

# Administrative Office of the Courts

Supreme Court of New Mexico

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August 1, 2025

Senator George Munoz  
Senator Linda Lopez  
Senator Joseph Cervantes

Director Charles Sallee  
New Mexico State Capitol  
490 Old Santa Fe Trail  
Santa Fe, NM 87501

Representative Nathan Small  
Representative Liz Thomson  
Representative Christine Chandler

Secretary Kari Armijo  
New Mexico Health Care Authority  
P.O. Box 2348  
Santa Fe, NM 87504-2348

*via email*

## **Re: August 1, 2025 Monthly Update on Administrative Office of the Courts Activities Related to Senate Bill 3 – Behavioral Health Reform and Investment Act (BHRIA)**

Dear Senators, Representatives, Director Sallee, and Secretary Armijo,

As the Behavioral Health Integration and Reform Administrator at the Administrative Office of the Courts (AOC), I'm reaching out to share our most recent developments related to the Behavioral Health Reform and Investment Act (BHRIA). Since our last update, we've continued our efforts aimed at building a stronger, more responsive, locally driven behavioral health system across New Mexico.

### **Key Activities and Progress:**

#### **1. Engagement**

- Presented to the Courts, Corrections, and Justice Committee (CCJ) hearing on July 1st to provide updates and answer questions on BHRIA implementation.
- Met with leadership teams from the 2<sup>nd</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, and 11<sup>th</sup> Behavioral Health Regions to discuss existing efforts, learn about potential regional priorities, and begin aligning state-level reform efforts with local needs and structures.
- Supported a stakeholder convening for Rio Arriba and Los Alamos Counties hosted by Representative Susan Herrera on July 29.
- Held a logistics planning meeting with key stakeholders.

- Received feedback on proposed regional workshop structure, mapping and voting processes.
- Met with NAMI New Mexico to strengthen partnership and ensure lived experience perspectives are embedded in regional and state planning.
- Collaborating with the Department of Health's Health Promotion Team to strategize how Health Councils can support and participate in the regional planning process.

## **2. Sequential Intercept Model – Modifications**

The AOC requested UNM-HSC experts propose an adaptation of the traditional SIM tool to reflect a person's lifespan. UNM-HSC drafted the "Enhanced Sequential Intercept Model" (E-SIM), which would allow communities to system map for youth & adults and incorporate both prevention and community treatment services for those who are not justice involved. We jointly debuted the model at the July 11 logistical planning meeting. The draft E-SIM will be presented to the Executive Committee on August 5.

## **3. Visualizing a Behavioral Health System of Care**

In order to effectively plan the state's behavioral health investments, it is imperative to understand what makes up a 'system of care'. For example: prevention services, community supportive services, inpatient or residential care, crisis response, and outpatient services. AOC has begun negotiations for procurement of an interactive visual for New Mexico's behavioral health system of care. The visualization would allow end-users to view New Mexico with the ability to drill down into each behavioral health region showing the available behavioral health resources and associated funding source(s). This would be a beneficial tool not only for the public but for policy makers. We will continue to provide updates as we progress.

## **4. Behavioral Health Regional Planning Grants**

In order for the regional plans to not only be meaningfully developed for the initial round of funding but implemented, evaluated, sustained and updated – it is necessary for the regions to identify a responsible entity. Consistent with the feedback regarding regional ownership and to ensure early buy-in and investment from each of the regions, AOC will fund a government entity within each region to coordinate regional plan development through a grant. The AOC is negotiating contracts to also provide support to the regions for finance, behavioral health expertise, tribal engagement and technical assistance through UNM-HSC.

AOC and the HCA are also considering the incorporation of a "funding fast track" as a part of the grant application for Executive Committee approval.

## **5. County Readiness Survey Launch**

The AOC distributed a readiness survey to county managers across the state to assess current behavioral health planning infrastructure, prior assessments, partnership structures, and capacity. Responses will help tailor technical assistance and inform regional engagement strategies.

## Recommendations

1. Solidify the funding structure.
2. If the Executive Committee wishes to provide some form of ‘fast-track’ option outside of the regional planning process, AOC would recommend finalizing the criteria as soon as possible for incorporation into the grant application.

## Next Steps – August 2025 and Beyond

- Release Behavioral Health Regional Planning Grants application
- Finalize and Share E-SIM Model
- Schedule Mapping Workshops
- Continue Tribal and Community Engagement
- Integrate with Health Councils and Local Behavioral Health Collaboratives

Please visit our [BHRIA website](#) where interested parties can access agendas, meeting materials, completed SIM mapping, AOC’s monthly reports, join our mailing list, and easily submit feedback/questions.

If any legislators would be interested in hosting a local convening or listening session, we would be happy to attend and support.

Sincerely,



Esperanza Lucero  
Behavioral Health Integration and Reform Administrator  
Administrative Office of the Courts

## Enclosure:

E-SIM Model - Draft  
July 11<sup>th</sup> Planning Meeting Agenda



# BEHAVIORAL HEALTH REFORM AND INVESTMENT ACT- SB3 REGIONAL LOGISTICS PLANNING MEETING



## AGENDA

Introduction/Welcome/Grounding- All	10:00-10:15am
Overview of SB 3 - Esperanza Lucero, AOC	10:15-10:30am
Sequential Intercept Mapping Lifespan Workshop – Annette Crisanti, UNMHSC	10:30-11:15am
Break	11:15-11:30am
Voting Process – Participatory Analysis for Community Action (PACA) – Anastasia Romero, UNMHSC	11:30-12:15pm
Working Lunch- <i>(Provided by UNMHSC)</i>	15 mins
System of Care Visual – Anna Horner, Impact Futures LLC	12:30-12:50pm
Break	12:50-1:00pm
Flow of the Regional Planning Meetings- Deb Altschul, UNMHSC	1:00-1:45pm
Regional Planning and Rubric a. Rubric - Rosalind Smith, HCA b. Stakeholder Engagement – if time allows	1:45-2:00pm

