



HEALTH CARE  
A U T H O R I T Y



LEGISLATIVE HEALTH AND HUMAN SERVICES

## BEHAVIORAL HEALTH REFORM AND INVESTMENT ACT (SB3)

KRISTIE BROOKS, DIRECTOR OF BEHAVIORAL HEALTH TRANSFORMATION & INNOVATION

KARI ARMIJO, CABINET SECRETARY

NM HEALTH CARE AUTHORITY

# 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](https://www.taospueblo.com)



*A cloudy morning looking over Taos Pueblo*

Photo provided by [elpueblolodge.com](https://elpueblolodge.com)



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*





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.

# AGENDA FOR TODAY

- Behavioral Health Access to Care
- SB3 Key Milestones & Accomplishments
  - Behavioral Health Executive Committee
  - Behavioral Health Service Standards & Evaluation Guidelines
  - Supporting Regional Planning
  - Provider Workgroup
  - Communications & Stakeholder Engagement
- Next Steps



Kristie Brooks  
(505) 470-6926  
[kristie.brooks@hca.nm.gov](mailto:kristie.brooks@hca.nm.gov)



Kari Armijo  
(505) 249-8773  
[kari.armijo@hca.nm.gov](mailto:kari.armijo@hca.nm.gov)



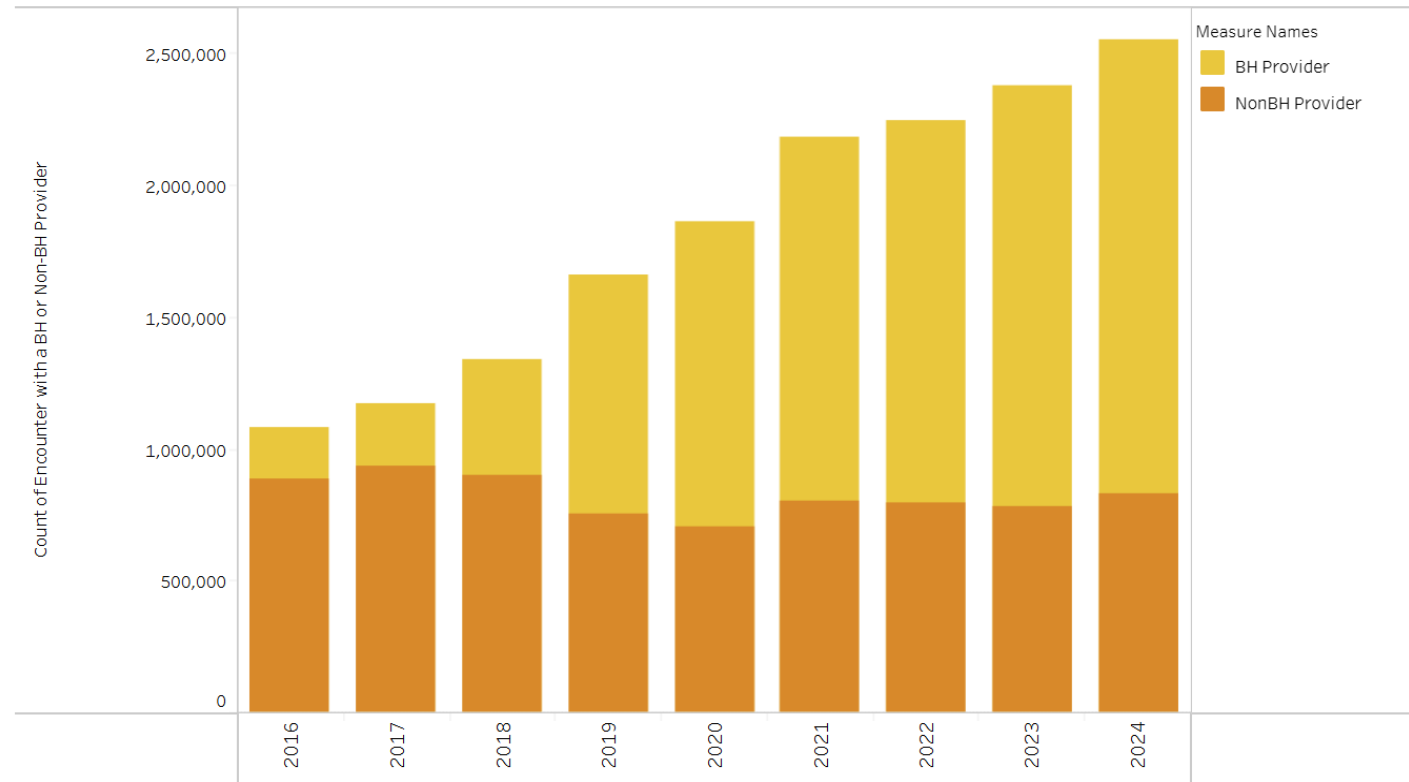
# BEHAVIORAL HEALTH ACCESS TO CARE

# BH UTILIZATION HAS INCREASED BY 127% SINCE 2016

- **Raised BH Medicaid reimbursement rates** up to 150% of the Medicare rate – **January 2025**.
- **JUST Health Plus Re-entry Program:** 90 days of pre-release services for youth and adults **started July 1** in three state prisons and phasing in additional facilities in 2026.
