

# NEW MEXICO

## State SSA Director

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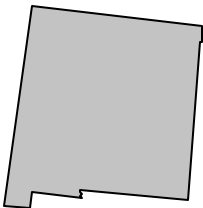
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## Structure and Function

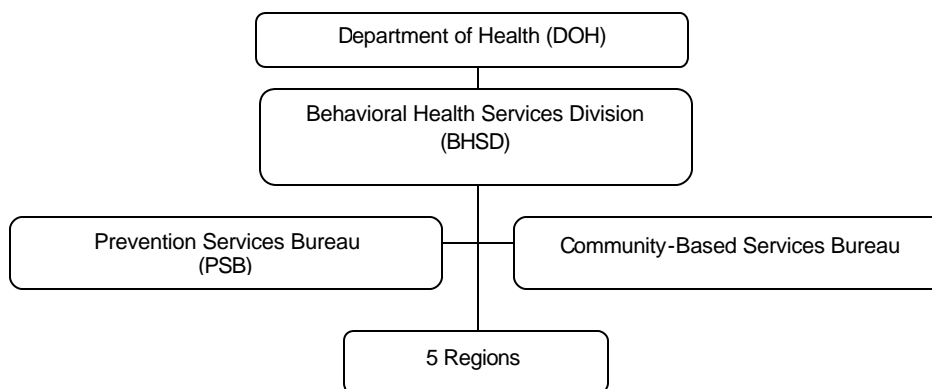


The Department of Health (DOH), Behavioral Health Services Division (BHSD), is New Mexico's Single State Agency (SSA) for substance abuse. BHSD contracts for behavioral health services, including mental health, alcoholism, and other substance abuse services; establishes standards for service delivery; establishes criteria for determining individual eligibility for services; and maintains a management information system for reporting clinical and fiscal information. Its mission is to provide an effective, accessible, regionally coordinated and integrated continuum of behavioral health prevention and treatment services. These services are consumer-driven and provided in the least restrictive setting for eligible persons so that they may become stabilized and their functioning levels may improve.

A primary task of BHSD is the implementation of a regional care coordination system. Regional care coordinators for five regions contract and oversee treatment services in their respective region. BHSD regional program managers act as liaisons to coordinate and oversee efforts of regional care coordinators. The BHSD's Prevention Services Bureau (PSB) staff manages statewide prevention services and serves as liaisons to monitor services and contractual accountability in the regions.

On July 1, 2005, BHSD partnered with several New Mexico State agencies in the development and implementation of the New Mexico Interagency Behavioral Health Purchasing Collaborative service delivery system. More information regarding the Collaborative can be found at: [www.state.nm.us/hsd/bhdwg](http://www.state.nm.us/hsd/bhdwg). In addition, BHSD has since reorganized the BHSD to better support the Collaborative goals and objectives. The new structure consists of two bureaus: (1) Operations and Community Support Bureau and (2) Practice and Workforce Development Bureau. Staff who oversee Substance Abuse Treatment and Prevention services are housed within both bureaus.

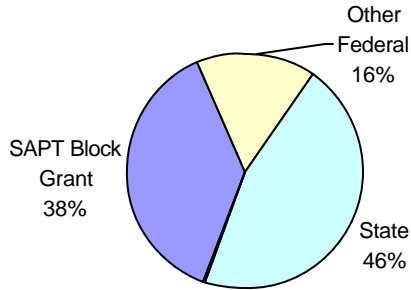
### Single State Agency Structure



## Single State Agency Funding Overview

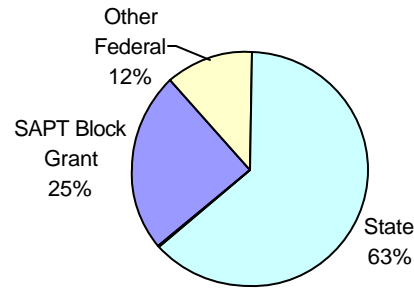
Total SSA funding in New Mexico increased substantially between FYs 2000 and 2003, from \$21.7 million in FY 2000 to \$35.1 million in FY 2003. This increase was mainly due to a large increase in State funds during this time period. In FY 2003, the majority (63 percent) of SSA funds came from the State, 25 percent came from the Block Grant, and 12 percent were from other Federal sources.

