Doña Ana County

Behavioral Health Authority Division Regional Plan Proposal - Region 3

July 15, 2026

Prepared by Constellation Consulting, LLC

(Pending approval by the Doña Ana County Board of Commissioners)

PROGRAM OVERVIEW

"The Behavioral Health Reform and Investment Act (BHRIA), also known as Senate Bill 3 (SB3), was signed into law on February 27, 2025. This new legislation takes major steps to strengthen and rebuild New Mexico's behavioral health system, including the management of behavioral health and substance use services across 13 counties. The BHRIA focuses on building capacity and regional infrastructure to ensure that community voice and need inform regional behavioral health care. Each region is tasked with identifying up to five behavioral health priorities and request[ing] funding to implement a four-year plan. This new structure incorporates all three branches of government and brings stakeholders together, in a variety of ways, to strengthen the state's behavioral health care service system." https://nmcourts.gov/wp-content/uploads/2026/01/AOC-BHRIA-Monthly-Update-January-2026-Final.pdf

This regional plan establishes a strategic framework for Doña Ana County (Region 3) to strengthen the continuum of care with an overarching application of trust, equity, and prevention across the lifecycle. The plan supports a lifespan model of care that connects prevention, early intervention, crisis response, stabilization, and long-term recovery across childhood, adolescence, adulthood, and parenting. This plan addresses structural imbalances identified throughout E-SIM workshops and Listening Sessions — including rural care wait times of up to three months and severe provider shortages. These priorities also serve as a roadmap to guide the next phase of implementation, building on Early Access Funding already used towards The Reconnect Project to establish focused on social drivers of health and workforce development.

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

The Accountable Entity: Doña Ana County, through its Health and Human Services (HHS) Department, serves as the designated Accountable Entity for BHRIA. HHS provides fiscal, administrative, and operational oversight, ensuring compliance with BHRIA requirements and coordinating with regional partners such as the Local Behavioral Health Collaborative (LC3), Doña Ana Wellness Institute (DAWI), which serves as the region's Health Council, Doña Ana County Resilience Leaders, and other existing related efforts including Assisted Outpatient Treatment (AOT), the Competency Diversion Pilot, and related navigation functions.

As Accountable Entity, Doña Ana County HHS will oversee implementation of the approved priorities, support alignment with BHRIA requirements, and encourage coordination across providers, county agencies, justice partners, schools, and community-based organizations. The County will take the lead from the Regional Stakeholder Planning Committee to review progress, maintain alignment with regional priorities, and support ongoing community-informed decision-making.

Doña Ana County HHS will ensure accountability and compliance through contract oversight, performance monitoring, budget management, and coordination of required reporting. It will also support implementation continuity by aligning partner roles, maintaining communication across systems, and helping resolve operational barriers as services move from planning into phased implementation.

Governance and Accountability Structure

Stakeholder Engagement:

1) Describe how stakeholders are meaningfully engaged in the development, implementation, and ongoing oversight of the regional plan.

Regional Stakeholder Planning Committee: A Regional Stakeholder Planning committee was formed to adopt deeper subject matter expert perspectives. Formed through target outreach to individuals and organizations to contribute with their expertise, this Planning Committee is used to guide and oversee the development of a comprehensive behavioral health plan. The Regional Stakeholder Planning Committee will continue to advise as we move forward with implementation. The Committee members represent key sectors and stakeholder groups within the community and contributed to activities used to formalize results such as listening sessions identification (who would do them, the population to focus on) and providing input into the identified services and priorities. The first meeting of this BHRIA Regional Stakeholder Planning committee was October 27th, 2025, resulting from requests to existing committees for representation designations distributed via email to Doña Ana County Resilience Leaders, LC3, and DAWI. In addition to committees, New Mexico State University (NMSU)'s College of Health, Education and Social Transformation, as well as Ngage New Mexico, were also invited to have representation. Standing meetings were and are held on a regular basis with objectives including coordination of E-SIM workshops, identification of listening session participants/locations, analysis of data, selection of priorities, and ongoing guidance.

2) Identify participating groups, including counties, Tribes, Pueblos, Nations, service systems, and individuals with lived experience.

E-SIM Workshops: Fifty-two people attended the adult workshop in December 2025 with an additional eight from the UNM BHTAC for a total of sixty attendees. Additionally, a youth E-SIM workshop was attended by 72 unduplicated people in February 2026. 54 people attended the first day with an additional 11 from the UNM BHTAC, and 45 people attended the second day with 11 people from the UNM BHTAC.

Participants in December 2025 represented a diverse range of perspectives and represented the following groups: Justice, Regional Stakeholder Planning Committee (including representatives from local government, justice, healthcare, public health), and Healthcare workforce experts in the following healthcare sectors:

- Care coordination/ case management
- Inpatient hospitals
- Outpatient services
- Prevention
- Crisis services

Participants in the Youth E-SIM session held in February 2026 included represented the following groups: Health System, Legal System, First Responders, Tribal Representatives, Government, Community & Local Organizations, and People with Lived Experience, Peer Support Workers, and Family Members/Loved Ones.

Listening Sessions: Listening sessions were hosted for specific groups to discuss impacts on a general and specified level for each group. Open-ended questions were introduced to participants throughout the session and responses were transcribed. Some of these transcriptions were summarized, some were presented as a raw source. All data was reviewed for qualification and quantification. This effort supported the ability to identify priorities across all audiences which included representation from:

- Doña Ana Wellness Institute (DAWI)
- The LC3 Behavioral Health Collaborative (LC3)
- 3rd Judicial Treatment Court
- Doña Ana County Resilience Leaders
- Southern New Mexico Promotora Association
- Criminal Justice Coordinating Council
- LGBTQIA+ Community
- Youth community
- Middle School Students
- High School Students

Regional Stakeholder Planning Committee: Committee members met regularly to track and align for all priorities and projects. Regional Stakeholder Regional Stakeholder Planning Committee members and their represented groups are as follows:

Name	Group Represented
Chief Judge Richard Jacquez- Lead	3rd Judicial District Court
Jorge Ochoa	3rd Judicial District Court
Alexis Espinoza	Resilience Leaders
Cecilia Pinon	Southern NM Promotora Association
Elizabeth (Liz) Olivares	Doña Ana Wellness Institute (DAWI)
Erin Porter	Criminal Justice Coordinating Council (CJCC)
Kristen Drake	The LC3 Behavioral Health Collaborative (LC3)
Lori Martinez	Success Partnerships/Ngage
Dr. Mary Nienow	NMSU-HEST
Pat Acosta	Juvenile Justice Continuum Board
Carlos “Harley” Castillo	Person with Lived Experience

3) Describe outreach methods, coordination mechanisms, and structured processes for gathering input, collaboration, feedback, and continuous improvements of the regional plan.

E-SIM Workshops: Data was gathered though in-person workshops, where buckets were defined and voted on by all participants to capture a diverse range of perspectives. Doña Ana County hosted workshops in 2014 and 2022, which have guided much of the criminal justice diversion and crisis response efforts. Therefore, one abbreviated workshop focused on adults

and one full workshop focused on youth services and systems were hosted with UNM as part of this process. Both workshops provided feedback used to identify priorities.

Listening Sessions: Data was gathered through a series of sessions providing participants with the opportunity to discuss key points and provide insight and representation through open ended conversations. Some sessions were summarized, others provided raw data through transcripts. This information/data was normalized and analyzed to support the build out of priorities across the multiple sessions.

Community Input: Regional Stakeholder planning members met regularly to track and review survey results and input submitted by community members to the Accountable Entity to review impacts or potential shifts in the Plan.

- E-SIM - Audiences for both sessions/workshops were invited through targeted outreach. In the workshops different categories were introduced along with current resources. Participants were then identifying gaps and potential opportunities. Themes were identified post breakout sessions and grouped into buckets, which were then voted on by participants.
- Listening Sessions – Listening sessions were identified by the Regional Stakeholder Planning Committee, (defining participants and population focus). Audiences for both sessions/workshops were invited through targeted outreach. where feedback data was qualified and quantified, to support the execution of analysis to identify emerging priorities through the identification and frequency of themes.
- Public Comment or Community Input Surveys were distributed via social media campaign where results were reported and will be included in the future, as data is being collected through 6/30/2026. Impactful feedback was relayed to Regional Stakeholder Committee members as it was received to review potential influence or shifts in the Plan.
- Account Entity Regional Stakeholder Planning Committee collaborated on a regular basis to review findings, provide feedback and input, and provide contributions for continuous improvement to the regional plan. Representation and alignment through working sessions across multiple organizations and programs and are listed earlier in this report.

Regional Planning Structure: 1) Describe the governance and coordination structure used to guide development, implementation, and oversight of the regional plan.

Implementation of the Regional Plan is guided by a structured governance framework:

- Accountable Entity (Doña Ana County): Final authority for funding decisions, contract management, compliance assurance, policy alignment, annual reporting review, performance monitoring, continuous quality improvement, corrective action plan management, and dashboard reporting.
- Regional Stakeholder Planning Committee: Advisory body responsible for the refinement of regional priorities and the integration of community input.

Guiding principles of health literacy and structural competency in addition to trust, equity, and prevention across the lifecycle is incorporated as an overarching framework guiding all funded activities.

Priority Areas

Original Priorities:

- **Priority 1 - Access, Basic Needs, and Stability as the Foundation of Behavioral Health**
- **Priority 2 - System Coordination, Infrastructure, and Accountability**
- **Priority 3 - Crisis Response and Justice System Integration**
- **Priority 4 - Workforce Capacity and Community-Based Supports**
- **Priority 5 - Trust, Equity, and Prevention Across the Lifecycle**

Finalized Priorities:

- **Priority 1 - Access, Basic Needs, and Stability as the Foundation of Behavioral Health**
- **Priority 2 - System Coordination, Infrastructure, and Accountability**
- **Priority 3 - Workforce Capacity and Community-Based Supports**

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.

Executive Summary:

Overview:

Region 3's Priority Areas section summarizes needs identified through listening sessions, E-SIM workshops, and stakeholder planning. It translates those findings into three implementation priorities: Access, Basic Needs, and Stability; System Coordination, Infrastructure, and Accountability; and Workforce Capacity and Community-Based Supports. Together, these priorities respond to persistent barriers in Doña Ana County such as unstable housing, fragmented care transitions, rural access gaps, and workforce shortages. The plan builds on

Early Access work already underway, including transitional housing and Assertive Community Treatment (ACT)-linked supports. It also advances an interim navigation and coordination model that can operate in temporary settings and develop into a longer-term regional hub-and-spoke framework.

