REGION 11
BEHAVIORAL HEALTH REGIONAL PLAN

Building Stronger Systems Together

Presentation

San Juan County • McKinley County • Navajo Nation • Pueblo of Zuni

August 2026

Background

Senate Bill 3 (SB3), enacted during the 2025 legislative session, is the Behavioral Health Reform and Investment Act. This landmark legislation overhauls New Mexico's mental health and substance abuse systems by replacing top-down state mandates with a localized, community-driven framework.

The legislation was designed to rebuild and stabilize New Mexico's behavioral health infrastructure.

- **Regional Planning:** The state was divided into 13 distinct behavioral health regions to better address unique geographic and demographic needs.
- **Local Prioritization:** Rather than receiving a one-size-fits-all plan from Santa Fe, local stakeholders, government officials, and healthcare agencies in each region identify up to five specific priorities to secure funding.
- **Oversight and Accountability:** The bill established the Behavioral Health Executive Committee, which includes representation from the New Mexico Health Care Authority and the Administrative Office of the Courts, ensuring government coordination and tracking of funds.
- **Actionable Improvements:** Alongside funding mechanisms, the law mandates steps like streamlining Medicaid credentialing for providers by 2027 to reduce administrative burdens, and utilizing the Sequential Intercept Model (SIM) to map gaps in the system.

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Overview & Timeline

About the Plan

Senate Bill 3, the **Behavioral Health Reform & Investment Act (BHRIA)**, passed during the 2025 New Mexico Legislative Session, calls for rebuilding and strengthening the state's behavioral health system through a regional approach. Region 11—covering McKinley and San Juan Counties, including Native American nations and communities—has been tasked with developing a **multi-year Behavioral Health Regional Plan** by **June 2026**.

The plan will identify up to **five regional behavioral health priorities** and propose strategies and investments to improve access, coordination, and outcomes across the behavioral health continuum.

Key Goals

- Strengthen and expand behavioral health and substance use services.
- Build regional collaboration among providers, tribal partners, and local governments.
- Develop actionable, fundable strategies for long-term system improvement.
- Ensure community voices guide priorities and investments.

Timeline of Key Deliverables

FALL 2025

- Project kickoff and designation of Accountable Entity
- Stakeholder engagement strategy and outreach
- Planning Committee & Partnership Agreements
- **December 9–11:** E-SIM Service-Mapping Workshop (McKinley County)

WINTER 2026

- **February 26 (5:30–7:30 PM):** Virtual Listening Session (facilitated by NM Alliance of Health Councils)
- Tribal engagement and outreach meetings
- Priority refinement and initial plan drafting

SPRING 2026

- Continued stakeholder outreach and action planning workshops
- Draft plan development and public comment period
- **April:** Draft Plan ready for review
- May-June: Presentations and approvals

SUMMER 2026

June: Final Regional Plan submitted to the State of New Mexico

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Why This Plan Matters

Behavioral health—mental health, substance use, and emotional well-being—is foundational to strong families, safe communities, and economic stability.

In Region 11, people face serious challenges:

- Long distances between services
- Housing instability and homelessness
- Limited access to timely mental health and substance use care
- High involvement of behavioral health needs in courts, jails, and emergency rooms
- Gaps in culturally responsive and community-based supports

This Regional Behavioral Health Plan is our shared roadmap to address these challenges—together, across counties, Tribal Nations, providers, courts, schools, and communities.

Who The Plan Serves

This plan is designed for all people in Region 11, with focused attention on those most impacted by gaps in care:

- Native American and Tribal communities
- Rural and frontier residents
- Youth, young adults, and families
- People experiencing homelessness or housing instability
- Individuals involved in the justice system
- People with mental health or substance use challenges

The plan respects Tribal sovereignty, supports government-to-government partnerships, and centers cultural humility and lived experience.

Our Shared Vision

A coordinated, culturally grounded behavioral health system where people can access the right support, at the right time, where they are rooted.

