

# Administrative Office of the Courts

Supreme Court of New Mexico

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August 18, 2025

**To:** County Managers and Tribal Leadership

**From:** Esperanza Lucero, Behavioral Health Investment and Reform Administrator

**Subject:** Announcement – SB3 Behavioral Health Regional Infrastructure Act (BHRIA)  
Planning Funds – Requests for Regions to Identify Accountable Entity

Dear County Manager and Tribal Leader,

I am pleased to announce the **SB3 Behavioral Health Regional Infrastructure Act (BHRIA) Planning Funding Opportunity** announcement enclosed to support the development of regional behavioral health service delivery models across New Mexico. This funding is designed to help each Behavioral Health (BH) Region identify priorities, engage stakeholders, and create a phased implementation plan that addresses both immediate needs and long-term sustainability.

The purpose of the funding is to:

- Facilitate collaboration among counties, tribes, pueblos, and nations within the region to develop a behavioral health regional plan.
- Support locally driven planning processes directed by each region's Planning Committee.
- Develop strategic, phased plans that reflect community needs and available resources.
- Lay the foundation for a sustainable, regionally owned behavioral health service delivery system.

**Eligibility:**

Applicants will be termed the 'accountable entity' and must be a government, tribal, pueblo, nation, or quasi-governmental entity within the Behavioral Health Region. Each county in the region must submit a letter of support for the accountable entity. If a tribal government is not the selected accountable entity, applicants are strongly encouraged to obtain letters of support from all tribes, pueblos, and nations within the behavioral health region.

**Next Steps:**

- Review the enclosed BH Regional Map to identify your assigned region and the counties and Tribes, Pueblos and Nations you will need to coordinate with for this application and the planning of BH services.
- The application packet is enclosed for review. AOC will enter into a Memorandum of Understanding (MOU) with the selected Accountable Entity within each BH region.
- Submit a Letter of Interest and applicable letters of support by **September 30, 2025**.
- Each region's Planning Committee will determine how the planning process will be conducted.
- Technical assistance will be available to support your planning efforts.

We are excited to partner with you in building a behavioral health system that is responsive, equitable, and sustainable. Your leadership and local knowledge will be critical in shaping the future of behavioral health services in New Mexico.

If you have questions about the funding opportunity or the application process, please feel free to contact me directly at 505-637-1617 or [aoccal@nmcourts.gov](mailto:aoccal@nmcourts.gov).

The Administrative Office of the Courts will host two informational sessions to provide an overview of the SB3 BHRIA Planning Grant and answer questions from you and your Health and Human Services leadership prior to the application deadline. Sessions are scheduled for **Friday, August 29, 2025, from 11:00 a.m. to 12:00 p.m.** and **Tuesday, September 2, 2025, from 2:00 p.m. to 3:00 p.m.**

Use the following link to register: [<https://forms.gle/evTRN3jZXyxqgdgz9>].

Thank you for your ongoing commitment to the health and well-being of our communities.

Sincerely,



Esperanza Lucero, MSW, MBA  
Behavioral Health Integration and Reform Administrator  
Administrative Office of the Courts  
[aoccal@nmcourts.gov](mailto:aoccal@nmcourts.gov)



## Behavioral Health Investment and Reform Act Application for Behavioral Health Planning Funds

**Issued by:** New Mexico Administrative Office of the Courts

**Funding Purpose:** These funds are intended to support each behavioral health region in the planning, coordination, and development of a Regional Behavioral Health Plan pursuant to the Behavioral Health Reform and Investment Act (BHRIA) Section [24A-10-1](#) to [24A-10-10](#) NMSA 1978 (2025). Funds are intended to support regional plan development, stakeholder engagement, data gathering, workshop participation, and administrative coordination across counties, tribes, pueblos, and nations within each behavioral health region.

**Application Deadline:** [September 30, 2025]

**Award Amounts:** up to \$45,000 per entity

**Grant Term:** [September 2025 – June 2026]

**Applicant & Location:** One ‘Accountable Entity’ per Behavioral Health Region

**Applicant:** The applicant, referred to herein as the “Accountable entity,” must be a government, tribe, pueblo, nation, or quasi-government entity within a behavioral health region, and may be designated by the Behavioral Health Executive committee to report upon the status and progress of the regional behavior health planning process. *See* Section 24A-10-4 (G). Each county in the region must submit a letter of support for the Accountable Entity, and Accountable Entities are strongly encouraged to secure letters of support from each tribe, pueblo, or nation within the region.

