



HEALTH CARE  
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**Behavioral Health Reform and Investment Act Executive Committee  
Meeting Minutes**

**Date: January 20, 2026 | Time: 8:00 a.m. – 10:00 a.m.  
37 Plaza la Prensa, Santa Fe, NM 87507**

- **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, *Acting Medicaid Director*
    - Karl W. Reifsteck, *Administrative Office of the Courts Director*
    - Dr. Violette Cloud, *Behavioral Health Expert (Attended Via Zoom)*
    - 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*
- **Quorum Confirmation**
  - A quorum was established.
- **Meeting Called to Order**
  - The meeting was convened at 8:00 a.m.
  - Chairman Boukas welcomed attendees
- **Approval of Minutes and Agenda**
  - Agenda for January 20, 2026 BHEC Meeting
    - Senator Gerry Ortiz y Pino requested that the agenda include a brief discussion of the current legislative session, specifically the Executive and Legislative budget items. Chairman Boukas stated that this item can be addressed later in the agenda.
    - Dr. Cox moved to approve the minutes, seconded by Director Reifsteck.
    - The motion passed unanimously.
  - Minutes from November 12, 2025 BHEC Meeting
    - Director Boukas requested additions, edits, or deletions to the minutes.



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- Sen. Ortiz y Pino asked whether CYFD had participated in the NOFO application reviews. Chairman Boukas informed him that this information would be addressed later in the agenda.
- With no further questions, Director Reifsteck motioned to approve the minutes, and Secretary Armijo seconded the motion.
- All members present voted in favor, and the minutes were approved.
- **Old Business | New Mexico Health Care Authority**  
*Presented by Kristie Brooks, Director of Behavioral Health Transformation and Innovation with the New Mexico Health Care Authority*
  - Tribal Consultation
    - The Tribal Consultation was held on December 2, 2025, and included participation from approximately 12–14 Nations, Pueblos, and Tribes, both in person and online.
    - The discussion focused on Senate Bill 3 and tribal involvement. Representatives from the Nations, Pueblos, and Tribes offered extensive feedback on how the regions were identified, funding distribution, ensuring equitable allocation, and approaches for ongoing engagement.
    - Director Brooks reiterated the state's commitment to continued engagement, noting her offer to meet individually with the Nations, Pueblos, and Tribes. Members expressed interest in more frequent consultations. HCA and IAD will continue working together to support that request.
- **Old Business | Administrative Office of the Courts Updates**  
*Presented by Esperanza Lucero, Administrative Office of the Courts Behavioral Health Integration and Reform Administrator*
  - Enhanced Sequential Intercept Mapping (E-SIM) Workshops
    - Ms. Lucero reported that there will be multiple sessions in the 13 regions.
    - Successful workshops took place last week in Lincoln and Otero Counties, as well as Mescalero Apache—with an average of 90+ attendees.
    - There has been strong partnership and engagement, in all workshops that have occurred up to this point, organized by UNM Health Science Center.
    - AOC has developed five priorities from these workshops, which are still being compiled.
    - Secretary Armijo inquired when the first regional plans might start to roll in.
    - Ms. Lucero shared that once the regional plan template and the funding formula are received, that will start the clock for Bernalillo County and all regions that attended workshops in 2025. Draft of those plans should start appearing within 60 to 90 days.
  - Operations Subcommittee Updates



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- Director Brooks presented the procedural document reviewed by the subcommittee. The document outlines how Behavioral Health Executive Committee meetings will be conducted moving forward.
- The document includes guidance on meeting cadence, member responsibilities, handling vacancies and proxies, and the process for calling ad hoc meetings. It also outlines expectations for confidentiality, posting agendas and minutes for public access, and ensuring compliance with the Open Meetings Act.
- Director Brooks noted the document formalizes practices discussed over recent months.
- **Member Recommendations**
  - **Terms of Office:** Clear and accurate; however, vacancy language was inconsistent and recommended for removal.
  - **Chair's Voting Role:** Clarification requested; draft appeared to allow two interpretations. Members recommended selecting one clear approach.
  - **Remote Attendance:** Support expressed due to geographic diversity.
  - **Proxy Language:** Recommended specifying that proxies must be other Committee members.
  - **Voting Procedures:** Committee discussed procedures when fewer than seven members are present. Under Section 7, actions require more than 50% of votes cast; therefore, a 3–3 tie would result in failure.
- **Amendments Agreed Upon**
  - Vacancy language to be removed.
  - Language limiting the Chair's vote to tie-breaking situations to be struck.
- Senator Ortiz y Pino moved to adopt the meeting procedures document as amended.
- Dr. Cox seconded the motion.
- The motion passed unanimously.

