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PURPOSE OF HEARING:
Behavioral Health Updates

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Link to BHRIA Evaluation
Framework

Behavioral Health Investments

The New Mexico Legislature has made substantial investments to rebuild its behavioral health system through recurring and nonrecurring appropriations, establishing the behavioral health trust fund, and enacting the Behavioral Health Reform and Investment Act (BHRIA). While the state has increased investments, numerous nonrecurring appropriations remain unspent and outcomes remain mixed.

Background

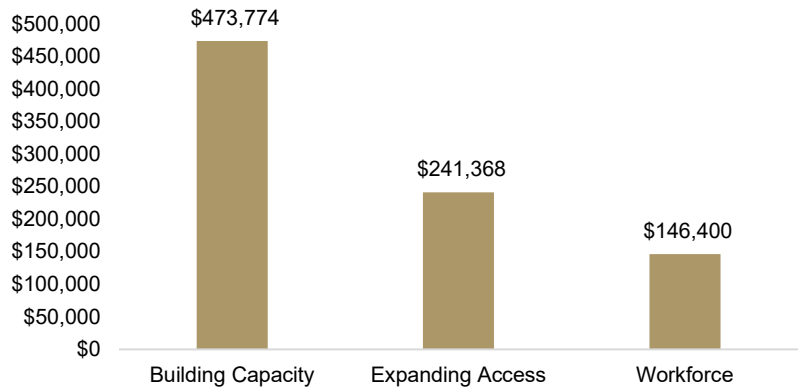
New Mexico continues to make significant investments to rebuild its behavioral health system, including expanding Medicaid-funded services, increasing provider rates, and directing \$855.5 million toward building capacity, expanding access, increasing workforce, and other strategies for mental health services. In addition to these investments, the Legislature appropriated over \$272 million in the FY27 base budget for the Health Care Authority (HCA) to address behavioral health issues. The state has also prioritized youth behavioral health and community-based care, launching new programs and facilities to improve early intervention and access. Overall, these investments reflect a shift toward system capacity, access expansion, and integrated care, even as outcomes—especially for youth—remain among the lowest nationally.

Key Points

- The Legislature has invested \$843.5 million in nonrecurring behavioral health appropriations since 2022; 76 percent has been expended to date.
- The BHRIA requires the creation of maps detailing how those with mental and substance use disorders move through the criminal justice system.
- The Behavioral Health Trust Fund, established in 2025, will generate \$5.2 million from the investments in FY27.

Behavioral Health Nonrecurring Appropriations (2020-2026)

Chart 1. Types of Behavioral Health Nonrecurring General Fund Appropriations
(in thousands)

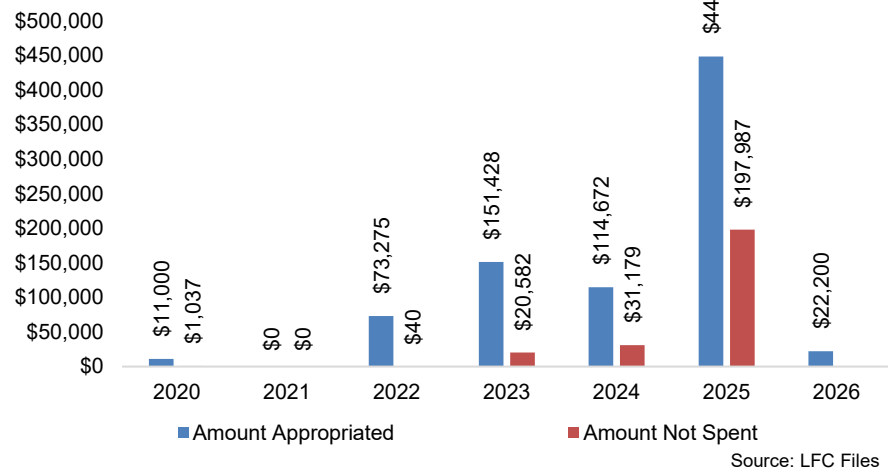


Source: LFC Files

Nonrecurring spending on behavioral health increased dramatically between 2020 and 2026, with the peak of spending occurring during the 2025 legislative session. Between 2020 and 2026, the Legislature invested \$855.5 million into improving behavioral health outcomes and access to New Mexicans. A vast majority of nonrecurring appropriations are focused on capacity building, followed by expanding access, and lastly on increasing the workforce.

Reversions. Excluding FY27 appropriations, 76 percent of nonrecurring appropriations were spent as of June 2026. Money is generally being spent by agencies. For example, to date, the Workforce Solutions Department expended \$70 million of \$109 million to provide housing support to New Mexicans. In some cases, agencies’ use of appropriations have not aligned with the purpose

