



**Behavioral Health Planning Council  
Meeting Minutes  
Dec 10th, 2025  
9am-12pm**

**Present:**

- Jennifer Burke, Chair of the BHPC
- Jacqueline Nielsen, BHSD, BHPC Member, ASUM Co-Chair
- Natalie Rivera, BHPC Liaison
- Annabelle Martinez, HCA/BHSD
- Lee Ann Lopez, HCA/BHSD, CSP Presenter
- Jason Martinez, HCA/BHSD, CSP Presenter
- Mariah Kennedy, CPSW, Scribe, CSP Presenter
- Melissa Beery, CFPSW, CSP Presenter
- Amy Sandoval, HCA, BHSD Business Operations Manager
- Monica Miura, CASC Chair, Community Youth Advocate
- Stacey Keener, CPSW, Advocate for MH
- Lisa Trujillo, Family member
- Karmela Martinez, Operations Manager NM IAD
- Emily Kaltenbach, ALTSD Secretary, BHPC Member
- Dr. Wendy Price, NM Corrections Department, BHPC Member
- Jeremy Lihte, NM Leaders in Recovery, newly appointed MAC Rep.
- Patrick Beyers-Smith, BHPC Member
- Lisa Howley, BHSD/HCA, BHPC Member
- Cynthia Romero, BHSD
- Dr Sonia Siaz, NM PED
- Julie Hardle
- Rosella Sanchez, NM Crisis and Access
- Amber Grewal, Pres Health Plan
- Allen Dominguez, CYFD Adolescent Services Manager
- Susie Kimble, BHPC, Mesilla Valley
- Paul Jenkins, ASUM Co-chair
- Athena Huckaby, ASUM Co- Chair
- Trinidad Arguello, BHPC member, newly appointed Provider Rep.

- Pierce Ferriegel, CEO Community Light House
- Wendy Linebrink-Allison, BHPC Member
- Julie Sanchez, ALTSD
- Charlene Espinoza, Supervisor healthcare Services, Molina Healthcare
- Anna Horner, Bernalillo Health Council, Presenter
- Lisa Noriega, BHSD
- Cinda Dillahunt, CASC Member
- Karen Canaday, BHSD
- Lindsay E Lennertz, PsyD New BHPC Member
- Chastity Sandoval, BHSD/HCA Tribal Liaison
- Lilliana Venzor-Trejo, MHC
- Katheleen Dostalick, CEO Haven BH
- Mari Jimenez, Molina Healthcare
- Lonna Valdez, BHPC Member, Excused from meeting

### **Land Acknowledgment by Natalie Rivera**

**Approval of Agenda-** Susie Kimble moved to accept the agenda Stacey Keener seconded the motion.

**Approval of October 8th Meeting Minutes-** There was a motion to approve the October Meeting Minutes as amended by Jennifer Burke and seconded by Susie Kimble.

### **Introduction of new board members:**

Lindsay Lennertz

Pierce Friegel

## Review and approval of BHPC Recommendations to Governor Lujan-Grisham:

### ASUM Recommendation made by Athena Huckaby-

Draft Recommendation of the Behavioral Health Planning Council

Date: December 15, 2025

#### *Recommendation Statement*

It is recommended that the New Mexico Governor, in coordination with relevant executive agencies, review and revise current "post of duty" requirements to allow for greater flexibility in work location within the New Mexico Health Care Authority (HCA). The Council recommends that HCA expand the use of remote and hybrid work arrangements, regional offices, and alternative duty stations, where appropriate, to address persistent workforce shortages across HCA-administered programs, including within the Children, Youth and Families Department (CYFD) and the Office of Substance Use Prevention (OSAP). Updating post of duty policies would strengthen workforce recruitment and retention, improve cultural responsiveness, and enhance the state's ability to deliver services effectively across all regions of New Mexico.

#### **1. The purpose of this proposed recommendation is to:**

- a. Improve recruitment and retention of a qualified, diverse, and geographically representative behavioral health and healthcare workforce.
- b. Reduce barriers created by centralized post of duty requirements that limit access to state employment for qualified candidates outside of Santa Fe and Albuquerque.
- c. Strengthen community connection, cultural responsiveness, and place-based knowledge within state behavioral health systems.
- d. Support more efficient, sustainable, and cost-effective workforce models across New Mexico.

#### **2. Rationale for this proposed recommendation:**

- a. **Post of duty requirements limit workforce accessibility.** While not a formal residency requirement, the requirement that many state positions report to a designated post of duty (most often Santa Fe or Albuquerque) creates practical barriers for qualified candidates who live and work in other regions of the state. Current job postings demonstrate that a significant proportion of HCA and related agency positions are assigned to centralized locations, despite having statewide scope and responsibilities. These constraints effectively narrow the applicant pool and exclude qualified professionals in southern New Mexico, the Four Corners region, rural, frontier, and Tribal communities.
- b. **Workforce shortages and high turnover across HCA partner agencies, including CYFD, are contributing to unsustainable workload pressures and underscore the need to expand the available talent pool.** CYFD has publicly acknowledged that it is unlikely to

meet mandated staffing and recruitment targets under the Kevin S. settlement, citing severe caseload pressures, high turnover among newer staff, and difficulty recruiting and retaining qualified workers. Centralized post of duty requirements further constrain recruitment efforts at a time when agencies are under court oversight and facing escalating service demands.

