitioners had to undergo additional training and apply for a special Drug Enforcement Administration waiver (often called the X-waiver) to prescribe buprenorphine. This created a significant barrier to increasing the number of providers who could offer medication-assisted treatment. Now, physicians, physician assistants, and nurse practitioners who have a current Drug Enforcement Administration registration with the authority to prescribe controlled substances can prescribe buprenorphine.

While it may benefit the state to have more venues offering MAT, CCBHCs may target a population similar to that of public health offices, and each may prevent the other from seeing too many patients. This could be an efficient use of resources, or each may undermine the work of the other in the counties where they operate. Future evaluations should ask whether CCBHCs and public health offices are complementary in terms of MAT, or if they are duplicative.

In addition to public health offices, the state has recently begun providing MAT to those in need in prisons, with plans in place to also provide MAT to individuals with SUDs upon release. The federal permissions for the New Mexico Medicaid program allow the state to utilize Medicaid funds to cover medical expenses for justice-involved individuals during the reentry period, which spans from 90 days prior to release to 90 days after release. This expanded coverage was made possible through the 2018 federal Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities, or SUPPORT, Act, as well as state legislation passed in 2023. Together, these changes broadened Medicaid eligibility for justice-involved individuals, expanded access to MAT, and required that Medicaid benefits be suspended rather than terminated during incarceration. At this stage, only individuals who began MAT while in county jails and were subsequently transferred to a New Mexico Corrections Department (NMCD) facility are continuing MAT while in custody. No new MAT initiations have occurred within NMCD facilities. Upon release, individuals typically receive a 30-day supply of any prescribed medications.

While HCA Estimates 9,130 Individuals Need MAT, DOH has Treated Just Over 324 Individuals in Public Health Offices

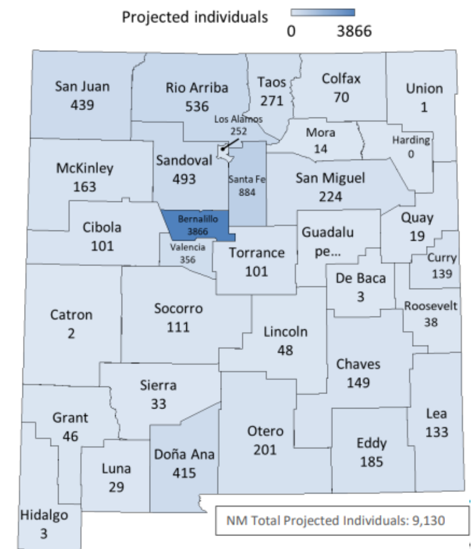
Implementation of the MAT program in public health offices has proceeded unevenly since FY24. The total number of patients remains small relative to the scale of the problem and remains nearly exclusively focused on opioid use disorder (OUD) and not alcohol use disorder (AUD). The state pays for MAT for New Mexicans in need with a mix of federal grant money, recurring appropriation to DOH, special appropriations, and county funds. While the new federal administration raises questions about the future availability of federal funds, state and local funding for MAT has steadily increased.

HCA estimates 9,130 New Mexicans may need MAT but are not currently in treatment.

Thousands of New Mexicans who need MAT are not in treatment, and even among those who are, many must travel for hours to see a provider. While MAT in public health offices has the potential to treat many of those in need, DOH, the Health Care Authority (HCA), and private providers will all need to work to get care to those not currently receiving it. Closing the gap between those in treatment and those who need treatment will require multiple agencies as well as private providers. In addition, the state could more efficiently connect individuals released from county jails and state prisons to MAT in public health offices in their communities.

HCA projects 9,130 individuals may need MAT and are not currently in treatment. While many travel for treatment, a subpopulation could benefit from MAT but is not currently receiving treatment. Medicaid data shows, although many had to travel to a neighboring state for treatment, more than 43 thousand were served between 2021 and the second quarter of 2024. That total is nearly five times the 9,130 HCA reports need MAT but are not currently receiving services. In addition, data on overdose death rates by county shows the four highest overdose death rates (per 100 thousand) in the state were in Rio Arriba (129), Socorro (122), Sierra (109.9), and San Miguel (84.3) counties. However, estimated counts (not rates) of those who need MAT but are not receiving treatment for those counties are 536 for Rio Arriba County, 111 for Socorro County, 33 for Sierra County, and 224 for San Miguel County. The total of all four counties (904) is close to the total for Santa Fe County alone (884) and less than a quarter of the total in Bernalillo County (3,866). This suggests that some of the worst outcomes by county may be mitigated by managing less than 1,000 cases, though the rural nature of those counties presents a challenge.

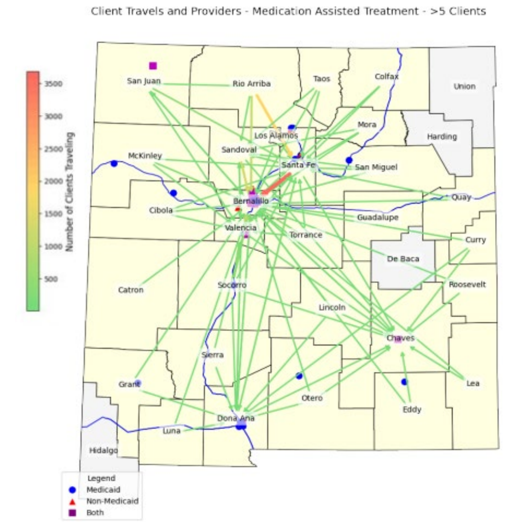
Figure 8. Projected Number of Individuals who may Need MAT who are not Currently Receiving Services, by County



Source: HCA

While DOH's website shows more than 30 public health offices offering MAT, HCA data show those in need in most counties are traveling to another county to get treatment. HCA utilized Medicaid claim data to track the number of individuals traveling from county to county for MAT services and found, despite more than 30 public health offices offering MAT in most counties across the state, the residents of most counties are traveling to a different county from their residence to seek treatment. The exceptions are counties that appear as hubs on the map: San Juan, Santa Fe, Sandoval, Bernalillo, Chaves, and Doña Ana. In these "hub counties," there is an influx of those seeking MAT treatment from surrounding counties. For example, though the DOH website indicates the Lincoln County public health office offers MAT, Lincoln County residents travel to Chaves or Doña Ana counties to receive treatment. Given the vastness of the state and the vulnerability of the population that needs MAT, this map suggests opportunities to make the provision of MAT more efficient by providing treatment closer to people in need. Alternatively, it could suggest people are not aware of local treatment options, an issue that could be addressed by raising public awareness of available services.

