



ENHANCED SEQUENTIAL INTERCEPT MAPPING (E-SIM) AND PRIORITIZATION WORKSHOP REPORT

Behavioral Health Region 10 De Baca County Harding County | Quay County

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Table of Contents

I.	Background	3
1.	Overview of the New Mexico Enhanced Sequential Intercept Model (E-SIM)	3
2.	Overview of E-SIM Mapping and Prioritization Workshop	3
II.	The Prioritization Process and Results from the Voting	4
III.	Summary of the Discussion Related to the Top Five Priorities	5
1.	Priority 1: Treatment and Recovery Supports	6
2.	Priority 2: Crisis Systems	8
3.	Priority 3: Youth and School Based Supports	10
4.	Priority 4: Community Wellness and Social Connection	12
5.	Priority 5: Justice, Diversion and Courts	14

Tables

[Table 1: Results of Priority Voting by Group](#)

[Table 2: Summary of Priority 1 Discussion](#)

[Table 3: Summary of Priority 2 Discussion](#)

[Table 4: Summary of Priority 3 Discussion](#)

[Table 5: Summary of Priority 4 Discussion](#)

[Table 6: Summary of Priority 5 Discussion](#)

Appendices

[A.1 Map of Behavioral Health Regions](#)

[A.2 Acronym List](#)

[A.3 New Mexico Enhanced Sequential Intercept Model \(E-SIM\)](#)

[A.4 Workshop Agenda](#)

[A.5 Youth E-SIM: Resources, Gaps, and Action Items Identified Across Breakout Groups](#)

[A.6 Adult E-SIM: Resources, Gaps, and Action Items Identified Across Breakout Groups](#)

[A.7 Region Specific Medicaid Snapshot Data](#)

[A.8 New Mexico Mortality Data](#)

[A.9 Summary of BHR 10 Listening Sessions](#)

[A.10 PPT of Provision Priority Buckets](#)

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I. Background

The New Mexico (NM) Behavioral Health Reform and Investment Act (BHRIA) was signed into law on February 27, 2025. This new law takes major steps to strengthen and rebuild NM's behavioral health system, including significant changes to how behavioral health and substance use treatment programs are managed statewide. The NM BHRIA is unique in that it focuses on building capacity and regional infrastructure to ensure that community voice and need inform regional behavioral health care. This new structure incorporates all three branches of government and brings stakeholders to the table – in a variety of ways – to strengthen the state's behavioral health care service system. The NM BHRIA Executive Committee oversees the implementation of the BHRIA and is responsible for approving regional behavioral health plans, directing and monitoring funding for those plans, establishing the behavioral health regions, and ensuring accountability throughout the implementation process. Two state agencies are leading the day-to-day efforts for this legislation: The NM Administrative Office of the Courts (AOC) and the NM Health Care Authority (HCA), Behavioral Health Services Division. The University of New Mexico (UNM) Behavioral Health Technical Assistance Center (BHTAC) assists these agencies with the operationalization and implementation of certain portions of the BHRIA.

One of the BHTAC's primary responsibilities is to facilitate Enhanced Sequential Intercept Model (E-SIM) Mapping and Prioritization Workshops in each of the 13 Behavioral Health Regions (Appendix A.1) and to produce a report summarizing the findings from each workshop. **This report presents the findings from the E-SIM Mapping and Prioritization Workshop conducted in Behavioral Health Region 10 (De Baca County, Harding County, and Quay County).** Appendix A.2 contains a list of acronyms used throughout this report.

1. Overview of the New Mexico Enhanced Sequential Intercept Model (E-SIM)

The E-SIM Mapping and Prioritization Workshops take a systems approach, using a specific orientation, to inform regional behavioral health planning. Appendix A.3 includes the E-SIM that was adapted for New Mexico from the original Sequential Intercept Model (Griffin, Heilbrun, Mulvey, DeMatteo & Schubert, 2015¹), modified in the following three ways:

- **The Addition of the Pre-Intercept: Community Prevention Services:** Not all individuals with mental illness (MI) and/or substance use disorders (SUD) encounter the justice system. Therefore, when mapping services within the community, it is important to assess the resources and gaps in Community Prevention Services that aim to support all individuals across the broader community.
- **The Addition of a Process to Support Mapping of the Youth System:** It is essential to understand the resources and gaps in services for youth who are at risk or living with MI and/or SUDs. Mapping these services helps ensure early identification and support.
- **The Focus on Prevention and Early Intervention:** Using a public health framework, the E-SIM identifies intervention opportunities and gaps to prevent New Mexicans from entering or moving deeper into the healthcare or justice systems.

2. Overview of E-SIM Mapping and Prioritization Workshop

The UNM BHTAC facilitated the E-SIM Mapping and Prioritization Workshop in Behavioral Health Region 10 (De Baca County, Harding County, and Quay County) over the course of 3 days (April 21st-23rd, 2026). A copy of the agenda is included in Appendix A.4.

Sixty-six unduplicated people attended the Workshop. Fifty-three people attended the first day with an additional 9 from the UNM BHTAC for a total of 62 attendees. Fifty-two people attended the second day with 9 people from the UNM BHTAC for a total of 61 attendees. Forty-four people attended the third day with 9 people from the UNM BHTAC for a total of 53 attendees. Participants represented a diverse range of perspectives from the following seven groups:

¹ Griffin, P. A., Heilbrun, K., Mulvey, E. P., DeMatteo, D., & Schubert, C. A. (Eds.). (2015). *The sequential intercept model and criminal justice: Promoting community alternatives for individuals with serious mental illness*. Oxford University Press. <https://doi.org/10.1093/med:psych/9780199826759.001.0001>

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1. Health System
 2. Legal System
 3. First Responders
 4. Tribal Representatives
 5. Government
 6. People with Lived Experience, Peer Support Workers, and Family Members/Loved Ones
 7. Community & Local Organizations

The E-SIM Mapping process and discussion regarding priorities took place in two breakout groups, with roughly equal representation from the seven stakeholder groups. Breakout groups also included UNM BHTAC facilitators, note-takers and scribes.

During the first day of the workshop, the breakout groups focused on mapping resources, gaps and opportunities at each intercept of the **Youth E-SIM**. A summary of the discussion of resources, gaps, and action items identified across all three breakout groups, is included in Appendix A.5.

During the second day of the workshop, the breakout groups focused on mapping resources, gaps and opportunities at each intercept of the **Adult E-SIM**. A summary of the discussion of resources, gaps, and action items identified across all breakout groups, is included in Appendix A.6.

The third day of the workshop focused on the **identification of priorities**. The process used to determine the five priorities, along with the summary of the discussion of the top five priorities across all three breakout groups is described below.

During the morning of the first day, additional materials were presented to the full group, including Region Specific Medicaid Snapshot data, NM Mortality data. A summary of notes from the listening sessions that took place prior to the workshop across the region was also presented before participants dispersed into breakout sessions. Copies of the written materials were included in participant packets and are also included as a separate appendix in this report: Region Specific Medicaid Snapshot data (Appendix A.7), NM Mortality data (Appendix A.8), and a summary of notes from the listening sessions (Appendix A.9).

II. The Prioritization Process and Results from the Voting

Under the New Mexico Behavioral Health Reform and Investment Act (BHRIA), each region is required to develop a Regional Plan identifying up to five grant or state-funded priorities. The prioritization process described below was designed to facilitate the identification of these five priorities.

At the end of the first and second day of the workshop, the UNM BHTAC reviewed the notes taken during the breakout sessions and identified themes (also referred to as Provisional Priority Buckets) that surfaced during the discussion of opportunities. A total of 10 Provisional Priority Buckets were identified and are listed below. During the first session of Day 3, UNM BHTAC presented a summary of the Provisional Priority Buckets and related action items (Appendix A.10) to the large group. Throughout the presentation, participants were invited to ask clarifying questions.

Provisional Priority Buckets

- Priority Bucket A: Behavioral Health Education and Stigma Reduction
- Priority Bucket B: Behavioral Health Coordination and Navigation
- Priority Bucket C: Community Wellness and Social Connection
- Priority Bucket D: Enhance Family Support
- Priority Bucket E: Crisis Systems
- Priority Bucket F: Justice, Diversion and Courts
- Priority Bucket G: Re-entry
- Priority Bucket H: Treatment and Recovery Supports
- Priority Bucket I: BH Workforce Development
- Priority Bucket J: Youth and School Based Supports

The 10 provisional priority buckets were posted on chart paper around the room. Each participant received five dots to vote for their top five priorities. Each group (i.e., health system, legal system, first responders, Tribal representatives, government, people with lived experience, and community organizations) was assigned a unique dot color. The top five priorities are listed below and the results of the voting by group are summarized in Table 1.

Top Five Priorities

1. Treatment and Recovery Supports
2. Crisis Systems
3. Youth and School Based Supports
4. Community Wellness and Social Connection
5. Justice, Diversion and Courts

Table 1: Results of Priority Voting by Group

	Health System	Legal System	First Responders	Government	People with Lived Experience	Community Organizations	Tribal Representatives	Total
Priority Bucket A: Behavioral Health Education and Stigma Reduction	2	4	0	1	1	2	0	10
Priority Bucket B: Behavioral Health Coordination and Navigation	4	5	0	2	3	4	0	18
Priority Bucket C: Community Wellness and Social Connection	4	7	0	3	1	6	0	21
Priority Bucket D: Enhance Family Support	0	9	0	3	2	3	0	17
Priority Bucket E: Crisis Systems	6	11	0	4	2	1		24
Priority Bucket F: Justice, Diversion and Courts	3	10	0	2	2	3	0	20
Priority Bucket G: Re-entry	3	8	0	3	2	3	0	19
Priority Bucket H: Treatment and Recovery Supports	6	11	0	3	4	4	0	28
Priority Bucket I: BH Workforce Development	4	2	0	0	0	3	0	9
Priority Bucket J: Youth and School Based Supports	3	8	0	4	7	2	0	24
Total	35	75	0	25	24	31	0	

III. Summary of the Discussion Related to the Top Five Priorities

After the voting process was completed, participants once again convened into two breakout groups, with roughly equal representation from the seven stakeholder groups, to discuss the following guiding questions:

1. What are the most important action items related to each of the five priority buckets that Behavioral Health Region 10 wants to advocate for at this time?
2. What are the implementation issues that need to be considered?
3. What are the sustainability issues that need to be considered?

The following section summarizes breakout session discussions related to each of the five top priority buckets. The action items aligned with the five final priority buckets are also presented below.

1. Priority 1: Treatment and Recovery Supports

Table 2: Summary of Priority 1 Discussion

Action Items from the Intercept Mapping Sessions	• Increase use of CPSWs to help with successful recovery. • Develop transitional housing options in recovery friendly environments. • Expand resources to Health Councils to support transportation. • Develop local and regional transportation supports (e.g., bus route or city van pickup). • Consider expanding opportunities for integrated BH in primary care. • Develop local detox program. • Consider technological reminders for people to take medications. • Expand BH and related services at local existing settings (e.g., recreation center, community college). • Explore developing local treatment guardian service that could contract with Office of the Guardianship. • Expand use of long-acting injections for treatment of individuals with serious mental illness.
Top Priorities to Work on Now and Additional Considerations	Development of Local Detox Services • Advocate for local detox capacity prior to individuals entering treatment, as local hospitals currently do not provide detox services. • Explore models such as PMS's Farmington Sobering Center, which is a collaboration between the city, county, and PMS, and assess adaptability for BHR 10. • Consider whether detox services at the Clovis Crisis Triage Center could meet Region 10 needs. • Explore clinical support from FQHCs, potentially supplemented by telehealth, to address workforce limitations. Implementation or Expansion of a RISE-Like Re-entry Program • Advocate for development of a RISE or RISE-like program to support individuals re-entering the community from jail. Key components include Medicaid enrollment assistance, warm handoffs to services, and broader eligibility criteria to include individuals excluded under current RISE offense restrictions. Transportation Infrastructure for Treatment and Recovery • Advocate for medical and recovery-related transportation solutions, including transportation to treatment, medical appointments, groceries, and services. • Support development of a locally-based transportation entity that could contract with MCOs. • Advocate for fixed-route bus services focused on healthcare and basic needs access. • Promote regional collaboration with existing transportation efforts (e.g., EPCOG and DOT coordination). Expansion of Transitional and Recovery Housing • Support transitional recovery housing models, including hotel conversions and small-scale recovery housing. • Advocate for recovery housing that includes staffing, community meals, therapy, peer support, CCSS, independent living skills, and employment readiness supports. • Prioritize housing options for individuals transitioning from detention and homelessness, with programs lasting approximately 4–8 months.

Implementation Issues	Detox Services - Local hospitals currently do not provide detox, and capacity at critical access hospitals must be assessed. - Workforce shortages pose a challenge; telehealth and FQHC support may be needed to operationalize detox. - Determining whether Clovis Crisis Triage Center can serve Region 10 requires further planning. Re-entry / RISE Program Implementation - Program requires dedicated staffing to assist with Medicaid enrollment and care coordination. - Transportation barriers significantly impact individuals re-entering from jail. - Expansion to a RISE-like model with broader eligibility would require policy and funding alignment. Transportation - Creation of a local transportation company requires a formal business plan. - DOT certification is required; while city-owned EMS are certified, many local EMS providers are not. - Coordination across regions and with DOT, EPCOG, and existing transportation specialists is necessary. - Past federal transportation funding models should be explored but require administrative capacity. Transitional Housing - Housing models require facility acquisition or conversion, staffing, and service coordination. - New projects (e.g., Nurstead in Tucumcari and potential De Baca expansion) require start-up planning and integration with treatment providers. - Capacity is currently small (e.g., ~8 individuals), which may limit immediate impact.
Sustainability Issues	Detox Sustainability - If detox is only located in Clovis, it could create an ongoing burden for first responders. - Long-term sustainability may depend on hospital participation, which is uncertain due to capacity constraints. RISE / Re-entry Program Sustainability - Current RISE funding is state-based, and sustainability depends on continuation of that funding. - Existing eligibility limitations reduce long-term system impact unless addressed. Transportation Sustainability - Long-term viability depends on MCO reimbursement for non-emergency medical transportation. - BHRIA funding could support start-up, but diversified funding (Medicaid, federal, local) is needed. - Federal funding can be unstable and administratively burdensome. - County indigent funds could supplement transportation but are historically jail-focused and would require strategic realignment. Transitional Housing Sustainability - Ongoing operations could be sustained through billing for therapy, CCSS, and peer support services.

- Long-term success depends on stable reimbursement, referrals, and workforce retention.

2. Priority 2: Crisis Systems

Table 3: Summary of Priority 2 Discussion

Action Items from the Intercept Mapping Sessions	• Promote awareness and use of 988 services • Ensure collaboration with planned Clovis Crisis Triage Center with communication across regions. • Develop co-response crisis response teams and consider small local teams for quick response. • Explore how other communities have implemented crisis response and modified CIT. • Consider expanding BH crisis model through Mesa Counseling in ED. • Develop protocol and pathway for dispatch to route BH calls to 988. • Support dispatch and LEOs with education and information about BH crises, tools, and resources. • Offer trainings (e.g., MHFA, SAMHSA 4-hour training, or BH training via Nurstead) to Dispatch and LEOs. • Establish funding source for mobile crisis for non-Medicaid eligible individuals. • Implement suicide prevention and response programs. • Advocate for psychiatric beds in Trigg hospital expansion.
Top Priorities to Work on Now	Behavioral Health Training for Dispatch • Advocate for specialized BH training for dispatchers, focused on local resources and decision-making. • Support development of a local BH call script and decision tree, including de-escalation skills, local service knowledge, and integration of 988 alongside 911. • Ensure dispatch training reflects local pathways, not just national models. Law Enforcement Behavioral Health Training • Continue advocacy for Crisis Intervention Team training and other required behavioral health trainings for law enforcement officers. Public Awareness of Crisis Resources • Use local radio and other media to promote awareness of 988 and 211 as primary crisis resources. • Support broader regional education campaigns to increase awareness and use of 988. Development of Local Clinical Call Trees for Law Enforcement • Advocate for a local clinical call tree that allows law enforcement to quickly access behavioral health professionals during crises. • Explore rotating on-call schedules among providers (e.g., Mesa Counseling MHR, Professional Counseling, Sunrise). • Align this model with 988 infrastructure and existing Mobile Crisis Team planning. Behavioral Health–Led Mobile Crisis Teams (MCTs) • Support development of BH-led MCTs being developed by Nurstead. • Advocate for a model that is dispatched by 988, not law enforcement, while remaining accessible to first responders. Hospital Partnerships

	• Advocate for stronger partnerships with hospitals, including participation in crisis planning. • Keep hospitals engaged in discussions around detox services and potential acute psychiatric beds, even if capacity is currently limited. Collaboration with Clovis Crisis Triage Center (CTC) • Advocate for formal collaboration with the planned Clovis CTC. • Request regular reporting on BHR 10 residents served and ongoing updates on the clinical model.
Implementation Issues	Dispatch Training • Need for a clear, standardized curriculum specifically tailored to BHR 10. • High dispatcher turnover limits time for ongoing training and searching resource directories. • Training must integrate local resources, de-escalation skills, 988 transfer protocols, and BH decision-making. • National training (e.g., SAMHSA) must be adapted to local context; local providers (e.g., Nurstead) could assist. Law Enforcement Training • Trainings must fit within existing law enforcement certification and training budgets. Clinical Call Tree for Law Enforcement • Requires high coordination among providers. • Must be clearly distinguished from formal co-response models where BH staff are embedded in LEO agencies. • Volunteer or on-call models (e.g., Red Cross-like structure) require clear logistics, roles, and liability planning. • Must align with Nurstead-managed MCT efforts to avoid duplication. Behavioral Health–Led MCTs • Operational clarity needed on dispatch protocols, eligibility, and coordination with 911 and law enforcement. • Education for stakeholders on how BH-led models differ from law-enforcement-led co-response models. Hospital Engagement • Hospitals must be engaged early despite current service limitations. • Ongoing relationship-building is necessary; Presbyterian Hospital has expressed openness. Clovis CTC Coordination • Need for consistent communication pathways between BHR 10 and Clovis CTC leadership. • Transportation logistics from BHR 10 to Clovis must be actively monitored. • Regular data sharing and education on the evolving clinical model are needed.
Sustainability Issues	Dispatch Training • BHRIA funding could support initial training costs. • Training models should minimize need for ongoing retraining to accommodate turnover. Behavioral Health–Led MCTs • Sustainability depends on ability to bill Medicaid for eligible individuals.

	- Long-term viability tied to reimbursement rates, workforce stability, and call volume. Clinical Support for Law Enforcement - On-call or volunteer-based call tree models may face challenges with provider availability and burnout if not adequately supported. Hospital Partnerships - Long-term sustainability depends on hospital capacity expansion, funding, and policy changes related to detox and psychiatric beds. Clovis CTC Collaboration - Sustained impact requires ongoing communication, transparency, and shared data. - Region 10 needs continued insight into the clinical effectiveness of the CTC for its residents. Public Awareness Efforts - Awareness campaigns for 988 and 211 require ongoing reinforcement to remain effective over time.
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3. Priority 3: Youth and School Based Supports

Table 4: Summary of Priority 3 Discussion

Action Items from the Intercept Mapping Sessions	- Publicize School Behavioral Health Centers (SBHCs) services for youth and families. - Provide psychoeducation and training to youth (e.g., on anxiety, depression, substance use, NARCAN). - Increase student access to prevention programs (e.g., bullying, substance use). - Bringing back DARE program with focus on vaping and bullying prevention. - Provide training to teachers and school staff on referral process and recognizing BH problems in youth (e.g., Teen Mental Health First Aid). - Creating a pathway for schools to refer to MST directly for youth at risk of justice involvement. - Develop a youth drop-in center. - Consider expanding SRO in Tucumcari covering middle schools. - Engage teachers in addressing stigma in schools. - Develop programming for youth with substance use issues and referral pathways. - Promote school engagement in roll out of School Pulse app. - Support implementation of School Pulse 9-month peer-to-peer prevention program called "Swell Teen". - Establish a youth council and other youth-led committees. - Incorporate School Pulse curriculum for in-school suspension. - Create incentives for youth completing treatment. - Develop restorative justice pilot in the schools.
Top Priorities to Work on Now	School-Based Prevention Programming - Advocate for prevention programming in schools, including NARCAN education and other early intervention efforts. - Support the rollout of School Pulse, with a focus on middle and high schools. Social and Emotional Learning (SEL) Curriculum - Advocate for implementation of the Thrive SEL curriculum, with training support from the New Mexico National Guard for local facilitators. - Prioritize elementary school implementation, pending district buy-in.

	Restorative Justice in Schools • Support continued Restorative Justice pilots in middle and high schools and explore expansion to additional districts. • Promote alignment with existing models (e.g., Raton model used in Tucumcari). School-Based Mental Health Workforce • Advocate to continue funding two school-based social workers through REC6 to support mental health services across school districts. • Explore options to include districts not covered by REC6, such as Harding County. School-Based Health Center (SBHC) Kiosks • Support expansion of SBHC kiosks through Sunrise at additional schools to increase student access to behavioral health services. Training for School-Based Providers and Staff • Advocate for specialized clinical training for school-based therapists (e.g., play therapy, trauma-informed care). • Support Youth Mental Health First Aid training for school staff. Addressing Educational Time vs. Behavioral Health Needs • Advocate for solutions that reduce tension between instructional time and student access to behavioral health services. • Support school-based presentations to increase understanding of behavioral health programming. School Resource Officer (SRO) Coordination • Support effective SRO implementation models, recognizing the role of school-paid or retired LEOs.
Implementation Issues	Prevention and SEL Programming • Health Councils can deliver some prevention training, but school district buy-in is required. • Thrive implementation requires training local facilitators and district approval, especially at the elementary level. School Pulse • Needs coordination with schools, particularly middle and high schools, to integrate assessments and feedback loops. Balancing Academic and Behavioral Health Needs • Teachers may be reluctant to release students from class for counseling. • Requires coordination with principals and clear communication on the value of behavioral health supports. Restorative Justice • Implementation is limited by teacher buy-in and training capacity. • Requires identification of facilitators and alignment across districts. • Coordination with Regional Education Cooperatives (REC6, REC3) is necessary for broader rollout. School-Based Social Workers • Current funding gaps exist due to the ending of United Way grants. • Operational decisions include whether services are housed within education systems (REC6) or healthcare agencies.

	SBHC Kiosks - Each kiosk requires a school-based facilitator to connect students with clinicians. - Strong school administrative buy-in is essential. Training for Providers and Staff - Clinical trainings require time and workforce capacity. - Youth Mental Health First Aid includes pre-work and an 8-hour training, necessitating staff commitment. School Resource Officers - LEO workforce turnover is a challenge. - Effectiveness depends on close coordination with school leadership.
Sustainability Issues	School-Based Social Workers - Estimated cost of \$100,000–\$200,000 annually to support services across school districts. - REC6-based funding has strong school support. - If housed within healthcare agencies, services could be sustained through Medicaid billing. - Separate funding strategies are needed for districts outside REC6 coverage. Restorative Justice - Long-term sustainability depends on district buy-in, trained facilitators, and integration into school culture. - Potential funding through REC6 or clinical billing if services include reimbursable components. SBHC Kiosks - Medicaid reimbursement provides a sustainable funding stream once established. Provider Training - Ongoing workforce training strengthens long-term provider capacity and service quality. SEL, Prevention, and Awareness Efforts - Sustainability depends on embedding programs into standard school practice rather than relying solely on short-term grants. SRO Models - Sustainability is affected by law enforcement workforce stability and continued school funding.

4. Priority 4: Community Wellness and Social Connection

Table 5: Summary of Priority 4 Discussion

Action Items from the Intercept Mapping Sessions	- Enhance LC10 as a collaboration of all three county health councils. - Identify local people (e.g., young adults, mentors) to lead community activities (yoga, crafts, etc.) - Increase opportunities for volunteering and volunteer training through collaborations with state Red Cross and Emergency Management. - Recruit and retain drivers for volunteer transportation. - Regionwide, publicize and recruit for volunteer programs, especially those serving youth (e.g., youth mentorship, Big Brothers Big Sisters of NM).
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	• Increase positive youth activities, including non-sport activities (e.g., theater, art, chess). • Increase job opportunities for youth. • Consider encouraging participation in Youth Conservation Corps and other state programs. • Revitalize outdoor spaces such as water features in parks. • Develop community garden in collaboration with Mesalands Community College. • Explore using Tucumcari HS FFA Greenhouse for intergenerational opportunities. • Use Facebook and newspaper to promote activities and local services. • Promote positivity about the community (e.g., via positive media campaigns).
Top Priorities to Work on Now	Youth Mentorship and Outdoor Engagement • Develop a youth mentorship program connected to state parks, potentially involving park rangers. • Promote collaborations among Soil Conservation Service, 4-H, FFA, and schools. • Explore allowing PE or community service credit for youth participation. Youth Internships and Workforce Exposure • Support and expand summer internship opportunities for youth in De Baca, Quay, and Harding counties. • Advocate for community-supported supervision models to expand the number of internships available. Revival of Youth Conservation Corps (YCC) • Advocate to revive the Youth Conservation Corps program previously operated by the City of Tucumcari. Community Stigma Reduction and Help-Seeking • Advance efforts to reduce stigma related to behavioral health. • Encourage help-seeking behaviors and educate families on how to access behavioral health resources. Regional Communication and Social Connection • Develop or strengthen a regional communication network to share information about community activities and resources across BHR 10. • Expand multi-modal outreach strategies to reach diverse and rural populations.
Implementation Issues	Youth Mentorship Programs • Identifying a lead organization (e.g., Soil Conservation Service). • Coordinating multi-partner collaboration (4-H, FFA, schools). • Adult volunteer availability is a key barrier. • Summer-focused programs may require grant funding for paid facilitators. Internships and YCC • Availability of internships depends on the number of participating employers. • Summer youth supervision requires dedicated staff, such as the teacher hired in Tucumcari. • Reviving the YCC requires an organizational sponsor to manage and administer the program. Stigma Reduction and Help-Seeking • Health Councils already have existing stigma-reduction curricula and trained facilitators. • Minimal funding is needed for food, incentives, and engagement supports. • Libraries and other community hubs can help distribute information.

	Communication Across Region 10 • Need to coordinate messaging across multiple platforms due to varied access to technology. • Must tailor communication for rural communities, Spanish-speaking residents, and those not on social media.
Sustainability Issues	Youth Programs and Mentorship • Long-term sustainability depends on stable adult leadership, volunteer recruitment, and institutional partnerships. • Reliance on grants for paid facilitation may limit longevity without diversified funding. Internship and YCC Programs • Continued availability is tied to employer participation and sponsorship capacity. • Programs may need consistent funding streams or municipal/nonprofit ownership to continue long-term. Community Communication and Stigma Reduction • Sustainable outreach requires ongoing communication infrastructure, not one-time campaigns. • Health Councils already use radio, email, social media, and church newsletters, which could be expanded. • Future strategies may include: ○ Social media, flyers, radio, and print newsletters ○ Community marquees and business partnerships ○ Spanish-language flyers in stores ○ Paid flyer inserts in local newspapers ○ Subscription-based tools such as Constant Contact Equitable Access • Sustained success requires multiple communication formats to reach residents with limited internet access.

