

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



Behavioral Health Region 5

Chaves County | Eddy County | Lea County

May 27th, 2026

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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 the 5th Behavioral Health Region (Chaves County, Eddy County, and Lea 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 5 (Chaves County, Eddy County, and Lea County) over the course of 3 days (May 5th-7th, 2026). A copy of the agenda is included in Appendix A.4.

Ninety unduplicated people attended the Workshop. Seventy-six people attended the first day with an additional 10 from the UNM BHTAC for a total of 86 attendees. Sixty-three people attended the second day with 10 people from the UNM BHTAC for a total of 73 attendees. Sixty-one people attended the third day with 10 people from the UNM BHTAC for a total of 71 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>

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 the two breakout groups is described below.

During the morning of the first day, several additional materials were presented to the full group, including Region Specific Medicaid Snapshot data, NM Mortality data, and a summary of notes from the listening sessions that took place prior to the workshop across the Region, before participants dispersed into breakout sessions. Copies of these 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: Increase Access to Behavioral Health Assessments and Treatment
- Priority Bucket B: Crisis Response Services and Training
- Priority Bucket C: Workforce Development, Recruitment and Retention
- Priority Bucket D: Prevention, Trauma, and Mental Health Promotion
- Priority Bucket E: Youth, Family and Caregiver Supports
- Priority Bucket F: Housing, Transportation, and Basic Needs
- Priority Bucket G: Justice System Service and Supports
- Priority Bucket H: Vocational Education and Employment
- Priority Bucket I: Cross-Agency System Collaboration and Coordination
- Priority Bucket J: Community Navigation

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. Housing, Transportation, and Basic Needs
2. Justice System Service and Supports
3. Prevention, Trauma, and Mental Health Promotion
4. Increase Access to Behavioral Health Assessments and Treatment
5. Youth, Family and Caregiver Supports

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: Workforce Development, Recruitment and Retention	10	0	3	1	1	5	0	20
Priority Bucket B: Increase Access to Behavioral Health Assessments and Treatment	7	5	2	2	1	11	0	28
Priority Bucket C: Crisis Response Services and Training	5	4	3	2	0	7	0	21
Priority Bucket D: Prevention, Trauma and Mental Health Promotion	3	2	1	7	0	17	0	30
Priority Bucket E: Youth, Family and Caregiver Supports	7	3	3	2	1	10	0	26
Priority Bucket F: Housing, Transportation and Basic Needs	10	4	4	4	0	13	0	35
Priority Bucket G: Justice System Service and Supports	7	8	2	2	1	11	0	31
Priority Bucket H: Vocational Education and Employment	2	0	1	2	1	2	0	8
Priority Bucket I: Cross-Agency System Collaboration and Coordination	6	3	3	1	0	5	0	18
Priority Bucket J: Community Navigation	3	1	3	2	0	4	0	13
Total	60	30	25	25	5	85	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 5 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: Housing, Transportation, and Basic Needs

Table 2: Summary of Priority 1 Discussion

Action Items from the Intercept Mapping Sessions	<ul style="list-style-type: none"> • Increase access to transportation to and from programming, treatment, and transition services, such as the Uplift transportation service from Affirming Hearts in Eddy and Lea Counties. • Create transportation options for parents to visit youth at LCJDC. • Develop safe and affordable transportation options. • Improve bus routes to increase footprint and expand hours. • Improve MCO/ tri-county transportation system. • Increase access to affordable housing. • Create a stepwise approach to housing and supports. • Utilize vacant spaces to expand Hope Center and other programs. • Understand why there are no true homeless shelters or warming centers and address issues. • Increase access to housing for people with criminal justice involvement - increase the number of beds at LifeHouse. • Develop reintegration housing with job seeking, GED support, transportation, food, banking management, and life skills training. • Create housing for providers. • Identify funding streams for transitional housing. • Determine strategies to address housing waitlists, lack of affordable housing, strict housing criteria, etc. for those coming out of detention. • Broaden criteria to increase access to basic needs. • Increase access to shower trailers in all counties (such as the one in Lea County).
Top Priorities to Work on Now and Additional Considerations	<p>Expand and coordinate transportation access across the region</p> <ul style="list-style-type: none"> • Includes transportation for re-entry (jails, prisons, inpatient services), employment, treatment/services, and prevention activities. • Strong emphasis on re-entry transportation as a priority. <p>Reduce barriers to housing for individuals with criminal backgrounds</p> <ul style="list-style-type: none"> • Focus on decreasing red tape and increasing access to housing opportunities. • Includes development of transitional/step-up housing not solely tied to substance use treatment. <p>Increase access to hygiene resources</p> <ul style="list-style-type: none"> • Deploy shower trailers region-wide and/or expand access through SBHCs (School-Based Health Centers) to serve broader community needs. <p>Improve food access through redistribution systems</p> <ul style="list-style-type: none"> • Repurpose leftover food from restaurants, conferences, and events. • Build coordinated systems for food distribution across the community.

	<p>Expand community engagement opportunities</p> <ul style="list-style-type: none"> • Develop more community service and volunteer opportunities across schools, businesses, and organizations.
Implementation Issues	<p>Transportation</p> <ul style="list-style-type: none"> • Need cross-county and city coordination. • Establish MOUs to allow nonprofits to provide transportation. • Implement strategies consistently across all three counties. • Build partnerships with larger agencies (e.g., Guidance Center, LifeHouse). • Explore and adapt existing models (e.g., Taos Blue Bus). • Develop rideshare solutions, including: <ul style="list-style-type: none"> ◦ Subsidized rides ◦ Agency-dispatched rides (no phone required for clients) ◦ Employment opportunities for justice-involved individuals in rideshare roles <p>Housing & Re-entry</p> <ul style="list-style-type: none"> • Develop transitional housing models. • Ensure case management for re-entry begins within facilities. • Provide training for case managers on housing advocacy and support. • Create engagement strategies for individuals during re-entry planning. <p>Hygiene (Shower Access)</p> <ul style="list-style-type: none"> • Identify funding sources for equipment (shower trailers). • Address workforce needs to operate and maintain services. <p>Food Redistribution & Resource Coordination</p> <ul style="list-style-type: none"> • Build a formal distribution system for surplus food. • Create a centralized coordination role (community calendar point of contact). • Improve communication infrastructure, including: <ul style="list-style-type: none"> ◦ Apps (e.g., 211 app, NM Connect) ◦ Text-based outreach strategies • Strengthen cross-agency coordination and awareness of resources. <p>Community Engagement</p> <ul style="list-style-type: none"> • Partner with schools, businesses, and community organizations to identify and expand service opportunities.
Sustainability Issues	<p>Ongoing funding needs</p> <ul style="list-style-type: none"> • Transportation systems, shower trailers, and food redistribution programs require continuous financial support. <p>Workforce sustainability</p> <ul style="list-style-type: none"> • Staffing is needed long-term for: <ul style="list-style-type: none"> ◦ Transportation coordination ◦ Hygiene services ◦ Case management and re-entry support <p>Cross-agency coordination maintenance</p> <ul style="list-style-type: none"> • Sustaining partnerships (counties, nonprofits, agencies) is essential for long-term success. <p>Technology and communication systems upkeep</p> <ul style="list-style-type: none"> • Continued support and updates for tools like 211 app, NM Connect, and other communication platforms.

	<p>Program integration into existing systems</p> <ul style="list-style-type: none"> • Embedding services (e.g., re-entry coordination, food distribution networks) into existing agency workflows to avoid reliance on short-term initiatives. <p>Community engagement continuity</p> <ul style="list-style-type: none"> • Maintaining participation from businesses, volunteers, and organizations.
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2. Priority 2: Justice System Service and Supports

Table 3: Summary of Priority 2 Discussion

<p>Action Items from the Intercept Mapping Sessions</p>	<ul style="list-style-type: none"> • Create safe and high-quality group homes for youth involved in foster care and juvenile probation. • Develop placements for youth in foster care and those leaving foster care. • Increase awareness and implementation of restorative justice practices. • Develop alternatives to suspension for school drug infractions, such as the program in development through the Carlsbad School District. • Create in-school options for students with infractions instead of automatic suspensions or expulsions, such as school-based community service and/or life skills development. • Create Teen Courts (with funding) within schools with peers instead of adults addressing infractions. • Expand My Power to include diversion programming. • Increase communication between JPOs and BH providers. • Increase collaboration between officers, families, and JPOs. • Develop and implement BH screenings in juvenile justice settings. • Increase the LCJDC workforce and provide greater access to BH services in the detention center. • Increase access to transition services from justice systems back to the community. • Bring back a youth recording center in the Region as an alternative to detention (could partner with Cowboy Junction Church). • Expand LEAD in Eddy and Chaves Counties. • Increase access to BH evaluators to complete comprehensive BH assessments and competency to stand trial assessments. • Develop a mechanism for people to have access to technology to attend competency evaluations remotely. • Explore why there are delays for competency screenings. • Develop capacity for AOT services. • Create licensed clinical positions to determine treatment disposition based on psychological diagnoses for those involved with the criminal justice system. • Expand briefing trainings for all city police, state police, and sheriff's office departments on BH diversion options and BH de-escalation strategies. • Consider developing pre-conviction services in drug courts. • Increase access to trade programs and college classes in jails and prisons. • Review state policies to reinstate CPSWs' ability to provide services, including navigation and coordination of care, in jails and prisons. • Develop state-wide policy for mechanism to ensure that social security cards and Medicaid documentation are mailed to APPO for pick up after release. • Increase coordination between law enforcement, judges, attorneys, and behavioral health to ensure people get the services they need. • Expand Pre-Prosecution Diversion Programs to include offenses other than first-time felony offenses and other misdemeanors beyond shoplifting, and connect to LifeHouse. • Support the development of Pre-Prosecution Diversion Programs in all counties. • Expand the RISE program across the Region and into pre-trial services.
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	<ul style="list-style-type: none"> • Hire case managers at jails for individuals to prepare for release. • Develop mechanisms to connect people coming out of detention to prosocial jobs. • Educate courts and judges on treatment options, barriers, etc. • Consider reopening local juvenile detention centers and rehabilitation programming in Chaves and Eddy Counties.
Top Priorities to Work on Now	<p>Expand and fund workforce roles (case managers, navigators, CHWs, CPSWs)</p> <ul style="list-style-type: none"> • Increase availability of coordinated behavioral health and re-entry support services. • Include hiring individuals with lived experience. <p>Develop alternatives to school suspension for youth</p> <ul style="list-style-type: none"> • Expand prevention and life-skills programming for high-risk youth. • Implement restorative approaches instead of punitive discipline. <p>Expand diversion programs across the region</p> <ul style="list-style-type: none"> • Increase access to pre-prosecution and pre-trial diversion programs. • Strengthen restorative justice approaches and reduce justice system involvement.
Implementation Issues	<p>Workforce Development (Case Managers/Navigators)</p> <ul style="list-style-type: none"> • Funding challenges <ul style="list-style-type: none"> ◦ Need sustainable funding sources (Medicaid, MCOs). • Training and workforce pipeline <ul style="list-style-type: none"> ◦ Increase the number of CHW/CPSW trainings. ◦ Need partnerships with higher education for training programs. • Role clarity and service delivery <ul style="list-style-type: none"> ◦ Define use of CHWs/CPSWs in wraparound and CCSS services. • Billing and reimbursement <ul style="list-style-type: none"> ◦ Ensure CPSWs can bill across populations (beyond Medicaid). • System coordination <ul style="list-style-type: none"> ◦ Improve Medicaid coordination across providers. • Workforce recruitment <ul style="list-style-type: none"> ◦ Create work pathways for youth and adults with lived experience. <p>School-Based Alternatives to Suspension</p> <ul style="list-style-type: none"> • Program expansion and access <ul style="list-style-type: none"> ◦ Existing programs (Teen Court, Too Good for Drugs, Sources of Strength, My Power) need broader reach, especially for high-risk youth. • Staffing and training needs <ul style="list-style-type: none"> ◦ Adequate staff and trained facilitators are required. • School system engagement <ul style="list-style-type: none"> ◦ Challenges entering and working within school districts. • Program approach <ul style="list-style-type: none"> ◦ Transition to restorative justice models (treatment, skills-building). • Program research and replication <ul style="list-style-type: none"> ◦ Evaluate and potentially expand models like the Hobbs AVID program. <p>Diversion Programs</p> <ul style="list-style-type: none"> • Geographic gaps <ul style="list-style-type: none"> ◦ Need expansion to all counties. • Program development and reactivation <ul style="list-style-type: none"> ◦ Re-establish programs like LEAD (lost federal funding). • Funding pathways <ul style="list-style-type: none"> ◦ Identify reseed funding (BHRIA, city/county funding).

	<ul style="list-style-type: none"> • Community and stakeholder buy-in <ul style="list-style-type: none"> ○ Increase public education on diversion benefits. ○ Leverage support from law enforcement and judges. • Program alignment <ul style="list-style-type: none"> ○ Align with upcoming pre-trial services. ○ Evaluate other models (e.g., STEPS program) and barriers to implementation.
Sustainability Issues	<p>Workforce Sustainability</p> <ul style="list-style-type: none"> • Existing funding (e.g., JJC) requires ongoing workforce recruitment and retention. • Consider service-payback policies (education funding tied to community service commitments). • Long-term viability depends on Medicaid/MCO reimbursement pathways. <p>School-Based Programs</p> <ul style="list-style-type: none"> • Sustained funding model <ul style="list-style-type: none"> ○ Initial seed funding is required, followed by support from schools, counties, and cities. • Program integration <ul style="list-style-type: none"> ○ Embed programs into school curriculum for longevity. • Quality assurance <ul style="list-style-type: none"> ○ Ensure programs are evidence-based. • Partnership accountability <ul style="list-style-type: none"> ○ Require agency commitment when pursuing grant funding. <p>Diversion Programs</p> <ul style="list-style-type: none"> • Ongoing funding mechanisms <ul style="list-style-type: none"> ○ Use Medicaid billing (where allowable) to sustain programs like LEAD. • Institutional support <ul style="list-style-type: none"> ○ Maintain buy-in from courts, law enforcement, and community stakeholders. • Program continuity <ul style="list-style-type: none"> ○ Transition from grant-funded pilots to integrated system services.

3. Priority 3: Prevention, Trauma, and Mental Health Promotion

Table 4: Summary of Priority 3 Discussion

Action Items from the Intercept Mapping Sessions	<ul style="list-style-type: none"> • Provide community health education on trauma (including intergenerational trauma) for educators, medical professionals, church staff, community members, etc. • Increase training engagement through effective advertising. • Increase access to funding for prevention programming that can impact generational change. • Increase access to school-based trauma-informed practices and teacher training. • Embed mindfulness activities throughout the school day to assist with emotion regulation. • Increase the availability of weekend and after-hours prevention programming. • Increase culturally appropriate stigma reduction campaigns to improve understanding of causes and treatment of behavioral health issues. • Develop stigma campaigns that are effective in engaging youth in services and increase mental health literacy for youth and parents. • Educate parents about access to crisis services. • Promote 988. • Increase media campaigns and education on how to support youth who were exposed to drugs in utero.
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	<ul style="list-style-type: none"> • Ensure that marketing and awareness campaigns are appropriate for the culture of the local community and consider literacy levels and language. • Increase education through awareness campaigns about healthy living. • Promote employer investment in wellness programming. • Develop awareness campaigns for the community regarding existing services, especially for uninsured people. • Increase community awareness of diversion options. • Identify new, effective, and culturally appropriate strategies to market existing resources, such as technology, fliers, radio, TV, billboards, etc., to communities.
Top Priorities to Work on Now	<p>Increase awareness and reduce stigma around mental health</p> <ul style="list-style-type: none"> • Broaden community education to improve understanding of mental health conditions and treatment. • Implement culturally appropriate stigma-reduction campaigns. <p>Establish dedicated community education capacity</p> <ul style="list-style-type: none"> • Recruit a regional community educator or team (potentially county-based liaisons). <p>Improve effectiveness of the 988 crisis system in the region</p> <ul style="list-style-type: none"> • Ensure alignment with local resources and improve system functionality. <p>Expand culturally responsive prevention and youth-focused mental health efforts</p> <ul style="list-style-type: none"> • Increase access to programs like Teen MHFA and expand youth-led and evidence-based initiatives (e.g., Sources of Strength).
Implementation Issues	<p>Awareness & Stigma Reduction</p> <ul style="list-style-type: none"> • Education delivery approach <ul style="list-style-type: none"> ○ Provide education where people already gather (churches, schools, workplaces, community events). • Community engagement <ul style="list-style-type: none"> ○ Secure buy-in from trusted leaders (pastors, coaches, etc.). ○ Use incentives, food, and community-centered events to increase participation. • Communication strategies <ul style="list-style-type: none"> ○ Use multiple outreach platforms (online, billboards, flyers, radio, etc.). • Training expansion <ul style="list-style-type: none"> ○ Increase access to MHFA, Youth MHFA, and Teen MHFA trainings. • Resource placement <ul style="list-style-type: none"> ○ Integrate information into everyday community touchpoints (sports sign-ups, safety meetings, senior centers). <p>Workforce: Community Educator(s)</p> <ul style="list-style-type: none"> • Determine appropriate structure (single role vs. team-based approach). • Consider embedding within existing organizations (e.g., health councils). • Evaluate county-level representation through community liaisons. <p>988 System Improvement</p> <ul style="list-style-type: none"> • Coordinate with HCA to ensure accurate inclusion of local resources. • Clarify and understand regional operational model and gaps. <p>Cultural Responsiveness & Youth Engagement</p> <ul style="list-style-type: none"> • Ensure fully bilingual programming and materials (not partial translations). • Align messaging with local cultural norms and values. • Collaborate with CHWs, promotoras, and trusted community representatives. • Improve bilingual website access.

	<ul style="list-style-type: none"> • Incorporate youth voice through focus groups. • Expand evidence-based models (e.g., Sources of Strength). • Support youth-led initiatives (e.g., student mental health groups like Big Blue Wellness). • Expand school-based mental health training (Teen MHFA).
Sustainability Issues	<p>Ongoing funding through community partners</p> <ul style="list-style-type: none"> • Engage industries and local entities (e.g., oil field, fire, police departments) for financial and in-kind support. <p>Workforce sustainability</p> <ul style="list-style-type: none"> • Maintain long-term staffing for community education roles (regional educator or distributed team). <p>Program integration</p> <ul style="list-style-type: none"> • Embed prevention and education into existing community systems and institutions (schools, workplaces, community organizations). <p>Continued community engagement</p> <ul style="list-style-type: none"> • Sustain partnerships with local leaders and trusted messengers. <p>Long-term cultural relevance</p> <ul style="list-style-type: none"> • Maintain bilingual, culturally appropriate materials and adapt based on community feedback. <p>Scalability of effective models</p> <ul style="list-style-type: none"> • Expand proven programs (e.g., Sources of Strength, Teen MHFA) across the region rather than relying on one-site success.

4. Priority 4: Increase Access to Behavioral Health Assessments and Treatment

Table 5: Summary of Priority 4 Discussion

Action Items from the Intercept Mapping Sessions	<ul style="list-style-type: none"> • Expand school-based behavioral health by reopening SBHCs, increasing staffing and hours, and growing the BH workforce across school and outpatient settings. • Increase access to high-end services such as MOUD and MST. • Consider building inpatient treatment and group homes for youth and adults. • Develop detox services/centers for youth and adults. • Consider developing more residential dual diagnosis and substance use disorder treatment options. • Develop mobile BH services for rural areas where people lack transportation. • Build pain management clinics with BH services in one place. • Support Lea County Guidance in developing sober living options.
Top Priorities to Work on Now	<p>Develop detoxification (detox) services for youth and adults</p> <ul style="list-style-type: none"> • Establish regional access to detox services, potentially through a new facility or expansion of existing infrastructure. <p>Implement Assisted Outpatient Treatment (AOT)</p> <ul style="list-style-type: none"> • Expand court-ordered, community-based treatment for individuals who struggle to engage voluntarily. • Focus on high-need populations (e.g., individuals not competent to stand trial, high system involvement).
Implementation Issues	<p>Detox Services</p> <ul style="list-style-type: none"> • Infrastructure and location <ul style="list-style-type: none"> ○ Decide between using an existing provider vs. building a new facility ○ Consider geographic placement within the region. ○ Explore partnerships (e.g., LifeHouse campus, local hospitals).

	<ul style="list-style-type: none"> • Workforce <ul style="list-style-type: none"> ◦ Need adequate staffing to operate services. • Continuity of care <ul style="list-style-type: none"> ◦ Develop clear pathways for post-detox treatment and services. • Regional coordination <ul style="list-style-type: none"> ◦ Consider nearby developments (e.g., detox facility being built in Texas). • System collaboration <ul style="list-style-type: none"> ◦ Coordinate across providers and systems to support referrals and transitions. <p>Assisted Outpatient Treatment (AOT)</p> <ul style="list-style-type: none"> • Program design and decision-making <ul style="list-style-type: none"> ◦ Need further discussion to determine appropriateness and funding priority. • Workforce and provider capacity <ul style="list-style-type: none"> ◦ Requires trained staff and provider incentives. • Training needs <ul style="list-style-type: none"> ◦ Ensure providers are equipped to deliver AOT services. • Target population clarity <ul style="list-style-type: none"> ◦ Focus on individuals with complex needs who are unable to engage voluntarily.
Sustainability Issues	<p>Detox Services</p> <ul style="list-style-type: none"> • Funding stability concerns <ul style="list-style-type: none"> ◦ Uncertainty around long-term BHRIA funding. • Implementation risk <ul style="list-style-type: none"> ◦ Need to move from planning to operational reality to ensure viability. <p>Assisted Outpatient Treatment (AOT)</p> <ul style="list-style-type: none"> • Billing and reimbursement <ul style="list-style-type: none"> ◦ AOT services are billable, which supports long-term sustainability. • Scope of impact <ul style="list-style-type: none"> ◦ Designed for a limited, high-need population, which may affect scale but supports targeted sustainability.

5. Priority 5: Youth, Family and Caregiver Supports

Table 6: Summary of Priority 5 Discussion

Action Items from the Intercept Mapping Sessions	<ul style="list-style-type: none"> • Develop support services for grandparents who raise grandchildren through advocacy, communication, help with technology, and kinship/guardian services. • Provide holistic support and education for the family unit. • Increase strategies to encourage parental involvement and engagement. • Increase parental understanding of how to support youth through reflective listening, especially for youth with BH issues. • Mandate parental BH educational programming for all parents in schools. • Create education programming for parents to help them address current youth culture, support youth with BH issues, including those involved in criminal justice (PPP), and highlight the importance of having youth attend school. • Address the lack of services and supports for LGBTQ youth. • Develop continuity of care for youth from migrant families and youth who frequently move. • Engage youth by including their voices and centering the lived experiences of youth and young adults. • Create positions for navigators to help parents connect to BH resources.
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	<ul style="list-style-type: none"> • Create a unified online BH resource list for parents and providers that is regularly updated. • Develop opportunities for healthy social connection as a stepping stone to activities like Women's United or Women for Better Carlsbad. • Increase access to family-oriented businesses, restaurants, fun centers, creative activities, sports facilities, etc. • Reduce barriers to technology for accessing services, such as distributing smartphones and hosting computer labs. • Develop programming for migrant temporary workers. • Develop respite services and other programs for adults with special needs. • Explore Adult Protection Service options outside of CYFD. • Develop LGBTQ specific services and supports.
Top Priorities to Work on Now	<p>Strengthen family support and engagement</p> <ul style="list-style-type: none"> • Develop programming that supports families, including parents, grandparents, and caregivers. • Promote family connection activities and education (e.g., family dinners, family events.) <p>Expand life skills development and mentorship for youth</p> <ul style="list-style-type: none"> • Focus on youth lacking adult support or community connection. • Increase access to mentorship, job opportunities, and purpose-driven engagement. <p>Increase supports for LGBTQ youth</p> <ul style="list-style-type: none"> • Create safe, inclusive environments and expand stigma-reduction efforts.
Implementation Issues	<p>Family Strengthening</p> <ul style="list-style-type: none"> • Targeted supports <ul style="list-style-type: none"> ○ Provide resources for grandparents raising youth and parents of youth with behavioral health needs. • School-based integration <ul style="list-style-type: none"> ○ Implement mandated educational programs about BH in schools. ○ Establish site councils or wellness committees to address student and family needs. • Inclusive reach <ul style="list-style-type: none"> ○ Address gaps for homeschooled or virtual students not connected to schools. • Community and business partnerships <ul style="list-style-type: none"> ○ Collaborate with restaurants and businesses to incentivize family engagement (e.g., device-free dinners, games). ○ Partner with employers to subsidize activities. • Community activities <ul style="list-style-type: none"> ○ Organize family-focused events (e.g., family fun days sponsored by cities/counties). • Public education <ul style="list-style-type: none"> ○ Promote awareness of the importance of family connection (e.g., family meals). <p>Youth Life Skills & Mentorship</p> <ul style="list-style-type: none"> • Youth engagement challenges <ul style="list-style-type: none"> ○ Address lack of participation (e.g., youth not driving or engaging in community activities). • Program development <ul style="list-style-type: none"> ○ Create mentorship programs and employment pathways.

	<ul style="list-style-type: none"> ○ Expand partnerships with organizations (e.g., Boys & Girls Clubs, Big Brothers Big Sisters). • Motivation and purpose <ul style="list-style-type: none"> ○ Develop initiatives that increase youth interest in healthy life pathways. <p>LGBTQ Youth Supports</p> <ul style="list-style-type: none"> • Safe environment development <ul style="list-style-type: none"> ○ Establish and clearly identify safe spaces within agencies. • Education and stigma reduction <ul style="list-style-type: none"> ○ Increase community understanding and acceptance through education efforts.
Sustainability Issues	<p>Ongoing community and business partnerships</p> <ul style="list-style-type: none"> • Continued collaboration with businesses, employers, and local governments to fund and support family and youth activities. <p>Integration into school and community systems</p> <ul style="list-style-type: none"> • Embedding programs within schools, local organizations, and community infrastructure to ensure continuity. <p>Workforce and volunteer base</p> <ul style="list-style-type: none"> • Sustaining mentors, program staff, and facilitators for youth engagement and family programming. <p>Long-term engagement strategies</p> <ul style="list-style-type: none"> • Maintaining youth and family participation through relevant, engaging, and community-driven programming. <p>Sustained stigma-reduction efforts</p> <ul style="list-style-type: none"> • Continued education and reinforcement of inclusive, safe environments, particularly for LGBTQ youth.

