



Socorro County
Regional Plan – Region 7

Acknowledgments

Socorro County thanks the many contributors to this report including our partners.

Socorro County

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Administrative Offices of the Courts – Technical Assistance

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- Royleen Ross, PhD

Region 7 Represented:

Counties, Nations, Pueblos, and Tribes Represented Within Region7: Socorro County, Torrance County, Sierra County, Catron County, and the Alamo Navajo Chapter.

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I. PROGRAM OVERVIEW

Accountable Entity: 1) Identify the designated accountable entity responsible for fiscal, administrative, and operational oversight of the regional plan. Describe the accountable entity's roles and responsibilities, including governance, decision-making authority, and coordination with regional partners. 2) Explain how the accountable entity will ensure accountability, compliance, and effective implementation of the regional plan

Socorro County was identified as the Accountable Entity. Through the Administrative Offices of the Courts (AOC) mini grant and the early access funding from the Health Care Authority (HCA) Socorro County was able to secure a full time Behavioral Health Reform and Investment Act (BHRIA) coordinator (Jackie Muncy) along with five other projects that fit with the four crisis categories outlined by HCA.

Operational Management and Implementation

A dedicated SB3 Program Manager, hired by Socorro County, is responsible for:

- Overseeing day-to-day implementation of the regional plan
- Coordinating with service providers and partner organizations
- Supporting contract compliance and performance monitoring
- Facilitating onboarding of funded providers into a centralized data tracking and reporting dashboard
- Collecting and analyzing performance data through surveys, questionnaires, and outcome tracking tools

Socorro County is responsible for the contracting, and data management of all BHRIA funded activities. Jackie Muncy has already begun the process of developing a BHRIA dashboard that will reflect real time updates for all stakeholders which will continue through the entirety of this process. While the stakeholder committee has a voice and decision-making capacity, the Accountable Entity reserves the right for final decisions based on the administrative role they hold in the process. However, Region 7 has approached this process in a unique way due to the vast land distance across the four counties represented in the region as well as their tribal partner. Region 7 applied the funding formula from HCA to the Region, and each county has separate allocations to work with to address local issues. With that, each county has decisional capacity over their allocation. However, the Accountable Entity will be responsible for coordinating data collection and project management with each county and their tribal partner.

Socorro County's Finance Department manages all financial aspects of SB3 funding, including:

- Budget oversight and fund disbursement
- Contract development and execution with funded providers and organizations
- Financial tracking, reporting, and compliance monitoring
- Ensuring all expenditures align with approved scopes of work and state guidelines

Each funded organization will operate under a formal contract that includes a clearly defined Scope of Work (SOW), performance expectations, reporting requirements, and accountability measures.

Stakeholder Engagement: 1) Describe how stakeholders are meaningfully engaged in the development, implementation, and ongoing oversight of the regional plan. 2) Identify participating groups, including counties, Tribes, Pueblos, Nations, service systems, and individuals with lived experience. 3) Describe outreach methods, coordination mechanisms, and structured processes for gathering input, collaboration, feedback, and continuous improvements of the regional plan.

Stakeholders have been and will continue to be meaningfully engaged through the lifecycle of the regional plan including development/planning, implementation, sustainability, and ongoing oversight.

Region 7 has hosted specific in person, virtual, and hybrid meetings with all counties discussing plans and proposals. These discussions have assisted the counties in identifying specific projects that fit within the five priorities identified in region 7's Enhanced Sequential Intercept Model (ESIM) event. These "mini stakeholder" groups will continue to participate in oversight and direction of plan implementation for their counties, as well as specific individuals from these groups participating on the overall regional stakeholder committee.

All counties within region 7—Catron, Socorro, Sierra, and Torrance—are actively engaged through participation from local government representatives, health council coordinators, and community leaders. This ensures that each county's unique needs, challenges, and priorities are incorporated into regional decision-making. Representation includes members connected to the Alamo Navajo (Alamo Chapter of the Navajo Nation), ensuring that Tribal perspectives, cultural considerations, and community-specific needs are meaningfully included in planning and implementation efforts. Service system providers include representation from behavioral health community providers, hospitals and health care systems, community-based organizations, and public health/social services agencies. These partners contribute to subject matter expertise and support coordination across systems of care.

The stakeholder committee will be responsible for:

- Providing strategic direction and guidance for regional priorities
- Reviewing and recommending funding allocations
- Monitoring implementation progress and performance outcomes
- Ensuring equitable distribution of resources, with a strong focus on rural and underserved communities

In addition to the stakeholder committee meetings, listening sessions were held across the region adding to the information collected from the ESIM event.

Regional Planning Structure: 1) Describe the governance and coordination structure used to guide development, implementation, and oversight of the regional plan. 2) Describe roles, coordination mechanisms, and processes for collaboration, accountability, and ongoing review and updating of the regional plan.

To ensure strong regional alignment and collaboration monthly regional meetings will be held with counties, providers, and community partners to review progress, address challenges, and coordinate services. The

stakeholder committee will meet quarterly to review budgets, outcomes, and strategic direction. Cross-county collaboration will be encouraged to share service models and address rural access barriers.

The Accountable Entity will ensure accountability and compliance through a structured system that includes all providers/projects adherence to defined scopes of work, deliverables, and reporting requirements. Performance measures will be used to monitor ongoing outcomes through a data dashboard. Regular reporting from contracted projects/providers is required for participation with BHRIA funds allowing for data driven decision making to adjust strategy and to improve service delivery. Finally, routine updates will be provided to county leadership, tribal partners, and community stakeholders to ensure visibility, transparency, and alignment. This coordinated governance and oversight structure allows regional plan implementation effectiveness, resource management, and services are delivered equitably across region 7.

A structured input and feedback process will be utilized to ensure stakeholder voices are consistently integrated into decision-making. This will be accomplished through facilitated discussions during meetings and workshops, surveys and questionnaires to assess community needs and assess service needs, and data collection through a centralized dashboard tracking BHRIA activity progress and outcomes. This structured and multi-layered approach ensures that outreach is inclusive, coordination is strong, and feedback is continuously integrated resulting in a responsive, community-driven regional behavioral health system for Region 7.

Priority Areas & Description of Services: 1) Describe priority areas and how it responds to regional needs and gaps identified through the regional needs assessment. 2) Identify the services and intended outcomes associated with each priority area. 3) Indicate whether proposed activities represent new services, expanded services, or enhancements to existing services, and describe how the plan build on current efforts where applicable. Description of Services: 1) Provide a detailed description of the behavioral health services to be supported through the regional plan. 2) Describe how proposed services align with identified regional priorities.

Priority 1: Housing, Transportation & Basic Needs

Description:

Strengthening housing stability, expanding transportation access and addressing basic needs as a foundational component of behavioral health recovery and community well-being across region 7. The program emphasizes a coordinated, regional approach integrating housing supports, transportation systems, and community-based services to improve access to care, reduce homelessness, and enhance quality of life for high need populations, including individuals with serious mental illness (SMI), youth, justice involved individuals and unhoused families.

Need Being Addressed:

Region 7 faces critical gaps in housing and transportation infrastructure that directly impacts behavioral health outcomes.

- Insufficient affordable and supportive housing units across all counties
- High risk of homelessness among youth, families, and individuals exiting incarceration

- Potential loss or reduction of HUD Permanent Supportive Housing (PHS) funding
- Large rural geography limiting access to services, employment, and support
- Limited transportation systems, including lack of routes, drivers, and real time access
- System barriers including stigma, landlord restrictions, and sobriety-based housing entry requirements

Types of Services:

- New Service: Reliable transportation access to services and supports, reintegration services for individuals exiting incarceration or treatment.
- Service Expansion: Integration of housing and behavioral health services, transitional to permanent housing pathways
- Service Enhancement: Family engagement and support systems

Housing Solution:

- Expansion of permanent supportive housing and long-term rental assistance
- Development of transitional housing, group homes, and reintegration housing for youth and adults
- Support the Rise Program for reintegration after incarceration.
- Utilization of innovative housing models such as tiny homes, mobile units, and motel conversions.
- Implementation of rent and utility assistance programs to prevent homeless
- Reduction of barriers to housing access, including flexible entry requirements.

Transportation Solutions:

- Expansion of regional transportation systems, including vans, shuttles, and bus routes.
- Increased access to Medicaid transportation services and improved awareness
- Development of cross-county transportation coordination to reduce service gaps
- Utilization of rideshare and alternative transportation models tailored to rural communities
- Collaboration with school districts and local system to maximize resources, including local mayor and county manager

Supportive Services & Community Integration:

- Integration of behavioral health services within housing programs
- Development of cooling/heating shelters and drop in centers
- Expansion of basic needs support, including food access, weatherization, and home improvement programs.
- Strengthening community partnerships with faith-based organizations, civic groups, NM Tech, housing organizations, city council and mayor, and county commissioners and county managers.
- Implementation of family support services, including transportation for visitation and engagement.

This comprehensive approach ensures that housing, transportation, and behavioral health services are coordinated, accessible, and responsive to regional needs.

Intended Outcomes:

- Increased housing availability and stability
- Reduction in homelessness and housing insecurity
- Increased access to behavioral health services

- Improved transportation access and utilization
- Reduction in missed appointments
- Increased employment and community integration
- Reduced crisis system utilization and recidivism

Priority 2: Behavioral Health Service Expansion

Description:

Priority 2 focuses on expanding and strengthening behavioral health (BH) services across region 7 by increasing access, improving services delivery models, and building sustainable, community-centered system of care. The initiative emphasizes crisis response infrastructure, workforce development, diversion programs, and equitable, trauma-informed care. Key strategies include scaling community-based models (e.g. living room model), expanding mobile crisis services, increasing inpatient and outpatient treatment capacity, and integrating services across systems such as healthcare, justice, and schools.

Need Being Addressed:

Region 7 faces significant behavioral health gaps driven by rural geography, workforce shortages, and limited infrastructure. Key needs include

- Limited access to providers, especially in rural and frontier areas
- Insufficient crisis response system and inpatient treatment capacity
- Gaps in services for uninsured and underinsured populations
- Long wait times and fragmented intake process
- Lack of culturally and linguistically appropriate care
- High levels of trauma and unmet substance use disorder (SUD) needs

Types of Services:

- New Services: Facility development, establish regional detox services, increase inpatient beds and residential treatment centers.
- Service Expansion: Increase access to MAT/MOUD, telehealth, trauma-informed care, and early intervention screening. Expand bilingual services, telemedicine, transportation, and community-based connections.
- Service Enhancement: Crisis infrastructure, develop mobile crisis units, crisis response teams, and living room models to divert from hospitalization and/or incarceration.

Services to be Delivered:

- Expand service hours, telehealth, and intake process
- Launch mobile crisis units and early intervention programs
- Increase NARCAN distribution and access
- Develop inpatient and residential treatment capacity
- Scale Living Room Model and crisis team's region wide
- Expand workforce pipelines and training programs

Intended Outcomes:

- Increased access to services (reduce wait times, expand coverage areas)
- Reduction in crisis escalation (hospitalizations, incarcerations)

- Workforce growth and retention in rural areas
- Increased utilization of community-based and preventive services
- Improved engagement among youth, families, and underserved populations
- Enhanced coordination across systems

Outcomes will focus on both system level and individual-level improvements in access and care quality.

Priority 3: Community Wellness, Prevention, & Stigma Reduction

Description:

Region 7 communities face significant gaps in behavioral health prevention, community wellness infrastructure, and stigma reduction. Rural isolation, limited access to services, workforce shortages, and lack of coordinated information systems contribute to unmet needs. There is also a clear demand for youth engagement, safe community spaces, and increased awareness of available resources. Stigma surrounding mental health, substance use, and justice involvement continues to prevent individuals from seeking help

Need Being Addressed:

The plan addresses these gaps through a multi-layered approach

- Development of community/regional wellness centers as centralized hubs for services and support
- Expansion of youth coalitions, mentoring programs, and family engagement strategies
- Implementation of prevention, education, and alternative pathways (GED, apprenticeships, life skills)
- Launch of stigma reduction campaigns and community-wide behavioral health education
- Creation of resource directories, community calendars, and communication systems to improve navigation and access
- Strengthening partnerships with health councils, schools, churches, and community organizations.

These strategies emphasize accessibility, community ownership, and culturally responsive engagement.

Service Types:

- New Services: Development of wellness center models and communication tools, expand successful models across counties (i.e., living room model, wellness centers/hubs).
- Service Expansion: Resource directory, technological tools (e.g., apps, directories, communication platforms, educational materials)
- Service Enhancement: Identifying lead agencies and governance structures to support BHRIA activities. Support and enhance youth programs, prevention services, and training (e.g., Mental Health First Aid) as well as stigma reduction and awareness campaigns.

