

# BEHAVIORAL HEALTH REFORM AND INVESTMENT ACT

## Regional Plan Review

New Mexico Health Care Authority, Behavioral Health Services Division  
Legislative Finance Committee

*Authority: SB 3 (Laws 2025) Sections 4, 5, 10; Evaluation Guidelines (June 2025, Amended January 2026)*

PLAN IDENTIFICATION		
Region:	<hr/>	Date Received: <hr/>
Region Name:	<hr/>	Date of Review: <hr/>
Accountable Entity:	<hr/>	Reviewer: <hr/>
Submission Date:	<hr/>	Version: <hr/>

### Rating Guide


























For each criterion, circle or check one color. Use the Feedback column to record specific observations — what the plan does well, what is missing, what should be revised, and any page references.

<p><b>Green — Sufficient</b></p> <p>The plan addresses this requirement clearly and with adequate detail. No revision needed.</p>	<p><b>Yellow — Needs Strengthening</b></p> <p>The requirement is addressed but is incomplete, vague, or lacks supporting detail. Revision recommended.</p>	<p><b>Red — Not Addressed</b></p> <p>The plan fails to address this requirement or the response is so limited as to be inadequate. Revision required.</p>	
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## PART I — STATUTORY REQUIREMENTS (SB 3, Section 4(D))

The ten elements below are mandatory for every regional plan under SB 3 §4(D). Each criterion maps directly to statutory language.

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<b>1. Phased Implementation</b> <small>§4(D)(1)</small>	Plan includes a phased approach that addresses BH service gaps and describes continuation and/or expansion of existing services — not only new programs.	<input type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<b>2. Priority Limit</b> <i>§4(D)(2)</i>	No more than five priorities per phase are identified (or HCA approval for additional priorities is documented). Each priority is distinct and actionable.	 Green  Yellow  Red	<hr/> <hr/> <hr/>
<b>3. Local Resources</b> <i>§4(D)(3)</i>	Specific local resources — funding streams, in-kind, partnerships — are identified that may offset costs for each priority. Resources are concrete, not generic.	 Green  Yellow  Red	<hr/> <hr/> <hr/>
<b>4a. Timeline</b> <i>§4(D)(4)</i>	A project timeline is provided for each priority with key milestones, start/end dates, and responsible entities. Timeline is realistic given stated capacity.	 Green  Yellow  Red	<hr/> <hr/> <hr/>
<b>4b. Performance Measures</b> <i>§4(D)(4)</i>	Specific, measurable performance metrics are defined per priority. Process measures (outputs) are distinguished from outcome measures. A baseline or data collection plan is described.	 Green  Yellow  Red	<hr/> <hr/> <hr/>
<b>4c. Feasibility Analysis</b> <i>§4(D)(4)</i>	Plan demonstrates activities can be carried out given existing staffing, infrastructure, and timelines. Readiness is substantiated with evidence, not merely claimed.	 Green  Yellow  Red	<hr/> <hr/> <hr/>
<b>4d. Sustainability Plan</b> <i>§4(D)(4)</i>	A sustainability plan beyond the BHRIA funding period is described per priority, identifying specific paths to ongoing funding (Medicaid billing, MCO contracts, grants, local revenue).	 Green  Yellow  Red	<hr/> <hr/> <hr/>
<b>5. Continuity of Care Plan</b> <i>§4(D)(5)</i>	A continuity of care plan is included describing how individuals receive coordinated, continuous services across providers, levels of care, and transitions — including discharge planning and post-transition follow-up.	 Green  Yellow  Red	<hr/> <hr/> <hr/>
<b>6. Language Access</b> <i>§4(D)(6)</i>	Plan addresses language access for the region's population: services in languages other than English, Spanish as a baseline, Indigenous languages and other languages as applicable.	 Green  Yellow  Red	<hr/> <hr/> <hr/>
<b>7. Federal/Private Resources</b>	Where appropriate, strategies to obtain federal, local, or private	 Green	<hr/>

