



Administrative Office of the Courts
Karl W. Reifsteck, Director
Sarah Jacobs, Deputy Director



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AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Cabinet Secretary
Kathy Slater-Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Alanna Dancis, Acting Medicaid Director

Behavioral Health Reform and Investment Act Executive Committee Meeting Minutes

Date: September 2, 2026 | Time: 1:00 p.m. – 5:00 p.m.

New Mexico State Capitol Bldg., 490 Old Santa Fe Trail, Room 322, Santa Fe, NM 87507

- **Welcome and Roll Call**

- Committee Members 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, *New Mexico Health Care Authority, Acting Medicaid Director*
 - Karl W. Reifsteck, *Administrative Office of the Courts Director*
 - Dr. Violette Cloud, *Behavioral Health Expert*
 - Dr. Stacey Cox, *Behavioral Health Expert (Virtual)*
 - Gerald P. “Jerry” Ortiz y Pino, *Behavioral Health Expert*

- **Quorum Confirmation**

- A quorum was established

- **Meeting Called to Order**

- The meeting convened at 1:05 p.m.
 - Chairman Boukas welcomed attendees.

- **Approval of Minutes and Agenda**

- Minutes from the August 14, 2026, BHEC Meeting:
 - Chairman Boukas noted a correction to the August 14, 2026, minutes: the Committee member who cast the previously unidentified dissenting vote at that meeting had since been identified, as noted by Senator Ortiz y Pino.
 - Dr. Cloud moved to approve the August 14, 2026, minutes with the correction noted by Senator Ortiz y Pino.
 - Dr. Cox seconded the motion.
 - With no further discussion, the motion passed.
 - Agenda for September 2, 2026, BHEC Meeting:
 - Discussion addressed a proposal to present the Tribal Funding Options item before Public Comment, while holding the Committee's vote on Tribal Funding Options until after Public Comment, so that the public would have the opportunity to review the funding scenarios before Committee action.
 - Secretary Armijo moved to amend the agenda accordingly.
 - Director Reifsteck seconded the motion.
 - With no further discussion, the amended agenda was approved.
 - In the interest of time, standing AOC and HCA updates were not given separately, as related matters were addressed later in the meeting during the Tribal funding formula discussion.



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- **Regional Plan Presentations and Votes**

Presented by Director Nick Boukas, with regional representatives as noted. Plans were reviewed in the order submitted, which does not correspond to numerical region order.

- **Region 10 (Harding, Quay, and De Baca Counties)**

- Region 10 presented its regional plan, requesting \$5,944,987 across five priorities: (1) treatment and recovery supports; (2) crisis systems; (3) youth and school-based supports; (4) community wellness and social connection; and (5) justice diversion and courts. The region was represented by staff of the Eastern Plains Council of Governments, with support from consultant Kate Bailey of Emerald Health Services.
- Committee members discussed coordination between the region's plan and the crisis triage center under development in Curry County, including the region's use of opioid settlement funds to support the Horizons Behavioral Health Center and a newly opened drop-in/crisis response center.
- Committee members discussed budget phasing, noting region staff expect funding needs to rise in Years 2 and 3 as services ramp up. Members also reviewed the relationship between mobile crisis services, drop-in/transitional housing, and dispatch/first-responder training.
- Committee members sought clarification that transportation funding is intended specifically to support access to behavioral health services and appointments and raised concern that a proposed public-awareness priority could duplicate efforts already funded through HCA.
- Committee members discussed a proposed GED testing fund for justice-involved individuals, modeled on a similar effort at the Roosevelt County Detention Center, and questioned how this priority ties to statutory, evidence-based behavioral health appropriations.
- Extended discussion addressed a proposal to fund two school resource officer (SRO) positions. Committee members expressed a range of views, including support for SROs as a positive point of contact for youth, and concern regarding appropriate oversight, use of behavioral health funding for law-enforcement personnel, and the need to demonstrate that the SRO component reflects evidence-based practice consistent with the statute.
- Motion: Director Reifsteck moved to approve the Region 10 plan as submitted (\$5,944,987), with the requirement that Region 10 return to the Committee within approximately 90 days to further explain the school resource officer component and its alignment with evidence-based behavioral health services and statutory requirements. Discussion included a proposal, raised in connection with the motion, to preserve HCA's flexibility to adjust budget line items as contracting details are finalized and to have HCA staff work with Region 10 to further clarify the school resource officer and GED-testing components.



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- Second: Dr. Violet Cloud seconded the motion.
- Outcome: The motion passed, with Director Dancis casting the sole dissenting vote.

Region 8 (Taos, Colfax, Union Counties, in partnership with Taos Pueblo & Picuris Pueblo)

- Region 8, in partnership with Taos Pueblo and Picuris Pueblo, presented its regional plan requesting \$6,291,494 (excluding a \$453,405.50 Tribal set-aside) across five priorities: care navigation, housing and transportation, youth programs and school-based supports, workforce and provider supports, and co-occurring SUD/clinical services. The region was represented by Sylvia Morella.
- Committee discussion addressed the region's early-access funding request, which supports expansion of a detoxification facility, initial hub-and-spoke case management infrastructure, and CCBHC development, and the planned phased transition from social detoxification to medically monitored detoxification as accreditation and staffing progress.
- Committee members asked about service access for Union County residents. Region representatives described using transportation resources and coordinating with Taos-area providers to support access, noting Union County's active participation in regional planning.
- Motion: Director Reifsteck moved to approve the Region 8 plan as submitted, in the amount of \$6,291,494, excluding the Tribal set-aside.
- Second: Dr. Cloud.
- Outcome: The motion passed unanimously.