5. Priority 5: Justice, Diversion and Courts

Table 6: Summary of Priority 5 Discussion

Action Items from the Intercept Mapping Sessions	• Explore pre-booking diversion opportunities. • Increase use of opportunities for early delegated release when applicable. • Add mandated counseling into MOUs for pre-trial services. • Include needs assessment as part of pre-trial assessment in addition to risk assessment. • Add pre-trial CPSW navigator position to help individuals navigate the criminal justice system; address needs like housing, employment, etc. during and after involvement in criminal justice system. • Explore piloting AOT through Magistrate's court. • Develop local committee who support successful re-entry like employment (write letters of support). • Need more access to BH providers (therapists and psychiatric medications) in jail. • Better communication between JPOs/POs, BH providers, schools, and courts. • Explore possibility of magistrate judges running specialty treatment court. • Identify local work (e.g., farmers, ranchers) or community service opportunities for youth involved in delinquent behavior for informal diversion. • Explore resurrecting Teen Court in collaboration with DWI court and school.
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	• Explore possibility of developing a Juvenile Detention Alternatives Initiative (JDAI) site. • Consider collaboration with other counties for MOUD provider in detention settings to maximize economy of scale.
Top Priorities to Work on Now	Specialty Treatment Court with Broad Eligibility • Advocate for development of a specialty treatment court (potentially at the magistrate level) with broad eligibility criteria, focused on behavioral health treatment rather than narrow offense types. • Promote models that incorporate transportation support, flexibility around employment expectations, and strong behavioral health integration. Re-entry Supports • Advocate for re-entry specialists to help justice-involved individuals navigate services, treatment, and supervision requirements. • Explore development of a RISE or RISE-like program, with broader eligibility than the current state RISE program. Improved Cross-System Communication • Strengthen communication and coordination between probation officers, courts, and behavioral health providers. • Advocate for clearer court orders that specify treatment expectations when counseling is mandated. Accountability Linked to Appropriate Services • Advocate for clear participant accountability for pre-trial services while ensuring that required services align with clinical need and assessment outcomes, not just court mandates. Employment Opportunities for Justice-Involved Individuals • Promote employment and workforce pathways for people re-entering the community from incarceration. • Support creative local models for paid work and skill development. Local Funding for Behavioral Health • Explore local revenue strategies, including setting aside a portion of cannabis dispensary tax revenue to support behavioral health initiatives.
Implementation Issues	Specialty Treatment Court • Requires coordination with other judicial districts to design and operationalize a magistrate-level treatment court. • Key roles needed include: ○ Licensed behavioral health practitioner ○ Judge ○ Probation officer ○ Behavioral health provider ○ District Attorney and defense representation (contract public defenders rather than LOPD) ○ Potential involvement of Division of Vocational Rehabilitation (DVR) • Employment requirements may be difficult due to limited local employers, requiring proactive employer engagement. • Transportation must be incorporated into the court model. RISE / Re-Entry Programming • Existing RISE program has very restrictive eligibility, limiting reach. • An adapted model would require redesign of eligibility criteria and referral pathways.

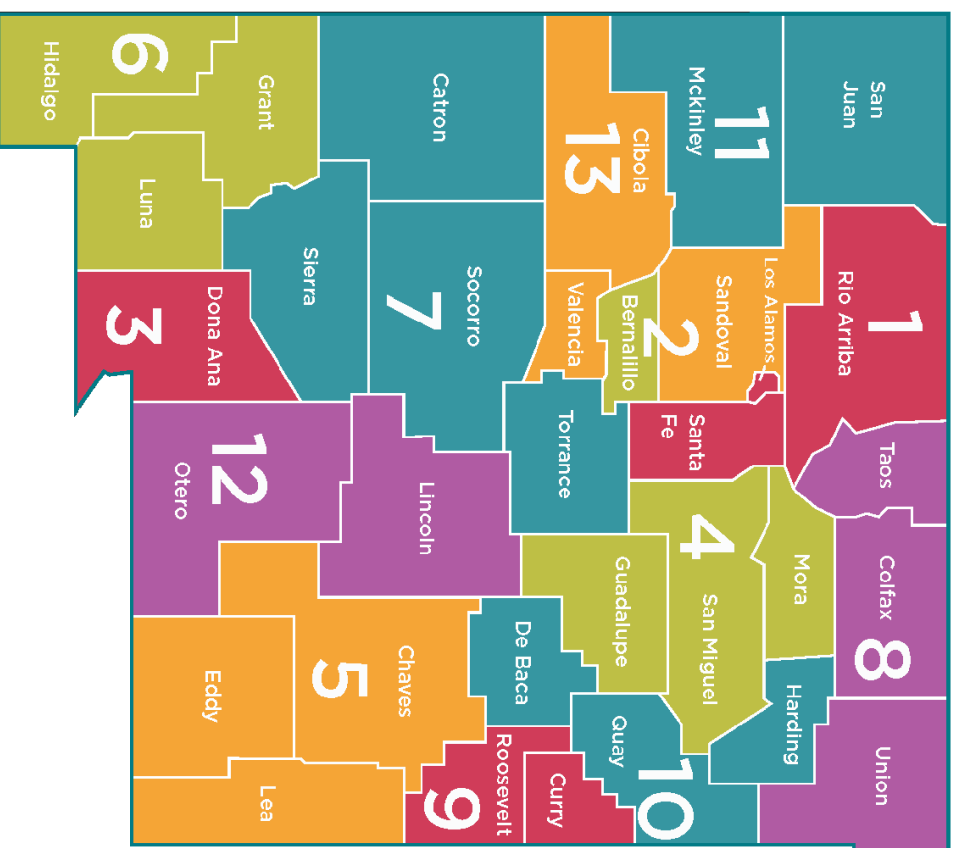
	System Communication • Example from Artesia shows value of regular (monthly) inter-agency meetings. • Current systems place heavy responsibility on POs or DWI compliance officers. • BH providers need clear, detailed court orders outlining expected treatment—not just a mandate for “counseling.” Mandated Treatment vs. Clinical Need • Court-mandated services may not match clinical assessments. • If a client does not clinically qualify for mandated treatment, those services may not be reimbursable through Medicaid, creating operational and financial barriers. Employment Programs • Local models exist (e.g., City of Logan connecting seniors with individuals paid for yardwork). • Employment initiatives require coordination with cities, community members, and educational partners.
Sustainability Issues	Specialty Treatment Court • Development and operation of a treatment court requires long-term planning, sustained staffing, and institutional commitment across systems. Re-Entry and RISE-Like Models • Sustainability depends on stable funding, broader eligibility, and ongoing coordination with corrections, courts, and behavioral health providers. Employment Initiatives • Long-term success may require: ○ Dedicated funding for public-works or community job programs ○ Partnerships with Mesalands Community College and detention centers to create educational certificates for justice-involved individuals ○ Continued employer participation System Collaboration • Regular cross-system meetings and shared accountability structures must be institutionalized, not reliant on individual champions. Local Funding Strategies • Allocating tax revenue from cannabis dispensaries for behavioral health could provide a locally controlled, recurring funding source, but requires coordination with city councils and policy alignment.



IV. List of Appendices

- A.1 Map of Behavioral Health Regions
- A.2 Acronym List
- A.3 New Mexico Enhanced Sequential Intercept Model (E-SIM)
- A.4 Workshop Agenda
- A.5 Youth E-SIM: Resources, Gaps, and Action Items Identified Across Breakout Groups
- A.6 Adult E-SIM: Resources, Gaps, and Action Items Identified Across Breakout Groups
- A.7 Region Specific Medicaid Snapshot Data
- A.8 New Mexico Mortality Data
- A.9 Summary of BHR 10 Listening Sessions
- A.10 PPT of Provision Priority Buckets

The NM Behavioral Health Reform Investment Act



- TRIBES/PUEBLOS INCLUDED IN EACH REGION

Region 1

- Ohkay Owingeh
- Santa Clara Pueblo
- Pueblo of San Ildefonso
- Pueblo of Pojoaque
- Nambe Pueblo
- Pueblo of Tesuque
- Jicarilla Apache Nation

Region 2

- Pueblo of Isleta
- Pueblo of Sandia

Region 6

- Fort Sill Apache Tribe

Region 8

- Taos Pueblo
- Picuris Pueblo

Region 13

- Pueblo of Laguna
- Pueblo of Acoma
- Pueblo of Cochiti
- Pueblo of Jemez
- Pueblo of Santa Ana
- Santo Domingo Pueblo
- Pueblo of San Felipe

Region 11

- Navajo Nation
- Pueblo of Zuni

Region 12

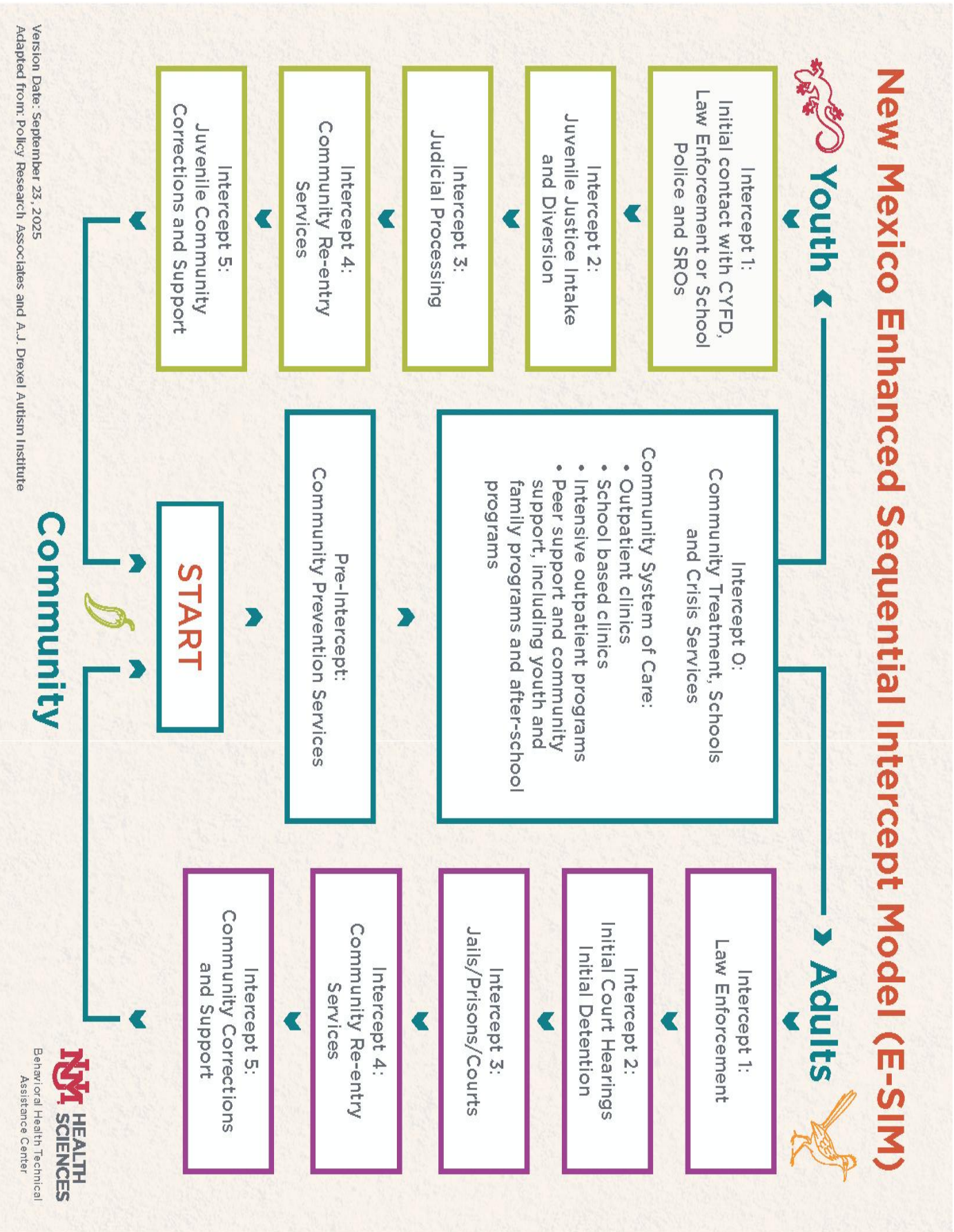
- Mescalero Apache Tribe

Appendix A.2 Acronym List

AA	Alcoholics Anonymous	HUD	Housing and Urban Development Department
AHEC	Area Health Education Centers	IEP	Individualized Education Program
AOC	Administrative Office of the Courts	IOP	Intensive Outpatient Program
AOT	Assisted Outpatient Treatment	ISS	In-School Suspension
BH	Behavioral Health	JDAI	Juvenile Detention Alternatives Initiative
BHR	Behavioral Health Region	JJ	Juvenile Justice
BHRIA	Behavioral Health Reform and Investment Act (aka SB3)	JPO	Juvenile Probation Officer
BHSD	Behavioral Health Services Division	LC	Local Collaborative
BHTAC	Behavioral Health Technical Assistance Center (UNM)	LEAD	Law Enforcement Assisted Diversion
BPA	Business Professionals of America	LE	Law Enforcement
CCP	Community Corrections Program	LEO	Law Enforcement Officer
CDL	Commercial Driver License	LOPD	Law Offices of the Public Defender
CHW	Community Health Worker	MAT	Medication-Assisted Treatment
CIT	Crisis Intervention Teams	MCO	Managed Care Organization
CCSS	Comprehensive Community Support Services	MHR	Mental Health Resources
CPS	Child Protective Services	MCT	Mobile Crisis Team
CPSW	Certified Peer Support Worker	MFHA	Mental Health First Aid
CSW	Community Support Worker	MH	Mental Health
CTC	Crisis Triage Center	MI	Mental Illness
CYFD	Children, Youth and Families Department	MOU	Memorandum of Understanding
DARE	Drug Abuse Resistance Education	MOUD	Medications for Opioid Use Disorder
DOH	Department of Health	MRSS	Mobile Response and Stabilization Services
DOT	Department of Transportation	MST	Multisystemic Therapy
DV	Domestic Violence	NA	Narcotics Anonymous
DVR	Division of Vocational Rehabilitation	NMCD	New Mexico Corrections Department
DWI	Driving While Intoxicated	NIMBY	Not in My Back Yard
E-SIM	Enhanced Sequential Intercept Model	PC	Primary Care
ED	Emergency Department	PCP	Primary Care Provider
EMS	Emergency Medical Services	PD	Police Department
ENMRSH	Early Childhood Services	PE	Physical Education
EPCOG	Eastern Plains Council of Governments	PMS	Presbyterian Medical Services
ESL	English as a Second Language	PO	Probation Officer
FCCLA	Family Career and Community Leaders of America	PTSD	Post-Traumatic Stress Disorder
FFA	Future Farmers of America	QPR	Question, Persuade, Refer
FFT	Functional Family Therapy	REC	Regional Education Cooperative
FQHC	Federally Qualified Health Center	RISE	Reach, Intervene, Support and Engage
GED	General Educational Development	RTC	Residential Treatment Center
HCA	Health Care Authority	RV	Recreational Vehicle
HOSA	Health Occupations Student Association	SAMHSA	Substance Abuse and Mental Health Services Administration
HS	High School	SBHC	School-Based Health Center
		SEL	Social and Emotional Learning
		SRO	School Resource Officer



STP	Same Ten People
SUD	Substance Use Disorders
VA	Veterans Administration
YCC	Youth Conservation Corps
YMCA	Young Men's Christian Association
YRRS	Youth Risk and Resiliency Survey
4-H	Head, Heart, Hands, and Health



E-SIM Mapping and Prioritization Workshop Behavioral Health Region 10

Tuesday, April 21, 2026 – Thursday, April 23, 2026

Tuesday, April 21st, 8:30 AM - 4:45 PM — Mesalands Community College, Tucumcari, NM

Day 1: Mapping of Youth System

- 8:30 AM**  **Workshop Open for Registration, Networking and Continental Breakfast**
— The Great Room
- 9:00 AM**  **Welcome**
— The Great Room
- **Celia Kirkland**, Eastern Plains Council of Governments
 - **The Honorable Judge Noreen Hendrickson**, Magistrate Judge 10th Judicial
 - **Kate Bailey**, Emerald Health Partners
 - **Kyle Miles**, NAMI Speaker, In Partnership with the National Alliance on Mental Illness (NM) and Bristol Myers Squibb
- UNM Orientation and Overview of the Next 3 Days**
— The Great Room
- **Caroline Bonham, MD**, UNM Department of Psychiatry and Behavioral Sciences
- Overview of Regional Medicaid Snapshot and State Epidemiological Data**
— The Great Room
- **Caroline Bonham, MD**, UNM Department of Psychiatry and Behavioral Sciences
- 9:50 AM**  **Pre-Intercept (Prevention): Mapping Existing Services, Gaps and Opportunities**
— The Great Room
- 11:05 AM**  **Break**
- 11:15 AM**  **Intercept 0: Mapping Existing Services, Gaps and Opportunities**
— The Great Room
- 12:30 PM**  **Lunch**
— The Great Room
- 1:30 PM**  **Mapping Intercept 1**
— The Great Room
- 2:30 PM**  **Break**
- 2:45 PM**  **Mapping Intercepts 2 and 3**
— The Great Room
- 3:30 PM**  **Break**
- 3:45 PM**  **Mapping Intercepts 4 and 5**
— The Great Room
- 4:30 PM**  **Wrap-up and Overview of the Next Day**
— The Great Room
- **Caroline Bonham, MD**, UNM Department of Psychiatry and Behavioral Sciences



E-SIM Mapping and Prioritization Workshop Behavioral Health Region 10

Tuesday, April 21, 2026 – Thursday, April 23, 2026

Wednesday, April 22nd, 8:30 AM - 4:30 PM — Mesalands Community College, Tucumcari, NM

Day 2: Mapping of Adult System

- 8:30 AM**  **Workshop Open for Registration, Networking and Continental Breakfast**
— The Great Room
- 9:00 AM**  **Welcome**
— The Great Room
• **Celia Kirkland**, Eastern Plains Council of Governments
- Review of Previous Activities and Overview of the Day**
— The Great Room
• **Caroline Bonham, MD**, UNM Department of Psychiatry and Behavioral Sciences
- 9:30 AM**  **Pre-Intercept (Prevention): Mapping Existing Services, Gaps and Opportunities**
— The Great Room
- 10:45 AM**  **Break**
- 11:00 AM**  **Intercept 0: Mapping Existing Services, Gaps and Opportunities**
— The Great Room
- 12:15 PM**  **Lunch**
— The Great Room
- 1:15 PM**  **Mapping Intercept 1**
— The Great Room
- 2:15 PM**  **Break**
- 2:30 PM**  **Mapping Intercepts 2 and 3**
— The Great Room
- 3:15 PM**  **Break**
- 3:30 PM**  **Mapping Intercepts 4 and 5**
— The Great Room
- 4:15 PM**  **Wrap-up and Overview of the Next Day**
— The Great Room
• **Caroline Bonham, MD**, UNM Department of Psychiatry and Behavioral Sciences



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E-SIM Mapping and Prioritization Workshop Behavioral Health Region 10

Tuesday, April 21, 2026 – Thursday, April 23, 2026

Thursday, April 23rd, 8:30 AM - 4:35 PM — Mesalands Community College, Tucumcari, NM

Day 3: Prioritization

- 8:30 AM**  **Workshop Open for Registration, Networking and Continental Breakfast**
— The Great Room
- 9:00 AM**  **Welcome and Overview of Goals for the Day**
— The Great Room
- **Celia Kirkland**, Eastern Plains Council of Governments
 - **Brenda Bishop**, Quay County Health Council
 - **Mary Laumbach**, Harding County Health Council
 - **Marcus Giannini**, De Baca County Health Council
- Review of Discussion from Previous Day with Suggested List of Priorities**
— The Great Room
- **Caroline Bonham, MD**, UNM Department of Psychiatry and Behavioral Sciences
- 10:15 AM**  **Silent Ranking Using Dots for Final Priority List**
— The Great Room
- 10:30 AM**  **Break**
- 10:45 AM**  **Review Top 5 Priorities Based on Voting**
— The Great Room
- 11:15 AM**  **Discussion of Priority 1**
— The Great Room
- 12:15 PM**  **Working Lunch/ Evaluation**
— The Great Room
- 1:15 PM**  **Discussion of Priorities 2 & 3**
— The Great Room
- 2:15 PM**  **Break**
- 2:30 PM**  **Discussion of Priorities 4 & 5**
— The Great Room
- 3:30 PM**  **Break**
- 3:35 PM**  **Discussion of Other Priorities and Identification of Top Priorities for Counties**
— The Great Room



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Behavioral Health Technical
Assistance Center

Appendix A.5 Youth E-SIM: Resources, Gaps, and Action Items Identified Across Breakout Groups

On the first day of the workshop, participants were divided into two breakout groups, with roughly equal representation from the seven stakeholder groups, to identify resources, gaps and opportunities at each intercept of the Youth E-SIM. Each group also included UNM BHTAC facilitators, note-takers and scribes. The summary below reflects resources, gaps, and action items identified across all breakout groups. It is not intended to be an exhaustive inventory of regional resources, but rather those identified during the workshop.

1. Youth System Pre-Intercept: Community Prevention Services

Overview: The Pre-Intercept includes proactive initiatives designed to address the root causes of social issues such as substance misuse, crime, and mental health difficulties, ideally before these issues escalate and require more intensive interventions such as contact with the justice or healthcare systems. The goal of these programs is to strengthen protective factors and sense of belonging while reducing risk factors that contribute to negative outcomes.

Table 1: Youth System Pre-Intercept: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Community Centers & After-School Programs	- Quay County Recreation Center - Boys and Girls Club 4-H - Public library programs, reading, sewing, movies - Strong Future Farmers of America (FFA) - Sports programs - Fort Sumner parks and community center infrastructure - Girl Scouts in Tucumcari - Ranching	- Lack of activities for youth - No current Boy Scouts - United Way funding for recreation counselors ending in August	- Reinstate Boy Scouts - Explore non-sports activities for youth – Theater? Arts? Chess? - Consider encouraging participation in Youth Conservation Corps and other state programs which may have more infrastructure - Need more volunteers for Big Brothers Big Sisters of NM
School-Based Supports	- Quay and De Baca grant for tech support for parents, students, and teachers; United Way support - School Pulse—prevention, texting support - United Way grant—sends BH provider to schools - Restorative justice program in some schools - Sunrise Clinics school-based services in Tucumcari High school - REC6 partners with United Way has anti-vaping program “Catch my Breath” with National Guard with schools - Social and Emotional Learning/ resiliency program aimed at middle schools being launched	- Access to students during the school day - Limited services for youth on IEPs - Head start no longer in Harding County - Schools do not touch all youth if home schooled or not engaged in school - Although School Pulse is available to schools, not all schools have implemented - Youth who are not involved in sports may be left out - Variable implementation of required Social and Emotional Learning modules in schools - Health Council was given feedback by evaluators that substance use prevention program did	- School engagement in implementation and roll out of School Pulse app - Utilize Social and Emotional Learning in Head Start - Implement School Pulse 9-month peer-to-peer prevention program called “Swell Teen”

	next fall by United Way and REC6 • San Jon program to support student collaborations • Four-day school week supports better attendance and allows families to get to distant appointments in Texas, etc. • National Honor Society • Every school budget is required to have Social and Emotional Learning program • Online school can be a good fit for youth who are involved in rodeo or who are working fulltime in ranching • Health Council brought in Breaking the Silence to Tucumcari Middle schools (suicide prevention)	not meet criteria for prevention programming	
Family & Parenting Supports	• Parent trainings on discipline, activities • Head Start parent training • Two home visiting programs – Quay County Home Visiting (PMS) and ENMRSH (Eastern New Mexico) • Parents as Teachers Curriculum	• Grandparents raising kids—need more support • Lack of foster families (go to grandparents, family members) • Exploring tab for resources for families on school home page. Can use content from School Pulse	• Support for grandparents raising children • Increase number of foster parents locally • Develop more parent education classes • Reduce stigma involved in attending parenting classes • Consider parental support group for parents to learn parenting strategies from peers
Youth Development & Vocational Supports	• Mesalands GED program, free tutoring • Business Professionals of America (BPA) programs • AHEC programs and trainings • Robotics program • Field trips for career exploration • Dual enrollment with schools and Mesalands • NM Workforce Solutions • FCCLA- Family Career and Community Leaders of America • Intern program funded by state and managed by Quay. Local businesses offer job and mentorship	• Lack of programs for youth learning practical skills • Lack of career education programs • Budget for dual enrollment program limited • Mesalands would like to bring back building trade educational program but needs to find instructors	• Job training and summer jobs for youth • Promote local community members to take jobs so they stay in community to work • Considering developing HOSA program (Health Occupations Student Association) • Increase training for youth as CSWs to help other youth; school-based • Provide training on general life skills, like finances • Develop CCSS pipeline through Mesaland social work program

	• Tucumcari has about 10 slots for NM Conservation Corps during the summer • City of Logan has seasonal hiring program for high school juniors and seniors • State Parks has seasonal hiring program • Some jobs available through fast food businesses • Mosquero HS provides dual college credits in Harding • Logan schools provide Educators Rising to encourage students to be future educators • Mesalands bringing back CDL program		
Mental Health & Substance Use	• DWI prevention programs—outreach and after school programs • Quay Sheriff's office getting two deputies trained in DARE which is focusing on anti-bullying and vaping • Health Council goes into Tucumcari Middle School (Weekly Wednesday and Student Council) and provided education on alcohol and vaping. Students put on a peer education assembly and taught adults about substance use prevention • Group is focused on reducing tobacco sales to minors	• Had a more robust BH service system but after 2012 lost a lot of services • Programs and services come and go • No clear resources available for youth who want to quit vaping	• Increase access to bullying prevention programs • Bringing back DARE program with focus on vaping and bullying prevention
Housing & Basic Needs	• Strong network of Primary care providers in Quay County (Presbyterian Medical Group, PMS, Sunrise, Cross Arrows) • De Baca Family Medical FQHC • Good broadband and internet • Summer food program in Tucumcari • Harding County is in the process of building housing in Mosquero	• Food insecurity, housing • High level of poverty, many people on Medicaid • Transportation is a barrier • Less access to primary care in Harding • Reliance on school buses for transportation for youth • Ranchers and farmers need to be working during daytime hours and are not available to drive youth to appointments and activities	• Need source of temporary housing for individuals with justice involvement who are not eligible for public housing • Increase awareness of 211

	• United Way has homelessness program serving youth and young adults. Have housing vouchers available through HUD. Have vouchers to support rental housing through local hotels. • United Way is applying for grant to rehab housing to provide rental housing • United Way oversees 211 – non-emergency human service referrals (housing, rental assistance, food, etc.). Available 8am-4:30pm and return all messages • Mental Health Resources has supportive housing for individuals with BH conditions • Youth homelessness grant in Quay County has funds for transitional housing; under 24 yrs • Dream Tree program from Taos Transitional housing, rental assistance	• Many youth do not have supertime meals – likely related to parenting challenges. Four-day school week leaves a three-day weekend • Can be 300-mile roundtrip to specialist appointments in Texas • Very little affordable housing available • Not a huge demand for housing in De Baca since most employment is in farming/ agriculture • Very little rental housing available • No crisis housing available • People live in hotel rooms because rental housing is not affordable • Homeless population/ couch surfing • Long wait lists for low-income housing. Program is run out of Roswell	
Other Community Resources	• Strong Health Council • Vacation bible schools youth summer programs • Elks, American Legion youth outreach • E-sports team now available	• Resource depletion by serving people from outside the counties • Negativity in community about the town and lack of resources • Coaches are often overwhelmed • People aren't attending churches as much post COVID; not having as much spirituality • Background checks and insurance coverage for working with youth can slow things down or limit volunteering • Challenge – many people wear multiple hats (STP – Same Ten People). Get spread thin	• Address negativity in community, reinstate hope • Address trauma and grief • Car clubs • Increase restorative justice programs • Promote the good things in the communities; positive media campaigns • Education on safe gun use • Increase opportunities to learn about the bigger world; education, military

2. Youth System Intercept 0: Community Treatment, Schools, and Crisis Services

Overview: Intercept 0 includes school systems and related student support systems that can provide connection to services rather than promoting exclusionary discipline or arrest. It also includes community and school-based programs for behavioral health that focus on prevention and early intervention to avoid crises and reduce risk for justice involvement. The goal of these programs is to connect youth with treatment, services, or other supports prior to any system involvement or exclusionary discipline within the schools. A comprehensive approach at this intercept includes community-based behavioral health services, intensive outpatient programs, inpatient and residential services, crisis services, and a recovery system of care.