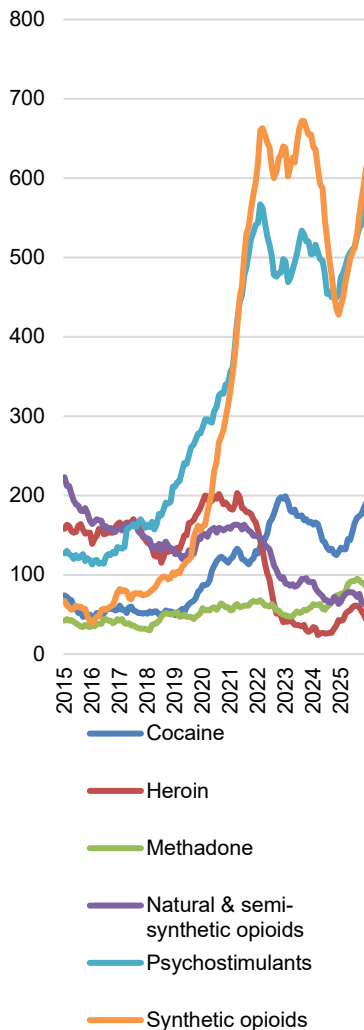
Chart 2. Statewide Nonrecurring Behavioral Health General Fund Appropriations History
(in thousands)



and intent specified in the General Appropriation Act. As previously documented by Legislative Finance Committee staff, of the \$1.8 million spent of a \$2 million appropriation made to the Corrections Department (NMCD) in 2024—intended “to expand reentry services, treatment programs, housing opportunities and Medicaid-funded services to access medication-assisted treatment” none of the appropriation was spent on providing medication-assisted treatment (MAT). NMCD received a government results and opportunity (GRO) appropriation in 2025 and has provided 248 individuals in state prisons with MAT services—serving an estimated 12 percent of the population in need, up from an estimated 8.8 percent as of November 2025. In another instance, LFC flagged the Children, Youth, and Families Department misusing \$20 million, confirmed by the State Auditor.

In some instances, nonrecurring funding is not being spent. A 2023 appropriation to the Public Education Department to provide behavioral health supports reverted 37 percent of the \$5 million appropriation. In 2024, the Health Care Authority (HCA) only spent \$100 thousand of a \$2 million nonrecurring appropriation that aimed at providing behavioral health services to individuals who were ineligible for Medicaid. Additionally, for FY26, HCA has two appropriations that are not spent. The first is an appropriation of \$2.5 million “for a pilot to integrate medication-assisted treatment into primary care settings.” To date, \$2.2 million is unspent. The second appropriation is for capacity building for the criminal justice Medicaid waiver, which primarily provides MAT services to inmates. HCA received \$22.1 million for this appropriation, and as of June 2026, only \$65 thousand was spent. These two appropriations will revert to the general fund July 1, 2026. Previous LFC analysis indicates agencies are more likely to spend nonrecurring appropriations when they request the funds.

Chart 3. Drug Overdose Death by Drug Class (2015-2025)



Source: CDC

Figure 1: Judicial Districts/Behavioral Health Regions



Source: AOC

Outcomes. Historically, outcomes on nonrecurring appropriations are not measured. One aim of the \$843.5 million in appropriations was to increase access for New Mexicans to behavioral health services. Despite this, LFC’s *2025 Medicaid Accountability Report* found the number of individuals able to schedule a behavioral health appointment fell from 10 percent of callers to 6 percent of callers in 2022—despite increases in both the base budget and nonrecurring appropriations. Furthermore, between 2024 and 2025, overdose deaths in the United States fell by 13.9 percent while overdose deaths in New Mexico increased by 21.7 percent, representing the largest increase in the nation. The increase in New Mexico represents 172 additional deaths, bringing the 2025 total drug overdose deaths in the state to nearly 1,000. New Mexico is one of only seven states reporting an increase in overdose deaths in the last year. Many of the appropriations outlined in Appendix A target substance use disorders.

GRO appropriations, which are pilot projects generally authorized for three years, require agencies to measure the effect of the appropriation. This provides the Legislature with important information in terms of budgeting and appropriating. Further monitoring of nonrecurring appropriations may be needed to ensure the appropriations are utilized by agencies with fidelity. Both the GRO and Behavioral Health Investment Act, discussed below, focus on strategic implementation and planned, prioritized outcomes to evaluate the impact of appropriations to improve behavioral health for New Mexico communities.

Behavioral Health Reform (2025 Onward)

The General Appropriation Act (GAA) of 2025 included significant new investments in behavioral health programs in support of the Behavioral Health Reform and Investment Act (Chapter 4, Article 10 of state statute). In total, the Legislature included \$573 million for behavioral health programs, including \$323.7 million from the general fund, \$146.5 million in federal funding, and \$100 million from the government results and opportunity (GRO) program fund; however, the governor vetoed language directing \$96 million of this total, including \$90 million for transitional housing in Bernalillo and Doña Ana counties, \$5 million to repay student loans for doctors prioritized to those working in a behavioral health setting, and \$1 million for LFC to evaluate appropriations related to the Behavioral Health Reform and Investment Act, although agencies still budgeted the vetoed funds.

Behavioral Health Reform and Investment Act. The Behavioral Health Reform and Investment Act (BHRIA) established a statewide, regionally driven framework to improve behavioral health services in New Mexico by creating a Behavioral Health Executive Committee and requiring regional plans based on identified service gaps and needs. The legislation assigns key implementation roles to HCA and the Administrative Office of the Courts (AOC), including coordinating planning, mapping service gaps, and ensuring compliance with clinical standards. Reporting to the Legislature includes quarterly updates to LFC and ties funding to approved regional plans that prioritize underserved communities and measurable outcomes.

