Enhanced Sequential Intercept Mapping (E-SIM) and Prioritization Workshop Report

Behavioral Health Region #9
Curry County | Roosevelt County

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I. Background

The New Mexico (NM) Behavioral Health Reform and Investment Act (BHRIA) also known as Senate Bill 3 (SB3) 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 SB3 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.

During the first year of the legislation, one of the BHTAC's primary responsibilities is to facilitate Enhanced Sequential Intercept Model (E-SIM) Mapping and Prioritization Workshops in each of the 13 Behavioral Health Regions (Appendix A.1) and to produce a report summarizing the findings from each workshop. This report presents the findings from the E-SIM Mapping and Prioritization Workshop conducted in Behavioral Health Region 9 (Curry County and Roosevelt 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 NM E-SIM that was adapted for New Mexico from the original Sequential Intercept Model (Griffen, Helbrun, Mulvey, DeMattero & Schubert, 2015[1]), modified in the following three ways:

- **The Addition of a 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 who may never have justice system involvement.
- **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.

II. Overview of E-SIM Mapping and Prioritization Workshop

The UNM BHTAC facilitated the E-SIM Mapping and Prioritization Workshop in Region 9 (Curry County and Roosevelt County) over the course of 3 days (December 2nd - 4th, 2025). A copy of the agenda is included in Appendix A.4. The first day of the workshop focused on mapping existing resources and opportunities in the youth system, the second day of the workshop focused on mapping existing resources and opportunities in the adult system, and the third day focused on the prioritization process.

[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

Sixty-nine people attended the first day with an additional 9 from the UNM BHTAC for a total of 78 attendees. Fifty-six people attended the second day with 9 people from the UNM BHTAC for a total of 65 attendees. Fifty-two people attended the third day with 9 people from the UNM BHTAC for a total of 61 attendees. Participants represented a diverse range of perspectives from the following seven groups:

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

During the morning of the first day, the Accountable Entity provided an overview of youth data in Behavioral Health Region 9. At the end of the first day, the BHTCA provided an overview of the Behavioral Health Region 9 Medicaid Snapshot Data (Appendix A.5). These data presentations were provided to help inform decisions regarding resource allocation (Day 3). The Medicaid Snapshot Data and additional NM Mortality Data were included in participants' packets (Appendix A.6). Highlights from the Medicaid Snapshot Data for Behavioral Health Region 9 are provided below.

III. Highlights from the Region's Medicaid Snapshot Data

Adult and youth data were compiled for Behavioral Health Region 9 (BHR9), which includes Curry County and Roosevelt County, with an estimated population of 47,156 and 18,7139, respectively (Census.Gov Quick Facts Population Estimates, July 1, 2024).

Demographics

- **Race/ethnicity:** Region 9 has a higher proportion of Non-Hispanic White (48.15%) individuals compared to the state (45.22%) and a lower proportion of Hispanic (36.53%) individuals than the state average (45.15%).
- **Age:** Region 9 has 73.66% adults (18+), slightly lower than the state (77.94%)

Behavioral Health Diagnoses

- **Under 18**:
  - Top diagnoses: Anxiety Disorder (Region 9: 38.74%, NM: 50.62%), Attention Deficit Disorders, and Mood Disorders were the most prevalent diagnoses for individuals under age 18.
- **18+**:
  - Anxiety Disorder was the most common disorder identified (Region 9: 61.97%, NM: 59.56%), followed by Mood Disorder and Alcohol Use Disorder.

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

Diagnoses	% BHR9	% State
Anxiety Disorder	38.74%	50.62%
Attention Deficit Disorders	29.68%	26.03%
Mood Disorders	26.10%	21.89%
Developmental Disorders	13.32%	11.71%
Conduct Disorders	12.94%	10.06%
Intentional Self Harm & Suicidal Ideation	8.68%	7.13%
Cannabis Use Disorder	6.54%	5.30%
Emotional Disorders Childhood Onset	4.03%	4.63%
Psychotic Disorder	2.97%	3.23%
Alcohol Use Disorder	1.60%	2.00%

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

Diagnoses	% BHR9	% State
Anxiety Disorder	61.97%	59.56%
Mood Disorder	40.78%	37.12%
Stimulant Use Disorder	11.05	10.68%
Alcohol Use Disorder	10.75%	17.90%
Cannabis Use Disorder	10.48%	8.30%
Psychotic Disorder	8.87%	7.86%
Opioid Use Disorder	5.91%	12.67%
Hallucinogen/Inhalant/Other SUD	5.81%	5.84%
Attention Deficit Disorders	5.71%	6.81%
Intentional Self Harm & Suicidal Ideation	4.91%	5.29%

Adult and youth utilization data regarding services, infrastructure and crisis and emergency room visits are provided below.

Service Utilization

- Outpatient services are the most utilized service type in Region 9, 88.06% (NM rate = 86.82%).
- Crisis services utilization is slightly higher in Region 9 (25.33%) than the statewide rate (23.80%).
- Intensive outpatient service utilization is substantially lower in Region 9 (2.28%) compared to the statewide rate (7.23%).

Provider Utilization

- Utilization of Behavioral Health Prescribers is higher in Region 9 (18.70%) compared to the statewide rate (14.73%)
- Utilization of psychotherapy practitioners (BHR9 5.37%; NM 5.43%) and substance use specialists (BHR9 0.03%; NM 0.68%) is lower in Region 9 compared to statewide rates.

Crisis Calls & ER Utilization

- Crisis call rates decreased from 2023 to 2024 in Region 9, consistent with statewide trends:
  - NM: 1.42% → 1.32%
  - Region 9: 0.83% → 0.69%
- ER visit rates for behavioral health conditions are slightly higher in Region 9 (20.32%) than in NM overall (18.80%).

IV. Resources and Opportunities at Each Intercept of the E-SIM

During the E-SIM and Prioritization 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. 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 3: Youth System Pre-Intercept: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities
Community Centers & After-School Programs	• After-school art and athletic programs (Clovis) • Fort Sumner recreation center (DWI prevention funded)	• Lack of business investment in youth facilities (pools, roller rinks, youth centers) • Limited economic development to support community programs	• Strengthen mentorship programs like Trust Mentorship to build skills and confidence • Create recreational centers supported by the community that provide free service
School-Based Supports	• HOUSE system in Curry County schools • School Resource Officers (Roosevelt & Curry) • Family support services in elementary schools • Sasquatch Program • United Way School Pulse Program • Maze of Life • Reality Check- United Way	• Youth have limited safe recreational spaces; lack of structured activities • Truancy policies leave students without alternatives after absences or suspensions • Juvenile probation officers intervene only at higher truancy levels • Law enforcement has lost authority to intervene with truant youth • Truancy consequences leave youth unsupervised	• Expand DOH Maze of Life mini-courses to more schools • Develop programs to reduce youth truancy
Family & Parenting Supports	• CMS home visiting program • 2 Drop-in Family Resource Centers	• Need more parent support programs beyond elementary level • Few programs offering early, home-based interventions • Grandparents raising grandchildren need support • Family engagement is challenging and often intergenerational • Low community trust in CYFD	• Develop more home-based programs for early intervention • More programs to support parents, grandparents, and other caregivers with youth in middle and high school
Youth Development & Vocational Supports	• Early childhood development center • ENMRSH Early New Mexico (youth & adult) • Head Start programs (Roosevelt, Eastern Plains Community Action)		• Increase access to vocational job training (Clovis Community College)
Mental Health & Substance Use	• Substance use classes, (Curry County) • Substance use and MH promotion and prevention in all the schools in Curry County • Prevention and promotion programming (Roosevelt) • Texaco random drug screening in schools	• Limited Medicaid acceptance • Lack of coordination among providers • Medicaid care coordinators and CCBHC services are underutilized • Significant shortage of mental health providers; long waiting lists • Some providers do not accept Medicaid	• Improve provider communication and coordination for better referrals • Expand workforce to support and grow existing services • Incentivize recent graduates (e.g., social workers, counselors) to stay in the region through loan repayment or higher wages • Collaborate with Cannon Air Force Base for student training opportunities

		• Limited access to resources and insufficient staffing • Gap in primary care services • Services for youth are mostly crisis-focused; lack of preventive options • Marijuana and substance use prevention programs are inadequate • Structural gaps in addressing behavioral health stigma and engagement	• Create more local services to increase access • Launch programs to raise awareness about marijuana risks for youth and families
Housing & Basic Needs	• No resources noted	• Limited access to affordable housing	• Develop programs to increase access to affordable housing
Other Community Resources	• Military & family consultants (Cannon AFB) • Faith-based supports • La Casita program for Hispanic families • Community success coaches for truancy • 4H programs • Multi-faith youth groups • Girls Circle • Positive Action • Boys Council • Picture This program • After party event at church in Portales after football games • Clovis Community College-kids college and Eastern NM University has summer programming • State parks and zoo • United Way 211 • Wild Cat Summer Program	• Limited community awareness of services	• Build on faith-based supports • Update and promote Share New Mexico resource database; educate schools and families about resources • Youth-led councils for events • Fund sports and other programs to reduce cost barriers • Organize safe, structured use of existing resources (e.g., skate parks, zoo) through peer-to-peer programs • Revive previously successful programs (Big Brothers Big Sisters, CASA, YMCA) • Collect youth data (e.g., YRRS) to secure funding • Create dedicated programs employing local youth for summer activities • Secure business buy-in for youth facilities (pools, roller rinks, youth centers) to support programming and economic development

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 intensive programs, inpatient and residential services, crisis services, and a recovery system of care and outpatient services.

Table 4: Youth System Intercept 0: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Youth Crisis Services	• Mental Health Resources in Clovis and Roosevelt- outpatient therapy for MH and SA- IOP, MST, High Fidelity Wraparound, CCSS, psychiatry services, MAT, risk assessment • Curry County has a CCBHC starting 1/1/2026 • BH Collaborative (Horizon Crisis Triage Center) • Mobile crisis teams (MHR & Nurstead) • Life Changes counseling (evening hours) • 988 hotline • BeWell equine assisted therapy • In Clovis Schools MHR has MOU with school district to do assessments via zoom for youth in crisis • Nurstead Wellness Drop-in Center	• Not enough resources for youth; most services only available during crisis • Mobile crisis team (Nurstead) does not always respond; law enforcement ends up arresting individuals • Lack of co-response models for crisis calls • EMS transportation challenges in rural areas (e.g., Fort Sumner) • Shortage of mental health providers for youth in both counties	• Develop a full spectrum of care, including prevention, crisis response, and long-term treatment • Increase behavioral health workforce • Increase access to telehealth behavioral health services • Expand workforce capacity for crisis response and ongoing care • Implement cool-down centers and crisis stabilization facilities like Horizon • Expand Horizon to youth • Adopt a co-responder model for mobile crisis teams to improve collaboration between behavioral health and law enforcement
Child & Family Support / Child Welfare	• Family service providers (transportation, clothing, meals)	• Lack of parental engagement • CYFD regulations have led to closure of group homes and juvenile detention centers • Parents lack education on available resources and strategies for support. • Need more parental involvement and parenting classes (emotion regulation) • Grandparents raising grandchildren need support • Parent support groups to avoid CYFD involvement due to stigma • Need early intervention programs at home before crisis occurs	• Create treatment foster care homes for specialized support. • Teach families parenting skills and strategies to be more involved with youth • Offer parenting classes and emotional regulation programs • Explore ways to hold parents accountable for youth behavior while providing supportive resources
Hospitals & Inpatient Care	• Roosevelt General Hospital Children's Alliance (forensic interviews, in-home counseling) • Programs administered through the hospital	• No residential treatment locally; nearest facilities are far and do not serve females • No treatment foster care homes; no resources for homeless youth • Lack of certified peer support workers in emergency rooms	• Establish residential treatment centers for youth, including facilities for females • Introduce peer support in emergency rooms • Educate primary care providers on behavioral health referral pathways

		• Primary care providers need education on behavioral health referral pathways	
Substance Use Services	• DARE program coming back • Substance use class for youth 12-18	• Limited crisis response for substance-involved youth	
School Health Centers & Systems	• Social workers & LPCs in schools • Law enforcement info-sharing with schools • In Focus SEL program in schools • Employing student council to identify kids at risk in schools • IEPs	• Educators lack awareness of signs and symptoms of mental illness and substance misuse; breakdowns in existing systems	• Expand social emotional learning programs daily in schools • Provide additional training for School Resource Officers (SROs)
Care Coordination & Policy	• Law enforcement provides information immediately to schools when there is a loss, enabling schools to mobilize • CareLink NM Care Coordination program	• Managed Care Coordinators not fully utilized	
Other / Overarching Themes	• MHFA training (English & Spanish) • Postings everywhere- signs and symptoms of MH issues and how to get help • The county works with Clovis Area Transportation to help youth who may not have access to transportation attend the groups offered by the County • Free anger management classes at the Baptist Children's Home- Bridge to Hope	• Youth disconnected socially • Transportation barriers for youth, especially after hours and due to cost • No clear foundation for addressing youth suicide; social media and bullying exacerbate issues	• State-level social media campaigns for MH awareness • Develop strategies to engage disconnected youth, especially those not involved in school • Address youth impacted by EMS calls for parents with targeted interventions

3. Youth System Intercept 1: Initial Contact with Children, Family and Youth Division (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 5: Youth System Intercept 1: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities
Law Enforcement & SROs	• Strong school-law enforcement relationship • School Resource Officers & Public Safety Aids	• Limited collaboration between juvenile probation officers (CYFD), law enforcement, and schools	• Adopt successful models such as Alamogordo's CIT program to improve crisis intervention

	• Police receive crisis intervention and de-escalation training • Police can take youth to hospitals	• Dispatch transfers to 988, but calls often bounce back to police, creating confusion and delays • No dedicated Crisis Intervention Teams (CIT) in Clovis PD; only partial training for officers due to workforce shortages • Public Safety Aides (PSAs) lack de-escalation training • Law enforcement ends up handling crises without adequate behavioral health support • Low staffing in law enforcement leads to slow response times and reduced coverage	and law enforcement collaboration
CYFD Initial Contact	• Family in Need of Services (FINS) program	• CYFD discontinued family intervention specialists, removing a key early intervention resource	
School Police & Threat Assessment	• Schools can go direct to CYFD, PD or school counselors		
Diversion & Early Intervention	• Substance use classes (Safety First) • Consequence classes • Catch My Breath program • Healthy Futures • Curry County CYFD JJAC grant to create after school social and emotional learning classes and Trust Mentor program for youth being paired with trusted adults • Mental Health Resources has programs for youth near adjudication of after adjudication. MST and High-Fidelity Wraparound • Portales Junior High has a 4 week- emotion regulation group • Alternative Schools	• Limited diversion options • No local acute care facilities; nearest option is Amarillo across state lines • Limited resources for immediate behavioral health stabilization	• Implement Youth Challenge Program (modeled after National Guard) for at-risk youth to provide structure, education, and life skills • Offer programs that intervene early for youth struggling in school or at risk of justice involvement • Better integration of services across counties • Develop alternative pathways for youth with behavioral health needs beyond citations • Strengthen coordination between agencies for smoother referrals and shared resources

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

Category	Resources	Gaps	Opportunities
Juvenile Justice Intake	• Informal intake diversion programs • Anger management programs • MST & high-fidelity wraparound services • Anger management program offered by MATT25	• No juvenile detention center locally • Limited anger management options for youth • Lack of parental engagement in treatment • Anger management program costs and is also combined with adults • More youth with guns results in violent crimes • Youth who fail to go to court result in more resources being used to track them down by law enforcement	• Youth Intensive Outpatient Program • Incentivize parental participation • Develop youth-specific anger management programs • MOUD for youth • Increase behavioral health workforce • Encourage law enforcement to report low level crimes • JPO should be encouraged to divert to community interventions • JPOs need teeth to ensure youth are referred and attend treatment • Need access to TFCs, RTCs and Acute Care
Initial Processing	• No resources noted		

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

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

Table 7: Youth System Intercept 3: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities
Courts	• Teen Court (Curry & Portales) • Children's Court		• Expand Teen Court • Develop IOP/Treatment Court
Detention & Commitment	• Trust Mentor Program (restarting Jan 2026) • Temporary Detention • While in detention youth have access to behavioral health, education and physical health services	• Only two commitment facilities statewide • No structured programs at this level • Drastic drop in referrals from JPOs to MST and High-Fidelity Wraparound • No programs to treat youth to competency • Juvenile treatment has not been standardized and are not evidence based	• Expand Trust Mentor Program • Big Brothers/ Big Sisters • Increase access to juvenile treatment to competency
Programs for guardianship/ kinship	• No resources noted		• Need to figure out strategies to incentivize ways to encourage parents to participate in treatment – otherwise youth are not engaged.

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

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

Table 8: Youth System Intercept 4: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities
Community Re-Entry Services	• CYFD transition services (housing, employment, GED, food)	• No transitional living facilities • No reintegration centers for females • Lack of services for young mothers • Limited transportation • No access to medication post-release • For one year commitment supervised release is only 3 months • No specialized care for youth sex offenders (Current MST services do not cover this population) • Lack of family engagement- especially hard when youth are receiving services outside of the county • Federal resources are going away due to Department of Education and related funding going away • Youth going back to the same friend group • Transition age youth do not have access to services	• Big Brothers Big Sisters • Transitional living facility • Reintegration center • Workforce investment in community health workers • Job skills & GED programs • Ensure medication continuity post-release • Life skills training programs • Have reentry programs inside youth detention such as the RISE (Reach, Intervene, Support and Engage) program for adults

7. Youth System Intercept 5: Juvenile Community Corrections

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

Table 9: Youth System Intercept 5: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities
Juvenile Community Corrections	• Supervised release (JPO assigned) • Teen MHFA & Youth MHFA • Outpatient treatment programs	• There used to be a Juvenile Corrections Center program – these closed down during the pandemic • JPO is 8-5 job- need people monitoring after hours or on the weekend • Lack of transportation to get youth to attend classes	• Extend supervised release period • Develop JCC program

V. Resources and Opportunities at the Each Intercept of the Adult System E-SIM

1. Adult System Pre-Intercept: Community Prevention Services

Overview: The Pre-Intercept includes initiatives designed to address the root causes of social problems like 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 10: Adult System Pre-Intercept: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Community Centers and Libraries	• Libraries		
Vocational Education Programs	• Clovis Community College vocational training • Workforce Solutions • Snelling Staffing (temp agency) • Department of Vocational Rehabilitation	• Workforce entry challenges • Limited vocational training for adults	• Expand vocational training • Clovis Community College trade training—fund students (e.g., CDL and other trades) to improve economic mobility • Expand Dept. of Vocational Rehabilitation to Roosevelt County
Family and Parenting Supports	• Pregnancy Resource Center • Christian Children's Home housing for single mothers	• Families need more support when loved ones have MH/SU difficulties.	• Family resources for early support; community navigators to help enroll in benefits/Medicaid.
Mental Health and Substance Use	• DWI prevention program (NARCAN training, campaigns) • SUBH program through Curry County • ENMU substance use awareness • NA and AA Meetings	• Lack of adult-specific substance use prevention programs • Need more MH therapists, NPs,SU providers (workforce gaps). • Limited detox services • Overuse of ER for behavioral health crises • Lack of primary care access • Peer Support Workers gap • Need education for postpartum women and primary care prescribers regarding pain meds and addiction risk.	• Improve family education on behavioral health • Increase CHWs/CPSWs in the community.
Housing and Basic needs	• Lighthouse Mission (homeless shelter) • Fraternal Order of Eagles (housing) • Free meals at Senior Centers • Meals on Wheels • MATT 25 (one-stop shop for food, clothing, classes) • Food Bank of Eastern NM • Churches providing food banks • Clovis Housing Authority	• Transportation barriers (CATs/PATS issues) • Affordable housing shortages • Strict HUD regulations constrain options; incomes too low to pay for housing. • Homeless shelter and transitional housing gaps, including for the working unhoused; no warming center.	• Expand transportation (CATs/PATS) • Increase housing funding • Develop supportive housing options • Transitional housing and homeless shelter expansion

Other community Resources	• Roosevelt County social media campaigns • Ministerial Alliance (Portales & Clovis) • 211 and United Way (resource hub) • Salvation Army • Calvary Care and Community Center • Angel Ministries • Point in Time Count • MHFA and YMHFA trainings • Find Help resource database • Catholic Church showers and hygiene support • Victim Services (ARISE) • Hartley House (domestic violence) • Girl Circle • Nurstead drop-in Center • La Casa Primary care • Peer to peer warmline • 988 to identify resources • Hospital has a clinic that helps people link to benefits • Department of Health Public Health Services • Charity Tracker in Portales • Community awareness outreach – prevention and harm reduction • Curry County is also working on resource database with the state called “find help”	• Women’s health services limited—more needed in Curry; none in Roosevelt.	• Restorative justice programming • Promote 988- smartphone notifications; social media/PeachJar/digital boards. • Build crisis triage center • Expand DV services • Warming center (inclusive, family-friendly, pets allowed) • Indigent health care dollars as bridge while people await Medicaid • Resource database awareness and community conversations among providers/churches to improve coordination • Hands-on outreach to people who are unhoused (showers, hygiene support)

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 the behavioral health system into local care and crisis care services.

