



HEALTH CARE
AUTHORITY

Behavioral Health Executive Committee
Behavioral Health Reform and Investment Act

**Early Access Regional Plans
Notice of Funding Opportunity**

November 4, 2025

Behavioral Health Reform and Investment Act Early Access Regional Plans

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1. OVERVIEW OF FUNDING OPPORTUNITY

1.1. PROGRAM TITLE

Behavioral Health Reform and Investment Act (BHRIA) – Early Access Regional Plans

1.2 SYNOPSIS OF PROGRAM

[Senate Bill 3](#) passed with strong bipartisan support during the 2025 legislative session, enacting the **Behavioral Health Reform and Investment Act** with an emergency clause. This landmark legislation takes major steps to strengthen and build New Mexico’s behavioral health system through coordinated regional planning, accountability across all three branches of government, and active stakeholder engagement at the local level.

The Behavioral Health Reform and Investment Act (BHRIA) requires each Behavioral Health region, as identified by a new **Behavioral Health Executive Committee**, to identify up to five behavioral health priorities and develop a four-year regional plan, informed by the use of Sequential Intercept Mapping (SIM). These plans are intended to address service gaps, ensure continuity of care, and build a sustainable system of treatment and prevention across the State of New Mexico. Funding for the regional plans was authorized in the 2025 General Appropriations Act as follows:

Agency	Purpose	Amount	Expiration
Health Care Authority (HCA)	Behavioral Health funding priorities in regional plans	\$50 million	FY27
HCA	Grants to support specific types of Behavioral Health initiatives in regional plans	\$61.5 million	FY29

To avoid delaying investment in critically needed services while regions are completing SIM, establishing their behavioral health priorities, and finalizing their regional plans, the **New Mexico Health Care Authority (HCA)** announces the availability of early access funding under the Behavioral Health Reform and Investment Act (SB3) to support **Early Access Regional Plans**. In alignment with Section 4(D) of Senate Bill 3, the HCA has identified that the service gaps within each Behavioral Health region statewide are significant enough to warrant early access funding for critical access priorities, as set forth below. This funding mechanism accelerates investment for the most critical behavioral health needs so that communities can invest in needed behavioral health care immediately while maintaining alignment with the long-term vision and structure of the Behavioral Health Reform and Investment Act. Additionally, this opportunity ensures that funding can be issued to the regions quickly to address known access shortage issues before it expires at the end of state fiscal year (FY) 2027 - (June 30, 2027).

Through this notice of funding opportunity, regions are invited to submit Early Access Regional

Plans to address, through immediate funding, **any of the following four critical access shortages***:

1. **Residential Treatment Continuum of Care**
2. **Crisis Continuum of Care**
3. **Medication Assisted Treatment (MAT) for Justice-Involved Individuals**
4. **Prenatal and Perinatal Substance Use Disorder (SUD) Treatment Programs**

*Each of these four critical access shortages are further defined in Section 2.4 below.

1.3 PURPOSE

The purpose of this funding is for Eligible Applicants to initiate critical service delivery **in advance of full regional plan submission** and to ensure that all regions have the opportunity to begin building sustainable infrastructure immediately, consistent with the Behavioral Health Reform and Investment Act.

The priorities identified in the Early Access Regional Plans may complement the up to five priorities that will be established by the regions and **are not designed to take the place of priorities that will be established at the regional level**. Funding for Early Access Regional Plans will be in addition to the funding that will support final approved regional plans. Once the region submits its final regional plan, **Early Access Regional Plan funding and requirements will be incorporated into the region's final approved plan**. This will include aligned reporting requirements and performance metrics to minimize administrative burden and duplicative requirements for the regions.

Providers are required to comply with all applicable laws, regulations, and legal orders governing the performance of Service Standards, *as further defined in Section 6.5 and in Appendix D: Behavioral Health Service Standards*.