Behavioral health regions and sequential intercept map workshops were established based on the 13 judicial districts within the state at the first BHRIA Executive Committee. Sequential intercept (SIM) mapping is a framework used to analyze how individuals move through the criminal justice system and identify

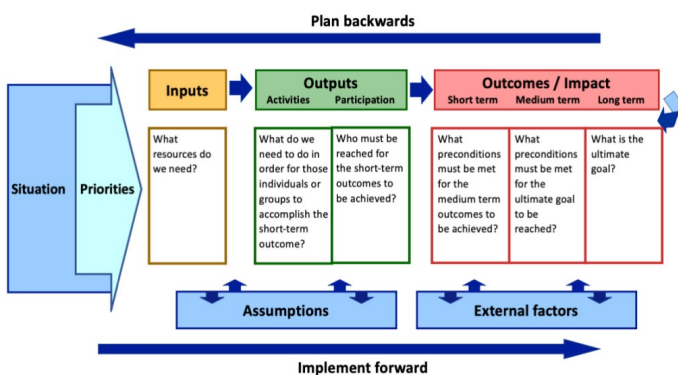
points where intervention can prevent deeper system involvement. It helps communities improve coordination across law enforcement, courts, and behavioral health services to better divert people with mental health or substance use needs into treatment.

In November 2025, the Health Care Authority (HCA) issued a “notice of funding opportunity” for behavioral health regions to submit early access plans. To accelerate access to critical care, HCA made up to \$26 million available statewide to address urgent service gaps—approximately \$21 million of the funds are encumbered.

Regional Priorities and Evaluation via Logic Models. With New Mexico’s current 13 determined behavioral health regions and up to five established behavioral priorities per region - which may substantially differ - a uniform framework is required to assess the strengths and limitations of activities directed by the BHRIA. (see Appendix B for regional priorities) The act was designed to recognize New Mexico’s geographic and population diversity, allowing regions to develop plans best suited to their current behavioral health needs. LFC is charged with monitoring project progress, expenditures and outcomes, identifying gaps and risks and reporting findings to the Legislature.

LFC developed uniform evaluation guidelines for behavioral health services to review whether regional plans meet those standards and assess the adequacy, feasibility, and effectiveness of implementation of the BHRIA. A key component of the evaluation framework is a rubric that applies logic models to link programmatic inputs; activities; outputs; and short- and long-term outcomes in each regional plan, ensuring alignment between resources, implementation strategies, and intended results. Logic models provide the framework to establish inputs, outputs, and outcomes for regional plan priorities and models that can be reasonably compared across different regions with potentially divergent priorities. Using this framework, LFC will assess whether programs demonstrate measurable progress, causal pathways, and evidence-based assumptions, allowing for systematic identification of gaps and continuous improvement in behavioral health investments.

Figure 2. Example Logic Model



Source: LFC Files

Regions one and two have plans approved by the executive committee; Regions 3, 7, 9, 11, and 12 have provided drafts to the AOC but have yet to submit them formally to the committee; and Regions four and 12 have requested extensions of 45 and 60 days, respectively, beyond the June 30 deadline. The remaining regions are expected to submit plans by June 30. Appropriations to regions beyond early access funding will not be released by HCA until the Behavioral Health Executive Committee has approved their respective regional plans.

Behavioral Health Trust Fund Appropriations. The Legislature established the behavioral health trust fund in 2025 with the enactment of Laws 2025, Chapter 2. The General Appropriation Acts of 2025 and 2026 transferred \$150 million to the fund, held in trust at the State Investment Council. Beginning July 1, 2026, 5 percent of the corpus will be transferred to the behavioral health program fund, administered by the Health Care Authority. Further, Laws 2025,

Chapter 26 directs that, for FY26 through FY28, 50 percent of certain excess oil and gas tax revenues will be transferred to the behavioral health trust fund, creating a temporary revenue stream to grow the fund alongside early childhood investments. The law specifies that transfers to the behavioral health trust fund will be reduced if balances in the early childhood trust fund fall below FY25 levels, meaning behavioral health funding is conditional and potentially reduced during periods of lower reserves.

According to December 2025 estimates, the projected distribution to the program fund is \$5.2 million for FY27. In total, fund balances in the behavioral health trust fund should reach \$500 million by the end of FY28, yielding about \$10 million per year to the behavioral health program fund.

Suggested Questions

- Are there nonrecurring funds that will revert or need to be reauthorized for FY28?
- Is it possible to measure and track outcomes for nonrecurring appropriations?
- What is the projected timeframe for AOC, HCA and LFC to evaluate outstanding regional plans?
- Will the appropriations to the trust fund thus far be sufficient to sustain BHRIA activities in the long term?
- What is the status of regional plan submission and can regional plans be amended over time as priorities change and performance targets are met?
- Will the \$10 million projected annual revenues from the trust fund be sufficient to support regional priorities and activities?