This section provides a summary of coordinated listening sessions, the ESIM report, and the specific services identified by the Regional Stakeholder Planning Committee. These categories, detailed below, serve as a strategic framework applying the guiding principles of Health Literacy and Structural Competency for decision-making and selection, and to guide the development and implementation of the regional plan, though they do not represent an exhaustive list of all potential services. These priorities guide development and implementation.

Priorities Background: The Regional Stakeholder Planning Committee first identified five priority areas through the adult and youth E-SIM workshops, listening sessions, and ongoing planning discussions. Across those processes, the same needs kept coming up: housing and transportation barriers, weak care transitions, workforce shortages, and the need for stronger coordination and trust. As the plan moved forward, the region narrowed those broader concerns into three funded priorities that were more feasible to implement and sustain.

Priorities Shift: As planning progressed, the Committee and Accountable Entity considered community need, available funding, implementation readiness, sustainability, existing infrastructure, and opportunities to leverage other ongoing investments. Region 3 identified five valid areas of need but anticipates approximately $8 million in available BHRIA funding over a three-year period, with no assurance that funding will continue beyond the initial allocation. Stakeholders concluded that concentrating available multi-year funding on three priority areas would produce stronger implementation, clearer accountability, and more sustainable results than spreading limited resources across all five. This shift reflects strategic sequencing, not a determination that the remaining needs are less important. It allows the region to build on current investments such as Early Access-supported housing and ACT-related implementation while creating the operational and workforce foundation needed for broader future expansion. As additional funding opportunities become available, Region 3 intends to revisit and advance other identified priorities.

Trust, Equity, and Prevention Across the Lifecycle will function as an overarching framework rather than a funded standalone funded priority. Stakeholders consistently emphasized the importance of equitable access, cultural responsiveness, prevention, and community trust across the behavioral health continuum. Rather than isolating these concepts within a single initiative, Region 3 determined that they should be integrated into the design, implementation, outreach, navigation, workforce development, and evaluation of every funded strategy. This approach reflects the understanding that trust, equity, and prevention are not discrete

programs, but core principles that should inform how services are delivered, who is reached, how resources are allocated, and how outcomes are measured. As prevention will not be funded as a separate stand-alone program, details on how Region 3 will instead operationalize prevention across all funded priorities can be broken down as follows:

- Priority 1 includes primary prevention through family stability, maternal and infant supports, early connection to behavioral health and substance use services, and efforts intended to reduce adverse childhood experiences.
- Priority 2 includes secondary and tertiary prevention by strengthening navigation, warm handoffs, closed-loop referrals, and system alignment to prevent deeper justice involvement, repeated crisis usage, and failed care transitions.
- Priority 3 includes prevention through workforce training that builds capacity for primary, secondary, and tertiary prevention across clinical, school, community, peer, Promotora, and navigation roles.

Priority Removed: Crisis Response and Justice System Integration is not being advanced as a separate funded priority in this version of the plan. It remains a significant regional need, but stakeholders recognized that substantial activity is already occurring in this area, including development of two Certified Community Behavioral Health Clinic (CCBHC) services, existence of a crisis triage center (CTC), and ongoing law enforcement co-response initiatives such as the City of Las Cruces Project, Lesson the Incidence of Grief, Harm and Trauma (Project LIGHT). Stakeholders also identified significant unmet needs related to access, basic needs and stability, system navigation, coordination, infrastructure, and accountability and provided clear direction regarding populations of focus, particularly mothers, infants, and families with young children, as well as justice-involved youth and their families. The plan also builds on Early Access Funded-supported strategies for people leaving detention. Given limited regional funding, Region 3 elected to prioritize investments in these foundational areas, where targeted investments are expected to strengthen the behavioral health system as a whole and create benefits across multiple service sectors, including crisis response and justice-involved populations.

Priority 1: Access, Basic Needs, and Stability as the Foundation of Behavioral Health
Key Need: Individuals in Region 3 face critical barriers to engagement, specifically housing instability, lack of transportation, and a fragmented support system, which create a "revolving door" between detention and homelessness. Rural areas lack the infrastructure to support post-crisis transitions and ongoing care. Populations of focus include mothers, infants, and families with young children, as well as justice-involved youth and their families.

Response: The Reconnect Project builds on Early Access Funding that supports the operational costs of transitional supportive housing and the development of an additional ACT team. This priority extends that work by strengthening housing-linked stabilization, transition support, and

connection to care for people leaving detention and others facing major barriers to behavioral health access. It also supports early diversion and service-linkage strategies for justice-involved youth and focused efforts to connect mothers, babies, and families to services through coordinated, community-based pathways similar to other county-led coordination work operationalized through coordinated pathways in clinic, community, and child welfare settings.

Impact: This priority is intended to reduce the instability that prevents people from engaging in care. By combining transitional supportive housing, ACT-linked support, transportation planning, and stronger service linkages for youth and families, Region 3 expects to improve engagement, support safer transitions from detention to community settings, reduce repeated crisis involvement, and strengthen continuity of care across the lifespan.

Priority 2: System Coordination, Infrastructure, and Accountability

Key Need: The region suffers from fragmented service delivery where navigation, referrals, and accountability operate in silos. For example, the Youth Listening Session report highlights that the Doña Ana crisis triage center only serves those 18+, a critical gap for minors. These gaps are especially harmful for justice-involved youth and families, as well as people moving through crisis, detention, hospital, school, and community systems. Without a coordinated entry point and shared follow-through, individuals are more likely to experience failed handoffs, delayed care, and deeper justice involvement.

Response: Region 3 will establish an interim Navigation Hub model that serves as a central coordination and engagement function while longer-term operational design is developed. In this model, the hub functions as the central coordination and triage point, while partner agencies and providers serve as spoke connections for treatment, housing, case management, and other supports. Consistent with the already ongoing contracted work between Doña Ana County HHS and Treatment Alternatives for Stronger Communities (TASC), this work will strengthen diversion outcomes, improve care coordination across systems, clarify roles and workflows, and support warm handoffs across justice, treatment, housing, and community systems. It will also support development of a longer-term hub-and-spoke framework that defines the central coordinating role, partner connections, governance options, and practical workflows for implementation.

Impact: This priority is intended to improve continuity of care by reducing failed referrals, strengthening handoffs, and creating clearer lines of accountability across systems. By combining navigation, tracked follow-through, and shared coordination processes, Region 3 expects to improve service uptake, reduce fragmentation, and create a more reliable pathway for people moving between crisis response, detention, health care, school, and community-based services. It also lays the administrative and operational groundwork for a more durable regional coordination model.

Priority 3: Workforce Capacity and Community-Based Supports

Key Need: Region 3's behavioral health system cannot expand or sustain access without a larger and better-supported workforce. The region faces shortages across both clinical and non-clinical roles, especially in rural areas and in settings serving justice-involved individuals, families, and people with complex social needs. Current gaps include limited local workforce pipelines, insufficient capacity for peer and family support workers, promotoras, and other trusted community-based roles, and inadequate training and retention infrastructure to sustain long-term service delivery.

Response: To support the region's evolving service model, this priority serves as the plan's primary workforce strategy. It supports a homegrown workforce pipeline and broader workforce development needed to strengthen navigation, care coordination, peer support, Promotora roles, and other community-based services. Region 3 will strengthen partnerships with NMSU's Center of Innovation, Center for Health Innovation – Public Health Institute (CHI-PHI), New Mexico Bridge Program, UNM NOWS, Workforce Innovation and Opportunity Act (WIOA) partners, DAWI, and other training entities to expand career pathways, internships, training supports, and culturally grounded community-based roles. It will also strengthen peer, Promotora, and paraprofessional capacity as essential components of engagement, trust-building, navigation, and follow-through. This approach is designed to grow local capacity while preparing the workforce needed for temporary service settings now and a more permanent service model over time. It also supports workforce capacity needed for youth diversion and family-serving care pathways.

Impact: This priority is intended to improve both immediate service access and long-term system sustainability. By growing local training pathways, strengthening community-based support roles, and improving workforce readiness across clinical and non-clinical settings, Region 3 expects to expand the number of people able to deliver or support behavioral health services for the populations most affected by current gaps. Over time, this creates a more stable, trusted, and community-responsive workforce that can sustain the region's broader behavioral health investments.

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.

The Description of Services below provides a detailed roadmap for Region 3, applying the Trust, Equity, and Prevention Across the Lifecycle guide as the overarching framework. This plan builds on the Early Access Funding request approved in Q2 2026, which supported the operational costs of transitional supportive housing and development of an additional ACT

team. This request supports the next phase of implementation by strengthening housing stability, service coordination, and access pathways for populations with the greatest behavioral health barriers.

Priority 1: Access, Basic Needs, and Stability (40% Allocation)

Guiding Principle: Clinical outcomes are dependent on first meeting fundamental physical needs, particularly housing stability.

- Reconnect Project supportive transitional housing and ACT-linked transition support: Building on Early Access Funding, this service supports the operational costs of supportive transitional housing and connection to an additional ACT team for people leaving detention who are at high risk of homelessness, instability, or rapid return to crisis systems. The service is intended to create safer transitions from detention to community settings, improve treatment engagement, and reduce the revolving door between detention, homelessness, and repeated crisis involvement.
- Family access, stability, and service connection: This service supports connection to behavioral health, substance use, parenting, recovery, and supportive services for the full family system, regardless of family structure operationalized through coordinated pathways in clinic, community, and child welfare settings. It is intended to improve access and stability for mothers, babies, children, caregivers, and other family members who may be affected by behavioral health and substance use challenges, while strengthening continuity of care across prevention, early intervention, stabilization, treatment, and ongoing support. This priority echoes the existing recommendations in the Opioid Settlement plan to "Educate youth, parents, and communities about substances, risks, and supporting loved ones" and "… Enhance services for individuals with children and pregnant women; provide funding for housing/room-and-board costs in residential treatment" https://cms2.revize.com/revize/donaanacounty/Documents/Departments/Community%20Services/Health%20and%20Human%20Services/Opioid%20Settlement/Opioid%20Needs%20Assessment_Final_August%202024.pdf?t=20250828115124 0&t=20250828115124 0 in addition to the Opioid Settlement Principles Resource and Indicators (OSPRI) "#7 – Enrich Prevention Strategies'. https://opioidprinciples.jhsph.edu/ospri/
- Regional care access and transportation support: This service focuses on practical access barriers that prevent people from entering or staying connected to behavioral health care, especially in frontier communities such as Hatch and other rural areas of the county. Funding in this area is intended to support transportation planning, coordination, and other access strategies that reduce delays, improve continuity, and strengthen connection to needed services.