**FY 2000 Expenditures by Funding Source**

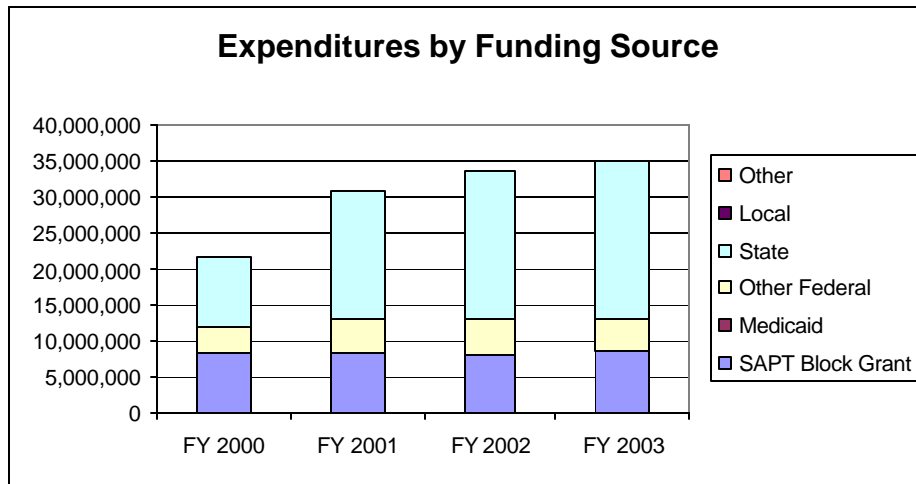


**N=\$21,681,140**

**FY 2003 Expenditures by Funding Source**



**N=\$35,084,983**



### Single State Agency Expenditures From All Funding Sources

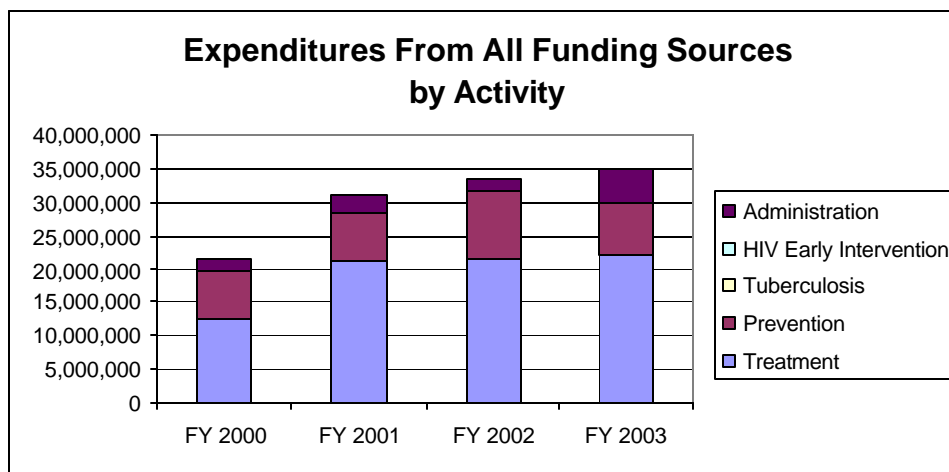
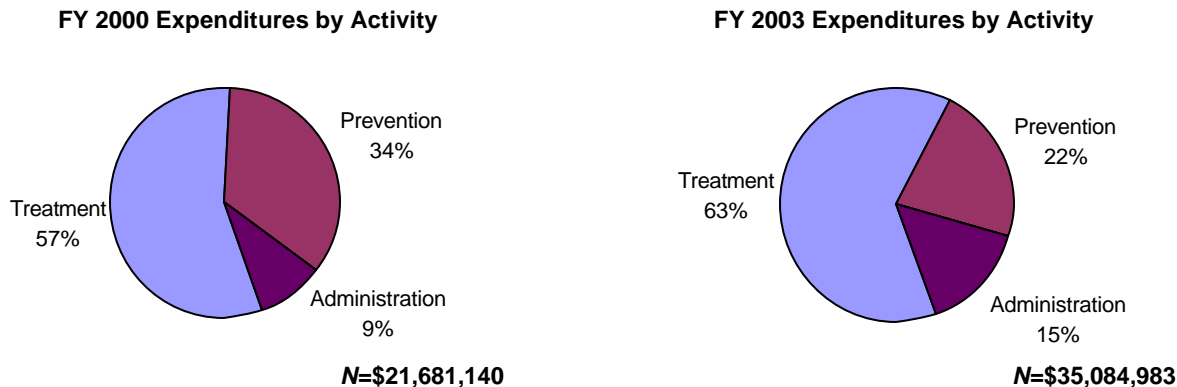
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	8,261,541	38	8,364,410	27	8,116,336	24	8,614,912	25
Medicaid	0	0	0	0	0	0	0	0
Other Federal	3,494,948	16	4,718,370	15	4,850,201	14	4,226,704	12
State	9,924,651	46	17,889,585	58	20,558,285	61	22,243,367	63
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>21,681,140</b>	<b>100</b>	<b>30,972,365</b>	<b>100</b>	<b>33,524,822</b>	<b>100</b>	<b>35,084,983</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

### Activities and Expenditures From All Funding Sources

From FYs 2000 to 2003, the majority of SSA funds went toward treatment services (57 percent or greater), followed by prevention services (ranging from 22 to 34 percent), and administrative costs (9 to 15 percent).



#### Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	21,315,615	64	22,203,382	63
Alcohol Treatment	6,692,011	31	10,767,567	35				
Drug Treatment	5,621,458	26	10,215,555	33				
Prevention	7,348,509	34	7,513,108	24	10,269,315	31	7,588,143	22
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	2,019,162	9	2,476,135	8	1,939,892	6	5,293,458	15
<b>Total*</b>	<b>21,681,140</b>	<b>100</b>	<b>30,972,365</b>	<b>100</b>	<b>33,524,822</b>	<b>100</b>	<b>35,084,983</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

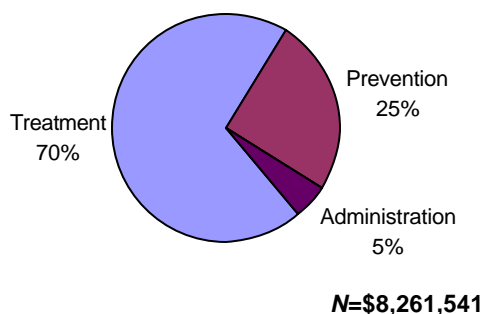
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## Expenditures of Block Grant and State Funds

