APPROVED

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REGION 8 BEHAVIORAL HEALTH PLAN PROPOSAL

Behavioral Health Reform and Investment Act (BHRIA)

Region 8 Regional Behavioral Health Plan

Acknowledgments

Region 8 acknowledges the contributions of the many stakeholders, community members, providers, Tribal representatives, local governments, courts, schools, law enforcement agencies, health systems, and individuals with lived experience who participated in the development of this Regional Behavioral Health Plan.

Special recognition is extended to the:

- SB3 – Region 8 Behavioral Health Planning Committee
- Taos County as the Accountable Entity
- Colfax County
- Union County
- Taos Pueblo
- Picuris Pueblo
- Community-based organizations
- Behavioral health providers
- Youth-serving organizations, and
- State partners

who contributed to the regional planning process through listening sessions, stakeholder meetings, Enhanced Sequential Intercept Mapping (ESIM), and prioritization workshops.

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Acronyms

Acronym	Definition
ACEs	Adverse Childhood Experiences
ACT	Assertive Community Treatment
AOC	Administrative Office of the Courts
BHA	Behavioral Health Agency
BHSD	Behavioral Health Services Division
BHRIA	Behavioral Health Reform and Investment Act
CCBHC	Certified Community Behavioral Health Clinic
CCSS	Comprehensive Community Support Services
CYFD	Children, Youth and Families Department
ESIM	Enhanced Sequential Intercept Mapping
FFT	Functional Family Therapy
HCA	New Mexico Health Care Authority
LEAD	Law Enforcement Assisted Diversion
MAT	Medication Assisted Treatment
MI	Motivational Interviewing
MST	Multi-Systemic Therapy
SED	Serious Emotional Disturbance
SIM	Sequential Intercept Mapping
SMI	Serious Mental Illness
SUD	Substance Use Disorder
TA	Technical Assistance

APPLICATION

Region Represented: Region 8

Counties, Nations, Pueblos, and Tribes Represented Within the Region:

- Taos County
- Colfax County
- Union County
- Taos Pueblo
- Picuris Pueblo

Accountable Entity: Taos County

I. PROGRAM OVERVIEW

Accountable Entity

Taos County serves as the designated Accountable Entity for Region 8 and is responsible for fiscal, administrative, and operational oversight of the Regional Behavioral Health Plan. As the Accountable Entity, Taos County has coordinated regional planning activities, stakeholder engagement, listening sessions, Enhanced Sequential Intercept Mapping (ESIM), and prioritization processes throughout the development of this plan.

Taos County will oversee implementation of the regional plan in collaboration with participating counties, Tribal entities, providers, and community partners. Responsibilities include procurement and contract administration, monitoring and reporting, fiscal oversight, coordination with state agencies, data collection, and ensuring compliance with BHRIA requirements.

Taos County has demonstrated readiness to fulfill this role through ongoing leadership of the SB3 – Region 8 Behavioral Health Planning Committee, coordination of stakeholder activities since October 2025, management of Early Access funding activities, and facilitation of regional planning processes.

Governance and Accountability Structure

Region 8's governance structure is designed to ensure collaborative decision-making while maintaining clear accountability for implementation and reporting requirements.

The SB3 – Region 8 Behavioral Health Planning Committee serves as the primary advisory and coordination body for regional planning and implementation activities. The committee includes representation from:

- County governments
- Tribal governments
- Behavioral health providers
- Youth-serving organizations
- Courts and justice system representatives
- Individuals with lived experience
- Community-based organizations
- Prevention and recovery organizations

The Planning Committee has met monthly since October 2025 and will continue meeting throughout implementation to review progress, coordinate activities, troubleshoot barriers, and support continuous improvement.

With support from the other government entities, Taos County will maintain responsibility for:

- Fiscal accountability and fund administration
- Procurement and contract oversight
- Performance monitoring and reporting
- Coordination with AOC and HCA
- Compliance with state and federal requirements
- Data collection and evaluation
- Facilitation of regional collaboration

The region anticipates using a combination of competitive solicitations, intergovernmental agreements, and contracted provider partnerships to implement priority initiatives.

Stakeholder Engagement

Stakeholder engagement has been foundational to development of the Region 8 Behavioral Health Plan.

Region 8 convened the SB3 – Region 8 Behavioral Health Planning Committee to ensure representation across the region's counties, Tribal communities, providers, and systems. The committee has met monthly since October 2025 to guide outreach, planning activities, prioritization, and development of the regional plan.

The region conducted multiple listening sessions to gather community input regarding behavioral health needs, gaps, and priorities. These included:

- A virtual regional listening session conducted in partnership with the New Mexico Alliance for Health Councils on February 25, 2026
- An in-person listening session in Colfax County on February 11th, 2026
- An in-person listening session in Union County on January 28th, 2026

Feedback from these sessions was incorporated into the SIM mapping workshop and regional prioritization process.

Region 8 conducted a three-day Sequential Intercept Mapping workshop from March 11–13, 2026 in Taos, New Mexico. Approximately 75 stakeholders representing behavioral health, healthcare, education, law enforcement, courts, Tribal entities, local government, youth-serving organizations, and individuals with lived experience participated in the workshop and prioritization process.

The SIM workshop and listening sessions identified significant service gaps across the region and highlighted the importance of community collaboration, care coordination, youth prevention efforts, workforce development, and expansion of substance use disorder and co-occurring treatment services toward an integrated system of care.

The Planning Committee reviewed SIM findings and community feedback in April 2026 and finalized five regional priorities for the Behavioral Health Plan.

Regional Planning Structure

Region 8's planning structure is designed to support ongoing collaboration, accountability, and continuous improvement.

The SB3 – Region 8 Behavioral Health Planning Committee functions as the central coordinating body for regional behavioral health planning and implementation. The committee includes representatives from counties, Tribal entities, healthcare systems, schools, courts, law enforcement, behavioral health providers, and community organizations.

The committee will continue meeting monthly during implementation to:

- Review progress on regional priorities
- Coordinate implementation activities
- Share updates and review key performance indicators
- Identify barriers and mitigation strategies
- Review evaluation findings
- Support sustainability, diversification and growth planning
- Recommend updates to the regional plan as needed

Taos County will facilitate meetings, coordinate reporting, and ensure communication across partners.

Guiding Principles

Trauma-Informed and Relational

Region 8 recognizes that trauma is not the exception—it is a significant and generational factor that affects individuals, families, and entire communities throughout the region. Stakeholders consistently identified the profound impact of adverse childhood experiences (ACEs), historical trauma, intergenerational trauma, substance use, violence, loss, poverty, geographic isolation, and systemic barriers to care as significant contributors to behavioral health challenges across Taos County, Colfax County, Union County, Taos Pueblo, and Picuris Pueblo. These experiences affect not only individual health and well-being, but also family functioning, educational outcomes, workforce participation, community safety, and long-term community resilience.

Meaningful and lasting change requires more than expanding services; it requires transforming the way services are delivered. Region 8 is committed to building a behavioral health system that recognizes the widespread impact of personal, communal and generational trauma and actively promotes healing, resilience, empowerment, and recovery. All initiatives funded through this plan will strive to incorporate trauma-informed principles, and epigenetic, environmental and cultural factors that prioritize physical and emotional safety, trustworthiness, collaboration and equanimity, peer support, choice, empowerment, cultural humility, and respect for lived experience.

The region further recognizes that healing occurs within the context of relationships, culture, family, and community. As such, Region 8 will ensure that services funded through this plan will emphasize trust, connection, family engagement, peer support, collaboration, long-term community relationships, and development of the infrastructure processes. Protocols and funding to ensure sustainable and on-going practices. Additionally, Region 8 will prioritize workforce development, training, technical assistance, and organizational change efforts that strengthen trauma-informed practices across behavioral health providers, schools, healthcare systems, justice agencies, Tribal communities, and community-based organizations. By embedding trauma-informed principles throughout the behavioral health continuum, Region 8 seeks not only to reduce symptoms and crises, but also to promote healing, restore connection, strengthen resilience, and create the conditions for individuals, families, and communities to thrive.

Evidence-Based

Programs funded through Region 8 investments will prioritize evidence-based and evidence-informed practices including:

- Motivational Interviewing
- SBIRT
- ACT
- Wraparound
- Functional Family Therapy
- Multi-Systemic Therapy
- DBT
- Evidence-Based Case Management
- Supported Employment
- Supported Education
- Peer Support Services
- Strength Model Care Management

Culturally Responsive

Services will be culturally grounded and responsive to:

- Tribal communities
- Hispanic/Latino populations
- Rural/frontier communities
- LGBTQIA+
- Youth
- Older adults
- Individuals with disabilities

Scale of Need Compared to Available Resources

The needs identified throughout Region 8 significantly exceed the resources currently available through the Behavioral Health Reform and Investment Act. Stakeholders repeatedly emphasized that while the regional allocation represents an important opportunity, it is not sufficient to fully address the scope of behavioral health, substance use disorder, housing, transportation, workforce, prevention, and treatment needs that exist across the region.