**Two Informational Question & Answer (Q&A) webinars:** The Administrative Office of the Courts will host two informational sessions to provide an overview of the SB3 BHRIA Funding Opportunity and answer questions from you and your Health and Human Services leadership prior to the application deadline. Sessions are scheduled for **Friday, August 29, 2025, from 11:00 a.m. to 12:00 p.m.** and **Tuesday, September 2, 2025, from 2:00 p.m. to 3:00 p.m.**

Use the following link to register: [<https://forms.gle/evTRN3jZXyxqgdgz9>] You will be prompted to request access – please include your name and the entity which you are representing in the request.

### Section 1: Application Requirements

- Letter of Commitment from the Accountable Entity
- List of County(ies) or Tribal(s) Government Represented
  - These must be within the Accountable entity’s Behavioral Health Region

- Primary Contact Name
- Phone
- Email
- Mailing Address
- Letter of Support from each County Manager within the Behavioral Health Region
- Identification of in-kind funding
- Complete the budget table (Section 3) to indicate how funds will be allocated and what in-kind or leveraged resources your counties will contribute to the regional planning process.

**Note:** The Accountable entity is encouraged to document and include all in-kind support, but at minimum, a 25% match demonstrates commitment and shared responsibility in building the regional plan.

## **Submit Completed Application**

Email final application to Esperanza Lucero, Administrative Office of the Courts Behavioral Health Integration and Reform Administrator at [aoceal@nmcourts.gov](mailto:aoceal@nmcourts.gov).

If you have questions, please contact Esperanza at (505) 637-1617 or via email.

## **Section 2: Project Overview**

The primary purpose of these funds is to coordinate the behavioral health region's planning and serve as the main point of contact for AOC and other partners in the region. The scope of work for the funds includes the following activities:

### **A. Establish a Regional Stakeholder Planning Committee**

Each behavioral health region must form a **Regional Stakeholder Planning Committee** to lead the BH region's BHRIA planning efforts. The committee must:

#### **1. Convene Regular Planning Meetings**

- Establish a consistent schedule for meetings to ensure transparency, momentum, and meaningful collaboration.
- AOC will assign a designated event planner to assist with the planning of the workshop.

#### **2. Coordinate with UNM-HSC and AOC on E-SIM Mapping**

- Work closely with the University of New Mexico Health Sciences Center to plan, implement, and integrate Enhanced Sequential Intercept Mapping (E-SIM) workshops into regional planning. UNM-HSC will provide all facilitation and staffing

support for the E-SIM workshops, including convening, planning and on-site facilitation.

### **3. Include Diverse Stakeholders**

The committee must include the following representatives from each county of the behavioral health region:

- a. County governments
- b. Tribe, Pueblo, and Nation representation
- c. At least one (1) District Court Judge and court program representative
- d. Adults and youth with lived experience
- e. Behavioral health providers and community-based organizations
- f. County and Tribal Health councils and local collaboratives
- g. Other local key stakeholders as identified by the Accountable entity.

### **4. Ensure Regional Inclusivity**

Each county, tribe, pueblo, and nation within the behavioral health region must be formally invited to participate in the committee and have the opportunity to engage in decision-making processes.

- a. Ensure each county receives an equitable number of invitations.
- b. Ensure each tribe, pueblo, and nation within the region receives equitable representation and invitations.

### **5. Enhanced Sequential Intercept Mapping (E-SIM) Workshop Requirements**

Each Accountable entity must host an **Enhanced Sequential Intercept Mapping (E-SIM) Workshop** in collaboration with the Administrative Office of the Courts (AOC) and UNM-HSC, following the specifications below:

#### **a. Venue Requirements:**

- i. The workshop must be held in a government-owned and operated facility.
- ii. The AOC will provide each location with a minimum of two months' notice for planning and coordination.

#### **b. Hospitality Requirements:**

- i. Lunch and beverages must be provided for all participants.
- ii. Food should be sourced from a locally owned restaurant or food service provider to support community-based New Mexico vendors.