Services to be Delivered:

- Wellness centers serve as entry points and navigation hubs
- Integration of services across behavioral health, prevention, and social support
- Ongoing community-based referral networks
- Development of peer support models and mentoring systems (CHW)
- Continuous engagement of individuals across the lifespan (youth and seniors)

Intended Outcomes:

- Increased participation in community programs and events

- Growth in youth engagement and leadership initiatives
- Expand access to prevention and education services
- Increased utilization of behavioral health resources
- Improved community awareness and reduced stigma indicators
- Functionality and usage of resource directories and communication tools

Data will be tracked through program participation, community feedback, and system level indicators

Priority 4: Youth Engagement, Mentoring, & School Based Behavioral Health Services

Description:

Region 7 continues to face significant gaps in youth behavioral health (BH) services, particularly within school and community-based settings. Intercept Mapping Sessions identified critical needs including limited access to school-based mental health supports, shortages of qualified behavioral health professional (e.g. CPSWs, CSWs, CHWs), and insufficient early intervention and prevention programming.

Rural and frontier conditions exacerbate these challenges, with transportation barriers, lack of safe youth spaces, and limited extracurricular and engagement opportunities contributing to increased risk factors for youth. Additionally, stigma surrounding behavioral health, inconsistent school policies, and lack of family and community awareness further hinder access and utilizations of services.

Youth voices have historically been underrepresented in planning and decision-making processes, leading to programming that is not aligned with youth needs or interest.

Need Being Addressed:

- Expansion of School Based Behavioral Health Services
 - Placement of CPSWs, CSWs, CHWs within schools
 - Reinstitution and sustainability of School-Based Health Centers (SBHC)
 - Expansion of telehealth services for behavioral and pediatric care
- Youth Engagement and Leadership Development
 - Creation of youth coalitions and councils with stipends
 - Development of mentorship programs (e.g. community-based and school affiliated)
 - Inclusion of youth in regional planning and decision-making
- Prevention, Education, and Stigma Reduction
 - Implementation of school climate surveys to guide programming
 - Education for youth, families, and administrators on behavioral health topics
 - Community-based dialogue to reduce stigma
- Skill Building and Career Pathways
 - Expansion of vocational and life skills training opportunities
 - Internship and employment programs for youth
 - Increased access to career development and alternative education pathways
- Improved Access and Service Integration
 - Mobile service delivery in rural areas
 - Increased access to school-based health centers and early screenings

Service Type:

- Service Expansion: Embedding behavioral health providers within schools to ensure consistent access (CHWs, CSWs, CPSWs), establish requirement for all school staff to take free mental health first aid training before each school year, and establish referral pathways for early intervention and ongoing care.
- Service Enhancement: Utilizing telehealth to bridge service gaps in rural areas; coordinating services across schools, families, and community providers; and incorporating prevention, intervention, and recovery supports within Unified system.

Services to be Delivered:

- Deploy CPSWs, CSWs, or CHWs in schools
- Launch telehealth services and pilot SBHC expansion
- Initiate youth engagement programs and mentorship opportunities
- Begin prevention and education programming
- Expand youth workforce and internships programs
- Strengthen partnerships with community organizations
- Integrate services into school culture and district planning

Intended Outcomes:

- Increase in number of students receiving BH services
- Increase youth participation in programs and coalitions
- Increase attendance at youth and family engagement events
- Reduction in behavioral health incidents and school disciplinary actions
- Improved school climate survey results
- Increased early identification and referral rates

Priority 5: Workforce Development**Description:**

Region 7 faces critical shortage of behavioral health (BH) professionals across rural and frontier communities, limiting access to timely and appropriate care. Recruitment and retention challenges are driven by geographic isolation, lack of competitive compensation, limited housing, and insufficient training pipelines. Existing providers experience high caseload and burnout, while gaps persist in crisis response, detention settings, schools, and community-based services.

Additionally, barriers such as limited local training opportunities, insufficient clinical placement sites, transportation challenges, and restrictive billing structures for professional roles (e.g CPSWs, and CHWs) further constrain workforce expansion. Stigma toward behavioral health professions and second-chance employment also reduces workforce participation.

Without targeted intervention, these gaps will continue to restrict access to care, delay services, and weaken the overall behavioral health system in region 7.

Need Being Addressed:

- Recruitment & Incentives:
 - Establish regional incentive programs including stipends, loan repayment, relocation support, and competitive benefits to attract licensed providers.
- Grow your own Pipeline
 - Develop career pathways beginning in K-12 through partnership with institutions such as NM Tech and UNM to create local education, internships, and clinical placements.
- Expand Paraprofessional Workforce
 - Strengthen CPSW and CHW roles to reduce caseload burdens and increase culturally competent, community-based care
- Training & Access Strategies
 - Expand training for first responders, law enforcement, schools, and crisis response teams to improve behavioral health outcomes.
- Equity & Access Strategies
 - Promote second-chance employment, ADA-informed workforce practices, and collaboration with workforce programs (WIOA, TANF, SNAP, E&T, ect)

These strategies directly address workforce shortages while building a sustainable, locally rooted behavioral health system.

Type of Service:

- New Service: Wellness centers/hubs, drop in centers
- Service Expansion: Increasing availability of local providers and reducing wait times, expanding peer and community-based services for early intervention
- Service Enhancement: Enhancing coordination across behavioral health systems (health care, schools, law-enforcement, etc.), supporting crisis response and follow-up services, and reduce reliance on out-of-region care

Services to be Delivered:

- Establish a workforce governance
- Implement incentive programs and begin training programs
- Expand CPSW/CHW workforce and training programs
- Launch internships, dual credit programs, and local coursework
- Integrate workforce into clinical, school, and justice system
- Expand crisis response and public safety training
- Strengthen billing and reimbursement pathways
- Expand employer partnership and second chance hiring practices
- Maintain continuous workforce development and retention strategies

Intended Outcomes:

- Increase number of licensed and non-licensed BH providers
- Growth in CPSW and CHW workforce utilization
- Reduction in provider caseloads and vacancy rates
- Increased access to services in rural and underserved areas

- Number of individuals trained (first responders, schools, workforce)
- Expansion of internship, training, and career pathway participation
- Improved service access and reduced wait times

Longevity of Care:

- 1) Describe the model for sustaining access to behavioral health services over time.
- 2) Explain how services will be coordinated to ensure continuity across the lifespan.
- 3) Address long-term considerations for maintaining services beyond initial implementation.

Region 7 will implement a community-based, decentralized service delivery model designed to sustain long-term access to behavioral health services across rural and frontier communities. Each county is developing locally responsive models centered around wellness centers, mobile outreach, and telehealth integration to ensure access to services regardless of geographical or transportation barriers.

- **Catron County** is establishing three strategically located wellness centers in Quemado, Reserve, and Datil to address the significant geographic spread between communities. These centers will utilize Community Health Workers (CHWs) to conduct outreach, home visits, and care coordination, connecting individuals to appropriate levels of care. Services will be delivered through a hybrid model of onsite care and telehealth, particularly for higher-level behavioral health and medication management services.
- **Torrance County** is implementing a similar wellness center model, with a licensed therapist providing onsite services complemented by telehealth options. The county is also expanding service capacity through development of a Comprehensive Community Support Services (CCSS) program and increasing Community Support Worker (CSW) support to address provider shortages.
- **Sierra County** is developing a combined drop-in and wellness center model, supported by CHWs to reach rural populations. Services will include telehealth options and coordinated referrals to local providers, with transportation assistance to ensure access to in-person care when needed.
- **Socorro County** is expanding behavioral health access through partnerships with local organizations, development of supportive housing (tiny homes), and implementation of a mobile CHW model to reach underserved rural areas. Efforts also include expanding transportation services beyond city limits to improve county-wide access.

Continuity of care will be addressed through a coordinated, person-centered system that integrates services across providers, counties, and levels of care. Key strategies include use of CHWs, CSWs, CPSWs, and care coordinators to provide ongoing case management, follow-up and service navigation; integration of telehealth and in-person services to provide flexibility and reduction of service disruption; development of referral pathways and cross-county partnerships to connect individuals to appropriate services regardless of location; coordination between behavioral health providers, primary care, social services, and community-based supports; and to focus on services across the lifespan including youth engagement, adult behavioral health, and supports for justice-involved individuals and those transitioning from inpatient care. This coordination model supports individuals across the behavioral health continuum of care and address consistency across services.

Region 7 is committed to long-term sustainability beyond initial BHRIA implementation through diversified and strategic funding approaches. Key sustainability strategies include prioritizing the development/enhancement/expansion of Medicaid billable services to establish ongoing reimbursement streams. Braided funding can be used to leverage funding sources at the state and federal level as well as established funding streams such as opioid settlement dollars, and rural health care dollars. Infrastructure investments are necessary to establish the supports needed for the initial BHRIA plan implementation of wellness centers which creates multiple access points directly addressing the geographic complexity of this region. Region 7 will also be addressing barriers such as workforce development and transportation through these and other sustainable efforts. These combined strategies allow Region 7 to build a resilient, scalable, and financially sustainable behavioral health system that continues to meet community needs well beyond the initial funding period.

II. CONTINUITY OF CARE

Applicants must describe how the regional plan ensures coordinated, continuous access to behavioral health services across providers, service levels, and populations. Explain how individuals will be connected to behavioral health resources across the continuum of care and how services will be coordinated among providers, systems, and levels of service within the region.

- a. Strategies to support continuity of care
- b. How it will be maintained over time

Region 7 will establish an integrated, region wide system that connects providers, service levels, and populations across all counties. The system is built on a centralized referral process and care coordination through CHWs, CPSWs, CSWs and cross-county collaboration allowing individuals to seamlessly access services regardless of where their needs fall in the continuum of care. The core of this model is the data dashboard and referral platform which allows providers, CHWs, CPSWs, CSWs, and partner organizations to submit and track referrals in real time, coordinate care across counties and service systems, conduct follow-up to connect with individuals and support successful connection and retention of services, and monitor progress to identify gaps in service delivery in real time. This system connects individuals to appropriate behavioral health resources across the full continuum of care including prevention, outpatient services, crisis care, inpatient treatment, reentry supports, and long-term recovery supports.

Connection to services will occur through a person-centered, coordinated care model that emphasizes navigation and follow-up. Community Health Workers, Certified Peer Support Workers, and Community Support Workers play a central role in this system by conducting outreach efforts, meeting individuals for initial engagement, linking individuals to appropriate services based on level of need, supporting scheduling and appointment follow through, coordinate referrals across counties, and maintaining consistent communication with individuals across their care journeys. By creating this overlap of supports, individuals are more likely to be successful in treatment from initial contact, stabilization, and long-term treatment needs.

Further, a person-centered coordinated care model also addresses the communication and transitions between levels of care such as discharge from the hospital, release from the justice system, and warm hand-offs

between providers (such as moving from the youth to adult behavioral health system). This coordinated approach guides individuals across these vulnerable transition periods where many get lost and cease treatment.

III. DEMONSTRATION OF NEED

Applicants must clearly demonstrate the behavioral health needs within the region that the proposed priorities are intended to address. This section must be supported by relevant data and regional context. Support descriptions with relevant quantitative/qualitative data. At a minimum, applicants must address the following:

Population Needs: Describe the population(s) to be served and their specific behavioral health needs. Include key demographic characteristics and the estimated size of the primary population. Describe disproportionately impacted communities (e.g., rural/frontier populations, race/ethnicity, housing status, immigration status, insurance coverage) and how the plan will address barriers to reduce disparities. Applicants should clearly describe how identified behavioral health needs and service gaps affect rural and frontier populations within the region, including barriers related to geography, access, workforce availability, and service delivery, and how proposed priorities address these barriers in addition to population centers.

Region 7—comprised of Catron, Socorro, Sierra, and Torrance Counties—serves an estimated population of approximately 47,000 residents across a predominantly rural and frontier geographic area (U.S. Census Bureau, 2023; USA Facts, 2024). The region’s low population density and expansive geography significantly limit access to behavioral health services, resulting in delayed care, unmet needs, and increased reliance on crisis systems. Alamo Navajo consists of roughly 1,200 residents and is geographically isolated from the larger Navajo Nation. The regional plan addresses the significant barriers to transportation and service access, broadband challenges, and strategically located service hubs for easier access and mobile service zones. Further, the expansion of current infrastructure allows for ease of job creation and engagement of youth for certifications and transitions into the behavioral health workforce upon school completion as regional youth have indicated a lack of opportunities to remain in hometowns. Finally, youth engagement and service expansion may also positively impact current difficulties with stigma related to mental health services and provides community education regarding mental health, self-care, and community support.

Populations Served and Behavioral Health Needs:

The proposed plan prioritizes individuals with the highest behavioral health needs, including individuals with serious mental illness (SMI), substance use disorders (SUD), co-occurring conditions, justice-involved individuals, individuals transitioning from inpatient or residential treatment, and youth and families requiring early intervention services. These populations experience high levels of instability and require coordinated, community-based support to achieve recovery and long-term stability. A significant portion of this population relies on Medicaid and publicly funded systems, further emphasizing the need for accessible, billable, and sustainable services (New Mexico Human Services Department, 2023).