The priorities identified in this plan should therefore be viewed as foundational investments intended to strengthen infrastructure, increase capacity, and improve coordination rather than fully resolve the identified service gaps. Many of the initiatives

described by stakeholders—including expansion of crisis services, housing development, workforce growth, youth behavioral health infrastructure, recovery services, and treatment capacity—will require sustained and expanded investment over multiple years.

The region's strategy is to utilize available funding to establish the systems, partnerships, workforce, and infrastructure necessary to leverage future investments and create a sustainable behavioral health continuum capable of meeting the long-term needs of Region 8 residents.

Priority Areas

Region 8 identified the following five behavioral health priorities through the SIM workshop, listening sessions, stakeholder engagement, and regional planning process:

Priority 1: Care Navigation and Coordination

Region 8 identified fragmented access to services, lack of coordination between systems, limited case management capacity, and transportation barriers as major challenges throughout the region.

To address these gaps, Region 8 proposes development of a regional hub-and-spoke care navigation and case management model using evidence based and strength-based case management models, inclusion of certified peer support workers, and ensuring services are trauma informed, culturally responsive, and linguistically appropriate. The proposed model includes centralized coordination, training, and technology supports, with community-based navigators and case managers operating across the region's counties and Tribal communities.

The groundwork for this system will be developed utilizing the Early Access Funds. Region 8 proposes to build upon that work in the regional plan to engage in wider outreach and engagement activities to ensure that all of the key components of the behavioral health continuum of care across the region are included in this system. This includes the hospitals and medical centers, detention centers, judicial system, probation and parole, drug and mental health courts, behavioral health providers, housing systems, educational and supportive employment systems, managed care organizations, Tribes and Pueblos, and local governments.

The regional plan funds will allow for greater coordination between these systems, infrastructure development and capacity building to support inclusion of case management and navigation where there are gaps and ensuring long term sustainability and collaboration.

Proposed activities include:

- Enhancing the regional hub-and-spoke care coordination system developed during Early Access implementation through outreach, engagement, and partnership development
- Funding community-based behavioral health navigators, peer support workers, and case managers across the behavioral health continuum of care in each community within the region where gaps exist.

- Ensuring services are community-centric, strength based, trauma-informed, culturally responsive, and linguistically appropriate and with the inclusion of certified peer support workers
- Supporting infrastructure development and funding diversification to ensure sustainability
- Coordination with courts and diversion programs, detention centers, schools, hospitals, pharmacies and medical systems, local government programs, and provider agencies for youth and adults
- Referral coordination across systems and providers and between Regions to ensure access
- Purchase of vehicles and transportation coordination and resource navigation
- Integration with future Certified Community Behavioral Health Clinic (CCBHC) planning
- Focus on addressing the critical needs of non-supervised and/or supervised clients with SMI and SED
- Leverage telehealth and other technology advancements to increase access to care and address workforce, transportation, and service gap barriers

This initiative represents both expansion and enhancement of existing services and is intended to create a foundational infrastructure for long-term regional coordination, treatment and recovery matching for a deeper and more relational, low-barrier, and culturally honoring, relationship focused longer term, but less acute early intervention within continuity of care.

Priority 2: Housing, Transportation, and Community Infrastructure

Stakeholders consistently identified housing instability, transportation limitations, and insufficient behavioral health infrastructure as barriers to care.

Region 8 recognizes that large-scale housing development is beyond the scope of BHRIA funding alone; however, targeted investments can support transitional housing, transportation access, and community infrastructure improvements.

Proposed activities include:

- Service navigation linked to housing assistance
- Relational, strengths-based and culturally honoring case management for individuals who are receiving existing housing support
- Transportation supports including vehicle purchases and transportation vouchers
- Coordination with and expansion of public transportation systems including Blue Bus services
- Feasibility studies and implementation support for counties and detention centers as Medicaid providers and joining the Just Health Plus initiative
- Integration of housing and transportation supports through care coordination services
- Focus on addressing the critical needs of non-supervised and/or supervised clients with SMI and SED
- Leverage telehealth and other technology advancements to increase access to care and address workforce, transportation, and service gap barriers
- Ensuring services are community-centric, strength based, trauma-informed, culturally responsive, and linguistically appropriate and with the inclusion of certified peer support workers

The region intends to build upon existing community resources and partnerships while improving access to behavioral health services across geographically dispersed communities.

Priority 3: Youth Programs, Spaces, Prevention, and School-Based Supports and Education

Youth behavioral health, prevention, and school-based supports emerged as critical priorities during listening sessions and the SIM workshop.

Stakeholders identified a lack of youth activities, prevention programming, behavioral health supports in schools, and safe spaces for youth engagement throughout the region.

Proposed activities include:

- Multi-year regional prevention initiatives
- Development of youth spaces and programming
- School-based behavioral health coordination and referral systems
- Training for teachers and school personnel
- Coordination between schools, juvenile justice systems, and behavioral health navigators and inclusion of youth and family peer support services
- Community-based youth engagement and prevention programming that is strength based and linguistically appropriate
- Emphasis on culturally responsive and trauma-informed prevention approaches
- Leverage telehealth and other technology advancements to increase access to care and address workforce, transportation, and service gap barriers

The region intends to issue regional or community-based solicitations to support youth prevention and behavioral health efforts while encouraging sustainability and leveraging of additional funding sources.

Youth services will also be addressed in Priorities 1 and 5 as both those initiatives will enhance services and access across the lifespan.

Priority 4: Workforce and Provider Supports

Behavioral health workforce shortages were identified as a major barrier to service access and sustainability across Region 8.

The region experiences significant recruitment and retention challenges due to geography, workforce limitations, provider burnout, limited supervision capacity, and funding instability. Additionally, inadequate behavioral health funding and housing limitations contribute to inadequate salaries to successfully recruit and retain behavioral health professionals who are rooted in this state and region.

Proposed activities include:

- Capacity-building supports for providers
- Cultural humility and culturally responsive care training
- Trauma-informed care training
- Peer support workforce development
- Technical assistance related to Medicaid billing and funding diversification
- Strategic planning and sustainability supports for providers
- Funding for paid internships and stipends
- Workforce pipeline development with a focus on cultural and linguistic ability and building skilled bilingual professionals
- Provider collaboration and training opportunities
- Leverage telehealth and other technology advancements to increase access to care and address workforce, transportation, and service gap barriers

Region 8 intends to strengthen the regional provider network while improving long-term sustainability and workforce capacity.

Priority 5: SUD, Co-Occurring, and Clinical Services

Substance use disorder treatment, co-occurring behavioral health services, and clinical service expansion were identified as urgent regional needs.

The region identified significant gaps in detoxification services, MAT, crisis response, outpatient behavioral health treatment, psychiatric services, and coordinated care.

Proposed activities include:

- Support for expansion of regional detoxification and MAT services
- Support for behavioral health facilities and treatment expansion in Tribal communities
- Expansion of recovery support and peer support programming
- Development of a Regional Certified Community Behavioral Health Clinic (CCBHC)
- Expansion of mobile crisis services
- Comprehensive outpatient treatment services
- Psychiatric services, pharmacy access, and care coordination
- Lifespan services for adults, youth, and seniors
- Integration of physical and behavioral healthcare
- Focus on addressing the critical needs of non-supervised and/or supervised clients with SMI and SED
- Leverage telehealth and other technology advancements to increase access to care and address workforce, transportation, and service gap barriers
- Ensuring services are community-centric, strength based, trauma-informed, culturally responsive, and linguistically appropriate and with the inclusion of certified peer support workers

The region intends to build on the early access funding to develop the infrastructure and capacity for a regional CCBHC. Region 8 plans to utilize the Regional Plan funds to ensure all communities in the region have access to CCBHC services by supporting development of and increased capacity for key behavioral health services gaps in the region that are building blocks for successful CCBHC services. Region 8 views development of a collaborative regional CCBHC model as a long-term strategy to support sustainability, coordination, reimbursement, and access across multiple priority areas.

Description of Services

Region 8's proposed services align directly with identified regional needs and priorities.

Services to be supported include:

- Behavioral health navigation, peer support, and case management
- Diversion and care coordination supports
- Transportation assistance and mobility supports
- Telehealth and other technology supports
- Youth prevention and engagement programming
- School-based behavioral health supports
- Workforce development and provider capacity building
- Detoxification, MAT, and recovery services
- Mobile crisis services
- Outpatient and psychiatric behavioral health services
- Recovery support services
- Community-based treatment, prevention and education programs
- Trauma-informed, culturally responsive, and linguistically appropriate services
- Peer, youth peer, and family peer support services
- Integrated physical and behavioral healthcare coordination

The proposed initiatives include a combination of:

- New services
- Expansion of existing programs
- Enhancement of current regional infrastructure
- Increased coordination across systems and providers

Longevity of Care

Region 8 recognizes that long-term behavioral health improvement requires sustained infrastructure, coordination, workforce capacity, and prevention efforts.

