



SANTA FE COUNTY

PRESENTED BY
VIA POSITIVA, LLC

Regional Youth Behavioral Health Center

VISION PLAN 2026



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OUR MISSION

enhance
emotional
resilience in
youth

through culturally responsive, accessible services delivered in partnership with schools, community organizations, and healthcare providers.

OUR VISION

a thriving
region in
northern
new mexico

where youth of all backgrounds access integrated, culturally tailored behavioral health and early intervention services, reducing crises and promoting lifelong wellness.

OUR OBJECTIVE

The Santa Fe County Regional Youth Behavioral Health Center (RYBHC) is envisioned as a county-owned, multi-agency outpatient facility serving youth aged 5–18 and their families with mental health and substance-use needs

The vision is to create a comprehensive array of behavioral health services that are accessible, inclusive, and tailored to the unique needs of children, youth, and families. Through collaboration, innovation, and a commitment to evidence based quality care, Santa Fe County strives to empower young individuals to overcome challenges, realize their full potential, and contribute positively to their communities. Santa Fe County is committed to a future where mental health is prioritized, and every young person and their family are equipped with tools for resilience, well-being, and lasting joy.

Services within the center and via referral agencies should be youth focused, offer experiential and client driven approaches, be truly trauma informed, and include comprehensive, strength-

based case management and care coordination to ensure holistic and integrated services. Services should be tailored to be responsive to and inclusive of youth preferences and voice and should include peer support components.

The center will integrate with the county's FY 2024–2029 Health Action Plan to expand youth crisis response, reduce emergency room utilization, and offer wraparound care for underserved populations. It will centralize youth-focused behavioral health care in one accessible location while extending services into schools, homes, and partner sites.

PROJECT ORIGIN AND REGIONAL CONTEXT

The Santa Fe County Regional Youth Behavioral Health Center (RYBHC) is the result of a formally approved initiative by the Santa Fe County Board of Commissioners (July 2024) to develop a multi-agency youth behavioral health hub grounded in data and community input.

- Between August 2024 and June 2025, Santa Fe County partnered with Via Positiva to conduct a comprehensive needs and gaps analysis, identifying critical gaps in crisis response, access to care, and service coordination.
- Also, between this timeframe the State enacted the Behavioral Health Reform and Investment Act (BHRIA) which took a regional approach identifying priorities specific to the region and a regional plan for funding priorities. This naturally shifted the Youth Behavioral Health Center to be considered through a regional lens.
- The County has since:
 - Completed a structured and data driven site selection process vetting 6 potential sites
 - Approved acquisition of 2935 Rodeo Park Dr.
 - Established a Behavioral Health Leadership Council Youth Subcommittee
 - Integrated youth voice through focus groups and lived experience input

This center represents a regional solution and centralized access point to address fragmented systems and ensure equitable, timely care.

“SINGLE POINT OF ENTRY MODEL”

The center will function as a centralized access hub, ensuring that youth and families no longer have to navigate disconnected systems. This model provides:

- One front door for assessment, triage, and referral, with the exception of crisis services as they will have an independent triage process.
- Coordinated navigation and warm hand-offs
- Integration across behavioral health, primary care, education, and social services

KEYS TO SUCCESS

HOLISTIC AND INTEGRATED CARE APPROACH

A holistic approach to mental health includes integrating psychosocial, physical health, case management, and crisis services. By bringing together professionals from various fields, the center aims to create a multifaceted treatment plan that addresses all aspects of a young person's well-being and include their families. Central to the vision is the development of services that are not only accessible, but also appealing to young people and their families. This includes creating a welcoming and safe environment, employing staff who are trained in youth and family engagement, and using technology and social media to connect with and support youth and their families.

CROSS AGENCY COLLABORATION

The center will serve as a hub for different agencies, including mental health services, social services, and case management services that would work together to provide a comprehensive continuum of care and services. This approach ensures that youth and families receive comprehensive support tailored to their unique needs. Additionally, the center aims to foster strong ties with the community. This includes working with families, schools, and community organizations to create a cohesive and comprehensive system of services and supports.

DIVERSIFIED AND SUSTAINABLE FUNDING

Working together with partner agencies including community providers, the Healthcare Authority, and the Children Youth, and Families Division, Santa Fe County seeks to ensure that all of the center's services have diverse and sustainable sources of funding.