- c. **Rigid post of duty designations for statewide and executive roles do not reflect the functional requirements of the work and unnecessarily limit recruitment of qualified leadership.** Even senior, policy-level, and executive positions with statewide responsibilities are frequently designated with a Santa Fe post of duty, despite the fact that the work involves cross-agency coordination, statewide travel, virtual meetings, and field engagement. Rigid post of duty designations for these roles do not reflect the actual functional requirements of the work and unnecessarily limit the recruitment of experienced leaders who could effectively serve the state from other regions.
  - d. **Centralized post of duty policies weaken community connection and reduce cultural responsiveness in statewide behavioral health and child welfare systems.** Behavioral health and child welfare systems function most effectively when staff maintain meaningful connections to the communities they serve. Centralized post of duty policies reduce opportunities for staff to remain embedded in their home communities, weakening local knowledge of cultural, social, and economic contexts that shape service access and outcomes. This is particularly consequential in Indigenous, Hispanic, rural, and underserved communities.
  - e. **Evidence-based workforce models demonstrate that remote, hybrid, and geographically flexible work arrangements can improve productivity, retention, and operational efficiency when implemented with appropriate supports.** A substantial body of research demonstrates that remote, hybrid, and geographically flexible work arrangements can improve productivity, employee engagement, and retention when paired with appropriate organizational supports. Studies of large public-sector and knowledge-based workforces have found that remote and work-from-anywhere models are associated with measurable productivity gains, reduced turnover risk, and improved work-life balance, without increases in error or rework (Bloom et al., 2015; Choudhury, Foroughi, & Larson, forthcoming).
3. The data supporting this proposed recommendation:
- a. **Geographic flexibility expands the available talent pool and improves recruitment outcomes.** Research demonstrates that remote, hybrid, and work-from-anywhere models allow organizations to recruit qualified professionals across broader geographic regions, particularly benefiting rural, frontier, and underserved areas. Geographic flexibility has been shown to function as a non-pecuniary incentive that increases applicant quality and employee effort by allowing workers to live in locations aligned with cost of living, family needs, and community ties (Choudhury, Foroughi, & Larson, forthcoming).
  - b. **Remote and hybrid work arrangements are associated with sustained or improved productivity.** Multiple peer-reviewed studies of large public-sector and knowledge-based workforces have found that remote and work-from-anywhere models are associated with measurable productivity gains, reduced turnover risk, and improved work-life balance, without increases in error or rework (Bloom et al., 2015; Mohammed et al., 2023).

- c. **Flexible work arrangements support retention and reduce burnout and turnover.** Research conducted during and following the COVID-19 pandemic indicates that employees working remotely report reduced stress, improved control over work time, and higher job satisfaction when appropriate organizational supports are in place (George et al., 2022). These factors are directly linked to improved retention, particularly in high-demand public-sector roles.
  - d. **Flexible and decentralized workforce models improve organizational resilience and efficiency.** Studies of research and public-sector environments indicate that flexible work arrangements can improve creativity, continuity of operations, and access to specialized expertise, while reducing vacancy duration, recruitment costs, and repeated hiring cycles when paired with clear performance expectations and adequate digital infrastructure (Hunter, 2019).
4. **Current statute, rules, regulations, or recently proposed legislation related to this recommendation:**
- a. **Post of duty requirements for executive branch employees are established through State Personnel Office rules and executive policy, not statute.** The State Personnel Office requires post of duty designations to be set prior to recruitment, limiting flexibility once positions are posted.
  - b. **No New Mexico statute explicitly requires centralized post of duty designations for statewide administrative or policy positions.** Post of duty policies for positions within HCA, CYFD, and other executive agencies are implemented through administrative rules and executive direction.
  - c. **Proposed legislation has sought to re-establish telework as a formal personnel policy option.** House Bill 300 (2023) proposed codifying telework options within executive branch personnel policy, reflecting ongoing policy debate regarding geographic flexibility in state employment (Source New Mexico, 2023).
5. **Implementation requirements of this proposed recommendation:**
- a. The Behavioral Health Planning Council recommends that implementation occur through executive and administrative action, including:
    - 1. **Directing HCA and partner agencies to review existing post of duty designations** to identify positions appropriate for regional, hybrid, or remote classification.
    - 2. **Establishing clear criteria and internal review or appeal processes** to modify post of duty designations when workforce or programmatic needs warrant flexibility.
    - 3. **Expanding or designating regional offices or shared state workspaces** to serve as alternative posts of duty across multiple regions of New Mexico.
    - 4. **Incorporating workforce geographic diversity, cultural responsiveness, and community connection** into post of duty decision-making and workforce planning.
    - 5. **Monitoring recruitment outcomes, retention rates, vacancy duration, and cost impacts** associated with revised post of duty policies.

3. Selected References

- a. Bloom, N., Liang, J., Roberts, J., & Ying, Z. J. (2015). Does working from home work? Evidence from a Chinese experiment. *Quarterly Journal of Economics*, 130(1), 165–218.
- b. Choudhury, P., Foroughi, C., & Larson, B. (forthcoming). Work-from-anywhere: The productivity effects of geographic flexibility. *Strategic Management Journal*.
- c. George, T. J., Atwater, L. E., Maneethai, D., & Madera, J. M. (2022). Supporting the productivity and wellbeing of remote workers: Lessons from COVID-19. *Organizational Dynamics*, 51.
- d. Hunter, P. (2019). Remote working in research: An increasing usage of flexible work arrangements can improve productivity and creativity. *EMBO Reports*, 20, e47435.
- e. Mohammed, M. H. S., Khan, M. S. A., & Syed, M. M. (2023). Remote work culture: The impact of digital transformation on workforce productivity. *Journal of e-Science Letters*, 4(1).

## CASC Recommendations by Monica Miura:

### **1. All Child-Serving and Behavioral Health Agencies Recommendation:**

**All State agencies that serve adult, children and families** (whether infant, early childhood, school age, transition age or adult) integrate the full continuum of peer supports (certified family peer, certified youth peer and certified adult peer) whichever is most appropriate into the service provision programs they fund and support, and that they include contracting with family-run and peer-run agencies and native-run agencies to assist when State agencies do direct work with families raising special needs children and adults with behavioral health needs.

**GOAL:** Create a “no-wrong door” approach to accessing peer services within all adult and child-serving and behavioral health systems.

To fully realize this goal it is recommended that Secretary or Director representation from HCA, ECECD, CYFD JJS, PS, CBHS, DOH and PED host a round table discussion with the BH Planning Council, its sub-committee members, and other knowledgeable stakeholders on the many ways that the full continuum of peer supports could be incorporated and integrated into State agency behavioral health funded programs.

### **2. Utilization of Quality Service Review to address State Lawsuits and System Improvement Efforts - PED Yazzie Martinez & CYFD Kevin S**

For information on QSR click on the link: <https://centerofinnovationnm.org/quality-service-review-qsr/>

**PED** - Use of Quality Service Review for Yazzie/Martinez improvement efforts to better target where improvement, cultural responsiveness, programs, and funding need to be concentrated. 100 cases throughout the State with emphasis on rural and native communities.