Table 11: Adult System Intercept 0: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Crisis Services	• Horizon Crisis Triage Center opening in 2026 • 988 hotline • Nurstead mobile crisis	• No psychiatric acute care • Horizon CTC initially adult-only, short stays, limited beds (14) across 5	• Develop psychiatric acute care locally

	• Co-responder model (law enforcement + ambulance) • Nurstead drop-in centers • Text 741 line national crisis line	counties—likely to hit capacity quickly; no transportation from Roosevelt • Nurstead MCT does not respond to calls involving substance use or weapons; rules of engagement are unclear to community/ providers	• CTC will enable longer stays than ER; plan transportation home from CTC at discharge • Co-responder mobile crisis model to address calls involving SU/weapons; add more Mobile Crisis Response Teams; clarify MCT rules for community/ providers • Train law enforcement on CTC use (procedures, certificates for evaluation)
Family Support	• Celebrate Recovery (family support) • Christian Children's Home	• Limited family support resources	
Outpatient Mental Health and/or Substance use	• BeWell counseling organization • Life Changes Counseling • Next Step psychiatric provider • Psychiatric Care Center • Faith-based rehab programs • Mission Rehab/Freedom Ranch (men only) • Lighthouse (limited women's support) • Outpatient behavioral health services (therapy, IOP for SU, CCSS, PSR, peers support, carelink for care coordination, MAT, med management, crisis line, walk in services) • Christian Believers counseling • Renew Health & Next Step Care (MAT) • Clarity Mental Health (ketamine treatments) • Southwest Behavioral Health Counseling • Agape provides Virtual Behavioral Health Counseling • Rio Vida	• No local detox center • Long waitlists for outpatient BH services • Marketing challenges for MH services • Not enough bilingual providers; broader workforce recruitment challenges in rural areas	• Increase bilingual services • MAT for postpartum women • Improve marketing and outreach • More providers, incentives and pathway programs; internships via CCC/ENMU • Increase CHWs & CPSWs; broaden CHW scope; leverage NM Rural Health Care tax credit; add workforce incentives/ bonuses and pathway programs • Detox facility locally; expand CTC/Residential bed capacity • Advocate Opportunity Scholarship revisions (work-in-NM requirement); blend federal/SB3/OUD settlement funds; CCC/ENMU apprenticeships for BH pipelines
Hospitals and Inpatient Care	• RTC provided by Community Bridges • Emergency room in both counties – Plains Regional in Curry and Roosevelt General in Portales	• No inpatient MH beds locally	• Add transportation for discharged clients • Inpatient BH treatment development
Care Coordination	• No resources listed		
Other	• VA helpline • ENMU social work program • United Way stipends for social work students	• Sober living options limited and largely men-only; faith-based models have exclusion criteria	• Sober living recovery housing—more units, especially for women

	• Overdose prevention – Narcan training • Sage House Sober Living		

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

Category	Resources	Gaps	Opportunities/Action Items
Diversion and Early Intervention	• Officers trained in CIT and crisis negotiation • Law enforcement assisted diversion program • Nurstead collaboration for crisis diversion • QR code on PD business cards for resources • Certificate for Evaluation from behavioral health to enable law enforcement to pick up and bring to CTC • Officers will cross county lines to bring people to CTC in Clovis.	• Workforce shortages in law enforcement • Limited CIT-trained officers • Transportation gaps post-discharge • LEAD focus is drug possession/victimless crimes; broader diversion needs remain • Law enforcement sometimes must arrest due to lack of services (e.g., detox) • No detox center available to support diversion • Hard to hold people in ED; mobile crisis not always available.	• Expand CIT training • Develop mental health court/diversion programs • Expand mobile crisis team capacity • LEAD program expansion and formalization • Detox center to enable diversion • Transportation from CTC (and out-of-state facilities) back home after discharge • Co-responder model with police & BH • Increase number and experience of law enforcement officers • Grow 988 awareness to reduce 911 calls; formalize 988–911 agreements for diversion; study other counties' MOUs • Learn from Alamogordo co-responder model; clarify criteria for police/MCT joint response

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

Category	Resources	Gaps	Opportunities/Action Items
Intake and Initial Process	• Detention centers in both counties • Intake screening for MH and SU risk • MAT, parenting, and anger management classes in jail • Pre-trial services linking people to care	• No drug/alcohol rehab centers • Limited MAT services in jail • Delays in competency to stand trial evaluations • If non-violent and incompetent, individuals may be released to community without	• Add residential rehab facilities • Expand MAT funding and training • Increase case management in jails • Develop post-booking diversion programs • CAMS counselors in detention

	• Restorative justice coordinator • Pre-process diversion programs • PD has authority to divert before arrest • Competency to stand trial assessments • Public Defenders office refers people to residential treatment programs or sober living programs	mandated rehab (unlike Texas) • Restorative justice workforce constraints; coordinator positions for youth/adults; DWI dollars funding at risk of federal cuts	• Post-booking jail diversion programs • Restorative justice—community processing instead of judicial path; build buy-in & hire experienced staff • Locked residential rehab facility development • Expanded case management teams in jail (e.g., RISE-like model with case manager, NP, LISW) • Greater autonomy for pre-trial services; improved communication with probation/parole • Local sober housing and residential treatment programs growth • Family treatment court consideration

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

Category	Resources	Gaps	Opportunities/Action Items
Specialty Courts	• Specialty courts (treatment, exploring young adult and veterans' courts) • Curry County has Treatment Court program	• Lack of judges for criminal mediation • Limited restorative justice program funding	• Increase judges for mediation
Treatment and/or Education while in Detention, Jails or Prisons (e.g., MOUD, MAT, other groups)	• Curry County Jail screening occurs re: BH- offer medical detox and MOUD • Access to MH and SU treatment in jail • Services are provided for women who are pregnant. Work with CYFD if children are involved. • In the detention centers they offer MAT, Parenting classes, and anger management classes		• Expand trauma-specific treatment in jail • Develop rapid transition protocols from custody to treatment • Restorative justice program expansion and education/awareness • Coordination of services and curriculum through the judicial system to be offered in jail (e.g., trauma specific treatment etc.)

6. Adult System Intercept 4: Community Re-Entry Services

Overview: Intercept 4 focuses on supported reentry back into the community after jail or prison to reduce further justice involvement of people with behavioral health problems. 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 15: Adult System Intercept 4: Overview of Resources, Gaps and Opportunities

Category	Resources	Gaps	Opportunities/Action Items
Community Re-entry services	• RISE program (in-jail and post-release support) • Nurstead transitional housing • Freedom Ranch sober living • Fresh Start Rental Assistance Program • Move-in and Eviction Prevention Program • Linkages housing program • Probation can pay for temporary housing such as hotels for up to three months • Can transfer probation cases to every county (besides ABQ) so people can move if they chose to do so	• Because RISE is grant funded - eligibility criteria make it difficult (e.g., no disciplinary history), • Limited housing vouchers • No reintegration centers • Lack of family engagement in reentry planning • Limited peer support for reentry • RISE has a hard time connecting with providers, the wait lists are long • People coming out of prison have limited services • MAT providers are embedded in agencies that provide all types of services so there is a long waiting list • There is no BH planning with families when someone comes out of jail or prison • MHR has a linkages program but there are limited vouchers (only 19) resulting in a long wait list • People leave area to access reintegration services such as housing • Not many employers are willing to hire people with a criminal record • Sage House (Nurstead transitional living) has strict eligibility (Medicaid required; eviction for substance use)	• Expand transitional housing and halfway houses • Add peer support workers for reentry • Develop methadone and addiction treatment clinics • Create job training and employer incentive programs • Improve continuity of care post-release • Need for another reentry program • Job training programs, education programs • Family engagement mechanisms (agreements between P&P and families); ongoing anger management programs post-release • Additional reentry program with fewer eligibility criteria to include those not on probation

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

Category	Resources	Gaps	Opportunities/Action Items
Community Based Probation and parole	• MHR Community Corrections Program • Probation and parole discharge planning	• Lack of transportation to report to probation/parole • Half-way homes for individuals on parole have not been the best places to	• Need for a navigator who can help people on probation and parole • Reduce the time it takes to hire probation and parole officers –

	• Case management is available for treatment court participants if they are on probation and parole • Probation and parole officers • Half-way homes for individuals on parole • Specialized teams including sex offender team, high risk team	live. As a result, they haven't been that effective • No housing for those who leave the half-way house • Need for a remodel of the half-way house • No behavioral health team or trained therapist employed by probation/ parole team • Navigator support lacking for those on probation/parole; officers need awareness of community services	this is through the state - and incentivize probation and parole officers to work in rural communities • Collaborate with community college to offer vocational training opportunities (e.g., wielding classes) • Need for transportation for those who live in Roosevelt

VI. The Prioritization Process and Results from the Prioritization Voting

Under the New Mexico Behavioral Health Reform and Investment Act (BHRIA; SB3), each district 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 the 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 13 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.7). Throughout the PowerPoint presentation, participants were invited to ask clarifying questions.

1. Crisis, Acute, & Higher-Level Care Infrastructure
2. Agency Coordination
3. Community Communication
4. Community-Wide Prevention & Education
5. Youth Prevention Programs & Mentorship
6. Community-Based Programs for Youth and Adults
7. Family Engagement & Parenting Support
8. Workforce Development
9. Transportation Access
10. Housing & Homeless Services
11. Youth Diversion & Justice System Improvements
12. Services in the Adult Justice System
13. Reintegration Support

The 13 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 final five priorities are listed below and the results of the voting by group are summarized in Table 17.

1. Priority Bucket 1: Crisis, Acute, & Higher-Level Care Infrastructure
2. Priority Bucket 2: Housing & Homeless Services
3. Priority Bucket 3: Community-Based Programs for Youth and Adults
4. Priority Bucket 4: Workforce Development
5. Priority Bucket 5: Youth Prevention Programs & Mentorship

Table 17: Results of Priority Voting by Group

	Health System	Legal System	First Responders	Government	People with Lived Experience	Community Organizations	Tribal Representatives	Total
Crisis, Acute and Higher-Level Care Infrastructure	7	19	3	8	0	3	0	40
Housing and Homeless Services	8	14	4	8	0	6	0	40
Community-Based Programs for Youth and Adult	3	12	4	7	0	4	0	30
Workforce Development	3	6	3	8	0	6	0	26
Youth Prevention Programs and Mentorship	1	7	4	7	0	6	0	25
Transportation Access	6	3	4	3	0	4	0	20
Youth Diversion and Justice System Improvements	0	4	6	4	0	2	0	16
Family Engagement and Parenting Support	0	1	2	7	0	2	0	12
Community-Wide Prevention and Education	1	5	4	0	0	0	0	10
Reintegration Support	1	3	1	1	0	3	0	9
Services in the Adult Justice System	0	5	0	2	0	1	0	8
Agency Coordination	0	1	0	0	0	2	0	3
Community Communication	0	0	0	0	0	1	0	1
Total	30	80	35	55	0	40	0	240

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

After the voting process was completed, participants once again convened into two breakout groups to discuss the following guiding questions:

1. Is there anything else you would like to communicate to leadership about these specific priority buckets? More specifically, what is the most important action items related to each of the five priority buckets that Region 9 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 break-out 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.

VII.A Priority Bucket 1: Crisis, Acute, & Higher-Level Care Infrastructure
Action Items from the Intercept Mapping Sessions

- Develop acute care options for all ages closer to the region
- Add peer supports in emergency rooms
- Increase opportunities for CIT training for law enforcement
- Train law enforcement on CTC services and policies
- Expand crisis triage center (e.g., longer stays, more beds, different levels of care, services for youth)
- Need local detox facility
- Create resources for residential services after CTC
- Need local substance use rehab services (SUD + co-occurring MH)
- Need inpatient and residential treatment for BH
- Increase collaboration and agreements between 988 and 911 for more opportunities for diversion
- Increase capacity of mobile crisis teams to serve all regions of the county
- Need co-responder crisis teams

1. Additional Programs, Best Practices, or Needs to Communicate to Leadership

- *Transportation Support:* Especially for returning individuals from the Crisis Triage Center (CTC).
- *Advanced CIT Training:* More specialized training for officers already CIT-trained.
- *Youth Crisis Triage Center:* Top priority; design for the build exists but funding for construction and operations is does not exist.
- *Extended Length of Stay (LOS):* For adult CTC and care coordination post-discharge.
- *Expand crisis services for youth in the current ER:* Explore options for expanding crisis services for youth in the current ER since adult ER demand will decrease after CTC opens.
- *Local Detox Facility:* For both youth and adults; reassess need after CTC opens.
- *Co-Responder Teams:* Behavioral health-led teams with law enforcement collaboration.
- *Residential Treatment Facilities:* For youth and adults, possibly integrated with transitional living and education.
- *Workforce Development:* Leverage ENMU MSW program and CCC nursing program; increase student placements.
- *Licensing Compact:* Faster licensing for professionals moving from other states.

2. Implementation Issues

- *Transportation Logistics:* No clear system for transporting individuals back from CTC.
- *Officer Training Burden:* Small communities lack staff to attend additional CIT training.
- *Funding Gaps:* Construction funded, but operational costs for CTC (adult and youth) remain unfunded.
- *Staffing Challenges:* Recruiting clinicians and law enforcement; need better pay and incentives.
- *Regulatory Barriers:* Co-responder teams face state funding restrictions and law enforcement staffing shortages.
- *Facility Design & Ordinances:* Residential treatment requires compliance with city/county regulations.
- *Licensing Delays:* No state compact; need expedited licensing for incoming professionals.
- *Security Needs:* For detox facilities accommodating different substance use cases.

3. Sustainability Issues

- *Ongoing Funding:* For CTC operations and potential detox facilities.
- *Workforce Retention:* Incentives to keep trained professionals in Region 9.
- *Medicare/Medicaid Billing Codes:* To pay for services like peer support to ensure reimbursement.
- *Training Continuity:* Maintain advanced CIT and co-responder training despite staffing shortages.
- *Integrated Care Models:* Combining residential treatment, transitional living, and education for long-term viability.

VII.B Priority Bucket 2: Housing & Homeless Services
Action Items from the Intercept Mapping Sessions

- Need affordable and low-income housing (not enough vouchers/units)
- Need emergency housing/homeless shelter
- Need transitional housing for youth and adults upon reentry such as halfway houses
- Need warming center inclusive to families and pets
- Need more sober living recovery housing for men and women
- Need independent living with intensive case management and/or supportive housing options for people with BH issues
- Need programs to support youth who are unhoused
- Need for someone who can help with benefits, such as Medicaid
- Use indigent health care dollars for people awaiting Medicaid coverage
- Need more hands-on outreach to people who are unhoused
- Work to impact housing policy, including regulations under grants
- Need local reintegration housing such as adequate halfway houses

1. Additional Programs, Best Practices, or Needs to Communicate to Leadership

- *Affordable and Low-Income Housing:* Clarify differences; advocate for more options and education for leadership.
- *Emergency Shelter + Warming Center:* Combine services with beds, showers, and staff to connect people to benefits.
- *Warming Shelters:* Accessible in each county, no eligibility criteria, staffed adequately, and linked to resources.
- *Permanent Supportive Housing & Supported Employment:* Begin planning for independent living with intensive case management.
- *Community Engagement:* Involve missed voices, including faith-based organizations, Cannon Air Force Base, city/county leaders, and alternate meeting locations.
- *Pilot Programs:* Start small-scale housing initiatives to build buy-in.
- *Resource Coordination:* Leverage NM Appleseed, Mortgage and Finance Authority, VA, and transit funding for housing and transportation.

2. Implementation Issues

- *HUD Waiting List:* Long delays; eligibility rules prevent use of available housing for permanent supportive housing.
- *Regulatory Barriers:* State and federal rules limit flexibility in housing programs.
- *Staffing Needs:* Warming centers and shelters require trained staff for resource navigation.
- *Location Challenges:* Shelter placement and community resistance (“Not in my backyard” concerns).
- *Education & Advocacy:* Leadership needs clarity on affordable vs. low-income housing; involve all local jurisdictions.
- *Coordination Across Counties:* Need to get support from all entities involved, city (i.e., Clovis and Portales) and county-level (i.e., Curry and Roosevelt).
- *Missed Stakeholders:* Need outreach to community leaders, faith-based groups, and military base.
- *Transit Connectivity:* Explore linking Clovis and Roosevelt for housing access.

3. Sustainability Issues

- *Funding Sources:* Medicaid for shelter operations; explore state vouchers for temporary housing.
- *Liability Concerns:* Hotel voucher programs risk property damage.
- *Workforce Retention:* Ensure adequate staffing for shelters and case management.
- *Community Buy-In:* Ongoing engagement with local leadership and stakeholders.
- *Long-Term Vision:* Independent living with intensive case management; permanent supportive housing models.

- *Resource Integration:* Maintain partnerships with state agencies, nonprofits, and local organizations for continued support.

VII.C Priority Bucket 3: Community-Based Programs for Youth and Adults
Action Items from the Intercept Mapping Sessions

- Need Residential Treatment Center for Youth
- Need Intensive Outpatient Treatment for Youth and Adults
- Need treatment foster care for youth
- Increase full spectrum of behavioral services across the lifespan, including telehealth services
- Need bridge to services for transition age youth to adult
- Increase substance use classes and connect to referral process
- Develop and fund medication assisted treatment programs for youth and adults
- Reduce waitlists for outpatient BH services
- Increase access to bilingual services and resources
- Need a methadone clinic
- Need a Clinic that just provides addiction treatment
- Increase screening for women's postpartum and expand Women's health services, including MAT treatment

1. Additional Programs, Best Practices, or Needs to Communicate to Leadership

- *Reduce Behavioral Health Waitlists:* Explore MSW students doing intakes; Medicare changes.
- *Maternal Health & Postpartum Support:* Increase screening for postpartum depression; add perinatal/postnatal SUD treatment; consider CHW follow-up and postcard care programs for pregnant mothers.
- *Telehealth Expansion:* Increase services across lifespan; ensure private spaces (e.g., library construction underway).
- *Adult SUD Rehab (30/60/90-day residential):* Add to action items; requires significant upfront funding and licensing.
- *Treatment Foster Care for Youth:* Train families and providers.
- *Residential Treatment for Youth:* Align with Crisis/Acute Care priorities.
- *Designated MAT & Methadone Clinics:* Address regulatory barriers, liability concerns, and stigma; leverage RHAPSODI (Reimaging Health and Public Safety Overdose Initiatives Project) grant for planning and implementation.
- D*ata Collection for Funding Justification:* Involve PED; incentivize schools; explore QR code on No Wrong Walls website.
- *Funding for Non-Medicaid Populations:* Expand access to CCSS, MST, High Fidelity Wraparound, Assertive Community Treatment, Treatment Foster Care, etc.

2. Implementation Issues

- *Workforce Shortages:* Need additional staff for outpatient services; retention strategies required.
- *Maternal Health Barriers:* Insurance limits early postpartum visits; need education and CHW follow-up.
- *Licensing Challenges for Rehab:* Two-year process; $2M cost before billing allowed; requires Joint Commission and state approval.
- *Regulatory Barriers for MAT Clinics:* Prescriber liability concerns; stigma; housing medication; lack of counseling.
- *Data Gaps:* No CDC Youth Risk Behavioral Surveillance System (YRBSS) data for Curry County; schools lack capacity for data collection; adult data tripled.
- *Funding Gaps:* Services for non-Medicaid populations currently unfunded; CYFD payment issues.
- *Infrastructure Needs:* Secure telehealth spaces; foster families trained in TFC.

3. Sustainability Issues

- *Workforce Retention:* Critical for reducing waitlists and maintaining service levels.

- *Maternal Health Follow-Up:* Postcard care programs for pregnant mothers can support ongoing engagement.
- *Medicaid Funding:* Rehab and treatment foster care sustainable once licensed; other services depend on Medicaid reimbursement.
- *Data-Driven Funding:* Need robust data to justify continued investment and demonstrate outcomes.
- *Diversified Funding Sources:* Grants (e.g., RHAPSODI) and alternative funding for non-Medicaid populations.
- *Community Awareness & Engagement:* Ongoing education about services and laws (e.g., CARA).

VII.D Priority Bucket 4: Workforce Development
Action Items from the Intercept Mapping Sessions

- Increase behavioral health workforce (e.g., counselors, social workers, therapists) and healthcare workforce in general (e.g., primary care providers, pediatricians)
- Retain providers through incentives (loan repayment, higher wages)
- Increase training for school resource officers
- Partner with universities for MSW students to provide acute care
- Expand Community Health Workers and Peer Support Workers
- Add more workforce to existing services (e.g. crisis-response, telehealth and in-person)
- Increase workforce for restorative justice programs
- Create pathway programs for high school students into BH fields
- Increase awareness and use of NM Rural Health Care tax credit for BH providers
- Advocate to revise Opportunity Scholarship to require NM work post-graduation
- Collaborate with Clovis Community College and ENMU for job training/apprenticeships/internship opportunities
- Incentivize new graduates to stay in NM
- Review statutes for licensure reciprocity for BH providers (Interstate Counseling Compact)
- Need more education on MAT among providers to adhere to best practices
- Develop role of community navigators to help people access and follow through with services
- Need to increase the number of law enforcement officers
- Increase the number of judges to increase the use of criminal mediation
- Reduce hiring time for probation and parole officers and incentivize probation and parole officers to work in rural communities

1. Additional Programs, Best Practices, or Needs to Communicate to Leadership

- *Behavioral Health Workforce Expansion:* Increase BH professionals and support staff (EMS, firefighters, law enforcement).
- *Opportunity Scholarship Expansion:* Include master's programs with payback requirements.
- *Loan Repayment Incentives:* Broaden to more careers.
- *Career Pathways for Youth:* Create mentorship programs starting in high school or earlier; partner with Cannon Air Force Base and local universities for marketing and outreach.
- *Positive Community Marketing:* Showcase Clovis' assets and positive law enforcement presence to attract professionals.
- *Reentry Workforce Programs:* Incentivize employers to hire individuals post-incarceration; integrate Workforce Innovation and Opportunity Act (WIOA); offer job training and certifications during detention.
- *Counseling Compact:* Promote adoption to increase access.
- *Community Amenities:* Investments like outdoor pools to attract residents.