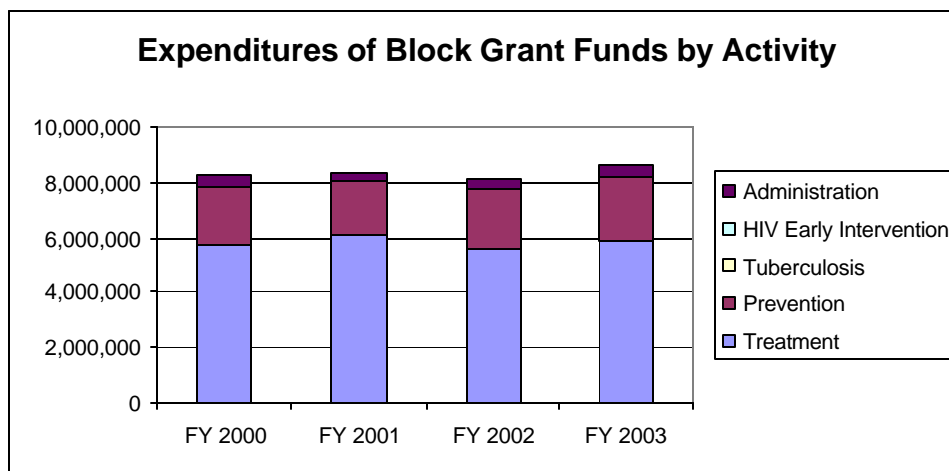
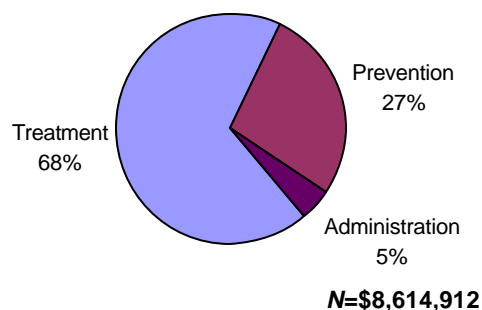
### Expenditures of Block Grant Funds

Between FYs 2000 and 2003, Block Grant expenditures in New Mexico remained relatively stable, ranging from \$8.3 to \$8.6 million. The allocation of Block Grant expenditures also remained stable during that time period, with 68 percent of funds going toward treatment services in FY 2003, 27 percent toward prevention services, and 5 percent toward administration costs.

**FY 2000 Block Grant Expenditures by Activity**



**FY 2003 Block Grant Expenditures by Activity**



### Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	5,605,328	69	5,882,851	68
Alcohol Treatment	2,891,541	35	3,030,524	36				
Drug Treatment	2,891,541	35	3,097,743	37				
Prevention	2,066,544	25	1,965,135	23	2,176,048	27	2,343,564	27
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	411,915	5	271,008	3	334,960	4	388,497	5
<b>Total*</b>	<b>8,261,541</b>	<b>100</b>	<b>8,364,410</b>	<b>100</b>	<b>8,116,336</b>	<b>100</b>	<b>8,614,912</b>	<b>100</b>

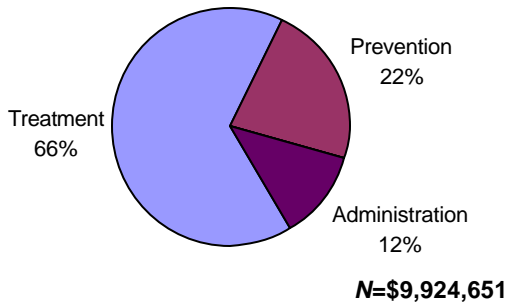
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

\* Totals may not equal 100 percent due to rounding.

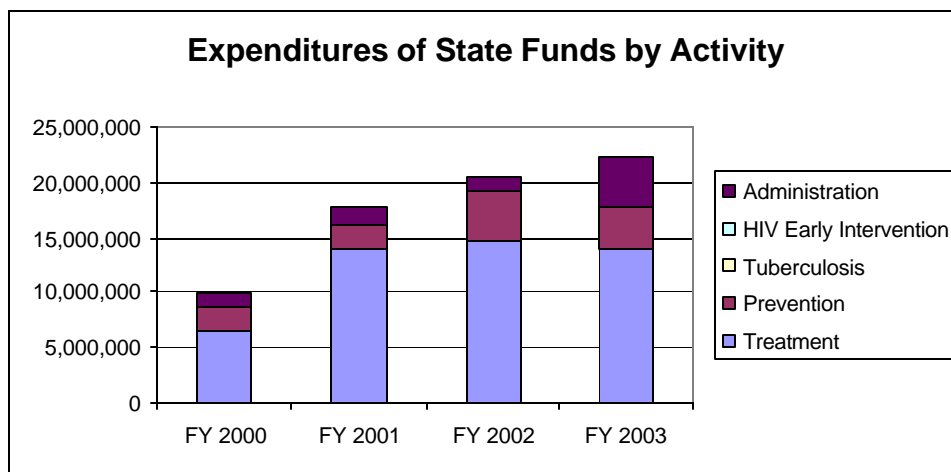
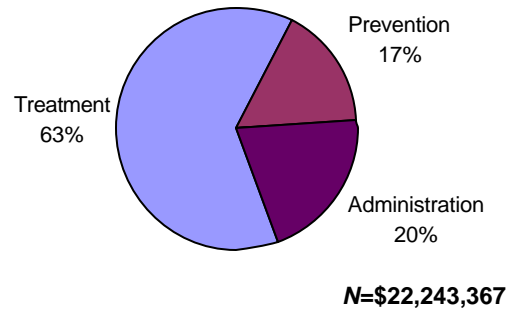
### Expenditures of State Funds