KEY DIFFERENTIATORS

In the needs assessment and interviews conducted with community members, providers, and educators, it was identified that there are significant gaps in youth services, that services are siloed and fragmented, and that the system is incredibly difficult for families to navigate. To address these specific issues and needs, the RYBHC will be designed with key differentiators to make the positive and lasting impact that projects in the past have lacked and that New Mexico, and its youth deserve. These differentiators include:

- A strong focus on collaboration and partnerships to ensure robust services, warm-hand offs, and integrated and comprehensive wraparound services so youth and their families do not fall through the cracks.
- Inclusion of strength-based case management and care coordination as well as peer support for up to 18-months to ensure engagement and support for a meaningful and impactful period of time to reduce relapse and recidivism.
- Design of services that are trauma informed, experiential, youth driven, and include youth voice and input via the Behavioral Health Leadership Council Youth Subcommittee and ongoing community focus groups and listening sessions.
- Stratification of acuity levels with a range of services and supports available to address different acuity levels through robust crisis services, trauma informed assessment and treatment planning, and evidence based interventions designed to address the specific needs of more acute diagnoses.
- Inclusion of integrated behavioral health and physical health services to include primary care screening, access to primary care services and psychiatric services, and MAT services for adolescents with opioid use disorders.
- Single point of entry for assessment and triage to include navigation and peer support services as the entry point to a co-located multi-agency service delivery model.

GAP/NEED ANALYSIS

Santa Fe County faces a growing youth mental health crisis that disproportionately affects its most vulnerable populations.

While multiple systems—schools, primary care providers, law enforcement, and nonprofits—offer some behavioral health support, youth and families continue to encounter fragmented, insufficient, and culturally misaligned services. This analysis identifies key service gaps, unmet needs, and systemic challenges that a dedicated County-owned Regional Youth Behavioral Health Center (RYBHC) would address.

DEMOGRAPHIC AND SOCIAL CONTEXT

Santa Fe County is home to a diverse and growing youth population with significant social and economic disparities that impact health outcomes. Approximately 35,000 youth ages 5–21 reside in the county, based on estimates from the U.S. Census Bureau American Community Survey (2022). The population is predominantly Hispanic/Latinx, with more than 70% of students in Santa Fe Public Schools identifying as Hispanic/Latinx, and over 20% of students speaking a language other than English at home (Santa Fe Public Schools, 2023; New Mexico Public Education Department, 2023).

Santa Fe County includes both urban and rural communities, and significant portions of the region are designated as health professional shortage areas, creating barriers to accessing care (Health Resources and Services Administration [HRSA], 2023). These geographic challenges mean many families must travel long distances to receive behavioral health services.

Social determinants of health further compound these challenges. Approximately 1 in 4 youth in New Mexico live in poverty, with elevated rates of food insecurity, housing instability, and exposure to violence (U.S. Census Bureau, 2022; New Mexico Voices for Children, 2023; Feeding America, 2023). These factors are strongly associated with increased risk of behavioral health conditions and adverse childhood experiences.

BEHAVIORAL HEALTH NEEDS

A. MENTAL HEALTH TRENDS

Youth in Santa Fe County experience significant behavioral health challenges, consistent with statewide trends. New Mexico has one of the highest youth suicide rates in the nation, and suicide is a leading cause of death among youth ages 10–17 (Centers for Disease Control and Prevention, 2023; New Mexico Department of Health, 2023). Local data indicate that Santa Fe County youth suicide rates are among the highest in the state (NMDOH, 2023).

School-based data from Santa Fe Public Schools indicate rising levels of depression, anxiety, and chronic absenteeism linked to behavioral health challenges. Statewide survey data show that more than one-third of high school students report persistent feelings of sadness or hopelessness (CDC Youth Risk Behavior Survey, 2021).

Access to care remains a major barrier. National data suggest that over 50% of youth with a mental health condition do not receive needed treatment (Substance Abuse and Mental Health Services Administration, 2022). Consistent with this, New Mexico ranks among the lowest states in access to youth mental health services, approximately 45th nationally (Mental Health America, 2023).

B. SUBSTANCE USE

Youth substance use remains a significant concern across Northern New Mexico. Data from the New Mexico Youth Risk and Resiliency Survey (YRRS) indicate high rates of vaping, alcohol use, and early cannabis exposure among adolescents (New Mexico Department of Health, 2022). Despite this need, there are limited adolescent-specific substance use treatment programs in Santa Fe County, particularly those that are culturally responsive and integrated with mental health services.

C. CRISIS NEEDS

Youth behavioral health crises are increasing in both frequency and severity. Nationally, emergency department visits for youth mental health concerns doubled between 2011 and 2021, with suicide-related visits increasing nearly fivefold (Agency for Healthcare Research and Quality, 2022; CDC, 2023).

