## Behavioral Health Reform and Investment Act Executive Committee Meeting June 24, 2025



## CONCEPTUAL FRAMEWORK AND WORKFLOW

## BEHAVIORAL HEALTH REGIONS

HYBRID Model

## 5 INTEGRATED INFRASTRUCTURE REGIONS (IIR)



UNMHSC WILL LEAD
REGIONAL SIM
WORKSHOPS WITH
PARTICIPATION FROM ALL
STAKEHOLDERS



STAKEHOLDERS
COLLABORATIVELY
IDENTIFY REGIONAL
PRIORITIES ALIGNED
WITH THE SIM



2 REPRESENTATIVES PER
COUNTY AND 1
REPRESENTATIVE PER TRIBE,
PUEBLO, AND NATION WILL
BE APPOINTED TO THE
PANEL\*

Planning team must include DFA Navigator, Hospital(s) Rep, BH Provider, and DOT Rep for effective planning



PANEL MEMBERS WILL VOTE ON <u>UP TO</u> 3 INFRASTRUCTURE PRIORITIES



ALL STAKEHOLDERS WILL VOTE USING THE PARTICIPATORY ANALYSIS FOR COMMUNITY ACTION (PACA) PROCESS



UP TO FIVE PRIORITIES
WILL BE DEFINED AND
INTEGRATED INTO THE
REGIONAL PLAN



EXECUTIVE COMMITTEE
WILL REVIEW & APPROVE
REGIONAL PLANS

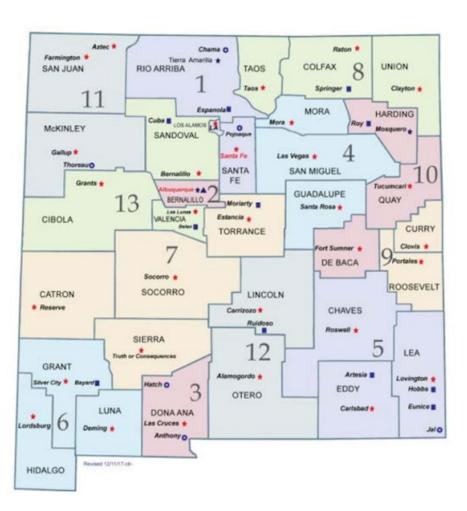
\* Representatives may be designated by each County and can come from either municipal and/or county government within that county.



PLANS COMPLETED BY
DECEMBER 1, MAY BE
INCORPORATED INTO THE
APPROPRIATION REQUEST

## PROPOSED BEHAVIORAL HEALTH REGIONS

# Proposed Behavioral Health Regions: Existing Judicial Districts (13)



#### **STRENGTHS**

- Highly localized planning allows for tailored responses to specific population needs.
- Better engagement of tribal, frontier, and rural communities.
- Increases opportunity for community ownership and innovation.

#### **WEAKNESSES**

- More complex governance and coordination.
- Risk of uneven capacity between regions (some may lack infrastructure or workforce).
- Higher administrative costs and potential duplication of efforts.

#### **OPPORTUNITIES**

- Can serve as a model for equity-driven reform across diverse geographies.
- Fosters deep partnerships at the local level.

#### **THREATS**

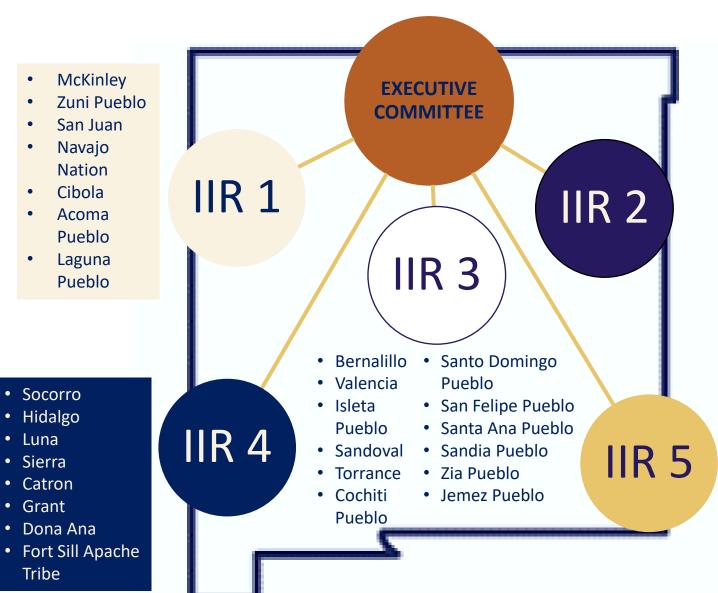
- Fragmentation risk—difficult to ensure consistency and accountability statewide.
- Smaller regions may struggle with sustainability or scaling successful practices.

