Behavioral Health Reform and Investment Act
Regional Plan Quarterly Reporting (September 15th)

Please ensure all elements of this form are complete and submitted by or before the quarterly report deadline noted above. Once completed, please email this form and any supporting documentation to BHRIAsupport@hca.nm.gov.

Region Represented: Region One

Accountable Entity: Santa Fe County

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Quarterly Report Date and Primary Author: September 1, 2026 / Anne Ryan

Funding Allocation Summary:

	Early Access Funding Requested	BHEC Approved Early Access Funding	Early Access Fund Receipt date	Early Access Encumbrances through 08/31/2026	Early Access Spending through 08/31/2026	Early Access Funding Remaining
Region 1	$2m	$2m	06/15/26	$1,031,977.94	$0	$968,022.06

Progress Summary:

Please see attached

Region One Early Access Progress Report Summary as of August 31, 2026

The chart below reflects the nine (9) projects outlined in our Early Access GSA along with current updates, followed by the most pressing issue for which we are seeking clarity.

R1 Entity	Scope / Budget
JAN	**HCA GSA:** *Increase staffing resources for officers investigating and responding to opioid-related incidents. Prevention training will be expanded within the Nation's workforce and School District. The Nation will install secure, wall-mounted Narcan distribution units within tribal facilities.* **Submitted/approved budget of $161,428** is broken down as follows: 1. $20k in *direct services* for expanded staffing for officers investigating and responding to opioid-related incidents to improve timely response, diversion opportunities, and cross jurisdictional investigations with federal and state partners. 2. $48,448 in *training and workforce development* for behavioral health, opioid response, and interdiction training for officers and staff who regularly interact with individuals experiencing substance use disorders. Expand prevention training within the Nation's workforce and School District to strengthen protective factors and reduce risk factors associated with substance misuse. 3. $92,980 in *infrastructure and equipment* for the purchase and installation of wall-mounted and stand-alone vending machines for Narcan distribution units to 8 tribal facilities to increase access to life-saving medication as an overdose mitigation strategy. **Current Status as of August 31, 2026:** • Active participation. • PO cannot be encumbered until IGA executed (still with the Nation). • Nothing invoiced or drawn down to date.
Ohkay Owingeh	**HCA GSA with submitted/approved budget of $161,428** fully applied to direct services with the *development of youth programming with intervention efforts to strengthen expanded access to harm reduction resources, including the distribution of Deterra drug deactivation bags to support the safe disposal of unused medications and reduce diversion and accidental exposure. Funding will also support the addition of two full-time equivalent positions dedicated to prevention coordination, outreach, data tracking, and linkage to care, ensuring a consistent and timely response to emerging needs.* **Current Status as of August 31, 2026:** • Active participation by former designee, who accepted another position and BHRIA representative changed to a designee we're told intends to remain engaged. • Nothing drawn down to date. • PO will be encumbered once W9 is verified.
Santa Clara	**HCA GSA:** *$161,428 held in trust pending further State-Tribal engagement efforts*.

	Current Status as of August 31, 2026: • Active participation recently by Health Council Chair, who is working with others within Santa Clara to devise a budget plan to recommend to the Governor. • IGA remains with the Pueblo while they consider level of engagement during their internal review process. • Health Council Chair is navigating project opportunities to align on actionable next steps for their *Rez Riders* Program.
San Ildefonso	**HCA GSA:** *Expand crisis services through the following strategies: individual and group counseling for those affected by substance use of overdoes; psychoeducation on overdose prevention, naloxone use, and recovery support; post-overdoes outreach and rapid engagement within 24 – 72 hours of an incident; care coordination across treatment providers, workforce staff, and family support teams; and distribution of naloxone and overdose prevention education*. **Submitted/approved budget of $161,428** is broken down as follows: 1. $24,214 for *planning and administrative* oversight 2. $121,071 for *direct services* of individual and group counseling for family members affected by substance use or overdose; psychoeducation on overdose prevention, naloxone use, and recovery support; grief and bereavement support for families impacted by overdose-related death; post-overdose outreach and rapid engagement within [24–72] hours of an incident; care coordination across treatment providers, workforce staff, and family support teams; distribution of naloxone and overdose prevention education; peer recovery support and mentoring; reentry planning and stabilization for individuals transitioning from inpatient care. 3. $16,143 for *operational costs* of facility expenses, communications, supplies, data systems, IT maintenance, or service coordination support **Current Status as of August 31, 2026:** • Active participation until April, when the designee engaged with AOC contractor R. Ross to develop their Sovereign-specific Plan which was submitted as an Amendment by San Ildefonso to AOC on June 30. • San Ildefonso actively requests direct distribution by the State to Sovereign entities, something we support, and is not signing R1 IGA nor providing an updated Letter of Support until this is clarified. They have not been participating in Region One Early Access group meetings presumably for this reason, and they remain equally apprised as all others via email and postings about relevant current matters.
Nambe	**HCA GSA with submitted/approved budget of $161,428** fully applied to *direct services* by increasing prevention efforts through expanded mobile case management, expanded harm reduction efforts to make related services more accessible, increased collaboration with regional treatment centers, schools, and tribal mental health programs in providing adventure and nature based therapy groups, increased linkages to detox and residential treatment services, and expanded efforts to help increase peer support strategies. **Current Status as of August 31, 2026:**