- **988:** 24/7/365 phone, text, chat crisis intervention staffed by clinicians. **35,385 total connections in FY25**.
- **PAX Good Behavior Game** for elementary students: **673 teachers trained; 167 staff from community-based organizations trained**.
- **Naloxone distribution** (July 2024 to March 2025): **1,776 trainings** conducted and **28,218 Naloxone kits distributed** – including at HCA offices.
- **800 Certified Peer Support Workers** (CPSWs) trained in **19 counties**; expanded curriculum includes Opioid Use Disorder (OUD) focus
- **Housing initiatives** serving **2,038 New Mexicans** through rental assistance, eviction avoidance, transitional and recovery housing, and permanent supportive housing programs.

*Positive trend in increasing Medicaid members' access to behavioral health visits continues.*

How good is my Managed Care Organization (MCO) at working with providers to ensure I have a behavioral health (BH) visit with a BH or non-BH provider?



Last updated: 5/19/2025 4:07:04 PM

Source: <https://sites.google.com/view/nmhsdscorecard/goal-1/mco-behavioral-health>



# BUILDING BH BY EXPANDING CRISIS SERVICES

## Certified Community Behavioral Health Clinics (CCBHC)

- 7 CCBHCs had provisional status to begin services and billing on Jan 1, 2025.
- HCA is working with a new cohort of providers for additional CCBHCs to open

## Mobile Crisis Teams

- Received CMS approval in February 2024.
- 6 programs have been approved, 1 is in process.