2. Implementation Issues

- *Supervision Burden:* New graduates require supervision, reducing productivity for senior staff.
- *Malpractice Insurance Costs:* NM has high rates, creating barriers for providers.

- *Qualified Immunity Removal:* Legislative changes have reduced law enforcement recruitment and retention; Texas offers higher pay and immunity, drawing officers away.
- *Pay Disparities:* Need higher salaries for law enforcement and BH professionals.
- *Stigma & Culture:* Negative perceptions of law enforcement; need cultural shift and positive engagement.
- *Volunteer Recruitment:* Challenge for mentorship programs.
- *Employer Incentives for Reentry:* Need tax breaks and stigma reduction strategies.
- *Infrastructure for Training:* Partnerships for job training during incarceration; transition programs to community college.

3. Sustainability Issues

- *Retention Strategies:* Pathways for graduates to stay in the community; incentives for long-term commitment.
- *Liability Coverage:* Consider state liability pool or stipends for insurance costs.
- *Marketing & Community Engagement:* Ongoing campaigns to promote the area and law enforcement culture change.
- *Funding for Incentives:* Scholarships, loan repayment, and employer incentives require stable funding streams.
- *Integrated Workforce Development:* Collaboration across education, justice, and health sectors for continuity.

VII.E Priority Bucket 5: Youth Prevention Programs & Mentorship
Action Items from the Intercept Mapping Sessions

- Develop peer-to-peer mentoring programs (sports, 4H, United Way)
- Develop youth led councils/committees to organize events
- Reinvigorate Big Brothers Big Sisters and CASA (Court Appointed Special Advocate) programs
- Expand Trust Mentorship Program
- Create youth recreation and/or development center (YMCA-style) offering free programming
- Develop truancy programming to identify youth at risk for justice involvement
- Create programs for marijuana and vaping awareness and prevention
- Work with the National guard to bring the Youth Challenge Program
- Expand DOH Maze of Life mini-courses to more schools
- Build vocational educational programs for job skills, GED, higher ed
- Obtain business buy-in in Roosevelt County to support pools, roller rink, youth center, etc.
- Identify strategies for engaging youth who are not involved in school
- Expand social emotional learning in the schools (e.g., In-Focus)
- Organize structured activities with adult oversight in free and safe spaces, such as skate parks, zoos
- Identify and build on faith-based supports
- Identify opportunities to build support for positive cultural identity development for all youth
- Develop a youth mentorship program for people on probation to do community service
- Develop app “There is nothing to do here” to share community resources
- Collaborate with Cannon Airforce base and Clovis Community College for vocational training and mentoring

1. Additional Programs, Best Practices, or Needs to Communicate to Leadership

- *Truancy Program:* Develop enforceable truancy laws or ordinances to support school attendance.
- Vocational Education: Job skills, GED, and higher education programs for youth, including those not enrolled in school.
- *Reinvigorate CASA Program:* Court-appointed special advocates for youth.
- *Explorer Programs:* For law enforcement, EMS, and firefighting careers.
- *Parenting Classes:* For reintegration after detention/incarceration; include restorative justice groups.

- *Youth Development Center:* Revamp previous successful models; include paid mentorship opportunities for high school students.
- *Positive Youth Programs:* Big Brother Big Sister, CASA, YMCA, and other mentorship initiatives.
- *After-School Programs:* Free, accessible programs with transportation solutions; avoid burdening school staff.
- *National Guard Youth Challenge Program:* Promote and incentivize participation in vocational and mentorship opportunities.
- *Sports and School Coordination:* Reduce stress by simplifying participation options and coordinating events so youth are not overburdened.
- *County Collaboration:* Curry and Roosevelt Counties share resources and offer different programs.
- *Grant Opportunities:* Leverage HRSA and other funding sources; explore creative grant writing for new programs.
- *Indigent Health Care Fund:* Utilize County funds for contracts supporting youth programs and safe transportation.

2. Implementation Issues

- *Legal Barriers:* Truancy enforcement requires laws or ordinances; current limitations due to ACLU rights.
- *Transportation Needs:* Free transport between CCC and high schools; after-school program logistics; collaboration with bus companies or CATs/PATs.
- *Awareness & Outreach:* Inform youth and families about available programs; secure parental permissions early.
- *Staffing Challenges:* Ensure adequate staff for after-school programs without burdening school personnel.
- *Program Revitalization:* Determine requirements to restart CASA and youth development centers.
- *Resource Coordination:* Counties must collaborate to share strengths and avoid duplication.
- *Funding & Incentives:* Identify grants, SB3 funding, and county indigent funds; incentivize participation in programs like Youth Challenge.
- *System Coordination:* Align schools, CYFD, and community organizations for truancy interventions and parenting classes.
- *Curriculum Development:* Create content for parenting classes and restorative justice programs.
- *Community Buy-In:* Engage local service providers and health councils to fill gaps.

3. Sustainability Issues

- No sustainability issues were discussed.

VIII. List of Appendices

A.1 Map of Behavioral Health Regions

A.2 Acronym List

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

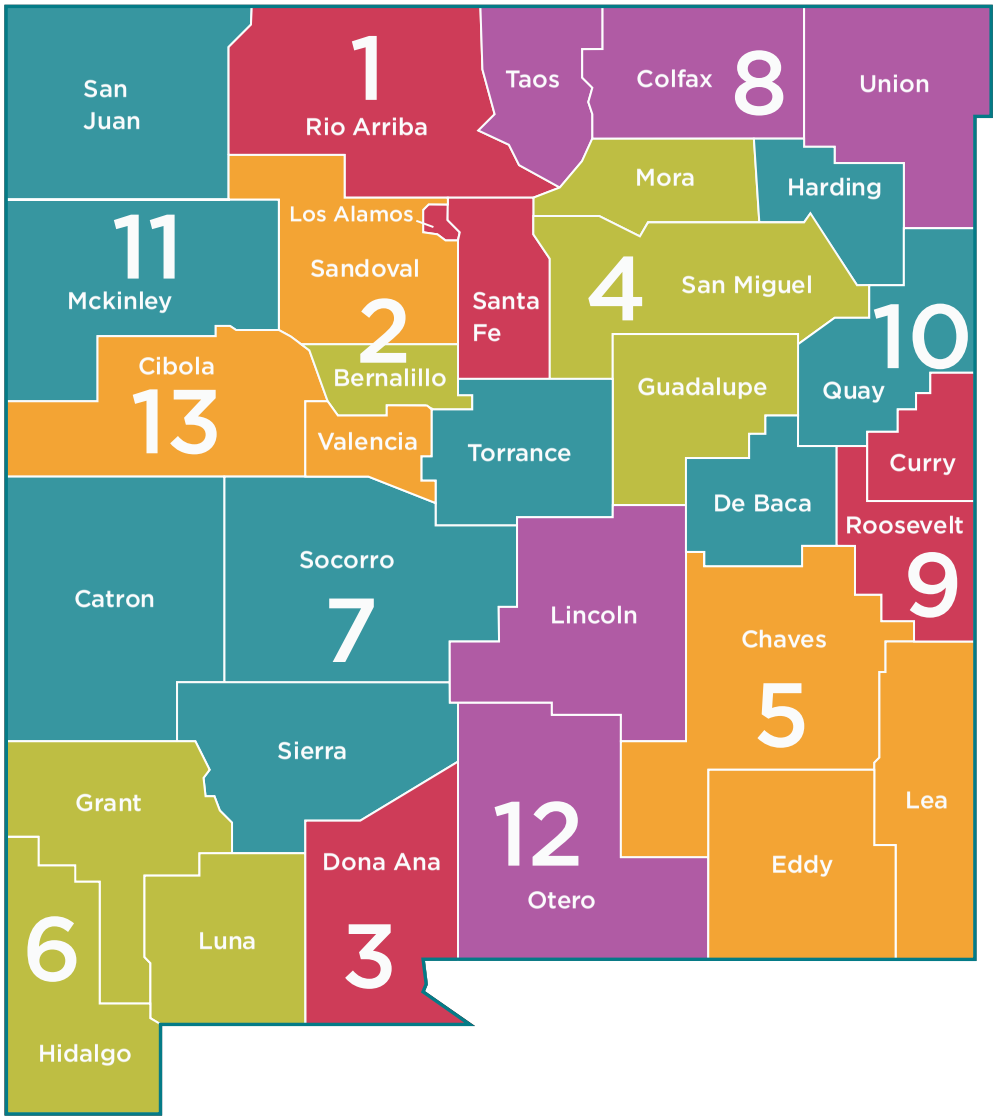
A.4 Workshop Agenda

A.5 Region Specific Medicaid Snapshot Data

A.6 New Mexico Mortality Data

A.7 PPT of Provision Priority Buckets

The NM Behavioral Health Reform Investment Act



Region 1
- Ohkay Owingeh
- Santa Clara Pueblo
- Pueblo of San Idelfonso
- Pueblo of Pojoaque
- Nambe Pueblo
- Pueblo of Tesuque
- Jicarilla Apache Nation

Region 2
- Pueblo of Isleta
- Pueblo of Sandia

Region 6
- Fort Still 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

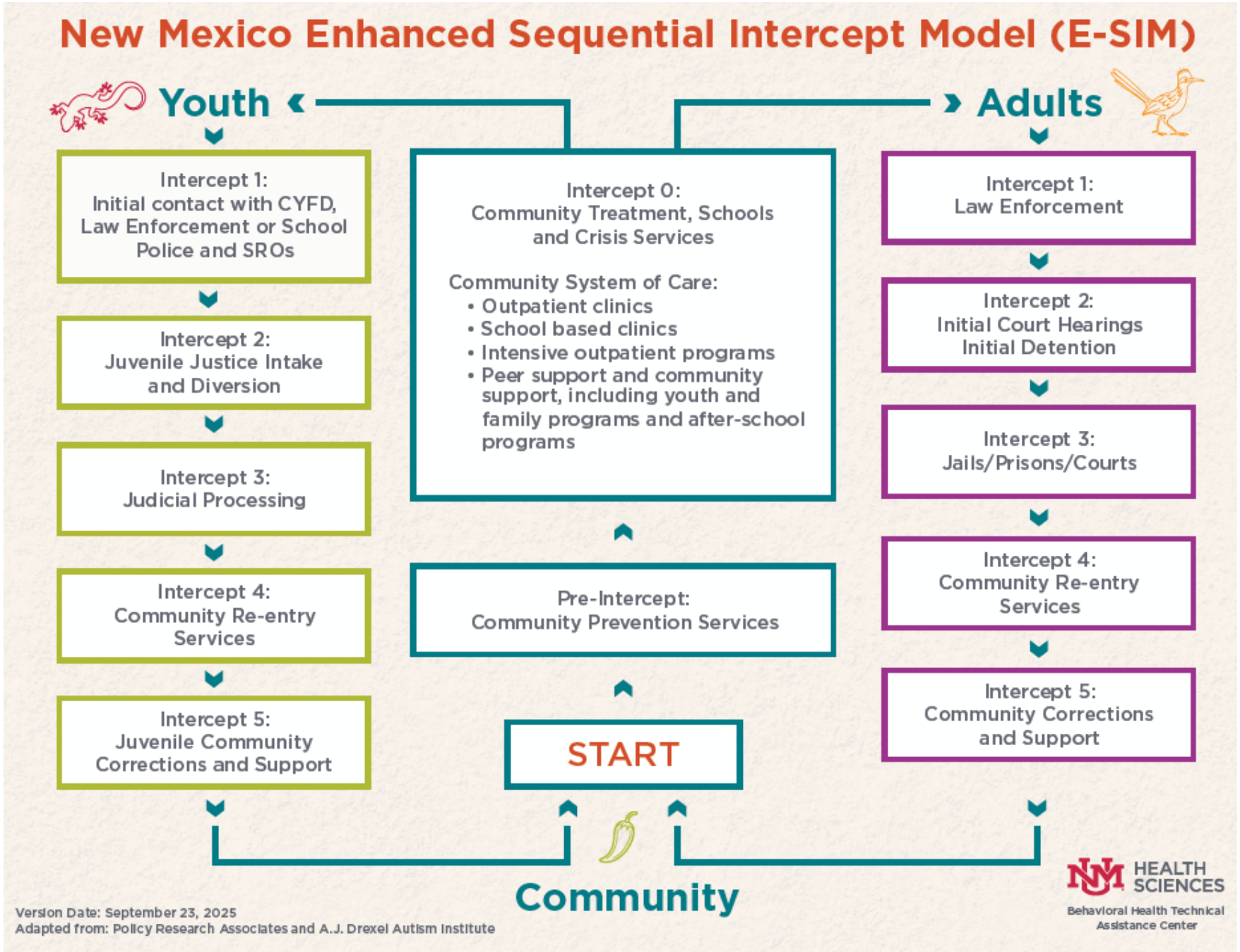
Appendix A.1: Map of Behavioral Health Regions

Appendix A.2: Acronym List

Acronyms

AA	Alcoholics Anonymous
AOC	Administrative Office of the Courts
AFB	Air Force Base
ARISE	Sexual Assault Services. and Child Advocacy Center
BH	Behavioral Health
BHRIA	Behavioral Health Reform and Investment Act (aka SB3)
CASA	Court Appointed Special Advocate
CATs	Clovis Area Transit System
CCBHC	Certified Community Behavioral Health Center
CHW	Community Health Worker
CIT	Crisis Intervention Teams
CMS	Centers for Medicare & Medicaid Services
CCSS	Comprehensive Community Support Services
CTC	Crisis Triage Center
CYFD	Children, Youth and Families Department
DARE	Diffuse, Allow, Run Toward, and Engage
DOH	Department of Health
DV	Domestic Violence
DWI	Driving While Intoxicated
E-SIM	Enhanced Sequential Intercept Model
EMS	Emergency Medical Services
ENMRSH	Early Childhood Services
ENMU	Eastern NM University
GED	General Educational Development
HCA	Health Care Authority
IEP	Individualized Education Program
IOP	Intensive Outpatient Program
JJAC	Juvenile Justice Advisory Committee
JCC	Juvenile Community Corrections
JPO	Juvenile Probation Officer
LPC	Licensed Professional Counselor
MAT	Medication-Assisted Treatment
MATT25	Matthew 25 Hope Center and Food Pantry
MCT	Mobile Crisis Team
MFHA	Mental Health First Aid
MI	Mental Illness
MH	Mental Health
MHR	Mental Health Resources
MOU	Memorandum of Understanding
MOUD	Medications for Opioid Use Disorder
MST	Multisystemic Therapy
NA	Narcotics Anonymous
PATS	Portales Area Transit System
PD	Police Department
PSA	Public Safety Aids
PSR	Psychosocial Rehabilitation
RISE	Reach, Intervene, Support and Engage
RTC	Residential Treatment Center
SA	Substance Abuse
SEL	Social and Emotional Learning
SRO	School Resource Officers
SUBH	Substance Use & Behavioral Health Program
SUD	Substance Use Disorders
TFC	Therapeutic Foster Care
YMCA	Young Mens Christian Association
YMHFA	Youth Mental Health First Aid
YRRS	Youth Risk and Resiliency Survey
UNM BHTAC	Behavioral Health Technical Assistance Center

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



Appendix A.4: Workshop Agenda

E-SIM Mapping and Prioritization Workshop Curry, Roosevelt County/ Region 9

Tuesday, December 2 - Thursday, December 4, 2025

Theme - Breaking the Cycle: Integrating Behavioral Health and Justice Through Collaboration

Tuesday, December 2nd — Clovis Civic Center , Clovis, NM

Day 1: Mapping of Youth System

8:00 AM ***Workshop open for Registration, Networking and Light Breakfast***
— Enchantment II

8:30 AM **Welcome and Overview of the Day**
— Enchantment II
- **Deborah Altschul, PhD,** UNM Department of Psychiatry and Behavioral Sciences

8:50 AM **Overview of Data on Youth Gaps and Needs**
— Enchantment II
- **Bethany Brzozowske, MPH, CHES**, Curry County Substance Use & Behavioral Health Program Manager
- **Shannon Morrison, PhD,** Morrison Associates Contracted Evaluator

9:15 AM **Pre-Intercept (Prevention): Mapping Existing Services, Gaps and Opportunities**
— Breakout Rooms

10:45 AM ***Break***

11:00 AM **Intercept 0: Mapping Existing Services, Gaps and Opportunities**
— Breakout Rooms

12:15 PM **Lunch**

1:00 PM **Mapping Intercept 1**
— Breakout Rooms

2:00 PM ***Break***

2:15 PM **Mapping Intercept 2 and 3**
— Breakout Rooms

3:15 PM ***Break***

3:30 PM **Mapping Intercept 4 and 5**
— Breakout Rooms

4:15 PM **Curry County Medicaid Snapshot, Wrap-up and Overview of the next day**
— Enchantment II
- **Deborah Altschul, PhD,** UNM Department of Psychiatry and Behavioral Sciences

Breakout Room 1
Esperanza I

Breakout Room 2
Esperanza II

E-SIM Mapping and Prioritization Workshop
Curry, Roosevelt County/ Region 9

Tuesday, December 2 - Thursday, December 4, 2025

Theme - Breaking the Cycle: Integrating Behavioral Health and Justice Through Collaboration

Wednesday, December 3rd — Clovis Civic Center , Clovis, NM

Day 2: Mapping of Adult System

8:00 AM ***Workshop open for Registration, Networking and Light Breakfast***
— Enchantment II

8:30 AM **Welcome and Overview of the Day**
Review of Discussion from Previous Day with Suggested List of Priorities
— Enchantment II
- **Deborah Altschul, PhD,** UNM Department of Psychiatry and Behavioral Sciences
- **The Honorable Donna Mowrer,** 9th Judicial District Court Presiding Judge
- **JD Jones**, In Partnership with the National Alliance on Mental Illness (NM) and Bristol Myers Squibb

9:00 AM **Pre-Intercept (Prevention): Mapping Existing Services, Gaps and Opportunities**
— Breakout Rooms

10:30 AM ***Break***

10:45 AM **Intercept 0: Mapping Existing Services, Gaps and Opportunities**
— Breakout Rooms

12:00 PM **Lunch**

1:00 PM **Mapping Intercept 1**
— Breakout Rooms

2:00 PM ***Break***

2:15 PM **Mapping Intercept 2 and 3**
— Breakout Rooms

3:15 PM ***Break***

3:30 PM **Mapping Intercept 4 and 5**
— Breakout Rooms

4:30 PM **Wrap-up and Overview of Goals for Prioritization Day**
— Enchantment II
- **Deborah Altschul, PhD,** UNM Department of Psychiatry and Behavioral Sciences

Breakout Room 1
Esperanza I

Breakout Room 2
Esperanza II

E-SIM Mapping and Prioritization Workshop
Curry, Roosevelt County/ Region 9

Tuesday, December 2 - Thursday, December 4, 2025

Theme - Breaking the Cycle: Integrating Behavioral Health and Justice Through Collaboration

Thursday, December 4th — Clovis Civic Center , Clovis, NM

Day 3: Prioritization

8:00 AM ***Workshop open for Registration, Networking and Light Breakfast***
— Enchantment II

8:30 AM **Welcome and Overview of the Day**
Review of Discussion from Previous Day with Suggested List of Priorities
— Enchantment II
- **Deborah Altschul, PhD,** UNM Department of Psychiatry and Behavioral Sciences
- **Annette Crisanti, PhD,** UNM Department of Psychiatry and Behavioral Sciences
- **Rachel Wiley, PhD,** ABPP, Lt Col, USAF, BSC, 27 Special Operations Medical Readiness Squadron

10:00 AM **Silent Ranking Using Dots for Final Priority List**
— Enchantment II

10:15 AM ***Break***

10:30 AM **Review Top 5 Priorities Based on Voting**
— Enchantment II

11:00 PM **Small Group Discussions of Priority 1**
— Breakout Rooms

12:00 PM **Networking Lunch**

12:45 PM **Small Group Discussions of Priority 2 & 3**
— Breakout Rooms

1:45 PM **Small Group Discussions of Priority 4 & 5**
— Breakout Rooms

2:45 AM ***Break***

3:00 PM **Small Group Discussions of Other Priorities**
— Breakout Rooms

4:30 PM **Evaluation and Provide Next Steps**
— Enchantment II
- **Lance Pyle,** Curry County Manager
- **Meadow Forget,** Roosevelt County Manager

Breakout Room 1
Esperanza I

Breakout Room 2
Esperanza II

Appendix A.5: Region Specific Medicaid Snapshot Data

Behavioral Region 9 vs The State of New Mexico

Examining behavioral health disorder diagnoses, and utilization of services, facilities and infrastructure in Behavioral Region 9 compared to the state of New Mexico.