• **Funding Formula**  
*Presented by Ricky Martinez, Deputy Director of Finance for the Behavioral Health Services Division of the New Mexico Health Care Authority*

- Director Martinez presented the Funding Formula and explained that regions requested clearer allocation estimates to support planning. BHSD developed the formula to provide consistency and collaborated with leadership from Nations, Pueblos, and Tribes to refine statewide population figures used in the population component.
- Mr. Martinez noted that the formula reflects extensive work and remains open to refinement.

- **Formula Components**
  - **Equal Base Allocation (20%)** – Approximately \$22 million divided equally among 13 regions (~\$1.7M each).
  - **Population (30%)** – Based on each region's share of New Mexico's ~2.1 million residents.



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- **Service Gaps (35%)** – Uses aggregated Health Professional Shortage Area (HPSA) scores, incorporating provider shortages, poverty, travel time, and access barriers.
- **Disproportionate Impact (15%)** – Focuses on outcomes such as suicide and overdose rates, rurality, and tribal service-area factors.
- **Committee Questions and Clarifications**
  - BHSD received 16–18 public comments and incorporated relevant feedback.
  - A minor correction was made to disproportionate-impact data; members were asked to reference the printed version.
  - Senator Ortiz y Pino expressed concern that some factors may be counted multiple times, resulting in large per-resident disparities (e.g., Region 2 at ~\$20 per resident vs. Region 10 at ~\$6,400). He recommended increasing the population weight to 50% and reducing overlapping measures.
  - BHSD responded that relying heavily on population would disadvantage rural and tribal regions and conflict with statutory intent.
  - Service gaps and disproportionate impact measure different types of need—access barriers vs. Outcomes.
- **Additional Discussion**
  - Members emphasized that concerns centered on the scale of disparities, not on rural investment. Very small regions may struggle to spend large allocations effectively.
  - BHSD clarified that allocations span four years, not one.
  - Challenges exist in attracting providers to rural areas and stressed the need to balance equity with feasibility while ensuring rural regions are not under-invested.
  - Members highlighted the complexity of balancing rural and urban needs, noting that urban hubs serve residents from surrounding counties.
  - BHSD explained that differences between Regions 3 and 13 are largely due to Native American population distribution and associated behavioral-health outcomes.
- **Clarifications on Native American Data**
  - BHSD used Indian Health Service service-population figures to determine each region's Native American population share, applying that proportion across all formula components.
- **Broader Considerations**
  - Members noted the difficulty of finalizing a formula before regional plans are complete but agreed that regions need guidance to proceed.



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- It was recommended to document the formula rationale for future reference. Members emphasized the importance of supporting rural infrastructure and accounting for transportation needs in regional plans.
- The Committee acknowledged the difficulty between moving forward and refining the formula, noting that adjustments may be needed over time.
- **Funding Formula Discussion**
  - Members discussed the difficulty moving forward to support regional planning and refining the funding formula to address concerns about disparities across regions. Several members noted that regions need timely guidance to complete their plans, while also acknowledging that the formula may require adjustments as implementation progresses.
  - The importance of balancing population, service gaps, and disproportionate-impact measures was emphasized. It was noted that regions vary in size, infrastructure, and capacity. Concerns were raised about the potential for very small regions to receive allocations that exceed their ability to spend effectively, as well as the risk of over-weighting population in a way that disadvantages rural and tribal communities.
- **Motion and Failed Vote**
  - A motion was introduced to amend the formula by increasing the population component from 30% to 50%, reducing the service-gap component from 35% to 15%, and including a list of appropriations and associated timeframes alongside the formula. Members discussed the potential impacts of these changes, including the effect on rural regions, the intent of the legislation to address service gaps, and the possibility of overlapping measures across formula components.
  - Following discussion, the motion failed, with 2 votes in favor and 4 opposed.
  - Chairman Boukas invited members to consider alternative approaches for refining the formula while maintaining momentum for regional planning.
- **Second Motion and Passed Vote**
  - After a lengthy and difficult discussion, Dr. Cloud motioned to approve the funding formula as originally presented by Finance Director Rick Martinez.
  - Secretary Armijo seconded the motion.
  - The motion was passed with a vote of five to two.
- **Regional Plan Proposals**