Figure 9. Travel for Services Based on Medicaid Claims, by County



Source: HCA

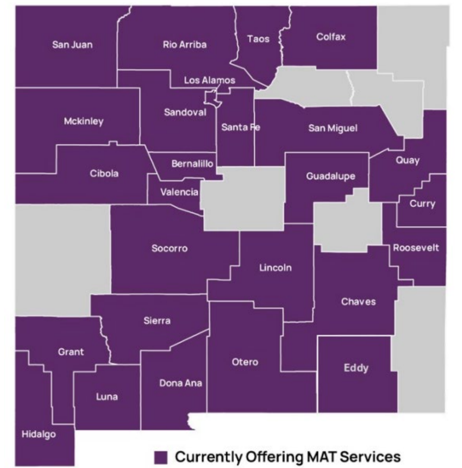
The MAT in public health offices program has treated only 324 unique individuals, with most of the treatment paid for by Medicaid.

While MAT has been provided in public health offices for less than two years (except the Las Cruces Public Health Office, which has operated since 2007), services have been implemented with a geographic imbalance, skewed heavily toward the southern region of the state, regions that have lower SUD rates. Medicaid is the largest payer of services, and DOH has implemented a mechanism to cover those in financial need who are not covered by Medicaid or private insurance.

From May 2024 through April 2025, New Mexico public health offices treated 321 unique patients for OUD and three for AUD. In FY24, DOH utilized 32 public health office sites for 2,152 MAT visits and treated 324 unique patients. Public health offices have seen the most MAT patients in southern New Mexico. Two sites, the Community Wellness Program at the Las Cruces Public Health Office, which has a longer history of providing MOUD since 2007, and the Otero County Public Health Office, fielded 75 percent of all visits. At the same time, the other 30 public health offices combined saw only 25 percent of FY24 MAT patients. By contrast, only three sites treated anyone with AUD. Nine out of only 11 AUD visits occurred at the Lincoln County Public Health Office, while the Rio Arriba and Taos county public health offices saw one patient for one visit each. The data show the stark imbalance in the provision of MAT across the state. Far more MAT visits are taking place in the southern region, even though the highest rates of SUD are found in Rio Arriba County in the north, as

well as in Socorro and Sierra counties in the middle of the state. This is partially due to the early and aggressive implementation of the MAT program in Las Cruces, where practitioners began providing outpatient treatment for OUDs through the Pathways New Mexico program in 2007. In addition, many people, due to social stigma, a preference for in-person appointments, and convenience, will travel for their MAT appointments, resulting in fewer visits in rural areas and more in urban areas.

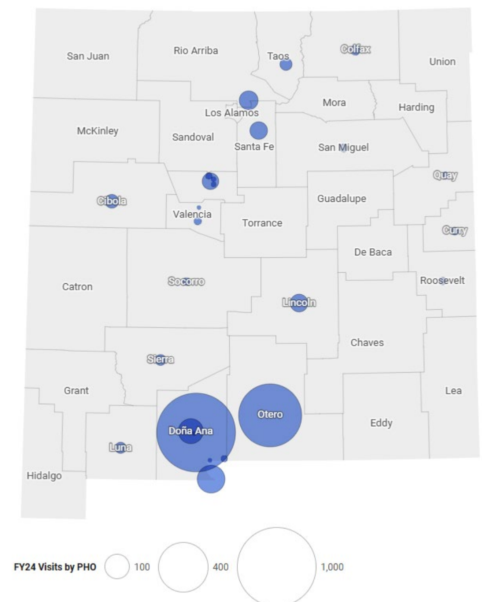
Figure 10. Public Health Offices Offering MAT by County (June 2024)



Source: HCA

Among MAT patients, most are covered by Medicaid, private insurance, or can pay out of pocket. For those who cannot pay with any of those methods, DOH covers the cost of their treatment with vouchers under the MOUD (Medication for Opioid Use Disorder) Uninsured Access Program. While the state has invested in building the infrastructure to provide MAT through public health offices, among other locations, and most potential patients have Medicaid, private insurance, or can pay out-of-pocket, a minority of individuals are not covered and cannot afford the treatment. Public health offices will typically assist in enrolling such individuals in Medicaid, and historically, most people seeking care in public health offices are eligible. However, before they have enrolled, and even if they are eventually found to be ineligible, the state still has an interest in providing treatment. Public health offices generally do not turn away patients seeking treatment. The MOUD Uninsured Access Program provides a mechanism for DOH to cover the costs of treatment for individuals who would otherwise be unable to afford treatment and would not otherwise receive it. The program began accepting claims in October 2024 and, since then, has paid 81 claims. DOH could not provide information on the Medicaid eligibility status of those in the Uninsured Access Program. To maximize federal revenue, DOH should check the eligibility of those unable to pay.

Figure 11. MAT Patient Visits by Public Health Office



Source: DOH

Table 5. DOH Uninsured MOUD Access Program

Claims	
2024 (October - December)	26
2025 (January - April 15)	55

Enrolled patients	
Total	27
Actively using program for meds	17

Source: DOH

While alcohol is New Mexico's predominant substance use problem, public health offices only treated three individuals for AUD. While over 200 thousand individuals in New Mexico, or 12.2 percent of New Mexico's population, were estimated to have alcohol use disorder (AUD) by the 2022 National Survey on Drug Use, public health offices have used MAT to treat just three individuals for AUD since May 2024. Previous LFC

reports on SUDs have discussed additional policy levers that could be used to address AUDs

Most public health offices lack staff dedicated to MAT provision, and most offices rely on telehealth to connect patients with clinicians.

Because public health offices provide a range of services to their communities, staff have had to adapt and pivot to provide MAT. Supporting MAT is a relatively new function that adds responsibilities to the work of existing public health office staff. The provision of MAT in public health offices relies heavily on the use of telemedicine, including doctors and other prescribers who work with patients across the state.

While the southwest region has the fewest staff members supporting the provision of MAT in public health offices, it is the only region to have staff members exclusively supporting MAT. The Las Cruces Public Health Office operates the Southwest Pathways Program and has a dedicated registered nurse and clerk in addition to other staff members supporting the provision of MAT. At most offices, however, the staff supporting MAT includes only a clerk and a nurse. Not all offices—Socorro, for example—have a full-time nurse; at a minimum, only a clerk is needed to perform the urine analysis needed as part of MAT, provided the clerk has received the appropriate training and demonstrated proficiency. If a clerk performs the urine analysis, a telehealth provider can complete the intake and treat the patient.

Table 6. MAT Staff by Region

Region	MAT Staff
Northeast	29
Northwest	61
Southeast	31.5
Southwest	12
Total	133.5

Note: This is staff, not FTE. Staff may have other responsibilities.

Source: DOH

Approximately 23 percent of MAT visits in public health offices were telehealth visits with clinicians. More than half of the offices that have provided MAT did so exclusively through telemedicine. Out of the total of 2,141 visits for MAT from the start of FY24 through March 2025, 490 were telehealth visits. For telehealth visits, once the patient's urine analysis and intake is complete, patients are set up in a room with a laptop to meet with a provider. In Socorro, the provider also completes the intake because there is no full-time nurse in the office. Of the 31 offices that have seen MAT patients, 18, or 58 percent, connected patients with a provider exclusively through telemedicine appointments.