Region 13 (Cibola, Sandoval, and Valencia Counties)

- Region 13, in partnership with the Pueblos of Acoma, Cochiti, Jemez, Laguna, San Felipe, Santa Ana, and Zia, and Santo Domingo Pueblo, presented its regional plan, requesting \$9,721,392.30 across five priorities: (1) crisis response, mobile services, and 988 coordination; (2) clinical treatment, recovery, and service capacity; (3) care coordination, navigation, and continuity of care; (4) housing, transportation, and basic needs; and (5) workforce development, training, and provider supports. The region was represented by Marcy Chavez.
- Committee members requested greater specificity and more concrete near-term action steps in several priority areas and asked that transportation funding be coordinated with early-access funding already directed to the region.
- Committee members noted limited engagement to date with Rio Rancho and asked that the region continue outreach to that community.
- A representative from the Pueblo of Laguna outlined a proposal to integrate traditional healing practices, including a three-phase residential and aftercare model, into the region's service array.



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- Motion: Senator Ortiz y Pino moved to approve the Region 13 plan as presented.
- Second: Dr. Cox.
- Outcome: The motion passed.

Region 3 (Doña Ana County)

- Region 3 presented its regional plan, requesting \$8,085,081.92 across three priorities: (1) access, basic needs, and stability as a foundation for behavioral health; (2) system coordination, infrastructure, and accountability; and (3) workforce capacity and community-based supports. The region was represented by Athena Huckabee and Jamie Michael.
- Committee members commended the plan's focused and actionable approach and discussed the operational and financial sustainability of the region's existing crisis triage center, now in its sixth year of operation and approaching Medicaid billing sustainability, as well as continued coordination with the courts on competency-diversion programming.
- Motion: Dr. Cloud moved to approve the Region 3 plan as submitted.
- Second: Director Reifsteck.
- Outcome: The motion passed unanimously.

Tribal Funding Options Presentation

Presented by Harry Rommel, Legislative Finance Committee Health and Human Services Analyst, and Dr. Violette Cloud, Behavioral Health Expert

- Mr. Rule presented two scenarios (Scenario A and Scenario B), developed jointly by LFC, AOC, and HCA staff, responsive to prior Committee direction to develop options for distributing the tribal set-aside among individual Nations, Pueblos, and Tribes. Both scenarios preserved the regional tribal set-aside amounts previously adopted by the Committee in January 2026 (derived using Indian Health Service (IHS) service-area obligation data) and distributed each region's set-aside among tribal communities within that region using a population-weighted approach. Scenario B additionally applied a minimum floor distribution (illustrated at \$60,000) per Nation, Pueblo, or Tribe.
- Dr. Cloud presented a third scenario (Scenario 3), developed independently using U.S. Census data combined with New Mexico GIS tribal-land boundaries to determine New Mexico resident population associated with each Nation, Pueblo, or Tribe's land base, rather than relying on IHS service-area obligation data. Scenario 3 established a tribal funding pool and allocated it using three factors: a flat base allocation per Nation, Pueblo, or Tribe (approximately 20%); a population-weighted share adjusted using county-level behavioral health professional shortage data mapped to tribal land boundaries, described as "need-adjusted population" (approximately 40%); and a land-area-weighted share (approximately 40%). Two tribal entities without a New



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Mexico resident population on their land base were excluded from the distribution under this scenario.

- Dr. Cloud stated that Scenario 3 would not alter the regional plan amounts previously approved by the Committee but would change how the tribal set-aside within certain regions is distributed among individual tribal communities.
- Following a 15-minute recess, the Committee received public comment on the funding scenarios before returning to Committee discussion and action, consistent with the amended agenda approved earlier in the meeting (see Section 4, above).

Motion: Tribal Funding Distribution Formula

- Motion: Senator Ortiz y Pino moved to adopt Scenario 3, eliminating the land-area factor from the distribution formula. As adopted, the resulting formula allocates the tribal pool using two factors: a base allocation weighted at 33%, and a need-adjusted population factor weighted at 67%.
- Second: Dr. Cloud.
- Chairman Boukas noted that Navajo Nation representatives would be invited to a future meeting to discuss the distribution as it pertains to Navajo Nation communities.
- Outcome: Motion passed by a vote of 4–3. Senator Ortiz y Pino, Dr. Cloud, Dr. Cox, and Director Reifsteck voted in favor; Chairman Boukas, Secretary Armijo, and Director Dancis voted against.

Next Meeting and Follow-Up

- Chairman Boukas noted that September is Recovery Month, with related awareness activities beginning the week of September 8, 2026, and briefly referenced recent statewide crisis-line contact data.
- The next meeting is scheduled for Tuesday, October 6, 2026, and is anticipated to include remaining regional plan submissions and continued tribal funding-formula items.

Adjournment

- Motion: Dr. Cox moved to adjourn the meeting.
- Second: Senator Ortiz y Pino.
- Outcome: The motion passed.
- The meeting adjourned at approximately 4:10 p.m.