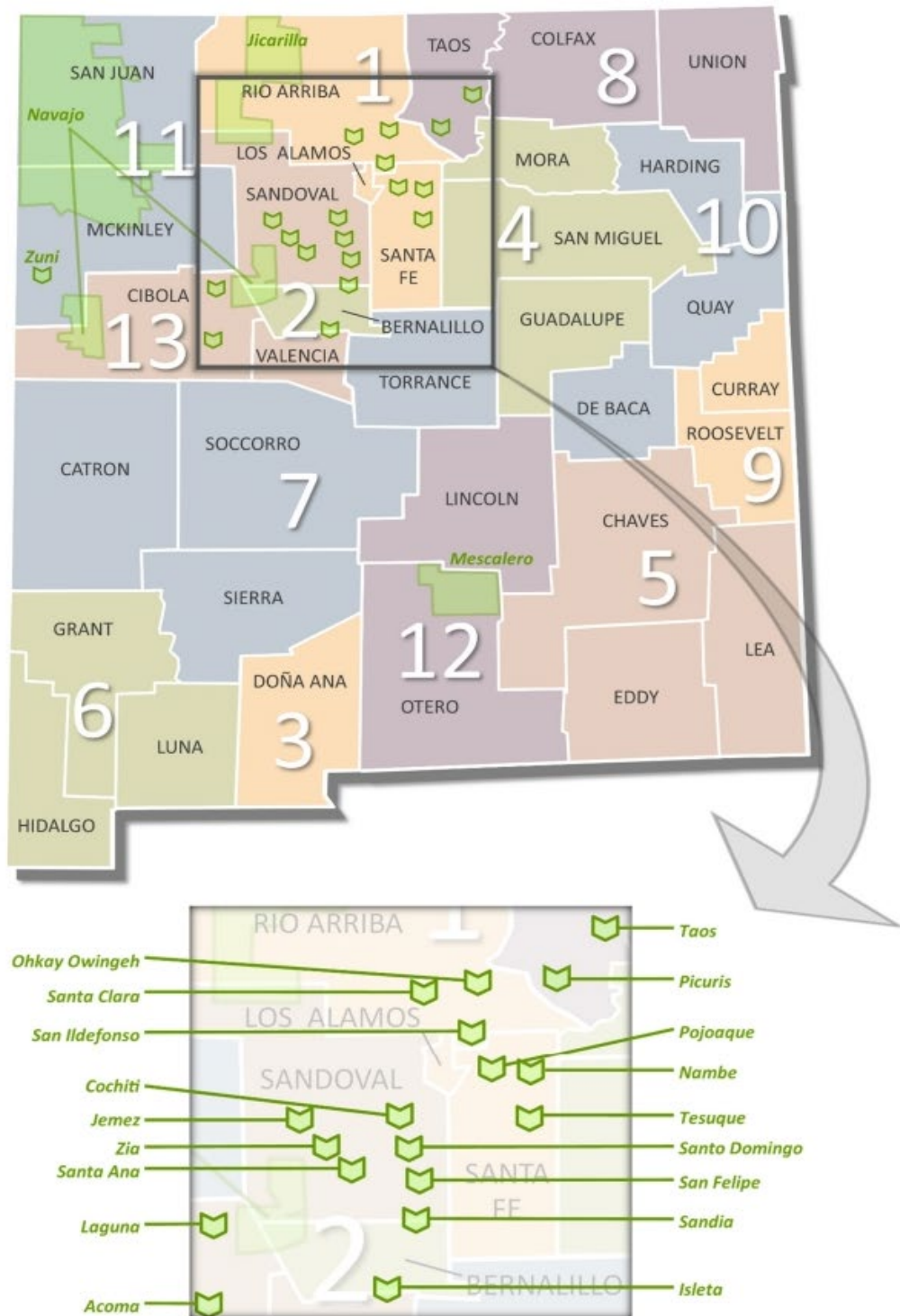
1.4 BEHAVIORAL HEALTH REGIONS

On June 24, 2025, the **Behavioral Health Executive Committee** adopted 13 Behavioral Health Regions to serve as the geographic framework for planning, funding, and growth of behavioral health services across the state of New Mexico.

The Behavioral Health Regions are identified as follows:

REGION	COUNTIES:	HOME TO THE FOLLOWING NATIONS, PUEBLOS AND TRIBES:
1	Santa Fe, Rio Arriba, Los Alamos	Pojoaque, Nambe, Tesuque, Ohkay Owingeh, Santa Clara, San Ildefonso, Jicarilla Apache
2	Bernalillo	Isleta, Sandia, Navajo
3	Doña Ana	
4	Mora, San Miguel, Guadalupe	
5	Lea, Eddy, Chaves	
6	Grant, Luna, Hidalgo	
7	Catron, Sierra, Socorro, Torrance	
8	Taos, Colfax, Union	Taos, Picuris
9	Curry, Roosevelt	
10	Harding, Quay, De Baca	
11	San Juan, McKinley	Zuni, Navajo
12	Lincoln, Otero	Mescalero Apache
13	Cibola, Sandoval, Valencia	Santo Domingo, San Felipe, Isleta, Cochiti, Jemez, Zia, Santa Ana, Laguna, Acoma, Sandia, Jicarilla Apache, Navajo

The NM Behavioral Health Reform Investment Act



1.5 REGIONAL COORDINATION WITH NATIONS, PUEBLOS, AND TRIBES

Regions are required to engage with all Nations, Pueblos, and Tribes within their identified Behavioral Health region, throughout the process of developing regional plans, including for Early Access Regional Plan funding.