**CYFD** - Use Quality Service Review (QSR) in significant enough numbers to drive Kevin S improvement and native cultural competency efforts. Recommend that CYFD raise their QSR numbers to 100 in the first year and increase reviewed case numbers by 50-100 each subsequent year until sufficient. For the 100 CYFD cases reviewed in first year the recommendation is as follows: 15 CYFD Children enrolled in wraparound, 10-15 ICWA/Native

involved youth,10 Dual CPS and JJS involved youth,5-10 sampling per community – 5 per small community, 10 for larger communities – start with communities of largest concern. QSR infrastructure is already in place but would need to be funded and expanded to allow for more training and personnel to coordinate/implement the larger number of reviews. This would allow for not just quantitative but qualitative measures to give a clearer indication of implementation and practice and better pinpoint where best practices are occurring and where improvements need to be made.

### **3.CYFD BHS, HCA BHSD/MAD – Raise Medicaid rate for Behavioral Respite, adult peer, family peer and youth peer services, Children’s Day Treatment Programs.**

**behavioral respite** and create a comprehensive plan to increase the number of providers that provide respite. Also consider creating RFPs to support agencies in communities with wraparound programs to develop behavioral respite programs. Require agencies that provide wraparound to either provide behavioral respite or to identify another agency that can provide the respite for wraparound enrolled youth when needed. Utilize a culturally responsive behavioral respite model and ensure that the agencies that are providing respite are trained in the model and are monitored for fidelity to the model. Create a more robust service delivery definition which includes provision of service in multiple locations and settings, such as in home respite and in-community respite to increase flexibility and individualization and to reduce facilities costs. Respite is a key service for prevention of residential treatment placement and successful implementation of wraparound.

**Peer Services** – adult, family and youth to be equal or greater to the CCSS costs as it is a more comprehensive service.

**Children’s Day Treatment Programs** to ensure that children can remain in their homes when a higher level of support is needed and to increase this service across the State to reduce the use of residential, treatment foster care or out of home placements.

⇒ There was a vote and motion to approve Monica’s CASC recommendations to move forward, made by Sonia Saiz, the committee is all in favor and the recommendations have passed with the recommended amendments

## Consumer Satisfaction Presentation



HEALTH CARE  
AUTHORITY




ANNUAL CONSUMER, FAMILY & FAMILY/CAREGIVER  
SATISFACTION PROJECT – SFY 25 SURVEY RESULTS PRESENTATION

DECEMBER 10<sup>TH</sup>, 2025 PRESENTATION TO THE BHPC

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

### Adult Survey Results-

#### DEMOGRAPHIC PROFILE OF ADULT RESPONDENTS

##### Race

African American: 2.8% (surveyed) vs. 3.1% (population)  
 Asian: 0.5% (surveyed) vs. 0.7% (population)  
 Caucasian: 81.1% (surveyed) vs. 80.4% (population)  
 Native American: 7.2% (surveyed) vs. 8.3% (population)  
 Other: 4.1% (surveyed) vs. 4.0% (population)  
 Unknown: 4.3% (surveyed) vs. 3.5% (population)

##### Ethnicity

Hispanic: 45.8% (surveyed) vs. 50.1% (population)  
 Not Hispanic: 47.3% (surveyed) vs. 44.0% (population)  
 Unknown: 6.9% (surveyed) vs. 5.9% (population)

##### Gender

Female: 63.5% (surveyed) vs. 59.7% (population)  
 Male: 36.1% (surveyed) vs. 40.2% (population)  
 Unknown: 0.4% (surveyed) vs. 0.1% (population)

##### Age Groups

18–24 years: 12.0% (surveyed) vs. 13.2% (population)  
 25–34 years: 26.3% (surveyed) vs. 28.0% (population)  
 35–44 years: 27.9% (surveyed) vs. 27.0% (population)  
 45–54 years: 18.1% (surveyed) vs. 16.1% (population)  
 55–64 years: 10.7% (surveyed) vs. 11.3% (population)  
 65+ years: 5.1% (surveyed) vs. 4.5% (population)



*Investing for tomorrow, delivering to*

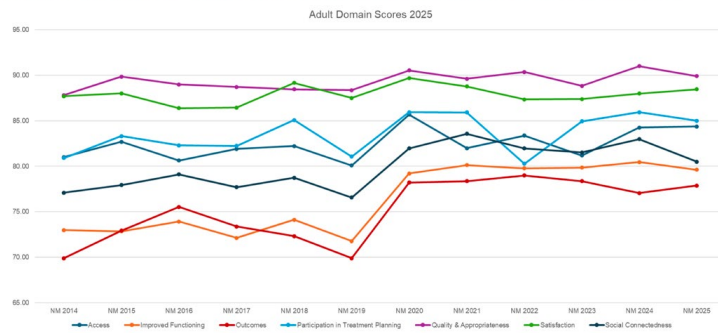
# OVERVIEW OF ADULT SURVEY DOMAINS

➤ Changes from 2024-2025 – Adult Domain Significance

Domain	NM 2024	NM 2025	2025-2024 Δ	95% CI	Significance of Change
Access	84.2557251908397	84.3692870201097	+0.11	±2.16	Proportions are not significantly different
Improved Functioning	80.4575786463298	79.6160877513711	-0.84	±2.35	Proportions are not significantly different
Outcomes	77.0588235294118	77.8719397363465	+0.81	±2.53	Proportions are not significantly different
Participation in Treatment Planning	85.9251968503937	84.9906191369606	-0.93	±2.09	Proportions are not significantly different
Quality & Appropriateness	90.9970958373669	89.8980537534754	-1.10	±1.71	Proportions are not significantly different
Satisfaction	87.9885605338417	88.4545454545455	+0.47	±1.92	Proportions are not significantly different
Social Connectedness	82.9827915869981	80.4922515952598	-2.49	±2.22	Proportions are not significantly different