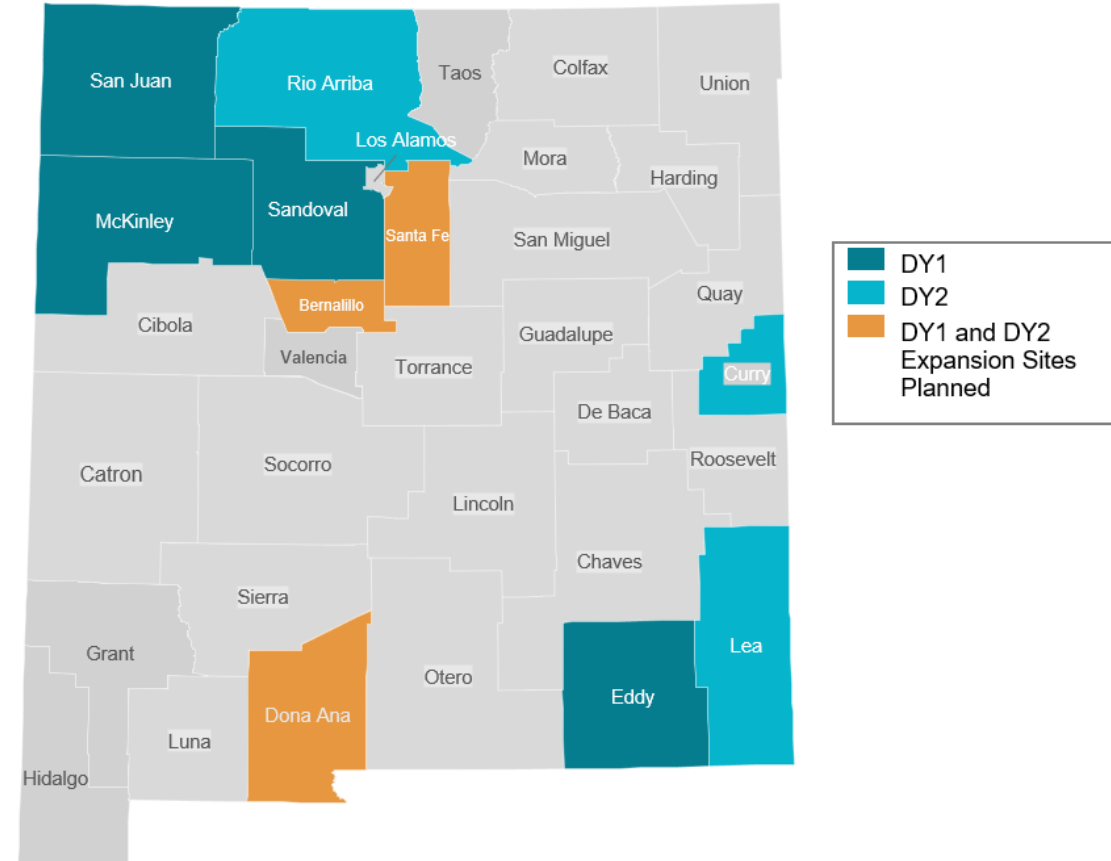
## Crisis Triage Centers

- 4 CTCs are open and receiving Medicaid reimbursement.
- 4 Crisis Stabilization programs are in process of full certification and reimbursement.

## Increasing Access to Medication Assisted Treatment

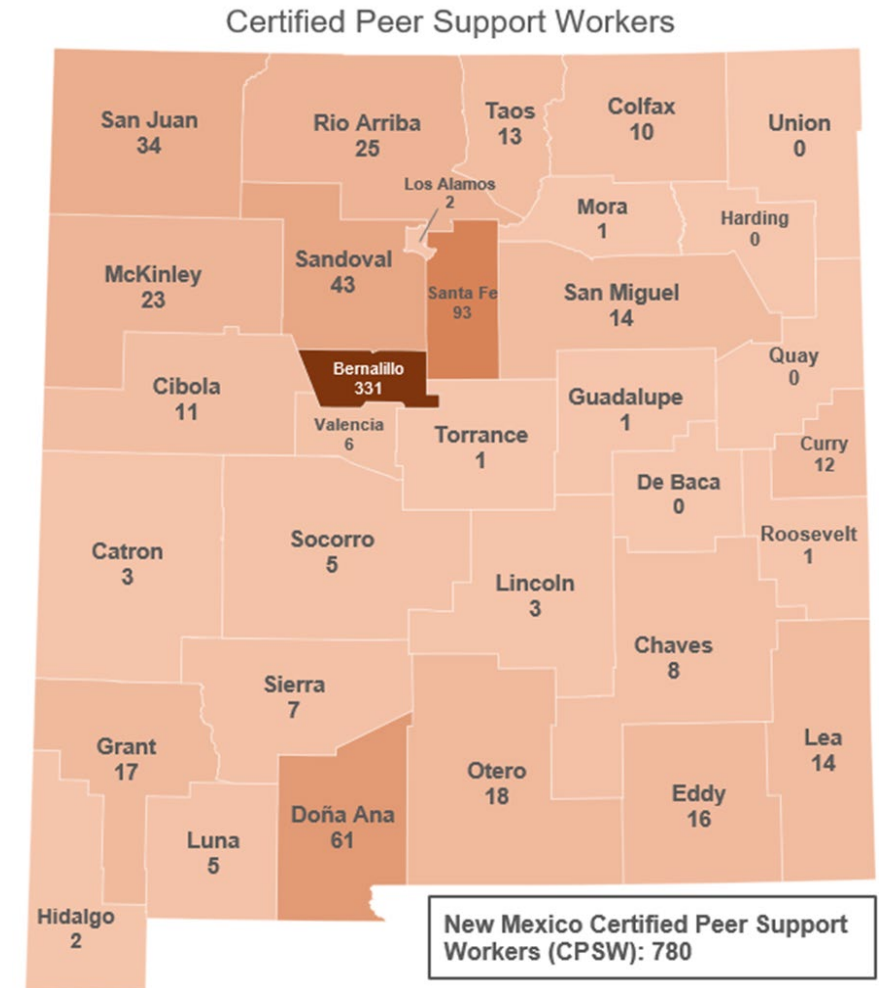
- HCA has partnered with DOH to provide MAT via telemedicine in Public Health Offices.
- Currently recruiting additional providers.

