Sovereign Entities of the Jicarilla Apache Nation and the Pueblos of Santa Clara, Ohkay Owingeh, San Ildefonso, Pojoaque, Nambe, and Tesuque, and the New Mexico Counties of Los Alamos, Rio Arriba, and Santa Fe.

May 26, 2026

Dear Members of the Committee:

On behalf of Region One and serving as its Accountable Entity, presented here is **Region One's BHRIA Proposal for the term FY27 - FY29**.

The below table reflects priorities determined through this FY26 process with their summarized associated investments from the $8,073,455.30 allotment of BHRIA funding to R1 for FY27 – FY29, highlighted by leveraged investments among the three counties for FY27. (Please note that our process rendered seven priorities, two of which are mentioned in our Plan – youth crisis and reentry housing -- but not included in our budget proposal as both of these are already being significantly financed by Santa Fe County for the region and we did not want to overly tax limited BHRIA funding).

Priorities	**Funding Amount**	**Application**
Access and expansion of Detox, MAT, Recovery, and Crisis	$3,013,455.30	Applied to Rio Arriba and Santa Fe Counties for their respective County owned / privately operated Crisis and Detox Centers + Expansion of NC RTD "My Blue" Transportation.
Workforce Development	$1,560,000.00	Solicitation – please see Plan proposal.
Regional Navigation System & Transportation	$300,000.00	Scale the CONNECT program and network region-wide, and leverage where it's already built into budgets for SFC/RAC/LAC. Expand the "Ride United" transportation service under CONNECT + NC RTD "My Blue."
Prevention Across the Age Spectrum	$2,000,000.00	Solicitation – please see Plan proposal.
Administrative Costs and Evaluation (15%)	$1,200,000.00	Applied to the AE for coordination, staffing, management, oversight, procurement, reporting, and related plus an independent evaluator secured via solicitation.
Total SB3 FY27 - FY29	**$8,073,455.30**	**Total FY27 In Kind / Leverages among Rio Arriba, Los Alamos, & Santa Fe Counties: $14,653,148.15**

On balance with the size of Region One and the expensive costs associated with addressing behavioral health needs, please know that Region One has worked diligently to apply BHRIA funding in ways that most wisely tackle the region's prioritized needs while significantly leveraging other resources in order to best benefit both residents of and visitors to Region One

irrespective of enrollment status, immigration status, gender status, or otherwise. Please additionally note that we view this Plan as a living, dynamic document that will require ongoing review and updates as projects are implemented and new considerations emerge.

For this process, letters of support were provided by the Jicarilla Apache Nation, the Pueblos of San Ildefonso, Pojoaque, and Nambe, and the counties of Los Alamos and Rio Arriba. And while not required by the Administrative Office of the Courts (AOC), letters of support were also received by the cities of Santa Fe and Espanola. We have additionally appreciated active engagement by the Village of Chama, Ohkay Owingeh, and Tesuque Pueblo, and Santa Clara Pueblo was a strong participant at the regional workshop.

Region One's Plan was formally approved by Rio Arriba and Los Alamos County leadership, as well as Santa Fe County's Board of County Commissioners and submitted to the Administrative Office of the Courts prior to AOC's required April 30, 2026 deadline. And as instructed by AOC, the Plan holds placeholders for Sovereign-exclusive priorities that will be subsequently submitted as addendums tied to Tribal Set Asides.

Thank you again for the opportunity to apply. Should you have questions, my contact information is below.

Sincerely,

Anne Ryan

Anne Ryan, MS, MA, LMSW
Community Services Director
Santa Fe County Government
240 Grant Avenue
Santa Fe, New Mexico, 87501
(505) 995-9538
Asryan@santafecountynm.gov

Required Attachments:
Letters of Support and Approvals
BH Provider Index
E-SIM Reports

REGION ONE
BEHAVIORAL HEALTH PLAN
PROPOSAL

BUILDING A REGIONAL CONTINUUM OF CARE THROUGH TRUST

TABLE OF CONTENTS

APPLICATION

Region Represented: Region 1
Counties, Nations, Pueblos, and Tribes represented within region:

- Santa Fe County
- Los Alamos County
- Rio Arriba County
- Jicarilla Apache Nation
- Ohkay Owingeh
- Pueblo of Santa Clara
- Pueblo de San Ildefonso
- Pueblo of Nambe
- Pueblo of Pojoaque
- Pueblo of Tesuque

Accountable Entity: Santa Fe County
Primary Contact Name & Title: Anne Ryan, Community Services Director
Phone: 505-995-9538
Email: asryan@santafecountynm.gov

PROGRAM OVERVIEW

During the 2025 Legislative Session, the State of New Mexico enacted the Behavioral Health Reform and Investment Act (BHRIA) which took effect on June 20, 2025. Since that time, the State's Administrative Office of the Courts and the State's Health Care Authority have been working to develop a regional approach to statewide behavioral health reform under the oversight of a statewide Behavioral Health Executive Committee which, among other things, has designated regions according to judicial districts. The Administrative Office of the Courts outlined required actions in an August 18, 2025 letter to County Managers and Tribal leaders that included: 1)Development of a regional planning committee for Stakeholder Workshops to identify the region's top behavioral health priorities; 2)Participation in Listening Sessions to garner feedback on those identified priorities; and 3) Development of a Regional Behavioral Health Plan submitted to the Administrative Office of the Courts by April 30, 2026 and the Health Care Authority by June 30, 2026.

On January 22, 2026, the Governor of New Mexico issued Executive Order 2026-004 Declaring a State of Emergency in Rio Arriba County, Santa Fe County, the City of Espanola, the Jicarilla Apache Reservation, and the Pueblos of Pojoaque, Ohkay Owingeh, Santa Clara, San Ildefonso, and Tesuque due to the acute adverse impacts addiction is having on individuals, families, communities, and public health and safety systems within Behavioral Health Region One (BHR1). Together, the acknowledgement of this regional crisis and the results of the mandated Stakeholder Workshops and Listening Sessions have formed the basis for the proposed strategic BHRIA investments in crisis, detox, recovery, and MAT expansion; workforce development; regional

navigation with transportation; and prevention across the age spectrum as the focus of Region One's FY27 – FY29 Behavioral Health Plan to help reduce overdose deaths, decrease Emergency Department (ED) utilization, and strengthen overall regional resilience.

PRIORITIES WITH ALIGNED SERVICE DESCRIPTIONS

Region One Behavioral Health Plan Priorities

Priority 1	**Regional Medical Detox, Recovery & Crisis Stabilization Expansion**
Priority 2	**Medication Assisted Treatment (MAT) Expansion**
Priority 3	**Workforce Development**
Priority 4	**Regional Navigation System and On-Demand Transportation**
Priority 5	**Prevention Across the Age Spectrum**

Priorities 1 & 2: Detox, Recovery, Crisis Stabilization, & MAT Expansion

Enhanced Sequential Intercept Mapping (ESIM) in all three counties identified insufficient detox capacity within the region that has led to long wait times and a reliance on jail-based detox. In addition, crisis services and diversion from Emergency Departments (ED) were identified as substantial needs throughout the region. Medication Assisted Treatment (MAT) was identified as an approach to help reduce relapse episodes and overdoses. Combined, Priorities 1 and 2 help to expand medical detox, crisis stabilization, recovery, and MAT services to help address the rise in overdose deaths and ED visits that are detailed in the Demonstration of Need section. To address these priorities, Behavioral Health Region One (BHR1) will invest in existing facilities to expand services provided at Santa Fe County's La Sala Center and Rio Arriba County's Darrin's Place. Both facilities were noted in the ESIM workshops as valuable resources in the community with recommendations for expansion to meet the additional capacity needed.

Santa Fe County's La Sala Crisis Center has been serving the region's most vulnerable adults since 2021 with no/low barrier crisis triage, mobile crisis, and detoxification services that are culturally appropriate and trauma informed. A recently conducted independent professional evaluation of the Center revealed the need for more space to help accommodate the growing demand for detox beds and crisis services. To help address this need, Santa Fe County received a $1.5M reauthorized appropriation during the 2026 legislative session for an expansion remodel, however, the County's Public Works Department strongly advises the purchase of a second building for expansion due to site-specific limitations at the existing Center. Santa Fe County has identified a viable building

adjacent to the La Sala property that will require: 1) gap funding of approximately $250K for the capital purchase; 2) funding for planning design, construction, and equipment to remodel both buildings to meet sufficient physical standards for expanded detox and crisis stabilization; and 3) funding for services, such as transportation, not compensated by other sources.

Rio Arriba County will implement a Phase II expansion of their Darrin's Place facility located in Española. The expansion will build upon the continuum of care by expanding the residential capacity for on-demand detox and/or direct admission by 50%. The staffing model at the facility will be increased to support 24/7 operations that will include RN coverage, an on-call medical provider, BHTs, and clinical oversight. The Phase II implementation builds upon Early Access funding to add additional detox and residential treatment beds and implement a transportation program to the facility from anywhere in Rio Arriba, Los Alamos, or Santa Fe Counties.

Referral pathways to the Rio Arriba County treatment facility will be expanded to help ensure streamlined access to services. Early Access funding will establish a Tribal Outreach & Partnerships Lead to provide culturally responsive engagement and education, as well as culturally responsive materials. Referral pathways to Darrin's Place will expand upon Early Access outreach, developing new partnerships that will include Tribal health programs; regional hospitals and EDs; community providers and shelters; and probation, parole, and re-entry partners. Quarterly outreach visits by Rio Arriba County and monthly virtual touchpoints will provide on-going support, troubleshooting, and help with coordination and linkages to care.

Both the Rio Arriba County and Santa Fe County facilities will expand transportation services to help clients access the facilities, other treatment programs, pharmacies, and shelters. Rio Arriba County's Darrin's Place intends to initiate a pilot on-demand transportation program through Early Access funding that will be continued through the proposed Plan funding. BHR1 is meeting with North Central Regional Transportation District (NCRTD) to help provide on-demand "My Blue" transportation services where service coverage aligns within the region. La Sala will also utilize "My Blue" and a range of other transportation services that include Ride United, Uber Health, bus passes, and Rail Runner to expand access.

Priority 3: Workforce Development

ESIM workshops identified provider shortages, supervision gaps, burnout, high turnover, and rural staffing deficits as gaps in the region. To support the development of a stronger regional behavioral health workforce, BHR1 will issue a solicitation for a collaborative proposal response from higher education institutions and organizations that train and recruit behavioral health providers. Offerors will expand their current services and activities to attract, increase, and retain the number of qualified individuals working in the behavioral health field. The primary applicant will have the ability to sub-contract with collaborators to ensure workforce development will be dispersed throughout the region, training a variety of staffing positions that may include Certified Peer Support Specialists, Community Healthcare Workers, Clinical Social Workers, Licensed Professional Counselors, Psychiatric Nurses, Psychologists, and Psychiatrists. Organizations must

serve BHR1 or otherwise use the funds to expand capacity within or to the region. All funding available through the solicitation must be fully expended by the providers by June 30, 2029. A draft of the solicitation can be found in Appendix A: Workforce Development Draft Solicitation**.**

Priority 4: Regional Navigation System & Transportation

Fragmented service access and lacking centralized referral and coordination systems were identified as gaps in large portions of the region. To address this need, BHR1 will expand the existing CONNECT program and network to serve the full region. The Counties of Santa Fe, Los Alamos, and Rio Arriba, as well as the City of Santa Fe maintain CONNECT, a network of navigators at clinics, community organizations, and programs who link people to services and resources in the community. A majority of the providers within the network deliver behavioral health services, making it an invaluable resource to build upon. Agencies in the network are connected through a shared technology platform enabling navigators to send and receive secure electronic referrals to address residents' social needs and improve individual and community health. This closed loop referral system will be expanded to include Tribes and additional municipalities in BHR1.

Santa Fe County initiated this program as the Accountable Health Community in 2017. It has evolved over the past decade to include United Way of North Central New Mexico and the City of Santa Fe as operational partners, with 300+ navigators across 85 programs. Los Alamos and Rio Arriba Counties have only recently joined the platform and are still in the learning process of how to scale the resource to the needs of the community. Santa Fe County will provide technical assistance to other BHR1 municipalities and Tribes as they join the platform or expand their current usage of the network. BHR1 is working towards a regional implementation of the program under its Regional Plan instead of individually connected municipalities, and plans are underway for a July 2026 meeting with regional providers to commence with developing this process.

Ride United is a program of the United Way of North Central New Mexico that arranges free rides through Lyft for people to access medical services and other critical needs. Santa Fe County currently utilizes this service through CONNECT, which will be expanded to serve the entire region to help remove transportation access barriers.

Priority 5: Prevention Across the Age Spectrum

Stakeholders have consistently identified the need to prevent the cycle that causes addiction in BHR1. A solicitation will be issued and sent to regional providers seeking to expand targeted prevention and outreach services that are culturally appropriate and trauma informed to help reduce the region's overdose death rates. Activities may include, but are not limited to:

- Specific outreach to rural and underserved communities
- Overdose prevention education and harm-reduction engagement
- Expansion of access to naloxone, fentanyl test strips, and other prevention tools

- Collaboration with justice, EMS, hospitals, schools, and community organizations
- Services that are non-traditional in nature (such as music, dance, and/or nature based), may follow indigenous practices, or otherwise demonstrate prevention through the promotion of healthy activities and practices.

Multi-provider collaboration is required in the solicitation response. Provider partnerships will self-select a primary applicant that may sub-contract with other providers to reflect a coordinated prevention and outreach approach to ensure a comprehensive reach throughout the region. Providers must serve BHR1 or otherwise use the funds to expand capacity within or to the region. All funding available through the solicitation must be fully expended by the providers by June 30, 2029. A draft of the solicitation can be found in Appendix B: Prevention Draft Solicitation.

LONGEVITY OF CARE

Clinical services alone cannot sustain behavioral health over a lifetime. A Longevity of Care model requires infrastructure that adapts continuously, not only during crisis, but across every stage of life. CONNECT's navigation and closed-loop referral system builds this foundation region-wide. Its "no wrong door" network links providers and community entities so care remains coordinated and uninterrupted wherever a person enters the system. Integrated screening tools identify co-occurring social determinants such as housing, transportation, food security, that if left unaddressed, drive individuals back into crisis and fragment recovery. By bridging gaps between episodes of care, CONNECT helps to reduce isolation, builds community trust, and transforms behavioral health from a reactive intervention into a durable, person-centered continuum that evolves with the individual across the lifespan.

Workforce Development is a key priority in the BHR1 Plan to help sustain long-term care. The current workforce shortages are creating gaps in care that compound the lacking services, leaving individuals without consistent support at the moments they need it most. Without adequate providers to meet demand, even the most well-designed care systems falter as people are placed on long waitlists, lose momentum in their recovery, and disengage before services are even established. Addressing this reality requires more than recruitment; it requires building a workforce that is rooted in the region and invested in its future.

Regional training and apprenticeship programs will help to address this gap long-term, as the most sustainable workforce is the one that comes from the community it serves. Individuals from the region bring cultural credibility, relational trust, and a depth of understanding. These programs create economic opportunity alongside behavioral health capacity, transforming community members into trained professionals who are more likely to stay, invest, and grow within the region over time. Investing in programs to increase behavioral health workers in the region builds capacity to address the behavioral health crisis and alleviate the burden placed on the current workforce that is stretched too thin, causing burnout and high turnover.