The proposed hub-and-spoke care navigation model is intended to create a durable regional coordination infrastructure capable of supporting individuals across the lifespan and across systems of care.

The region's emphasis on workforce development and provider sustainability reflects the understanding that long-term continuity of care depends on maintaining a stable and adequately trained behavioral health workforce.

Development of a regional CCBHC model is intended to support long-term sustainability through:

- Enhanced reimbursement opportunities
- Integrated service delivery
- Regional coordination
- Workforce supports
- Expanded access to care
- Lifespan services
- Crisis response and diversion

The plan also emphasizes prevention and youth engagement as long-term strategies for reducing future behavioral health crises and strengthening community resilience.

II. CONTINUITY OF CARE

Region 8's Behavioral Health Plan is designed to create a coordinated continuum of care that supports individuals across systems, providers, and levels of need.

The proposed care navigation and coordination infrastructure is central to continuity of care throughout the region. The hub-and-spoke model will support referrals, communication, and coordination among providers, schools, Tribal communities, courts, hospitals, detention centers, community organizations—across all formal clinical and informal community supports, resources and funding streams to maximize and help coordinate all avenues of strengths and supports inherent in communities that can support on-going recovery and wellness addressing social determinants of health.

Strategies to support continuity of care include:

- Development of partnerships, collaborations, and memorandums of understanding among government and community organizations to improve and enhance the system of care
- Community-based behavioral health navigators and case managers inclusive of certified peer and family peer support services
- Community centric, trauma informed, culturally responsive, and linguistically appropriate service provision
- Cross-system referral coordination
- Integration with diversion and justice systems
- Transportation coordination to improve access to services
- School-based referral pathways
- Coordination between inpatient, outpatient, crisis, and recovery services
- Expansion of mobile crisis and community-based supports
- Integration of physical and behavioral healthcare
- Development of regional CCBHC infrastructure

Region 8 intends to maintain continuity of care over time through:

- Shared regional planning and collaboration

- Development of sustainable funding mechanisms, synchronizing and coordinating all formal and informal community resources
- Ongoing stakeholder engagement
- Data collection and performance monitoring
- Provider capacity-building efforts
- Integration with Medicaid and other reimbursement systems

The region recognizes that continuity of care requires more than clinical services alone. Housing stability, transportation access, prevention programming, workforce capacity, and community-based supports are all critical components of sustained behavioral health recovery and wellness.

III. DEMONSTRATION OF NEED

Regional Context and Population Needs

Region 8 encompasses Taos County, Colfax County, Union County, Taos Pueblo, and Picuris Pueblo and includes some of New Mexico's most rural and frontier communities. While these communities possess significant cultural strengths, community resilience, and strong traditions of mutual support, residents continue to experience substantial barriers to accessing behavioral health services due to geography, transportation limitations, workforce shortages, poverty, housing instability, and insufficient behavioral health infrastructure.

Behavioral health needs throughout Region 8 are compounded by persistent social determinants of health, including economic hardship, limited transportation systems, workforce shortages, housing instability, and historical and intergenerational trauma. These factors contribute to elevated rates of behavioral health conditions, substance use disorders, crisis system utilization, justice involvement, and unmet treatment needs.

The Region 8 Behavioral Health Plan is grounded in the belief that behavioral health recovery and wellness occur within the context of relationships, communities, culture, and access to coordinated systems of care. The region is committed to strengthening a behavioral health continuum that is relational, trauma-informed, culturally responsive, evidence-based, and accessible to all residents.

Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED)

Serious Mental Illness (SMI) represents a significant unmet need throughout Region 8. Nationally, approximately 5.8 percent of adults experience Serious Mental Illness annually, and many individuals with SMI face barriers to accessing consistent treatment and recovery supports (National Institute of Mental Health [NIMH], 2024; Substance Abuse and Mental Health Services Administration [SAMHSA], 2023).

Individuals living with SMI are more likely to experience:

- Housing instability and homelessness
- Justice-system involvement
- Emergency department utilization
- Co-occurring substance use disorders
- Chronic physical health conditions

- Premature mortality
- Social isolation and stigma

The rural and frontier nature of Region 8 creates additional barriers to treatment for individuals living with SMI. Limited provider availability, transportation barriers, and fragmented systems frequently result in delayed treatment, crisis utilization, and reduced continuity of care.

Similarly, Serious Emotional Disturbance (SED) among youth represents a growing concern. National estimates indicate that approximately 8–13 percent of youth experience emotional or behavioral health conditions severe enough to significantly impair functioning at home, in school, or in the community (SAMHSA, 2023; NIMH, 2024).

Stakeholders consistently identified concerns related to:

- Youth depression and anxiety
- Suicide risk among youth
- Behavioral health workforce shortages serving children and adolescents
- Limited school-based behavioral health services
- Lack of youth-focused prevention and early intervention services
- Family support needs

These findings directly informed Priority 3, Youth Programs, Prevention, and School-Based Supports.

Trauma and Adverse Childhood Experiences (ACEs)

The planning process repeatedly identified trauma as a significant underlying driver of behavioral health challenges throughout Region 8.

Adverse Childhood Experiences (ACEs) include experiences such as abuse, neglect, household dysfunction, exposure to violence, substance use within the household, and other forms of early adversity. Research consistently demonstrates a strong relationship between ACE exposure and increased risk for:

- Depression
- Anxiety disorders
- Substance use disorders

- Suicide attempts
- Chronic disease
- Educational disruption
- Justice-system involvement
- Poor health outcomes across the lifespan

(Centers for Disease Control and Prevention [CDC], 2024; SAMHSA, 2014).

New Mexico consistently reports high levels of ACE exposure and trauma-related behavioral health needs compared to national benchmarks. Historical trauma, intergenerational trauma, poverty, geographic isolation, and community-level stressors further contribute to behavioral health disparities experienced by many communities throughout Region 8.

Stakeholders emphasized the importance of trauma-informed approaches that prioritize:

- Safety
- Trustworthiness
- Peer support
- Collaboration
- Empowerment
- Cultural humility

These principles align with SAMHSA's Trauma-Informed Care Framework and are reflected throughout the Region 8 Behavioral Health Plan.

Substance Use Disorder and Co-Occurring Conditions

Substance use disorders continue to have a significant impact throughout Region 8 and were identified as one of the most pressing regional concerns during listening sessions, community engagement activities, and the Sequential Intercept Mapping (SIM) process.

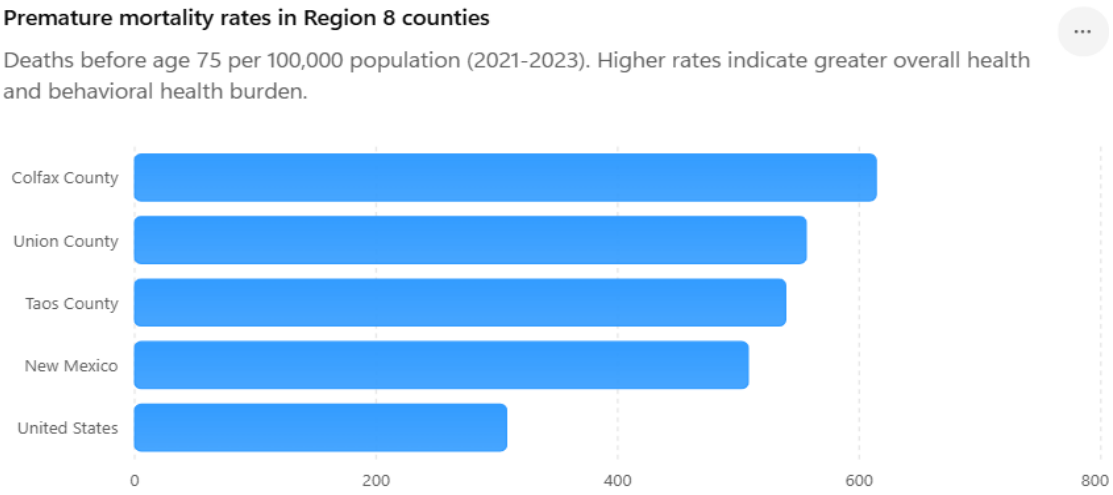
Stakeholders identified substantial gaps in:

- Detoxification services
- Recovery supports
- Residential treatment options

- Medication-assisted treatment access
- Mobile crisis services
- Psychiatric services
- Co-occurring disorder treatment

Many individuals seeking services experience both mental health and substance use conditions simultaneously. These co-occurring conditions often require coordinated, integrated treatment approaches that are not consistently available throughout the region.

The lack of comprehensive treatment options contributes to increased crisis utilization, justice-system involvement, family disruption, homelessness, and preventable mortality.



The chart above shows that Colfax, Union, and Taos Counties all have premature mortality rates that exceed the New Mexico average, and all are dramatically higher than the U.S. average (NIH NM Mortality Table). Higher mortality is strongly associated with untreated trauma, mental illness, substance use disorders, chronic disease, poverty, and limited access to care (UNM Health Sciences Center), illustrating the substantial health and behavioral health burden facing Region 8 communities. Expansion of treatment, recovery, crisis response, and care coordination services is therefore a central component of Priority 5: SUD, Co-Occurring, and Clinical Services.