#### **c. Accessibility & Inclusion:**

- i. Translation and interpreting services must be made available as needed or requested by participants.

## **B. Engage in Community Outreach**

### **a. Regions must:**

- i. Co-host in at least one community listening session (or more if feasible) as directed by AOC.
- ii. AOC will provide a report from listening sessions in each behavioral health region.
- iii. Incorporate community input into regional planning efforts and document in regional plan.

## **C. Completion of the Regional Behavioral Health Plan**

Each behavioral health region must complete and submit a comprehensive regional plan in alignment with the BHRHA requirements. Key deliverables include:

### **1. Formal Establishment of Regional Coalition**

A regional coalition must be established through a formal agreement (e.g., Memorandum of Understanding) among participating counties, tribes, pueblos, and other stakeholders.

### **2. Stakeholder Engagement**

The planning process must demonstrate meaningful and ongoing engagement of stakeholders, as defined by the BHRHA, including county, tribal, court, youth/family, provider, and community representatives.

### **3. Identification of Accountable entity**

A government entity must be designated and approved by the Executive Committee to fulfill the obligations under section 24A-10-4(G) of the Act. The timing of this designation may vary. The Accountable entity could be the government entity designated by the Executive Committee.

### **4. Local Review and Approval**

The draft plan must be reviewed and approved by each participating county's governing body prior to final submission.

### **5. Identify Stakeholder Conflicts of Interest**

The plan must identify potential or actual conflicts of interest, if a stakeholder's financial interests would reasonably appear to be affected by the region's proposal.

### **6. Final Submission Deadline**

The completed and approved regional plan must be submitted to the appropriate oversight body by **June 30, 2026**. Final reports are subject to Executive Committee approval.

#### **D. System of Care Framework**

In order to effectively plan the states 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 anticipates a visualization that would allow regions to view the available behavioral health resources and associated funding source(s).

1. Each Accountable entity will work with AOC and any contractors to provide relevant information to complete a system of care for their region.
2. Extensive training and technical assistance will be offered. This deliverable will serve to inform the planning process after the workshop has been completed.

#### **E. Meet Reporting and Communication Requirements**

##### **1. Regions must:**

- a. Submit:
  - i. Monthly progress updates by the 15<sup>th</sup> of each month.
  - ii. Regional Plan Draft before April 30, 2026 or within 45 days following the E-SIM workshop
  - iii. Submit a finalized behavioral health regional plan to the AOC before June 30, 2026.
- b. Participate in monthly state-led technical assistance meetings.
- c. Respond to state-level requests for clarification, documentation or edits to regional plans.

#### **F. Invoicing, Adhere to Budget, and Grant Conditions**

1. Funds must be used only for planning, reporting and evaluation purposes, not direct behavioral health services.
2. The Accountable entity must invoice AOC after the completion of the budget items listed below. All invoices must be received prior to June 15, 2026.
3. All expenditures must comply with federal and state law.

## **Section 3: Budget and Timeline**

**Total Amount Requested: \$ \_\_\_\_\_**  
(up to \$45,000)

**Budget:**

<b>Budget Items</b>	<i>Suggested Budget Amounts</i>	<b>In Kind Options*</b>	<b>Budget Amount</b>
<ul style="list-style-type: none"> <li>• <b>Establish a Regional Stakeholder Planning Committee</b></li> <li>• <b>Meeting Related Expenses</b></li> </ul>	\$15,000		
<b>Community Outreach</b>	\$5,000		
<b>Development and Completion of the Regional Behavioral Health Plan</b>	\$25,000		
<b>Total</b>	<b>\$45,000</b>		

***\*In Kind Examples:***

- *Health Council Funding*
- *Opioid Settlement Funds*
- *Grant Funds*
- *Staff time from tribal, judicial, or community behavioral health agencies dedicated to SB3 planning and coordination*
- *Use of government or tribal facilities for regional workshops and/or stakeholder meetings*
- *Use of office or meeting space without charge*
- *Volunteer hours contributed to planning or events*
- *Donated equipment or supplies (computers, furniture, etc.)*
- *Printing and marketing materials provided by partners*
- *Access to technology platforms or software licenses provided free*

*\*The Department of Health received funding to support local health councils in assisting with the implementation of the Behavioral Health Reform and Investment Act (SB3). The funding identified as in-kind is intended to demonstrate how additional funding sources can be leveraged to support this project.*

## **Order of Events**

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1. Accountable entity submits application
2. AOC and Accountable entity execute MOU for funds.
3. Accountable entity establishes Regional Stakeholder Planning Committee.
4. Date of workshop for E-SIM and funding priority identification is selected from options provided by AOC.
5. Workshop planning date options will be provided no less than 60 days prior to event.