1.6 POINT OF CONTACT

Applicants should direct all inquiries and communications concerning this Notice of Funding Opportunity (NOFO) to:

New Mexico Health Care Authority

Kristie Brooks, Director of Behavioral Health Transformation and Innovation

Questions will only be answered through BHRIAsupport@hca.nm.gov

No contact shall be made with other HCA personnel or its designees regarding this NOFO . Failure to comply with this requirement may result in disqualification.

2. AWARD AMOUNT

2.1 TOTAL AVAILABLE FUNDING

The total funding available for Early Access Regional Plan awards is **\$26 million**.

Each award is contingent upon funding availability. Funding awards are based on population size, behavioral health needs, any disproportionate impact, documented services gaps, the scope of work and projected costs necessary to expand or establish services.

Through this NOFO, each region may receive up to \$2 million in Early Access Regional Plan funding, which can be used for any number of projects within each region that are designed to address one or more of these four critical access shortages:

1. **Residential Treatment Continuum of Care**
2. **Crisis Continuum of Care**
3. **Medication Assisted Treatment (MAT) for Justice-Involved Individuals**
4. **Prenatal and Perinatal Substance Use Disorder (SUD) Treatment Programs**

2.2 NUMBER OF AWARDS AND SUBMISSIONS

Each application must propose project(s) that address one or more of the designated critical access areas outlined in Section 2.4.

Award amounts will be determined based on several factors, including identified behavioral health needs, existing service gaps, population characteristics, and areas experiencing disproportionate impacts.

An applicant may NOT submit more than one application.

2.3 ELIGIBLE APPLICANTS

Behavioral Health regions that have submitted an application for the [BHRIA Regional Planning Funding Opportunity](#) are eligible to submit an Early Access Regional Plan proposal.

Regions must identify an ‘**accountable entity**’, which may be a government, nation, pueblo, tribe, or quasi-government entity, within the behavioral health region, to serve as the applicant.

Applicants may partner with a provider in their community to submit the application and demonstrate readiness for implementation.

2.4 PROJECT REQUIREMENTS

- a) Early Access Regional Plans must establish or expand any of the following four* critical access shortages area, at any stage in the lifespan:

Critical Access Need	Examples** of Eligible Projects /Services
1. Residential Treatment Continuum of Care	• Accredited Residential Treatment Centers (ARTCs) • Supportive living programs • Recovery housing • Transitional housing • Treatment foster care • Other related services which aim to address gaps in the continuum of care
2. Crisis Continuum of Care	• Crisis Triage Centers (CTCs) • Mobile Crisis Treatment Services (MCTs) • Assertive Community Treatment (ACT) • Development or expansion of Certified Community Behavioral Health Clinics (CCBHCs) • Other crisis services, focused on increasing immediate access and reducing ED utilization.
3. Medication-Assisted Treatment (MAT) for Justice-Involved Individuals	• Expansion of MAT programs within jails, detention centers, and prisons. • Training and workforce development for providers serving justice-involved populations.

4. Prenatal and Perinatal Substance Use Disorder (SUD) Treatment Programs

- Family-centered residential treatment programs
- Specialized prenatal and perinatal SUD treatment services

* Regions (including nations, pueblos, and tribes) are eligible to support more than one project

** Regions are NOT limited to this list of projects that may be supported with the use of early access funding. These are examples of how funds may be used, though not an all-exclusive list.

- b) Meets the requirements outlined in Section 7.3
- c) Applicants must provide services in the regions outlined in Section 1.4

2.5 FUNDING PERIOD

The Early Access Regional Plan funding period from February 1, 2026, to June 30, 2027. (Funding to support Early Access Regional Plans currently expires at the end of FY27.)

2.6 REQUIRED REPORTING

Regions are expected to provide *quarterly reports* supporting their proposal requests, project outline, and showcasing performance metrics, as further detailed in Section 6.1

Failure to provide performance metrics will compromise further acceptance of funds.