Workforce Shortages

Behavioral health workforce shortages remain one of the most significant barriers to care throughout Region 8.

The region experiences persistent challenges related to:

- Recruitment of licensed clinicians
- Retention of behavioral health professionals
- Availability of psychiatric providers
- Clinical supervision capacity
- Rural workforce sustainability
- Provider burnout
- Bilingual and culturally responsive workforce needs

Stakeholders consistently identified workforce shortages as a root cause of long wait times, limited service availability, reduced access to specialty care, and provider capacity challenges.

These workforce limitations affect every aspect of the behavioral health continuum and contributed directly to the development of Priority 4: Workforce and Provider Supports.

Medicaid Utilization and Behavioral Health Service Demand

Data from the University of New Mexico Behavioral Health Technical Assistance Center (BHTAC) Regional Medicaid Snapshots demonstrate significant utilization of Medicaid-funded behavioral health services throughout Region 8 (UNM BHTAC, 2025).

Medicaid serves as the primary payer for behavioral health treatment throughout the region and plays a critical role in supporting:

- Outpatient behavioral health treatment
- Crisis services
- Comprehensive Community Support Services (CCSS)
- Peer support services
- Substance use treatment
- Recovery services
- Care coordination

The region's heavy reliance on Medicaid highlights the importance of developing sustainable reimbursement structures and strengthening provider capacity.

Development of a Regional Certified Community Behavioral Health Clinic (CCBHC) model was identified as a long-term strategy to improve access, sustainability, and coordination throughout the behavioral health continuum.

Transportation, Housing, and Access Barriers

Transportation and housing challenges emerged as some of the most frequently discussed barriers during stakeholder engagement activities.

Residents throughout Region 8 often travel significant distances to access behavioral health treatment, recovery services, psychiatric care, crisis services, and specialty behavioral health programs. Transportation barriers are particularly acute for:

- Older adults
- Individuals with disabilities
- Individuals with serious mental illness
- Youth and families
- Rural and frontier residents
- Tribal communities

Housing instability further complicates treatment engagement and recovery outcomes. Stakeholders identified the need for:

- Transitional housing
- Recovery housing
- Supportive housing
- Housing navigation services
- Transportation assistance

These challenges informed Priority 2: Housing, Transportation, and Community Infrastructure.

Findings from the Region 8 Sequential Intercept Mapping Process

In March 2026, Region 8 conducted a three-day Enhanced Sequential Intercept Mapping (ESIM) workshop involving approximately 72 stakeholders representing behavioral health providers, healthcare systems, Tribal governments, schools, law enforcement, courts,

local governments, community organizations, individuals with lived experience, and other community partners.

The ESIM process identified five regional priorities:

1. Care Navigation and Coordination
2. Housing, Transportation, and Community Infrastructure
3. Youth Programs, Prevention, and School-Based Supports
4. Workforce and Provider Supports
5. SUD, Co-Occurring, and Clinical Services

Stakeholders consistently emphasized the need for a more coordinated, community-centered behavioral health system capable of addressing the complex and interconnected needs of individuals and families throughout Region 8.

The needs identified throughout Region 8 are interconnected and require coordinated, community-based solutions. Individuals and families frequently experience multiple challenges simultaneously, including behavioral health conditions, substance use disorders, trauma exposure, housing instability, transportation barriers, workforce shortages, and limited access to treatment.

The five priorities identified through the planning process represent a comprehensive strategy for addressing these needs while strengthening the region's behavioral health continuum. Together, these investments will improve access to care, increase coordination, expand prevention and treatment services, strengthen workforce capacity, and build a sustainable foundation for future Regional CCBHC development.

The Region 8 Behavioral Health Plan seeks to create a system that is relational, trauma-informed, culturally responsive, evidence-based, and capable of supporting recovery and wellness for all residents across the lifespan.

How Needs Are Identified

Region 8 identified behavioral health needs through multiple data collection and community engagement processes including:

- Sequential Intercept Mapping workshop
- Community listening sessions
- Stakeholder committee meetings

- Provider and community feedback
- Collaboration with UNM and AOC
- Review of existing regional behavioral health challenges, statistics, and service gaps
- Community outreach and regional planning discussions

Stakeholders consistently identified transportation, workforce shortages, care coordination, prevention, and substance use disorder treatment as major priorities.

The region's geography and rural/frontier nature significantly impact access to services and continuity of care.

Anticipated Impact

Region 8 anticipates that implementation of the regional plan will result in:

- Improved access to behavioral health services
- Increased coordination across systems and providers
- Reduced barriers related to transportation and navigation
- Increased youth prevention and engagement opportunities
- Strengthened provider capacity and workforce sustainability
- Expanded access to detoxification, crisis, and recovery services
- Improved continuity of care across the lifespan and greater access to a comprehensive continuum of care for behavioral health services
- Increased access to community centric, strength based, trauma informed, culturally responsive, and linguistically appropriate services
- Increased services for individuals with SMI and SED
- Increased integration of physical and behavioral healthcare
- Greater regional collaboration and infrastructure

The region also anticipates improved outcomes related to diversion, crisis stabilization, community-based treatment access, and engagement with behavioral health services.

Local Resources and Partnerships

Region 8 will build upon existing partnerships and community resources to support implementation and sustainability.

Key regional partners include:

- Taos County
- Colfax County
- Union County
- Taos Pueblo
- Picuris Pueblo
- Regional behavioral health providers
- Schools and youth-serving organizations
- Courts and justice systems
- Hospitals and healthcare systems
- Community-based organizations
- Housing and transportation partners
- Prevention and recovery organizations

Existing organizations already providing housing, prevention, transportation, and recovery services will be important implementation partners.

The region intends to leverage existing programs and infrastructure while strengthening coordination and expanding access.

IV. IMPLEMENTATION

Organizational Readiness

Region 8 has demonstrated significant organizational readiness through completion of stakeholder engagement activities, listening sessions, SIM mapping, prioritization processes, and Early Access planning.

Taos County has coordinated regional planning activities since 2025 and has established systems for stakeholder coordination and communication.

The region anticipates using a combination of:

- Competitive procurement processes
- Regional solicitations
- Provider partnerships
- Intergovernmental agreements
- Collaborative implementation structures

Implementation readiness activities completed to date include:

- Formation of the regional planning committee
- Stakeholder outreach and engagement
- Completion of listening sessions
- SIM workshop completion
- Prioritization of regional needs
- Development of draft initiatives
- Early Access planning activities

Implementation Approach & Phasing

Region 8 intends to implement the Behavioral Health Plan using a phased and coordinated approach.

Phase 1 – Infrastructure and Procurement – First 9 months of project (September 2026-June 2027 – assumes plan approval in August)

- Finalize governance and implementation structures
- Develop solicitations and procurement processes
- Finalize agreements with partners
- Establish reporting and evaluation systems
- Begin workforce and capacity-building activities
- Evaluate outcomes and adjust implementation strategies

Phase 2 – Program Development and Expansion – Year 2 (July 2027-June 2028)

- Launch care navigation and coordination initiatives
- Initiate youth prevention and school-based supports
- Implement workforce and provider support activities
- Implement peer support and family peer support services
- Implement community-centric, trauma informed, strength based, culturally responsive, and linguistically appropriate services
- Expand transportation and housing coordination initiatives
- Continue development of regional CCBHC infrastructure
- Support detoxification and clinical service expansion
- Evaluate outcomes and adjust implementation strategies

Phase 3 – Sustainability and Systems Integration Year 3 (July 2028-June 2029)

- Expand regional collaboration and coordination
- Strengthen Medicaid and reimbursement integration

- Expand long-term sustainability efforts
- Evaluate outcomes and adjust implementation strategies

Implementation activities will be coordinated through the Planning Committee and the Accountable Entity.

Administrative and Operational Processes

Taos County will oversee procurement, contracting, reporting, and fiscal management activities.

The region anticipates issuing competitive solicitations for:

- Care coordination and treatment services that are strength based, culturally responsive, and trauma informed
- Prevention and youth programming
- Provider capacity-building and training services

Administrative processes will include:

- Contract monitoring
- Fiscal oversight
- Data collection and reporting
- Performance evaluation
- Stakeholder coordination
- Compliance monitoring

Potential implementation barriers include workforce shortages, provider capacity limitations, geographic challenges, and sustainability concerns.

The region intends to address these barriers through phased implementation, technical assistance, collaboration, and flexible service delivery models.

V. HOW NEED IS MET

Service Alignment

The proposed regional priorities directly address gaps identified through the SIM workshop, listening sessions, and stakeholder engagement process.

The care navigation and coordination initiative addresses fragmented systems, lack of case management, and barriers to accessing services.

Housing and transportation initiatives address practical barriers that prevent individuals from engaging in behavioral health treatment and recovery.

Youth prevention and school-based supports respond directly to concerns regarding youth behavioral health, prevention, and early intervention.