County in Behavioral Region 9: Curry, Roosevelt

Objective

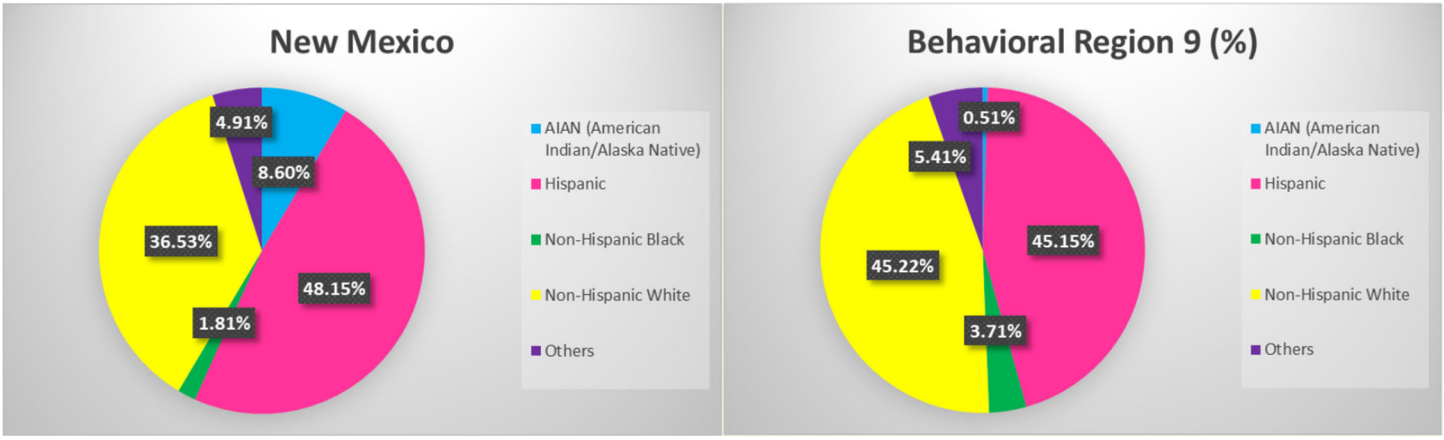
To compare Behavioral Region 9 (Curry and Roosevelt) with the state on below characteristics

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

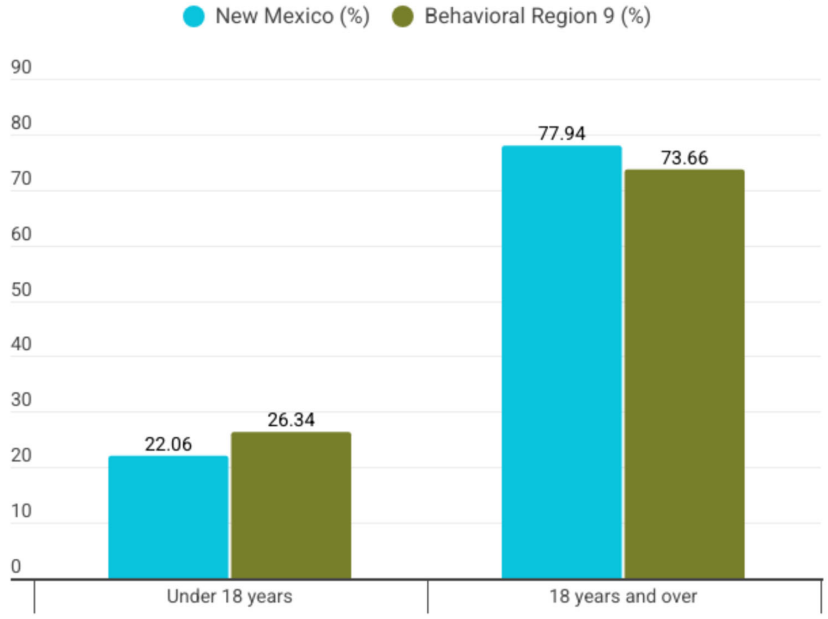
Demographic Comparison

Key demographic factors reveal significant regional variations

Race/Ethnicity



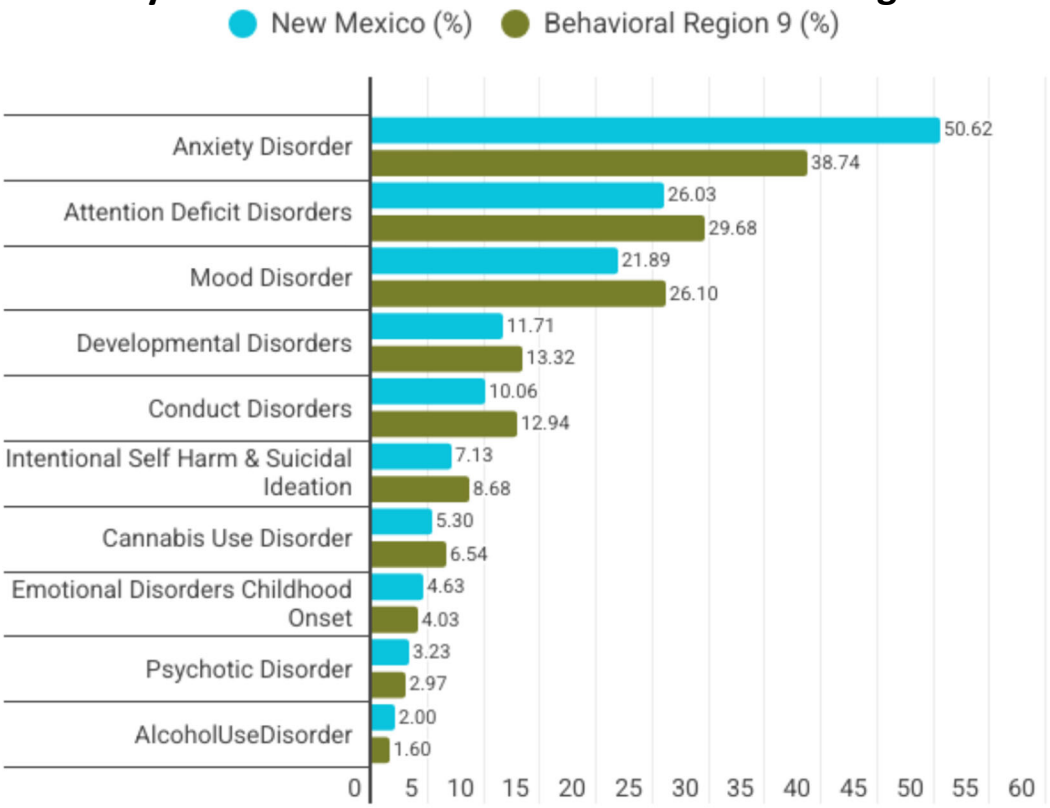
Age Distribution – New Mexico vs. Behavioral Region 9



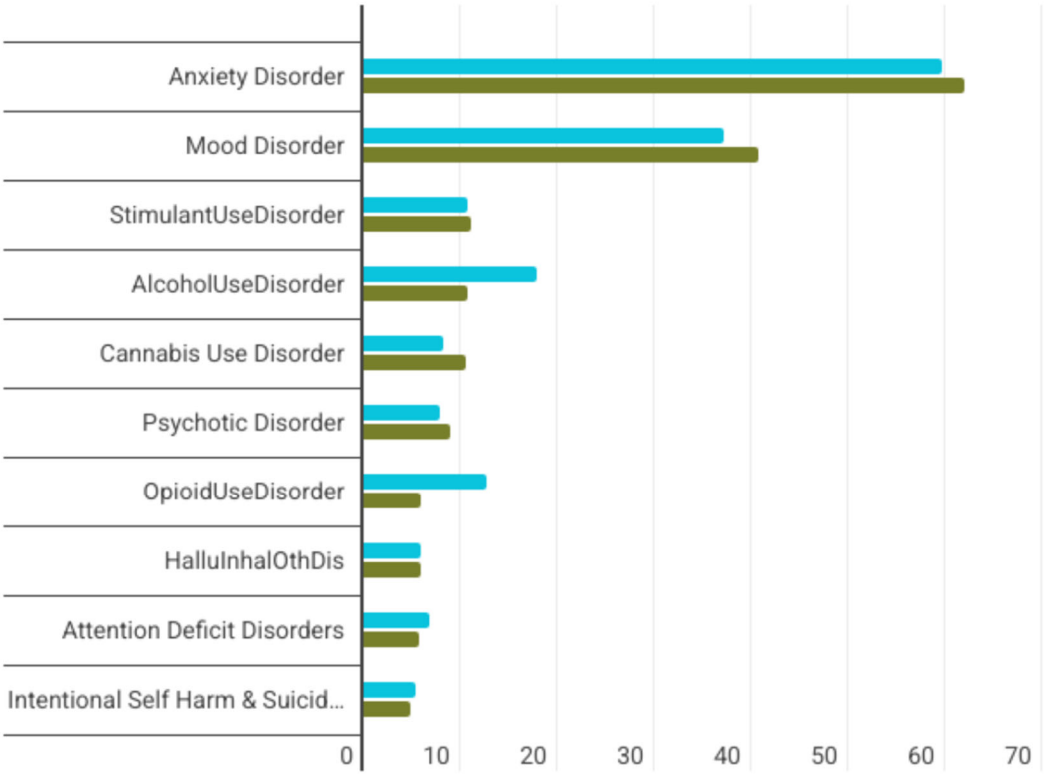
Top 10 behavioral health disorder diagnosis by age group

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

<18-year-olds – New Mexico vs. Behavioral Region 9

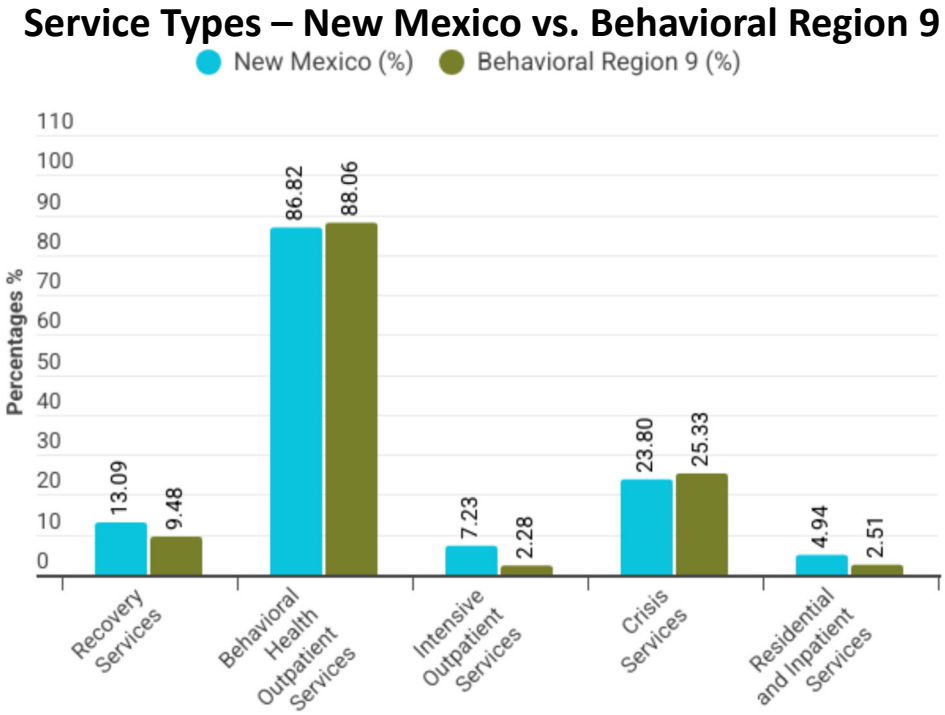


18+ New Mexico vs Behavioral Region 9



Service Utilization

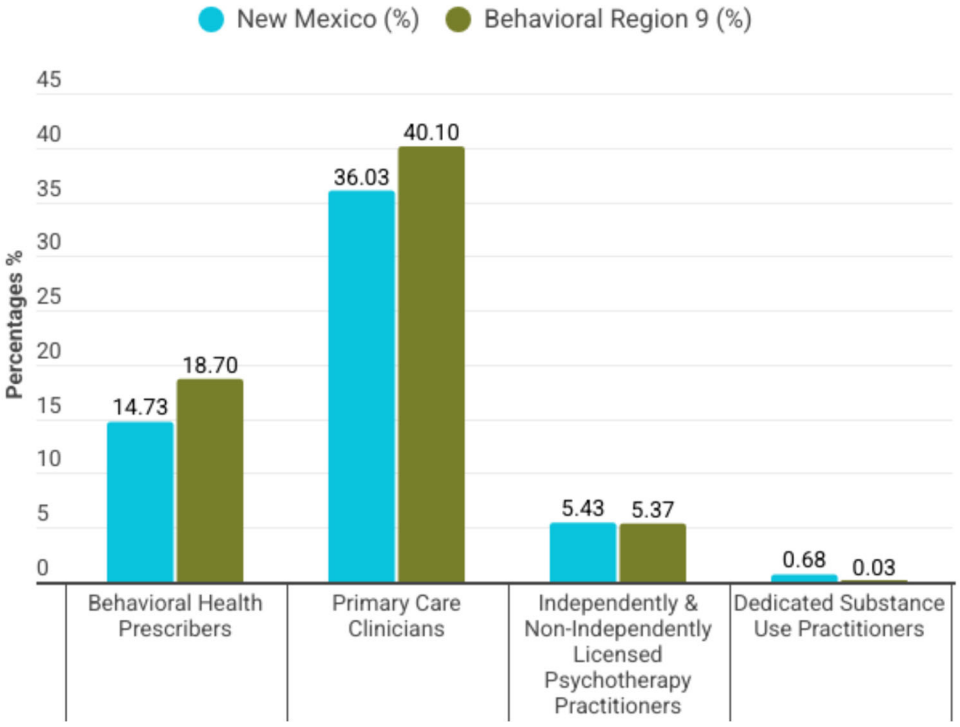
Percentage of Medicaid recipients with Behavioral Health (BH) conditions receiving different types of Behavioral Health services.



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.

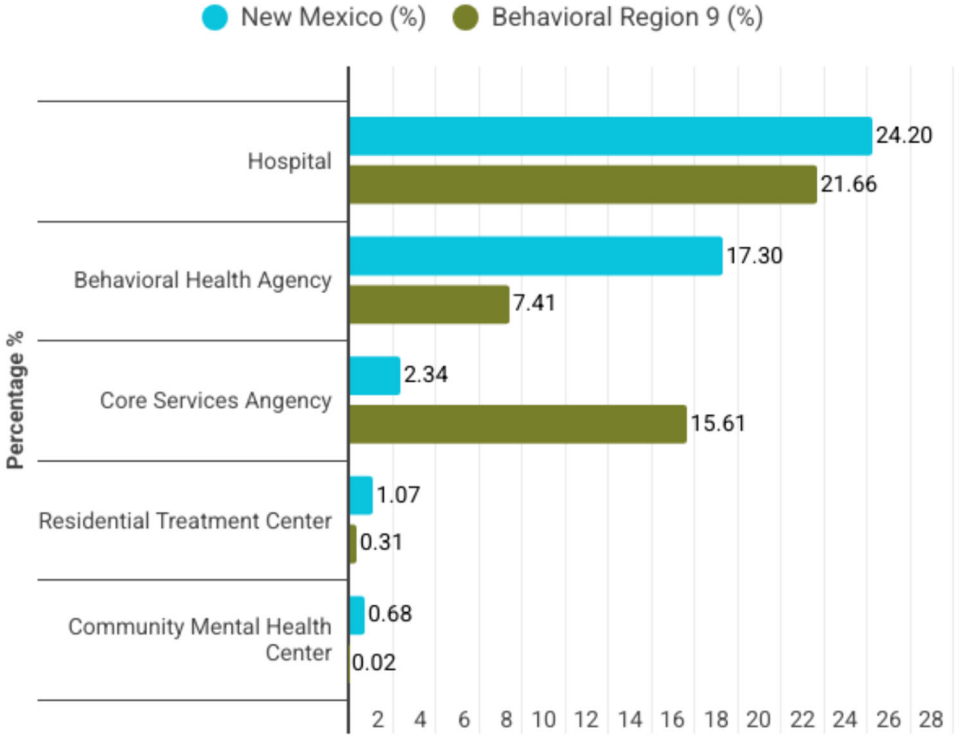
Individuals on Medicaid are more likely to have at least one contact with a prescriber than with a therapist in a calendar year.



Infrastructure Utilization

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

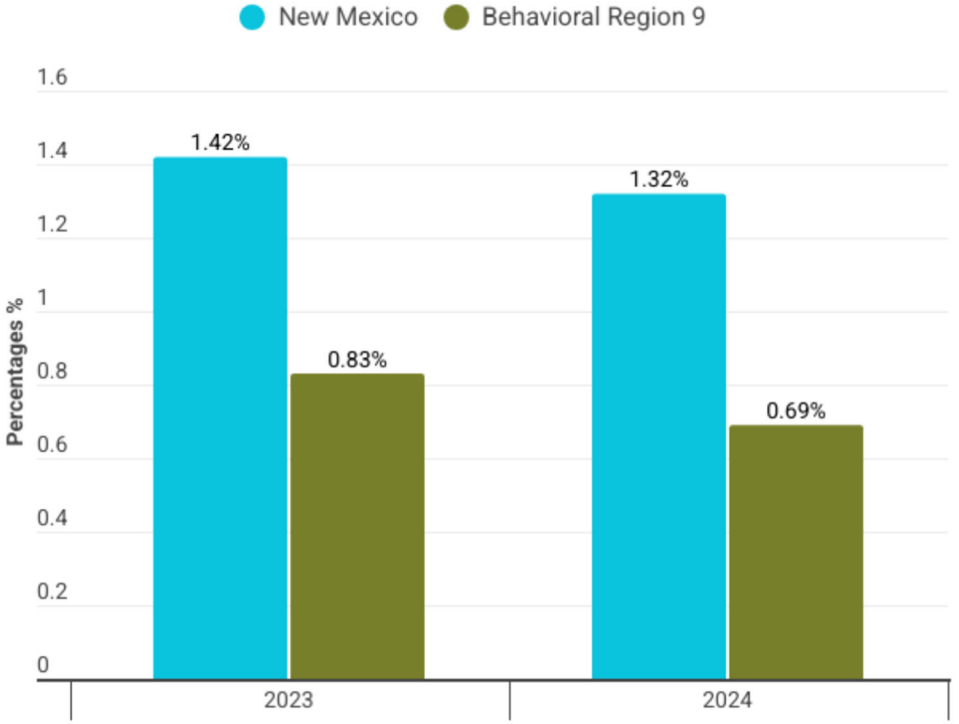
Infrastructure Type – New Mexico vs. Behavioral Region 9



Crisis Call per Capita

Percentage of population who made a crisis call.

Crisis Call Rate Per Capita – New Mexico vs. Behavioral Region 9



Crisis Call per Capita (cont.)