IV. Summary of Discussion Related to County Specific Priorities

1. Chaves County

Table 7: Chaves County Priorities Discussion

<p>Action Items Most Relevant to Chaves County</p>	<p>Comprehensive regional transportation system</p> <ul style="list-style-type: none"> • Develop local and long-distance transportation options, including rural access. • Ensure transportation for court, behavioral health, re-entry, and family visitation (e.g., youth in detention). • Develop a regional transportation hub and scheduled transit system. • Expand options (rideshare, Safe Ride, bus passes). <p>Expand affordable, transitional, and supportive housing</p> <ul style="list-style-type: none"> • Address lack of shelters in Eddy and Lea Counties and lack of transitional housing in Chaves County. • Increase affordable housing supply and reduce landlord barriers. • Support re-entry housing and housing linked to treatment (AOT/ACT integration). <p>Create centralized “one-stop” service hubs</p> <ul style="list-style-type: none"> • Co-locate behavioral health, legal, basic needs, and case management services. • Improve navigation and access to resources. <p>Strengthen justice system diversion and re-entry supports</p> <ul style="list-style-type: none"> • Expand diversion eligibility (beyond first-time offenses). • Implement/expand LEAD, AOT, and treatment courts. • Improve placement and services after release. <p>Build and sustain behavioral health workforce capacity</p> <ul style="list-style-type: none"> • Recruit/retain providers, case managers, and peer supports. • Expand training pipelines (schools, colleges, practicum programs). • Increase dual diagnosis and specialty services (TBI/IDD, youth RTCs). <p>Expand prevention and youth supports</p> <ul style="list-style-type: none"> • Develop drop-in centers with extended hours and services. • Increase youth activities (mentorship, jobs, recreation, leadership programs). • Address truancy, school staffing shortages, and intergenerational cycles. • Support peer mentoring and incentives for youth engagement. <p>Support families and caregivers (especially kinship care)</p> <ul style="list-style-type: none"> • Provide legal education/resources for grandparents raising grandchildren. • Expand family supports and navigation assistance. <p>Improve basic needs coordination</p> <ul style="list-style-type: none"> • Develop centralized systems for food, clothing, and hygiene distribution. • Expand community-based resource sharing across counties. <p>Address community violence and prevention</p> <ul style="list-style-type: none"> • Implement violence interruption programs. • Expand youth prevention programs (e.g., summer jobs). <p>Increase awareness and access to services</p> <ul style="list-style-type: none"> • Improve outreach, marketing, and behavioral health literacy. • Ensure multi-platform communication for all populations.
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Implementation Issues	<p>System Coordination & Governance</p> <ul style="list-style-type: none"> • Fragmentation between behavioral health, legal, and social service systems. • Silos across agencies and competition for funding. • Need for regional leadership, coordination, and project ownership. • Need for cross-county collaboration and centralized planning. <p>Funding & Policy Barriers</p> <ul style="list-style-type: none"> • Limited and inconsistent funding streams; reliance on grants. • Lack of reimbursement for key services (e.g., family transportation). • Restrictions from housing policies, landlords, and HUD decisions. • Need for policy change (e.g., foster parent authority, housing policies). <p>Workforce Capacity</p> <ul style="list-style-type: none"> • Shortages of qualified and trained staff. • Recruitment and retention challenges for providers and foster parents. • Limited training access and pipeline development. • Need for incentives, loan repayment programs, and career pathways. <p>Infrastructure & Service Gaps</p> <ul style="list-style-type: none"> • Lack of: <ul style="list-style-type: none"> ◦ Shelters and transitional housing ◦ Transportation infrastructure ◦ Drop-in centers and youth spaces ◦ Centralized service hubs • Need physical locations and facilities for services. <p>Community & Cultural Barriers</p> <ul style="list-style-type: none"> • Community resistance (e.g., opposition to shelters). • Stigma around behavioral health and homelessness. • Low behavioral health literacy. • Need to educate elected officials and the public. <p>Access & Engagement Challenges</p> <ul style="list-style-type: none"> • Rural barriers to accessing services (transportation, distance). • Youth disengagement (truancy, lack of participation). • Difficulty identifying and engaging at-risk populations. • Limited awareness of existing services. <p>Program Implementation Needs</p> <ul style="list-style-type: none"> • Staffing, training, and operational planning for programs (AOT, diversion, drop-in centers). • Need for marketing and outreach strategies across multiple platforms. • Need to integrate services (transport, housing, BH, legal) into coordinated systems.
Sustainability Issues	<p>Funding Stability</p> <ul style="list-style-type: none"> • Ongoing uncertainty in funding sources year-to-year. • Heavy reliance on grants with limited long-term commitments. • Challenges sustaining: <ul style="list-style-type: none"> ◦ Transportation systems ◦ Housing/shelters ◦ Violence interruption and prevention programs <p>Workforce Sustainability</p> <ul style="list-style-type: none"> • Need to maintain long-term workforce (providers, case managers, mentors, foster parents).

	<ul style="list-style-type: none"> • Importance of training pipelines and local workforce development. • Retention strategies and incentives (stipends, loan repayment). <p>System Integration & Collaboration</p> <ul style="list-style-type: none"> • Need to reduce silos and maintain cross-agency collaboration. • Avoid competition for funding by promoting shared resource models. • Sustain regional coordination and leadership structures. <p>Policy & Community Support</p> <ul style="list-style-type: none"> • Long-term success depends on: <ul style="list-style-type: none"> ◦ Changing public perception (shift from criminalization → services). ◦ Ongoing education of elected officials and community members. ◦ Securing political champions to sustain initiatives. <p>Program Continuity</p> <ul style="list-style-type: none"> • Ensuring programs are embedded into systems (schools, courts, agencies). • Maintaining engagement in youth, family, and community programs. • Sustaining partnerships with businesses (e.g., oil/gas) and local governments.
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2. Eddy County

Table 8: Eddy County Priorities Discussion

Action Items Most Relevant to Eddy County	<p>Top Priority (clearly identified) Ensure basic needs are met first</p> <ul style="list-style-type: none"> • Housing, food, and transportation identified as the single most important focus area. • Strong emphasis on improving awareness and access to existing resources through navigation and outreach. <p>Develop a centralized “one-stop shop” service hub</p> <ul style="list-style-type: none"> • Co-locate services or create strong navigation systems linking services. • Include case management, basic needs (food, showers, laundry), and referrals. • Alternative: Deploy navigators across locations if a single site is not feasible. <p>Expand navigator and re-entry support roles</p> <ul style="list-style-type: none"> • Hire navigators and re-entry specialists in jails. • Improve service connection, awareness, and continuity of care for justice-involved individuals. <p>Increase behavioral health workforce capacity</p> <ul style="list-style-type: none"> • Recruit and retain providers, especially: <ul style="list-style-type: none"> ◦ General behavioral health providers ◦ Medication providers (critical gap) <p>Develop youth-focused supports</p> <ul style="list-style-type: none"> • Create drop-in centers (especially nights/weekends) for youth. • Expand safe, temporary spaces and prevention supports. <p>Expand mobile/community-based services</p> <ul style="list-style-type: none"> • Mobile therapy, ACT teams, and peer support services. • Deliver services directly in the community.
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	<p>Improve service awareness and outreach</p> <ul style="list-style-type: none"> • Bring information directly to families (e.g., sports events, community gatherings). • Increase visibility of existing resources and referral pathways.
Implementation Issues	<p>Access & Engagement</p> <ul style="list-style-type: none"> • Difficulty getting youth and families to utilize services. • Low awareness of existing resources despite availability. • Need targeted outreach in places where people already gather. <p>System Coordination & Navigation</p> <ul style="list-style-type: none"> • Fragmentation and “bouncing around” between services. • Need: <ul style="list-style-type: none"> ◦ Centralized hub or strong navigation system ◦ Multiple navigators (potentially a team of 10+) ◦ Coordination across organizations (LifeHouse, United Way, schools, coalitions) <p>Workforce Challenges</p> <ul style="list-style-type: none"> • Shortage of: <ul style="list-style-type: none"> ◦ Navigators ◦ Re-entry specialists ◦ Behavioral health providers ◦ Medication providers • Recruitment and retention challenges due to lack of incentives. • Workforce instability (turnover, role changes). <p>Infrastructure & Service Design</p> <ul style="list-style-type: none"> • Need for: <ul style="list-style-type: none"> ◦ Physical space for a one-stop hub (e.g., recreation center) ◦ Safety/security planning for community-based locations ◦ Facilities that integrate basic needs with services (to attract use) • Need for mobile service models (ACT teams, vans, community-based care). <p>Program Launch Barriers</p> <ul style="list-style-type: none"> • Challenges working with systems to start programs. • Need referrals and consistent utilization to justify programs. • Need leadership/ownership to coordinate efforts (project management). <p>Funding & System Constraints</p> <ul style="list-style-type: none"> • Limited staffing capacity (e.g., United Way constraints). • Need to leverage the BHRIA funding but some expressed uncertainty in allocation. • Some services (e.g., transportation, navigation) lack reimbursement pathways.
Sustainability Issues	<p>Lack of billable funding streams</p> <ul style="list-style-type: none"> • Major concern: Navigator services may not be reimbursable through Medicaid. • Risk to sustaining central hub and coordination efforts. <p>Workforce retention and turnover</p> <ul style="list-style-type: none"> • Navigators and staff may be short-term; need ongoing hiring pipelines. • Provider recruitment and retention remain long-term challenges. <p>Program utilization and engagement</p> <ul style="list-style-type: none"> • Sustainability depends on consistent use (e.g., drop-in centers, service hubs).

	<ul style="list-style-type: none"> • Past efforts (health fairs, outreach events) struggled to maintain engagement. <p>Ongoing funding uncertainty</p> <ul style="list-style-type: none"> • Concern about reliance on the BHRIA funding and lack of long-term guarantees. • Need sustainable financing strategies beyond initial investment. <p>System coordination longevity</p> <ul style="list-style-type: none"> • Requires continued collaboration across agencies (LifeHouse, United Way, coalitions). • Risk of fragmentation returning without sustained leadership and coordination.
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3. Lea County

Table 9: Lea County Priorities Discussion

Action Items Most Relevant to Lea County	<p>Top Priority</p> <p>Expand housing access</p> <ul style="list-style-type: none"> • Immediate need for transitional housing and homeless shelters. • Address link between housing instability and inability to obtain employment. • Emphasis on integrating housing with services and navigation support. <p>Develop integrated housing + service navigation model</p> <ul style="list-style-type: none"> • Create a one-stop shop or deploy navigators who: <ul style="list-style-type: none"> ○ Connect individuals to services ○ Provide transportation and warm handoffs • Leverage existing facilities (Humphrey House, Pavilion). <p>Strengthen and expand existing facilities and programs</p> <ul style="list-style-type: none"> • Utilize underused infrastructure (e.g., Humphrey House capacity). • Focus on supporting existing organizations rather than creating new ones. <p>Improve youth engagement through Teen Center enhancements</p> <ul style="list-style-type: none"> • Expand programming and participation. • Potential to function as a service hub or one-stop location. <p>Re-establish and expand diversion programming (LEAD)</p> <ul style="list-style-type: none"> • Restart LEAD with sufficient funding and operational support. • Provide flexible support resources (e.g., food, transportation, temporary housing needs). <p>Develop a regional transportation/transit system</p> <ul style="list-style-type: none"> • Expand access to behavioral health, legal, and medical services. • Create a county-wide or regional hub system. <p>Improve communication and community awareness</p> <ul style="list-style-type: none"> • Establish a centralized media/communication system for resources, services, and events. • Increase outreach and community engagement. <p>Strengthen leadership and coordination</p> <ul style="list-style-type: none"> • Build stronger adult leadership structures and coordination roles (e.g., community liaison for the county).
Implementation Issues	<p>Workforce & Staffing</p> <ul style="list-style-type: none"> • Major staffing shortages, even with competitive pay. • Need trained staff for:

	<ul style="list-style-type: none"> ○ Housing programs ○ Teen centers ○ LEAD program ○ Transportation systems • Need trauma-informed training and workforce development. <p>Infrastructure & Capacity</p> <ul style="list-style-type: none"> • Underutilized facilities due to staffing limitations. • Need to identify and prepare sites for: <ul style="list-style-type: none"> ○ Shelters and transitional housing ○ Service hubs (one-stop locations) • Need vehicles and infrastructure for transit systems. <p>System Coordination & Service Integration</p> <ul style="list-style-type: none"> • Lack of central coordination and navigation. • Need: <ul style="list-style-type: none"> ○ Warm handoffs between systems ○ Integrated service delivery (housing + BH + social services) ○ Coordination across organizations and agencies <p>Funding & Program Start-Up</p> <ul style="list-style-type: none"> • Significant upfront funding needs, including: <ul style="list-style-type: none"> ○ LEAD program restart (3–5 years funding horizon) ○ Administrative and operational costs • Need flexible funding streams for client support (basic needs). <p>Community Engagement & Utilization</p> <ul style="list-style-type: none"> • Need strategies to increase participation and utilization of services. • Lack of awareness about available services. • Need strong marketing and outreach approaches. <p>Operational & Regulatory Considerations</p> <ul style="list-style-type: none"> • Housing requirements and regulations. • Liability (for transportation systems). • Background checks for staff/drivers. • Need for structured program models and accountability.
<p>Sustainability Issues</p>	<p>Funding Stability</p> <ul style="list-style-type: none"> • Long-term sustainability depends on: <ul style="list-style-type: none"> ○ Ongoing funding commitments (city, county, and other sources) ○ Dedicated funding for transportation systems and housing • LEAD sustainability tied to: <ul style="list-style-type: none"> ○ Demonstrating outcomes/data ○ Securing future public funding <p>Workforce Sustainability</p> <ul style="list-style-type: none"> • Continued challenges with: <ul style="list-style-type: none"> ○ Recruiting and retaining qualified staff ○ Maintaining staffing levels for housing and services <p>Community Buy-In & Engagement</p> <ul style="list-style-type: none"> • Need continued community and stakeholder support for: <ul style="list-style-type: none"> ○ Housing developments ○ Program participation • Engagement of law enforcement, schools, and partners is critical.

	<p>System Coordination Continuity</p> <ul style="list-style-type: none"> • Sustaining collaboration across organizations (e.g., Guidance Center, foundation, health council). • Maintaining central leadership and coordination roles (e.g., community liaison). <p>Program Effectiveness & Utilization</p> <ul style="list-style-type: none"> • Programs must demonstrate impact to maintain funding. • Ongoing outreach is required to ensure: <ul style="list-style-type: none"> ○ Teen centers ○ Housing programs ○ Navigation systems are actively used
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V. 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 5 Listening Sessions

A.10 PPT of Provision Priority Buckets

Appendix A.1 Map of Behavioral Health Regions

The NM Behavioral Health Reform Investment Act



- Region 1
- Ohkay Owingeh
 - Santa Clara Pueblo
 - Pueblo of San Ildefonso
 - Pueblo of Pojoaque
 - Nambé Pueblo
 - Pueblo of Tesuque
 - Jicarilla Apache Nation

- Region 2
- Pueblo of Isleta
 - Pueblo of Sandia

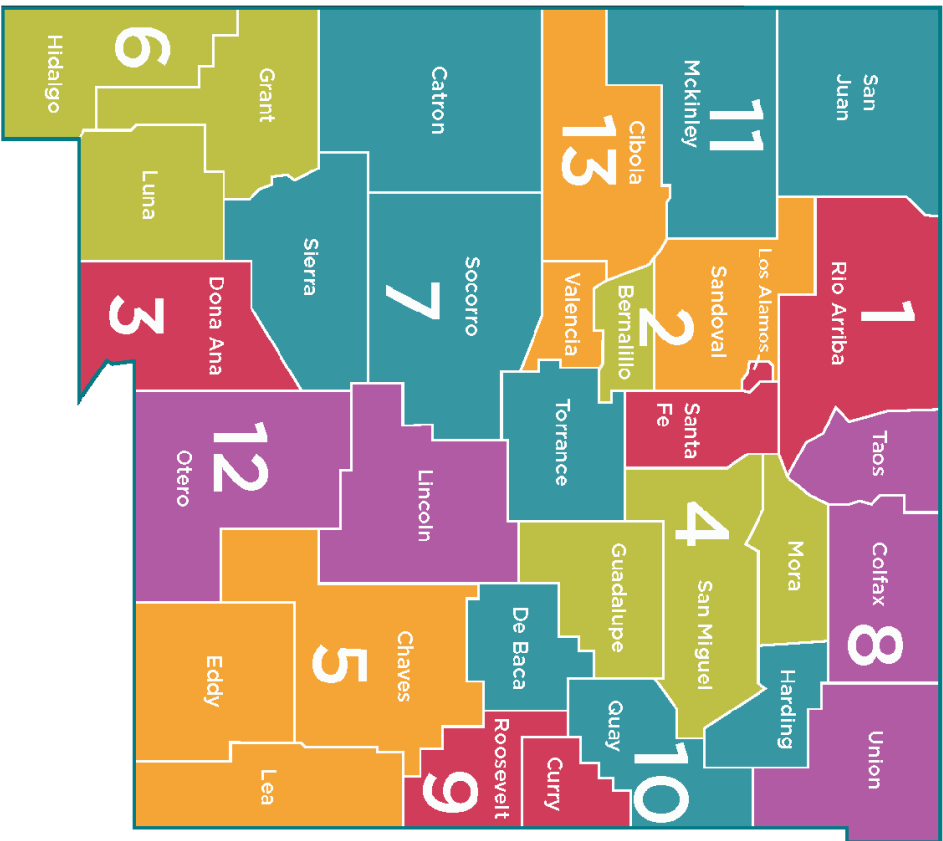
- Region 11
- Navajo Nation
 - Pueblo of Zuni

- Region 6
- Fort Sill Apache Tribe

- Region 8
- Taos Pueblo
 - Picuris Pueblo

- Region 12
- Mescalero Apache Tribe

- TRIBES/PUEBLOS INCLUDED IN EACH REGION

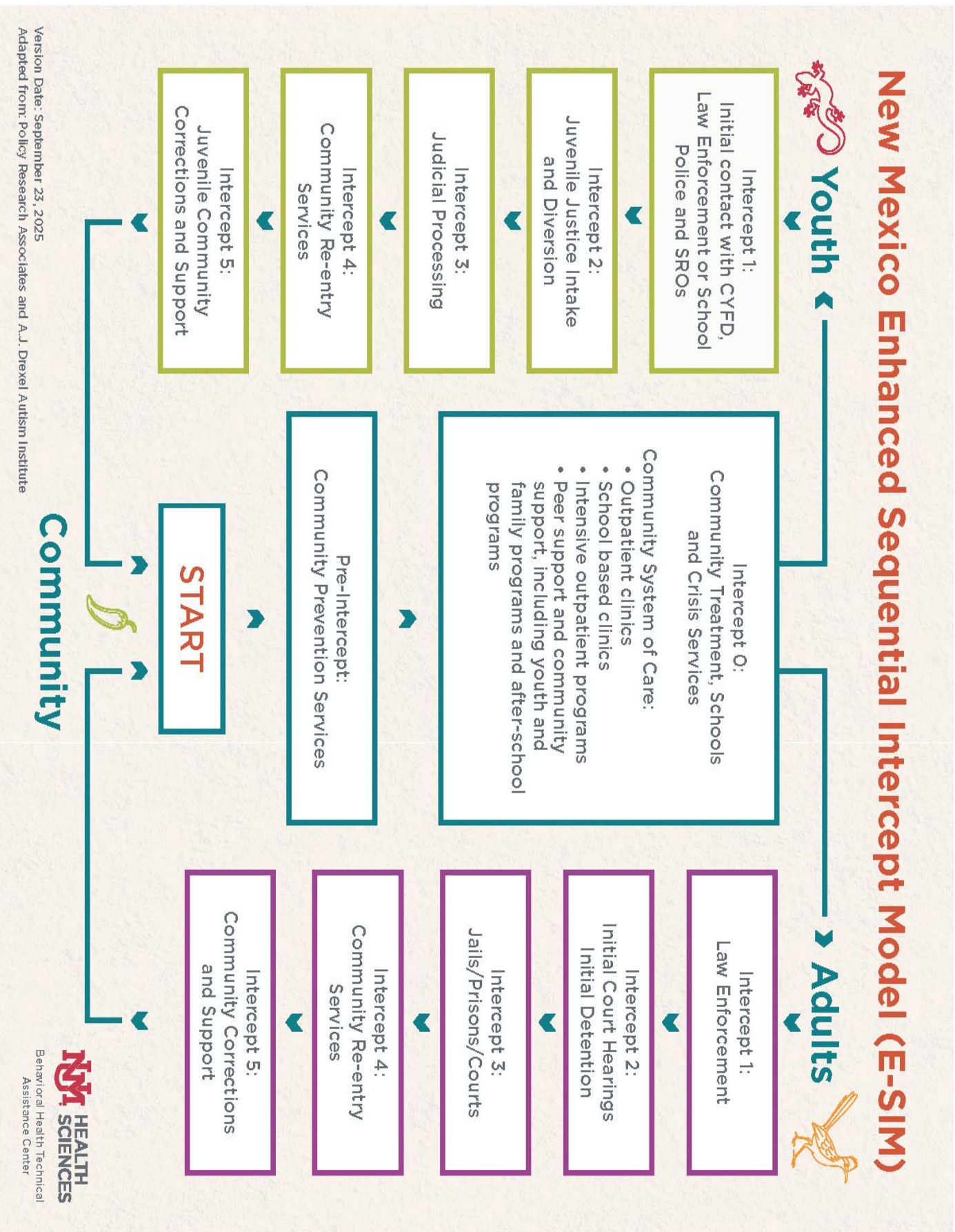


Appendix A.2 Acronym List

AA	Alcoholics Anonymous	DWI	Driving While Intoxicated
ACEs	Adverse Childhood Experiences	E-SIM	Enhanced Sequential Intercept Model
ACT	Assertive Community Treatment	EBP	Evidence-Based Practice
AOC	Administrative Office of the Courts	ED	Emergency Department
AOT	Assisted Outpatient Treatment	EMDR	Eye Movement Desensitization and Reprocessing
APPO	Adult Probation and Parole Office	EMERGE	Emerge Motivation Initiatives Egress Youth Diversion Program
AVID	Advancement Via Individual Determination	EMS	Emergency Medical Services
BH	Behavioral Health	ENMU	Eastern New Mexico University
BHR	Behavioral Health Region	ER	Emergency Room
BHRIA	Behavioral Health Reform and Investment Act (aka SB3)	ESL	English as a Second Language
BHSD	Behavioral Health Services Division	FTE	Full-Time Equivalent
BHTAC	Behavioral Health Technical Assistance Center (UNM)	GED	General Educational Development
CAP	Community Action Program	HCA	Health Care Authority
CARA	Comprehensive Addiction and Recovery Act	HFW	High Fidelity Wraparound
CARE	Comprehensive Assessment Reporting Evaluation	IDD	Intellectual and Developmental Disabilities
CASA	Court Appointed Special Advocate	IEP	Individualized Education Program
CCBHC	Certified Community Behavioral Health Center	IOP	Intensive Outpatient Program
CDL	Commercial Driver License	JJ	Juvenile Justice
CHW	Community Health Worker	JJAC	Juvenile Justice Advisory Committee
CIT	Crisis Intervention Team	JCC	Juvenile Community Corrections
CCSS	Comprehensive Community Support Services	JPO	Juvenile Probation Officer
COMPAS	Correctional Offender Management Profiling for Alternative Sanctions	LCJDC	Lea County Juvenile Detention Center
CPSW	Certified Peer Support Worker	LEAD	Law Enforcement Assisted Diversion
CTECH	Career Technology Center	LEO	Law Enforcement Officer
CYFD	Children, Youth and Families Department	LGBTQAI+	Lesbian, Gay, Bi-Sexual, Transgender, Queer or Questioning, Asexual, Intersex, plus
DA	District Attorney	MAT	Medication-Assisted Treatment
DBT	Dialectical Behavior Therapy	MCO	Managed Care Organization
DD	Developmental Disability	MCT	Mobile Crisis Team
DOC	Department of Corrections	MH	Mental Health
DOH	Department of Health	MHFA	Mental Health First Aid
DV	Domestic Violence	MI	Mental Illness
DVR	Division of Vocational Rehabilitation	MOUD	Medications for Opioid Use Disorder
		MST	Multisystemic Therapy
		NA	Narcotics Anonymous

NMSU	New Mexico State University
NP	Nurse Practitioner
OP	Outpatient
PCP	Primary Care Provider
PD	Police Department
PDAP	Palmer Drug Abuse Program
PHQ-2-9	Patient Health Questionnaire-2 and/or 9
PMS	Presbyterian Medical Services
PPO	Probation and Parole Office
PPP	Positive Parenting Program
PSR	Psychosocial Rehabilitation
QPR	Question, Persuade, Refer
RISE	Reach, Intervene, Support and Engage
ROTC	Reserve Officers' Training Corps
RTC	Residential Treatment Center
RV	Recreational Vehicle
SA	Substance Abuse
SBHC	School-Based Health Center
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SDOH	Social Determinants of Health
SI	Suicidal Ideation
SMI	Serious Mental Illness
SRO	School Resource Officers
STEM	Science, Technology, Engineering, and Mathematics
SCI	State Central Intake
SUD	Substance Use Disorders
TBI	Traumatic Brain Injury
TMS	Transcranial Magnetic Stimulation
USW	University of the Southwest
WIOA	Workforce Innovation and Opportunity Act
YMHFA	Youth Mental Health First Aid
YSS	Your Safe Space
4-H	Head, Heart, Hands, and Health

Appendix A.3 New Mexico Enhanced Sequential Intercept Model (E-SIM)



Appendix A.4 Workshop Agenda

REGION 5 BEHAVIORAL HEALTH WORKSHOP AGENDA

PLANNING FOR PROGRESS; BRIDGING THE GAP;
BUILDING HOPE

Tuesday, May, 5, 2026

DAY 1: MAPPING OF YOUTH SYSTEM

TIME	ACTIVITY	PRESENTER	LOCATION/ BREAKOUT ROOM
8:00 - 8:30 AM	● Sign-In, Networking, Light Breakfast	UNM Team	Large Room
8:30 - 8:50 AM	● Orientation and Overview of 3 days Welcome & Opening Remarks LifeHouse Executive Director Guidance Center of Lea County Executive Director New Mexico House of Representative, State Representative District 55	UNM Team Debra Hampton Phil Huston Nichole Chambers Cathrynn Brown	Large Room
8:50 - 9:15 AM	● Overview of Regional Medicaid snapshot/state epidemiological data	UNM Team	Large Room
9:15 - 10:45 AM	● Mapping existing services, gaps, & opportunities Pre-Intercept (Prevention)	UNM Team	Large Room Breakout Room
10:45 - 11:00 AM	● Break		
11:00 - 12:15 PM	● Intercept 0: Mapping existing services, gaps, & opportunities.	UNM Team	Large Room Breakout Room
12:15 - 1:15 PM	● Lunch		
1:15 - 2:15 PM	● Mapping Intercept 1	UNM Team	Large Room Breakout Room
2:15 - 2:30 PM	● Break		
2:30 - 3:30 PM	● Mapping Intercept 2 & 3	UNM Team	Large Room Breakout Room
3:30 - 3:45 PM	● Break		
3:45 - 4:30 PM	● Mapping Intercept 4 & 5	UNM Team	Large Room Breakout Room
4:30 - 4:45 PM	● Wrap up & Overview of next day	UNM Team	Large Room Breakout Room



REGION 5 BEHAVIORAL HEALTH WORKSHOP AGENDA

PLANNING FOR PROGRESS; BRIDGING THE GAP;
BUILDING HOPE

Wednesday, May 6, 2026

DAY 2: MAPPING OF ADULT SYSTEM

TIME	ACTIVITY	PRESENTER	LOCATION/ BREAKOUT ROOM
8:00 - 8:30 AM	● Sign-In, Networking, Light Breakfast	UNM Team	Large Room
8:30 - 9:00 AM	● Review of previous activities & charge for the day Welcome & Opening Remarks Eddy County Manager NAMI Speaker / Adult Permian Basin Counseling	UNM Team Debra Hampton Michael Gallagher Chris Serna Valerie Waddle	Large Room
9:00 - 10:30 AM	● Mapping existing services, gaps, & opportunities Pre-Intercept (Prevention)	UNM Team	Large Room Breakout Room
10:30 - 10:45 AM	● Break		
10:45 - 12:00 PM	● Intercept 0: Mapping existing services, gaps, & opportunities.	UNM Team	Large Room Breakout Room
12:00 - 1:00 PM	● Lunch		
1:00 - 2:00 PM	● Mapping Intercept 1	UNM Team	Large Room Breakout Room
2:00 - 2:15 PM	● Break		
2:15 - 3:15 PM	● Mapping Intercept 2 & 3	UNM Team	Large Room Breakout Room
3:15 - 3:30 PM	● Break		
3:30 - 4:15 PM	● Mapping Intercept 4 & 5	UNM Team	Large Room Breakout Room
4:15 - 4:30 PM	● Wrap up & Overview of next day	UNM Team	Large Room Breakout Room



REGION 5 BEHAVIORAL HEALTH WORKSHOP AGENDA

PLANNING FOR PROGRESS; BRIDGING THE GAP;
BUILDING HOPE

Thursday, May 7, 2026

DAY 3: PRIORITIZATION ACTIVITY

TIME	ACTIVITY	PRESENTER	LOCATION/ BREAKOUT ROOM
8:00 - 8:30 AM	● Sign-In, Networking, Light Breakfast	UNM Team	Large Room
8:30 - 10:00 AM	● Overview of goals for the day, & review of discussion from previous day with suggested list of priority buckets Roswell City Councilwoman Chaves County Commissioner	UNM Team Cristina Arnold Dara Dana	Large Room
10:00 - 10:15 AM	● Silent ranking using dots for final priority list	UNM Team	Large Room
10:15 - 10:30 AM	● Break		
10:30 - 11:00 AM	● Review Top 5 Priorities based on voting	UNM Team	Large Room
11:00 - 12:00 PM	● Small group discussions of Priority 1	UNM Team	Large Room Breakout Room
12:00 - 1:00 PM	● Working Lunch Evaluation	Evaluation: UNM code/survey	
1:00 - 2:00 PM	● Small Group Discussions of Priority 2 & 3	UNM Team	Large Room Breakout Room
2:00 - 2:15 PM	● Break		
2:15 - 3:00 PM	● Small Group Discussions of Priority 4 & 5	UNM Team	Large Room Breakout Room
3:00 - 3:15 PM	● Break		
3:30 - 4:15 PM	● Small group discussion of other priorities and identification of top priorities for counties	UNM Team	Large Room Breakout Room