## CCBHC County Catchment Areas by Opening FY26



# OFFICE OF PEER RECOVERY AND ENGAGEMENT (OPRE)

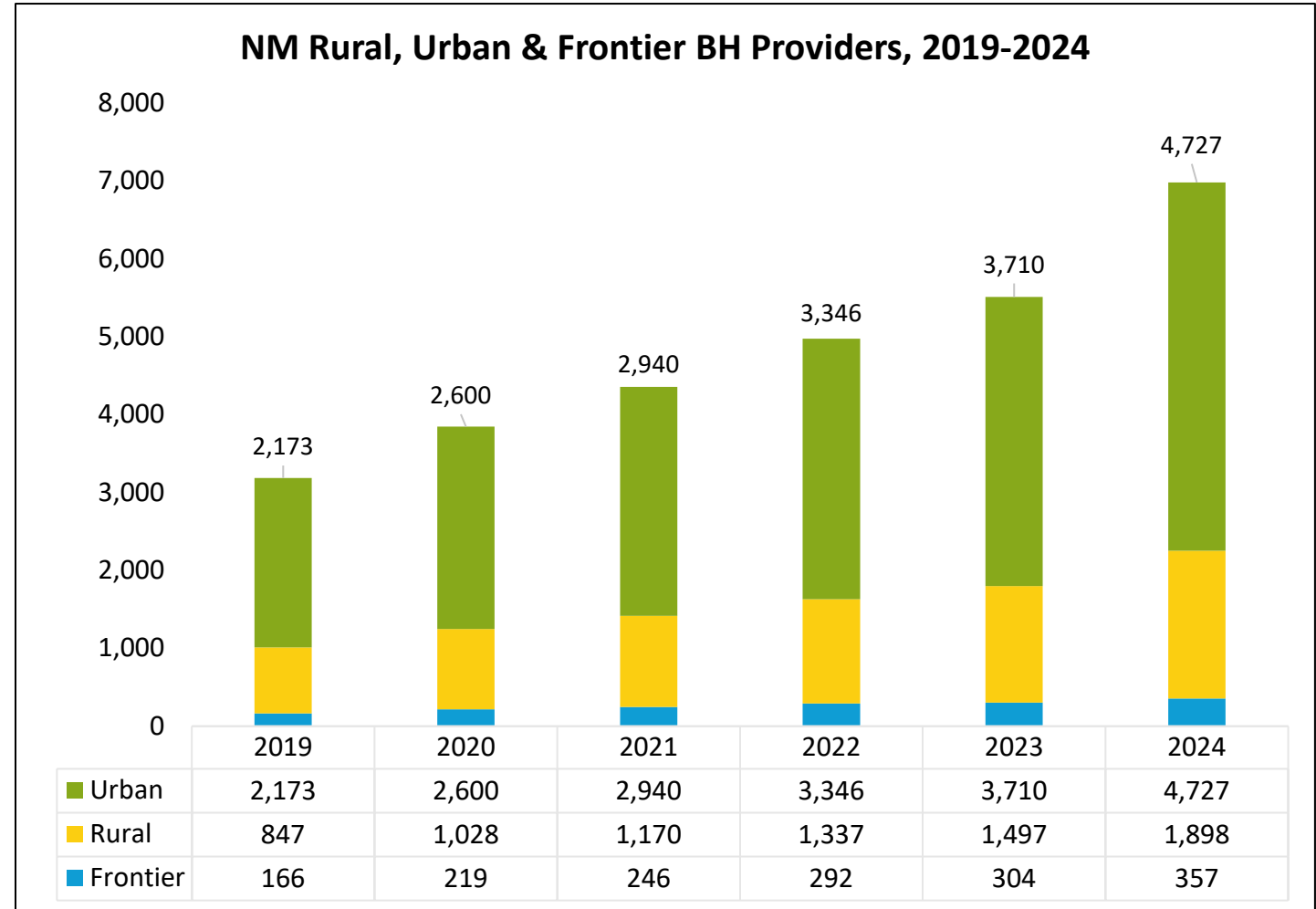
- **Certified Peer Support Workers** are influential members of healthcare teams, working in a variety of settings.
- Peers exemplify how those with lived experience can extend the reach of treatment into everyday life, to support a successful, sustained recovery.
- The Health Care Authority has trained over 950 Peer Support Workers since 2019.
- Active Endorsements:
  - 1) Forensic Peer Endorsement
  - 2) Supportive Housing
  - 3) Certified Older Adult





# CORE BEHAVIORAL HEALTH PROVIDER GROWTH

- Core Behavioral Health providers have:
  - increased 119% from 2019 through 2024.
  - growth in rural counties greatest (124%).
  - urban counties grew by 118% and frontier counties grew by 115% since 2019.
- Mora and De Baca counties had the greatest rate of growth by percentage (600% and 400%, respectively).
- Core Behavioral Health providers include: Licensed Master Social Worker, Licensed Clinical Social Worker, Licensed Mental Health Counselor, Licensed Alcohol and Drug and Addiction Counselor, Licensed Professional Clinical Counselor, and non-Prescribing Psychologist.
  - These providers are the primary clinicians rendering behavioral health services in NM.