Between FYs 2000 and 2003, State expenditures for alcohol and drug abuse services more than doubled (from \$9.9 to \$22.2 million), with most of the increase going towards treatment services. Nearly two-thirds (63 percent) of FY 2003 State funds were spent on treatment services, with the remaining funds split between prevention services (17 percent) and administration costs (20 percent).

**FY 2000 State Expenditures by Activity**



**FY 2003 State Expenditures by Activity**



### Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	14,747,504	72	14,074,316	63
Alcohol Treatment	3,800,470	38	6,970,253	39				
Drug Treatment	2,729,917	28	7,117,812	40				
Prevention	2,180,461	22	2,049,549	11	4,514,876	22	3,677,961	17
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,213,803	12	1,751,971	10	1,295,905	6	4,491,090	20
<b>Total*</b>	<b>9,924,651</b>	<b>100</b>	<b>17,889,585</b>	<b>100</b>	<b>20,558,285</b>	<b>100</b>	<b>22,243,367</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

\* Totals may not equal 100 percent due to rounding.

## Prevention Services

The BHSD's Prevention Services Bureau (PSB) ensures that there is a comprehensive continuum of prevention services in place through contracts with community coalitions and community-based programs. Consistent throughout New Mexico's prevention system is the philosophy that prevention strategies and programs are best formulated at the local level. The system is designed to empower local communities and prevention providers. The programs are located throughout New Mexico and provide a wide variety of prevention services. Each program submits a community needs assessment, a community plan, an implementation plan, and an outcome evaluation plan.

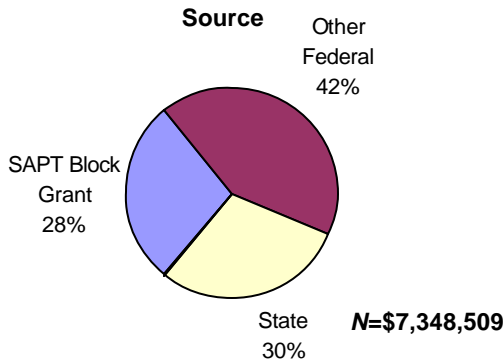
Two targeted initiatives are in place to respond to the unique needs of border communities and Native American populations. The Border Initiative Grant Program addresses the needs of communities on both sides of the U.S.-Mexico border and provides opportunities for the collaboration of American and Mexican prevention advocates. The State also fosters development of prevention leadership within the Native American community.

### Prevention Funding and Expenditures

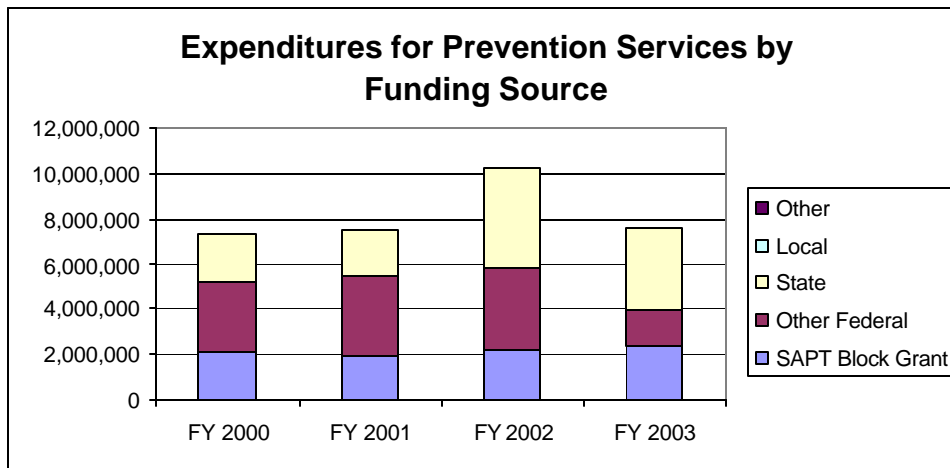
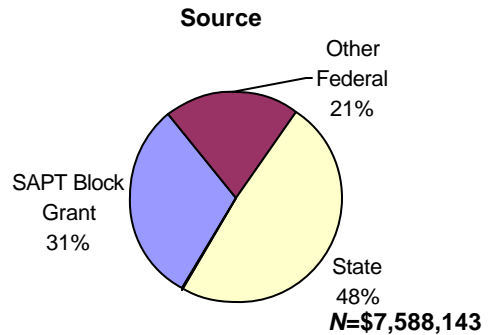
Prevention expenditures in New Mexico rose slightly from FYs 2000 to 2003, totaling \$7.6 million in FY 2003. The State provided most (48 percent) of prevention funding in FY 2003, followed by the Block Grant (31 percent), and other Federal sources (21 percent of the total). This distribution represents a change from earlier years when other Federal monies comprised 42 percent of total expenditures (in FY 2000), followed by the Block Grant (30 percent) and the State (28 percent).

