



NMBHPA

Legislative Health and
Human Services Committee

Tuesday, July 22, 2025

Presentation to the New Mexico Legislative Health and Human Services Committee

By

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July 22, 2025

Las Vegas, New Mexico



Agenda

- ◆ **NMBHPA Overview:** NMBHPA's mission, membership, data initiatives, MCO/ payment advocacy, and policy priorities.
- ◆ **Local Provider Spotlight:** Kids Counseling work in Northeast New Mexico
- ◆ **Federal Outlook:** NMBHPA and agencies experience with anticipated federal cutbacks
- ◆ **State Reform:** Opportunities and potential challenges
- ◆ **Metrics that Matter:** Support statewide behavioral health agenda

NMBHPA Overview





WHY PROVIDERS JOIN THE ASSOCIATION

Networking and Resource Sharing: Connect with over 70 publicly funded behavioral healthcare providers in New Mexico. Participate in meetings presented by NMBHPA on State, MCOs, providers, and agency announcements, alerts, and updates.

Held 21 Tuesday Update Meetings – Twice a month; provider presentations, current issue presentations, 14 invited guests from state agencies, legislature, and other policy groups and advocates

Advocacy and Representation: NMBHPA provides behavioral health policy and strong legislative advocacy.

Two standing committees, Legislative and Policy; develops legislative agenda, and contributes expert testimony and recommendations, submits comments on relevant opportunities for public comment

Visibility: Increase visibility within the behavioral health community and potential clients.
August 4-5 – 6th Annual Conference, Embassy Suites in Albuquerque



WHY PROVIDERS JOIN THE ASSOCIATION

Research and Data: Receive access to relevant research findings, data, and reports related to behavioral health in New Mexico.

Conducted Metrics that Matter pilot project in years FY23, FY24, FY25. Funded by Federal funds through BHSD. Funding terminated June 30, 2025.

Member Communications: Receive regular updates and communications to stay informed about association activities and behavior health community news. Access member-only discussion groups to facilitate communication and information exchange.

Sponsored monthly meetings with MCOs and state representatives to resolved Medicaid reimbursement delays.

National Council for Mental Wellbeing: As a member of NMBHPA you will gain full membership of the National Council with full benefits (an approximate value of \$5,500!), including access to their resources, training, and advocacy support.



Kids Counseling

Individual and Family Services





Kids Counseling is a non-profit Children's Core Service Agency. We provide an array of services that when used together encourages positive outcomes for individuals and families in need. We serve the Las Vegas, Mora and surrounding areas.

CHILDRENS CORE SERVICE AGENCY

SPECIALIZED AND CERTIFIED SERVICES FOR CHILDREN, ADOLESCENTS AND FAMILIES

- ✓ Out-Patient Services
- ✓ Community Support Services
- ✓ Child Psychiatric Services
- ✓ Family Peer Support
- ✓ Family Support Services
- ✓ High Fidelity Wraparound Services
- ✓ Parent Education Services





High-Fidelity Wraparound Program

- ✓ New Mexico High-Fidelity Wraparound (HFW) provides a comprehensive, holistic, youth and family-driven way of responding when children or youth experience serious mental health or behavioral challenges. Individuals eligible for HFW are at-risk youth or have a history of using services and resources that are restrictive and out of their communities and have experience with multiple systems.
- ✓ 4 Wraparound Facilitators
- ✓ 1 Wraparound Coach in Training





How Does Wraparound Work?