Priority 2: System Coordination, Infrastructure, and Accountability (40% Allocation)

Guiding Principle: Success is defined by confirmed service uptake through a centralized, accountable navigation functions.

- Interim Navigation Hub and Placement: This service supports the development and operation of an interim Navigation Hub model that can function in temporary settings while longer-term infrastructure is planned. The interim model will serve as a central coordination and engagement point for referral intake, triage, warm handoffs, follow-up, and accountability across crisis, justice, hospital, school, and community systems using YES Doña Ana (YES DAC) Connect.
- Long-Term Navigation Hub-and-Spoke Framework and Operational Design: This service supports the design of a longer-term hub-and-spoke framework that defines the role of a central coordinating and triage function and the connections to spoke partners agencies and providers. It includes governance options, operational placement, workflow development, and practical use-case scenarios to guide future implementation.
- Closed-Loop Accountability: This service uses shared referral and tracking tools to confirm service uptake and strengthen accountability across regional partners. YES YES DAC Connect will serve as the primary local closed-loop accountability tool. The goal is to move beyond referral volume alone and track whether individuals and families are successfully connected to the services they need.

Priority 3: Workforce Capacity and Community-Based Supports (20% Allocation)

Guiding Principle: A sustainable system requires a homegrown workforce to staff service settings, navigation functions, and future regional infrastructure.

- Homegrown Workforce Pipeline: In partnership with NMSU, local schools, and workforce and training partners, this service develops internships, career pathways, and broader workforce development opportunities that strengthen long-term staffing capacity across the regional service model. This includes exposure pathways for students and early-career workers, support for paraprofessional and professional roles, and training opportunities aligned with regional behavioral health needs.
- Increase Application of Peer and Promotora Workers in the Region: This service strengthens agency understanding and appropriate use of peer support workers, promotoras, and other trusted community-based roles as essential parts of engagement, navigation, warm handoffs, and ongoing support. The goal is to build a

more trusted and culturally grounded behavioral health system while improving continuity for populations that face the greatest barriers to care.

- Workforce Training and Capacity Building: In partnership with NMSU Center of Innovation, Center for Health Innovation – Public Health Institute (CHI-PHI), Bridge of Southern New Mexico, WIOA-related partners, DAWI, and other training entities, Region 3 will strengthen workforce readiness through training, structural competency development, and other capacity-building supports that improve service quality, responsiveness, and retention over time. Workforce training will include primary, secondary and tertiary prevention work.

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.

The model for sustaining access to behavioral health services in Region 3 is built on phased implementation, braided funding, stronger coordination, and development of a more durable continuum of care over time. The model is designed to support continuity across the lifespan. It links prevention and family support in early childhood with navigation, crisis response, justice-related transitions, housing stability, and long-term recovery support for youth, adults, and caregivers. Sustainability is achieved through three integrated layers:

1. Transition from Temporary to More Durable Infrastructure

Access is sustained by building from current transitional housing operations, ACT-linked service expansion, and strengthened coordination functions toward a more durable regional model. Priority 1 is not based on construction of a new building. Instead, the region will maintain and expand service pathways that improve housing stability, strengthen diversion and reentry transitions, support early diversion efforts for youth in criminal justice settings, and connect mothers, babies, and families to services through coordinated community-based approaches.

2. Accountability and System Integration

Longevity is supported through closed-loop accountability. By using shared referral and tracking tools, with YES Doña Ana Connect serving as the primary local accountability platform, the region moves beyond simple coordination to a system where service uptake can be confirmed and tracked. This data-driven approach supports the identification of system breakdown points in real time and strengthens continuity for people moving across justice, crisis, hospital, school, and community settings.

3. Homegrown Workforce and Community Legitimacy

The human element of the system is sustained by building a homegrown workforce pipeline while also expanding longer-term clinical and supervisory capacity. In partnership with NMSU, local schools, and workforce and training partners, the region will invest in internships, career pathways, training supports, and recruitment strategies that expand both clinical and non-clinical capacity over time. Promotoras, peers, and other trusted community-based supports remain important for engagement and continuity, but the long-term workforce strategy also needs to address shortages in licensed and other professional roles that are critical to sustained access.

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.

The Region 3 Behavioral Health Regional Plan ensures coordinated and continuous access to services by strengthening the conditions that allow people to enter care, stay connected, and move more successfully across systems. This model is intended to support people across the lifespan, including youth, young adults, parents, infants, and families moving through prevention, crisis, treatment, recovery, and reentry. It connects mothers, infants, families with young children, and justice-involved youth to resources across providers and service levels through a coordinated and accountable navigation framework. It also supports continuity for the full family system across transitions and service stages.

a. Strategies to support continuity of care

Navigation Hub (Coordinated Connection): Continuity begins with a recognizable coordination function that helps people move across behavioral health, housing, justice, and social service systems. The interim Navigation Hub model is intended to support referral intake, triage, navigation, warm handoffs, and follow-up across crisis, justice, hospital, school, and community settings while longer-term operational design is refined.

Closed-Loop Accountability (System Coordination): To ensure seamless coordination among providers, the region will use shared referral and tracking tools, with YES Doña Ana Connect serving as the primary local closed-loop accountability platform. The funding need is not for purchase of the platform itself. It is for the operational need in staffing, workflows, partner participation, training, and follow-through needed to use shared tools effectively. Other systems may also support navigation, referral matching, and community resource access.

Trusted Messengers and Relational Safety: The plan strengthens agency use of promotoras and Peer Support Workers as essential system components by supporting role clarity, partner education, workflows, and agency adoption. These trusted messengers bridge trust gaps and support warm handoffs between providers, helping ensure that cultural barriers and fear do not interrupt care for marginalized families.

b. How it will be maintained over time

Phased Service Evolution: Continuity is maintained by building from current temporary housing placements and temporary coordination functions toward a more durable regional model. This approach allows Region 3 to strengthen navigation, coordinated service access, and housing stability now while refining longer-term infrastructure and operating decisions over time.

Homegrown Workforce Pipelines: Long-term sustainability is secured by training local residents through partnerships with NMSU and local school districts. By investing in youth leadership pathways with real decision-making authority and compensation, the region ensures its facilities are staffed by a stable workforce that reflects the community's cultural and language needs.

Lifecycle Governance: The Accountable Entity (Doña Ana County) and the Regional Stakeholder Planning Committee provide ongoing oversight, applying the Trust, Equity, and Prevention Across the Lifecycle framework to adjust coordination strategies as regional population needs evolve.

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.

The Region 3 Behavioral Health Regional Plan serves a population residing within Doña Ana County, which encompasses the cities of Las Cruces, Anthony, and Sunland Park, the town of Mesilla, the village of Hatch, and over thirty-five unincorporated communities. The following data describes the primary populations and the systemic disparities addressed by this plan.

Population to be Served and Specific Behavioral Health Needs

The primary population consists of individuals at the high-acuity intersection of behavioral health needs, poverty, and justice involvement, with a specialized focus on mothers, infants, families with young children, and justice-involved youth and their families.

Medicaid snapshot data

Suggesting ongoing access and service-matching gaps, region three has lower intensive outpatient utilization (4.8% vs. 7.2% statewide), and higher rates than the state for several behavioral health diagnoses including:

- Psychotic disorder among youth (5.8% vs. 3.2%)
- Adult anxiety disorder (64.9% vs. 59.6%)
- Adult mood disorder (43.4% vs. 37.1%)

Estimated Population Size and Characteristics:

- Justice-Involved Adults: In 2024, the Doña Ana County Detention Center recorded 450 bookings of individuals charged with misdemeanor offenses who listed no home address.
- Individuals with Substance Use Disorders (SUD): An estimated 65% of individuals incarcerated in New Mexico have a substance use disorder (SUD).
- High-Intensity Intervention Clients: Data from Jan 2023 through Oct 2024 shows that 35% of RISE clients (65 out of 185) and 30% of AOT clients (21 out of 69) required housing assistance to engage in treatment.
- Specific Needs: The most critical shortage areas identified include the Residential Treatment Continuum of Care, the Crisis Continuum of Care, and Prenatal & Perinatal SUD Treatment Programs.

Disproportionately Impacted Communities

- Rural and Frontier Populations: Residents in unincorporated areas, such as Hatch, face extreme wait times for behavioral health services, often ranging from 7 weeks to 3 months.

- Housing Status: Approximately 68% of individuals in the county report significant difficulty accessing affordable housing and residential facilities, which acts as the central barrier to effective engagement in treatment.
- Immigration Status and Ethnicity: Fear related to immigration enforcement and system surveillance creates a significant barrier to care for the region's Latino and immigrant communities.
- Insurance Coverage: Many individuals face provider connectivity issues and bureaucratic hurdles that delay or prevent care, highlighting a need for simplified enrollment and continuity of coverage during system transitions.

Addressing Barriers to Reduce Disparities

The plan addresses these disparities through a phased transition to a built continuum of care, governed by the overarching framework of Trust, Equity, and Prevention across the Lifecycle.

- Geographic Barriers: To address the 3-month wait times and lack of rural providers, the plan addresses dedicated transportation routes for frontier communities and works with already established transportation infrastructure. It also supports navigation workflows and partner guidance that help agencies use promotoras and Peer Support Workers appropriately to connect rural residents to transportation resources and care.
- Access and Service Delivery Barriers: The plan shifts from reactive crisis response to an infrastructure-based model through braided funding. It leverages the Early Access Funding assets (land site preparation, required regulatory steps, and two mobile units for temporary housing) to provide immediate transitional housing for those exiting detention, while building toward a long-term centralized facility that expands access to navigation, housing support, and other behavioral health resources.
- Workforce Availability Barriers: To solve severe provider shortages, the plan prioritizes homegrown workforce pipelines by creating youth internships and preceptor sites with local schools and NMSU. It also supports role clarity, training, and partner guidance so agencies can increase the appropriate use of promotoras and Peer Support Workers without treating BHRIA funds as direct funding for those positions.
- Trust and Fear Barriers: The framework mandates the development of fear-reduction policies and clear communication regarding safeguards against immigration enforcement and surveillance to ensure all community members feel safe accessing care.

Bibliography and External Sources

The data above is derived from the following trusted sources:

- Doña Ana County Opioid Settlement Funds Needs Assessment (August 2024).
- New Mexico Justice Reinvestment Working Group Report (2024).
- 100% Doña Ana County Survey Report: Identifying Barriers to Vital Services (2020).
- Doña Ana County Citizen Portal (January 2025).
- BHRIA Monthly Update - Administrative Office of the Courts (January 2026).

