



HEALTH CARE
AUTHORITY



BEHAVIORAL HEALTH REFORM AND INVESTMENT ACT (SB3)

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DIRECTOR OF BEHAVIORAL HEALTH SERVICES DIVISION*

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the **Great State of New Mexico.**

Learn more: About Taos Pueblo at [Taospueblo.com](https://www.taospueblo.com)



A cloudy morning looking over Taos Pueblo
Photo provided by elpueblolodge.com





HEALTH CARE
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MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS



IMPROVE Leverage purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



SUPPORT Build the best team in state government by supporting employees' continuous growth and wellness.



ADDRESS Achieve health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



PROVIDE Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

OVERVIEW

- Roles & Responsibilities
- BHEC Meeting Procedures
- BHEC Motions Tracker
- Funding Buckets

Investing for tomorrow, delivering today.

ROLES & RESPONSIBILITIES

ROLE	RESPONSIBILITIES
Behavioral Health Executive Committee	<ul style="list-style-type: none"> • Guide the implementation of the legislation and ensure transparency; • Reviews and approves regional plans; • Establishes funding strategies and structure based upon approved regional plans; • Provides quarterly reports on the implementation status of regional plans to the legislative finance committee. • Meet at least quarterly, with special meetings convened as needed by the Chair.
Health Care Authority (HCA)	<ul style="list-style-type: none"> • Manages and continuously oversees funding distribution for Regional Plans; • Monitors and audits contracts and grantees for compliance and service delivery; • Conducts statewide behavioral health gap analyses every two fiscal years. • Establishes Behavioral Health Service Standards and evaluation guidelines in collaboration with partner agencies; • Ensures that all Regional Plans meet Behavioral Health Service Standards; • Supports implementation and oversight of Regional Plans; • Monitors and audits contracts to ensure that BH service quality standards are met.
Administrative Office of the Courts (AOC)	<ul style="list-style-type: none"> • Coordinate regional planning meetings & Sequential Intercept Mapping (SIM); • Coordinated development of regional plans; • Distributes regional plans to the legislature and appropriate state agencies; • Provides monthly and quarterly legislature updates regarding SIM and Regional Planning progress; • Collaborates with the HCA on gap analysis and planning activities.
Legislative Finance Committee (LFC)	<ul style="list-style-type: none"> • Collaborates with the HCA on evaluation guidelines and reporting standards; • Assessment of sufficiency of regional plan, timelines and resources; • Review adequacy of functional, technical and operational requirements, capabilities and resources; • Identification of gaps and deficiencies in the regional plan; • Review of the sufficiency of staff, resources and partnerships.