Workforce and provider supports address the region's significant provider shortages and sustainability challenges, with a particular focus on growing behavioral health skills and capacity from within the region.

Expansion of trauma informed, culturally responsive peer support, SUD, co-occurring, and clinical services address urgent regional gaps in youth services, detoxification, crisis response, residential and outpatient treatment services, and recovery supports.

Behavioral Health Service Standards

Region 8 will ensure that funded services comply with applicable New Mexico Behavioral Health Service Standards and relevant state and federal requirements.

Funded providers and programs will be expected to:

- Utilize strength-based, trauma-informed, community centric and culturally and linguistically responsive practices
- Maintain compliance with licensing and certification requirements
- Participate in reporting and evaluation activities
- Implement quality improvement practices
- Coordinate with regional partners and referral systems
- Participate in data collection and outcome monitoring

Provider Network Capacity

Region 8 recognizes that provider capacity is currently limited throughout the region.

The regional plan therefore includes investments intended to:

- Expand provider capacity
- Improve workforce training, capacity building, recruitment and retention
- Expand training and utilization of peer support workers
- Strengthen provider sustainability
- Support and incentivize provider collaboration and partnerships
- Expand training and technical assistance
- Increase regional coordination

The region intends to support both existing providers and new partnerships while encouraging collaboration and leveraging existing community infrastructure.

Cultural Humility

Region 8 includes diverse rural and Tribal communities as well as Hispanic/Latino communities and other culturally diverse communities with unique cultural strengths, traditions, and needs.

The region is committed to implementing culturally responsive and trauma-informed services that reflect community priorities and local values.

The Planning Committee includes representation from Tribal entities and diverse community stakeholders to ensure that implementation remains responsive to community needs.

The region will encourage:

- Community-based approaches
- Tribal collaboration and partnership
- Inclusion of traditional and culturally grounded practices
- Trauma-informed service delivery
- Community engagement and feedback
- Local workforce development

Access to Care

Region 8's plan includes multiple strategies to reduce barriers to care including:

- Community-based navigators and case managers
- Transportation assistance and coordination
- School-based referral pathways
- Expansion of mobile and community-based services
- Workforce recruitment and retention supports
- Integration of housing and social supports
- Regional coordination and referral systems

The region anticipates measurable improvements in service access, coordination, and engagement as implementation progresses.

Language Access

Region 8 will work with providers and community partners to ensure accessible communication and language access.

Providers receiving funding through the regional plan will be expected to provide:

- Translation and interpretation services when needed
- Accessible materials and communication formats
- Outreach tailored to community needs
- Multigenerational engagement strategies
- Culturally and linguistically appropriate services

VI. FUNDING STABILITY

Funding Sufficiency and Long-Term Sustainability

Region 8 recognizes that the current BHRIA allocation is insufficient to fully address the behavioral health needs identified through the regional planning process. The priorities outlined in this plan represent only a portion of the investments necessary to build a comprehensive behavioral health continuum across Taos County, Colfax County, Union County, Taos Pueblo, and Picuris Pueblo.

Accordingly, Region 8 has prioritized investments that maximize long-term impact by focusing on infrastructure development, workforce capacity, care coordination, prevention, and system integration. These investments are intended to create a foundation upon which additional services and programs can be built as future funding becomes available.

The region anticipates that continued progress will require ongoing state investment, expanded Medicaid reimbursement opportunities, Tribal partnerships, federal grant funding, local government support, philanthropic investment, and development of a Regional Certified Community Behavioral Health Clinic (CCBHC) model capable of generating sustainable reimbursement and service expansion.

Use of Funds

Region 8 intends to utilize BHRIA funding strategically to support development of sustainable regional infrastructure and services.

Funding priorities include:

- Community centric, trauma informed, culturally responsive, and linguistically appropriate service provision
- Enhancement of peer and family peer support services
- Care navigation and coordination infrastructure
- Housing and transportation supports
- Youth prevention and school-based services
- Workforce and provider capacity-building
- Detoxification and clinical service expansion

- Regional collaboration and systems coordination
- Development of regional CCBHC infrastructure

The region intends to prioritize investments that support long-term sustainability and leverage additional funding opportunities.

Sustainability Plan

Region 8 recognizes that BHRIA funding alone will not sustain behavioral health services long-term.

The regional plan therefore emphasizes:

- Medicaid alignment and reimbursement opportunities
- Development of regional CCBHC infrastructure
- Provider sustainability, diversification, and capacity-building
- Leveraging existing community resources
- Development of sustainable referral and coordination systems
- Collaboration with healthcare systems and community organizations
- Braided funding models

The proposed CCBHC model is viewed as a key long-term sustainability strategy because it can support enhanced reimbursement, integrated service delivery, and coordinated regional infrastructure.

Medicaid Coordination

Region 8 intends to align proposed services with Medicaid reimbursement opportunities whenever feasible.

The region will support providers in:

- Medicaid enrollment and billing capacity
- Care coordination infrastructure
- Integration with physical healthcare systems
- Development of reimbursable services
- Coordination with managed care and state systems

The region also intends to explore feasibility of counties and detention centers becoming Medicaid providers.

Other Sources of Funding

Region 8 intends to pursue and leverage additional funding opportunities including:

- Federal grants (as applicable)
- State behavioral health funding
- Local government partnerships
- Opioid Settlement Funds
- Healthcare system partnerships
- Other behavioral health and prevention funding opportunities

The region will encourage providers to diversify funding sources and strengthen sustainability planning.

VII. RISK & MITIGATION STRATEGIES

Region 8 recognizes several potential implementation risks and challenges.

Workforce Shortages

Risk:

Insufficient behavioral health workforce capacity may limit implementation.

Mitigation Strategy:

Invest in workforce recruitment, retention, internships, stipends, provider supports, and training initiatives.

Geographic and Transportation Barriers

Risk:

Rural and frontier geography may limit access to services.

Mitigation Strategy:

Expand transportation supports, mobile services, community-based navigation, and regional coordination.

Sustainability Challenges

Risk:

Programs may face sustainability concerns after initial BHRIA funding.

Mitigation Strategy:

Emphasize Medicaid alignment, CCBHC development, provider diversification, and braided funding strategies.

Provider Capacity Limitations

Risk:

Existing providers may lack administrative or operational capacity for expansion.

Mitigation Strategy:

Provide technical assistance, strategic planning support, and capacity-building opportunities.

Coordination Challenges

Risk:

Fragmentation between systems and organizations may reduce implementation effectiveness.

Mitigation Strategy:

Maintain regular Planning Committee meetings, shared implementation structures, and coordinated referral systems.

Data and Reporting Challenges

Risk:

Inconsistent reporting and data systems may limit evaluation.

Mitigation Strategy:

Develop shared reporting expectations and evaluation processes through the Accountable Entity.

VIII. MEASURING SUCCESS

Region 8 intends to utilize both quantitative and qualitative measures to evaluate implementation progress and outcomes.

Potential measures include:

- Number of individuals served through navigation and coordination programs
- Increased access to behavioral health services
- Reduced transportation barriers
- Number of youths participating in prevention programming
- Expansion of detoxification and recovery services
- Number of provider partnerships and collaborations
- Reduction in service gaps and wait times
- Increased referrals and successful care coordination
- Stakeholder and community satisfaction

The region will continue refining performance measures during implementation.

Evaluation activities will include:

- Ongoing data collection and reporting
- Provider performance monitoring
- Stakeholder feedback
- Community engagement
- Continuous quality improvement activities
- Review of implementation barriers and successes

IX. LOGIC MODEL AND EVALUATION PLAN

PRIORITY	INPUTS / RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES (1–2 years)	LONG-TERM OUTCOMES (3–4 years)
PRIORITY 1 *Care Navigation and Coordination*	BHRIA Funding ($2M); Taos County (Accountable Entity); Regional Planning Committee; Care Navigation Hub; Community-Based Navigators; Tribal Partners; Courts; Schools; Healthcare Providers; Behavioral Health Providers; Regional Referral Network	Develop regional hub-and-spoke navigation model; Implement consistent closed loop referral platform; Hire and train navigators and peers in evidence based and strength-based case management; Establish referral pathways; Coordinate care transitions; Support justice diversion; Develop transportation coordination; Integrate navigation into schools, healthcare, Tribal communities, and provider systems; Coordinate Regional CCBHC referral network	# navigators hired; # individuals served; # referrals completed; # care plans developed; # diversion referrals; # transportation requests coordinated; # participating agencies	Increased access to behavioral health services; Improved referral completion; Reduced service fragmentation; Increased engagement in treatment and recovery services; Improved care transitions	Sustainable regional care coordination infrastructure; Reduced behavioral health access barriers; Improved continuity of care; Reduced justice system involvement; Fully integrated Regional CCBHC care coordination system

