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Sarah Jacobs, Deputy Director

Michelle Lujan Grisham, Governor
Kari Armijo, Cabinet Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater-Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Dana Flannery, Medicaid Director

Behavioral Health Reform and Investment Act Executive Committee

Meeting Minutes

Date: September 30, 2025 | Time: 9:00 a.m. – 11:45 a.m.
490 Old Santa Fe Trail, Room 309, Santa Fe, NM 87505

1. Welcome and Roll Call

- Committee Present:

- **Nick Boukas**, Executive Committee Chair, *Behavioral Health Services Division Director at the New Mexico Health Care Authority*
- **Kari Armijo**, *New Mexico Health Care Authority Cabinet Secretary*
- *Alanna Dancis, Chief Medical Officer of Medicaid Office, attending by proxy for Dana Flannery, Medicaid Director*
- **Karl W. Reifsteck**, *Administrative Office of the Courts Director*
- **Dr. Violette Cloud**, *Behavioral Health Expert*
- **Dr. Stacey Cox**, *Behavioral Health Expert*
- **Senator Gerald P. “Jerry” Ortiz y Pino**, *Behavioral Health Expert*

- Behavioral Health Reform and Investment Act Leads:

- **Kristie Brooks**, *New Mexico Health Care Authority Director of Behavioral Health Transformation & Innovation*
- **Esperanza Lucero**, *Administrative Office of the Courts Behavioral Health Reform & Investment Administrator*

2. Quorum Confirmation

- A quorum was established.

3. Meeting Called to Order

- The meeting was convened at 9:00 a.m.
- Chairman Boukas welcomed attendees



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4. **Approval of Minutes and Agenda**

- Minutes from August 5, 2025 BHEC Meeting
 - Secretary Armijo moved to approve the minutes, seconded by Director Reifsteck.
 - The motion passed unanimously
- Agenda for September 30, 2025 BHEC Meeting
 - Secretary Armijo moved to approve the minutes, seconded by Dr. Cloud
 - The motion passed unanimously
 - Jerry Ortiz y Pino later requested an edit to page 8 of the proposed minutes, last paragraph under item number 9 (50 million, not 15 million).
 - With that change, minutes approved.

5. **Old Business**

Presented by Kristie Brooks, New Mexico Health Care Authority Director of Behavioral Health Transformation and Innovation

- Gap and Needs Assessment- HCA is working on finalizing a report and ensuring information is shared with recipients to look at gaps and needs. These reports will support regions with identifying needs at the local level. A future public meeting will be posted and announced to share results.
- Credentialing Workgroups- Statute requires HCA to assemble a universal behavioral health credentialing process and shall be established no later than June 30, 2027. HCA will work with the Legislative Health & Human Services, the Legislative Finance Committee, and stakeholders within communities to develop a workgroup to find solutions to barriers faced by providers and constituents.
- Tribal Engagement- Ms. Brooks emphasized that while tribal engagement has occurred, continued and expanded consultation will take place. HCA will continue to meet individually with tribes, pueblos, and nations to align local government and tribal participation in the regional planning process, consistent with Senate Bill 3.
- Quarterly Report to LFC- Referenced that the BHEC is required to report to the LFC on a quarterly basis. Ms. Brooks noted a quarterly report in the BHEC packets for their review and requested a vote for approval from the BHEC to submit to the LFC to meet the October 1st deadline. Director Reifsteck moved to approve the report, seconded by Jerry Ortiz y Pino. No further discussion and motion passed unanimously.



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6. UNM Health Science Center: Regional Convening Workshop

Presented by Dr. Caroline Bonham, UNM Department of Psychiatry

- UNM Behavioral Health Tech Assistance Center (BHTAC) have been working closely with HCA and AOC to plan regional workshops – regions will conduct SIM mapping/prioritization
- Proposed process-
 - AOC has been in touch with the regions to help them identify the regional accountable authorities who will be providing the structure and infrastructure for regional plans.
 - Regional accountable entity will meet with AOC, HCA, and UNM BHTAC to plan E-SIM Mapping and Prioritization Workshop.
 - Initial planning session will review data from workshops as well as needs and gaps assessment.
 - Regions will have an option to conduct a SIM mapping of youth system, adult system or both systems. One system will be a two-day workshop; Both systems will be a three-day workshop.
 - Accountable Authority will have to identify participants (across different systems).
- SIM mapping- shared enhanced E-SIM that was shared during August meeting and discussed pre-intercepts focused on community prevention services. The second addition supports enhanced mapping of the youth system to include the schools and justice system. The E-SIM focuses on prevention and early intervention utilizing a public health framework.
- Questions:
 - Understand rationale for giving option of youth or adult: original plan was to utilize an integrated approach for all regions. Dr. Bonham responded by stating some regions have already done extensive adult planning, and they want to allow them an option to utilize this time to focus on the youth system to not repeat what they may already have. Dr. Cloud emphasized the importance of maintaining expectations set forth and setting regions up for success by having them look at both a youth and adult system.
 - Rubric for the regional plan does need to address lifespan, referencing SIM mapping. Sec Armijo – it would not be acceptable for a region to submit a plan that does not include both adults and youth. Expectation is to see a behavioral health system support every human.