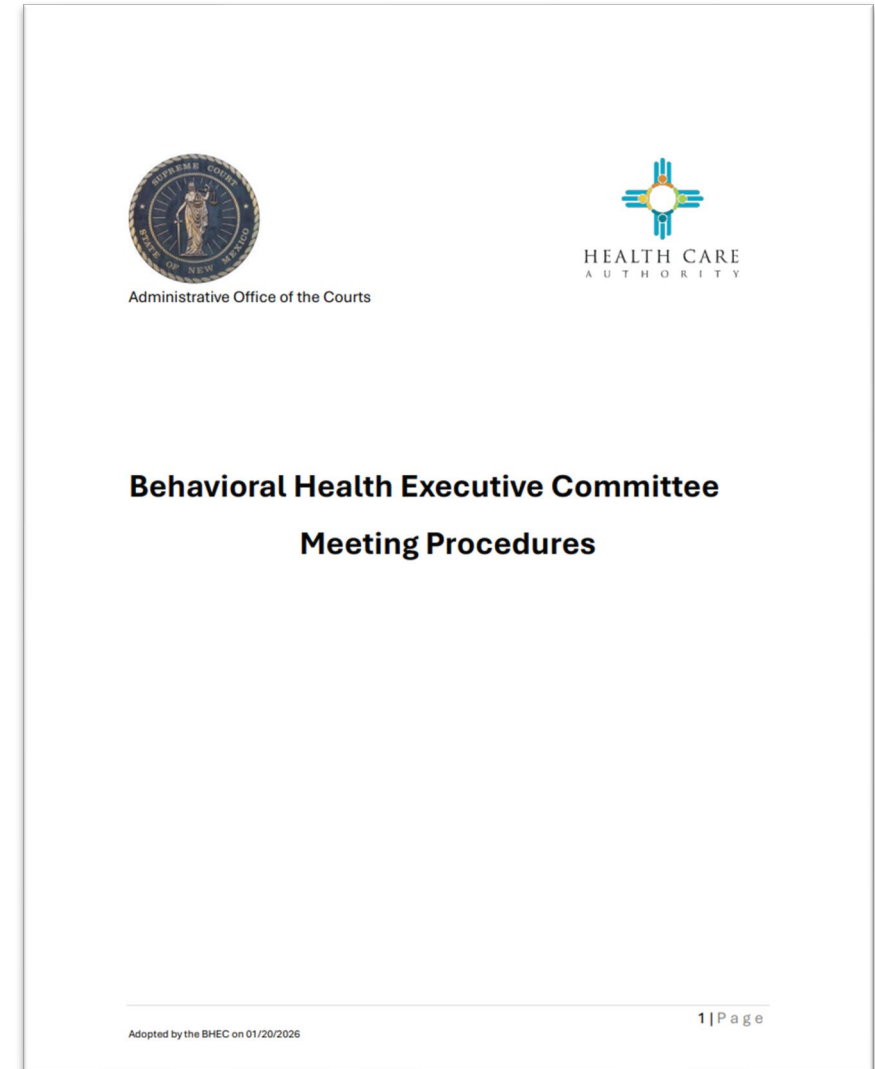


BH EXECUTIVE COMMITTEE MEETING PROCEDURES

Updated May 2026, based on the comments made from the committee at the January 20, 2026 meeting.

The following edits were made:

- Added Roles and Responsibilities
- Added language highlighting the process for approving and funding regional plans
- Added further detail to the section overviewing BHEC meeting requirements



BH EXECUTIVE COMMITTEE – MOTIONS TRACKER

- Highlights dates of key motions made
- Documents discussion points and important milestones
- Provides notes on Committee feedback and deferred decisions
- A PDF of the Motions Tracker will be provided to all Executive Committee members for further review

BHRIA (Senate Bill 3, 2025) - BEHAVIORAL HEALTH EXECUTIVE COMMITTEE MEETING MOTION AND KEY DISCUSSION SUMMARY

BHEC MEETING DATE	MOTIONS	KEY DISCUSSIONS
6/24/2025	<ul style="list-style-type: none"> ● Motion to adopt 13 Behavioral Health Regions 	<ul style="list-style-type: none"> ● Presentation of BHRIA, summaries of financial components supporting BHRIA ● Presentation of proposed Behavioral Health Regions, Five Infrastructure Investment Regions (IIRs), and preliminary timeline for regional planning ● Funding urgency – proposal process to get funding out for high priorities ● Consideration of SIM mapping for juvenile component
8/5/2025	<ul style="list-style-type: none"> ● Motion to hear expedited funding to Regions on September 30, 2025 	<ul style="list-style-type: none"> ● Presentation of Enhanced SIM Model ● Presentation of funding allocations tied to BHRIA ● Presentation of overview on BHSD, PCG gap analysis and needs assessment ● Discussion of Regional Plan Rubric and Mapping overview ● Presentation of Regional Committee Mini-Grant Application ● Funding sources and alignment requirements presented and discussed
9/30/2025	<ul style="list-style-type: none"> ● Approval of BHEC October 2025 Quarterly Report to LFC 	<ul style="list-style-type: none"> ● Presentation of gaps and needs assessment; credentialing workgroups; tribal engagement and BHEC quarterly report to LFC ● Update on Regional Workshop <ul style="list-style-type: none"> ○ AOC helping regions to identify Accountable entities ○ Regions to have both adult and youth SIM mapping ○ Funding intended to begin as plans are approved by BHEC ● AOC update: <ul style="list-style-type: none"> ○ Mini Grant funding <u>released</u> August 18, due September 30, 2025 ○ Regions to have one lead entity per Behavioral Health Region. ○ Workshops to cover E-SIM and Priority identification ○ Infrastructure Investment Regions tabled in favor of 13 regions ○ Stakeholders, including local collaboratives and health councils, who wish to participate must be allowed to do so ○ Regional plans to focus on sustainability, inclusive of braided funding required by legislation ○ Technical assistance and support to be provided by AOC to move workshops to full regional plans