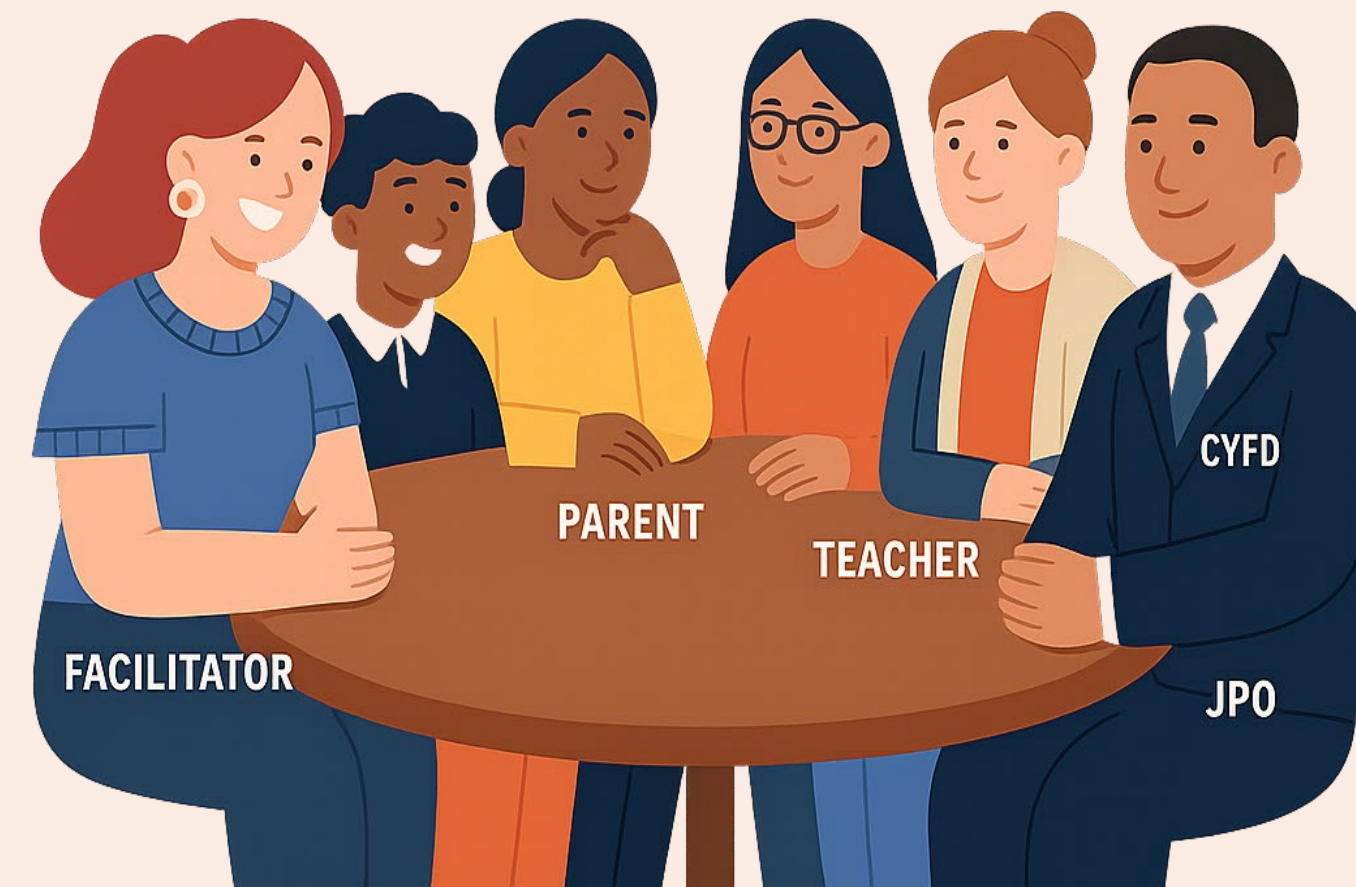
High-Fidelity Wraparound brings together a team that can include the youth, family, CCSS, therapists, CYFD, JPO, school staff, natural supports, etc. to develop one cohesive plan.

The team meets regularly, most often in the family's home or community, to identify strengths, uncover underlying needs and develop creative, community-based strategies that lead to lasting change.



Why Wraparound Matters

- Reduces system fragmentation through shared planning and communication
(Brings everyone to the table)
- Builds trust with families through consistent, strengths-based engagement
- Keeps youth in their homes and communities by addressing root causes
- Improves outcomes across education, mental health, safety and stability
- Elevates natural supports for long-term resilience and sustainability



Potential Impacts from Federal Funding Changes



- Serve rural communities with high rates of Medicaid (70-90% of population served) and loss of coverage may lead to program reductions or long-term sustainability challenges
- Local rural hospitals may close and this could create greater pressure on behavioral health services and increased demand without funding
- The loss of other supports such as SNAP can increase poor outcomes as families face desperate situations that can cause urgent need without the funding or programmatic support to protect children and families
- San Miguel County will face immediate threats to core health services including maternity and pediatric care and these pressures will impact our ability to meet the needs of our community members.

Federal Funding Impacts



Short-Term Impacts

- ◆ **Continued Uncertainty:** Providers will be continuing to evaluate the final changes to Medicaid, State budget impacts and program changes. Will need to continue to engage in scenario planning.
- ◆ **Changes to SAMHSA and other health funding:** Federal claw backs, changes to SAMHSA funding of MH and SUD services, and lack of clarity on programs such as CCBHCs remains a concern.
- ◆ **Strategic Planning:** Challenging environment for long-term strategic planning, program addition or innovation at the provider level.
- ◆ **Planning for constriction:** Scenario planning for workforce reductions and changes to service array to ensure organizational sustainability.