Locally, systems remain strained, with an overreliance on emergency departments, law enforcement, and juvenile justice systems to respond to youth in crisis. While Santa Fe County has invested in crisis infrastructure, including the La Sala Crisis Triage Center, the facility currently serves all ages and does not provide youth-specific stabilization services (Santa Fe County, 2023). This gap results in youth being placed in inappropriate or overly restrictive settings during acute crises.

EXISTING SERVICE LANDSCAPE AND LIMITATIONS

PROVIDER TYPE	STRENGTHS	GAPS
SCHOOLS (SFPS, Pojoaque, Charter, etc.)	Onsite social workers, some embedded therapists	Overburdened, limited clinical scope, lack of IEP/504 coordination with care
FQHCS (La Familia, PMS)	Primary care integration, bilingual staff	Long wait times, limited capacity for high-risk youth
NONPROFITS (Sky Center, Youth Shelters, Gerard’s House)	Specialized programming	Funding instability, not a comprehensive system
LA SALA CRISIS CENTER	24/7 triage	No youth-specific programming or environment
COUNTY CONNECT NAVIGATION	Strong referral system	Some direct service delivery to youth but could be increased
MOBILE CRISIS TEAMS	Law enforcement co-response	Inconsistent youth-specific training, not youth-led or trauma-informed
Santa Fe County YOUTH BEHAVIORAL HEALTH CASE MANAGEMENT SERVICES	Comprehensive, acuity based, treats families, provides early prevention	Not currently co-located with referral services
Santa Fe County UPLIFT YOUTH PROGRAM	Diversion and Early Prevention Services	Not currently co-located with referral services
Christus St. Vincents Hospital YOUTH COUNSELOR IN ER	Provides intervention at critical point in youth crisis services	Not currently fully integrated with referral pathways and services

KEY SERVICE GAPS IDENTIFIED

A. PREVENTION AND EARLY INTERVENTION

There is a lack of consistent, upstream behavioral health promotion and prevention programming across schools and community settings. Universal screening for mental health conditions is not widely implemented in either primary care or school systems (SAMHSA, 2022).

B. OUTPATIENT SERVICES

Santa Fe County faces a shortage of culturally competent behavioral health providers, particularly those trained in evidence-based modalities such as Dialectical Behavior Therapy (DBT), trauma-focused cognitive behavioral therapy (TF-CBT), and family systems therapy (HRSA, 2023). Families report long waitlists for counseling, therapy, and educational testing, with limited options for immediate access to care. Additionally, there is no widely available Intensive Outpatient Program (IOP) for youth who need structured support but do not meet criteria for hospitalization.

C. CRISIS RESPONSE

Despite growing need, Santa Fe County lacks a dedicated youth-specific mobile-crisis response team and a youth crisis stabilization unit. Existing crisis services are not consistently available after hours or on weekends, creating significant gaps in access during critical times (SAMHSA, 2020; Santa Fe County Health Action Plan, 2024).

D. TRANSITIONAL AGE YOUTH (TAY) SERVICES (AGES 16-21)

Services for transition-age youth are limited, particularly in the areas of supported employment, post-secondary retention, independent living skills, and long-term case management (Annie E. Casey Foundation, 2021; SAMHSA, 2020). This gap contributes to poor outcomes during the transition to adulthood.

E. PEER AND FAMILY SUPPORT

There is a shortage of trained peer support specialists with youth lived experience, as well as limited availability of bilingual family navigation services. Family support programs are not consistently accessible across the county (NAMI, 2022).

F. CULTURAL RESPONSIVENESS

Behavioral health services are not consistently aligned with the cultural and linguistic needs of Santa Fe County's diverse population, particularly Hispanic/Latinx, Indigenous, and LGBTQ+ youth. Research shows that lack of culturally responsive care contributes to disengagement and mistrust of systems (New Mexico Voices for Children, 2023). In Santa Fe County and across Northern New Mexico, there is also a documented shortage of behavioral health providers, including bilingual and Spanish-speaking clinicians, which creates additional barriers for monolingual Spanish-speaking families seeking care. State and regional behavioral health assessments have identified widespread workforce shortages, long wait times, and limited access to culturally and linguistically appropriate services, especially in underserved and rural communities. Community discussions and workforce reports further note a need for more bilingual mental health professionals to adequately serve Hispanic/Latinx populations in the region (New Mexico Health Care Authority, 2026).