Demographics and Population Characteristics:

Region 7 includes a high proportion of rural, low-income, and aging populations, with notable representation of Hispanic/Latino and Native American communities. Sierra County reports a poverty rate of approximately

21.4%, indicating elevated socioeconomic risk factors that directly impact behavioral health outcomes (Census Reporter, 2024). These demographic characteristics are associated with increased prevalence of behavioral health conditions and reduced access to care.

Disproportionately Impacted Communities and Disparities:

Rural and frontier residents in region 7 experience disproportionate barriers to care, including transportation limitations, stigma, lack of insurance coverage, housing instability, and limited-service availability. Statewide data confirm persistent disparities in behavioral health access and workforce distribution across rural New Mexico (New Mexico Department of Health, 2023). Tribal and culturally diverse populations also face additional barriers related to culturally appropriate care and service accessibility. The proposed plan directly addresses these disparities through locally based wellness centers, mobile outreach, telehealth access, and culturally responsive service delivery models.

Service Gaps and Rural/Frontier Barriers:

Region 7 faces critical service gaps driven by workforce shortages, geographic isolation, and limited infrastructure. All counties within the region are designated as Mental Health Professional Shortage Areas, reflecting a severe lack of providers (Health Resources and Services Administration (HRSA), 2024). Residents often travel long distances for care or forgo services entirely, resulting in increased emergency department utilization, incarceration, and untreated behavioral health conditions. Additional barriers include limited transportation systems, lack of care coordination, and insufficient community-based services such as case management, peer support, and recovery support.

Alignment of Needs to Proposed Priorities:

The identified behavioral health needs and service gaps directly inform the Region 7 priority areas. The plan addresses these challenges by:

- Expanding community-based behavioral health services through wellness and drop-in centers
- Increasing workforce capacity through CHWs, CSWs, and peer support providers
- Enhancing transportation and access supports to reduce geographic barriers
- Utilizing telehealth to expand access to specialty care and medication management
- Implementing regional care coordination and referral systems to reduce fragmentation and improve continuity

These strategies facilitate enhanced access, diminish disparities, and promote more integrated behavioral health care for both rural/frontier communities.

Service Gaps & ESIM: Identify existing gaps in behavioral health services within the region and explain how proposed priorities are tailored to address identified gaps. Summarize critical needs identified through enhanced sequential intercept mapping (ESIM) and prioritize workshop process: Youth and adolescent behavioral health access, etc. provide documentation that the ESIM and prioritization was completed in partnership with UNMHSC and AOC.

Region 7 identified service gaps through the ESIM event in conjunction with AOC and the University of New Mexico Technical Assistance Center (UNM-TAC). Below are the identified gaps and needs from this event.

Youth and Adolescent Behavioral Health Access

E-SIM findings identified significant gaps in youth behavioral health services, including limited access to school-based services, lack of after-school and weekend programming, insufficient early intervention, and minimal youth engagement opportunities. Youth in rural areas face additional barriers due to transportation and limited-service availability.

Prevention, Stigma Reduction, and Community Wellness

The region lacks consistent prevention programming and coordinated stigma reduction efforts. Strong stigma around mental health and substance use, combined with limited community education and engagement opportunities, prevents individuals from seeking care early.

Crisis Response Services

There are limited crisis response options across the region, including lack of mobile crisis units, insufficient crisis stabilization services, and overreliance on law enforcement and emergency departments. This results in delayed care and increased system strain.

System Access and Navigation Challenges

Stakeholders identified fragmented systems, lack of centralized referral processes, and low awareness of available resources. Individuals and families often struggle to navigate services, resulting in unmet needs and duplication of efforts.

Lack of Transitional and Recovery Housing

There is a critical shortage of transitional housing, recovery housing, and supportive housing options, particularly for individuals exiting incarceration, inpatient treatment, or experiencing homelessness. Housing instability is a major barrier to recovery and long-term stability.

Behavioral Health Workforce Shortages

Severe workforce shortages exist across all counties, including limited availability of licensed providers, supervisors, and support staff. Recruitment and retention challenges are compounded by rural geography, housing shortages, and lack of workforce pipelines.

Transportation and Geographic Barriers

Limited transportation infrastructure and long travel distances significantly restrict access to services. Many residents cannot access care without reliable transportation, particularly in frontier areas.

Additional Identified Needs

Other critical needs include lack of care coordination, limited services for uninsured individuals, insufficient inpatient and detox capacity, and gaps in reentry support for justice-involved populations.

The Region 7 priorities are directly tailored to address the identified gaps through targeted, system-level strategies:

- **Priority 1: Housing, Transportation, and Basic Needs**

Addresses housing instability, lack of transitional housing, and transportation barriers by expanding housing options, developing transportation systems, and integrating basic needs supports.

- **Priority 2: Behavioral Health Service Expansion**
Responds to gaps in service availability, crisis response, and access to care by expanding community-based services, telehealth, mobile services, and crisis infrastructure.
- **Priority 3: Community Wellness, Prevention, and Stigma Reduction**
Targets prevention gaps and stigma through community education, wellness centers, outreach efforts, and culturally responsive engagement strategies.
- **Priority 4: Youth Engagement, Mentoring, and School-Based Services**
Directly addresses youth service gaps by expanding school-based behavioral health services, youth programming, early intervention, and mentorship opportunities.
- **Priority 5: Workforce Development**
Addresses workforce shortages by building local workforce pipelines, expanding CHW/CSW/CPSW roles, and implementing recruitment and retention strategies tailored to rural communities.

How Needs are Identified: Describe the unmet or underserved behavioral health needs within the region, including contributing factors or barriers such as access to care, coverage gaps, workforce shortages, or other systemic challenges. Explain how these needs were identified, including information beyond regional workshops and ESIM, such as data analysis, community input, and other relevant research or assessments.

Region 7 continues to experience significant unmet and underserved behavioral health needs driven by systemic, geographic, and workforce-related barriers. Findings from the ESIM event and supporting data sources (listening sessions, community meetings, and stakeholder feedback) confirm that access to timely, appropriate behavioral health care remains limited across all counties. Regional data analysis was also completed through Medicaid utilization and coverage data provided by UNM-TAC, workforce availability and shortages designations and demographic and socioeconomic indicators. Data sources helped quantify the scope of need and identify disproportionately impacted populations.¹

Access to Care and Service Availability:

Residents face limited access to behavioral health services, including outpatient therapy, medication management, crisis services, and inpatient treatment. Many communities lack local providers, requiring individuals to travel long distances or rely on telehealth when available. Wait times for services remain high and limited-service hours further restrict access.

Coverage Gaps and Affordability:

Individuals who are uninsured, underinsured, or not eligible for Medicaid often fall outside of available service systems. ESIM findings highlight the need for flexible funding mechanisms to support individuals who cannot access billable services, resulting in gaps in care continuity and delayed treatment.

Behavioral Health Workforce Shortages:

There is a severe shortage of licensed providers, supervisors, and support staff across the region. Workforce

¹ New Mexico 2025 State of the Workforce, A Report Highlighting New Mexico's Current and Future Workforce, September 2025 / www.dws.state.nm.us

challenges include difficulty recruiting providers to rural areas, limited local training pipelines, burnout among existing staff, and lack of career pathways for paraprofessionals such as CHWs, CSWs, and CPSWs.

Geographic and Transportation Barriers:

The rural and frontier nature of Region 7 creates significant transportation challenges. Many residents lack reliable transportation, and existing systems require advance scheduling or are not available for behavioral health needs. These barriers delay or prevent access to care, particularly for individuals in crisis or those requiring ongoing services.

System Fragmentation and Navigation Challenges:

Stakeholders identified a lack of coordinated referral systems and limited awareness of available resources. Individuals often struggle to navigate behavioral health, social services, and justice systems, resulting in unmet needs, duplication of services, and poor follow-through.

Housing Instability and Lack of Recovery Supports:

There is a critical shortage of transitional, recovery, and supportive housing options. Individuals exiting incarceration, inpatient treatment, or experiencing homelessness often lack stable housing, which contributes to relapse, crisis utilization, and poor long-term outcomes.

Youth and Family Service Gaps:

Youth behavioral health services are limited, particularly in rural areas. Gaps include lack of school-based services, insufficient early intervention and prevention programming, limited after-school and structured activities, and inadequate family support.

Stigma and Cultural Barriers:

Stigma related to mental health, substance use, and help-seeking behaviors remains a significant barrier across the region. Cultural norms, lack of education, and limited community engagement opportunities contribute to delayed care and underutilization of services.

Anticipated Impact: Describe the anticipated outcomes or benefits for the targeted population because of addressing the identified needs. Explain how proposed priorities are expected to improve access, quality, or outcomes.

Implementation of the Region 7 priorities is expected to produce measurable improvements in access to care, service quality, and behavioral health outcomes for priority populations (e.g., individuals with serious mental illness (SMI), substance use disorders (SUD), youth and families, justice-involved individuals, and residents of rural and frontier communities).

Addressing the above identified service gaps are intended to:

- Increase availability of local, community-based services through wellness centers, mobile outreach, and telehealth
- Reduce travel time and transportation barriers, particularly for rural residents
- Increase service utilization among underserved populations, including uninsured and geographically isolated individuals
- Faster connection to care through coordinated referral systems and CHW-led navigation

- Improve care transitions across behavioral health continuum of care
- Increase follow-through on referrals and appointments through care coordination and data tracking systems
- Reduce system fragmentation through cross-county collaboration and shared referral infrastructure
- Reduction in crisis events, emergency department utilization, and hospitalizations
- Decrease justice system involvement through diversion and early intervention strategies
- Increase engagement in treatment and recovery supports
- Improve long-term stability for individuals with complex behavioral health needs
- Increase access to early intervention, school-based behavioral health services, and youth programming
- Improve school engagement, youth behavioral outcomes, and family stability
- Reduce risk of substance use, suicide, and justice involvement among youth
- Improve access to transitional, supportive, and recovery housing
- Increase housing stability among high-risk populations
- Increase community supports for SUD recovery
- Increase availability of trained behavioral health providers and support staff
- Reduce provider burnout through expanded workforce and support roles
- Strengthen local workforce pipelines, improving long-term system sustainability

The Region 7 priorities are intentionally designed to address system gaps and improve overall performance of the behavioral health system. Additional anticipated outcomes include:

- Wellness centers and mobile service models bring services directly into underserved communities
- Telehealth expansion increases access to specialty care and medication management
- Transportation supports reduce one of the most significant barriers to care
- Centralized referral and data systems streamline entry into services and reduce delays
- Integration of trauma-informed, culturally responsive care models
- Expansion of evidence-based practices and community-based interventions
- Use of CHWs, CSWs, and CPSWs to provide person-centered, culturally competent support
- Increased coordination across providers and systems, improving care consistency
- Early intervention and prevention efforts reduce the progression of behavioral health conditions
- Coordinated care models improve treatment adherence and long-term recovery
- Housing, transportation, and workforce strategies address social determinants that impact outcomes
- Data-driven monitoring supports continuous quality improvement and accountability

Local Resources and Partnerships: Identify existing local resources, providers, or partnerships that support or compliment the proposed priorities. Describe how these resources may help offset costs, enhance implementation, or strengthen sustainability.

The existing network of behavioral health providers, hospitals, FQHCs, schools, courts, Tribal entities, and community partners across region 7 provides a strong foundation for implementation and long-term sustainability of the regional behavioral health plan. These established resources help reduce startup costs, expand service access across rural communities, and strengthen coordination of care throughout the region.

These resources help offset costs by leveraging existing Medicaid-billing providers, facilities, and service infrastructure already operating within region 7. Licensed behavioral health practitioners, FQHCs, hospitals,

and counseling agencies can bill Medicaid and other insurance sources for reimbursable behavioral health services, reducing the amount of SB3 funding needed for direct clinical care. Existing partnerships with schools, hospitals, and judicial systems also reduce operational costs by utilizing established referral pathways, meeting spaces, telehealth capabilities, and collaborative staffing models. However, significant gaps remain in non-billable support services such as housing assistance, transportation, peer navigation, wellness support, and recovery-oriented services, which continue to require supplemental funding and regional investment.

These community resources also enhance implementation and service reach by creating a coordinated regional network capable of connecting individuals to appropriate levels of care. Providers across Socorro, Sierra, Torrance, and Catron counties, along with Tribal and school-based partners, help improve access to behavioral health services in geographically isolated communities. Because rural workforce shortages remain a significant challenge, Region 7 plans to utilize Community Health Workers (CHWs), Certified Peer Support Workers (CPSWs), and other community-based staff to expand outreach, improve engagement, support care coordination, and connect individuals to telehealth and in-person services. Existing schools, hospitals, and community organizations also strengthen implementation by serving as trusted access points for youth, families, justice-involved individuals, and underserved populations.

These partnerships further support sustainability by building upon systems and providers that are already embedded within the region. Medicaid-billing providers and federally qualified health centers create ongoing reimbursement opportunities that can sustain clinical services beyond the initial funding period.