Appendix A: Behavioral Health Nonrecurring Appropriations (2020-2026)

	Appropriation Year	Organization	Purpose	Appropriation Amount (in thousands)	Amount Remaining (in thousands)
1	2020	CYFD	For new behavioral health programs.	\$1,000	\$1,000
2	2020	HCA	For litigation settlement with five behavioral health providers.	\$10,000	\$0
3	2022	HED	For endowed faculty teaching positions in bachelor and master degree social worker programs at New Mexico public and tribal institutions of higher education to expand enrollment and the number of graduates able to work in the behavioral health, child welfare and school systems. The higher education department must obtain certification from each higher education institution that the endowment revenue will supplement and not supplant spending at the institution's social worker program before making an endowment award.	\$50,000	\$0
4	2022	OSI	For a joint study with the Health Care Authority, in consultation with the appropriate stakeholders, on the enactment of behavioral health parity legislation congruent with federal law and its impact on the availability of behavioral health services provided by medicaid and other providers, medicaid and commercial managed care organizations and their subcontractors and rates of compensation paid to behavioral health providers. The other state funds appropriation is from the insurance operating fund at the office of superintendent of insurance.	\$450	\$30
5	2022	CYFD	For domestic violence treatment programs statewide.	\$500	\$10
6	2022	HCA	To facilitate the planning and implementation of the 988 crisis now behavioral health crisis response system.	\$2,325	\$0
7	2022	HCA	To develop providers, including startup costs, to implement evidence-based behavioral health services and evidence-based community child welfare services that will be eligible for medicaid or federal Title IV-E of the Social Security Act families first reimbursement. The Health Care Authority shall also work with the children, youth and families department to develop evidence-based children's behavioral health and evidence-based community child welfare services that are eligible for medicaid funding or federal Title IV-E of the Social Security Act families first reimbursement.	\$20,000	\$0
8	2023	UNM	For the children's psychiatric hospital for services for children and families affected by opioid use disorder.	\$1,000	\$0
9	2023	UNM	For the hepatitis community health outcomes program to provide training and consultation related to opioid treatment.	\$800	\$0
10	2023	AOC	To pilot universal needs and risk screening, including for treatment court placement at courts, pilot professional peer support for pretrial services and at courts, provide grants for other pilot programs to improve pretrial services and behavioral health services and evaluate the effectiveness of all funded programs. See bill for more language. Any unexpended balances remaining at the end of fiscal year 2024 from this appropriation shall not revert and may be expended through fiscal year 2026.	\$4,000	\$1,810
11	2023	IAD	PARTIAL VETO For tribal projects, including twelve million five hundred thousand dollars (\$12,500,000) for matching funds for federal infrastructure grants, two million five hundred thousand dollars (\$2,500,000) for Native American studies faculty and teaching endowments statewide, and ten million dollars (\$10,000,000) for coordination with the Health Care Authority for startup costs to expand tribal-serving healthcare and behavioral health services, including three million dollars (\$3,000,000) for transition costs to create a critical access hospital in a tribal-serving community and one million dollars (\$1,000,000) for expanding a tribal-serving behavioral health clinic in Zuni.	\$25,000	\$10,211
12	2023	HCA	To ensure effective deployment and utilization of 988 crisis now mobile crisis teams. The appropriation is contingent on receipt of eight million ninety-two thousand nine hundred dollars (\$8,092,900) in federal matching funds.	\$1,428	\$0

Health and Human Services: Behavioral Health Investments

	Appropriation Year	Organization	Purpose	Appropriation Amount (in thousands)	Amount Remaining (in thousands)
13	2023	HCA	To contract with rural regional hospitals, health clinics, providers and federally qualified health centers to develop and expand primary care, maternal and child health and behavioral health services capacity in rural medically underserved areas. See bill for language. Any unexpended balances remaining at the end of fiscal year 2024 from this appropriation shall not revert and may be expended through fiscal year 2026. The other state funds appropriation is from the health care affordability fund.	\$80,000	\$916
14	2023	PED	For behavioral health supports.	\$5,000	\$1,866
15	2023	HED	For endowments to support financial aid, including scholarships and paid practicums, for New Mexico residents who are graduates of a New Mexico high school currently enrolled in a master's level social work program at a state institution of higher education as enumerated in Article 12 Section 11 of the constitution of New Mexico and for clinical supervision services for licensed social workers postgraduation. The higher education department must obtain certification from each higher education institution that the awards from this appropriation will supplement and not supplant spending at the institution's social worker program before making an endowment award. Any unexpended balances remaining at the end of fiscal year 2024 from this appropriation shall not revert to the general fund and may be expended through fiscal year 2026.	\$20,000	\$0
16	2023	ECECD	For infant mental health.	\$1,000	\$783
17	2023	HCA	For start-up and expansion of certified community behavioral health clinics.	\$1,500	\$0
18	2023	HCA	For housing assistance for people affected by opioid use disorder.	\$2,000	\$545
19	2023	HCA	To expand screening, brief intervention and referral to treatment programs	\$2,000	\$1,266
20	2023	HCA	To expand telehealth services for people affected by opioid use disorder.	\$1,000	\$64
21	2023	DOH	For medication-assisted treatment related to opioid use disorder.	\$2,500	\$220
22	2023	NMCD	For medication-assisted treatment in prisons.	\$1,000	\$671
23	2023	PED	To pilot wellness rooms in public and charter schools.	\$200,000	\$69
24	2023	DOH	For medication-assisted treatment for tribal members related to opioid use disorder.	\$1,000	\$156
25	2023	CYFD	For grants to hospitals to improve reporting and adherence to plans of safe care as outlined in Section 32A-3A-13 NMSA 1978.	\$1,000	\$1,000
26	2023	CYFD	To expand and build capacity for the safecare in-home parent skills-based program rated as supported on the clearinghouse website for the federal Family First Prevention Services Act.	\$1,000	\$1,000
27	2024	ALTSD	To the Kiki Saavedra senior dignity fund for expenditure in fiscal year 2025 and subsequent fiscal years to address high-priority services for senior citizens in New Mexico, including transportation, food insecurity, physical and behavioral health, case management and caregiving.	\$5,000	\$1,189
28	2024	HCA	For behavioral health services for low income individuals who do not qualify for other federal behavioral health assistance. The other state funds appropriation is from the health care affordability fund. Any unexpended balance remaining at the end of fiscal year 2025 shall not revert and may be expended in fiscal year 2026.	\$1,000	\$71