Population Changes

CHANGES TO MEDICAID POPULATION COVERAGE

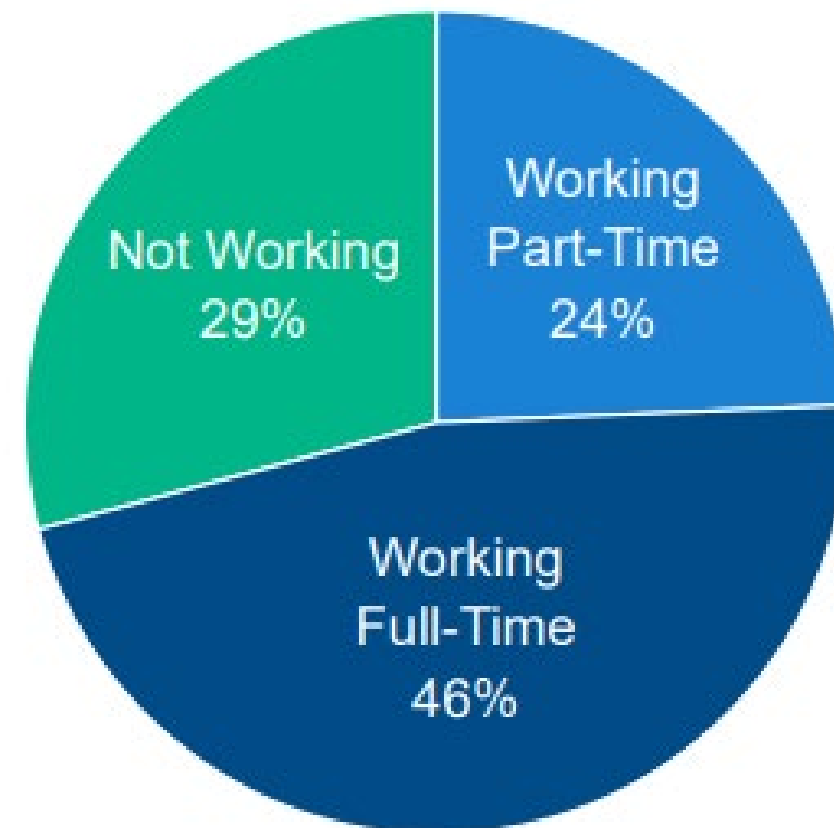
- ◆ Changes to eligibility and reimbursement for specific populations will result in more uncompensated care for BH providers
- ◆ Changes to expansion population payment will mean that providers get paid less for a significant subset of the Medicaid population



Program Expectations

CHANGES TO MEDICAID PROGRAM REQUIREMENTS

A majority (70%) of Medicaid adults are working in New Mexico



- ◆ Increasing eligibility requirements to every 6 months
- ◆ Adding requirements for community engagement and work requirements
- ◆ Both will potentially result in people losing Medicaid coverage because of technical challenges or paperwork and further increase uncompensated care for providers.

Source: KFF Medicaid State Fact Sheet, New Mexico, May, 2025

Potential Long-term Impacts

- ◆ **Reduced Access to Care:** Individuals without insurance will seek less care or be unable to pay for the level of care that they need to achieve health.
- ◆ **Providers will see “sicker” people:** Providers will return to seeing more complex behavioral health care with individuals waiting until they are in crisis to receive care.
- ◆ **Emergency Department Boarding:** There will be greater pressure on crisis and emergency department services because of less insured population and program/ service cuts and potentially provider network reductions.
- ◆ **Provider sustainability:** Uncompensated care will increase for behavioral health providers creating pressure on sustainability.

New Mexico Behavioral Health Reform Impacts



State Behavioral Health Reform

- ◆ **Potential Opportunity:** There are multiple opportunities for providers to support effective collaboration within their regions and showcase their impact with data and evaluation. This is a moment to celebrate and embrace effective evaluation and enhanced accountability for behavioral health quality of care.
- ◆ **Potential Challenges:** Some of the changes in reform are not clear yet and raise questions. There are specific concerns about supporting smaller providers in the new network design.