BEHAVIORAL HEALTH REFORM AND  
INVESTMENT ACT (SB3)  
KEY MILESTONES & ACCOMPLISHMENTS

# BEHAVIORAL HEALTH REFORM AND INVESTMENT ACT (2025 SB3)

- Regional approach to behavioral health access investments, involving all three branches of government.
  - Regions to identify up to five BH priorities and develop a BH regional plan
  - Regional process to be led by the Administrative Office of the Courts (AOC)
  - Funding for BH plans to flow through the Health Care Authority (HCA)
  - Executive Committee (AOC, HCA, and appointed BH experts) reviews and approves regional plans; regular reporting to LFC
- Additional funding to HCA via HB2:
  - Peer support workers to coordinate with each judicial district
  - Justice-liaisons
  - Regional BHSD staff
  - No-wrong-door navigation to BH services
  - Mandatory 988/911 coordination



# KEY MILESTONES & ACCOMPLISHMENTS

- ✓ **February 27, 2025** – Governor Lujan Grisham signs Senate Bill 3 into law
- ✓ **June 1, 2025** - Behavioral Health Service Standards & Evaluation Guidelines are published
- ✓ **June 24, 2025** – Behavioral Health Executive Committee holds their first meeting
- ✓ Sequential Intercept Mapping (SIM) begins
- ✓ Support for Regional Planning begins
- ✓ Presentations, Conferences, & Regional Engagement
- ✓ Agency & Government Collaboration
- ✓ Rubric developed for the evaluation of regional plans





# BEHAVIORAL HEALTH EXECUTIVE COMMITTEE

- **Kari Armijo**, Cabinet Secretary of the Health Care Authority
- **Nick Boukas**, Director of the Behavioral Health Services Division\*
- **Dana Flannery**, Director of the Medical Assistance Division
- **Karl Reifsteck**, Director of the Administrative Office of the Courts
- Three Behavioral Health Experts appointed by AOC:
  - **Dr. Stacey Cox**, of Silver City, CEO of the Center for Health Innovation- NM Public Health Institute
  - **Dr. Violette Cloud**, of Albuquerque, Senior Project Associate with Policy Research Associates, Inc.
  - **Gerald “Jerry” Ortiz y Pino**, of Albuquerque; former State Senator.

## Executive Committee Scope:

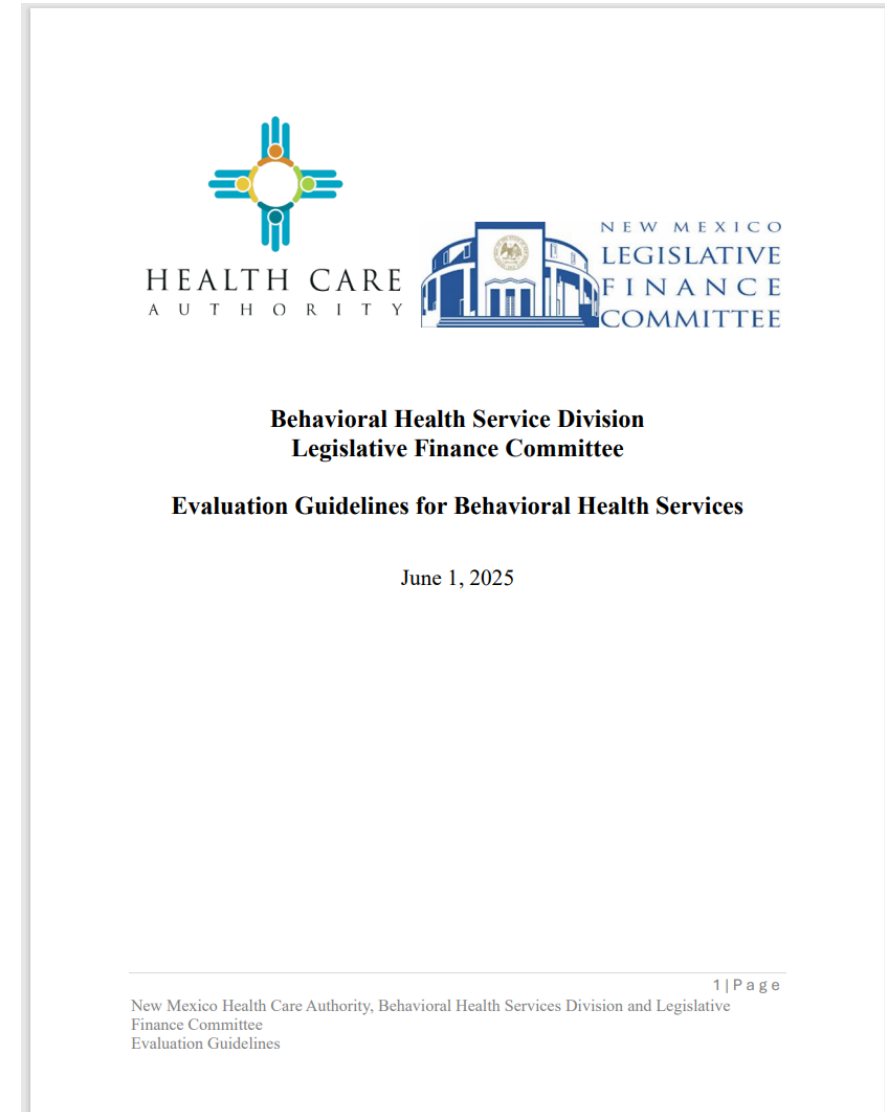
- Meet at least quarterly (public meetings)
- Report to the Legislative Finance Committee quarterly on the implementation status of regional plans.
- Designate Behavioral Health Regions
- Review and approve regional plans
- Establish funding strategies for regional plans
- Monitor and track deliverables
- Address deficiencies and implementation issues of regional plans