Table 2: Youth System Intercept 0: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Youth Crisis Services	- Sheriff's office in Quay is helpful and responsive to crises - Nurstead is developing a facility with warming center in Tucumcari - Nurstead is also developing mobile crisis as part of Early Access funding - Nurstead--Mobile Crisis team and MRSS being built in all three counties - Mesa Counseling has drop in center - Nurstead establishing a drop-in center in Tucumcari (more adult focused) - Mesa Counseling has mobile response RV - Harding County has on call EMS, for 911 and mobile crisis response - EMS has a scope to do community medicine - Quay County Nixle Emergency Management	- Not enough drivers for EMS - Lack of community awareness of 988	- Increase collaboration and standardization of processes for crisis response and assessment for additional care - Establish funding source mobile crisis for non-Medicaid eligible individuals - Promote awareness use of 988 in the community
Child & Family Support / Child Welfare	Reunification and Home-based services to families who are at risk of CYFD involvement	Not enough foster parents in the region	- Need more training and support for foster/ resource families - Would love to have a team that reaches out to families during RTC/ hospital admissions to provide support/ case management, etc. - Develop peer support for families
Hospitals & Inpatient Care	Presbyterian Tucumcari is the ED for the region and serves as a Critical Access Hospital	- Not enough information and discharge planning from acute psychiatric hospitals to help coordinate outpatient care - Quay County Sheriff must travel 12 hours round trip	

		to transport youth to psychiatric hospitals	
Mental Health & Substance Use Services	- Professional Counseling (Quay County and CCSS in Fort Sumner)—youth and family therapy; CCSS in schools; has MOU with schools - Mesa Family Services—in home - Mesa Counseling—Therapy, CCSS, 3.5 counselors - Presbyterian Med Services does a MAT program - Mental Health Resources in all three counties; Core Service Agency; Treat First, med management for adults and youth - Team Builders in De Baca BH outpatient - Harding has Nurse Practitioner—med management, open one day a week - Telehealth BH services available - Mesalands social work program - Sunrise Medical also has counselors trained to work with youth - AA and NA - Crossing Out Addictions – Christian-based support group is looking to expand to youth	- BH workforce shortage; - Lack of trust and stigma for BH services - Lack of local med management providers - No local rehab, detox - No pharmacy in Harding County - No counseling services in Harding County - Lack of in-person services; many people prefer in-person services to telehealth - Lack of group counseling; small communities, lack of confidentiality - BH jobs (CCSS, CSWs) are available but lack of providers - No psychiatrists available for youth - Concern that if people seek treatment locally, their information might be shared - No Alanon/Alateen - Developing programming for youth with substance use issues and referral pathways	- Provide psychoeducation and training to youth on anxiety, depression, substance use, NARCAN - Stigma -students describe being bullied and being called “crazy” when they return from psychiatric hospitals. Students often drop out of school instead of returning to school - Students who don’t fit in at school end up attending online but don’t have same access to school-based services and may have less engagement with adults in the community
School Health Centers & Systems	- Programs for youth in school suspension - Tucumcari School Based Health Centers provide primary care and BH (community can access, not just students) - Sand Home—school-based health center - Limited SBHC in De Baca County - Alternative school and online programs - Tucumcari School-Based Health Centers have BH counselor who travels to each school (elementary, middle and high school)	- No SBHCs in Harding County - Not sure that students are candid during SBHC screening processes - Unsure which schools in the regions do YRRS. Quay county schools participate in YRRS but can’t get data back at the county level due to small numbers - Can be difficult for outside programs to get into schools - New organizations must present before school board	- Publicize SBHCs services for youth and families - Provide training to school staff on referral process and recognizing BH problems in youth - Build a stronger peer support system within schools - Engage teachers in addressing stigma in schools - Offer Teen Mental Health First Aid training to teachers and school staff

	• Another BH counselor who provides BH counseling in middle school and counselor • School based BH counselor at San Jon, Logan and House in Quay County employed by Regional Educational Cooperative (REC) • YRRS is a national survey administered in school settings • Random drug testing for school sports • BH screening at San Jon and Tucumcari SBHCs	• Major barrier to launching new content in school is focused on protecting instructional time • Important to be able to convey that any new school programming is worthwhile and effective • Turnover of school staff	
Care Coordination & Policy	• MHR offers MST and High-Fidelity Wraparound and serves individuals in De Baca and Quay counties • MHR offers Carelink care coordination	• Lack of coordination between agencies • Access to services for youth not on Medicaid • Little coordination with school system when youth return from acute hospitalization • No transportation available to pick up youth when they are discharged from psychiatric hospitals in Las Cruces or Santa Teresa • MCOs are not always aware that a youth needs care coordination until the claim comes in which may be after the youth needs these supports	• CSWs can help with recovery and accessing pro-social activities • Increase sharing of resources across agencies • Any youth treatment could be centralized in Quay as there is not enough demand in De Baca and Harding • Increase access to service navigators
Other / Overarching Themes	• Falling Colors—can help with temporary funds for some services • Employee assistance programs provide funding for brief, limited services • Find Help online state resource • Share NM resource directory	• High rates of DV, but no place for local temporary housing • Travel time for resources • Individuals who want to volunteer don't have a place to offer to help • Lack of resource centers	• Establish a youth council and other youth led committees • Increase access to DV support services (temporary housing) • Coordinate a regionwide effort to solicit volunteers who want to support youth

3. Youth System Intercept 1: Initial Contact with Children, Youth and Families Department (CYFD), Law Enforcement, or School Police and School Resource Officers (SROs)

Overview: Intercept 1 includes law enforcement, including school-based police departments and School Resource Officers (SROs), municipal police departments, and the Children, Youth, and Families Department (CYFD) who have discretion to decide whether a case continues into the juvenile justice system. The goal of these programs is to divert youth into treatment instead of being referred into the juvenile justice system.

Table 3: Youth System Intercept 1: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities
Law Enforcement & SROs	- SROs - Tucumcari PD open to co-response - In crisis, take youth to Mesilla Valley in Dona Ana - Sheriffs receive training in domestic violence - Have one SRO in Tucumcari covering all schools - Students in Logan schools have lunch with law enforcement officers and seem to have positive relationship	- No CIT teams - Police department doesn't know the resources in the community - Schools do not do direct referrals to specific outpatient provider in order to give choice to parents. Therefore, parents are given a list of resources which can be overwhelming - Most juvenile crime is handled by Tucumcari	- Increase access to CIT training - Provide training for law enforcement on behavioral health tools and resources - Develop co-response for BH and law enforcement and develop processes for who responds in specific situations - Opportunity for training to dispatch on addressing youth BH - State level recommendation: NM Law Enforcement Accredited training in youth BH - Consider expanding SRO in Tucumcari covering mid schools - Connect to juvenile justice continuum at state level
CYFD Initial Contact	No resources noted	- JPOs and CPS workers don't collaborate well - Families must travel far to be involved in treatment when youth are in detention centers or foster homes out of the region	Ensure families follow up with accessing referrals to community resources
School Police & Threat Assessment	Comprehensive threat assessment trainings exist in schools	Schools interpret that if they refer directly to a provider, they are responsible for paying for the service	
Diversion & Early Intervention	- Informal crisis response, stakeholders help figure out where a youth could go to calm down, stable setting; Church congregations - Law enforcement refers to JPO, can handle formally or informally; can refer to district court or children's court attorney; can do referrals, assessment, diagnostic	- Small communities where everyone knows each other - No formal diversion programs before charges - Transportation - Copycat self-harm, attention seeking, suicide clusters, cutting - Signs and predictors of delinquent behaviors that are overlooked	- Safe environment for homework, someone to talk to - Develop resource list to share - Develop one stop shop like a Rec center/YMCA where counseling and other resources can gather; homework, case management; youth and family programs - Access to Affordable housing - Replicate Roswell's La Casa program

	evaluations, start process early • Informal diversion could be community service, treatment • Community providers do BH assessments • School trancies have a different process • Many of the stakeholders know each other because of the small population; strong networks formed • Portales has programming for restorative justice that can be delivered in school settings during ISS • MST at MHR has capacity to take new referrals from BHR 10. Conceptualized as “parent centric” intervention. Meeting with families 2-3 times a week for 4–5-month intervention	• Youth internalizing stigmatizing labels being put on them • Receive little information from JPO and do not hear back about outcomes of referrals • No pre-trial diversion programs • JPO has large caseload • Consider taking substance use programming to schools – either in ISS or after hours	• Expand diversion opportunities through Mesa Counseling • Develop resource guide for community activities, sports, etc. • Increase access to Social and Emotional Learning opportunities • Implement grief counseling • Increase access to youth peer support services • Implement suicide prevention and response programs • Expand Tucumcari Tuesday program to serve youth • Update Find Help regularly • Increase awareness of existing resource guides (Quay County Nixel, 988, Share NM, Find Help, etc.) • Better connections between LEOs, JPOs and treatment providers to connect people directly with BH services • Consider program where parents are mandated to go to parenting classes when youth have infractions • Refer to MST through Mental Health Resources • Consider standing up Functional Family Therapy • Identify local work (e.g., farmers, ranchers) or community service opportunities for youth involved in delinquent behavior for informal diversion • Create a pathway for schools to refer to MST directly for youth at risk of justice involvement
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4. Youth System Intercept 2: Juvenile Justice Intake and Initial Processing

Overview: Intercept 2 involves initial case processing by juvenile probation in CYFD. After conducting a preliminary inquiry, juvenile probation may handle cases informally outside the court system, such as through diversion or other community-based programs, or formally by referring cases to the Children's Court Attorney (CCA). By statute, some youth shall be referred directly to the CCA by juvenile probation; they can choose to refer other youth to the CCA. CCAs can dismiss charges, divert youth into community-based programs, or refer youth back to CYFD with informal recommendations for services. The goal of these programs is to divert youth into community-based programs.

Table 4: Youth System Intercept 2: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities
Juvenile Justice Intake & Initial Processing	Youth are detained at sheriff's station. CYFD JPO is called. Once CYFD is called, they adjudicate whether they go to detention center (Dona Ana, Lea County, San Juan or Bernalillo). Otherwise released to home	Kids fall through the cracks in JJ system	None noted

5. Youth System Intercept 3: Courts, Detention, and Commitment

Overview: Intercept 3 involves case processing in Children's Court, which can result in juvenile commitment or community-based placements or referrals. Juveniles may be detained prior to adjudication or placed in an alternative community-based setting. The court also has discretion to invoke either an adult sentence or juvenile sanctions on those adjudicated as youthful offenders. The court may also divert juveniles, mandate treatment, or otherwise consider mental health needs when imposing sanctions. The goal of these programs is to divert youth from detention and commitment.

Table 5: Youth System Intercept 3: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities
Courts	- One district judge handles children and adult cases - Teen Court existed in DWI court in conjunction with Tucumcari schools and was successful and kids were engaging	- Used to have Teen Court in Quay - Only one district judge and can't do regular court and specialty courts at same time. Need to have a second judge oversee the specialty courts - May not be enough youth to justify specialty courts - Limited court staff - Limited attorneys in the region - Had developed youth substance use group in Curry County in response to magistrate's court. Very little follow up from referral sources and from attendees - Sheriff's office transports youth to detention center and back for court	- Explore restoring Teen Court in Tucumcari might need an adaptation due to lack of attorneys - Establish a MH, Teen or treatment court - Explore possibility of magistrate judges running specialty courts

		hearings. This can be full day of transportation if youth is detained in San Juan County	
Detention & Commitment	Lea County is detention center for youth	- Youth have to leave the district for juvenile detention centers - No local options between being in the home and detention - Trauma around institutionalizing youth	Create placements for youth in between home and detention centers
Programs for guardianship/kinship	No resources noted		- Provide education for parents on helping youth navigate the justice system - Establish judicial system navigator supports for youth and families

6. Youth System Intercept 4: Community Re-entry Services

Overview: Intercept 4 involves supported reentry back into the community after leaving juvenile correctional facilities. The goal of these programs is to link youth and individuals who have come of age to various services, including behavioral health services, to reduce further legal system involvement.

Table 6: Youth System Intercept 4: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities
Community Re-Entry Services	- JPOs facilitate referrals to community resources upon release to probation - Youth Challenge Academy program; voluntary program - Mesalands GED program - Creation of local continuum of care for reintegration (Noah's Bridge) - San Miguel Detention Center used to have a re-integration center - NMCD pays for one month of rent on release to support transition to community - There is supply of housing in San Miguel which could be repurposed for transitional living - Free NARCAN in every probation and parole office - Alta Vista has NARCAN vending machine - Work opportunity tax credit is available to	- Lack of close reintegration centers; just two for boys - Lack of youth drop-in centers - Time gap between release and accessing available services - Challenges to successful re-entry and avoiding recidivism when youth is released to same unhealthy or unstable home environment - Mandated treatment has high no-show rates; challenging in fee-for-service environment - Lack of consequences for youth and families not showing up for mandated treatment; same with trancies - NMCD cannot release to Oxford House model since residents are voted on by residents and acceptance is not assured when discharge planning is taking place	- Develop a youth drop-in center to support reintegration - Create process for quick warm handoffs upon release - Increase sharing information between inpatient or detention release for medication, treatments used etc. - Explore job and training opportunities upon release (e.g., fire departments) - Mandate family to treatment while youth is in detention - Provide compensation to providers for missed appointments by families mandated to treatment - Create incentives for youth completing treatment - Establish regular meetings with schools and JPOs - Explore Youth ChalleNGe Academy model in Roswell - Clarify rules of release (e.g., counseling specifics) - Can consider Oxford House model which is self-regulated - Need transitional housing for people re-integrating from

	employers if they hire felons Federal bonding program is available to employers to protect them from any potential theft	- Only one housing option in the state for individuals with sex offenders which has 200-person wait list - Worry that there may be a “NIMBY” attitude to the resource hub - Difficulties in finding jobs when released from prison because of carceral history	detention/ prison. Some models have onsite staffing - Desire to consolidate case management and navigation programming into general resource centers rather than specialized resources for justice-involved individuals - Fund county resource centers in each county to address needs for all individuals including those re-integrating and those on probation/ parole - Put NARCAN vending machines in the resource centers - Need housing for sex offenders - statewide recommendation - Have stipends available for ranchers to hire individuals when re-integrating after incarceration - State recommendation: Look at waiver process for state positions that require background checks to support employment for individuals with justice histories
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7. Youth System Intercept 5: Juvenile Community Corrections

Overview: Intercept 5 involves mandated youth supervision and connection to services by juvenile probation and Juvenile Community Corrections (JJC) to further reduce justice involvement of youth. The goal of these programs is to provide individualized supports for youth to prevent violations or offenses that may extend connection to the juvenile correctional system.

Table 7: Youth System Intercept 5: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities
Juvenile Community Corrections	Have one JPO for the region		- Establish regular meetings (monthly) with JPOs and clinics about supporting specific youth - Increase number of JPOs in district

Appendix A.6 Adult E-SIM: Resources, Gaps, and Action Items Identified Across Breakout Groups

On the second day of the workshop participants were divided into two breakout groups, with roughly equal representation from the seven stakeholder groups, to identify resources, gaps and opportunities at each intercept of the Adult E-SIM. Each group also included UNM BHTAC facilitators, note-takers and scribes. The summary below reflects resources, gaps, and action items identified across all breakout groups. It is not intended to be an exhaustive inventory of regional resources, but rather those identified during the Workshop.

1. Adult System Pre-Intercept: Community Prevention Services

Overview: The Pre-Intercept includes initiatives designed to address the root causes of social issues such as substance misuse, crime, and mental health challenges within a community, ideally before they escalate and require more intensive interventions such as contact with the justice or healthcare systems. The goal of these programs is to strengthen protective factors and reduce risk factors that contribute to negative outcomes.

Table 1: Adult System Pre-Intercept: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Community Centers and Libraries	- Four senior centers in region which serve meals and provide activities - Tucumcari senior center hosts Senior Companion program to provide support to homebound seniors - San Jon senior center has sewing and card playing and weekly evening meals - Public libraries in Tucumcari and Fort Sumner - Book mobile in Harding County - Host Christmas celebrations through senior centers to provide community support over holidays - Harding County has a community space that is available for rental - Adult basketball league at Quay County recreation center and free fitness room - Building new senior center in Roy - Rec center and new sports facilities in Tucumcari, Logan rec center being built; adult softball league - Library is often used because of internet access	- Senior Companions program at Tucumcari is losing funding - Need to apply for senior centers. CSWs can help with this application	- Explore sustainability of Senior Companions program through senior centers - Promote programs at library better - Expand services at local existing settings (recreation center; community college)

Vocational Education Programs	• Mesalands hosts Department of Vocational Rehabilitation once a month on campus • Mesalands has GED and award-winning ESL program • Active American Legion and Auxiliary in Roy, Logan and Tucumcari • United Way has website: www.volunteerENM.org which can help support expansion of volunteer opportunities • Mesalands CDL training	• Lack of job opportunities and related training	• Increase access to training in the trades • Increase job training and workforce opportunities • Increase support for the use of NM Workforce Solutions opportunities • Train and recruit for open CHW and CPSW positions
Family and Parenting Supports	• Mesa Counseling provides parenting training through Head Start and the school systems in English and via Spanish interpreter • Presbyterian Medical Services, Meca and ENMRSH provide home visiting for parents of children 1-5 • NM Aging and Long-Term services provides support for grandparents raising grandchildren		• Normalize home visiting programs and how helpful they can be for all families • Increase access to daycare to allow adults to access community resources • Develop a family support center that has parenting classes, access to resources, childcare while accessing services
Mental Health and Substance Use	• Quay County Health Council offers Mental Health First aid training, QPR, NARCAN training and is available to develop other trainings as needed • Health Council suicide prevention--stay afloat cards that people can give when they're struggling; life preserver program	• High veteran population who may be experiencing PTSD, loss and grief. High rate of gun ownership in this population that may increase rate of suicide risk in the combination with substance use. Very little veteran-specific support in Harding County • Need more substance use services • High rate of marijuana use and many jobs test for it and limits job opportunities	• Expand efforts to connect veterans to VA system which can help reduce risk of suicide • Explore options for exceptions for medical use of marijuana for employment • Build awareness of what is problematic drinking • Addressing stigma to encourage help seeking
Housing and Basic needs	• Quay County senior centers have vehicle for pre-planned transportation for seniors • Non metro New Mexico Area on Aging has an office in Tucumcari that should be able to support transport	• Consistent homeless population that can include people who transit from other locations • Senior meal program discontinued • Challenge to get volunteer drivers for transportation initiatives	• Publicize and recruit for volunteer programs (e.g., drivers for volunteer transportation, youth mentorship) • Develop local and regional transportation supports (e.g., bus route or city van pickup)

	• Safe Ride • St Vincent de Paul, Ministry of Hope have food pantries • Hartley House offers domestic violence resources in Quay County • Harding County has commodities • De Baca County has commodity boxes • Senior commodity boxes in addition to regular commodity boxes • United Way has occasional emergency rent support for residents in Quay and De Baca counties. Funded through private donations • United Way is a HUD provider for supports for homeless young adults ages 18-24 for Quay and De Baca counties. Provides housing supports to young people for up to 24 months as well as supports for getting jobs and completing education. • First Baptist Church has food program for families with young children • Ministries of Hope – food, clothing, and kitchen items in Tucumcari • Mesalands has food pantry • Community meal every other week, focused on recovery • Ministering Alliance (local churches)—door to door outreach effort to identify community needs • Whisper booth—mobile unit for private meetings with internet connection • Harding Health Council can provide non-emergency transportation with 3 days' notice, grant funded; cars purchased by Health Council • Senior center has local transportation	• Resources used by people from out of town stretch the limits of local resources for local community members • Long waitlist (1.5-3 years) for affordable housing; locations are not appealing for families • People get off the bus from other states, taxes resources, increases homeless problem; squatting problem	• Develop transitional housing program
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	• Meals on Wheels in Tucumcari and Logan • Local churches help with transportation, utilities, fixing flat tires • MHR has housing grants for individuals with BH conditions which cover move-in costs for individuals who are homeless and moving into housing and eviction prevention support for people who have BH conditions		
Other Community Resources	• Opportunities for social connection through civic organizations, volunteer organizations and churches • All three counties have strong Health Councils • Harding Health Council hosts health fair • Grief sharing group through churches • Strong Seniors through Extension office at Mesalands • Senior walking at fairground • Logan, San Jon and Tucumcari have weekly yoga day • Mesalands has state of art gym that is available to community for membership • Tucumcari Tuesday • Lakes in Fort Sumner and Logan are natural resources • FFA group at Tucumcari HS has greenhouse • Health Council has done a root cause analysis and focus groups related to MH; MH Facebook posts; health promotion—hide painted rocks around the town, when found, can get in raffle	• No local access to specialist medical care for seniors. Appointments are often in Amarillo or Albuquerque and medical transportation can be unreliable • Non metro New Mexico Area on Aging has had staffing turnover • Same people volunteer • No Vet representative in region. Must travel to Clovis	• Can enhance LC 10 as a collaboration of all three health councils • Expand resources to Health Councils to support transportation • Advocate for staffing for Non metro New Mexico Area on Aging Tucumcari office • Increase opportunities for volunteering and volunteer training through collaborations with State Red Cross and Emergency Management • Reach out to Vet office in Clovis to see if they can send someone to Tucumcari on a regular basis • Revitalize outdoor spaces such as water features in parks • Develop community garden in collaboration with Mesalands • Create local fishing league, HS fishing teams and other programming for NM residents at state parks – need state support • Explore using Tucumcari HS FFA greenhouse for intergenerational opportunities • Identify local people to lead community activities (yoga, crafts, etc.) • Use Facebook and newspaper more for promotion activities and local services • Repurpose existing buildings for community activities and services

2. Adult System Intercept 0: Community Treatment, Schools and Crisis Services

Overview: Intercept 0 includes intervention points for people utilizing behavioral health (including mental health and substance use disorders) systems of care. The focus is on supporting individuals in the community who are already showing signs of behavioral health need or in crisis before law enforcement or justice system involvement. The goal of these programs is to provide support to people with behavioral health symptoms and/or diagnoses and to divert people from the justice system and penetrating further into high acuity behavioral health service system into local care and crisis care services.

Table 2: Adult System Intercept 0: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Crisis Services	- Nurstead is starting to pilot MCT for BHR 10 - BHR 10 is planning on using Early Access Funding to launch MCTs through partnership with Nurstead - Mesa Counseling works directly with law enforcement and detention center to support BH support during crises and has a mobile unit to be able to provide support across all three counties with private space - Mesa Counseling is working with first responders in De Baca to develop a process for BH crisis assessment and stabilization - Clovis is building CTC with 14-day residential and 23-hour option – due to open in September/ October. Horizon Behavioral Health	- Low utilization of 988 for all three counties - Residents in De Baca in BH crisis often go to jail as opposed to hospital - Concern that De Baca and Harding residents will not have access to Clovis CTC if CTC quickly reaches capacity	- Promote awareness and use of 988 services - Explore collaboration with planned Clovis Crisis Triage Center and ensure communications across regions - Nurstead could provide BH training for LEOs and dispatch - Develop protocol and pathway for dispatch to route BH calls to 988
Family Support	No resources noted	- Limited access to obstetric services - No Families First home visiting program in region	Explore options for respite care for families of individuals with serious mental illness
Outpatient Mental Health and/or Substance use	- Outpatient BH treatment- Mesa Counseling, Huffman Counseling, MHR (IOP, treatment in jail, CCSS, peer support), Professional Counseling - Crossing Out Addiction group, life skills - Quay County has AA group	- Some must travel to ABQ for programs like detox - Need for more care for individuals with co-occurring mental health and substance use disorders - Primary care screening for BH is implemented inconsistently. Some practices implement checklist. Others are invested in process.	- Develop local detox program - Increase awareness and use of opportunities for remote supervision for pre-licensed BH providers - Increase awareness about CPSW and CHW career opportunities - Consider expanding opportunities for integrated BH in primary care

	• Nurstead drop-in center opening soon • Pres has MAT • Fresh Start—Opioid use treatment • CHW at SBHC in Tucumcari • Relatively high number of licensed MH providers, can get people to services to prevent crises • Mesa Counseling is providing MAT • IOP available in Tucumcari • Screening for BH conditions is happening routinely in primary care • Sunrise FQHC and PMS FQHC have integrated BH in primary care with BH counselor • AA • DOH is starting to launch MAT program through DOH public health offices • Mental Health Resources provides long-acting injectables and travels to Quay to deliver and can work with Carelink program to be flexible in having home visits for those with Medicaid • Presbyterian Medical Services has capacity to provide long-acting injectables • Some local PCPs will also administer long-acting injectables once someone has been evaluated by a psychiatric provider	• More reluctance in seeking BH among men and may only present during times of crisis • Locally, do not talk about sexual abuse • Suboxone is not currently available at public health offices • Turnover among CCSS workers • People must specifically request virtual peer support through hospital and may not know to ask • General sense of mistrust about BH services	• Expand use of long-acting injections for treatment of individuals with serious mental illness in coordination with Treatment Guardians
Hospitals and Inpatient Care	• Nurstead provides response to individuals in ED settings • Noah's Bridge Foundation is developing a residential SUD treatment program with plan for 30 beds (15 men and 15 women)	• Contracted coverage for BH in hospital settings means that there are fewer outpatient BH providers available to support community-based care • Hospitals are staffed by travelling staff and are unlikely to have capacity to	• Desire for hospitals to have their own full-time BH providers

	- Hospital is doing some BH screening in ED and connects with Mesa Counseling for referral to treatment. Focus is on SUD - Hospital has virtual peer support available through ED - Mesa Counseling provides BH evaluations in the hospital after law enforcement/EMS brings them in for safety and medical stabilization	support full-time BH provider	
Care Coordination & Policy	No resources noted	- Lack of qualified local treatment guardians - Local outpatient providers do not receive information from local hospitals or MCOs about discharge planning after BH admissions	- Increase number of local trained treatment guardians and limited guardianship - Increase connection and use of MCO care coordination services - State level recommendation: Expedite credentialing process for psychiatrists - State recommendation: Strengthen participation in Health Information Exchange about discharge planning from BH hospitals
Other	- United Way has capacity to host conversations about stigma - Needs assessment developed and close to being launched	- High rates of DV - Provide community education about how individuals and families access current and planned local and regional BH resources	Provide community education about how individuals and families access current and planned local and regional BH resources

3. Adult System Intercept 1: Law Enforcement

Overview: Intercept 1 includes law-enforcement led interventions aimed at de-escalating the situation and diverting individuals to treatment rather than arrest. The goal of these programs is to divert individuals to treatment instead of being arrested or booked into jail.