State of New Mexico

Total Population 2023	Total Population 2024
2,114,371	2,130,256
Crisis Calls 2023	**Crisis Calls 2024**
29,977	28,137
1.42% (2023)	**1.32% (2024)**

↓ Decreased from 2023 to 2024

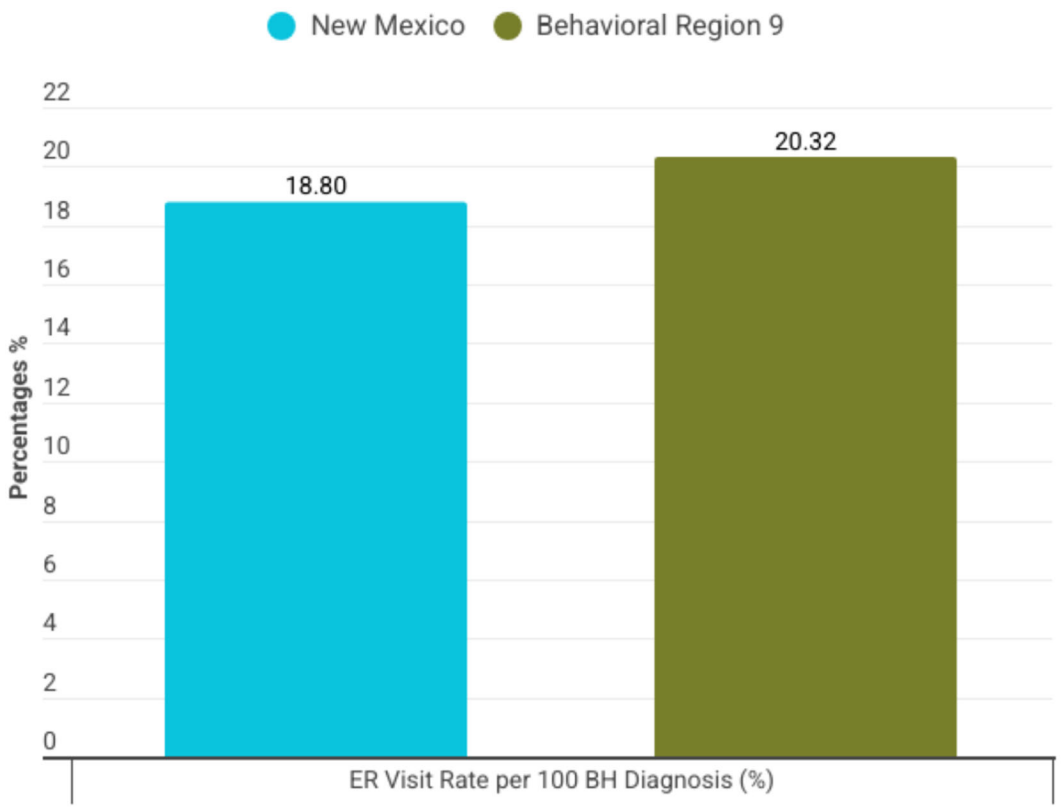
BR9 Service Area

Total Population 2023	Total Population 2024
66,009	65,869
Crisis Calls 2023	**Crisis Calls 2024**
549	452
0.83% (2023)	**0.69% (2024)**

↓ Decreased from 2023 to 2024

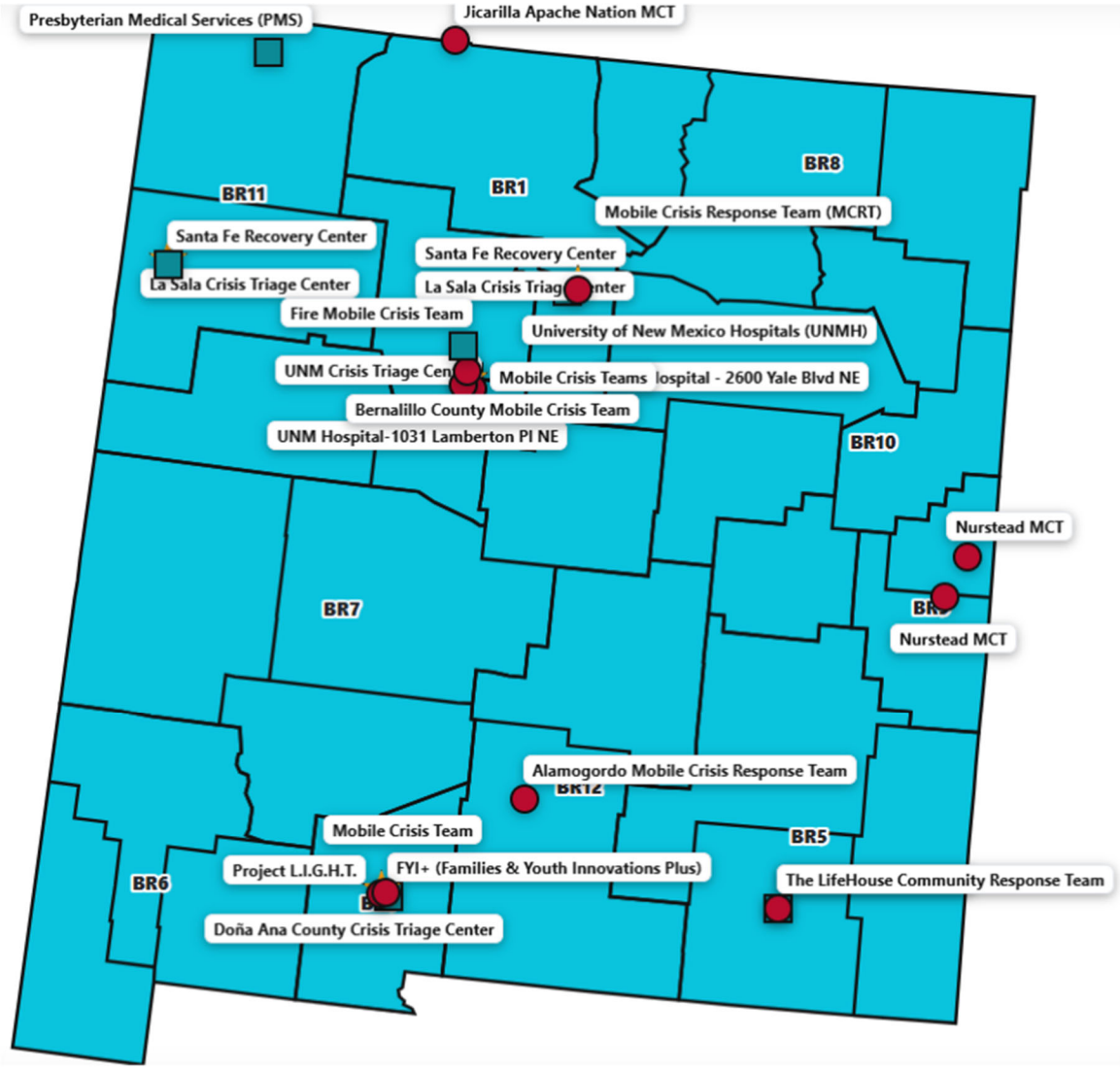
Emergency Room Utilization

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



CCBHC, CTC, Mobile Crisis

New Mexico

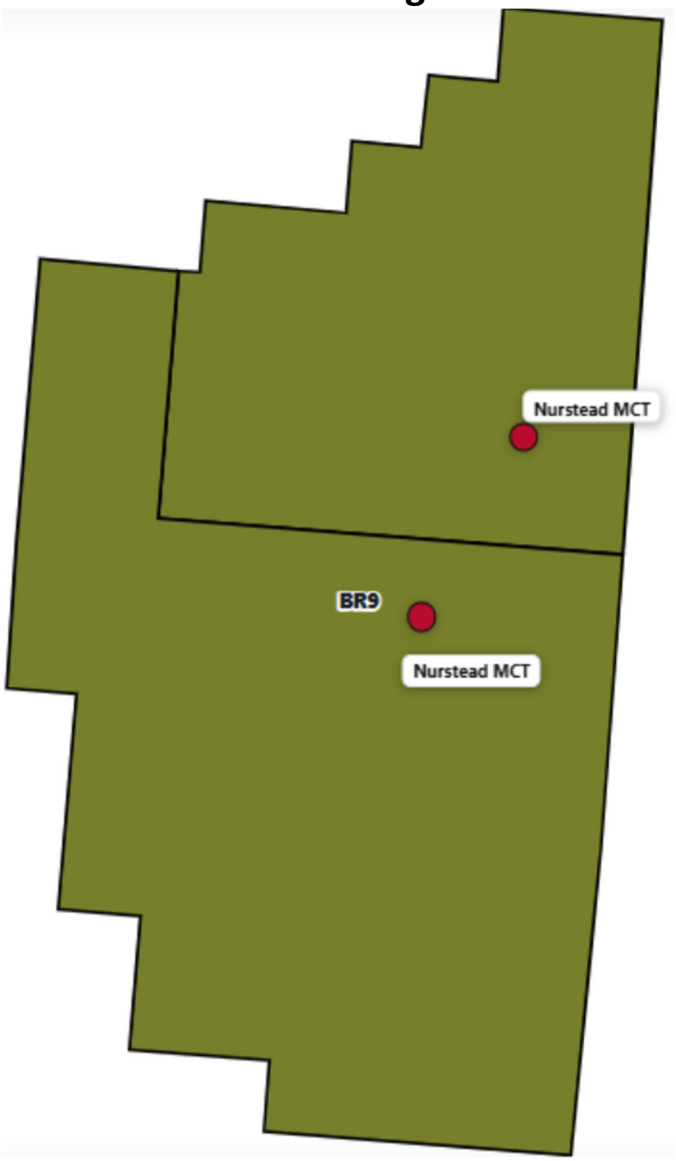


Mobile Crisis Team CCBHC Crisis Triage Center

Name	County	BR	Address	Zip Code	Type
Presbyterian Medical Services (PMS)	San Juan	BR11	1001 W Broadway Suite E & D, Farmington, NM 87401	87401	CCBHC
Santa Fe Recovery Center	McKinley	BR11	2028 E Aztec Ave	87301	CCBHC
Santa Fe Recovery Center	Santa Fe	BR1	2504 Camino Entrada	87507	CCBHC
La Sala Crisis Triage Center	Santa Fe	BR1	2052 Galisteo St	87505	Crisis Triage Center
Mobile Crisis Response Team (MCRT)	Santa Fe	BR1	2052 Galisteo St	87505	Mobile Crisis Team

UNM Hospital	Bernalillo	BR2	2600 Yale Blvd NE	87106	CCBHC
	Bernalillo	BR2	1031 Lamberton Pl NE	87107	CCBHC
	Bernalillo	BR2	2600 Marble Ave NE	87106	CCBHC
UNM Crisis Triage Center	Bernalillo	BR2	2600 Marble Ave NE	87106	Crisis Triage Center
Mobile Crisis Teams	Bernalillo	BR2	1210 San Mateo Blvd SE	87108	Mobile Crisis Team
Bernalillo County Mobile Crisis Team	Bernalillo	BR2	415 Silver Avenue SW, Albuquerque, NM 87102	87102	Mobile Crisis Team
Fire Mobile Crisis Team	Bernalillo	BR2	6840 2nd St NW Ste 301, Albuquerque, NM 87107	87107	Mobile Crisis Team
FYI+ (Families & Youth Innovations Plus)	Dona Ana	BR3	1320 S Solano Dr, Las Cruces, NM	88001	CCBHC
Doña Ana County Crisis Triage Center	Dona Ana	BR3	1850 B Copper Loop, Las Cruces, NM 88005	88005	Crisis Triage Center
Mobile Crisis Team	Dona Ana	BR3	845 N. Motel Blvd, Las Cruces, NM	88005	Mobile Crisis Team
Project L.I.G.H.T.	Dona Ana	BR3	201 E Picacho Ave	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	87144	CCBHC
Nurstead MCT	Roosevelt	BR9	604 E 2nd Street, Portales, NM 88130	88130	Mobile Crisis Team
Nurstead MCT	Curry	BR9	300 Commerce Way, Clovis, NM 88101	88101	Mobile Crisis Team
Alamogordo Mobile Crisis Response Team	Otero	BR12	700 Virginia Ave, Alamogordo, NM 88310	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	500 Mundo Rd, Dulce, NM 87528	87528	Mobile Crisis Team

Behavioral Region 9



Mobile Crisis Team CCBHC Crisis Triage Center

Name	County	BR	Address	Zip Code	Type
Nurstead MCT	Roosevelt	BR9	604 E 2nd Street Portales, NM 88130	88130	Mobile Crisis Team
Nurstead MCT	Curry	BR9	300 Commerce Way, Clovis, NM 88101	88101	Mobile Crisis Team

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 (BR9)	
	Beneficiary N=217,656	%	Beneficiary N=6,182	%
Recovery Services	**28,500**	**13.09%**	**586**	**9.48%**
PSW	4,707	2.16%	97	1.57%
CCSS	20,270	9.31%	237	3.83%
PSR	362	0.17%	0	0.00%
CSW	7,215	3.31%	214	3.46%
FSW	155	0.07%	9	0.15%
CHW	0	0.00%	0	0.00%
BMS	1,113	0.51%	43	0.70%
BT	2,044	0.94%	66	1.07%
BHOP Services	**188,968**	**86.82%**	**5,444**	**88.06%**
BH Workforce	**106,765**	**49.05%**	**3,494**	**56.52%**
BH-Prescribers	**32,061**	**14.73%**	**1,156**	**18.70%**
Psychiatrist	10,700	4.92%	282	4.56%
PsyNursePract	20,228	9.29%	1,029	16.65%
PrescPsychologist	2,704	1.24%	9	0.15%
PrimaryCare	**78,429**	**36.03%**	**2,479**	**40.10%**
Independently and Non-Independently Licensed Psychotherapy Practitioners	**11,814**	**5.43%**	**332**	**5.37%**
Psychologist	861	0.40%	4	0.06%
LCSWLISW	4,824	2.22%	81	1.31%
LPCC	4,506	2.07%	211	3.41%
LPAT	27	0.01%	0	0.00%
LMFT	482	0.22%	0	0.00%
LMSW	1,225	0.56%	17	0.27%
LMHC	1,533	0.70%	63	1.02%
LAMFT	48	0.02%	1	0.02%
Dedicated Substance Use Practitioners	**1,480**	**0.68%**	**2**	**0.03%**
LADAC	629	0.29%	1	0.02%
LSAA	882	0.41%	1	0.02%
CADAC	0	0.00%	0	0.00%
Intensive Outpatient Services	**15,741**	**7.23%**	**141**	**2.28%**
IOP	12,049	5.54%	84	1.36%
PartialHosp	1,051	0.48%	7	0.11%
ACT	1,555	0.71%	5	0.08%
MST	1,455	0.67%	40	0.65%
FFT	11	0.01%	5	0.08%
Crisis Services	**51,804**	**23.80%**	**1,566**	**25.33%**
ED	41,094	18.88%	1,256	20.32%
UrgentCare	21,369	9.82%	474	7.67%
MobileCrisis CTC	1,854	0.85%	353	5.71%
Crisis Intervention	1,476	0.68%	350	5.66%

New Mexico Mortality Rates

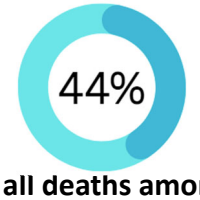
Examining Suicide Deaths, Alcohol-Related Deaths, and Drug Overdose Deaths in the state of New Mexico

Overview

Overall Crisis

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

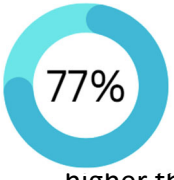
In 2021, these causes accounted for



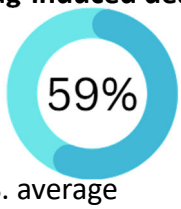
of all deaths among residents aged 12–34

Rates far exceed national averages:

Suicide



Drug-induced deaths:



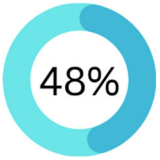
higher than U.S. average

Demographics & Geography

Population: 2.1 million

Race/Ethnicity:

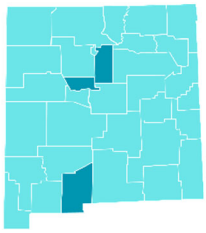
Hispanic



White (non-Hispanic)

Native American

Urban concentration:

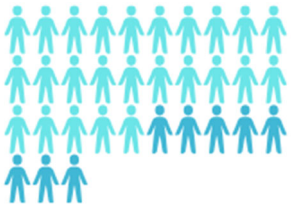


50% of residents live in

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

(6% of land area)

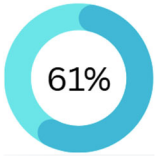
Rural/frontier context:



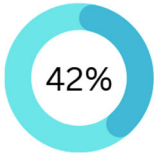
25 of 33 counties have <15 people per square mile, limiting access to care

Comorbidity of Mental Health and Substance Use

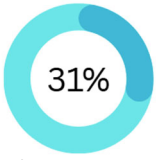
Youth (Grades 9–12):



report mental health concerns

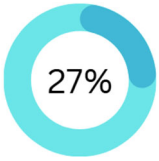


use ≥1 substance

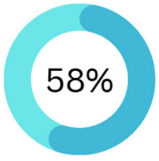


have both (co-occurring mental health + substance use disorder)

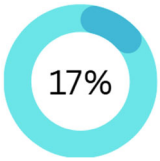
Adults:



report mental health concerns

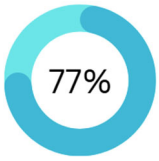


use ≥1 substance



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

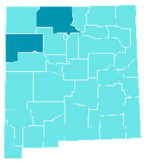
- **Highest alcohol-related death rate in the U.S. since 1997**

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

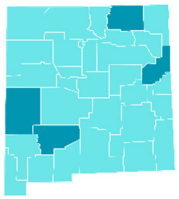
methamphetamine and fentanyl deaths

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

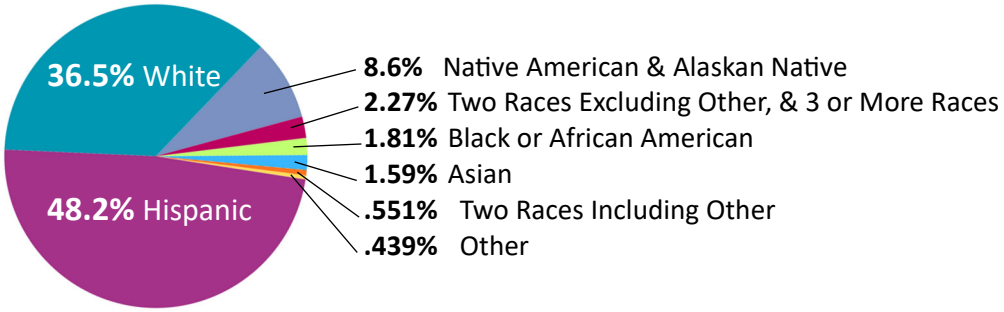
Source: https://datausa.io/profile/geo/new-mexico

Population

Source: U.S. Census

Population: 2,117,522

Race/Ethnicity



Hispanic breakdown:

White Hispanic

Two Races Including Other (Hispanic)

Other (Hispanic) = 16.6 %

Two Races Excluding Other, & Three or More

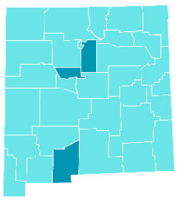
American Indian & Alaskan Native (Hispanic)

Black or African American (Hispanic)

Asian (Hispanic)

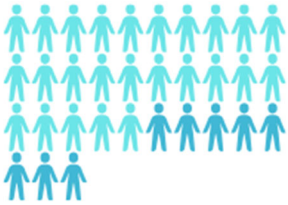
Native Hawaiian & Other Pacific Islander

Rural/Frontier

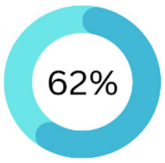


50% of residents live in
- **Bernalillo,**
- **Doña Ana, and**
- **Santa Fe Counties**

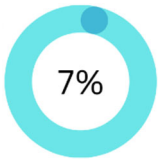
These 3 counties make up only 6% of the state's total land area



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

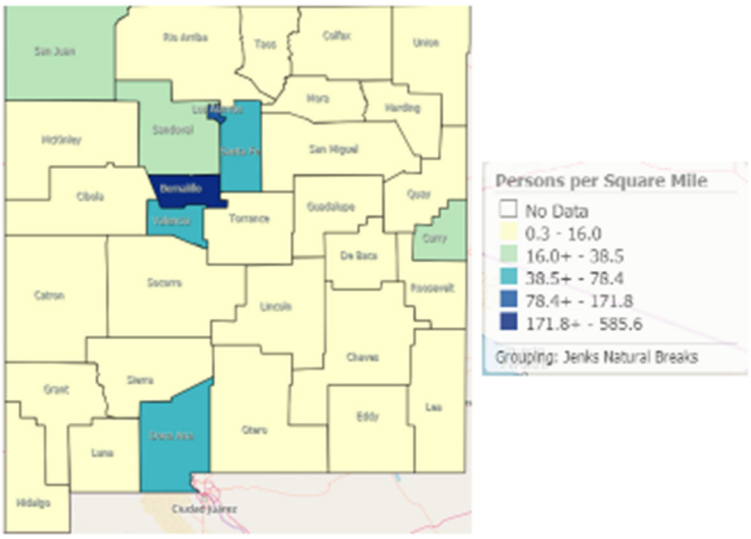


of the population resides in seven urban counties (including Bernalillo County, home to one-third of the state's residents)



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

Estimated Population County by County - Population Density, 2017



NM Co-morbid "Deaths of Despair"

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

Suicide, Overdose, Alcohol-related *Deaths*

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

Estimated Population *Affected* (2021)

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

Substance *Use and Suicide*

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

Disparities and Equity Findings

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

Suicide & Self-Injury

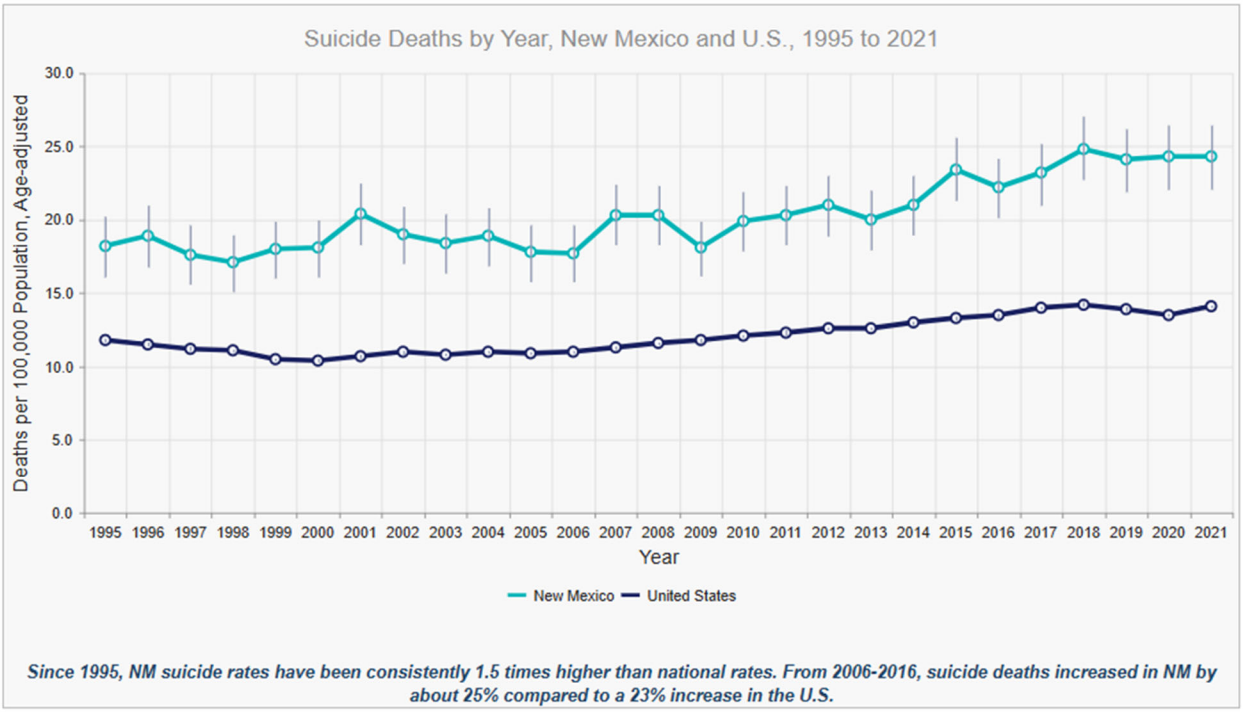
Source: New Mexico's Health Indicator Data & Statistics - https://ibis.doh.nm.gov/indicator/view/SuicDeath.Cnty.html

