Behavioral Health Service Division
Legislative Finance Committee

Evaluation Guidelines for Behavioral Health Services
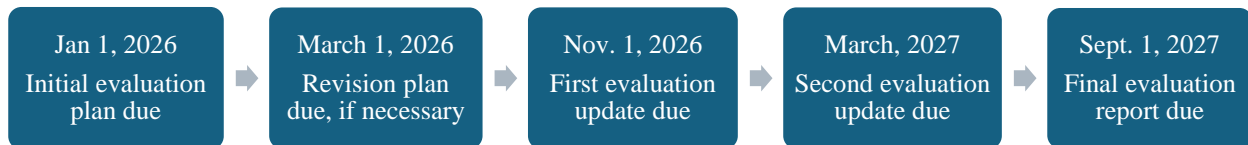
June 1, 2025

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GUIDELINES FOR PROGRAM EVALUATION

The collaborative approach to program design and evaluation aims to enhance rigor, utility, and validity of program evaluations by improving data quality and promoting shared accountability. The goal is to ensure that behavioral health regional plans are rooted in best and promising practices, that are cost-effective and understand the circumstances under which programs can drive meaningful improvements in behavioral health outcomes statewide.

Regional plans must include:

1. Clearly defined program goals, objectives, and expected outcomes outlined in a logic model;
2. A description of program activities and roles of participating entities;
3. A determination of the evidence base of the various programs
4. How behavioral health service gaps, including continuation and expansion of BH services, will be identified, tracked and addressed;
5. Performance metrics and associated monitoring and reporting plan; and
6. A plan for comprehensive evaluation design which can include a plan to contract with an external evaluator.

To plan for the above-mentioned approach, the Executive Committee will partner over the next six months to develop, prepare and orient the regions ahead of the following implementation timeline.

Jan 1, 2026 Initial evaluation plan due	→	March 1, 2026 Revision plan due, if necessary	→	Nov. 1, 2026 First evaluation update due	→	March, 2027 Second evaluation update due	→	Sept. 1, 2027 Final evaluation report due

Furthermore, when determining which services regions plan to implement, regions should consider the services that are eligible for Medicaid reimbursement; by being a Medicaid compensable covered service, delineated in the Medicaid State Plan, and thus in the Behavioral Health Billing and Policy Manual.

These initial guidelines contemplate the following proposed regional template.

Regional Template:

Region and Primary Services:	Use this space to specify the region(s) and the primary services that will be provided
Problem Statement:	Use this space to write a succinct problem statement the program is attempting to address.
Overarching Goals:	Use this space to list three to five overarching goals for the program.
Budget for each service	Use this space to list the expected budget for each of the services the region plans to provide.
Underlying Assumptions and Research Base: *Why do you think this program will work?*	Use this space to include a brief summary regarding whether each service has been shown to work and whether the program is classified as evidence-based, research-based, promising, or why a research study is not applicable for this request (e.g. capital outlay requests). For definitions of these terms, see below and Section 6-3A-3 NMSA 1978. Please also refer to the NM BH Standards to describe programming that is consistent with NM Behavioral Health Standards of Care. Even when a program is evidence- or research- based, it may not be covered by Medicaid or other federal funding. To make the most efficient use of state funds, regions should prioritize services that are Medicaid or Title IV-E reimbursable when possible.

LOGIC MODEL

Building a logic model helps clearly articulate what a program aims to accomplish. It shows the relationships between program resources, activities, outputs, and expected outcomes, and serves as a framework for planning, implementation, and evaluation. For each service, complete a logic model, fill in the boxes to identify who is responsible for implementation, the activities each actor will carry out, how you will measure whether activities are implemented as intended, and the expected short- and long-term outcomes. See the [Administration for Children and Families](#) for more information about logic models.

Inputs	Actors	Activities	Outputs	Outcomes
List the resources required to carry out the program. *Examples: Financial resources, human resources, materials and equipment. Partnerships and Collaborations may also be examples of an Input to consider.*	List the entities that will be responsible for implementing the programming (one row per actor). *Examples: Hospitals, courts, behavioral health agencies, counties, etc.*	List the specific activities each actor will be responsible for carrying out during implementation. *Examples: Awarding funding, providing technical support, collecting and cleaning data, training staff.*	List the measures used to determine whether activities are being implemented as intended. *Examples: Number of participants, number of times an activity was carried out.*	List the short-term and long-term measures that may be used to provide evidence that the program is making a difference. *Examples: Surveys demonstrating knowledge gained, BH symptoms scores, numbers served demonstrating increased access.*
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PROGRAM EVALUATION PLAN AND DESCRIPTION OF METHODS

A program evaluation plan provides a roadmap for determining whether a service is achieving its expected outcomes. It should include information about the target population, sampling, data collection methods, and planned data analysis. Complete the following summary for each service offered.

Target Population	• What is the target population of the program? (For example, is the program run at one agency or multiple agencies? Is the program predominantly for a specific demographic or at-risk population?) • What are the eligibility criteria for participating in the program?
Sampling	• What sub-populations are being served? (Consider age, special health care needs, and level of care).
Evaluation Approach and Methods	• Describe the evaluation approach elements including a difference by population or level of care. • Describe how your evaluation will be conducted (record reviews, onsite visits, surveys, interviews, etc.) or your plans to contract with an external evaluator. • Evaluation plans may include a range of outcomes and process measures. The type of evaluation needed will be primarily dictated by how much research exists to support the evidence of the program. Services without any research evidence will require a more thorough evaluation design with a plan to collect outcome measures. Please refer to the Evaluation Guideline supplement for further detail and guidance regarding the selection of process outcomes versus measures. Evaluation plans must consider resources that are available.
Data Collection	• What data collection methods will be used (claims, records, etc.)? • Who will be responsible for collecting the data?
Implementation Timeline	Outline a proposed timeline for activities across the appropriation period:
	Year One (2025-2026):
	Year Two (2026-2027):
	Year Three (2027-2028):

	Year Four (2028-2029):
Contacts for Annual Progress Updates	Please use this space to provide primary points of contact for progress updates, expected by November 1 of each year.