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



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- Director Brooks presented the regional plan template for Committee approval. She explained that the document outlines the requirements regions must follow when developing and submitting their implementation plans. The template includes:
  - A table of contents detailing each section of the funding opportunity
  - Award and application process information
  - Allowable and unallowable uses of funds
  - Alignment with internal standards
  - Selection criteria, compliance expectations, and accountability requirements
  - Data collection and evaluation guidelines, including use of a logic model
  - An appendix with definitions, terminology, and the scoring rubric the Committee will use
- Director Brooks noted that the template is modeled on the Early Access Notice of Funding Opportunity but is more extensive due to the larger scope and funding amount. It is intended to ensure regions demonstrate feasibility, capacity, and readiness to implement their plans over the four-year funding period.
- She also highlighted requirements for each region to designate an accountable entity and described expectations for reporting, auditing, and coordination with both BHSD and the Behavioral Health Executive Committee.
- **Committee Discussion**
- Members raised several questions regarding the regional plan template:
  - **Rural service delivery:** Members asked whether the template explicitly requires regions to describe how they will serve rural areas. Director Brooks agreed this expectation could be made more explicit.
  - **Flexibility for accountable entities:** Members emphasized the need to avoid language that could conflict with varying procurement rules across counties, councils of government, and tribal governments.
  - **Tribal engagement:** Members supported requiring letters of support but requested clearer language stating that Nations, Pueblos, and Tribes may join the process at any time. They recommended reinforcing this message during regional workshops.
  - **Technical assistance:** Staff confirmed that regions will have access to support, including legislative funding provided to AOC for planning assistance.
  - **Native American allocation:** Members requested additional language in Section 1.5 to clarify how tribal governments should access the Native



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American allocation and to specify that requests must be submitted through the accountable entity.

- **Allocation amounts:** Members recommended clarifying Section 2 to emphasize that funding requests should be based on regional mapping, identified needs, and workshop findings—not limited by preliminary allocation estimates. Regions may request more or less than the initial estimate, and unrequested funds may be reallocated.
- **Director Brooks reported that all 13 regions submitted Early Access proposals for up to \$2 million each, focused on:**
  - Residential treatment
  - Crisis continuum services
  - Medication-assisted treatment for justice-involved individuals
  - Prenatal and perinatal substance use disorder treatment
- BHSD conducted an expedited review. **Eleven proposals were recommended for approval**, while **two require additional clarification** regarding spending timelines, service access, and feasibility. Two regions requested additional time to submit supplemental information, which BHSD recommended granting.
- Members discussed several proposal-specific issues:
  - **Vehicle Purchases:** Some proposals included multiple vehicle requests. BHSD requested additional information on maintenance, insurance, driver qualifications, and sustainability before final approval.
  - **Region 13:** Senator Ortiz v Pino expressed concern that the proposal did not include activities benefiting Rio Rancho. BHSD noted that the region's workshop has not yet been completed and that outreach to Sandoval County and Rio Rancho will be strengthened.
  - **CYFD Involvement:** A member asked whether CYFD reviewed proposals related to child drug-exposure concerns. BHSD clarified that CYFD did not participate in the Early Access review because the funding opportunity focused on expanding existing services, but CYFD has been present at regional workshops and will be involved in future planning.
  - BHSD emphasized that regions are at different stages of workshop completion, which may have affected proposal detail, but overall submissions were strong.
- After additional discussion, Director Reifsteck moved to approve the recommended Early Access awards. Director Dancis seconded.



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- With no further discussion, the motion passed unanimously.
- **Public Comment**
  - Comments were received from both in-person and online attendees
- **Closing Comments**
  - Conflicting dates for the next Behavioral Health Executive Committee meeting in April have been identified. The Committee will follow up to confirm a single meeting date and will provide updated information to members.
  - Chairman Boukas acknowledged the significant work occurring behind the scenes at the AOC, HCA, and with partners from the Legislative Finance Committee. He noted the shared commitment to this effort and emphasized the importance of ensuring the initiative remains rooted in and responsive to community needs so that individuals receive appropriate support and system capacity continues to grow.
- **Adjournment**
  - Dr. Reifsteck moved to adjourn the meeting, seconded by Dr. Cox.
  - The motion passed unanimously.
  - Meeting adjourned at 10:20 a.m.