



HEALTH CARE
AUTHORITY



Behavioral Health Assessment and Feasibility Study Listening Session

December 2025

INVESTING FOR TOMORROW, DELIVERING TODAY.

AGENDA

Meeting Objectives and Expectations 2 minutes

Study Background 2 minutes

Study Methodology 2 minutes

Opportunities for Participation 2 minutes

Overview of SMI, SED, SUD, and BI Designations 2 minutes

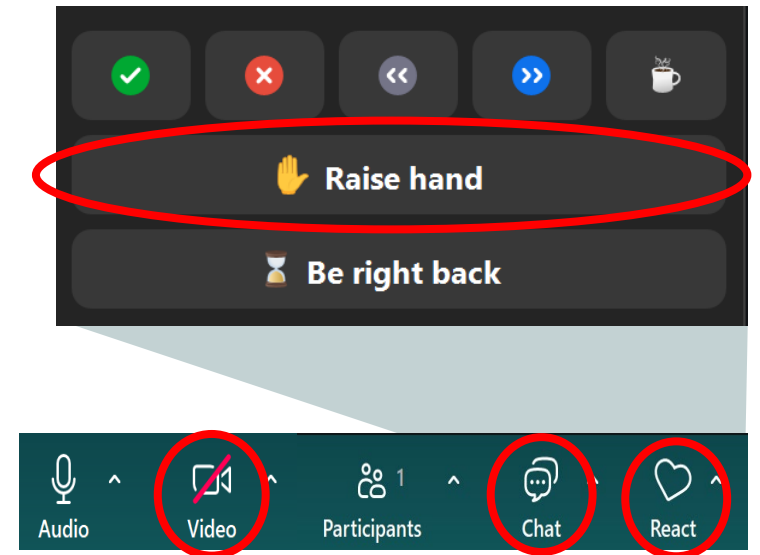
Discussion 50 minutes

MEETING OBJECTIVES AND EXPECTATIONS

Objectives: To learn more about the Behavioral Health Assessment and Feasibility Study and share feedback.

Expectations

- Intended to be a **listening session** where we learn from you
- Participate by using the:
 - **“Raise Hand”** button to let us know you would like to speak. We will call on you when it’s time to unmute and turn on your video.
 - **Chat** function to type feedback at any time. We will monitor the chat throughout the session.
 - **Post-listening session brief survey** to collect additional feedback.
- Please be mindful of the time when sharing feedback (please keep feedback to no more than 2 minutes). To ensure all voices are heard, we may need to move to the next participant.
- Listening session is being recorded and transcribed. We will not attribute any quotes to participants but may use them anonymously.



STUDY BACKGROUND

- The New Mexico Legislature appropriated funding during the 2025 regular session for a comprehensive Behavioral Health Assessment and Feasibility Study in **House Bill 2**.
- Through a competitive **procurement process**, Manatt Health Strategies was **selected** by the Health Care Authority (HCA) for its expertise in behavioral health services, Medicaid policy, financing strategies, and data analyses. Manatt is partnering with Milliman to provide health care actuarial services and Kauffman and Associates, Inc., which specializes in culturally grounded research and evaluation.
- As directed by the legislature, the study will examine the “merits, feasibility, costs and likely enrollment in a proposed new Medicaid waiver for people with serious mental illness or substance dependency leading to regular confinement in county jails or intensive overuse of hospital emergency rooms or other emergency or crisis services,” as part of a broader examination of the strengths and gaps in New Mexico's behavioral health and brain injury delivery systems.
- The final report will be completed before the **January 2026** legislative session and will **inform legislative discussions on potential changes to behavioral health and brain injury services**.

STUDY METHODOLOGY

The study will:

- Examine **strengths** and **gaps in New Mexico's current behavioral health landscape**
- Identify **opportunities to strengthen Medicaid and state-funded services and supports** for New Mexicans with **serious mental illness (SMI), severe emotional disturbance (SED), substance use disorders (SUD), and brain injuries (BI)**
- **Identify whether a new Medicaid waiver is needed for people with SMI, SED, SUD, or BI** or if other federal authorities should be explored to address identified needs

What is meant by “Medicaid waiver” and “other federal authorities” ?

Medicaid has different ways for states to get permission from the federal government to offer new services or try out new programs. These permissions are called “federal authorities.” One way is a Medicaid waiver. A waiver lets a state skip or “waive” certain standard Medicaid rules. Some services can only be offered through a waiver, while others can be offered through other types of federal approvals.

In this study, we want to understand what services people with SMI, SED SUD, or BI need but aren't currently getting. This will help the state decide whether it needs a waiver or whether these services can be added under another type of Medicaid approval.

STUDY METHODOLOGY CONT.