Table 3: Adult System Intercept 1: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Diversion and Early Intervention	- IOP programs - LE can divert to treatment, particularly for victimless crimes, but services are limited - Informal supports for LE to tap into when there's contact with LE - BH crisis response is often ED for evaluations and assessment for next steps	- Need for more crisis intervention teams and training - Hospital is often the best option for a fast psych eval during a crisis - Law enforcement may have to travel long distances to get person in crisis to services; may have to travel to Clovis	- Expand opportunities for alternative treatment for diversion up initial arrest - Create opportunities for EMS training in region - Develop LEAD program in region - Develop co-response crisis response teams; consider small local team for quick response

	- De Baca County has EMS for transportation to hospital - Hospital contracts with local provider to do assessments for level of care - Training for EMS has been provided in Logan by a team from Clovis - Community policing approach in law enforcement has been very helpful in supporting families caring for individuals with schizophrenia in using their authority to encourage medication adherence - SAMHSA offers 4-hour workshop directed towards dispatch and LEOs	- Transportation for BH crisis for those not harmful to self or others - EMS is mostly volunteer; often have to get training out of the region - CIT and co-response are hard to staff in rural settings; long travel times make it hard for quick response - Sheriff's offices have few officers on at a time and cover large distances - Harding and De Baca must call state police for back up and have limited LEO coverage to be able to implement BH diversion programs - Most treatment guardians are currently out of Las Vegas - Lack of RTCs in region - Lack of psychiatry beds in local hospitals - Resources aren't always utilized by population; may lead to recidivism	- Explore how other communities have implemented crisis response and modified CIT - Consider expanding model through Mesa Counseling that provides BH assessments in ED settings with coordination with LEO and detention - Consider technological reminders to take medications - Could explore developing local treatment guardian service who could contract with Office of the Guardianship - Supporting dispatch and LEO with education and information about BH crises - Offer MHFA to dispatch and LEOs - Consider bringing in SAMHSA 4-hour training for LEOs and dispatch - Increase motivation to pursue pathways to alternatives to prosecution - Advocate to have psych beds in new hospital
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4. Adult System Intercept 2: Initial Court Hearings Initial Detention

Overview: This intercept focuses on early diversion from the justice system after arrest but before formal charges are fully processed. The goal of these programs is to identify individuals with behavioral health symptoms and to use this information to inform decisions related to treatment needs in lieu of further justice processing.

Table 4: Adult System Intercept 2: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Intake and Initial Process	- Pre-trial courts are assessing for risk but could improve on assessing for needs - Current discussions between district judge and Mesa Counseling in expediting BH assessments after judicial involvement not currently formalized - Individuals who might be incarcerated but are acutely behaviorally unwell are sent by District Court Judge to Safekeeping with	- Waiting list at state NM Behavioral Health Institute for competency restoration - Community Competency Restoration does not have funding or providers	- Add mandated counseling into MOUs for pre-trial services - Include needs assessment as part of pre-trial assessment in addition to risk assessment - Add pre-trial CPSW navigator position to help individuals navigate the criminal justice system; address needs like housing, employment, etc. during and after involvement in criminal justice system

	Department of Corrections		
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5. Adult System Intercept 3: Jails/Prisons/Courts

Overview: Intercept 3 focuses on individuals who are already involved with the formal justice system, being held in jail or on bail, and offers diversion opportunities through jail-based programming or specialized problem-solving courts. The goal of these programs is to address behavioral needs in lieu of punishment.

Table 5: Adult System Intercept 3: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Specialty Courts	Re-entry specialist in courts	- No specialty courts in region currently - Shortage of lawyers in region - Need BH treatment court in the region - Not enough court personnel to start new programs. - No office space for new staff at the court - One district judge limits ability to develop treatment courts	- Continue to develop drug court and assisted outpatient program run by court in region - Implement RISE program in region; help get back on Medicaid quickly - Consider development of BH Treatment Court through magistrate's court - Can explore piloting AOT through Magistrate's Court
Treatment and/or Education while in Detention, Jails or Prisons (e.g., MOUD, MAT, other groups)	- Nursing at jail -provides support and access to treatment - Launching MAT program in jail - In De Baca, people go to jail as place of safety rather than hospital in BH crisis - Professional Counseling provides services in jail; funded by county - MAT services—MOUs being developed in De Baca with a local provider - Quay County Detention Center developing MAT program; can help individuals fill existing prescriptions - Jail ministry supports - Re-entry specialist in Quay County Detention Center that can start in jails - When Quay County Detention Center starts MAT program, case managers will be assigned to detainees - Quay County is exploring expanding BH budget in Detention	- Limited counselors and psychiatrists at detention center - Limited services for basic life skills - Funding for services in jails funded by the county but not after release while waiting for Medicaid to kick in - There are delays in getting people BH evaluation when incarcerated - Safekeeping is solitary confinement while awaiting medical treatment - De Baca Detention Center is seeing increased BH problems among inmates - De Baca County regularly sees individuals who are incarcerated, deemed incompetent, released and then re-incarcerated - State mandate for MAT in jails requires group counseling with therapist in addition to MAT access - Mandate for counties to provide MAT in detention centers has been unexpected financial and administrative burden - De Baca Detention Center has significant staffing	- Need more access to BH providers (therapists and psychiatric medications) in jail - Increase use of opportunities for early delegated release when applicable - Consider collaboration with other counties for MOUD provider in detention settings to maximize economy of scale - Apply for RISE program funding in Quay and De Baca detention facilities

	Center to expand BH services in detention • De Baca County Detention Center has 2 part time EMS staff who provide meds and can respond in emergency • De Baca County Detention is contracting with tele-psychiatrist who can help support MAT • De Baca County has RISE program that comes in twice a month for group support • Harding County has one sheriff and no holding cells • Quay County Detention Center has contract with MHR to provide BH services	shortages and has had long-term open staffing positions • De Baca Detention Center houses individuals from Guadalupe County which lies in a different judicial district and has a separate funding stream • Seniors with psychosis and dementia do not do well in detention and would benefit from inpatient hospitalizations instead	
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6. Adult System Intercept 4: Community Re-Entry Services

Overview: Intercept 4 focuses on supported re-entry back into the community after jail or prison to reduce further justice involvement of people with behavioral health issues. The goal of these programs is to link individuals into community-based services to prevent further justice involvement and to increase the likelihood of successful re-entry into the community.

Table 6: Adult System Intercept 4: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Community Re-entry services	• MCO transition programs • Federal bond program—insurance to employers for hiring individuals with criminal justice system background • Re-entry specialists • United Way has clothing support • Treatment guardians need to be appointed by district court • Soteria House in Las Cruces provides 6 months of board and care with case management for individuals with serious mental illness • Batterer's Intervention program for domestic violence in Quay	• Lack of positive, substance-free spaces for those in recovery • In small communities, everyone knows everyone and some employers may not even look at applications of people with a criminal history who they know • Lack of transitional housing • People often have to seek out supports upon release • Cycle of re-incarceration among individuals who are incarcerated and deemed incompetent • Sustainability of funding is a concern • Jail staff used to bring people to Mesa Counseling for warm handoff on release. Stopped with staff turnover	• Implement RISE program in region to support reentry • Explore opening a Recovery Café in region staffed with peers • Develop pipeline to connect people re-entering the community-to-community services and volunteer opportunities • Increase access to and use of re-entry specialists • Increase use of CPSWs to help with successful re-entry and recovery • Increase stable staffing of probation and parole offices • Develop list of local employers that are willing and able to hire individuals with convictions • Develop employment support programs for individuals after re-entry (e.g., clothing co-op, resume support)



	• Department of Corrections currently has more re-entry planning for inmates released from prison compared to county detention facilities • Nurstead is developing transitional living services for individuals with housing instability and could support individuals re-entering from jail	• Lack of communication between Community Corrections Program (CCP) and court	• Develop transitional housing options in recovery-friendly environments • Develop local committee who supports successful re-entry like employment (write letters of support) • Ensure that planned transitional living facilities are coordinating with court and jail as part of re-entry planning
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7. Adult System Intercept 5: Community Corrections

Overview: Intercept 5 focuses on community-based justice supervision with added support for people with behavioral health problems. The goal of these programs is to support individuals with a history of justice involvement to increase their likelihood of success in the community and decrease the likelihood of further justice involvement.

Table 7: Adult System Intercept 5: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Community Based Probation and parole	• Probation and parole officers sometimes accept activities in recovery for service hours • New PO starting in May	• Fluctuation of number of POs at any given time • Mental Health Resources is not receiving CCP (Communication Correction Program) referrals for BH treatment • BH treatment providers have difficulty communicating with Probation and Parole	• State recommendation: encourage POs to be in direct contact with BH treatment providers

Appendix A.7 Region Specific Medicaid Snapshot Data

Highlights from the Region's Medicaid Snapshot Data

Data presented during the workshop includes all available Medicaid utilization data for the Counties located within this region. The Medicaid data includes American Indian/Tribal individuals accessing services at public health facilities, private providers, as well as Indian Health Service agencies or Tribal 638 facilities. The data is not broken down (disaggregated) by Tribe or Tribal affiliation. It is at the Tribe's discretion to request Medicaid data for their respective facilities and programs that fall within the service area and Tribal boundaries of each Tribe. We respect Tribal sovereignty, including Tribal data sovereignty, therefore the data presented here is Medicaid data by County/State, not by Tribe.

Demographics

- BHR 10 has a significantly higher proportion of Non-Hispanic White (46.14%) individuals compared to the state (36.53%).
- The Hispanic population is similar in BHR 10 (47.06%) vs. statewide (48.15%).
- The Non-Hispanic Black population is slightly lower in BHR 10 (1.01%) compared to the state (1.81%).
- 0.32% of BHR 10 is American Indian and Alaskan Native, much lower than the state (8.6%).
- Age distribution: BHR 10 has 78.65% adults (18+), slightly higher than the state (77.94%). BHR 10 has slightly less youth (<18) (21.35%) vs. the state (22.06%).

Behavioral Health Diagnosis

- **Under 18:**
 - For youth under age 18, anxiety disorder is the most common diagnosis, with rates much higher than the state average (BHR 10: 66.3%, NM: 50.6%).
 - Mood disorder is significantly higher in BHR 10 (33.8%) vs. NM (21.9%).
- **18+:**
 - For adults over age 18, anxiety disorder remains the highest diagnosis with rates higher than the state average (BHR 10: 68.9%, NM: 59.6%).
 - Psychotic disorder is slightly higher in BHR 10 (9.2%) vs. NM (7.9%).

Table 1: Top 10 Mental Health Diagnoses <18 years old

Diagnoses	% BHR10	% State
Anxiety Disorder	66.3%	50.6%
Mood Disorders	33.8%	21.9%
Attention Deficit Disorders	32.2%	26.0%
Conduct Disorders	14.6%	10.1%
Intentional Self Harm & Suicidal Ideation	10.3%	7.1%
Emotional Disorders Childhood Onset	7.6%	3.2%
Developmental Disorders	7.1%	11.7%
Psychotic Disorder	6.1%	5.3%
Cannabis Use Disorder	4.3%	4.6%
Alcohol Use Disorder	2.0%	2.0%

Table 2: Top 10 Mental Health Diagnoses 18+ years old

Diagnoses	% BHR10	% State
Anxiety Disorder	68.9%	59.6%
Mood Disorder	35.9%	37.1%
Stimulant Use Disorder	11.5%	10.7%
Alcohol Use Disorder	9.3%	17.9%
Psychotic Disorder	9.2%	7.9%



Opioid Use Disorder	8.0%	12.7%
Attention Deficit Disorders	7.9%	6.8%
Cannabis Use Disorder	6.3%	8.3%
Hallucinogen/Inhalant/Other SUD	5.4%	5.8%
Intentional Self Harm & Suicidal Ideation	4.4%	5.3%

Service Utilization

- Outpatient services are the most utilized service in BHR 10, similar to the state as a whole (BHR 10: 85.7%, NM: 86.8%).
- Crisis services are utilized slightly less in BHR 10 (22.2%) compared to across the state (23.8%).
- Intensive outpatient utilization is lower compared to across the state (BHR 10: 5.3%, NM: 7.2%).
- Residential and Inpatient Service utilization is similar compared to the state (BHR 10: 4.3%, NM: 4.9%).

Provider Utilization

- Utilization of Behavioral Health Prescribers is lower in BHR 10 (13.4%) compared to NM (14.7%).
- Utilization of psychotherapy practitioners is higher in BHR 10 than the state as a whole (BHR 10: 7.2%, NM: 5.4%).
- Utilization of substance use specialists is much lower compared to the state (BHR 10: 0.1%, NM: 0.7%).

Crisis Calls & ER Utilization

- Crisis call rates slightly decreased from 2023 to 2024 in BHR 10:
 - BHR 10: 1.42% → 1.32%
- ER visit rates for behavioral health conditions are similar in BHR 10 as compared to the whole state (BHR 10: 18.3%, NM: 18.8%).

Behavioral Region 10 vs The State of New Mexico

Examining behavioral health disorder diagnoses, and utilization of services, facilities and infrastructure in Behavioral Region 10 compared to the state of New Mexico.

County in Behavioral Region 10: DeBaca, Harding, Quay

Objective

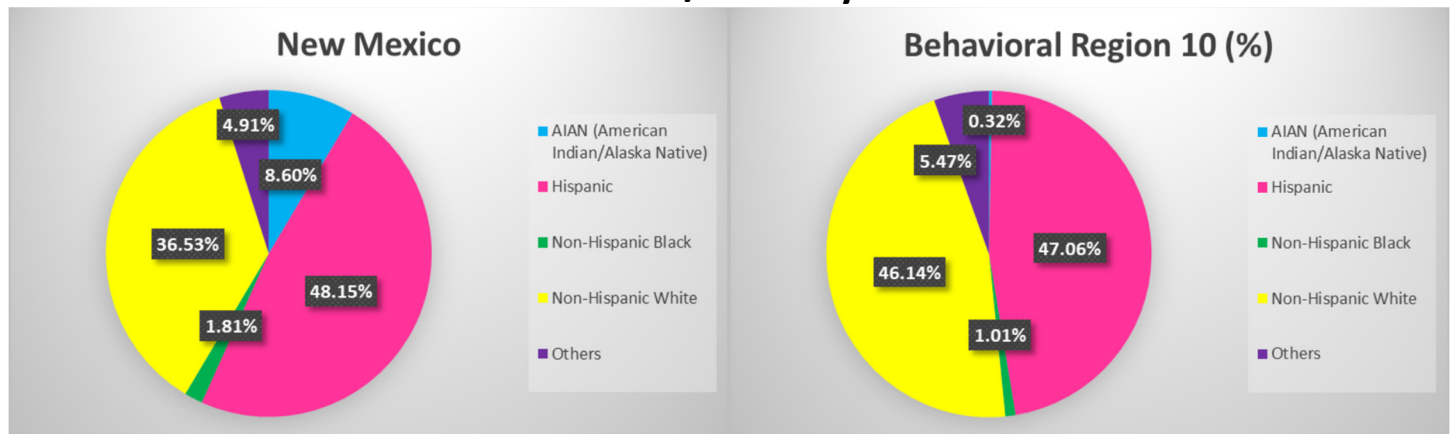
To compare Behavioral Region 10 (DeBaca, Harding, Quay) with the state on below characteristics

- Demographic variations
- Differences in behavioral health diagnoses
- Services, facility and infrastructure utilization

Demographic Comparison

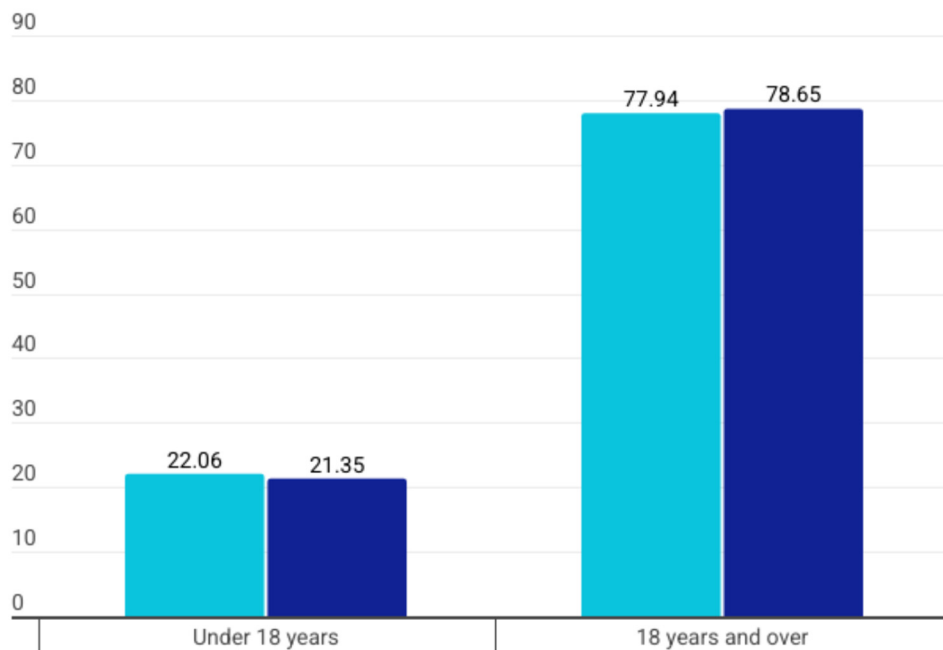
Key demographic factors reveal significant regional variations

Race/Ethnicity



Age Distribution – New Mexico vs. Behavioral Region 10

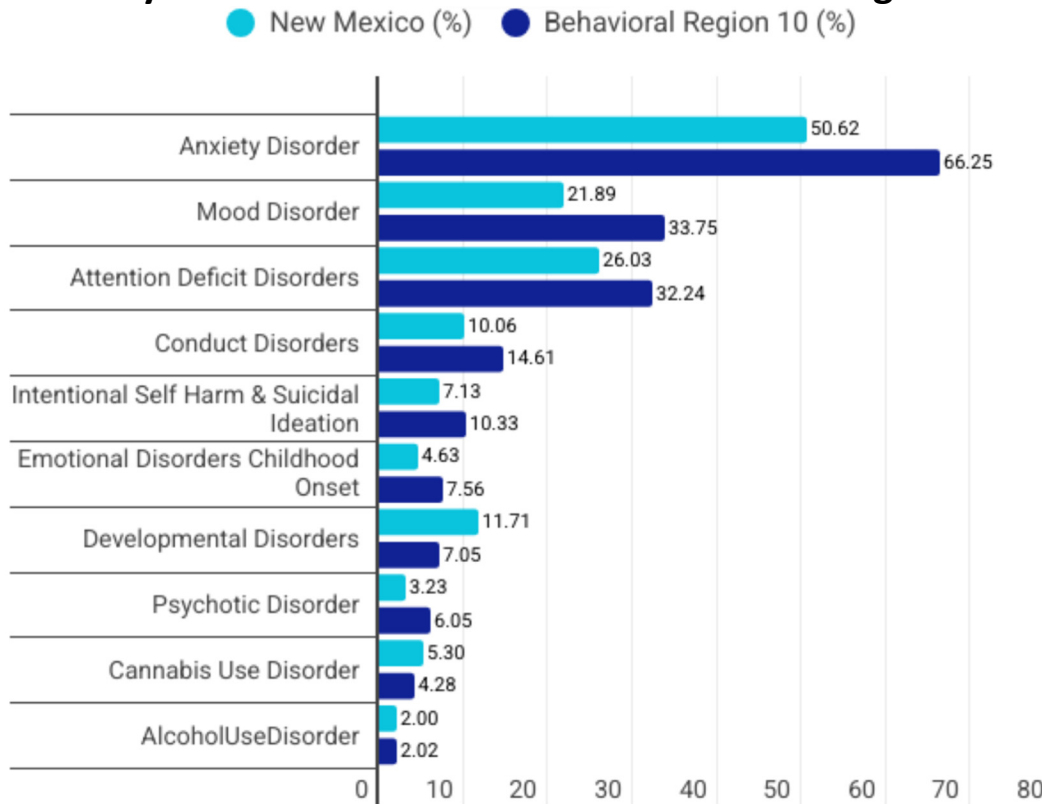
● New Mexico (%) ● Behavioral Region 10 (%)



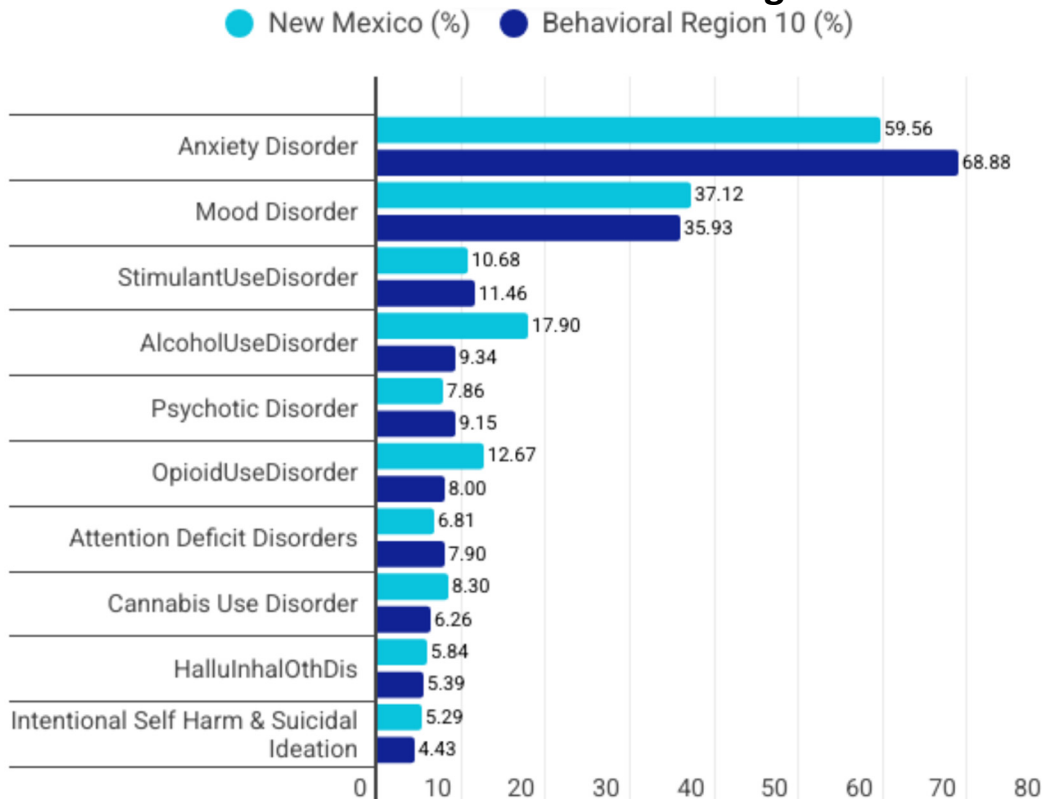
Top 10 behavioral health disorder diagnosis by age group

Percentage of Medicaid recipients who had a diagnosis of specific Behavioral Health (BH) disorder.

<18-year-olds – New Mexico vs. Behavioral Region 10



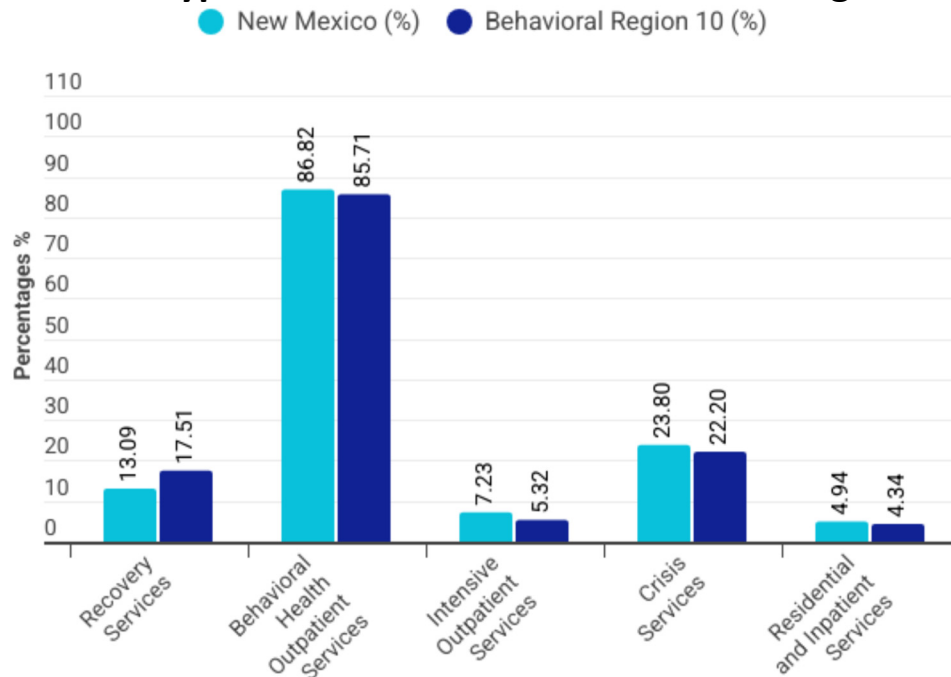
18+ New Mexico vs Behavioral Region 10



Service Utilization

Percentage of Medicaid recipients with Behavioral Health (BH) conditions receiving different types of Behavioral Health services.