PRIORITY	INPUTS / RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES (1–2 years)	LONG-TERM OUTCOMES (3–4 years)
PRIORITY 2 *Housing, Transportation & Community Infrastructure*	BHRIA Funding ($750K); Housing Partners; Transportation Providers; Counties; Tribal Governments; Community-Based Organizations; Blue Bus; Existing Housing Programs	Support transportation initiatives; Expand transportation vouchers; Develop housing stabilization supports; Support recovery housing efforts; Conduct Medicaid provider feasibility studies; Coordinate housing and transportation through navigation services	# transportation vouchers provided; # rides coordinated; # housing supports funded; # individuals receiving housing assistance; # infrastructure projects funded; # provider feasibility studies completed	Increased access to behavioral health services; Reduced transportation barriers; Improved housing stability; Increased engagement in treatment and recovery services	Reduced social determinant barriers; Improved treatment retention; Improved regional behavioral health infrastructure; Increased housing stability for individuals with behavioral health needs
PRIORITY 3 *Youth Programs, Prevention & School-Based Supports*	BHRIA Funding ($775K); School Districts; Youth Organizations; Prevention Providers; Tribal Youth Programs; Community-Based Organizations; Behavioral Health Providers	Issue prevention solicitation; Implement school-based behavioral health initiatives; Develop youth spaces and programming; Conduct prevention education; Provide youth peer support; Train educators and school staff; Support youth leadership and resiliency activities	# youth served; # prevention activities implemented; # schools participating; # educators trained; # peer support activities; # youth engagement events; # families participating	Increased youth engagement; Increased awareness of behavioral health resources; Improved early identification of behavioral health concerns; Increased school-based referrals; Improved family engagement	Reduced youth behavioral health crises; Increased school connectedness; Improved behavioral health outcomes for youth; Reduced substance use initiation; Strong regional prevention infrastructure

PRIORITY	INPUTS / RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES (1–2 years)	LONG-TERM OUTCOMES (3–4 years)
PRIORITY 4 *Workforce & Provider Supports*	BHRIA Funding ($389,004); Universities; Colleges; Training Organizations; Behavioral Health Providers; Peer Support organization; Clinical Supervisors; Professional Associations	Develop workforce pipeline initiatives; Support paid internships and practicums; Expand supervision opportunities; Support peer support workforce certification; Support youth peer workforce development; Provide provider sustainability planning; Offer Medicaid billing technical assistance; Support recruitment and retention strategies; Deliver regional workforce training	# interns supported; # workforce participants; # providers receiving technical assistance; # of peer support workers trained; # trainings delivered; # supervision hours supported; # provider sustainability plans completed	Increased workforce recruitment; Increased provider capacity; Improved workforce retention; Increased Medicaid billing capacity; Increased clinical supervision availability	Sustainable behavioral health workforce; Reduced provider shortages; Increased provider financial sustainability; Expanded service capacity throughout Region 8
PRIORITY 5 *SUD, Co-Occurring & Clinical Services*	BHRIA Funding ($2M); Recovery Providers; Detox Providers; Healthcare Systems; Tribal	Expand detoxification and MAT capacity; Support peer and recovery services; Develop Regional CCBHC infrastructure; Expand mobile crisis	# treatment slots added; # individuals served; # recovery supports provided; # mobile crisis contacts; #	Increased treatment access; Reduced wait times; Increased recovery engagement; Increased mobile crisis response	Reduced overdose deaths; Reduced behavioral health crisis utilization; Improved recovery outcomes; Sustainable Regional

PRIORITY	INPUTS / RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES (1–2 years)	LONG-TERM OUTCOMES (3–4 years)
	Behavioral Health Programs; Mobile Crisis Providers; Regional CCBHC Partners; Recovery Works; Butterfly Facility; Behavioral Health Providers	services; Increase outpatient treatment capacity; Expand psychiatric services; Leverage telehealth and other technology advancements; Develop co-occurring treatment programs; Support recovery housing partnerships; Strengthen care coordination with Priority 1 initiatives	detox admissions; # psychiatric appointments; # providers participating in Regional CCBHC planning; # co-occurring treatment participants	capacity; Improved access to psychiatric care; Increased treatment retention	CCBHC model; Fully integrated behavioral health continuum across Region 8

Cross-Cutting Regional Outcomes

By FY29 Region 8 will demonstrate:

- Increased access to community centric, trauma informed, strength based, and culturally and linguistically responsive behavioral health services across Taos, Colfax, and Union Counties, Taos Pueblo, and Picuris Pueblo.
- Improved care coordination through a regional navigation infrastructure.
- Increased transportation and housing supports.
- Expanded youth prevention and school-based behavioral health services.

- Improved workforce recruitment, retention, and provider sustainability and utilization of peer support services.
- Expanded access to detoxification, recovery, crisis, psychiatric, and co-occurring treatment services.
- Development of a sustainable Regional Certified Community Behavioral Health Clinic (CCBHC) model.
- Improved behavioral health outcomes and continuity of care across the region.

REGION 8 EVALUATION PLAN NARRATIVE

Region 8 Behavioral Health Plan (FY27–FY29)

1. Evaluation Purpose

The purpose of the Region 8 Evaluation Plan is to assess implementation, performance, outcomes, and sustainability of investments funded through the Behavioral Health Reform and Investment Act (BHRIA) from FY27 through FY29.

The evaluation is designed to support accountability, continuous quality improvement, and regional decision-making while documenting progress toward the goals identified through the Region 8 planning process, community listening sessions, and Sequential Intercept Mapping (SIM) workshop.

The evaluation will focus on:

- Expansion of access to behavioral health services
- Increased coordination and continuity of care
- Reduction of barriers to treatment and recovery
- Strengthening of the behavioral health workforce
- Expansion of prevention, treatment, recovery, and crisis services
- Development of sustainable regional infrastructure
- Advancement toward a Regional Certified Community Behavioral Health Clinic (CCBHC) model

Evaluation activities will support ongoing learning and continuous improvement while providing accountability to the Administrative Office of the Courts (AOC), the New Mexico Health Care Authority (HCA), participating counties, Tribal partners, providers, and community stakeholders.

2. Evaluation Governance Structure

Taos County, as the Accountable Entity, will oversee implementation of the evaluation plan.

Region 8 will establish an Evaluation and Performance Committee consisting of:

- Taos County
- Colfax County
- Union County

- Taos Pueblo
- Picuris Pueblo
- Provider representatives
- School representatives
- Healthcare partners
- Community-based organizations
- Individuals with lived experience

The region will work with an independent evaluator for the Region 8 plan implementation.

The evaluator will be responsible for:

- Finalizing evaluation methodology
- Developing reporting templates and dashboards
- Aggregating and validating data
- Conducting quantitative and qualitative analyses
- Preparing quarterly and annual reports
- Facilitating continuous quality improvement activities
- Supporting sustainability planning

3. Evaluation Design

The Region 8 evaluation will utilize a mixed-methods design combining:

Process Evaluation

Process evaluation will assess implementation fidelity and determine whether funded activities are being implemented as planned.

Focus areas include:

- Program start-up
- Staffing and workforce development
- Service implementation
- Procurement activities

- Provider participation
- Community engagement
- Regional collaboration

Performance Monitoring

Performance monitoring will track quarterly progress toward outputs identified in the logic model.

Examples include:

- Individuals served
- Referrals completed
- Transportation supports provided
- Youth participating in prevention services
- Workforce participants trained
- Treatment slots expanded
- Mobile crisis contacts
- Recovery supports delivered

Outcome Evaluation

Outcome evaluation will focus on measurable short-term and intermediate outcomes achievable during the three-year implementation period.

Examples include:

- Increased access to services
- Improved referral completion rates
- Increased treatment engagement
- Improved workforce retention
- Reduced wait times
- Increased transportation access
- Increased youth engagement
- Increased provider capacity

System-Level Evaluation

System-level indicators will be monitored to assess broader trends and community impact.

Examples include:

- Emergency department utilization
- Crisis utilization
- Justice-system involvement
- Treatment retention
- Overdose trends
- Workforce vacancy rates
- Regional behavioral health capacity

4. Core Evaluation Questions

Care Navigation and Coordination

- Did implementation increase access to navigation services?
- Were referral completion rates improved?
- Did coordination between systems improve?
- Were individuals more successfully connected to treatment and recovery services?

Housing, Transportation and Community Infrastructure

- Did transportation supports improve access to care?
- Did housing supports improve engagement and retention?
- Were infrastructure investments implemented as planned?

Youth Programs, Prevention and School-Based Supports

- Did youth participation increase?
- Were prevention services expanded?
- Did schools increase behavioral health engagement?

Workforce and Provider Supports

- Did workforce recruitment improve?

- Were providers retained?
- Did provider capacity increase?

SUD, Co-Occurring and Clinical Services

- Did treatment capacity expand?
- Were more individuals served?
- Did mobile crisis and recovery supports increase?
- Was progress made toward development of a Regional CCBHC?