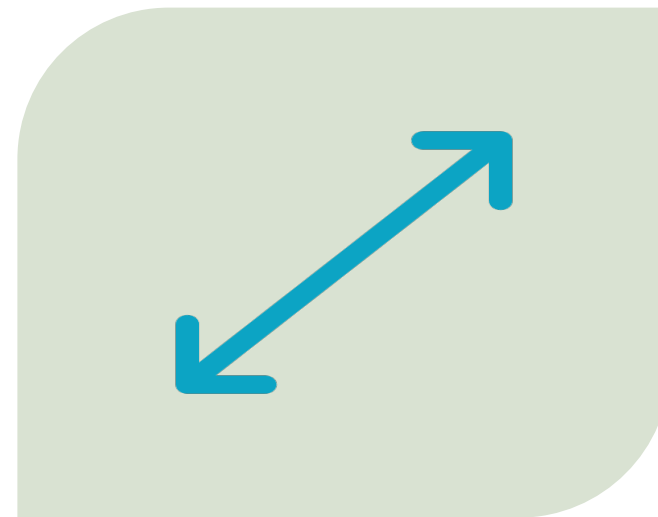
Metrics that Matter



GOALS OF THE METRICS THAT MATTER PROJECT



MEASURES SELECTED BY PROVIDERS
THAT ARE MOST CLINICALLY RELEVANT
TO BEST OUTCOMES



EXPANDED ACCESS TO CARE



IMPROVE QUALITY AND OUTCOMES

The Measures

Type	#	Measure	Children/ Adults	Adolescents/ Adults	Adults Only	
MANDATORY	1	Measurement Based Care: PHQ-9 Screening (APA)		X		
	<i>Orgs report all</i>	2	Social Needs Assessment (Org-specific)	X		
		3	Patient Experience of Care (SAMHSA)	X		
		4	Regular Engagement of Care (Org-specific)	X		
		5	Time from Initial Contact to First Billable Service (SAMHSA)	X		
		6	All-Cause Readmissions (NCQA)			X
ACCESS	1	Follow-up After Emergency Department Visit for Mental Illness (FUM)	X			
	<i>Orgs report all</i>	2	Follow-up After Emergency Department Visit for Substance Use (FUA)	X		
		3	Follow-up After Hospitalization for Mental Illness (FUH)	X		
PROCESS	1	Measurement Based Care: GAD-7 (Org-specific)		X		
	<i>Orgs choose two</i>	2	Improving Language Access (Org-specific)	X		
		3	Measure of Financial Burden to Patient (Org-specific)	X		
		4	Functional Assessment Score Change: Vineland Behavior Scale (ICHOM)	X		
		5	Net Promoter Score (Brain & Co)	X		
OUTCOME	1	Depression Remission (MNCM)		X		
	<i>Orgs choose two</i>	2	Successful Discharges (Org-specific)	X		
		3	Emergency Department Utilization (Org-specific)	X		
		4	Deaths by Suicide (SAMHSA)	X		

Population Risk Overview

Last Refreshed: 2025-07-16

Saved Filters

Population Statistics (Latest 12 Months)

At-Risk Population : **33,839** Total Population : **34,179**

\$ COST

Total	PMPM
\$374,212,912	\$912.39

INPATIENT ADMISSIONS

Total	IP/1000
5,476	160

EMERGENCY VISITS

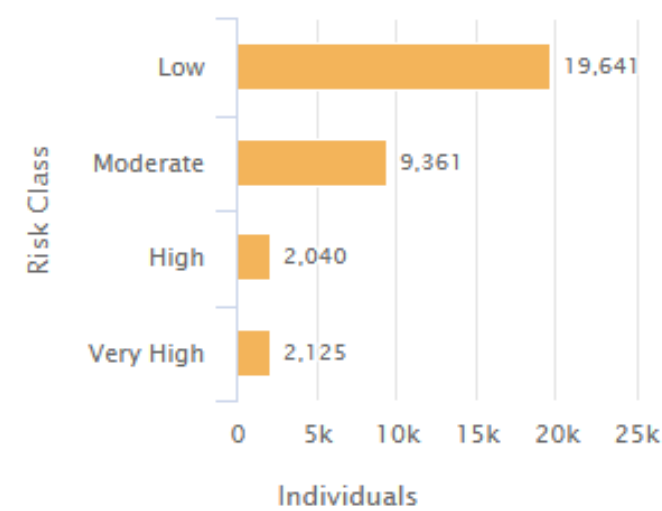
Total	ED/1000
33,820	989

MORTALITY

Total	Mortality/1000
194	5.7

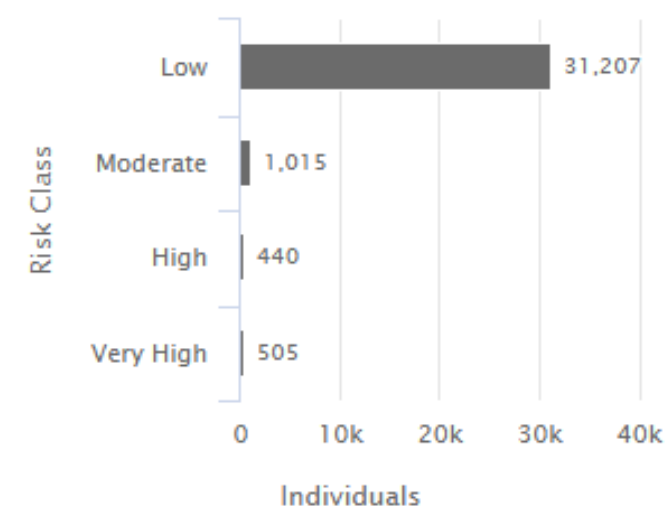
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Future Cost Risk



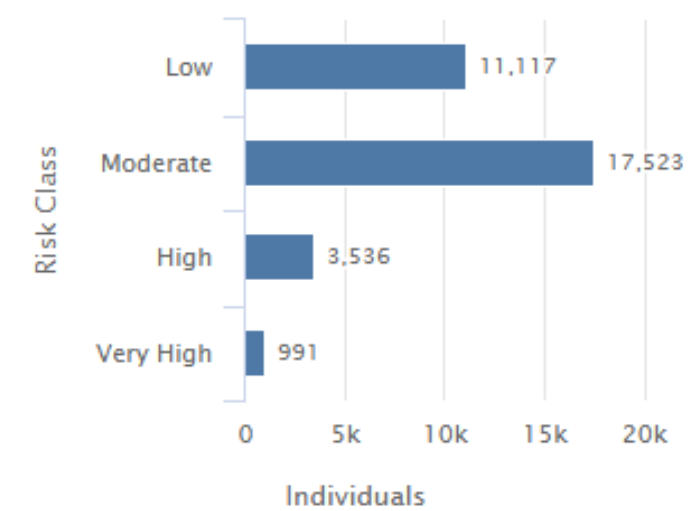
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Inpatient Admission Risk



