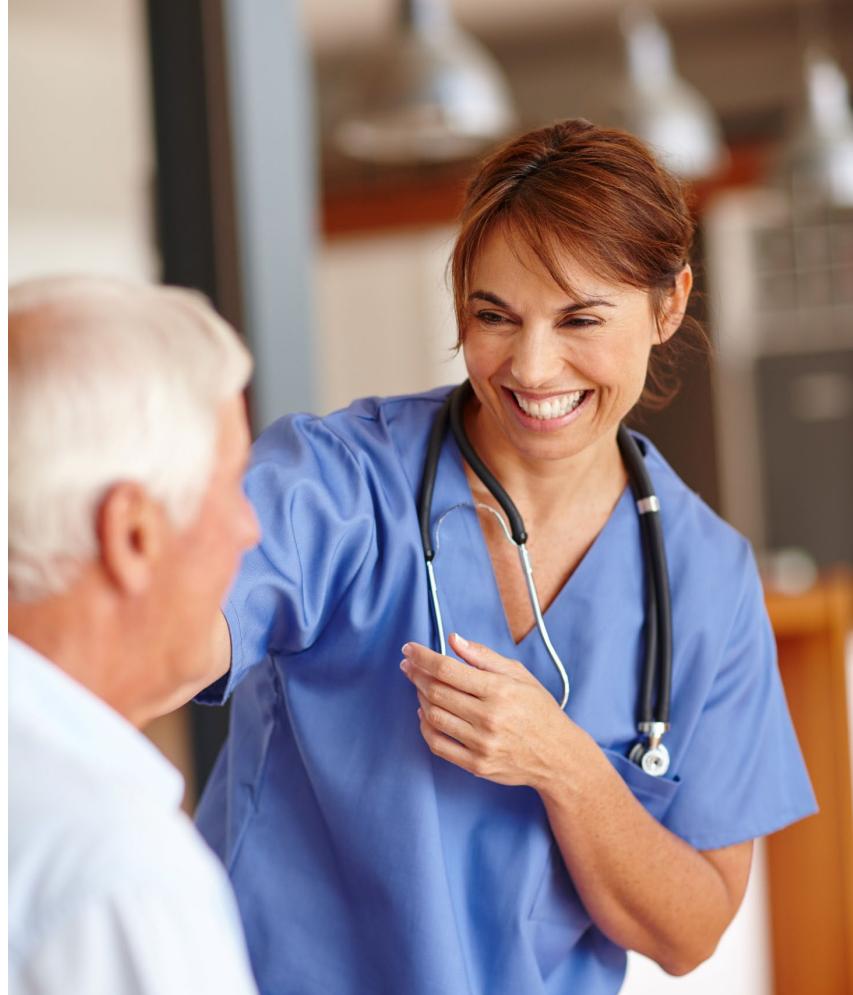




HEALTH CARE
A U T H O R I T Y



Behavioral Health Assessment and Feasibility Study Listening Session

December 2025

INVESTING FOR TOMORROW, DELIVERING TODAY.

AGENDA

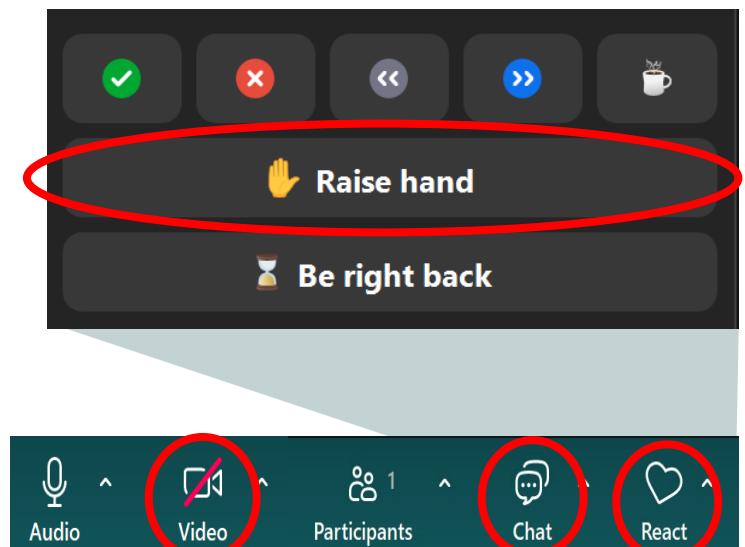
- Meeting Objectives and Expectations 2 minutes**
- Study Background 2 minutes**
- Study Methodology 2 minutes**
- Opportunities for Participation 2 minutes**
- Overview of SMI, SED, SUD, and BI Designations 2 minutes**
- Discussion 50 minutes**