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.

Service Gaps and E-SIM: Defined through a systems approach, using specific orientation adapted from the original Sequential Intercept Model and modified, through the facilitation of E-SIM Mapping and Prioritization Workshops by UNM BHTAC in December 2025 and a youth workshop in February 2026. Critical needs identified:

- Justice Systems Initiatives
- School Based Services and Supports
- Youth and Family Engagement
- Transportation, Housing and Vocational Resources
- Coordination across systems

Region 3's priorities were tailored to address these underlying gaps by focusing investments on access/basic needs and stability, system coordination and accountability infrastructure, and workforce/community-based supports, an approach that responds directly to E-SIM findings while creating a stronger foundation for youth, justice-involved individuals, families, and rural residents to access and remain engaged in care.

Documentation of ESIM and Prioritization Partnership

The Enhanced Sequential Intercept Mapping (ESIM) and prioritization process was completed in partnership with the following entities:

- **University of New Mexico Behavioral Health Technical Assistance Center (UNM BHTAC):**

The UNM BHTAC facilitated the ESIM Mapping and Prioritization Workshop in Behavioral Health for Region 3 in December 2025. The plan cites the *Enhanced Sequential Intercept Mapping (E-SIM) and Prioritization Workshop Report Behavioral Health Region* conducted through the UNM BHTAC.

- **Administrative Office of the Courts (AOC):** Documentation of the partnership is reflected in the official regional planning structure and communication under the Behavioral Health Reform and Investment Act (BHRIA). Nick Boukas, Behavioral Health Executive Committee Chair, sent a Letter of Support from the New Mexico **Administrative Office of the Courts (AOC)** for the Early Access Funding, acknowledging that the AOC coordinated the regional planning model in partnership with local governments as part of New Mexico's broader effort to rebuild the behavioral health system under the BHRIA.

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 3 faces unmet and underserved behavioral health needs, including gaps in housing, transportation, and family stabilization. Systems are fragmented, youth crisis and residential options are limited, and reentry supports are insufficient. Access to care is often delayed, the workforce is strained, and cultural and insurance continuity barriers persist. These gaps also weaken early diversion opportunities for justice-involved youth and reduce access to coordinated services for the full family system.

These needs are especially acute for justice-involved youth and adults, as well as mothers, infants, and families with young children. They also significantly affect rural residents, Spanish-speaking and mixed-status families, and people experiencing housing instability.

Community listening sessions, input from the stakeholder planning committee, and findings from youth and adult E-SIM workshops all point to the same conclusion. Additional reports, including the Doña Ana County Opioid Settlement Needs Assessment, the 100% Doña Ana County Survey, and the New Mexico Justice Reinvestment Working Group Report, reinforce this pattern. Mortality and youth-system data show that Region 3's challenges extend beyond clinical care gaps and reflect broader system issues such as housing, transportation, workforce capacity, care navigation, and access to culturally responsive 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.

Addressing these needs is expected to improve access, stability, and continuity of care in region three, especially for justice-involved youth and adults, mothers, infants, families with young children, rural residents, and Spanish-speaking and mixed-status families.

- Priority one will reduce barriers to care by addressing housing, transportation, and basic stabilization needs. This should improve care access and reduce delays and repeated crises.
- Priority two will improve coordination across providers, systems, and agencies. This should reduce fragmentation, strengthen referrals, and improve continuity of care. It is expected to improve continuity of care for people moving through:
    - Crisis response
    - Justice pathways
    - Detention
    - Hospital discharge
    - School and community transitions
- Priority three will expand access to trusted, culturally responsive support. Investing in workforce pathways, role clarity, training, and agency adoption of peers, promotoras, Community Health Workers, and other community-based roles should improve engagement and strengthen service capacity.

Together, these priorities should create a more connected, accessible, and equitable behavioral health system in region three. They are also intended to strengthen earlier diversion pathways for youth and improve service continuity for the full family system.

Local Resources and Partnerships

Identify existing local resources, providers, or partnerships that support or complement the proposed priorities. Describe how these resources may help offset costs, enhance implementation, or strengthen sustainability.

- **Existing behavioral health and crisis providers.** Region 3 already includes two CCBHCs, mobile crisis, inpatient and outpatient SUD and Behavioral Health providers, crisis triage center, three hospitals, Memorial Medical Center, Burrell College of Osteopathic Medicine, three Federally Qualified Health Centers (FQHC), and School-Based Health Centers. These assets support referral pathways, crisis response, and continuity of care while reducing the need to build every service from the ground up.
- **Navigation and referral platforms.** Existing tools such as YES Doña Ana Connect and YesNMConnect can support referral follow-through and accountability. These platforms complement Priority 2 by strengthening coordination and reducing duplication across providers and systems.

- **Workforce and education partners.** NMSU, local schools, Bridge of Southern New Mexico, New Mexico Bridge Program, Workforce Innovation and Opportunity Act (WIOA), the Southwestern Area Workforce Development Board, DAWI, and training partners such as NMSU's Center of Innovation and Center for Health Innovation – Public Health Institute (CHI-PHI) provide a sturdy base for the homegrown workforce pipeline and broader workforce development efforts. These partnerships can offset training and pathway development costs while supporting long-term staffing capacity.
- **Regional coordination and community partnerships.** Existing partners such as The LC3 Behavioral Health Collaborative (LC3), DAWI, the Criminal Justice Coordinating Council, Promotora networks, and youth- and family-serving organizations provide local knowledge, cross-system alignment, and trusted community connections. LC3 is especially well positioned to support behavioral health coordination, collaborative problem-solving, and shared implementation across providers, county agencies, and community partners. These relationships strengthen implementation and help sustain services beyond the initial funding period.

Additional considerations

- Doña Ana Crisis Triage Center is a facility in Las Cruces providing short-term, intensive treatment for adults (18+) experiencing mental health or substance use crises that do not require hospitalization. Potential crisis access resource for local coordination and alignment with crisis pathways.
- La Clinica de Familia is a private, not-for-profit FQHC operating out of 10 clinics in Dona Ana County offering comprehensive primary medical, dental, behavioral health, and social services to low-income and rural residents. Behavioral Health services include ACT, outpatient treatment, medication management, crisis intervention, and specialized programs for children and adults and partnership with New Mexico State University (NMSU) that integrates primary care psychology to treat both physical and mental health needs. Potential partner to bridge recovery support, outpatient care, and case management. Dona Ana County (DAC) HHS partners with them for AOT clients.
- Mesilla Valley Community of Hope – a Las Cruces nonprofit serving people who are unhoused or housing insecure providing shelter, transitional and permanent housing, case management, and related support. DAC HHS partners with them for The Reconnect Project as a housing coordination partner, and can be a shared case conferencing to include their staff in cross-system meetings.
- Amador Recovery Project/Amador Health Center is an FQHC health center that provides recovery support services, case management, peer support, medication support and collaboration with state and county programs. Already a trusted partner to bridge

recovery support, housing support, outpatient care, harm reduction, and case management.

- New Mexico Crisis and Access Line (NMCAL)/988 New Mexico – provides 24/7 crisis and emotional support and can be a statewide crisis access resource that complements local coordination and align with crisis pathways.
- DAWI, serving as the region's Health Council, is a community-centered collaborative in Doña Ana County dedicated to creating an integrated health system to improve resident health. Its mission "to collaboratively create a community-centered, integrated health system to improve the health of Doña Ana County residents" aligns with the services outlined and may be a potential partner throughout the development and implementation of this plan.
- The Center for Health Innovation (CHI-PHI) is a nonprofit organization and the Public Health Institute for New Mexico that supports communities by providing capacity building, technical assistance, research capabilities, and workforce development services, and may be a useful partner for education and implementation support.
- The Bridge of Southern NM nonprofit organization based in Las Cruces that facilitates collaboration between public and private sectors to support educational excellence and optimize the workforce in Doña Ana County and may be a potential partner for the development of trainings for BH provider and para-professional careers.
- Peak Behavioral Health is a mental health provider in Doña Ana County, NM, offering 24/7 acute inpatient care, outpatient day treatment (PHP/IOP), and Assertive Community Treatment (ACT) for adolescents, adults, and seniors. DAC HHS partner with Peak for AOT clients and a potential partner for crisis access resources for local coordination and alignment with crisis pathways, and to recovery support bridge, outpatient care, harm reduction, and case management.
- Mesilla Valley Hospital is a local hospital offering inpatient and outpatient services. Potential partner for crisis access resources for local coordination and alignment with crisis pathways, recovery support bridge, outpatient care, harm reduction, and case management.
- Las Cruces Recovery Center is a drug and alcohol addiction treatment facility located in Las Cruces offering a full continuum of care for SUDs and co-occurring mental health conditions with a community living model, including medical detox, inpatient residential treatment, partial hospitalization (PHP), and intensive outpatient programs (IOP). Potential partner to bridge recovery support, housing support, outpatient care, harm reduction, and case management.
- Oxford House is a network of self-supported drug-free transitional housing residences for individuals in recovery from drug and alcohol addiction. Operated by Oxford House of New Mexico, these homes provide 24/7 peer support and structured living

environments. Potential partner to bridge recovery support, housing support, outpatient care, and case management.

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 3 is positioned to begin phased implementation of the three finalized priorities because Doña Ana County Health and Human Services already has core administrative, staffing, technology, and physical infrastructure in place. As the Accountable Entity, HHS provides county oversight, office space, staff, computers, laptops, and related systems needed to support implementation. HHS also employs promotoras and already manages multiple grant-funded, state-funded, and county-funded initiatives, including naloxone distribution and education, Nuestra Vida, Nuestras Emociones, DWI-funded compliance functions, AOT, and opioid settlement funding. These existing assets, together with established community partnerships, Early Access-funded supports, and a service model that can begin in temporary locations, create a practical foundation for phased implementation while longer-term capacity is developed.

The plan builds on existing partnerships rather than relying only on new hiring for staffing needs. Priority three expands workforce capacity through a homegrown pipeline, peer and Promotora roles, and broader workforce training supports that include primary, secondary and tertiary prevention work. As described under priority three and local resources and partnerships, workforce and training partnerships create a base for pathway development, training, and structural competency support. Immediate staffing needs are likely to center on navigation, coordination, peer and promotora functions, and phased workforce development. Exact FTE counts, hiring sequence, and formal onboarding workflows remain important implementation tasks that will need to be defined during implementation planning.