Collaboration among counties, providers, schools, Tribal partners, and judicial systems also strengthens long-term regional coordination and shared responsibility for behavioral health outcomes. At the same time, Region 7 recognizes that several priority services — including transitional housing, transportation, recovery supports, wellness programming, natural healing practices, and prevention-focused activities — are not consistently reimbursable through Medicaid. As a result, the region will continue pursuing blended funding strategies, regional partnerships, grant opportunities, and workforce development initiatives to sustain these essential non-billable services over time.

IV. IMPLEMENTATION

Applicants must describe how selected regional priorities will be implemented through a feasible, phased, and coordinated approach. This section should focus on execution readiness, operational capacity, and administrative processes. At a minimum, this section must address the following:

Organizational Readiness: Describe organizational readiness to implement proposed priorities, including staffing plans, hiring needs, onboarding processes, and workforce capacity. Describe available infrastructure, including physical space, equipment, technology, and systems needed to support implementation.

Region 7 has established a coordinated regional structure that supports immediate implementation of the proposed behavioral health priorities. Socorro County serves as the designated Accountable Entity and Fiscal Agent and already has the administrative structure, financial oversight systems, and regional partnerships necessary to manage implementation activities across Catron, Socorro, Sierra, and Torrance Counties. A dedicated Program Manager has been identified to oversee implementation, regional coordination, performance monitoring, and compliance activities associated with the SB3 regional plan.

Implementation readiness is strengthened through an existing network of behavioral health providers, hospitals, federally qualified health centers (FQHCs), schools, Tribal partners, local governments, and community-based organizations already operating within region 7. These partners provide a foundation for rapid service expansion, referral coordination, and workforce development activities.

Staffing plans focus on phased workforce expansion utilizing both licensed and non-licensed behavioral health professionals. Key staffing positions include:

- Community Health Workers (CHWs)
- Community Support Workers (CSWs)
- Certified Peer Support Workers (CPSWs)
- Licensed therapists and counselors
- Program coordination and administrative staff
- Mobile crisis and outreach personnel
- Telehealth support staff and care coordinators

Because Region 7 experiences significant rural workforce shortages, implementation will prioritize “grow your own” workforce strategies, local recruitment pipelines, partnerships with NM Tech and other educational institutions, and workforce retention incentives. CHWs, CPSWs, and CSWs will play a central role in implementation by supporting outreach, care coordination, transportation assistance, referral navigation, follow-up, and engagement activities.

Onboarding processes will include:

- Standardized orientation and regional implementation training
- Trauma-informed care and cultural competency training
- Training on data collection, referral systems, and reporting requirements
- Medicaid billing and documentation training where applicable
- Cross-system coordination training involving healthcare, schools, justice systems, and community partners

Available infrastructure within region 7 includes existing clinic space, wellness center locations, school-based facilities, hospitals, FQHCs, telehealth systems, mobile outreach capacity, and county-owned facilities that can support phased implementation. Planned infrastructure investments include:

- Wellness and drop-in centers
- Mobile outreach units and transportation vehicles
- Telehealth expansion technology
- Centralized referral and data tracking systems
- Communication and reporting dashboards
- Transitional housing and supportive housing models

The region also plans to utilize hybrid service delivery models combining fixed-site services, telehealth, and mobile outreach to maximize rural access and reduce transportation barriers.

Implementation Approach & Phasing: Describe the phased implementation approach for proposed priorities, including sequencing of activities, timelines, and responsible entities. Describe how implementation activities will be coordinated across partners and align with available capacity.

Region 7 will implement priorities using a phased, coordinated approach designed to align expansion activities with available workforce capacity, infrastructure readiness, and regional need.

Phase 1: Infrastructure Development and System Preparation (Year 1)

Primary activities during Phase 1 include:

- Finalizing contracts and scopes of work with providers and partner organizations
- Hiring and onboarding implementation staff
- Establishing governance workgroups and implementation teams
- Launching regional coordination meetings and stakeholder oversight processes
- Developing centralized referral, reporting, and data tracking systems
- Identifying and preparing wellness center and service locations
- Expanding telehealth capabilities and communication systems
- Beginning workforce recruitment and training activities

Responsible entities include Socorro County, the Program Manager, regional providers, schools, FQHCs, hospitals, and community partners.

Phase 2: Service Expansion and Project Implementation (Years 1–2)

Phase 2 focuses on launching and expanding direct services throughout the region, including:

- Opening wellness centers and drop-in service locations
- Expanding CHW, CPSW, and CSW staffing
- Launching mobile outreach and transportation supports
- Expanding school-based behavioral health services
- Implementing youth engagement and mentoring programs
- Expanding telehealth access and care coordination services
- Developing housing and transitional support initiatives
- Launching crisis response and diversion activities

Implementation activities will be coordinated through monthly regional meetings and priority-specific workgroups to ensure services are aligned across counties and not duplicated. Cross-county collaboration will allow providers and partners to share staffing resources, referral systems, transportation supports, and specialized services where capacity is limited.

Phase 3: Regional Integration, Sustainability, and Continuous Quality Improvement (Years 2–3)

Phase 3 emphasizes stabilization and sustainability of services through:

- Expansion of Medicaid-billable service models

- Strengthening long-term workforce retention strategies
- Continuous quality improvement and performance monitoring
- Evaluation of service utilization and outcome data
- Refinement of referral systems and coordination processes
- Expansion of housing and transportation partnerships
- Ongoing stakeholder engagement and regional planning updates
- Pursuit of additional state, federal, and braided funding opportunities

During this phase, the region will continue refining services based on performance data, community feedback, and evolving regional needs to ensure sustainability beyond initial implementation funding.

Additional implementation considerations include standardized orientation to regional implementation, trauma-informed care and cultural competency training, training for data collection, referral system, and reporting requirements, Training on Medicaid billing and documentation, cross-system coordination training involving healthcare, schools, justice system, and community partners. Workforce development will also take a “grow-your-own approach through local recruitment pipelines, partnership with New Mexico Tech and other educational institutions, and workforce retention incentives. Finally, the plan utilizes a hybrid service delivery model combining fixed-site services, telehealth, and mobile outreach to maximize rural access and reduce transportation barriers.

Administrative and Operational Processes: [Describe administrative processes for implementing services, including procurement processes and anticipated barriers. Identify agencies or organizations responsible for administering funds and overseeing implementation.](#)

The Accountable Entity will oversee all fiscal, administrative, and operational functions associated with implementation of the regional plan. These responsibilities include procurement and contracting, budget oversight and funding disbursement, contract compliance and reporting through the monitoring of deliverables and performance outcomes, and data collection and reporting. All funded providers and partner organizations will operate under formal contracts that include clearly defined scopes of work, reporting requirements, timelines, and measurable performance expectations. The procurement process will follow all applicable county and state procurement requirements such as requests for proposals (RFPs), professional service agreements, memorandums of understanding (MOUs) when applicable, subrecipient agreements, and competitive procurement for infrastructure and equipment purchases. However, all contracts will work under a reimbursement structure which may limit some provider participation and limit service expansion.

Administrative coordination mechanisms include monthly implementation and coordinating meetings, quarterly stakeholder oversight meetings, shared reporting dashboard and referral system, standardized data collection and performance tracking, and continuous quality improvement reviews.

Anticipated implementation barriers include rural workforce shortages and provider recruitment challenges, transportation issues across frontier communities (road development, incimate weather, etc.), limited availability of affordable housing and emergency shelter space, delays in Medicaid reimbursement for non-traditional service models, technology and broadband limitations, and sustainability challenges for non-billable Medicaid services (Admin activities, etc.). In preparation for these challenges, Region 7 will utilize

phased hiring, telehealth expansion, workforce pipeline development, braided funding strategies, cross-county collaboration, and flexible community-based service models.

The Accountable Entity along with the Regional Program Manager, The Stakeholder Committee, priority-based advisory workgroups, and participating provider agencies and community partners will work together to oversee the implementation of this regional plan. This coordinated operational structure positions Region 7 to implement behavioral health priorities through a realistic, scalable, and sustainable regional model that is responsive to the unique needs of rural and frontier communities and supports continued community transparency and buy-in.

V. HOW NEED IS MET

Applicants must describe how proposed priorities will directly address the identified regional needs and service gaps. This section should focus on service design, alignment with identified needs, and equitable access. At a minimum, this section must address the following:

Service Alignment: Explain how proposed priorities and services directly address identified regional needs and service gaps. Describe how services are aligned with populations identified in the Demonstration of Need.

The proposed priorities and services for region 7 are intentionally designed to directly address the behavioral health needs, service gaps, and systemic barriers identified through the ESIM event, stakeholder engagement sessions, regional data analysis, and community feedback. Key identified needs included workforce shortages, transportation barriers, limited crisis response infrastructure, lack of transitional housing, fragmented referral systems, insufficient youth services, stigma, and limited access to care in rural and frontier communities. Each regional priority is aligned to a specific set of identified gaps. The proposed service model combines wellness centers, mobile outreach, telehealth, care coordination, peer support, transportation assistance, and community-based navigation services to ensure individuals can access appropriate services regardless of location or level of need.

Priority 1: Housing, Transportation, and Basic Needs directly address housing instability, lack of supportive and transitional housing, transportation barriers, and unmet social determinants of health. Services include supportive housing development, transportation coordination, reintegration support, and basic needs assistance for individuals experiencing homelessness, justice involvement, or behavioral health instability.

Priority 2: Behavioral Health Services Expansion addresses limited access to providers, insufficient crisis response systems, inpatient and outpatient service gaps, and fragmented behavioral health infrastructure. Services include expansion of telehealth, mobile crisis response, wellness centers, crisis stabilization models, and increased treatment capacity across the region.

Priority 3: Community Wellness, Prevention, and Stigma Reduction respond to prevention and education gaps by developing wellness centers, prevention programming, community outreach campaigns, peer support systems, and stigma reduction initiatives that encourage early engagement and help-seeking behaviors.

Priority 4: Youth Engagement, Mentoring, and School-Based Behavioral Health Services addresses limited youth behavioral health support, lack of early intervention services, and insufficient school-based

care. Proposed services include school-based behavioral health staffing, youth mentoring programs, telehealth expansion, youth coalitions, and prevention-focused programming.

Priority 5: Workforce Development addresses severe provider shortages and workforce instability through local workforce pipeline development, training partnerships, paraprofessional workforce expansion, recruitment incentives, and career pathway development for CHWs, CPSWs, CSWs, and licensed providers.

BH Service Standards: Describe how proposed services adhere to New Mexico Behavioral Health Service Standards. Identify required practices, quality benchmarks, and compliance expectations.

All proposed and contracted services will adhere to New Mexico Behavioral Health Services Standards, Medicaid requirements, state licensing standards, cultural responsiveness, and trauma-informed best practices. All funded providers must maintain required certifications, licenses, and programmatic standards applicable to behavioral health service delivery. Additionally, any organization, community provider, or agency seeking these funds must demonstrate their capacity to adhere to these standards or provide timeline and implementation of adherence (it is understandable that some contracts may seek funding to enhance services to meet state service standard requirements).

Further, behavioral health providers will be expected to meet quality benchmarks and demonstrate a reduction in wait times, increase timely access to care, follow through on referral to services, and other outcomes measures.

Finally, a continuous quality improvement (CQI) process will include ongoing data monitoring, quarterly performance reviews, outcome tracking and reporting, corrective action planning, when necessary, stakeholder feedback integration, and regular review of service utilization impact and disparities.

A multi-level approach to adherence allows for real time corrective processes not for failure to comply but also for possible unforeseen challenges or outcomes.

Provider Network Capacity: Describe the network of providers involved in delivering services, their capacity to meet anticipated service demand, and plans to expand or strengthen capacity as needed.

Region 7 has an established provider network that includes licensed behavioral health providers, hospitals, federally qualified health centers (FQHCs), schools, Tribal entities, justice system partners, community organizations, and peer support services across Catron, Socorro, Sierra, and Torrance Counties as well as Alamo Navajo Chapter. The network includes:

- LPCCs, LCSWs, LMFTs, psychologists, and psychiatric nurse practitioners
- Substance use treatment providers
- Community-based behavioral health organizations
- Presbyterian Medical Services and Ben Archer Health Center
- Socorro General Hospital and Sierra Vista Hospital
- School districts throughout the region
- Alamo Navajo community partners
- Justice and Reentry Partners
- Community wellness and support organizations

Although the region has an existing provider base, current workforce capacity is insufficient to fully meet anticipated demand due to rural provider shortages, transportation barriers, and increasing behavioral health needs. Wellness centers and mobile outreach programs will also serve as additional access points to reduce strain on existing providers while increasing community-based service capacity. Cross-county collaboration and shared referral systems will further maximize regional resources and reduce service duplication.

Cultural Humility: Describe how services will be tailored to meet the cultural needs of diverse populations. Explain how service design reflects the needs of communities served, including Nations, Pueblos, Tribes, and disproportionately impacted populations.