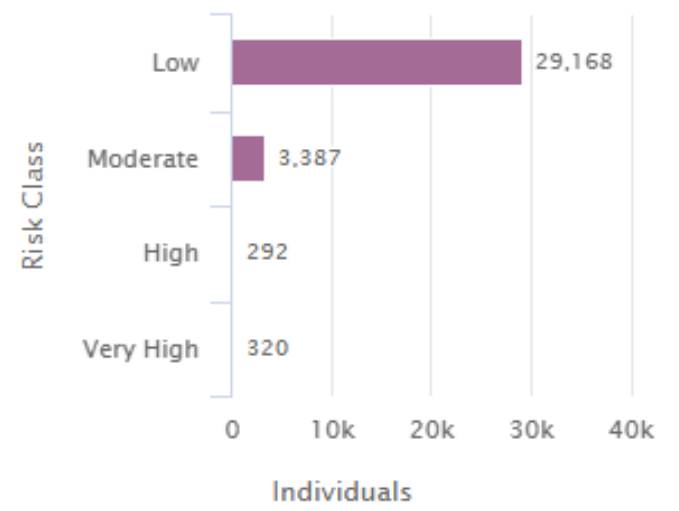
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Emergency Visit Risk

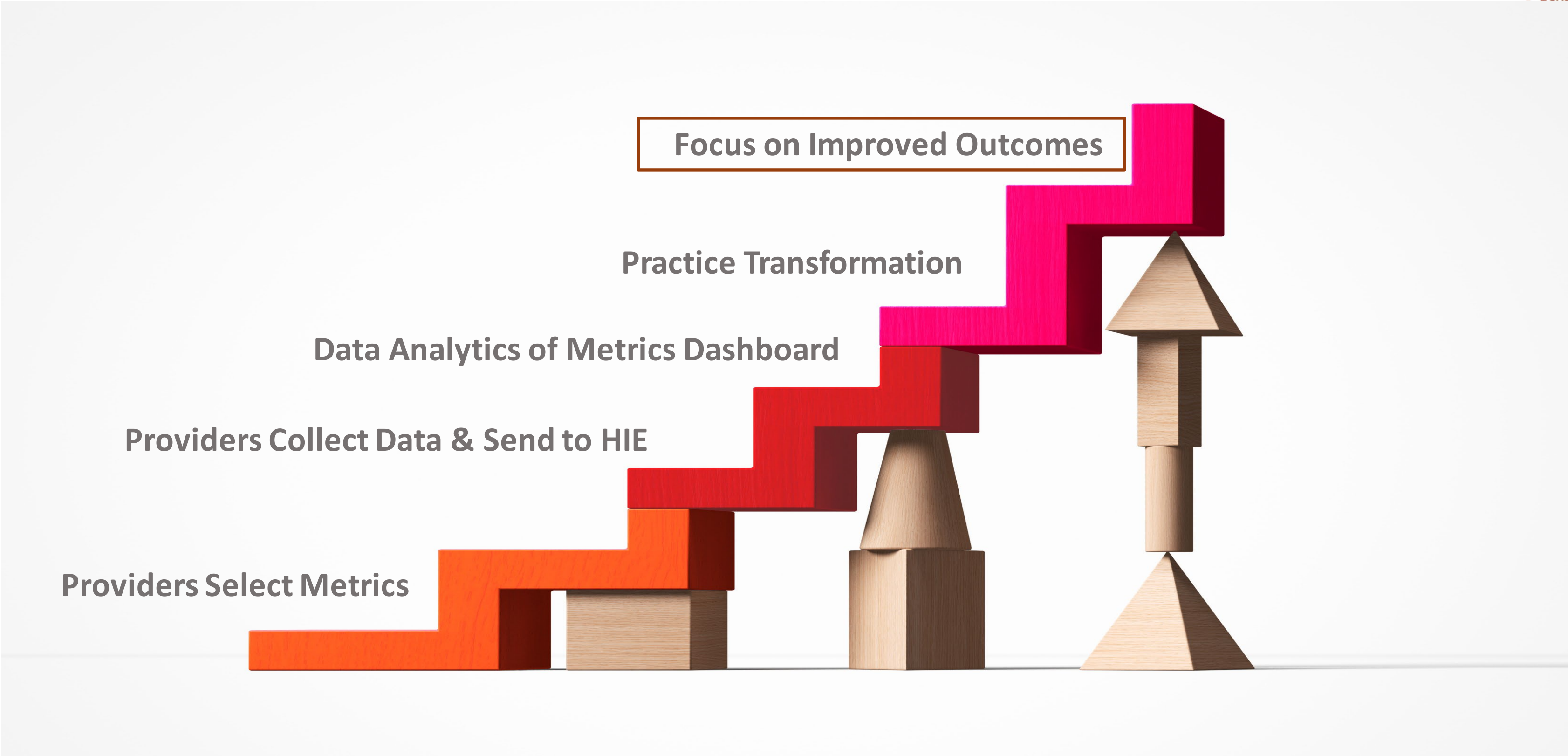


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Mortality Risk



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Using Practice Transformation to Improve Outcomes

- ◆ Implementing Prevailing Community Best Practices
- ◆ Using Evidenced-Based Practices for Treatment Planning
- ◆ Treatment Plan Mindset Shifting
