



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: November 12, 2025 | Time: 9:00 a.m. – 11:15 a.m. 490 Old Santa Fe Trail, Room 309, Santa Fe, NM 87505

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
 - 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

• Quorum Confirmation

A quorum was established.

Meeting Called to Order

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

• Approval of Minutes and Agenda

- o Minutes from August 5, 2025 BHEC Meeting
 - Dr. Cox moved to approve the minutes, seconded by Director Reifsteck.
 - The motion passed unanimously
- o Agenda for November 12, 2025 BHEC Meeting
 - Secretary Armijo moved to approve the Agenda, seconded by Director Flannery.





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- The motion passed unanimously
- Old Business | New Mexico Health Care Authority

Presented by Kristie Brooks, Director of Behavioral Health Transformation and Innovation

- Opening Comment
 - Ms. Brooks stated that everything being done with Senate Bill 3 and the Behavioral Health Reform and Investment Act ties back to the mission, vision, and goals of what they strive to do within the Healthcare Authority.
- Licensing and Credentialing Workgroup
 - Legislative directive is to streamline behavioral health licensing to reduce administrative burden.
 - Current stakeholder engagement: Division of Health Improvement, CYFD, Regulation & Licensing Boards, and Credentialing Boards.
 - Goal: Reduce burdens for providers seeking credentialing/licensing in NM
 - Turquoise Care MCOs: Received approval for a requested extension of Single Source Credentialing, to go into effect effective March 1, 2026.
 - > Deadlines:
 - **Dec 31, 2025:** Establish working group of healthcare licensing boards (internal meeting held; next on Nov 13).
 - June 30, 2027: Universal behavioral health provider enrollment/credentialing deadline; HCA anticipates early completion.
 - > Optimism expressed; progress expected in collaboration with MCOs.
- Operations Sub-Committee Updates
 - The subcommittee convened to review and assess the operations of the Behavioral Health Executive Committee.
 - The Subcommittee's purpose is to establish clear rules and procedures for the BHEC's functioning. Said procedures are not intended to be formal bylaws. Working concept referred to as a "playbook," with a more formal name being considered.
 - Emphasis placed on ensuring both committee members and the public receive ample notice of meetings.
 - The BHEC has met more frequently during the first six months to support early progress. However, legislative guidance indicates quarterly meetings are required.
 - Moving forward, the goal is to establish a more consistent timeline and cadence for meetings.
 - The subcommittee is also working on defining operational procedures.
 - These efforts will continue, with the aim of finalizing procedures at the next meeting. Next Steps:
 - ❖ Continue refining BHEC's "playbook"
 - ***** Establish consistent quarterly meeting cadence.
 - ❖ Present final draft of operations and procedures at the next meeting.

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- Early Access Regional Plans Notice of Funding Opportunity
 - On November 4, HCA announced a Notice of Funding Opportunity (NOFO) for Early Access Regional Plans.
 - ➤ The purpose of these plans is to accelerate funding into communities ahead of the completion of full regional plans. Legislation specifies that funding can be dispersed once regional plans are finalized, but HCA sought ways to deliver resources more quickly. Under the law, the Secretary of HCA may identify critical access shortage areas, and several have been prioritized:
 - Residential treatment
 - Crisis Continuum Services
 - ❖ Medication-Assisted Treatment for justice-involved individuals
 - ❖ Prenatal and Perinatal Substance Use Disorder treatment programs
 - Eligible applicants are regions who have submitted an application for the AOC mini-grant application for regional planning.
 - ➤ HCA collaborated with AOC to ensure eligibility was limited to regions that had applied and identified accountable entities through AOC's planning grant process. Currently, 12 of 13 regions have identified accountable entities, which is a significant milestone.
 - > This funding is intended for programs and services that have experienced reduced or discontinued support, or projects that require additional resources (e.g., \$500,000 to complete critical initiatives). The goal is to extend and enhance services in communities more quickly.
 - NOFO Timeline
 - November 4, 2025: NOFO issued
 - December 19, 2025: Applications due
 - Dec 20, 2025 Jan 23, 2026: Review Committee evaluation
 - Week of Jan 22, 2026: Notification of awards
 - February 2026: Contracting begins; funding starts upon contract signature
 - Funding Context:
 - \$50 million is available, expiring at the end of FY27.
 - Up to \$26 million will be allocated through early access funding.
 - Allocations are based on a formula considering population, behavioral health needs, service gaps, and disproportionate impact.
 - Early access funding supplements—not replaces—the five priority areas identified in regional planning workshops and SIM mapping. All funded projects will roll into the full regional plans to avoid duplicative reporting or evaluation cycles.
 - The urgency stems from the limited time to spend the \$50 million before expiration. SB3 appropriations and HB2 provide approximately \$155 million in total for regional plans, but the early access initiative ensures crisis-related funds reach communities quickly.