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- Is the expectation that the regions should wait for UNM to begin regional plans? There are concerns that some regions are ready to begin work but are waiting on UNM for workshops to be scheduled. Dr. Bonham stated that she has an understanding that some regions are already working on their plans and would like to incorporate the work that is currently being completed and will be incorporated into the workshops.
- Director Reifsteck stated that there are areas that need to be aligned and reminded the BHEC that it is their responsibility to approve an overall funding structure, regions need to know what the funding structure will look like as they are developing their plans. He suggested that the BHEC needs to plan for this as a committee to communicate back to the regions.
- E-SIM mapping- who needs to be present? Dr. Bonham replied that it is important to have individuals representing different sectors (e.g. justice, first responders, health care providers, people with lived experience, including family members, and when focusing on youth the school systems).
- Noted that small regions have few resources, and they rely on nearby regions and State resources that exist. Is anyone foreseeing regions who plan on incorporating aspects of state facilities if they rely on state resources? Needs assessment – Intercept zero asks what resources currently exist?; do they have local prevention programming?; what crisis services are available?; what recovery services are available?; peer support services?; Outpatient clinics?; Inpatient vs Residential available?; These are questions that will be considered included barriers to accessing these services.
- Do all 13 plans have to be submitted before any plan gets funded? Sec Armijo – No. The goal is to fund regions as their plans are approved by the BHEC.
- Invitations- There is a different approach with tier workshops (e.g. regional vs. local). Dr. Cloud emphasized that there needs to be a level of proportion of certain sectors to participate in order to achieve the desired level of change. This will help support regions with the intended outcome.

7. **AOC: Regional Community**

Presented by Esperanza Lucero, Administrative Office of the Courts Behavioral Health Reform & Investment Administrator

- Mini Grant Application updates- Key objectives are focused on increasing community engagement, enhancing capacity, and promoting sustainability. Funding was released August 18th with a due date of September 30th; AOC has extended the deadline by 30-



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- days. Currently in the application phase, requesting County Managers and Tribal leadership to identify one lead governmental or quasi-governmental entity per Behavioral Health Region. There has been targeted outreach in relation to funding announcement. Regions 3, 4, 5, 6, and 7 have submitted an application. Regions 2, 11, and 13 have submitted a partial application.
- Regional Planning Workshop Convenings- Workshops will cover E-SIM and Priority Identification. Highlighted work with NAMI, who secured corporate sponsorship to bring in one person per region with lived experience to level set each workshop.
 - Integrated Infrastructure Regions (IIRs)- Have not met to discuss IIRs due to issues with scheduling. Moving forward with 13 regions and will table IIRs for now.
 - Questions:
 - Involvement of health councils and local BH collaboratives in the regional planning process- A joint webinar was recently held with both groups, marking the first time they were brought together in this way. Approximately 176 participants attended, and the session generated two hours of thoughtful feedback. Both health councils and local BH collaboratives expressed strong interest in being part of the planning process and the funding announcement. Their grassroots perspective was emphasized as essential to the success of Senate Bill 3 implementation. HCA and AOC meet regularly with the Department of Health to coordinate efforts and leverage health council resources in support of SB 3.
 - Planning Workshops and Resources
 - 3–4 additional planning workshops are expected by the end of the calendar year, reflecting significant progress since the legislation took effect in June.
 - A question was raised about whether additional resources or support are needed.
 - Ms. Lucero responded that the focus should be on sustainability—ensuring that regional plans are not just documents but can be implemented effectively. Tools and resources must be provided to regions to support successful execution.
 - Stakeholder Participation
 - A question was raised about whether participation in regional planning could be restricted. Ms. Lucero clarified that while accountable entities will identify membership, participation should be inclusive and reflective of diverse



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stakeholders. Membership will be reviewed to ensure appropriate representation.

- It was noted that legislation requires that any stakeholder who wishes to participate must be allowed to do so, reinforcing the expectation of an open and inclusive process.
- Technical Assistance and Support
 - Question asked whether staff or contractors would be available to support regions in moving from workshops to full regional plans. Ms. Lucero confirmed that two contractors have been engaged to provide technical expertise. Some regions may be able to proceed independently, while others will rely more heavily on contracted support.
- Scope of Regional Plans
 - A question was raised about whether regional plans will address only SB 3 requirements or also incorporate other funding streams (e.g., Medicaid, opioid settlement funds, rural health funds). Ms. Lucero confirmed that legislation requires braided funding, and regional plans must integrate multiple funding sources. Templates are being developed to provide prescribed guidance for regional plans.
 - Many regions are already aligning opioid settlement planning with SB 3 efforts, and in some cases, the same consultants are supporting both processes. This overlap is expected to strengthen coordination and efficiency.