Health and Human Services: Behavioral Health Investments

	Appropriation Year	Organization	Purpose	Appropriation Amount (in thousands)	Amount Remaining (in thousands)
29	2024	HCA	To defray operating losses for rural regional hospitals, health clinics, providers and federally qualified health centers that are increasing access to primary care, maternal and child health and behavioral health services through new and expanded services in medically underserved areas. The contracted entities must be enrolled as medicaid providers and propose to deliver services that are eligible for medicaid or medicare reimbursement. The health care authority department shall ensure the contracted amounts for new or expanded health Care Authority services do not duplicate existing services, are sufficient to cover start-up costs except for land and construction costs, require coordination of care, are reconciled and audited and meet performance standards and metrics established by the department. The other state funds appropriation is from the health care affordability fund. Any unexpended balances remaining at the end of fiscal year 2025 from this appropriation shall not revert and may be expended through fiscal year 2027.	\$46,000	\$26
30	2024	HED	For endowed faculty teaching positions and student financial aid, including scholarships and paid practicums in bachelor and master degree social worker programs at New Mexico public and tribal institutions of higher education to expand enrollment and the number of graduates able to work in the behavioral health, child welfare and school systems. The higher education department shall distribute funding based on the number of New Mexico residents enrolled in programs in fiscal year 2024 and must obtain certification from each higher education institution that the endowment revenue will supplement and not supplant spending at the institution's social worker program before making an endowment award.	\$10,000	\$0
31	2024	DFA	For transitional housing and shelter facilities for victims of domestic violence, including up to five million dollars (\$5,000,000) for facilities in northwest New Mexico.	\$10,000	\$1,203
32	2024	HCA	For costs associated with operating the New Mexico 988 crisis and access line.	\$5,921	\$0
33	2024	HCA	For behavioral healthcare services for low income individuals who do not qualify for other federal behavioral health assistance. The other state funds appropriation is from the health care affordability fund. Any unexpended balance remaining at the end of fiscal year 2025 shall not revert and may be expended in fiscal year 2026.	\$2,000	\$1,900
34	2024	CYFD	For trauma informed training for staff and foster families through fiscal year 2027.	\$1,500	\$260
35	2024	NMCD	To expand reentry services, treatment programs, housing opportunities and medicaid-funded services to access medication assisted treatment. The other state funds appropriation is from the penitentiary income fund.	\$2,000	\$18
36	2024	HED	For the health professional loan repayment program.	\$15,000	\$21
37	2024	NMIT	For the institute for complex systems analysis to establish and maintain a state healthcare workforce dashboard for expenditure through fiscal year 2027.	\$750	\$400
38	2024	HCA	For a pilot to expand evidence-based behavioral health services, including screening, brief intervention and referral to treatment and certified community behavioral health clinics, to sustainably bill Medicaid once fully operational	\$15,000	\$0
39	2024	SFCC	For suicide prevention training program	\$500	\$60
40	2025	AOC	For expenditure in fiscal years 2025 through 2029 for regional planning and sequential intercept mapping statewide, including costs associated with monitoring, quality assurance and setting statewide standards related to relevant elements within regional plans in accordance with the Behavioral Health Reform and Investment Act. Any unexpended or unencumbered balance remaining at the end of fiscal year 2029 shall revert to the behavioral health trust fund.	\$1,700	\$344

Health and Human Services: Behavioral Health Investments

	Appropriation Year	Organization	Purpose	Appropriation Amount (in thousands)	Amount Remaining (in thousands)
41	2025	First Judicial District Attorney	To create and evaluate a diversion program for juveniles and young adults designed to reduce recidivism	\$100	\$50
42	2025	DFA	To support housing, affordable housing, transitional housing and the expansion of housing services providers that facilitate behavioral health services and substance abuse recovery, homelessness assistance and prevention for persons with behavioral health needs, for expenditure in fiscal year 2026, including up to eighty million dollars (\$80,000,000) for programs in the city of Albuquerque and Bernalillo county to be shared equally and ten million dollars (\$10,000,000) for programs in the city of Las Cruces and Dona Ana county	\$110,000	\$0
43	2025	DFA	To the local government division for grants to local governments to support a direct-to-housing encampment response, with streamlined housing placements, on-campsite services from outreach workers, housing navigators and case managers, ongoing closed campsite maintenance and an intensive focus on closure and cleaning of campsites.	\$5,000	\$0
44	2025	HCA	To deliver services and for grants to federally qualified health centers, counties and municipalities, Indian nations, tribes and pueblos and behavioral health care providers based on the submitted regional plans for twenty-four-hour crisis response facilities, associated services and technical assistance support for expenditure in fiscal years 2026 through 2029 pursuant to the Behavioral Health Reform and Investment Act. Funding may be used to cover service, logistic and lease costs not eligible for medicaid funding on a multiyear basis. Any unexpended balance remaining at the end of fiscal year 2029 shall revert to the behavioral health trust fund.	\$7,500	\$7,500
45	2025	HCA	For grants to counties, municipalities, Indian nations, tribes and pueblos and behavioral health providers based on the submitted regional plans for assisted outpatient treatment, medication assisted treatment including for juveniles, assertive community treatment, other best-practice and evidence-informed outpatient and diversion services, promising practices and community-based wraparound services and resources pursuant to the Behavioral Health Reform and Investment Act for expenditure in fiscal years 2026 through 2029. Any unexpended balance remaining at the end of fiscal year 2029 shall revert to the behavioral health trust fund.	\$10,000	\$10,000
46	2025	HCA	For a pilot to integrate medication-assisted treatment into primary care settings	\$2,500	\$2,120
47	2025	HCA	For behavioral health funding priorities identified in regional plans pursuant to the Behavioral Health Investment and Reform Act. The fiscal year 2026 appropriation shall be eligible for expenditure in fiscal year 2027.	\$50,000	\$27,526
48	2025	HCA	For capacity building for the criminal justice medicaid waiver initiative.	\$22,133	\$22,067
49	2025	HCA	For grants to counties, municipalities and behavioral health care providers based on the submitted regional plans for regional transitional behavioral health facilities and certified community behavioral health clinics that are located in a municipality with a state institution of higher education and remain eligible for medicaid for expenditure in fiscal years 2026 through 2029. Funding may be used to cover service, transportation and lease costs, including community-based services and supports.	\$28,000	\$28,000

