

MAT Services for Incarcerated Individuals

Medication-assisted treatment (MAT) services provided by the state should be an effective tool in reducing both New Mexico's high incidence of opioid overdoses and deaths and the number of individuals interacting with the criminal justice system. However, while the Legislature has invested \$136.2 million to provide MAT services to individuals involved in the criminal justice system, the money has been slow to roll out, and few adults have received services in comparison to how many adults need the services. While opioid-related deaths for youth have increased exponentially, services have not expanded at the same rate. Moreover, appropriations made to provide MAT services to youth are not being used for that purpose.

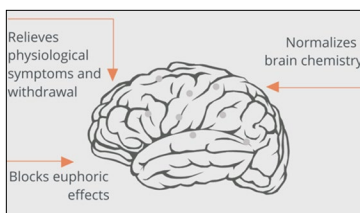
Background

New Mexicans suffer from substance use disorders (SUDs) at a higher rate than other Americans, according to the most recent full dataset available from the *2022 National Survey on Drug Use*. 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 and alcohol use disorders. 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. The Health Care Authority (HCA) estimates more than 9,000 New Mexicans need MAT but are not receiving services.

While the mechanisms of the medications vary, medications for opioid use disorder (MOUDs) work on opioid receptors to relieve physical symptoms and withdrawal, normalize brain chemistry, and block the euphoric effects of illicit opioids. The University of New Mexico (UNM) Health Sciences research shows patients treated with MAT 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, MOUDs are an important tool in addressing the rise of opioid deaths and consequences in the United States and especially in New Mexico.

Medication for Substance Use Disorders



Source: UNM Health Sciences Center

MAT Services for Incarcerated Adults

Beginning in FY24, the Legislature has significantly invested in providing MAT services to individuals involved in the criminal justice system; however, the appropriations have not been fully utilized by either the Corrections Department

(NMCD) or HCA. This has resulted in 8.8 percent of the prison population receiving MAT services, despite a NMCD estimate of need of 36 percent. For individuals either in county jails or state treatment courts, there are significant gaps in providers willing to provide MAT services. Both programs could partner with the Department of Health (DOH) because DOH’s public health offices offer MAT services, but a recent LFC program evaluation found the services were underutilized.

Legislative Appropriations for MAT

| Appropriation Year | Organization | Purpose | Appropriation Amount | Remaining |
|--------------------|--------------------------|---|-------------------------|---|
| 2023 | Department of Health | For medication-assisted treatment related to opioid use disorder. | \$2,500,000.00 | \$220,288.57 |
| 2023 | Corrections Department | For medication-assisted treatment in prisons. | \$1,000,000.00 | \$671,886.52 |
| 2023 | Department of Health | For medication-assisted treatment for tribal members related to opioid use disorder. | \$1,000,000.00 | \$156,045.72 |
| 2024 | Corrections Department | To expand reentry services, treatment programs, housing opportunities and Medicaid-funded services to access medication assisted treatment. The other state funds appropriation is from the penitentiary income fund. | \$2,000,000.00 | \$18,298.50 |
| 2025 | Health Care Authority | For grants to counties, municipalities, Indian nations, tribes and pueblos and behavioral health providers based on the submitted regional plans for assisted outpatient treatment, medication assisted treatment including for juveniles, assertive community treatment, other best-practice and evidence-informed outpatient and diversion services, promising practices and community-based wraparound services and resources pursuant to the Behavioral Health Reform and Investment Act for expenditure in fiscal years 2026 through 2029. Any unexpended balance remaining at the end of fiscal year 2029 shall revert to the behavioral health trust fund. | \$10,000,000.00 | No spending to date as of September 30, 2025. |
| 2025 | Health Care Authority | For a pilot to integrate medication-assisted treatment into primary care settings. | \$2,500,000.00 | No spending to date as of September 30, 2025. |
| 2025 | University of New Mexico | To the health sciences center and the department of health for mobile health units, medication-assisted treatment and other health outreach for homeless persons, including telemedicine. | \$2,000,000.00 | No spending to date as of September 30, 2025. |
| 2025 | Health Care Authority | For medical services for incarcerated persons up to ninety days prior to release including case management, medication-assisted treatment, thirty-day supply of prescription drugs and other medical services. | \$80,396,900.00 | No spending to date as of September 30, 2025. |
| 2025 | Corrections Department | For medication-assisted treatment. | \$33,900,000.00 | No spending to date as of September 30, 2025. |
| | | | \$136,296,900.00 | |

Note: The length of these appropriations varies. The last two appropriations are GRO appropriations