## OVERVIEW OF ADULT SURVEY DOMAINS: 2014-2025

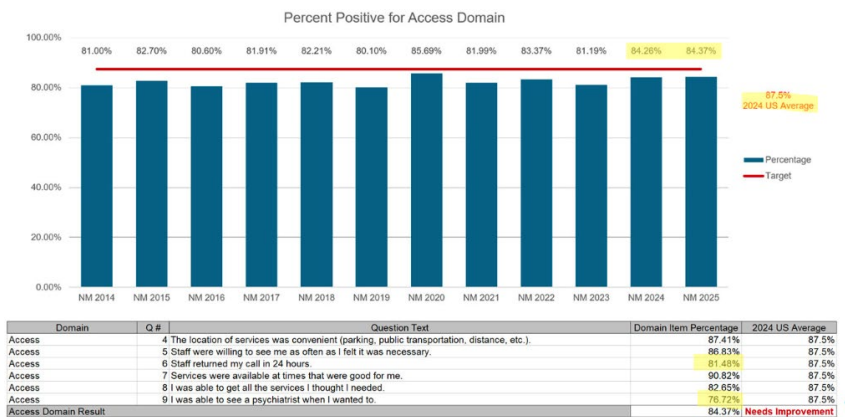


The trend line for adult domain scores begins in 2014, when the Centennial Care program started, and shows how the overall scores for each domain have changed over 12 years, up to the start of Turquoise Care in 2025.

From 2024 to 2025, Access, Outcomes, and Satisfaction all increased.

In contrast, Improved Functioning, Participation in Treatment Planning, Quality and Appropriateness, and Social Connectedness all decreased.

## ADULT SURVEY ACCESS DOMAIN

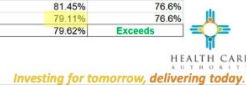
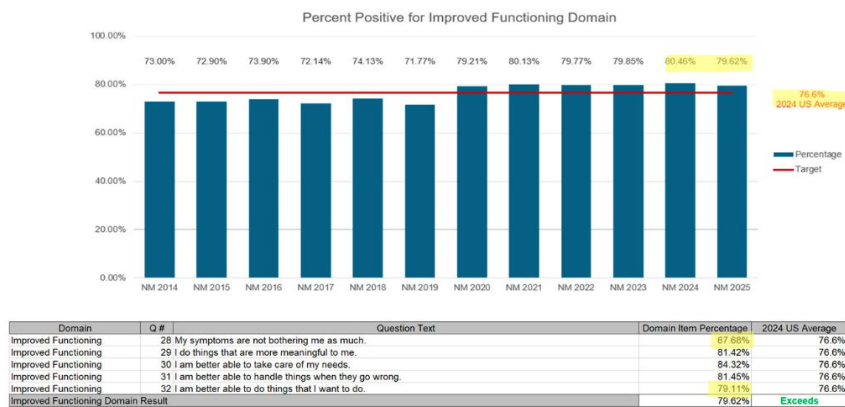


In 2025, the Access domain increased slightly to 84.37%, compared with 84.26% in 2024. Despite this small gain, New Mexico's score is still below the 2024 US average of 87.5%.

When we look at the individual questions, respondents were generally satisfied with getting services. However, there are still areas for improvement, including access to psychiatrists (76.72%) and staff returning calls within 24 hours (81.48%).

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## ADULT SURVEY IMPROVED FUNCTIONING DOMAIN

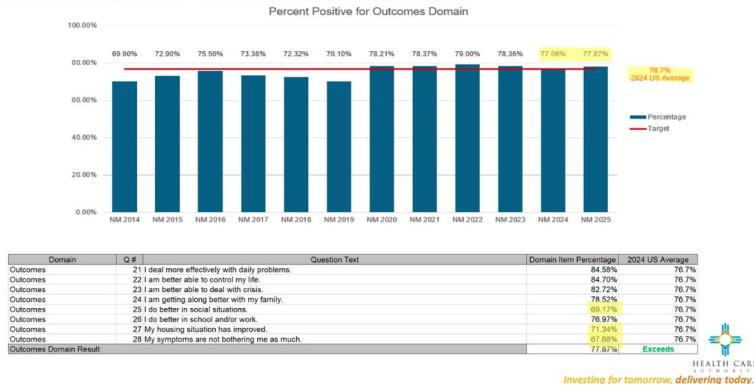


## IMPROVED FUNCTIONING

This domain has remained consistent over the past 5 years, with a minor decrease in 2025 (79.62%) as compared with 2024 (80.46%). As seen in previous years, NM's overall domain percentage is higher than the previous year's US Average (76.6%).

When we look closer at the individual questions, we see areas where improvements are still needed. Members could use more support in managing their symptoms, which is at 67.68 percent, and in feeling able to do the things they want, which is at 79.11 percent.

## ADULT SURVEY OUTCOMES DOMAIN

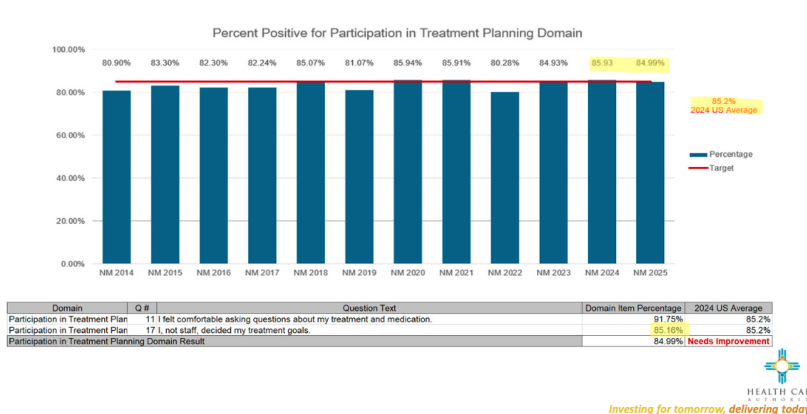


## OUTCOMES

In 2025, the Outcomes domain increased slightly to 77.87%, compared with 77.06% in 2024. This overall score is also slightly higher than the 2024 US average of 76.7%.

Looking at the individual questions, there are still areas where improvement is needed. Members need more support in managing their symptoms (67.68%), doing better in social situations (69.17%), and improving housing situations (71.34%).