Infrastructure readiness is supported by work already completed or already underway. Early Access Funding supported transitional supportive housing operations and development of an additional ACT team. The plan also anticipates temporary settings for interim Navigation Hub functions. Technology and system readiness are partially in place through YES Doña Ana Connect as the primary local closed-loop accountability tool, with other systems such as Share New Mexico and 211 supporting referral matching, navigation, and community resource access. Equipment inventories, interoperability requirements, and detailed data workflows should be addressed during implementation planning.

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.

Implementation will follow a phased approach that matches available infrastructure, partner capacity, and the funding sequence reflected in the plan. In the near term, Region 3 can begin through assets and structures already in place: temporary housing funded through Early Access Funding, existing county oversight, and current partner networks. Early implementation will focus on standing up transitional housing supports, interim Navigation Hub functions, referral tracking, and early workforce development activities. Doña Ana County Health and Human Services will lead implementation oversight, with provider and community partners supporting service delivery and coordination. This phased approach aligns with the Navigation Hub work sequence of research and system analysis, framework design, and final operationalization planning.

In the midterm, implementation will expand Navigation Hub functions, strengthen closed-loop accountability, and develop the longer-term hub-and-spoke framework through workflow design, partner role clarification, governance decisions, and practical use-case planning. It will also continue to grow peer, Promotora, and primary, secondary and tertiary prevention workforce training capacity through partner-based pathways. Over time, the region intends to transition from temporary implementation to a more durable operating model. Coordination across phases will rely on the Accountable Entity, the Regional Stakeholder Planning Committee, provider partners, schools, workforce entities, and community-based organizations. Detailed timelines and role-specific launch dates should be finalized during operational planning and procurement.

Prevention activities will be embedded in the phased implementation of all three priorities rather than funded as separate prevention programs. In early implementation, Region 3 will identify prevention-related workflows within family access pathways, Navigation Hub functions,

school and community partner coordination, and workforce training. Family access pathways for mothers, infants, and families with young children also function as primary prevention for infants by supporting maternal and family stability early. These workflows may include early identification, screening and referral, warm handoffs, family stabilization, transportation and access support, and training on prevention-oriented engagement. Schools will participate through workforce pathway development, referral coordination, youth-serving partnerships, and alignment with school-based supports, not only through referrals.

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.

Doña Ana County Health and Human Services, as the Accountable Entity, will administer funds and oversee implementation. Core administrative functions will include contracting, fund management, budget oversight, required reporting, and coordination with regional partners. Procurement processes are not yet described in detail in the document, but implementation will require contracting for temporary locations, service delivery partners, training support, and other operational functions needed across the three priorities.

Doña Ana County follows standardized public procurement procedures in accordance with New Mexico state procurement code and County policies. All contracting for services, facilities, and operational support will be conducted through competitive procurement methods, including Requests for Proposals (RFPs), Requests for Quotes (RFQs), or other approved processes based on funding thresholds and service type. Procurement will be managed by the Doña Ana County Purchasing Department in coordination with Health and Human Services to ensure compliance, transparency, and timely execution. Anticipated procurement barriers include statutory timelines for issuing and awarding RFPs, limited vendor availability in specialized behavioral health services, and the need to align contracting schedules with phased implementation milestones.

Administrative and operational coordination will depend on clear partner roles, communication across systems, and phased decision-making as services move from planning into implementation. This work may include workflow documentation, use-case scenarios, and implementation-facing materials for onboarding, referral intake, triage, follow-up, data sharing, and site operations. Procurement timing, staffing capacity, and partner coordination will need to be managed during implementation, while broader implementation risks are addressed in the Risk & Mitigation Strategy section.

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 are intentionally structured to address the region's most consistent gaps: unstable access to care, fragmented coordination, and insufficient workforce capacity. Together, they respond to the needs identified through E-SIM, community listening sessions, stakeholder input, Medicaid data, and regional needs assessments.

Rather than offering stand-alone services, the plan organizes investments around the conditions that most often prevent people from accessing and staying connected to care. This includes reducing practical barriers such as housing and transportation instability, improving coordination across systems that currently operate in silos, and strengthening the local workforce needed to provide trusted, culturally responsive support across justice, hospital, school, crisis, and community transitions.

This approach is aligned with the populations identified in the Demonstration of Need, especially justice-involved youth and adults, mothers, infants, families with young children, rural residents, Spanish-speaking and mixed-status families, and people experiencing housing instability. Across all priorities, the service design emphasizes equitable access by focusing on populations that face the greatest barriers to timely, continuous, and appropriate care. It also supports earlier diversion for youth and stronger service connection across the full family system.

Overarching Priority	Proposed Population	Proposed Setting	Outcome/Impact	Funding Allocation for Y1, Y2, Y3
What	Who	Where	Why	
1. Access, Basic Needs, and Stability as the Foundation of	Justice Involved adults and youth	Transitions of care and from	Reduce transportation related barriers to care	40% - Y1 35% - Y2

Behavioral Health	Mothers, infants and families with young children	justice to community Community	Increase housing stability Increase connection to vocational or employment supports	35% - Y3
2. System Coordination, Infrastructure, and Accountability	Justice Involved adults and youth	Community Hospital/CTC Detention Center/Court	Coordinated hub for connection to services through navigation and engagement Reduce justice involvement	40% - Y1 30 % - Y2 25% - Y3
3. Workforce Capacity and Community-Based Supports	Students Existing providers Peers	Academic/schools Clinics/hospitals	Increase number of treatment providers (professional/paraprofessional) that can serve the "essential to engage" populations identified	20% - Y1 35% - Y2 40% - Y3
4. Trust, Equity, and Prevention Across the Lifecycle	Guiding Principles for all priorities			

BH Service Standards

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

Proposed services will follow New Mexico Behavioral Health Service Standards, applicable Medicaid requirements, and other state expectations relevant to the service model. Across all priorities, this includes person-centered service planning, timely access, documented referrals and follow-up, role-appropriate training and supervision, culturally and linguistically responsive service delivery, and ongoing quality monitoring. Compliance expectations will be supported through Doña Ana County Health and Human Services oversight, partner agreements, documentation requirements, workflow expectations, and performance review.

Priority one includes services related to supportive transitional housing, ACT-linked transition support, family service connection, and transportation coordination will emphasize timely connection to care, safe transitions, person-centered planning, and documented coordination with behavioral health providers and other service partners. Required practices include clear referral and follow-up processes, coordination across service transitions, and attention to family-centered and culturally responsive care. It is intended to improve access and stability for mothers, babies, children, caregivers, and other family members who may be affected by behavioral health and substance use challenges, while strengthening continuity of care across prevention, early intervention, stabilization, treatment, and ongoing support. This priority echoes the existing recommendations in the Opioid Settlement plan to “Educate youth, parents, and communities about substances, risks, and supporting loved ones” and “… Enhance services for individuals with children and pregnant women; provide funding for housing/room-and-board costs in residential treatment.” Quality expectations include improved continuity after detention, reduced barriers to access, and documented connection to appropriate services.

Priority two includes the interim navigation hub, long-term hub planning, and closed-loop accountability through YES Doña Ana Connect. These services will use documented referral intake, triage, warm handoffs, follow up, and tracked service uptake to support continuity across behavioral health, crisis, justice, school, and community systems. Required practices include role clarity, workflow consistency, privacy and information-sharing practices consistent with applicable rules, and accurate documentation of referrals and outcomes. Quality expectations include reduced failed referrals, stronger follow-through, and clearer accountability across participating systems.

Priority three workforce development activities will align with state expectations for training, supervision, and role definition across clinical, paraprofessional, peer, and community-based positions. Required practices include role-appropriate training, competency development, supervision, and workforce support that strengthen service quality and retention. Quality expectations include stronger workforce readiness, improved culturally responsive practice,

and expanded capacity to deliver or support behavioral health services for the populations identified in this plan.

Together, these standards will be reinforced through routine oversight, documentation review, coordination expectations, and continuous quality improvement processes led by the Accountable Entity and implementation partners.

Provider Network Capacity

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

Provider network capacity is addressed through the plan's phased implementation model rather than a separate stand-alone expansion strategy. The existing provider base and remaining service gaps are described earlier in the Demonstration of Need and Local Resources and Partnerships sections.

Capacity will be strengthened through better coordination and workforce growth. The interim Navigation Hub, longer-term hub-and-spoke framework development, and YES Doña Ana Connect will improve connections across providers and systems. This will strengthen coordination capacity across crisis services, justice partners, hospitals, schools, and community providers. As described under priority three and local resources and partnerships, workforce and training partnerships will help grow the local workforce and strengthen training capacity over time. Formal peer and Promotora roles, including promotoras already employed by Doña Ana County HHS, will extend reach and improve engagement for the populations identified in this plan. Hiring and staffing practices will also emphasize bilingual capacity to support Spanish-speaking residents.

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.

Services will reflect the needs of the populations most affected by unmet behavioral health needs in region three. This includes justice-involved youth and adults, mothers, infants, families with young children, rural residents, Spanish-speaking and mixed-status families, and people experiencing housing instability.

Service design will emphasize trusted community-based support, including promotoras, peers, and Community Health Workers. These roles align with the plan's focus on trust, engagement,

and culturally responsive care. Workforce development will also emphasize training that strengthens structural competency and culturally responsive service delivery.

The plan also recognizes barriers tied to immigration-related fear, language access, geography, and system mistrust. Across all priorities, services are intended to be more accessible, community-based, and responsive to the people they are meant to serve.

Community input, lived experience, and the trust, equity, and prevention framework shape this approach across the full plan.

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.

Barriers to care will be identified through Navigation Hub intake, YES Doña Ana Connect, other referral and tracking tools, provider feedback, and ongoing community input. The most consistent barriers in Region 3 are housing instability, transportation gaps, long wait times, fragmented referrals, workforce shortages, language barriers, fear related to immigration enforcement, and loss of coverage during system transitions.

Priority one addresses barriers tied to housing, transportation, and unstable transitions from detention to community care. Detention-to-housing bridge services respond to the loss of stable housing that often disrupts treatment. Moms and babies stability supports responds to the shortage of perinatal and family-centered supports where these efforts are a primary prevention intervention to reduce adverse childhood experiences (ACE). Regional transportation services respond to long rural travel times and missed access in places such as Hatch. Access goals for this priority include reduced transportation barriers, increased housing stability, and stronger connection to vocational or employment supports.