Source: SHARE and LFC Files

Since FY24, the Legislature has appropriated \$136.2 million to provide MAT services to individuals in the criminal justice system. While NMCD has spent most of a \$2 million FY25 appropriation for MAT and other reentry services, with just \$18 thousand unused, the department has spent only a little more than \$300 thousand of a \$1 million FY24 appropriation for MAT services in prison. In FY26, HCA was appropriated \$80.4 million from the government results and opportunity fund (GRO) to pilot a MAT program, but it

Number of Individuals in County Prisons with MAT Prescription 2024

| County | Individuals with a Prescription for MAT Services |
|------------|--|
| Bernalillo | 1028 |
| Catron | 0 |
| Chaves | 60 |
| Cibola | 0 |
| Colfax | 7 |
| Curry | 15 |
| De Baca | 0 |
| Dona Ana | 261 |
| Eddy | 7 |
| Grant | 8 |
| Guadalupe | 0 |
| Harding | 0 |
| Hidalgo | 3 |
| Lea | 49 |
| Lincoln | 0 |
| Los Alamos | Not Tracking |
| Luna | 28 |
| McKinley | 84 |
| Mora | 0 |
| Otero | 96 |
| Quay | 6 |
| Rio Arriba | Not Tracking |
| Roosevelt | 22 |
| Sandoval | 97 |
| San Juan | Not Tracking |
| San Miguel | 15 |
| Santa Fe | 55 |
| Sierra | 0 |
| Socorro | 4 |
| Taos | 25 |
| Torrance | 0 |
| Union | 0 |
| Valencia | 4 |

has not expended any of the funds. The GRO funds were allocated over three years and only a third of the entire appropriation is eligible to be spent in a given year. Moreover, the authority received a “no progress” rating from LFC staff for the pilot project because it did not meet any of the required criteria. NMCD also received \$33.9 million in GRO funds in FY26 to provide MAT services. The department received a “progress made but requires improvement” rating for the project and had expended \$8.9 million of the \$11.3 million for FY26 as of October 2025.

HCA was authorized by the federal Medicaid waiver program to provide services, including MAT, to inmates 90 days prior to release.

The authority notes that JUST Health Plus—the official name for New Mexico’s re-entry program—started July 1, 2025, with three NMCD pilot facilities. The remaining NMCD facilities, county jails, and juvenile facilities will be phased in over the coming years, with each phase taking 12 to 15 months. Importantly, the authority estimates the per-member-per-month cost is \$166, with the federal government covering approximately three-fourths of the cost.

An NMCD survey estimates that 36 percent, or 2,000, state inmates require MAT services.

Since the program’s inception in January 2025, 177 individuals received MAT services from NMCD—approximately 8.8 percent of the population in need of MAT services. The department is only continuing MAT services and not starting MAT services for individuals, meaning only individuals who come to NMCD already on MAT or are hospitalized and put on MAT are given services. NMCD reports plans to start providing MAT services to individuals who are not on MAT by the start of FY27. Only three individuals who received MAT services with NMCD discontinued the services, much lower than the estimated national attrition rate of 64 percent. An LFC evaluation from June 2025, *Medication-Assisted Treatment in Public Health Offices*, found NMCD was not referring individuals exiting state correctional facilities to DOH’s public health offices. This oversight was corrected since July 2025 and DOH reports the department has received five referrals from NMCD.

In 2024, 1,767 individuals in county jails received some form of MAT.

Analysis from the Santa Fe County jail in 2024 indicates 87 percent of individuals in the county jail had at least one substance in their system besides alcohol and 67 percent tested positive for at least two substances. There is no systematic policy in place for MAT in county jails. Additionally, according to reports from the New Mexico Counties organization, some county jails have difficulty finding providers who are willing and able to prescribe MAT. As such, DOH could work with county jails to provide services to individuals in county jails. Moreover, New Mexico Counties and county jails reported to LFC staff that individuals in county jails face systemic barriers to receiving referrals.

In FY25, 140 adult treatment court participants received MAT services, with Bernalillo, Rio Arriba, San Juan, and Santa Fe counties accounting for 66 percent of all usage.

About 42 percent of individuals involved in treatment courts receive MAT services. However, the individuals receiving MAT services are predominately in urban areas of the state. AllRise, the national organization that provides best practices and guidelines to treatment courts, emphasizes the need for comprehensive care, including care provided by treatment professionals. As the previous LFC evaluation for MAT highlights, public health offices across the state provide a unique opportunity to reach rural

Number of Participants Receiving MAT Services in Treatment Courts (FY25)

| County | Number of Participants |
|------------|------------------------|
| Bernalillo | 36 |
| Chavez | 1 |
| Cibola | 1 |
| Colfax | 0 |
| Curry | 2 |
| Dona Ana | 8 |
| Eddy | 0 |
| Grant | 0 |
| Hidalgo | 1 |
| Lincoln | 1 |
| Luna | 2 |
| McKinley | 2 |
| Otero | 3 |
| Rio Arriba | 13 |
| Roosevelt | 1 |
| San Juan | 39 |
| San Miguel | 7 |
| Sandoval | 5 |
| Santa Fe | 5 |
| Sierra | 1 |
| Socorro | 5 |
| Taos | 4 |
| Torrance | 0 |
| Valencia | 3 |

Source: LFC files

New Mexicans. As such, DOH could work with individual courts to identify additional individuals in treatment courts who would benefit from MAT services.