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	<ul style="list-style-type: none"> Lea County- teen center skate board park, fishing, Dexter Boys and Girls club in Chaves (Roswell and Hagerman) Eddy County has Teen Center Boys and Girls Clubs Lea County- 21st Century in some schools- after school program from 3-5:30 that includes homework, friends, for K-5 and middle school that focuses more on STEM Common Group in Lea County- after school Chaves County has Big Brother Big Sisters NMSU 4H (whole Region) CASA has Boys and Girls Circle Gear up, Mesa, Trio (Eastern NM) Lea County Center for the Arts 11 Youth Centers Safe Space 	<ul style="list-style-type: none"> Lack of summer programs for youth 	<ul style="list-style-type: none"> Develop after school programming for youth Increase access to summer programming for youth such as Summer Recess and Summer Sports in Lea County Create drop-in centers in partnership with Boys & Girls Club, with extended evenings and weekends hours
School-Based Supports	<ul style="list-style-type: none"> Carlsbad is a "Capturing Kids' Hearts" school district- builds self-esteem, getting to know neighbors- embedded in school day Sources of strength suicide prevention program in middle school and high school and will 	<ul style="list-style-type: none"> Need school-based health centers in Chaves County Limited access to school-based BH services Limited access to trauma informed practices in the schools No community schools in in Eddy County 	<ul style="list-style-type: none"> Reopen SBHCs and increase BH services in existing SBHCs Increase access to BH services in the schools including more staff and increased hours Increase number of school counselors and therapists in all three counties Increase access to school-based trauma informed

	<p>be coming to elementary-also does after school programming (Carlsbad schools)</p> <ul style="list-style-type: none"> • Carlsbad Coalition in Eddy County. Teen outreach and prevention in Loving Schools - EBP curriculum • Too Good for Drugs in all 8th grade health classes • Office of School and Adolescent Health • Teens in Action group-developed by youth council • Carlsbad, Dexter and Roswell will be having wellness rooms in middle and high school • Lea County has SBHCs • Carlsbad schools also have SBHCs • 21st Century in Hobbs – arts, transportation, elementary and middle schools 	<ul style="list-style-type: none"> • Lack of providers for School Based Health Centers • Need for drop-in centers (Carlsbad) 	<p>practices and teacher training in the schools</p> <ul style="list-style-type: none"> • Implement access to coping strategies throughout the school day • Embed mindfulness activities throughout the school day to assist with emotion regulation • Create wellness centers in schools
Family & Parenting Supports	<ul style="list-style-type: none"> • CASA has family research center and drop-in center • Foster care programs • CCSS social workers that go into homes and schools • In all counties: Home visitors to support families with children 0-3 years old in the home 	<ul style="list-style-type: none"> • Lack of knowledge by parents and caregivers on importance of involvement • Stigma limits people accessing services • Need to increase media campaigns about impact of drug addiction for babies born drug affected • Need to go where parents and caregivers are to get them engaged in programming • Foster children ages 12 – 18 have no placements • Lack of family resources, Grandparents raising grandchildren need support • Treatment foster care shortage 	<ul style="list-style-type: none"> • Increase access to funding for prevention programming that can impact generational change • Increase strategies to encourage parental involvement and engagement • Increase parental understanding of how to support youth through reflective listening, especially for youth with BH issues • Mandate parental BH educational programming • Increase media campaigns and education on how to support youth who were exposed to drugs in utero • Develop support services for grandparents who raise grandchildren • Develop placements for youth in foster care and those leaving foster care
Youth Development & Vocational Supports	<ul style="list-style-type: none"> • Rotary Lea and Eddy Counties for youth learn to be on a board and be on a committee and do passion projects that they choose 		<ul style="list-style-type: none"> • Create leadership programs for youth • Educate about the range of career opportunities youth • Develop and expand mentoring programs

	<ul style="list-style-type: none"> • Lea and Eddy County- My Power- youth development program- 5-8 grades- in schools and after school • Vocational programs (Roswell PD) • ENMU- GED • Youth Challenge • Job Corps • Eddy County and Lea County- Teen Court- teaches youth how to be attorneys • WIOA Youth- 16-21 through Workforce Solutions- summer internships, GED, Driver's license • Lea County- intern and be an assist Police Officer or Fire department • Financial aid for those in college- businesses get paid to have youth be interns • School for the Blind has internships for high school students • Career Technology Center (CTECH) and USA Skills for High schoolers • Change Makers • Business Professional Association – has stipends for interns • Educators Rising – for students who have interest in teaching; Future Farmers of America • MyPower provides resources and supports to youth with leadership development 		<ul style="list-style-type: none"> • Build career technical education programs to help connect youth with mentors • Link the Rodeo Association and Center for the Arts to expand mentorship • Develop opportunities for youth employment • Develop trade school opportunities such as the program at Hobbs high school
Mental Health & Substance Use	<ul style="list-style-type: none"> • Adult and Teen MHFA trainer- trained over 100 youth (Carlsbad) • La Casa BH Center EBP prevention curriculum; education for parents and students • La Casa BH Center prevention school policy and vape program 	<ul style="list-style-type: none"> • Workforce, recruitment, retention, and affordable housing 	<ul style="list-style-type: none"> • Focus on funding for recruitment and retention of providers (Workforce development, recruitment/ retention through housing) • Create internship/ pipeline programs for youth who want to go into behavioral health

	<ul style="list-style-type: none"> • Mind Power (education goals, pregnancy prevention) • Palmer Drug and Alcohol Program • School Health Clinic (open to community) with behavioral health and medical provider 		
Housing & Basic Needs	<ul style="list-style-type: none"> • Schools- McKinney Vento has case management, sports equipment, etc. for youth who are homeless • Packs for hunger food programs in Carlsbad and Loving • Assistance league in Carlsbad and Roswell- food, clothing, etc. • United Way – utility assistance • Assistance League • Ellen Houston Justice House • Teen Court/Restorative Housing in libraries • Lovington Food Coalition • Salvation Army – provide resources, showers, clothes • Emma's Closet – under the umbrellas of CASA for youth in foster care (Hobbs) • CASA feed youth (Roswell) • Artesia – Grammy's House • Humphrey House and Foundry House are group homes • Transitional living housing supports youth and families • Hope Center- faith based homeless center with supportive services • Sliding scale housing in Lea County and Artesia 	<ul style="list-style-type: none"> • Lack of transportation to and from programs • Need to invest in generational change by ensuring basic needs are met • Safe place for unhoused and migrant youth • No group homes for high-risk youth • No homeless shelters for youth across all counties • Minimal funding for crisis housing • Lack of apartment buildings with availability • Wait list for housing • Violence at RV parks not appropriate for families 	<ul style="list-style-type: none"> • Increase access to transportation to and from programming • Create drop-in centers (Carlsbad) • Create safe and high-quality group homes for youth in foster care and juvenile probation • Create stepwise approach to housing and supports • Increase access to affordable housing • Incentivize teachers and providers across the country with free housing if they stay for 3-5 years • Lower barriers for housing and develop stepwise approach toward low-income housing
Other Community Resources	<ul style="list-style-type: none"> • Softball and little league • Scholarships for sports and 4-H • Carlsbad has league for youth with special needs • Special Olympics • PMS- Play it Forward- donors for sports 	<ul style="list-style-type: none"> • Lack of communication and marketing- resources are not at capacity because awareness is lacking • Federal funding cuts because of change in administration at the federal level and lack of 	<ul style="list-style-type: none"> • Increase social media safety education and awareness for caregivers and youth • Increase marketing and education on situational awareness related to human trafficking and related issues • Increase surveillance and restrictions of social media

	<p>equipment and registration fees</p> <ul style="list-style-type: none"> • Juvenile Probation and Parole • Church youth groups • Girl scouts • Maddox Foundation (Hobbs) • Campaign for Grade-Level Reading partnership (Hobbs) • CASA – adventure time – outdoor activities, yoga, meditation • Rodeo Association; Center for the Arts 	<p>support from state to fill funding gap</p> <ul style="list-style-type: none"> • Perception that social media has had a negative impact related to SI and suicidal behavior • Diverse industries lead to workers and their families coming in and out of the region- different cultures and value systems • Support for youth on the Autism Spectrum or with Developmental Disabilities • Lack of support for LGBTQAI+ (SI, Homelessness, trauma) • Trauma training across youth services • Spiritual abuse and sexual abuse needs to be addressed • Stigma around “trauma as a weakness” blaming the child and/or family leads to more trauma • Local in-person training opportunities (traveling to training is often difficult; zoom has become tiring) 	<ul style="list-style-type: none"> • Increase culturally appropriate stigma reduction campaigns to improve understanding of BH causes and treatment • Increase access to services for transition age youth who age out of services • Ensure that marketing and awareness campaigns are appropriate for the culture of the local community and take into account literacy and language • Increase availability of weekend and after-hours prevention programming • Provide trauma (religious/spiritual/ physical/sexual) training across educational, medical, and faith-based organizations • Develop community health education on trauma (including intergenerational trauma) • Increase training engagement and advertisement • Include youth when discussing youth issues • Expand prevention programming into athletic programs, require trainings (e.g. concussion training) to participate in sports) • Develop a resource fair at sports sign-up events • Create a variety of programs for youth including vocational, arts, and sports • Utilizing vacant spaces to expand Hope Center and other programs • Develop better BH awareness messages for teens
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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	<ul style="list-style-type: none"> • BE ME warm line • LifeHouse mobile crisis team for those older than 14- will be developing mobile stabilization services for younger youth; crisis stabilization; crisis triage center • Lea County Guidance has crisis mobile outreach • Permian Basin Counseling has 24-hour crisis services in Eddy and Lea Counties • Phoenix Center responds 24/7 • 988 as a central dispatch for Carlsbad MCT (mobile crisis team), MCOs, and follow up after 	<ul style="list-style-type: none"> • Crisis prevention team in Carlsbad is overwhelmed • Not everyone has contact information for MCT • No dispatch for MCT through 911 • Inconsistent definition of crisis • 	<ul style="list-style-type: none"> • Increase access to Community Safety Teams who go to homes and respond to crises instead of police • Promote 988 awareness • Have 911 dispatch to BH and MCTs • Educate parents about access to crisis services • Provide education for parents on importance of having youth attend school • Invite 988 to share resources locally (e.g., at sport events, orientations at schools, etc.)
Child & Family Support / Child Welfare	<ul style="list-style-type: none"> • No resources noted 	<ul style="list-style-type: none"> • Parent support for youth to get into services (need for mental health literacy for parents and decrease stigma) • Grandparents need access to support as they raise grandchildren- kinship/ guardian support • Family support systems • Parent education • Access to family planning services 	<ul style="list-style-type: none"> • Support grandparents through advocacy, communication/ technology help, and kinship/ guardian services when parents are not responsive • Resurrect programs where youth teach elders about technology • Provide holistic support for the family unit • Create education programming for parents to help them address current youth culture
Hospitals & Inpatient Care	<ul style="list-style-type: none"> • ED serves as the resource for rural areas when person is in crisis 	<ul style="list-style-type: none"> • EDs are the only crisis resource for many rural areas 	<ul style="list-style-type: none"> • Build inpatient treatment services in the Region
Mental Health & Substance Use Services	<ul style="list-style-type: none"> • Community Drug Coalition with IOP services, harm reduction, etc., • Guidance Center now a CCBHC developed – Living Room model; 9 core services, 21 programs, mobile crisis • LifeHouse CCBHC, 2 certified peer supports; Local MCOs for youth and families, individual and group therapy • Working for Us program – mental health literacy • PMS – CCSS – individual, family and 	<ul style="list-style-type: none"> • Transportation for non-Medicaid • People are not aware of telehealth providers • Access to phones and other technology for telehealth • Long waitlist for BH/Telehealth services • Limited transportation to get to services • No detox centers/ RTCs for youth • Need more harm reduction education • Need mentorship and recruitment of mentors • Lack of providers who accept youth 	<ul style="list-style-type: none"> • Increase mental health literacy for youth and parents • Develop mental health anti-stigma programs • Develop detox centers • Increase access to high end services such as MOUD and MST • Develop pipeline programs to bring more individuals into BH careers • Address turnover in BH providers that leads to empty positions • Develop training programs for BH fields • Encourage reciprocity of BH licenses across states

	<p>group therapy (e.g. emotional regulation group)</p> <ul style="list-style-type: none"> • Child Advocacy Center has a therapist • A Tranquil Path for therapy • Diagnosis and assessment at Guidance Center and Carlsbad LifeHouse within 48 hours • PDAP in Lea County provides free services for teens with MH issues, including SI- individual and group services- also school-based all services are free of charge • Some MST services • The Works for youth who are having difficulties • Building Bridges • Permian Basin Counseling in Lea and Eddy Counties • Meca Services for development disability and autism services • Justice Program- high level of services • Private therapist in Lea County who will see ages 2 and up • Embrace- nonprofit that provides BH services • Tessa Anderson suicide prevention programming • Teen residential multiservice home for homeless youth and those transitioning to adult services • Affirming Hearts Rise Up counseling for youth • Luxe Psychiatric med management • Lea County Health and Wellness therapy accepts walk-ins • Habitat for Humanity provides counseling • Options Inc. 	<ul style="list-style-type: none"> • No MOUD for youth • Lack of violence prevention programs • No programming specific to LGBTQ community • Turnover can lead to loss of positions • Pipeline issue- need for people to get trained in BH careers • Not enough pharmacies and/or pharmacists to fill prescriptions • Cost of living does not match salaries • Significant lack of housing for families and providers- corporations buy housing for their employees and that in turn prevents affordability • Lack of youth substance abuse treatment 	<ul style="list-style-type: none"> • Increase pay and access to housing for BH providers • Increase access to transportation to and from services such as Uplift from Affirming Hearts for Eddy and Lea counties • Increase access to youth substance abuse treatment • Consider revising IOP parameters to encourage participation • Address lack of services and supports for LGBTQ youth • Develop stigma campaigns that are effective in engaging youth into services
School Health Centers & Systems	<ul style="list-style-type: none"> • PMS Eddy County has after school program- social emotional group (requires BH Assessment) • Wings for Life for elementary and middle 	<ul style="list-style-type: none"> • Not enough licensed school-based BH providers 	<ul style="list-style-type: none"> • Increase access to BH clinicians who provide youth services in both outpatient and school settings • Develop services such as the collaboration in Artesia with Permian Basin Counseling to

	<p>schools intervention services after school</p> <ul style="list-style-type: none"> • Nor-Lea School-based health centers (Lovington and Hobbs, and NM Junior College) • Teachers have been trained in YMHFA and MHFA • Lea County has SBHCs in Lovington and Hobbs, med management and therapy • Roswell Project AWARE has school based BH services • Artesia partners with Permian Basin to provide school-based counseling to students and school staff • Carlsbad Schools has BH resources listed on their websites 		<p>provide school-based BH services to youth and school staff</p> <ul style="list-style-type: none"> • Increase awareness and education for teachers about BH resources
Care Coordination & Policy	<ul style="list-style-type: none"> • NM High Fidelity Wraparound services youth age 3 – 18/21) • Wraparound services at Lea County Guidance Center and CASA (all funded through CYFD) • Hobbs has an interagency monthly meeting to share resources • Care coordination NM CareLink (Medicaid, MCO) 	<ul style="list-style-type: none"> • Need legislation in getting people licensed across states for providers moving to NM (no reciprocity) • New tort laws where you can be sued individually prevent providers from practicing in NM • Eddy County does not have HFW • Lack of coordinated services 	<ul style="list-style-type: none"> • Coordinate services between Chaves and Eddy Counties • Develop continuity of care for youth from migrant families and youth who frequently move (e.g., due to oil industry) • Ensure consistent funding stream from state and consistent reimbursement rates from MCOs • Develop infrastructure for High Fidelity Wraparound or Community Based Prevention Intervention in Eddy County • Expand model of interagency monthly meeting that is welcoming and used to share BH resources
Other / Overarching Themes	<ul style="list-style-type: none"> • Local hospitals have funding for transportation to services 	<ul style="list-style-type: none"> • Immigration checkpoints prevent people from accessing services • Lack of sexual health conversations • 211 line does not have access to all available services NM Share is not regularly updated • Lack of local places for kids to go 	<ul style="list-style-type: none"> • Center the development of trusting relationships when working with youth • Facilitate opportunities for relational connections • Engage youth and young adults with lived experience • Create outdoor activities for “at-risk” youth • Develop opportunities for safe sexual health conversations • Create a unified online BH resource list for parents and providers that is regularly updated

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	<ul style="list-style-type: none"> SROs get MHFA training and other related trainings In Eddy County dispatch connects to LifeHouse, Chaves County will have this soon- majority of crisis teams comes from first responders Lea County has a CIT Lea County mostly uses the Guidance Center Hobbs - Officers are being trained in Crisis Training 2 SROs in Hobbs, 2 in Carlsbad Carlsbad Police Department has had MHFA training Hobbs Police Department has therapist on staff for school response District-wide Hobbs Safety Team and Individual School Safety Teams Chaves County Resource officers 5 SROs in Carlsbad Artesia has a good SRO program Hobbs: LEOs are involved with reading programs and Head Start to decrease misconceptions of who they are and what they do; Decals with Dads (Lovington, Carlsbad) 	<ul style="list-style-type: none"> Some middle and high schools in the region do not have SROs Lea County refers to law enforcement instead of school administration, would be better if school administration could determine disposition Dispatch could use training on where to refer to services 	<ul style="list-style-type: none"> Increase access to training on BH resources for dispatchers Increase number of SROs in the schools
CYFD Initial Contact	<ul style="list-style-type: none"> Lea County Community Based Reunification Program to prevent removal of youth from their families (based on CYFD) CASA Kids: responds through Children's Advocacy Center 	<ul style="list-style-type: none"> Lack of navigators for families SCI – needs a rehaul; needs cooperation between system with children's advocacy centers 	<ul style="list-style-type: none"> Increase access to parenting classes to help support youth with BH issues, including those involved in criminal justice, e.g. Positive Parenting Program (PPP) Create positions for navigators to help parents connect to BH resources

School Police & Threat Assessment	<ul style="list-style-type: none"> Roswell and Carlsbad have comprehensive school threat assessment guidelines to determine level of risk and response 	<ul style="list-style-type: none"> Early notification of truancy issues is a problem 	<ul style="list-style-type: none"> Create in-school options for students with infractions instead of automatic suspensions or expulsions such as school-based community services or life skills development
Diversion & Early Intervention	<ul style="list-style-type: none"> CASA has an in-home services program (6-9 months) Early prevention programming LifeHouse has residential treatment and sober living for mothers and their children (Avalon) Hobbs has DV shelters- Options Inc. and Antionette's Haven Habitat for Humanity has community service opportunities Use Juvenile Justice to mandate youth into services Alternative high schools in Hobbs and Carlsbad Project XY Youth Challenge in Roswell – a voluntary program to negotiate dismissal of charges University High School in Chaves County Chaves County has CASA Girls Circle, Boys Leadership Circle, Emerge CYFD JJ offers community service hours, online conflict management, gun safety courses Youth Challenge Academy for JPOs to send youth to (though they only have new cohort 2X per year)- live-in ROTC program PMS gets JPO referrals where youth can opt in to services a part of plea deal JPOs refer to LifeHouse JCC- Lea and Chaves Counties- CASA- youth attends groups and meet with JCCs on weekly basis- Emerge program is part of this 	<ul style="list-style-type: none"> No restorative justice practices and programs 	<ul style="list-style-type: none"> Develop alternatives to suspension for school drug infractions such as the program in development through Carlsbad School District Increase awareness and implementation of restorative justice practices Expand My Power to include diversion programming

	<ul style="list-style-type: none"> • CYFD-involved youth are often referred for BH assessments and can be diverted to services or mandated to treatment instead of detention 		
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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 and Initial Processing	<ul style="list-style-type: none"> • PMS does CSA; competency (9-day review) 	<ul style="list-style-type: none"> • Juvenile justice only serves age 12+ • Long waits due to limited resources to get BH comprehensive assessments 	<ul style="list-style-type: none"> • Improve in-patient/ out- patient competency treatment • Increase access to BH evaluators to complete comprehensive BH assessments and competency to stand trial assessments

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 juveniles' 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	<ul style="list-style-type: none"> • Teen court (DWI) – intervention in Lea County, Hobbs, Eddy County, and Carlsbad 	<ul style="list-style-type: none"> • Teen Courts are not in all regions • Not many referrals to Teen Court – typically traffic violations/ minor crashes 	<ul style="list-style-type: none"> • Create Teen Courts (with funding) within schools with peers instead of adults addressing infractions
Detention & Commitment	<ul style="list-style-type: none"> • Lea County Detention Center: parenting classes, psych and medication management, CARE assessment • Lea County Juvenile Detention Center serves the whole Region • CASA program in Lea County has a 	<ul style="list-style-type: none"> • Need for specialized clinicians and for their retention, including sex offender treatment • No screening at detention centers • LCJDC does not have enough staff and lacks access to BH and medical services • Lack of communication between JPOs and BH providers 	<ul style="list-style-type: none"> • Develop and implement screenings • Re-open local juvenile detention centers and rehabilitation programming in Chaves and Eddy Counties • Establish Job Corps in Eddy and Lea Counties • Recruit more juvenile sex offender expert clinicians • Increase access to higher levels of care and experiential services

	<ul style="list-style-type: none"> Juvenile program and K-9 unit University of the Southwest has professors who provide college classes in the LCJDC LCJDC used to provide comprehensive assessments and therapy groups- this was dependent on cooperation between warden and judges JJAC in Chaves County funds Wings for Life program 	<ul style="list-style-type: none"> Limited parent contact for youth in detention due to distances LCJDC no longer provide comprehensive assessments and therapy groups Large wait lists for getting youth into BH services Hesitation about partnering with CYFD due to changes in staffing, regulations and funding Concerns about the likelihood of long-term sustainability of fundings 	
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6. Youth System Intercept 4: Community Re-entry Services

Overview: Intercept 4 involves supported re-entry 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	<ul style="list-style-type: none"> JPO (Therapy, CCSS services – provides services decided by board – 4 in Hobbs Humphrey House provides housing Assurance Multiservice home (shelter without treatment based) Foundry Home (Lea County) Carlsbad – AGA if established will arrange follow-up Safety Team in Hobbs provides re-entry services when discharged Youth justice transition services Multidisciplinary teams EMERGE- skills building, job hunting, resume building, etc. for CYFD and court involved youth Helen Houston Justice House in Lea County Carlsbad schools works in partnership with JPOs to support re-entry My Power offers community service 	<ul style="list-style-type: none"> Only 1 home in region with poor reimbursement Limited housing options/shelters Lack of transition services No local reintegration centers Lack of coordination across agencies Limited access to basic needs for youth who are separated from families and/or aged out of services 	<ul style="list-style-type: none"> Increase reimbursement for group homes Provide family, grandparents and guardian support Implement ways to hold parents accountable Develop family-level support and education Increase access to transition services Consider development of local reintegration center Increase access to transportation to transition services Increase access to paid internships and vocational training Increase funds to ensure marketing materials are trendy and fun to engage youth and parents Improve community buy-in and relationship building by increasing collaboration and ensuring ownership by all

	opportunities for youth coming out of detention		
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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 (JCC) 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	<ul style="list-style-type: none"> JCC at the Guidance Center – post release treatment and wraparound, groups and case management for life skills CASA has juvenile community corrections 	<ul style="list-style-type: none"> No systematic screenings with JPOs Administrative barriers for JCC 	<ul style="list-style-type: none"> Decrease administrative burden Statewide Juvenile Justice needs to be changed – it's an "all or nothing"; officers do not want to deal with juveniles; often juvenile just gets sent home

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	<ul style="list-style-type: none"> Chaves County: Libraries in small communities are often a hub for trainings; Meals on Wheels Recreation centers Senior centers provide good resources Hobbs Core is a great sports facility, though not affordable for all 	<ul style="list-style-type: none"> Lack of community adult activities Recreation centers are not always affordable 	<ul style="list-style-type: none"> Library as a hub
Vocational Education Programs	<ul style="list-style-type: none"> Carlsbad: Sources of Strength - Adult training Chaves County: Goodwill job training and housing for veterans, Division of Vocational Rehabilitation, Job Corp, Together with Veterans – QPR and Suicide Prevention, Substance Abuse Prevention Cross counties: GED programs, adult literacy programs, ESL Lea and Eddy Counties: Workplace Solutions for young adults, cooling centers at Office of Housing Lea County has Women's United Job Corps America DVR is a good resource Oxford House provides life skills and financial literacy training 	<ul style="list-style-type: none"> Job Corps America exists but there are challenges with accessing services due to limited person power and online only services Difficult to find childcare so parents can work Lack of virtual GED programs 	<ul style="list-style-type: none"> Increase education for young adults and adults to go into trades and other careers such as Skill Point Alliance model Build workforce for childcare, rideshares., etc. Develop life skills training through community service, financial literacy, driving, etc. Develop virtual GED options and programs to ensure literacy levels are reached so that GEDs are attainable
Family and Parenting Supports	<ul style="list-style-type: none"> Parentguidance.org Superintendent provides monthly literacy nights for parents 	<ul style="list-style-type: none"> Need parenting classes as prevention Families do not access resources 	<ul style="list-style-type: none"> Mutual Aid – baby clothes and household swaps Develop respite services and other programs for adults with special needs

	<ul style="list-style-type: none"> • Lea County has a family resource center • New Beginnings is a resource for expectant mothers for help with medical and financial support • Legacy pregnancy and other home visiting services from pre-natal, post-partum up to 5 years old 	<ul style="list-style-type: none"> • No adult day programs for adults with development disabilities 	
Mental Health and Substance Use	<ul style="list-style-type: none"> • Carlsbad, Artesia (Eddy County) and Nor-Lea (Hobbs, Tatum,) SBIRT, PHQ-2 and 9 administered in ER • PMS Eddy and Lea Counties • College in Hobbs services for students • Eddy County Courthouse: Literature rack on different BH topics; ACEs training • Sober Sidekick App • Anti-drug coalition-sources of strength workplace wellness prevention program • Guidance Center has peer support services • Support groups such as AA, NA and Al Anon • Outpatient therapy for people going through divorce and other life changes • PDAP officers free counseling to anyone 	<ul style="list-style-type: none"> • Need wellness training in employer spaces – specifically on substance misuse among men • High traffic and alcohol use despite small community (Lovington) • Lack of BH providers • Synthetic opioids (Kratom) available at gas stations – need restriction • Lack of primary care providers 	<ul style="list-style-type: none"> • Promote employer investment in wellness programming
Housing and Basic needs	<ul style="list-style-type: none"> • All counties: United Way • 211 Information line in NM • Eddy Hope Center – shelter and food for homeless • All counties: Caring Resource Center • Lea Fresh Start Housing • YSS safe space in Hobbs • Chaves County: NM Legal Aid • Transportation MCO • Greyhound bus to El Paso or Amarillo/Roswell • Veteran Services • Salvation Army • Isaiah's Kitchen • Women's Shelter (Carlsbad, Lea, Artesia, Chaves) 	<ul style="list-style-type: none"> • Poor internet services • Transportation for tri-county service access; Need for MCO transportation improvement; expanded hours • Food insecurity • Attorney shortage • Shelter shortage in Lea and Chaves counties • Veteran services do not have a resource officer for each county • Need for more women's shelters • Lack of affordable housing throughout the region 	<ul style="list-style-type: none"> • Improve MCO/ tri-county transportation system • Increase access to affordable housing • Improve bus routes to increase footprint and expand hours • Develop safe and affordable transportation options • Reduce barriers to technology such as smart phones and computer labs • Develop places with broader criteria to increase access to basic resources • Increase access to shower trailers in all counties (such as the one in Lea County) • Develop more shelters and housing options