## ADULT SURVEY PARTICIPATION IN TREATMENT DOMAIN

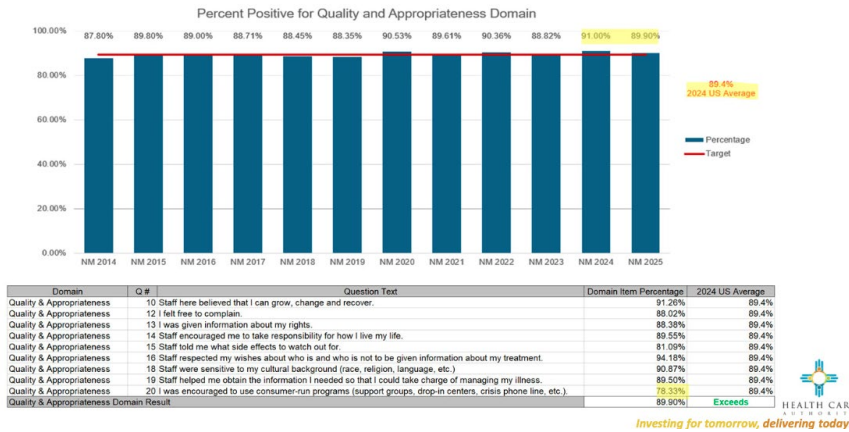


## PARTICIPATION IN TREATMENT

The percentage positive for Participation in Treatment has remained fairly stable, with a slight decrease from 85.93% in 2024 to 84.99% in 2025. The 2025 score is just below the 2024 US average of 85.2%.

Looking at the individual questions, one area for improvement is helping members feel more empowered to make their own treatment goal decisions, which scored 85.16%

## ADULT SURVEY QUALITY & APPROPRIATENESS DOMAIN

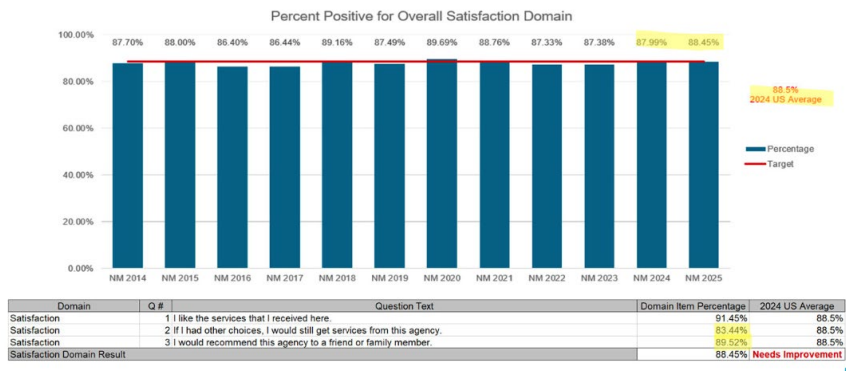


## PARTICIPATION IN TREATMENT

The domain of Participation in Treatment saw a slight decrease in 2025 to 89.9%, compared with 91% in 2024, while still exceeding the 2024 US average of 89.4%.

Although all the domain questions scored above 80% positive, one area to continue focusing on is encouraging members to use consumer-run programs, which scored 78.33%.

## ADULT SURVEY SATISFACTION DOMAIN

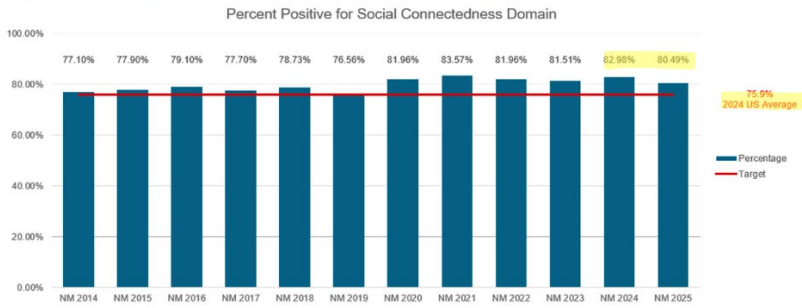


## SATISFACTION

The domain of Satisfaction saw an increase in 2025 to 88.45%, up from 87.99% in 2024 and 87.38% in 2023. This score is just below the 2024 US average of 88.5%

The sub-domain results were similar to last year, with one slight decrease to 83.44% for ‘If I had other choices, I would still get services from this agency,’ and a slight increase to 89.52% for ‘I would recommend this agency to a friend or family member’.

## ADULT SURVEY SOCIAL CONNECTEDNESS DOMAIN



Domain	Q #	Question Text	Domain Item Percentage	2024 US Average
Social Connectedness	33	I am happy with the friendships I have.	85.83%	75.9%
Social Connectedness	34	I have people with whom I can do enjoyable things.	87.98%	75.9%
Social Connectedness	35	I feel I belong in my community.	75.12%	75.9%
Social Connectedness	36	In a crisis, I would have the support I need from family or friends.	86.89%	75.9%
Social Connectedness Domain Result			80.49%	Exceeds

### SOCIAL CONNECTEDNESS

The seventh and final domain, Social Connectedness, saw a slight decrease in 2025 to 80.49%, compared with 82.98% in 2024. Despite this small drop, New Mexico continues to exceed the previous year’s US average of 75.9%.

One area for improvement remains helping respondents feel like they ‘belong in their community’, which scored 75.12%

### OTHER SURVEY AREAS

**Medication:** Satisfaction remained close to last year, with 85.6% of respondents satisfied with medication services as part of their treatment. About 64.8% of those surveyed indicated they received medication as their treatment.

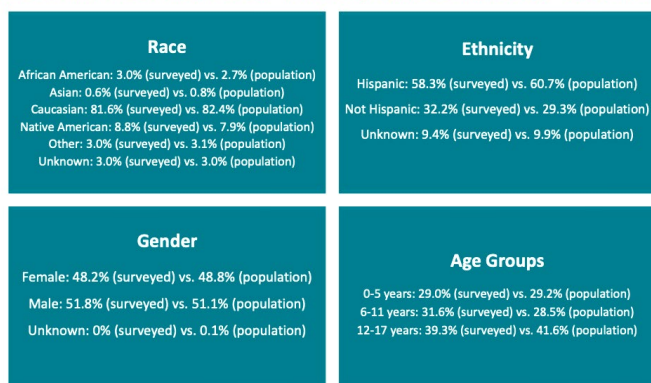
**Substance Use:** Only 21.5% of respondents indicated they sought services for substance use. Satisfaction decreased slightly to 88.2% in 2025, compared with 91% in 2024.