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

Suicide & Self-Injury Related Deaths

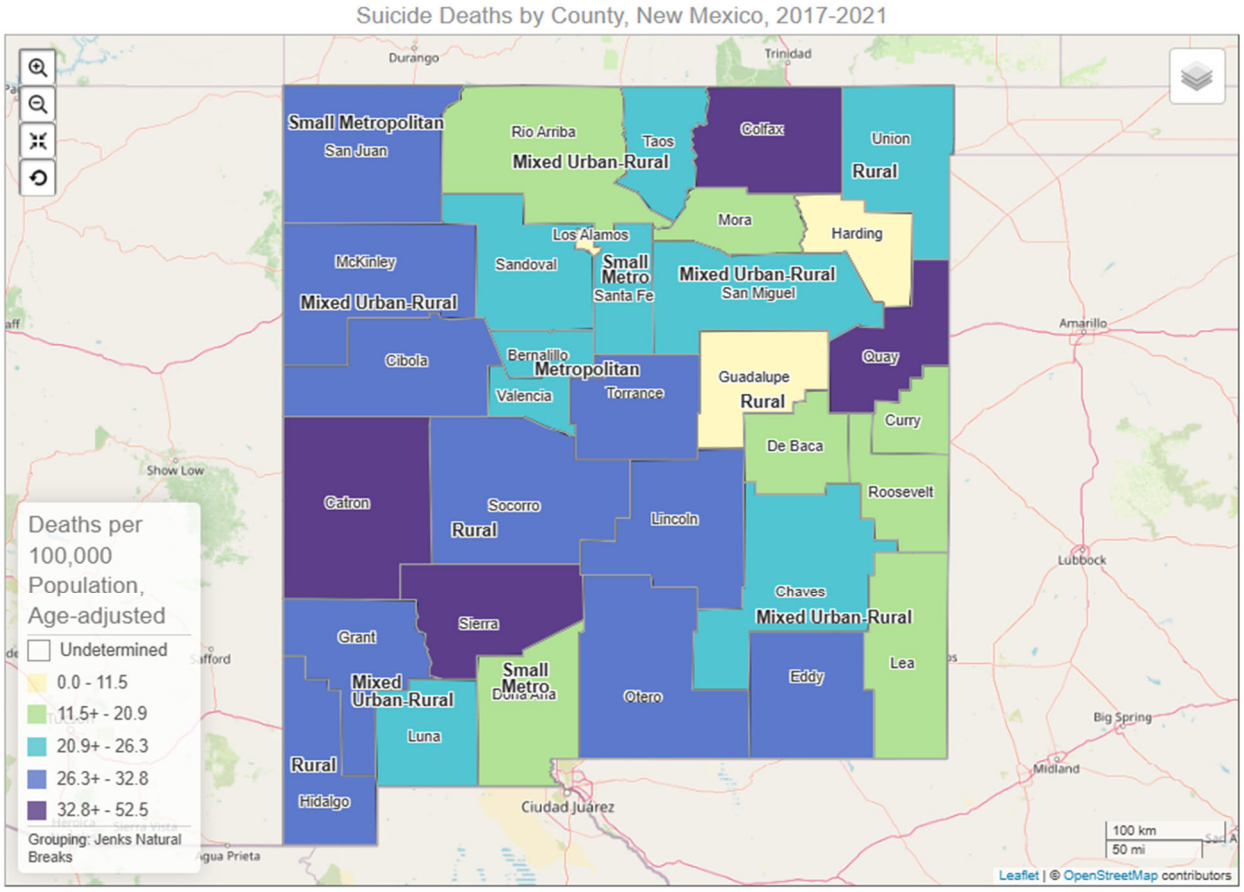
- Suicidal behaviors are a major public health concern and a leading cause of morbidity and mortality in New Mexico.
- In 2018:
  - Suicide was the 9th leading cause of death overall in New Mexico.
  - It was the 2nd leading cause of death among individuals aged 5–34 years.
  - It was the 4th leading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

Suicide Deaths by Year, NM and US

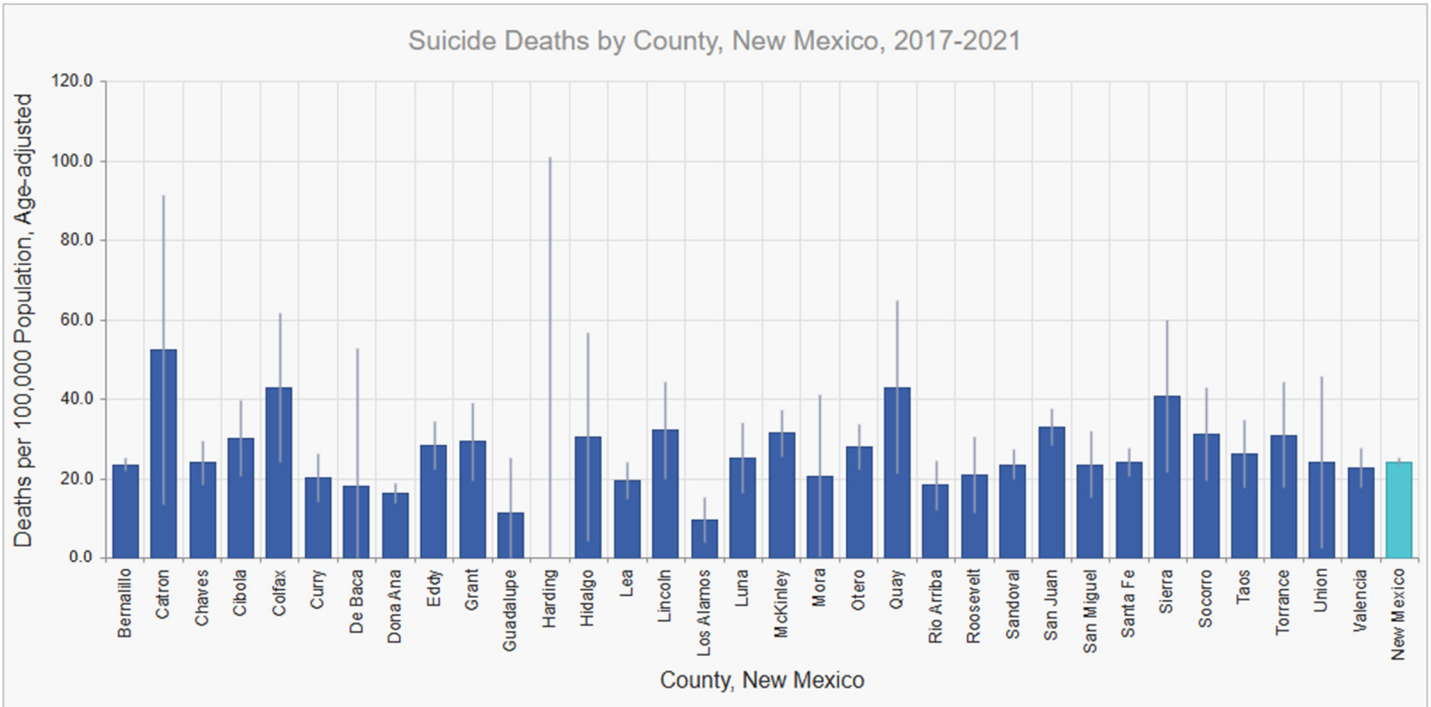


Since 1995, NM suicide rates have been consistently 1.5 times higher than national rates. From 2006-2016, suicide deaths increased in NM by about 25% compared to a 23% increase in the U.S.

Suicide Deaths by Year, by County, NM

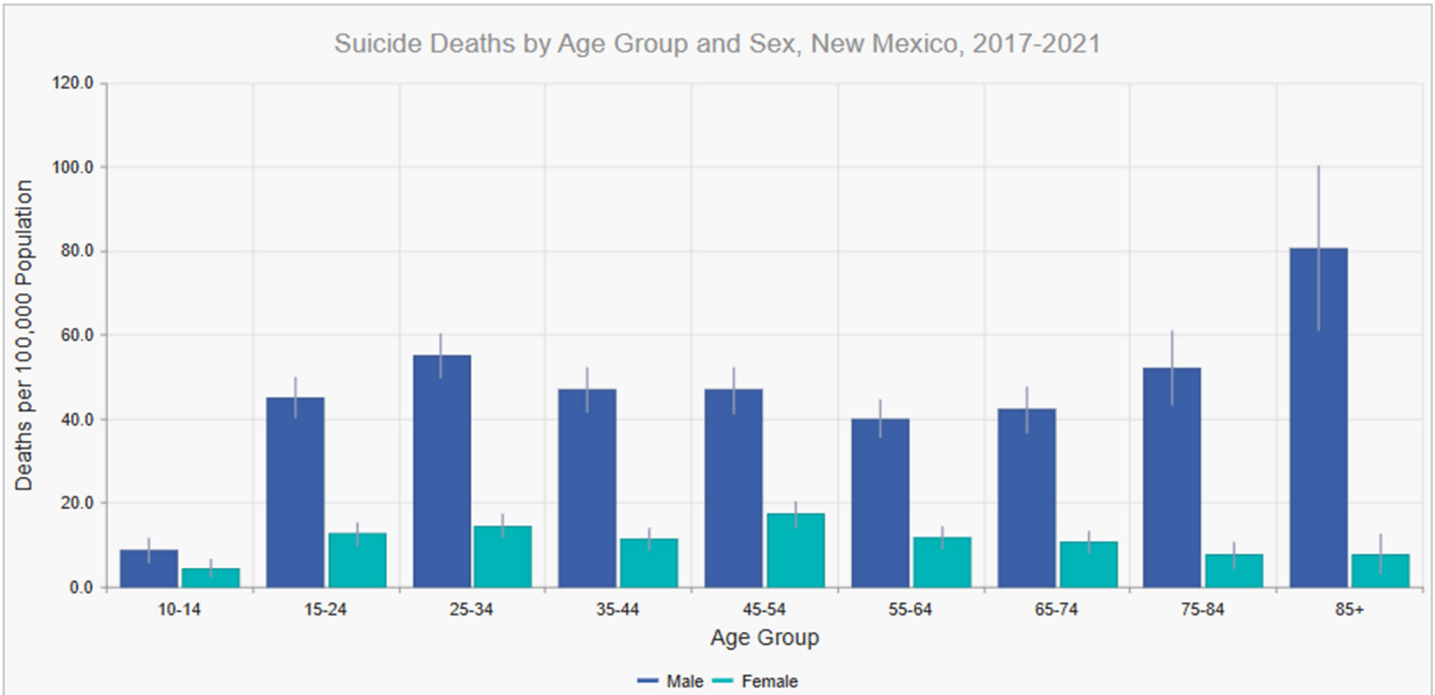


Suicide Deaths by County, NM



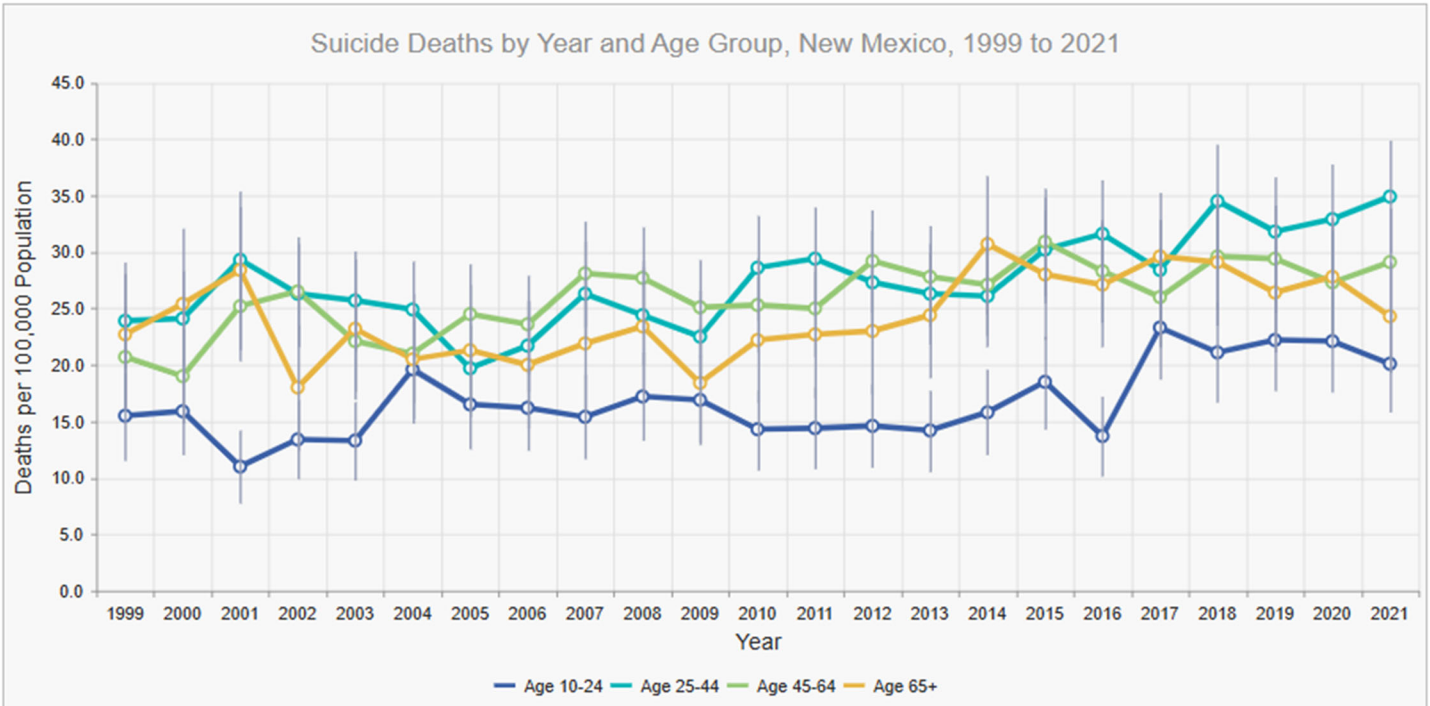
From 2013-2017, 20 NM counties had age-adjusted suicide rates that were significantly higher than the 2016 U.S. rate. NM counties with the highest suicide rates included Catron, Hidalgo, Grant and Sierra Counties in the Southwest; Quay County in the Southeast; and Taos, San Miguel and Torrance Counties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

Suicide Deaths by Age Group and Sex, NM



Suicide rates were highest among adults 85 years and older followed by those 45-54 years and 75-84 years. The male suicide rate was more than 3 times higher than the female rate; males had higher suicide rates in all age groups. Among males, the highest suicide rates were in those 75 years and older, whereas the highest rates among females were in the age groups 45 to 64 years.

Suicide Deaths by Year and Age Group, NM



From 1999-2017, suicide deaths increased in all age groups. The largest increase in suicide deaths was among youth 10-24 years (50%), followed by those 65 years and older (30%). In 2017, the highest suicide death rate was among persons aged 65 years and older (29.6 deaths/100,000 population). 2017 rates reflect a statistically-significant increase in deaths among youth aged 10-24 years.

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

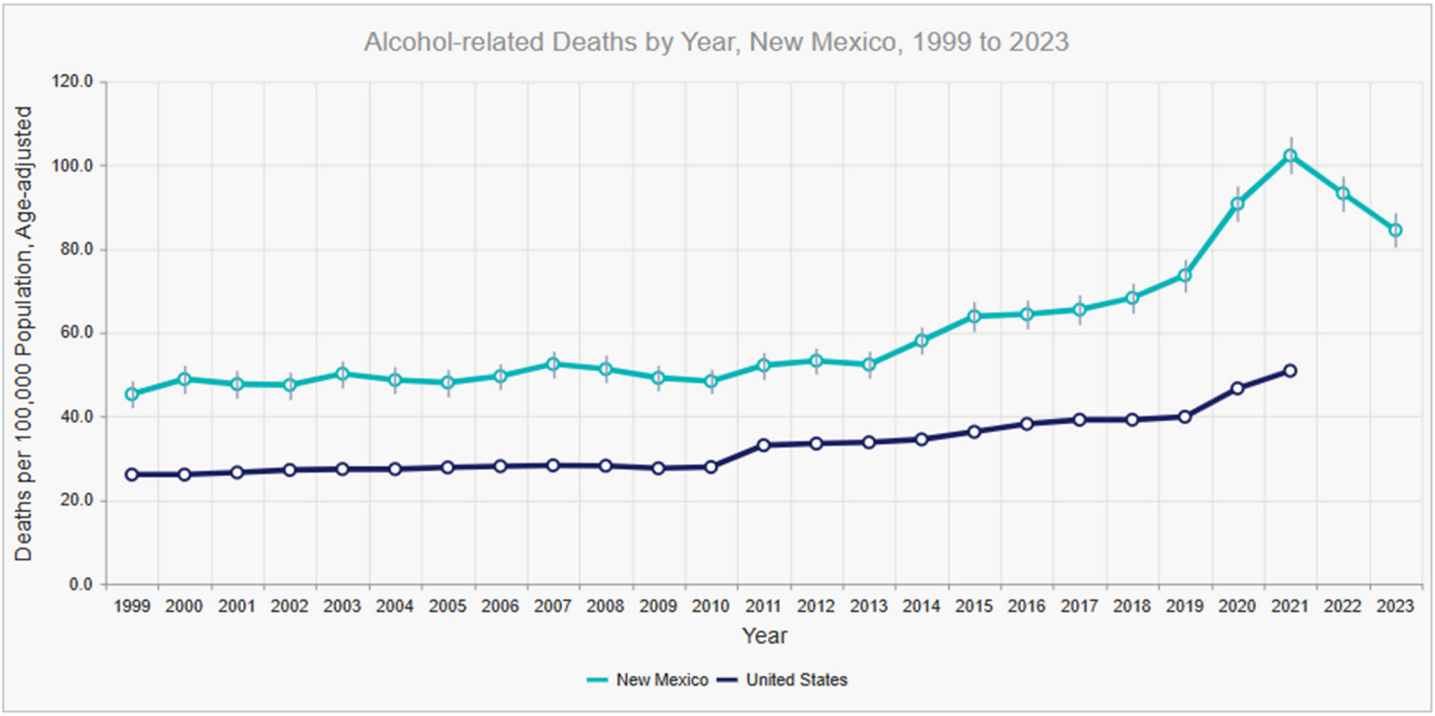
In New Mexico:

1 in 5 deaths among working-age adults

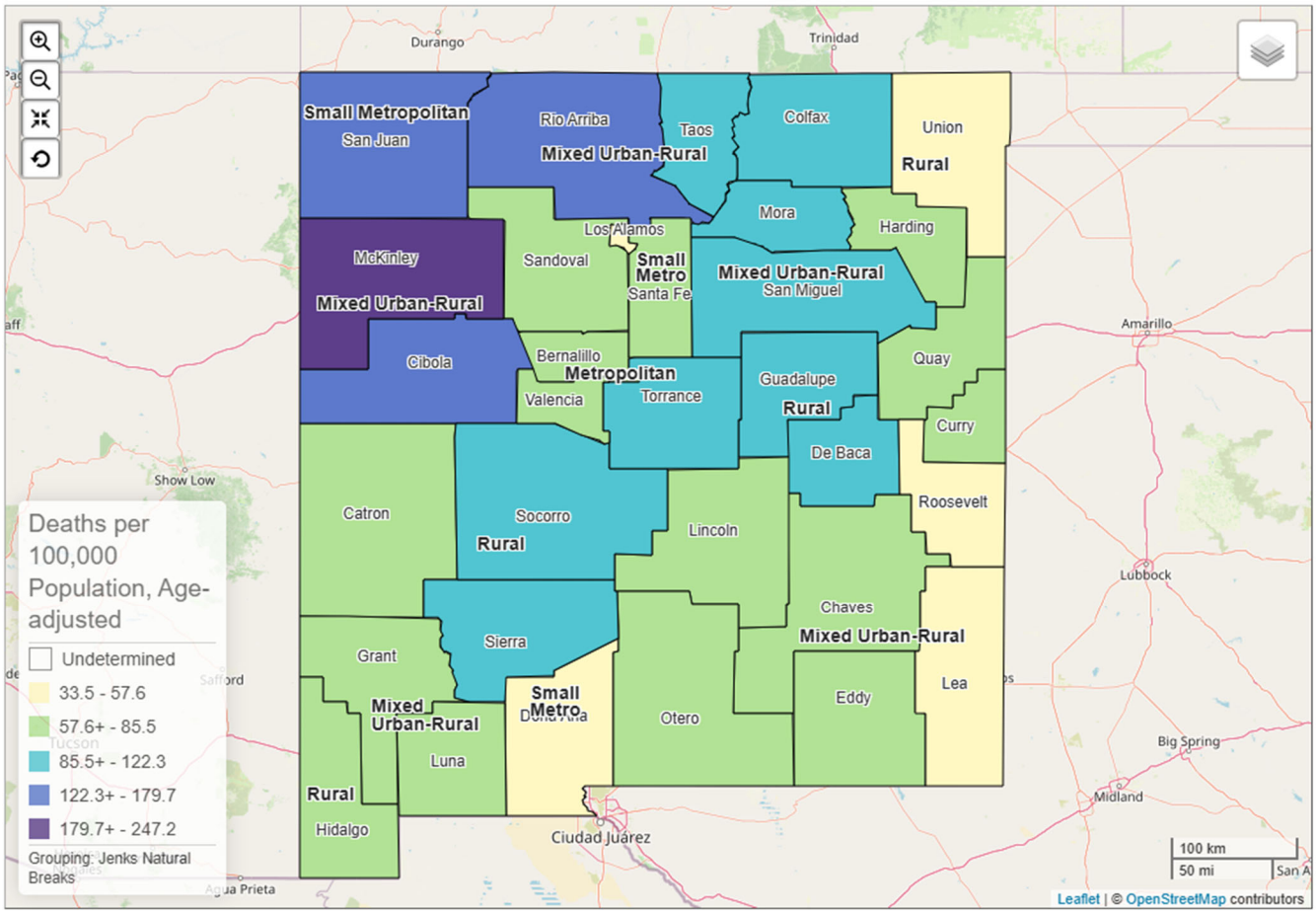
(ages 20–64) is alcohol-related

— **This is twice as high as the national rate**

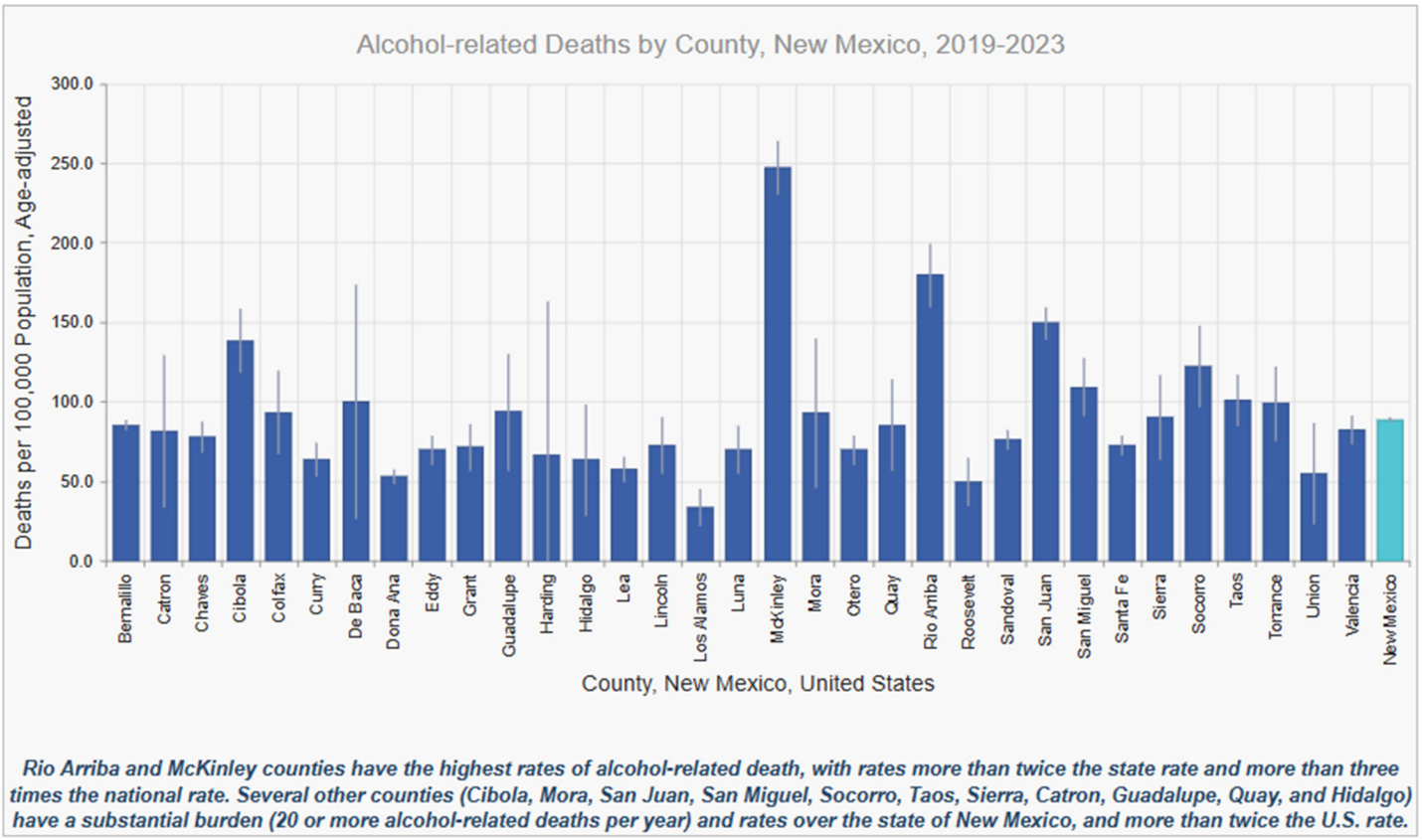
Alcohol-Related Deaths by Year, NM



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

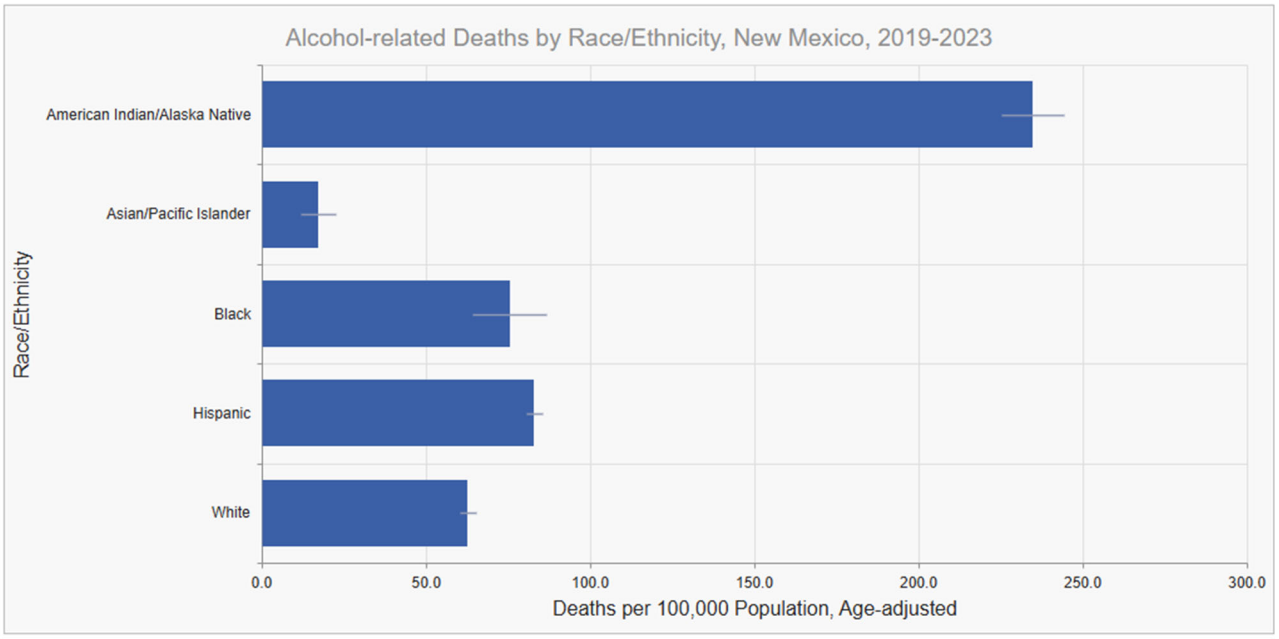


Alcohol-related Deaths by County, NM

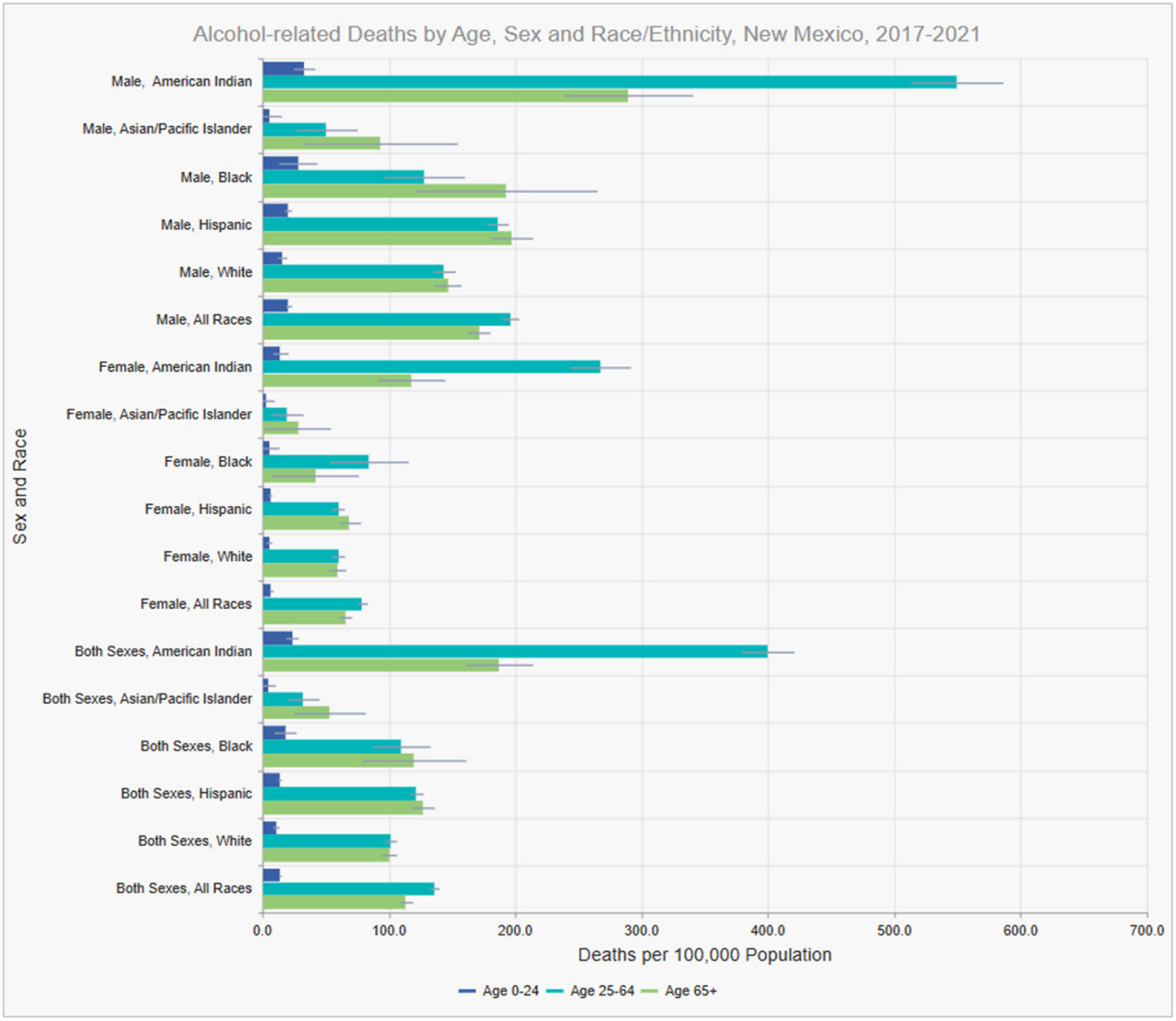


Rio Arriba and McKinley counties have the highest rates of alcohol-related death, with rates more than twice the state rate and more than three times the national rate. Several other counties (Cibola, Mora, San Juan, San Miguel, Socorro, Taos, Sierra, Catron, Guadalupe, Quay, and Hidalgo) have a substantial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

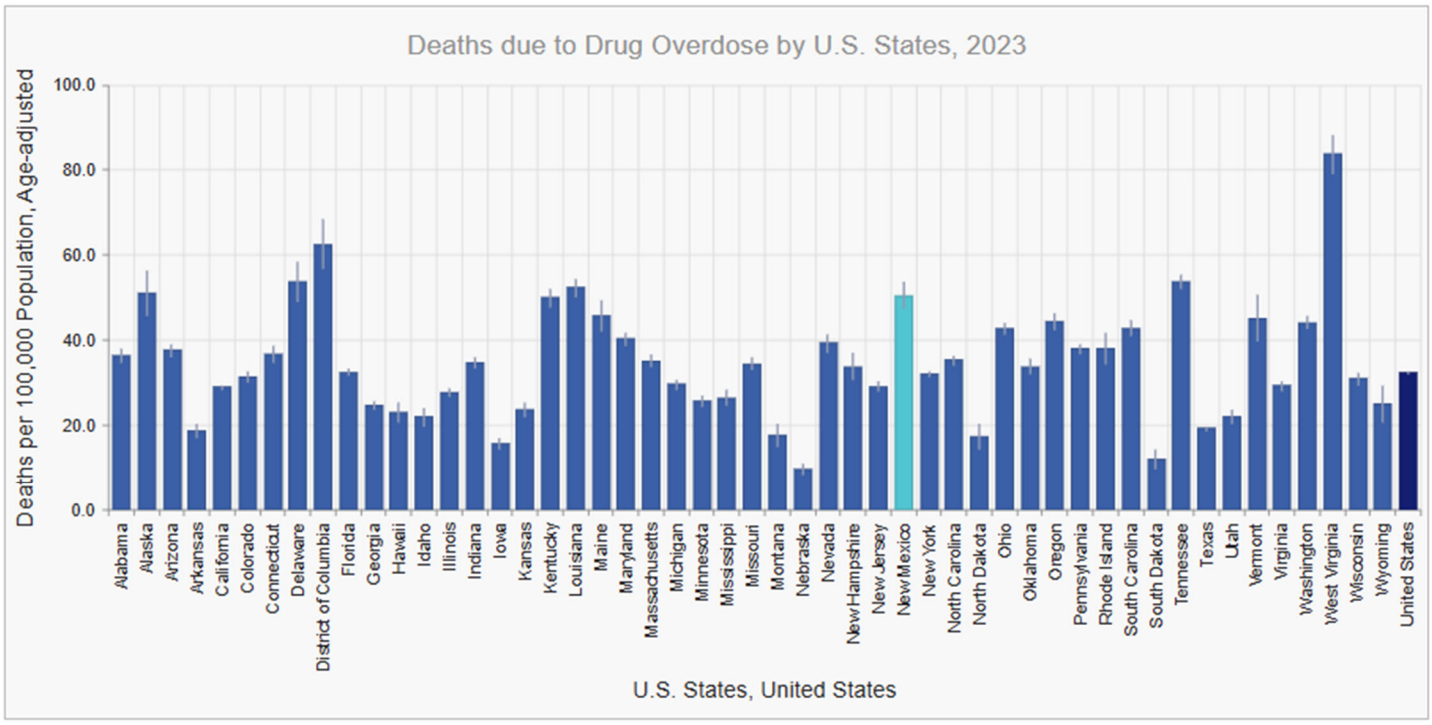
Source: New Mexico's Health Indicator Data & Statistics - https://ibis.doh.nm.gov/indicator/view/SuicDeath.Cnty.html

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.

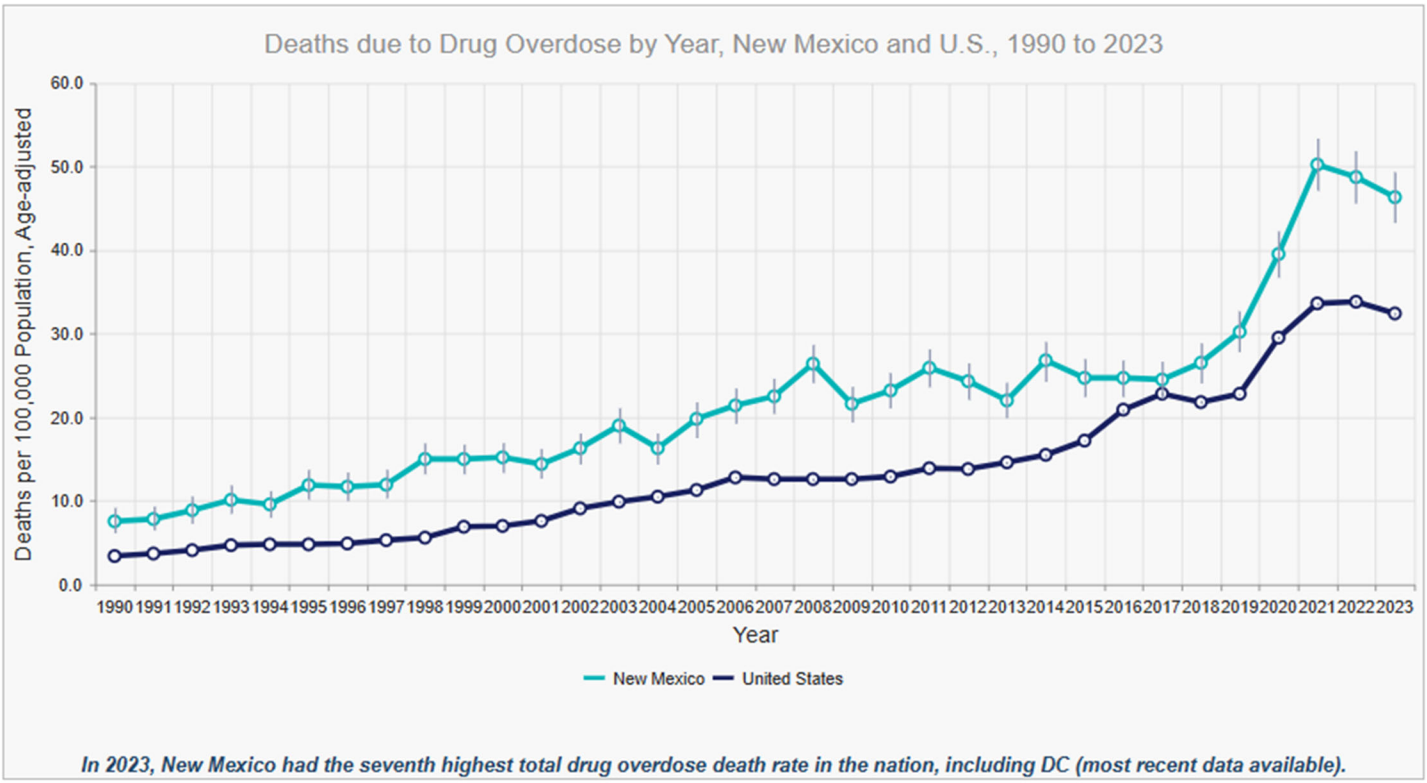
Drug Overdose Deaths

- **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



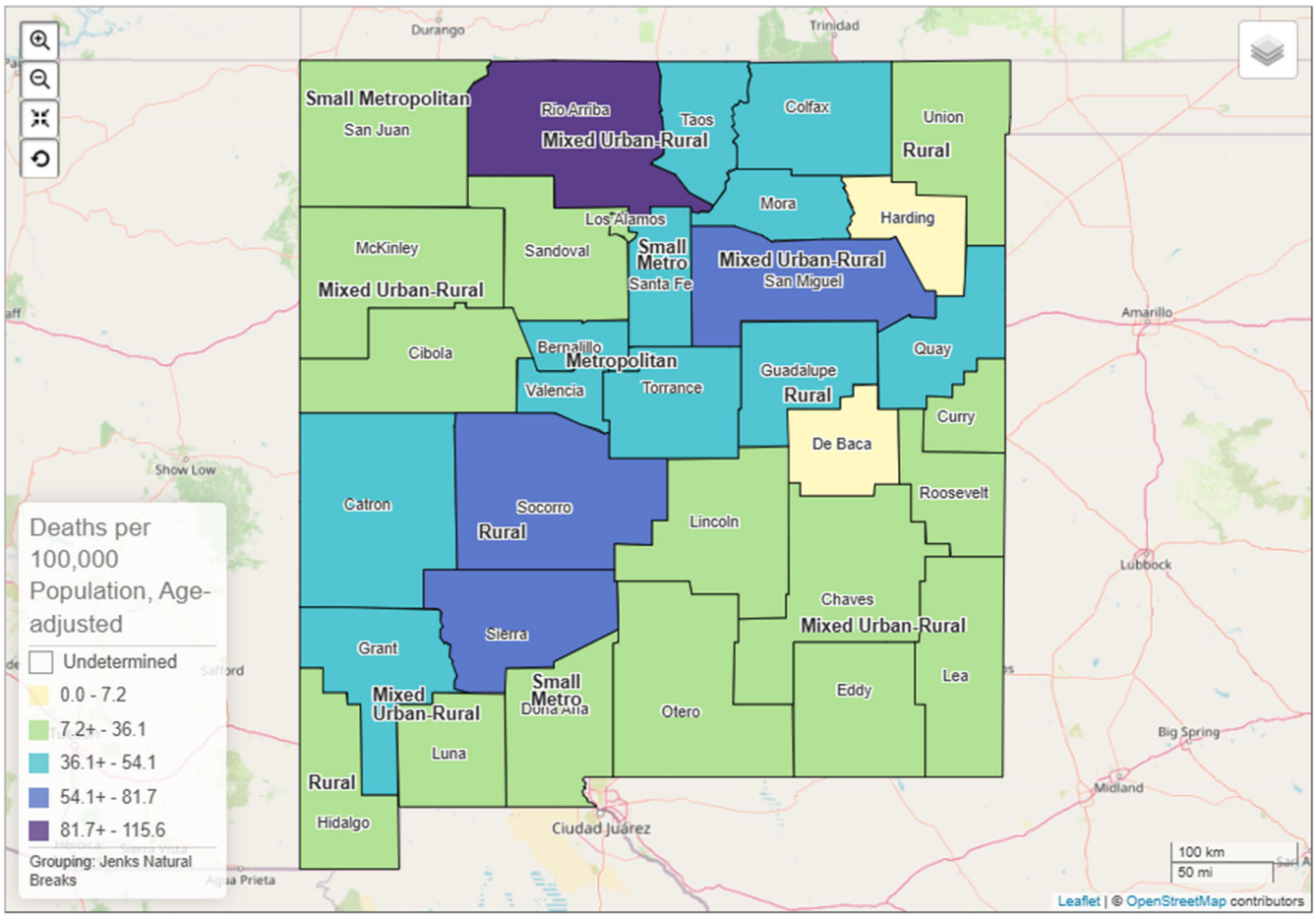
Drug Overdose Deaths by Year, NM and U.S