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
§4(D)(7)	funding are described (Medicaid waivers, Title IV-E, SAMHSA grants, philanthropy).	<input type="radio"/> Green <input checked="" type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/>
<b>8. Accountable Entity</b> §4(D)(8)	A capable and accountable entity is clearly identified. Roles, governance authority, fiscal responsibility, compliance functions, and escalation protocols are described.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>9. BH Provider List</b> §4(D)(9)	An appendix listing all behavioral health service providers in the region is included. List distinguishes provider type, services, and geographic coverage.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>10. Medicaid Coordination</b> §4(D)(10)	Plan explicitly describes how proposed services will optimize, leverage, or reinforce coordination with Medicaid as primary payer, including billing strategies, provider enrollment, and MCO alignment.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>

## PART II — EVALUATION GUIDELINES (SB 3 §5(B); LFC/HCA Guidelines, January 2026)

SB 3 §5(B) requires plans to meet evaluation guidelines jointly issued by the LFC and HCA. Criteria below are drawn from those guidelines.

### A. Regional Plan Template

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<b>Problem Statement</b> <i>Guidelines — Template</i>	A clear, data-supported problem statement is included for each priority area explaining the specific BH need or gap being addressed.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>Overarching Goals</b> <i>Guidelines — Template</i>	Three to five overarching, measurable goals are stated for each priority. Goals are specific enough to evaluate progress over time.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<b>Budget per Service</b> <i>Guidelines — Template</i>	A budget is provided for each service or priority area. Line items are reasonable, justified, and aligned with proposed activities.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>Evidence Base</b> <i>Guidelines — Template; §6-3A-3 NMSA</i>	Each proposed service is classified as evidence-based, research-based, promising practice, or not applicable (with justification). References NM BH Standards of Care.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>Medicaid Eligibility Addressed</b> <i>Guidelines — Template</i>	Plan addresses whether each service is Medicaid reimbursable. Non-Medicaid services are justified. Medicaid-covered services are prioritized where possible.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>

## B. Logic Models

Guidelines require a logic model for each service or priority identified. Rate the logic models as a whole and note any gaps by priority area in the feedback column.

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<b>Inputs Defined</b> <i>Guidelines — Logic Model</i>	Logic models identify specific financial and non-financial resources (funding amounts, staff types, technology, partnerships). Inputs are realistic given available resources.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>Actors Identified</b> <i>Guidelines — Logic Model</i>	Responsible entities are named for each activity. Roles are sufficiently distinct and not reliant on vague descriptions (e.g., 'community providers').	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>Activities Described</b> <i>Guidelines — Logic Model</i>	Specific implementation activities are described for each actor. Activities are concrete and actionable — not restatements of goals.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>Outputs Measurable</b> <i>Guidelines — Logic Model</i>	Output measures allow monitoring of whether activities are being implemented as intended (e.g., number of participants, sessions held, providers trained).	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<b>Outcomes Defined</b> <i>Guidelines — Logic Model</i>	Short- and long-term outcome measures are identified. Outcomes are distinct from outputs and reflect meaningful improvement in BH status, access, or system function.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	_____ _____ _____
<b>Logic Model Completeness</b> <i>Guidelines — Logic Model</i>	Logic models are provided for all identified priorities or services. Models are internally consistent — activities connect logically to outputs and outcomes.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	_____ _____ _____

### C. Program Evaluation Plans

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<b>Target Population</b> <i>Guidelines — Eval Plan</i>	Target population is described with eligibility criteria and an estimated number of unduplicated individuals to be impacted per funding period.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	_____ _____ _____
<b>Sub-Populations</b> <i>Guidelines — Eval Plan</i>	Sub-populations are identified (age, special health care needs, level of care, race/ethnicity). Plan considers disproportionately impacted communities.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	_____ _____ _____
<b>Evaluation Approach</b> <i>Guidelines — Eval Plan</i>	A specific evaluation approach is described (record reviews, site visits, surveys, interviews, or external evaluator). Approach is appropriate to the evidence level of the program.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	_____ _____ _____
<b>Data Collection</b> <i>Guidelines — Eval Plan</i>	Data collection methods are described (claims, records, surveys, etc.) and responsible parties are identified. Collection tool or system is named.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	_____ _____ _____
<b>Implementation Timeline by FY</b> <i>Guidelines — Eval Plan</i>	Timeline outlines activities across each fiscal year of the funding period. Timeline aligns with budget distribution.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	_____ _____ _____
<b>Annual Reporting Contacts</b>	Primary contact(s) for annual progress reports are identified	<input checked="" type="radio"/> Green	_____ _____

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<i>Guidelines — Eval Plan</i>	by name, title, and contact information.	<input type="radio"/> Green <input checked="" type="radio"/> Yellow <input type="radio"/> Red	_____

## PART III — PROGRAM DESIGN & IMPLEMENTATION SUFFICIENCY (SB 3 §10(B))

Section 10(B) directs the LFC to evaluate the sufficiency of regional plans' program design and implementation plans to ensure they can meet stated objectives.