Reporting requirements will be aligned with and incorporated into final approved regional plans.

3. APPLICATION PROCESS

Applicants must complete the proposal form and submit all required documents to the Health Care Authority.

3.1 APPLICATION TIMELINE

The application process for this NOFO is anticipated to proceed according to the timeline below. HCA reserved the right to revise this timeline or any portion of this NOFO by publishing an addendum.

For Early Access Regional Funding, HCA will be awarding applicants within one-cycle. Following this Early Access Regional Funding opportunity, regions are eligible to submit requests for additional funding through their Regional Plans.

ACTION	RESPONSIBLE PARTY	DEADLINE
Issue Notice of Funding (NOFO)	HCA	November 4, 2025
Applications Due	Applicants	December 19, 2025
Application Review Period	Review Committee	December 20, 2025 – January 23, 2026
Notification of Awards	HCA	Week of January 26, 2026
Contracting – Contract will be finalized. If mutually agreeable terms cannot be reached with the awarded applicant in the time specified, HCA reserves the right to withdraw funding.	Awarded Applicant & HCA	February 2026
Funding Start Date	HCA	Upon final contract signature

See Section 7 below for further details on the Early Access application and application submission information.

4 USE OF FUNDS

4.1 FUNDING TERMS

Awarded Applicants will receive funding from the Health Care Authority (HCA). The HCA anticipates that funding will begin to be disbursed within 30 calendar days of contract execution, pending completion of all required fiscal and administrative processes. HCA is not bound by any award estimates or budget amounts requested in response to this NOFO.

Each submission must identify the ‘accountable entity’ within the proposed plan as per the criteria identified in Section 2.3. This accountable entity will serve as the regional representative within the proposed plan and will serve as the fiscal agent of that region.

Funding may be reduced or terminated if funds allocated to HCA for this program become reduced, depleted, or unavailable during the Contract Term. If HCA determines an Awarded Applicant has failed to perform or failed to conform to contract requirements, HCA may retract or reduce the funding amount for the Awarded Applicant.

4.2 INVOICING CADENCE

Funds will be administered as a one-time delivery. All invoices are subject to deadlines and requirements set forth by the New Mexico Department of Finance and Administration (DFA).

4.3 FUNDING LIMITS

The total funding available for awards is contingent on funding availability.

4.4 FUNDING CAPS AND ALLOCATION LIMITS

Awarded applicants may not use more than 15% of funding received for administrative overhead and evaluation and performance tracking.

An awarded applicant cannot have more than one overhead rate.

4.5 ALLOWABLE COSTS

Funds awarded under the Early Access Regional Plans will be used to address urgent Behavioral Health service gaps identified within each region prior to the completion of finalized regional plans. Investments will be prioritized across four critical shortage areas.

Consistent with the Behavioral Health Reform and Investment Act, Early Access funds may be used to cover direct service delivery, program start-up and expansion costs, workforce recruitment and retention, and infrastructure needs to sustain behavioral health services within each region, nation, pueblo, or tribe.

4.6 PROHIBITED COSTS AND LIMITATIONS

Regions are prohibited from or limited to expending funds on the following: lobbying, costs incurred prior to the contract start date, payment towards previously incurred debt, and projects not identified within the approved early access plan.

Funds are further limited in duration and scope, may only support allowable services identified in the regional plan, and cannot duplicate existing funding streams or supplant other federal, state, or local resources.

Awarded applicants must maintain complete documentation demonstrating that all costs are reasonable, necessary, and directly connected to the implementation of approved early access activities.

4.7 AWARDED BUDGET AND CHANGE REQUESTS

Final Award Budget: Each application selected for funding shall provide HCA with a Final Award Budget detailing the expected uses of award funds during each year of the Funding Period. Budget changes made after the contracting period will require a budget revision submission form and approval by the Health Care Authority.

5 SELECTION FOR FUNDING

5.1 APPLICATION SCREENING

Applications will be reviewed by a **cross-agency scoring team** including, but not limited to, representatives from:

- Health Care Authority (HCA)
- Administrative Office of the Courts (AOC)
- Legislative Finance Committee (LFC)
- Behavioral Health Executive Committee

5.2 RECOMMENDATION FOR FUNDING Applicants must meet the requirements of the NOFO to qualify for further consideration. Incomplete applications will not be considered.

Recommendations will be reviewed and then advanced to the **Behavioral Health Executive Committee** for approval.

Additional information on scoring criteria can be found in Appendix B: Rubric.