Between FYs 2000 and 2003 Block Grant prevention expenditures per capita ranged from \$1.07 to \$1.25.

**FY 2000 Prevention Expenditures by Funding Source**



**FY 2003 Prevention Expenditures by Funding Source**



**Single State Agency Expenditures for Prevention Services From All Funding Sources**

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	2,066,544	28	1,965,135	26	2,176,048	21	2,343,564	31
Other Federal	3,101,504	42	3,498,424	47	3,578,391	35	1,566,618	21
State	2,180,461	30	2,049,549	27	4,514,876	44	3,677,961	48
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>7,348,509</b>	<b>100</b>	<b>7,513,108</b>	<b>100</b>	<b>10,269,315</b>	<b>100</b>	<b>7,588,143</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

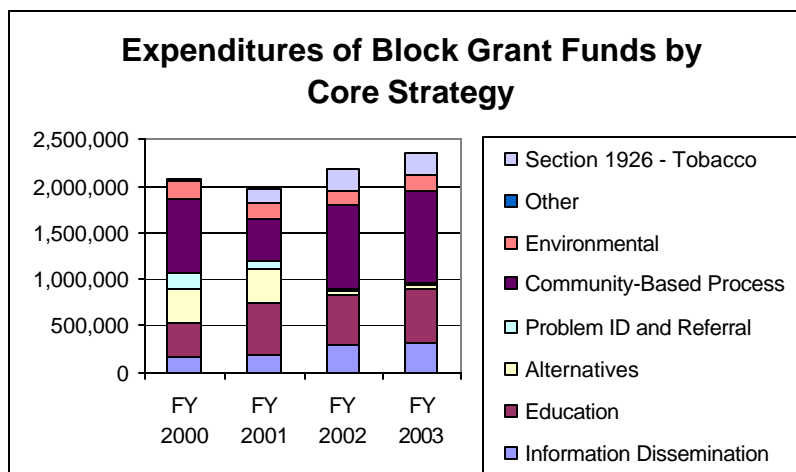
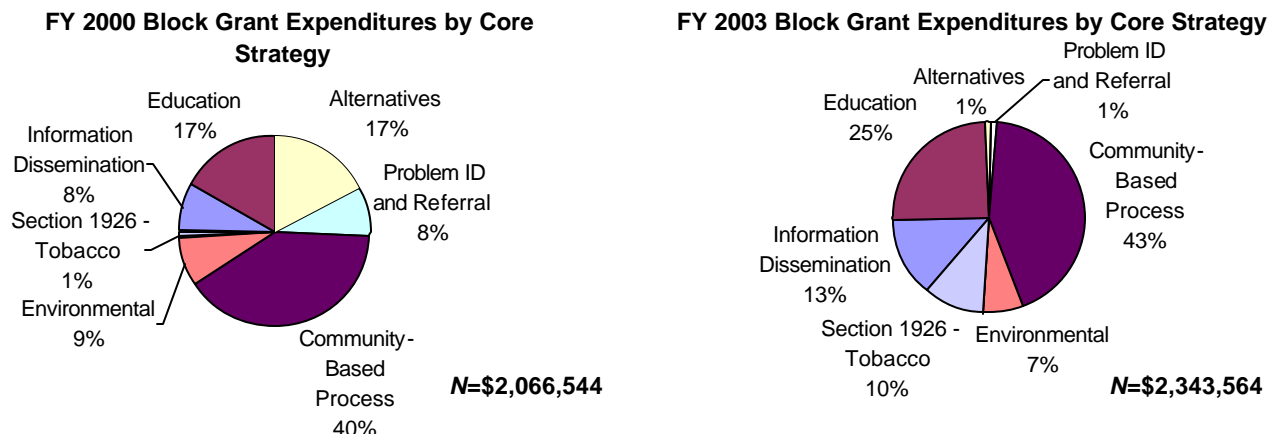
**Core Strategies**

Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	Monthly public service announcements to local media raise awareness of laws pertaining to alcohol sales. Posters, stickers, and other materials are distributed to merchants explaining laws regarding tobacco sales to youth.
Education	Activities include SMART Moves curriculum to 200 youth and 12 weekly classes for parents of Dare to Be You programming.
Alternatives	Alternative strategies include intergenerational community service projects through a National Indian Youth Leadership program and afterschool programming for 70 Indian youth.
Community-Based Processes	Funds helped establish a Caring Community Committee with representatives from schools, youth, and parents, as well as two community clean-up events.
Environmental	The BHSD introduced a 10-percent local options gross receipts tax on alcohol and developed and implemented the Mescalero Apache Tribal resolution prohibiting sales of tobacco to minors on the reservation.
Problem Identification and Referral	A Mental Health/Substance Abuse Program Directory was developed and provided to all programs. A 1-800 Information/Hotline is available for information and referrals.