While medications are effective on their own, counseling can aid individuals with long-term recovery, but few public health offices offer counseling services. In its review of the evidence on counseling in support of medication to treat OUD, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) concludes counseling can help individuals by improving problem-solving and interpersonal skills, finding incentives for reduced use and abstinence, building a set of techniques to resist drug use, and replacing drug use with constructive, rewarding activities. In particular, cognitive-behavioral therapy (CBT) has been shown to be effective in the treatment of SUDs, both when used alone

or with other strategies, but minimal research exists specific to the difference in outcomes between individuals taking a medication and engaging in CBT or other psychosocial therapies and those only taking a medication. Given that studies suggest anywhere from 35 percent to 75 percent of individuals discontinue methadone, buprenorphine, or naltrexone within the first year of treatment, many within the first few months, therapy presents a strategy to help engage individuals with long-term treatment by focusing treatment on the individual's particular needs and barriers to success.

In a survey of 20 public health offices offering MAT conducted by LFC staff, only three offices, or 15 percent, reported having someone in the office who provides therapy to MAT patients. However, 14 offices, or 70 percent, reported referring MAT patients to a therapist in the community. Given the beneficial additive effect therapy can have on patients taking medications, DOH should work the Health Care Authority (HCA) to develop provider lists of substance use disorder therapists to whom public health offices can refer MAT patients, as HCA requires that Medicaid managed care organizations maintain active provider network lists.

DOH currently lacks a central state coordinator to oversee the provision of MAT in public health offices. Currently, the oversight responsibilities of the provision of MAT in public health offices are divided among multiple positions under both the Center for Access and Linkage to Health Care and the Center for Healthy and Safe Communities within the Public Health Division. The Access and Linkage medical director oversees clinical aspects and provider training, while regional directors for Healthy and Safe Communities oversee the operations and staffing. Both the regional directors and the medical director report to the Access and Linkage director, who is responsible for overall operations reporting. On the Healthy and Safe Communities side, the Communicable Disease Bureau Chief oversees the budget and fiscal aspects. Beneath the bureau chief is the Harm Reduction Section manager, who is responsible for oversight of planning and evaluation and provides support for marketing, partnerships, and referrals. Given the fragmented oversight and separation from the director of marketing, who works under the separate Policy and Communications Division, DOH should centralize the management of the program to increase coordination. LFC analysis suggests DOH has funded but unfilled positions that would give the department the capacity to create a new coordinator position to specifically focus on leading and coordinating MAT implementation.

Mississippi provides a model of bringing MAT to rural and underserved communities. The University of Mississippi Medical Center's Horizon Project, funded by SAMHSA and in partnership with the Center for Innovation and Discovery in Addictions (CIDA), provides TeleMAT services to support individuals with substance use disorders, particularly those without insurance. This program offers virtual evaluations, medications, therapy, and peer support, as well as financial help for drug testing, transportation, and residential treatment. It emphasizes accessibility, especially for rural and underserved populations, and leverages telehealth to reduce barriers like time, distance, and cost.

A lack of outcome data prevents meaningful evaluation of the efficacy of MAT provision in public health offices.

Although MAT is a well-studied method for addressing SUDs with a broad base of evidence, the provision of MAT in public health offices in New Mexico is relatively new. As with any new program, the scale and effectiveness of the program must be evaluated to determine if it is meeting the goals envisioned by the Legislature and DOH. Outcome data can be the most revealing, though it tends to be more of a challenge to gather. To effectively evaluate the performance of MAT in New Mexico's public health offices, the tracking and reporting of both individual and community outcomes is needed. Developing and publishing, in a public-facing dashboard, outcome-focused metrics—such as patient-centered goals, state-level or community-level indicators like emergency calls, and ongoing follow-up—would provide a clearer picture of the program's impact and guide future improvements. Further evaluation of MAT in public health offices hinges on gathering, analyzing, and reporting data on process and outcomes.

DOH does not currently have performance measures related to the provision of MAT in public health offices, leading to a lack of outcome data. DOH currently has performance measures focused on MAT provided on an inpatient basis at Turquoise Lodge Hospital, education of patients already receiving detox services, and measures of harm reduction. However, DOH does not have any measures addressing the provision of MAT in public health offices. DOH tracks the number of unique visits for MAT and the number of unique patients. While these output measures are helpful, they are neither reported nor measure either individual or social outcomes that would provide a better measure of whether the MAT in public health offices program is working. As it stands, DOH can measure how many people are receiving MAT in public health offices, but cannot determine whether those individuals are benefiting or whether communities where the program is heavily utilized are improved. DOH should develop individual measures to track the program's effectiveness for each patient. The department should also establish performance measures that focus on outcomes at the community level, including measures such as emergency medical calls for opioid overdoses and emergency department visits related to opioid or alcohol use. Though often reported, "overdose deaths" and the dynamics in overdose deaths may be an indicator of the effectiveness of the harm reduction program rather than of the provision of MAT. With Narcan and drug test strips widely available, overdose deaths could have declined even while opioid use went up. Overdose deaths should continue to be counted and reported, but the difficulty in interpreting the meaning of overdose deaths underscores the need for additional, carefully selected measures.

To inform the tracking of outcomes of MAT patients in public health offices, DOH can look to the data collection process at Turquoise Lodge Hospital. Measuring the outcomes of those treated with MAT and the impact of treatment availability is challenging. The population that needs MAT is often underhoused and justice-involved and may have co-occurring physical and mental health conditions. Nevertheless, fine-tuning processes and practices to better treat those with SUDs requires an in-depth understanding of what is working and what needs to be revisited. To inform the tracking of outcomes of MAT patients in public health offices, DOH can look to the data collection process at Turquoise Lodge Hospital, a DOH-operated substance use disorder treatment facility with inpatient residential treatment and medical detox services, as well as an intensive outpatient treatment program, that provides MAT. Turquoise Lodge Hospital tracks outcomes for patients treated in its inpatient programs (either detoxification or rehabilitation) by following up, with consent, between 2.5 and nine months after treatment. Patients are asked to rate the effectiveness of their discharge plan, their sobriety, emotional well-being, physical health, employment, relationships, and justice involvement and whether they have continued MAT. While these measures tended to show successful transitions (of 49 patients) from Turquoise Lodge into the community, most New Mexicans undergoing MAT, including those treated at public health offices, will do so on an outpatient basis, making their outcomes more difficult to track. Even so, efforts to track patient outcomes make real evaluation of the program possible.

The academic literature on measuring these outcomes suggests that the most revealing and helpful metrics may be those valued by patients themselves. A meta-analysis of patient goals, or individual measures, of medications for opioid use disorder, published in the peer-reviewed *Patient Related Outcome Measures* journal, revealed 43 patient goals across 12 domains. Further categorizing those domains led to four broad areas for measuring patient success: treatment-related goals, substance-related goals, health-related goals, and goals related to living a normal life. The Turquoise Lodge survey covered these major categories and is consistent with the best practices reported in the study. State-level or community-level measures, indicators of the effect of more widely available treatment on outcomes in the broader community, include overdose deaths, a widely used and reported measure. These measures are blunt, though, and may obscure local conditions or miss confounding variables. While gathering these data and publishing them in a public-facing dashboard will be challenging, that effort has the potential to significantly improve the state of New Mexico's delivery of MAT in the future.