5. Target Population

Evaluation activities will encompass the full population of Region 8, including:

- Adults with behavioral health needs
- Adults and youth with SMI and SED
- Youth and families
- Individuals with substance use disorders
- Individuals with co-occurring conditions
- Justice-involved individuals
- Tribal communities
- Rural and frontier residents
- Individuals experiencing housing instability

Data will be disaggregated whenever feasible by:

- County
- Tribal affiliation (where appropriate)
- Age
- Race/ethnicity
- Service category

6. Data Collection Methods

Quantitative Data Sources

- Provider service records
- Care navigation databases
- Transportation records
- Prevention program records
- Workforce program records
- Mobile crisis records
- Medicaid and claims data (when available)
- Regional dashboard data

Qualitative Data Sources

- Stakeholder interviews
- Focus groups
- Participant surveys
- Provider surveys
- Tribal partner feedback
- Community listening sessions

7. Key Performance Indicators

Priority 1: Care Navigation and Coordination

- Number of navigators hired
- Number of individuals served
- Number of referrals completed
- Referral completion rate
- Average time from referral to service
- Number of participating agencies

Priority 2: Housing, Transportation and Community Infrastructure

- Transportation vouchers provided
- Rides coordinated

- Housing supports provided
- Individuals receiving assistance
- Infrastructure projects completed

Priority 3: Youth Programs, Prevention and School-Based Supports

- Youth served
- Prevention activities delivered
- Schools participating
- Educators trained
- Families engaged

Priority 4: Workforce and Provider Supports

- Interns supported
- Workforce participants trained
- Providers receiving technical assistance
- Retention rates
- Provider capacity increases

Priority 5: SUD, Co-Occurring and Clinical Services

- Treatment slots added
- Detox admissions
- Mobile crisis contacts
- Recovery participants served
- Psychiatric appointments provided
- CCBHC implementation milestones achieved

8. Evaluation Timeline

FY27

- Identify evaluator
- Establish baseline measures

- Develop reporting systems
- Begin quarterly reporting
- Launch performance dashboard

FY28

- Conduct midpoint evaluation
- Analyze implementation outcomes
- Identify corrective actions
- Support continuous quality improvement

FY29

- Conduct final outcome evaluation
- Assess sustainability
- Complete final report
- Develop recommendations for future investment

9. Reporting Structure

Monthly:

- Implementation meetings
- Data review
- Problem solving

Quarterly:

- Performance dashboards
- Progress reports
- Stakeholder review meetings

Annually:

- Comprehensive evaluation report
- Outcome analysis
- Sustainability assessment

Final FY29:

- Regional Behavioral Health Plan Evaluation Report

10. Continuous Learning and Quality Improvement

Evaluation findings will be used continuously to:

- Improve implementation
- Address barriers
- Refine service delivery
- Strengthen regional partnerships
- Improve outcomes
- Support sustainability planning

The evaluation process will function as an ongoing learning system rather than solely a compliance activity.

X. TRIBAL COMPONENT

Region 8 includes Taos Pueblo and Picuris Pueblo as important regional partners and stakeholders.

The region recognizes the importance of Tribal sovereignty, culturally grounded approaches, and meaningful Tribal participation in behavioral health planning and implementation.

Tribal representatives participated in regional planning activities including the Planning Committee, listening sessions, and SIM workshop.

The region intends to continue collaboration with Tribal communities throughout implementation and to support culturally responsive and community-driven behavioral health approaches.

XI. TRIBAL PRIORITIES

Both Taos Pueblo and Picuris Pueblo have been active participants in the Regional Planning Committee, Community Listening Sessions, and the SIM workshop. Both Pueblos have signed letters of support (see Addendum A) to participate in Regional Planning Activities. Taos Pueblo and Picuris Pueblo plan to submit a Tribal priorities plan and funding request and are also active participants in the Regional plan.

Some of the Tribal priorities that were discussed during stakeholder engagement in the planning committee, listening sessions and the SIM workshop include:

- Expanded access to behavioral health services
- Transportation supports
- Care coordination and navigation
- Youth prevention and engagement programming
- Workforce development
- Recovery and treatment services to include detoxification and residential treatment
- Culturally responsive and community-based care
- Coordination with regional systems and providers

The region intends to support Tribal priorities through collaborative implementation and ongoing engagement.

XII. BUDGET JUSTIFICATION

Total Regional Plan Allocation

Region 8 Allocation (Excluding Tribal Set-Aside): $6,291,494

Year 1 – FY27 $ 1,604,332			
Priority	**% of Total Annual Funding**	**Total $ Amount**	**Justification**
Care Navigation and Coordination	**31.2%**	**$500,000**	Establish regional care navigation hub, telehealth, referral systems, behavioral health navigators, peer supports, and diversion coordination infrastructure.
Housing, Transportation, and Community Infrastructure	**11.7%**	**$ 187,500**	Transportation assistance, housing stabilization supports, and infrastructure support.
Youth Programs, Prevention, and School-Based Supports	**12.1%**	**$ 193,750**	Prevention initiatives, telehealth and other technology, youth engagement activities, and school-based supports.
Workforce and Provider Supports	**6.1%**	**$ 97,251**	Provider sustainability, and training.
SUD, Co-Occurring and Clinical Services	**31.2%**	**$500,000**	Peer and recovery supports, detoxification planning, MAT, mobile crisis development,

			telehealth, and treatment expansion.
Administration, Evaluation & Data Infrastructure	**7.8%**	**$ 125,830**	Fiscal management, evaluation, reporting, stakeholder engagement, and quality improvement.
Year 2 – FY28 $3,082,835			
Priority	**% of Total Annual Funding**	**Total $ Amount**	**Justification**
Care Navigation and Coordination	**32.4%**	**$1,000,000**	Full implementation of regional navigation and coordination services.
Housing, Transportation, and Community Infrastructure	**12.2%**	**$375,000**	Expanded transportation, housing, and infrastructure supports
Youth Programs, Prevention and School-Based Supports	**12.6%**	**$387,500**	Regional implementation of prevention and youth behavioral health programming.
Workforce and Provider Supports	**6.3%**	**$194,502**	Workforce supports and provider support, and training.
SUD, Co-Occurring and Clinical Services	**32.4%**	**$1,000,000**	Expansion of treatment, recovery, detoxification, and CCBHC development efforts.
Administration, Evaluation & Data Infrastructure	**4.1%**	**$125,830**	Ongoing contract management, reporting, evaluation, and fiscal oversight.

Year 3 – FY29 $1,604,327			
Priority	**% of Total Annual Funding**	**Total $ Amount**	**Justification**
Care Navigation and Coordination	**31.2%**	**$500,000**	Sustain care coordination and transition to long-term regional infrastructure.
Housing, Transportation, and Community Infrastructure	**11.7%**	**$187,500**	Continue transportation and housing support initiatives.
Youth Programs, Prevention and School-Based Supports	**12.1%**	**$193,750**	Sustain prevention, youth engagement, and school-based services.
Workforce and Provider Supports	**6.1%**	**$97,251**	Maintain workforce development and provider support activities.
SUD, Co-Occurring and Clinical Services	**31.2%**	**$500,000**	*Sustain treatment expansion, recovery supports, and clinical service development.*
Administration, Evaluation & Data Infrastructure	**7.8%**	**$125,830**	Final evaluation, sustainability planning, reporting, and closeout activities.

Priority 1 – Care Navigation and Coordination

Allocation: $2,000,000

This priority remains the foundational investment of the Region 8 Behavioral Health Plan. Funding will support ongoing development of a regional hub-and-spoke care coordination system, behavioral health navigators and peers, telehealth and technology supports, case management infrastructure, diversion coordination, referral technology, and cross-system collaboration. This investment establishes the infrastructure necessary to support all other

regional priorities and serves as a foundational component of future Regional CCBHC development.

Priority 2 – Housing, Transportation and Community Infrastructure

Allocation: $750,000

Funding will support targeted initiatives that address barriers to behavioral health treatment access, including transportation assistance, vehicle purchases, housing stabilization efforts, transportation vouchers, and coordination with existing housing and community infrastructure resources. Given the limited availability of BHRIA funding relative to housing needs, investments will focus on strategic and sustainable supports that leverage existing resources.

Priority 3 – Youth Programs, Prevention and School-Based Supports

Allocation: $775,000

Funding will support regional prevention programming, school-based behavioral health partnerships, youth engagement initiatives, peer supports, technology resources, teacher training, peer support activities, family engagement programs, and community-based prevention efforts. Emphasis will be placed on evidence-informed, culturally responsive, and trauma-informed approaches that strengthen protective factors and reduce future behavioral health needs.

Priority 4 – Workforce and Provider Supports

Allocation: $389,004

Funding will strengthen provider sustainability, workforce capacity, cultural responsiveness, and linguistic competency throughout Region 8. Stakeholders consistently identified workforce shortages, recruitment and retention challenges, limited clinical supervision capacity, and the need for a workforce that reflects the cultural and linguistic diversity of the communities served. These investments are intended to strengthen the provider network, improve workforce diversity, expand access to culturally and linguistically appropriate services, and improve long-term sustainability throughout Region 8.

Priority 5 – SUD, Co-Occurring and Clinical Services

Allocation: $2,000,000

This priority represents a major regional investment in expanding behavioral health treatment capacity and building a sustainable continuum of care.