**Living Situation/Housing:** The number of respondents reporting difficulties with their housing situation increased from 6.8% in 2024 to 10.4% in 2025. Satisfaction with housing support has varied, from 48.1% in 2023 to 63.4% in 2024, and was 55.7% in 2025. **Employment:** Employment slightly increased, with 64.1% of respondents indicating that having work helped them with their recovery in 2025, compared with 63% in 2024. Satisfaction with employment supports decreased slightly to 57.1%.

**Care Coordination:** With the transition to Turquoise Care, the way care levels are defined changed. Because of this, we cannot directly compare 2025 survey results to previous years or get a full picture. BHSD will adjust the survey in 2026 for a more accurate analysis.

### FAMILY/CAREGIVER RESULTS

## DEMOGRAPHIC PROFILE OF FAMILY/CAREGIVER RESPONDENTS



Insights for Transgender Advancing Us

This slide shows how the 1,027 survey respondents demographic provide compares to the people seeking treatment in 2025.

**Race:** Our survey closely matched the racial makeup of the treatment-seeking population.

**Ethnicity:** We saw only small differences. The treatment population is about 60.7% Hispanic and 29.3% non-Hispanic, while our survey included 58.3% Hispanic and 32.2% non-Hispanic respondents.

**Gender:** The gender breakdown in our survey was also very similar to the treatment population.

**Age:** This year, our survey aligned even more closely with the age ranges of those seeking treatment compared to last year.

**Overall:** Our respondent group provides a strong, representative view of people seeking treatment in 2025.

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## OVERVIEW OF FAMILY/CAREGIVER SURVEY DOMAINS

Changes from 2024-2025 – Family/Caregiver Domain Significance

Domain	NM 2024	NM 2025	2025-2024 Δ	95% CI	Significance of Change
Access	83.2341269841270	81.9159335288368	-1.32	±2.29	Proportions are not significantly different
Cultural Sensitivity	96.0457856399584	95.5347871235722	-0.51	±1.23	Proportions are not significantly different
Improved Functioning	80.7502467917078	81.3725490196078	+0.62	±2.42	Proportions are not significantly different
Outcomes	82.1821821821822	81.1000000000000	-1.08	±2.37	Proportions are not significantly different
Participation in Treatment	89.7637795275591	90.3827281648675	+0.62	±1.86	Proportions are not significantly different
Satisfaction	84.8425196850394	84.3232716650438	-0.52	±2.19	Proportions are not significantly different
Social Connectedness	90.9715407262022	92.7875243664717	+1.82	±1.75	Proportions are not significantly different

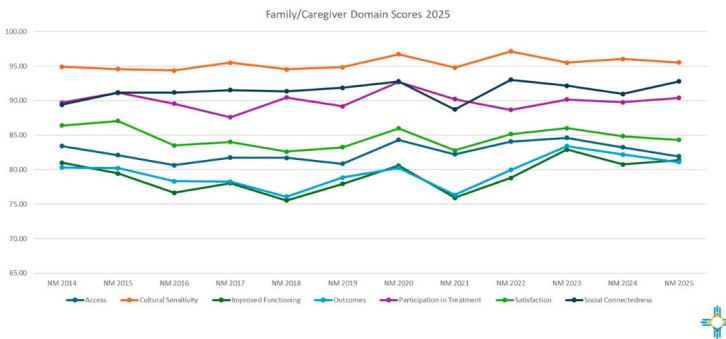
## OVERVIEW OF DOMAINS

On this table, the seven family/caregiver domains focused on for this survey are listed on the left column and the significance of change from **2024-2025** is noted for each. The seven domains are:

1. Access
2. Cultural Sensitivity
3. Improved Functioning
4. Outcomes
5. Participation in Treatment Planning
6. Satisfaction
7. Social Connectedness

For **2025**, there were minimal changes in the domain scores when compared to the **2024** survey results.

### OVERVIEW OF FAMILY/CAREGIVER SURVEY DOMAINS: 2014-2025



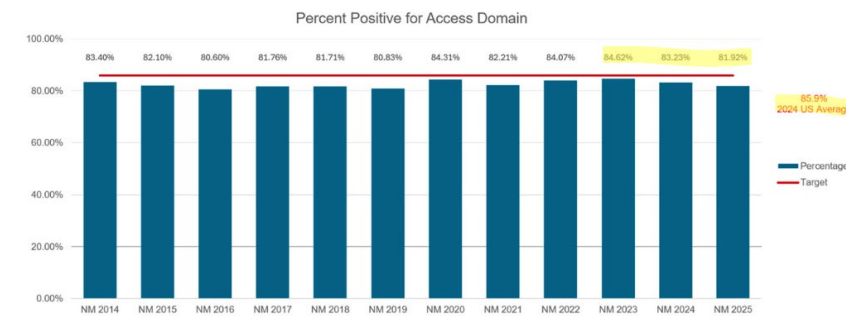
### OVERVIEW OF DOMAINS

This trend line for the Family/Caregiver scores begins in 2014, when the Centennial Care program started, and shows how the overall scores for each domain have changed over 12 years, up to the start of Turquoise Care in 2025.

From 2024 to 2025, we observed improvements in Improved Functioning, Participation in Treatment, and Social Connectedness.

In contrast, Access, Cultural Sensitivity, Outcomes, and Satisfaction all saw declines during the same period.

### FAMILY/CAREGIVER SURVEY ACCESS DOMAIN



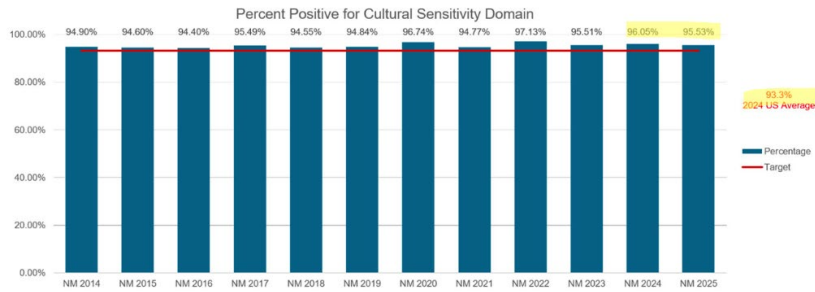
Domain	Q #	Question Text	Domain Item Percentage	2024 US Average
Access	8	The location of services was convenient for us.	87.43%	85.9%
Access	9	Services were available at times that were convenient for us.	87.21%	85.9%
Access Domain Result			81.92%	Needs Improvement

## ACCESS

The Access domain continued to show a small downward trend in 2025, with scores moving from 84.62% in 2023, to 83.23% in 2024, and 81.92% in 2025. New Mexico remains below the U.S. 2024 average of 85.9%.