Prevention services are being implemented alongside SUD treatment services as an upstream approach to reduce demand over the long-term. A treatment-only system is perpetually reactive,

responding to crises that a stronger prevention infrastructure could have interrupted earlier. By embedding prevention within the same strategic framework as treatment, the BHR1 Plan positions the region to reduce the incidence and severity of behavioral health conditions across generations, not just manage them after they emerge.

Overdose prevention and harm reduction programs support care and treatment engagement in trusted community settings across the lifespan. These programs meet people where they are, creating low barrier interactions that build trust and make treatment engagement possible. When coupled with a robust workforce, this approach engages people earlier and supports them longer as provider capacity is increased.

REGIONAL PLANNING STRUCTURE

BHR1 core advisory committee members are those designated by the region's counties and Sovereign Entities that provided a Letter of Support for the initial part of this State-driven process. Letters of Support were provided by the Jicarilla Apache Nation, San Ildefonso Pueblo, Pojoaque Pueblo, Nambe Pueblo, Los Alamos County, Rio Arriba County, and while not required by AOC also the City of Santa Fe and the City of Espanola and with active engagement by the Village of Chama and more recently Ohkay Owingeh and Tesuque Pueblo as part of the Early Access Plan while Santa Clara was a strong participant at the workshop.

It has been the responsibility of this core government advisory team to ensure informed decision making through a wider group of stakeholders that has included representation from the Courts, municipalities and other incorporated areas, health councils, those with lived experience, behavioral health providers, and local collaboratives. The core government team and related others have met regularly each week, and these meetings are open to any interested party on the first Tuesday of every month at noon through an online meeting link that is publicly available on Santa Fe County's website[1] dedicated to the Behavioral Health Reform and Investment Act (BHRIA) and this planning process.

BHR1 recognizes that this Plan is a living documented that will require ongoing review and updates as projects are implemented and new considerations emerge. As BHR1 concludes the initial planning process, online monthly implementation meetings will replace the weekly planning meetings, focusing on technical assistance, troubleshooting, and mitigation strategies. A kick-off meeting will take place in July 2026 with the contracted Evaluator delivering a presentation on service metrics, laying the groundwork for coordination on quarterly reporting. In-person quarterly meetings (with a hybrid option) will move around the region will be held each quarter with a focus on regional plan progress, and these will be hosted by Rio Arriba County (Q1), Nambe Pueblo (Q2), Ohkay Owingeh (Q3), and the Jicarilla Apache Nation (Q4). These meetings will include data presentations by the Evaluator to demonstrate the progress, addressing emerging trends or

[1] https://www.santafecountynm.gov/community-services/hhsd/behavioral-health-reform-investment-act

concerns. A copy of the FY27 list of regional designees and meeting schedule is included here as Appendix C.

ACCOUNTABLE ENTITY

Santa Fe County will serve as Region One's Accountable Entity throughout the duration of the Plan contract through FY29. Anne Ryan, Santa Fe County Community Services Director, has served as the Accountalbe Entity Lead for BHR1 governance meetings, listening sessions, and the development of the Regional Behavioral Health Plan, and will continue to lead regional meetings throughout the proposed contract period.

The entities of BHR1 will enter into Intergovernmental Agreements for the purpose of implementing this proposed Plan and Early Access funding. A copy of the Agreement is included as Appendix D and details the responsibilities of all applicable parties.

STAKEHOLDER ENGAGEMENT

Santa Fe County has a dedicated webpage for the Behavioral Health Reform and Investment Act (BHRIA) that is regularly updated with the region's status in compliance, providing transparency that is accessible by the community. All workshop and listening session reports, relevant communications, planning documents, and applications can be accessed on the site. There is also a *Teams* link for virtual access to stakeholder participation opportunities that occur monthly. A form has been set up on the site to allow the community to ask questions or provide comments. The Accountable Entity is monitoring submitted forms and providing follow-up as necessary. The e-mail addresses for the BHR1 Core Advisory Committee Members are posted as an additional resource for community members and stakeholders to provide input directly with their representative.

BHR1 participated in Sequential Intercept Mappings of Adult Behavioral Health Services in three separate workshops held in each of the region's counties between September 2024 and June 2025 funded and facilitated by the State's Administrative Office of the Courts (AOC) under the guidance of the National Center for State Courts with reports detailing area gaps in behavioral healthcare. Please note that a request has been made to AOC for the same to occur for the Nations, Tribes, and Pueblos within Region One. BHR1 participated in an additional youth-focused Enhanced Sequential Intercept Mapping and Prioritization Workshop on December 18th – 19th, 2025 facilitated by the University of New Mexico Behavioral Health Technical Assistance Center. All workshops were held in-person with a diverse array of stakeholders that included participants from health and legal systems, first responders, Tribal representatives, local government staff, people with lived experience, and community-based organizations. Full stakeholder participation details can be found in the ESIM reports.

Remote listening sessions were facilitated by the New Mexico Alliance of Health Councils on January 12th, 14th, and 15th, 2026 to invite feedback on the identified priorities from the ESIM

workshops. The listening sessions included youth-specific breakout rooms co-facilitated by a youth-specific provider, and select Senior Centers were made available to help ensure additional participation access.

The Priority framework guiding this Plan was initiated at the ESIM workshops with details included in the ESIM reports. Stakeholders and core advisory committee members met regularly following the workshops to refine the services that would address the identified priorities.

CONTINUITY OF CARE

The foundation of Region One's Behavioral Health Plan is built on a recognized crisis of overdose deaths and responds with a coordinated, multi-priority investment strategy designed to sustain care across time, providers, settings, and populations. Each of the five priorities contributes distinct but interconnected elements of continuity, creating a system where individuals can enter care at multiple points, move through a defined continuum, and remain supported over the long term.

Priorities 1 & 2: Detox, Crisis Stabilization, Recovery, & MAT Services to Expand the Clinical Continuum

The plan explicitly frames detox, crisis stabilization, recovery, and MAT services as a sequential continuum rather than isolated services. Key continuity mechanisms include:

- Formalized referral pathways via new partnerships with Tribal health programs, hospitals, EDs, shelters, and justice partners that are supported by quarterly in-person visits by Rio Arriba County and monthly virtual touchpoints to keep partnerships active.
- System diversion away from jail-based detox and overcrowded EDs into clinically appropriate settings, keeping individuals on a treatment trajectory.
- MAT as a longitudinal tool that bridges detox completion to ongoing stability, reducing relapse and re-entry into crisis.
- Culturally responsive outreach through a Tribal Outreach & Partnerships Lead to prevent disengagement among Indigenous and rural populations.
- Embedded transportation extending across three counties to ensure geographic barriers do not break the clinical continuum.

Priority 3: Workforce Development to Sustain the Human Infrastructure

High staff turnover severs therapeutic relationships and is one of the most disruptive forces in behavioral health continuity. The workforce strategy addresses this by investing in recruitment pipelines through higher education and training partnerships, with tiered development across credential levels from Peer Support Specialists to Psychiatrists. Regional sub-contracting

requirements ensure capacity is distributed across rural and Tribal communities, not solely concentrated in urban centers.

Priority 4: Regional Navigation & Transportation as the Connective Infrastructure

The CONNECT platform expansion is the plan's most explicit continuity mechanism. Its closed-loop referral system ensures handoffs are tracked and completed ensuring the loop does not close until the individual is actually connected to a service. Expanding the shared technology platform to Tribes and additional municipalities creates an integrated network across the region. Expanded on-demand transportation helps to remove geographic and transportation barriers, making every other continuity mechanism accessible in practice.

Priority 5: Prevention for Upstream and Long-Term Stability

Prevention sustains continuity by helping reduce future demand on crisis and treatment systems. Harm reduction tools such as naloxone, fentanyl test strips, and overdose education help maintain a connection to high-risk individuals not yet ready for treatment, keeping people alive until engagement is possible. Age-spanning, culturally grounded programming builds community resilience before addiction takes hold, incorporating established community connections across the lifespan.

Together, these priorities reflect a plan that demonstrates continuity of care not as a single handoff, but as a sustained, multi-layered system in which individuals can enter at any point and remain connected to appropriately escalating or de-escalating levels of care over time. The Plan strategically addresses identified barriers that have been identified as these are the predictable exit points from the care continuum. The Plan’s priorities help convert these exit points into sustained pathways capable of supporting individuals from crisis through long-term recovery.

DEMONSTRATION OF NEED

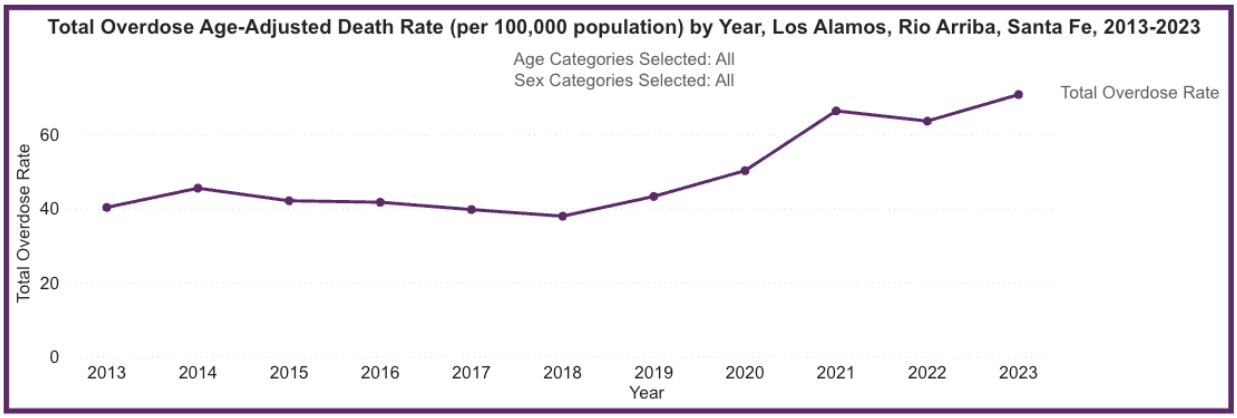
POPULATION NEEDS

BHR1 is a diverse area that encompasses fourteen sovereign, county, and municipal governments across north central New Mexico. The region reflects significant geographic, economic, and demographic diversity that includes the urban capital of Santa Fe, a national laboratory, frontier regions, and sovereign Tribal lands. The complex nature of the region presents many challenges and disparities, with outlying areas critically underserved in the realm of healthcare. The region has limited behavioral health infrastructure, chronic provider shortages, and requires long-distance travel to providers. These conditions create barriers to timely care that are compounded by a lack of affordable housing and transportation options.

The combined population of the area is approximately 215,000[2]. There are great disparities among the three counties in the region with Los Alamos County making up only 9% of the region's population in an area that covers just over 100 square miles, with a high median household income that is almost triple the amount in Rio Arriba County. The population of Los Alamos County is made up of 17.7% Hispanic and 0.8% American Indian/Alaska Native (AIAN) individuals. Rio Arriba County is a large county spanning close to 6,000 square miles where Spanish is spoken in more than half of the households. A majority of the population is Hispanic (67.3%) in Rio Arriba County while 17.2% is AIAN. With a low median household income, the poverty rate of Rio Arriba County is 20.1%. Santa Fe County is the most populous county in the region with 72% of the population, covering just under 2,000 square miles. Santa Fe County has a median household income above the state average at $88,719 and a 10.5% poverty rate. The population of Santa Fe County is made up of 48.8% Hispanic and 3/6% AIAN individuals. Both Santa Fe County (29.5%) and Rio Arriba County (21.8%) have an aging population of 65 or older above the state's average (20.1%). There are seven Tribal Nations within the region, with tribal data embedded in the county demographics.

HOW NEEDS ARE IDENTIFIED

BHR1 is experiencing a multi-layered behavioral health crisis that is characterized by rising overdose mortality, persistent alcohol-related deaths, severe youth mental health distress, high rates of untreated substance use disorder (SUD), and fragmented infrastructure across counties and Tribal communities.



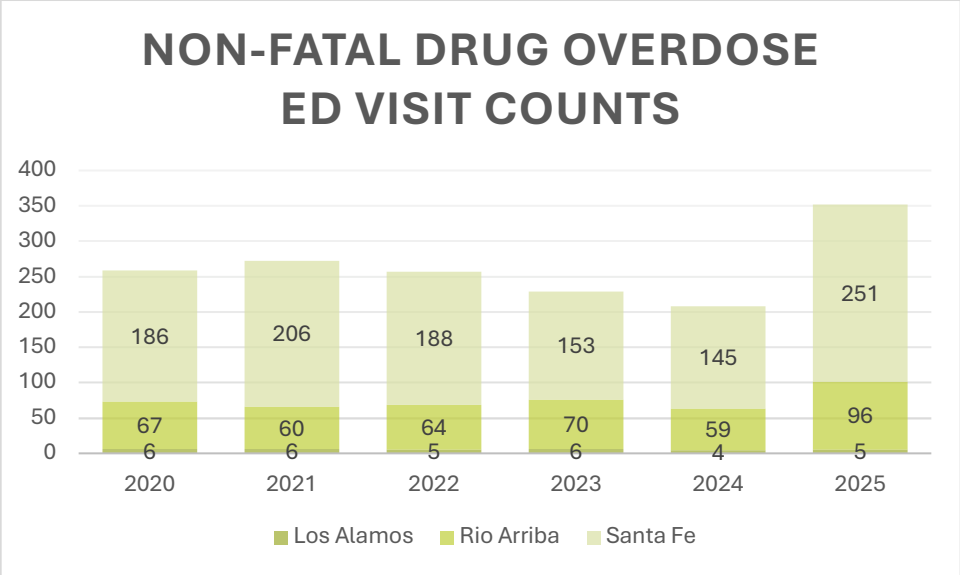
New Mexico has had one of the highest overdose death rates in the nation for most of the past two decades with entities in BHR1 contributing significantly to this standing. According to the NMDOH Health Substance Use & Mental Health Dashboard[3] data analysis from 2013-2023, Rio Arriba

[2] Data source: 2020 Census on data.census.gov. The combined totals of Santa Fe, Los Alamos, and Rio Arriba Counties is 214,605 and includes all tribal nations with populations living inside those county boundaries. Jicarilla Apache Nation spans into Sandoval County, therefore the population has been estimated to account for this additional population.

[3] Data source: NMDOH Bureau of Vital Records and Health Statistics death certificate data, UNM GPS population estimates, NMDOH Substance Use Epidemiology Section.

County had the highest drug overdose death rate in the state. In 2023, the most recent year of analysis, the rate was 141.6 deaths per 100,000 people, marking a steep incline from 2019 and the highest rate in the 11-year time period. Both Los Alamos County and Santa Fe County have also seen an increase in recent years with an overdose death rate of 38.2 and 58.7, respectively, in 2023. In Los Alamos, the rate has rapidly increased by 29.8 deaths per 100,000 since 2021. Santa Fe County has seen an increase of 32 deaths per 100,000 since 2017. Rates of overdose from fentanyl have seen a rapid increase in all three counties over the last three years of analysis. It is important to note that while Rio Arriba County has a significantly higher rate of overdose deaths, the much larger population of Santa Fe County means that the total count of overdose deaths is consistently higher there.