### A. Sufficiency of Plan, Timelines, and Resources [§10(B)(1)]

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<b>Resource Adequacy</b> <i>§10(B)(1)</i>	Proposed funding levels are sufficient to accomplish stated goals. Budget allocations are proportional to the complexity and scale of each priority.	<input type="radio"/> Green <input checked="" type="radio"/> Yellow <input type="radio"/> Red	_____ _____ _____
<b>Timeline Realism</b> <i>§10(B)(1)</i>	Proposed timelines are realistic given procurement, contracting, and program ramp-up requirements. The plan accounts for lead time.	<input type="radio"/> Green <input checked="" type="radio"/> Yellow <input type="radio"/> Red	_____ _____ _____
<b>Staffing Plan</b> <i>§10(B)(1)</i>	Administrative and programmatic staffing needs are addressed. The accountable entity has existing capacity or a concrete plan to acquire it.	<input type="radio"/> Green <input checked="" type="radio"/> Yellow <input type="radio"/> Red	_____ _____ _____
<b>Funding Risk Mitigation</b> <i>§10(B)(1)</i>	Plan identifies and mitigates risks to the funding base (federal Medicaid changes, grant cycles, state revenue volatility). Contingency strategies are named.	<input type="radio"/> Green <input checked="" type="radio"/> Yellow <input type="radio"/> Red	_____ _____ _____

### B. Functional, Technical, and Operational Capacity [§10(B)(2)]

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<b>Data Infrastructure</b> §10(B)(2)	Data collection systems and infrastructure are described (EHR, performance dashboards, closed-loop referral). Systems are in place or have a concrete implementation plan.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>Quality Management</b> §10(B)(2)	A quality management framework is described with monitoring processes, corrective action protocols, and continuous quality improvement (CQI) mechanisms.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>Contract Management</b> §10(B)(2)	Service contracts will be managed with defined scopes of work, reporting obligations, performance monitoring, and enforcement mechanisms.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>BH Service Standards</b> §10(B)(2); §5(A)	Plan demonstrates alignment with NM Behavioral Health Service Standards, including evidence-based practices, CLAS standards, trauma-informed care, and HIPAA/42 CFR Part 2 compliance.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>Procurement Readiness</b> §10(B)(2)	Procurement strategy is described and appropriate (RFP, multi-award, IGA, ASO). Plan anticipates procurement timeline and identifies contracting vehicles.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>

### C. Identification of Gaps and Deficiencies [§10(B)(3)]

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<b>Needs Assessment Quality</b> §10(B)(3)	Demonstration of Need uses current, relevant quantitative and qualitative data. Sources are cited. Data is specific to the region, not generic state or national statistics.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>Service Gap Analysis</b> §10(B)(3)	Specific service gaps are identified and connected to proposed priorities. The plan explains how each priority addresses an identified gap. ESIM findings are incorporated.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>
<b>Disparity Analysis</b> §10(B)(3); §6(A)(2)	Disproportionately impacted communities are identified	<input checked="" type="radio"/> Green	<hr/> <hr/> <hr/>

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
	(race/ethnicity, immigration status, housing status, age, disability, LGBTQ+) with targeted strategies to reduce disparities.	<input type="radio"/> Yellow <input checked="" type="radio"/> Red	_____
<b>Tribal Engagement</b> §10(B)(3); §4(A)	Meaningful engagement with Indian Nations, Tribes, and Pueblos in the region is documented. Tribal priorities are addressed or a clear process for incorporating them is described. Sovereignty concerns are acknowledged.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input checked="" type="radio"/> Red	_____ _____ _____
<b>Plan Gaps Acknowledged</b> §10(B)(3)	Plan is transparent about what is not yet determined (pending tribal priorities, incomplete provider lists, unresolved contracting mechanisms) and provides a path to resolution.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input checked="" type="radio"/> Red	_____ _____ _____