Access to care continues to be a key quality challenge—both statewide and across the country.

## FAMILY/CAREGIVER SURVEY CULTURAL SENSITIVITY DOMAIN



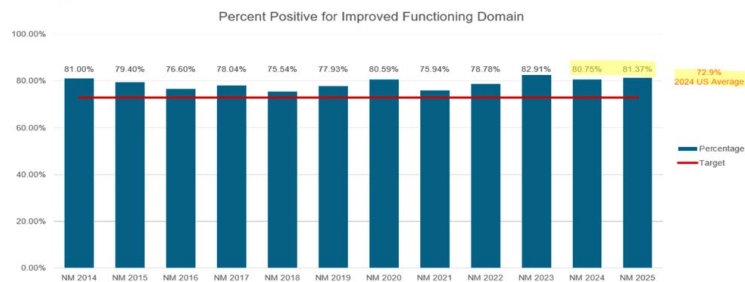
Domain	Q.#	Question Text	Domain Item Percentage	2024 US Average
Cultural Sensitivity	12	Staff treated me with respect.	94.44%	93.3%
Cultural Sensitivity	13	Staff respected my family's religious/spiritual beliefs.	96.24%	93.3%
Cultural Sensitivity	14	Staff spoke with me in a way that I understood.	96.37%	93.3%
Cultural Sensitivity	15	Staff was sensitive to my cultural/ethnic background.	96.21%	93.3%
<b>Cultural Sensitivity Domain Result</b>			<b>95.53%</b>	<b>Exceeds</b>

## CULTURAL SENSITIVITY

The Cultural Sensitivity domain stayed strong in 2025 with a 95.53% positive response rate, very close to the 96.05% reported in 2024. New Mexico also continued to outperform the 2024 U.S. average of 93.3%.

The individual question scores in this domain were consistent with last year, showing that members continued to have positive experiences related to cultural sensitivity when receiving services in 2025.

## FAMILY/CAREGIVER SURVEY IMPROVED FUNCTIONING DOMAIN



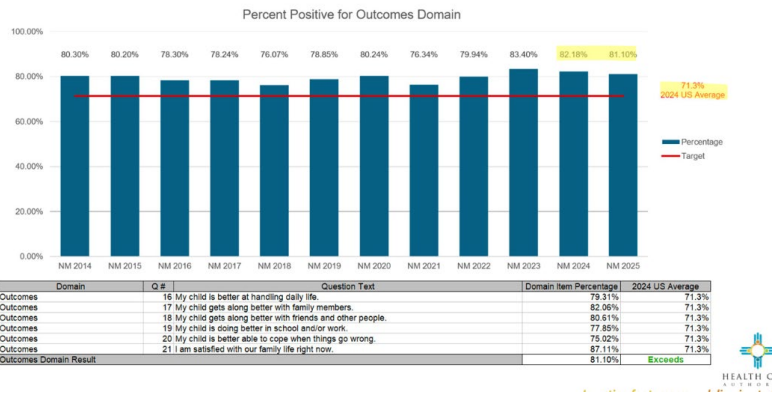
Domain	Q.#	Question Text	Domain Item Percentage	2024 US Average
Improved Functioning	16	My child is better at handling daily life.	79.31%	72.9%
Improved Functioning	17	My child gets along better with family members.	82.06%	72.9%
Improved Functioning	18	My child gets along better with friends and other people.	80.61%	72.9%
Improved Functioning	19	My child is doing better in school and/or work.	77.93%	72.9%
Improved Functioning	20	My child is better able to cope when things go wrong.	75.02%	72.9%
Improved Functioning	22	My child is better able to do things he/she wants to do.	86.96%	72.9%
<b>Improved Functioning Domain Result</b>			<b>81.37%</b>	<b>Exceeds</b>

## IMPROVED FUNCTIONING

The Improved Functioning domain showed a slight increase in 2025, with an **81.37% positive response rate**, up from **80.75%** last year. New Mexico continues to score above the national average in this area.

When looking at specific questions, satisfaction with a child’s improvement in school or work remained one of the lower-scoring items at **77.85%**, a small decrease from **78.9%** in 2024.

## FAMILY/CAREGIVER SURVEY OUTCOMES DOMAIN

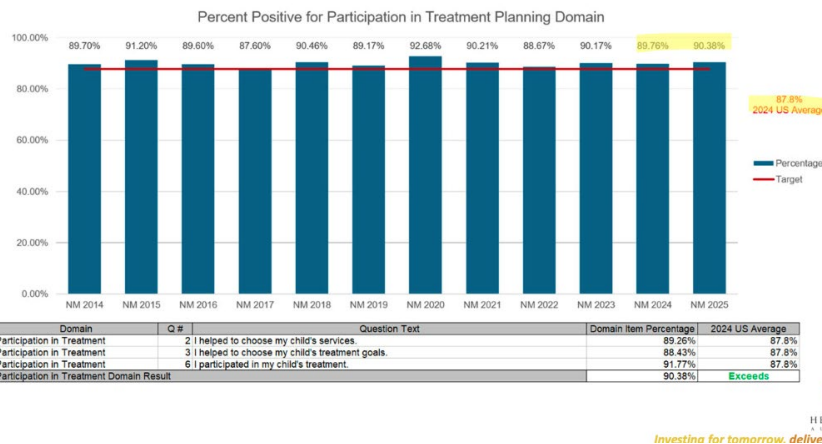


## FAMILY OUTCOMES

In 2024, the Family Outcomes domain showed decreases similar to those in the Improved Functioning domain, which is expected since both domains include similar types of questions. Even with these declines, New Mexico continues to score above the national average.

Satisfaction with a child’s improvement in school or work followed the same pattern as the Improved Functioning domain, remaining one of the lower-scoring areas.