^ screenshot image of the Motions Tracker



BHRIA FUNDING

AGENCY	PURPOSE	AMOUNT	EXPIRATION
HCA	“BH funding priorities” in regional plans	\$50,000.0	FY27
HCA	Grants to support specific types of BH initiatives in regional plans	\$61,5000.0	FY29
HCA	Direct funding to HCA to support BH workforce and policy initiatives	\$39,200.0	FY27
AOC	Funding for regional planning	\$1,700.0	FY29
AOC	Funding for grants	\$7,000.0	FY28
UNM	To support communities and regions in complying with BHRIA	\$1,800.0	FY26



BHRIA FUNDING

BHRIA funding overview from House Bill 2 (HB2) 2025 General Appropriation Act

- \$291 million in behavioral health-related funding was allocated across 25 sections of HB2.
- Funds span multiple fiscal years and support a wide range of initiatives: crisis response, treatment courts, housing, CCBHCs, MAT, and regional planning efforts.
- Regional plans serve as the primary mechanism for determining funding priorities and distribution.
- As outlined in Section 5(A) of Senate Bill 3 (2025), regional plans must meet the Behavioral Health Service Standards.

SB2 Funding in 2025 General Appropriation Act					
Section of SB2	Agency Appropriated To	Amount in HB2	Expenditure/ Reversion in HB2	Purpose	
5	1 AOC	\$1,700.0	2029 GF	For expenditure in fiscal years 2025 through 2029 for regional planning and sequential intercept mapping statewide, including costs associated with monitoring, quality assurance and setting statewide standards related to relevant elements within regional plans in accordance with the Behavioral Health Reform and Investment Act. Any unexpended or unencumbered balance remaining at the end of fiscal year 2029 shall revert to the behavioral health trust fund.	
6	2 AOC	\$7,000.0	GRO	For grants to judicial districts and criminal justice coordinating councils, based on the submitted regional plans to enhance regional case management, behavioral health grant writing, peer-operated crisis response and recovery support services, behavioral health, homeless outreach and engagement and family support services pursuant to the Behavioral Health Reform and Investment Act. Funds may be used by judicial districts based on the submitted regional plans for specialty, diversion, problem-solving and treatment courts and associated programs and pretrial services. The administrative office of the courts shall develop program models, standards, guidelines and program evaluation requirements for implementing, enhancing and expanding court related programs. Any unexpended balance remaining at the end of fiscal year [2026/2027/2028] shall revert to the government results and opportunity program fund.	
7	3 HCA	\$10,000.0	2025 through 2029 BHTF	For grants to counties, municipalities, Indian nations, tribes and pueblos and behavioral health providers based on the submitted regional plans for assisted outpatient treatment, medication assisted treatment including for juveniles, assertive community treatment, other best-practice and evidence-informed outpatient and diversion services, promising practices and community-based wraparound services and resources pursuant to the Behavioral Health Reform and Investment Act for expenditure in fiscal years 2026 through 2029. Any unexpended balance remaining at the end of fiscal year 2029 shall revert to the behavioral health trust fund.	
8	4 HCA	\$28,000.0	2025 through 2029 BHTF	For grants to counties, municipalities, Indian nations, tribes and pueblos and behavioral health providers based on the submitted regional plans for assisted outpatient treatment, medication assisted treatment including for juveniles, assertive community treatment, other best-practice and evidence-informed outpatient and diversion services, promising practices and community-based wraparound services and resources pursuant to the Behavioral Health Reform and Investment Act for expenditure in fiscal years 2026 through 2029. Any unexpended balance remaining at the end of fiscal year 2029 shall revert to the behavioral health trust fund.	

[LFC-SB2-Approps-Table-BHEC.pdf](#)





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THANK YOU & QUESTIONS

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