G. STIGMA AND ACCESS BARRIERS

Stigma remains a significant barrier to accessing behavioral health services, particularly for youth and families. National research indicates that stigma reduces help-seeking behavior and delays treatment (SAMHSA, 2022; NAMI, 2022). Additionally, youth often face confidentiality barriers, as insurance billing practices may notify parents of services, limiting adolescents' willingness to seek care independently (American Academy of Child and Adolescent Psychiatry, 2021).

STAKEHOLDER INPUT AND COMMUNITY FEEDBACK

Feedback gathered from youth, families, school staff, behavioral health providers, and local government indicates:

- Youth want services that are non-judgmental, confidential, culturally affirming, and led by people who understand their experiences.
- Youth, families, and providers express the challenges with reliable, consistent, and flexible transportation services.
- Youth express the desire for alternative education and employment opportunities.
- Parents desire bilingual navigation, flexible hours, and help understanding diagnoses and care plans.
- Schools/Shelters need faster referral pathways for behavioral health services to include therapy and psychiatric services, trauma-informed crisis support, and on-site care continuity.
- Providers highlight the fragmentation and underfunding of services.
- Providers highlight the need for enhanced shelter services and stable housing.
- Providers/schools highlight the need for case management and care coordination following in-patient stays to coordinate medications, discharge plans, and warm hand-offs to outpatient services.
- Providers highlight the need for drop-in center services, safe expression spaces, and tutoring support.
- Providers highlight the need for physical health and psychiatric integration with counseling/therapy and other behavioral health services and support.
- Providers highlight the need for confidential services for Youth.
- Providers highlight the need for more readily accessible educational testing for Youth.

OPPORTUNITIES FOR A REGIONAL COUNTY-RUN YOUTH BEHAVIORAL HEALTH CENTER

A centralized Regional Youth Behavioral Health Center in Santa Fe County would:

- Fill major gaps in outpatient care, crisis stabilization, and peer/family support.
- Serve as a coordinating hub for countywide youth behavioral health efforts.
- Build on County CONNECT, La Sala, and Health Action Plan initiatives.
- Foster culturally competent, trauma-informed, and equity-centered programming.
- Anchor a comprehensive continuum of care, from prevention through post-crisis reintegration.

CONCLUSION AND RECOMMENDATION

The data reveals an urgent and unmet need for a comprehensive, youth-centered behavioral health system in Santa Fe County. A dedicated Regional Youth Behavioral Health Center, led by the County in partnership with local schools, nonprofits, and health agencies, will significantly reduce emergency department use, improve youth wellbeing, and ensure access to timely, equitable care. This center will become a critical component of the County's broader efforts to invest in upstream mental health infrastructure and strengthen youth outcomes for decades to come.

OPERATING PLAN AND COUNTY ALIGNED SERVICE PRIORITIES

As a result of these gaps in services, the County has defined Core Service Priorities for the RYBHC to guide service design. These include the following:

HIGH PRIORITY CORE SERVICES

Crisis Services (mobile response, stabilization, follow-up)
Suicide Prevention, Intervention & Postvention
Behavioral Health Assessment & Treatment Planning
Individual & Group Counseling to include Gap Counseling
Psychiatric Services & Medication Management Services
Grief and Loss Services

SUPPORTIVE PRIORITY CORE SERVICES

Primary Care Screening
Integrated Health Coordination
Case Management & Care Coordination
Transportation Services

ADJUNCT SERVICE PRIORITIES

See following pages for detailed list

DETAILED DESCRIPTIONS OF SERVICE NEED

CRISIS CONTINUUM

A comprehensive youth behavioral health crisis continuum providing coordinated, trauma-informed services across prevention, intervention, stabilization, and aftercare. When fully realized, this would include upstream mental health screening and education in schools, 24/7 behavioral health-led mobile crisis response teams to de-escalate situations in homes and schools, and a dedicated youth crisis stabilization unit offering short-term, voluntary care as an alternative to emergency rooms or hospitalization. Post-crisis services would include transitional care, outpatient therapy, and peer/family support to ensure continuity and reduce the risk of recurrence. The model should emphasize cultural responsiveness, youth and family involvement, and integration with County CONNECT for navigation and referrals, ensuring equitable, accessible care that meets youth where they are—emotionally, culturally, and geographically. Based on youth feedback, telehealth services should be offered where applicable and feasible.