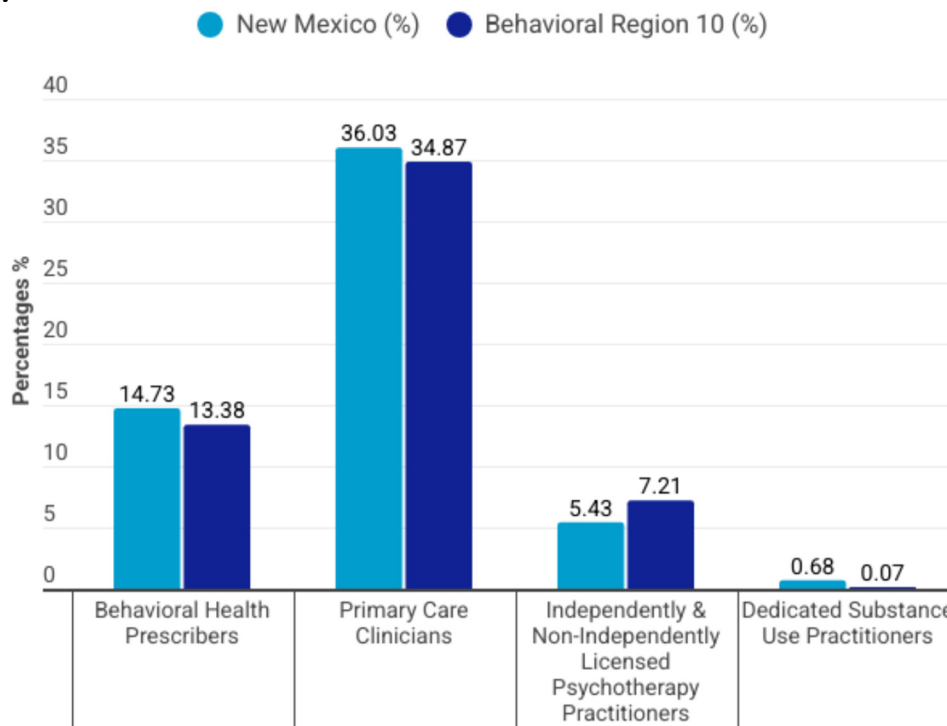
Service Types – New Mexico vs. Behavioral Region 10



Behavioral Health Outpatient Utilization

Percentage of Medicaid recipients with Behavioral Health (BH) condition who had at least one outpatient visit and were seen by the different types of providers.

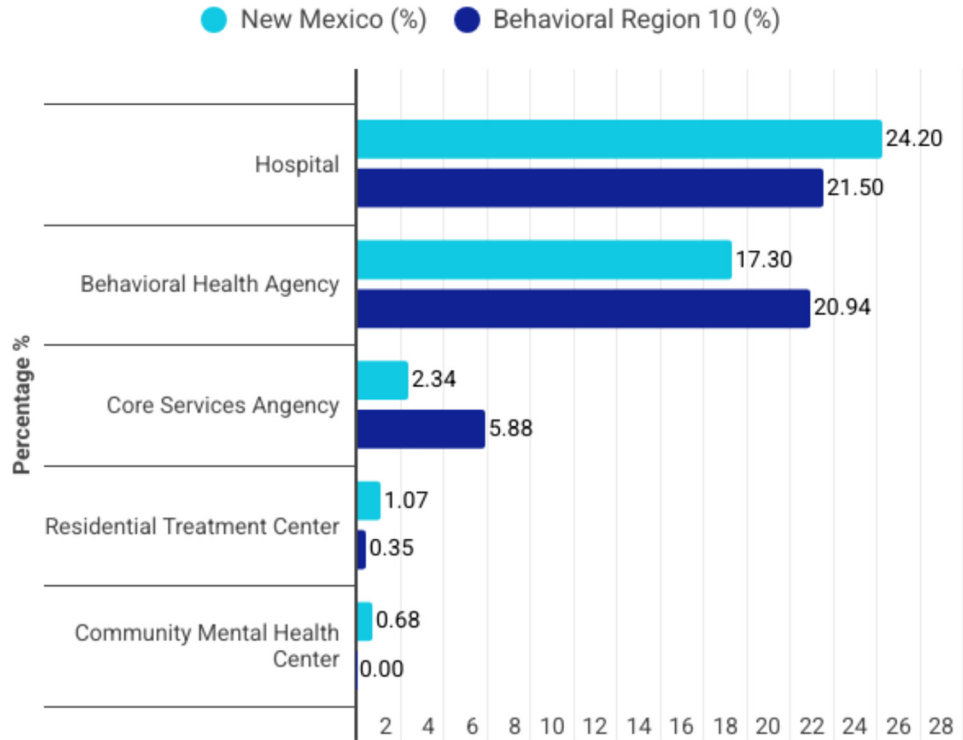
Individuals on Medicaid are more likely to have at least one contact with a prescriber than with a therapist in a calendar year.



Infrastructure Utilization

Percentage of Medicaid recipients with a Behavioral Health (BH) condition who had at least one visit to an eligible infrastructure type.

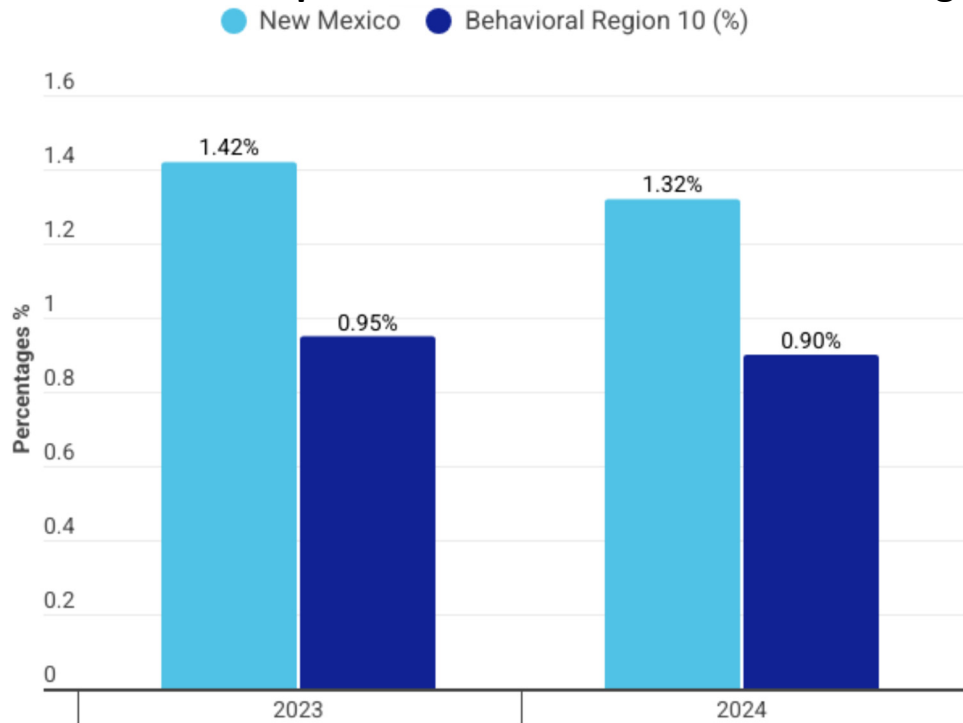
Infrastructure Type – New Mexico vs. Behavioral Region 10



Crisis Call per Capita

Percentage of population who made a crisis call.

Crisis Call Rate Per Capita – New Mexico vs. Behavioral Region 10

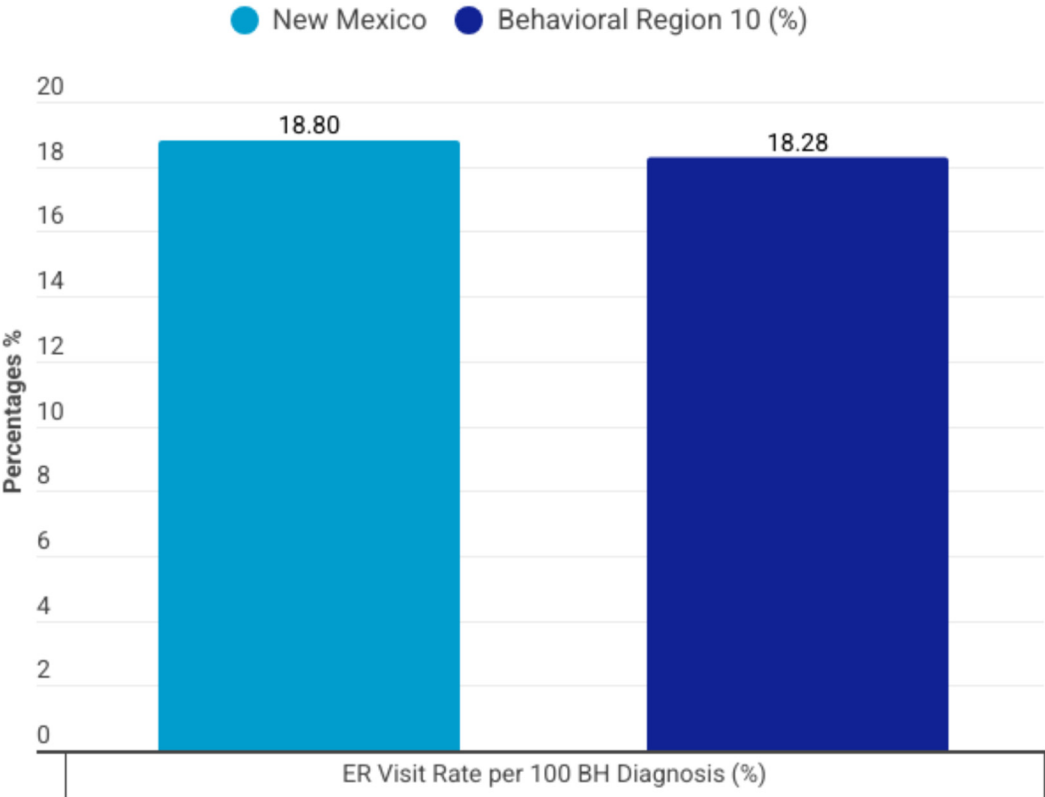


Crisis Call per Capita (cont.)



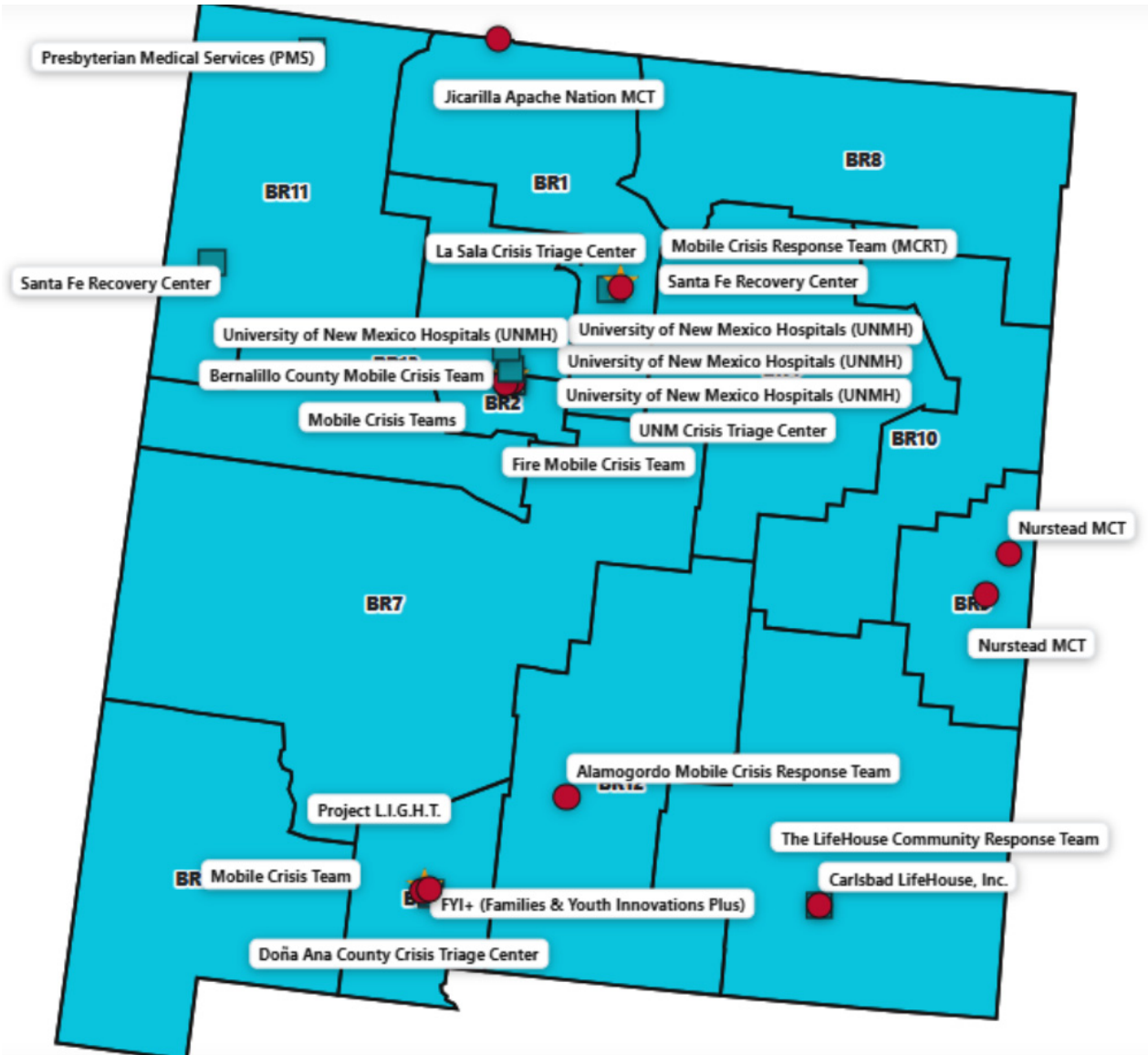
Emergency Room Utilization

Percentage of Medicaid recipients with Behavioral Health (BH) condition who had at least one emergency room (ER) visit.



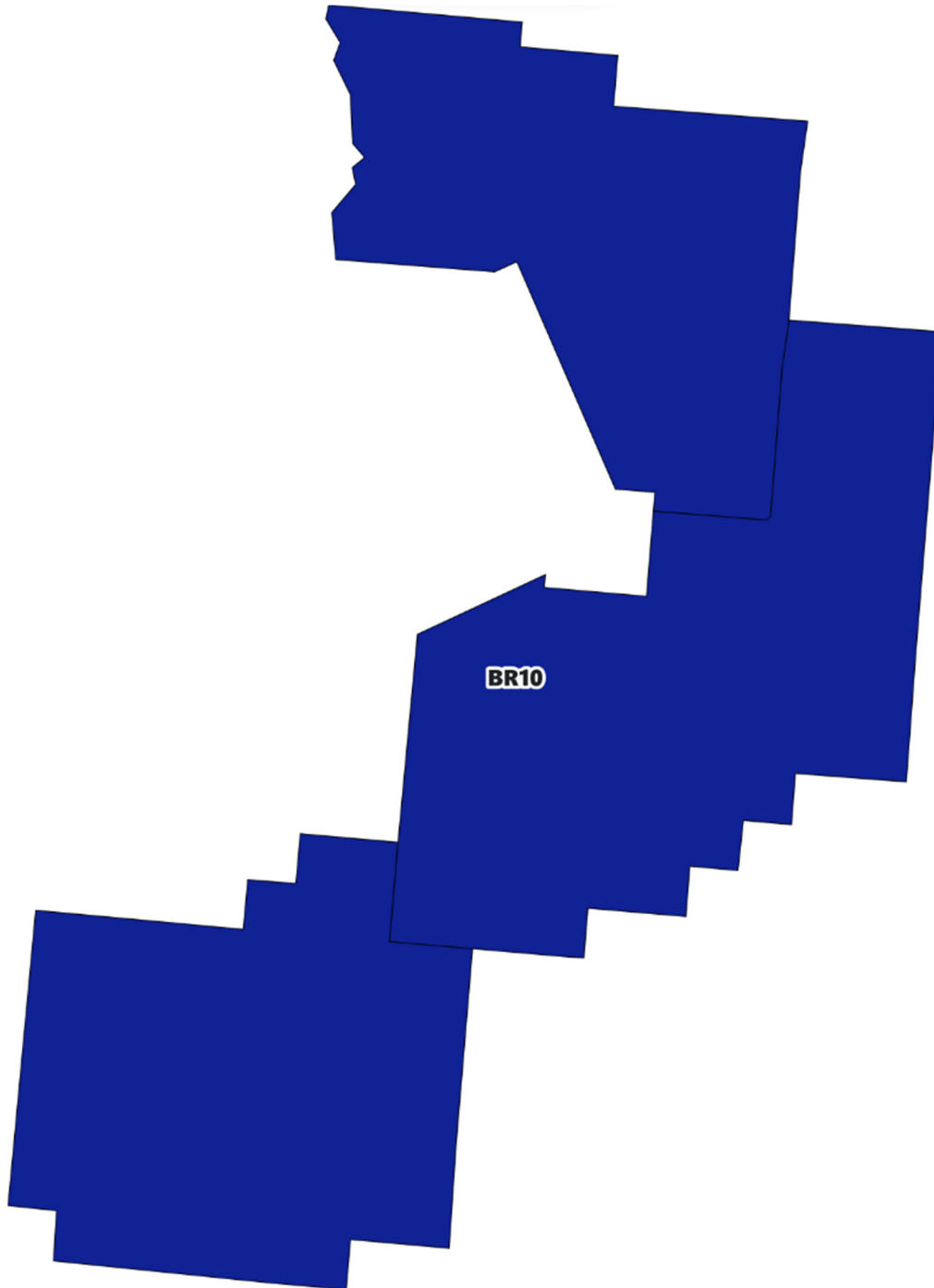
CCBHC, CTC, Mobile Crisis

New Mexico



Name	County	BR	Address	Zip Code	Type
Presbyterian Medical Services (PMS)	San Juan	BR11	1001 W Broadway Suite E & D, Farmington	87401	CCBHC
Santa Fe Recovery Center	McKinley	BR11	2028 E Aztec Ave, Gallup	87301	CCBHC
Santa Fe Recovery Center	Santa Fe	BR1	2504 Camino Entrada, Santa Fe	87507	CCBHC
La Sala Crisis Triage Center	Santa Fe	BR1	2052 Galisteo St, Santa Fe	87505	Crisis Triage Center
Mobile Crisis Response Team (MCRT)	Santa Fe	BR1	2052 Galisteo St, Santa Fe	87505	Mobile Crisis Team
UNM Hospital	Bernalillo	BR2	2600 Yale Blvd NE, Albuquerque	87106	CCBHC
UNM Hospital	Bernalillo	BR2	1031 Lambertson Pl NE, Albuquerque	87107	CCBHC
UNM Hospital	Bernalillo	BR2	2600 Marble Ave NE, Albuquerque	87106	CCBHC
UNM Crisis Triage Center	Bernalillo	BR2	2600 Marble Ave NE, Albuquerque	87106	Crisis Triage Center
Mobile Crisis Teams	Bernalillo	BR2	1210 San Mateo Blvd SE, Albuquerque	87108	Mobile Crisis Team
Bernalillo County Mobile Crisis Team	Bernalillo	BR2	415 Silver Ave SW, Albuquerque	87102	Mobile Crisis Team
Fire Mobile Crisis Team	Bernalillo	BR2	6840 2nd St NW Ste 301, Albuquerque	87107	Mobile Crisis Team
FYI+ (Families & Youth Innovations Plus)	Dona Ana	BR3	1320 S Solano Dr, Las Cruces	88001	CCBHC
Dona Ana County Crisis Triage Center	Dona Ana	BR3	1850 B Copper Loop, Las Cruces	88005	Crisis Triage Center
Mobile Crisis Team	Dona Ana	BR3	845 N Motel Blvd, Las Cruces	88005	Mobile Crisis Team
Project L.I.G.H.T.	Dona Ana	BR3	201 E Picacho Ave, Las Cruces	88005	Mobile Crisis Team
Carlsbad LifeHouse, Inc.	Eddy	BR5	1900 Westridge Rd, Carlsbad	88220	CCBHC
University of New Mexico Hospitals (UNMH)	Sandoval	BR13	3200 Broadmoor Blvd NE, Rio Rancho	87144	CCBHC
Nurstead MCT	Roosevelt	BR9	604 E 2nd Street, Portales	88130	Mobile Crisis Team
Nurstead MCT	Curry	BR9	300 Commerce Way, Clovis	88101	Mobile Crisis Team
Alamogordo Mobile Crisis Response Team	Otero	BR12	700 Virginia Ave, Alamogordo	88310	Mobile Crisis Team
The LifeHouse Community Response Team	Eddy	BR5	1900 Westridge Rd, Carlsbad	88220	Mobile Crisis Team
Jicarilla Apache Nation MCT	Rio Arriba	BR1	690 Mundo Rd, Dulce	87528	Mobile Crisis Team

Behavioral Region 10



● Mobile Crisis Team ■ CCBHC ★ Crisis Triage Center

Name	County	BR	Address	Zip Code	Type
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Appendix

Service Utilization Table

Percentage of Medicaid recipients with Behavioral Health (BH) conditions receiving Behavioral Health services by service type.

Service	STATEWIDE (NEW MEXICO)		BEHAVIORAL REGION (BR10)	
	Beneficiary N=217,656	%	Beneficiary N=1,428	%
Recovery Services	28,500	13.09%	250	17.51%
PSW	4,707	2.16%	6	0.42%
CCSS	20,270	9.31%	220	15.41%
PSR	362	0.17%	0	0.00%
CSW	7,215	3.31%	26	1.82%
FSW	155	0.07%	1	0.07%
CHW	0	0.00%	0	0.00%
BMS	1,113	0.51%	6	0.42%
BT	2,044	0.94%	3	0.21%
BHOP Services	188,968	86.82%	1,224	85.71%
BH Workforce	106,765	49.05%	678	47.48%
BH-Prescribers	32,061	14.73%	191	13.38%
Psychiatrist	10,700	4.92%	32	2.24%
PsyNursePract	20,228	9.29%	143	10.01%
PrescPsychologist	2,704	1.24%	31	2.17%
PrimaryCare	78,429	36.03%	498	34.87%
Independently and Non-Independently Licensed Psychotherapy Practitioners	11,814	5.43%	103	7.21%
Psychologist	861	0.40%	6	0.42%
LCSWLISW	4,824	2.22%	52	3.64%
LPCC	4,506	2.07%	28	1.96%
LPAT	27	0.01%	0	0.00%
LMFT	482	0.22%	3	0.21%
LMSW	1,225	0.56%	8	0.56%
LMHC	1,533	0.70%	12	0.84%
LAMFT	48	0.02%	0	0.00%
Dedicated Substance Use Practitioners	1,480	0.68%	1	0.07%
LADAC	629	0.29%	0	0.00%
LSAA	882	0.41%	1	0.07%
CADAC	0	0.00%	0	0.00%
Intensive Outpatient Services	15,741	7.23%	76	5.32%
IOP	12,049	5.54%	46	3.22%
PartialHosp	1,051	0.48%	16	1.12%
ACT	1,555	0.71%	8	0.56%
MST	1,455	0.67%	7	0.49%
FFT	11	0.01%	0	0.00%
HEDIS	1,073	0.49%	16	1.12%
Crisis Services	51,804	23.80%	317	22.20%
ED	41,094	18.88%	261	18.28%
UrgentCare	21,369	9.82%	108	7.56%
MobileCrisis CTC	1,854	0.85%	22	1.54%
Crisis Intervention	1,476	0.68%	22	1.54%

New Mexico Mortality Rates

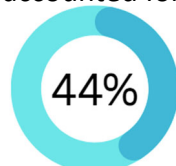
Examining Suicide Deaths, Alcohol-Related Deaths, and Drug Overdose Deaths in the state of New Mexico

Overview

Overall Crisis

- New Mexico faces some of the **highest “deaths of despair”** rates (suicide, alcohol, drug overdose) in the United States

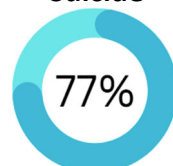
In 2021, these causes accounted for



of all deaths among residents aged 12–34

Rates far exceed national averages:

Suicide



higher than U.S. average

Drug-induced deaths:



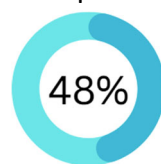
Demographics & Geography



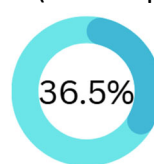
Population: 2.1 million

Race/Ethnicity:

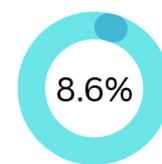
Hispanic



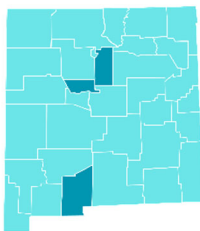
White (non-Hispanic)



Native American



Urban concentration:



50% of residents live in

- Bernalillo,
- Doña Ana, and
- Santa Fe Counties

(6% of land area)

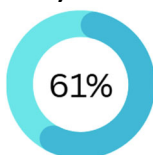
Rural/frontier context:



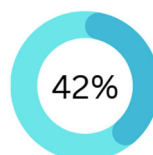
25 of 33 counties have <15 people per square mile, limiting access to care

Comorbidity of Mental Health and Substance Use

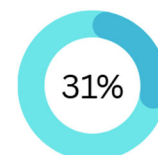
Youth (Grades 9–12):



report mental health concerns

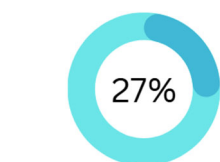


use ≥1 substance

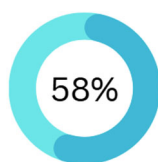


have both (co-occurring mental health + substance use disorder)

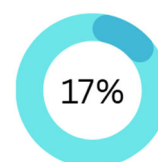
Adults:



report mental health concerns

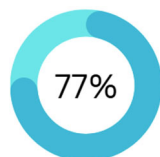


use ≥1 substance



have both (co-occurring mental health + substance use disorder)

Substance Use:



of youth suicide attempters used at least one substance

Youth using **4+ substances** were



more likely to be injured in a suicide attempt

Alcohol-Related Deaths

- Highest alcohol-related death rate in the U.S. since 1997

1 in 5 deaths among working-age adults



(ages 20–64) is alcohol-related — twice the national rate

Alcohol misuse linked to

- domestic violence,
- chronic disease,
- poverty, and
- unemployment



Highest Rates by NM County: McKinley, Rio Arriba

Drug Overdose Deaths

- Overdose death rate has tripled since 1990

Recent surges in



methamphetamine and fentanyl deaths



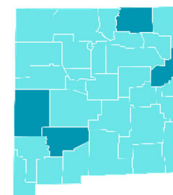
Substance use costs New Mexico about \$890 million annually (as of 2007)



Highest Rates by NM County: Bernalillo, Rio Arriba

Suicide & Mental Health

- Suicide consistently ranks among the **top 10 causes of death** statewide
- #1 cause of death for youth (ages 12–17)** between 2017–2021
- Over **15,000 Years of Potential Life Lost** annually to suicide
- Risk factors include
 - mental illness
 - substance use
 - trauma
 - isolation
 - barriers to care