Preliminary data[4] for 2025 have demonstrated a steep rise in non-fatal drug overdose-related Emergency Department (ED) visits, particularly in Santa Fe and Rio Arriba Counties, indicating non-fatal overdoses are part of the growing trend in Region 1. This rise in ED visits is attributed to opioids which make up 92.3% of all overdose-related cases, with 22% of all Santa Fe County overdose ED visits by unhoused individuals.



The *New Mexico Substance Use Disorder Treatment Gap Analysis*[5] from January of 2020 identified 23,314 individuals living with SUD. Of those individuals, 10,951 needed treatment for a total of 47% that were untreated at the time of analysis. While Los Alamos County makes up a small number of the total individuals living with SUD (1,834), 91% were in need of treatment, a significantly higher percentage of untreated individuals than almost everywhere else in the state.

[4] Data sources: NMDOH Syndromic Surveillance eReporting Files; New Mexico Department of Health Bureau of Vital Records & Health Statistics; University of New Mexico Geospatial & Populations Studies population estimates.

[5] www.nmhealth.org/publication/view/marketing/5596/

Alcohol is included in the SUD substance types for the gaps analysis and makes up approximately half of the cases. New Mexico has had the highest alcohol-related death rate in the nation since 1997 with alcohol-related injury deaths occurring at approximately twice the national rate. Rio Arriba County has the second-highest alcohol-related death rate in the state at 151.6 per 100,000 across data analysis from 2013-2023[6], while Santa Fe (61.7) and Los Alamos (30.1) Counties have alcohol-related death rates well below the state average of 73.9.

Considering the substantial need for behavioral health services demonstrated by this data, workforce shortages compound this immense burden of need. Both Santa Fe County and Rio Arriba County are mental health professional shortage areas, scoring 16 and 17 respectively on a scale of 1-25 with 25 being the most severe[7]. Rio Arriba County had one mental health provider per 180 people registered within the county in 2025, while Santa Fe County had one per 120 people registered[8]. While Los Alamos County has not historically had provider shortages, they have only one mental health provider per 330 people registered.

SERVICE GAPS AND ESIMS

BHR1 participated in a youth-focused ESIM workshop on December 18th – 19th, 2025 facilitated by the University of New Mexico Behavioral Health Technical Assistance Center (UNM BHTAC). A workshop report published by UNM BHTAC on January 14th, 2026 identified substantial gaps in behavioral health services including a lack of crisis and treatment services for youth, a lack of immediate connection after crisis, long wait times for assessments and services, and provider shortages. Workforce and pipeline development was identified as the highest priority to address youth behavioral health needs, followed by access and capacity. The concern over the workforce was echoed in BHR1 Listening sessions that took place January 12th – 15th, 2026. Workforce shortages and provider burden were identified as a primary systemic hurdle affecting behavioral health outcomes.

ESIM Workshops for adult behavioral health services took place between September 2024 and June 2025. Los Alamos County noted a lack of certified and trained peer support; SUD treatment options; no case management services available after crisis or hospitalization; no in-house psychiatrist at the hospital; transportation barriers to treatment; no community mental health center; and few Medicaid providers for mental health services. Santa Fe County gaps included no access to same day detox; no detox options for those with SMI and high acuity; lack of navigators; lacking prevention services; lacking psychiatric services; a need for medication management; and lacking telehealth availability. Rio Arriba County mapping identified a need for a mobile crisis unit; low barrier detox and medication management; a Crisis Intervention Team; a digitized and

[6] Data source: Center for Disease Control and Prevention (CDC) Alcohol-Related Disease Impact (ARDI), NM Department of Health Bureau of Vital Records and Health Statistics death certificate data, UNM GPS population estimates, NMDOH Substance Use Epidemiology Section.
[7] www.nmlegis.gov/handouts/LHHS%20062525%20Item%204%20Health%20Care%20Workforce.pdf
[8] https://www.countyhealthrankings.org/health-data/new-mexico/santa-fe?year=2025

combined resource directory; strengthened prevention; and an expansion of the number of Certified Peer Specialist Workers. There was similar consensus in all reports for barriers around affordable housing and transportation, as well as a need for culturally responsive and trauma-informed care. Detailed reports for each workshop can be found on the Santa Fe County BHRIA website, as well as in the Plan attachments[9].

ANTICIPATED IMPACT

The priorities identified in the BHR1's Behavioral Health Plan are in response to the identified gaps and data that detail the significant need in the region. The Plan focuses on increasing access and capacity through coordinated, infrastructure-level investments to address both acute crisis response and long-term prevention to help mitigate escalating overdose mortality, increasing emergency department utilization, intergenerational trauma, and system strain on law enforcement and healthcare facilities. Together, these strategies improve access to services, the quality of care delivered, and long-term behavioral health outcomes.

Expanding medical detox and crisis stabilization capacity increases immediate access to lifesaving care that alleviates law enforcement involvement. This priority reduces wait times, ED utilization, and overdose risk while increasing the likelihood that individuals will transition to ongoing treatment. MAT expansion ensures capacity for individuals seeking ongoing treatment for comprehensive support and continuity. These strategies over the long-term will help reduce overdose mortality and alcohol-related deaths and help improve health outcomes, employment stability, and personal relationships.

Prioritizing recruitment, training, and retention helps ensure services can be delivered throughout the region. Stable staffing reduces service disruptions, shortens wait times, and enables coordinated care to improve health outcomes. Staff training supports culturally appropriate responsiveness and trauma-informed care that builds trust and continuity of care.

Expanding the regional navigation systems to additional municipalities helps individuals find appropriate services quickly. Improved care coordination reduces treatment drop-offs and helps individuals remain engaged in recovery, supporting improved health outcomes and community resilience for long-term impact.

Prevention across the age spectrum and outreach strategies help reduce substance use initiation and increase awareness of available treatment and harm reduction resources. Screening and education provide early support that is culturally relevant and connected to existing community support systems. The long-term impact of this priority is a reduction in the number of individuals developing SUD and decreasing overdose mortality and alcohol-related deaths.

[9] https://www.santafecountynm.gov/community-services/hhsd/behavioral-health-reform-investment-act

Together these priorities create a more robust continuum of care that spans prevention, crisis response, treatment, and recovery support. Expanding capacity in regional behavioral health reduces barriers to treatment entry, improves coordination and quality of services, lowers overdose deaths and crisis events, and supports long-term recovery and community well-being. This comprehensive approach ensures that individuals across the region have access to timely, effective, and culturally responsive behavioral health care, leading to stronger health outcomes across the region.

LOCAL RESOURCES AND PARTNERSHIPS

High rates of depression and suicide ideation prompted Region 1 to hold a youth-specific SIM workshop. The report identified limited youth crisis stabilization options and the need for a youth-specific treatment center. While this is a key priority in the region, local resources will provide significant funding for youth behavioral health needs to help offset the substantial needs in the region that cannot be funded through BHRIA.

Santa Fe County recently purchased a 35,000 square-foot building that will be used as a new regional youth behavioral health center. Contracted providers will offer youth-specific services that may include intensive case management, crisis management, and suicide prevention and treatment. *The infrastructure and services will be leveraged and not included in the Plan budget*. The youth center is expected to begin offering limited services before the end of the year, with full operations open in 2027. Expected outcomes include reduced rates of depression and suicide ideation among youth.

Likewise, expanding access to affordable housing and re-entry is a top priority in BHR1 to aid in stabilization, yet beyond what is financially feasible with the available BHRIA funding. Local entities are helping to address this priority through a variety of projects and approaches at the county level as detailed below. Each county government within BHR1 maintains programs and departments that will be leveraged to offset implementation costs that will maximize BHRIA funding:

SANTA FE COUNTY

Four departments within Sante Fe County provide services applicable to the Regional Plan that can be leveraged so that the limited State funding can be maximized:

Santa Fe County's Community Services Department (CSD) provides essential health and social services for area residents, prioritizing the most vulnerable. Operating as both a direct service provider and a funder of community health and social services, CSD leverages a dedicated workforce of 63 staff members and manages a network of over 100 contracted providers to help address community needs.

CSD is structured into four divisions designed to optimize service delivery and administrative oversight: Administrative Services, Health Services, Youth and Family Services, and Senior Services. Administrative Services provides the foundational infrastructure for the department, overseeing internal operations, fiscal management, and strategic logistics. The Health Services, Youth and Family Services, and Senior Services divisions represent the department's forward-facing divisions and work directly with the public at large. In addition to the Department's primary operations, CSD is actively working to help advance the following key Strategic Plan initiatives:

- Trauma-Informed Permanent Supportive Housing: Expanding stable housing solutions for those with SMI integrated with specialized care.
- Regional Youth Behavioral Health Center: Developing a dedicated facility to address the mental health needs of the area's youth.
- 10-Year Senior Services Plan: Implementing a long-term framework to enhance support and resources for our growing aging population on balance with limited resources.
- Reentry Center Development: CSD is working in direct partnership with the County's Jail team towards the development of a Reentry Center to better support individuals transitioning from incarceration back into the community.

Funding for the CSD is comprised of multiple sources, including Santa Fe County General Funds, County Capital Funds, State and Federal program and capital funds, public and private grants, and other restricted funding sources such as indigent funds. Portions of the CSD FY27 budget that can be leveraged towards the BHR1 Plan total $19,232,714.

Santa Fe County's Adult Detention Center serves those from the region and beyond and provides significant behavioral health services in ways that have rendered state and national attention. Over 70% of those it detains have some sort of SUD connection, and it is also regrettably the frequent home of those struggling with acute SMI.

Funding for the Santa Fe County Jail comes largely from County general funds, in addition to Opioid Settlement Funds and some State grants. It is also a pilot site for the State's Just Health Plus program as part of the 1115 waiver scheduled to launch next fiscal year. Portions of the jail's FY27 budget that can be leveraged towards the Regional Plan and are exclusive to behavioral health services total $2.5M.

Santa Fe County's Community Development Department provides a number of services focused on economic development, sustainability, affordable housing projects, and safe housing for low-income individuals and families. It also serves as the Housing Authority and manages appx 200 public housing units and over 300 Housing Choice Vouchers throughout multiple project sites.

Funding for the Development Department is comprised of various sources, including County General Funds, County Capital Funds, State and Federal program and capital funds, rental income and federal subsidies, public and private grants, and other restricted funding sources. Portions of the Community Development's FY27 budget that can be leveraged towards the Regional Plan are exclusive to housing and total $8,426,598.

Santa Fe County's Mobile Integrative Health Program is located within its Emergency Medical Services Department and provides mobile health and BH response services to vulnerable populations by a uniformed Community Health Worker and an independently licensed social worker. Funding for this program is comprised primarily from County general funds plus select restricted EMS-specific sources and a small portion of Medicaid. The program's FY27 budget that can be leveraged towards the Regional Plan total $650K.

LOS ALAMOS COUNTY

The Los Alamos County Social Services Division (SSD) provides essential health and human services for vulnerable community members, including helping with state and federal benefit programs, housing needs, food instability, utility payment assistance, and helping people get connected to mental health and substance use resources. SSD oversees 36 contracts that provide services for youth, teens, families, and older adults.

In addition to SSD's primary operations, Los Alamos County is actively working to help advance the following key Strategic Plan initiatives with the following leverages:

- **Opioid Settlement Funds:** Los Alamos County is expanding the resources available to address prevention and post-treatment supports for community members to include those with criminal justice system involvement to prevent recidivism; approximate value $760,000
- **Local Assistance and Tribal Consistency Fund:** Use of these funds will support the development and implementation of a crisis response plan for Los Alamos County, which will complement the crisis response plans regionally through the Regional Plan; approximate value $100,000
- **Coordinated closed loop software:** SSD uses the Unite Us closed loop software platform, to allow us to seamlessly make referrals to providers within Los Alamos County, as well as throughout the region and state, in support of the Regional Plan implementation; approximate value $60,000

RIO ARRIBA COUNTY

Rio Arriba County leads the state in overdose deaths and has built a robust portfolio of programs to complement BHR1 Plan implementation:

- **CRIT Program:** Sheriff's Office partnership training law enforcement in crisis response intervention. ~15 officers certified to date. Budget: **$140,000/year.**
- **Naloxbox Initiative:** 32 naloxboxes placed at high-overdose sites countywide, contributing to reduced 911 calls and mortalities. Budget: **$100,000/year.**
- **Re-Entry Program:** Reentry specialist and peer support coordinating care for justice-involved individuals with SUD/OUD, funded through opioid allocation funds. Budget: **$78,000/year.**
- **ReRoute Program:** Jail diversion connecting low-level justice-involved individuals to case management and care coordination in lieu of incarceration. Budget: **$247,000/year.**

In addition, NMDOH is expanding MAT services statewide using opioid settlement funds. This leveraged funding will complement BHR1 Priority 2 to address the SUD crisis.

Behavioral health providers will be essential to carrying out the priorities of this Plan, although the precise agencies that will carry out the activities are uncertain at this time as they will be selected through the government required solicitation process. However, Santa Fe County is working with its GIS colleagues on an interactive map comprised of all behavioral health providers within BHR1 that will be accessible through the BHR1 webpage.

As a matter of function, all three counties regularly interact with and maintain relationships with key partners and stakeholders that are relevant to the implementation of this Plan. Relationships with the following stakeholders will be leveraged to enhance implementation and strengthen sustainability: Law Enforcement, Public Defenders, District Attorneys, Higher Education institutions, First Judicial District Court, Health Councils, School Districts, Advisory Boards, EMS, Jails, NMDOH, NMHCA, and NMCYFD.

Additionally, the Accountable Entity is working with the Chair of First Judicial's Criminal Justice Coordinating Council to, where appropriate, collaborate on the detection/law enforcement/court/provider/emergency response connection of working together to tackle our region's tragically high rates of OD-related deaths from a distribution, enforcement, and emergency response angle to prevention, diversion, and treatment.

Santa Fe County provides emergency response services to seven (7) separate sovereign entities, five (5) of which are in Region One, and works in concert with other emergency responders through mutual aid agreements. Regional law enforcement must follow jurisdictional mandates but work together when warranted.

Specific to 911/988 interface, within Region One depending upon where the 911 call is placed from determines which 911 operating center receives it. And because each operating center reports to its own Board, the Accountable Entity does not have the authority to integrate these functions.

As such and as underscored in the HCA public presentation to the State Executive Committee on June 24, 2025, re Section 9 of SB3 "State agencies that manage these emergency systems (HCA and County Authorities/Dept. of Public Safety) will work together to ensure shared communication and collaborative integration of systems for response to crises and services."

In speaking with one of the regional 911 directors within Region One, he shared that the State convened a meeting on December 5, 2025, to start tackling this statewide, but that he has not yet seen follow-up. To the extent of its ability, Region One will work with the State and related partners in this effort, leveraging valuable resources for crisis response.