5.3 FUNDING DECISIONS

Applicants will be notified about funding decisions by email according to HCA's timeline, subject to change. Awardees will have no more than 15 days to confirm their acceptance of the award after the email has been sent. HCA will reallocate funding from awards that are not confirmed within that time-period.

6 COMPLIANCE AND ACCOUNTABILITY

6.1 PROJECT INITIATION AND PLANNING

Awardees are tasked with completing a Logic Model within 45-days of contract start.

See Section 8.2 for further details.

6.2 QUARTERLY REPORTING

Quarterly reports will be required for the duration of the funding period. Regions may select performance metrics that best match their identified goals. Additional reporting may be required upon request.

6.3 AUDITS

Awardees are subject to financial and programmatic audits through the Health Care Authority. All records related to the use of Early Access funding must be maintained and made available for inspection upon request.

6.4 FAILURE TO FULFILL PROJECT REQUIREMENTS

Failure to meet reporting requirements or demonstrate measurable advancement toward project goals may result in disqualification from future funding opportunities under the Behavioral Health Reform and Investment Act. HCA reserves the right to suspend, reduce, or terminate funding.

6.5 APPLICANT RESPONSIBILITIES

Providers are required to comply with all federal, state, and local laws, statutes, ordinances, rules and regulations and the orders and decrees of any court or administrative bodies or tribunals in any matter affecting the performance of the service standards.

New Mexico State regulations are outlined in Appendix D: Behavioral Health Service Standards.

7 APPLICATION

7.1 APPLICATION SUBMISSION

Regions shall submit only one proposal in response to this RFP via Bonfire, our online submission platform. At this time, ***only*** electronic proposal submissions are allowed. Please **do not** submit hard copies – they will not be accepted.

7.2 APPLICATION DEADLINE

Applications must be:

- a) Submitted no later than 11:59pm (MST) on December 19, 2025
- b) Completed according to the guidelines outlined in this NOFO.

7.3 APPLICATION

Region Represented: _____

Counties, Nations, Pueblos, and Tribes represented within region: _____

Accountable Entity: _____

Primary Contact Name & Title: _____

Phone: _____

Email: _____

All early access regional proposals should include the following provisions, *as outlined in Appendix B*.

SECTION 1: PROGRAM OVERVIEW (1 PAGE MAX)

- Critical Access Need: Choose which of the following Critical Access shortage areas are to be addressed (*may select more than one*):
 - ☐ Residential Treatment Continuum of Care
 - ☐ Crisis Continuum of Care
 - ☐ Medications Assisted Treatment (MAT) for Justice-Involved Individuals
 - ☐ Prenatal & Perinatal SUD Treatment Programs
- Statement of Purpose: Provide a brief overview of the proposed Early Access Regional Plan, clearly articulating the overarching purpose or vision of the plan, including summarization of service and plan goals.

SECTION 2: DEMONSTRATION OF NEED (3-5 PAGES MAX, including supporting data)

- Service Gaps: Describe the behavioral health service gaps in your region and provide data on unmet needs (e.g., wait times, ED utilization, incarceration rates for individuals with SUD, maternal/infant outcomes, etc.).

- How Needs are Identified: Summarize the type of unmet or underserved need, the extent to which this service is needed, and how this need has been identified. What barriers or other contributing factors play into this unmet or underserved need?
- Urgency of Immediate Service Delivery: Explain the urgency of immediate service delivery and why early intervention is critical.
- Service Gaps: Explain how the program's services are specifically tailored to address the identified needs, including cultural relevance, accessibility, and equity considerations, that this service seeks to fill.
- Target Population: Describe who will benefit from the project, including factors such as age, diagnostic category(ies), geography - rural, frontier, and tribal communities. Provide a clear description of the key characteristics and size of the primary population, supported by data

SECTION 3: HOW NEED IS MET (3 PAGES MAX)

- Service Alignment: Explain how the proposed regional priority addresses the identified needs within the region.
- Behavioral Health Service Standards: Explain how the proposed service expansion that aligns with the priority meets the Service Standards set forth by the Health Care Authority.
- Cultural Humility: Addresses how the plan and service delivery will be tailored to meet the needs of diverse /underserved /disparate populations.

SECTION 4: MEASURING SUCCESS (2 PAGES MAX)

- Performance Metrics: Defines how success will be measured, including indicators, benchmarks, and reporting tools.