	<ul style="list-style-type: none"> • Eddy County: Southeastern NM Corporation (Community Action Program (CAP) – elderly companion • Lea County has low-income housing • Eddy County has transitional and overnight housing • Oxford House has new men's sober living facility in Roswell and looking to open to more by the end of the year for women and another for men • Faith, Hope and Love provides housing vouchers • Sissy's food pantry • Roswell has 8 food pantries and a community kitchen • Lovington has the Sharing Spoon that provides hot meals • Churches have food distribution • Jonah's House in Carlsbad • School summer food program for youth and adults • Salvation Army distributes food boxes • YHI provides weekend food distribution • Head Start provides food leftovers to adults • Your Safe Space is resource center where people can get connected to resources • United Way in Hobbs has shower trailers that they set up throughout the city • Roswell has homeless shelter with food and beds • Homeless center in Hobbs • Hope Center has limited beds and restrictions • Roswell has warming bus during cold months • Roswell Refuge intervention offers bus passes • JF Maddox Foundation provides assistance for basic needs, workforce 	<ul style="list-style-type: none"> • No true homeless shelter or warming centers in Lea County • Carlsbad does not have a true homeless shelter, though they open warming centers during the cold months • No homeless shelters in Artesia • No warming centers that will take families except when there is bad weather or natural disaster 	
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	<p>training dollars, and grants to community organizations</p> <ul style="list-style-type: none"> • Artesia has thrift shop with furniture and other resources • ID bank for homeless at Alianza: assistance with getting birth certificate, driver license, etc. • Carlsbad: Linkages to state funding through La Casa – help with Housing 		
Other Community Resources	<ul style="list-style-type: none"> • Carlsbad, Chaves and Lea Counties: Outdoor activities, sports, for elder population; Senior Center, resource fairs • Churches; Faith, Hope, & Love non-profit in Eddy County • Hobbs Chamber of Commerce has weekly health fair to share resources and provide free health care • Eddy County has a wellness clinic that provides health screenings and other prevention activities • Carlsbad has on-demand door to door services, but only operates in Carlsbad and has limited services and needs to be scheduled in advance • Eddy County has adult literacy program (Ann Woods Literacy Center)-needs support • Guidance Center of Lea County has primary care • Lea County United Way hosts quarterly resource fairs and provides supports 	<ul style="list-style-type: none"> • Lack of public information on medical/community resources • Lack of PCPs to support population • Need more marketing to let people know about existing resources • Need to reach grandparents raising grandchildren- don't rely on tech • Migrant temporary workers have limited access to resources 	<ul style="list-style-type: none"> • LGBTQAI+ safe space/resource center • Market available resources for greater community awareness • Identify new effective and culturally appropriate strategies to market existing resources such as technology, fliers, radio, TV, billboards, etc. • Develop one-stop shop resource for Eddy County • Develop opportunities for healthy social connection as steppingstone to activities like Women's United or Women for Better Carlsbad • Increase education through awareness campaigns about healthy living • Increase access to family-oriented businesses, restaurants, fun centers, creative activities, sports facilities, etc. • Increase collaboration across community organizations by showing up for each other • Develop programming for temporary migrant workers • Create community calendar (online and billboards) with all community events and host interagency monthly meetings to share resources • Consider FTE or identify specific organization to update community calendars and other shared resources • Create a resource fair similar to Fall-A-Palooza for community agencies and organizations to collaborate and educate the community

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	<ul style="list-style-type: none"> Carlsbad, Chaves County- MCT Pecos Valley Public Services – Community EMS; Roswell Community Disaster Relief (Weatherization) 988 211 Guidance Center of Lea County is working on mobile crisis, a living room model and walk-in crisis services LifeHouse crisis response: SI/Substance Abuse/BH crisis, transport to hospital 	<ul style="list-style-type: none"> Some people who call 911 get in trouble for calling 911 Law enforcements need BH crisis response training No Law Enforcement Assistance program/ in Lea or Chaves Counties (in development) Lack of cooperation/ communication between law enforcement agencies causing delay/ disconnection Chaves County and Carlsbad: law enforcement may not be trained to identify a psychiatric emergency 	<ul style="list-style-type: none"> Develop specific strategies to promote 988 Consider developing crisis triage services in each region Increase collaboration between dispatch, first responders and BH to avoid bringing people in crisis to hospitals and to better address crises Increase greater coordination between 988 and 911 Provide education on new expanded definition for mandatory holds Provide training for first responders, law enforcement and families on how to support people in MH crises Ensure sheriffs' department and city police work together and gain training and develop policies on how to respond to people in crisis Model tri-county adult crisis services after Albuquerque Crisis Services Provide crisis response training to law enforcement Expand LEAD/MCT in Eddy and Chaves Counties
Family Support	<ul style="list-style-type: none"> Artesia has Grammys women's shelter that has assistance with housing and battery- intervention classes and clothing Phoenix House and Antoinette's Haven in Lea County for women in DV situations Sherry's House of Hope is women's shelter 		
Outpatient Mental Health and/or Substance use	<ul style="list-style-type: none"> LifeHouse provides MHFA classes 2x per month My Power provides education and awareness raising 	<ul style="list-style-type: none"> Lack of recovery coaches Need transportation to services Limited funding for people without insurance, hard to re-start Medicaid after 	<ul style="list-style-type: none"> Develop a bachelor's level BH practitioner licensure Improve pipeline from universities to fill workforce gaps in rural communities

	<ul style="list-style-type: none"> • PMS walk-in service • Eddy County – CCBHC Assertive Community Treatment; will be available in Chaves County • La Casa BH Center outpatient • Sunrise in Artesia General, Carlsbad, Roswell • Guidance Center of Lea County OP counseling, psychiatric services, psychosocial rehab program, care coordination • PMS Artesia/Carlsbad – BH, individual, family, group, couples counseling, CCSS, and PSR (psychosocial rehab) • Nor-Lea Hospital: psychiatric services, 3 in-office providers, 2 psychiatrists in Lovington see patients across the state remotely; outpatient counseling (individual, couples, family); coming soon transcranial magnetic stimulation, telehealth services, Spravato and long-term injections • Artesia, PMS, and LifeHouse – long-acting injectables • LifeHouse outpatient counseling, psych NP, substance misuse services, family therapy, IOP • Palmer's Drug Abuse Program in Hobbs • TMS at Roswell medical clinic • Roswell: Renew for MAT and MedMark methadone clinic • NM Rehab has IOP • Azurite outpatient services • Luxe outpatient services • Artesia: Provider who prescribes Suboxone • Roswell: Public Health Office 	<p>being detained, and some people do not qualify for Medicaid</p> <ul style="list-style-type: none"> • General access to care by homeless is difficult • No Sunrise program in Eddy, Lea or Chaves Counties – no group homes • Once released from Sunrise many become homeless • BH Workforce: Need treatment providers, primary care, case managers, social workers, bilingual providers – Cost of living, lack of resources, overcrowding limits workforce • No phones for individuals who are released from detention Need to improve provider retention and support for burnout • No long-term facilities for adults; no group homes – due to reimbursement • No Alzheimer/dementia care facilities; places do not accept individuals with co-occurring BH issues • No Medicare reimbursement for CCSS • No MOUD in Artesia • Lack of transportation to and from daily Methadone services • No LGBTQ support groups and resources • Difficult for uninsured people to get services (LifeHouse and RENEW provide services for uninsured) • Lack of awareness of available services • Lack of transportation to services- could develop mobile services in rural areas • New Medicaid work requirements and 6-month recertification will create ongoing problems • Lack of housing for ACT • Lack of easy access to medication in rural areas 	<ul style="list-style-type: none"> • Provide student loan assistance for BH workforce • Promote a fluid BH licensure reciprocity • Build pain management clinics with BH services in one place • Build long-term facilities and group homes • Develop LGBTQ specific services and supports • Develop awareness campaigns for community regarding existing services, especially for people who are uninsured • Develop mobile services for rural areas where people lack transportation • Increase availability of support groups and venues for information for families with adults with BH issues • Need strategies to help people navigate new Medicaid regulations that require work and 6-month recertification • Advocate to change state pharmacy regulations to ensure greater access to medications 24/7
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	<ul style="list-style-type: none"> • Carlsbad, Artesia/ Tri-county but not every community: NA, AA • Pangea Medical – suboxone • Specialized therapies at Nor-Lea and Pres hospitals: EMDR, DBT • New Mexico DOH Rehab Center outpatient and residential detox and treatment in Roswell • RENEW Roswell has IOP, telehealth, and outpatient • La Familia • Lea County Guidance Center- outpatient, PSR, IOP, CCSS, Peer Support, MOUD, Med Management, telehealth • PDAP- substance abuse groups • Opportunity House is a sober living space for women, men and families • La Familia in Roswell provides outpatient substance abuse services • Unity Recovery sober living for women • LifeHouse detox, sober living, outpatient, MOUD, telehealth services, med management, IOP, crisis stabilization, crisis mobile outreach • Oxford House has sober living and MOUD for men • Roswell has Pecos Valley Counseling • Salvation Army has substance abuse and DV counseling - basic needs • Roswell has Sunrise mental health center • Adult Teen Challenge in Roswell faith-based sober housing, IOP • Affirming Hearts has victim advocates, housing, rides to MH appointments (Lea and Eddy Counties) 	<p>because pharmacies are not open 24 hours</p> <ul style="list-style-type: none"> • Detox requires more nurses • Nursing licensure requirements reduce workforce • Housing for nurses is not available or affordable 	
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	<ul style="list-style-type: none"> Lea County Health and Wellness has counseling services Celebrate Recovery creates community fellowship- peer-run support groups such as AA, hosted by churches, food, etc. Permian Basin Counseling- Hobbs, Artesia, Carlsbad- outpatient counseling services, suicide prevention and survivor groups PMS- outpatient, CCSS, pain management groups, PSR, primary care, dentistry and school-based health care for transition aged youth Bulldog Wellness Center has adult counseling services MedMark Methadone Clinic in Roswell Burleson Counseling Some school-based telehealth services 		
Hospitals and Inpatient Care	<ul style="list-style-type: none"> Roswell CARA (Comprehensive Addiction and Recovery Act): at Lovelace: serve Infants impacted by substance abuse Nor-Lea – Psychiatric ER Artesia General Hospital – recs from BH providers for stabilization in ED if needed Nor-Lea: 4 spots at apartment complex for incoming physicians 	<ul style="list-style-type: none"> Need more residential treatment options for substance use disorders There are a lot of pop-up sober living homes that are not legit Lack of access to inpatient hospitalization Lack of long-term inpatient psychiatric care Need transportation from ED to inpatient psych hospitals Some ED physicians are not trained/comfortable prescribing psych medicine 	<ul style="list-style-type: none"> Consider developing more residential treatment options for substance use disorder treatment Develop state credentialing to regulate sober living homes Provide training for emergency room staff to better work with people in crisis Require nursing school residents to work in community for several years Provide nurses free/affordable living/ housing incentives in exchange for working in the community Purchase housing to offer to medical professionals
Care Coordination & Policy	<ul style="list-style-type: none"> LifeHouse has care coordinators and case management 	<ul style="list-style-type: none"> Home Ruled States vs Dillon Ruled counties: Need to be more flexible to develop programs Security officer shortage 	<ul style="list-style-type: none"> Promote legislative regulations on synthetic opioids (e.g., Kratom) Clarify whether housing assistance through MCOs is legal Develop a public list of value-added services and processes for each MCO for care coordination (SDOH)

			<ul style="list-style-type: none"> Promote treatment guardianship programs
Other	<ul style="list-style-type: none"> Language line for medical language translation HIV treatment - DOH 		<ul style="list-style-type: none"> Explore Adult Protective Services options outside of CYFD

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	<ul style="list-style-type: none"> LifeHouse has diversion programming where law enforcement can bring people in or refer people to initiate services Guidance Center of Lea County also has relationships with LE to refer people to BH services Sunrise also has this relationship with LE LE also can refer to sober living such as Oxford House- though need to develop these connections CIT training through the police academy (8 hours) and some police participate in 40-hour CIT Eddy County DA pre-prosecution diversion program for 1st time felonies and shoplifting-drug testing and court ordered classes DA office in Chaves and Eddy Counties are doing review of cases for early dismissal to reduce time or prevent custody Eddy and Lea Counties have pre-trial services through corrections. In two months, Chaves County should have these services RISE program in Eddy County 	<ul style="list-style-type: none"> No LEAD programs in the region Lack of awareness in the community of diversion options Lack of beds and/or housing Lack of longer-term treatment services (30, 90, 60 days) Difficult to transport people who are not incarcerated Would be good to get funding from other regions to support LifeHouse services because they are sending people from their counties to LifeHouse State general fund rates are not sustainable Need more sober living options Need one campus for 30, 60, 90-day bed substance abuse programs Need more structured programming for sober living Need more coordination between law enforcement, judges, attorneys, and behavioral health to ensure people get the services they need Lack of training with city, state and sheriff departments on BH options Need funding to support training for officers to respond more effectively with people in crisis at the point of contact 	<ul style="list-style-type: none"> Develop LEAD programs throughout the Region Increase community awareness of diversion options Increase access to housing for people with criminal justice involvement Increase number of beds at LifeHouse Increase transportation options to and from services Increase access to extended residential services and work with state to reimburse at a better rate Support Guidance Center of Lea County in developing sober living options Increase coordination between law enforcement, judges, attorneys, and behavioral health to ensure people get the services they need Expand briefing trainings for all city police, state police and sheriff's departments on BH diversion options and BH de-escalation strategies Increase coordination between law enforcement, judges, attorneys, and behavioral health to ensure people get the services they need Expand Pre-Prosecution Diversion programs to include other than first-time felony offenses and other misdemeanors beyond shoplifting and connect to LifeHouse Support development of Pre-Prosecution Diversion programs in other counties

		<ul style="list-style-type: none"> • Lea County does not have pre-prosecution diversion program • DA office in Lea County does not have early dismissal program • Pre-Prosecution Diversion Program needs to broaden to 2nd offenses and misdemeanors and connect people to LifeHouse • Need pre-trial programs throughout the Region • Lack of RISE services throughout the Region 	<ul style="list-style-type: none"> • Expand RISE program across the Region and into pre-trial services
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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	<ul style="list-style-type: none"> • Eddy County Detention Center – once booked, individuals are screened. The detention center has two therapists and a psychiatrist, not a structured program 	<ul style="list-style-type: none"> • Lack of competency evaluators and evaluations are conducted over telehealth and people do not have access to technology. This results in people missing appointments or judges keeping person in jail until evaluation appointment • No access to AOT- Assisted Outpatient Treatment for people who are deemed incompetent to stand trial 	<ul style="list-style-type: none"> • Increase access to competency evaluations • Increase number of evaluators to complete competency evaluations • Develop mechanism for people to have access to technology to attend competency evaluations remotely • Develop capacity for AOT services • Explore why there are delays for competency screenings

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	<ul style="list-style-type: none"> • Lea, Chaves, and Eddy Counties all have Drug Courts 	<ul style="list-style-type: none"> • Lea County Drug Court no longer functional (was useful for some and not others) • All Drug Courts are post-conviction not pre-conviction • No Veteran's Court 	<ul style="list-style-type: none"> • Consider building pre-conviction services in Drug Courts
Treatment and/or Education while in	<ul style="list-style-type: none"> • Eddy Detention: Jails provide psych services and MAT 	<ul style="list-style-type: none"> • Difficult to provide services while in detention, easier to see in outpatient post-release 	<ul style="list-style-type: none"> • Consider changing legislation to allow jail-based dangerousness evaluations

Detention, Jails or Prisons (e.g., MOUD, MAT, other groups)	<ul style="list-style-type: none"> • LifeHouse: injectable MAT • Lea County Detention: MAT • Lea County Health and Wellness provides therapy, medication management in the detention center • Wadz for Warriors in Artesia provides case management resources • Some prisons offer trade programs, including CDL, welding- though this is new so not sure how well it is working • USW offers college information for inmates though it has limited access • Some churches go into jails and prisons to provide support • AA and NA go into Chaves County Detention Center • Parenting classes are offered in local jails • Lea County hires people coming out of jails and prisons as CPSWs • Lea and Eddy Counties have forensic nurses and interviewers who go into jails and prisons as needed • Eddy, Lea and Chaves Counties public defender's officers go into jails and prisons to help their clients complete applications to get social security cards and reenrollment into Medicaid • Pre-trial services will be piloting forensic peer navigator program 	<ul style="list-style-type: none"> • Need for structured BH programming in Eddy County Detention Center • Limited access to trade programs and college classes in jails and prisons • Lea County Detention Center no longer allows CPSWs to provide services • Public defender's office cannot provide services once a person is adjudicated • Lack of care coordinators to help clients in detention get social security cards and Medicaid prior to release • Case managers at the prison initiate the parole plan and ideally, they would ensure that social security cards and Medicaid documentation get mailed to APPO for pick up after release 	<ul style="list-style-type: none"> • Increase trade programs and college classes in jails and prisons • Review state policies to reinstate CPSWs' ability to provide services in jails and prisons • Develop navigation and coordination services for people in jails and prisons • Develop state-wide policy for mechanism to ensure that social security cards and Medicaid documentation get mailed to APPO for pick up after release
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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	<ul style="list-style-type: none"> • Officers make referrals to Project ECHO for SA services • Adult probation and parole provide a voucher for rent or programming for eagles funding • Carlsbad Battered Family Shelter • 211 has DV services • Lea County: Support, Advocacy, Growth, and Empowerment program for food, housing, and resources • Lea County: Opportunity House for men and Unity Solutions for sober living • Rehab Transitional living in Roswell • Artesia – The Bridge • Pecos Valley in Roswell • Lea County: Helen Houston Justice House • Lea County: Your Safe Space for all genders and age groups • Artesia: Victory Outreach, faith-based residential substance use treatment • Fellows for Treatment (Lighthouse)– homes with drug court • PMS works with drug courts • Sherry's House of Hope in Lea County– DV resources • Project ECHO connects CPSWs to people on probation and parole remotely to serve as navigators • APPOs develop re-entry recommendations on living • Guidance Center has community connections IOP • DVR • COMPAS assessment done by APPOs for screening and referrals 	<ul style="list-style-type: none"> • Lack of case managers – currently police officers serve as the case managers • Overreliance on section 8 for housing, with limited availability • People with SMI need access to treatment guardians • Eddy and Lea Counties do not have specialized CIT officers • Lack of housing for probation and parole workforce • It is difficult for people to get jobs when reentering the community • Long housing waitlists • Only one housing facility that will accept people with sex offenses • Getting insurance for detox and other services for high-risk people with severe offenses is difficult • Need 6-month or longer dual diagnosis programs 	<ul style="list-style-type: none"> • Hire case managers at jails to help individuals who are released • Develop reintegration housing with job support, GED support, transportation, food, fiscal management, and life skills training • Create housing for providers • Provide trauma informed training to workforce to prevent recidivism • Increase coordination between detention facility case managers and MCO care coordinators to get Medicaid reinstated • Develop mechanisms to connect people coming out of detention to prosocial jobs • Determine strategies to address housing waitlists, lack of affordable housing, strict housing criteria, etc. for those coming out of detention • Identify funding streams for transitional housing • Consider developing more dual diagnosis 60-day residential treatment programs • Create licensed clinical positions to determine treatment disposition based on psychological diagnoses • Educate courts and judges on treatment options, barriers, etc.

	<ul style="list-style-type: none"> • Roswell has specialized CIT officers • LifeHouse has contract with PPO to provide life skills, sober living, IOP, etc. • Lea County Justice House • Lea County court liaisons through MCOs • Case managers bring re-entry specialists into jails and prisons to educate people who are incarcerated • Junior college provides work skills • Fresh start • Hope Center • Opportunity Housing • DOC can do presumptive eligibility for Medicaid • The Guidance Center is working on developing transitional housing for people with felonies 		
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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	<ul style="list-style-type: none"> • No resources noted 		<ul style="list-style-type: none"> • Increase funding for more probation and parole officers to have specialized services • Increase housing options for PPO workforce

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 5 has a similar proportion of Non-Hispanic White (37.26%) individuals compared to the state (36.53%).
- The Hispanic population is higher in BHR 5 (57.14%) vs. statewide (48.15%).
- The Non-Hispanic Black population is slightly higher in BHR 5 (2.08%) compared to the state (1.81%).
- 0.63% of BHR 5 is American Indian and Alaskan Native, significantly lower than the state (8.6%).
- Age distribution: 72.89% of the population in BHR 5 are adults (18+), which is lower than the state (77.94%), and 27.11% of the population in BHR5 are under age 18 vs. the 22.06% of the state.

Behavioral Health Diagnosis

- **Under 18:**
 - For youth under age 18, anxiety disorder is the most common diagnosis, with rates similar to the state average (BHR 5: 49.4%, NM: 50.6%).
 - Attention Deficit Disorders are seen at rates higher than the state average (BHR 5: 39.6%, NM: 26.0%).
- **18+:**
 - For adults over age 18, anxiety disorder remains the highest diagnosis with rates higher than the state average (BHR 5: 69.5%, NM: 59.6%).
 - Mood disorders are seen at a higher rate in BHR 5 (44.2%) vs. the state (37.1%).
 - Opioid use disorder is seen at about half the rate of the state average (BHR 5: 6.5%, NM: 12.7%).

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

Diagnoses	% BHR5	% State
Anxiety Disorder	49.4%	50.6%
Attention Deficit Disorders	39.6%	26.0%
Mood Disorders	25.1%	21.9%
Conduct Disorders	14.9%	10.1%
Developmental Disorders	14.4%	11.7%
Intentional Self Harm & Suicidal Ideation	8.6%	7.1%
Cannabis Use Disorder	6.0%	4.6%
Emotional Disorders Childhood Onset	5.6%	3.2%
Psychotic Disorder	3.6%	5.3%
Alcohol Use Disorder	2.6%	2.0%

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

Diagnoses	% BHR5	% State
Anxiety Disorder	69.5%	59.6%
Mood Disorder	44.2%	37.1%
Stimulant Use Disorder	11.5%	10.7%
Alcohol Use Disorder	11.2%	17.9%
Cannabis Use Disorder	8.8%	8.3%
Attention Deficit Disorders	8.8%	6.8%
Psychotic Disorder	8.4%	7.9%
Opioid Use Disorder	6.5%	12.7%
Hallucinogen/Inhalant/Other SUD	5.6%	5.8%
Intentional Self Harm & Suicidal Ideation	5.6%	5.3%

Service Utilization

- Outpatient services are the most utilized service in BHR 5, which is similar to the state as a whole (BHR 5: 86.4%, NM: 86.8%).
- Crisis services are utilized slightly more in BHR 5 (25.2%) compared to across the state (23.8%).
- Intensive outpatient utilization is lower compared to across the state (BHR 5: 2.5%, NM: 7.2%).
- Residential and Inpatient Service utilization is slightly lower compared to the state (BHR 5: 3.7%, NM: 4.9%).

Provider Utilization

- Utilization of Behavioral Health Prescribers is higher in BHR 5 (23.5%) compared to NM (14.7%).
- Utilization of psychotherapy practitioners (BHR 5: 3.8%, NM: 5.4%) and substance use specialists (BHR 12: 0.4%, NM: 0.7%) is lower compared to the state.

Crisis Calls & ER Utilization

- Crisis call rates slightly decreased from 2023 to 2024 in BHR 5:
 - BHR 5: 1.42% → 1.32%
- ER visit rates for behavioral health conditions are higher in BHR 5 as compared to the whole state (BHR 5: 21.6%, NM: 18.8%).

Behavioral Region 5 vs The State of New Mexico

Examining behavioral health disorder diagnoses, and utilization of services, facilities and infrastructure in Behavioral Region 5 compared to the state of New Mexico.

County in Behavioral Region 5: Chaves, Eddy, Lea

Objective

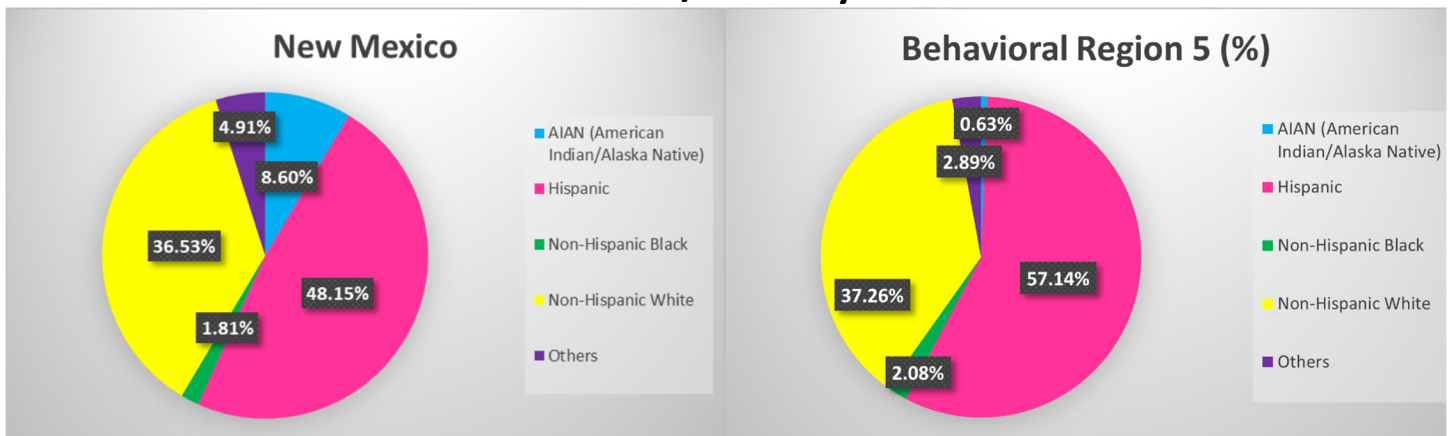
To compare Behavioral Region 5 (Chaves, Eddy, Lea) with the state on below characteristics

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

Demographic Comparison

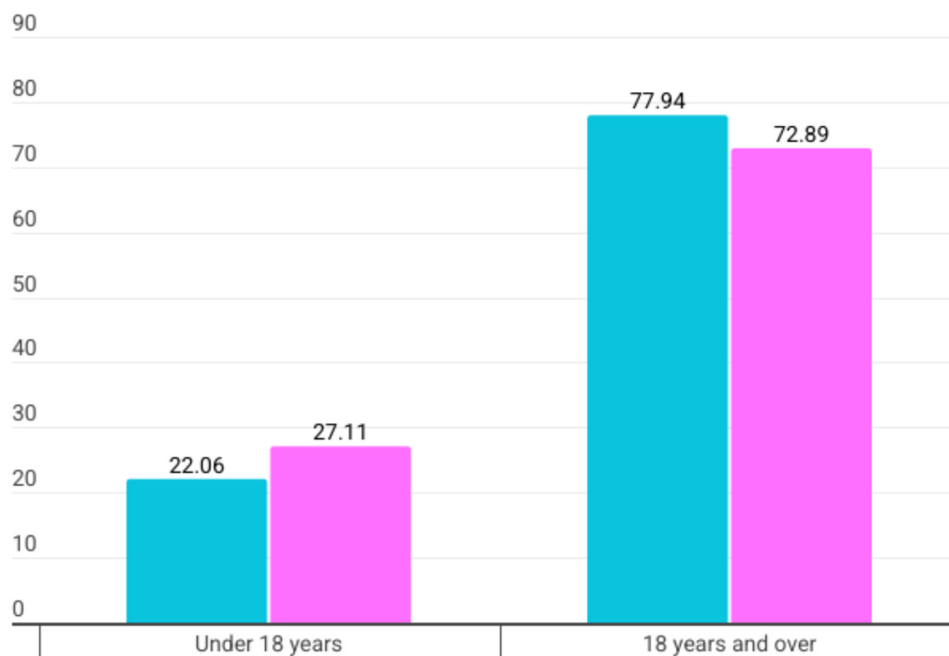
Key demographic factors reveal significant regional variations