Region 7 is committed to embracing and supporting cultural humility practices through self-reflection, mitigating power imbalances, and valuing lived experiences. This is represented in the community-led governance of the regional plan implementation through stakeholder committee oversight and priority-specific working groups. Cultural humility is also represented in the onboarding and training of any new providers (and current providers) in cultural humility practices. Region 7 planning began at inception with co-designing of a robust regional plan addressing the gaps and service needs of the area and finally will adhere to institutional accountability through ongoing transparency and community partnerships.

Access to care: Outline how barriers to care will be identified and reduced. Describe strategies to improve access to services, including measurable access goals where applicable.

Some of Region 7's largest barriers to accessing care have been identified and continue to create consistent challenges in developing a full behavioral health continuum of care. These barriers include geographic isolation, broadband network gaps, transportation issues, the limited number of regional providers, and the general aging of the population and difficulty retaining young members of the community within the workforce. Finally, while mental health stigma is a continued barrier across the country it is especially debilitating in small rural towns where it is difficult to maintain privacy and confidentiality. There are hopes that with the regional plan mental health will become less stigmatized and privacy will increase with additional services.

Language Access: Describe how translation and interpretation services will be provided to ensure equitable access to services, including plans for multigenerational outreach and accessible formats for program materials.

Region 7 is committed to ensuring equitable access to behavioral health services for individuals with limited English proficiency and diverse communication needs. Translation and interpretation services will be integrated into service delivery to support meaningful access for multilingual and culturally diverse populations. Availability of interpretation services during appointments and community meetings as well as translated written forms, educational materials, and pamphlets. Multi-lingual outreach efforts through schools, health councils, tribal partners, and community organizations with the appropriate use of translation and plain language materials. Further, accessible formats for those with disabilities will also be made available across all service platforms. The region will work with community partners and providers to identify language access needs and support provider services to remain inclusive and accessible for all populations served, including Tribal communities, Hispanic/Latino populations, and underserved rural residents.

VI. FUNDING STABILITY

Applicants must describe how proposed priorities and services will be financially supported during the funding period and sustained beyond BHRIA funding. This section should demonstrate responsible use of funds, coordination with Medicaid and other funding sources, and long-term sustainability planning. At a minimum, this section must address the following:

Use of funds: Explain how requested funds will be utilized to appropriately and effectively meet the needs of the identified priority areas. Describe how proposed expenditures are necessary, reasonable, and aligned with project goals and deliverables. And demonstrate how funding supports implementation of identified priorities.

Region 7 funds will be utilized to support infrastructure development, and direct service implementation activities necessary to improve access to behavioral health services across the region's vast geographical footprint of mostly rural and frontier landscape. Activities to support Region 7 priorities include workforce recruitment, hiring, onboarding, training, and retention; expansion of CHW, CPSW, and CSW positions; mobile wellness and outreach; telehealth technology, communication systems, and remote internet access; enhancement of crisis response and diversion services; transitional and supportive housing initiatives; prevention and stigma reduction programming; youth engagement, mentorship, and school-based services; and data collection, reporting, and care coordination systems.

Funding will also support implementation of infrastructure necessary for long-term regional coordination including centralized referral systems (UniteUs or FindHelp) for care coordination, and reporting dashboards for project oversight and transparency. These investments directly support implementation of all five regional priorities and address documented gaps related to access, transportation, workforce shortages, system fragmentation, and service capacity.

Expenditures are aligned with the goal of building sustainable, community-based behavioral health systems that improve continuity of care, reduce crisis system utilization, strengthen prevention efforts, and increase equitable access to services across underserved communities. Funding is intentionally structured to prioritize both immediate service expansion and long-term infrastructure development to ensure sustainability beyond the BHRIA funding period.

Sustainability Plan: Identify strategies for long-term financial viability, including anticipated revenue sources or system integration. Describe the plan to sustain services beyond BHRIA funding.

Region 7 is committed to long-term financial sustainability through development of a diversified funding strategy that combines Medicaid reimbursement, braided funding approaches, infrastructure investment, workforce development, and integration within existing regional systems. Sustainability planning has been incorporated into the design of each priority area from the beginning of planning and will be monitored during implementation.

Services will be integrated into existing healthcare, school, justice, housing, and community support systems to improve sustainability and reduce duplication. Cross-county collaboration and shared regional systems

allow providers and partners to maximize available resources while maintaining coordinated care across service areas.

Long term sustainability will be approached through multiple funding avenues including braided funding through local budgets, opioid settlement funding opportunities that align with projects, partnering with state level projects around housing and workforce development to reduce duplication in the region while strengthening the reach of those programs, and leveraging Medicaid billing for all billable services.

Investments in infrastructure like brick and mortar locations (wellness centers/hubs, drop-in-centers, community centers), vehicles (mobile crisis and outreach, transportation), and data software (coordination of care, project monitoring, and community transparency) are considered long-term community assets that can continue operating past BHRIA funding periods through local government and state/federal grants allowing for braided funding streams and community partnerships.

Medicaid Coordination: Describe how proposed services will coordinate with New Mexico Medicaid; explain how services will optimize, leverage, or align with Medicaid or other regional systems; and identify any billing, reimbursement, or system coordination considerations.

Region 7 will closely coordinate proposed services with New Mexico Medicaid to maximize reimbursement opportunities, strengthen continuity of care, and ensure integration with existing behavioral health systems. Many participating providers already operate as Medicaid-billing organizations and will continue utilizing Medicaid reimbursement to support ongoing clinical and behavioral health services throughout the implementation period.

The proposed service model aligns with Medicaid through:

- Expansion of Medicaid-billable behavioral health services
- Coordination with FQHCs and existing Medicaid providers
- Telehealth integration consistent with Medicaid guidelines
- Community support and care coordination services
- Integration of behavioral health and primary care systems
- Utilization of Medicaid transportation resources where available

Region 7 will also strengthen care coordination between Medicaid-funded providers, hospitals, wellness centers, schools, justice systems, and community organizations through shared referral systems and centralized care coordination infrastructure.

Billing and reimbursement considerations include:

- Provider enrollment and credentialing support
- Training related to Medicaid billing and documentation requirements
- Exploration of reimbursement opportunities for transportation and care coordination
- Alignment of services with Medicaid-covered behavioral health models
- Development of sustainable billing structures for community-based services where allowable

The region recognizes that some critical services — including transportation assistance, supportive housing, prevention activities, wellness programming, and certain CHW activities — may not be fully reimbursable under current Medicaid structures. As a result, Medicaid coordination will be combined with braided funding strategies to ensure comprehensive service delivery and long-term sustainability. Region 7 is committed to working with state Medicaid leadership to communicate challenges within current billing structures and behavioral health implementation to ensure a strong Medicaid system tailored to behavioral health services.

Other (non-Medicaid) Sources of Funding: [Identify additional non-Medicaid funding sources that will support the proposed priorities; describe how braided or blended funding will be used to support implementation and sustainability; and explain how these funding sources compliment BHRIA funding.](#)

Region 7 will utilize a braided and blended funding approach to support implementation and long-term sustainability of proposed priorities. Behavioral Health Reform and Investment Act funding will serve as a foundational investment that allows the region to build infrastructure, expand services, and leverage additional funding opportunities.

Potential non-Medicaid funding sources include:

- Federal behavioral health grants (Substance Abuse and Mental Health Administration (SAMHSA), Department of Justice (DOJ), Bureau of Justice Assistance (BJA), etc.)
- Opioid settlement and opioid response funding
- HRSA workforce and rural health grants
- Housing and Urban Development (HUD) programs
- Transportation and rural infrastructure grants
- County and local government contributions
- School-based and youth-focused grant funding
- Workforce development funding (WIOA, TANF, SNAP E&T, etc.)
- Private foundation and community partnership funding
- Justice and diversion-related funding initiatives
- State funding opportunities (Behavioral Health Services Division, Workforce Solutions, Housing Department, Department of Safety, Children Youth and families Division, etc.)

These funding sources will complement BHRIA funding by supporting services and activities that are not consistently reimbursable through Medicaid, including:

- Transitional and recovery housing
- Transportation and outreach services
- Prevention and stigma reduction initiatives
- Youth mentoring and leadership programs
- Community wellness programming
- Workforce training and incentive programs
- Infrastructure and technology investments
- Crisis diversion and reintegration support

Braided funding strategies will allow Region 7 to integrate multiple funding streams across agencies and systems while reducing duplication and improving long-term financial stability. Coordination between

Medicaid, BHRIA, local governments, healthcare systems, schools, and community organizations will ensure resources are strategically aligned to maximize service reach and sustainability.

VII. RISK & MITIGATION STRATEGY

Applicants must identify potential risks or challenges that could affect successful implementation of the regional plan and describe strategies to mitigate those risks. This section should demonstrate awareness of barriers and proactive planning to minimize disruption. At a minimum, this section must address the following:

Risk Identification: Identify key risks or challenges that could affect the regional plan, including barriers to successful implementation, service delivery, staffing, infrastructure, partnerships, funding, or system coordination, and describe their nature and potential impact.

Workforce Shortages and Recruitment Challenges

One of the most significant risks to implementation is the ongoing shortage of licensed behavioral health providers and support staff across region 7. Rural geography, limited housing availability, provider burnout, and difficulty recruiting professionals to frontier communities may limit the region's ability to fully expand services and maintain adequate staffing levels. Workforce shortages could result in delayed implementation, reduced service capacity, longer wait times, and increased strain on existing providers.

Transportation and Geographic Barriers

Region 7 covers a large rural and frontier geographic area with limited public transportation infrastructure. Individuals may continue having trouble accessing services due to long travel distances, lack of transportation options, inclement weather and road accessibility, and limited connectivity between counties. Transportation barriers could negatively impact appointment attendance, continuity of care, crisis response, and access to specialty services.

Limited Infrastructure and Facility Capacity

Several communities within region 7 have limited behavioral health infrastructure, including insufficient wellness center space, housing resources, crisis stabilization facilities, and technology systems. Delays in facility development, telehealth expansion, or infrastructure improvements could impact implementation timelines and service delivery capacity.

Funding Sustainability and Non-Billable Services

Although many services can be supported through Medicaid reimbursement, several critical supports — including some transportation services, portions of supportive housing, prevention programming, outreach, some CHW activities, and administrative activities — are not consistently reimbursable. Future funding uncertainties or delays in securing braided funding could impact long-term sustainability of these services.

System Fragmentation and Coordination Challenges

Behavioral health systems within region 7 involve multiple counties, providers, agencies, schools, hospitals, and community organizations. Without strong coordination, there is risk of service duplication, inconsistent communication, referral breakdowns, and fragmented care. These issues could reduce service efficiency and negatively impact continuity of care.

Technology and Broadband Limitations

Expansion of telehealth and data coordination systems may be impacted by limited broadband access and technology infrastructure in some rural and frontier communities. Technology limitations could reduce access to virtual care, delay data reporting, and impact care coordination efforts.

Housing Instability and Limited Supportive Housing Availability

The region currently lacks adequate supportive, transitional, and recovery housing resources. Limited housing inventory and funding constraints may delay implementation of housing-focused priorities and reduce the region's ability to stabilize high-risk individuals exiting incarceration, inpatient treatment, or homelessness.

Community Stigma and Low Engagement

Stigma related to mental health, substance use, and help-seeking behaviors remains a barrier in many rural communities. Individuals may delay accessing services due to fear, mistrust, or lack of awareness. Low engagement could reduce participation in prevention, treatment, and recovery programs.

Partnership and Cross-System Collaboration Challenges

Implementation relies heavily on collaboration among counties, providers, schools, Tribal entities, justice system, and community organizations. Changes in leadership, competing priorities, staffing turnover, or inconsistent participation from partners could impact regional coordination and implementation progress.

Mitigation Strategies: Describe specific mitigation strategies for each identified risk, explain how they will reduce risk, maintain service fidelity, and support continuity of implementation, and identify responsible parties where applicable.

Workforce Recruitment and Retention

Region 7 plans to mitigate workforce risks by expanding services of non-licensed providers (CHW, CSW, & CPSW) and focus on a “grow your own” workforce pipeline model partnering with local educational systems (high school and NM Tech) developing internships, apprenticeships, and certification assistance programs. Further, the focus on expansion of telehealth to allow a broader reach to licensed professionals without having arduous travel challenges. Along with cross-county collaboration comes staffing collaboration and support (mutual advertising etc.) and shared workforce resources. Finally, a deep look into successful regional recruitment and retention strategies to increase local provider numbers.

These strategies reduce dependence on limited licensed providers while expanding sustainable local workforce capacity. Responsible parties include the Program Manager, provider organizations, educational partners, and the Workforce Development Workgroup.

Transportation and Rural Access

Region 7 will prioritize a decentralized service model and local wellness hubs to reduce travel burdens and improve continuity of care. These models include increased mobile outreach/behavioral health services to meet people where they are in their own communities, and transportation coordination programs to assist those in more geographically isolated areas to attend appointments in person and meet basic needs when necessary. This transportation model requires cross-county partnership to assist individuals to receive services in the most convenient location regardless of residency within one county (e.g., someone living in

Catron County but being physically closer to services in Socorro County not being limited by transportation services within one county). Community-based services taking a flexible approach to meet people where their needs may be and supporting a CHW-led outreach and appointment support system (e.g., CHW transportation equipped with WIFI to allow for telehealth appointments in minimal broadband areas). Combining all services to address community members needs in the most resource efficient way.