IMPLEMENTATION

BHR1 Priorities will be implemented through a phased approach that accounts for Early Access implementation. Services to address priorities have been vetted for feasibility, yet considering the complex nature of regional planning and the brief planning period allotted, further coordination and consultation is necessary for many aspects of the Plan. BHR1 will adjust this living document as necessary to accommodate the details as they emerge through continued planning.

ORGANIZATIONAL READINESS

Solicitations will be issued for workforce development, prevention, and evaluation services. The solicitations for services will require providers to describe their organizational readiness and workforce capacity to implement the proposed services. Solicitations have been drafted for workforce development and prevention services, both are available in Appendix A and B.

Facility expansion projects will be implemented according to each county's internal processes. Both Rio Arriba and Santa Fe Counties have the organizational capacity and experience to provide oversight of the construction implementation.

The CONNECT expansion for additional entities will require access to an online platform that does not require additional equipment. A website interface will need to be developed for outreach, guidance, and referrals.

IMPLEMENTATION APPROACH AND PHASING

Facility Infrastructure

Santa Fe County will use BHRIA funding to help with La Sala facility expansion specific to service expansion of crisis and detox. As of this writing, a Letter of Intent is in process for the purchase of the building which is anticipated in FY27. Santa Fe County would use the State Pricing Agreement to secure a contract vendor for planning, design, and construction in FY27, following the purchase of the new facility. Construction is anticipated to begin in FY28, with completion in FY29.

Rio Arriba County will implement a Phase II infrastructure expansion project to expand the residential capacity for post-detox and /or direct admissions at the Darrin's Place facility, which Rio Arriba County owns. The Phase I expansion will be implemented with Early Access funding in FY27, with Phase II implementation beginning in FY28. Rio Arriba County will implement the expansion

according to their internal policies and procedures, in alignment with State requirements. Expansion implementation for Phase I and II will be initiated upon the award and receipt of funding.

Workforce Development and Prevention

Solicitations will be issued by the Accountable Entity for workforce development and prevention services at the beginning of FY27 once the HCA issues Regional Plan funding. The solicitations will require providers to describe their organizational readiness and workforce capacity to implement proposed services, ensuring providers have the capacity to deliver. Workforce development and prevention services contracts will be issued for FY27-FY29 in alignment with government Solicitation standards.

Regional Navigation and Transportation

Santa Fe County initiated CONNECT as the Accountable Health Community in 2017. It has evolved over the past decade to include United Way of North Central New Mexico and the City of Santa Fe as operational partners, with 300+ navigators across 85 programs. Los Alamos and Rio Arriba Counties have only recently joined the platform and are still in the learning process of how to scale the resource to community needs. Neither of these two counties currently participates in the Ride United on-demand transportation service. Santa Fe County will provide technical assistance to other BHR1 municipalities and Tribes as they join the platform, expand their current usage of the network, and incorporate transportation services.

BHR1 is developing a regional implementation of the program instead of individually connected municipalities, but additional Tribal consultation is necessary to allow for full consideration of data sovereignty and implementation logistics. Monthly meetings will troubleshoot access to care barriers as the expansion is being implemented to strategically address identified barriers. Provider and stakeholder input will be key to resolving and adjusting systems for a cohesive network. Planning, development, and initial implementation is expected in FY27.

ADMINISTRATIVE AND OPERATIONAL PROCESSES

As the Accountable Entity, Santa Fe County will administer funds and oversee implementation as detailed in the Accountable Entity section and associated IGA. Evaluation will be conducted by an independent evaluator that will be contracted through procurement. In addition to project assessment, the evaluation tool will be used as a mechanism for oversight and accountability.

Solicitations for workforce development, prevention, and evaluation will be issued by the Accountable Entity. Procurement will follow the Santa Fe County policies and procedures, aligning with State requirements. BHR1 anticipates awarding a multi-year contract to a single Offeror for each of the three Solicitations. Workforce development and prevention Offerors may choose to sub-contract with additional entities to provide a full scope of workforce development offerings to the region. Funding for contracted services must be fully expended by June 30, 2029.

HOW NEED IS MET

SERVICE ALIGNMENT

The priorities and services proposed in this Plan directly align with the regional needs and service gaps identified in the ESIM workshops that took place in Rio Arriba, Los Alamos, and Santa Fe Counties, as well as the Community Listening Sessions. The most urgent and consistently documented gap across the region is the lacking crisis stabilization, detoxification, and substance use treatment capacity. *Priorities 1 and 2* will invest in facility infrastructure to expand services for crisis triage, detox, MAT, and recovery services in both Rio Arriba and Santa Fe Counties. Expanding these services is an effective strategy for intervention before, during, and after an overdose event, reducing mortality while connecting individuals to longer-term treatment and support. In addition, the expanded services will help to divert individuals in crisis and in need of detox from EDs and law enforcement involvement.

Priority 3 addresses the workforce shortages identified as a persistent access barrier across regional ESIM workshops through a solicitation directed at higher education institutions and organizations that provide training and recruitment. There are existing programs within BHR1 that have the ability to scale up and train workers for these positions, with several of their stakeholders engaged in the planning process. By investing in these local institutions, Region 1 would help to build a pipeline of providers who are from the region, trained in the region, and likely to remain in the region. It is a long-term solution that ensures the investment yields lasting results rather than a temporary fix.

Even where services exist, system fragmentation prevents people from reaching them. Community and stakeholder feedback through the planning process noted coordinating infrastructure such as navigators and referral systems as a distinct barrier that functions independently of service availability. *Priority 4* expands CONNECT, a regional navigation network to connect individuals to services, manage referrals, and follow-up on engagement.

ESIM workshops detailed how prevention services are either absent, underfunded, or culturally mismatched with the populations they are intended to serve across the region. The reports document gaps in prevention not only as a program-level deficit, but as a structural failure to invest upstream in schools, families, communities, and Tribal programs before crises escalate to the point of requiring acute intervention. *Priority 5* invests in Prevention through an solicitation seeking community-based solutions that are culturally responsive, trauma informed, and across the age span.

BEHAVIORAL HEALTH SERVICE STANDARDS

Each government entity is committed to alignment with the Service Standards set forth by the NM Health Care Authority, ensuring appropriate accreditation for licensing, certification and

registration for service delivery. The solicitation for providers will require documented alignment with the New Mexico Behavioral Health Service Standards, with oversight where applicable provided by the Accountable Entity. Each entity will follow the policies and procedures of the Behavioral Health Policy and Billing Manual to ensure behavioral health service reimbursement by Medicaid as necessary. Benchmarks will be established by the contracted Evaluator for on-going analysis throughout the contract period. Performance reporting will be mandatory to demonstrate project implementation and deliver accountability.

PROVIDER NETWORK AND CAPACITY

Santa Fe County is working with its GIS colleagues to develop a map of BHR1 providers to demonstrate the region's network that will be added to the BHR1 website. With significant workforce shortages throughout the region, provider capacity is a significant challenge. Investments in workforce development programs under *Priority 3* will address this need to increase staffing capacity, fill open positions, and retain staff for the long-term. With facility expansion projects implemented through *Priorities 1 and 2*, it is anticipated that workforce development pipelines will take effect to help support the additional staffing necessary for program expansion once these construction projects are completed.

CULTURAL HUMILITY

Early Access funding established outreach to Tribal Nations within Region One as a primary goal to help build consistent referral pathways, culturally responsive engagement, and culturally appropriate education materials so that Tribal and regional partners know how to access services. Continued Tribal outreach will occur, formalizing partnerships for greater engagement with Tribal health programs, regional hospitals, probation and re-entry partners, and community providers. Multi-lingual outreach and materials will be combined with interpretation services through Language Line for navigation, as well as in-person bilingual staff by providers.

Responders to the solicitations will be required to demonstrate examples of cultural competency and trauma-informed responsiveness in services that are able to address the multi-cultural needs in BHR1, to include languages, tribal/Indigenous cultures, Hispanic cultures, and rural populations. In addition, providers will demonstrate trauma-informed practices within services. Solicitation responses will also require demonstration of alignment with the Service Standards set forth by the NM Health Care Authority, ensuring appropriate accreditation for licensing, certification and registration for service delivery.

ACCESS TO CARE

Barriers to care were identified in the Community Listening Session and the ESIM workshops that took place in each of the three counties. This Plan seeks to address many of those barriers through BHRIA funding and service design. As BHR1 continues to meet and build our continuum of care,

access barriers will be revisited to measure progress on the effectiveness of the agreed upon strategies and recognize new and emerging barriers across the region.

Transportation has been identified as a significant barrier to services across the region, particularly in remote areas. Early Access funding will pilot an on-demand transportation program at Darrin's Place, with an expansion of transportation services through proposed Plan funding to include North Central Regional Transportation District's *MyBlue* on-demand transportation services at the La Sala Center under *Priorities 1 & 2*. In addition, Ride United will extend on-demand transportation region-wide through CONNECT under *Priority 3*. Given that readiness to enter treatment is time-sensitive, on-demand transportation access is critical to ensuring individuals follow through and get the services they need.

Workforce shortages have limited provider capacity, creating a pervasive barrier to care across the region. The BHR1 Plan addresses this constraint by investing 19% of the allotted BHRIA funding in workforce development through a solicitation for higher education institutions and organizations that provide training and recruitment to build and strengthen workforce pipelines in the region.

System fragmentation and lack of coordination present barriers to receiving care, as identified in the ESIM workshops. To address this barrier, BHR1 will scale up the existing CONNECT network of navigators to reach the entire region. Community health workers, volunteers, and social workers serve as navigators to link people to services and resources in the community. Agencies in the network are connected through a shared technology platform, enabling navigators to send and receive secure electronic referrals. The ability to work with partners through the platform breaks down communication silos to foster relationships between behavioral health and social service providers, as well as those between navigators and those seeking assistance.

LANGUAGE ACCESS

CONNECT call staff are bilingual in Spanish and English, directly responding to the two most prevalent languages spoken. CONNECT uses Language Line for on-demand interpretation of 240 languages. Tribal consultation will help guide the appropriate translation services for Tribal members. Multi-lingual outreach materials will be created, while providers will have in-person bilingual staff available.

FUNDING STABILITY

USE OF FUNDS

Funding Priorities	Amount	Description	Leverages
Priorities 1 & 2: Detox, Crisis,	$3,013,455.30	$1,050,000 to Rio Arriba County for regional Detox/RTC/Transportation expansion of Darrin's Place (County	SFC: $7,166,997 RAC: $305,000

Recovery, & MAT Expansion		owned facility that is provider operated) including NC RTD / "My Blue" $1,963,455.30 to Santa Fe County for regional CTC/Detox/Transportation expansion of La Sala (County owned facility that is provider operated) including NC RTD / "My Blue"	LAC: $100,000
Priority 3: Workforce Development	$1,560,000	Solicitation for collaborative proposal to provide regional workforce development that includes retention and recruitment.	
Priority 4: Regional Navigation System & Transportation	$300,000	Scale the CONNECT program and network region-wide, leveraging where it is already built into budgets. Expand *Ride United* & NCRTD *MyBlue* regional transportation services.	SFC: $485,548 RAC: $78,000 LAC: $760,000
Priority 5: Prevention across the age spectrum	$1,200,000	Solicitation for one collaborative proposal for regional prevention and outreach services	SFC: $4,824,377 RAC: $347,000 LAC: $760,000
Administrative Costs and Evaluation	$1,200,000	-Solicitation for Independent Evaluator ($150,000) -Accountable Entity procurement, administration, coordination, management, oversight, and development of infrastructure to become a Medicaid provider ($1,050,000)	
FY27-FY29 BHRIA Funding Total	**$8,073,455.30**	**Leveraged Total**	**$14,826,922**

BHR1 analyzed funding allotments based on priorities, population, and need throughout the region to determine reasonable investments aligned with priority outcomes. Solicitations for services will provide the expertise necessary to implement Plan priorities, while building regional capacity through infrastructure investments. Investments in transportation, navigation, and workforce development will address barriers to care, helping to ensure equitable access. BHRIA funding will not be used when other funding sources are available, and responses to solicitation proposals shall not include services that are Medicaid billable.

Instead, BHRIA funding will help complement significant leverages from all three counties to stretch investments. Santa Fe County will invest $8,426,342 in Youth Behavioral Health and Crisis Infrastructure, an additional leverage that is also a regional priority, but excluded from BHRIA funding due to this significant investment. Re-entry and affordable housing are likewise a regional priority but excluded from BHRIA funding due to the expense and leverages provided from Santa Fe County ($9,906,048) and Rio Arriba County ($78,000).

SUSTAINABILITY PLAN USING MEDICAID AND OTHER SOURCES OF FUNDING

At this point in time, it is important to note that federal sources such as the CDC and SAHMSA that fund behavioral health initiatives are disappearing. Significant cuts to Medicaid funding have recently been implemented and will likely affect rural areas disproportionately. HUD is attempting to exclude SUD as a qualifying disability for Permanent Supportive Housing. With these federal funding challenges, states will need to step in to support behavioral health priorities across the country. One-time funding from BHRIA will certainly make significant infrastructure and capacity investments, but sustainability will be a challenge without future investments.

BHRIA infrastructure investments and initial expansion costs for Detox/Crisis/Recovery/MAT service expansion will front-load these costs so that Medicaid and private insurance payments will largely sustain the expanded services for the long-term, although this is dependent upon the stability of Medicaid funding. Investments in transportation services, a navigational network, and workforce development are not eligible costs through these funding sources. With the three-year BHRIA funding, BHR1 entities will assess and plan for integrating some of these costs into their general funds beginning in FY30, but outside sources will be necessary for on-going sustainability. While Rio Arriba County currently bills Medicaid for select services, Santa Fe County is not currently an authorized provider. Santa Fe County will use part of the Administrative Funds to develop infrastructure to become an authorized Medicaid provider for on-going sustainability of services.

Prevention services that reduce overdose deaths generate measurable downstream cost savings. These savings can be quantified and used in negotiations to justify sustained investments. The data collection and evaluation will be a key element to soliciting additional funding in FY29 for sustainability beyond the contract period. Opioid settlement funds will be evaluated as a viable option for both prevention and workforce development, as well as remaining federal, state, and private sources that include the Rural Health Transformation Program funding and the Rural Healthcare Delivery Fund.

RISK AND MITIGATION STRATEGY

Regionwide workforce shortages limit the capacity of behavioral health providers to deliver services. Workforce development investments from BHRIA funding will improve provider capacity over the long-term but could be a limiting factor at the initiation of the Plan. Service expansion

activities will increase facility infrastructure at the onset of the Plan implementation, allowing time for expansion of the service provider workforce pipeline during this initial phase. Once facilities are completed and ready to implement expanded services, new cohorts of certified specialists will be available to fill new and existing positions within the network.

Construction costs have sky-rocketed in the past several years with availability and inflation of materials affecting facility improvements. At the time of this writing, our nation is engaged in a global conflict that has significantly limited fuel resources, exacerbating supply chain challenges. Infrastructure improvements to increase treatment facility capacity could be affected by these challenges, with the potential for inflation to be a more significant cost barrier than it is currently. With considerable global volatility, delays may take place that are beyond the control of any party, however contingency costs have been included in the cost estimates to account for reasonable cost inflation.