Race/Ethnicity



Age Distribution – New Mexico vs. Behavioral Region 5

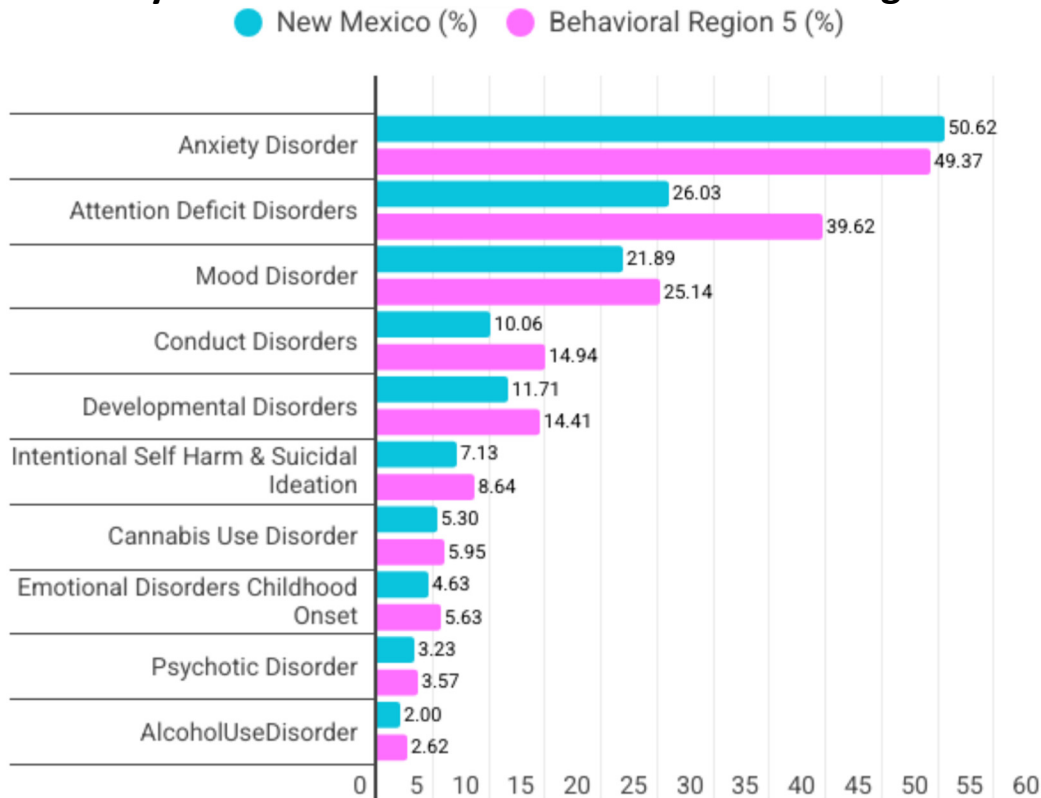
● New Mexico (%) ● Behavioral Region 5 (%)



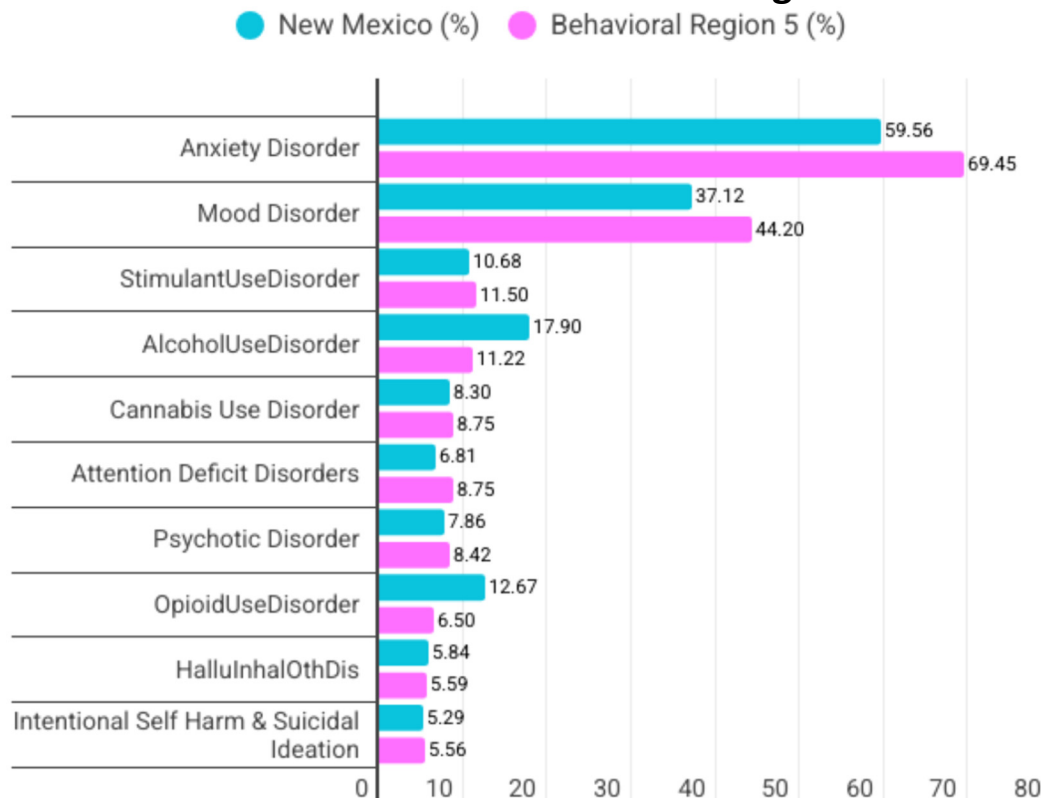
Top 10 behavioral health disorder diagnosis by age group

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

<18-year-olds – New Mexico vs. Behavioral Region 5



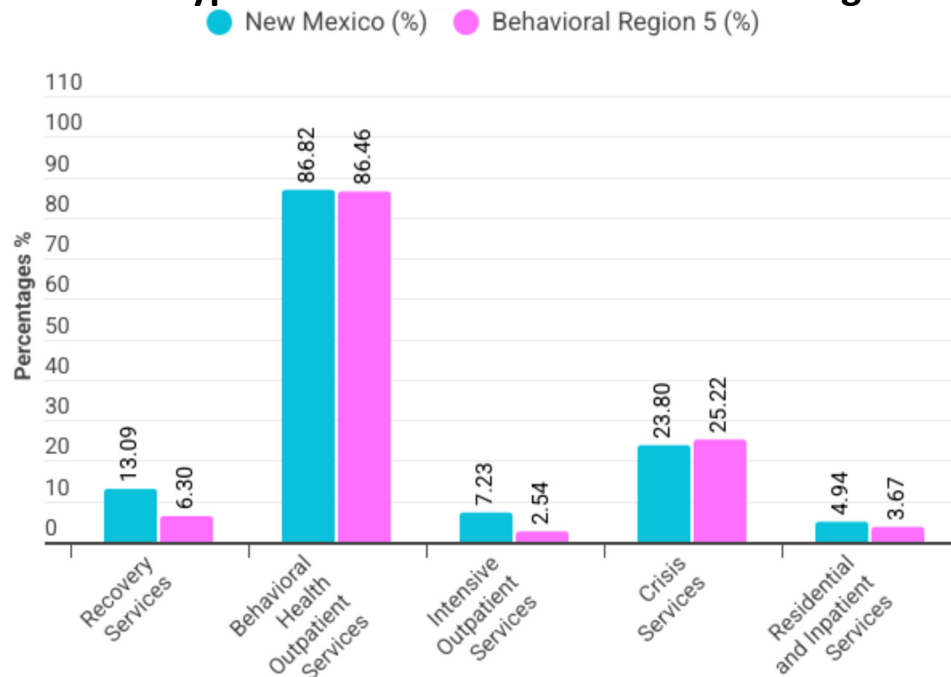
18+ New Mexico vs Behavioral Region 5



Service Utilization

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

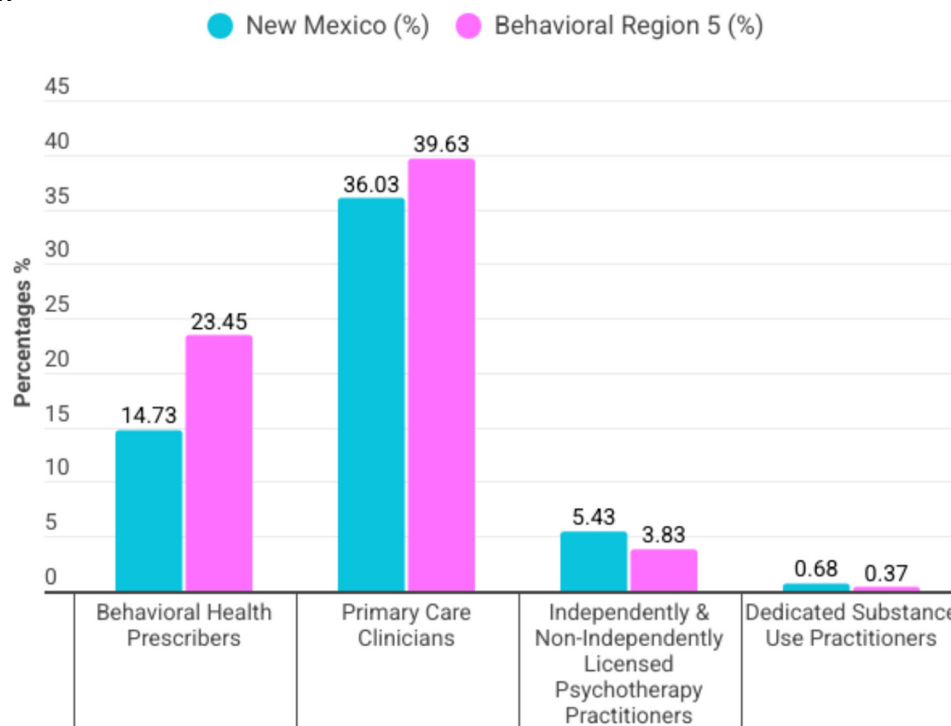
Service Types – New Mexico vs. Behavioral Region 5



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.

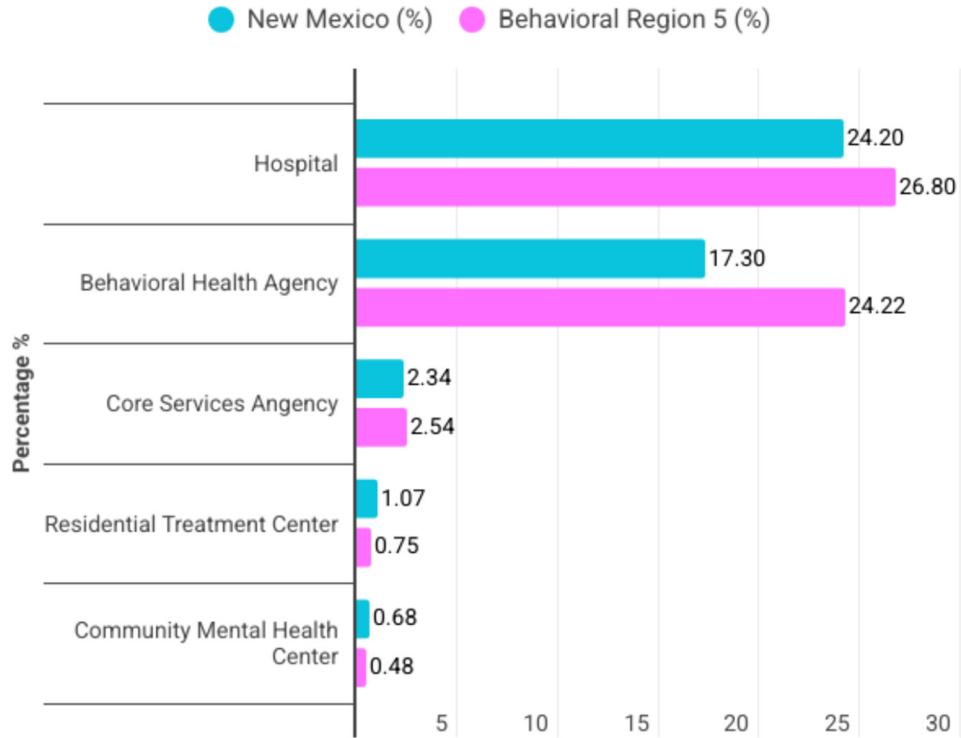
Individuals on Medicaid are more likely to have at least one contact with a prescriber than with a therapist in a calendar year.



Infrastructure Utilization

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

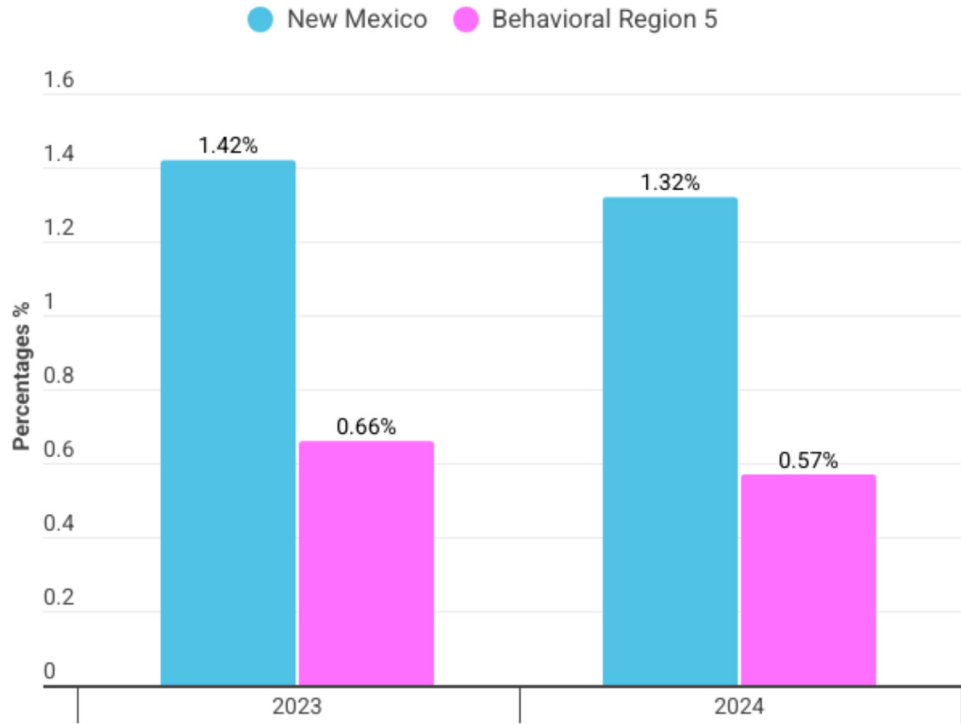
Infrastructure Type – New Mexico vs. Behavioral Region 5



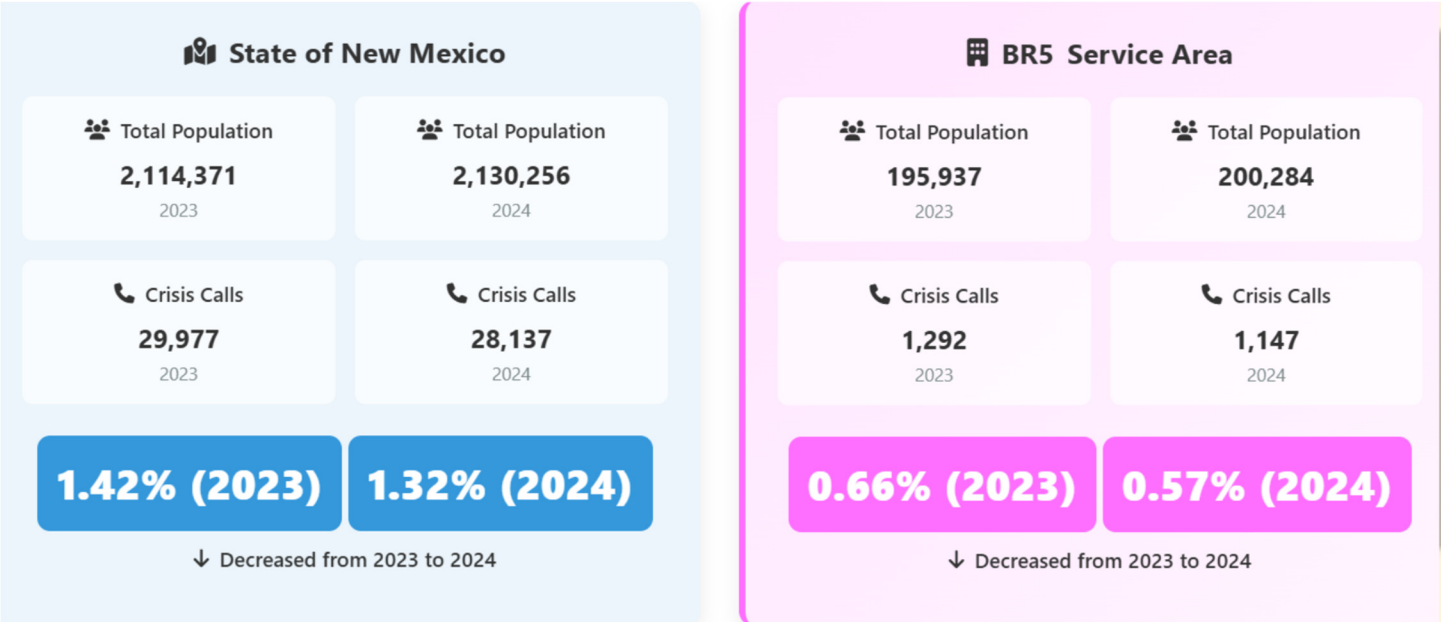
Crisis Call per Capita

Percentage of population who made a crisis call.

Crisis Call Rate Per Capita – New Mexico vs. Behavioral Region 5

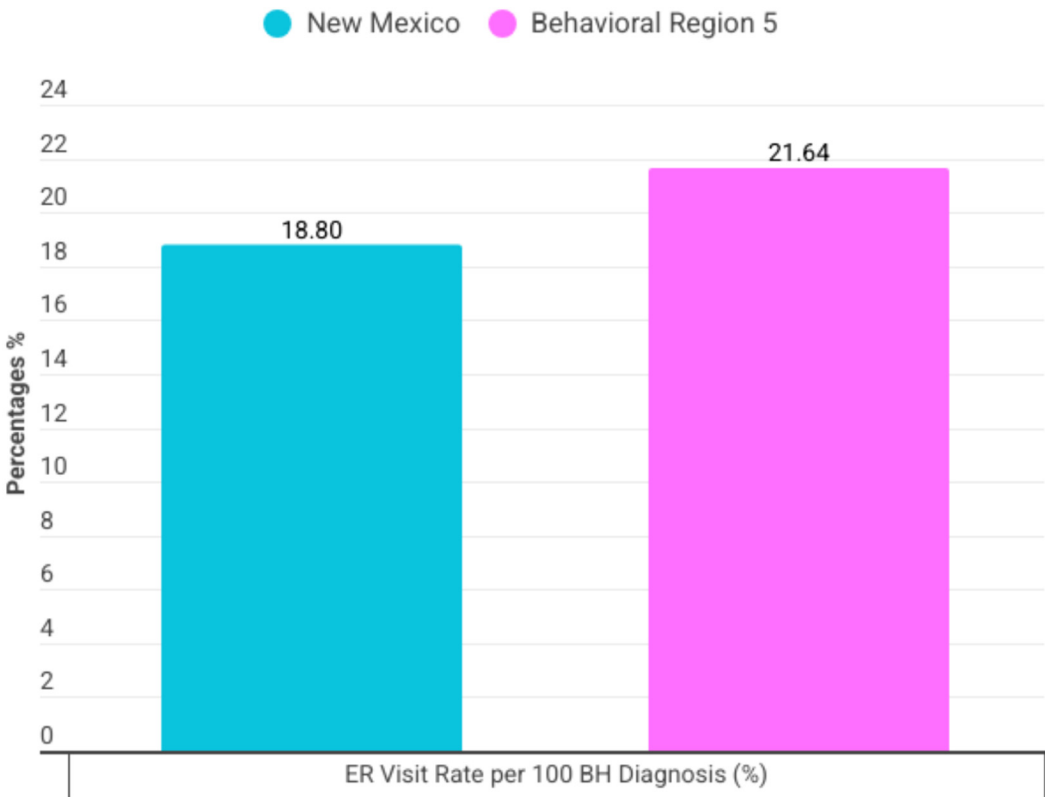


Crisis Call per Capita (cont.)



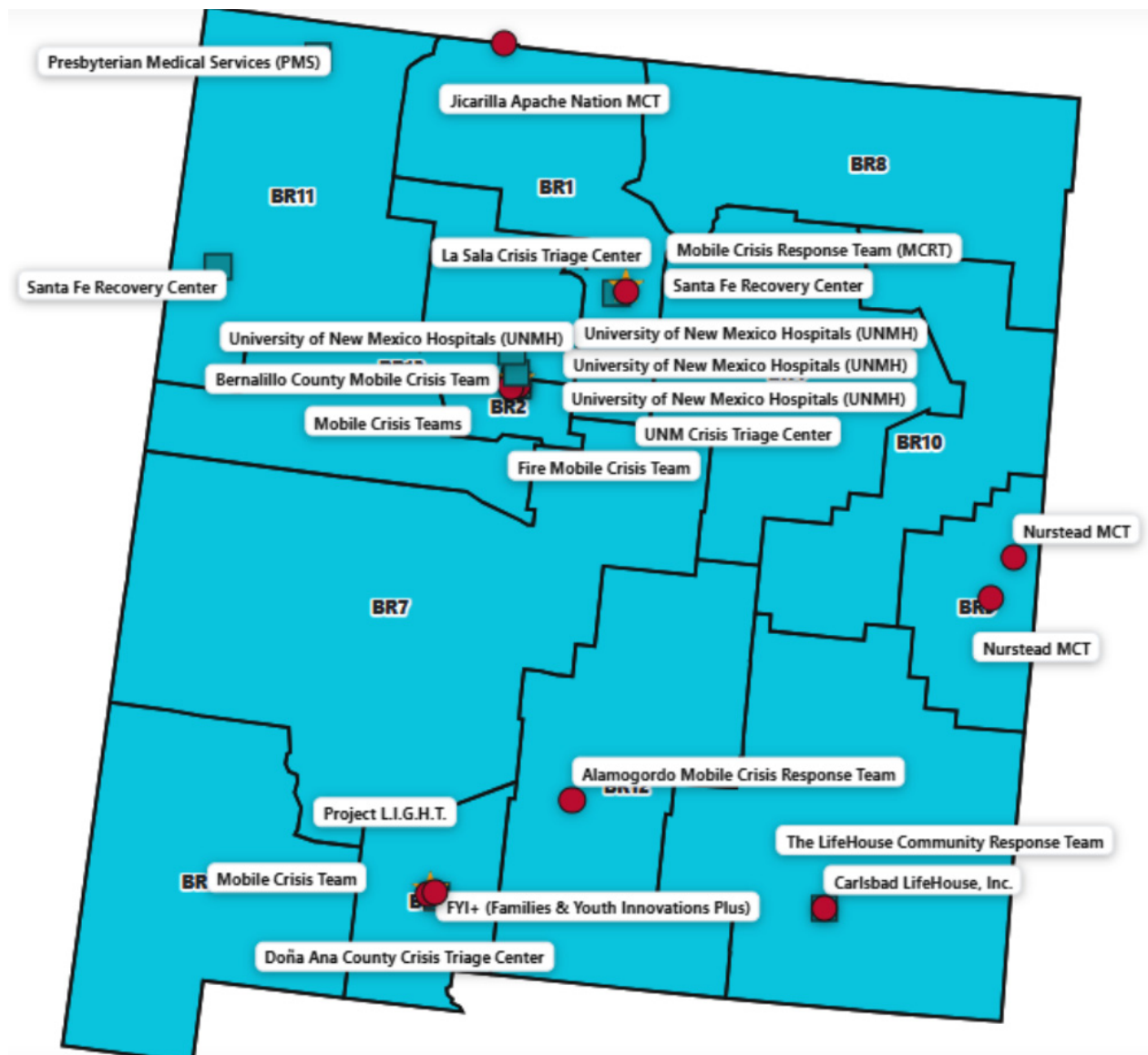
Emergency Room Utilization

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



CCBHC, CTC, Mobile Crisis

New Mexico

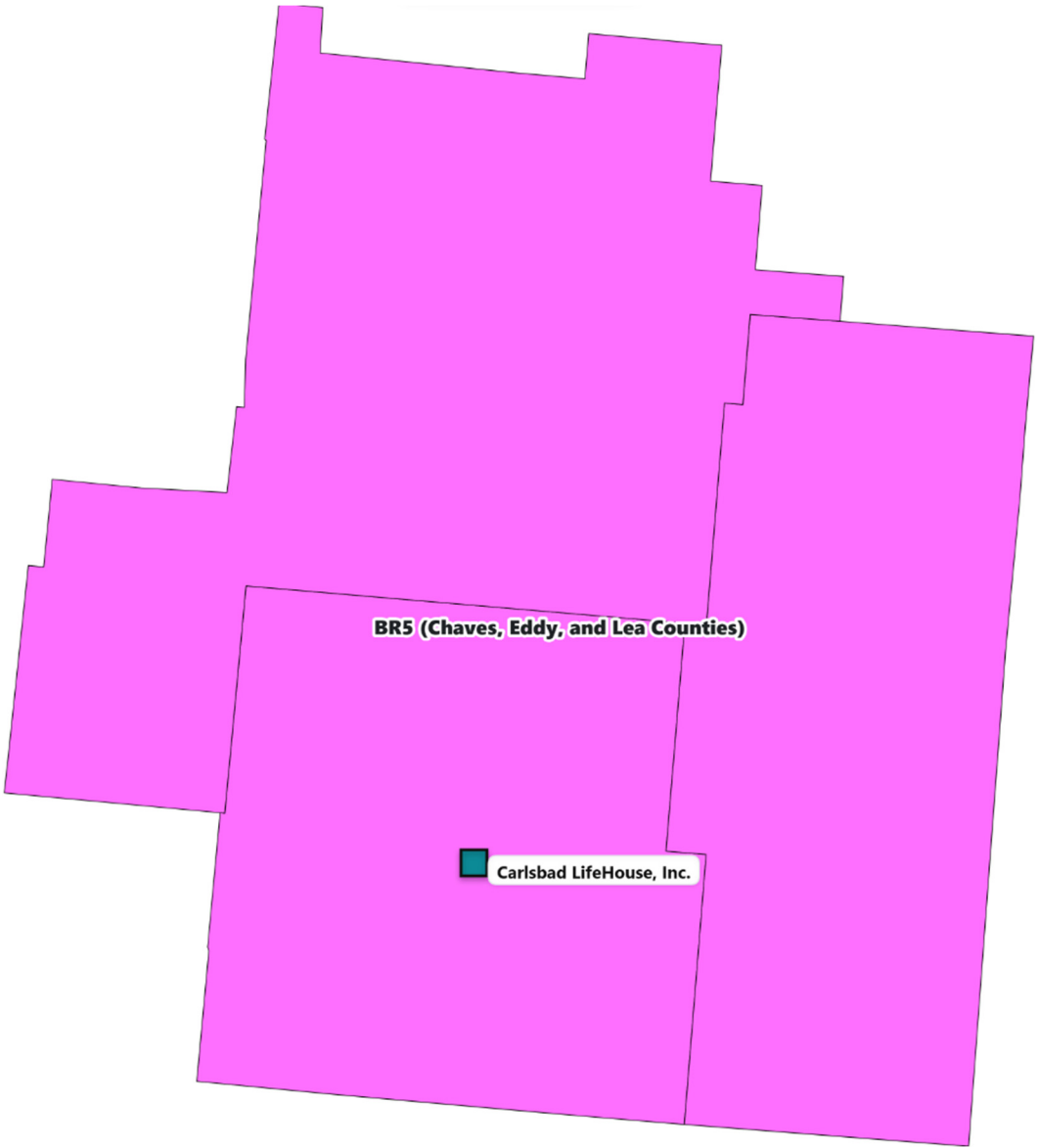


● Mobile Crisis Team ■ CCBHC ★ Crisis Triage Center

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 Lamberton 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 5



● Mobile Crisis Team ■ CCBHC ★ Crisis Triage Center

Name	County	BR	Address	Zip Code	Type
Carlsbad LifeHouse, Inc.	Eddy	BR5	1900 Westridge Rd, Carlsbad	88220	CCBHC