Infrastructure and Facilities

A phased implementation approach allows for infrastructure development to occur gradually and strategically based on available capacity and funding. Region 7 plans to utilize existing city/county facilities, when possible, with phased development based on needs of the facility (turnkey ready to renovations required). Wellness centers will be developed across all three years allowing for the utilization of feedback to direct planning and implementation and create space for possible shifts in plans. Implementation of mobile and telehealth services across multiple years, again, to allow for data driven decision making and project success. Finally, Region 7 is committed to sharing resources across counties and organizations allowing for seamless communication and pivots when necessary.

Funding Sustainability

Braided funding strategies will be implemented to bolster financial sustainability. Funding that can be braided include Medicaid reimbursement, Federal and State grant opportunities, opioid settlement funds, local government support (city/county), and partnerships with healthcare systems and community organizations.

The region will prioritize development of Medicaid-billable services while utilizing grant funding for non-billable services such as transportation, prevention, and housing supports. Continuous grant development and financial monitoring will support long-term stability. Responsible parties include Socorro County Finance Department, Program Manager, provider agencies, and fiscal partners.

System Coordination and Referral

Region 7 may suffer more extensively than other regions being such a large land region of mostly rural and frontier populations for service isolation and siloing. Therefore, to reduce system fragmentation and improve continuity of care Region 7 will implement a centralized referral and data tracking system (e.g., UniteUs, FindHelp), engage in monthly regional coordinating meetings, implement cross-county working groups, shared communication systems and dashboard, standardization of intake, referral, and follow up procedures, and ongoing stakeholder engagement and quality oversight. These strategies strengthen communication, improve referral completion, and support coordinated service delivery across systems and counties. Responsible parties include the Program Manager, Steering Committee, providers, and stakeholder partners.

Technology and Broadband Challenges

Region 7 appreciates the necessity to enhance broadband services across the region for those individuals in geographically isolated areas that may never reach full state broadband capacity due to location. However, through thoughtful implementation of mobile services equipped with broadband capabilities services can go to the community rather than the individual being required to travel long distances to appointments. Additionally, moving towards a more flexible in-person or telehealth system allows for individuals to attend more appointments successfully. This will require ongoing coordination with local internet and technology partners as well as ongoing technical assistance and staff trainings. These strategies ensure individuals can

continue accessing services even in areas with limited connectivity. Responsible parties include provider agencies, telehealth coordinators, county partners, and IT support teams.

Housing and Supportive Services

Region 7 may not suffer from the level of homelessness as other regions; however, the limited available housing creates challenges for reentry both from the justice system and hospitalizations all the way to workforce recruitment and retention. Region 7, therefore, will partner with housing organizations and local governments to use a phased housing development strategy that will explore innovative housing models such as tiny homes and motel conversions. For those who require additional supports during reentry, Region 7 will develop and coordinate strong reintegration and supportive housing services while pursuing HUD and housing related funding opportunities. The region will also integrate housing support into care coordination and case management services to improve stability and reduce relapse and crisis utilization. Responsible parties include housing partners, county leadership, wellness centers, and CHWs, CPSWs, and CSWs.

Community Engagement and Stigma Reduction

Region 7 appreciates the importance of building community trust and increasing awareness to build community/service engagement. Implementation of community wellness and prevention campaigns, peer support and individuals with lived experience engagement, school/community-based education efforts, faith-based and local community partnerships, low-barrier wellness center models, are anticipated to address these challenges.

Partnership and Collaboration

Strong governance and accountability structures have been established to maintain regional collaboration and implementation consistency. Mitigation strategies include:

- Formal MOUs and service agreements
- Clearly defined partner roles and responsibilities
- Ongoing communication and stakeholder engagement
- Quarterly oversight meetings
- Shared implementation planning and data review
- Continuous quality improvement processes

These approaches support transparency, accountability, and sustained collaboration across all participating agencies and partners. Responsible parties involved are Socorro County, the Program Manager, Steering Committee, and partner organizations.

VIII. MEASURING SUCCESS

Applicants must describe how progress and outcomes will be measured, evaluated, and used to inform continuous improvement of the regional plan. This section should demonstrate alignment between priorities, activities, outputs, and intended outcomes. At a minimum, this section must address the following:

Performance Metrics & Evaluation: Identify performance metrics that will be used to measure progress and success, including indicators, benchmarks, and reporting tools. Describe how data will be collected, monitored, and used to assess progress towards stated goals.

Region 7 will utilize a mixed-methods evaluation approach that combines:

- Quantitative data analysis
- Qualitative stakeholder and participant feedback
- Performance monitoring and benchmarking
- Continuous quality improvement (CQI) processes
- Outcome and trend analysis

Evaluation methods will include:

- Service utilization analysis
- Referral tracking and care coordination monitoring
- Workforce and staffing analysis
- Community surveys and feedback sessions (Client Facing)
- Stakeholder interviews and focus groups (Provider Facing)
- Program participation and engagement tracking
- Crisis utilization and diversion analysis
- Housing and transportation outcome tracking
- School and youth engagement monitoring

This approach allows the region to assess both measurable system outcomes and community-level experiences related to service access, quality, and effectiveness.

Data collection will occur through multiple coordinated systems and reporting tools, including:

- Electronic Health Records (EHRs)
- Centralized referral and data dashboards
- Provider performance reports
- Medicaid utilization and billing data
- CHW/CPSW/CSW service logs
- Transportation and housing tracking systems
- School-based referral and participation data
- Crisis response and hospitalization reports
- Community surveys and stakeholder feedback tools
- Workforce recruitment, training, and retention reports
- Program attendance and participation records

Standardized reporting requirements will be implemented across providers and participating agencies to ensure consistency, accuracy, and comparability of data throughout Region 7.

Region 7 will follow the statewide behavioral health evaluation timeline established by the New Mexico Health Care Authority and Legislative Finance Committee.

Evaluation Deliverable	Timeline
Initial Evaluation Plan Due	January 1, 2027
Revision Plan Due (if necessary)	March 1, 2027
First Evaluation Update Due	November 1, 2027
Second Evaluation Update Due	March 2028
Final Evaluation Report Due	September 1, 2028

In addition to required state reporting timelines, Region 7 will conduct:

- Monthly implementation monitoring
- Quarterly performance and CQI reviews
- Annual strategic evaluation and plan updates

These ongoing review processes ensure that implementation challenges, service gaps, and outcome trends are identified and addressed in real time.

Region 7 will integrate continuous quality improvement into all evaluation and implementation activities. Evaluation findings will be routinely reviewed to:

- Identify service gaps and barriers
- Monitor disparities and underserved populations
- Improve referral coordination and continuity of care
- Adjust implementation strategies and resource allocation
- Improve service delivery models and outreach efforts
- Strengthen workforce retention and provider capacity
- Refine prevention and community engagement strategies

CQI activities will include:

- Quarterly data review meetings
- Stakeholder feedback sessions
- Performance dashboard monitoring
- Corrective action planning when needed
- Annual implementation and strategic review updates

This process ensures the regional plan remains flexible, responsive, and aligned with evolving community needs and statewide behavioral health priorities.

Responsible Party	Evaluation Responsibilities
Socorro County (Accountable Entity)	Fiscal oversight, compliance monitoring, contract accountability, reporting oversight
Program Manager	Data collection coordination, dashboard monitoring, implementation tracking, performance reporting

Responsible Party	Evaluation Responsibilities
Regional Steering Committee	Review evaluation findings, recommend strategic adjustments, monitor regional progress
Providers & Partner Agencies	Submit service utilization data, outcome reports, workforce and program activity data
Stakeholder Committee	Provide community feedback, review implementation outcomes, support CQI activities
Schools & Youth Partners	Provide youth engagement, school-based referral, and participation data
CHWs/CPSWs/CSWs	Document outreach, referrals, follow-up, and care coordination activities
External Evaluator (if contracted)	Independent evaluation support, advanced outcome analysis, validation of findings

Feasibility Analysis: Describe the practical capacity to carry out proposed activities, including staffing, timelines, infrastructure, and resources. Explain how feasibility considerations support successful implementation and sustainability of the regional plan.

The region recognizes that workforce shortages remain one of the largest implementation challenges in rural New Mexico; however, the proposed service model was intentionally designed to maximize existing workforce capacity while building sustainable local workforce pipelines. In addition to this “build-your-own” method, Region 7 will also utilize layered staffing models reducing the burden on licensed clinicians for additional tasks such as case management/care coordination.

This approach improves feasibility by reducing strain on licensed providers while increasing service reach, engagement, and continuity of care. Workforce feasibility is further supported through partnerships with educational institutions such as NM Tech and local workforce development programs to create behavioral health career pathways through internships, apprenticeships, and certification programs. Finally, recruitment and retention will be studied to better understand what makes relocation desirable and sustainable.

The regional plan builds upon existing community infrastructure and service systems rather than requiring entirely new systems to be developed. These existing resources reduce startup barriers and improve implementation readiness across the region. Infrastructure feasibility is further supported through phased implementation and hybrid service delivery models as discussed above. The region also plans to leverage existing transportation systems, community organizations, and local partnerships to maximize resource utilization and minimize duplication of services.

Region 7 already has strong regional partnerships and stakeholder engagement structures that support coordinated implementation. These partnerships improve implementation feasibility by leveraging existing relationships, referral pathways, and community trust while reducing duplication of efforts. Monthly coordination meetings, quarterly stakeholder reviews, and centralized communication systems support ongoing collaboration and accountability throughout implementation.

Financial feasibility is strengthened through the region’s braided funding strategy, which combines BHRIA funding with Medicaid reimbursement, federal grants, local partnerships, and workforce development resources. Many participating providers already operate Medicaid-billable programs, allowing the region to

build upon existing reimbursement structures while expanding services and infrastructure. This approach improves long-term sustainability and reduces dependence on a single funding stream. Feasibility is also improved through use of scalable service models that can be expanded gradually based in available resources, staffing, and demonstration of need, being flexible to data driven pivots when necessary.

The proposed implementation timeline was intentionally structured in phases to align with available workforce capacity, infrastructure readiness, and funding availability. This phased approach improves feasibility by allowing Region 7 to gradually expand services while strengthening operational systems over time.

Phase 1: Infrastructure and System Development

- Hiring and onboarding
- Contract execution
- Data system development
- Referral coordination systems
- Workforce training
- Stakeholder engagement
- Telehealth and communication setup

Phase 2: Service Expansion and Pilot Implementation

- Launch wellness centers
- Expand mobile outreach
- Increase CHW/CPSW/CSW staffing
- Implement school-based services
- Expand transportation and prevention services

Phase 3: Regional Integration and Sustainability

- Expand Medicaid-billable services
- Strengthen workforce retention
- Refine referral systems
- Expand housing and transportation partnerships
- Conduct CQI and evaluation activities

This sequencing allows projects to be implemented in a realistic manner while maintaining operational stability and service quality throughout implementation.

The Region 7 behavioral health plan was intentionally designed to reflect the realities of rural and frontier communities while maximizing available resources, infrastructure, and workforce capacity. The use of phased implementation, flexible service delivery models, cross-county collaboration, telehealth integration, and community-based workforce strategies significantly strengthens the region's practical ability to carry out proposed activities successfully.

By combining existing infrastructure with scalable service models, strong governance structures, community partnerships, and diversified funding strategies, Region 7 is positioned to implement and sustain a coordinated behavioral health system that improves access, reduces service gaps, and strengthens long-term behavioral health outcomes across all participating counties.

**** NOTE: Due to the unknown aspects of regional planning this plan is subject to change to meet the needs of region 7 planning and implementation. Any changes to this document will be submitted to the BHRIA Executive Committee. This includes changes to the budget as well as logic models. Changes will only enhance specificity and clarity.**

Regional Plan: Tribal Component

Region 7 has been working with Alamo Navajo Chapter and their participation with BHRIA activities. To date, Alamo Navajo has signed a letter of support, see attachment Letter of Support Socorro Co 2025, and is actively working on a tribal plan to be submitted as an addendum to region 7's regional plan. This is due to the requirement for the plan to be developed and approved by the behavioral health clinic, brought before Chapter leadership and approved. Alamo Navajo Chapter has expressed the need for additional crisis services and access to timely care as they are hours removed from their larger Navajo Nations wherein it could take up to five hours for emergency services to arrive. Building out their licensed service capacity is one of the immediate identified goals as well as collaboration and training efforts in the form of conferences.

Region 7 only has one identified Tribal Partner and therefore will be supporting the Alamo Navajo Chapter of expenditure of total tribal allocation.

*** This Space Left Blank for Tribal Priorities***

Regional Plan: Judiciary Component

The 7th Judicial District Court submitted a proposal to the Administrative Offices of the Courts (AOC) for judiciary specific regional plan funding. Please see proposal below, however they have not received funds as of yet and will not be able to start services till funds are received.