6. UNM-HSC and HCA will provide data to the Regional Stakeholder Planning Committee and Accountable entity.
7. Workshop (E-SIM and Funding Priority Identification) occurs.
8. UNM-HSC provides Accountable entity and Regional Stakeholder Planning Committee the E-SIM summary report.
9. AOC will work with the Accountable entity to begin developing a comprehensive picture of the behavioral health region's system of care.
10. Regional Stakeholder Planning Committee drafts regional plan.
11. Submit regional plan within 60-90 days following the E-SIM workshop.
12. Executive Committee reviews and approves plans, if revisions are requested, plans go back for editing and resubmission to AOC.
13. Executive Committee designates a government entity responsible for implementing, reporting, and continuously updating and adapting the submitted regional plan.
14. The designated government entity works with HCA to deliver funds pursuant to regional plans.

## Technical Assistance and Support

In order to support the successful foundational elements of the BHRIA, each Accountable entity will have access to the following supports:

### 1. Technical Assistance (TA):

Guidance on regional planning, funding alignment, community engagement, and strategic implementation.

- a. Assistance with creating performance measures, timelines, data collection, feasibility analysis and sustainability plan.
- b. Help navigating sustainability planning post-grant.

### 2. Facilitation & Planning Support

- a. Event Planner will be available and dedicated to provide support and assistance for each event and will provide the following:
  1. Event Planning and Coordination: Customize event format based on regional history and planning needs (one- or two-day format) and coordinate all event logistics and workflows, including timelines, client-provided agendas, and staffing assignments.
  2. Venue Coordination: Coordinate all facility logistics, including setup, AV, and direct communication with venue staff.
  3. Stakeholder Engagement and Outreach: Organize regional planning calls, send invitations and outreach materials, run public awareness campaigns, and manage RSVPs and participant roles.
  4. Food Services: Coordinate local food vendors, obtain necessary approvals, and ensure menu options meet timing and dietary needs.