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 (BR5)	
	Beneficiary N=217,656	%	Beneficiary N=17,611	%
Recovery Services	28,500	13.09%	1,109	6.30%
PSW	4,707	2.16%	506	2.87%
CCSS	20,270	9.31%	361	2.05%
PSR	362	0.17%	0	0.00%
CSW	7,215	3.31%	338	1.92%
FSW	155	0.07%	5	0.03%
CHW	0	0.00%	0	0.00%
BMS	1,113	0.51%	27	0.15%
BT	2,044	0.94%	85	0.48%
BHOP Services	188,968	86.82%	15,227	86.46%
BH Workforce	106,765	49.05%	10,298	58.47%
BH-Prescribers	32,061	14.73%	4,129	23.45%
Psychiatrist	10,700	4.92%	354	2.01%
PsyNursePract	20,228	9.29%	3,915	22.23%
PrescPsychologist	2,704	1.24%	20	0.11%
PrimaryCare	78,429	36.03%	6,980	39.63%
Independently and Non-Independently Licensed Psychotherapy Practitioners	11,814	5.43%	675	3.83%
Psychologist	861	0.40%	15	0.09%
LCSWLISW	4,824	2.22%	366	2.08%
LPCC	4,506	2.07%	169	0.96%
LPAT	27	0.01%	0	0.00%
LMFT	482	0.22%	6	0.03%
LMSW	1,225	0.56%	65	0.37%
LMHC	1,533	0.70%	109	0.62%
LAMFT	48	0.02%	2	0.01%
Dedicated Substance Use Practitioners	1,480	0.68%	65	0.37%
LADAC	629	0.29%	14	0.08%
LSAA	882	0.41%	51	0.29%
CADAC	0	0.00%	0	0.00%
Intensive Outpatient Services	15,741	7.23%	447	2.54%
IOP	12,049	5.54%	393	2.23%
PartialHosp	1,051	0.48%	37	0.21%
ACT	1,555	0.71%	8	0.05%
MST	1,455	0.67%	12	0.07%
FFT	11	0.01%	1	0.01%
HEDIS	1,073	0.49%	37	0.21%
Crisis Services	51,804	23.80%	4,441	25.22%
ED	41,094	18.88%	3,814	21.66%
UrgentCare	21,369	9.82%	1,503	8.53%
MobileCrisis CTC	1,854	0.85%	33	0.19%
Crisis Intervention	1,476	0.68%	31	0.18%

Appendix A.8 New Mexico Mortality Data

New Mexico Mortality Rates

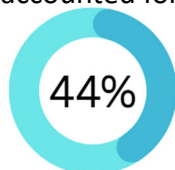
Examining Suicide Deaths, Alcohol-Related Deaths, and Drug Overdose Deaths in the state of New Mexico

Overview

Overall Crisis

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

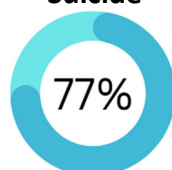
In 2021, these causes accounted for



of all deaths among residents aged 12–34

Rates far exceed national averages:

Suicide



higher than U.S. average

Drug-induced deaths:



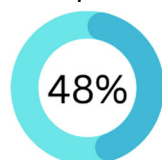
Demographics & Geography



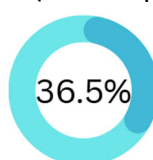
Population: 2.1 million

Race/Ethnicity:

Hispanic



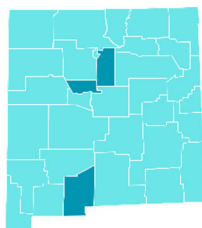
White (non-Hispanic)



Native American



Urban concentration:



50% of residents live in

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

(6% of land area)

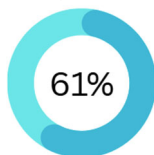
Rural/frontier context:



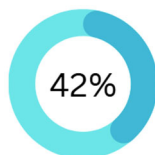
25 of 33 counties have
<15 people per square
mile, limiting access
to care

Comorbidity of Mental Health and Substance Use

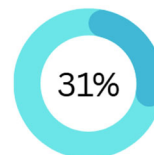
Youth (Grades 9–12):



report mental health concerns

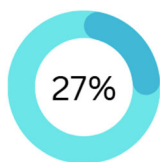


use ≥1 substance

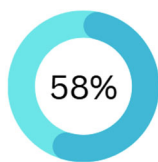


have both (co-occurring mental health + substance use disorder)

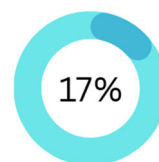
Adults:



report mental health concerns

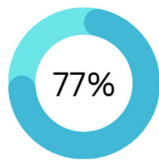


use ≥1 substance



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



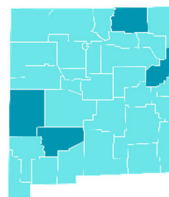
Substance use costs New Mexico about \$890 million annually (as of 2007)



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>

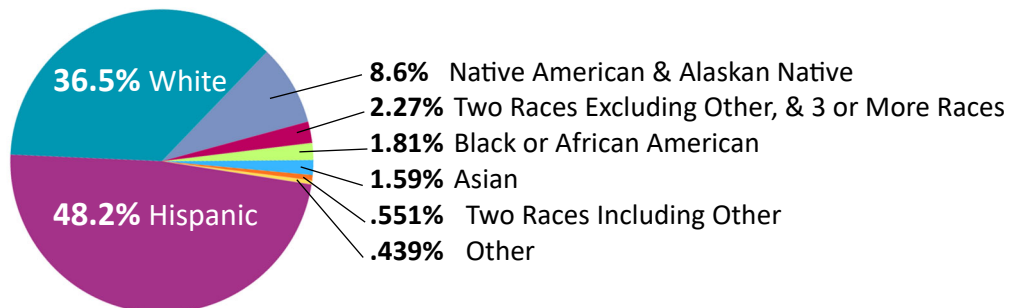
Population

Source: U.S. Census

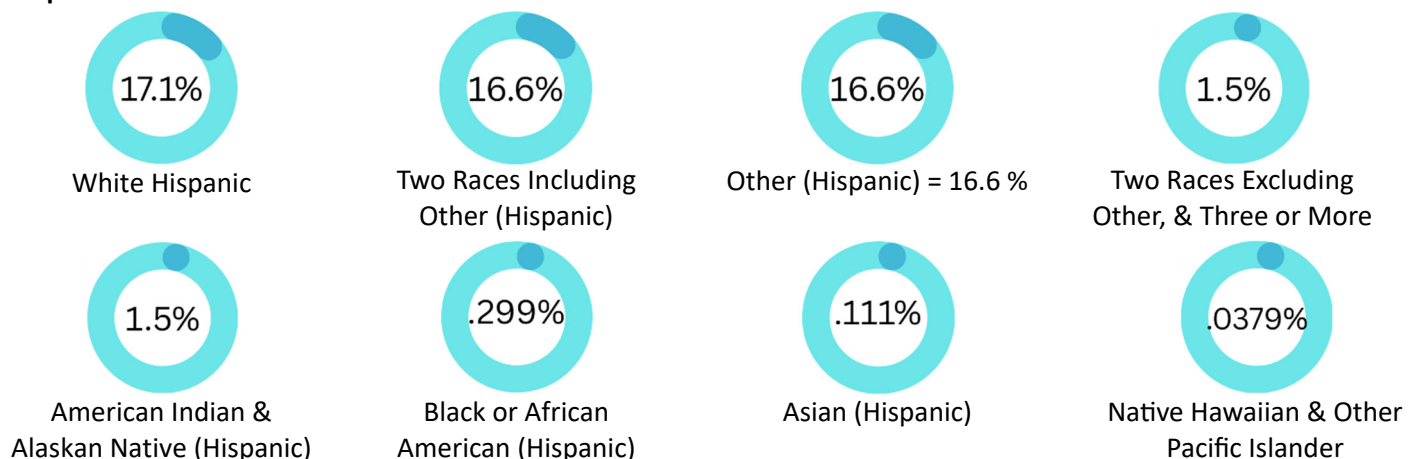


Population: 2,117,522

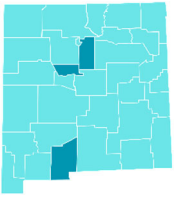
Race/Ethnicity



Hispanic breakdown:



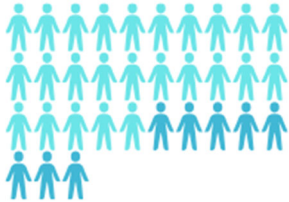
Rural/Frontier



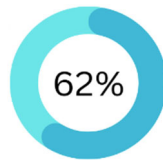
50% of residents live in

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

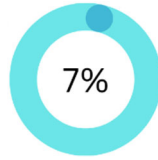
These 3 counties make up only 6% of the state's total land area



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

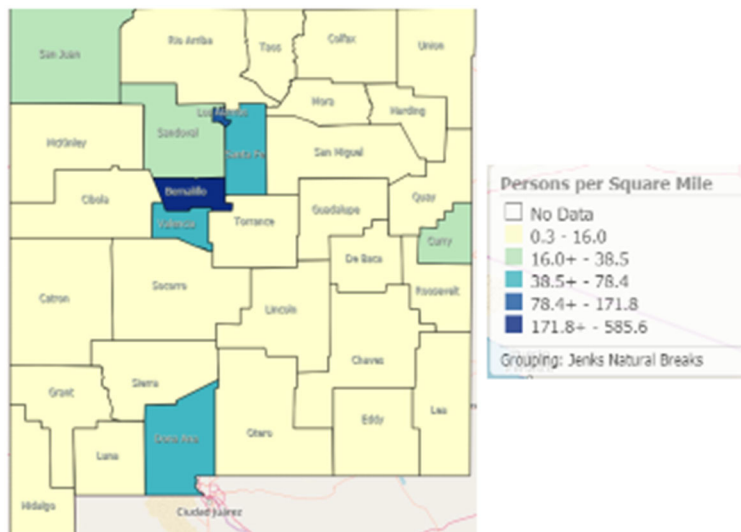


of the population resides in seven urban counties (including Bernalillo County, home to one-third of the state's residents)



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>

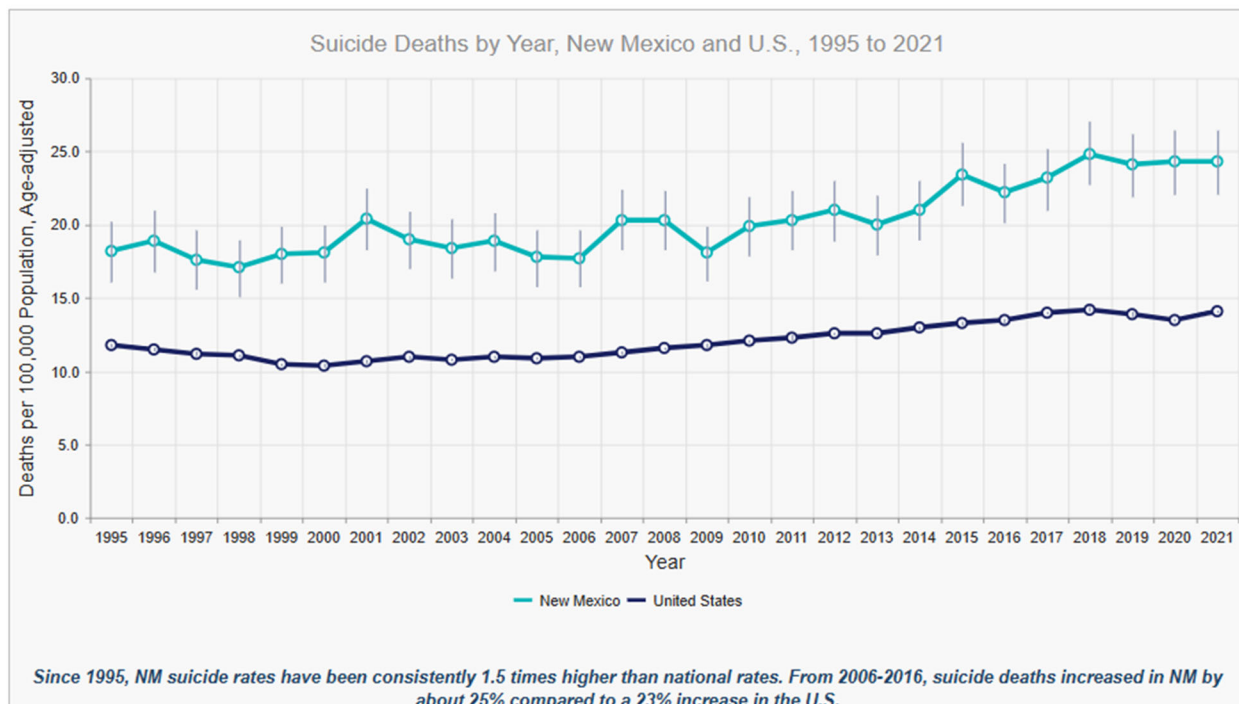
The suicide death rate is defined as the number of deaths attributed to suicide per 100,000 population.

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:

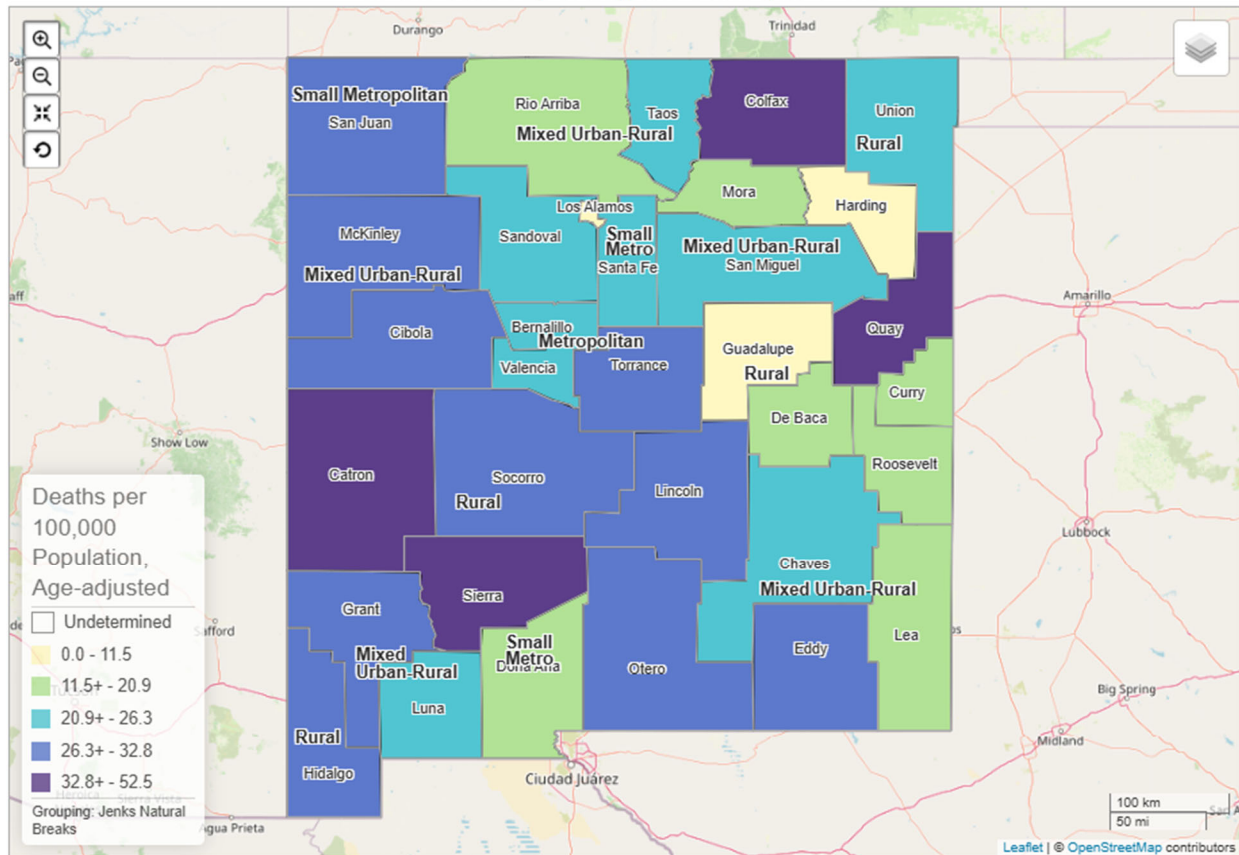
<ul style="list-style-type: none"> ○ Mental disorders, especially clinical depression ○ Previous suicide attempt ○ Alcohol and substance abuse ○ Family history of suicide ○ History of child maltreatment 	<ul style="list-style-type: none"> ○ Feelings of hopelessness or isolation ○ Barriers to mental health treatment ○ Loss (relationships, social connections, employment, finances) ○ Physical illness
---	--

Suicide Deaths by Year, NM and US



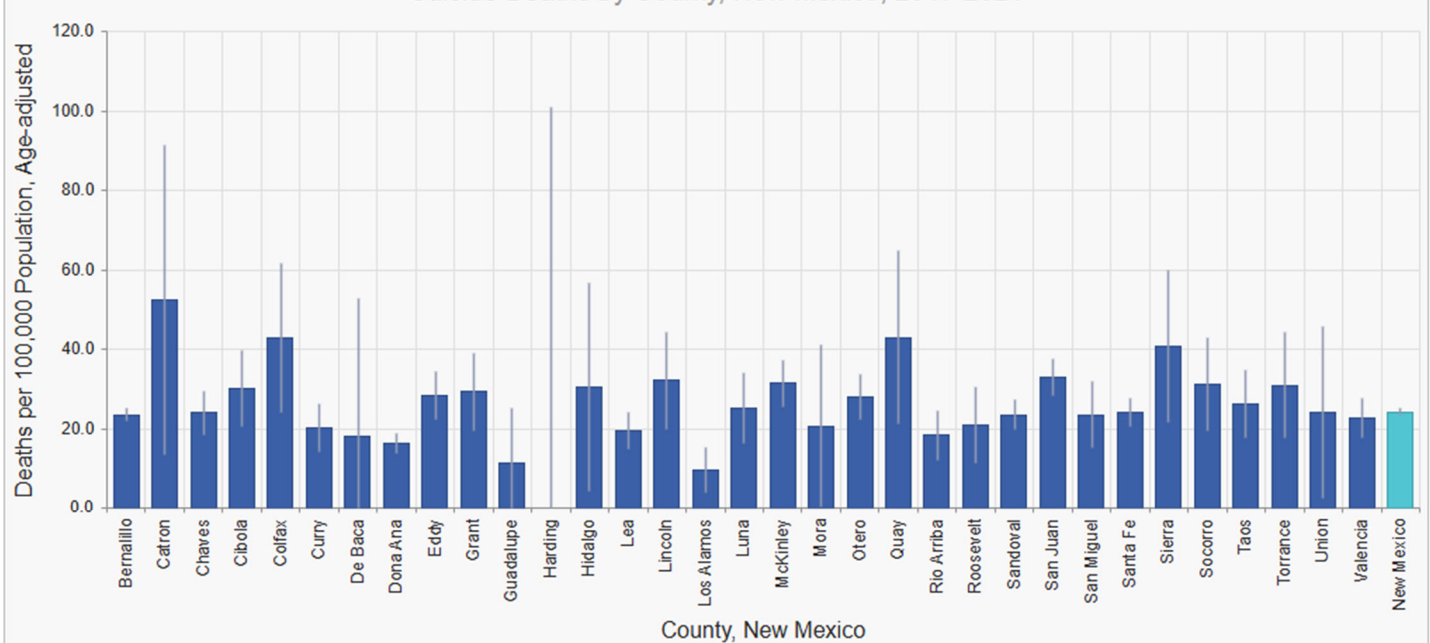
Suicide Deaths by Year, by County, NM

Suicide Deaths by County, New Mexico, 2017-2021



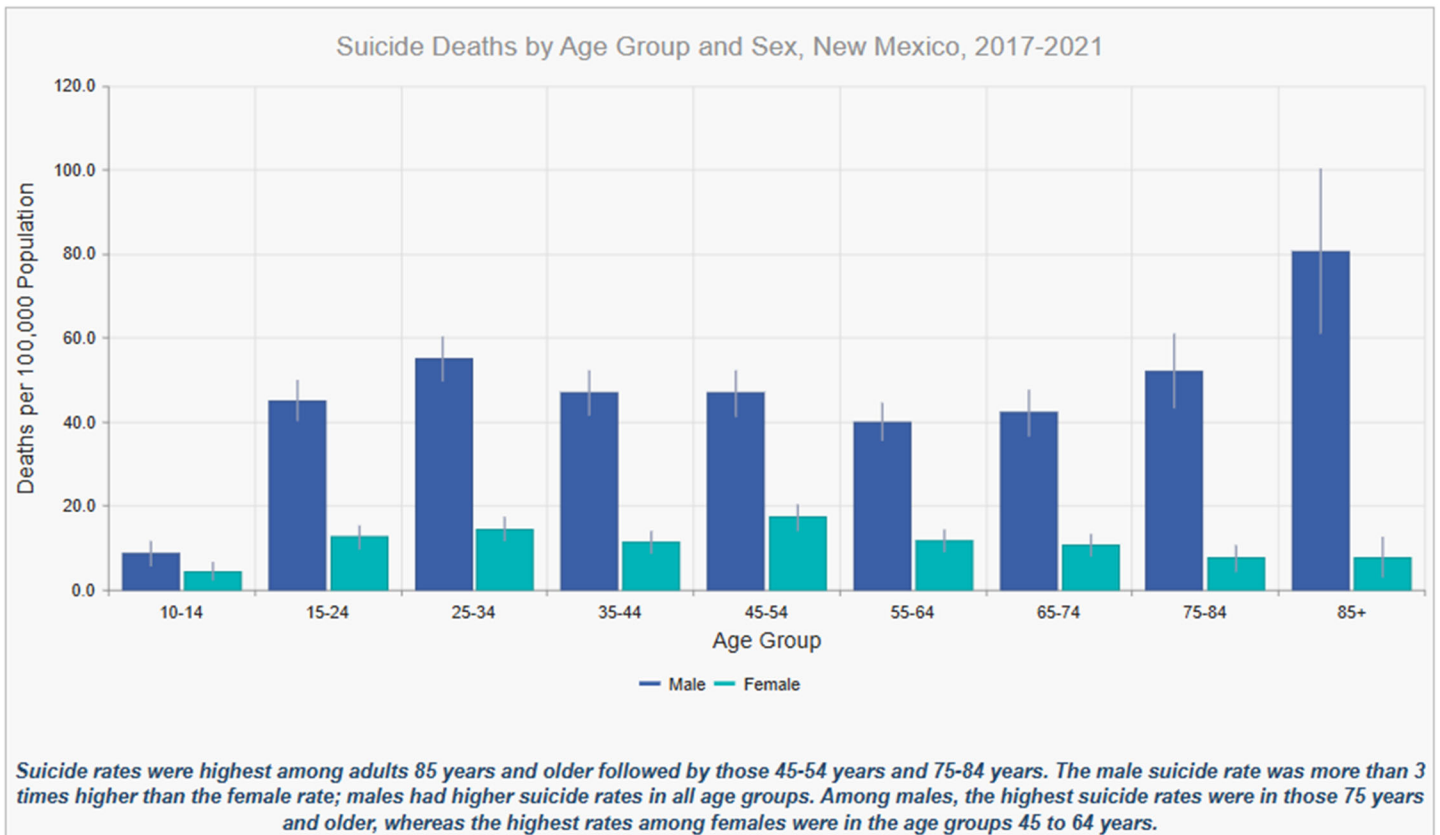
Suicide Deaths by County, NM

Suicide Deaths by County, New Mexico, 2017-2021

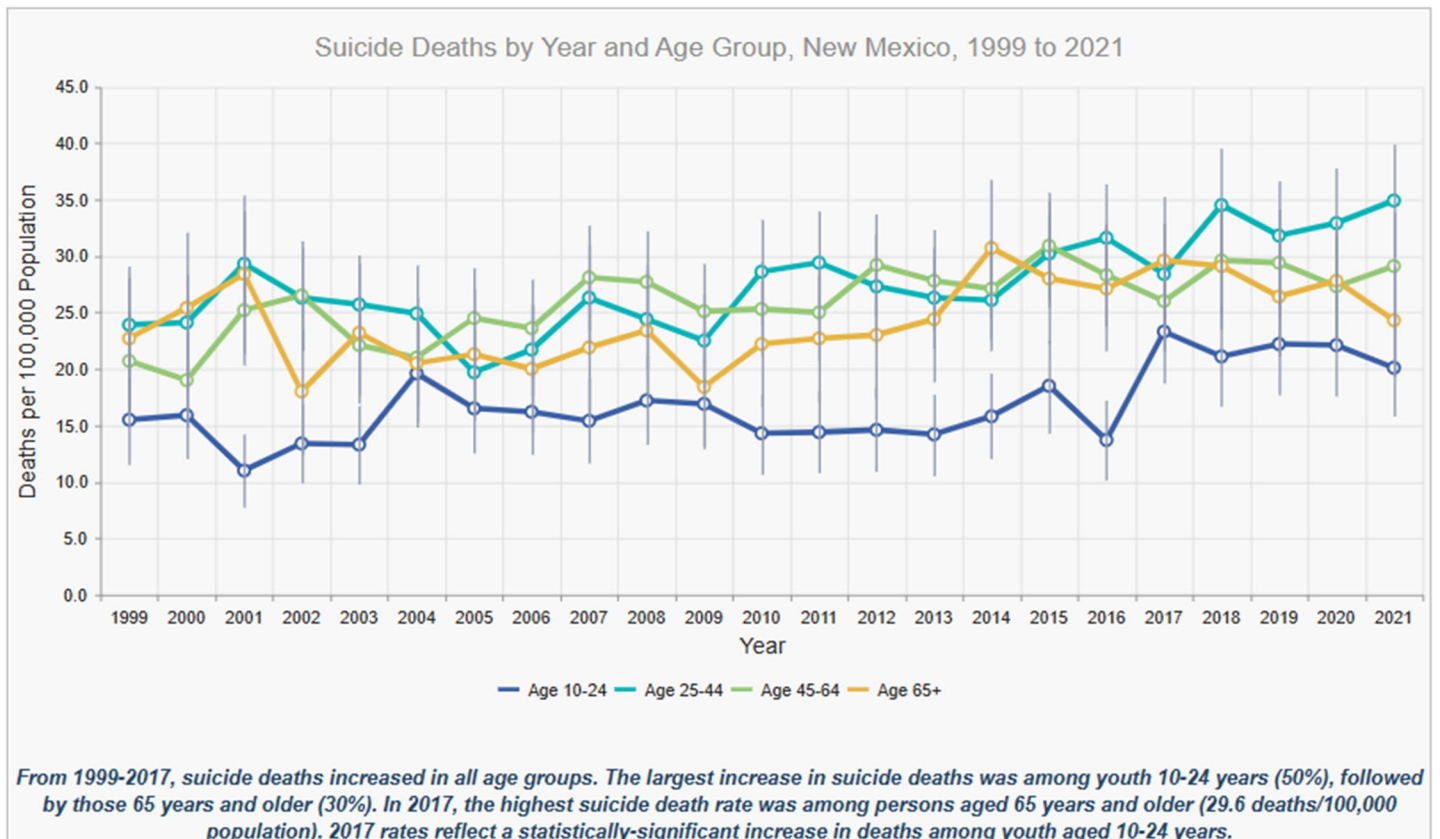


From 2013-2017, 20 NM counties had age-adjusted suicide rates that were significantly higher than the 2016 U.S. rate. NM counties with the highest suicide rates included Catron, Hidalgo, Grant and Sierra Counties in the Southwest; Quay County in the Southeast; and Taos, San Miguel and Torrance Counties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