Judiciary Behavioral Health BHRIA Request for Funding

Overview

The Administrative Office of the Courts (AOC) has received funding through New Mexico's Behavioral Health Reform and Investment Act (BHRIA). To access funding, judicial districts must submit proposals to the AOC that align with BHRIA goals. Upon proposal approval, requests will be shared with the appropriate Accountable Entity to ensure the proposal is incorporated into the region's behavioral health plan.

Each judicial district may submit a funding request to the AOC BHRIA Administrator and Program Manager for review, along with all required supporting information. Upon approval, requests will be shared with the appropriate Accountable Entity for inclusion in the regional plan, which is due by June 30, 2026. Final regional plans will be reviewed and approved by the appointed Behavioral Health Executive Committee shortly thereafter.

All Judicial District applications must align with the goals of BHRIA. Proposed projects should support identified regional behavioral health priorities, including improving access to services, reducing justice system involvement, and strengthening coordination among courts, counties, tribal partners, and community -based providers within each behavioral health region.

Spending Language

“For grants to judicial districts to enhance regional case management, behavioral health, grant writing, peer-operated crisis response and recovery support services, behavioral health and homelessness outreach and engagement, and grants to judicial districts based on the submitted regional plans for specialty, diversion, problem -solving, and treatment courts and associated programs and pretrial services.” Each Judicial District may receive up to \$167,000. per year for FY27 and FY28.

Funding can be requested to support existing court programs and initiatives, develop pilot projects, or supplements, strengthen, and/or expand existing judicial programs. Examples could include treatment courts, diversion programs, competency case support, addressing participant barriers, mental health and de-escalation training, crisis coordination, jail re -entry efforts, peer-supported initiatives, data coordination, etc.

Best Consideration Date

For best consideration, applications should be submitted electronically by April 30, 2026, at 5:00 PM to aocpvt@nmcourts.gov.

This is a non-competitive funding opportunity. Each judicial district may receive up to \$167,000 per year, contingent upon request for funding approval. Only one request per judicial district will be accepted (excluding Metro Court), and coordination within each judicial district will be required to ensure a single, unified submission. BHRIA staff will be available throughout the application process to answer questions and provide feedback on draft submissions prior to final submission.

Details

Courts are encouraged to consider potential gaps in their community, as well as existing resources that can be leveraged to address behavioral health needs within the judicial system. Plans should articulate the ability to demonstrate cross-system collaboration that has the potential to result in decreased involvement in the justice system for individuals with mental illness and substance misuse

needs. Courts are encouraged to consider developing plans that incorporate evidence-based practices, national standards, or promising practices. Teams must submit a detailed budget outlining expenditure for FY27 and FY28. If a court proposes a full pilot project, the AOC will require a sustainability plan demonstrating how the project will be integrated into the district and/or behavioral health region's regional plan.

Priority Areas and Activities

PURPOSE: The following Budget Justification Template is provided as a sample to assist applicants in preparing their own explanation for how funds will be used to address their selected priorities under the Behavioral Health Reform and Investment Act (BHRIA). Applicants may use this template directly or utilize their own format, so long as the justification clearly links expenditures to program goals, measurable outcomes, and alignment with the BHRIA principles of equity, sustainability, and coordination.

Regions should customize the content to reflect their own priorities, funding requests, and proposed outcomes.

INSTRUCTIONS: Use the table on page three to summarize how requested funds will be spent and justify how each cost directly supports each of your proposed priorities:

- Keep responses brief and outcome focused.
- Describe the purpose and rationale for each category; avoid line-item or unit -level detail.
- Total funding must align with your regional plan narrative and proposed activities.

Budget Justification

Budget Category	Total Cost FY27	Total Cost FY28	Purpose & Justification (Brief Narrative) *Remove text below and fill out with JD specific narrative
Personnel & Administrative Costs	\$90,000	\$90,000	The 7 th JDC plans to hire a Court Services Specialist or Court Services Manager to act as a Behavioral Health Navigator and manage BH funds for court. Ensuring standards and performance measures are being met. Additionally, this person will ensure justice involved individuals in competency cases adhere to what is ordered by the judges.
Direct Services	\$43,000	\$43,000	Contract with behavioral health treatment providers.
Training & Workforce Development	\$2,000	\$2,000	The Behavioral Health Navigator will attend training courses, obtain certifications and maintain any licensures required of the job.
Infrastructure & Equipment	\$30,000	\$30,000	Vehicle for Behavioral Health. The Seventh Judicial District is comprised of four counties and covers over 10,000 square miles, so a vehicle is needed to ensure coverage for the entire district.
Operational Costs	\$2,000	\$2,000	Will need new office setup such as IT equipment, cell phone and services, software maintenance agreements, and office supplies.
Evaluation & Performance Tracking			BH Navigator will track court cases, successful completion of programs, and outcome of cases.

Current AOC Funding (if applicable)			No funds received for this program from AOC.
Other (if applicable)			None.
Total Requested	167,000	167,000	

Additional Information

All awarded projects will receive and participate in ongoing technical assistance from the AOC for data collection and evaluation.

Implementation of New Programs (e.g., AOT, Pretrial Justice, Treatment Court, etc.)

All awarded projects must participate in technical assistance from the AOC for implementation of a new program and will be coordinated with the AOC as appropriate.

Application

Court Name	Seventh Judicial District	Physical Address	200 Church St. Socorro, NM 87801
Date of Application	4/30/26	Contact Name and Title	Dorella Molina, CEO/CFO
Identified Judge	Chief Judge Mercedes Murphy	Email and Phone	socdcm@nmcourts.gov (575) 835 -0050x20

Question	Response
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1. Project Summary: A brief description of the proposed program, including goals, target population, and anticipated outcomes	The 7 th JDC would like to implement a Behavioral Health program within our court. This would entail hiring a Behavioral Health Navigator (Court Services Specialist or Manager) to manage the program. The goal would be to assist justice involved individuals in competency cases and help them navigate through the court process . They would have check-ins with the individuals to ensure they are attending scheduled appointments with providers, attending assessments, maintaining contact with counsel, and appearing in court as ordered. Help them develop a schedule that they use for their daily activities and manage medications, if necessary, to ensure they maintain stability .
2. Population Needs	
a. Identify the primary population(s) served (e.g., justice -involved individuals, individuals with co-occurring mental health and substance use disorders, pretrial populations, individuals in specialty courts) and provide key	The primary population would be justice involved individuals that have court cases within the 7 th Judicial District Court, specifically targeted towards those individuals where competency has been raised . The judges would identify individuals who they feel would benefit from the program. The judge would order the individual to enroll in the BH program. The maximum cases that the BH Navigator would take would be 15 individuals. If the program is successful, then adding employees to the program would be a future goal of the court.
demographic characteristics, including an estimated population size.	

b. Describe the behavioral health needs, service gaps, and system challenges impacting these populations, including how unmet needs contribute to justice system involvement, case processing delays, or recidivism.	There are many justices involved individuals in the 7th Judicial District Court who do not have access to Behavioral Health Services because of either not having insurance, not knowing what is available to them or not having the mental capacity to understand that they need help. Many of the individuals do not have the capacity to understand legal terminology, which poses issues when attending court and adhering to what is expected of them.
c. Identify disproportionately impacted communities within the Judicial District (e.g., rural and frontier populations, tribal communities, race/ethnicity, individuals experiencing homelessness) and describe barriers to accessing care, including geographic limitations, transportation challenges, workforce shortages, and service availability.	Disproportionately impacted communities often face several barriers that prevent them from receiving timely and equitable care. Within the 7th Judicial District, these populations typically include those marginalized by poverty, homelessness and lack of access to services. We also live near a tribal community which is 60 miles from Socorro. While they do have medical services on the reservation, they do not always have access to Behavioral Health Services. Obstacles can be a lack of reliable transportation, vast areas of the Judicial District, limited number of providers, and lack of reliable internet and/or cell phone service .

d. Clearly explain how the proposed program will address these disparities and improve equitable access to behavioral health services, particularly for individuals in rural and frontier areas of the district.	The Behavioral Health Navigator can help the individuals that are ordered to the program, with finding stable housing, establishing a stable income, scheduling medical appointments and helping the individual obtain the services they need and helping the individual become independent, productive and maintain a healthy and stable lifestyle.
e. Describe how identified needs and gaps align with regional behavioral health priorities and how the proposed approach complements broader service delivery efforts within the behavioral health region.	The Behavioral Health Navigator will work closely with the Socorro County services that are being developed by Program Manager, Jackie Muncy. The 7th JDC has two District Judges and the CEO who are members of the SB3 Regional Behavioral Health Committee. The Regional group aims to rebuild and modernize New Mexico's behavioral health system by creating a regional, stakeholder -driven framework for planning, funding, and evaluating behavioral health services. The Behavioral Health Navigator would refer to justice involved individuals in competency cases, for services that are being developed by the local Regional BH committee.
3. Please explain what outcomes this project will improve in the judiciary and benefit the community.	Many of the justice involved individuals who are parties to competency cases are in a court "revolving door" because they don't have the help that they need. With access to services that will help these individuals, there will be fewer repeat offenders and create more efficiencies within the court system. Typically, the individuals the Court sees on a regular basis where competency is an issue, are charged with minor offenses, which are dismissed because these individuals are not competent, but there are no support services for these individuals once they are released or the cases dismissed.

4. Describe the Court's plan to sustain the project beyond the funding award	With the successful implantation of the Behavioral Health program, the court plans to ask for general funding for the program and possible expansion of the program in the FY28 Budget Request.
5. Anticipated projects start date (Funding awards will begin at the start of FY27)	The 7 th JDC would start the program as soon as funds are awarded.
6. Anticipated project end date	The 7 th JDC hopes that there will not be an end date but a continuation of the program through future fiscal years, either being funded by general funds or other grants available through federal grants.
7. Describe how you plan to implement the project and utilize technical assistance from AOC.	The 7 th JDC would develop SOP's and obtain approval from Budget Committee, AOC and the Supreme Court for approval of SOP's and the Behavioral Health Navigator position. The court would adhere to all requirements written in contract. Additionally, the court will work closely with AOC personnel appointed to the SB3 program.

Timelines and Performance Measures: Timelines and performance measures for each identified priority.

8. Please outline your expected implementation timeline. Please identify tasks, responsible party(s), and anticipated completion date.

Task	Responsible Party(s)	Anticipated Completion Date
Create Unauthorized Term position in SHARE	Royce Olney - HR	Within one week of award
Submit to Budget Committee for approval to create Authorized position	Dorella Molina – CEO/CFO	Within two weeks of award
Develop Standard Operating Procedures for program	Dorella Molina – CEO/CFO	To be completed by July 1, 2026
Purchase vehicle for employee to use to help with justice individuals ordered to program	Alexis Chavez – Deputy CEO	By July 31, 2026

9. Performance Measures/Anticipated Impact:

a. Describe the anticipated outcomes or benefits for the target population as a result of addressing the identified needs.	Providing access to services will help justice involving individuals who need behavioral health services and decrease recidivism. For individuals experiencing homelessness or mental health crises, access to care serves as a diversionary tool. When health needs are met, the frequency of nuisance arrests and low -level offenses typically decrease, reducing the burden on local jails and courts.
b. Explain how proposed priorities are expected to improve access, quality, or outcomes.	By shifting the system from reactive crisis management to proactive, accessible support, the 7 th JDC can expect improvements in access, quality, and outcomes.
c. Identify performance metrics that will be used to measure progress and success, including indicators, benchmarks, and reporting tools. Describe how	The number of participants in the program that received help from BHN Improvement its measures by documented successes (job, attended appointments, housing, etc.) and case outcomes.
data will be collected, monitored, and used to assess progress toward stated goals.	

Required Reporting

Each judicial district must provide quarterly reports documenting progress on approved activities, performance against proposal -aligned metrics, and other requirements to the BHRJA Program Manager and Regional Accountable Entity. Reports should demonstrate alignment with the approved project scope

and requested funding. Failure to submit required performance metrics may result in corrective action, including potential recoupment of funds.

Application Authorization

Approval of Chief Judge and CEO: I agree with the information included in this request and support the stated goals of the pilot project. We will work co elaboratively to support the goals of this pilot project and will participate in ongoing technical assistance and data collection as requested by the project oversight team.