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- An interagency committee review panel will be established, with participation from members of the Executive Committee. As applications are received, the panel's composition will be tailored to the focus areas. For example:
 - If applications involve youth services, CYFD will be included.
 - If housing is a priority, housing subject matter experts will join.
 - Core agencies such as AOC and HCA will also be represented.
- > The intent is to create a multi-agency, multidisciplinary team to evaluate proposals. At least 1 or 2 members of this legislative committee will also serve on the review panel.
- Ms. Brooks requested volunteers to join the review committee. Dr. Cox and Senator Ortiz y Pino agreed to participate. In addition, Director Reifsteck and Chairman Boukas confirmed that Ms. Brooks and Ms. Lucero will serve on the panel.
- Old Business | Administrative Office of the Courts Updates
 Presented by Esperanza Lucero, Administrative Office of the Courts Behavioral Health
 Integration and Reform Administrator

Regional Planning

- Ms. Lucero presented an update on the regional planning workshops and overall engagement across accountable entities. Strong commitment and participation are being observed, ensuring workshops meet community needs.
- **E-SIM Final Version**
 - The final version of the E-SIM was shared—presenting a cleaner color theme for readability. It will be accessible in both English and Spanish.
- Current Phase: Planning and Listening
 - Focus on building local feedback groups
 - Mechanisms established for community input
 - Feedback collected through focus groups, surveys, and school health promotion staff.
 - First workshop launch will take place week of November 17
 - Timeline will shift into implementation.
 - Multiple workshops scheduled throughout the calendar year.
- Workshop Schedule
 - Workshops will focus on Children, Youth, and Families, examining needs across the lifespan. Confirmed dates:
 - ❖ Bernalillo County (Region 2) mid-November
 - ❖ Curry County (Region 9) early-December
 - ❖ San Juan/McKinley (Region 11)- mid-December
 - ❖ Santa Fe (Region 1) end of December
 - Calendar extends into 2026, with workshops paused during holidays and legislative session. Remaining three workshops anticipated in April 2026.





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- Continued collaboration with accountable entities is essential.
- Ongoing efforts will ensure broad community engagement and alignment with behavioral health needs.
- Updates will be shared regularly as milestones are reached.

Points of Contact:

- Finalized list of accountable entities and county contacts for Senate Bill 3 work shared
- Pending: Region 10 (awaiting application)
- ➤ Region 7 updated with new Socorro County contact following staff changes.
- ➤ Contacts will be posted on the AOC website for public engagement.

Community Engagement:

- Multiple avenues for public involvement, including direct outreach to staff, participation in presentations, and attendance at executive meetings.
- Regional planning efforts will continue to establish local feedback loops and web pages for each of the 13 regions.
- > Members of the public can reach out directly to Ms. Brooks or Ms. Lucero.
- Executive Committee meetings remain open for public participation.
- Regional planning efforts will include local web pages with information specific to each of the 13 areas.
- Emphasis was placed on grassroots-level engagement and ensuring broad opportunities for feedback.
- ➤ A QR code linking to the AOC webpage was shared; additional links to accountable entity websites will be added as they become available.

O Youth vs. Adult SIM Mapping

- Question raised by Chairman Boukas: At what point should SIM mapping be revisited (e.g., if last completed 5 years ago vs. 5 months ago)? Response:
 - Some regions have recently completed adult SIM mapping and are now focusing efforts on youth systems to ensure full lifespan coverage.
 - Existing adult SIM work will be leveraged to inform regional plans.
 - □ SIM mapping should be considered current if completed within the last 1–2 years.
 - Work older than 2 yrs may need to be revisited; significant changes can occur over time.
 - UNM scientists will help assess whether prior adult SIM work remains relevant and complementary to current efforts.
 - Next Steps:

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- Update points of contact for accountable entities and publish on the AOC website.
- Continue building regional web pages for local planning and feedback.
- ❖ Apply the 1 to 2-year guideline for SIM, revisiting older work as needed.
- ❖ Maintain open channels for community engagement and feedback
- ❖ Ms. Lucero accepted questions about the SIM Mapping from the Committee.