\* Serves as the Behavioral Health Executive Committee Chair



# BEHAVIORAL HEALTH SERVICE STANDARDS & EVALUATION GUIDELINES

- **June 1, 2025** - HCA provided AOC with a set of *Behavioral Health Service Standards*.
  - As regional plans are submitted, BHSD will ensure that each proposal meets the published Behavioral Health Services Standards.
- **June 1, 2025** - LFC and HCA provided AOC with *evaluation guidelines* for behavioral health services.
- **GOAL:** To ensure that the best practices of behavioral health services are delivered.
- Posted at [www.hca.nm.gov/about\\_the\\_department/behavioral-health-reform/](http://www.hca.nm.gov/about_the_department/behavioral-health-reform/)

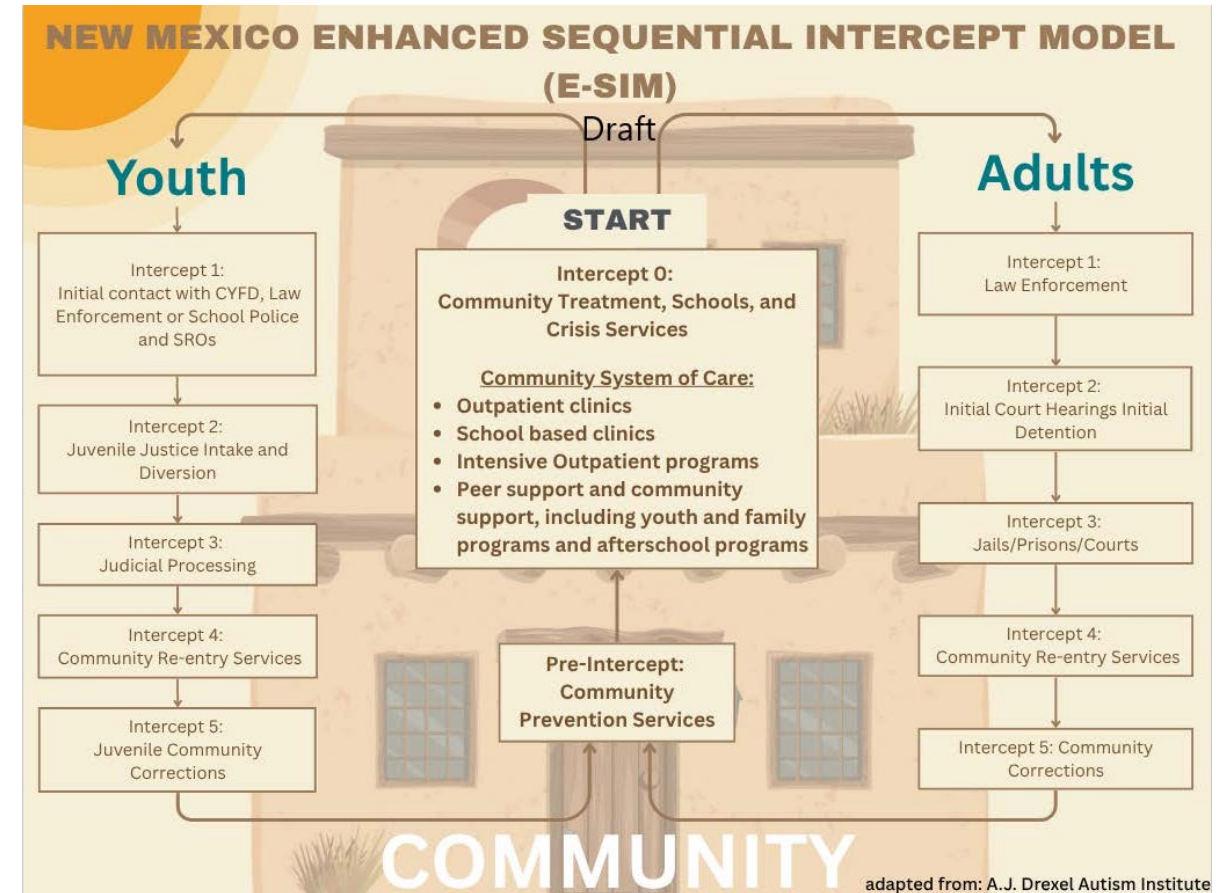


SUPPORTING REGIONAL PLANNING

# SUPPORTING REGIONAL PLANNING

**August 18, 2025** – AOC announces a Behavioral Health Regional Planning funding opportunity, to provide \$60,000 for each behavioral health region.

- The University of New Mexico Health Sciences Center (UNMHSC) helped develop an **Integrated Mapping Structure for Youth/Children and Adults**
- AOC and HCA continue to work with UNMHSC to support a New Mexico Enhanced Sequential Mapping (E-SIM) process for regional planning. →





# REGIONAL PLAN RUBRIC

HCA rubric provides a standardized framework for evaluating regional plan proposals to ensure fairness, consistency, and alignment with SB3 requirements.

The Behavioral Health Executive Committee will also integrate braided funding in the review of regional proposals, encouraging Medicaid spending on Behavioral Health services within the regional plans.

BEHAVIORAL HEALTH EXECUTIVE COMMITTEE – RUBRIC FOR REGIONAL PROPOSAL

	Poor /or Incomplete (1)	Meets Expectations (2)	Exceptional (3)
<b>PROGRAM OVERVIEW</b>			