### Expenditures of Block Grant Funds for Core Strategies

Although Block Grant funding for core prevention strategies in New Mexico remained relatively stable between FYs 2000 and 2003 (totaling \$2.3 million in FY 2003), the distribution of funds shifted somewhat. The largest shift was among funding for alternative strategies (which decreased from 17 percent of total funding in FY 2000 to 1 percent in FY 2003). In FY 2003, most of the Block Grant funding went toward community-based process (43 percent) and education activities (25 percent).



#### Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	169,545	8	183,732	9	287,238	13	309,350	13
Education	355,587	17	548,197	28	548,364	25	590,579	25
Alternatives	355,587	17	365,464	19	23,936	1	25,779	1
Problem ID and Referral	173,934	8	91,366	5	21,760	1	23,436	1
Community-Based Process	816,521	40	456,830	23	922,644	42	993,671	43
Environmental	177,785	9	184,732	9	154,502	7	166,393	7
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	17,585	1	134,814	7	217,604	10	234,356	10
<b>Total*</b>	<b>2,066,544</b>	<b>100</b>	<b>1,965,135</b>	<b>100</b>	<b>2,176,048</b>	<b>100</b>	<b>2,343,564</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a  
 \* Totals may not equal 100 percent due to rounding.



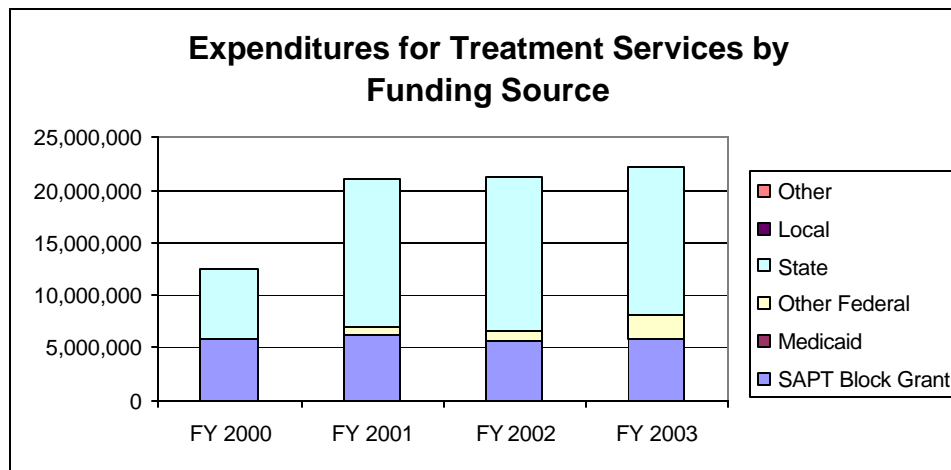
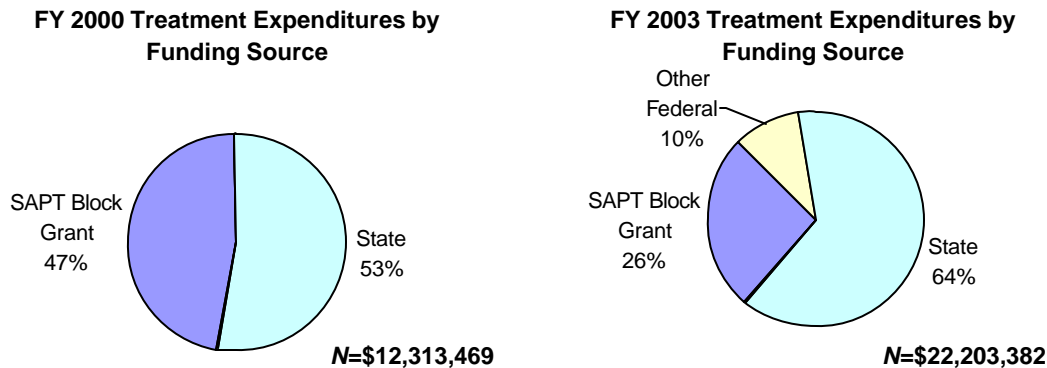
## Treatment and Rehabilitation Services

Substance abuse treatment services are provided in the five regions through contracts that are based on a system of community care. The continuum of care includes outpatient treatment, intensive outpatient treatment, nonresidential partial hospitalization, residential treatment, and inpatient treatment services. Cross-regional access is arranged for rural regions that are unable to provide a regional residential or inpatient treatment resource. The target populations for services are those who are poor, underinsured, or uninsured. The Interagency Behavioral Health Purchasing Collaborative, established in FY 2005 and through the State's RFP process, awarded the FY 2006 statewide behavioral health contract to ValueOptions-New Mexico. The collaborative receives input from the Governor's Behavioral Health Planning Council.

### Treatment Funding and Expenditures

Between FYs 2000 and 2003, treatment funds increased dramatically, from \$12.3 to \$22.2 million. This increase was driven largely by an increase in State funding during that time period. In FY 2003, close to two-thirds of FY 2003 funds originated from the State, 26 percent from the Block Grant, and 10 percent from other Federal sources.

Between FYs 2000 and 2003 Block Grant expenditures on treatment and rehabilitation services ranged from \$3.02 to \$3.34 per capita.