What Guides this Plan

This plan was developed through:

- Community listening sessions
- County and Tribal engagement
- An Enhanced Sequential Intercept Mapping (ESIM) workshop
- Data from health, housing, courts, and emergency systems

Community members, service providers, justice partners, and Tribal leaders identified where people get stuck and what works best when systems are aligned.

Five Regional Priorities

- Housing
- Justice
- Coordination
- Access
- Prevention

These priorities reflect what the community identified as most urgent and impactful.

Housing, Shelter, & Transitional Living

Key Investments

- Planning and support of housing-linked pilots and enhancing existing programs
- Expansion of low-barrier emergency and transitional housing
- Re-entry and justice-involved housing supports tied to treatment
- Housing navigation, landlord engagement, and tenant stabilization services

Budget

Year	%	Level	Justification
1	5%	$50,000	Focus on planning and supporting interventions and programs. Complete a facilitated triage of programs with operating resources: (BHRIA), (Other), or (Braided)
2	10%	$100,000	Same as Year 1, plus enhancing effective programs while providing a dedicated resource officer to assist programs to achieve other and braided investments to scale impacts.
3	15%	$150,000	Same as Year 1 & 2, plus creating and capitalizing affordable housing trust funds that are attracting tax-deductible donations and local investments.

Housing is the foundation of recovery.

What we're addressing?

- Homelessness and overcrowding
- Lack of housing options for youth, families, justice-involved individuals, and people with behavioral health needs

What this plan supports?

- Emergency, transitional, and recovery-oriented housing
- Housing linked with behavioral health supports
- Inclusive options for families, youth, elders, and justice-involved individuals

Why it matters?

Stable housing reduces crisis calls, jail stays, hospital visits, and makes treatment work.

Diversion, Specialty Courts & Justice System Improvements

Key Investments

- Expansion of pre-booking and post-booking diversion pathways
- Strengthening drug, DWI, and mental health courts
- Justice-embedded treatment, peer support, and re-entry coordination
- Youth-focused diversion and prevention models

Budget

Year	%	Level	Justification
1	25%	$250,000	These programs need a dedicated and dependable investment that they can build, enhance, and scale from utilizing braided and leveraged investments. Focus on proven best practices and enhancing existing programs for alternatives to detention, specialty courts, re-entry coordination, and jail-based programs paired with treatment.
2	25%	$250,000	
3	25%	$250,000	

People need treatment—not jail—when behavior is driven by behavioral health needs.

What we're addressing?

- High rates of substance use, mental health crises, and repeat justice involvement

What this plan supports?

- Diversion programs and specialty courts
- Treatment and peer support connected to justice settings
- Youth-focused prevention and intervention

Why it matters? Diversion improves safety, reduces costs, and increases recovery and stability.

Coordination & System Integration

Key Investments

- Regional behavioral health navigators and peer support workers
- Shared resource directories and referral pathways
- Warm-handoff protocols between hospitals, courts, providers, and community programs
- Ongoing regional coordination and data-informed planning

Budget

Year	%	Level	Justification
1	30%	$300,000	This is critical component to overall system effectiveness and likely will not be Medicaid eligible services so a consistent investment is needed. Over time the system itself should identify and eliminate duplications and become more efficient. Focus on navigation centers, systems, and sherpas supported by technology and data-informed planning.
2	30%	$300,000	
3	25%	$250,000	Slight reduction due to elimination of duplicative services, technology integration, and system efficiency.

No one should fall through the cracks.

What we're addressing?

- Fragmented services
- Confusing referral pathways
- Missed handoffs between systems

What this plan supports?

- Navigators and peer support
- Shared referral tools and resource directories
- Strong coordination between counties, Tribes, providers, courts, and schools

Why it matters? Better coordination means faster help, fewer crises, and better outcomes.