- ◆ Implementing Change Management Tools



Future of Quality

VISION FOR METRICS THAT MATTER

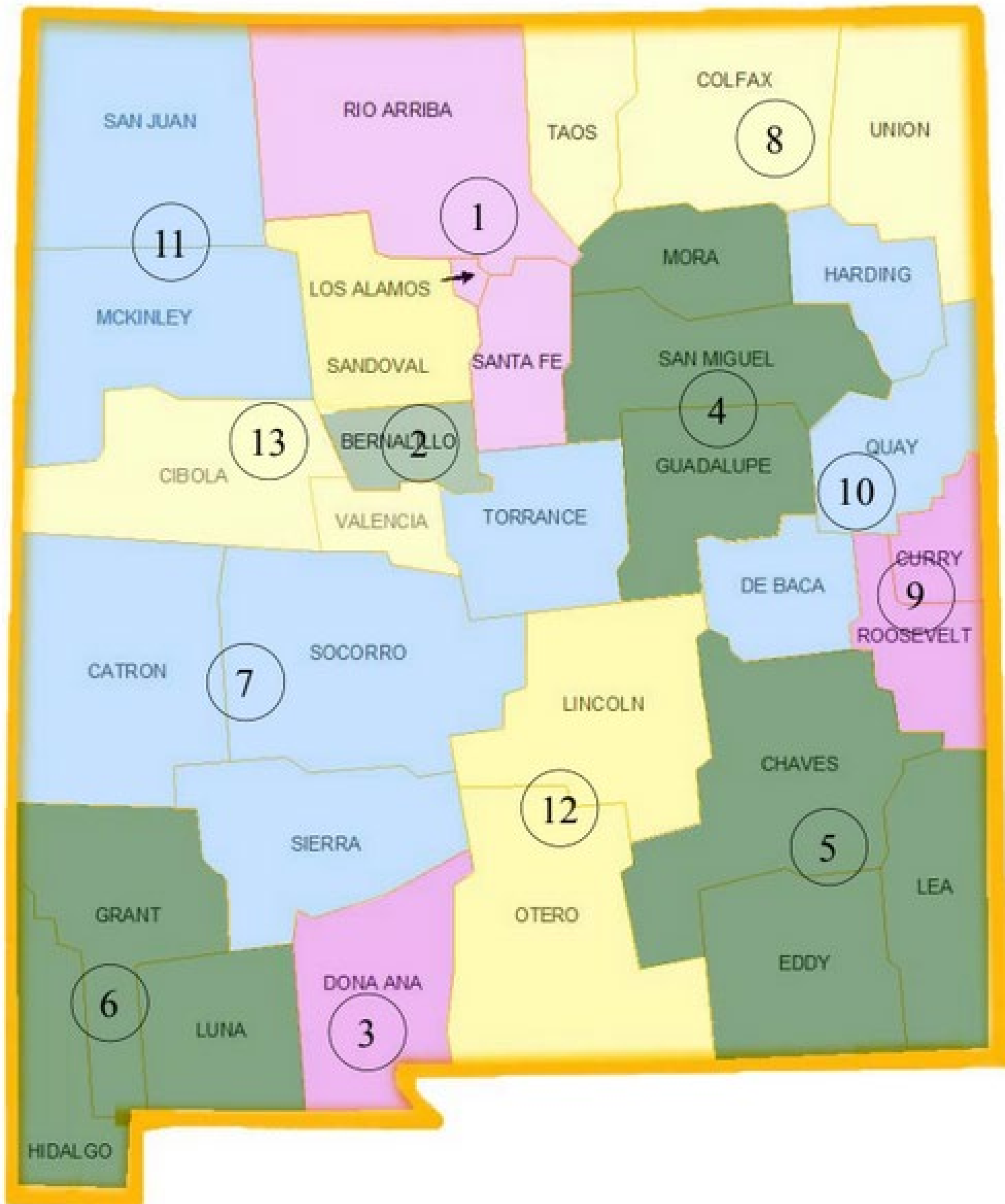
- ◆ NMBHPA is committed to enhancing quality in behavioral health across the state.
- ◆ Build on foundation of State investment in infrastructure creating capacity to look at quality by region and by service type
- ◆ Engage additional partners such as managed care and counties in use of shared measurement to assess quality