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):** A person with SMI is someone age 18 and over, who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria, that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.¹
- **Severe Emotional Disturbance (SED):**² A person with SED is someone 0-18 who currently, or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.¹
- **Substance Use Disorder (SUD):** Chronic disease where people compulsively seek and use drugs despite harmful consequences.³
- **Brain Injury (BI):** Encompasses both traumatic and non-traumatic (acquired) brain injury, such as those caused by an insult to the brain from an outside physical force, infection, a toxic or chemical substance, or tumors.⁴ Common sources of non-traumatic brain injuries include strokes, oxygen deprivation, or tumors. Common sources of traumatic brain injury (TBI) include falls, car accidents, and violent incidents.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— PROVIDERS AND STAKEHOLDERS

For Discussion

1. What aspects of New Mexico’s behavioral health and brain injury delivery systems are working well today?
2. In what ways do New Mexico’s behavioral health and brain injury delivery systems feel especially complex, confusing, or unclear for the people you serve?
 - a) How could coordination between the state, Managed Care Organizations, providers, and other partners be strengthened to help individuals with SMI, SED, SUD, and/or BI access services more easily?
3. What services are most critical to meet the needs of individuals with SMI, SED, SUD, or BI?
4. What changes could be made to improve care for New Mexicans with SMI, SED, SUD, and/or BI?
 - a) What additional services, supports, or flexibilities would most improve care for individuals with SMI, SED, SUD, or BI?

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/3MoRUSw>

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 – PROVIDERS AND STAKEHOLDERS

<p>1. What is the biggest barrier to delivering care to New Mexicans with SMI, SED, and SUD?</p> <ul style="list-style-type: none">a) Medicaid reimbursement rates / rate changesb) Administrative barriers to Medicaid enrollmentc) Lack of training to serve these populationsd) Need for capacity building funds to offer new services or build the workforcee) Difficulty addressing transportation barriersf) Confusion around what is covered by Medicaid or state fundsg) Other	<p>2. What is the biggest barrier to delivering care to New Mexicans with BI?</p> <ul style="list-style-type: none">a) Medicaid reimbursement rates / rate changesb) Administrative barriers to Medicaid enrollmentc) Lack of training to serve these populationsd) Need for capacity building funds to offer new services or build the workforcee) Difficulty addressing transportation barriersf) Confusion around what is covered by Medicaid or state fundsg) Other
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SURVEY QUESTIONS – PROVIDERS AND STAKEHOLDERS

3. How confident do you feel that New Mexicans with SMI, SED, or SUD can access Medicaid-covered behavioral health services when needed (e.g., therapy, substance use treatment)?

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

4. How confident do you feel that New Mexicans with BI can access Medicaid-covered brain injury services when needed? (e.g., home and community-based services, including help with daily activities, home modifications)

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

SURVEY QUESTIONS – PROVIDERS AND STAKEHOLDERS

5. What is the biggest barrier for individuals to receive behavioral health services?

- a) No access to a provider
- b) Wait list/provider capacity
- c) Services not available in region
- d) Limitations on covered services
- e) Other

6. What is the biggest barrier for individuals to receive brain injury services?

- a) No access to a provider
- b) Wait list/provider capacity
- c) Services not available in region
- d) Limitations on covered services
- e) Other

SURVEY QUESTIONS – PROVIDERS AND STAKEHOLDERS

7. In a few words, what is one change that would make the biggest impact for New Mexicans who use behavioral or brain injury services?