Table 7. Measures of MAT Success

Individual Measures

Treatment-Related goals

- Treatment Retention
- Stop MOUD
- Taper Off MOUD

Substance-Associated Goals

- Avoid Withdrawal
- Reduce Illicit Drug Use

Health-Related Goals

- Physical Health Improvement
- Mental Health Improvement

Goals Related to Living a Normal Life

- Stability and Normalcy
- Reduce Criminal Activity
- Improve Housing
- Employment and Education
- Improved Social/Familial Relationships

State-Level Measures

- Number of clients seeking treatment
- Emergency medical service calls
- Emergency department visits
- Overdose deaths

Source: DOH, *Patient-Related Outcome Measures*

Recommendations

The Legislature should consider:

- Reevaluating the volume, efficacy, and impact of MAT provided in public health offices after the Department of Health, Legislative Finance Committee, and Department of Finance and Administration establish specific performance targets for FY27. If performance targets are not met, the Legislature should consider diverting funding to other effective MAT treatment options.

The Department of Health should:

- Work with the Legislative Finance Committee and the Department of Finance and Administration to set specific performance targets for FY27 through the Accountability in Government Act to evaluate the volume, efficacy, and impact of MAT provided in public health offices;
- Develop and submit to the Legislative Finance Committee 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;
- Gather and report data, including a public-facing dashboard, following national best practices on the usage and outcomes of MAT patients by individual public health office;
- Use the Health Care Authority's data on travel times for MAT patients to target outreach and promotion efforts for local public health offices; and
- Work with the Health Care Authority to develop provider lists for substance use disorder therapists to whom public health offices may refer MAT patients.

The Healthcare Authority should:

- Continue to monitor and report travel times for patients seeking MAT.

The Provision of MAT in Public Health Offices Lacks Dedicated, Coordinated Outreach Efforts

The provision of MAT in public health offices is still being implemented statewide. Many offices have only seen a few patients because of limited marketing of the program and outreach to the population that would benefit. The program could benefit from reengaging marketing efforts, utilizing mobile health clinics to promote and provide MAT, and leveraging existing resources with more regular and careful coordination.

DOH's marketing of MAT in public health offices and Pathways website are not currently maximizing outreach to communities in need.

DOH's marketing efforts for medication-assisted treatment (MAT) are currently limited, with outreach through public health offices and the Pathways website not effectively reaching communities in need. A statewide campaign launched in mid-2024 to promote awareness of MAT services has stalled due to federal funding cuts and the measles outbreak.

New Mexico began marketing outreach for MAT services in mid-2024 to spread awareness about treatment effectiveness and availability. However, the website is difficult to access, and the campaign has paused due to federal grant cuts and the measles outbreak. DOH launched a marketing campaign to raise public awareness about expanding efforts to provide MAT to patients in need in July 2024. The campaign included a press release and a new website, PathwaysNM.org. In addition, regional health promotion teams worked with counties, municipalities, schools, local providers, and other organizations to promote MAT and communicate the new treatment options from DOH. Though this campaign engaged a wide range of actors working with New Mexicans with SUDs, a few issues prevented more of the target audience from learning about MAT. First, although the Pathways website answers essential questions about MAT and directs potential patients to treatment options in the state, the website is not easily accessible. It is not linked to the DOH website, though there are links for the University of New Mexico-DOH partnership website on MAT, DoseOfReality.com, which points users to private providers and public health offices. Further, while the Pathways website includes phone numbers to local public health offices, there is no option to directly message DOH or local public health offices to make an appointment. This feature is available on DoseOfReality.com. DOH has stated it will update the website, but phase two of the marketing campaign has been delayed due to the legislative session, federal grant cuts, and the measles outbreak. DOH should consider adding functionality to the website to allow users to contact

Figure 12. PathwaysNM.org Landing Page Image

Source: PathwaysNM.org

their local public health office through the website; the department should also include more prominent links on their main website and consider strategies to increase search engine optimization (SEO) to make DOH's MAT offerings more visible to potential patients searching for treatment online. Finally, DOH should elevate the priority of these actions and reengage phase two of the marketing campaign.

The marketing and outreach responsibilities for the provision of MAT are divided among regional and program staff, with no central leadership, leading to a lack of coordinated efforts. Given that the marketing and outreach of the provision of MAT in public health offices has been inconsistent and underutilized, DOH should also consider making an administrative change to task a single person with oversight and coordination of the department's various efforts. Those efforts are currently divided among regional and program leadership and DOH's director of marketing, with the relationships between these parties unclear. In an organizational chart provided by DOH outlining the roles and responsibilities for MOUD provision, found in Appendix C, the only party listed as having a role in marketing is the Harm Reduction Section manager. The director of marketing and the director's relationship to the Harm Reduction Section manager is not included in the chart.

Local coordination of organizations and resources is a low-cost method of reaching more patients who can benefit from MAT.

Existing programs in Albuquerque and Las Cruces serve as models for coordinating scarce resources to recruit patients and provide much-needed care effectively. While neither Golden Opportunity, which connects people who have overdosed with community partners, nor Opioid +360, a forum for coordinating community resources, replaces statewide marketing and outreach, these programs model a low-cost way of expanding public health offices' reach by more efficiently tapping into their respective communities' existing resources.

DOH's Golden Opportunity is leveraging and organizing existing partnerships to connect more of Albuquerque's most vulnerable population to MAT services. DOH is leveraging existing partnerships with various organizations that already provide services to individuals with SUDs across the Albuquerque metro area. In particular, the collaboration brings together the efforts of Albuquerque community partners with that of DOH's public health offices. Under the program, first responders connect with local service providers so, when they encounter and revive people with SUDs who have overdosed, they can seamlessly connect them with MAT services and provide transportation to treatment facilities. Officials in the program argue people with SUDs may be the most receptive to MAT immediately after an overdose. Golden Opportunity aims to remove barriers to the initial treatment by connecting people to treatment when they

Table 8. The DOH Golden Opportunity

Albuquerque Community Partners

- Albuquerque Community Safety
- BernCo Cares Campus
- Albuquerque Fire and Rescue
- Albuquerque Ambulance Service
- Bernalillo Fire and Rescue
- Courageous Transformations
- Duke City Recovery Toolbox
- Casa de Salud

Source: DOH

are most in need and most likely to accept that treatment. DOH launched the program in Albuquerque on October 14, 2024, with a similar program also running in Santa Fe. From mid-October to late December 2024, the program in Albuquerque provided Suboxone to five people placed in an inpatient treatment program. According to officials, those who declined treatment may have done so because they are homeless and lack support systems that make recovery possible. The Golden Opportunity program is still new, but to be successful, it should find ways to address both homelessness and SUDs to increase the number of people receptive to the services offered. Even so, the program formalizes partnerships and roles in providing MAT and could serve as a scalable model for other communities in the state.