Highest Rates by NM County: Catron, Colfax, Quay, Sierra

Populations at Highest Risk

- Female students
- LGBTQ+ students and adults
- Individuals with disabilities
- Low-income populations (<\$15,000 annual income)
- People experiencing unstable housing or sexual assault

Equity and Systemic Context

Health disparities are amplified by



- rural isolation
- economic
- inequality
- historical trauma

Urgent need for prevention intervention efforts that are:



- integrated
- culturally responsive
- equity-driven

especially in **Hispanic, Indigenous, and rural communities**

Demographics: New Mexico

Source: <https://datausa.io/profile/geo/new-mexico>

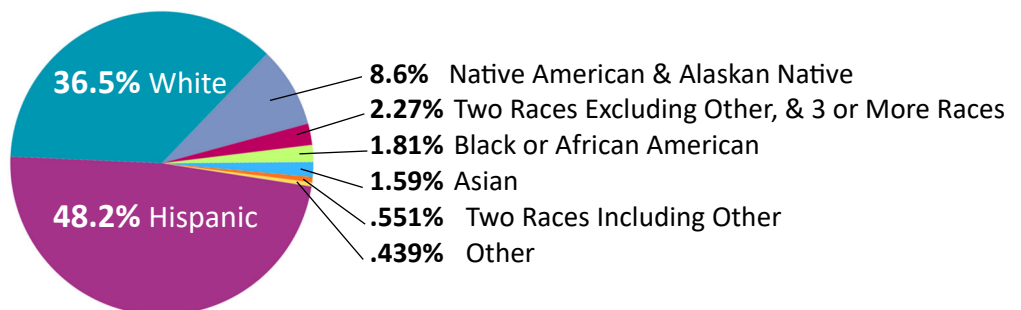
Population

Source: U.S. Census

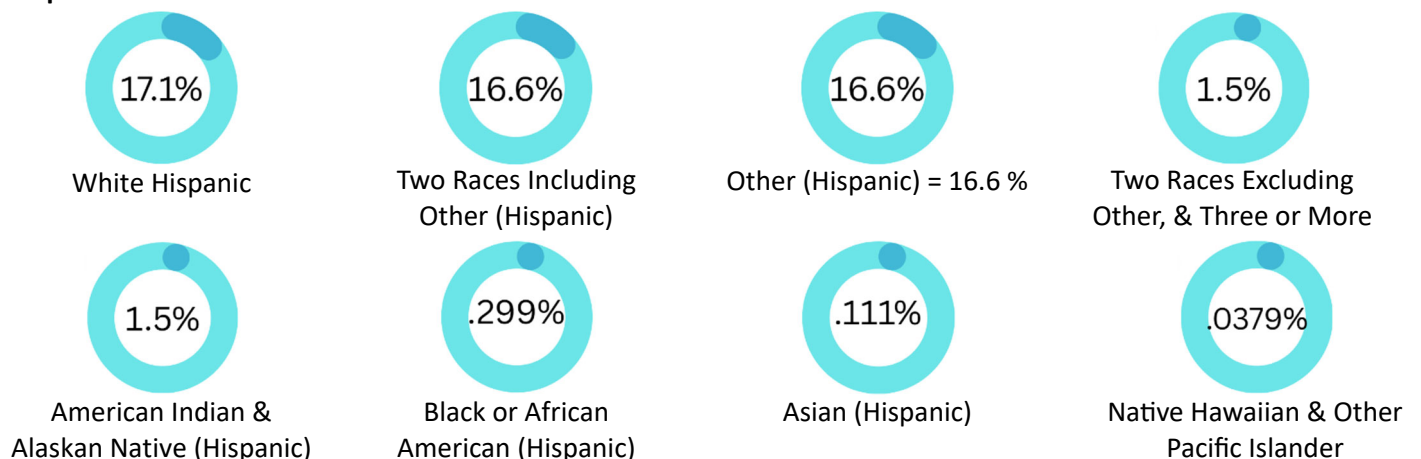


Population: 2,117,522

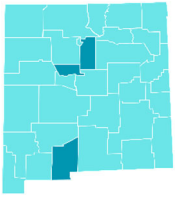
Race/Ethnicity



Hispanic breakdown:



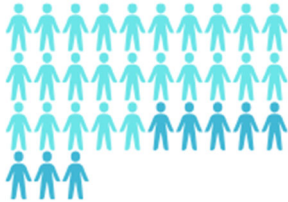
Rural/Frontier



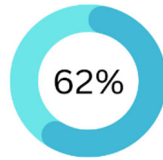
50% of residents live in

- Bernalillo,
- Doña Ana, and
- Santa Fe Counties

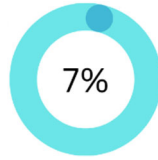
These 3 counties make up only 6% of the state's total land area



25 of 33 counties have a population density below 15 persons per square mile

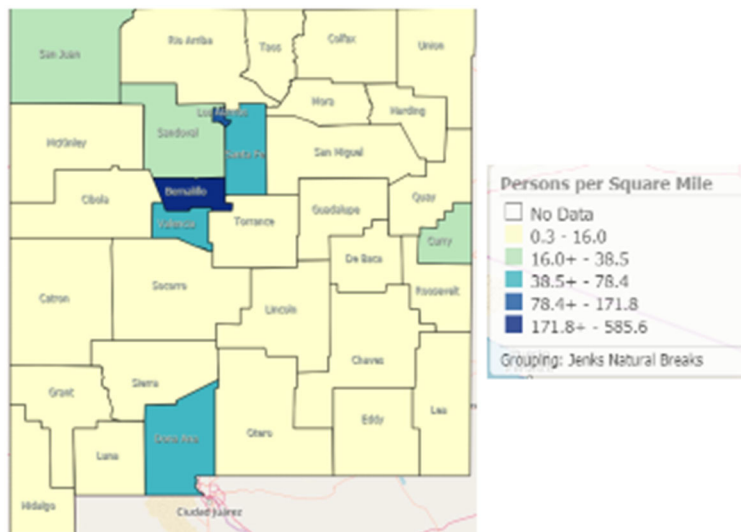


of the population resides in seven urban counties (including Bernalillo County, home to one-third of the state's residents)



of the population lives in frontier (Fewer than 7 persons per square mile) or sub-frontier areas (7–14 persons per square mile)

Estimated Population County by County - Population Density, 2017



NM Co-morbid “Deaths of Despair”

Source: NM Department of Health Report (2024). Injury and Behavioral Epidemiology Bureau Center For Health Protection New Mexico Department of Health

Suicide, Overdose, Alcohol-related Deaths

- Accounted for 44% of deaths among New Mexicans aged 12–34 in 2021.
- Tripled since 1999 (from 46.9 to 121.5 deaths per 100,000).
- Suicide rate: 77% higher than U.S. average.
- Drug-induced death rate: 59% higher than U.S. average.
- Suicide was #1 cause of death for youth ages 12–17 (2017–2021).

Estimated Population Affected (2021)

- Youth (Grades 9–12):
 - 61% (62,000+) had ≥1 mental health concern.
 - 42% (43,000+) used ≥1 substance.
 - 31% (31,000+) had both — co-morbid SUD + mental health concern.
- Adults:
 - 27% (≈448,000) had ≥1 mental health concern.
 - 58% (≈961,000) used ≥1 substance.
 - 17% (≈285,000) experienced both.

Substance Use and Suicide

- 77% of youth who attempted suicide also used at least one substance.
- 25% of binge drinkers reported a suicide attempt in the past year.
- 61% of heroin users reported a past-year suicide attempt.
- Youth using 4+ substances were 27× more likely to be injured in a suicide attempt.
- Among adult males, 52% of suicide-related ER visits involved substance use; 26% involved alcohol.

Disparities and Equity Findings

- Accounted for 44% of deaths among New Mexicans aged 12–34 in 2021.
- Female students
 - 2× more likely to experience sadness and use substances
 - 2.5× more likely to self-injure
 - 2× more likely to attempt suicide
- LGBTQ+ students
 - 3× higher risk of suicide attempts and substance use
 - 2–3× higher across all mental health–substance co-morbidity measures
- Gender nonconforming students:
 - 3× more likely to attempt suicide and use substances
- Students with disabilities
 - 3× more likely to attempt suicide and use substances
- Unstable housing
 - 3.5× more likely to attempt suicide and use substances
- Sexual assault survivors
 - 6.5× more likely to attempt suicide and use substances
 - 10× more likely to be injured in a suicide attempt
- Adults with disabilities
 - 3× more likely to have mental distress, depression, and suicidal thoughts with substance use
- Adults with income <\$15,000
 - 2–3× higher co-morbidity rates

Suicide & Self-Injury

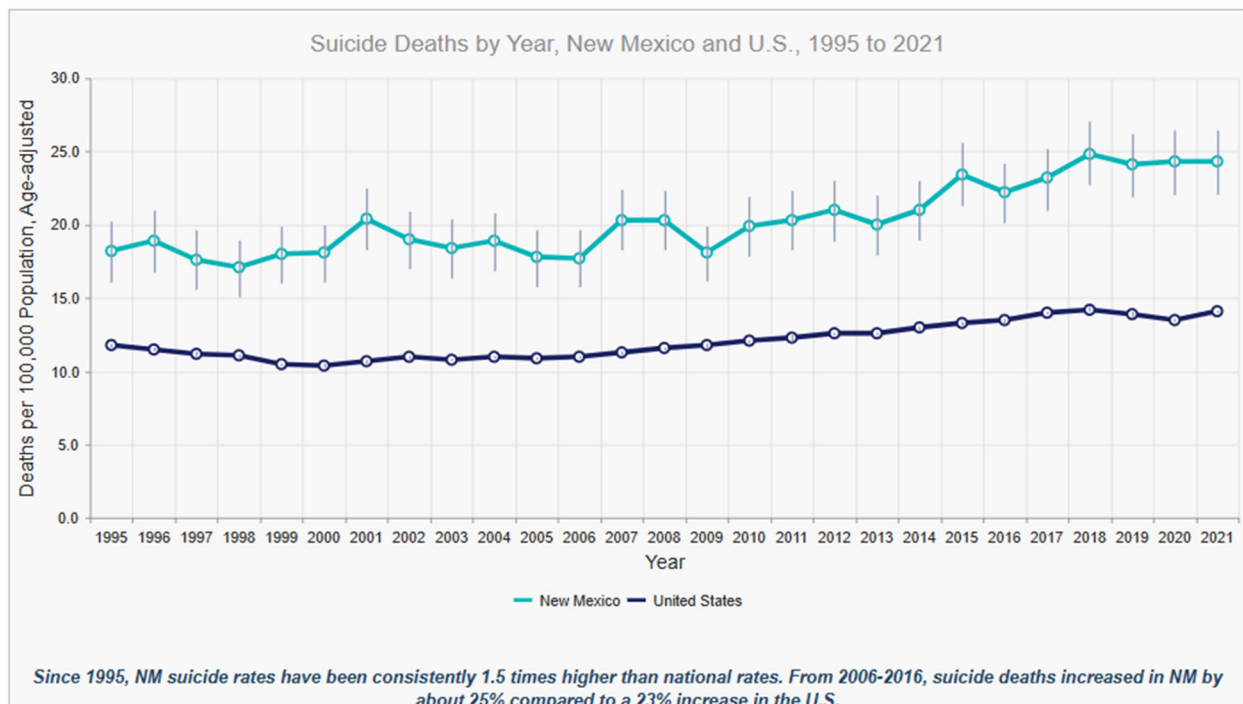
Source: New Mexico's Health Indicator Data & Statistics - <https://ibis.doh.nm.gov/indicator/view/SuicDeath.Cnty.html>

The suicide death rate is defined as the number of deaths attributed to suicide per 100,000 population.

Suicide & Self-Injury Related Deaths

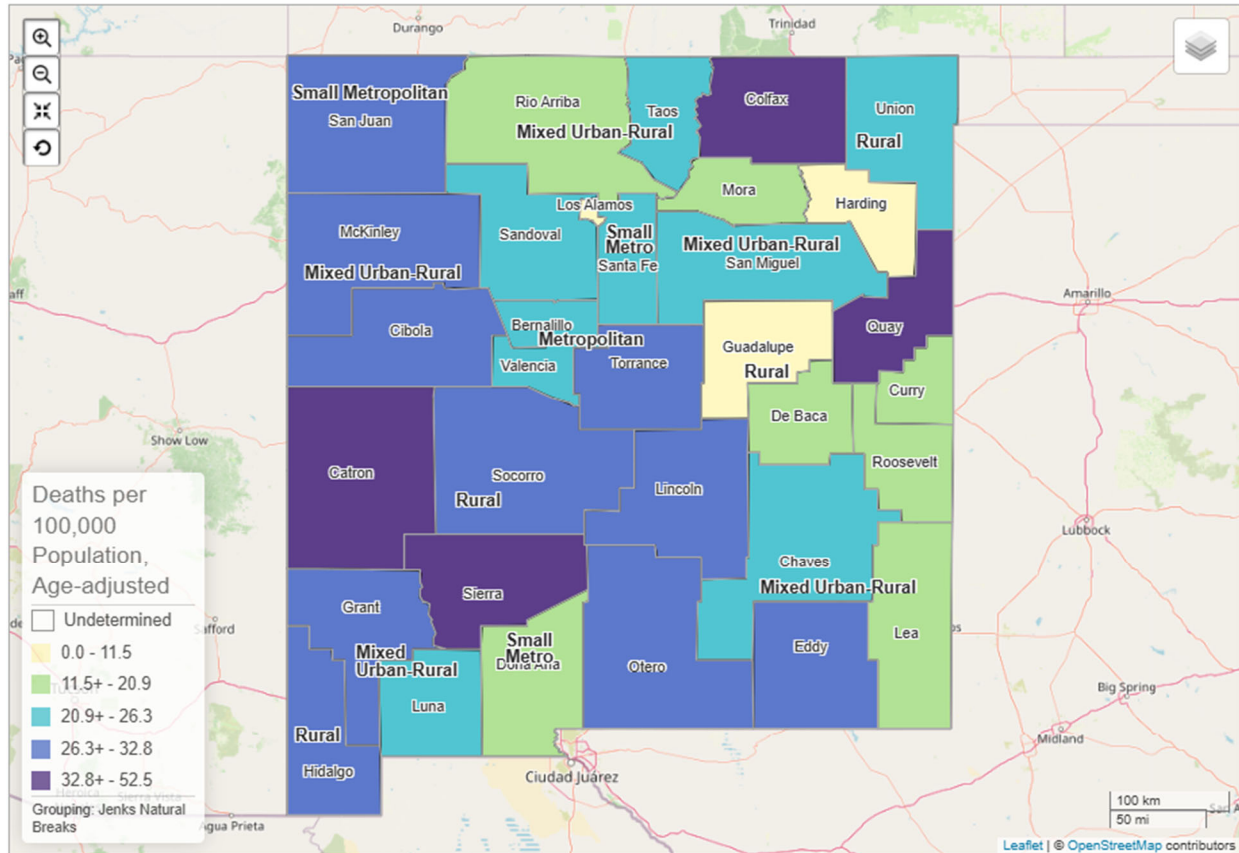
- Suicidal behaviors are a major public health concern and a leading cause of morbidity and mortality in New Mexico.
- In 2018:
 - Suicide was the 9th leading cause of death overall in New Mexico.
 - It was the 2nd leading cause of death among individuals aged 5–34 years.
 - It was the 4th leading cause of death among individuals aged 35–44 years.
- Suicide accounted for 15,048 Years of Potential Life Lost (YPLL: measures premature mortality) — ranking 4th after:
 - Unintentional injuries
 - Cancer
 - Heart disease
- Trends:
 - Suicide deaths have been increasing in both New Mexico and the U.S.
 - New Mexico's suicide death rates have been at least 50% higher than national rates for the past 20 years.
- Risk factors for suicide include:
 - Mental disorders, especially clinical depression
 - Previous suicide attempt
 - Alcohol and substance abuse
 - Family history of suicide
 - History of child maltreatment
 - Feelings of hopelessness or isolation
 - Barriers to mental health treatment
 - Loss (relationships, social connections, employment, finances)
 - Physical illness

Suicide Deaths by Year, NM and US



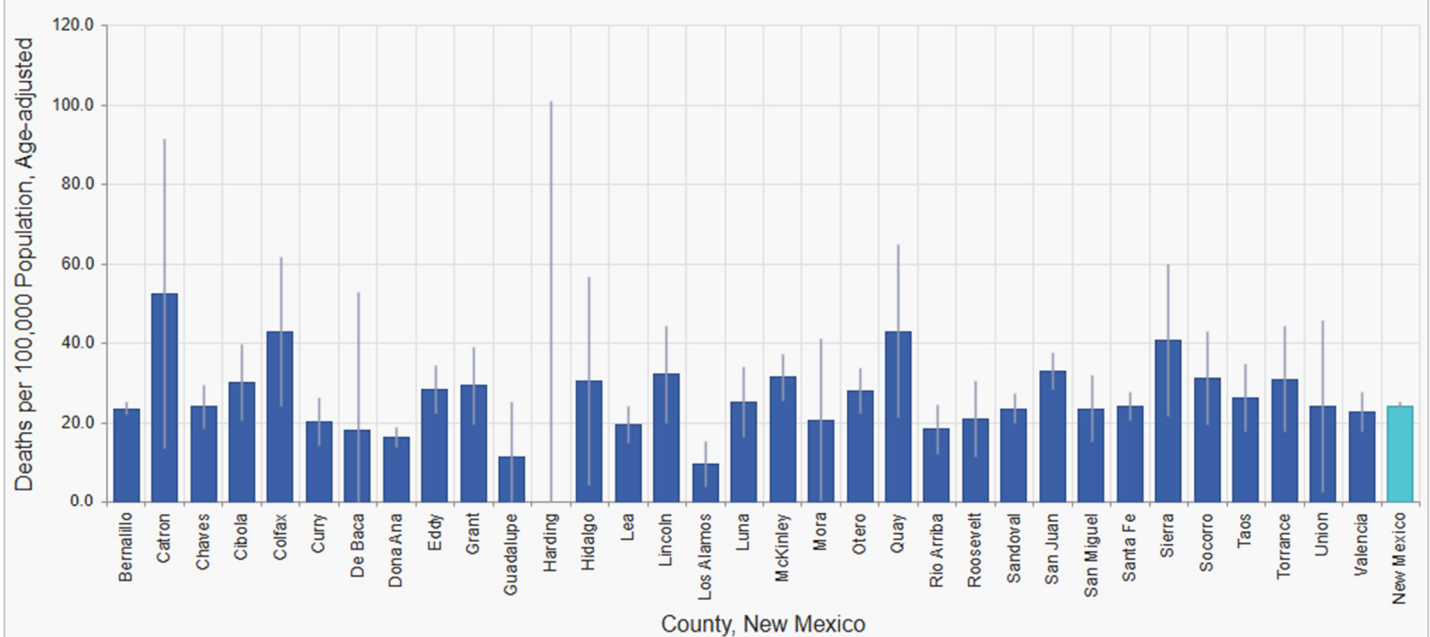
Suicide Deaths by Year, by County, NM

Suicide Deaths by County, New Mexico, 2017-2021



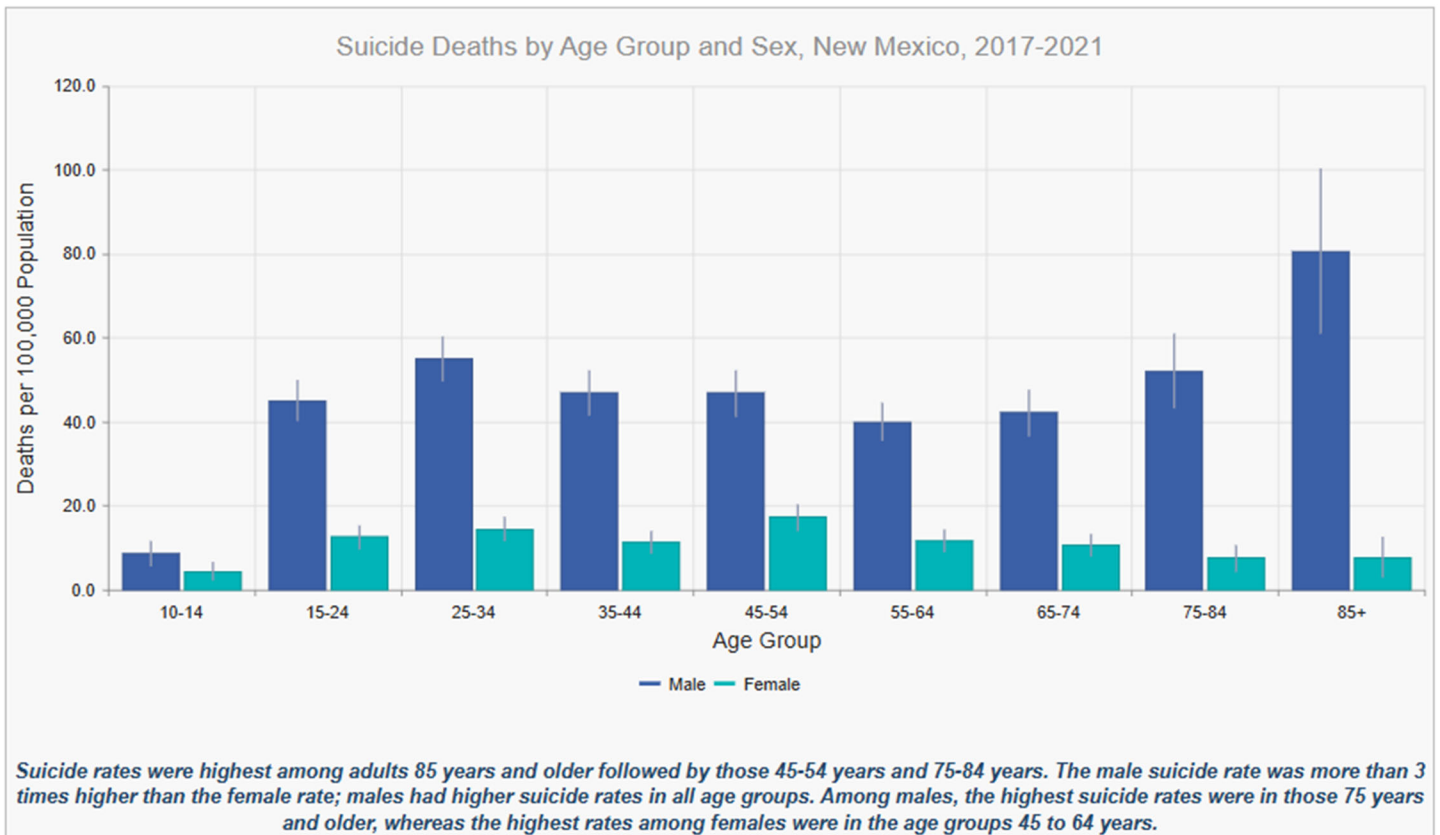
Suicide Deaths by County, NM

Suicide Deaths by County, New Mexico, 2017-2021

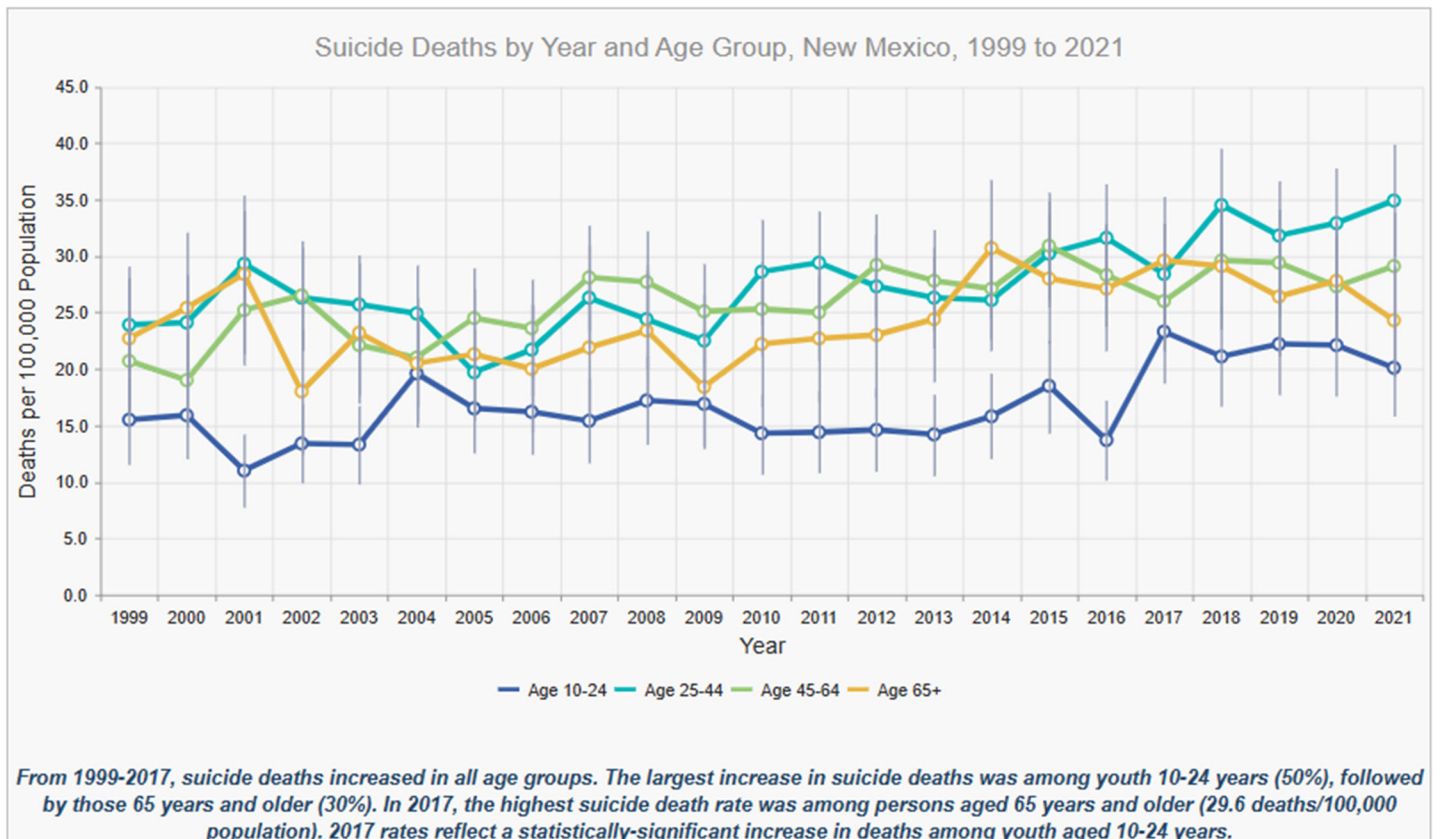


From 2013-2017, 20 NM counties had age-adjusted suicide rates that were significantly higher than the 2016 U.S. rate. NM counties with the highest suicide rates included Catron, Hidalgo, Grant and Sierra Counties in the Southwest; Quay County in the Southeast; and Taos, San Miguel and Torrance Counties in the Northeast.