<b>Purpose</b> Clearly articulate the overarching purpose or vision of the regional plan, including summarization of service and regional goals. Is this a new or expanded service? If expanded, does this plan build on what is currently being offered?	The purpose of the proposed priority is missing, irrelevant, or vision is unclear.	Vision is stated and generally aligns with community needs.	Vision is clear, focused, and aligns with community needs. Includes strategic goals and demonstrates innovation or leadership within the field.
<b>Description of Services</b> Provide a detailed description of the services that are to be offered. Including level(s) of care, and community-based or trauma-informed services, etc.	Unclear or missing description of services.	Describes promising practices that address regional priority goals.	Services are clearly described and represent evidence-based practices.
<b>Longevity of Care</b> Describe a sustainable model for providing access to care and behavioral health services over time, including ensuring care across lifespan.	No clear plan for coordinating or sustaining behavioral health services over time.	Basic model for ongoing service coordination is described but lacks detail or integration.	A clear and coordinated model for providing behavioral health services over time is established, demonstrating understanding for what is needed to sustain care.
<b>Continuity of Care</b> Provide a coordinated model for connecting clients to behavioral health resources, ensuring collaboration across providers and transitions between levels of care.	No clear approach for ensuring continuity or coordination of care across providers or service levels.	Provides a general model for connections between providers and resources but lacks detail.	Outlines a comprehensive and well-integrated model for providers, ensuring well-established transitions, access to resources, and support for clients.