Opioid +360 is a collaborative subcommittee of the Doña Ana Wellness Institute that brings together local stakeholders from prevention, harm reduction, treatment, and recovery sectors to coordinate opioid response efforts. The Doña Ana Wellness Institute is the regional health council for the Las Cruces area and created Opioid +360 to reduce duplication and improve systemwide efficiency. The group meets monthly with shared leadership and support from the Wellness Institute. It focuses on aligning services to ensure continuity of care, including maintaining MAT for incarcerated individuals, and sharing real-time program availability to streamline referrals. Opioid +360 also provides a unified platform for grantees to meet reporting requirements, align strategic goals, and advocate for state-level resources on behalf of Doña Ana County. In its June 18, 2025, meeting, officials from state, county, and municipal government joined with practitioners and clinicians from non-profits and other community providers to discuss the implementation of MAT in jails, progress on DOH's Southwest Pathways, and upcoming training opportunities for those working on this issue. The group also importantly provided a platform for deeper and more sustained collaboration among various entities. Collaborative subcommittees like this one are important, given the time that it takes for regional Health Promotion teams to complete memoranda of understanding (MOUs) for formal cooperation with local entities. DOH should find ways to shorten the time it takes for the teams to complete MOUs, which would make it possible for more regular, robust, and formalized cooperation between DOH and community partners. DOH should simultaneously pursue deeper collaboration with other local entities through cooperative forums like Opioid +360. Opioid +360 provides an excellent example of a low-cost intervention that has the potential to optimize the collective resources of a community.

Quick response teams (QRTs) in West Virginia, modeled after a 2015 program in Colerain Township, Ohio, aim to reduce overdose deaths and improve treatment engagement by intervening within 24–72 hours after an overdose. These teams provide person-centered, harm-reduction-focused outreach, often including same-day induction into MAT at no cost. QRTs are composed of EMS personnel, peer recovery specialists, and community partners who coordinate care and provide ongoing follow-up to support long-term recovery. Cabell County's Huntington program is particularly notable for its data-driven approach, rapid access to MAT, and demonstrated success, showing a 42 percent reduction in overdoses. New Mexico's Golden Opportunity program launched in October 2024 with a similar mission as West Virginia's QRTs.

DOH's Health Promotion staff is developing a work plan for collaboration with local public health offices on MAT marketing and outreach. The Southwest Region has a dedicated MAT program manager based at the Las Cruces Public Health Office who participates in community outreach events and substance use collaboratives regionally and works closely with Health Promotion, Harm Reduction, and the local incarcerated population epidemiologist. Nevertheless, Health Promotion

staff report a long process to complete memoranda of understanding with community organizations, making it challenging to conduct targeted outreach. Streamlining this process could enable DOH's health promotion staff to build more robust referral networks.

The Corrections Department (NMCD) both provides MAT and could serve as an important referral source; however, NMCD and DOH should continue to build their collaboration and referral network. As the implementation of the Medicaid MAT program in correctional settings continues, the NMCD remains a critical source of MAT patients for public health offices. Before release, incarcerated individuals undergo assessments to identify their physical and behavioral health needs, including treatment for SUDs. Based on these assessments, probation or parole officers help connect individuals to community-based care providers, including local public health offices for MAT services. Site visits to these public health offices have confirmed that justice-involved individuals are a source of referrals. DOH reports collaborating with NMCD's Probation and Parole Division (PPD) on a direct referral process for individuals released into the community to connect them with MAT in public health offices, meeting monthly. However, the first referral from this collaboration occurred in March 2025, and DOH does not yet have evidence of the success or retention of individuals who have been referred. As these referrals may lead to the treatment of more patients, DOH should measure and report outcomes consistent with all MAT patients treated in public health offices to assess the effectiveness of the NMCD and DOH referral network.

Department of Health Helpline

The Department of Health's Helpline (1-833-SWNURSE) is a means for the public to connect with a variety of services, including MOUD. In addition to connecting the public with services, it also serves as the single point of contact for individuals released from state incarceration. This service has been shared with the Probation and Parole Division of the Corrections Department, whose officers can utilize the service to connect recently released individuals with appointments in public health offices. Notably, the helpline can be used to provide bridge prescriptions for patients between providers and can refer patients to other community-based services.

Source: DOH

DOH recently purchased five mobile health units, but they are not currently used to deliver MAT.

DOH purchased five mobile health units in spring 2024 at a cost of just over $1 million. The Legislature appropriated $2 million in DOH's operating budget for mobile unit staff. Since receiving the units, Public Health has licensed them with the Board of Pharmacy and prepared them for clinical use. Current outreach focuses on vaccinations, STD testing and treatment, harm reduction, and other core public health services. The units are intended to serve both high-need areas, such as those with large homeless populations, and high-traffic venues to maximize access. While they have been deployed in urban, rural, frontier, and tribal communities, they are not currently outfitted to deliver MAT, nor do they have approval from the Board of Pharmacy or the federal Drug Enforcement Agency (DEA).

While DOH spent just over $1 million for five mobile health units, DOH states that mobile units cannot be used to distribute MAT medications due to:

- Board of Pharmacy approvals
- Federal Drug Enforcement Agency regulations
- Potential risks to personnel due to having controlled substances on board a vehicle

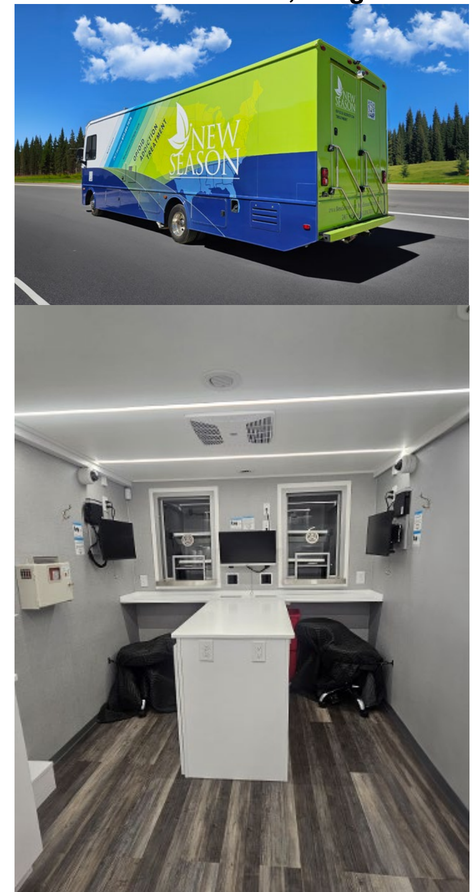
DOH cites potential personnel risks, DEA regulations, and Board of Pharmacy (BOP) approvals as barriers to delivering MAT with mobile units. While the state appropriated $2 million to the University of New Mexico and DOH for mobile health units and MAT in 2025, DOH does not provide medication-assisted treatment out of these vehicles, citing barriers that include potential personnel risks, DEA regulations, and Board of

Pharmacy (BOP) approvals. While other states, such as Oregon, have successfully implemented mobile MAT units to provide medication directly, New Mexico's DOH points out that BOP's mobile clinic waiver requires prior approval before the vehicles can dispense any controlled substances (which include buprenorphine, naloxone, methadone, and others). DOH also raised concerns that the street value of the medications would make a vehicle carrying those drugs a target for crime. Further, DOH and New Mexico public health offices are subject to DEA regulations. These include requirements that no medication remain on the mobile unit overnight, controlled substances be stored at a registered public health office, and the controlled substances on the unit make up no more than 5 percent of the total controlled substances possessed by the transferring registrant.