Suicide Deaths by Age Group and Sex, NM



Suicide Deaths by Year and Age Group, NM



Alcohol Related Deaths

Source: New Mexico's Health Indicator Data & Statistics - <https://ibis.doh.nm.gov/indicator/view/SuicDeath.Cnty.html>

Alcohol-related death is defined as the total number of deaths attributed to alcohol per 100,000 population, age-adjusted to the U.S 2000 Standard Population.

Alcohol Related Deaths

- Alcohol is the fourth-leading preventable cause of death in the United States, following:
 - Tobacco
 - Poor diet and physical inactivity
 - Illegal drugs
- New Mexico has had the highest alcohol-related death rate in the United States since 1997.
- The consequences of excessive alcohol use in New Mexico extend beyond death and include:
 - Domestic violence
 - Crime
 - Poverty and unemployment
 - Chronic liver disease
 - Motor vehicle crashes and other injuries
 - Certain cancers
 - Other medical conditions

Nationally:

1 in 10 deaths among working-age adults



(ages 20–64) is attributable to alcohol

In New Mexico:

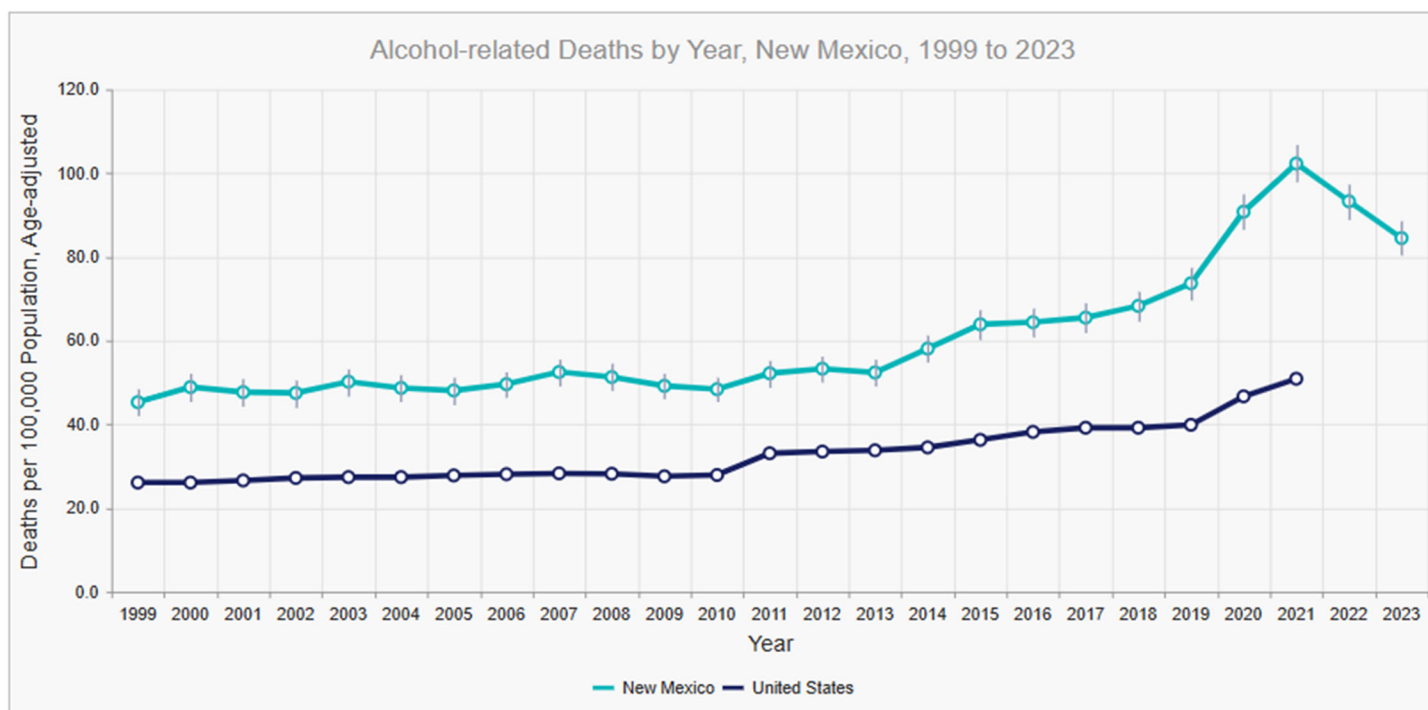
1 in 5 deaths among working-age adults



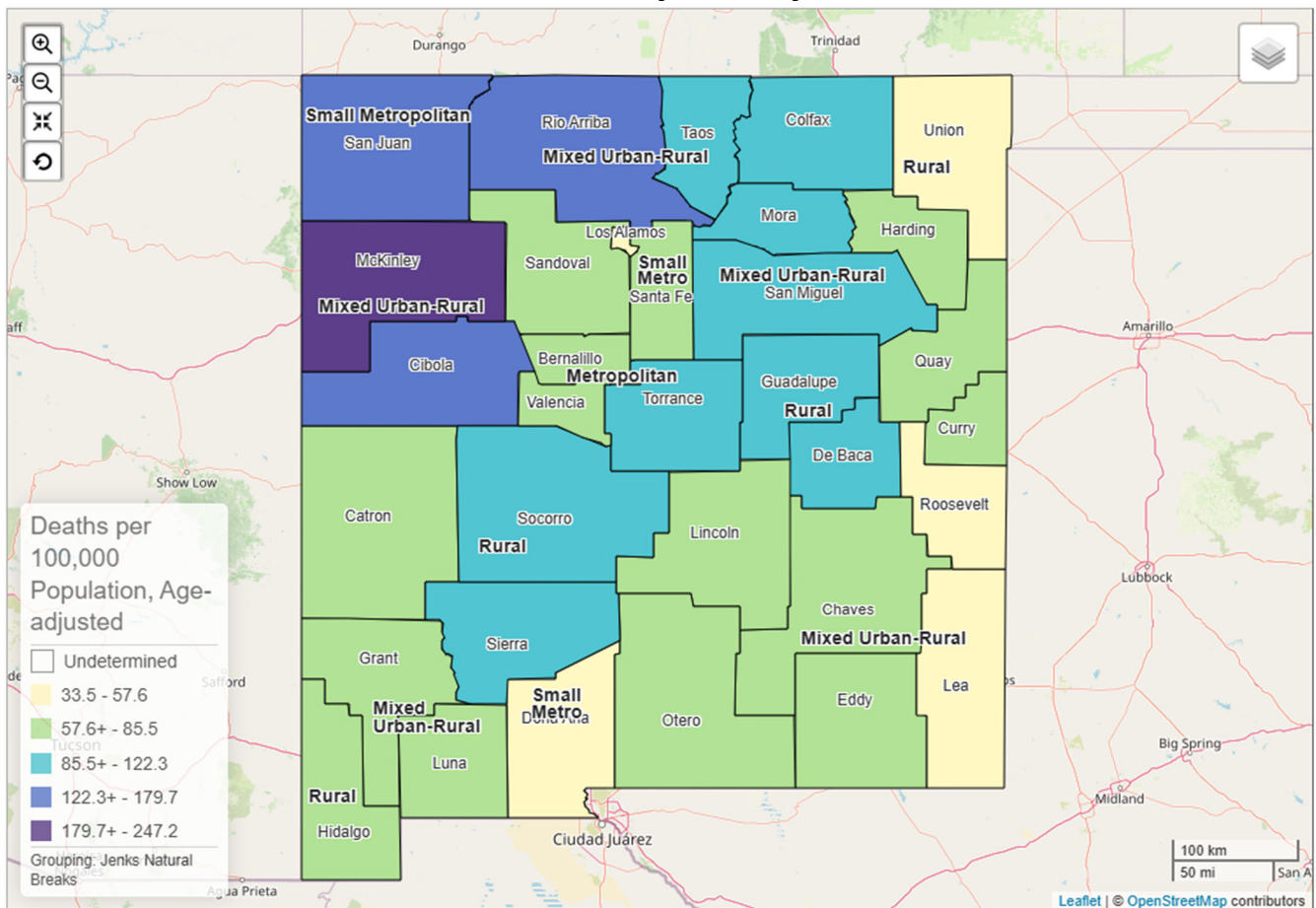
(ages 20–64) is alcohol-related

— This is twice as high as the national rate

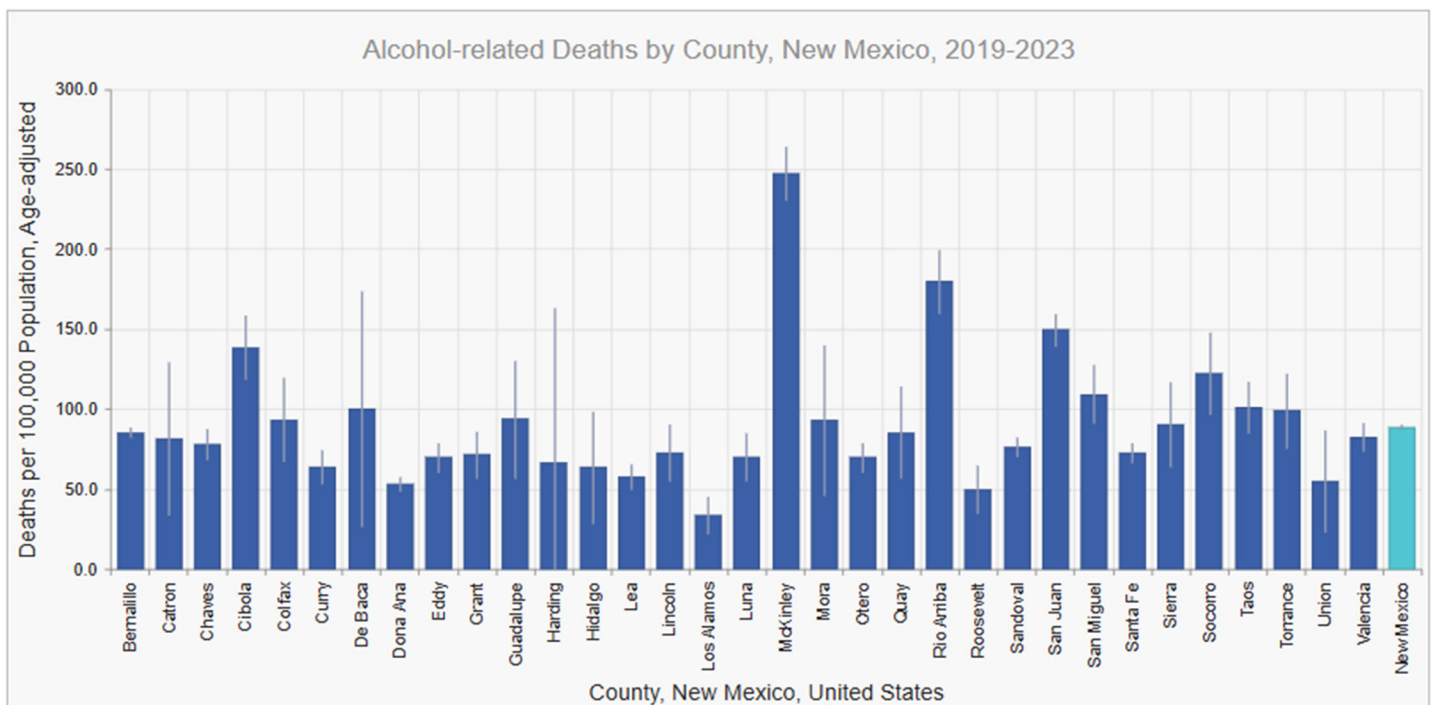
Alcohol-Related Deaths by Year, NM



Alcohol-related Deaths by County, NM, 2019-2023

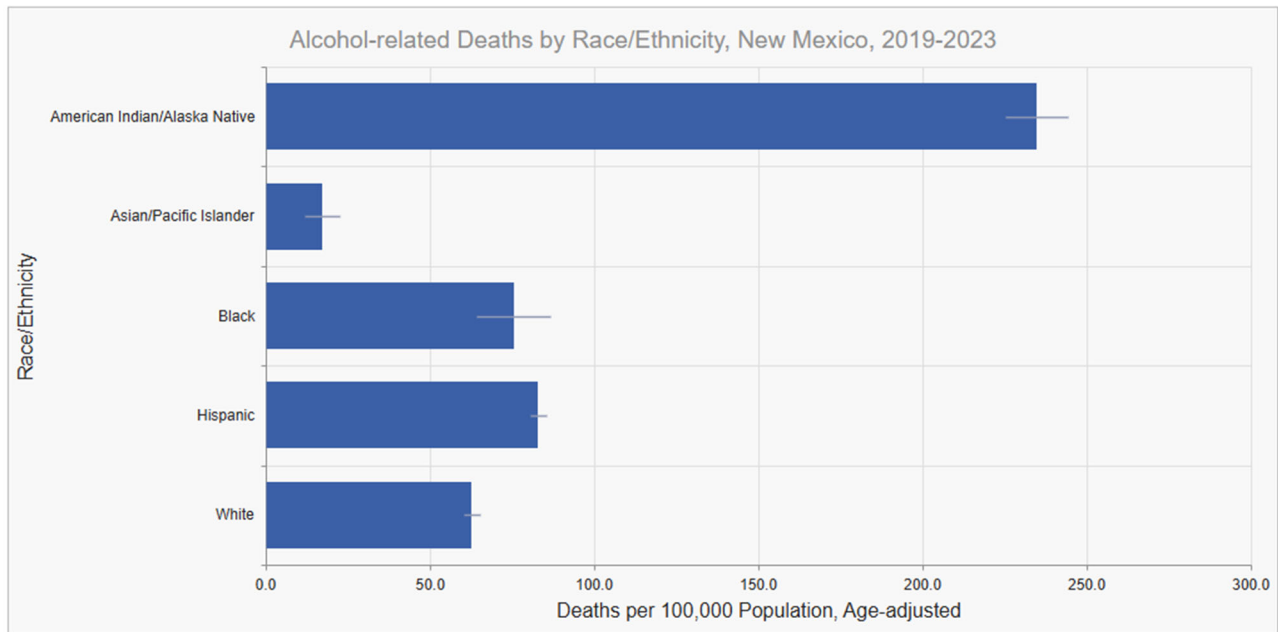


Alcohol-related Deaths by County, NM

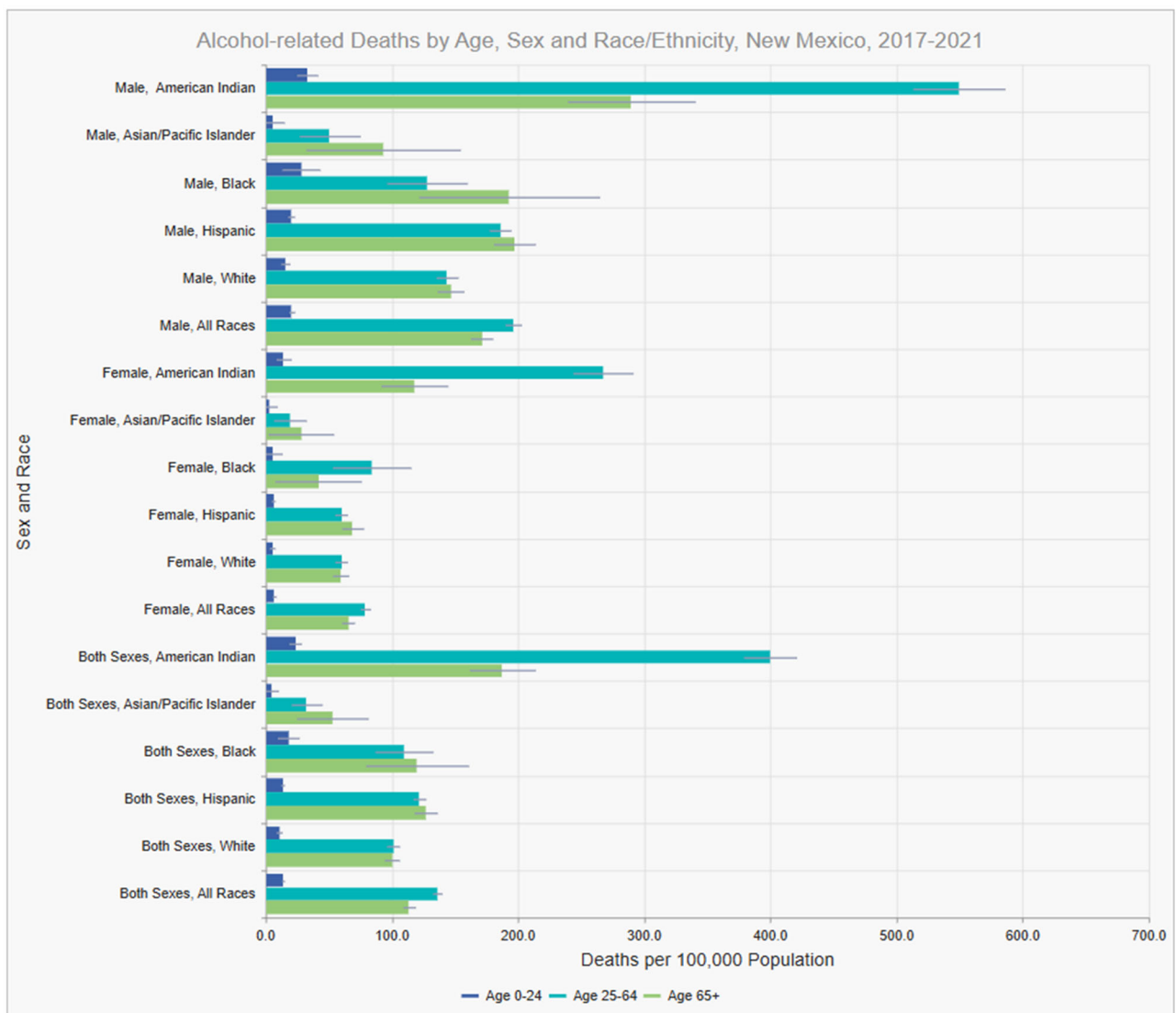


Rio Arriba and McKinley counties have the highest rates of alcohol-related death, with rates more than twice the state rate and more than three times the national rate. Several other counties (Cibola, Mora, San Juan, San Miguel, Socorro, Taos, Sierra, Catron, Guadalupe, Quay, and Hidalgo) have a substantial burden (20 or more alcohol-related deaths per year) and rates over the state of New Mexico, and more than twice the U.S. rate.

Alcohol-related Deaths by Race/Ethnicity, NM



Alcohol-related Deaths by Age, Sex, Race/Ethnicity, NM



Drug Overdose Deaths

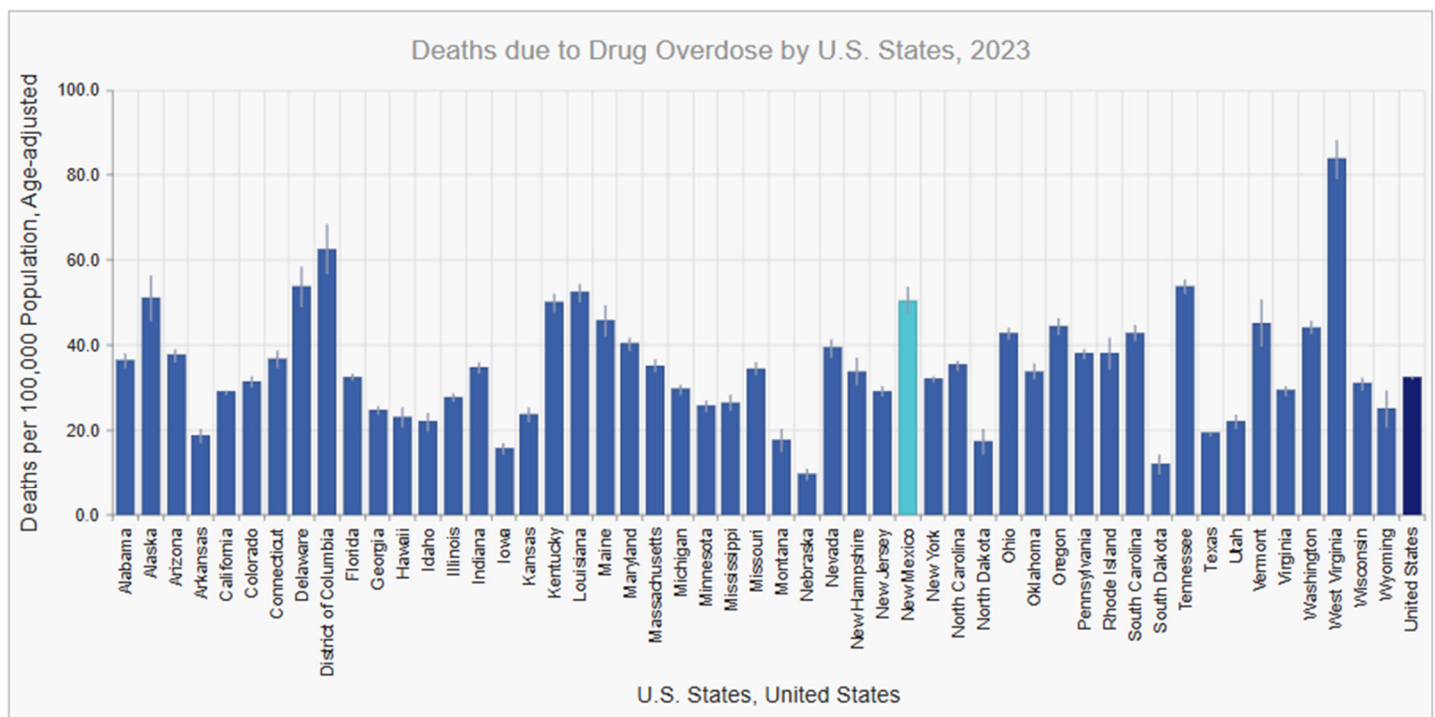
Source: New Mexico's Health Indicator Data & Statistics - <https://ibis.doh.nm.gov/indicator/view/SuicDeath.Cnty.html>

Drug overdose death is defined as the number of deaths caused by drug overdose per 100,000 population, age-adjusted. Drug overdose deaths are those in which drug overdose is the primary cause, whether unintentional or intentional.

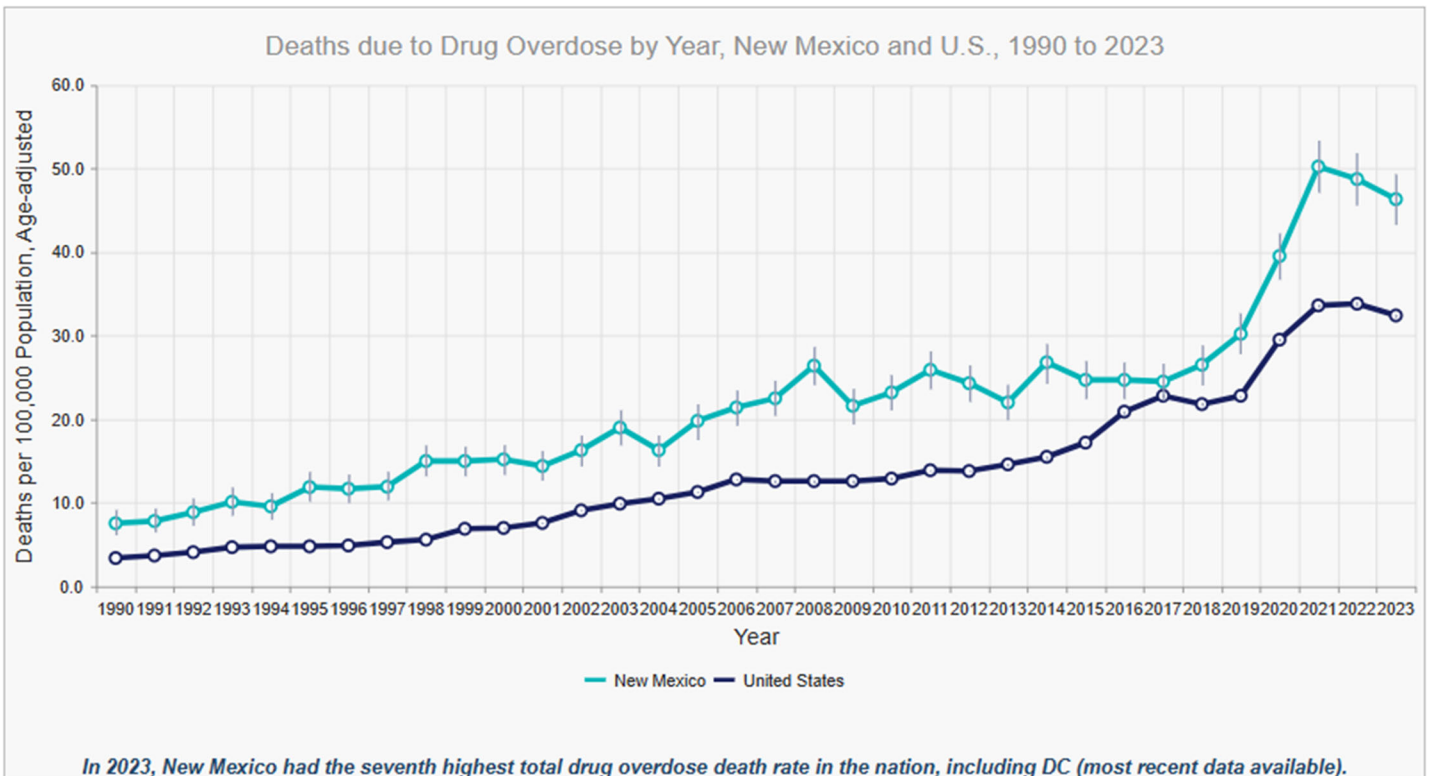
Drug Overdose Deaths

- **New Mexico** has had one of the **highest drug overdose death rates** in the nation for **most of the past two decades**.
- The **drug overdose death rate** in New Mexico has **more than tripled since 1990**.
- **Trends in drug-related deaths:**
 - Deaths from **illicit drugs** have remained **relatively steady** over the past decade.
 - Deaths related to **methamphetamine** and **fentanyl** have **increased dramatically**.
 - **Drug abuse** is among the **most costly health problems** in the United States.
- In **2007**, the estimated cost of **prescription opioid abuse, dependence, and misuse** in New Mexico was **\$890 million**.