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• Reimbursable Behavioral Health Services

Presented by Dana Flannery, Medicaid Director, HCA, and Tami J. Spellbring, Deputy Director, Clinical Crisis & Prevention Services, BHSD

Presentation Highlights:

- Continuum of Care
- Care Coordination vs. Case Management
- Comprehensive Community Support Services (CCSS)
- Psychosocial Rehabilitation Services (PSR)
- > Recovery Services
- Medicaid reimbursement and provider resources

Key Points:

- > Services promote recovery, rehabilitation, and resiliency.
- Address barriers to independent functioning; build on individual strengths.
- > Support goals in independent living, learning, working, socializing, and recreation.

Recipients & Providers:

- Recipients: Under 21 with severe emotional disturbance; over 21 with severe emotional disturbance or serious mental illness.
- ➤ Providers: Behavioral health agencies, community mental health centers, core service agencies, CCBHCs, federally qualified health centers.

\circ **PSR**:

- > Group-based, transitional services focused on strengths and coping skills.
- Recipients: Adults (18+) with serious mental illness or co-occurring disorders.
- Providers: Core service agencies, community mental health centers, CCBHCs.

Recovery Services

> Our Managed Care Organizations (MCOs) oversee these services, which are highly personalized and tailored to each individual. They foster ongoing growth in health and wellness, strengthen social and spiritual connections, and help clients find meaning and purpose. Recovery Services also extend to children experiencing serious emotional and neurobiological disorders, ensuring comprehensive support across all ages.

OPRE (Office of Peer Recovery and Engagement):

- CPSWs extend treatment into daily life, using lived experience.
- Over 950 peer support workers trained since 2019 through HCA/OPRE

Medicaid Reimbursement:

Director Flannery presented on enrollment, reimbursement processes, and provider resources.

• Comprehensive Timeline

 Ms. Brooks and Ms. Lucero identified the simplest way to present upcoming deadlines and responsibilities. A draft consolidated timeline was shared, covering Nov. 12 to March 2026, including:





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- Regional Planning meetings
- Tribal Consultation (December 2)
- Internal workgroup meetings
- The timeline identifies responsible parties for each item. While detailed, the format presented may be difficult to read. Ms. Brooks requested that the Committee provide input on preferred style for the timeline.
- The Committee discussed whether the consolidated timeline should be made publicly available, either on agency websites or through linked platforms (e.g., AOC or HCA).
 Members emphasized the importance of transparency and ease of access, noting that the public should not have to search multiple sites to find executive committee meeting details.
- Ms. Lucero reported that the project timeline is managed in Smartsheet, which updates in real time when dates change. The system supports filtering and multiple views. The committee was asked to provide feedback on whether the timeline should remain internal only or also be shared externally.

Public Comment

Comments were received from both in-person and online attendees

Announcement—Resignation of Medicaid Director, Dana Flannery

- O Director Flannery announced that she will be leaving her position as Medicaid Director effective December 5, 2025. She expressed gratitude to all colleagues and teams for their dedication and contributions to advancing behavioral health care in New Mexico. She noted that, after service, the demands and travel requirements of the role have led to her decision to resign.
- HCA's Chief Medical Officer, Alanna Dancis, will step in as Interim Medicaid Director and assume responsibility for Medicaid, serving as the primary point of contact moving forward until a replacement has been named.
- On behalf of the committee and the people of New Mexico, members expressed appreciation for Director Flannery's leadership and service, acknowledging her impact on Medicaid and behavioral health care.

Next Meeting Action Items:

- Chairman Boukas noted that it was brought to his attention, just prior to the meeting, that
 the tentative date scheduled for January 2026 coincides with the first day of the legislative
 session. This may present scheduling difficulties for some members.
- Ms. Brooks and Ms. Lucero were asked by Chairman Boukas to confirm whether the proposed dates are workable. He further stated that the meeting will most likely not be held at the Roundhouse, but rather at the BHSD office, which provides opportunities for a hybrid setup to ensure broader participation.

Closing Comments





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- Chairman Boukas praised the progress across behavioral health regions, urging continued collaboration and recognizing the contributions of Ms. Brooks, Ms. Lucero, and supporting teams.
- Dr. Cox stressed the need to better support rural New Mexico's small regions under the current NOFO, highlighting their limited resources. She called for a state plan on community support and suggested creating a trusted list of facilitators to ensure consistent guidance for these communities.

• Adjournment

- o Director Flannery moved to adjourn the meeting, seconded by Secretary Armijo.
- The motion passed unanimously.
- o Meeting adjourned at 11:20 a.m.