Health and Human Services: Behavioral Health Investments

	Appropriation Year	Organization	Purpose	Appropriation Amount (in thousands)	Amount Remaining (in thousands)
50	2025	HCA	For grants to counties, municipalities and Indian nations, tribes and pueblos based on the submitted regional plans for regional mobile crisis and recovery response, intervention and outreach teams and to support existing co-response models to transition to federally recognized mobile crisis team models to obtain medicaid reimbursement for expenditure in fiscal years 2026 through 2029 pursuant to the Behavioral Health Reform and Investment Act. Funding may also be used to support community-based mobile crisis teams and co-response coordination. Not more than five million five hundred thousand dollars (\$5,500,000) may be used by state agencies for regional mobile crisis and recovery response, intervention and outreach teams. Any unexpended balance remaining at the end of fiscal year 2029 shall revert to the behavioral health trust fund	\$11,500	\$11,500
51	2025	HCA	For grants to counties, municipalities, and Indian nations, tribes and pueblos for law enforcement and behavioral health service providers to purchase regional mobile crisis response, recovery and outreach equipment and vehicles based on submitted regional plans in accordance with the Behavioral Health Reform and Investment Act. Any unexpended balances remaining at the end of fiscal year 2026 shall not revert and may be expended through fiscal year 2029. Any unexpended balances remaining at the end of fiscal year 2029 shall revert to the behavioral health trust fund	\$2,500	\$2,500
52	2025	HCA	For grants to integrate behavioral health incentive-based treatment into other substance use disorder treatment modalities. Any unexpended balance remaining at the end of fiscal year 2026 shall revert to the behavioral health trust fund.	\$2,500	\$2,500
53	2025	HCA	For grants to counties, municipalities and Indian nations, tribes and pueblos based on the submitted regional plans for regional mobile crisis and recovery response, intervention and outreach teams and to support existing co-response models to transition to federally recognized mobile crisis team models to obtain medicaid reimbursement for expenditure in fiscal years 2026 through 2029 pursuant to the Behavioral Health Reform and Investment Act. Funding may also be used to support community-based mobile crisis teams and co-response coordination. Not more than five million five hundred thousand dollars (\$5,500,000) may be used by state agencies for regional mobile crisis and recovery response, intervention and outreach teams. Any unexpended balance remaining at the end of fiscal year 2029 shall revert to the behavioral health trust fund	\$2,000	\$2,000
54	2025	HCA	For innovative residential treatment services in Dona Ana county.	\$1,500	\$107
55	2025	HCA	For regional certified peer support workers, justice liaisons, regional behavioral health services division staff and administrative staff and to implement audit and evaluation requirements of the Behavioral Health Reform and Investment Act in fiscal year 2027. The other state funds appropriation is from the government results and opportunity program fund	\$10,000	\$10,000
56	2025	HCA	For regional certified peer support workers, justice liaisons, regional behavioral health services division staff and administrative staff and to implement audit and evaluation requirements of the Behavioral Health Reform and Investment Act in fiscal year 2028. The other state funds appropriation is from the government results and opportunity program fund.	\$10,000	\$10,000
57	2025	HCA	For regional certified peer support workers, justice liaisons, regional behavioral health services division staff and administrative staff and to implement audit and evaluation requirements of the Behavioral Health Reform and Investment Act. The other state funds appropriation is from the government results and opportunity program fund	\$10,000	\$9,645
58	2025	HCA	For startup costs to build capacity for housing providers for people experiencing homelessness and to build capacity for medical services for people involved with the criminal justice system	\$8,129	\$16,258