BHRIA is demanding additional capacity from our local governments that does not exist in our current staffing structures or budgets. Deadlines to create this Plan have been rushed and inconsistent with a well-thought through phased approach that can deliver a sustainable model that is standardized statewide. The Accountable Entity bears a significantly disproportionate burden of this demand in acting as the regional fiscal sponsor, distributing funds from the State to nine other government entities while maintaining oversight and accountability of both funds and implementation and management of the Plan itself. This required structure by its very nature of required government processes will slow down the distribution of funds and Region One supports requests by Sovereign Entities for disbursement of their funds to them by the HCA directly rather than through the Accountable Entity.

Yet, BHR1 has the best of intentions in implementing the proposed Plan, despite an enforced timeline that does not align with fruitful long-term planning. BHR1 has set a monthly schedule to meet and troubleshoot implementation barriers that are sure to arise. BHR1 has actively participated in HCA office hours to stay apprised of developments and technical assistance and will continue to do so throughout the implementation phase. An Intergovernmental agreement among entities has been drafted and is included here as Appendix D: Draft Intergovernmental Agreement, outlining expectations to mitigate delays and conflict.

MEASURING SUCCESS

A Logic Model and Evaluation Plan have been developed and can be found in the subsequent sections. A solicitation will be issued by the Accountable Entity for evaluation in the implementation of the BHR1 Plan, coordinating with each entity on the delivery of data for each service provision for the contracted period of FY27-FY29. Data will be compiled by the Evaluator to provide regionwide quarterly reports and presentations under the oversight of the Accountable Entity.

The purpose of the Evaluation seeks to assess implementation, system expansion, and early outcomes of the BHR1 Plan, with a focus on capacity, access, coordination, and workforce development, recognizing that population-level outcomes will emerge over time. A mixed-methods, multi-level evaluation approach will build on Early Access project evaluation to consider: 1) Implementation monitoring; 2) Quarterly performance measurement; 3) Early outcomes assessment; and 4) System-level trend monitoring. Regionwide assessments will use CONNECT system data, provider service utilization data, workforce partner reporting, prevention activity logs, and qualitative interviews with providers, partners, and participants.

Implementation will be assessed to determine if planned investments in treatment, workforce, navigation, and prevention were implemented as intended in this Plan. Early Access projects will be evaluated to conclude if they successfully transitioned into expanded system-level investments. Treatment services will be assessed to determine if detox and treatment capacity increased and if access to MAT and crisis services improved. Workforce development programs will evaluate the increase in the number of trained behavioral health professionals, as well as retention of graduates to enter and stay in the regional workforce. Coordination and navigation will be assessed to determine if CONNECT expansion improved referral pathways and service coordination, evaluating if individuals are more successfully navigating the system. Prevention and evaluation programs will be evaluated to determine expansion of reach and engagement throughout Region One. The systemwide impact will be evaluated to determine emerging changes, specifically looking at early signs of reduced ED utilization and improved service access.

The logic model makes explicit the causal chain connecting each regional priority to the activities that advance it. The table below summarizes these relationships across the investment areas:

Priority / Investment Area	Key Activities	Outputs	Intended Outcomes (Short → Long-Term)
Priority 1-2: Crisis & Treatment Expansion	Expand detox/stabilization; increase MAT availability; improve transportation; strengthen crisis-to-treatment transitions	Beds/treatment slots added; MAT providers/sites expanded; individuals served; referrals from crisis to treatment completed	Increased treatment & detox capacity (Yr 1) → Greater treatment engagement and continuity (Yrs 2–3) → Reduced overdose morbidity/mortality & reduced ED utilization (long-term)
Priority 3: Workforce Development	Training partnerships; internship, supervision, & placement pipelines;	Students enrolled; graduates entering workforce; regional	Increased workforce pipeline participation (Yr 1) → Workforce stability (Yrs 2–3)

Priority / Investment Area	Key Activities	Outputs	Intended Outcomes (Short → Long-Term)
	service commitment agreements	placements; 1–3 yr retention rates	→ Sustainable regional BH system (long-term)
Priority 4: Navigation & CONNECT Expansion	Scale CONNECT regionally; centralize referral and coordination; strengthen cross-entity data sharing	Individuals served; referrals coordinated across entities; referral completion rates; participating agencies	Improved access to navigation (Yr 1) → Reduced coordination gaps (Yrs 2–3) → Coordinated, integrated system (long-term)
Priority 5: Prevention Across the Age Spectrum	Prevention campaigns and education; naloxone distribution and training; outreach to high-risk populations	Events/participants; naloxone kits distributed; individuals trained in overdose prevention; community partnerships engaged	Expanded outreach reach (Yr 1) → Reduced gaps in early intervention (Yrs 2–3) → Improved population-level BH outcomes (long-term)

FEASIBILITY ANALYSIS

Feasibility has been a primary consideration in the development of the proposed Plan. A feasibility assessment across the following dimensions identified the following indicators supporting successful implementation:

Organizational Capacity

- Each county government has a designated representative that oversees health initiatives.
- Santa Fe County procurement processes are in place and align with State requirements.
- Santa Fe County has extensive experience managing multi-partner programs with varied funding streams.
- The lead representative for Santa Fe County, the Director of Community Servies, has overseen the BHRIA planning process, the Early Access application, and stakeholder engagement for the ESIM workshops and listening sessions, and will continue overseeing the implementation of the Plan.

Infrastructure and Technology

- Existing CONNECT program infrastructure, operational since 2017, with established partner relationships.

- The additional facility for the La Sala Crisis Center has a Letter of Intent in place and Santa Fe County has extensive capital project management experience.
- Rio Arriba County's Darrin's Place facility will build on Phase I expansion from Early Access funding.

Coordination and Engagement

- A Clear IGA is in place to document expectations and decision-making.
- Strong stakeholder participation in ESIM and Community Input Sessions.
- Strong participation from governments and providers in planning process.

BUDGET JUSTIFICATION

Budget Category	Total Cost ($)	Purpose & Justification
Personnel & Administrative Costs	$1,050,000.00	Administrative costs performed by the Accountable Entity for fiscal and administrative oversight, procurement, management, coordination, and reporting for the region
Direct Services	$2,663,455.30	-Priority 1 & 2: Service expansion of Detox/RTC/Transportation at Rio Arriba County's Darrin's Place facility ($450,000) ; -Priority 1 & 2: Service expansion of CTC/Detox/Transportation at Santa Fe County's La Sala Center ($213,455.30); -Priority 5: Accountable Entity will issue a Solicitation from Behavioral Health Providers for Outreach/Prevention ($2,000,000)
Training & Workforce Development	$1,560,000.00	Priority 3: Accountable Entity will issue a Solicitation to expand workforce development to address limited workforce capacity barrier for direct services
Infrastructure & Equipment	$2,350,000.00	-Priority 1 & 2: Rio Arriba County will expand Darrin's Place facility to enable service expansion for Detox/RTC/Transportation ($600,000); -Priority 1 & 2: Santa Fe County will acquire new property and rehabilitate existing La Sala Center and newly acquired property to enable service expansion of CTC/Detox/Transportation ($1,750,000)
Operational Costs	$300,000.00	Priority 4: Scale the CONNECT program and network to region-wide and expand the Ride United transportation service under CONNECT to remove access and navigation barriers
Evaluation & Performance Tracking	$150,000.00	Accountable Entity will issue a Solicitation for an independent evaluator to ensure outcome and performance tracking for all programs throughout the FY27-FY29 term.
Other	$ -	
TOTAL	**$8,073,455.30**	

LOGIC MODEL

Overall Goal

Strengthen a coordinated, culturally responsive behavioral health continuum that expands access, reduces overdose harm, and improves long-term outcomes across Region One.

PRIORITIES 1&2 (RANK 1): CRISIS, WITHDRAWAL MANAGEMENT, TREATMENT & MAT EXPANSION

Problem Statement

Region One lacks sufficient withdrawal management, crisis stabilization, and treatment capacity, resulting in ED overuse, jail-based detox, and unmet SUD treatment needs.

Evidence Base

- MAT = **evidence-based**
- Crisis stabilization & withdrawal management expansion = **research-based / promising**
- Facility expansion = capital investment (evidence not applicable but supported by utilization need)

Logic Model – Crisis, Detox, Treatment & MAT Expansion:

Inputs	**Actors**	**Activities**	**Outputs (Process Measures)**	**Outcomes (Short / Intermediate / Long-Term)**
BHRIA funding (~$3M) Existing county owned facilities (La Sala, Darrin's Place) Early Access investments (Darrin's Place) Transportation resources	Santa Fe County (Accountable Entity)	Full coordination, management, and oversight of La Sala expansion with full completion by June of 2029.	Facility and program expansion milestones	**Short-Term:** Increased withdrawal management and treatment capacity; improved access to MAT; reduced wait times **Intermediate:** Increased treatment initiation and retention; **Long-Term:** Reduced overdose morbidity and mortality; reduced ED
	Rio Arriba County	Full coordination, management, and oversight of Darrin's Place Phase II expansion with full completion by June of 2029.	Facility and program expansion milestones	
	La Sala and Darrin's	Deliver crisis, withdrawal management, and treatment services	# beds added; # individuals	

Inputs	Actors	Activities	Outputs (Process Measures)	Outcomes (Short / Intermediate / Long-Term)
	Place providers		served; # clients served	utilization; improved long-term treatment access
	Participating R1 Tribal Partners	Pending receipt of sovereign specific plans	Pending	

PRIORITY 3 (RANK 2): WORKFORCE DEVELOPMENT

Problem Statement

Severe workforce shortages and turnover limit service capacity and continuity of care.

Evidence Base

- Workforce pipelines and incentive programs = **promising / research-based**

Logic Model – Workforce Development:

Inputs	Actors	Activities	Outputs (Process Measures)	Outcomes (Short / Intermediate / Long-Term)
Workforce funding (~$1.56M) Solicitation to Higher education institutions for workforce development in R1, including but not limited to, collaboration with Behavioral health providers, training, paid internships/stipends/loan	Santa Fe County (Accountable Entity)	Issue solicitation for workforce development services; award contract(s); oversee implementation	Solicitation issued; contract(s) awarded; monitoring reports	**Short-Term:** Increased enrollment in training programs; increased workforce pipeline participation **Intermediate:** Increased number of trained behavioral health
	Awarded Workforce	Develop and expand	Based on solicitation outcome and proposed	

Inputs	Actors	Activities	Outputs (Process Measures)	Outcomes (Short / Intermediate / Long-Term)
forgiveness, increasing supervision capacity	Provider(s) (i.e. Universities and colleges; Training organizations; Behavioral health providers)	workforce per the terms of the awarded contract	projects, examples might include: # students enrolled in programs # program graduates # placements within Region 1 providers # service commitment agreements Workforce retention rates (1, 2, 3 years)	professionals; improved workforce retention and stability **Long-Term:** Sustainable regional workforce; reduced provider shortages; improved service continuity and access

PRIORITY 4 (RANK 3): REGIONAL NAVIGATION & CONNECT EXPANSION

Problem Statement

Fragmented systems and lack of centralized coordination prevent access to available services.

Evidence Base

Closed-loop referral systems = **evidence-informed / promising**

Logic Model – Regional Navigation and CONNECT Expansion:

Inputs	Actors	Activities	Outputs (Process Measures)	Outcomes (Short / Intermediate / Long-Term)
CONNECT platform and infrastructure; Technology	Santa Fe County, Rio Arriba County, Los Alamos County	Lead regional expansion; provide technical assistance; coordinate system integration; maintain access to	# new agencies onboarded; # referrals processed; # of	**Short-Term:** Increased access to navigation services; improved awareness of available services

Inputs	Actors	Activities	Outputs (Process Measures)	Outcomes (Short / Intermediate / Long-Term)
systems (closed-loop referrals) Navigation funding (~$300K) Existing network (Santa Fe County, Rio Arriba County, Los Alamos County) Transportation partnerships (Ride United, NCRTD)		platform; manage referral system; train navigators	providers using the platform	**Intermediate:** Improved care coordination; increased referral completion; reduced service fragmentation and drop-off **Long-Term:** Fully integrated regional care coordination system; improved continuity of care; sustained engagement across service continuum
	Participating Agencies/CBOs	Provide navigation services; initiate and receive referrals	# individuals served; referral completion rate; # of cases successfully managed	
	Tribal/Municipal Partners	Integrate into network; expand regional coverage	# new entities participating	
	Transportation Providers; United Way of North Central NM	Deliver rides coordinated through CONNECT/Closed loop referral platform	# rides provided	

PRIORITY 5 (RANK 4): PREVENTION & OUTREACH

Problem Statement

Insufficient prevention infrastructure contributes to rising substance use and overdose rates.

Evidence Base

- Harm reduction = **evidence-based**
- Community prevention programs = **research-based/promising**

Logic Model – Prevention and Outreach:

Inputs	Actors	Activities	Outputs (Process Measures)	Outcomes (Short / Intermediate / Long-Term)
Prevention funding (~$1.2M) Solicitation to engage prevention services to include coordination with community-based organizations, schools, justice system, EMS, Tribal entities Harm reduction supplies (naloxone, fentanyl test strips) Outreach and education materials	Santa Fe County (Accountable Entity)	Issue solicitation for prevention services; award contract(s); oversee implementation	RFP issued; contract(s) awarded; monitoring reports	**Short-Term:** Increased awareness of behavioral health and substance use risks; increased engagement in prevention activities **Intermediate:** Increased early intervention; reduced high-risk behaviors; increased connection to services **Long-Term:** Reduced incidence of substance use disorders; reduced overdose mortality; improved community health and resilience
	Awarded Prevention Provider(s)	Conduct outreach, education, and harm reduction activities; distribute naloxone; coordinate partnerships	# outreach events; # individuals reached; # naloxone distributed; # partnerships engaged; # community participants	

EVALUATION PLAN

1. EVALUATION PURPOSE

The purpose of the Region One evaluation is to rigorously assess the implementation, performance, and early outcomes of the Behavioral Health Plan while supporting continuous system improvement over the three-year funding period. Consistent with State guidance, the evaluation is designed to balance accountability with learning by focusing on what can reasonably be measured within the implementation timeframe—namely system capacity, access to care, coordination, and workforce development—while recognizing that population-level outcomes such as reductions in overdose mortality will take longer to fully materialize.

The evaluation will also serve as a tool for regional decision-making, enabling stakeholders to identify implementation challenges early, refine strategies in real time, and strengthen long-term sustainability. In addition, findings will support future funding opportunities by documenting both system improvements and emerging outcomes.

Region One will implement evaluation of the early access and Region 1 BH Plan through a governance structure tied to the participating regional government partners and coordinated by the selected external evaluator. Each participating government entity and Sovereign partner has designated a representative responsible for reporting progress, reviewing performance data, and participating in evaluation activities.

Evaluation oversight will occur through:

- Monthly standing meetings (remote) focused on implementation updates and data reporting
- Quarterly in-person review meetings (with hybrid option) focused on formal evaluation reporting tied to the logic model and performance metrics
- Required participation by all government designees (or alternates)

This structure ensures shared accountability, consistent data reporting, and real-time problem solving, consistent with State expectations for collaborative evaluation.

2. EVALUATION DESIGN AND APPROACH

Region One will issue a formal solicitation (RFP) in early FY27 to procure an independent external evaluator to design, implement, and oversee the evaluation of the Regional Behavioral Health Plan.