**Single State Agency Expenditures for Treatment Services From All Funding Sources**

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	5,783,082	47	6,128,267	29	5,605,328	26	5,882,851	26
Medicaid	0	0	0	0	0	0	0	0
Other Federal	0	0	766,790	4	962,783	5	2,246,215	10
State	6,530,387	53	14,088,065	67	14,747,504	69	14,074,316	64
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>12,313,469</b>	<b>100</b>	<b>20,983,122</b>	<b>100</b>	<b>21,315,615</b>	<b>100</b>	<b>22,203,382</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

**Admissions**

New Mexico's SAPT Block Grant application indicates that nearly 14,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

**Number of Persons Admitted by Type of Treatment Care**

Type of Care	Total Number Admissions by Primary Diagnosis (N=13,755)		
	Alcohol Problems	Drug Problems	None Indicated
<b>Detoxification (24-hour care)</b>			
Hospital inpatient	118	268	0
Free-standing residential	449	0	0
<b>Rehabilitation/Residential</b>			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	864	285	0
Long-term residential	275	128	0
<b>Ambulatory (Outpatient)</b>			
Outpatient (methadone)	0	590	0
Outpatient (non-methadone)	7,985	2,629	0
Intensive outpatient	0	0	0
Detoxification (outpatient)	113	51	0
<b>Total</b>	<b>9,804</b>	<b>3,951</b>	<b>0</b>

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 2,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that nearly 19 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

**Percent of Admissions with a Psychiatric Problem by Primary Diagnosis**

Admissions	2002	
	Admissions Where At Least One Substance is Known	% with Psychiatric Problem*
Alcohol only	805	16.1
Alcohol in combination with other drugs	1,027	20.3
<b>Total</b>	<b>1,832</b>	<b>18.5</b>

SOURCE: Treatment Episode Data Set, 2002

\*Values are imputed for admission records with missing information on other psychiatric diagnoses.

*Note:* In November 2005, New Mexico resubmitted their TEDS data for admissions beginning July 1, 2001 through June 30, 2005. Upon review of this profile, the SSA indicated that the following information more adequately reflects the substance abuse admissions by primary diagnosis for the 2002 calendar year:

Admissions	2002	
	Total Admissions	
Alcohol only	2,688	
Alcohol in combination with other drugs	1,090	
Other drug	1,754	
Other/Unknown	1,179	
<b>Total</b>	<b>6,711</b>	

According to the National Survey of Drug Use and Health, 142,000 persons aged 12 and older (9.4 percent of New Mexico's population) needed, but did not receive, treatment for alcohol use and 53,000 persons (3.5 percent) needed, but did not receive, treatment for illicit drug use in New Mexico.

**Treatment Gap by Age Group**

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.40	7.46	21.52	7.45
Needing but not receiving treatment for illicit drug use	3.50	5.64	10.19	1.92

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

## Resource Development Activities

### Planning and Needs Assessment

BHSD uses a number of methodologies to review its five regions to determine the highest incidence, prevalence, and the greatest needs. A needs assessment based on input from a series of statewide focus groups, interviews with providers and others in the behavioral health system, analysis of State agency databases, computer projections, and comparisons with national and regional statistics form the basis of planning. In addition, estimates of regional drug dependence come from the National Survey on Drug Use and Health (NSDUH).

One of the BHSD's long-established planning methodologies is the support provided by the Department of Health's Division of Epidemiology (EPI). BHSD uses EPI reports in planning and providing strategic direction regarding what services need to be funded. EPI is instrumental in assisting BHSD to reallocate behavioral health funding in a more equitable distribution using a weighted factor formula. EPI also maintains a major role in conducting and providing data from the Behavioral Risk Factors Surveillance System that is useful for planning prevention services.

### Evaluation

Regional care coordinators are responsible for quality assurance. Each regional quality assurance office conducts independent reviews of all substance abuse treatment programs in their respective regions. Included in this review process are quarterly chart audits and annual site visits. Technical assistance and corrective action plans have been required in such areas as treatment goal setting, discharge planning, cultural issues documentation, and implementation of the Addiction Severity Index.

The Quality Management Bureau of the Division of Health Improvement (DHI), a sister division to BHSD, monitors all substance abuse providers for SAPT Block Grant requirements. BHSD staff accompanies DHI staff on onsite visits to monitor and evaluate contract providers. The site visit includes a review of policies and procedures. BHSD oversight also involves tracking reports and providing technical assistance.

Prevention providers are required to monitor and evaluate their programs, with assistance, when needed from BHSD and the Southwest Center for the Application of Prevention Technology. New Mexico is moving toward outcome monitoring as a way to evaluate its array of statewide prevention strategies.