## FAMILY/CAREGIVER SURVEY PARTICIPATION IN TREATMENT DOMAIN



## PARTICIPATION IN TREATMENT

The Participation in Treatment domain showed a small increase in 2025, with a 90.38% positive response rate, up from 89.76% in 2023. This continues the pattern of slight ups and downs seen over the past several years. New Mexico also remained above the 2024 U.S. national average of 87.8%.

As with the previous two domains, the individual question scores showed small, consistent decreases from 2024 to 2025.

## SATISFACTION

New Mexico's score for the Satisfaction domain stayed about the same in 2025, at 84.32%, compared to 84.84% in 2024. While the score is steady, it remains slightly below the 2024 U.S. average of 86.2%.

When we look at the individual questions in this domain, each one showed a small decrease from 2024 to 2025.

## SOCIAL CONNECTEDNESS

For our final domain—Social Connectedness—New Mexico saw a small increase in 2025, reaching 92.79%, up from 90.97% in 2024. NM continues to perform well above the 2023 national average of 86.6%.

Most of the individual questions in this domain showed slight improvements from 2024 to 2025. One highlight is that families continued to report very strong connections, with 97.26% saying their child has people to do enjoyable things with.

## OTHER AREAS

Here are a few highlights from other areas of the survey not covered by the main domains. The full annual report will include detailed scores and analysis.

**Medication:** About one-third of families reported that their child received medication as part of treatment. Satisfaction in this area increased to **78.64% in 2025**, up from **52.96% in 2024**.

**Care Coordination:** With the transition to Turquoise Care, the way care levels are defined changed. Because of this, 2025 results cannot be directly compared to previous years. BHSD will adjust the survey in 2026 for a more accurate analysis.

**Respite Care:** Only **7.21%** of respondents received respite services, down from **12.24% in 2024**. Interest in using respite services also dropped, with **24.05%** indicating they would use them if available, compared to **48% in 2024**. Awareness of how to access respite services fell to **15.77%**, down from **25% in 2024**.

## Behavioral Health Day 2026 Update

-The call for **Star Award Nominations** went out last week and the **deadline for submissions is Dec 29<sup>th</sup>**.

-The **venue** for the summit and the Stars Celebration will be at **Hotel Glorieta**, formerly known as The Lodge at SF. It has been remodeled and re-done and should be a great location.

### FEB 2<sup>nd</sup>: 8am-5pm on Monday Feb 2<sup>nd</sup> will be The Wellness Summit:

- Steph Postone is helping organize the Wellness Summit that will be around **the 8 Dimensions of wellness:**
- Steph is working on a google form **for presenters and speakers** for the wellness day on Monday Feb 2<sup>nd</sup>. Steph and her team are hoping to get the google form for presenters out by this Friday and submissions will be **due Dec 30<sup>th</sup>**. The selection from the committee will be due by **Jan 3<sup>rd</sup>**, and we will go live with **registration by Jan 7<sup>th</sup>**.
- The planning committee had a discussion around how to word the presentation for Spiritual Wellness to make it inclusive to all beliefs and walks of faith. The consensus from the group is that spiritual wellness is the way to word this training, instead of mentioning anything about religion or faith based. Any recommendations on this will be welcome.

### FEB 3<sup>rd</sup> The Council Meeting will be from 9am-12pm

- **12pm-4pm there will be a BREAK**

### 4:00pm on FEB 3<sup>rd</sup> The Star Award Ceremony will begin

#### Other reminders and things to be working on:

-We may need a **projector** and **screen** for the day of the wellness summit in all the rooms; therefore, Natalie is waiting for a quote on this from the hotel.

-Natalie is also waiting on a quote for having the event recorded.

#### HOTEL ROOMS:

-The hotel will be sending a link to Natalie hopefully by the end of the week for those who are wanting to secure a hotel room, so that people are able to go and secure their own room.

-The Hotel Glorietta is giving us a great rate which will be \$108/night

-If any council members are needing a hotel room for either the night of the 2<sup>nd</sup>, the 3<sup>rd</sup> or both nights please reach out to Natalie Rivera and Mariah Kennedy with what nights are needed so we can get you down on the Hotel Listing.

Mariah Kennedy email: [Mariah.kennedy@hca.nm.gov](mailto:Mariah.kennedy@hca.nm.gov)

-We have room for about 15 exhibitors

*\*The next planning meeting will be a quick check in before the Holliday. Natalie may just end up sending out an update but will keep the planning committee up to date.*

### Local Collaborative 8 Update by Trinidad Arguello:

*\*Tabled for next meeting*

### Sub-Committee Reports (ASUM, CASC, NASC)

#### CASC Update by Monica Miura

- The CASC meeting for November fell on Veterans Day this year, therefore CASC pushed back that meeting until the next meeting which will be in January.

#### NASC Update by Karmela Martinez

- The next NASC Meeting will be in Feb. If you need the link to this meeting it can either be found on the IAD website, or you can reach out to Karmela Martinez.
- Carmela Quitugua's position has been filled as of now at IAD.
- Lastly, on the IAD website a 'NASC page' has been created with resources, schedule of meetings, finalized meeting minutes, as well as an updated zoom link to the meetings.

#### ASUM Update by Jackie Nielsen (off the agenda as Jackie was unable to attend the meeting and there was no other ASUM representation to give an update)

- The ASUM-SC recently met for an off-schedule meeting to go over recommendations to try and have them ready to be discussed at this meeting, but it was decided by the committee that rather than rush to get important recommendations pushed out before the legislative session, that the ASUM wait and take their time on putting together thought-out recommendations.
- Athena shared a white paper with the committee that was agreed upon by the group to make into an official recommendation. The white paper DRAFT can be found above.

## MAC update

- No MAC update currently.
- The recommendation has gone through to the board of commissions to add Jeremy as an official member of the MAC, once this membership goes through, Jeremy will attend the next MAC meeting and will be able to update the BHPC.

### **Quick reminders:**

*\*Jennifer Burke shares about a Rally to address and raise awareness with the issues of increased suicides primarily among our youth at the Gorge Bridge in Taos, NM. Jennifer will be sending out information about this event to the committee.*

***\*The next BHPC meeting will be held in person, in Santa Fe on Feb 3<sup>rd</sup> (9am-12pm) at Hotel Glorieta. The Stars Award Ceremony will then take place in the afternoon on the same day at 4pm.***

**Meeting Adjourned made by Jackie Nielsen and seconded by Karmela Martinez.**