The external evaluator will be responsible for:

- Finalizing the evaluation framework aligned with State guidelines

- Developing standardized reporting templates and dashboards
- Aggregating and validating data across all funded entities
- Conducting quantitative and qualitative analysis
- Delivering quarterly and annual reports
- Supporting continuous quality improvement and technical assistance

This approach ensures objectivity, methodological rigor, and consistency across all priorities, in alignment with State guidance recommending independent evaluation capacity. The RFP for an external evaluator will also specifically seek experience with data collection and analysis of disparate data sources to support the complex needs of this project.

The Region One evaluation will utilize a mixed-methods, multi-level design that integrates quantitative performance data with qualitative insights from stakeholders and participants. This approach reflects State expectations for comprehensive evaluation and ensures that both measurable outcomes and lived experiences are captured.

The evaluation will consist of four interconnected components:

Implementation (Process) Evaluation

This component will assess whether funded activities across all priority areas are implemented as intended. It will examine fidelity to program design, timelines, and service delivery models, including whether Early Access projects were successfully scaled into broader system investments. Particular attention will be given to identifying barriers such as workforce shortages, infrastructure delays, or coordination challenges.

Performance Monitoring

Quarterly performance monitoring will track key output indicators across all priorities. This includes measures such as service capacity, number of individuals served, workforce pipeline metrics, and referral activity. These data will be used to generate dashboards that provide ongoing visibility into progress and allow for course correction throughout the implementation period.

Outcome Evaluation

Outcome evaluation will focus on short- and intermediate-term outcomes that are realistically achievable within the three-year timeframe. These include increased access to services, improved treatment engagement, enhanced care coordination, and workforce stabilization. Where feasible, pre/post comparisons and cohort tracking will be used to assess changes over time.

System-Level Trend Analysis

The evaluation will include monitoring of broader system indicators such as emergency department utilization and overdose trends. These measures will be interpreted cautiously and used primarily to understand contextual changes rather than to attribute causality directly to Plan investments, consistent with State guidance.

3. EVALUATION QUESTIONS

The evaluation will be guided by a set of core questions aligned with the Plan's priorities:

Implementation

The evaluation will examine whether planned investments in crisis services, workforce development, navigation systems, and prevention were implemented as designed. It will also assess the extent to which Early Access initiatives were successfully transitioned into sustainable, system-level programs.

The FY27 meeting structure serves as the primary mechanism for evaluation implementation:

- Monthly Meetings
    - Entity-level reporting on outputs and activities
    - Troubleshooting barriers
    - Monitoring progress across priorities
- Quarterly Review Meetings
    - Formal evaluation presentations by evaluator
    - Review of performance against logic model metrics
    - Regional decision-making and course correction

This creates a continuous feedback loop, ensuring evaluation findings directly inform implementation.

Access and Capacity

Key questions will focus on whether the region experienced measurable increases in detoxification, treatment, and MAT capacity, as well as whether individuals experienced improved access to these services, including reduced wait times and increased service availability across geographic areas.

Workforce Development

The evaluation will assess whether workforce investments resulted in increased enrollment in training programs, successful placement of graduates within the region, and improved retention over time. It will also explore workforce stability and its impact on service continuity.

Coordination and Navigation

Evaluation efforts will examine whether expansion of the CONNECT system improved referral pathways, reduced fragmentation, and increased successful service connections. Metrics such as referral completion rates and time from referral to service will be central to this analysis.

Prevention and Outreach

The evaluation will assess whether prevention strategies expanded reach and engagement, particularly among high-risk and underserved populations. It will also examine the extent to which harm reduction efforts increased awareness and early intervention.

System Impact

Finally, the evaluation will explore early signals of broader system change, including trends in emergency department utilization and service access. These findings will be contextualized within regional and statewide trends.

4. TARGET POPULATION

The evaluation will encompass the full population of Region One, with particular focus on individuals experiencing substance use disorders and behavioral health challenges. Priority subpopulations include rural residents, Tribal communities, justice-involved individuals, and individuals experiencing homelessness, all of whom face heightened barriers to care.

Services will be delivered across multiple agencies and settings, and eligibility will vary by program type (e.g., clinical treatment, workforce participation, prevention outreach). The evaluation will track the number of unduplicated individuals served to estimate overall reach and impact.

5. SAMPLING STRATEGY

Given the regional scope of the Plan, the evaluation will use a stratified sampling approach to ensure representation across key populations and service types. Data will be disaggregated by county, Tribal affiliation (where appropriate and permitted), age group, and service category.

Subpopulation analyses will focus on:

- Youth versus adult populations
- Individuals with high system utilization (e.g., frequent ED visits)

- Individuals engaged in different levels of care (crisis, treatment, prevention)

This approach will allow the evaluation to identify disparities in access and outcomes and ensure that investments are reaching intended populations.

6. DATA COLLECTION METHODS

Data collection will combine multiple sources to ensure a comprehensive understanding of program performance:

Quantitative Data

Quantitative data will include service utilization records from providers, CONNECT platform data capturing referral activity and outcomes, workforce program records documenting enrollment and retention, and prevention activity logs tracking outreach and engagement. Where available, claims and administrative data will be used to supplement analysis of service use patterns.

Qualitative Data

Qualitative methods will include meetings with governmental partners and program participants. These meetings will provide insight into barriers to access, user experiences, and the effectiveness of coordination efforts. Surveys may also be used to assess participant satisfaction and perceived outcomes.

Data Management and Responsibility

Funded entities will be responsible for routine data reporting, while a contracted independent evaluator will oversee data aggregation, analysis, and reporting. This structure ensures both accountability and objectivity in the evaluation process.

7. KEY PERFORMANCE INDICATORS

Performance indicators will be organized across five domains:

Treatment and Crisis Capacity

Indicators will measure increases in detox beds, treatment slots, and MAT availability, as well as utilization rates and treatment completion.

Workforce Development

Based on solicitation results, metrics will likely include enrollment in training programs, graduation rates, job placement within the region, and retention over one-, two-, and three-year periods.

Navigation and Coordination

Indicators will focus on the number of individuals served through CONNECT, referral completion rates, and the timeliness of service connections.

Prevention and Outreach

Based on solicitation results, measures will track outreach activities, individuals reached, naloxone distribution, and participation in training programs.

System-Level Indicators

Contextual indicators such as emergency department utilization and overdose trends will be monitored to assess broader system changes, while recognizing limitations in attribution.

8. EVALUATION METHODS

The evaluation will employ a range of analytical methods appropriate to the available data and evidence base:

- **Descriptive statistics** to summarize service utilization and outputs
- **Trend analysis** to examine changes over time
- **Pre/post comparisons** to assess improvements in access and capacity
- **Cohort tracking** to evaluate workforce retention and participant outcomes
- **Network analysis** to assess CONNECT referral patterns
- **Qualitative thematic analysis** to interpret interview and survey data

This combination of methods ensures both rigor and flexibility, particularly for programs with varying levels of established evidence.

9. IMPLEMENTATION TIMELINE

The evaluation will follow a phased approach aligned with State reporting requirements:

Year 1 (FY27)

Pre-Implementation (April–June 2026)

- April 28, 2026: Initial meeting with Early Access evaluator and transition planning
- Finalization of evaluation scope and procurement documents
- Preparation for evaluator solicitation

Early Implementation (July–September 2026)

- July 2026: Kickoff of monthly standing meetings (data reporting begins)
- Issuance of Evaluator RFP and procurement process
- Initial baseline data collection across all priorities
- Development of standardized reporting templates

Quarter 1 Review (October 2026)

- October 6, 2026: Q1 Review Meeting (in-person/hybrid)
- First formal presentation of implementation progress and early performance metrics
- Identification of implementation barriers and data gaps

Ongoing Monitoring (Nov–Dec 2026)

- Monthly reporting and coordination meetings
- Continued onboarding of evaluator (if awarded)
- Refinement of data systems and reporting processes

Quarter 2 Review (January 2027)

- January 5, 2027: Q2 Review Meeting
- Presentation of updated performance data and early outcome indicators
- Adjustments to implementation and evaluation approach

Late Year 1 (Feb–June 2027)

- Continued monthly monitoring and reporting
- Additional quarterly reviews:
    - April 6, 2027 (Q3 Review)
    - July 7, 2027 (Q4 Review)
- Increasing focus on early outcomes and system trends

Year 1 Evaluation Outputs

By the end of FY27, Region One will produce:

- Established baseline dataset
- Fully operational performance monitoring system

- Quarterly evaluation reports (Q1–Q4)
- Initial findings on implementation fidelity and early access improvements
- Early Access projects will be evaluated for successful transition into expanded services.

Year 2 (FY28)

Evaluation efforts will be modeled using the same meeting structure and partner designee model as year one with monthly check-ins and quarterly evaluation meetings and emphasize ongoing performance monitoring and preliminary outcome assessment. Midpoint findings will inform program adjustments.

Year 3 (FY29)

Evaluation efforts will be modeled using the same meeting structure and partner designee model as years one and two with monthly check-ins and quarterly evaluation meetings.

The final year will focus on outcome evaluation and system-level trend analysis, culminating in a comprehensive evaluation report.

State reporting milestones will be met throughout the process, including initial plan submission, periodic updates, and a final evaluation report.

10. REPORTING AND CONTINUOUS LEARNING

Evaluation findings will be communicated through a structured reporting framework that includes quarterly dashboards, annual summaries, and a final report (see above structure). These products will be designed for both accountability and usability, ensuring that data can inform decision-making at the regional level.

Importantly, the evaluation is intended to function as a continuous learning system, where data are actively used to improve implementation, strengthen coordination, and maximize the impact of investments over time.

TRIBAL-EXCLUSIVE PRIORITIES TIED TO TRIBAL SET ASIDES

Per Santa Fe County's IGA with the Administrative Office of the Courts (AOC), submission of the Region One Plan is due by April 30, 2026. Santa Fe County dutifully and successfully complied with this requirement less this particular section as AOC hired a contractor to assist Tribes, Nations, and Pueblos with sovereign-specific plans that we were advised will not be bound by the currently-imposed State deadlines. As well, as of this submission and in compliance with the April 30 AOC deadline, the Health Care Authority has yet to provide clear instruction on how Tribal Set Asides will be handled, including how it will be divided. As such, we were advised to maintain placeholders in the plan for sovereign-specific plans to be imported into once those sovereign-specific plans are received; this section represents that placeholder.

Please note that Santa Fe County is both privileged and honored to work with up to seven sovereign governments as part of this initiative, and that Santa Fe County deeply respects the rights and rules of its sovereign partners. Our Early Access plan demonstrates this as it intentionally benefited Tribes, Nations, and Pueblos on balance with population as part of Santa Fe County's commitment to helping mitigate disparities and includes six of the seven sovereign governments within Region One. We are hopeful for similar Regional Plan engagement but absent the State-pressured deadlines for sovereign entities since they may choose to join at their sole discretion within the term of the Regional Plan. Please finally note that the State's handling of Tribal Consult has at times overshadowed the County's efforts, and we will continue to be steadfast in our open-hearted and consistent efforts to engage.

APPENDIX A: WORKFORCE DEVELOPMENT DRAFT SOLICITATION

BHR1 Draft Solicitation Scope for Workforce Development

Introduction / Background

During the 2025 Legislative Session, the State of New Mexico enacted the Behavioral Health Reform and Investment Act (BHRIA) which took effect on June 20, 2025. The legislation seeks 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. Since its implementation, the State's Administrative Office of the Courts (AOC) and the State's Health Care Authority (HCA) have been working to develop a regional approach to statewide behavioral health reform under the oversight of a statewide Behavioral Health Executive Committee that has designated regions according to judicial districts.

The State has designated 13 regions that directly mirror judicial districts and include sovereign Nation, Tribes, and Pueblos. "Behavioral Health Region One" (BHR1) consists of fourteen separate governments: the Jicarilla Apache Nation, Ohkay Owingeh, Pueblo of Santa Clara, Pueblo de San Ildefonso, Pueblo of Nambé, Pueblo of Pojoaque, Pueblo of Tesuque, Los Alamos County, Rio Arriba County, Santa Fe County, City of Española, City of Santa Fe, Town of Edgewood, and the Village of Chama.

Each region is required to identify a government to serve as its regional Accountable Entity under BHRIA with responsibilities that include acting as the fiscal agent for State behavioral health funds for its region, working in concert with regional partners to identify needs, and developing a regional plan to be implemented for the FY27 – FY29 term. Santa Fe County will serve as the BHR1throughout the term of this contract.

On January 22, 2026, the Governor of New Mexico issued Executive Order 2026-004 Declaring a State of Emergency in Rio Arriba County, Santa Fe County, the City of Espanola, the Jicarilla Apache Reservation, and the Pueblos of Pojoaque, Ohkay Owingeh, Santa Clara, San Ildefonso, and Tesuque due to the acute adverse impacts addiction is having on individuals, families, communities, and public health and safety systems within Region One. Realistic, strategic SB3 investments in crisis and detox expansion, navigation coordination, workforce development, and prevention are the focus of Region One's FY27 – FY29 plan to help to reduce overdose deaths, decrease hospital utilization, improve youth behavioral health outcomes, and strengthen overall regional resilience.

All potential offerors are encouraged to review this Santa Fe County webpage about BHRIA rollout within Region One.

Scope of Work

This solicitation is tied to Region One's **Workforce Development** priority of the Regional Behavioral Health Plan and recognizes providers and institutions of higher education as essential to the implementation. Offeror proposals should seek to expand current workforce development offerings to attract, increase, and retain the number of qualified individuals working in the behavioral health field and also measure those results. It is expected that the proposal will address how the organization will collaborate with behavioral health providers in Region One to facilitate placement of graduates in these programs and to incentivize service commitment agreements. Offerings should be accessible within Region One, culturally appropriate, and trauma informed.

Workforce Development activities may include, but are not limited to:

- Expansion of training programs and course offerings to increase behavioral health providers that may include, but are not limited to:
    - Clinical Social Work
    - Licensed Professional Counselors
    - Certified Peer Specialists
    - Community Healthcare Workers
    - Psychiatric Nursing
    - Psychologist
    - Psychiatry
- Paid internships/apprenticeships
- Stipend programs
- Targeted recruitment programs
- Expansion of remote learning options
- Loan forgiveness for placements within BHR1
- Demonstrated ability to show examples of cultural competency and responsiveness in creating a workforce that is able to address the multicultural needs in Region 1, to include but not limited to languages, tribal/Indigenous cultures, Hispanic cultures, and rural populations.
- Demonstrated ability to show examples of trauma-informed practices and teachings within course offerings
- Measurement of proposed strategies to include tracking workforce retention rates for interns/graduates placed with Region One behavioral health providers

Eligibility Requirements

- Multi-provider collaboration is required. Provider partnerships shall self-select a primary applicant that may subcontract with other providers to reflect a coordinated prevention and outreach approach.
- Providers must serve Region One or otherwise use the funds to expand capacity within or to the region.
- Providers must fully expend awarded funds by June 30, 2029

Term
July 1, 2026 – June 30, 2029

Allowable Costs

Funds may not duplicate existing funding streams or supplant other federal, state, or local resources.