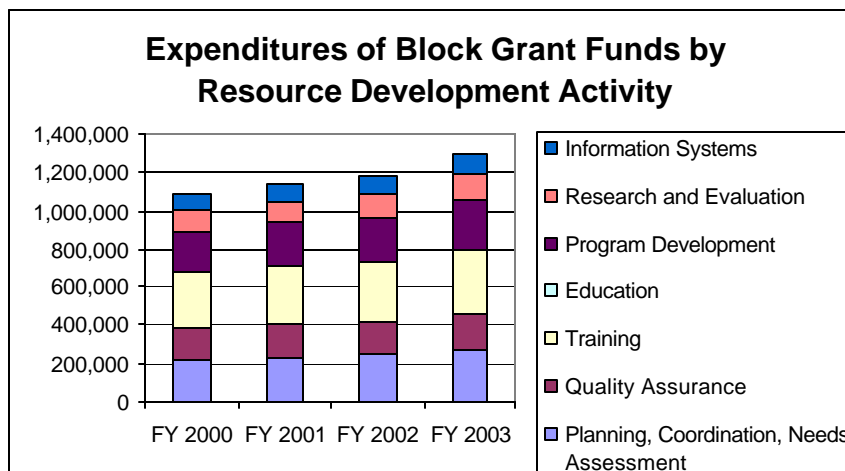
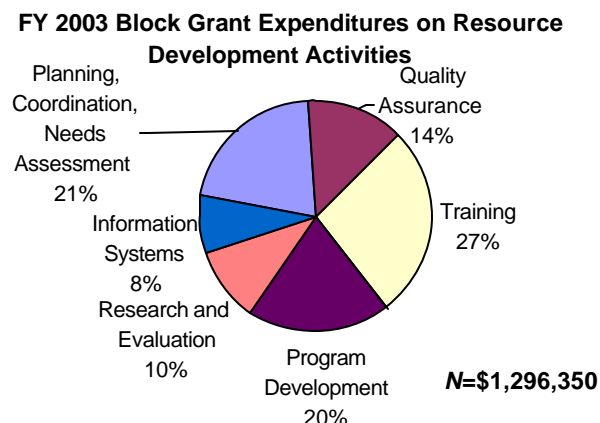
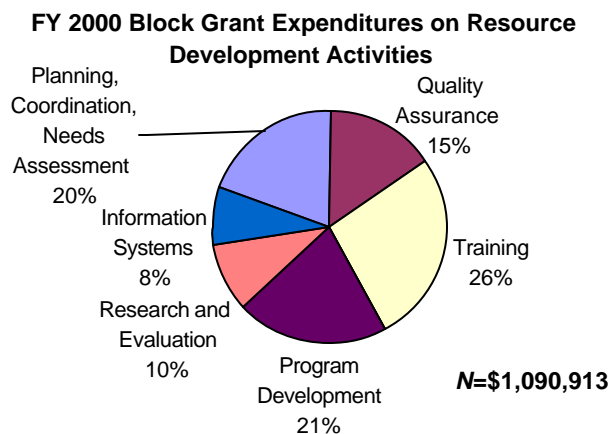
### Training and Assistance

Statewide training is provided for prevention and treatment service providers, interagency groups, regional care coordinators, State facilities personnel, Native American project staff, consumers, college students, and other professionals providing ancillary services in the five BHSD regions. In addition, training is conducted to promote best practice models for co-occurring and pharmacotherapy interventions and for women's service issues.

BHSD continues to be the primary sponsor of the annual Southwest Regional Behavioral Health Conference and co-sponsor of the Four Corners Training Consortium with courses on 12 core functions. The statewide Web site posts educational events for consideration. Other training activities include the Prevention Training Program that conducts workshops in all regions; a strategic plan that promotes professional certification and credentialing; creation of the New Mexico Prevention Training Coursework Matrix; and collaboration with the DWI program to promote professional credentialing.

### Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities increased slightly from FYs 2000 to 2003, from \$1.1 to \$1.3 million. Funds were fairly evenly spread among activities such as planning, coordination, and needs assessment; program development; research and evaluation; training; and quality assurance.



#### Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	217,797	20	226,673	20	247,356	21	272,043	21
Quality Assurance	164,443	15	174,425	15	166,177	14	182,810	14
Training	288,609	26	302,785	26	312,621	27	343,897	27
Education	0	0	0	0	0	0	0	0
Program Development	224,820	21	237,112	21	235,697	20	259,273	20
Research and Evaluation	106,413	10	110,482	10	122,527	10	134,781	10
Information Systems	88,831	8	93,528	8	94,122	8	103,546	8
<b>Total*</b>	<b>1,090,913</b>	<b>100</b>	<b>1,145,005</b>	<b>100</b>	<b>1,178,500</b>	<b>100</b>	<b>1,296,350</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b  
 \* Totals may not equal 100 percent due to rounding.

## Discretionary Funding

### Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded over \$5.3 million in discretionary funding to New Mexico entities in FY 2004. Most of the awards went to Drug Free Community grantees. The largest single award was a Strategic Prevention Framework State Incentive Grant (SPF SIG).

#### Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
CSAP 2004 Earmarks	1	347,935
Drug Free Communities	14	1,216,602
HIV/AIDS Cohort 3 Services	1	350,000
Prevention of Meth and Inhalant Use	1	331,856
State Incentive Cooperative Agreements	1	750,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
<b>Total</b>	<b>19</b>	<b>5,347,358</b>

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)

### Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded New Mexico seven discretionary grants totaling \$12.9 million in FY 2004. Over half (\$7.6 million) of the funding went to Access to Recovery (ATR) projects and \$3.3 million went toward State TCE screening brief intervention referral treatment projects.

#### Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
CSAT 2004 Earmarks	1	149,115
Effective Adolescent Treatment	1	249,435
Homeless Addictions Treatment	1	600,000
State TCE Screening Brief Intervention Referral Treatment	1	3,346,000
Targeted Capacity Expansion	1	499,994
Targeted Capacity - HIV/AIDS	1	478,853
<b>Total</b>	<b>7</b>	<b>12,915,120</b>

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)