

Administrative Office of the Courts

Supreme Court of New Mexico

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Behavioral Health Reform and Investment Act

Frequently Asked Questions (FAQ) for Accountable Entities

This FAQ reflects questions and responses relevant to the Administrative Office of the Courts (AOC) role in Regional Behavioral Health Plan Development.

1. What are the deadlines to AOC?

All Intergovernmental Agreements between AOC and the Regional Accountable Entity includes the following language included

Section 4: Regional Behavioral Health Plan

“Be submitted to the AOC before April 30, 2026 or within 60 days following the receipt of the Regional Planning Workshop Report completed by UNM-HSC.”

Section 5: Final Behavioral Health Regional Plan Submission Deadline

“The completed Behavioral Health Regional Plan must be submitted to the Executive Committee by June 30, 2026. The Final Regional Behavioral Health Plan is subject to Executive Committee approval.”

2. If regions have priorities related to state policies or state-wide resources, is there a process to have a state-wide approach?

The AOC recognizes there are statewide efforts happening in parallel to the regional planning process and that certain regional priorities—particularly those related to state policy, civil commitment processes, and access to inpatient care—may require consideration beyond the regional level.

At this time, regions are encouraged to utilize the collaborative planning process to:

- *Identify and discuss shared priorities within and across regions*
- *Document system-level challenges and barriers related to access, including geographic limitations and resource availability*

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- *Consider available allocation mechanisms within the regional plan to address identified needs*
- *Identify areas where collaboration at the state level would assist in decreasing the duplication of services*

While there is no formal statewide process currently established to accommodate these priorities, the AOC will support the identification and elevation of recurring themes and system-level issues. This information may inform future policy discussions and potential opportunities for broader coordination with state partners.

3. How is the state viewing priorities that are the same across regions?

The AOC recognizes that many behavioral health needs—such as transportation, workforce development, and access to a full continuum of care—extend beyond regional boundaries.

Regions are encouraged to remain flexible in their approach to defining and addressing these priorities, with an understanding that individuals and communities do not experience services within regional constraints.

The AOC will support the identification and elevation of shared priorities across regions and will work with state partners to inform opportunities for broader coordination where appropriate.

Where common priorities are identified across regions, Accountable Entities are encouraged to:

- *Consider opportunities for coordination and shared solutions*
- *Explore approaches that leverage economies of scale*
- *Identify strategies that support access to a comprehensive continuum of care, particularly in smaller or rural communities*

4. How is the state addressing policy and procedural barriers?

The AOC encourages regions to explicitly identify policy and procedural barriers that impact individuals' access to behavioral health services. Regions should document these barriers within their plans and elevate them through the regional planning process. The AOC will support

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aggregation of these themes to inform statewide policy discussions and potential system alignment opportunities.

How are regions organizing and operating their regional stakeholder planning committee?

The AOC recognizes regions are at varying stages in establishing stakeholder governance structures and that approaches to representation and participation may differ.

Regions are encouraged to:

- *Establish clear and transparent decision-making processes early in the planning phase*
- *Define expectations for participation and representation across stakeholder groups*
- *Strive for balanced engagement while maintaining a functional and manageable committee structure*
 - *For example: Enter into a Memorandum of Understand or other like agreement. The agreement could define the authority the counties and tribal governments receive under the Behavioral Health Reform and Investment Act, define the Regional Stakeholder Planning Committee as an advisory body to each County and Tribal government involved, define the purpose, budgeting, and operations of the Planning Committee.*

While not all stakeholders may be in agreement on representation or structure, regions should prioritize inclusive participation and clear communication.

The involvement of state legislators may provide valuable opportunities to:

- *Share challenges and implementation considerations*
- *Offer feedback and technical assistance*
- *Support alignment with broader system goals or specific system barriers*

Regions are encouraged to thoughtfully consider the role of state partners while maintaining appropriate local decision-making authority.

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5. For the requirement for lived experience representation on the Regional Planning Committee: "Adults and youth with lived experience", could this be fulfilled by having family members of individuals with behavioral health conditions participate on the planning committee?

The intent of lived experience representation is to ensure that the perspectives of individuals directly impacted by behavioral health conditions and system involvement are meaningfully included. Family members may provide valuable perspective, particularly when representing youth or individuals unable to participate directly; however, regions are encouraged to include individuals with direct lived experience whenever possible to fully meet the intent of this requirement.

6. Procurement: If all 13 regions initiate separate RFPs, providers statewide could be significantly burdened by responding to multiple solicitations at the same time, which may strain capacity and create unintended challenges. How is this being examined?

The AOC recognizes this concern as a system-level issue with potential implications for provider capacity and statewide coordination. The AOC will elevate this issue in coordination with state partners to explore opportunities for alignment, efficiency, and reduced administrative burden across regions while maintaining regional flexibility.

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7. What does AOC involvement look like after BH Regional Plans are submitted and approved by Behavioral Health Executive Committee?

With the final submission deadline quickly approaching, the AOC will work diligently with HCA to develop a transitional plan to outline the steps, goals, and timeline for moving from the BHRIA planning phase to the implementation phase, minimizing disruption and ensuring continuity in projects, roles, and BHRIA sustainability goals for Accountable Entities.