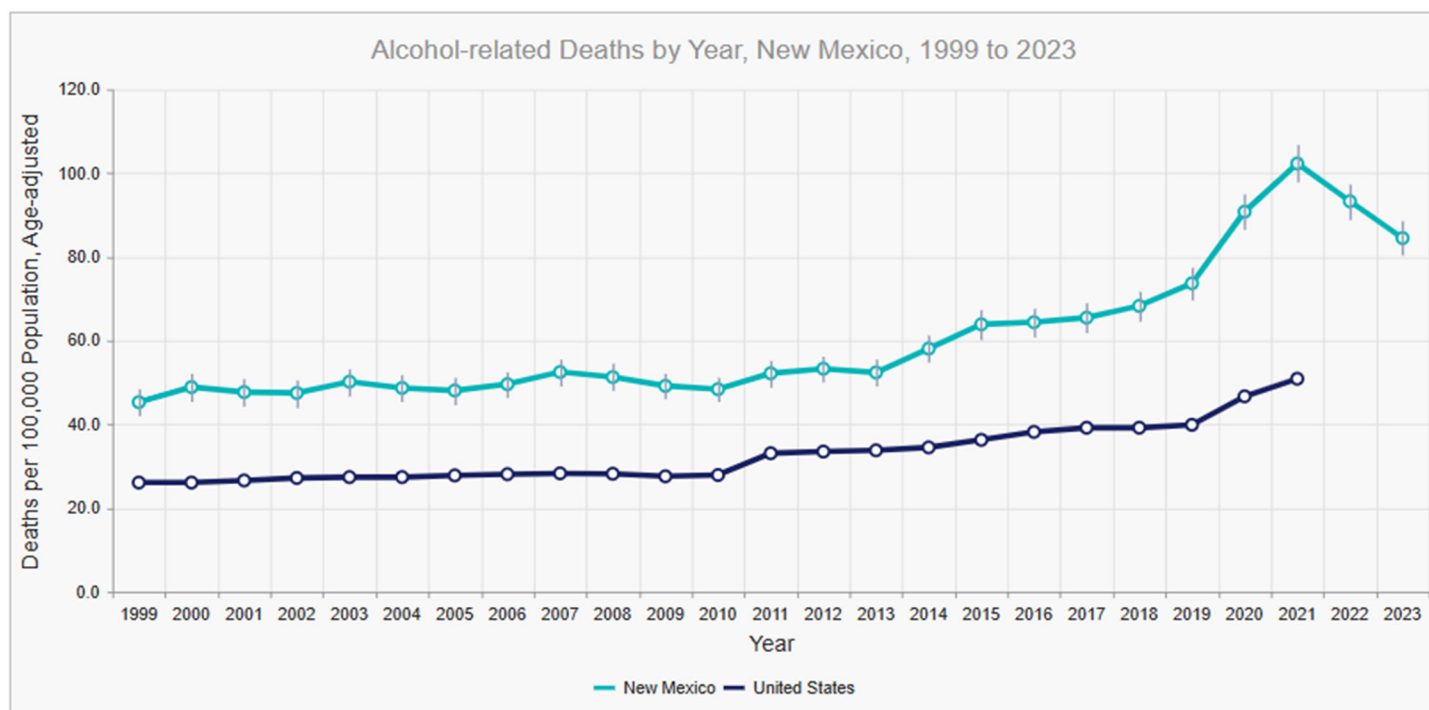
1 in 5 deaths among working-age adults



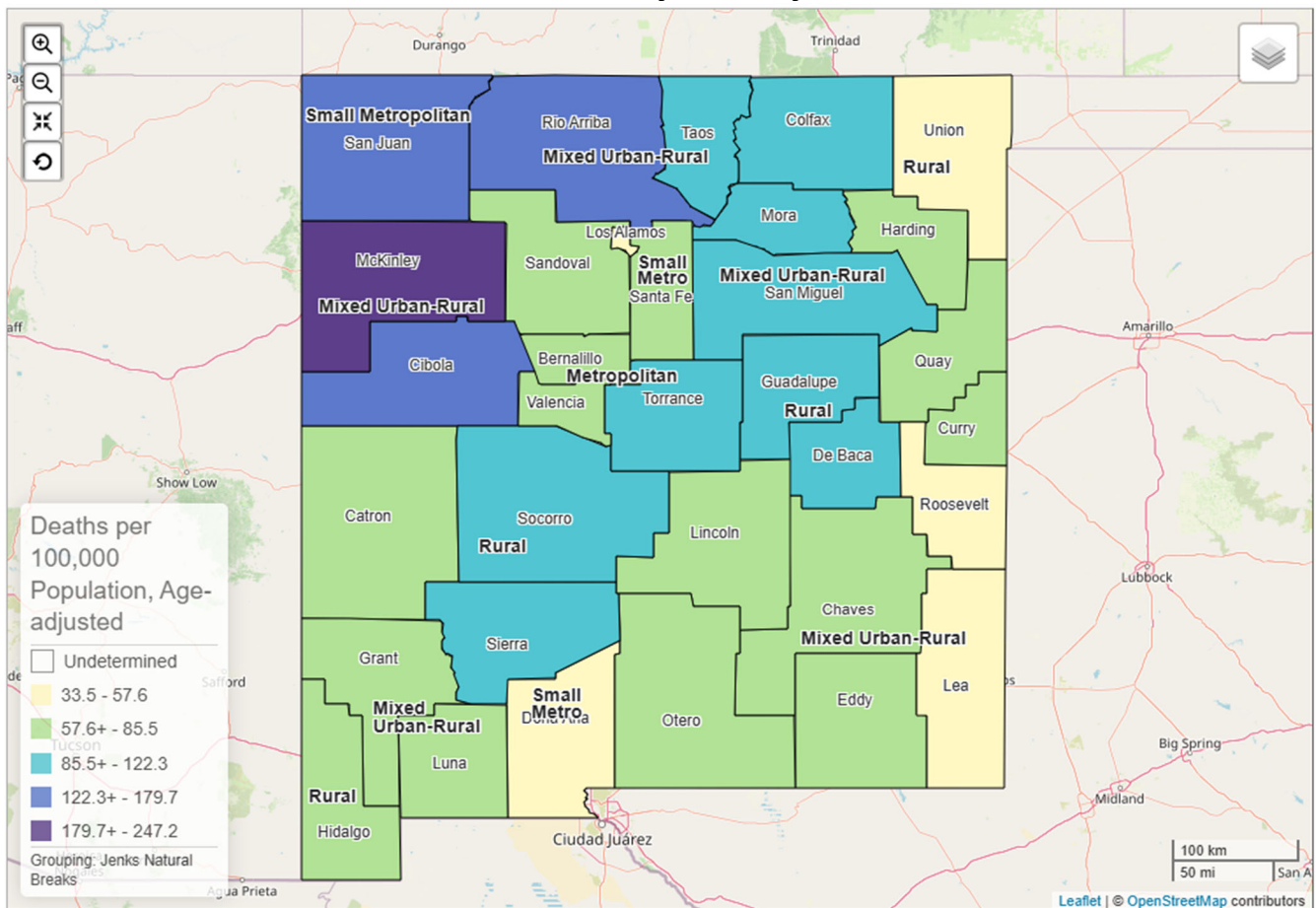
(ages 20–64) is alcohol-related

— This is twice as high as the national rate

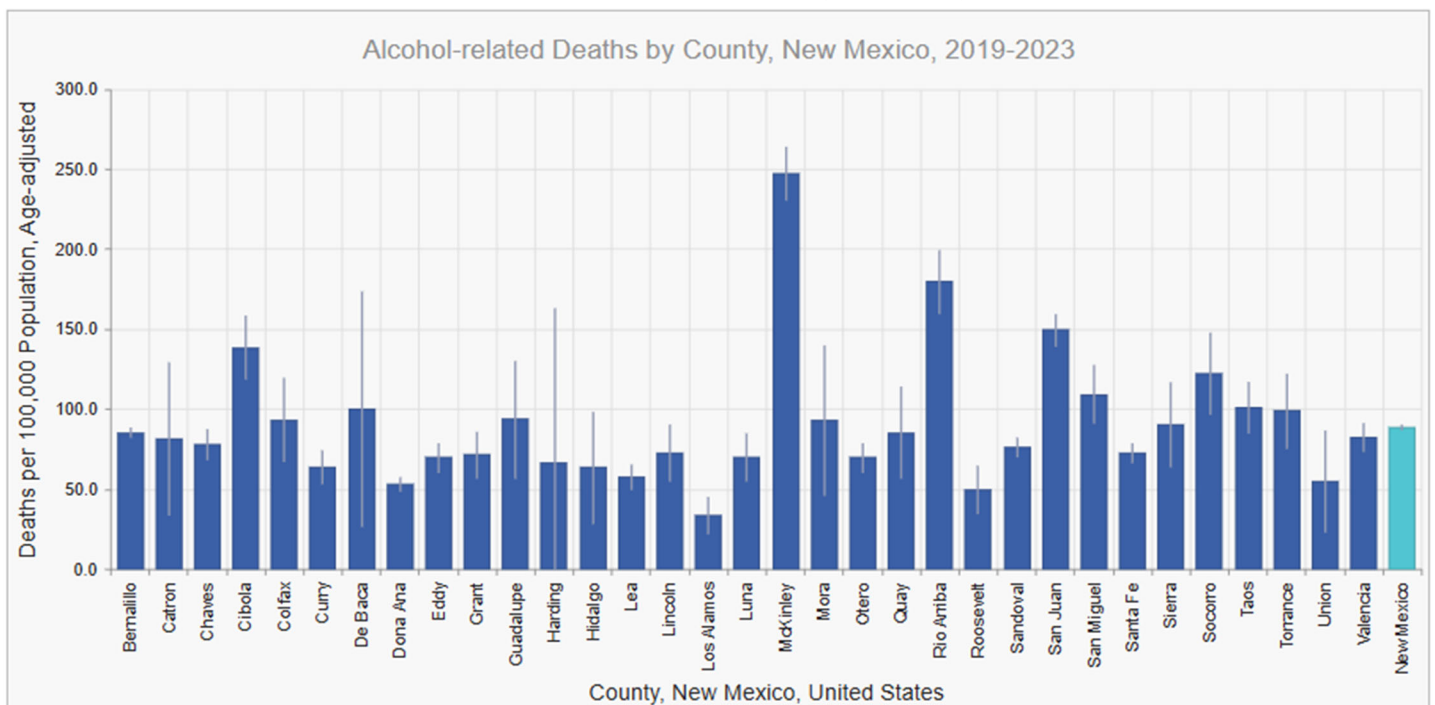
Alcohol-Related Deaths by Year, NM



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

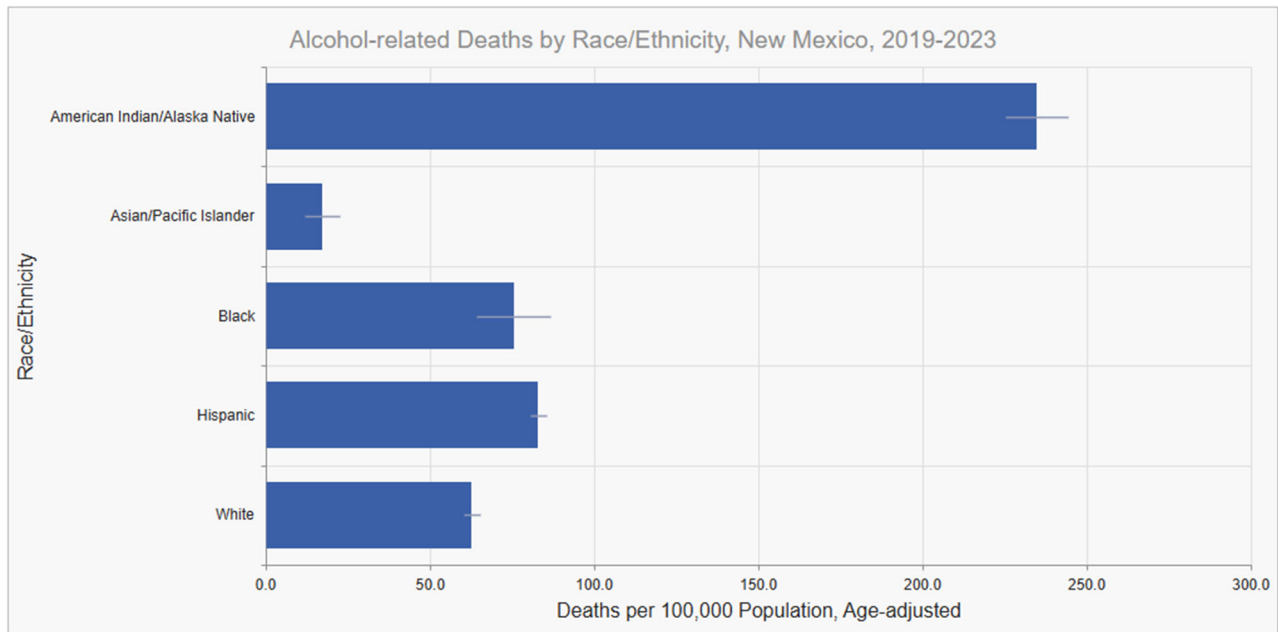


Alcohol-related Deaths by County, NM

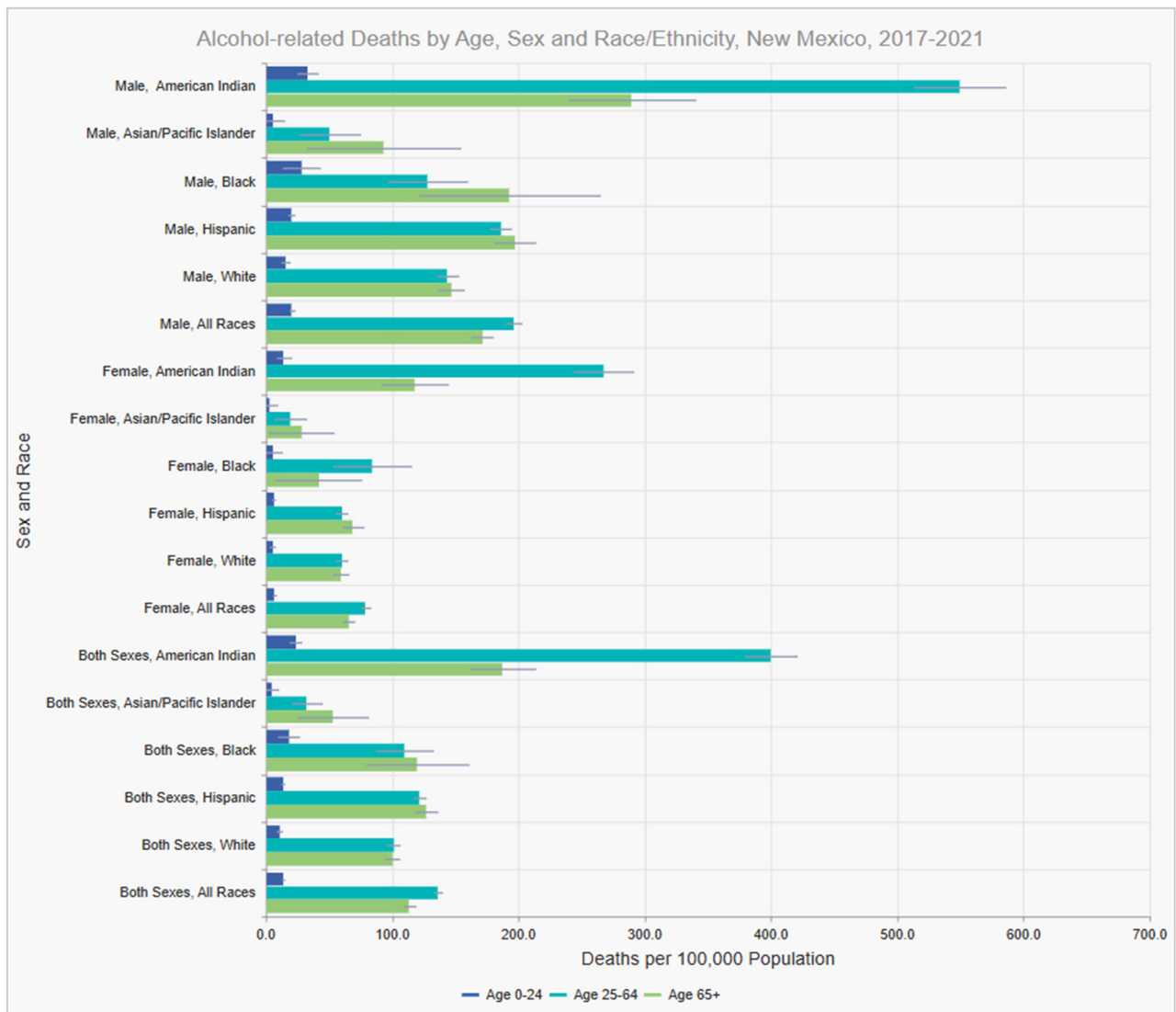


Rio Arriba and McKinley counties have the highest rates of alcohol-related death, with rates more than twice the state rate and more than three times the national rate. Several other counties (Cibola, Mora, San Juan, San Miguel, Socorro, Taos, Sierra, Catron, Guadalupe, Quay, and Hidalgo) have a substantial 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

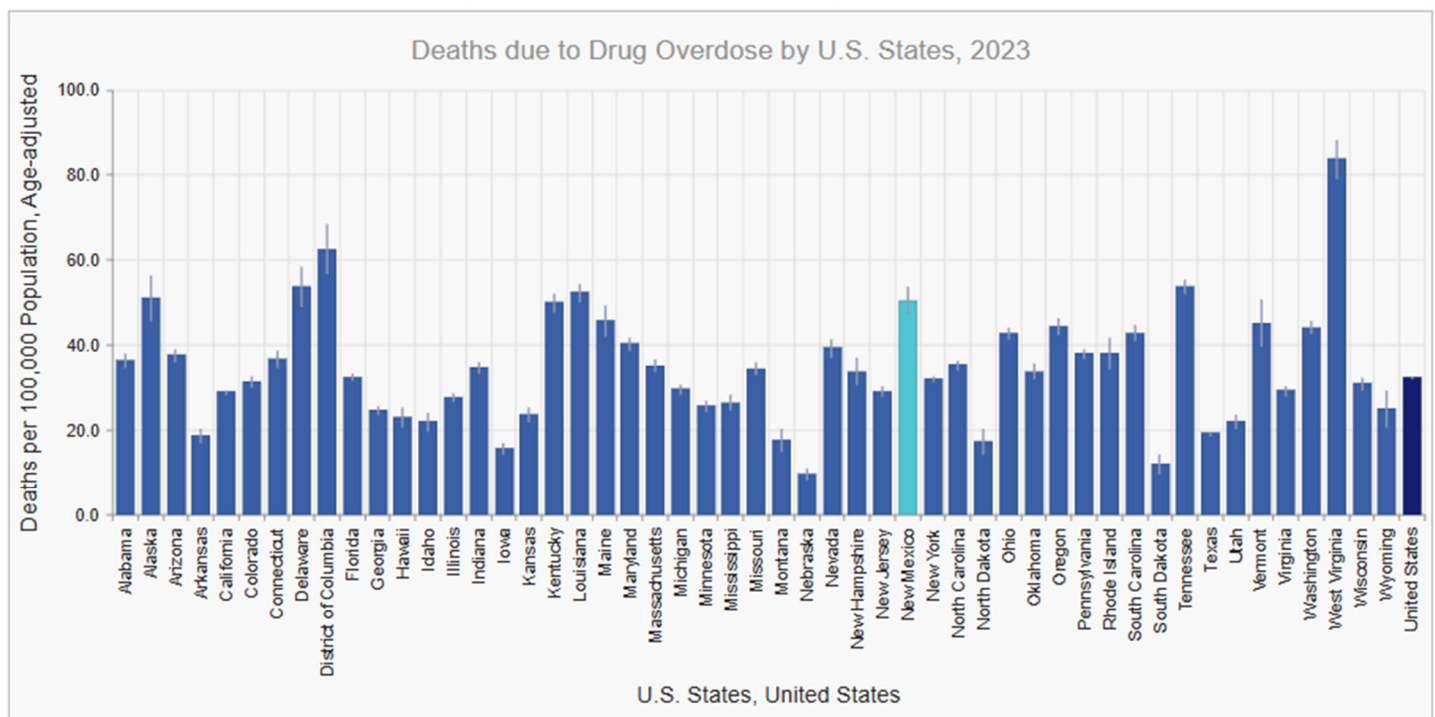
Source: New Mexico's Health Indicator Data & Statistics - <https://ibis.doh.nm.gov/indicator/view/SuicDeath.Cnty.html>

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.