SUICIDE PREVENTION/INTERVENTION AND POSTVENTION SERVICES

Suicide prevention and intervention services for youth are crucial components in the effort to support the mental health and well-being of young people and positively impact Santa Fe and New Mexico's high suicide rates. These services should offer risk screening, safety planning, and immediate assistance, counseling, and long-term support to youth who are experiencing suicidal thoughts or

behaviors and their families. These services should also include postvention services for families to include peer support and school based follow-up.

BEHAVIORAL HEALTH ASSESSMENT/TREATMENT PLANNING/COUNSELING/THERAPY SERVICES

(INCLUDING GAP COUNSELING AND SUBSTANCE USE DISORDER SERVICES)

Ready access and gap access to comprehensive biopsychosocial assessment and diagnosis services as well as individual, group, and family counseling and therapy services. Ensuring immediate intake and triage pathways, individualized care planning, and warm handoffs and long-term access to Intensive Outpatient and Regular Outpatient counseling and therapy for youth and their families. The gap services should include short-term, rapid-access therapy; Brief CBT, single-session therapy models, and coordination with long-term providers.

PSYCHIATRY/FEP

Access to psychiatry and specialized programs like First Episode Psychosis (FEP) programs. Early intervention, to include psychoeducation, in psychiatric disorders and correct diagnosing and medication management can significantly impact the long-term course of the condition, improving outcomes and potentially reducing the severity of the illness over time. Psychiatric services should include evaluation, medication management, telepsychiatry services, and integration with therapy and care coordination.

GRIEF SUPPORT SERVICES

Young people process grief differently from adults and may require tailored support to navigate their emotions and experiences. Support services should be offered in various forms including peer support groups and creative outlets like art or music therapy. Family-centered grief support services are also needed to help caregivers and family members process loss together, strengthen communication, and build supportive home environments during periods of bereavement and trauma.

CASE MANAGEMENT/ CARE COORDINATION

Strength-based, trauma informed, and culturally responsive case-management, care coordination, and system navigation services to connect youth and their families with the necessary resources, services, and supports to address social determinants of health including housing, education, physical and behavioral health needs, and employment opportunities. This service should include CCSS and Family Support Services, CONNECT platform utilization, and Navigation across systems to include behavioral health, schools, the justice system, and child welfare. It is also critical to ensure re-integration planning following hospitalization and in-patient care as youth come back into the community and re-enter schools. As a component of reintegration planning there should be family readiness coaching and wraparound services.

PRIMARY CARE SCREENINGS AND REFERRAL

Youth primary care services are a critical foundation for promoting overall health and well-being during childhood and adolescence, serving as the first point of contact for preventive care, early detection of physical and behavioral health issues, and ongoing health management. The RYBHC can bridge the gap between behavioral health and physical health by conducting primary care screenings and referral to primary care services and creating pathways to Federally Qualified Health Center (FQHC) partners. Ensuring access to youth-focused, culturally competent primary care is essential for achieving holistic, equitable health outcomes across Santa Fe County.

TRANSPORTATION SERVICES

Include direct transportation, route planning with partners, flexible scheduling based on demand-response, partnerships with transit, schools, and community organizations, and call-in transportation requests. All transportation services should use safety-compliant vehicles and trained drivers

ADJUNCT SUPPORT SERVICES

Additional support services that should be available either within the facility or via MOU or collaborative partnership include the following:

- Tutoring and Academic Remediation Services and/or other after school services
- Alternative Education and Workforce Development
- Drop-in Center/Safe Expression Space (art, music, journaling, peer connection)
- Transportation services to include direct transportation, route planning with partners, flexible scheduling based on demand-response, partnerships with transit, schools, and community organizations, and call-in transportation requests. All transportation services should include safety-compliant vehicles and trained drivers.
- Youth Engagement and Prevention Programming
- Legal Advocacy Information and Referral and Rights Education (as a component of Care Management/Navigation services)
- 12-step or other support groups
- Psycho-educational Services for youth (life-skills, employment skills, anger management)
- Psycho-educational Services for families (de-escalation, anger management, conflict resolution, communication, parenting classes)
- Activity Therapy/Experiential Therapy Services

EVIDENCE BASED PRACTICES/ TRAININGS TO CONSIDER

- Evidence based models of individual therapy to include Trauma Informed Cognitive Behavioral Therapies (TF-CBT); Dialectical Behavioral Therapy (DBT), Motivational Interviewing (MI) and others, as appropriate.
- Strengths Model Care Management (evidence-based and strength based care coordination/ case management model)
- TIPP (Trauma Informed Principles and Practices) training and certification for the facility as a whole
- Recovery Ready Workplace – A place of work in which the employer, in collaboration with employees, establishes, maintains, and continually enhances policies, practices, and a culture and work environment that are supportive of current and prospective employees in recovery from, or otherwise affected by, substance use disorders

Access pathways should include walk-in access, school referrals, crisis referrals, and County CONNECT navigation access.

