



HEALTH CARE
AUTHORITY



Behavioral Health Reform and Investment Act (SB3)

Health Care Authority - Update

November 12, 2025

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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



A cloudy morning looking over Taos Pueblo

Photo provided by elpueblolodge.com



HEALTH CARE
AUTHORITY

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.

Health Care Authority —“Old Business”

- Licensing and Credentialing Workgroup
- Operations Sub-Committee Update
- Early Access Regional Plans
- Early Access Funding

PROVIDER LICENSING WORKGROUP

Stakeholders: Division of Health Improvement (DHI); New Mexico Children, Youth & Family Department (CYFD); Regulation and Licensing (RLD); New Mexico Credentialing Board for Peers; Behavioral Health Provider Association; Tribal Association; Turquoise Care MCOs

Turquoise Care MCOs were approved for a requested extension on Single Source Credentialing, to go into effect **March 1, 2026**

Legislative Deadlines:

- **December 31, 2025** –A working group of health care licensing boards will be established to streamline the process of verifying provider licensing.
- **June 30, 2027** – HCA will establish a universal behavioral health service provider enrollment and credentialing process for Medicaid.

Goal: Streamline the process of behavioral health licensing and reduce administrative burden for behavioral health professionals.

Behavioral Health Executive Committee— Operations Subcommittee

- The subcommittee convened to review and discuss operational and procedural frameworks for BHEC meetings on **October 21, 2025**.
- Subcommittee members initiated the development of a preliminary Operations and Procedures document to serve as a guiding framework for BHEC meeting processes.
- The Operations Subcommittee will continue to convene.



Early Access Regional Plans
Notice of Funding Opportunity (NOFO)

Early Access Regional Plans - Notice of Funding Opportunity (NOFO)

- **November 4, 2025** – HCA announced a Notice of Funding Opportunity for Early Access Regional Plans.
- The purpose of Early Access funding is to support four critical access shortage areas:
 - 1) Residential Treatment
 - 2) Crisis Continuum Services
 - 3) Medication Assisted Treatment (MAT) for Justice-Involved Individuals
 - 4) Prenatal and Perinatal Substance Use Disorder (SUD) Treatment Programs

Eligible Applicants are regions who have submitted an application for the AOC mini-grant application for regional planning.

- Regions must identify an **accountable entity**, which may be a government, nation, pueblo, tribe, or quasi-government entity within the designated behavioral health region.
- **Deadline for Submission:**
December 19, 2025

BHRIAsupport@hca.nm.gov

Early Access Regional Plans - Notice of Funding Opportunity (NOFO)

ACTION	RESPONSIBLE PARTY	DEADLINE
Issue Notice of Funding Opportunity (NOFO)	HCA	November 4, 2025
Applications Due	Applicants	December 19, 2025
Application Review Period	Review Committee	December 20, 2025 – January 23, 2026
Notification of Awards	HCA	Week of January 26, 2026
Contracting – Contract will be finalized. If mutually agreeable terms cannot be reached with the awarded applicant in the time specified, HCA reserves the right to withdraw funding.	Awarded Applicant & HCA	February 2026
Funding Start Date	HCA	Upon final contract signature

SB3 FUNDING

SB3 Appropriations:

- \$155.5M total in HB2 to directly fund BH Regional Plans
- \$50M for regional plans expires at the end of FY27

AGENCY	PURPOSE	AMOUNT <i>(dollars in thousands)</i>	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

EARLY ACCESS FUNDING FORMULA*

Funding must be equitably distributed and prioritize BH services for disproportionately impacted communities

CATEGORY	RATIONALE
Equal Base Allocation	Ensures that all BH Regions receive a minimum level of guaranteed funding to maintain essential BH services and infrastructure, supporting ongoing operational costs.
Population & Behavioral Need	Allocates funding based on regional population size and BH needs within a region.
Service Gaps	Prioritizes regions with inadequate BH infrastructure and/or limited-service availability – such as lack of outpatient services, medication assisted treatment, etc.
Disproportionate Impact	Applies additional weighting to elevate equity for regions that are disproportionately impacted.

Regional Example; total funding available \$26.0 million:
(dollars in thousands)

Base (20%)	Pop & Need (30%)	Service Gaps (35%)	Disproportionate Impact (15%)	Total
\$400.0	\$312.0	\$728.0	\$338.0	\$1,778.0

** Formula is still in development and subject to change; Tribal Consultation scheduled on December 2*