Priority two addresses barriers caused by fragmented systems and failed handoffs. The interim Navigation Hub supports referral intake, triage, navigation, warm handoffs, follow-up, and tracked service uptake across systems. Longer-term hub framework development builds the structure for a more durable regional coordination model. YES Doña Ana Connect is already being used for referrals from the Doña Ana County Detention Center, the County's AOT program, and other existing county-led coordination efforts. The value of this priority is not purchasing the tool itself. It is the staffing, workflows, and partner use that help translate shared tools into stronger continuity across crisis response, detention, hospital discharge, school settings, and community care.

Priority three addresses access barriers created by workforce shortages, low trust, and limited culturally responsive support. The homegrown workforce pipeline is designed to grow local

provider capacity over time. Clearer agency use of peer and Promotora roles responds to engagement barriers for justice-involved youth and adults, mothers, infants, families with young children, rural residents, and Spanish-speaking and mixed-status families. Access goals for this priority include growth in the number of trained providers and support staff, stronger engagement, and improved access to trusted community-based support. These supports are also intended to strengthen access for the full family system and improve youth pathways into care.

Across all priorities, access strategies are intended to reduce barriers at multiple life stages, from early family support through youth transitions, adult recovery, and parenting.

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.

Language access will be built into outreach, navigation, and service delivery from the start. This is essential for Spanish-speaking families and mixed-status households, who face some of the strongest barriers to care in region three. Doña Ana County HHS already employs Spanish-speaking staff and promotoras, and hiring practices will continue to emphasize bilingual capacity to support clear communication and trusted engagement.

Interpretation and translation will be provided through bilingual staff, promotoras, and partner organizations that already work with Spanish-speaking families. Community-based roles will help explain services, support navigation, and reduce fear tied to language barriers, system mistrust, and immigration concerns.

Multigenerational outreach will use settings and messengers that families already trust. This includes schools, family-centered programs, community sites, and outreach led by promotoras, peers, and Community Health Workers. The goal is to reach youth, caregivers, and extended family members who often make care decisions together.

Program materials will be developed using health literacy principles and reviewed by Doña Ana County HHS media staff before release. Materials will use plain language, translated content, and accessible formats that work across literacy levels. Language access and health literacy will be treated as core parts of equitable access, not added features.

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.

Requested funds will be used to implement the three finalized priorities in alignment with the service table, logic models, and phased implementation approach. Proposed expenditures are necessary and reasonable because they respond directly to documented regional barriers in access, coordination, and workforce capacity. Funding supports implementation by aligning resources with the services, settings, and outcomes identified for each priority and by sequencing investment to address immediate needs while building longer-term system capacity.

Overarching Priority	Proposed Population	Proposed Setting	Outcome/Impact	Funding Allocation for Y1, Y2, Y3
What	Who	Where	Why	
1. Access, Basic Needs, and Stability as the Foundation of Behavioral Health	Justice Involved adults and youth Mothers, infants and families with young children	Transitions of care and from justice to community Community	Reduce transportation related barriers to care Increase housing stability Increase connection to vocational or employment supports	40% - Y1 35% - Y2 35% - Y3

2. System Coordination, Infrastructure, and Accountability	Justice Involved adults and youth	Community Hospital/CTC Detention Center/Court	Coordinated hub for connection to services through navigation and engagement Reduce justice involvement	40% - Y1 30 % - Y2 25% - Y3
3. Workforce Capacity and Community-Based Supports	Students Existing providers Peers	Academic/schools Clinics/hospitals	Increase number of treatment providers (professional/paraprofessional) that can serve the "essential to engage" populations identified	20% - Y1 35% - Y2 40% - Y3
4. Trust, Equity, and Prevention Across the Lifecycle	Guiding Principles for all priorities			

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 3's sustainability strategy is built on phased implementation, braided funding, and integration with existing regional systems. BHRIA funding is being used to support the next phase of implementation after Early Access Funding supported transitional supportive housing operations and development of an additional ACT team. This includes transitional housing-related supports, stronger service coordination, use of YES Doña Ana Connect for closed-loop accountability, and workforce development needed to sustain navigation, peer support, and clinical and non-clinical service capacity over time.

Long-term financial viability will depend on a mix of funding sources rather than a single continuation strategy. Anticipated sources include Medicaid reimbursement where services and

roles are eligible, opioid settlement funding, workforce investments, capital funding opportunities, and local or state funding that can support facility development and core operations. This approach is especially important because Region 3's priorities include both service delivery and infrastructure functions that will likely require blended support over time.

The plan also improves sustainability by aligning investments with services that can be integrated into existing systems. Navigation functions, community-based supports, workforce pathways, and clearer agency use of peer support and Promotora roles are intended to strengthen services that can continue through provider networks and community partnerships. Where roles and services meet applicable requirements, they may also support future reimbursement opportunities. Priority two also supports long-term sustainability by creating the coordination and accountability structure needed to improve referral follow-through and system efficiency across behavioral health, crisis, hospital, school, justice, and community settings.

Over time, Region 3 intends to shift from short-term implementation support to a more durable operating model. This includes using BHRIA funding to build the foundation for stronger provider coordination, more reliable referral follow-through, and a larger local workforce. It also includes continued pursuit of capital and operating funds that can sustain navigation, housing stability support, and community-based service roles beyond the initial funding period.

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.

- Use community-based roles where reimbursement applies. Peer roles and Community Health Worker functions may be billable when they meet state requirements for training, documentation, supervision, and approved service delivery. This does not assume BHRIA directly funds those positions
- Do not rely on Medicaid for non-billable infrastructure. Planning, temporary site development, and some coordination functions will require BHRIA or other non-Medicaid support.
- Align Priority 2 with statewide and regional referral and coordination systems. The Navigation Hub and YES Doña Ana Connect support local care coordination, tracked referrals, and transitions across behavioral health, crisis, hospital, justice, school, and community settings, while other tools may support broader navigation and resource connection.

- Leverage CCBHC capacity in Doña Ana County. Existing and expanding CCBHC providers create opportunities for referrals, care coordination, crisis response, and continuity of care under Medicaid-funded service models.
- Use community-based roles where reimbursement applies. Peer roles and Community Health Worker functions may be billable when they meet state requirements for training, documentation, supervision, and approved service delivery.
- Coordinate transportation planning with Medicaid rules. Some transportation may be covered when members meet Medicaid eligibility and service requirements. Other transportation functions will need non-Medicaid support.
- Use Phase 1 planning to define billing pathways. This includes identifying which services can be billed, what provider affiliations or certifications are needed, and which functions must remain supported through braided funding.

RESOURCES

- Medicaid / billing / service standards
    - New Mexico Health Care Authority. Behavioral Health Policy and Billing Manual.
    - New Mexico Health Care Authority. Behavioral Health Fee Schedule and Billing Guidance.
    - New Mexico Administrative Code (NMAC), Title 8, Chapter 321. Behavioral Health Services.
- CCBHC
    - New Mexico Health Care Authority. Certified Community Behavioral Health Clinic (CCBHC) Demonstration materials.
    - Centers for Medicare & Medicaid Services (CMS). CCBHC Demonstration Program guidance.
    - New Mexico Health Care Authority. CCBHC PPS guidance and state implementation materials.
- Community-based workforce / peers / CHWs
    - New Mexico Health Care Authority. Community Health Worker reimbursement guidance.
    - New Mexico Health Care Authority. Certified Peer Support Worker and peer service requirements.
    - New Mexico Administrative Code (NMAC). Rules related to peer support and behavioral health service delivery.
- Referral and care coordination
    - YESNMConnect. State closed-loop referral system materials and implementation guidance.

    - New Mexico Medicaid Managed Care policy materials related to care coordination and referral tracking.
- Transportation
    - New Mexico Health Care Authority. Non-Emergency Medical Transportation (NEMT) guidance.

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 complement BHRIA funding.

Region 3 will use non-Medicaid funding to complement BHRIA by matching funding sources to the type of cost they are best suited to support. BHRIA will serve as the primary implementation investment for the three priorities, while other sources may support non-billable operating costs, workforce development, capital needs, and future expansion. This braided approach helps protect BHRIA funds for core implementation while creating a path for sustainability beyond the initial funding period.

- **Current and near-term operating sources.** Opioid settlement funds, county or local funding, and local bonding or tax-based financing may support non-Medicaid costs such as temporary site costs, local coordination, facility-related needs, housing stability supports, transportation-related access needs, and other operating costs that are not billable to Medicaid. These sources complement BHRIA by helping sustain the practical supports needed for Priority 1 and Priority 2 implementation.
- **Workforce and training sources.** Workforce Innovation and Opportunity Act (WIOA) funding, additional workforce and apprenticeship funding, and Youth Mental Health Corps planning or service funding
- may support career exploration, training, internships, workforce pathway development, youth-serving workforce pathways, peer support capacity, and behavioral health training related to clinical, paraprofessional, peer, Promotora, and community-based roles. These sources complement BHRIA by strengthening the workforce strategy in Priority 3.
- **Capital and infrastructure sources.** The Behavioral Health Capital Fund Program, state capital outlay, ICIP list inclusion, Legislative Finance Committee or statewide project requests, governor capital distribution, House and Senate capital outlay requests, congressional directed spending, and congressionally dedicated federal funding may support facility development, site needs, building costs, and other one-time infrastructure costs. These sources complement BHRIA by supporting permanent infrastructure while BHRIA funds phased implementation and early operations.

- **Federal, foundation, and research opportunities.** SAMHSA grant opportunities, research grants such as Paso del Norte Foundation opportunities, and other competitive federal or foundation funding may support crisis coordination, diversion, community behavioral health infrastructure, mobile crisis expansion, evaluation, planning, or later service expansion. These sources may strengthen sustainability but should not be treated as committed revenue until awarded.
- **Braided funding approach.** Region 3 will use BHRIA for foundational implementation, Medicaid for billable services where eligible, non-Medicaid operating funds for non-billable service functions, workforce funds for training and pathway development, and capital sources for permanent infrastructure. The county has already considered this approach and has initiated the application of funding opportunities to contribute, support, and/or enhance the BHRIA funding. This structure allows each funding source to support the part of the plan it is best positioned to fund.

Source note: Key sources informing this section include the Doña Ana County Opioid Settlement Funds Needs Assessment, New Mexico Health Care Authority Behavioral Health Capital Fund Program guidance (NMAC 8.321.7), New Mexico capital outlay and ICIP planning materials, New Mexico Department of Workforce Solutions WIOA planning materials, SAMHSA funding opportunities related to diversion, mobile crisis, and community safety, Youth Mental Health Corps planning or implementation materials, and foundation or research grant opportunities.