SECTION 5: FUNDING STABILITY (2 PAGES MAX)

- Use of Funds: Proposal details explanation with how funds will be utilized to meet the needs of the identified priority. Proposal outlines a plan for sufficient use of necessary expenditures and justifiable costs, given the proposed priority.

7.4 BUDGET JUSTIFICATION

Applicants should provide a detailed budget outlining how early access funds will be used to support proposed project(s). This may be submitted as a line-item budget and narrative justification.

A sample budget form may be found in Appendix F.

Total requested: \$ _____

8 EVALUATION

8.1 EVALUATION PLAN

The evaluation process is designed to ensure consistency, accountability, and rigor by promoting shared responsibility for outcomes and improving data quality in alignment with the New Mexico Health Care Authority (HCA) and the Legislative Finance Committee (LFC) performance standards.

This collaborative approach enhances the validity and utility of program evaluations by ensuring that regional plans are assessed based on best and promising practices, cost-effectiveness, and clearly link proposed activities to measurable improvements in behavioral health outcomes statewide.

Within 45-days of contract start, awardees must submit an Evaluation Plan for each project using quarterly reporting data. Each plan shall include an overview of services provided or supported, the problem statement addressed, overarching goals, budget allocations, and the underlying assumptions or evidence supporting the selected approach.

A sample Evaluation Plan can be found in Appendix C. Evaluation Guidelines.

8.2 LOGIC MODEL

Building a logic model helps clearly articulate what a program aims to accomplish. It shows the relationships between program resources, activities, outputs, and expected outcomes, and serves as a framework for planning, implementation, and evaluation. A logic model helps clarify the relationship between what a program does, the steps a program takes to reach its goals, and the project's goals (Hayes, Parchman and Howard, 2011).

Within 45-days of Early Access funding initiation, regions must complete a logic model for each service. Each model should identify:

- ✓ Resources utilized for service implementation
- ✓ The people and entities that will be responsible for implementing the program.
- ✓ The activities that will be carried out.
- ✓ How you will measure whether activities are implemented as intended
- ✓ Expected short- and long-term outcome

A sample logic model can be found in Appendix C. Evaluation Guidelines.

8.3 EVALUATION GUIDELINES

Evaluation guidelines include methods for evaluating the effectiveness of promising practices and behavioral health services.

Evaluation Guidelines for each regional priority are outlined on the HCA website and can be found in Appendix C.

8.4 RUBRIC

The early access regional proposal rubric provides a standardized framework for evaluating regional plan proposals to ensure fairness, consistency, and alignment with SB3 requirements. It outlines the criteria and rating scale used to assess the need, urgency, and responsiveness of each proposal.

The full rubric, including detailed scoring guidance, can be found in Appendix B.

8.5 RUBRIC RATING SCALE

Final review will ensure that regional plans align with the behavioral health service standards and evaluation guidelines established under the BHRIA. Regional plans may not compromise Medicaid compliance.

Table 1 below outlines the rating scale that will be used to evaluate proposals. Each proposal will be assessed based on how well it addresses the questions and associated requirements, and the level of detail provided in the response.

Table 1: Rubric Rating Scale

RATING SCALE	RATING	DEFINITION
3	Exceptional	The proposal fully addresses the question and all associated requirements, providing clear enough detail to demonstrate the thorough responses to the questions outlined above.
2	Meets Expectations	The proposal adequately addresses the question and most associated requirements and provides enough detail to demonstrate thorough responses to the questions outlined above.
1	Poor /or Incomplete	The proposal does not adequately address the question or associated requirements and/or fails to provide sufficient detail to demonstrate a thorough response.

9 INQUIRIES

9.1 INQUIRIES

All inquiries shall be directed to the Point of Contact per NOFO Section 1.6. Applicants and prospective Applicants may not discuss an application or an applications status with any other HCA employee unless authorized by the Point of Contact. All responses by HCA must be in writing to be binding. Any information deemed by HCA to be important and of general interest or which modifies requirements of the NOFO shall be sent in the form of an addendum. All Applicants must acknowledge receipt of all addenda within five business days, by email to the Point of Contact outlined in 1.6.

10 APPENDIX

- A. Definitions of Terminology
- B. Early Access Rubric
- C. Evaluation Guidelines
 - i. [Evaluation Guidelines](#)
 - ii. [Evaluation Guideline Supplement](#)
- D. Behavioral Health Service Standards
 - i. [Behavioral Health Service Standards](#)
 - ii. [Behavioral Health Specialty Program Overview](#)
- E. Early Access Funding Formula
- F. Budget Justification Template