Though these are legitimate challenges, they are not insurmountable. First, BOP's waiver explicitly states, "This waiver does not allow for controlled substances without prior approval from the board," suggesting the board could approve a waiver. Second, while carrying OUD medications raises the potential of theft, that risk is already being taken by "advanced life support ambulances" that carry opiates for treatment and currently operate in New Mexico. It is also worth noting that medications for opioid use disorder are used for those in recovery specifically because they cause little to no euphoria and carry much lower risks for abuse. As such, mobile units carrying OUD medications are not as attractive a target as a traditional pharmacy that might carry morphine and other opiates. Third, to ensure mobile units carry no more than 5 percent of the total controlled substances possessed by the "transferring registrant," the units must be associated with public health offices that stock more than 20 times what is carried in the mobile unit. When the mobile unit returns to the public health office in the evening, those supplies can be unloaded and inventoried. Additional staff may be necessary to comply with DEA requirements; however, staffing is a challenge that can be addressed through effective planning. New Mexico is currently piloting a plan to house MAT drugs in three public health offices. This plan, if implemented and scaled to more locations, could help address some of DOH's concerns regarding the use of mobile units for MAT.

New Mexico may look to examples in other states, such as Oregon, to deliver medications for opioid use disorder via mobile outreach. New Season, an MOUD provider headquartered in Florida, launched its mobile medical unit in the Portland, Oregon, area in 2024, providing MAT medications directly to patients in need. The new mobile unit features two "dosing windows," used to dispense buprenorphine and methadone directly to patients in need. The medications are stored in a DEA-approved safe. Several cameras, also consistent with DEA guidelines, provide safety and security for the staff and patients. In addition to administering medication, the unit is equipped to facilitate intake and induction, initiating treatment for patients new to MAT. Finally, the unit is equipped for crisis counseling

Figure 13. New Season Mobile Medication Unit, Oregon



Source: New Season

Colorado has successfully used mobile units to initiate treatment for rural MAT patients, though they also do not deliver medications directly, instead only prescribing. Mobile MAT clinics bring treatment directly to underserved communities, with 80 percent of patients reporting an improved quality of life. These approaches have helped address Colorado's high rates of opioid use disorder and overdose, especially in rural areas where provider shortages and geographic barriers hinder treatment access.

in emergencies, as well as virtual counseling for patients through telemedicine. New Season has plans to implement similar mobile units in North Carolina and Maine within the next year.

Officials from New Season emphasized the importance of building relationships with local DEA agents in outfitting the vehicle for use in providing MAT. New Season officials also indicated they were aware of the risks associated with carrying controlled substances on a mobile unit. They argued the security measures were sufficient, and the risks are manageable given that MAT medications are less desirable targets for theft than other opioids.

24/7 MAT

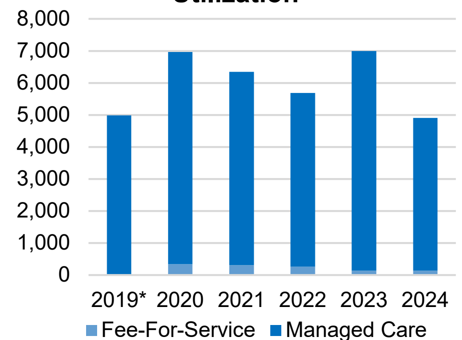
In addition to screening to connect those with SUDs to MAT, another strategy is to expand the hours in which a person can be treated. Rhode Island has implemented a 24/7 audio-only buprenorphine hotline (Tele-Bridge Clinic). The Tele-Bridge Clinic emerged during the Covid-19 pandemic, leveraging federal regulatory flexibilities to enable patients to initiate buprenorphine treatment via phone at any time, without video or in-person visits, thereby improving access, particularly for marginalized populations. It has demonstrated high prescription and short-term retention rates, although challenges persist regarding long-term funding, pharmacy access, and provider availability.

Screening can identify individuals needing MAT but is currently underutilized.

Screening is a key pathway for connecting individuals with substance use disorders to MAT. However, the available data on Medicaid-funded screening outside of public health offices show that screening, brief intervention and referral to treatment (SBIRT) has declined significantly since 2023.

Medicaid-funded SBIRT is an important tool to connect patients to MAT; however, SBIRT utilization declined 30 percent from 2023 to 2024, reaching its lowest point since 2019. SBIRT is often the process in which patients are first referred to a MAT provider and first become aware of potential treatment for substance use. The process is typically undertaken in primary care settings, emergency departments, and community health settings. Notably, Medicaid-funded SBIRT does not take place in public health offices, but those referred to treatment, from a primary care setting, for example, could find that treatment in public health offices. Medicaid-funded SBIRT has been tracked as a key metric of the state's efforts to identify those in need and refer them to services. SBIRT provided through Medicaid fee-for-service, which represents only 3 to 5 percent of all Medicaid-funded SBIRT, has declined in utilization from a high of 337 in 2020 to 140 last year, a 58 percent drop. SBIRT provided through Medicaid managed care, the majority of total SBIRT, declined by 30 percent over the same period. The Legislature increased Medicaid appropriations for behavioral health from FY24 to FY25, and in the 2024 General Appropriation Act, appropriated a total of $15 million to the Health Care Authority to utilize over the course of three years, with $5 million of the funding available each fiscal year from FY25-FY27, to expand evidence-based behavioral health services, including SBIRT. These investments should increase or at least stabilize SBIRT utilization. In addition, increasing SBIRT utilization would increase referrals into MAT and would contribute to broader state efforts to reduce the number of New Mexicans with SUDs.

Chart 5. Total SBIRT Utilization



*Fee-for-service data not available for 2019.