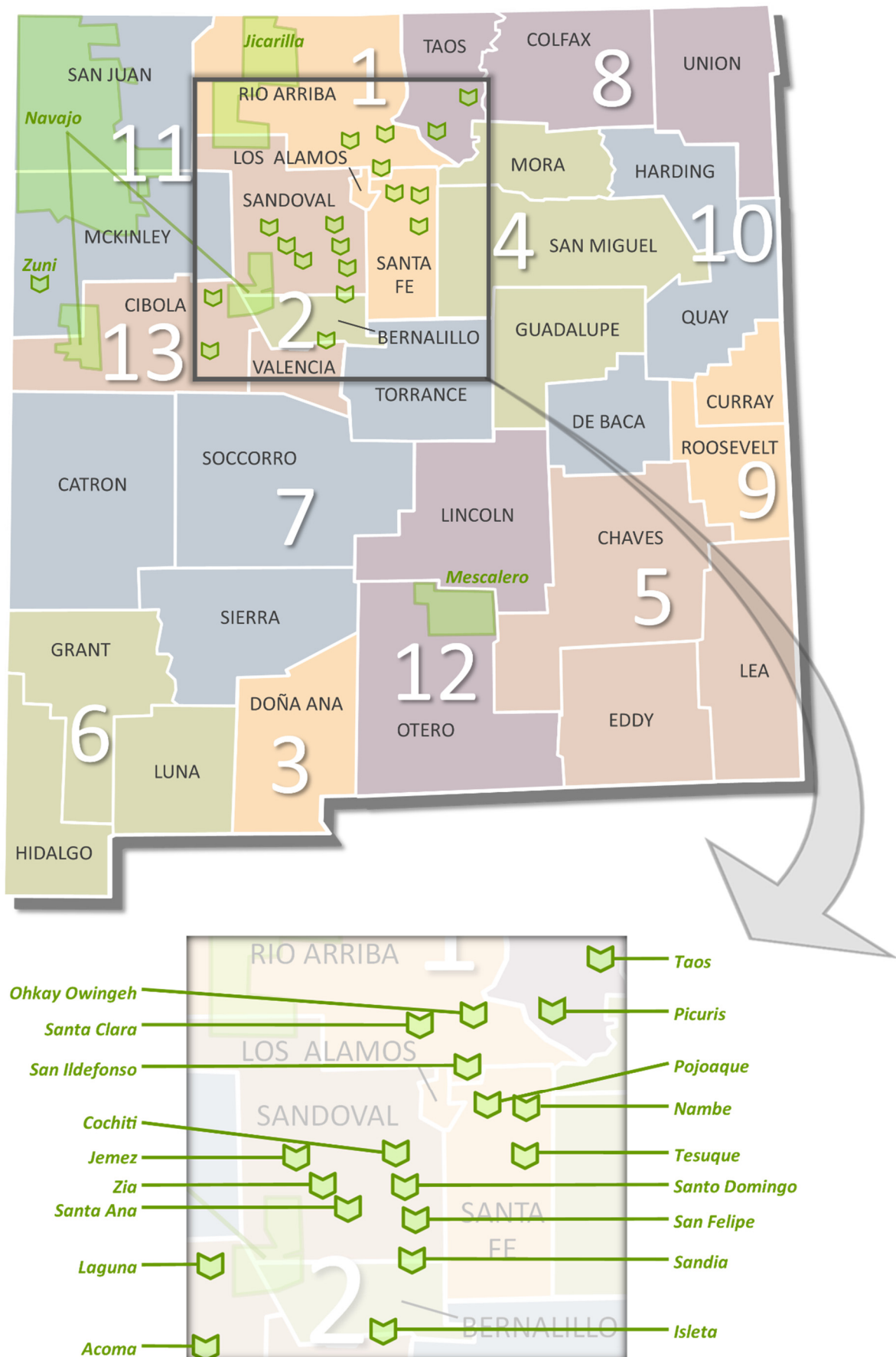
5. Accessibility & Language Services: Ensure ADA-compliant venues and arrange for Spanish and ASL interpretation services.
  6. Reporting and Deliverables: Compile event data, maintain documentation, provide summary briefings, and track progress across regional events.
    - b. Facilitators for E-SIM workshops (adult and youth) through UNMHSC.
    - c. Wrap up report and service mapping across the intercepts through UNMHSC.
    - d. Medicaid enrollment and service use trends through HCA.
    - e. Coaching on how to build or sustain a regional behavioral health collaborative.
- 3. Tribal Inclusion and Engagement Support**
- a. Culturally responsive engagement models
  - b. Support building tribal partnerships and tribal-led planning processes
- 4. Budget Development Support:**
- Assist with creating realistic budgets, identifying funding gaps, and leveraging existing local, state, and federal funds as well as budget management, reporting templates, compliance with state contracting or procurement rules and documentation of deliverables (E-SIM summary, regional plan)
- 5. Training and Capacity Building:**
- Support for leadership and staff in understanding the BHRIA goals, behavioral health system navigation, and accountability structures.
- 6. Stakeholder Engagement Tools:**
- Templates, outreach materials, and facilitation guides to ensure inclusive and representative participation in planning.
- a. Tools and training for:
    1. Hosting inclusive, community-based listening sessions
    2. Engaging underserved groups (e.g. tribal, LGBTQ+, seniors, disabled, youth, rural, etc.)
    3. Using equity indicators in regional priority setting
- 7. Planning Templates and Rubrics:**
- Standardized tools to develop, evaluate, and submit regional behavioral health plans that meet statutory requirements.
- a. Standardized templates for:
    1. E-SIM reports
    2. Regional Planning priorities
    3. Final regional planning deliverables
- 8. Medicaid Alignment and Financing**

- a. TA on Medicaid billing and reimbursement options
- b. How to braid SB3 funds with:
  - 1. CCBHCs
  - 2. 1115 Waiver Programs
  - 3. Statewide Medicaid Managed Care