13 Region	
High local input, aligns	5
with counties/tribes;	
tailored planning	
possible.	
Complex	3
coordination; more	
burden on	
AOC/Health Authority	
for oversight.	
Deep engagement,	5
flexible service design,	
community	
ownership.	
Potential duplication,	3
inconsistent capacity	
among regions.	
Average SWOT Score	4.0

To score a SWOT analysis of behavioral health planning proposal, each proposal was assigned qualitative ratings (**High, Medium, Low**) or numerical scores (e.g., 1–5) to each SWOT factor based on four core criteria:

- Administrative feasibility
- Local responsiveness
- Data/reporting capacity
- Stakeholder engagement potential

### **INTEGRATED INFRASTRUCTURE REGIONS (IIRs)**

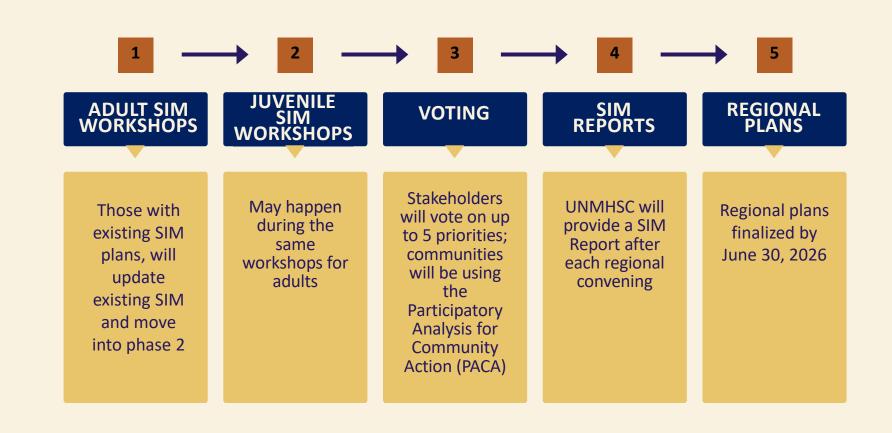


- Picuris Pueblo
- Ohkay Owingeh
- Santa Clara Pueblo
- Jicarilla Apache Nation
- San Ildefonso Pueblo
- Nambe Pueblo
- Pojoaque Pueblo
- Tesugue Pueblo
- Taos Pueblo
- Taos
- Guadalupe
- Colfax
- Harding
- Mora
- Union
- San Miguel
- Rio Arriba
- Santa Fe
- Los Alamos
- Curry
- De Baca
- Quay
- Chaves
- Lea
- Eddy

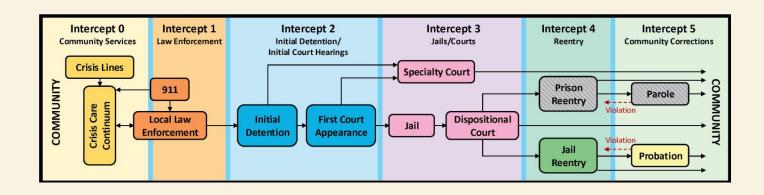
- Otero
- Lincoln
- Roosevelt
- Mescalero Apache Tribe

## SEQUENTIAL INTERCEPT MAPPING

## SEQUENTIAL INTERCEPT MAPPING



## SEQUENTIAL INTERCEPT MAPPING



Sequential Intercept Mapping Inventory		
Counties	Date	
	Competed	
Bernalillo*	2019	
Dona Ana*	2022	
Otero	2023	
Santa Fe	2024	
Rio Arriba	2024	
Colfax, Union, Taos	2024	
Los Alamos	Jun-25	
Las Vegas, Mora, Guadalupe	Jun-25	

Completed Counties	12
--------------------	----

<sup>\*</sup>Will need to update plans, but does not need to complete full SIM;

## TIMELINE

#### PRELIMINARY TIMELINE June 2025 – July 2026