Source: HCA

Recommendations

The Department of Health should:

- Expand outreach and marketing efforts of the provision of MAT in public health offices, targeting New Mexicans with SUDs with direct marketing and advertising to vulnerable populations;
- 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;
- Simplify the memoranda of understanding process for Health Promotion teams to more efficiently facilitate community partnerships and referral networks;
- Improve the usability of the Pathways website with more visible links from the main Department of Health website;
- Expand MAT with in-office pharmacy capabilities in public health offices, building on the experience of the current pilot project;
- Report the necessary resources to utilize the state's mobile health clinics for providing MAT directly to patients in need;
- Explore scaling Golden Opportunity and Opioid +360 to communities where coordination of resources is a challenge; and
- Work with the Health Care Authority to leverage existing Government Results and Opportunity funding received by HCA in 2024 to target certain providers to increase Screening, Brief Intervention, and Referrals to Treatment utilization to identify SUDs and potential MAT patients.

The Department of Corrections should:

- Continue collaboration with the Department of Health to improve the referral network for those released from state incarceration with substance use disorders and facilitate warm handoffs between Corrections and Public Health officials.

Agency Response

Michelle Lujan Grisham
Governor

Gina DeBlassie
Cabinet Secretary

New Mexico Department of Health

July 18th, 2025

Director Sallee,

We extend our gratitude to the Legislative Finance Committee for the opportunity to respond to the Committee's evaluation of medication-assisted treatment (MAT) services in public health offices. We appreciate the collaborative approach taken throughout this evaluation and look forward to implementing many of the recommendations.

The New Mexico Department of Health (NMDOH) has worked diligently to meet a legislative mandate of providing a safety net referral source for patients with opioid use disorder (OUD). We have built on the success of our Southwest Pathways program which began nearly two decades ago in Las Cruces. That program grew over time and now supports hundreds of people managing opioid dependency. Now that the initial phase of expanding this critical clinical service statewide is complete, we are confident we will strengthen the program and expand its uptake as we did in the southwest of the state.

This response offers additional context and updates on the progress made since the beginning of the evaluation.

NMDOH Role in treatment of substance use disorders

During the 2023 legislative session, NMDOH received both general funds and opioid settlement funds to expand our successful Southwest Pathways Program. Now, the Pathways program provides MOUD in nearly all public health offices in the state. The expansion responded to a critical need identified by correctional facilities: ensuring individuals could continue treatment after release, especially if they had begun MOUD in a correctional setting.
Our strategy was to integrate MOUD into the array of existing services provided by public health offices—including immunizations, family planning, harm reduction, and STD testing and treatment. NMDOH's role was to enhance, not replace, the services already provided by existing treatment organizations.

Integrating a new clinical service statewide provided new opportunities for NMDOH:

- **NMDOH developed an efficient model of care where prescribing providers see patients through telehealth.** As most public health offices operate without a prescriber, NMDOH expanded telehealth to allow MOUD services at every clinic without needing to hire a licensed prescriber in every health office, reducing overall costs.
- **NMDOH created an Uninsured Access Program, which has been operational since October 2024.** We know some patients do not have access to insurance to pay for medications. This program ensures individuals who are categorically ineligible for insurance can still access MOUD.

OFFICE OF THE SECRETARY | NEW MEXICO DEPARTMENT OF HEALTH

1190 St. Francis Dr., Suite N4100 • P.O. Box 26110 • Santa Fe, New Mexico • 87502

(505) 827-2613 • FAX: (505) 827-2530 • www.nmhealth.org

Michelle Lujan Grisham
Governor

Gina DeBlassie
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- **Implementation of a referral system in coordination with the New Mexico Corrections Department (NMCD).** NMDOH's Incarcerated Persons Epidemiology Team worked closely with NMCD to create a referral system and train hundreds of probation and parole officers. While referral volume is modest so far, we are working to raise awareness and are confident in our ability to serve individuals released from incarceration.
- **The NMDOH Helpline (1-833-796-8773) was expanded to serve as a centralized number for referrals into treatment.** We identified a need for a centralized resource for the public and NMCD for help with scheduling and referrals into substance use treatment. Our nurse hotline provides general information, schedules appointments, and connects individuals to both NMDOH public health offices and other community resources. In addition, we offer bridge prescriptions and referrals to external treatment providers.
- **Conducted comprehensive training for both clinical and non-clinical staff**. Training for clinical and non-clinical staff was needed to fully support our operations. NMDOH hosted a statewide MOUD training conference attended by professionals across the agency to ensure all staff treat individuals with dignity and respect, particularly those stigmatized due to substance use.

NMDOH considers our expansion of MOUD services into public health offices a major accomplishment in fulfilling the legislative intent behind the appropriated funds. While this milestone represents successful integration, we recognize the continued work necessary to sustain and improve our services.

Response to Key Findings

NMDOH acknowledges and agrees in principle with the LFC evaluators' findings and recommendations. Now that the program has moved beyond its initial launch, our focus will shift to improving program coordination, increasing community awareness, and developing an evaluation plan.

Program management and marketing

NMDOH offers a wide variety of services including prevention, harm reduction, intensive outpatient, in patient substance use treatment, and most recently outpatient substance use treatment. Given the variety of services related to substance use and the various responsibilities across NMDOH divisions we agree management of these programs may seem segmented and realize a need for better integration and coordination. Under new leadership, NMDOH began centralizing program management in March 2025. In line with the recommendations of this report we are in the process of re-purposing a position within the Public Health Division to serve as the MOUD Expansion Coordinator.

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Recognizing the importance of public awareness, NMDOH will also expand health promotion, especially in coordination with corrections and detention centers. A framework is being developed to guide outreach and referral for individuals re-entering the community.

Marketing remains an ongoing priority. Initial SW Pathways campaigns were effective but limited in scope due to funding and competing priorities like the national measles outbreak. NMDOH has noted a need to promote not only MOUD services, but all services available through public health offices. Many New Mexicans remain unaware of the full range of services available to them through public health offices.

Performance monitoring and evaluation

Following the implementation phase of the program, NMDOH has been developing an evaluation plan with meaningful metrics since the beginning of calendar year 2025.

While outcomes like overdose mortality and ER visits are valuable, they can be difficult to link directly to MOUD services due to other factors which impact overdoses in the community. Instead, NMDOH will track more immediate and actionable metrics, such as the number of MOUD visits and patients by office and region. We will also explore the feasibility of monitoring retention in care.

As part of our commitment to providing quality care, efforts are already underway to quantify how we have improved the lives of patients who have accessed NMDOH MOUD services. The Southwest Public Health Region has a long-standing program and comprises around 75% of the MOUD visits, making it a prime location to conduct quality of life surveys, which examine the impact of substance use treatment on the quality of a patient's life.

Mobile provisions of MOUD

In FY25, NMDOH was allocated funds to purchase 5 mobile units to extend the coverage of our public health offices and provide staffing for the units in FY2026. Once staff are hired and mobile health clinics are in the field full-time, we will be able to immediately begin offering prescriptions for MOUD. We are also examining the feasibility of providing long-acting injectable medications for substance use disorder through our mobile units. This process is likely to be complex and could be costly, however we are committed to expanding our services if there is a feasible path forward.