Access & Behavioral Health Infrastructure

Key Investments

- Expansion of outpatient, crisis, and recovery services
- Mobile and telehealth service models for rural and frontier communities
- Targeted facility and technology upgrades
- Workforce capacity building and Medicaid readiness

Budget

Year	%	Level	Justification
1	30%	$300,000	Focus on programs needing a dedicated and dependable investment while working towards reducing need as Medicaid provides support. One-time infrastructure investments to assist with technology integration and service enhancements.
2	25%	$250,000	Same as Year 1, with slight reduction in one-time investments with the hope of State funding through capital outlay and other programs.
3	25%	$250,000	

Care must exist where people live.

What we're addressing?

- Long waitlists
- Workforce shortages
- Aging or insufficient facilities
- Limited crisis response options

What this plan supports?

- Expanded outpatient, crisis, and recovery services
- Telehealth and mobile service models
- Facility updates and workforce capacity

Why it matters?

- Local access keeps people out of emergency rooms and jails and closer to their support networks.

Prevention, Community & Cultural Supports

Key Investments

- Community-based and culturally grounded prevention programs
- Youth leadership, mentoring, and after-school initiatives
- Family, kinship, and intergenerational supports
- Community education and stigma reduction efforts

Budget

Year	%	Level	Justification
1	10%	$101,142.33	This is critical component identified in the ESIM to overall system effectiveness and likely will not be Medicaid eligible services so a consistent investment. Investing in behavioral health prevention provides the best ROI by reducing long-term costs.
2	10%	$101,142.33	Same as Year 1, sustained investment phase with performance and evaluation outcomes that will attract local, tribal, and State investments to enhance and scale.
3	10%	$101,142.33	

The strongest systems prevent crises before they happen.

What we're addressing?

- Youth risk, trauma, and early substance use
- Lack of culturally grounded prevention options

What this plan supports?

- Community-based and culturally grounded prevention
- Youth leadership, mentoring, and safe spaces
- Family and intergenerational supports

Why it matters?

- Prevention builds resilience, reduces stigma, and strengthens communities long-term.

Budget & Justification

Priority	% of Annual Funds	Justification
Housing & Transitional Living	5% → 15% (scaled)	Housing is foundational; early funding seeds capacity with long-term sustainability
Diversion & Specialty Courts	25%	Reduces jail, improves safety, lowers justice costs
Coordination & Integration	25–30%	Backbone investment; prevents duplication and people falling through gaps
Access & Infrastructure	25–30%	Builds local care, reduces out-of-region placements
Prevention & Cultural Supports	10%	Highest long-term ROI, community resilience

Funding & Sustainability

- Short-term funds build capacity and fill gaps
- Medicaid sustains eligible services over time
- Tribal, county, state, and federal funding are braided—not duplicated
- The plan focuses on long-term stability, not temporary fixes

How Success Will Be Measured

Success is measured by real improvements, including:

- More people housed and stabilized
- Reduced emergency room visits and jail stays
- Faster access to care
- Increased use of outpatient and recovery services
- Stronger coordination across systems
- Improved outcomes for youth and families

Data will be used for continuous improvement, not punishment.

How the Plan Will be Implemented

Implementation is phased, realistic, and accountable:

- Phase 1: Build coordination, staffing, and governance
- Phase 2: Procure for services, including expand and enhance existing
- Phase 3: Scale what works and transition to long-term funding

The Accountable Entity along with Tribal Nations invited to serve as Co-Accountable Entities if and how they choose, will be responsible to implement, make investments, and be accountable for impacts.

What This Means for the Region

This plan means:

- Fewer crises and fewer barriers
- More support closer to home
- Respect for culture, sovereignty, and lived experience
- A system that works with people – not around them

Next Steps

June 3: Region 11 Stakeholder Committee Review Meeting

June 9: County Commission approval and direction to submit

June 19: Comment Period - https://www.nwnmcog.org/rbh11-plan.html

June 26: Final Plan Submission

After July 1:

- **Award**
- **Action Teams/Sub-Committees**
- **Procurement**

A simultaneous critical path is continued Tribal Planning, Engagement, and Collaboration at all levels

“Region 11 is building a connected, culturally grounded behavioral health system that puts people back in the center and creates ripples of lasting change for families and communities.”

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