**D. Sufficiency of Staff, Resources, and Partnerships [§10(B)(4)]**

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<b>Stakeholder Engagement</b> §10(B)(4); §4(A)-(B)	Plan documents meaningful stakeholder engagement — not just notification. Describes how input shaped priorities. Includes lived experience representatives. Public participation is documented.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input checked="" type="radio"/> Red	_____ _____ _____
<b>Partnership Depth</b> §10(B)(4)	Key partners (counties, municipalities, tribes, health systems, schools, justice system) are named with specific roles. MOUs or IGAs are in place or committed.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input checked="" type="radio"/> Red	_____ _____ _____
<b>Provider Network</b> §10(B)(4)	A sufficient provider network to deliver proposed services is demonstrated. Capacity limitations are identified. Plans to expand the network are described.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input checked="" type="radio"/> Red	_____ _____ _____
<b>Workforce Plan</b> §10(B)(4); §4(I)	BH workforce shortages specific to the region are addressed. Strategies include recruitment, retention, training, competitive compensation, and pipeline development.	<input checked="" type="radio"/> Green <input type="radio"/> Yellow <input checked="" type="radio"/> Red	_____ _____ _____

Criterion	What the plan should demonstrate	Rating	Evaluator feedback
<b>988/911 Interoperability</b> <i>§9; §10(B)(4)</i>	Coordination between the 988 and 911 systems is addressed as required by §9. Status of interoperability is documented.	<input type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red	<hr/> <hr/> <hr/>

## PART IV — OVERALL ASSESSMENT

Use this section to summarize findings across all parts and communicate an overall determination and recommended next steps to the accountable entity.

### Section Summary

Circle one color for each section, then capture the headline finding in the notes column.

Section	Rating	Key findings
Part I — Statutory requirements	<input type="radio"/> G <input type="radio"/> Y <input type="radio"/> R	Key findings: <hr/> <hr/>
Part II-A — Plan template	<input type="radio"/> G <input type="radio"/> Y <input type="radio"/> R	Key findings: <hr/> <hr/>
Part II-B — Logic models	<input type="radio"/> G <input type="radio"/> Y <input type="radio"/> R	Key findings: <hr/> <hr/>
Part II-C — Evaluation plans	<input type="radio"/> G <input type="radio"/> Y <input type="radio"/> R	Key findings: <hr/> <hr/>
Part III-A — Plan/timeline/resources	<input type="radio"/> G <input type="radio"/> Y <input type="radio"/> R	Key findings: <hr/> <hr/>
Part III-B — Functional/technical/operational	<input type="radio"/> G <input type="radio"/> Y <input type="radio"/> R	Key findings: <hr/> <hr/>
Part III-C — Gaps and deficiencies	<input type="radio"/> G <input type="radio"/> Y <input type="radio"/> R	Key findings: <hr/> <hr/>

Section	Rating	Key findings
Part III-D — Staff/resources/partnerships	<input type="radio"/> G <input type="radio"/> Y <input type="radio"/> R	Key findings: <hr/> <hr/>

### Overall Determination

Circle one: <input type="radio"/> Approved <input type="radio"/> Approved with Required Revisions <input type="radio"/> Return for Resubmission	
<b>Strengths:</b>	<hr/> <hr/>
<b>Strengths:</b>	<hr/> <hr/>
<b>Strengths:</b>	<hr/> <hr/>
<b>Required revisions:</b>	<hr/> <hr/>
<b>Required revisions:</b>	<hr/> <hr/>
<b>Required revisions:</b>	<hr/> <hr/>
<b>Critical gaps:</b>	<hr/> <hr/>
<b>Critical gaps:</b>	<hr/> <hr/>

### Recommended Next Steps

Describe specific actions the accountable entity must take, recommended technical assistance, and any deadlines or conditions for approval.

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## APPENDIX A — REVIEWER REFERENCE CHECKLIST

Quick reference of all mandatory plan elements from SB 3 and the January 2026 Evaluation Guidelines. Use as a pre-screening checklist before completing the full review.