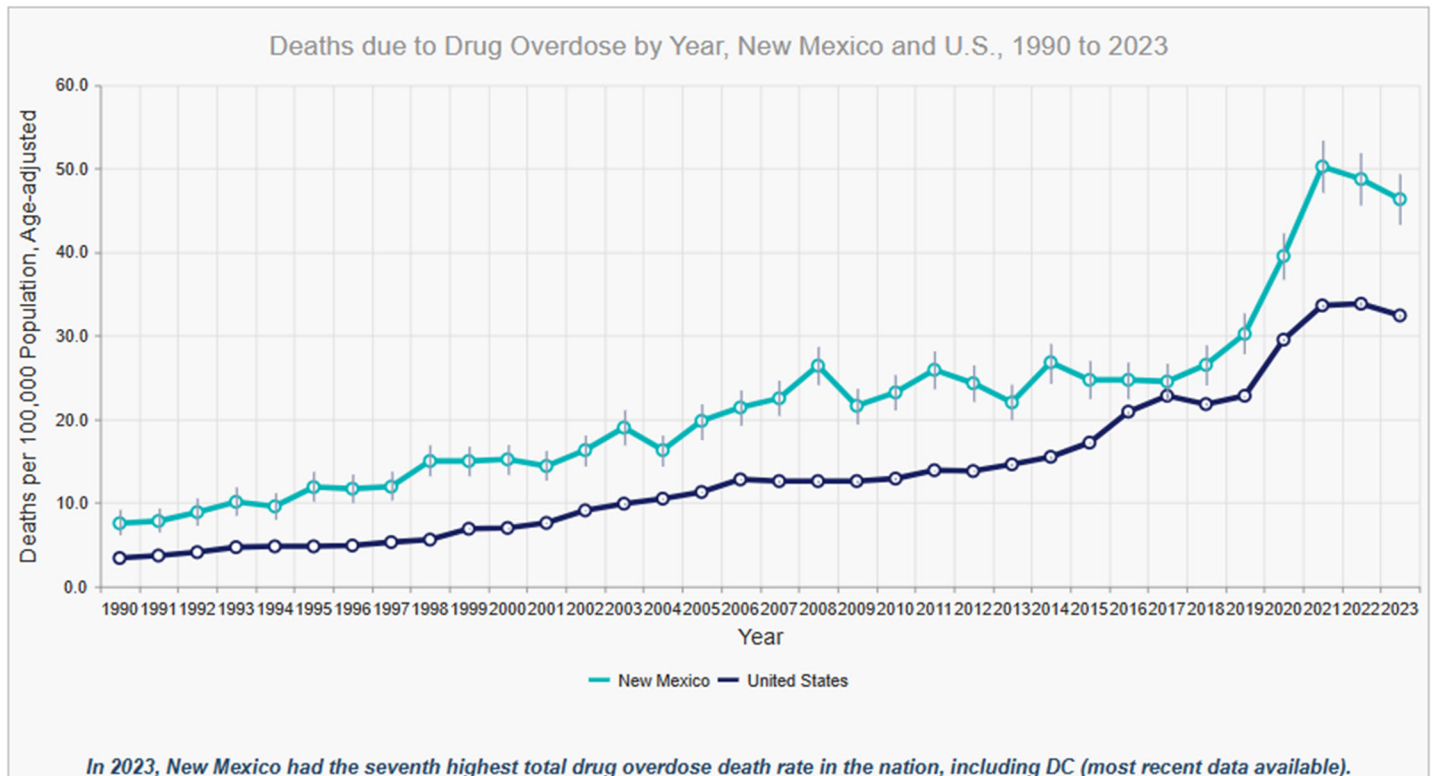
Drug Overdose Deaths

- **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

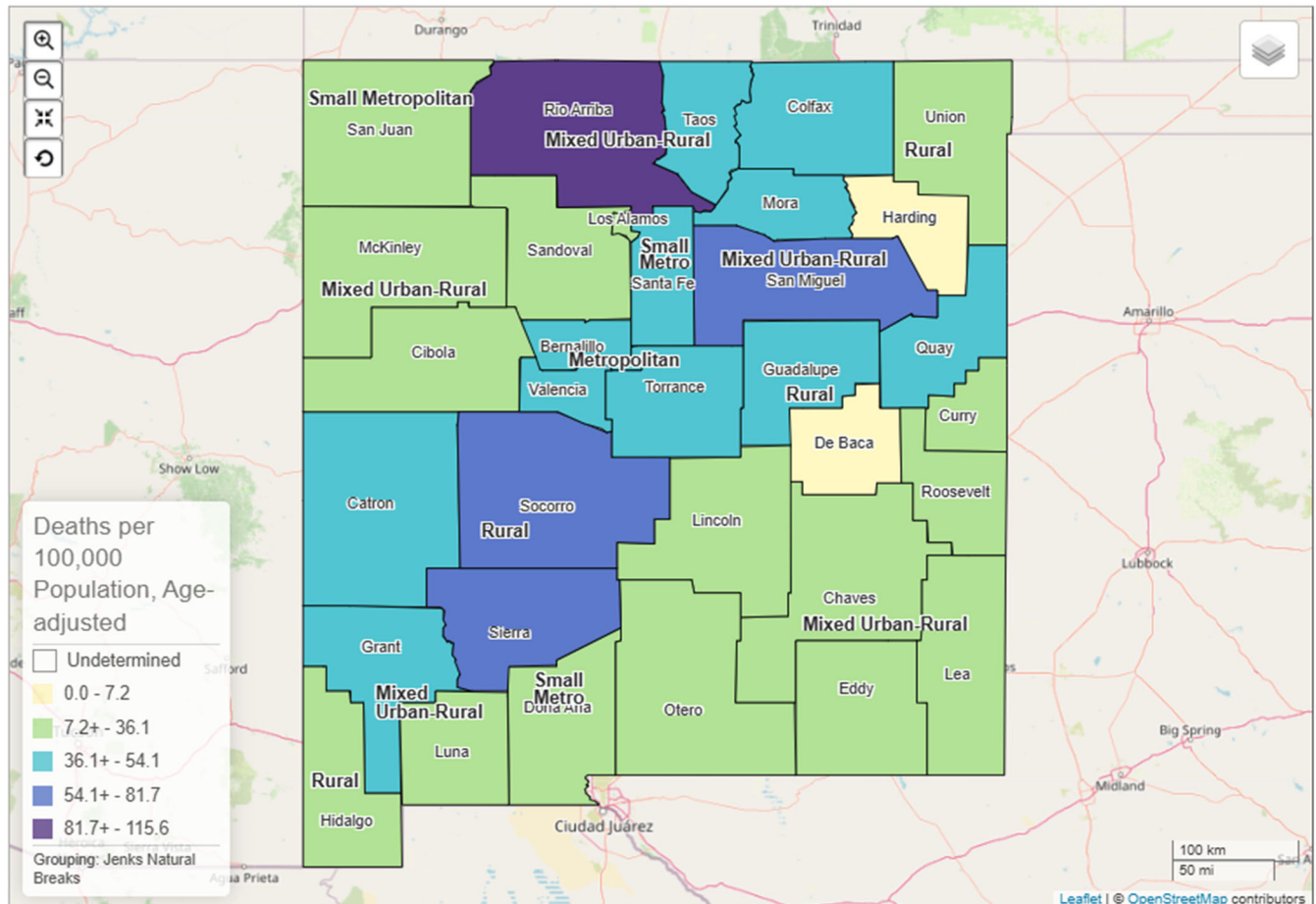


Drug Overdose Deaths by Year, NM and U.S

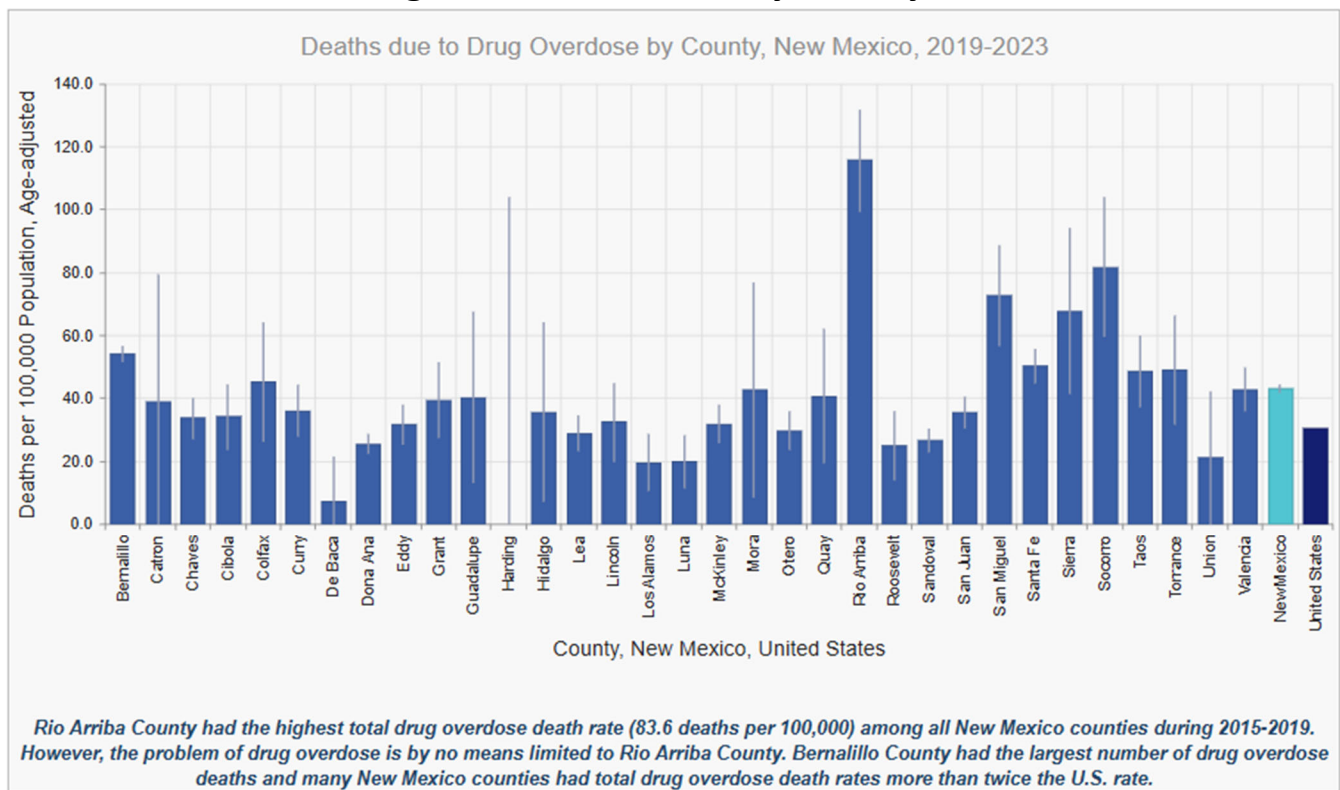


Drug Overdose Deaths by County, NM

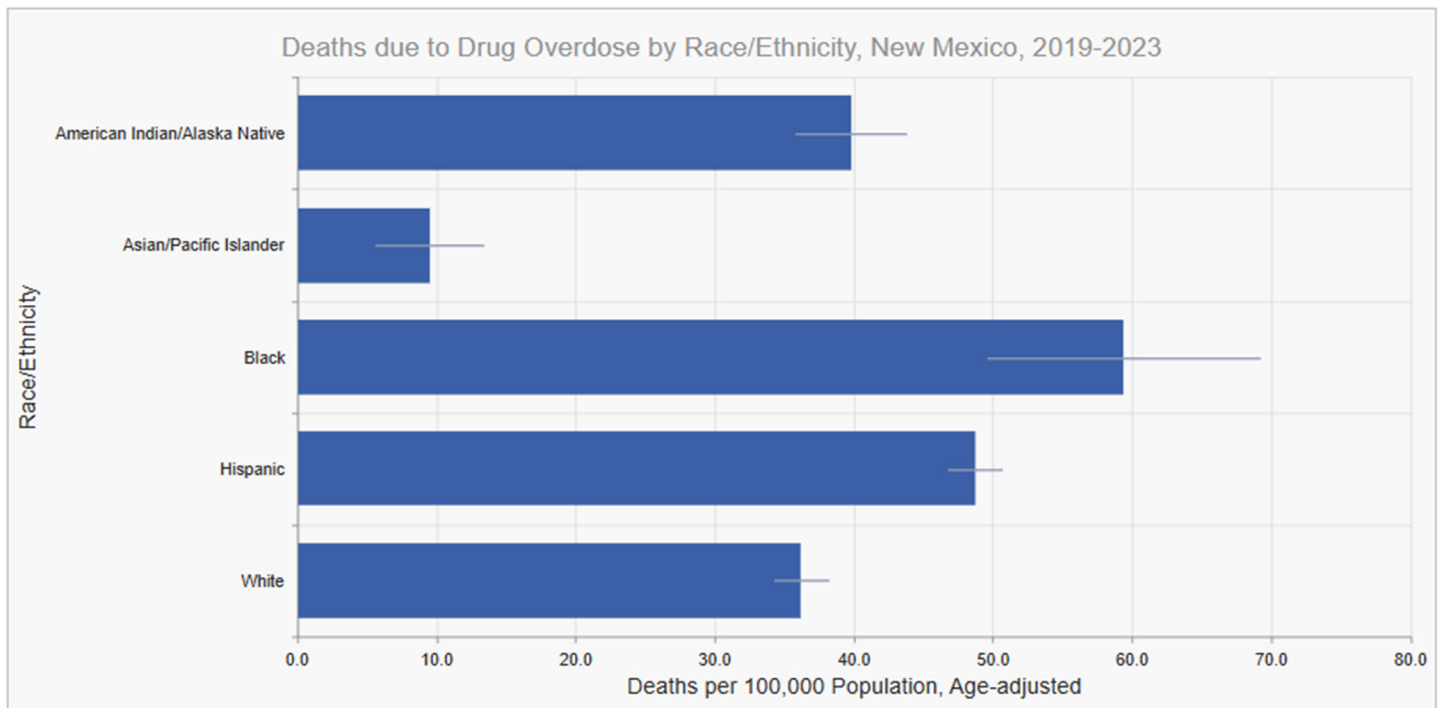
Deaths due to Drug Overdose by County, New Mexico, 2019-2023



Drug Overdose Deaths by County, NM



Drug Overdose Deaths by Race/Ethnicity, NM

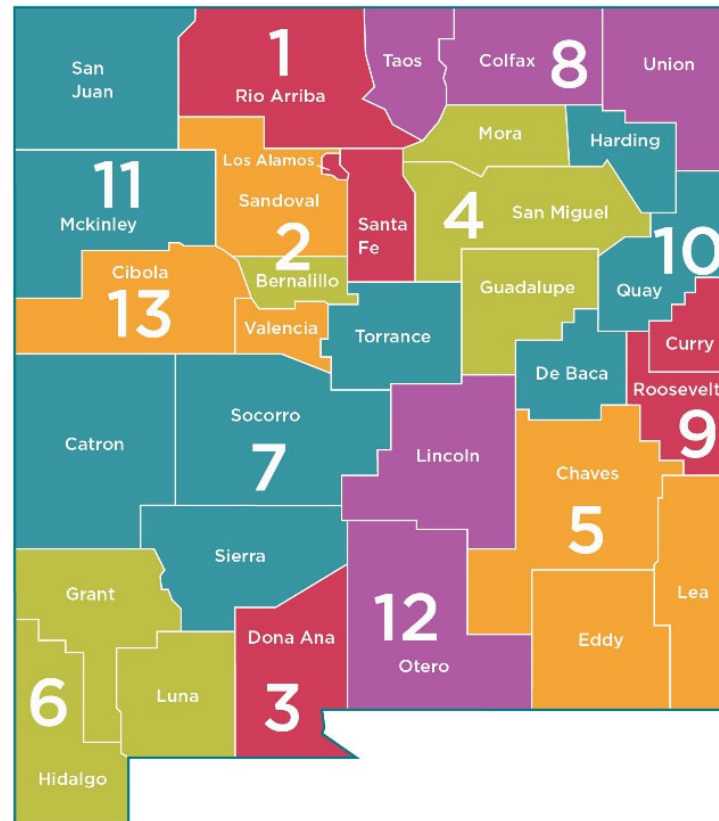


Region/ County

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)

Appendix A.9 Summary of BHR 12 Listening Sessions

Region 5 Combined Listening Session Data Snapshot

Key Challenges Identified

- High levels of school absenteeism
- System breakdown at follow-up, eligibility determination, staffing shortages, and limited weekend access cause lack of trust between residents and BH organizations
- Lack of translators and culturally responsive approaches
- Lack of early intervention, guidance, and emotional regulation support for children and youth
- Social isolation, heavy reliance on social media, reduced social skills, and increased social anxiety among youth
- Rising SUDs, domestic violence, crime, homelessness, suicide ideation, and increased child welfare involvement
- Provider shortages, high turnover rates, and high provider case loads
- Lack of access to transportation
- Generational trauma
- Insurance limitations, Medicaid/Medicare limitations, and high costs of care limit care
- Declining family engagement
- Long waitlists, confusing referral processes, stigma, limited internet access and inconsistent communication across agencies
- Fear of judgement, stigma, custody concerns, misdiagnosis, legal consequences, and confidentiality breaches discourage help seeking
- Lack representation and perspective of marginalized groups within the behavioral health system
- Lack of housing, employment, and recovery support for adults with SUDs
- Housing instability, financial pressures, and homelessness
- Minimal mobile outreach and transportation options for rural and unhoused populations
- Provider shortages, long wait times, and fragmented services
- Immigrant and undocumented families fear judgment or retaliation, preventing them from seeking care
- Discharge planning gap from individuals transitioning from hospitals and jails back to community
- Limited involvement from public health workers outside law enforcement
- Lack of coordination across agencies, clinics, and providers
- Lack of knowledge about available services and limited mental health awareness programming

Most Impacted Populations

- Infants, Children, youth, and their families
- Youth with language barriers, involved with CYFD and/or JJ, and school absenteeism
- LGBTQ+ individuals
- Spanish-speaking individuals, immigrant families, and ESL populations
- Individuals aging out of care
- Pregnant and postpartum mothers, including teen parents
- Children living with substance-affected caregivers
- Rural, unhoused, and low-income populations
- Adults with SUDs
- Elders
- Veterans
- First responders
- Oil and gas workers
- Neurodivergent individuals
- People with disabilities
- Justice-involved adults
- Middle-class families who don't qualify for assistance and can't afford private services

Identified Strengths of the Region

- A wide network of nonprofits
- Treatment programs
- Southeast New Mexico College
- Carlsbad Boys and Girls Club
- LifeHouse
- Carlsbad Public Library
- CASA Kids
- Senior centers
- Recreational facilities
- Faith-based organizations such as First Methodist Church
- A strong sense of community and willingness to help
- School-based programs such as My Power and Sources of Strength
- Community-wide no-cost events such as Shine Carlsbad, National Night Out, Day of Caring, and Farmers' markets
- United Way initiatives
- Road to Recovery
- ACCESS NM
- Boys & Girls Clubs
- NMDOH
- La Casa
- Renew Health
- Peer support programs
- Volunteer groups
- 211
- Local resource guides

Key Recommendations

- Implement flexible scheduling for health services with accommodation for patient work schedules
- Create BH education and certification pathways at local colleges and offer scholarships
- Expand MHFA training
- Expand approaches such as LifeHouse, sports groups, Celebrate Recovery, Bulldog Wellness Center, Affirming Heart Services, and faith-based initiatives
- Hold frequent, regional listening sessions
- Expand outpatient services such as counseling and prevention programs
- Further develop local inpatient care, detox and rehabilitation services, crisis stabilization, and mobile crisis units
- Translate materials and ensure culturally appropriate services for Spanish-speaking/immigrant families, including navigators
- Implement early childhood mental health support, parenting and postpartum services, substance use prevention, autism services, and youth programs
- Increase access to care, transportation and housing supports, early intervention services, and re-entry pathways
- Develop a stable workforce by providing incentives and training, implementing provider recruitment and prevention strategies, and designing workforce development efforts to reduce turnover
- Increase collaboration across agencies, shared responsibility, and consistent support to ensure continuity
- Implement a county-based crisis center and mobile crisis units to reduce out-of-county placements
- Involve families, youth, frontline staff, and people with lived experience in program design, evaluation, & hiring
- Expand community-led and culturally-grounded programs like peer recovery groups and crisis respite options
- Enforce transparent communication and consistent follow-through from agencies
- Implement "any door" system where schools, shelters, clinics, and nonprofits connect individuals to services
- Increase school-based mental health clinics and early intervention programs
- Increase funding to build respite beds, detox, CRT, and warming/cooling centers
- Expand stigma-free and trauma-informed spaces

Chaves County Listening Session Data Snapshot

Key Challenges Identified

- Lack of housing, employment, and recovery support for adults with SUDs
- Lack of access to services, transportation, and culturally responsive care for elders
- Rising substance use and youth crime
- Housing instability, financial pressures, and homelessness
- Minimal mobile outreach and transportation options for rural and unhoused populations
- Provider shortages, long wait times, and fragmented services
- Stigma prevents men and youth from seeking care
- Immigrant and undocumented families fear judgment or retaliation, preventing them from seeking care
- Poor communication leads to loss of follow-up from referrals
- Discharge planning gap for transitions from hospitals and jails to communities
- Limited involvement from public health workers outside law enforcement
- Lack of coordination across agencies, clinics, and providers
- Medicaid/Medicare limitations
- Lack of knowledge about available services

Impacted Populations

- Youth/Adolescents
- Adults with SUDs
- Elders
- Veterans
- Spanish-speaking/immigrant families
- Rural and unhoused populations

Identified Strengths of the Region

- CASA Kids
- Road to Recovery
- ACCES
- Boys & Girls Clubs
- NMDOH
- La Casa
- Renew Health
- Peer support programs
- Faith communities
- Volunteer groups
- 211
- Local resource guides

Key Recommendations

- Strengthen partnerships across schools, healthcare, law enforcement, youth programs, and faith groups
- Implement workforce development programs focused on training local residents, expanding peers and Community Health Workers, and building university partnerships
- Involve families, youth, and people with lived experience in program design, evaluation, and hiring
- Expand community-led and culturally-grounded programs: peer recovery groups and crisis respite options
- Increase communication and follow-through and have trusted liaisons who can connect people to services
- Implement “any door” system where schools, shelters, clinics, and nonprofits connect individuals to care
- Increase school-based mental health clinics and early intervention programs
- Increase funding to build respite beds, detox, CRT, and warming/cooling centers
- Reduce stigma and increase trauma-informed care
- Translate materials and ensure culturally appropriate services for Spanish-speaking/immigrant families, including navigation
- Expand stigma-free and trauma-informed spaces

Eddy County Listening Session Data Snapshot

Key Challenges Identified

- Housing instability
- High levels of school absenteeism
- Stigma, fear of judgement, shame, and lack of empathy discourage individuals from seeking BH Services
- System breakdowns in follow-up, eligibility determination, staffing shortages, and limited weekend access
- Lack of translators and culturally responsive approaches leading to language barriers
- Lack of trust between residents and BH organizations due to lack of follow-through
- Lack of early intervention, guidance, and emotional regulation support for children and youth
- Youth social isolation, heavy reliance on social media, reduced social skills, and increased social anxiety
- Substance use prevalence among residents

Most Impacted Populations

- Youth with language barriers
- Youth involved with CYFD
- Youth with school absenteeism
- Low-income individuals
- People experiencing homelessness
- Spanish-speaking and ESL populations
- First responders
- Oil and gas workers

Identified Strengths of the Region

- A wide network of nonprofits
- Treatment programs
- Southeast New Mexico College
- Carlsbad Boys and Girls Club
- LifeHouse
- Carlsbad Public Library
- Senior centers
- Recreational facilities
- Faith-based organizations such as First Methodist Church
- A strong sense of community and willingness to help
- Free events
- School-based programs such as My Power and Sources of Strength
- Community-wide no-cost events: Shine Carlsbad, National Night Out, Day of Caring, and Farmers' markets
- United Way initiatives

Key Recommendations

- Implement culturally and linguistically responsive services
- Implement flexible scheduling for health services with accommodation for work schedules
- Implement a local BH coalition for providers, schools, clinics, law enforcement, and community orgs
- Develop local workforce
- Create BH education and certification pathways at local colleges, offer scholarships
- Expand MHFA training
- Address housing challenges
- Expand approaches: LifeHouse, sports groups, Celebrate Recovery, Bulldog Wellness Center, Affirming Heart Services, and faith-based initiatives
- Allow families, youth, and individuals with lived experience to play an active role in service design
- Hold frequent, regional listening sessions
- Create a regional resource guide

Lea County Listening Session Data Snapshot

Key Challenges Identified

- Rising SUDs, DV, crime, homelessness, suicide ideation, and increased child welfare involvement
- Provider shortages, high turnover rates, and high provider case loads
- Lack of access to transportation
- Generational trauma
- Limited coordination among agencies
- Economic stress
- Insurance limitations and high costs of care reduce care accessibility
- Declining family engagement
- Long waitlists, confusing referral processes, stigma, limited internet access and inconsistent communication across agencies prevent connection to needed services
- Fear of judgement, stigma, custody concerns, misdiagnosis, legal consequences, and confidentiality breaches discourage help seeking among men, older adults, and marginalized groups
- Lack representation and perspective of marginalized groups within the behavioral health system
- Lack of MH awareness prevention activities

Most Impacted Populations

- Families of infants and young children and their children
- Youth and young adults, including youth involved in the juvenile justice system and youth aging out of care
- Pregnant and postpartum mothers
- Teen parents
- Children living with substance-affected caregivers
- Individuals experiencing homelessness
- Low-income households
- LGBTQ+ individuals
- Neurodivergent individuals
- People with disabilities
- Justice-involved adults
- Middle-class families who don't qualify for assistance and can't afford private services

Key Recommendations

- Expand outpatient services such as counseling and prevention programs
- Develop local inpatient care, detox and rehabilitation services, crisis stabilization, and mobile crisis units
- Implementation of early childhood mental health support, parenting and postpartum services, substance use prevention, autism services, and youth programs
- Increase access to care, transportation and housing supports, early intervention services, re-entry pathways, and easier navigation of available resources
- Strengthen cross-agency collaboration
- Hold frequent listening sessions
- Provide translated materials and increase access to bilingual providers
- Include frontline staff in planning and decision-making processes
- Develop a stable workforce by providing incentives and training, implementing provider recruitment and prevention strategies, and designing workforce development efforts to prevent turnover
- Increase supportive housing and sober living options
- Increase collaboration across agencies, shared responsibility, and consistent support to ensure continuity
- Implement re-entry pathways for justice-involved individuals
- Implement youth engagement opportunities

Appendix A.10 PPT of Provision Priority Buckets

Region 5 Priority Buckets

Region 5 Priority Buckets

- Increase Access to Behavioral Health Assessments and Treatment
- Crisis Response Services and Training
- Workforce Development, Recruitment and Retention
- Prevention, Trauma, and Mental Health Promotion
- Youth, Family and Caregiver Supports
- Housing, Transportation, and Basic Needs
- Justice System Service and Supports
- Vocational Education and Employment
- Cross-Agency System Collaboration and Coordination
- Community Navigation

Increase Access to Behavioral Health Assessments and Treatment

- Expand school-based behavioral health by reopening SBHCs, increasing staffing and hours, and growing the BH workforce across school and outpatient settings
- Increase access to high-end services such as MOUD and MST
- Consider building inpatient treatment and group homes for youth and adults
- Develop detox centers for youth and adults
- Consider developing more residential dual diagnosis and substance use disorder treatment options
- Develop mobile BH services for rural areas where people lack transportation
- Build pain management clinics with BH services in one place
- Support Lea County Guidance in developing sober living options

Crisis Response Services and Training

- Develop specific strategies to promote 988
- Consider developing crisis triage services in each region
- Increase collaboration between dispatch, first responders and BH to avoid bringing people in crisis to hospitals and better address crises
- Develop 911 protocols to dispatch BH MCT in cases of BH emergencies
- Increase coordination between 988 and 911
- Provide education for law enforcement on the new expanded definition for mandatory holds
- Provide training for first responders, law enforcement, and families on how to support people in MH crises
- Provide training for emergency room staff to better work with people in crises
- Ensure the sheriff's department and city police work together and gain training and policies on how to respond to people in crisis
- Model tri-county adult crisis services modeled after Albuquerque Crisis Services

Workforce Development, Recruitment, and Retention

- Focus funding on the recruitment and retention of providers
- Develop training programs for BH fields
- Create internship/pipeline programs for youth and others who want to go into behavioral health
- Improve the pipeline between universities to fill workforce gaps in rural communities
- Address turnover in BH providers that leads to empty positions
- Encourage reciprocity of BH licenses across states
- Increase pay and access to housing for BH providers
- Incentivize teachers and providers across the country with free housing if they stay for 3-5 years
- Develop a bachelor's licensing level for mental health service providers
- Recruit more expert clinicians who work with juvenile sex offenders

Workforce Development, Recruitment, and Retention

- Find ways to decrease administrative burden
- Train community members in child care, rideshares, etc. workforce
- Advocate for provider liability coverage
- Provide student loan assistance for the BH workforce
- Strengthen graduate retention
- Require nursing school residents to work in the community for a number of years
- Provide nurses and other providers free/affordable living/ housing incentives in exchange for working in the community, including buying homes for professionals
- Increase funding for more probation and parole officers to have specialized services
- Increase housing options for PPO workforce

Prevention, Trauma, and Mental Health Promotion

- Provide community health education on trauma (including intergenerational trauma) for educators, medical professionals, church staff, community members, etc.
- Increase training engagement through effective advertising
- Increase access to funding for prevention programming that can impact generational change
- Increase access to school-based trauma-informed practices and teacher training in the schools
- Embed mindfulness activities throughout the school day to assist with emotion regulation
- Increase the availability of weekend and after-hours prevention programming
- Increase culturally appropriate stigma reduction campaigns to improve understanding of MH causes and treatment
- Develop stigma campaigns that are effective in engaging youth in services and increase mental health literacy for youth and parents
- Educate parents about access to crisis services
- Promote 988 awareness
- Increase media campaigns and education on how to support youth who were exposed to drugs in utero

Prevention, Trauma, and Mental Health Promotion

- Ensure that marketing and awareness campaigns are appropriate for the culture of the local community and take into account literacy and language
- Increase education through awareness campaigns about healthy living
- Promote employer investment in wellness programming
- Develop awareness campaigns for the community regarding existing services, especially for uninsured people
- Increase community awareness of diversion options
- Identify new, effective, and culturally appropriate strategies to market existing resources, such as technology, fliers, radio, TV, billboards, etc., to communities

Youth, Family, and Caregiver Supports

- Develop support services for grandparents who raise grandchildren through advocacy, communication, help with technology, and kinship/guardian services
- Provide holistic support and education for the family unit
- Increase strategies to encourage parental involvement and engagement
- Increase parental understanding of how to support youth through reflective listening, especially for youth with BH issues
- Mandate parental BH educational programming for all parents in the schools
- Create education programming for parents to help them address current youth culture, support youth with BH issues, including those involved in criminal justice (PPP), and highlight the importance of having youth attend school
- Address the lack of services and supports for LGBTQ youth
- Develop continuity of care for migrant youth and youth who frequently move
- Engage youth by including their voices and centering the lived experiences of youth and young adults
- Create positions for navigators to help parents connect to BH resources

Youth, Family, and Caregiver Supports

- Create a unified online BH resource list for parents and providers that is regularly updated
- Develop opportunities for healthy social connection as a stepping stone to activities like Women's United or Women for Better Carlsbad
- Increase access to family-oriented businesses, restaurants, fun centers, creative activities, sports facilities, etc.
- Reduce barriers to technology for accessing services, such as distributing smartphones and hosting computer labs
- Develop programming for migrant temporary workers
- Develop respite services and other programs for adults with special needs
- Explore Adult Protection Service options outside of CYFD
- Develop LGBTQ specific services and supports

Youth, Family, and Caregiver Supports

- Increase the availability of support groups and venues for information for families with adults with BH issues
- Develop strategies to help people navigate new Medicaid regulations that require work, 6-month recertification, etc.
- Increase education for young adults and adults to go into trades and other careers, such as the Skill Point Alliance model
- Develop virtual GED options and programs to ensure literacy
- Develop life skills training through community service, financial literacy, driving, etc.
- Create wellness centers in schools and community drop-in centers
- Link to the Rodeo Association and the Center for the Arts to expand mentorship
- Resurrect programs where youth teach elders about technology
- Create outdoor activities for “at-risk” youth

Housing, Transportation, and Basic Needs

- Increase access to transportation to and from programming, treatment, and transition services, such as the Uplift transportation service from Affirming Hearts for Eddy and Lea Counties
- Create transportation options for parents to visit youth at LCJDC
- Develop safe and affordable transportation options
- Improve bus routes to increase footprint and expand hours
- Improve MCO/ tri-county transportation system
- Increase access to affordable housing
- Create a stepwise approach to housing and supports
- Utilizing vacant spaces to expand Hope Center and other programs
- Understand why there are no true homeless shelters or warming centers and address issue

Housing, Transportation, and Basic Needs

- Increase access to housing for people with criminal justice involvement - increase the number of beds at Life House
- Develop reintegration housing with job seeking, GED support, transportation, food, banking management, and life skills training
- Create housing for providers
- Identify funding streams for transitional housing
- Determine strategies to address housing waitlists, lack of affordable housing, strict housing criteria, etc. for those coming out of detention
- Broaden criteria to increase access to basic needs
- Increase access to shower trailers in all counties (such as the one in Lea County)

Justice System Services and Supports

- Create safe and high-quality group homes for foster and JPO youth
- Develop placements for foster care youth and those leaving foster care
- Increase awareness and implementation of restorative justice practices
- Develop alternatives to suspension for school drug infractions, such as the program in development through the Carlsbad School District
- Create in-school options for students with infractions instead of automatic suspensions or expulsions, such as school-based community services or life skills development
- Create Teen Courts (with funding) within schools with peers instead of adults, addressing infractions instead
- Expand My Power to include diversion programming
- Increase communication between JPOs and BH providers
- Increase collaboration between officers, families, and JPOs
- Develop and implement screenings in juvenile justice settings
- Increase the LCJDC workforce and provide greater access to BH services in the detention center
- Increase access to transition services from justice systems back to the community

Justice System Services and Supports

- Bring back a youth recording center in the Region as an alternative to detention (could partner with Cowboy Junction Church)
- Expand LEAD in Eddy and Chaves Counties
- Increase access to BH evaluators to complete comprehensive BH assessments and competency to stand trial assessments
- Develop a mechanism for people to have access to technology to attend competency evaluations remotely
- Explore why there are delays for competency screenings
- Develop capacity for AOT services
- Create licensed clinical positions to determine treatment disposition based on psychological diagnoses for those involved with the criminal justice system
- Expand briefing trainings for all city police, state police, and sheriff's office departments on BH diversion options and BH de-escalation strategies
- Consider developing pre-conviction services in drug courts
- Increase access to trade programs and college classes in jails and prisons
- Review state policies to reinstate CPSWs ability to provide services in jails and prisons
- Develop navigation and coordination services for people in jails and prisons

Justice System Services and Supports

- Develop state wide policy for mechanism to ensure that social security cards and Medicaid documentation go to APPO for pick up after release
- Increase coordination between law enforcement, judges, attorneys, and behavioral health to ensure people get the services they need
- Expand Pre-Prosecution Diversion Programs to include offenses other than first-time felony offenses and other misdemeanors beyond shoplifting, and connect to Life House
- Support the development of Pre-Prosecution Diversion Programs in other counties
- Expand the RISE program across the Region and into pre-trial services
- Hire case managers at jails for individuals to prepare for release
- Develop mechanisms to connect people coming out of detention to prosocial jobs
- Educate courts and judges on treatment options, barriers, etc.
- Consider reopening local juvenile detention centers and rehabilitation programming in Chaves and Eddy

Vocational Education and Employment

- Create leadership programs for youth
- Educate youth about the range of career opportunities
- Increase access to paid internships, employment, and vocational training
- Develop trade school opportunities, such as the program at Hobbs High School
- Establish Job-Corp in Eddy and Lea
- Expand mentorship programs associated with career technical/vocational education programs
- Increase access to summer programming for youth, such as Summer Recess and Summer Sports in Lea County
- Develop after-school programming for youth
- Create a variety of programs for youth, including vocational, arts, and sports

Cross-Agency System Collaboration and Coordination

- Coordinate services across the Region
- Increase access to Community Safety Teams, who go to homes and respond to crises instead of the police
- Develop services such as the collaboration in Artesia with Permian Basin Counseling to provide school-based BH services to youth and school staff
- Expand the model of the interagency monthly meeting that is welcoming and used to share BH resources
- Improve community buy-in and relationship building by increasing collaboration and ensuring ownership by all
- Increase collaboration across community organizations by showing up for each other
- Develop a public list of value-added services and processes of each MCO for care coordination (SDOH)
- Increase coordination between detention facility case managers and MCO care coordinators to get Medicaid reinstated

Community Navigation

- Develop a one-stop shop resource for Eddy County
- Create a community calendar (online and billboards) with all community events and host interagency monthly meetings to share resources
- Consider FTE or identify a specific organization to update community calendars and other shared resources (United Way does this in Hobbs)
- Create a resource fair similar to Fall-A-Palooza for community agencies and organizations to collaborate and educate the community

Other Considerations

Statewide Policy

- Develop state credentialing to regulate sober living homes
- Work with the state to reimburse for longer-term residential treatment at a better rate
- Advocate to change state pharmacy regulations to ensure greater access to medications 24/7
- Promote legislative regulations on synthetic opioids (e.g., Kratom)
- Clarify MCO regulations regarding the possibility of providing housing assistance

Region 5 Top Priorities Buckets

- 1) Housing, Transportation, and Basic Needs
- 2) Justice System Service and Supports
- 3) Prevention, Trauma, and Mental Health Promotion
- 4) Increase Access to Behavioral Health Assessments and Treatment
- 5) Youth, Family and Caregiver Supports