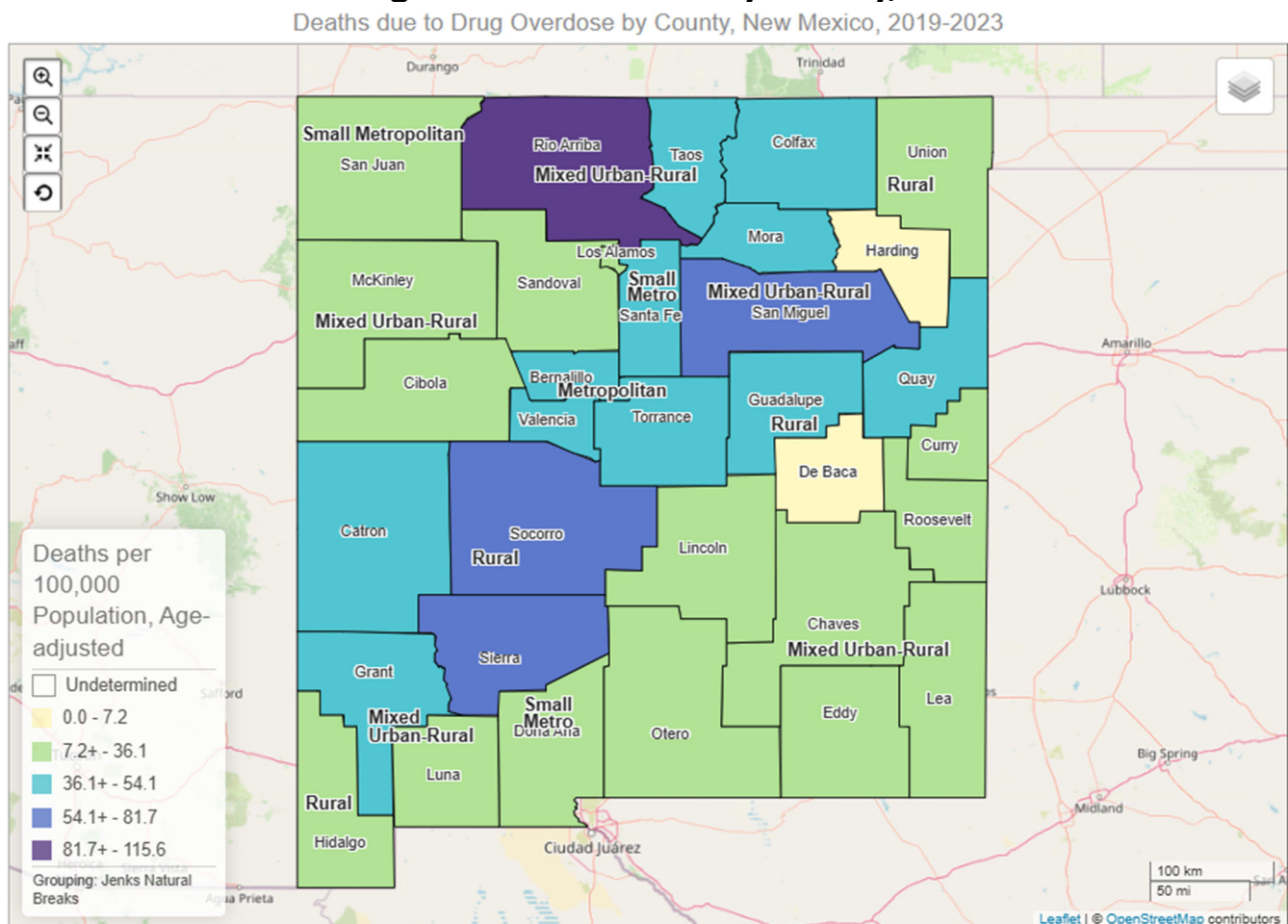
Drug Overdose Deaths by U.S. States



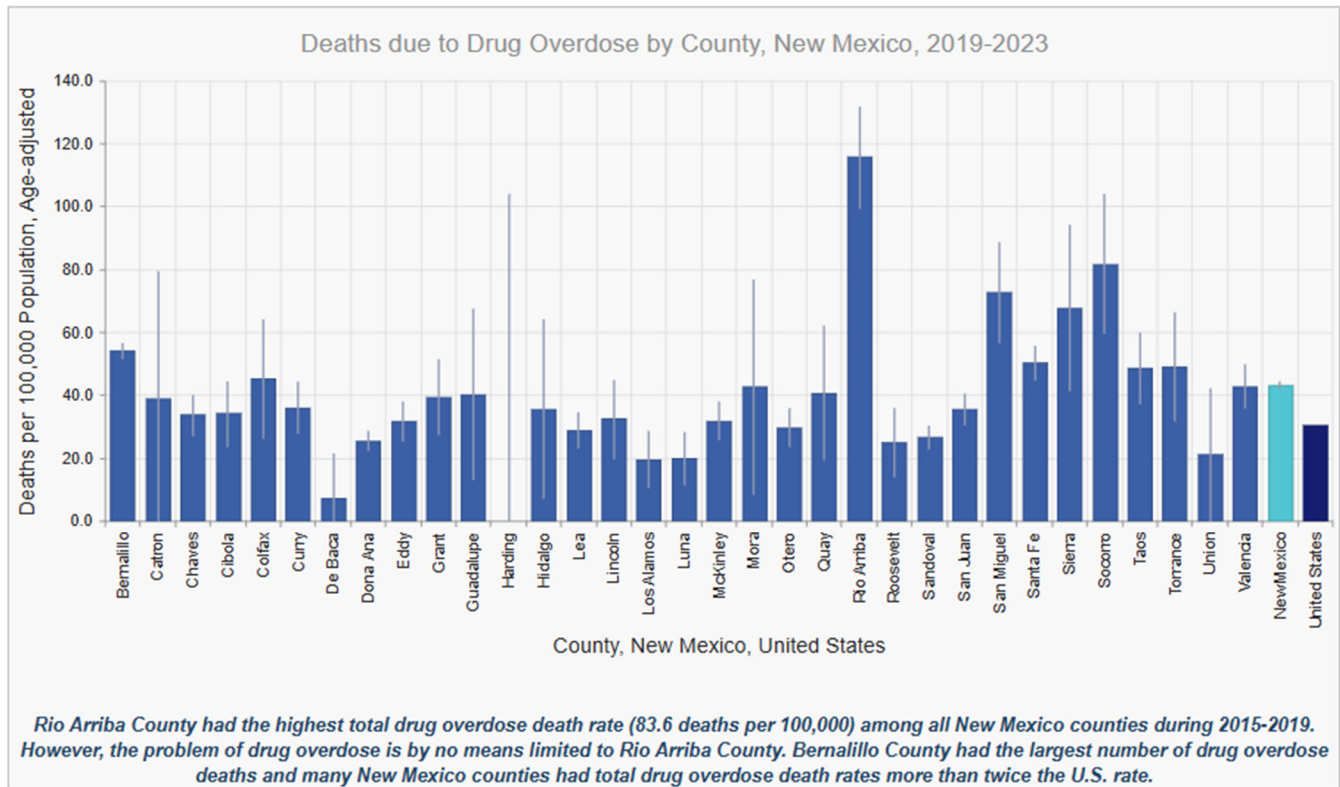
Drug Overdose Deaths by Year, NM and U.S



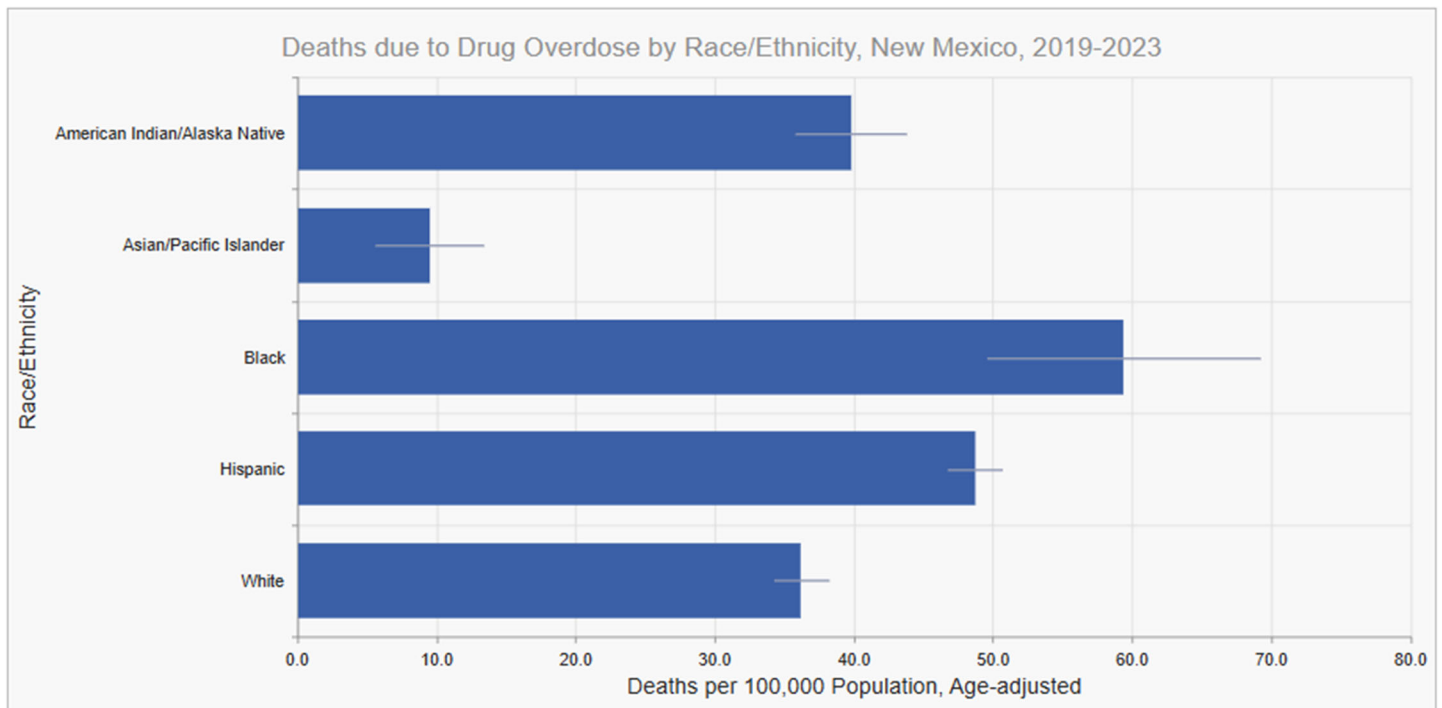
Drug Overdose Deaths by County, NM



Drug Overdose Deaths by County, NM



Drug Overdose Deaths by Race/Ethnicity, NM

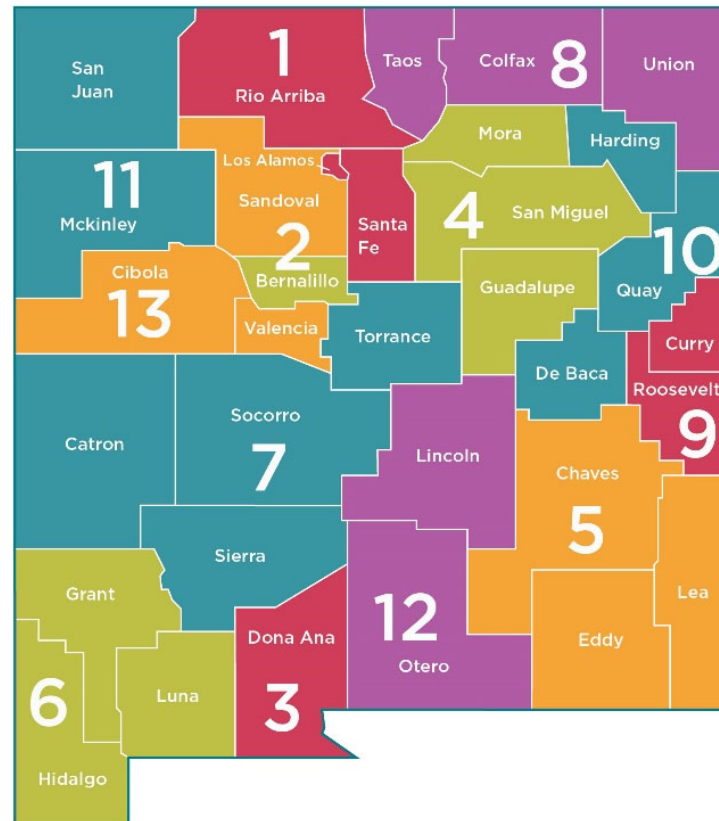


Region/ County

Source: New Mexico's Health Indicator Data & Statistics - <https://ibis.doh.nm.gov/indicator/view/SuicDeath.Cnty.html>

Suicide Deaths, Alcohol Related Injury Deaths, and Deaths Due to Drug Overdose.

The NM Behavioral Health Reform Investment Act



- TRIBES/PUEBLOS INCLUDED IN EACH REGION

Region 1

- Ohkay Owingeh
- Santa Clara Pueblo
- Pueblo of San Ildefonso
- Pueblo of Pojoaque
- Nambe Pueblo
- Pueblo of Tesuque
- Jicarilla Apache Nation

Region 2

- Pueblo of Isleta
- Pueblo of Sandia

Region 6

- Fort Sill Apache Tribe

Region 8

- Taos Pueblo
- Picuris Pueblo

Region 13

- Pueblo of Laguna
- Pueblo of Acoma
- Pueblo of Cochiti
- Pueblo of Jemez
- Pueblo of Zia
- Pueblo of Santa Ana
- Santo Domingo Pueblo
- Pueblo of San Felipe

Region 11

- Navajo Nation
- Pueblo of Zuni

Region 12

- Mescalero Apache Tribe

Region 1

- Los Alamos, Rio Arriba, Santa Fe
- Ohkay Owingeh, Santa Clara Pueblo, Pueblo de San Idelfonso, Pueblo of Pojoaque, Nambe Pueblo, Pueblo of Tesuque, Jicarilla
 - Specific tribal community data is not available

Per 100k, Age-Adjusted

County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
Los Alamos	9.6 ▼	33.5 ▼	19.6 ▼
Rio Arriba	18.3 ▼	179.7 ▲	115.6 ▲
Santa Fe	24.1 ▼	72.9 ▼	50.1 ▲
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Region 2

- Bernalillo
- Pueblo of Isleta, Pueblo of Sandia
 - Specific tribal community data is not available

Per 100k, Age-Adjusted

County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
Bernalillo	23.4 ▼	85.3 ▲	54.1 ▲
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Region 3

- Doña Ana

Per 100k, Age-Adjusted

County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
Dona Ana	16.3 ▼	53.1 ▼	25.4 ▼
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Region 4

- Guadalupe, Mora, San Miguel

Per 100k, Age-Adjusted

County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
Guadalupe	11.5 ▼	93.6 ▲	40.1 ▼
Mora	20.6 ▼	93.2 ▲	42.7 ▼
San Miguel	23.5 ▼	109.3 ▲	72.7 ▲
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Region 5

- Chaves, Eddy, Lea

Per 100k, Age-Adjusted

County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
Chaves	23.9 ▼	78.1 ▼	33.6 ▼
Eddy	28.3 ▲	69.9 ▼	31.7 ▼
Lea	19.5 ▼	57.6 ▼	28.9 ▼
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Region 6

- Grant, Hidalgo, Luna
- Fort Sill Apache Tribe
 - Specific tribal community data is not available

Per 100k, Age-Adjusted

County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
Grant	29.3 ▲	71.6 ▼	39.4 ▼
Hidalgo	30.4 ▲	63.7 ▼	35.6 ▼
Luna	25.1 ▲	69.9 ▼	19.9 ▼
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Region 7

- Catron, Sierra, Socorro, Torrance

Per 100k, Age-Adjusted

County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
Catron	52.5 ▲	81.4 ▼	38.8 ▼
Sierra	40.7 ▲	90.1 ▲	67.7 ▲
Socorro	31 ▲	122.3 ▲	81.7 ▲
Torrance	30.9 ▲	99.1 ▲	48.8 ▲
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Region 8

- Colfax, Taos, Union
- Taos Pueblo, Picuris Pueblo
 - Specific tribal community data is not available

Per 100k, Age-Adjusted

County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
Colfax	42.8 ▲	93.5 ▲	45.2 ▼
Taos	26.3 ▲	100.8 ▲	48.6 ▲
Union	24.1 ▼	54.8 ▼	21.2 ▼
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Region 9

- Curry, Roosevelt

<i>Per 100k, Age-Adjusted</i>			
County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
Curry	20.2 ▼	63.7 ▼	36.1 ▼
Roosevelt	20.9 ▼	50.0 ▼	25 ▼
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Region 10

- De Baca, Harding, Quay

<i>Per 100k, Age-Adjusted</i>			
County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
De Baca	17.9 ▼	100.1 ▲	7.2 ▼
Harding	0 ▼	66.4 ▼	0 ▼
Quay	43 ▲	85.5 ▲	40.6 ▼
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Region 11

- McKinley, San Juan
- Navajo Nation, Pueblo of Zuni

<i>Per 100k, Age-Adjusted</i>			
County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
McKinley	31.4 ▲	247.2 ▲	31.8 ▼
San Juan	32.8 ▲	149.5 ▲	35.6 ▼
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Region 12

- Lincoln, Otero

<i>Per 100k, Age-Adjusted</i>			
County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
Lincoln	32.1 ▲	73.0 ▼	32.4 ▼
Otero	27.9 ▲	69.6 ▼	29.7 ▼
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Region 13

- Cibola, Sandoval, Valencia

<i>Per 100k, Age-Adjusted</i>			
County	Suicide Deaths	Alcohol-Related Deaths	Drug Overdose Deaths
Cibola	30.1 ▲	138.7 ▲	34.1 ▼
Sandoval	23.5 ▼	76.1 ▼	26.6 ▼
Valencia	22.6 ▼	82.4 ▼	42.8 ▼
New Mexico	24.3 (2021)	84.5 (2023)	46.3 (2023)
National	14.1 (2021)	50.9 (2021)	32.4 (2023)

Summary of Listening Sessions: Behavioral Health Region 10 De Baca County Harding County | Quay County

Conducted by Alliance of Health Councils

Region 10 strengths

- Strong **local health councils** improving outreach and community engagement.
- **School-based supports** providing safe spaces and trauma-informed care.
- Implementation of **threat assessment frameworks (C-STAG)** in schools.
- New **SB3 funding** creates optimism for long-needed system improvements.
- Dedicated but **overextended workforce** committed to serving the region.



Gaps in Region 10

- Severe shortage of **peer support services**, especially east of Moriarty.
- Lack of **affordable housing and competitive wages** limits workforce recruitment.
- Limited access to **education and training pipelines** for local providers.
- Absence of key infrastructure like **mental health courts** and local treatment facilities.

Barriers in Region 10

- Extreme rural isolation limits access to services, transportation, and providers.
- Law enforcement spends up to 12 hours transporting individuals back and forth, reducing community coverage.
- Cultural normalization of substance use and stigma reduce help-seeking.
- Generational trauma and a lack of hope exacerbate behavioral health issues.

Key challenges in Region 10

- Critical “lapse in time” after release from jail or treatment leads to relapse and recidivism due to lack of immediate support.
- Long wait times (often 5+ months) and unresponsive systems delay care.
- Workforce instability disrupts continuity of care and patient-provider relationships.
- Paper-based referrals without follow-up result in people “falling through the cracks.”
- State systems are perceived as prioritizing audit compliance over patient outcomes.

High Recidivism & Inadequate Re-entry Support

- Estimated ~75% recidivism rate driven by:
 - Lack of medication monitoring (especially for serious mental illness like schizophrenia)
 - Limited crisis services → jail becomes default treatment setting
 - Absence of Certified Peer Support Workers (CPSWs) at re-entry
- Poor coordination between facilities and law enforcement creates a “black hole” at release, with no continuity of care.

Vision for coordinated system of care

- **Regional continuum of care**, including local treatment facilities (e.g., proposed 90-day center in Tucumcari)
- **Integrated crisis response & diversion**, directing individuals to treatment instead of jail
- Establishment of **mental health courts** to reduce recidivism
- Sustainable **workforce development** with better pay and education pathways
- Expanded **youth prevention services** to break generational cycles of trauma

Provisional Priorities

Region 10

A. Behavioral Health Education and Stigma Reduction

- Normalize home visiting programs and how helpful they can be for all families
- Build awareness of what is problematic drinking
- Address behavioral health stigma to encourage help seeking
- Provide community education about how individuals and families access current and planned local and regional behavioral health resources



B. Behavioral Health Coordination and Navigation

- Increase sharing of resources across BH agencies
- Develop one-stop shop (e.g., rec center, YMCA) for BH resources (e.g., case management, youth and family programs)
- Increase connection and use of MCO care coordination services
- Develop BH resource guide for community
- Increase awareness of existing BH resource guides (e.g., Quay County Nixle, 988, Share NM, Find Help, etc.)
- Reach out to Veterans Office in Clovis to see if they can send someone to Tucumcari on a regular basis to connect veterans to care
- Increase awareness of 211

C. Community Wellness and Social Connection

- Enhance LC10 as a collaboration of all three county health councils
- Identify local people (e.g., young adults, mentors) to lead community activities (yoga, crafts, etc.)
- Increase opportunities for volunteering and volunteer training through collaborations with State Red Cross and Emergency Management
- Recruit and retain drivers for volunteer transportation
- Regionwide, publicize and recruit for volunteer programs, especially those serving youth (e.g., youth mentorship, Big Brothers/Big Sisters)
- Increase positive youth activities, including non-sport activities (e.g., theater, art, chess)
- Increase job opportunities for youth
- Consider encouraging participation in Youth Conservation Corps and other state programs
- Revitalize outdoor spaces such as water features in parks
- Develop community garden in collaboration with Mesalands
- Explore using Tucumcari HS FFA Greenhouse for intergenerational opportunities
- Use Facebook and newspaper to promote activities and local services
- Promote positivity about the community (e.g., via positive media campaigns)

D. Enhance Family Support

- Explore ways to sustain Senior Companions program through Senior Centers
- Develop a family support center with parenting classes and resources, as well as child-care while accessing services
- Create peer support for families and caregivers
- Develop more caregiver education classes
- Exploring tab for resources for families on school home page (e.g., using content from School Pulse)
- Increase supports for grandparents raising children
- Increase use of navigators for families in understanding how to access higher levels of BH care
- Consider parental support group for parents to learn parenting strategies from peers

E. Crisis Systems

- Promote awareness and use of 988 services
- Ensure collaboration with planned Clovis Crisis Triage Center with communication across regions
- Develop co-response crisis response teams and consider small local teams for quick response
- Explore how other communities have implemented crisis response and modified CIT
- Consider expanding BH crisis model through Mesa Counselling in ED
- Develop protocol and pathway for dispatch to route BH calls to 988
- Support dispatch and LEO with education and information about BH Crises, tools, and resources
- Offer trainings (e.g., MHFA, SAMHSA 4-hour training, or BH training via Nurstead) to Dispatch and LEOs
- Establish funding source for mobile crisis for non-Medicaid eligible individuals
- Implement suicide prevention and response programs
- Advocate for psychiatric beds in Trigg hospital expansion

F. Justice, Diversion and Courts

- Explore pre-booking diversion opportunities
- Increase use of opportunities for early delegated release when applicable
- Add mandated counseling into MOUs for pre-trial services
- Include needs assessment as part of pre-trial assessment in addition to risk assessment
- Add pre-trial CPSW navigator position to help individuals navigate the criminal justice system; address needs like housing, employment, etc. during and after involvement in criminal justice system
- Explore piloting AOT through Magistrate's court
- Develop local committee who support successful re-entry like employment (write letters of support)
- Need more access to BH providers (therapists and psychiatric medications) in jail
- Better communication between JPOs/POs, BH providers, schools, and courts
- Explore possibility of magistrate judges running specialty treatment court
- Identify local work (e.g., farmers, ranchers) or community service opportunities for youth involved in delinquent behavior for informal diversion
- Explore resurrecting Teen Court in collaboration with DWI court and school
- Explore possibility of developing a Juvenile Detention Alternatives Initiative (JDAI) site
- Consider collaboration with other counties for MOUD provider in detention settings to maximize economy of scale

G. Re-entry

- Increase job and training opportunities upon release (e.g., EMS, fire departments)
Explore opening a Recovery Café in region staffed with peers
- Develop pipeline to connect people re-entering the community to community service and volunteer opportunities
- Develop list of local employers who are willing and able to hire individuals with convictions
- Develop employment support programs for individuals after re-entry (e.g., clothing co-op, resume support)
- Improve transition services and discharge planning to ensure information on BH treatment is shared
- Leverage existing employment supports (e.g., churches)
Increase support for the use of NM Workforce Solutions opportunities and access to training in the trades
- Ensure that planned transitional living facilities are coordinating with court and jail
- Increase access to and use of re-entry specialists - especially CPSWs
- Create process for quick warm hand offs upon release
- Implement RISE program in region to support reentry



H. Treatment and Recovery Supports

- Increase use of CPSWs to help with successful recovery
- Develop transitional housing options in recovery friendly environments
- Expand resources to Health Councils to support transportation
- Develop local and regional transportation supports (e.g., bus route or city van pickup)
- Consider expanding opportunities for integrated BH in primary care
- Develop local detox program
- Consider technological reminders for people to take medications
- Expand BH and related services at local existing settings (e.g., recreation center, community college)
- Explore developing local treatment guardian service who could contract with Office of the Guardianship
- Expand use of Long Acting Injections for treatment of individuals with Serious Mental Illness

I. BH Workforce Development

- Increase awareness about CPSW and CHW career opportunities
- Increase awareness and use of opportunities for remote supervision for pre-licensed BH providers
- Create opportunities for EMS training in region
- Promote behavioral health workforce pipeline for locals to get training and education to stay in the community
- Considering developing HOSA program (Health Occupations Student Association)

J. Youth and School Based Supports

- Publicize SBHCs services for youth and families
- Provide psychoeducation and training to youth (e.g., on anxiety, depression, substance use, Narcan)
- Increase student access to prevention programs (e.g., bullying, substance use)
- Bringing back DARE program with focus on vaping and bullying prevention
- Provide training to teachers and school staff on referral process and recognizing BH problems in youth (e.g., Teen Mental Health First Aid)
- Creating a pathway for schools to refer to MST directly for youth at risk of justice involvement
- Develop a youth drop-in center
- Consider expanding SRO in Tucumcari covering middle schools
- Engage teachers in addressing stigma in schools
- Developing programming for youth with substance use issues and referral pathways
- Promote school engagement in roll out of School Pulse app
- Support implementation of School Pulse 9-month peer to peer prevention program called "Swell Teen"
- Establish a youth council and other youth-led committees
- Incorporate School Pulse Curriculum for In School Suspension
- Create incentives for youth completing treatment
- Develop restorative justice pilot in the schools

State level recommendations

- Advocate for staffing at Non-metro New Mexico Area on Aging Tucumcari office
- Strengthen participation in Health Information Exchange about discharge planning from BH hospitals
- Expedite credentialing process for psychiatrists
- Develop more programming at state parks for NM residents such as local fishing league, high school fishing teams
- Increase stable staffing of probation and parole offices
- Increase number of JPOs in district
- Develop more training and support for foster/resource families
- Insurance/ requirements disincentivizing workforce
- Distrust of state since 2012
- Female treatment centers and RTCs for juveniles
- Statewide funding for mobile crisis response for people not on Medicaid
- CPSW training bottlenecks and barriers
- More 988 marketing
- Need supports for clinical supervision



Region 10 Priorities

1. Treatment and Recovery Supports
2. Crisis Systems
2. Youth and School Based Supports
3. Community Wellness and Social Connection
4. Justice, Diversion and Courts