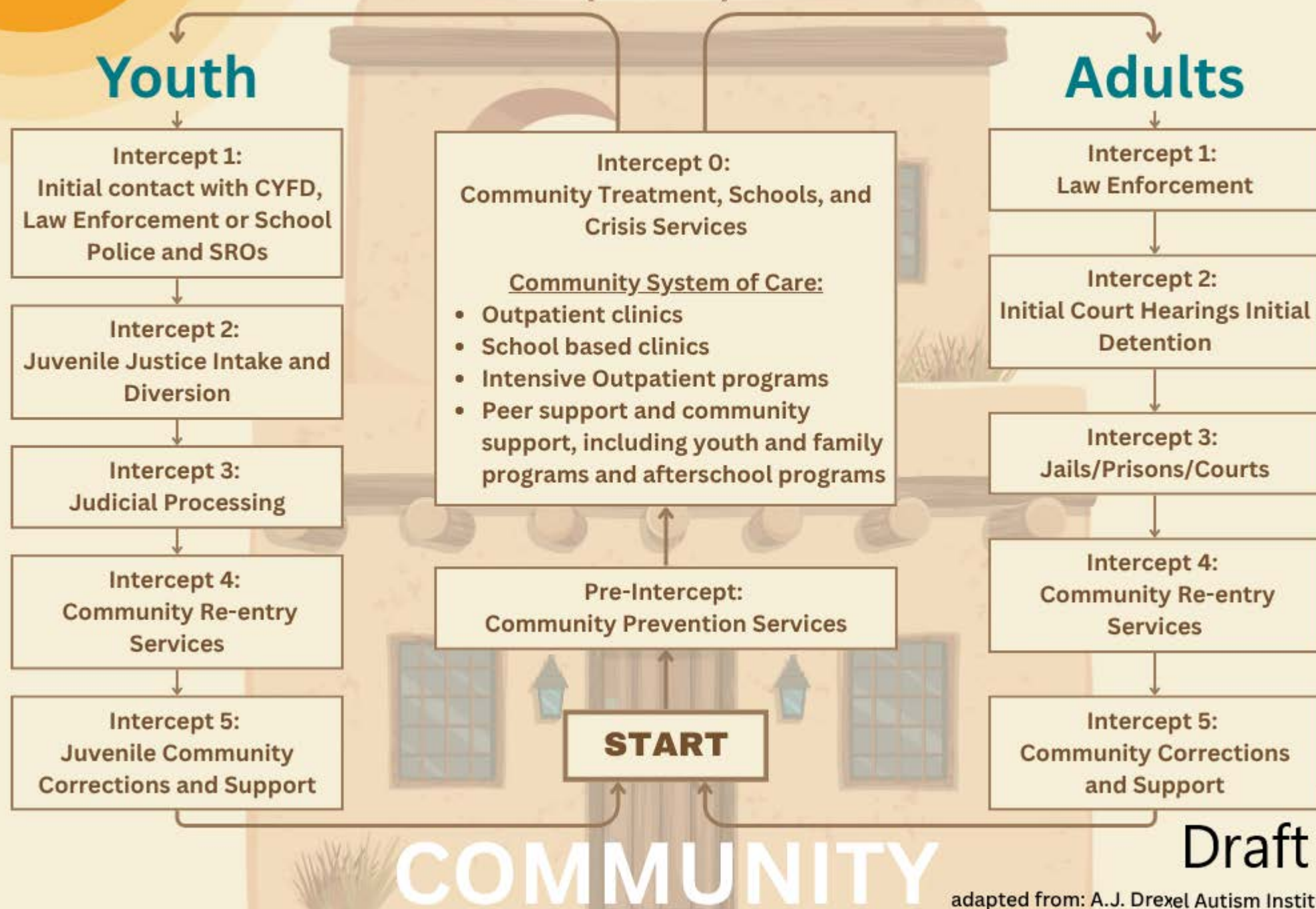
**9. Ongoing Communication and Check-Ins:**

Regular touchpoints to monitor progress, troubleshoot challenges, and ensure alignment with SB3 timelines and expectations.

# The NM Behavioral Health Reform Investment Act



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



# 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.