PARTNERSHIPS

Multi-agency partnerships and collaboration are essential to the success of a Regional Youth Behavioral Health Center and the development of a truly comprehensive continuum of care. No single entity can meet the complex and varied needs of youth and families facing behavioral health challenges; effective care requires coordination across schools, healthcare providers, behavioral health agencies, child welfare, juvenile justice, community-based organizations, and families themselves.

These partnerships ensure that services are not siloed, referrals are seamless, and care plans are holistic and individualized. Through shared data systems, joint training, and regular cross-sector communication, agencies can identify gaps, reduce duplication, and respond more effectively to crises and long-term needs. Collaborative governance also ensures that services are culturally responsive, trauma-informed, and rooted in the lived experiences of the youth they serve. By leveraging the strengths of each partner, the Regional Youth Behavioral Health Center becomes a hub for unified care, prevention, and recovery that supports young people at every point in their behavioral health journey.

The County will issue a NOFA to recruit providers to deliver core and adjunct priority services, co-locate within the facility, and operate as a coordinated system of care to include coordinating care plans and conducting joint outreach. Co-located providers will be expected to deliver services on-site within the RYBHC, participate in warm hand-offs across providers, integrate with the CONNECT data/navigation system, offer telehealth across applicable services, and track and report measurable outcomes.

REGIONAL IMPACT AND OUTCOMES

The center is expected to:

- Increase access and reduce waitlists
- Reduce emergency department utilization
- Improve early intervention outcomes
- Strengthen suicide prevention systems
- Create a coordinated regional behavioral health infrastructure

GOVERNANCE AND ADVISORY STRUCTURE

To ensure regional and collaborative participation in the RYBHC, the governance and advisory structure will include the following:

- Behavioral Health Leadership Council
- Youth Subcommittee (youth voice embedded)
- Cross-agency coordination meetings
- Interdisciplinary team meetings/Care plan coordination meetings

MARKETING PLAN

The Regional Youth Behavioral Health Center aims to provide comprehensive, culturally responsive behavioral health services for youth ages 5–18. The marketing plan will promote awareness of the center’s services, establish trust among youth and families, strengthen referral pipelines, and position the center as a key resource in the regional continuum of care. Messaging will focus on accessibility, safety, inclusivity, and youth empowerment.

1. MARKETING OBJECTIVES

- Increase awareness of services among youth, families, schools, and community partners.
- Drive utilization of outpatient, mobile crisis, and stabilization services.
- Strengthen referrals from schools, pediatric providers, law enforcement, and nonprofits.
- Reduce stigma around youth mental health and seeking help.
- Build trust with underserved and marginalized communities, including Spanish-speaking, Native, and LGBTQ+ youth.

2. TARGET AUDIENCES

PRIMARY AUDIENCES

- Youth (ages 11–18)
- Parents and caregivers
- School staff (counselors, administrators, nurses)
- Primary care and pediatric providers

SECONDARY AUDIENCES

- Law enforcement and first responders
- Behavioral health clinicians
- Community organizations (nonprofits, faith-based, youth-serving)
- Media and local influencers

3. KEY MESSAGES

- “You’re not alone. Help is here.”
- “Mental health care made for youth—safe, supportive, and confidential.”
- “We meet you where you are—at school, at home, or at our center.”
- “Support for every step—crisis, counseling, healing.”
- “Para jóvenes. Para familias. Para nuestra comunidad.”

4. BRAND IDENTITY AND VOICE

- Name: Santa Fe Youth Wellness Center (or similar)—Community-Driven Process
- Logo & Colors: Soothing, youth-friendly colors (turquoise, coral, sage green)
- Voice: Youth-centered, inclusive, hopeful, trauma-informed, bilingual (English/Spanish)

5. MARKETING STRATEGIES AND CHANNELS

DIGITAL AND SOCIAL MEDIA

- Launch bilingual website with service descriptions, contact options, and referral portals.
- Use social media platforms (Instagram, TikTok, Facebook) for:
 - Youth mental health tips
 - Staff introductions
 - Event promos
 - Peer stories
- Paid digital ads targeting parents and teens in Santa Fe area.
- Google Business listing and SEO optimization.