Health and Human Services: Behavioral Health Investments

	Appropriation Year	Organization	Purpose	Appropriation Amount (in thousands)	Amount Remaining (in thousands)
59	2025	HCA	To expand patient navigation to behavioral health services through a "no-wrong-door" approach, including updates to information technology portals and for a closed-loop referral system to facilitate direct and immediate connections to behavioral health services for individuals, providers and care coordination teams, in fiscal years 2026 and 2027. Any unexpended balances remaining at the end of fiscal year 2027 shall revert to the behavioral health trust fund.	\$9,000	\$6,186
60	2025	HCA	To initiate the planning, coordination and implementation of behavioral health standards in fiscal year 2025 pursuant to the Behavioral Health Reform and Investment Act. Any unexpended balance remaining at the end of fiscal year 2025 shall revert to the behavioral health trust fund.	\$200	\$29,998
61	2025	HCA	To study the merits, feasibility, costs and likely enrollment in a proposed new medicaid waiver for people with serious mental illness or substance dependency leading to regular confinement in county jails or intensive overuse of hospital emergency rooms or other emergency or crisis services versus continuing with the current service array for people with serious mental illness.	\$1,000	\$0
62	2025	DOH	To expand suicide prevention and youth behavioral health supports in schools through educational resources, outreach, awareness, multi-component digital platforms and behavioral health services, for expenditure in fiscal years 2026 through 2028. Any unexpended balance remaining at the end of fiscal year 2028 shall revert to the behavioral health trust fund.	\$9,000	\$7,504
63	2025	DOH	To offset projected shortfalls at the New Mexico behavioral health institute and the Los Lunas community program.	\$5,400	\$1
64	2025	VSD	To leverage federal revenues for transitional housing services for homeless veterans and their families, including life skills training and case management services.	\$200	\$20
65	2025	NMCD	For use by the department and for grants to counties based on regional plans for discharge planning from correctional facilities and detention centers, and to assist discharged persons to connect with recovery support services and treatment and community-based behavioral health supports that supplement or enhance transitional services covered by medicaid for expenditure in fiscal years 2026 through 2029. The corrections department shall consult with the department of health when making grants to counties. Any unexpended balance remaining at the end of fiscal year 2029 shall revert to the behavioral health trust fund.	\$1,300	\$536
66	2025	NMCD	To expand reentry services, career technical programming and housing opportunities for current and recently released inmates of the New Mexico corrections department. The other state funds appropriation is from the community corrections grant fund.	\$2,000	\$0
67	2025	DPS	To be used by law enforcement and behavioral health service providers to purchase equipment and vehicles for regional mobile crisis response, recovery and outreach for expenditure in fiscal years 2026 through 2029 pursuant to the Behavioral Health Reform and Investment Act. Any unexpended balances remaining at the end of fiscal year 2029 shall revert to the behavioral health trust fund.	\$2,500	\$2
68	2025	PED	To expand suicide prevention and youth behavioral health supports in schools through educational resources, outreach, awareness, multi-component digital platforms and behavioral health services for expenditure in fiscal years 2026 through 2028. Any unexpended balance remaining at the end of fiscal year 2028 shall revert to the behavioral health trust fund.	\$5,000	\$49
69	2025	PED	To pilot wellness rooms in school districts and charter schools. The other state funds appropriation is from the public education reform fund.	\$1,000	\$1
70	2025	HED	For behavioral health career development programs including youth mental health first aid training and behavioral health internships	\$1,000	\$0
71	2025	HED	For scholarships, financial aid and other support for practicums for behavioral health or addiction counseling students	\$3,000	\$0

Health and Human Services: Behavioral Health Investments

	Appropriation Year	Organization	Purpose	Appropriation Amount (in thousands)	Amount Remaining (in thousands)
72	2025	HED	For the health professional loan repayment program for expenditure in fiscal year 2026, with priority for professionals working in a behavioral health setting, including certified community behavioral health clinics, working in a criminal justice setting or serving homeless populations and including five million dollars (\$5,000,000) for doctors.	\$20,000	\$0
73	2025	UNM	For a mental health, substance misuse and criminal justice technical assistance center at the university of New Mexico health sciences center to support communities and regions in complying with the Behavioral Health Reform and Investment Act.	\$1,800	
74	2025	UNM	To the health sciences center and the department of health for mobile health units, medication-assisted treatment and other health outreach for homeless persons, including telemedicine.	\$2,000	
75	2025	NMHU	For operational expenses to develop a doctorate degree program in social work and to conduct a statewide social work feasibility study.	\$1500	\$24
76	2025	AOC	For grants to judicial districts and criminal justice coordinating councils, based on the submitted regional plans to enhance regional case management, behavioral health grant writing, peer-operated crisis response and recovery support services, behavioral health, homeless outreach and engagement and family support services pursuant to the Behavioral Health Reform and Investment Act. Funds may be used by judicial districts based on the submitted regional plans for specialty, diversion, problem-solving and treatment courts and associated programs and pretrial services. The administrative office of the courts shall develop program models, standards, guidelines and program evaluation requirements for implementing, enhancing and expanding court related programs. Any unexpended balance remaining at the end of fiscal year [2026/2027/2028] shall revert to the government results and opportunity program fund.	\$7,000	\$2,332
77	2025	HCA	For medical services for incarcerated persons up to ninety days prior to release including case management, medication-assisted treatment, thirty-day supply of prescription drugs and other medical services	\$26,799	\$13,031
78	2025	HCA	To provide medical respite for the homeless	\$16,306	\$12,259
79	2025	NMCD	For medication-assisted treatment	\$33,900	\$8,194
80	2025	PED	For a pilot program to support students who are unhoused, contingent on enactment of Senate Bill 201 or similar legislation of the first session of the fifty-seventh legislature requiring evidence-based program evaluation for projects receiving appropriations from the public education reform fund. Up to one hundred thousand dollars (\$100,000) may be used by the public education department to conduct a randomized control study to evaluate and monitor outcomes. The other state funds appropriation is from the public education reform fund.	\$6,300	\$282
81	2025	DOH	For local health councils to transition to behavioral health supports pursuant to regional plans of the Behavioral Health Reform and Investment Act	\$4,000	\$103
82	2025	NMCD	For a projected shortfall in personal services and employee benefits and contractual services categories for medical and behavioral health services in the inmate management and control program. The other state funds appropriation is from the penitentiary income fund.	\$4,000	\$397
83	2025	DOH	For operational expenses, contingent on enactment of Senate Bill 219 or similar legislation of the first session of the fifty-seventh legislature enacting the Medical Psilocybin Act.	\$1,000	\$736
84	2025	HCA	For additional vouchers in the linkages program.	\$5,000	\$0
85	2025	HCA	For the Rural Health Care Delivery Fund	\$20,000	\$1,799
86	2026	DFA	For Medications for opioid use disorder programming for incarcerated individuals in Bernalillo county, including funds for additional nursing capacity and an injectable monthly extended	\$1,000	