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 burnout.** Region 3 continues to face provider shortages, long wait times, and limited capacity in both clinical and non-clinical roles. This could slow implementation, reduce service quality, and limit the region's ability to expand access.
- **Housing and transportation gaps.** The plan depends on transitional housing, family stability supports, and transportation access. If these supports are delayed or

undersized, people may not be able to enter care, remain engaged, or transition safely from detention or crisis settings.

- **Fragmented coordination across systems.** Behavioral health, crisis, justice, school, hospital, and social service systems do not yet operate as a unified network. Weak handoffs, role confusion, and inconsistent referral processes could limit the effectiveness of the Navigation Hub and closed-loop accountability model.
- **Infrastructure and implementation timing.** Several services rely on temporary locations while long-term facility planning continues. Delays in securing space, operational readiness, or Navigation Hub development could slow service launch and reduce continuity during the transition to permanent infrastructure.
- **Data and technology limitations.** YES Doña Ana Connect and other shared referral, navigation, and tracking tools are central to service uptake monitoring and coordination. Inconsistent platform use, limited interoperability, or weak data-sharing practices could reduce accountability and make it harder to measure results.
- **Funding uncertainty.** The plan is being built with limited funding over the initial period and has no assurance of long-term continuation. This creates risk for staffing, facility planning, and sustainability if additional funding is delayed or unavailable.
- **Partnership dependence.** Successful implementation depends on sustained coordination across county agencies, providers, schools, justice partners, and workforce partners. Changes in leadership, uneven participation, or unclear responsibilities could weaken execution across priorities.
- **Trust and access barriers for priority populations.** Fear related to immigration enforcement, language barriers, and system mistrust remain significant in region three. If these barriers are not addressed consistently, the populations most affected by unmet need may still be less likely to seek care or stay connected.

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 shortages and burnout.** This risk will be mitigated through the Homegrown Workforce Pipeline and Formalized Peer and Promotora Infrastructure in Priority 3. Partnerships with NMSU, local schools, Bridge of Southern New Mexico, and WIOA are intended to grow local staffing over time. These steps support continuity by building the workforce needed across temporary service locations, navigation functions, and any future permanent facility.

- **Housing and transportation gaps.** This risk will be mitigated through detention-to-housing bridge, moms, babies and families housing stability, and regional care access and transportation in Priority 1. These services are designed to reduce barriers during transitions from detention to community care and to improve access for rural communities such as Hatch. This helps maintain continuity for the populations most affected by unstable housing and transportation barriers.
- **Fragmented coordination across systems.** This risk will be mitigated through the interim Navigation Hub, longer-term hub-and-spoke framework development, and closed-loop accountability through YES Doña Ana Connect in Priority 2. Other shared tools may also support navigation, referral matching, and community resource access. These services create a more consistent point for connection and require confirmed service uptake rather than referral volume alone. This supports clearer handoffs and stronger continuity across behavioral health, crisis, justice, hospital, school, and community systems.
- **Infrastructure and implementation timing.** This risk will be mitigated through the phased service model already described in the plan. Priority one services will begin through temporary housing and support locations. Priority two services will begin through interim Navigation Hub functions in temporary settings while longer-term operational design is refined. This allows service delivery to start before long-term infrastructure decisions are finalized and supports continuity during phased implementation.
- **Data and technology limitations.** This risk will be mitigated through closed-loop accountability in Priority 2, with YES Doña Ana Connect serving as the primary local platform for tracked referrals and confirmed service uptake. Other shared tools may also support coordination, navigation, and resource matching. This gives the region a defined process for follow-through and helps identify where connection to care breaks down.
- **Funding uncertainty.** This risk will be mitigated through phased implementation and concentration of funding in three priorities rather than five. Priority one focuses on housing, stability, and transportation. Priority two focuses on Navigation Hub development, coordination, and accountability. Priority three focuses on workforce development and the infrastructure needed for agencies to use peer and Promotora roles appropriately, including role clarity, training, workflows, and partner adoption. This sequencing helps preserve core functions during the initial funding period.
- **Partnership dependence.** This risk will be mitigated through the governance structure already described in the plan. Doña Ana County HHS serves as the Accountable Entity and the Regional Stakeholder Planning Committee provides oversight and alignment.

This supports continuity across priorities as services move from planning into implementation.

- **Trust and access barriers for priority populations.** This risk will be mitigated through Priority 3 activities that strengthen agency use of peer and Promotora roles, along with the trust, equity, and prevention across the lifecycle framework applied across all funded activities. These strategies are intended to improve engagement and access for justice-involved families, rural residents, and Spanish-speaking and mixed-status families. This helps maintain continuity for populations most affected by fear, mistrust, and language barriers.

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:

Logic Model

Please find it at the end of this report. Logic models must be included in proposals, along with the program-specific budget justification from HCA. After RFP approval and contract start, these materials will be available to HCA and the Executive Committee.

Performance Metrics

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.

Progress will be measured using indicators aligned with the three finalized priorities, the service table, and the logic models. Measures will focus on access, coordination, workforce capacity, and service connection for the populations identified in the Demonstration of Need. Doña Ana County HHS may also contract with an external evaluator, similar to its approach with opioid settlement funds, to support data analysis, reporting, continuous quality improvement, and assessment of project outcomes.

Evaluation

Priority 1: Access, Basic Needs, and Stability as the Foundation of Behavioral Health

Target Population	• Adults (18+) with substance use disorder and/or co-occurring mental health conditions experiencing housing instability or homelessness. • Mothers, infants, and families with young children affected by behavioral health or substance use challenges. • Justice-involved individuals re-entering the community • Rural residents with lack of consistent transportation means
Sampling	• Adults (18+) • Mothers, infants, and families with young children connected to family-centered services • Individuals with substance use disorder and co-occurring populations • Justice involved populations • Individuals experiencing homelessness or at risk of homelessness • Individuals living in rural areas with a lack of transportation
Evaluation Approach and Methods	Evaluation will focus on housing stability, transportation in rural areas, service engagement and system utilizations outcomes. Outcomes will be measured for each program based on objectives and activities listed in the logic model. Methods: • Exit interviews • Housing status comparison at intake vs. exit • Counts of utilization by subpopulation (zip code, race/ethnicity, age, gender, etc.) • Tracking of connection to ACT-linked support after detention • Transportation/access barrier tracking and resolution monitoring • Counts of participation and service connection by subpopulation (zip code, race/ethnicity, age, gender, family role, etc.)
Data Collection	• Programmatic records • Case management and navigation logs • Justice system data (where available)

	• Tracking of participation in SUD treatment and/or behavioral health programs • Tracking of participation in rural transportation service • Tracking of ACT-linked service connection after detention • Housing placement and housing stability data • Tracking of family service connection and referral follow-through
Implementation Timeline	**Year One (FY 2027)** Feasibility planning, landscape assessment, development of program design, partnership and building plans • Operational planning and service coordination refinement • Strengthen supportive transitional housing operations and ACT-linked transition support • Develop family access and service connection pathways • Begin transportation/access coordination planning and implementation **Year Two (FY 2028)** • Continue supportive transitional housing operations and ACT-linked support • Staffing of new transitional housing facilities, operational planning • Expand family-centered service connection and access supports • Implement transportation/access strategies for rural and frontier communities • Begin full data collection and quality improvement review **Year Three (FY 2029)** • Refine service delivery model based on quality improvement methods • Track outcomes and reporting measures • Develop and submit final report

Contracts for Annual Progress Updates	Primary contacts for the annual progress report will be coordinated through the Accountable Entity (Doña Ana County).

Priority 2: System Coordination, Infrastructure, and Accountability

Target Population	• Adults (18+) with health-related social needs or BH needs • Families with health-related social needs or BH needs • Justice-involved youth and families re-entering the community • Rural residents with lack of consistent transportation means
Sampling	• Adults (18+) • Justice-involved youth/families • Families with health-related social needs or BH needs
Evaluation Approach and Methods	Evaluation will focus on justice system diversion program and closed loop referral system (YES Doña Ana Connect) utilization outcomes. Outcomes will be measured for each program based on objectives and activities listed in the logic model. Methods: • Measure successful connections documented in YES Doña Ana Connect • Track referral completion, follow up, and documented service uptake Counts of utilization by subpopulation (zip code, race/ethnicity, age, gender, etc.) • Tracking referral outcomes by language preference where available •
Data Collection	• Programmatic records • Case management and navigation logs • Justice system data (where available) • Tracking of closed loop needs, referrals and connections • Tracking language preference where available to monitor equitable access and follow-through • Tracking of participation in YES Doña Ana Connect
Implementation Timeline	**Year One (FY 2027)** Feasibility planning, development of programmatic infrastructure and recommendations, partnership and building plans • Develop interim Navigation Hub functions, workflows, and operational recommendations

	• Clarify partner roles, governance options, and coordination processes • Begin partner alignment and workflow preparation for shared referral use **Year Two (FY 2028)** • Implement and expand interim Navigation Hub, including staffing and training for Navigation Hub, operational planning • Strengthen referral intake, triage, warm handoffs, follow-up, and accountability workflows • Expand partner participation in YES Doña Ana Connect network and begin full data collection **Year Three (FY 2029)** • Refine service delivery model based on quality improvement methods • Track outcomes and reporting measures • Develop and submit final report
Contracts for Annual Progress Updates	Primary contacts for the annual progress report will be coordinated through the Accountable Entity (Doña Ana County).

Priority 3: Workforce Capacity and Community-Based Supports

Target Population	• Youth (14-24) • Adults (18+) • Existing and emerging providers, paraprofessionals, peers, promotoras, and other community-based support roles
Sampling	• Youth (14-24) • Adults (18+) • High school students • Early career professionals and paraprofessionals • Community Health Workers, promotoras, peers, and other community-based support roles. • Participants in clinical and non-clinical workforce development activities
Evaluation Approach and Methods	Evaluation will focus on establishing and strengthening career pathways, pipelines, internships and re-entry workforce development outcomes. Outcomes will be measured for each program based on objectives and activities listed in the logic model. Methods: • Tracking workforce participation in training, certification, internship, and pathway programs • Measurement of job placement & retention rates • Analysis of workforce growth across clinical, paraprofessional, peer, and community-based roles. • Stakeholder feedback
Data Collection	• Training and certification program records • Employment and retention data from participating partners • Analysis of workforce growth by job/service type • Tracking of participation in NMSU partnership programs • Workforce training programs • Stakeholder surveys/interviews
	Year One (FY 2027)

Implementation Timeline	• Planning workforce development strategy **Year Two (FY 2028)** • Development of career pathways, pipeline, internship programs • Establish partnerships and develop training initiatives • Begin training programs and data collection **Year Three (FY 2029)** • Expand workforce initiatives and refine recruitment strategies • Track outcomes and reporting measures • Develop and submit final report
Contracts for Annual Progress Updates	Primary contacts for the annual progress report will be coordinated through the Accountable Entity (Doña Ana County).