Under no circumstances shall BHRIA funding be used for Medicaid billable services unless the provider(s) can clearly demonstrate use exclusive to any applicable gap between the billable rate and actual cost of service.

Funds awarded under this solicitation must be specific to Workforce Development, Recruitment, and Retention services and may not be used for any of the following: lobbying, costs incurred prior to the contract start date, payment towards previously incurred debt, and projects not identified within the scope.

Proposal Format

Proposals should address the following:

1) Project Description: Please provide a detailed description of the Workforce Development activities and services to be offered. Please include the target population, approaches, and culturally- and trauma-informed practices. Please detail plans, processes, and procedures in place to reduce barriers such as transportation or language. Please include an implementation plan and timeline. Please demonstrate alignment with the Service Standards set forth by the NM Health Care Authority, ensuring appropriate accreditation for licensing, certification and registration for service delivery.
2) Organizational Capacity: Please provide details of the experience and capacity that the provider applicant cohort has in serving BHR1 and delivering Workforce Development services and activities.
3) Please provide a basic logic model that identifies:
    a. Resources utilized for service implementation.
    b. The people and entities that will be responsible for implementing the program.
    c. The activities that will be carried out.
    d. How you will measure whether activities are implemented as intended.
    e. Expected short- and long-term outcomes.
4) Please provide a basic Program Evaluation Plan tied to your logic model that serves as a roadmap for determining whether a service is achieving its expected outcomes. It should include information about the target population, sampling, data collection methods, and planned data analysis. Additionally, it should include an overview of services and activities provided or supported, the problem statement addressed, overarching goals, and the underlying assumptions or evidence supporting the selected approach.
    a. Please note that BHR1 will be contracting an independent evaluator to tie together and track all applicable metrics for the Regional Plan.

b. Providers shall submit quarterly reports for the duration of the funding period tied to their evaluation plan. All quarterly reports will be presented at the BHR1 Quarterly Meetings to demonstrate progress of the Regional Plan.

5) Please provide a detailed budget outlining how funds will be used to support the proposed programs with necessary and justifiable costs. This may be submitted as a line-item budget and narrative justification to include:
    a. Personnel Costs: Describe key staff roles and explain how these positions may expand Workforce Development with funds from this solicitation.
    b. Direct Workforce Development Activities: Identify services and/or activities to be launched or expanded.
    c. Operational Costs: Describe costs directly tied to expansion of daily operations and program delivery (e.g. communications, supplies, or service coordination support).

Evaluation Criterion

Proposals will be evaluated on:

- Demonstrated experience with effective workforce development activities
- Demonstrated ability to deliver culturally responsive, trauma-informed services to the region
- Capacity to help reduce service barriers
- Creativity of current recruitment, retention, and training approaches
- Cost-effectiveness

APPENDIX B: PREVENTION DRAFT SOLICITATION

BHR1 Draft Solicitation Scope for Prevention Services

Introduction / Background

During the 2025 Legislative Session, the State of New Mexico enacted the Behavioral Health Reform and Investment Act (BHRIA) which took effect on June 20, 2025. The legislation seeks 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. Since its implementation, the State's Administrative Office of the Courts (AOC) and the State's Health Care Authority (HCA) have been working to develop a regional approach to statewide behavioral health reform under the oversight of a statewide Behavioral Health Executive Committee that has designated regions according to judicial districts.

The State has designated 13 regions that directly mirror judicial districts and include sovereign Nation, Tribes, and Pueblos. "Behavioral Health Region One" (BHR1) consists of fourteen separate governments: the Jicarilla Apache Nation, Ohkay Owingeh, Pueblo of Santa Clara, Pueblo de San Ildefonso, Pueblo of Nambé, Pueblo of Pojoaque, Pueblo of Tesuque, Los Alamos County, Rio Arriba County, Santa Fe County, City of Española, City of Santa Fe, Town of Edgewood, and the Village of Chama.

Each region is required to identify a government (or quasi) to serve as its regional Accountable Entity under BHRIA which includes a number of responsibilities including acting as fiscal agent for State behavioral health funds for its region, working in concert with regional partners to identify needs, and developing a regional plan to be implemented for the FY27 – FY29 term.

Santa Fe County is serving as Region One's initial Accountable Entity and BHR1's regional plan aims to increase access and capacity through coordinated, infrastructure-level investments to address both acute crisis response and long-term prevention to help mitigate escalating overdose mortality, increasing emergency department utilization, intergenerational trauma, and system strain on law enforcement and healthcare facilities.

On January 22, 2026, the Governor of New Mexico issued Executive Order 2026-004 Declaring a State of Emergency in Rio Arriba County, Santa Fe County, the City of Espanola, the Jicarilla Apache Reservation, and the Pueblos of Pojoaque, Ohkay Owingeh, Santa Clara, San Ildefonso, and Tesuque due to the acute adverse impacts addiction is having on individuals, families, communities, and public health and safety systems within Region One. Realistic, strategic SB3 investments in crisis and detox expansion, navigation coordination, workforce development, and prevention are the focus of Region One's FY27 – FY29 plan to help to reduce overdose deaths, decrease hospital utilization, improve youth behavioral health outcomes, and strengthen overall regional resilience.

All potential offerors are encouraged to review this Santa Fe County webpage about BHRIA rollout within Region One.

Scope of Work

This solicitation is tied to Region One's **Prevention** piece of its plan and recognizes providers as essential to this process. Offeror proposals should seek to expand prevention services, outreach and health promotion activities with targeted regional outreach in ways that are culturally appropriate and trauma informed in an effort to help reduce the region's rates of overdose deaths.

Targeted Regional Outreach & Prevention activities may include, but is not limited to:

- Specific outreach to rural and underserved communities
- "Pure" prevention, i.e., services to youth before initiation of any drug/alcohol use (if curriculum is used, it must be an evidence-based program or at least a promising practice)
- Overdose prevention education and harm-reduction engagement
- Expansion of access to naloxone, fentanyl test strips, and other prevention tools
- Collaboration with justice, EMS, hospitals, schools, and community organizations
- May be non-traditional in nature (such as music, dance, and/or nature based), may follow indigenous practices, or otherwise demonstrate prevention through the promotion of healthy activities and practices.

Eligibility Requirements

1. Multi-provider collaboration is required. Provider partnerships shall self-select a primary applicant that may subcontract with other providers to reflect a coordinated prevention and outreach approach.
2. Providers must serve Region One or otherwise use the funds to expand capacity within or to the region.
3. Providers must fully expend awarded funds by June 30, 2029

Term

July 1, 2026 – June 30, 2029

Allowable Costs

Funds may not duplicate existing funding streams or supplant other federal, state, or local resources.

Under no circumstances shall BHRIA funding be used for Medicaid billable services unless the provider(s) can clearly demonstrate use exclusive to any applicable gap between the billable rate and actual cost of service.

Funds awarded under this solicitation must be specific to prevention services and may not be used for any of the following: lobbying, costs incurred prior to the contract start date, payment towards previously incurred debt, and projects not identified within the scope.

Proposal Format

Proposals should address the following:

6) Project Description: Please provide a detailed description of the Prevention and Outreach activities and services to be offered. Please include the target population, community-based approaches, and culturally- and trauma-informed practices. Please detail plans, processes, and procedures in place to reduce barriers such as transportation or language for underserved, low-income, and isolated residents. Please include an implementation plan and timeline. Please demonstrate alignment with the Service Standards set forth by the NM Health Care Authority, ensuring appropriate accreditation for licensing, certification and registration for service delivery.

7) Organizational Capacity: Please provide details of the experience and capacity that the provider applicant cohort has in serving Region One and delivering Prevention and Outreach services and activities.

8) Please provide a basic logic model that identifies:

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

9) Please provide a basic Program Evaluation Plan tied to your logic model that serves as a roadmap for determining whether a service is achieving its expected outcomes. It should include information about the target population, sampling, data collection methods, and planned data analysis. Additionally, it should include an overview of services and activities provided or supported, the problem statement addressed, overarching goals, and the underlying assumptions or evidence supporting the selected approach.

    a. Please note that the Region will be hiring an independent evaluator to tie together and track all applicable metrics for the regional plan.
    b. Providers shall submit quarterly reports for the duration of the funding period tied to their evaluation plan. All quarterly reports will be presented at the Region One Quarterly Meetings to demonstrate progress of regional plan.

10) Please provide a detailed budget outlining how funds will be used to support the proposed programs and necessary and justifiable costs. This may be submitted as a line-item budget and narrative justification.

    a. Personnel Costs: Describe key staff roles and explain how these positions may expand Prevention and Outreach with funds from this solicitation.
    b. Direct Prevention and Outreach Activities: Identify services and/or prevention and outreach activities to be launched or expanded.
    c. Operational Costs: Describe costs directly tied to expansion of daily operations and program delivery (e.g. communications, supplies, or service coordination support).

Evaluation Criterion

Proposals will be evaluated on:

- Demonstrated experience with effective prevention and outreach services and/or activities
- Demonstrated ability to deliver culturally responsive, trauma-informed prevention and outreach services to the region
- Capacity to help reduce service barriers
- Creativity of current and/or new prevention approaches
- Cost-effectiveness

APPENDIX C: DESIGNEES AND MEETINGS

FY27 Behavioral Health R1 Govt Designees & Meeting Dates

Below reflects Region One government designees and meeting dates for FY27. Please remember that these are mandatory for Early Access government entities to track progress and metrics of the Early Access grant and also required for Regional Plan government entities of Rio Arriba, Los Alamos, and Santa Fe counties as well as Sovereign R1 Partners who submitted a Sovereign-specific Plan tied to the State Tribal Set Aside. (Kind reminder that for FY27 there is overlap with Early Access and Regional Plan funding). R1 government designees unable to attend must send an alternate representative. Stakeholders and interested parties are always encouraged but not required to attend and can continue to submit questions or comments through the Region One webpage.

R1 Government Designees

R1 Government Entity	Designee	Email
Jicarilla Apache Nation	Lane Oka	loka@jan-finance.com
San Ildefonso Pueblo	Tracey Cordero	dhhs@sanipueblo.org
Santa Clara Pueblo	TBD	TBD
Ohkay Owingeh Pueblo	Shandiin Wood	shandiin.wood@ohkay.org
Pojoaque Pueblo	Jill Campoli	jcampoli@pojoaque.org
Nambe Pueblo	Ryan Martinez	ryan@tewarootssociety.com
Tesuque Pueblo	Jeannette Jagles	jjagles@pueblooftesuque.org
Rio Arriba County	Ahmed Dadzie	ahmed-dadzie@rio-arriba.org
Los Alamos County	Jessica Strong	jessica.strong@lacnm.us
Santa Fe County	Anne Ryan	asryan@santafecountynm.gov

FY27 Meeting Dates

Date / Time	Type / Location
April 28, 2026, Noon - 1p	**Anticipated Early Access Notice and Meeting with Early Access Evaluator**
July 7, 2026, Noon – 1:30p	**Standing Monthly / Remote via Public Webpage Link** The first part of the Agenda will focus on status of Early Access plan followed by status of Regional Plan with report-outs from applicable entities and/or providers.
August 4, 2026, Noon – 1:30p	**Standing Monthly / Remote via Public Webpage Link** The first part of the Agenda will focus on status of Early Access plan followed by status of Regional Plan with report-outs from applicable entities and/or providers.
Sept 1, 2026 Noon – 1:30p	**Standing Monthly / Remote via Public Webpage Link**

	The first part of the Agenda will focus on status of Early Access plan followed by status of Regional Plan with report-outs from applicable entities and/or providers.
Oct 6, 2026, 1p - 3p	**FY27 Q1 Review Meeting / In Person hosted by Rio Arriba County in the training room of the Rio Arriba Annex Building located at 1122 North Industrial Park Road with Hybrid Option** Agenda will focus on quarterly presentations and reviews tied to logic model and evaluation metrics.
Nov 3, 2026, Noon – 1:30p	**Standing Monthly / Remote via Public Webpage Link** The first part of the Agenda will focus on status of Early Access plan followed by status of Regional Plan with report-outs from applicable entities and/or providers.
Dec 1, 2026, Noon – 1:30p	**Standing Monthly / Remote via Public Webpage Link** The first part of the Agenda will focus on status of Early Access plan followed by status of Regional Plan with report-outs from applicable entities and/or providers.
Jan 5, 2027, 1p - 3p	**FY27 Q2 Review Meeting / In Person hosted by Nambé Pueblo with Hybrid Option** Agenda will focus on quarterly presentations and reviews tied to logic model and evaluation metrics.
Feb 2, 2027, Noon – 1:30p	**Standing Monthly / Remote via Public Webpage Link** The first part of the Agenda will focus on status of Early Access plan followed by status of Regional Plan with report-outs from applicable entities and/or providers.
Mar 2, 2027, Noon – 1:30p	**Standing Monthly / Remote via Public Webpage Link** The first part of the Agenda will focus on status of Early Access plan followed by status of Regional Plan with report-outs from applicable entities and/or providers
April 6, 2027, 1p - 3p	**FY27 Q3 Review Meeting / In Person hosted by Ohkay Owingeh at Ohkay Hotel Casino, 68 NM-291, Ohkay Owingeh, NM 87566 with Hybrid Option** The first part of the Agenda will focus on status of Early Access plan followed by status of Regional Plan with report-outs from applicable entities and/or providers.
May 4, 2027, Noon – 1:30p	**Standing Monthly / Remote via Public Webpage Link** The first part of the Agenda will focus on status of Early Access plan followed by status of Regional Plan with report-outs from applicable entities and/or providers.
June 1, 2027, Noon – 1:30p	**Standing Monthly / Remote via Public Webpage Link** The first part of the Agenda will focus on status of Early Access plan followed by status of Regional Plan with report-outs from applicable entities and/or providers.
July 7, 2027, 1p - 3p	**FY27 Q4 Review Meeting / In Person hosted by the Jicarilla Apache Nation with Hybrid Option** Agenda will focus on quarterly presentations and reviews tied to logic model and evaluation metrics.

APPENDIX D: DRAFT INTERGOVERNMENTAL AGREEMENT

BEHAVIORAL HEALTH REGION ONE INTERGOVERNMENTAL AGREEMENT

THIS INTERGOVERNMENTAL AGREEMENT ("IGA") is entered into between Santa Fe County, a political subdivision of the State of New Mexico, (the "Accountable Entity"), Los Alamos County, a political subdivision of the State of New Mexico ("Los Alamos "), Rio Arriba County, a political subdivision of the State of New Mexico ("Rio Arriba "), Jicarilla Apache Nation ("Jicarilla"), Pueblo of Ohkay Owingeh ("Ohkay Owingeh"), Pueblo of San Ildefonso ("San Ildefonso"), Pueblo of Nambe ("Nambe"), Pueblo of Pojoaque ("Pojoaque"), Pueblo of Tesuque ("Tesuque"), Pueblo of Santa Clara ("Santa Clara") (jointly "the parties" and individually "Region 1 partner").