Health and Human Services: Behavioral Health Investments

	Appropriation Year	Organization	Purpose	Appropriation Amount (in thousands)	Amount Remaining (in thousands)
			release buprenorphine pilot project. The other state funds appropriation is from the opioid settlement fund.		
87	2026	HCA	For costs associated with competency to stand trial examinations, testing and court-ordered testimony provided by contracted forensic examiners.	\$2,000	
88	2026	HCA	For an innovative residential treatment services in Dona Ana county.	\$2000	
89	2026	HCA	To implement development, delivery and support for a new training infrastructure for statewide screening, brief intervention and referral to treatment as mandated by Chapter 156 of Laws 2025.	\$7,000	
90	2026	WSD	For a pilot program to provide professional development toward licensure of bilingual behavioral healthcare professionals and culturally and linguistically specific trauma-informed mental health, case management, prevention, and social work services in Bernalillo county.	\$250	
91	2026	DOH	For an opioid addiction prevention program that addresses the root cause of the opioid crisis by improving pain management protocols for surgical patients and providing personalized nurse navigation and evidence-based clinical implementation support.	\$1,500	
92	2026	DOH	To recruit, train and provide stipends to medical and behavioral health preceptors in medically underserved areas. Any unexpended balances remaining at the end of fiscal year 2027 shall not revert and may be expended through fiscal year 2029.	\$3,000	
93	2026	UNM	For Native American suicide prevention.	\$450	
94	2026	UNM	For a behavioral health technical assistance center to support the Behavioral Health Reform and Investment Act. Any unexpended balances remaining at the end of fiscal year 2027 shall not revert and may be expended through fiscal year 2029.	\$6,800	

Appendix B: BHR/IA/SB3 Regional Plan Priorities

Region	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Region 1	Workforce & Pipeline Development	Access & Capacity	Prevention, Cultural & Community Spaces	Schools & School-Based Supports	Family & Caregiver Support
Region 2	Policy	Access	Continuum of Care	Social Drivers of Health	Workforce Development
Region 3	Justice System Initiatives	School-Based Services & Supports	Youth & Family Engagement	Transportation, Housing & Vocational Resources	Coordination Across Systems
Region 4	Mobile Crisis/Crisis Center	Resource Centers / Intergenerational Community Center	Workforce Retention & Recruitment	Youth Engagement	Youth Treatment Court
Region 5	Housing, Transportation & Basic Needs	Justice System Services and Supports	Prevention, Trauma & Mental Health Promotion	Increase Access to Behavioral Health Assessments & Treatment	Youth, Family & Caregiver Supports
Region 6	Crisis Services & Stabilization	Housing & Basic Needs	Treatment & Recovery Service Access	Workforce Capacity & Development	Youth, Family & Parental Supports
Region 7	Housing, Transportation & Basic Needs	Behavioral Health Service Expansion	Community Wellness, Prevention & Stigma Reduction	Youth Engagement, Mentoring & School-Based Access	Workforce Development
Region 8	Care Navigation & Coordination	Housing, Transportation & Community Infrastructure	Youth Programs, Spaces & Prevention	Workforce & Provider Supports	School-Based Supports & Education
Region 9	Crisis, Acute & Higher-Level Care Infrastructure	Housing & Homeless Services	Community-Based Programs for Youth and Adults	Workforce Development	Youth Prevention Programs & Mentorship
Region 10	Treatment & Recovery Supports	Youth & School-Based Supports	Crisis Systems	Community Wellness & Social Connection	Justice, Diversion & Courts
Region 11	Housing, Shelter & Transportation	Diversion, Specialty Courts & Justice Improvements	Coordination & System Integration	Access & Infrastructure for Behavioral Health Services	Prevention, Community & Cultural Support
Region 12	Housing	Behavioral Health Care Continuum Expansion	Youth, Family & Caregiver Supports	Crisis Response Services	Justice & Diversion Services
Region 13	Crisis Response, Mobile Services & 988 Coordination	Clinical Treatment, Recovery & Service Capacity	Care Coordination, Navigation & Continuity of Care	Housing, Transportation & Basic Needs	Workforce Development, Training & Provider Support