SCHOOL OUTREACH

- Deliver presentations and printed flyers to middle and high schools.
- Partner with school counselors for referral training.
- Sponsor student wellness events and clubs.
- QR code posters in bathrooms and counselor offices with “Need to talk?” messaging.

HEALTHCARE PROVIDER ENGAGEMENT

- Create provider referral toolkit with intake forms and contact info.
- Present at Santa Fe pediatric and primary care clinics.
- Share HIPAA-compliant outcome reports to build trust.

COMMUNITY ENGAGEMENT

- Partner with local nonprofits, tribal health clinics, and community centers.
- Table at community events (Folk Art Market, Indian Market, Zozobra).
- Host youth town halls and parent support workshops.
- Outreach to regional counties

TRADITIONAL MEDIA

- PSAs on local radio (KSFR), billboards, and transit ads.
- Feature articles and op-eds in Santa Fe New Mexican and Pasatiempo.
- Partner with Spanish-language media for outreach (e.g., Que Suave Radio).

SERVICE EDUCATION

- Education on how to access services (navigation clarity)
- Messaging on Confidential access, immediate availability of help, and no wrong door access

FINANCIAL PLAN

To ensure the long-term sustainability and accessibility of a Regional Youth Behavioral Health Center in Santa Fe, Santa Fe County and each partner agency should ensure diverse and varied funding sources from federal and state public funding streams, county and city appropriations, managed care reimbursements, private grants, and corporate partnerships. The funding model should prioritize stability, diversity, and be responsive to the evolving behavioral health funding landscape in New Mexico. The center represents a long-term cost-savings investment by reduction ER utilization, preventing high-cost crisis care, and improving early intervention outcomes.

1. PUBLIC HEALTH INSURANCE AND MEDICAID FUNDING

A. MEDICAID (NEW MEXICO TURQUOISE CARE)

- Strategy: Santa Fe County and each partner agency should explore becoming a Medicaid-enrolled provider to bill for services including outpatient therapy, psychiatric evaluations, case management, crisis stabilization, and mobile response.
- Billing Models:
 - Fee-for-service for behavioral health and crisis response
 - Reimbursement for specialty services including peer support and wraparound services (if certified)
 - Integrated behavioral health and physical health services
 - Negotiated MCO contracts for value-based/bundled reimbursements
 - Bundled reimbursements via CCBHC and Designated Collaborating Organization agreements
- Action Steps:
 - Contracting, credentialing, and certification with New Mexico Medicaid and with all Medicaid managed care organizations (MCOs): Presbyterian, Blue Cross Blue Shield, United Behavioral Health, Molina Healthcare
 - The County and each partner agency, if not already established, needs to develop an internal billing and compliance process, technology system, and staff.
 - Track encounter data and quality metrics to support value-based contracts

2. STATE-LEVEL FUNDING SOURCES

A. NEW MEXICO BEHAVIORAL HEALTH SERVICES DIVISION (BHSD) AND CHILDREN YOUTH AND FAMILIES DIVISION (CYFD)

- Develop relationships with BHSD and CYFD and explore possibilities and potential for start-up and ongoing funding as well as responding to RFP opportunities.

B. SENATE BILL 3 (SB 3): BEHAVIORAL HEALTH SERVICE FUND

- Details: A flexible funding stream created to expand behavioral health infrastructure in New Mexico, including crisis services and youth supports
- Strategy: Santa Fe County can explore collaborations with providers and the State to explore opportunities for start-up and ongoing funding as the SB 3 rollout occurs and funding opportunities are available. Relationship development with the HCA and AOC, as the rollout occurs, will be important.

3. LOCAL GOVERNMENT SUPPORT

A. SANTA FE COUNTY

- Approach: Explore start-up and ongoing funding opportunities within the Santa Fe County Budgets.

B. CITY OF SANTA FE

- Existing Funds: Children and Youth Commission grants, American Rescue Plan Act (ARPA) carryover, general fund appropriations
- Use: Prevention programming, after-school groups, public awareness campaigns
- Approach: Collaborate and partner with City of Santa Fe to explore funding possibilities. Partner agencies can explore submitting proposals in annual City RFP cycles and advocate for multi-year contracts

4. GRANT AND FOUNDATION FUNDING

A. LOCAL AND REGIONAL FOUNDATIONS

- Thornburg Foundation
- Anchorum Health Foundation
- Brindle Foundation
- Con Alma Health Foundation
- LANL Foundation

B. NATIONAL FOUNDATIONS

- Robert Wood Johnson Foundation
- Annie E. Casey Foundation
- Federal Funding opportunities – as those might be available. Consider collaborations and partnerships between Santa Fe County and provider agencies for federal grant funding opportunities.

STRATEGIES:

- Hire or contract a grant writer to maintain a 12-month calendar of opportunities
- Pursue general operating, pilot programs, evaluation, and innovation grants
- Develop collaborative applications with partner agencies to leverage cross-sector models

5. COMMERCIAL INSURANCE AND MANAGED CARE CONTRACTS

- Goal: Contract with private insurance payers and MCOs to diversify reimbursement
- Use: Clinical therapy, psychiatric services, crisis stabilization billing
- Partners: Blue Cross Blue Shield, UnitedHealthcare, Presbyterian Commercial, Molina, others
- Action: Santa Fe County and partner agencies can collaborate and work individually to negotiate value-based/bundled reimbursements with commercial payers

6. CORPORATE PARTNERSHIPS AND EAP (EMPLOYEE ASSISTANCE PROGRAM) FUNDING

A. LOCAL EMPLOYERS

- Los Alamos National Laboratory
- CHRISTUS St. Vincent Health System
- Santa Fe Public Schools
- City and County governments

B. STRATEGIES:

- Offer corporate sponsorship tiers
- Partner with employer HR/EAPs to refer youth dependents for behavioral health services

7. SUPPLEMENTAL REVENUE OPPORTUNITIES

- Fundraising Campaigns: Annual youth mental health benefit gala, donor campaigns, Giving Tuesday

IMPLEMENTATION ANTICIPATED TIMELINE: REGIONAL YOUTH BEHAVIORAL HEALTH CENTER (2025–2028)

PROJECT GOAL: Santa Fe County will acquire the facility by February 2026, complete planning and pre-development throughout 2026, release the NOFA in July 2026, execute provider contracts and leases following selection, complete phased renovation and build-out through 2027, launch services in Spring 2027 (FY27), and achieve full operational capacity by July 2028.



Phase 4
RENOVATION, BUILD-OUT & SYSTEMS IMPLEMENTATION

- OCTOBER 2026 - MARCH 2027**
- Contractor mobilization and renovation initiation
 - Finalize provider space assignments
 - Begin IT, security, and operational systems installation
 - Execute facility build-out:
 - Structural improvements
 - Clinical space construction and upgrades
 - Communications and safety systems
 - Identify operational systems:
 - EHR platform
 - Referral and scheduling systems
 - Security and access controls

Phase 5
SOFT LAUNCH & EARLY PROVIDER SPACE RETROFITTING

- APRIL - JUNE 2027**
(FY27 PRE-OPENING PHASE)
- Begin soft launch with limited intake and services
 - Complete early provider space retrofitting:
 - Office adjustments and clinical room setup
 - Privacy enhancements and workflow refinements
 - Installation of furniture, signage, and partitions
 - Test intake, referral, and care coordination workflows in real time

- JULY 2028**
- All provider and program spaces fully operational
 - Co-located providers fully integrated into daily operations
 - Stable workflows established for intake, crisis response, outpatient care, and case management
 - Facility operating at full designed capacity as Regional Youth Behavioral Health Center
 - Long-term operations and sustainability phase begins

Phase 7
FULL OPERATIONAL CAPACITY

- JUNE 2027 - JUNE 2028**
- Continue phased buildout and retrofitting of all remaining provider suites
 - Fully activate all co-located provider areas
 - Expand shared-use spaces:
 - Group therapy rooms
 - Family engagement spaces
 - Multi-provider collaboration areas
 - Refine space utilization based on service demand and workflow patterns
 - Implement systems (IT, EHR, security, scheduling)
 - Transition to a fully integrated behavioral health campus

Phase 6
FULL BUILDOUT OF PROVIDER & PROGRAM SPACES

ACKNOWLEDGMENTS

The development of this vision plan included leadership and coordination from Santa Fe County staff responsible for behavioral health system planning, facility vetting, and youth services.

This work was guided by Youth & Family Services Division Manager Chanelle Delgado, LMSW, and Youth & Family Services Coordinator Elias Rodriguez, whose leadership supported alignment of system design, community engagement, and implementation planning.

The planning process also included input from behavioral health providers, educators, youth-serving organizations, and community stakeholders, as well as supportive staff across youth and family services, including navigators, peer support workers, intake staff, case managers, and family advocates. This ensured the vision reflects both system-level planning and day-to-day service delivery realities.

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