	• Active participation despite multiple staffing changes. • IGA is active. No reimbursement requests received to date. • Job descriptions and/or contracts developed for applicable positions. One FTE has started and a second contractor as well.
Pojoaque	**HCA GSA:** *Increase capacity of behavioral health clinical staffing dedicated to crisis interventions by hiring one full-time clinical lead and one half-time Crisis Intervention Therapist.* **Submitted/approved budget of $161,428** is broken down as follows: 1. $24,214 for *planning and administrative* oversight 2. $137,214 for *direct services* with a Crisis Intervention Clinical Lead @1 FTE - 100% (85K) and a Crisis Intervention Therapist @0.5 FTE - 50% (35,748) + Fringe Benefits ($16,466) **Current Status as of August 31, 2026:** • Active participation until April, when the designee engaged with AOC contractor R. Ross to develop their Sovereign-specific Plan. • Pojoaque actively requests direct distribution by the State to Sovereign entities, something we support, and is not signing R1 IGA until this is clarified. They have not been participating in Region One Early Access group meetings presumably for this reason, and they remain equally apprised as all others via email and postings about relevant current matters.
Tesuque	**HCA GSA:** Increased prevention efforts through the *hiring of a case manager to assist with Narcan awareness and distribution and make referrals for the Wellness Drug Court to ensure continuity of care*. **Submitted/approved budget of $161,428** is broken down as follows: 1. $5k for *reporting and administrative* oversight 2. $90,641 in *direct services* by hiring a Case Manager: Salary - $43,680 FICA - $3,341, Insurance - 6,000, & Retirement - $2,260 to provide direct services and referrals from Tribal court and other agencies concerning Behavioral Health. $35,000 will provide direct services through the Healing to Wellness Drug Court 3. $15k in *training and workforce* development through the new Case Manager who will attend MRT, Drug interactions, and Narcan trainings to increase the effectiveness of the Healing to Wellness Drug Court and meet the capacity necessary for clients. 4. $10k in *equipment* of computer and accessories, phone, computer software for Case Manager 5. $40,787 in *operational costs* of facility expenses, communications, food supplies, data systems, & IT maintenance **Current Status as of August 31, 2026:** • Active participation with AE that started in the early spring. Unable to consistently attend R1 meetings but remains engaged. • IGA is active. No reimbursement requests received to date. • Intends to post position soon.

RAC & LAC	**HCA GSA:** *Expand capacity at Darrin's Place through the addition of a pilot on-demand transportation program, increased residential facility capacity, and the addition of medically monitored detox services. Funding will also support increased staffing for 24/7 operations that include RN and BHT coverage, an on-call medical provider, and facility upgrades*. **Submitted/approved budget of $450k** is broken down as follows: 1. $50k for *administrative* oversight 2. $350k in *direct services* for increased staffing to expand detox and hire up to two transportation staff 3. $50k in *equipment* of a vehicle for on demand transportation **Current Status as of August 31, 2026:** • Active participation by both counties with fully executed IGAs. • Select challenges with their intended provider (Darrin's Place) which we're told have since been worked out. • RAC & LAC are working directly with Darrin's Place on implementation. RAC reports that they've drafted the associated contract which they will execute with Darrin's Place once their finance department finishes setting up the necessary funding codes.
SFC	**HCA GSA:** SFC *will purchase an ADA-compliant van for its EMS' Mobile Integrated Health Unit as well as contract for two FT professionals to operate field-based crisis intervention, care coordination, and post-overdose follow-up. Investments will also support equipment, mobile documentation tools, training, outcome tracking, and coordination with the City's Mobile Integrated Health and La Sala Crisis Triage Center*. **Submitted/approved budget of $420,004** is as follows: 1. $120k in *equipment/infrastructure* of ADA compliant van 2. $50,004 for *operations* and coordination with La Sala and the City of Santa Fe 3. $250k in *direct services* for contracted licensed social worker and mobile case manager to staff the Unit **Current Status as of August 31, 2026:** • Contract for both positions fully executed. PO opened. Nothing yet drawn down. • Van Unit built and PO opened. ETA December. • Equipment encumbered, not yet received. • Training commenced.

<u>The most pressing issue, however, is this</u>:

- The State Executive Committee recently decided to directly distribute Tribal Set Aside Regional Plan funding from the HCA to the respective Sovereign Entities as advanced lump sums.
- We strongly support this decision, as several of our Sovereign partners are reporting resource and equity challenges with Santa Fe County's reimbursement-based requirement (and as shared in our associated email correspondence).

- The HCA implied that this recent decision does not, however, apply to Early Access Funding, which is a significant challenge for many of our partners for the reasons just outlined and is resulting in implementation delays.
- To rectify:
    - Since the HCA is permitted to advance lump sum distributions to other governments as part of BHRIA and Santa Fe County is not; and
    - The State Executive Committee intends to request an extension for Early Access funds; and
    - The State Executive Committee recently determined that the HCA will provide direct, lump sum advanced distributions to Tribes, Nations, and Pueblos tied to Tribal Set Asides; then
    - We strongly recommend that Santa Fe County return applicable Early Access funds identified in our GSA back to the HCA for advanced, lump sum direct distribution to each Sovereign Entity requesting this option.

Please advise and THANKS.

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