# FUNDING FORMULA\*

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

Category	Weight	Rationale
<b>Equal Base Allocation</b>	20%	Ensures that all BH Regions receive a minimum level of guaranteed funding to maintain essential BH services and infrastructure, supporting ongoing operational costs.
<b>Population &amp; Behavioral Need</b>	30%	Allocates funding based on regional population size and BH needs within a region
<b>Service Gaps</b>	35%	Prioritizes regions with inadequate BH infrastructure and/or limited-service availability – such as lack of outpatient services, medication assisted treatment, etc.
<b>Disproportionate Impact</b>	15%	Applies additional weighting to elevate equity for regions that are disproportionately impacted

Regional Example; total funding available \$50M:

Base (20%)	Pop & Need (30%)	Service Gaps (35%)	Disproportionate Impact (15%)	Total
\$769,231	\$1.6M	\$1.8M	\$1.15M	<b>\$5.32M</b>

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




# APPROPRIATIONS TO SUPPORT SB3

- \$111.5M total to directly fund BH Regional Plans
- **\$50M for regional plans expires at the end of FY27**

AGENCY	PURPOSE	AMOUNT	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, policy initiatives, and no-wrong-door navigation IT project	\$39,200.0	FY27
AOC	Funding for regional planning	\$1,700.0	FY29
AOC	Funding for grants	\$7,000.0	FY28



# EARLY ACCESS REGIONAL PLAN FUNDING

- Notice of Funding Opportunity (NOFO) issued November 4, 2025 :
  - \$26M (up to \$2M per region)
  - Immediate investment in one or more of four critical access shortage priorities set by the HCA. 
  - Funding announcements by end of January 2026 with funding to begin in February 2026.
  - Early Access Regional Plans will be incorporated into the final approved regional plans of each region
  - Eligible applicants are BH regions that have applied for AOC regional planning funds.
    - Regions must identify an accountable entity.

- Four critical access shortage priorities:
  - 1) Residential Treatment Continuum
  - 2) Crisis Continuum of Care
  - 3) Medication Assisted Treatment (MAT) for Justice-Involved Individuals
  - 4) Prenatal and Perinatal Substance Use Disorder (SUD) Treatment Programs





# UNIVERSAL BEHAVIORAL HEALTH CREDENTIALING PROCESS

# HEALTH CARE LICENSING BOARDS WORKGROUP

## SB3 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.
  - **HCA expects to go-live with this requirement early on March 1, 2026**



# COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT

# COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT

To ensure accessibility and transparency, the Health Care Authority and the Administrative Office of the Courts have published detailed information on their respective websites, including planning resources and progress updates.

[www.hca.nm.gov/about\\_the\\_department/behavioral-health-reform/](http://www.hca.nm.gov/about_the_department/behavioral-health-reform/)

The screenshot shows the Health Care Authority website. At the top, there is a navigation bar with the logo and various menu items like 'Home', 'About Us', 'Turquoise Care', etc. Below the navigation is a banner image of a smiling family. The main content area is titled 'ABOUT THE DEPARTMENT' and features a quote: 'We ensure that New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.' Below this is a breadcrumb trail: 'Home » Department Overview » Behavioral Health Reform'. A sidebar on the left lists various divisions, with 'Behavioral Health Reform' selected. The main content area is titled 'Behavioral Health Reform and Investment Act' and contains text about Senate Bill 3, the Behavioral Health Reform and Investment Act, and its implementation details.



# TRIBAL COLLABORATION

The Health Care Authority and Administrative Office of the Courts have engaged in multiple meetings with tribal governments and provider associations to ensure meaningful collaboration in regional planning.

- **June 30, 2025** – Kristie Brooks and Esperanza Lucero co-presented at the **New Mexico Tribal Provider Association Conference**
- **September 4, 2025** – Kristie Brooks met with **Mescalero Apache Tribe**
- **September 15, 2025** – Kristie Brooks met with **Native American Technical Advisory Committee (NATAC)**
- **September 23, 2025** – Kristie Brooks and Esperanza Lucero co-presented at the **Eight Northern Indian Pueblos Council (ENIPC) Board of Governors**

**Tribal Consultation is scheduled for December 2, 2025**



NEXT STEPS



# NEXT STEPS

- The Behavioral Health Executive Committee continues to shape the structure, cadence, and regional implementation to support the enhancement of behavioral health services for all New Mexicans.
  
- Looking ahead, the Committee will:
  - Support Early Access Regional Funding;
  - Conduct Tribal consultation through HCA;
  - Expand SIM and E-SIM workshops;
  - Release the final funding formula for regional plan priorities;
  - Continue to provide technical assistance to strengthen regional capacity and ensure meaningful tribal engagement.





HEALTH CARE  
A U T H O R I T Y



THANK YOU & QUESTIONS

*INVESTING FOR TOMORROW, DELIVERING TODAY.*