Name Chief Judge (Print)	Mercedes Murphy	Signature Signature of Chief Judge		Date	04/30/2026
Name Court Executive Officer (Print)	Dorella Molina	Signature Signature of Court Executive Officer		Date	04/30/2026

Region 7 Logic Model

Actors	Activities	Outputs	Inputs	Outcomes
Socorro County (Accountable Entity & Fiscal Agent)	Manage contracts, oversee procurement and compliance, distribute funds, monitor budgets, coordinate reporting, ensure implementation oversight and compliance with behavioral health standards	Execute contracts, financial reports, quarterly compliance reviews, provider monitoring reports, procurement completion, and data reports to HCA	BHRIA/SB3 funding, Medicaid reimbursement where applicable, county infrastructure, Program Manager, wellness centers, telehealth systems, provider network, CHWs/CPSWs/CSWs, transportation resources, community partnerships, schools, hospitals, data dashboard, mobile outreach equipment, housing partnerships, stakeholder committee	Short-Term: Improved regional coordination and fiscal oversight. Long-Term: Sustainable and compliant regional behavioral health infrastructure
Regional Program Manager	Coordinate implementation across counties, oversee performance monitoring, manage data systems, facilitate stakeholder meetings, track outcomes, support providers, main contact for BHRIA activities	Monthly coordination meetings, implementation timelines, dashboard reporting, performance reviews, stakeholder participation rates	Program Manager, centralized reporting systems, stakeholder engagement structure, regional meetings, implementation workgroups	Short-Term: Improved implementation coordination and communication. Long-Term: Integrated regional behavioral health system with continuous quality improvement
Behavioral Health Providers & FQHCs	Deliver therapy, medication management, crisis response, telehealth, case management, peer support, outpatient treatment	Number of individuals served, telehealth sessions completed, therapy encounters, crisis interventions, referral completion rates	Licensed providers, FQHCs, telehealth technology, therapy staff, peer support workforce, mobile units	Short-Term: Increased access to behavioral health services. Long-Term: Reduced crisis utilization, improved mental health outcomes, increased treatment engagement
CHWs, CPSWs & CSWs	Conduct outreach, care coordination, transportation support, follow-up services, peer support, referral navigation, home visits	Number of outreach contacts, transportation assists, referrals completed, follow-up contacts,	CHWs, CPSWs, CSWs, transportation supports, referral systems, outreach materials	Short-Term: Increased service engagement and referral follow-through. Long-Term: Improved continuity of care and long-term recovery stability

		peer support encounters		
Schools & Youth Partners	Implement school-based behavioral health services, mentoring programs, youth engagement activities, prevention education, referrals	Number of students served, youth program participation, prevention events conducted, school referrals completed	School partnerships, youth coalitions, mentoring programs, telehealth access, prevention curriculum	Short-Term: Increased youth access to behavioral health services. Long-Term: Improved school engagement, reduced behavioral incidents, stronger youth resilience
Housing & Community Partners	Develop supportive housing, transportation coordination, basic needs support, reintegration services, drop-in center support	Housing placements, transportation rides provided, supportive service referrals, reintegration plans completed	Housing partnerships, county resources, transportation systems, community organizations	Short-Term: Increased housing and transportation access. Long-Term: Reduced homelessness, improved housing stability, reduced recidivism
Hospitals & Crisis Response Partners	Coordinate crisis response, hospital discharge planning, referrals, mobile crisis outreach, stabilization services	Crisis response encounters, discharge referrals, follow-up contacts, diversion activities completed	Hospitals, crisis response teams, mobile crisis infrastructure, referral systems	Short-Term: Improved crisis stabilization and care transitions. Long-Term: Reduced emergency room utilization and inpatient readmissions
Community & Tribal Partners	Conduct outreach, reduce stigma, support prevention campaigns, engage underserved populations, assist with culturally responsive services	Community meetings held, outreach participation, prevention campaigns completed, stakeholder engagement rates	Tribal partners, local governments, health councils, faith-based organizations, community leaders	Short-Term: Increased community awareness and engagement. Long-Term: Reduced stigma and improved trust in behavioral health systems
Workforce Development Partners (NM Tech, training providers, workforce agencies)	Develop workforce pipelines, provide training and certifications, internships, recruitment and retention initiatives	Number trained/certified, internship placements, workforce	Workforce funding, training programs, educational partnerships, internships, recruitment incentives	Short-Term: Increased workforce participation and training completion. Long-Term: Expanded sustainable behavioral health workforce capacity across Region 7

		recruitment metrics, retention rates		
Regional Steering Committee & Stakeholder Committee	Review implementation progress, evaluate outcomes, identify gaps, recommend adjustments, support strategic planning	Quarterly review meetings, evaluation reports, stakeholder feedback collected, CQI action plans	Data systems, dashboards, CQI processes, surveys, evaluation tools	Short-Term: Improved accountability and data-informed decision making. Long-Term: Sustainable regional planning and continuous system improvement

Region 7 Evaluation Plan

Priorities and Primary Services	Problem Statement	Overarching Goals	Budget for Each Service	Underlying Assumptions and Research Base	Why Do You Think This Program Will Work?
Priority 1: Housing, Transportation, and Basic Needs Primary Services: supportive housing, transportation coordination, reintegration support, wellness centers, basic needs assistance	Region 7 faces significant housing instability, transportation barriers, and lack of supportive infrastructure, resulting in reduced access to behavioral health services, increased homelessness, missed appointments, and poor continuity of care.	1. Increase housing stability 2. Improve transportation access 3. Reduce homelessness and crisis utilization 4. Improve continuity of care and community integration	Funding will support wellness centers, transportation systems, supportive housing initiatives, CHW staffing, outreach services, mobile supports, and basic needs coordination.	Research demonstrates that stable housing, transportation access, and wraparound support services improve behavioral health outcomes, reduce crisis utilization, and increase engagement in treatment. Housing First and integrated care coordination models are recognized as evidence-based and promising practices nationally.	The program addresses key social determinants of health that directly impact behavioral health outcomes. By combining transportation, housing, outreach, and care coordination into one integrated model, the region can reduce barriers that prevent individuals from engaging in services and maintaining stability.
Priority 2: Behavioral Health Services Expansion Primary Services: telehealth, crisis response, mobile outreach, wellness centers, outpatient treatment, peer support	Rural provider shortages, limited crisis infrastructure, fragmented systems, and long wait times significantly reduce access to behavioral health services across Region 7.	1. Expand behavioral health access 2. Reduce wait times and crisis events 3. Increase continuity of care 4. Improve regional behavioral health infrastructure	Funding will support telehealth systems, mobile crisis services, provider staffing, mobile outreach, wellness center operations, crisis diversion services, and care coordination systems.	Telehealth, crisis diversion, integrated care coordination, peer support, and mobile outreach are supported by evidence-based and promising practices that improve rural access to care, reduce hospitalization, and increase engagement in treatment.	The program expands services directly into underserved rural communities using flexible service delivery models. Combining telehealth, mobile outreach, and wellness centers allows the region to maximize limited workforce capacity while increasing access points across all counties.

Priority 3: Community Wellness, Prevention, and Stigma Reduction Primary Services: prevention programming, outreach campaigns, wellness centers, peer support, mentoring, education	Stigma, limited prevention infrastructure, and lack of coordinated wellness services contribute to delayed treatment access and unmet behavioral health needs.	1. Increase prevention and early intervention 2. Reduce stigma related to behavioral health 3. Increase community engagement 4. Improve awareness of available resources	Funding will support community outreach, prevention events, wellness center activities, peer support programs, education campaigns, mentoring activities, and community engagement initiatives.	Prevention and community-based wellness approaches are supported by research demonstrating improved early intervention outcomes, increased service engagement, and reduced stigma. Peer support and trauma-informed community engagement models are recognized as promising practices.	The program focuses on increasing awareness, trust, and community engagement before individuals reach crisis levels. By utilizing trusted community members, peer support, and prevention-focused outreach, the region can improve early intervention and reduce stigma barriers.
Priority 4: Youth Engagement, Mentoring, and School-Based Behavioral Health Services Primary Services: school-based behavioral health, mentoring, youth coalitions, prevention education, telehealth	Youth in Region 7 face limited access to school-based behavioral health services, early intervention supports, mentoring opportunities, and prevention programming, particularly in rural communities.	1. Increase youth access to behavioral health services 2. Improve school engagement and behavioral outcomes 3. Increase youth leadership and prevention participation 4. Strengthen early intervention systems	Funding will support school-based staffing, youth mentoring, telehealth access, prevention programs, youth coalitions, outreach activities, and family engagement services.	School-based behavioral health programs, mentoring, prevention education, and early intervention services are evidence-based approaches shown to improve youth behavioral health outcomes, school engagement, and long-term resilience.	The program meets youth where they already are — within schools and communities. Early intervention, mentoring, and prevention services improve engagement, reduce stigma, and increase the likelihood of positive behavioral health outcomes before youth enter crisis systems.

Priority 5: Workforce Development Primary Services: workforce recruitment, training, certifications, internships, CHW/CPSW/CSW expansion	Region 7 experiences severe behavioral health workforce shortages, provider burnout, and difficulty recruiting and retaining professionals in rural and frontier communities.	1. Increase workforce capacity 2. Improve provider retention 3. Expand local workforce pipelines 4. Strengthen sustainable community-based workforce models	Funding will support workforce recruitment incentives, training programs, certifications, internships, educational partnerships, CHW/CPSW/CSW staffing, and workforce pipeline development.	“Grow your own” workforce strategies, peer workforce models, and community health worker approaches are recognized as promising and research-supported strategies for addressing rural healthcare workforce shortages and improving culturally responsive care.	The program builds local workforce capacity by training and supporting individuals already connected to region 7 communities. Expanding CHW, CPSW, and CSW roles helps reduce provider shortages while improving community trust, engagement, and continuity of care.
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Region 7 Budget Justification → Total 3-year Allocation: \$7,603,390

Year 1 – FY27			
Priority	% Of Total Annual Funding	Total \$ Amount	Justification
Housing, Transportation, and Basic Needs	13%	\$329,480	Support transportation access, housing stability, home visits, outreach, and basic needs support across rural communities
Behavioral Health Service Expansion	18%	\$456,203	Support expansion of therapy services, telehealth, navigators such as community support workers (CHW), certified peer support workers (CPSW), community health workers (CHW), wellness centers, and behavioral health treatment access
Community Wellness, Prevention, and Stigma Reduction	17%	\$430,858	Supports prevention programming, wellness initiatives, anti-stigma campaigns, and community engagement activities.
Engagement, Mentoring, and School Based Behavioral Health Services	11%	\$278,790	Supports youth mentoring, school based behavioral health services, prevention, and early intervention efforts
Behavioral Health Workforce Development	28%	\$709,649	Supports workforce recruitment, retention, training, certification, supervision, and long-term workforce sustainability.
Accountable Entity Admin Fee	13%	\$329,480	Supports regional administration, fiscal oversight, procurement management contracting monitoring, compliance reporting, stakeholder coordination, data tracking, data dashboard, evaluation oversight, and implementation management necessary to administer Region 7 Behavioral Health Plan.
Other (if applicable)			
Annual Total	100%	\$2,534,460	
Year 2 – FY28			
Priority	% Of Total Annual Funding	Total \$ Amount	Justification

Housing, Transportation, and Basic Needs	18%	\$426,203	Support transportation access, housing stability, home visits, outreach, and basic needs support across rural communities
Behavioral Health Service Expansion	15%	\$380,169	Support expansion of therapy services, telehealth, navigators such as community support workers (CHW), certified peer support workers (CPSW), community health workers (CHW), wellness centers, and behavioral health treatment access
Community Wellness, Prevention, and Stigma Reduction	15%	\$380,169	Supports prevention programming, wellness initiatives, anti-stigma campaigns, and community engagement activities.
Engagement, Mentoring, and School Based Behavioral Health Services	14%	\$354,824	Supports youth mentoring, school based behavioral health services, prevention, and early intervention efforts
Behavioral Health Workforce Development	25%	\$633,614	Supports workforce recruitment, retention, training, certification, supervision, and long-term workforce sustainability.
Accountable Entity Admin Fee	13%	\$329,480	Supports regional administration, fiscal oversight, procurement management contracting monitoring, compliance reporting, stakeholder coordination, data tracking, data dashboard, evaluation oversight, and implementation management necessary to administer Region 7 Behavioral Health Plan.
Other (if applicable)			
Annual Total	100%	\$2,534,460	
Year 3 – FY29			
Priority	% Of Total Annual Funding	Total \$ Amount	Justification
Housing, Transportation, and Basic Needs	20%	\$506,390	Support transportation access, housing stability, home visits, outreach, and basic needs support across rural communities
Behavioral Health Service Expansion	12%	\$304,135	Support expansion of therapy services, telehealth, navigators such as community support workers (CHW), certified peer support workers

			(CPSW), community health workers (CHW), wellness centers, and behavioral health treatment access
Community Wellness, Prevention, and Stigma Reduction	15%	\$380,169	Supports prevention programming, wellness initiatives, anti-stigma campaigns, and community engagement activities.
Engagement, Mentoring, and School Based Behavioral Health Services	20%	\$506,390	Supports youth mentoring, school based behavioral health services, prevention, and early intervention efforts
Behavioral Health Workforce Development	20%	\$506,390	Supports workforce recruitment, retention, training, certification, supervision, and long-term workforce sustainability.
Accountable Entity Admin Fee	13%	\$329,480	Supports regional administration, fiscal oversight, procurement management contracting monitoring, compliance reporting, stakeholder coordination, data tracking, data dashboard, evaluation oversight, and implementation management necessary to administer Region 7 Behavioral Health Plan.
Other (if applicable)			
Annual Total	100%	\$2,534,460	