RECITALS:

WHEREAS, during the 2025 Legislative Session, the State of New Mexico enacted the Behavioral Health Reform Act (BHRIA), NMSA 1978 § 24A-10-1 to -10, effective June 20, 2025; and

WHEREAS, under the BHRIA, Santa Fe County ("County" or "Accountable Entity") is part of State-determined Region One, which is one of the most geographically vast and governmentally complex regions within the State, covering exceptionally remote terrain that spans from central New Mexico to the Colorado Border and includes 14 separate and distinct governments, seven of which are tribal sovereigns; and

WHEREAS, under the BHRIA, each region is required to identify a government (or quasi) entity able and willing to serve as the region's "Accountable Entity," with responsibility for developing, drafting, submitting, and managing the Region One Plan for the term FY27 – FY29; serving as the fiscal agent for the region; convening regular regional meetings with government partners and related stakeholders; participating in regular Statewide meetings facilitated by UNM; hosting regional workshop(s) to determine regional needs and priorities; co-hosting listening sessions about the region's identified needs and priorities; and

WHEREAS, Santa Fe County, after conferring with other government members in Behavioral Health Region One, agreed to serve as the "Accountable Entity" for Region One; and

WHEREAS, Santa Fe County continues to serve as the Accountable Entity for Region One and successfully completed the Region One Plan for the term FY27 – FY29, a copy of which is attached hereto as Exhibit A; and

WHEREAS, in addition to the FY27 – FY29 Regional Plan, the State issued a Notice of Funding Opportunity (NOFO) for "Early Access" funding that must be fully expended by June 30, 2027; and

WHEREAS, on December 16, 2025, Santa Fe County, as the Accountable Entity for Region One, applied to the State to fund the Regional Plan for Region One pursuant to the NOFO and under the BHRIA; and

WHEREAS, on January 29, 2025, the Behavioral Health Executive Committee notified the Accountable Entity that its application was denied, however, approved Region 1 for a 45-day extension to revise and resubmit its proposal with a deadline of March 15, 2026; and

WHEREAS, on March 3, 2026, the Accountable Entity submitted a revised plan and application for the NOFO Early Access funding, a copy of which is attached hereto as Exhibit B; and

WHEREAS, both the Early Access and Regional Plan applications require associated IGAs with their identified regional government partners for purposes of regional collaboration, participation, and funding tied to the activities and budgets described in Exhibits A and B; and

WHEREAS, the parties of this IGA affirm adherence to the by-agreement plans outlined in Exhibits A and B and to collaborate and cooperate in furtherance of execution of these plans, including actively tracking metrics in accordance with each evaluation plan, attending and actively participating in monthly and quarterly meetings throughout the term of the Plans in accordance with Exhibit C, providing regional presentations about Plan progress, hosting regional meetings if able, and other activities as appropriate; and

WHEREAS, the parties of this IGA understand the significant duties and liabilities placed upon the Accountable Entity and as agree that on issues of disagreement the Accountable Entity's shall have the last word authority as described below.

NOW, THEREFORE in consideration of the promises and conditions contained herein, the parties agree as follows:

I. PURPOSE

The purpose of this IGA is to establish the expectations and requirements related to funding received from the BHRIA by the State of New Mexico, for all parties and to clarify the Accountable Entity's role and responsibilities, including its limitations of liability.

II. DEFINITIONS

Defined terms are set forth in Exhibit D, attached hereto.

III. TERM

This IGA is effective upon the date of the last signature by the parties and will terminate on June 30, 2029.

IV. TERMINATION

The term of this IGA begins on the date of signing and ends on June 30, 2029.

Where a party deems it necessary to terminate their involvement with this IGA, the terminating party shall deliver notice in writing to all other parties of this IGA with a minimum of sixty (60) days' notice of termination. Termination does not relieve the terminating party of their requirements and responsibilities as it relates to the State of New Mexico, funding, invoicing, verifications or reimbursements and as such the terminating party shall resolve any outstanding matters or responsibilities with the State of New Mexico directly.

Termination by any party shall be avoided at all costs and only occur when necessary, as one party terminating their participation affects will harm other parties as well as affecting Region 1's performance of requirements of the State of New Mexico (i.e. AOC, HCA)

The Accountable Entity and the other parties do not assume any liability in any form for the termination by other parties to the IGA.

V. REPONSIBILITIES OF THE ACCOUNTABLE ENTITY

1. Continue to serve as the Accountable Entity for Region One and represent Region One at State-required meetings;
2. Coordinate and lead regional meetings on a monthly and quarterly basis;
3. Provide information and outreach through various forms including management of the Region One website; and
4. Receive and process funding received under the BHRIA in accordance with the BHRIA, the terms of the Award and Exhibits A, B, and C.

VI. RESPONSIBILITIES OF the Jicarilla Apache Nation, the Pueblos of Ohkay Owingeh, Santa Clara, San Ildefonso, Pojoaque, Nambe, Tesuque, and the counties of Los Alamos and Rio Arriba

1. Ensure full adherence to the by-agreement plans outlined in Exhibits A and B, participation in regional meetings outlined in Exhibit C, compliance with requirements of any funding award by the State of New Mexico and the requirements under the BHRIA, and to collaborate and cooperate with each other in furtherance of execution of these plans which the awarded funds are intended for, including but not limited to:
    a. actively tracking metrics in accordance with each evaluation plan and submitting timely reports to the Accountable Entity;
    b. attending and actively participating in monthly and quarterly meetings throughout the term of the Plan; and
    c. providing regional presentations about Plan progress.

VII. FUNDING

1. Funding that is provided in this IGA is through the BHRIA and through any award requirements provided by the State of New Mexico. Those requirements shall be met, and all parties shall comply with the BHRIA and any award requirements to receive their portion of their funding. No other party provides funding or is liable to any other party. The Accountable Entity serving also as fiscal agent for Region One serves to disburse the funds provided by the State of New Mexico under the BHRIA and is not providing Santa Fe County Funds to any of the parties identified in this IGA beyond those that are identified in Exhibits A and B as In Kind and/or Leverages tied to this process.
2. The Accountable Entity is not liable for the actions or inactions of other entities in Region One and part of the Regional Plan relating to the provision of funding made available under this IGA. If the State disallows an expenditure after it has been reimbursed, the entity making the expenditure shall be solely responsible for reimbursing the State for the disallowed expenditure and taking any other remedial action required.
3. Any funding disputes or concerns will be addressed with the State of New Mexico as appropriate.

VIII. INVOICING

1. Funds shall be used in accordance with Exhibits A and B. Funds are subject to State of New Mexico requirements, award requirements and the BHRIA. Funds shall be disbursed in accordance with these requirements.

2. Any disagreements or requests to deviate from the requirements provided shall be handled by the Region 1 partner directly with the State of New Mexico, and keeping the Accountable Entity informed.
3. Regional Plan funding (Exhibit A) must be properly and fully expended not later than June 30, 2029. If these funds are not used, they are forfeited. Thus, any Region 1 partner unable to do so must notify the Accountable Entity not later than January 31, 2029, so that the State can be notified.
4. Early Access funding (Exhibit B) must be properly and fully expended not later than June 30, 2027. If these funds are not used, they are forfeited. Thus, any Region 1 partner unable to do so must notify the Accountable Entity not later than January 31, 2027, so that the State can be properly alerted and make decisions accordingly to ensure alternative meaningful and timely use.
5. Invoicing from applicable entities shall occur by the 5th of each month for activities performed from the prior month and include all necessary verifications for reimbursement.

IX. PAYMENTS

1. Any funding terms of this IGA are contingent upon sufficient appropriations and authorization being made to the AOC and/or HCA by the Legislature of New Mexico and subsequently to the Santa Fe County serving as the Accountable Entity and Fiscal Agent for Region One. If sufficient appropriations and authorizations are not made, any funding terms or commitments under this IGA shall terminate immediately upon written notice being given by the State to the Accountable Entity. The State's decision as to whether sufficient appropriations are available shall be accepted by the Accountable Entity and shall be final.
2. The parties agree to continually assess the effectiveness of this project under the BHRIA and meet regularly to discuss issues and needs. The parties are responsible for ensuring BHRIA-funded plans are followed and behavioral health services provided under the BHRIA are completed and provided within budget and within required timeframes.

X. DISPUTE RESOLUTION

The parties agree that given the liabilities taken on by the Accountable Entity in serving as the Accountable Entity, and for expediency, in matters of disagreement between parties, following informal resolution efforts to resolve any disagreements, the Accountable Entity shall have the final word.

XI. ASSIGNMENT

The Parties will not assign or transfer any interest in this IGA or assign any claims for money due or to become due under this IGA.

XII. NOTICE PROVISIONS AND PARTIES' DESIGNATED REPRESENTATIVES

Whenever written notices are to be given or received, related to this IGA, the notices are to be sent to via U.S. mail and electronic mail to the address listed in the signature page of this IGA.

XIII. NO WAIVER OF IMMUNITY

Nothing in this agreement will be construed as a waiver of the Accountable Entity or a Region 1 partner's sovereign immunity, whether as a political subdivision of the State of New Mexico or as a federally-recognized Indian pueblo or tribe.

XIV. RECORDS AND AUDIT

The Parties will maintain detailed invoices, which indicate the date and nature of services rendered. The AOC will have the right to audit billings, both before and after payment; payment as a part of this IGA will not foreclose the right of AOC to recover excessive or illegal payment.

XV. CONFIDENTIALITY

To the extent permitted by applicable law, including the Inspection of Public Records Act, any confidential information provided to or developed by the Parties in the performance of the IGA will be kept confidential and shall not be made available to any individual or organization by the parties.

XVI. AMENDMENT

This IGA may not be altered, changed or amended except by instrument in writing signed by the parties.

XVII. ENTIRE AGREEMENT

This IGA incorporates all the agreements, covenants, and understandings between the parties hereto concerning the subject matter hereof, and all such covenants, agreements and understandings have been merged into this written IGA. No prior agreement or understandings, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this IGA.

XVIII. PENALTIES

The New Mexico Procurement Code, NMSA 1978, Section 13-1-28, imposes civil and criminal penalties for its violation. In addition, the New Mexico criminal statutes impose felony penalties for illegal bribes, gratuities and kickbacks.

XIX. NO INDEMNIFICATION

Neither the Accountable Entity nor any Region 1 partner will be responsible for liability incurred as a result of the other party's acts or omissions in connection with this IGA. Any alleged tortious liability incurred in connection with this IGA is subject to the immunities and limitations of the New Mexico Tort Claims Act, NMSA 1978, Section 41-4-1.

XX. APPLICABLE LAW

This IGA will be governed by the laws of the State of New Mexico.

XXI. WAIVER

No waiver of any breach of any of the terms or conditions of this IGA will be held to be a waiver of any other or subsequent breach; nor shall any waiver be valid or binding unless the same shall be in writing and signed by the party alleged to have granted the waiver.

XXII. LIABILITY

Any and all claims by third parties resulting from this IGA are subject to the immunities and limitations of the New Mexico Tort Claims Act, NMSA 1978, Section 41-4-1. Neither party will be liable for the acts or omissions of the other party, nor for those of the other party's employees.

XXIII. FAX/ELECTRONIC SIGNATURE; COUNTERPARTS

This Agreement may be executed in one or more counterparts, each of which shall be deemed an original and all of which, taken together, shall constitute one and the same instrument. Electronic or facsimile signatures shall be deemed original signatures for all purposes and shall be fully binding upon the parties.

XXIV. SEVERABILITY

The failure of any Region 1 partner to execute this Agreement shall not affect the validity or enforceability of this Agreement as among the parties who have executed it, provided that such parties' obligations hereunder are not conditioned upon the execution of this Agreement by all named parties.

IN WITNESS WHEREOF, the parties have executed this IGA as of the date of last signature by the parties.

SANTA FE COUNTY (Accountable Entity)

Post Office Box 276

Santa Fe, NM 87504-0276

Attn: Gregory S. Shaffer

Tile: Santa Fe County Manager

Email: gshaffer@santafecountynm.gov

Signature: _____ Date: _____

Name: Anne Ryan/Designee

Title: Community Services Director

Email: asryan@santafecountynm.gov

Phone: 505-995-9538

Signature: _____ Date: _____

APPROVED AS TO FORM:

_____

Walker Boyd
County Attorney

LOS ALAMOS COUNTY (Region 1 partner)

Name: Anne Laurent

Title: County Manager

Email: lacmanager@lacnm.us

Phone: 505-662-8400

Signature: _____ Date: _____

Name: Jessica Strong/Designee

Title: Social Services Manager

Email: jessica.strong@lacnm.us

Phone: 505-662-8312

RIO ARRIBA COUNTY (Region 1 partner)

Name: Jeremy Maestas

Title: County Manager

Email: JGMaestas@rio-arriba.org

Phone: 575-588-7254

Signature: _____ Date: _____

Name: Ahmed Dadzie/Designee

Title: Health & Human Services Director

Email: ahmed-dadzie@rio-arriba.org

Phone: 505-551-4789

JICARILLA APACHE NATION (Region 1 partner)

Name: Adrian Notsinneh

Title: President

Email: Adrian.notsinneh@janadmin.com

Phone: 575-759-4285

Signature: _____ Date: _____

Name: Lane Oka/Designee

Title: Assistant Controller

Email: loka@jan-finance.com

Phone: 575-759-3242

PUEBLO OF OHKAY OWINGEH (Region 1 partner)

Name: Benny J. Lujan

Title: Governor

Email: governor@ohkay.org

Phone: 505-852-4400

Signature: _____ Date: _____

Name: Shandiin Wood/Designee

Title: Health and Human Services Director

Email: shandiin.wood@ohkay.org

Phone: 505-852-4400

PUEBLO OF SAN ILFDEFONSO (Region 1 partner)

Name: Christpoher Moquino

Title: Governor

Email: governor@sanipueblo.org

Phone: 505-455-2273

Signature: _____ Date: _____

Name: Tracey Cordero/Designee

Title: Health and Human Services Director

Email: dhhs@sanipueblo.org

Phone: 505-455-4154

PUEBLO OF NAMBE (Region 1 partner)

Name: Nathaniel Porter

Title: Governor

Email: governor@nambepueblo.org

Phone: 505-455-4410

Signature: _____ Date: _____

Name: Ryan Martinez/Designee

Title: Tewa Roots Executive Director

Email: ryan@tewarootssociety.com

Phone: 505-423-2401

PUEBLO OF POJOAQUE (Region 1 partner)

Name: Jenelle Roybal

Title: Governor

Email: jcroybal@pojoaque.org

Phone: 505-455-4500

Signature: _____ Date: _____

Name: Jill Campoli/Designee

Title: Director of Behavioral Health

Email: jcampoli@pojoaque.org

Phone: 505-269-8141

PUEBLO OF TESUQUE (Region 1 partner)

Name: Mark Mitchell

Title: Governor

Email: governor@pueblooftesuque.org

Phone: 505-983-2667

Signature: _____ Date: _____

Name: Jeannette Jagles/Designee

Title: Health and Wellness Division Director

Email: jjagles@pueblooftesuque.org

Phone: 505-955-7740

PUEBLO OF SANTA CLARA

Name: James Naranjo

Title: Governor

Email: Governor@santaclarapueblo.org

Phone: 505-753-7330

Signature: _____ Date: _____

Name: /Designee

Title:

Email:

Phone: