

BEHAVIORAL HEALTH EXECUTIVE COMMITTEE – RUBRIC FOR REGIONAL PROPOSALS

	Poor /or Incomplete (1)	Meets Expectations (2)	Exceptional (3)
I. PROGRAM OVERVIEW			
Priorities Clearly articulate the overarching purpose or vision of the regional plan, including summarization of regional priorities, services, and regional goals. Is this a new or expanded service? If expanded, does this plan build on what is currently being offered?	The purpose of the proposed priority is missing, irrelevant, or vision is unclear.	Vision is stated and generally aligns with community needs.	Vision is clear, focused, and aligns with community needs. Includes strategic goals and demonstrates innovation or leadership within the field.
Description of Services Provide a detailed description of the services that are to be offered. Including level(s) of care, and community-based or trauma-informed services, etc.	Unclear or missing description of services.	Describes promising practices that address regional priority goals.	Services are clearly described and represent evidence-based practices.
Longevity of Care Describe a sustainable model for providing access to care and behavioral health services over time, including ensuring care across lifespan.	No clear plan for coordinating or sustaining behavioral health services over time.	Basic model for ongoing service coordination is described but lacks detail or integration.	A clear and coordinated model for providing behavioral health services over time is established, demonstrating understanding for what is needed to sustain care.
Regional Planning Structure Describe the governance and coordination structure used to guide development, coordination, and ongoing oversight of the Regional Behavioral Health Plan, including stakeholder representation and mechanisms for collaboration and accountability.	Governance structure is unclear, missing, or lacks representation. Roles, coordination mechanisms, or accountability processes are not described.	Describes a basic regional planning structure with identified stakeholders and roles. Demonstrates some coordination and accountability mechanisms but lacks detail or integration.	Clearly describes a well-defined regional planning structure with inclusive representation. Demonstrates clear governance, defined roles, coordination mechanisms, and processes for ongoing review and updating of the regional plan.

BEHAVIORAL HEALTH EXECUTIVE COMMITTEE – RUBRIC FOR REGIONAL PROPOSALS

<p>Accountable Entity Describe the designated Accountable Entity responsible for fiscal, administrative, and operational oversight of the regional plan, including roles, responsibilities, and coordination with regional partners.</p>	<p>The Accountable Entity is not clearly identified, or its fiscal, administrative, and oversight responsibilities are unclear or missing.</p>	<p>Identifies an Accountable Entity and generally describes fiscal and administrative responsibilities. Describes coordination with regional partners but lacks detail or clarity.</p>	<p>Clearly identifies an Accountable Entity with defined fiscal, administrative, and operational responsibilities. Demonstrates strong accountability, governance, and effective coordination with regional partners to support implementation of the regional plan.</p>
<p>Stakeholder Engagement Describe how stakeholders are meaningfully engaged in the development, implementation, and ongoing oversight of the regional plan, including representation across counties, Tribes, Pueblos, Nations, service systems, and individuals with lived experience.</p>	<p>Stakeholder engagement is unclear, minimal, or undocumented. Limited or no evidence of inclusive participation, coordination, or opportunities for input is provided.</p>	<p>Describes stakeholder engagement activities and identifies participating groups. Demonstrates some outreach and opportunities for input but lacks detail, consistency, or clear processes for ongoing engagement.</p>	<p>Clearly demonstrates inclusive, ongoing stakeholder engagement across counties, Tribes, Pueblos, Nations, service systems, and individuals with lived experience. Describes structured processes for input, collaboration, and feedback that inform development, implementation, and continuous improvement of the regional plan.</p>
<p>Tribal Collaboration Describe how Nations, Pueblos, and Tribes within the region are meaningfully engaged in regional planning, implementation, and oversight, consistent with tribal sovereignty and government-to-government principles. Regional plans should clearly describe how tribal partners may access Native American allocation funds through the Accountable Entity and regional planning process, where applicable.</p>	<p>Tribal collaboration is not addressed, is unclear, or is limited to general statements without evidence of outreach, engagement, or coordination. Documentation of tribal input, priorities, or decisions not to participate is missing.</p>	<p>Describes outreach and engagement efforts with Nations, Pueblos, and Tribes within the region and identifies opportunities for participation in the regional planning process. Provides a general description of how tribal funding priorities or requests may be submitted and considered.</p>	<p>Demonstrates documented outreach to Nations, Pueblos, and Tribes within the region, consistent with government-to-government principles. Clearly explains how tribal priorities were incorporated into the Regional Plan, and documents participation.</p>
<p>Priority Framework Describe how the region identified and organized up to five priority areas that will guide implementation of the regional plan. Priorities should be informed by demonstrated need and aligned with regional goals.</p>	<p>Priorities are not clearly identified, lack justification, or are not connected to documented regional needs. No clear framework for how priorities were selected or organized.</p>	<p>Identifies priority areas and provides a general description of how they address regional needs. Prioritization is reasonable but lacks detail on selection process</p>	<p>Clearly articulates a structured priority framework informed by data, stakeholder input, and demonstrated need. Priorities are well-defined, strategically aligned with regional goals, and provide a strong</p>

BEHAVIORAL HEALTH EXECUTIVE COMMITTEE – RUBRIC FOR REGIONAL PROPOSALS

		or alignment with broader regional goals.	foundation for phased implementation.
II. CONTINUITY OF CARE			
Continuity of Care Provide a coordinated model for connecting clients to behavioral health resources, ensuring collaboration across providers and transitions between levels of care.	No clear approach for ensuring continuity or coordination of care across providers or service levels.	Provides a general model for connections between providers and resources but lacks detail.	Outlines a comprehensive and well-integrated model for providers, ensuring well-established transitions, access to resources, and support for clients.
III. DEMONSTRATION OF NEED			
Population Needs Demonstrates understanding of the population to be served and their specific needs. Include a clear description of the key characteristics and size of the primary population to be served, utilizing data as supporting documentation.	Shows limited to no understanding of key demographic served.	Basic understanding of population needs; identifies general service gap. Includes some data.	Displays strong understanding of primary demographic being served. Clear understanding of needs; plan aligns well with a defined service gap. Shares comprehensive data supporting understanding of primary demographic.
Service Gaps and E-SIM Explain how the regional plans services are specifically tailored to address the identified needs, including cultural relevance, accessibility, and equity considerations, that this service seeks to fill. Provide details by utilizing data as supportive documentation.	Services are not aligned with identified needs within the region or fail to address the issues that this service seeks to fill.	Services are generally aligned with identified needs and show some consideration for accessibility and cultural relevance. Response includes some data to support explanation.	Services show extensive support to address the needs of cultural relevance and accessibility. Proves to provide equitable considerations in helping to fill the service gap. Response is supported with clear and robust data.

BEHAVIORAL HEALTH EXECUTIVE COMMITTEE – RUBRIC FOR REGIONAL PROPOSALS

<p>How Needs are Identified Summarize the type of unmet or underserviced need, the extent to which this service is needed, and how this need has been identified. Is the unmet service due to access to care (network inadequacy) or because of a coverage gap (e.g. not covered by Medicaid)? What barriers or other contributing factors play into this unmet or underserviced need? Provide details by utilizing data as supportive documentation.</p>	<p>Needs are not clearly identified or are unsupported by data or evidence. Contributing factors or barriers are not addressed.</p>	<p>Some needs are identified, but with limited data or general descriptions. Barriers may be mentioned but are not well explored.</p>	<p>Unmet or underserviced needs are clearly articulated and backed with qualitative data. Contributing barriers and underlying factors are thoroughly examined and well understood.</p>
<p>Anticipated Impact Briefly outline anticipated outcomes or benefits for the target population as a result of the services being offered. Provide details by utilizing data as supportive documentation.</p>	<p>Outcomes are vague, unmeasurable, or unrelated to services provided.</p>	<p>Anticipated impact is stated but limited or lacks understanding of how targets population will be impacted.</p>	<p>Showcases thorough understanding of anticipated outcomes, including in-depth understanding of population impact.</p>
<p>Local Resources and Partnerships Identify local resources that may help offset part of the costs associated with each funding priority. Provide details by utilizing data as supportive documentation.</p>	<p>No local resources identified or referenced.</p>	<p>Some local resources identified, but limited explanation of their role or impact.</p>	<p>Detailed explanation of local partnerships and potential resources.</p>
<h3>IV. IMPLEMENTATION</h3>			
<p>Organizational Readiness Provide support for regions' ability to launch and manage the proposed project through established partnerships, sufficient staffing, and adequate infrastructure. Include current staffing levels, hiring needs, onboarding plans, and timeline. Include physical space, equipment, technology, and plans to fill resource gaps.</p>	<p>Limited /or no organizational partnerships to support service delivery.</p> <p>Minimal staffing plan and /or low number of positions filled.</p> <p>Low infrastructure for project proposals, including location, equipment and technology, etc.</p>	<p>Functional partnerships to support service delivery.</p> <p>Average staffing plan and /or low number of positions filled.</p> <p>Low infrastructure for project proposals, including location, equipment and technology, etc.</p> <p>But offers timeline or plan to fill gaps through project proposal.</p>	<p>Strong established partnerships and collaborative agreements to support service delivery.</p> <p>Fully staffed or advanced hiring plan established.</p> <p>Infrastructure in place or advanced readiness plan aligned with proposal timeline.</p>

BEHAVIORAL HEALTH EXECUTIVE COMMITTEE – RUBRIC FOR REGIONAL PROPOSALS

Implementation Approach and Phasing Describe the phased approach for implementing selected priorities, including activities, timelines, and responsible entities.	Implementation approach is unclear, incomplete, or lacks defined timelines or responsibilities. No clear phasing or sequencing of activities is described.	Describes a general implementation approach with some timelines and responsible entities identified. Phasing is described but lacks detail or alignment with capacity.	Clearly describes a phased, coordinated implementation approach. Activities, timelines, and responsible entities are well defined and aligned with regional capacity and priorities.
Administrative and Operational Capacity Describe administrative processes and operational systems that support implementation, including procurement and oversight.	Administrative and operational processes are not described or are insufficient to support implementation. Procurement or oversight processes are unclear.	Describes basic administrative and operational processes to support implementation. Identifies some challenges or limitations in operational capacity.	Demonstrates strong administrative and operational capacity to support implementation. Clearly describes procurement, oversight, and operational systems aligned with implementation needs.
V. HOW NEED IS MET			
Service Alignment Explain how the proposed regional priority addresses the identified need within the region.	Services do not appear connected to the identified need. Does not identify how this plan fills a service gap within the community.	Services loosely align with stated need but lack detail on how services directly respond to it.	Design is clearly aligned with the defined need, showing well-articulated service gap with measurable impact.
Behavioral Health Service Standards Describe how the proposed services adhere to the New Mexico Health Care Authority Behavioral Health Service Standards, including required practices, quality benchmarks, and compliance expectations.	Meets none or limited requirements within the BH Service Standard Guidelines.	Meets most of the requirements within the BH Service Standard Guidelines.	Meets or exceeds all BH service standard requirements.
Provider Network & Capacity Describe the network of providers involved in delivering services, their capacity to meet anticipated service demand, and plans to expand or strengthen capacity as needed.	Provider network is undefined or minimal, with insufficient capacity to meet anticipated service volume. No clear plan to expand or partner.	Identifies a partial provider network with moderate capacity to meet demand. Plans to expand the network or enhance provider readiness are mentioned but underdeveloped.	Demonstrates a well-established provider network with the capacity and scalability to meet full-service demand. Includes specific providers, roles, and referral/coordination systems.

BEHAVIORAL HEALTH EXECUTIVE COMMITTEE – RUBRIC FOR REGIONAL PROPOSALS

Cultural Humility Addresses how services will be tailored to meet the needs of diverse populations.	No evidence that services are culturally adapted, or that diverse population needs have been considered.	Some mention of diverse population needs, but with limited strategy to address them.	Provides a clear understanding of diverse service needs, with a well-established strategy to align needs with population.
Access to Care Outlines how barriers to care will be identified and reduced.	Access barriers not addressed	Some barriers identified and addressed; limited planning or measurement.	Robust, innovative solutions to improve access; measurable goals included.
Language Access Describe how translation and interpretation services will be provided to ensure equitable access to services, including plans for plans for multilingual outreach and accessible formats for program materials.	No mention of translation, interpretation, or language access resources.	General acknowledgment of language access needs, but limited detail on how services will be implemented or funded.	Comprehensive plan with dedicated funding, staffing, and processes for translation, interpretation, and multilingual outreach to ensure equitable participation and full access across all program activities.
VI. FUNDING STABILITY			
Use of Funds Proposal details explanation with how funds will be utilized to appropriately and effectively meet the needs of the identified priority. Proposal outlines a plan for sufficient use of necessary expenditures and justifiable costs, given the proposed priority.	Funding request is vague, unclear, or lacks detail. Proposal does not explain how funds will be used to meet identified priorities	Proposal outlines a plan for sufficient use of necessary expenditures and justifiable costs, given the proposed priority. Basic alignment with goals is present.	Detailed, well-justified funding request clearly explains how funds will be used to effectively meet the needs of the identified priorities, including a clear plan for necessary expenditures and justifiable costs. Demonstrates alignment between proposed funding uses, service goals, and deliverables, and, where applicable, reflects tribal funding access pathways as described in the Tribal Collaboration section.

BEHAVIORAL HEALTH EXECUTIVE COMMITTEE – RUBRIC FOR REGIONAL PROPOSALS

Sustainability Plan Proposal identifies plan to sustain services beyond funding from the Behavioral Health Reform and Investment Act (BHRIA).	Proposal does not identify a sustainability plan or additional funding sources.	Identifies a basic sustainability approach. Provides information on other funding sources, though limited in scope or certainty.	Includes clear financial benchmarks tied to outcomes and a well-developed sustainability plan. Details of other confirmed or high-potential funding sources are provided.
Medicaid Coordination Proposal identifies how regional plans will optimize, leverage, and coordinate with New Mexico State Medicaid.	No plan for coordination with Medicaid or regional systems.	Includes some discussion or mention of coordination with Medicaid, though not fully developed.	Demonstrates how regional plans will optimize, leverage, and coordinate with New Mexico State Medicaid and other systems.
Other (non-Medicaid) Sources of Funding Proposal details comprehensive funding plan for identifying and leveraging additional non-Medicaid funding sources to support the proposed priority.	None or unclear explanation of additional funding sources.	Includes explanation of braided funding, though limited in outline.	Detailed explanation of comprehensive braided funding plan.

VII. RISK AND MITIGATION STRATEGY

Risk Identification Identification of key risks or challenges that could affect the regional plan.	Proposal does not identify any risks or challenges to implementation, or identification is vague and lacks context.	Proposal identifies some risks or challenges relevant to the proposed activities, though not fully developed or contextualized.	Strong Identification of key risks or challenges to successful implementation of proposed services.
Mitigation Strategies Describe specific mitigation strategies for each identified risk, explaining how they will reduce risk, maintain service fidelity, and support continuity of implementation, and identify responsible parties where applicable.	No mitigation strategies are provided, or strategies are general and lack detail.	Includes some mitigation strategies, but they may be limited in scope, lack specificity, or not clearly tied to identified risks.	Provides detailed and realistic mitigation strategies for each identified risk. Strategies demonstrate a proactive approach to maintaining fidelity and minimizing disruption.

BEHAVIORAL HEALTH EXECUTIVE COMMITTEE – RUBRIC FOR REGIONAL PROPOSALS

VIII. MEASURING SUCCESS			
Logic Model Provide a logic model showcasing the proposed approach for planning, implementation, and evaluation of each regional priority. Show how regional goals will be achieved through identifying the relationship between regional resources, activities, outputs, and expected outcomes.	Logic model is missing, unclear, or lacks alignment with regional priority.	Logic model is present but lacks depth or clarity in key areas.	Highly detailed logic model, showing strong alignment between regional resources, priority goals, activities, outputs, and expected outcomes.
Performance Metrics Defines how success will be measured, including indicators, benchmarks, and reporting tools.	None or vague metric tools identified.	Basic metrics are outlined or may lack specificity.	Data-driven performance plan with robust reporting tools.
Evaluation Documents the plan for evaluating implementation progress and outcomes, including internal and external evaluation approaches, use of data, and continuous quality improvement.	No evaluation plan is described, or evaluation activities are vague, undefined, or not aligned with proposed priorities. No data sources or evaluation responsibilities are identified.	Evaluation plan is described and aligned with proposed priorities. Identifies basic evaluation methods, data sources, and responsibilities, but lacks detail or integration across priorities.	Provides a comprehensive evaluation plan clearly aligned with priorities and outcomes. Identifies robust data sources, evaluation methods, timelines, roles, and use of findings for continuous improvement. Includes plans for external evaluation where appropriate.
Feasibility Analysis Describe the practical capacity to carry out proposed activities, including staffing, timelines, infrastructure, and resources, and explain how these feasibility considerations support successful implementation and sustainability of the regional plan.	Proposal does not address feasibility or lacks consideration of capacity, timeline, or resources needed to achieve goals.	Some elements of feasibility are addressed (e.g., staffing, timeline, resources), but analysis is limited or incomplete.	Thorough feasibility analysis with a realistic assessment of capacity, timelines, staffing, and infrastructure required for successful implementation.