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**Location:** UNM HSC Comms/Project ECHO Building,  
1650 University Blvd Albuquerque, NM 87102

**Room:** Whale/Dolphin Conference Room

**Date:** 7/11/2025

**Time:** 10:00am to 2:00pm

**Facilitator:** UNMHSC – **Lunch Provided by UNHSC**

# NEW MEXICO ENHANCED SEQUENTIAL INTERCEPT MODEL (E-SIM)

## Youth

Intercept 1:  
Initial contact with CYFD, Law  
Enforcement or School Police  
and SROs

Intercept 2:  
Juvenile Justice Intake and  
Diversion

Intercept 3:  
Judicial Processing

Intercept 4:  
Community Re-entry Services

Intercept 5:  
Juvenile Community  
Corrections

(E-SIM)

Draft

**START**

**Intercept 0:**  
**Community Treatment, Schools, and  
Crisis Services**

Community System of Care:

- Outpatient clinics
- School based clinics
- Intensive Outpatient programs
- Peer support and community support, including youth and family programs and afterschool programs

**Pre-Intercept:**  
**Community  
Prevention Services**

## Adults

Intercept 1:  
Law Enforcement

Intercept 2:  
Initial Court Hearings Initial  
Detention

Intercept 3:  
Jails/Prisons/Courts

Intercept 4:  
Community Re-entry Services

Intercept 5: Community  
Corrections

# COMMUNITY

# E-SEQUENTIAL INTERCEPT MODEL

## ADULT DESCRIPTIONS

### Pre-Intercept: Community Prevention Services

Proactive initiatives designed to address the root causes of social problems like substance misuse, crime, and mental health challenges within a community, ideally before they escalate to require more intensive interventions such as contact with the justice or healthcare systems. The goal of these programs are to strengthen protective factors and reduce risk factors that contribute to negative outcomes.

### Intercept 0: Community Treatment, Schools and Crisis Services

Behavioral health system of care. Includes opportunities to divert people into local crisis care services. Includes recovery and peer, outpatient, intensive outpatient programs, residential, inpatient and crisis services.

### Intercept 1: Law Enforcement

Involves diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders. Allows people to be diverted to treatment instead of being arrested or booked into jail.

### Intercept 2: Initial Court Hearings Initial Detention

Involves diversion to community-based treatment by jail clinicians, social workers, or court officials during jail intake, booking, or initial hearing.

### Intercept 3: Jails/Prisons/ Courts

Involves diversion to community-based services through jail or court processes and programs after a person has been booked into jail. Includes services that prevent the worsening of a person's illness during their stay in jail or prison.

### Intercept 4: Community Re-Entry Services

Involves supported reentry back into the community after jail or prison to reduce further justice involvement of people with mental and substance use disorders. Involves reentry coordinators, peer support staff, or community in-reach to link people with proper mental health and substance use treatment services.

### Intercept 5: Community Corrections

Involves community-based justice supervision with added supports for people with mental and substance use disorders to prevent violations or offenses that may result in another jail or prison stay.

# E-SEQUENTIAL INTERCEPT MODEL

## YOUTH DESCRIPTIONS

### Pre-Intercept: Community Prevention Services

Proactive initiatives designed to address the root causes of social problems like substance misuse, crime, and mental health challenges within a community, ideally before they escalate to require more intensive interventions such as contact with the justice or healthcare systems. The goal of these programs is to strengthen protective factors and reduce risk factors that contribute to negative outcomes. These programs include wraparound supports for youth and families.

### Intercept 0: Community Treatment, Schools, and Crisis Services

Behavioral health system of care. Includes opportunities to divert people into local crisis care services. Includes recovery and peer, outpatient, intensive outpatient programs, residential, inpatient and crisis services.

### Intercept 1: Initial Contact with CYFD, Law Enforcement, or School Police and SROs

Involves diversion performed by law enforcement, school police, and school resource officers (SROs). This intercept also involves informal sanctions by CYFD, including diversion programs, referral to Teen Court, and non-court-ordered supervision. Allows youth to be diverted into treatment instead of being referred to the Children's Court Attorney (CCA) or detained.

### Intercept 2: Juvenile Justice Intake and Diversion

By statute, some youth must be referred directly to the CCA by CYFD; CYFD can choose to refer other youth to the CCA. CCAs can dismiss charges, divert youth into community-based programs, or refer youth back to CYFD with informal recommendations for services.

### Intercept 3: Judicial Processing

Involves placement in community programs as alternatives to juvenile detention. Also includes consent decrees that allow dismissal of charges following completion of specified actions, including treatment.

### Intercept 4: Community Re-entry Services

Involves Juvenile Justice Transitions Services and CYFD supervised release panels to provide supported reentry back into the community after leaving juvenile correctional facilities. Transition service coordinators (TCs) link youth and individuals who have come of age to various services, including behavioral and mental health services.

### Intercept 5: Juvenile Community Corrections

Involves mandated youth supervision by juvenile probation to reduce further justice involvement of youth. Also involves Juvenile Community Corrections (JJC) to provide individualized supports for youth to prevent violations or offenses that may extend connection to the juvenile correctional system.