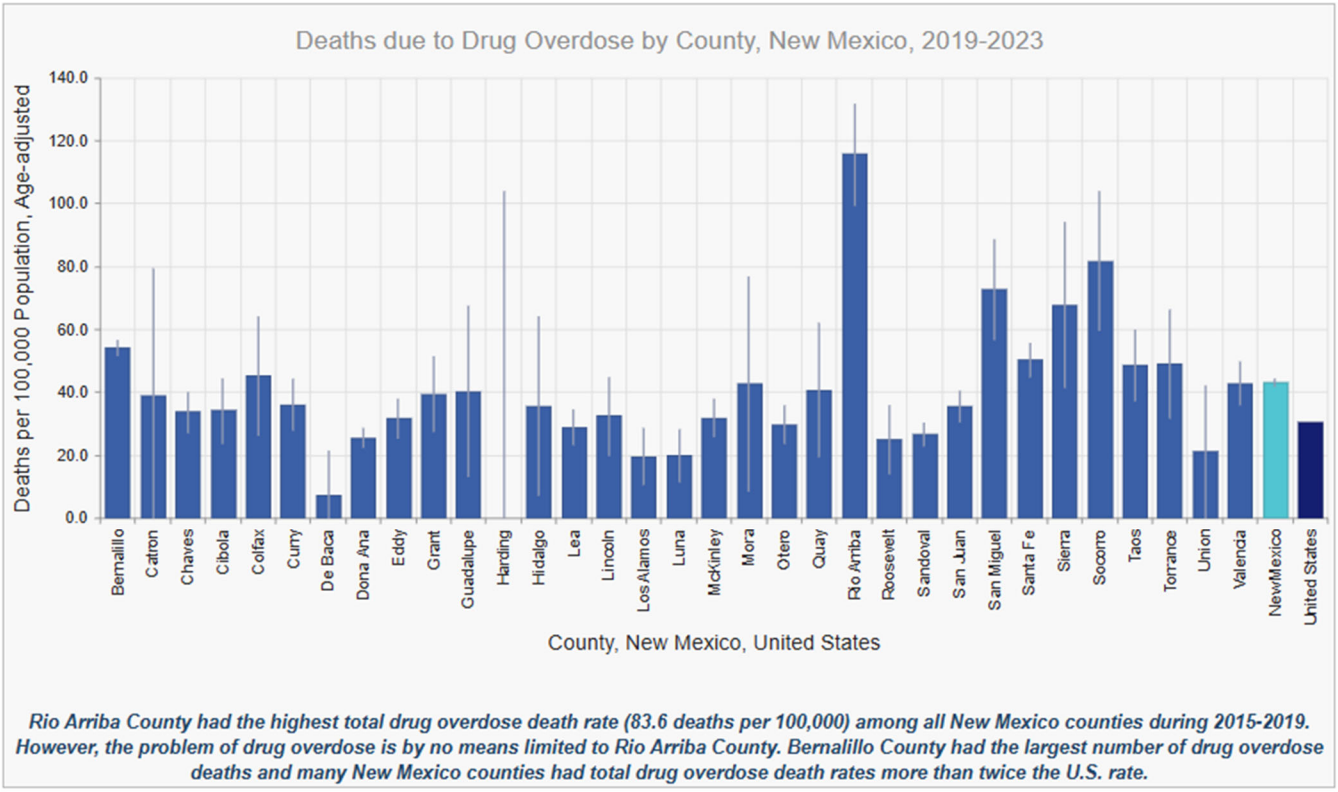
In 2023, New Mexico had the seventh highest total drug overdose death rate in the nation, including DC (most recent data available).

Drug Overdose Deaths by County, NM

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

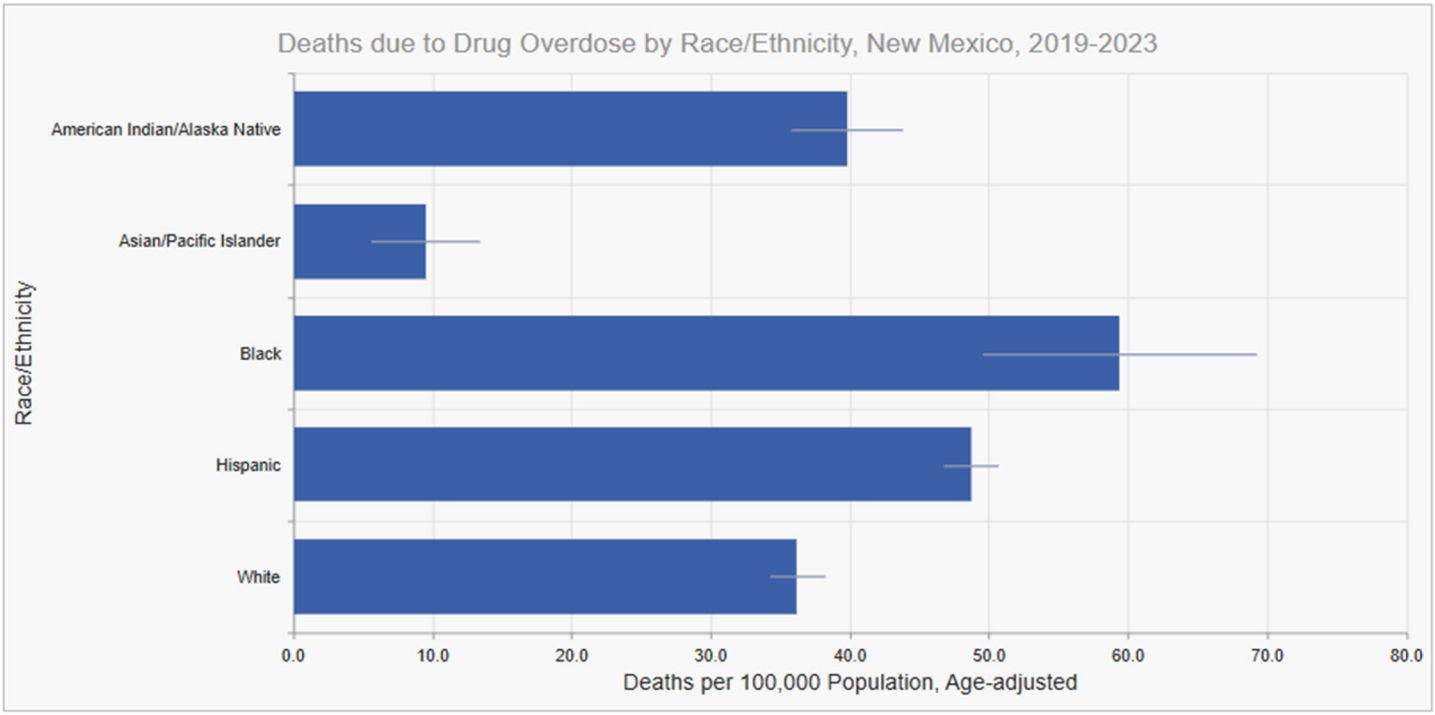


Drug Overdose Deaths by County, NM



Rio Arriba County had the highest total drug overdose death rate (83.6 deaths per 100,000) among all New Mexico counties during 2015-2019. However, the problem of drug overdose is by no means limited to Rio Arriba County. Bernalillo County had the largest number of drug overdose deaths and many New Mexico counties had total drug overdose death rates more than twice the U.S. rate.

Drug Overdose Deaths by Race/Ethnicity, NM

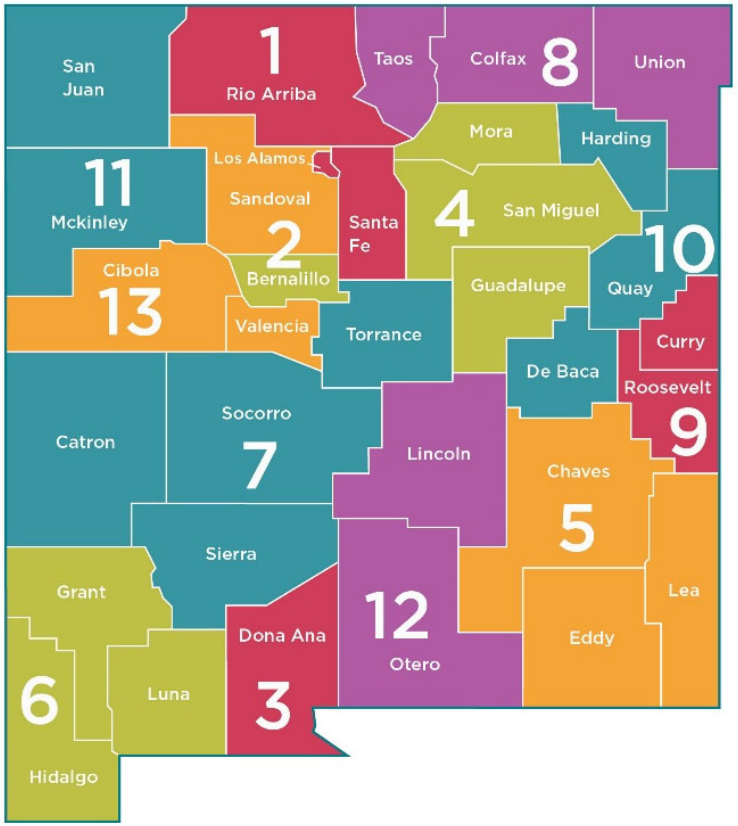


Region/ County

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



Region 1
- Ohkay Owingeh
- Santa Clara Pueblo
- Pueblo of San Idelfonso
- Pueblo of Pojoaque
- Nambe Pueblo
- Pueblo of Tesuque
- Jicarilla Apache Nation

Region 2
- Pueblo of Isleta
- Pueblo of Sandia

Region 6
- Fort Still 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

Per 100k, Age-Adjusted

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

Per 100k, Age-Adjusted

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

Per 100k, Age-Adjusted

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

Per 100k, Age-Adjusted

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

Per 100k, Age-Adjusted

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)**

BHR 9 Priority Buckets
Across Adult and Youth Systems

Priority Buckets

1. **Crisis, Acute, & Higher Level Care Infrastructure**
2. **Agency Coordination**
3. **Community Communication**
4. **Community-Wide Prevention & Education**
5. **Youth Prevention Programs & Mentorship**
6. **Community-Based Programs for Youth and Adults**
7. **Family Engagement & Parenting Support**
8. **Workforce Development**
9. **Transportation Access**
10. **Housing & Homeless Services**
11. **Youth Diversion & Justice System Improvements**
12. **Services in the Adult Justice System**
13. **Reintegration Support**

Priority #1: Crisis, Acute Care, and Higher Level Care Infrastructure

- Develop acute care options for all ages closer to the region
- Add peer supports in emergency rooms
- Increase opportunities for CIT training for law enforcement
- Train law enforcement on CTC services and policies
- Expand crisis triage center (e.g., longer stays, more beds, different levels of care, services for youth, etc.)
- Need local detox facility
- Create resources for residential services after CTC
- Need local substance use rehab services (SUD + co-occurring MH)
- Need inpatient and residential treatment for BH
- Increase collaboration and agreements between 988 and 911 for more opportunities for diversion.
- Increase capacity of mobile crisis teams to serve all regions of the county
- Need co-responder crisis teams

Priority #2: Agency Coordination

- Improve provider communication and coordination between agencies
- Connect hospital discharge planners with MHR for evaluations (8 AM–11 PM)
- Provide discharge planners with resource lists for after-hours support
- Community conversations among providers, churches, etc., for better coordination
- Coordinate transportation to get to services and classes
- Increase communication between pre-trial services and probation and parole
- Need continuity of care for BH services between release from jail and getting services in the community

Priority #3: Community Communication

- Update Share NM resource database regularly & increase community awareness
- Promote 211
- NM Alliance of Health Councils - need more education in schools and among families to learn about resources
- Increase awareness of services (e.g., public health offices, peer-to peer line)
- Increase marketing and ads through social media, TV, Peach Jar App, School digital boards and community newsletters

Priority #4: Community-Wide Prevention and Education

- Develop strategy for educating families about BH system and available support
- Promote 988 and expand awareness campaigns
- Use Smart Phone notifications to let community members know about 988 services
- Develop healthy options: walking trails/outdoor spaces
- Create entertainment options not around alcohol culture
- Increase community and provider awareness of current Mobile Crisis Team
- Need community buy-in and awareness of Restorative Justice Programs
- Provide ongoing anger management programs for youth and adults
- Increase community buy-in for data collection
- Expand prevention programming to adults (currently mostly youth-focused)
- Expand Domestic Violence Services
- Enhance community policing model
- Develop anti-Stigma Training for Community Members
- Fund Clovis Community College trade training
- Expand Department of Vocational Rehabilitation Services to Roosevelt County
- Pay for CDL training or other trades to bring jobs to the community

Priority #5: Youth Prevention Programs and Mentorship

- Develop peer-to-peer mentoring programs (sports, 4H, United Way)
- Develop youth led councils/committees to organize events
- Reinvigorate Big Brothers Big Sisters and CASA (Court Appointed Special Advocate) programs
- Expand Trust Mentorship Program
- Create youth recreation and/or development center (YMCA-style) offering free programming
- Develop truancy programming to identify youth at risk for justice involvement
- Create programs for marijuana and vaping awareness and prevention
- Work with the National guard to bring the Youth Challenge Program
- Expand DOH Maze of Life mini-courses to more schools
- Build vocational educational programs for job skills, GED, higher ed
- Obtain business buy-in in Roosevelt County to support pools, roller rink, youth center, etc.
- Identify strategies for engaging youth who are not involved in school
- Expand social emotional learning in the schools (e.g., In-Focus)
- Organize structured activities with adult oversight in free and safe spaces, such as skate parks, zoo, etc.
- Identify and build on faith-based supports
- Identify opportunities to build support for positive cultural identify development for all youth
- Develop a youth mentorship program for people on probation to do community service
- Develop app “There is nothing to do here” to share community resources
- Collaborate with Cannon Airforce base and Clovis Community College for vocational training and mentoring

Priority #6: Community-Based Programs for Youth and Adults

- Need Residential Treatment Center for Youth
- Need Intensive Outpatient Treatment for Youth and Adults
- Need treatment foster care for youth
- Increase behavioral services across the lifespan, including telehealth services
- Need a full spectrum of care and continuity of care across the lifespan
- Need bridge for services for transition age youth to adult
- Increase substance use classes and connect to referral process
- Develop and fund medication assisted treatment programs for youth and adults
- Reduce waitlists for outpatient BH services
- Increase access to bilingual services and resources
- Need a methadone clinic
- Need a Clinic that just provides addiction treatment
- Increase screening for women’s postpartum and expand Women’s health services, including MAT treatment

Priority #7: Family Engagement & Parenting Support

- Develop programs to promote parenting engagement in the life of the child (e.g., school attendance)
- Create parenting classes (especially for families reuniting after incarceration)
- Develop strategies to incentivize parent participation in treatment
- Coordinate school and sport scheduling to reduce parental stress
- Need more home-based programs
- Assist parents in becoming accountable for youth's behavior

Priority #8: Workforce Development

- Increase behavioral health workforce (e.g., counselors, social workers, therapists) and healthcare workforce in general (e.g., primary care providers, pediatricians)
- Retain providers through incentives (loan repayment, higher wages)
- Increase training for school resource officers
- Partner with universities for MSW students to provide acute care
- Expand Community Health Workers and Peer Support Workers
- Add more workforce to existing services (e.g. crisis-response, telehealth and in-person)
- Increase workforce for restorative justice programs
- Create pathway programs for high school students into BH fields
- Increase awareness and use of NM Rural Health Care tax credit for BH providers
- Advocate to revise Opportunity Scholarship to require NM work post-graduation
- Collaborate with Clovis Community College and ENMU for job training/apprenticeships/internship opportunities
- Incentivize new graduates to stay in NM
- Review statutes for licensure reciprocity for BH providers (Interstate Counseling Compact)
- Need more education on MAT among providers to adhere to best practices
- Develop role of community navigators to help people access and follow through with services
- Need to increase the number of law enforcement officers
- Increase the number of judges to increase the use of criminal mediation
- Reduce hiring time for probation and parole officers and incentivize probation and parole officers to work in rural communities

Priority #9: Transportation Access

- Expand public transportation (e.g., CATs and PATs); currently often need 24-hour advance scheduling
- Expand transportation access for more rural areas
- Need to identify transportation from the CTC or any treatment facility (out of state) back home

Priority #10: Housing and Homeless Services

- Need affordable and low-income housing (not enough vouchers/units)
- Need emergency housing/homeless shelter
- Need transitional housing for youth and adults upon reentry such as halfway houses
- Need warming center inclusive to families and pets
- Need more sober living recovery housing for men and women
- Need independent living with intensive case management and/or supportive housing options for people with BH issues
- Need programs to support youth who are unhoused
- Need for someone who can help with benefits, such as Medicaid
- Use indigent health care dollars for people awaiting Medicaid coverage
- Need more hands-on outreach to people who are unhoused
- Work to impact housing policy, including regulations under grants
- Need local reintegration housing such as adequate halfway houses

Priority #11: Youth Diversion & Justice System Improvements

- Encourage JPOs to divert youth to community interventions (e.g., MST)
- Develop steadier referral mechanisms from JPOs
- Assign behavioral health counselors to youth awaiting court
- Develop programs for youth to do community service and work
- Mandate youth into treatment (diversion approach)
- Address dual diagnosis in justice-involved youth
- Expand teen court and find permanent funding for it – currently grant funded
- Create juvenile treatment courts
- Restart Juvenile Community Correction Program
- Build a juvenile detention facility nearby
- Use a soft approach to mandate youth into treatment
- Create a juvenile reintegration center
- Develop plans to ensure safety and monitoring (more ankle bracelets)
- Create access to medication upon release from detention
- Develop reentry programs inside youth detention similar to the RISE program
- Increase supervised release period and intensify requirements

Priority #12: Services in the Adult Justice System

- Need to identify a revenue source for restorative justice programming as it is currently funded by DWI dollars but these dollars may be cut by federal government
- Develop Law Enforcement Assisted Diversion (LEAD) program and post-booking jail diversion program where people are diverted to treatment instead of the justice system
- Expand treatment courts for young adults and veterans and families
- Need greater case management for everyone in jail with medication- funding would support a team similar to RISE with a case manager, a NP, and an LISW
- Need more coordinated services and curriculum to be offered in jail (e.g., trauma specific treatment, MAT, etc.)
- Need referral document so you can move individuals from custody to treatment right away (Rocket Docket)

Priority #13: Reintegration Support

- Create written agreements between Probation/Parole and families for reintegration terms
- Need reentry program that has fewer eligibility criteria
- Utilize peer support workers to help with reentry
- Engage families whose loved one is reentering communities after jail or prison
- Promote education and incentives for employers to hire people with criminal record
- Need for a navigator who can help people on probation and parole
- Increase probation and parole officers' awareness of services in community
- Incentivize community colleges to offer vocational training programs for those released from incarceration
- Expand conditions of probation to include participation in vocational training programs
- Need behavioral health team or trained therapist employed by probation and parole team