Appendices



New Mexico Judicial Districts



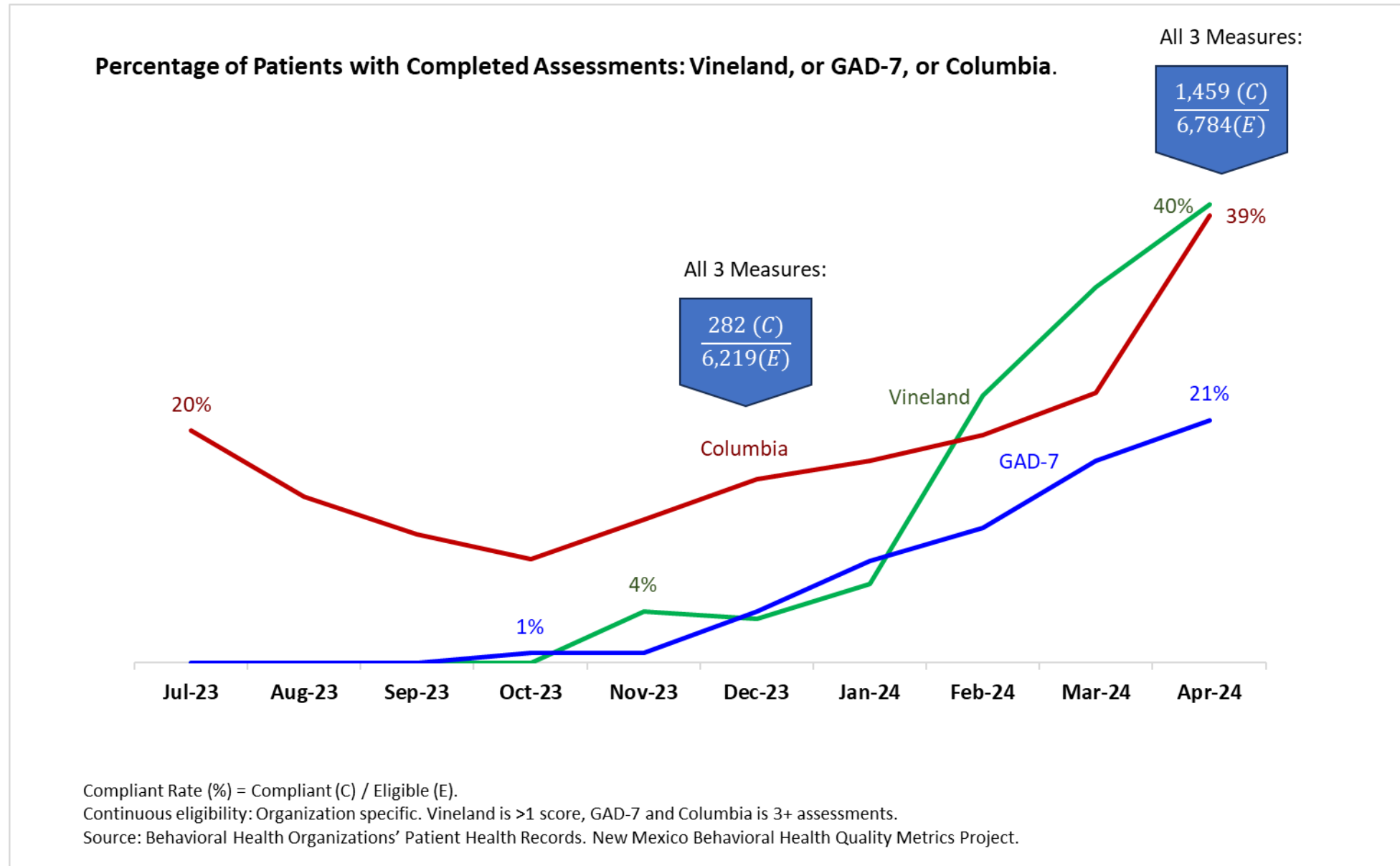
NMBHPA Providers

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7
- Region 8
- Region 9
- Region 10
- Region 11
- Region 12
- Region 13
- Statewide Providers

Practice Transformation Example

Measurement-Based Care:

Vineland Adaptive Behavior Scale, Generalized Anxiety Disorders (GAD-7), Columbia Suicide Severity Scale



Among patients with Columbia/GAD-7 assessments completed:

- Patients aged **19-34 years**, had the highest percentage (23%) of screens completed.
- **50%** accounted for acute mental, behavioral and neurodevelopmental disorder diagnosis.