### **SB 3 Section 4(D) — Mandatory plan contents**

- §4(D)(1) Phased implementation addressing service gaps, continuation, and expansion
- §4(D)(2) No more than five priorities per phase (or HCA-approved exceptions)
- §4(D)(3) Local resources identified to offset costs for each priority
- §4(D)(4) Timeline, performance measures, data infrastructure, feasibility analysis, and sustainability plan per priority
- §4(D)(5) Continuity of care plan for the region
- §4(D)(6) Language access considerations
- §4(D)(7) Plan for federal/local/private resources where appropriate
- §4(D)(8) Capable and accountable entity identified
- §4(D)(9) Appendix with all BH service providers in the region
- §4(D)(10) Medicaid coordination plan (optimize, leverage, reinforce Medicaid as primary payer)

### **SB 3 Section 10(B) — LFC review criteria**

- §10(B)(1) Sufficiency of plan, timelines, and resources
- §10(B)(2) Adequacy of functional, technical, and operational requirements, capabilities, and resources
- §10(B)(3) Identification of gaps and deficiencies in the regional plan
- §10(B)(4) Sufficiency of staff, other resources, and partnerships

### **Evaluation guidelines — required plan components**

- Clearly defined program goals, objectives, and expected outcomes in a logic model
- Description of program activities and roles of participating entities
- Determination of the evidence base for each proposed program
- How BH service gaps will be identified, tracked, and addressed
- Performance metrics and associated monitoring and reporting plan
- Comprehensive evaluation design (including external evaluator plan if applicable)
- Regional template completed per priority: problem statement, overarching goals, budget, evidence base
- Logic model completed per service: inputs, actors, activities, outputs, outcomes
- Program evaluation plan per service: target population, sampling, methods, data collection, timeline, contacts

### **Additional SB 3 requirements**

- §4(A) Meaningful engagement of all required behavioral health stakeholders
- §4(B) All stakeholders receiving appropriations must participate and submit annual reports
- §4(C) ESIM used to identify service gaps; plan updated upon ESIM completion
- §4(I) Higher education coordination for BH workforce pipeline

- §5(A) Adherence to NM generally recognized BH service standards
- §6(A)(2) Funding prioritizes disproportionately impacted communities
- §9 988/911 interoperability addressed

## APPENDIX B — REVIEWER GUIDANCE

### Evidence base classifications (§6-3A-3 NMSA 1978 and Evaluation Guidelines)

**Evidence-based:** Program evaluated in multiple rigorous studies (e.g., RCTs) consistently showing positive outcomes. Verify the cited evidence is current and applicable to the NM context.

**Research-based:** Program supported by research but evidence base is less robust than evidence-based (fewer studies, smaller samples, less rigorous design).

**Promising practice:** Program has shown potential to improve outcomes or increase efficiency and is worthy of further study. Requires more rigorous evaluation design.

**Not applicable:** Capital outlay, infrastructure, or administrative requests where research classification is not applicable. Must be explicitly justified.

### Disproportionately impacted communities

SB 3 §2(E) defines disproportionately impacted communities as those where multiple burdens — mental, substance misuse and physical stressors, inequity, poverty, limited BH services, and high unemployment — persistently and negatively affect health. Plans should identify specific populations (e.g., Hispanic, Native American, Black, LGBTQ+ youth, unhoused, undocumented, justice-involved) and demonstrate that proposed services are designed to reach them — not merely that these populations exist in the region.

### Tribal sovereignty considerations

Indian Nations, Tribes, and Pueblos operate on a government-to-government basis. Plans must document outreach and negotiation — not just invitations to stakeholder meetings. Where tribes have declined participation or raised data sovereignty concerns, the plan should document this and describe ongoing engagement strategies. Tribal allocations and timelines may differ from general regional timelines.

### Pre-RFP plans

Where a plan is submitted before RFPs have been issued and specific services selected, service-level logic models and evaluation plans cannot be fully completed. In these cases, a Yellow rating on Parts II-B and II-C criteria is appropriate if the plan includes priority-area level models and commits to a specific date for service-level completions following RFP award (typically 60-90 days post-award). A Red rating is warranted only if no logic models are present and no commitment is made.

### Common issues to watch for

- Logic models that list goals rather than activities, or outcomes indistinguishable from outputs
- Performance metrics that are aspirational rather than measurable (e.g., 'improve access' without an indicator)

- Sustainability plans relying solely on Medicaid billing without addressing non-Medicaid-eligible services
- Provider lists described as forthcoming without a commitment date
- Evidence base sections claiming 'evidence-based' without citing specific research or programs
- Tribal engagement described as a future activity rather than a documented current process
- Budgets that do not break down costs by service or priority area
- Evaluation plans that describe reporting mechanisms but not evaluation methods