8. **HCA: Early Access Regional Plans**

Presented by Kristie Brooks, New Mexico Health Care Authority Director of Behavioral Health Transformation and Innovation

- HCA will be announcing an Early Access Funding Opportunity to avoid delaying critical services during the Regional Planning phase in support of early access needs.
- Purpose of Early Access Funding: Avoid delays in delivering critical services during the regional planning phase. Provide resources that allow regions to enhance, expand, and build infrastructure while long-term planning continues. Ensure a sustainable, equitable, and regionally driven behavioral health system.
- Notice of Funding Opportunity (NOFO)
 - Funding Start Date: January 15, 2026



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- Total Available: \$20 to \$26 million statewide
- Up to \$2M per region, with awards based on population size, health needs, and service gaps.
 - Eligibility
 - Regional Behavioral Health Authorities that have submitted applications under the Behavioral Health Reform Investment Act regional planning process.
 - Critical Access Areas Identified
 - Residential Treatment
 - Crisis Continuum of Care services (triage centers, mobile crisis, assertive community treatment)
 - Medication-Assisted Treatment for justice-involved individuals
 - Prenatal and Perinatal Substance Use Disorder (SUD) treatment
 - Examples of Eligible Projects
 - Expansion or establishment of residential treatment centers, recovery housing, or transitional housing
 - Development or expansion of crisis triage centers, mobile crisis teams, or certified community-based health centers
 - Expansion of MAT programs in detention centers and prisons, including workforce training
 - Family-centered residential treatment programs for prenatal and perinatal substance use
 - Key Points
 - Early access funding must align with and be incorporated into regional planning processes.
 - The intent is to initiate critical services in advance of finalized regional plans, ensuring continuity of care for vulnerable populations.
 - Stakeholders, including tribal communities and local partners, were encouraged to proactively engage with their regional entities.
 - Discussion
 - BHEC members expressed excitement about the announcement and emphasized the importance of clear criteria for applications.



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- Questions were raised regarding the balance between expanding existing services and standing up new programs, given the short timeline.
- The committee requested clarification on the parameters and expectations for accountable entities applying for early access funds.
- Application Process, Data, and Behavioral Standards
 - Members emphasized the need for additional data and information once the NOFO application is released and finalized. It was noted that simply identifying a need is not sufficient without supporting data and analysis.
 - Questions were raised regarding the process and requirements.
 - It was highlighted that regional entities should review behavioral health standards in connection with funding and waiver processes. This review will help inform decisions about establishing new services or facilities.
 - HCA expressed its commitment to supporting timely implementation while ensuring compliance with all requirements.
 - Members were reminded that the Behavioral Health Standards are available on the HCA website. Regions are encouraged to review them as part of their planning.

9. Public Comment

- Comments were received from both in-person and online attendees

10. Next Meeting:

- Agenda Items & Discussion
 - Funding Structure:
 - Members emphasized the need to begin discussions on funding structure. Secretary Armijo mentioned they need to have a Tribal Consultation prior to having that discussion. Current legislation does not contemplate direct appropriations to individual tribal entities. Clarify how tribal nations and pueblos fit into the regional planning process. Statute defines “region” as a county or traditional district (one or more counties).
 - Medicaid Behavioral Health Spending
 - Ongoing concern:
 - Lack of substantive data on Medicaid behavioral health expenditures.
 - Previous report was incomplete and raised doubts about whether funds are being used effectively.



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- Additional concern raised about funds being retained rather than spent on patient care.
 - Request made for detailed data.
 - Secretary Armijo confirmed Medicaid behavioral health service information exists and will bring to the next committee meeting.

- Unified Timeline

- Proposal was made to develop a unified timeline of deadlines and steps.
- Staff to prepare a draft for the next meeting.
- Timeline would serve as a central reference for stakeholders and regional partners.

- Early Access Funding & Capacity Building

- Key points:
 - While challenging, there may be flexibility within the bill to make funds available.
 - Emphasis on framing early access—not as setting priorities, but as supporting capacity building.
 - Capacity-building approach would help balance funding distribution across regions of varying sizes and populations.
 - Agreement to continue exploring this framework in future discussions.

- Action Items

- Committee to begin discussion on funding structure after Tribal Consultation to discuss how Tribal funding will be allocated. Tribal Consultation taking place early December.
- Secretary Armijo to provide Medicaid behavioral health service information at next meeting.
- HCA and AOC to prepare a draft unified timeline of deadlines and steps.
- Continued discussion on early access funding framed around capacity building.

11. Closing Comment

- Chairman Boukas acknowledged the extensive work being carried out behind the scenes by AOC, HCA, and partners from the Legislative Finance Committee. Appreciation was expressed for the collective commitment and dedication to ensuring the success of this initiative.
- It was emphasized that the effort must remain firmly rooted in and responsive to community needs, with a focus on building sustainable capacity.

12. Adjournment

- Director Karl Reifsteck moved to adjourn the meeting, seconded by Dr. Violet Cloud.
- The motion passed unanimously.
- Meeting adjourned at 11:45 a.m.