Adult treatment court participants declined by 33 percent between FY19 and FY25. Moreover, juvenile treatment courts’ participation rates declined more rapidly during this period, with only three juvenile treatment courts still operating. AOC notes the decline in juvenile treatment courts is linked to inconsistent effectiveness, uneven implementation, and a shift to emphasize diversion programs. As a whole, there is wide variation in how many individuals are served by treatment courts in each judicial district.

MAT Services for Justice-Involved Youth

Between 2018 and 2023, opioid-related deaths for children age 12 to 17 increased by approximately 280 percent. In comparison, adult opioid-related deaths increased by 65 percent. Despite a large increase in opioid-related deaths for children, treatment is hard to access. The American Academy of Pediatrics advocates for “increasing resources to improve MAT of opioid-addicted adolescents and young adults.” While MAT is a preferred treatment for youth, further monitoring within the state is needed to determine the need for MAT services for children. Finally, HCA has no current plans focused on expanding MAT services for youth, despite a special appropriation partially aimed at expanding services.

According to national research, fewer than 1-in-3 youth with SUD received substance use treatment. Despite the advocacy of the American Academy of Pediatrics and successful use of MAT in youth, services are often difficult to access. A recent national study focusing on access to MAT for youth found a child age 16 or 17 would, on average, need to call nine potential facilities to find one that offered them buprenorphine—a type of medication offered under the MAT umbrella. If the child is below the age of 16, on average, the family would have to call 29 facilities to find a provider willing to treat them.

ADOBE, a program run through the University of New Mexico, currently provides MAT services to 11 children. The ADOBE (Averting Disparities in Outcomes by Building Engagement) program aims to provide wraparound services to youth who have been incarcerated in Bernalillo County Youth Services Center (YSC), as well as youth at high risk of future involvement. Providers at ADOBE documented cases of premature discontinuation when youth were transferred to other facilities. In FY25, ADOBE had 111 new client referrals and a 13 percent recidivism rate. However, ADOBE’s scope is limited to patients in Bernalillo County.

The Children, Youth and Families Department (CYFD) currently asks youth involved in the justice system about substance use but has no standard mechanism of assessing the prevalence of SUD. On receiving a referral, a juvenile probation officer (JPO) will ask the child if the child uses substances. The child’s self-report is the only standard tool that JPOs use to assess if a child has substance issues. CYFD should work to implement a standard, evidence-based system within the juvenile justice system to evaluate whether a child suffers from SUD. Further, information gathered should be shared with partners to better understand the prevalence of SUD among youth in the state, as well as the need for MAT services for youth.

In the 2025 General Appropriation Act, the Legislature appropriated \$10 million to be partially used to provide MAT services for youth; however, HCA notes it is not currently implementing a MAT for juveniles' program. HCA staff reports the \$10 million appropriation is part of the regional planning fund and not specifically tied to MAT for juveniles. The authority reports, HCA does not customarily get funding to implement services for juveniles—usually, it goes to CYFD. At this point, it is unclear if HCA will use any of the \$10 million appropriation to provide MAT services for youth.

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Status of New Mexico 1115 Waiver: Medicaid Reentry

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- In FY25, the federal government approved New Mexico's application for an incarceration reentry initiative effective through 2029 to provide Medicaid coverage to incarcerated individuals in tribal, state, or local correctional facilities, as well as youth correctional facilities, that are within 90-days of release. The initiative was part of a broader effort from the federal government to improve outcomes for justice-involved individuals by reducing healthcare disparities and supporting successful community reintegration.
- Specifically, when information on the waiver program was first presented to the committee, it was believed services under the new Medicaid waiver authority would include:
 - Case management to assess and coordinate physical, behavioral health, and social needs,
 - Medication-assisted treatment (MAT) for all types of substance use disorders, including counseling,
 - 30-day supply of prescription medications provided immediately upon release,
 - Diagnostic services including lab and radiology,
 - Additional prescribed drugs beyond MAT and the 30-day supply,
 - Medical equipment and supplies provided upon release,
 - Family planning services and supplies,
 - Community health worker services,
 - Peer support services,
 - Hepatitis C treatment, and
 - Clinical consultation services for physical and behavioral health needs, supporting case management and discharge planning
- However, the Corrections Department reports that the program has not been as comprehensive or easy to navigate on behalf of eligible individuals. The agency is here today to help answer questions about the status of the program.