Expansion of services to include treatment for alcohol use disorder

Alcohol misuse remains one of the most serious public health challenges in New Mexico, which continues to lead the nation in alcohol-related mortality. Despite recent declines, the toll of alcohol use disorder (AUD) remains substantial. Although NMDOH did not receive specific funding to treat AUD through public health offices, we believe these highly effective treatments should be more broadly available.

Michelle Lujan Grisham
Governor

Gina DeBlassie
Cabinet Secretary

New Mexico Department of Health

Limited treatment is currently offered, but with MOUD infrastructure in place, we see a clear path to integrating AUD treatment more fully into our public health clinics. Throughout FY26, NMDOH will assess clinical protocols, training needs, and public awareness strategies to support AUD treatment expansion. We plan to align this effort with new behavioral health funding initiatives to ensure statewide impact and sustainability.

Conclusion

NMDOH appreciates the LFC's thorough evaluation and constructive recommendations. The expansion of MOUD services is critical to our mission to improve the health of all New Mexicans, and we serve a vital function in expanding rural access to MOUD and serving as a safety net. We remain committed to continuous improvement through enhanced coordination, expanded community outreach, targeted evaluation, and planning for future integration of AUD treatment. We look forward to continued collaboration with the LFC and our other partners to strengthen and sustain these efforts.

Gina DeBlassie
Cabinet Secretary
New Mexico Department of Health

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1190 St. Francis Dr., Suite N4100 • P.O. Box 26110 • Santa Fe, New Mexico • 87502

(505) 827-2613 • FAX: (505) 827-2530 • www.nmhealth.org

Appendix A. Evaluation Scope and Methodology

Evaluation Objectives

- Analyze funding and spending on MAT in public health offices and other public settings and compare spending to other delivery channels;
- Examine the process through which MAT providers connect with New Mexicans with substance use disorders (including alcohol use disorder); and
- Assess the effectiveness of New Mexico's strategies utilizing MAT to combat the opioid crisis.

Scope and Methodology

- Reviewed academic studies, policy research, and other state MAT practices.
- Analyzed Medicaid, public health office data, and MAT-related documentation from HCA and DOH.
- Conducted seven site visits of public health offices and two behavioral health facilities.
- Examined applicable laws, administrative rules, regulations, and policies.

Evaluation Team

John Valdez, Project Lead, Program Evaluator
Maggie Klug, Program Evaluator

Authority for Evaluation
LFC is authorized under the provisions of Section 2-5-3 NMSA 1978 to examine laws governing the finances and operations of departments, agencies, and institutions of New Mexico and all of its political subdivisions; the effects of laws on the proper functioning of these governmental units; and the policies and costs. LFC is also authorized to make recommendations for change to the Legislature. In furtherance of its statutory responsibility, LFC may conduct inquiries into specific transactions affecting the operating policies and cost of governmental units and their compliance with state laws.

Exit Conferences
The contents of this report were discussed with Gina DeBlassie, DOH Cabinet Secretary; Kevin Peine, Director of Public Health; Miranda Durham, Chief Medical Officer; and Josh Swatek, Policy and Performance Director, on July 14, 2025.

Report Distribution
This report is intended for the information of the Office of the Governor, Department of Finance and Administration, Office of the State Auditor, and the Legislative Finance Committee. This restriction is not intended to limit distribution of this report, which is a matter of public record.

Rachel Mercer-Garcia, Ed.D.
Deputy Director for Program Evaluation

Appendix B. Major New Mexico Substance Use Disorder Policy Milestones

2000	Federal Drug Addiction Treatment Act opens the door for using buprenorphine for medication-assisted treatment.
2001	Good Samaritan legislation protects people who administer an opioid antagonist (naloxone).
2004	Interagency Behavioral Health Collaborative created.
2005	Prescription Monitoring Program created; expanded in 2012, and strengthened in 2016 and 2017.
2007	911 Good Samaritan legislation protects people who seek medical attention for someone experiencing a drug overdose. First in the nation.
2014	Centennial Care and Medicaid expansion bring behavioral health coverage – with some SUD-related services – to 250,000 more New Mexicans.
2014	Bernalillo County votes to impose new behavioral health initiative tax.
2015	Legislature appropriates funding to create behavioral health investment zones in McKinley County and Rio Arriba County.
2016	Legislation authorizes a standing order for naloxone, which means people do not need an individual prescription to legally use or administer the medication. Also creates overdose prevention and education programs who can receive naloxone from DOH for distribution.
2016	The Obama administration passed a federal mandate called Comprehensive Addiction Recovery Act (CARA) that amended the Child Abuse Prevention Treatment Act (CAPTA)[1].
2017	Opioid Overdose Education legislation mandates naloxone education and distribution by federally-certified opioid treatment centers and local and state law enforcement agencies, and tasks state and county jails with providing inmates with naloxone and training in how to use it upon their release.
2019	Centennial Care 2.0 adds new behavioral health services to the state's Medicaid benefit, including some for SUD through new 1115 demonstration waiver authority.
2019	Legislation amends the Pain Relief Act to require that healthcare providers educate all patients receiving a new prescription for opioid pain medication about the dangers of overdose and offer all these patients a prescription for naloxone.
2019	HB230 passes, outlining New Mexico's implementation of CARA. The bill amended the mandatory duty to report child abuse status to clarify that a finding that a pregnant woman had been using or abusing drugs during pregnancy does not, by itself, trigger the duty to report child abuse. The bill also requires referral of a drug-exposed infant and the infant's parents, relatives, or caretakers for services described in a written safe care plan.
2022	HB 52 amends New Mexico's Harm Reduction Act to include expanded activities to control adverse outcomes of substance abuse. The amendment allows the Department of Health to distribute fentanyl test strips and other testing devices, an evidence-based strategy identified in the 2021 SUD progress report as a policy opportunity to address emerging risks.
2023	SB425 created the Medication-Assisted Treatment (MAT) for Incarcerated Program Fund in the Human Services Department to administer MAT to people in county-operated jails and state correctional facilities. The bill requires the New Mexico Corrections Department (NMCD) to provide MAT to people in their facilities by the end of FY26.
2023	SB273 revised the Health Care Purchasing Act to require private insurers to offer the same coverage for behavioral health services and substance-use disorders that they do for other health care.
2024	SB127 expanded the population of healthcare professionals permitted to prescribe and administer psychotropic medications, which are defined in the legislation to include controlled substances for the treatment of substance use or cognitive disorders. SB127 allows licensed psychologists to obtain "conditional prescription certificates" and prescribe psychotropic medications, including those used to treat opioid use disorder.
2024	The legislature appropriated $21 million of opiate settlement funds to address damages. Of that amount, $2.5 million went to DOH for MAT, $1 million went to DOH for MAT in tribal communities, and $1 million went to the Corrections Department for MAT in correctional facilities.

Appendix C. DOH MOUD Organizational Chart