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 regional plan is feasible because it is built around phased implementation, existing partner infrastructure, and assets already in place. Early Access Funding supported transitional supportive housing operations and development of an additional ACT team. The plan also relies on existing county oversight, temporary service locations for interim Navigation Hub functions, and a partner network that includes behavioral health providers, schools, justice partners, workforce entities, and community-based organizations. This allows the region to begin implementation without waiting for the full permanent model to be complete.

Feasibility is also supported by the decision to concentrate funding through three priorities rather than spreading limited resources across all identified needs. Priority one uses near-term housing and transportation strategies that can begin through existing assets. Priority two builds coordination and accountability functions through temporary hub operations and shared referral tools. Priority three strengthens long-term capacity through the workforce and training partnerships described earlier in the plan. The phased structure of the plan makes implementation more practical because services can begin with existing oversight, partner capacity, and temporary infrastructure while staffing and operations expand over time. The

document does not yet define exact staffing counts, detailed onboarding workflows, final procurement steps, or fixed implementation dates. These are important operational details, but they do not undermine the overall feasibility of the plan. They indicate where implementation planning will need to add specificity as the region moves from proposal to execution.

Overall, the plan is feasible because it starts with assets, partnerships, and service components the region can activate now while building toward a more durable long-term system.

Additional Documents

NOTE: Due to the unknown aspects of regional planning this plan is subject to change to meet the needs of region three 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.

Tribal Component

Although the Pueblo of Tortugas is in Doña Ana County, there are no federally recognized Tribes, Nations or Pueblos with infrastructure directly affected by the BHRIA legislation. This Pueblo has a small population of hundreds and maintains its cultural heritage through a distinct social and religious hierarchy led by a cacique and a nonprofit corporation. Leadership is technically Doña Ana County led, similar in a way to Abiquiu. As a result, there were no Tortugas-based listening sessions, but Pueblo representation was specifically encouraged by the Accountable Entity to participate in the workshops, listening sessions, and public comments.

LOGIC MODELS

LOGIC MODELS

Priority #1: Access, Basic Needs, and Stability as the Foundation of Behavioral Health

Inputs	Actors	Activities	Outputs	Outcomes
• Early Access-funded transitional housing operations and ACT-linked	• Doña Ana County • Local criminal justice system • Transportation providers or contracted	• Support Reconnect Project supportive transitional housing and ACT-linked transition support for	• # of individuals connected to supportive transitional housing after leaving detention. • Number of individuals connected to ACT-	• Improved access to care and supports through transportation coordination. • Increased housing stability for individuals

transition support **• Family access pathways for mothers, infants, and families with young children** **• HHS oversight, county infrastructure, and existing community partnerships** **• Transportation resources and access coordination supports** **• BHRIA funding and braided support from aligned county, state, or other non-Medicaid sources**	**transportation partners** **• Doña Ana County HHS and implementation partners**	**people leaving detention.** **• Strengthen family access, stability, and service connection pathways across the full family system.** **• Support Regional Care Access and Transportation coordination for those to reduce wait times of rural transportation** **• Develop family access and stability supports for mothers, infants, and families with young children.**	**linked transition support after detention.** **• Service coordination pathways established to support continuity across prevention, stabilization, treatment, and ongoing support.** **• # of families connected to behavioral health, substance use, parenting, recovery, or supportive services.** **• Transportation barriers identified and transportation solutions documented.**	**leaving detention.** • **Improved connection to care after detention** • **Improved access and continuity for the full family system** • **Reduced transportation-related access barriers** • **Stronger continuity across prevention, stabilization, treatment, and ongoing support** • **Improved continuity for mothers, infants, and families with young children.** • **Access measures: time from referral to first appointment, time from discharge to follow-up care, transportation barriers resolved**

				• Family Measures: perinatal BH engagement, family service linkage rates; youth BH access

Priority #2: System Coordination, Infrastructure, and Accountability

Inputs	Actors	Activities	Outputs	Outcomes
• YES Doña Ana Connect closed-loop referral system • Existing referral workflows from the Doña Ana County Detention Center, AOT, and other county-led coordination efforts • Youth services • Funding	• Doña Ana County • YES Doña Ana Connect • YesNM Connect (supporting system) • 911/988 • Criminal Justice System	• Establish Interim Navigation Hub functions. • Develop programmatic infrastructure (referral intake, triage, warm handoff, follow-up, and accountability workflows) to coordinate care across crisis, justice, hospital, school, and community systems. • Develop a longer-term hub-and-spoke framework, including partner roles, governance options, and workflow design.	• Monthly updates and tracking of progress • # of barriers identified • Feasibility plans completed • Navigation Hub functions established and participating partner systems engaged. • Tracked referrals documented • Confirmed service uptake documented • Documented handoffs completed • Reduced failed	• Improved continuity across crisis, justice, hospital, school, and community systems. • Confirmed service uptake across referred individuals and families. • At least 80% of tracked referrals show documented follow-through within 60 days • Stronger continuity across systems • System Measures: YES Doña Ana Connect completion rates, cross-system referral success rates,

		• Provide BHS and HRSN navigation • Use YES Doña Ana Connect as the primary local tool for closed-loop referral tracking and confirmed service uptake. • Support partner participation and workflow use across the shared referral system. • Coordinate with justice, school, hospital, crisis, and community partners to prevent failed transitions.	referrals identified through tracking • Number of health systems using YES Doña Ana Connect • Number of CBOs using YES Doña Ana Connect • Number of YES Doña Ana Connect requests • Number of YES Doña Ana Connect referrals • Number of justice, school, hospital, crisis, and community partners participating in workflows	reduction in service duplication • Equity Measures: Outcomes by rurality, outcomes by language preference, outcomes by race/ethnicity • Health literacy measure: program materials reviewed by Doña Ana County HHS media staff before release

Priority #3: Workforce Capacity and Community-Based Supports

Inputs	Actors	Activities	Outputs	Outcomes
	• Doña Ana County	• Develop career pathways, internships, and	• Workforce partnerships formalized and	• Increased peer, Promotora, and paraprofessional

• School-based services • Peers, promotoras, and community-based support roles •Education and workforce partnerships •Clinical and non-clinical training capacity • Funding	• School-based services administrators • Local schools • Bridge of Southern New Mexico • NMSU • SW Area Workforce Development Board • NM Dept of Workforce Solutions • Center for Health Innovation – Public Health Institute (CHI-PHI) • DAWI	broader supports for clinical and non-clinical workforce roles. • Develop workforce partnerships with NMSU and other training entities to support long-term staffing capacity. • Develop trainings through Bridge of Southern New Mexico, CHI-PHI, DAWI, and other partners for behavioral health provider, paraprofessional, peer, and community-based roles. • Build access to career pathways • Support agency adoption of peer support worker and Promotora roles in service settings, navigation workflows, and future regional infrastructure.	training opportunities delivered. • # trained CHWs & promotoras • # of workforce and training partnerships formalized • # of workforce pathway development activities completed • # of trainees participating across clinical, paraprofessional, peer, and community-based roles. • # of workforce and training partnerships formalized.	capacity in service settings. • Improved workforce readiness and expanded training pathways. • % increase in youth completing each identified career pathway • Increased clinical and non-clinical workforce readiness. • Expanded provider and paraprofessional pipeline capacity. • Improved peer, Promotora, and community-based support capacity in service settings. Stronger long-term workforce sustainability and retention.

Budget Justification

Year 1 – FY27 $2,695,027.3			
Priority	**% of Total Annual Funding**	**Total $ Amount**	**Justification**
1 - Access, Basic Needs, and Stability as the Foundation of Behavioral Health	40%	$1,078,010.92	Reduce transportation related barriers to care Increase housing stability

			Increase connection to vocational or employment supports
2 - System Coordination, Infrastructure, and Accountability	40%	$1,078,010.92	Navigation hub for connection to services through navigation and engagement Reduce justice involvement
3 - Workforce Capacity and Community-Based Supports	20%	$539,005.46	Increase number of treatment providers (professional/paraprofessional) that can serve the "essential to engage" populations identified
Year 2 – FY28 $2,695,027.3			
Priority	**% of Total Annual Funding**	**Total $ Amount**	**Justification**
1 - Access, Basic Needs, and Stability as the Foundation of Behavioral Health	35%	$943,259.56	Reduce transportation related barriers to care Increase housing stability Increase connection to vocational or employment supports
2 - System Coordination, Infrastructure, and Accountability	30%	$808,508.19	Navigation hub for connection to services through navigation and engagement Reduce justice involvement
3 - Workforce Capacity and Community-Based Supports	35%	$943,259.56	Increase number of treatment providers (professional/paraprofessional) that can serve the "essential to engage" populations identified
Year 3 – FY29 $2,695,027.3			
Priority	**% of Total Annual Funding**	**Total $ Amount**	**Justification**
1 - Access, Basic Needs, and Stability as the Foundation of Behavioral Health	35%	$943,259.56	Reduce transportation related barriers to care Increase housing stability Increase connection to vocational or employment supports
2 - System Coordination, Infrastructure, and Accountability	25%	$673,756.83	Navigation hub for connection to services through navigation and engagement

			Reduce justice involvement
3 - Workforce Capacity and Community-Based Supports	40%	$1,078,010.92	Increase number of treatment providers (professional/paraprofessional) that can serve the “essential to engage” populations identified

MOUs/IGAs from organizations (Any letters of interest or impactful Early Access contracting sources):

- 26-274 Health Care Authority_signed.pdf
- 2026-0547 BHIRA_IGA_signed by county.pdf
- DAC249_Copy of Submitted Application.pdf
- Region3_DonaAnaCounty_Notification_of_Funding_Award.pdf
- TASC.CHJ_Dona Ana County Submission Packet (1).pdf
- BH Provider List: https://nmrecovery.org/
- Local Resources and partnerships - resources, providers, or partnerships that support or complement the proposed priorities. Resources may help offset costs, enhance implementation, or strengthen sustainability. Details are outlined in the Local Resources and Partnerships section.
- Yes NM Connect Platform: a closed-loop software system powered by FindHelp so that residents can efficiently access the essential services they need. Details of services are available here: https://go.findhelp.com/nm-ce-self-service-hub