Metrics that Matter

Funding has built a foundation for New Mexico to achieve improved behavioral health outcomes

- Built **infrastructure** within State Health Information Exchange (HIE, Synchrony) for behavioral health dashboard
- Built **interoperability capacity** for behavioral health providers to work with the HIE
- Paid the **HIE fees for providers** to participate and use the dashboard
- Support advancement of provider practice transformation through **coaching and technical assistance**
- Review of **national measures and process** for providers to pick specific metrics
- **Facilitating collaboration** among participating providers (across years and ongoing strategy and development)

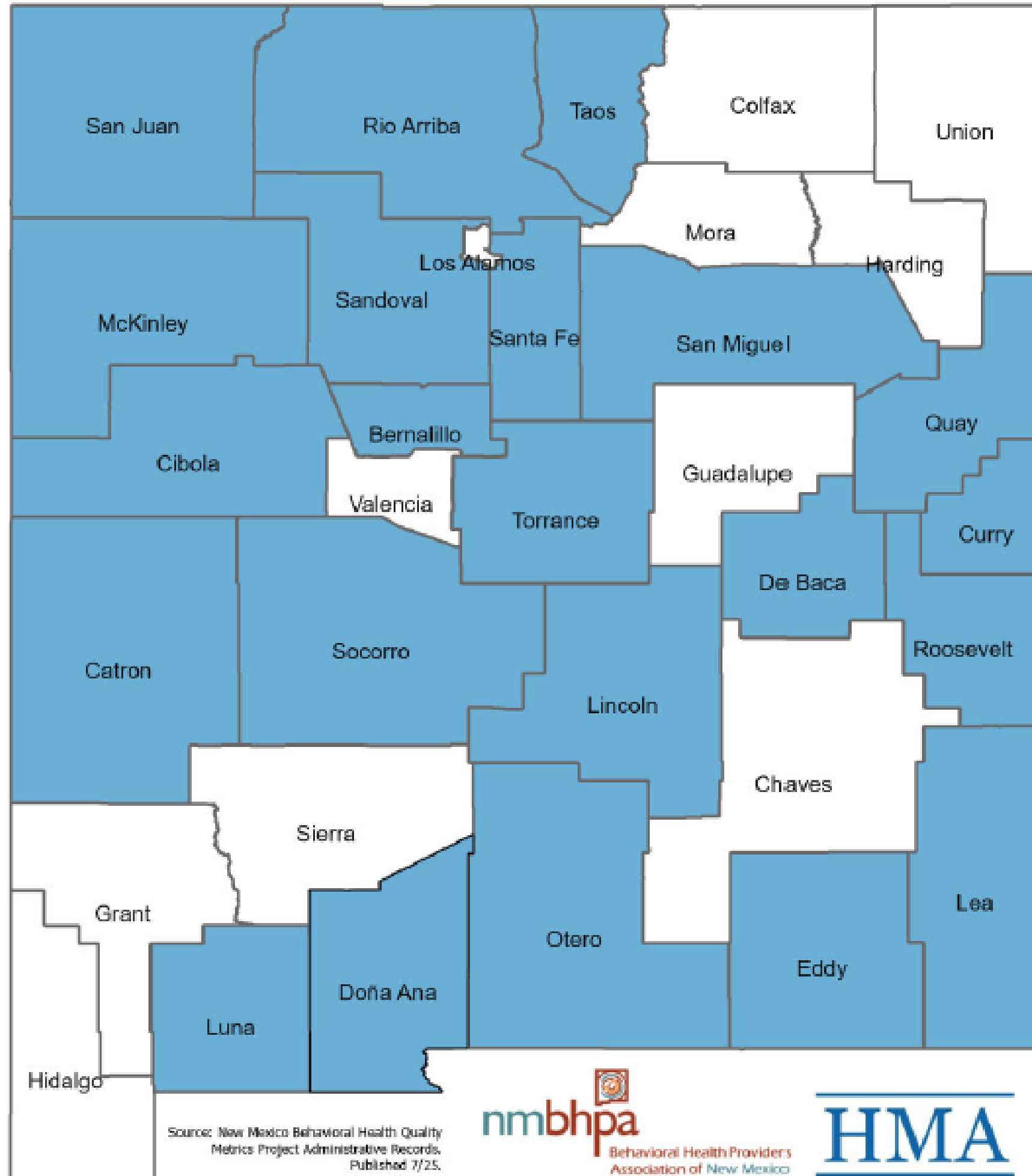
FY23 - \$ 266,544.17
FY24 - \$1,588,526.09
FY25 - \$2,489,220.00

Total: \$4,344,290.26

These investments provide the infrastructure, platform and processes for additional providers into the future



Organizations Participating in New Mexico Behavioral Health Metrics, Metrics that Matter Year 2023-2025



Counties served 22 out of 33; 67%

17 Organizations
32,717 Patients
7,622 Children (23%)

Organizations (17)



Source: New Mexico Behavioral Health Quality Metrics Project Administrative Records. Published 7/25.

THANK YOU!!!

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Thank you!

Please reach out with questions or concerns.

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