Funding may support:

- Regional detoxification and MAT expansion initiatives
- Peer support and recovery support services
- Recovery Works program expansion
- Regional CCBHC planning and implementation
- Mobile crisis service development
- Outpatient treatment expansion
- Psychiatric and clinical workforce development
- Integrated physical and behavioral healthcare initiatives
- Co-occurring disorder treatment services

This investment directly addresses significant service gaps identified during the SIM process and advances Region 8's long-term vision of a coordinated regional behavioral health system.

Regional Administration, Evaluation and Data Infrastructure

Allocation: $377,490 (6%)

Funding will support:

- Fiscal management and oversight
- Contract administration
- Data collection and reporting systems
- Independent evaluation services
- Stakeholder engagement and implementation meetings
- Continuous quality improvement activities
- Compliance monitoring
- Quarterly and annual reporting requirements

This allocation ensures sufficient infrastructure to support accountability, performance monitoring, and successful implementation of the Regional Behavioral Health Plan.

Strategic Investment Summary

The budget intentionally concentrates approximately 64% of total funding in the two highest-priority regional infrastructure investments:

- Care Navigation and Coordination ($2,000,000)
- SUD, Co-Occurring and Clinical Services ($2,000,000)

Together, these investments establish the foundation for a future Regional Certified Community Behavioral Health Clinic (CCBHC), improve access to care, strengthen diversion and recovery pathways, and create sustainable regional behavioral health infrastructure capable of serving residents across Taos County, Colfax County, Union County, Taos Pueblo, and Picuris Pueblo.

Region 8 intends to utilize BHRIA funding to support implementation of identified priorities and development of sustainable regional infrastructure.

Funding allocations are anticipated to support:

- Care coordination and navigation staffing and infrastructure
- Youth prevention and school-based initiatives
- Workforce support and training activities
- Transportation and housing-related supports
- Detoxification, MAT and recovery service expansion
- Leveraging telehealth and other technology advancements
- Provider capacity-building and technical assistance
- Mobile crisis and clinical service expansion
- Regional coordination and evaluation activities

The region intends to prioritize investments that:

- Address critical service gaps
- Improve access and coordination
- Support long-term sustainability
- Leverage existing community resources
- Build regional infrastructure
- Strengthen workforce and provider capacity

Further budget development and allocation processes will occur through procurement and implementation planning.

XIII. CONCLUSION

Region 8's Behavioral Health Plan reflects extensive community engagement, stakeholder collaboration, and regional prioritization efforts conducted throughout the Behavioral Health Reform and Investment Act (BHRIA) planning process. Through listening sessions, stakeholder meetings, the Enhanced Sequential Intercept Mapping (ESIM) process, and ongoing Planning Committee engagement, the region identified five priorities that collectively address the most pressing behavioral health needs across Taos County, Colfax County, Union County, Taos Pueblo, and Picuris Pueblo.

The plan focuses on strengthening regional coordination, expanding access to care, improving prevention and youth supports, addressing workforce shortages, increasing access to substance use disorder and recovery services, and developing sustainable behavioral health infrastructure. The investments outlined in this plan are designed to create a stronger and more coordinated behavioral health continuum that is relational, trauma-informed, culturally responsive, evidence-based, recovery-oriented, and responsive to the unique needs of rural, frontier, and Tribal communities.

Region 8 recognizes that meaningful transformation of the behavioral health system cannot be achieved through a single funding opportunity. The investments described in this plan represent the beginning of a long-term regional strategy to build the infrastructure, workforce, partnerships, and service continuum necessary to meet the behavioral health needs of residents across the region. Continued investment and sustained commitment from state, Tribal, local, federal, and community partners will be essential to fully realize the vision outlined in this plan.

The region also recognizes that the behavioral health needs identified through the planning process substantially exceed the resources currently available through the BHRIA allocation. While the funding provided through this initiative represents a critical investment in the future of behavioral health services throughout Region 8, it is not sufficient to fully address the breadth and depth of needs identified by stakeholders. As a result, Region 8 has intentionally prioritized investments that build sustainable infrastructure, strengthen workforce capacity, improve care coordination, and establish a foundation for future growth and service expansion. The region views these investments as catalysts for long-term systems transformation and will continue pursuing additional funding opportunities, partnerships, and reimbursement strategies to further expand services and address unmet needs.

Through continued collaboration among counties, Tribal communities, providers, schools, courts, healthcare systems, community organizations, individuals with lived experience,

and families, Region 8 is committed to building a more coordinated, equitable, and sustainable behavioral health system capable of supporting recovery, resilience, and wellness across the lifespan. The priorities, strategies, and investments outlined in this plan provide a roadmap for strengthening behavioral health services today while laying the foundation for a healthier and more resilient Region 8 in the years ahead.

XIV. Region 8 Behavioral Health Provider List

Organization	Website	Brief Description
Rio Grande Alcohol Treatment Program (Rio Grande ATP)	https://riograndeatp.org	Primary nonprofit substance use disorder treatment provider offering outpatient counseling, intensive outpatient treatment, prevention, recovery support, DUI services, and behavioral health services.
Taos Behavioral Health (Nonviolence Works)	https://www.taosbehavioralhealth.org	Community behavioral health provider offering individual, family, youth, school-based counseling, trauma services, CCSS, parenting programs, and crisis intervention.
Golden Willow Counseling	https://www.goldenwillowcounseling.com	Outpatient mental health counseling, individual, family, group therapy, and intensive outpatient treatment.
El Centro Family Health	https://www.ecfh.org	Federally Qualified Health Center providing integrated primary care, behavioral health, psychiatry, MAT, and care coordination.
Presbyterian Medical Services (PMS)	https://www.pmsnm.org	Outpatient therapy, psychiatric services, integrated primary care, case management, and community support services.
Inside Out Recovery	https://www.recoveryinsideout.org	Peer-run recovery organization providing peer support, recovery coaching, outreach, family support, and recovery services.
DreamTree Project	https://www.dreamtreeproject.org	Youth crisis and transitional living program providing behavioral health support, housing, and case management.
Holy Cross Medical Center Behavioral Health Services	https://holycrossmedicalcenter.org	Hospital-based emergency behavioral health, integrated care, psychiatric consultation, and referrals.
Miners Colfax Medical Center	https://minershosp.com	Critical access hospital providing emergency behavioral health stabilization, telepsychiatry, and referrals.

Union County General Hospital & Health Clinic	https://www.ucgh.net	Integrated behavioral health, telehealth, crisis assessment, and referrals.
Taos Pueblo Behavioral Health Program	https://www.taospueblo.com	Tribal behavioral health services including prevention, counseling, recovery support, and culturally based healing.
Picuris Medical Center	https://www.picurispueblo.org	Integrated primary care and behavioral health services including counseling, screening, prevention, and referrals.
Compostela Community & Family Cultural Institute	https://www.compostelataos.org	Culturally responsive nonprofit providing counseling, substance use treatment, anger management, batterer intervention, and community health worker services.
TeamBuilders Behavioral Health	https://www.teambuilders.org	Community-based behavioral health, wraparound services, psychiatric care, therapy, and care coordination for children, youth, adults, and families.
Wellspring Mental Health Practice	https://www.wellspringmentalhealthpractice.com	Clayton-based outpatient mental health practice providing therapy for children and adults, including trauma, anxiety, depression, EMDR, CBT, ACT, and telehealth statewide.
Taos Alive Coalition	https://www.taosalive.org	Community coalition dedicated to preventing youth substance misuse and promoting behavioral health throughout Taos County.
Recovery Works – Taos Pueblo Behavioral Health Services		Recovery Works is Taos Pueblo's intensive outpatient recovery program serving Tribal members experiencing substance use disorders and co-occurring mental health conditions.
Las Cumbres Community Services	https://lascumbres-nm.org	Nonprofit community behavioral health organization serving children, youth, adults, and families throughout northern New Mexico
New Mexico Wellness Treatment Center – Taos	https://taosnmwellness.com/	Residential substance use disorder treatment center providing medically supervised detoxification, residential treatment, intensive outpatient services

		(IOP), medication-assisted treatment (MAT),
Taos Whole Community Health	https://www.taoswholecommunityhealth.org/	Nonprofit community health and wellness organization promoting integrative, holistic health in Taos.
New Hope Counseling, LLC		Outpatient counseling practice based in Raton, New Mexico, providing individual, family, and behavioral health counseling services for residents of Colfax County and surrounding communities.
Vista Taos Renewal Center (LifeHouse Vista Taos)	https://www.vistataos.com/?utm_source=chatgpt.com	CARF-accredited residential substance use disorder treatment center in El Prado serving adults with substance use disorders and co-occurring mental health conditions.
Pinwheel Healing Center – Taos	https://pinwheelhealing.com/taos-location/	Comprehensive outpatient behavioral health and substance use disorder treatment provider serving Taos and surrounding communities.
MAS Comunidad	https://www.penasconm.org/	Community-based nonprofit serving Peñasco and the surrounding villages of southern Taos County.

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