Methodology. Study will include:

- Comprehensive assessment of behavioral health and brain injury services covered by Medicaid and state funds
- Data analyses on service utilization and trends
- Comparison against national best practices and other states for the continuum of services
- In-depth interviews and engagements, including the collection of public comments
- Comprehensive report of findings, recommendations, and assessment of waiver feasibility

OPPORTUNITIES FOR PARTICIPATION

HCA is seeking input on strengths, gaps and recommended changes for:

- New Mexico's current Behavioral Health and Brain Injury delivery systems
- Care coordination and case management
- Emergency room use and non-emergency medical transportation
- Justice Involved Reentry and Supportive Housing programs

HCA is also seeking any other feedback to inform the comprehensive Behavioral Health Assessment and Feasibility Study

Opportunities for Participation:



Attend (Virtual) Public Listening Session (today's session)



Provide Written Feedback by **5:00PM MST** on **Thursday, December 11, 2025**

- Public comments must be typed into the meeting chat or submitted to the following email address to be considered: stakeholdercomment@manatt.com

OVERVIEW OF SMI, SED, SUD, AND BI DESIGNATIONS

- **Serious Mental Illness (SMI):** An adult (18+) has an SMI when they have a mental or emotional health condition that lasts a long time and makes it hard to handle everyday activities, like working, socializing, or taking care of themselves.¹
- **Severe Emotional Disturbance (SED)**²: A child or teen has an SED when they have a mental or emotional health condition that makes it hard for them to function at home, in school, or in their community.¹
- **Substance Use Disorder (SUD):** A long-term condition where a person feels a strong need to use drugs or alcohol, even when it causes problems in their life or health.³
- **Brain Injury (BI):** A brain injury can happen from an outside force—like a fall or car crash—or from something inside the body, like a stroke, infection, or tumor. Brain injuries can affect how a person thinks, feels, and acts.⁵

Note: In this context, behavioral health includes SMI, SED, and SUD

1:<https://www.hca.nm.gov/wp-content/uploads/Attachment-A-Assessment-of-the-Availability-of-the-Mental-Health-Services.pdf>

2:New Mexico uses the term severe emotional disturbance, in accordance with 8.321 of New Mexico Administrative Code (NMAC).

3:SAMHSA, What is Substance Use Disorder? <https://www.samhsa.gov/substance-use/what-is-sud>

4:N.M. Admin. Code § 8.326.10.7 – DEFINITIONS. <https://www.law.cornell.edu/regulations/new-mexico/N-M-Admin-Code-SS-8.326.10.7>

5: Brain Injury Alliance. What We Do. <https://www.braininjurynm.org/about>

Discussion

For the remainder of the meeting, we invite participants to share their feedback by using the “Raise Hand” function or typing your feedback into the chat.

The following slide includes questions to facilitate feedback.

PROPOSED DISCUSSION QUESTIONS– INDIVIDUALS WITH LIVED EXPERIENCE, FAMILIES AND CAREGIVERS

For Discussion

1. For people with SMI, SED, SUD, and BI, what behavioral health and brain injury services are working well?
2. Do you know where to find information about the behavioral health and brain injury services you can access if you have Medicaid? Do you know where to find information about the behavioral health and brain injury services you can access if you do not have health insurance?
3. What are the major issues you or your family have faced getting the help you need?
4. When you have a question about available services, where do you go for help navigating the system (e.g., your doctor, health plan, care coordinator, someone else in your community, social media, the internet)?
5. What changes would make it easier to access behavioral health or brain injury services?

What other feedback would you like to share with HCA as we conduct this study?

THANK YOU FOR YOUR FEEDBACK!

We appreciate your attendance at today's (Virtual) Public Listening Session. Please complete the post-listening session survey, available at: <https://bit.ly/4pRQ4li>

If you have additional comments, please submit your written feedback by 5:00PM MST on Thursday, December 11, 2025

**Public comments must be submitted to the following email address to be considered:
stakeholdercomment@manatt.com**

Appendix

SURVEY QUESTIONS – INDIVIDUALS WITH LIVED EXPERIENCE, FAMILIES AND CAREGIVERS

1. How easy or hard is it for you to find out what behavioral health services are available?

- a) Easy
- b) Somewhat Easy
- c) Neutral
- d) Somewhat Hard
- e) Hard

2. How easy or hard is it for you to find out what brain injury services are available?

- a) Easy
- b) Somewhat Easy
- c) Neutral
- d) Somewhat Hard
- e) Hard

SURVEY QUESTIONS – INDIVIDUALS WITH LIVED EXPERIENCE, FAMILIES AND CAREGIVERS

3. How confident do you feel that you or your family can access the behavioral health services you need, when you need them?

- a) Very confident
- b) Somewhat confident
- c) Neutral
- d) Somewhat unconfident
- e) Not confident

4. How confident do you feel that you or your family can access the brain injury services you need, when you need them?

- a) Very confident
- b) Somewhat confident
- c) Neutral
- d) Somewhat unconfident
- e) Not confident

SURVEY QUESTIONS – INDIVIDUALS WITH LIVED EXPERIENCE, FAMILIES AND CAREGIVERS

5. What is the biggest barrier to receiving behavioral health services?
- a) I don't have access to a provider
 - b) Services are too expensive
 - c) It takes a long time to get an appointment for the service I need
 - d) The service I need is not available where I live
 - e) Other

6. What is the biggest barrier to receiving brain injury services?
- a) I don't have access to a provider
 - b) Services are too expensive
 - c) It takes a long time to get an appointment for the service I need
 - d) The service I need is not available where I live
 - e) Other

SURVEY QUESTIONS – INDIVIDUALS WITH LIVED EXPERIENCE, FAMILIES AND CAREGIVERS

7. In a few words, what is one change that would make the biggest impact on your ability to get the behavioral health or brain injury services you need?